



COMPUTATIONAL CHALLENGES in REGENERATIVE MEDICINE

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Talking in front of experts in
computation.....

.....

**I believe I will find many collaborations
for solving the problems of a biologist....**



- Introduction on regenerative medicine tissue engineering and stem cells

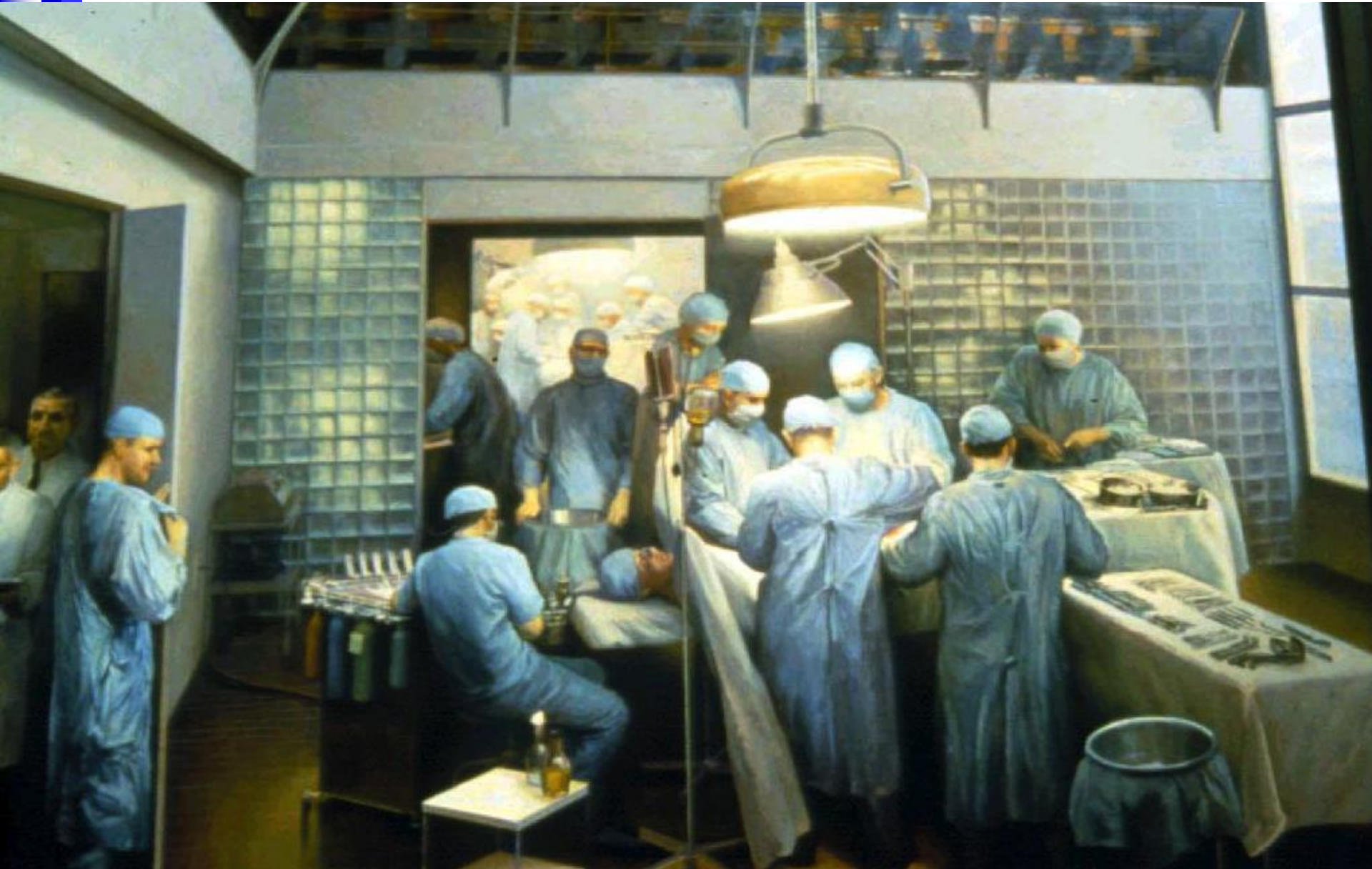
And needs for computational applications

- Why an interest in cells derived from human term placenta?

- *In vitro* studies using placenta derived cells

- *In vivo* studies using placenta derived cells

1954: FIRST ORGAN TRANSPLANTATION



TODAY, Increasing problem:

Tissue and Organ shortage and rejection

Tissue Engineering

Biosurgery



Regenerative Medicine



Cell Therapies

**Artificial and
Biohybrid Organs**



The end goal:

- To create products that improve tissue function or heal tissue defects. Replace diseased or damaged tissue

- Because.....
 - Donor tissues and organs are in short supply
 - We want to minimize immune system response by using our own cells or novel ways to protect transplant.



Regenerate, repair and replace

- Regenerate
 - Identify the cues that allow for regeneration, i.e. transplant cells that could differentiate
- Repair
 - Stimulate the tissue at a cell or molecular level, even at level of DNA, to repair itself.
- Replace
 - A biological substitute is created in the lab that can be implanted to replace the tissue or organ of interest



Cell-based therapies

Aimed at certain diseases

Uses mostly only cells and no materials

- Type I diabetes transplant of new pancreas cells
- Adult stem cells for heart disease
- Neuronal transplants for Parkinson's disease
- Bone marrow transplant for various blood cancers
- Muscular dystrophy



Tissue Engineering

Using well designed scaffolds and optimized cell growth, we can create tissues such as:

- Skin
- Bone
- Cartilage
- Intestine

These have been successfully engineered to some extent



More complex organs

Not very far in development

Complex metabolic functions

Require multiple types of cells and intricate scaffolds

- Liver
- Heart
- Lung
- Kidney



Tissue-engineered products contain mixtures of the following:

Biological components--cells

- Can be genetically modified to behave a specific way

Chemicals

- that tell the tissue to regenerate

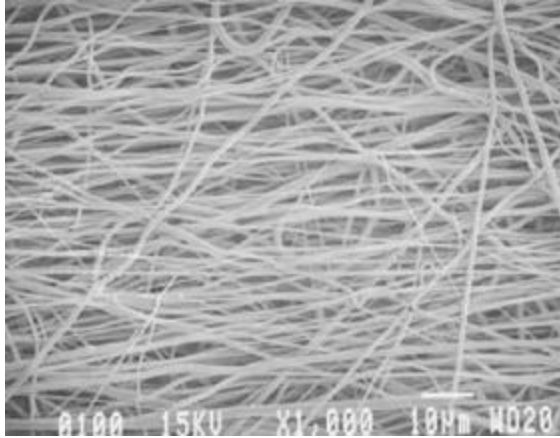
A non-biological component

- Polymer scaffold

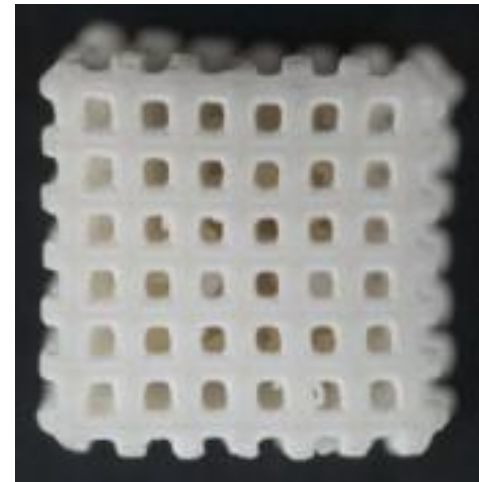
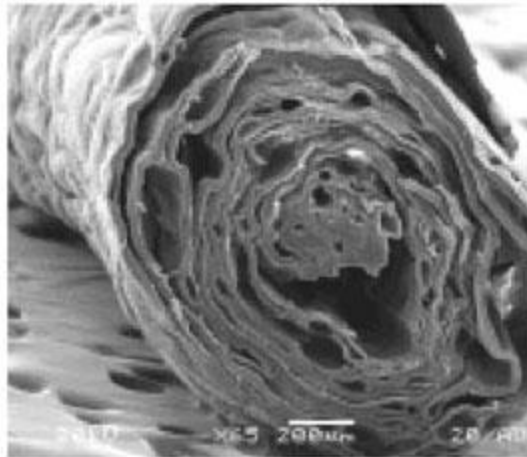
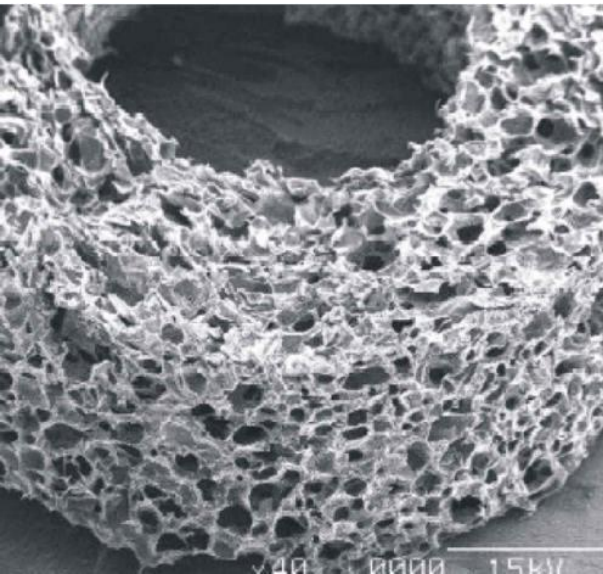
Fibers, plastic, other natural components

- Gels

Scaffolds



Various textures and materials
Encourage cells to grow
Allow nutrients to permeate
Won't harm the patient

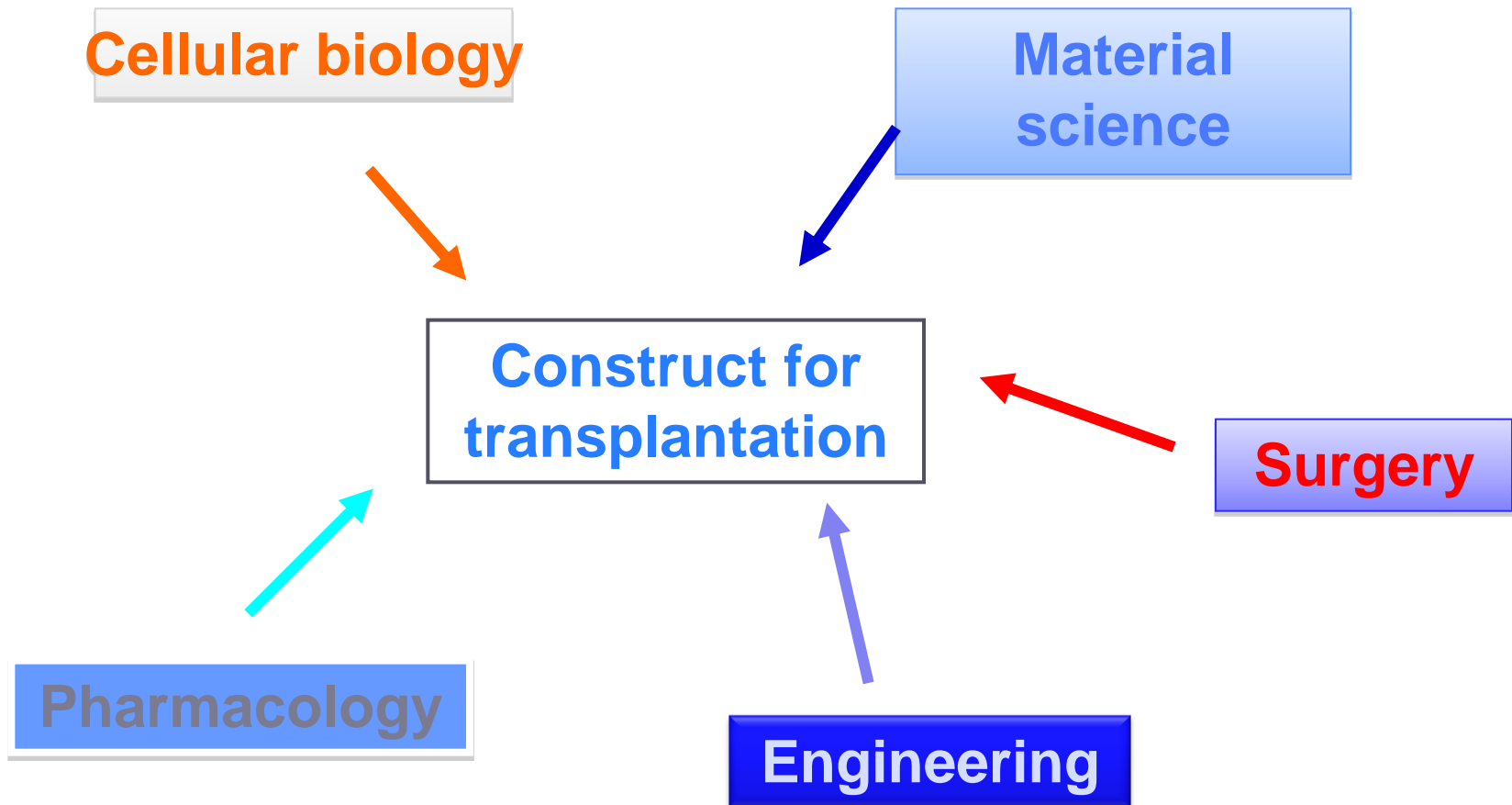




Transplants that match the patient

- Isolate cells from patient
- Identify a matched compatible donor
- Grow in culture with or without biomaterials
- Give appropriate “factors” to make cells do what is needed
- Replace into patient

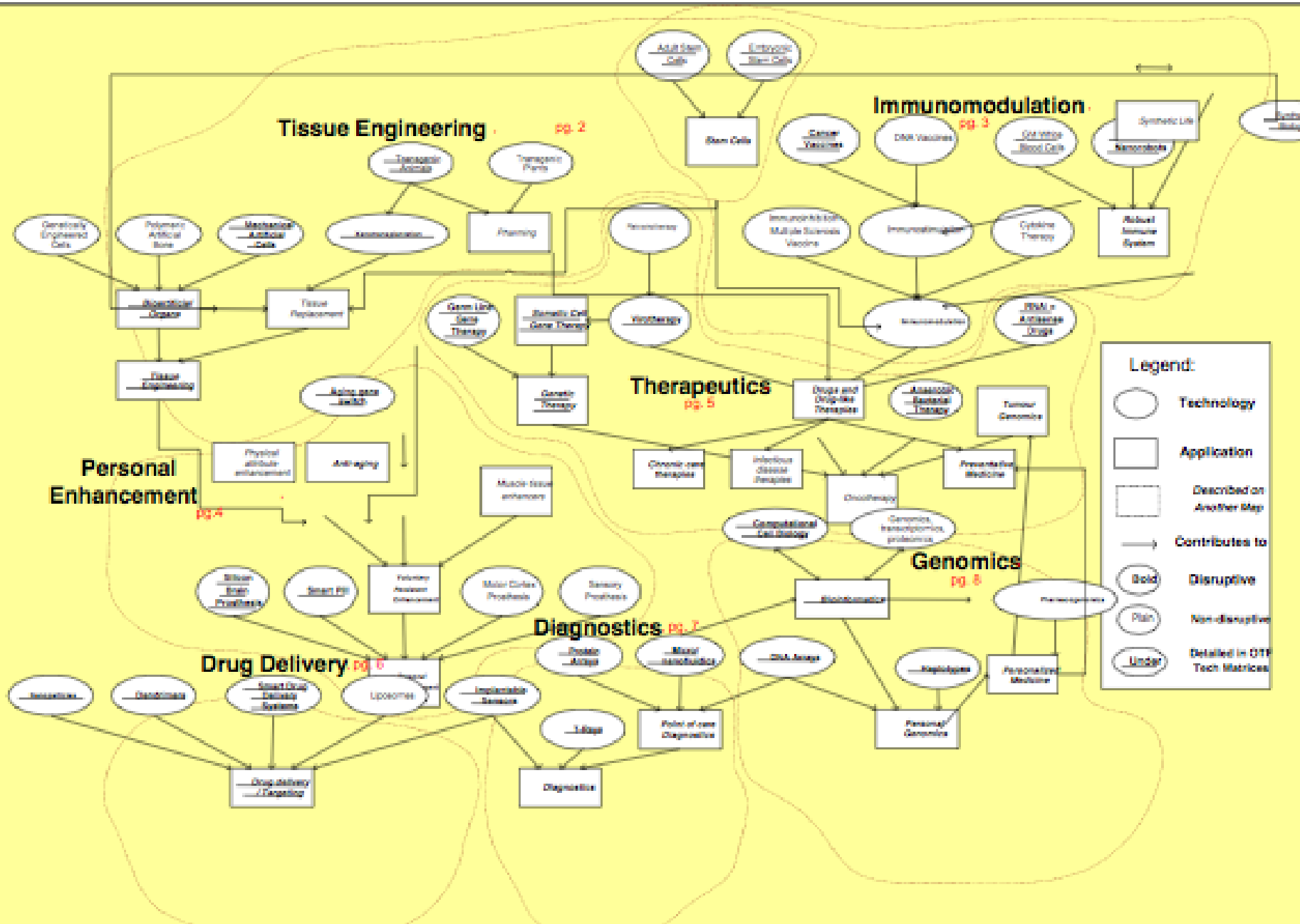
Multidisciplinary Nature of Tissue Engineering/Regenerative Medicine



COMPUTATION CHALLENGES



So which are the challenges:....






Need to:

- monitor the course of experimental procedures;

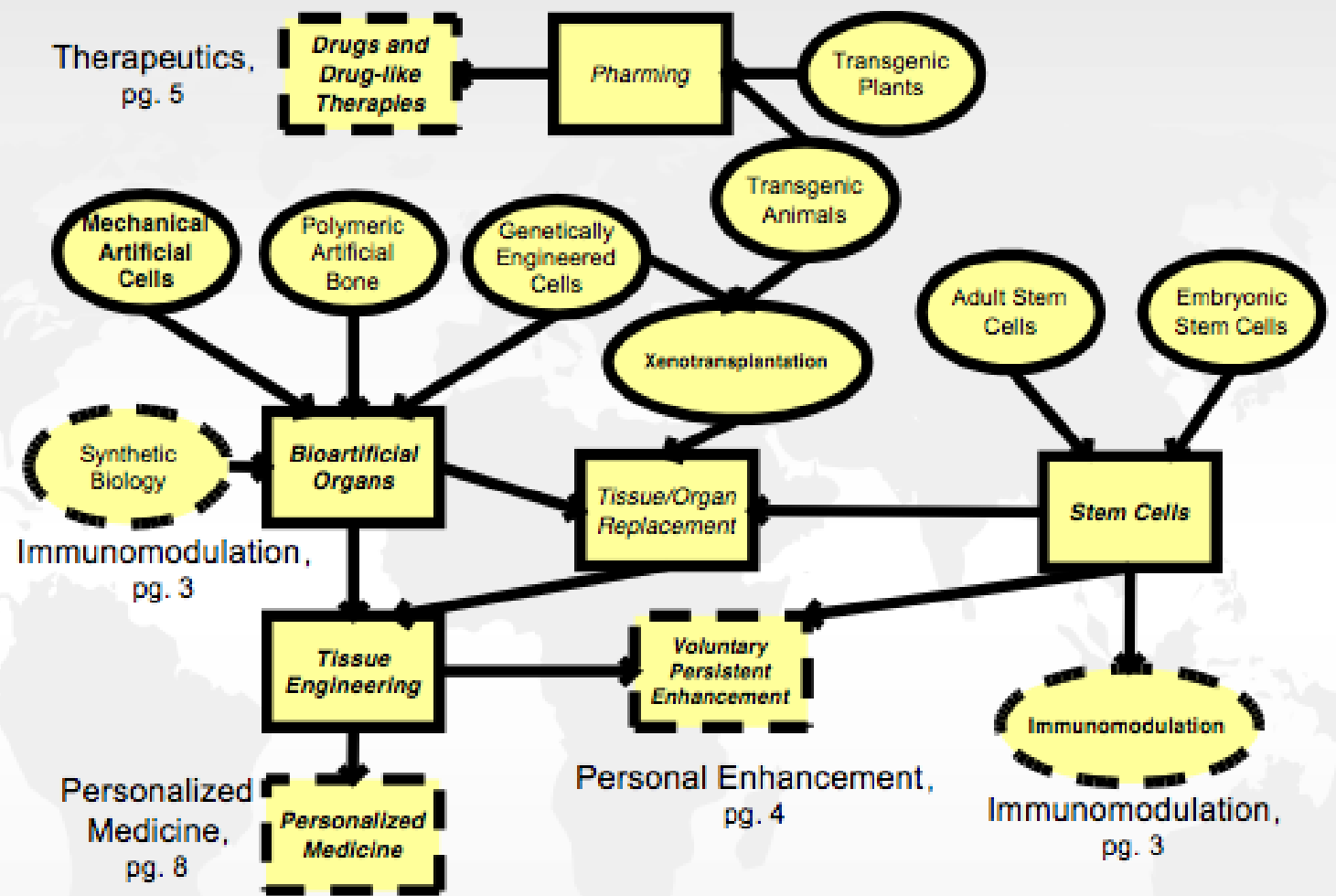
- gather, smooth, and record data and signals;

- provide an effective medium through which data can be analyzed, visualized, communicated, and disseminated widely by means of databases connected to electronic networks.



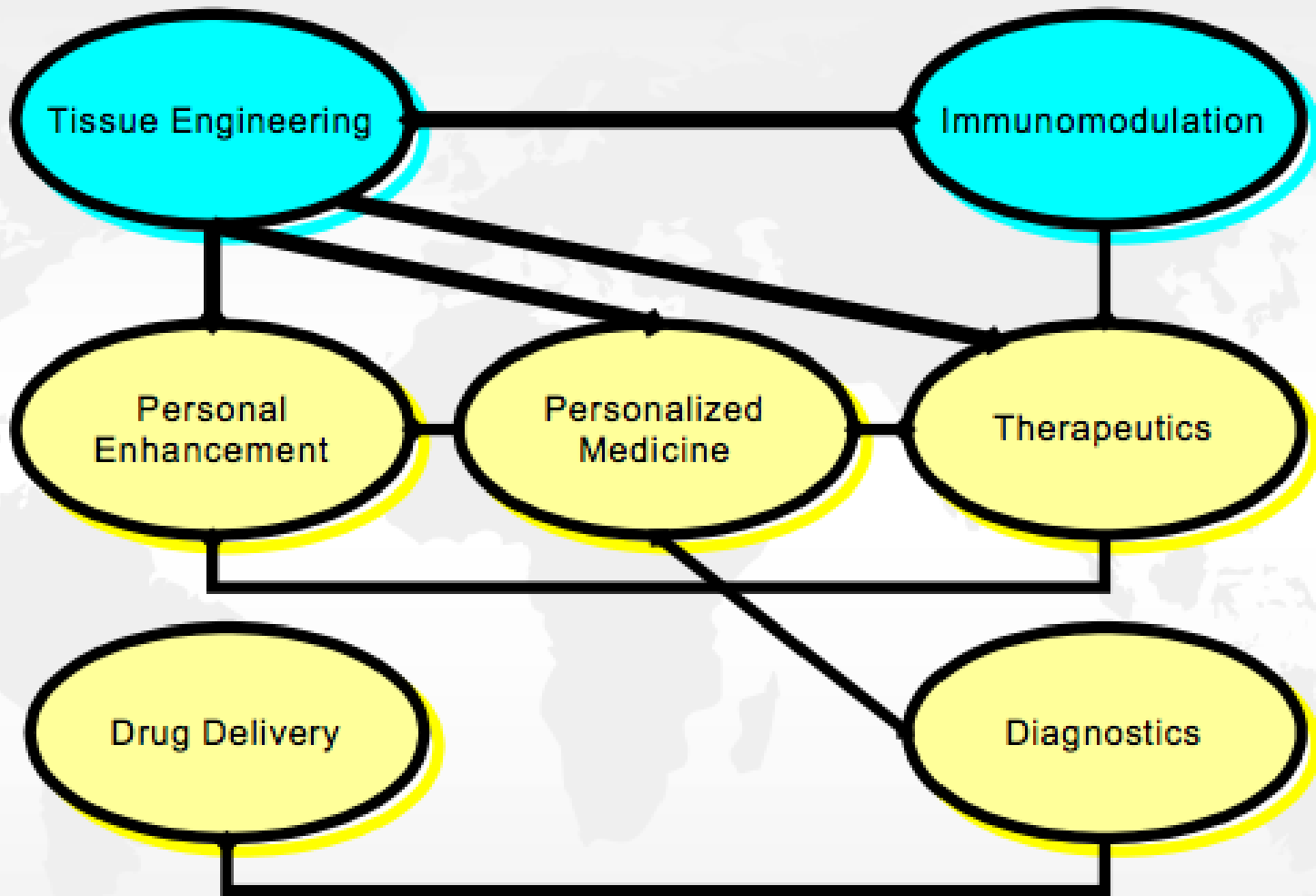
Digital procedures that will somehow **monitor**, **collate**, and **manage** the explosion of online databases across genomics, proteomics, organisms, cell lines, and tissue projects, allowing researchers **to identify and extract data essential to targeted needs.**

A related challenge is the need for data mining procedures **able to “drill down” into the layers of catalogued information and extract key discoveries** otherwise buried among terabytes of compiled results.



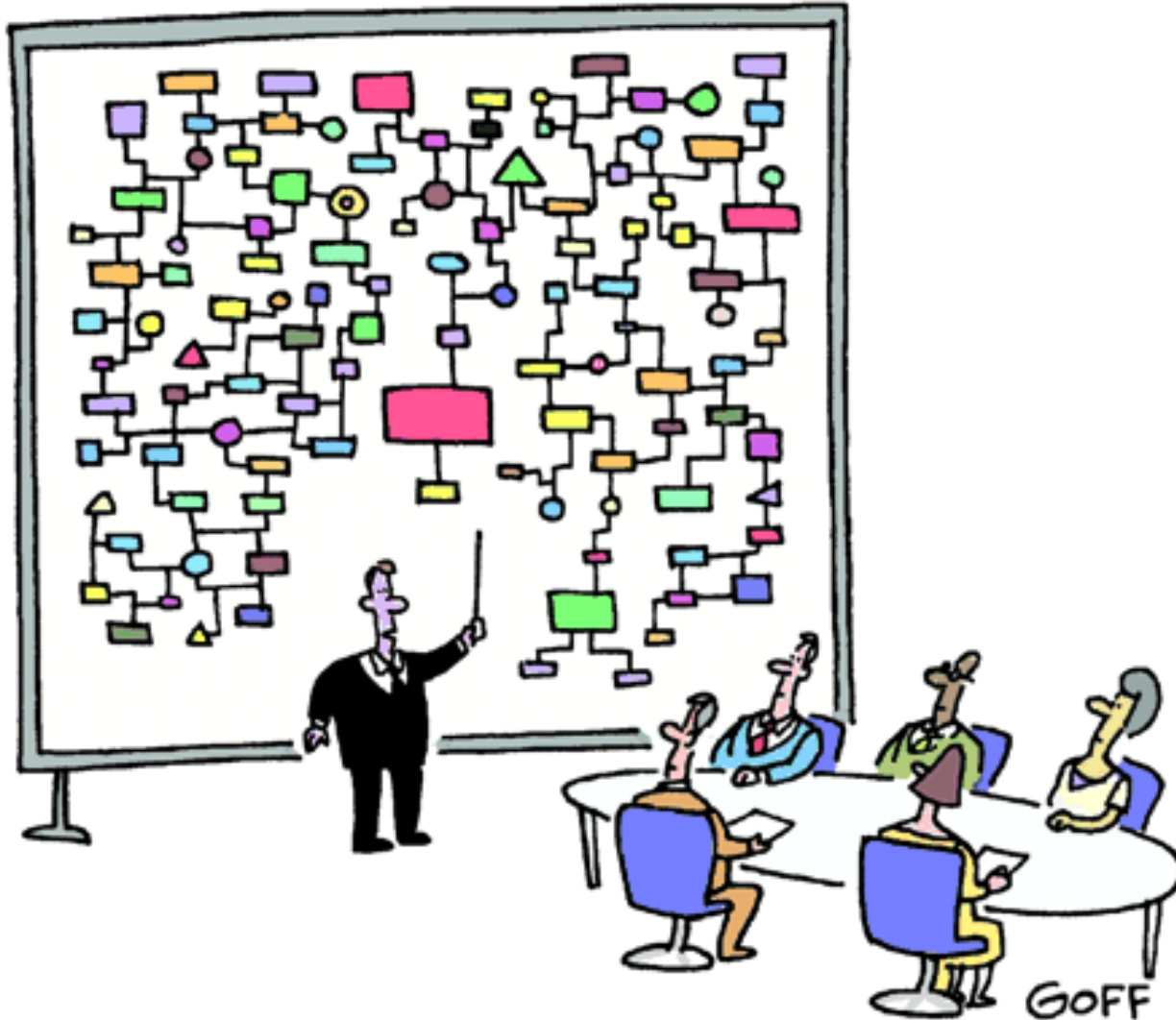
Legend:

	Technology		Described on Another Map		Disruptive
	Application		Contributes to		Non-disruptive





Biostatistics and bioinformatics



"And that's why we need a computer."



Computational Modeling

- Structural and functional modeling of biological processes
- Computational and experimental frameworks for real-time mapping of biological processes
 - i.e. In tissue engineering the ability to apply accurate modelling and new cell simulation techniques can provide information and answer key questions regarding cell, tissue, and ultimately organ behavior.



Cell biology

- Visualization of cells (Flow Cytometry, **image analysis**)
- Analysis of cells and tissue (follow cell cyle, cell divisions, etc..)

Molecular biology

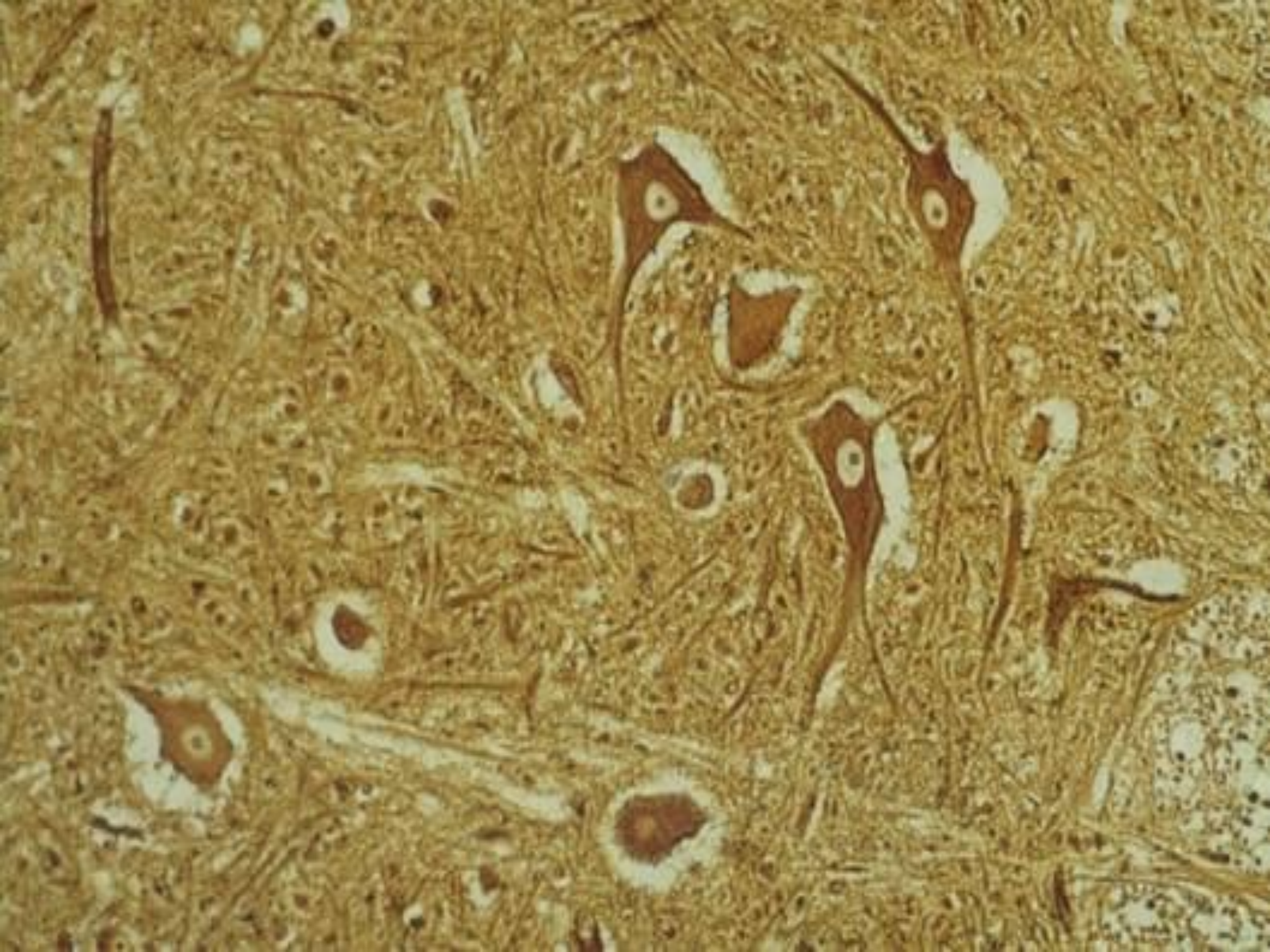
- Gene expression analysis (DNA microarray)
- Protein expression

Biochemical analysis

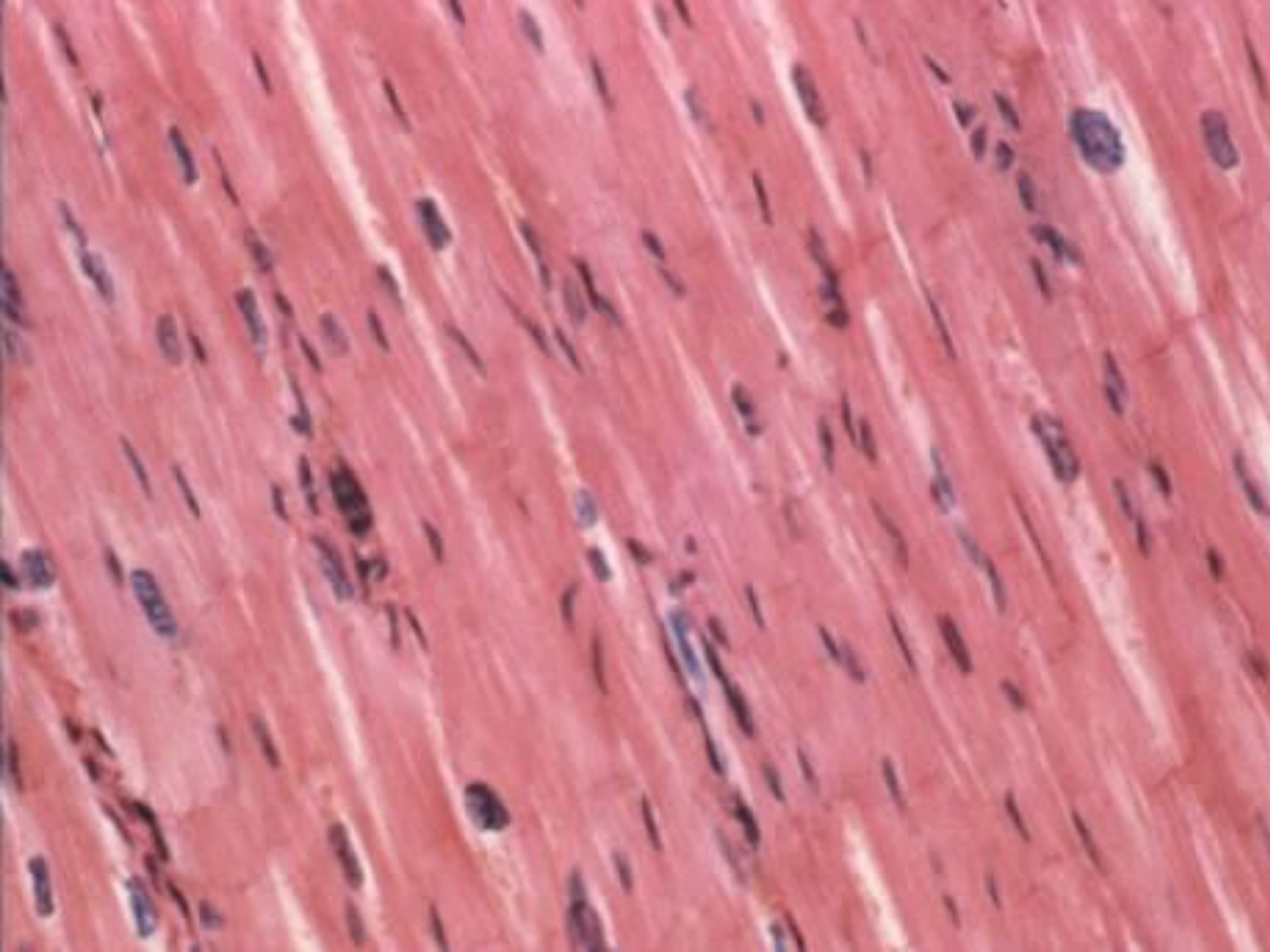
- Signalling Pathways



Let me tell something about
stem cells.....










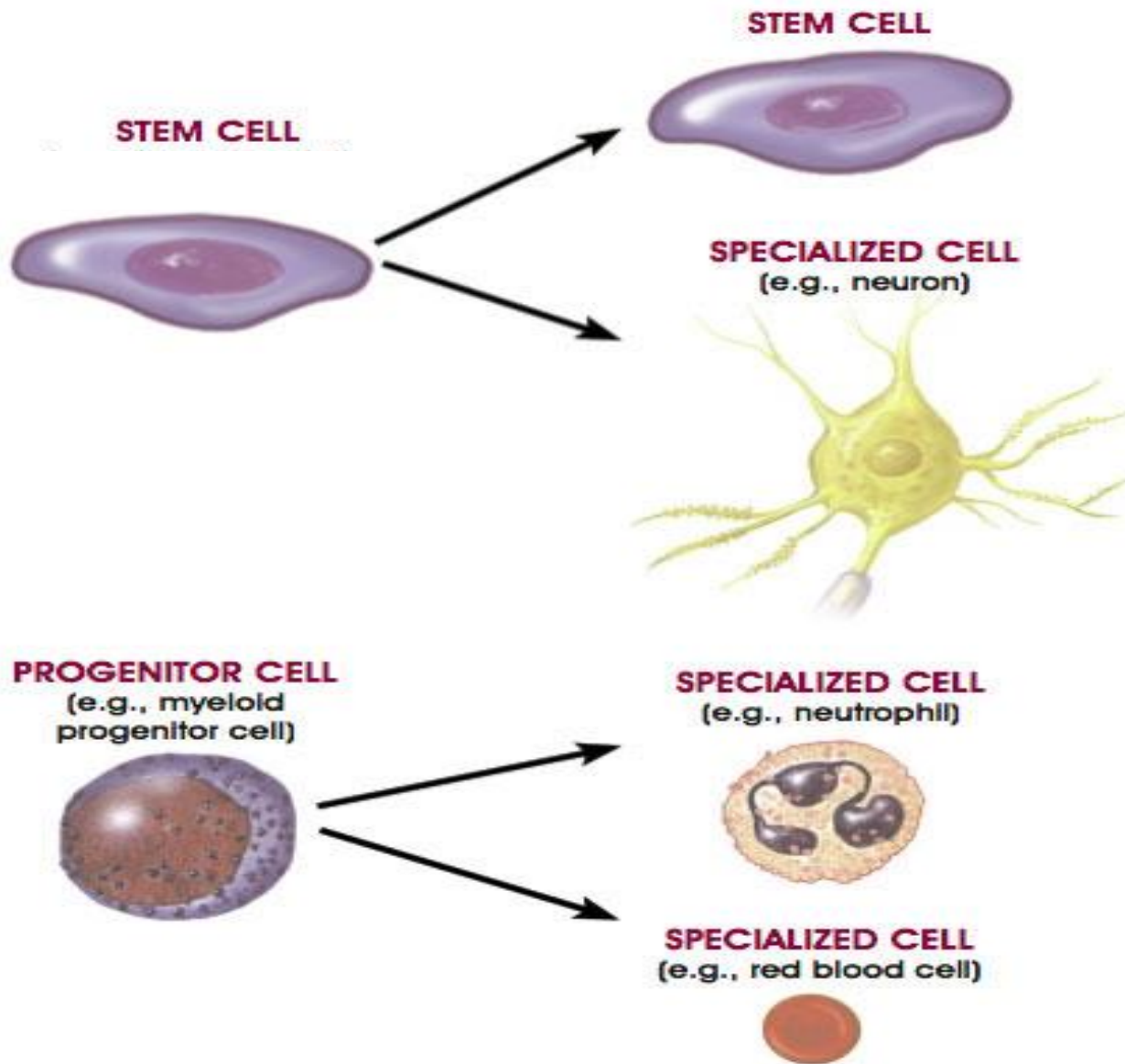
HOW IS CELL HOMEOSTASIS MAINTAINED?

**STEM CELLS WITHIN
THE DIFFERENT TISSUES**

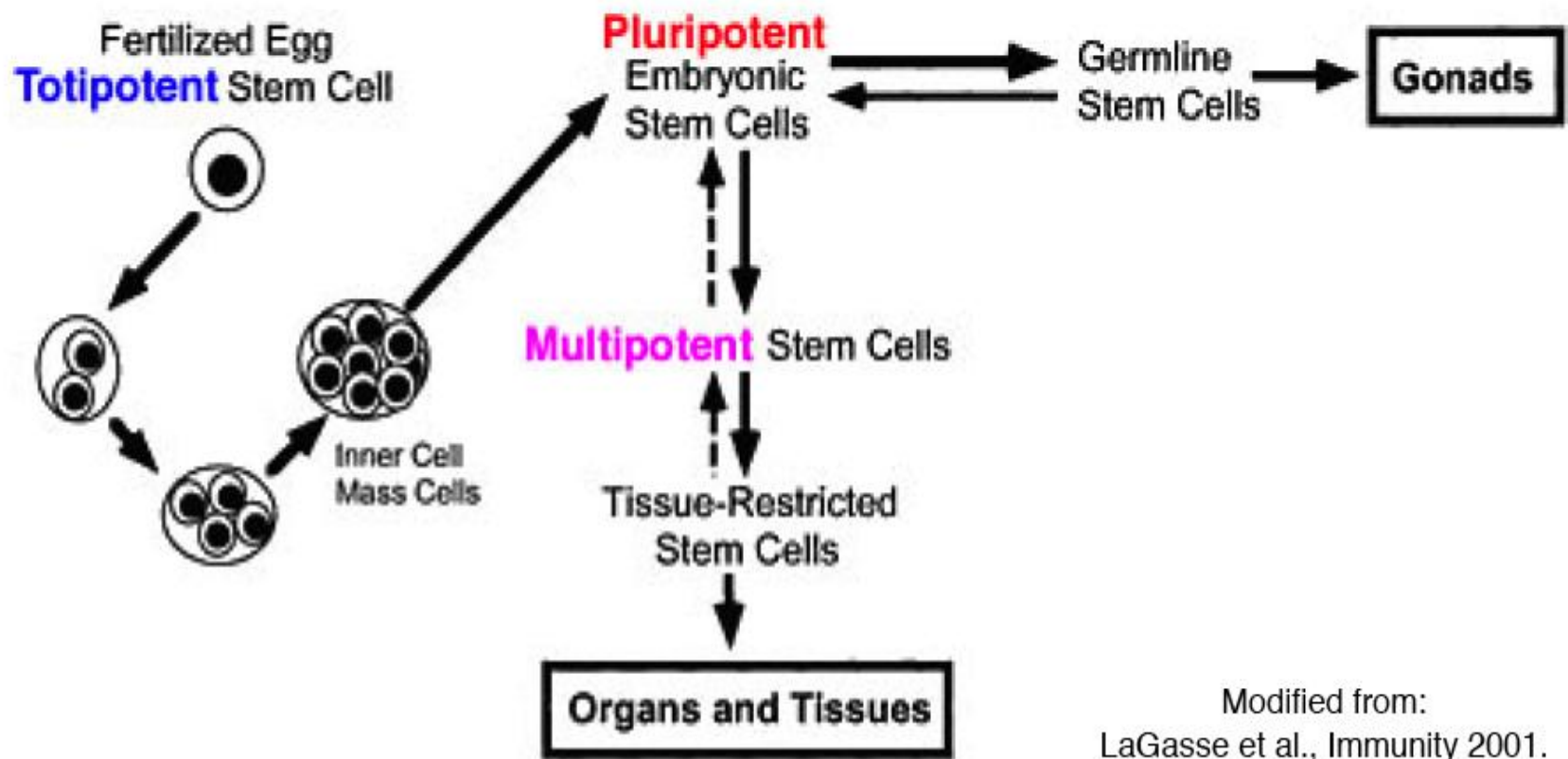


WHAT ARE THE UNIQUE PROPERTIES OF ALL STEM CELLS

- **Stem cells differ from other kinds of cells in the body.**
- **All stem cells—regardless of their source—have three general properties:**
 - **they are capable of dividing and renewing themselves for long periods;**
 - **they are unspecialized;**
 - **they can give rise to specialized cell types.**



“Potency” of Stem Cells



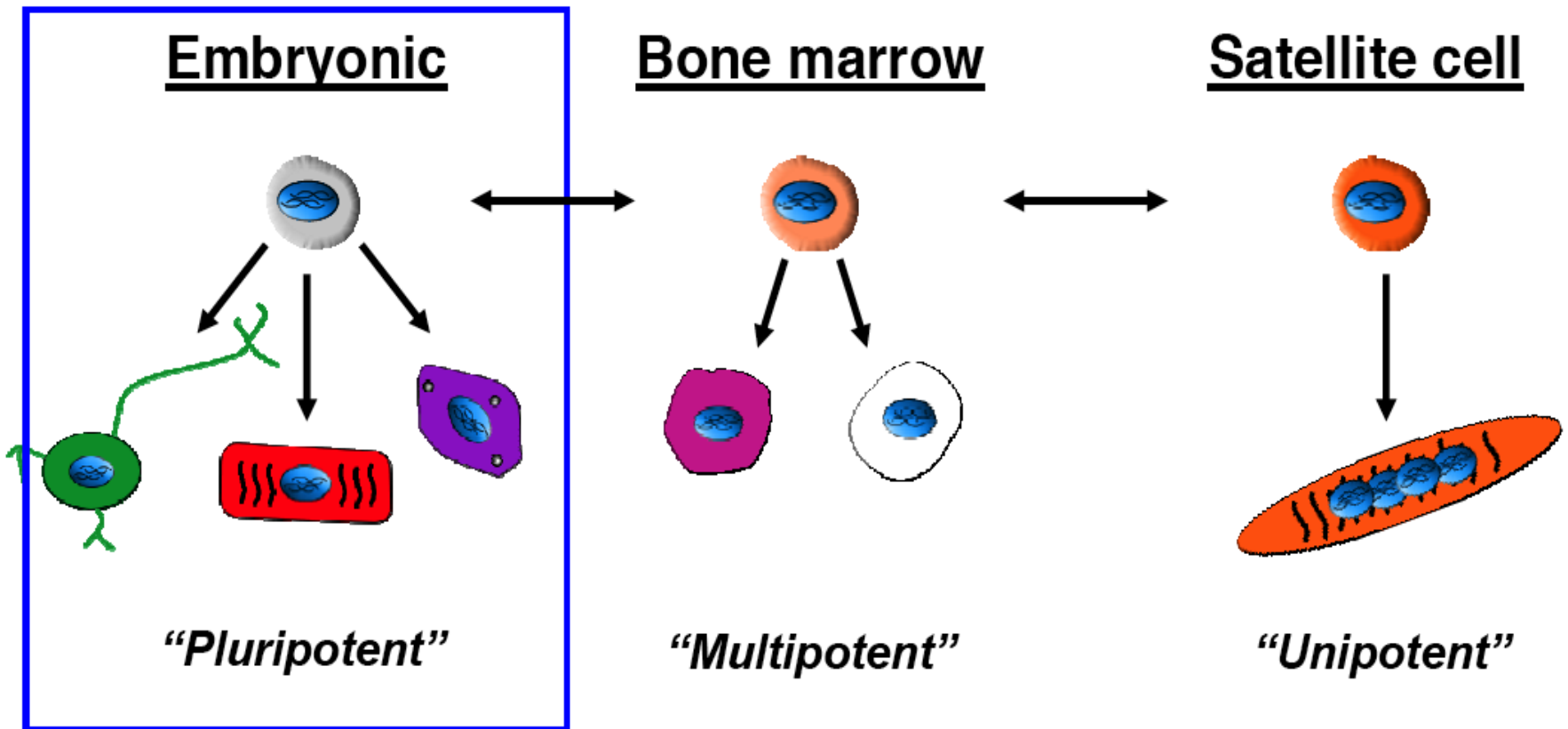
Modified from:
LaGasse et al., *Immunity* 2001.

- Totipotent – all cell/tissue types
- Pluripotent – embryonic & adult cells
- Multipotent – multiple cell types

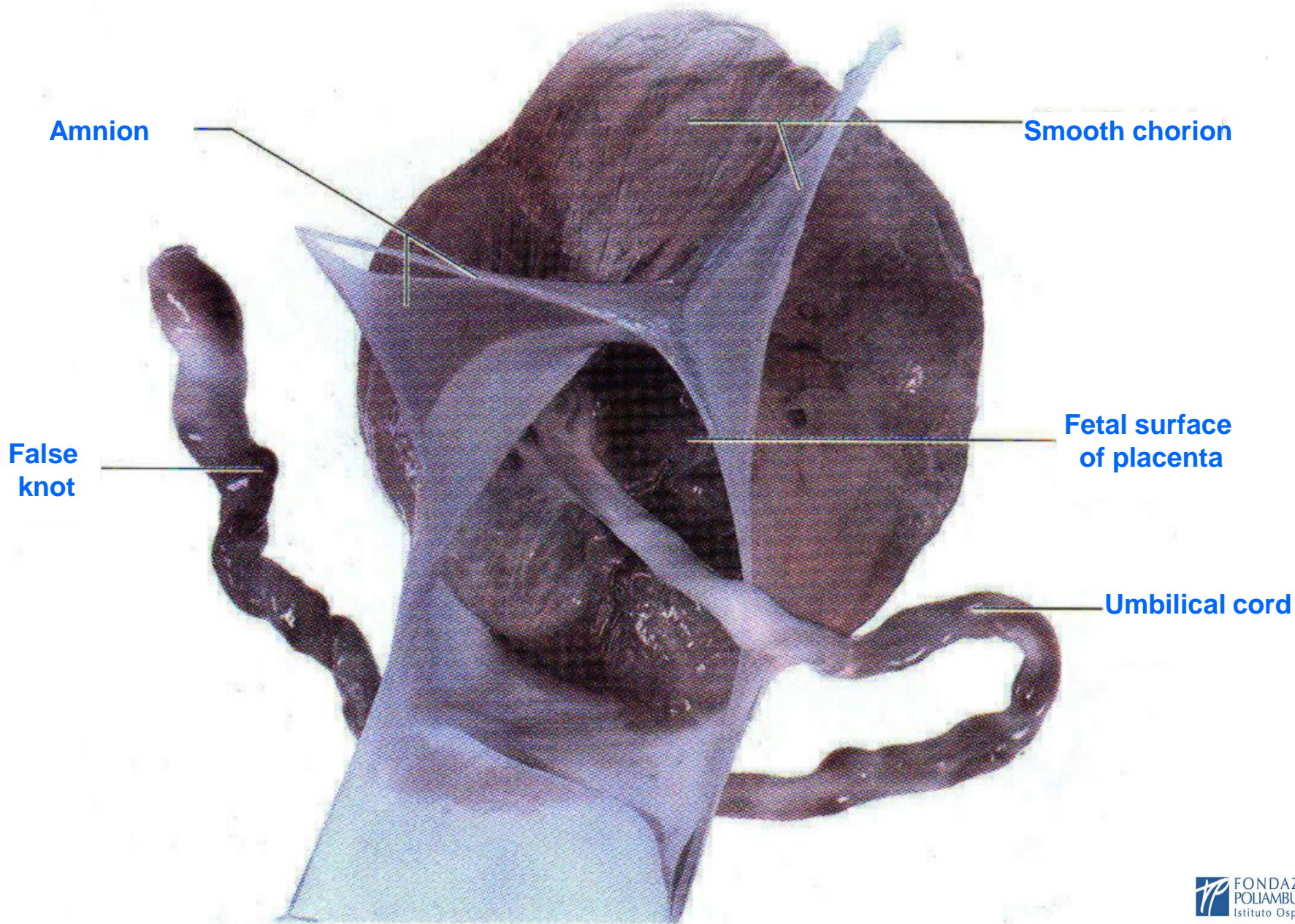
Potential



Stem Cell Potency



"Potency" affects applications & ease of manipulation

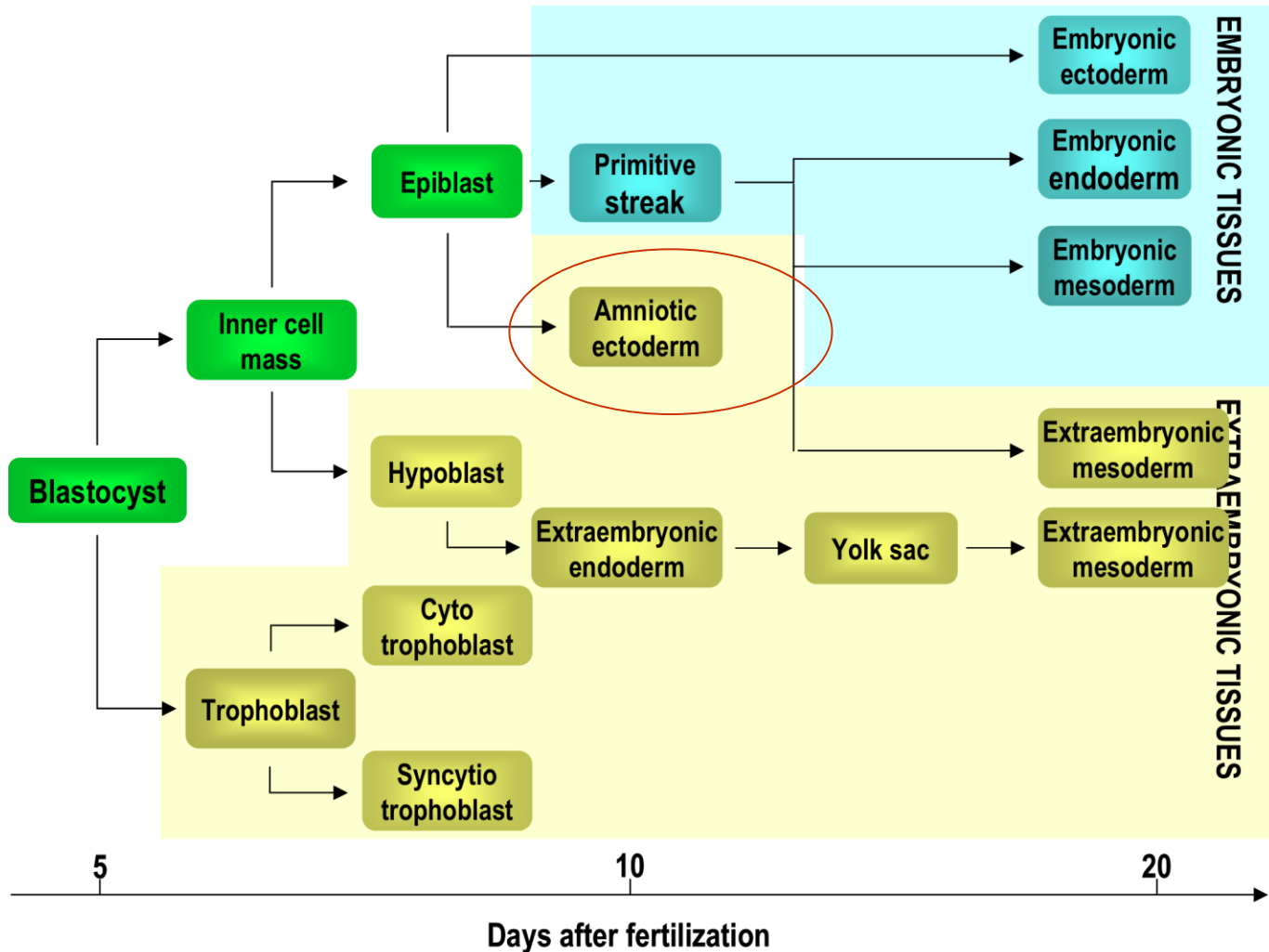




Why an interest in human placenta?

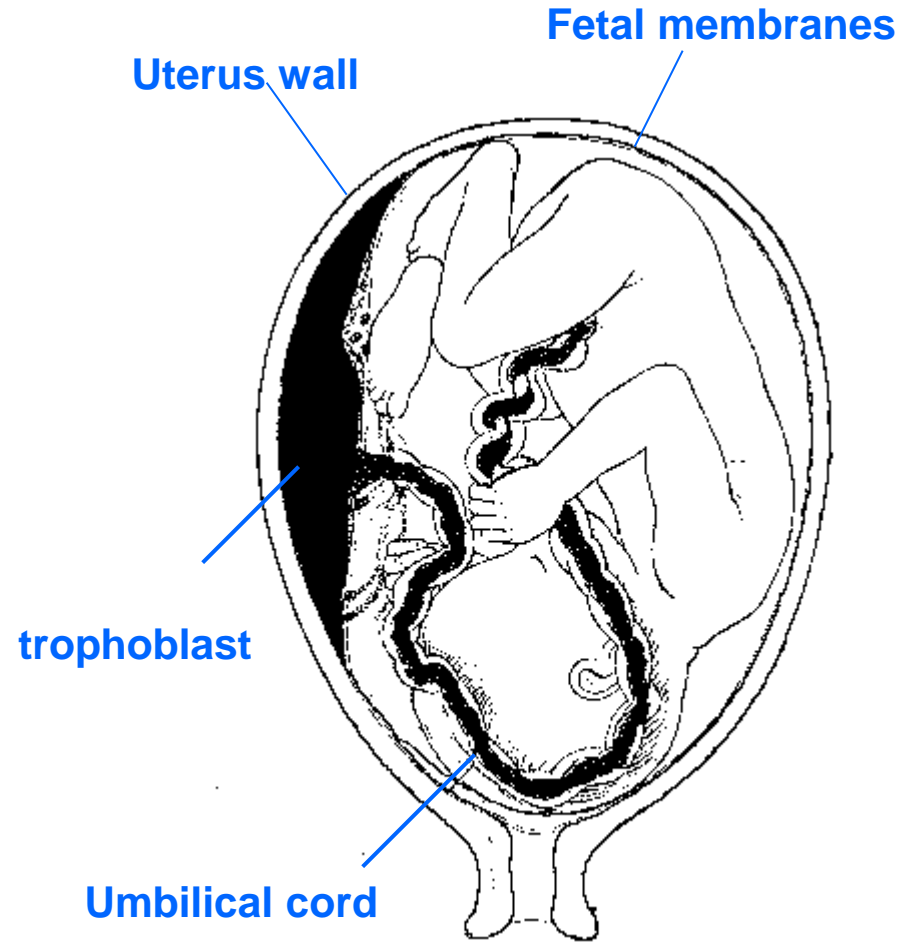
- **Identify stem cells for cell therapy approaches:**
 - Stem cell potential
 - No transplant rejection
- **Placenta may combine these two essential features on the basis of:**
 - Embryological origin
 - Immunological characteristics

Embryological Origin



FETAL MATERNAL TOLERANCE:

Pregnancy is a unique event in which a genetically and immunologically foreign fetus survives to full term without rejection by the mother's immune system.

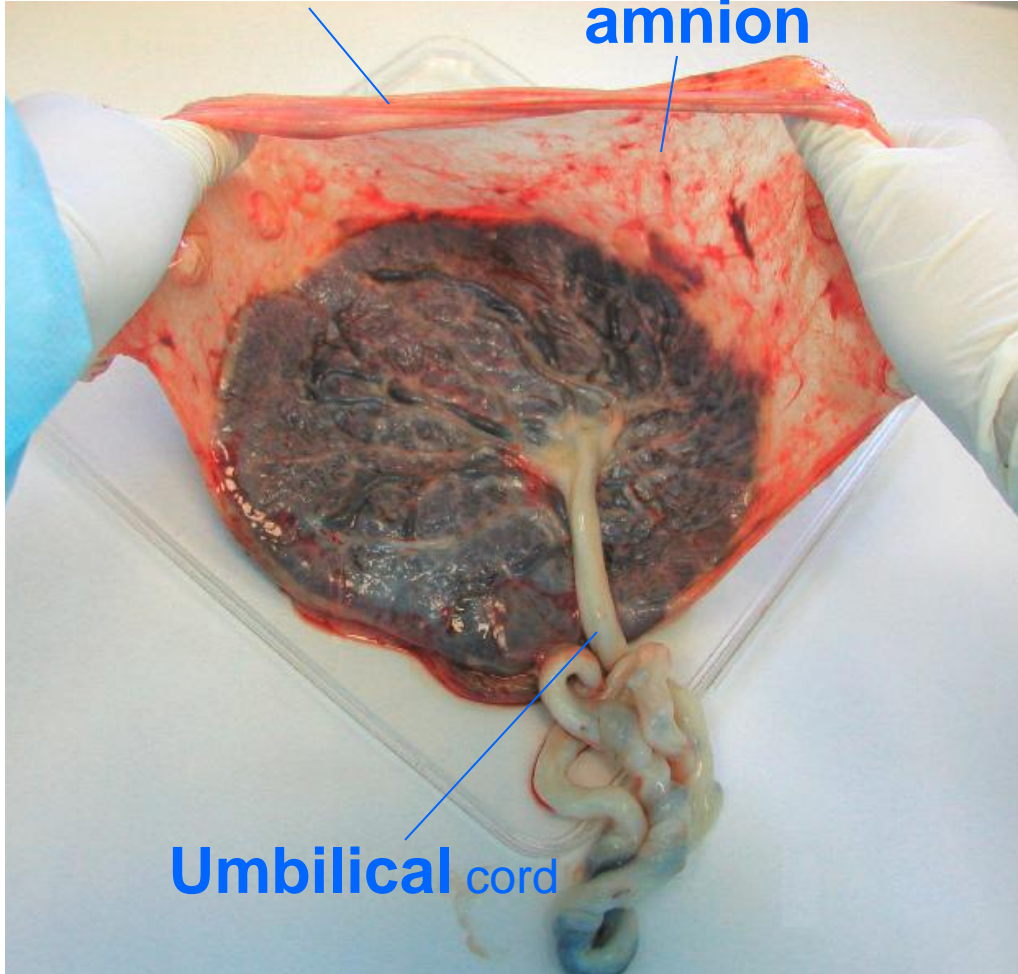


In vitro studies

Amniotic derived cells isolation

chorion

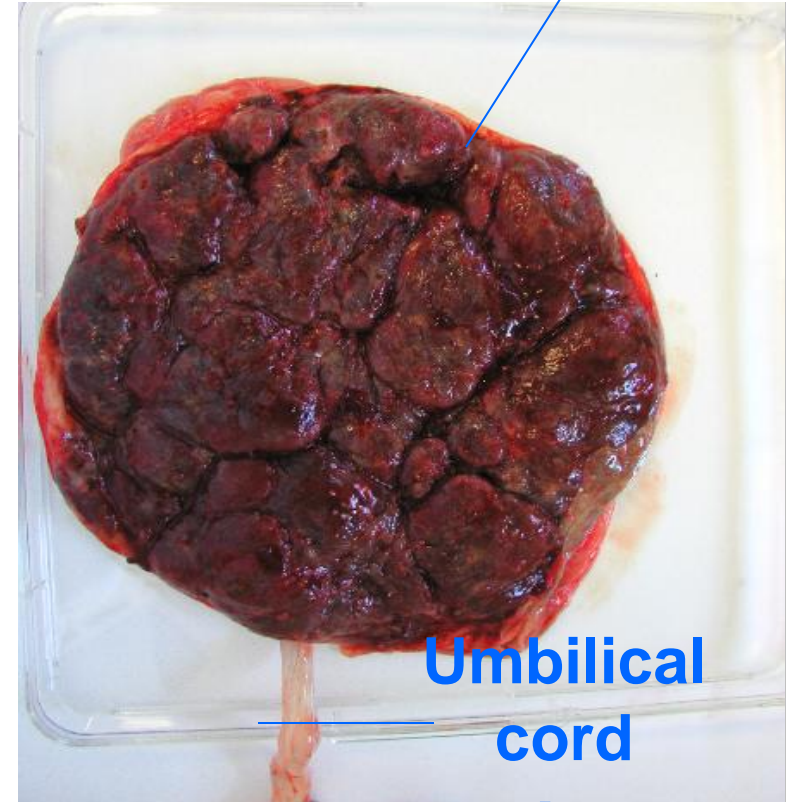
amnion



Umbilical cord

Fetal side

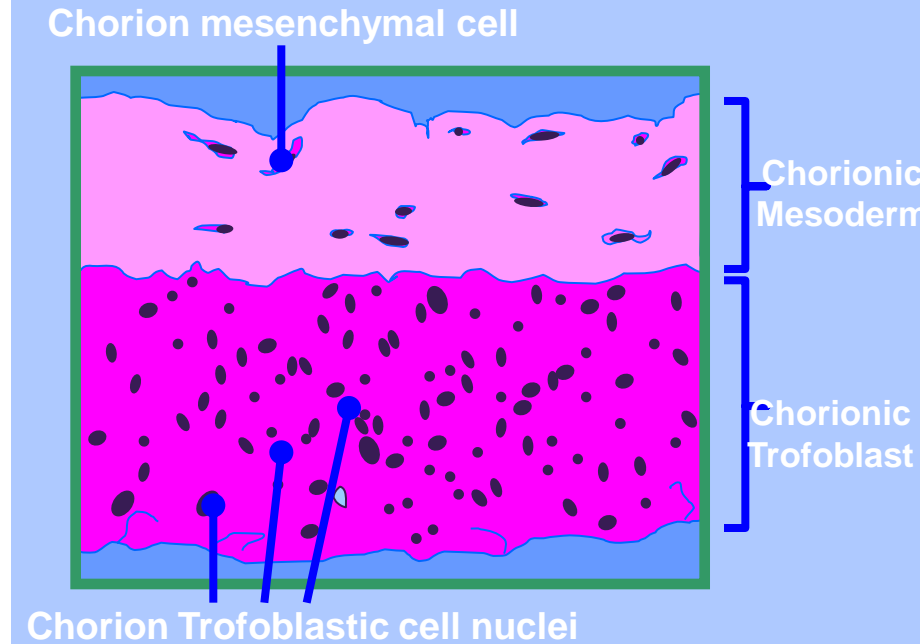
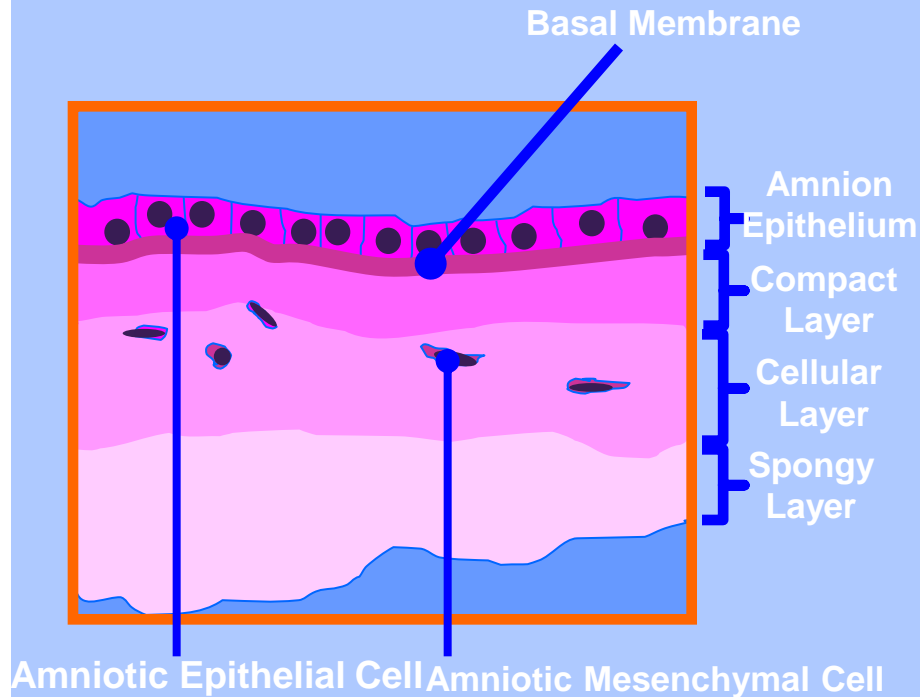
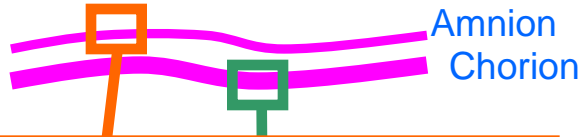
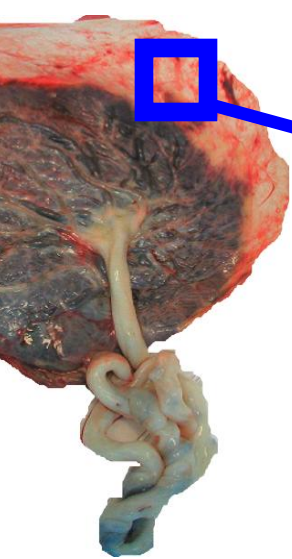
trophoblast



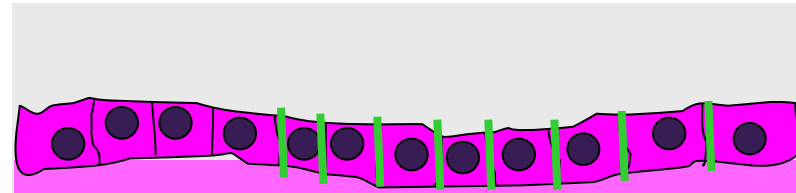
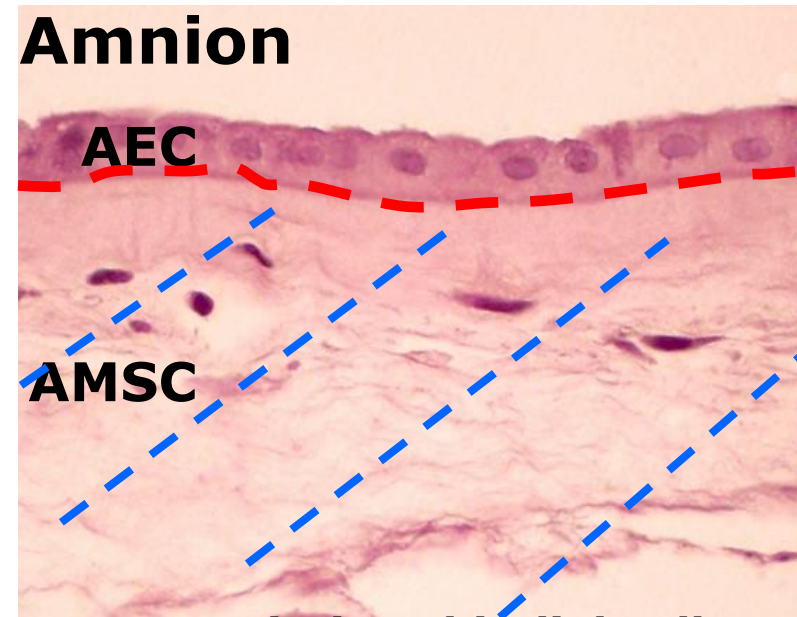
Umbilical cord

Maternal side

Reflected fetal membranes



Amniotic membrane enzymatic digestion



AEC= amniotic epithelial cells

AMSC= amniotic mesenchymal stromal cells

Enzymes:

Dispase

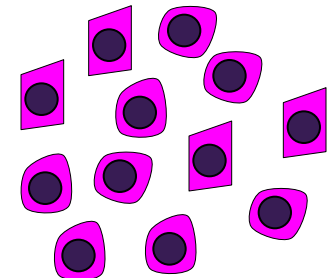
Collagenase + Dnase

Trypsin



AMSC

AEC



Differentiation Potential of AMC and CMC

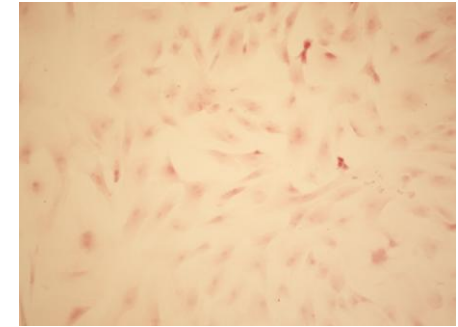
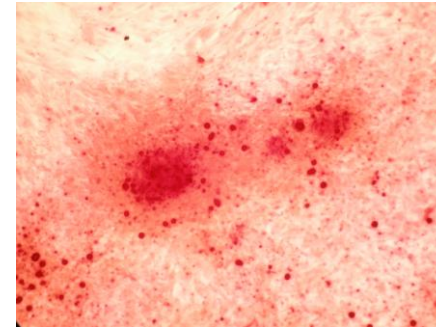
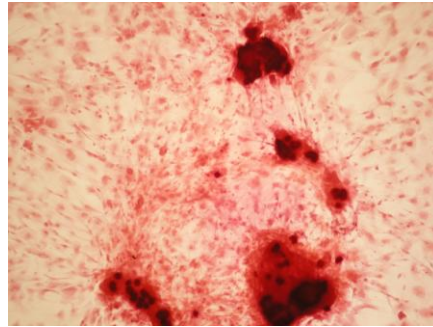
AMC

CMC

control

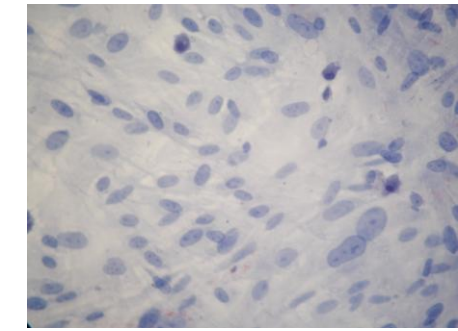
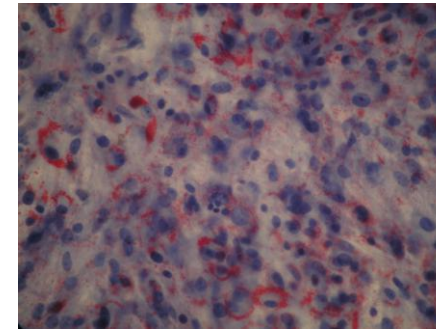
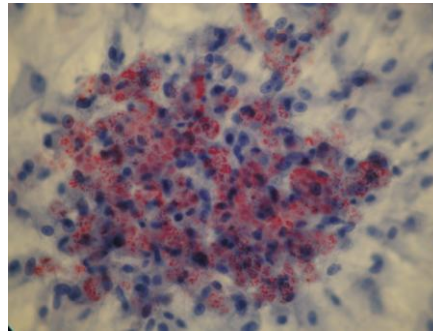
**OSTEOGENIC
LINEAGE**

(alizarin red staining)



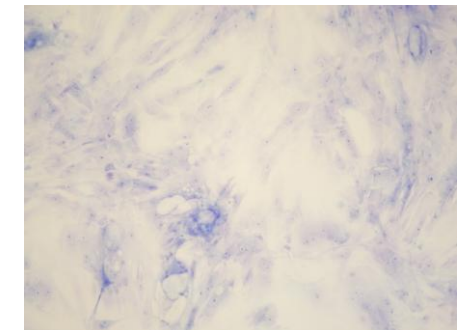
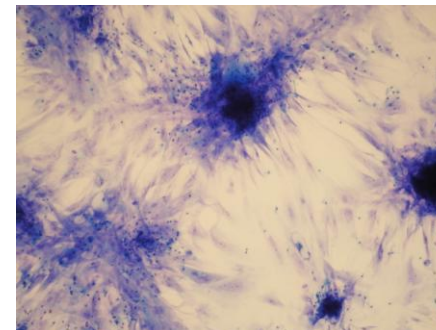
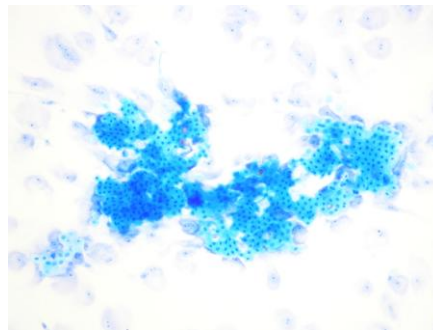
**ADIPOGENIC
LINEAGE**

(oil red staining)



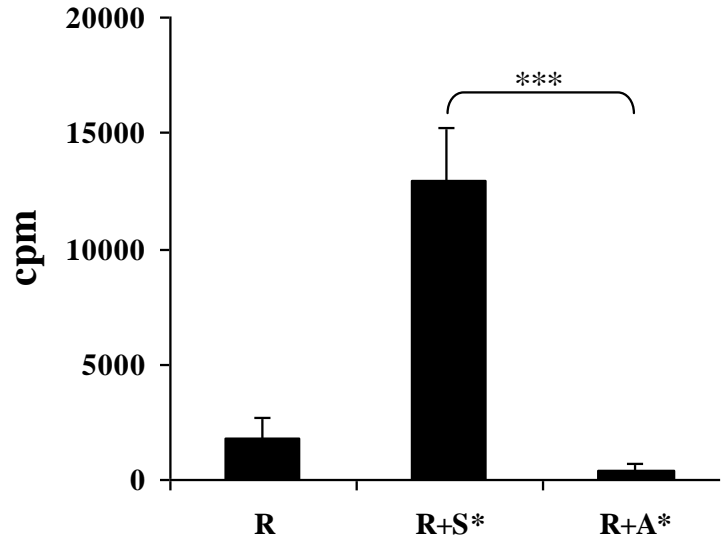
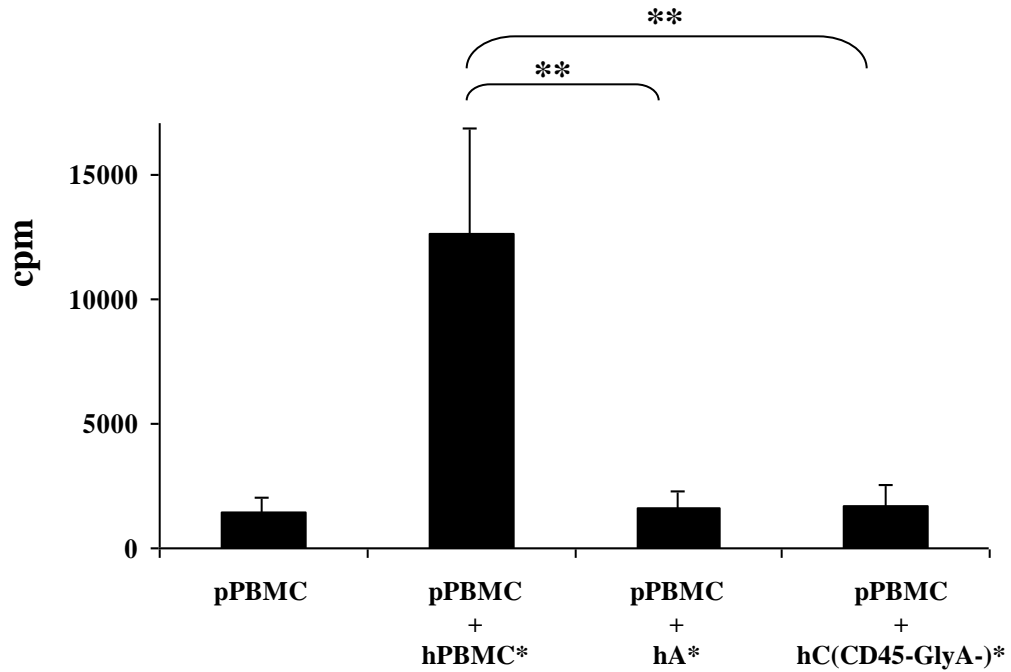
**CHONDROGENIC
LINEAGE**

(toluidine blue staining)

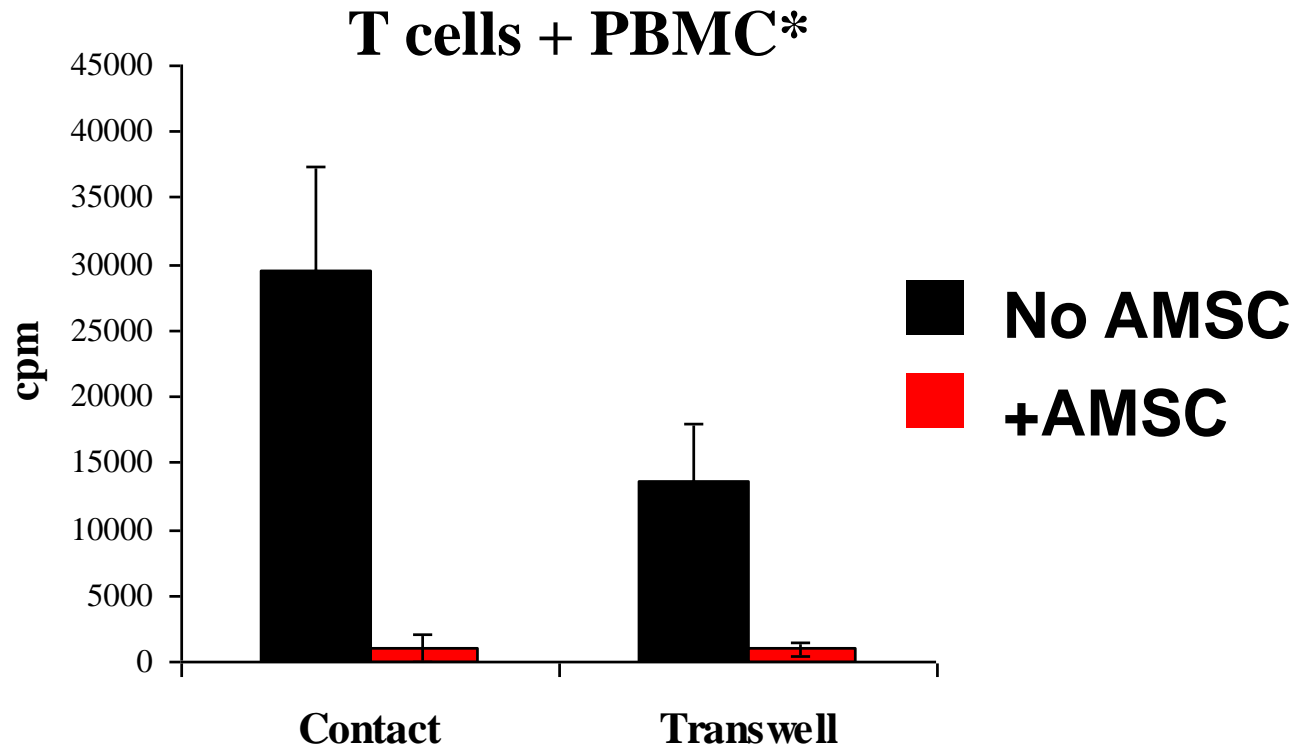




IMMUNOMODULATORY FEATURES OF AMNIOTIC DERIVED CELLS

A**R: PBMNC from subject A****S*: PBMNC from subject B after irradiation****A: Amnion derived cells****B**

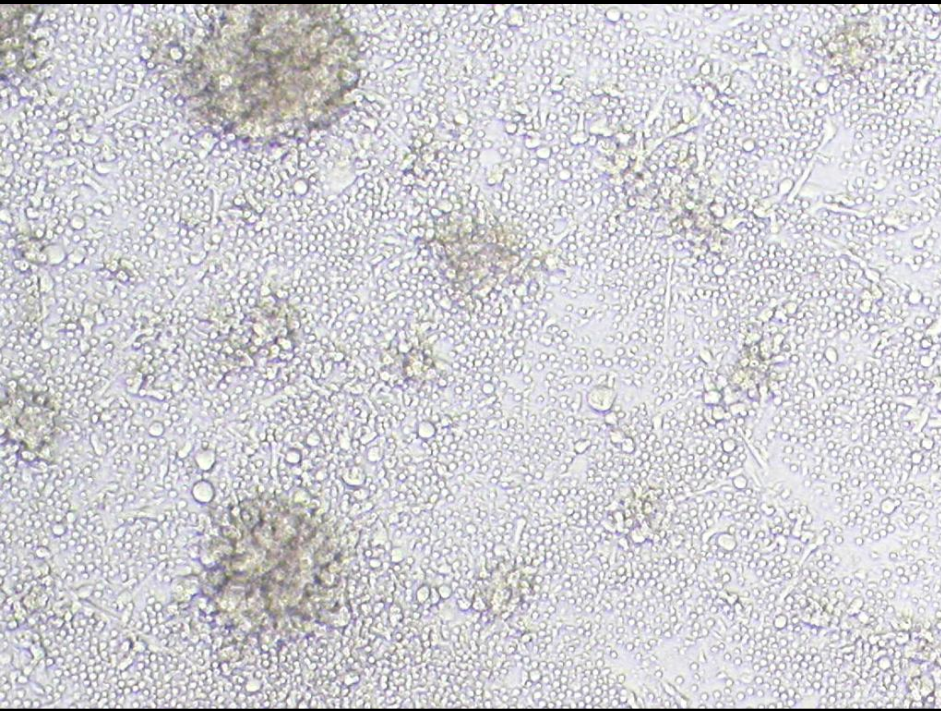
AMSC effect on lymphocyte proliferation



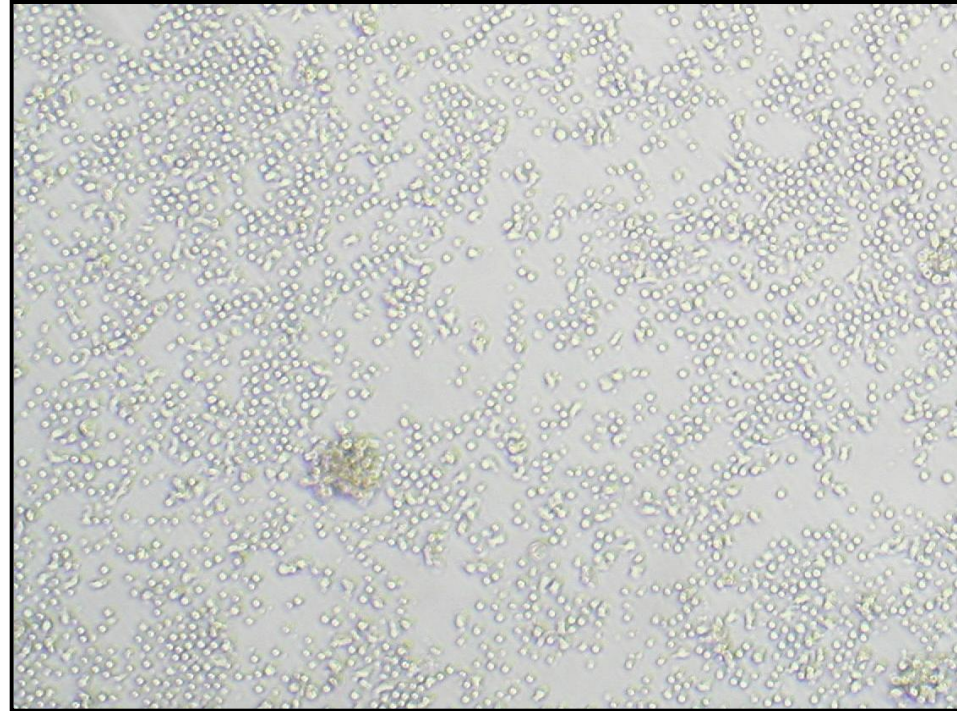
AMSC inhibit lymphocyte proliferation induced in a mixed lymphocyte reaction

AMSC effect on lymphocyte proliferation

PBMC+ allo PBMC*



PBMC+ allo PBMC* + AMSC





In vivo studies:

**Transplant and engraftment
potential of fetal membrane cells**



Murine model of lung fibrosis induced by intra-tracheal bleomycin instillation

Intratracheal instillation of bleomycin induces:

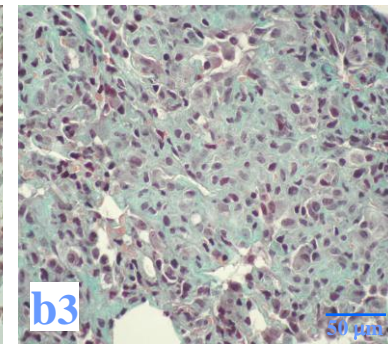
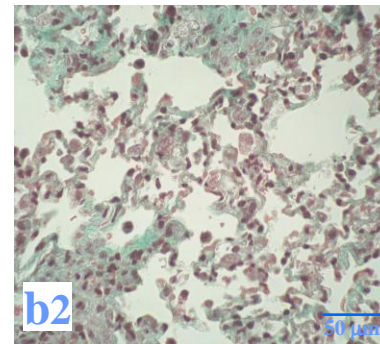
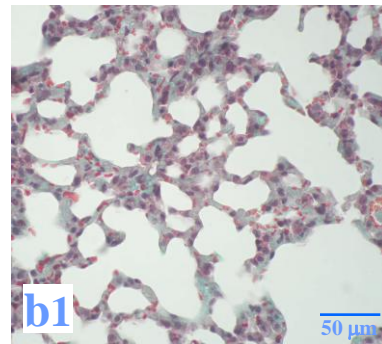
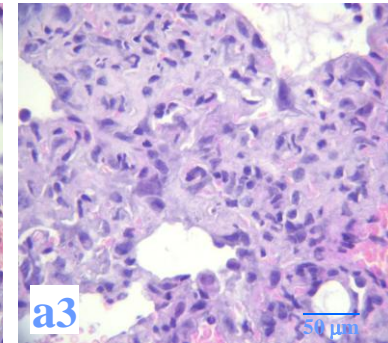
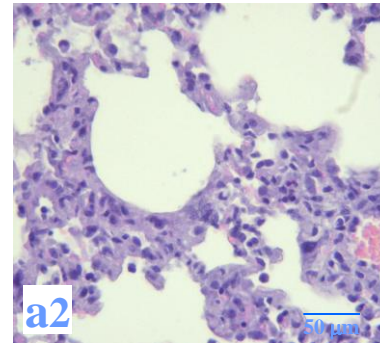
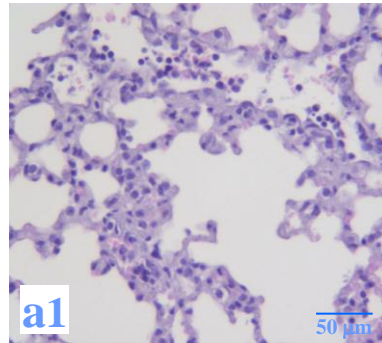
- **LUNG INJURY** - alveolar epithelial cell injury
- **INFLAMMATION** - migration of inflammatory cells
- **FIBROSIS** - fibroblast proliferation and extensive accumulation of collagen

BLEOMYCIN

day 3

day 7

day 14

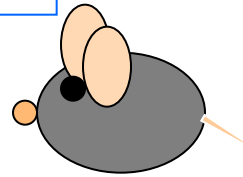
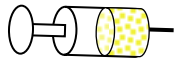
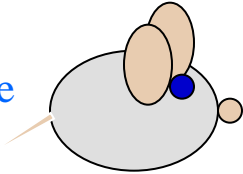


INFLAMMATION

FIBROSIS

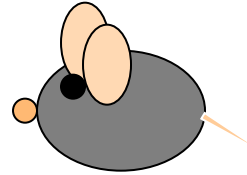
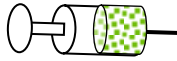
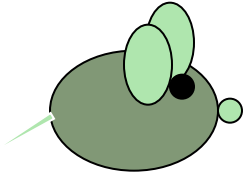
➔ ALLO-TRANSPLANTATION

BALB/c mice



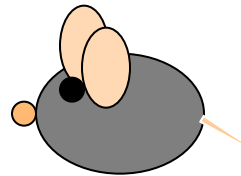
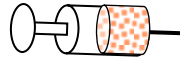
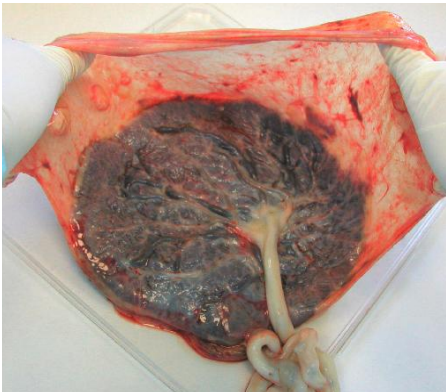
C57BL/6 mice

GFP mice



C57BL/6 mice

➔ XENO-TRANSPLANTATION



C57BL/6 mice

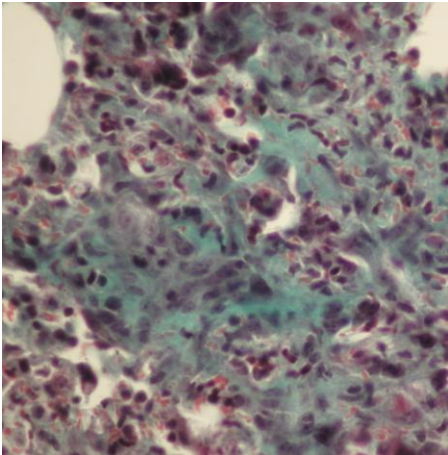
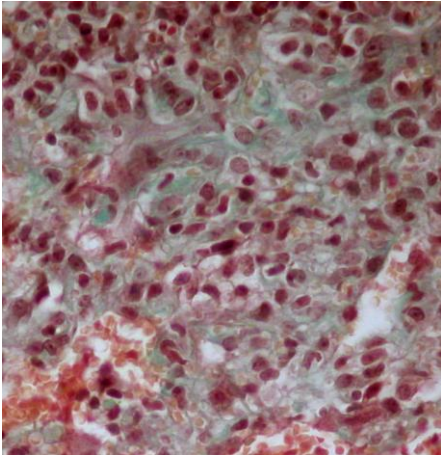
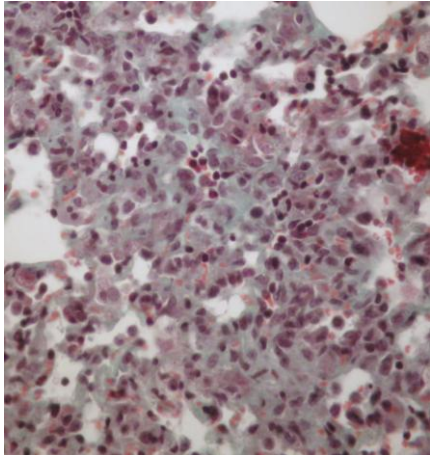
FIBROSIS

day 3

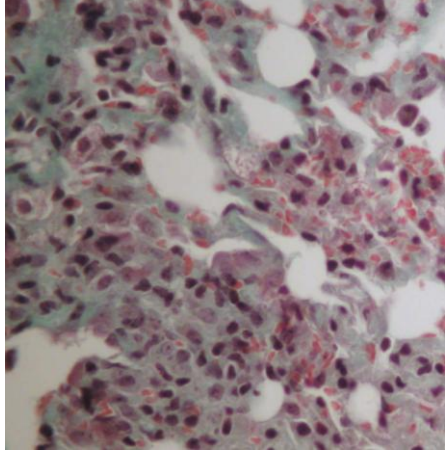
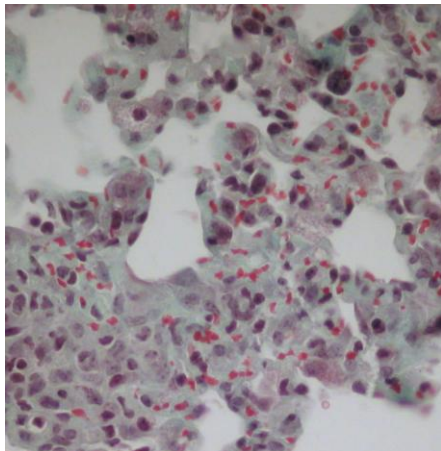
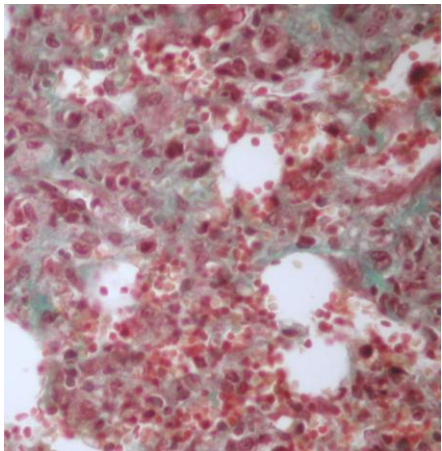
day 7

day 14

Bleomycin



Bleomycin + allo-transplantation

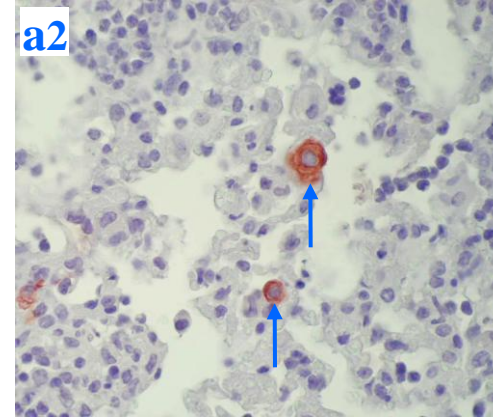
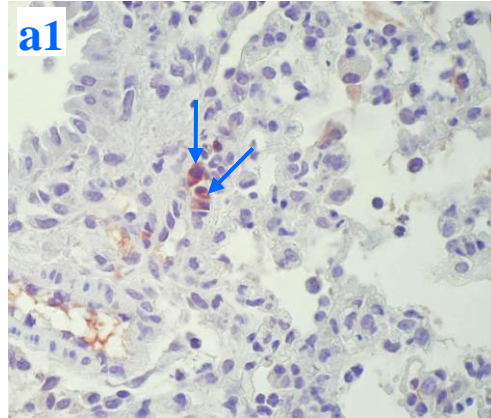




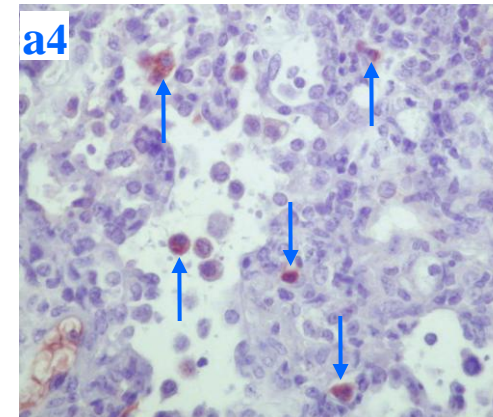
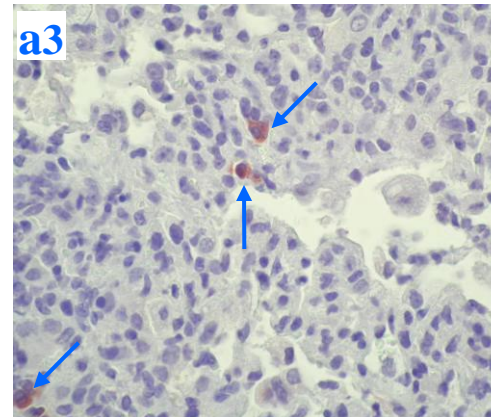
Allo-transplantation

Xeno-transplantation

Intra-tracheal
delivery



Intra-peritoneal
delivery



INFLAMMATION SCORE

- **Inflammation severity**

- *type of inflammatory cells*
- *number of inflammatory cells*
- *edema presence*

- **Inflammation extent**

- *represents the lung area involved in the process*

FIBROSIS SCORE

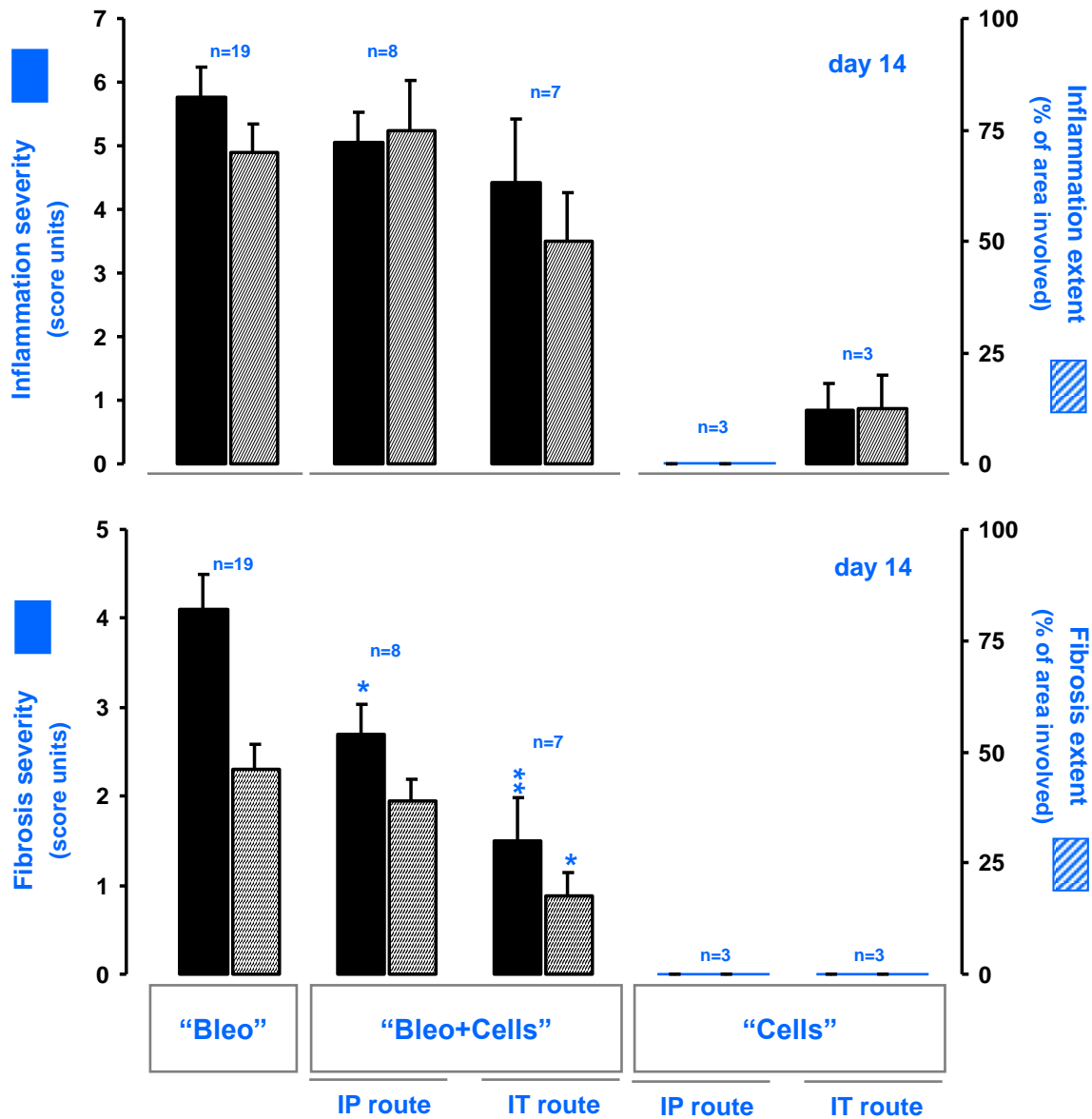
- **Fibrosis severity**

- *Fibroblast proliferation*
- *Collagen deposition*

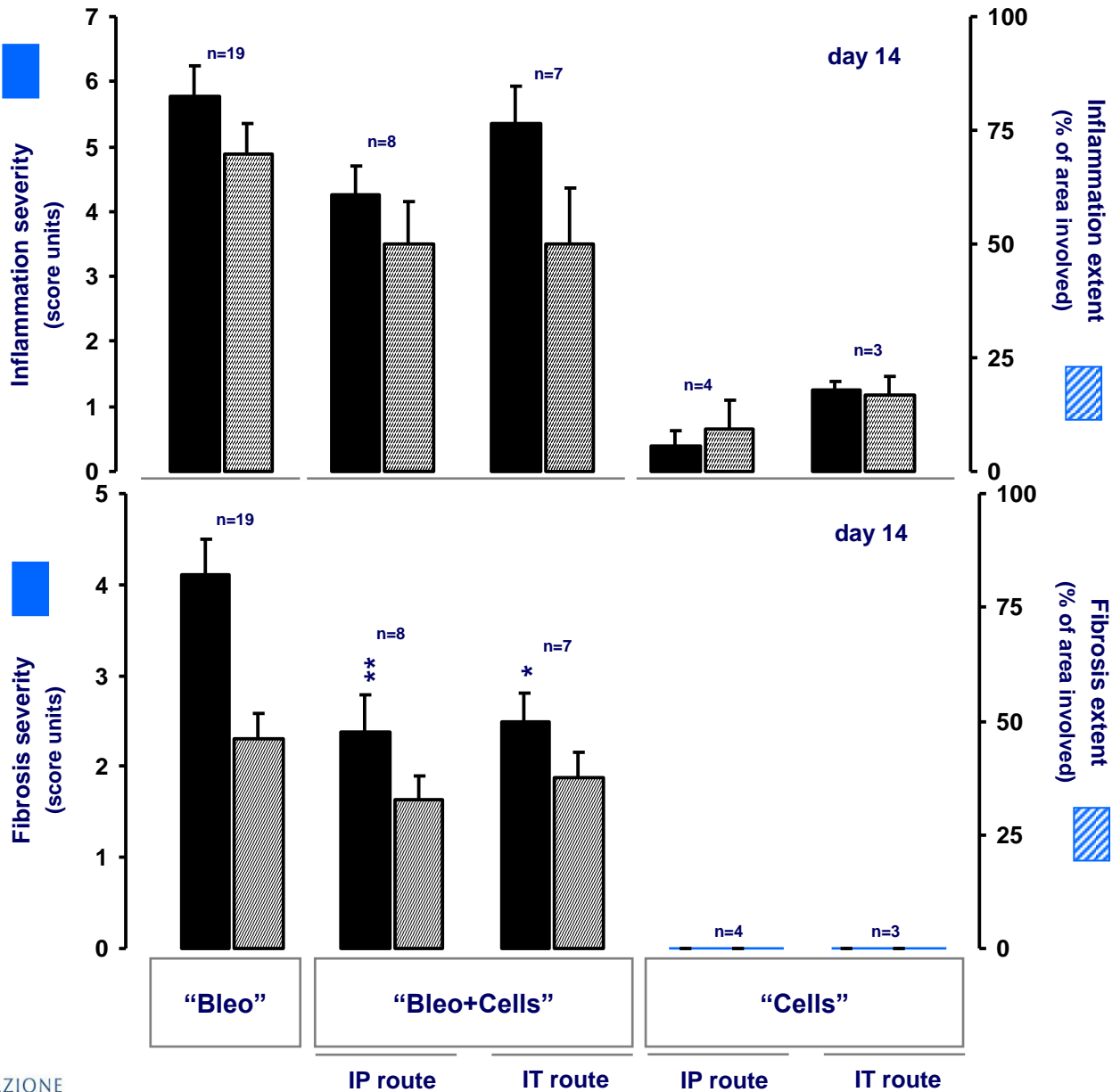
- **Fibrosis extent**

- *represents the lung area involved in the process*

Allo-transplantation



Xeno-transplantation





Pulmonary fibrosis

DISEASE MODEL:

Bleomycin-induced lung fibrosis in mice

TREATMENT:


Xenogeneic cell transplant

Allogeneic cell transplant

TREATMENT ROUTE:

Systemic delivery= IP injection

Local delivery= IT injection



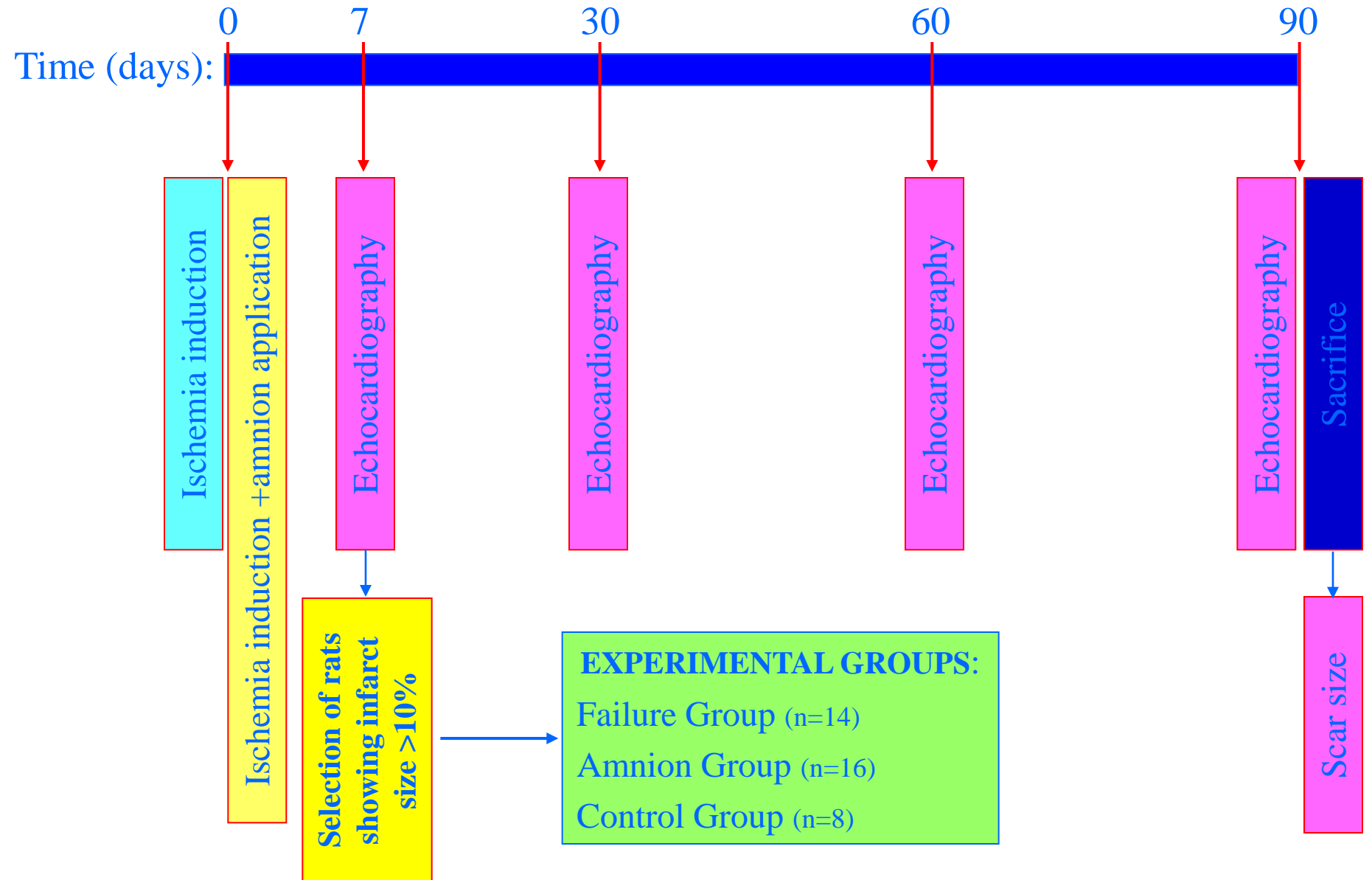
Placenta-derived cell transplantation significantly reduced bleomycin-induced lung fibrosis



**Effects of placenta-derived cells and
amniotic membrane on cardiac injury
induced by coronary ligation in rats**

**Reduction of post-ischemic cardiac dimensional alterations
and improvement of myocardial function
for up to at least 60 days after ischemia induction.**

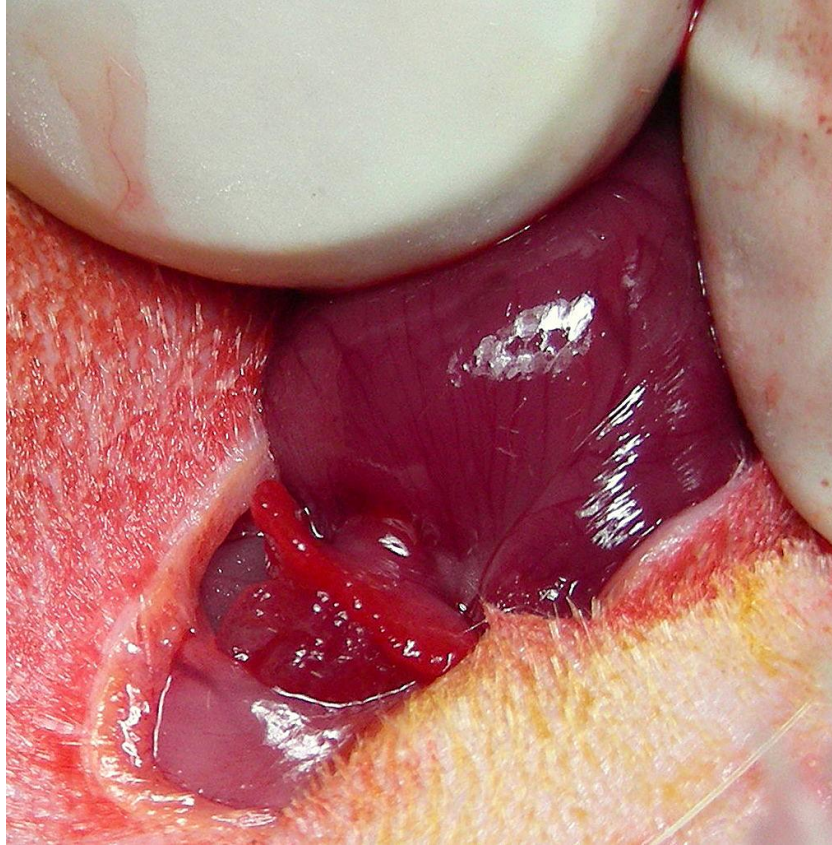
Experimental design



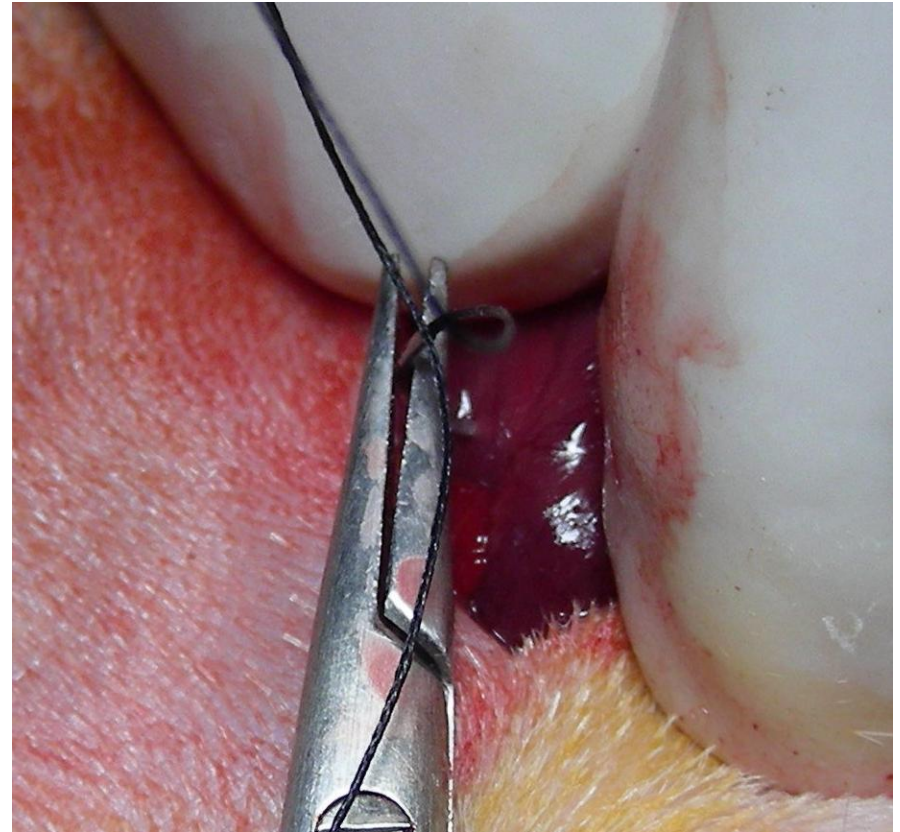
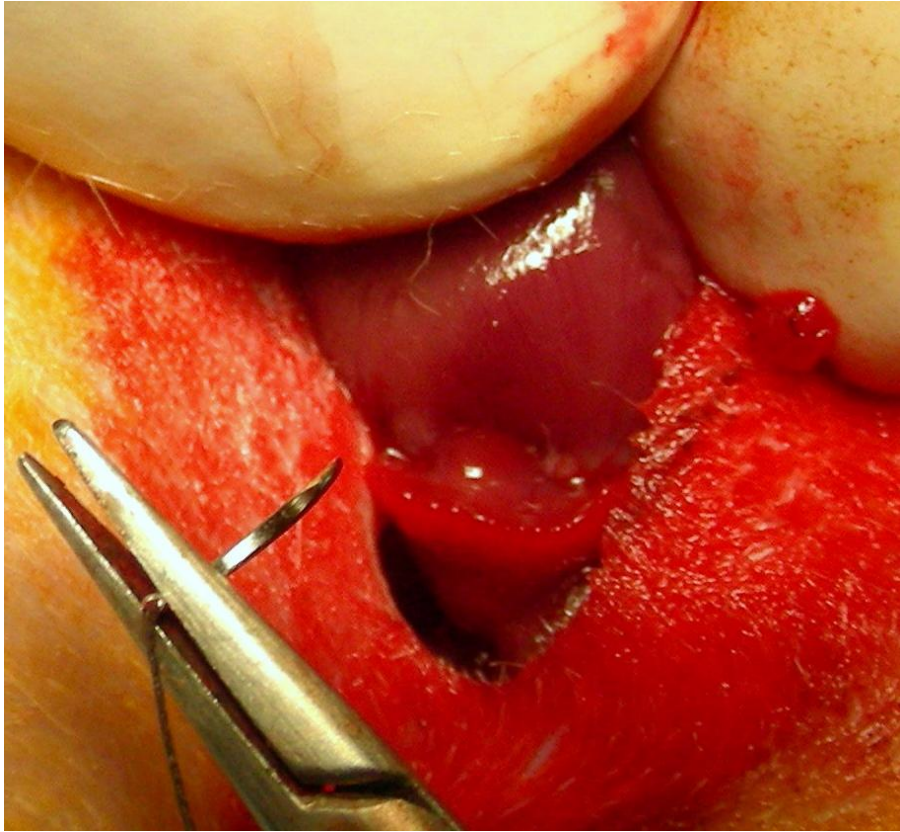
lateral thoracotomy was performed at level of
4th-5th intercostal space



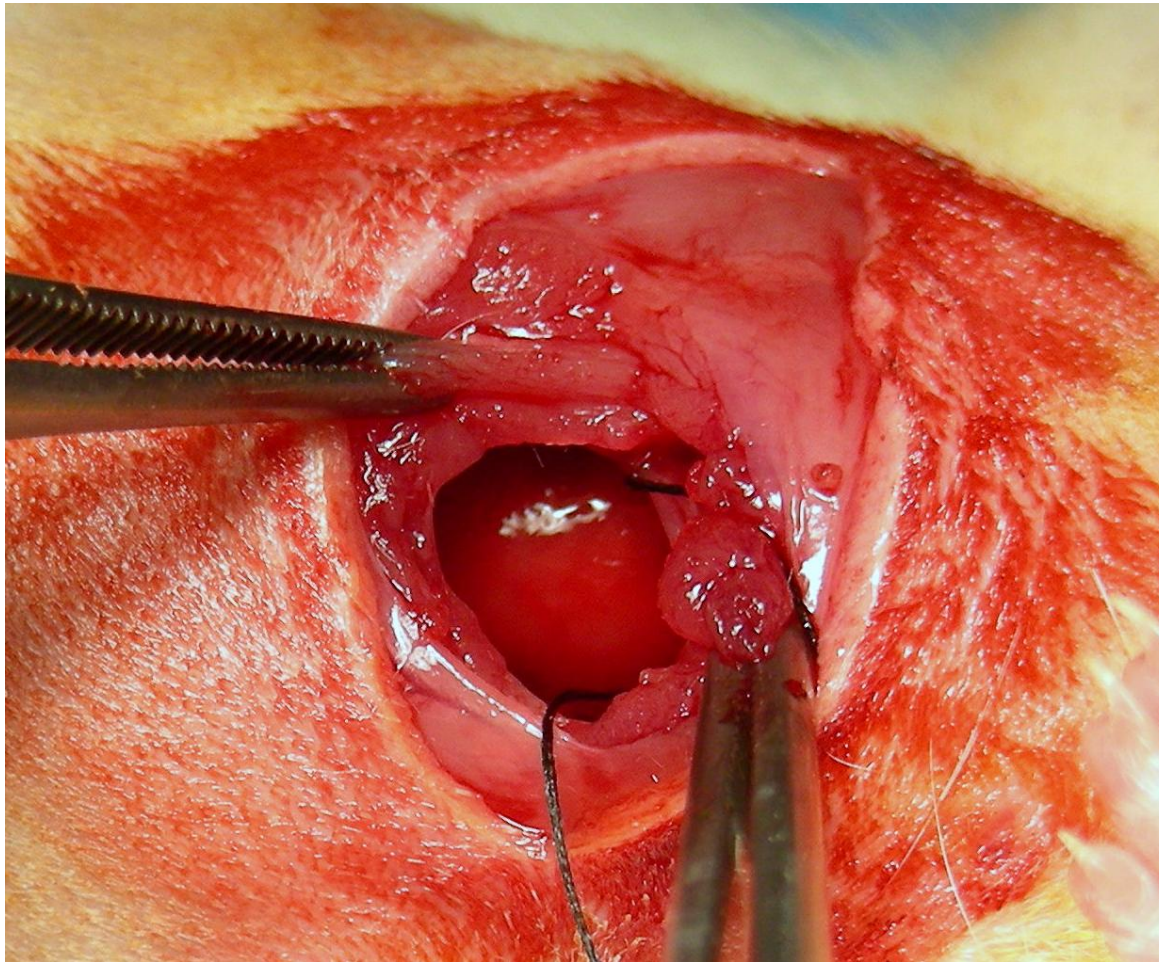
Heart was exteriorised from the thorax



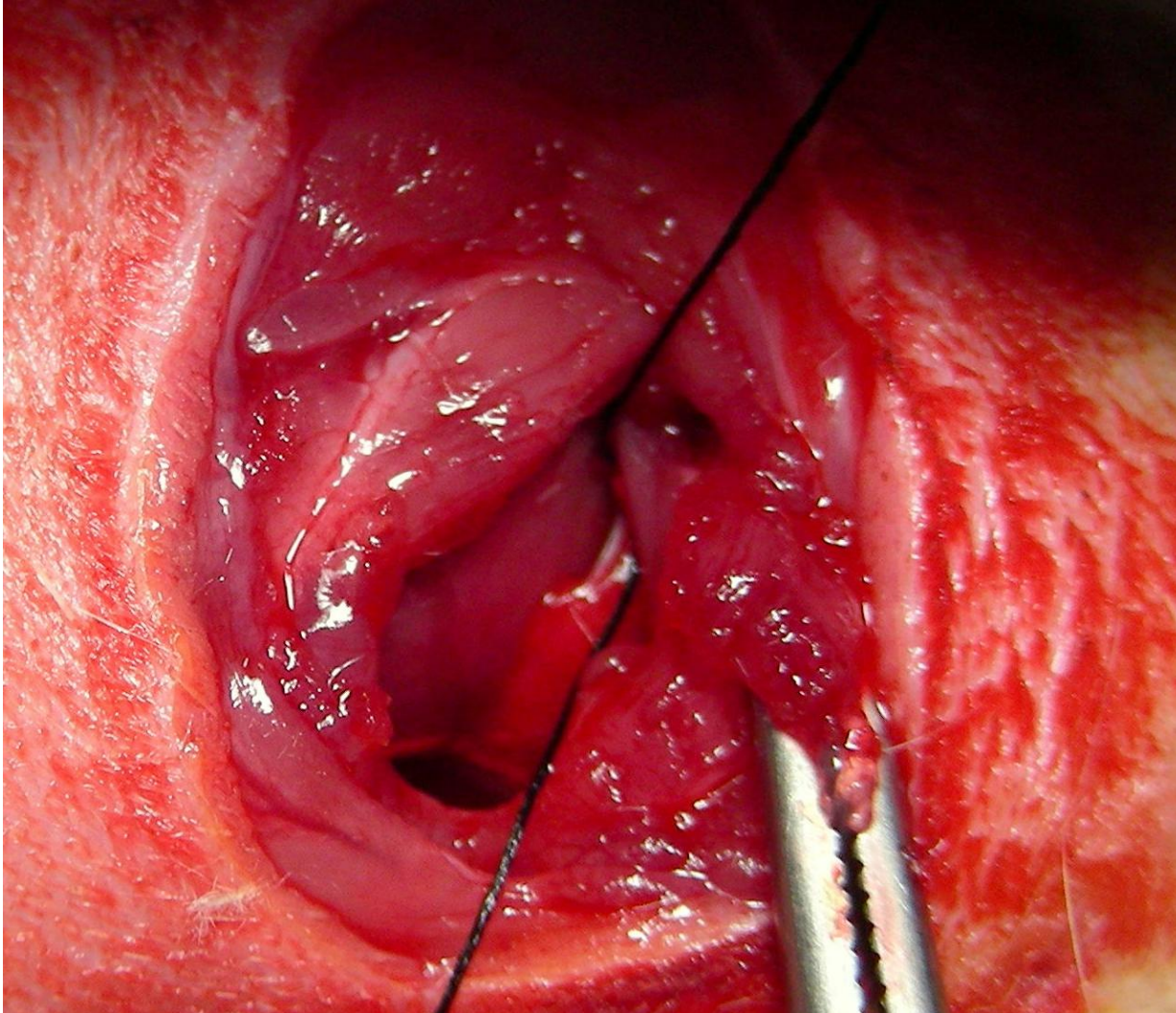
A 5-0 silk suture was passed under the LAD artery



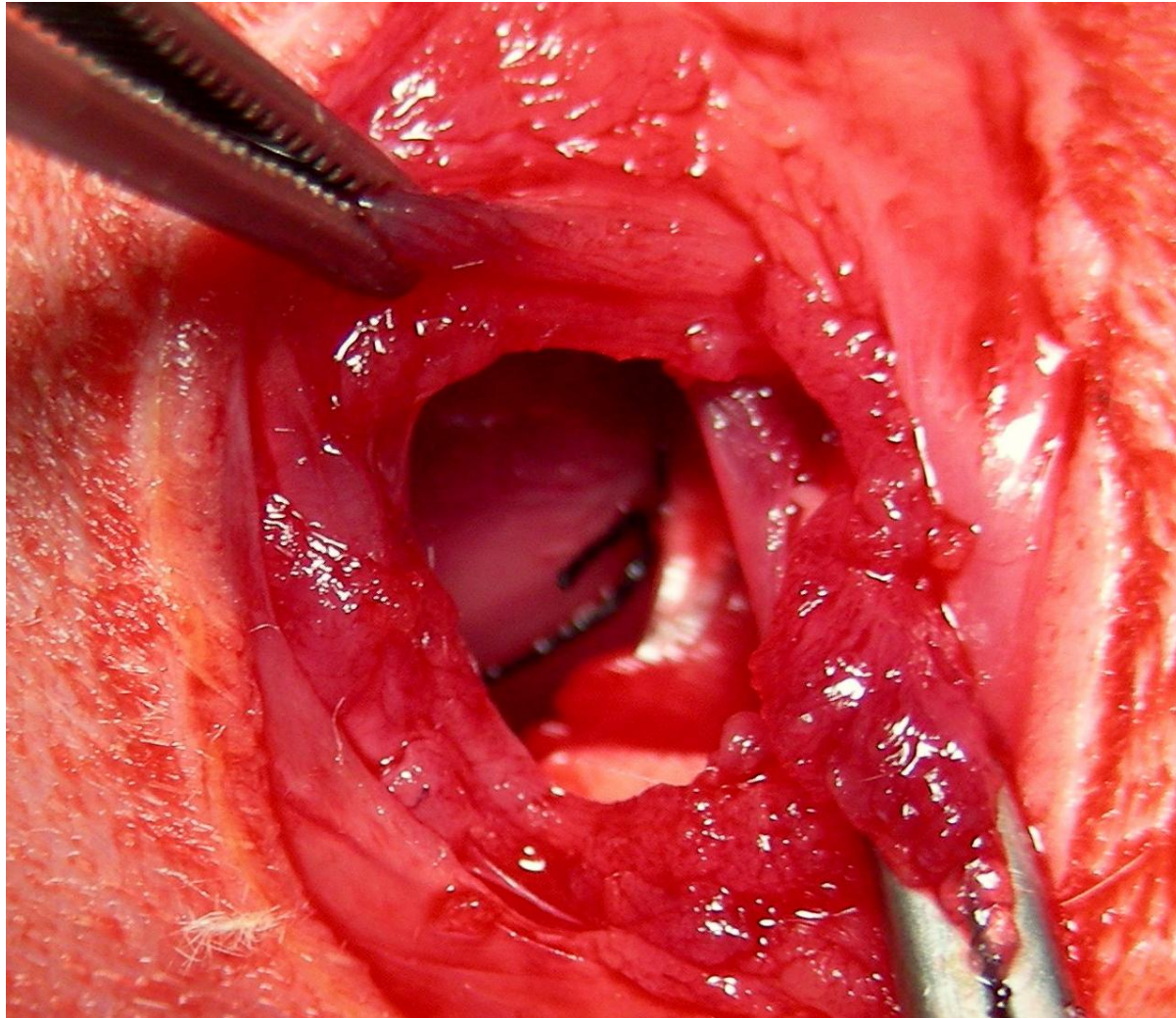
The heart was replaced into the thoracic cavity



The suture was tightened around the LAD coronary



The ischaemic cardiac area was whitening



10. Thorax closure, in case of ischaemic untreated rats

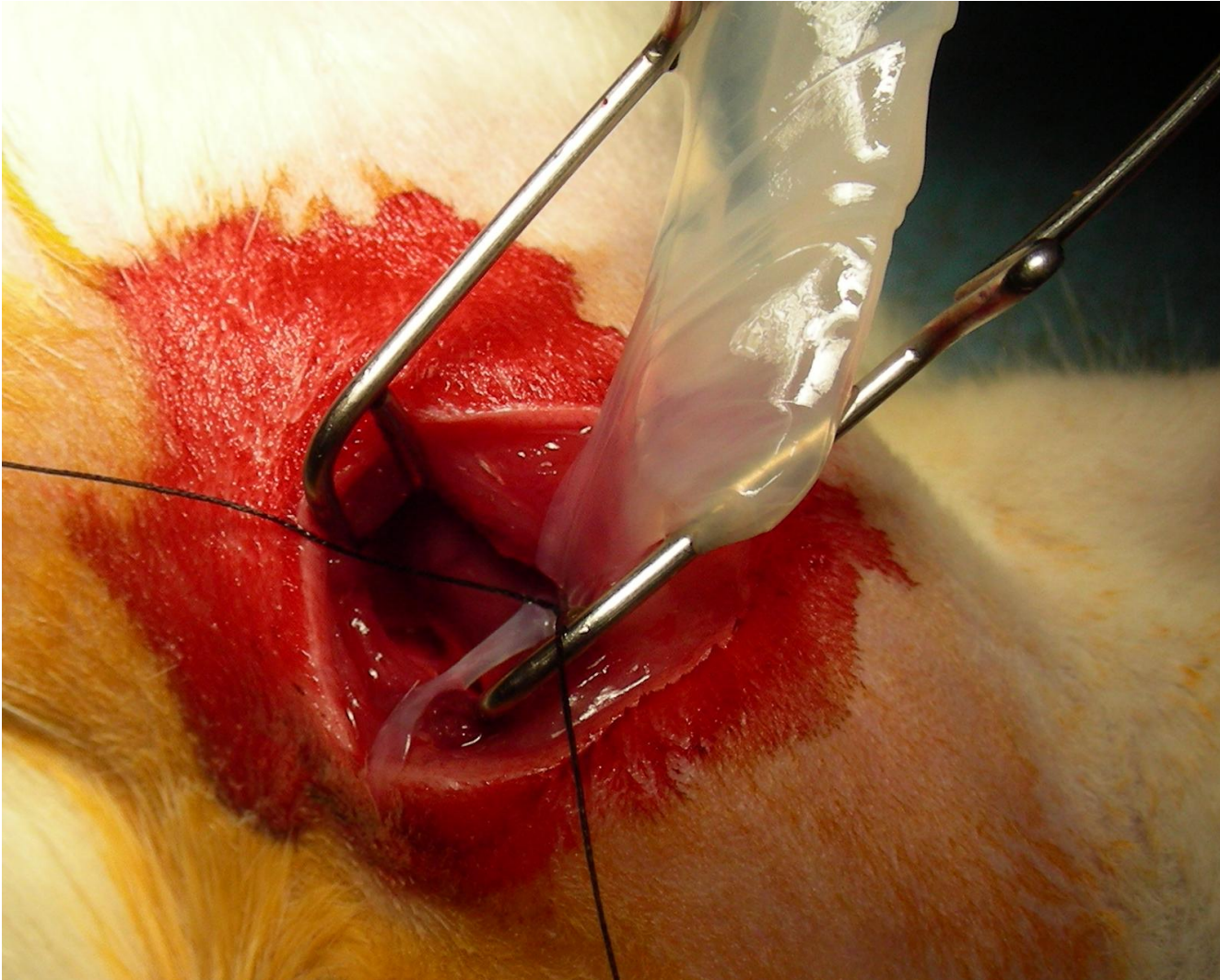
In case of ischaemic treated rats



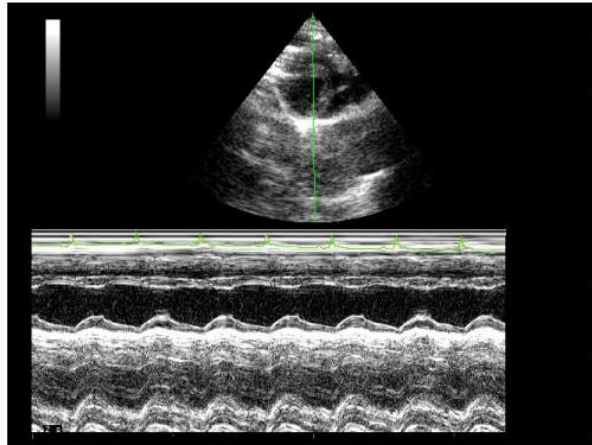
Amniotic membrane application



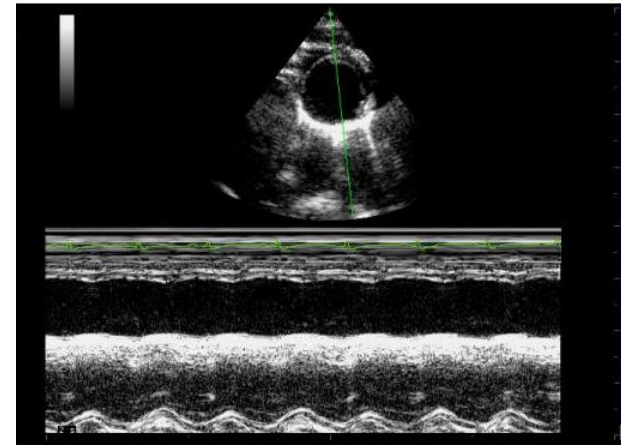
The membrane was softly applied on the left ventricle with the mesenchymal side in contact with epicardial surface



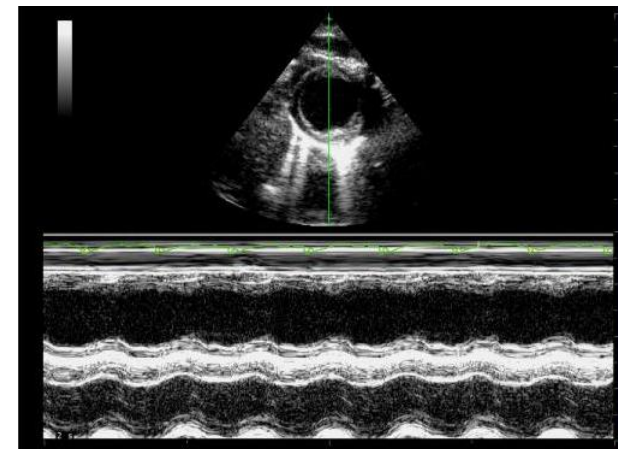
Echocardiographic analysis



Healthy rat heart

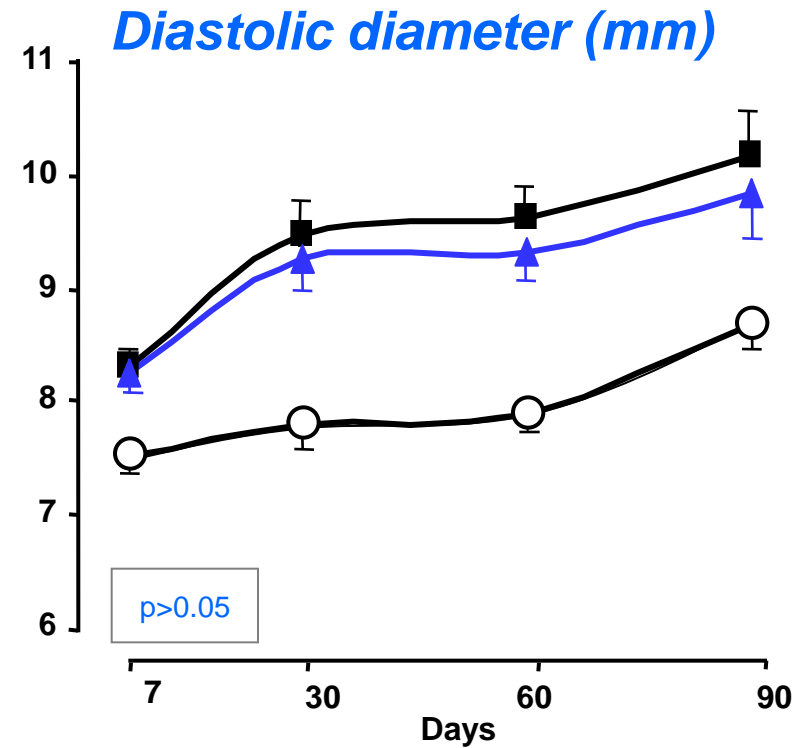
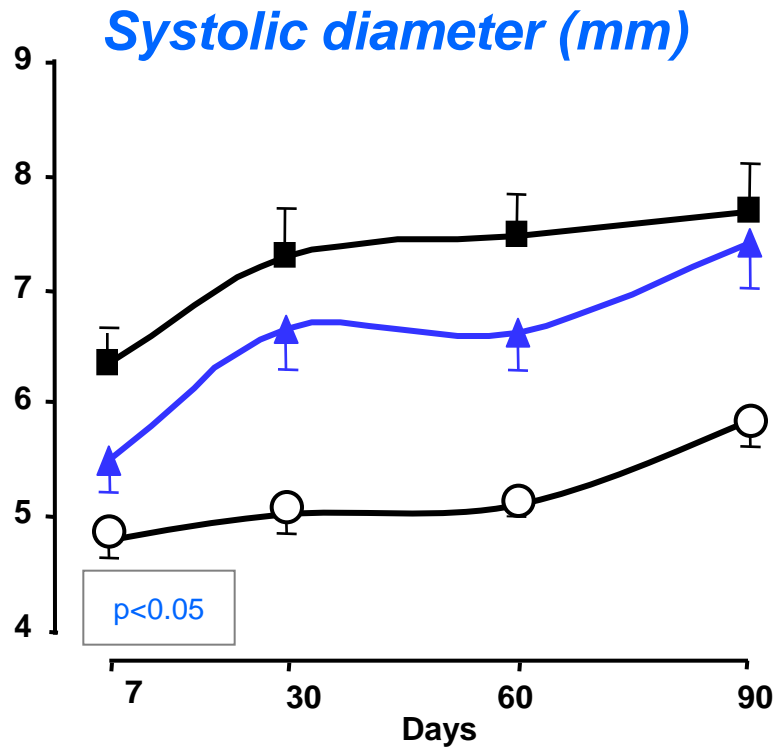


Ischemic rat heart



Ischemic rat heart + amnion

Cardiac dimensions: left ventricle diameter



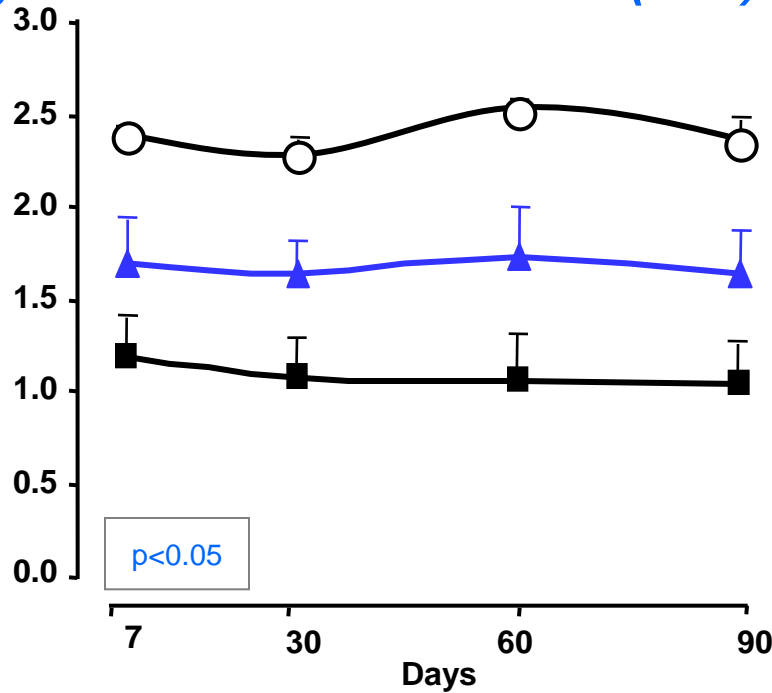
○ ○ Control Group

■ ■ Ischemia Group

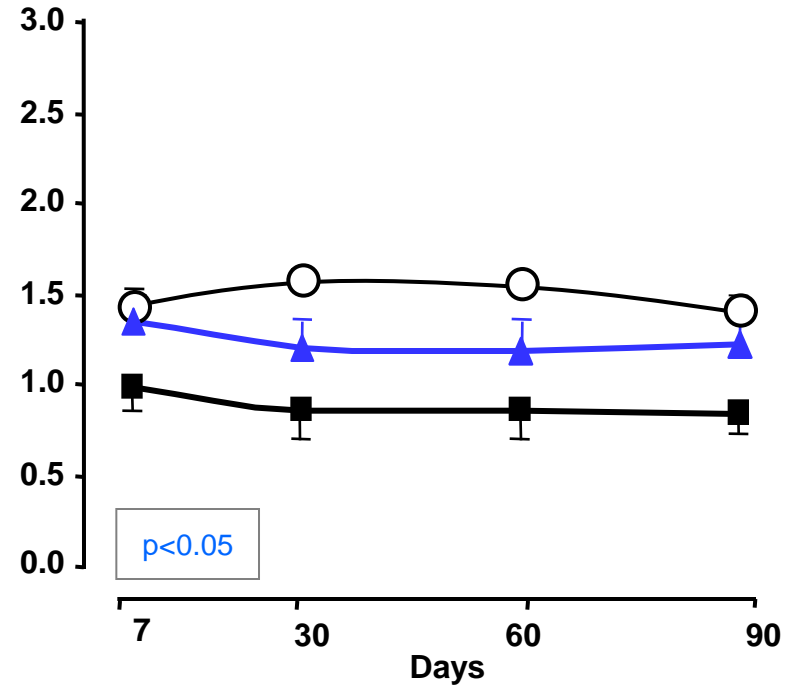
▲ ▲ Ischemia+amnion Group

Cardiac dimensions: left ventricle wall thickness

Systolic LV wall thickness (mm)

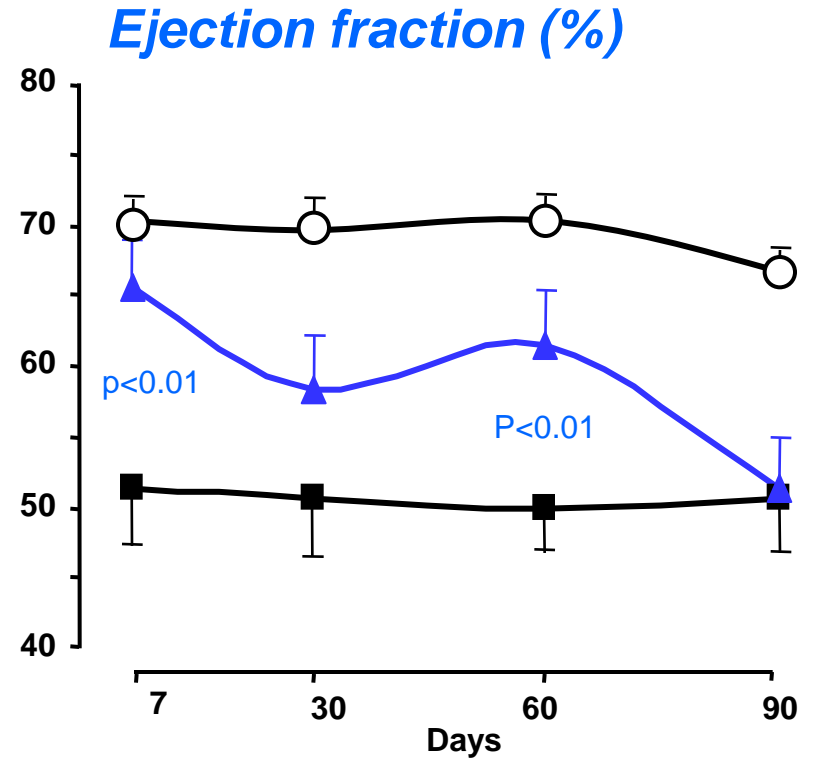
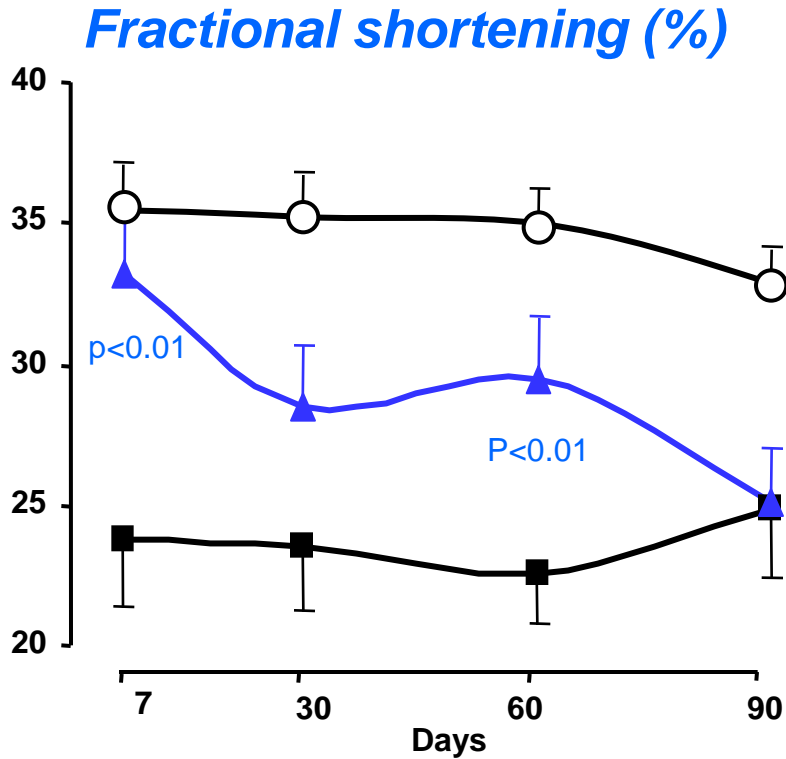


Diastolic LV wall thickness (mm)



○-○ Control Group ■-■ Ischemia Group ▲-▲ Ischemia+amnion Group

Cardiac function parameters



○—○ Control Group ■—■ Ischemia Group ▲—▲ Ischemia+amnion Group




▶ **Myocardial ischemia**

DISEASE MODEL:

▶ **Myocardial ischemia induced by coronary ligation in rats**

TREATMENT:

▶ **Amniotic membrane application**



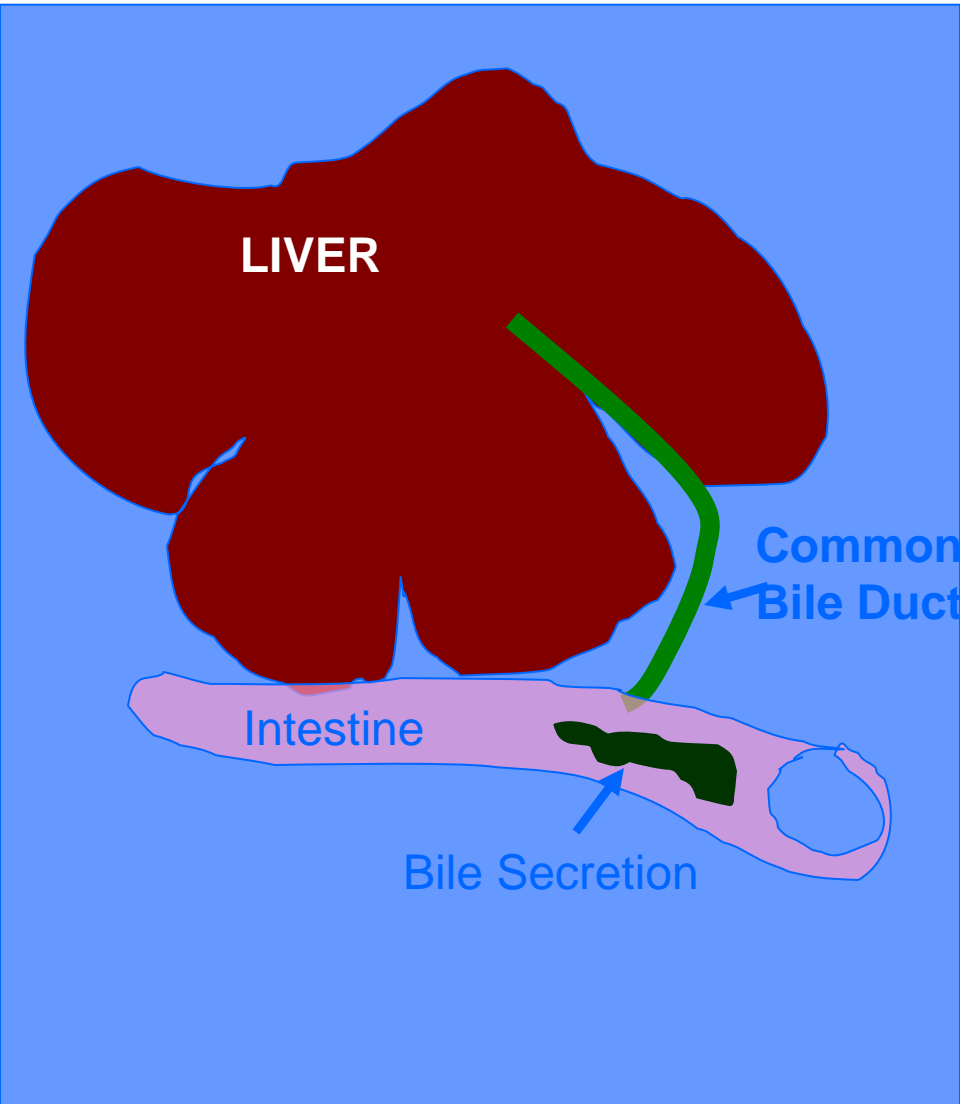
Amniotic membrane application significantly improved cardiac functions in ischemic rat hearts for at least 2 months post-injury



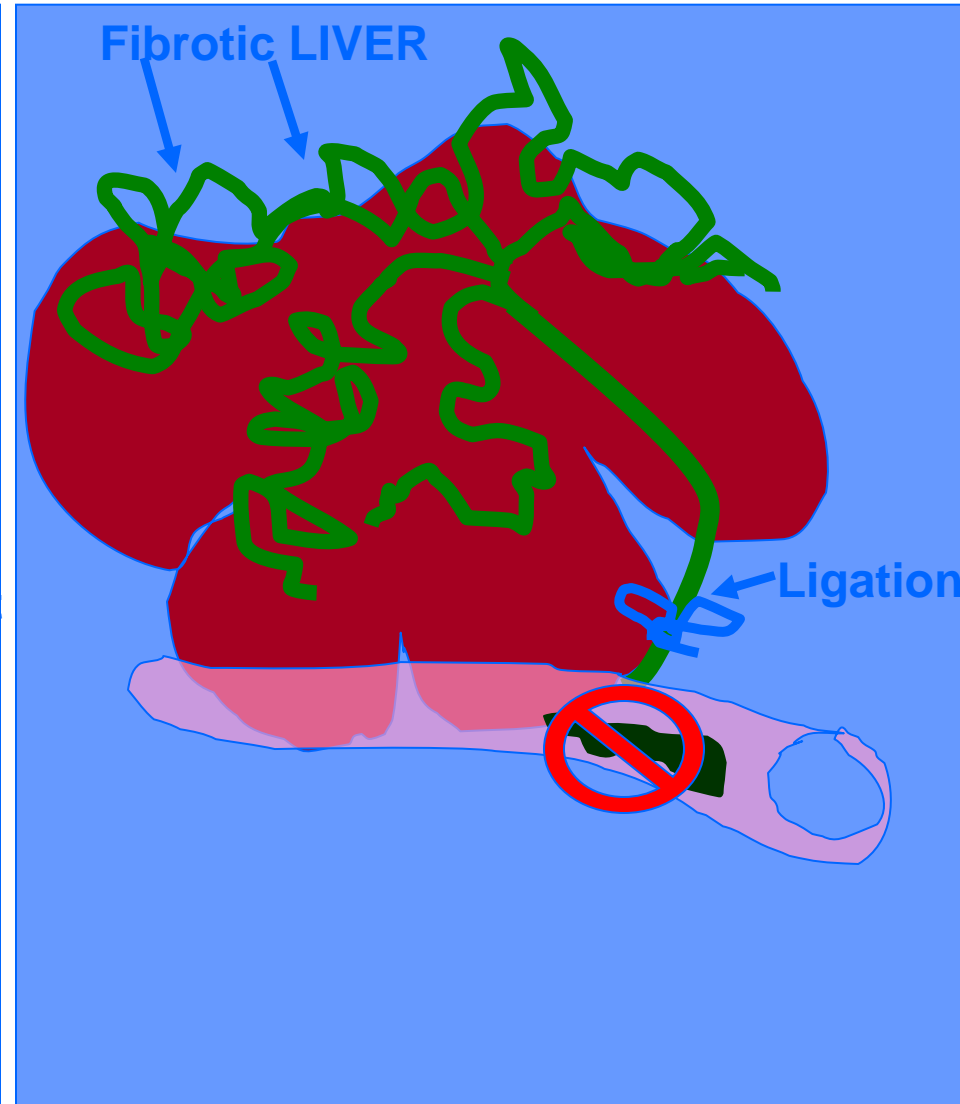
Which other models of fibrosis....

Bile duct ligation rat model

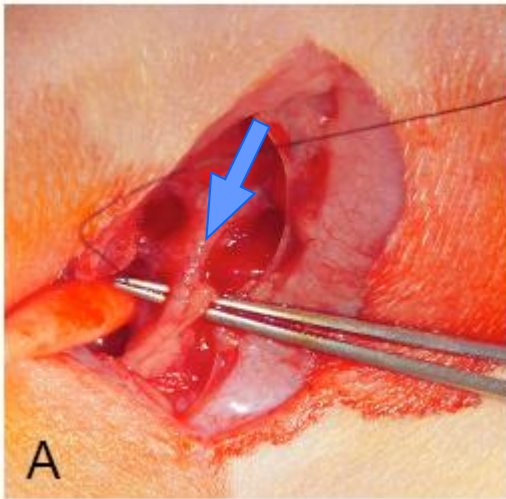
Normal Liver



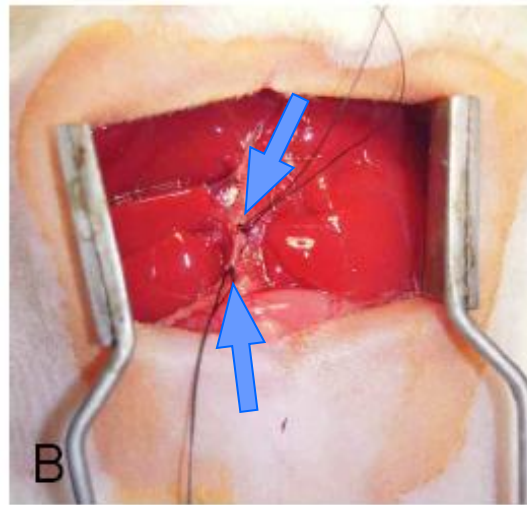
BDL model



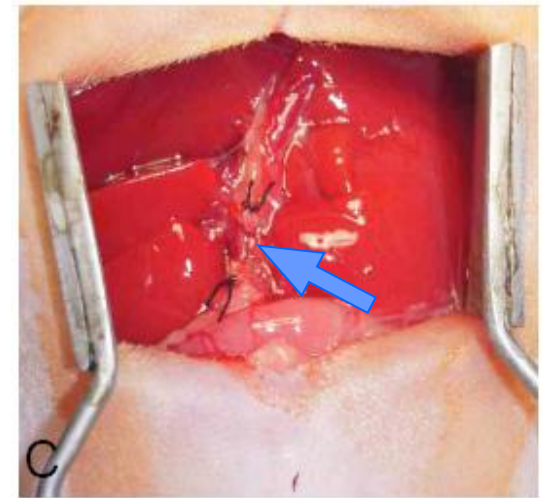
Surgery: Assessing BDL Model



**Common Bile duct
Exposed**



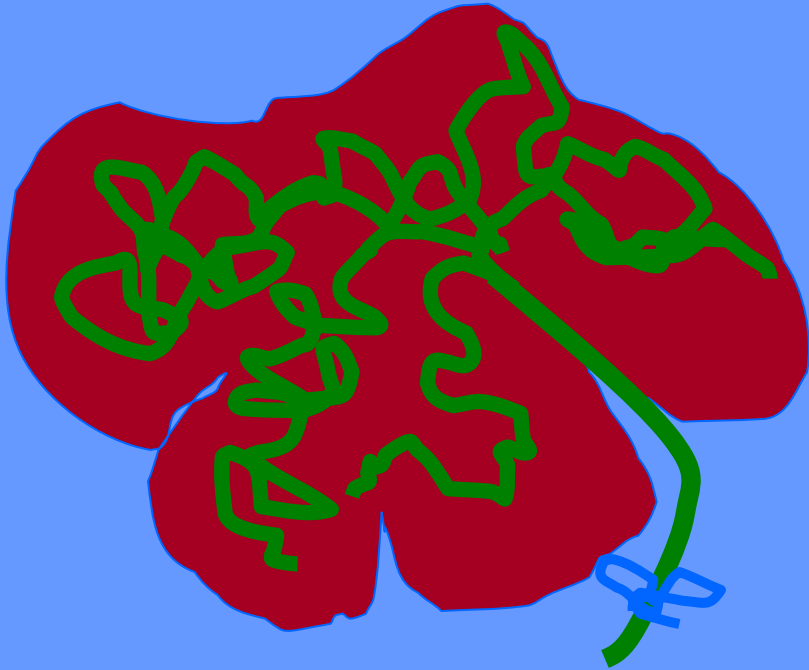
**Bile duct
Double Ligated**



**Bile duct
Cut between ligatures**

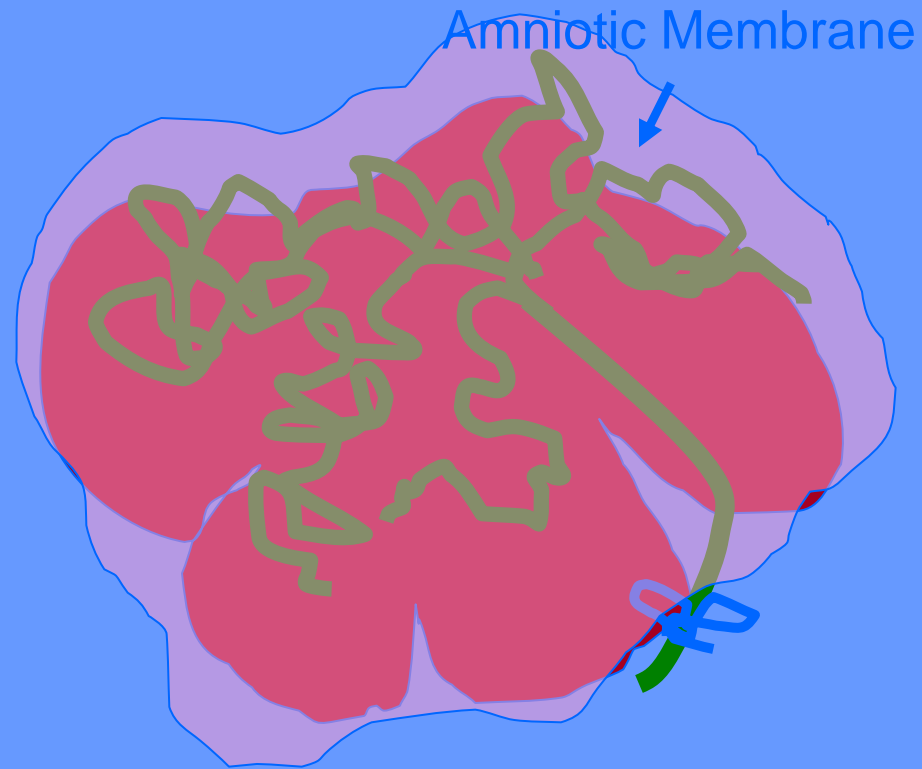
Study Groups

BDL Group



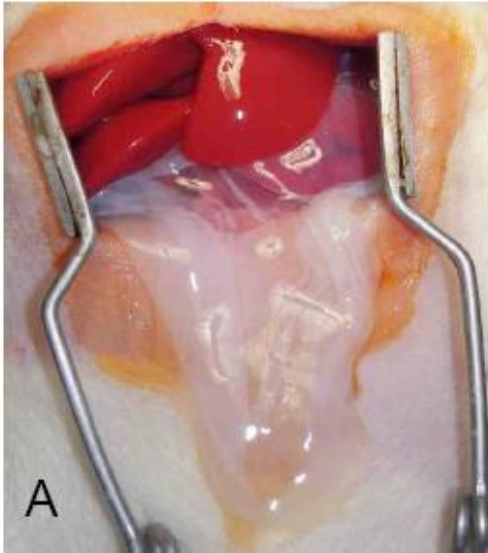
**Sacrifice:
2,4,6 weeks**

BDL+AM Group

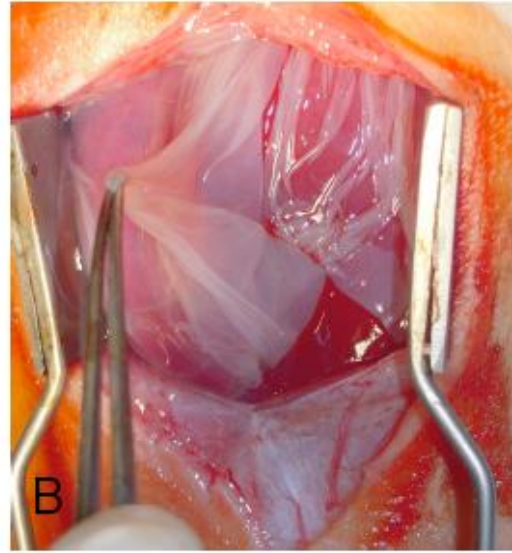


**Sacrifice:
2,4,6 weeks**

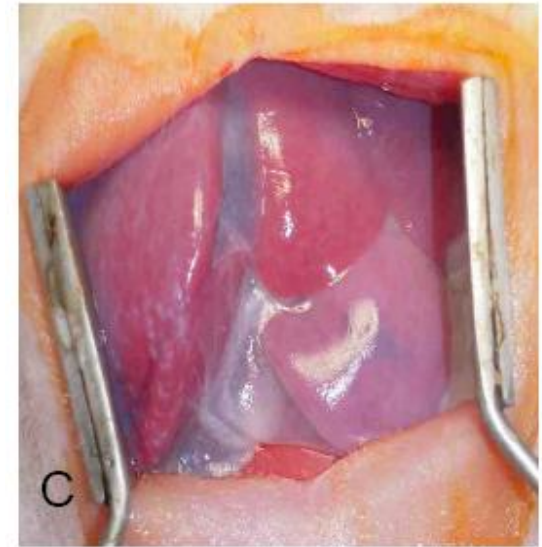
Surgery: AM application



**AM fragment was
inserted under the
liver lobes**

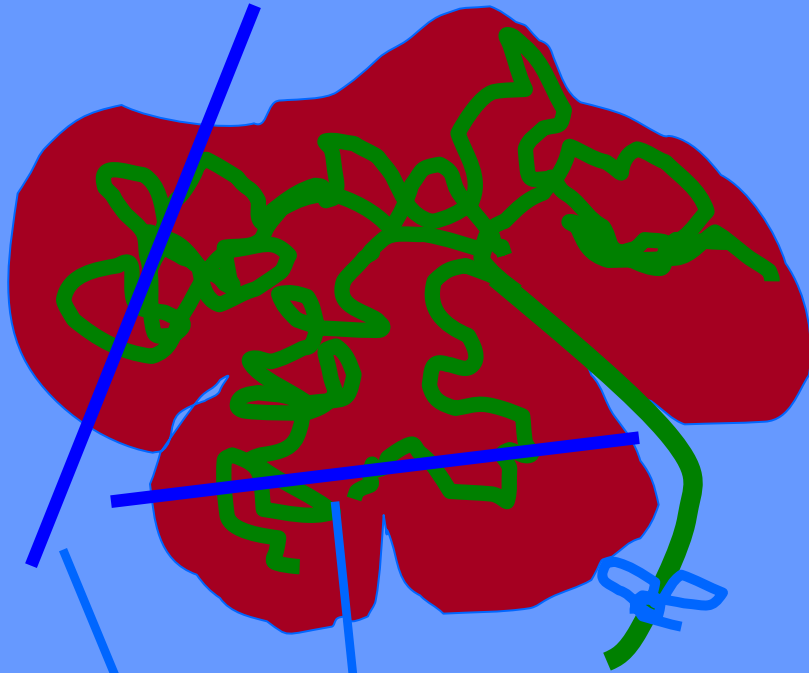


**The extremities
were raised...**

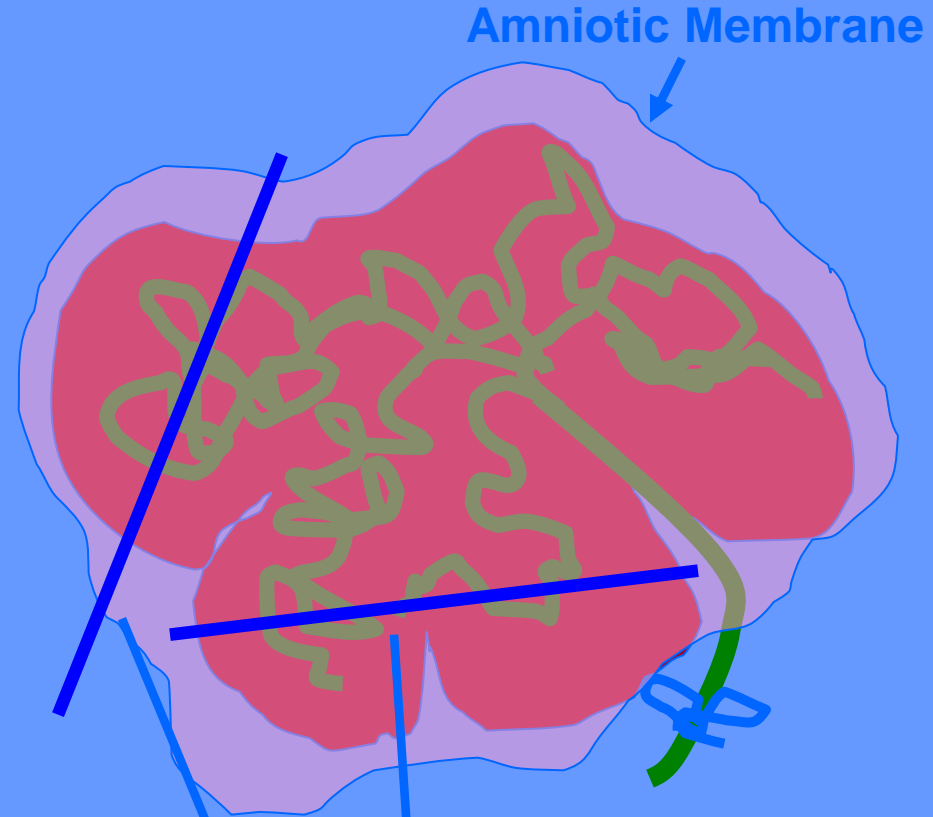


**...and fixed
to cover the
whole liver surface**

Evaluation of Fibrosis



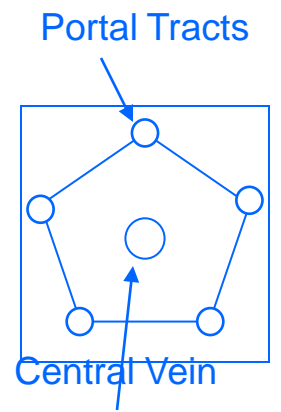
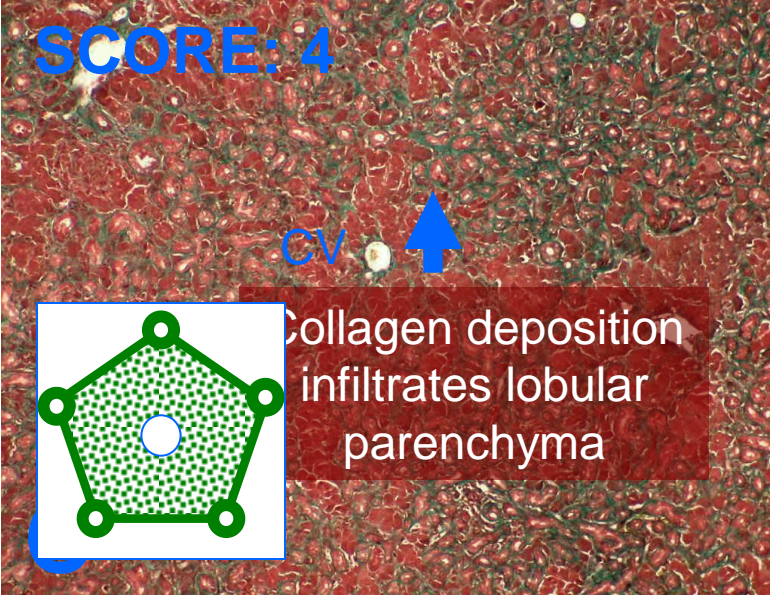
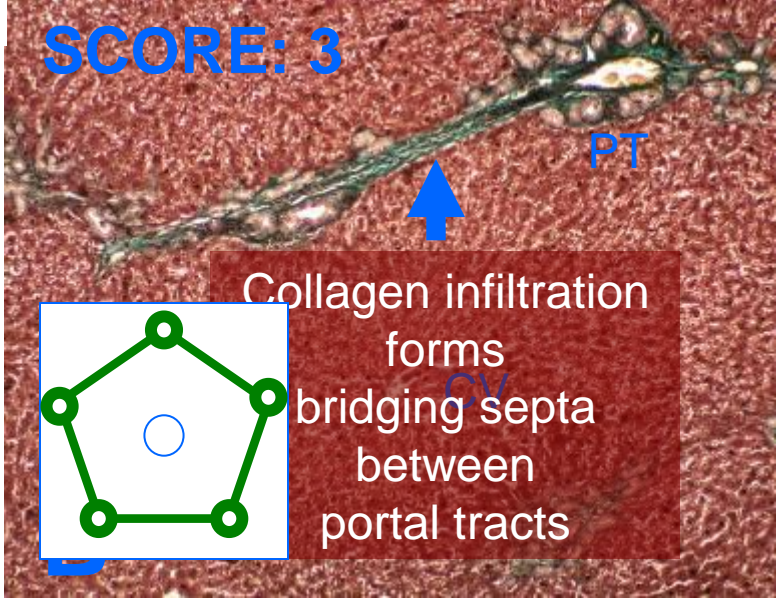
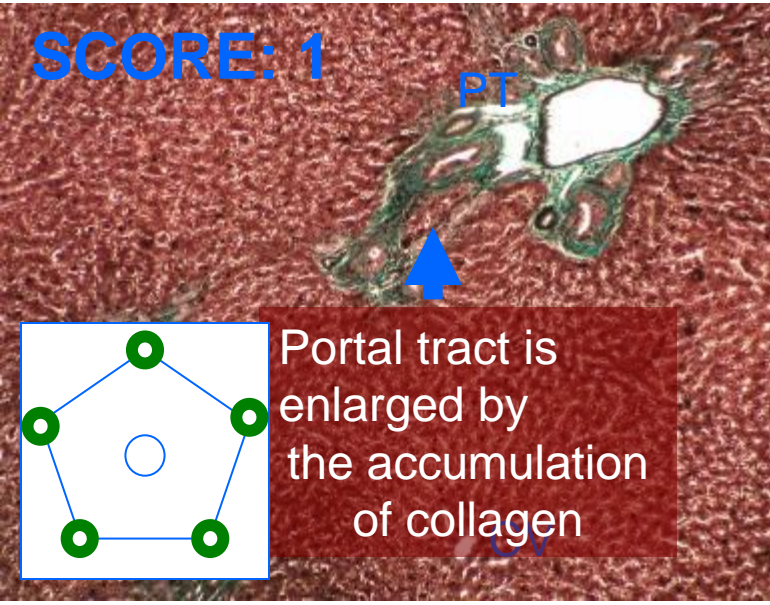
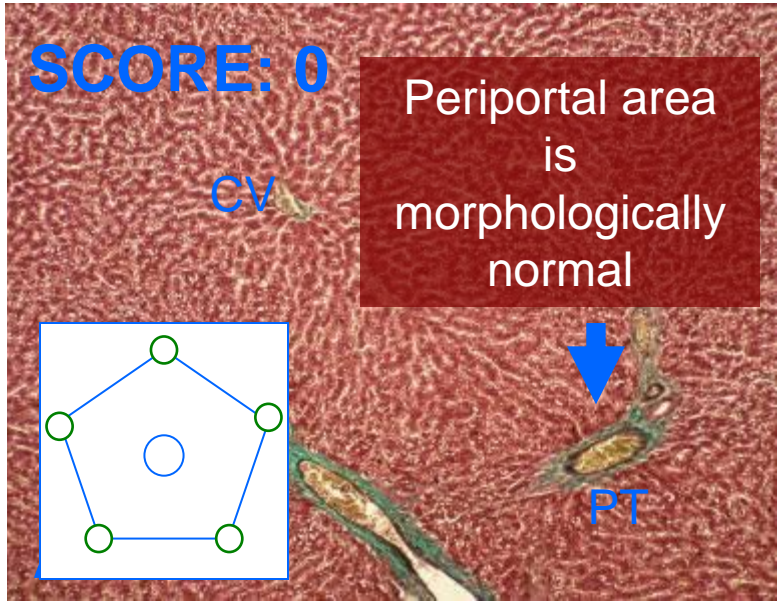
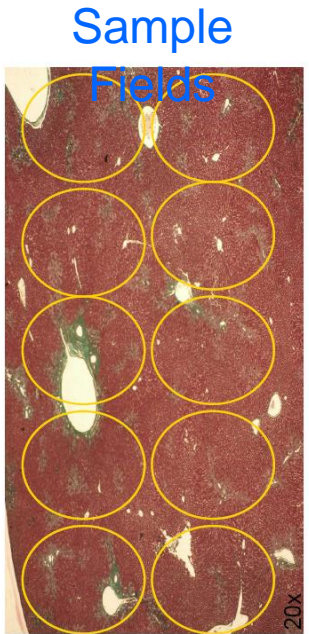
HISTOLOGY



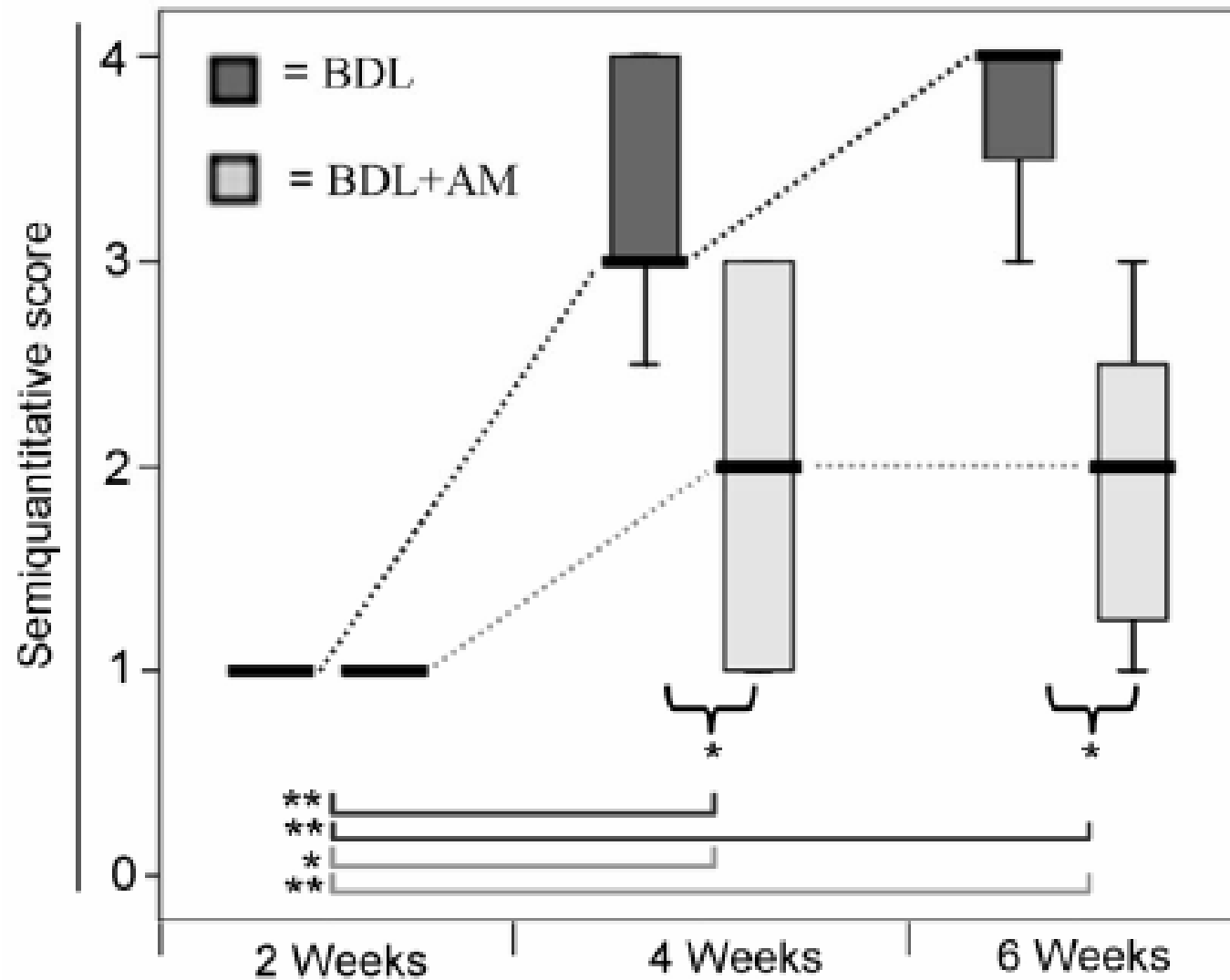
Amniotic Membrane

HISTOLOGY

MASSON STAIN: Knodel* scoring patterns for liver fibrosis



Results: Knodel semiquantitative fibrosis scoring system





▶ Liver fibrosis

DISEASE MODEL:

▶ liver fibrosis induced by bile duct ligation (BDL) in rats

TREATMENT:

▶ Amniotic membrane application

▶ **Amniotic membrane application significantly reduced liver fibrosis induced in rats by BDL**



Steps toward clinical application of placenta : “in vivo” experiments

- ▶ **Pulmonary fibrosis**
- ▶ **Myocardial ischemia**
- ▶ **Liver fibrosis**



Which treatment was applied in these disease models?

Pulmonary fibrosis



Fetal membrane-derived cells

Myocardial ischemia



Amniotic membrane application

Liver fibrosis



Amniotic membrane application

What results were obtained?

Pulmonary fibrosis



(Cargnoni A. et al. Cell Transplant; 2009)

Placenta-derived cell transplantation significantly reduced bleomycin-induced lung fibrosis

Myocardial ischemia



(Cargnoni A. et al. Cell Transplant; 2009)

Amniotic membrane application significantly improved cardiac functions in ischemic rat hearts for at least 2 months post-injury

Liver fibrosis




(Sant`Anna Barros L. et al. submitted)

Amniotic membrane application significantly reduced liver fibrosis induced in rats by BDL

PHASE TWO: INTERPRETATION

SEIDMAN Walter Ledger
© SEIDMAN





Database for the precise description of the experimental plan and the correlation between the parameters in the set up and the results

Network of databases to compare results: using different stem cells for the same clinical application.... and different application with the same cell type.

Image analysis system to quantify different type and properties of cells

Evaluation systems that are not only analysing a single slide/section, but the entire organ

REGENERATION versus REPAIR

In vivo studies demonstrate mainly the ability of amniotic cells/amniotic membrane to modify the environment and exert paracrine effects that improve local surrounding tissue favouring repair from the host cells

NEW WAY TO CONSIDER CELL THERAPY?

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Silvia De Munari
Patrizia Bonassi
Elsa Vertua
Daniele Rossi
Anna Cargnoni
Lorenzo Ressel
Emanuele Ricci**

Luciana Barros Sant`Anna

**Animal Facilities: Istituto Zooprofilattico Brescia
Università di Milano Dept. Veterinaria**

**CENTRO DI RICERCA E.MENNI
FONDAZIONE POLIAMBULANZA**

