TEX-VAL Consortium:

Testing and qualification of the microphysiological systems through an academia-industry-government collaboration

July 2025

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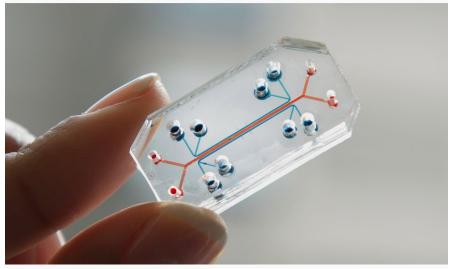
American Tissue Chips Landscape (National Institutes of Health) \$500 Million IQ MPS Consortium Members: AbbVie, Alnylam, Amgen, Astellas Pharma US, AstraZeneca, Biogen, and Boehringer Ingelheim, Bristol-Myers Squib, Daiichi Sankyo, Eisai, Eli Lilly, F. Hoffmann-La Roche, Genentech, Establishment of NCATS GSK, Incyte, Janssen, Merck, Merck Healthcare KGaA, Novartis, Novo Nordisk, Pfizer, Sanofi, Servier, counting... December 2011 Takeda, Vertex, UCB **US Food and Drug Administration** * Center for Advancement of * DARPA \$75 M Science in Space (CASIS) or 2018 - 2022 Disease Models for Efficacy Testing International Space Station -* AstraZeneca. **National Laboratory** GlaxoSmithKline and Pfizer **Clinical Trials on** \$8 M in kind per launch Nociception, Addiction, and Overdose Reference Set Compounds a Chip * NASA task orders with (2014-2017) RFA-TR-19-003 implementation partners RFA-TR-19-014 - 5 awards (\$25 M HEAL) in vitro in chemico •10 awards \$36 M 2012 - 2017 Alzheimer's Disease-Related Dementias 2010 - 20122016 - 2021 Intramural -**Toxicity Studies Regulatory Science** RFA-NS-19-027 **Accelerated Aging Models Data Ecosystem Extramural** - 1 award \$7.5 M **Collaboration for** Complement-ARIE **NCATS Tissue** NIH - FDA Joint Tissue Chips in Space **Disease Models Drug Screening with Leadership Council** Chips for Drug · Tech Dev. Centers RFA-TR-16-017 Screening **Bio-fabricated 3-D** on RFA-TR-16-019 Data Hub/Coord. NHLBI, NIAMS, NIBIB, NICHD, NIDCR, NIDDK, NIEHS, NINDS, Advancing **Disease Tissue** - 5 awards \$12 M ORWH Virtual Qual. Netw. **Regulatory Science** RFA-RM-11-022 Models - 13 awards \$75 M - 10 awards RFA-TR-18-001 (joined by RFA-DK-17-035 Type 2 Diabetes RFA-TR-21-015 RFA-RM-10-006 3 awards \$15 M 2 awards **Translational** RFA-RM-12-001 - 4 awards \$10 M - Heart and Lung - 8 awards Micromachine was one **Centers for** of 4 awards Self-sustaining **Microphysiologic** NCATS \$50 M 2016 - 2020 Building Confidence in MPS beyond NCATS al Systems NIH \$18 M support Common Fund, NIBIB, (TraCe MPS) FDA \$2.25 M Tissue Chips Testing Centers and Database Center NCI, NICHD, NIEHS, RFA-TR-23-001 RFA-TR-16-006, RFA-TR-18-005, RFA-TR-18-006 **ORWH \$25 M** •4 awards \$35 M - 2 TCTCs and 1 MPS Database Center \$24 M 2012 2022 2024 2010 2016 2020 Slide adapted from Dr. Danilo Tagle (NIH/NCATS); data shown are for 2024

Biomedical Engineering Produces Really Interesting Science... and Gadgets... and News...

QUARTZ

Published July 2, 2015

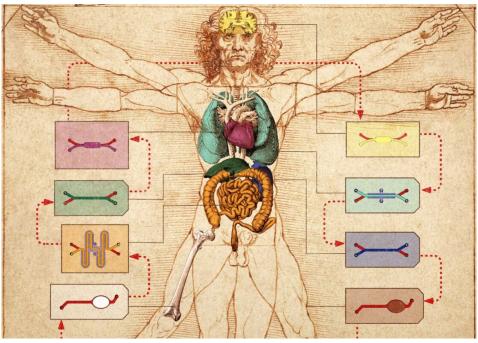
A microchip that mimics live human organs wins Design of the Year



Cheaper, faster, more accurate and more humane

In today's model, pharmaceutical companies spend about US \$1 billion to get a drug approved—a process that usually takes about 10 years. The usual drug lab tests involve either observing cells on a petri dish, or using lab animals. The accuracy rate of these methods are questionable because petri dishes do a poor job replicating human environments and the physiology of lab animals do not exactly mirror human physiology.

https://qz.com/443439/a-microchip-that-mimics-live-human-organswins-design-of-the-year/ Human body-on-chip platform lays a foundation for better, accelerated drug testing



Credit: Wyss Institute at Harvard University

"This is what we love to do at the Wyss Institute: make science fiction into science fact. And we hope our demonstration that this level of biomimicry is possible using organ chip technology will garner even greater interest from the pharmaceutical industry so that animal testing can be progressively reduced over time," said Ingber.

FDA NEWS RELEASE

FDA Announces Plan to Phase Out Animal **Testing Requirement for Monoclonal Antibodies and Other Drugs**

uires all drugs to be re human trials

LISTEN & FOLLOW 🗿 😑

dies!

Previous Statuto

Previous Text:

"preclinical tests (including

For Immediate Release: April 10, 2025

"For too long, drug manufacturers have performed additional animal testing of drugs that have data in broad human use internationally. This initiative marks a paradigm shift in drug evaluation and holds promise to accelerate cures and meaningful treatments for Americans while reducing animal use," said FDA Commissioner Martin A. Makary, M.D., M.P.H. "By leveraging Al-based computational modeling, human organ model-based lab testing, and real-world human data, we can get safer treatments to patients faster and more reliably, while ds, such as also reducing R&D costs and drug prices. It is a win-win for public health and ethics."

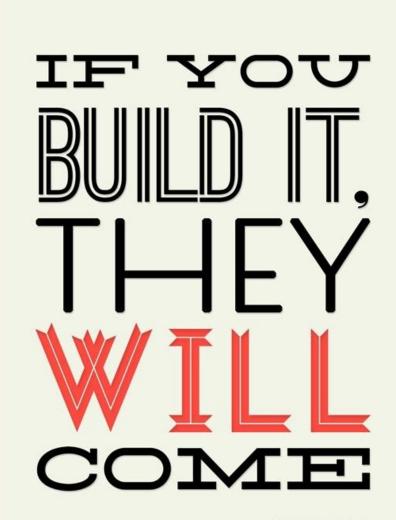
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Companies that offer tissue chip technologies (supported by NIH)









- FIELD OF DREAMS





TEX-VAL: Tissue Chip <u>TESTING Center</u> (funded by NIH)

Oct. 2016 - Sept. 2018 (TEX-VAL 1.0)

Oct. 2018 – Sept. 2020 (TEX-VAL 2.0)

- Did we get these academic lab-made devices to work outside of the developer lab? **Mostly** yes
- Can we replicate the results from the developers? Mostly yes
- What was the biggest challenge to technology transfer? Availability of the functional primary cells
- Were the devices "ready" for testing drug safety in the "real world"? Most were not
- What was the most important "learning" from these studies? Developers learning about the limits of their technologies and how to make them useful to the end-users

Collaborative research and technology transfer agreements

- Execution of all legal agreements
- Sharing of the protocols
- •TAMU staff training with developers

Tissue chip testing without cells

- Assembling of tissue chips
- Testing of the flow and operation
- Testing drug binding to devices
- Development of LC-MS methods

Reproducibility testing of tissue chips

- Replicating published studies
- Evaluation of key findings
- Detailed protocols and SOPs

Extending the utility of the tissue chips

- Defining the "context of use"
- Conducting additional studies
- Depositing data into MPS-Db

4-8 months period of testing for each tissue chip/microphysiological system (MPS)

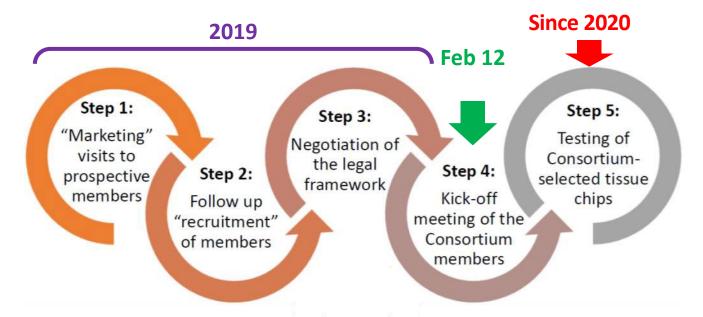




TEX-VAL Tissue Chip Testing Center -> Consortium

Aim 3: To establish <u>revenue-generating</u> activities for MPS validation beyond NIH funding:

- conduct site visits and seminars with stakeholders,
- identify interested parties for Consortium membership,
- negotiate a consortium agreement, and
- conduct tissue chip testing "happily ever after... NCATS"



Goals of the Consortium:

- Bring together industry, trade association and government agencies to define a work plan and deliverables
- Defining a work plan: identifying common needs for "tissue chips": organs, platforms, cells, chemicals (+/- controls), phenotypes, etc.

Texas A&M University role:

Execute on a Consortium's work plan:

- Procuring equipment and consumables
- Establishing the models in the lab
- Verifying reproducibility of cell sourcing
- Replicating key published findings
- Refining the models based on feedback



TEX-VAL Consortium: Is There a "Value Proposition"?



Members provide to TEX-VAL:

- Funding (\$100,000/year/member)
 Texas A&M charges 0% overhead
- 2-3 scientists to participate in TEX-VAL activities (1-2/mtgs month)
- Input on the annual work plan (i.e., "this is what my organization needs to be accomplished this year...")

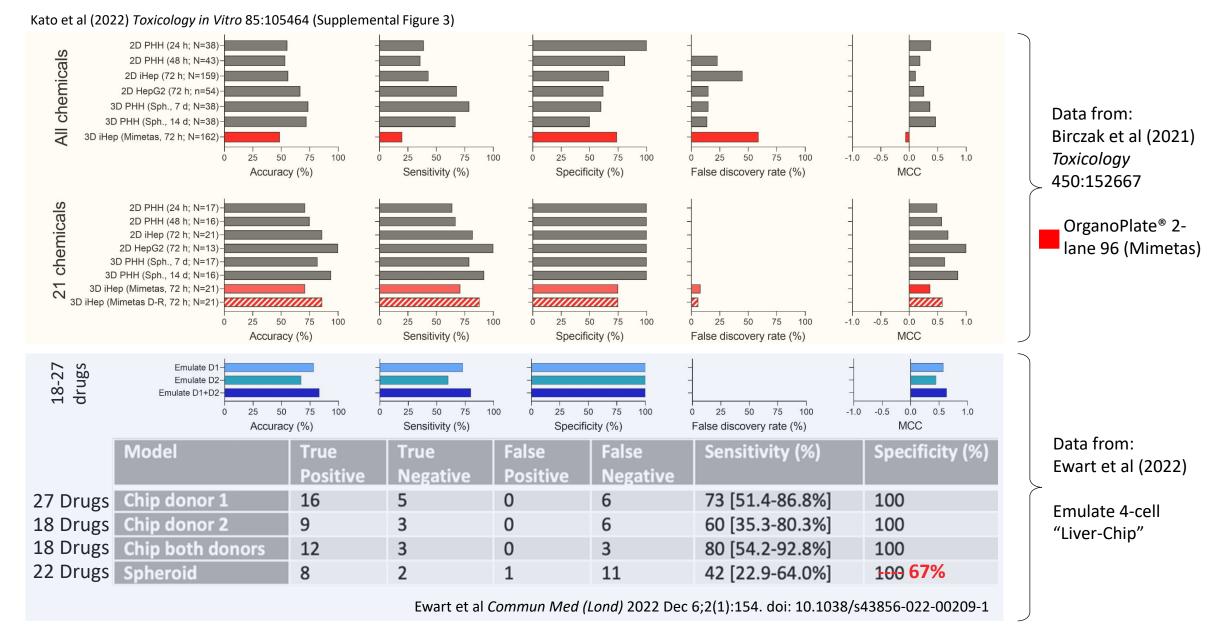
Members receive from TEX-VAL:

- Access to all data, protocols, etc. (embargoed access for 1 year)
- Opportunity to engage in open discussions and learn from each other on how MPS are used
- Unlimited technical and scientific support from scientists experienced in 50+ MPS models
- Co-authorship on publications



A need to "Trust, But Verify" for the VALUE of NAMs...

an Example of Vendor's Claims (Versus Reality) About the Prediction of Liver Toxicity



TEX-VAL Consortium Member Organizations













N=5+NCATS

N=7 +Unilever/+Merck

N=7

N=7 -BMS/+Roche

N=7 -EPA/+Abbvie

N=7
-ACC/+Genentech



TEX-VAL Consortium Members' Organs/Tissues of Interest

2020		2021		2022		2023		2024		2025	
Organ	#Asks	Organ	#Asks	Organ	#Asks	Organ	#Asks	Organ	#Asks	Organ	#Asks
Liver	4	Liver	5	Liver	5	Liver	7	Liver	7	Liver	7
BBB	1	BBB	4	BBB	4	BBB	6	BBB	2	BBB	3
Kidney	3	Kidney	4	Kidney	4	Kidney	4	Kidney	5	Kidney	4
GI	2	GI	5	GI	5	GI	4	GI	2	GI	3
Repro	2	Repro	4	Repro	4	Repro	4	Repro	3	Repro	1
Cardio	1	Cardio	1	Cardio	1	Cardio	2	Cardio	1	Cardio	1
Vascular	0	Vascular	0	Vascular	0	Vascular	1	Vascular	0	Vascular	2
Lung	2	Lung	1	Lung	1	Lung	1	Lung	1	Lung	3
								Ocular	1	Ocular	0
								Bone Mar.	1	Bone Mar.	1
								Skin	1	Skin	1

CNS/PNS

3

TEX-VAL Consortium: Is There a "Value Proposition"?



2020 2021 2022 2023 2024

		Chips			Chips			Chips			Chips			Chips
Kidney	Glomerulus (Mimetas)	360		Glomer. (Mimetas)		Kidney	' CNRio T12	431 216 24	Kidney	CNBio	252	Vascular	ldenTX (3 & 40),	574
	,			T. I. I		(Tubule)				Transwell	240		Mimetas	
	Tubule (Mimetas)	320	Kidney	Tubule (Mimetas	524	Liver	CNBio	623		Mimetas	160		Elplasia (96), TissUse,	1,435
Liver	LAMPS (NortisBio)	90		CN-Bio Transwell)			Caco-2 (Transwell	249	Liver	CNBio	216	Liver	CN Bio LC12, Mimetas	2, 100
	Caco-2		12	Mimetas	1,072	Ċ	CNBio)	243	Livei	Mimetas	288		(2 & 3 Lane) 96-well	
	(Mimetas)	. 206	Liver	CNBio	110	Gut	Enteroids	392	Gut	- "	4 04 4	Kidney	TW/ plate	3,872
Gut	,			Caco-2	Caco-2		(Transwell			Traswell	1,014	Cut		1 212
	Enteroids (Mimetas)	405			(Transwell	243		CNBio)			Traswell	529	Gut	96-well TW
	, ,		Gut CNBio) BBB Transwell Enteroids FMi-OOC	Transwell	58	BBB	Teasurall	240	Lung	96-well TW	196			
Lung	Airway (U-Penn)	115		Gut	Gut				EMI: OOC			Traswell 249	DDD	24/06 !! T\
	(0-1 6111)			(Transwell	456	FMI	(Han Lab)	120				BBB	24/96-well TW	810
				CNBio)			(**************************************							

Total: 1,500

Total: 2,600

Transwell

32

BBB

Total: 2,100

Total: 3,000

Total: 8,200

Evidence-Based Qualification by TEX-VAL Consortium

1. Comparative analysis of models and cell types/sources:

- a) MPS are compared to "industry standard" (e.g., 2D) and each other
- b)Testing cells from different vendors/individuals

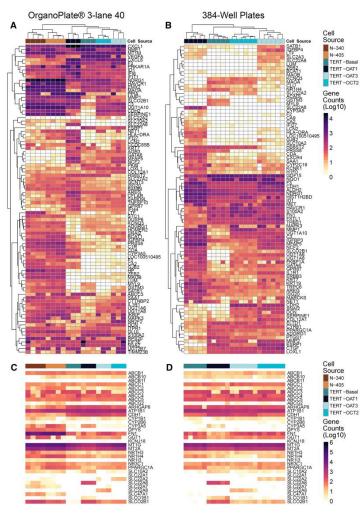
2. Comprehensive but sensible phenotyping of each experiment:

- a) Imaging (phase-contrast and fluorescent/confocal)
- b)Biochemical data (accepted basal function/injury biomarkers)
- c) Analytical chemistry (transport/metabolism, PK modeling)
- d)Model-omics (basal and treatment-induced effects)

3. Cost-benefit analysis for both "set up" and "operation":

- a) "Upfront" costs (buy vs lease equipment)
- b) Operating costs (equipment and consumables, failures...)
- c) Cost to phenotype (what other instruments are needed?)

4. Keeping the "domain of applicability" broad (drugs & chemicals)



Sakolish et al Toxicol Sci. 2023 Oct 30;196(1):52-70

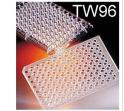
TEX-VAL Consortium's Cost-Benefit Analysis: What is a "Value Proposition" of different model



	Comparat	ive Ana	alysis d	of Cos	st and Pe	rforman	ce <mark>A</mark> mon	g Diffe	rent Mo	dels
, ,	\									
		DMEC	Λctr ±	Flow	Ton TEED	Top TEED	Ton TEED	Doff	Cost por	

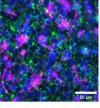
IOD IEEK RIMECS AStr.+ FIOW IOD IEEK IOD IEEK Реπ Cost per Model type (# days) Per. $(\mu L/s)$ (Ohm*cm2) day# (side) (cm/s) sample **TW24** Top Ν ~2700 D9 3-4 1.0 x 10⁻⁷ \$20 (24 samples) TEX-VAL BMECs only **TW96** Top Ν ~4000 D10 2-3 3.1 x 10⁻⁸ \$7 (96 samples) **Bottom** Ν 0.5 ~2400 D9 1-2 2.4×10^{-7} \$80 CNBio TC12 **Bottom** Ν 1.5 ~2400 D9 1-2 1.6×10^{-7} \$80 (12 samples) Ν 2.5 1-2 1.6×10^{-7} **Bottom** ~2500 D9 \$80 FCDI BBB Y (iPSC-**TW24** D5 Top ~1700 2.7×10^{-7} \$450 (12 samples) derived) **TW24 FAMU BMECs+** ScienCell A+P 3-4 D9 7.5×10^{-7} \$23 Top ~3500 (24 samples) (primary) CNBio TC12 **Bottom** 2.0 ~2600 D9 2 1.6×10^{-7} \$83 (12 samples) (primary) **TW96** 2-3 ~3000 D9 2.5×10^{-7} \$8 Top (96 samples) (primary)







FCDI BBB Isogenic Kit



Example: TEX-VAL Work Plan for 2024

#1. Completion of the 2023 "Large Experiment"

- BBB testing with compounds (96-well Transwell)
- Analytical chemistry + gene expression analysis on all models
- Comparison of the results within and across models/tissues

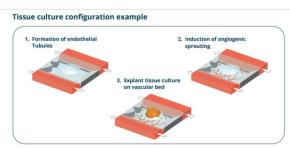
#2. Renal Transport:

Studies on renal secretion/reuptake using 96-well Transwells (an *in vitro-in silico* renal clearance model)

#3. Liver:

- #3.1. Mimetas OrganoGraft:
 - Establish vascularized perfusable model first
- #3.1. AimBioTech IdenTX chips (compare to OrganoGraft)
- #3.2. Dynamic42 liver multi-cellular model?
- #3.3. Cholestatic liver injury model:
 - HepaRG cells vs PHH vs iHeps: in CNBio LC12 vs Mimetas vs 2D
- #3.4. Cross-species comparisons (Human, Dog, Rat, Cyno):
 - CNBio LC12 vs 2D 96-well plates
 - [pre-clinical species experiments are NOT charged to TEX-VAL]
- #3.5. Onboarding of the TissUse system (liver):
 - Pharma Ring Trial (Tox and ADME)
 - Adding liver spheroids as a comparator to MPS and 2D





\$1,584/plate \$25/chip

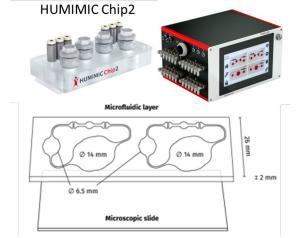




\$440/25 slides with 3 chips \$6/chip



\$1,750/5 plates with 40 chips \$9/chip





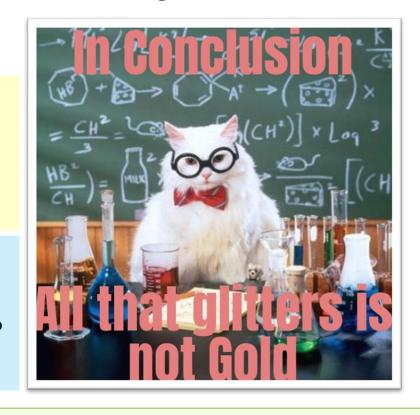
Example: TEX-VAL Work Plan for 2025

Organs	Options	Platforms	Questions		
	Vascularized liver spheroids	IdenTX	Extending vascular model		
Livor	Multi-species spheroids	TissUse vs 2D vs 2.5D (300 Microns/Elplasia)	Species and platform comparison		
Liver	Liver +GI <u>or</u> +Kidney	TissUse vs Transwell (gut/kd) + MPCC (liver)	Multi-Organ Model		
	Liver	CN Bio PhysioMimix LC48 (Q3-Q4?)	Higher throughput CN Bio liver model		
	Further characterization	IdenTX	EPC passage number vs perfusable vessels, vessel permeability		
Vasculature	Addition of spheroids (hepatocytes, T/B lymphocytes)	IdenTX	Multi-Organ Model		
	Perfusion with immune cells +/-large molecules	IdenTX	Incorporation of immune cells and effects of large molecules		
Kidney	TERT-RPTEC/OAT1 vs multi- donor primary RPTEC vs MatTek EpiKidney	2D vs Transwells	RPTEC comparisons (primaries from different donors vs cell lines) Increase # of small molecules tested		
	Liver + Kidney (TissUse vs Transwell+MPCC)	TissUse vs Transwell	Multi-Organ Model DMPK, platform comparison		
Lung	Model Comparisons	MatTek vs Transwell vs "home-made" chips (Sakolish et al 2022)	Different regions (bronchial, alveolar) Different donors/Different species		



TEX-VAL Consortium – Is it a Success?

- A robust collaboration of diverse stakeholders who continue their participation each year
- The "value proposition" exists for "try before you buy" operations through TEX-VAL
- Example "LEARNINGS" of the Consortium:
 - a. Selecting models for testing (organs/tissues of interest)
 - b. Can MPS be used for ADME/PK (individual chemicals and mixtures)?
 - c. Can MPS be used for barrier function studies (effect of a gel layer)?
 - d. Are there required/reproducible cells to seed each MPS?
 - e. What is the "value of information" vs complexity/cost?
 - f. What phenotyping methods are needed to test "performance"?
 - g. What is the "true" operational cost and throughput (# of replicates)?
 - h. What other equipment is needed (in addition to the "tissue chips")?



"Success" = decision to onboard (or not) an MPS in a Consortium member's lab

- 1. Comparative Analysis of Proximal Tubule Cell Sources for In Vitro Studies of Renal Proximal Tubule Toxicity. Sakolish C, Tsai HD, Lin HC, Bajaj P, Villenave R, Ferguson SS, Stanko JP, Becker RA, Hewitt P, Chiu WA, Rusyn I. Biomedicines. 2025 Feb 24;13(3):563. Free PMC article.
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 Moyer HL, Vergara L, Stephan C, Sakolish C, Ford LC, Tsai HD, Lin HC, Chiu WA, Villenave R, Hewitt P, Ferguson SS, Rusyn I. Toxicol Sci. 2025 Apr 1;204(2):181-197.
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- 5. Reproducibility and Robustness of a Liver Microphysiological System PhysioMimix LC12 under Varying Culture Conditions and Cell Type Combinations. Lim AY, Kato Y, Sakolish C, Valdiviezo A, Han G, Bajaj P, Stanko J, Ferguson SS, Villenave R, Hewitt P, Hardwick RN, Rusyn I. Bioengineering (Basel). 2023 Oct 14;10(10):1195. Free PMC article.
- 6. Analysis of reproducibility and robustness of a renal proximal tubule microphysiological system OrganoPlate 3-lane 40 for in vitro studies of drug transport and toxicity. Sakolish C, Moyer H, Tsai H, Ford L, Dickey A, Wright F, Han G, Bajaj P, Baltazar M, Carmichael P, Stanko J, Ferguson S, Rusyn I. Toxicol Sci. 2023 Oct 30;196(1):52-70. Free PMC article.
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- 8. Analysis of reproducibility and robustness of OrganoPlate® 2-lane 96, a liver microphysiological system for studies of pharmacokinetics and toxicological assessment of drugs. Kato Y, Lim AY, Sakolish C, Valdiviezo A, Moyer HL, Hewitt P, Bajaj P, Han G, Rusyn I. Toxicol In Vitro. 2022 Dec;85:105464. doi: 10.1016/j.tiv.2022.105464. Free PMC article.
- 9. Microphysiological Systems Evaluation: Experience of TEX-VAL Tissue Chip Testing Consortium. Rusyn I, Sakolish C, Kato Y, Stephan C, Hewitt P, Bhaskaran V, Davis M, Hardwick R, Ferguson S, Stanko J, Bajaj P, Adkins K, Sipes N, Hunter E, Baltazar M, Carmichael P, Sadh K, Becker R. Toxicol Sci. 2022 Jul 28;188(2):143-152. Free PMC article.
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- 11. <u>Prediction of hepatic drug clearance with a human microfluidic four-cell liver acinus microphysiology system.</u> Sakolish C, Luo YS, Valdiviezo A, Vernetti LA, Rusyn I, Chiu WA. Toxicology. 2021 Nov;463:152954. Free PMC article.
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- 14. <u>Analysis of reproducibility and robustness of a human microfluidic four-cell liver acinus microphysiology system (LAMPS).</u> Sakolish C, Reese CE, Luo YS, Valdiviezo A, Schurdak ME, Gough A, Taylor DL, Chiu WA, Vernetti LA, Rusyn I. Toxicology. 2021 Jan 30;448:152651. **Free PMC article.**
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- 16. <u>Predicting tubular reabsorption with a human kidney proximal tubule tissue-on-a-chip and physiologically-based modeling.</u> Sakolish C, Chen Z, Dalaijamts C, Mitra K, Liu Y, Fulton T, Wade TL, Kelly EJ, Rusyn I, Chiu WA. Toxicol In Vitro. 2020 Mar;63:104752. **Free PMC article.**
- 17. <u>Tissue-Engineered Bone Tumor as a Reproducible Human in Vitro Model for Studies of Anticancer Drugs.</u> Sakolish C, House JS, Chramiec A, Liu Y, Chen Z, Halligan SP, Vunjak-Novakovic G, Rusyn I. Toxicol Sci. 2020 Jan 1;173(1):65-76. Free PMC article.
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