### Microfluidic devices





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**LECTURE 7** 

### Creating environments for in vitro cell growth What are the disadvantages of 2D vs 3D cell culture?

	Disadvantages of 2D cell culture	Disadvantages of 3D cell culture	
ligh € side	Cells forced into planar shape, does not mimic native structures	Slower culture formation due to physical restraints of the matrix (hours to days)	ess vo
1.	No cellular microenvironment	More complex procedures	
l cces n	Lacking complex cell-cell and cell-environment interactions	Higher reagent cost	nedium ts ivo
	Unrestricted access to essential compounds, unlike <i>in vivo</i>	Fewer commercially available tests	
	Different cell morphology and molecular mechanisms compared to in vivo		
	Stiffness of surrounding tissue not replicated		



	Differences	Spheroid	Organoid
	Cell types	Multiple cell types including cell lines, tumor cells, primary cells and mixtures of cells	At least one endothelial and one mesenchymal cell type, including stem cells, induced pluripotent cells and tumor cells
	Architecture	Resemblance to single tissue or 3D cellular architecture	Resemblance to multiple tissues or an organ
	Form	Layers of heterogenous proliferating, necrotic or quiescent cells	Complex structures of differentiating cells
	Assembly	Self-assembly with cell adhesion and cell-to-cell aggregation	Self-assembly of differentiating cells in response to physical and chemical cues
	Organization	Self-organization in certain models	Self-organization into complex structures and patterning
	Supplements	With or without extracellular matrix and growth factors, does not require expensive scaffolds	Requires growth factors, extracellular matrix with or without expensive scaffolds; organoids without scaffolds require additional accessories
	Time and complexity	Lower complexity, less time to generate, less expensive than organoids	Higher complexity, longer to generate, more expensive than spheroids











# What is an Organ-on-achip (OoC)?

• SYNONIMS: Also known as `tissue chips' or microphysiological systems

• **DEFINITION:** microdevices engineered to contain cells and tissues and to model or mimic organ structures, functions and reactions to biological conditions, stressors or compounds

# **OoC: Where needs come from?**

Animal models have contributed to:

- understanding of the physiology and disease
- development of new medicines

Frequent discordance between animal and human studies have been recorded

MUST HAVE! modelling and testing platforms more predictive of human responses

Indeed, <u>drug candidates may be terminated</u> for lack of efficacy in animals, or discovery of hazards or toxicity in animals that might not be relevant to humans

Let's give some numbers...

more than 80% of investigational drugs fail in clinical testing: 60% of those failures due to lack of efficacy 30% due to toxicity



- Platform design
- Platform fabrication

### Conceptual OoC design

• OoCs range from devices the size of a USB thumb drive to larger systems that reflect multiple linked organs within the footprint of a standard 96-well laboratory plate.

#### **FEATURES:**

- the 3D nature and arrangements of the tissues on the platforms
- the presence and integration of multiple cell types to reflect a more physiological balance of cells (parenchimal, stromal, vascular and immune cells)

• the presence of biomechanical forces relevant to the tissue being modelled





# OoC: Geometry and Dimensions

Classified based on numbers and organization of channels/compartments

Double channel design is mostly used where one compartment was used to mimic the blood vessels and the other compartment(s) for the actual tissue cells

Porous membranes are usually polymeric



### Example: OoC architecture



# **OoC:** Channels and ports

• The shapes and diameters of channels vary extensively: circular and rectangular types From 10mm to 20um

 Ports for inflow and outflow design must keep sterility circular and rectangular types
From 10mm to 20um

• Bubble traps must be incorporated

**Ex.** A lung-on-a-chip with vacuum channels running alongside a porous membrane onto which lung alveolar cells were seeded on one side and lung endothelial cells were seeded on the other. Rhythmic application of the vacuum caused stretching and relaxation of the cell-lined membrane and mimicked the biomechanical forces associated with breathing. Adapeted also for gut, heart, blood-brain barrier and kidney glomerulus.

# **OoC: Clogging mechanisms**

Clogging is defined as the interruption of flow due to the aggregation of particles



#### **SIEVING**: Particles are larger than dimention of channels

**BRIDGING**: Particles are smaller than the channel and form an arch-shape along the width of the channel due to the steric effects

**AGGREGATION:** The aggregated layer grows as a result of competition between hydrodynamic, diffusive, and colloidal effects

# **OoC: Fabrication Materials**

Polydimethylsiloxane: a silicon-based elastomer

soda lime, Quartz, Borosilicate They are a mixture of silicon dioxide (SiO2), the base material of glass, with other oxides, such as CaO and MgO

polymethyl methacrylate (PMMA) or copolymers (COC) Thermoplastic



**OTHER MATERIALS:** Hydrogels, silicon, metals (titanium, gold)

Tajeddin et al., 2021

![](_page_14_Picture_0.jpeg)

PDMS is the most common material used for the fabrication of microfluidic devices, and OOCs in particular. It is a silicon-based elastomer and has extremely advantageous properties, namely economic feasibility, transparency, flexibility, oxygen permeability, and biocompatibility. It also shows good compliance with various microfabrication techniques, such as soft lithography or molding.

On the other hand, there are some properties that limit the use of PDMS and motivate the search for alternatives. The absorption of hydrophobic molecules is a drawback that negatively affects the results of toxicity, efficacy, and also PK/PD (pharmacokinetics/pharmacodynamics) predictions. It is also fluorescent to some degree and unsuitable for working with organic solvents.

There are increasing attempts to improve the properties of PDMS-made chips by surface modifications using plasma treatment, UV treatment, and coating. There are various coatings that can reduce the surface energy of PDMS; those include some metals/metal oxides.

![](_page_15_Picture_0.jpeg)

One of the oldest materials in the development of microfluidic devices is glass. In general, there are three types of glass used in this field: (i) soda lime, (ii) quartz, and (iii) borosilicate. They are a mixture of silicon dioxide (SiO2), the base material of glass, with other oxides, such as CaO and MgO.

Many advantages have been reported on the use of glass in microfabrication, and OOCs in particular, such as transparency, resistance to mechanical stress, hydrophilicity, and biocompatibility. In addition, glass has been reported to have lower drug absorptivity compared to PDMS.

On the other hand, one major problem that can lead to channel plugging is the low gas permeability of glass. Therefore, special care must be taken in the design and fabrication, e.g., by the use of bubble traps/removers. Glass has high cost of fabrication and is time-consuming.

However, there are certain topics for which the use of glass microfluidics is highly recommended, such as the prediction of PK and PD for drug testing and can be advantageous in anaerobic studies.

#### Thermoplastic

![](_page_16_Picture_1.jpeg)

Ø Biocompatibility
Ø Easy Fabrication,
Ø Low cost
Ø Poor gas permeability
Ø Slightly Flurescence
Ø Inflexible

Recently, thermoplastics have been increasingly proposed for the fabrication of microfluidic devices due to the limitations of PDMS and glass-based chips

There are interesting properties that make thermoplastic polymers attractive for OOCs, including low cost, low density, biocompatibility, and easy fabrication. As they have linear and branched molecules, they are more resistant to pressure and temperature fluctuations, which also makes them chemically stable and suitable for biomedical/biochemical studies. The most used are polymethylmethacrylate (PMMA) or copolymers (COC).

On the other hand, there are some limitations in the use of thermoplastic polymers: (i) not all manufactured polymers are transparent, which makes microscopic observation or imaging impossible; (ii) some have strong autofluorescence properties and are not suitable for detection purposes; (iii) they have poor gas permeability, which has a negative impact on long-term cell culture (such as OOCs).

### **OoC: Fabrication Methods**

### **BOTTOM-UP**

the microstructures need to be considered and the cells are seeded into a microenvironment (usually hydrogels) to develop their vascular networks

### TOP-DOWN

the microstructure (microvessels) is created and then the cells are seeded.

### BOTH

Sometimes a hybrid approach is taken that includes both the bottom-up and the top-down approaches

#### Elastomers

### Soft-lithography

- Combination of photolithography and molding

- Suitable for elastomeric materials

#### Polymers

### Injection Molding

- Requires master mold fabrication

- Low-cost high precision microfabrication suitable for batch production

Creative Methods

- Easy implementation methods

without high cost facilities

- Suitable for preliminary

experiments

#### **3D** Printing 3DP

- Supports both additive and subtractive manufacturring

- Used for master preparation

Hot Embossing

- Requires master mold fabrication

- Suitable for polymeric materials

### Elastomers

![](_page_18_Figure_15.jpeg)

#### Thermoplastic materials

![](_page_19_Figure_0.jpeg)

![](_page_20_Figure_0.jpeg)

### Understanding tissue composition and scaffold or ECM influence cellular fuctions and architecture

### Cell source

PRIMARY CELLS: The clear advantage of using cells from human donors is that the cells capture the phenotype of the mature adult state

iPS CELLS: solution to cell sourcing difficulties for tissue chips. Allow for ceration of isogenic cell lines for genetic disorders

### Cell scaffolds

It is important to reconstitute a physiological environment, conductive to cell growth. The choice of the decellular scaffolds or hydrogels (naturale or synthetic) shuold be tested as function of the tissue type

# **OoC** applications

MODELLING DISEASES

Modelling organs and tissues from individual donors (healthy and diseased)

TOXICITY Assessing response to therapeutics with known or unknown mechanisms of action MODELLING CELL RESPONSE TO STIMULI Investigating the responses of these tissues to environmental perturbations

# **OoC: Toxicity assessment**

Current methods:

### 1. High-throughput cell culture assays

Limitation:

the method cannot replicate a complex systemic response to a compound

### 2. Animal models which can model complex responses

Limitation:

- the method may not provide an accurate prediction of effects in humans as anatomic and physiological aspects may hugely differ among different animals. Only for prediction studies about absorbtion, distribution, metabolism and excretion (ADME) of chemical substances
- The method is not applicable to predict toxicity of large molecules (mw 900Da) characterizing new interesting active biological compounds

Difficulty Translating findings from animals to humans can be seen in high-profile pahse I clinical trials

The use of OoC might allow to overcame some of the above limitations

# Example of toxicity assessment with OoC

For the heart, which is another important target organ of toxicity, a number of heart-on-achip systems have been developed that model the complex matrices of cardiomyocytes, (cardiac) fibroblasts, endothelial cells and vasculature that interact in vivo in a highly ordered manner, which can be easily perturbed by drugs, drug-drug interactions or offtarget side effects.

Heart-on-a-chip, specifically, cardiac valves, have been bioengineered to assess the offtarget cardiac side effects of drugs that influence dopamine/ serotonin production/reuptake (pergolide). Pergolide is used in clinical treatment for psychiatric disorders such as Parkinson disease

https://www.youtube.com/watch?v=CpkXmtJOH84&ab\_channel=TED

# OoC: Disease modelling in vitro

### With iPS

Advantages: High plasticity and differentiation potential rendering broad disease modelling application Limitations: The difficulty to produce and adeguate number of mature, differentiated cells with the necessary purity of many tissues.

### With tumor cells

Advantages: accurate modelling Limitation: low plasticity. Need of the specific cellular model for the targeted tumor

![](_page_25_Picture_5.jpeg)

### PATIENT-ON-A-CHIP or YOU-ON-A-CHIP

TARGETED Disesease modeling (and also therapy) with chip devices bearing patientderived primary or iPS cell derivates

![](_page_26_Picture_0.jpeg)

mOoC: Systems linking multi-organ systems

![](_page_27_Figure_0.jpeg)

Low et al., 2020

# Example: a generic 2-organ system

![](_page_28_Figure_1.jpeg)

# mOoC: Aspects to be considered

- biological scaling
- maintenance of sterility when building or connecting tissue modules
- use of a common medium
- incorporation of bubble traps
- control of varying flow rates

# Current models of mOoC

![](_page_30_Picture_1.jpeg)

### Edington et al., 2018

10-organ 'physiome on a chip' modeling the distribution of in vitro pharmacokinetics and endogenously produced molecules.

#### Novak et al., 2020

A robotic system maintained the viability and organspecific functions of eight vascularized, two-channel organ chips (intestine, liver, kidney, heart, lung, skin, blood-brain barrier and brain) for 3 weeks in culture

# The Ongoing Challenge for mOoC

![](_page_31_Picture_1.jpeg)

### However...

A number of organs and tissues are necessarily missing from even the most complex series of linked OoCs, necessitating the need to account for missing organs

> How can a linked platform model important diurnal or endocrine fluctuations (which affect cell and drug metabolism) if tissues producing or responding to those cues are absent?

A creation of complex engineered 'microformulators' to formulate, deliver and remove culture medium at defined time intervals, simulating the function of missing organs

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