

Modelling and elucidating leukocyte-endothelial interactions in ex-vivo organ perfusion

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Introduction and background

- Ex-vivo lung perfusion (EVLV) provides a means of expanding the current donor pool available for transplant in the case of end-stage organ disease
- Previous research by our group has indicated the importance of IL-1 β in determining the transplant success of perfused lungs and highlighted its mechanistic importance *in vitro*
- This project sought to establish a working *ex vivo* model of neutrophil tracking within the vasculature to validate these observations

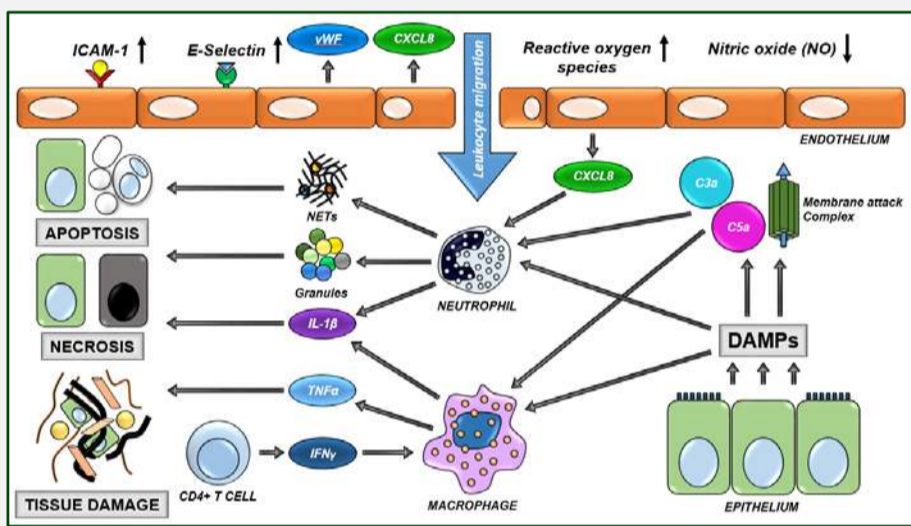


Fig. 1 – Ischaemia-reperfusion injury provokes endothelial dysfunction

This facilitates extravasation of circulating leukocytes out of the vasculature and into the tissues

Project aims

- Utilise developed model of ischaemia-reperfusion injury (IRI) using EVLP to assess the effect of IL-1 β neutrophil adhesion during reperfusion injury. This will initially use whole EVLP before moving across into paired split-EVLP
- Analyse perfusate and tissue samples to observe the correlation of lung function with endothelial and neutrophil cell activation

Results

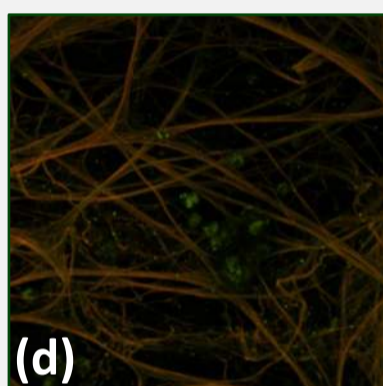
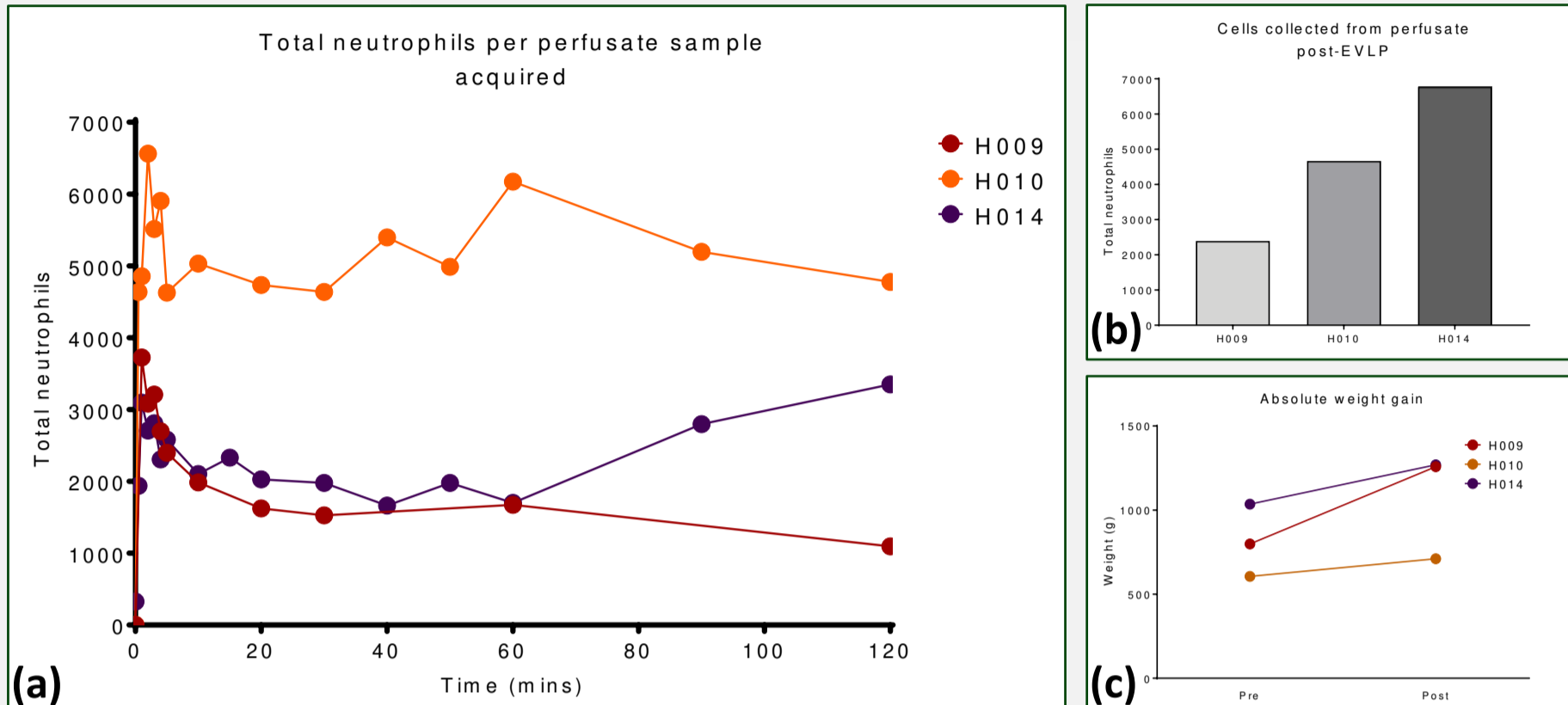


Fig. 3 – Establishment of neutrophil tracking model in EVLP

- 9×10^6 CFSE-labelled neutrophils infused into perfusion circuit at 'T0.' Detectable in perfusate at regularly acquired time points of perfusion *ex vivo* (a) and in perfusate filtered post-perfusion (b). A higher number of cells suggests reduced infiltration into the tissues in conjunction with a greater degree of weight gain (c).
- Neutrophils (green) imaged in PFA-fixed tissue post-perfusion (d), indicating infiltration into the tissue during EVLP. Alveolar walls are also visible (orange). Imaged via dual-photon microscope (Zeiss LSM 880)

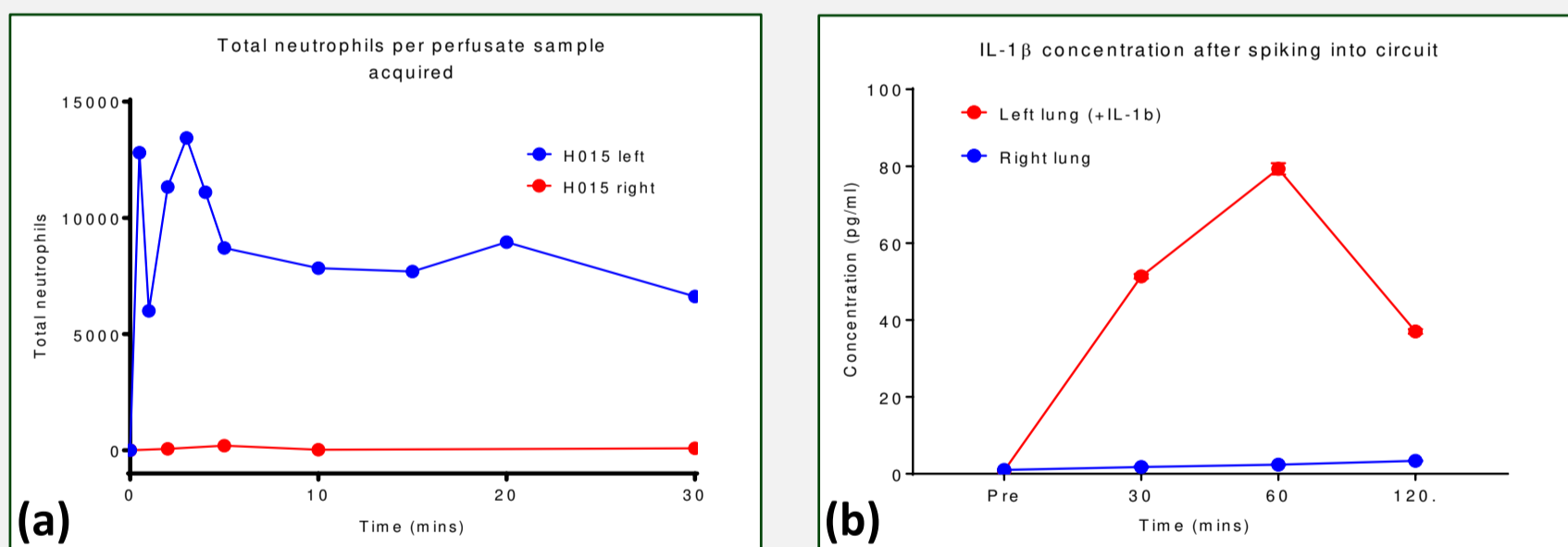


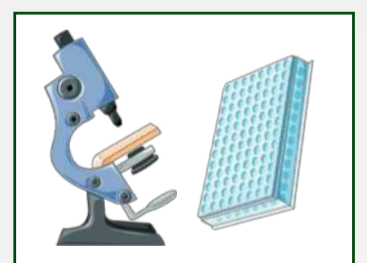
Fig. 4 – Simultaneous dual single lung perfusions

- Neutrophils infused into one lung of a pair perfused simultaneously (a) indicates CFSE+ neutrophil detection whilst absent in the lung with no infusion
- IL-1 β is detectable in perfusate once infused but not to the same level in control lung (b)

Methods



- Gas cylinder
- Console
- Ventilator
- Water heater
- EVLP platform
- Reservoir
- Pump
- Leukocyte filter



Analysis of perfusate and tissue samples/imaging



Quantification of CFSE+ neutrophils in perfusates

Fig. 2 – Dual EVLP circuits. Study used whole EVLP ($n=3$) and dual single lung perfusions ($n=2$)

Discussion

- A simultaneous paired split-EVLP model has been developed and optimised – enabling direct comparison of intervention with control
- CFSE-labelled neutrophils are detectable in perfusate and in imaged tissue post-perfusion

Future work

- Utilise model to test effect(s) of adding IL-1 β into perfusion circuit on lung physiology and function, as assessed by the outputs measured as part of this work

The work here was generously funded by a grant from the National Institute for Health Research (NIHR) and performed as part of the Blood and Transplant Research Unit (BTRU) in organ donation and transplantation (ODT)