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WHAT ARE

Mesenchymal Stem Cells (MSCs) ?

Intended for informational purposes only.

Mesenchymal Stem Cells (MSCs)

Stem Cell

Stem cells are primal cells found in all multicellar organisms and are defined by two characteristics:

- They are unspecialized cells that renew for a lifetime by cell division to maintain. the stem cell pool
- They can differentiate into cells with special functions under particular physiologic or experimental conditions

Mesenchymal Stem Cells (MSCs)

Mesenchymal Stem Cells (MSCs), which originate in the embryo from the mesodermal layer, can be found during all phrases of the development of mammalians.

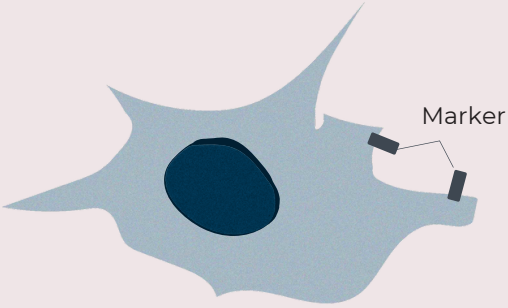
International Society ISCT Cell & Gene Therapy®

ISCT Guidelines to Define MSC

The international Society for Cellular Therapy (iSCT) has defined 3 minimum criteria for ensuring the integrity and unambiguous identification of human MSCs in order to provide a common set of comparable standard criteria for MSC research.

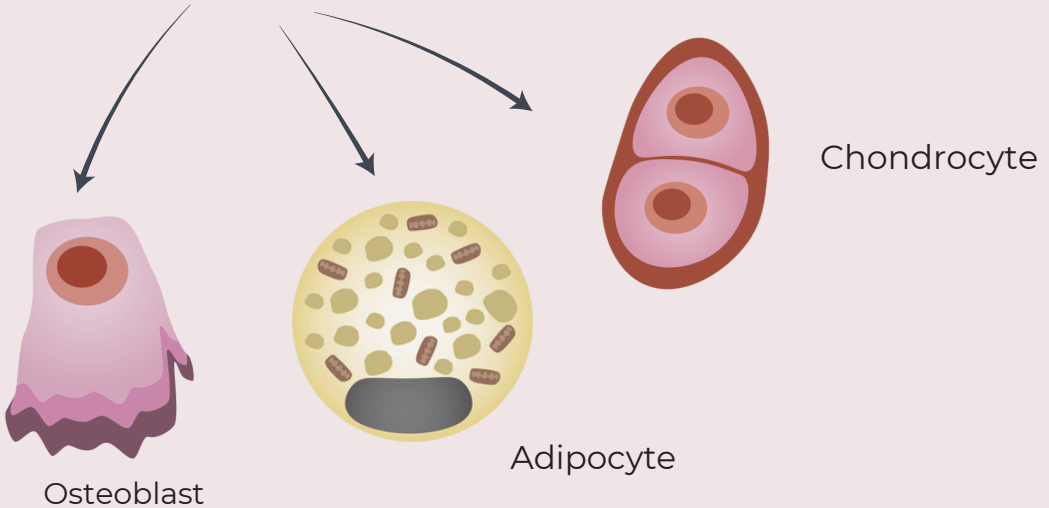
01 Adherence to plastic

MSCs are adherence to plastic in standard culture conditions



02 Marker Expression

Positive	Negative	
CD105	CD45	CD79a/CD19
CD73	CD34	HLA DR
CD90	CD14/CD11b	



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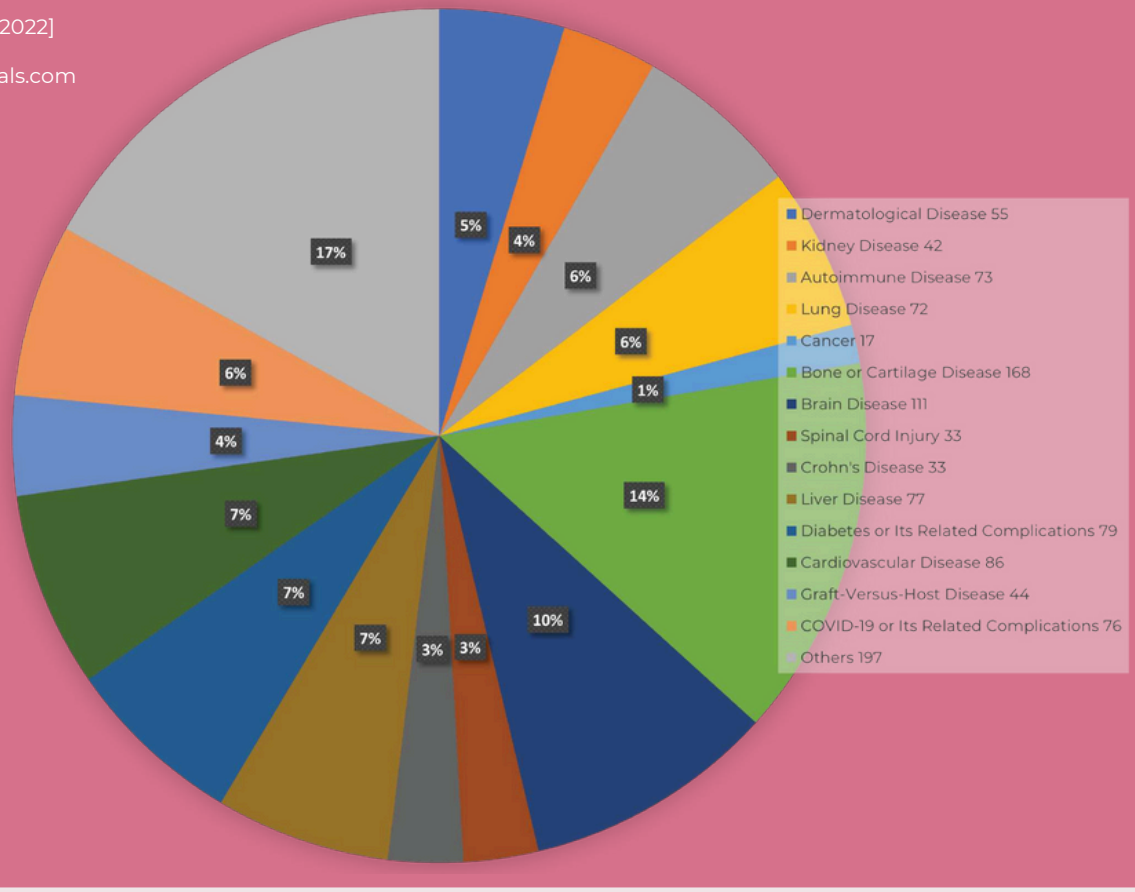
03 Multipotent Differentiation Potential

MSCs are able to differentiate into cells of mesodermal lineages, including osteoblast, adipocyte and chondrocyte.

Clinical trials of MSCs are Classified by Disease Types

[Till 31st March 2022]
Data from:
www.clinicaltrials.com



Biology of MSCs

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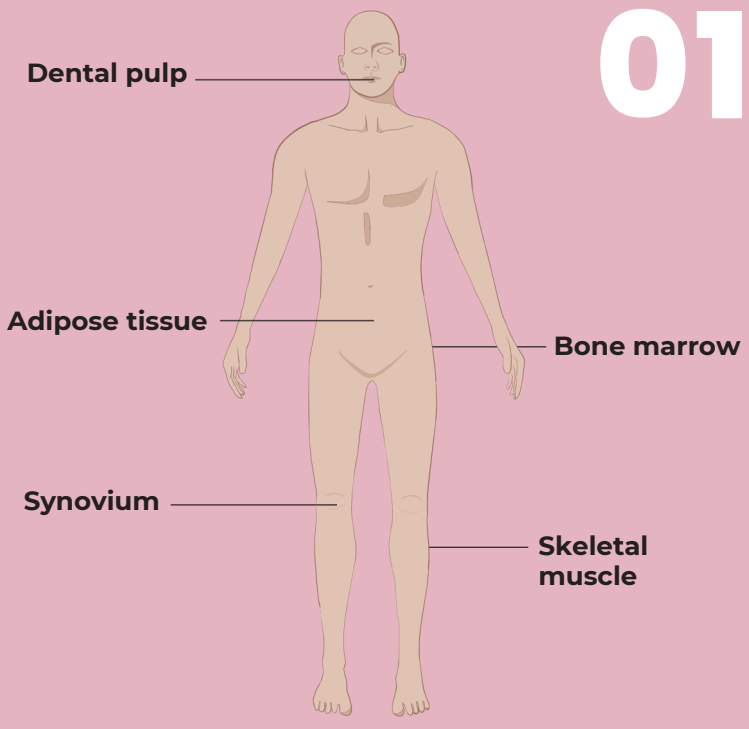
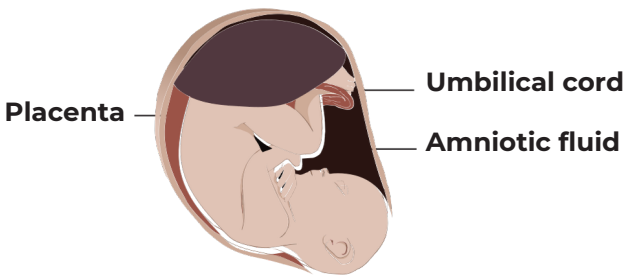
01



Cell Source

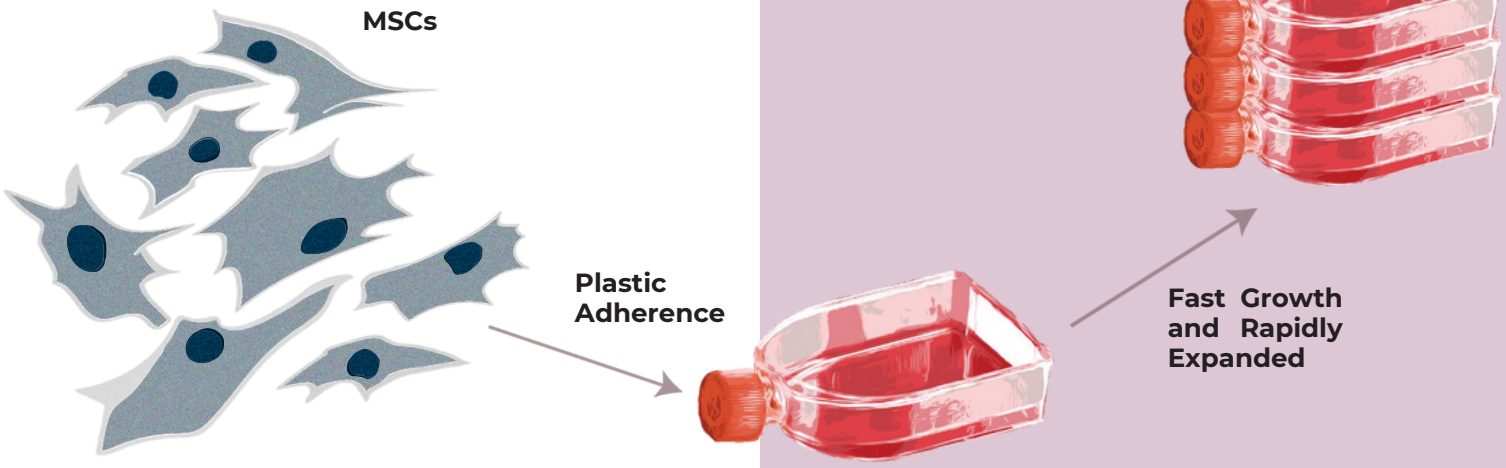
MSCs that isolate from **bone marrow (BM)** were the most common source used for the past clinical studies but the quality of BM-MSC's in the human adult is very low (about 0.001 - 0.1%).

Subsequently studied have found that similar populations can be isolated from other adult and perinatal tissues. The cells derived from these diverse sources demonstrate very **similar characteristics** including cell marker expression, differentiation potential, and immunological properties.



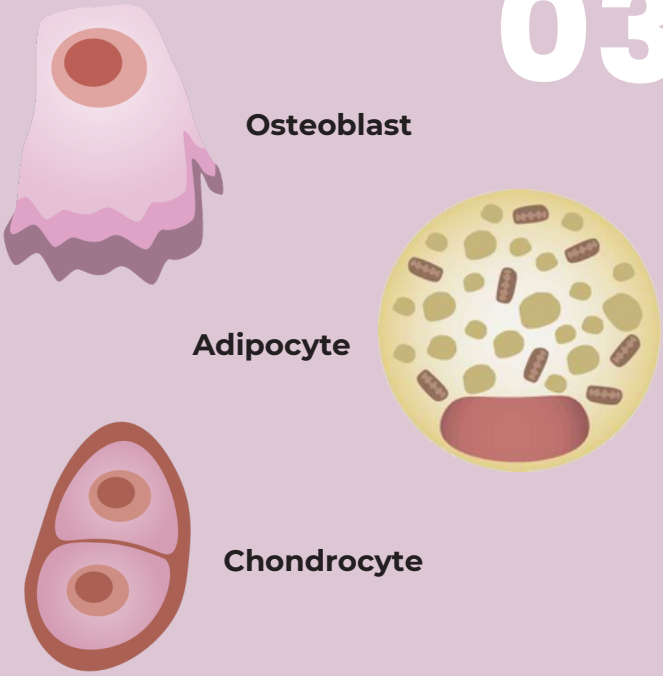
Rapid Culture Expansion

Human MSCs can **expand rapidly** in culture, capitalizing on their tendency to adhere and proliferate on tissue culture surfaces.



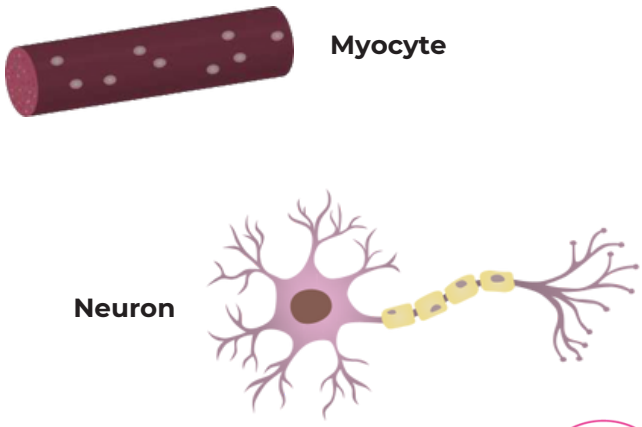
02

03



Multilineage Differentiation

MSCs are capable of extensive self -renewal in an undifferentiated towards various cell lineages (ectoderm, mesoderm, endoderm), Wnt-induced signals play an important role in regulating MSC differentiation.



Paracrine Effects

MSCs actively **secrete cytokines and growth factors** that act either on themselves (autocrine function) or neighboring cells (paracrine function) to mudulate the immune system, inflammatory responses, as well as apoptosis, fibriosis and angiogenesis.

- Immunomodulation
- Anti-inflammation

04

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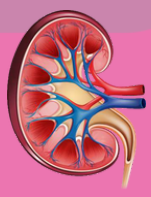
- Anti-Apoptosis
- Anti-Fibrosis
- Angiogenesis

05 Clinical Applications

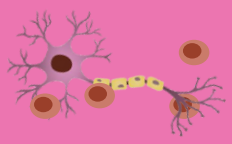
Chronic obstructive pulmonary disease (COPD)

Cardiovascular disease

Diabetes



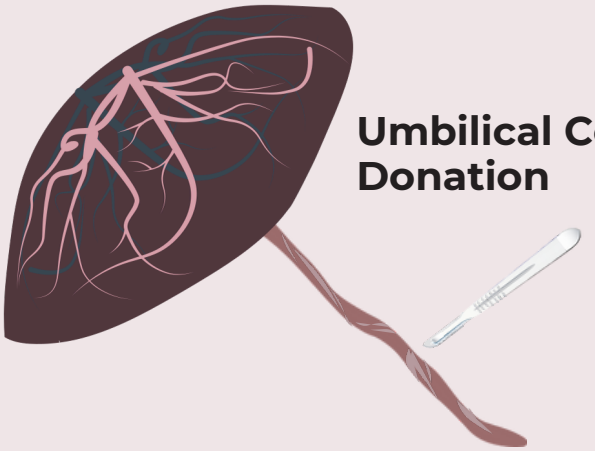
Kidney disease



Autoimmune disease

MSC CULTURING PROCESS

GMP
Good Manufacturing Practices



Umbilical Cord Donation

Mesenchymal stem cells derived from the umbilical cord vein (UC-MSCs) is an alternative sources of MSCs from bone marrow (BM-MSCs). Moreover, the procedure for UC-MSCs isolation is not invasive and since the cells are of fetal origin, their proliferative and differentiation potential could be better than of MSCs from other sources.

MSC Isolation

Passage, P-0

MSCs are isolated from cord tissue. Isolation methods, such as enzyme digestion and tissue explant, are available to isolate MSCs from cord tissue. Their efficiencies and cell growth of cells should be taken into consideration.

Passaging of cells is a common procedure wherein cells from a given culture are divided, or "split", into new cultures and fed with fresh media to facilitate further expansion.

MSC Expansion

Passage, P-2

MSCs are plated (P=0) in cell culture flasks and incubated at 37°C with 5% humidified CO_2 using the selected MSC culture media. 24-48 hours later, the non-adherent cells are removed and the adherent cells are expanded in culture with media changed every 3-4 days.

1.MSC Sources

For MSC products, the starting cellular material is arguably one of the most important determinants of product quality, efficacy, and safety. Therefore, specifications must be clearly defined for the MSC source. All allogenic donors who meet selection criteria are subject to screening and testing measures aimed at preventing transmission of communicable diseases.

2.Anxiliary Materials

To isolate and expand MSCs, anicillary materials (AMs) that are not part of the final product formulation are used. The US Pharmacopeia, ICH and EU guidelines provide recommendations on the qualification, characterization, and testing of AMs to appropriate standards suitable for clinical use.

3.Quality Control

The MSC-manufacturing process, intermediate products and final product are controlled by testing for various safety (sterility and mycoplasma), identity, purity (endotoxin free), and potency attributes throughout the process and are part of lot release. Guidelines for safety and endotoxin testing are well-established and standardized between various jurisdictions.

4. Excipients

Excipients are inactive ingredients added to the final product formulation to protect the active ingredient. Regulators require information on source, concentration, qualification, and characterization of all excipients, in a smaller manner to AMs.

5.MSC Manufacturing Process

Cell manufacturing for clinical applications is unable to perform under a terminal sterilization step. This necessitates that the product be manufactures under strict aseptic conditions through the entire production process. Strict gowning practices, cleaning practices, and environmental monitoring (viable and nonviable) are critical for ensuring that the manufacturing environment is maintained in a controlled state during clinical production.

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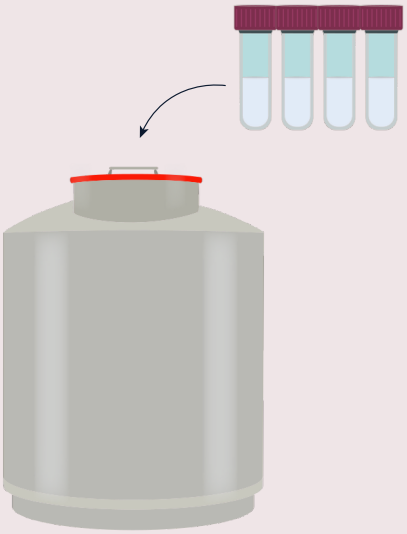
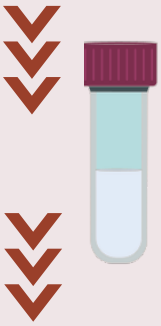


MCB Cryopreservation (Master Cell Bank)

At this point of the manufacturing process, the MSCs may either be expanded to an intermediate stage (P=2) where they are harvested and cryopreserved to create a seed bank for future production trials. The creation of MSC seed banks allows future production campaigns to be performed.

MCB Thaw



MCB Expansion

Cells from the seed bank (P=2) are typically expanded through several additional passages to generate the final MSC product (P=4-6) to be used in clinical trials.

Final MSCs Passage, P-4 to 6

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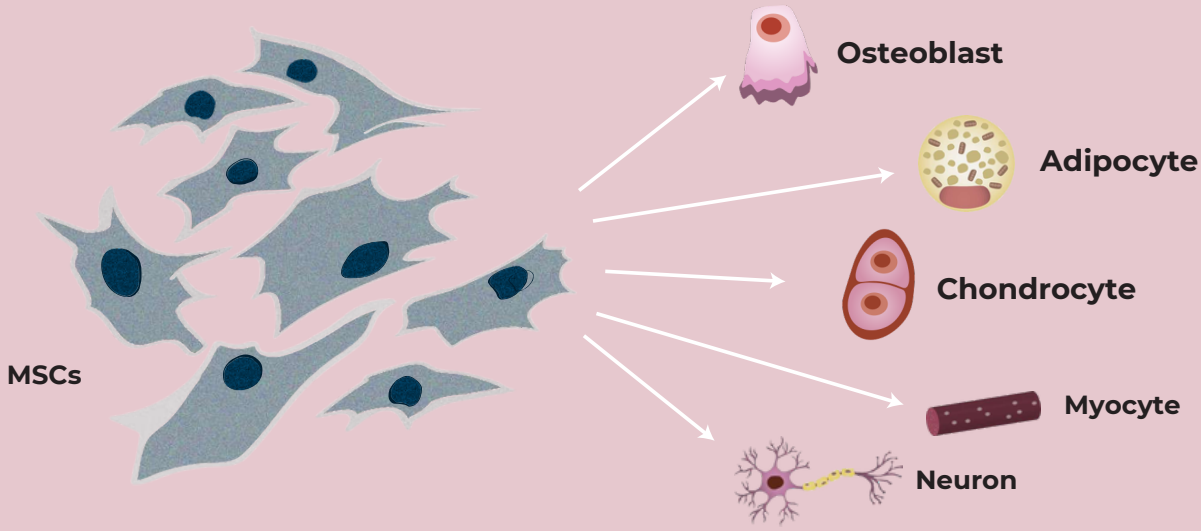
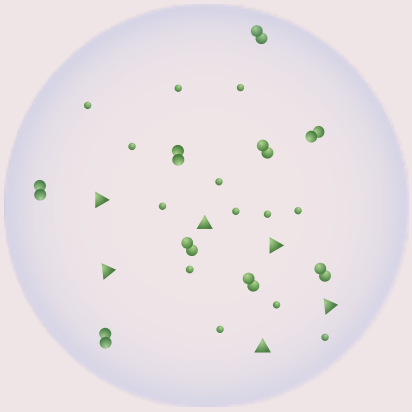
MECHANISM OF ACTION (MOA) OF MESENCHYMAL STEM CELLS (MSC)

MSC's regenerative properties and modulation of the immune system have driven their therapeutic application for variety of conditions.

01 Differentiation

The first paradigm states that MSCs act as multipotent cells capable of migration, engraftment, and differentiation to the appropriate lineage, and that the newly formed tissue is populated by transplanted cells.





Exosomes

Recepient Cell

Paradigm Shift: from Cell Replacement to Paracine Provider

There are two major paradigms of tissue regeneration associated with MSC transplantation. First, the differentiation paradigms fueled prospects for cell replacement where damaged tissue could be readily renewed.

However, in the earliest studies stated that protection by MSCs from development of osteoarthritis, no implanted cells were detected in the cartilage but at the surface of regenerated menisci.

This paradigm was replaced by a second paradigm involving trophic mechanisms where the transplanted cells secrete immunomodulatory and repair factors that stimulate a host repair response, This paradigm was then confirmed by evident improvement in clinical trials.

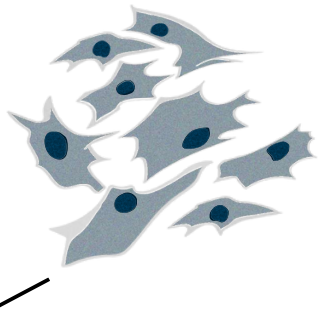
02 Paracrine Effects

Over the past decade, the emphasis has shifted toward harnessing the MSC's ability to produce factors and cytokines that stimulate innate tissue repair and modulate inflammation and immune responses. This paradigm was tested by many clinical trials for the paracrine activity of MSC.

Cell Migration & Stimulation

MSCs showed faster mobilization and better retention at sites of injury following systemic or local intratissue infusion.

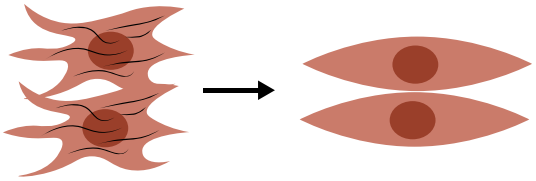
SDF1
HGF
IGF
SCF
LIF
CCL family
CXCL family



Anti-Fribrosis (Anti-Scarring)

Immunomodulation is involving the change of body's immune system, caused by agents that activate or surppress its function.

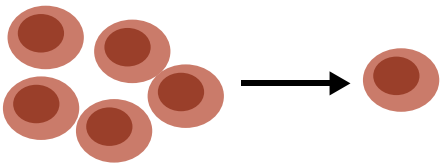
KGF
HGF
bFGF
TF
MMP
TMP



Immunomodulation

Immunomodulation is involving the change of body's immune system, caused by agents that activate or suppress its function. MSC produces at least 11 factors known to affect immune cells (dendritic cells, T cells, B cell, natural killer cells, macrophages).

IL-6
HGF
IDO
HO-1
TGF-β1
NO
HLA-G5
PGE2
HepGF
Gal-1
iNOS

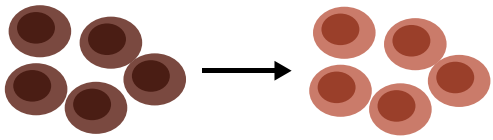


T Cells

Anti- Apoptosis

To prevent programmed cell death, MSCs not only restore the blood flow but also synthesize and secrete protiens that are classic inhibitors of apoptosis, such as B-cell lymphoma 1 (Bcl-2), survivin, and Akt.

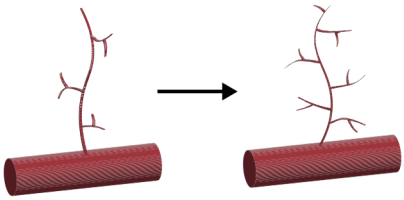
Bcl-2
survivin
Akt
VEGF
HGF
STC1
IGF
GM-CSF



Angiogenesis

Angiogenesis is evidenced by formation of a new blood network from the preexsisting capillaries by sprouting and proliferation. Angiogenesis is tightly regulated by a competitive balance of the angioprotiens and inhibitors, known as "angiogenic switch"

VEGF
IGF-1
PIGF
MCP-1
bFGF
IL-6



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