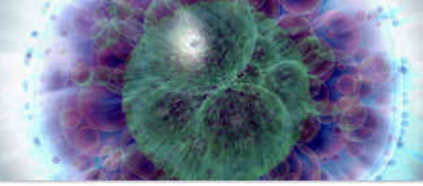


Swiss Stem Cell
Foundation®

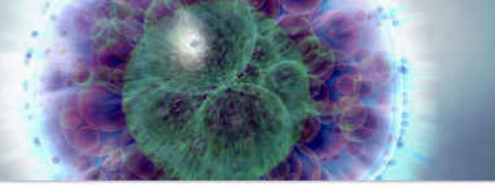


Expanding Adipose-Derived Mesenchymal Stem / Stromal Cells *In Vitro* for Stem Cell Therapies

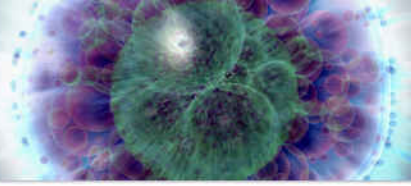
Christian Caprara, PhD
Swiss Stem Cell Foundation

iCAST 2016

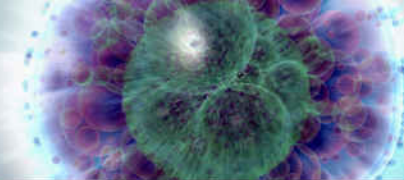
Zürich, 31.05.2016



- Adipose-derived mesenchymal stem / stromal cells (ASCs)
- Clinical-grade production of ASCs for cell therapy
- Cell expansion systems
- Product characterization and quality controls
- Quantum Cell Expansion System vs. flasks: yield and quality
- Conclusions and outlook



Adipose-Derived Mesenchymal Stem / Stromal Cells (ASCs)



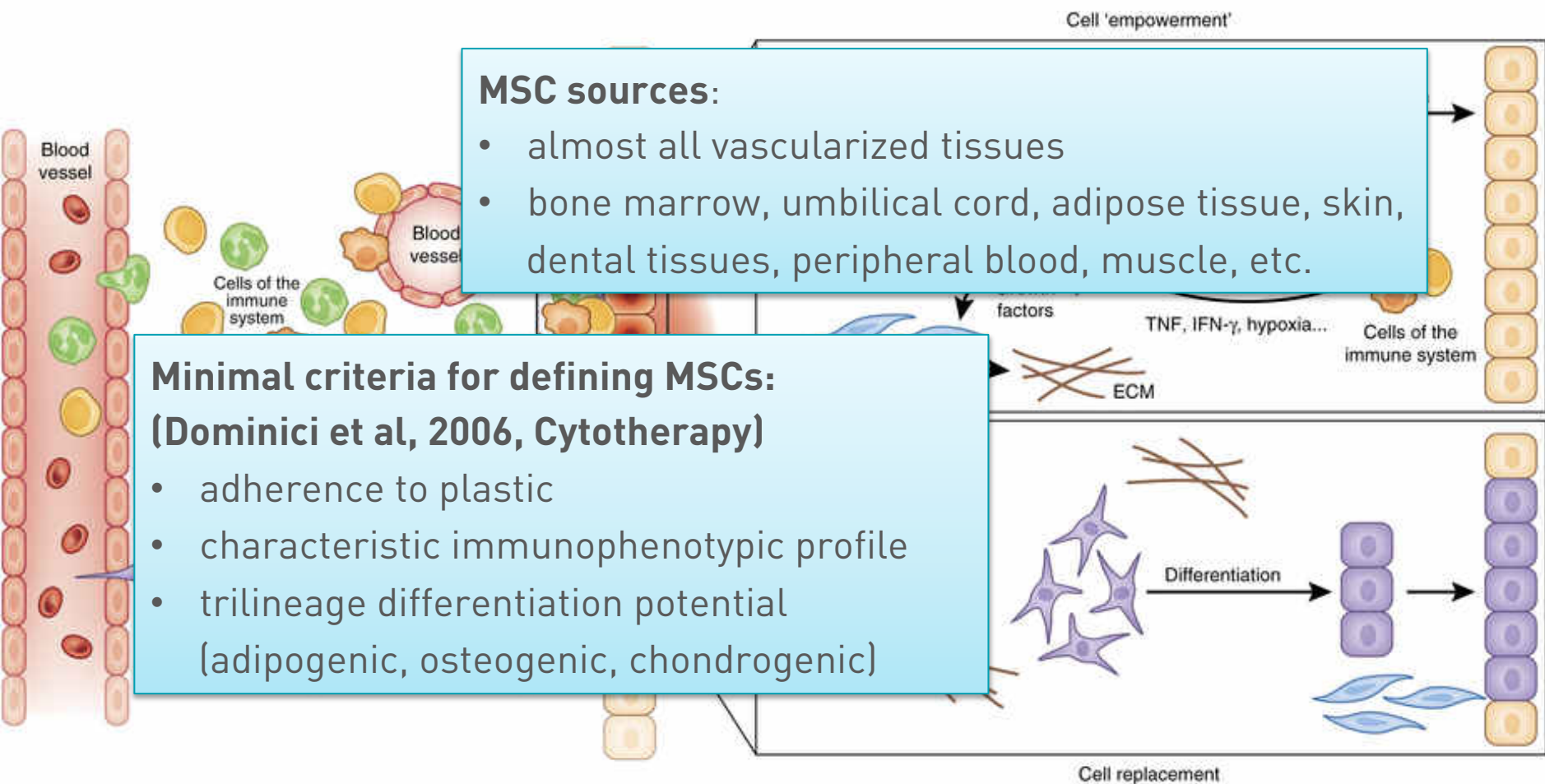
Mesenchymal Stem/Stromal Cells (MSCs)

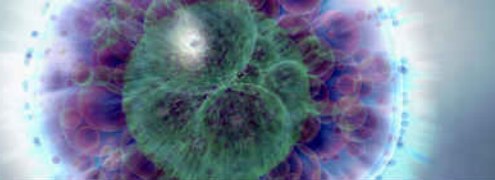
MSC sources:

- almost all vascularized tissues
- bone marrow, umbilical cord, adipose tissue, skin, dental tissues, peripheral blood, muscle, etc.

Minimal criteria for defining MSCs: (Dominici et al, 2006, Cytotherapy)

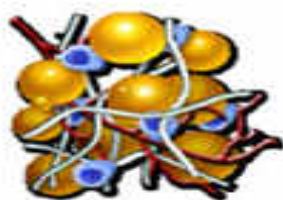
- adherence to plastic
- characteristic immunophenotypic profile
- trilineage differentiation potential
(adipogenic, osteogenic, chondrogenic)





ASCs Are Found in the Stromal Vascular Fraction (SVF)

LIPOASPIRATE



ENZYMATIC
DIGESTION



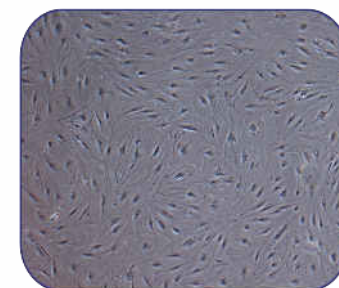
SVF



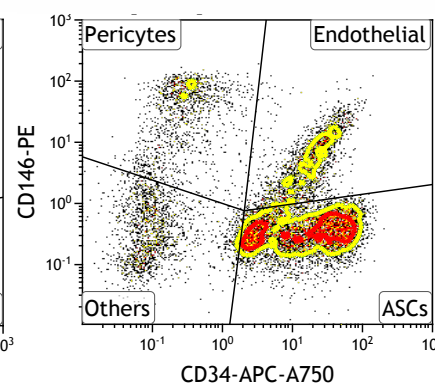
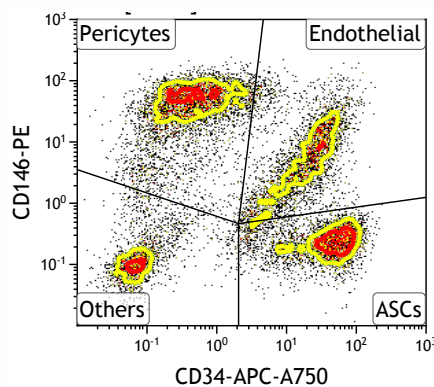
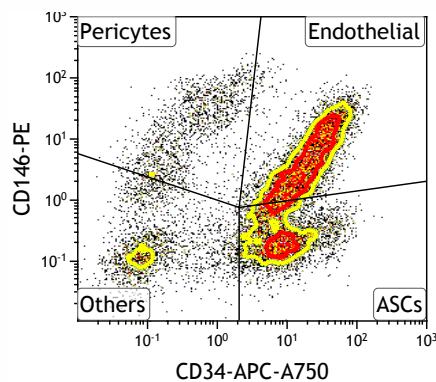
CELL
CULTURE

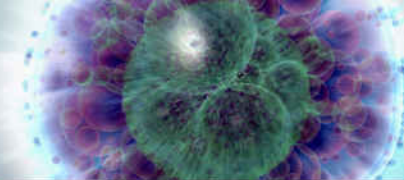


Adherent cells:
ASCs



FLOW
CYTOMETRY





Cell Therapy with MSCs

Injury Healing

liver cirrhosis

liver failure

periodontal tissue defects

diabetic critical limb ischemia

bone damage caused by osteonecrosis

burn-induced skin defects

myocardial infarction

cornea damage

brain and spinal chord injury

Immune Disorder Therapy

graft-versus-host disease

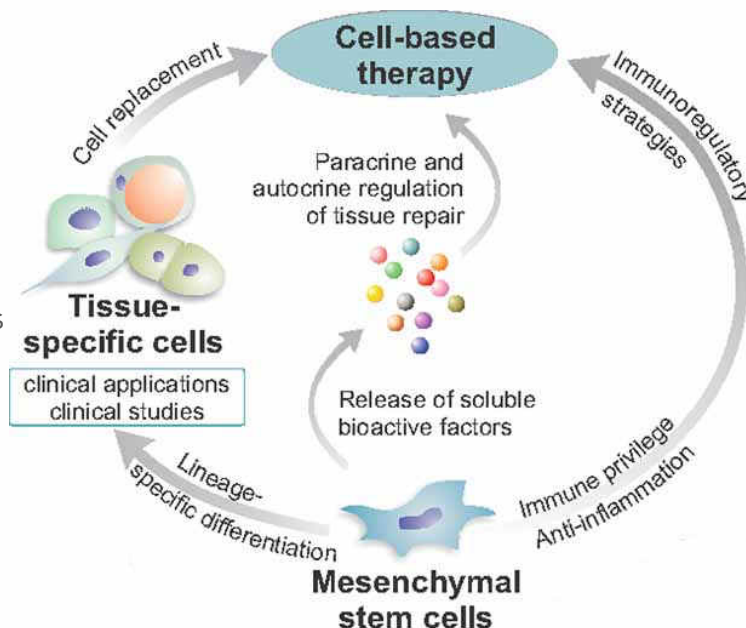
systemic lupus erythematosus

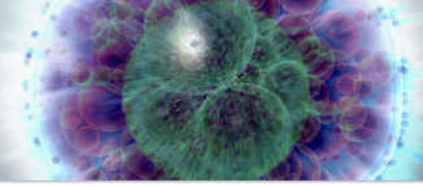
Crohn's disease

multiple system atrophy

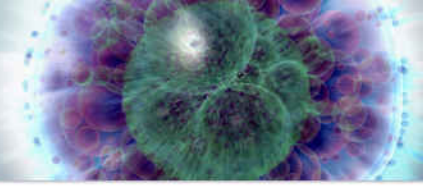
multiple sclerosis

amyotrophic lateral sclerosis



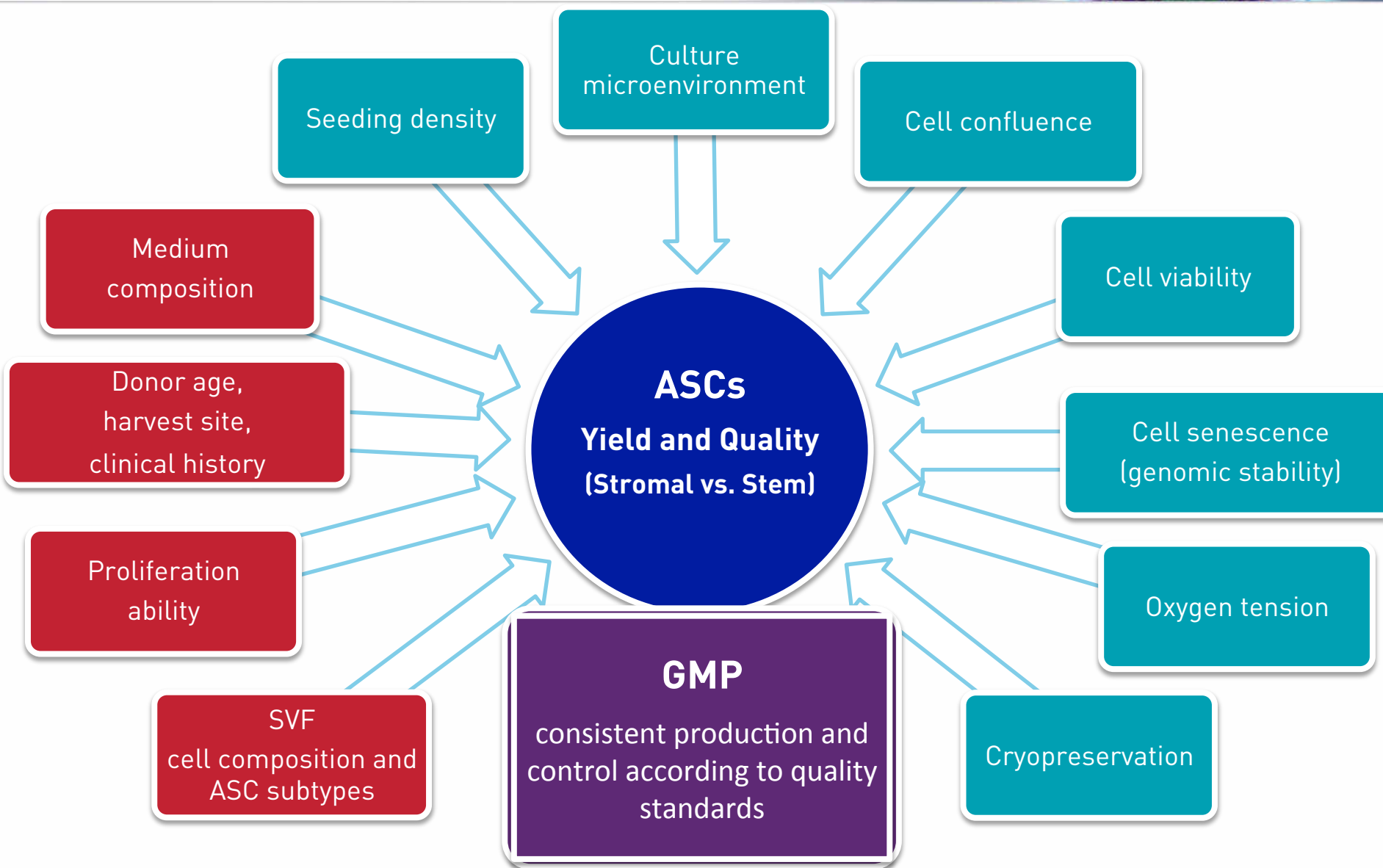
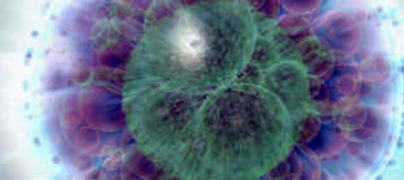


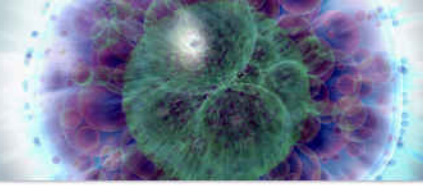
Clinical-grade Production of ASCs for Cell Therapy



Cell Expansion Principles

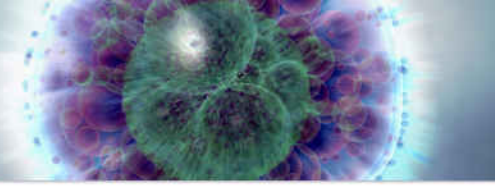
- Clinical needs: 0.5 to 5×10^6 ASCs/Kg body weight
($30 - 400 \times 10^6$ ASCs)
- 40 population doublings before entering senescence
 - maximum 20 population doublings for cell therapy
(Prockop et al. 2010 Cytotherapy; Sensebe et al. 2011. Hum Gen Ther)
 - **safety and efficacy** = functional ASCs that are safe and retain their therapeutic properties
 - **develop a bioprocess in a well-defined environment**





Product Characterization and Quality Controls

- Major challenge: to develop scalable manufacturing process while **maintaining critical quality parameters**
- Applying GMP to the manufacture of living biological drugs is not straightforward
 - GMP guidelines were **designed for chemical manufacturing**
 - Cell culture-based protocols are **more complex** than small molecule synthesis
 - **Product definition** is more complicated



Product Characterization and Quality Controls

Identity

- The product contains the intended cellular components
 - Immuno-phenotyping
 - CFU-F
 - Morphological appearance

Purity

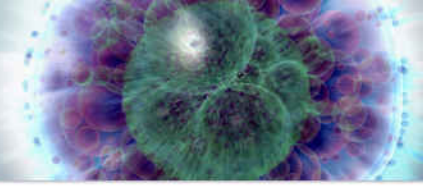
- The product does not contain contaminant cell types or process reagents
 - Immuno-phenotyping

Safety

- The product is not contaminated with microbes and does not have tumorigenic potential
 - Sterility
 - Non-pyrogenic
 - Tumorigenicity/ Genomic stability (karyotyping)

Potency

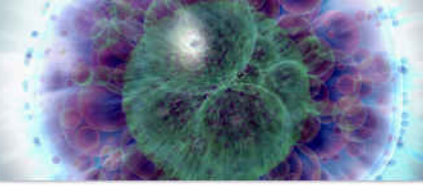
- The product possesses biological functions relevant to treating the intended clinical indication
 - Differentiation
 - Immuno-suppression
 - Release of bioactive molecules



Cell Culture Systems

- **“Classic” T-flasks**
 - + cost-effective
 - + good gas exchange
 - labor-intensive
 - low yield per flask (max 300 cm²)
 - not fully closed (class A cabinet required)
- **Multilayer vessels** such as Cell STACKS (Corning) or Cell Factory (Thermo Fisher)
 - + less labor-intensive than T-flasks
 - + high yield possible (up to 25'280 cm²)
 - monitoring and harvest difficulties
 - not fully closed (class A cabinet required)

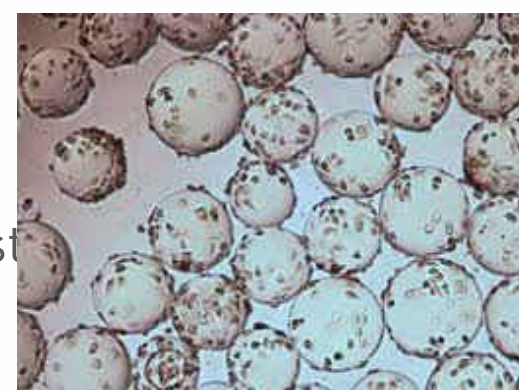




Cell Culture Systems

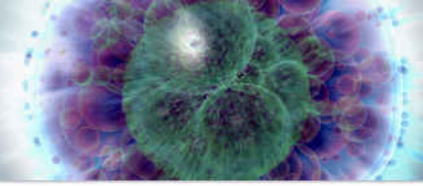
- **Closed automated devices**

- + large surface area
- + safe
- + simple inoculation
- + allows expansion in class C
- can be more expensive for “small scale”



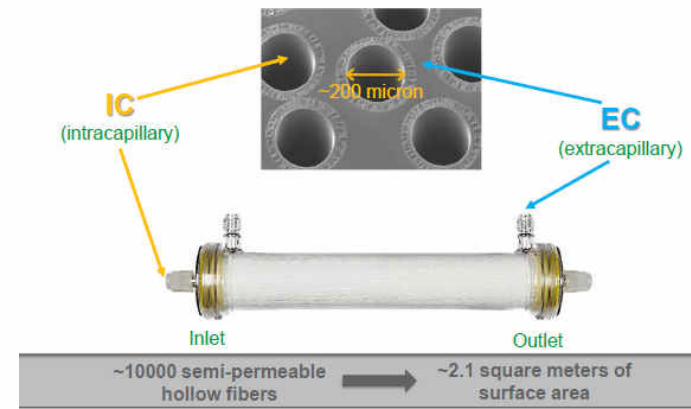
- **Bioreactors**

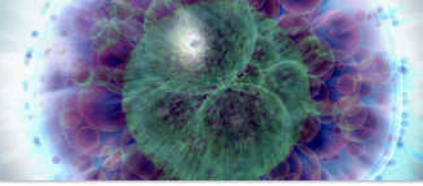
- Multiplate (e.g. Pall Life Sciences), up to 122,400 cm²
- Hollow-fiber (e.g. Terumo BCT), up to 21'000 cm²
- Microcarrier (e.g. GE Lifesciences)



Quantum Cell Expansion System (Terumo BCT)

- **Hollow-fiber bioreactor**
 - 11,500 hollow fibers, 2.1 m² cell culture surface area
 - equivalent to the surface area of 120 T175 flasks
- Closed system
- Automated inoculation, harvesting, and control of temperature
- Perfusion system: cell feeding and waste removal
- Normoxic or hypoxic cell culture



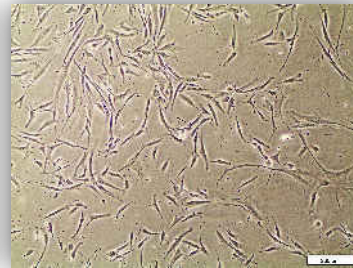


Lactate Monitoring for Cell Number Prediction

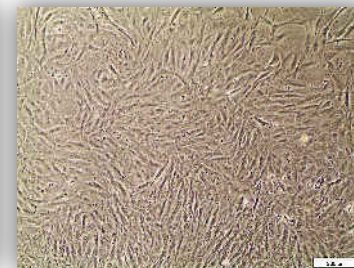
- Within the bioreactor it is not possible to visualize cells
 - Cell number prediction through (daily) measurements of lactate concentration
 - lactate production is proportional to cell number



7 days
0.98 mmol/L

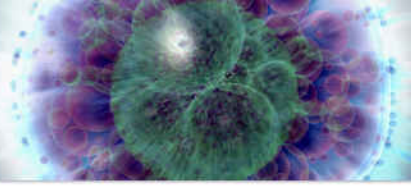


11 days:
1.22 mmol/L



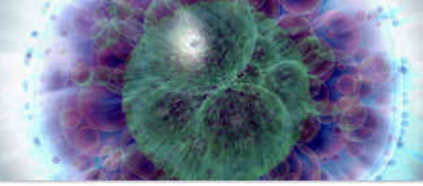
13 days:
4.42 mmol/L

- Experimental determination (in flask culture) of the **maximal lactate production (mmol) per cell per day** (reference value for cell number prediction)

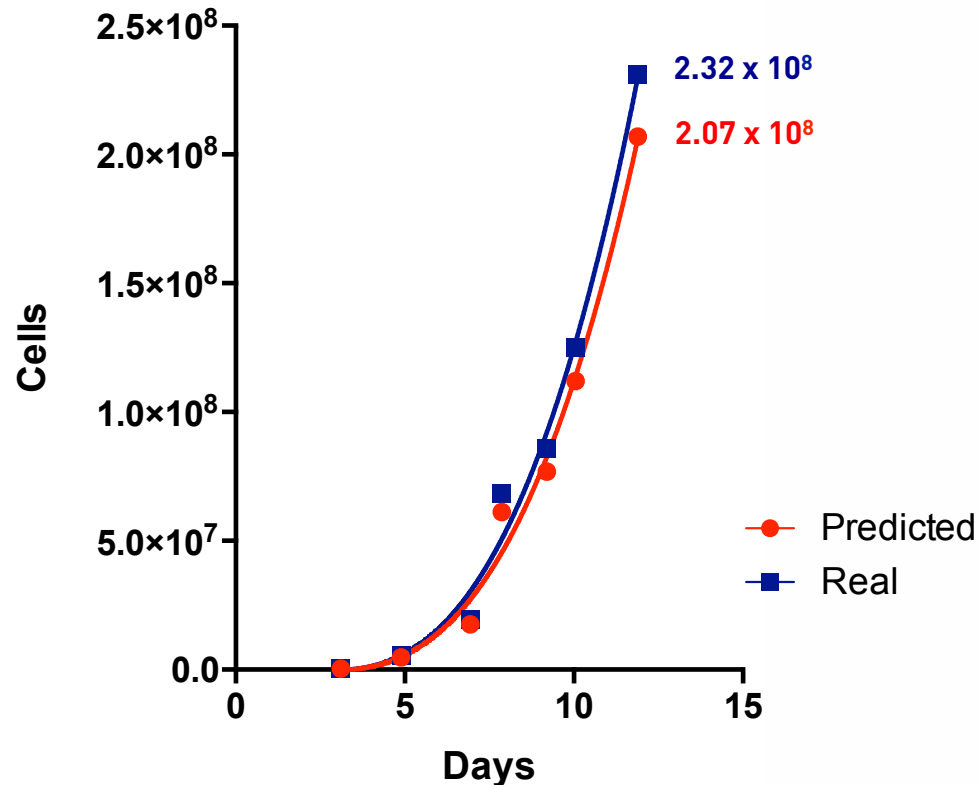


Quantum vs. Flasks

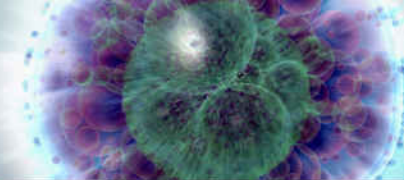
Yield



Lactate Measurements for Cell Number Prediction



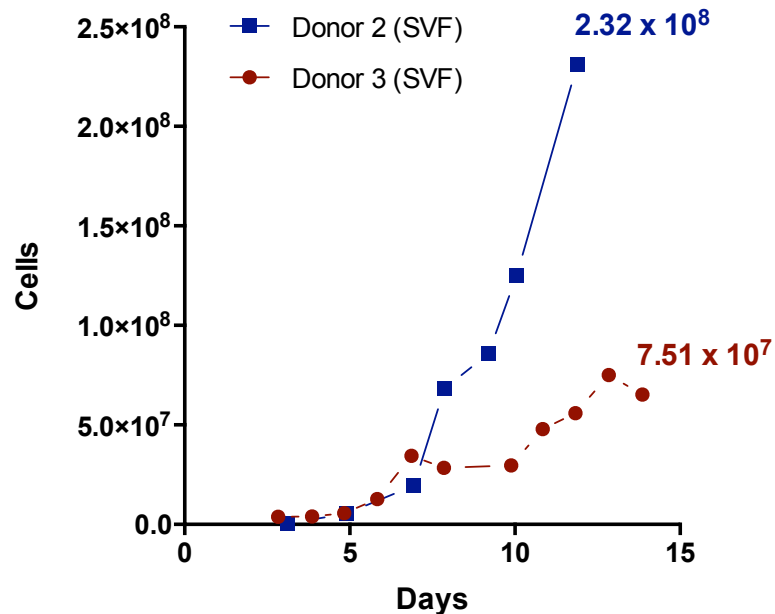
- Seeded 9.6×10^6 ASCs
- 5% human platelet lysate (hPL) in IMDM:F12
- 21% O_2



Donor-dependant Yield Variability

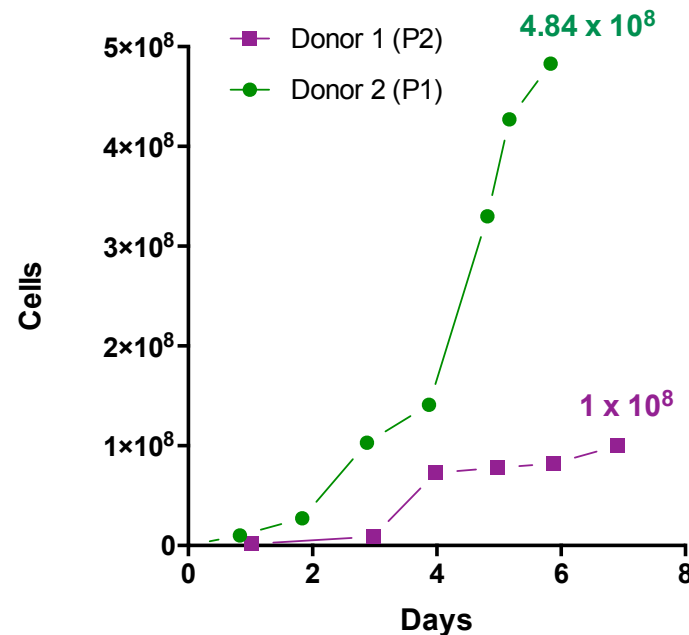
SVF (p=0)

5% hPL in IMDM:F12

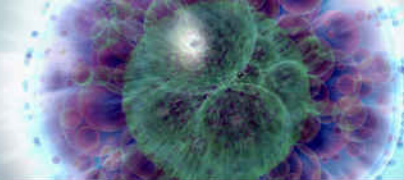


pre-selected ASCs (p>1)

5% hPL in IMDM:F12

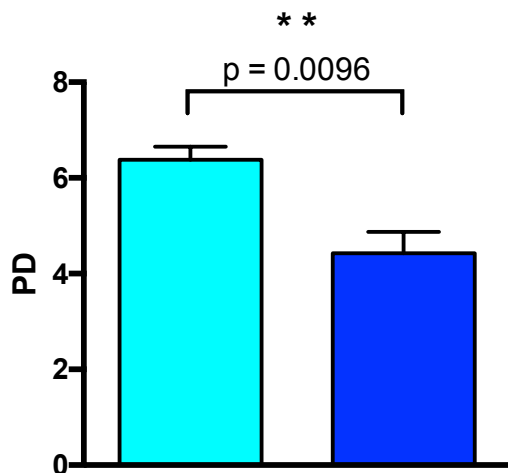


	Seed	Harvest	Culture Duration (days)	PD (cumulative)
Donor 2 (SVF)	9.60 x 10 ⁶	2.32 x 10 ⁸	11.90	5.18
Donor 3 (SVF)	1.05 x 10 ⁷	7.51 x 10 ⁷	13.80	3.43
Donor 2 (ASC, P1)	2.00 x 10 ⁷	4.84 x 10 ⁸	5.83	10.36
Donor 1 (ASC, P2)	1.00 x 10 ⁷	1.00 x 10 ⁸	6.90	6.76



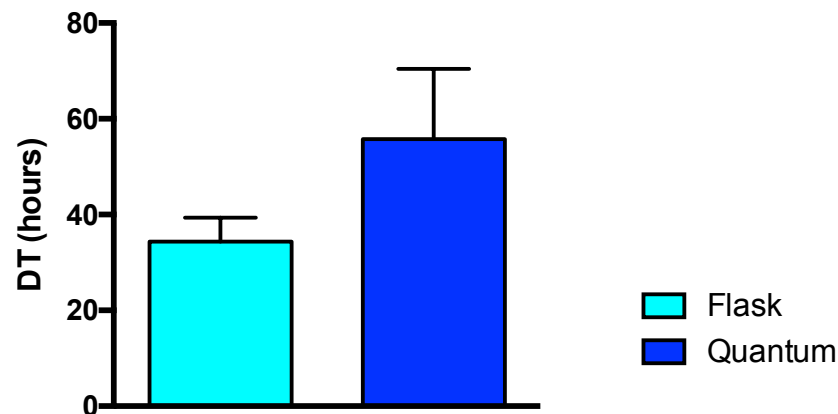
Higher ASC Proliferation in Flasks

Population Doublings

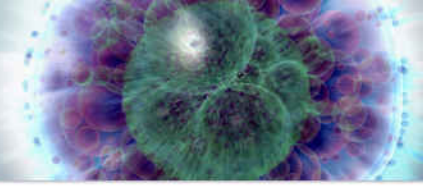


	Flask			Quantum		
	Mean	SEM	N	Mean	SEM	N
PD	6.378	0.269	4	4.420	0.449	4

Doubling Time

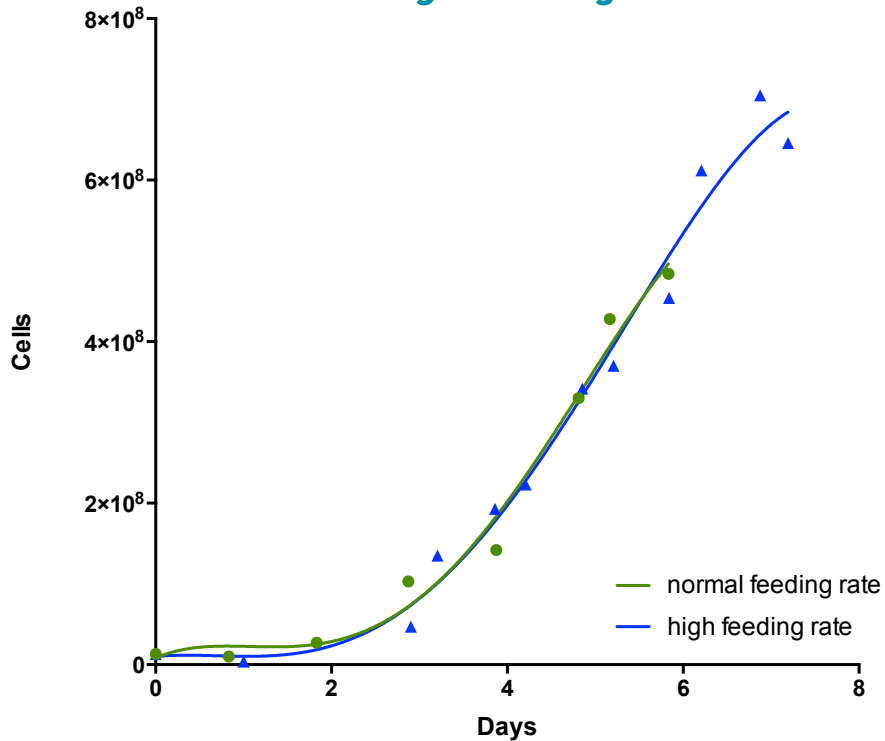


	Flask			Quantum		
	Mean	SEM	N	Mean	SEM	N
DT	34.360	5.006	4	55.735	14.706	4

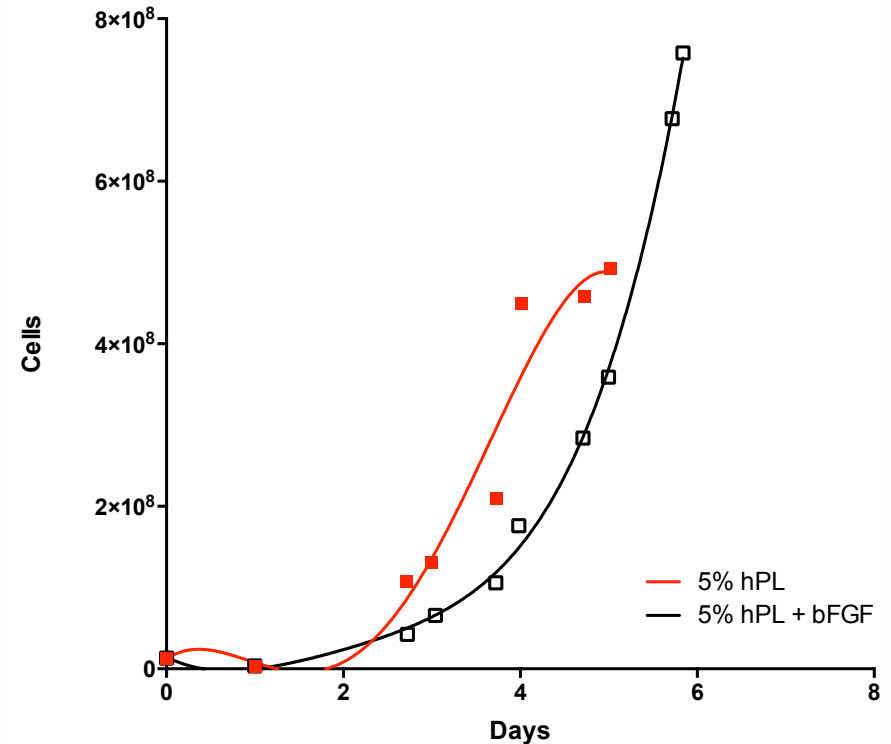


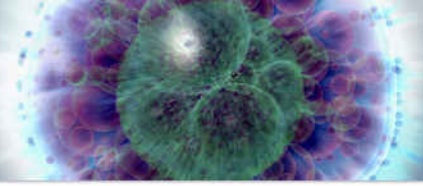
Medium and Feeding Rate Optimization

High feeding rate



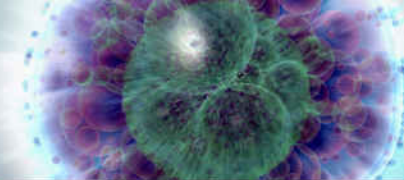
+ bFGF



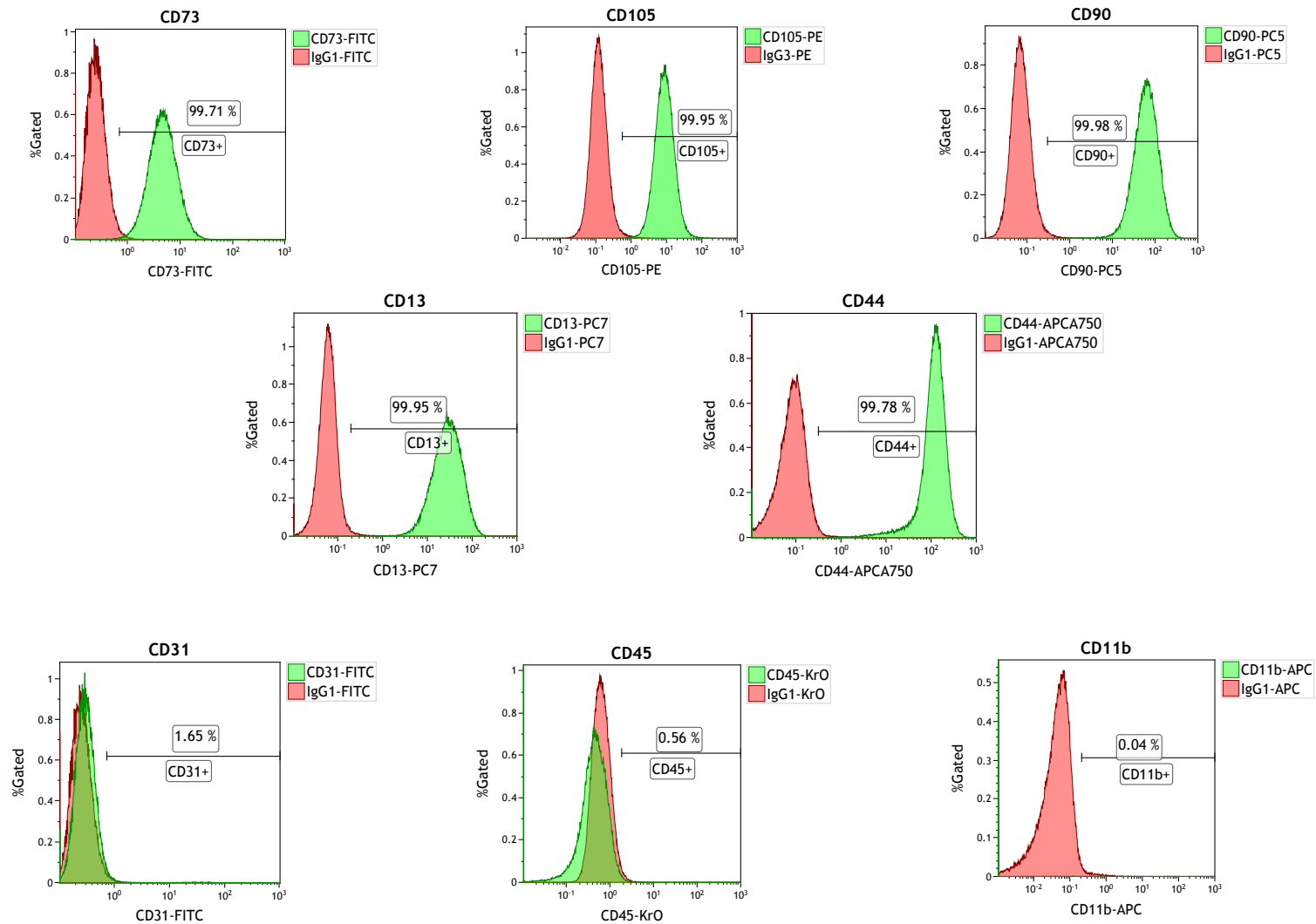


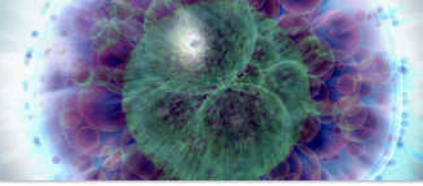
Quantum vs. Flasks

Quality



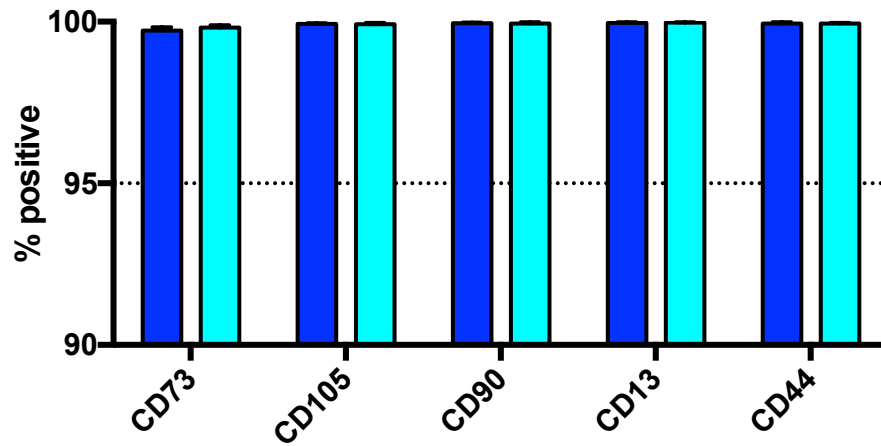
Immunophenotyping



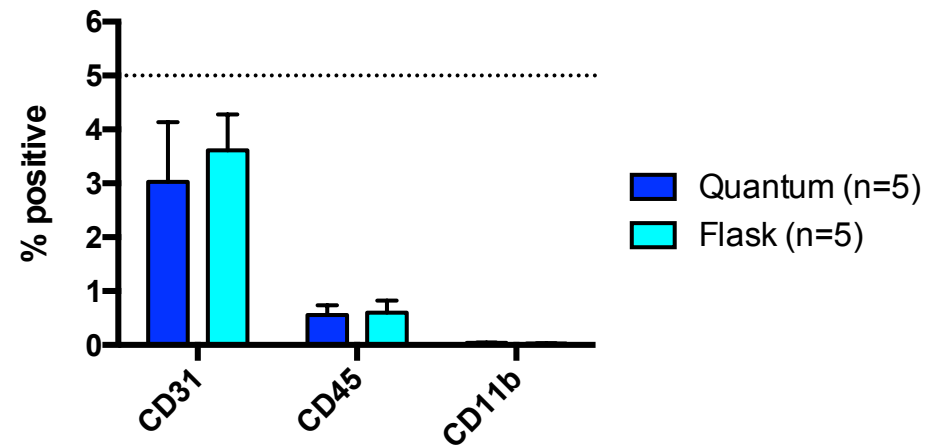


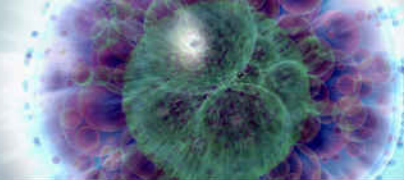
Immunophenotyping

MSC Positive Markers



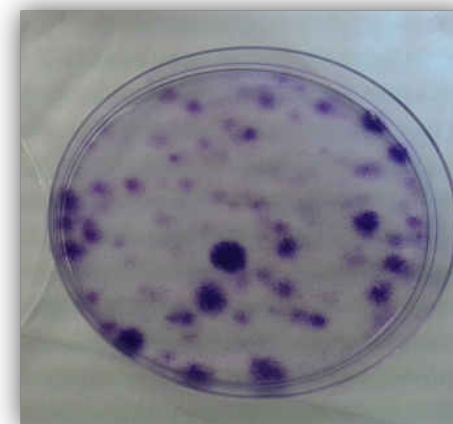
MSC Negative Markers



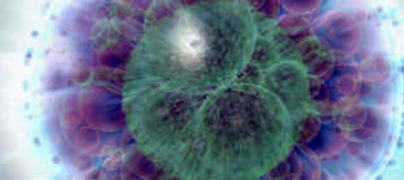


Colony-Forming Unit Fibroblast (CFU-F) Assay

- Acceptance criteria for CFU-F
(Bourin *et al.* 2013, Cytotherapy)
 - “fresh” SVF: > 1%
 - pre-selected ASCs: > 5%

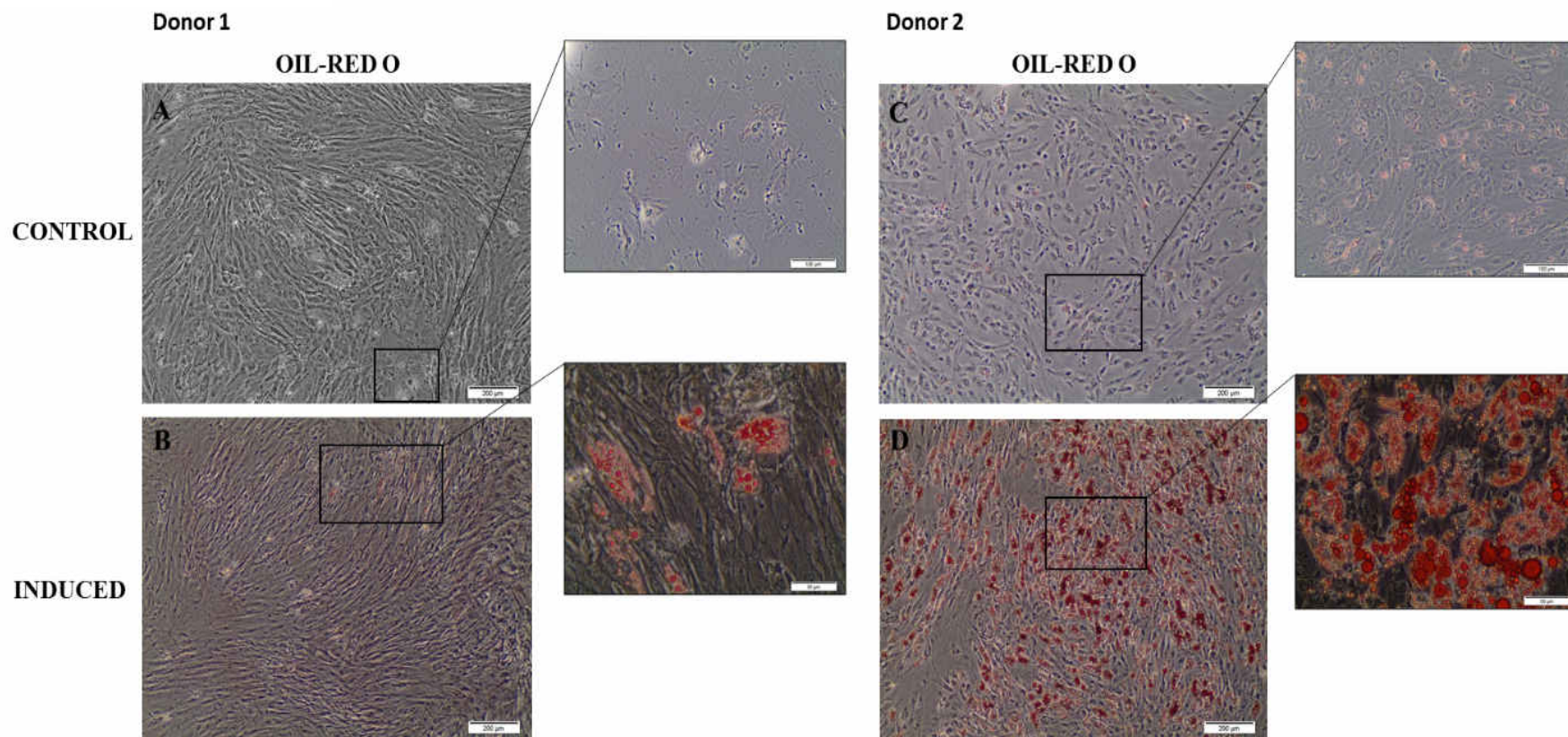


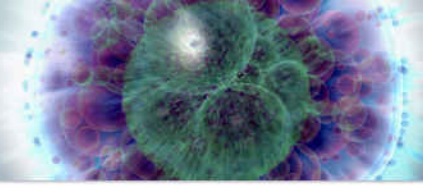
	SVF (CC)	SVF (0207)	pre-selected ASCs (CC, p1)	pre-selected ASCs (ML, p2)
Before seeding	n/a	0.65%	7.80%	1.8%
At harvest (Quantum)	7.80%	14.5%	8.90%	4.05%
At harvest (Flask)	8.20%	17.3%	7.65%	4.15%



Adipogenic Differentiation Potential

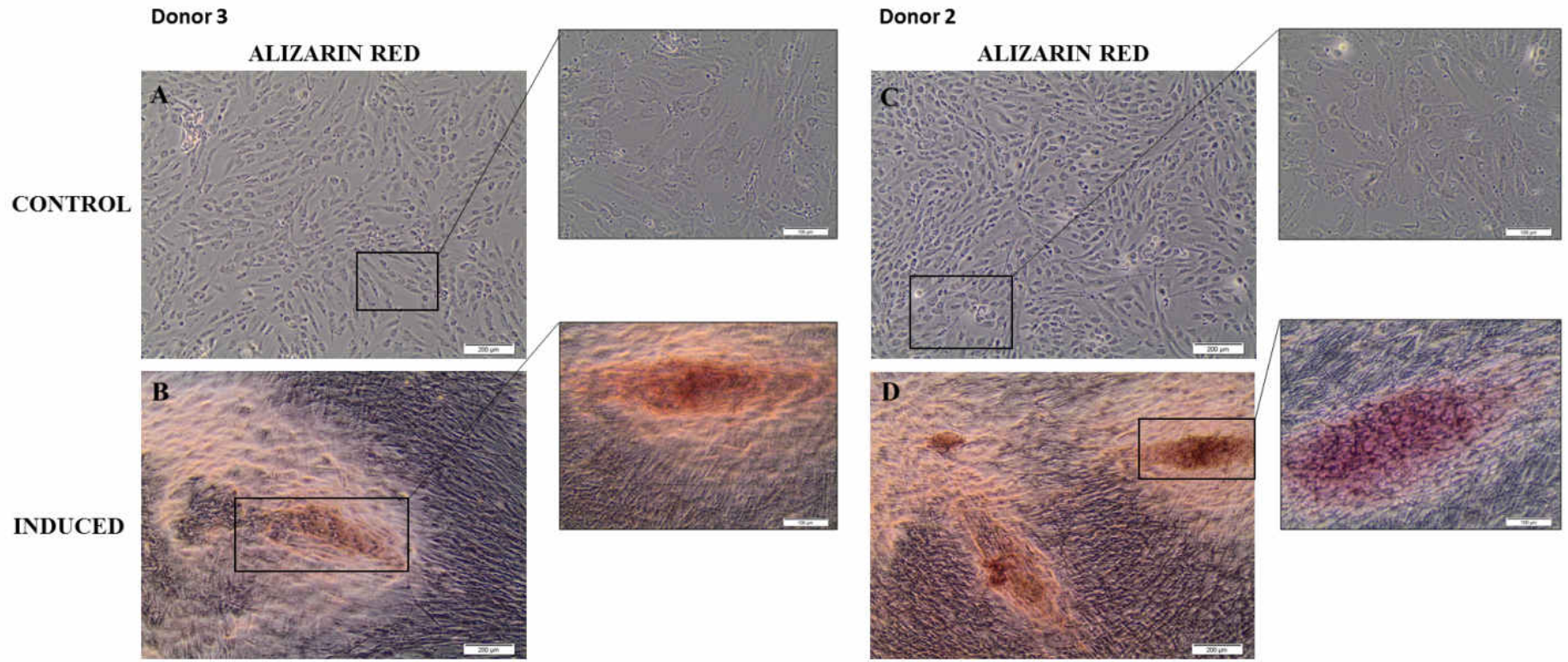
Quantum

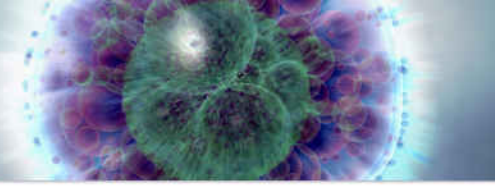




Osteogenic Differentiation Potential

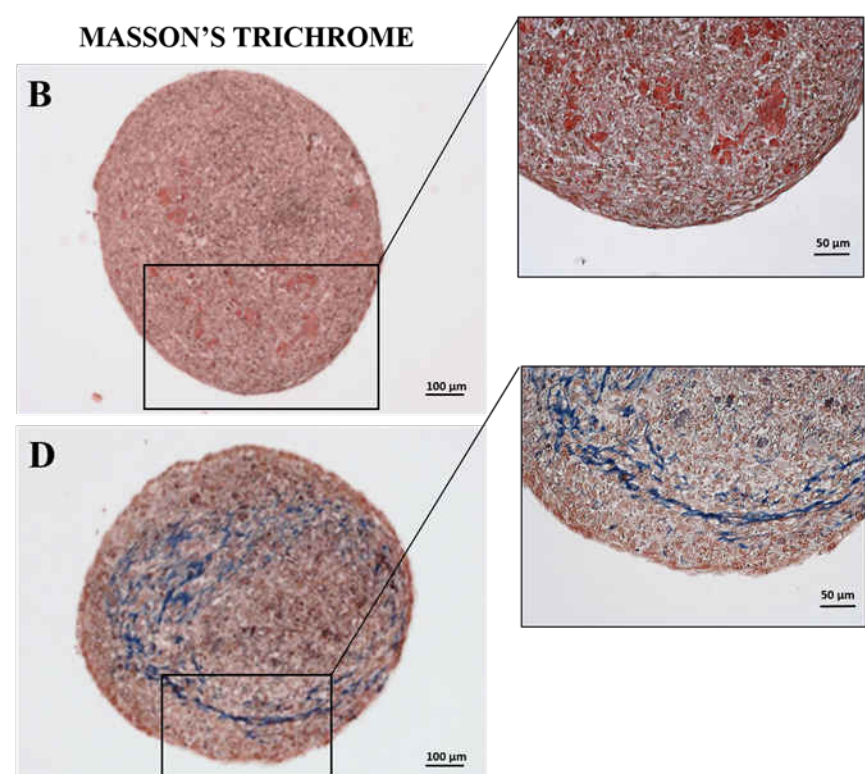
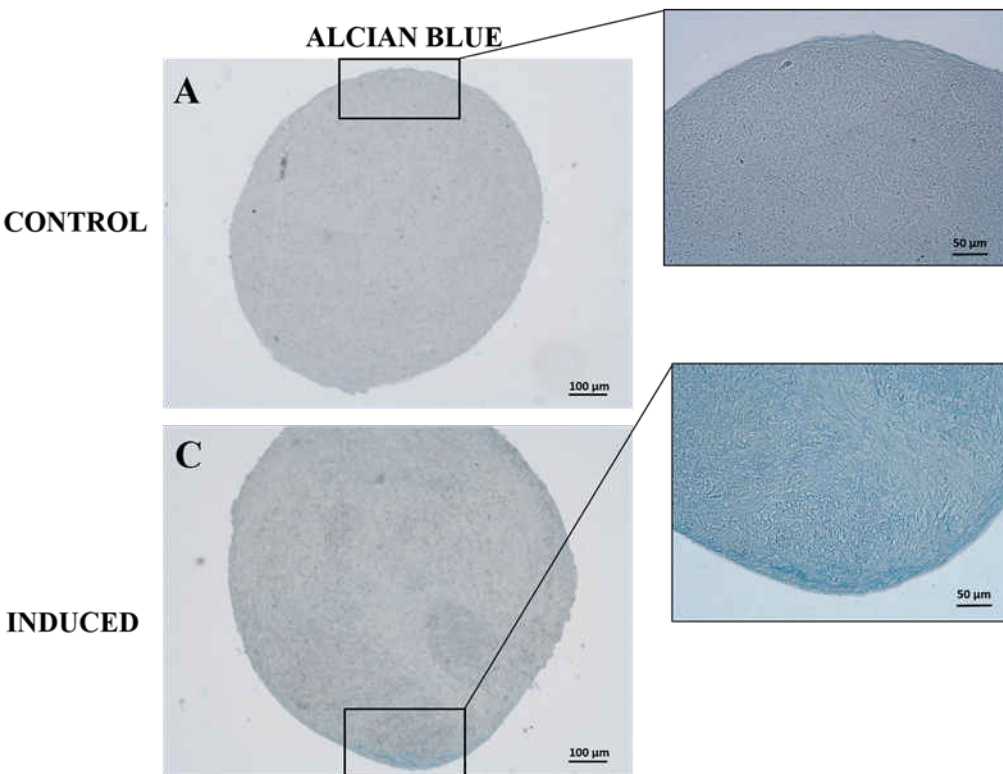
Quantum

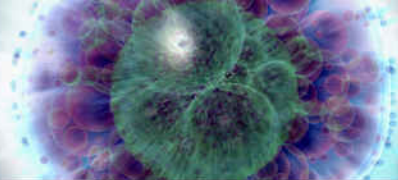




Chondrogenic Differentiation Potential

QUANTUM





DNA Damage/Repair, Apoptosis, Cell Cycle (RT² Profiler PCR Arrays, Qiagen)

ATM / ATR Signaling

ATM, ATR, ATRIP, BARD1, BRCA1, CDC25A, CHEK1, CHEK2 (RAD53), CSNK2A2, FANCD2, H2AFX, HUS1, MDC1, PARP1 (ADPRT1), RAD1, RAD17, RAD50, RAD9A, RBBP8, RNF168, RNF8, SMC1A (SMC1L1), TOPBP1, TP53 (p53).

DNA Damage & Repair

Nucleotide Excision Repair (NER): CDK7, DDB1, DDB2, ERCC1, ERCC2 (XPB), LIG1, NTHL1, OGG1, PCNA, PNKP, RPA1, SIRT1, TP53 (p53), XPA, XPC.

Base Excision Repair (BER): APEX1, FEN1, LIG1, MBD4, MPG, NTHL1, OGG1, PARP1 (ADPRT1), PCNA, TP53 (p53), UNG, XRCC1.

Mismatch Repair (MMR): ABL1, EXO1, MLH1, MLH3, MSH2, MSH3, PCNA, PMS1, PMS2, TP73.

Double-Strand Break (DSB) Repair: ATM, BLM, BRCA1, CHEK1, H2AFX, HUS1, LIG1, MDC1, MLH1, MRE11A, NBN (NBS1), PRKDC, RAD50, RAD51, RPA1, TP53BP1, XRCC2, XRCC6 (G22P1).

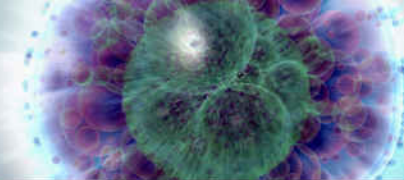
Other DNA Repair Genes: ATR, ATRIP, ATRX, BARD1, BRIP1, CHEK2 (RAD53), CIB1, CRY1, FANCA, FANCD2, FANCG, GADD45A, GADD45G, RAD1, RAD17, RAD18, RAD21, RAD51B (RAD51L1), RAD9A, RBBP8, REV1 (REV1L), RNF168, RNF8, SMC1A (SMC1L1), SUMO1, TOPBP1, XRCC3.

Apoptosis

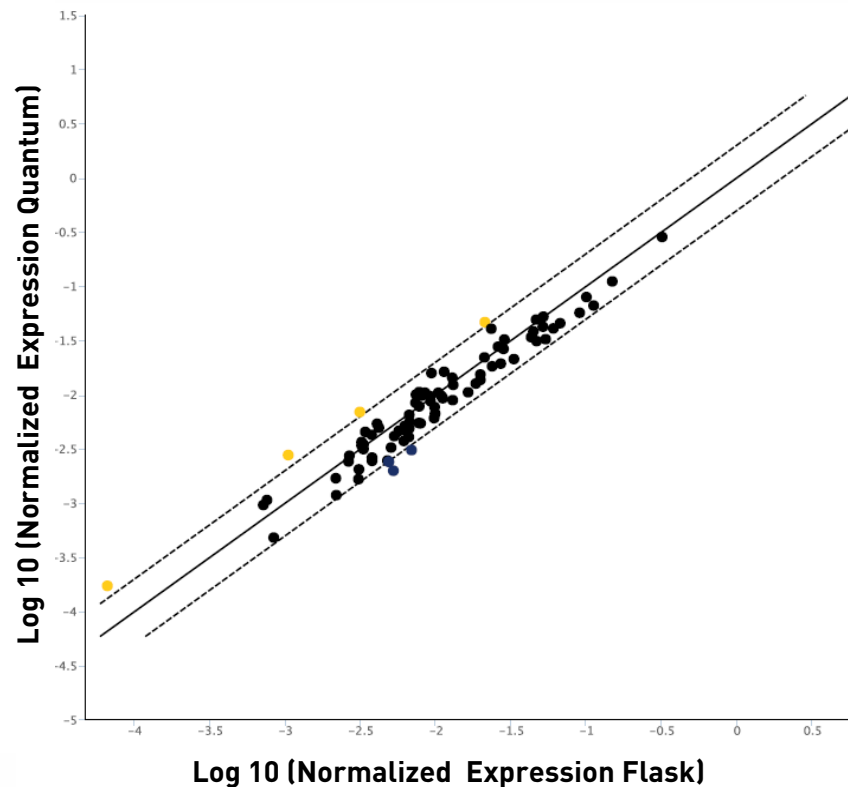
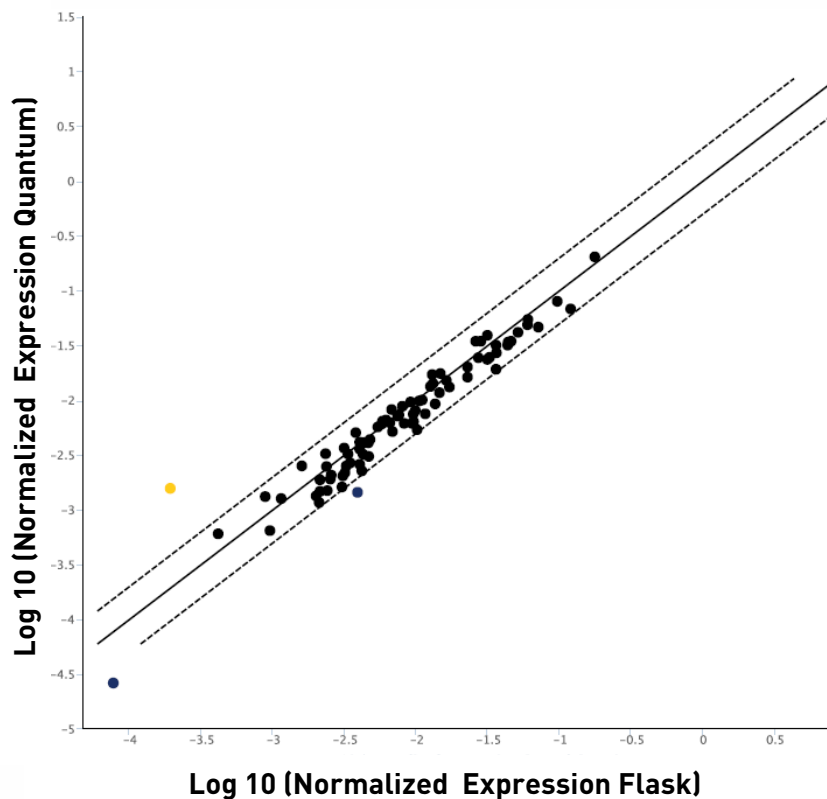
ABL1, ATM, BARD1, BAX, BBC3, BRCA1, CDKN1A (p21CIP1, WAF1), CHEK2 (RAD53), CIB1, CSNK2A2, PPP1R15A (GADD34), PRKDC, RAD21, RAD9A, SIRT1, TP53 (p53), TP73.

Cell Cycle

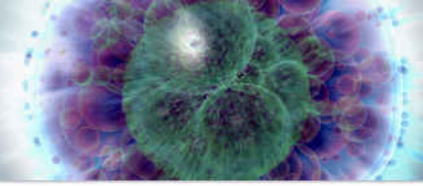
ATM, ATR, ATRIP, CDC25A, CDC25C, CDK7, CDKN1A (p21CIP1, WAF1), CHEK1, CHEK2 (RAD53), DDIT3 (GADD153, CHOP), MAPK12 (P38GAMMA), MCPH1, MDC1, PPM1D, PPP1R15A (GADD34), TP53 (p53), TP73.



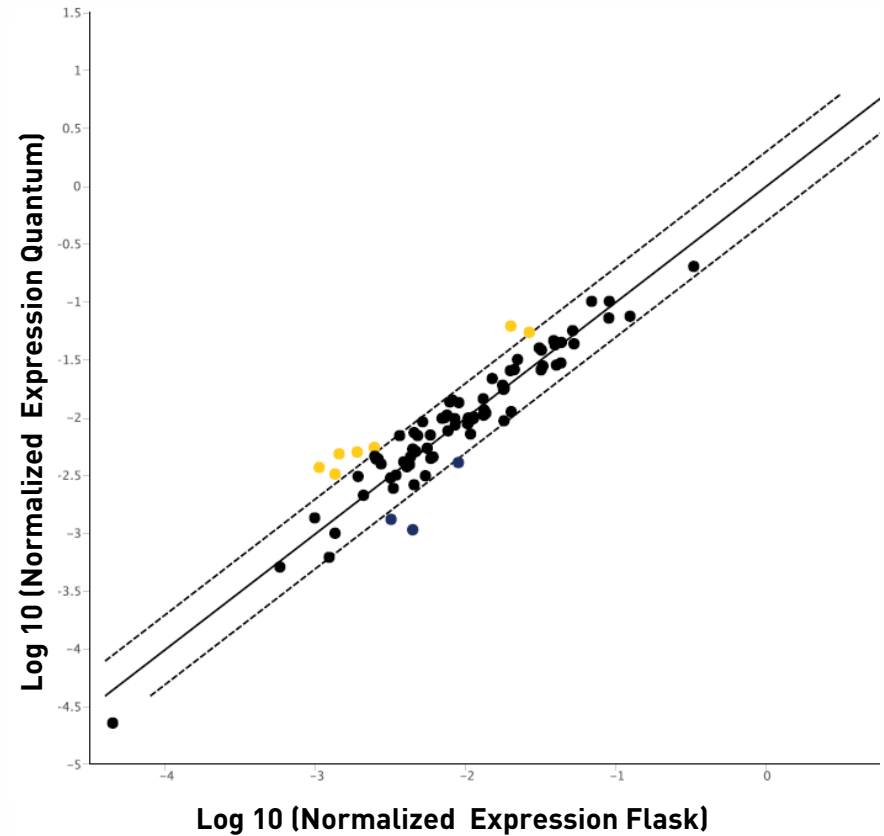
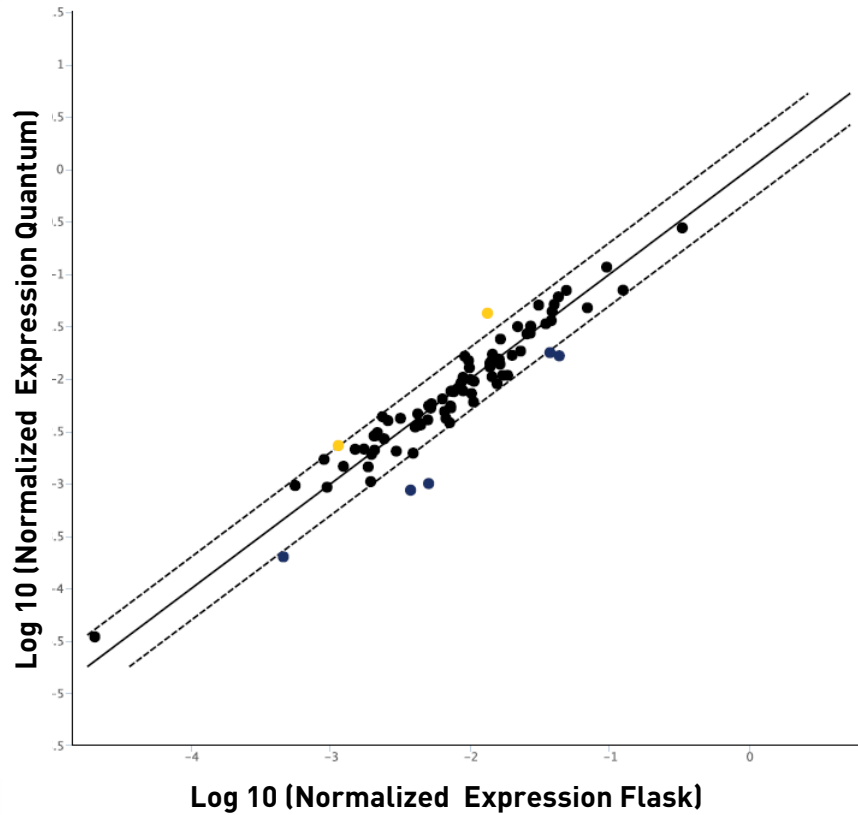
DNA Damage/Repair, Apoptosis, Cell Cycle



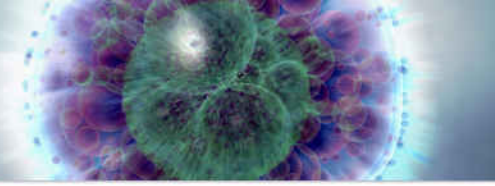
- upregulated
- downregulated
- unchanged



DNA Damage/Repair, Apoptosis, Cell Cycle

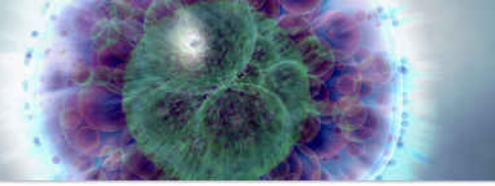


- upregulated
- downregulated
- unchanged



Conclusions and Outlook

- ASCs can be expanded in the Quantum
 - Yield variability: donor and culture conditions
 - Bioprocess transition (flask to Quantum) needs optimization
- The quality of ASCs expanded in the Quantum is comparable to flask-expanded cells
 - Identity and purity: confirmed
 - Safety: need for further genomic stability testing, tumorigenicity assay, sterility and endotoxin testing
 - Potency: “classical” differentiation confirmed, need for therapy-oriented potency assays



Acknowledgments

SSCF

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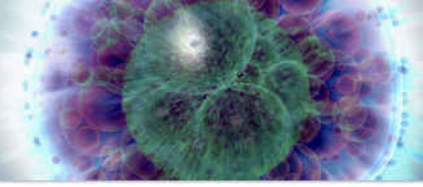
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Thank You for Your Attention!

Questions?

