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Stem Cell Research





Lab resource: Stem Cell Line

Generation of a human induced pluripotent stem cell line, BRCi009-A, derived from a patient with glycogen storage disease type 1a

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ABSTRACT

Glycogen storage disease type 1a (GSD1a) is an autosomal recessive disorder caused by mutations of the glucose-6-phosphatase (*G6PC*) gene. Mutations of the *G6PC* gene lead to excessive accumulation of glycogen in the liver, kidney, and intestinal mucosa due to the deficiency of microsomal glucose-6-phosphatase. Human induced pluripotent stem cells (iPSCs) enable the production of patient-derived hepatocytes in culture and are therefore a promising tool for modeling GSD1a. Here, we report the establishment of human iPSCs from a GSD1a patient carrying a *G6PC* mutation (c.648G > T; p.Leu216 =).

(continued)

1. Resource Table:

| Unique stem cell line | BRCi009-A | Unique stem cell line identifier | BRCi009-A | |
|-------------------------|--|--|--|--|
| identifier | | Inducible/constitutive | Not available | |
| Alternative name(s) of | HPS3926 | system | | |
| stem cell line | | Date archived/stock date | January 2020 | |
| Institution | RIKEN BioResource Research Center (BRC), Kyoto, Japan | Cell line repository/bank | RIKEN BioResource Research Center (BRC), Japan http://en.brc.riken.jp/index.htmlcellbank. | |
| Contact information of | Haruhisa Inoue | | brc@riken.jp | |
| distributor | haruhisa.inoue@riken.jp | Ethical approval | Ethics Committee of the RIKEN BioResource Research | |
| Type of cell line | iPSC | | Center (Approval No. Tsukuba 29–1) | |
| Origin | Human | | | |
| Additional origin info | Applicable for human iPSC | | | |
| | Age: 31 | | | |
| | Sex: female | 1.1. Resource utility | | |
| | Ethnicity if known: Japanese | | | |
| Cell Source | Fibroblasts | | -1 | |
| Clonality | Clonal | GSD1a is an autosomal recessive disorder caused by mutations of the G6PC gene. The disease pathophysiology is not well understood. iPSCs were generated from a GSD1a patient with a G6PC gene mutation (c.648G > T; p.Leu216 =). This disease-specific iPSC line will be used to study the pathological mechanisms of GSD1a (Table 1) | | |
| Method of reprogramming | Sendai virus vectors (KLF4, OCT3/4, SOX2, c-Myc) | | | |
| Genetic Modification | None | | | |
| Type of Modification | None | | | |
| Associated disease | Glycogen storage disease type 1a (GSD1a) | | | |
| Gene/locus | G6PC gene/Chromosome 17 | study the pullotogreat h | | |
| Method of modification | Not available | 10 0 1.1 | | |
| Name of transgene or | Not available | 1.2. Resource details | | |
| resistance | | | | |

(continued on next column)

Glycogen storage disease type 1a (GSD1a) is an autosomal recessive

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https://doi.org/10.1016/j.scr.2020.102095

Received 10 November 2020; Accepted 17 November 2020 Available online 23 November 2020

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Table 1

Characterization and validation.

| Classification | Test | Result | Data |
|--------------------------------|---|--|--|
| Morphology Phenotype | Photography Qualitative analysis Immunocytochemistry) | Normal Positive staining of the pluripotency markers NANOG and SSEA-4 | Fig. 1 panel A Fig. 1 panel A |
| | Quantitative analysis (Flow cytometry) | 99.8% of cells positive for pluripotency marker, SSEA-4 | Fig. 1 panel B |
| Genotype | Karyotype (G-banding) and resolution | 46XX, Resolution 500 | Fig. 1 panel D |
| Identity | Microsatellite PCR (mPCR) | Not performed | Not performed |
| | STR analysis | 16 loci, matched | Available from the authors |
| Mutation analysis | Sequencing | Homozygous G6PC mutation (c.648 G > T, p. Leu216 =) | Fig. 1 panel E |
| Microbiology and virology | Southern Blot OR WGS Mycoplasma | Not performed Mycoplasma testing by indirect staining and RT-PCR. Negative | Not performed Supplementary Fig. 1 |
| Differentiation potential | Embryoid body formation | Proof of formation of the three germ layer type cells: expression of βIII-Tubulin (ectoderm), alpha smooth muscle actin (mesoderm) and SOX17 (endoderm) | Fig. 1 panel C |
| Donor screening | HIV 1 + 2 Hepatitis B, Hepatitis C | N/A | N/A |
| Genotype additional info | Blood group genotyping HLA tissue typing | Not performed Not performed | Not performed Not performed |

disorder caused by mutations of the glucose-6-phosphatase (G6PC) gene. Mutations of the G6PC gene lead to excessive accumulation of glycogen in the liver, kidney, and intestinal mucosa due to the deficiency of microsomal glucose-6-phosphatase (Akanuma et al., 2000; Kanungo et al., 2018). The clinical manifestations of GSD1a include short stature, doll-like face, hepatomegaly, hypoglycemia, hyperuricemia, and lactic acidemia. However, the disease pathophysiology is largely unknown. GSD 1a-specific iPSCs have the potential for investigation of the pathophysiological mechanisms of GSD 1a. We established and characterized an iPSC line from a patient with attenuated GSD 1a who carried a G6PC gene mutation (c.648G > T; p.Leu216 =). GSD1a-specific iPSCs were generated from fibroblasts of the GSD1a patient using Sendai virus vectors carrying reprogramming factors (Fujie et al., 2014). The GSD1aspecific iPSCs (HPS3926) had a human ES cell-like morphology (Fig. 1A). The iPSCs were immunocytologically positive for the pluripotency markers NANOG and SSEA4 (Fig. 1A); 99.8% of the iPSCs were positive for the pluripotency marker SSEA4 by flow cytometry (Fig. 1B). The capacity of the iPSCs to differentiate into the three germ layers was confirmed using an *in vitro* embryoid body (EB) formation assay (Fig. 1C; ßIII-tubulin, ectoderm; smooth muscle actin (SMA), mesoderm; SOX17, endoderm). Furthermore, the iPSCs retained a normal karyotype (Fig. 1D), and carried the G6PC gene mutation (Fig. 1E). The identity of the cell line was verified with an STR analysis (information available from the authors). Mycoplasma contamination was not detected in the cell culture (Supplementary Fig. 1). Established iPSCs were able to differentiate into hepatocytes that showed positive staining for alphafetoprotein (AFP) (Fig. 1F)

2. Materials and methods

2.1. Ethics statement

The generation and use of human iPSCs was approved by the Ethics Committees of RIKEN BioResource Research Center (BRC). Formal informed consent was obtained from the patient.

2.2. Generation of iPSCs

Human cDNAs for reprogramming factors were transduced into the fibroblasts using Sendai virus vectors (KLF4, OCT3/4, SOX2, c-Myc). The generated iPSCs were cultured under feeder-free conditions on iMatrix-511 (Nippi, Tokyo, Japan)-coated plates with StemFit (AK02N, Ajinomoto, Tokyo, Japan) (Nakagawa et al., 2015).

2.3. Karyotyping

A G-band analysis was performed by LSI Medience (Tokyo, Japan) to determine the karyotype of the iPSC line at passage number 6. Twenty metaphase plates were analyzed.

2.4. Genotyping

Genomic DNA from undifferentiated iPSCs at passage number 27 was extracted using a PureLink Genomic DNA Mini Kit (Invitrogen, Thermo Fisher Scientific) and amplified by PCR using the enzyme KOD Plus Neo (TOYOBO, Japan). The targeted PCR product was directly sequenced.

2.5. In vitro three germ layer differentiation assay

Embryoid bodies (EBs) were produced by culturing 9,000 dissociated iPSCs in DMEM/F12 medium supplemented with 20% knockout serum replacement (KSR), 2 mM L-glutamine, 0.1 mM non-essential amino acid (NEAA) supplement, 0.1 mM 2-mercaptoethanol (Thermo Fisher Scientific), 10 μ M Y-27632 (Nacalai Tesque, Kyoto, Japan) for 11 days, followed by culture in DMEM containing 10% FBS (Thermo Fisher Scientific) on a Matrigel (BD Bioscience)-coated tissue culture plate for 7 days.

2.6. Hepatocyte differentiation

Dissociated iPSCs were plated onto a Matrigel coated plate, and cultured in RPMI 1640 Medium, GlutaMAXTM supplement, with B27 supplement (Minus Vitamin A: B27^{VitA-}) (Thermo Fisher Scientific), 5% KSR, 1% DMSO, 100 ng/ml of human recombinant Activin A (Wako Pure Chemical Industries Ltd.), 3 μ M CHIR99021 (STEMCELL Technologies) and 10 μ M Y-27632 for 3 days. The cells were then cultured in RPMI 1640 medium, GlutaMAXTM supplement with B27^{VitA-}, 5% KSR, 1% DMSO, 2 mM valproic acid, 20 ng/ml of BMP4 and 20 ng/ml of FGF4 (Wako Pure Chemical Industries Ltd.) for 3 days. Next, the cells were cultured in RPMI1640 medium, GlutaMAXTM supplement with B27^{VitA-}, 5% KSR, 5% KSR, 20 ng/ml hepatocyte growth factor (HGF; R&D Systems) and 2 mM valproic acid for 4 days. Finally, the cells were cultured in hepatocyte culture medium (Lonza) with 20 ng/ml of oncostatin M (Wako Pure Chemical Industries Ltd.) for 5 days.

2.7. Immunocytochemistry

Cells were fixed in 4% paraformaldehyde (Nacalai Tesque). The fixed cells were incubated with blocking buffer composed of PBS containing 5% Blocking-One-histo (Nacalai Tesque) and 0.1% Triton-X 100 (Nacalai Tesque). Nuclei were stained with DAPI (Invitrogen, Thermo



Fig. 1.

Fisher Scientific). Images were obtained with a BZ-X710 microscope (Keyence, Osaka, Japan).

2.8. Flow cytometry

The iPSCs were dissociated with Accumax solution (Sigma Aldrich, St. Louis, MO). The dissociated iPSCs were suspended in PBS containing 2% FBS (Stain buffer, BD Bioscience, San Jose, CA) at a density of 1.0×10^6 cells/ml. The cells were stained for 30 min on ice and analyzed using a FACS Aria (BD Bioscience). The Alexa Fluor 647-labeled antibodies used for flow cytometry are listed in Table 2. The FlowJo software program (ver.10, FLOWJO, BD Bioscience) was used for data analysis.

2.9. STR analysis

STR analysis was performed using a PowerPlex® 16 System (Promega, Madison, WI).

2.10. Mycoplasma test

iPSC culture medium was tested by staining with Hoechst33258 (Thermo Fisher Scientific) after 6 days of co-culture with VERO cells (RCB0001, RIKEN BRC Cell Bank) as mycoplasma negative indicator cells. Nested-PCR was performed using AmpliTaq Gold 360 DNA Polymerase (Thermo Fisher Scientific) to detect mycoplasma contamination.

Table 2

Reagent details.

| Antibodies used for immunocytochemistry/flow-cytometry | | | | | |
|--|---|-----------------------|---|--|--|
| | Antibody | Dilution | Company Cat # and RRID | | |
| Pluripotency marker | Mouse anti-Stage- Specific Embryonic | 1:1,000 | Millipore Cat# MAB4304 | | |
| Pluripotency marker | Antigen-4 (SSEA-4) Rabbit anti-NANOG | 1:500 | RRID: AB_177629 Cell Signaling Technology Cat# 3580 | | |
| Differentiation marker | Mouse anti-Tubulin βIII | 1:1,000 | RRID:AB_2150399 Millipore Cat# MAB1637 | | |
| (Ectoderm) Differentiation marker | Mouse anti-alpha- Smooth Muscle | 1:500 | RRID: AB_2210524 DAKO Cat# MAB1637 RRID: AB_2210524 | | |
| Differentiation marker | Goat anti-SOX17 | 1:1,000 | R&D systems Cat# AF1924 | | |
| (Endoderm) Differentiation marker | Mouse anti- α-Fetoprotein (AFP) | 1:1,000 | RRID: AB_355060 Sigma-Aldrich Cat# A8452 RRID: | | |
| (Hepatocyte) Secondary antibody | Clone C3 Goat Anti-Mouse IgG Alexa Fluor Plus 488 | 1:1,000 | AB_258392 Thermo Fisher Scientific Cat# A32723 | | |
| Secondary antibody | Goat Anti-Rabbit IgG Alexa Fluor 488 | 1:1,000 | RRID: AB_2633275 Thermo Fisher Scientific Cat# A11034 | | |
| Secondary antibody | Chicken Anti-Mouse IgG Alexa Fluor 647 | 1:1,000 | RRID: AB_2576217 Thermo Fisher Scientific Cat# A21463 RRID: AB_2535869 | | |
| Primers | | | | | |
| | Target | Forward/ | Reverse primer (5'-3') | | |
| Genotyping | enotyping G6PC Exon 5 | | CACATGGGAATAAGCCAGGC/ | | |
| Nested-PCR, 1st step PCR (MCGpF11/ | Mycoplasma detection | ACACCATO CTTC(A/T) | GGGAG(C/T)TGGTAAT/)TCGACTT(C/T) | | |
| Nested-PCR, 2nd step PCR (R16–2/ | Mycoplasma detection | GTG(C/G) TGGATCA | GG(A/C) CCTCCT/ GCATCCACCA | | |
| MCGpR21) | (200–400 bp) | (A/T)A(A/ | (A/T)AC(C/T)CTT | | |

Acknowledgements

This research was supported in part by grants from the Core Center

for iPS Cell Research of the Research Center Network for Realization of Regenerative Medicine of the Japan Agency for Medical Research and Development (AMED) to H.I. There is no financial relationship to the work presented in this manuscript. We would like to express our sincere gratitude to all of our co-workers and collaborators and to Makiko Yasui and Mikie Iijima for their administrative support.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.scr.2020.102095.

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