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Three-dimensional cell culture technique and pathophysiology $\stackrel{ ightarrow}{\sim}$

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ABSTRACT

Three-dimensional (3D) tissue constructs consisting of human cells have opened a new avenue for tissue engineering, pharmaceutical and pathophysiological applications, and have great potential to estimate the dynamic pharmacological effects of drug candidates, metastasis processes of cancer cells, and toxicity expression of nano-materials, as a 3D-human tissue model instead of in vivo animal experiments. However, most 3D-cellular 16 constructs are a cell spheroid, which is a heterogeneous aggregation, and thus the reconstruction of the delicate 17 and precise 3D-location of multiple types of cells is almost impossible. 18 In recent years, various novel technologies to develop complex 3D-human tissues including blood and lymph 19 capillary networks have demonstrated that physiological human tissue responses can be replicated in the 20 nano/micro-meter ranges. Here, we provide a brief overview on current 3D-tissue fabrication technologies and 21 their biomedical applications. 3D-human tissue models will be a powerful technique for pathophysiological 22 applications. 23

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1. Introduction

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Quantitative and time-lapse analyses in microenvironments for drug 50 diffusion, drug toxicity, and the release of molecules from drug delivery 51 carriers are useful to explore the physiological processes, mechanisms, 52 and treatments of disease or injury through pathophysiology. Various 53 spatial analytical instruments such as computed tomography, magnetic 54 resonance imaging, and positron emission tomography have been 55 employed for general in vivo animal experiments in pathophysiology. 56

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Abbreviations: 3D, three-dimension; LbL, layer-by-layer; ECM, extracellular matrix; FN, fibronectin; G, gelatin; NHDF, normal human dermal fibroblasts; HUVECs, human umbilical vein endothelial cells; iPS, induced-pluripotent stem.

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However, even though their detection limits have been improved day 57 03 by day, the detection of events in the micron-meter scale is still difficult. Moreover, species differences between animals and humans can cause 5960 fundamental confounders such as metabolic processes, enzymes, and membrane proteins. Accordingly, in vitro human cell-based drug evalu-61 62 ations, including drug efficacy testing, toxicology, and basic cell biology 63 [1,2], are of great importance as an alternative to animal experiments to 64 solve the significant issue of species differences. In particular, animal 65 testing for cosmetics and chemicals has been prohibited under the 7th 66 Amendment to the Cosmetics Directive (Council Directive 76/768/ EEC) and REACH (registration, evaluation, authorization and restriction 67 of chemicals) in the European Union (EU) from March 2013 [3]. 68

Cell-based drug evaluations have generally been performed in a 69 plastic dish under monolayer (two-dimensional; 2D) cell conditions. 70 Since nearly all tissues are integrated three-dimensional (3D) structures 7172of multiple types of cells and extracellular matrices (ECMs), and since intercellular signaling is important for biological functions, it is general-73 74 ly difficult to estimate the actual drug effects on physiologic functions by 2D-culture methods. The development of 3D human tissue constructs 75 76 consisting of simplified tissue structures with multiple types of cells 77 and ECMs is a key challenge for pharmaceutical and pathophysiological 78 evaluations and tissue engineering.

79In general, a cell spheroid has been employed as the 3D-culture model, especially 3D-cancer spheroids for metastasis or pharmacologi-80 cal assays of cancer cells [4–6] and 3D-hepatocyte spheroids for induc-81 ing higher activity of hepatocytes [7–9]. Although, interesting 3D-co-82 culture spheroids have been reported to investigate tumor invasion 83 84 [10,11], to enhance hepatocyte functions [12] and to mimic in vivo con-85 ditions [13], the reconstruction of the delicate and precise 3D-location 86 of multiple types of cells has not been achieved yet due to their hetero-87 geneity, the lack of control of the cell number and location, and necrosis inside the cells because of insufficient nutrients. 88

89 Here we provide a brief overview of the technologies for the construction of 3D-tissue constructs, mainly our hierarchical cell manipula-90 tion technologies, and then discuss how these 3D-tissues could 91 contribute to understanding nano-pathophysiology. 92

2. Top-down approach for development of 3D-tissue constructs 93

There are basically two kinds of approaches, top-down and bottom-94 95up approaches, for the construction of 3D-tissue constructs (Fig. 1). A 96 top-down approach has been reported historically, especially the biodegradable scaffold method. Biodegradable scaffolds and hydrogels 97 consisting of biodegradable polymers, such as poly(lactic acid), 98

poly(glycolic acid), alginate and collagens have been used for the con- 99 struction of 3D-constructs containing living cells [14,15]. The topologi- 100 cal control of biodegradable porous scaffolds [16], especially nanofiber 101 scaffolds by electrospinning [17] or self-assembling amphiphilic pep- 102 tides [18], has attracted much attention due to their high porosity and 103 the controlled alignment of the fibers to control cellular function. The 104 cells encapsulated in the scaffolds can grow actively, and finally formed 105 random cell aggregations inside it. Although their growth rate can be 106 controlled using growth factors in the culture medium, 3D-engineered 107 tissues possessing precisely-controlled cell types, cell alignment, and 108 cell-cell interaction have not been developed yet. These nanofiber scaf- 109 folds can contribute to the tentative cell alignment or adhesion due to 110 morphology, but it is difficult to maintain these effects, because the 111 nanofibers are covered completely with cultured cells and expressed 112 ECMs from the cells. Accordingly, a conventional approach using biode- 113 gradable matrices such as hydrogels or fiber scaffolds seems to have 114 several limitations in developing 3D-tissue constructs which satisfy 115 the above requirements. A bottom-up approach using multiple cell 116 types as pieces of tissue has recently attracted much attention to solve 117 these problems. 118

3. Bottom-up approach for the development of 3D-tissues

Various bottom-up approaches such as cell sheets [19], magnetic li- 120 posomes [20], hierarchical cell manipulation [21], polymeric aqueous 121 two-phase systems [22] and printing cells and polymers [23] have 122 been reported in constructing a complex tissue structure. These 123 bottom-up approaches are generally categorized into two groups: cell- 124 based methods, and cell and polymer-based methods. Here, the charac- 125 teristics, advantages, and issues with both approaches are briefly 126 summarized. 127

3.1. Cellular layer-by-layer approaches 128

One of the most general methods of the bottom-up approaches is 129 cellular layer-by-layer (LbL). Okano and co-workers have reported the 130 fabrication of monolayers of cell sheets and their stacking to create mul- 131 tilayered structures using temperature-responsive polymer grafted cul- 132 ture dishes [19]. Using temperature-responsive dishes, cultured cells 133 can be harvested as fragile sheets by temperature changes, thereby 134 avoiding the use of proteolytic enzymes. They prepared multiple sheet 135 structures of cardiomyocytes for the reconstruction of 3D-myocardical 136 tissues by stacking the cell sheets [24]. Because the cell sheets have 137 ECM at the bottom underneath the sheet, they can stack easily due to 138



Fig. 1. Schematic illustration of the top-down and bottom-up approaches to fabricate 3D-tissue constructs.

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