

Potency test Fractional beta-cell Viability Cellular composition assessment

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Why is difficult to assess islet potency?

Current methodologies for the evaluation of islet cell viability are largely based on tests that rely on DNA-binding dyes.

While these tests identify cells that have lost selective membrane permeability, they do not allow us to recognize apoptotic cells, which do not yet stain with DNA-binding dyes.

Current methods of analysis do not discriminate between cell subsets in the preparation and they do not allow us to selectively define beta-cell viability.



Why is difficult to assess islet potency?

- In clinical islet transplantation, 30-90% pure islets assessed by DTZ can be transplanted.
 We transplant not only islet cells, but also acinar and ductal cells.
 Average purity is 50-60% in Miami Beta 25%
 Alpha 15%
 Acinar 30%
 Ductal 15%
- 2. Each preparation has different cellular composition, different viability, and sensitivity to noxious stimuli.
- 3. It is not impossible to evaluate islet viability and cellular composition without dissociation. However, it is very difficult to assess the viability of each cell subset individually in a short time before transplantation.



Assessment of Human Islet Cell Composition and Viability at the University of Miami

We have developed methods for the specific assessment of **beta-cell content** and **viability** in human islets based on:

 cellular composition analysis (Laser Scanning Cytometry; LSC)

and

 identification of beta cell-specific apoptosis at the mitochondrial level (Flow Cytometry)

We have validated our methods using *in vivo* assessment of islet potency (transplantation into **immunodeficient mice**).

H. Ichii et al. Am J Transplant 2005; 5: 1635-45







Assessment of Islet Preparation

Alpha (Glucagon) Beta (insulin) Nuclei (DAPI)





Laser Scanning Cytometer



The instrument consists of a base unit containing fluorescent microscope, optics/electronics unit coupled to an argon, HeNe and Violet laser, a computer-controlled motorized stage.

The LSC is an instrument designed to enable fluoresence-based <u>quantitative measurements</u> on tissue sections or other cellular preparations at <u>single-cell level</u>.





B-cell percentage and purity

Cellular Composition in Islet

 β -cell (%) or α , δ , PP

 $\beta + \alpha + \delta + PP$ -cell (%)



Comparison of cellular composition assessment between dissociated and non-dissociated islet cells



Alpha (Glucagon) Beta- (insulin) Nuclei (DAPI)

	β -cells	α -cells	δ -cells
Non-dissociated islet	57.4±19.6%	32.8±16.3%	9.8±2.9%
Dissociated islet cells	54.4±11.4%	34.7±12.5%	10.9±4.6%

No statistically significant differences are observed.



Human Islet Cellular Composition

Whole Islet

	#	β (%)	α (%)	δ (%)
Miami	5	57	33	10
Nashville	32	54	34	10

Dissociated Islet

	#	β (%)	α (%)	δ (%)
Miami	63	54	35	11
Edmonton	69	57	23	10







Fractional beta cell viability assessment



Comparative analysis of cell viability, β -cell apoptosis and *in vivo* islet function.

Living cell

Beta-cell viability In vivo Function



Analysis of β-cell Fractional Viability After Noxious Stimuli *in vitro*



Correlation of β-cell content and viability with *in vivo* Islet Function



Predictive Value of β-cell Content/Viability on *in vivo* Islet Function.



β-cell-specific analysis of viability/apoptosis in human islet preparations



Beta-cell content

Beta-cell Viability







Islet Dissociation



• Does it affect the cellular composition? NO.

The cellular composition of dissociated islets is comparable to that of whole islets by IHC.

If cell loss occurs, this is not selective for any specific cell subset and the overall proportion is maintained.

• Does it affect cell viability?

MAYBE.

However, it may not matter! Good correlation between *Viable Beta Index* and *in vivo* function suggests that this approach can PREDICT the potency of isolated islets and that it is REPRESENTATIVE of the quality of the preparation



Ongoing Studies

- Evaluation of the correlation between Viable Beta-Index and islet engraftment in the clinical setting
- Develop a method to assess the viability of multiple islet cell subsets (i.e., ductal, alpha...)
- Identify more sensitive marker than MMP for islet cell potency assessment

