

Multi-organ, integrated female reproductive system for disease modeling and environmental exposure toxicity testing.

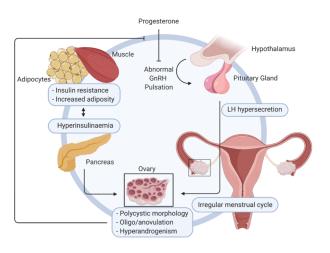
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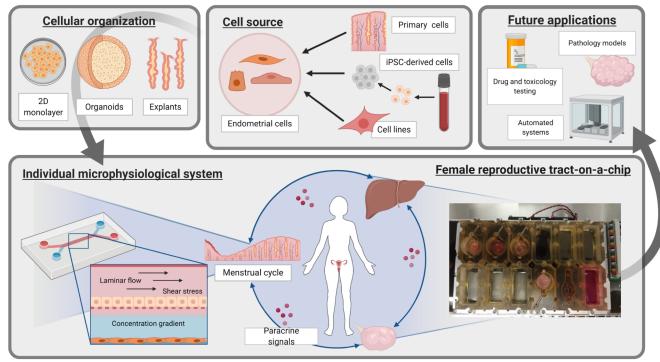
Polycystic Ovarian Syndrome (PCOS)

- Most common endocrinopathy in reproductive age women (5-20%)
 - At least 5 million women (U.S.)
 - \$4.36 billion per year (U.S., 2005)

NIH/NICHD	ESHRE/ASRM 2004 (Rotterdam criteria)	Androgen Excess Society 2006
Includes all of the following criteria:	Includes two of the following criteria:	Includes all of the following criteria:
 Clinical and/or biochemical signs of hyperandrogenism 	 Clinical and/or biochemical signs of hyperandrogenism 	 Clinical and/or biochemical signs of hyperandrogenism
Menstrual dysfunction	Oligo-ovulation or anovulationPolycystic ovaries	 Ovarian dysfunction and/or polycystic ovaries

PCOS impacts multiple organ systems



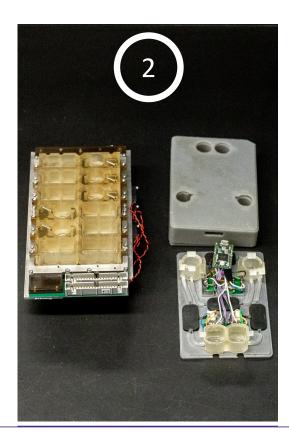


Evolution of EVATAR to Blac Tie

• EVATAR

- Revolutionary integrated microfluidic platform
- Expensive
- Not user friendly





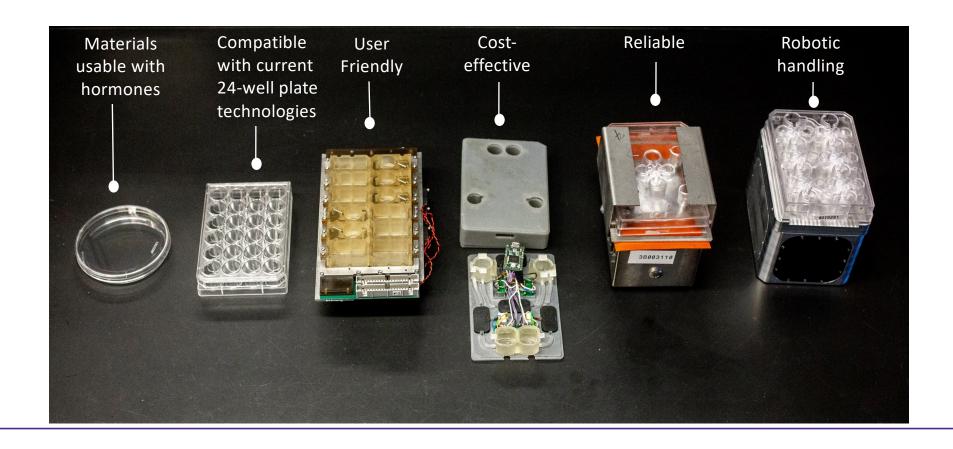
Blac tie

 3D printed MF system using the concepts of EVATAR in a familiar form factor.



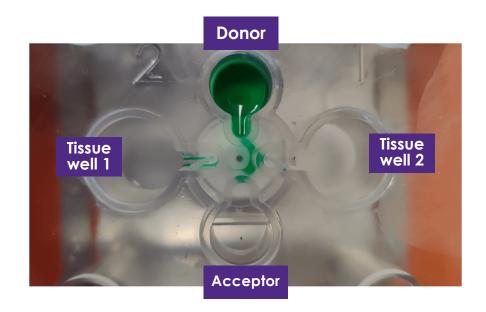
"Mixture of (meth) acrylated monomers, (meth) acrylated oligomers, and photoinitiators"

Evolution from EVATAR to LATTICE

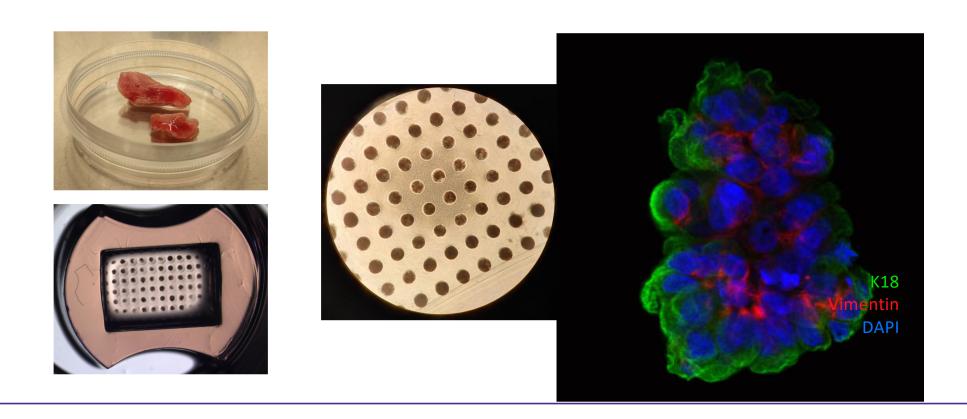


Mechanics of 2 Organ Interaction on LATTICE





Endometrial complex organoids on LATTICE



Endometrial organoids express hormone receptors

AR

ER

PR

K-18 pan-CK **Endometrial** organoids Endometrium

Endometrial cancer is elevated in PCOS and correlates with obesity

Polycystic Ovary Syndrome:

A Significant Risk Factor for Premenopausal Endometrial Cancer



Women with PCOS and Endometrial Cancer more often:

Have higher BMI



Have not been pregnant

Have irregular or absent cycles

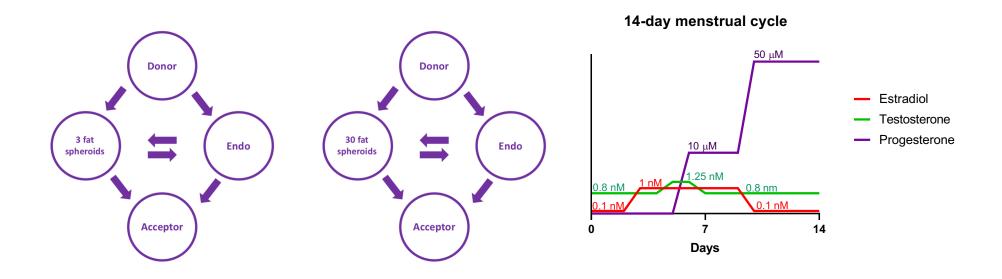
Diagnosed at more advanced disease stages

Are resistant to usual EC medication (it doesn't work)

Get hysterectomies compared to other EC patients without PCOS

PCOSChallenge.org

Dynamic coculture of endometrial organoids and adipocyte spheroids



PCOS may play a role in fallopian tube function and cancer

Human Reproduction Update, Vol.20, No.5 pp. 748–758, 2014
Advanced Access publication on March 30, 2014 doi:10.1093/humupd/dmu012

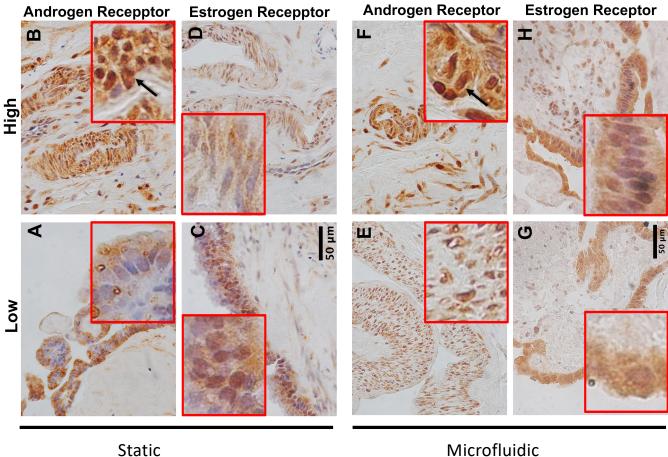
human reproduction

> Risk of endometrial, ovarian and breast cancer in women with polycystic ovary syndrome: a systematic review and meta-analysis

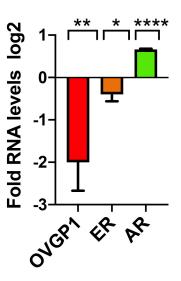
John A. Barry, Mallika M. Azizia, and Paul J. Hardiman*

- When women aged over 54 years were excluded, the risk for women with became significantly increased for ovarian cancer (OR, 2.52; 95% CI, 1.08–5.89, P, 0.03)
- Testosterone has been shown to be associated with ovarian cancer risk.
- High grade serous ovarian cancer comes from the fallopian tube.

Androgen exposure activates AR but blocks ER

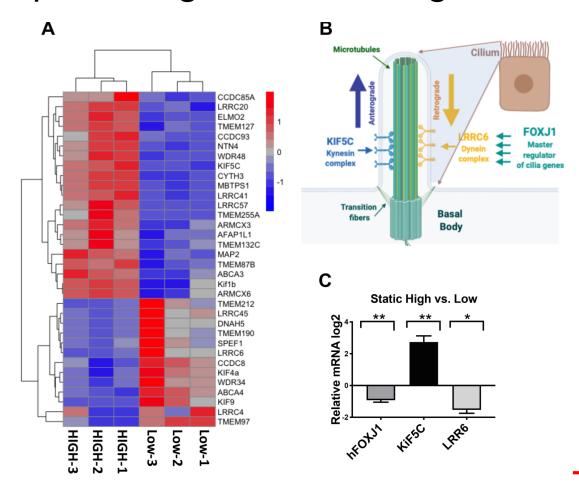


Static High vs. Low



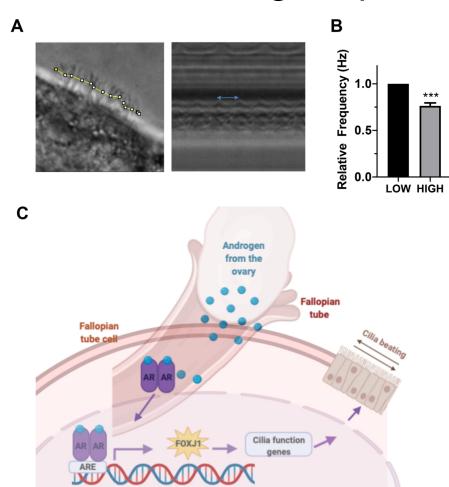


Androgen represses genes encoding for cilia



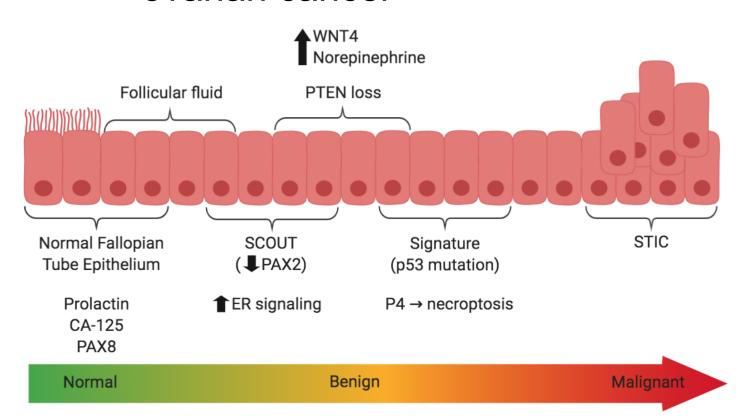


Androgen reduces cilia beating frequency



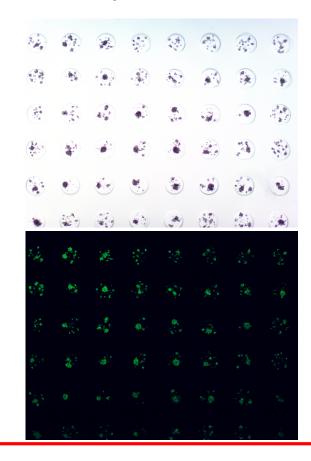


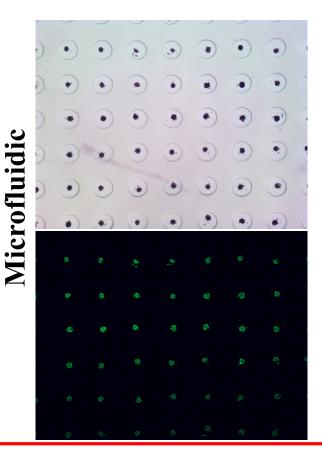
Fallopian tube gives rise to high grade serous ovarian cancer





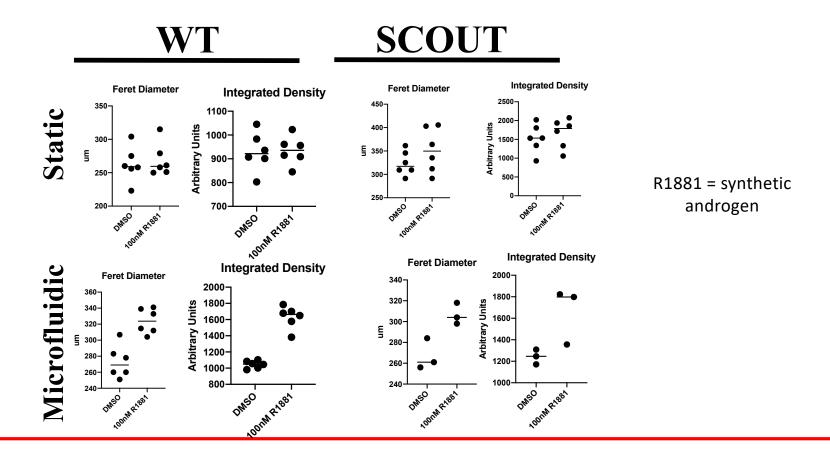
Fallopian tube cell aggregates maintain circularity in microfluidic conditions







Androgens induce proliferation in fallopian tube on a microfluidic device





Environmental chemicals may affect the pathogenesis and/or presentation of PCOS

- In animal models (Zhou et al. 2008, Alonso-Madgalena et al. 2006, etc.):
 - BPA enhances ovarian androgen production *in vitro* perinatal exposure to BPA disrupts ovarian and reproductive function in females



- BPA induces insulin resistance in vivo BPA also appears to have obesogenic properties
- In humans (Kandaraki et al. 2011, Hu et al. 2017, Takeuchi et al. 2004, etc.):
 - cross-sectional data suggests that BPA concentrations are higher in women with PCOS than in reproductively healthy women



 androgen levels and BPA levels show a statistically significant relationship

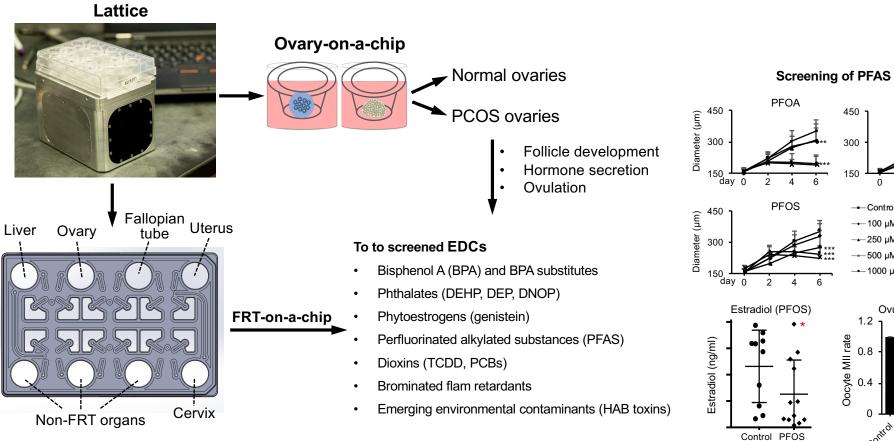


Integration of up to 8 organ systems





Screening of Endocrine Disrupting





** p<0.01

Ovulation (PFOS)

Co^{lfr}g '00 ⁵80 ²00 ¹00 hW

*** p<0.001

300

--- Control

→ 100 µM

—- 250 µM

----500 µM

---1000 μM

1.2

Oocyte MII rate



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