

EUROPEAN PAEDIATRIC TRANSLATIONAL RESEARCH INFRASTRUCTURE

PlaTox - Placenta Toxicology human placental explants for drug testing Udo R. Markert Placenta Lab, Dept. of Obstetrics, Jena University Hospital, Germany

EPTRI Stakeholders Roundtable

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PlaTox - Placenta Toxicology - human placental explants for drug testing

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The human placenta

- barrier between mother and embryo / fetus
- bi-directional selective transport
- hormone production
- immunoregulation

- unique human organ freshly available
- enormous species difference

Placenta models

- cells: isolated cells or cell lines, 2D or 3D
- whole placenta cotyledons for placenta perfusion
- placenta explants (fragments)
 - \rightarrow aim of PlaTox

Placenta anatomy um spongiosum Limiting or boundary layer

Placental septum



Placenta perfusion – fetal circuit









Aim: to test



- transfer
- accumulation
 of test substances



Placenta perfusion – maternal circuit





Placenta models

PlaTox

	exposure time	availability	reproduci- bility	work load / n	
cell lines	unlimited	unlimited	high	low	> 14 days
placenta explants	a few days	high	Ŧ	low	
isolated cells	a few days	limited	ent- nden	medium	> 96 samples
one side perfusion	8 hours	1-2 / day	pati depe	medium	
dual perfusion	8 hours	3 / week	0	high	

Göhner C, Pfarrer C, Faas M, Ernerudh J, Cline JM, Buse E, Markert UR. The placenta in toxicology. Part IV. Battery of toxicological test systems based on human placenta.

Toxicol Pathol 2014;42:345-51.

Placenta explant culture devices



placenta villous tissue

syncytiotrophoblast

Placenta explant estradiol production



Placenta explant preparation



Placenta explant models



Placenta explant toxicity assessment

all common methods

after incubation with test substances (e.g. immunohistochmistry, PCR,omics, sequencing, single cell analyses, immunodetection)

- cytotoxicty
- hormonal disruption
- inflammation reactions
- metabolic changes

Thank you for your attention !

questions?

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