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Obtaining Cancer Stem Cell Spheres from Gynecological and Breast Cancer Tumors

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1 TITLE:

2 Obtaining Cancer Stem Cell Spheres from Gynecological and Breast Cancer Tumors

3

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37 KEYWORDS:

38 neoplastic stem cells, breast neoplasms, tumorspheres, gynecological cancer, sphere-forming
39 protocol, cancer stem cell markers.

40

41 SUMMARY:

42 The aim of this methodology is to identify cancer stem cells (CSC) in cancer cell lines and primary
43 human tumor samples with the sphere-forming protocol, in a robust manner, using functional
44 assays and phenotypic characterization with flow cytometry and Western blot.

45

46 **ABSTRACT:**

47 Cancer stem cells (CSC) are a small population with self-renewal and plasticity which are
48 responsible for tumorigenesis, resistance to treatment and recurrent disease. This population
49 can be identified by surface markers, enzymatic activity and a functional profile. These
50 approaches *per se* are limited, due to phenotypic heterogeneity and CSC plasticity. Here, we
51 update the sphere-forming protocol to obtain CSC spheres from breast and gynecological
52 cancers, assessing functional properties, CSC markers and protein expression. The spheres are
53 obtained with single-cell seeding at low density in suspension culture, using a semi-solid
54 methylcellulose medium to avoid migration and aggregates. This profitable protocol can be used
55 in cancer cell lines but also in primary tumors. The tridimensional non-adherent suspension
56 culture thought to mimic the tumor microenvironment, particularly the CSC-niche, is
57 supplemented with epidermal growth factor and basic fibroblast growth factor to ensure CSC
58 signaling. Aiming for robust identification of CSC, we propose a complementary approach,
59 combining functional and phenotypic evaluation. Sphere-forming capacity, self-renewal and
60 sphere projection area establish CSC functional properties. Additionally, characterization
61 comprises flow cytometry evaluation of the markers, represented by CD44⁺/CD24⁻ and CD133,
62 and Western blot, considering ALDH. The presented protocol was also optimized for primary
63 tumor samples, following a sample digestion procedure, useful for translational research.

64

65 **INTRODUCTION:**

66 Cancer populations are heterogeneous, with cells presenting different morphologies,
67 proliferation and invasion capacity, due to differential gene expression. Among these cells, a
68 minority population exists named cancer stem cells (CSC)¹, which have the capacity for self-
69 renewal, recapitulating the heterogeneity of the primary tumor niche and producing aberrantly
70 differentiating progenitors that do not respond adequately to homeostatic controls². CSC
71 properties can be directly translated in clinical practice, given the association with events, such
72 as tumorigenicity or resistance to chemotherapy³. The identification of CSC can lead to the
73 development of targeted therapies that may include blockage of surface markers, promotion of
74 CSC differentiation, blocking of CSC signaling pathway components, niche destruction, and
75 epigenetic mechanisms⁴.

76

77 The isolation of CSC has been performed in cells lines and in samples of primary tumors⁵⁻⁸. The
78 functional profile described for CSC includes clonogenic capacity, side population and
79 tumorsphere formation⁹. The CD44^{high}/CD24^{low} phenotype has been consistently associated
80 with breast CSC, which has proved to be tumorigenic in vivo and has been already associated
81 with epithelial to mesenchymal transition^{5,10}. High ALDH activity has also been associated with
82 stemness and epithelial to mesenchymal transition (EMT) in several types of solid tumors¹¹. ALDH
83 expression has been associated with resistance to chemotherapy and to CSC phenotype in vitro¹²⁻
84 ¹⁶. Several other markers have been linked to CSC properties in different types of tumors, such
85 as CD133, CD49f, ITGA6, CD166^{3,4} and others, as described in **Table 1**.

86

87 The tumorspheres consist of a three-dimensional model for the study and expansion of CSC. In
88 this model, the cell suspensions from cell lines and from blood or tumor samples are cultivated

89 in a medium supplemented with growth factors, namely epidermal growth factor (EGF) and basic
90 fibroblast growth factor (bFGF), without fetal bovine serum and in non-adherent conditions¹⁷.
91 Inhibition of cell adhesion results in death by anoikis of differentiated cells¹⁸. Spheres are derived
92 from the clonal growth of an isolated cell. For this purpose, the cells are distributed at low density
93 to avoid cell fusion and aggregation¹⁹. Another strategy includes the use of semisolid
94 methylcellulose²⁰.

95
96 The sphere-forming protocol gained popularity in CSC isolation and expansion, due to time and
97 cost and technical, profitable, and reproducible reasons^{21, 22}. Despite some reserves on the extent
98 of which sphere formation reflects CSC, there is a propensity of stem cells to grow in non-
99 adherent conditions with the characteristic phenotype, which resembles the native
100 microenvironment²¹. None of the methods available for isolation of CSC from solid tumors has
101 complete efficiency, highlighting the importance of developing more specific markers or
102 combinations of methodologies and markers.

103
104 In this protocol, we detail the isolation of CSC with the sphere-forming protocol, with the
105 principle of single-cell growth in non-adherent conditions and the capacity to produce a
106 differentiated phenotype. A schematic representation of this procedure is represented in **Figure**
107 **1**. We also describe the characterization with surface markers and ALDH expression for CSC, both
108 for breast and gynecological tumor cells lines and samples of primary tumors.

109
110 **PROTOCOL:**
111 This protocol was performed complying with the ethical guidelines of the Coimbra Hospital and
112 University Center (CHUC) Tumor Bank, and was approved by CHUC's Ethics Committee for
113 Health and by the Portuguese National Data Protection Commission.

114 115 **1. Sphere-forming protocol and derived adherent populations from continuous cell** 116 **cultures**

117
118 NOTE: Perform all procedures under strict sterile conditions.

119 120 **1.1. Preparation of non-adherent suspension culture flasks or plates by coating the growth** 121 **surface with poly(2-hydroxyethyl-methacrylate (poly-HEMA)**

122
123 1.1.1. Prepare a 15 mg/mL solution by stirring poly-HEMA in absolute ethanol at 65 °C. Coat cell
124 culture flasks or plates with 50 μL/cm².

125
126 1.1.2. Leave to dry at 37 °C in a drying oven. If necessary, wrap the plates and store at room
127 temperature.

128 129 **1.2. Preparation of the sphere culturing media (SCM)**

130
131 1.2.1. Prepare a 2% solution of methylcellulose in ultrapure water and sterilize in the autoclave.
132 Methylcellulose tends to be easier to solubilize by cooling; therefore disperse the powder in

133 water at 80 °C and stir until cooled²³.

134

135 1.2.2. Prepare a two-times concentrated solution of SCM (stock solution). SCM working solution
136 contains DMEM-F12, supplemented with 100 mM putrescine, 1% insulin, transferrin, selenium
137 and 1% antibiotic-antimycotic solution (10000 U/mL penicillin, 10 mg/mL streptomycin and
138 25 µg/mL amphotericin B).

139

140 1.2.3. To prepare the SCM, mix equal volumes of the SCM stock solution with the 2% solution
141 of methylcellulose.

142

143 1.2.4. Complete the medium immediately prior to use by adding 10 ng/mL epidermal growth
144 factor (EFG) and 10 ng/mL basic fibroblast growth factor (bFGF).

145

146 1.2.5. If more fastidious cell lines are in use, supplement the medium with 0.4% bovine serum
147 albumin, which might be an advantage.

148

149 1.3. Start with a flask of MCF7 or HCC1806 breast cancer or ECC-1 or RL95-2 endometrial
150 cancer cells (or other cancer cell line of choice) with 80% to 90% confluence.

151

152 1.4. Discard the cell culture media, wash with phosphate buffered saline solution (PBS) and
153 detach the cells with trypsin-EDTA (1 to 2 mL for a 75 cm² cell culture flask).

154

155 1.5. Add cell culture media (2 to 4 mL for a 75 cm² cell culture flask) and centrifuge at 200 x g
156 for 5 min to discard enzymes.

157

158 1.6. Suspend the pellet in a known volume of cell culture media and pipette up and down to
159 ensure a single cell suspension. For this purpose, a 40 µm cell strainer can be used.

160

161 1.7. Count the cells in the hemocytometer and calculate the cell concentration of the cell
162 suspension. Take advantage of this step to ensure observation of a single cell suspension. Careful
163 cell counting is essential to accurately quantify the effects of treatments.

164

165 1.8. Suspend the determined amount of cell suspension in SCM complete medium and
166 transfer to poly-HEMA coated dishes. As a reference value for seeding density, consider 500 to
167 2000 cells/cm².

168

169 NOTE: Optimization of seeding density and time of culture for each cell line is highly
170 recommended²⁴.

171

172 1.9. Incubate at 37 °C and 5% CO₂ for 2 days without disturbing the plates.

173

174 1.10. Re-establish the concentration of growth factors by adding 10 ng/mL EFG and 10 ng/mL
175 bFGF to the cell culture media. Repeat this step every two days.

176

177 1.11. Incubate at 37 °C and 5% CO₂ until 5 days after plating (this can vary from 3 to 12 days
178 according to the cell line) to obtain spheres, which present the morphology of suspension ball-
179 shaped cell colonies.

180

181 1.12. Use or collect the spheres, by pipetting, for the experiments.

182

183 1.13. To obtain derived adherent populations, place the spheres into standard culture
184 conditions, respective of the cell line used. 1 to 2 days later, it is possible to observe a monolayer
185 of cells growing around adherent spheres, which presents a morphology similar to the cell line of
186 origin.

187

188 2. Sphere-forming protocol from human tumor samples

189

190 NOTE: The use of human samples for research purposes must comply with each country's
191 legislation, and to be approved by the Ethics Committee of the Institutions involved.

192

193 2.1. Prepare the transport media containing DMEM/F12, supplemented with 10% fetal bovine
194 serum (FBS) and 2% antibiotic-antimycotic solution (10000 U/mL penicillin, 10 mg/mL
195 streptomycin and 25 µg/mL amphotericin B).

196

197 2.2. Prepare the digestion media containing DMEM/F12, supplemented with 10% FBS, 1%
198 antibiotic antimycotic solution, 1 mg/mL type IV collagenase and 100 µg/mL DNase I.

199

200 2.3. Prepare the enzyme inactivation media containing DMEM/F12, supplemented with 10%
201 FBS and 1% antibiotic-antimycotic solution (10000 U/mL penicillin, 10 mg/mL streptomycin and
202 25 µg/mL amphotericin B).

203

204 2.4. Prepare the SCM as described in section 1.2.

205

206 2.5. Obtain the sample during the macroscopic study of the operative piece as soon as
207 possible after surgical removal.

208

209 2.6. Place the samples in transport media and transfer them to the laboratory for where
210 processing. Sample processing should begin within 1 h following collection to improve the
211 success rate of the procedure. Apply caution in sample collection. Handle the samples carefully.
212 Avoid the use of necrotic or cauterized zones.

213

214 2.7. Under the sterile flow chamber, transfer the sample to a dish and cut into smaller pieces
215 (around 1 mm³) with a scalpel.

216

217 2.8. Incubate the human tissue in a tube with digestion media in a rotating shaker up to 180
218 min, at 37 °C. Identify this tube as Tube A.

219

220 2.9. Replace the enzyme solution every 15 min.

- 221
- 222 2.9.1. Collect the digestion media (without removing any tissue fragments) and transfer it
- 223 through a 40 μm cell strainer to a new tube half-filled with enzyme inactivation media. Maintain
- 224 this tube at room temperature and identify it as Tube B.
- 225
- 226 2.9.2. Add new digestion media to Tube A and return it to the rotating shaker at 37 °C.
- 227
- 228 2.9.3. At each collection, check cell viability using the trypan blue exclusion method.
- 229
- 230 2.9.4. Repeat this procedure for 180 min or until cell count is significantly lower.
- 231
- 232 2.10. Incubate the tissue fragments in Tube A in a second digestion solution containing equal
- 233 parts of accutase and trypsin-EDTA, stirring for 10 min at 37 °C.
- 234
- 235 2.11. Add the enzyme inactivation media to Tube A and filter the contents through a 40 μm cell
- 236 strainer into Tube B.
- 237
- 238 2.12. Centrifuge the cell suspension in Tube B at 200 x *g* for 10 min.
- 239
- 240 2.13. Suspend the pellet in SCM and check cell concentration using a hemocytometer.
- 241
- 242 2.14. Suspend the determined amount of cell suspension in SCM and transfer to poly-HEMA
- 243 coated dishes (see step 1.1) with a seeding density of 4000 cells/cm².
- 244
- 245 2.15. Incubate at 37 °C and 5% CO₂ for 2 days without disturbing the plates.
- 246
- 247 2.16. Re-establish the concentration of growth factors by adding 10 ng/mL EFG and 10 ng/mL
- 248 bFGF to the cell culture media.
- 249

250 NOTE: You must do this every two days.

251

252 2.17. Incubate at 37 °C and 5% CO₂ until 5 days after plating (this can vary up to 12 days) to

253 obtain spheres, which present the morphology of suspension ball-shaped cell colonies.

254

255 **3. Sphere-forming capacity, self-renewal and sphere projection area**

256

257 NOTE: Sphere-forming capacity is the ability of a tumor cell population to produce spheres. Self-

258 renewal is the ability of sphere cells to produce new colonies of spherical cells in suspension. The

259 sphere projection area is representative of the area occupied by the sphere and therefore

260 expressive of their size and the number of cell divisions undergone in a certain time period.

261

262 **3.1. Determining the sphere-forming capacity**

263

264 3.1.1. After completion of the sphere-forming protocol, collect the spheres in a centrifuge tube

265 and centrifuge at 125 x g for 5 min.

266

267 3.1.2. Discard the SCM and gently suspend the pellet in a known volume of fresh media. With
268 the aim of concentrating the spheres to facilitate counting, suspend the spheres in a small media
269 volume. Be careful not to disturb the spheres.

270

271 3.1.3. Use a hemocytometer to count the spheres with more than 40 μm in diameter.
272 Alternatively, spheres can be counted directly on the plate by using a microscope equipped with
273 a graticule²⁵ or using an automated system^{26,27}.

274

275 3.1.4. Calculate the percentage ratio of spheres obtained vs. the number of cells initially plated.

276

277 **3.2. Determining self-renewal**

278

279 3.2.1. After completion of the sphere-forming protocol, collect the spheres in a centrifuge tube
280 and centrifuge at 125 x g for 5 min.

281

282 3.2.2. Discard the sphere culturing media and gently suspend the pellet in trypsin-EDTA.

283

284 3.2.3. Incubate up to 5 min at 37 °C.

285

286 3.2.4. Add enzyme inactivation media and pipette up and down to ensure a single cell
287 suspension.

288

289 3.2.5. Using a hemocytometer and the trypan blue exclusion method, count the viable cells in
290 the suspension.

291

292 3.2.6. Initiate the sphere-forming protocol as described in section 1.

293

294 3.2.7. After 8 days, use a hemocytometer to count the spheres with more than 40 μm in
295 diameter.

296

297 3.2.8. Calculate the percentage ratio of spheres obtained vs. the number of cells initially plated.

298

299 **3.3. Determining the sphere projection area**

300

301 3.3.1. To evaluate the area occupied by the spheres, obtain images of at least 10 random fields
302 per condition, in an inverted microscope equipped with an image acquisition module. A
303 magnification of 100X to 400X is recommended.

304

305 3.3.2. Analyze images using imaging software, such as ImageJ software²⁸, by drawing areas of
306 interest corresponding to the spheres and measuring its area in pixels.

307

308 3.3.3. Calculate sphere projection area as the mean area of pixels measured.

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4. Cancer stem cell marker assessment with flow cytometry

NOTE: CD44⁺/CD24^{-/low} phenotype was consistently associated with breast and gynecological cancer stem cells. The procedure described may be used to evaluate this and other cell surface markers.

4.1. After completion of the sphere-forming protocol, collect the spheres in a centrifuge tube and centrifuge at 125 x *g* for 5 min.

4.2. Discard the SCM and gently suspend the pellet in trypsin-EDTA.

4.3. Incubate up to 5 min at 37 °C.

4.4. Add enzyme inactivation media and pipette up and down to ensure a single cell suspension.

4.5. Centrifuge at 125 x *g* for 5 min, discard the supernatant and gently suspend the cells in PBS.

4.6. Allow the cells to rest in suspension for 30 min to ensure recovery of the membrane conformation.

4.7. Using a hemocytometer and the trypan blue exclusion method, count the cells in the suspension.

4.8. Adjust the cell suspension volume to 10⁶ cells/500 μL.

4.9. Incubate with the monoclonal antibodies according to the instructions of the suppliers (concentration, time, temperature, and light/dark) and considering the experiment set represented in **Table 2** or the markers given in **Table 1**.

4.10. Immediately after staining, perform the flow cytometric analysis using a flow cytometer with appropriate detection modules.

4.11. Standardize cytometer setup, following protocols established by the EuroFlow Consortium²⁹.

4.12. Set up primary gates based on the forward and side scatter excluding debris and dead cells. This can be improved by concomitant labelling with annexin V and gating negative cells.

4.13. Set fluorescence gates based on the unstained samples and compensation for a spectral overlap using single stained controls.

353 **5. Cancer stem cell marker assessment with western blot**

354

355 NOTE: In addition to ALDH1 activity, high expression of this marker was consistently associated
356 with breast and gynecological cancer stem cells^{13,14}. The procedure described may be used to
357 evaluate this and other cell markers.

358

359 5.1. After completion of the sphere-forming protocol, collect the spheres in a centrifuge tube
360 and centrifuge at 125 x *g* for 5 min.

361

362 **5.2. Preparation of the whole cell lysates**

363

364 5.2.1. Place the centrifuge tubes on ice and discard the supernatant without disrupting the
365 pellet.

366

367 5.2.2. Wash the pellet with 1 mL of cold PBS and discard by centrifugation.

368

369 5.2.3. Suspend the pellet in a small volume (200-500 μ L) of RIPA lysis buffer³⁰ (NaCl 150 mM,
370 Tris-HCl 1.50 mM pH 7.4, Triton-X100 1% vol./vol., sodium deoxycholic acid 0.5% wt./vol., sodium
371 dodecyl sulfate 0.5% wt./vol.) supplemented with cOmplete Mini and dithiothreitol 1 mM.

372

373 5.2.4. Maintaining the samples cold (on ice), submit them to vortex and sonication with a 30%
374 amplitude.

375

376 5.2.5. Centrifuge the samples for 15 min at 14000 x *g* in a refrigerated centrifuge set to 4 °C.

377

378 5.2.6. Transfer the supernatants to new, properly identified microtubes.

379

380 5.2.7. Determine the protein concentrations using the BCA or Bradford assays³¹.

381

382 5.2.8. If necessary, store the samples at -80 °C until further western blot analysis.

383

384 5.3. Perform sample denaturation, electrophoresis, electron transfer and protein detection
385 according to standard western blotting protocols, as described³²⁻³⁴.

386

387 **REPRESENTATIVE RESULTS:**

388 The sphere-forming protocol allows spherical colonies to be obtained in suspension from several
389 endometrial and breast cancer cell lines (**Figure 2A**) or after gentle enzymatic digestion of tissue
390 from human tumor samples (**Figure 2E**). In both cases, a few days after plating, monoclonal
391 spherical colonies in suspension are obtained. Both endometrial and breast cancer spheres give
392 rise to a cell monolayer with similar morphology to the cell line of origin, 1 to 2 days after plating
393 (**Figure 2A**).

394

395 Distinct lineage and tissue origins can be compared by the sphere-forming capacity, self-renewal
396 and projection area. Representative results from breast cancer cell lines can be observed in the

397 graphs in **Figure 2B-D**. The hormonal receptor-positive breast cancer MCF7 cells show higher
398 sphere-forming capacity, self-renewal and projection area than the triple negative breast cancer
399 cells HCC1806¹⁴. For both cell lines, a small percentage of the cells plated (less than 3%) was able
400 to produce spheres emphasizing cancer stem cells as a minority population within tumor cell
401 heterogeneity. Cancer stem cells self-renewal was patented by a significantly different value of
402 sphere self-renewal of the cell lines represented. Sphere projection area, as a rough measure of
403 the spheres' dimension, correlates with the number of mitotic cycles and displays different time
404 intervals for both lineages.

405
406 Whilst only a small proportion of cells is capable of forming tumorspheres in vitro and retaining
407 self-renewal capacity carrying stem cells properties, several markers were associated with this
408 phenotype.

409
410 The flow cytometry protocol presented allows for versatile experimental approaches,
411 considering surface antigens (see **Table 1**). Representative results, shown in **Figure 3A-B**, concern
412 CD44/CD24 and CD133 membrane markers that have been proposed as corresponding to a more
413 cancer stem cell-like phenotype. Analysis of spheres obtained from endometrial RL95-2 and ECC-
414 1 cell lines allowed four populations to be identified (**Figure 3A**). Spheres obtained from
415 endometrial RL95-2 comprised a CD44^{high}/CD24⁻ population three times larger than the parental
416 cell line³⁵. In the case of ECC-1 spheres, the CD44^{high}/CD24⁻ corresponds to the major population,
417 which is also CD133 positive, while the CD44^{low}/CD24⁻, CD44^{low}/CD24⁺ and CD44⁻/CD24⁺ have
418 negative or low CD133 expression.

419
420 Assessing surface and intracellular markers can also be performed by western blot after gentle
421 sphere harvesting and careful protein sample preparation. **Figure 3C** shows typical results of
422 ALDH change, a marker whose increased activity or augmented protein expression is associated
423 with the cancer stem cell phenotype^{13, 14} on spheres and derived adherent cells regarding the
424 endometrial ECC1 cell line of origin.

425

426 **FIGURE AND TABLE LEGENDS:**

427 **Figure 1: Obtaining cancer stem cells from human endometrial tumor samples (A) and breast**
428 **and gynecological cancer cell lines (B).** Human tumor samples are fragmented, enzymatically
429 digested and plated in sphere culturing medium into poly-HEMA coated dishes. Cancer cell lines
430 are detached, cell suspensions are counted, and single cells are distributed at low density into
431 poly-HEMA coated plates under appropriate conditions. The spheres obtained, when placed
432 under adherent culture conditions, produce derived adherent populations.

433
434 **Figure 2: Endometrial and breast cancer cells, spheres and derived adherent populations. (A).**
435 Representative images of endometrial (RL95-2 and ECC-1) and breast (MCF7 and HCC1806)
436 cancer cell lines, respective endometrial (ES1) and breast (MS1) spheres and derived adherent
437 populations (G1). Representative images of RL95-2, ECC-1, MCF7 and HCC1806 cancer cell lines
438 were obtained at a magnification of 200X (scale bar: 50 μm). Representative images of ES1 RL95-
439 2 and ES1 ECC-1 were obtained at a magnification of 200X (scale bar: 50 μm). Representative
440 images of MS1 MCF7 and MS1 HCC1806 were obtained at a magnification of 200x (scale bar:

441 100 μm). Representative images of G1 RL95-2 and G1 ECC-1 were obtained at a magnification of
442 200X (scale bar: 50 μm). Representative images of G1 MCF7 and G1 HCC1806 were obtained at a
443 magnification of 200X (scale bar: 100 μm). **(B-D)**. Sphere-forming capacity, self-renewal and
444 sphere projection area of breast cancer spheres MCF7 and HCC1806. **(E)**. Representative images
445 of spheres obtained from human endometrial tumor samples. These images were captured at a
446 magnification of 200X (scale bar: 50 μm). Part of this figure has been modified from a previous
447 publication with permission from the publisher¹⁴.

448
449 **Figure 3: Combined evaluation of cancer stem cells markers in endometrial cancer cells. (A)**.
450 Representative plots of CD44/CD24 labelling of the RL95-2 cell line and of the RL95-2 sphere cells.
451 **(B)**. Representative histograms of CD133 labelling of sphere cells (ES1) obtained from RL95-2 and
452 ECC-1 cell lines. Density represents a measure of the cell count. CD44⁺/CD24⁻, CD44^{low}/CD24⁻,
453 CD44^{low}/CD24[±] and CD44⁻/CD24⁺ populations are painted in green, pink, blue and yellow,
454 respectively. **C**. ALDH expression in ECC-1 cell line, spheres (ES1), and derived adherent
455 population (G1). The immunoblot represents the ALDH and actin expression for the respective
456 experimental conditions. ALDH expression was evaluated with the antibody ALDH1/2, which
457 detects the isoforms ALDH1A1, ALDH1A2, ALDH1A3 and ALDH2 of mouse, rat and human origin.
458 Part of this figure has been modified from previous publications with permission from the
459 publishers¹³.

460

461 **Table 1. List of gynecological and breast cancer stem cells markers.**

462
463 **Table 2. List of tubes to be included in a typical flow cytometry experiment to evaluate the**
464 **CD24/CD44 phenotype.** The table shows a minimal set of sample tubes required for a co-staining
465 experiment, including necessary controls.

466

467 **DISCUSSION:**

468 This protocol details an approach to obtain tumorspheres from cancer cell lines and primary
469 human samples. Tumorspheres are enriched in a sub-population with stem cell-like properties³⁶.
470 This enrichment in CSC is dependent on viability in an anchorage-free environment while
471 differentiated cells are reliant on adhesion to a substrate³⁷. As primary plating of tumor cells in a
472 low adherence environment that imposes suspension does not ensure enrichment in CSC per se,
473 we provide strategies to evaluate self-renewal (sphere-forming capacity and self-renewal),
474 differentiation capacity (derived adherent populations), and phenotype of CSC (with flow
475 cytometry and/or western blot). Cancer stem cells can be identified via several broadly described
476 phenotypic markers (see **Table 1**).

477
478 As human tumor primary cultures are often challenging to establish and to maintain in culture,
479 the sphere-forming protocol might provide a tool for handling these samples. The enzymatic
480 digestion procedure suggested provided single-cell suspensions from endometrial tissue
481 samples³⁸. The sphere-forming protocol provides significant numbers of CSC, which are difficult
482 to obtain by other means. The tridimensional model might be more efficient at mimicking the in
483 vivo situation, namely the physiological microenvironment and tumor heterogeneity, than
484 conventional monolayer cell cultures.

485
486 The certainty about the monoclonal origin of tumorspheres is a critical step of this protocol.
487 Minimizing aggregation, which tends to occur in suspension cultures, and a thorough
488 optimization of seeding densities to distribute single-cell suspensions are crucial²⁴. Other authors
489 suggested the plating of a single cell *per well*^{39,40}. To avoid this laborious procedure, we overcame
490 this issue by ensuring a single-cell suspension is plated in low density in a methylcellulose-
491 enriched medium. Due to its water holding and viscosity enhancing properties²³, methylcellulose
492 provides a semi-solid medium that avoids migration and aggregation, ensuring the monoclonality
493 of the spheres obtained²¹. The number of days in culture is another aspect which is dependent
494 on optimization, as the number of days necessary to obtain spheres with diameters superior to
495 40 µm is dependent on each cell type doubling time²⁴. The low or serum-free medium is another
496 characteristic of the protocol, as FBS-containing medium is relevant for differentiated cell-growth
497 in adherent conditions⁴¹, as in the parental cell lines and in the derived adherent cells. The
498 protocol depends on the maintenance of a steady concentration of the specific growth factors.
499 EGF signaling plays an important role in the maintenance of pluripotency pathways while bFGF
500 acts as a mitogen contributing to the generation of spheres^{42,43}.

501
502 The sphere-forming protocol, associated with appropriate techniques, provides the means to
503 expand, isolate, and evaluate specific populations of CSC²¹. Several authors have pointed to its
504 utility in assessing stem cell gene expression⁴⁴⁻⁴⁷ and stemness in tumours^{47,48}, to study
505 epithelial-mesenchymal transition^{44,49} and tumorigenesis^{45,48}, to evaluate the effect of new
506 therapies^{21, 50} and drug resistance^{44, 51}, and to establish cultures from primary samples^{21,45,46}.
507 However, it is important to keep in mind that it is a sensitive experiment, highly dependent on
508 adequate culture conditions. Additionally, the spheres present cellular heterogeneity due to CSC
509 asymmetric division⁵² and do not represent a good model of the complexity of cancer stem cell
510 formation and maintenance in the *in vivo* niche⁴⁶.

511
512 Besides the sphere-forming protocol, other functional assays have been used for the detection
513 of CSC. *In vivo* tumorigenicity entails the inoculation of low cell numbers in immunocompromised
514 mice to obtain tumours^{36,53}. This depends on the availability of proper conditions to perform
515 animal studies, and due to the non-species-specific microenvironment, the recovery of living cells
516 might be challenging. A colony forming unit assay, evaluating cell ability to generate colonies
517 after they are plated at low density⁵², provides low cell numbers. Side-population relies on
518 fluorescence-activated cell sorting (FACS) to isolate a group of cells with the ability to extrude the
519 Hoechst 33342 stain. This sensitive method relies on the expression of ATP binding cassette
520 protein (ABC) transporters, responsible for drug efflux⁵⁴. Nevertheless, the side-population is
521 associated with some disadvantages, namely, non-specificity for some phenotypes of CSC and
522 the characteristics of the dye, which is toxic and largely influenced by experimental conditions
523 (temperature, concentration)^{54,55}. ALDEFLUOR is another flow cytometry-based assay for the
524 identification of cells with intracellular ALDH activity. The main issue is the lack of reproducibility
525 between studies that seem to be highly influenced by the culture conditions⁵⁴.

526
527 The sphere-forming protocol is often combined with phenotypic analysis, as we proposed here,
528 emphasizing the utility of complementary methods to identify CSC^{13,14}. We recommended CSC

529 enrichment via the sphere-forming protocol and further confirmation of stemness via
530 assessment of biochemical markers by flow cytometry and western blot. Flow cytometry studies
531 identified heterogeneous populations within the spheres. In fact, there is an enrichment in CSC
532 in the studies shown, represented in this protocol by the CD44^{high}/CD24^{low} cells. Due to CSC
533 asymmetric self-renewal²⁴, other cell phenotypes were also identified. In the case of CD133,
534 representative results showed the population with higher stemness to be positive in the case of
535 the ECC-1 cell line, but negative in RL95-2 spheres. This points to the lack of specificity of some
536 CSC markers described, which are not unique to these cells and might vary with the plasticity of
537 the phenotype, and to the importance of using a combination of strategies to confirm stemness.
538 Western blot is an alternative methodology that might be useful in certain cases. For instance,
539 while ALDH activity is broadly used, it is now known that multiple isoforms contribute to
540 ALDEFLUOR metabolism⁵⁴. Thus, specific antigen-antibody methods might be more reliable
541 and we already showed the association between ALDH protein expression and stemness^{13,14}.

542
543 Sphere-forming capacity, self-renewal and derived adherent populations represent the capacity
544 of CSC to indefinitely divide and produce a differentiated progeny, which clinically translates to
545 events such as relapse, metastization and resistance to treatment⁹. Drug resistance in CSC can be
546 explained by overexpression of multidrug resistance (MDR) membrane proteins, ALDH
547 expression involved in detoxification mechanisms, DNA repair mechanisms, protection against
548 reactive oxygen species and resistance to apoptosis⁵⁶. CSC have the capacity to be quiescent due
549 to their plasticity and this has emerged as a mechanism of drug resistance. This population can
550 be spared from chemo- and radiotherapy due to cell-cycle arrested differentiated cells⁵⁷. Spheres
551 are a tumor population with reported resistance to cytostatic drugs used in conventional
552 treatment and have also been a focus for combination with targeted therapies^{54,58,59}. The
553 sensitivity of spheres can be tested for cytostatics used in breast and endometrial cancers. In
554 addition, the isolation of CSC from a tumor sample can be a platform for the clinical application
555 of therapy specific to each tumor, predicting resistance and consequent recurrent disease.

556
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565
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567 The authors have nothing to disclose.

568
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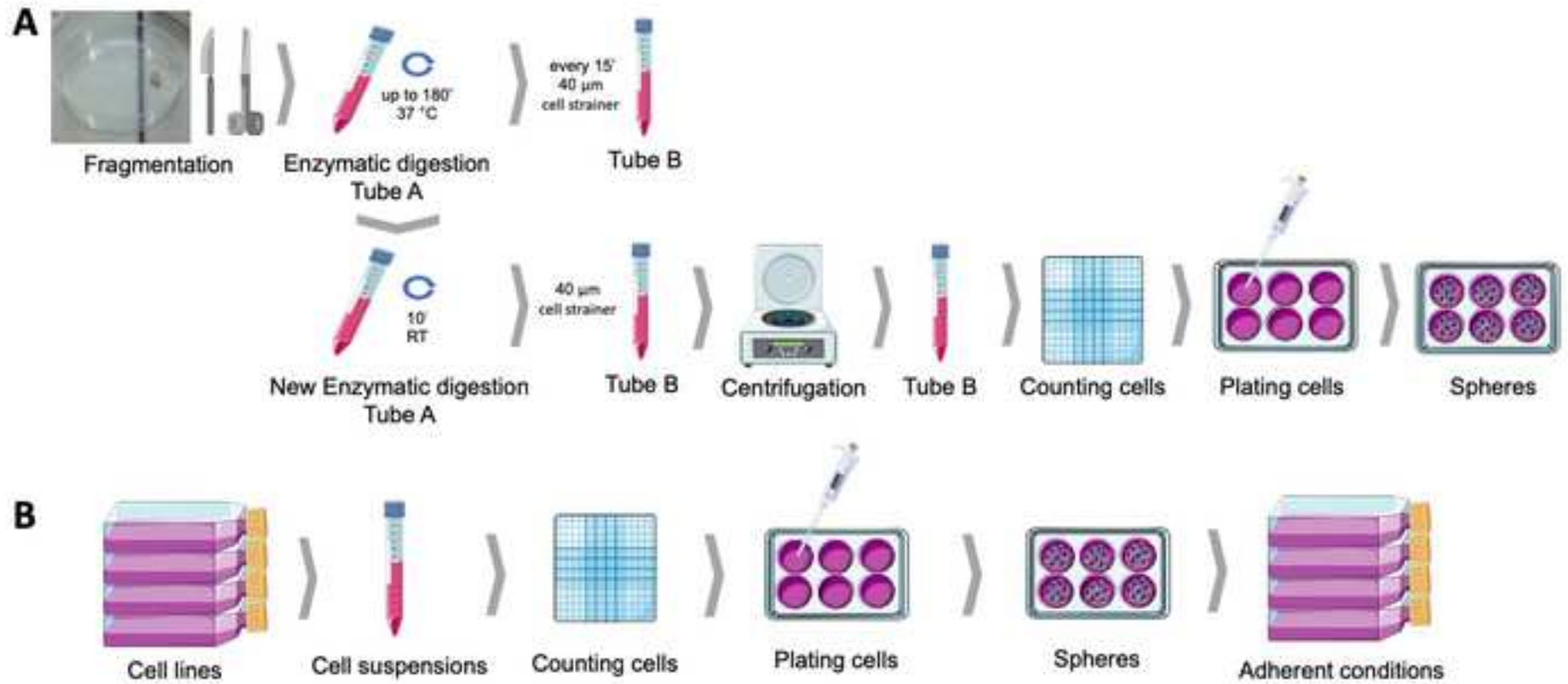
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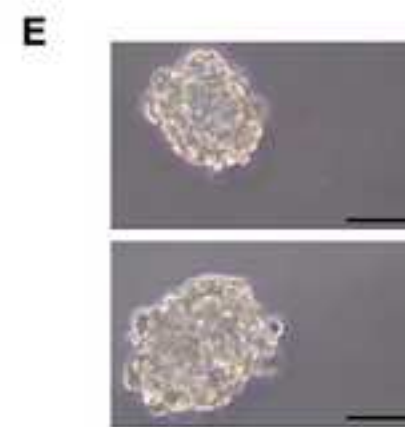
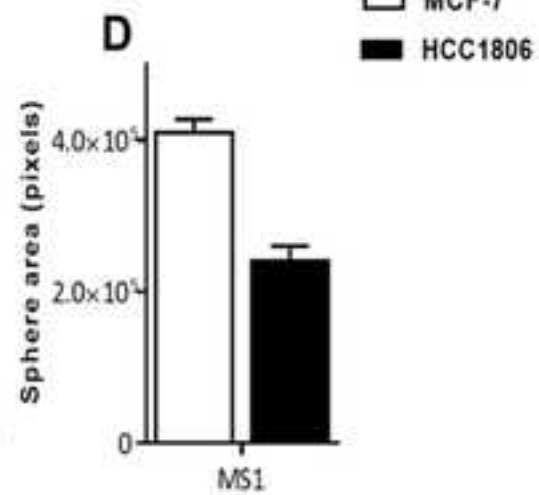
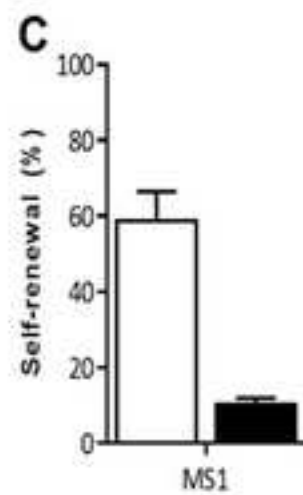
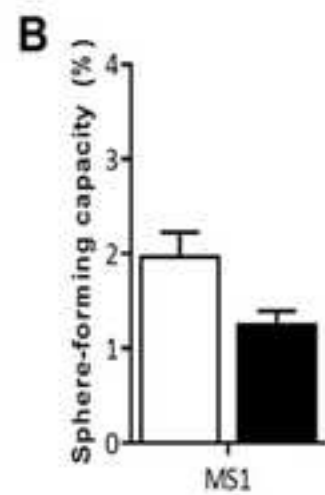
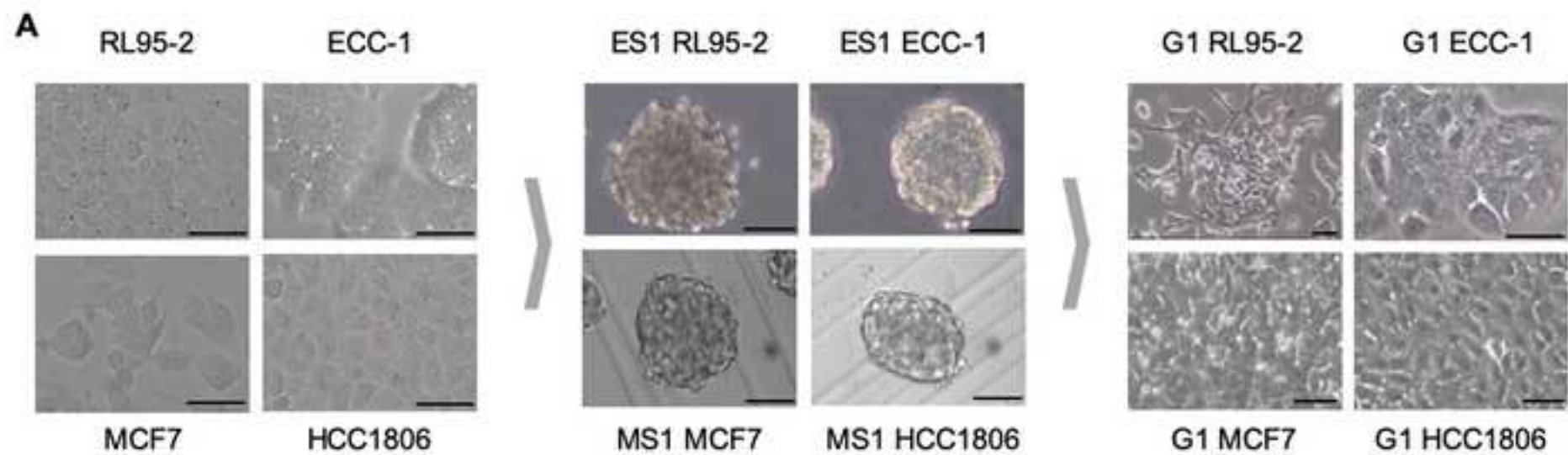
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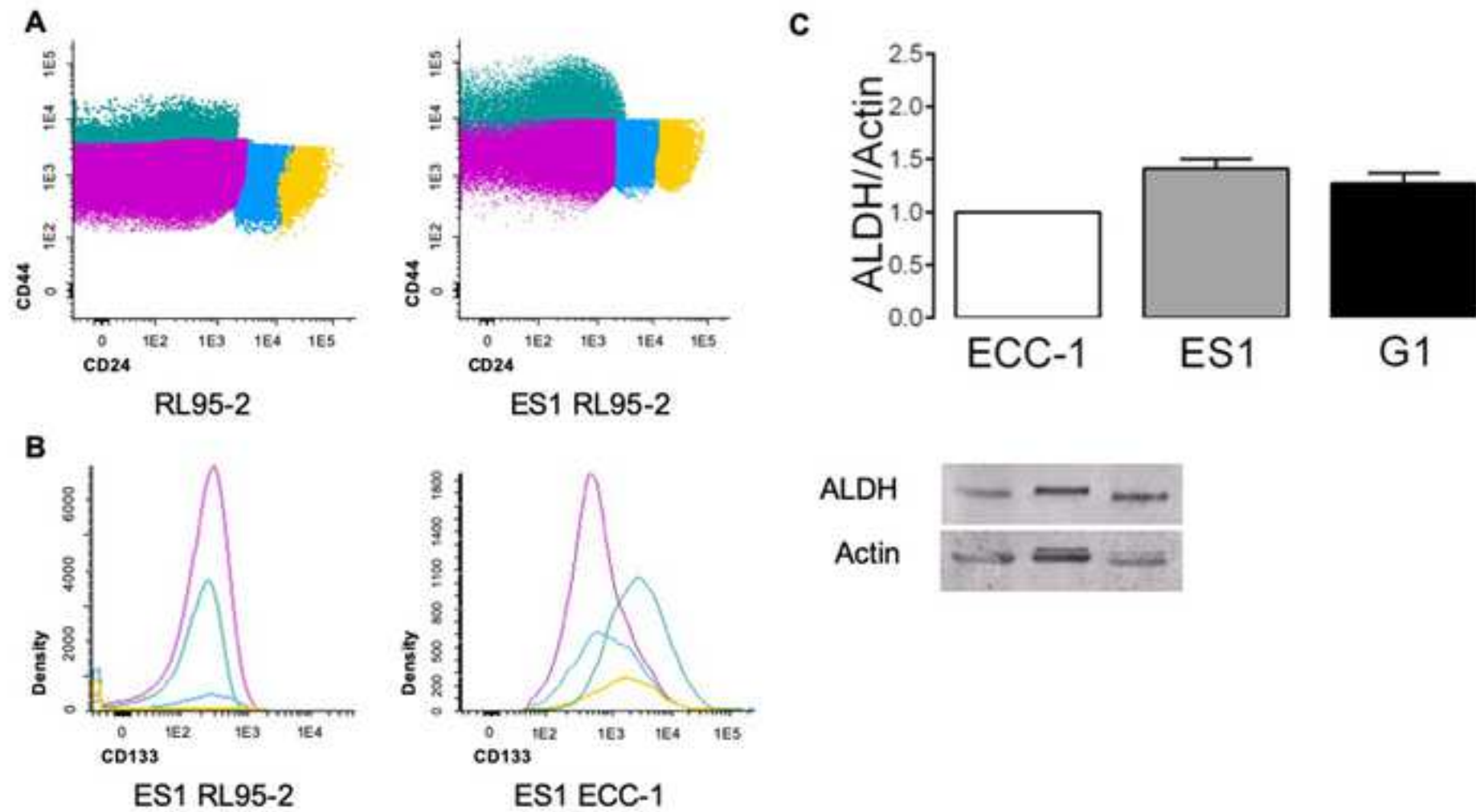


Table 1. List of gynecological and breast cancer stem cell markers.

Marker	Stem cell origin	References
CD24	Ovarian cancer	60
CD29	Breast cancer	61
CD44	Ovarian cancer	62 63
CD44/CD24 ^{-/low}	Breast cancer	13 5 3 64
CD44 ⁺ /CD24 ^{-/low} /ESA	Breast cancer	65
CD44/ALDH1 ^{+hi}	Breast cancer	66
CD44/CD24 ^{-/low} /ABCG2	Breast cancer	67
CD44/CD24 ^{-/low} /ALDH1	Breast cancer	43 68 69
CD44/CD24 ^{-/low} /EpCAM	Breast cancer	5
CD44/CD24 ^{-/low} /SSEA-3	Breast cancer	70
CD44/CD49f/CD133/2	Breast cancer	71
CD44/CD133/ALDH1 ^{+hi}	Breast cancer	69
CD44/CD117	Ovarian cancer	7
CD44/MyD88	Ovarian cancer	72 73
CD44/E-cadherin ⁻ /CD34 ⁻	Ovarian cancer	74 75
CD44/CD24/Epcam	Ovarian cancer	76 77
CD44/CD24 ⁻	Ovarian cancer	78 79
CD44/CD166	Ovarian cancer	80
CD44/CD24	Cervical cancer	81
CD49f	Breast cancer	4
	Cervical cancer	82
CD117 or c-Kit	Endometrial cancer	83
	Ovarian cancer	62 84
CD133	Breast cancer	4 85
	Ovarian cancer	62 86
	Endometrial cancer	13 87 88 89
	Cervical cancer	82
CD133 ^{hi} /CXCR4 ^{hi} /ALDH1 ^{hi}	Breast cancer	90
CD133/ALDH1	Breast cancer	91
	Ovarian cancer	60 92
CD133/CXCR4	Endometrial cancer	93
ABCG2	Breast cancer	65
	Cervical cancer	82 81
ALDH-1	Breast cancer	4
	Endometrial cancer	94 95
	Cervical cancer	82
CXCR4 or CD184	Breast cancer	96
EpCAM/CD49f	Breast cancer	97

EpCAM ^{hi} /PROCR ^{hi} /SSEA-3	Breast cancer	70
GD2/GD3/GD3S ^{hi}	Breast cancer	98
ITGA6	Breast cancer	4
PROCR	Breast cancer	43

Table 2. List of tubes to be included in a typical flow cytometry experiment to evaluate CD24/CD44 phenotype. The table shows a minimal set of sample tubes required for a co-staining experiment, including necessary controls.

Tube	Condition	Antigen-fluorophore
1	Unstained cells	none
2	Single stained CD44	CD44-PE
3	Single stained CD24	CD24-APC
4	Double-stained CD44/CD24	CD44-PE and CD24-APC

Note: This experiment can be performed adding annexin V-FICT to tube 4 and adding the respective control tube in order to gate the annexin V negative cells and exclude eventual cells in apoptosis.



Name of Material/ Equipment	Company	Catalog Number	Comments/Description
Absolute ethanol	Merck Millipore	100983	
Accutase	Gibco	A1110501	StemPro Accutase Cell Dissociation Reagent
ALDH antibody	Santa Cruz Biotechnology	SC166362	
Annexin V FITC	BD Biosciences	556547	
Antibiotic antimycotic solution	Sigma	A5955	
BCA assay	Thermo Scientific	23225	Pierce BCA Protein Assay Kit
Bovine serum albumin	Sigma	A9418	
CD133 antibody	Miteny Biotec	293C3-APC	Allophycocyanin (APC)
CD24 antibody	BD Biosciences	658331	Allophycocyanin-H7 (APC-H7)
CD44 antibody	Biolegend	103020	Pacific Blue (PB)
Cell strainer	BD Falcon	352340	40 μ m
Collagenase, type IV	Gibco	17104-019	
cOmplete Mini	Roche	118 361 700 0	
Dithiothreitol	Sigma	43815	
DMEM-F12	Sigma	D8900	
DNase I	Roche	11284932001	
ECC-1	ATCC	CRL-2923	Human endometrium adenocarcinoma cell line
Epidermal growth factor	Sigma	E9644	
Fibroblast growth factor basic	Sigma	F0291	
Haemocytometer	VWR	HERE1080339	
HCC1806	ATCC	CRL-2335	Human mammary squamous cell carcinoma cell line
Insulin, transferrin, selenium Solution	Gibco	41400045	
MCF7	ATCC	HTB-22	Human mammary adenocarcinoma cell line
Methylcellulose	AlfaAesar	45490	
NaCl	JMGS	37040005002212	
Poly(2-hydroxyethyl-methacrylate)	Sigma	P3932	
Putrescine	Sigma	P7505	
RL95-2	ATCC	CRL-1671	Human endometrium carcinoma cell line
Sodium deoxycholic acid	JMS	EINECS 206-132-7	
Sodium dodecyl sulfate	Sigma	436143	
Tris	JMGS	20360000BP152112	
Triton-X 100	Merck	108603	
Trypan blue	Sigma	T8154	
Trypsin-EDTA	Sigma	T4049	
β -actin antibody	Sigma	A5316	



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The figure and the figure legend were altered accordingly.

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5. Please add a one-line space between each of your protocol steps.

It was corrected in the manuscript.

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12. The highlighted protocol steps are over the 2.75 page limit (including headings and spacing). Please highlight fewer steps for filming.

The highlighted section was reduced accordingly. Nevertheless, we remain available to adjust the parts for filming according to the interest of the production and JoVE editorial.

Reviewers' comments:

Reviewer #1:

Manuscript Summary:

Isolation of CSCs is always a challenge in this study field. Given the uncertainty of cell surface markers in identifying and isolating CSCs, the functional marker such as the sphere forming ability could be a more reliable method for isolation of CSCs. The authors modified the traditional sphere forming culture protocol by culturing single cells in a methylcellulose-enriched medium to avoid cell aggregation and migration, and ensure the monoclonality of the spheres obtained.

Minor Concerns:

1. For counting sphere numbers, the sphere suspension will be mixed by pipetting to make an even suspension. Whether this process can break down spheres?

Due to their monoclonal origin, spheres are not as fragile as they seem and can be manipulated without disruption. Moreover, the spheres were observed under the microscope and they did not break down after gentle pipetting. However, there are other alternatives to the haemocytometer cell counting, which were added to the protocol.

2. Fig. 3A should include CD44 and CD24 staining in the adherent cultured cells to serve as a control. The X and Y axis labels in Fig. 3B are not clear.

Figure 3A and 3B were altered accordingly.

What does density in Y axis mean?

Density refers to the cell count. It was clarified in the figure legend.

The western blotting result in Fig. 3C is not convinced due to the inequality of the loading control.

This figure was selected from a previous publication to serve as a representative result. Therefore, the immunoblot presented is shown as previously published in Carvalho, M.J. *et al.* Endometrial Cancer Spheres Show Cancer Stem Cells Phenotype and Preference for Oxidative Metabolism. Pathology and Oncology Research. doi: 10.1007/s12253-018-0535-0 (2018).

The antibody used in this Western blotting recognizes ALDH1A1, ALDH1A2, ALDH1A3, and ALDH2 (Santa Cruz), this information should be indicated in the Figure legend.

The information was added to the figure legend.

In addition, ALDH activity should be determined in this experiment.

Several works in the literature fully describe the use of the ALDEFLUOR kit as a measure of ALDH activity to isolate cancer stem cells (for example, Scientific Reports DOI: 10.1038/srep18772; Journal Cellular Biochemistry DOI: 10.1002/jcb.26885) which was not the aim of this protocol. In this work, we aimed to use a functional assay to isolate CSC and to provide alternative strategies for their phenotypic confirmation. ALDH expression was already described as augmented in CSC (Pathology and Oncology Research doi: 10.1007/s12253-018-0535-0; The Breast doi: 10.1016/j.breast.2017.11.009) and is shown in figure 3C as a representative marker of CSC.

Reviewer #2:

Manuscript Summary:

In this manuscript, Laranjo et al. well defined a spheroid forming protocol for cells derived from cancer cell line and primary human samples, especially focusing on breast cancer and gynecological cancer tumors. Importantly, this study detailed described the methods of spheroid formation assay from single cells which enzymatic digested from primary tumors. Although this study is comprehensive and robust, which combined spheroid forming protocol with their complementary assays for stemness phenotypic validation, there still some issues with the work that need clarification

Major Concerns:

1. It will be great if the author could address an alternative approach for spheroid culturing, which refers to spheroid-growing in the low-attached plates with more robust and well-defined stem cell culture medium, such as mammcult medium.

Mammocult is a specific medium to culture tumorspheres, provided a prepared as a liquid formulation. In this protocol, we associated methylcellulose to the medium to provide high viscosity and ensure monoclonality; therefore, the use of powder mediums is necessary. Thus, we understand the suggestion and the utility of such media, although it is not compatible with the association of methylcellulose necessary to this specific protocol.

2. The usage of ALDH1 as a functional stem cell marker is based on ALDH1 enzymatic activity. As authors addressed in the manuscript that multiple isoforms

of ALDH1 contributed to ALDEFLUOR metabolization, the predominant ALDH1 isoform determining ALDH1 enzymatic activity is really cell-content dependent. Please specify which ALDH protein (isoform/s) expression was tested in the Figure 3C.

As described in the materials table, the antibody used was the ALDH1/2 SC-166362 from Santa Cruz Biotechnologies, which is recommended to identify ALDH1A1, ALDH1A2, ALDH1A3 and ALDH2 of mouse, rat and human origin. Figure legend 3 was clarified.

Here, I think it will be better to measure the percentage of ALDH (+) cells by FACS instead of examination of ALDH protein expression in term of testing stemness properties.

Several works in the literature fully describe the use of the ALDEFLUOR kit as a measure of ALDH activity to isolate cancer stem cells (for example, Scientific Reports DOI: 10.1038/srep18772; Journal Cellular Biochemistry DOI: 10.1002/jcb.26885) which was not the aim of this protocol. In this work, we aimed to use a functional assay to isolate CSC and to provide alternative strategies for their phenotypic confirmation. ALDH expression was already described as augmented in CSC (Pathology and Oncology Research doi: 10.1007/s12253-018-0535-0; The Breast doi: 10.1016/j.breast.2017.11.009) and is shown in figure 3C as a representative marker of CSC.

3. As FBS-containing medium has been reported to drive stem cells differentiation and maintain differentiated cells growth, why did authors still add FBS into transport media and digestion media. In order to maintain stemness phenotypes of the primary tumor, BSA should be used to substitute for FBS in those media.

The use of FBS in transport and digestion media was performed to ensure the highest viability of the tumoural samples. The optimization of this procedure was initially based in the paper Journal of Reproduction and Development DOI 10.1262/jrd.2015-137 for primary cell cultures. The use of FBS in digestion media to isolate CSC has been previously reported in several works without interfering with the protocol (for example, Oncology Reports DOI: 10.3892/or.2016.4739).

4. FBS should not be added into the digestion medium to enzymatically dissociated tissues, as FBS can quench some of the enzymatic digestion reaction.

Although is true that the enzymatic digestion affects enzymatic activity, the presence of a very low percentage of FBS in the medium was important to maintain cell viability and did not affect the enzymatic digestion reaction. The use of FBS in digestion media has been previously reported in several works (Oncology Reports DOI: 10.3892/or.2016.4739; British Journal of Cancer DOI: 10.1038/sj.bjc.6603298.)

5. Hyaluronidase might be also needed for efficiently enzymatic dissociation of the tumors. Can author give an explanation why it is not included in the digestion media?

Hyaluronidase is an efficient enzyme used to cleave endo-N-acetylhexosaminic bonds, frequently used in combination with collagenase and DNase for tumor digestion. To establish the protocol shown in this manuscript several attempts were performed, using several enzymes and digestion conditions. The procedure presented is the one that showed a higher yield.

6. It has been reported that Trypsin could alter the native confirmation of cell membrane protein, which will affect the binding affinity to their respective antibodies. Non-enzymatic based cell stripper should be used to detach cells from the plates for cell membrane staining.

Several publications show that surface markers are not altered by trypsin activity (Cytometry part A, DOI: 10.1002/cyto.a.23525; Immunobiology, DOI: 10.1016/j.imbio.2018.09.001). However, this is a very good point because we maintained the cells in suspension for a period of 30 min to ensure the eventual need of recovery of the membrane conformation. We added this missing step to the protocol.

7. It will be great that an alternative method could be used to complementarily quantify the accurate number of spheroids formed by single cells without mechanically interrupting spheroids structures by pipetting.

Due to their monoclonal origin, spheres are not as fragile as they seem and can be manipulated without disruption. Moreover, the spheres were observed under the microscope and they did not break down after gentle pipetting. However, there are other alternatives to the haemocytometer cell counting, which were added to the protocol.

8. As this manuscript tried to define a robust method for sphere-forming applied to breast cancer and gynecological cancer, including ovarian cancer, the author should give credits to the groups or publication which firstly demonstrated ALDH(+) cells' stemness phenotypes in ovarian cancer and those who firstly identified and isolated cancer stem cells from primary ovarian cancer patient tumors.

Appropriate citations were added to the introduction section.

Editorial comments:

The manuscript has been modified and the updated manuscript, **60022_R1.docx**, is attached and located in your Editorial Manager account. **Please use the updated version to make your revisions.**

1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues.

The manuscript was reviewed by an English native and English language teacher and the Proofreading declaration was uploaded to the system.

2. Step 3.1, 3.2, 3.3: Subheadings should never be a sentence.

The subheadings 3.1, 3.2 and 3.3 were written in the imperative tense.

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The EuroFlow is a consortium consisting of 20 diagnostic research groups, which are regarded as experts in the fields of flow cytometric and molecular diagnostics and provide guidelines to improve flow cytometry experiences quality. EuroFluow is not commercial language.

Figure 2

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Figure 3

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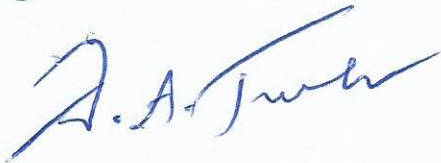
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Proofreading Declaration

I, David Anthony Tucker, native speaker of English and British Citizen, holding passport number 518267772, hereby state in my capacity as professional proofreader that I have proofread and corrected the English of the article *An update to the sphere-forming protocol applied to gynecological and breast cancer tumors* and that it is written in correct and clear English.

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Date: 20th May 2019