



UNIVERSITI PUTRA MALAYSIA

***DEVELOPMENT OF CONDITIONED MEDIUM DERIVED FROM RAT
AMNIOTIC FLUID STEM CELLS SUITABLE FOR RESTORATION OF
DIABETIC WOUND***

HASFAR AMYNURLIYANA BINTI ABDUL GHOFAR

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DIABETIC WOUND**

By

HASFAR AMYNURLIYANA BINTI ABDUL GHOFAR

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfilment of the Requirements for the Degree of Master of Science**

October 2017



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DEDICATION

This thesis is dedicated to my beloved mother Mrs. Hasemah Omar, my father Mr. Abdul Ghofar Abdul Mubin, my little sisters (Miss Hasfar Syazwani and Miss Hasfar Syafiqah), my siblings, my relatives and friends more like family.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Master of Science

DEVELOPMENT OF CONDITIONED MEDIUM DERIVED FROM RAT AMNIOTIC FLUID STEM CELLS SUITABLE FOR RESTORATION OF DIABETIC WOUND

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October 2017

Chair: Sharida Fakurazi, PhD
Institute: Bioscience

Wound in diabetics is a slow healing and chronic process. Stem cells have been reported to mobilize the wound site, by secreting cellular growth factors and cytokines during their cultivation by promoting angiogenesis and remodeling of extracellular matrix (ECM), creating a favorable local environment for wound healing. The conditioned medium (CM) is a medium containing growth factors and cytokines cultivated in viable optimum environment for a certain period of time. These factors may promote the growth of new cells especially in wound microenvironment. Therefore, this work is conducted to establish and characterize rat amniotic fluid stem cells conditioned medium (rAFSC-CM) that is suitable for *in vitro* diabetic wound healing model using diabetic human dermal fibroblasts (HDF-D). To achieve this aim, a suitable number of rAFSCs density, which has been isolated, identified, and confirmed were used in the preparation of CM. The cells density at 0.25×10^6 cells/mL was used to prepare the CM with the presence of leukemia inhibitory factor (LIF+) and absence of LIF (LIF-). Cell proliferation assays and scratch test assays were conducted to substantiate the ability of rAFSCs-CM in enhancing the Diabetic Human Dermal Fibroblast (HDF-D) cell proliferation and migrations. The expression of molecular markers such as TGF- β 1, VEGF, IL-6, IL-1 β , and TNF- α in CM were identified using Enzyme Linked Immunosorbent Assay (ELISA) and Western's blotting technique. The results revealed rAFSC-CM has significantly improved the migration, viability, and proliferation of HDF-D cells. ELISA and Western Blot indicated that the rAFSCs-CM contains various growth factors that are known to be important in wound healing including TGF- β 1, VEGF, IL-6, IL-1 β , and TNF- α . From the data observed, it was suggested that low concentration (25%) of rAFSC-CM with the absence of LIF (LIF-) showed the most potential CM with a good potential of proliferation and migration activity. As a conclusion, this study showed that rAFSCs secreted high levels of cytokines and growth factors that enhance the wound healing, and further studies using specific mechanism experiments *in vivo* are needed to uncover and improve its effectiveness in cell-free therapies to encourage the healing of diabetic skin wound.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Sarjana Sains

**PEMBANGUNAN MEDIUM TERLAZIM DARIPADA SEL TUNJANG
BENDALIR AMNION TIKUS SESUAI UNTUK PEMULIHAN LUKA KULIT
PESAKIT KENCING MANIS**

Oleh

HASFAR AMYNURLIYANA BINTI ABDUL GHOFAR

Oktober 2017

**Pengerusi: Sharida Fakurazi, PhD
Institut: Biosains**

Luka diabetes merupakan proses penyembuhan yang perlahan dan kronik. Sel tunjang telah dilaporkan menggerakkan tapak luka dengan merembeskan faktor pertumbuhan sel dan sitokin semasa kultivasi dengan menggalakkan angiogenesis dan pembentukan semula matriks luar sel (ECM), Mewujudkan persekitaran setempat yang menggalakkan bagi penyembuhan luka. Medium terlazim (CM) ialah satu medium yang mengandungi faktor pertumbuhan dan sitokin yang dibangunkan dalam persekitaran optimum yang berupaya hidup bagi jangka masa tertentu. Faktor-faktor ini boleh menggalakkan pertumbuhan sel-sel baru terutamanya dalam mikroperekitaran luka. Oleh itu, kajian ini dijalankan untuk membentuk dan mencirikan medium terlazim Sel Tunjang Bendalir Amnion Tikus (rAFSC-CM) yang sesuai untuk model *in vitro* penyembuhan luka diabetes menggunakan fibroblas diabetes derma manusia (HDF-D). Untuk mencapai matlamat ini, bilangan ketumpatan rAFSCs bersesuaian, yang telah diasingkan, dikenal pasti, dan disahkan telah digunakan dalam persediaan CM. Ketumpatan sel-sel pada 0.25×10^6 sel/mL digunakan untuk menyediakan CM dengan penambahan faktor rencatan leukemia (LIF+) dan tanpa LIF (LIF-). Assai proliferasi sel dan assai ujian calar migrasi telah dijalankan untuk membuktikan keupayaan rAFSCs-CM dalam meningkatkan proliferasi dan migrasi sel Diabetes Fibroblas Derma Manusia (HDF-D). Ekspresi penanda molekular seperti TGF- β 1, VEGF, IL-6, IL-1 β , dan TNF- α dalam CM telah dikenalpasti menggunakan Assai Imunoserapan Terangkai Enzim (ELISA) dan teknik pemendapan Western. Hasil kajian mendedahkan rAFSC-CM telah dengan ketara meningkatkan penghijrahan, kebolehhidupan, dan proliferasi sel HDF-D. ELISA dan pemendapan Western menunjukkan bahawa rAFSCs-CM mengandungi pelbagai faktor-faktor pertumbuhan yang diketahui penting dalam penyembuhan luka termasuk TGF- β 1, VEGF, IL-6, IL-1 β , dan TNF- α . Daripada data yang diperhatikan, adalah disarankan bahawa rAFSC-CM tanpa LIF (LIF-) berkepekatan rendah (25%) mempamerkan CM yang paling berpotensi dengan potensi proliferasi dan aktiviti migrasi. Kesimpulannya, kajian ini menunjukkan rAFSCs merembeskan tahap sitokin dan faktor pertumbuhan yang tinggi yang boleh meningkatkan penyembuhan

luka, dan kajian lanjut menggunakan mekanisme eksperimen khusus *in vivo* diperlukan untuk mendedahkan dan meningkatkan keberkesannya dalam terapi-terapi tanpa sel dalam menggalakkan penyembuhan luka kulit pesakit kencing manis.



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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

AD-MSCs	Adipose-derived mesenchymal stem cells
AD-MSC-CM	AD-derived-mesenchymal stem cells-conditioned medium
AD-SC	Adipose-derived stem cells
AF	Amniotic fluid
AFSCs	Amniotic fluid stem cells
AFSC-SCs	Amniotic fluid stem-derived stem cells
AF-MSC	Amniotic fluid-derived-derived mesenchymal stem cells
AFSC-CM	Amniotic fluid stem cells-conditioned media
ASCs	Adult stem cells
BMI	Body mass index
BM-MSC	Bone marrow-derived mesenchymal stem cells
BMP/SMAD	Bone morphogenetic proteins/SMAD
BM-SCs	Bone marrow-derived stem cells
BSA	Bovine Serum Albumin
CD29	Cluster of differentiation 29
CD31	Cluster of differentiation 31
CD35	Cluster of differentiation 35
CD44	Cluster of differentiation 44
CD45	Cluster of differentiation 45
CD73	Cluster of differentiation 73
CD90	Cluster of differentiation 90
CD105	Cluster of differentiation 105
CD117	Cluster of differentiation 117
CD133	Cluster of differentiation 133

CM	Conditioned medium
CO ₂	Carbon dioxide
DF-1	Dermal fibroblast growth
DMEM	Dulbecco's Modified Eagle's Medium
DMEM/F-12	Dulbecco's Modified Eagle Medium: Nutrient Mixture F-12
EC	Embryo carcinoma cells
ECM	Extracellular matrix
EG	Embryonic germ cells
EGF	Epidermal growth factor
ELISA	Enzyme-Linked Immunosorbent Assay
ESCs	Embryonic stem cells
FACS	Fluorescence Activated Cell Sorting
FBS	Fetal Bovine Serum
FGF-5	Fibroblast growth factor 5
FGF-a, FGF-b	Fibroblast growth factors (acidic and basic)
GMEM	Glasgow Minimum Essential Medium
hAF	Human amniotic fluid
hAFSCs	Human amniotic fluid stem cells
HDF-D	Diabetic human dermal fibroblast
hESCs	Human embryonic stem cells
hSCs	Human stem cells
ICC	Immunocytochemistry
IL-2	Interleukin 2
IL-4	Interleukin 4
IL-6	Interleukin 6

IL-8	Interleukin 8
IL-1 β	Interleukin 1 beta
iPSCs	Induced pluripotent stem cells
KGF	Keratinocytes growth factor
LIF	Leukemia Inhibitory Factor
LIF/STAT	Leukemia inhibitory factor/signal transducers and activators of transcription
LIF/STAT 3	Leukemia inhibitory factor/signal transducers and activators of transcription 3
MEM NEAA	Minimum Essential Medium Non-Essential Amino Acids
mESCs	Murine embryonic stem cells
MHCI	Histocompatibility complex I
MHC-II	Histocompatibility complex II
MMPs	Matrix metalloproteinase
MSCs	Mesenchymal stem cells
NANOG	Nanog homeobox
OCT4	Octamer-binding transcription factor 4
PBS	Phosphate Buffered Saline
PBST	Phosphate buffered saline with Tween 20
PDT	Population of doubling time
PDGF	Platelet-derived growth factor
POU	Pit-Oct-Unc
rAFSCs	Rat amniotic fluid stem cells
rAFSCs-CM	Rat amniotic fluid stem cells-conditioned medium
RIPA	Radioimmunoprecipitation Assay
SCs	Stem cells

SC-CM	Stem cells-derived-conditioned medium
SOX2	SRY (sex determining region Y)-box 2
SSEA1	Stage-specific embryonic antigen-1
STAT3	Signal transducer and activator of transcription 3
TERT	Telomerase reverse transcriptase
TGF- β	Transforming growth factor beta
TGF- β 1	Transforming growth factor beta 1
TIMP	Tissue inhibitor of metalloproteinase
TNF- α	Tumor necrosis factor alpha
TNFR1	Tumor necrosis factor receptor 1
VEGF	Vascular endothelial growth factor
VEGF-C	Vascular endothelial growth factor C

CHAPTER 1

INTRODUCTION

1.1 Background of study

1.1.1 Wound in diabetes mellitus

Diabetes mellitus (DM) is a chronic disease and the incidence has risen globally to 1.5 million mortality in 2012 (WHO, 2016). The report has indicated that there are 108 million patients with diabetes in 1980 and the number has increased to about 422 million in 2014 where the number has doubled from 4.7% to 8.5% of adult population with diabetes. This disease is a common and affecting both advanced and developing countries. Diabetes mellitus can lead to other serious and chronic complications such as infections, neuropathy, cardiovascular disease, and impaired wound healing (Shin & Peterson, 2012). During the lifetime of diabetic patients, 15% of them develop foot ulcers and 85% develop non-healing ulcers that are responsible for the non-traumatic lower extremity amputation (Gulcan et al., 2012). Impaired or delayed wound healing is one of the main reasons which leads to ulcers of lower extremities and has become one of the most challenging complications of DM (Esmaeelinejad et al., 2014; Greenhalgh, 2003). Delayed or improper treatment unfavourably have an effect on the time for wound healing, affect the quality of life, and increasing the burden on patients, their families and carers, society and the health economy (Vowden et al., 2016).

Wound healing is a complex process of cellular and biochemical interactions that involve a variety of cells such as keratinocytes, fibroblasts and endothelial cells. The wound healing process can be categorized into four overlapping phases: hemostasis, inflammation, proliferation, and remodeling (Blumberg et al., 2012; Enoch & Leaper, 2007; Falanga, 2005; Tsourdi et al., 2013). Haemostasis is a process which causes the bleeding to stop that occurs within an hour after injury and is characterised by vasoconstriction and clotting (Tsourdi et al., 2013). Inflammatory phase is characterised by leukocyte migration into the wound (Blumberg et al., 2012). Proliferation phase is characterised by re-epithelialization, neovascularization and the formation of extracellular matrix (ECM) (Blumberg et al., 2012). Proliferation phase overlaps with the inflammatory phase and the most important cells are fibroblasts, which is responsible for initiating angiogenesis, epithelialisation and the formation of collagen. Fibroblasts are essential to wound healing process by secreting, contracting, and remodeling of the extracellular matrix (ECM). Remodeling phase is characterised by further deposition of collagen and a crosslinking in the ECM, in which scar tissue tensile strength (Blumberg et al., 2012). Therefore, any obstacles to fibroblast function are restriction to the normal wound healing and can lead to chronic, difficult to heal wounds. The diabetic wound is characterised by impaired wound healing phases, particularly inflammatory and proliferative phase (Breitbart et al., 2003). Impaired wound healing may be accredited with a defect in normal tissue

response to injury and poor treatment of wounds. Chronic wounds are defined as those which do not appear to follow the normal healing process in less than 4 weeks.

1.1.2 Amniotic fluid stem cells conditioned medium

The amniotic fluid (AF) has protective functions and surrounds the developing fetus in humans and mice, have been shown to contain stem cells (SCs). It can be extracted through the mother's abdomen by insertion of a long, thin needle in a process called amniocentesis which sometimes used to test for genetic diseases including Down Syndrome and generally, it is considered safe for both mother and embryo (Loukogeorgakis et al., 2016).

The amniotic fluid stem cells (AFSCs) are pluripotent and multipotent SCs that are able to differentiate into multiple tissue types that share the same characteristics of both adult and embryonic stem cells (ESCs). The important advantages of AFSCs over most of the known adults SCs sources are their high proliferation rate and differentiation potential into cells of all three embryonic germ layers (Siegel et al., 2007). The cells are reported to be useful in cell therapy and clinical applications (Delo et al., 2006; Rota et al., 2012 and Yang et al., 2013). The advantage of using AFSCs over the ones acquired from embryos is that they evade ethical issues among pro-life activists by obtaining the undifferentiated cells pluripotent lines without harming the foetus or damaging the embryos (Yang et al., 2013). It is proven to be reliable, safe and simple screening tool for a wide variety of developmental and genetic diseases. AFSCs are pluripotent stem cells based on their ability to differentiate into derivatives that represent the three primary germ layers and expression of octamer-binding transcription factor 4 (OCT4), which is a marker for undifferentiated SCs (Kim et al., 2007a; Prusa et al., 2003). Another defining characteristic of pluripotent SCs is the expression of TERT gene, which codes for telomerase reverse transcriptase (Mun-Fun et al., 2015). A study has shown that the human AFSCs (hAFSCs) has a great potential in cosmetic dermatology, especially in the treatment or regeneration of skin injury in considering the clinical efficacy and safety as well as their secretion factors (Yoon et al., 2010).

Conditioned medium (CM) contains secreted factors from SCs derived that referred to as secretome, growth factors and cytokines (Pawitan, 2014). The secreted factors itself may be able to repair tissue in various conditions that involved tissues or organ damage and has a promising prospect to be developed in regenerative medicine (Pawitan, 2014). Moreover the CM have several advantages compared to the SCs itself as the CM can be manufactured, freeze dried, package and transported more easily. There are also no need to match the donor and the recipient to avoid the rejection as it is devoid of cells (Pawitan, 2014).

Human stem cells (hSCs) have raised ethical and political controversies. Adult stem cells (ASCs) and cord blood SCs are multipotent SCs that are widely used in research and clinical care, where less issues are being raised with the use of those

two (Lo & Parham, 2009). However, human embryonic stem cells (hESCs) research have raised ethical and political controversial as they involve in the destruction of human embryos (Lo & Parham, 2009). AFSCs are an ideal cell source, that provides easy access either during or after pregnancy where it can be obtained from small volumes (2-5 mL) of amniotic fluid, straight forward isolation and amplification of SCs, able to differentiate into lineages representative of all three germ layers, the potential to exercise immunomodulatory effects, and do not raise such intense ethical issues (Cananzi et al., 2009; Cananzi et al., 2011; Diaco et al., 2015; Tsai et al., 2004). Importantly, the advantages of AFSCs over ESCs are they do not form tumours when injected *in vivo* or in severe combined immunodeficient mice (Cananzi et al., 2009; Siegel et al., 2007).

1.2 Problem statement

Gangrenous wound are slow to heal and prone to complications such as infection. A series of multiple mechanisms, including decreased cell and growth factor response, lead to diminished peripheral blood flow and decreased local angiogenesis, all of which can contribute to lack of healing in hyperglycemic patients (Brem & Tomic-Canic, 2007). In spite of significant advances in medical and surgical wound care, treatment of chronic cutaneous wounds remains challenging. There are so many scientific and clinical ways in stimulating the wound repairs those involving drugs, plants, SCs etc. Nowadays, there is much scientific and clinical interest in the potential of SCs therapies to stimulate wound repairs. Studies have reported that the mechanism by which stem cells participate in tissue repair seems to be related to their awide range of growth factors, cytokines and chemokines that can be defined as stem cells secretome (Jayaraman et al., 2013). These molecules can be traced from the spent media or CM that harvested from cultured cells. Nowadays, CM has shown a successful outcome and serves as a new treatment modality in regenerative medicine and numerous cell based therapies including wound healing (Jayaraman et al., 2013; Walter et al., 2010). This gives support to the use of CM in the wound healing by modulating the wound repair without the present of SCs in the wound. Even so, the details of this method remain uncertain and need to be proved before taken as fact.

1.3 Justification of the study

Amniotic fluid stem cells (AFSCs) plays role in enhanced wound healing by secreting factors including growth factors, chemokines and cytokines (Chen et al., 2008; Jayaraman et al., 2013). These factors can be traced in the CM or spent medium harvested from cultured cells and serve as a tool among cells to communicate (Shohara et al., 2012). Most recently, CM has been used as a substitute for numerous cellular based therapies including wound healing in pre-clinical studies (Walter et al., 2010). Two major classes of regulators of cytokines and growth factors, and their effect on healing diabetic wounds are the focus of this study. Besides that, recent evidence had shown that CM from adipose-derived mesenchymal stem cells (AD-MSC), bone marrow-derived mesenchymal stem cells

(BM-MSK) and amniotic fluid-derived mesenchymal stem cells (AF-MSK) enhanced and accelerate the wound healing in both *in vitro* and *in vivo* (Jun et al., 2014). These studies claim that the CM also has the ability to promote the skin regeneration. This has encouraged the use of CM as alternative stem cells based therapy-conditioned medium derived growth factors and cytokines in wound healing by modulating wound repair without stem cells being present in the wound.

Rat amniotic fluid stem cells (rAFSCs) have been proven as pluripotent stems cells based on their ability to differentiate into three primary germ layers and the expression of OCT4, which is a marker for pluripotent cells (Mun-Fun et al., 2015). In pluripotent cells, OCT4 is highly expressed and rapidly decrease upon differentiation (Shi & Jin, 2010). The rAFSCs are expected to accelerate the wound healing process by stimulating the proliferation and migration of the diabetic human dermal fibroblast (HDF-D). The HDF-D will be used as a model to mimics diabetic wound healing *in vitro*. The rAFSCs are also expected to secret factors in CM that may enhance HDF-D migration to enhance wound closure. These research findings will be provided systematic scientific evidence for improving the wound healing. The evidence will provide an effective cost for the wound care that lessens the burden of the health systems and develop new product for wound healing. The projects have the potentials in generating revenue through commercialization of research products, licensing and royalties. The projects enhance the development of human capitals and experts, and the employment opportunities. The developed products may generate wealth in the health care industry.

1.4 General objective

The general aim of this study is to establish and characterise rat amniotic fluid stem cells-conditioned medium (rAFSCs-CM) that suitable for wound healing diabetic model.

1.5 Specific objectives

The specific objectives of this study are:

- 1) To develop rat amniotic fluid stem cells conditioned medium (rAFSCs-CM) treatment for *in vitro* diabetic wound healing model.
- 2) To determine the cytokines and growth factor secreted by rAFSCs in conditioned medium (CM).
- 3) To study the potential of the rAFSCs-CM secreted cytokines and growth factors that may have influence the Diabetic Human Dermal Fibroblast (HDF-D) cell proliferation and migrations.

- 4) To determine the most suitable CM between the rAFSCs-CM with presence of leukemia inhibitory factor (LIF+) or absence of LIF (LIF-).

1.6 Hypothesis

The hypothesis of the study is rAFSCs-CM secreted various growth factors that promote proliferation and migration of the HDF-D in *in vitro* diabetic wound healing model.



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