

Comprehensive Examination of Induction of Drug Metabolizing Enzymes in Human upcyte[®] Hepatocytes Samar W. Maalouf¹, John P. Vanden Heuvel^{1,2}, Bruce Sherf¹, and Zahidur R. Abedin³

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Introduction

Drugs that induce drug metabolizing enzymes (DMEs) responsible for their own metabolism, or that of a co-administered drug, are a major source of concern in drug discovery. Human upcyte[®] hepatocytes are proliferating hepatocytes that retain many characteristics of primary human hepatocytes and are an important model for studying drug-drug interactions (DDI).

We conducted a comprehensive evaluation of altered gene expression in upcyte® cells treated with a selection of reference DME inducers. Cells were treated with prototypical agonists of Pregnane X Receptor (PXR), Constitutive Androstane Receptor (CAR), Aryl Hydrocarbon Receptor (AhR), Farnesoid X Receptor (FXR), Liver X Receptors (LXR), Peroxisome Proliferator-Activated Receptor Alpha (PPARA), Nuclear factor (erythroidderived 2)-like 2 (Nrf2) or Liver Receptor-Homology 1 (LRH-1).

Next-Generation Sequencing (NGS) was used to quantify the altered gene expression induced by these drugs with a focus on DMEs that can affect DDI.

Aims and Objectives

• A comprehensive evaluation of altered gene expression in upcyte[®] hepatocytes treated with a selection of reference DME inducers.

 Using upcyte[®] hepatocytes as a model to predict DDI and potential drug mechanism of hepatotoxicity

Materials and Methods

Cell culture and treatments. upcyte[®] human hepatocytes (donor 10-03) were treated with prototypical agonists of PXR (Rifampicin; 20 μM), CAR (CITCO; 2 μM), AhR (MeBIO; 1 μM), FXR (GW4064; 1 μM), LXR (T0901317; 3 μM), PPARA (GW590735; 1 μM), Nrf2 (Sulforaphane; 10 μ M); and LRH-1 (ML179; 20 μ M) diluted in INDIGO Assay Medium. Treatments were replenished after 24hr, and continued for a total of 48h.

RNA Purification and Ampliseq[®] Transcriptome Analysis. Total RNA was purified using the SV96 total RNA isolation system (Promega). RNA libraries used for sequencing were prepared using Ion Ampliseq Transcriptome Human Gene Expression kit (Life Technologies). cDNA quality was confirmed using the Agilent[®] dsDNA high sensitivity kit. 100 pM of pooled barcoded libraries were used for templating and sequencing using lon PITM Hi-QTM IC kit (Life Technologies), Ion Chef and Ion Proton. Fastq raw sequence files were aligned to the human Hg19 reference sequences by the lon torrent browser plug-in using the default parameters. Aligned BAM files were uploaded to the StrandNGS for further analysis. After filtering, the aligned reads were normalized and quantified using the DeSeq algorithm by the StrandNGS program. Statistical analyses were performed using the Moderated T-test comparing each treatment to the control group (DMSO; 0.1%). Fold change analysis was performed on those data found to be statistically significant.

Ingenuity Pathways Analysis (IPA) and IBIPlots. Genes that were significantly modulated in response to treatments were analyzed using Ingenuity Pathway Analysis (IPA, Qiagen). P-value of overlap of genes associated with hepatotoxicity and pathogenesis pathways, as described by Sutherland *et. al*, 2017, were determined by IPA and visualized using IBIPlots[™].

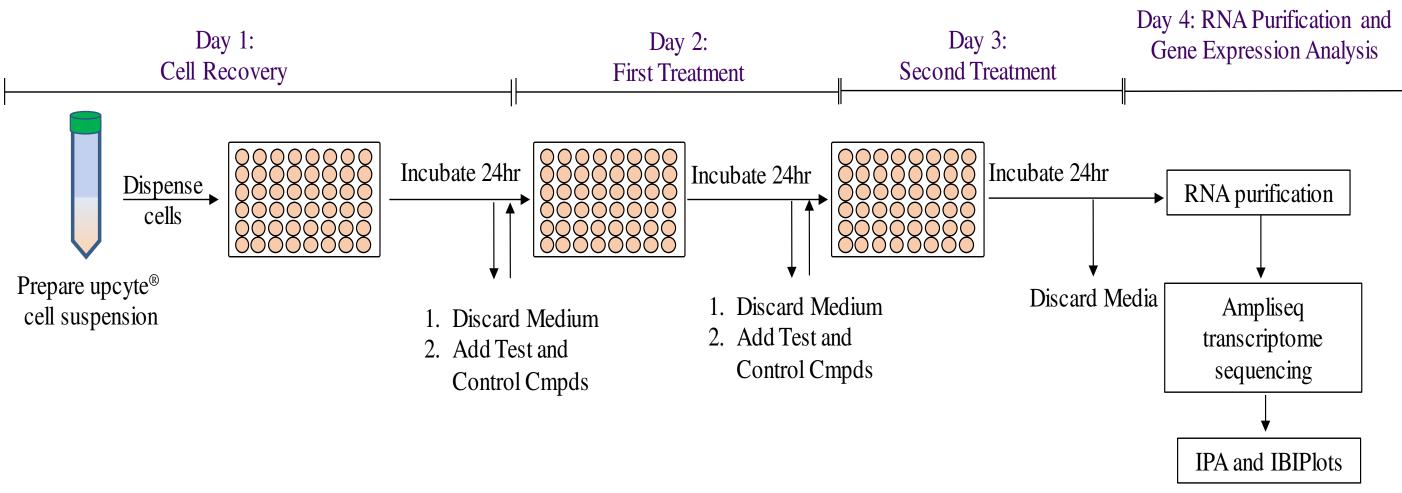
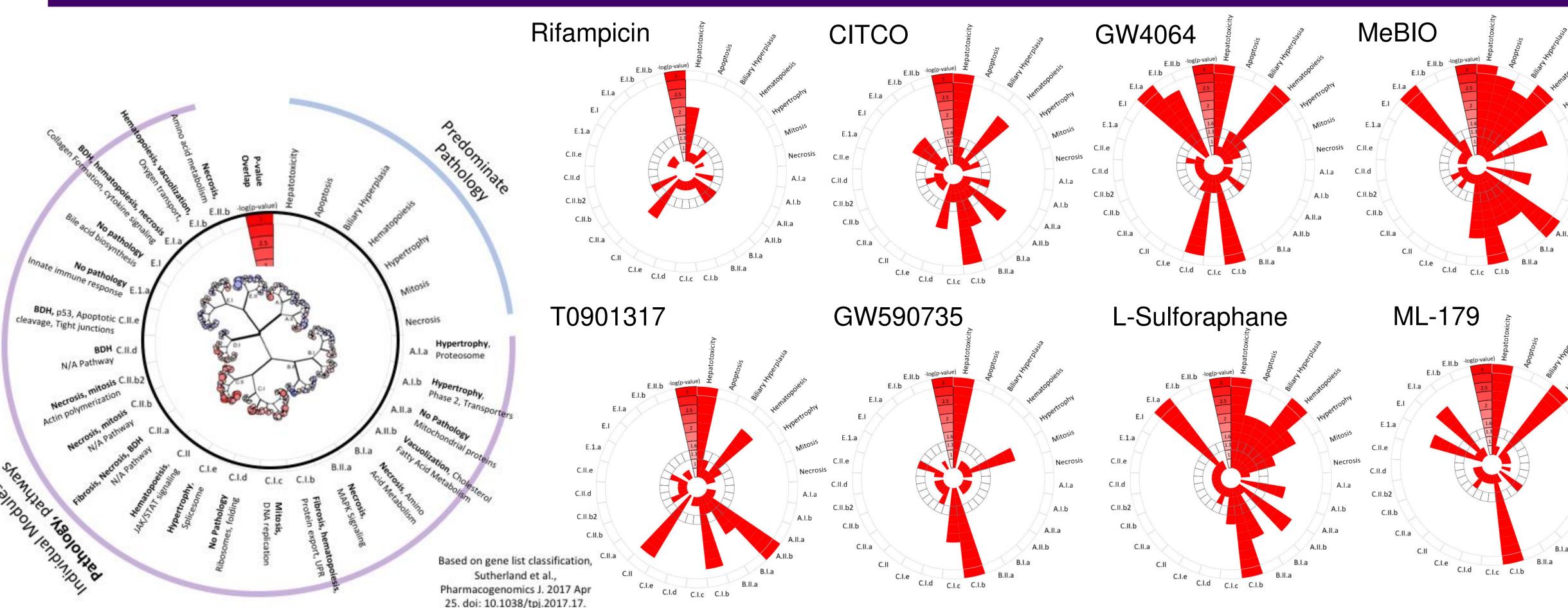


Figure 1: upcyte[®] hepatocyte culture and assay work flow

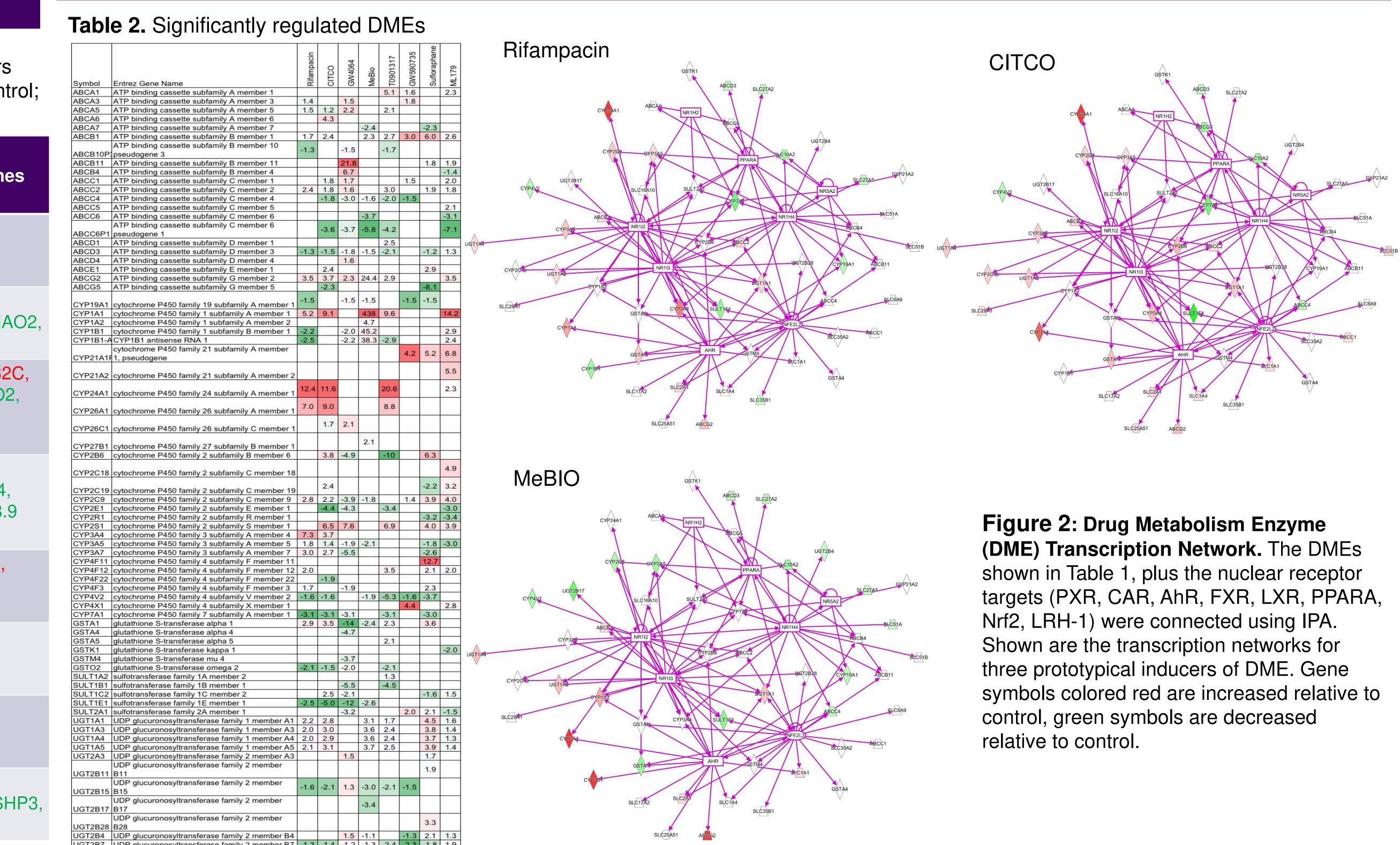
Transcriptome analysis, upcyte[®] human hepatocytes

Table 1. Summary of NGS Results: Top regulated genes in response to prototypical agonists of various nuclear receptors listed in the table below. Red= gene increased relative to control; Green= gene decreased relative to control.

Compound (target receptor)	P<0.05, FC all	P<0.05, 2-fold	P<0.05, 3-fold	Top regulated gen
Rifampicin (PXR)	2208	645	226	CYP24A1, SEC14L4, C12orf36, HSPB3, OR4F7P, THBD
CITCO (CAR)	2906	822	266	CYP24A1, CYP1A1, CYP26A1, HSPB3, HA GPR37
GW4064 (FXR)	3011	809	288	FGF19, CD3G, STK32 CTD-2619J13.8, TDO ADRA2A
MeBIO (AhR)	4318	1735	735	CYP1A1, CYP1B1, CYP1B1-AS1, P2RY4 GPR37, RP11-98D18.
T0901317 (LXR)	3006	1417	602	CYP24A1, PLEKHA8, RAP1GAP2, FFO1, TAS2R10, ADRA2A
GW590735 (PPARA)	2576	640	226	PLEKHA8, ZNF527, PDK4, NDUFS1, GCSHP3, FAM127A
L- Sulforaphane (Nrf2)	4417	1560	583	AKR1B10, TRIM16, ZNF527, FAM127A, ADRA2A, HIST1H3D
ML-179 (LRH-1)	4108	1773	638	ZNF527, PLEKHA8, ANK1, GRIN3B, GCS FAM127A



Drug Metabolism Enzymes (DMEs)



A.II.b

Hepatotoxicity

Figure 3: Hepatotoxic module association. Genes associated with hepatotoxicity as described by Sutherland et al., were compared to the list of significantly regulated genes (see Table 1). IBIPlotsTM were used to visualize the p-value of overlap for each gene list. -log(p-value)>1.3 is considered a statistically significant overlap.



Results and Conclusions

- upcyte® human hepatocytes are responsive to a variety of prototypical DME inducers including PXR, CAR and AhR agonists.
- In addition to predicted induction of Phase 1 DMEs (CYP3A4, CYP2B6, CYP1A2), changes in Phase 2 (UGT1A1, GSTA1) and Phase 3 transporters (ABCA1) transcripts are evident
- Genes affected by these prototypical inducers is consistent with different aspects of hepatotoxicity. Research is on-going to determine if alterations in specific subsets of genes is predictive of pathology.
- These results demonstrate the utility of upcyte[®] hepatocytes in assessing drug-induced modulation of DME, and predict potential DDI or drug-induced hepatotoxicity.

Reference

Toxicogenomic module associations with pathogenesis: a networkbased approach to understanding drug toxicity. Sutherland JJ et. al, The Pharmacogenomics Journal 00, 1-14; 2017.