MICROGRAVITY MAINTAINS STEMNESS AND ENHANCES GLYCOLYTIC METABOLISM IN HUMAN HEPATIC AND BILIARY TREE STEM/PROGENITOR CELLS.



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65th International Congress of Aviation and Space Medicine Rome, 10-14 September 2017

The global burden of chronic liver diseases

Total deaths worldwide from cirrhosis and liver cancer rose by 50 million per year over 2 decades,

according to the first-ever for World Health Organization (WHO) study of liver disease mortality

The main causes of chronic liver diseases

Viral: HCV, HBV, HDV Alcol: NAFLD: non alcoholic fatty liver diseases (Metabolic Syndrome)!

HBV prevalence in european population !

Figura 3: Prev



Fonte: TECHNICAL REPORT Hepatitis B and C in the EU neighbourhood: prevalence, burden of disease and screening policies

HCV prevalence in european population !

Figura 2.b



TECHNICAL REPORT Hepatitis B and C in the EU neighbourhood: prevalence, burden of disease and screening policies September 2010

Alcol and liver diseases

N. of pts. consuming doses of alcol responsible of progressive liver diseases.



Fatty Liver The epidemy of obesity in western countries



Etiology of HCC in Italy: observed and expected temporal trends (23 centres: 1733 HCC)



Stroffolini et al. 2009

NAFLD: natural history



Cirrhosis+hepatocellular carcinoma (HCC)

LIVER CIRRHOSIS: CLINICAL FEATURES



COMPENSATED CIRRHOSIS

DECOMPENSATED CIRRHOSIS: -Ascitis and (PBS, HRS..) -Bleeding (varices.....) -Hepatic Hencefalophaty -Portal Trombosis -HCC



The treatment of chronic liver diseases

Liver Transplantation

the only option for untreatable liver diseases !

Liver Transplantation (OLT)

'P'

ant

However

--The number of donated livers is limited ! --OLT car OLT in Italy, year 2015 very adv contrair

--Post-sur problem Pts in list = 1288 ! --High costs. Cypically and first-year medical follow-up ! Fig. 1. Primary diseases leading to liver transplantation in Europe (01/1988-

12/2011) [40]. 'Others: Budd-Chiari: 792, Bening liver tumours or polycystic diseases: 1228, Parasitic diseases: 80, Other liver diseases: 1304. Alternative to OLT <u>CELL THERAPY</u> and LIVER DISEASES

The cell therapy for treatment of liver diseases is the object of extensive investigations but,

the <u>ideal cell sources</u> still represent an unresolved issue !

CELL THERAPY and LIVER DISEASES

Cell Sources: Adult Hatocytes

Stem/progenitor-cells:

- 1. Fetal stem cells
- 2. Adult hepatic stem cells
- 3. Mesenchymal stem cells
- 4. Amniotic fluid-derived stem cells
- 5. Induced pluripotent stem cells (iPS)





Multipotent Stem/Progenitor Cells in Human Biliary Tree Give Rise to Hepatocytes, Cholangiocytes, and Pancreatic Islets

The study was also supported by Consorzio Interuniversitario Trapianti d'Organo, Rome, Italy HEPATOLOGY 2011;54:2159-2172

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- 1. Wide availability and easy supplying (specially from extrahepatic sources)
- 2. *in vitro*: sufficient amount of cells for transplantation

human biliary tree stem cells (hBTSCs)



Image from: Cardinale V. et al. Nat. Rev. Gastroenterol. Hepatol. (2012)

Adult hBTSCs: Multipotency in vitro





Phenotype and functions were evaluated under <u>Conditioned media</u> for hepatocytes, cholangiocytes or pancreatic isltes. Transfer into differentiation conditions resulted in distinct mature fates.

Cardinale V, Wang Y, ..., Gaudio E, Alvaro D, Reid L. Hepatology. 2011

The clinical program: OUR PROTOCOL



Phase I/II study on advanced cirrhosis transplanted with fetal hBTSCs. <u>2° Paz.</u>

Pz. A.P., 71 yrs, Cirrhosis-HCV, Child-Pugh 12, Meld 21

60 millions freshly isolated fetal BTScs, EpCAM+ (50% Lgr5+) injected via hepatic artery

Time:	0'	24 months	
Child-Pugh score	10	10	
Meld score	21	17	
Bilirubin	3.04	2.08 mg/dl	
Albumin	3.2	3.44 g/dl	
INR	2.0	1.72	
Creatinine	1.3	1.1	

However

Only <u>7-10 % of cells infused as suspension engraft the liver!</u>

How to improve the benefits of hBTSC transplantation ? Ongoing projects:

1. Enhance the engraftment efficiency by infusing tridimensional cell clusters !

2. Cryopreservation of hBTSCs and HA-hBTSCs, the generation of a cell bank;

3. Identify additional subpopulations of hBTSCs possessing the properties of the ideal stem cell and suitable for clinical programs?





Model systems

in life sciences



Monolayer cell culture



Spheroid

Organoid

Tissue explant

- spatial organization
- cell-cell interactions
- cell-matrix interactions
- physiological functions

Bioengeneering strategies to obtain 3D cultures

- *In vitro* specific conditions
- Bioprinting
- Biomimetic scaffolds
- Microfluid devices
- Microgravity based ·

Thyroid Organoid Formation in Simulated Microgravity: Influence of Keratinocyte Growth Factor

To cite this article:

A. Martin,1A. Zhou,1R.E. Gordon,2S.C. Henderson,3A.E. Schwartz,4E.W. Friedman,4T.F. Davies1. Thyroid. January 2009, 10(6): 481-487. doi:10.1089/thy.2000.10.481.

Published in Volume: 10 Issue 6: January 30, 2009

Biochemical tools



"on-a-chip"



Microgravity exerts different effects on the gravity-evolved organisms



- Systemic effects on the human health
- Research focused <u>mainly</u> on musculoskeletal apparatus, cerebellum and cardiovascular system

Alteration of carbohydrate and lipidic metabolism and reduction of the number of macrophages. (Racine et al. 1992)

Changes in the content and activity of CYP450 in rats during spatial flights. (Rabot et al. 2000)

Microgravity Reduces the Differentiation and Regenerative Potential of Embryonic Stem Cells

Elizabeth A. Blaber,^{1,2} Hayley Finkelstein,¹ Natalya Dvorochkin,¹ Kevin Y. Sato,³ Rukhsana Yousuf,¹ Brendan P. Burns,^{2,4} Ruth K. Globus,¹ and Eduardo A.C. Almeida¹

STEM CELLS AND DEVELOPMENT Volume 24, Number 22, 2015 DOI: 10.1089/scd.2015.0218

Stem Cell Health and Tissue Regeneration in Microgravity

Elizabeth Blaber, Kevin Sato, and Eduardo A.C. Almeida*

Stem Cells and Development Vol. 23, Supp. 1 2014 • DOI: 10.1089/scd.2014.0408



AIMs



1. To evaluate whether microgravity may help the development of tridimensional cultures of human biliary tree stem cells (**hBTSCs**), to be used for the regenerative medicine of liver diseases and for development of liver devices;

To evaluate the effects of microgravity on biological properties and functions of isolated hBTSCs;





Isolation of human Biliary Tree Stem Cells

normogravity and microgravity cultures



Peribiliary glands

The hBTSC were phenotypically characterized (CK-7, CK-19, NCAM, EpCAM, CLDN-3, PTc, CKIT, alpha-fetoprotein, Thy1, albumin), plated and cultured in basal and differentiation medium in both normogravity and microgravity.





- Cell growth with or without solid support (scaffold, microcarrier beads);
- Versatility more than 50 cell types grown successfully;
- Spontaneous formation of 3D tissue;
- Propagation of mono- and co-cultures;





Cytodex 3 microcarrier





Simulated microgravity favors development of tridimensional cultures

Α

20x

14 days hBTSCs HepG2 cells 40x

Cluster Ø: 350 μm - 787,5 μm ca



Tridimensional cultures in microgravity conditions

NEWS

and organoid-based technologies for research and medicine applications





Cells were able to readhere on plates to form colonies



- Drug safety testing
- Disease modeling

Expression of Stem Cell Markers in human Biliary Tree Stem Cells cultured in hepatocyte differentiation medium, normogravity



KM = Kubota's medium (basal medium)

HM = Hepatocyte Differentiation Medium

Normogravity downregulated Stem Cell Markers in hBTSCs cultured in hepatocyte differentiation medium.



Expression of Stem Cell Markers in human Biliary Tree Stem Cells cultured in hepatocyte differentiation medium, microgravity



KM = Kubota's medium (basal medium)

HM = Hepatocyte Differentiation Medium

The main hBTSCs stem cell markers were surprinsingly upregulated when cultured in hepatocyte differentiation medium in microgravity conditions



Expression of typical genes of mature hepatocytes in human Biliary Tree Stem Cells cultured in hepatocyte differentiation media Normogravity vs Microgravity (14 days in culture)



The expression of "mature hepatocytes" genes was significantly downregulated in microgravity conditions!



Expression of stemness genes and genes of "mature hepatocytes" in HepG2 cells

Normogravity vs Microgravity (14 days in culture)



Gravity



Important stemness marker were upregulated in HepG2 cultures in microgravity compared to normogravity





Alb was upregulated - but not Cyp3A4 - in HepG2 cultures in microgravity compared to normogravity



[1]

hBSTC: exometabolome analyses







- no significant differences between the metabolisms of hBSTCs in basal vs differentiation medium;
- when compared with normogravity, hBTSCs in microgravity consumed more glucose and produced more lactate, acetate, glutammate;



HepG2: exometabolome analyses



by Nuclear Magnetic Resonance



The metabolism of HepG2 that have been cultured in microgravity were significantly different from the metabolism of HepG2 in normogravity (p<0.05)

HepG2 in microgravity consumed more glucose and released a more amount of fermentation derivatives and glutammate when compared to the cells grown in normogravity.





Hepatic acinus zonation





RESULTS: Summary

- 1. Microgravity favors the organization of hBTSCs in tridimensional clusters.
- 2. Microgravity favors the maintenance of stemness features and counteracts the differentiation of hBTSCs toward mature hepatocytes;
- 3. The effects of microgravity on hBTSCs are associated with a metabolic shift to glycolysis and to the detriment of OXPHOS.



Perspectives

Regenerative medicine:

--Microgravity could help the generation and maintainance of tridimensional cultures of pluripotent stem cells to be used for regenerative medicine;

Implications:

--Identifyng molecular and biologic mechanisms associated with the maintenance of stemness in microgravity could help the identification of putative terapeutical target to modulate stem cell differentiation.



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Thank you for attention





SAPIENZA Università di Roma

ASI, GRANT n. DC-DTE-2011-033, Consorzio Interuniversitario Trapianti d'Organo

> agenzia spaziale italiana



CONSORZIO INTERUNIVERSITARIO TRAPIANTI D'ORGANO

The progression of liver diseases

Normal



Cirrhosis



