

HHS Public Access

Author manuscript Stem Cell Res. Author manuscript; available in PMC 2019 July 31.

Published in final edited form as: Stem Cell Res. 2019 April ; 36: 101389. doi:10.1016/j.scr.2019.101389.

Generation of two iPS cell lines (FRIMOi003-A and FRIMOi004 A) derived from Stargardt patients carrying ABCA4 compound heterozygous mutations

Marina Rieraa,b,c,d,* , **Achchhe Patel**^c , **Anniken Burés-Jelstrup**a,e, **Borja Corcostegui**a,e, **Stanley Chang**d, **Esther Pomares**a,b,* , **Barbara Corneo**^c , **Janet R. Sparrow**^d ^aFundació de Recerca de l'Institut de Microcirurgia Ocular, Barcelona, Spain

^bDepartament de Genètica, Institut de Microcirurgia Ocular (IMO), Barcelona, Spain

^cStem Cell Core Facility, Columbia University, New York, NY, USA

^dDepartment of Ophthalmology, Columbia University, New York, NY, USA

^eDepartament de Retina, Institut de Microcirurgia Ocular (IMO), Barcelona, Spain

Abstract

Recessive Stargardt disease (STGD1) is an autosomal recessive retinal dystrophy, caused by mutations in the retina-specific ATP-binding cassette transporter $(ABCA4)$ gene, which plays a role as a retinaldehyde flippase in the photoreceptor outer segments. In this work, two human induced pluripotent stem cell (iPSC) lines were generated from STGD1 patients carrying compound heterozygous mutations in ABCA4. Skin fibroblasts were reprogrammed with the Yamanaka factors using a non-integrating, Sendai virus-based approach. Both iPSC lines displayed typical embryonic stem cell morphology, had normal karyotype, expressed several pluripotency markers and were able to differentiate into all three germ layers.

Resource utility

Mutations in ABCA4 gene can cause a wide range of recessive retinal disorders, including recessive Stargardt disease (STGD1), the most common form of inherited juvenile macular degeneration (Allikmets et al., 1997; Michaelides et al., 2003). Several novel pharmacologic, gene, and stem-cell therapies are being developed as therapeutic strategies to protect or improve vision for patients with STGD1 (Lu et al., 2017). The generation of iPSC lines from patients carrying mutations in *ABCA4* will be valuable *in vitro* models for the screening of new treatments.

Appendix A. Supplementary data

This is an open access article under the CC BY-NC-ND license ([http://creativecommons.org/licenses/BY-NC-ND/4.0/](https://creativecommons.org/licenses/by-nc-nd/4.0/)).

^{*}Corresponding authors at: C/Josep Mª Lladó, 3, 08035 Barcelona, Spain. genetica.riera@imo.es (M. Riera), pomares@imo.es (E. Pomares).

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.scr.2019.101389>.

Resource details

Two patients were diagnosed with recessive Stargardt disease at Institut de Microcirurgia Ocular (IMO). Analysis of the ABCA4 gene identified one splicing mutation and one missense variant in the first patient (STGD_1), and three missense variants (in *cis* position) and one frameshift mutation in the second (STGD_2) (Riera et al., 2017). Detailed clinical and genetic data is shown in Table 1. Dermal fibroblasts were obtained from a skin biopsy and reprogrammed into iPSC using non-integrative Sendai virus containing the reprogramming factors OCT3/4, SOX2, KLF4 and c-MYC. Approximately three weeks after transduction, iPSC colonies were manually picked and expanded. One iPSC colony for each patient was fully characterized at the genetic and molecular level (STGD1_FiPS4F1.5 and STGD2_FiPS4F1.7). The results of these analyses are summarized in Table 2. The resulting iPSC lines showed typical human embryonic stem cell morphology, with large and well-defined polygonal colonies, high nuclear/cytoplasmic ratio and prominent nucleoli (Fig. 1A). Both iPSC lines had normal karyotype, 46XX and 46XY respectively (Fig. 1B), did not express Sendai virus and reprogramming genes and were Mycoplasma negative (Supplementary file). For the DNA fingerprinting analysis, we used 16 different markers, which confirmed that each iPSC line had the same genetic background as the donor fibroblasts (Table 2). Immunocytochemistry and flow cytometry assays showed that the iPSC lines were positive for the pluripotency transcription factors OCT4, NANOG and SOX2, and the surface marker SSEA4 (Fig. 1C and D). To verify the ability of these iPSC lines to differentiate into the three germ layers, an in vitro functional differentiation test was performed, confirming that both iPSC lines could generate endoderm, mesoderm and ectoderm (Fig. 1E). Finally, the presence of the ABCA4 mutations in the iPSC lines was verified by Sanger sequencing (c.4253 + $4C > T$ and c.6089G > A variants in STGD1_FiPS4F1.5 cells, and c.514G > A, c.2023G > A, c.6148G > C and c.3211_3212insGT mutations in STGD2_FiPS4F1.7 cells) (Fig. 1F).

Materials and methods

Reprogramming of skin fibroblasts

Fibroblasts were expanded in DMEM (cat# 11960077, Life Technologies) supplemented with 10% FBS (cat# 10082147, Life Technologies) and $1\times$ penicillin-streptomycin (cat# 15140122, Life Technologies), and reprogrammed following the manufacturer instructions (CytoTune™-iPS 2.0 Sendai Reprogramming Kit, cat# A16518, ThermoFisher Scientific). Six days after transduction, 2×10^4 cells were seeded on irradiated mouse embryonic fibroblasts (MEFs) (cat# A34181, ThermoFisher Scientific) in six wells of a 6-well plate, and DMEM media was replaced with hES media, containing DMEM/Ham's F-12 (cat# 11320–033, Life Technologies) supplemented with 20% KSR (cat # 10828028 Life Technologies), $1 \times$ non-essential amino acids (cat# 11140076, Life Technologies), 1× penicillin-streptomycin, 1× glutamine (cat# 25030081, Life Technologies), 1× βmercaptoethanol (cat# 21985023, Life Technologies), and 10 ng/ml of FGF2 (cat# 233-FB, R&D Systems). Three weeks after reprogramming, 20 colonies were manually picked and placed onto a MEFs-coated 24-well plate. Selected iPSC colonies were expanded on MEFs for six passages, then cells were cultured and adapted to feeder-free conditions, onto

Matrigel-coated plates (cat# CB 40230, Corning) in mTeSR1 medium (cat# 5850, StemCell Technologies). Cells were weekly subcultured 1:10 using 50 mM EDTA in phosphate buffered saline (PBS) without calcium and magnesium and incubated at 37 \degree C in 5% CO₂ atmosphere.

Karyotype analysis

After six passages, karyotype was performed on twenty G-banded metaphase cells at 450– 500 band resolution (Cell Line Genetics).

Mutation analysis

Genomic DNA was isolated from 10^6 cells using the DNeasy Blood & Tissue Kit (cat# 69504, Qiagen) following manufacturer's instructions. PCR amplification was performed using DNA AmpliTools Green Master Mix (cat# 4749, Biotools) and specific primers flanking the $ABCA4$ mutations (Table 3) in a final volume of 50 μl. The PCR was performed using a SimpliAmp™ Thermal Cycler (Applied Biosystems) in a three-step process: denaturation for 2 min at 95 °C, followed by 35 cycles of 20 s at 94 °C, 30 s at 55 °C, and 30 s at 72 °C. The resulting PCR products were Sanger sequenced (Macrogen).

STR analysis

Identity analysis was performed by Cell Line Genetics on the fibroblast cells and the established iPSC line using the PowerPlex 16 System (cat# DC6531, Promega).

In vitro differentiation assay

In vitro functional differentiation was performed using the Human Pluripotent Stem Cell Functional Identification kit (cat# SC022, R&D Systems). Cells were fixed and stained to detect endoderm, mesoderm and ectoderm specific markers (SOX17, Brachyury and OTX2, respectively) (Table 3).

Immunocytochemistry

Cells were fixed in 4% paraformaldehyde (PFA) for 15 min at room temperature (RT) and washed twice with $1 \times PBS$ before being permeabilized with 0.2% Triton X-100 in $1 \times PBS$ for 10 min. Cells were rinsed twice in 1% bovine serum albumin (BSA) in $1 \times PBS$ and blocked for 30 min at RT with DAKO blocking buffer (Agilent). Cells were incubated with primary antibodies in 1% BSA at 4 °C for O/N, and then washed twice and incubated with the appropriate secondary antibody for 1 h at RT (Table 3). Finally, cell nuclei were stained with DAPI (1:1000) at RT for 5 min, washed twice and visualized and captured using an Olympus IX73 inverted microscope connected to a XM10 monochrome camera (Olympus, Tokyo, Japan).

Flow cytometry

Single cell suspension was obtained using EDTA and cells were fixed in 4% PFA for 15 min. For nuclear staining, cells were also permeabilized with cold methanol for 20 min on ice. Cells were incubated for 15 min at RT with conjugated antibodies and isotype negative

Stem Cell Res. Author manuscript; available in PMC 2019 July 31.

controls diluted with DMEM supplemented with 10% FBS (Table 3), then FACS analyzed (Bio-Rad S3e (Bio-Rad)). FACS data were analyzed using FlowJo software.

RNA isolation and RT-PCR analysis

The clearance of Sendai virus and reprogramming factors was confirmed by RT-PCR after nine passages. Briefly, total RNA from 1×10^6 cells was obtained by using the RNeasy Protect Cell Mini Kit (cat# 74624, Qiagen), according to manufacturer's instructions. Then, cDNA was generated by reverse transcription using Transcriptor High Fidelity cDNA Synthesis Kit (cat# 05091284001, Roche Diagnostics). GAPDH was used as control for normalization. The PCR was performed in a SimpliAmp™ Thermal Cycler (Applied Biosystems) using the DNA AmpliTools Green Master Mix (cat# 4749, Biotools) in a final volume of 25 μl (primer sequences are given in Table 3). For amplification of GAPDH, a two-step PCR was performed as follows: first denaturation for 2 min at 95 °C, followed by 32 cycles of 20 s at 95 °C and 2 min at 63 °C. For amplification of Sendai virus genome and reprogramming factors, we performed a three-step PCR: denaturation for 2 min at 95 °C, followed by 40 cycles of 30 s at 95 °C, 30 s at 55 °C, and 30 s at 72 °C. The cDNA from cells collected one week after the virus infection was used as a positive control for the expression of Sendai virus genome and reprogramming factors.

Mycoplasma detection

The presence of mycoplasma was regularly tested by using e-Myco™ plus Mycoplasma PCR Detection Kit (cat# 25234, Intron).

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgements

We are grateful to the patients for the participation in this study. The project leading to these results has received funding from "la Caixa" Banking Foundation under the project code LCF/PR/PR17/11120006, and the Fundació de Recerca de l'Institut de Microcirurgia Ocular.

References

- Allikmets R, Shroyer NF, Singh N, et al. , 1997. Mutation of the Stargardt disease gene (ABCR) in age-related macular degeneration. Science 277 (5333), 1805–1807. [PubMed: 9295268]
- Lu LJ, Liu J, Adelman RA, 2017. Novel therapeutics for Stargardt disease. Graefes Arch. Clin. Exp. Ophthalmol 255 (6), 1057–1062. [PubMed: 28285324]
- Michaelides M, Hunt DM, Moore AT, 2003. The genetics of inherited macular dystrophies. J. Med. Genet 40 (9), 641–650. [PubMed: 12960208]
- Riera M, Navarro R, Ruiz-Nogales S, et al. , 2017. Whole exome sequencing using ion proton system enables reliable genetic diagnosis of inherited retinal dystrophies. Sci. Rep 7, 42078. [PubMed: 28181551]

Riera et al. Page 5

Fig. 1. Characterization of the iPSC lines.

Stem Cell Res. Author manuscript; available in PMC 2019 July 31.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Summary of lines. Summary of lines.

Stem Cell Res. Author manuscript; available in PMC 2019 July 31.

Riera et al. Page 7

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 2

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 3

 $\overline{}$

 $\overline{}$

Reagents details. Reagents details.

Stem Cell Res. Author manuscript; available in PMC 2019 July 31.

