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A Safe And Effective Way Of Overcoming Liver Fibrosis: Utilization The Secretome Obtained From MFG-E8-transfected Adipose Derived Stem Cells.

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Background: The beneficial effects of ASCs on hepatic fibrosis have been previously suggested, although the therapeutic outcome is still controversial. Herein we utilized Milk Fat Globule–EGF Factor 8 (MFGE8) to reinforce the antifibrogenic effects of ASCs. MFGE8 is a soluble glycoprotein consisting of N-terminal notch-like EGF domains with a highly conserved arginine–glycine–aspartic acid (RGD) motif and C-terminal discoidin–like Factor 5/Factor 8 domains. It has been demonstrated that the activation of hepatic stellate cells (HSCs) was significantly decreased by MFGE8 protein, revealing potent anti–fibrogenic potential of MFGE8. In this study, we were intended to determine the antifibrogenic effects of MFGE8–tranfected adipose–derived stem cells (ASCs) in the mouse model of liver fibrosis.

Methods: For in vitro experiments, we co-cultured MFGE8-transfected ASCs – which had been grown in the 3D cell culture scaffolds – with activated HSCs, thereafter determining the expression of Co1A1, alpha-SMA, MMP2, and TIMP1 using real-time PCR and Western blotting. In vivo model of liver fibrosis was generated by intraperitoneal administration of 200 mg/kg thioacetamide into the BALB/C mice. Subsequently, we infused MFGE8-transfected ASCs into the mouse of liver fibrosis and determined the change of the degree of liver fibrosis using real-time PCR and Western blotting, immunohistochemistry.

Results: In the in vitro model of liver fibrosis, the secretome released from MFGE8-transfected ASCs induced the lowered expression of Co1A1, alpha-SMA, and MMP2 and higher expression of TIMP1 than control ASCs. In the in vivo model of liver fibrosis, the secretome released from MFGE8-transfected ASCs significantly increased the expression of the markers related to anti-fibrosis compared to the effects of the control secretome. In addition, immunohistochemical and Masson-trichrome stains also validated the enhanced anti-fibrotic effects of the secretome released from MFGE8-transfected ASCs. Moreover, the groups injected with the secretome released from MFGE8-transfected ASCs exhibited the significantly reduced serum levels of pro-inflammatory cytokines (interleukin-6 and tumor necrosis factor-gamma) and liver enzymes (AST and ALT) compared to those with control secretome.

Conclusions: The superior therapeutic potential of the MFGE8-secretome over the naïve secretome was demonstrated in terms of higher antifibrogenic, anti-inflammatory, and regenerative potentials. Therefore, the use of secretome released from MFGE8-overexpressing ASCs could be an effective strategy to enhance the therapeutic potentials of ASCs.

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