



Bringing continuous bioprocessing to the manufacture of therapeutic cells

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Tissue Engineering: cell - tissue - patient



CellulaREvolution

Technology addressing bottleneck to cell scale-up

Miotto et al. ACS Applied Mat. & Int. 2017

Geomechanical Cell Guidance

Providing cues to instruct cells to grow into functional tissues

Gouveia et al. Adv. Biosystems 2017

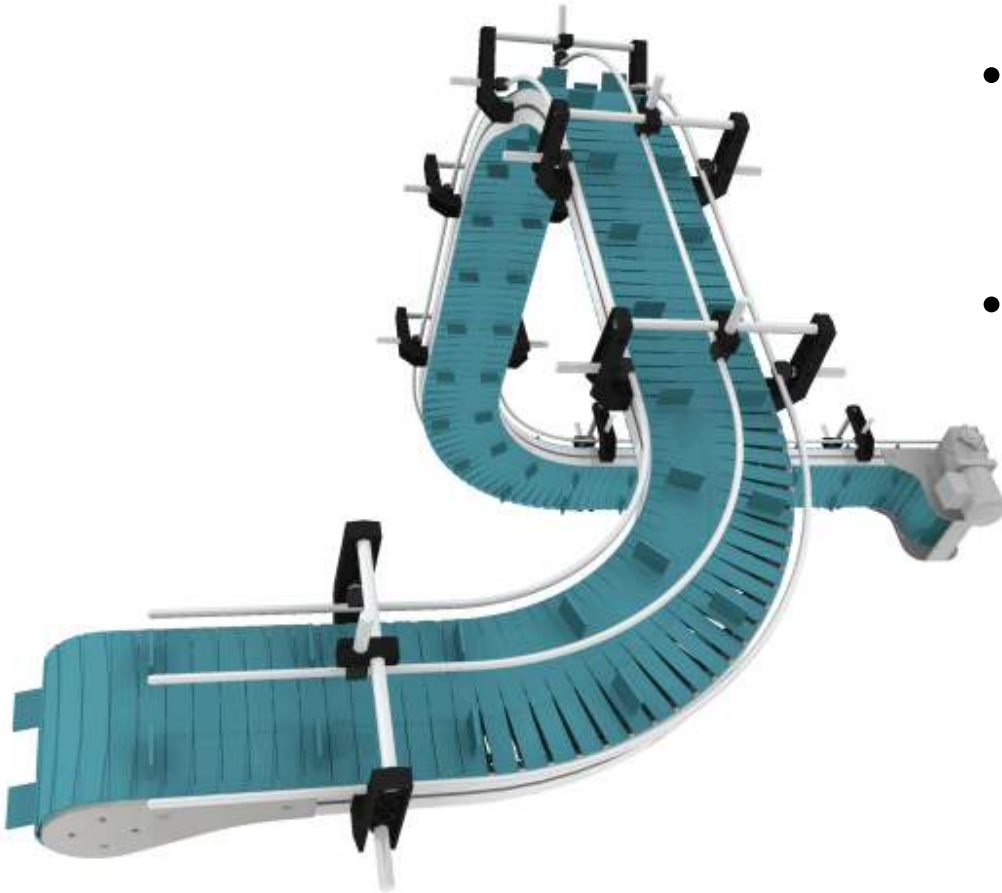


Hypothermic Cell Storage

New Spin-out ([Atelerix Ltd](#)) technology for research and clinical applications

Company registered June 2017, first funding round completed Jan 2018

What is a continuous process?



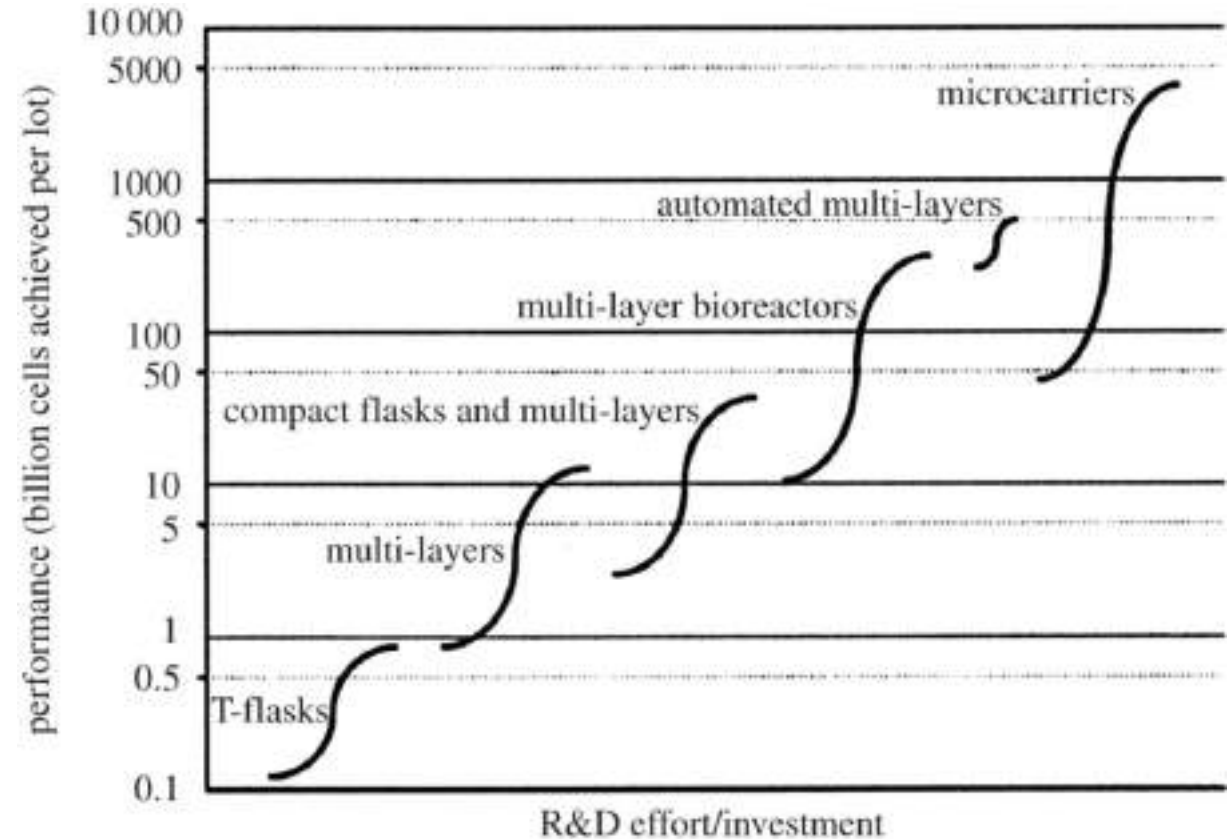
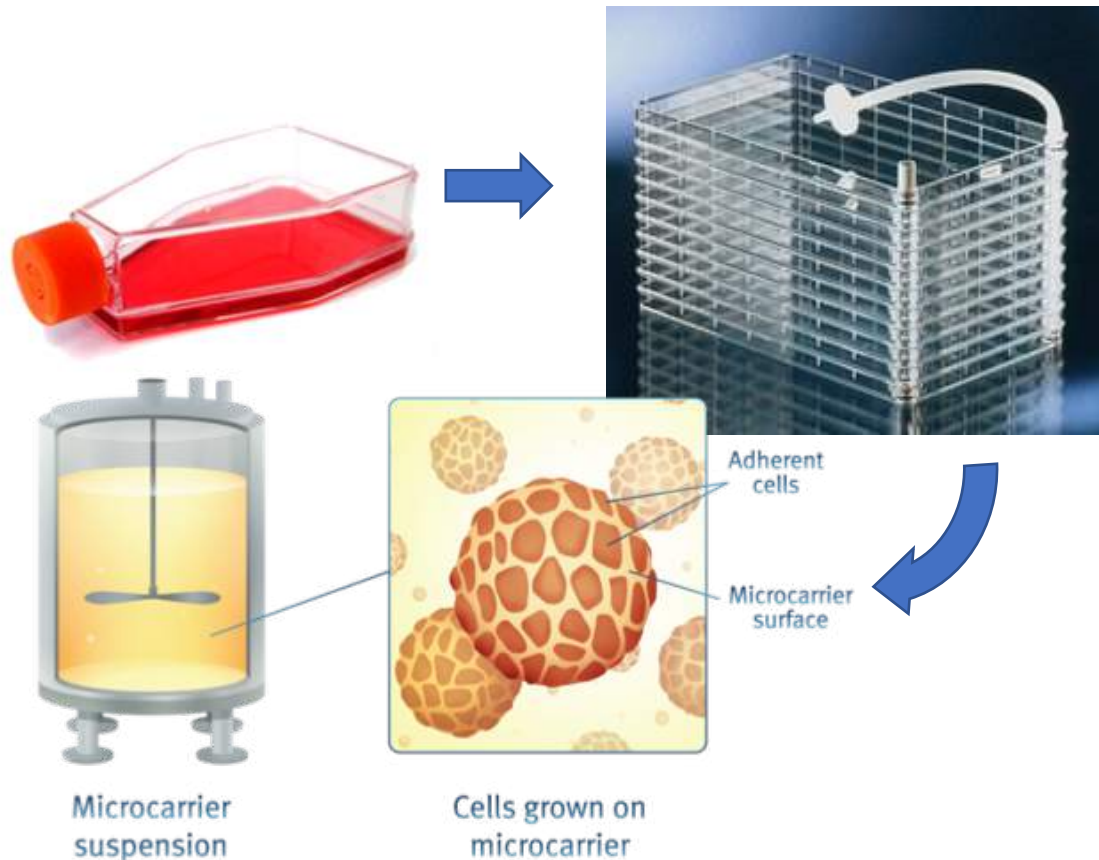
- A production method used to produce materials without interruption.
- The materials that are being processed are continuously in motion e.g. undergoing chemical reactions.

What does it mean for cell manufacturing?

- Currently cells are all produced using **Batch Production**
- Pro's
 - Production line can be used for different cell types
 - Production line can be modified at any point
- Con's
 - Inefficient.
 - Equipment must be stopped, prepared and tested again between batches
 - Downtime is costly

Scale up of batch produced adherent cells

- Available **surface area** is a significant limitation for scale up of adherent cells

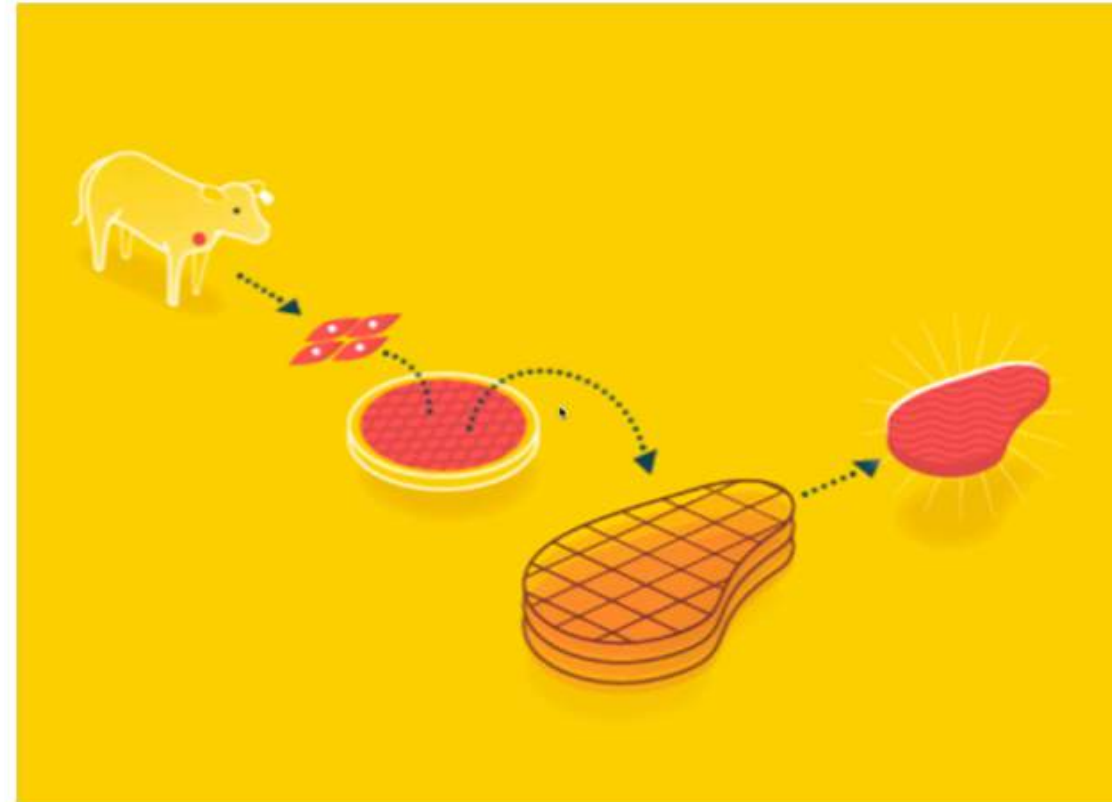


So what's the problem?

- For cell therapy treatments, individual cell doses can range from 10^5 – 10^9 cells.
- Treatment for heart failure (allogeneic) may require a 10^9 cell-dose in 10^7 patients, thus requiring the manufacture of **10^{16} cells**.
- Current bioreactors can produce 10^{12} cells per lot.
- Factor 10^4 out – just for one indication!

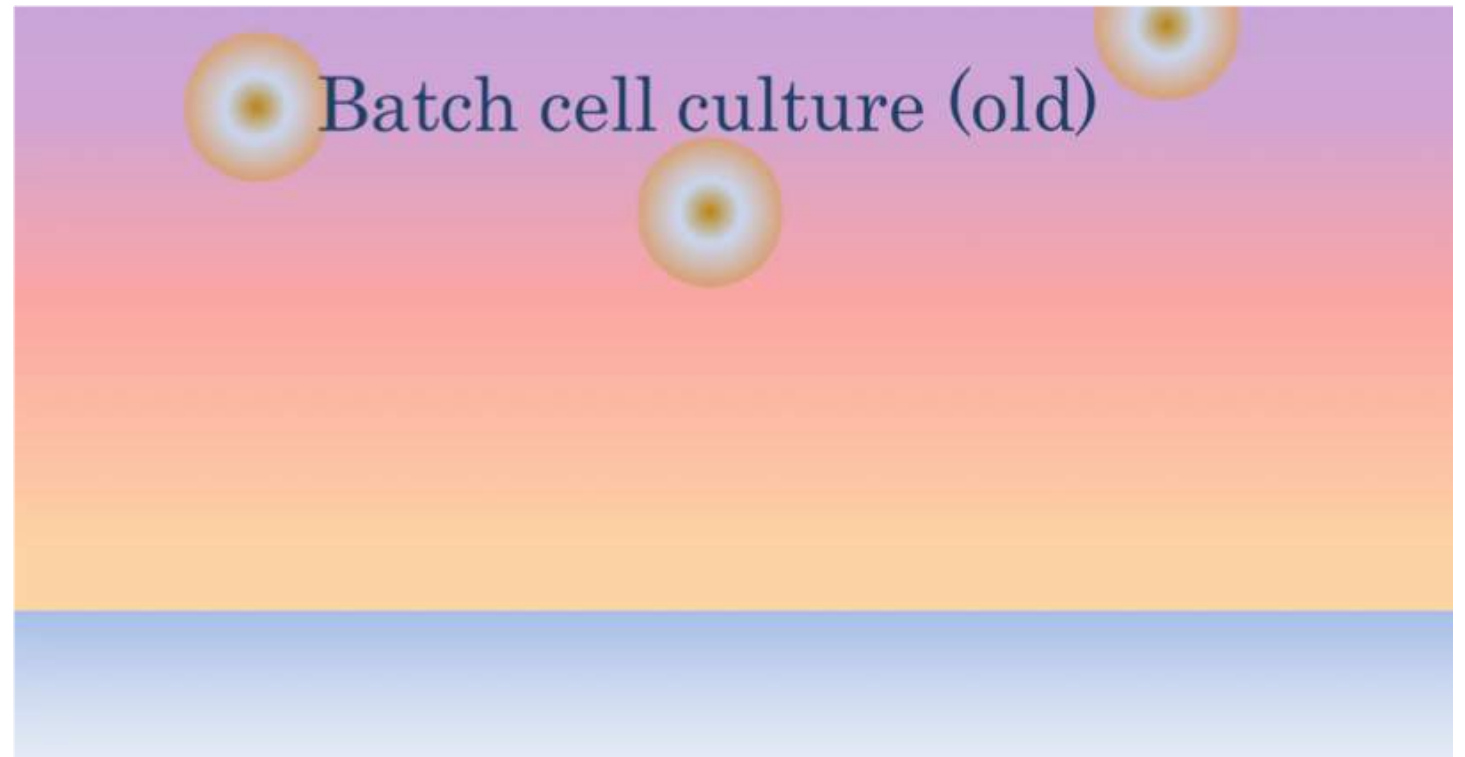
If you thought those numbers were large....

- Cellular agriculture, aka 'clean meat' requires even more cells.
- A burger contains 10^9 cells. Annually 50 billion burgers a year are consumed in US.
- Thus 10^{18} cells would be required
- By including adherent cells used in Biologics (viruses, vaccines etc.) and cell-based assays (monolayers, organoids etc.) then need for adherent cells could rise to 10^{50} per year!



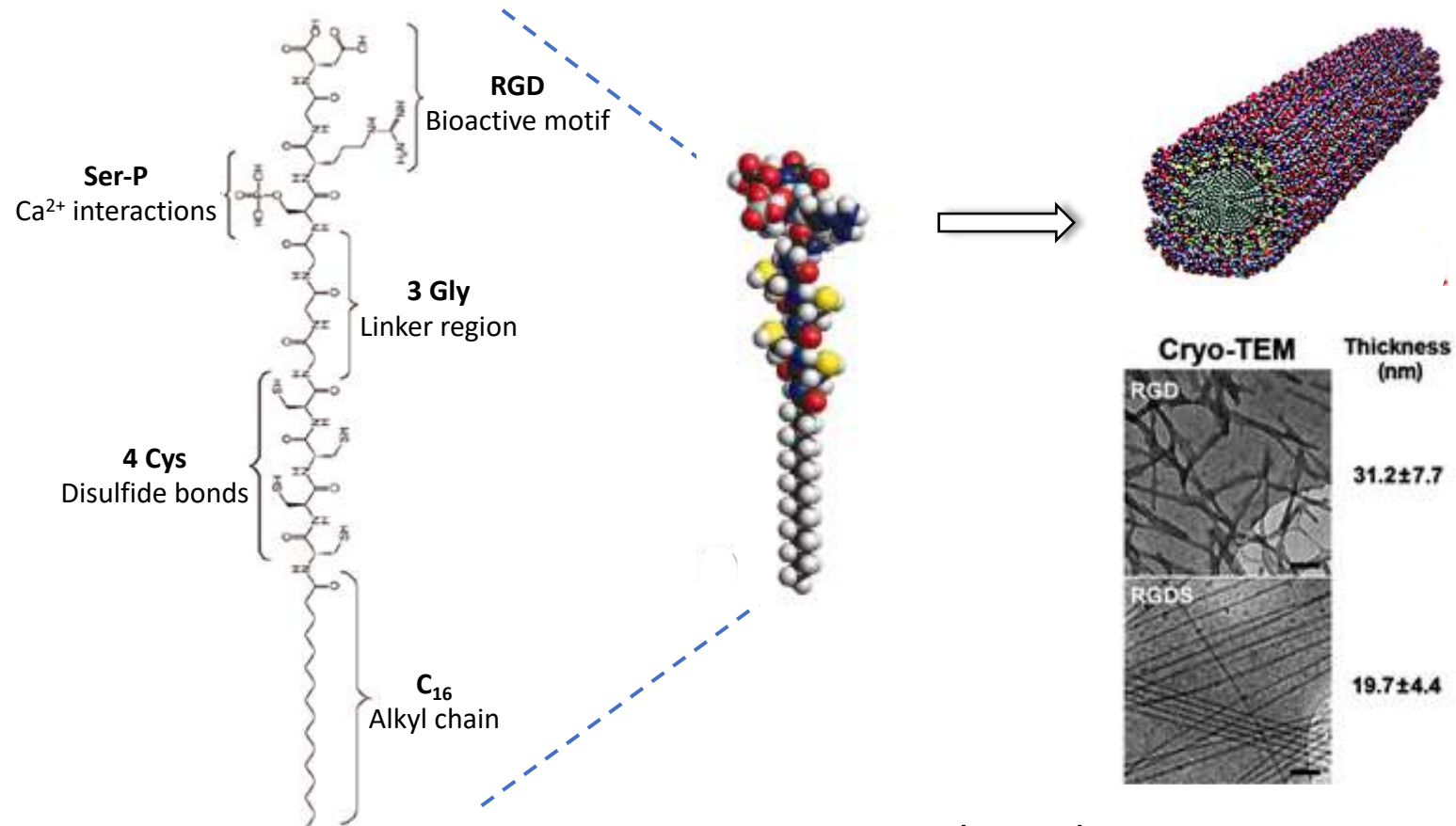
Our Solution

- Rationally design a coating that allows adherent cells to reach a **steady state** (proliferation = detachment).
- Thus a single **limited** area could produce an **unlimited** number of cells - continuously.



So what's the coating?

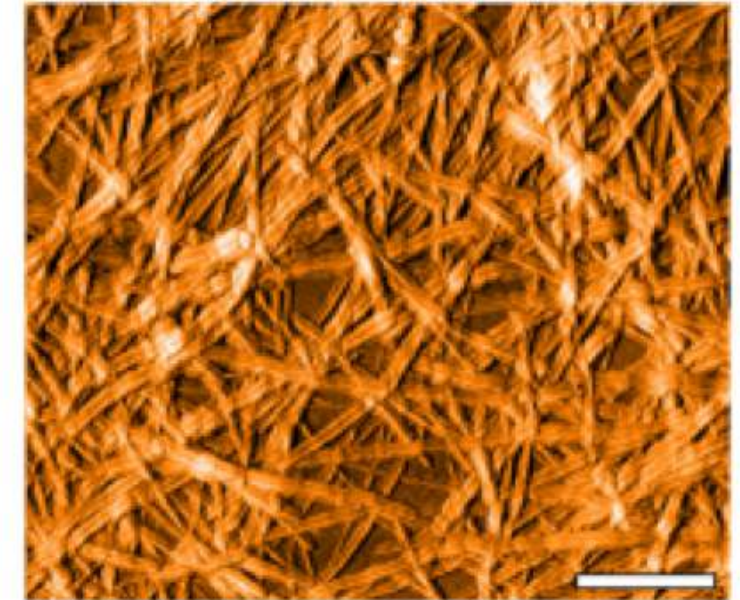
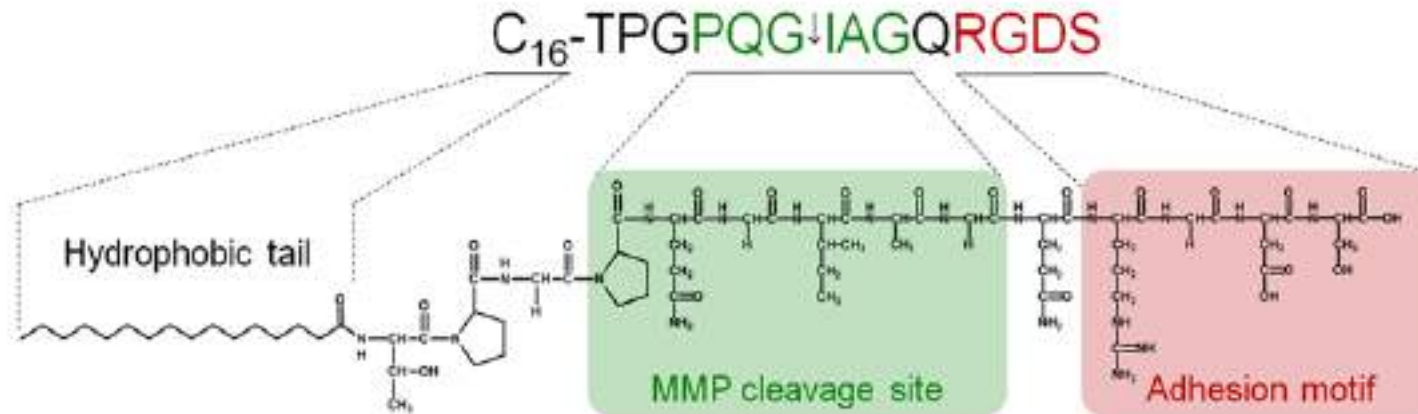
- Self-assembling peptide amphiphiles (hydrophobic tail, hydrophilic head)



Hartgerink *et al.*, 2001; Gouveia *et al.*, 2013

Making the coating 'smart'

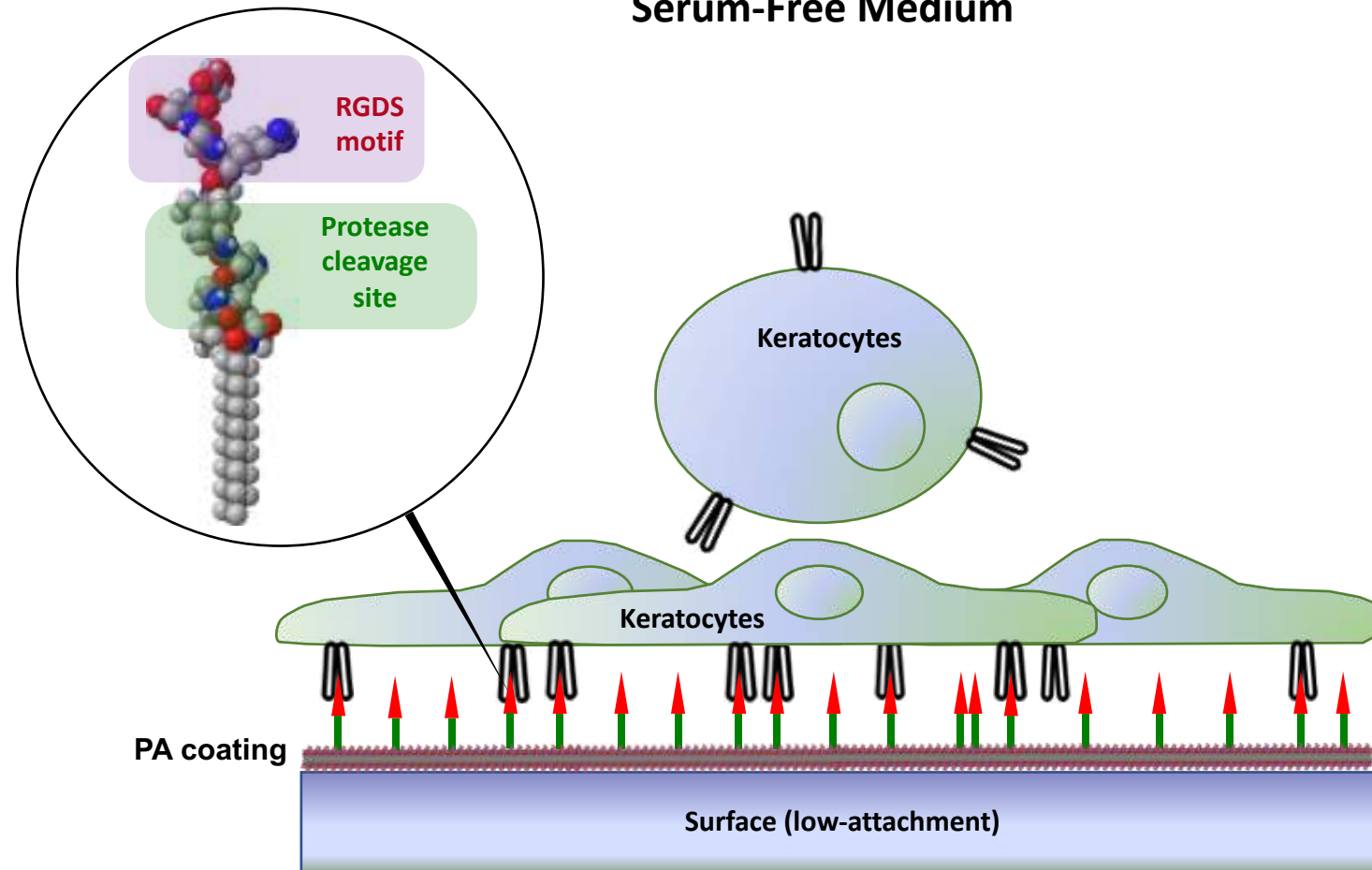
- Enzyme cleavable linker inserted beneath cell adhesion peptide sequence



Gouveia *et al.*, Tissue Eng Pt.A, 2015

Smart coatings for tissue production

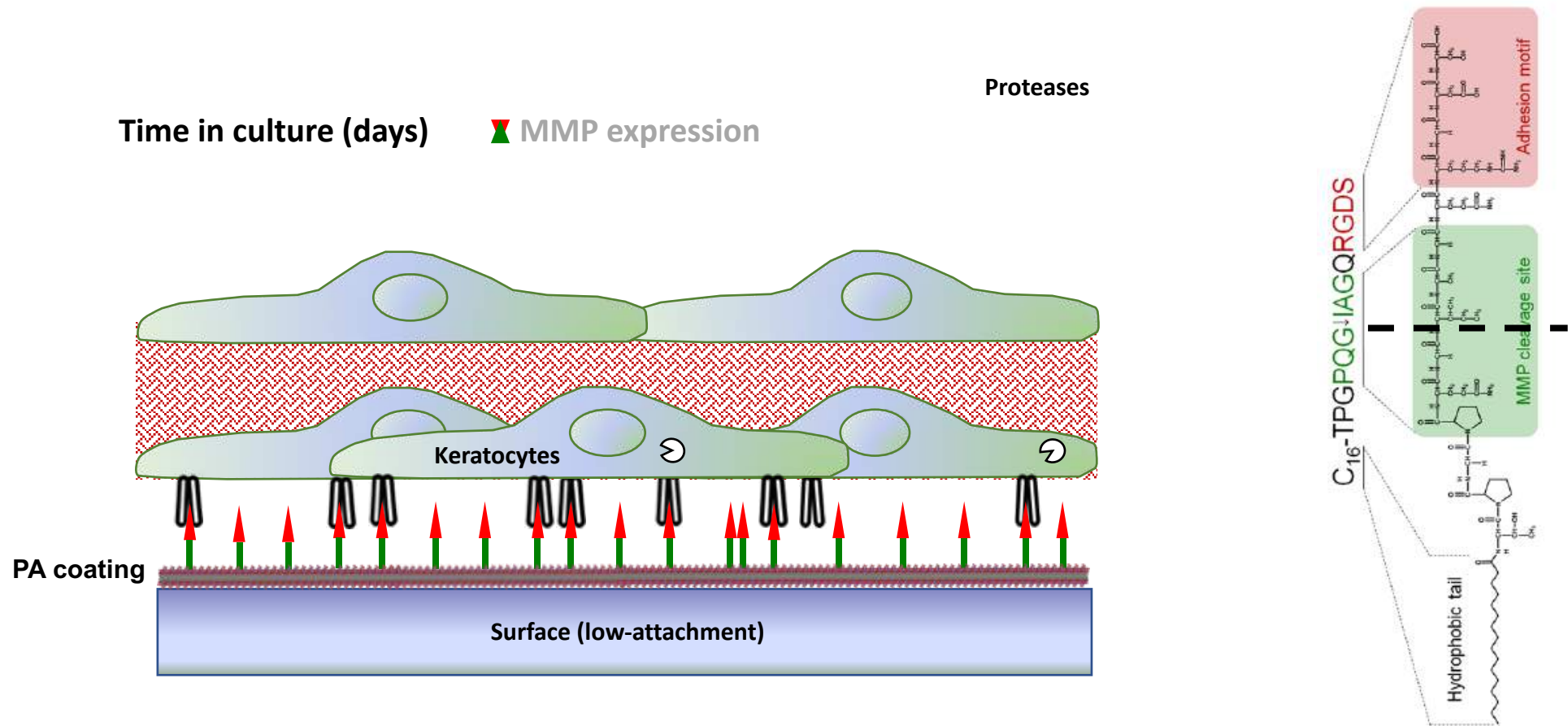
Serum-Free Medium



Smart coatings for tissue production

Serum-Free Medium + **RA**

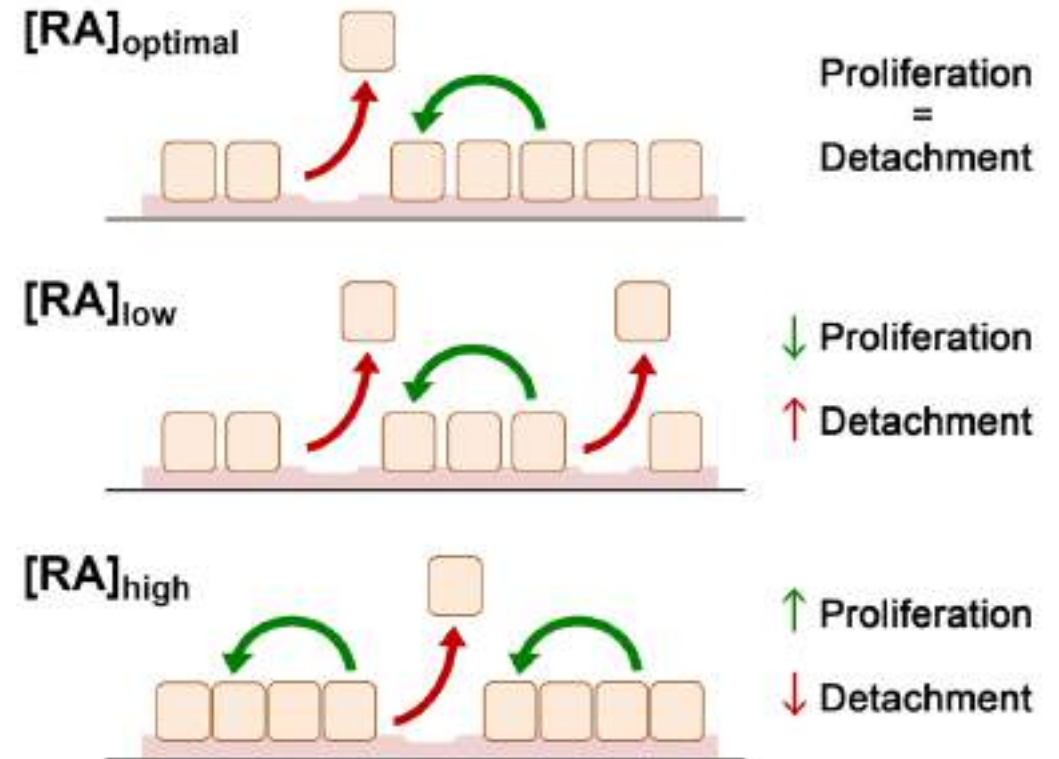
Gouveia and Connon (2013) *IOVS*



Next step: Use same coating to control individual cell adhesion and release

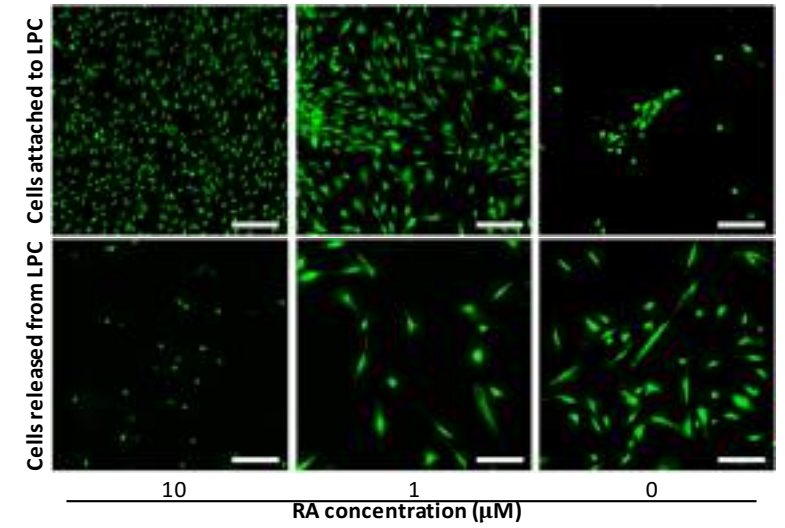
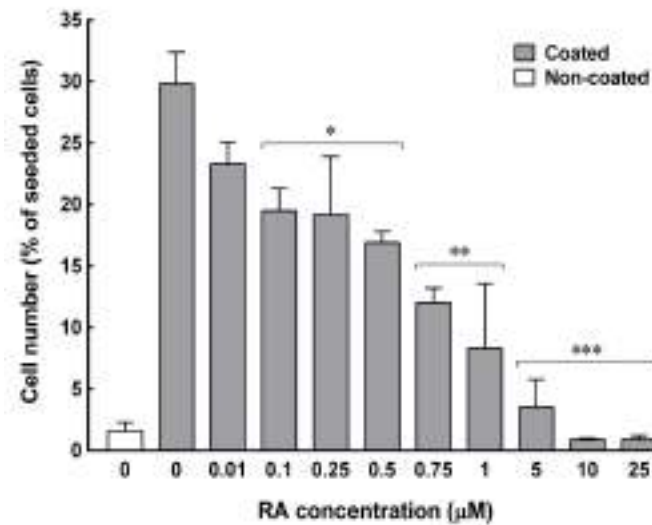
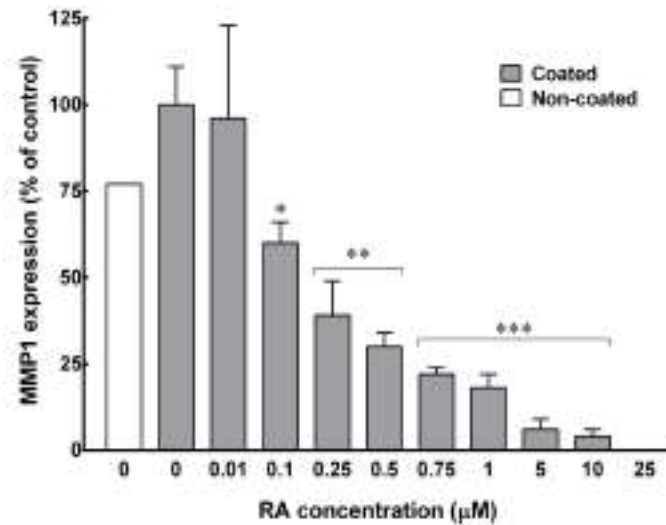
- Is there an accurate correlation between [RA] and [MMP]?

- Test affect of increasing [RA] on cell adhesion with smart coating

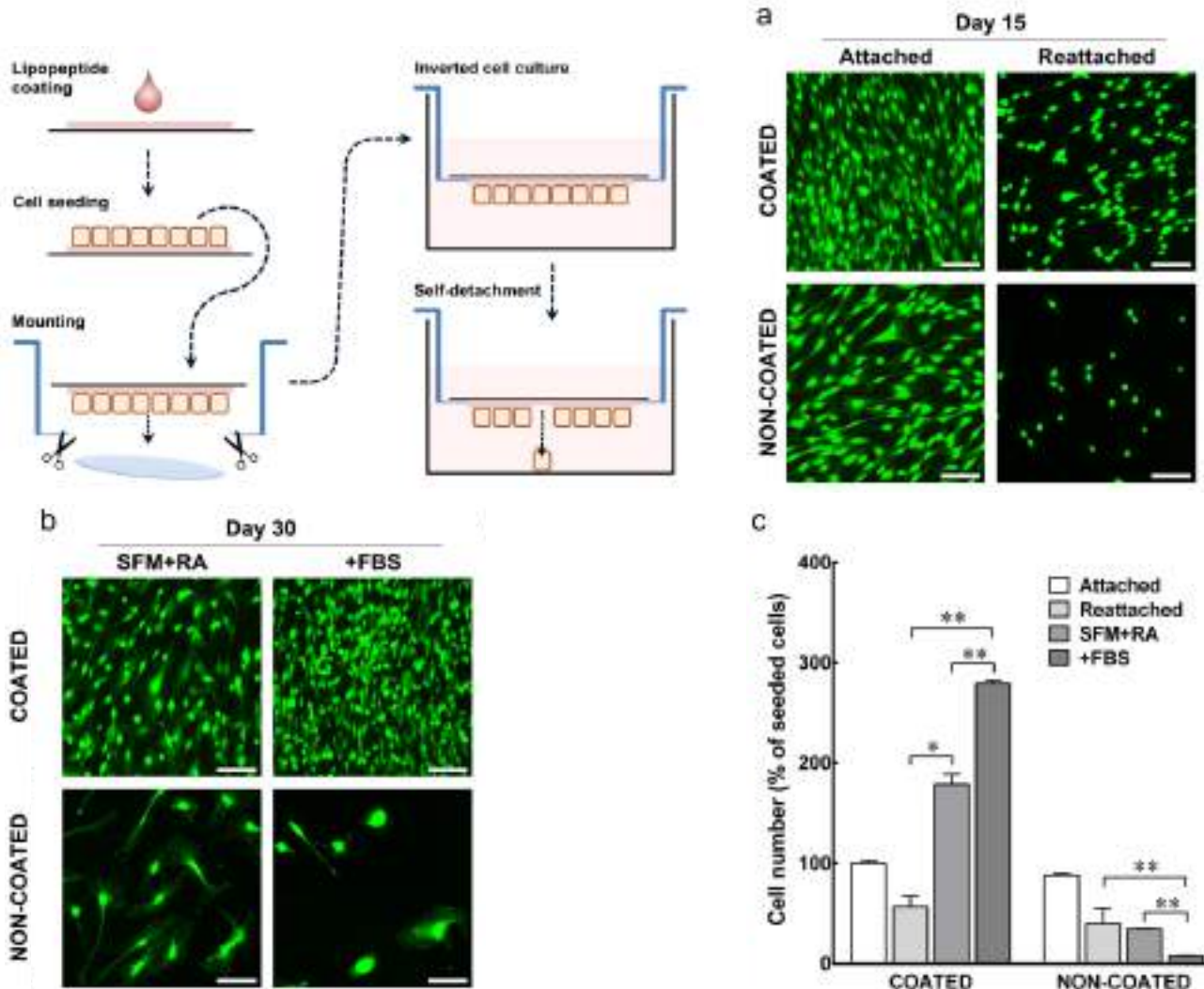


Static culture experiment

- Effect of [RA] on cell detachment from smart coating



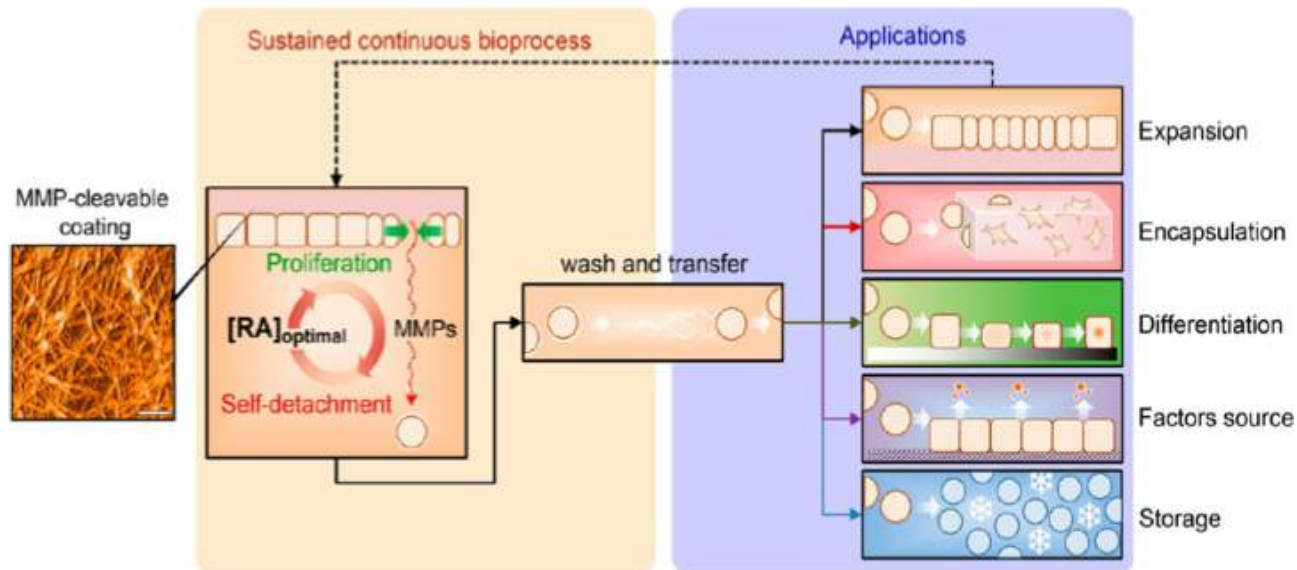
Dynamic culture experiment



- Maintained for 1 month
- 1% yield per hour
- Serum free culture
- Works with range of stromal cells
- Non-destructive, cells retain functionality

Summary and future perspectives

- We have developed a special coating that allows adherent cells to reach a **steady state**
- Thus a single **limited** area can produce an **unlimited** number of cells - continuously



- A small tissue culture flask could produce 1 million cells over 1 day or 1 billion cells in 3 months
- Thus 1m² could produce enough cells for 4000 patients (this would require an area of a football pitch using traditional methods)
- Technology lends itself to microfluidics i.e. miniaturised cell-factories



Current Lab members

Dr Ricardo Gouveia

Dr Stephen Swioklo

Miss Martina Miotto

Mr Thomas Volatier

Miss Olla Al-Jaibaji

Collaborators

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Dr. Ana Maria Ionescu , Granada University, Spain

Prof. Ian Hamley, University of Reading, UK

Dr. Miguel Gonzalez, Harvard Medical School, USA

Prof. Rajiv Mohan, University of Missouri, Columbia, USA



Thank you

- Any questions?