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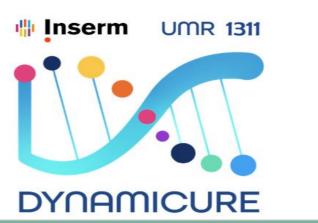
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Respiratory organoids models from bronchial cells of asthmatic patients: Fabrication and study of viral infection permissivity

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Introduction

With 4 millions people in France, asthma is a serious public health issue. The development of new models mimicking lung tissue complexity and functionalities is essential to fight and understand this pathology.

Respiratory viruses are the first incriminated in asthma exacerbation with a predominance of Repiratory syncytial viruses (RSV) and human Rhinovirus (RV) even in co-infections (30%)², but aim of viruses in asthma etiology still misunderstood

NEW MODEL: ORGANOIDS

3D multicellular tissues, aim is to mimic human organs complex functionalities

2022: development of healthy respiratory organoids with inverted polarity (ciliated cells on external face, allow exposure of virus target cells) and infected with RV and Influenza³.

Goals

→ Develop apical out organoids with bronchial cells of asthmatic patients

Inverted polarity 1) Production Primary epithelial respiratory organoids Characterize the model cells from the Confirm apical out configuration respiratory tract of Define cellular composition asthmatic donors

Characterize

preliminary data on the first **Improve** asthma organoids model Criticize

organoids

Compare to a control (healthy cells)

Pilot study: produce

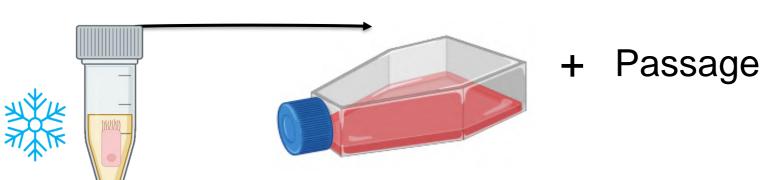
2) Successful production Analyse the impact of **RSV subtype A**

infection on asthmatic organoids

Materiels et Methods

Thawing human airway epithelial cells (hAEC) (healthy +asthmatic donors) and grow in hAEC medium (Epithelix)

Organoids production:



2) Organoids size

Interval of 50µM - 150 µM

for healthy and asthma

models

Expected mean Diameter³:

104.2 µM by day 15

→ Results consistent with

the literature

PneumaCult™ Medium + AggreWell™400 plates (Stemcell)

Differentiation of hAEC cells to mature apical-out

airway organoids, generates organoids in 15 days

*Optimization: Determine number of day in Aggrewell based on the model After aggregation to avoid fused

*D?

time, use a flat bottom plate until D15 **Organoids maturation**

Fused asthma organoids at D15

D15 Bioimaging **PRIMACEN**

Immunofluorescent

staining:

DAPI for nucleus

Leica Stellaris 8

(confocal microscopy)

Plateform

Successful production: Infection D15

2D cell culture

RSV-A 37°C Infection: culture

supernatant, 2h

After infection: 100 organoids per well (96w plate) in triplicate

Infection kinetics:

Collect at D1, D2, D4, D6 and D8 post infection (pi)

Cellular aggregation

RNA Extraction:

kit EZ1 DSP virus Qiagen

Viral quantification qRT-PCR

(CFX96 Biorad)

Results

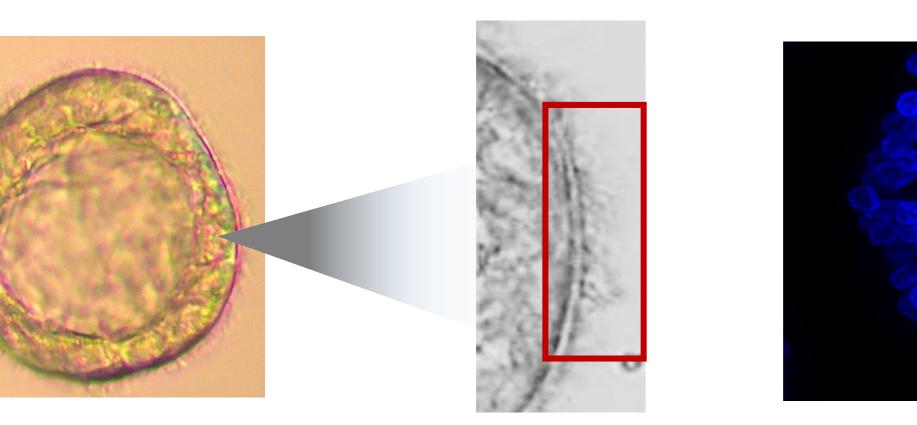
Organoids production

1) Asthma organoids count at D15 according to number of aggregation in Aggrawell plate 180 160 40 20 Aggregation day in Aggrewell plate

→ Day (D) 4, D5 and D6 selected (lot of fused organoids on D1, D2 and D3)

→ D3 selected for healthy organoids

4) Immunofluorescent staining PRIMACEN collaboration



Mobile organoids with cilium on external face (observed with inverted microscopy): inverted polarity confirmed

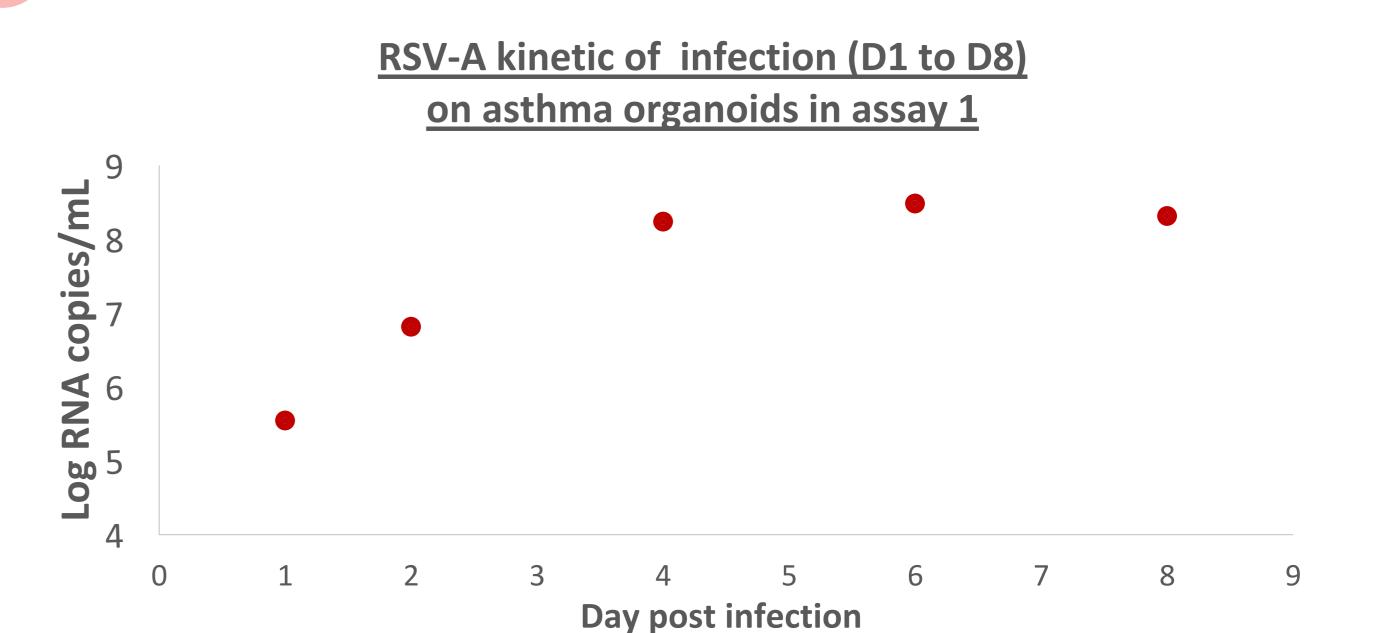
3) Ciliated and mobile organoids

→ Organoids can be infected with RSV-A

Nucleus in asthma organoid marked with DAPI: at least 61 nucleus/organoid

→ Limit : fluorescent signal loss (DAPI hard to reveal with Stellaris)

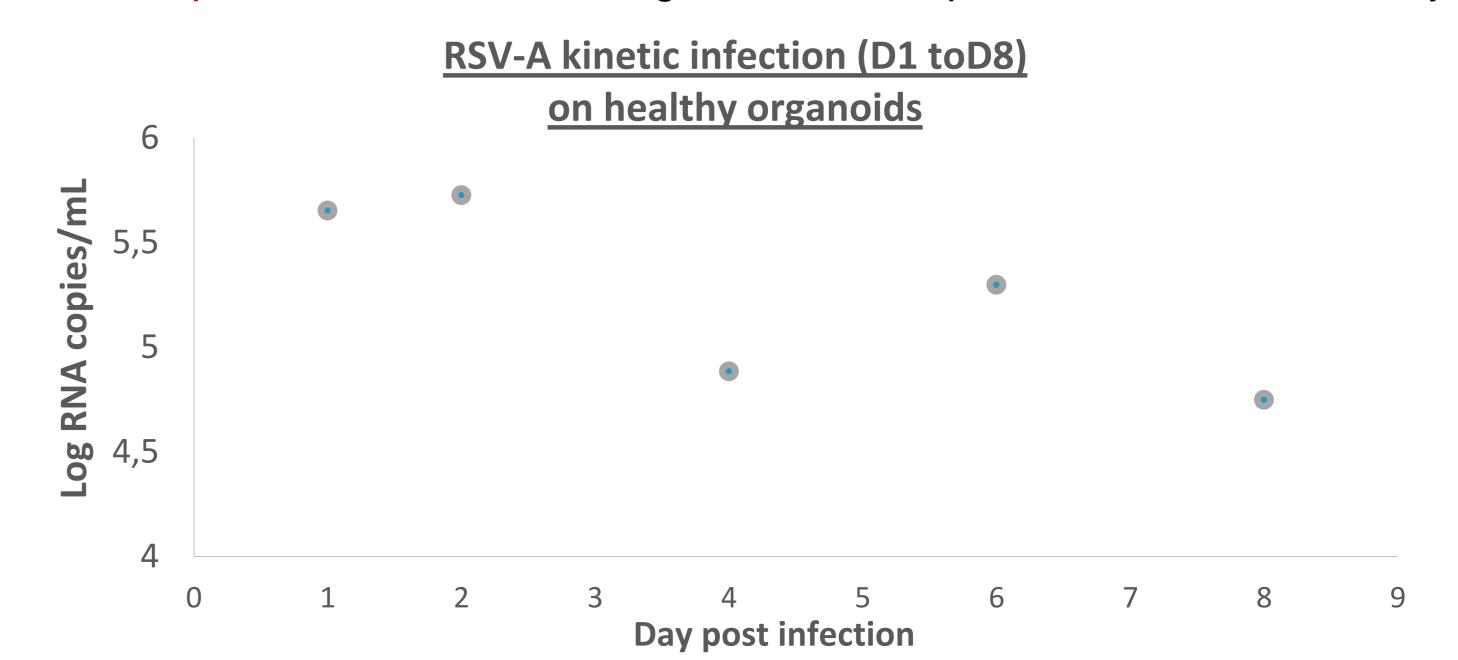
Infection reveal: kinetics



Asthma organoids:

Plateau: 1.73x10⁸ RNA copies/mL at D4 (or 8,23 log)

→ Viral replication for asthmatic organoids, non reproducible results in assay



Healthy organoids:

7.67x10⁴ RNA copies/mL at D4 (or 4,88 log): NO viral replication over the days (same results in assay 2)

Conclusions

1) Organoids production

- Aggregation time for healthy cells (3 days) and asthmatic cells (4 at 6 days)
- Range size (between 50μM and 150 μM) for non-fused organoids
- Mobile organoids with cilium on the external face → inverted polarity confirmed • Immunofluorescent staining (IS): successful with DAPI should test another
- microscope for others marked antibodies (Leica Thunder Tissue 3D)

Prospect: Check asthma phenotype with IS on the 4 main bronchial cell types

2) Infection

 Successful asthma organoids infection with RSV decrease of Cq over the days post infection for asthmatic cells but not reproducible → hypothesis : work on infectious dose

Bottom view

Prospect: test RV infection on organoids and work on co-infection RV/RSV

Bibliography and Acknowledgements

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- ² Petat H et al (2021). High Frequency of Viral Co-Detections in Acute Bronchiolitis. ³ Stroulios, G. et al (2022). Apical-out airway organoids as a platform for studying viral infections

and screening for antiviral drugs. Acknowledgments: Dr Meriadeg Le Gouil for sending us a plasmid essential to quantify RSV, Dr Sophie Candon for her wise advices about immunology and Stéphane Rosset for his rapidity and help about RT-qPCR.