



## Direct Reprogramming of Human Bone Marrow Stromal Cells into Functional Renal Cells Using Cell-free Extracts

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### SUMMARY

The application of cell-based therapies in regenerative medicine is gaining recognition. Here, we show that human bone marrow stromal cells (BMSCs), also known as bone-marrow-derived mesenchymal cells, can be reprogrammed into renal proximal tubular-like epithelial cells using cell-free extracts. Streptolysin-O-permeabilized BMSCs exposed to HK2-cell extracts underwent morphological changes—formation of “domes” and tubule-like structures—and acquired epithelial functional properties such as transepithelial-resistance, albumin-binding, and uptake and specific markers E-cadherin and aquaporin-1. Transmission electron microscopy revealed the presence of brush border microvilli and tight intercellular contacts. RNA sequencing showed tubular epithelial transcript abundance and revealed the up-regulation of components of the *EGFR* pathway. Reprogrammed BMSCs integrated into self-forming kidney tissue and formed tubular structures. Reprogrammed BMSCs infused in immunodeficient mice with cisplatin-induced acute kidney injury engrafted into proximal tubuli, reduced renal injury and improved function. Thus, reprogrammed BMSCs are a promising cell resource for future cell therapy.

### INTRODUCTION

Cell-based therapies are emerging as one of the most promising approaches of regenerative medicine (Riazi et al., 2009). In the kidney field, the search for a renal-specific stem cell led to the discovery of progenitor cells that protect animals from acute kidney injury (AKI) when systemically infused (Angelotti et al., 2012; Benigni et al., 2010). However, the cell number is a limiting factor, and their biology is far from known. Therefore, other non-renal stem cell sources have been pursued. Derivation of human embryonic stem cells (hESCs) (Thomson et al., 1998) has raised hope because they can give rise to all three germ layers, but progress toward somatic populations has encountered major obstacles, including the risk of cancer and rejection, not to mention the ethical issues involved. The same holds true for induced pluripotent stem cells (iPSCs) (Takahashi and Yamanaka, 2006), which are similar to hESCs but devoid of at least some of the above problems. The generation of hESC/iPSC-derived mature renal cells (Song et al., 2012) and, more recently, intermediate mesoderm/metanephric mesenchyme (MM) and ureteric bud (UB) renal progenitors (Lam et al., 2014; Lin et al., 2010; Mae et al., 2013; Takasato et al., 2014) has been reported. In principle,

patient-specific cells to be used therapeutically could be obtained through reprogramming approaches in which a long-standing interest exists because of the possibility that abundant adult cells can easily be harvested and converted to other cell types (Zhou et al., 2008). In this context, studies have defined sets of transcription factors that can directly reprogram somatic cells into another cell type without passing through the pluripotent state (Ginsberg et al., 2012; Ieda et al., 2010; Karow et al., 2012; Vierbuchen et al., 2010). Using a strategy of re-expressing key developmental regulators in vitro/in vivo, adult cell reprogramming occurs, through which induced cells residing in their native environment might promote their survival and/or maturation (Ginsberg et al., 2012; Ieda et al., 2010; Karow et al., 2012; Qian et al., 2012; Vierbuchen et al., 2010; Zhou et al., 2008).

In parallel with these developments, an intriguing technology for direct cell reprogramming by exposing reversibly permeabilized somatic cells to cell-free extracts has emerged. This method has its origins in the early experiments of Briggs and King, followed by Gurdon (Gurdon, 2006), where a somatic cell nucleus was transferred (SCNT [somatic cell nuclear transfer]) to an enucleated oocyte, resulting in the activation of the somatic cell



nucleus. Cell-extract reprogramming was first demonstrated with extracts of regenerating newt limbs, which promoted cell-cycle re-entry and downregulation of myogenic markers in differentiated myotubes (McGann et al., 2001). Afterward, this approach yielded in-vitro-reprogrammed somatic cells with the extracts from T cells, cardiomyocytes, insulinoma cells, pneumocytes, chromaffin, or embryonic stem cells (Gaustad et al., 2004; Håkkelien et al., 2002, 2004; Landsverk et al., 2002; Qin et al., 2005; Qu et al., 2013; Rajasingh et al., 2008).

Surprisingly, there is a paucity of attempts at the reverse reprogramming of adult stem cells toward somatic cells. Human bone marrow stromal cells (BMSCs), also known as bone-marrow-derived mesenchymal stem cells, are adult stem/progenitor cells with self-renewal capacity and restricted potential for generating skeletal tissues, including osteoblast, chondrocyte, adipocyte, and perivascular stromal cells (Bianco et al., 2013; Le Blanc and Mougiakakos, 2012). Whether BMSCs can be used therapeutically is still a matter of debate. Based on their paracrine action rather than differentiation ability, these cells have been used with promising results in different diseases (Le Blanc and Mougiakakos, 2012; Morigi and Benigni, 2013; Reinders et al., 2014; Souidi et al., 2013). No evidence of direct reprogramming of BMSCs into somatic cells is available yet.

Here, we inquired whether human BMSCs could be reverse reprogrammed to acquire a renal tubular epithelial phenotype by using tubular cell extracts. We found that reprogrammed BMSCs (1) acquired an antigenic profile and functional properties of proximal tubular-like epithelial cells in vitro, (2) integrated into developing nephrons ex vivo, and (3) protected mice from AKI.

## RESULTS

### Morphological and Ultrastructural Characteristics of BMSCs Treated with HK2 Cell Extracts

Human BMSCs were permeabilized with 400 ng/ml streptolysin O (SLO), a concentration that did not affect cell viability. Permeabilized BMSCs exposed to the extract of human proximal tubular epithelial (HK2) cells changed from their usual spindle-shape appearance (Figure 1A) to cobblestone islands within 13–15 days (Figures 1B–1D). During the subsequent 2 weeks, these islands expanded and the formation of “domes” and tubular-like structures (Figures 1E and 1F) similar to HK2 cells (Figure 1H) occurred. This morphological transition did not occur in BMSCs grown in epithelial-specific culture medium, even after 35 days (Figures 1I and 1J). The observed change in morphological appearance of BMSCs treated with epithelial cell extract suggested a phenotypic switch in the cells.

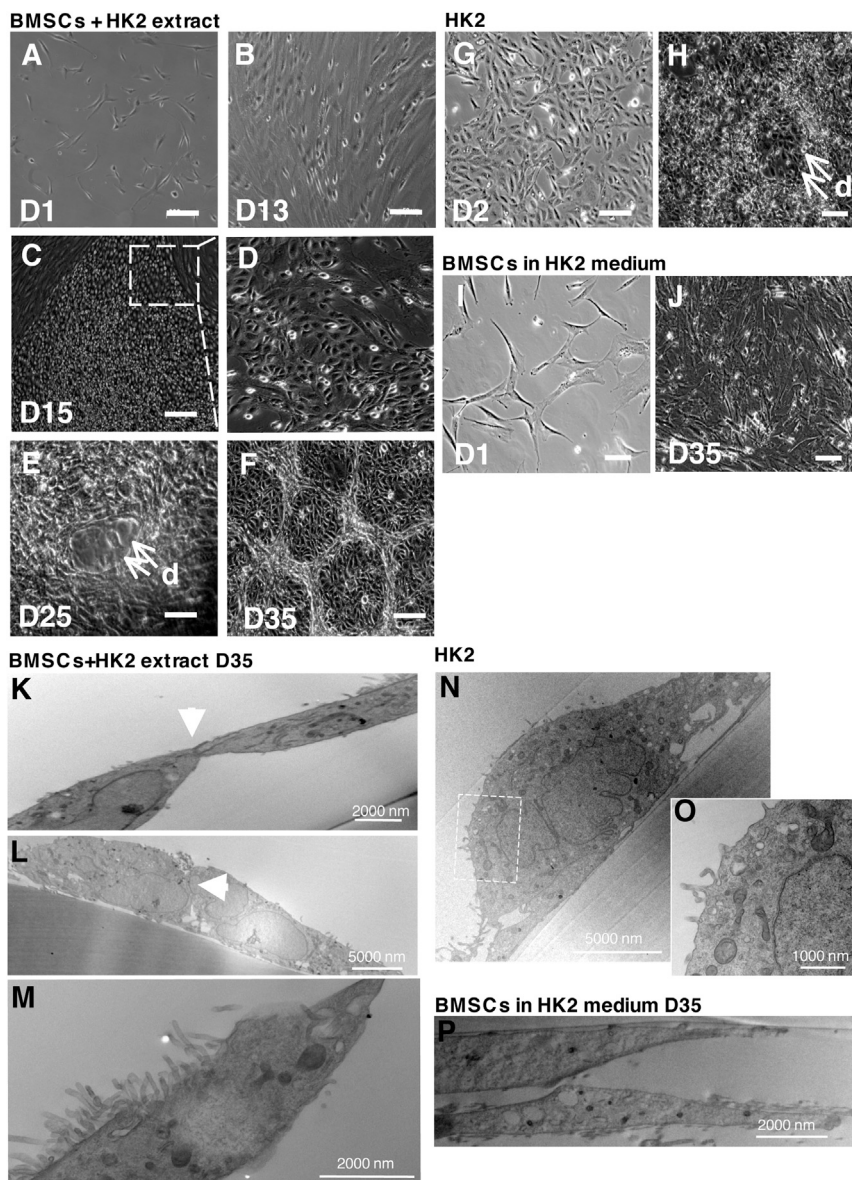
Moreover, transmission electron microscopy (TEM) of cell-extract-treated BMSCs demonstrated brush border microvilli and images of tight intercellular contact (Figures 1K–1M), further confirming that cells acquired a proximal tubular-like epithelial phenotype similar to HK2 cells (Figures 1N and 1O). BMSCs treated with HK2 cell medium did not demonstrate any apical specialization or cell-cell contact, even after 35 days (Figure 1P).

### Antigenic Profile of the BMSCs Treated with HK2 Cell Extracts

To explore the renal identity of BMSCs treated with HK2 cell extracts, we studied candidate proximal tubular epithelial cell markers using immunofluorescence microscopy and flow cytometry (fluorescence-activated cell sorting [FACS]) analysis. BMSCs consistently expressed endoglin (ENG; also known as CD105), characteristic of the mesenchymal lineage, and were devoid of the epithelial markers E-cadherin (CDH1) and aquaporin-1 (AQP1) (Figures S1A–S1D). After 8 days, BMSCs treated with HK2 cell extracts weakly expressed CDH1, TJP1 (tight junction protein 1; also known as zona occludens-1), and AQP1 in combination with BMSC markers (Figures 2A–2D). Moreover, after 25 days, BMSCs treated with HK2 cell extracts displayed robust expression of the epithelial markers but substantially reduced expression of ENG (Figures 2E and 2H), which is consistent with the expression profile of HK2 cells (Figures S1E–S1H). Notably, BMSCs that were not converted to cobblestone islands maintained the expression of mesenchymal markers (Figures 2E and 2H, area defined by the dotted line). BMSCs grown in HK2 cell medium, used as control, did not express epithelial markers and retained the expression of ENG (Figures S1I–S1L).

To quantify the BMSC reprogramming process, FACS analysis was performed. By day 8, a cell population of 1%–3% of BMSCs treated with HK2 cell extracts expressed AQP1 and CDH1 (Figure 2I). The highest percentage of reprogrammed BMSCs expressing these tubular epithelial markers was observed after 35 days and averaged 15%–21% (Figure 2I).

To trace the reprogramming process chronologically, we used an EGFP plasmid containing the promoter region of *CDH1* (Genecopeia; HPRM12692-PF02). Human BMSCs were transfected at days 5 and 11 from cell-extract exposure, and CDH1/EGFP-positive cells were assessed 24 hr later (days 6 and 12). At day 6, the EGFP-positive cells had a BMSC-like shape, while at day 12, CDH1/EGFP-positive cells acquired an epithelial-like appearance (Figure 2J). The reprogramming efficiency was ~0.01%–0.02%. Untreated BMSCs grown in HK2 cell medium did not express EGFP at any time points tested (Figure 2J). As expected, several HK2-transfected cells became positive for CDH1/EGFP, with a transfection efficiency of 30% (Figure 2J).



**Figure 1. Morphological and Ultrastructural Changes in Human BMSCs after HK2 Cell-Extract Treatment**

(A) Human BMSC morphology 24 hr after extract treatment (D1). (B) Cobblestone morphology of the BMSCs 13 days (D13) after extract treatment. (C) Epithelial colony 15 days (D15) after extract treatment. (D) High magnification of the epithelial colony showing the cobblestone cell morphology. (E and F) Dome formation (E, arrows) and tubular structures (F) after 25- and 35-day BMSC extract treatment (D25 and D35), respectively. (G) Control HK2 cell morphology on the day of the extract preparation. (H) Dome formation (arrows) under over-confluence culture conditions. (I and J) BMSCs cultured in HK2 cell culture media at 24 hr (I, D1) and 35 days (J, D35). Human BMSCs treated with HK2 cell extract form microvilli and tight intercellular contacts. (K and L) Details of adjacent BMSCs treated with extracts grown on Thermanox for 35 days. Tight intercellular contacts are formed in BMSCs treated with HK2 cell extracts at D35 (arrowheads). (M) Brush border formed in a BMSC treated with extract after 35 days. (N–P) TEM images of HK2 cells (N and O) and BMSCs (P) grown in HK2 cell medium for 35 days (D35). Images are representative of two independent experiments. Scale bars represent 200  $\mu$ m (A), 50  $\mu$ m (B and D–J), and 100  $\mu$ m (C). Images are representative of three independent experiments.

Collectively, these studies revealed that following exposure with HK2 extracts, a subset of BMSCs acquire morphological, ultrastructural, and antigenic hallmarks of proximal tubular epithelial cells, suggesting that BMSC reprogramming was achieved using this treatment.

### Reprogramming of BMSCs Requires Both Nuclear and Cytoplasmic Cell Extracts

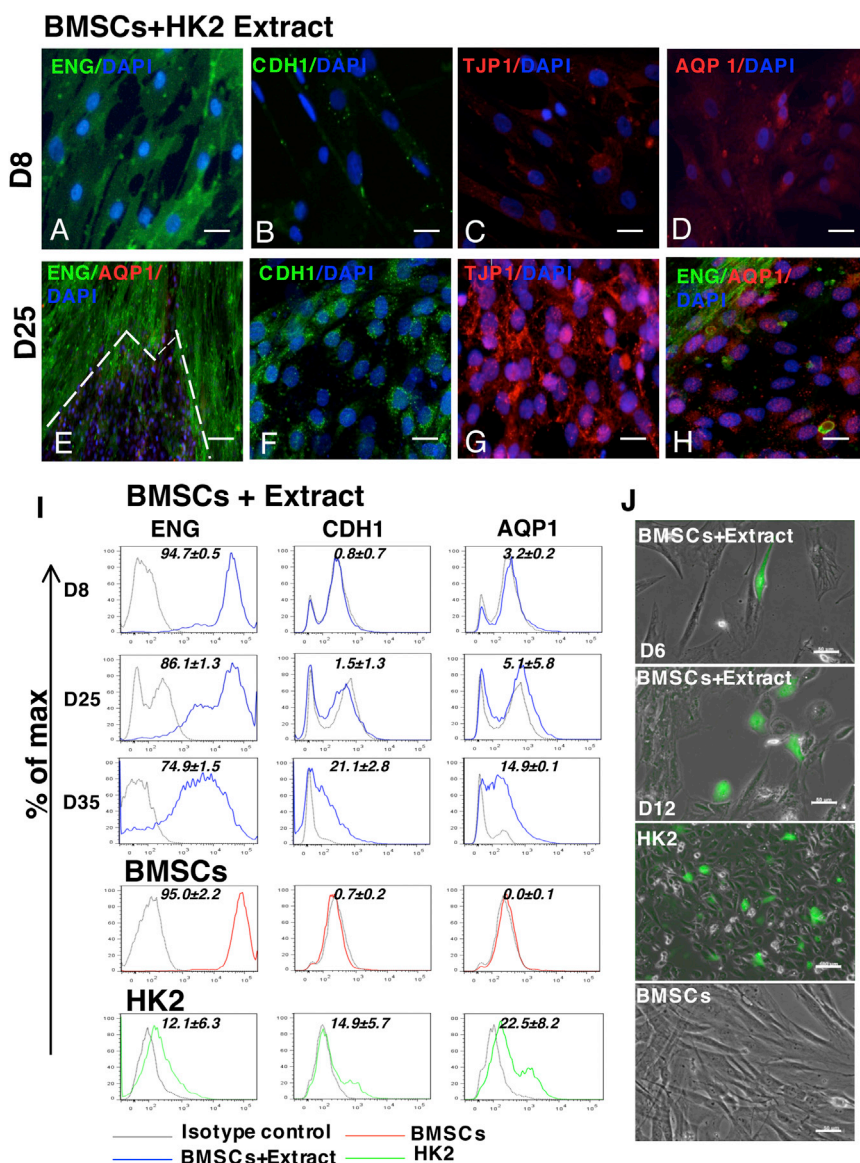
In search of the component(s) of the cell extract responsible for reprogramming, we systematically analyzed nuclear and cytoplasmic extracts, extracts depleted of RNA, and proteins or treated with epigenetic modifiers such as trichostatin A and 5-aza-cytidine. Ablation of each of these components did not reproduce the effect of

the whole-cell extract (Figure S2). These results are consistent with previously described data on the requirement of both nuclear and cytoplasmic cell extracts to achieve reprogramming (Håkelién et al., 2002).

### Generation and Characterization of Clones from Reprogrammed BMSCs

To better characterize the human BMSCs treated with HK2 cell extracts, we next generated clones using a limiting-dilution approach. Of the 50 clones derived from one reprogrammed human BMSC experiment, the five that showed the most epithelial-like morphology were subjected to further analysis using qRT-PCR to examine their mesenchymal and epithelial marker profile. The expression



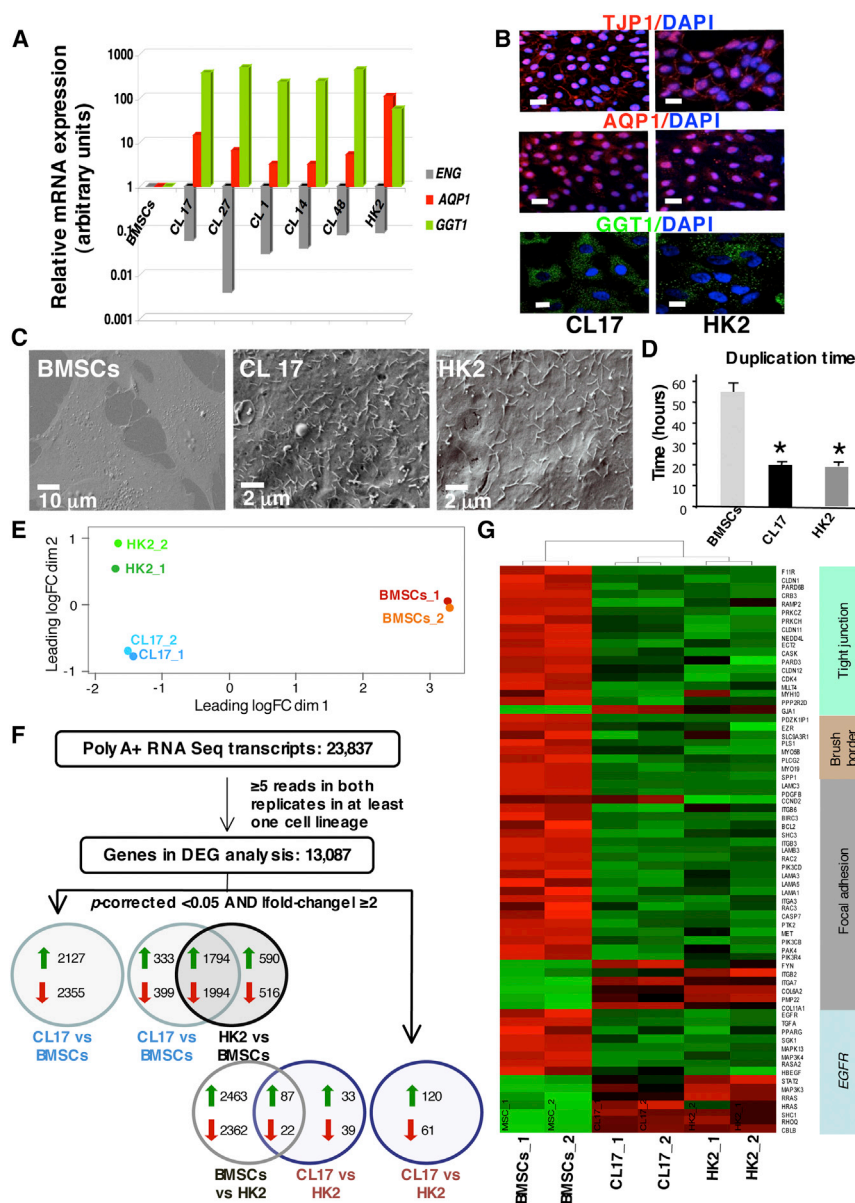


of *ENG*, *AQP1*, and gamma glutamyl transferase 1 (*GGT1*) in these five clones is depicted in Figure 3A. The difference in the expression of these markers reflects heterogeneity in reprogramming efficiency. Cells from clone 17 (CL17) were the most similar to HK2 cells and maintained a stable phenotype and morphology throughout passages. Expression of *AQP1* and *GGT1* mRNA has been also evaluated in primary proximal tubular epithelial cells (PTECs; Figure S3A). Consistent with the mRNA data, immunocytochemistry revealed that CL17 cells expressed TJP1, AQP1, and GGT1 proteins (Figure 3B). Scanning electron microscopy (SEM) revealed the presence of microvilli in CL17 similar to HK2 cells (Figure 3C). As expected, BMSCs did not show any microvilli (Figure 3C). Moreover, CL17 ex-

hibited a duplication time comparable to that of HK2 cells (CL17: 20.4  $\pm$  1.9 versus HK2: 18.9  $\pm$  1.9 hr) and significantly shorter than BMSCs (55.2  $\pm$  4.2 hr, Figure 3D). Altogether, these data indicated that the CL17, generated by BMSCs treated with the HK2 cell extracts, acquired the renal tubular epithelial phenotype.

### Global Transcriptome Analysis in CL17, HK2, and BMSCs

To evaluate the global effect of BMSC reprogramming with cell extracts, we performed poly(A)<sup>+</sup> mRNA deep sequencing in BMSCs and CL17 and HK2 cells (two biological replicates each). The homogeneity of the replicates of each cell type was confirmed by the high intra-group



**Figure 3. Characterization of Clones Generated by Human BMSCs after HK2 Cell-Extract Treatment**

(A) Relative expression of *ENG*, *AQP1*, and *GGT1* mRNA by qRT-PCR in five selected clones and in HK2 cells compared to BMSCs. BMSC mRNA expression was used as the reference sample. Analyses were performed in triplicate. See also Figure S3A.

(B) Expression of TJP1, AQP1, and GGT1 proteins in clone 17 (CL17) and in HK2 cells. Scale bars, 50  $\mu$ m.

(C) SEM analysis showed no microvilli in BMSCs. Instead, CL17 cells displayed microvilli similar to the HK2 cells. Representative images of three independent experiments.

(D) Duplication time (hours) in BMSCs, CL17 and HK2 cells (n = 5). Data are expressed as mean  $\pm$  SD. \*p < 0.01 versus BMSCs.

(E–G) RNA sequencing analysis of BMSCs and CL17 and HK2 cells. (E) Multidimensional scaling plot based on pairwise distances between global gene transcriptome profiles of six analyzed samples (two biological replicates for each cell lineages). (F) Workflow of transcriptome analysis showing the differentially expressed genes (DEGs) in BMSCs, CL17, and HK2 cells. At the intersection of the Venn diagrams, up- or downregulated genes both in CL17 and HK2 cells compared to BMSCs (top) and those up- or downregulated both in CL17 and BMSCs compared to HK2 cells (bottom) are reported. See also Table S3, which contains the full list of DEGs. The top 20 down- and upregulated genes and functionally characterized DEGs for selected pathways are reported in Tables S1, S2, and S3, respectively.

(G) Heatmap of the differentially expressed genes of the tight junction, brush border, focal adhesion, and EGFR networks.

Columns represent biological replicates, and rows represent each gene. Green and red indicate high and low expression, respectively. The dendrogram of the unsupervised hierarchical clustering of the analyzed samples is shown in the upper part of the heatmap.

See also Figures S3–S5 and Tables S1, S2, and S3.

correlation coefficients (Figure S3B). Inter-group comparisons by scatterplots and Pearson coefficient correlations indicated a higher degree of similarity between reprogrammed CL17 cells and renal tubular HK2 cells ( $r = 0.957$ ) than between the CL17 and BMSC cells ( $r = 0.605$ ) (Figures S3C–S3E). Additionally, unsupervised hierarchical clustering of the six transcriptomes classified CL17 and HK2 cells together and separated them from BMSCs (Figure S4A). The same classification was obtained using

multidimensional scaling, which is another unbiased method for measuring similarity between large datasets (Figure 3E). We further found more differentially expressed genes (DEGs) between CL17 and BMSCs (2,127 upregulated and 2,355 downregulated in CL17 compared to BMSCs) than between CL17 and HK2 cells (120 up- and 61 downregulated in CL17 relative to HK2). Remarkably, 85% of the CL17 up- or downregulated genes were consistently up- or downregulated in HK2 cells compared to BMSCs (Figure 3F).



Among the genes with the greatest fold change, there was a dramatic reduction in BMSC-related markers (i.e., *MMP2*, *TIMP3*, and *CDH11*) and increased expression of proximal tubular-cell-related markers (*F11R*, *SLCO4A1*, and *HNF1B*) (see full list in [Tables S1](#) and [S2](#)). In addition, functional pathway analysis revealed in CL17 cells reduced levels of genes involved in mesenchymal cell-extracellular matrix interactions and increased levels of genes involved in proximal tubular cell-extracellular matrix interactions including laminins, collagens, and integrins ([Table S3](#)). Furthermore, CL17 showed upregulated expression of molecules involved in the tight junction and brush border as well as of several constituents involved in apical and basolateral structures of polarized proximal tubular cells (for the full list, see [Table S3](#)). The fold inductions observed using RNA sequencing were comparable to those obtained by qRT-PCR, with an  $R^2$  correlation coefficient equal to 0.98, validating the approach ([Figures S4B](#) and [S4C](#)).

Functional network analysis of the upregulated genes involved in the process of proximal tubular cell polarization identified epidermal growth factor receptor (*EGFR*) as a candidate upstream regulator ([Figures 3G](#) and [S5](#) and [Table S3](#)). Indeed, there was increased expression in CL17 of *EGFR* and its ligand, *TGFA*, as well as downstream targets such as *PRKCZ*, *PPARG*, and *SGK1*, which control tight junctions, some organic ion transporters, and regulators of apical membrane components ([Panchapakesan et al., 2011](#)). Remarkably, the above pathways were shared with HK2 cells ([Figures 3G](#) and [S5](#) and [Table S3](#)).

Collectively, these data show that the reprogrammed CL17 cells lost mesenchymal markers and assumed an expression profile similar to renal tubular HK2 cells.

### Functional Properties of CL17 Cells

#### Transepithelial Electrical Resistance

Having observed the formation of nascent intercellular contacts, we next inquired whether CL17 cells in addition to morphological and cell-lineage markers had acquired physiological properties similar to the epithelial phenotype. Testing the electrical resistance of BMSC monolayers showed trivial values of  $34 \pm 10$  Ohm/cm<sup>2</sup>. In contrast, monolayers of CL17 cells developed electrical resistance similar to that observed in HK2 cells ( $80 \pm 10$  versus  $81 \pm 12$  Ohm/cm<sup>2</sup>) ([Figure 4A](#)), both statistically significantly different from the transepithelial resistance (TER) assessed in BMSCs.

#### Albumin Binding and Uptake

Typical properties of proximal tubular epithelium are the binding and uptake of albumin in a receptor-dependent way ([Gekle et al., 1998](#)). Binding of BSA was studied in CL17, HK2, and BMSCs by exposing cells for 15 min to BSA and fluorescein isothiocyanate (FITC) alone or in the

presence of an excess of cold BSA ([Figure 4B](#), left panels) at 4°C, a condition known to prevent endocytotic processes and protein internalization ([Ishibashi, 2004](#); [Morigi et al., 2005](#); [Takakura et al., 1995](#)). As shown in [Figure 4B](#) (left panels), the addition of unlabeled albumin displaced BSA-FITC in CL17 to an extent comparable to HK2 cells, indicating the presence of specific binding sites for albumin in reprogrammed cells similar to the ones present in tubular epithelial cells ([Figure 4B](#), left panels).

Uptake of albumin was assessed in cells exposed to BSA-FITC alone or in the presence of an excess of unlabeled BSA at 37°C for 90 min, an experimental condition previously described as allowing appreciable protein endocytosis ([Ishibashi, 2004](#); [Morigi et al., 2005](#); [Takakura et al., 1995](#)) ([Figure 4B](#), right panels). Albumin uptake was markedly inhibited by an excess of unlabeled protein, suggesting receptor-mediated endocytosis of BSA-FITC in CL17 comparable to that observed in HK2 cells ([Figure 4B](#), right panel). Control BMSCs did not exhibit any binding or uptake of BSA-FITC ([Figure 4B](#), bottom panels).

Altogether, these studies revealed that CL17 cells acquired and maintained functional properties of proximal tubular-like epithelial cells.

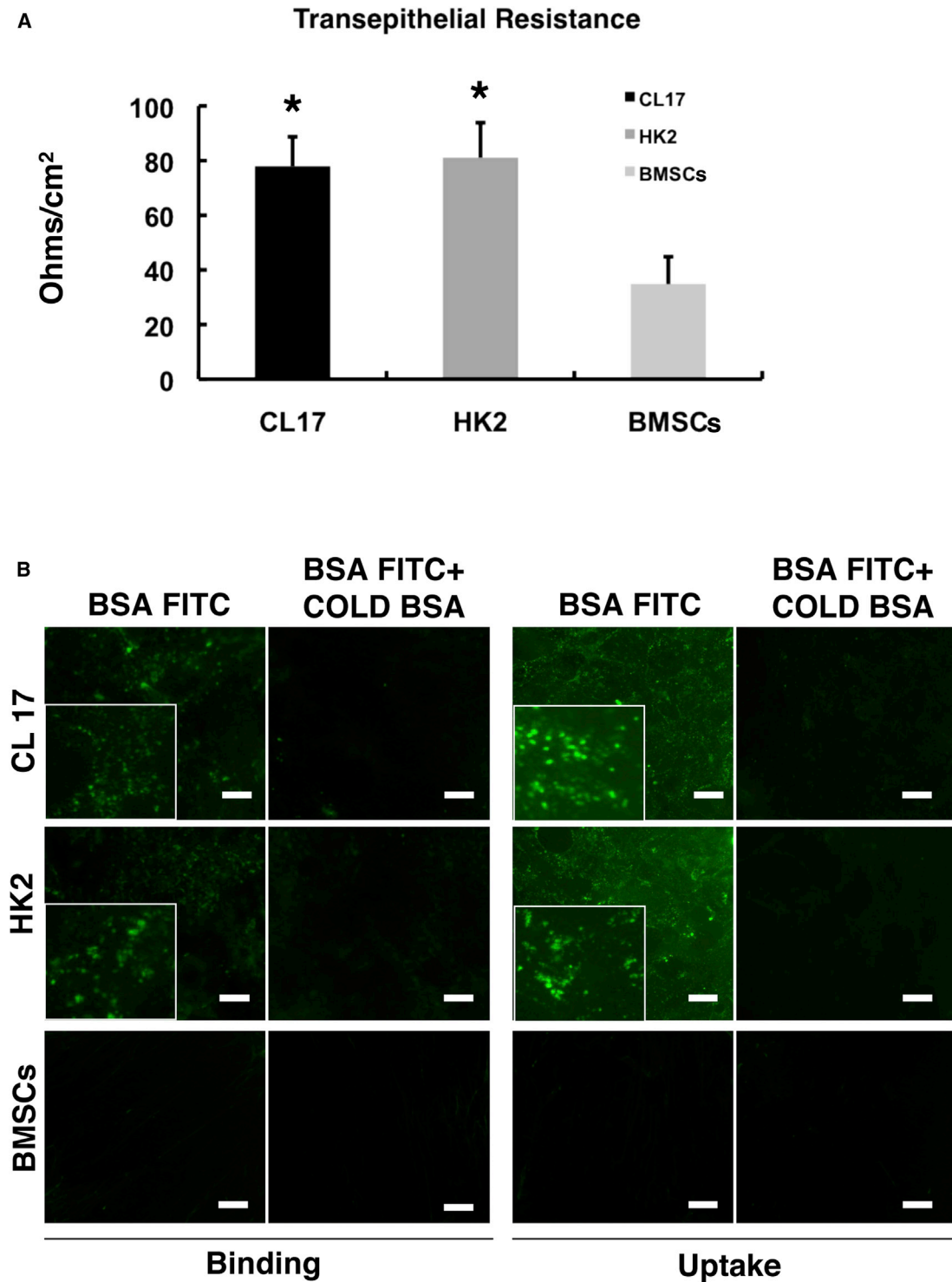
#### CL17 Cells Contribute to Tubular Structures in Renal Organoids Ex Vivo

To assess the functional integration into kidney tissue, human cells (CL17, HK2, or BMSCs) were mixed with kidney cells derived from embryonic day 11.5 (E11.5) mice ([Unbekandt and Davies, 2010](#); [Xinaris et al., 2012](#)), and grown as explants for 5 days. At day 1, CL17 cells integrated into the condensing metanephric mesenchyme that was identified by co-expression of neural cell adhesion molecule (NCAM) and PAX2 markers ([Figure 5A](#), insert). At day 5, chimeric aggregates of human and mouse cells grew into elongating tubular structures that were surrounded by laminin-positive basement membranes ([Figures 5B](#) and [5C](#)). Remarkably, tubular structures containing CL17 or HK2 cells were in close vicinity to glomerular-like structures expressing the early podocyte marker Wilms tumor 1 (WT1) ([Figures 5E](#) and [5F](#)). BMSCs neither formed nor contributed to renal structures, indicating non-nephrogenic potential ([Figures 5D](#) and [5G](#)).

#### CL17 Cells Engraft into Proximal Tubuli and Reduce Renal Damage in AKI Mice

The renoprotective potential of the reprogrammed cells was investigated in an experimental murine model of cisplatin-induced AKI ([Morigi et al., 2008](#)). After intravenous injection of CL17 cells, 50% were recovered in the lung, 1% in the spleen, 0.47% in the liver, and 21% in the kidney; no cells were found in the heart ([Figure S6A](#)). Engrafted CL17 cells, stained for two human markers for mitochondria and centromere protein-A (CENP-A), in the renal parenchyma of immunodeficient

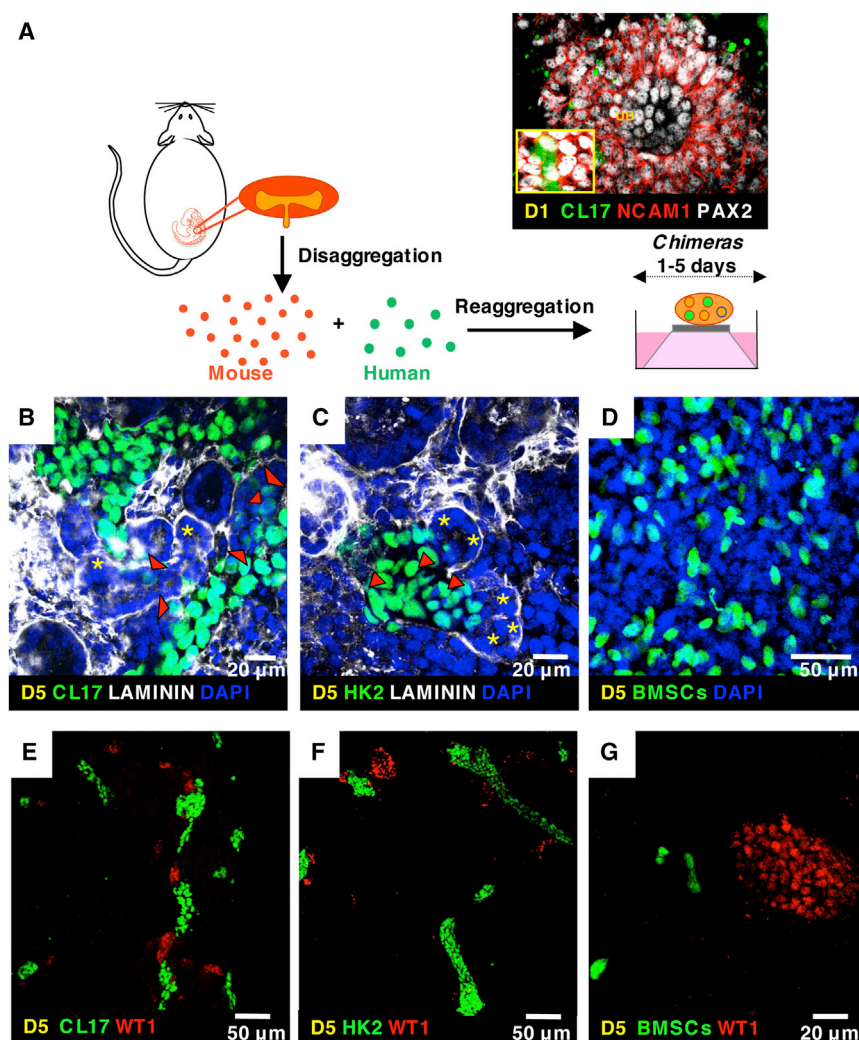




**Figure 4. Functional Properties of CL17 Cells In Vitro**

(A) Transepithelial resistance (TER) measurement of CL17, HK2, and BMSCs. Three independent experiments were done in duplicate. Data are expressed as mean  $\pm$  SD; \* $p < 0.01$  versus BMSCs.

(B) BSA binding and uptake in CL17, HK2, and BMSCs. Cells were exposed to 50  $\mu$ g/ml BSA-FITC alone or in the presence of excess cold BSA (5 mg/ml) for 15 min at 4°C for binding experiments (left) and for 90 min at 37°C for uptake experiments (right). Images are representative of three experiments. Scale bars, 50  $\mu$ m.



**Figure 5. Human CL17, HK2, and BMSC Integration in Renal Organoids**

(A) Human CL17, HK2, or BMSCs were mixed with fully dissociated E11.5 mouse embryonic kidneys and grown as explants for 1–5 days. Representative image of CL17-cell integration (stained with Cell Tracker, green) into the condensing metanephric mesenchyme identified by NCAM1 and PAX2 co-staining at day 1 (insert image).

(B and C) At day 5, chimeric aggregates of human (immunostained with anti human nuclear antigen, green; arrowhead) and mouse cells (asterisk) lay within laminin-positive membranes (white). Cell nuclei were labeled with DAPI (blue).

(E and F) CL17 cells (E) and HK2 cells (F) form elongating tubular structures in the vicinity of WT1-positive glomerular structures.

(D and G) BMSCs never formed any renal structure. Images are representative of three independent experiments.

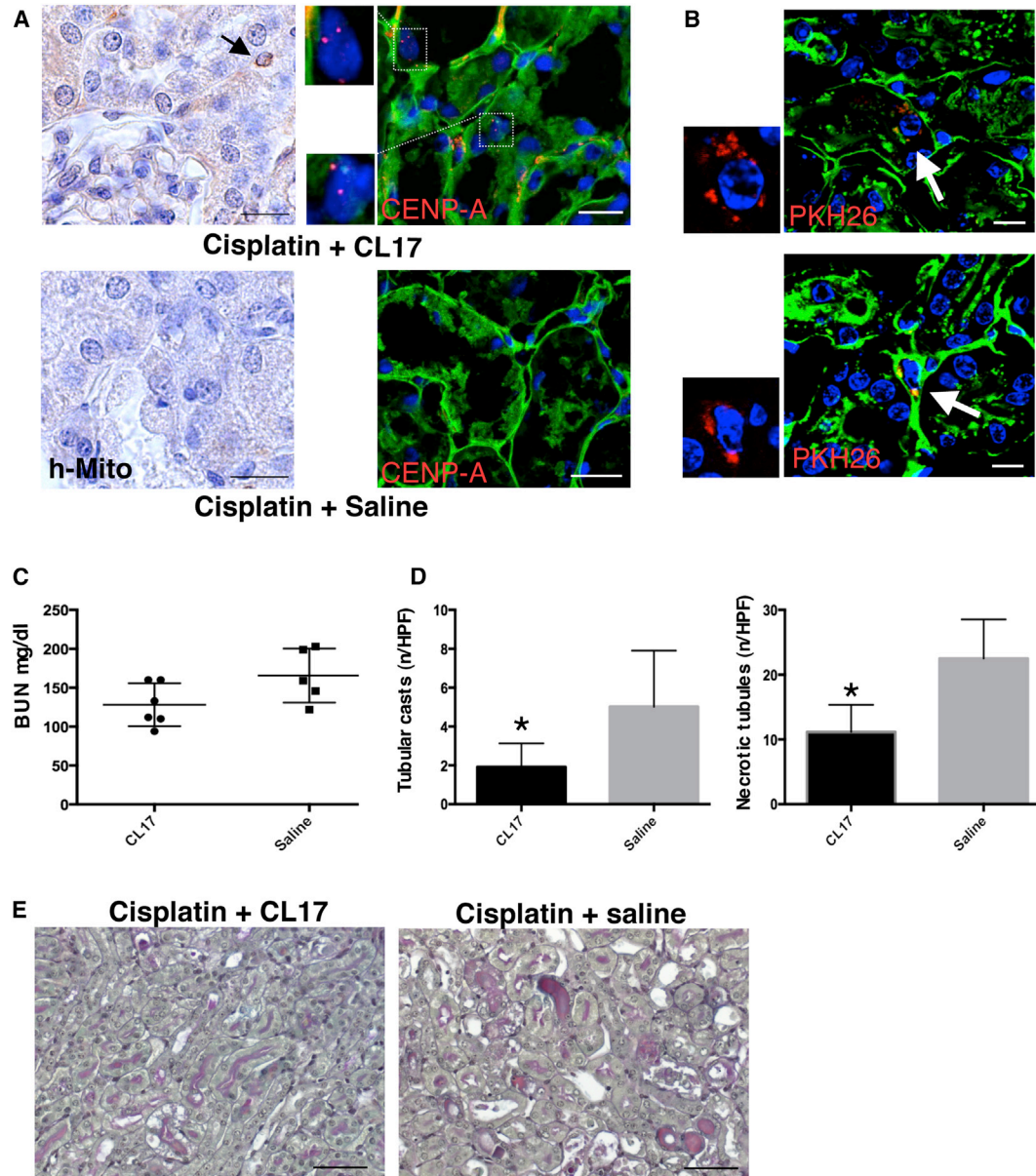
AKI mice, were localized in the tubular compartment at 4 days post-cisplatin injection (Figure 6A) with a frequency averaging 213 PKH26<sup>+</sup> cells/100,000 renal cells. CL17 cells predominantly localized within proximal tubuli (80%) and, to a lesser extent (20%), in the peritubular areas (Figure 6B). As a positive control for human markers, we used human BMSCs that were mainly found at the peritubular level in tissues of cisplatin-treated mice (Figure S6B). Negative controls with non-immune immunoglobulin of the same isotype as the primary antibody are shown in Figure S6C. Next, we studied the effect of CL17 cell treatment on renal function impairment and tubular damage. In cisplatin-treated mice given CL17 cells, renal function was ameliorated (Figure 6C), although blood urea nitrogen (BUN) levels were not significantly different from those observed in untreated animals ( $22 \pm 2$  mg/dl) at 4 days. In parallel, renal damage was significantly improved in AKI animals infused with CL17 cells as demonstrated by

the significant reduction of hyaline casts and necrotic tubuli (Figures 6D and 6E). Control mice did not show any signs of tubular damage. Altogether, these data indicate that the reprogrammed BMSCs directly incorporated into proximal tubuli and improved renal damage and function in AKI mice.

## DISCUSSION

Our results provide evidence that human BMSCs can be directly reprogrammed into cells that closely resemble renal proximal tubular epithelial cells using cell extracts. The reprogramming of BMSCs is demonstrated by the acquisition of (1) morphological, ultrastructural, and antigenic properties; (2) transcriptomic profile; and (3) functional characteristics of proximal tubular-like epithelial cells. Notably, the directly reprogrammed cells acquire





**Figure 6. CL17 Cells Engrafted in Proximal Tubuli in Mice with Cisplatin-Induced AKI**

(A) Incorporation of CL17 cells into kidney tubuli of mice with cisplatin-induced AKI detected by human mitochondrial (h-Mito, upper-left panel; brown) and CENP-A (upper-right panel and insets; red) staining. Arrow indicates an h-Mito-positive cell in the proximal tubule connected to the glomerulus. No h-Mito- and CENP-A-positive cells are present in renal tissue of AKI animals with saline (bottom). DAPI (blue) stains nuclei, and renal structures are labeled with wheat germ agglutinin (WGA, green). Scale bars represent 10  $\mu$ m for h-Mito staining and 20  $\mu$ m for CENP-A staining.

(B) Renal localization of PKH26/positive CL17 cells (red) in AKI mice within proximal tubuli (top) or in peritubular areas (bottom). DAPI (blue) stains nuclei, and renal structures are labeled with WGA (green). Scale bars, 20  $\mu$ m.

(C) Blood urea nitrogen (BUN) (mg/dl) levels in AKI mice treated with CL17 cells (n = 6) or saline (n = 5) at 4 days. Data are expressed as mean  $\pm$  SD.

(D) Quantification of tubular casts and necrotic tubuli (n/high-power field [HPF]) in kidneys of AKI mice treated with CL17 cells or saline at 4 days. \*p < 0.05 versus cisplatin + saline.

(E) Representative histological micrographs of the kidney of the AKI animals treated with CL17 cells (left) or saline (right) at 4 days. Scale bar, 50  $\mu$ m.

See also Figure S6.



epithelial features and gain organ-forming capacity and have functional properties to the extent that they reduced renal damage in experimental AKI.

Several strategies have been adopted to achieve reprogramming, namely, iPSC technology, SCNT, cell fusion, and cell-extract treatment (Gurdon, 2006; Håkelién et al., 2002; Tada et al., 1997; Takahashi and Yamanaka, 2006). Among these approaches, the use of cell extracts has gained attention because it is an oocyte-independent reprogramming method devoid of ethical and legal concerns and does not pass through the pluripotent state, which is an emerging desirable scientific goal.

Here, we used human BMSCs, an attractive cell population for clinical application due to their accessibility, expansion potential, genetic stability, and the presence of an unmethylated genome, which render them prone to reprogramming (Bianco et al., 2013; Le Blanc and Mougiakakos, 2012; Morigi and Benigni, 2013; Morigi et al., 2008; Streckfuss-Bömeke et al., 2013). Our work provides evidence that human BMSCs can be reprogrammed into a developmentally distinct tubular lineage based on multifaceted approaches spanning from cell morphology documented using transmission and scanning electron microscopy to mRNA sequencing revealing an abundance of tubular epithelial transcripts and expression of proteins characteristic of renal proximal tubular cells. The paradigm that BMSCs can be driven toward a renal fate, also evidenced by the acquisition of proximal tubular functional competence such as TER and albumin binding and uptake activity, points the way to an efficient methodology for generating renal cell types by using a readily available autologous cell source.

In search of mechanisms responsible for BMSC reprogramming, we attempted to uncover the actual blueprint for reprogramming, which resides in the cell-free extract of tubular epithelia, by depleting it of various putative mediators of the process. Specifically, the requirement for the combination of nuclear and cytoplasmic factors is disclosed. Moreover, reprogramming does not occur if deproteinized or RNA-depleted extracts are used.

The use of a kidney re-aggregation assay (Xiniris et al., 2012), which represents a stringent *ex vivo* model for the evaluation of the renal potential of a test population (Hendry et al., 2013), contributes to further proving the identity of the reprogrammed BMSCs. Reprogrammed cells in the presence of embryonic kidney cells showed a remarkable ability to form three-dimensional chimeric tubular structures, indicating the efficient switch toward a renal cell phenotype. Importantly, the reprogramming of BMSCs toward a renal lineage reported herein may have clinical applications in the future. Cell treatment with reprogrammed BMSCs partly improved renal function and significantly limited tubular injury in mice with AKI. This beneficial effect is ascribed to the high engraftment and

integration of infused cells into damaged proximal tubuli of AKI mice. Such integration does not occur when animals with AKI are infused with BMSCs, which preferentially localize at the peritubular space (Humphreys and Bonventre, 2008; Morigi and Benigni, 2013; Morigi et al., 2008), highlighting the different nature of reprogrammed versus native BMSCs. Another peculiar feature of reprogrammed BMSCs was their localization in different organs after systemic infusion. In nonobese diabetic severe combined immunodeficiency mice with AKI, reprogrammed BMSCs were detected and/or entrapped predominantly in lung and, to a very low extent, in the spleen and the liver, while native BMSCs were found in limited numbers in these organs (François et al., 2006; Tögel et al., 2005). A corollary of the present results are previous reports demonstrating improved survival and augmented kidney function in rodent models of kidney disease after injection with a mixed renal tubular cell population (Kelley et al., 2010).

Extract-induced reprogramming, by virtue of the high yield, permits the derivation of a large number of isogenic renal cell clones. Moreover, these cells can be stored and retrieved upon request without losing their identity. Thus, the reprogrammed BMSCs can be a tool for drug screening and toxicological assays.

In summary, reprogramming BMSCs with the cell-free extracts of epithelial or other fully differentiated somatic cells, when successful, brings to the fore the flexibility and choice of designer engineering. This approach and its future refinements could potentially fulfill the quest to utilize somatic cell types in a precursor state for durable cell therapy.

## EXPERIMENTAL PROCEDURES

### Cell Culture

The human immortalized proximal tubular cell line HK2 (CRL-2190, ATCC) was cultured in keratinocyte serum-free medium (Clonetics, Life Technologies) supplemented with bovine pituitary extract and epidermal growth factor. Experiments were performed at passages 20–40. Human BMSCs from two different donors were obtained from the Transplantation Program of the Haematology Division of Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Italy. Cells were cultured as previously described (Capelli et al., 2007) using low-glucose DMEM (Sigma-Aldrich) supplemented with 5% human platelet lysate. Experiments were performed at passages 4–6.

### Cell Extracts

HK2 cell extracts were prepared as previously described (Håkelién et al., 2002). In brief,  $\sim 100 \times 10^6$  cells were washed twice in ice-cold PBS and once in cold cell lysis buffer (10 mM HEPES [pH 8.2], 50 mM NaCl, 5 mM  $MgCl_2$ , 1 mM DTT, and 1:100 protease inhibitors; all from Sigma-Aldrich) sedimented at  $300 \times g$  for 10 min at 4°C. The volume of cell pellet was added with an equal



volume of cold lysis buffer and incubated for 45 min on ice. Cells were sonicated on ice in 200- $\mu$ l aliquots using a sonicator fitted with a 2-mm diameter probe (60% output; Heat Systems) until all cells and nuclei were lysed, as judged by microscopy. The lysate was sedimented at 15,000  $\times$  g for 15 min at 4°C. The supernatant was aliquoted in 100- $\mu$ l aliquots and used immediately for reprogramming assays of 100,000 BMSCs.

### SLO Permeabilization and Cell-Extract Treatment

Preliminary experiments were performed in order to define the optimal concentration of SLO (Sigma-Aldrich) for BMSCs using concentrations of 100, 200, 300, 400, 500, 600, 700, and 800 ng/ml. Permeabilization efficiency of >80% was obtained at 400 ng/ml, as assessed by monitoring the uptake of an Mr 70,000 Texas-red-conjugated dextran (50  $\mu$ g/ml; Molecular Probes, Invitrogen). Cell viability, assessed by trypan blue exclusion assay, was not affected by the chosen SLO concentration. BMSCs were washed twice in cold PBS and once in ice cold  $\text{Ca}^{2+}$ - and  $\text{Mg}^{2+}$ -free Hank's balanced salt solution (HBSS; Gibco, Invitrogen). Cells were resuspended in aliquots of 100,000 cells in HBSS in 1.5-ml tubes and centrifuged at 1,500 rpm for 5 min at 4°C. Cells were suspended in ice-cold HBSS containing 400 ng/ml SLO and incubated for 50 min at 37°C and finally centrifuged at 1,500 rpm for 5 min at 4°C. Permeabilized BMSCs were exposed to HK2 cell extract containing an ATP-regenerating system (1 mmol/l ATP, 10 mmol/l creatine phosphate, 25  $\mu$ g/ml creatine kinase; 100  $\mu$ mol/l GTP; all from Sigma-Aldrich) and 1 mmol/l of each nucleotide triphosphate (Roche Diagnostics) and incubated for 1 hr at 37°C. So that BMSC membranes could be resealed, the cell suspension was diluted with HK2 cell medium containing 2 mM  $\text{CaCl}_2$ , and cells were seeded in a six-well plate. As a control, permeabilized BMSCs were grown in HK2 cell medium. Where needed, HK2 cell extracts were incubated as follows: (1) at 100°C for 5 min or (2) with 100  $\mu$ g/ml RNase A (Roche diagnostics) for 30 min, followed by 1 hr incubation with RNase inhibitor (1  $\mu$ g/ $\mu$ l; Ambion, Invitrogen). In some experiments, HK2 cells were treated with 25 nM trichostatin A or 50 nM 5-aza-cytidine (both from Sigma-Aldrich) or both 48 hr before preparing the extract (Rajasingh et al., 2011). The reprogramming experiments were repeated successfully 15 out of 17 times with human BMSCs from two different donors, generating epithelial cells at the same timing as observed with light microscopy (i.e., 13–15 days).

### CDH1 EGFP Transfection

CDH1 EGFP plasmid was obtained commercially (Genecopeia; HPRM12692-PF02). Human BMSCs, BMSCs treated with HK2 cell extracts (at days 5 and 11 post reprogramming assay), and HK2 cells grown on six-well plates were transfected with 2.5  $\mu$ g of plasmid using lipofectamine 2000 (Invitrogen, Life Technologies) according to the manufacturer's instructions. Representative images were taken 24 hr post-transfection (days 6 and 12) using an Apotome microscope (Axion Vision, Imager 2Z, Zeiss).

### RNA Sequencing

Two biological replicates were performed for each cell lineage. Poly(A)<sup>+</sup> RNA was obtained from 20  $\mu$ g of total RNA using the Dynabeads mRNA DIRECT Micro Kit after adding external RNA spike-in controls (External RNA Controls Consortium). Libraries

were prepared using the Ion Total RNA-Seq Kit v2. Template preparation and sequencing were performed using the Ion PGM Template OT2 200 Kit and the Ion PGM Sequencing 200 Kit v2. Each replicate was sequenced on the Ion PGM Sequencer using an Ion 318 Chip. Data extraction, base calling, and alignment were performed using TorrentSuite Software 3.6. To count reads overlapping with known exon coordinates (RefSeq, UCSC Genome Browser), we used the HTSeq software through a modified version of the FeatureCounter plugin that allowed it to discard reads with mapping quality score < 5. Differential expression analyses were performed on genes showing five or more reads in both replicates in at least one cell lineage using edgeR and RobiNA software. Functional pathway analysis was performed with the GraphiteWeb and the ToppFun softwares using a two-step strategy. First, we analyzed genes showing the most striking changes, defined as  $p \leq 0.05$  (with Benjamini-Hochberg multiple testing correction),  $\geq 10$ -fold change, and expression levels of three or more reads per kilobase per million in at least one cell lineage. Second, we analyzed all genes with  $p$ -corrected  $\leq 0.05$  and  $\geq 2$ -fold change.

### TER Measurement

Human BMSCs and CL17 and HK2 cells were plated in 24-well transwell filters of 0.2  $\mu$ m pore size (Corning) at a concentration of 250,000/0.5 ml in triplicate. Cells were used for TER measurement (Millicell ERS; Millipore) 48 hours after reaching confluency. TER ( $\text{Ohm}/\text{cm}^2$ ) was measured at 37°C, and measurements were performed twice every 10 min according to the manufacturer's instructions.

### In Vivo Experiments

Female 2-month-old NOD.CB17-Prkdc scid/NcrCrI (NOD-SCID) mice (Charles River Italia) were used. Animal care and treatment were conducted in conformity with institutional guidelines and international laws and policies (Morigi et al., 2011). Animal studies were approved by the institutional animal care and use committees of Mario Negri Institute, Milan, Italy.

AKI was set up in NOD-SCID mice by subcutaneous injection of the nephrotoxic drug cisplatin (Ebewe Italia) at a dose of 13 mg/kg as previously described (Morigi et al., 2008). For investigation of the effect of reprogrammed cells (CL17), 24 hr after cisplatin injection, mice received intravenous (tail vein) saline ( $n = 5$ ) or CL17 cells at passage 16 ( $n = 6$ ). Mice were injected with  $5 \times 10^5$  cells (50% of cells were labeled with PKH26, Sigma-Aldrich). This experiment was performed once. The animals were euthanized 4 days after cisplatin injection, and kidney, lung, heart, spleen, and liver were used for histology and immunohistochemistry evaluation. Cell engraftment was evaluated in paraformaldehyde-lysine-periodate-fixed cryosections.

Renal function was assessed using blood urea nitrogen (BUN) levels measured by the Reflotron test (Roche Diagnostics). Basal BUN levels of NOD-SCID mice averaged  $22 \pm 2$  mg/dl. BUN levels exceeding this range of values were considered abnormal.

### Statistical Analysis

Results are expressed as mean  $\pm$  SD. Data were analyzed using the  $t$  test for unpaired data. Statistical significance was defined as  $p < 0.05$ .





See the [Supplemental Experimental Procedures](#) for details regarding the generation of clones using limiting dilution and duplication time measurement, transmission electron microscopy and scanning electron microscopy, immunocytochemistry and flow cytometry, renal histology and immunohistochemistry analysis, RNA extraction and qRT-PCR, albumin binding and uptake assays, and renal organoids.

## ACCESSION NUMBERS

The GEO repository accession number for the RNA-sequencing data reported in this paper is GSE56625.

## SUPPLEMENTAL INFORMATION

Supplemental Information includes Supplemental Experimental Procedures, six figures, and three tables and can be found with this article online at <http://dx.doi.org/10.1016/j.stemcr.2015.02.002>.

## AUTHOR CONTRIBUTIONS

E.P. conceived and designed the study, collected and/or assembled data, performed data analysis and interpretation, wrote the manuscript, and gave final approval of the manuscript. M.M., G.R., and M.S.G. conceived and designed the study, analyzed and interpreted data, wrote the manuscript, and gave final approval of the manuscript. P.I., C.X., V.B., S.T., L.L., C.R., M.T., P.R., and M.G.S. collected and/or assembled data, performed data analysis and interpretation, wrote the manuscript, and gave final approval of the manuscript. M.I. provided study materials. A.B. conceived and designed the study, performed data analysis and interpretation, wrote the manuscript, gave final approval of the manuscript, and provided financial support.

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