



Novel body-on-chip system for the quantification of small molecule kinetics, validated using positron emission tomography

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Overview

- Background
- Hypothesis and aims
- Designing and testing a novel device
- Optimising co-culture
- Kinetic studies
- Future work

Why?

- 12 years, \$1.3bn per drug
- 25% preclinical success rate (n= 449)
- 7.6% likelihood of approval (n= 3496)

Wouters, et al. *JAMA*, 323(9), 844–853. (2020). <https://doi.org/10.1001/jama.2020.1166>

Takebe et al. *Clinical and translational science*, 11(6), 597–606. (2018). <https://doi.org/10.1111/cts.12577>

Hay et al. *Nat Biotechnol* **32**, 40–51 (2014). <https://doi.org/10.1038/nbt.2786>

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Clear need for better early predictors of in vivo success

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Clear need for better early predictors of *in vivo* success

- Animal testing of cosmetic products/ingredients banned in EU since 2013
- Push to develop *in vitro*, animal free systems for use in cosmetic product and ingredient safety risk assessments

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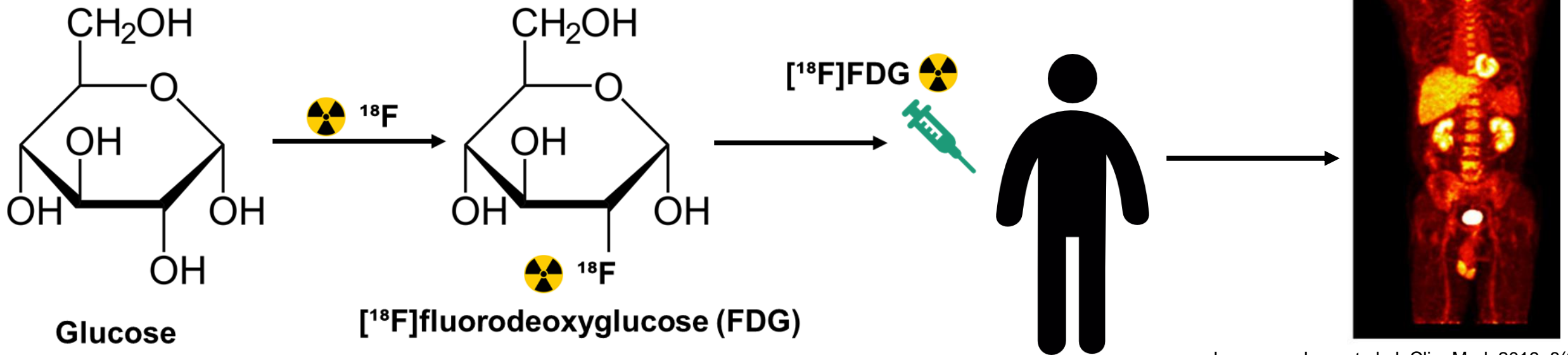
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Positron emission tomography (PET) - what & why?

- High resolution imaging technique utilising a radiotracer
- Short half life isotopes ^{18}F (~109min), ^{68}Ga (~68min), and ^{11}C (~20min)
- Combined with CT for structural relevance

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Jeong won Lee, et al. J. Clin. Med. 2019, 8(8), 1169; <https://doi.org/10.3390/jcm8081169>

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Hypothesis

Body-on-chip platforms capable of circulating drug loaded media across multiple organ compartments can provide PK/PD predictions consistent with that of gold standard *in vivo* human PET data for the same drug.

Aims

- Optimise the use of a body-on-chip platform such that it is capable of circulating drug-loaded media across multiple “organ” compartments arranged to mimic human physiology.
- Use optimised device to sample “organ” drug concentrations at multiple time points for kinetic modelling
- Compare kinetic parameters to *in vivo* outcomes in human PET studies of the same compound

Aims

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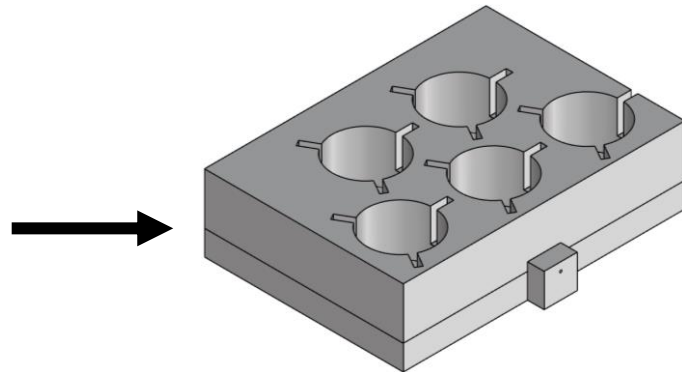
Brain = human neurons (SH-SY5Y)

Lung = human primary bronchial epithelial cells

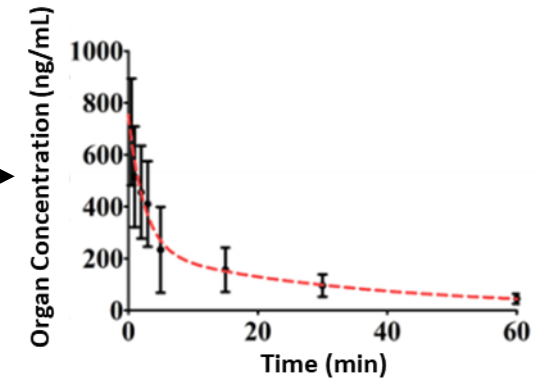
Liver = hepatocyte cell line (HepG2)

Heart = human primary cardiomyocytes

Kidney = Immortalised RPTECs (SA7K)



Docetaxel/[¹⁸F]FDG



Overview

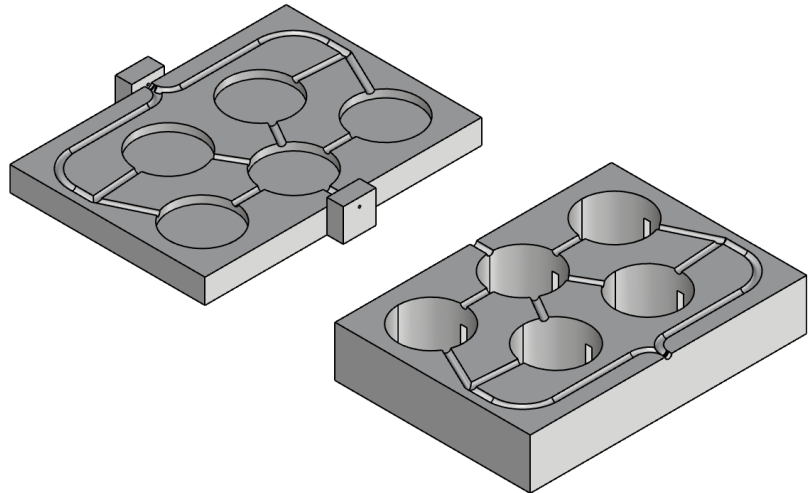
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Design & test body-on-chip device



THE UNIVERSITY of EDINBURGH
Edinburgh College of Art

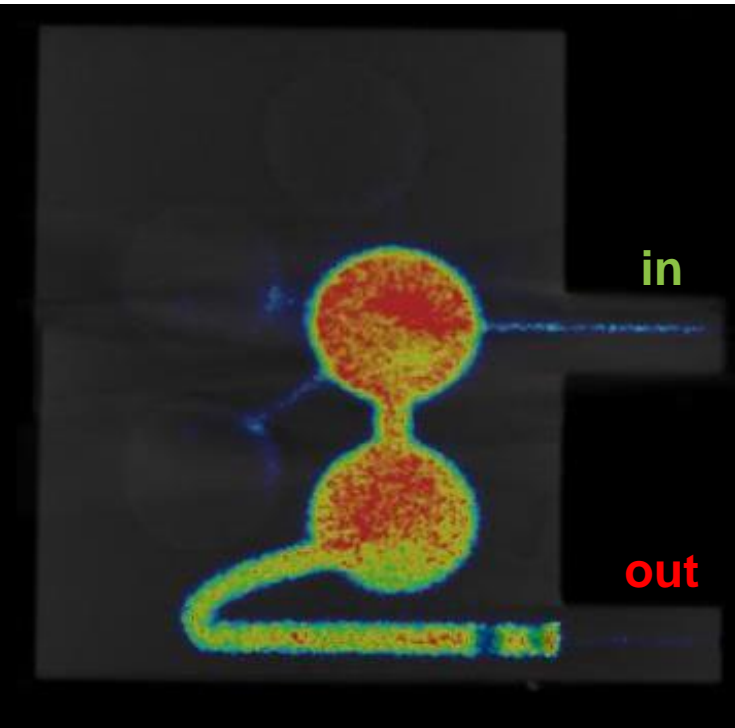
↓
**Produced 3D
printed prototypes**



→ **[¹⁸F]FDG/[¹⁸F]NaF PET
scans to assess flow**

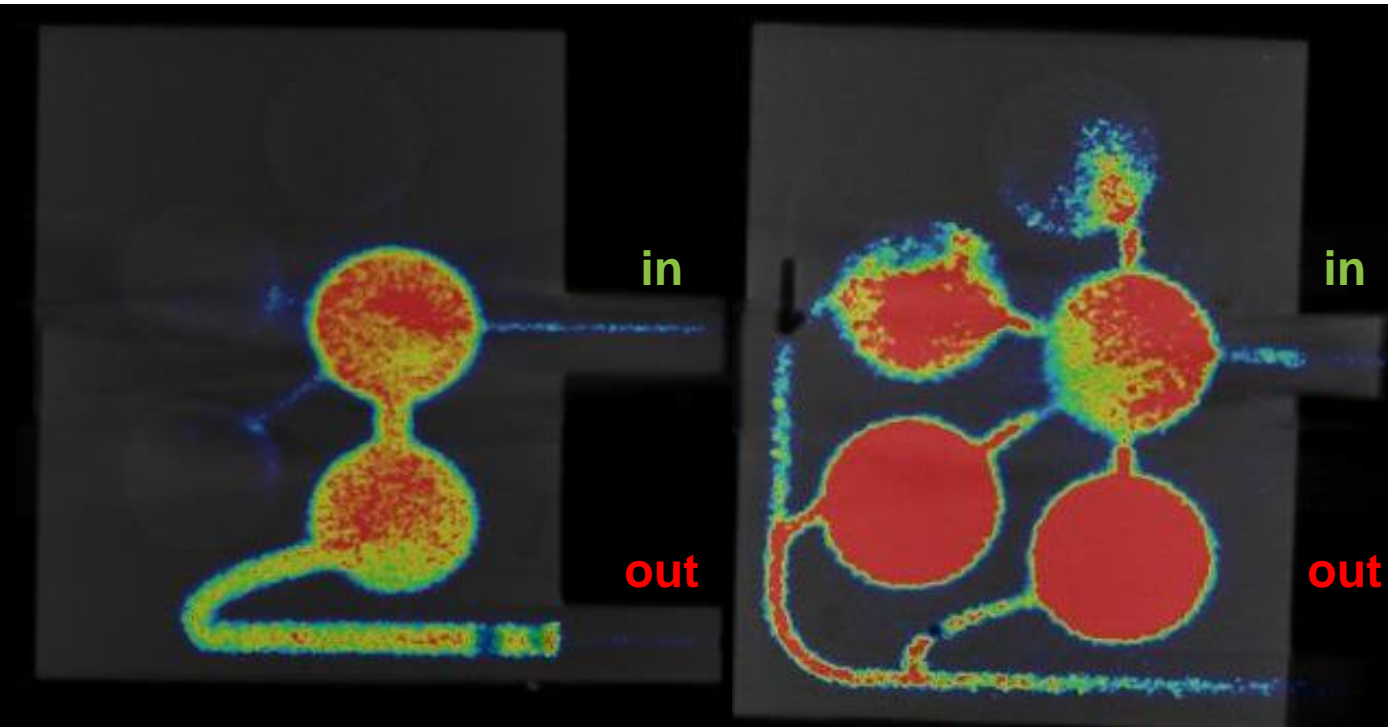


Design & test body-on-chip device



Capillaries scaled to *in vivo* blood flow:organ volume ratio

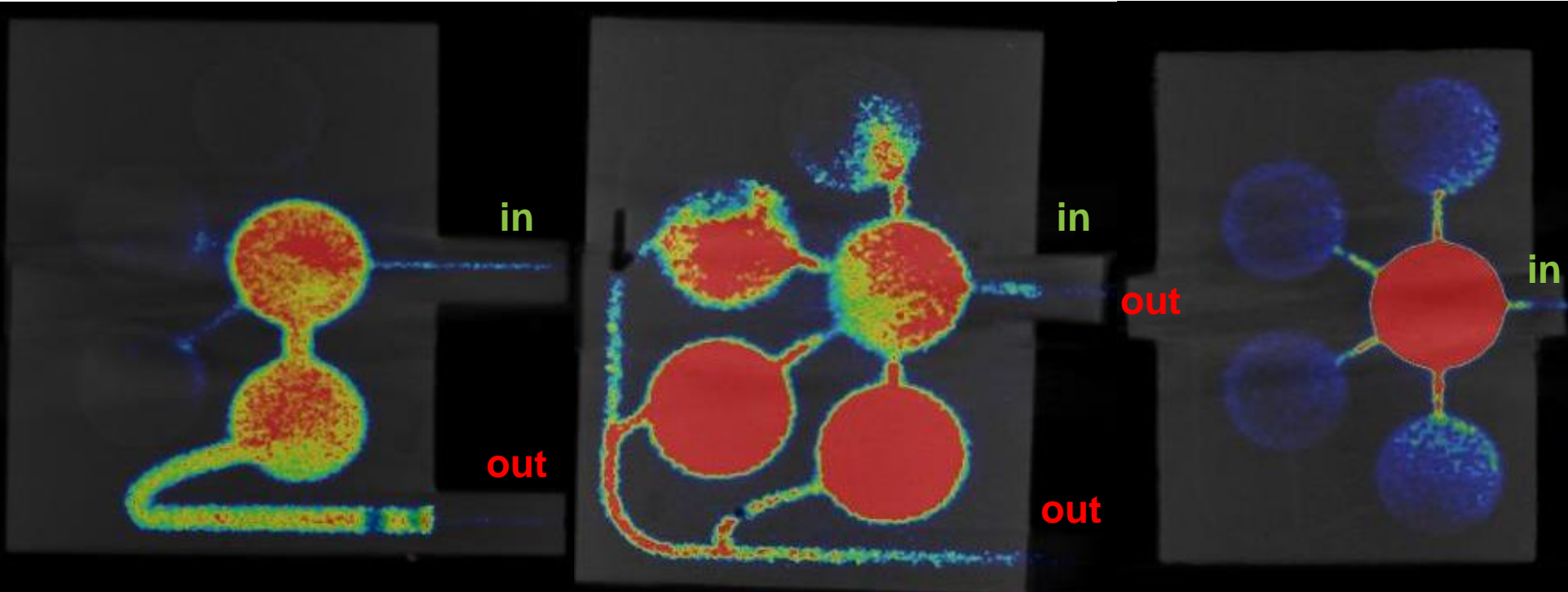
Design & test body-on-chip device



Capillaries scaled to *in vivo* blood flow:organ volume ratio

Capillaries set to same size (2mm)

Design & test body-on-chip device

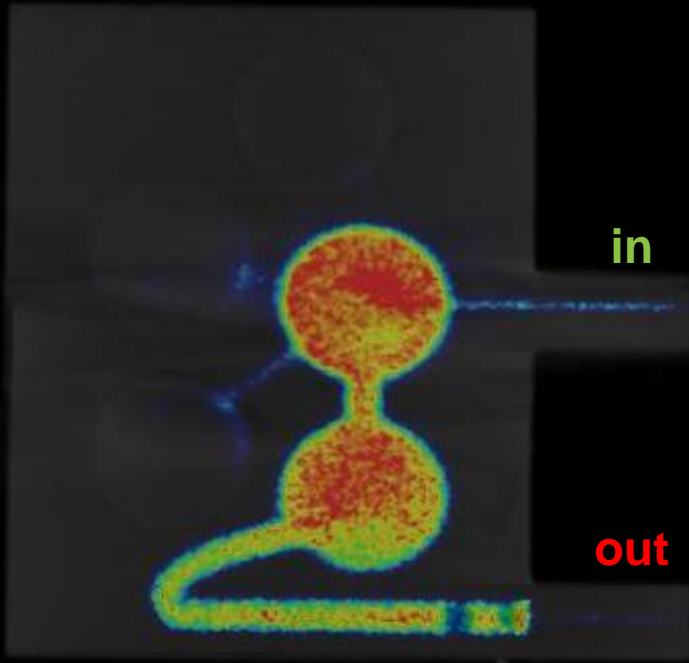


Capillaries scaled to *in vivo* blood flow:organ volume ratio

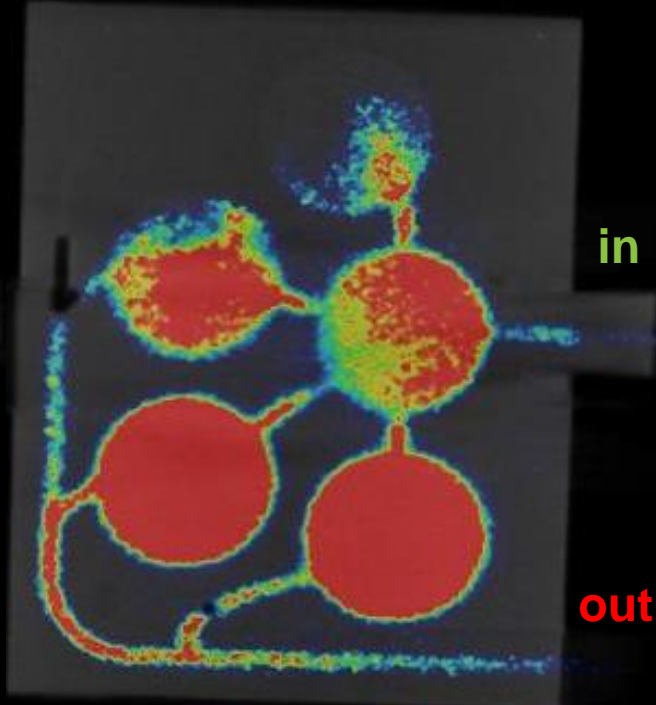
Capillaries set to same size (2mm)

Capillaries same size + completely symmetrical

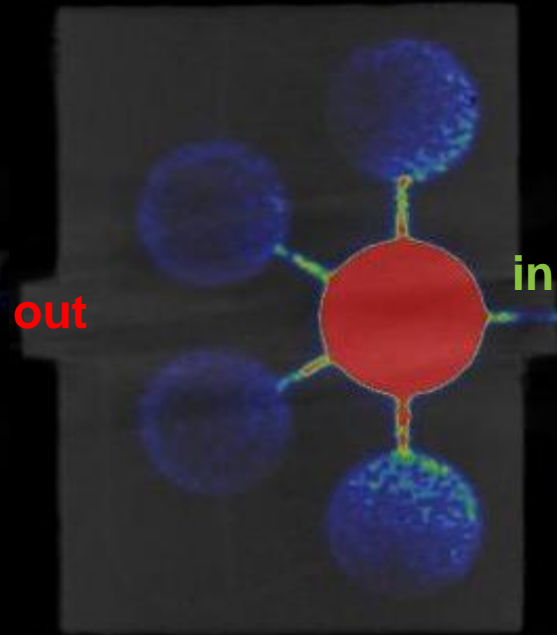
Design & test body-on-chip device



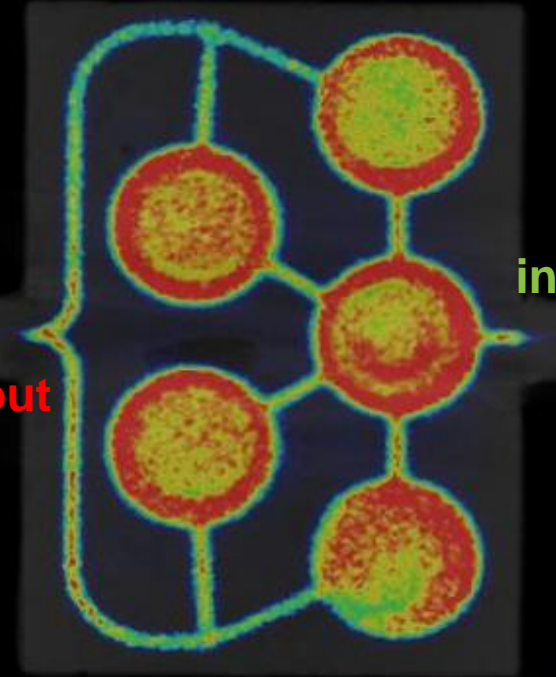
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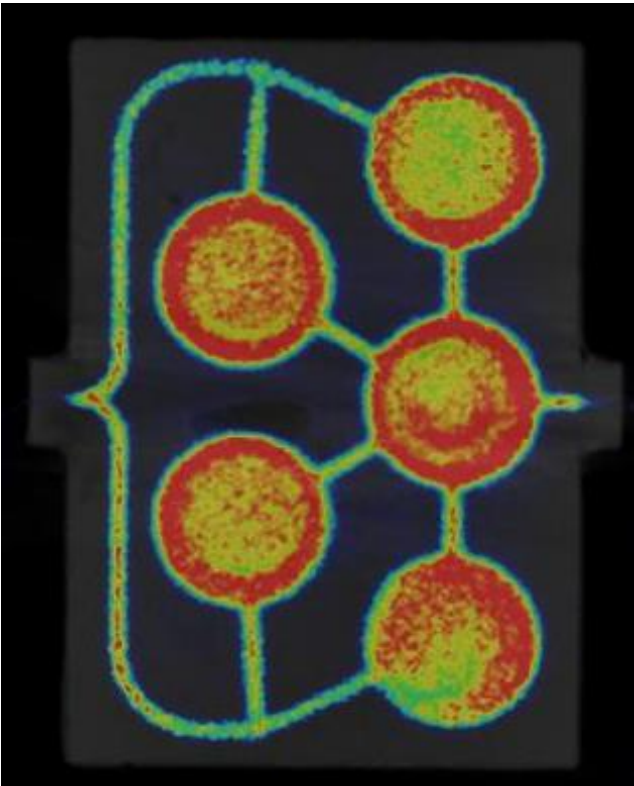
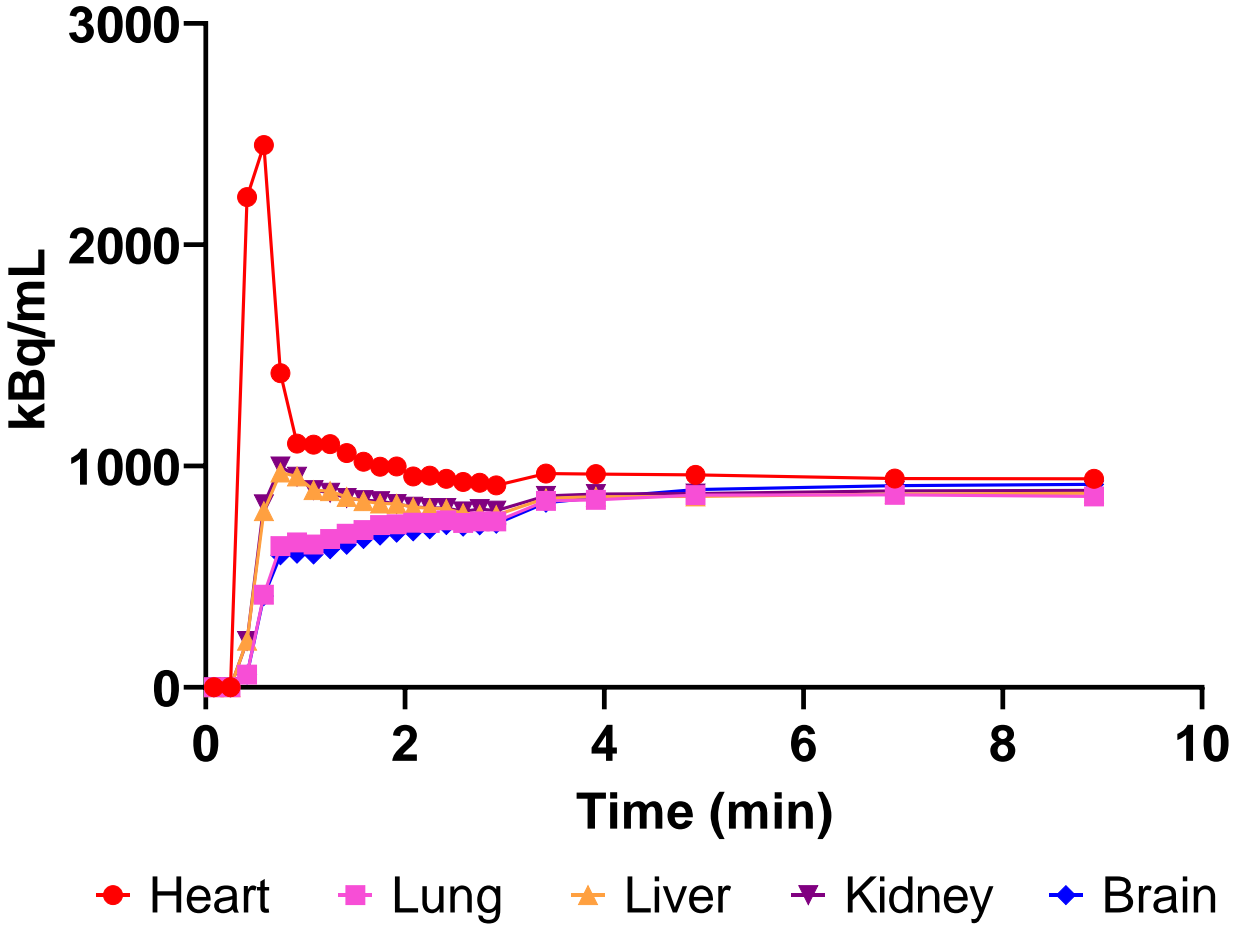


Capillaries same size + completely symmetrical



Capillaries same size + completely symmetrical, with optimised flow rate

Design & test body-on-chip device



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Cell culture media optimisation

Brain = human neurons
(SH-SY5Y)

Lung = human primary
bronchial epithelial cells

Liver = hepatocyte cell
line (HepG2)

Heart = human primary
cardiomyocytes

Kidney= Immortalised
RPTECs (SA7K)

Common medium?

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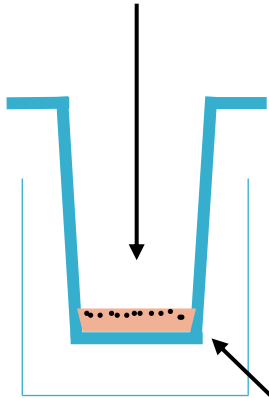
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~~Common medium?~~

Separation of compartments

Separation of compartments via endothelial barrier

Endothelial cells

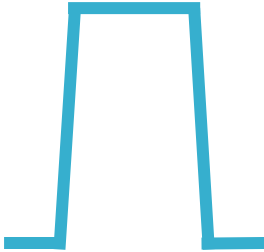


Transwell insert

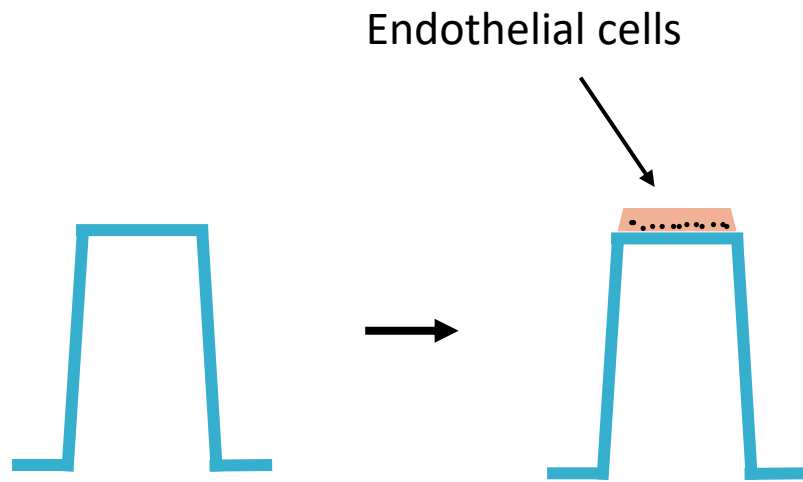
Separation of compartments via endothelial barrier



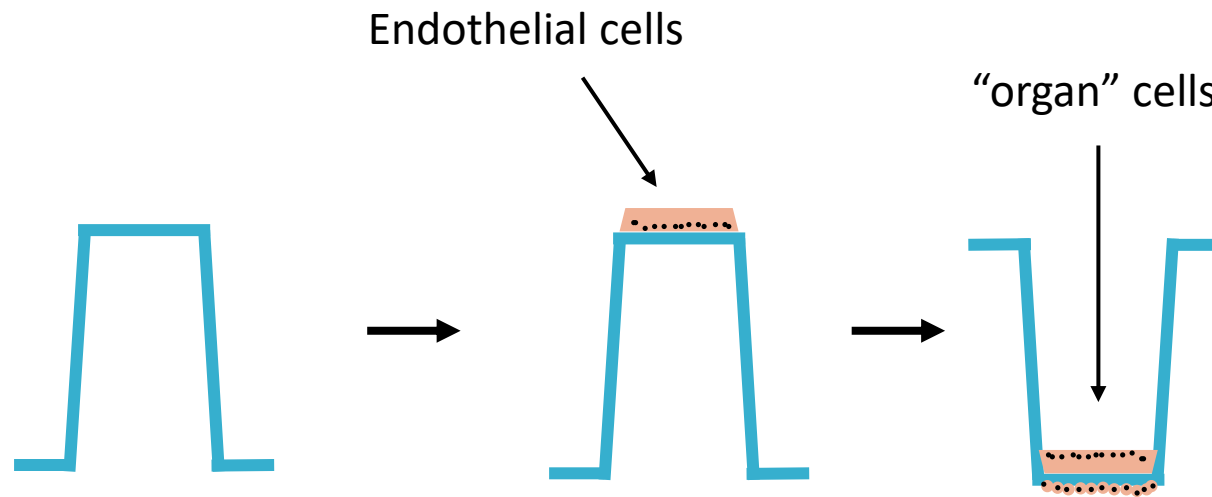
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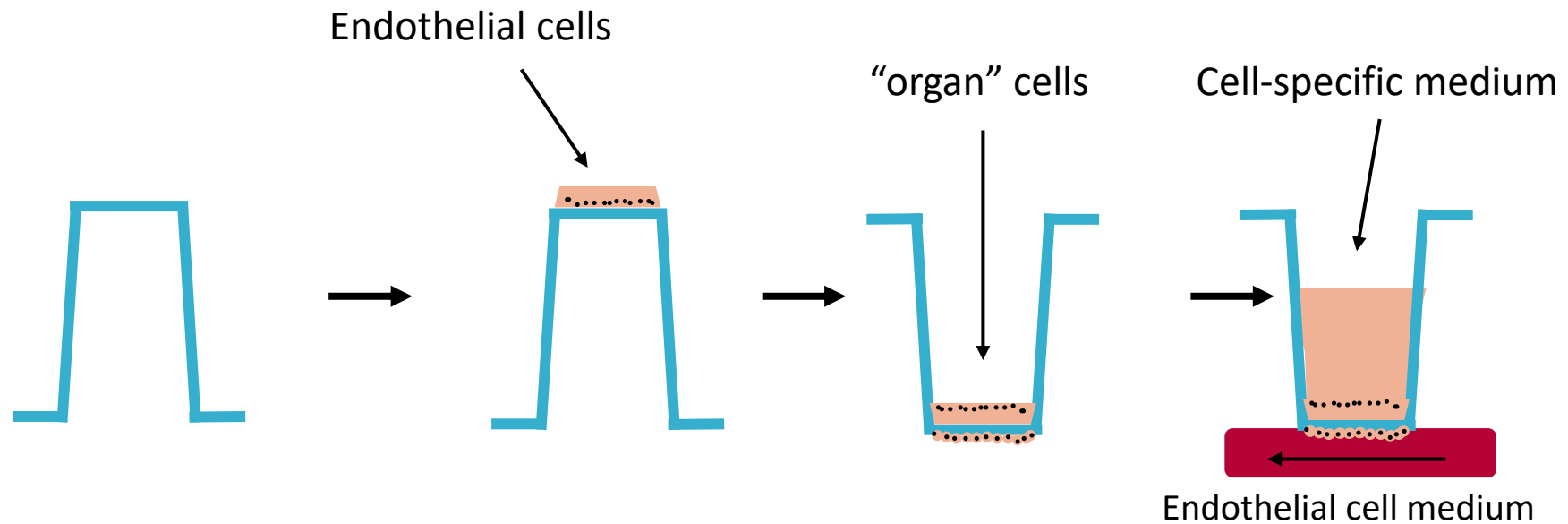
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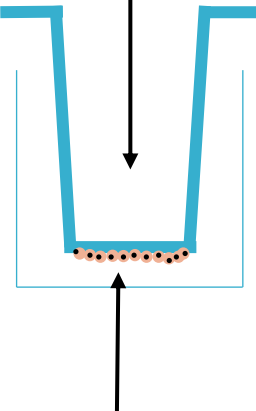


Separation of compartments via endothelial barrier

Take small samples over time to measure % Evans blue crossing the barrier

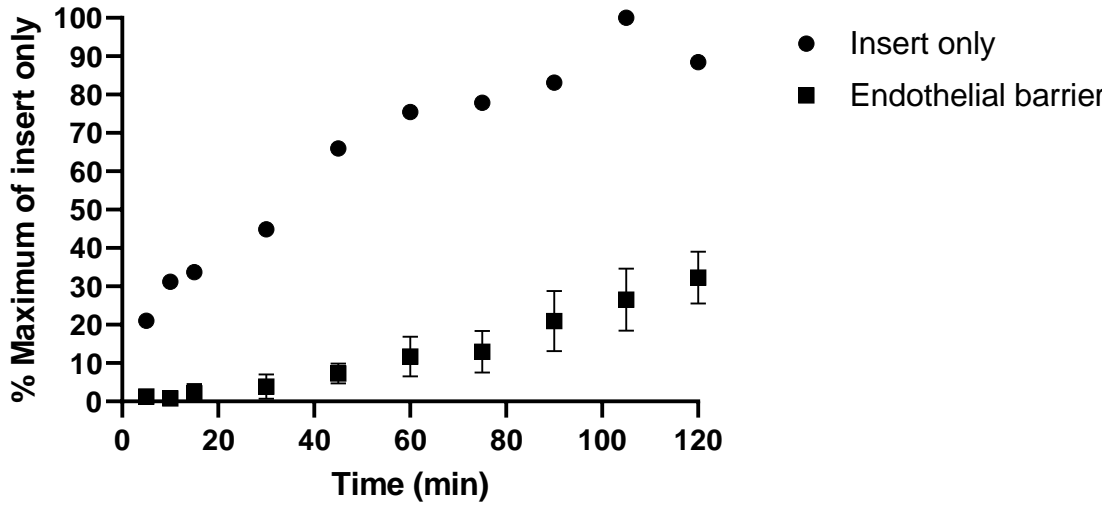


Endothelial medium



0.22mg/mL Evans blue in endothelial medium

Assess using a microplate reader at 610nm



n= 1 insert only, n=3 endothelial barrier (mean ± SEM)

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Modelling definitions

K_i = the rate of influx for a model using irreversible binding (Patlak model for FDG)

V_T = Total volume of distribution

SUV = standardised uptake value, calculated as concentration in tissue normalised to injected dose and body weight

SUVmean = the average SUV across a tissue/organ of interest

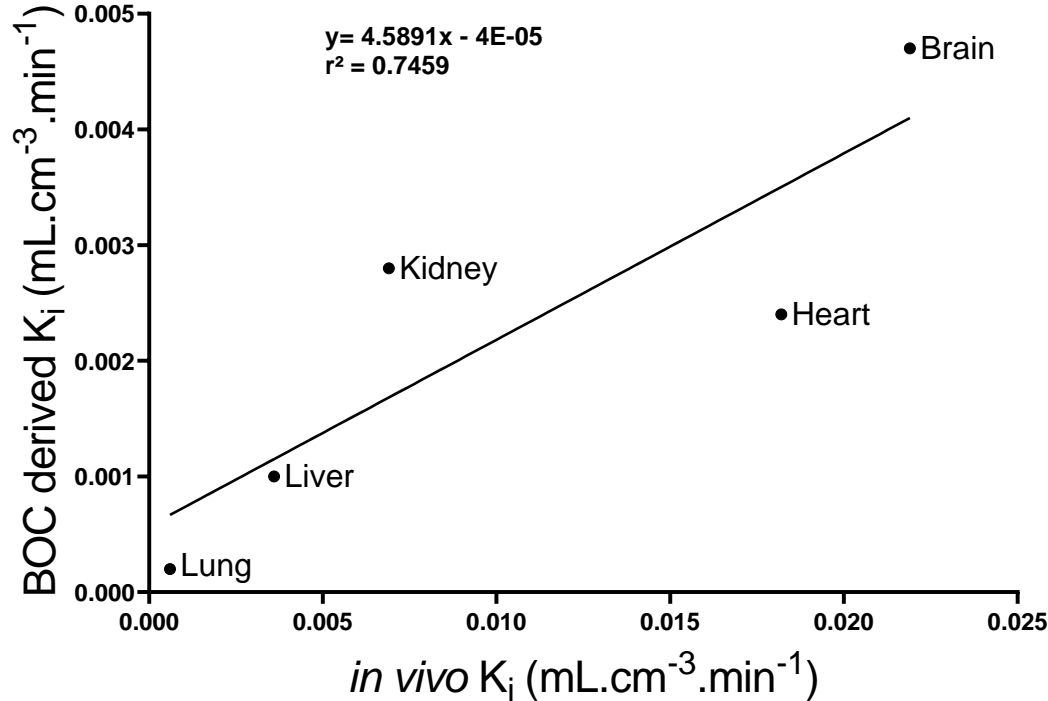
In vitro FDG K_i significantly correlates with *in vivo* SUVmean

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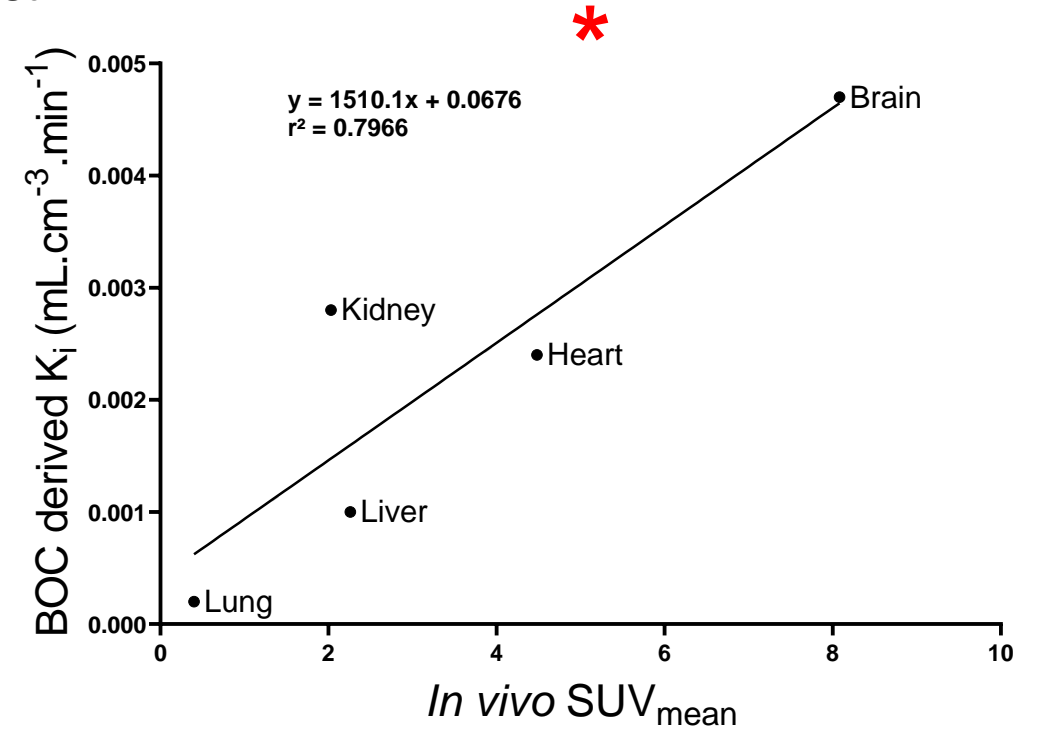
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$P = 0.0594$, Pearson's correlation, $n=1$



$P = 0.0416$, Pearson's correlation, $n=1$

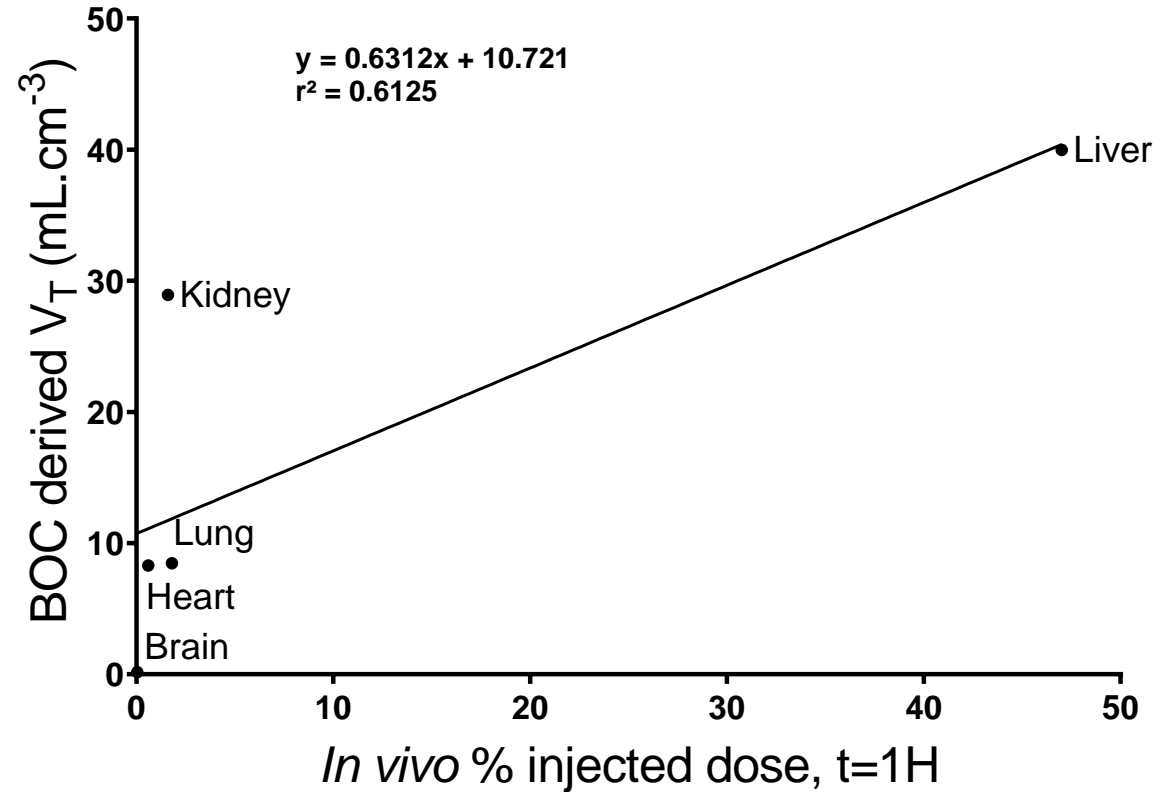
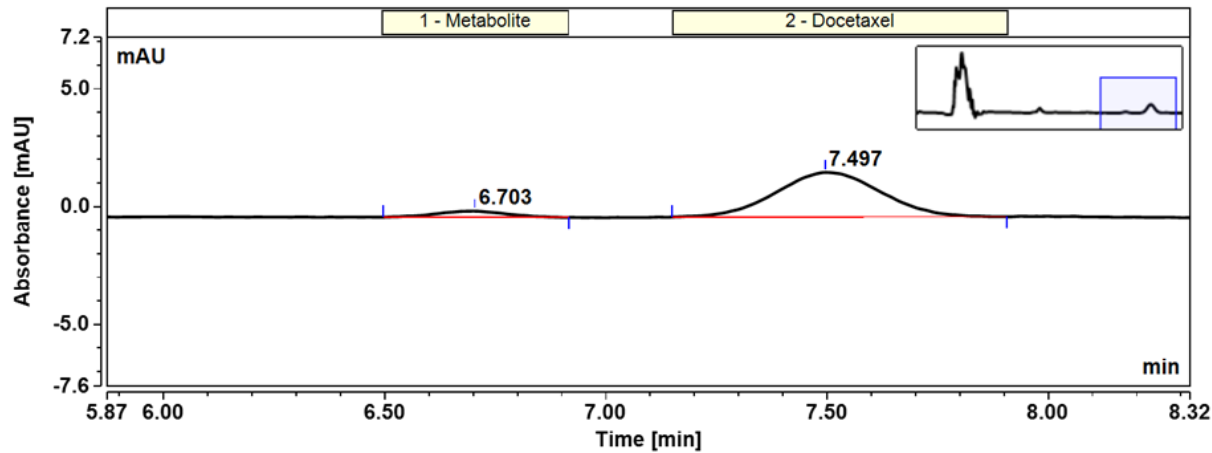
Device allows for quantification of docetaxel and metabolites

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Conclusions

- The novel device is capable of housing 5 transwell inserts with even flow through all compartments
- Transwell dual seeding method allows for fluid separation of all compartments without the need for a common medium
- The device can be used to assess rate of influx into tissue, with potential for more accurate predictions of kinetic parameters upon further development
- The device allows for the detection of metabolites as well as assessment of their distribution
- There is clear bias in the elimination compartments (kidney/liver)

Conclusions

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Future work

- Incorporate renal/hepatic clearance and assess its effect on bias
- Slowly increase complexity of the organ compartments
- Incorporate oral absorption via intestinal compartment

Supervisors:

Dr. Adriana Tavares
Dr. Mark MacAskill
Prof. Paddy Hadoke



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Edinburgh College of Art

Special thanks

Carlos Alcaide Corral, EPI
Richard Collins, ECA
Anne Grant, CRIC



EDINBURGH
INNOVATIONS



Scottish Imaging Network: A Platform for Scientific Excellence

Thank you!

HPLC LOQ - docetaxel

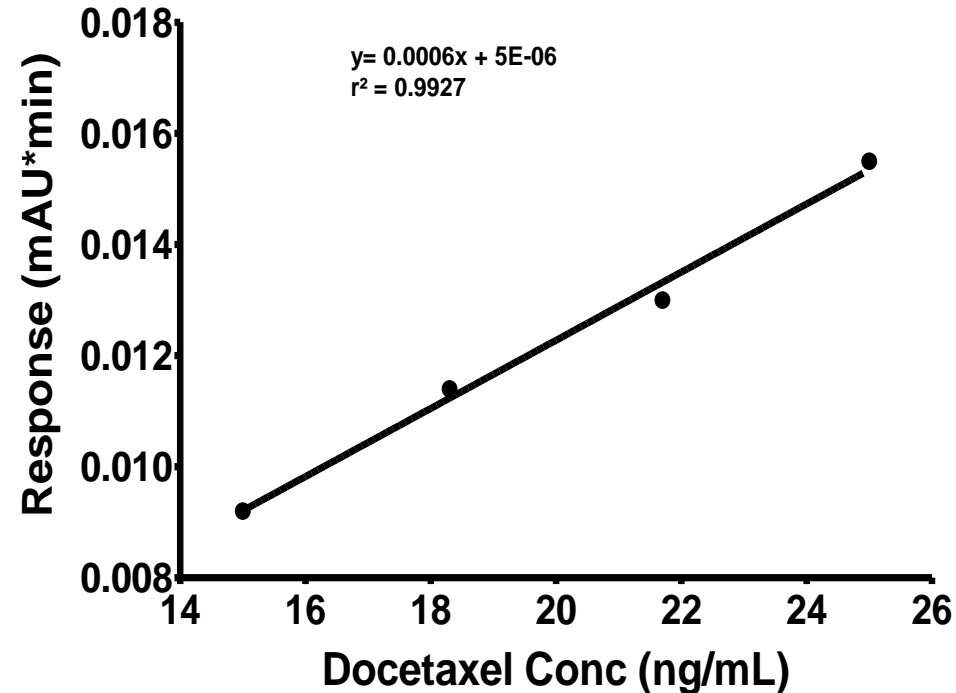
The HPLC LOQ refers to the lowest amount of a compound that can be accurately detected **AND** quantified reliably and accurately. This is calculated as follows:

$$\textit{Limit of quantification} = 10 \times \frac{\textit{Standard deviation of the Y intercept}}{\textit{Slope of the calibration curve}}$$

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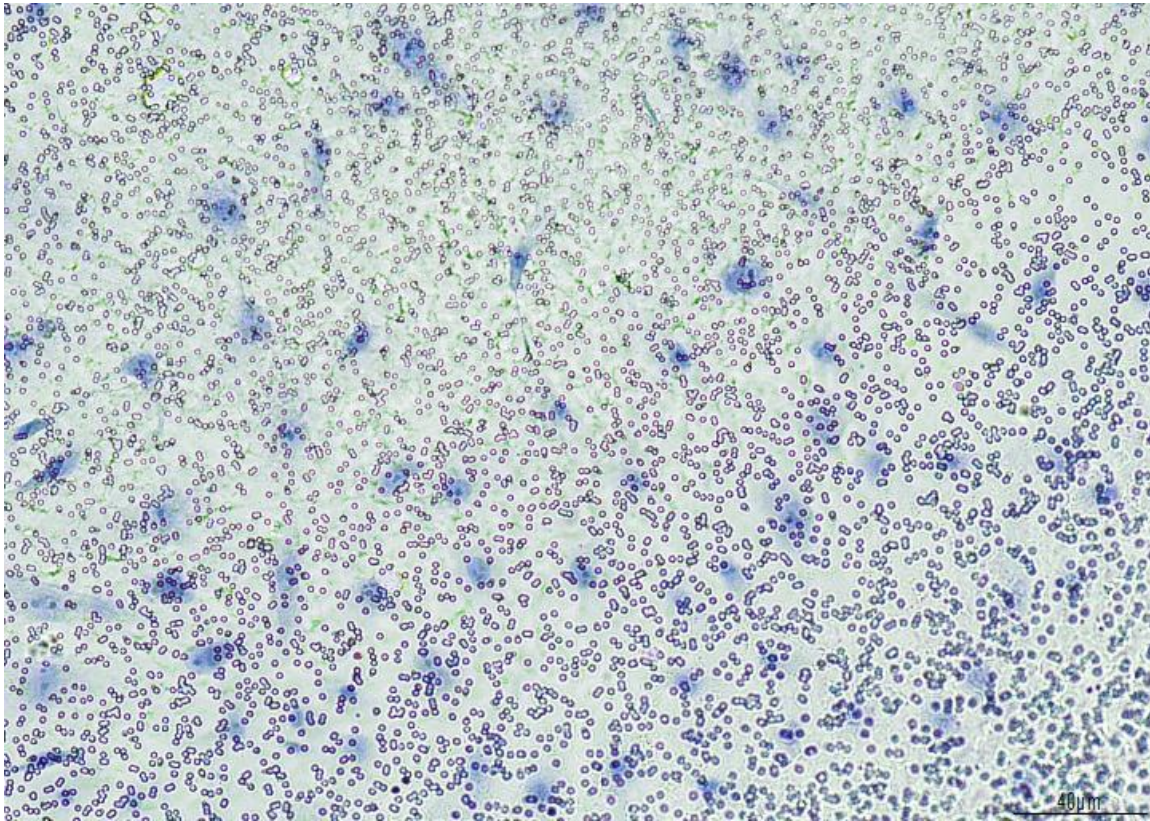
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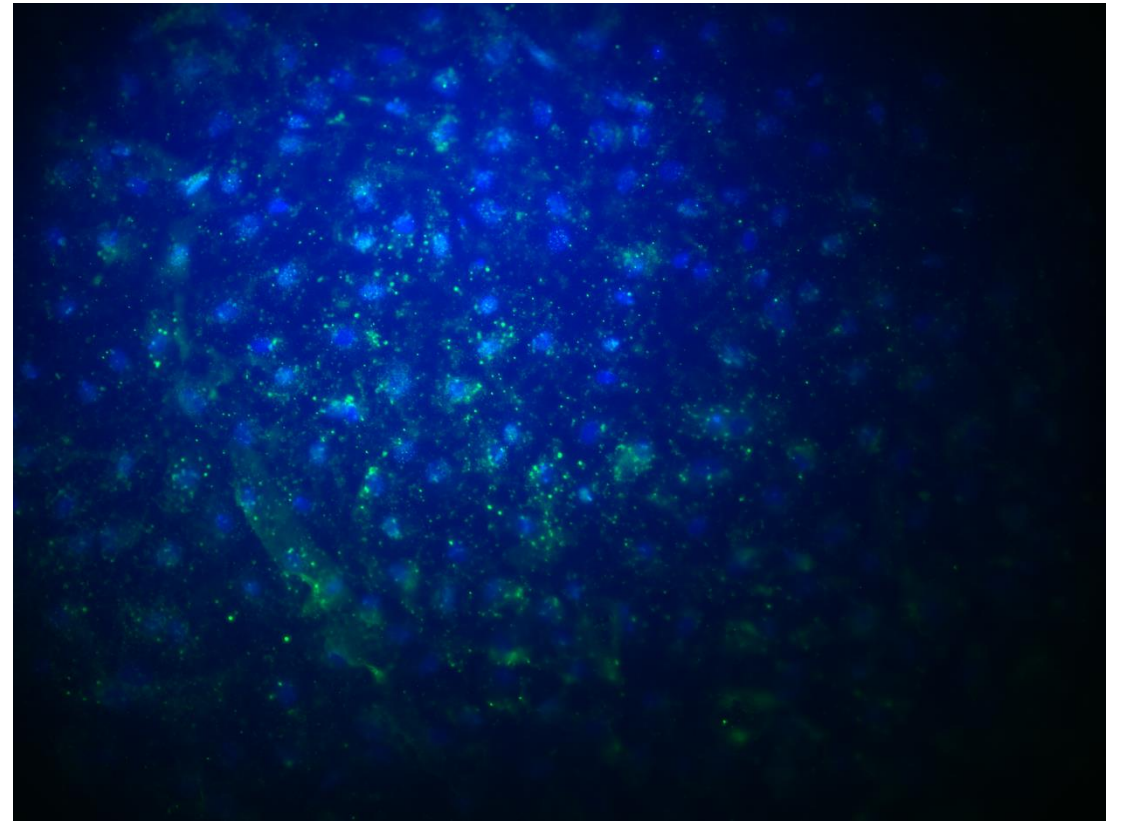
12.3ng/mL

Separation of compartments via endothelial barrier

HUVEC nuclei stained with haematoxylin on the underside of a 12-well insert

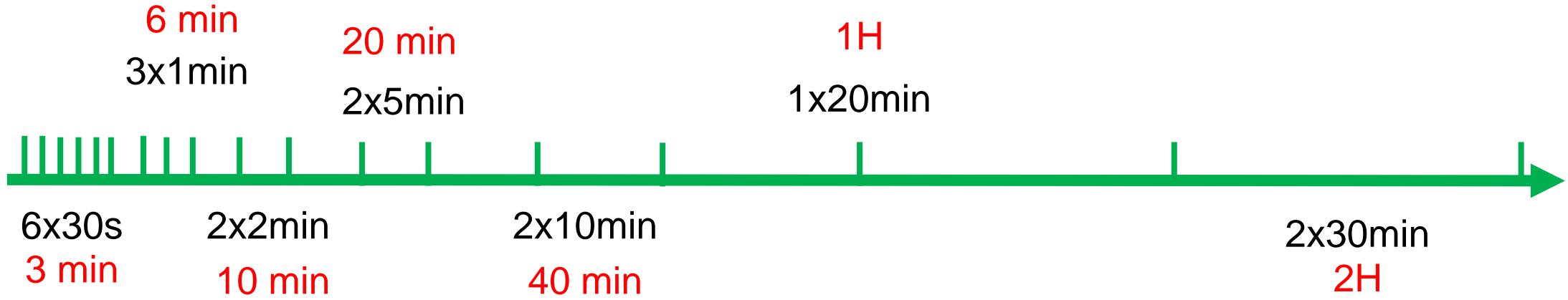


HUVECs stained (badly) with DAPI and CD31 on the underside of a 12-well insert



Kinetic studies

Docetaxel



[¹⁸F]FDG

