



#### DECIDUAL AND UMBILICAL CORD STROMAL CELLS

# The effect of fibroblast growth factor on distinct differentiation potential of cord blood-derived unrestricted somatic stem cells and Wharton's jelly-derived mesenchymal stem/stromal cells

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#### **Abstract**

Background aims. Perinatal tissues are considered an attractive source of mesenchymal stem/stromal cells (MSCs) and have unique characteristics depending on their origin. In this study, we compared the basic characteristics of unrestricted somatic stem cells isolated from cord blood (CB-USSCs) and MSCs isolated from Wharton's jelly of umbilical cords (WJ-MSCs). We also evaluated the effect of basic fibroblast growth factor (bFGF) supplementation on the growth and differentiation of these cells. Methods. CB-USSCs and WI-MSCs were isolated from the same individual (n = 6), and their morphology, cell surface antigens, proliferation, expression of stemness markers and adipogenic, osteogenic and chondrogenic differentiation potentials were evaluated. Their morphology, proliferation and differentiation potentials were then also compared in the presence of bFGF supplementation (10 ng/mL). Results. Overall, CB-USSCs expressed DLK-1 and negative for all the HOX gene markers. The expression of cell surface antigen CD90, growth capacity and adipogenic differential potential of CB-USSCs were lower than those of WJ-MSCs. WJ-MSCs showed higher growth capacity, but the expression of CD73 and CD105 and their osteogenic differentiation potential were lower than those of CB-USSCs. The spindle morphology of both CB-USSCs and WJ-MSCs and the growth and adipogenic differentiation of CB-USSCs were improved by bFGF supplementation. However, the bFGF supplement did not have any positive effect on the tri-lineage differentiation potentials of WJ-MSCs. Conclusions. CB-USSCs and WJ-MSCs each had distinct characteristics including different growth capacity, distinguishable cell surface markers and distinct adipogenic and osteogenic potentials. bFGF supplementation improved the growth capacity and adipogenic differentiation of CB-USSCs.

**Key Words:** basic fibroblast growth factor, mesenchymal stem/stromal cells, umbilical cord blood, unrestricted somatic stem cells, Wharton's jelly

#### Introduction

Mesenchymal stem/stromal cells (MSCs) are multipotent precursor cells with self-renewal ability and have characteristics that vary depending on their origin in many adult and fetal tissues [1–3]. Ideally, for stem cells to be effective in regenerative medical

applications, stem cells should be abundant and obtainable through a minimally invasive procedure to ensure donor safety [4].

Bone marrow (BM) is a standard source for the isolation of MSCs, but the procedure for BM harvest is highly invasive. Perinatal tissues, such as umbilical cord blood (CB), Wharton's jelly (WJ), amnion and

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chorion, are considered to be attractive sources of MSCs because they can be obtained by less invasive methods without harm to mothers or neonates [1,4–9].

To date, results from isolations of CB-MSCs from CB (CB-MSCs) have been inconsistent because of the low frequency and viability in CB after the donor's birth. Consequently, a large CB volume and a rapid isolation procedure after collection are needed to increase the success rate [5,8]. Therefore, MSCs derived from CB have not yet been widely used in clinical applications. CB-MSCs may also be obtained as functionally distinct heterogenous populations [5,10] in a nonselective manner by same isolation procedure. Recently, an unrestricted somatic stem cell population in CB (CB-USSCs) was identified with lower adipogenic differentiation potential that correlated with the expression of the  $\delta$ -like 1 (*DLK-1*) gene [11]. These cells can be differentiated from the CB-MSCs population because of their lack of expression of the HOX genes, including HOXA9, HOXB7, HOXC10 and HOXD8 [10].

WJ is a connective tissue of the umbilical cord, and is histologically composed of myofibroblast-like stromal cells, collagen fibers, and proteoglycans [4,7,12]. Recently, WJ-MSCs have become known as an additional good source of stem cells. MSCs derived from WJ (WJ-MSCs) can be obtained more easily because the success rate is high (100%) and isolation is a less time-limited procedure than for CB-MSCs [3]. They are embryonic and somatic in origin, highly homogenous, have a greater expansion capacity than BM-MSCs and may have the potential to differentiate into several lineages, such as adipose cells, chondrocytes, osteoblasts, neuronal cells, hepatocyte-like cells and endothelial cells in vitro [3,4,7,13]. However, a minority of reports has questioned the stemness nature of WJ-MSCs because their differentiation potential into the tri-lineages has not been achieved in vitro [2]. However, WJ-MSC meet two requirements of the minimal criteria of the International Society for Cellular Therapy (2006), which state that MSCs should be plastic adherent when maintained in standard culture condition; express CD73, CD90 and CD105; lack expression of CD14, CD45 and CD34; and differentiate into adipoblasts, osteoblasts and chondrocytes in vitro [14].

For clinical applications using MSCs, growth factors such as basic fibroblast growth factor (bFGF), known as FGF-2, have been widely added to *in vitro* culture systems in stem cell research [15]. bFGF promotes population growth by increasing bFGF receptor signaling and affects differentiation potential into several lineages of adult stem cells, such as human BM and adipose MSCs [15–18]. However, not much is known about the effect of bFGF on the multi-potency of CB-USSCs or WJ-MSCs.

In this study, we first compared the basic characteristics of CB-USSCs and WJ-MSCs derived from the same individual (n = 6), with BM-MSCs. Second, we evaluated the effects of bFGF supplementation on morphology, proliferation and the adipogenic, osteogenic and chondrogenic differentiation potentials of CB-USSCs and WJ-MSCs.

#### Methods

Isolation of CB-USSCs

This study was performed in accordance with the ethical standards of the Declaration of Helsinki and was approved by the institutional review board of our institution. Healthy women with full-term pregnancies and without underlying disease or obstetrical complications and their uneventful newborn were included in the study. Three of six infants were male and the others female; all infants fell within normal range of parameters for healthy infants. Paired CB and umbilical cord were collected at delivery with informed consent of the mother at Incheon St. Mary's Hospital, the Catholic University of Korea.

CB-USSCs were isolated from CB using the same protocol used for harvesting CB-MSCs, according to the methods of Lee et al., Zhang et al. and Phuc et al. with modification [8,19,20]. The procedure was performed within 2 hours of CB collection. Briefly, CB was diluted in phosphate buffer saline (PBS) at a ratio of 1:1 and 15 mL of this diluted blood was gently loaded onto an equal amount of Ficoll Hypaque solution (1.077 g/mL, Sigma-Aldrich) in a 50-mL tube. After centrifugation at 1600 rpm for 20 min, mononuclear cells (MNCs) were obtained from the interphase layer and washed twice with PBS [20]. MNCs were counted by an automated cell analyzer XE-2100 (Sysmex). MNCs were plated in culture at a density of  $1 \times 10^6$ / cm<sup>2</sup> into six-well culture plates (BD falcon 353046) in culture medium and incubated at 37°C in a 5% CO<sub>2</sub> incubator [8]. Standard culture medium in this study consisted of α-modified minimum essential medium (α-MEM; Hyclone) and 20% fetal bovine serum (FBS; Hyclone), supplemented with 10 ng/mL bFGF (Gibco), 1% penicillin-streptomycin (Gibco) and Glutamax (1x; Gibco) [19]. Cells were allowed to adhere for 2 days and nonadherent cells were washed off with a medium change. The medium was changed twice weekly for 4 weeks. A colony of suspected MSCs was harvested using 0.25% trypsin-EDTA (1×; Gibco). For expansion, the cells were seeded at a density of  $1 \times 10^4/\text{cm}^2$  [8].

#### Isolation of WJ-MSCs

MSCs were isolated from WJ according to the methods of Bakhshi et al. and Hsieh et al., with modification [13,21]. The procedure was performed within 24 h after

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