

# BRN SEMINARS

Scientific workshops to foster collaborative research

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# Cell Therapy in ARDS



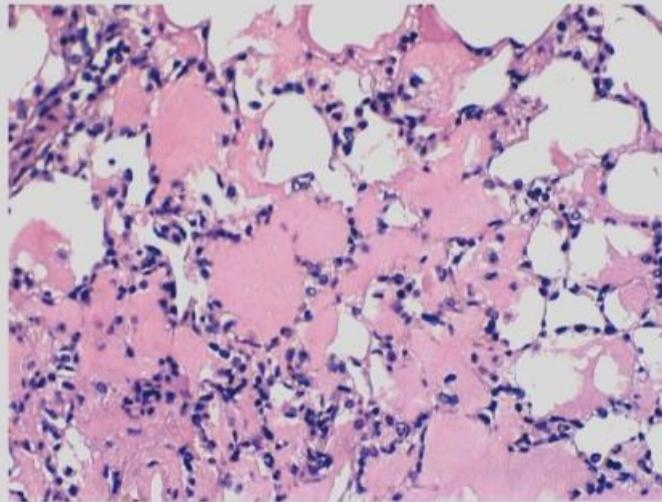
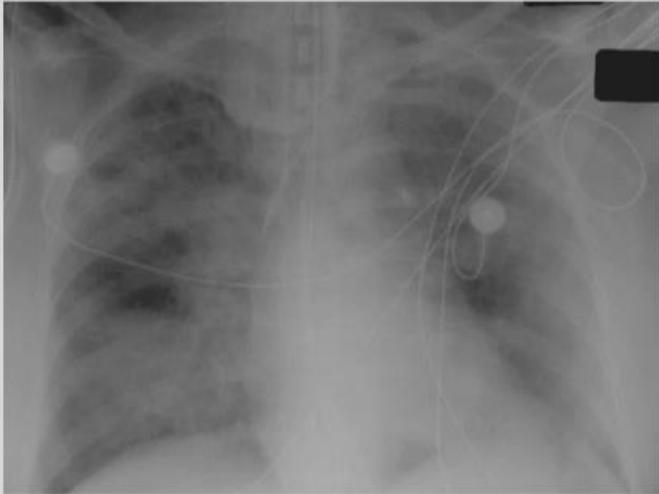
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# DISCLOSURES

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- No relevant disclosures
- Research grants Instituto Carlos III PI12/02548, PI15/02204

## The Acute Respiratory Distress Syndrome (ARDS)



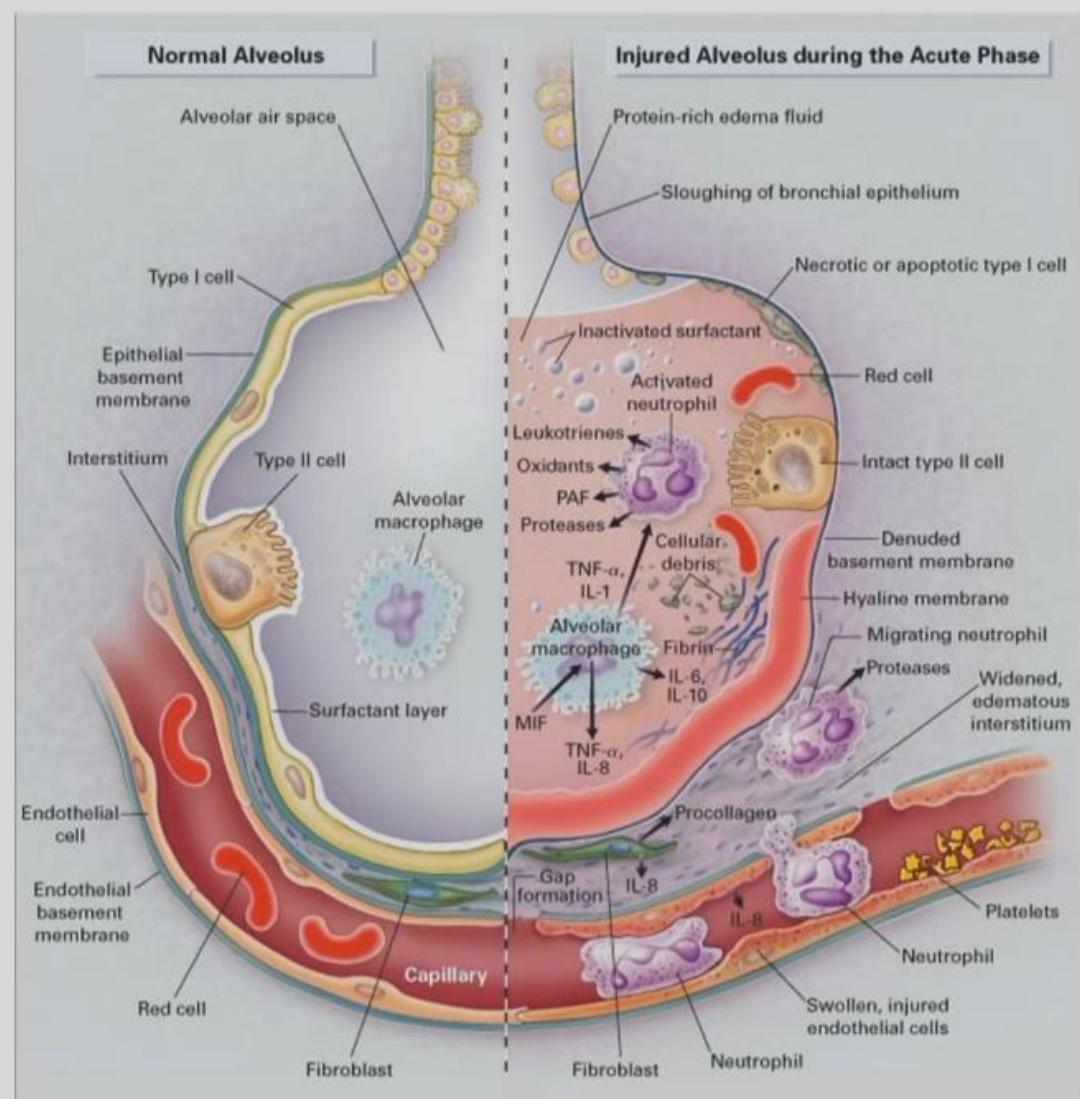
- ARDS occurs in about 200,000 ventilated patients annually in the US, bilateral infiltrates and  $\text{PaO}_2/\text{FiO}_2 < 300 \text{ mmHg}$
- Mortality of approximately 20-35%
- Main etiologies are bacterial & viral pneumonia, sepsis, & aspiration
- Supportive treatment with Lung Protective Ventilation and a Fluid Conservative Strategy have substantially improved clinical outcomes

NHLBI ARDS Network Trials, NEJM 2000 & NEJM 2006

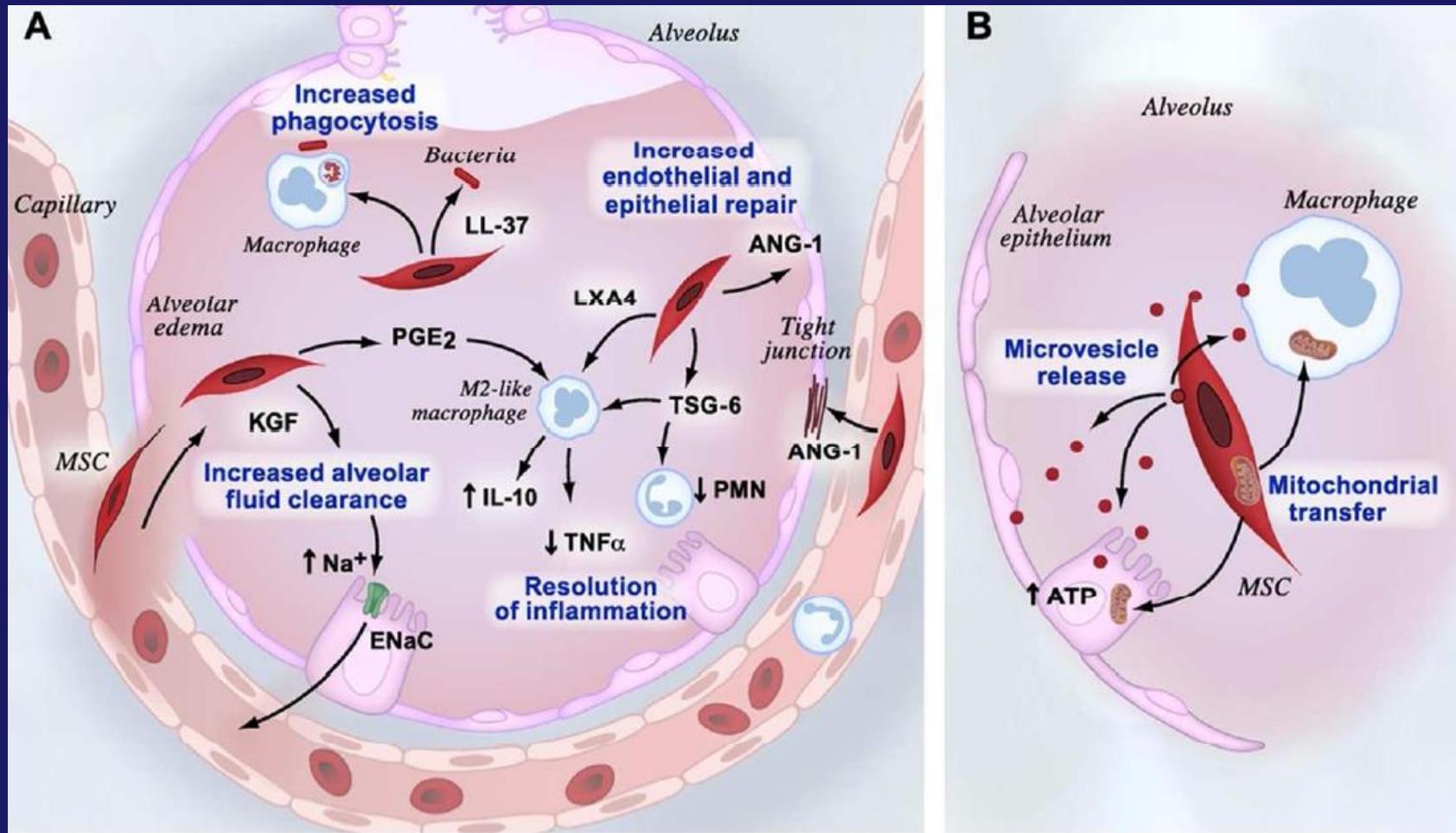
## Pathogenesis of Acute Lung Injury

### MSC & ALI - Rationale

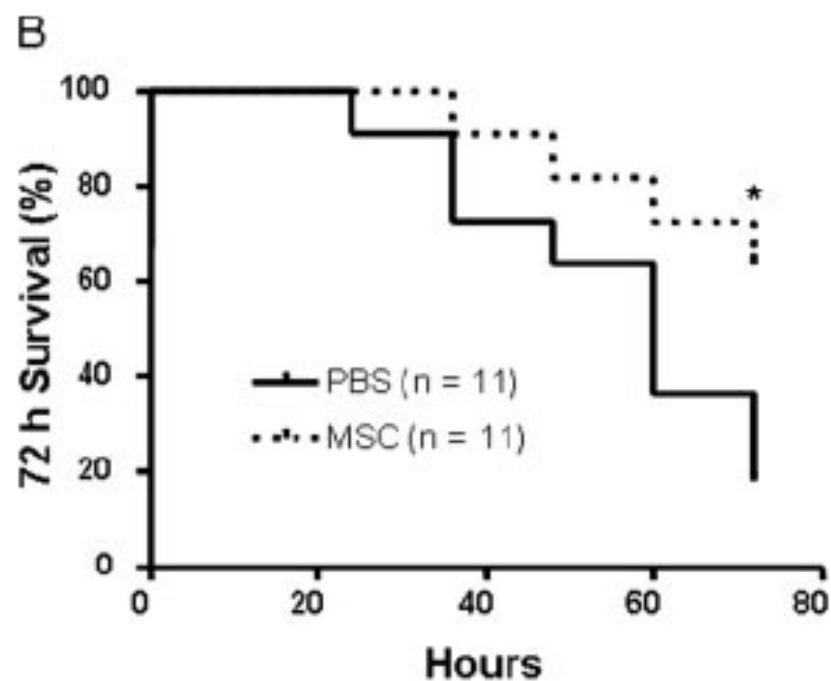
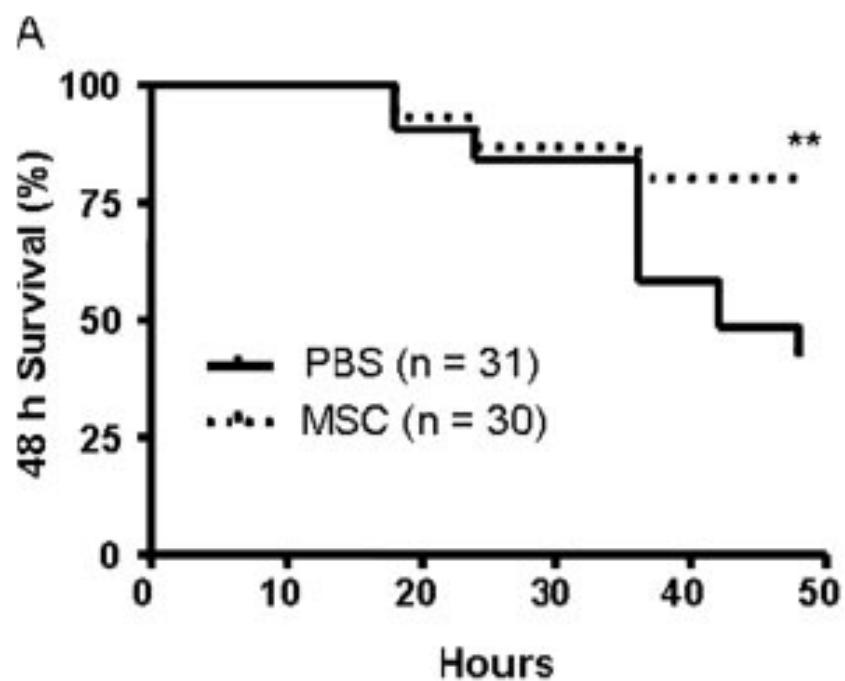
- Anti-inflammatory properties – lipoxin A4, IL-1ra
- Restore endothelial & epithelial barrier integrity
- Enhance alveolar & lung edema fluid clearance
- Anti-microbial properties
- Anti-apoptotic effects
- Role of microvesicles
- Role of mitochondrial transfer
- Cell contact dependent & independent effects



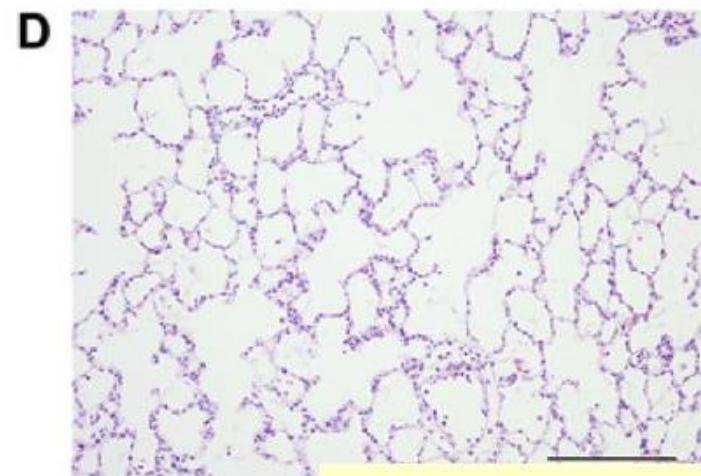
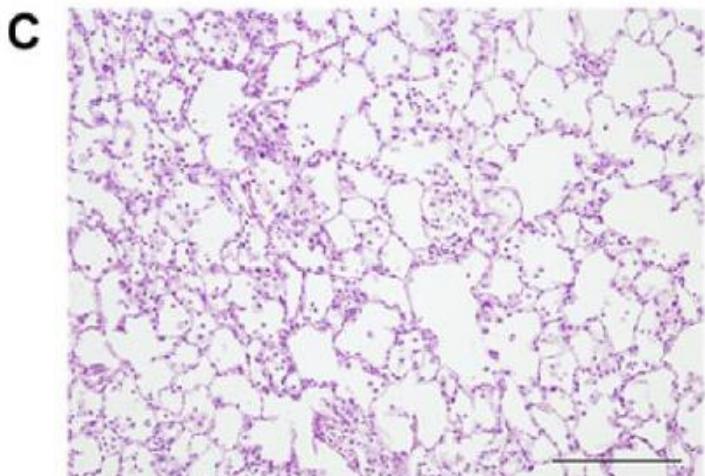
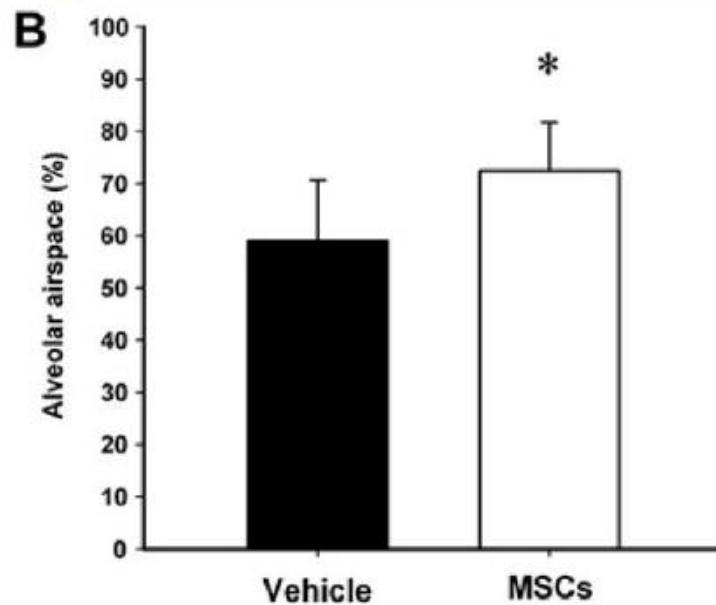
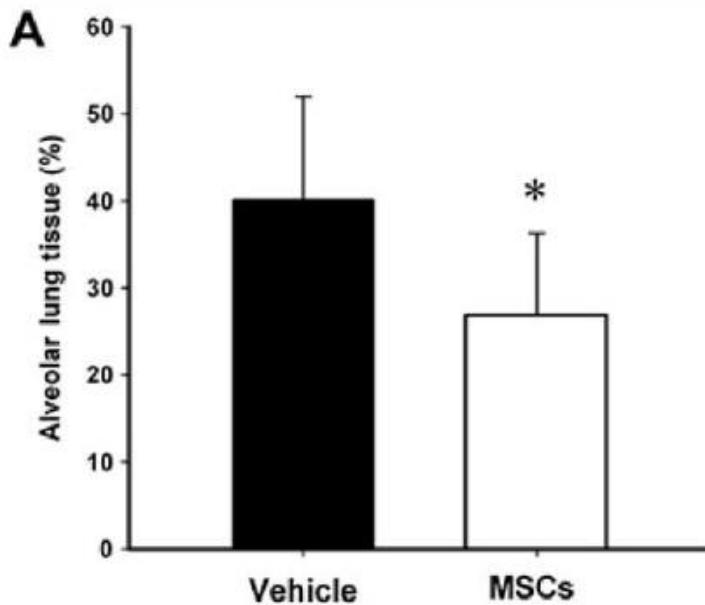
# Mechanism of action of MSCs



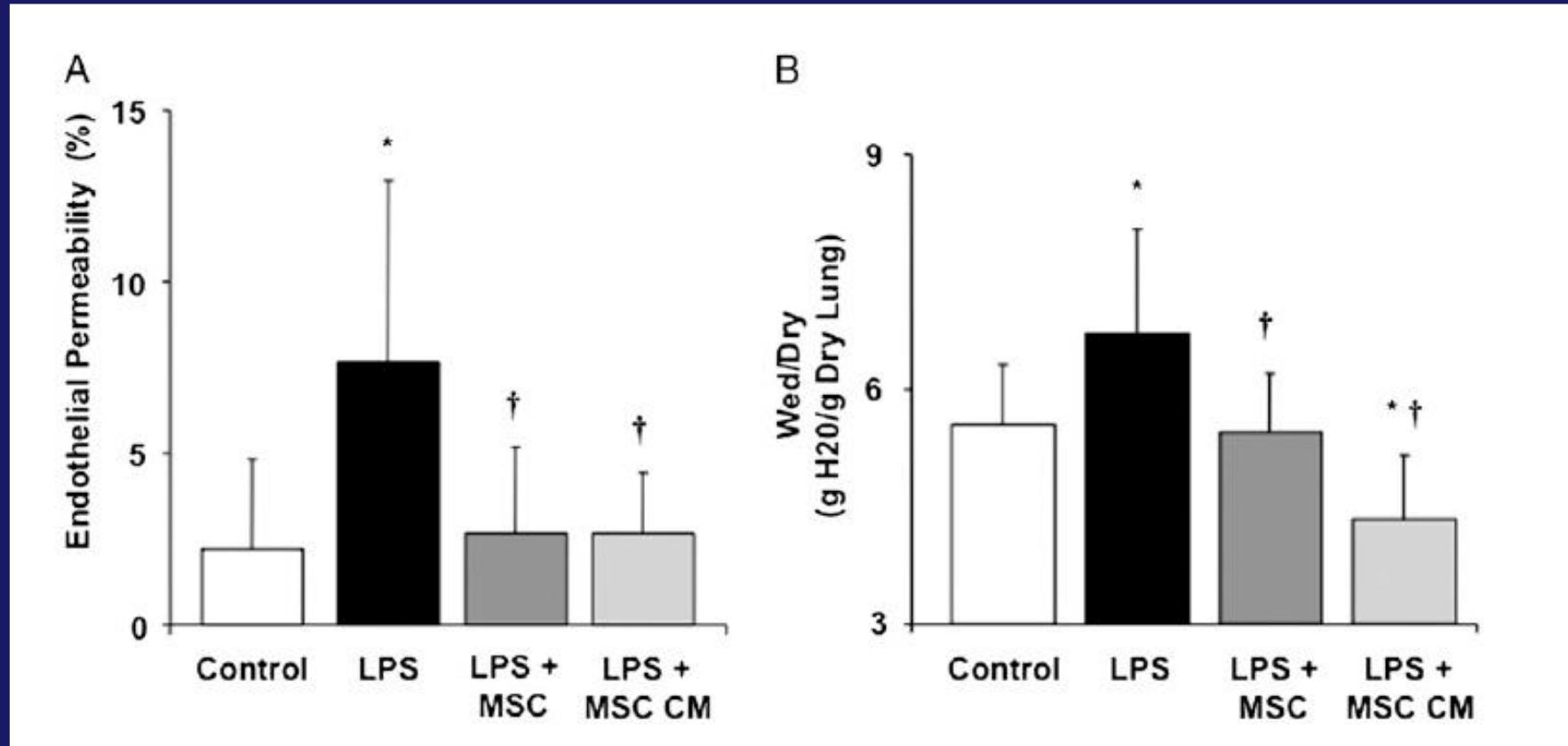
# INTRATRACHEAL MSC IN ALI



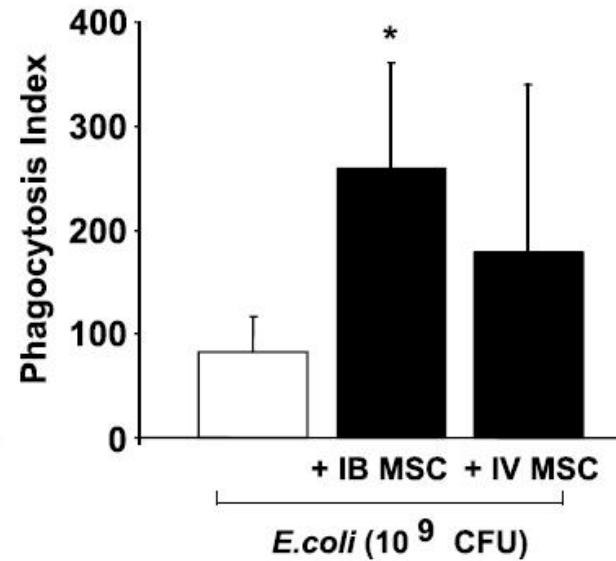
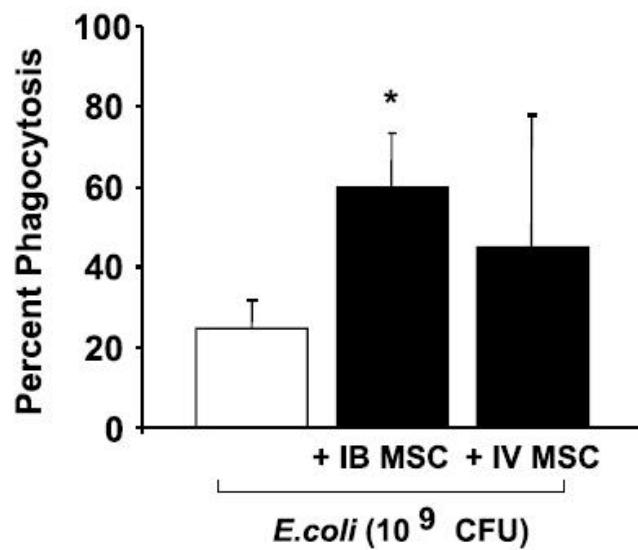
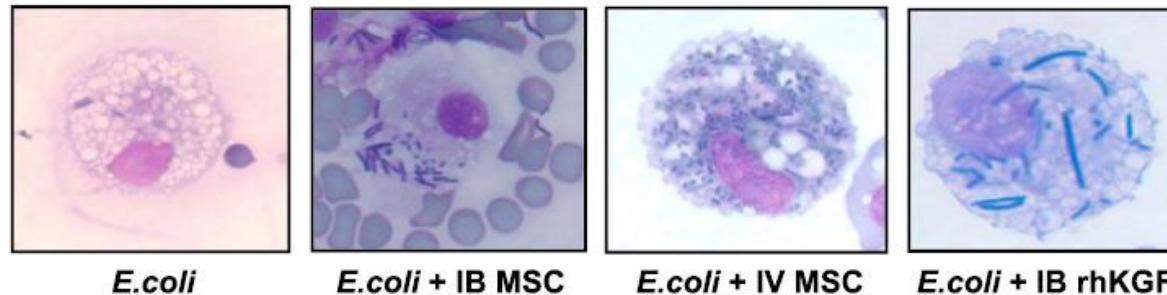
# *MSCs enhance injury resolution following VILI*



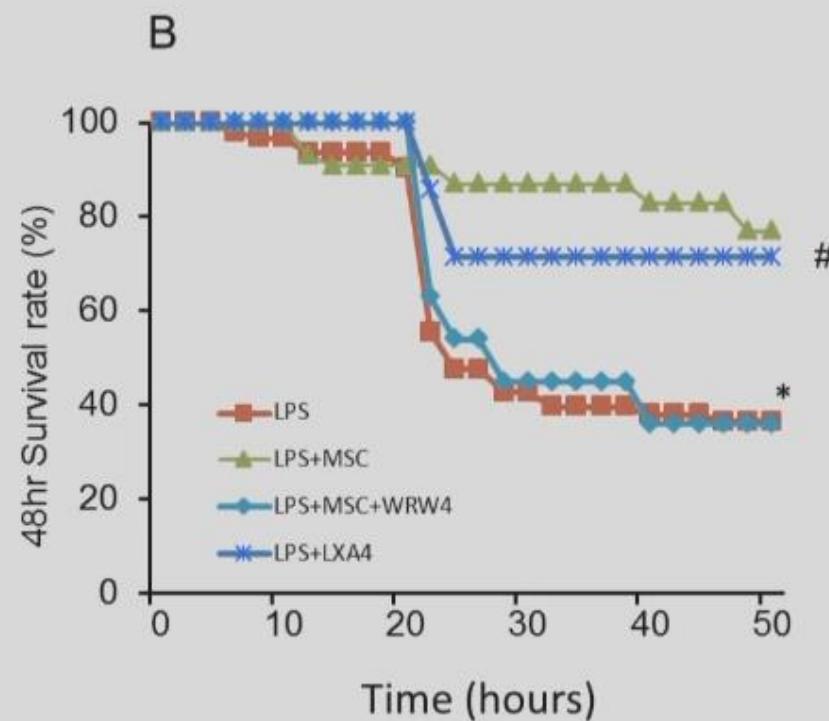
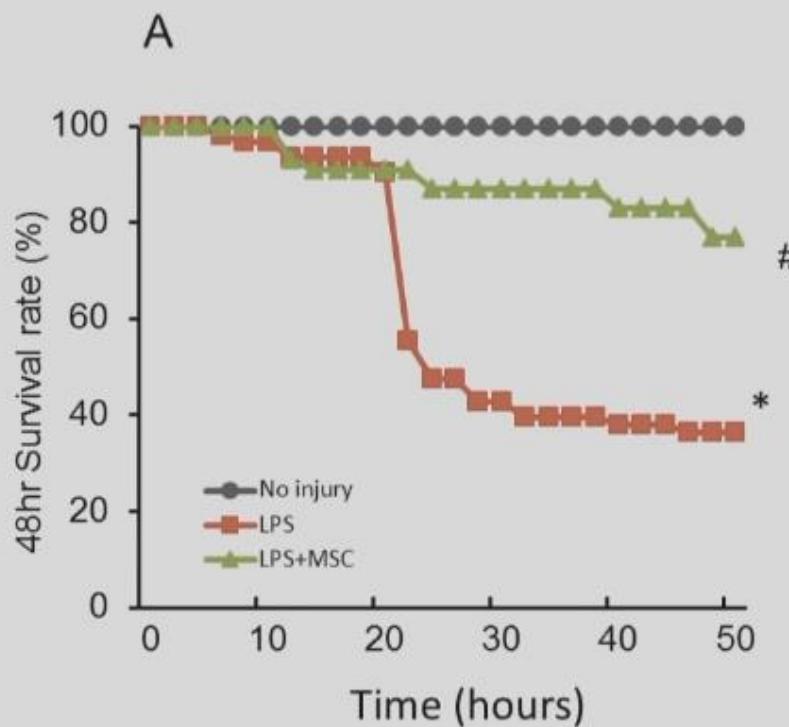
# MSC RESTORED LUNG ENDOTHELIAL PERMEABILITY IN ENDOTOXIN ALI



# MSC INCREASED MCF PHAGOCYTOSIS



# Lipoxin A4 receptor antagonist WRW4 decreases the effect of MSC on improving survival and lipoxin A4 itself enhances survival in endotoxin-injured mice

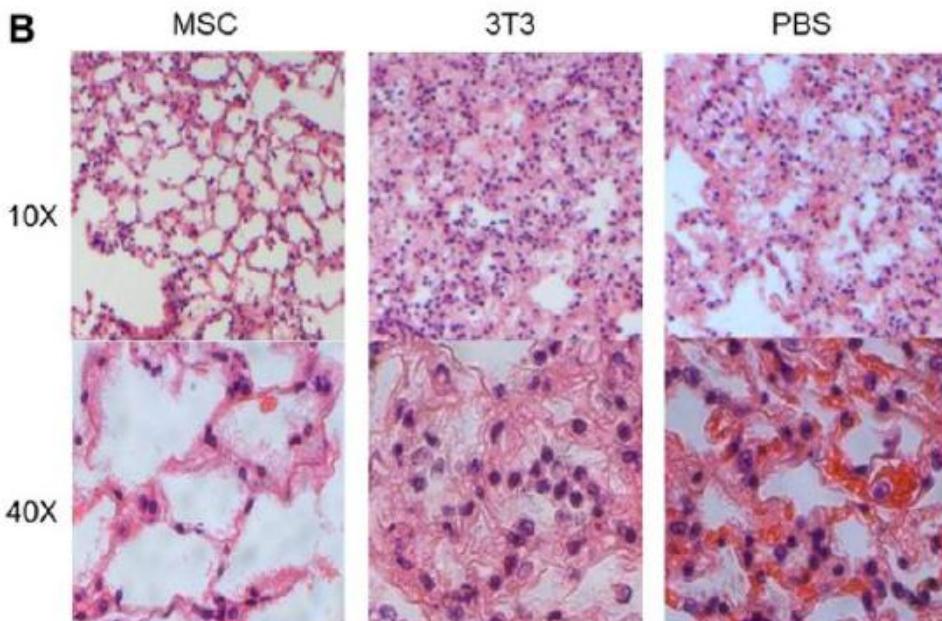
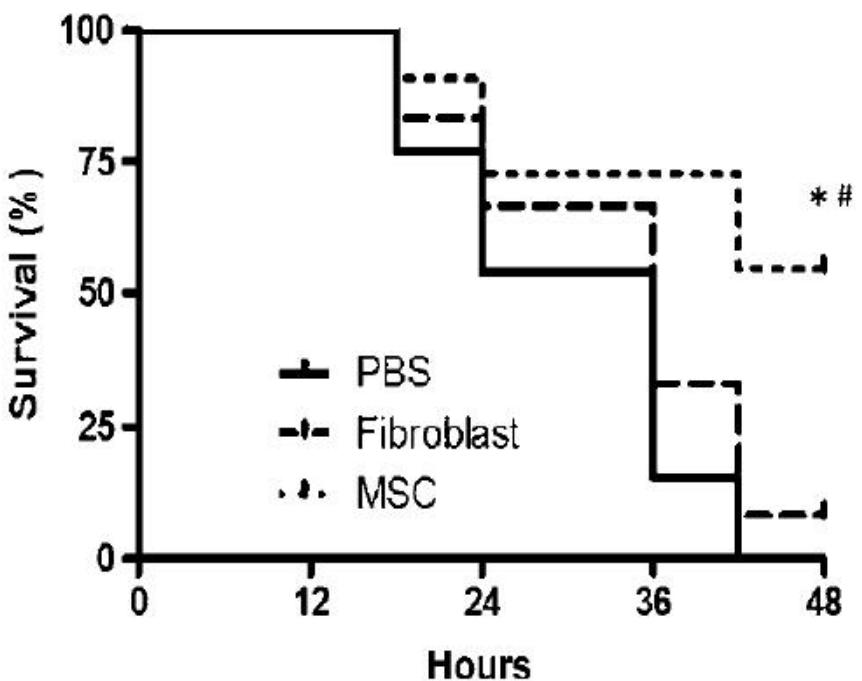


Fang et al, J Immunology, 2015

## ORIGINAL ARTICLE

# Mesenchymal stem cells enhance survival and bacterial clearance in murine *Escherichia coli* pneumonia

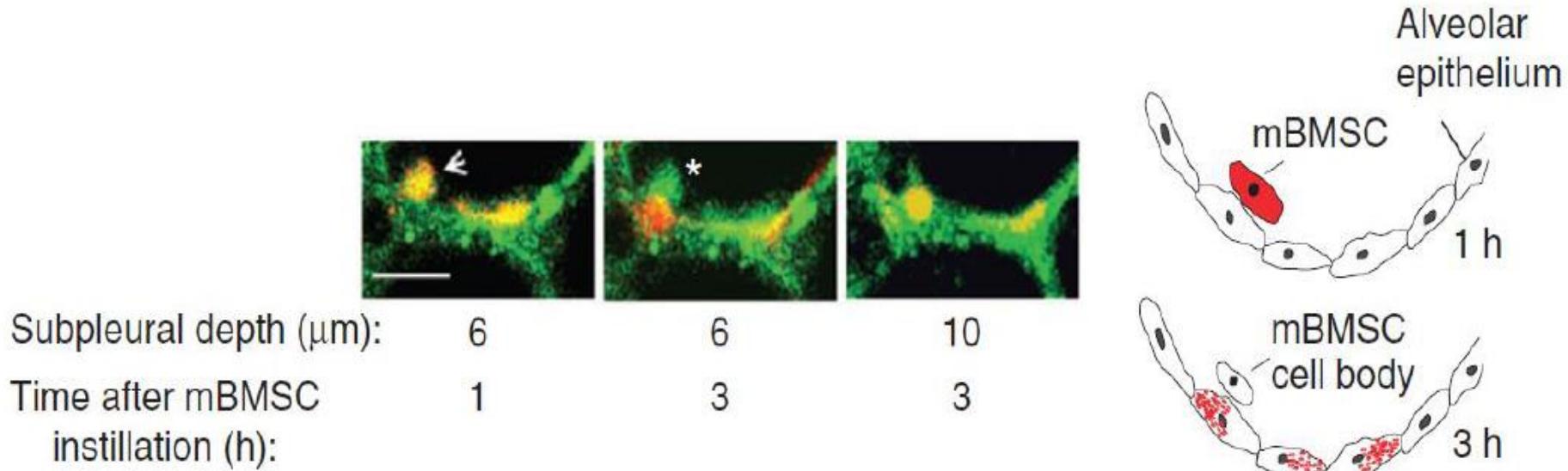
Naveen Gupta,<sup>1,\*</sup> Anna Krasnodembskaya,<sup>2,\*</sup> Maria Kapetanaki,<sup>1</sup> Majd Mouded,<sup>1</sup> Xinping Tan,<sup>1</sup> Vladimir Serikov,<sup>3</sup> Michael A Matthay<sup>2</sup>



# Mitochondrial transfer from bone-marrow-derived stromal cells to pulmonary alveoli protects against acute lung injury

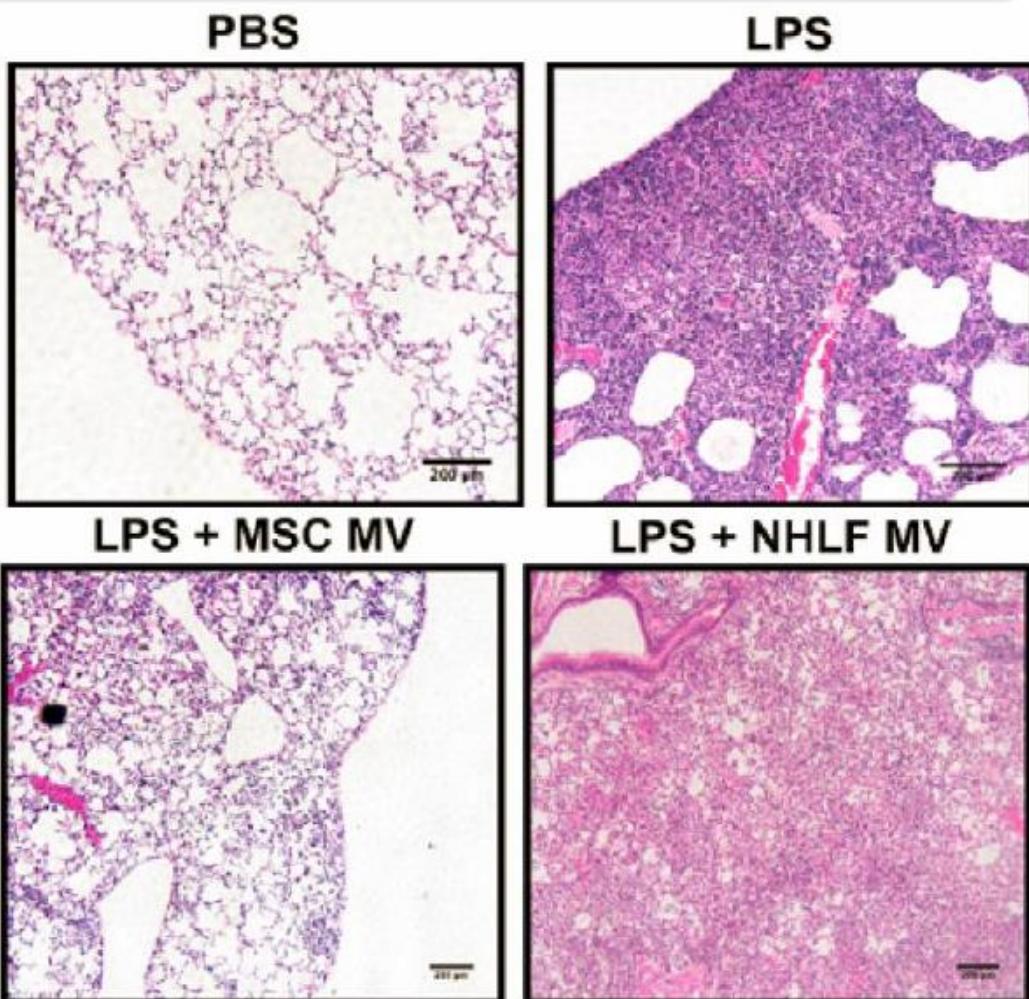
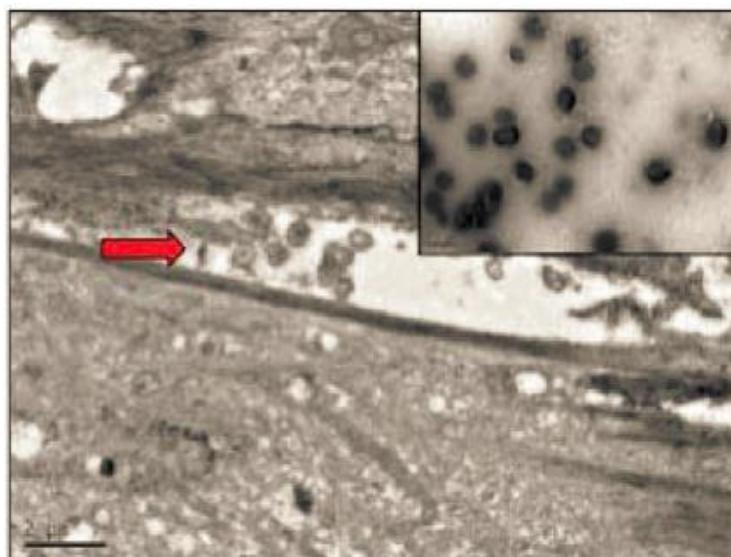
Mohammad Naimul Islam, Shonit R Das, Memet T Emin, Michelle Wei, Li Sun, Kristin Westphalen, David J Rowlands, Sadiqa K Quadri, Sunita Bhattacharya & Jahar Bhattacharya

Received 12 January 2011; accepted 11 April 2011; published online 1 June 2011.

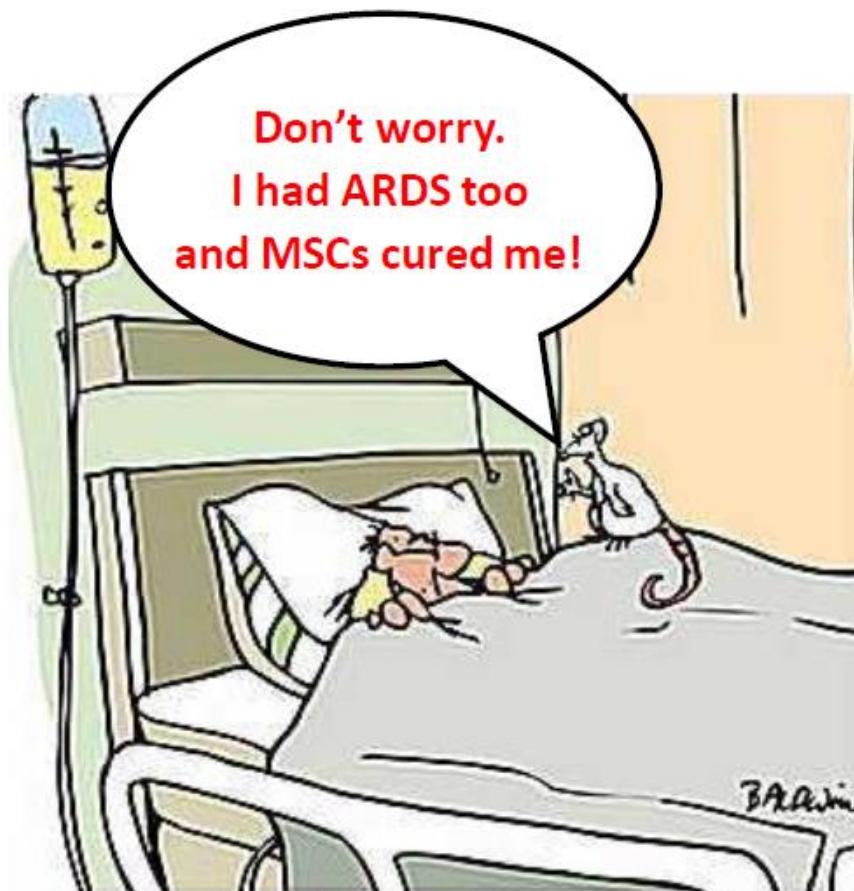


# Human Mesenchymal Stem Cell Microvesicles for Treatment of *E.coli* Endotoxin-Induced Acute Lung Injury in Mice

Ying-gang Zhu<sup>1</sup>, Xiao-mei Feng<sup>2</sup>, Jason Abbott<sup>3</sup>, Xiao-hui Fang<sup>3</sup>, Qi Hao<sup>4</sup>, Antoine Monsel<sup>4</sup>, Jie-ming Qu<sup>1</sup>, Michael A. Matthay<sup>3,4,5</sup>, Jae W. Lee<sup>3,4</sup>

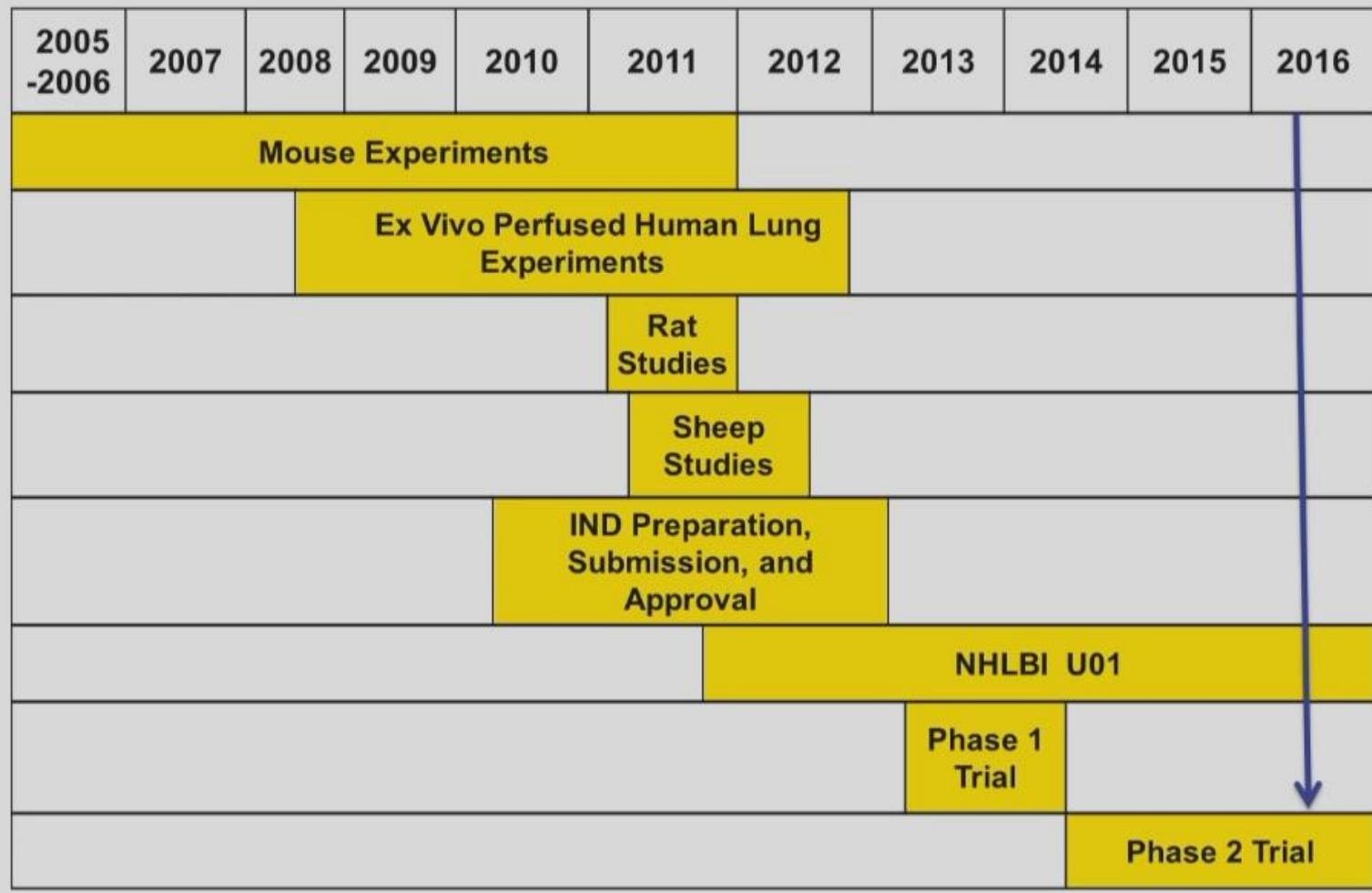


# *hMSCs for ARDS...where are we now?*



First clue that the latest medical breakthrough isn't quite there yet.

## Roadmap for Translation of Human Mesenchymal Stem (Stromal) Cells to a Clinical Trial for ARDS



# MSCs CLINICAL TRIALS

## Phase 1. January 2014 (NCT02097641)

Single iv dose:

- $1 \times 10^6$  MSCs/Kg (n=3)
- $5 \times 10^6$  MSCs/Kg (n=3)
- $10 \times 10^6$  MSCs/Kg (n=3)

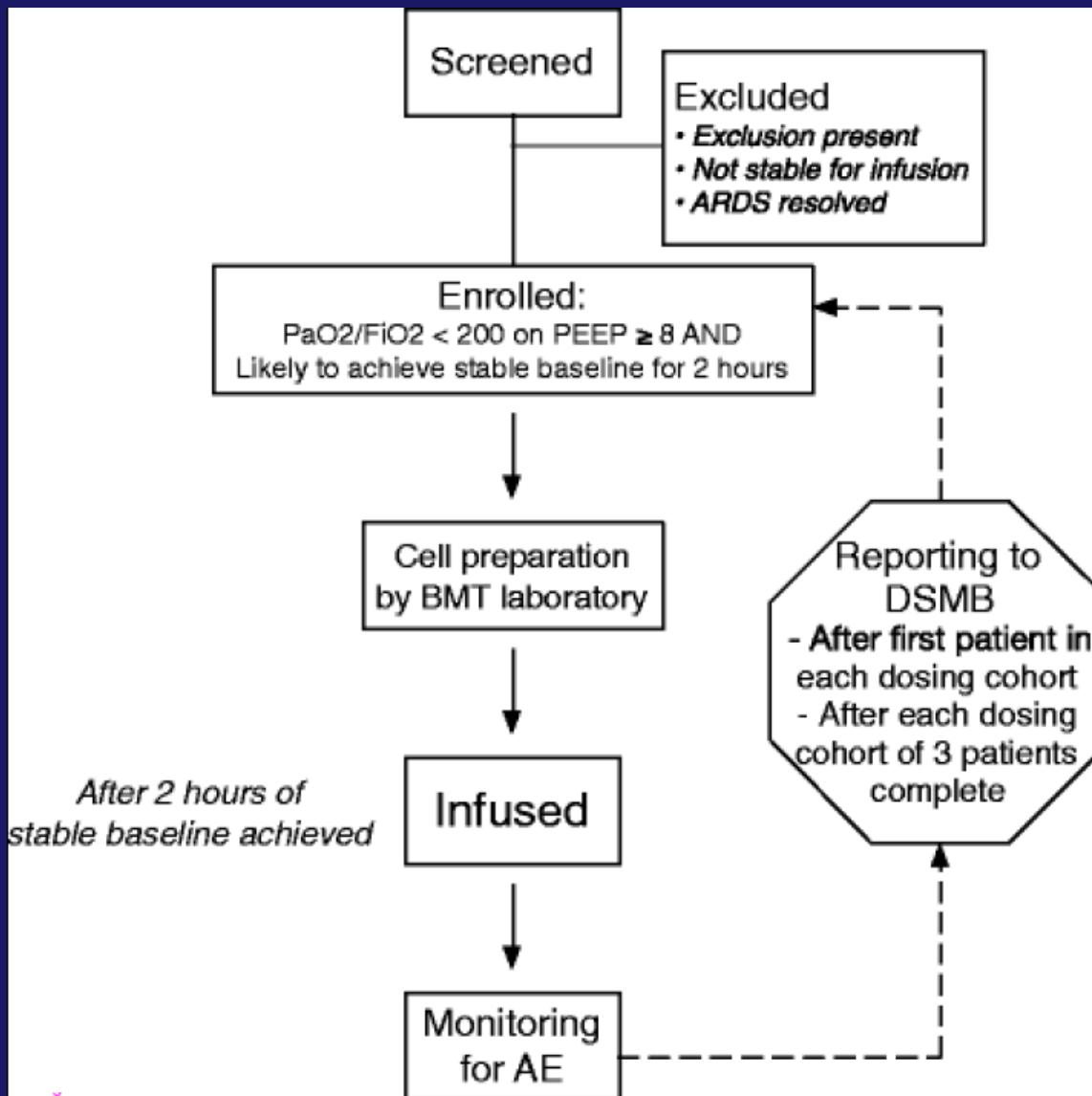
Lancet Respir Med 2015;3:24-32

## Phase 2. April 2014 (NCT01775774)

- 60 patients
- RCT (2:1): Placebo (Plasmalyte) vs MSCs 1 hour
- Stable baseline (2 hours) + Observation (4 hours)

Ann Intensive Care 2014;4:22

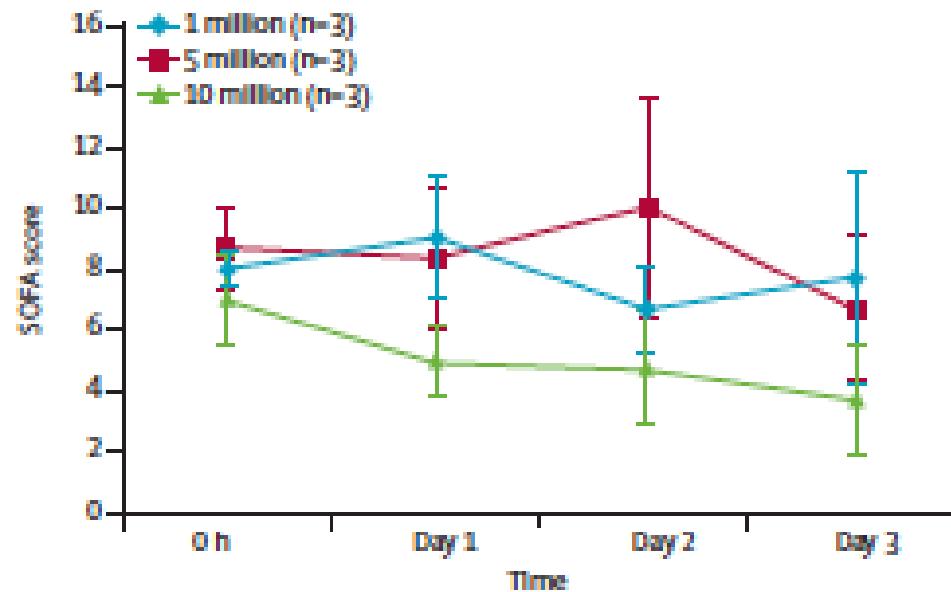
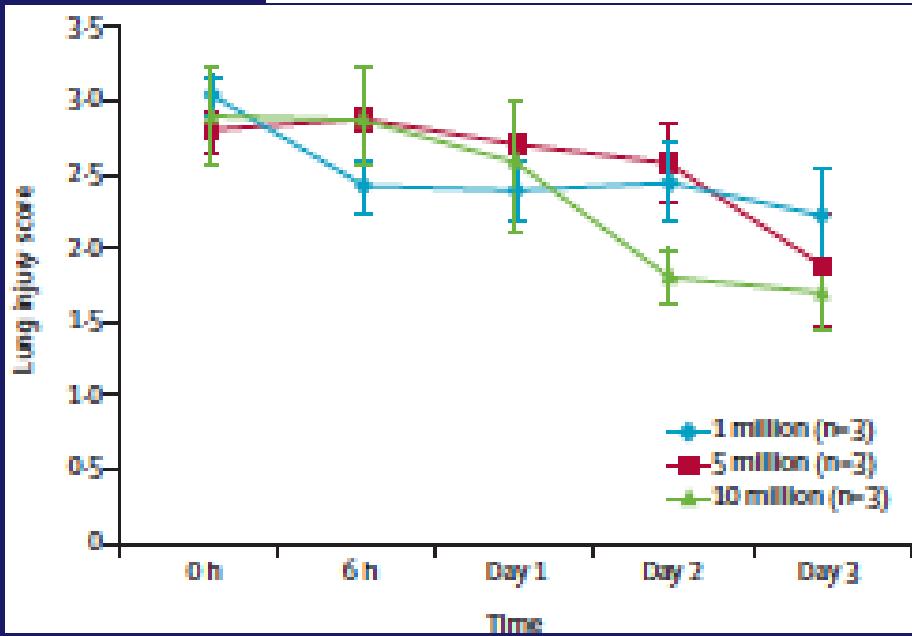
# START Study: Flow Diagram (Phase 1)



# STem cells for ARDS Treatment (START) trial

## Mesenchymal stem (stromal) cells for treatment of ARDS: a phase 1 clinical trial

Jennifer G Wilson, Kathleen D Liu, Hanjing Zhuo, Lizette Caballero, Melanie McMillan, Xiaohui Fang, Katherine Cosgrove, Rosemary Vojnik, Carolyn S Calfee, Jae-Woo Lee, Angela J Rogers, Joseph Levitt, Jeanine Wiener-Kronish, Ednan K Bajwa, Andrew Leavitt, David McKenna, B Taylor Thompson, Michael A Matthay



# What Are the Barriers to Clinical Translation for ARDS?

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- Optimization of dosage regimens
- Incomplete mechanistic knowledge
- Concerns regarding in vitro culture
- Immunogenecity of MSCs
- Safety concerns: pulmonary fibrosis, malignant transformation

# Safety

OPEN  ACCESS Freely available online



## **Safety of Cell Therapy with Mesenchymal Stromal Cells (SafeCell): A Systematic Review and Meta-Analysis of Clinical Trials**

**Manoj M. Lalu<sup>1,5</sup>, Lauralyn McIntyre<sup>2,5\*</sup>, Christina Pugliese<sup>5</sup>, Dean Fergusson<sup>5</sup>, Brent W. Winston<sup>6</sup>, John C. Marshall<sup>7</sup>, John Granton<sup>8</sup>, Duncan J. Stewart<sup>3,4</sup>, for the Canadian Critical Care Trials Group**

**1** Department of Anesthesiology, University of Ottawa, Ottawa, Canada, **2** Department of Medicine (Division of Critical Care), University of Ottawa, Ottawa, Canada, **3** Regenerative Medicine Program, The Ottawa Hospital Research Institute, Ottawa, Canada, **4** Department of Cell and Molecular Medicine, University of Ottawa, Ottawa, Canada, **5** The Ottawa Hospital Research Institute, Clinical Epidemiology Program, Ottawa, Canada, **6** Department of Critical Care Medicine, University of Calgary, Calgary, Canada, **7** Department of Surgery (Critical Care), University of Toronto, Toronto, Canada, **8** Department of Medicine (Critical Care), University of Toronto, Toronto, Canada

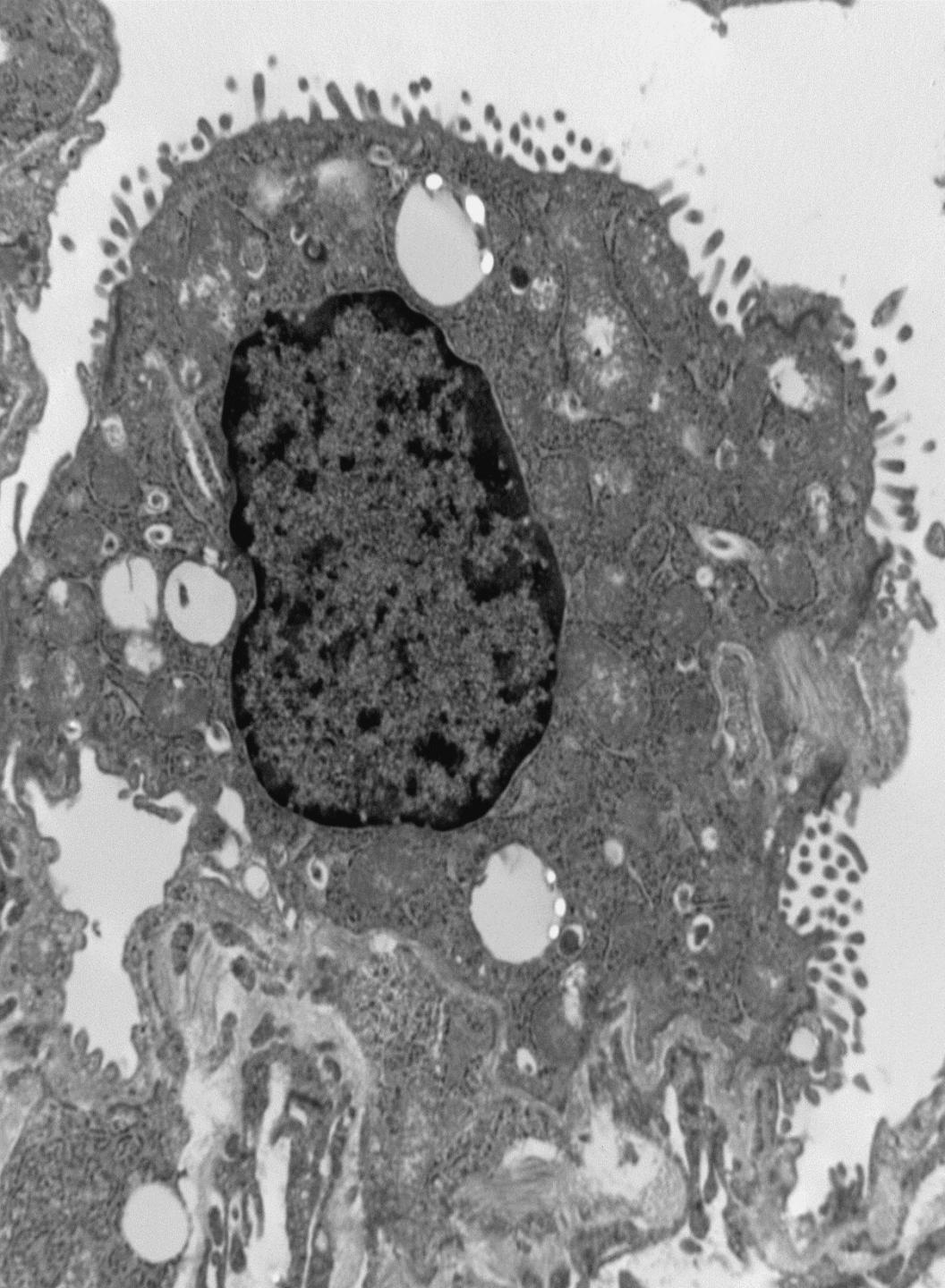
# Scalability – platform for delivery





THIS IS THE STEM  
CELL RESEARCH LAB,  
THE STEM CELL ETHICS  
COMMITTEE IS  
NEXT DOOR...

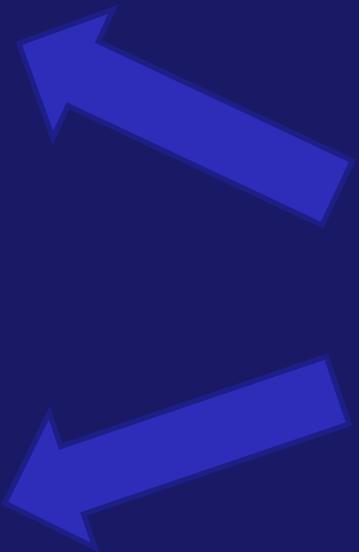
KUDECKA.

A black and white electron micrograph showing a cross-section of lung tissue. A large, dark, irregularly shaped cell, characteristic of a Type II pneumocyte, is transplanted into a pre-existing alveolar space. The surrounding tissue shows normal alveolar structures and capillaries.

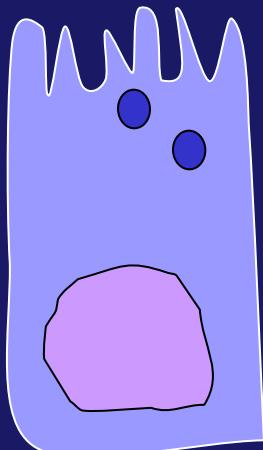
# Type II pneumocyte transplantation in ARDS

# Why Alveolar Type II cell?

Surfactant  
releasement



Antiinflammatory  
cytokines secretion

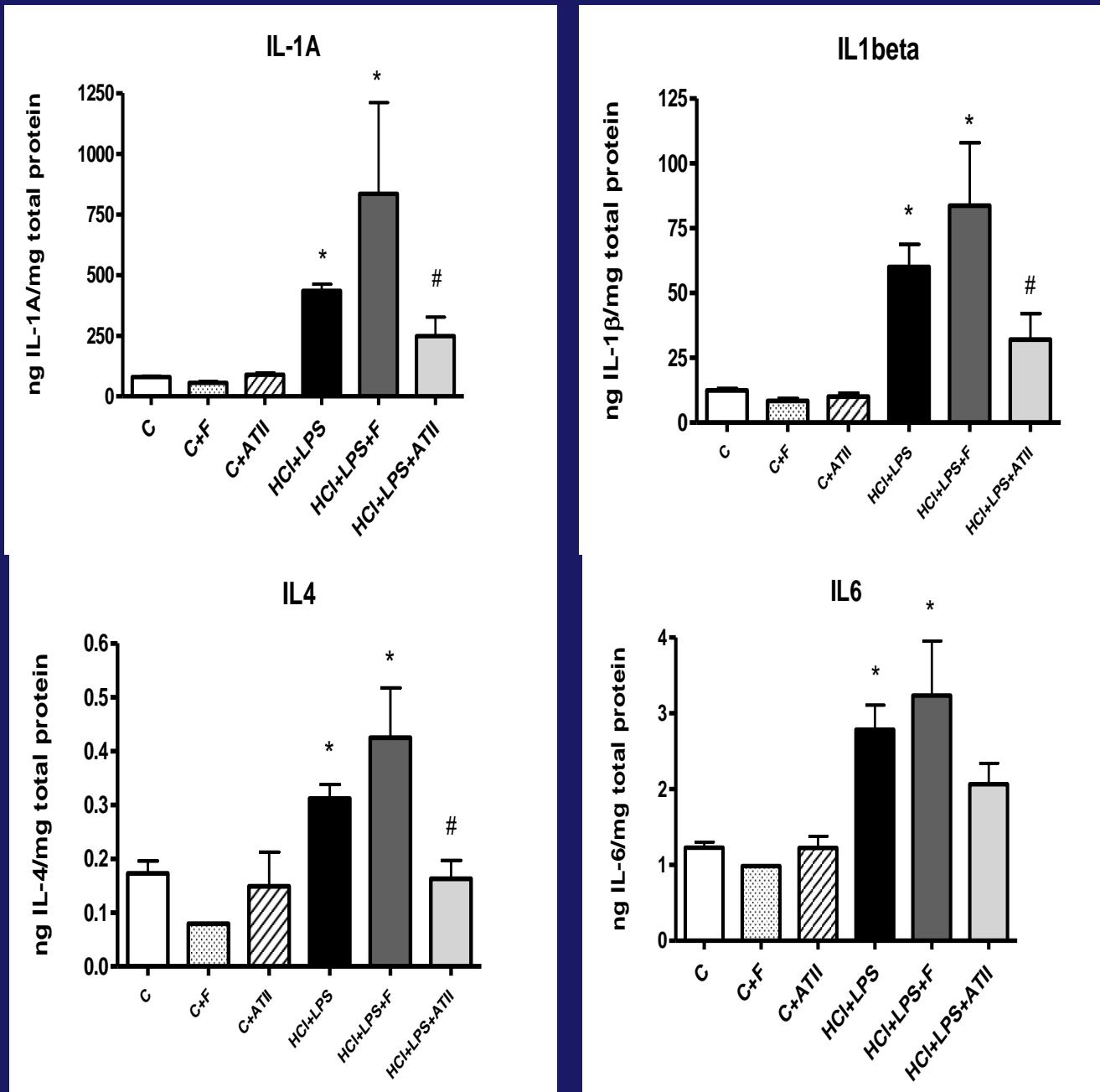


AT-II

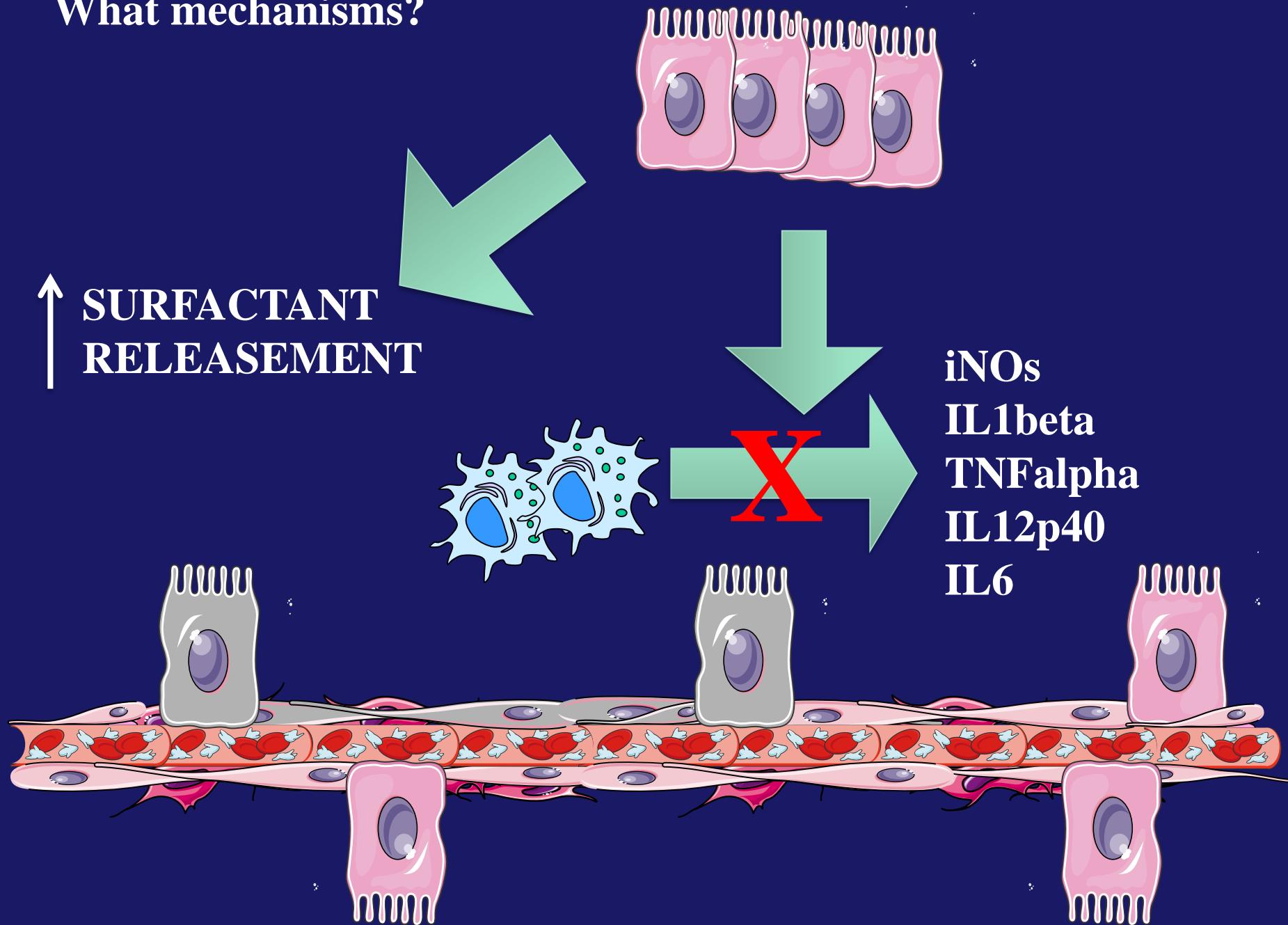
- ATII self-regeneration
- Differentiation to AT-I



AT-I



# What mechanisms?



# Advantages and disadvantages

<b>Alveolar Type II cells</b>	<b>Mesenchymal stem cells</b>
<b>More differentiated</b>	<b>Un-differentiated</b>
<b>Anti-inflammatory effect</b>	<b>Anti-inflammatory effect</b>
<b>Difficult isolation</b>	<b>Easy isolation</b>
<b>Do not migrate to other organs</b>	<b>Could migrate to other organs and be teratogenic</b>

# Conclusions and Questions

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- Preclinical studies have supported the rationale for testing MSCs-AT-II in moderate to severe ARDS
- What are the contributions of the paracrine mechanisms and mitochondrial transfer, including microvesicles?
- How do preparation regimens influence activity of MSCs?
- Will MSCs be safe & effective in moderate severe ARDS?
- Feasibility to scale up delivery needs to be confirmed



- Antonio Artigas
- Raquel Guillamat-Prats
- Ferranda Puig
- Marta Camprubí-Rimblas
- Josep Bringué
- Neus Tantinyà
- Lluís Blanch
- Laura Chimenti
- Jessica Tijero
- Neus Gómez

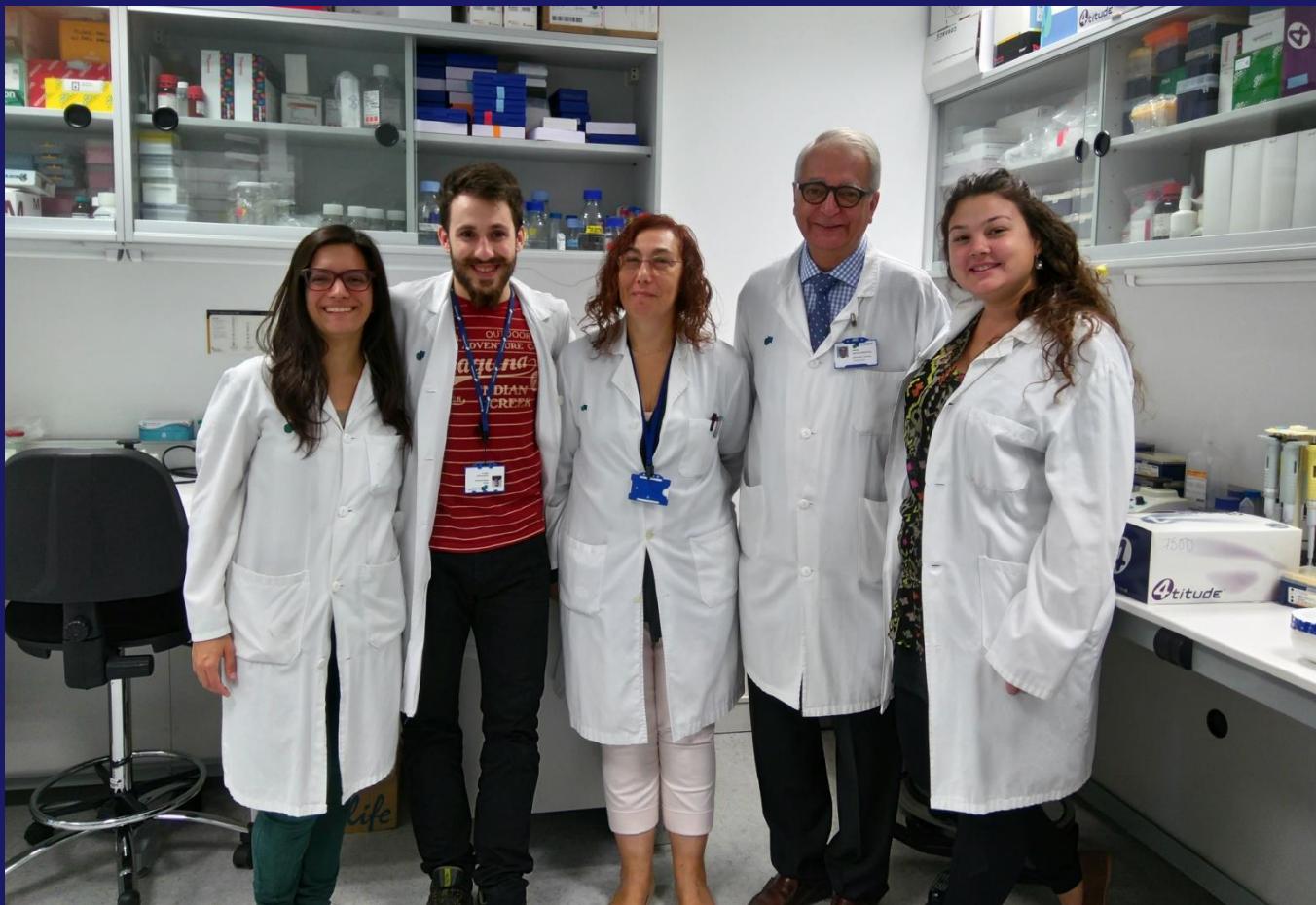
Anna Serrano-Mollar

Raquel Herrero



Michael Matthay





# Thank you

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