

# Generation of expanded primary human cells (upcyte<sup>®</sup> cells) in large quantities for cell-based screenings

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### INTRODUCTION

Cell-based assays are a valuable tool to predict in vivo effects of drug candidates during early steps of development. Cell-based assays are performed using either cell lines or primary cells. Most cell lines are easy to handle and offer the advantage of infinite proliferation, allowing the generation of large cell banks and a facilitated use in screenings or long-term experiments. However, due to their transformed phenotype, many cell lines often exhibit a reduced physiological relevance.

In contrast, primary cells are more representative of the in vivo state when compared to cell lines. However, their use in vitro is hampered by limited tissue availability, scarce cell yields and a restriction or even lack of proliferation. Taken together, these factors may significantly compromise the scope, length and reproducibility of experiments and often circumvent their use for extended cell-based screenings.

Here, we describe the controlled expansion of human primary cells by lentiviral transduction with proliferation-inducing genes, enabling production volumes of up to 2500 vials containing 5.10<sup>6</sup> cells each. As a

proof of principle, primary cells from several relevant target tissues (liver, skin, kidney, lung) were transduced, subsequently demonstrating successful expansion to large master and working cell banks.

### RESULTS

### generation of upcyte<sup>®</sup> cells



#### transduction of primary cells with a defined cocktail of lentiviral vectors

We first generated a library of **lentiviral vectors carrying proliferation-inducing genes**, allowing primary cells to bypass senescence. Different primary cells such hepatocytes, liver sinusoidal endothelial cells, keratinocytes, proximal tubular epithelial cells and bronchial epithelial cells were transduced. Resulting upcyte<sup>®</sup> cells gained the ability to proliferate for up to 40 additional population doublings (PDs) doublings without losing functional and phenotypic characteristics of mature cells. All cells exhibited expected morphology patterns and were restricted by the presence of specific growth factors, contact inhibition and anchorage dependence.

### overview: generated upcyte<sup>®</sup> cell types

### expansion strategy



#### scheme for our in house production of upcyte<sup>®</sup> cells

Starting from **freshly isolated cells** or **a single cryopreserved vial** containing 1-5x10<sup>6</sup> cells, cells were transduced and subsequently cultured in the presence of growth factors. Depending on the cell type used, we observed appearance of proliferating colonies at 2-3 weeks post transduction latest (e.g. hepatocytes). After the first three expansion steps, backup cells were frozen. Cells were subsequently expanded to generate a Master Cell Bank (MCB) consisting of 10 vials with 0.5-1x10<sup>7</sup> cells each. Singe MCB vials were then used to produce a Working Cell Bank with up to 250 vials containing 5-1x10<sup>6</sup> cells per vial.

### examples of functional assays using upcyte<sup>®</sup> cells

We next investigated the phenotype of expanded upcyte <sup>®</sup>cells. Importantly, generated cells maintained expression of characteristic marker proteins throughout the study. For example, hepatocytes expressed cytokeratin 8/18, human serum albumin and alpha-1 antitrypsin. Accordingly, upcyte<sup>®</sup> LSECs were characterized by expression of **CD31** and **von-Willebrand-factor**.

#### hepatocytes (HCs)



#### liver sinusoidal endothelial cells (LSECs)



#### upcyte<sup>®</sup> Kupffer cells

We were able to receive a grant to generate upcyte<sup>®</sup> Kupffer cells. Currently we are in a collaboration with the University of Mannheim to isolate pure and good quality Kupffer cells. You are experienced with Kupffer cells? Please let us now and get in contact, we would love to collaborate!



Contact

us!

We

are

looking

for

partners

## bronchial epithelial cells (BEpCs) CK18



#### hepatocytes: metabolism

upcyte<sup>®</sup> hepatocytes expressed **metabolizing** enzymes of phase I (e.g. CYP 1A2, 2B6, 2C9 and **3A4)** and further exhibited **phase II activities (UGT, SULT & GST)**. upcyte<sup>®</sup> hepatocytes further produced urea and secreted albumin (not shown). Differences in performance could be detected between cells derived from different donors.

#### LSECs: receptor-mediated endocytosis

We observed high expression of endocytic receptors, e.g. MR, FcyR and LDLR in upcyte® LSECs. Corresponding ligand uptake could be demonstrated for fluorophorerespective conjugated ligands (FITC-OVA, FITC-AGG and AF488-acLDL).

#### keratinocytes: wound healing

upcyte<sup>®</sup> keratinocytes exhibit a **similar migration** capacity when compared to primary cells. Migration was determined by wound healing assay. Confluent monolayers of upcyte<sup>®</sup> keratinocytes were scratched using a pipette tip. Wound closure was achieved after 8 h.

### **BEpCs:** aryl hydrocarbon receptor ligation

upcyte<sup>®</sup> BEpCs were challenged with 5 nM **TDD**, an agonist of the aryl hydrocarbon receptor (AhR). Receptor ligation results in downstream cascades inducing upregulation and secretion of **MMP-1**. Analysis of upcyte<sup>®</sup> BEPCs culture supernatants after 48 h of treatment revealed a marked increase in secretion of MMP-1 as determined by ELISA.

Specific activity (pmol/min/mg protein)				
Cells	CYP1A2	CYP2B6	CYP2C9	СҮРЗА4
#10-03	$3.3 \pm 0.4$	40.3 ± 6.5	91.8 ± 5.5	21.4 ± 9.6
#151-03	0.7 ± 1.4	71.1 ± 11.3	29.1 ± 21.4	77.8 ± 22.6
#422A-03	$2.3 \pm 0.1$	33.6 ± 11.4	4.8 ± 3.1	42.9 ± 6.3
#653-03*	17.1 ± 0.5	68.4 ± 18.4	16.2 ± 0.9	178.3 ± 17.0
HepaRG	10.0 ± 1.5	6.45 ± 0.97	4.57 ± 2.93	48.5 ± 13.9



FITC-OVA = FITC ovalbumin), FITC-AGG = aggregated gamma globulin) AF488-acLDL = acetylated low density lipoprotein





# keratinocytes (KCs)

proximal tubular epithelial cells (PTCs)

**CK18** 

GGT1

CK5/14 **CK8** 



CK - cytokeratin, HSA - human serum albumin, AAT - alpha-antitrypsin, MR - mannose receptor, vWF - von-Willebrand-factor, UEA-1 - Ulex Europaeus Lectin 1, GGT1 - γ-glutamyltransferase 1

## do you want to expand your primary cells?

#### try our upcyte<sup>®</sup> service!

Do you want to have virtually unlimited amount of your own selected donor? Do you need upcyte<sup>®</sup> cells from other cell types than what we currently offer? Do you want upcyte<sup>®</sup> cells from your diseased donor? Do you need cells from other species, e.g. monkey? Send us your primary cells - we upcyte! We will apply our upcyte<sup>®</sup> technology and produce large batches of cells from your donor of choice. The cells will be shipped back to you as cryopreserved vials or can be stored at our facility. Do not hesitate to contact us if you would like more information on how we can upcyte your favorite batch of primary cells.

■ 0 nM TCDD ■ 5 nM TCDD TDD = 2,3,7,8 tetrachlorodibenzo-p-dioxin *MMP-1 = matrix metalloproteinase 1* 

### **SUMMARY & CONCLUSION**

In conclusion, we developed a comprehensive platform enabling the **controlled expansion of primary** cells derived from various tissues for up to 40 population doublings. Importantly, upcyte<sup>®</sup> cells maintained a mature and primary-like phenotype as demonstrated by expresison of marker proteins and **functional assays**.

We thus conclude that upcyte<sup>®</sup> expanded primary cells represent a promising model for biomedical research and drug discovery, potentially facilitating throughput and reproducibility of cell-based assays.

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