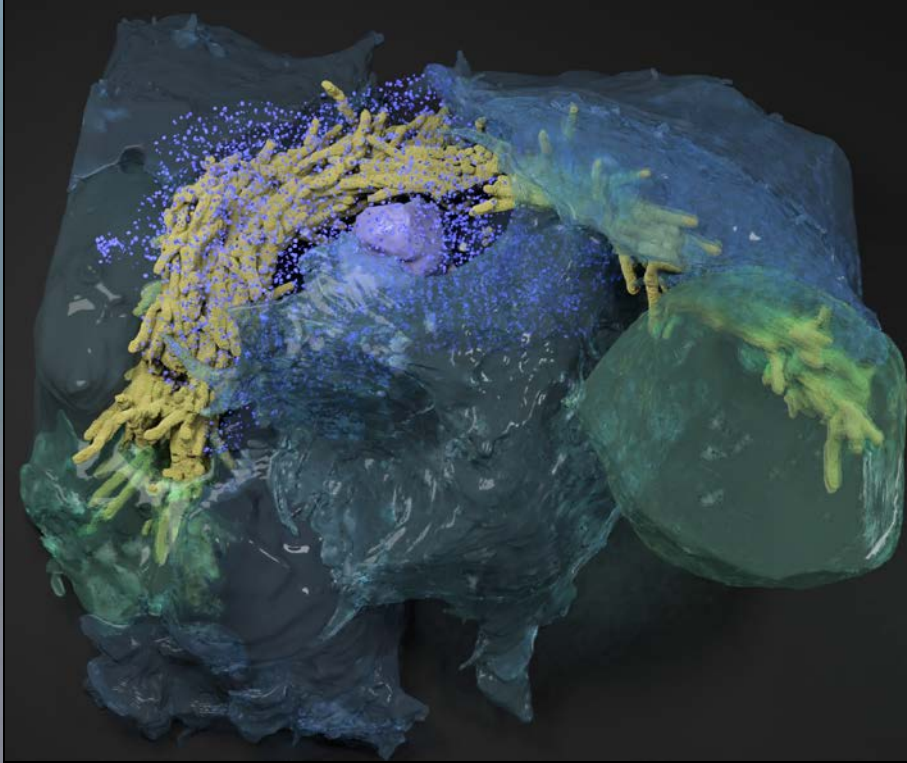
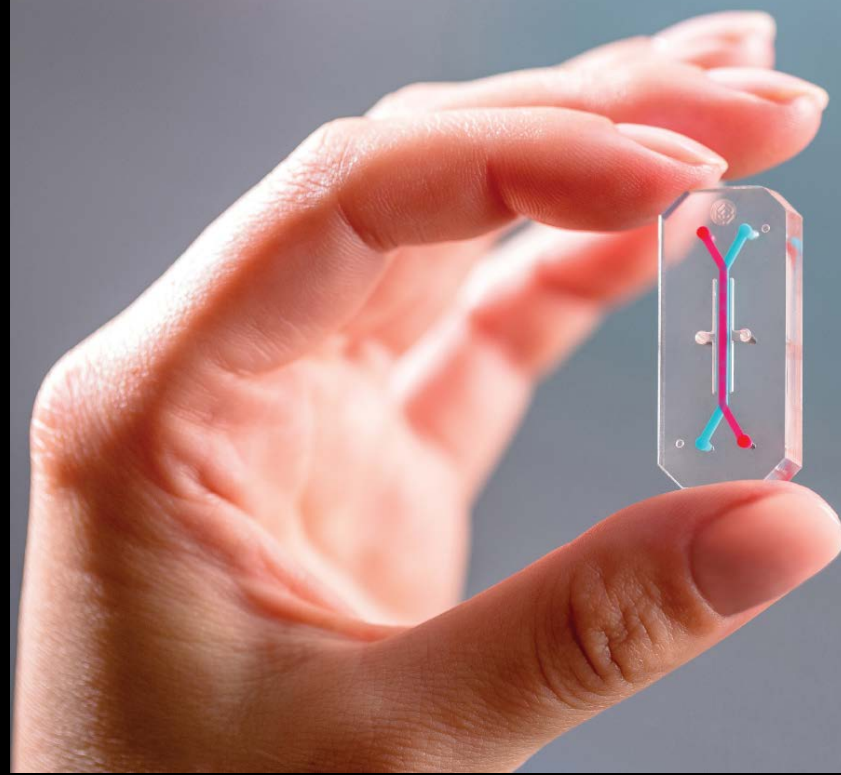


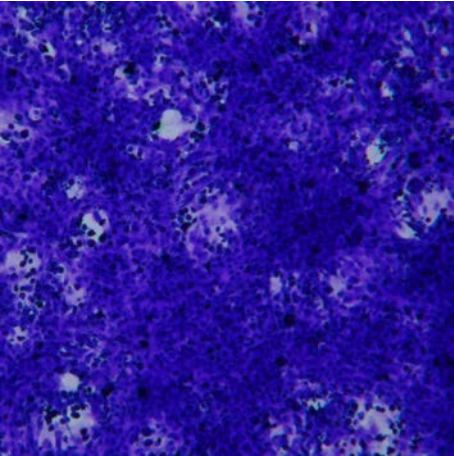


# Lung-on-chip model systems to study host-pathogen interactions in respiratory infections

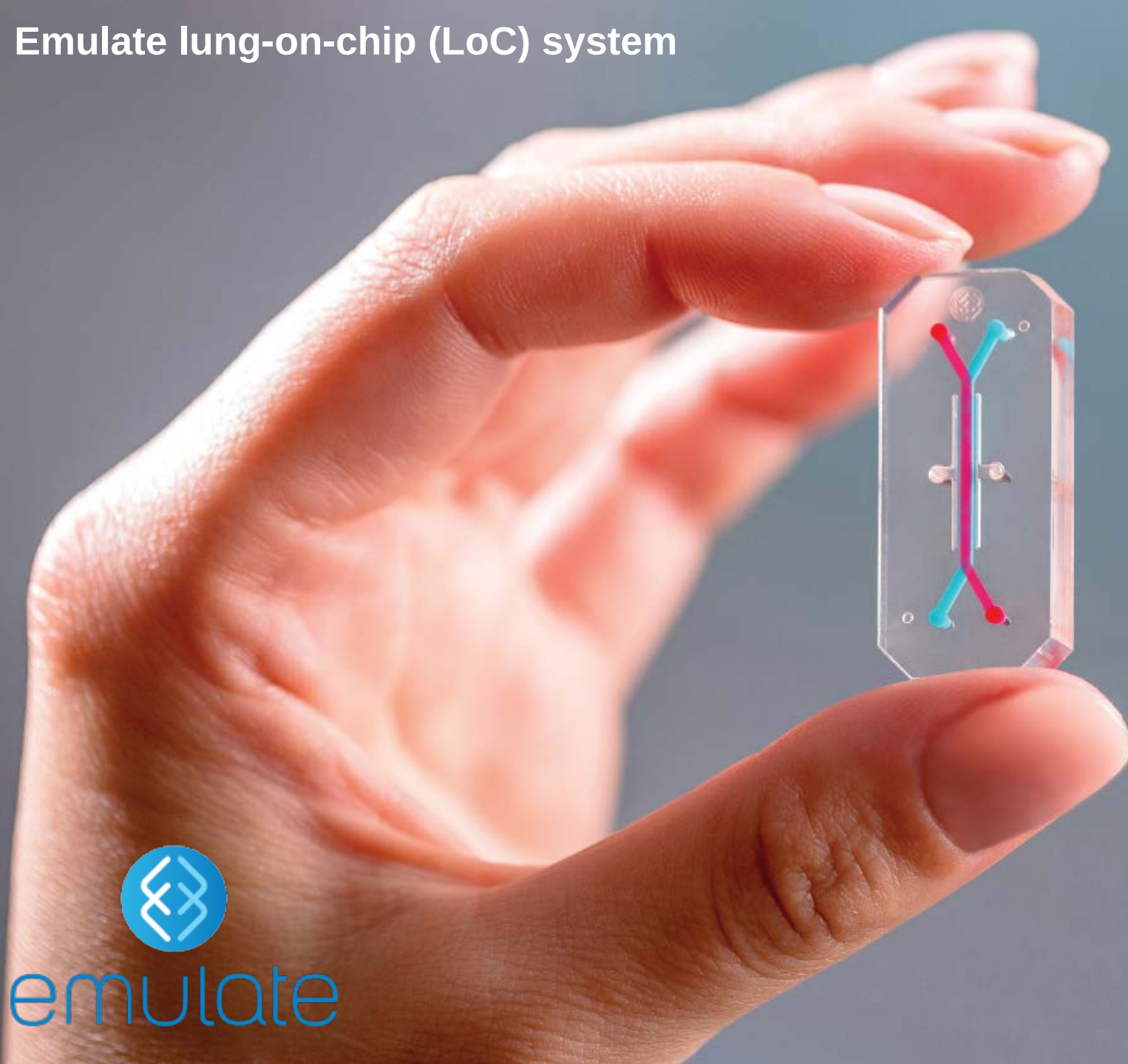
Vivek Thacker

[vivek.thacker@epfl.ch](mailto:vivek.thacker@epfl.ch) @DrVivekThacker

# Why do we need new model systems? *Emerging viruses*

|                        | <i>In vitro</i>           | Host complexity                                                                    |                                             | <i>In vivo</i>                                                                      |
|------------------------|---------------------------|------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------|
|                        | Axenic culture            | Monoculture infection model                                                        | Animal model                                |                                                                                     |
|                        |                           |  | <div>Dynamics<br/>?<br/>Individuality</div> |  |
| Individuality          | <del>Yes (pathogen)</del> | Yes (host and pathogen)                                                            | No                                          |                                                                                     |
| Cell-cell interactions | No                        | No                                                                                 | Complex                                     |                                                                                     |
| Tissue dynamics        | No                        | No                                                                                 | <del>Yes, but difficult to probe</del>      |                                                                                     |
| Host                   | Absent                    | Simple                                                                             | <u>Complex</u>                              |                                                                                     |

# Emulate lung-on-chip (LoC) system



Top view

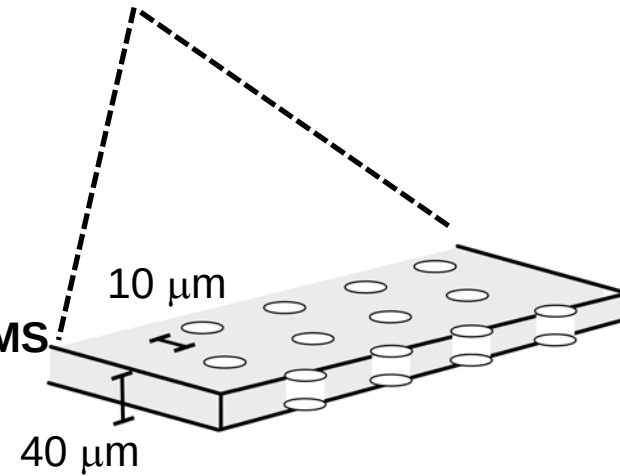
Cross-sectional view

800  $\mu\text{m}$

Porous,  
stretchable PDMS  
membrane

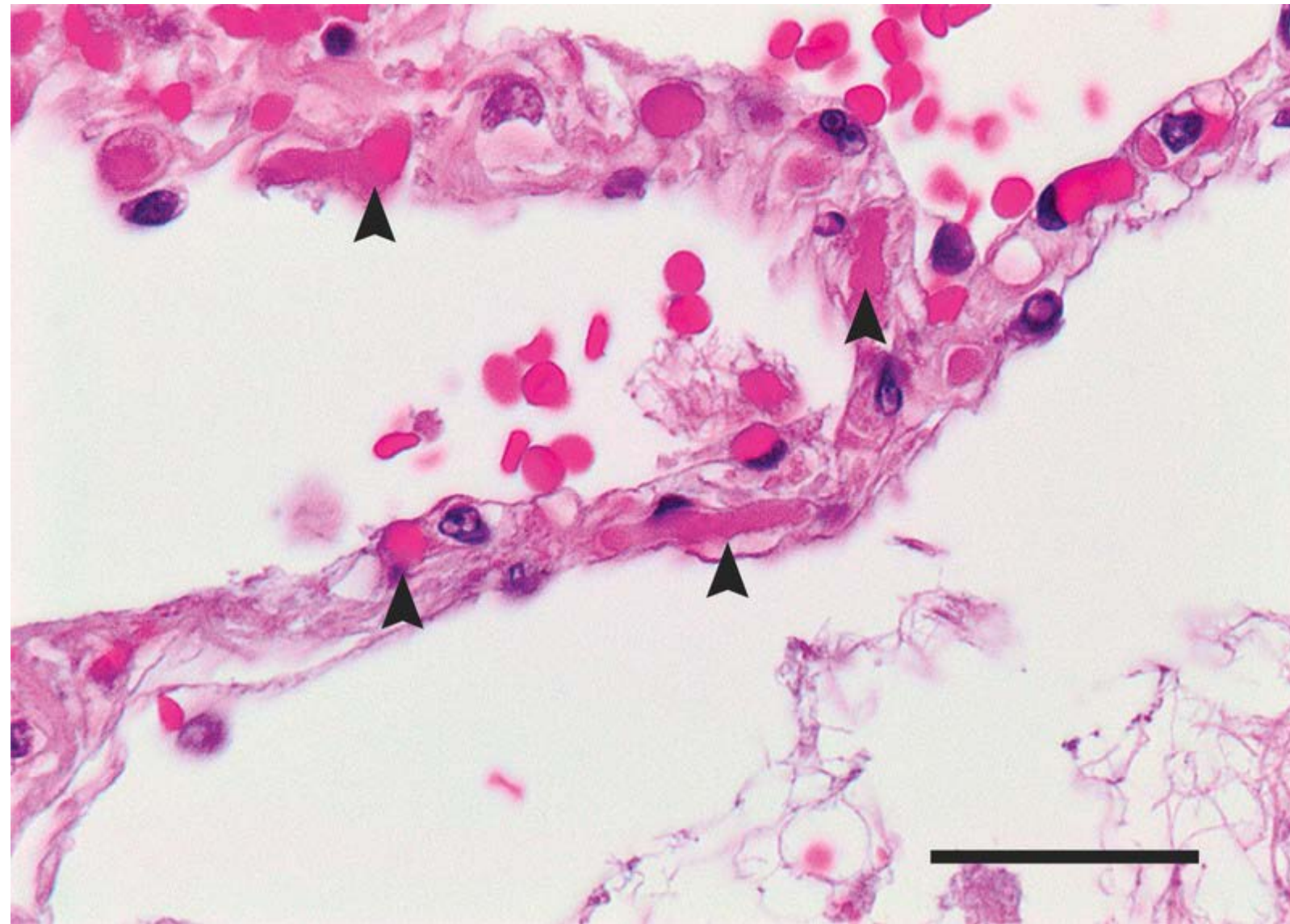
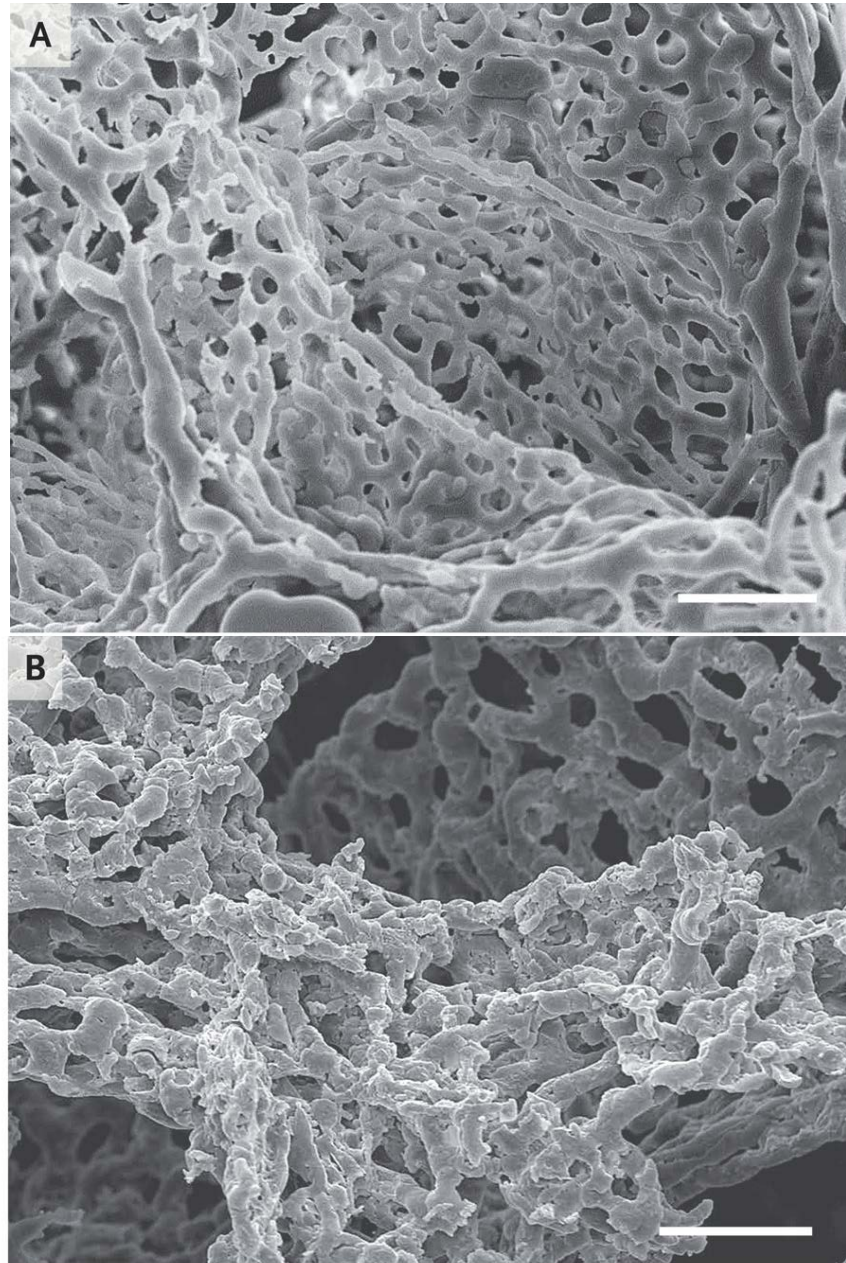
10  $\mu\text{m}$

40  $\mu\text{m}$



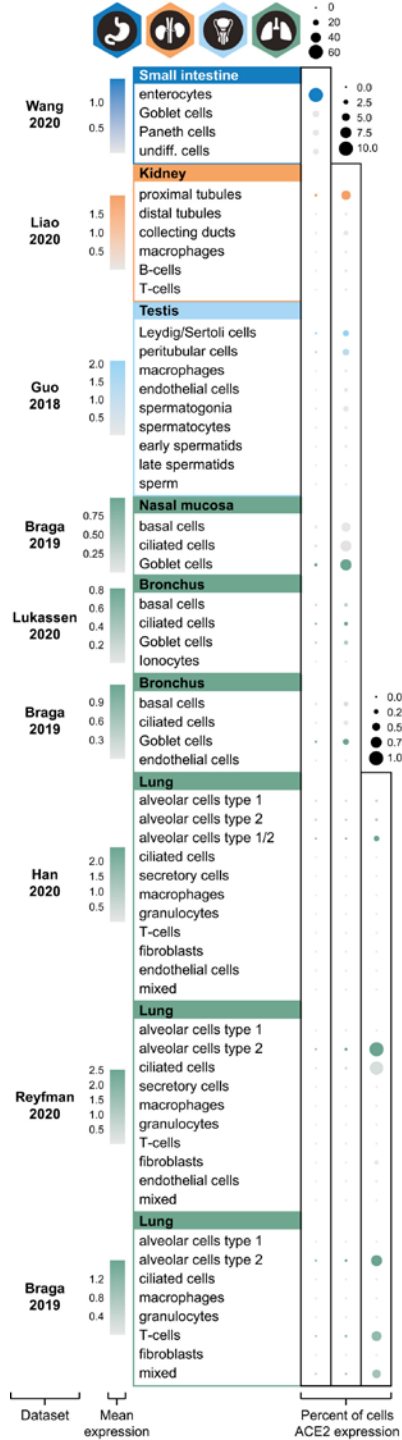


# Microvasculature damage is a clinical hallmark of SARS-CoV-2

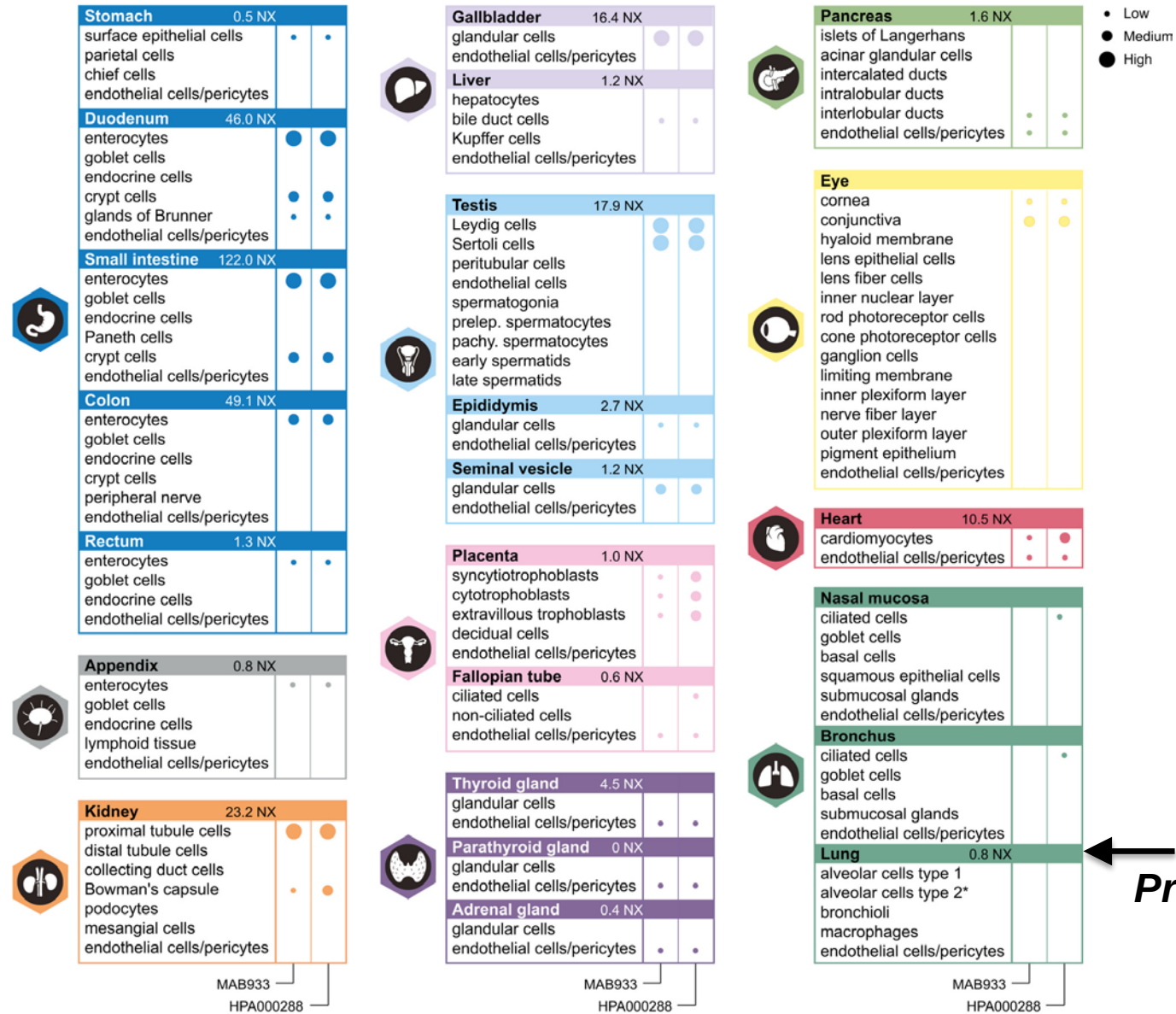




# ACE2 expression is low in the alveolar space



**Transcriptomics**



**Proteomics**

Data: Hilkmiet *et al.*, Mol Syst Biol (2020)16:e9610

# **SARS-CoV-2 in the alveolar space**

**How does SARS-CoV-2 infection alter alveolar physiology?**

**Why does severe disease manifest in the alveolar space despite low ACE2 levels?**

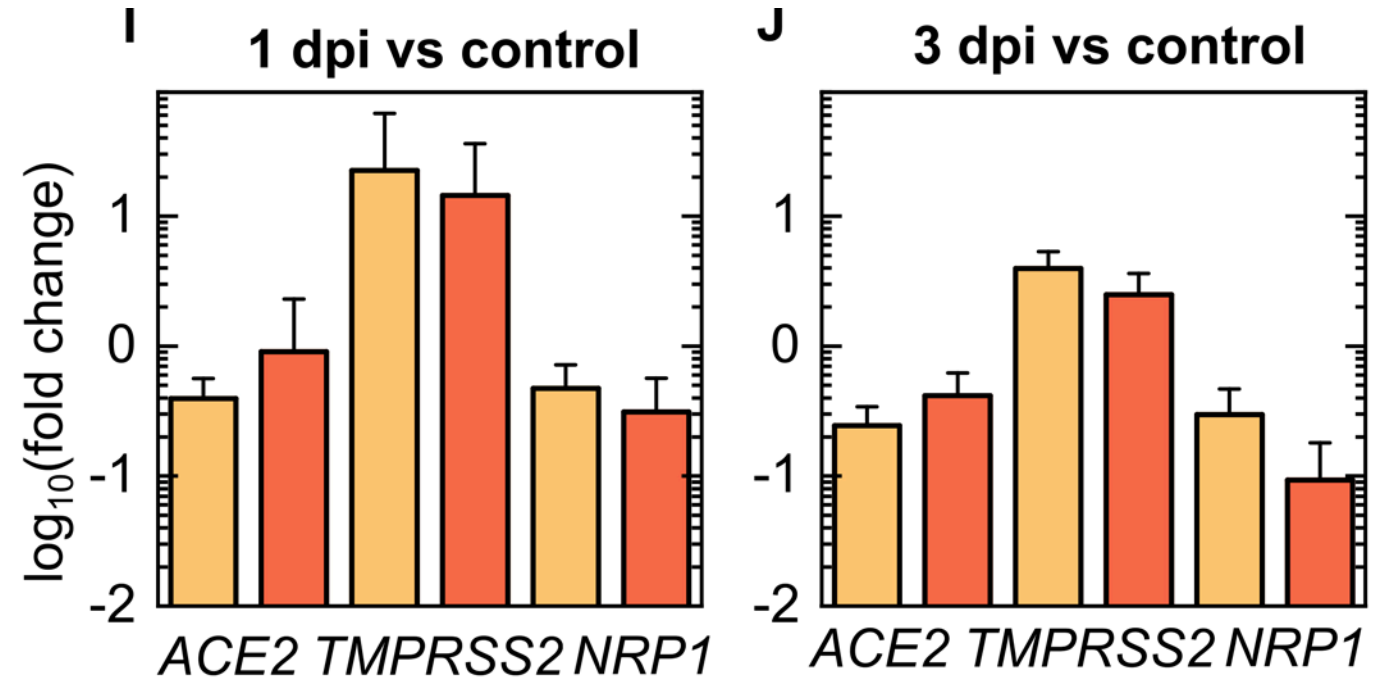


# LoC model for SARS-CoV-2

|                   |                  |    |    |
|-------------------|------------------|----|----|
| Viral replication | ✓                | ✓  | ✓  |
|                   | Viral titer      |    |    |
|                   | total RNA        |    |    |
| Physiology        | ✓                | ✓  | ✓  |
|                   | Confocal imaging |    |    |
|                   | RNAscope         |    |    |
| Response          | ✓                | ✓  | ✓  |
|                   | ELISA, total RNA |    |    |
|                   | RNAscope         |    |    |
|                   | D1               | D2 | D3 |

Preprint: VV Thacker *et al.* (under review)  
*bioarxiv*:10.1101/2020.08.10.243220

# Low *ACE2* expression, infection increases *TMPRSS2* expression

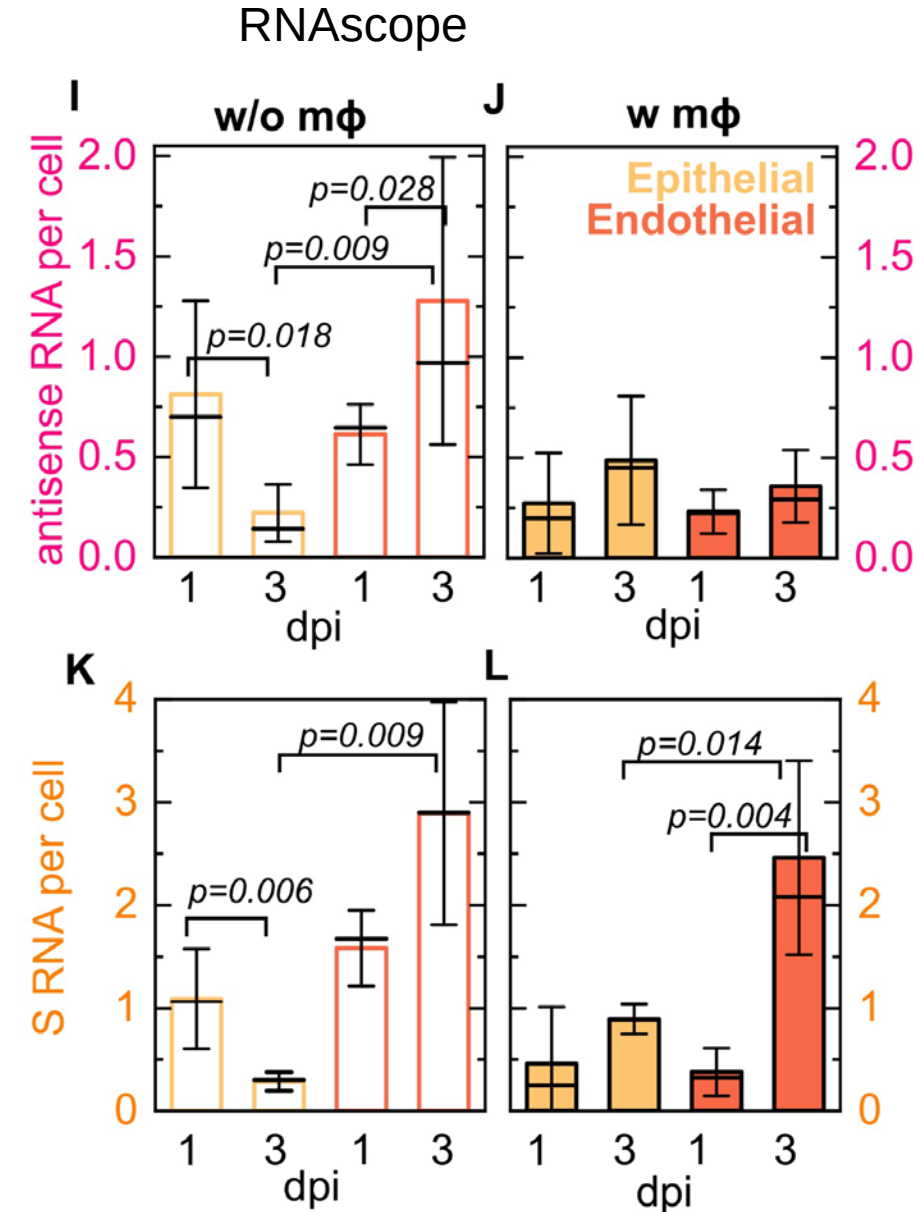
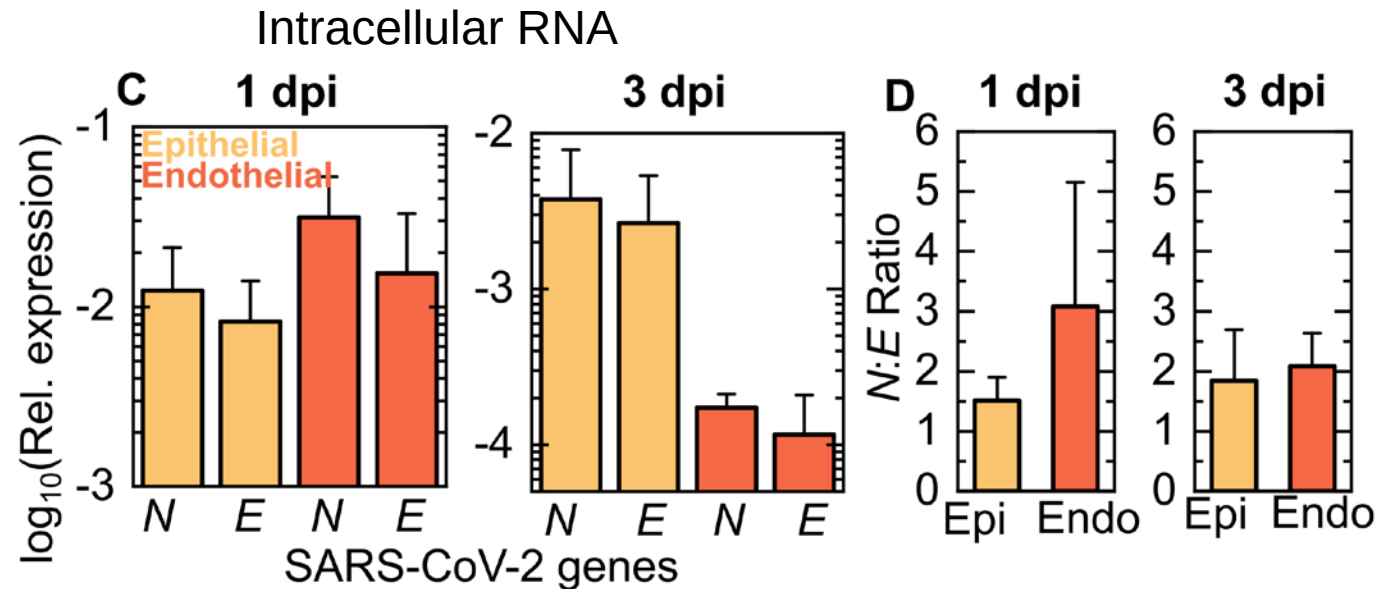


Low *ACE2*: examples of productive infection in alveolar epithelial cells are rare

High *NRP1* might represent an alternative entry route

# SARS-CoV-2 persists in individual epithelial and endothelial cells

Apical wash and vascular effluent



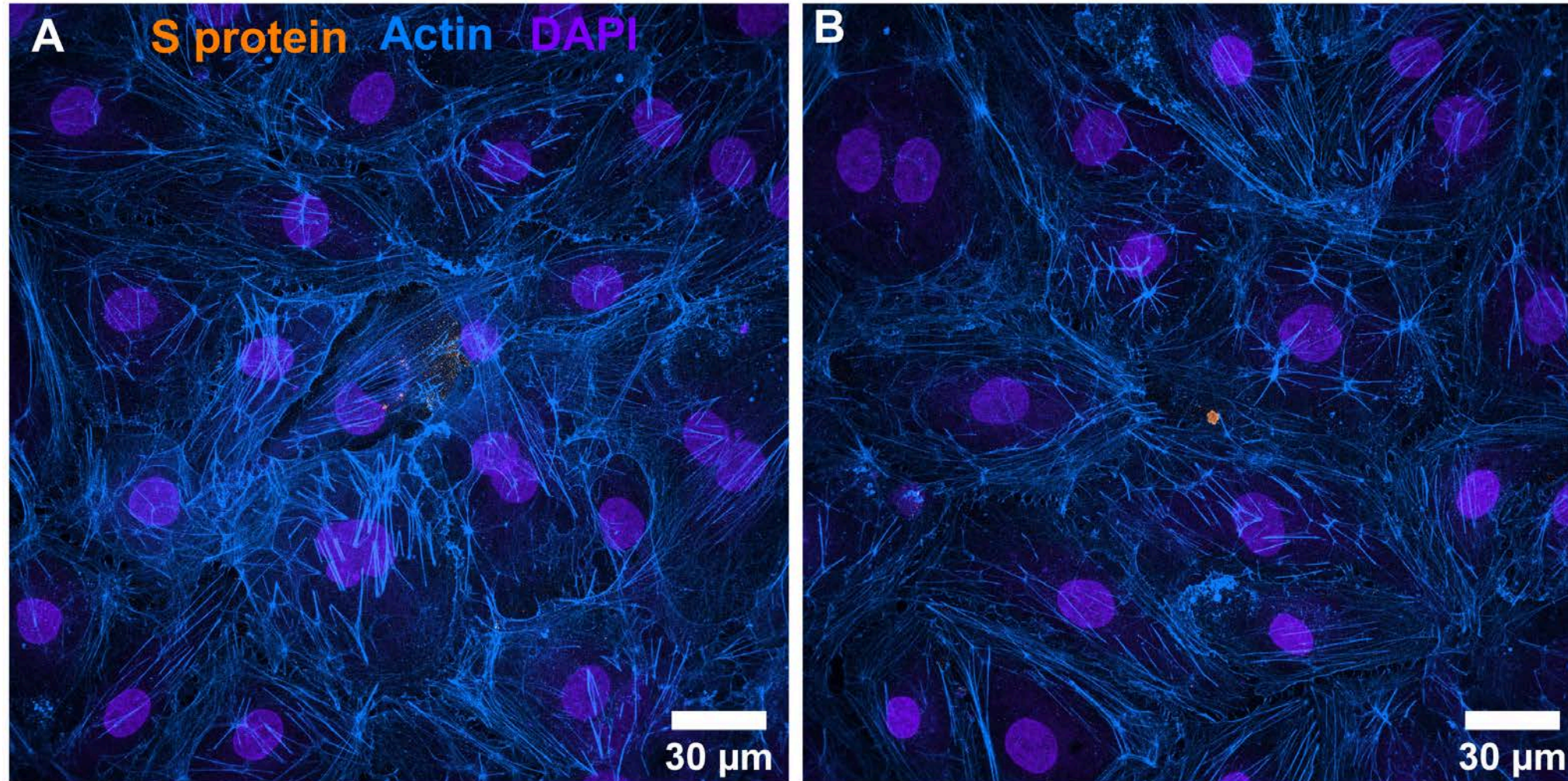


# Transient hyperplasia and loss of tight junctions

# Endothelial inflammation generates a pro-coagulatory environment

# Infection of endothelial cell monocultures does not lead to inflammation

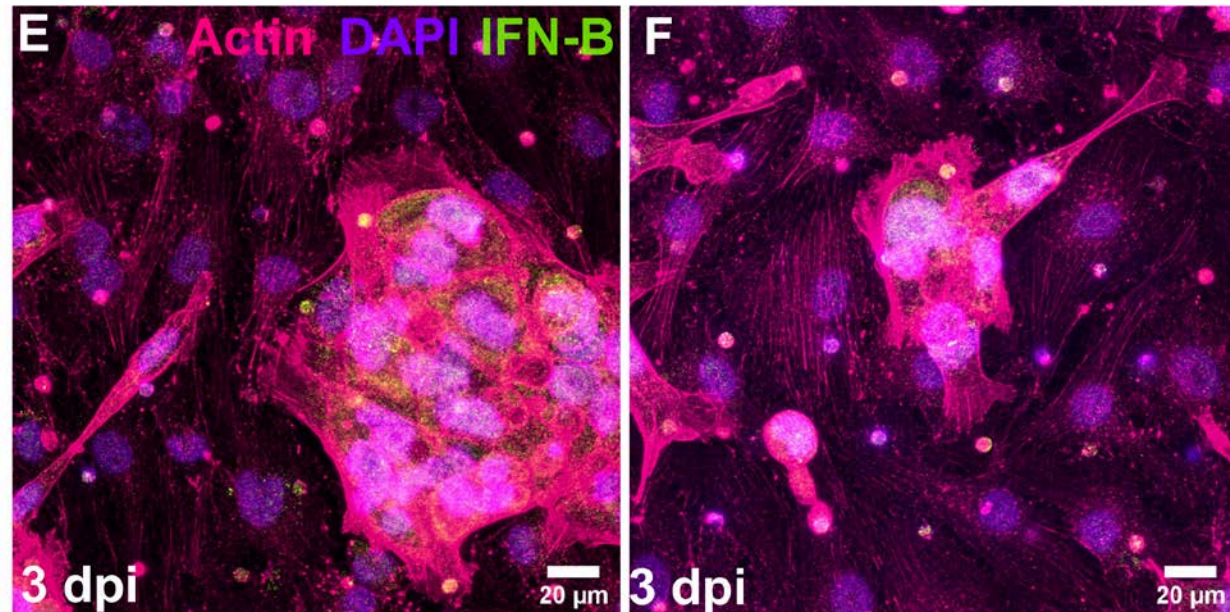
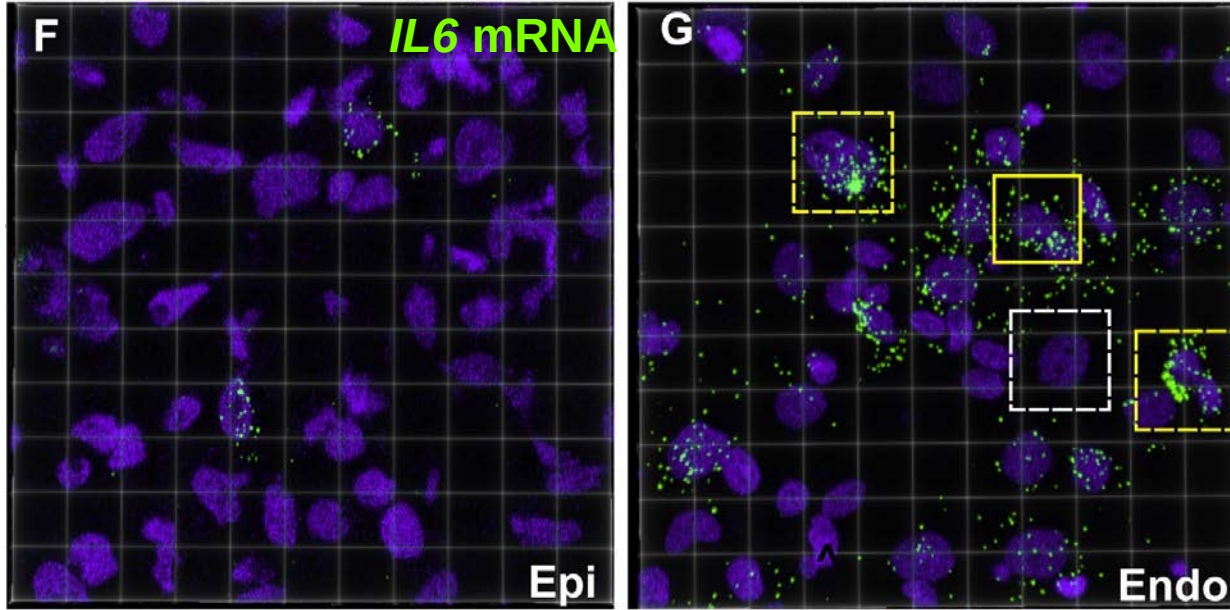
Endothelial monoculture infection - 2dpi, 1E4 PFU





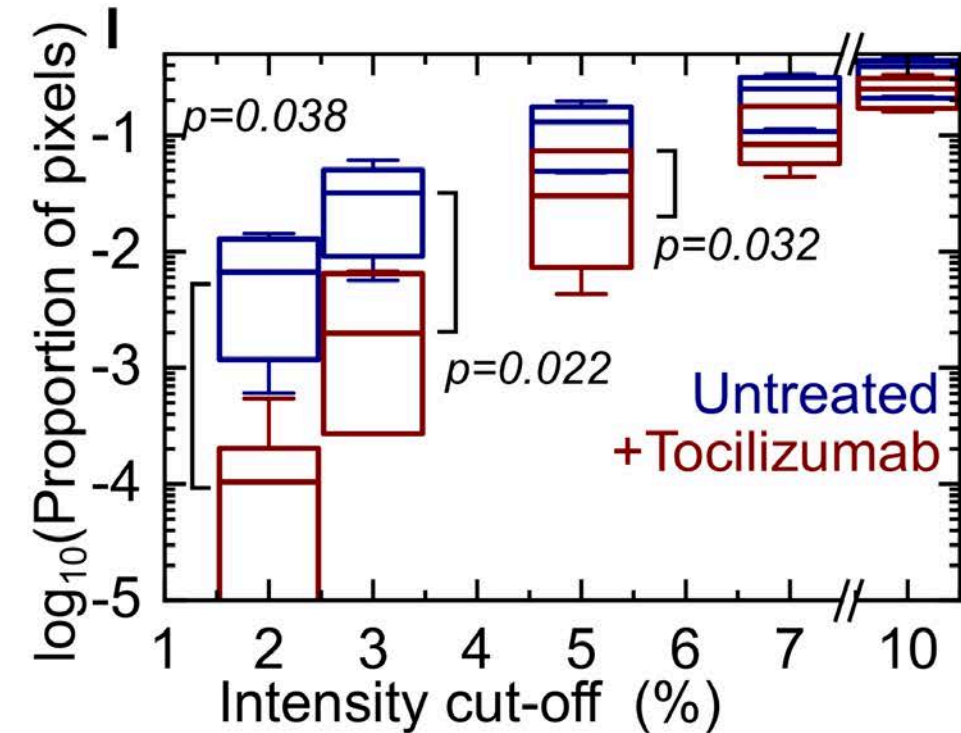
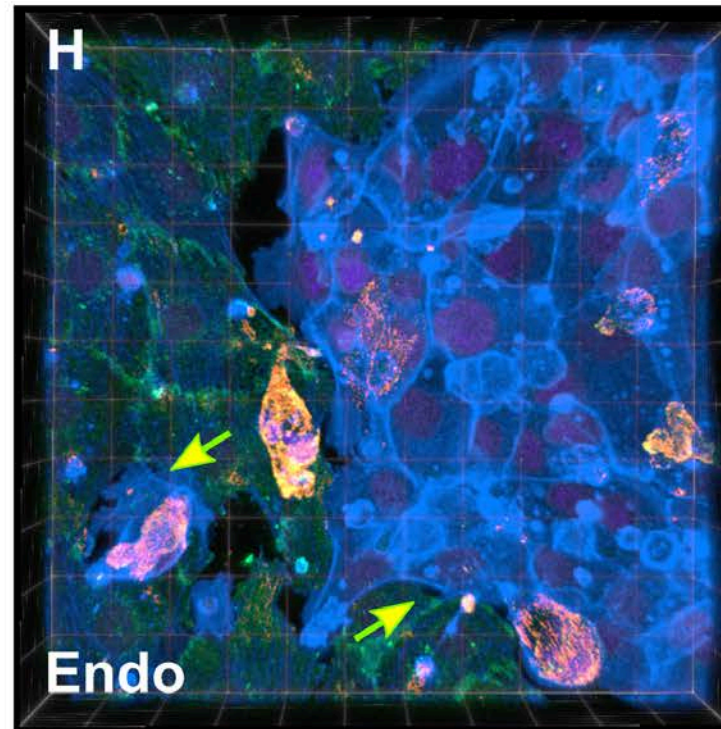
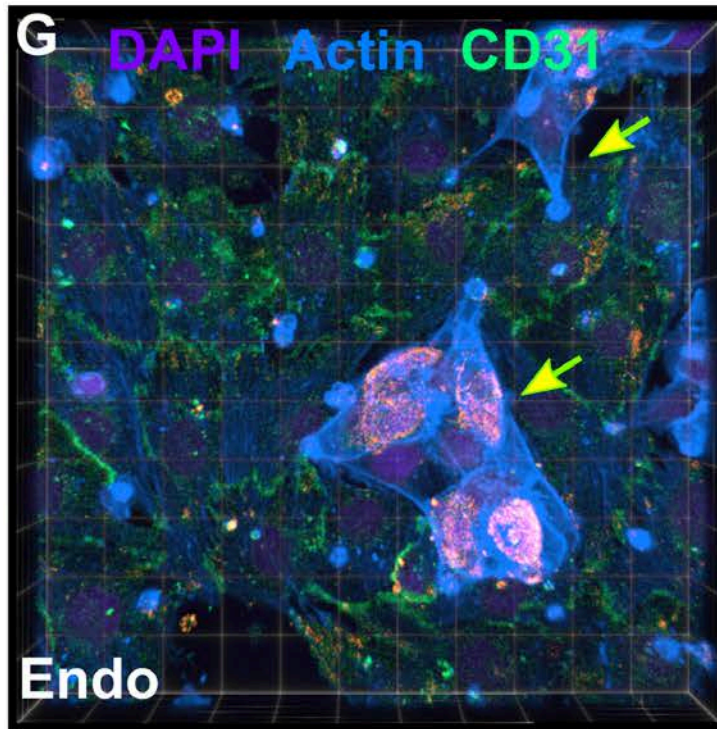
# NF- $\kappa$ B inflammatory responses are cell-type specific

3 days post infection - with m $\phi$





# Tocilizumab does not alleviate endothelial cell dysfunction



Tocilizumab – anti IL6R antibody being tested in clinical trials as a repurposed therapeutic

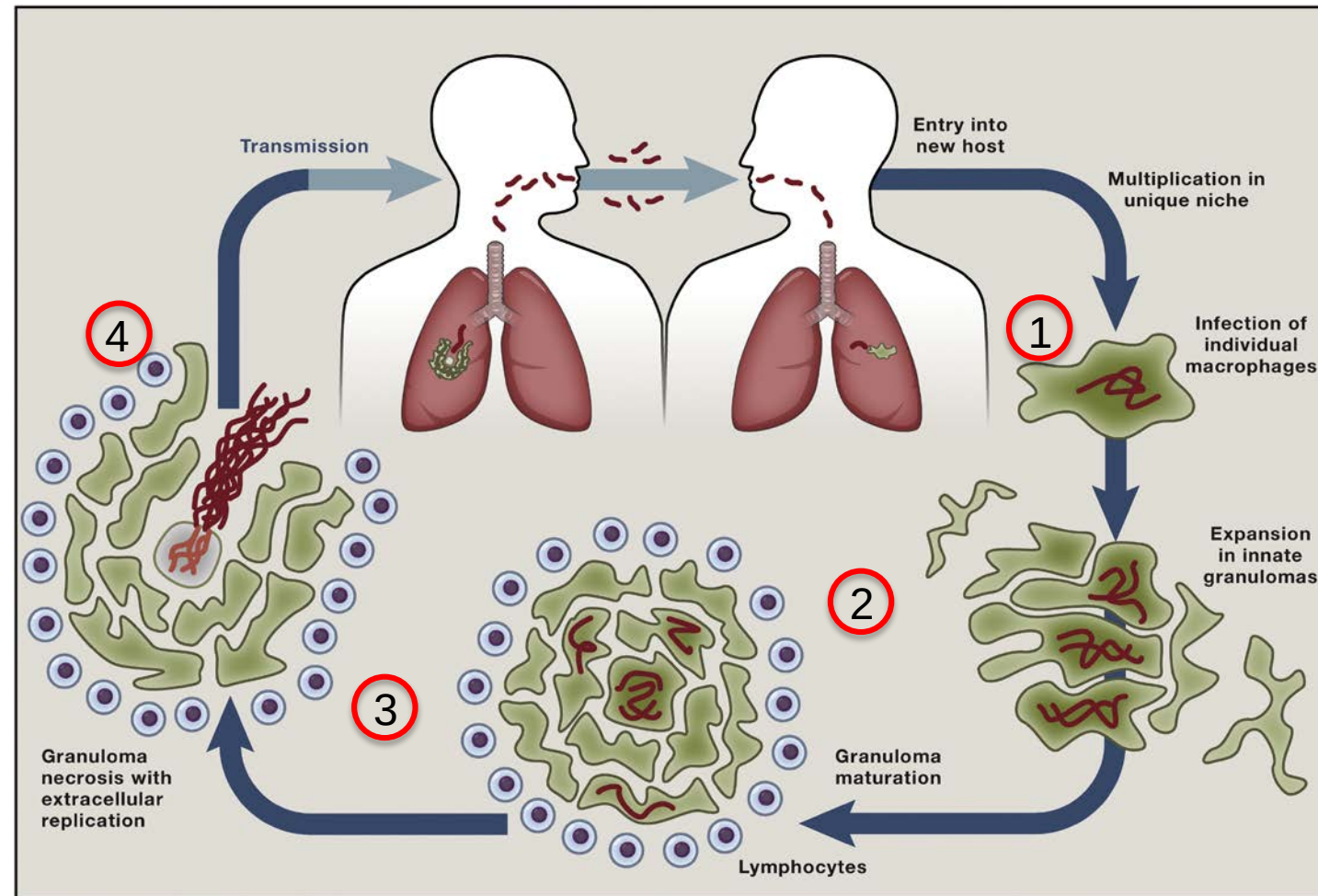
Administration slows down the loss of barrier function but does not prevent formation of cell clusters

# Conclusions

1. **Replication kinetics** – SARS-CoV-2 does not replicate productively in the alveolar space, yet low levels of virions can persist and replicate in individual cells for up to 3 days.
2. **Physiology** – Rapid basolateral transmission despite low ACE2 expression. Transient hyperplastic phenotype. None of these changes occur in monoculture experiments where endothelial cells are inoculated with the virus apically.
3. **Persistent nature of inflammation** – an NF-KB inflammatory response typified by IL-6 secretion and a weak antiviral interferon response is transient in epithelial cells but persistent in endothelial cells.
4. **Endothelial cells as a source for IL-6** – IL-6 secretion is independent of the presence or absence of resident immune cells, which shows that the damaged endothelium itself represents a source for this cytokine.
5. **Anti-IL6R therapy does not prevent inflammation** – Administration of Tocilizumab slows the loss of barrier integrity but does not reduce the occurrence of hyperplasia, which indicates that not all inflammation observed is IL-6 signalling dependent.

# Tuberculosis: an extensive series of host-pathogen interactions

**Current paradigm:** Intracellular life-cycle of *M. tuberculosis*



**Significance:** Global (1.3 million deaths/year), long and expensive antibiotic treatment, **BCG vaccine is ineffective in adults**

## Known Unknowns in Human Patients

Why do only 5-10% of people develop active disease?

What determines entry into and exit from latency?

## Mouse Model

Permissive

No latency

No granulomas

## Cynomolgus macaques

Closest to human

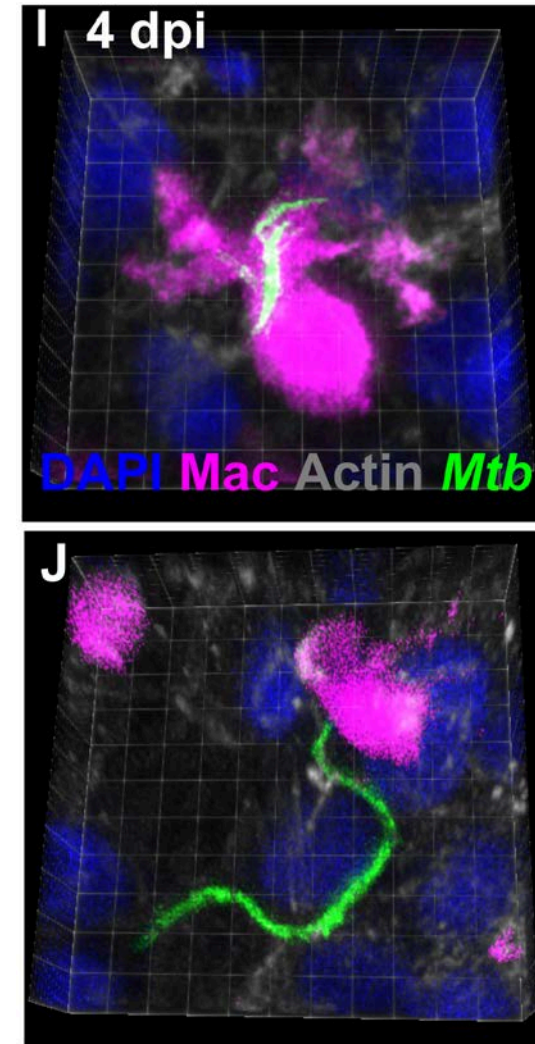
Expensive to work with

**'First contact' with the host is extremely difficult to study in any animal model**

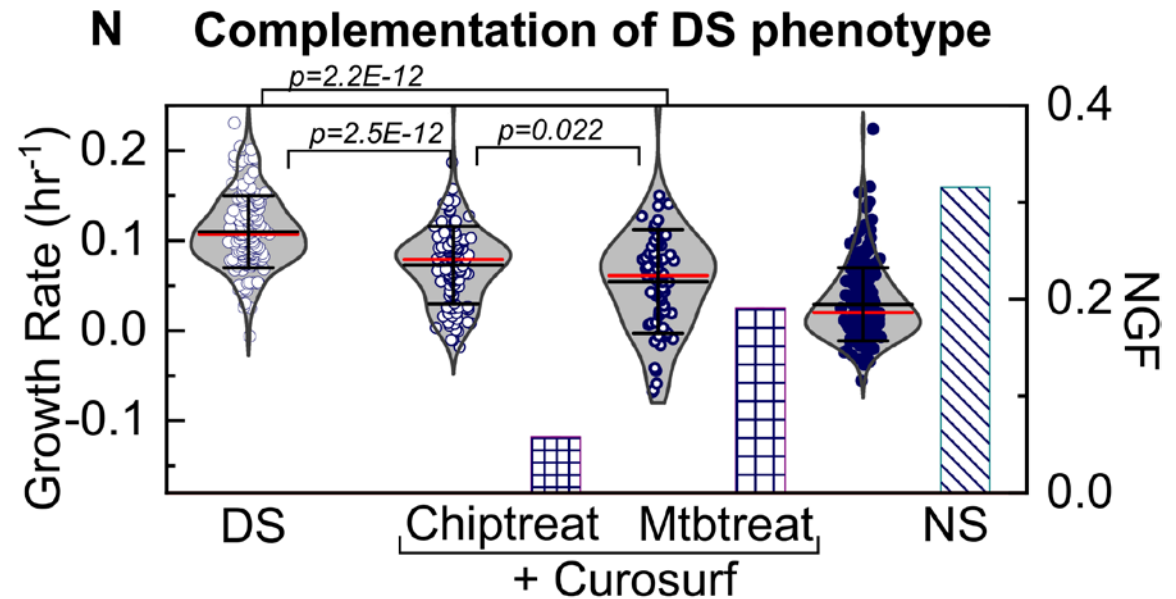
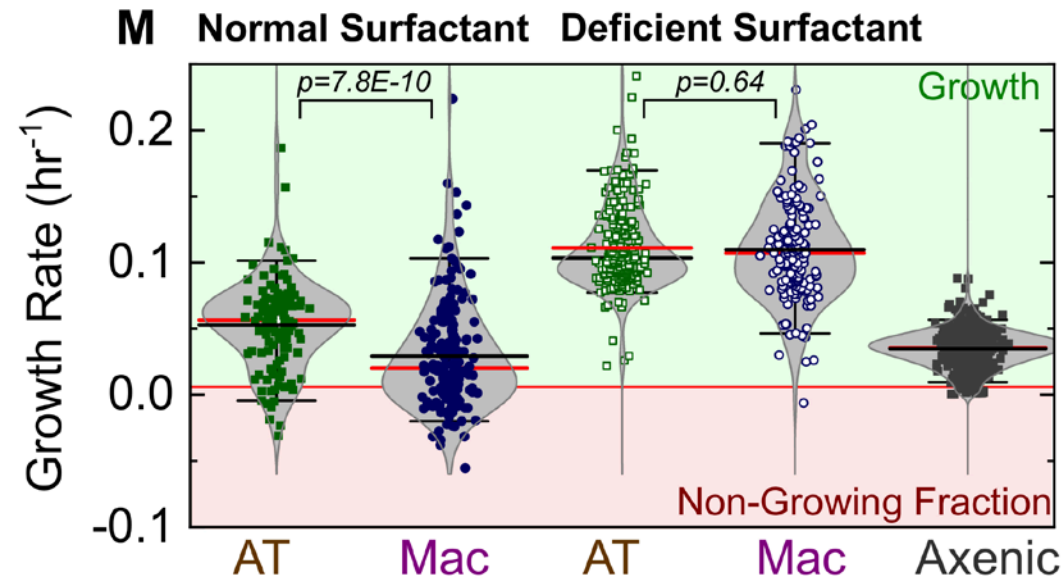
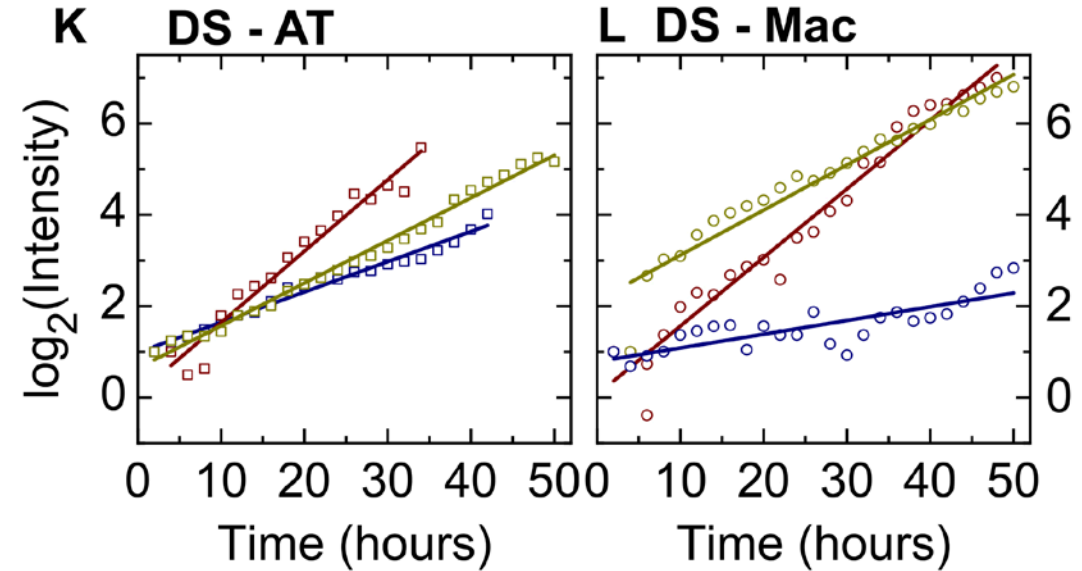
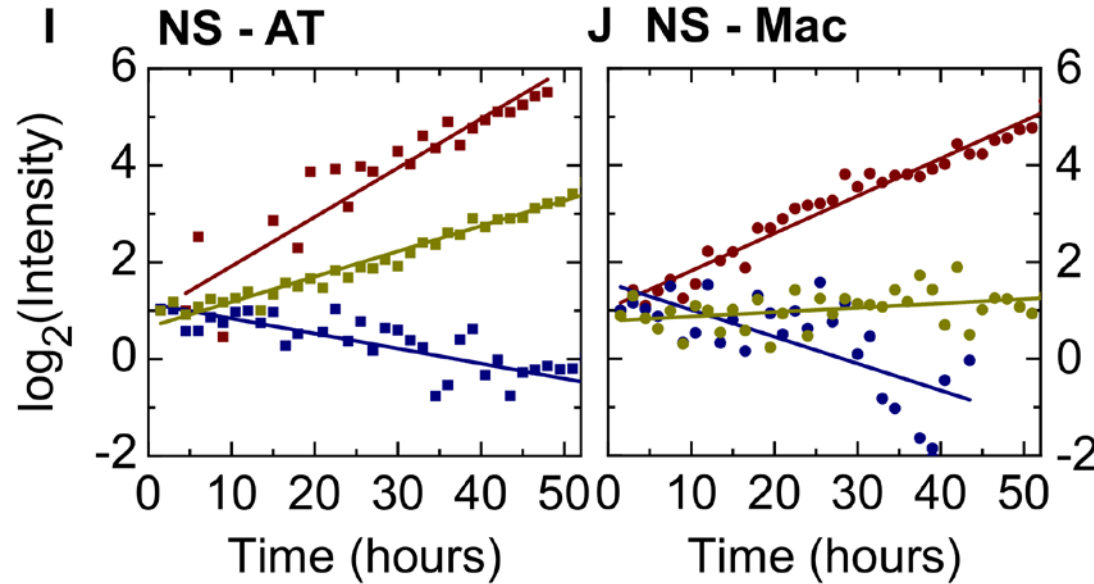


# In vitro passaging alters surfactant expression in ATs

# I, II. Striking observations: role for surfactant and MTB cords

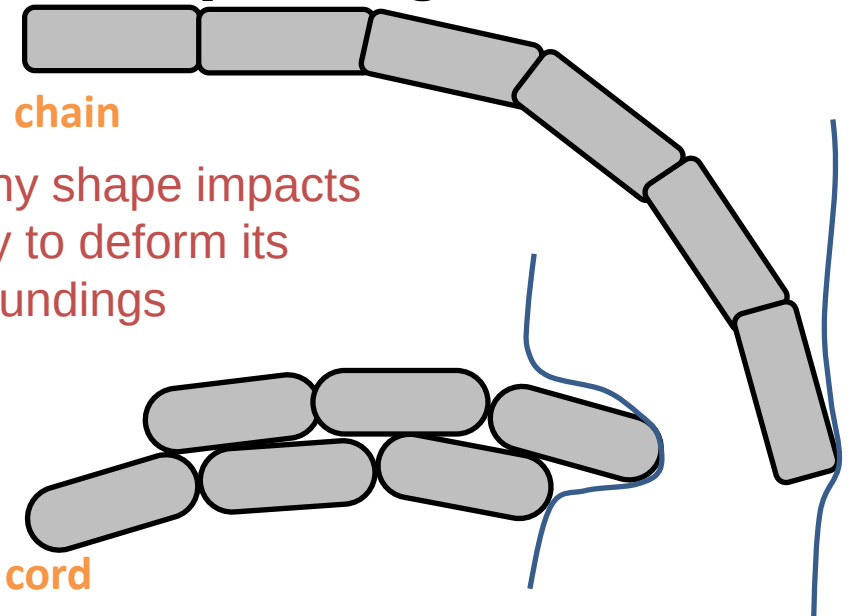
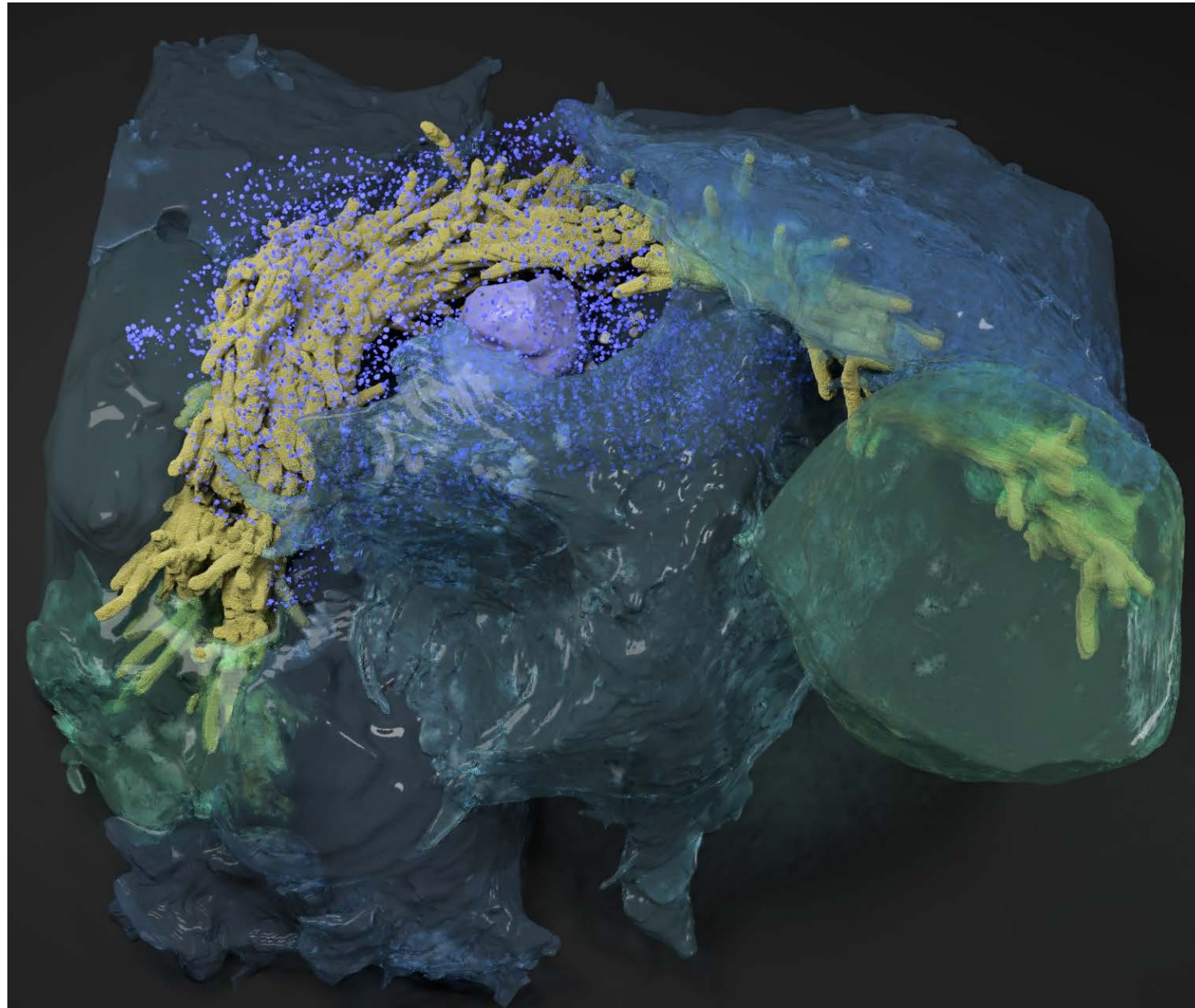


# Single-cell growth dynamics in ATs vs. macrophages



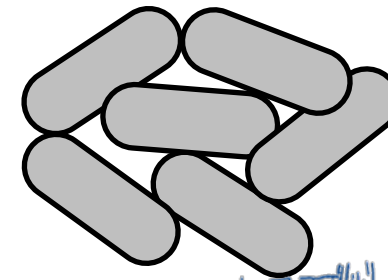


# Biophysical role: Cords as “battering rams” to aid pathogenesis?

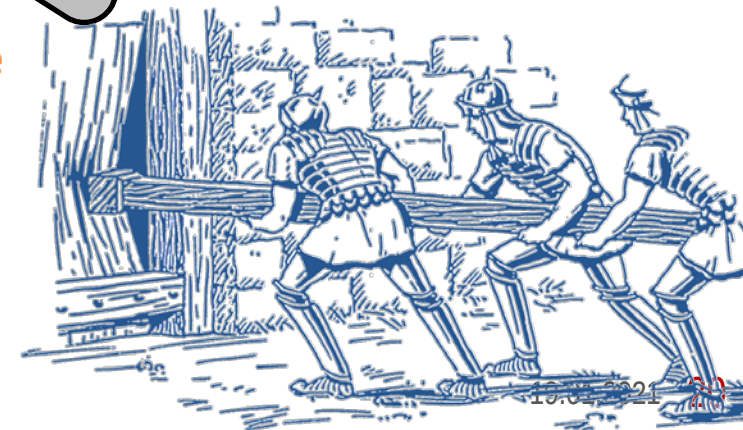


Colony shape impacts  
ability to deform its  
surroundings

cord



aggregate





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