

Introduction

- **Glioblastoma (GBM)** is an aggressive and incurable cancer of the central nervous system¹.

Median survival time: 15-23 months²

Tumor recurrence rate: 90% of patients³

- There are **numerous obstacles in treating GBM** that have impeded the progress of developing effective therapies:

- ✗ Rapid and extensive infiltration of surrounding brain tissue⁴
- ✗ Development of treatment resistance⁵
- ✗ Heterogenous tumor⁴ + microenvironment⁵
- ✗ Immunosuppressive microenvironment⁴
- ✗ Upregulation of efflux pumps⁴

- **Human-induced spheroidal neural stem cells (hiNeuroSs)** are a promising cell-based therapy for GBM due to their robust innate tumor-homing characteristics⁶.

- ✓ Can be engineered to continuously secrete biotherapeutics
- ✓ Allows for precise and persistent delivery of anti-tumor therapies to distant GBM tumor foci within 72 hours → reduces likelihood of tumor recurrence

Research Aim: Determine the mechanism behind hiNeuroS tumor-homing migration.

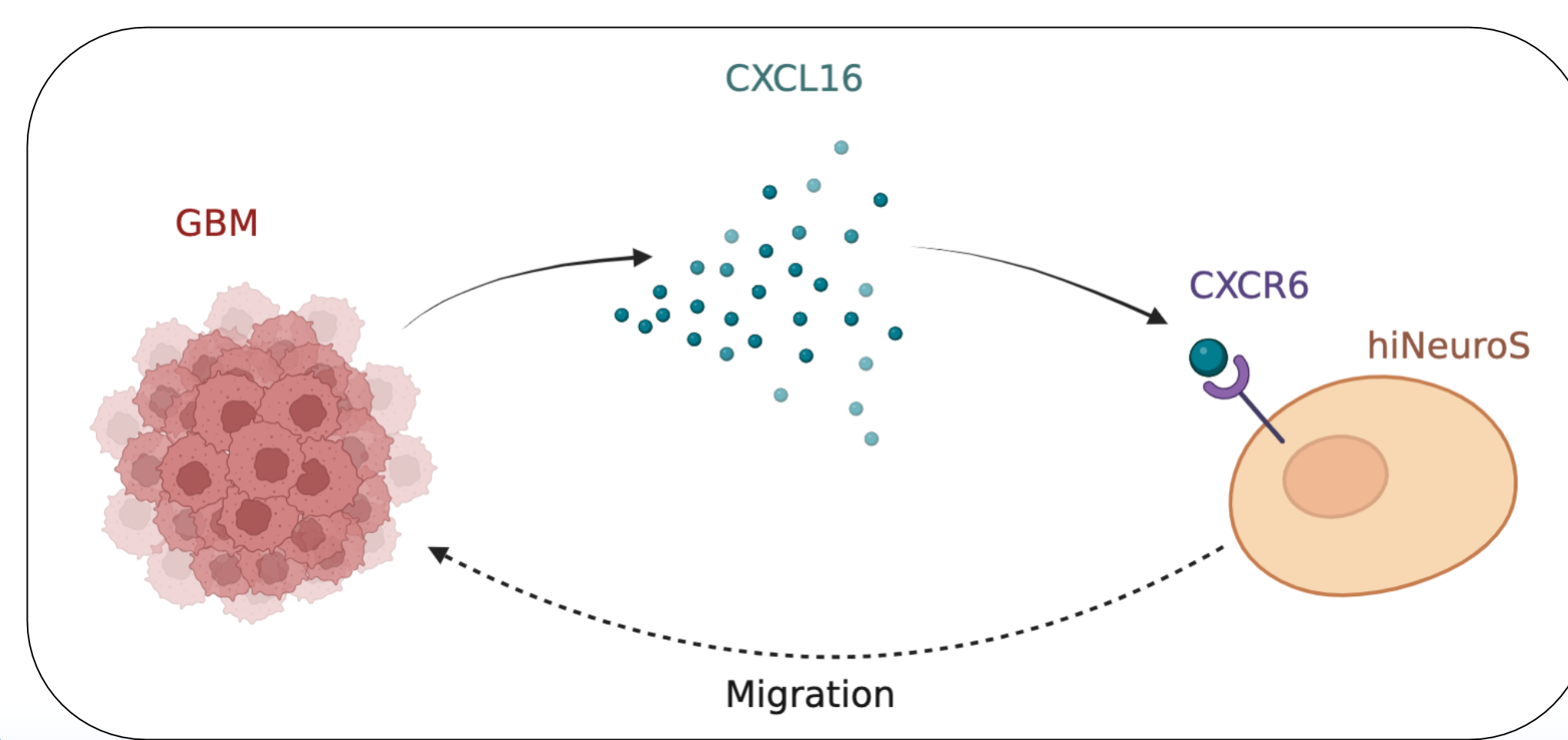
Hypothesis: The CXCL16-CXCR6 chemokine pathway plays a role in the tumor-homing capabilities of hiNeuroSs.

CXCL16:

- Chemoattractant
- Overexpressed in GBM^{7,8}

CXCR6:

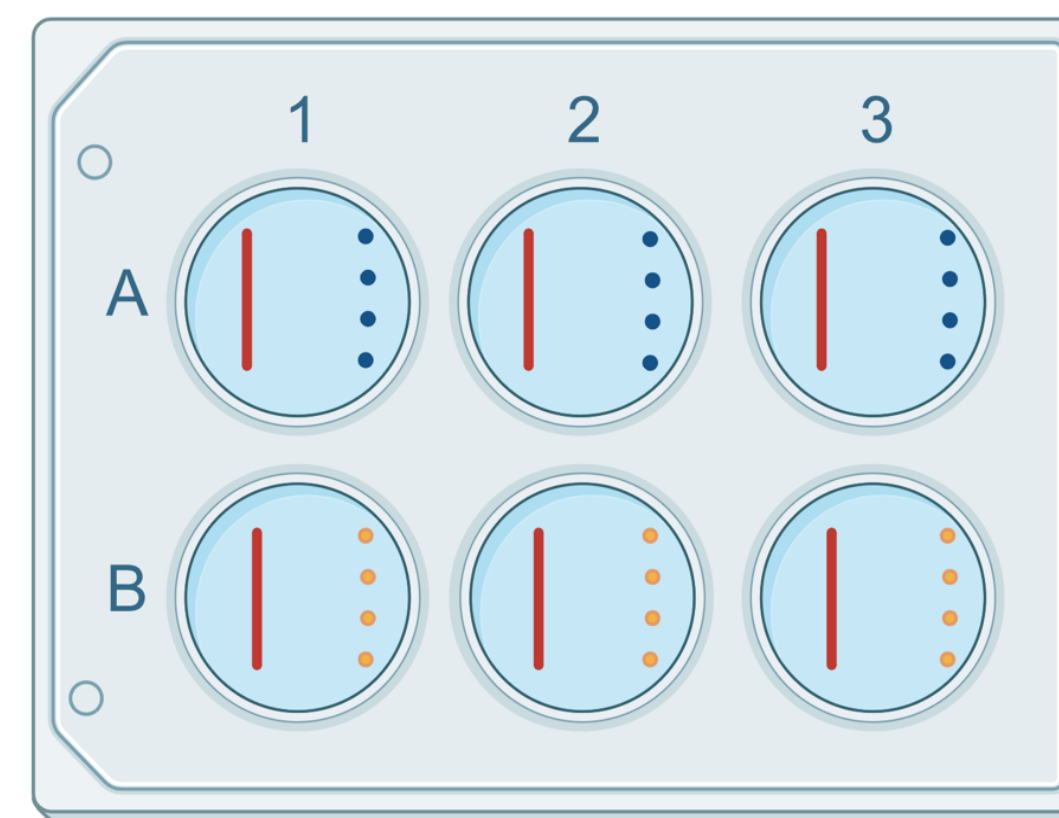
- Receptor implicated in migration of GPCs⁹ and MSCs¹⁰



Methods

Agarose Gel Migration Assay:

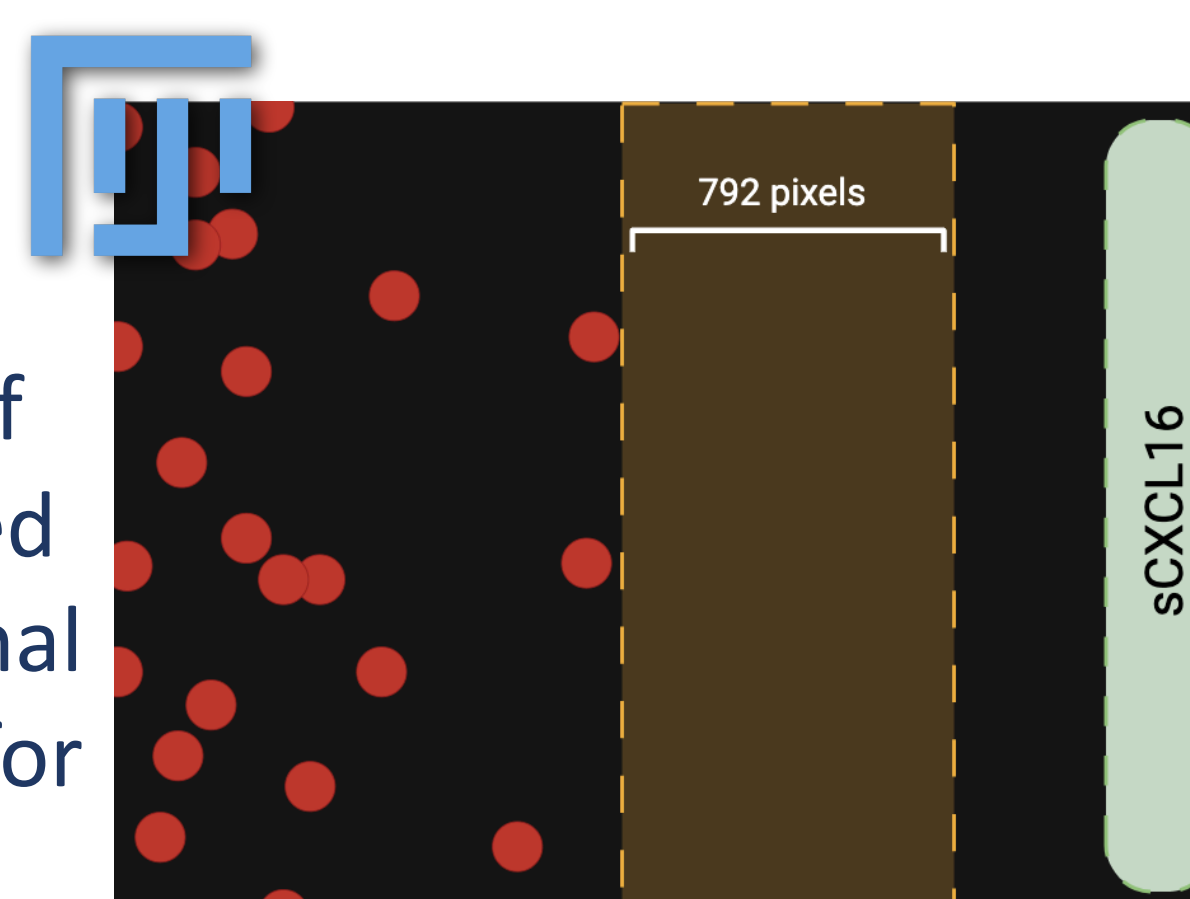
1) 6-well plates prepared with 5mL agarose gel w/ ReNcell media per well. HiNeuroS-mCherry-FLuc seeded in channels on left side. On right side, 4 injections of either PBS or sCXCL16.



2) Fluorescent imaging using an EVOS M7000 imaging system @ 0, 6, 24, and 48-hours after treatment. 3 plates imaged with 3 images per well, per timepoint.



3) ImageJ software used to quantify hiNeuroS-mCherry signal in the region of interest, which started at the right-most signal in the 0-hour image for each location in the plate.



4) Statistical analysis using Jamovi software: Repeated measures ANOVA with post-hoc Tukey.

Results

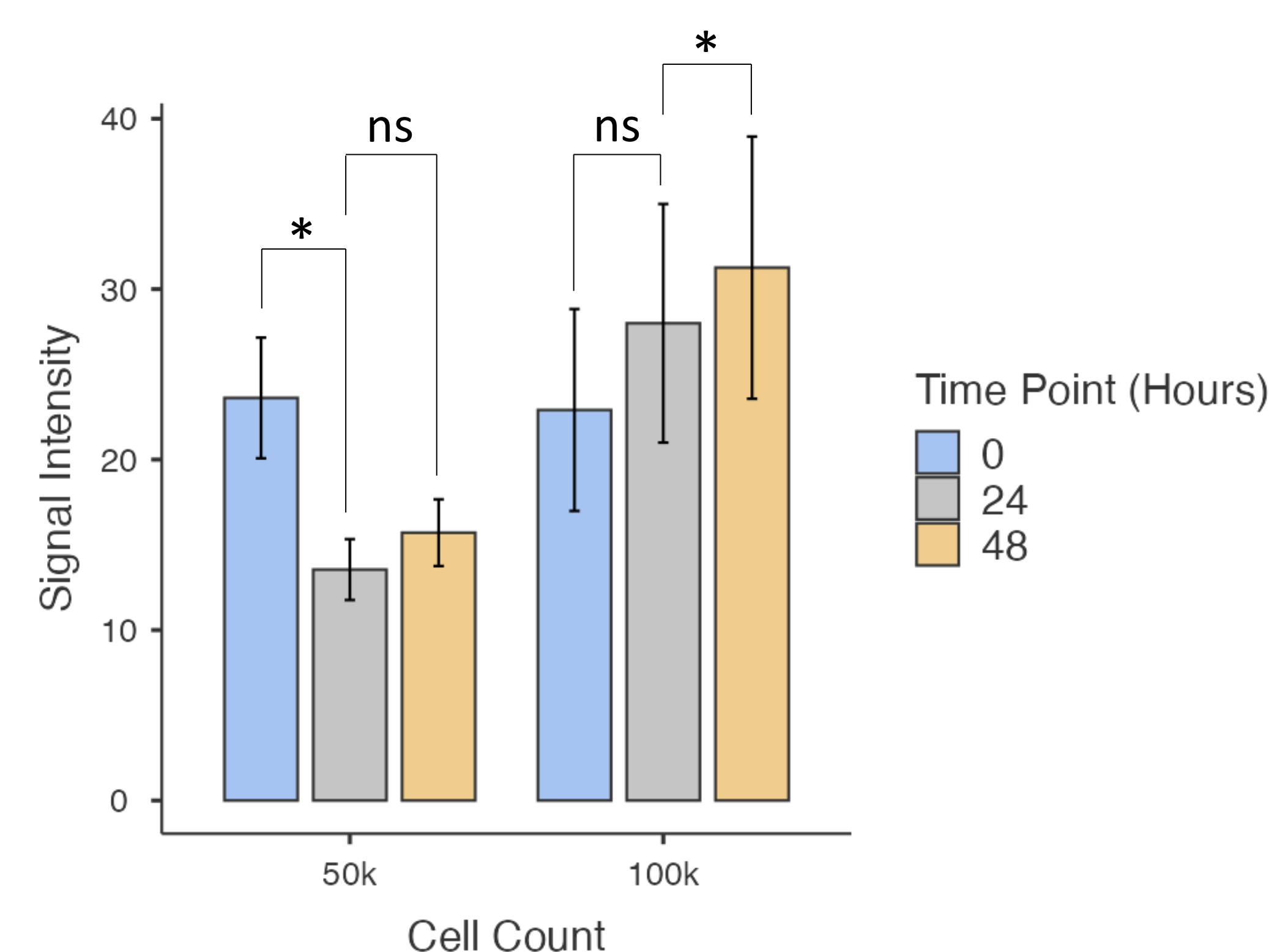


Figure 1. Viability Assay for hiNeuroSs in Agarose Gel. Fluorescent hiNeuroS-mCherry signal intensity measured at 0, 24, and 48 hours after seeding 5×10^4 or 1×10^5 cells in agarose gel channels in the absence of any treatment. N = 3 images were quantified for each treatment group at each timepoint. * = $p < 0.05$, ns (not significant) = $p > 0.05$.

Results Cont.

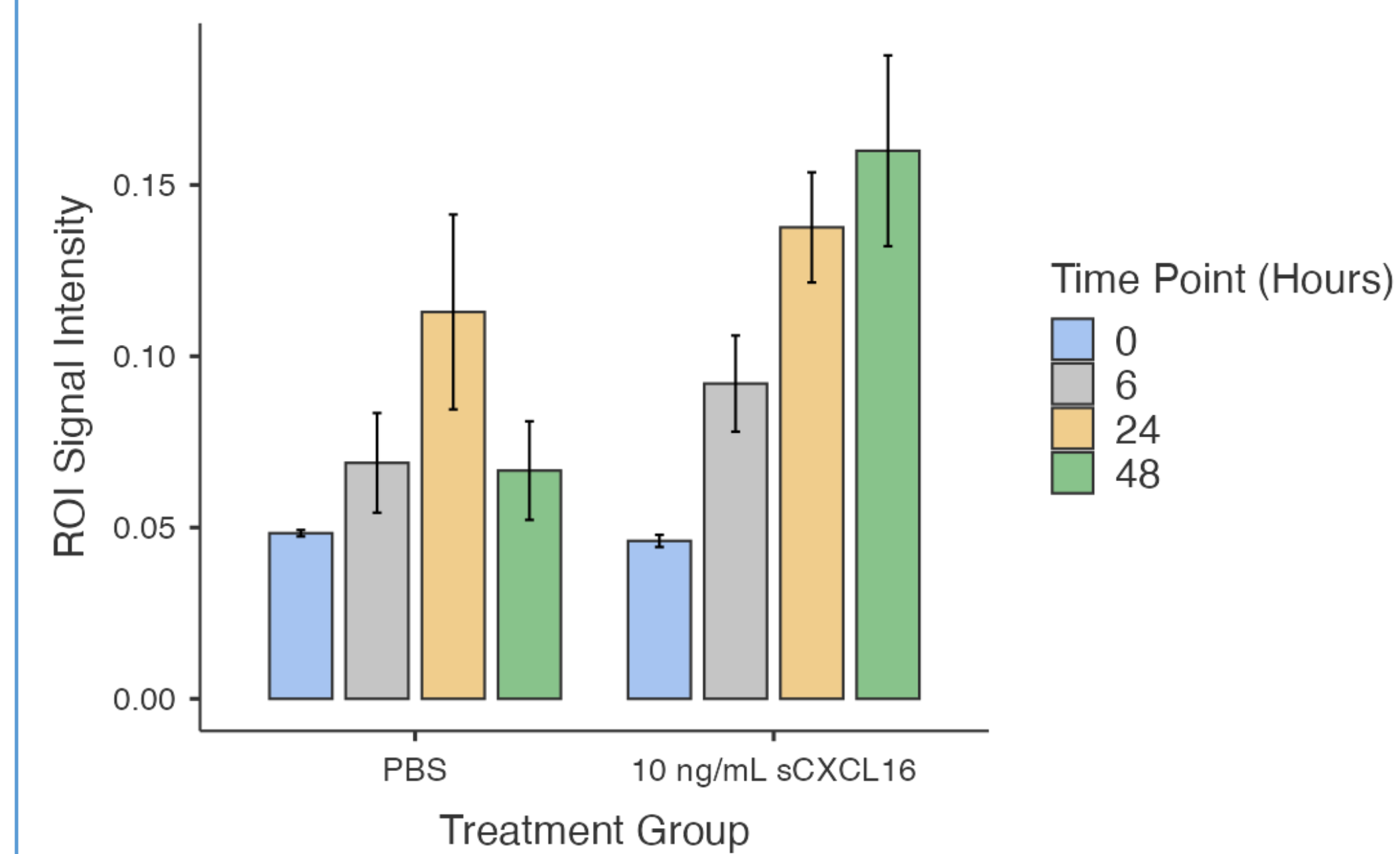


Figure 2. Agarose Gel Migration Assay with 10 ng/mL sCXCL16. Fluorescent hiNeuroS-mCherry signal within the ROI of each image measured at 0, 6, 24, and 48 hours for wells treated with PBS or 10 ng/mL sCXCL16. N = 216 images quantified.

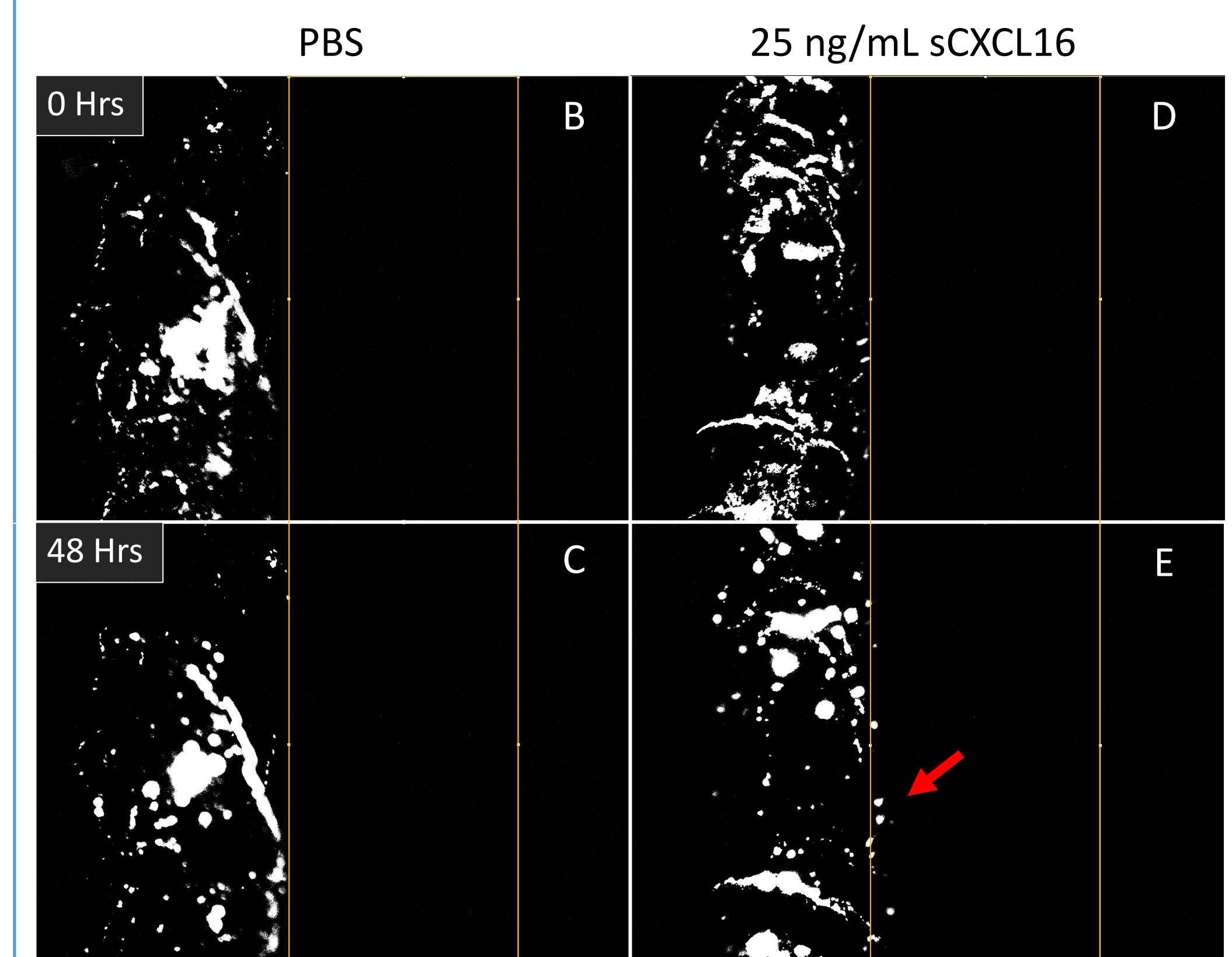
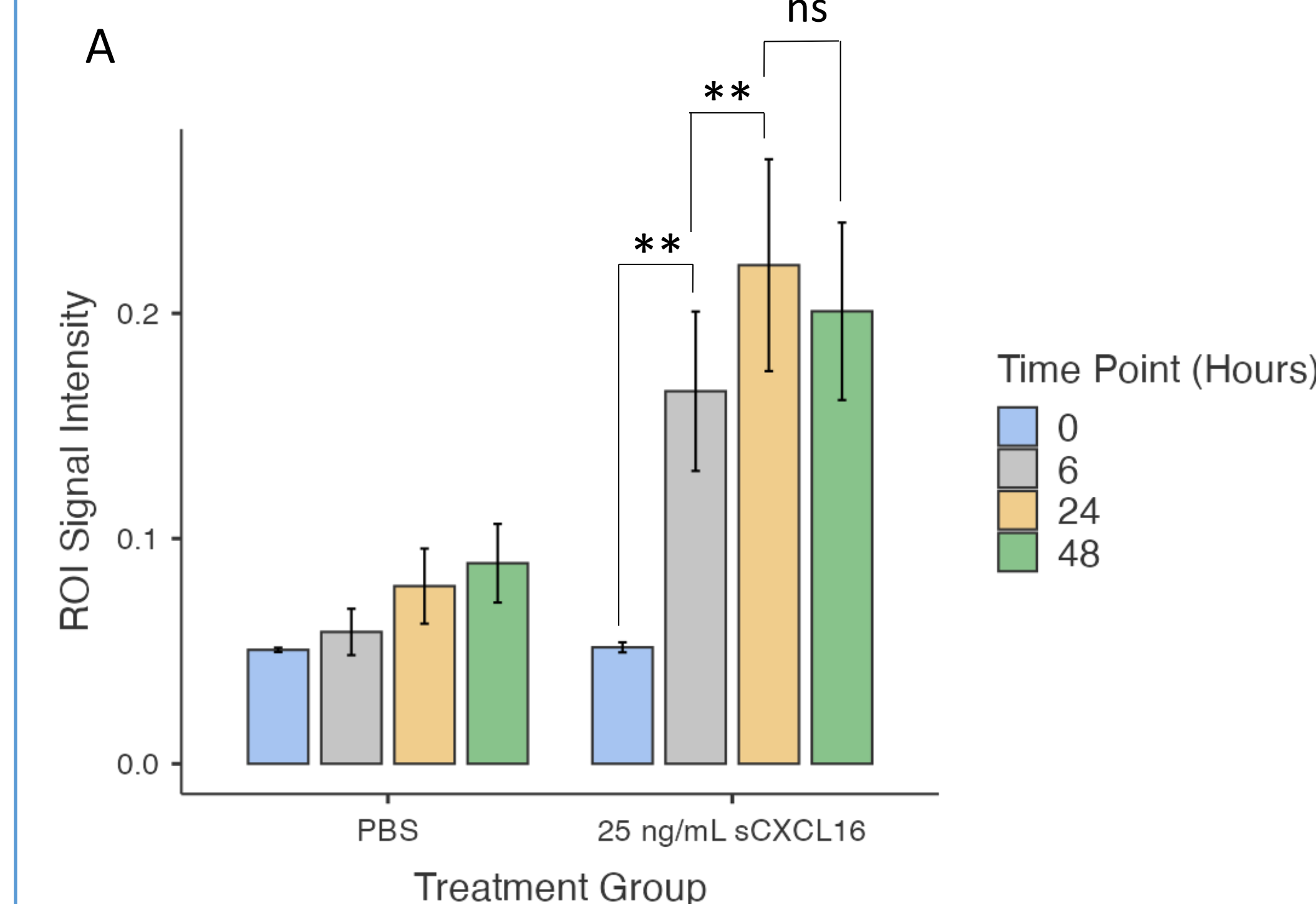


Figure 3. Agarose Gel Migration Assay with 25 ng/mL sCXCL16. A) Fluorescent hiNeuroS-mCherry signal within the ROI of each image measured at 0, 6, 24, and 48 hours for wells treated with PBS or 25 ng/mL sCXCL16. N = 216 images quantified. B-C) Representative images of hiNeuroS-mCherry signal at the same location at 0 and 48 hours with PBS, or D-E) 25 ng/mL sCXCL16 treatment on the right side. ROI represented by yellow lines. ** = $p < 0.01$, ns (not significant) = $p > 0.05$

Discussion

- **Novel agarose migration assay developed** to fit the unique characteristics of hiNeuroSs.
- **CXCL16 at higher doses (25 ng/mL) induced migration** of hiNeuroSs over 48 hours *in vitro*.

The CXCL16-CXCR6 axis may play a role in the tumor-homing capabilities of hiNeuroSs

Implications:

- Could inform further hiNeuroS optimization for the treatment of GBM
- Novel agarose gel migration assay; may be applicable for the study of other migrating cell lines if the appropriate media is substituted

Limitations:

- Variability in shape of channels and distance from treatment
- Possible cell death from lower cell count

Future Directions:

- Improve current study (increase cell count; increase time-course beyond 48 hours)
- Antagonize CXCR6 in hiNeuroSs → Agarose migration assay
- CXCR6 constitutive expression in hiNeuroSs → Agarose migration assay
- CXCR6 constitutive expression in hiNeuroSs → *In vivo* migration studies

References

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Acknowledgements

This project was supported by a David Bray Peele Memorial Research Award from the Department of Psychology and Neuroscience, University of North Carolina at Chapel Hill.