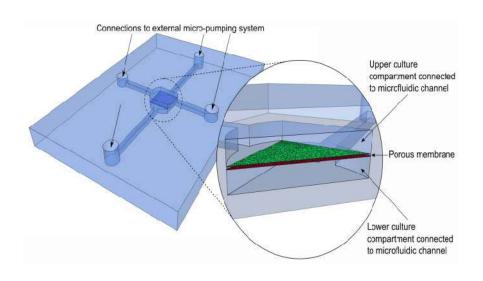
Novel in vitro human model systems for immunemediated diseases

Example: auto-immune vasculitis

Anja van de Stolpe, Robert Kauffmann





Immune-mediated diseases "auto-immune diseases"

The problem:

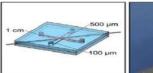
- The immune system of animals is different from that in humans:
 - Highly human
 - Different depending on genomic background (e.g. copy number variations)
 - Determined in part by geographical location: selection of specific immune genome
- animal models for auto-immune diseases not representative for human disease
- Minimal progress in drug development

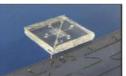
Immune-mediated diseases "auto-immune diseases"

The problem:

- The immune system of animals is different from that in humans:
 - Highly human
 - Different depending on genomic background (e.g. copy number variations)
 - Determined in part by geographical location: selection of specific immune genome
- animal models for auto-immune diseases not representative for human disease

High need for human in vitro model systems for immune-mediated diseases

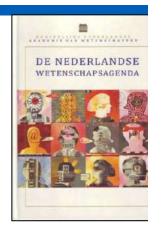












Institute for human Organ and Disease Model Technologies: hDMT



What is organ-on-chip?



Culture the smallest functional modules of healthy or diseased tissues or organs on a microfluidic "chip"

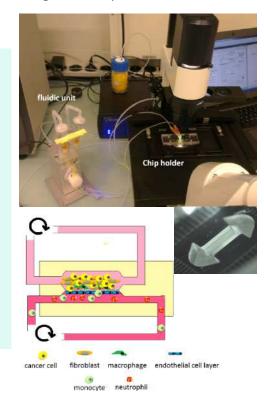
Highly multidisciplinary: stem cell technology, microfluidics, microelectronics and microfabrication



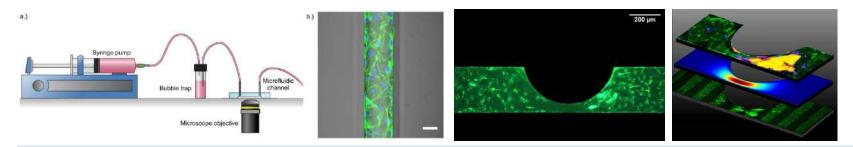
3D culture

- Different cell types, including immune cells
- (Patho)physiological environment: biochemical + physical factors
- Long term culture: time for disease to develop
- Real time monitoring
- Human stem cells from healthy individuals and patients: human genetics

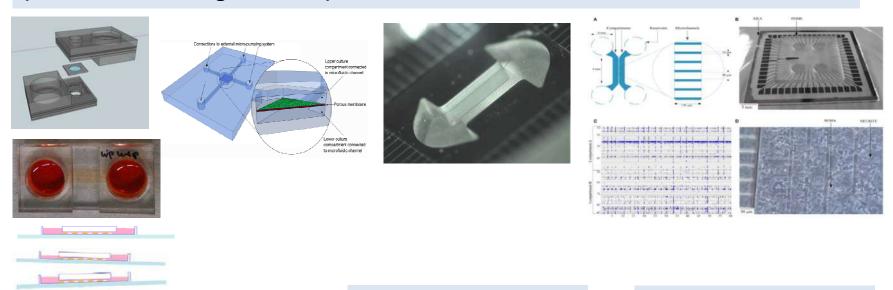
Organ-on-chip



Example organ-on-chip models



Microfluidic chip for Human model for atherosclerosis and coagulation activation (Albert van den Berg, Utwente)



Dual culture chamber chips with passive or active perfusion (Philips Research)

Chip with flexible electrodes for heart on a chip (Philips Research/TUDEIft)

Neuronal network chip (Philips Research)



Dutch Institute for human Organ and Disease Model Technologies



Our Research Program

Computational modeling

- 1. Disease models
 - 1. Cardiovascular diseases (blood vessel, heart)
 - 2. Cancer: towards immunocompetent primary tissue organoid culturebased cancer-on-chip models
 - 3. Exploratory:
 - Neurological diseases (neuronal network)
 - Immune-mediated (e.g. diabetes, IBD, vasculitis, fibrosis)
- 2. Models for Lifestyle applications
 - 1. Skin and Hair
 - Microbiome
- 3. Toxicity models
 - 1. Heart; blood-brain barrier; placenta; kidney

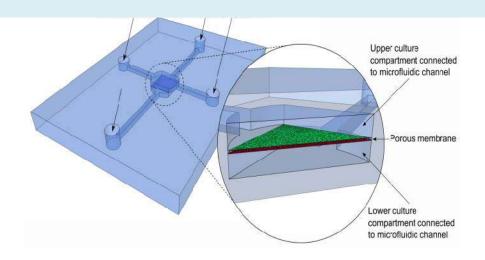
Auto-immune vasculitis

Clinical questions:

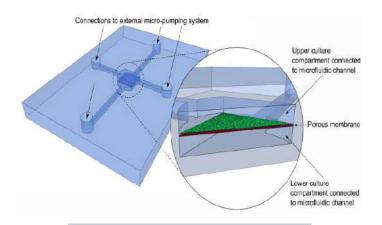
- Pathogenesis and pathophysiology:
 - Which genetic variations in combination with environmental factors influence clinical and histopathology presentation, including organ location, progression and response to therapy?
 - What are the autoimmune mechanisms that cause loss of tolerance?
 - What is the mechanism behind endothelial inflammation?
 - Self antigens (MPO, PR3 and LAMP or others): their pathogenic role play? Mechanism? Type of ANCA (IgG, IgM, IgA)?
 - What is the role of immune complexes and complement activation?
- Diagnosis: Can a better diagnostic classification be developed based on genetics and immunopathology?
- Disease monitoring: Which biomarkers can be used to reliably monitor disease status and therapy response?
- Drug development: Can disease-specific drug targets be found for drug development, for example to induce local resolution of the auto-inflammatory process?

What do we need?

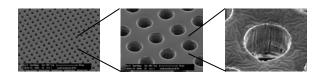
- 1. Dual chamber Chip
- 2. Cells:
 - 1. Human organ-specific endothelial cells in culture
 - 2. Immune cells
 - 3. Target organ tissue
- 3. Readout
- 4. Computational disease model



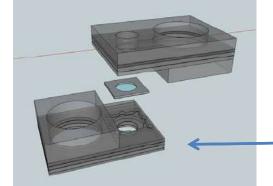


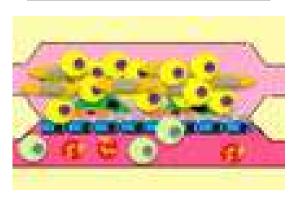


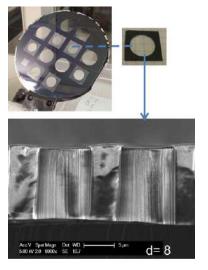
Dual compartment microfluidic chip Containing the target disease tissue, for example lung tissue, and an endothelial cell layer

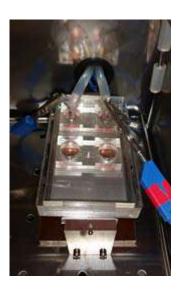


Separated by a porous membrane.....





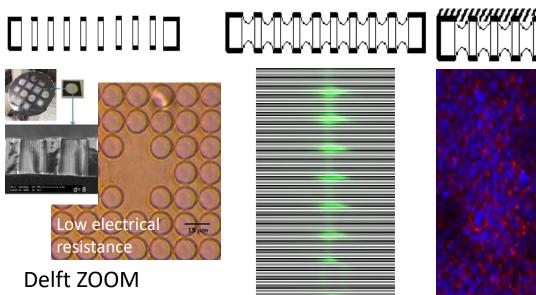




Measuring TEER



Growing a confluent cell layer on a microporous membrane



porous

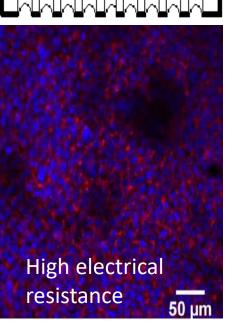
membrane,

Organ-on-chip

(Zeer Open

Membrane)

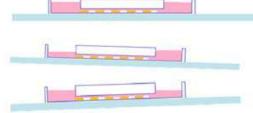
Microporous membrane filled with degradable gel



Confluent HEK293T cell layer





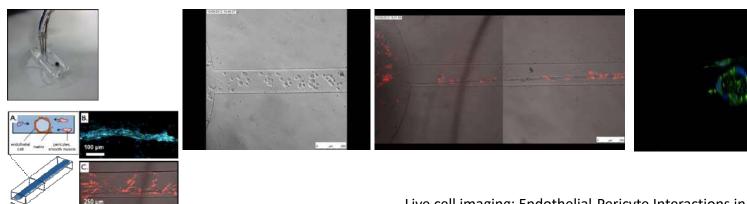


Wip-wap perfusion device

Marlie van Lier, Lambert Bergers, Philips Research

Human organ-specific endothelial cells in culture: iPS cell derived

Human blood vessel-on-chip (Valeria Orlova, Andries van der Meer, Albert van den Berg, Christine Mummery) LUMC/UTwente



Live cell imaging: Endothelial-Pericyte Interactions in Microfluidic Channels

Readouts:

- biomarkers that can be measured real time using fluorescence and a microscope, or measured in culture fluid
- Pathology analysis



Which immune tissue should be incorporated in a disease model on-a-chip?

Important: for adaptive immune response: HLA compatible with other tissue in culture model

Innate immune response:

 Primary cells or cell lines + iPSderived tissue culture

Adaptive immune response:

- iPS-derived immune cells/tissue + tissue culture from the same individual
- Primary immune cells of a patient
 + HLA matched iPS cell line
 derived cells/tissue

1. Inflammatory response

Tissue/organ located dendritic cells

Circulating cells (monocytes, neutrophils)

2. Adaptive immune response

Peripheral lymphoid organs

- Lymph node
- 3. Development of immune response/tolerance

Primary lymphoid organs

- Thymus
- Bone marrow



Which immune tissue should be incorporated in a disease model on-a-chip?

Important: for adaptive immune response: HLA compatible with other tissue in culture model

Innate immune response:

 Primary cells or cell lines + iPSderived tissue culture

Adaptive immune response:

- iPS-derived immune cells/tissue + tissue culture from the same individual
- Primary immune cells of a patient
 + HLA matched iPS cell line
 derived cells/tissue

1. Inflammatory response

Tissue/organ located dendritic cells

Circulating cells (monocytes, neutrophils)

2. Adaptive immune response

Peripheral lymphoid organs

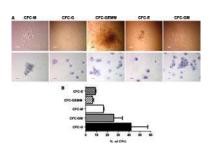
- Lymph node
- 3. Development of immune response/tolerance

Primary lymphoid organs

- Thymus
- Bone marrow



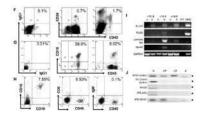
iPS-derived immune cells/tissue: 3D tissue architecture



All blood cell progenitors, including monocytes, macrophages:

Kim E et al. Blood 2013.

Zavazava, University of
Iowa
(Van Wildenburg, Plos One,
2013;
Cowley, Oxford)



B-lymphocytes:

Carpenter, Blood. 2011 Suzanne Watt, Oxford

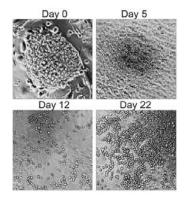
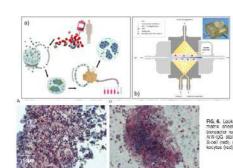


Figure 1.

Morphology of aPS cell differentiation. At various days, mouse aPS cells were co-culture with OP9-DL1 cells in a -MEM medium supplemented with 20% FCS and 2.2 g/L sodium of the properties of 5 noticel mERM and 1 noticel mIL-7.

T-lymphocytes:

Lei. J Vis Exp 2012 Song, Pensylvania State

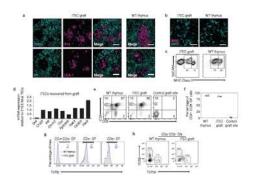


In vitro Lymph node:

Giese, Advanced drug delivery Reviews, 2014; Giese, Biotechnol. 2010

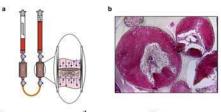
org. classes in a the larx, Technical University in the control of the control of

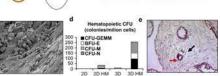
Anif Organic Vol. 30, Nov. 10, 300



In vitro Thymic tissue

Bredenkamp, Nature Cell Biology, 2014 Clare Blackburn, Edinburgh





In vitro Bone Marrow:

DiMaggio 2014.

Martin, Basel

University

Torisawa, Nature

Methods, 2014



Which immune tissue should be incorporated in a disease model on-a-chip?

Important: for adaptive immune response: HLA compatible with other tissue in culture model

Innate immune response:

 Primary cells or cell lines + iPSderived tissue culture



Adaptive immune response:

- iPS-derived immune cells/tissue + tissue culture from the same individual
- Primary immune cells of a patient
 + HLA matched iPS cell line
 derived cells/tissue

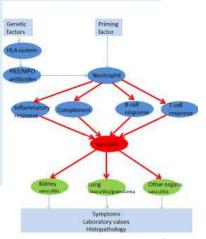


What do we need?

- 1. Dual chamber Chip
- 2. Cells:
 - 1. Human organ-specific endothelial cells in culture
 - 2. Immune cells
 - 3. Target organ tissue
- 3. Readout
- 4. Computational disease model



readout



Computational model



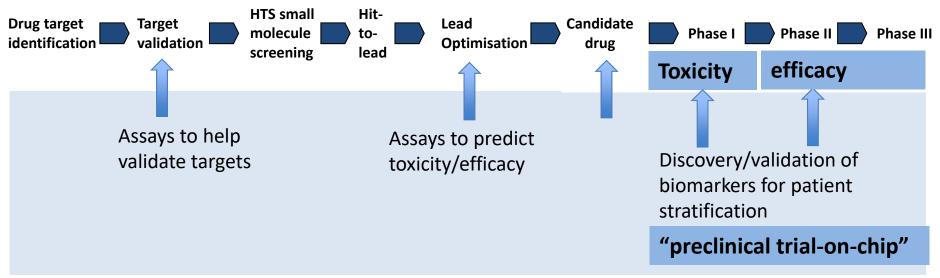
membrane

chip

confluent endothelial cell layer migrating monocytes (cell line)



Where does organ-on-chip fit in the drug/treatment development process – *including companion diagnostics*?

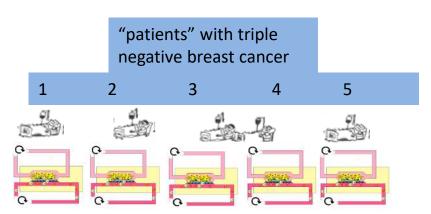


Human organ-on-chip disease model:

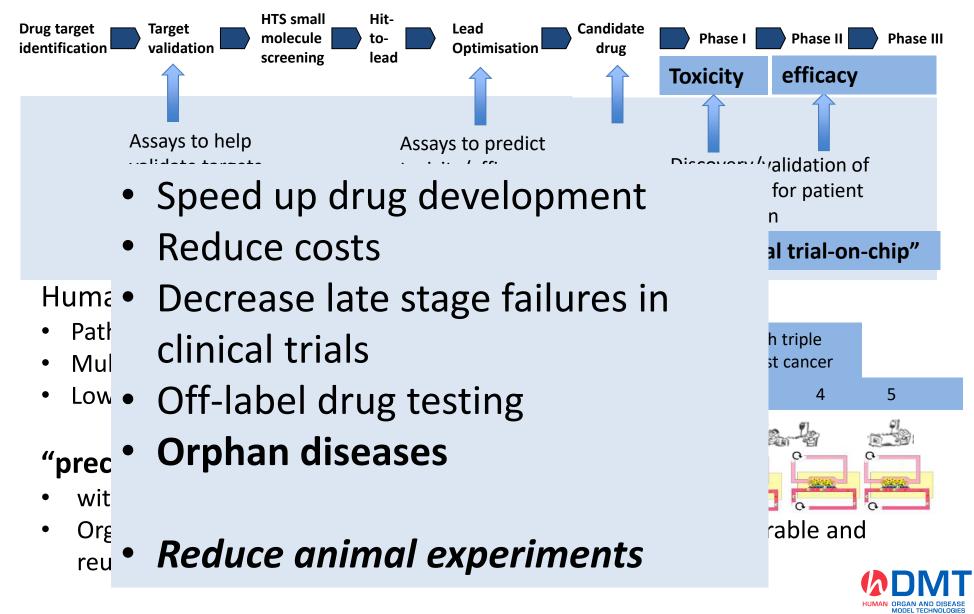
- Pathology validation
- Multiple human genetic variants
- Low throughput testing

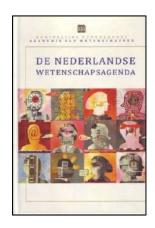
"preclinical trial-on-chip"

- with multiple "patients" on a chip
- Organoid + iPS-based culture: build an increasing number of storable and reusable "patients-on-chip". In contrast to real patients!



Where does organ-on-chip fit in the drug/treatment development process – *including companion diagnostics*?





Acknowledgement





Cancer-on-a-chip



Janny van den Eijnden and Mieke Schutte, managing directors hDMT

Royal Netherlands Academy of Sciences and Technical University Delft for sponsoring the Startup phase

Philips Research

- Roland Vulders
- Alwin Verschueren
- Freek van Hemert
- Lambert Bergers (VUMC)





Students

- Emiel van Genderen
- Marlie Lier
- Tom van Gijsel (Now Philips Research)
- Frik van Buitenen
- Francesca Rivella

