

An Optimized Method to Isolate Human Fibroblasts from Tissue for *ex vivo* Analysis

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[Abstract] Despite their involvement in many physiological and pathological processes, fibroblasts remain a poorly-characterized cell type. Analysis of primary fibroblasts while maintaining their *in vivo* phenotype is challenging: standard methods for fibroblast isolation require cell culture *in vitro*, which is known to alter phenotypes. Previously-described protocols for the dissociation of primary tissues fail to extract sufficient numbers of fibroblasts, instead largely yielding immune cells. Here, we describe an optimized method for generating a fibroblast-enriched single-cell suspension from human tissues using combined mechanical and enzymatic dissociation. This allows analysis of *ex vivo* fibroblasts without the need for culture *in vitro*.

Keywords: Tissue disaggregation, Stroma, Fibroblasts, Lung

[Background] Fibroblasts are almost ubiquitous in human tissues, and the most common cell type in the stroma of a number of solid tumours, where they are referred to as cancer-associated fibroblasts (CAFs) (Kalluri and Zeisberg, 2006; Servais and Erez, 2013; Rupp *et al.*, 2014; Ishii *et al.*, 2016). CAFs are associated with multiple hallmarks of malignancy (Ishii *et al.*, 2016; Tao *et al.*, 2017) and correlate with poor prognosis in multiple solid tumors (Hanley *et al.*, 2018).

Given these tumor-promoting effects, and their genetic stability relative to cancer cells (Ishii *et al.*, 2016), it is unsurprising that fibroblasts are an attractive therapeutic target. However, clinical trials targeting CAFs have so far yielded disappointing results (Hofheinz *et al.*, 2003; Narra *et al.*, 2007). This may, in part, be due to variation within the fibroblast population: these cells are known to be heterogeneous in both normal and disease states (Desmoulière *et al.*, 2004; Sugimoto *et al.*, 2006; Anderberg and Pietras, 2009; Servais and Erez, 2013; Witowski *et al.*, 2015; Kalluri, 2016; Mellone *et al.*, 2017). However, this heterogeneity remains poorly-characterized and it is not yet clear how many subtypes are present within a given tissue or tumor type, or the nature of functional differences between groups (Herrera *et al.*, 2013; Servais and Erez, 2013; Ishii *et al.*, 2016).

Characterizing heterogeneity of cell populations within human tissues often requires analysis at a single-cell level. Single-cell RNA sequencing is a valuable platform for characterizing multicellular ecosystems. However, fibroblasts are embedded within extracellular matrix and are particularly difficult to isolate: this has led to under-representation in, for example, single-cell RNA sequencing datasets

(Lambrechts *et al.*, 2018). Unlike many murine models, there is no standardized disaggregation protocol for human solid tissues. A number of different immune cell populations have been successfully isolated and analyzed directly from tissues (Holt *et al.*, 1986; Perrot *et al.*, 2007; Grange *et al.*, 2011; Quatromoni *et al.*, 2015; Ganesan *et al.*, 2017). However, epithelial and non-immune stromal cells are usually cultured *in vitro* prior to analysis (Lurton *et al.*, 1999; Koumas *et al.*, 2003; Comhair *et al.*, 2012; Barkauskas *et al.*, 2013; Mackay *et al.*, 2013). Culture *in vitro* has been shown to change fibroblast phenotypes (Öhlund *et al.*, 2017; Waise *et al.*, 2019); thus, how and whether the functional differences described *in vitro* are maintained *in vivo* is not yet known (Lurton *et al.*, 1999).

Here, we describe an optimized protocol for the isolation of fibroblasts from primary human tissues, allowing immediate analysis without the need for culture *in vitro*. In brief, primary samples undergo mechanical and enzymatic dissociation, followed by incubation with TrypLE and red cell lysis buffer (to disrupt intercellular adhesions and remove red blood cells, respectively). Use of this approach yields a single-cell suspension consisting of multiple cell types, with approximately a 4-fold greater proportion of fibroblasts compared to other disaggregation strategies (Waise *et al.*, 2019). We describe use of this protocol for the *ex vivo* analysis of fibroblasts in both normal and disease states using single-cell RNA sequencing, and highlight alternative downstream applications. In addition, this approach may have applications in the analysis of other cell types (*e.g.*, epithelial cells).

Materials and Reagents

1. 5 ml syringes (BD Plastipak, catalog number: 307731)
2. 10 ml syringes (BD Plastipak, catalog number: 307736)
3. Pasteur pipette (Scientific Laboratory Supplies, catalog number: PIP4210)
4. 50 ml Falcon tube (Sarstedt, Brand, model/catalog number: 114 x 28 mm, 62.547.004)
5. 15 ml Falcon tube (Sarstedt, Brand, model/catalog number: 120 x 17 mm, 62.554.002)
6. Sterile scalpel #21 blade (Swann-Morton, catalog number: 0507)
7. Polystyrene cell culture dish (Sarstedt, catalog number: 83.3902)
8. Syringe filtration unit Filtropur S 0.2 (Sarstedt, catalog number: 83.1826.001)
9. Scissors
10. Collagenase P from *Clostridium histolyticum* (Merck, Roche, catalog number: 11213857001). Reconstitute in PBS to 150 U/ml, store 100 µl aliquots at -20 °C
11. TrypLE Express Enzyme (no phenol red; Thermo Fisher, catalog number: 12604013). Store at room temperature protected from light for up to 2 years
12. Fetal bovine serum (Biosera, catalog number: FB-1001/500). Store at -20 °C for up to 60 months
13. Deoxyribonuclease I from bovine pancreas (Merck, Sigma-Aldrich, catalog number: D4263). Reconstitute in 1 ml PBS (2000 U/ml), store 40 µl aliquots at -20 °C
14. Dulbecco's Modified Eagle Medium (Merck, Sigma-Aldrich, catalog number: D5671-500ML). Store at 4 °C
15. L-glutamine (Merck, Sigma-Aldrich, catalog number: G7513-100ML). Store at -20 °C for up to 2

years

16. Penicillin-streptomycin (Merck, Sigma-Aldrich, catalog number: P4333-100ML). Store at -20 °C for up to 2 years
17. Phosphate-buffered saline (PBS)
18. Amphotericin B (250 µg/ml; Gibco, catalog number: 15290-018). Store at -20 °C for 1 year
19. Sterile double-distilled H₂O
20. Red blood cell lysis buffer (10x; BioLegend, catalog number: 420301). Store at 4 °C
21. DNase stock solutions
22. “Complete” DMEM (see Recipes)
23. “Empty” DMEM (see Recipes)

Equipment

1. Orbital shaker-incubator (e.g., Grant-bio Orbital Shaker-Incubator ES-20)
2. EASYStrainer 40 µm (Greiner Bio-One, catalog number: 542040)
3. Centrifuge

Procedure

A. Tissue dissociation

1. Sample collection
Transport the tissue sample in “empty” DMEM (Recipe 2) on ice.
2. Prepare working solutions
 - a. In a 50 ml Falcon tube, add 100 µl Collagenase P and 40 µl DNase stock solutions to 5 ml “complete” DMEM (Recipe 1).
 - b. Make PBS-A: add 1 µl Amphotericin to 10 ml PBS in a 15 ml Falcon tube.
3. Mechanical dissociation
In a polystyrene Petri dish, incise the tissue 10-12 times to relax the tissue.
4. Wash sample in PBS-A
 - a. Add 5 ml PBS-A to incised tissue, leave at room temperature for 5 min.
 - b. This process may be repeated if the sample is particularly congested.
5. Enzymatic dissociation
 - a. Using scissors, cut the Pasteur pipette bulb at a 45-degree angle to create a scoop. Use this to remove the tissue from the PBS-A.
 - b. Transfer to the 50 ml Falcon tube containing the Collagenase P/DNase solution.
 - c. Transfer the 50 ml Falcon tube to the orbital shaker.
 - d. Incubate at 37 °C with agitation (200 rpm) for 15 min.
 - e. After 15 min, remove from the orbital shaker and sequentially pipette with 50 ml, 10 ml and 5 ml pipette tips to promote dissociation.

- f. Return to the orbital shaker for a further 15 min, then repeat sequential pipetting.
- g. Return to the orbital shaker for a further 30 min, then repeat sequential pipetting.
6. TrypLE treatment
 - a. Centrifuge the sample at 450 x g for 5 min.
 - b. Remove the supernatant and re-suspend the resulting pellet in 1 ml of undiluted TrypLE.
 - c. Incubate at 37 °C for 10 min.
7. Removing non-digested tissue fragments
 - a. Add tissue strainer to a new 50 ml Falcon tube on ice.
 - b. Strain tissue/enzyme suspension, pressing through with plunger of 5 ml syringe, simultaneously washing with “empty” DMEM.
 - c. Keep the sample on ice from this point.
8. Red blood cell lysis
 - a. Centrifuge the sample at 450 x g for 5 min at 4 °C.
 - b. Aspirate the medium.
 - c. Re-suspend the pellet in 1 ml red blood cell lysis solution.
 - d. Incubate at 4 °C for 10 min.
 - e. Centrifuge at 450 x g for 5 min at 4 °C.
9. Sample collection
 - a. Aspirate the red cell lysis buffer.
 - b. Re-suspend the pellet in 1 ml of “complete” DMEM.
 - c. The cells are now ready for quantification (if necessary) and use.

Notes

1. The single-cell suspension may be used for a number of downstream applications, including single-cell RNA sequencing, establishing primary fibroblast cultures, and isolating fibroblast subpopulations. For single-cell RNA sequencing with the Drop-seq platform, re-suspend the cells in double-distilled H₂O supplemented with 9% Optiprep (Sigma-Aldrich), 1% PBS and 0.1% BSA, and perform as per Macosko *et al.* (2015) with the following modifications: 500 ng cDNA for PCR, 15 PCR cycles. The number of cells it is feasible to use will depend on the yield from the microfluidic step.
2. To establish primary cell cultures, plate 1 x 10⁵ cells/cm² to tissue culture plates in ‘Complete’ DMEM. Incubate in a humidified incubator at 37 °C and 5% CO₂ for 2 h to allow cells to adhere, before washing three times with PBS to remove non-adherent cells. This typically yields a 99.1% pure fibroblast (CD45-EpCAM-CD31-CD90⁺) culture, as determined by flow cytometry analysis. However, users should note that these culture conditions will not maintain *in vivo* fibroblast phenotypes (Waise *et al.*, 2019).
3. Antibodies directed to specific fibroblast surface markers (*e.g.*, PDGFR- α [Erez *et al.*, 2010]), in combination with fluorescence-activated or magnetic cell sorting, can be used for isolation of

fibroblast subpopulations. It is of note when employing these methods that enzymatic disaggregation can alter surface marker expression (Gray *et al.*, 2002; Grange *et al.*, 2011; Quatromoni *et al.*, 2015), and that no single surface marker will reliably identify or differentiate all fibroblast populations (Sugimoto *et al.*, 2006; Lambrechts *et al.*, 2018).

Recipes

1. “Complete” DMEM
Dulbecco’s Modified Eagle Medium (Sigma-Aldrich)
10% (v/v) fetal calf serum (Biosera)
1% (v/v) L-glutamine (Sigma-Aldrich)
1% (v/v) penicillin-streptomycin (Sigma-Aldrich)
2. “Empty” DMEM
Dulbecco’s Modified Eagle Medium (Sigma-Aldrich) only

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Competing interests

The authors declare no competing interests.

Ethics

Lung samples were received fresh from patients undergoing surgery at Southampton General Hospital (TargetLung study; approved by NRES Committee South Central: Hampshire A, REC number 14/SC/0186). All research was performed in accordance with the appropriate regulations. Informed consent was obtained from patients or their legal guardians.

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