



Leids Universitair  
Medisch Centrum

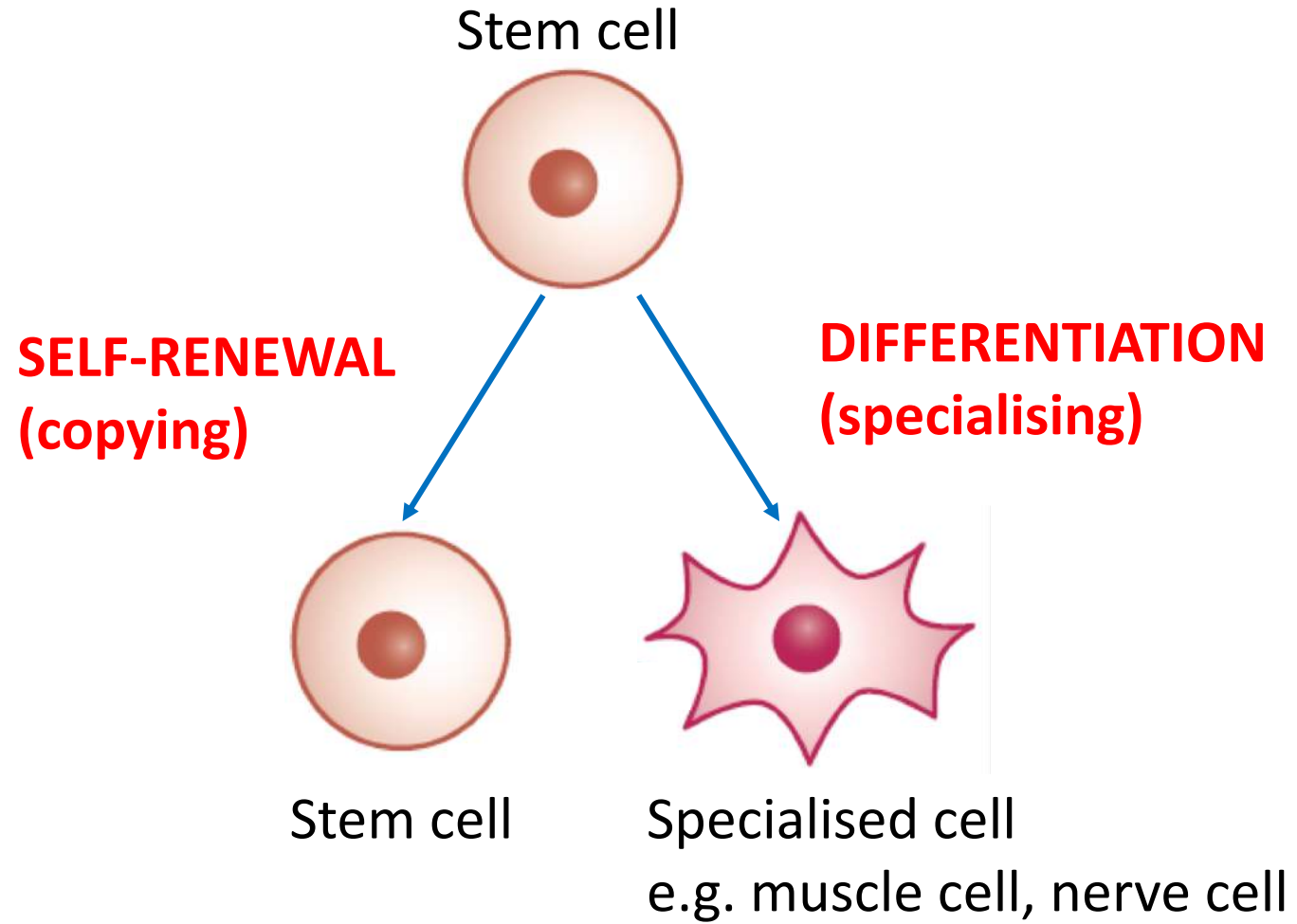
# Chemically defined culture and differentiation of human pluripotent stem cells: where are we at?

**3R Symposium on In Vitro Practices**  
**1<sup>st</sup> June 2018**

Richard Davis  
Eindhoven



# *The Two Paths of a Stem Cell*



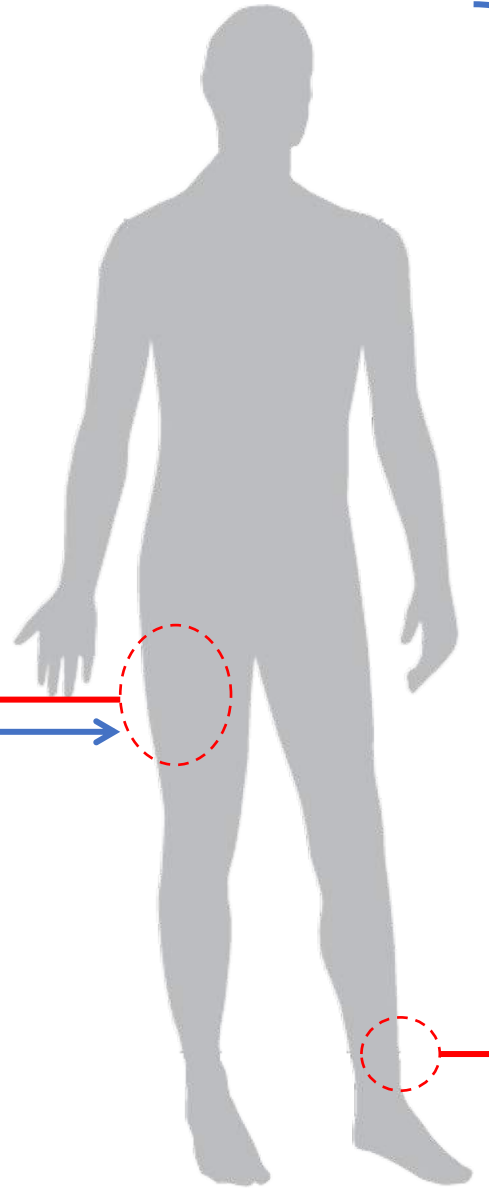
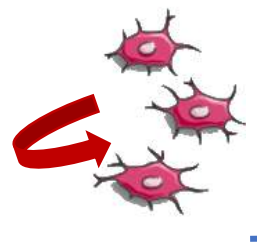
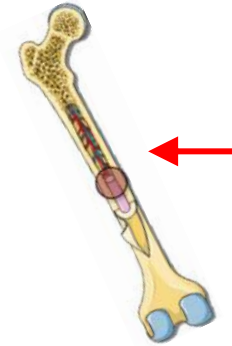
# Types of Stem Cells

## Tissue Stem Cells

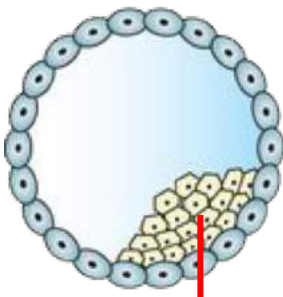
throughout body  
(e.g. bone marrow,  
lung, liver, intestine)

### Adult stem cells

Form cell types  
of the tissues  
from which they  
are derived

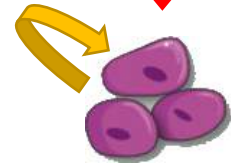


## Pluripotent Stem Cells

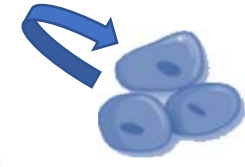


from blastocyst  
(human embryo)

cells inside  
= 'inner cell mass'

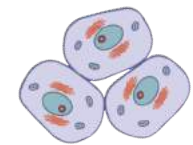


### Embryonic stem cells (ESCs)



### Induced pluripotent stem cells (iPSCs)

Can form all  
cell types in  
the body

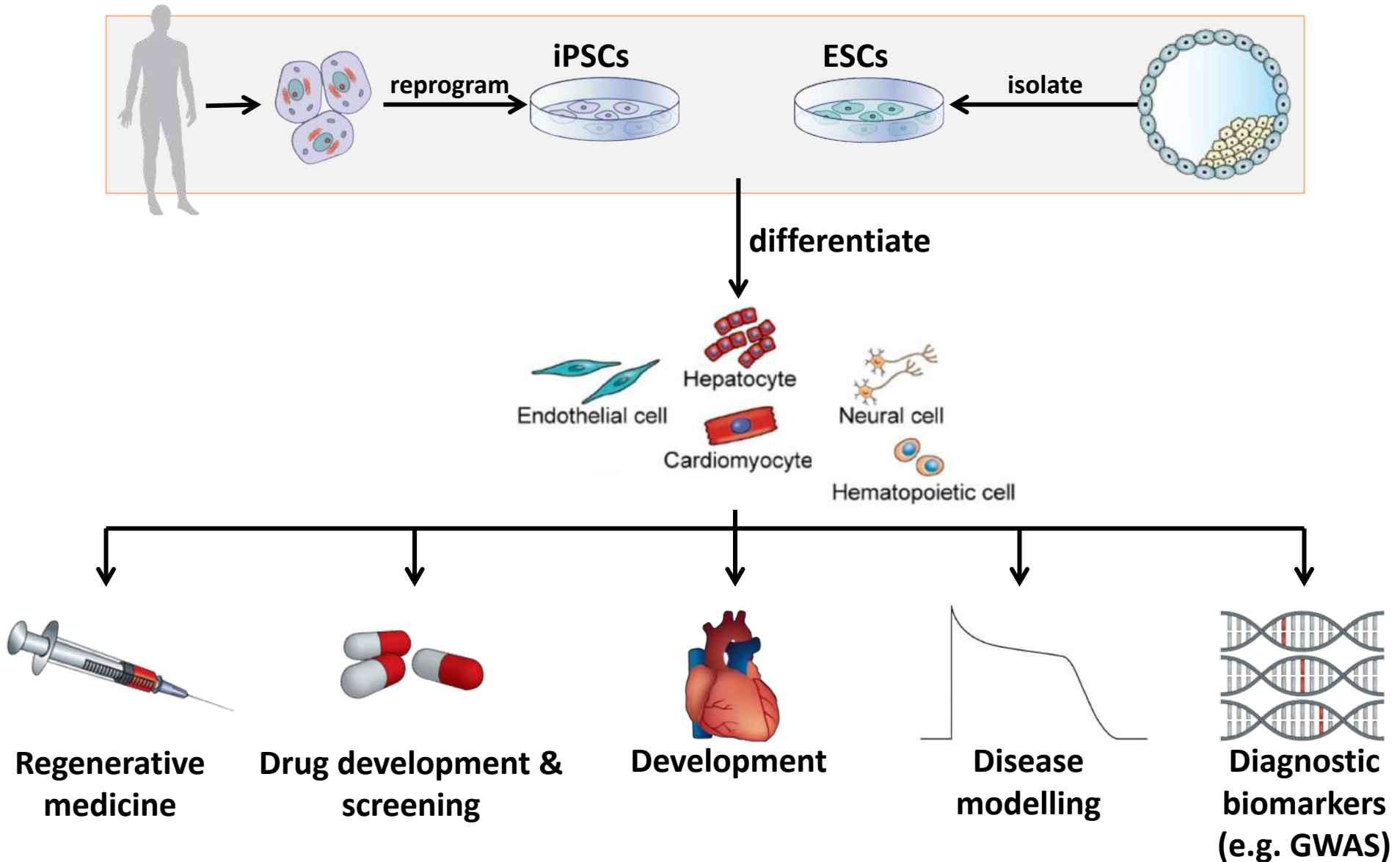


From skin, blood,  
urine etc.

'Reprogramming'

(Adapted from C. Mummery)

# Pluripotent Stem Cell Applications



# ***Why the push for “serum-free” culturing of hPSCs?***

*Not just “serum-free” but “chemically-defined”*

## ***Reproducibility of results***

- Animal-derived products – ill-defined
- Batch-to-batch variation affects on both cell growth pattern and differentiation
- Already line-to-line variability in terms of differentiation efficiency

## ***For use of hPSCs to understand development***

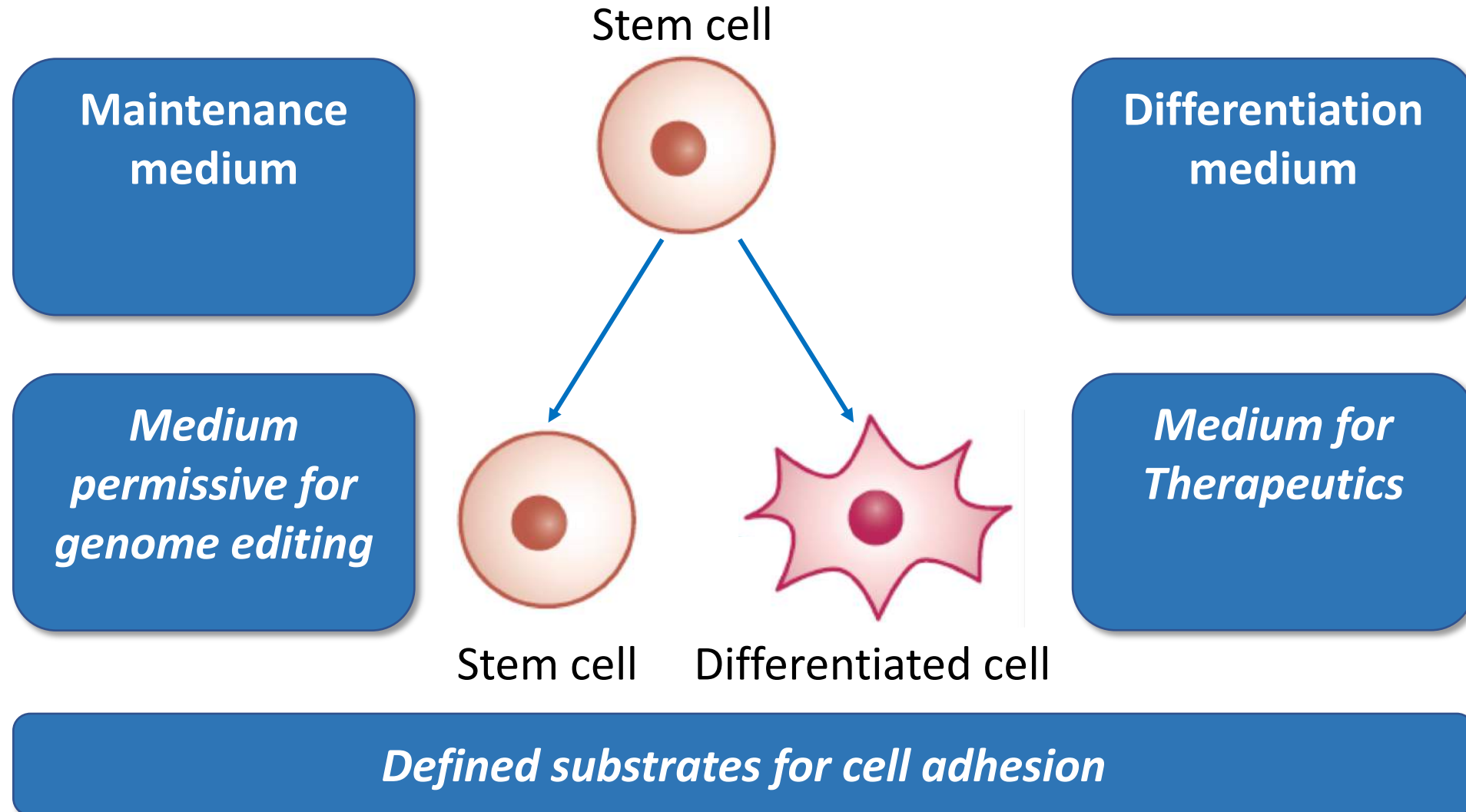
- Unknown factors can interfere with hormone and/or growth factor effects

## ***Clinical applications***

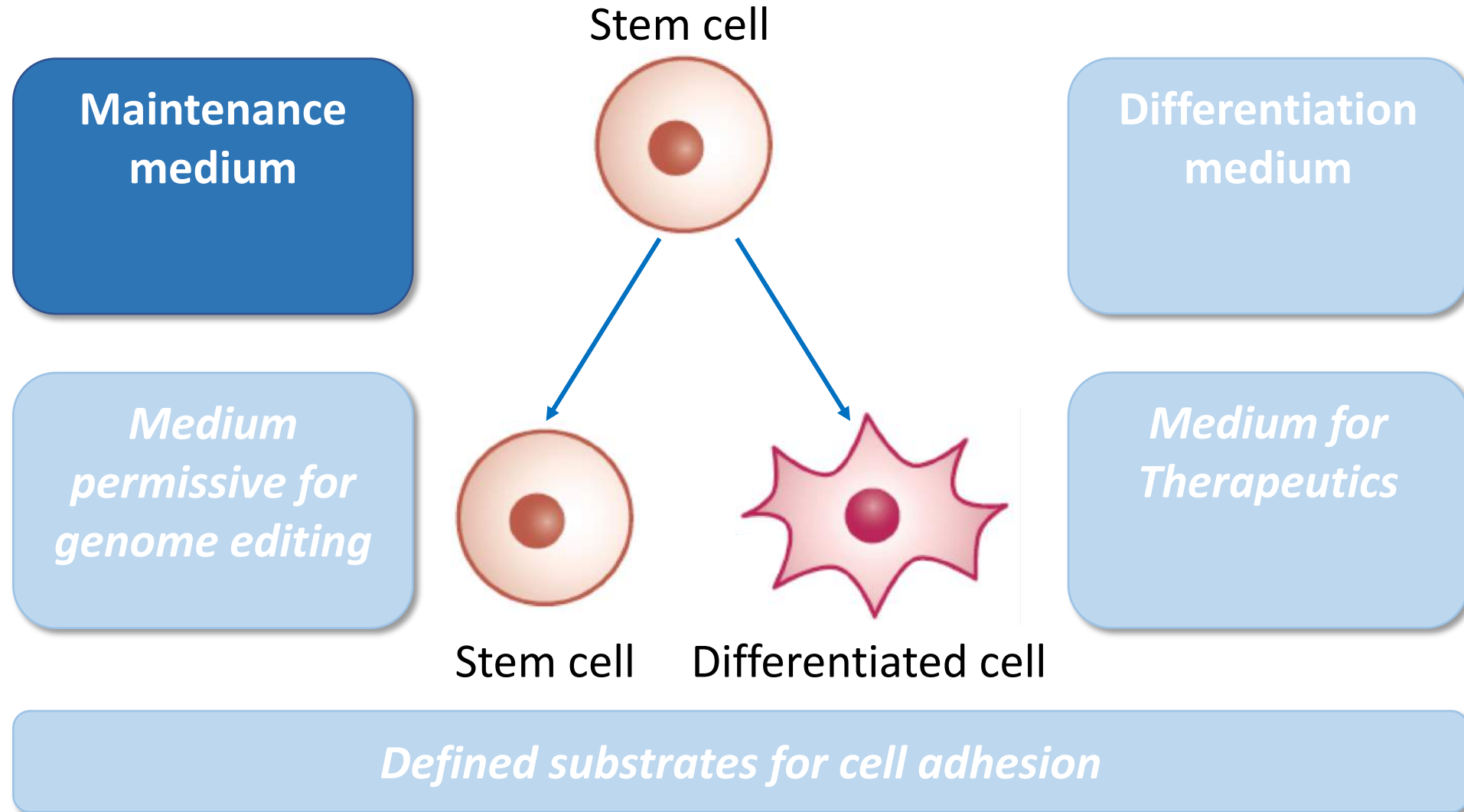
- Not GMP-compliant – risk of viral, mycoplasma / prion contamination
- Incorporation of animal proteins that can provoke immune responses (*non-human sialic acid (Neu5Gc)*)

## ***Ethical & moral considerations***

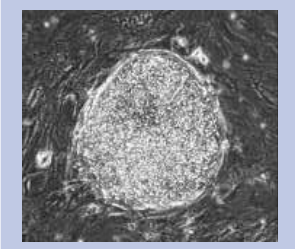
# ***Different culture requirements for the maintenance and differentiation of hPSCs***



# Different culture requirements for the maintenance and differentiation of hPSCs



# Human PSC Culture Medium Milestones



## Primed State

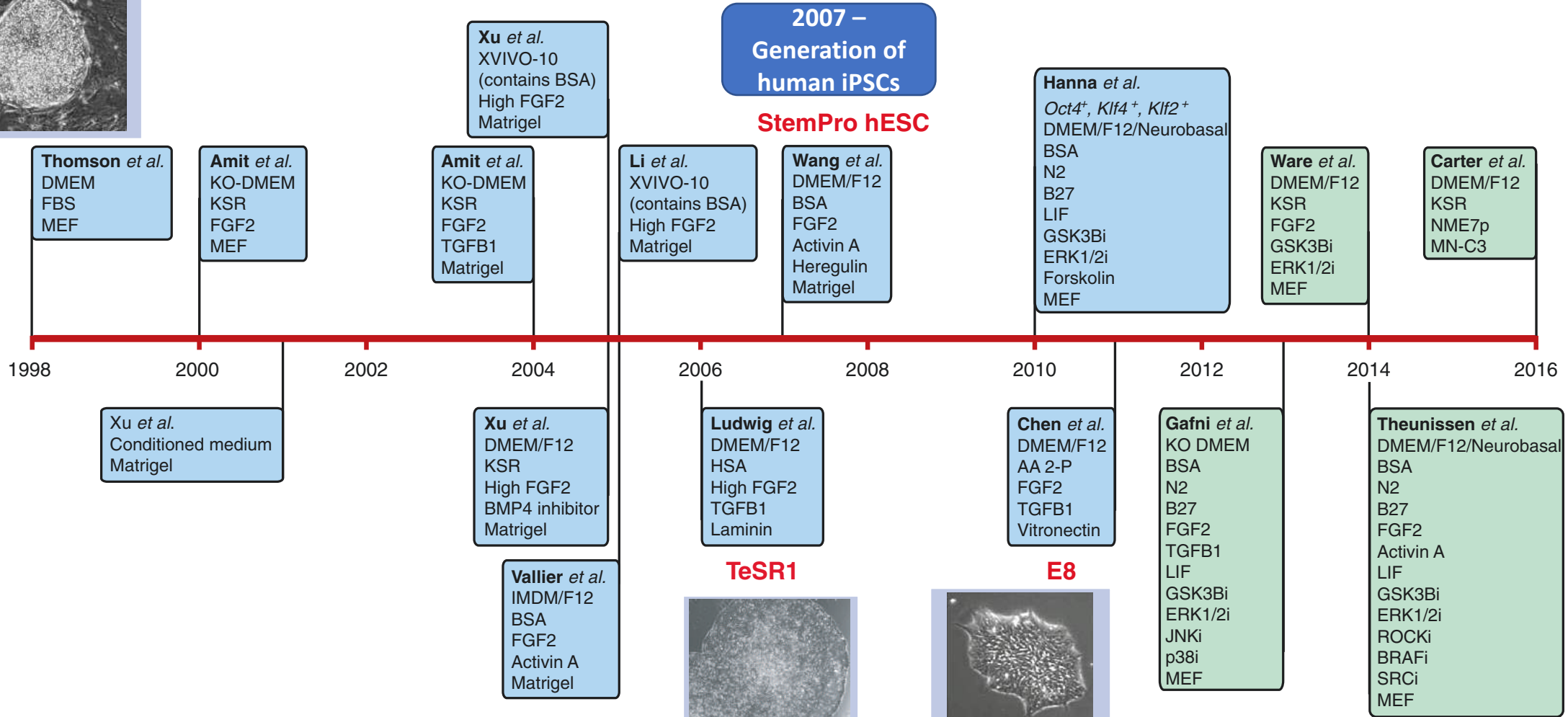
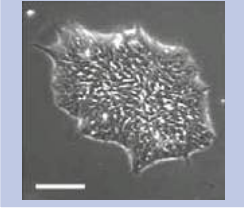
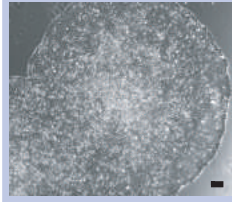
## Naïve State

2007 –  
Generation of  
human iPSCs

StemPro hESC

TeSR1

E8

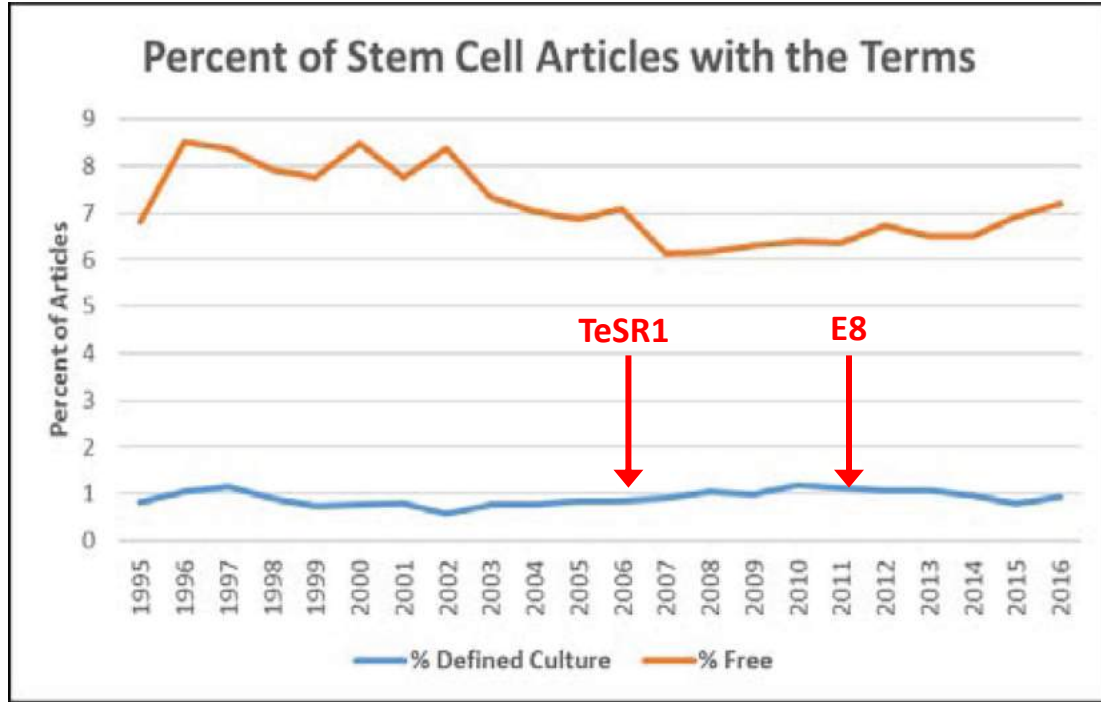


- FBS  
elimination
- FGF2  
addition
- MEF  
elimination
- Conditioned  
medium  
elimination
- High  
FGF2
- TGFB1/  
Activin A  
addition
- KSR  
elimination
- HSA/BSA  
elimination
- Small  
molecule  
inhibitors
- FGF2  
elimination

(Schuldt *et al.*, Cardiac Regeneration, 2017)



# Uptake of these media by the research community



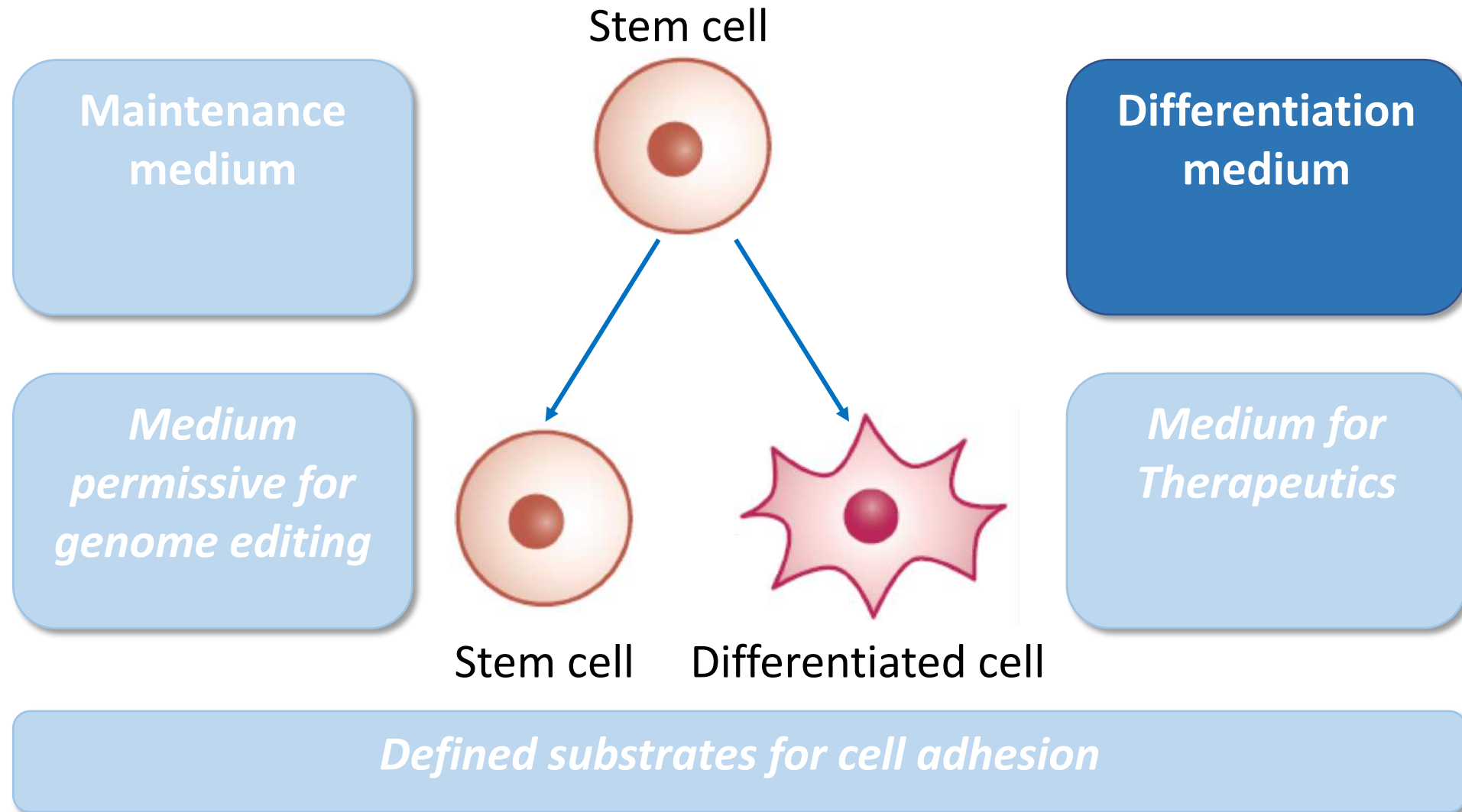
(Vecchi & Wakatsuki, *Arch Stem Cell Res*, 2016)

- Difficult to get a clear picture, but possibly uptake has been slow.

## Possible reasons:

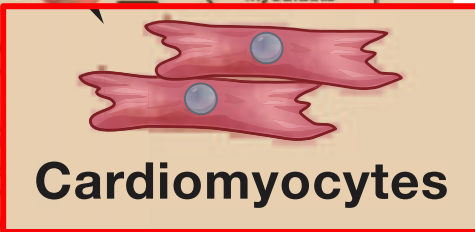
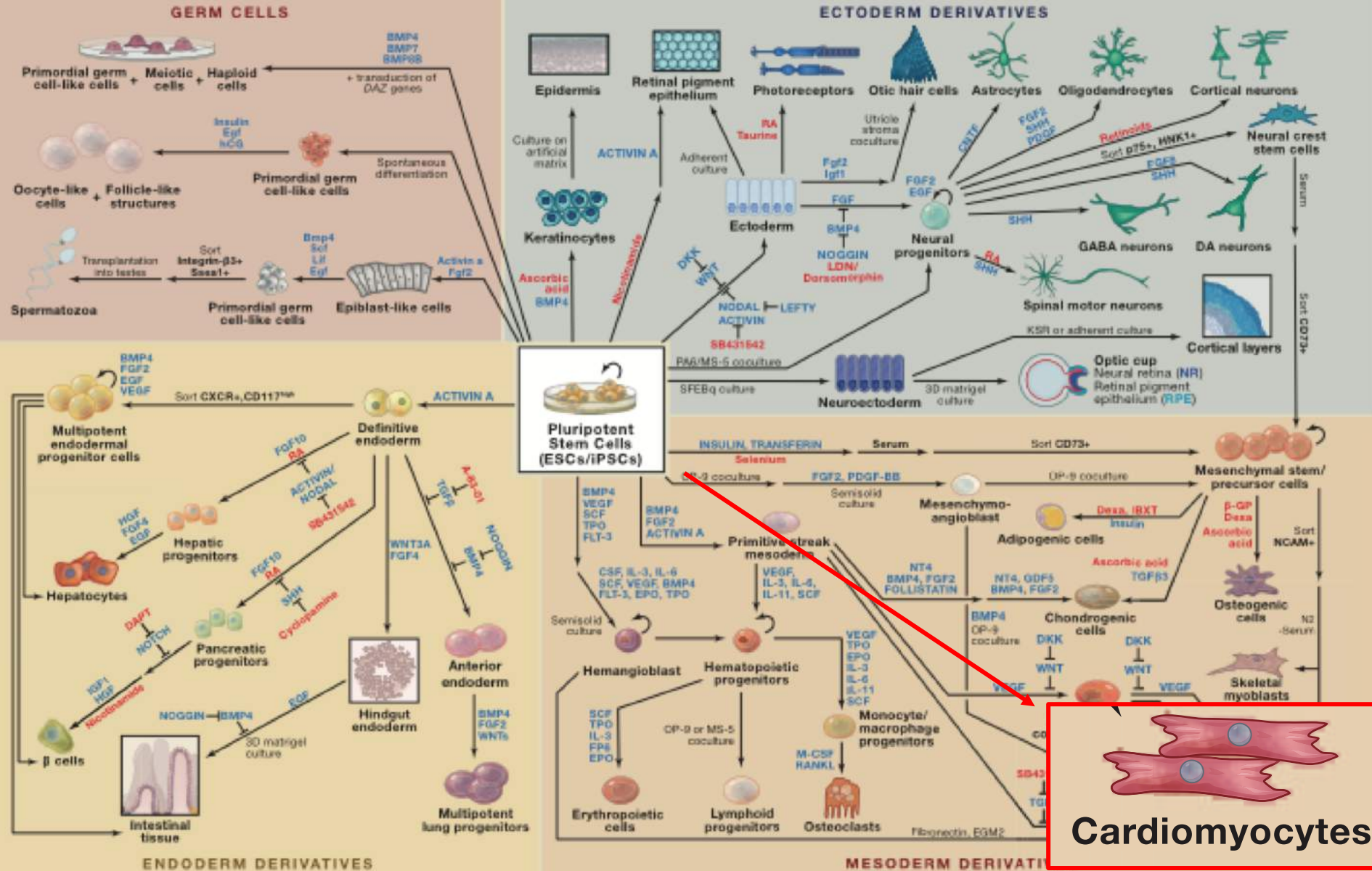
- Difficult to adapt downstream processes (e.g. genetic modification) to the new maintenance media
- **COST**
  - mTeSR1 – €300 per 500 ml
  - TeSR1 (homemade) – complex formulation
  - E8 – ~€225 per 500 ml
  - E8 (homemade) - ~€100 per 500 ml; however QC tradeoff

# ***Different culture requirements for the maintenance and differentiation of hPSCs***



# SnapShot: Directed Differentiation of Pluripotent Stem Cells

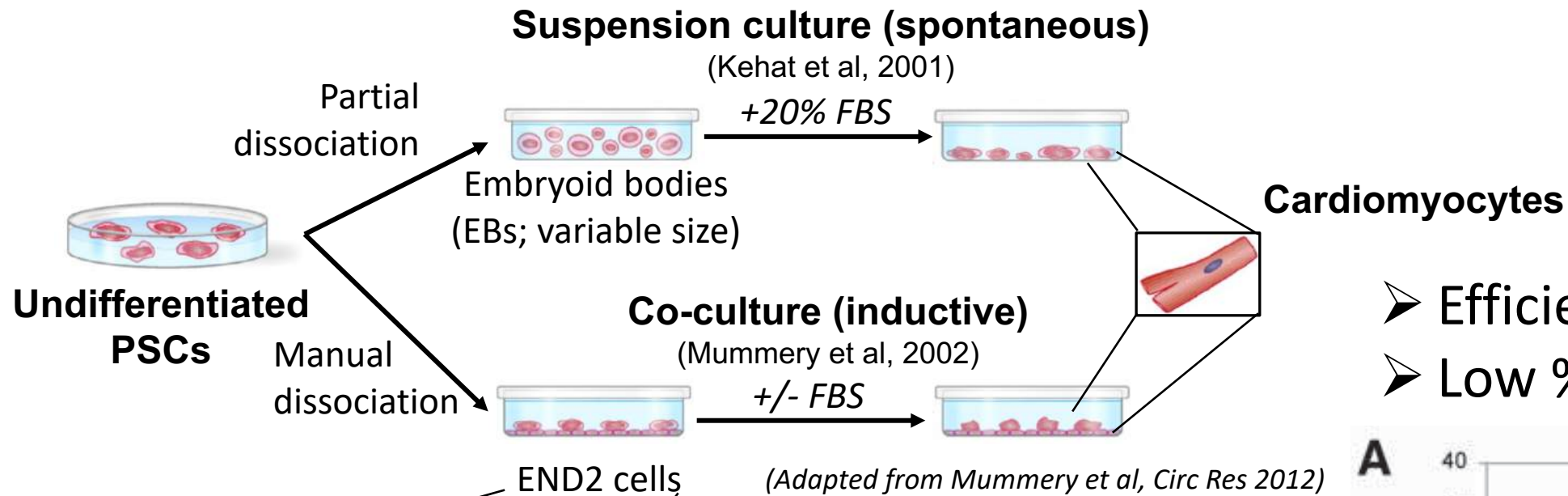
Luis A. Williams, Brandi N. Davis-Dusenbery, and Kevin C. Eggan  
HHMI, Harvard University, Cambridge, MA 02138, USA



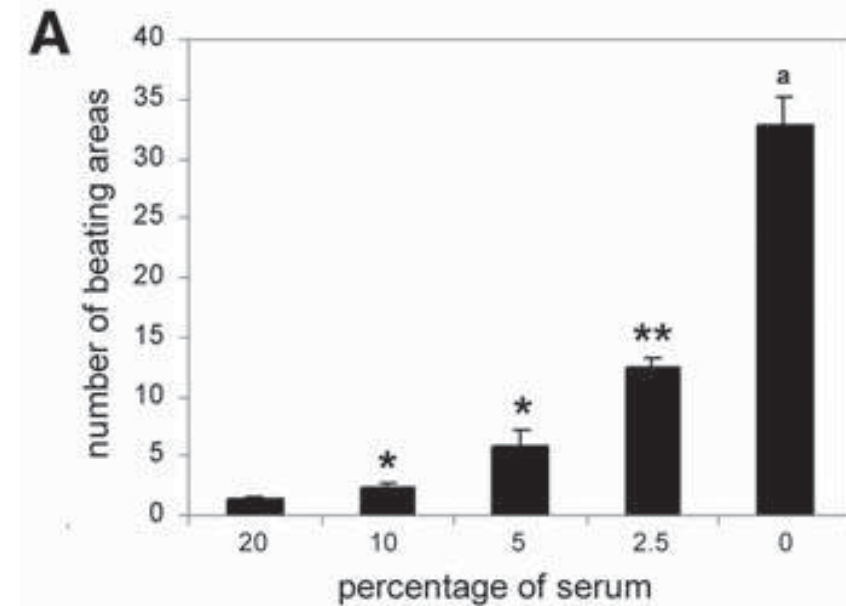
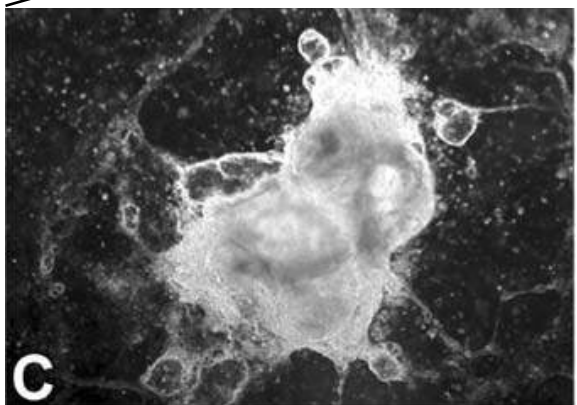
**Cardiomyocytes**

See online version for legend and references.

# Differentiation of hPSCs to Cardiomyocytes version 1 – spontaneously or via END2 co-culture

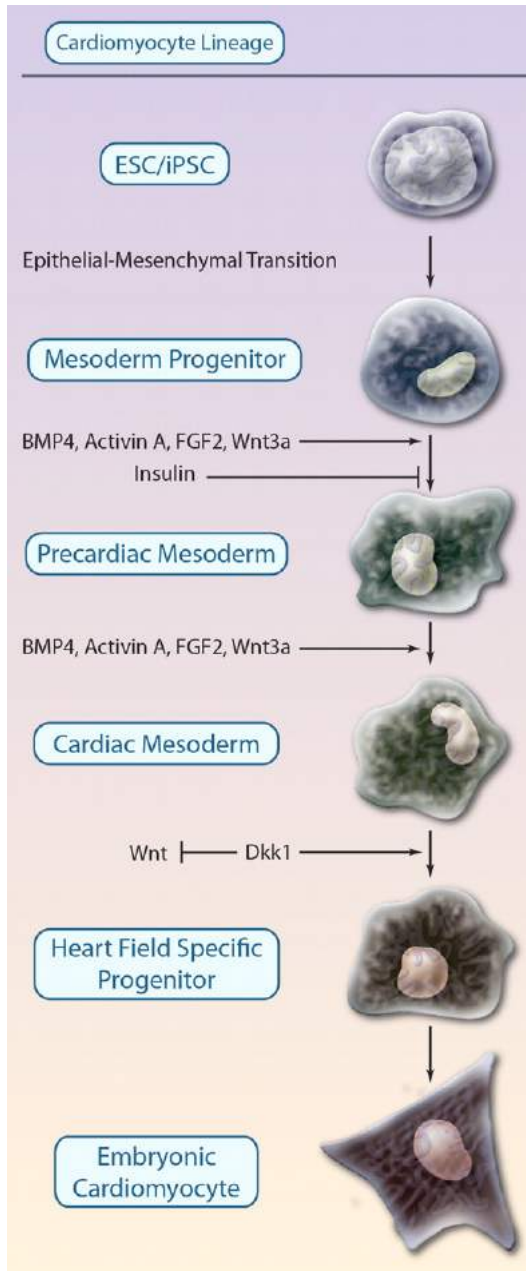


- Efficiency quite variable
- Low % of CMs obtained



(Passier et al, 2005)

# *hPSC differentiation mirrors embryonic development*



- Most efficient in vitro differentiation procedures of human PSCs mimics the sequential stages of embryonic cardiac development.
- Signalling pathways with key roles in embryonic cardiac development also responsible in differentiating PSCs.

*A “neutral” differentiation medium is required to assess the role of various agonist and antagonist factors in directing differentiation*

# Development of APEL – a serum-free culture medium for differentiating hPSCs (Ng, Davis et al. Nat Prot, 2008)

- Based on a serum-free medium developed for mESC differentiation (Johansson & Wiles, 1995)

**BPEL:** Serum-free medium containing BSA



**HPEL:** Human serum albumin substituted for BSA



**APEL:** Serum-free medium containing recombinant human proteins

Deionised BSA  
Inclusion of PVA (BSA: PVA 1:1)  
Inclusion of Essential Lipids & synthetic cholesterol

HSA; PVA; lipids & cholesterol

Recombinant human albumin (Albucult), insulin, transferrin, essential lipids, cholesterol +/- polyvinylalcohol (PVA)

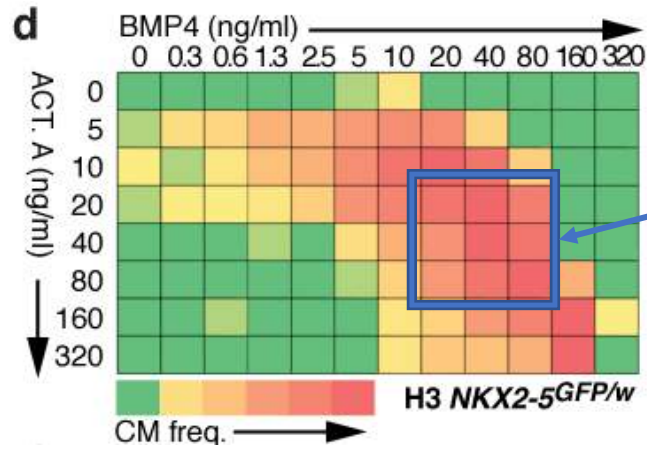
→ Neural cell types



→ Blood cell types  
→ Pancreatic cells  
→ Kidney cell types  
→ Cardiac cells  
→ Thymic cells  
→ Lung cell types

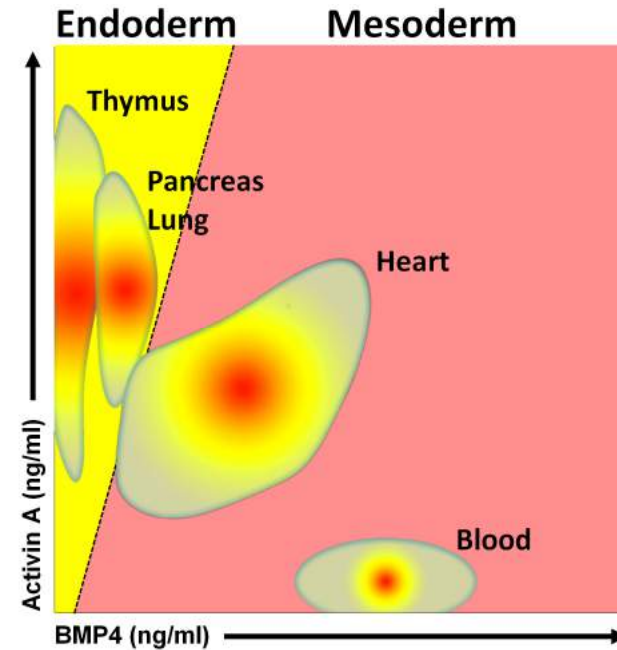
# APEL allows the identification of optimal cytokine concentrations and ratios for differentiating hPSCs

## Cardiomyocyte differentiation

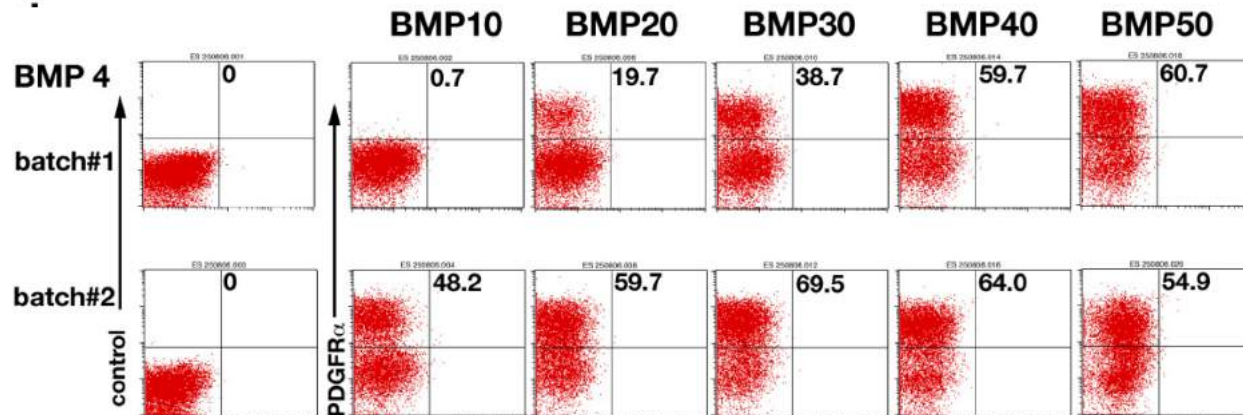


Optimal BMP4:Activin A concentration between 20:20 – 40:40 ng/ml

(Elliott et al, Nat Meth 2011)



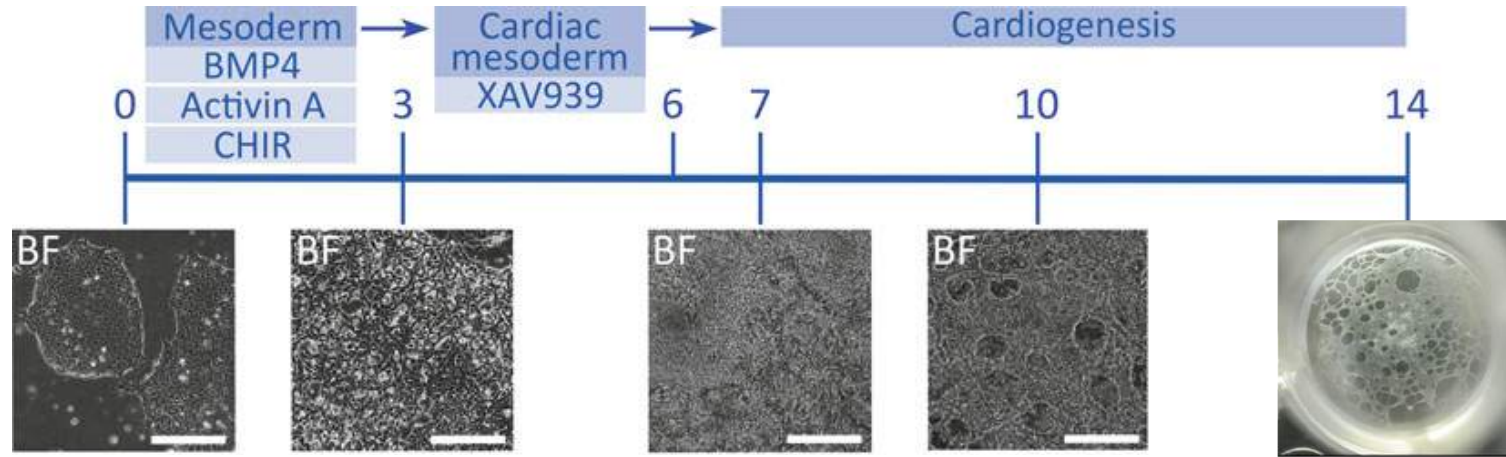
(R. Jenny, The generation of human lung progenitors from human embryonic stem cells)



(Ng, Davis et al, Nat Protoc 2008)

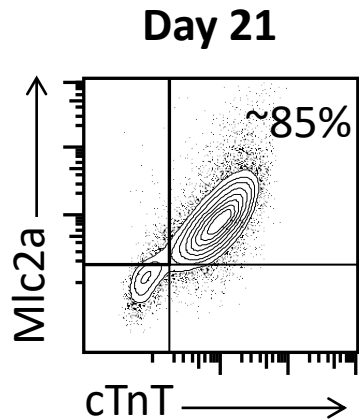
➤ Differentiations in APEL can reveal variability in growth factor activity between different batches

# BPEL enables efficient generation of hPSC-derived CMs

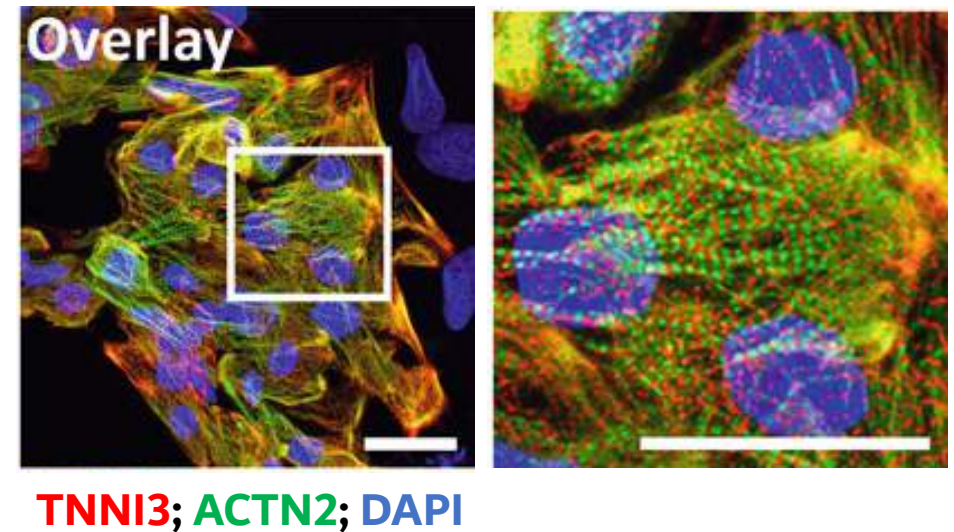
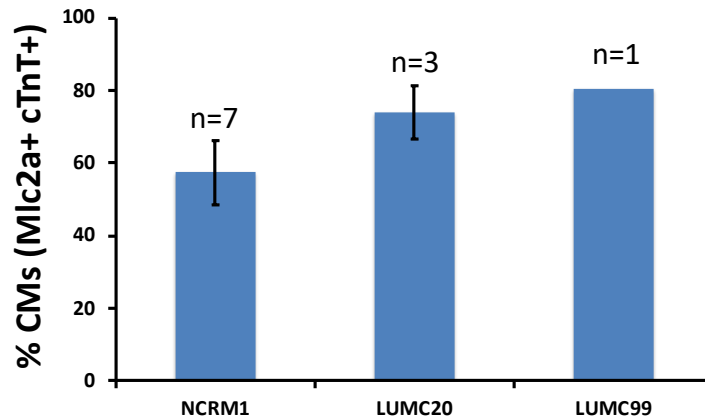


(van den Berg et al. Meth Mol Biol, 2015)

- Reduced insulin for CM differentiation
- More economic version of APEL
- Batch-to-batch variability minimized if premium-grade BSA used



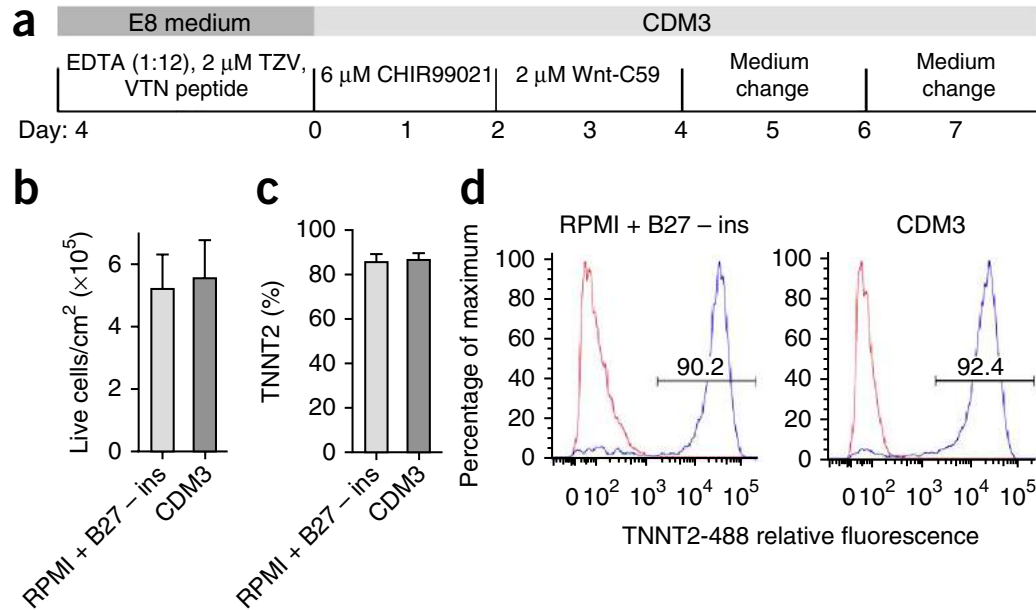
## CM differentiation efficiency





# A minimal cardiac differentiation media consisting of just 3 components – Burridge et al. Nat Meth, 2014

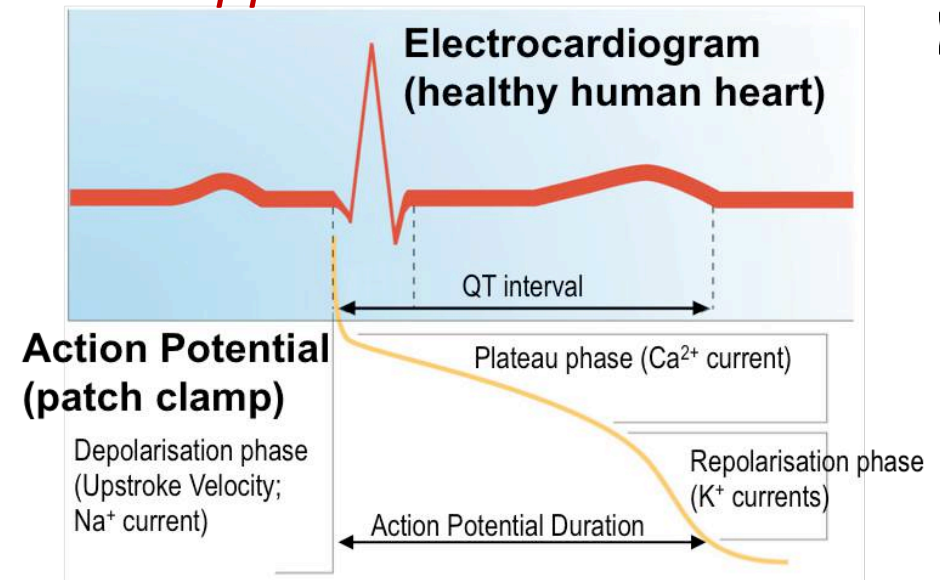
- Sequentially removed 21 components based on published differentiation media
- Identified 3 essential components: RPMI 1640 medium, ascorbic acid and BSA
- Can replace BSA with recombinant human albumin



Burridge et al. Nat Meth, 2014

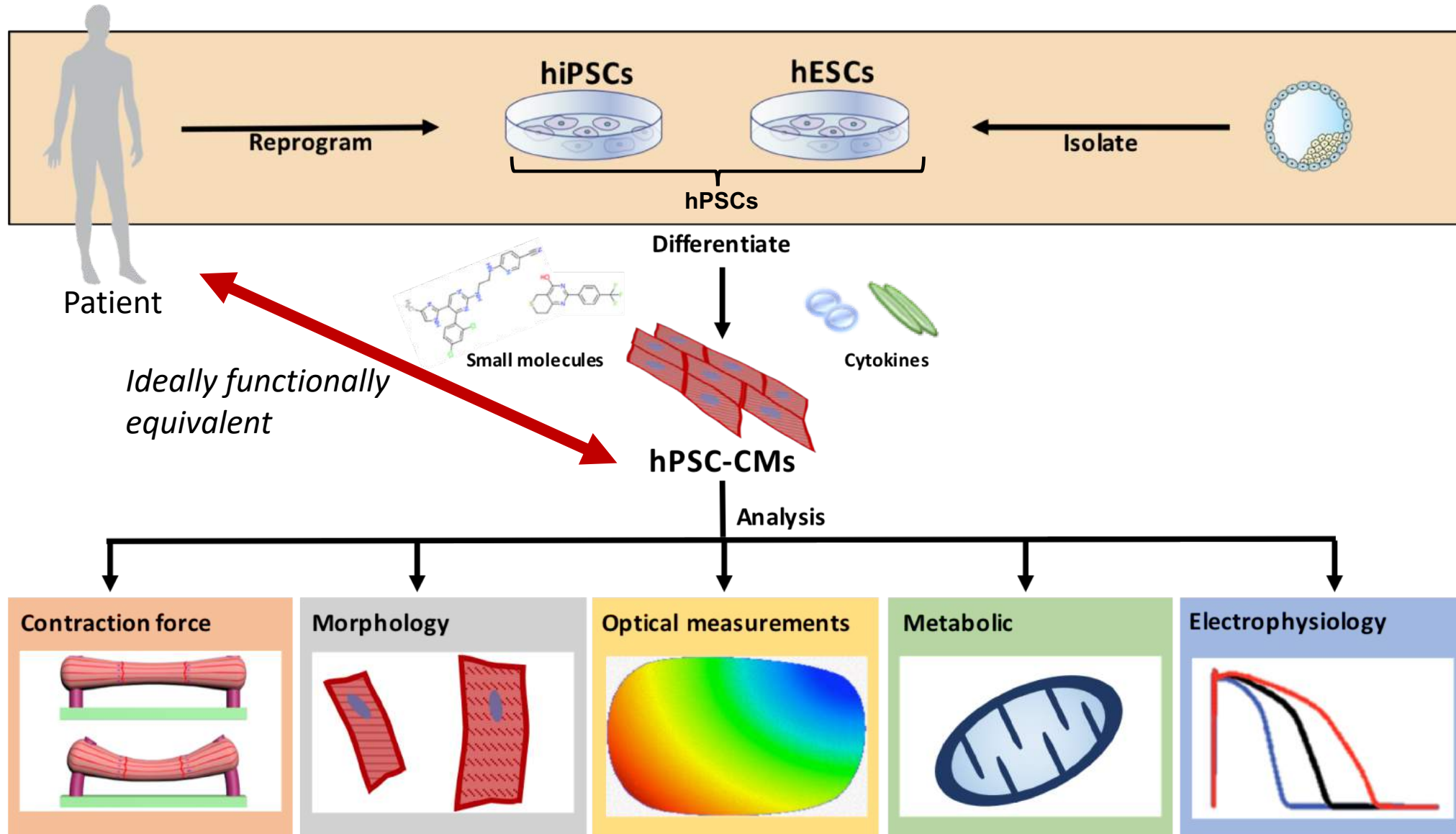
- Differentiation just with small molecules

- *Potential issue is the maturity of the CMs for downstream applications*



- **hPSC-CMs in all differentiation media are still less mature than adult CMs**

# Functional assays using hPSC-derived cardiomyocytes

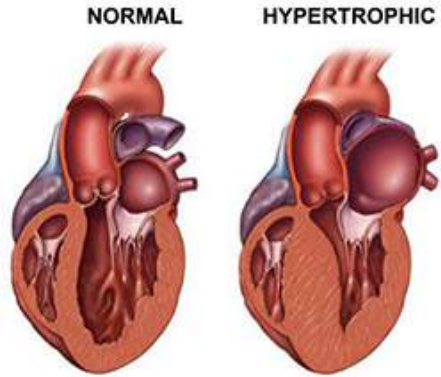


## Caveats:

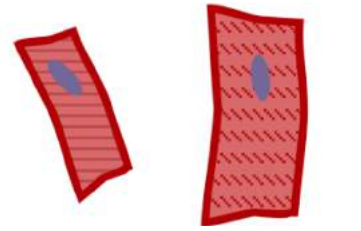
- Maturity of cells
- Lack in vivo context

# Maturation of hPSC-CMs can be required to reveal disease phenotypes

## Hypertrophic cardiomyopathy



## CARDIOMYOCYTES

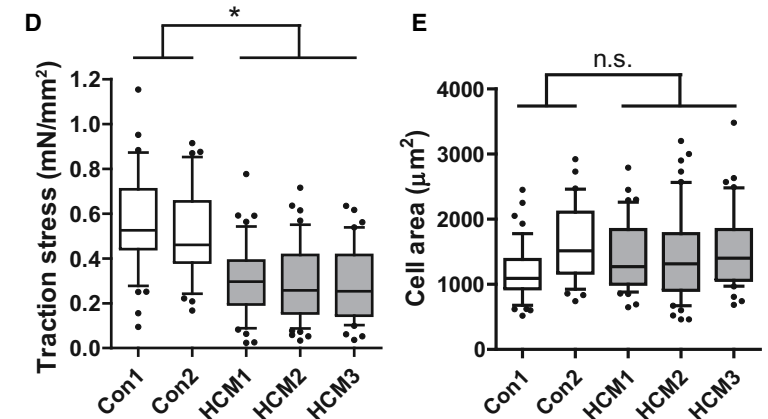
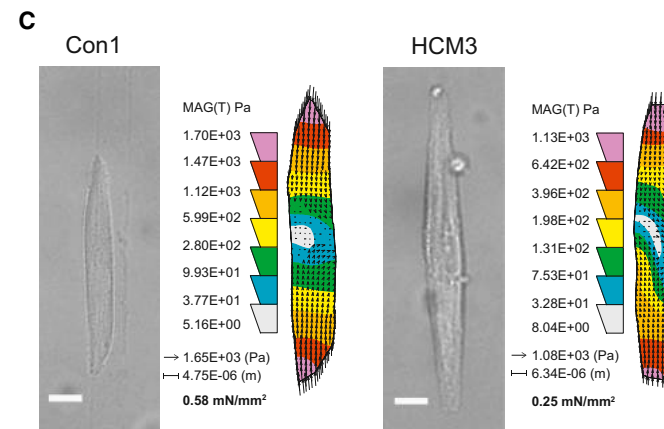


NORMAL HYPERTROPHIC

- Enlarged
- Structurally disorganised
- Impaired contractility
- Impaired Ca<sup>2+</sup> handling

- Genetic-based disease
- Common cause of sudden cardiac death (SCD) in young people
- Thickening of the ventricle wall
- Reduced blood flow
- Lead to arrhythmias & SCD

## Modified BPEL media improves the maturity of PSC-CMs revealing a contractility defect in the HCM patient lines



(Birket et al, Cell Rep 2015)

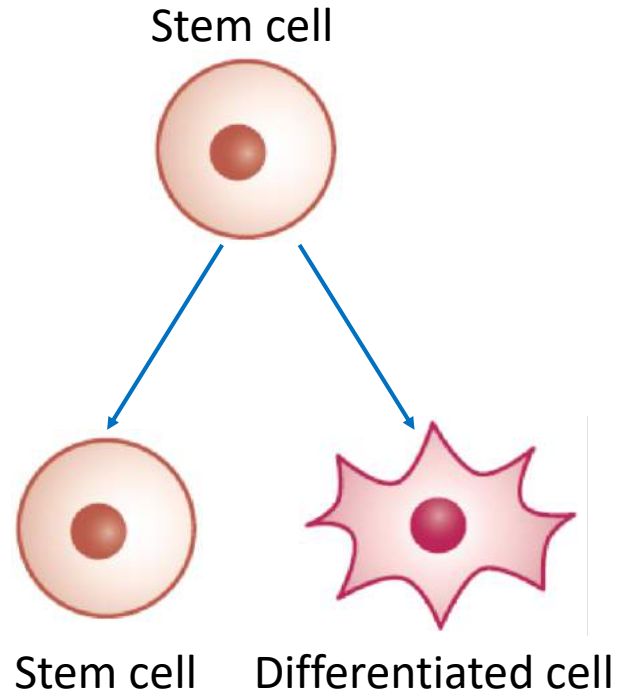
# Summary – where are we at?

## *Maintenance medium*

- Completely-defined, serum-free media available
- Suitable for clinical use
- Understanding pluripotency has been a key driver in media development
- Ongoing development: media to improve efficiency of certain techniques (e.g. gene targeting)

### *However:*

- Adoption rate of these media within stem cell community ???
- Cost – commercial



## *Differentiation medium*

- Serum-free (completely-defined) media available
- Enables differentiation methods to be more precisely tuned for specific cell types
- Still requires development

### *Challenges:*

- Maturity of differentiated cells
- Reproducibility (intra- & interline variability)
- Costs (media; cytokines)
- Compatibility with completely-defined maintenance media

# Acknowledgements

## Cardiac Differentiation

### Mummery Group (LUMC)

- Robert Passier (*U. Twente*)
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- Cathelijne van den Berg
- Leon Tertoolen
- Stefan Braam (*Ncardia*)
- Marcelo Ribeiro (*U. Twente*)
- Christine Mummery

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- Karina Brandão
- Lettine van den Brink
- Mervyn Mol
- Duncan Miller

## Differentiation media development

### Elefanty/Stanley Group; MCRI (Melbourne)

- Elizabeth Ng
- David Elliott
- Andrew Elefanty
- Ed Stanley

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