Prevention of immunosuppressive therapy or chemotherapy-induced reactivation of hepatitis B virus infection —Joint report of the Intractable Liver Diseases Study Group of Japan and the Japanese Study Group of the Standard Antiviral Therapy for Viral Hepatitis—

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HEPATOLOGY

Rapid hepatic fate specification of adipose-derived stem cells and their therapeutic potential for liver failure

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Abstract

Background and Aim: Multipotential mesenchymal stem cells (MSC), present in many organs and tissues, represent an attractive tool for the establishment of a successful stem cell-based therapy in the field of regeneration medicine. Adipose tissue mesenchymal stem cells (AT-MSC), known as adipose-derived stem cells (ASC) are especially attractive in the context of future clinical applications because of their high accessibility and minimal invasiveness during the procedure to obtain them. The goal of the present study was to induce human ASC into functional hepatocytes *in vitro* within a very short period of time and to check their therapeutic potential *in vivo*.

Methods: *In vitro* generated ASC-derived hepatocytes were checked for hepatocyte-specific markers and functions. Afterwards, they were transplanted into nude mice with liver injury. Twenty-four hours after transplantation, biochemical parameters were evaluated in blood serum.

Results: We have shown here that ASC can be differentiated into hepatocytes within 13 days and can reach the functional properties of primary human hepatocytes. After transplantation into mice with acute liver failure, ASC-derived hepatocytes can restore such liver functions as ammonia and purine metabolism. Markers of liver injury, alanine aminotransferase, aspartate aminotransferase, as well as ammonia, were decreased after ASC-derived hepatocyte transplantation.

Conclusions: Our data highlight the properties of ASC as having a special affinity for hepatocyte differentiation *in vitro* and liver regeneration *in vivo*. Thus, ASC may be a superior choice for the establishment of a therapy for injured liver.

Introduction

The liver is exposed to many factors such as drugs, xenobiotics and viruses, which cause chronic hepatitis and liver cirrhosis. In most cases these lead to hepatocellular carcinoma and finally to organ failure, where there is chronic inflammation, fibrosis and no longer any regeneration ability.[1]

At present, liver transplantation is the only effective treatment for severe liver injuries. However, because of organ rejection and lack of donors, alternative strategies are urgently needed.

Human primary hepatocytes are commercially available; however, maintaining them in *in vitro* culture is very difficult, if not nearly impossible. After a few days of *in vitro* culturing they lose their functions. Additionally, their usage does not solve the problem of rejection. These factors limit their experimental applications and exclude their clinical usage.

In the last few years, extrahepatic cell populations with the potential to impact liver diseases have been discovered. The potential candidate stem cells for therapy of an injured liver are mesenchymal stem cells (MSC), which can be obtained from different sources such as bone marrow (BM),[2] umbilical cord blood (UCB),[3] amniotic fluid (AF),[4] scalp tissue,[5] placenta,[6] or adipose tissue (AT)[7,8] of the human body. These cells reveal a multipotentiality and semi-infinite proliferation ability. The hepatogenic differentiation capacity of MSC has been confirmed in many independent studies on BM-MSC,[9–14] UCB-MSC,[15–16] and adipose-derived stem cells (ASC).[17–19] The possibility for their future application in the therapy of liver diseases is very promising. MSC can easily be obtained from a patient's own tissues, isolated *ex vivo*, expanded, differentiated toward hepatocytes, and transplanted back into the patient in the form of either undifferentiated MSC or MSC-derived hepatocytes. Such a possibility sidesteps the limits regarding ethical issues and immunocompatibility problems. Importantly, MSC represent an advantageous cell type for allogenic transplantation as well, because they are immuno-privileged with low major histocompatibility complex (MHC) I (histocompatibility

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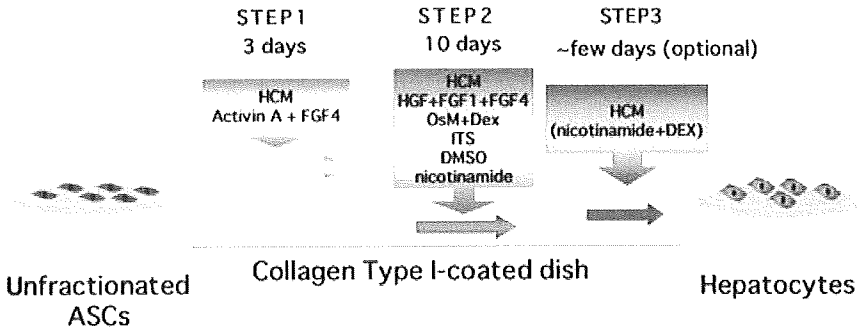

Figure 1 Improved and modified hepatogenic induction strategy. At present, approximately 2 weeks are required to induce hepatogenic characteristics in adipose-derived stem cells (ASC). Unfractionated ASC were plated on collagen type I-coated dishes and were treated with Activin A and FGF4 at step 1, followed by step 2, treatment with hepatocyte growth factor (HGF), fibroblast growth factor (FGF)1, FGF4, oncostatin M (OsM), dexamethasone, insulin-transferrin-selenium (ITS), dimethyl sulfoxide (DMSO), and nicotinamide. At this point, cells may be maintained a few days in hepatocyte culture medium (HCM) alone (or optionally supplemented with 10^{-8} mol/L dexamethasone and 0.05 mmol/L nicotinamide). MSC, mesenchymal stem cells.

lymphocyte antigen [HLA I]) and no MHC II (HLA II) expression, therefore reducing the risk of allogenic transplant rejection.[20–27]

Currently, attention is being given to adipose tissue (AT) as a source of MSC for regenerative medicine. From adipose tissue, a sufficient number of stem cells for a stem cell-based therapy may be obtained without invasiveness or damage to a patient's health. We have already demonstrated that human ASC have the ability to give rise to hepatocyte-like cells and that CD105 is a candidate mesenchymal stem cell marker.[19] However, this *in vitro* differentiation method is not applicable to a practical, clinical use, as more than 1 month is required to induce ASC into cells with hepatic functions.

In the present study, we evaluate the therapeutic potential of ASC-derived hepatocyte-like cells after transplantation into mice with liver injury. Clinical applications in the future would require a special approach, such as shortening as much as possible *ex vivo* manipulations, including cultivation and direct hepatic fate. Therefore, we improved and modified our hepatocyte differentiation strategy, based on the current knowledge on *in vivo* mouse fetal liver development. At present, a period as short as 13 days is required and that strategy is enriched by pretreatment with Activin A (PeproTech, EC, London, UK) and fibroblast growth factor (FGF)4 (PeproTech) (one of the factors secreted by septum transversum mesenchyme (STM) and cardiogenic mesoderm at the early stage of endoderm development *in vivo*). Additionally, we reorganized the content of the growth factor cocktail and enriched it with the addition of dimethyl sulfoxide (DMSO), nicotinamide and insulin-transferrin-selenium. Using the present protocol, we obtained functional hepatocyte-like cells in a much shorter period of time. Finally, we transplanted ASC-derived hepatocyte-like cells into immunodeficient mice with liver injury/non-severe acute liver injury. Our results showed a significant decrease of ammonia, aspartate aminotransferase (AST), alanine aminotransferase (ALT), and uric acid (UA) in the blood plasma of mice after ASC-derived hepatocyte-like cell transplantation. The results show a very important step towards future establishment of an alternative and successful therapy for liver disease.

Methods

Isolation and culturing of ASC

Adipose-derived stem cells were derived from abdominal subcutaneous adipose tissue, which was obtained from two female gastric cancer patients (Donor #1 [36 years old] and Donor #2 [45 years old]), undergoing gastrectomy at the International Medical Center of Japan, Tokyo. The hospital's committee of ethics approved this study, and informed consent was obtained from both patients. Adipose tissue was processed as previously described.[19] For *in vitro* differentiation, the cells (ASC062801, ASC012202, ASC0025) obtained from DS Pharma Biomedical Co., Osaka, Japan) were also analyzed.

Hepatic differentiation

At passage five to 10, the cells were plated on collagen type I-coated dishes at a concentration of $3.0–4.0 \times 10^4$ cells/cm^2 (Fig. 1). When the cells reached confluency, hepatogenic induction was carried out over a period of 2 weeks. First, the cells were treated for 3 days with DMEM (GibcoBRL, Tokyo, Japan) (serum free) supplemented with 20 ng/mL Activin A and 20 ng/mL FGF4 (PeproTech EC, London, UK). Afterwards, the cells were cultured for 10 days in a hepatocyte culture medium (HCM), containing 5 μg/mL transferrin, 10^{-6} mol/L hydrocortisone-21-hemisuccinate, 0.5 mg/mL bovine serum albumin, 2 mmol/L ascorbic acid, 20 ng/mL epidermal growth factor, 5 μg/mL insulin, 50 μg/mL gentamicin (Cambrex Corp., Walkersville, MD, USA) and supplemented with 150 ng/mL hepatocyte growth factor (HGF), 100 ng/mL FGF1, 25 ng/mL FGF4, 30 ng/mL oncostatin M (OsM; PeproTech), (2×10^{-5} mol/L) dexamethasone (Dex; Sigma, Tokyo, Japan), 1 × insulin-transferrin-selenium (ITS; Gibco), 0.05 mmol/L nicotinamide (Sigma), and 0.1% DMSO (Sigma). For the next few days, the cells were maintained with HCM alone. For *in vivo* transplantation, hepatocyte-like cells from two donors (#1 and #2) were harvested by treatment with a 0.05% collagenase/1000 U/mL dispase solution for 3–5 min, dissolved in

PBS (–) and injected intravenously into mice with liver injury caused by CCl_4 injection.

Quantitative real-time PCR

In order to confirm the regulation of the hepatocyte-specific genes in ASC-derived hepatocytes, we performed real-time polymerase chain reaction (PCR) for albumin (ALB) and tryptophan 2,3-dioxygenase (TDO2), with glyceraldehyde-3-phosphate dehydrogenase (GAPDH) as a reference gene. After retro-transcription, cDNA was subjected to real-time PCR by using Platinum Quantitative PCR Super Mix-UDG (Invitrogen, Tokyo, Japan) and specific primers for ALB (NM_000477): F:GTCACCAAATG CTGCACAGA, R:ACGAGCTCAACAAGTGCAGT for TDO2 (NM_005651): F:GTGTGCATGGTGCACAGAAT, R:GGGTT CATCTTCGGTATCCA, for FOXA2 (NM_021784): F:GGGA GCGGTGAAGATGGAAG, R:TGCCAGCGCCCACGTA and for GAPDH (NG_007073): F:GAAGGTGAAGGTCGGAGT, and R:GAAGATGGTGATGGGATTTC, based on the human genome database. The PCR conditions were as follows: denaturation at 95°C for 30 s, annealing at 56°C or 60°C for 30 s, and extension at 72°C for 30 s for up to 45 cycles. Real-time PCR was carried out by using the Applied Biosystems (Tokyo, Japan) PRISM 7700 Sequence Detection System.

Immunofluorescence

Cells were fixed in 4% formaldehyde for 10 min, followed by incubation with Protein Block (DakoCytomation, Carpinteria, CA, USA) for 30 min. ASC-derived hepatocytes were analyzed by immunohistochemistry using monoclonal anti-human specific albumin ALB (clone HAS-11, 1:250; Sigma) antibody overnight at 4°C. The Alexa Fluor 488 (green, 1:1000)-conjugated secondary antibody (Invitrogen, Tokyo, Japan) was applied for 30 min. Nuclei staining was performed using 4,6-diamidino-2-phenylindole (DAPI; Vector Laboratories, Burlingame, CA, USA).

Albumin production

Albumin production was evaluated by enzyme linked immunosorbent assay (ELISA, E80-129; Bethyl Laboratories, Montgomery, TX, USA). The antibody is human specific and does not cross-react with mouse, rat, bovine, goat, and pig albumin. Briefly, the supernatant during hepatogenic induction was collected every 3 days at days 3, 6 and 9, and ELISA assay was performed. Data are reported as the mean ± SD and were analyzed by Student's *t*-test, $n = 3$ ($^*P < 0.05$).

ASC-derived hepatocyte transplantation into mice with CCl_4-induced injury

Animal studies were carried out in compliance with the guidelines of the Institute for Laboratory Animal Research, National Cancer Center Research Institute. Six-week-old female BALB/c nude mice (CLEA Japan Inc., Tokyo, Japan) were used. An acute liver failure model was produced by giving one dose of CCl_4. At day 0, mice underwent i.p. injection of 100 μL/20 g bodyweight of olive oil containing 10 μL CCl_4. At day 1, mice underwent transplantation of ASC-derived hepatocyte-like cells (Donor #1 ($n = 4$), or Donor #2 ($n = 4$) at a concentration of 1.5×10^6 cells per mouse (0.2 mL cell suspension was injected through the tail vein). As a control, non-transplanted CCl_4-treated mice ($n = 3$) and non-transplanted CCl_4-non-treated (olive oil) ($n = 3$) mice were used. Twenty-four hours after transplantation, blood serum was collected and evaluated for biochemical parameters, such as AST, ALT, UA and ammonia concentration levels.

Assessment of liver functions

Blood samples were obtained from each mouse, centrifuged for 20 min at 400 *g* and serum was collected. Serum samples were tested for ammonia concentration level by using the Ammonia Test-Wako (Wako Pure Chemicals, Tokyo, Japan). The concentration of markers of liver injury such as ALT, AST and UA was analyzed by using a FUJIFILM DRI-CHEM 3500 machine and FUJI DRI-CHEM Slides for ALT/ALT-PIII, AST/AST-PIII, and UA-PIII, respectively (Fujifilm Co., Tokyo, Japan).

Statistical analysis

The results are given as the mean ± SD. Statistical analyses were conducted using either the variance with the Bonferroni correction for multiple comparisons or the Student's *t*-test. The statistical analysis of quantitative relative expression was evaluated by using the Pair Wise Fixed Reallocation Randomization Test©, Relative Expression Software Tool-XL = REST-XL© (http://www.gene-quantification.info/). A P value < 0.05 was considered significant.

Results

Hepatic fate specification of ASC

A direct fate hepatic specification (Fig. 1) was performed within 13 days. After that, ASC-derived hepatocyte-like cells could be maintained for a few days in HCM alone (optionally supplemented with Dex 10^{-8} mol/L and nicotinamide 0.05 mmol/L). After 3 days of pretreatment with FGF4 and Activin A, ASC expressed FOXA2 (Fig. 2a), the expression of which was decreased at day 6 of the induction system (3 days of pretreatment with FGF4 and Activin A, followed by 3 days of treatment with a cocktail containing HGF, FGF1, FGF4, OsM, Dex, ITS, DMSO and nicotinamide) (Fig. 2a). FOXA2, so-called hepatocyte nuclear factor 3β (HNF-3β) is an essential transcription factor for endoderm specification as well as hepatogenic fate. Similarly, ALB (hepatocyte-specific protein) and TDO2 (hepatocyte-specific enzyme, expressed by mature hepatocytes) were also detected by quantitative PCR at day 3 and their expression increased at day 6 of the induction system (Fig. 2a). The representative morphology of the ASC-derived hepatocyte-like cells of either a cancer patient's ASC or from the commercialized cells at the 13th day of induction is shown in Figure 2b. Importantly, 24 h of incubation with our new cocktail (Step II) alone is enough to dramatically influence the morphology of ASC (Donor #2) from fibroblast to epithelial (Fig. 3a). The pretreatment with Activin A and FGF4, however, is very important, because it induces the endodermal fate and alters further morphological changes and maturation of hepatocyte-like cells. As shown

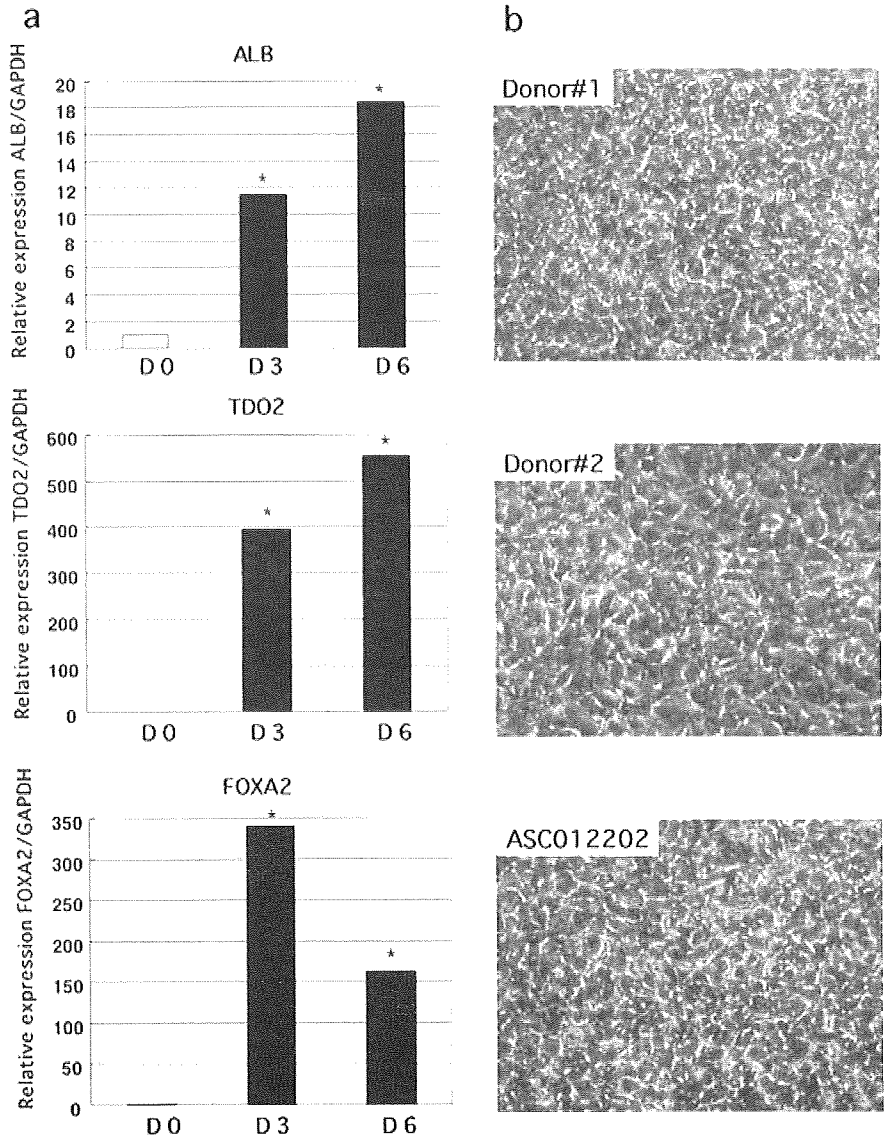

Figure 2 (a) Expression of albumin (ALB), tryptophan 2,3-dioxygenase (TDO2) and FOXA2 at day 3 (D3) (pretreatment with fibroblast growth factor [FGF]4 and Activin A) and day 6 (D6) (3 days of pretreatment with FGF4 and Activin A, and 3 days of treatment with hepatocyte growth factor [HGF], FGF1, FGF4, oncostatin M [OsM], dexamethasone [Dex], insulin-transferrin-selenium [ITS], dimethyl sulfoxide [DMSO], and nicotinamide) (■). Undifferentiated adipose-derived stem cells (ASC) (D0) (□). Data were analyzed by the Pair Wise Fixed Reallocation Randomization Test©, $n = 3$. $^*P < 0.05$). (b) Morphological features of ASC-derived hepatocyte-like cells of ASC derived from Donor #1, Donor #2, and commercially available ASC012202.

in Figure 3(a), changes in the morphology of ASC-derived hepatocyte-like cells (Donor #2) at days 0, 4, 9 and 16 of hepatogenic induction indicate hepatocyte maturation. At day 13, ASC-derived hepatocyte-like cells expressed albumin (Fig. 3b), which was detected by immunostaining, using anti-human specific antibody. Undifferentiated ASC, however, did not express albumin (data not shown). We also checked the functionality of ASC-derived hepatocyte-like cells. Figure 3(c) represents the albumin production at days 3, 6 and 9 of the induction process. ASC-derived hepatocyte-like cells also revealed an ability to uptake low-density lipoprotein (LDL) and store glycogen (Fig. 4).

Transplantation of ASC-derived hepatocyte-like cells into mice with liver injury

To address whether ASC reveal therapeutic abilities to regenerate an injured liver, we transplanted ASC-derived hepatocyte-like cells of Donors #1 and #2 into nude mice with acute liver failure. CCl_4 injury generated oxidative stress and hepatocyte necrosis. Twenty-four hours after CCl_4 injection, mice revealed serious liver injury. Biochemical parameters such as ALT, AST, UA and ammonia were increased in mice with CCl_4 injury compared with non-injured mice (Fig. 5). We transplanted 1.5×10^6 cells of ASC-derived hepatocyte-like cells into a CCl_4-injured mouse. After transplantation, ALT and AST were significantly decreased to a value more than 50% lower than in non-transplanted and injured mice (Fig. 5). Likewise, ammonia concentration was significantly decreased after ASC-derived hepatocyte-like cell transplantation. UA, a marker of oxidative stress, was significantly decreased up to a normal level after transplantation of ASC-derived hepatocyte-like cells (Fig. 5). Hematoxylin-eosin staining revealed that the level of injury was the same in the injured, non-transplanted mice (Fig. 6b,e) as well as in the injured transplanted mice (Fig. 6c,f), in contrast to the non-injured non-transplanted mice (Fig. 6a,d). Significant morphological changes between those mice, however, were detected in the hepatocytes of the non-necrotic area. The

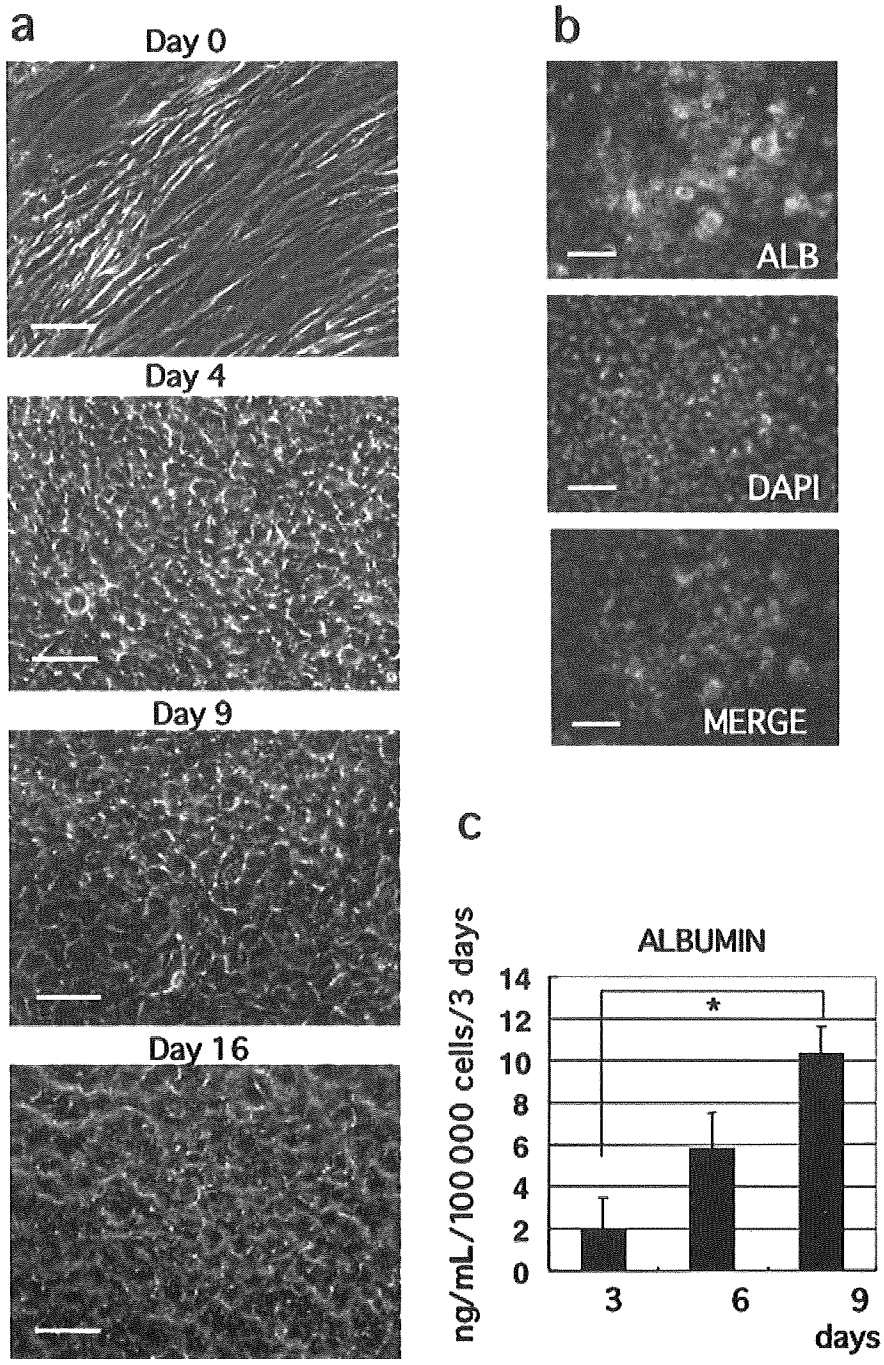

Figure 3 (a) Morphology of adipose-derived stem cells (ASC) (Donor #2) at days 0, 4, 9 and 16 during the hepatogenic induction process. (b) Albumin immunostaining analyses of ASC-derived hepatocyte-like cells at day 13 of induction. (c) Albumin production by ASC-derived hepatocyte-like cells at days 3, 6 and 9 of induction. Data are reported as the mean ± SD and were analyzed by Student's *t*-test, $n = 3$. $^*P < 0.05$). ALB, albumin; DAPI, 4,6-diamidino-2-phenylindole. Bar, 50 μm.

livers of injured, transplanted mice revealed less vacuolar degeneration caused by dilatation of mitochondria and rough endoplasmic reticulum. These observations reflect the data of the decrease of ALT and AST levels in injured transplanted mice. Therefore, transplantation of ASC-derived hepatocyte-like cells provided protection against CCl_4-induced hepatic injury. The above results indicate that ASC-derived hepatocyte-like cells generated within 13 days reveal hepatocyte-specific markers and functions *in vitro*, and improve liver function *in vivo*.

Discussion

Transplantation of hepatocytes generated from stem cells might become an easier, more efficient, and safer way than whole organ transplantation to cure patients suffering from liver disease. ASC can be very easily obtained with minimal invasiveness from a patient's own adipose tissue. Such a possibility sidesteps the obstacles regarding the risk of rejection, ethical issues, and availability of stem cells. We have already demonstrated mouse

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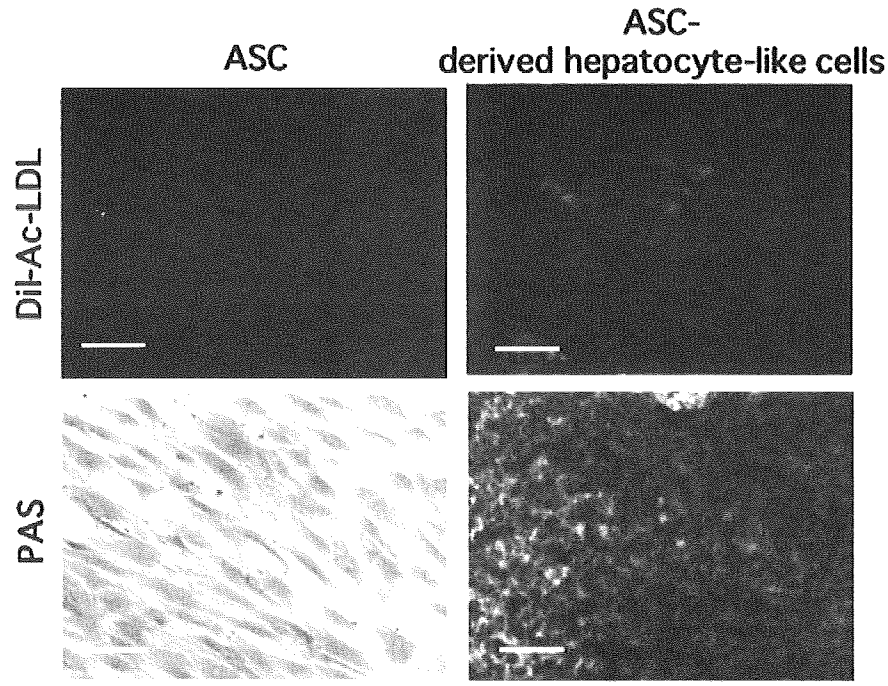

Figure 4 Low-density lipoprotein (LDL) uptake ability and glycogen storage ability (PAS) of adipose-derived stem cells (ASC)-derived hepatocyte-like cells at day 13 of induction. Dil-Ac-LDL, 1,1′-dioctade-cyl-3,3,3′,3′-tetramethyl-indocarbocyanine perchlorate (Dil)-labeled acetylated LDL. Bar, 50 μm.

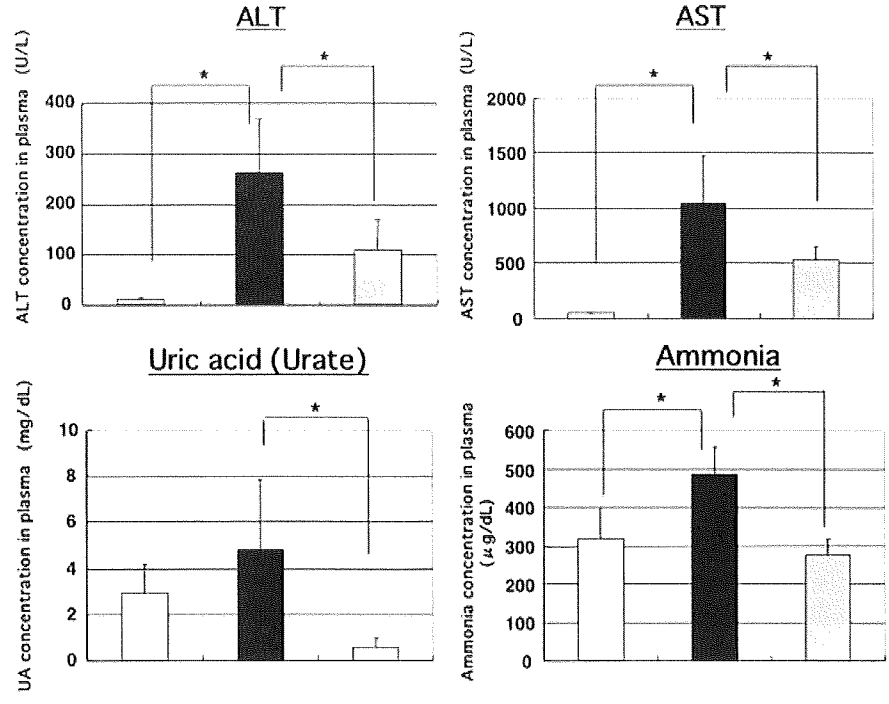

Figure 5 Biochemical analysis. Concentration of ammonia, alanine aminotransferase (ALT), aspartate aminotransferase (AST) and UA (uric acid/urate) in blood serum of killed mice. □, non-injured, non-transplanted mice; ■, injured and non-transplanted mice; ▨, injured and transplanted with adipose-derived stem cells (ASC)-derived hepatocyte-like cells (combined data of Donors #1 and #2). Data are presented as the mean ± SD and were analyzed by the Bonferroni correction $n = 3$. (*$P < 0.05$).

embryonic stem cell[28–30] and human adult ASC[19] hepatogenic differentiation.

In the present study, we presented induction within a very short time of human ASC into hepatocyte-like cells. Thirteen days is sufficient to generate *in vitro* cells, which reveal hepatocyte-specific morphology, marker profile, and functionality. This is first time for such a short hepatogenic differentiation protocol to be presented. At the beginning we treated the cells with Activin A together with FGF4, which are important factors at early stages of endoderm formation in mouse liver development. Afterwards we used a number of factors essential for hepatogenic specification and hepatocyte morphology maintenance. We compared the hepatocyte-like cells obtained by a new rapid protocol with the hepatocyte-like cells of an original protocol,[19] and have found that they reveal all the analyzed functions, albeit much earlier. We observed that 24 h of *in vitro* cocktail treatment (HGF, FGF1,

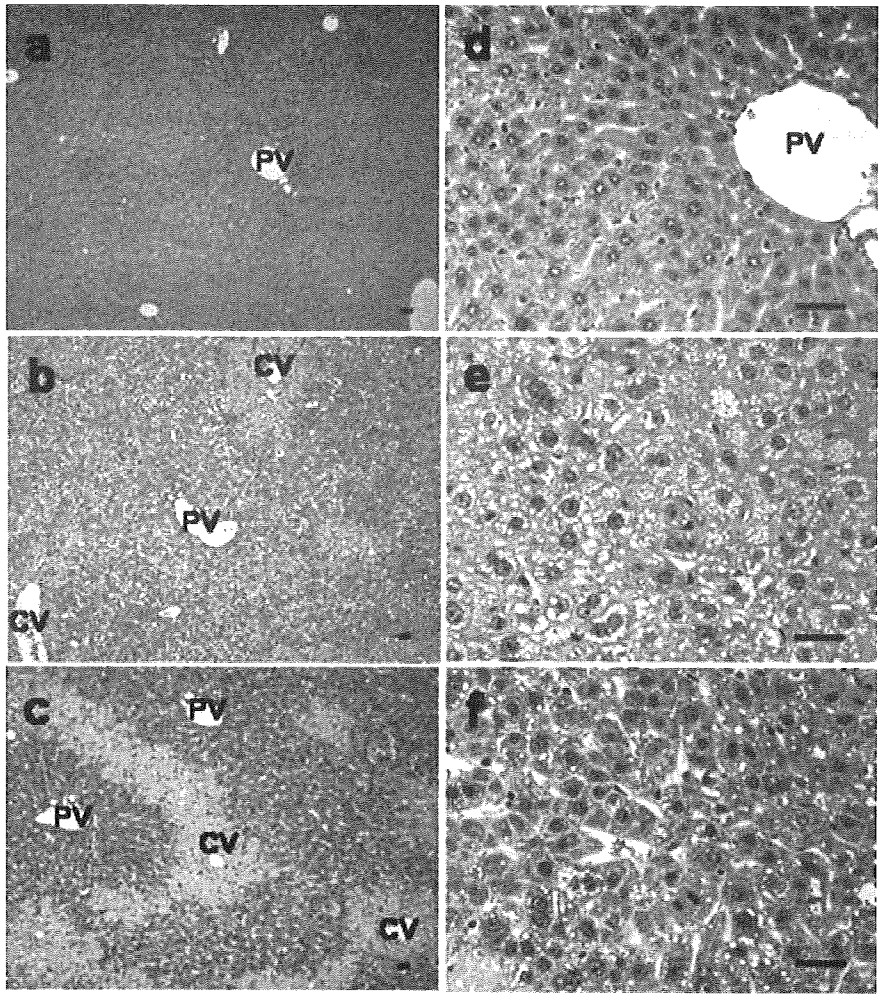

Figure 6 Hematoxylin-eosin staining of liver sections from (a,d) non-injured non-transplanted, (administered with olive oil and phosphate-buffered saline [PBS] [–]) mice ($n = 3$); (b,e) injured non-transplanted (administered with CCl_4 and PBS [–]) mice ($n = 3$); (c,f) injured transplanted (administered with CCl_4, 1 day after 1.5×10^6 ASC-derived hepatocyte-like cells transplantation) mice ($n = 4$). Panels a–c lower magnification 100 ×, panels d–f higher magnification 400 ×. CV, central vein; PV, portal vein. Scale bars represent 50 μm.

FGF4, OsM, Dex, ITS, nicotinamide, and DMSO) induces a dramatic change in morphology followed by little production of albumin at day 6 and a significant increase in the albumin level at day 9. However, using a previous protocol, albumin production was detected at days 30–50.

Prior to *in vivo* transplantation, it is important to induce hepatic fate within a short period of time and transplant the cells as fast as possible back into the patient with liver disease. Such a short period of time does not require large quantities of growth factors and may save much on expenses. Additionally, it will serve as hope and a great chance for a patient's total recovery. Significant morphological changes and albumin production as early as within 9 days suggest that it may be possible to even shorten the hepatic fate prior to transplantation. In the context of future clinical usage, a short period of stimulation to induce hepatic fate may be sufficient, because cells after transplantation may undergo further maturation in a regeneration environment.

Transplantation of *in vitro*-generated hepatocyte-like cells into CCl_4-injured nude mice resulted in the improvement of liver function *in vivo*. Interestingly, *in vivo* liver functions illustrated by the concentrations of ALT, AST, UA and ammonia were significantly decreased after ASC-derived hepatocyte-like cell transplantation (Fig. 5). The functional benefits of ASC-derived hepatocyte-like cell transplantation may be because of the functional support of the transplanted cells. It is still not clear by which mechanisms the transplanted cells improve the functioning of the liver. Fusion with host hepatocytes is not excluded. Likewise, the support and activation of endogenous progenitors are possible. Further studies examining the *in vivo* mechanism of homing, engraftment, and liver regeneration need to be conducted. It has been reported that in recipient liver, partial portal embolization, not partial portal ligation, improves engraftment of transplanted hepatocytes in a monkey primate preclinical model.[31] This provides new possibilities and strategies for future cell transplantation. It is essential to exclude any post-transplantation complications prior to any clinical trials. A long-term course experiment as well as safety issues should be carefully evaluated. Interestingly, in another study,[32] we observed that parameters such as ALT, AST, UA and ammonia were also decreased after undifferentiated ASC transplantation and we postulate that undifferentiated ASC per se compose a very attractive tool for the establishment of successful therapy for the liver.[32] We also speculate that the therapeutic potential of ASC may be due to the trophic activity of ASC.[32] These findings require additional studies with respect to safety issues post-

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transplantation; however, they give great promise for future clinical applications.

Short-term hepatogenic induction methods may also have great usage in drug metabolism studies and toxicological analyses. In fact, we have already observed that ASC-derived hepatocyte-like cells reveal cytochrome activities (data not shown).

In conclusion, our study revealed that ASC have a special affinity towards hepatocyte differentiation *in vitro* and hepatocyte regeneration *in vivo*. Thus, ASC may be a superior choice for the establishment of therapy for an injured liver.

Acknowledgments

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