

# HepG2 in vitro Model to Predict Liver Toxicity

D3-PharmaChemistry Line Debora Russo, Ph.D.

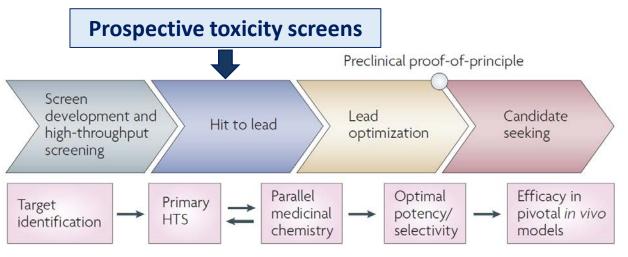
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### **Toxicity Assessment in Early Drug Discovery**

**Toxicity** is a leading cause of **drug failure** at all stages of the Drug Development process (preclinical drug development, clinical phases, and post-market surveillance).

Approaches to identify "predictable" preclinical safety liabilities <u>earlier</u> in the Drug Development process could lead to the design and/or selection of better drug candidates that have increased probabilities of becoming marketed drugs.



Modified from Kramer et al., Nat. Rev. Drug Discov. (2007)

Knowledge regarding the toxicological liabilities of the drug target and the chemical series.

Lead optimization to understand **Structure—Toxicity Relationships** (**STRs**), screen out development-limiting toxicities and minimize other adverse findings, thus delivering superior lead candidates into development.



### Overview of some in vitro models to predict drug-induced liver toxicity

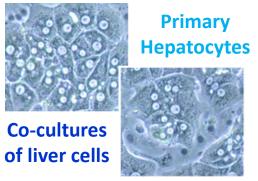
#### **Traditional Liver 2D Models**

#### **Liver complex in vitro Models**

#### **Cell lines**



HepG2 HepaRG

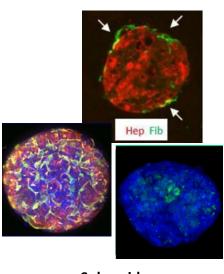


#### **Long-term 2D co-cultures**



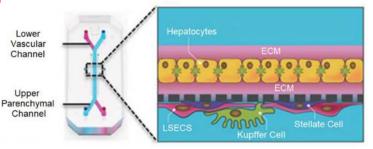
Primary Hepatocytes
+ Fibroblasts

#### Long-term 3D co-cultures

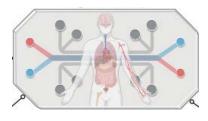


Spheroids Organoids

#### **Liver-On-A-Chip**



#### **Body-On-A-Chip**



Simplicity
Reproducibility
Speed
Throughput

Complexity
Interplay of Different Cell Types
Physiological Relevance
Long-term Drug Exposure
Cost



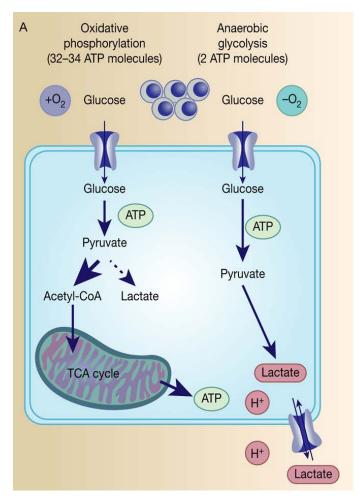
### **Advantages and Limitations of commonly used Cell Lines**

DITECNOLOGIA		ADVANTAGES	LIMITATIONS
Immortalized Hepatic Cell Lines	HepG2	<ul> <li>Highly proliferative</li> <li>Readily available</li> <li>Low cost</li> <li>Easy to culture</li> </ul>	Altered metabolic function
	HepaRG	<ul> <li>Readily available</li> <li>High metabolic activity</li> <li>High albumin, ALP &amp; AFP secretion</li> <li>CYPs inducible</li> </ul>	<ul> <li>Complicated differentiation &amp; maturation conditions</li> <li>Loss of proliferation following differentiation</li> </ul>
M <sub>2</sub>	Primary Human Hepatocytes (PHH)	<ul> <li>Patient specific</li> <li>Complete metabolic enzyme and transporters</li> <li>Physiological function</li> </ul>	<ul> <li>High cost</li> <li>Limited source</li> <li>Limited culture time</li> <li>Rapid differentiation and loss of function</li> </ul>
iPSC	iPSC-derived hepatocytes	<ul><li>Donor specific</li><li>Infinitely expandible</li></ul>	<ul> <li>High cost</li> <li>Long time differentiation</li> <li>Immature phenotype</li> <li>Low CYPs expression</li> </ul>

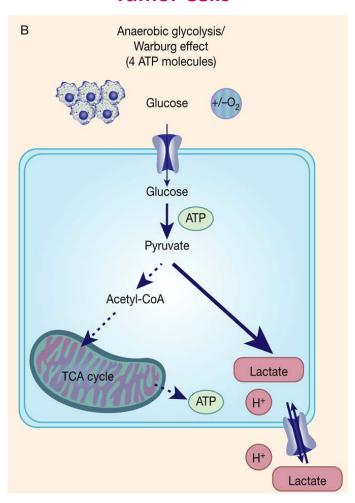


### The Warburg and Crabtree effects: Cancer Cell Energy Metabolism

#### **Normal Cells**



#### **Tumor Cells**



### **Warburg Effect**

Enhanced **Glycolytic** Activity and Impaired Oxidative Phosphorylation (**OXPHOS**)

↑ Tumor growth

↑ Drug Resistance

#### **Crabtree Effect**

Some cancer cells, despite possessing functional mitochondria, can **switch** between glycolytic and oxidative metabolism in a **reversible fashion** 



Unterlass and Curtin, Expert Rev. Mol. Med. (2019)

**Drug-induced mitochondrial toxicity** 



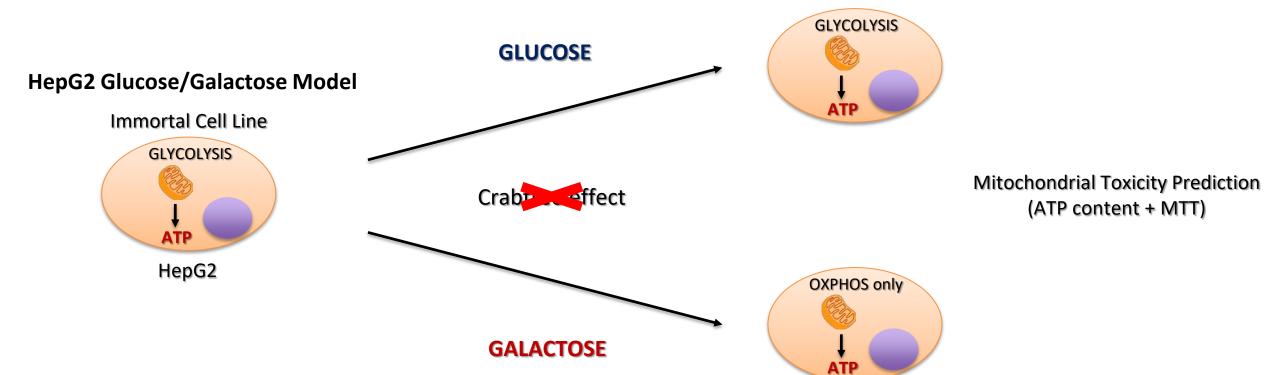
### **HepG2 Model for Liver Toxicity Studies: Assay Principle**



**Liver** heavily relies on **OXPHOS** for energy production

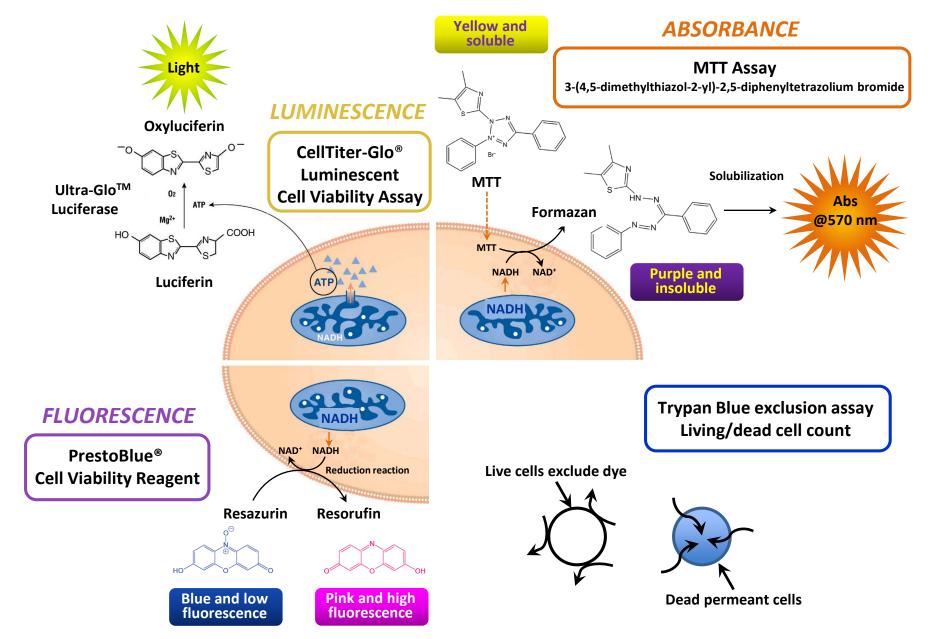
Investigate potential mitochondrial liabilities of new chemical entities to predict hepatotoxicity

Screening approach to discriminate mitochondrial toxicity from general cytotoxicity



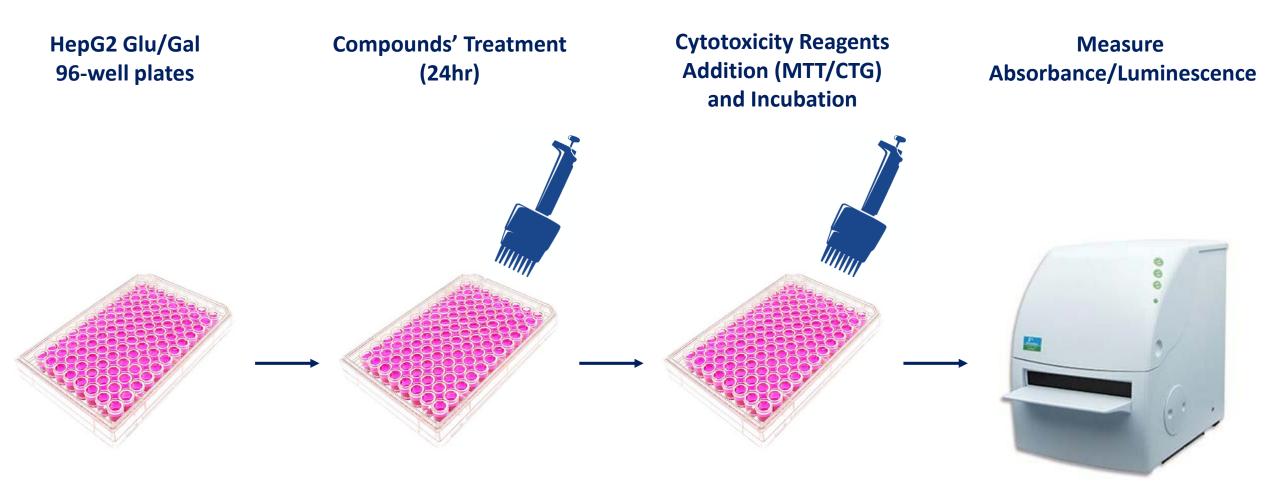


### **Cytotoxicity Evaluation: A Multiple Endpoints Approach**



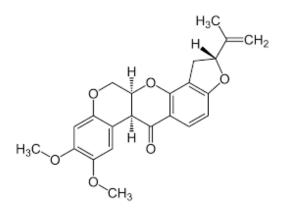


### **HepG2 Model for Liver Toxicity Studies: Assay Execution**

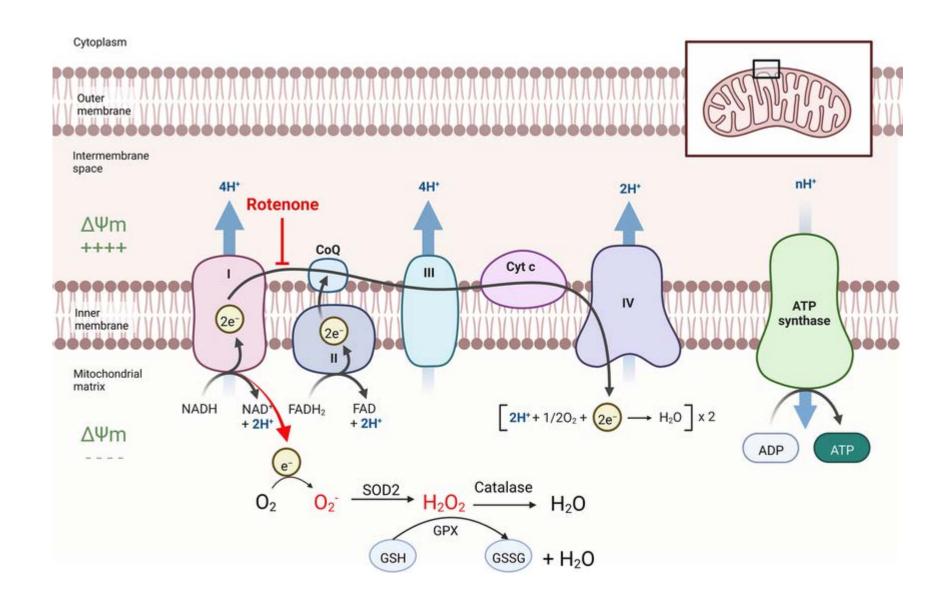




### HepG2 model for liver toxicity studies: Reference Compounds for Validation

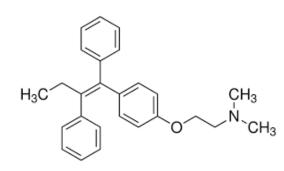


ROTENONE (mitochondrial toxicant)

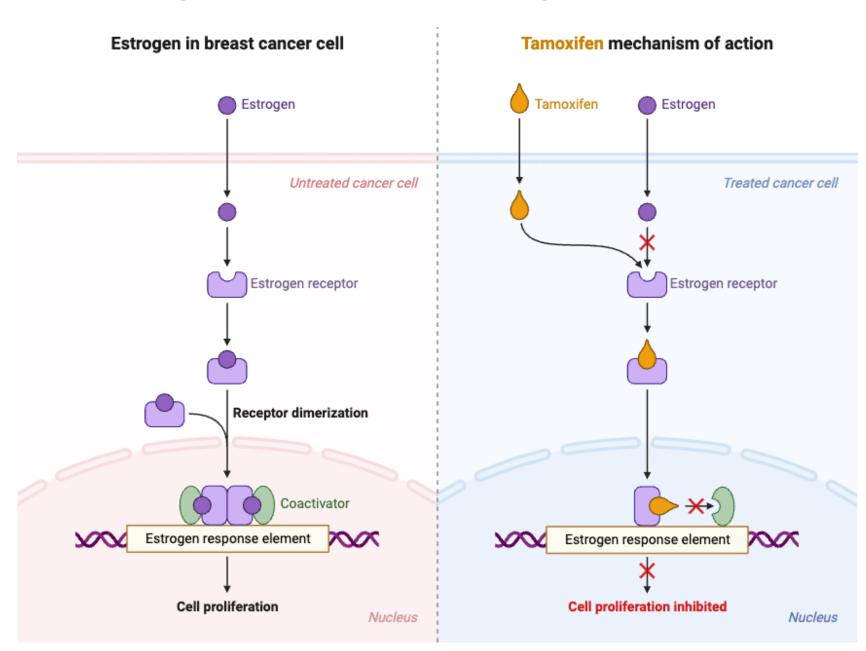




### HepG2 model for liver toxicity studies: Reference Compounds for Validation



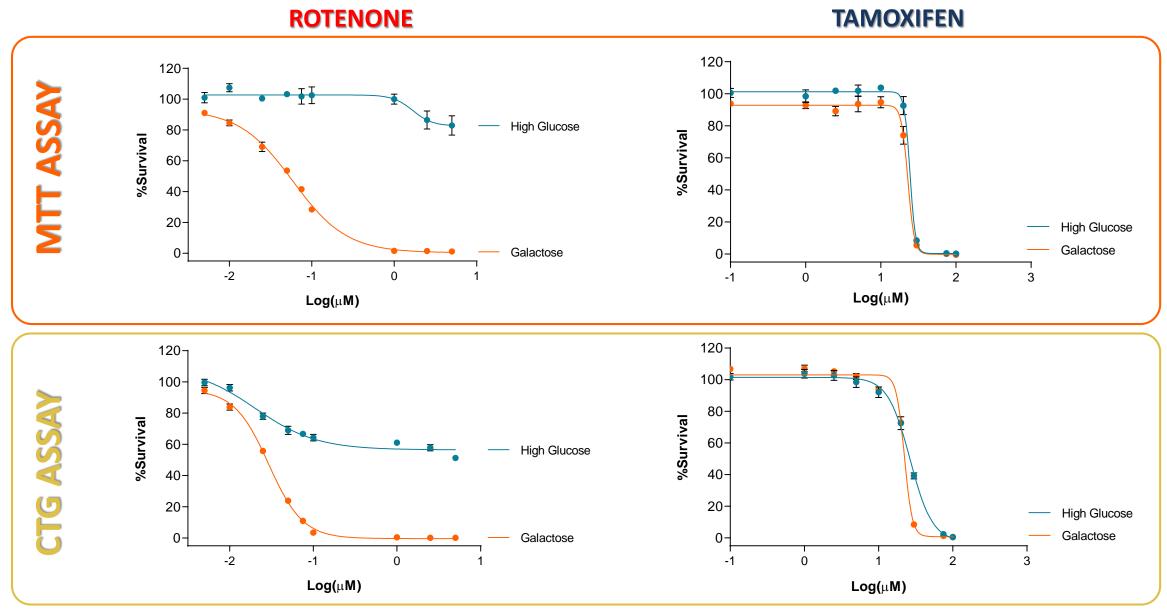
TAMOXIFEN (non-mitochondrial toxicant)





### HepG2 model for liver toxicity studies: Assay Validation

**TASK FORCE for Cystic Fibrosis** 





### HepG2 model for liver toxicity studies: Assay Validation

### **TASK FORCE for Cystic Fibrosis**

	$H_3C$ $H_{\bullet}$ $\longrightarrow$ $CH_2$
H	
H <sub>3</sub> C 0 H	0
o, CH³	

## ROTENONE (mitochondrial toxicant)

Compound	Medium	% Survival at the Highest Dose (5 μM)	
Potonono	Galactose	2,26 ± 1,06	
Rotenone	High Glucose	80,54 ± 6,76	

\*\*\*p<0,0001

H <sub>3</sub> C	ÇH₃ Ň
	✓'``CH₃

TAMOXIFEN (non-mitochondrial toxicant)

Compound	Medium	IC50 (M)	
Tamoxifen	Galactose	19,87 ± 4,06	
	High Glucose	24,21 ± 1,22	

n.s.

Average values ± SD of three independent experiments, each performed in three technical replicates

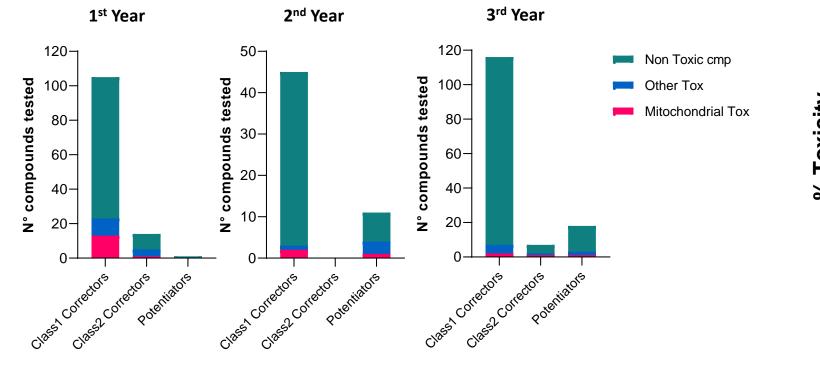
One-way ANOVA followed by Bonferroni's post-hoc test

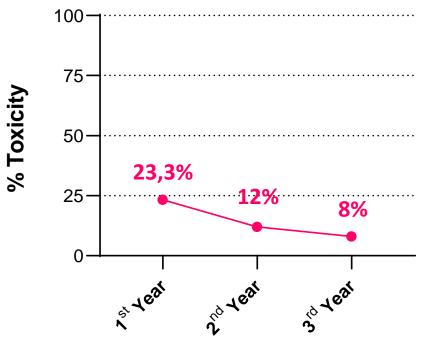


### **HepG2** model for liver toxicity studies:

### Compounds' screening within the TASK FORCE for Cystic Fibrosis Project

Assay	Assay Format	Readout	N° compounds tested	Compound Class
ATP-content	LUMINESCENCE		<b>266</b> Class 1 Correctors	
	96 well plate	ABSORBANCE	<b>317</b> cmps	21 Class 2 Correctors
MTT				<b>30</b> Potentiators







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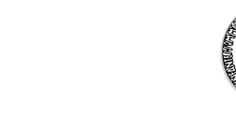
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