

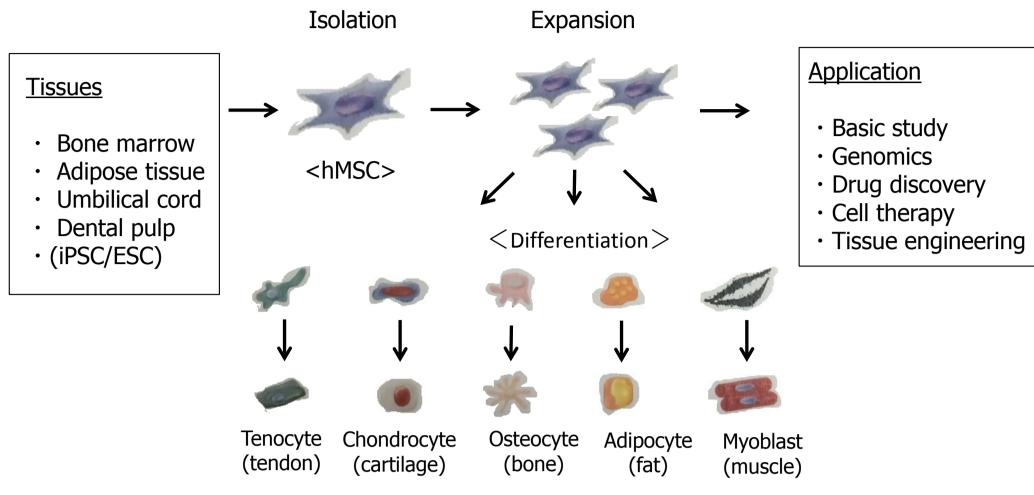
臨床用間葉系幹細胞の製造法開発

田原 謙一1、山口 沙織1、出野 美津子1、糠谷 育衛1、武田 隆久2、山岸 久一3、峰野 純一1 ¹タカラバイオ株式会社 CDMセンター、²武田病院グループ、³京都府地域支援センター

Background

Human mesenchymal stem cells (hMSCs) demonstrate regenerative properties and multipotentiality, and have been proposed as a potential candidate for cell therapies. It is well known that adipose derived stromal cells (ADSCs) can be easily harvested with less discomfort, low donor-site morbidity and high amount compared to bone marrow-derived stem cells. Classical media used for generating hADSCs are typically supplemented with illdefined supplements such as fetal bovine serum (FBS). Ideally, culture media are desired to have well-defined serum-free formulations that support the efficient production of hADSCs while maintaining their therapeutic and differentiation capacity. Towards this objective, we aim to compare the use of several commercial serumfree media combination with or without RetroNectin[®] (TaKaRa Bio) treated flask. The hADSCs from subcutaneous adipose tissue with the collagenase based isolation method. The primary end point for this study is a comparison of hADSCs expanded in combination the serum free media and RetroNectin with classical media using FBS, and the secondary is the function of these cells.

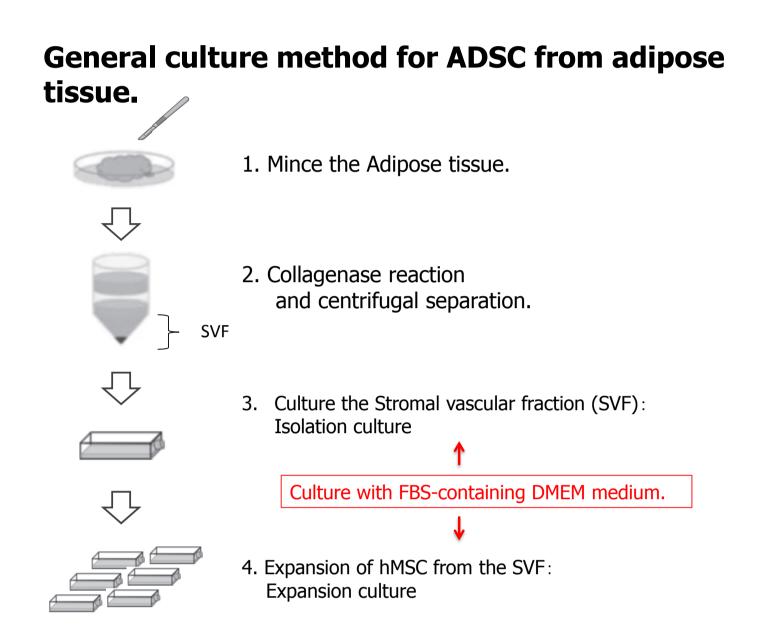
Human Mesenchymal Stem Cell (hMSC)



Advantage of hMSC from Adipose tissues for clinical application.

◆Potency		♦Disease	
 Differentiation potential to mesodermal cells Immunosuppression Cytokine production Homing 	\Box	 GvHD Cardiac failure Crohn's disease Rheumatism COPD exacerbation 	etc.

Figure 1 Schematic representation of multipotent differentiation of hMSC from several tissues.



Advantage of ADSC (Adipose derived stem cells)

Bone marrow derived	Adipose derived
Small amount from bone marrow stroma.	Abundant from subcutaneous adipose tissue.
Highly invasive	Less invasive
Decreases with ageing.	Less influence with aging.

Objective

Culture media are desired to have well-defined serum-free formulations that support the efficient production of hADSCs while maintaining their therapeutic and differentiation capacity.

We aim to compare the use of several commercial serumfree media combination with or without RetroNectin® (TaKaRa Bio) treated flask.

The hADSCs from subcutaneous adipose tissue with the collagenase based isolation method.

Primary: Comparison of expansions

For "the Isolation" culture (passage 0),

•Secondary: The function of these cells

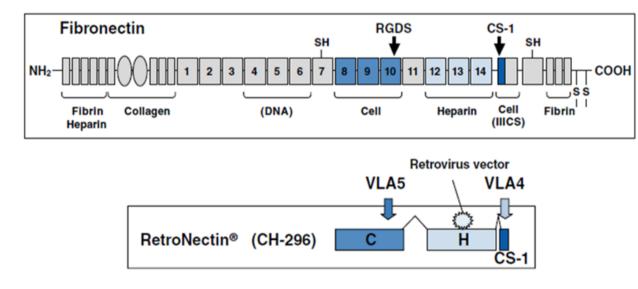
Results

The hADSCs from subcutaneous adipose tissue with the collagenase based isolation methods.

Culture Condition (Medium and FBS or alternative)

Culture Medium	FBS or alternative	RetroNectin	
Dulbecco's Modified Eagle's Medium (DMEM: As control)	10%FBS	_	
	5% auto-plasma	—	
		+	
Cellartis [®] DEF-CS [™] 500	CS™ 500 —		
Xeno-Free Culture Medium (DEF-XF)	5% auto-plasma		
Serum free Medium-X (SFM-X)	_		
	5% auto-plasma	T	

RetroNectin[®]; A recombinant human fibronectin fragment



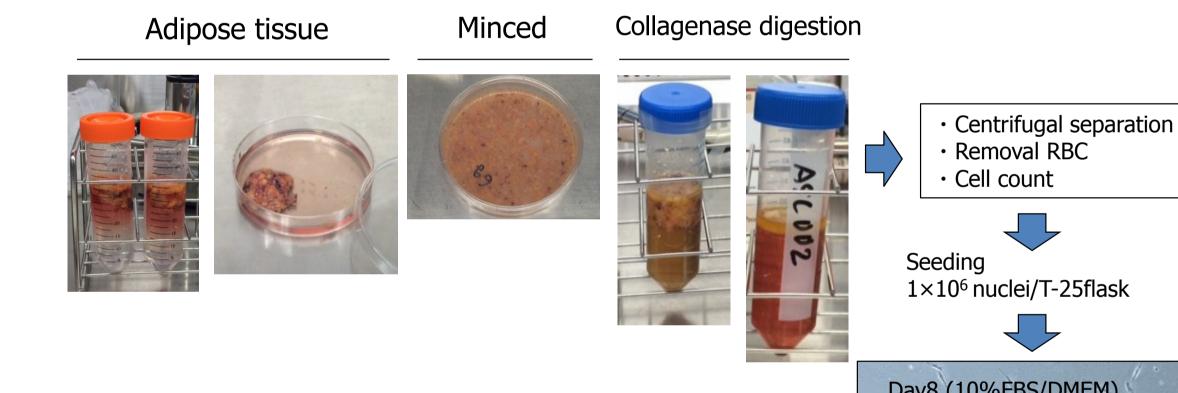


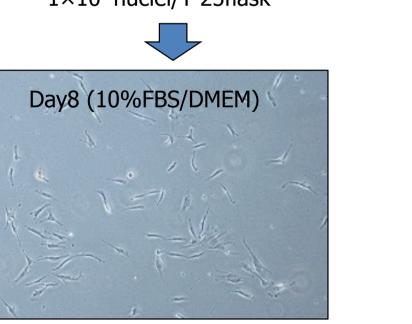
Figure 2. To isolate ADSCs from adipose tissue, current methods rely on a collagenase digestion followed by centrifugal separation. They display a fibroblast-like morphology and lack intracellular lipid droplets seen in adipocytes. Isolated ADSCs are typically expanded in a monolayer on standard tissue culture plastic with a basal medium containing 10% fetal bovine serum.



Auto-plasma

5%

DEF- XF SFM-X



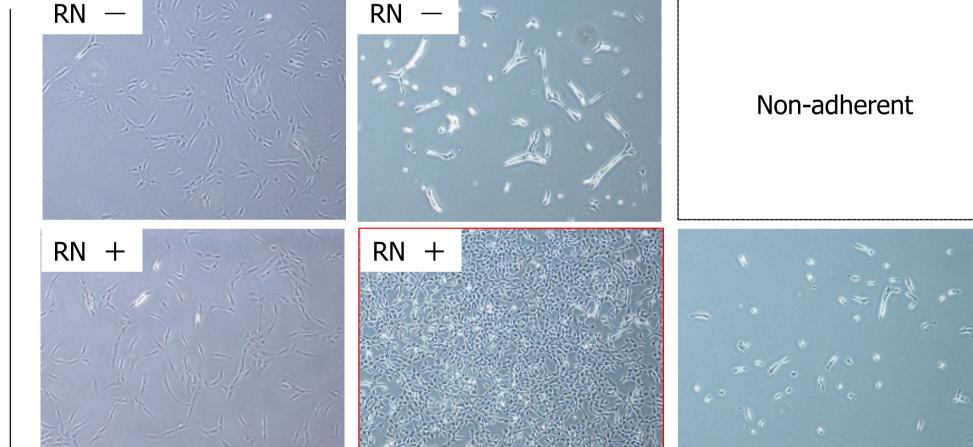
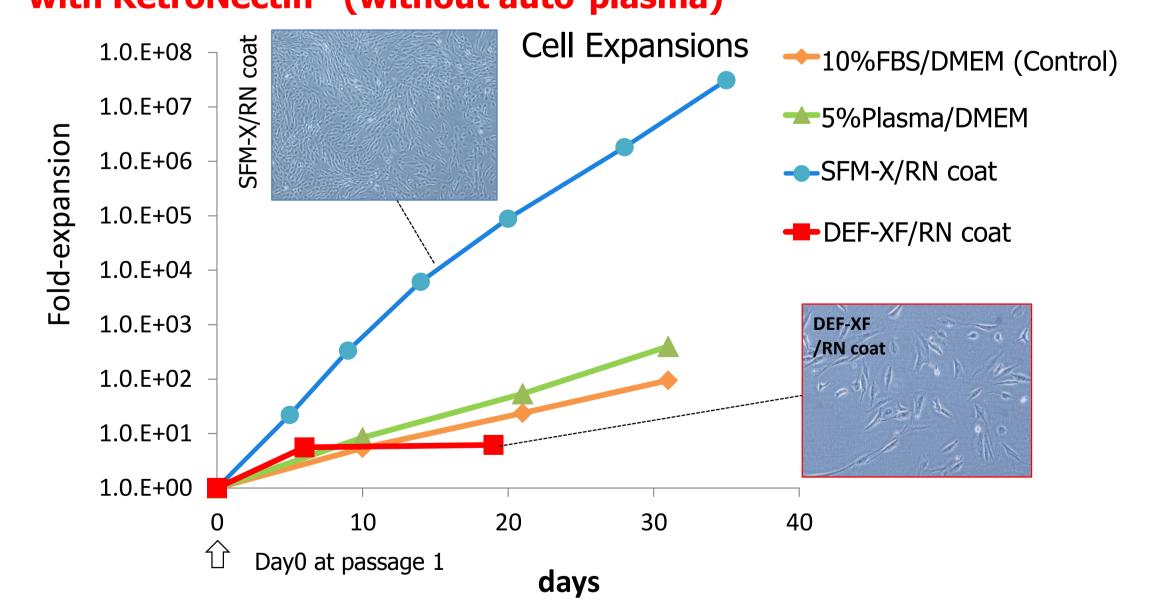
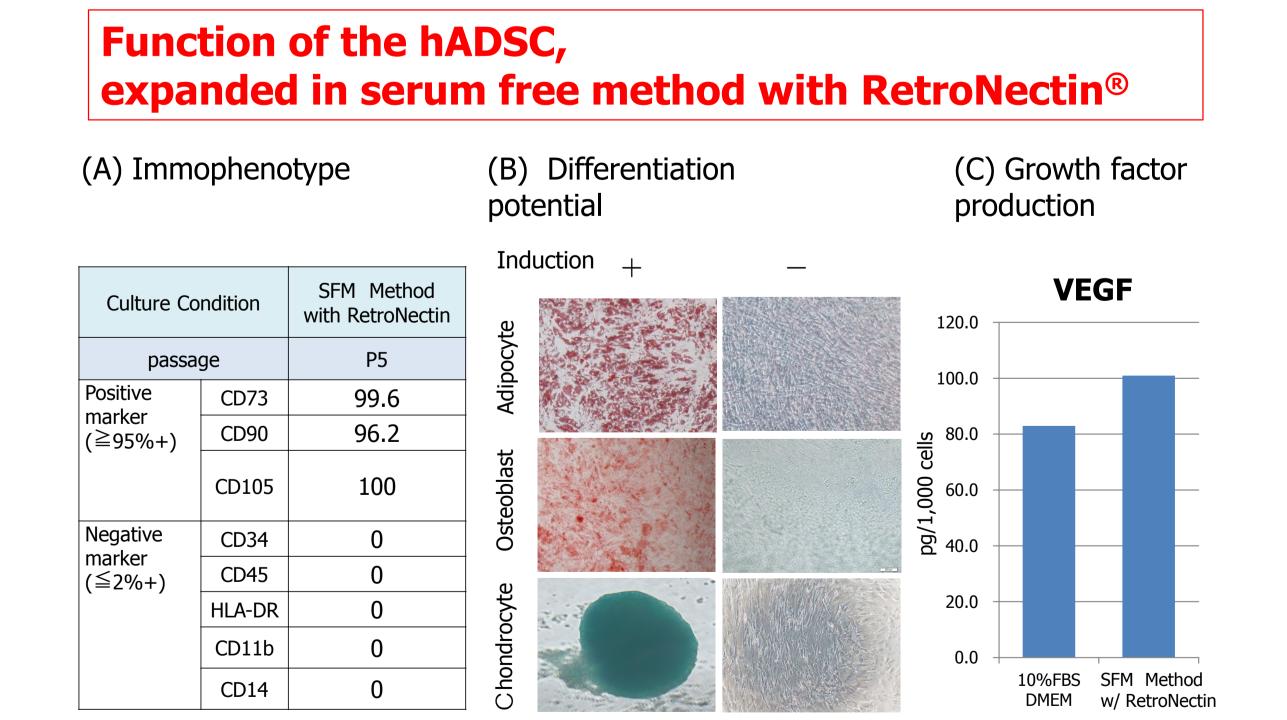


Figure 3. Cultivation of primary hMSC (Passage 0) from adipose tissue using different two commercial serum free media. Cells were inoculate at 1,000,000 nuclei from SVF into RetroNectin-coated or non-coated T-25 flasks, each containing 10 mL of DEF-XF, SFM-X and a classical DMEM medium with or without 5% auto-plasma. After 24 hrs, nonadherent cells in each medium were removed. The adherent cells were allowed to grow for additional 7 days.

For "the Expansion" culture (passage $1 \sim$), **ADSC were well expanded Serum free medium-X medium** with RetroNectin[®] (without auto-plasma)





In this study, the hADSCs manufacturing combination with the serum-free media, DEF-CS[™] Xeno Free (Cellartis[®]) and RetroNectin[®] allowed to rapidly establish primary cultured cells compared with classical media, and continuously expand with high efficiency in serum free medium-X under the RetroNectin[®] condition. Furthermore, treated we demonstrate that the expanded hADSCs could meet the criteria for MSC that proposed by ISCT, such as adherent to plastic, specific surface antigen expression and multipotent differentiation potential (adiopgenic, oseogenic chondrogenic) in vitro. Therefore, the and expansion method could provide clinical dose of hMSC from subcutaneous adipose tissue.

Figure 4. ADSCs expansion in the two Serum free media without auto-plasma. ADSCs were expaned for 5 passages (SFM-X media) or two passages (DMEM) or one passage (DEF-XF).

Discussion

In our experiments, we isolated the hADSCs from subcutaneous adipose tissue with the collagenase based isolation methods. Firstly, the initial step of the isolation culture, we confirmed that hADSCs were well expanded in combination DEF-XF serum free medium containing auto-plasma with RetroNectin coated flask compared with 10% FBS conditioned DMEM medium. And the following expansion culture, we confirmed that hADSC were greatly expanded in Serum free media-X with RetroNectin (without auto-plasma).

Furthermore, the combination method with RetroNectin and serum free medium expanded ADSC met typical MSC characteristics according to the ISCT position paper (Dominic M 2006) in terms of morphology, differentiation and phenotype. In conclusion, the combination of using RetroNectin and serum free medium, depending on culture phase (isolation or expansion), would achieve higher cell numbers more rapidly than those expanded in classical media such as DMEM medium containing FBS. Therefore, the expansion method could provide clinical dose of hMSC from subcutaneous adipose tissue.

Figure 5. Functional analysis of hADSCs expanded in the serum free media with RetroNectin [®]. (A) Phenotype and (B) differentiation potentials were examined with the criteria from the International Society for Cellular Therapy (ISCT).(C) Comparison of VEGF secretion determined by ELISA for classical media (10%FBS/DMEM) and serum free with RetroNectin[®] condition.

Cell manufacturing service at TaKaRa bio Inc.

