

# Ensuring the quality of a test system using the principles of Good In Vitro Method Practices (GIVIMP): A case study of cryopreserved human precision-cut lung slices

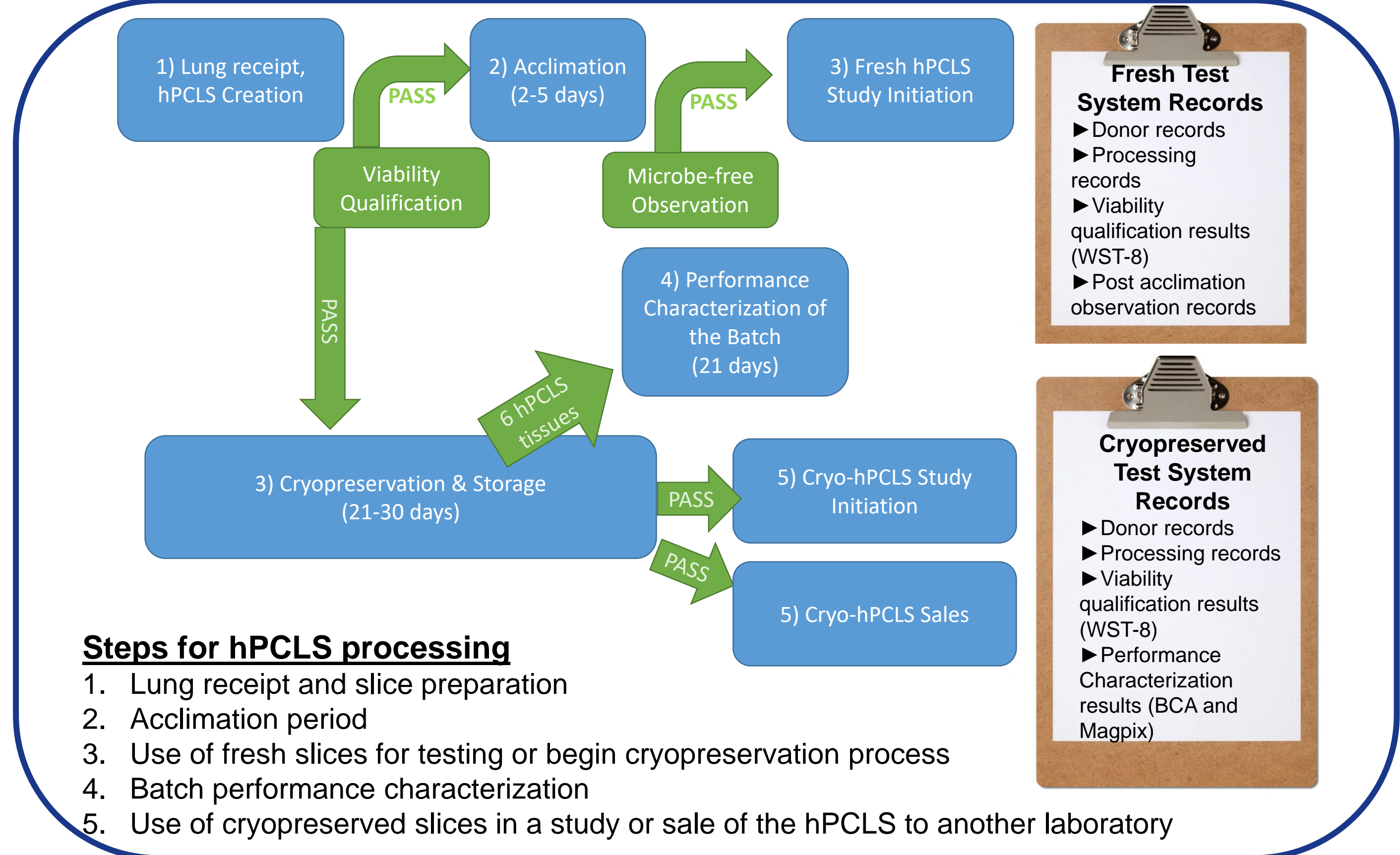
A. Ulrey, M. Marimoutou, J. Alvarez, V. Patel, A. Wahab, K. Battle, J. Hughes, H. Behrsing and M. Gaydash

Institute for In Vitro Sciences, Inc. Gaithersburg, MD



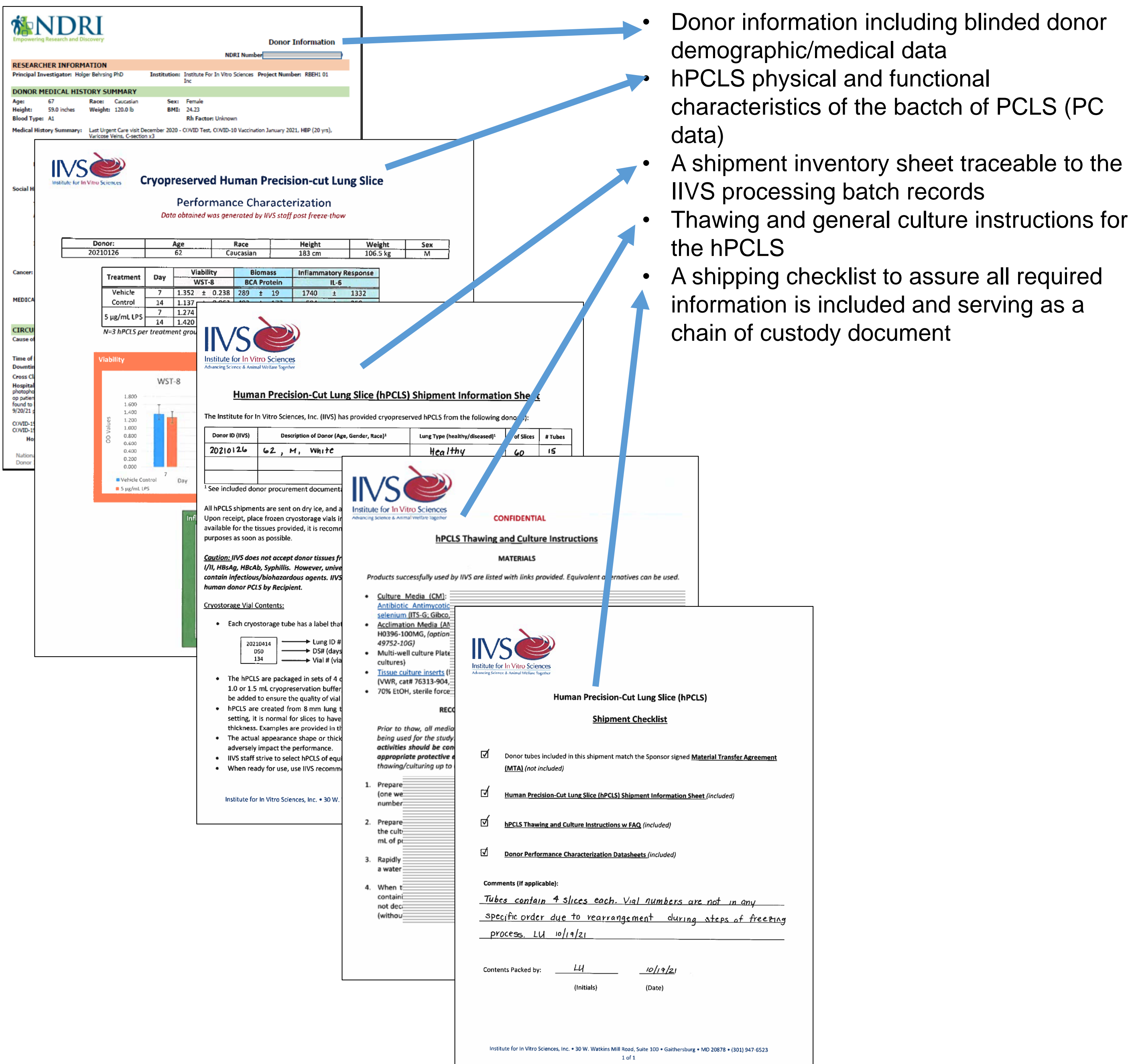
## ABSTRACT

Human precision-cut lung slices (hPCLS) are a highly relevant 3-dimensional model of the lung. They offer native architecture and cells of the lung tissue including respiratory parenchyma, small airways, and immune competent cells involved in inflammatory and sensitization processes. The scarcity of human lung tissue available for research and the inability to conduct larger scale testing has limited the use of hPCLS as a test system for routine, high-throughput testing. To overcome this barrier, IVS has refined the methodology behind the cryopreservation, storage, thaw and post-thaw maintenance of human lung slices. As primary tissues have varied quality and responsiveness, a standardized performance characterization (PC) is conducted on all donor batches. To establish credibility for the approach, the principles of the OECD guidance document (No. 286), "Good In Vitro Method Practices (GIVIMP)", were applied. Documentation for 1) Donor batches created (including blinded donor demographic/medical data), 2) hPCLS physical and functional characteristics (e.g., PC data) and storage conditions, 3) recommended thaw and culture protocol, and 4) chain of custody documents relevant to the distribution of hPCLS to other laboratories are maintained. The quality principles of GIVIMP are crucial to the hPCLS serving as a reliable test system for use in repeatable research and regulatory toxicology. With improvements in slice creation, storage, culture conditions, and the quality framework surrounding all of these efforts, the IVS hPCLS can be confidently used for larger scale testing, tissue banking, and repeat donor experimentation while retaining tissue integrity and functionality, both in a research and regulatory context



## INFORMATION PROVIDED TO PURCHASERS

GIVIMP chapter 1 discusses the responsibility *in vitro* test system providers have to share information on test system characterization, authenticity, and safe transport, use, and disposal. IVS provides a package of this information to test system purchasers to satisfy the GIVIMP requirements of test system providers.



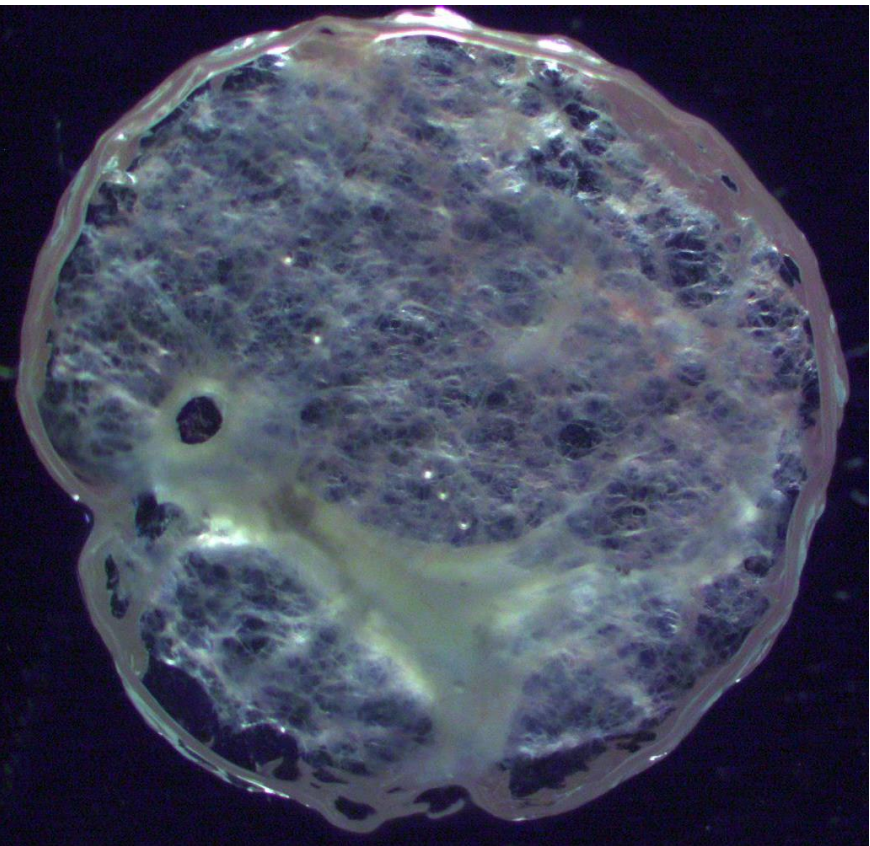
## STANDARDIZATION AND DOCUMENTATION

*In vitro* test systems must reliably perform as expected when used in studies. GIVIMP recommends standardizing procedures (Chapter 7), training to the standards (Chapter 2), and documenting that the standards have been followed (Chapter 10). GIVIMP also provides guidance for consideration when optimizing the procedures during the later stages of standardization. IVS meets the recommendations in GIVIMP for cryopreservation of hPCLS activities.

- Step-by-step procedures from procurement of the lung, through preparation of slices and their assessment and cryopreservation, to shipment of the test system to the purchaser are documented in management approved Standard Operating Procedures (SOPs).
- Batch records are available for each lot of tissue that attribute each procedural step to trained individuals and provide traceability to media and equipment used. ALCOA + principles are followed with all paper and electronic based documentation.
- Personnel training is standardized and documented in training records.
- Several manuscripts and posters have been published describing the optimization of the precision cut lung slice procedure.

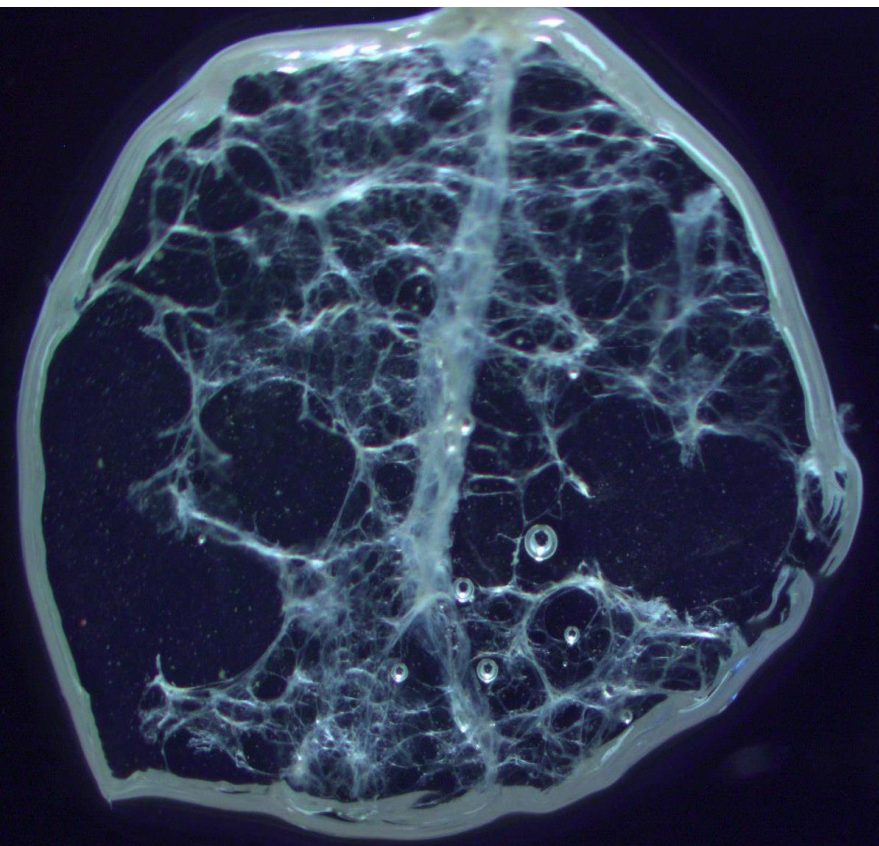
## ETHICAL CONSIDERATIONS

Unlike other quality systems, GIVIMP addresses ethical concerns that may arise when using *in vitro* methods. GIVIMP stresses the need for donor consent when primary human tissues or cells are used. Chapter 4 of GIVIMP provides guidance for using alternatives to animal sources of serum in media components. The presence of Intellectual Property Rights (IPR), patents, and trademarks on test systems and/or media could be limiting factors in the ability of *in vitro* methods to be a viable testing option for many laboratories. These points have been assessed and addressed for hPCLS at IVS.



Normal hPCLS

The photographs above show a representative normal hPCLS and one from a lung with diagnosed emphysema. Organ Procurement Organizations assure donor consent for research for all donor characteristic requests.



Emphysemic hPCLS

- All media and components used in the processing and handling of hPCLS are free of animal products.
- No sera of any type are used.
- A laboratory does not need special equipment or a high level BSL facility to use the hPCLS for testing.
- There are no concerns about Intellectual Property Rights (IPR) related to the slices. Cryopreservation media is considered confidential, but instructions for all media needed for tissue handling, maintenance, and testing are shared with the purchaser.

## TEST SYSTEM CHARACTERIZATION AND CONTROLS

Chapters 5 and 2 of GIVIMP discuss measures to improve the quality of the test systems used in *in vitro* testing. Some of these topic areas include: cell and tissue sourcing, handling and maintenance of the test system, cryopreservation and storage, contaminant screening, and quality control of test systems. The documentation and procedures in place at IVS surrounding the preparation of hPCLS tissues was assessed against the applicable GIVIMP recommendations. Select points are discussed and examples given below.

- Lungs are ethically sourced through Organ Procurement Organizations. These groups assure donor consent in accordance with federal and state laws through the Organ Procurement Agencies.
- Specific characteristics for the batches of tissues are requested and documented prior to receive of the lungs for processing (see figure below for example).

LUNG DONOR ACCEPTANCE CRITERIA			
Lung Type:	Normal	Clinical/Pre-Op Read	
Special Conditions:		Chest tubes (X-ray)	no restrictions
		Lab Data (pCO2, pO2, etc.)	
Donor Demographics		Atelectasis (X-ray)	
Donor Age	18-70	Pneumothorax (X-ray)	
Gender	M or F	Effusions	
Race	any	Sarcoidosis	Ok if NOT diffuse
Donor Behavior History		Infiltrates	Ok if NOT diffuse
Tobacco use	1/2 PPD, chewing tobacco is Ok	Contusions (X-ray)	Ok, if some lung is undamaged
Electronic Cigs		Aspiration (one/both Lungs)	recent ok, not extensive or multiple
Illicit Drug use	opiates, IV	Edema	pulmonary edema due to heart ok
Marijuana use		Bacterial & Viral Meningitis	
Alcohol use		MRSA in Sputum Culture	
Unacceptable Medicines	Inhalation based	Sepsis	
Organ Specifics		MRSA in BLOOD culture	
Warm ischemic time	2hr Low-PMI	MRSA in NARES	
Cold ischemic time	36hr Low-PMI	High Risk CDC donors	
Downtime	1hr Low-PMI	Fibrosis	
Ventilator time	≤ 7 days	Sepsis	
History/Current Disease States		Pneumonitis/Pneumonia (X-ray)	
Diabetes	any type OK	Positive Sputum or BAL Cultures:	
Hypertension	systemic or pulmonary OK	Infection/Granuloma	
History Chemotherapy	Ok if Lung not adversely impacted	Inflammation	
History Radiation	Ok if Lung not adversely impacted	Foreign objects	
History Cancer	lung cancer IF we can isolate healthy	Bleeding	
Asthma		Pus-like secretions	
COPD		Serologies	
Emphysema		Acceptable: Anti CMV, EBV	
Cystic Fibrosis		Not acceptable: Anti HCV, Anti HIV 1/2, Anti HAV, Anti HBs, Anti HBe	

Example chart outlining screening characteristics necessary for acceptance of a "normal lung"

- Several quality control points are built into the process (see timeline to the left). The test system is viewed and assessed at each point in green.
- Lack of overt contamination is assured prior to cryopreservation of the processed lung slice.
- Tissue functionality and general characteristics are assessed for each batch and assured to be acceptable.

## REFERENCES

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