reprogramming process and subsequent culture of iPS cells *in vitro* can induce genetic changes. Three types of genomic abnormalities were seen: aberrations of somatic cell origin, aberrations present in early passages but not of apparent somatic cell origin, and aberrations acquired during passaging. Notably, the high incidence of chromosome 12 duplications observed by Mayshar and colleagues [69] caused significant enrichment for cell cycle-related genes, such as *NANOG* and *GDF3*. Another study reported that regions close to pluripotency-associated genes were duplicated in multiple samples [70]. Selection during hiPS cell reprogramming, colony picking and subsequent culturing may be factors contributing to the accumulation of mutations.

Impact of epigenetic differences on pluripotency

One of the goals of using hiPS cells is to generate functional target cells for medical screening and therapeutic applications. For these applications, it must be evaluated thoroughly whether small DMRs among ES and iPS cells affect the competency, differentiation propensities, stability and safety of iPS cells. It remains to be elucidated how the degree of these differences contributes to the variance in pluripotency among ES and iPS cells. Analysis of iPS cells obtained from mouse fibroblasts and hematopoietic and myogenic cells demonstrated that cellular origin influences the potential of miPS cells to differentiate into embryoid bodies and different cell types *in vitro*. In a related study, Kim and colleagues [56] compared the ability to differentiate to blood lineages of iPS cells derived from fibroblasts, neural cells, hematopoietic cells and ES cells in the mouse system, and demonstrated consistent differences in blood-forming ability - that is, blood derivatives showed more robust hematopoiesis *in vitro* than neural derivatives. Therefore, low-passage iPS cells derived from different tissues harbor residual DNA methylation signatures characteristic of their somatic tissue of origin, which favors their differentiation along lineages related to the parental cell, while restricting alternative cell fates. Similarly, Miura and colleagues [71] demonstrated that differences in gene expression in miPS cells derived from different types of parental cells result in variations in teratoma formation. These studies demonstrate that reprogramming to generate iPS cells is a gradual process that modifies epigenetic profiles beyond the acquisition of a pluripotent state.

Prediction for pluripotency and differentiation preference

Significant variation has been also observed in the differentiation efficiency of various hES cell lines [72]. Incomplete DNA methylation of somatic cells regulates the efficiency of hiPS cell generation [58], and selection of parental cell types influences the propensity for differentiation [73,74]. Such differences must be better understood before hES and hiPS cell lines can be confidently used for translational research. To predict a cell line's propensity to differentiate into the three germ layers, Bock and colleagues [52] performed DNA methylation mapping by genome-scale bisulfite sequencing and gene expression profiling using microarrays and quantified the propensity to form multiple lineages by utilizing a non-directed embryoid bodies formation assay and high-throughput transcript counting of 500 lineage marker genes in embryoid bodies using 20 hES cells lines and 12 hiPS cell lines over passages 15 to 30. They bioinformatically integrated these genomic assays into a scorecard that measures the quality and utility of any human pluripotent cell line. The resulting lineage scorecard pinpoints quantitative differences among cell-line-specific differentiation propensities. For example, one hES cell line that received a high score for endoderm differentiation performed well in directed endoderm differentiation, and other hES cell lines that received high scores for neural lineage differentiation efficiently differentiated into motor neurons. In addition, two hiPS lines that the scorecard predicted to have a low propensity to differentiate into the neural lineage were impaired in motor neuron-directed differentiation. On the other hand, other hiPS lines that the scorecard predicted to have a high propensity to differentiate into ectodermal and neural lineages were found to differentiate well into motor neurons. Therefore, the scorecard can detect lineage-specific differences in the differentiation propensities of a given cell line [52].

Functional assay for differentiated cells from iPS and ES cells

Although the propensity for differentiation could be predicted, it remains to be elucidated whether iPS cell-derived cells are functionally and molecularly the same as ES cell-derived cells. To address this issue, two studies conducted functional assays comparing differentiated neural cells derived from iPS cells to those derived from ES cells by marker gene expression and action potential measurements [75,76]. There was some variation in efficiency and quantitative differences in motor neuron generation among the lines, but the treatment of neuroepithelial cells from pluripotent stem cells with retinoic acid and sonic hedgehog resulted in the generation of iPS and ES cell lines with a neuronal morphology that expressed TUJ1. In addition, electrophysiological recordings using whole-cell patch clamping showed inward and outward currents, and it was concluded that ES cell- and iPS cell-derived neurons are similarly functional at a physiological level. These studies demonstrated that the temporal course and gene-expression pattern during

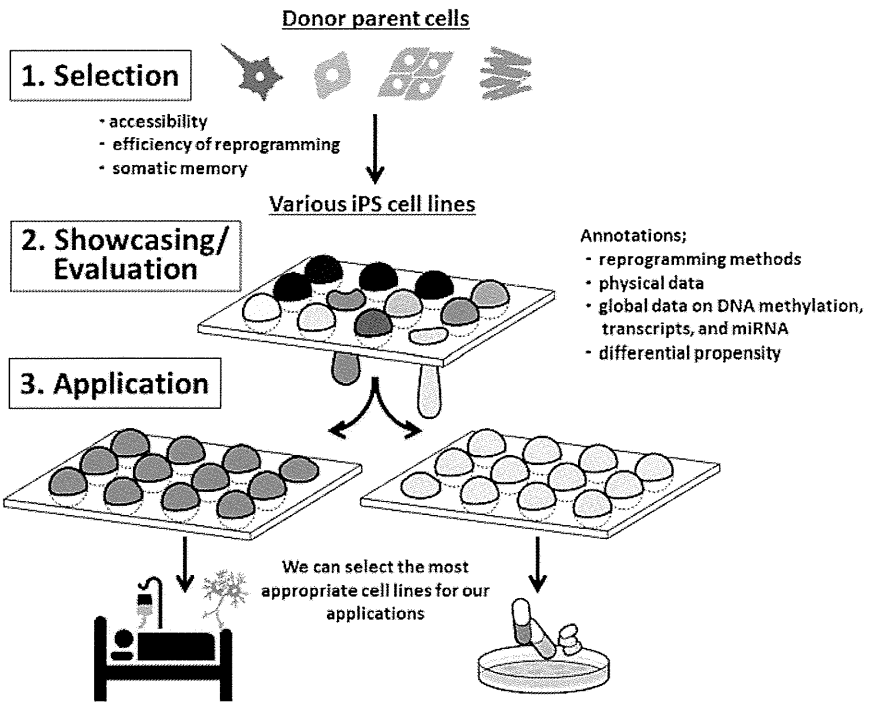

Figure 2. Workflow for human iPS cell applications. 1. Selection: choosing donor parent tissue considering accessibility, efficiency of reprogramming, and differential propensity. It would be useful to evaluate the expression of somatic memory genes, such as *C9orf64*, which reduces the efficiency of induced pluripotent stem (iPS) cell generation [58]. 2. Showcasing/evaluation: provides annotated information on reprogramming methods, culture conditions, physical data on stem cells, and global data on DNA methylation, transcription and microRNAs (miRNAs). It is very informative to integrate the genetic and epigenetic and biological data, such as differential propensity [52,76]. 3. Application: using annotation data, we can select the most appropriate iPS cell lines for our applications. Various hiPS cell lines (shown as differently shaded spheres) would be listed before further processing of the application. Valid cell lines (colored purple and blue) could be functionally and molecularly selected for appropriate applications, such as cell replacement therapy and/or drug screening.

neuroepithelial cell differentiation and production of functional neurons were nearly identical between ES and iPS cells, regardless of the reprogramming method, cellular origin, and differences between iPS and ES cells. These findings raise hopes of applying human iPS cells to the modeling of diseases and potential autologous cell transplantation.

It is important to acquire scientific information on pluripotential stem cells for further applications, such as industrial and clinical uses. Pluripotent stem cells, including disease-specific stem cells, could be showcased with useful annotation data and the most appropriate cell lines could be selected (Figure 2).

Conclusion

Many issues have yet to be resolved before the results of stem cell research can benefit the public in the form of medical treatments. In this review, we have discussed the substantial variation observed among pluripotent stem cells, including transcriptional and epigenetic profiles in the undifferentiated state, the ability to differentiate into various types of cells, and the functional and molecular nature of embryoid body or stem cell-derived differentiated cells. These results suggest that most, but not all, iPS cell lines are indistinguishable from ES cell lines, even though there is a difference between the average ES cell and the average iPS cell. Thus, ES and iPS cells should not be regarded as one or two well-defined points in the cellular space but rather as two partially overlapping point clouds with inherent variability among both ES and iPS cell lines [52,76]. Notably, human iPS cells seemed to be more variable than human ES cells. No single stem cell line may be equally powerful for deriving all cell types *in vitro*, implying that researchers would benefit from identifying the best cell lines for each application. Furthermore, for clinical use in the future, it is important to use both ES and iPS cells in research, and to standardize reprogramming methods, culture equipment and techniques and to optimize differentiation methods and evaluate the functions and tumorigenicity of differentiated cells.

This article is part of a review series on *Induced pluripotent stem cells*. Other articles in the series can be found online at http://stemcellres.com/series/ipsc

Abbreviations
DMR, differentially methylated region; ES, embryonic stem; hES, human embryonic stem; hiPS, human induced pluripotent stem; iPS, induced pluripotent stem; miPS, mouse induced pluripotent stem; miRNA, microRNA.

Competing interests
The authors declare that they have no competing interests.

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Author details
[1]Department of Reproductive Biology, Center for Regenerative Medicine, National Institute for Child Health and Development, 2-10-1 Okura, Setagaya-ku, Tokyo 157-8535, Japan. [2]Laboratory of Veterinary Biochemistry and Molecular Biology, Faculty of Agriculture, University of Miyazaki, 1-1 Gakuen-Kibanadai-Nishi, Miyazaki, 889-2192, Japan.

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Establishment of Functioning Human Corneal Endothelial Cell Line with High Growth Potential

Tadashi Yokoi[1,2], Yuko Seko[1,7], Tae Yokoi[1], Hatsune Makino[3], Shin Hatou[4], Masakazu Yamada[5], Tohru Kiyono[6], Akihiro Umezawa[3], Hiroshi Nishina[2], Noriyuki Azuma[1]*

1 Department of Ophthalomology, National Center for Child Health and Development, Tokyo, Japan, **2** Department of Developmental and Regenerative Biology, Medical Research Institute, Tokyo Medical and Dental University, Bunkyo-ku Tokyo, Japan, **3** Department of Reproductive Biology, National Research Institute for Child Health and Development, Tokyo, Japan, **4** Department of Ophthalmology, Keio University School of Medicine, Tokyo, Japan, **5** Division for Vision Research, National Institute of Sensory Organs, National Tokyo Medical Center, Tokyo, Japan, **6** Division of Virology, National Cancer Center Research Institute, Tokyo, Japan, **7** Sensory Functions Section, Research Institute, National Rehabilitation Center for Persons with Disabilities, Tokyo, Japan

Abstract

Hexagonal-shaped human corneal endothelial cells (HCEC) form a monolayer by adhering tightly through their intercellular adhesion molecules. Located at the posterior corneal surface, they maintain corneal translucency by dehydrating the corneal stroma, mainly through the Na^+- and K^+-dependent ATPase (Na^+/K^+-ATPase). Because HCEC proliferative activity is low *in vivo*, once HCEC are damaged and their numbers decrease, the cornea begins to show opacity due to overhydration, resulting in loss of vision. HCEC cell cycle arrest occurs at the G1 phase and is partly regulated by cyclin-dependent kinase inhibitors (CKIs) in the Rb pathway (p16-CDK4/CyclinD1-pRb). In this study, we tried to activate proliferation of HCEC by inhibiting CKIs. Retroviral transduction was used to generate two new HCEC lines: transduced human corneal endothelial cell by human papillomavirus type E6/E7 (THCEC (E6/E7)) and transduced human corneal endothelial cell by Cdk4R24C/CyclinD1 (THCEH (Cyclin)). Reverse transcriptase polymerase chain reaction analysis of gene expression revealed little difference between THCEC (E6/E7), THCEH (Cyclin) and non-transduced HCEC, but cell cycle-related genes were up-regulated in THCEC (E6/E7) and THCEH (Cyclin). THCEH (Cyclin) expressed intercellular molecules including ZO-1 and N-cadherin and showed similar Na^+/K^+-ATPase pump function to HCEC, which was not demonstrated in THCEC (E6/E7). This study shows that HCEC cell cycle activation can be achieved by inhibiting CKIs even while maintaining critical pump function and morphology.

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* E-mail: azuma-n@ncchd.go.jp

Introduction

Human corneal endothelial cells (HCEC) are hexagonal in shape and form a fragile monolayer lying posterior to the surface of the cornea. These cells maintain corneal transparency by their tight intercellular barrier and perform an ion transport pump function through Na^+/K^+-ATPase, which regulates the hydration of the corneal stroma [1,2]. If HCEC sustain damage, excessive hydration and opacity of the cornea occur, resulting in decreased vision.

Corneal endothelia are believed not to increase in adult humans and in fact gradually decrease by approximately 0.5% per year [3,4,5]. Damage, injury or HCEC disease such as Fuchs' corneal dystrophy [6], diabetes [7], trauma [8], cataract surgery [9] or elevation of intraocular pressure [10] does not lead to increased proliferation but rather to an increase in cell size to compensate for the wounded area [11]. Once the cell number falls below 1,000 cells/mm^2, the monolayer of enlarged HCEC cannot maintain corneal translucency [12] and surgical treatment is required to restore vision.

Penetrating keratoplasty has long been the surgical treatment of choice, involving replacement of a total layer of cornea by donor material. However, it can also result in adverse effects such as astigmatism and severe rejection requiring long term usage of immunosuppressive drugs [13]. Recently, alternative transplantation strategies, including modified posterior lamellar keratoplasty techniques such as deep lamellar endothelial keratoplasty (DLEK) [14], Descemet's stripping with endothelial keratoplasty (DSEK) [15] and Descemet membrane endothelial keratoplasty (DMEK) [16] have been introduced to overcome these problems. Despite these advances, an increasingly aging population requiring corneal transplants and inadequate tissue quality limit the availability of donor corneas, such that alternative ways of preparing endothelial cell monolayers need to be explored.

HCEC were originally believed to be incapable of expanding *in vitro*, but have been successfully isolated and cultured by introducing stimulating agents such as epidermal growth factor, platelet-derived growth factor-BB, bovine pituitary extract and fetal bovine serum [17,18]. However, the number of cells with proliferative activity and the ability to respond to such agents is relatively low, and much variation in proliferative activity exists between donors of different ages [19,20]. Thus, there is a requirement to achieve a stable and effective culture of cells in terms of both cell proliferation and physiologic function.

The HCEC cell cycle is mainly regulated by the p53 and pRB pathways, both of which have been inactivated by human papilloma virus (HPV) type 16 E6/E7 to successfully immortalize cells. Kim et al. reported the establishment of an immortalized HCEC line using HPV type 16 E6/E7 on lyophilized human amniotic membrane [21]. However, several studies have reported carcinogenesis of the cell line established by viral oncogenes including HPV type 16 E6/E7 or SV40 large T antigen [22,23]. Therefore a corneal endothelial cell line developed in this way does not appear to be suitable for the treatment of human corneal diseases. To resolve this problem, we expressed mutant cyclin-dependent kinase (Cdk) 4 and CyclinD1 to inactivate the pRB pathway and generate corneal endothelial cell lines without transducing viral oncogenes.

Results

HCEC with Descemet's membranes were proliferated slowly in a culture dish coated in type IV collagen. After two passages, the cells were transferred into 24-well dishes and transfected with a retroviral vector carrying E6/E7 or mutant Cdk4 and CyclinD1. Three cell lines were successfully generated, as shown in Fig. 1A, with obvious differences in growth (Fig. 1B). Protein expression from the transduced gene was confirmed by western blotting (Fig. 1C). As previously reported [21], THCEC (E6/E7) was immortalized, and THCEC (Cyclin) demonstrated the same proliferative capacity as THCEC (E6/E7), while primary cells grew more slowly even when cultured in 10% fetal bovine serum. These results indicate that induction of mutant Cdk4 and CyclinD1 is sufficient to generate a HCEC line that proliferates at a faster rate than the primary cell line.

Proliferation capacity was also confirmed by immunohistochemistry of Ki-67 (Fig. 2A). Expression of downstream genes of CyclinD1 which are associated with cell proliferation was analyzed by real-time polymerase chain reaction (PCR) (Fig. 2B). Positive staining of Ki-67, which is detected in the nucleus, was confirmed in both THCEC (Cyclin) and THCEC (E6/E7). Real-time PCR also revealed that CDC2 and PCNA, target genes of E2F (an upstream transcriptional factor), that are activated by CyclinD1, were up-regulated in THCEC (E6/E7) and especially in THCEC (Cyclin).

Expression of genes involved in active transmembrane transporter activity, including Na^+/K^+-ATPase, or cell adhesion, including ZO-1 and N-cadherin, were assessed by semi-quantitative reverse transcriptase (RT)-PCR (Fig. 3A). Expression of intercellular adhesion molecules was confirmed by immunohistochemistry (Fig. 3B–J). Semi-quantitative RT-PCR showed that there was no significant difference between the three cell lines regarding the expression of genes associated with several molecules of cell adhesion or of ion transporter channels, which are characteristically expressed by HCEC [21,24]. This was also confirmed by real-time PCR (data not shown).

ZO-1 and N-cadherin, key HCEC adhesion molecules [24], demonstrated positive staining at the intercellular junction in HCEH (Fig. 3F, I) and THCEC (Cyclin) (Fig. 3E, H), while neither ZO-1 nor N-cadherin was detected in THCEC (E6/E7) despite sufficient cellular density (Fig. 3G, J). Although positive staining of ZO-1 and N-cadherin was observed at the intercellular junction in THCEC (Cyclin), ZO-1 staining also occurred around the nucleus (Fig. 3E), indicating the immature distribution of the ZO-1 protein. In THCEC (Cyclin) and HCEC, hexagonal morphology was identified both by phase-contrast micrography (Fig. 3B, C) and immunocytochemistry, while the structure of hexagonal cell shape was not maintained in THCEC (E6/E7) (Fig. 3D). These data indicate that THCEC (Cyclin) and HCEC, but not THCEC (E6/E7), maintain contact inhibition which is crucial for preserving the monolayer.

Scanning electron microscopy was performed to reveal detailed information on the cellular junction (Fig. 4). THCEC (Cyclin) and HCEC showed a clear cellular junction including a tight junction, whereas THCEC (E6/E7) grew as a multilayer without forming a cellular junction, which confirms the immunohistochemistry result.

Representative traces of circuit current driven by the Na^+/K^+-ATPase were of similar shapes in both HCEC and THCEC (Cyclin) (Fig. 5A). These circuit currents maintain corneal translucency and their levels in both cell lines were clearly reduced by the presence of the Na^+/K^+-ATPase inhibitor ouabain, which confirms that the origin of the current is Na^+/K^+-ATPase. Meanwhile, the pump function in THCEC (Cyclin), detected in both earlier and later passages of cells, was more variable than that in HCEC (Fig. 5B), possibly indicating incomplete Na^+/K^+-ATPase activity or the presence of an intercellular barrier that regulates ion permeability. No regular circuit current was detected in THCEC (E6/E7) (Fig. 5A, B), which probably reflects the absence of intercellular adhesion preventing free ion transport across the membrane. This experiment clearly showed that the THCEC (Cyclin) monolayer has similar Na^+/K^+-ATPase activity to that of HCEC.

A tumorigenesis assay of nude mice detected no solid tumor in either THCEC (Cyclin) or THCEC (E6/E7), while HeLa cells formed a solid tumor in all mice (Table 1). Since THCEC (Cyclin) has a similar morphology and pump function to HCEC, THCEC (Cyclin) could be suitable for HCEC studies.

Discussion

THCEC (E6/E7) was shown to achieve immortalization with a highly activated proliferative capacity, as previously described [21]. However, the cell lines did not show normal intercellular contact or normal pump function, probably because contact inhibition in the cell line was not achieved. Meanwhile, THCEC (Cyclin) was demonstrated to have normal physiologic function with a greater proliferative capacity than primary cells, but slightly lower than that of THCEC (E6/E7).

In expanding the cellular life span, E7 has been shown to play a role in the inactivation of pRB, while E6 activates telomerase [25] and accelerates p53 degradation, which induces the Cdk inhibitor p21 [26]. However, little is known about the effector sites of the viral oncogene that may be related to genetic instability of immortalized cells. In the present study, expression of genes specific to HCEC was not drastically different between the three cell lines. However, key proteins including ZO-1 and N-cadherin that are important in forming intercellular contacts were detected, probably because of the unknown influence of viral oncogenes on post-translational modification, posttranslational import or protein stability/degradation.

We recently established genetically stable, non-transformed immortalized ovarian surface epithelium (OSE) cell lines without viral oncogenes by expressing mutant Cdk 4, CyclinD1 and hTERT, based on the hypothesis that inactivation of the pRb pathway and activation of telomerase are sufficient for OSE immortalization [27]. Meanwhile, Rane et al. demonstrated that mutant Cdk 4 (Cdk4R24C) is sufficient to induce carcinogenesis in several other tissues including those of the pancreas, pituitary and brain [28], and Joyce and colleagues showed that HCEC are arrested in the G1 phase and regulated by CKIs, p16INK4a and p21WAF1/Cip1 [29]. Considering the importance of maintaining

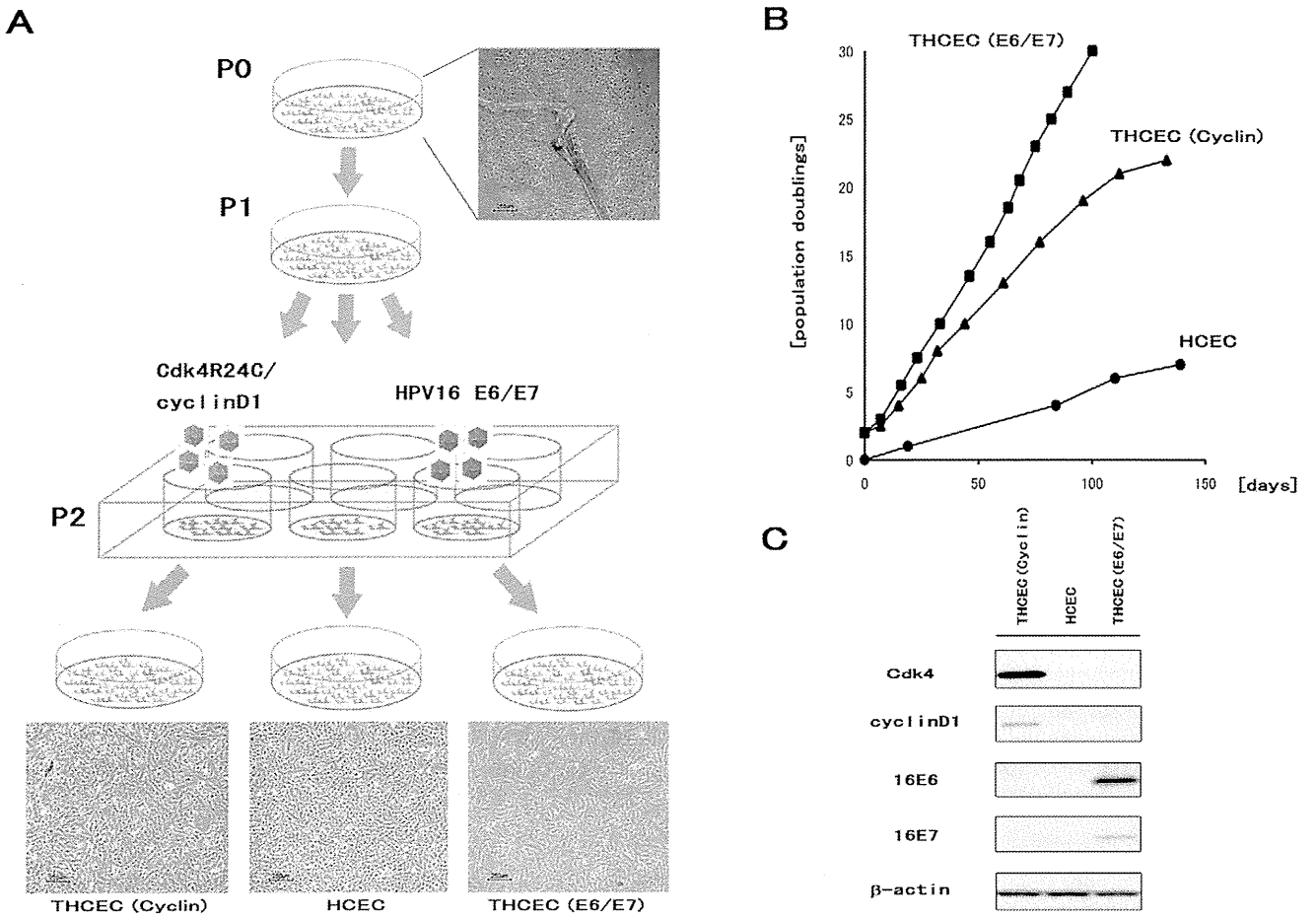

Figure 1. Establishment of THCEC (E6/E7), THCEC (Cyclin) and HCEC. (A) HCEC with Descemet's membrane were placed on Type IV collagen-coated 35 mm cell culture dishes with growth medium (P0). After one passage (P1), retroviral infection was conducted in 6-well cell culture dishes at P2. THCEC (E6/E7) and THCEC (Cyclin) were infected by retroviral vectors carrying HPV16 E6/E7 and both CyclinD1 and Cdk4R24C, respectively. (B) Growth curves of THCEC (E6/E7), THCEC (Cyclin) and HCEC cell lines. THCEC (E6/E7) was immortalized as reported previously, and THCEC (Cyclin) obtained the same proliferative activity as that of THCEC (E6/E7). Transfection was performed on day 0 for THCEC (E6/E7) and THCEC (Cyclin), with population doublings of 2. For HCEC, primary culture commenced on day 0. (C) Western blotting confirmed the expression of the following transgenes: E6 and E7 in THCEC (E6/E7), and CyclinD1 and Cdk4R24C in THCEC (Cyclin).
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morphology and physiologic function in HCEC, we only transduced mutant Cdk 4 and CyclinD1, not hTERT, in the present study. We believe that our careful method enabled THCEC (Cyclin) to form a fragile and regularly arranged monolayer complete with physiologic function.

Although THCEC (Cyclin) has similar characteristics to primary HCEC, immunohistochemistry and the Ussing chamber assay also highlighted the differences between the cells. ZO-1 protein was expressed around the nucleus of THCEC (Cyclin) but not in primary cells. Since semi-quantitative PCR detected almost the same level of mRNA expression between the cell lines, staining around the nucleus in THCEC (Cyclin) probably reflects an error in posttranslational import of ZO-1 protein. The Ussing chamber assay detected a similar pump function between THCEC (Cyclin) and primary cells, but the current in THCEC (Cyclin) was more variable than that of the primary cells, which might have been caused by reduced Na^+/K^+-ATPase activity, immature intercellular adhesion allowing irregular intercellular ion transport or differences in cellular density.

Cells established by a retrovirus carry a potential risk of promoting carcinogenesis [30], and direct transplantation to humans of cell sheets composed of such cells may lead to complex problems. Recently, to resolve this problem, several studies have reported the establishment of untransfected corneal endothelial cell lines [31,32,33], which are the most ideal cell lines for the treatment of human corneal disease. Meanwhile, alternative bioengineering approaches, including lipofection of p27kip1 siRNA [34], proteomics technology analyzing the difference between younger and older HCEC [35] and drug usage of promyelocytic leukemia zinc finger protein, a cell cycle transcriptional repressor and negative regulator [36], have also been introduced. The present findings support the idea that targeting the interaction between p16INK4a and Cdk4 using such methods is a promising strategy to generate HCEC with sufficient proliferative capacity and physiologic function.

Materials and Methods

Isolation and cell culture of human corneal cells

Ethics Statement. A cornea was excised from the surgically enucleated eye of a 2-year-old infant undergoing therapy for retinoblastoma, with the approval (approval number, #156) of the

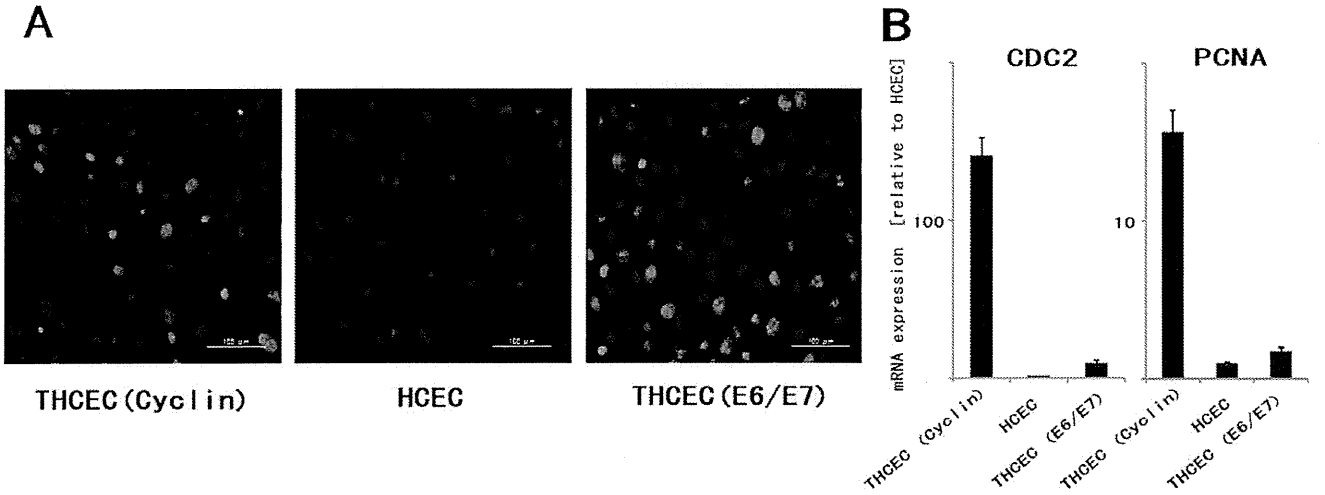

Figure 2. Evaluation of proliferative capacity. (A) Immunohistochemistry of Ki-67 in three cell lines. Positive staining of Ki-67, located in the nucleus, was obviously identified in THCEC (Cyclin) and THCEC (E6/E7), but rarely detected in HCEC. (B) Real-time PCR of downstream genes of cyclinD1 associated with proliferation. Gene expression levels of both CDC2 and PCAN were clearly higher than that of HCEC. The gene expression was much more activated in THCEC (Cyclin) in which the expression of E2F, an upstream transcriptional factor of two genes, was constitutively activated by transduced mutant Cdk4 and CyclinD1.
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Ethics Committee of the National Institute for Child and Health Development, Tokyo, Japan. Signed informed consent was obtained from the donor's parents, and the surgical specimens were irreversibly de-identified. All experiments handling human cells and tissues were performed in line with the tenets of the Declaration of Helsinki.

The corneal piece, which was grossly normal with no pathological lesions, was cut 1.5 mm from the corneal limbus,

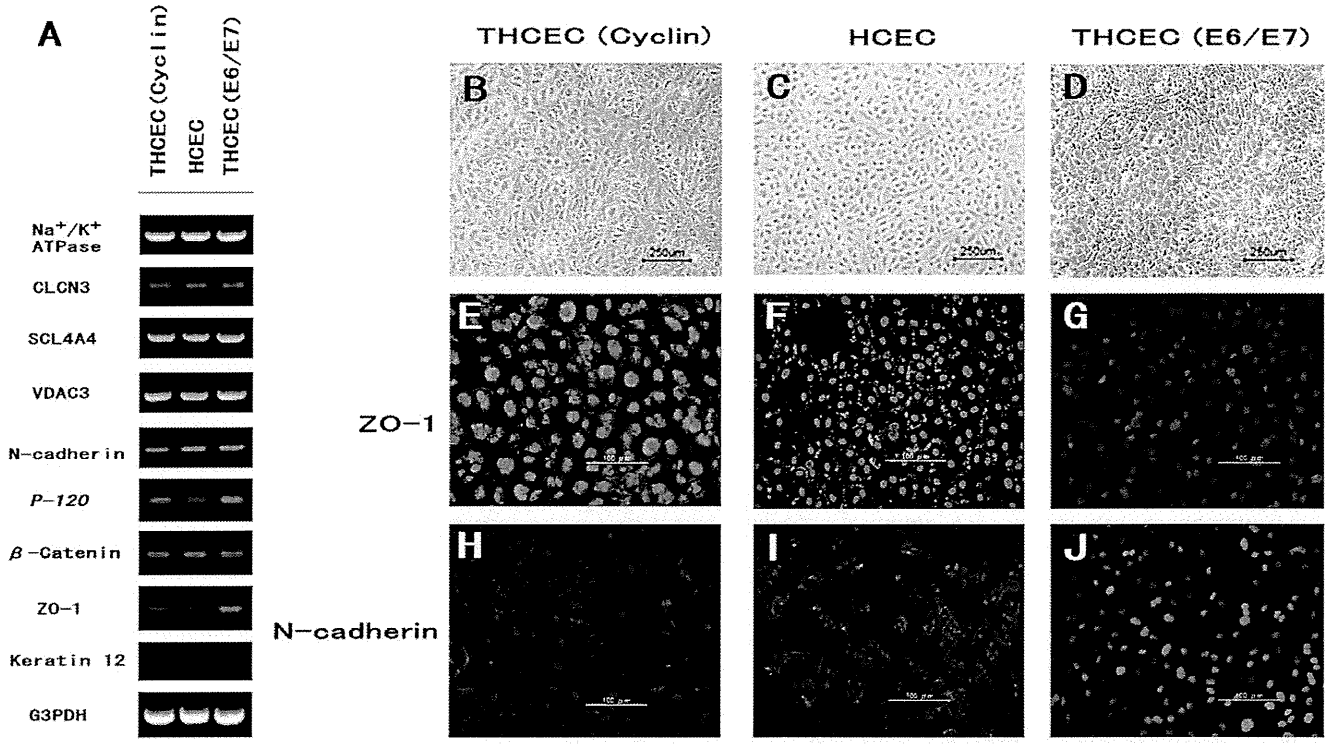

Figure 3. HCEC-associated genes and cytolocalization of junctional components expressed by cell lines. (A) Semi-quantitative reverse transcriptase polymerase chain reaction for HCEC-associated genes. Total RNA was prepared from cultured cells seven days after reaching confluency. No significant difference in mRNA expression was observed between the three cell lines. Compared with phase-contrast micrographs of (B) THCEC (Cyclin), (C) HCEC and (D) THCEC (E6/E7), cytolocalization was examined by immunofluorescence staining of ZO-1 (E, F,G) and N-cadherin (H, I, J). THCEC (E6/E7) did not stain positive for intercellular junctional molecules, while ZO-1 and N-cadherin stained positive at the junction in THCEC (Cyclin) and HCEC.
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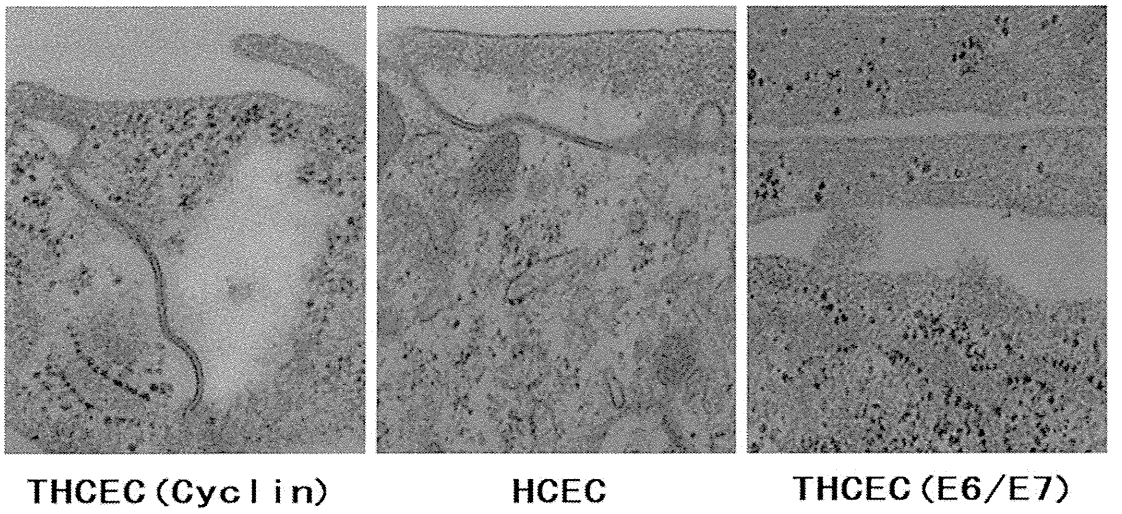

Figure 4. Transmission electron microscopy of cell line intercellular junctions. The junctional complex was detected at the intercellular junction in THCEC (Cyclin) and HCEC. No component of the intercellular junction was found in THCEC (E6/E7), in which cells grew in multilayers without being inhibited by cellular contact (scale bar = 200 nm).
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avoiding contamination of the trabecular meshwork tissue. HCEC with Descemet's membrane were stripped from the posterior surface of the corneal tissue with sterile surgical forceps under a dissecting microscope. They were cut into two pieces and cultured in a cell culture dish covered with Type IV collagen in a growth medium (GM); Dulbecco's modified Eagle's medium (DMEM)/ Nutrient mixture F12 (1:1) with high glucose supplemented with 10% fetal bovine serum, insulin-transferrin-selenium and MEM-NEAA (Gibco, Auckland, NZ). Cells were subcultured after reaching confluency by treating with trypsin/EDTA and seeded at a density of 5×10^5 cells/well in 6-well dishes.

Viral vector construction and viral transduction

Lentiviral vector plasmids, CSII-CMV-cyclin D1 and -CDK4R24C were constructed by recombination using the Gateway system (Invitrogen, Carlsbad, CA) as described previously [37]. Briefly, cDNAs of human cyclinD1 and a mutant form of Cdk4 (Cdk4R24C: an inhibitor resistant form of Cdk4, generously provided by Dr Hara) were recombined with a lentiviral vector, CSII-CMV-RfA (a gift from Dr Miyoshi), by LR reaction to create a Gateway expression plasmid (Invitrogen) according to the manufacturer's instructions.

Previous work has described the production of recombinant lentiviruses with the vesicular stomatitis virus G glycoprotein [37], the recombinant retrovirus vector plasmid, pCLXSN-16E6E7 encoding HPV16 E6/E7 (16E6E7) [38] and recombinant retroviruses [39]. Following the addition of recombinant viral fluid to cells seeded in 24-well dishes in the presence of 4 μg/ml polybrene, the cells were infected by the viruses. Stably transduced cells with an expanded life span were designated transduced

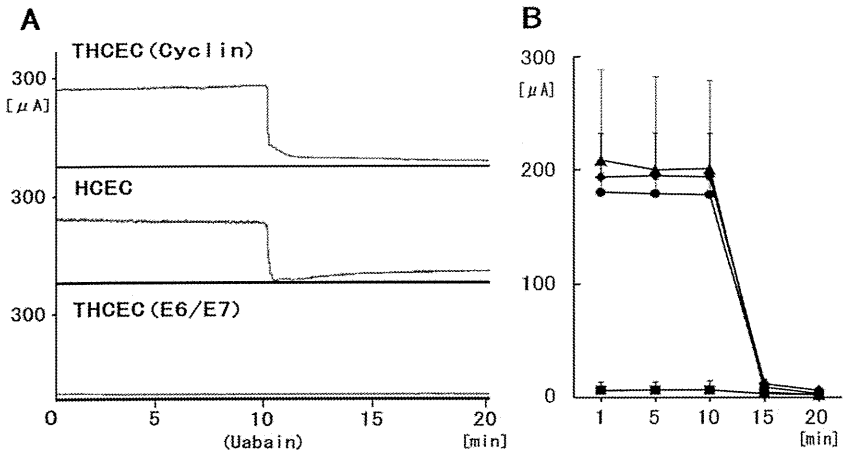

Figure 5. The pump function of cell lines. Short-circuit currents representing Na^+/K^+-ATPase activity from corneal cell monolayers on the insert well area of 4.67 cm^2 were calculated before and after addition of the Na^+/K^+-ATPase inhibitor ouabain. (A) Representative tracings of short-circuit current (μA/well) obtained with cell monolayers of THCEC (Cyclin) (upper panel), HCEC (middle panel) and THCEC (E6/E7) (lower panel). THCEC (Cyclin) possessed equal transport activity to HCEC, whereas no pump function was detected in THCEC (E6/E7). (B) Time-course changes in the average short circuit current of cultured monolayers of cell lines at 1, 5, 10 and 20 min. Data shown are for (▲) THCEC (Cyclin) at PD8, (♦) THCEC (Cyclin) at PD 21, (•) HCEC and (■) THCEC (E6/E7); all data are expressed as mean±SD of four replicate experiments of each cell line.
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Table 1. Tumorigenesis assay of cell lines in BALB/C nude mice.

Inoculated cells	Total dose (cell/mouse)	Number of mice (% mortality)	Number of mice with tumor
THCEC (Cyclin)	1.7×10^6	3(0)	0
THCEC (E6/E7)	1.7×10^6	3(0)	0
HeLa cells	2.0×10^6	3(0)	3

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human corneal endothelial cell by E6/E7 (THCEC (E6/E7)) and transduced human corneal endothelial cell by Cdk4R24C/cyclinD1 (THCEH (Cyclin)).

Culture of transfected cell lines and growth curve

When the cultures reached subconfluence, the cells were harvested with 0.25% trypsin and 1 mM EDTA, collected into tubes, and centrifuged. The cells were counted using a cell viability analyzer (Vi-CELL Cell Viability Analyzer, Beckman Coulter, Brea, CA), and population doubling (PD) was calculated. The pellets were suspended in growth medium, and the cells were passaged at a density of 5×10^5 cells/well in a 100-mm dish. The original cells were regarded as PD 2 (day 0).

Western blot analysis

Western blotting was conducted as described previously [40]. Antibodies against Cdk4 (ser473; Cell Signaling Technology, Danvers, MA), CyclinD1 (clone G124-326; BD Biosciences, Franklin Lakes, NJ), β-actin (sc-1616; Santa Cruz Biotechnology, Santa Cruz, CA) were used as probes, and horseradish peroxidase-conjugated anti-mouse, anti-rabbit (Jackson Immunoresearch Laboratories, West Grove, PA) or anti-goat (sc-2033; Santa Cruz Biotechnology, Santa Cruz, CA) immunoglobulins were employed as secondary antibodies.

Immunocytochemistry

Cell lines were grown on Type IV collagen-coated glass dishes 14 days after reaching confluency and were fixed with 4% formaldehyde (pH 7.0) for 15 min at room temperature. Cell lines were then rehydrated in phosphate buffered saline (PBS), incubated with 0.2% Triton X-100 for 15 min and rinsed three times with PBS for 5 min each. After incubation with 2% BSA to block nonspecific staining for 30 min, cell lines were incubated with anti-ZO-1 (1:50; sc-8146; Santa Cruz Biotechnology, Santa Cruz, CA), anti-N-cadherin (1:50; sc-7939; Santa Cruz Biotechnology) and anti-Ki67 (1:100; ab15580; Abcam, Cambridge, UK) for 16 h at 4°C. After three washes with PBS, cell lines were incubated with the secondary antibody for 60 min, followed by counterstaining with 4′,6-diamidino-2-phenylindole (1:200; sc-3598; Santa Cruz Biotechnology) for 10 min.

Semi-quantitative RT-PCR

Total RNA was extracted from 1×10^6 cultured HCEC using the RNeasy Plus mini-kitH (Qiagen, Germantown/Gaithersburg, MA) according to the manufacturer's instructions and quantified by absorption at 260 nm. Total RNA was then reverse-transcribed into cDNA using Superscript III Reverse Transcriptase (Invitrogen, Carlsbad, CA) with oligo random hexamers. cDNAs of each component were amplified by PCR using specific primers and DNA polymerase. The reaction was first incubated at 95°C for 10 min, followed by 39 cycles at 98°C for 30 s, 58°C for 30 s and 74°C for 30 s. PCR primers are listed in Table 2.

Quantitative real-time RT-PCR

Total RNA extraction and reverse transcription into cDNA was carried out as above. Each quantitative real-time RT-PCR for target genes, including Cell Division Cycle 2 (*CDC2*) and proliferating cell nuclear antigen (*PCNA*), was performed using the Chromo4 real time detection system (Bio-Rad, Hercules, CA). For a 20 ml PCR, the cDNA template was mixed with the primers to final concentrations of 200 nM and 10 µl of SsoFast EvaGreen Supermix (BIO-RAD), respectively. The reaction was first incubated at 95°C for 10 min, followed by 45 cycles at 95°C for 10 s, 57°C for 15 s, and 72°C for 20 s.

Transmission Electron Microscopy

Cell lines cultured on Type IV collagen-coated dishes were fixed in HEPES buffered 2% glutaraldehyde and subsequently post-fixed in 2% osmium tetroxide for 3 h on ice. Specimens were then dehydrated in graded ethanol and embedded in the epoxy resin. Ultrathin sections were obtained by ultramicrotomy and stained with uranyl acetate for 10 min and modified Sato's lead solution for 5 min then submitted to TEM observation (JEM-2000EX, JEOL).

Measurement of pump function

The pump function of confluent monolayers of HCEC was measured using an Ussing chamber as described previously [41]. Cells cultured on Snapwell inserts coated with Type IV collagen were placed in the Ussing chamber EM-CSYS-2 (Physiologic Instruments, San Diego, CA) with the endothelial cell surface side in contact with one chamber and the Snapwell membrane side in contact with another chamber. The chambers were carefully filled with Krebs-Ringer bicarbonate (120.7 mM NaCl, 24 mM $NaHCO_3$, 4.6 mM KCl, 0.5 mM $MgCl_2$, 0.7 mM Na_2HPO_4, 1.5 mM NaH_2PO_4 and 10 mM glucose bubbled with a mixture of 5% CO_2, 7% O_2 and 88% N_2 to pH 7.4). The chambers were maintained at 37°C using an attached heater.

The short-circuit current was sensed by narrow polyethylene tubes positioned close to either side of the Snapwell, filled with 3 M KCl and 4% agar gel and connected to silver electrodes. These electrodes were connected to the computer through the Ussing system VCC-MC2 (Physiologic Instruments) and an iWorx 118 Research Grade Recorder (iWorx Systems, Dover, NH), and the short-circuit current was recorded by Labscribe2 Software for Research (iWorx). After the short-circuit current had reached a steady state, ouabain (final concentration, 1 mM) was added to the chamber, and the short-circuit current was re-measured. The pump function attributable to Na^+/K^+-ATPase activity was calculated as the difference in short-circuit current measured before and after the addition of ouabain.

Tumorigenesis assay

Cells were harvested by Trypsin/EDTA treatment, collected into tubes, and centrifuged, and the pellets were suspended in

Table 2. Oligonucleotide sequences for RT-PCR.

Name	Sequence	Size (bp)	Accession Number
Collagen type IV	F: 5′-GGC ACC TGC CAC TAC TAC GC-3′	472	NM_001845
	R: 5′-TCA CCA GGA GGT AGC CGA T-3′		
Keratin 12	F: 5′-GAT GCT AAT GCT GAG CTC GA-3′	393	NM_000223
	R: 5′-ACC TGC CCT ACA GCT TTG TA-3		
VDAC3	F: 5′-TGA CTC TTG ATA CCA TAT TTG TAC CG-3′	482	NM_001135694
	R: 5′-TCA ATT TGA CTC CTG GTC GAA-3′		
CLCN3	F: 5′-AGA AAG GCA TAG ACG GAT CAA-3′	204	NM_001829
	R: 5′-GGT TGT ACC ACA ACG CAC TAA-3′		
SLC4A4	F: 5′-GTT CAG ATG AAT GGG GAT ACGC	697	NM_001136260
	R: 5′-CGA GCA TAA ACA CAA AGC GTA A-3′		
Na^+/K^+-ATPase	F: 5′-CCC AGG ACT CAT GGT TTT TC-3′	482	NM_000702
	R: 5′-GGA GCA AAG CTG ACC TGA AC-3′		
N-cadherin	F: 5′-CAA CTT GCC AGA AAA CTC CAG G-3′	205	NM_ 001792
	R: 5′-ATG AAA CCG GGC TAT CTG CTC-3′		
β-catenin	F: 5′-TAC CTC CCA AGT CCT GTA TGA G-3′	180	NM _001904
	R: 5′-TGA GCA GCA TCA AAC TGT GTA G-3′		
P-120	F: 5′-CCC CAG GAT CAC AGT CAC CT-3′	144	NM_001085467
	R: 5′-CCG AGT GGT CCC ATC ATC TG-3′		
ZO-1	F: 5′-AGT CCC TTA CCT TTC GCC TGA-3′	180	NM_003257
	R: 5′-TCT CTT AGC ATT ATG TGA GCT GC-3′		
GAPDH	F: 5′-GCT CAG ACA CCA TGG GGA AGG T-3′	474	NM_002046
	R: 5′-GTG GTG CAG GAG GCA TTG CTG A-3′		
PCNA	F: 5′- GCGTGAACCTCACCAGTATGT-3′	76	NM_002592
	R: 5′- TCTTCGGCCCTTAGTGTAATGAT-3′		
CDC2	F: 5′- GGATGTGCTTATGCAGGATTCC-3′	100	NM_001786
	R: 5′- CATGTACTGACCAGGAGGGATAG-3′		

VDAC3: voltage-dependent anion channel 3, CLCN3: chloride channel protein 3, SLC4A4: sodium bicarbonate cotransporter membrane.
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DMEM. The same volume of Basement Membrane Matrix (BD Biosciences) was added to the cell suspension. Cells (1.7×10^6) of THCEC (Cyclin) and THCEC (E6/E7) were inoculated subcutaneously into dorsal flanks of each of three Balb/c nu/nu mice (CREA, Japan) for 60 days. A total of 2.0×10^6 HeLa cells per mouse were used as positive controls. The skin of dorsal flanks of inoculated mice was surgically opened and the tumorigenic status was examined.

Author Contributions

Conceived and designed the experiments: Tadashi Yokoi YS Tae Yokoi TK AU HN NA. Performed the experiments: Tadashi Yokoi YS Tae Yokoi HM SH MY TK HN NA. Analyzed the data: Tadashi Yokoi YS Tae Yokoi HM SH MY AU HN NA. Contributed reagents/materials/analysis tools: Tadashi Yokoi SH MY TK HN NA. Wrote the paper: Tadashi Yokoi YS TK AU HN NA.

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MINIREVIEW

Tissue engineering and cell-based therapy toward integrated strategy with artificial organs

Satoshi Gojo · Masashi Toyoda · Akihiro Umezawa

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Abstract Research in order that artificial organs can supplement or completely replace the functions of impaired or damaged tissues and internal organs has been underway for many years. The recent clinical development of implantable left ventricular assist devices has revolutionized the treatment of patients with heart failure. The emerging field of regenerative medicine, which uses human cells and tissues to regenerate internal organs, is now advancing from basic and clinical research to clinical application. In this review, we focus on the novel biomaterials, i.e., fusion protein, and approaches such as three-dimensional and whole-organ tissue engineering. We also compare induced pluripotent stem cells, directly reprogrammed cardiomyocytes, and somatic stem cells for cell source of future cell-based therapy. Integrated strategy of artificial organ and tissue engineering/regenerative medicine should give rise to a new era of medical treatment to organ failure.

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S. Gojo (✉)
Department of Therapeutic Strategy for Heart Failure,
Graduate School of Medicine, University of Tokyo,
7-3-1 Hongo, Bunkyo, Tokyo 113-8655, Japan
e-mail: satoshigojo-tky@umin.ac.jp

M. Toyoda
Research Team for Vascular Medicine,
Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

A. Umezawa (✉)
Department of Reproductive Biology,
National Institute for Child Health and Development,
2-10-1, Okura, Setagaya, Tokyo 157-8535, Japan
e-mail: umezawa@1985.jukuin.keio.ac.jp

Keywords Biofabrication · Stem cell · Reprogramming · Direct conversion · Clinical trial

Introduction

The human body is made up of approximately 60 trillion cells but can be traced back to one fertilized egg created by the union of an ovum and a sperm. The fertilized egg divides repeatedly, creating various cells that coordinate with each other to form all the different tissues and organs, ultimately leading to the formation of a complete individual. Whereas the human genome has been almost completely decoded and the genes involved in various mechanisms of the body are becoming known, many parts of this epic developmental process remain unclear. However, because these developmental mechanisms are closely related to the homeostatic maintenance and the regenerative mechanisms of organs and tissues, the field of regenerative medicine, which aims to use these mechanisms to treat diseases, is expanding rapidly.

Tissue engineering

Fusion protein

Biological tissue is composed not only of cells but also of a surrounding environment that is crucial in maintaining cell function in vivo and in homeostasis. Most importantly, the extracellular matrix is known to have dynamic and functional roles, such as providing a scaffold for cell adhesion (basement membrane and fibronectins) as well as maintaining and providing growth factors (heparan sulfate). Technological development with respect to manipulating

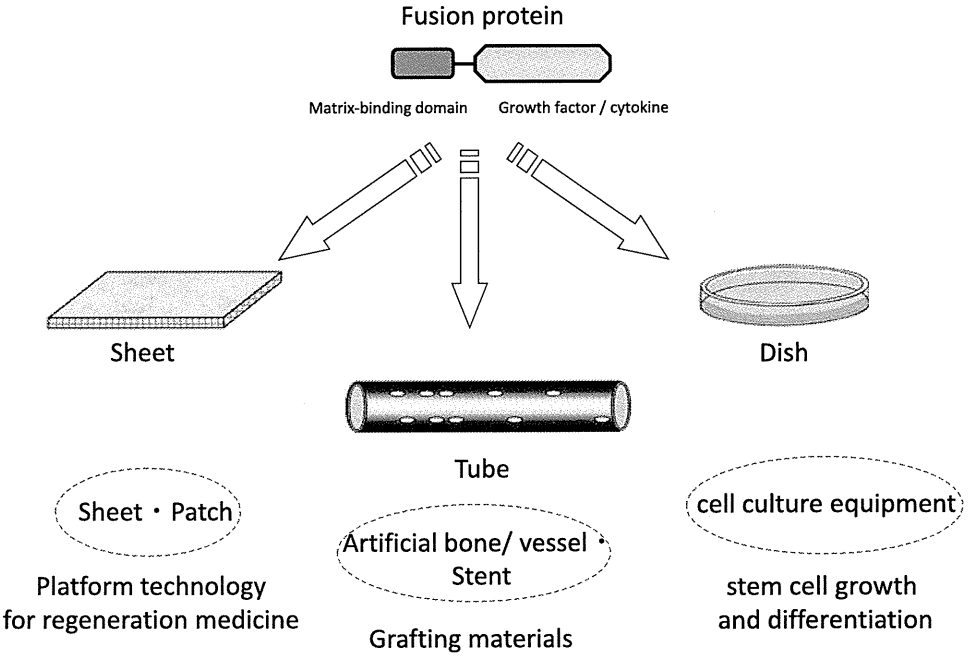

Fig. 1 Tissue engineering for regenerative medicine

this extracellular matrix in order to control tissues and cells, and its subsequent application in regenerative medicine, is underway. For example, studies have revealed that a variety of growth factors play important roles in wound healing, and some of these growth factors are in clinical use. However, the short-term effects of these growth factors pose some limitations on their use. An example is provided by fibrin, which is released in the wounded area when tissue damage occurs. An increasing amount of research is being conducted on the use of fibrin as a material for tissue regeneration. If a protein produced by the fusion of a fibrin-binding domain (FBD) to epidermal growth factor (EGF) is added to an epidermal wound-model culture system, binding of the growth factor to the fibrin released from the wound leads to healing by stimulating growth in the surrounding cells [1]. This phenomenon presumably occurs not because of the independent function of the growth factor, but because the growth factor stabilizes after binding to fibrin, and the FBD–EGF complex causes continuous cell stimulation. This suggests that the process of altering the combination of extracellular matrix and growth factors can be of therapeutic value in a variety of conditions. Another example can be considered with respect to vascular grafts. The development of small-caliber vascular grafts, such as those used to treat coronary artery disease, has slowed down because these grafts tend to fail at an early stage owing to thrombotic occlusion. To prevent this, prompt graft endothelialization and prevention of blood clot adherence is necessary. The use of a protein produced by fusion of the collagen-binding domain (CBD)—which binds collagen (a component of the extracellular matrix)—to hepatocyte growth factor (HGF) has been considered in such cases, and it has been shown that this complex (CBD–HGF) effectively promotes growth of endothelial cells [2]. Furthermore, this type of fusion protein could be placed onto a biodegradable sheet of extracellular matrix and affixed to the wounded area, where it may stimulate vascular cell growth. This has the potential for a wide application in medicine (Fig. 1).

Three-dimensional tissue engineering

A substantial amount of tissue engineering research has been performed on the three-piece that are cell, growth factors, and scaffolds. There are, however, various limitations to using scaffolds. First, cells tend to be distributed over the surface of the scaffold, thus making it difficult to form a solid tissue. Second, a 3D array and structure cannot be controlled when multiple cell types are used. Third, the concentration gradient of growth factors cannot be controlled. Fourth, there are certain limitations to the process of creating the vasa vasorum by tissue engineering techniques. In recent years, the concept of the scaffold has been put aside, and attempts to construct 3D tissue with cells and growth factors are now frequently reported. This method is generally called biofabrication [3], and the techniques of bioprinting [4] and organ printing [5] also fit into this category. In addition, although 3D structures using inkjet printer technology have already appeared as rapid prototyping, a 3D printer with an inkjet nozzle from which

droplets with a volume identical to that of cells are embossed, and which can be operated in a sterile environment, has been developed [6]. This could make the construction of 3D tissues possible [7]. Biorapid prototyping, a method in which many cellular spheres are used together with arbitrary structures to create 3D tissue, has also been reported [8]. This is expected to be an extremely promising methodology despite many issues, such as those related to cell solvents.

Cell sheets

Of all the recently developed tissue engineering techniques, practical application of cell sheets has advanced the most. This technology is based on the properties of a temperature-responsive polymer, poly(*N*-isopropylacrylamide). Culture dishes coated with this material are hydrophobic at 37°C and hydrophilic <32°C. When cells are cultured to confluence, they can be recovered as a sheet without enzymatic digestion [9]. This technique has been made available from Japan for worldwide application in the development of regenerative medicine-related products [10]. It was reported that stratification, which was initially limited to a few layers, could evolve to include many layers with neovascularization. So far, cell sheets have been made that consist of myoblasts [11], mesenchymal stem cells [12], cardiac progenitor cells [13], and a mixture of fibroblasts and endothelial progenitors [14]. Osaka University is coordinating a clinical trial using autologous myoblast sheets in patients carrying a left ventricular assist device (LVAD) with the aim of providing a bridge to recovery. In France, a clinical trial using epithelial cell sheets for corneal regeneration is being conducted by a venture company.

Whole-organ tissue engineering

The technology of perfusion decellularization of organs is a unique method of tissue production using scaffolds that has been reported in recent years. Intracellular structures can be completely eliminated by perfusing the heart using a Langendorff coronary perfusion apparatus for more than 12 h with the surfactant sodium dodecyl sulfate. It has also been reported that components of the extracellular matrix, including collagen type I/III, laminin, and fibronectin, can be preserved without disturbing their array structure; furthermore, the structure of valves and basal membrane of the epicardial vessels are not affected [15]. A heartbeat, albeit faint, has been achieved using this technique. The feasibility of whole-organ decellularization has been demonstrated in the pig heart [16] and rat liver [17]. Although the process of cellularization has its flaws, it is a creative initiative that holds promise for future developments.

Regenerative medicine

Induced pluripotent stem cells (iPSC)

The term regenerative medicine was introduced in 2000. Clinical applications have increased greatly since then, beginning with research on human embryonic stem cells (ESC) and confirmation of the plasticity of somatic stem cells. Amid frustration that human ESC could not be applicable not only to medicine, but also in biological research, the phenomenon of initialization via nuclear transplantation has been achieved in an elaborately planned experiment with four gene transfers. Now, these cells, called induced pluripotent stem cells (iPSC), certainly appear to be a major topic in regenerative medicine. Basic research into the clinical application of iPSC demonstrated the successful treatment of model mice for Parkinson's disease [18], sickle cell anemia [19], and hemophilia [20] with mouse iPSC. These reports indicate the same scheme could be applicable to human diseases. However, problems in iPSC application include the development of teratomas from undifferentiated cells, carcinomas due to gene transfer, and infection with xenogeneic materials used in cell cultures. These problems have attracted the interest of a large number of researchers, and many proposals for solutions to them have been reported (Fig. 2).

Teratoma formation in mice can reportedly be prevented by eliminating stage-specific embryonic antigen-1-positive cells [18]. If the target of interest is the heart, enrichment with mitochondria could prevent teratoma formation [21]. Of the four genes transferred during iPSC initialization, which are considered to be reprogramming genes, it was feared that the existence of c-Myc, in particular, which is an oncogene, would lead to cancer; carcinogenesis through c-Myc reactivation was actually observed in vivo. In addition, because the basic protocol uses a retrovirus as the vector for gene transfer, the possibility of carcinogenesis after its insertion into a genome is a problem. It was subsequently reported that just three factors (excluding c-Myc) induced iPSC, albeit at a low frequency [22]. However, recently, induction of iPSC with RNA [23] and proteins [24] of reprogramming factors has been reported in an attempt to circumvent carcinogenesis because of the methodology. Of the four factors, Sox2 and c-Myc could be replaced with transforming growth factor-α receptor antagonists [25], the nuclear acceptor Esrrb could be replaced with Klf4 [26], and Oct4 could be replaced with nuclear acceptor Nr5a2 [27].

Currently, xenogeneic materials are used in various processes in standard ESC/iPSC culture (Fig. 3). Feeder cells are used to maintain the undifferentiated state of both ESC and iPSC; usually, mouse embryonic fibroblasts (MEF) treated with mitomycin C to arrest their growth are

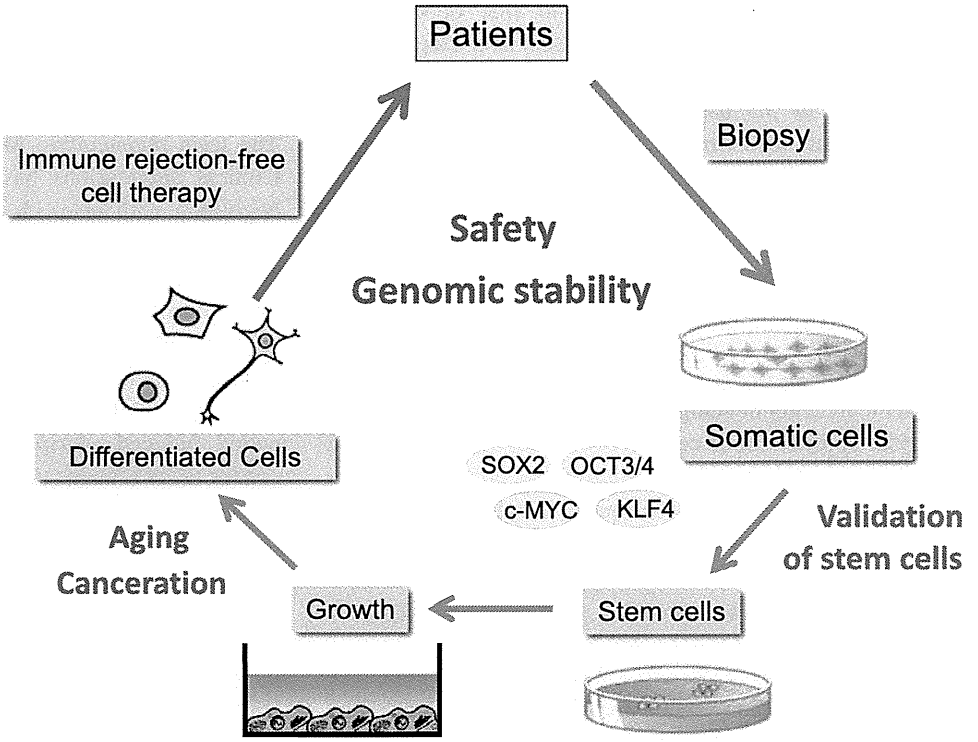

Fig. 2 Order-made stem cell therapy

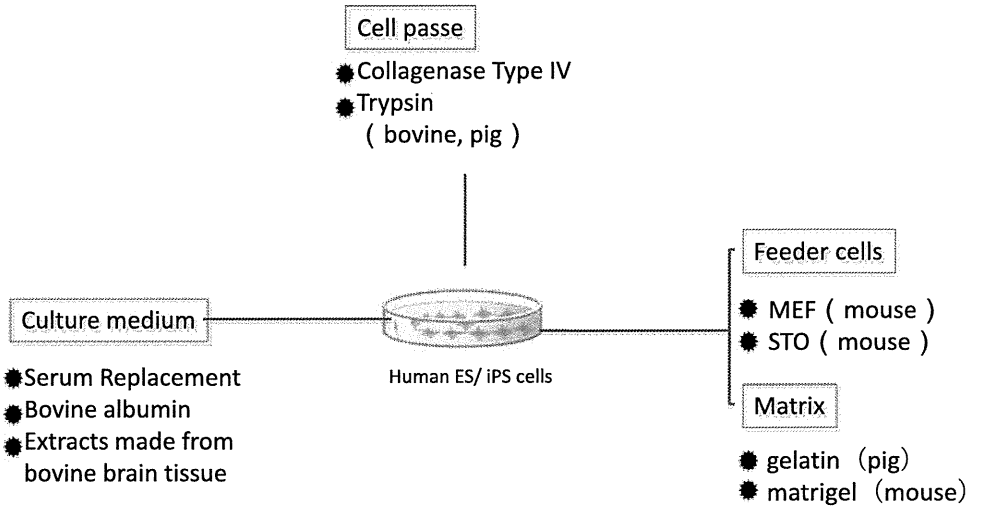

Fig. 3 Xenogeneic factors and materials in human embryonic stem cell/induced pluripotent stem cell (ESC/iPSC) culture

used as feeder cells. It was feared that if these xenogeneic cells were used in clinical situations, contamination with xenogeneic cells may lead to infection. This did, in fact, occur: the presence of non-human-derived Neu5Gc was confirmed on the cell surface of human ESC cultured onto MEF. Many individuals possess antibodies for this antigen, and an immune reaction can be provoked in these individuals [28]. In order to avoid xenogeneic contamination, coating cell culture dishes with fully synthetic compounds and the chemical defined-culture medium has been reported from several institutes. A 3D porous natural polymer scaffold consisting of chitosan and alginate was able to sustain human ESC self-renewal [29]. Recombinant vitronectin also supported cultivation of three human ESC under feeder-free conditions [30]. Moreover, suspension culture of human ESC and iPSC in chemically defined media supplied a scalable number of cells [31]. However, the ability of xeno-free protocols to maintain the self-renewal ability and pluripotency of human ESC or iPSC remains questionable. On the other hand, autologous

fibroblasts could be used as feeder cells in the culture of human iPSC [32].

Almost the entire process of reprogramming in iPSC remains poorly understood. It is still unclear whether iPSC reprogramming is equal to nuclear transplantation, which showed that the somatic nucleus reacquired totipotency. The following factors imply that multiple processes exist in reprogramming: the expression of stem cell-related genes differs between iPSC clones [33], and "memories" of the parent cells remain. It has been reported that trichostatin A, a histone deacetylase inhibitor, is a factor that promotes this phenomenon [34]. The necessity of using it under strictly controlled temporal and quantitative requirements indicates the preciseness of its mechanism.

Direct conversion to differentiated cells

The phenomenon termed direct conversion to differentiated cells is a novel occurrence recently reported to occur in several organs. Although many researchers have searched for the master gene, such as MyoD, that can induce formation of skeletal muscle cells from fibroblasts, no such gene has been discovered. However, because the use of four genes allows the differentiated cell to have pluripotency, transformation with one batch of gene transfer is been investigated. A first report described successful differentiation of pancreatic exocrine cells into insulin-secreting beta-like cells by the transfer of three genes (Ngn3/Pdx1/MafA) [35]. Another report documented successful induction of cells expressing myocardial cell structural proteins through the transfer of Gata4/Tbx5/Baf60c into mouse mesodermal cells [36]. According to later reports, functional neurons can be induced by transferring Asc11/Brn2/Myt11 into fibroblasts [37], and myocardial cells can be induced by transferring Gata4/Tbx5/Mef2c into fibroblasts [38]. Thus far, the possibility that these cells only caused specific gene expression that exists in the lower area of transgenes cannot be denied. Functional and quantitative assessments of induced cells produced by direct reprogramming are required to determine their application in the clinical setting.

Somatic stem cells

It was long believed that cardiomyocytes were in a state of terminal differentiation in adults and that the heart cannot heal itself or restore its homeostatic functions. These properties led researchers in cardiac regeneration to increased interest in somatic stem cells, including bone-marrow-derived stem/progenitor cells, mesenchymal stem cells, and adipose-derived stem cells. Because cells derived from fetal-related tissue (including the amnion, umbilical cord, and placenta) contain a multipotent population that shows plasticity, many organizations, institutes, and companies run banking systems for these cells. Transplantation of amniocytes caused cardiac regeneration in myocardial infarction in rats [39]. On the other hand, other researchers have continually asserted the heart has regenerative properties. Recently, clear evidence that cardiomyocytes can be reborn in the adult heart was reported. This evidence was based on cardiomyocyte age estimation by measuring carbon-14, which was generated by nuclear weapons testing during the Cold War [40]. The impetus for the expansion of this field of study was the reporting of a method that was apparently based on embryonic bodies [41]: by forming a sphere with cardiac-tissue-derived cells, a group of nearly undifferentiated cells could be enriched. Subsequently, several groups reported that stem cells and precursor cells exist in the heart. Several profiles were reported for these cells, including c-kit (+) [42], sca-1 (+) [43], and side population cells [44]. Whether this means that we are observing the process of differentiation as it develops or that multiple stem cell systems exist is an issue that needs to be addressed. Matsubara et al. [45], who reported that murine sca-1 (+) cells could be cardiac stem cells (CSC), performed a detailed preclinical study in pigs to treat ischemic heart disease [46] and are directing the world's first clinical trial using CSC. This clinical trial targets patients with severe chronic ischemic heart failure whose left ventricular ejection fraction is <35%. The method involves intramuscular injection of CSC during coronary artery bypass grafting. The injected stem cells are isolated from cardiac tissue collected during a previous biopsy from the right ventricular septal region. During cell culture, recombinant basic fibroblast growth factor (bFGF) is used rather than xenogeneic materials, and blood serum is obtained from autologous blood. The cells are injected through the epicardium, and the injection sites are covered with a basic sustained-release gelatin sheet of bFGF. Patients are not randomized, and six cases are scheduled for an open-label phase I/IIa clinical trial, with a planned 1-year follow-up study. It is assumed that after this trial, cases will accumulate in multifacility clinical studies and that this method will develop into a highly advanced medical technology.

Chemical pharmacology is faced with difficulty finding new classes of drugs despite increasing budgets. Cells and tissues, therefore, are likely to become important medical treatments. Moreover, integrated therapy of ventricular assist device (VAD) and regenerative medicine should have great potential to treat severe heart failure (Fig. 4). Although implantable VADs are being used with excellent prognosis, many issues remain; for example, right ventricular failure, infection, thrombosis, and device mechanical failure. A market report on VAD anticipates that the "bridge to recovery (BTR)" strategy will constitute more

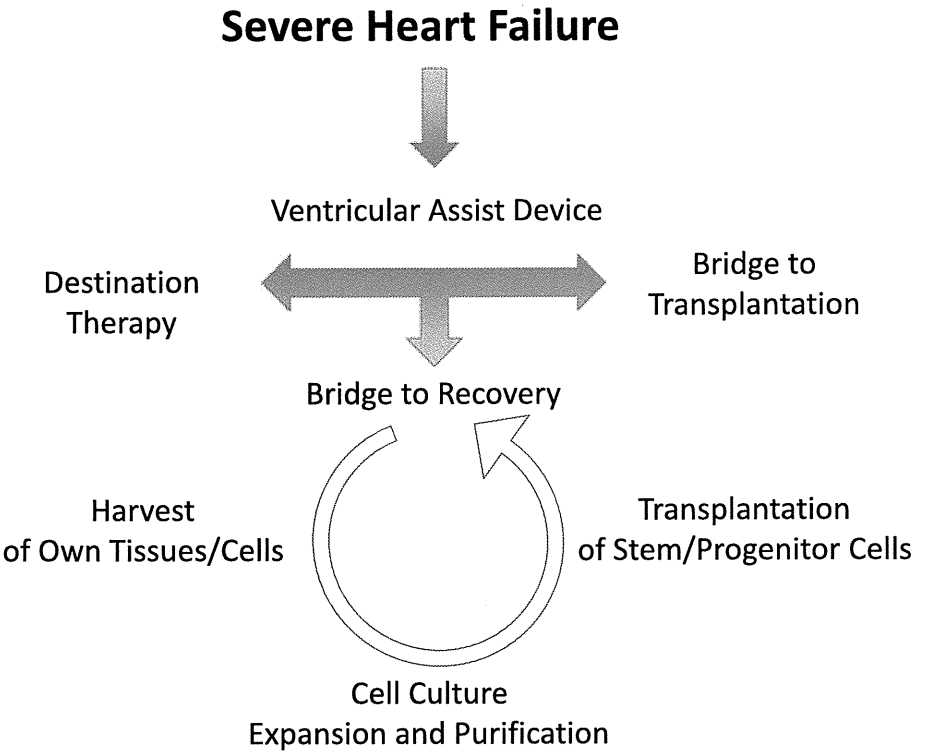

Fig. 4 Integrated strategy to heart failure

than half of future VAD therapy. The emerging field of regenerative medicine will surely accelerate the trend to BTR therapy.

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