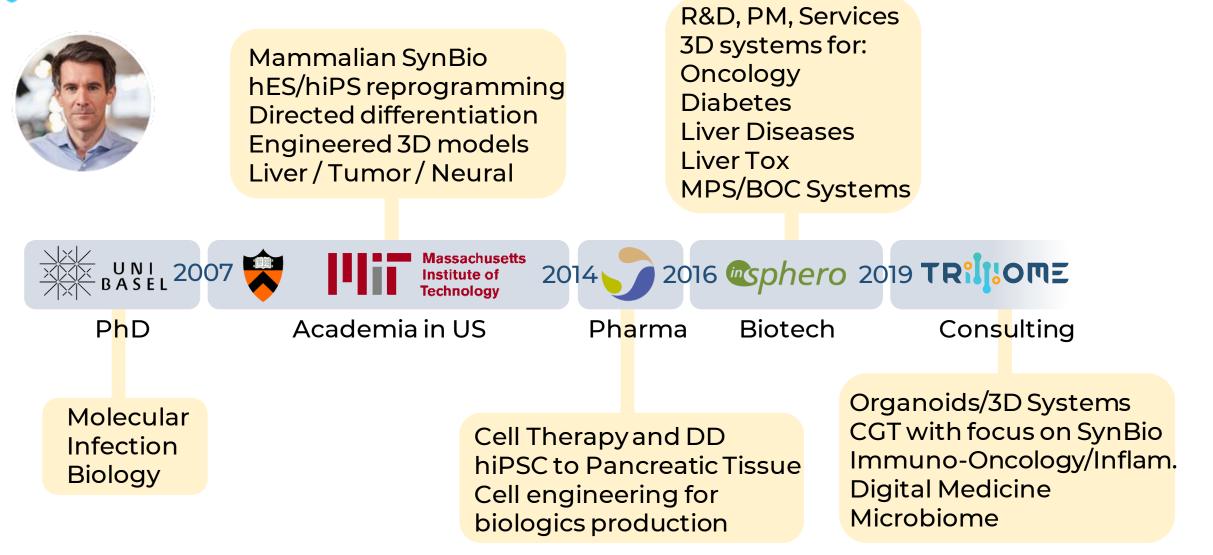
Organoids, an industry perspective

Patrick Guye Co-founder and Partner, Trilliome



https://www.linkedin.com/company/trilliome https://consulting.trilliome.com

<mark>:</mark> About myself



Organoids: applications & challenges

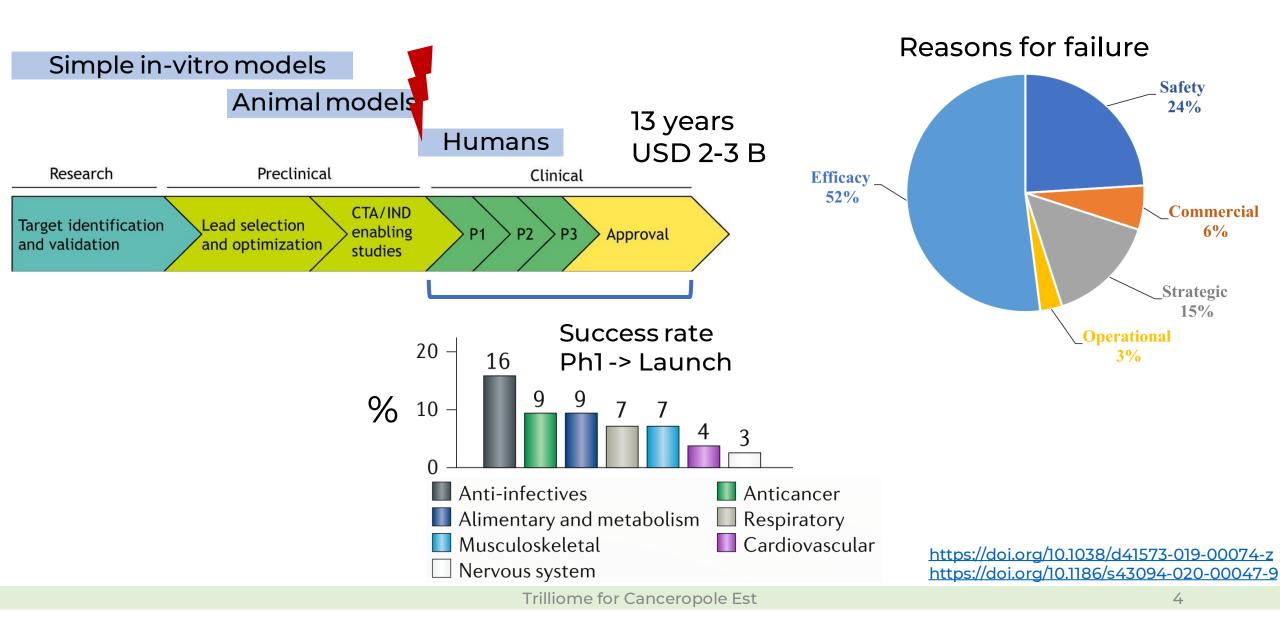
- Basic research
- Drug discovery & development



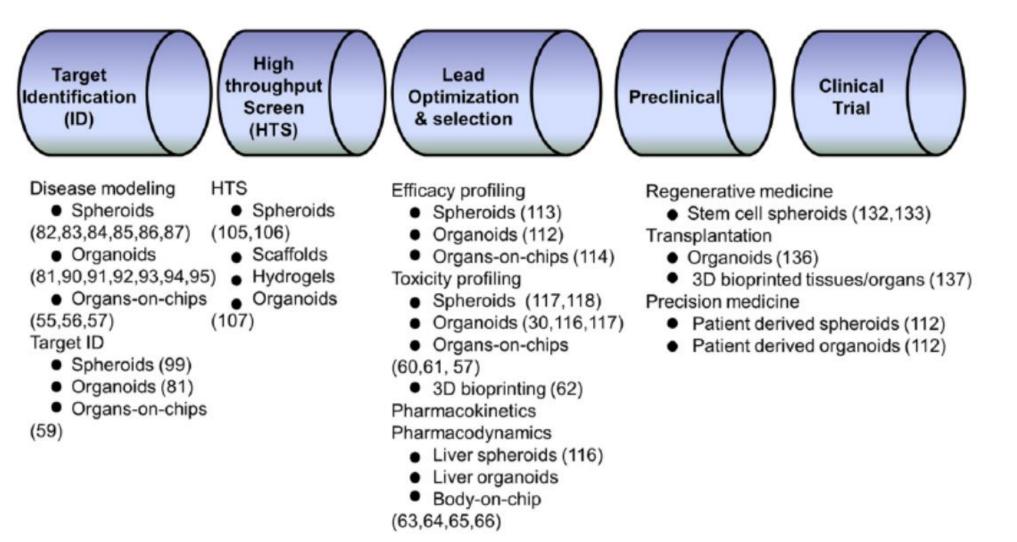
- Personalized medicine 🗧
- Cell therapy / regen. med.
- Cultured meat / agritech

- Delivering value where and how
- Manufacturing
 - Cell sources
 - Required complexity
 - Growth/Assembly
 - Maturation
 - Scalability
- Reproducibility
 - Long-term availability
 - Diseasability
- Composition
- Validation
- Consent
- Endpoints/Information extraction
- Distribution
- Summary

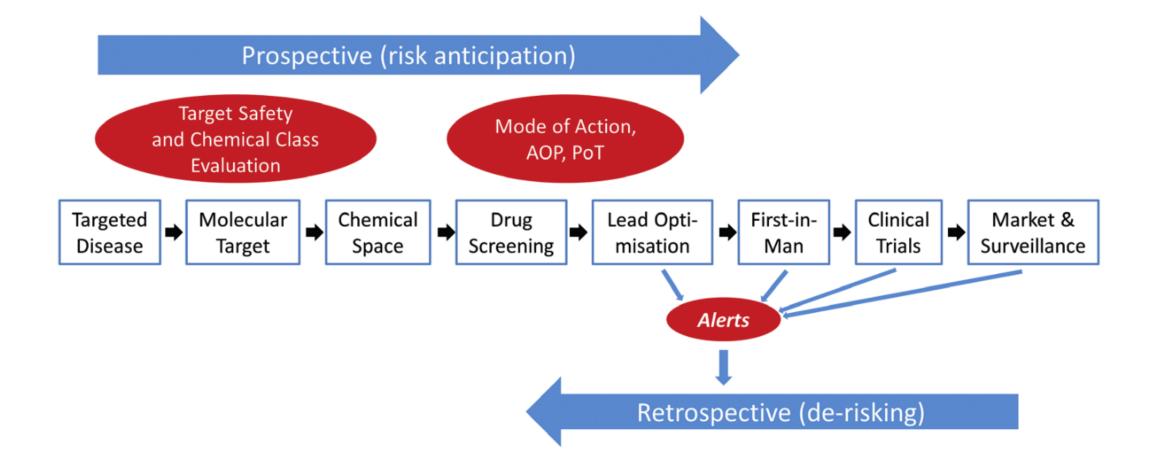
<mark>:</mark> Where drug discovery & dev. needs a fix



Three-Dimensional Cell Cultures in Drug Discovery and Development



Prospective and retrospective

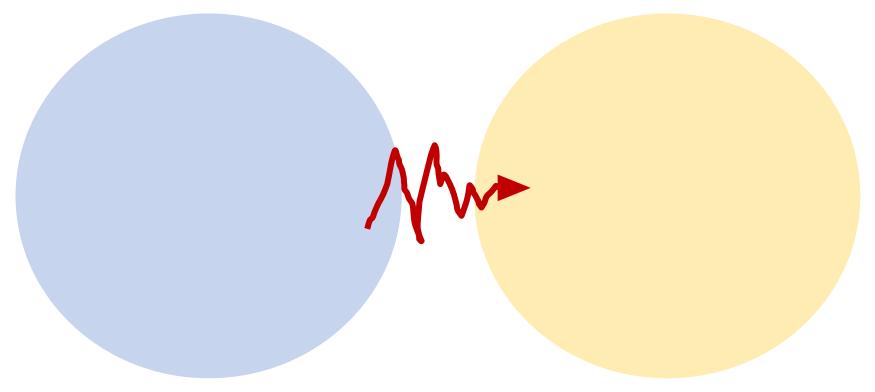


https://doi.org/10.14573/altex.1808181

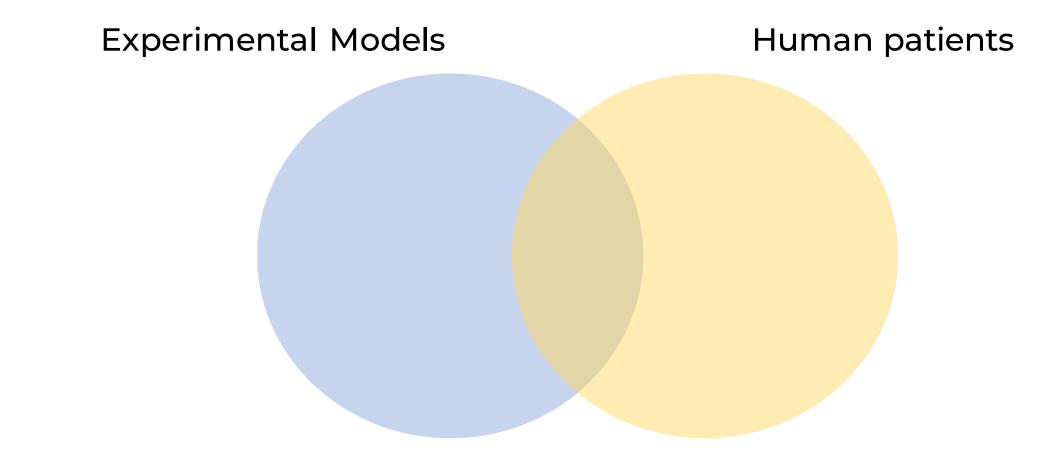
Before complex 3D models

Experimental Models

Human patients



The promise of complex 3D models





Challenges

Cell Sources

ADVANTAGES

•

Cells from donors

- Limited availability
- Donor-donor variation

LIMITATIONS

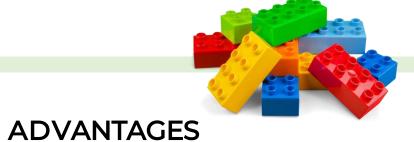
• Difficult to genetically modify

Excellent performance (mature, adult cells)

Adult stem cells

iPSC's





LIMITATIONS

Cells from donors	 Limited availability Donor-donor variation Difficult to genetically modify 	 Excellent performance (mature, adult cells)
Adult stem cells	 Generating mostly epithelial tissues – missing other cell types Difficult to genetically modify 	 Established simple protocols (e.g. Clevers method) Unlimited source

iPSC's



Cells from donors

Adult stem cells

ADVANTAGES

- Excellent performance (mature, adult cells)
- Established simple protocols (e.g. Clevers method)
- Unlimited source
- Potential for generating any cell type, tissue or organ
- Unlimited source
- Easy to genetically modify

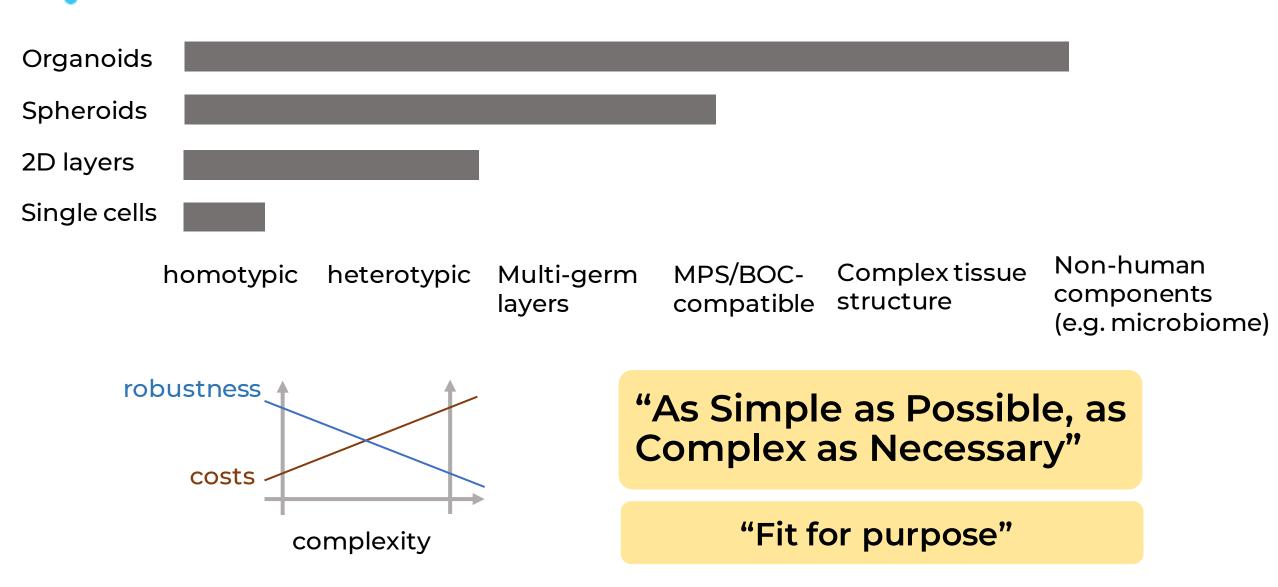
LIMITATIONS

- Limited availability
- Donor-donor variation
- Difficult to genetically modify
- Generating mostly epithelial tissues – missing other cell types
- Difficult to genetically modify

iPSC's

- Labour- and QC-intense differentiation protocols needed
- Resulting cells mostly embryonic/fetal in nature

Required Complexity



Required Complexity

2D Hepatocytes

OK for acute tox studies (24 – 48h)

3D Hepatocytes

3D Hepatocytes + Stellate Cells

3D Hepatocytes + Kupffer Cells a month)

OK for simplified chronic tox studies (up to

OK for simplified hepatic fibrinogenesis

OK for better chronic tox studies (up to a month)

3D Hepatocytes + Kupffer Cells + CD4+ T-cells

OK for simplified immune-mediated tox studies (e.g. checkpoint inhibitors)

3D Hepatocytes + Stellate Cells + Kupffer Cells

+ Endothelial Cells

OK for complex, chronic, inflammationmediated diseases (e.g. MAFLD) Costs Complexity Physiological Relevance

III: Good enough in oncology?

Immortalized cells in 2D

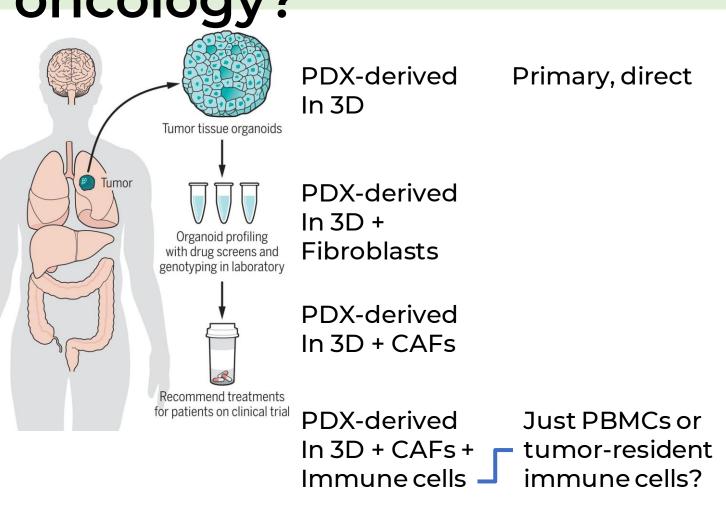
Physiological

relevance

Immortalized cells in 3D

Immortalized cells in 3D + Fibroblasts

Immortalized cells in 3D + Fibroblasts + Immune cells



Lymph nodes??

https://doi.org/10.1126/science.aaw6985



Scalability: from art to industrial process



Work of Art

That's fine for model development or highly explorative basic research

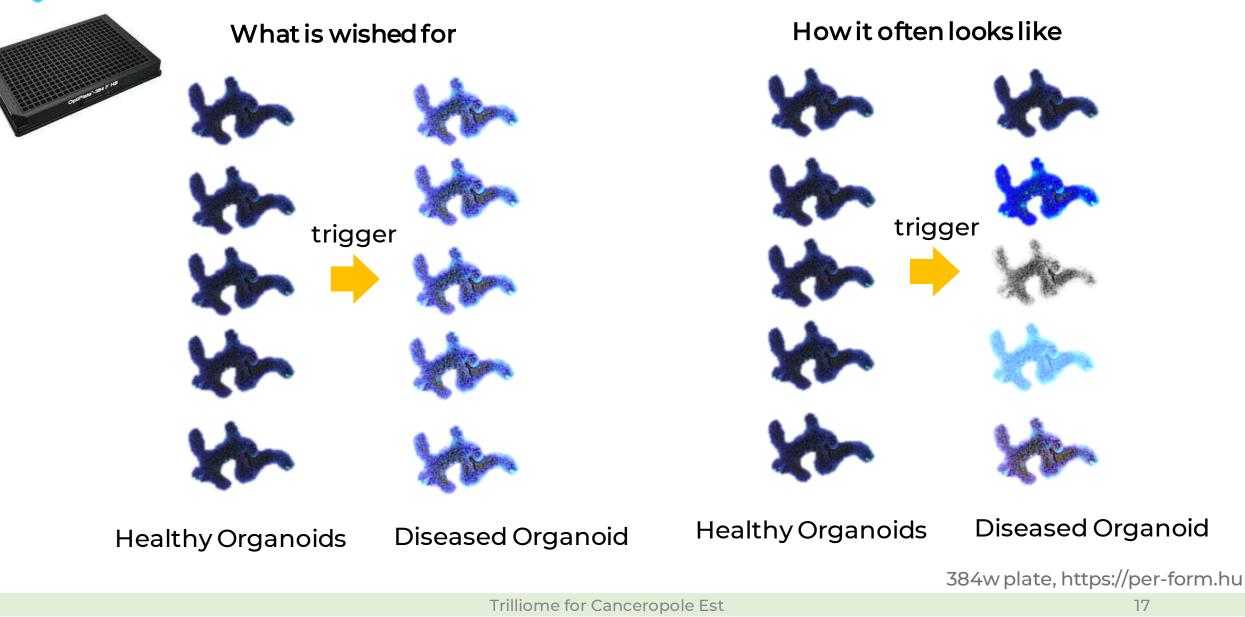


Industrial process

That's necessary for everything afterwards

Max Hauri Art / Saffron Interactive

Diseasibility



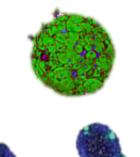
A perfect 3D model...

location

Lab C	Reg	ulatory		
CDO V	CRO X	Clinical study	/1	Cell sources Biobanking Cell culture media
CRO Y	CRO Z	Clinical study 2		Cell culture hardware Expansion systems
Lab B			Clinical study 3	Experts/technicians Protocols
Lab A	Lab D	Lab E		QC's / Performance Delivery
	time (ye	ars)		

Growth / Assembly

• Self-aggregation



Self-assembly

Guided assembly

Quite scalable, quite variable

Highly scalable, reproducible

Limited complexity

Higher complexity

Less scalable, more reproducible Higher complexity

Spheroid: InSphero Intestinal Organoid, freestyle: Stem Cell Technologies Intestinal Organoid, patterned: M. Lutolf, EPFL

Regulatory Efforts

FDA U.S. FOOD & DRUG

Advancing New Alternative Methodologies at FDA



https://www.fda.gov/media/144891/download

Commercial Liver MPS in late 2020

MPS	Chip supplier	Design	Content ^a	Throughput ^ь	Cells	Key characteristics	PHH: primary human hepatocytes LSEC: liver sinusoidal endothelial cells
vLAMPS ⁵⁶	Micronit	Two-channel with membrane	High	Med	PHH, LSEC, THP-1, HSC	ECM: collagen and LECM; Material: Glass, PC; physiological zonation	THP-1: monocyte cell line HSC: hepatic stellate cells HMVEC: human microvascular end. cells KC: Kupffer cells HepG2: hepatocyte cell line NPC: non-parenchymal cells
Liver-Chip ^{37,200}	Emulate	Two-channel with membrane	High	Med	PHH, LSEC	ECM: Matrigel; Limitation: PDMS material ^c and PC; automated platform	
LAMPS ⁵⁹	NortisBio	One-chamber	High	Med	PHH, HMVEC or LSEC, THP-1, HSC	ECM: collagen and LECM; Limitation: PDMS material ^c ; single oxygen zones	
ExVive ^{201,202}	Organovo	Bioprinting on array of 24-well Transwell membranes	High	Med	PHH, HUVEC, HSC plus KC ²⁰³	ECM: Novogel; Material: PS, PC; Limitation: static	
Organo-Plate ^{50,204}	Mimetas	Array of 96 two-channel chips, phase-guide, rocker-driven flow	Med	High	HepG2, iPSH, HMVEC, THP-1	ECM: collagen; Material: glass and PS; Limitation: bidirectional perfusion	
PREDICT96 (REF. ⁷⁹)	Draper	Array of 96 two-channel chips, with membrane, 96 pump array	Med	High	РНН	ECM: collagen, fibronectin; Material: COC, PC	
LiverChip ^{66,74,109,205}	CNBio Innovations LLC	Array of 12 bioreactors with cells cultured on 3D PC scaffold	Med	Med	PHH, HK and HSC or NPC	ECM: collagen; Material: PS, PU, PC, self-assembly, integral perfusion; Limitation: no imaging until end of study	
Microliver ^{206,207}	HμRel	Array of four chambers	Med	Med	PHH, NPC	ECM: collagen; Material: PC and elastomer	
HemoShear Chip ^{65,208}	HemoShear	Two-channel with membrane, cone-plate to induce flow stimulation	Med	Low	PHH, HSC, HM	ECM: collagen; Material: Plastic, PC <u>https://d</u>	oi.org/10.1038/s41575-020-00386-1

Information Extraction / Endpoints

Non-destructive

Biochemical sensors Genetic sensors Live reporters (XFP / Luc) Imaging (limited) Electrodes in system Proteomics (supernatant) Lipidomics (supernatant) ELISA (supernatants) Electronic Chips

...

Destructive

Transcriptomics Imaging on fixed tissue Proteomics (in-cell)

...



Image: Perkin-Elmer

Biobanking in Precision Medicine

passive donors

'consent or anonymize' paradigm

activedonors

'consent for governance' model 'dynamic consent' model

••••

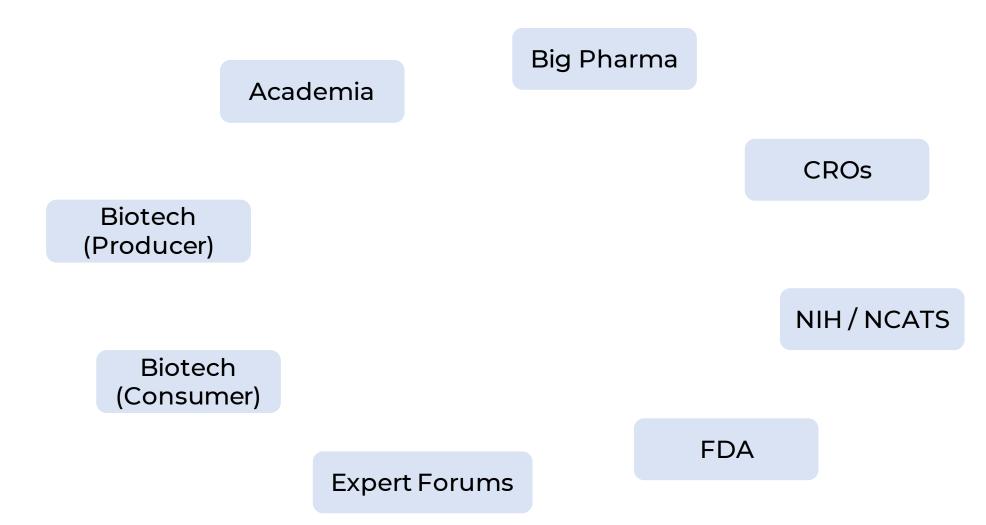
- specific characteristics of future research are unknown at the time of consent
- Full de-identification might be at odds with the patient's need

https://doi.org/10.1242/dev.177972

What does a customer get?

- An empty MPS chip with guidance?
- An empty MPS chip, separately with cells/microtissues/organoids?
- An MPS chip pre-filled with cells/microtissues/organoids?
- A service (off-site)





Potential and Challenges

- Making drug development faster and more successful
- Patient cohorts in an incubator
- Personalization of therapies (focus Oncology)
- Spare parts (cells, tissues) for regenerative medicine
- Animal meat w/o the animal

- Cell sourcing
- Reproducibly & reliability
- Manufacturing & scaling
- Harmonization, Regulation
- Performance metrics/datasheets
- Cost-efficiency
- Biobanking
- Modern consent rules



Thanks!

Questions, Comments?

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Regenerative medicine / CGT

REPORT

Cholangiocyte organoids can repair bile ducts after transplantation in the human liver

De Fotios Sampaziotis^{1,2,3,*}, De Daniele Muraro¹, De Olivia C. Tysoe^{1,4}, De Stephen Sawiak⁵, Timothy E. Beach⁴, Edmund M. ...

+ See all authors and affiliations

Science 19 Feb 2021: Vol. 371, Issue 6531, pp. 839-846 DOI: 10.1126/science.aaz6964