

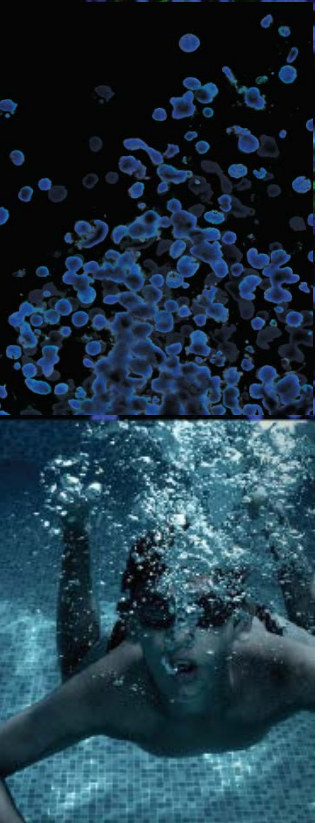


# The Application of hTERT-immortalized Primary Cells in Toxicological Assays

Kevin Grady, BS  
*Senior Product Line Business Manager, ATCC*

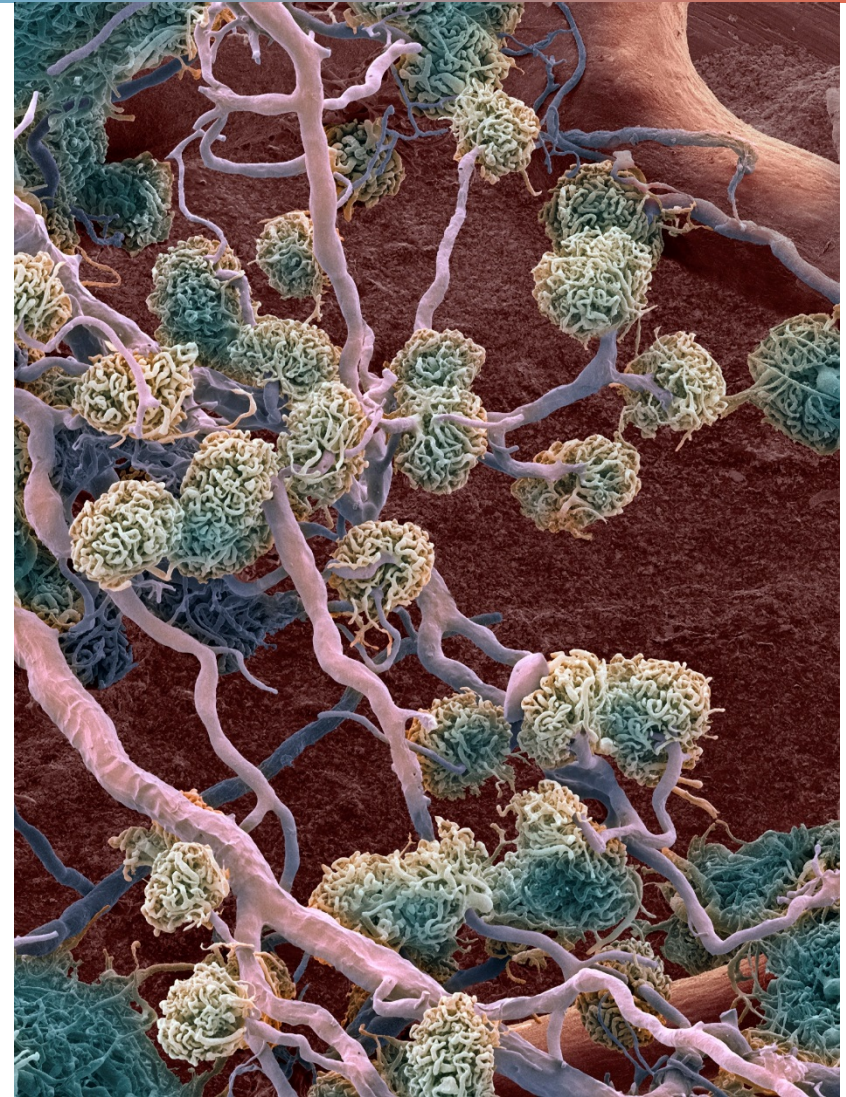
Luis Rodriguez, PhD  
*Senior Scientist, ATCC*

Credible Leads to Incredible™



# Agenda

- ATCC mission and future direction
- ATCC toxicology portfolio
- hTERT primary cell portfolio
  - Kidney models
  - Skin models
  - Airway models
  - Angiogenesis system



# ATCC Today

- Founded in 1925, ATCC is a non-profit organization with HQ in Manassas, VA and an R&D & Services center in Gaithersburg, MD
  - World wide brand name and quality recognition
- World's premiere biological materials resource and standards development organization
  - 4,000 cell lines
  - 70,000 microbes
- ATCC collaborates with and supports the scientific community with industry-standard and innovative biological solutions
  - Growing portfolio of products and services
  - Sales and distribution in 140 countries, 12 International distributors
- Talented team of 475+ employees; > one third with advanced degrees
- Multiple accreditations including ISO 9001 and ISO 13485



Established partner to global researchers



# The ATCC mission

“Our mission focuses on the acquisition, authentication, production, preservation, development, and distribution of standard reference microorganisms, cell lines, and other materials.”

acquisition



authentication



production



preservation



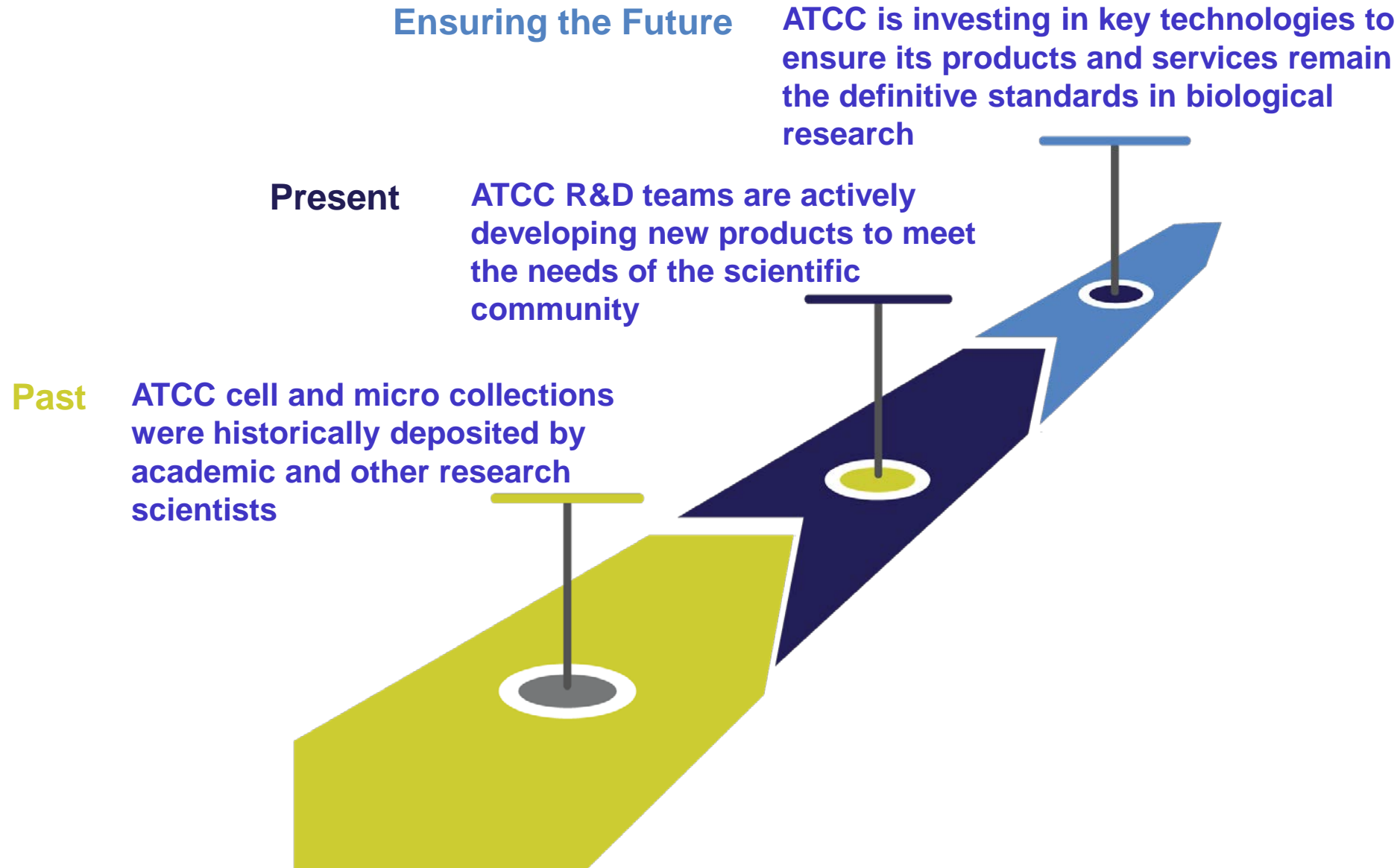
development



distribution

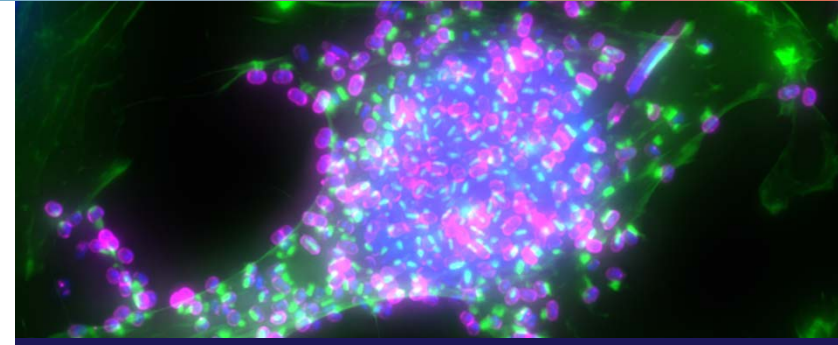


# Modernization of the ATCC portfolio

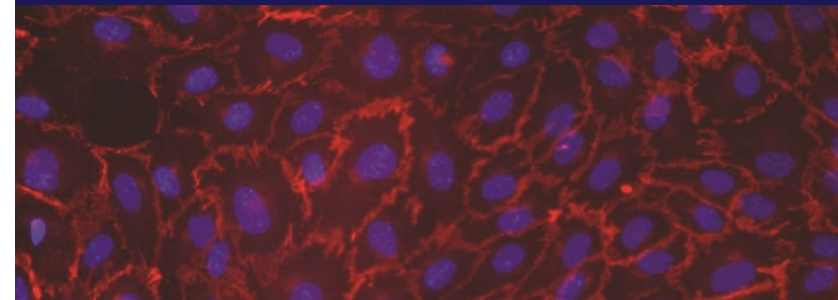


# ATCC products for toxicology

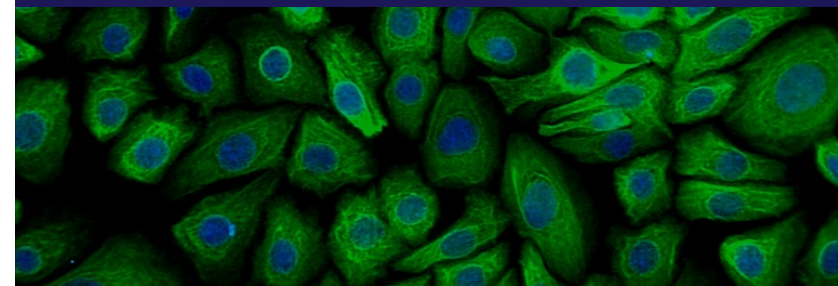
- ATCC is the complete solution supplier for toxicology
- From basic research through discovery and development to product testing
  - Continuous cell lines
  - Primary cells
  - hTERT-immortalized primary cells
  - upcyte<sup>®</sup> hepatocytes (ATCC<sup>®</sup> ACS-9000<sup>™</sup>)
- Portfolio features
  - Reliability
  - Fully characterized cells
  - Optimized growth protocols
  - Scalability into all aspects of the toxicology workflow
  - Biological relevancy



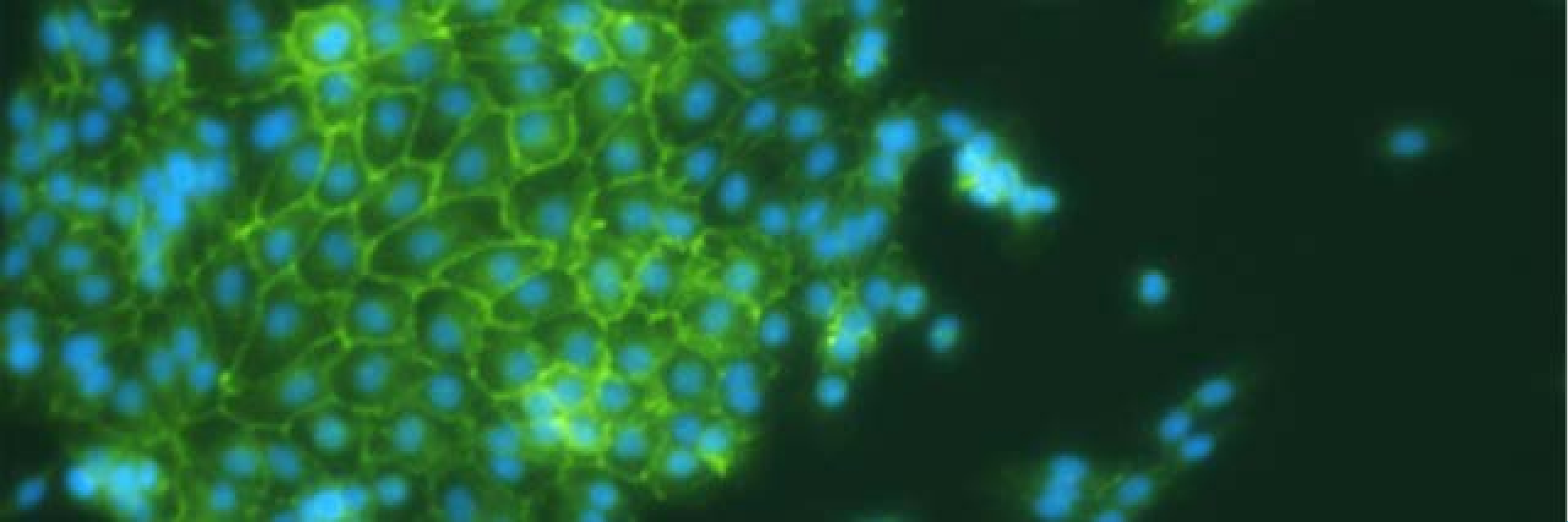
Continuous cell line: HeLa (ATCC<sup>®</sup> CCL-2<sup>™</sup>)



Primary: Umbilical Endothelial Cells (ATCC<sup>®</sup> PCS-100-010<sup>™</sup>)



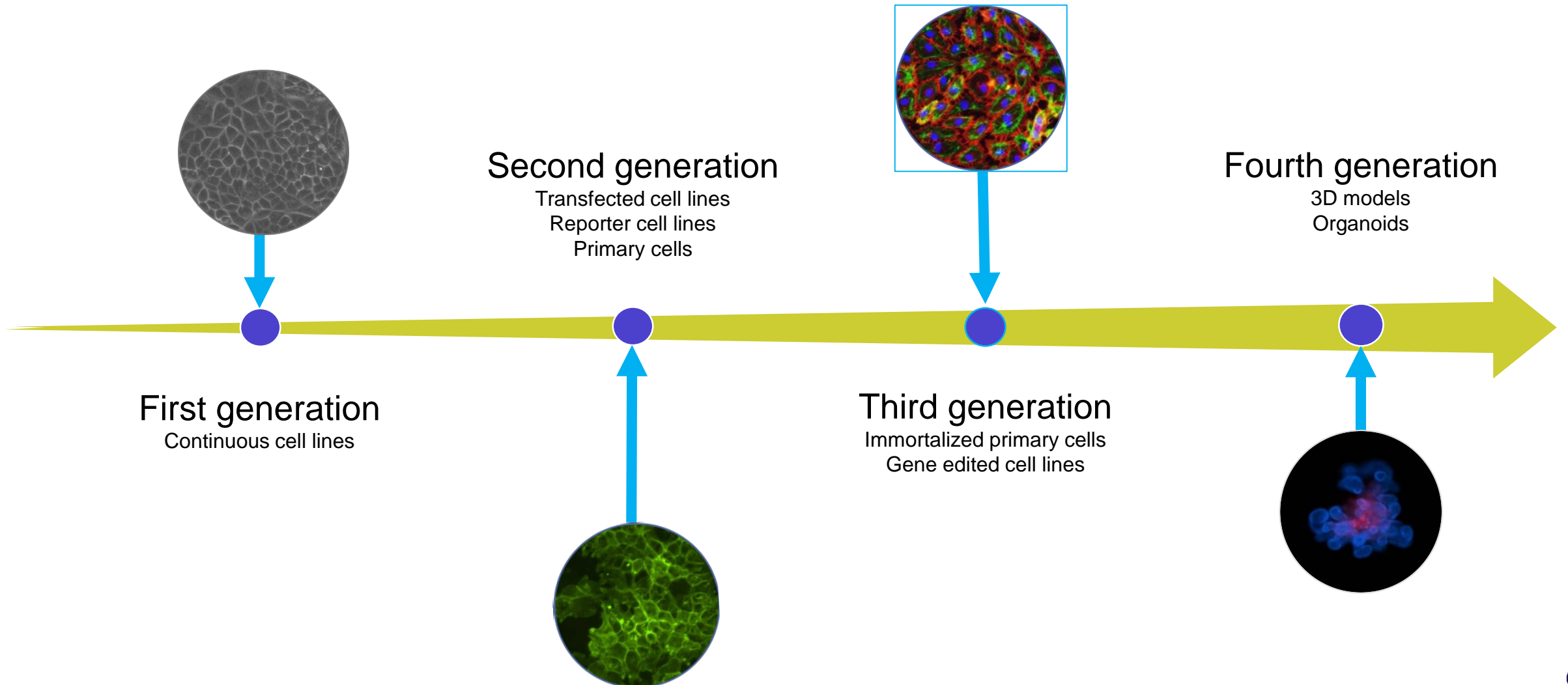
Immortalized lung cells; NuLi-1 (ATCC<sup>®</sup> CRL-4011<sup>™</sup>)



# hTERT Immortalization Technology

hTERT Primary Cell Models

# Evolution of *in vitro* cell models

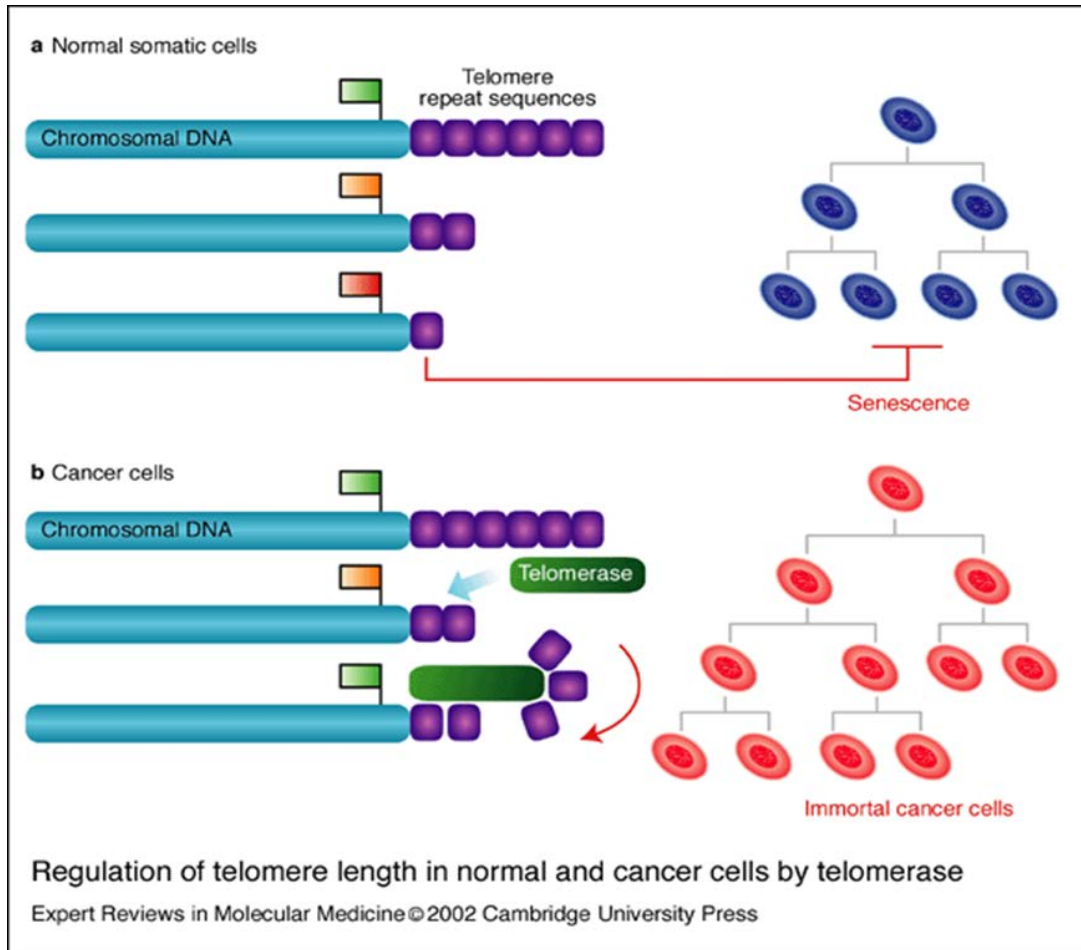




# Characteristics of various cell models

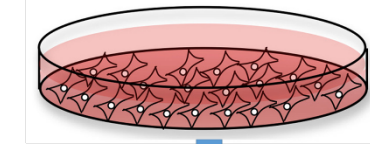
	Continuous (cancer) cell lines	Viral oncogene-immortalized cells	Primary cells	hTERT-immortalized cells
Mimic <i>in vivo</i> characteristics	+	++	++++	+++
Proliferative capacity	+++	+++	+	+++
Experimental reproducibility	+++	+++	+	+++
Predictability in toxicological studies	+	++	+++	+++
Genomic stability	Aneuploid	Near diploid/aneuploid	Diploid	Diploid/near diploid
Supply	+++	+++	+	+++
Cost	+++	+++	+	++
Ease of use	+++	++	+	++

# hTERT immortalization technology

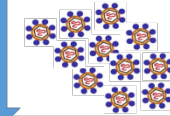


hTERT plasmid

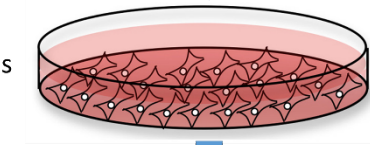
Transfection  
Phoenix Packaging Cells  
(ATCC® CRL-3213™)



48 hours  
hTERT containing  
retrovirus supernatant

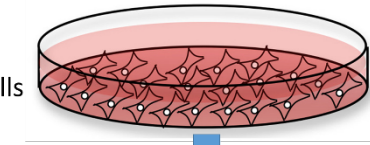


Primary Cells

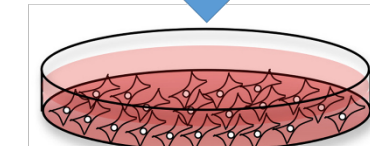


Puromycin  
Selection

hTERT  
Selected Cells



Clonal Isolation

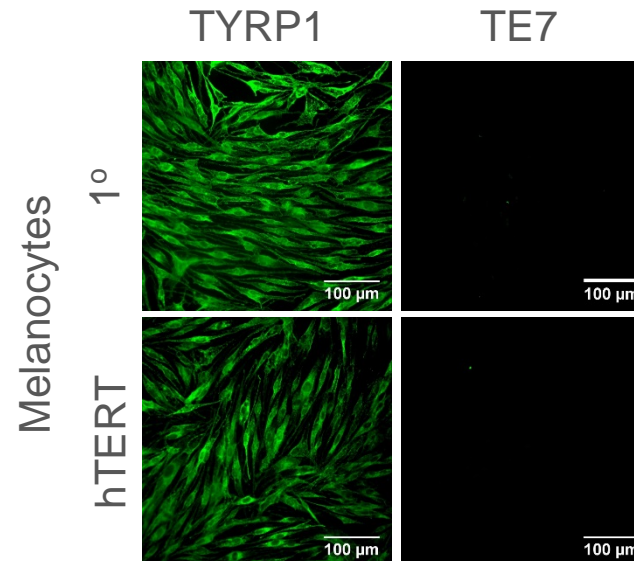
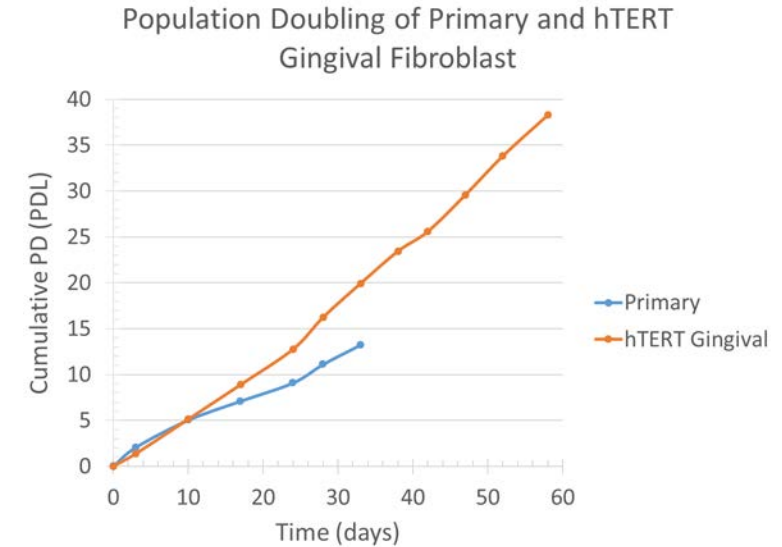


hTERT  
Cell Clone

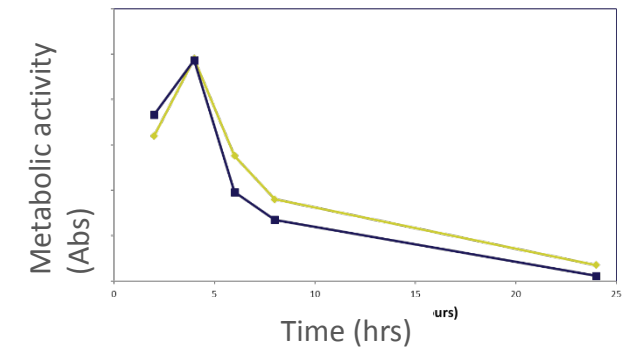
Immortalization  
Confirmation &  
Characterization

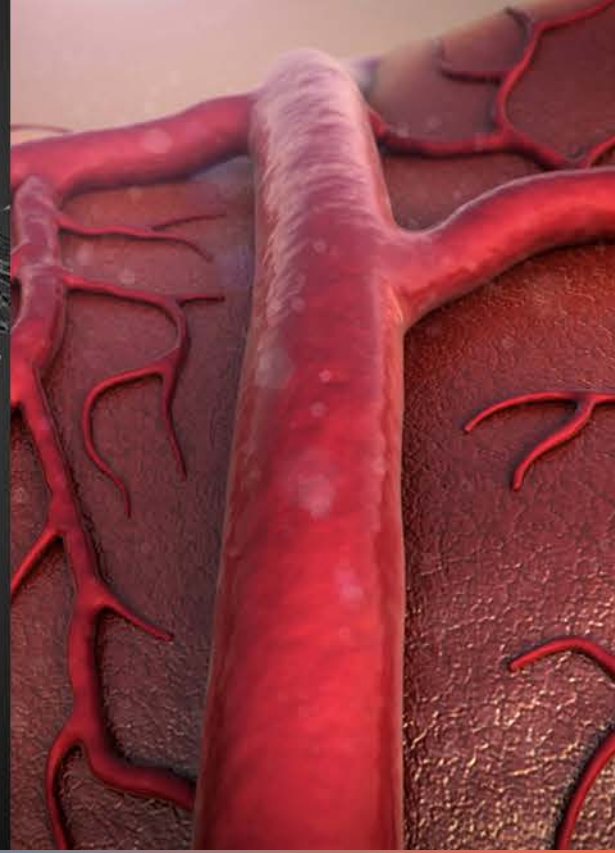
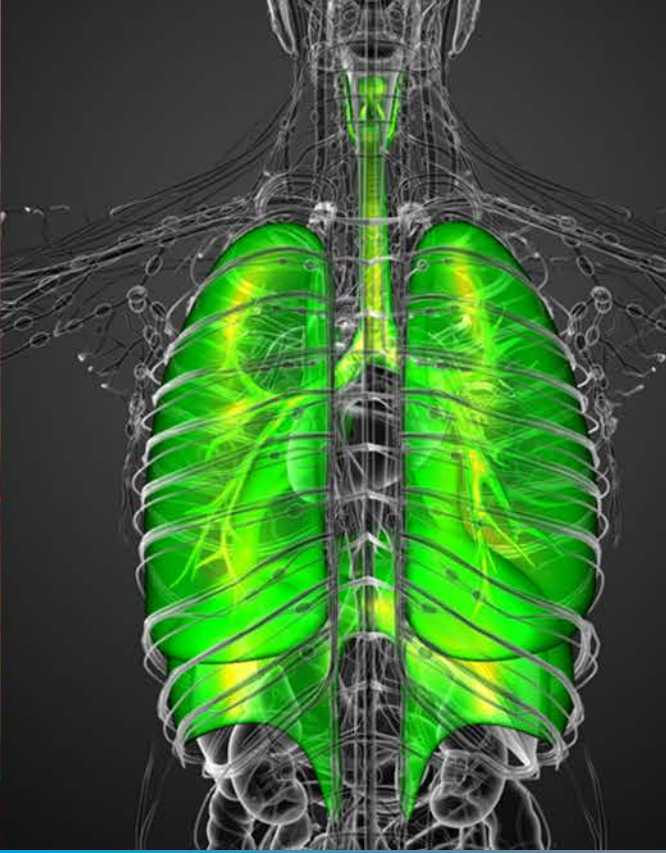
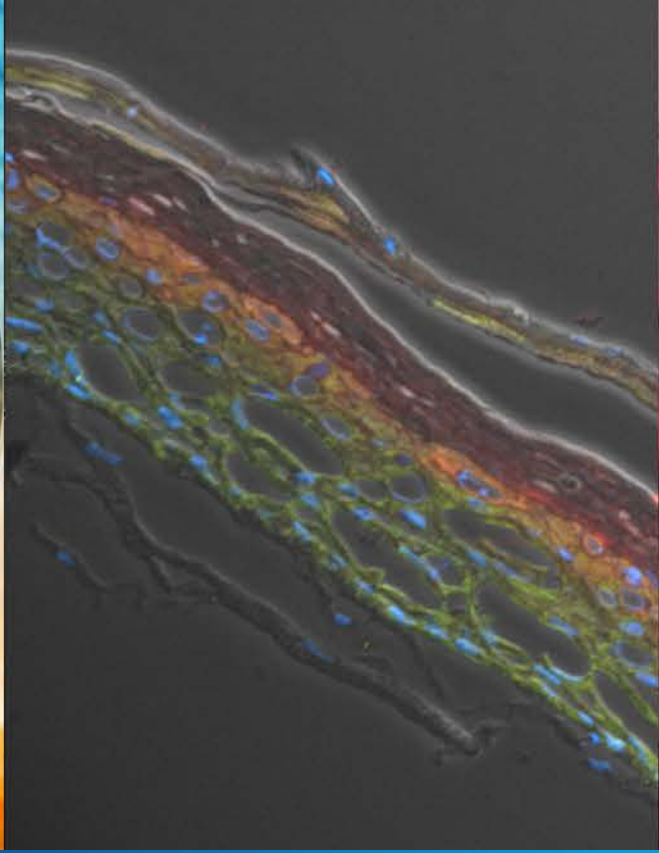
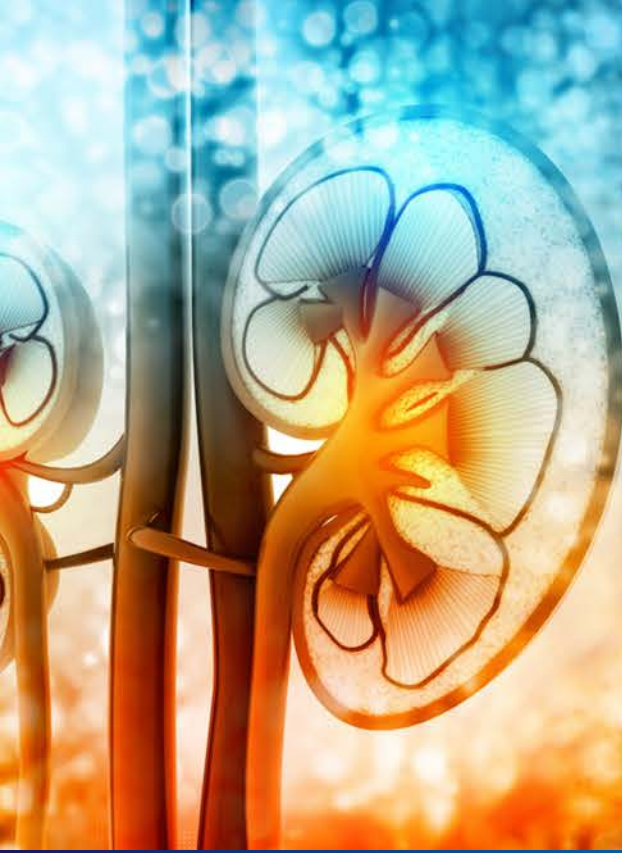
# hTERT immortalized cells – Key characteristics

- Growth
  - Cells retain replicative capacity (“immortalized”)
  - Population doubling rate is comparable to primary cells
- Morphology and marker expression
  - Similar to primary cells
- Toxicology responses
  - Analogous to primary cells



Metabolic reduction by 3D organotypic skin culture in Triton-X





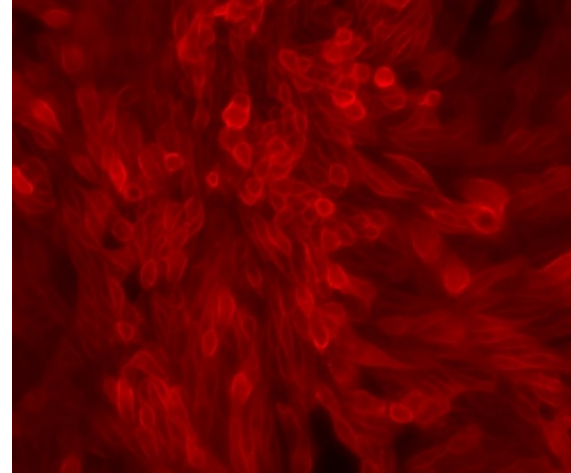
# hTERT Cell Models and Functionality

# Kidney models

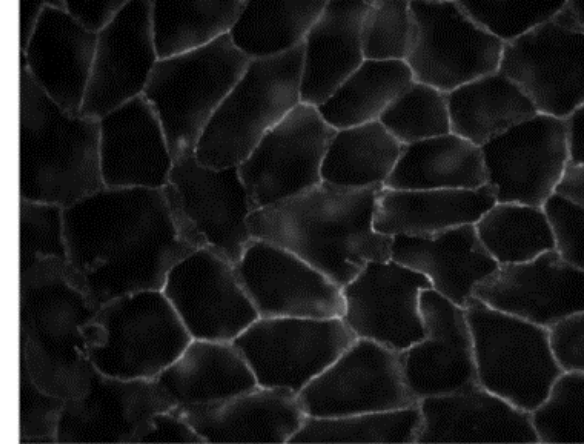
## Renal proximal tubule epithelial cells

- hTERT-RPTEC – immortalized renal proximal tubule epithelial cells (ATCC® CRL-4031™)
- Key characteristics:
  - Uniform expression of E-cadherin and CD13 (aminopeptidase N)
  - Formation of dome-like structures
  - Stabilized transepithelial electrical resistance (TEER)

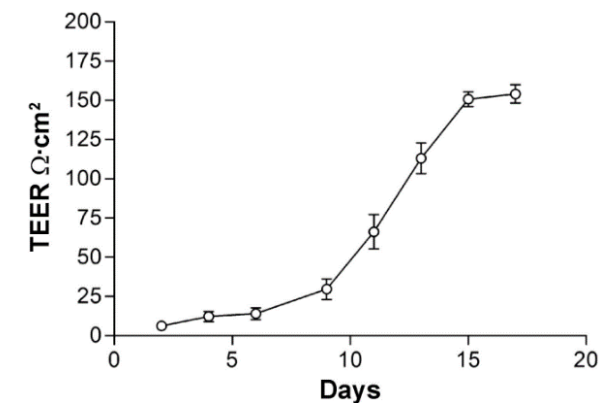
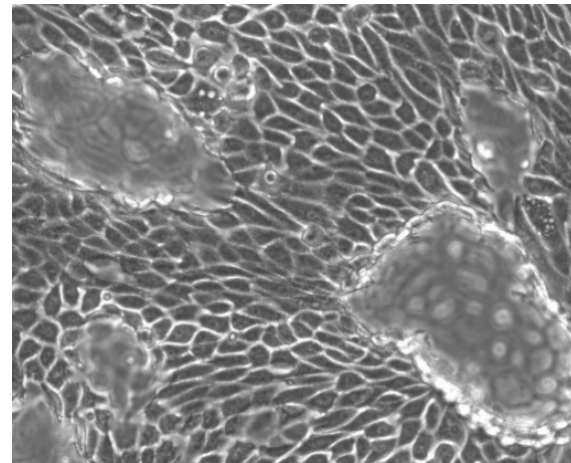
RPTEC/TERT1: CD13



RPTEC/TERT1: E-cadherin



Dome formation

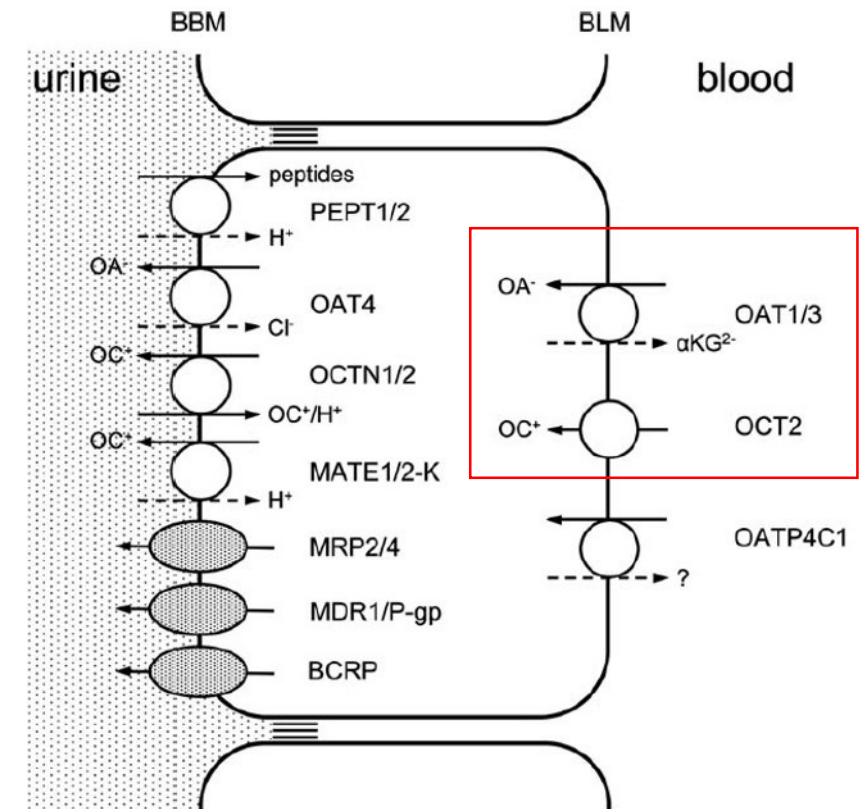


# Kidney cells – Role of OAT1/OCT2/OAT3

- Challenge: Expression of organic solute carrier transporters is lost in primary kidney cells
- Organic anion and cation transporters are vital in kidney metabolism
  - OAT1
  - OCT2
  - OAT3
- FDA guidance recommend evaluation of Oat/Oct transporter interactions:
  - In Vitro Metabolism-and Transporter- Mediated Drug-Drug Interaction Studies - (*draft*) Guidance for Industry (2017)
  - Clinical Drug Interaction Studies: Study Design, Data Analysis, and Clinical Implications – (*draft*) Guidance for Industry (2017)

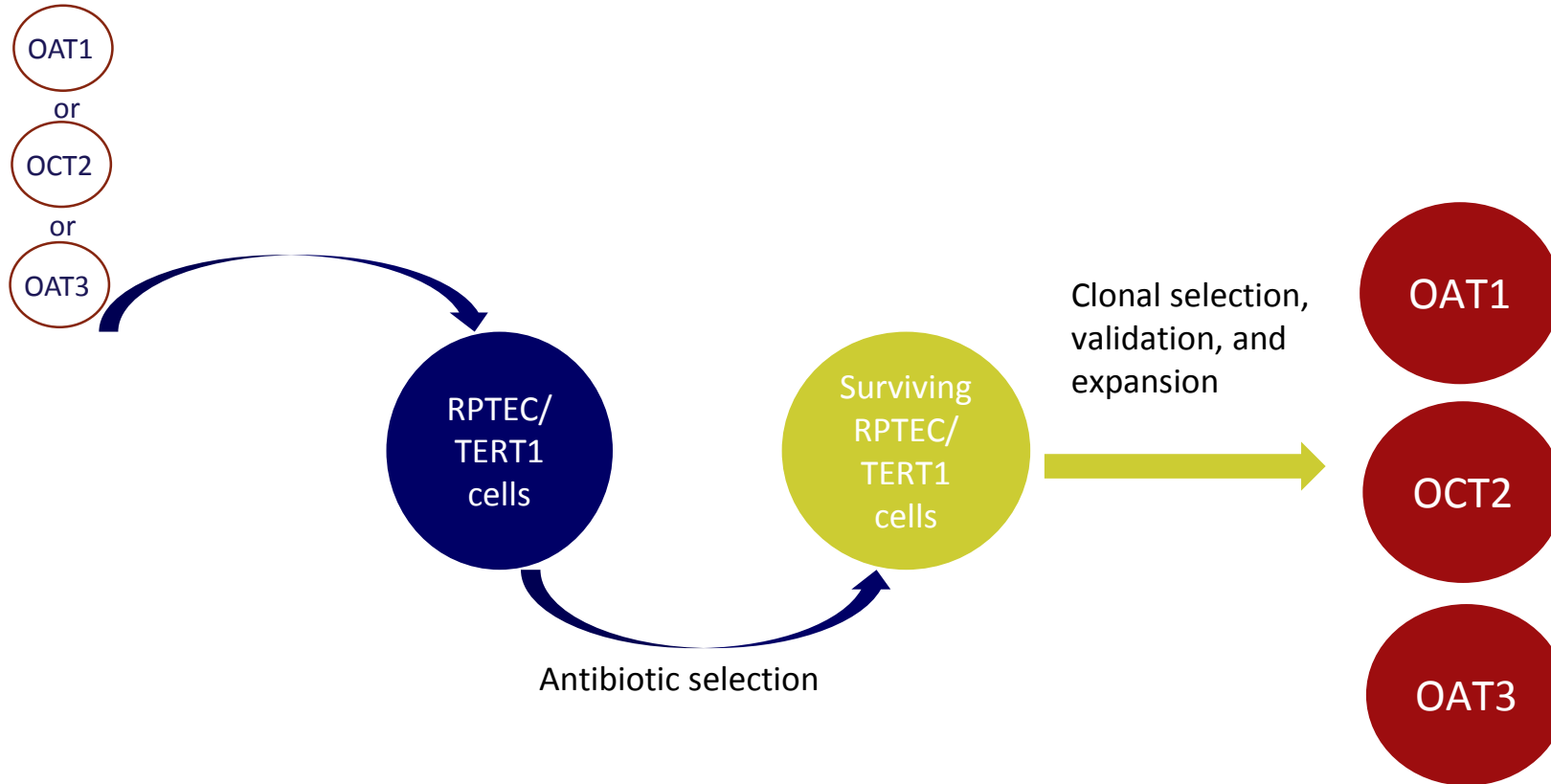
5

F.G.M. Russel

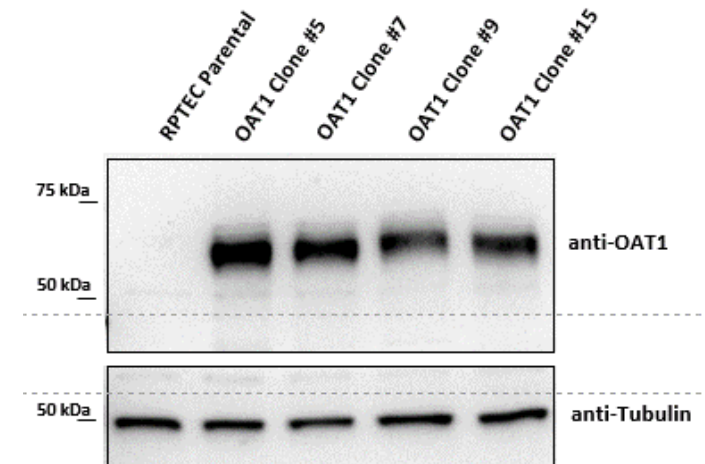
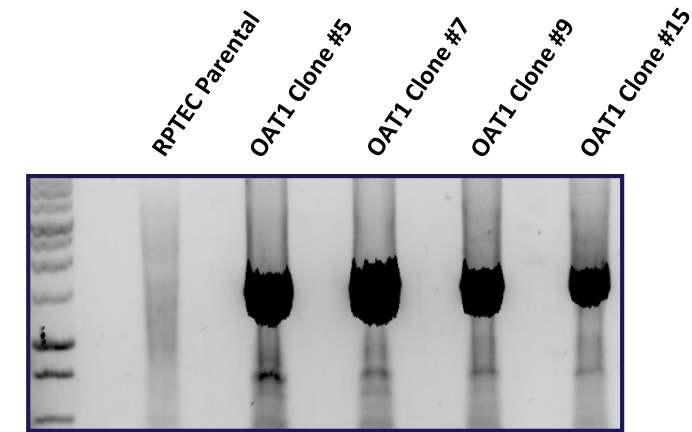


Pang K, et al. Enzyme- and Transporter-Based Drug–Drug Interactions. DOI 10.1007/978-1-4419-0840-7\_2,C Am Assoc Pharmaceut Sci 2010

# Enhanced kidney cellular models

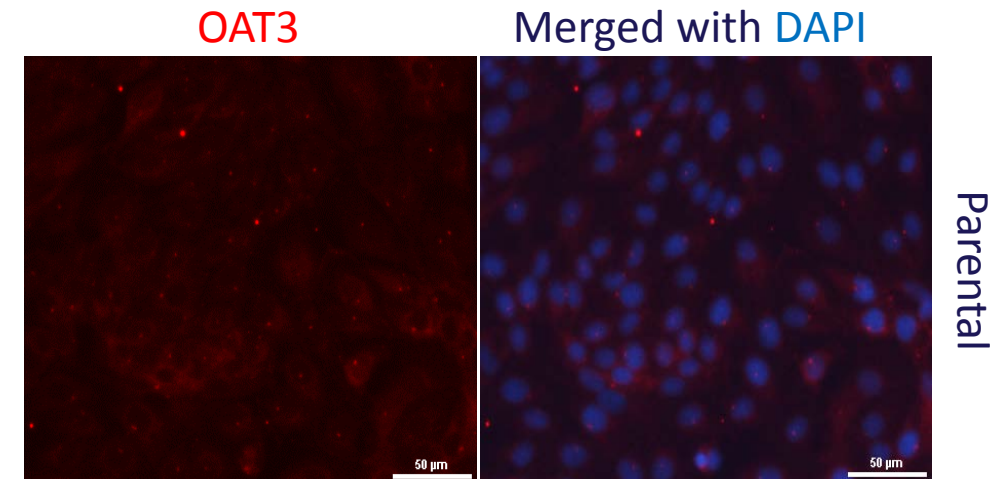
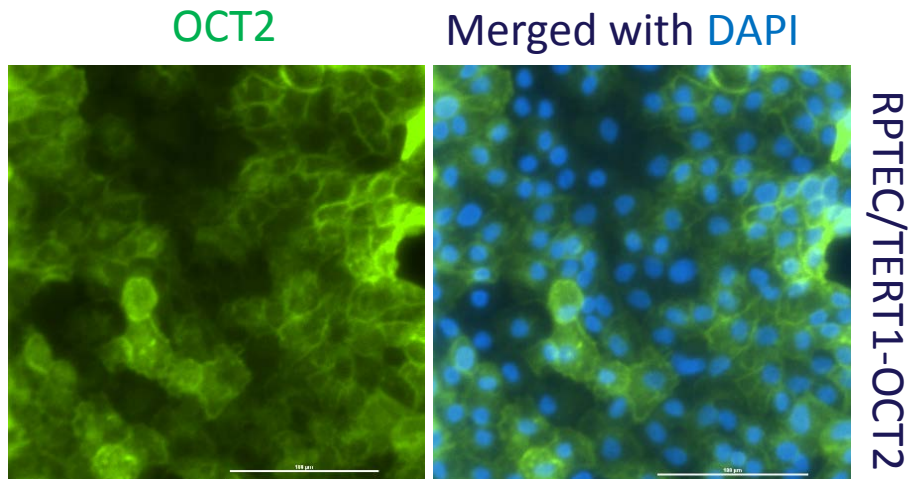
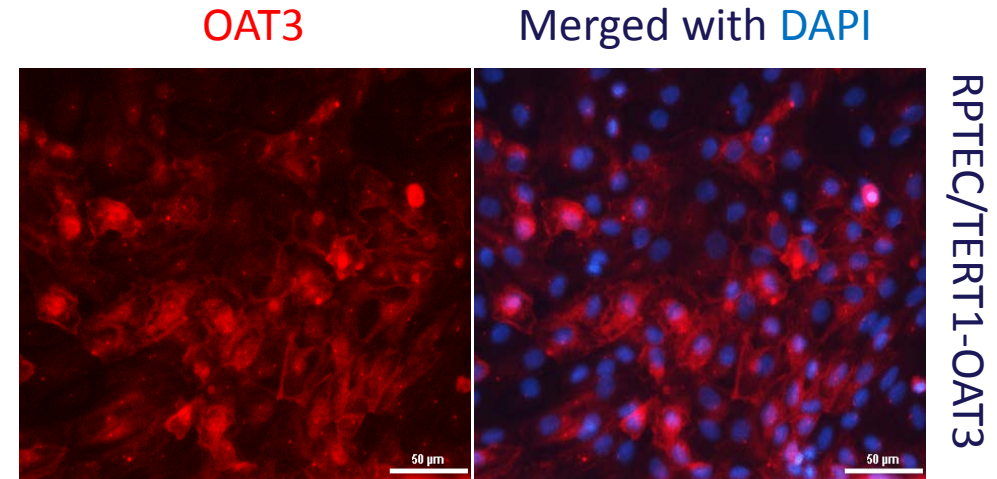
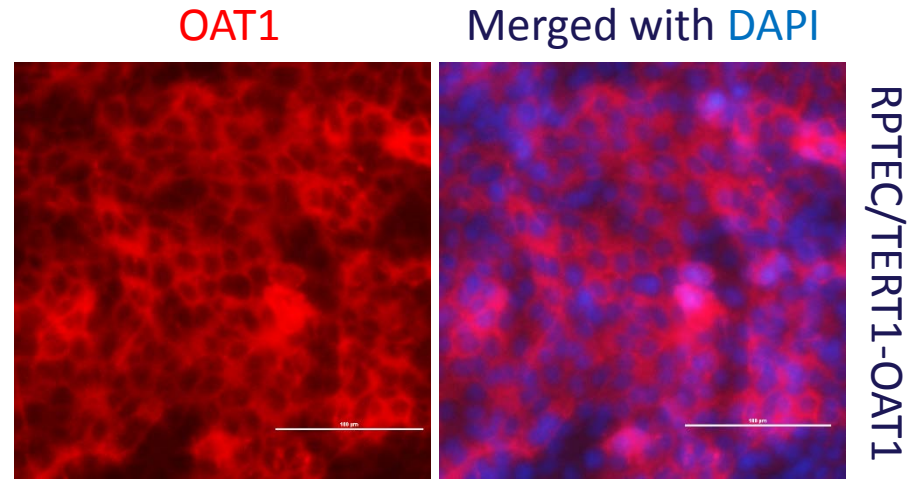


- RPTEC/TERT1 (ATCC<sup>®</sup> CRL-4031<sup>™</sup>)
- RPTEC/TERT1 OAT1 (ATCC<sup>®</sup> CRL-4031-OAT1<sup>™</sup>)
- RPTEC/TERT1 OCT2 (ATCC<sup>®</sup> CRL-4031-OCT2<sup>™</sup>)
- RPTEC/TERT1 OAT3 (ATCC<sup>®</sup> CRL-4031-OAT3<sup>™</sup>)



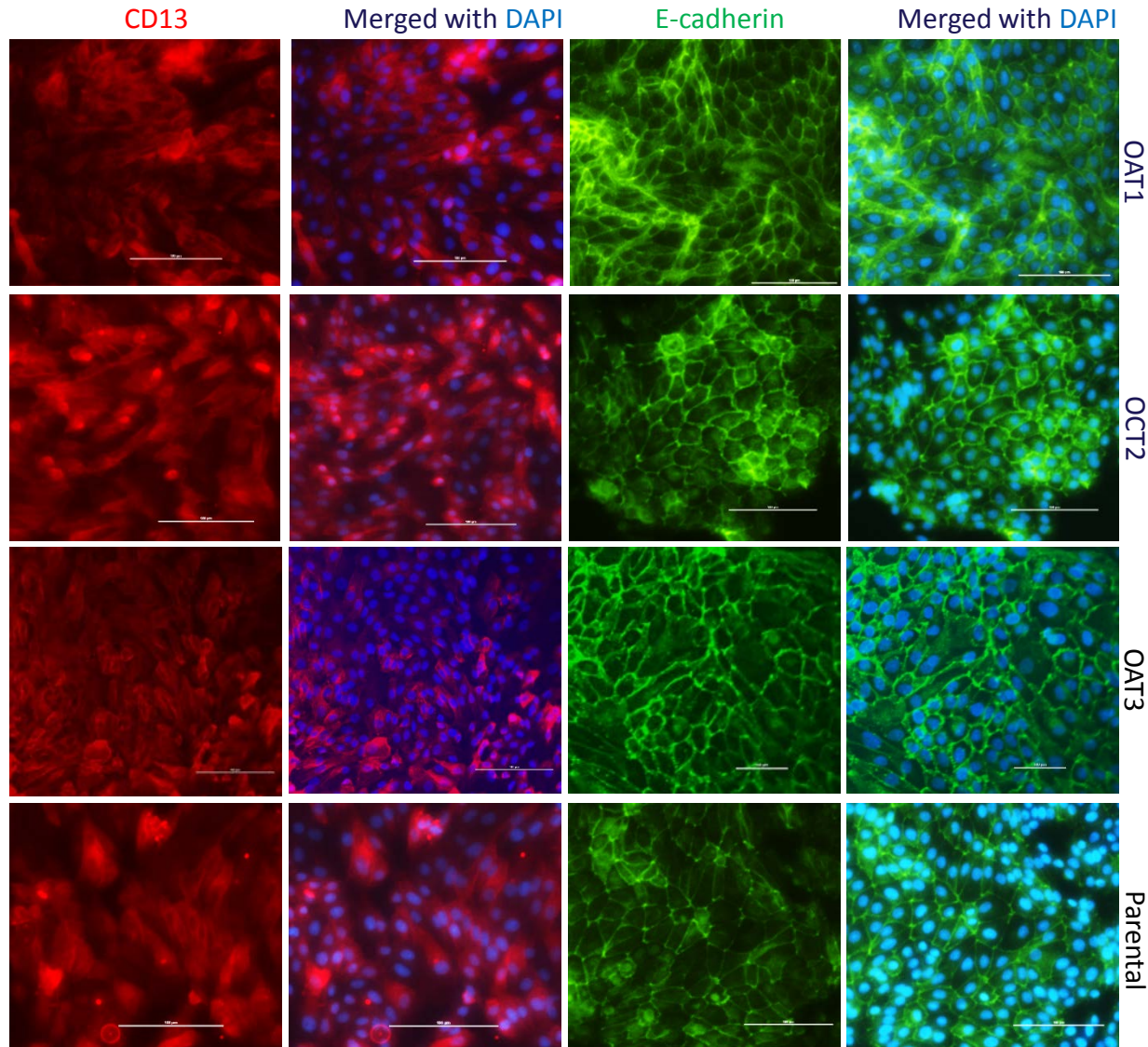
Characterized by  
RT-PCR, WB, sequencing  
(copy number verified)

# Expression and localization of OAT1/OCT2/OAT3

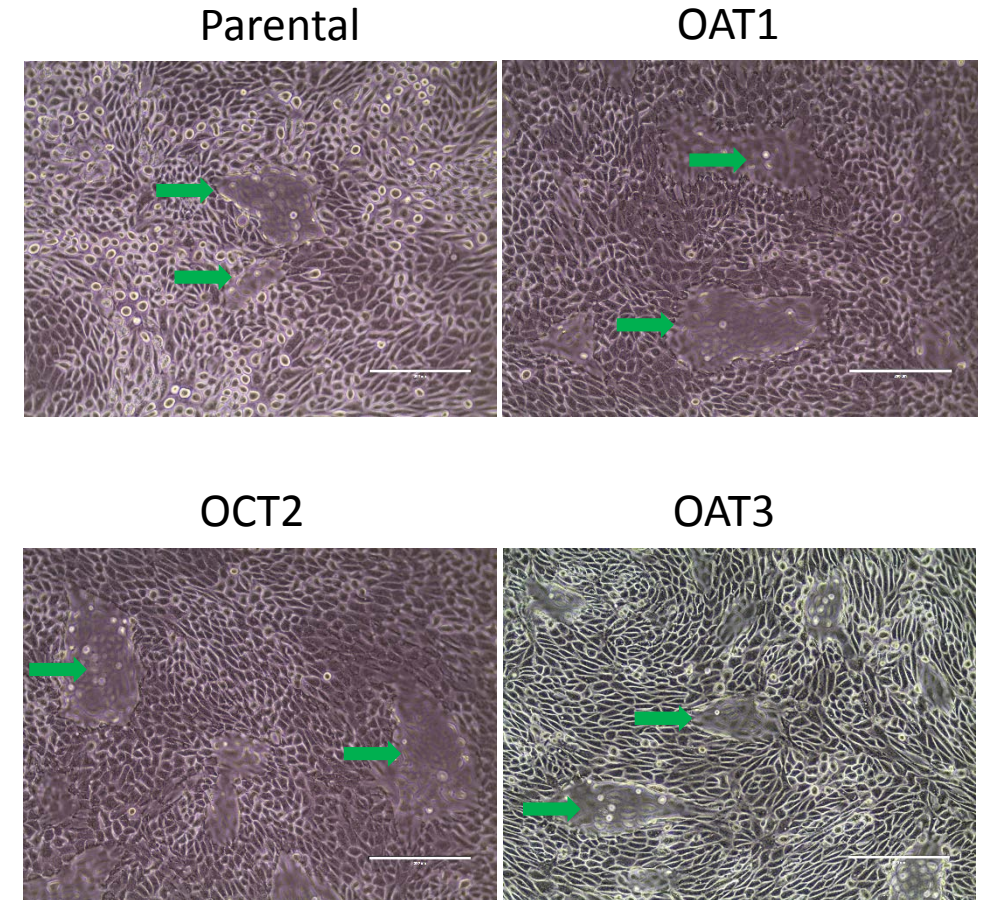




# Endogenous marker expression and dome formation



Scale bar: 100  $\mu$ m

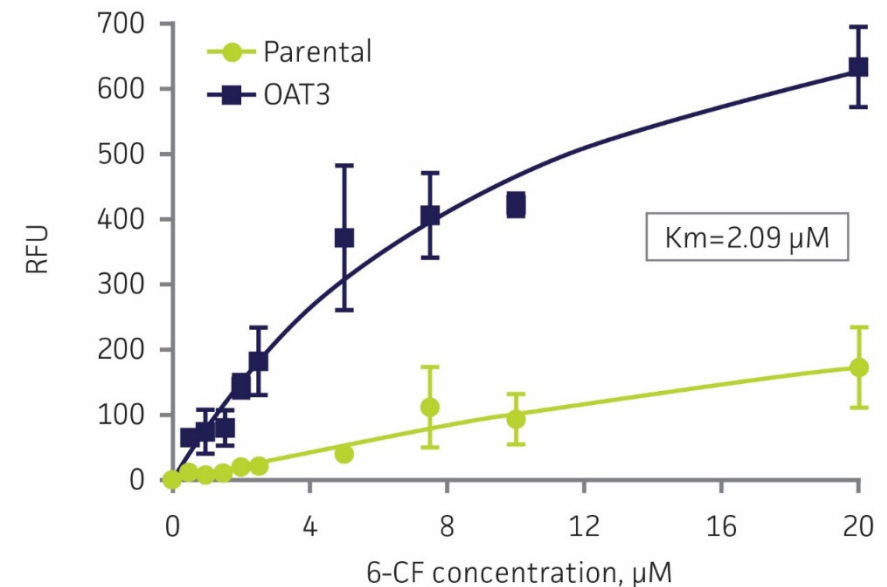
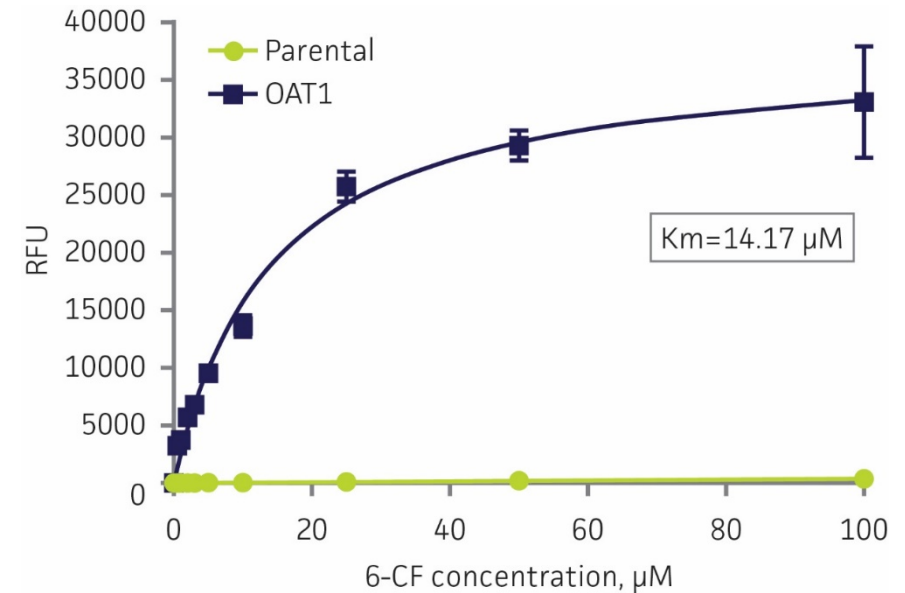
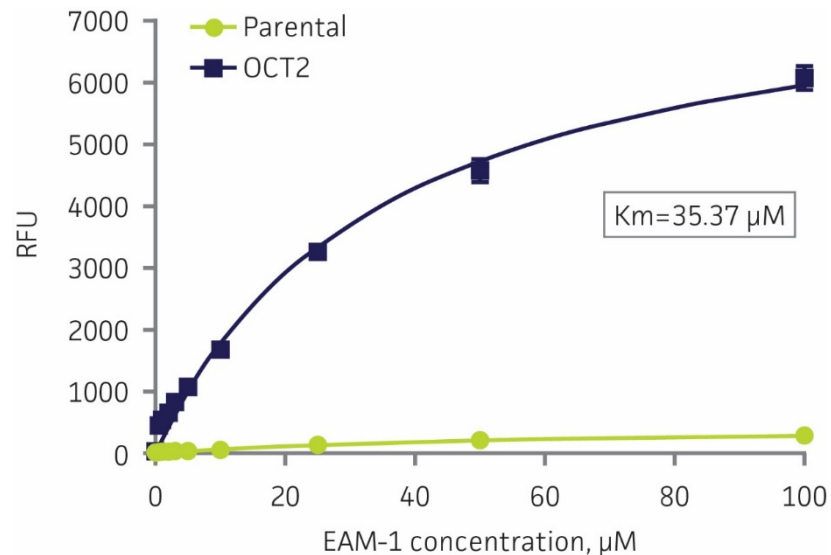


Scale bar: 100  $\mu$ m

# Functionality – Drug uptake assay

## UPTAKE ASSAY PROTOCOL

- Equal numbers of both parental and transporter cells were seeded into 96-well plate in triplicate for 24 hours
- Increasing concentration of 6-CF or EAM1 were added and incubated for 20 minutes at 37°C
- After wash with cold HBSS 4 times, cells were lysed and uptake intensity were measured

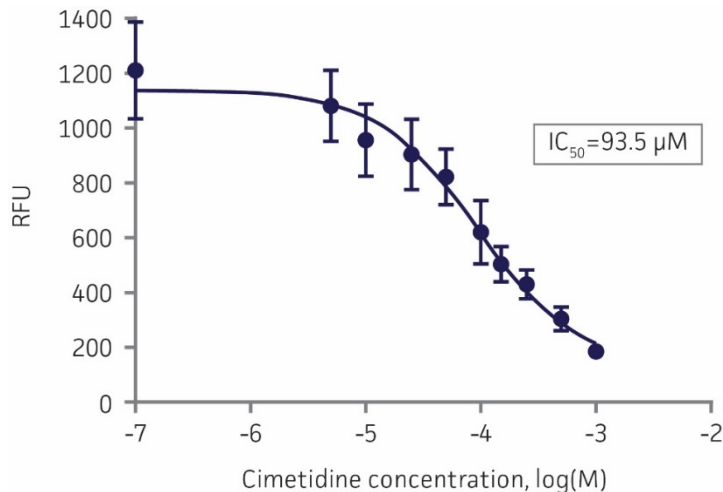


# Functionality – Drug uptake inhibition assay

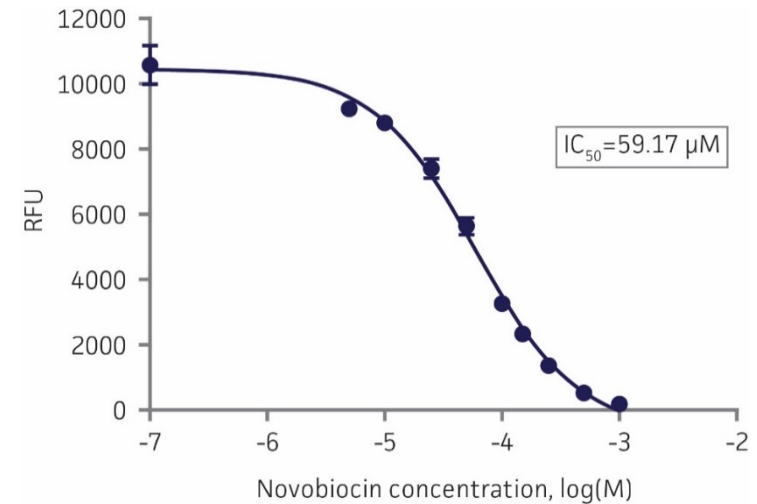
## UPTAKE INHIBITION ASSAY PROTOCOL

- Equal numbers of both parental and transporter cells were seeded into 96-well plate in triplicate for 24 hours
- Increasing concentration of inhibitors were added together with constant concentrations of the uptake substrate and incubated for 20 mins at 37°C
- After wash with cold HBSS 4 times, cells were lysed and uptake intensity were measured

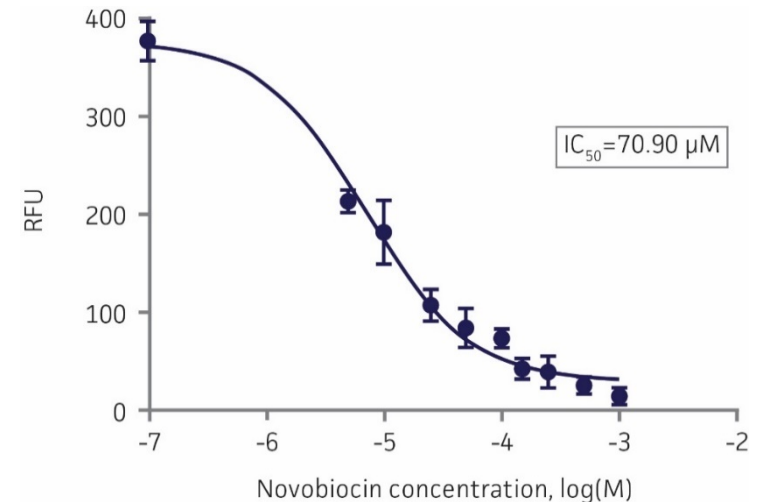
## EAM-1 uptake inhibition in OCT-2 expressing RPTEC



## 6-CF uptake inhibition in OAT-1 expressing RPTEC



## 6-CF uptake inhibition in OAT-3 expressing RPTEC

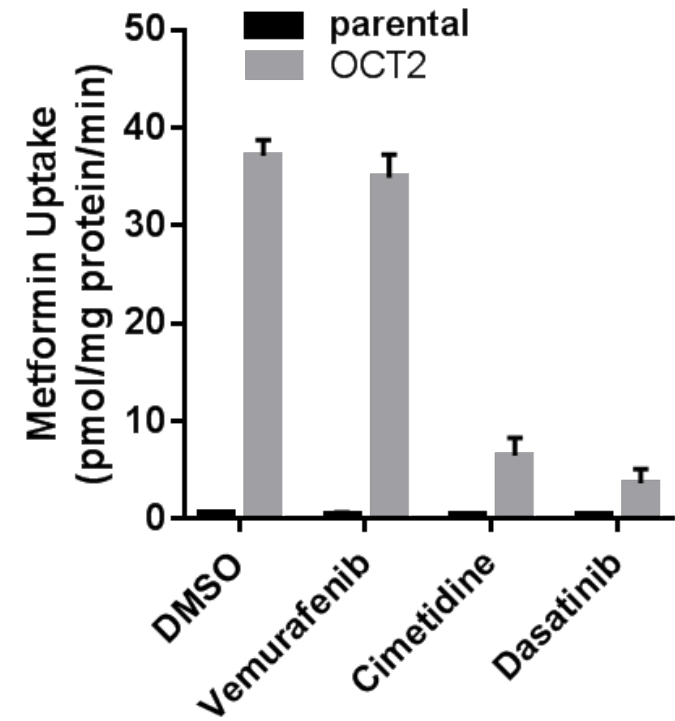
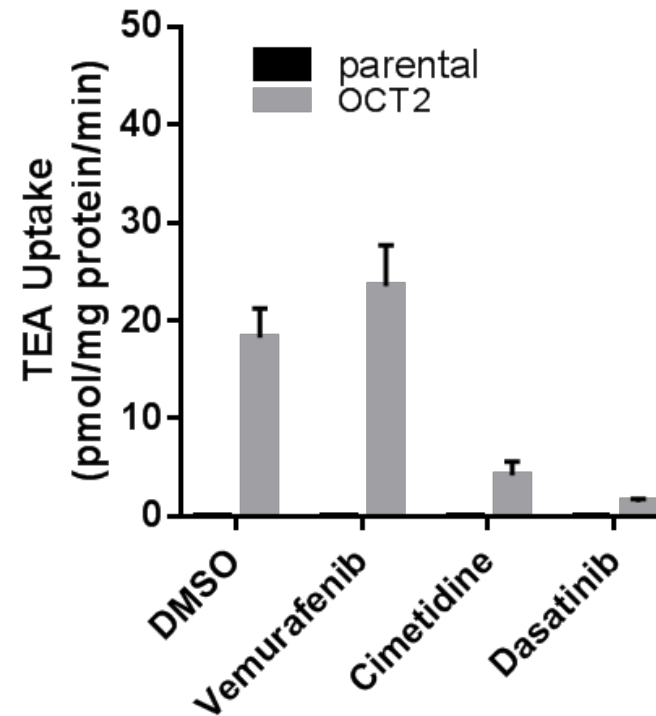


# RPTEC-OCT2 – Drug-drug Interactions (DDI)

## Drug-Drug Interactions

### UPTAKE INHIBITION ASSAY PROTOCOL

- Aspirate growth media and wash once with warm 1X PBS; remove PBS and add 250  $\mu$ L of cold inhibitors (prepared serum free DMEM, 0.5  $\mu$ M) and incubate for 15 minutes
- Remove inhibitors and add 250  $\mu$ L of radio-labeled TEA or metformin (prepared serum free DMEM, 4.5  $\mu$ M) and incubate for 15 minutes
- Remove drug and wash 3 times with cold PBS; lyse the cells and count



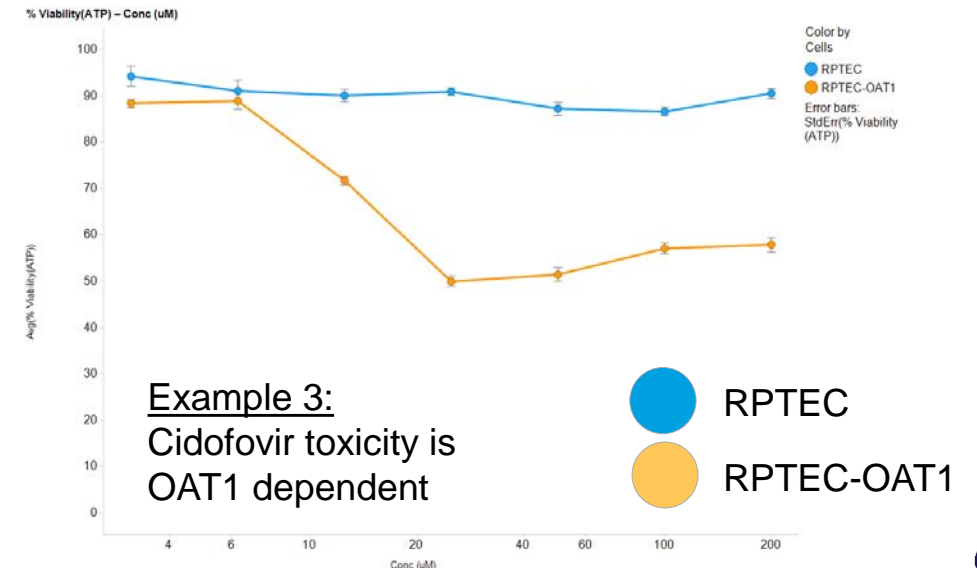
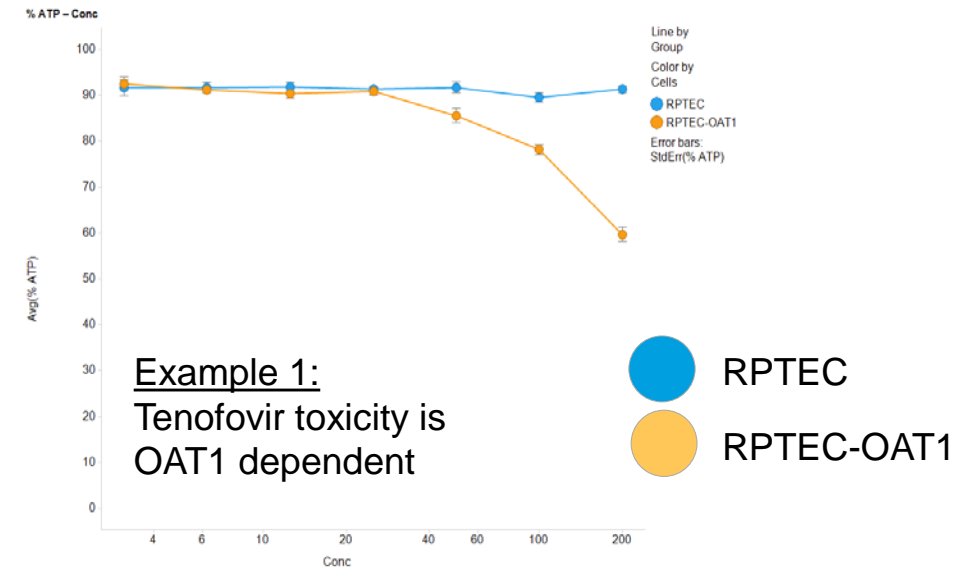
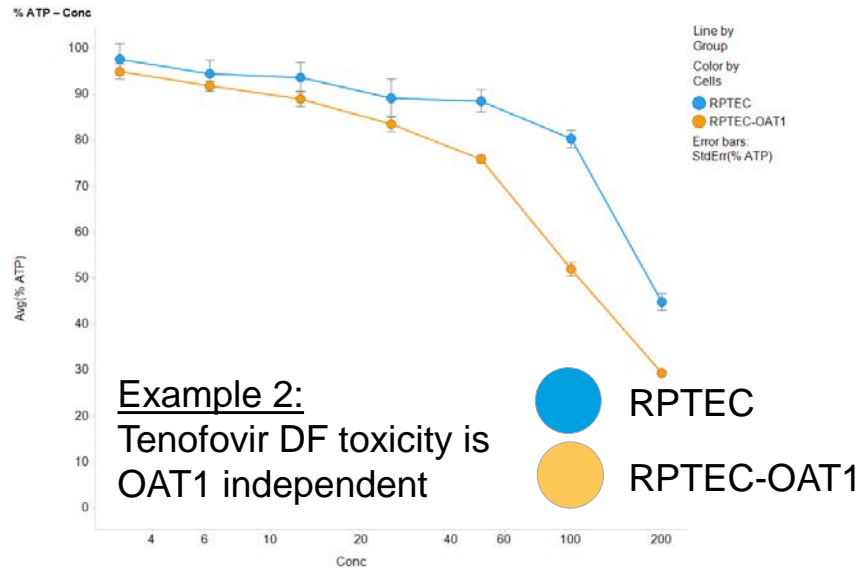
### Data kindly provided by:

Kevin Huang, *Graduate Research Associate*, Ohio State University, College of Pharmacy  
Alice Gibson, Ph.D., *Senior Research Specialist*, Ohio State University, College of Pharmacy

# Application for nephron toxicity studies

## CELL VIABILITY ASSAY PROTOCOL

- About 35000 cells were seeded per well in triplicate in a 96-well plate and incubated overnight
- Cells were incubated with a series of compounds at various concentrations for 3 days
- Cell viability was determined using a cell viability assay per manufacturer's instructions

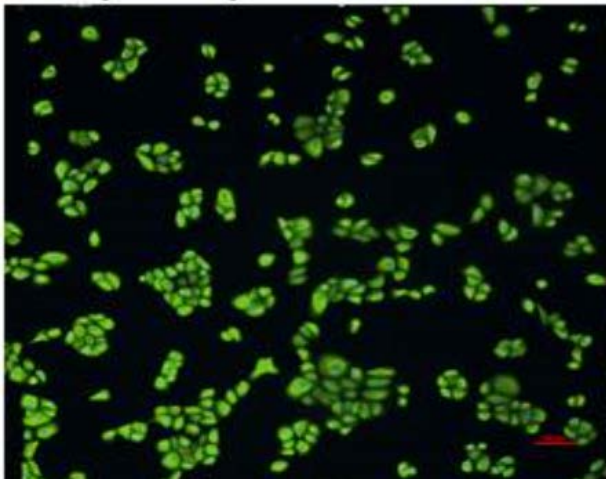


Data kindly provided by: Merck & Co., Inc.

# Skin models

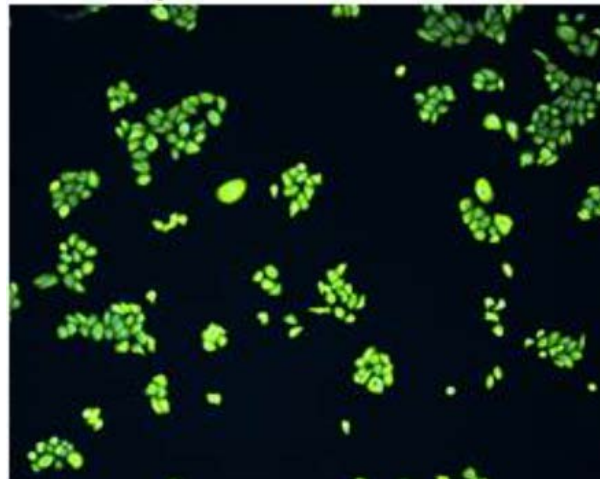
- BJ-5ta (Skin fibroblasts; ATCC<sup>®</sup> CRL-4001<sup>™</sup>)
- Ker-CT (Epidermal keratinocytes; ATCC<sup>®</sup> CRL-4048<sup>™</sup>)
- hTERT-immortalized Dermal Melanocyte (ATCC<sup>®</sup> CRL-4059<sup>™</sup>)
- Complementary primary cells:
  - Primary epidermal keratinocytes (ATCC<sup>®</sup> PCS-200-010<sup>™</sup>)

Ker-CT



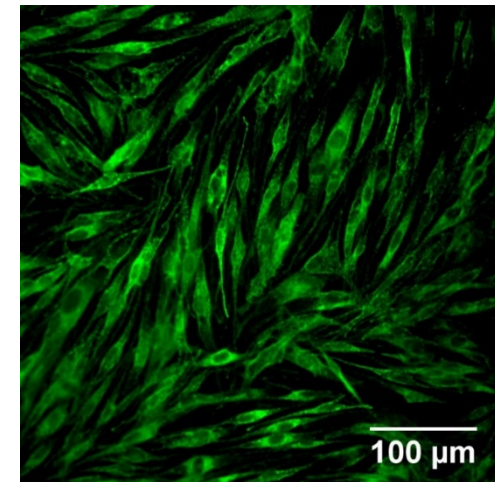
KRT5(FITC) + DAPI

Primary Epidermal Keratinocytes



KRT5(FITC) + DAPI

hTERT Melanocytes

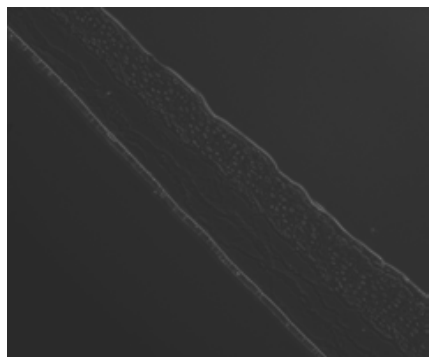
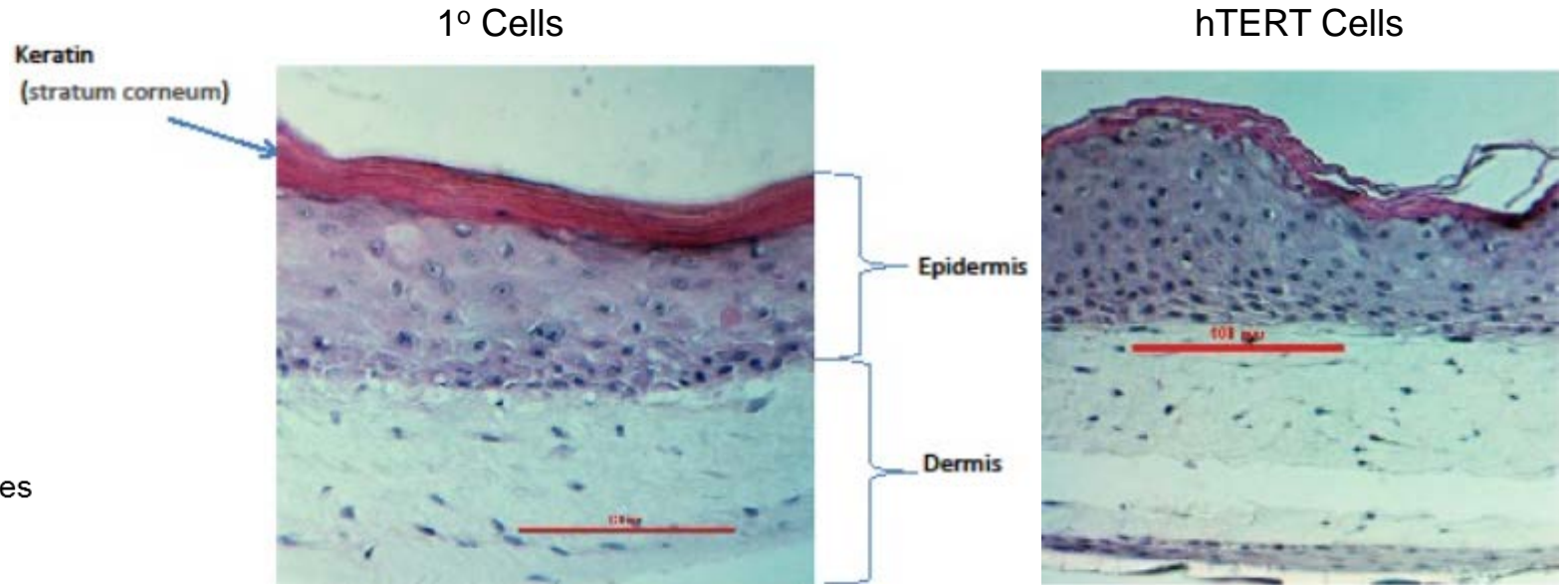
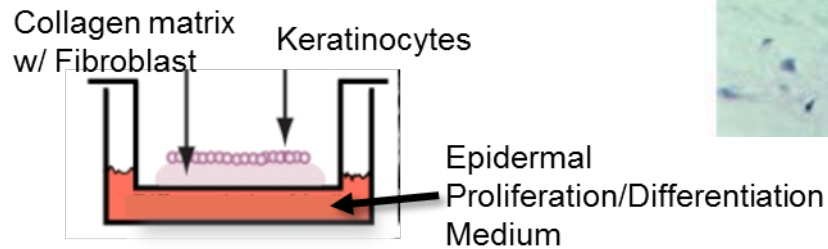


100 µm

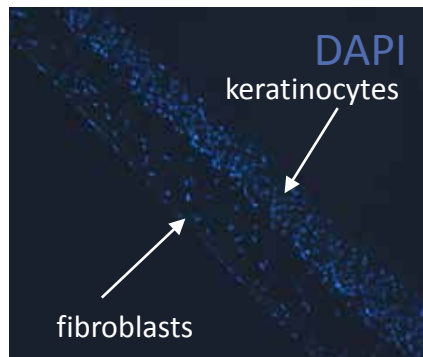
# hTERT keratinocytes and hTERT fibroblasts

- Keratinocytes and fibroblast can form 3D organotypic skin cultures *in vitro*

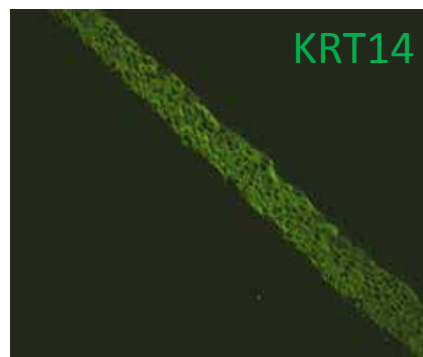
- hTERT 3D organotypic skin cultures are positive for dermal skin markers



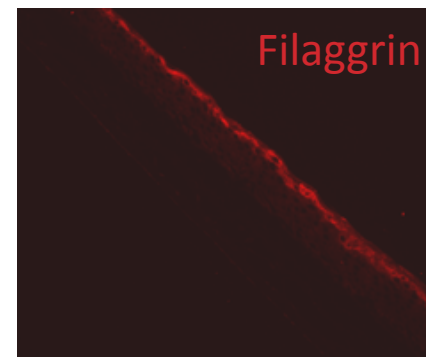
Phase contrast



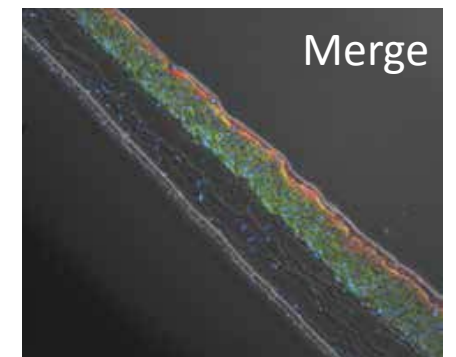
DAPI  
keratinocytes  
fibroblasts



KRT14



Filaggrin

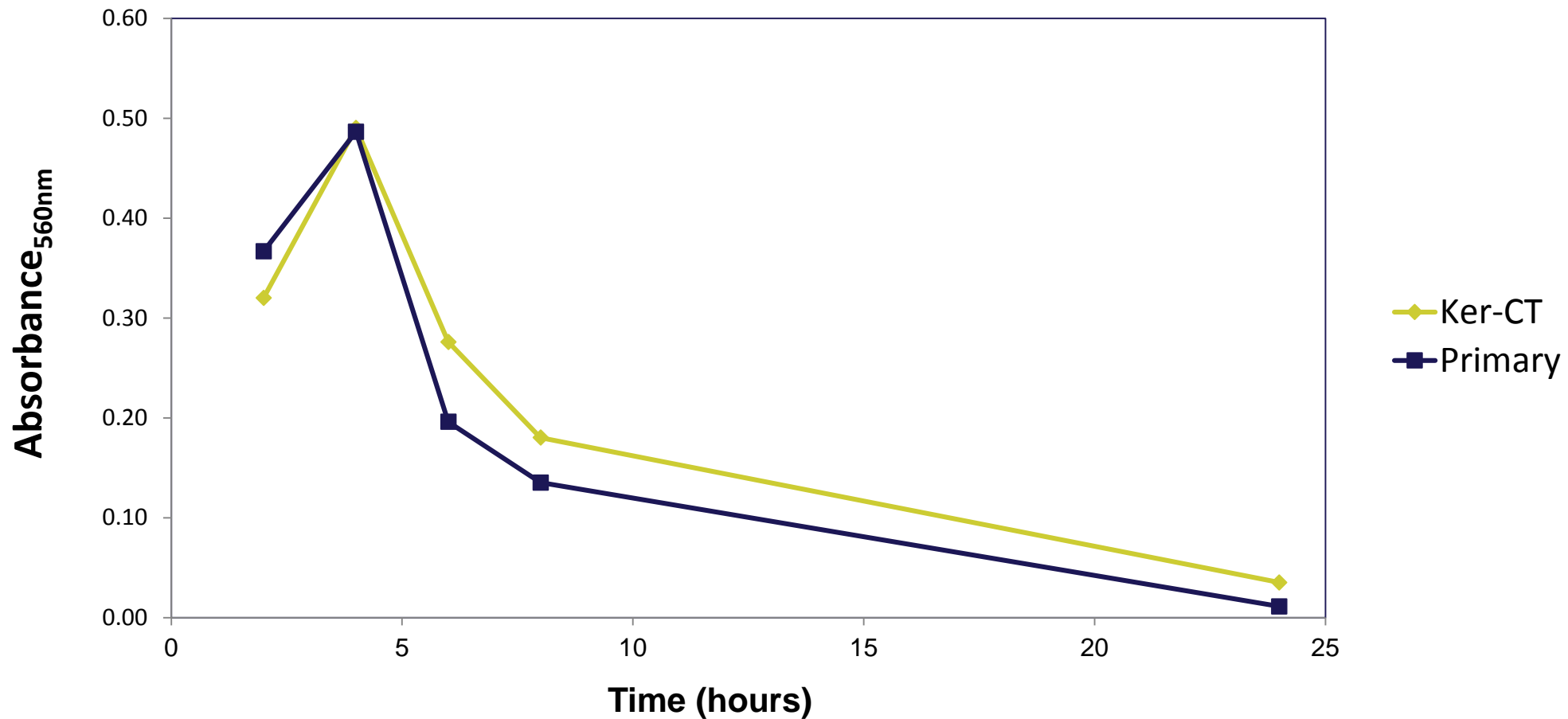


Merge

Stratum granulosum/corneum

# Keratinocyte 3D skin model of toxicity

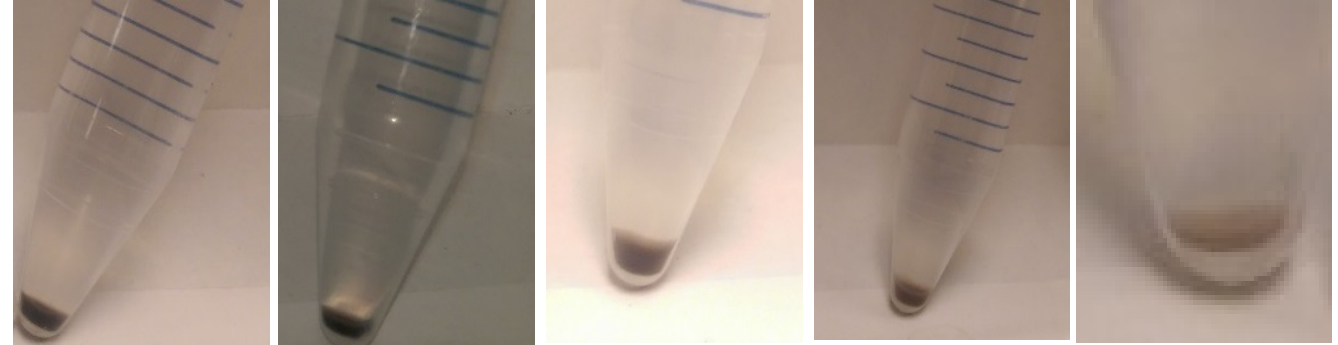
3D organotypic skin culture in presence of Triton X-100. Viability monitored via MTT Assay (ATCC® 30-1010K™)





# hTERT adult melanocyte characterization

hTERT melanocytes maintain melanin production

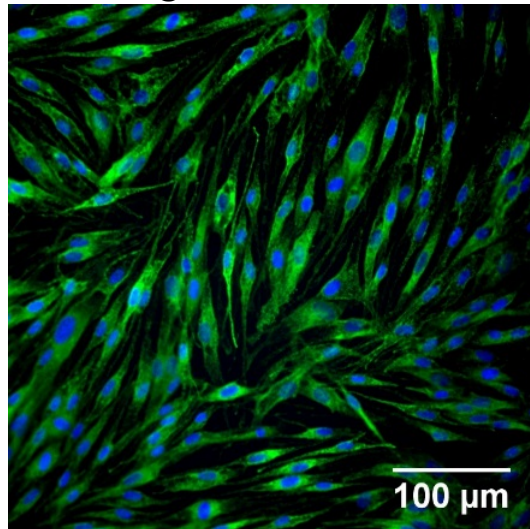
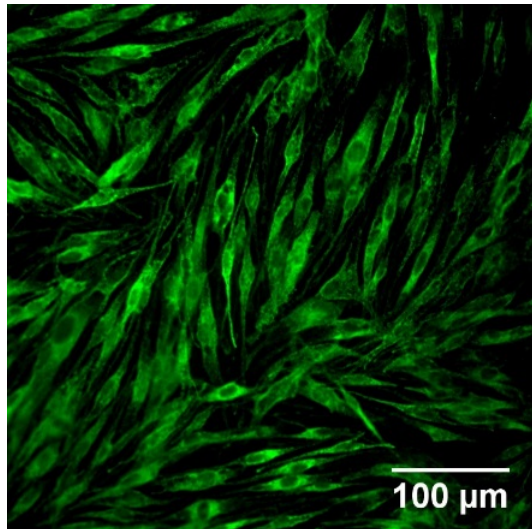


PDL	6	15	24	40	53
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hTERT melanocytes retain positive melanin marker

TYRP1

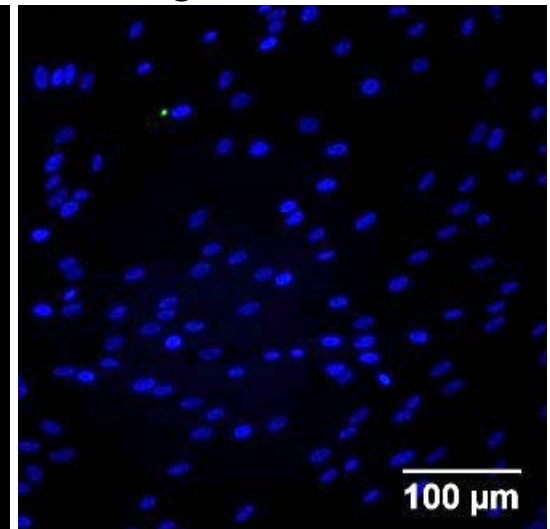
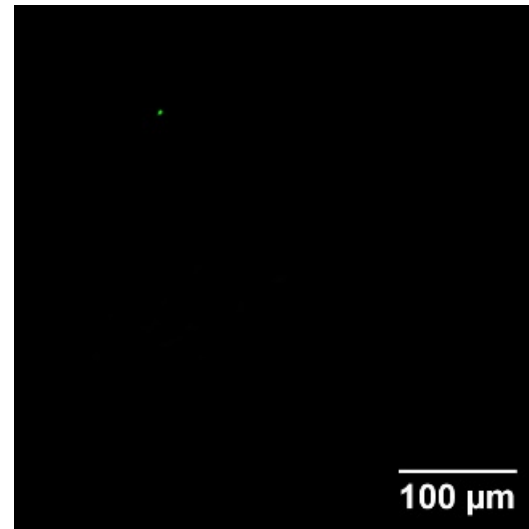
Merged with DAPI



hTERT melanocytes lack fibroblast cell marker

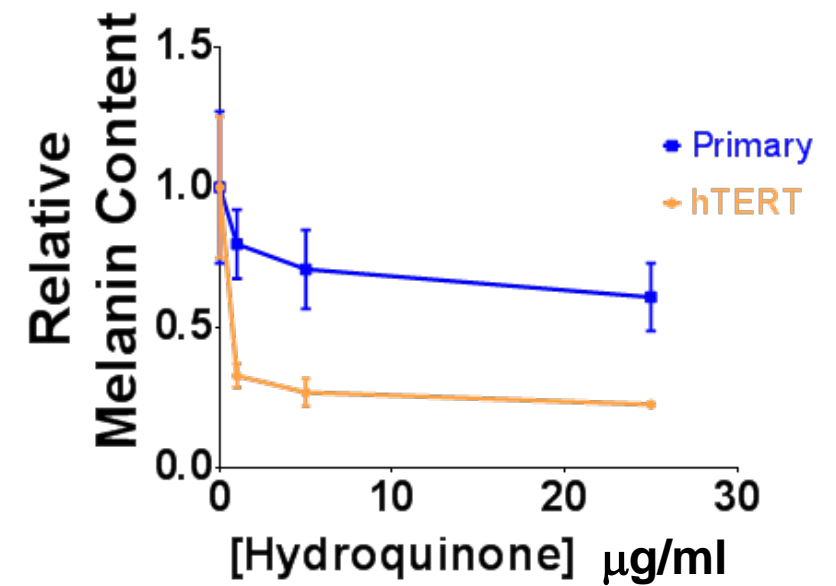
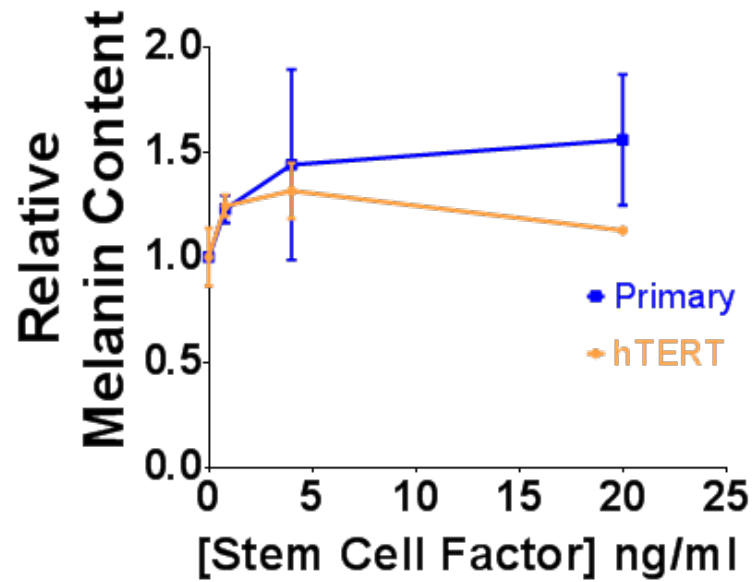
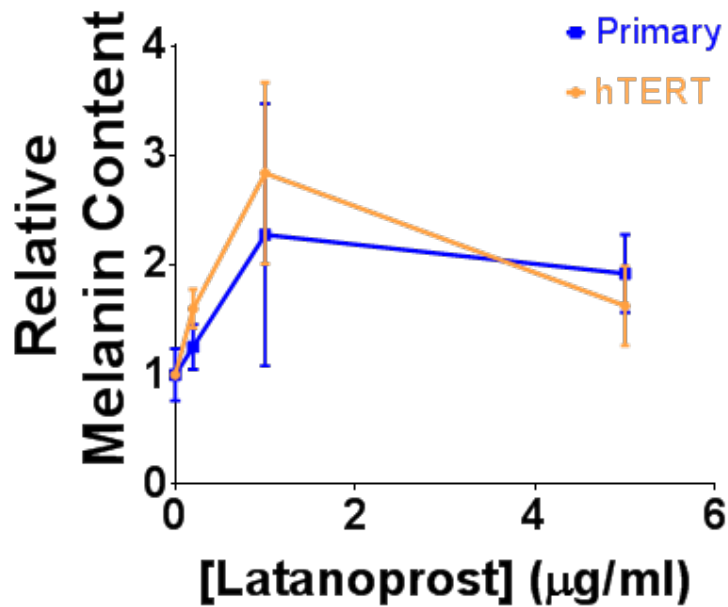
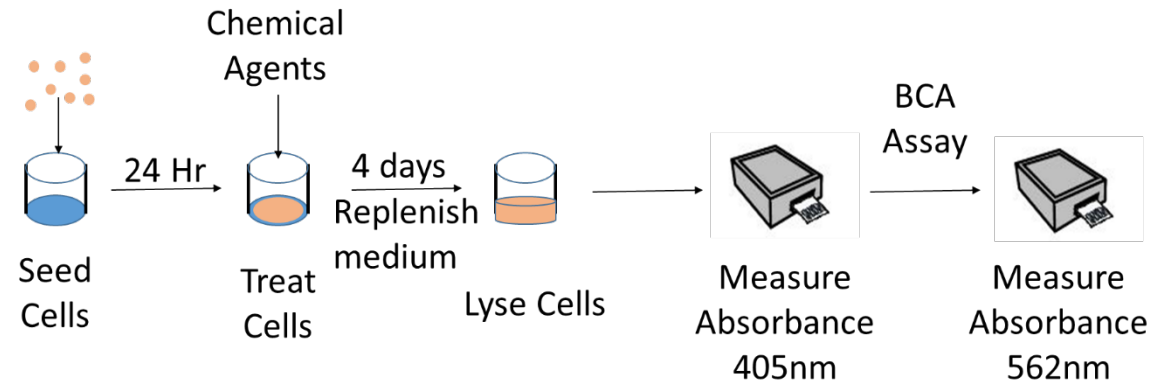
TE7

Merged with DAPI



# hTERT adult melanocytes sustain functionality

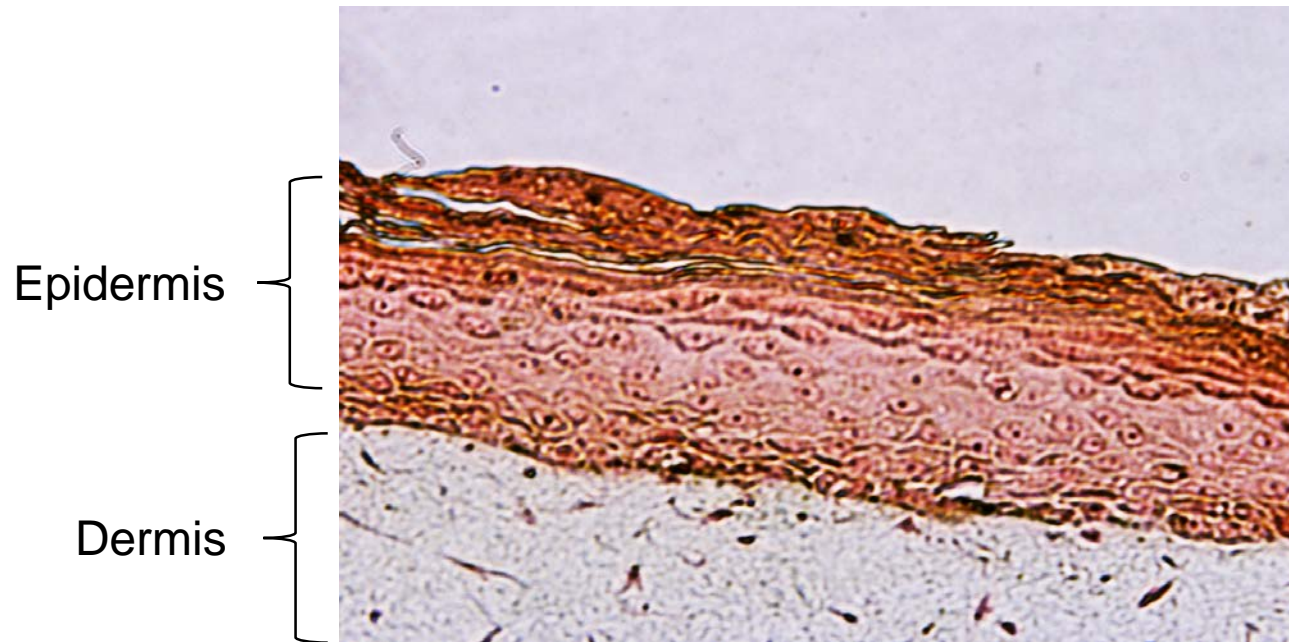
## Stimulation and inhibition of melanin



# 3D skin model – Combination of cell types

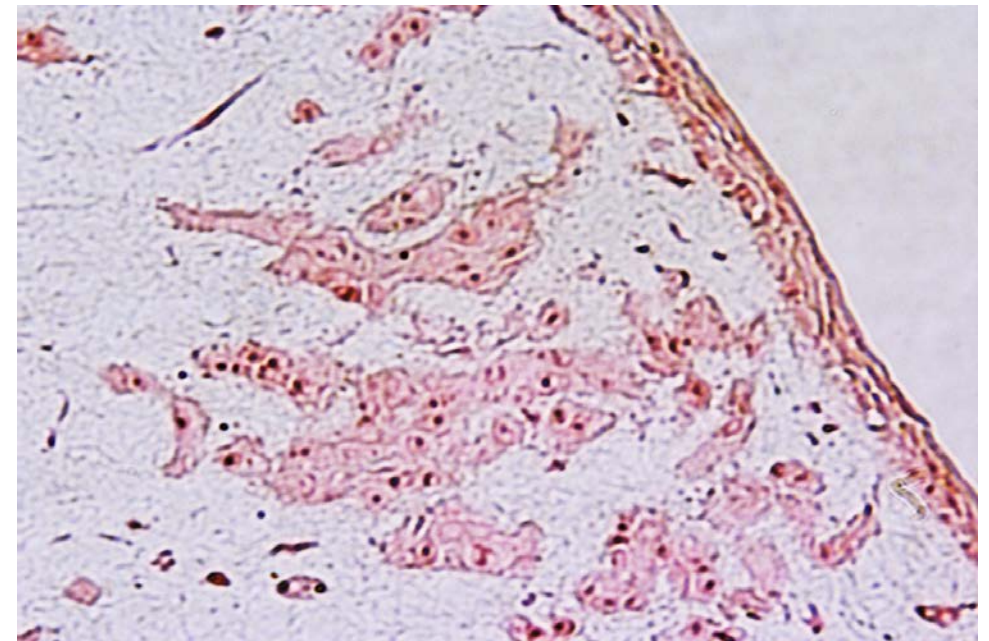
hTERT melanocytes pigment a 3D organotypic skin model

hTERT BJ-5ta/KerCT



+ hTERT Melanocytes

hTERT BJ-5ta/KerCT

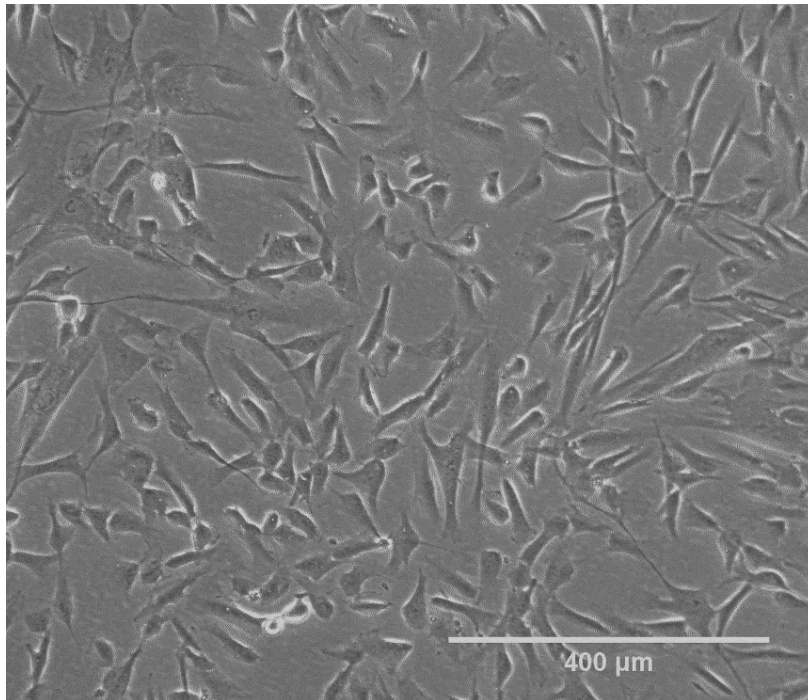


- hTERT Melanocytes

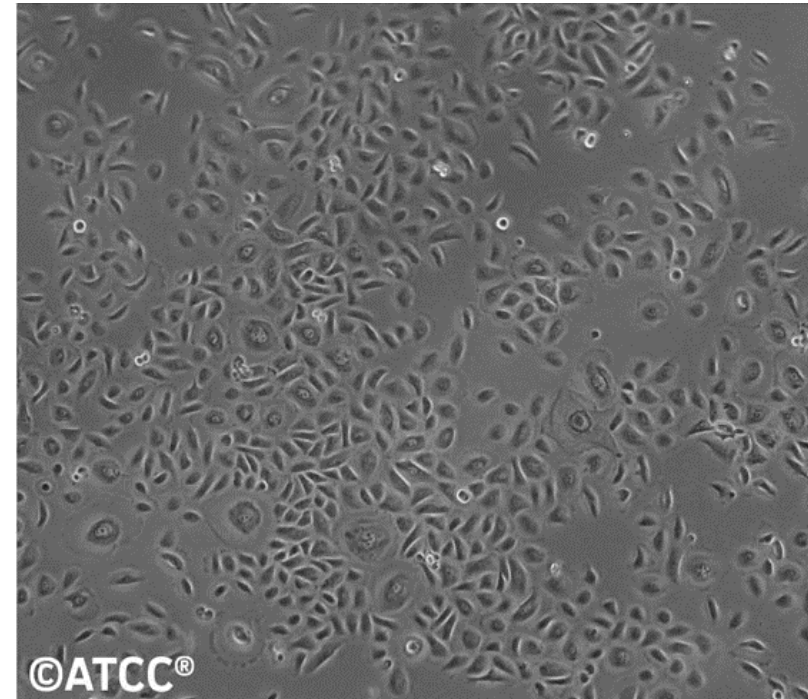
# Gingival model

- hTERT Gingival Fibroblast (ATCC<sup>®</sup> CRL-4061<sup>™</sup>, *coming soon!*)
- Complementary primary cells
  - Primary Gingival Keratinocytes (ATCC<sup>®</sup> PCS-200-014<sup>™</sup>)

hTERT Gingival Fibroblast



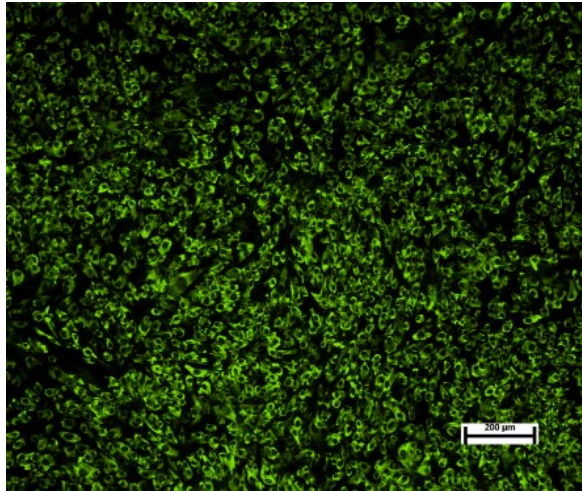
Primary Gingival Keratinocytes



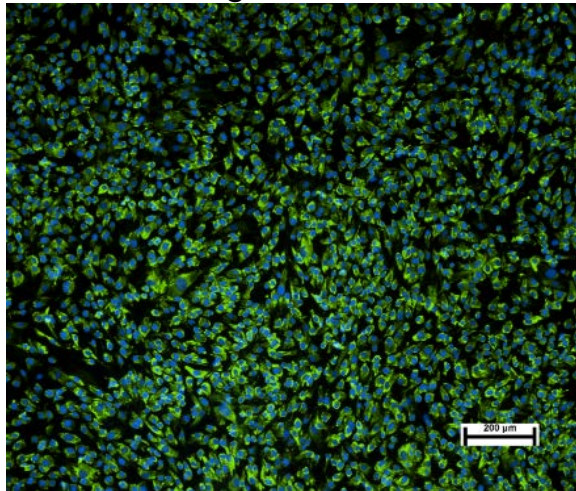
# hTERT gingival fibroblasts characterization

Maintain positive fibroblast marker

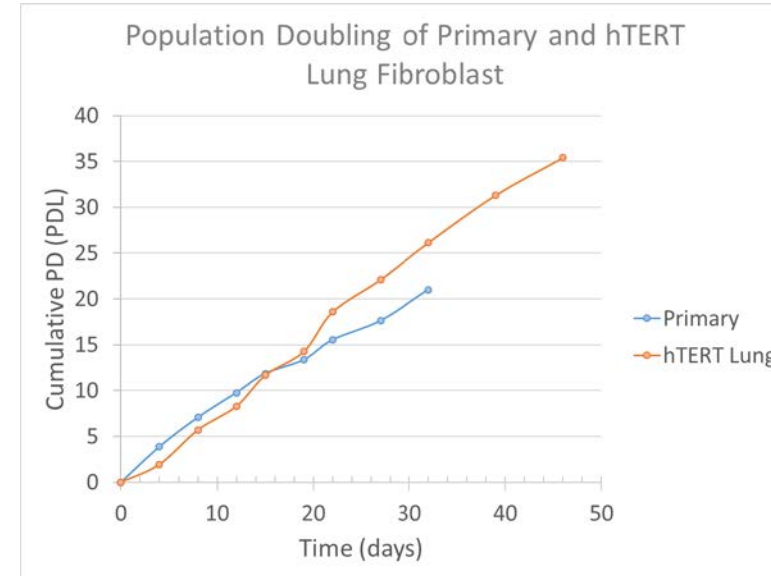
TE7



Merged w/ DAPI

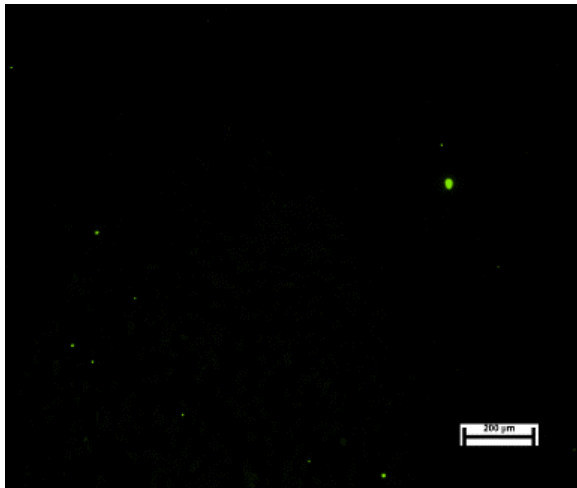


Gingival fibroblasts growth, morphology, karyotype compares to primary.

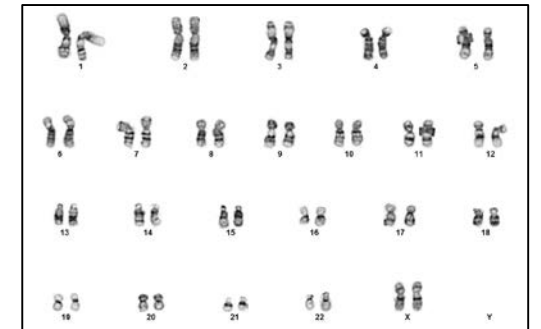
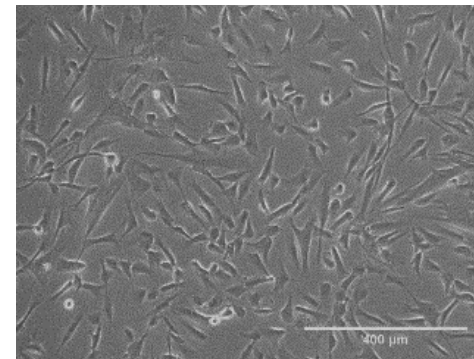
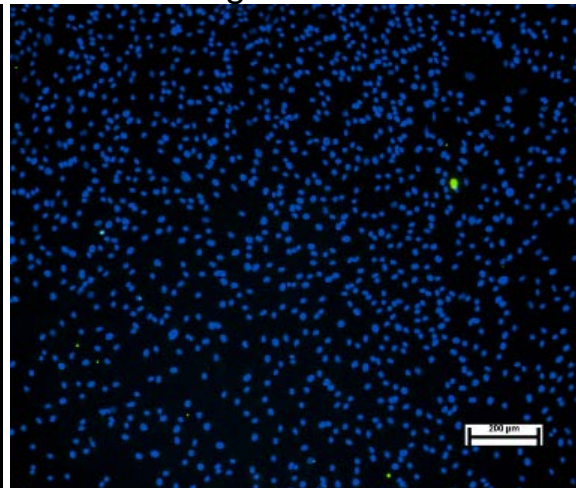


Lack epithelial cell markers

Pan-CK

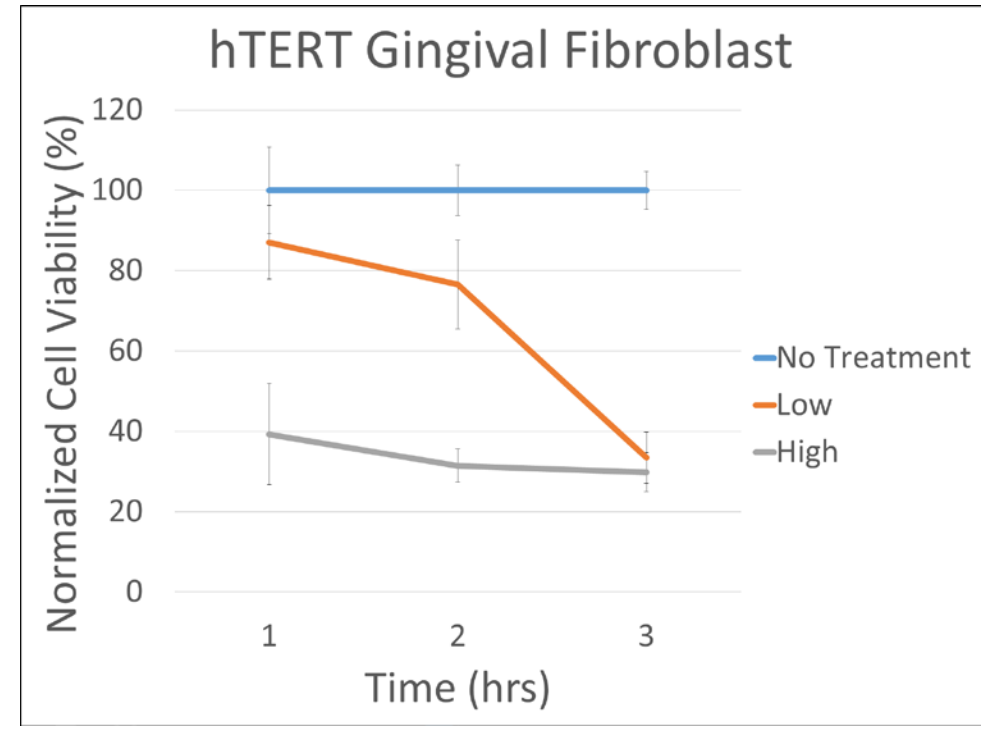
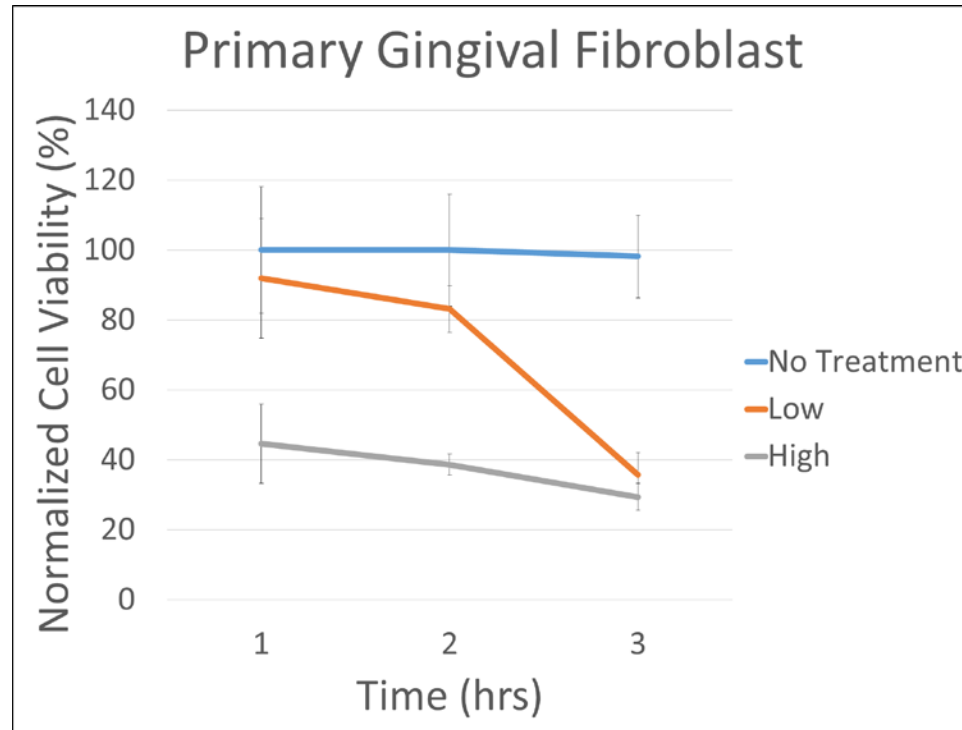
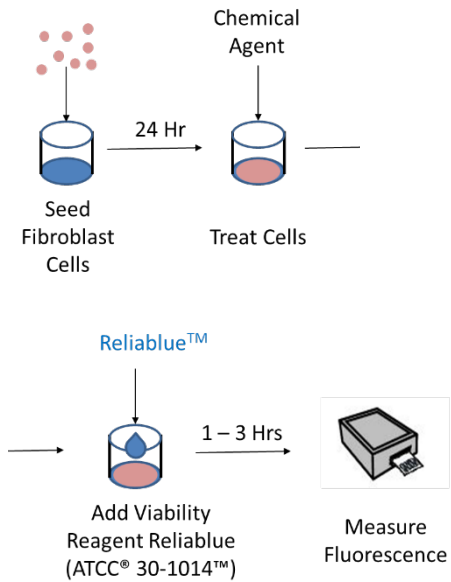


Merged w/ DAPI



# hTERT gingival fibroblasts respond to chlorhexidine

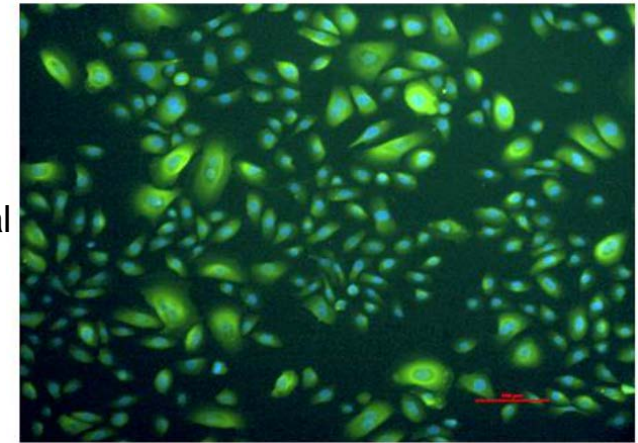
Cellular cytotoxicity of gingival fibroblast by chlorhexidine is dose-dependent



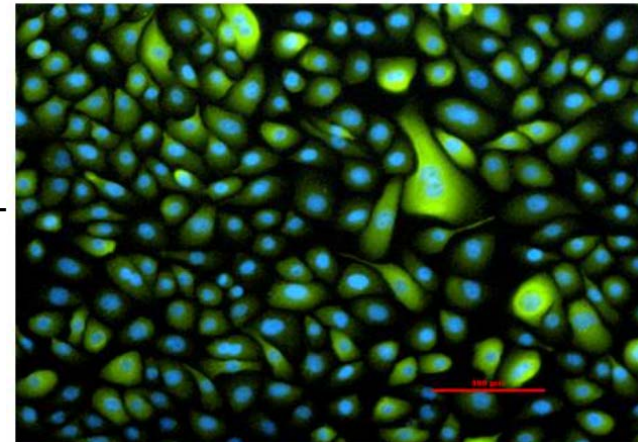
# Airway models

- HBEC-3KT (Bronchial epithelial cells; ATCC<sup>®</sup> CRL-4051<sup>™</sup>)
- hTERT Lung Fibroblast (ATCC<sup>®</sup> CRL-4058<sup>™</sup>)
- HSAEC1-KT (Small airway epithelial cells; ATCC<sup>®</sup> CRL-4050<sup>™</sup>)
- NuLi-1 (Bronchial epithelial cells; ATCC<sup>®</sup> CRL-4011<sup>™</sup>)
- Complementary primary cells
  - Primary bronchial/tracheal epithelial cells
  - Lung smooth muscle cells
  - Bronchial tracheal smooth muscle cells
  - Disease airway cells
    - Asthma, COPD, Cystic Fibrosis, Fibrosis

CCSP + DAPI



Primary  
Bronchial/Tracheal  
Epithelial Cells

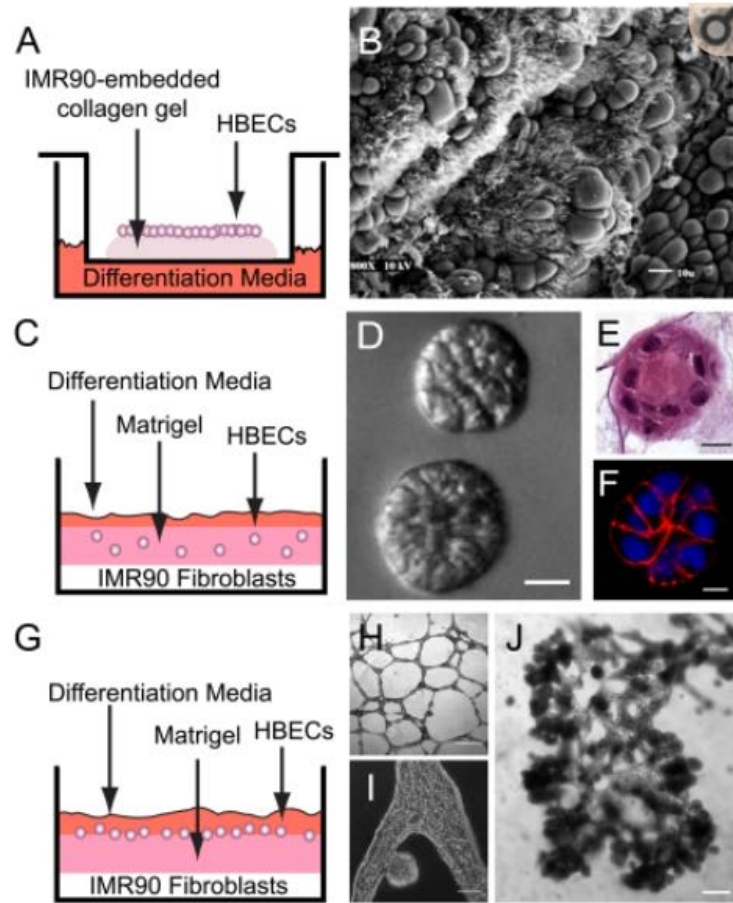


HSAEC1-KT

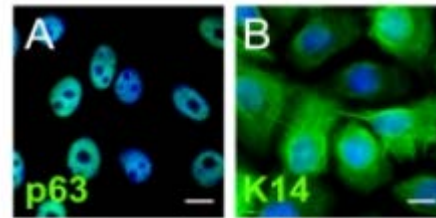
# Bronchial epithelial cells - Differentiate

Bronchial epithelial cells are multipotent in multiple 3D systems.

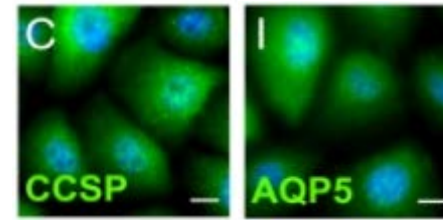
Immortalized HBECs express markers of multiple cell types of the lung.



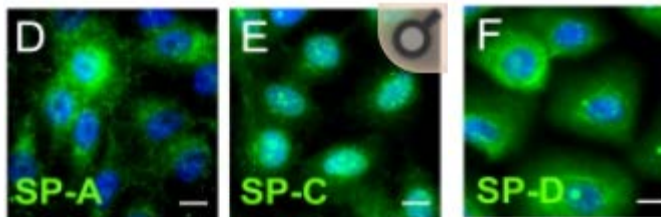
## Epithelial cell markers



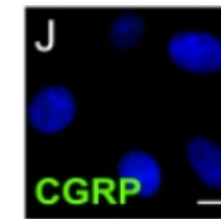
## Bronchial cell markers



## Secreting cell markers



## Negative cell marker



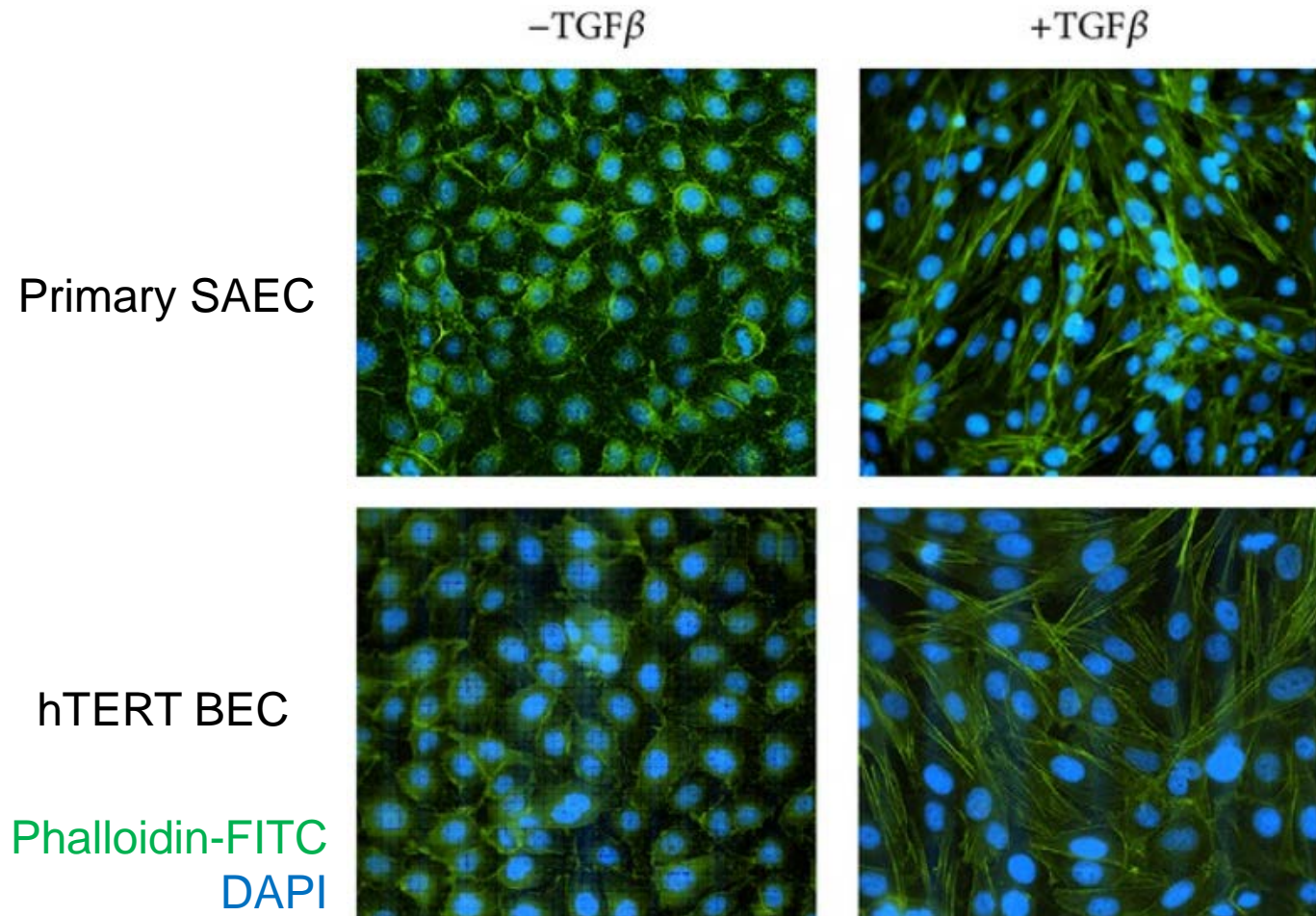
HBEC-3KT can be studied in a variety of 3D culture models

Delgado et al. Multipotent capacity of immortalized human bronchial epithelial cells. *PLoS One* 6(7):e22023, 2011.



# Bronchial epithelial cells – Respond to TGF $\beta$

- Respiratory mucosa coordinates the inflammatory response in chronic airway diseases, including asthma and COPD
- Signals produced by the chronic inflammatory process induce epithelial mesenchymal transition (EMT)



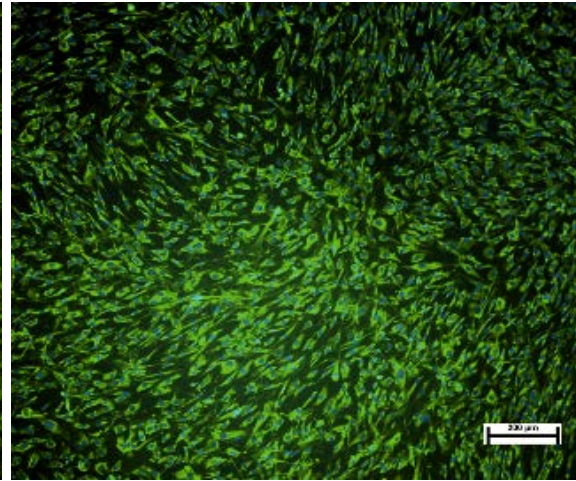
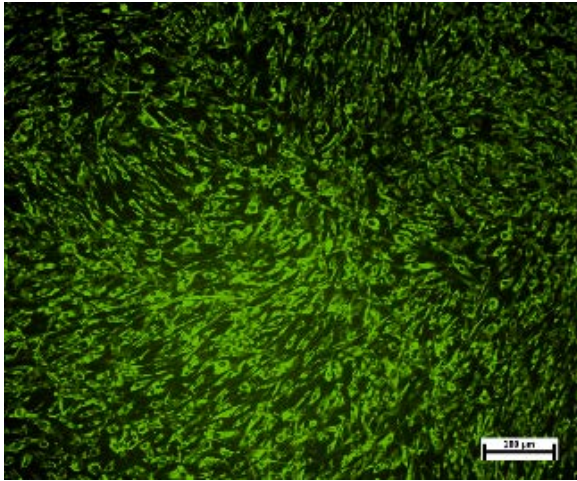
*Kalita M, et al. Systems Approaches to Modeling Chronic Mucosal Inflammation. Biomed Res Int doi: 10.1155/2013/505864, 2013.*

# hTERT lung fibroblast characteristics and functionality

Maintain a positive fibroblast marker

TE7

Merged w/ DAPI

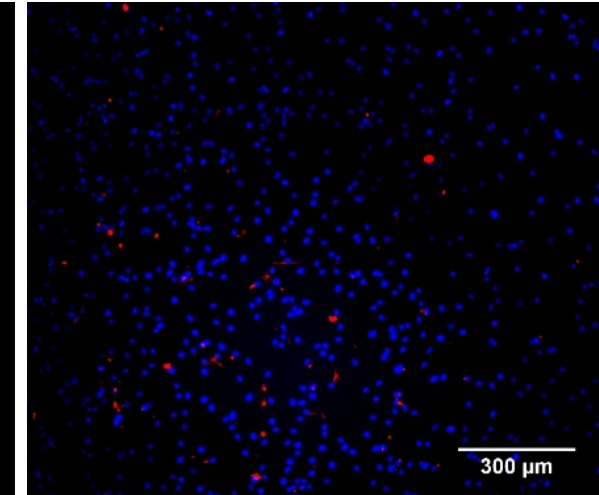
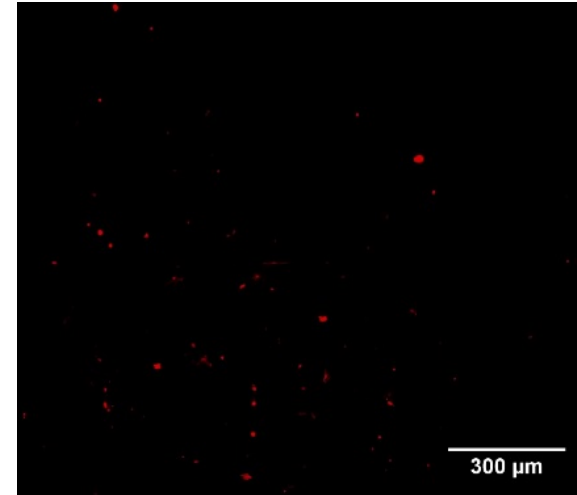


Respond to TGF-β1

α-SMA

Merged w/ DAPI

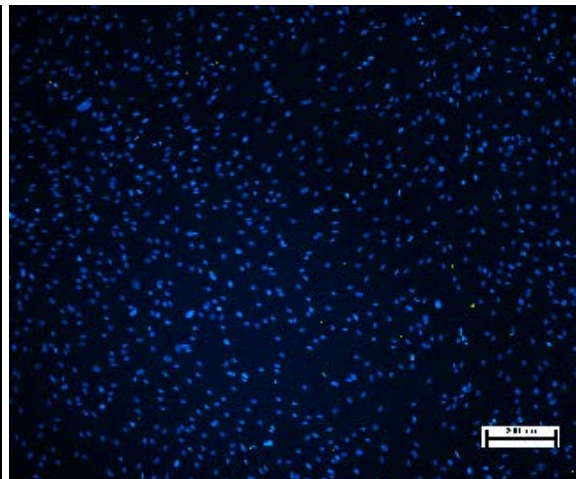
Untreated



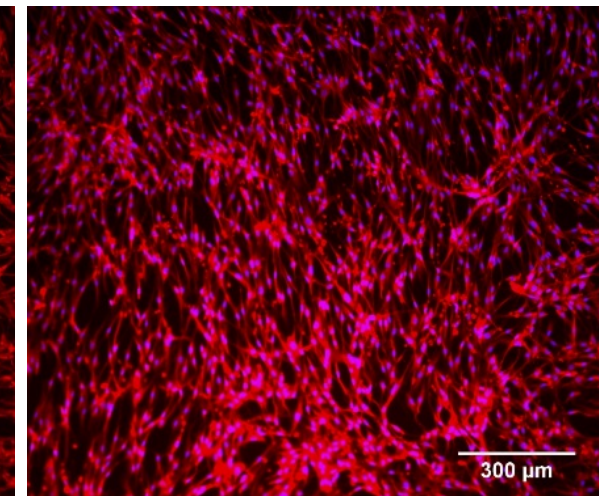
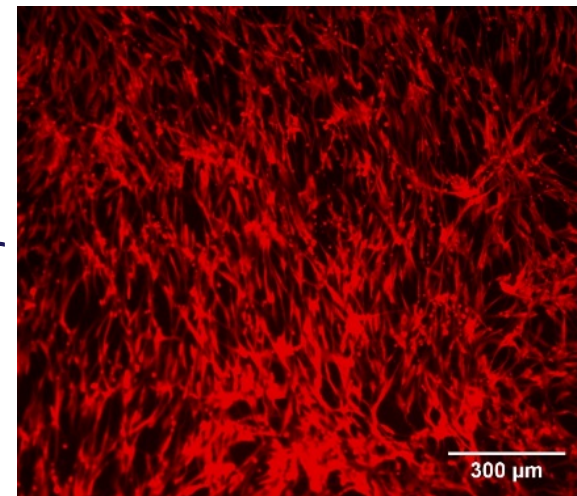
Lack epithelial cell markers

Pan-CK

Merged w/ DAPI



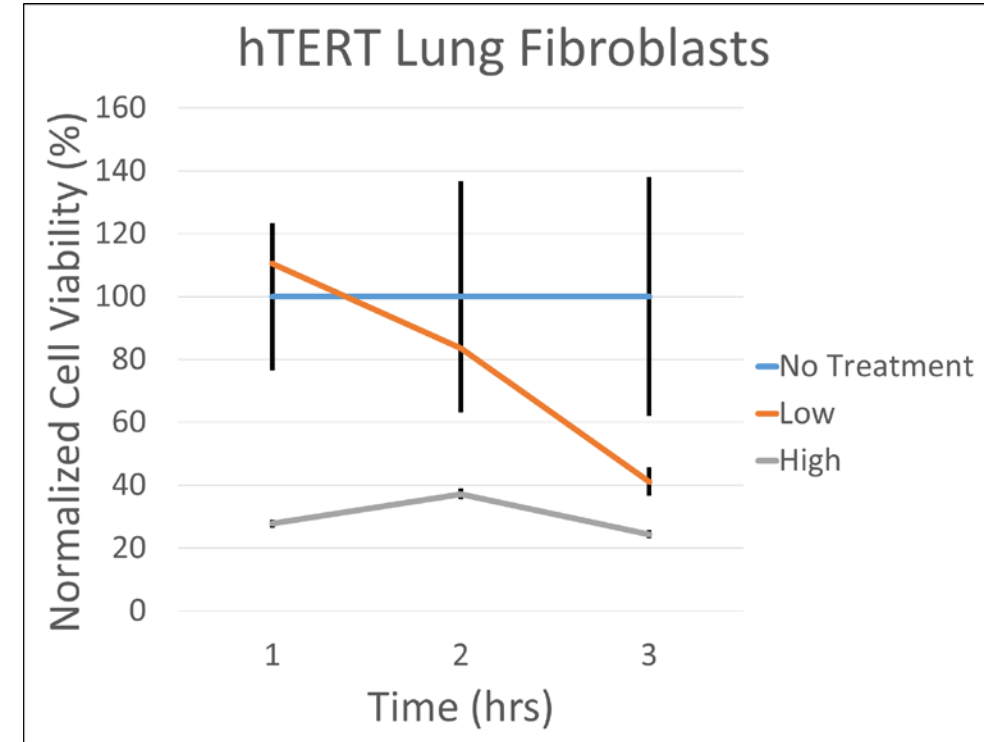
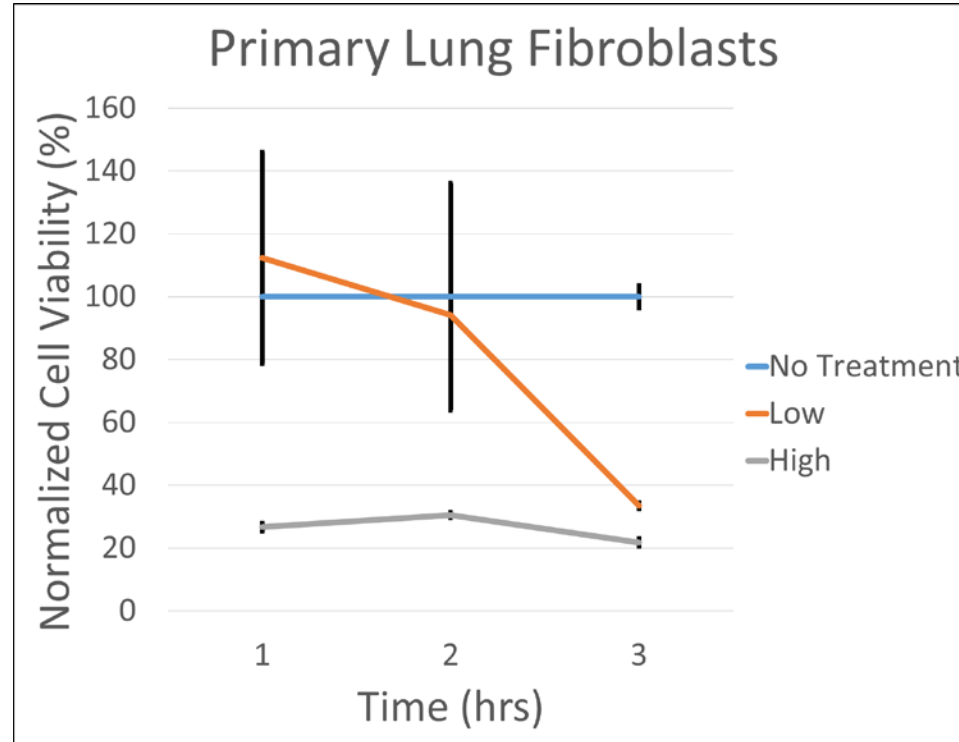
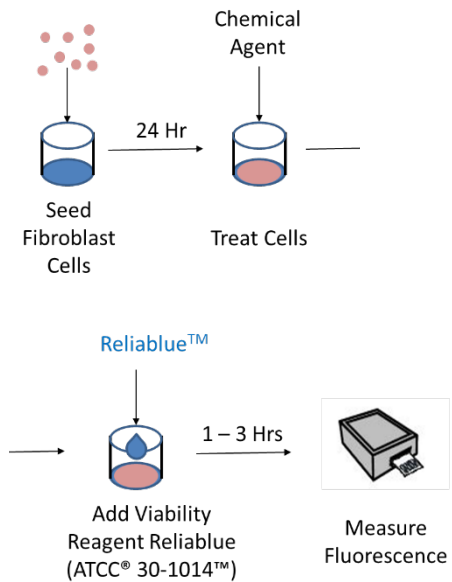
TGF-β1



Lung Fibroblast untreated or treated with 1ng/mL TGF-β1 for one hour.

# hTERT lung fibroblasts respond to chlorhexidine

Cellular cytotoxicity of lung fibroblasts by chlorhexidine is dose-dependent

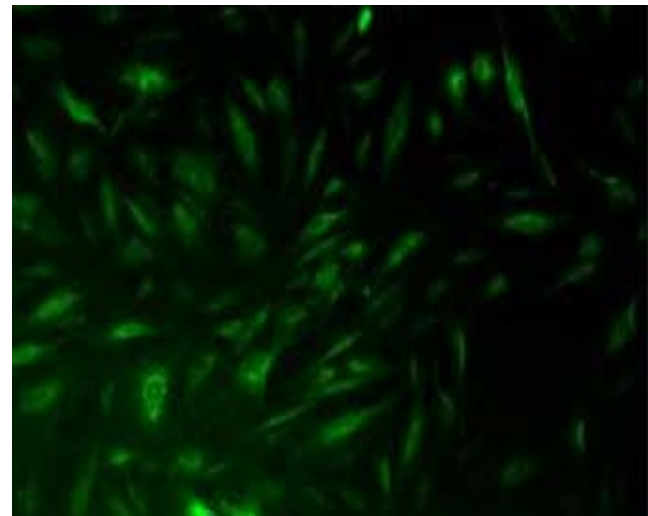


# Angiogenesis – Endothelial cells

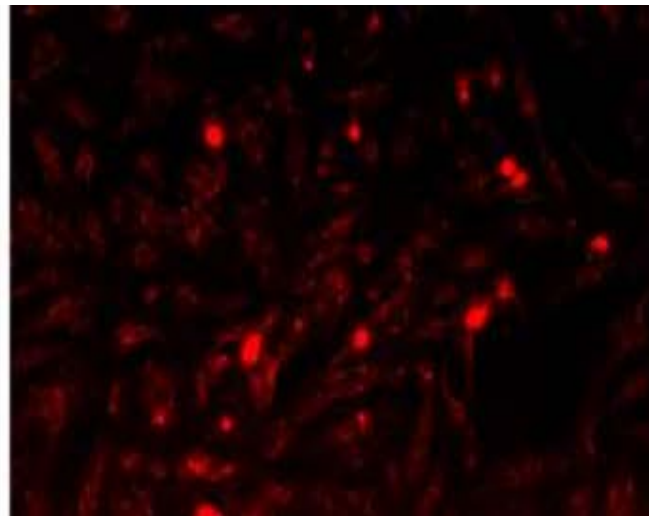
- TIME (Microvascular endothelial cells; ATCC<sup>®</sup> CRL-4025<sup>™</sup>)
- TIME-GFP (GFP-expressing microvascular endothelial cells; ATCC<sup>®</sup> CRL-4045<sup>™</sup>)
- HUVEC/TERT2 (ATCC<sup>®</sup> CRL-4053<sup>™</sup>)
- TeloHAEC-GFP (Aortic endothelial cells; ATCC<sup>®</sup> CRL-4054<sup>™</sup>)

TIME-GFP

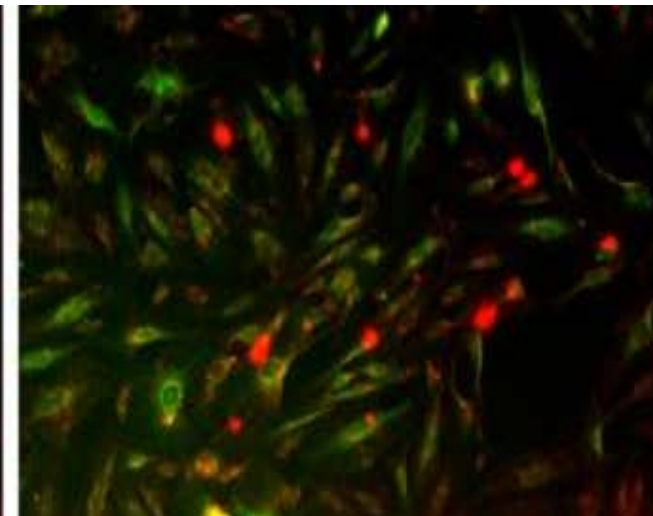
HUVEC/TERT2



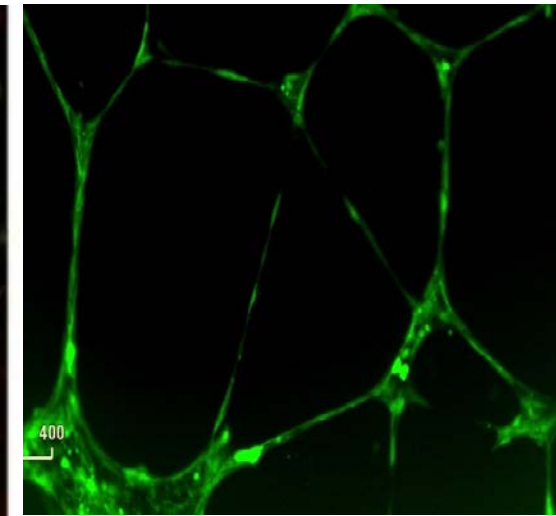
GFP



AC-LDL



Merge of GFP and Ac-LDL



GFP

# Angio-Ready™ – An advanced angiogenesis system

- Angio-Ready™ Angiogenesis Assay System (ATCC® ACS-2001-2™ / ACS-2001-10™)
  - Two pre-mixed, assay-ready immortalized cell lines
  - Physiologically relevant microenvironment:
    - Mesenchymal stem cells to provide stroma
    - GFP-labeled aortic endothelial cells
  - Responsive to positive and negative angiogenic stimuli
  - Compatible with HTP screening in 96, 384, and 1536 well plates

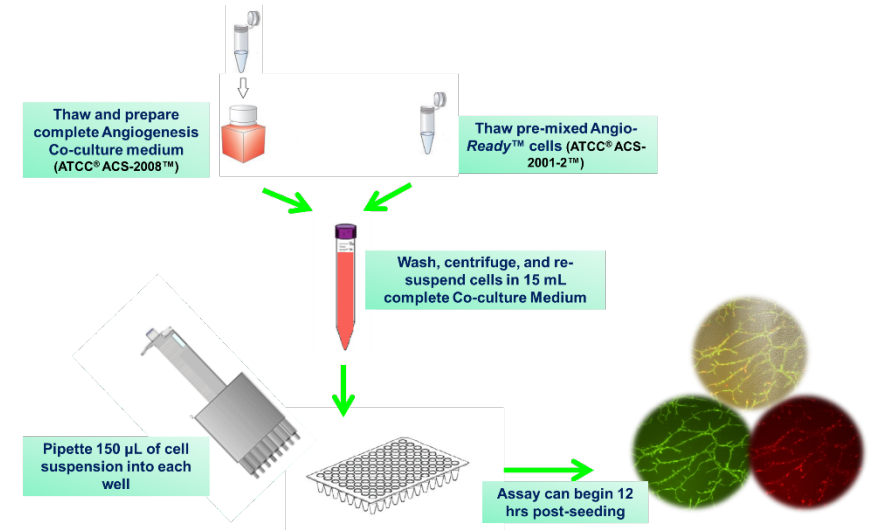
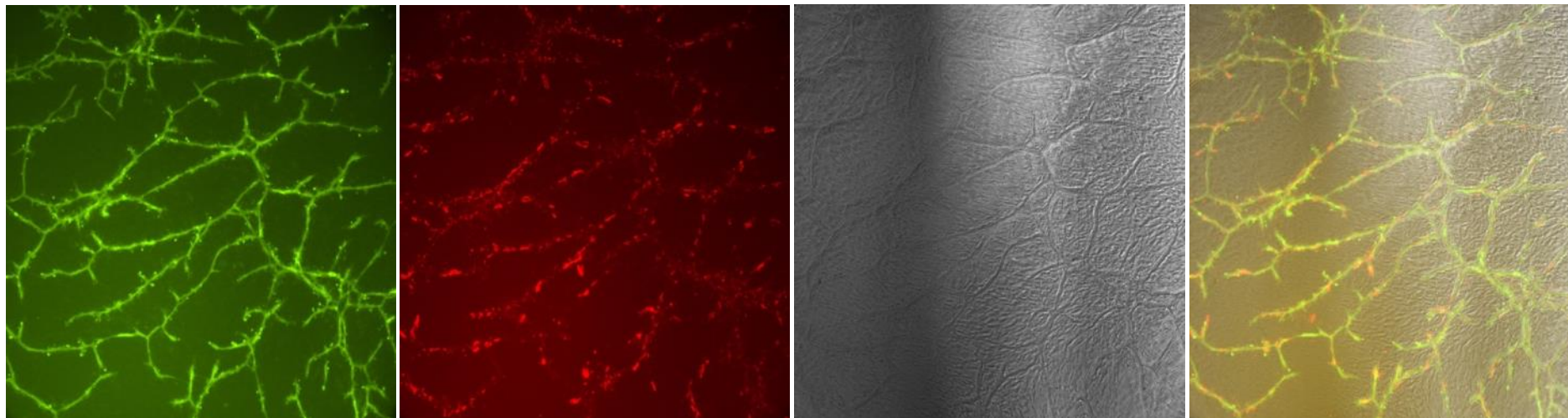


Figure 1. Angio-Ready™(ATCC® ACS-2001-2™) Assay overview: “thaw, seed, and assay”.



GFP

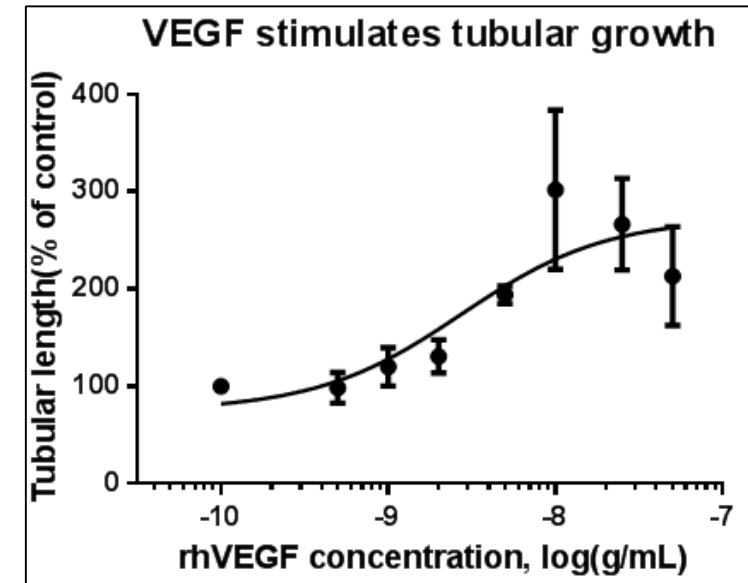
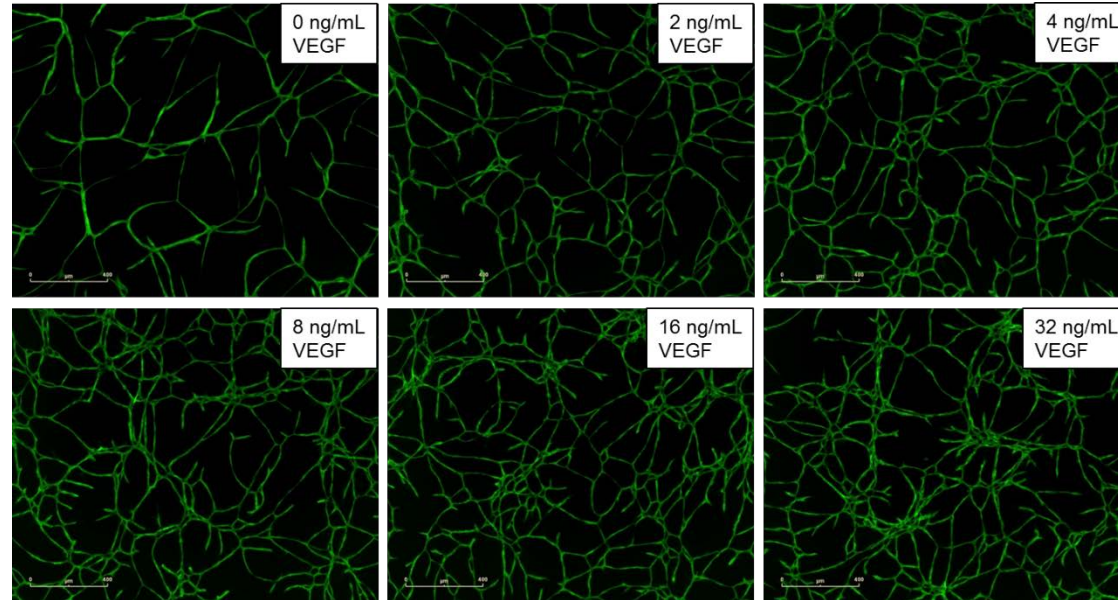
anti-αSMA

Phase contrast

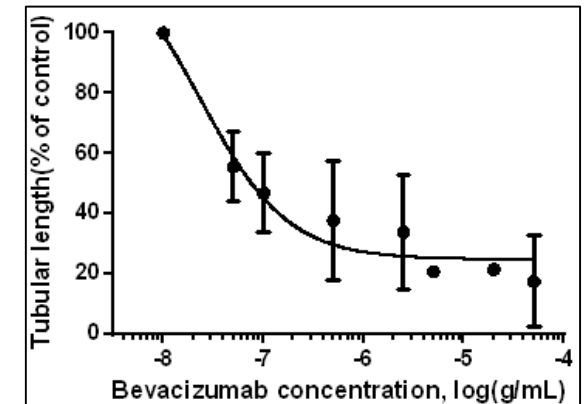
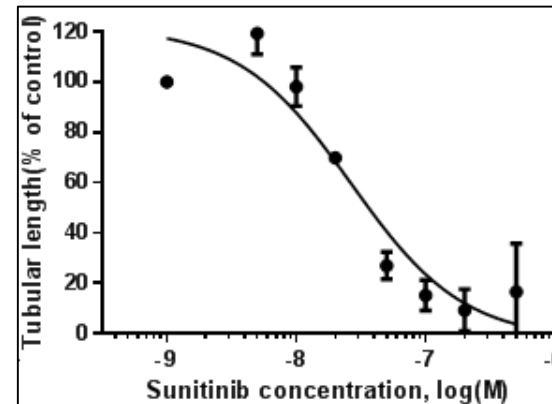
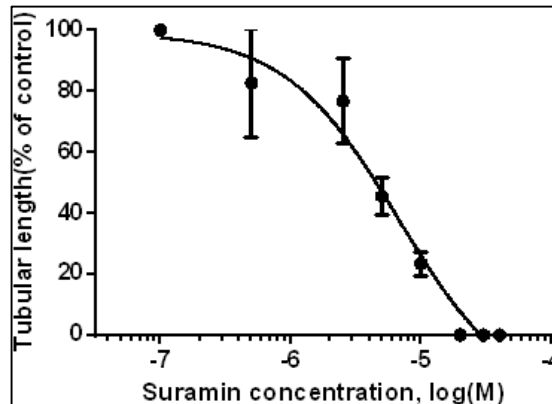
Merged

# Angio-Ready™ – Response to stimuli

Positive response to VEGF stimulation

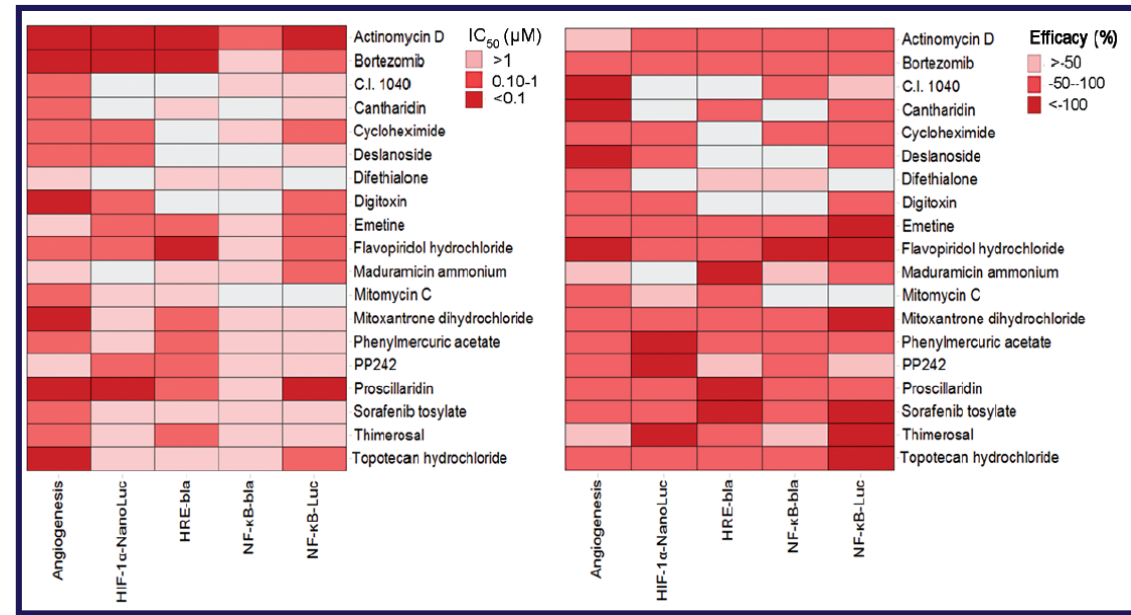
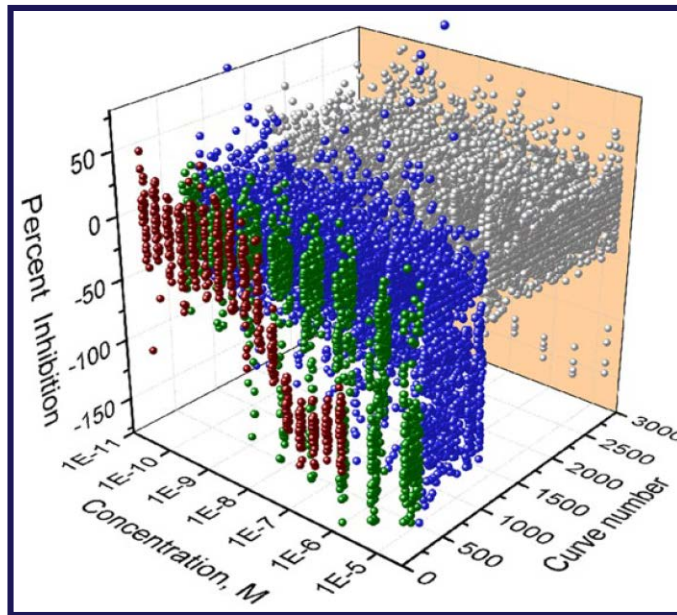


Response to angiogenesis inhibitors



# Angio-Ready™ – High-throughput screening

- Li et al. Identification of Angiogenesis Inhibitors Using a Co-culture Cell Model in a High-Content and High-Throughput Screening Platform. *SLAS Technology* 23(3): 217-225, 2018.
  - The 2019 SLAS Technology Ten
- Screening of 2,816 drugs on 1,536-well format



Data kindly supplied by:

Menghang Xia, Ph.D., National Institutes of Health, National Center for Advancing Translational Sciences, Bethesda, MD

# Summary and resources

- ATCC offers a variety of cell models for toxicology research:
  - Continuous cell lines
  - Human primary cells
  - hTERT-immortalized primary cells
- hTERT immortalized cells offer:
  - Primary cell functionality
  - Continuous cell line longevity
- hTERT cells alone or in combination with other cells are a user-friendly solution for building reliable cell models for toxicity studies
- Multiple hTERT resources are available at [www.atcc.org/hTERT](http://www.atcc.org/hTERT)

**ATCC HUMAN BRONCHIAL/TRACHEAL EPITHELIAL CELLS: IMPROVING FUNCTIONAL STUDIES**

**IN VITRO ANGIOGENESIS ASSAY USING THE ATCC ANGIO-READY SYSTEM**

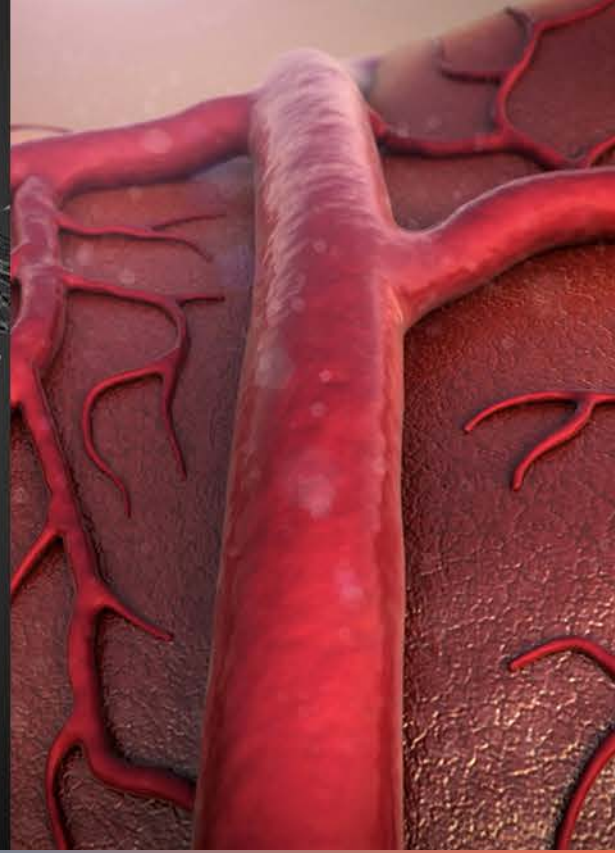
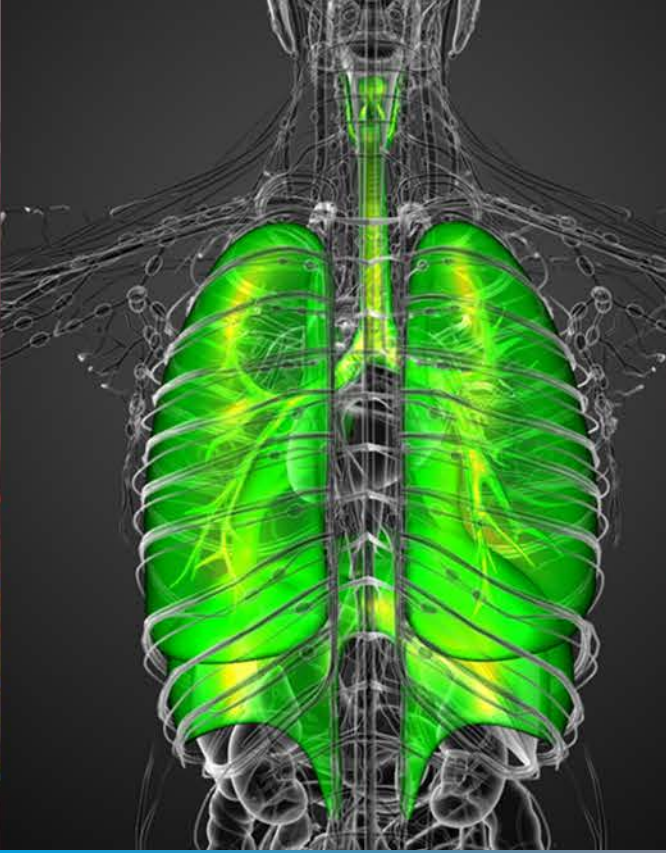
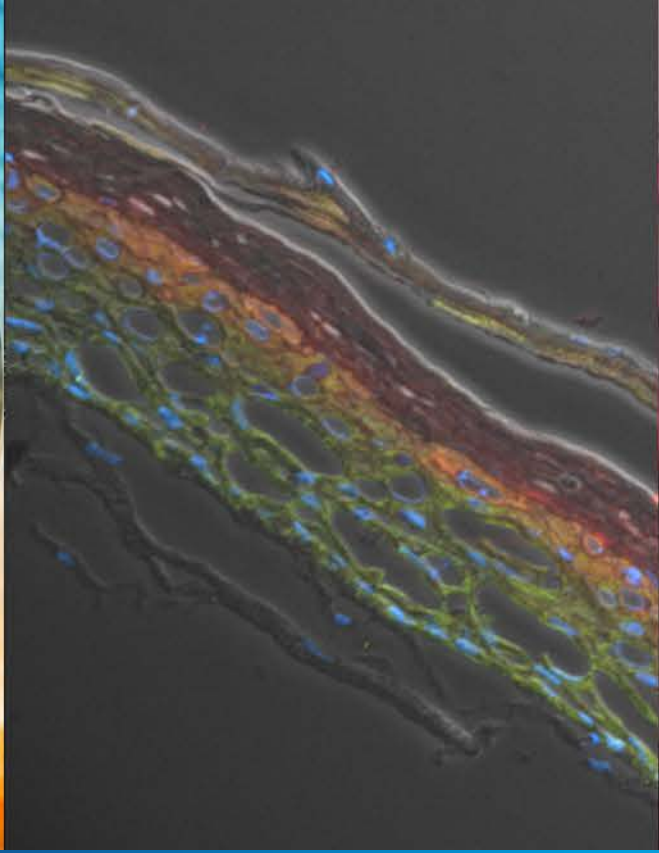
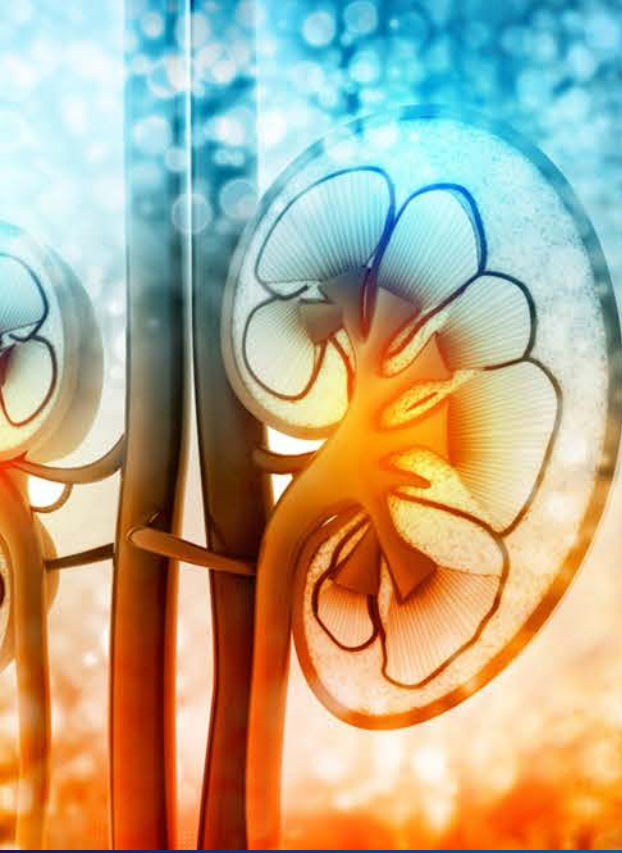
**COMPREHENSIVE GENE EXPRESSION ANALYSIS AND NEUROTOXICITY TESTING OF HUMAN PSC-DERIVED NEURAL PROGENITOR CELLS AND NEURONS**

**PRIMARY HUMAN DERMATOLOGICAL CELLS**

**WELL CHARACTERIZED, HIGH PERFORMANCE PRIMARY CELLS**

**ATCC hTERT IMMORTALIZED CELL CULTURE GUIDE**  
tips and techniques for culturing hTERT immortalized cells





# Thank you and questions?

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# Upcoming webinar

## **CRISPR/Cas9-engineered 3D Tissue Culture Models of Drug-resistant Melanoma**

Elizabeth Gillies, Ph.D.

May 30 | 12:00 PM ET

