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TITLE:

Studying Normal Tissue Radiation Effects using Extracellular Matrix Hydrogels

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22 **KEYWORDS**:

Breast cancer, radiation, extracellular matrix, decellularization, hydrogels

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SUMMARY:

This protocol presents a method for decellularization and subsequent hydrogel formation of murine mammary fat pads following ex vivo irradiation.

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ABSTRACT:

Radiation is a therapy for patients with triple negative breast cancer. The effect of radiation on the extracellular matrix (ECM) of healthy breast tissue and its role in local recurrence at the primary tumor site are unknown. Here we present a method for the decellularization, lyophilization, and fabrication of ECM hydrogels derived from murine mammary fat pads. Results are presented on the effectiveness of the decellularization process, and rheological parameters were assessed. GFP- and luciferase-labeled breast cancer cells encapsulated in the hydrogels demonstrated an increase in proliferation in irradiated hydrogels. Finally, phalloidin conjugate staining was employed to visualize cytoskeleton organization of encapsulated tumor cells. Our goal is to present a method for fabricating hydrogels for in vitro study that mimic the in vivo breast tissue environment and its response to radiation in order to study tumor cell behavior.

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INTRODUCTION:

- 42 Cancer is characterized by excess proliferation of cells that can evade apoptosis and also
- 43 metastasize to distant sites¹. Breast cancer is one of the most common forms among females in
- 44 the US, with an estimated 266,000 new cases and 40,000 deaths in 2018². A particularly

aggressive and difficult to treat subtype is triple negative breast cancer (TNBC), which lacks estrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor (HER2). Radiation therapy is commonly used in breast cancer to eliminate residual tumor cells following lumpectomy, but over 13% of TNBC patients still experience recurrence at the primary tumor site³.

It is known that radiation therapy is effective in mitigating metastasis and recurrence because the combination of lumpectomy and radiation results in the same long-term survival as mastectomy⁴. However, it has recently been shown that radiation treatment is associated with local recurrence to the primary tumor site in immunocompromised settings^{5,6}. Also, it is well known that radiation changes the extracellular matrix (ECM) of normal tissue by inducing fibrosis⁷. Therefore, it is important to understand the role of radiation-induced ECM changes in dictating tumor cell behavior.

Decellularized tissues have been used as in vitro models to study disease^{8,9}. These decellularized tissues preserve ECM composition and recapitulate the complex in vivo ECM. This decellularized tissue ECM can be further processed and digested to form reconstituted ECM hydrogels that can be used to study cell growth and function^{10,11}. For example, injectable hydrogels derived from decellularized human lipoaspirate and from myocardial tissue served as non-invasive methods of tissue engineering, and a hydrogel derived from porcine lung tissue was utilized as an in vitro method of testing mesenchymal stem cell attachment and viability¹²⁻¹⁴. The effect of normal tissue radiation damage on ECM properties, however, has not been investigated.

 Hydrogels derived from ECM have the greatest potential for in vitro study of in vivo phenomena. Several other materials have been studied, including collagen, fibrin, and matrigel, but it is difficult to synthetically recapitulate the composition of the ECM¹³. An advantage of using ECM-derived hydrogels is that the ECM contains the necessary proteins and growth factors for a particular tissue^{14,15}. Irradiation of normal tissue during lumpectomy causes significant changes to the ECM, and ECM-derived hydrogels can be used to study this effect in vitro. This method could lead to more complex and more accurate in vitro models of disease.

In this study, we subjected murine mammary fat pads (MFPs) to radiation ex vivo. The MFPs were decellularized and made into pre-gel solution. Hydrogels were formed with embedded 4T1 cells, a murine TNBC cell line. The rheological properties of the hydrogel material were examined, and tumor cell dynamics were evaluated within the hydrogels. Hydrogels fabricated from irradiated MFPs enhanced tumor cell proliferation. Future studies will incorporate other cell types to study cell-cell interactions in the context of cancer recurrence following therapy.

PROTOCOL:

Animal studies were performed in accordance with institutional guidelines and protocols approved by the Vanderbilt University Institutional Animal Care and Use Committee.

1. Preparation and ex vivo irradiation of MFPs

1.1. Sacrifice athymic Nu/Nu mice (8–10 weeks) using CO₂ asphyxiation followed by cervical dislocation.

1.2. Clean the skin using 70% ethanol.

1.3. Collect mammary fat pads (MFPs) from sacrificed mice using pre-sterilized scissors and forceps in a 15 mL conical tube containing complete RPMI media (RPMI supplemented with 1% penicillin-streptomycin and 10% fetal bovine serum) (see the **Table of Materials**).

98 1.4. Irradiate samples to 20 Gy using a cesium source.

1.5. Bring the irradiated MFPs and complete RPMI media into a biosafety cabinet. The media will be dependent on the cell line to be grown in the final hydrogel. Fill 6 cm or 10 cm dishes with enough media to submerge the MFPs. For 6 cm dishes, use 8 mL of media, and for 10 cm dishes, use 20 mL of media.

105 1.6. Incubate in a 37 °C/5% CO₂ incubator for two days. The length of time in the incubator may be adjusted.

1.7. Rinse tissues in phosphate-buffered saline (PBS), blot excess moisture, and place MFPs into 15 mL conical tubes for storage at -80 °C until decellularization. This freezing step aids the decellularization step and the sample should be frozen even if the next steps are otherwise ready.

2. Decellularization (adapted from references 12,16,17)

NOTE: This procedure was adapted from previously published methods focused on adipose decellularization, which included the sodium deoxycholate ionic detergent rather than sodium dodecyl sulfate to remove DNA efficiently^{12,16,17}.

118 2.1. On day 1, remove frozen MFPs from -80 °C and thaw at room temperature.

2.2. Once thawed, dry MFPs briefly on a delicate task wipe. Weigh the MFPs using an analytical
scale.

2.3. Using a pair of forceps with scissors or a scalpel, divide tissue up into 3 mm x 3 mm x 3 mm
 samples for study of the intact ECM and the remaining tissue for hydrogel production.

NOTE: The number of samples is dependent on the number of testing methods, e.g. the collection of two samples is described below: one for paraffin embedding (step 2.5) and one for freezing in cryostat embedding medium, if desired (see the **Table of Materials** and step 2.6).

2.4. Weigh the tissues. If embedding in paraffin for sectioning, continue to step 2.5. If freezing in
 cryostat embedding medium for sectioning, continue to step 2.6.

- 2.5. In a chemical hood, submerge the tissue in 10% neutral buffered formalin (NBF) (see the
- 134 **Table of Materials**) for 24 h at 4 °C. Wash 3 times in PBS for 5 min each. Submerge the tissue in
- 135 30% sucrose for 48 h at 4 °C.

136

2.5.1. Weigh the tissue now that this piece has been removed. Continue to step 2.6.

138

2.6. In a chemical hood, place MFP pieces in a labeled cassette prepped with cryostat embedding
 medium. Add more cryostat embedding medium to cover the tissue.

141

2.6.1. Place the cassette into a beaker of 2-methylbutane (see the **Table of Materials**) that is precooled with liquid nitrogen. The beaker should have enough 2-methylbutane to cover the bottom but not enough to submerge the cassette because the cryostat embedding medium should not touch the 2-methylbutane. Let the cassette sit in the 2-methylbutane until the cryostat embedding medium freezes and becomes opaque.

147

2.6.2. Wrap the cassette(s) in foil, label, and leave at -80 °C until used for sectioning.

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NOTE: Tissues placed immediately in cryostat embedding medium were sectioned at 5 μm while tissues incubated in sucrose were sectioned at 30 μm to retain adipocyte morphology.

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2.7. Use forceps to manually massage the remaining tissue.

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Note: Tissue pieces may also be placed in 10% NBF for 24–48 h, rinsed in PBS, and left in 70% ethanol until embedding in paraffin. Following embedding, 5 μ m sections can be used for hematoxylin and eosin (H&E) staining (see section 7 below).

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2.8. Place the MFPs in 6 cm dishes with 5 mL 0.02% trypsin/0.05% EDTA solution. Incubate at 37 °C for 1 h. Spray and wipe the dishes with 70% ethanol before placing in the incubator.

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2.9. Use 0.7 mm strainers to wash the MFPs with deionized (DI) water by pouring water over the tissue three times. Use forceps to manually massage the tissue in between washes.

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166 167 2.10. Briefly dry tissue on a delicate task wipe and weigh. Place tissues in a pre-autoclaved beaker containing an appropriately sized stir bar. Cover tissues with 60 mL of 3% *t*-octylphenoxypolyethoxyethanol (see the **Table of Materials**) per 1 g of tissue and stir for 1 h at room temperature. Use a minimum of 20 mL.

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2.11. Dump tissue and contents into a strainer. Rinse the beaker with de-ionized (DI) water and pour onto tissues. Repeat two more times. Use forceps to manually massage the tissue in between rinses.

- 2.12. Briefly dry tissue on a delicate task wipe and weigh. Place tissues and stir bars back in the
 same beakers, and cover with 60 mL of 4% deoxycholic acid per 1 g of tissue. Stir for 1 h at room
- temperature. Use a minimum of 20 mL.

177

178 2.13. Dump tissue and contents into a mesh strainer. Rinse the beaker with DI water and pour 179 onto tissues. Repeat two more times. Use forceps to manually massage the tissue in between

180 rinses.

181 182

2.14. Briefly dry tissue on a delicate task wipe and weigh.

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184 2.15. Place tissues in the same beaker with fresh DI water supplemented with 1% penicillin-185 streptomycin. Cover tightly with paraffin film. Leave overnight at 4 °C.

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2.16. Wash strainers and beakers for use the following day.

187 188

189 2.17. On day 2, drain beaker contents into a strainer. Briefly dry tissue on a delicate task wipe 190 and weigh.

191

192 2.18. Place MFPs in the same beaker with an appropriately sized stir bar. Cover with 60 mL 4% 193 ethanol/0.1% peracetic acid solution per 1 g of tissue. Use a minimum of 20 mL. Stir for 2 h at 194 room temperature.

195

196 2.19. Dump tissue and contents into a 0.7 mm strainer. Use forceps to manually massage the 197 tissue. Place contents back into the beaker. Wash tissue by covering it with 60 mL of 1x PBS per 198 1 g of tissue. Use a minimum of 20 mL. Stir for 15 min at room temperature. Repeat once.

199

200 2.20. Dump tissue and contents into a 0.7 mm strainer. Use forceps to manually massage the 201 tissue. Place contents back into beaker. Wash tissue by covering it with 60 mL DI water per 1 g of 202 tissue. Use a minimum of 20 mL. Stir for 15 min at room temperature. Repeat once.

203 204

2.21. Briefly dry tissue on a delicate task wipe and weigh. Dump tissue and contents into a strainer. Use forceps to manually massage the tissue.

205 206

207 2.22. Place contents back into beaker. Cover tissues with 60 mL of 100% n-propanol per 1 g of 208 tissue. Use a minimum of 20 mL. Stir for 1 h at room temperature.

209

210 2.23. Briefly dry tissue on a delicate task wipe and weigh. Dump tissue and contents into a 0.7 211 mm strainer. Use forceps to manually massage the tissue.

212

213 2.24. Place contents back into beaker. Wash tissue by covering it with 60 mL of DI water per 1 g of tissue. Use a minimum of 20 mL. Stir for 15 min at room temperature. Repeat three times. 214

215

216 2.25. Dump tissue and contents into a strainer. Repeat steps 2.3-2.6 to collect pieces of tissue for sucrose incubation and freezing in cryostat embedding medium. 217

218

219 2.26. Briefly dry tissue on a delicate task wipe and weigh. Place in a labeled 15 mL tube. Freeze 220 at -80 °C overnight.

2212223. Lyophilization

223

224 3.1. Remove the 15 mL tubes from -80 °C and place on dry ice. Keep samples frozen on dry ice until on the lyophilizer.

226

227 3.2. Remove caps. Use a rubber band to attach a delicate task wipe to the top to cover the opening. Put samples on the lyophilizer for at least 2 days.

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3.3. Remove samples from the lyophilizer and place tubes on dry ice. Remove delicate task wipes
 weigh each sample on an analytical scale. Attach caps and place at -80 °C overnight.

232

233 **4. Milling**

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235 4.1. Fill a shallow container with liquid nitrogen. Remove samples from the -80 °C freezer. Weigh each lyophilized MFP.

237

238 4.2. Place one sample in the mortar. Use a cryogenic glove to hold the mortar in the liquid nitrogen.

240

241 4.3. Use a pestle attached to a handheld drill to mill the sample. Mill in 1 min intervals to check 242 progress and remove gloved hand from liquid nitrogen. Mill for a minimum of 5 min.

243

244 4.4. Repeat for all samples. Spray and wipe the mortar and pestle with ethanol between each sample.

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4.5. Store powdered samples in 15 mL tubes at -80 °C until ready for use.

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NOTE: Samples may be used immediately or stored overnight.

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5. Hydrogel formation

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5.1. If stored at -80 °C overnight, remove and thaw at room temperature. While thawing, calculate the necessary weight of pepsin (see **Table of Materials**) and volume of hydrochloric acid (HCl) needed for each sample that results in a solution with 1% w/v sample powder and 0.1% w/v pepsin in 0.01 M HCl. Add the pepsin to the HCl to form a pepsin-HCl solution.

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258 5.2. Add sample powder and pepsin-HCl solution to a 15 mL tube. Add a small stir bar, and stir for 48 h.

260

5.3. Place the tubes on ice for 5 min. Calculate the necessary volume of 10x PBS needed for each
 sample that results in a solution with a 1x PBS concentration. Add the appropriate volume of 10x
 PBS to each tube.

265 5.4. Add 10% v/v 0.1 M NaOH to each solution to reach pH 7.4. Use a pH meter to test individually.

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NOTE: Gel solution may be stored at 4 °C for one week.

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6. Encapsulating cells in hydrogels

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6.1. Using GFP- and luciferase-labeled cells

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274 6.1.1. Using the pH 7.4 gel solution, resuspend pelleted GFP- and luciferase-labeled 4T1 cells to a concentration of 500,000 or 1,000,000 cells/mL of gel solution. Add 16 μ L of gel-cell solution to each well of a 16-well chamber slide. Incubate for 30 min at 37 °C.

277

278 6.1.2. Add 100 μL of complete RPMI media to each well. Continue incubation for 48 h at 37 °C.
 279 The GFP- and luciferase-labeled cells can be visualized using fluorescence microscopy at 0 hours,
 280 24 hours, and 48 hours after gelation.

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NOTE: Cell proliferation can be measured for the GFP- and luciferase-labeled 4T1 cells used here by adding (S)-4,5-Dihydro-2-(6-hydroxy-2-benzothiazolyl)-4-thiazolecarboxylic acid potassium salt (see the **Table of Materials**) to the wells for 10 min and performing bioluminescence imaging using a bioluminescence imaging system (see **Table of Materials**). Following bioluminescence imaging, the cytoskeleton can be visualized (see section 10).

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6.2. Using unlabeled cells

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6.2.1. Using the pH 7.4 gel solution, resuspend pelleted unlabeled 4T1 cells to a concentration of 500,000 or 1,000,000 cells/mL of gel solution. Add 16 μ L of gel-cell solution to each well of a 16-well chamber slide and a 96-well plate. Incubate for 30 min at 37 °C.

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6.2.2. Add 100 μL of media to each well. Continue incubation for 48 h at 37 °C.

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NOTE: Cell viability can be measured (see section 11). The 16-well chamber slide can be used for imaging, and the 96-well plate can be used for quantification.

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7. H & E staining

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7.1. For formalin-fixed, paraffin-embedded tissue, submerge slides containing 5 μm sections
 twice in 100% xylene (5–10 min) for de-paraffinization. Rehydrate by submerging in 100%, 95%,
 85%, and 70% ethanol for 5 min each followed by DI water for 5 min. Continue to step 7.6.

304

7.2. For frozen tissue sections, take sections immediately from freezer and submerge them in
 10% NBF for 10 min. Wash in 1x PBS three times for 5 min each. Rinse in water for 5 min.

307

308

7.3. Stain nuclei with hematoxylin for 3 min. Rinse in running tap water.

309

- 7.4. Differentiate by dipping 1–2 times in 0.3% acid alcohol (0.3% HCl in 70% ethanol). Rinse in
- running tap water for 5 min.

312

7.5. Add bluing agent for 30 s. Rinse in running tap water for 5 min. Submerge in 95% ethanol for30 s.

315

316 7.6. Incubate with eosin for 90 s at room temperature. Dehydrate in 3 changes of 100% ethanol for 5 min each.

318

7.7. Submerge twice in 100% xylene for 5 min each. Add distyrene-plasticiser-xylene (DPX0
 mounting media to the slide and add a coverslip. Let it cure overnight before imaging.

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8. 1-([4-(Xylylazo)xylyl]azo)-2-naphthol staining

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8.1. Prepare 1-([4-(Xylylazo)xylyl]azo)-2-naphthol solution.

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8.1.1. Add 0.5 g of 1-([4-(Xylylazo)xylyl]azo)-2-naphthol powder to a beaker with 100 mL propylene glycol. Heat to 95–100 °C while stirring for at least 30 min. Prevent the temperature from exceeding 100 °C.

329

330 8.1.2. Remove beaker from heat and allow to cool slightly. Pour solution through grade 4 331 qualitative filter paper to remove any residual particulates.

332

NOTE: The solution can be stored at room temperature and should be filtered through a $0.45 \mu m$ syringe filter immediately before staining.

335

336 8.2. Stain frozen tissue sections.

337

8.2.1. Remove slides from the -80 °C freezer and air dry for 30 min. Pre-cool 10% NBF at -20 °C
for 30 min in a Coplin jar. Fix the slides at room temperature for 10 min. Wash in DI water 3 times
for 5 min each.

341

8.2.2. Remove excess water using a delicate task wipe before immersing in propylene glycol 2 times for 5 min each. Remove slides from propylene glycol. Do not rinse.

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8.2.3. Place slides into syringe filtered Oil Red O staining solution for 3 h at room temperature.

346

8.2.4. Differentiate by placing slides in 85% propylene glycol for 5 min. Rinse samples in PBS twicefor 5 min each.

349

350 8.2.5. Stain samples with hematoxylin for 30 s. Wash in running tap water for 5 min and then place the slides in DI water.

353 8.2.6. Mount samples using aqueous based mounting medium and allow media to dry overnight before imaging.

355

9. Rheology

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358 9.1. Bring pre-gel solutions from step 5.4 to the rheometer on ice.

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9.2. Attach a 25 mm arm and plate to the rheometer. Open the rheology software on the computer connected to the rheometer.

362

363 9.3. Perform rotational mapping and determine the zero gap. Raise the arm when complete.

364

9.4. Pipette 500 μ L of pre-gel on the plate. Lower the arm until the pre-gel solution completely occupies the gap between the plate and the arm. Be conservative because lowering the arm past this point will result in pre-gel solution spilling out of the side.

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9.5. Perform a frequency sweep on the pre-gel solution from 0.1–100 Hz after it has remained at 37° C for 30 min.

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9.6. Raise the rheometer arm when complete. Wipe liquid with a delicate task wipe. Rinse with DI water and wipe with a delicate task wipe. Repeat steps 9.4–9.6 with additional samples.

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10. Phalloidin conjugate staining of F-actin

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10.1. Bring phalloidin conjugate solution to room temperature. Briefly centrifuge at a low speed prior to opening. Aliquot enough solution for the assay, and store the rest at -20 °C.

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10.2. Dilute 1000x phalloidin conjugate stock solution to a 1x working solution by adding 1 μ L stock solution to 1 mL 1x PBS + 1% bovine serum albumin (BSA). This makes enough for 10 wells (100 μ L/well).

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NOTE: One may use plain 1x PBS, but 1x PBS + BSA is preferred to prevent phalloidin conjugate from sticking to the tube. Do not store this solution after the assay. 1 μ L of blue fluorescent dye (see the **Table of Materials**) working solution may be added to stain for nuclei. Working solution may be made by mixing 1 μ L of 20 mM blue fluorescent dye with 11.3 μ L 1x PBS.

388

389 10.3. Aspirate media from wells (step 6.1). Rinse wells with 1x PBS.

390

391 10.4. Add 10% NBF. Incubate wells with 10% NBF for 20 min at room temperature. Remove supernatant. Wash 3 times with PBS for 5 min each time.

393

394 10.5. Add 0.1% *t*-Octylphenoxypolyethoxyethanol in PBS for 5 min. Aspirate and wash 3 times 395 with PBS for 5 min each time.

10.6. Add 100 μL of working solution from step 10.2 to each well. Incubate for 1 h at room temperature. Aspirate and wash 3 times with PBS for 5 min each time. Leave in PBS at 4 °C.

10.7. Aspirate and remove wells from the gasket on the chamber slide. Use needle nose tweezers to remove the gasket from the slide. Mount and coverslip samples using aqueous based mounting medium. Allow to cure (5 min).

10.8. Observe cells under a fluorescence microscope at excitation/emission of 590/618 nm.

11. Viability assay

11.1. Rinse the cells with Dulbecco's PBS (DPBS). Add 100 μ L of DPBS containing 1 μ M calcein AM and 2 μ M ethidium homodimer to each well. Incubate for 30 min at room temperature.

11.2. Image the 16-well chamber slide by fluorescence microscopy. Calcein acetoxymethyl (calcein AM) can be observed at excitation/emission = 494/517 nm. Ethidium homodimer can be observed at excitation/emission = 528/645 nm.

11.3. Read the 96-well plate on a plate reader using the same wavelengths in step 11.2.

REPRESENTATIVE RESULTS:

MFPs were decellularized following irradiation using the procedure shown in **Figure 1A**. MFPs pre-decellularization (**Figure 1B**) and post-decellularization (**Figure 1C**) are shown. Decellularization was confirmed using hematoxylin and eosin (H & E) staining, and 1-([4-(Xylylazo)xylyl]azo)-2-naphthol staining was used to evaluate lipid content (**Figure 2**). Rheological properties of the ECM hydrogels were also assessed at 37 °C (**Figure 3**). The storage modulus was higher than the loss modulus for all conditions, demonstrating stable hydrogel formation.

GFP- and luciferase-labeled 4T1 mammary carcinoma cells were encapsulated in the hydrogels. Cell proliferation was examined by fluorescence microscopy, bioluminescence measurements, and viability staining 48 h after encapsulation (**Figure 4**). Irradiated hydrogels showed an increasing trend in tumor cell proliferation. Phalloidin conjugate was used to visualize F-actin in the encapsulated cells (**Figure 5**). This technique can be used to examine cell morphology and cytoskeletal properties.

FIGURE AND TABLE LEGENDS:

Figure 1: Experimental workflow. (A) Schematic of hydrogel formation. Digital camera images were taken of MFPs pre- (B) and post-decellularization (C).

Figure 2: Confirmation of decellularization and de-lipidation in MFPs. Hematoxylin and eosin staining (H & E) of unirradiated MFPs embedded in paraffin and sectioned at 5 μ m (A) was compared to MFPs frozen in cryostat embedding medium (5 μ m sections) before (B) and after decellularization (C), incubated with sucrose prior to freezing in cryostat embedding medium and

sectioned at 30 μ m (**D**). 1-([4-(Xylylazo)xylyl]azo)-2-naphthol staining was done to visualize lipid retention in MFPs frozen in cryostat embedding medium (5 μ m sections) before (**E**) and after decellularization (**F**) and incubated with sucrose prior to freezing in cryostat embedding medium and sectioned at 30 μ m sections (**G**). Scale bars represent 50 μ m. De-cell = decellularization.

Figure 3: Confirmation of hydrogel formation. Rheology was used to determine the storage and loss modulus of control (**A**) and irradiated (**B**) pre-gel solution made from MFPs at 37 °C and 0.5% strain. Error bars show standard deviation.

Figure 4: Tumor cell proliferation in irradiated ECM hydrogels. 4T1 cell proliferation 48 h after inoculation is shown with pre-gel derived from control (A) and irradiated (B) MFPs. (C) Bioluminescence signal from 4T1 cells embedded within control and irradiated hydrogels. Calcein AM stained live cells and ethidium homodimer stained dead cells were evaluated in control (D) and irradiated (E) hydrogels, and the live/dead ratio was quantified (F). Scale bars represent 200 μm. Error bars show standard error.

Figure 5: Cytoskeletal properties in ECM hydrogels. Cells within (A) control and (B) irradiated ECM hydrogels are stained with phalloidin conjugate to visualize F-actin (red) and blue fluorescent dye to visualize nuclei (blue) in irradiated MFPs. Scale bar represents 100 μ m.

Table 1: Tissue weights before and after decellularization. Representative tissue weights for each condition were measured before and after MFP decellularization.

DISCUSSION:

This method of hydrogel formation is largely dependent on the amount of starting tissue. Murine MFPs are small, and the decellularization process results in a significant reduction of material (**Table 1**). The process can be repeated with more MFPs to increase final yield. Milling is another important step that may lead to loss of material. Others have shown success with a cryogenic mill, but this protocol is based on milling via a handheld mortar and electric drill with a pestle attachment^{8,17}. This has the advantage of lower capital costs and minimizing material loss but may introduce variability in the final product.

A challenge to confirmation of decellularization and de-lipidation is in freezing adipose tissue in cryostat embedding medium. **Figure 2A** shows H & E staining of an unirradiated MFP embedded and sectioned in paraffin. Distinct nuclei are visible on the edges of adipose cells near junctions with other cells, and adipocyte morphology is well-maintained. **Figure 2B,C,E,F** show MFPs prepared by embedding and freezing MFPs in cryostat embedding medium and sectioning 5 μm slices. This process was unable to retain adipocyte morphology and shape. However, decellularization was confirmed through the loss of nuclei and other traces of DNA (**Figure 2C**), and de-lipidation was visualized with the loss of neutral lipid content staining (**Figure 2F**). Adipocyte morphology was maintained by incubating MFPs in sucrose, embedding and freezing in cryostat embedding medium, and sectioning 30 μm slices (**Figure 2D,G**). While the visualization of H & E staining was difficult with this method (**Figure 2D**), 1-([4-(Xylylazo)xylyl]azo)-2-naphthol staining confirmed the retention of adipocyte morphology

(Figure 2G).

 We have developed an in vitro hydrogel model that can mimic the in vivo normal tissue microenvironment and its response to radiation damage. ECM hydrogels have been fabricated in similar studies, but the impact of radiation damage on tumor cell behavior has not been assessed^{9,12,16-18}. We expect that irradiation of MFPs will alter ECM remodeling and composition, and these compositional changes will be characterized in future studies. We observed an increasing trend in the proliferation of 4T1 cells within irradiated ECM hydrogels using both bioluminescence imaging and viability staining (**Figure 4**). In addition, we used phalloidin conjugate to stain F-actin filaments in encapsulated tumor cells and found a qualitative increase in actin alignment and tumor cell elongation in irradiated ECM hydrogels, which suggests an increase in adhesion strength and invasive capacity (**Figure 5**)^{19,20}. Future experiments will explore changes in focal adhesion dynamics and protease-mediated remodeling for the evaluation of cell migration and invasion.

This method was developed using a murine TNBC cell line, but this method may be used as a platform for evaluating the proliferation and invasiveness of other cell types. Future studies may incorporate immune cells to determine their role in response to radiation as well as other forms of tissue damage (e.g., surgery). Although this study evaluated ECM hydrogels from MFPs irradiated ex vivo, additional studies will explore in vivo radiation of MFPs to evaluate the effect of physiological radiation response and infiltrating immune cells on ECM characteristics. We have established a method to fabricate ECM hydrogels from mouse MFPs to study the effect of normal tissue radiation on tumor cell behavior, and this technique may be extended to human tissue for a more relevant hydrogel model. Overall, examining normal tissue damage through ECM hydrogels may lead to insights into the role of ECM changes following radiation therapy in local recurrence.

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DISCLOSURES:

519 The authors have nothing to disclose.

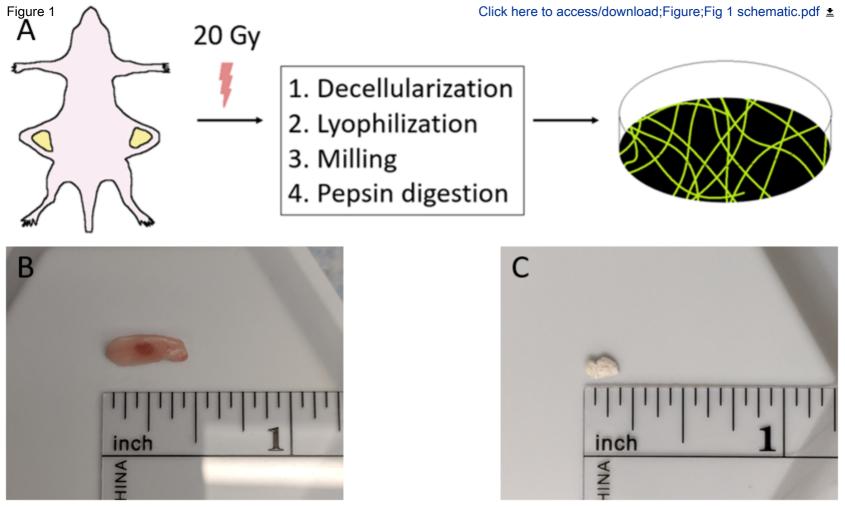
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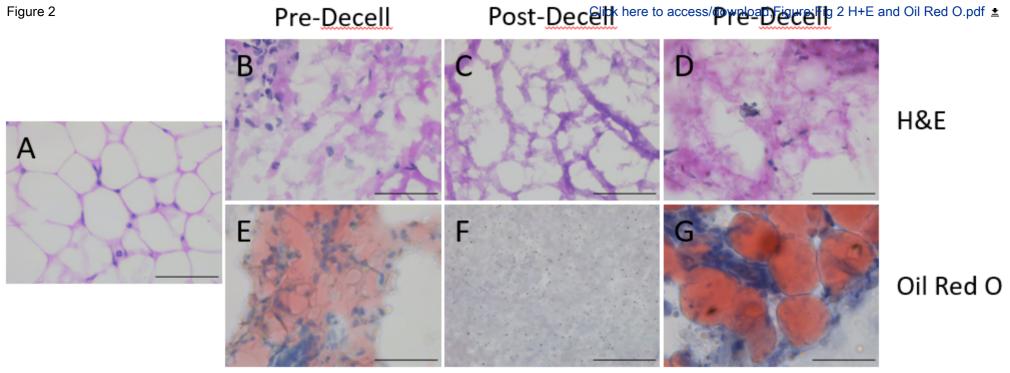
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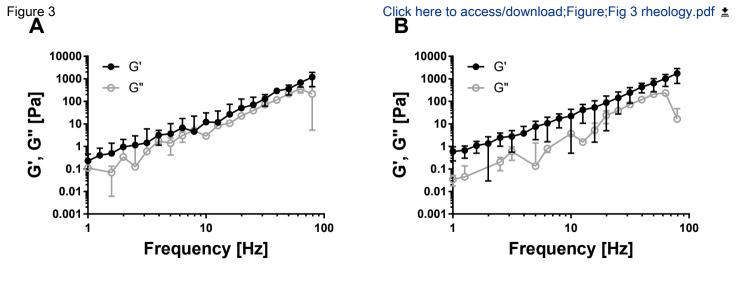
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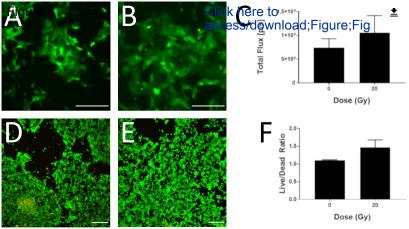
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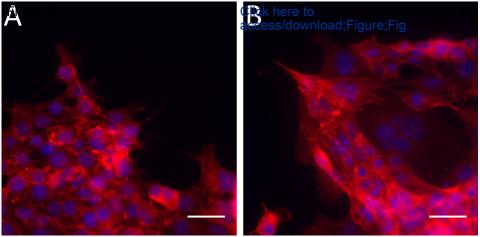
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Tissue weight (g)	Control	Irradiated	
Tissue weight (g)	(0 Gy)	(20 Gy)	
Initial MFP weight	0.461	0.457	
MFP weight following histology	g histology 0.423		
sample removal	0.423	0.416	
MFP weight after	0.025	0.025	
decellularization	0.025	0.025	
Decellularized MFP weight after	0.015	0.016	
histology sample removal	0.015	0.016	

Name of Reagent/ Equipment

10% Neutral Buffered Formalin, Cube with Spigot

2-methylbutane

AR 2000ex Rheometer Bovine Serum Albumin

calcein acetoxymethyl (calcein AM) D-Luciferin Firefly, potassium salt

DPX Mountant for Histology

Dulbecco's phosphate-buffered saline

Eosin-Y with Phloxine ethidium homodimer Fetal Bovine Serum

Fisher Healthcare Tissue-Plus O.C.T. Compound

Fluoromount-G FreeZone 4.5

Hoechst 33342 Solution (20 mM)

Hydrochloric acid
IVIS Lumina III

Kimtech Science Kimwipes

n-Propanol (Peroxide-Free/Sequencing), Fisher BioReagents

Oil Red O

OPS Diagnostics CryoGrinder

PBS (10X), pH 7.4

Penicillin-Streptomycin

Pepsin from porcine gastric mucosa

Peracetic acid

Phalloidin-iFluor 594 Reagent (ab176757)

Propylene glycol

Richard-Allan Scientific Signature Series Bluing Reagent Richard-Allan Scientific Signature Series Hematoxylin 7211

RPMI Medium 1640

Sodium deoxycholate, 98%

Sucrose

Company

VWR

Alfa Aesar

TA Instruments

Sigma-Aldrich

Molecular Probes, Inc.

Biosynth Chemistry & Biology

Sigma-Aldrich

Gibco

Richard-Allan Scientific Molecular Probes, Inc.

Sigma-Aldrich
Fisher Scientific
SouthernBiotech

Labconco

Thermo Scientific Sigma-Aldrich PerkinElmer Kimberly Clark Fisher Scientific Sigma-Aldrich

OPS Diagnostics, LLC Quality Biological, Inc.

Gibco

Sigma-Aldrich Sigma-Aldrich

abcam

Sigma-Aldrich

Richard-Allan Scientific Richard-Allan Scientific

Gibco

Frontier Scientific Sigma-Aldrich

Triton x-100
Trypsin-EDTA (0.25%), phenol red
Whatman qualitative filter paper, Grade 4
Xylenes (Certified ACS), Fisher Chemical

Sigma-Aldrich Gibco Whatman Fisher Scientific Catalog Number Comments/Description

16004-128 -

19387 -

10D4335 rheometer

A1933-25G - C1430 -

L-8820 (S)-4,5-Dihydro-2-(6-hydroxy-2-benzothiazolyl)-4-thiazolecarboxylic acid potassium salt

06522-500ML -

14040133 -

71304 eosin

E1169 ethidium homodimer-1 (EthD-1)

F0926-500ML -

23-730-571 cryostat embedding medium

0100-01 aqueous based mounting medium

7751020 lyophilizer

62249 blue fluorescent dye

258148-500ML -

CLS136334 bioluminescence imaging system

delicate task wipes

BP1130-500

O0625-25G 1-([4-(Xylylazo)xylyl]azo)-2-naphthol

CG-08-02 -

119-069-151 Phosphate-buffered saline

15140-122 -

P6887-5G pepsin

77240-100ML -

ab176757 phalloidin conjugate

W294004-1KG-K -

7301L bluing agent

7211 -

11875-093 -

JK559522 deoxycholic acid

S5016 -

X100-100ML t-Octylphenoxypolyethoxyethanol

25200-056 -

1004-110 grade 4 qualitative filter paper

X5-4 -



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Nandita Singh, Ph.D.
Senior Science Editor
Journal of Visualized Experiments
Email: nandita.singh@jove.com

11 February 2019

Dear Dr. Singh,

Please find enclosed our revised manuscript entitled, "Studying Normal Tissue Radiation Effects using Extracellular Matrix Hydrogels." We would like to thank the editorial staff and the reviewers for their supportive statements of the article. We appreciate the feedback and have addressed each comment in the attachment. We have also updated our manuscript to reflect the editorial comments.

Thank you for considering our revised manuscript for publication. Please contact us if you have any questions.

Sincerely,

Marjan Rafat, Ph.D.

Assistant Professor of Chemical and Biomolecular Engineering
Assistant Professor of Biomedical Engineering (Secondary)
Assistant Professor of Radiation Oncology (Secondary)

Faculty Member, Breast Cancer Research Program, Vanderbilt Ingram Cancer Center Vanderbilt University

Ms. No. JoVE59304

Title: Studying Normal Tissue Radiation Effects using Extracellular Matrix Hydrogels

We thank the editor and reviewers for their careful feedback, which has helped us to strengthen our manuscript significantly. We believe that we have addressed their comments and criticisms thoroughly. Below, we respond to the specific issues raised by the reviewers and discuss how we have revised the paper to address these points.

Response to Editors

Editor Comments	Response
1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues.	Completed.
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3. Please add more details to your protocol steps. There should be enough detail in each step to supplement the actions seen in the video so that viewers can easily replicate the protocol. Please ensure you answer the "how" question, i.e., how is the step performed? Alternatively, add references to published material specifying how to perform the protocol action. See examples below.	Completed.
4. Please add more details to your protocol steps. There should be enough detail in each step to supplement the actions seen in the video so that viewers can easily replicate the protocol. Please ensure you answer the "how" question, i.e., how is the step performed? Alternatively, add references to published material specifying how to perform the protocol action. See examples below.	MFPs are collected into a 15 mL conical tube containing RPMI media supplemented with 1% penicillin-streptomycin and 10% fetal bovine serum.
5. 1.6: Please specify the size of the tube used.	15 mL.
6. 2.3: How to divide the tissue?	Now 2.4. It is suggested to use a pair of forceps with scissors or a scalpel.
7. 2.6: Please split into two or three steps so that each step contains only 2-3 actions and a maximum of 4 sentences per step.	Now 2.8. Completed.
8. 2.9: Please specify the mesh size of the strainer.	Size 25 mesh strainers.

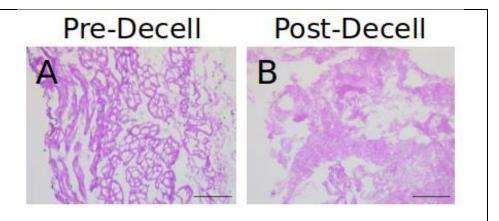
	Ţ
9. 7.13: What is the incubation temperature?	H&E slides are incubated with eosin for 90 seconds at room temperature.
10. Please combine some of the shorter Protocol steps so that individual steps contain 2-3 actions and maximum of 4 sentences per step.	Completed.
11. Please include single-line spaces between all paragraphs, headings, steps, etc.	Completed.
12. After you have made all the recommended changes to your protocol (listed above), please highlight 2.75 pages or less of the Protocol (including headings and spacing) that identifies the essential steps of the protocol for the video, i.e., the steps that should be visualized to tell the most cohesive story of the Protocol.	Completed.
13. Please highlight complete sentences (not parts of sentences). Please ensure that the highlighted part of the step includes at least one action that is written in imperative tense. Please do not highlight any steps describing anesthetization and euthanasia.	Completed.
14. Please include all relevant details that are required to perform the step in the highlighting. For example: If step 2.5 is highlighted for filming and the details of how to perform the step are given in steps 2.5.1 and 2.5.2, then the substeps where the details are provided must be highlighted.	Completed.
15. Table of Materials: Please sort the items in alphabetical order according to the name of material/equipment.	Completed.

Response to Reviewer #1

Reviewer 1 Comments	Response
1. There would be benefit to adding minor rationale to some of the steps of the protocol or discussion. For example, what is expected to change in the tissue upon radiation? Further, are there concerns with the irradiated tissue not decellularizing as well under the same conditions as the control tissue? How was this checked?	We thank the reviewer for this comment. It has been well documented that radiation induces fibrosis (Haubner, F. et al. Wound healing after radiation therapy: Review of the literature. <i>Radiation Oncology.</i> 7 (1), 1–9, doi: 10.1186/1748-717X-7-162 (2012)), and we expect to see changes to extracellular matrix remodeling. In future studies, we will characterize these changes. For clarification, we have added the following sentence to the discussion: "We expect that irradiation of MFPs will alter ECM remodeling and composition, and these compositional changes will be characterized in future studies."
	We evaluated decellularization and delipidation by H&E staining and Oil Red O staining, respectively. Figure 2 shows these results in the unirradiated condition, which was representative of irradiated condition as well. Based on the results of these stains, incomplete decellularization was not considered an issue.

Response to Reviewer #2

Reviewer 2	Response			
1. The tissues were weighed before and	We thank the reviewer for this suggestion. The data related to weight change is provided in the added Table 1.			
after decellularization, but no data were presented related to the weight in the		Tissue weight (g)	Control (0 Gy)	Irradiated (20 Gy)
manuscript. Could the authors give the data		Initial MFP weight	0.461	0.457
related to weight change or the water contents before and	n?	MFP weight following histology sample removal	0.423	0.416
after decellularization?		MFP weight after decellularization	0.025	0.025
		Decellularized MFP weight after histology sample removal	0.015	0.016
advantage of the decellularization procedure in this study over the others in the literature employing SDS treatment? Could the authors compare their method to others?	We thank the reviewer for this comment. While SDS treatment and sodium deoxycholate treatments are comparable in removing cellular material, sodium deoxycholate has been shown to be more effective at removing DNA (Young, D.A. et al. Injectable hydrogel scaffold from decellularized human lipoaspirate. <i>Acta Biomaterialia</i> . 7 (3), 1040–1049, doi: 10.1016/j.actbio.2010.09.035 (2011)). This cited publication studies the effect of decellularization on human lipoaspirate, which is comparable to the adipose in murine mammary fat pads. We have added the following to the protocol for clarification: "This procedure was adapted from previously published methods focused on adipose decellularization, which included the sodium deoxycholate ionic detergent rather than sodium dodecyl sulfate to remove DNA efficiently ^{12,16,17} ."			
3. Do the authors have images with lower magnification to show an overall picture of the tissues after H&E and Oil Red O staining (Figure 2)?	We thank the reviewer for this suggestion. Sectioning adipose was technically challenging and resulted in few images at lower magnifications due to the inability of OCT to retain tissue morphology. Included here are images of H&E staining at 20x magnification as opposed to 64x shown in Figure 2, which demonstrates again the successful removal of cellular material following decellularization. We unfortunately cannot provide Oil Red O stained slides at lower magnifications due to the aforementioned technical difficulties. We would like to note that the staining shown in Figure 2 is confirmed by other previously published work, and we are confident that we observed de-lipidation: Brown BN et al. <i>Tissue Engineering. Part C, Methods.</i> 2011; 17(4): 411-421 and Choi YS et al. <i>Biochem Biophys Res Commun.</i> 2006; 345(2): 613-637 both show similar Oil Red O staining in adipose tissue. H&E staining before decellularization (A) and after decellularization (B). Scale bars represent 100 μm.			



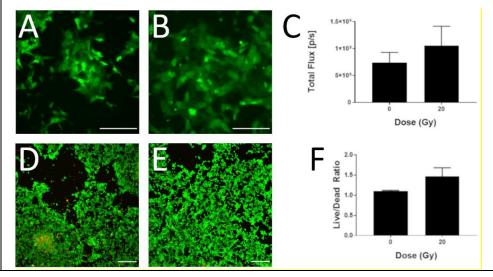
4. In Figure 4C, bioluminescence data show a significant difference between the cells embedded in hydrogels from radiation-treated and untreated matrices. How do the authors explain such a difference after only one dose of 20 Gy of radiation as compared to multiple doses of 40-50 Gy of radiation applied clinically for radiotherapy? In Figure 4A and B, GFP results also show higher staining in the irradiated gels. However, whether the cells in the control are alive or dead is not clear. Live/dead assav would be of importance to compare the cells in the control and irradiated samples.

We thank the reviewer for these questions. We have updated Figure 4 to include data from additional replicates of the proliferation experiment. In the clinic, patients are given approximately 50 Gy in 28 fractions post-mastectomy or 50 Gy with a 10 Gy boost following lumpectomy. We chose to irradiate to a single dose of 20 Gy as opposed to fractionated doses given the time constraints in our previous *in vivo* study that would influence overall tumor burden. It is well known that fractionating doses results in higher cell survival due to the possibility for repair of double-strand breaks in between fractions that is not possible when giving a single dose (see Hall EJ and Giaccia AJ. *Radiobiology for the Radiologist.* 2012, 7th edition). We therefore used a 20 Gy dose in a single fraction to ensure tissue damage.

After multiple experiments, our results continue to show an increasing trend toward higher proliferation using bioluminescence imaging. We have also added live/dead staining analysis in Figure 4 to evaluate whether interaction with ECM hydrogels altered cytotoxicity (see below). We found that there was a trend toward a higher live/dead ratio in the irradiated ECM hydrogels, indicating that the ECM hydrogels are not cytotoxic and that the irradiated ECM hydrogels may promote increased proliferation. We have added the following to the Discussion section to describe this finding:

"We observed an increasing trend in the proliferation of 4T1 cells within irradiated ECM hydrogels using both bioluminescence imaging and viability staining (Figure 4)."

Scale bars represent 200 µm.



5. In Fig. 5, the image of the cells on the untreated control is missing. It would be more complete if the authors provide an image for the control. That would also show the cell number on the untreated control and support Fig. 4.

We thank the reviewer for this observation. We have updated Figure 5 to compare the cytoskeleton in cells grown in the control and irradiated ECM hydrogels (see below). We observed that cells grown on irradiated ECM exhibited enhanced actin alignment and tumor cell elongation, which may be indicative of enhanced tumor cell invasion. We have added the following in the Discussion section to describe this finding: "In addition, we used phalloidin conjugate to stain F-actin filaments in encapsulated tumor cells and found a qualitative increase in actin alignment and tumor cell elongation in irradiated ECM hydrogels, which suggests an increase in adhesion strength and invasive capacity (Figure 5) (Mierke, C.T., Frey, B., Fellner, M., Herrmann, M., Fabry, B. Integrin 5 1 facilitates cancer cell invasion through enhanced contractile forces. Journal of Cell Science. 124 (3), 369–383, doi: 10.1242/jcs.071985 (2011).; Ahmadzadeh, H. et al. Modeling the two-way feedback between contractility and matrix realignment reveals a nonlinear mode of cancer cell invasion. Proceedings of the National Academy of Sciences. 114 (9), E1617-E1626, doi: 10.1073/pnas.1617037114 (2017).). Future experiments will explore changes in focal adhesion dynamics and protease-mediated remodeling for the evaluation of cell migration and invasion."

Scale bars represent 100 µm.

