

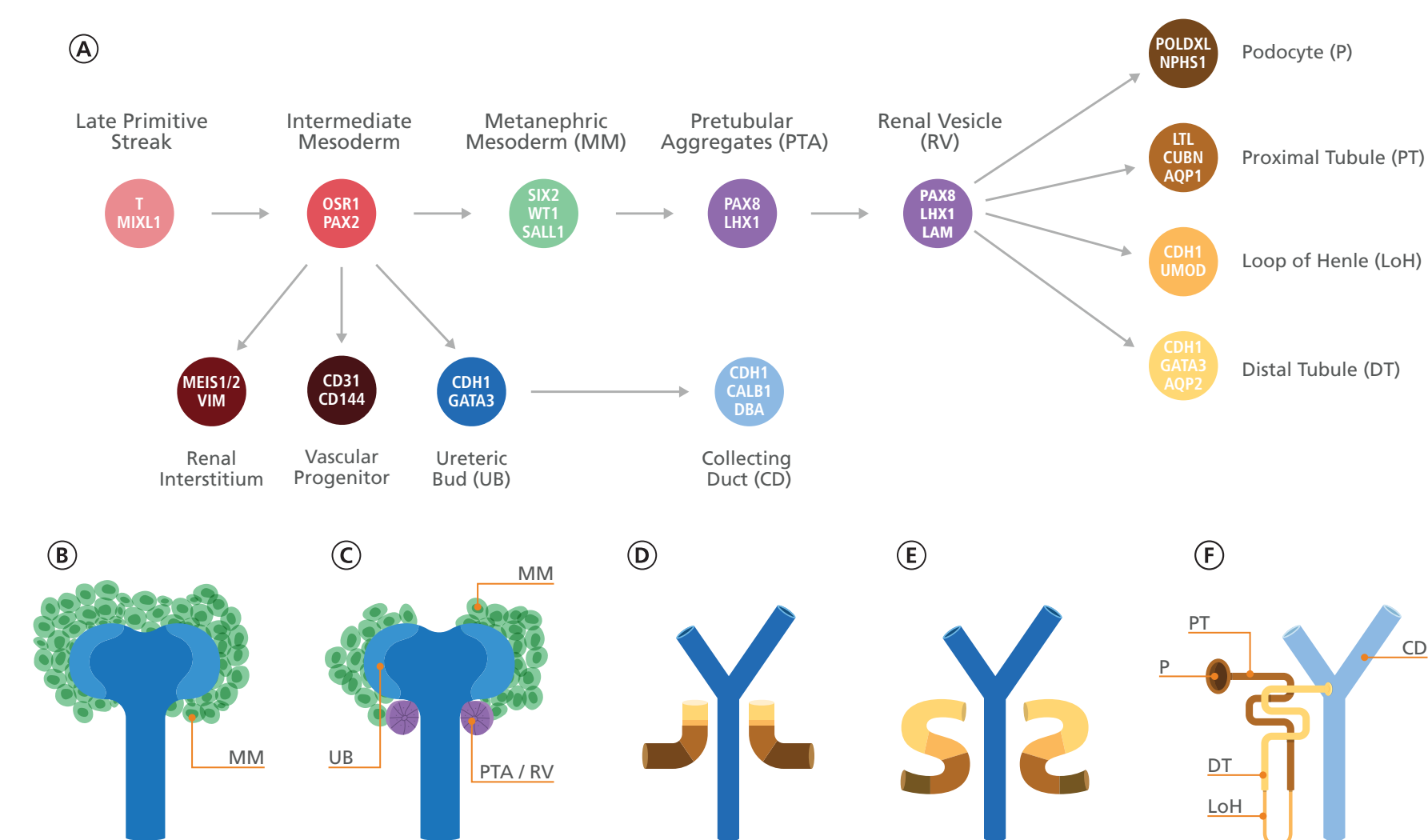
# Efficient, Reproducible, and High-Throughput-Compatible Protocols for Differentiation of Human Pluripotent Stem Cell Lines Into Kidney Organoids

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## INTRODUCTION

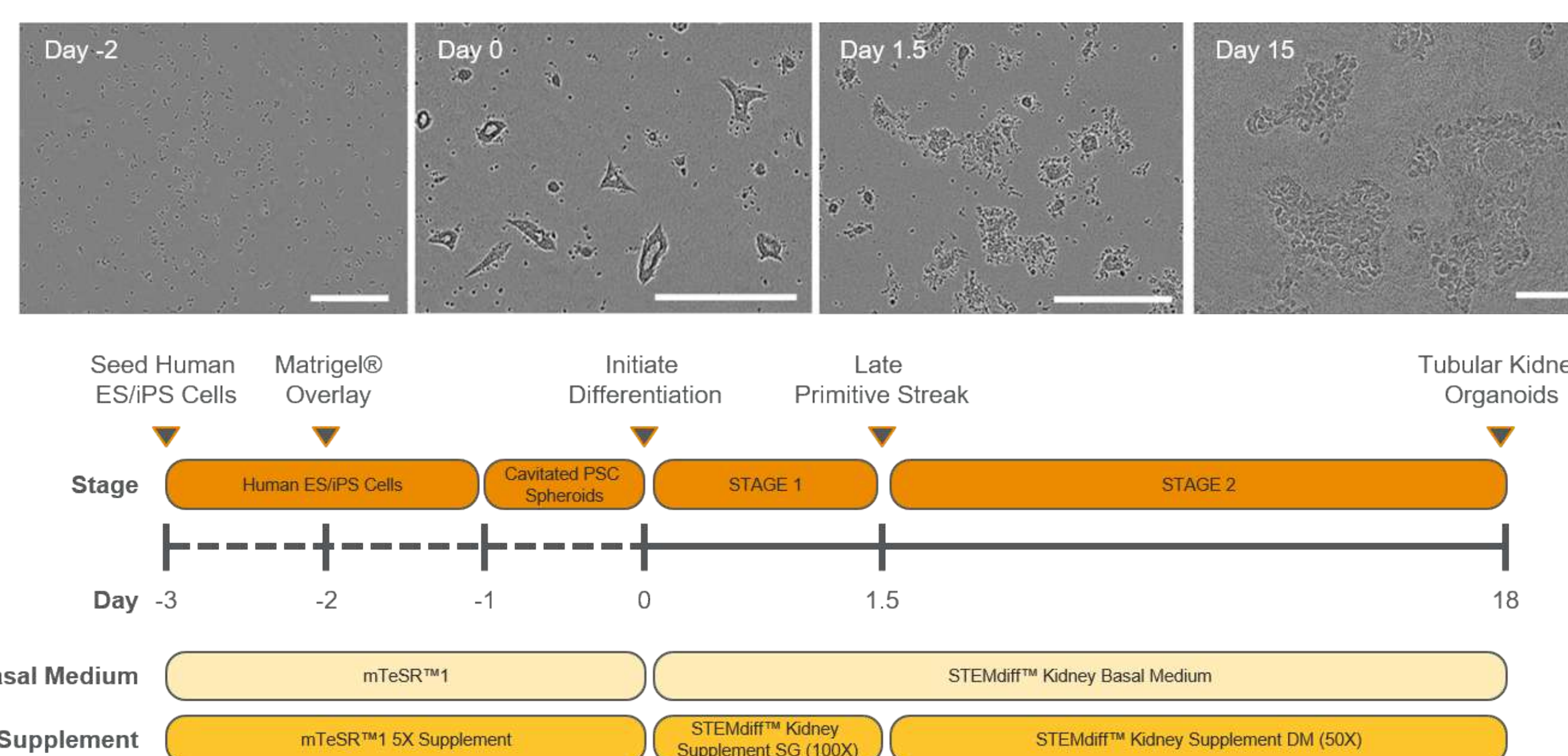
Chronic kidney disease (CKD) represents a significant global health problem and is associated with high economic costs to our healthcare system. CKD is the condition of gradual loss of kidney function by irreversible damage to nephrons, which affects about 10% of the adult population worldwide. The ability to differentiate human embryonic stem (ES) and induced pluripotent stem (iPS) cells into functional kidney tissues provides novel tools for the development of new treatments to slow down kidney disease progression. Furthermore, the discovery of kidney organoids, which are self-organizing 3D structures containing functional renal cell types resembling some aspects of the *in vivo* counterpart, overcomes the limitation of insufficient modeling of cellular interactions in common monolayer culture systems. Kidney organoids offer new opportunities to model patient-specific kidney disease, study kidney development, and perform nephrotoxic compound screening. In recent years, several groups have established direct differentiation protocols by guiding human pluripotent stem cells (hPSCs) in a stepwise manner through stages of late primitive streak, intermediate mesoderm, and metanephric mesoderm to give rise to pretubular aggregates, then renal vesicles that ultimately form kidney organoids (Figure 1). However, many protocols require differentiation cultures to be dissociated into single-cell



**FIGURE 1. Schematic of Nephron Development**

(A) In mammals, nephrons are generated by sequential lineage commitment of mesodermal cells into posterior intermediate mesoderm, metanephric mesoderm (MM), pretubular aggregates (PTA), and renal vesicles (RV) that further differentiate into podocytes (P), proximal tubules (PT), Loop-of-Henle (LoH), and distal tubules (DT). Intermediate mesoderm also gives rise to other kidney cell types, namely renal interstitium, vascular progenitor, and ureteric bud (UB). The latter forms the collecting duct (CD). Typical markers of each individual stage of development are highlighted in circles. (B) The metanephric mesenchyme condenses around the ureteric bud tips and forms the (C) pretubular aggregate followed by renal vesicle, which undergo anatomical stages of (D) comma-shaped body, (E) S-shaped body, and develops into (F) the functional nephron.

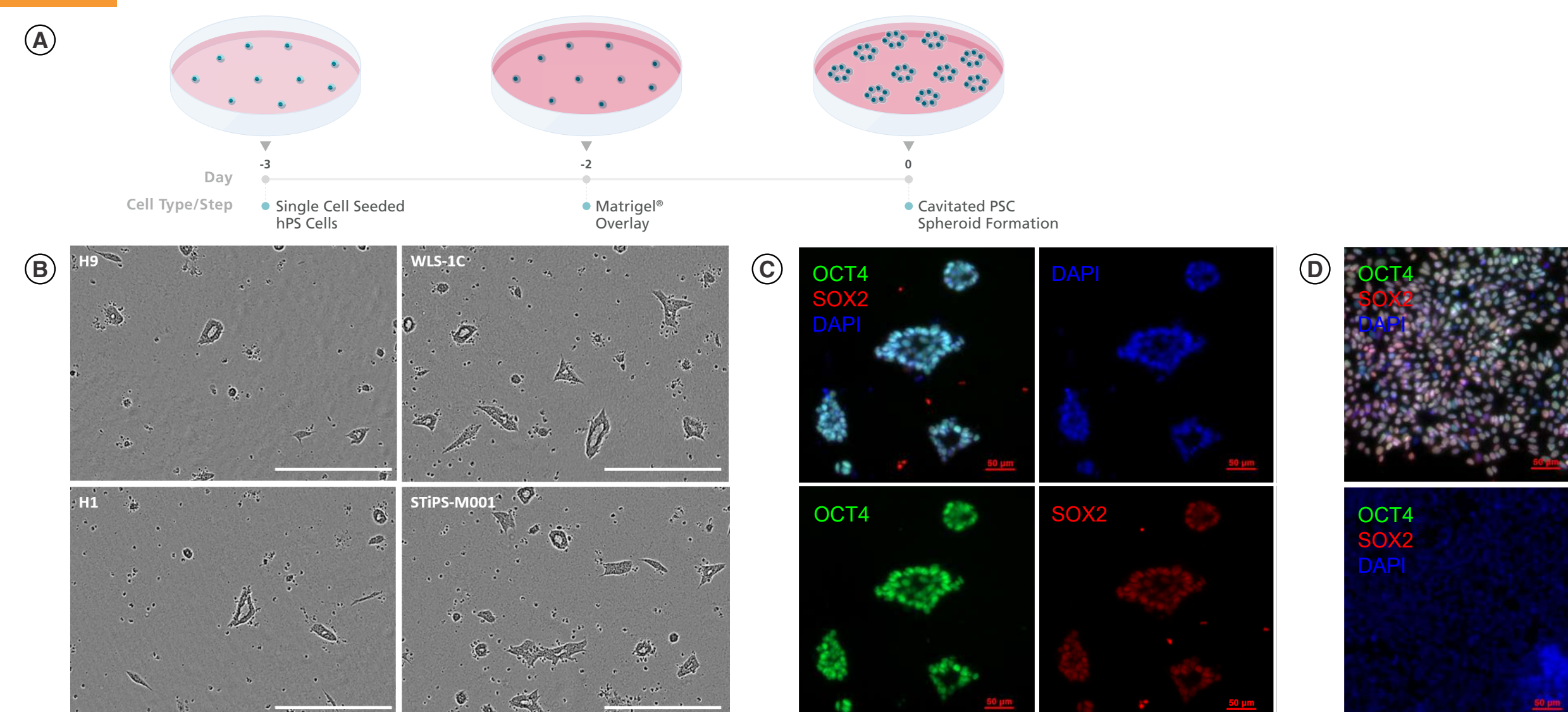
## METHODS



**FIGURE 2. Overview of the Morphological Changes Over the Course of Differentiation and Two-Stage Protocol Schematic for STEMdiff™ Kidney Organoid Kit**

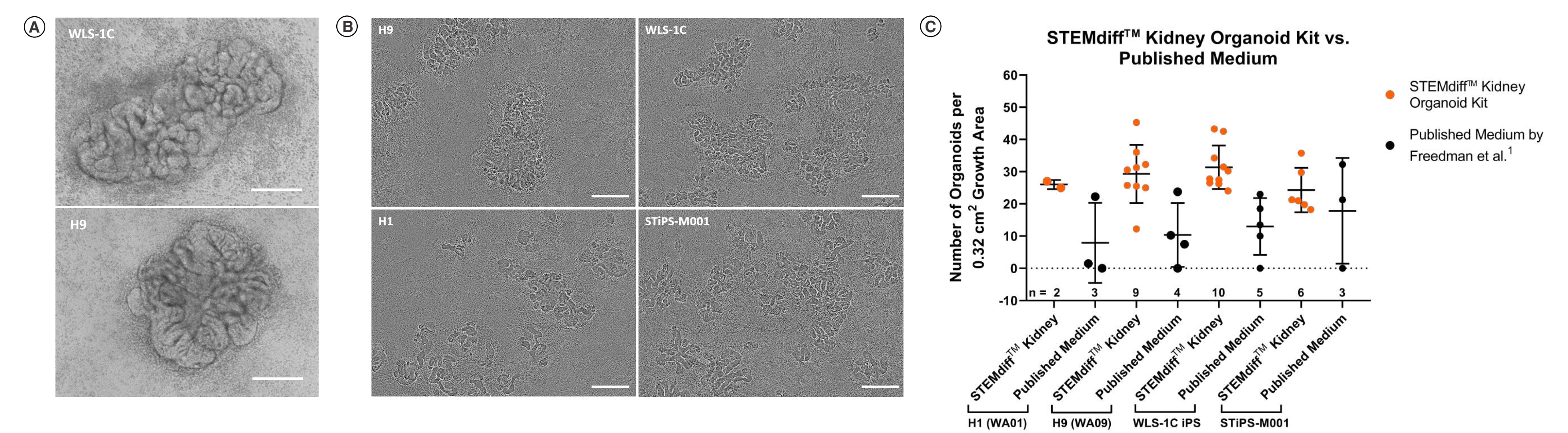
Human ES and iPS cell lines, previously maintained in mTeSR™1, were seeded into Corning® Matrigel®-coated 96-well plates. After 24 hours, adherent cells were overlaid with an additional layer of Corning® Matrigel®, which resulted in the formation of cavitated PSC spheroids within the next 48 hours. On the following day (Day 0), differentiation of cavitated PSC spheroids was initiated by switching the medium from mTeSR™1 to STEMdiff™ Kidney Organoid Kit. During the next 18 days of differentiation, cells were directed through stages of late primitive streak, posterior intermediate mesoderm, and metanephric mesoderm to give rise to kidney organoids that are composed of endothelial cells, podocytes, and proximal and distal tubules (scale bars 450 μm).

## RESULTS



**FIGURE 3. Overlay of Single-Cell Seeded hPSCs with Corning® Matrigel® Efficiently Generates Undifferentiated, Cavitated PSC Spheroids**

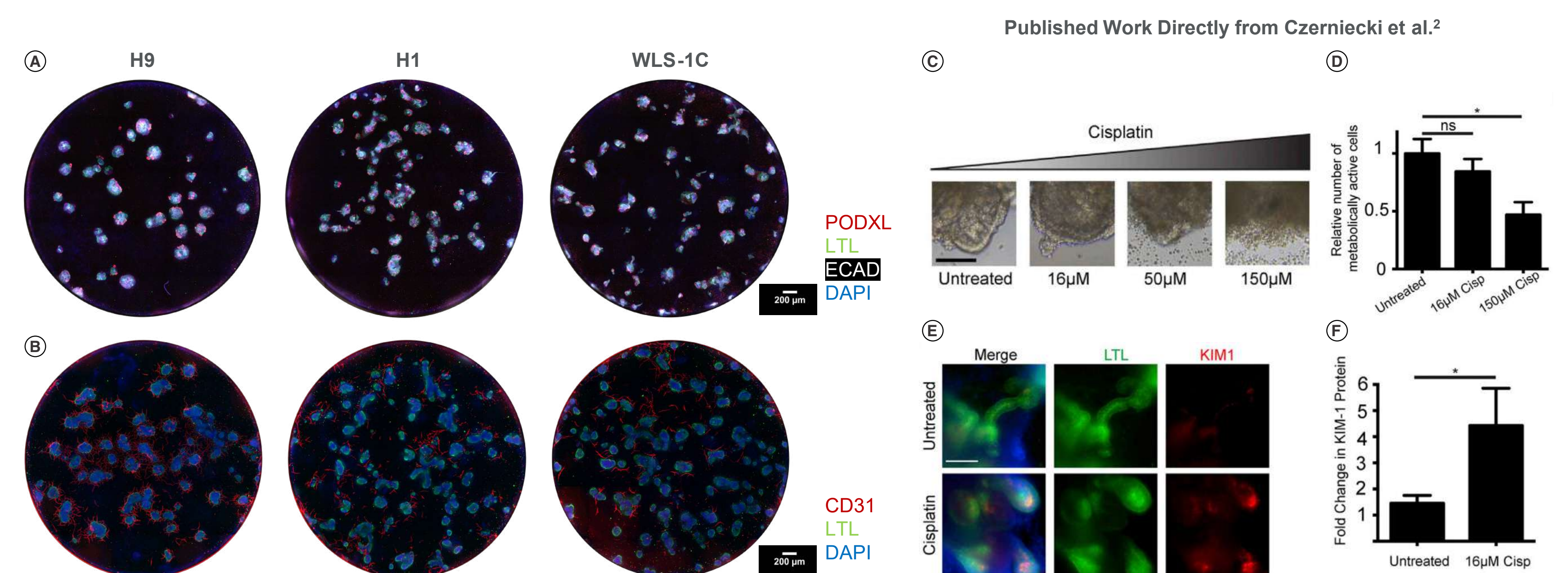
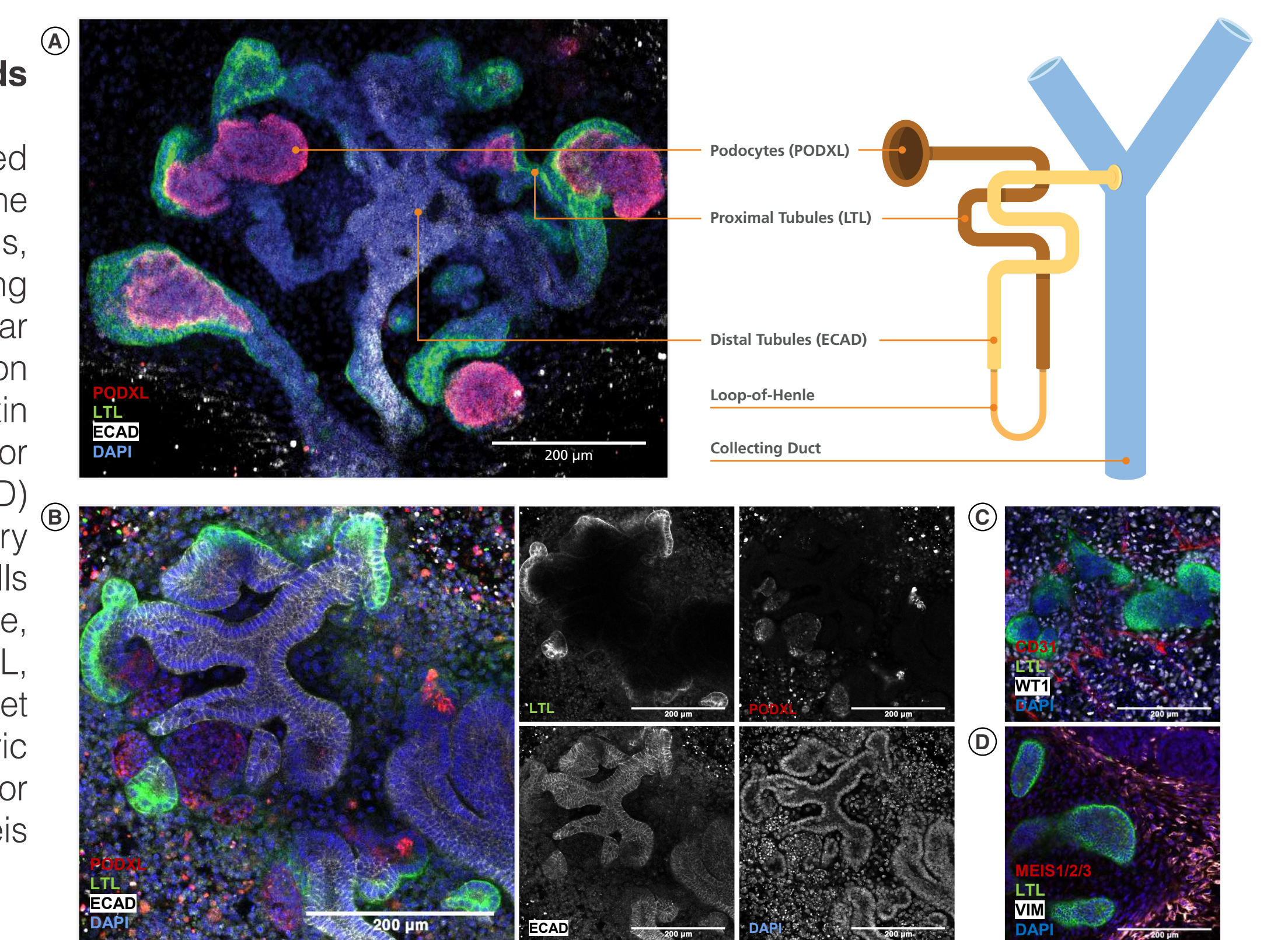
(A)(i) After 24 hours post seeding of single-cell suspensions, (ii) cells were overlaid with Corning® Matrigel®, maintained for 2 additional days in mTeSR™1 and (iii) cavitated PSC spheroids were analyzed by (B) bright field microscopy (scale bars 450 μm) and (C) immunocytochemistry staining for co-expression of markers of the undifferentiated stem cell stage OCT4 and SOX2. Efficient and robust formation of cavitated PSC spheroids was observed across multiple human ES cell (H9, H1) and iPS cell (WLS-1C, STiPS-M001) lines, which uniformly express markers OCT4 and SOX2 of undifferentiated stem cells (scale bars 50 μm). (D) Biological controls were simultaneously stained with antibodies against OCT4 and SOX2 and analyzed by fluorescent immunocytochemistry. H9 ES cells maintained on Corning® Matrigel® cultured without an overlay retained high expression of both OCT4 and SOX2 (top image). Negative controls of representative H9 ES cells differentiated into mid-/hindgut cultures using STEMdiff™ Intestinal Organoid Kit were completely absent for both markers OCT4 and SOX2 (bottom image, scale bars 50 μm).



**FIGURE 4. Efficient Differentiation of Human Pluripotent Stem Cells into Self-Organizing Kidney Organoids**  
(A) Bright field microscopy of Day 18 kidney organoids derived from WLS-1C iPS cells or H9 ES cells (scale bars 200 μm). (B) Lower magnification of various ES cell (H9, H1) and iPS cell (WLS-1C, STiPS-M001)-derived kidney organoids on Day 15 of differentiation (scale bars 450 μm). (C) Manual quantification of kidney organoids per well (0.32 cm<sup>2</sup> growth area) of a 96-well plate on Day 18 generated from multiple ES cell (H9, H1) and iPS cell (WLS-1C, STiPS-M001) lines using either STEMdiff™ Kidney Organoid Kit or “Do It Yourself Medium” as published by Freedman et al.<sup>1</sup> (mean ± SD, n > 2 as shown in the graph). All four tested cell lines were capable of differentiating into self-organizing kidney organoids that form convoluted tubular structures with high efficiency.

## FIGURE 5. hPSC-Derived Kidney Organoids Express Key Renal Markers

(A) Comparison of an immunofluorescence-labeled kidney organoid with a schematic showing the simplified composition of a nephron. Organoids, analyzed on Day 18, generated self-organizing kidney organoids that form convoluted tubular structures marked by the expression of podocyte (podocalyxin or PODXL), proximal and distal tubule-specific markers PODXL, LTL, ECAD, (C) endothelial marker CD31 (platelet endothelial cell adhesion molecule), metanephric mesenchyme/podocyte marker WT1 (Wilms tumor protein 1), and (D) stromal markers MEIS1/2/3 (Meis homeobox 1/2/3) and VIM (vimentin).



**FIGURE 6. STEMdiff™ Kidney Organoid Kit is Compatible With High-Throughput Formats and Enables Screening of Nephrotoxic Drugs**

(A) Whole well imaging of H9 ES, H1 ES and WLS-1C iPS cell-derived kidney organoids differentiated for 18 days and fluorescently labeled with a combination of PODXL, LTL, ECAD, DAPI or (B) CD31, LTL, DAPI. (C-F) Published data from Czerniecki et al.<sup>2</sup> describing an important application for kidney organoid-based microwell plates using the technology on which our STEMdiff™ Kidney Organoid Kit is based. (C) Assessment of kidney organoid-specific cytotoxicity after cis-diammineplatinum (II) dichloride (cisplatin) treatment, which causes damage to renal tubules, as observed by bright field microscopy and (D) reduced cell survival in a dose-dependent manner using a quantitative, luminescence-based viability assay. (E) Human PSC-derived kidney organoids express kidney injury molecule-1 (KIM-1), a specific biomarker expressed in damaged tubules, upon cisplatin treatment as assessed by immunofluorescence analysis or (F) measured by ELISA (all scale bars 100 μm).

## Summary

- Kidney organoids generated with the STEMdiff™ Kidney Organoid Kit model the developing nephron with its typical segmentation of podocytes, proximal and distal tubules, and the associated endothelium
- STEMdiff™ Kidney Organoid Kit promotes efficient and reproducible differentiation across multiple ES and iPS cell lines due to its optimized formulation and rigorous quality control
- Kidney organoids were generated using a simple two-stage differentiation with minimized culture manipulations and following an easy-to-use protocol
- Differentiation of hPSCs into kidney organoids using STEMdiff™ Kidney Organoid Kit is compatible with 96- and 384-well plates for high-throughput assays such as nephrotoxic compound screening

## References

1. Freedman BS et al. (2015) Nat Commun 6: 8715.
2. Czerniecki SM et al. (2018) Cell Stem Cell 22(6): 929–40 e4.