

# A shift in paradigm towards human biology-based systems for cholestatic-liver disease

Fozia Noor

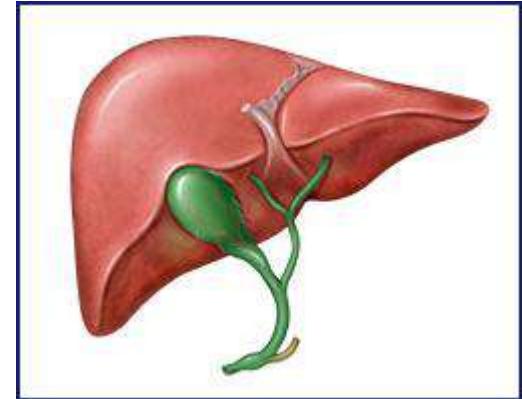
Systems Toxicology – *In Vitro* Metabolomics

Biochemical Engineering Institute

Saarland University, Germany

***BioMed21 – A Human Pathways Approach to Disease Research***  
***Brussels, 8-9<sup>th</sup> December 2015***

# Cholestatic-Liver Diseases - Introduction



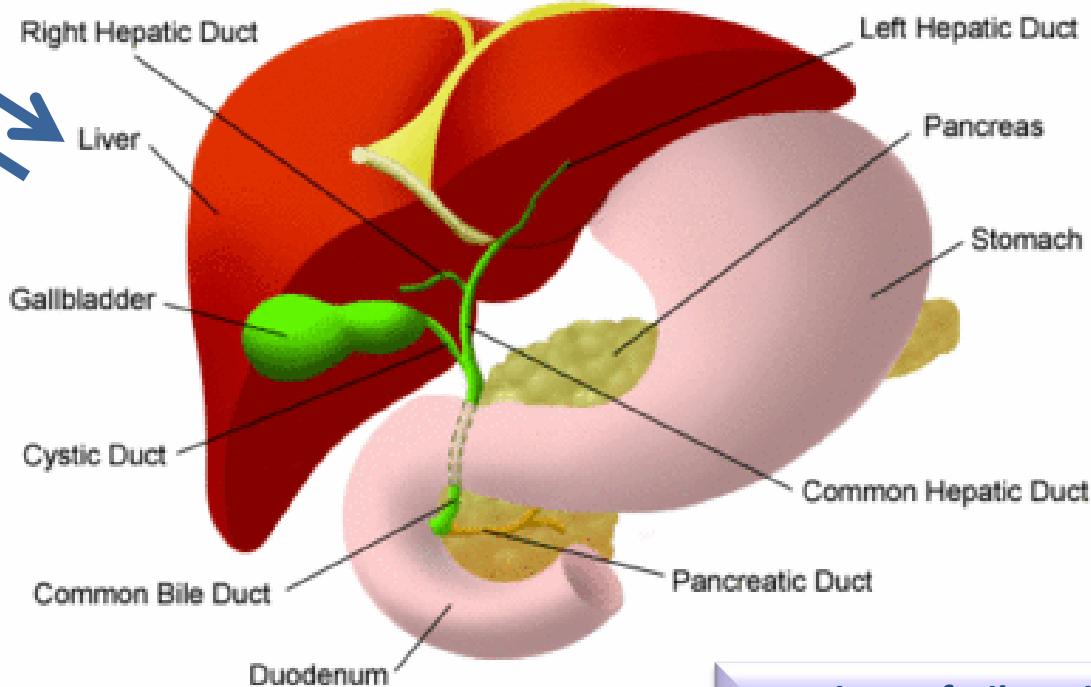
# Hepatobiliary System

## Disease of Civilization

- Obesity
- Diabetes
- Non-alcoholic fatty liver disease
- Chronic liver disease
- Heart disease
- Metabolic syndrome
- Other nutritional disorders

## Cholestatic Liver Diseases

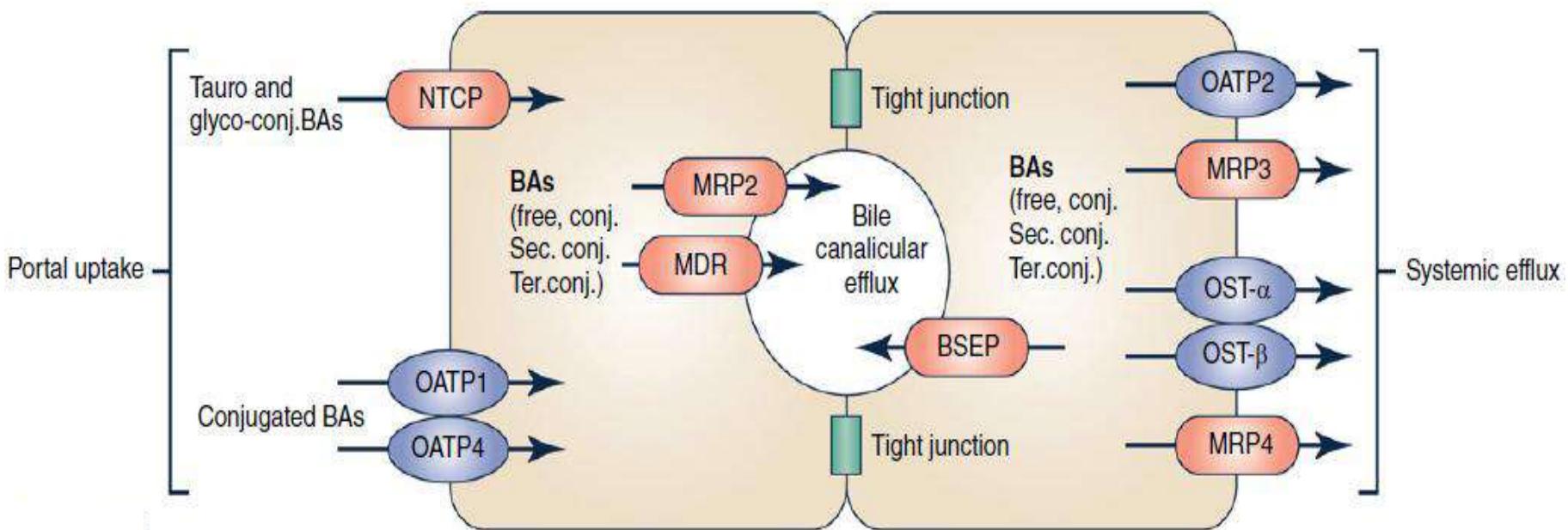
- Biliary atresia
- Progressive familial intrahepatic cholestasis
- Alagille syndrome
- Primary biliary cirrhosis
- Primary sclerosing cholangitis
- Cholangiocarcinoma
- Drug induced cholestasis
- ...



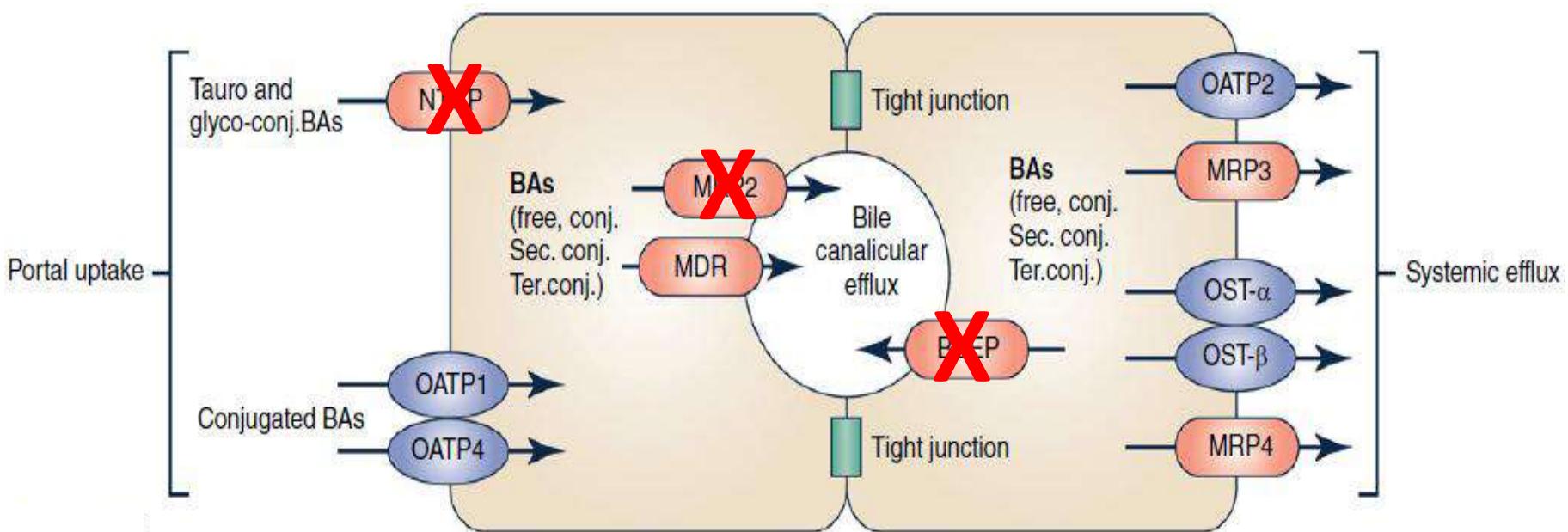
## Functions of Bile Acids

- Glucose metabolism
- Lipid metabolism
- Cholesterol metabolism
- Energy expenditure
- Control of gut microbiota
- Xenobiotic metabolism
- ...

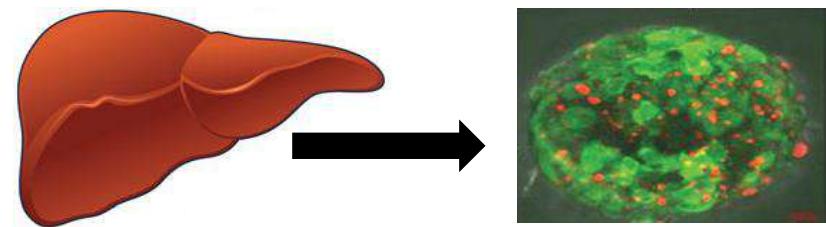
# Bile acid transport system



# Bile acid transport system



# Human specific cell models



# Why human models ?

***In-vivo animal models  
differ from humans in:***

- Bile acid composition
- Transporters activities
- Milder phenotypes
- Effect on nuclear receptors
- Immune and inflammatory response
- CYP 450 system for metabolism and clearance
- Gut microbiota
- Mechanisms of parenchyma injury (necrosis vs. apoptosis)

*In-vivo*



*In-vitro*



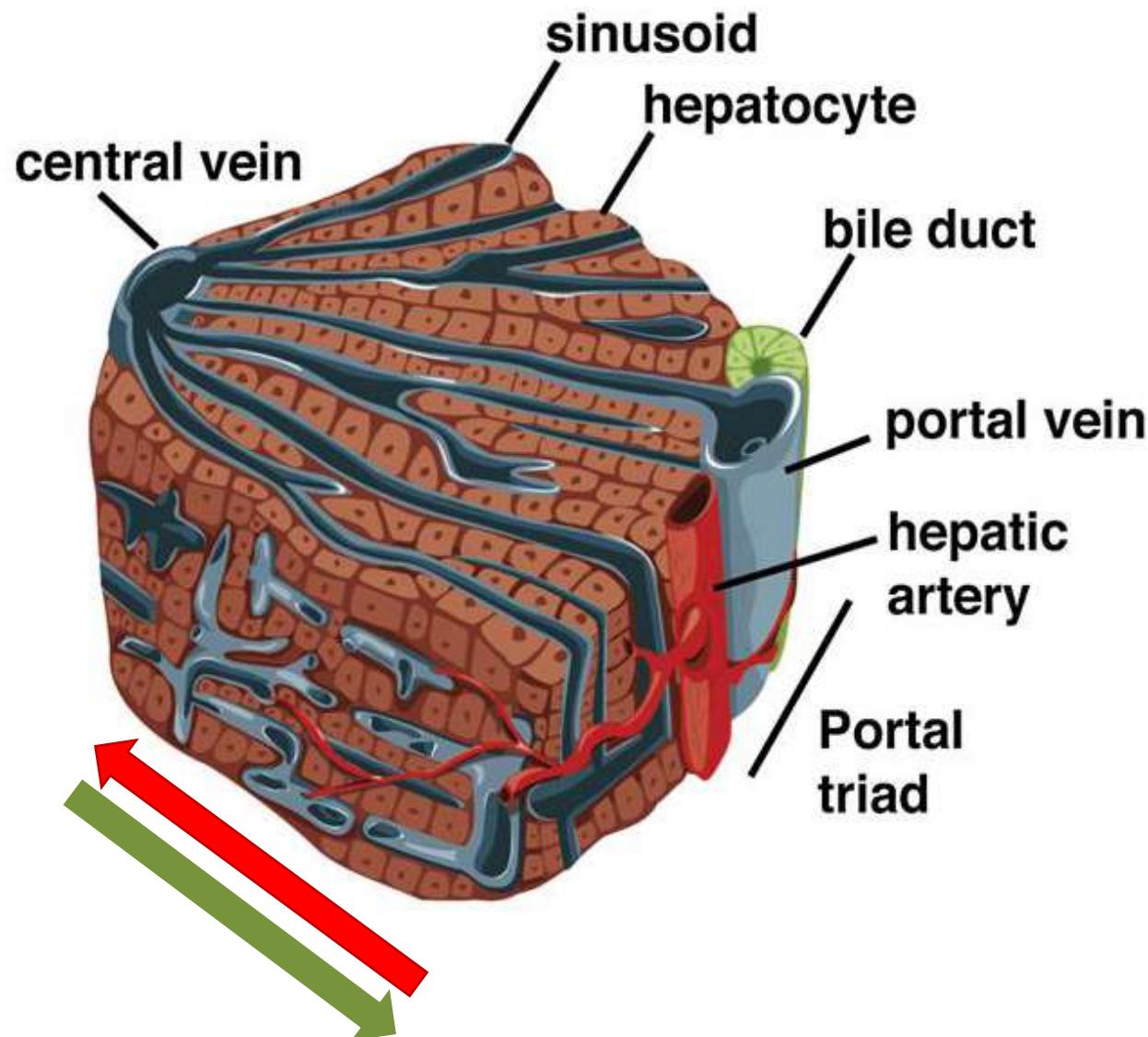
***Common in-vitro models***

- usually 2D
- Monocultures
- Very often rodent primary cells
- Cell lines

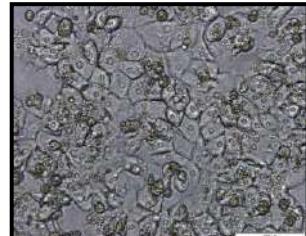


***Human in vivo-like models are needed !***

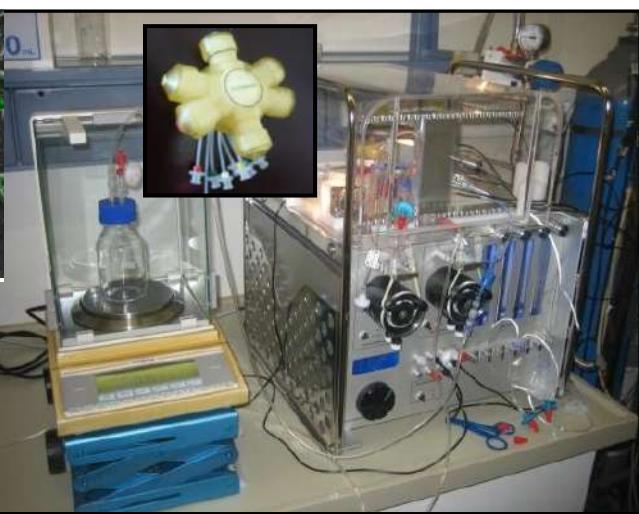
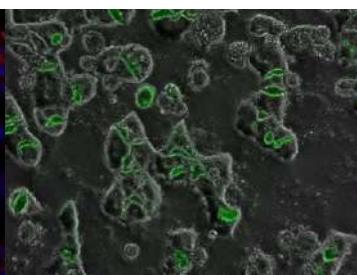
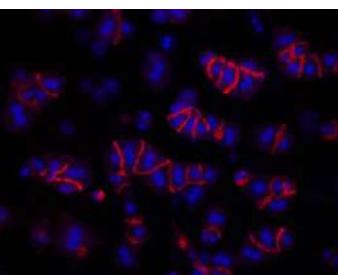
# Liver



# *In vitro* 3D cultivation systems for liver



Monolayer



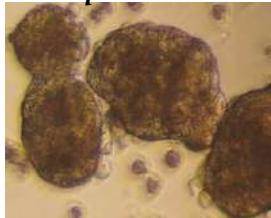
*Collagen sandwich cultures of primary hepatocytes (Saskia Müller)*

*Single cells*

*Aggregates*

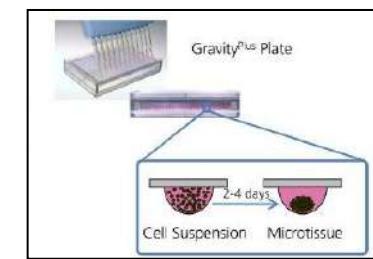
*Alginate*

*encapsulation etc*



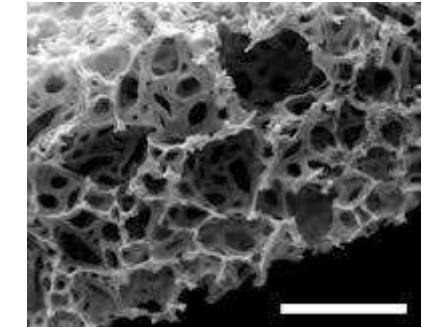
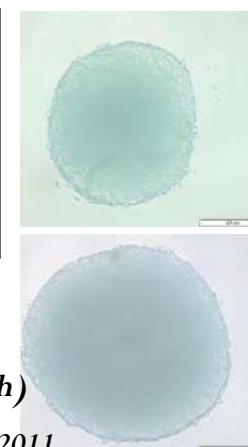
*Hepatology, 2011*

*Spinner flask cultures  
(Carrondo and Alves,  
IBET, Portugal)*



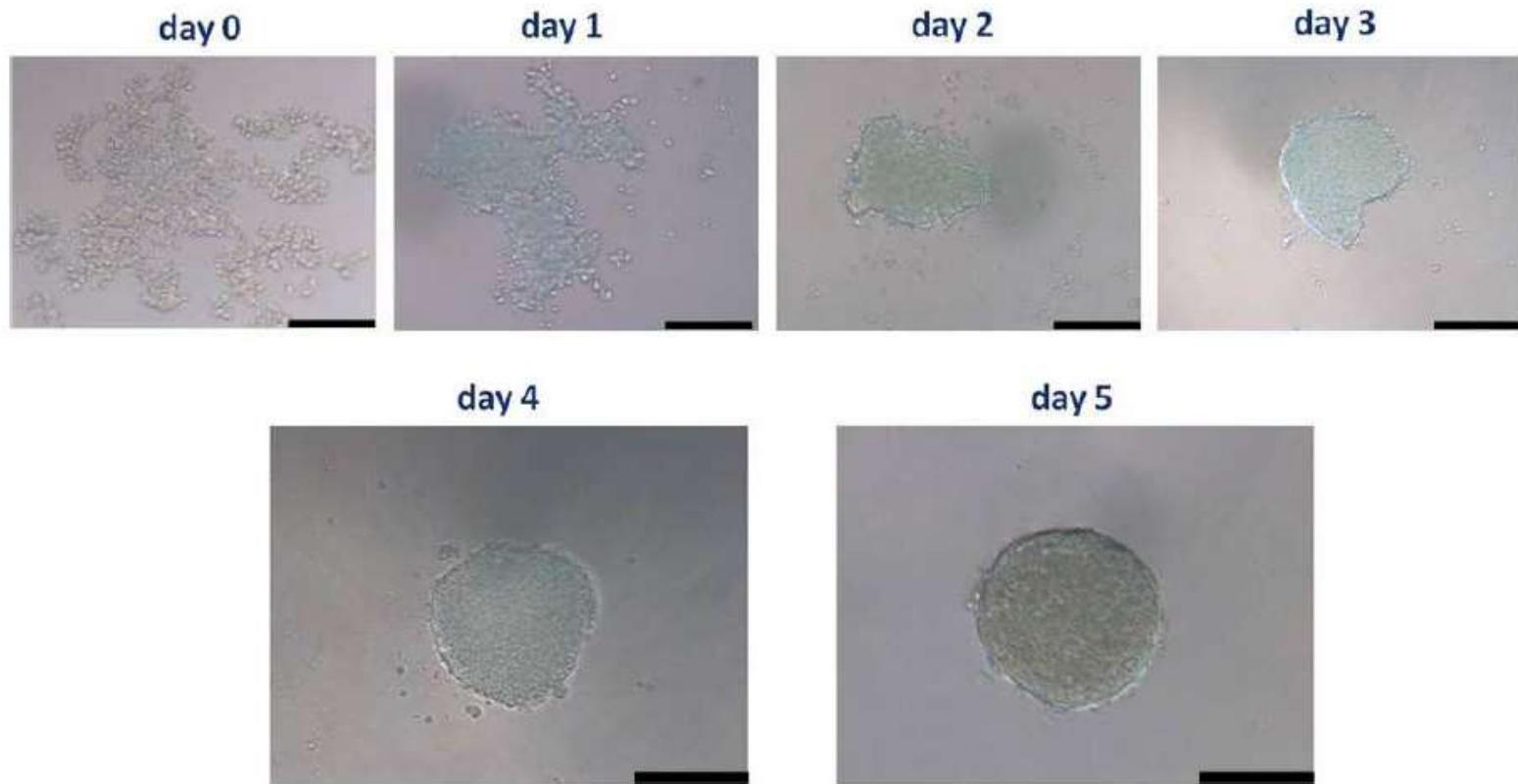
*3D organotypic cultures of  
primary hepatocytes  
(Insphero technology, Zurich)*

*Mueller et al., Bioeng Biomed Sci 2011*  
*Gunness et al, Tox Sci., 2013*  
*Mueller et al., Tox in vitro, 2014*



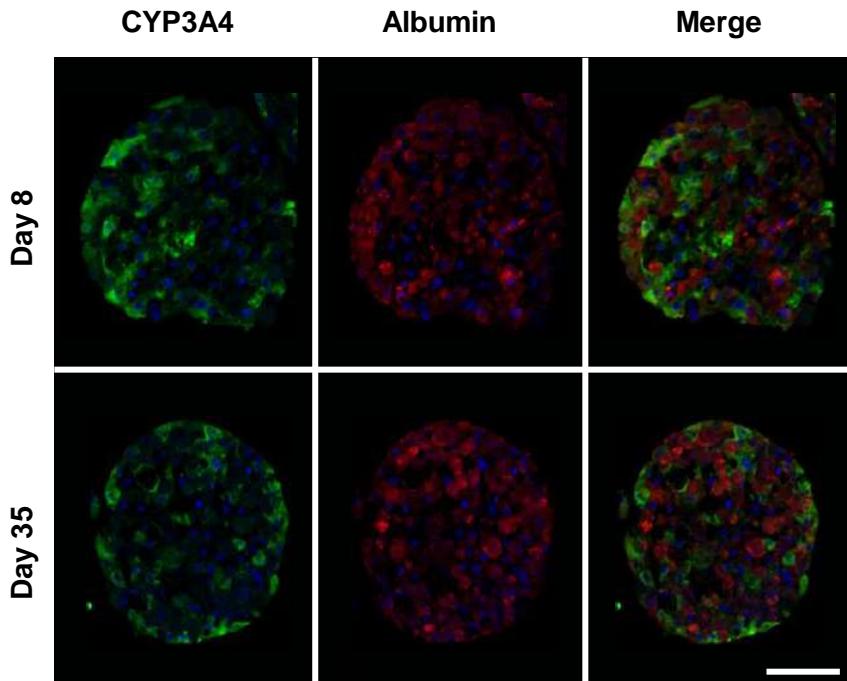
*Alvetex scaffold*

# Human 3D *in-vitro* models



# Human 3D *in-vitro* models

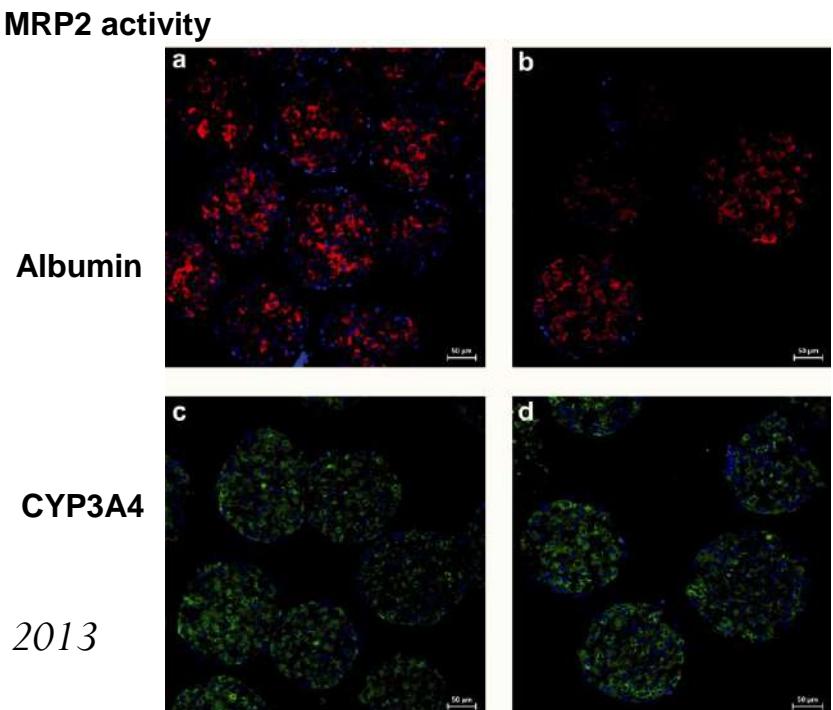
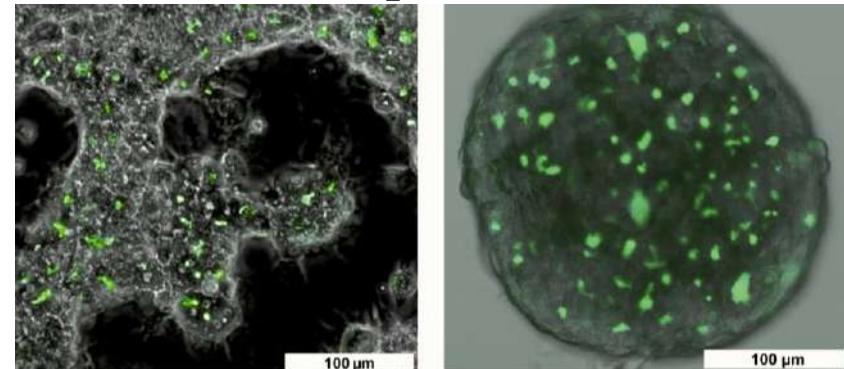
## Primary human hepatocytes



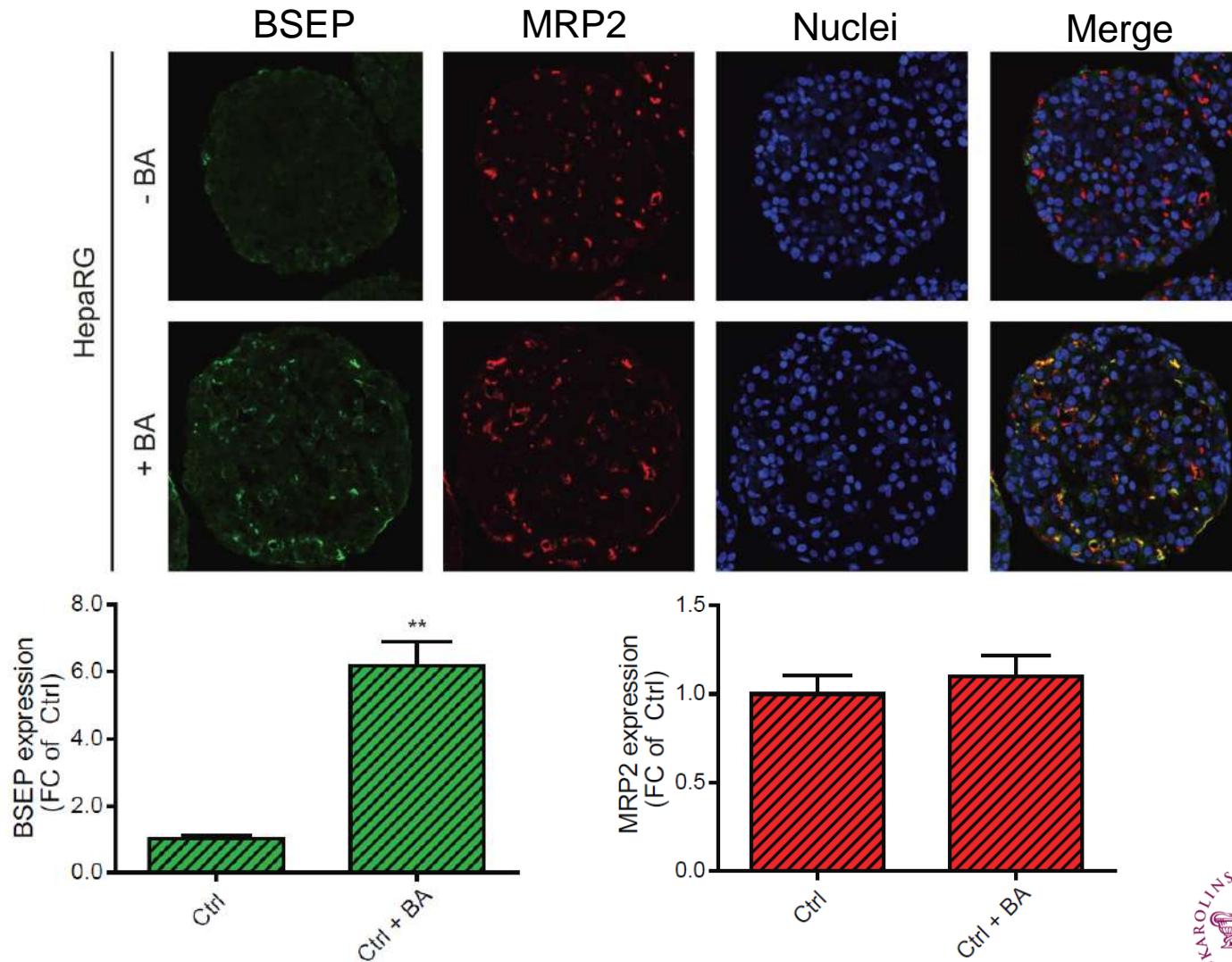
Fredriksson *et al.*, 2015

Gunness *et al.*, 2013

## Human HepaRG cell line



# HepaRG spheroids express important bile acid transporters and they can be induced



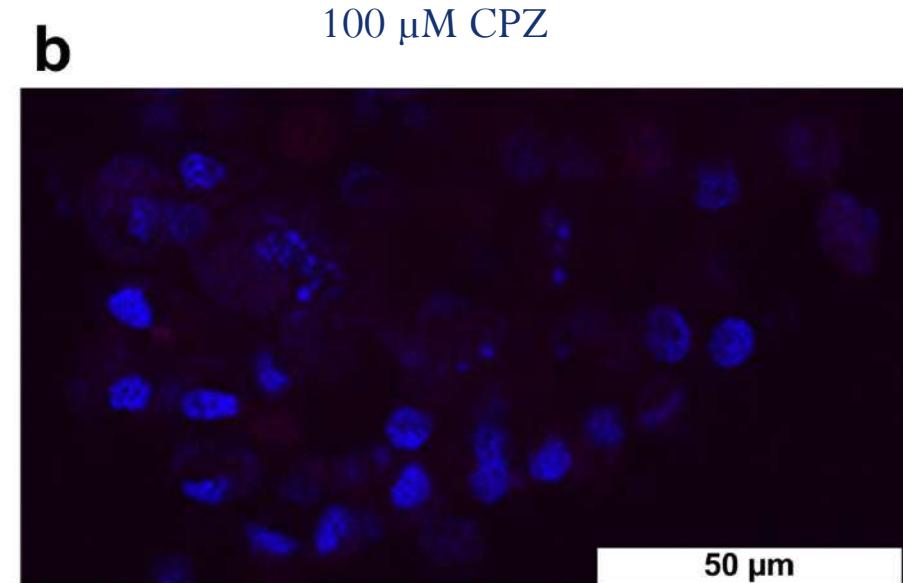
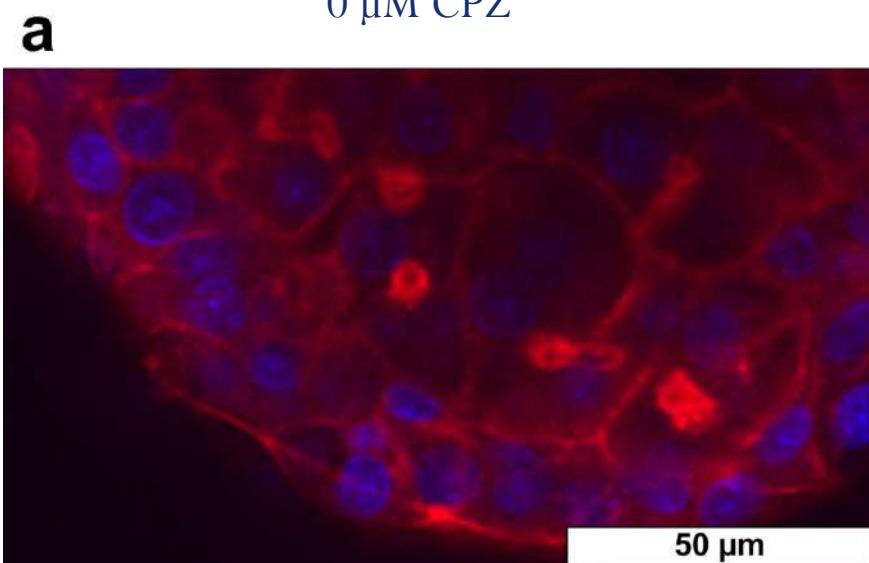
Lisa Fredriksson Puigvert, Delilah Hendriks and Magnus Ingelman-Sundberg, submitted



Karolinska  
Institutet

# Disruption of bile canaliculi network

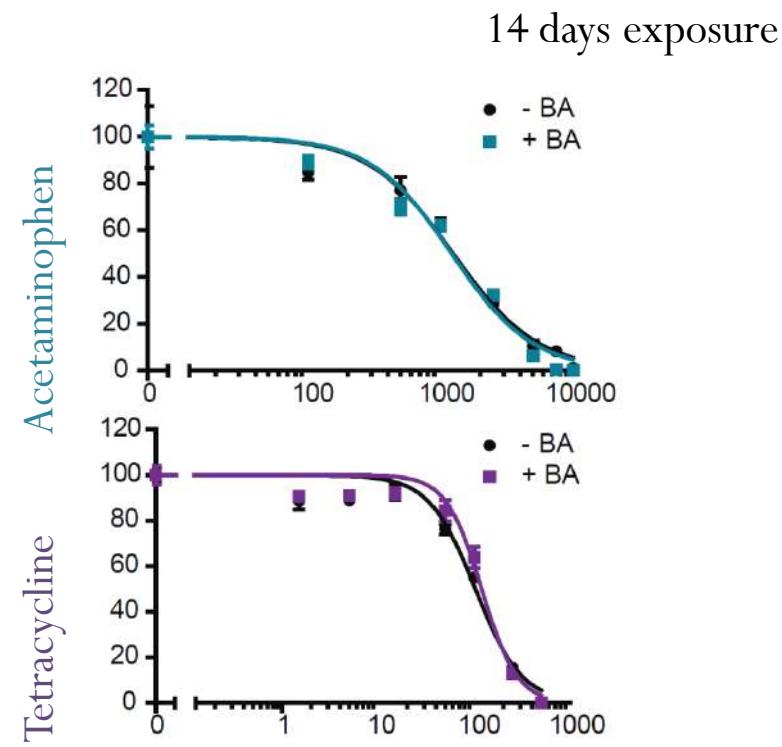
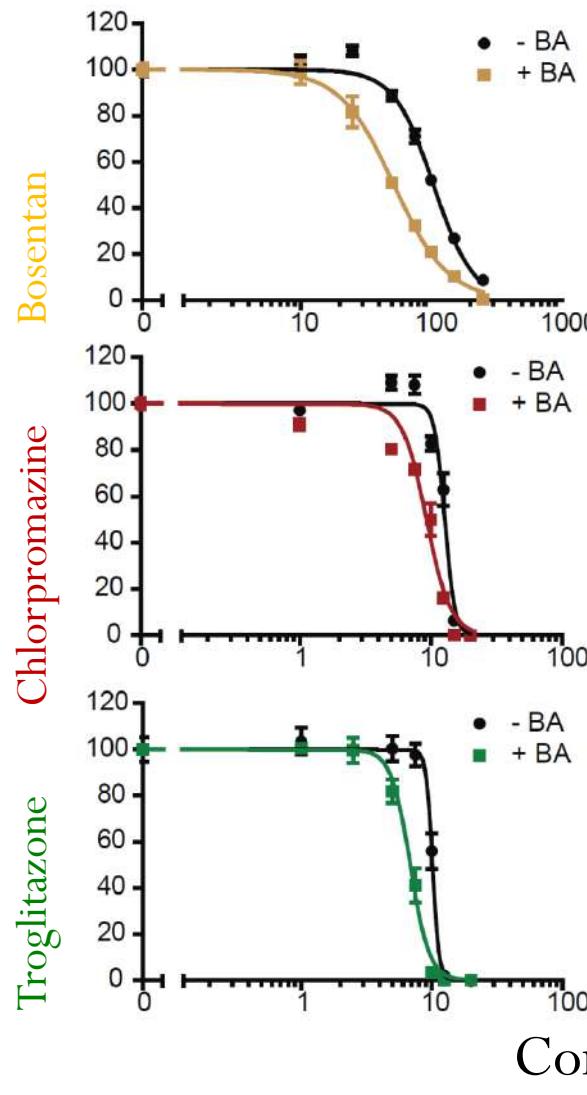
Effects of chlorpromazine on 3D structure



*Mueller et al., 2014*

# Drug induced cholestasis

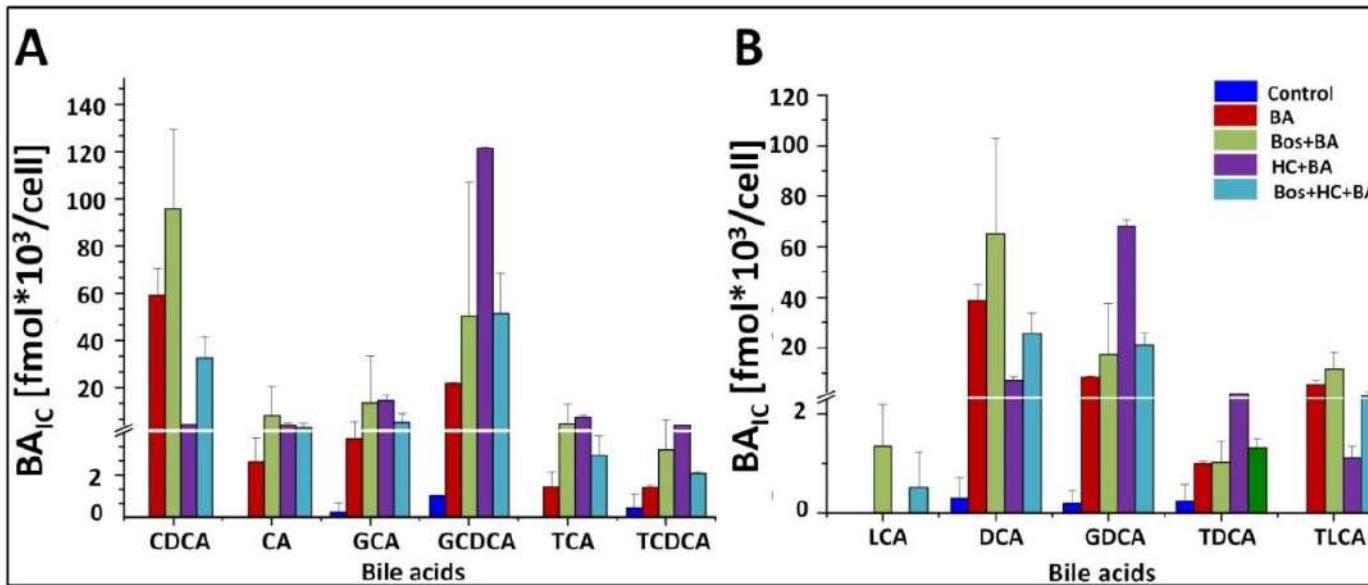
Viability (% of control)



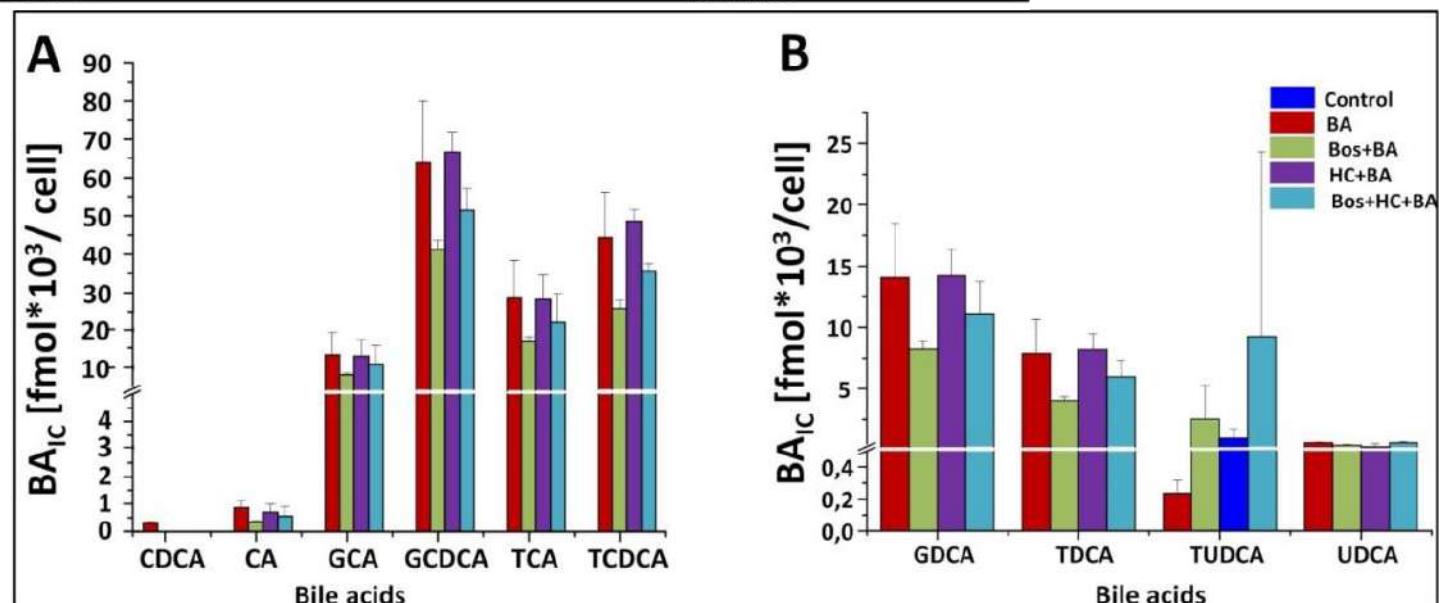
# Drug induced cholestasis

	Compound	8 days			14 days		
		IC <sub>50</sub> (-BA) (µM)	IC <sub>50</sub> (+BA) (µM)	Cholestatic Index (IC <sub>50</sub> (+BA) / IC <sub>50</sub> (-BA))	IC <sub>50</sub> (-BA) (µM)	IC <sub>50</sub> (+BA) (µM)	Cholestatic Index (IC <sub>50</sub> (+BA) / IC <sub>50</sub> (-BA))
Positive	Chlorpromazine	17	15	0.88	14	8.8	0.63
		16	13	0.81	12	7.8	0.65
		15	14	0.93	13	9	0.69
	Troglitazone	9.5	5.3	0.56	7.4	1.9	0.26
		5	4.5	0.90	4.9	3.5	0.71
		15.1	10.3	0.68	10.14	6.8	0.67
	Bosentan	187	117	0.63	115	70	0.61
		150	81	0.54	104	52	0.50
		161	103	0.64	116	56	0.48
Negative	Tetracycline	242	220	0.91	121	115	0.95
		211	238	1.13	110	130	1.18
		199	222	1.12	103	119	1.16
	Acetaminophen	1600	1600	1.00	1000	930	0.93
		2200	2300	1.05	1200	1200	1.00
		1600	1600	1.00	960	860	0.90

# Accumulation of bile acids in HepaRG cells

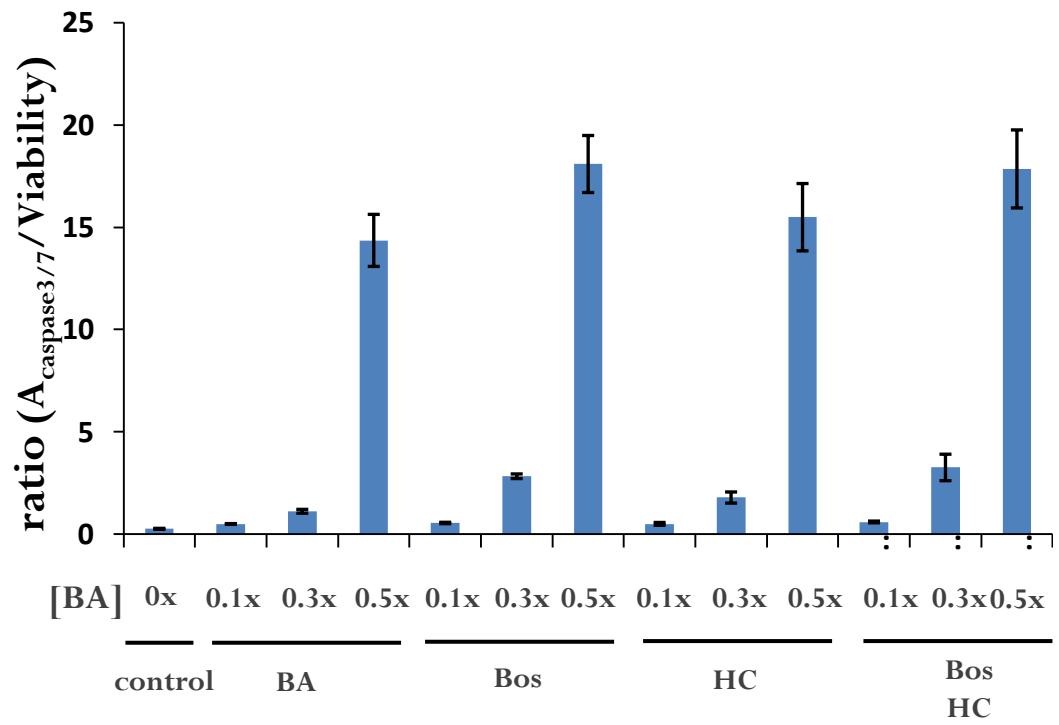
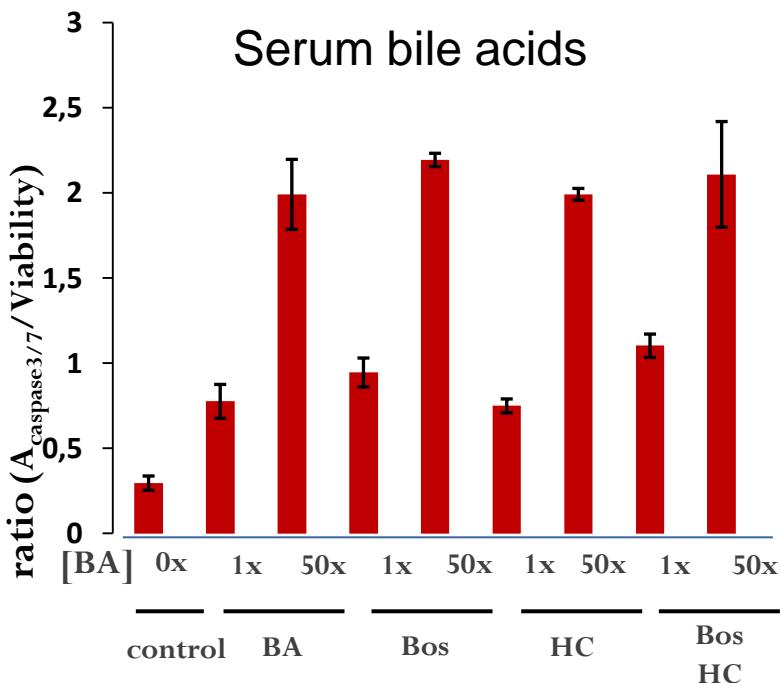


Upon exposure  
to serum  
concentrations  
in cholestatic  
patients



Upon exposure  
to biliary  
concentrations  
in cholestatic  
patients

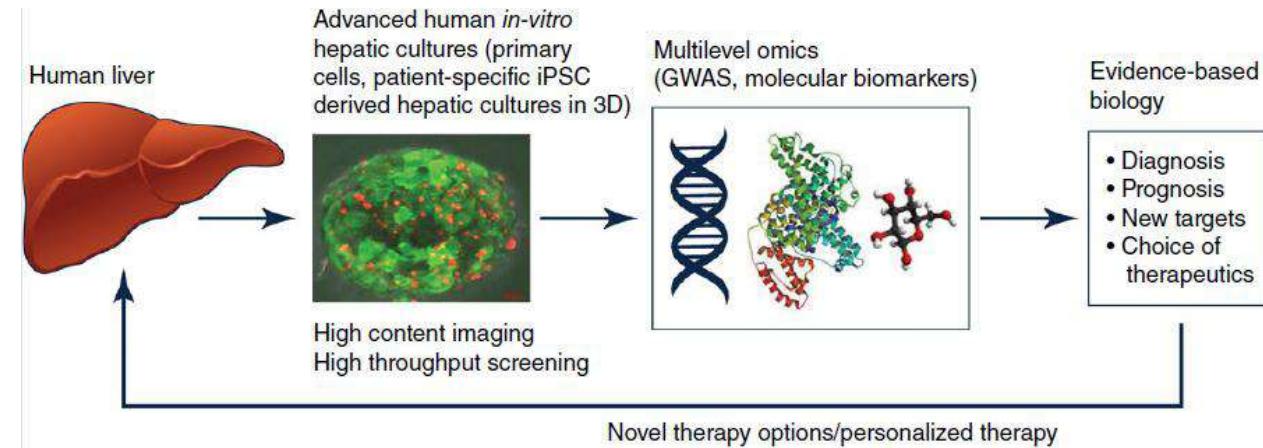
# Mechanism of cell death: apoptosis



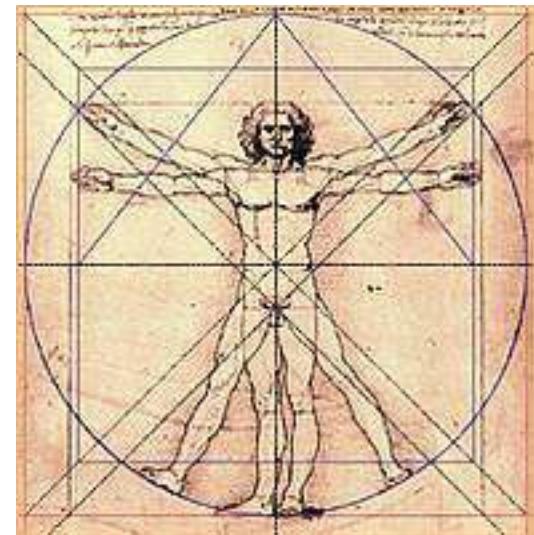
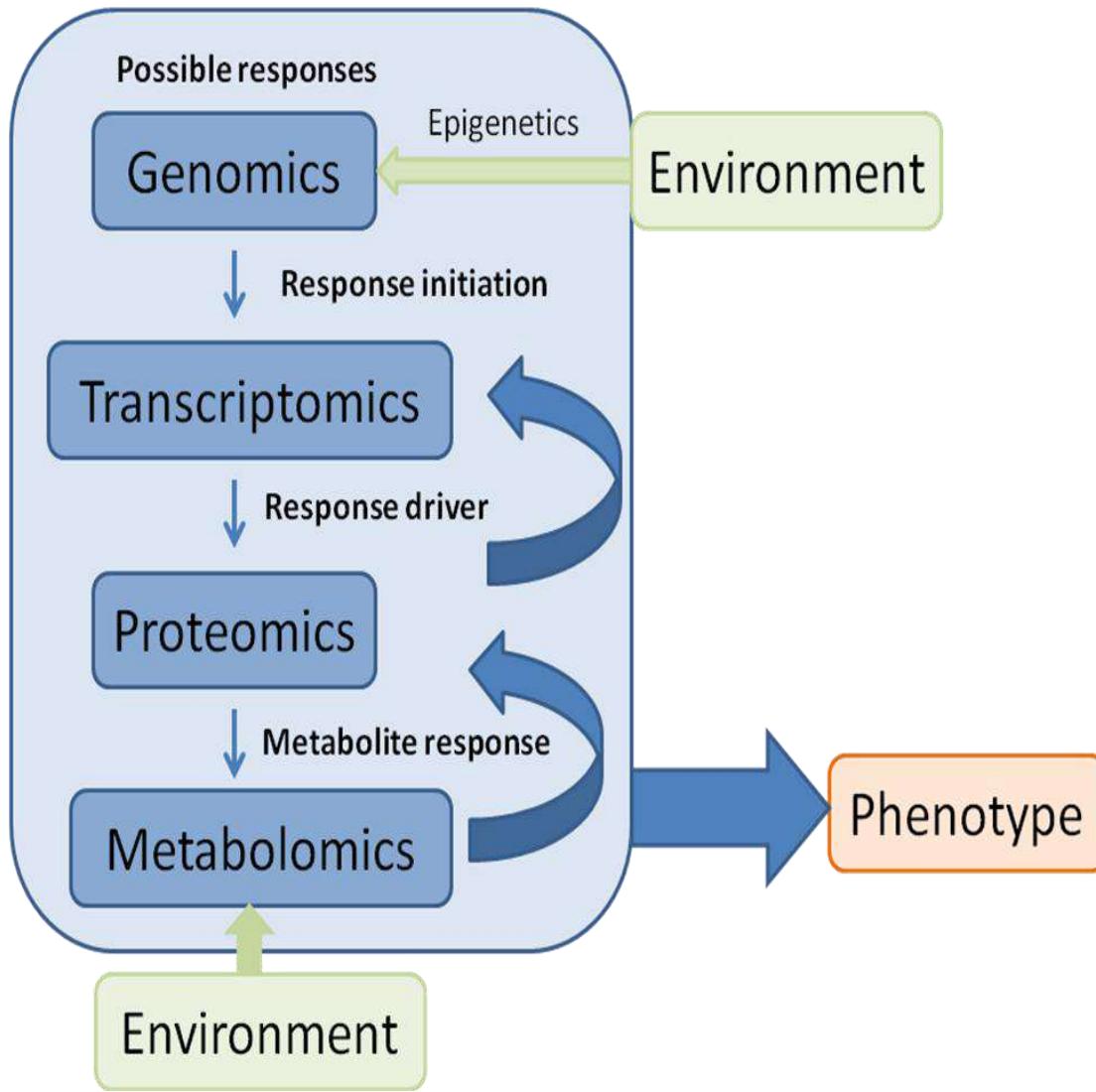
Hepatic parenchyma death  
in rodents is via necrosis !

Biliary bile acids

# Enabling Technologies & Human disease pathways-based approaches



# Metabolome: the Rosetta Stone

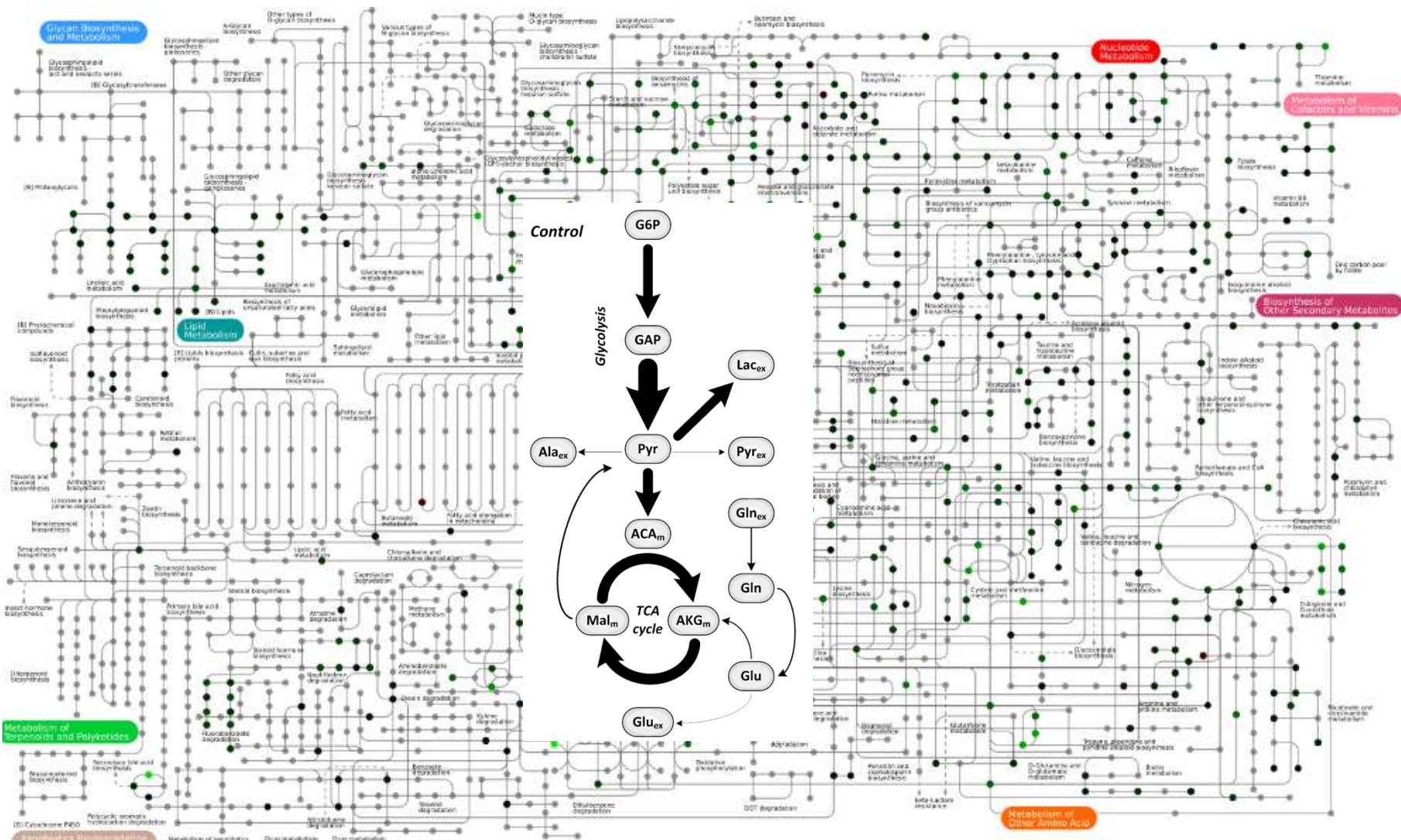


# *In vitro* Metabolomics in pathway research

## *Application domains*

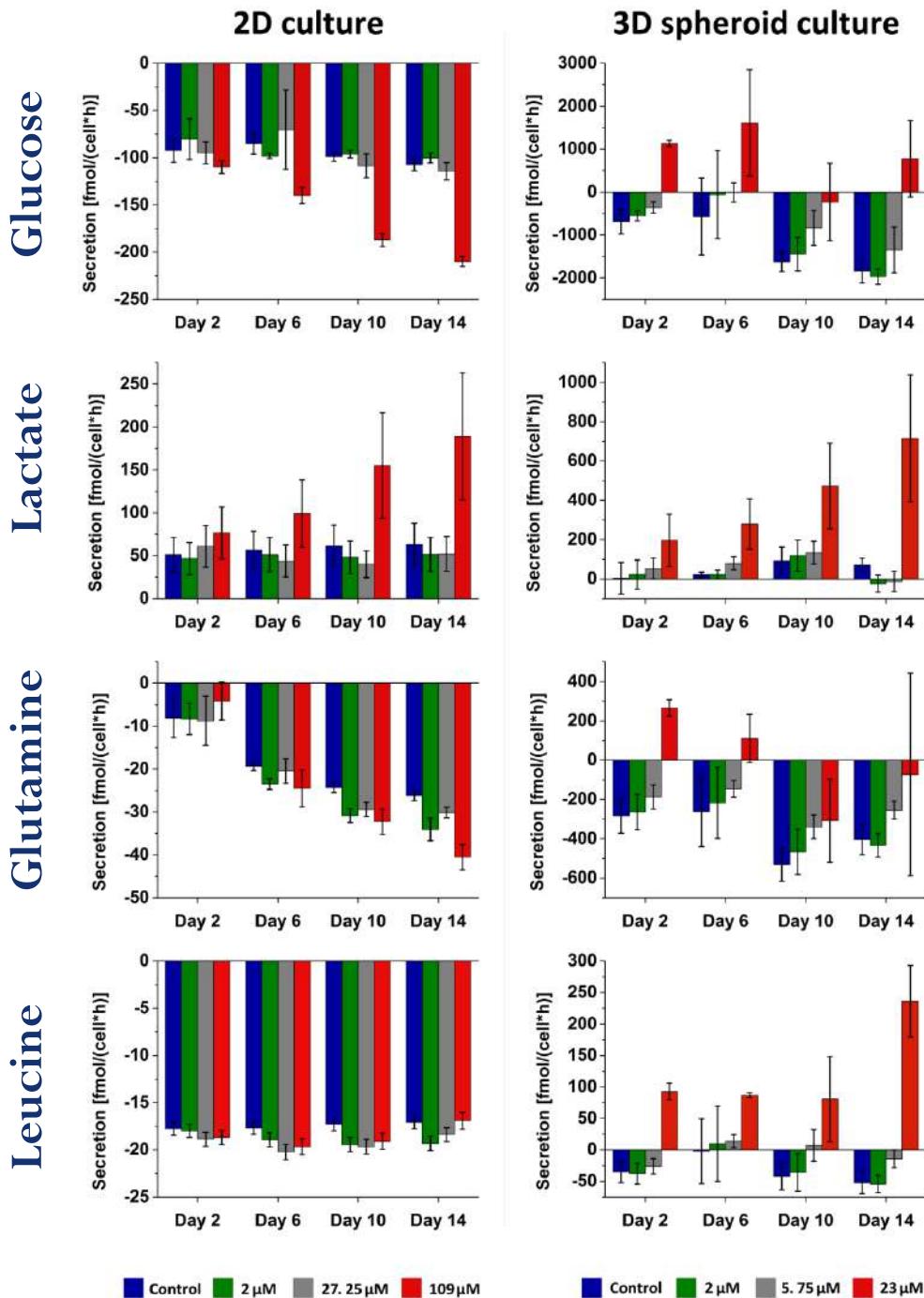
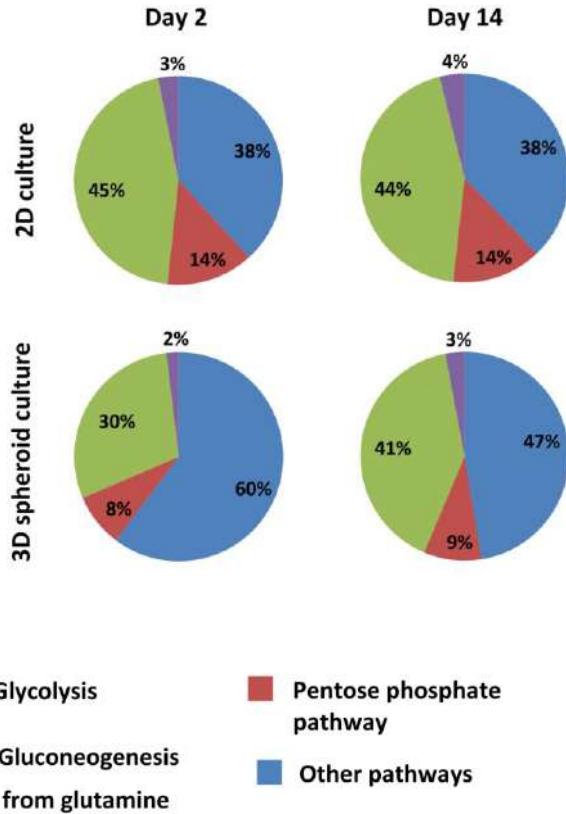
- Screening
- Mode of action (MoA)
- Biomarker identification

# Metabolome analysis–biochemical networks

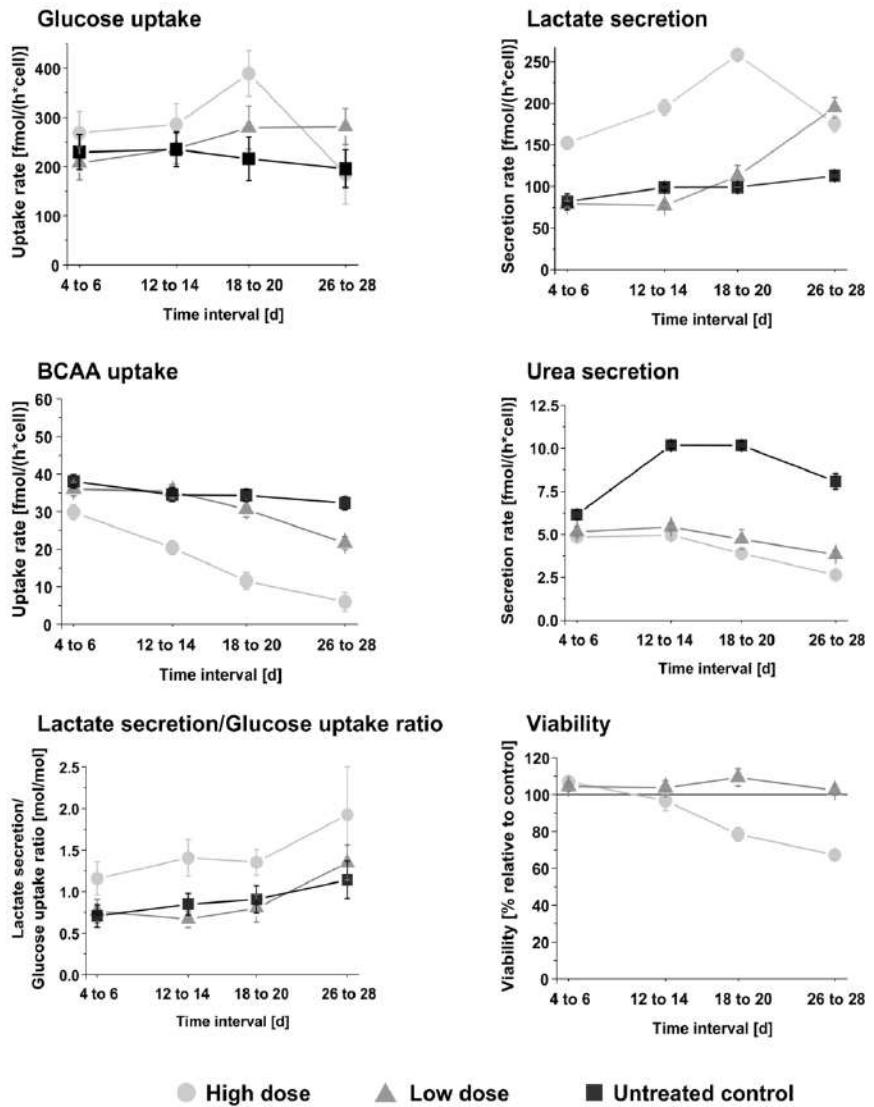


# Metabolome

**Metabolic alterations  
in 2D and 3D cultures upon  
repeated dose exposure to  
bosentan**

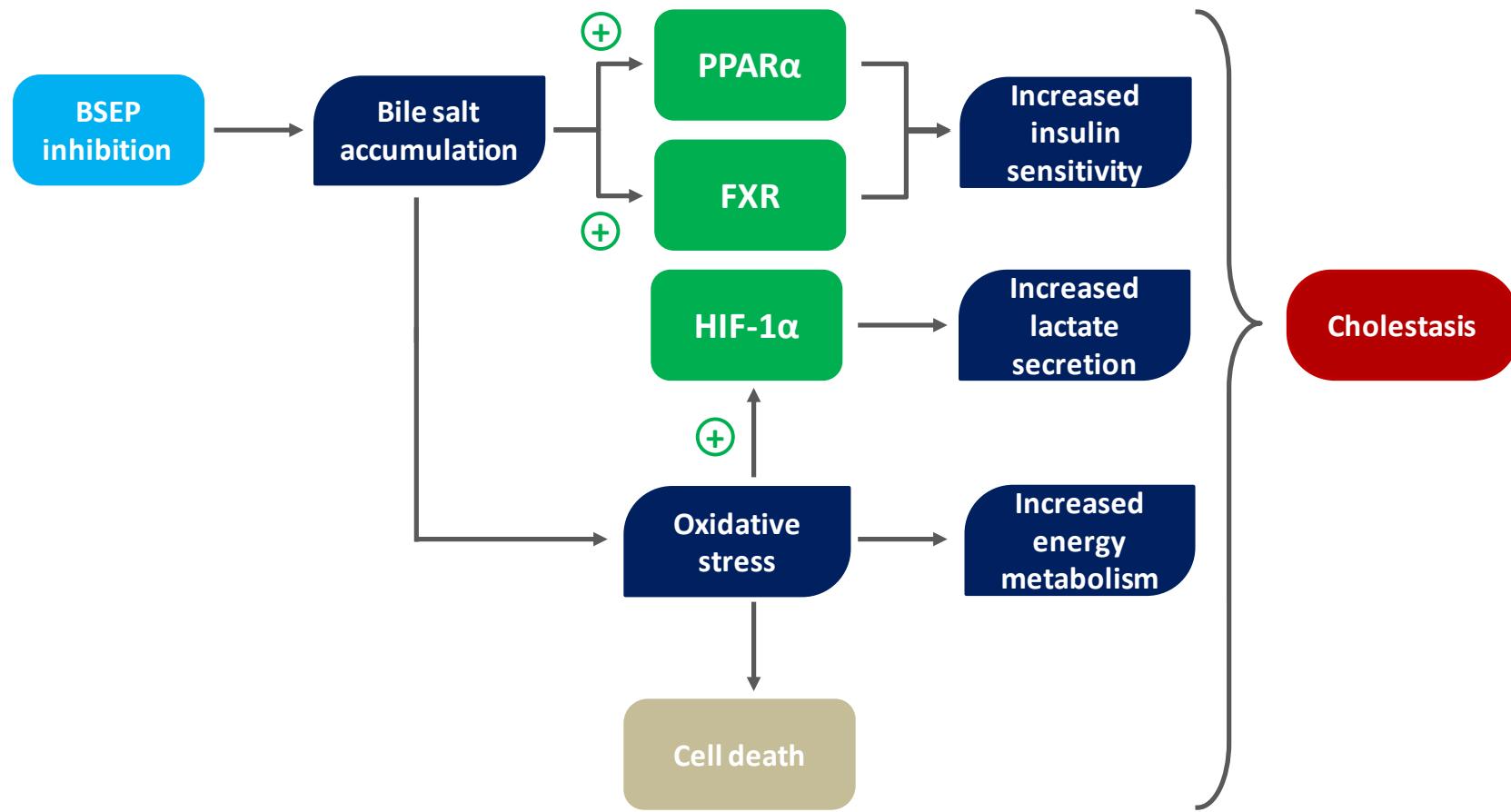


# Metabolite profiles over time

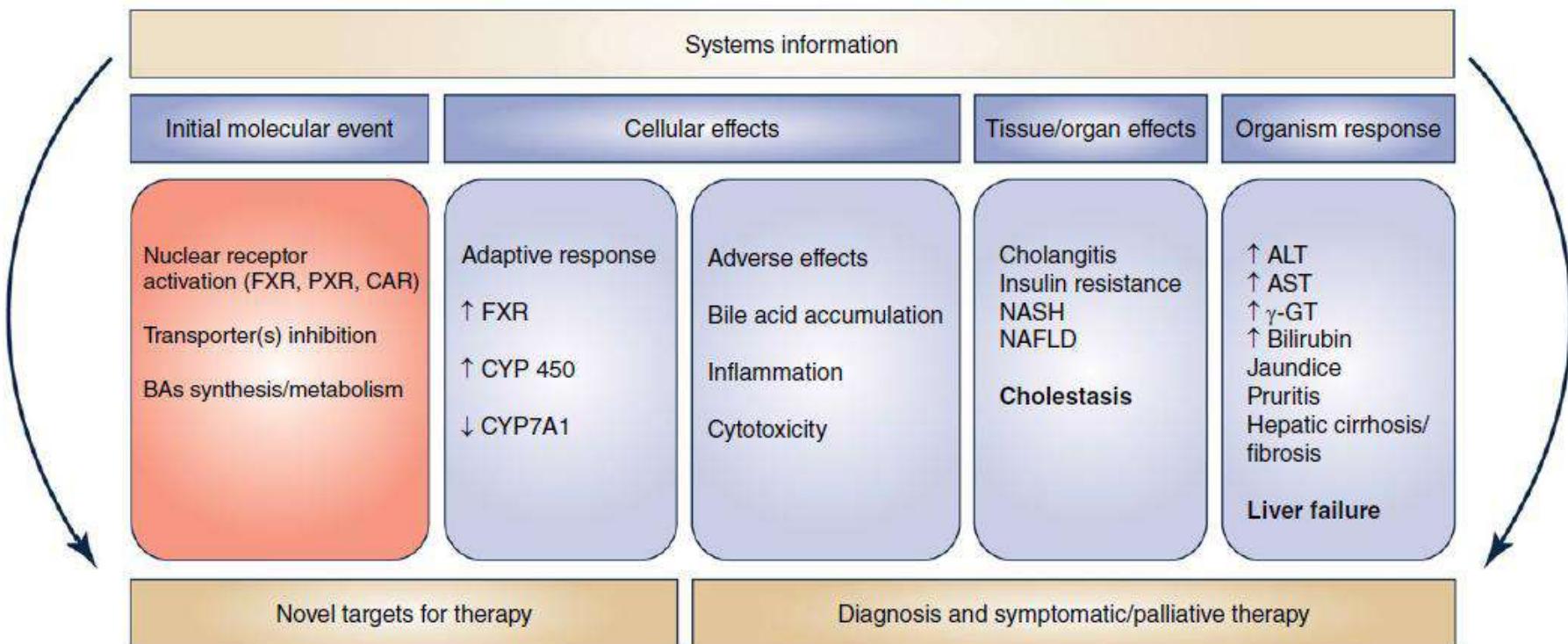


# Adverse outcome pathway

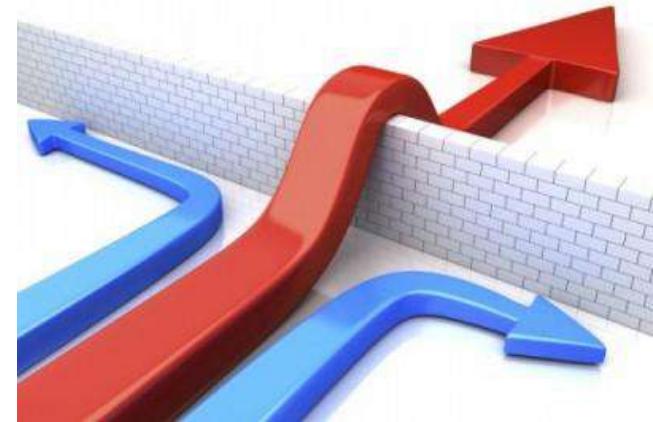
## Drug induced cholestasis



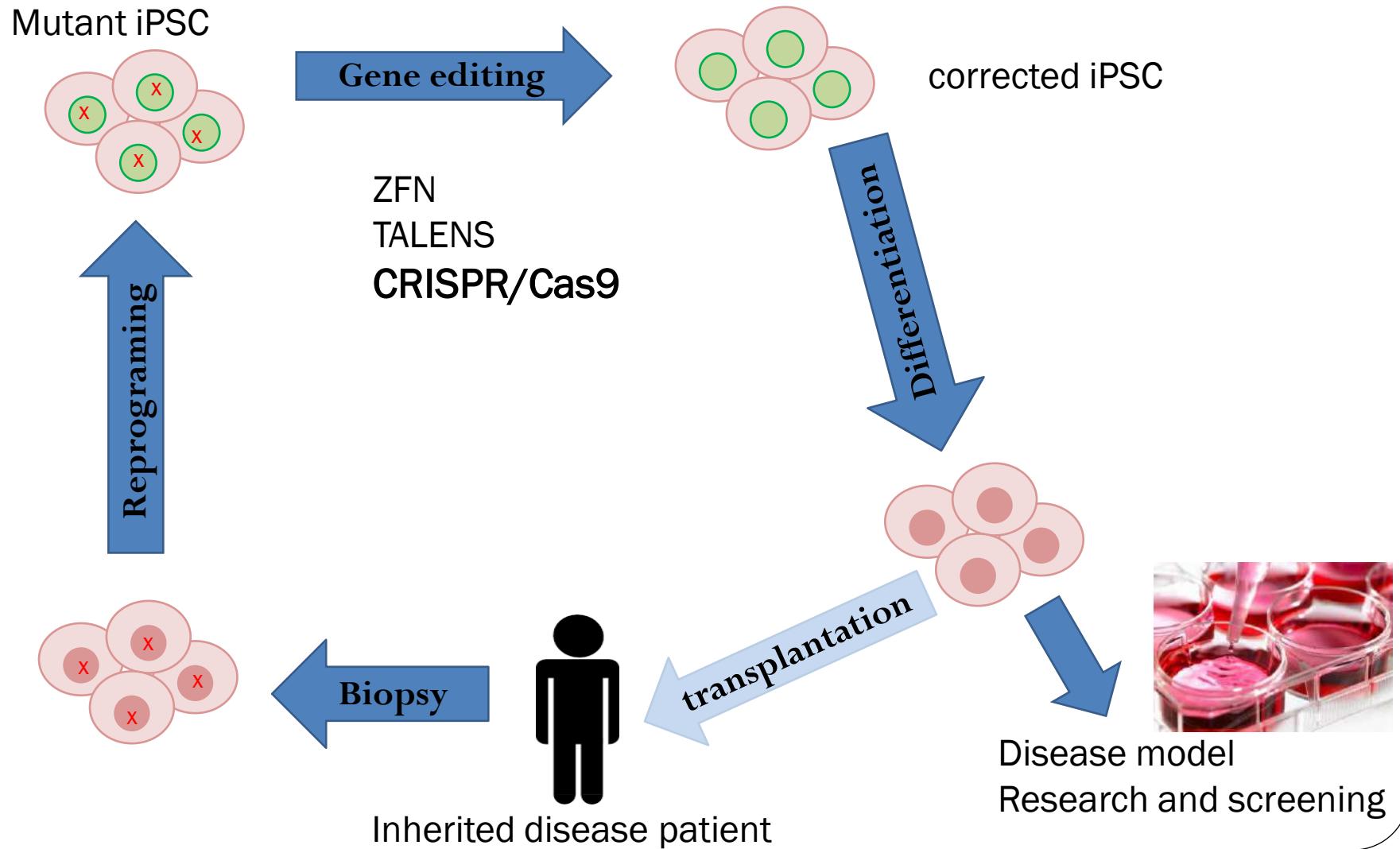
# Systems approach within a disease-pathway framework



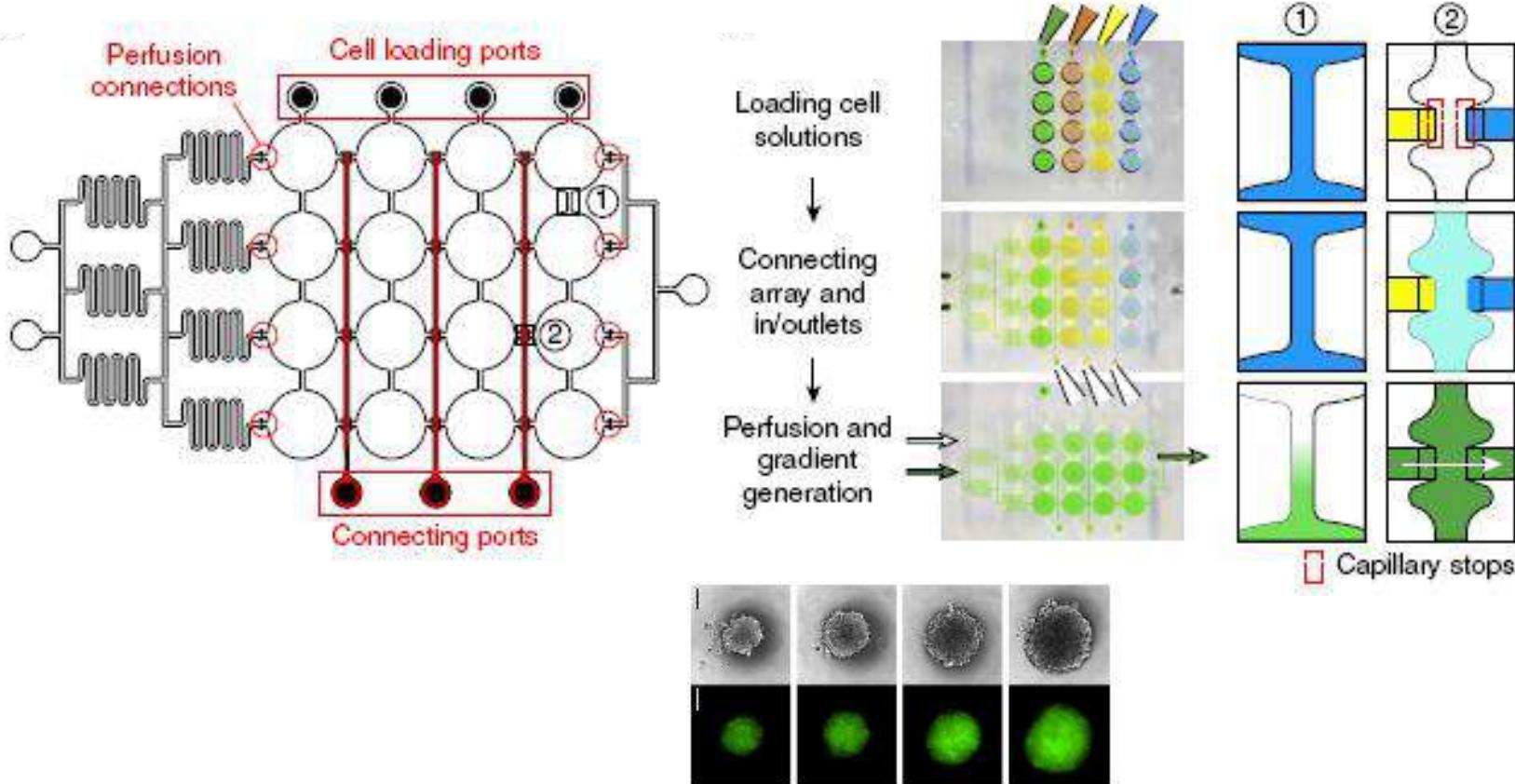
# Opportunities and Challenges



# Gene Editing technology

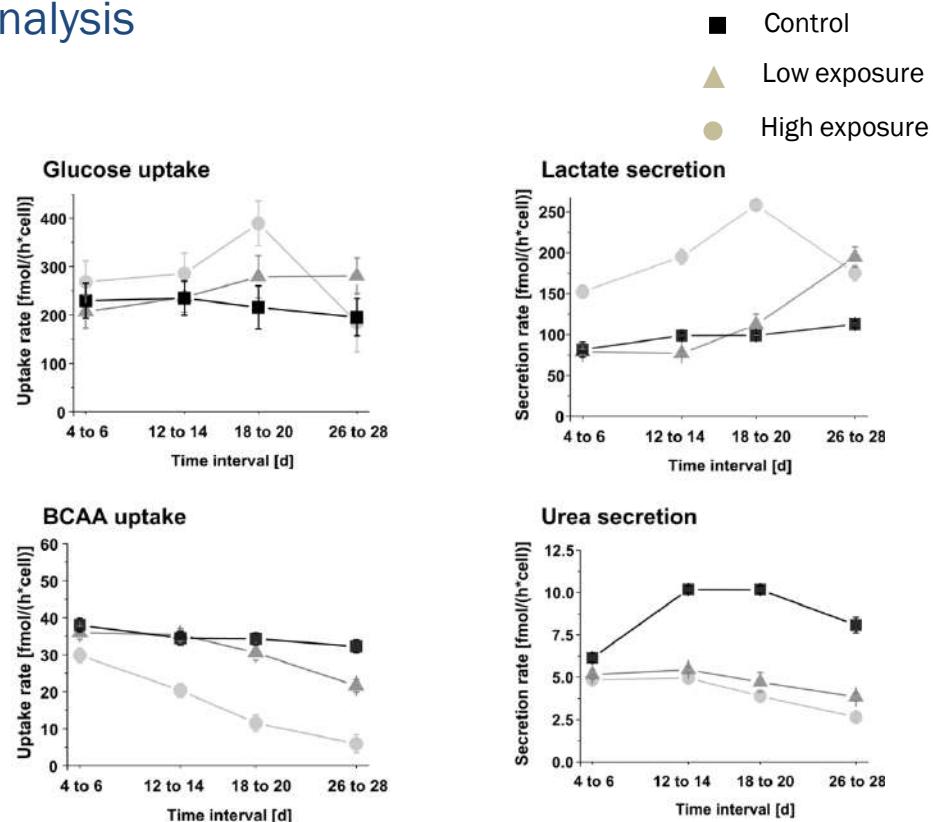
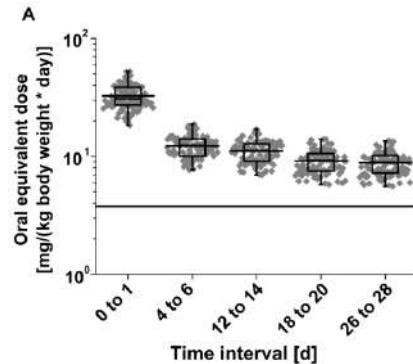
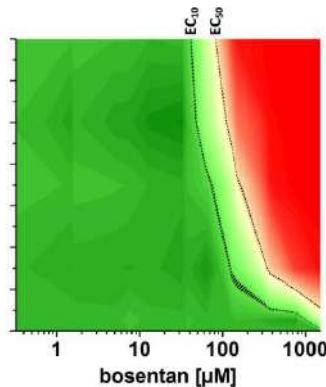
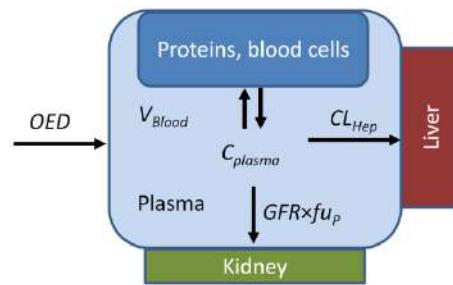
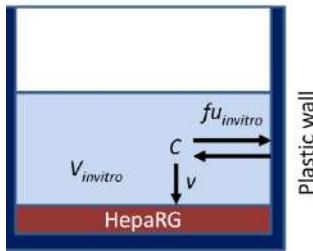


# Microfluidic Systems



# Prediction of dose and pathway related effects in humans

## Reverse dosimetry and metabolome analysis



*In vitro long term data*

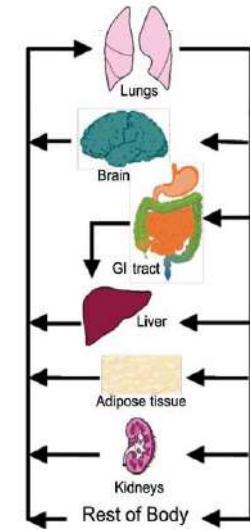
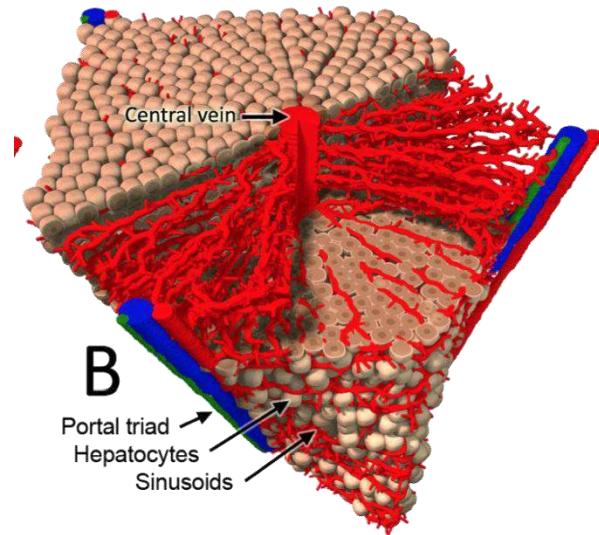
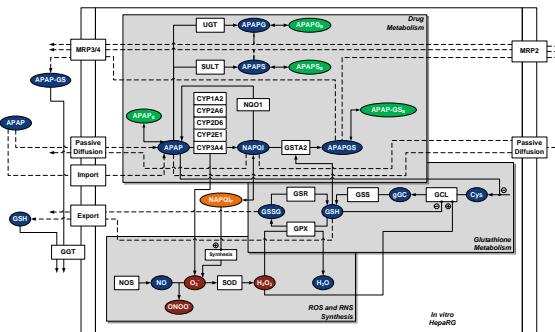
# Towards human *in vivo* computational models

Intracellular  
Model (ODEs)

Multicellular  
Model

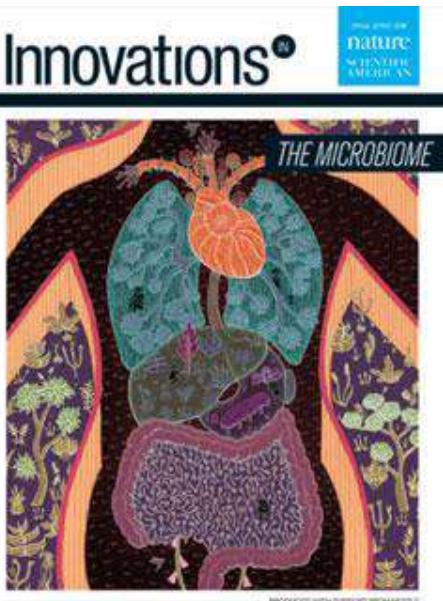
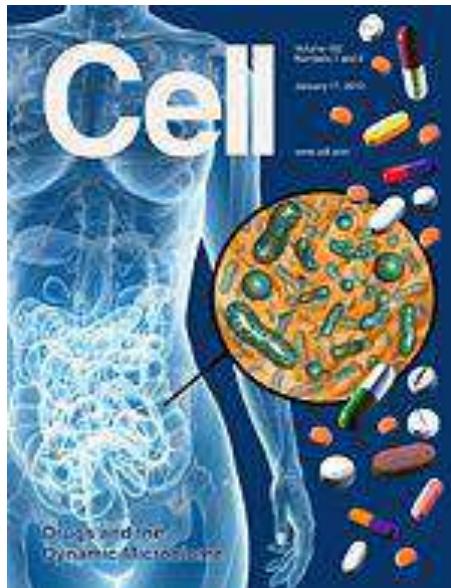
Diffusion/Transpo  
rt of drugs (PDEs)

PBPK model  
(rest of the body)



- ✓ One ODE system in each cell
- ✓ Cell to cell variability
- ✓ Agent-based mechanical model
- ✓ Blood flow
- ✓ Diffusion of drugs to the cells
- ✓ Absorption, distribution, metabolism and excretion by the rest of the body

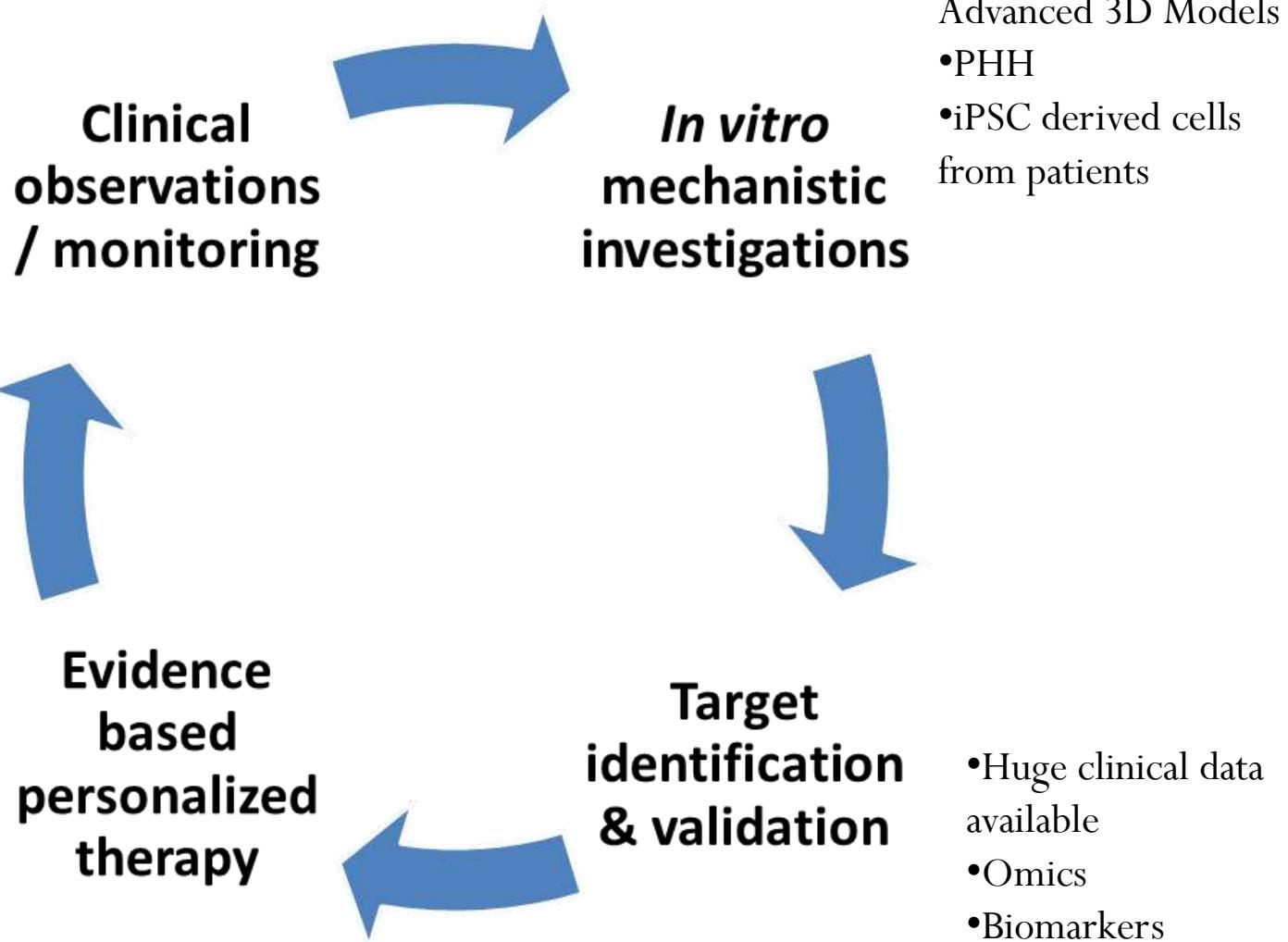
# Microbiome



- The gut microbiome → the forgotten organ !
- Microbiome modifies the epigenome
- Bile acid signalling plays a role in health and disease
- Bile acids as therapeutic agents

# Perspectives: towards evidence based science and personalized medicine

- Omics
- Biomarkers
- Human specific mechanisms
- Diagnosis and prognosis



- Based on genetic background
- Therapy monitoring

# Acknowledgments



UNIVERSITÄT  
DES  
SAARLANDES

Prof. Elmar Heinze  
Daniel Müller  
Sebastian Klein  
Yeda Kaminsky



Karolinska  
Institutet

Prof. M. Ingelman-Sundberg  
Inger Johansson  
Lisa Fredriksson  
Patrina Gunness  
Dalilah Hendriks



NOTOX



EUROPEAN COMMISSION  
Research & Innovation



Ursula Müller-Viera  
Klaus Biemel  
Jens Sennhauser



Christophe Chesné

