The Use of Precision-cut Lung Slices to Assess Inflammation, Parenchymal Damage, and Collagen Deposition: Three Markers of Tobacco Exposure-induced Pulmonary Toxicity

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ABSTRACT

The Family Smoking Prevention and Tobacco Control Act (TCA) gives the Food and Drug Administration (FDA) broad authority to regulate tobacco products. The FDA Center for Tobacco Products (CTP) calls for several research priority areas, including in vitro models and assays that will assess tobacco constituent safety and comparative product toxicity. Precision-cut lung slices (PCLS) retain normal lung architecture and endogenous cell types and have been effective in assessing acute pulmonary toxicity. Having demonstrated release of traditional leakage markers, inflammation, and tissue damage, recent advances in PCLS culture and choice of biomarkers suggest suitability for detecting specific events that contribute to the etiology of tobacco-induced chronic obstructive pulmonary disease (COPD). PCLS were exposed to various compounds known to cause acute and chronic pulmonary lesions. Acute toxicity was assessed via cytokine level, protein content, and the overt destruction of parenchymal tissue. Chronic exposures also included quantifying activated macrophages and assessing a marker of fibrosis (in addition to general histopathological evaluation). Acute toxicity elicited a rapid increase in cytokine levels, reduction in tissue leakage markers, and overt parenchymal damage. Chronic exposures lasting up to several weeks also resulted in decreased tissue viability, increased numbers (and location) of activated macrophages (ED-1 positive cells) and deposition of collagen. In summary, PCLS data from various chemical assessment studies are compiled to highlight the changes in different markers of acute and chronic toxicity, as related to the known events of tobacco-induced COPD etiology. It is expected that PCLS will prove to be a valuable tool in elucidating both acute and chronic effects of compounds found in tobacco or modified risk tobacco products such as e-cigarettes.

INTRODUCTION

With the expanded regulation of tobacco products and the need to assess inhaled toxicants, researchers require models that allow accurate translation of results. In vivo models are not always suitable for mechanistic studies and with the 3Rs initiative to expand the use of in vitro models, researchers are often attracted to more complex 3-dimensional (3D) models that offer a heterogeneity of cell types for more diverse cell-cell signaling.

Exposure of lungs to tobacco smoke, or modified risk tobacco products, results in a series of events that can include inflammation leading to acute damage, or with repeated exposure, may result in a chronic inflammatory state that may ultimately lead to fibrosis and/or chronic obstructive pulmonary disease. The complex sequence of events involves many cell types and diverse signaling between parenchyma and mediators of inflammation. While several 3D in vitro/ex vivo airway epithelial models can offer multiple cell types, only ex-vivo precision-cut lung slices (PCLS) are known to retain macrophages – a cell known to have a central role in pulmonary inflammation.

This study reviews PCLS as a model that demonstrates longevity in culture, responds to challenge by regulating cytokines, demonstrates acute damage, and also expresses biomarkers associated with chronic toxicity.

MATERIALS & METHODS

1. Inflation, tissue, and create tissue cores
   • Aseptic lung removal and storage in organ preservation solution, inflation with 0.8% agarose, lobectomy dissociation, and tissue coring (8 mm).

2. Slice cores with Krumdeck slicer
   • In thermostatically controlled cold UW, cores are sliced to 500 micron thickness

5. After acclimation period, inserts are transferred to vials containing treatment medium (replaced every 1-2 days). Medium is collected through a slice’s lifespan until harvest.

6a. At harvest, slices designated for biochemical evaluation are homogenized in 500 μL ice cold PBS + 0.5% Triton X-100

6b. Slices designated for histological evaluation are placed into histology cassettes, submerged in 4% paraformaldehyde for 24 hours, and then transferred to 70% EtOH solution until embedding, sectioning, and staining.

1. Inflated lung, tissue, and create tissue cores

3. Slices are mounted onto HAFT paper within titanium inserts and placed in vials and cultured in 1.7 mL serum-free, M199 medium

4. Vials are rotated at ~3-7 rpm in roller drum within humidified incubator set to 5% CO2/95% air at 37°C

RESULTS

Culture Longevity: Histology

- Control Day 8: H&E
- Control Day 8: MT
- 9 Days: Alveoli are patent and bronchiolar epithelium intact.
- Only few strands of collagen fibers in alveolar walls, bronchiola shows thick layer of collagenous tissue

Viability and Biochemical Stability

- Control Slice Biomarker Content

Hallmark of Inflammation: Activated Macrophages

- Control Day 7: macrophages
- 10 μM BCNU Day 7: BCNU (carmustine) exposure shows numerous macrophages, many of which have infiltrated alveolar walls mimicking interstitial pneumonitis
- MT = Macsa’s Trichrome

Hallmark of Fibrosis: Collagen Deposition

- 10 μM Bleomycin Day 8: Exposure of human PCLS to 10 μM AF causes cytokine increases in < 24 hr.

Mediators of Inflammation: Cytokines Precede Cell Death

- Tissue IL-1α: Human PCLS

Comparison of Molecular Analogs (SarCNU and BCNU): Differential Toxicities

- Comparison of two analogs accurately demonstrates clinically noted differences in toxicity at the same dose range

- PCLS biomarker (LDH) content, numbers of activated macrophages, and observed levels of collagen deposition of reflect greater BCNU toxicity vs SarCNU

CONCLUSIONS

1. PCLS exhibit longevity and retention of viability for 1 month or more. This makes them suitable for long term culture and repeated exposure paradigms in a manner that can reflect consumer product use (e.g., tobacco product exposure over time).

2. PCLS have historically been employed to compare compound toxicities and the model has repeatedly demonstrated differential effects and severity of response across the compounds tested. By extension, PCLS are well suited to make specific tobacco product or product combination comparisons.

3. The 3D, native parenchymal architecture, and inclusion of native cell types allows for a complex response (e.g. activation of macrophages, increased cytokine expression, and collagen deposition) to challenge. The involvement of multiple cell types and biomarkers may be required for long term disease manifestation such as COPD.

REFERENCES


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