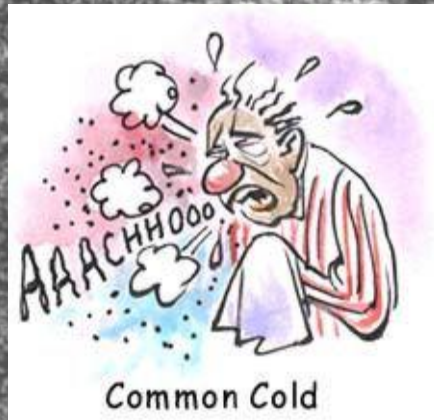
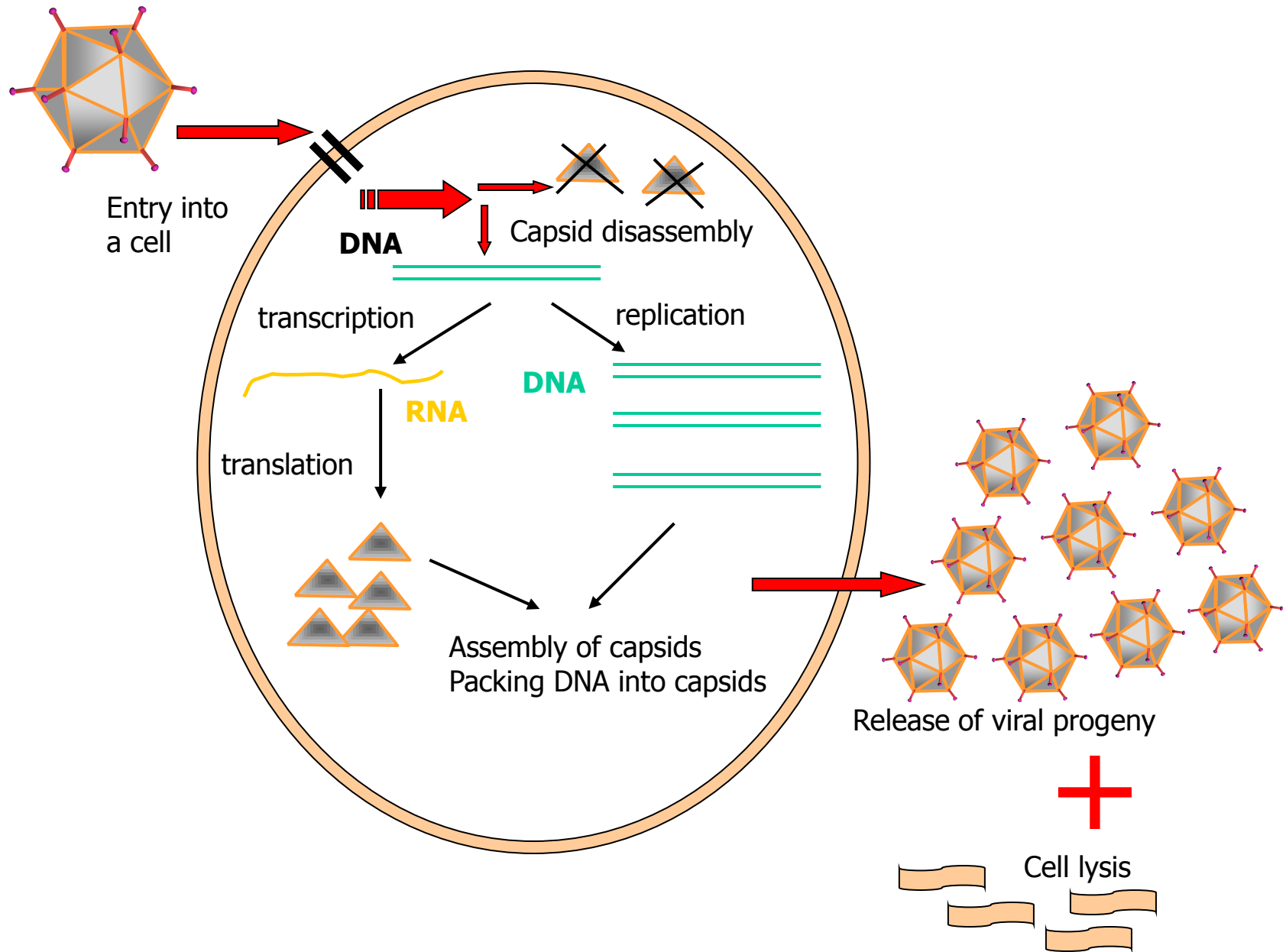


# Adenoviral vectors

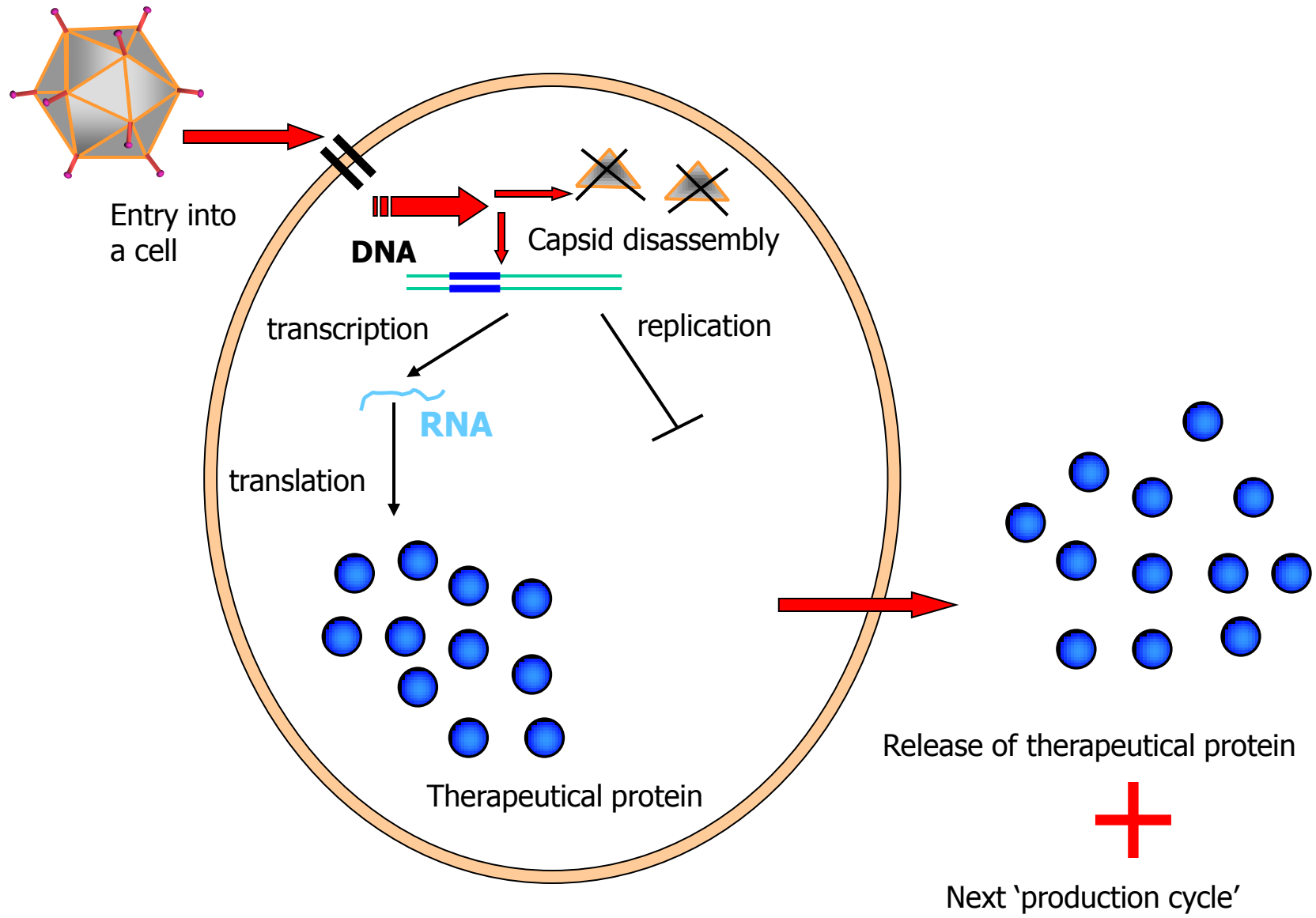
# Adenoviruses



# Adenovirus's (Ad) infection

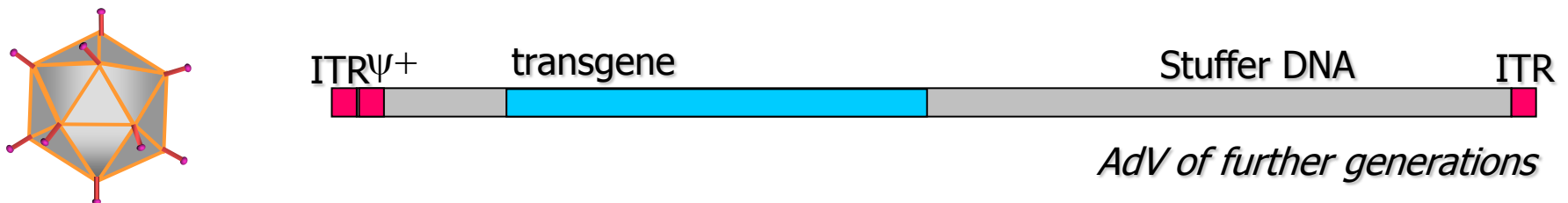
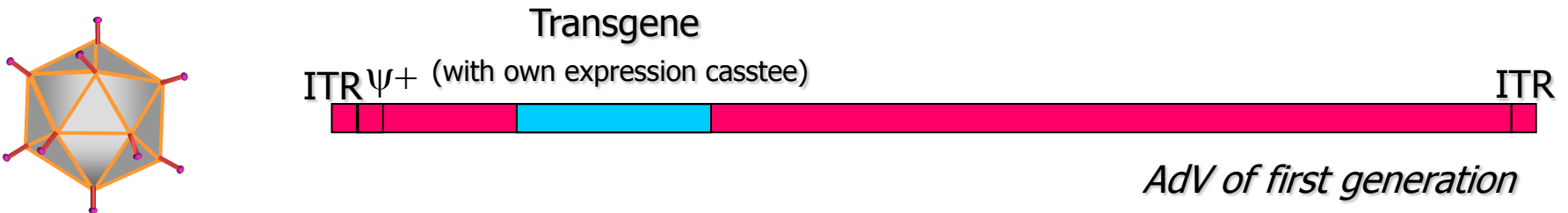
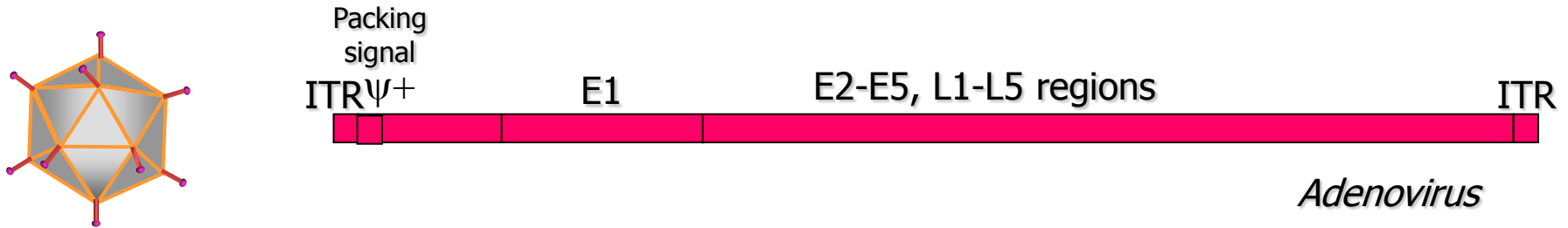


# Adenoviral vector's (AdV) infection



# Genome

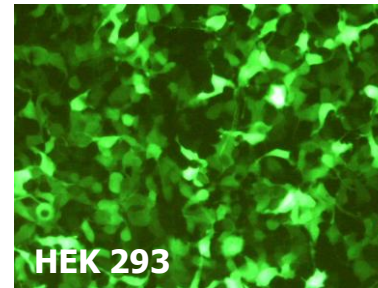
- \* **Genome: 36 kb double-stranded linear DNA consisting:**
  - **Early genes (responsible for viral gene transcription and DNA replication)**
  - **Late genes (coding proteins required for virus assembly)**
- \* **E1 early genes (5 kb)** are essential for the subsequent adenoviral gene expression



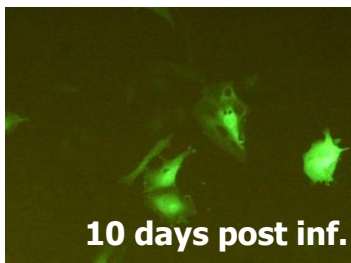
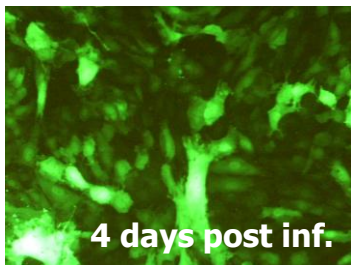
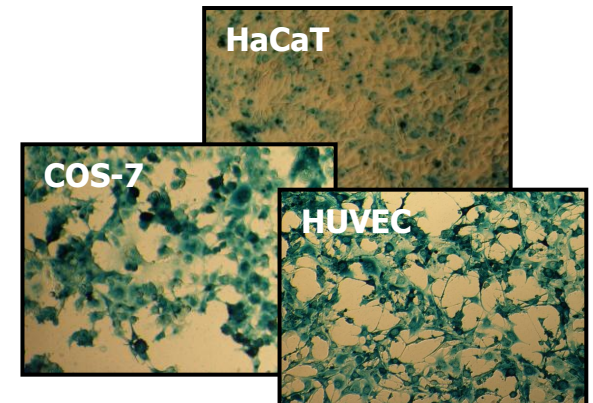


# Pros and cons of AdV

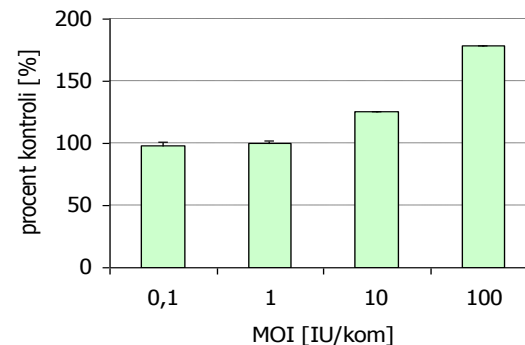
- + Efficient transduction and high transgene expression
- + Infection of many cell types, dividing and no-dividing
- + Easily produced to high titers





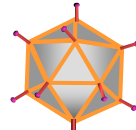
**Ad-β-gal =  $2 \cdot 10^8$  IU/ml**  
**Ad-GFP =  $5 \cdot 10^9$  IU/ml**  
**Ad-HO-1 =  $5 \cdot 10^9$  IU/ml**  
**Ad-helper =  $2 \cdot 10^{10}$  IU/ml**



Wyciek LDH



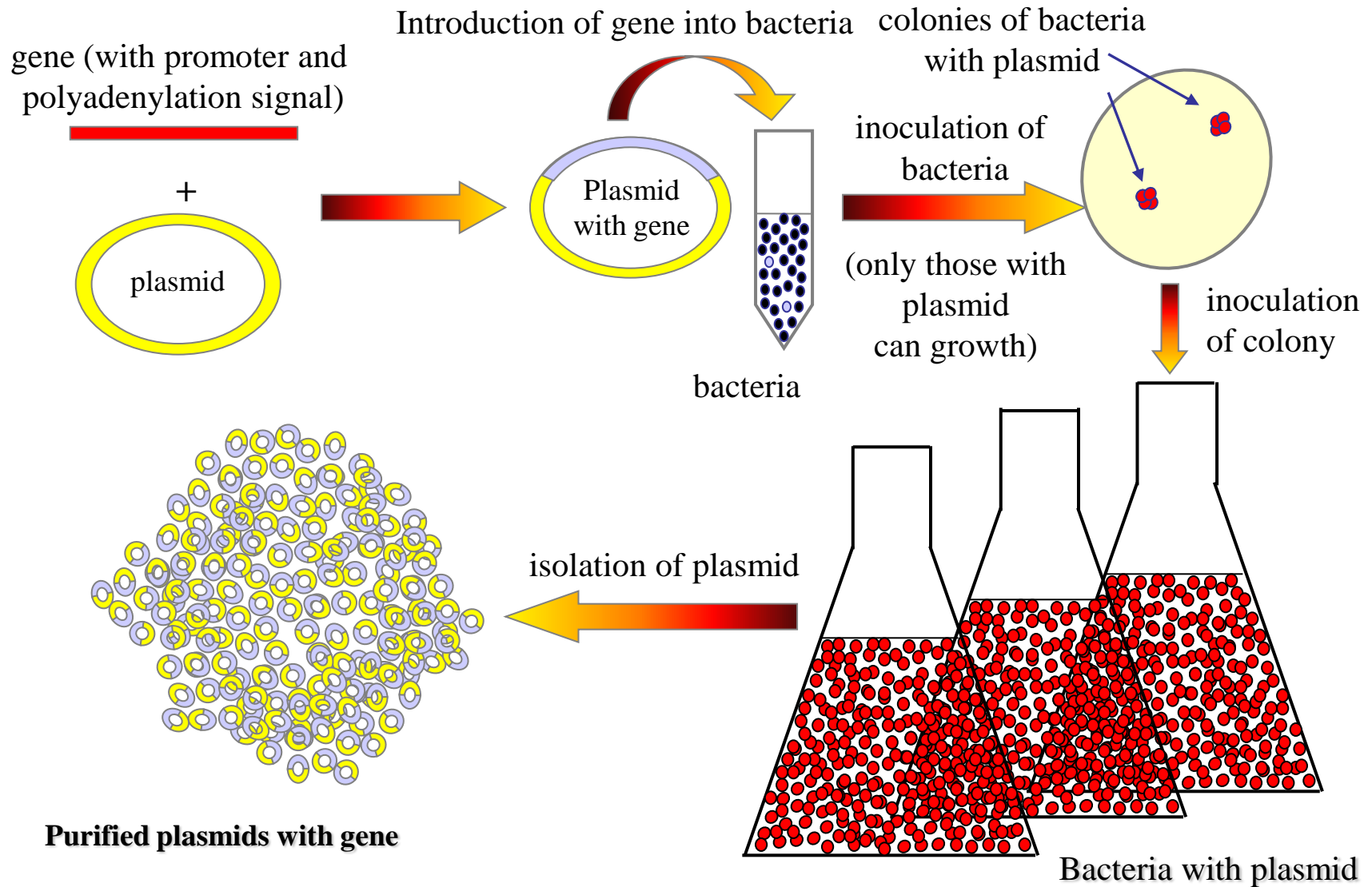
- Cytotoxic and immunogenic
- Short transgene expression

	AAV 	RV 	AdV 
Easy and cheap production		✓	✓
High titers			✓
No cytotoxicity and immunogenicity	✓	✓	
No risk of oncogenesis	✓		✓
Stable transduction		✓	
High transduction efficacy		✓	✓
Transduction of dividing and non-dividing cells	✓		✓
High transgene capacity			✓*

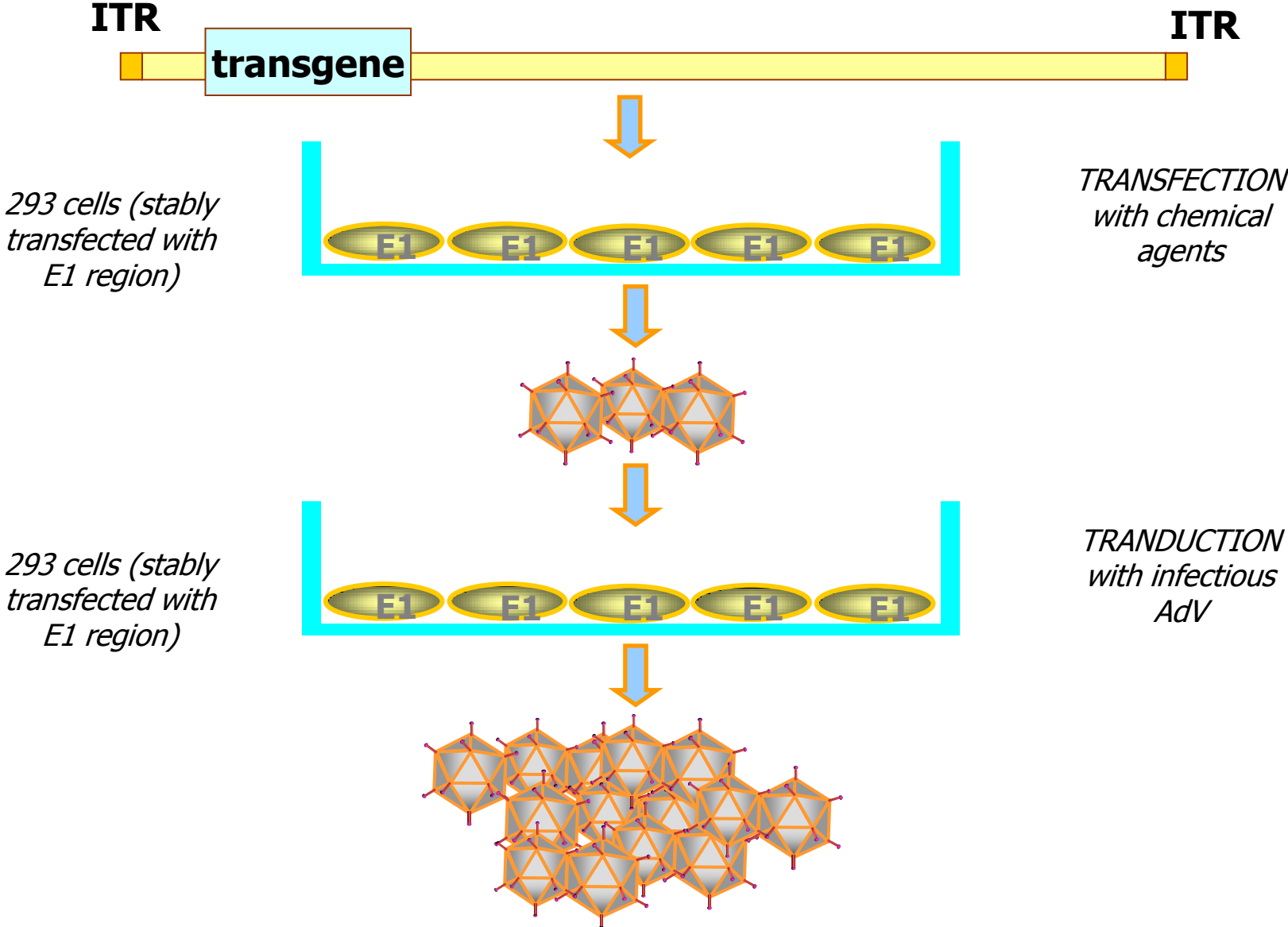
**Let's move to practice**



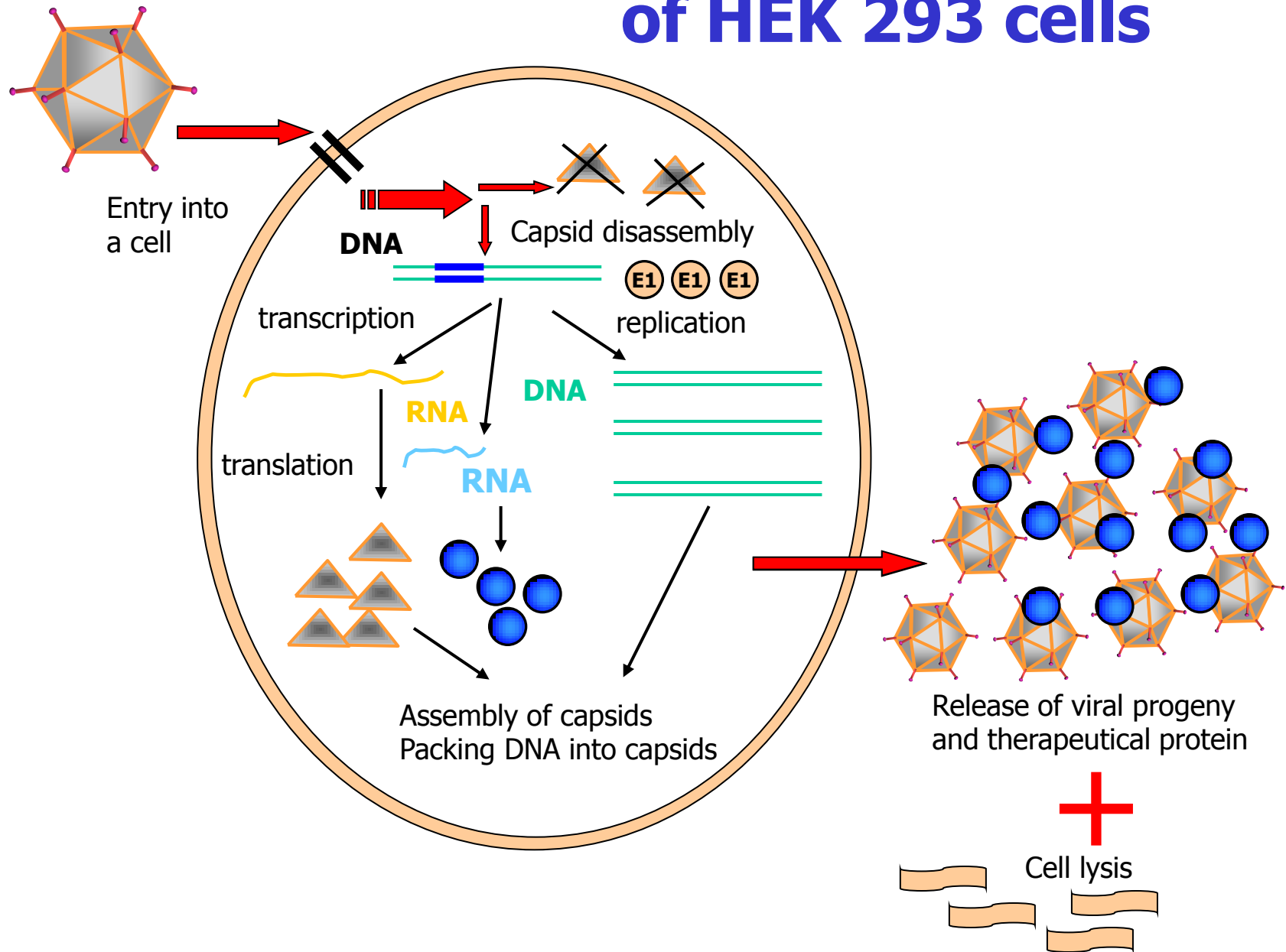
# I: Plasmid construction and amplification



# II: Production of AdV in packaging cells

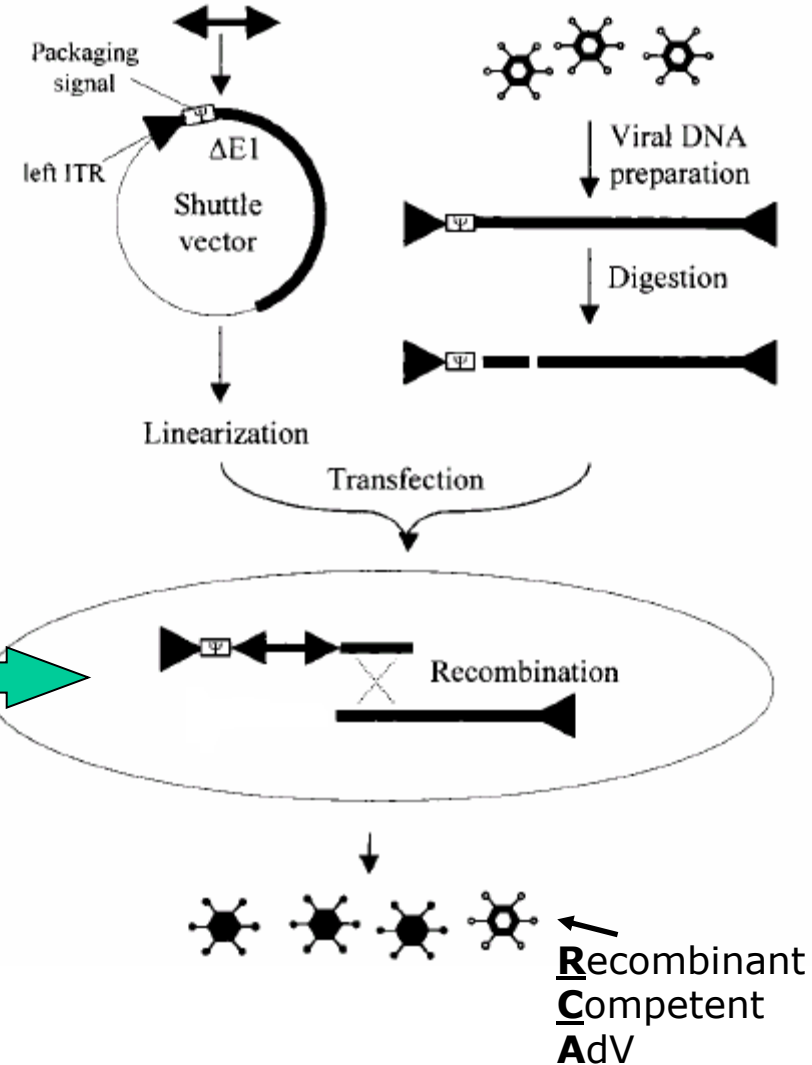


# Adenoviral vector's (AdV) infection of HEK 293 cells



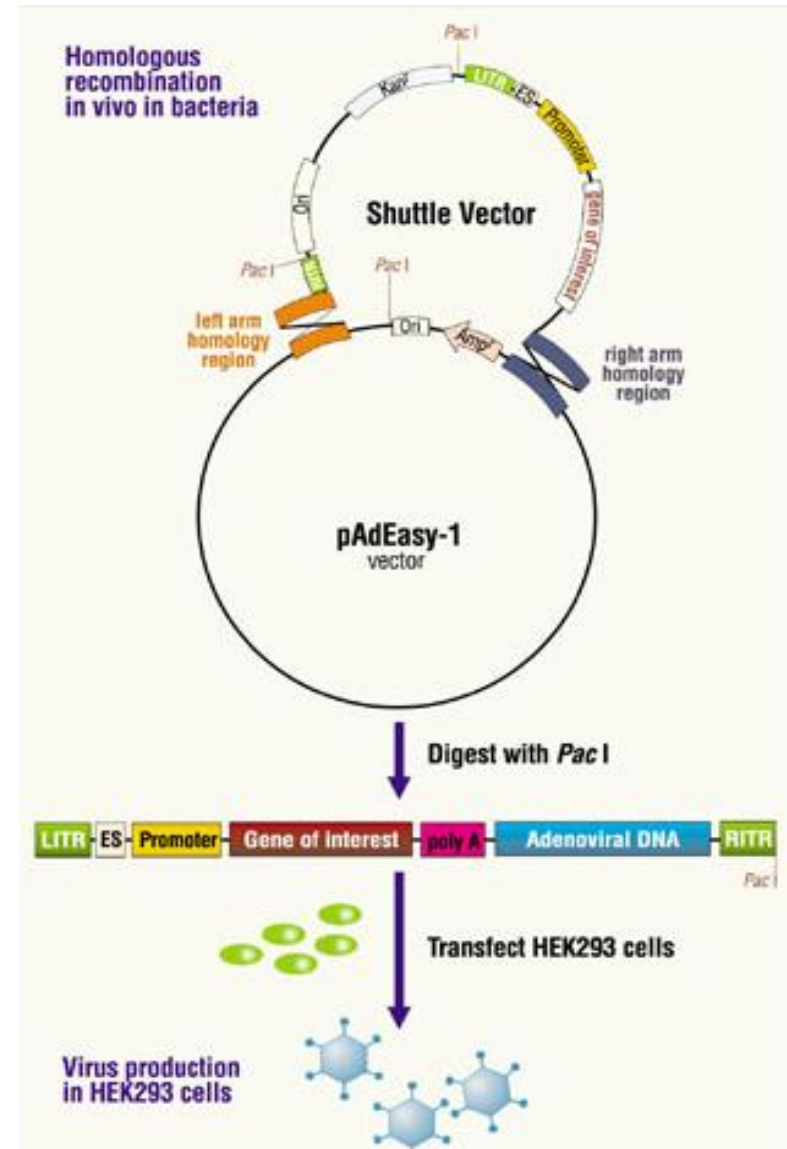
# AdV plasmid construction I: homologous recombination in HEK 293

- Shuttle vector (containing transgene and packaging site) and Ad-genome with overlapping fragments
- E1 region in Ad-genome digested with restrictase
- Spontaneous, homologous recombination in HEK293  $\Rightarrow$  AdV-genome
- AdV isolated from plaques used for further HEK 293 infections



# AdV plasmid construction II: homologous recombination in bacteria

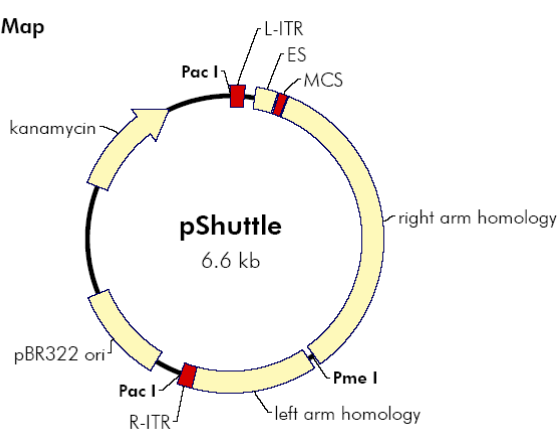
- Once constructed (via restriction digestions, ligations) the shuttle vector with transgene is linearized with *Pme* I and cotransformed into BJ5183 bacteria together with pAdEasy-1, the supercoiled viral DNA plasmid.
- Transformants are selected for kanamycin resistance, and recombinants are subsequently identified by restriction digestion.
- Once a recombinant is identified, it is produced in bulk using the recombination-deficient XL10-Gold® strain.
- Purified recombinant Ad plasmid DNA is digested with *Pac* I to expose its ITR and then used to transfect HEK293.



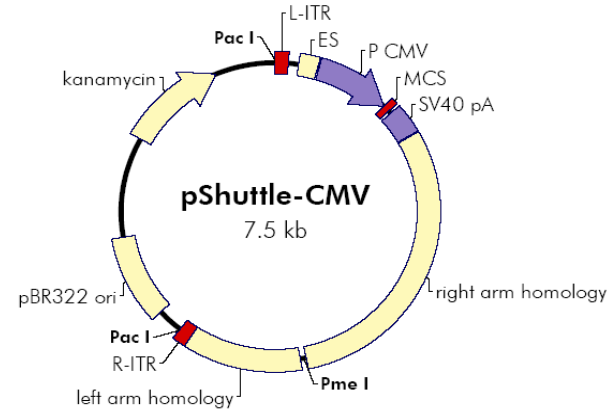
# Cloning transgene into different shuttle vectors

MCS (multicloning site) of most shuttle vectors is flanked by promoter and poli-A signal to ensure proper expression cassette of transgene

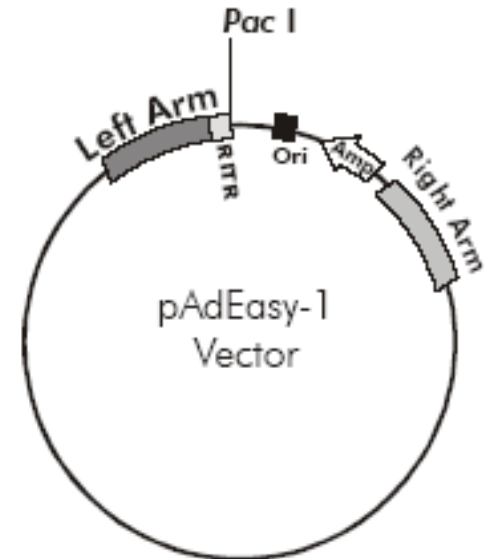
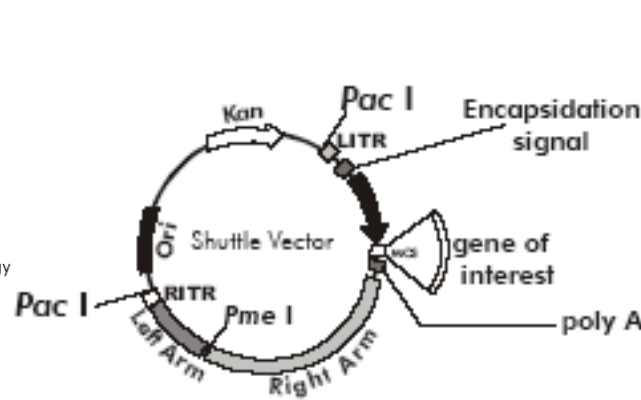
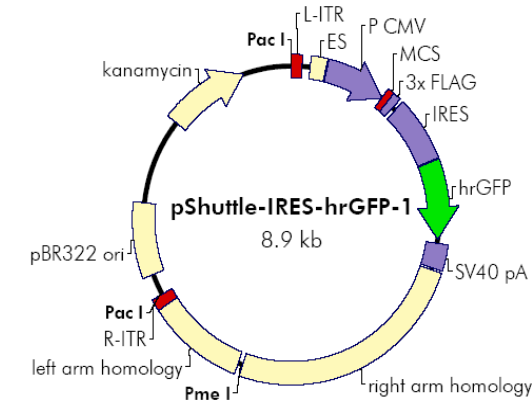
Vector Map



Vector Map



P-1 Vector Map



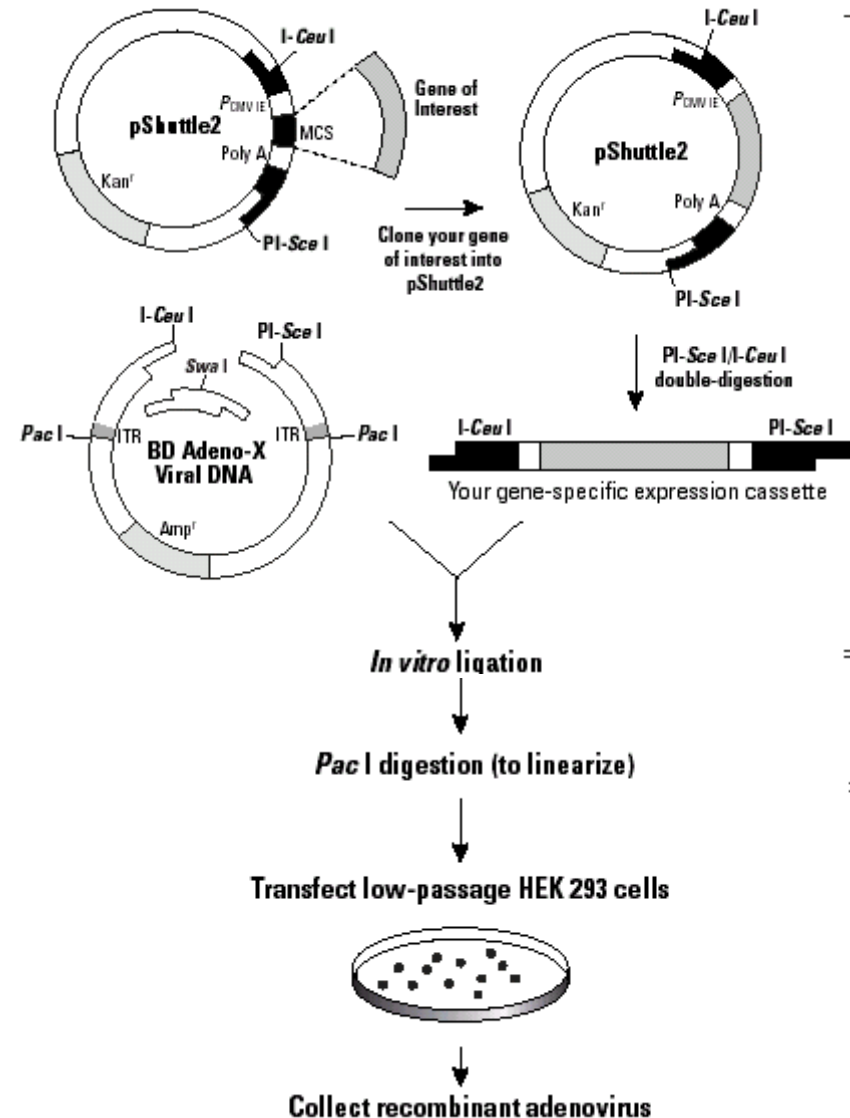
linearize with  
*Pme I*

cotransform  
BJ5183 cells,  
select for Kan<sup>R</sup>



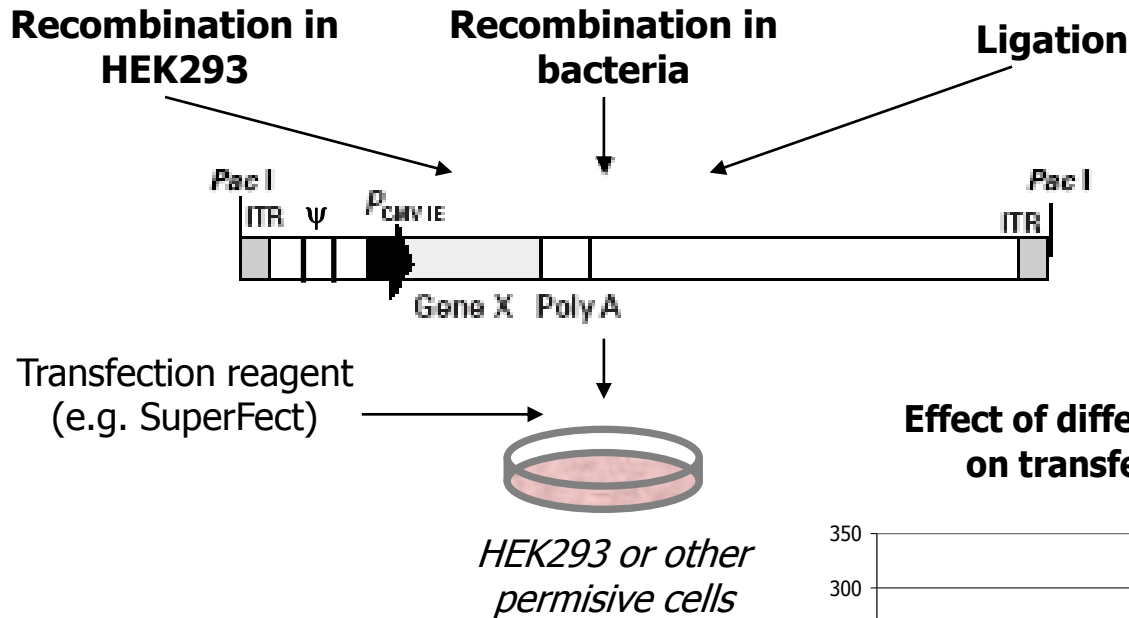
# AdV plasmid construction III: ligation

- Cloning cDNA of gene of interest into pShuttle2 (plasmid contains MCS flanked by CMV promoter and polyA)
- Subcloning the expression cassette from pShuttle2 into pAdeno - double digestion of pShuttle2 and pAdeno with I-CeuI and PI-SceI
- Ligation of pAdeno with digested expression cassette
- Selection on ampicillin resistance, amplification of constructed AdV genome
- Linearization of adenoviral genome to expose ITRs (digestion with PacI)
- Transfection of permissive cell line (with E1 region) with linearized genome to produce capsids and pack AdV-DNA into them.

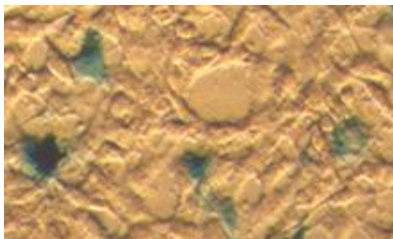




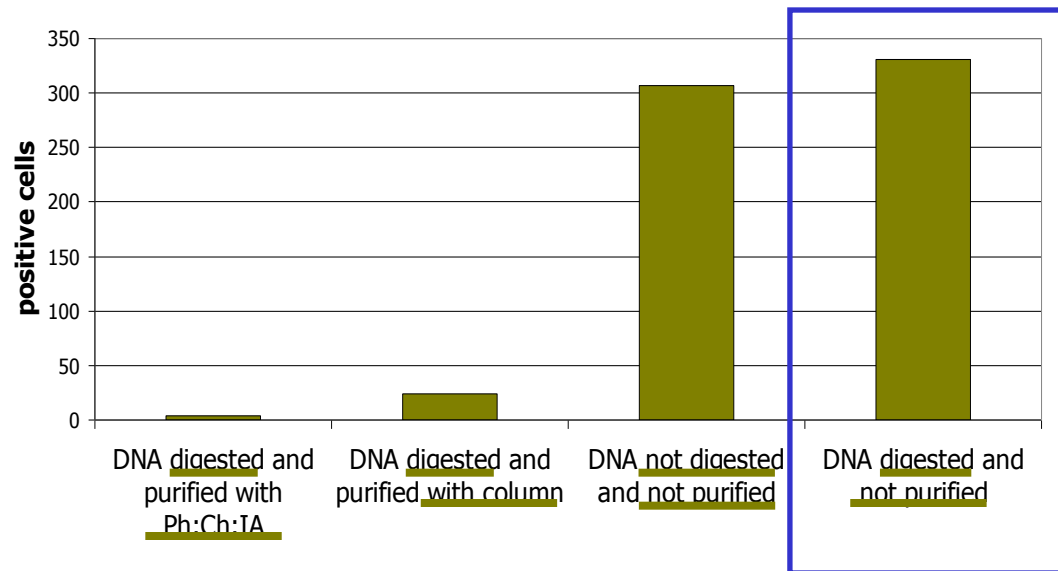
# Production of AdV from constructed plasmid in permissive cells



\* **Efficacy** - checked by *in situ* staining



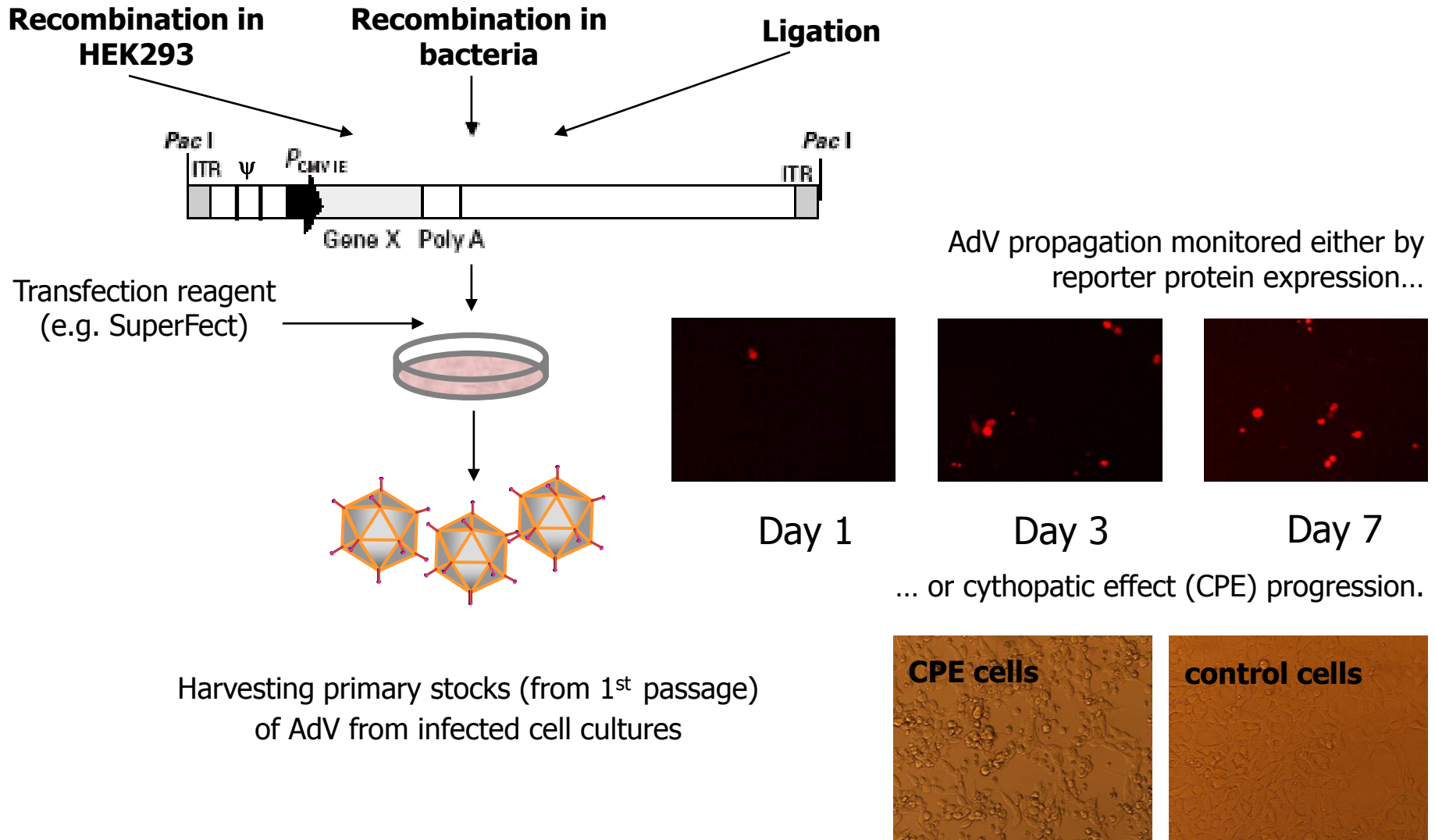
**Effect of different methods of DNA preparation on transfection efficacy with pAdX-Bgal**



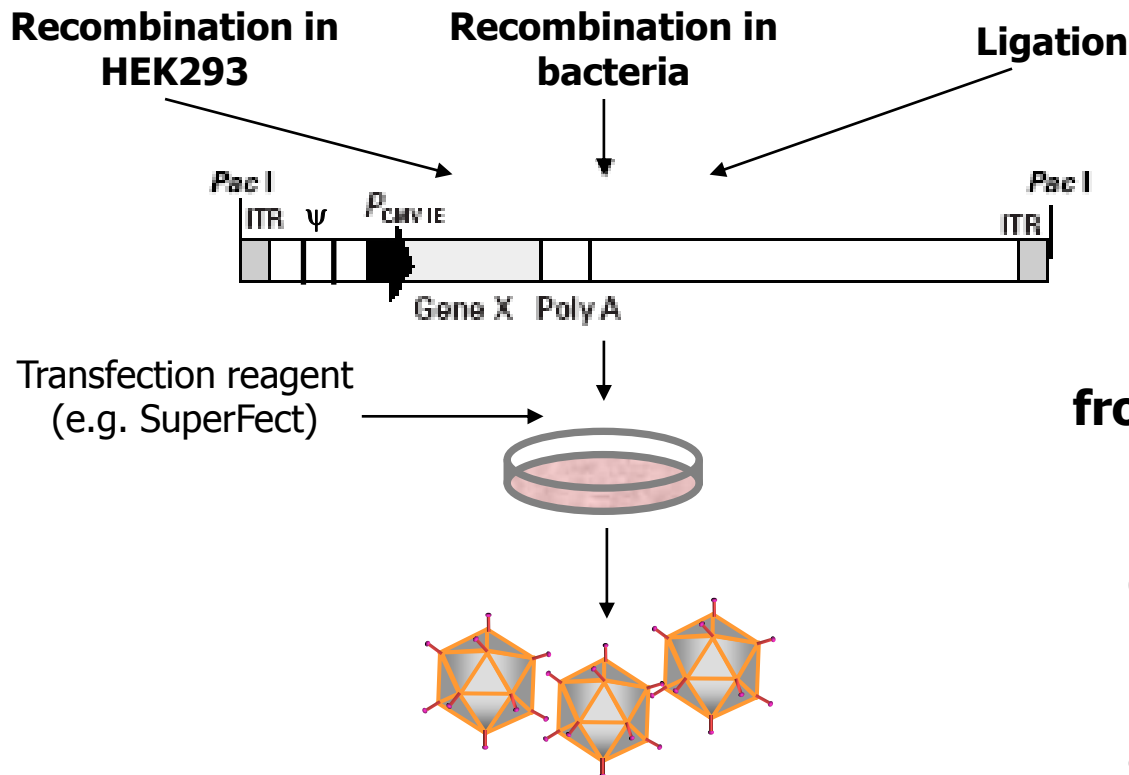
# Cells for production of AdV (permissive cells)

- **HEK293** (human embryonic kidney) the most often used, stably transfected with E1 vector
  - \* **adherent** [optimistic version....] (293A, 293H)
    - ~ suitable for plaque and CPE based assays
  - \* **not adherent** (293F, 293H)
    - ~ allow for production of higher titers of viruses
- **GH329** (HeLa derived cells) - postulated lower recombination rate
- **PER.C6** (human embryonic retinoblast) – similar to 293 but with lower recombination rate
- **HER 911** (human embryonic retinoblast) – similar to 293, but better for plaque forming assay, gives higher titers of Ad (up to 3 fold)
- **A549** (human lung carcinoma) – very low level of recombination

# Production of AdV from constructed plasmid in permissive cells



# Production of AdV from constructed plasmid in permissive cells

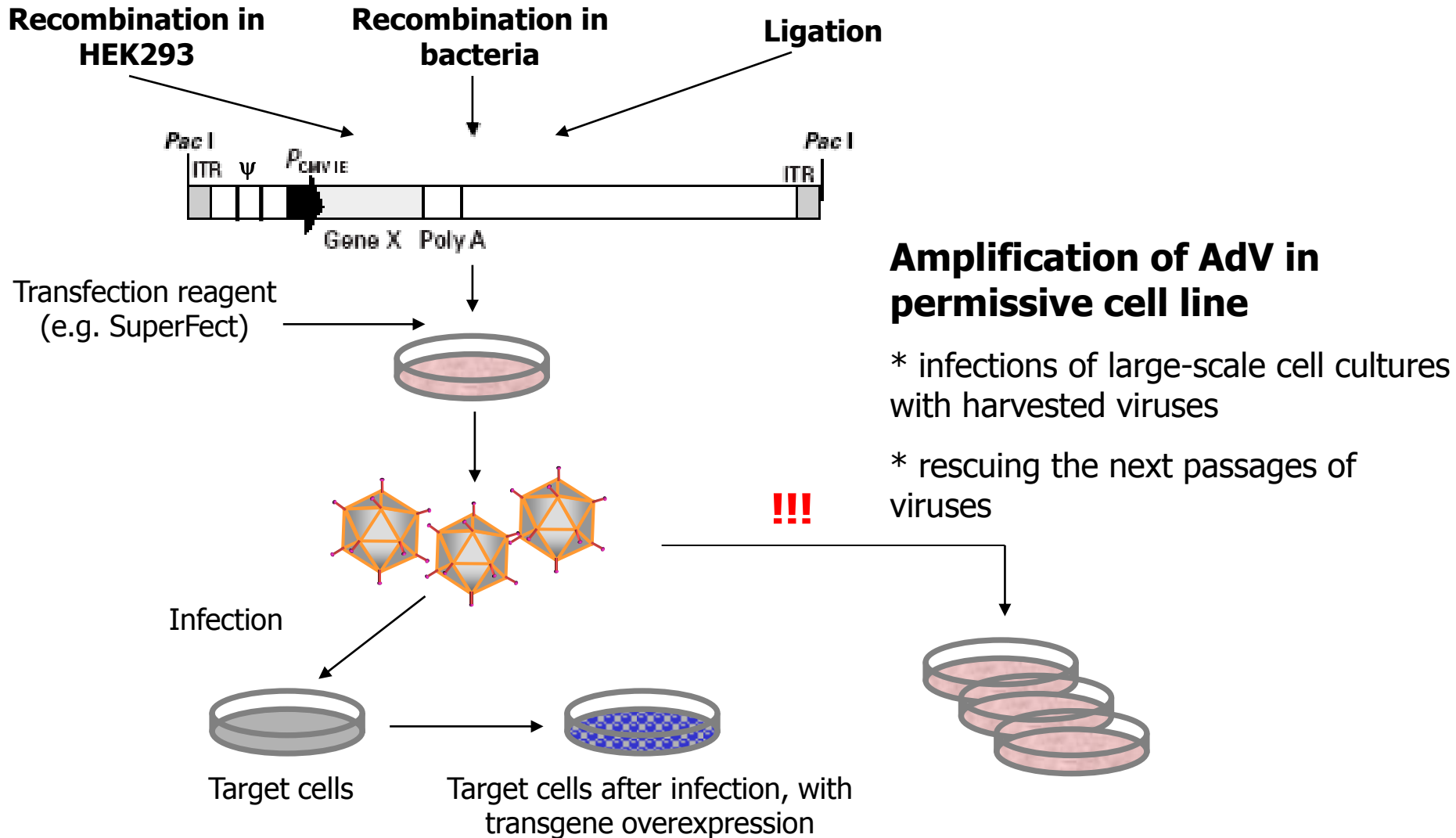


Harvesting primary stocks (from 1<sup>st</sup> passage)  
of AdV from infected cell cultures

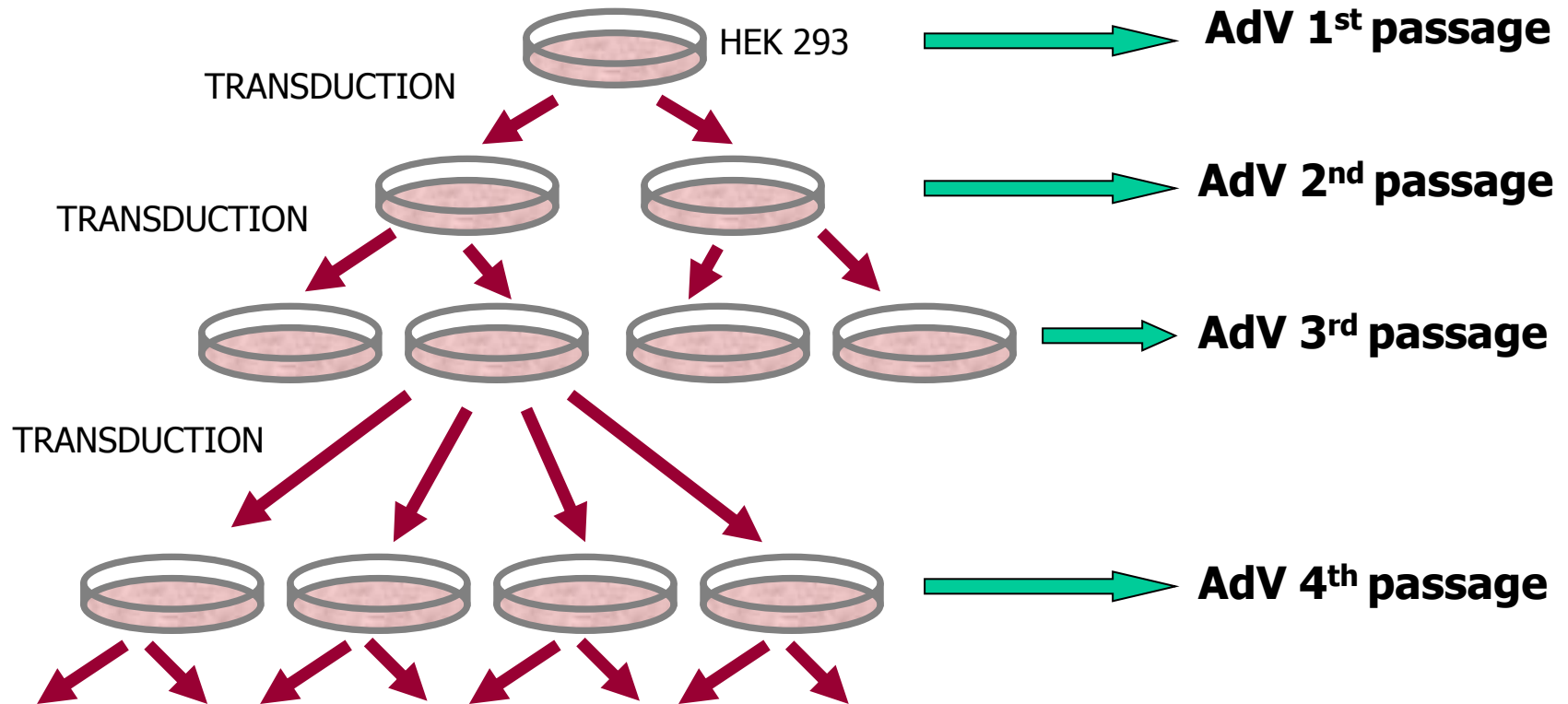
## Methods of isolation of AdV from infected permissive cells:

- chemical lysis of cells – can destroy capsids
- harvesting AdV from medium, after cell lysis – low concentration of AdV
- harvesting AdV from cells by freeze-thaw method, before cell lysis

# Production of AdV from constructed plasmid in permissive cells



# Amplification of AdV in permissive cells



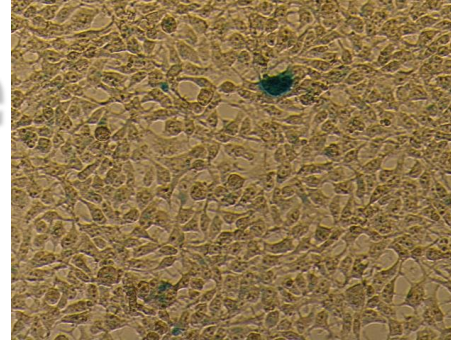
**Amplification - cheap, fast, easy method to:**

- Increase amount of vector lysate
- Increase of vector titer

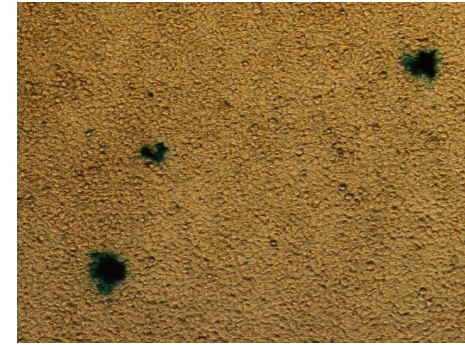


# Amplification of AdV in permissive cells

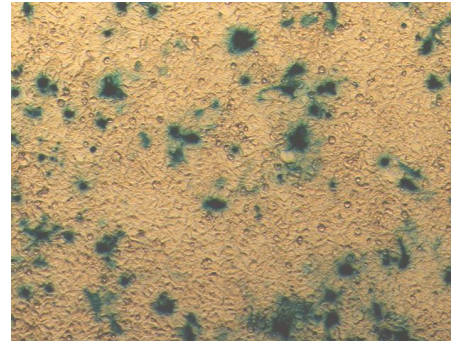
Ad- $\beta$ gal 1<sup>st</sup>



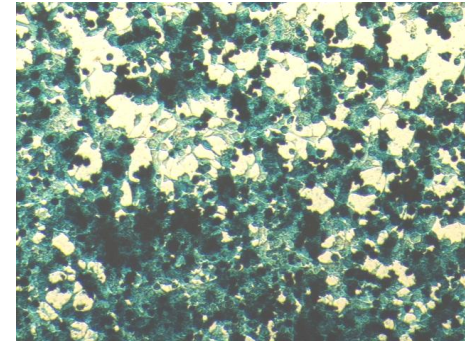
Ad- $\beta$ gal 2<sup>nd</sup>



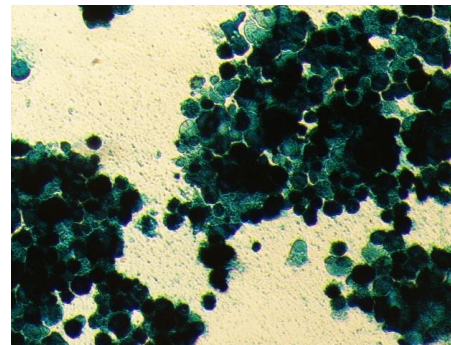
Ad- $\beta$ gal 3<sup>rd</sup>



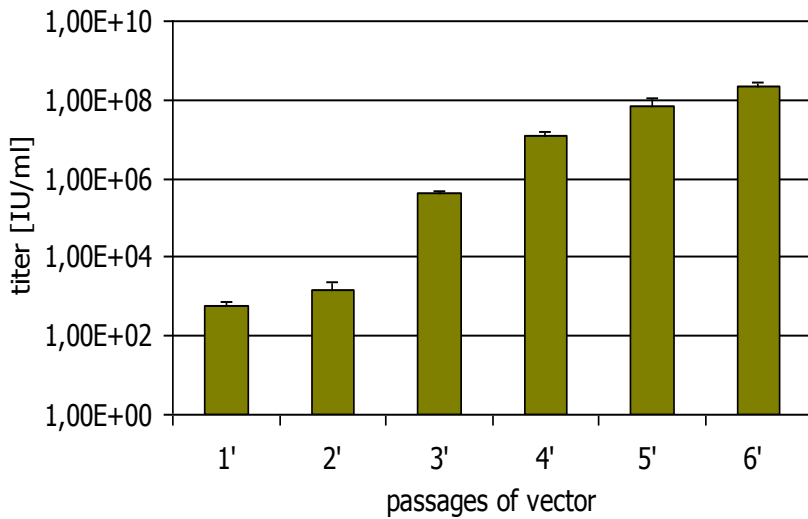
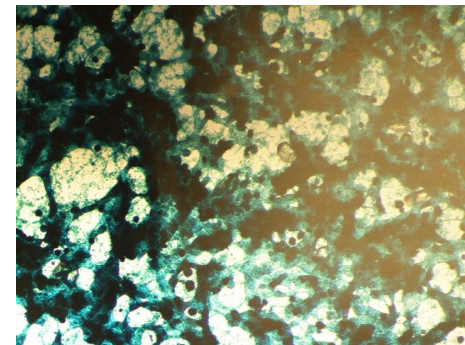
Ad- $\beta$ gal 4<sup>th</sup>



Ad- $\beta$ gal 5<sup>th</sup>



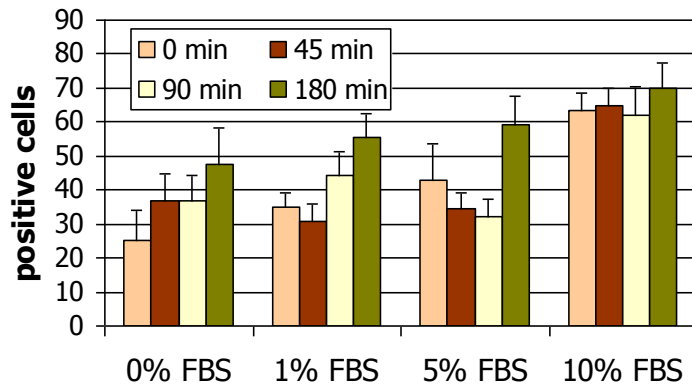
Ad- $\beta$ gal 6<sup>th</sup>



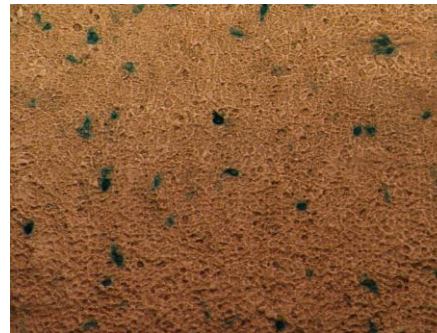


# Amplification of AdV in permissive cells - improving propagation

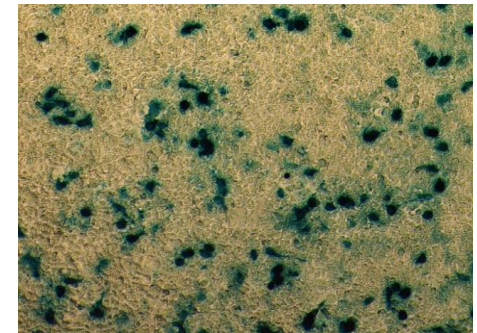
**TRANSDUCTION CONDITIONS of HEK293**



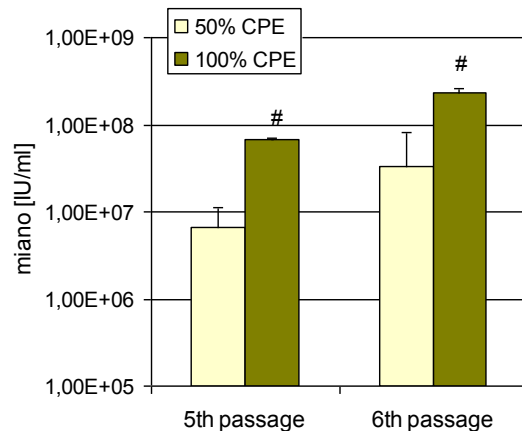
**0 min, 0% FBS**



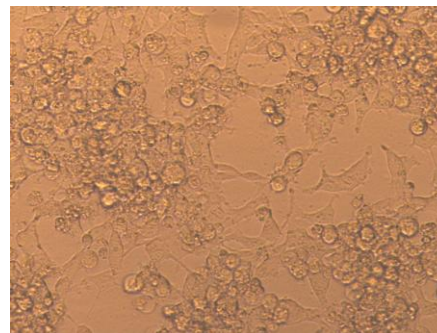
**90 min, 10% FBS**



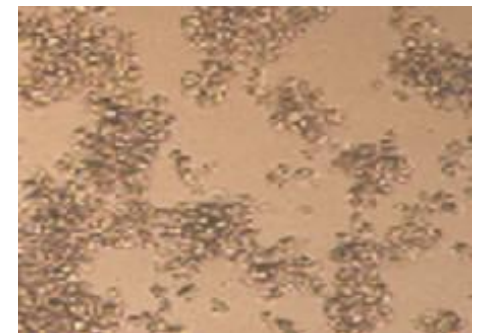
**AdV ISOLATION CONDITIONS**



**50% CPE**



**100% CPE**

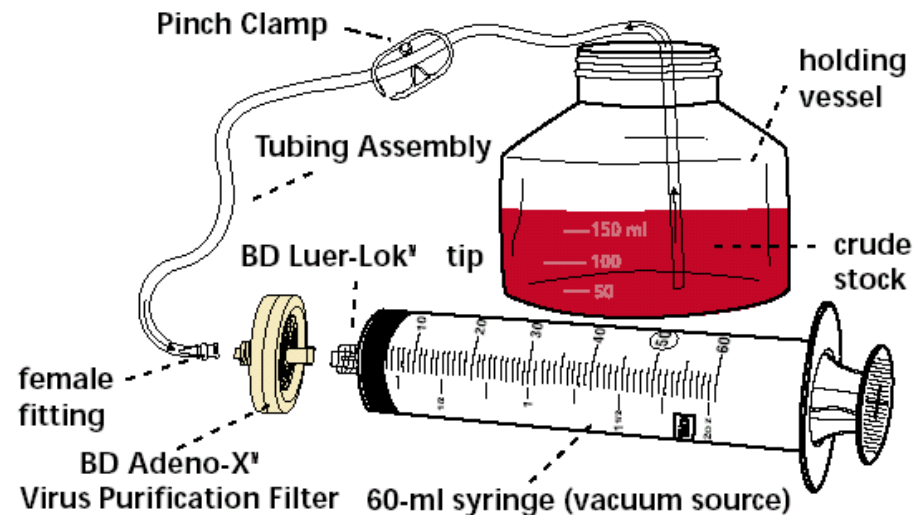


# Purification of AdV\*

- **Crude lysates** (after freeze-thaw isolation, without purification, contain PBS + AdV + proteins from HEK293) can be used for **in vitro** experiments
  - High AdV titer -> **small volume** (~ 1 ul) of lysates used -> small contamination with proteins released from lysated HEK 293 cells
- **Purified lysates** can be used for **in vivo** experiments
  - **Large volumes** (~ 200 ul) used -> large contamination with proteins released from lysated HEK 293 cells

- Purification methods:

- **CsCl** ultracentrifugation: effective but tricky
- **Chromatographically**: capsids have affinity to a membrane -> elution purified and concentrated AdV with elution buffer



# Titration of AdV

## ■ Physico-chemical methods

- Based on direct measurements of concentration of AdV capsids or AdV genome, **without assessing their functionality**
- Easy, fast and objective
  - OD 260 assay
  - Real-time PCR



**VP/ml (Vector Particles / ml)**

## ■ Biological methods

- Based on infectious properties of AdV – involve infection of permissive cells with serial dilution of AdV
- Titer calculation is based on visual detection of CPE positive cells, transgene-positive cells or cells producing capsid protein – **asses only fully functional AdV particles**
- Less objective, more time-consuming
  - Plaque formation assay
  - End Point dilution assay
  - Reporter gene assay
  - Rapid Titer Elisa™



**IU/ml (Infectious Units / ml)**

# OD<sub>260</sub> assay

Calculate viral titer and purity

$$\text{viral titer (opu/ml)} = \text{OD}_{260} \times \text{viral dilution} \times 1.1 \times 10^{12}$$

opu = opticle particle unit

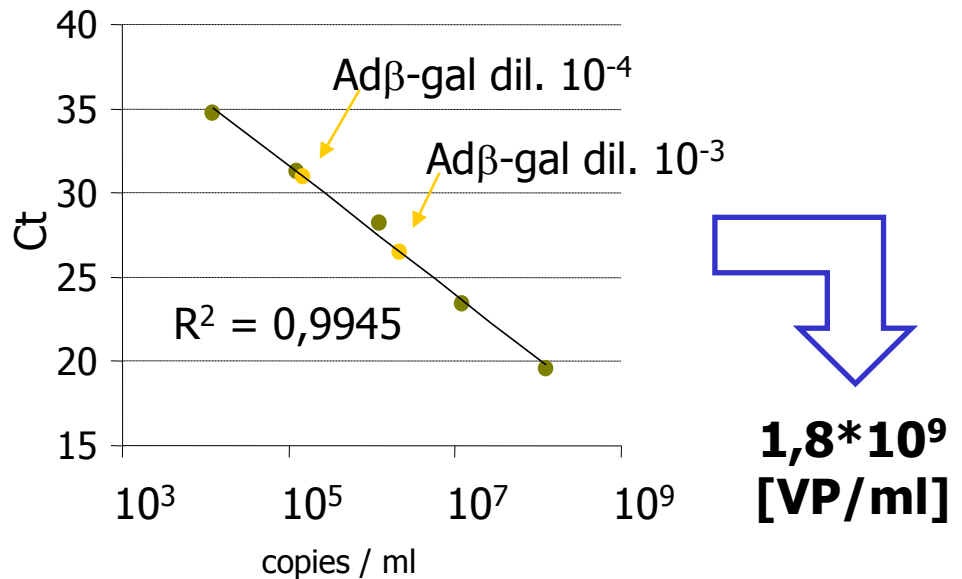
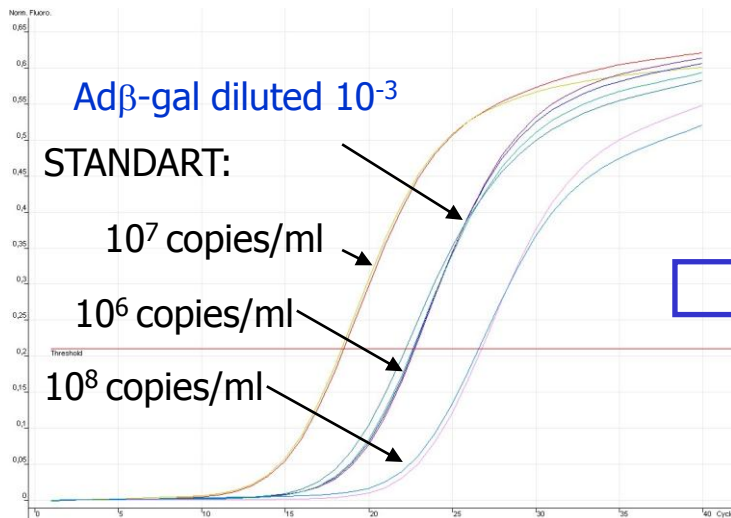
**Note:** Because opticle particle units (opu) and plaque forming units (pfu) define different properties, these measurements cannot be directly compared.

$$\text{purity} = \text{OD}_{260} / \text{OD}_{280} \text{ (typically } \sim 1.2\text{--}1.3 \text{ after CsCl purification)}$$

- + Not sensitive to human bias
- + Cheap, fast, easy
- + Reproducible results
- + Does not depend on infection conditions
  
- Not suitable for crude lysates, as debris will interfere with readings
- Does not distinguish between fully functional and impaired AdV (empty capsids) - overestimates functional titer

# Real-Time PCR

- Based **quantitative relationship** between the amount of starting target DNA and the amount of amplification product during the exponential phase of a cycling program
- Involves **standard curve** calculation of DNA copies/ml.
- Can be measured directly from crude lyastes



Functional titer of Adβ-gal used for Real-Time measurements:  $1 \cdot 10^8$  [IU/ml]

# Real-Time PCR

- + Not sensitive to human bias
  - + Fast and easy
  - + Reproducible results
  - + Does not depend on infection conditions
- 
- Does not distinguish between fully functional and impaired AdV (DNA which has not been packed yet) – overestimates functional titer  $\sim 10$  times
  - Primers for every transgene or AdV genome should be designed
  - Standard curve is needed

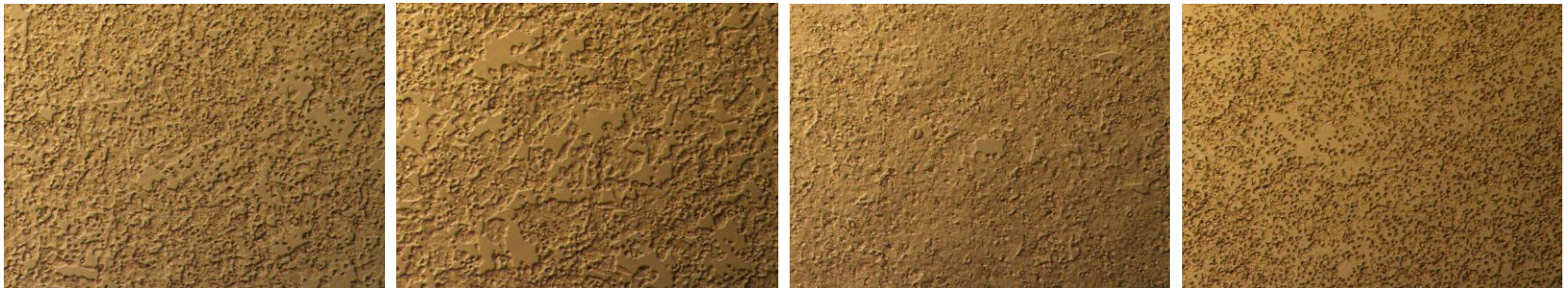
# Plaque formation assay

1. Prepare serial dilutions
2. Infect cells HEK293 cells on 6 wells plates
3. Incubate for 1,5 h
4. Cover wells with 2% agarose solution
5. Wait until plaques are visible (7–10 days)
6. Count the titer basing on visual detection of positive cells (plaques), assuming, that 1 plaque comes from 1 AdV particle

**Visual detection of cytopathic cells**

- IU** – Infectious unit  
**d** – dilution factor  
**V** – volume of diluted viruses added per well

$$[\text{IU/ml}] = \# \text{ plaques} / (d * V)$$



control

10<sup>-5</sup> diluted

10<sup>-10</sup> diluted

10<sup>-11</sup> diluted

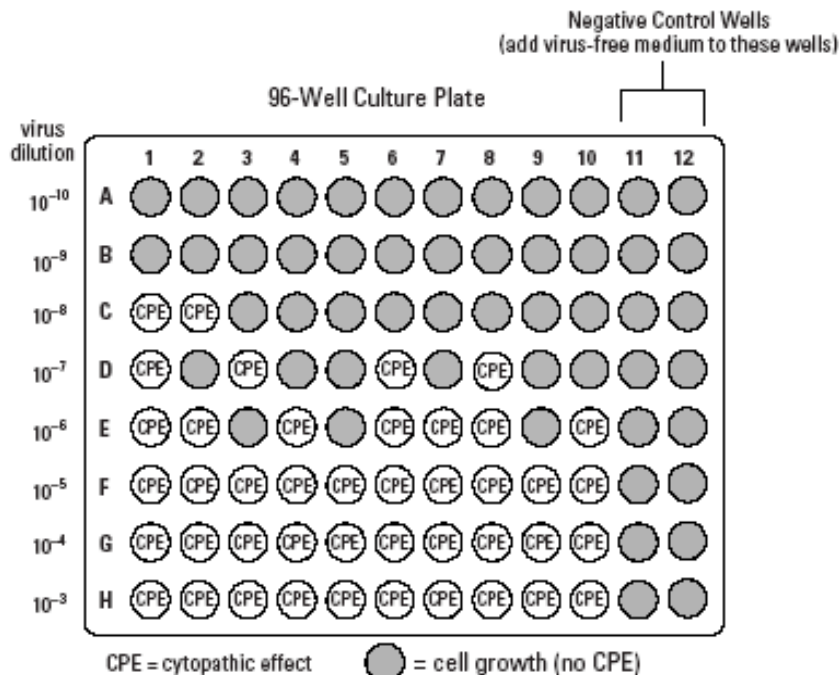


# Plaque formation assay

- + Cheap
- + Detects positive (successfully infected) cells -> functional AdV
- Very tricky and difficult to perform properly
- Irreproducible results
- Sensitive to human bias
- Time consuming
- Depends on infection conditions

# End-point dilution assay

1. Prepare serial dilutions
2. Infect HEK cells on 96-plate
3. Wait 10-14 days until CPE will be visible
4. Count the titer basing on visual detection of CPE positive wells when following conditions are fulfilled
  - control wells mustn't show visible CPE
  - wells infected with the least diluted AdV are all CPE positive
  - wells infected with the most diluted AdV are all CPE negative



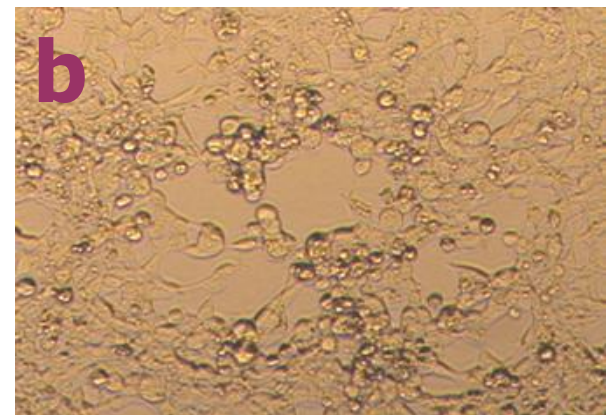
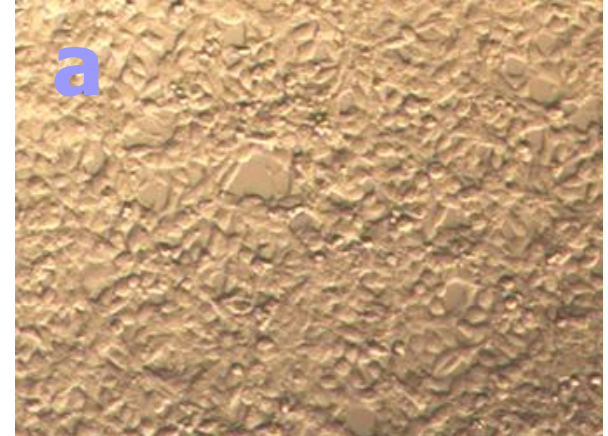
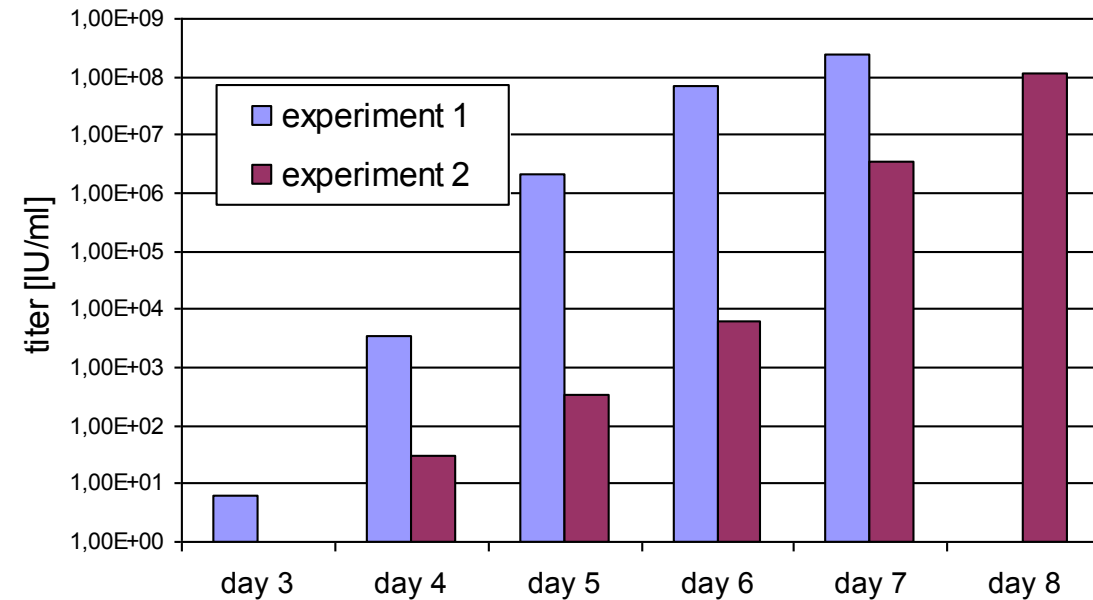
Dilution	Fraction of CPE-positive wells
10 <sup>-10</sup>	0 ÷ 10 = 0
10 <sup>-9</sup>	0 ÷ 10 = 0
10 <sup>-8</sup>	2 ÷ 10 = 0.2
10 <sup>-7</sup>	4 ÷ 10 = 0.4
10 <sup>-6</sup>	7 ÷ 10 = 0.7
10 <sup>-5</sup>	10 ÷ 10 = 1
10 <sup>-4</sup>	10 ÷ 10 = 1
10 <sup>-3</sup>	10 ÷ 10 = 1

## 8. Calculate Viral Titer

$$\text{Titer (pfu/ml)} = 10^{(x + 0.8)}$$

$x$  = the sum of the fractions of CPE-positive wells

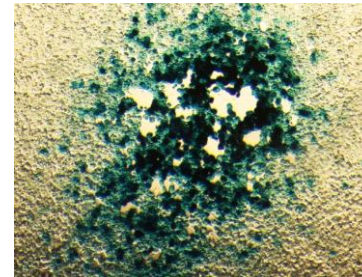
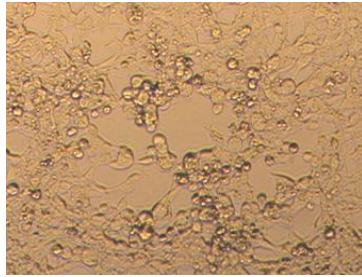
# End-point dilution assay



- Experiment 1 – wells as on picture **a** recognised as CPE positive
- Experiment 2 – wells as on picture **b** recognised as CPE positive

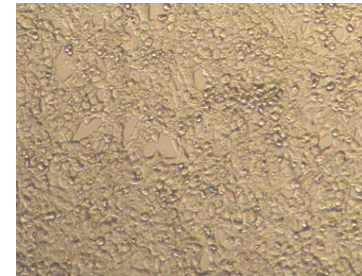
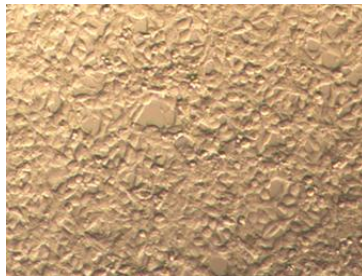
# End-point dilution assay

CPE  
**positive**



$\beta$ -gal  
**positive**

CPE  
**positive**



$\beta$ gal  
**negative**

CPE  
**negative**



$\beta$ -gal  
**positive**

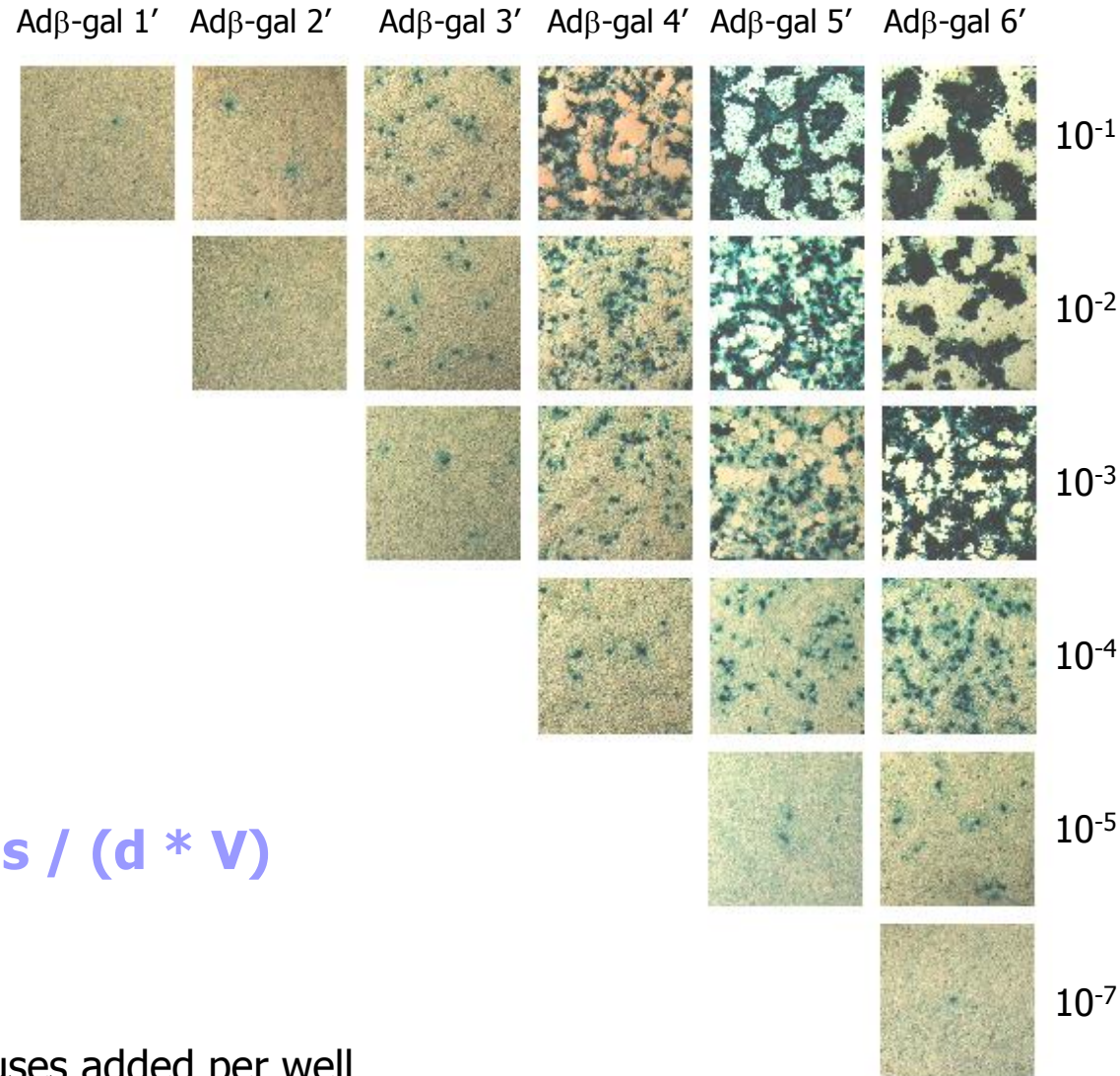
# End-point dilution assay

- + Cheap
- + Detects positive (successfully infected) cells -> functional AdV
- Very tricky and difficult to perform properly
- Irreproducible results
- Extremely sensitive to human bias
- Time consuming
- Gives false positive and false negative results
- Depends on infectious conditions



# Reporter protein assay

1. Prepare serial dilutions and infect HEK cells on 96-plate
2. visual detection of positive cells after 48 hrs -  $\beta$ -gal *in situ* staining or microscopic observation of expressing fluorescent protein cells
3. Calculation of positive cells & calculation of titer [IU/ml] basing on assumption that 1 AdV infects 1 cell



$$[\text{IU/ml}] = \# \text{ positive cells} / (d * V)$$

- IU** – Infectious unit  
**d** – dilution factor  
**V** – volume of diluted viruses added per well

# Reporter protein assay

- + Cheap, easy and relatively fast (2 days)
- + Reproducible results
- + Detects positive (successfully infected) cells -> functional AdV
- Visual detection - sensitive to human bias
- Depends on infectious conditions
- Useful only for reporter proteins

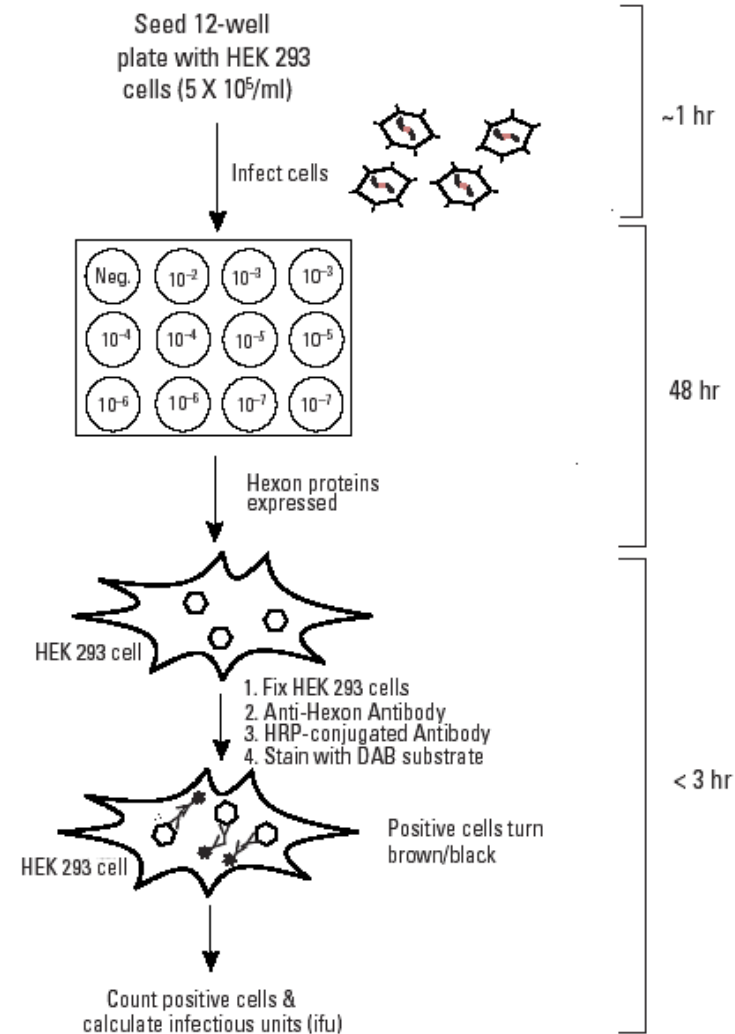


# Rapid Titer Elisa <sup>TM</sup>

1. Prepare serial dilutions and infect HEK cells on 96-plate
2. ELISA on viral protein of capsid (hexon) – visual detection of positive cells (infected with AdV, producing viral progeny)
3. Calculation of positive cells & calculation of titer [IU/ml] basing on assumption that 1 AdV infects 1 cell

$$[\text{IU/ml}] = \# \text{ positive cells} / (d * V)$$

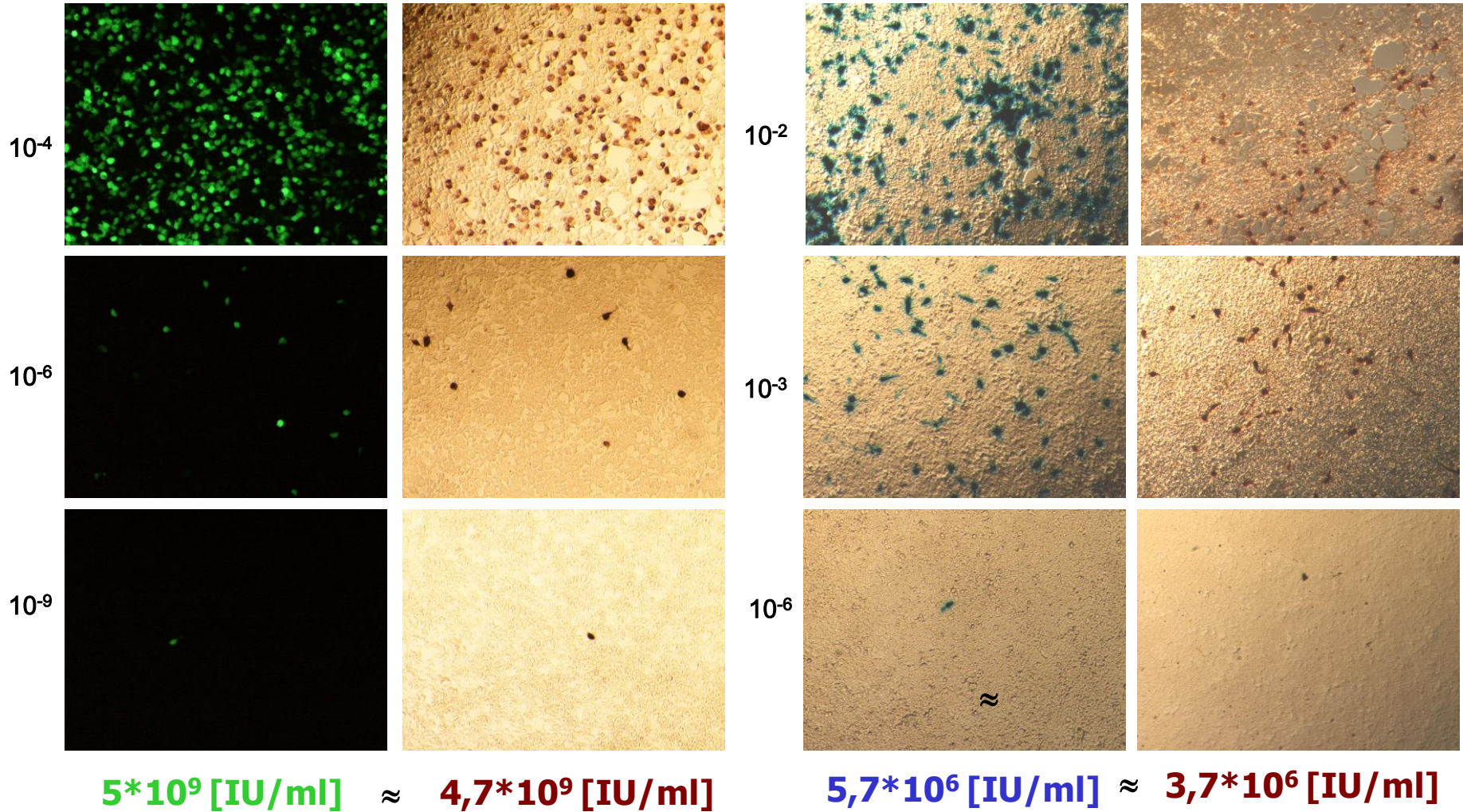
- IU** – Infectious unit  
**d** – dilution factor  
**V** – volume of diluted viruses added per well



# Rapid Titer Elisa <sup>TM</sup>

AdGFP

Ad $\beta$ -gal



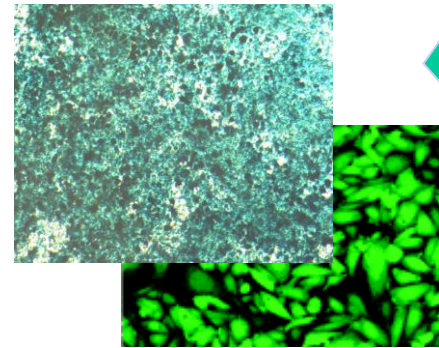
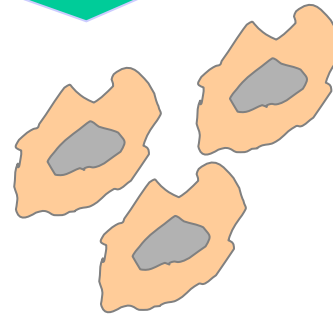
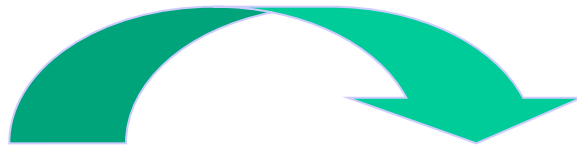
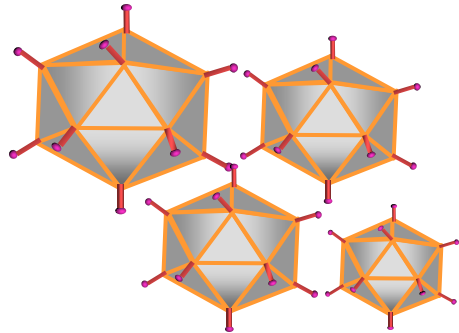
# Rapid Titer Elisa <sup>TM</sup>

- + Easy, relatively fast (2 days)
- + Detects positive (successfully infected) cells -> functional AdV
- + Reproducible results
- + Correlates with titer assessed by reporter gene assay
  
- Sensitive to human bias
- Depends on infectious conditions

# Titration of AdV

- Results from different titration methods can be different from each other.
- Physico-chemical methods give higher titer than biological methods because they detect not fully functional AdV as well
- Biological methods are less objective than physico-chemical methods and depend on infectious conditions, but they detect only fully-functional AdV

# Production completed, so...



**... how can we use  
AdV to infect target  
cells ...**

**... to have transgene overexpression?**

# Calculation of amount of AdV needed

- **M.O.I.** = multiplicity of infection [**IU/cell**]
- Proper MOI (providing high infection efficacy and no decrease in viability of transduced cells) should be established for cell line we want to modify.
- Calculations:

$1 \cdot 10^5$  cells in a well  
MOI = 50



$5 \cdot 10^6$  IU / well

Titer AdV =  $5 \cdot 10^9$  IU/ml

$5 \cdot 10^9$ IU	-	1 ml
$5 \cdot 10^6$ IU	-	x ml

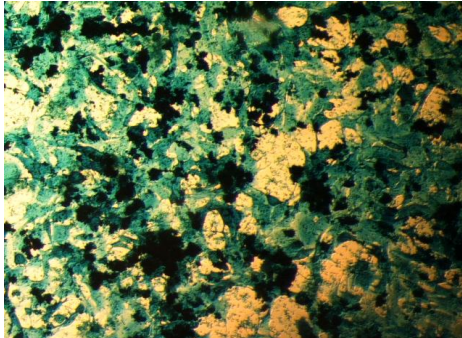
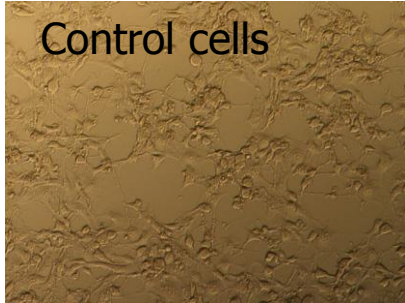
$$x = 5 \cdot 10^6 / 5 \cdot 10^9 = 0,001 \text{ ml} = 1 \text{ ul}$$

- To infect  $1 \cdot 10^5$  cells with MOI = 50, using AdV =  $5 \cdot 10^9$  IU/ml we have to add **1 ul** of lysate **per well**

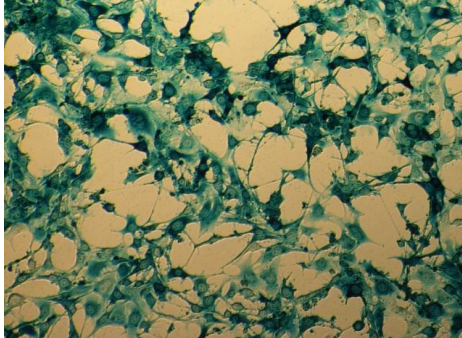


# HUVEC cells

Efficacy of infection depends on amount of vector...



100 IU/kom



10 IU/kom

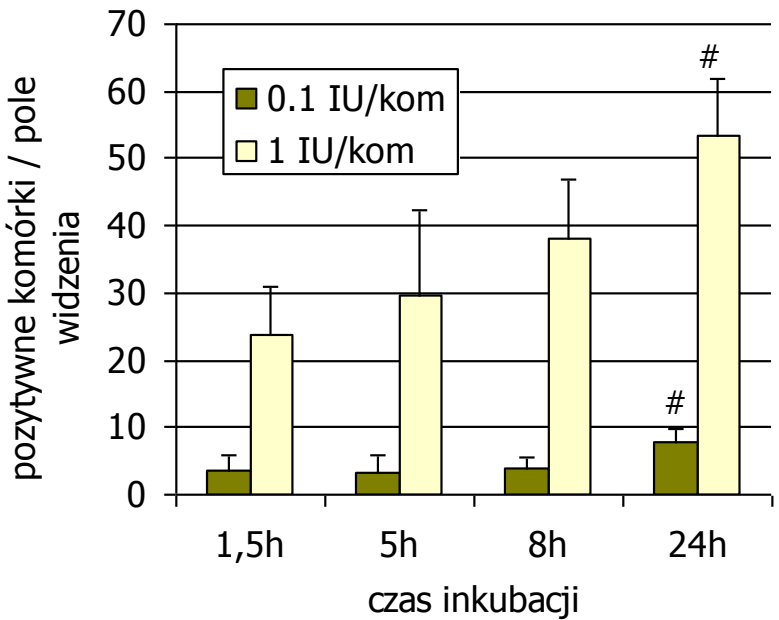


1 IU/kom



0,1 IU/kom

... as well as on time of incubation



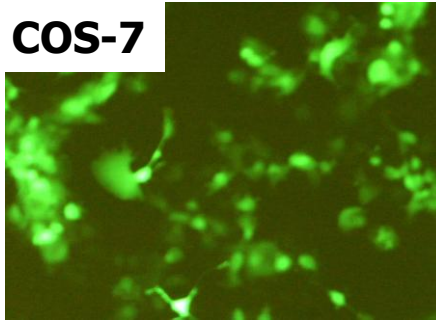
# - p < 0.05 vs 1,5h



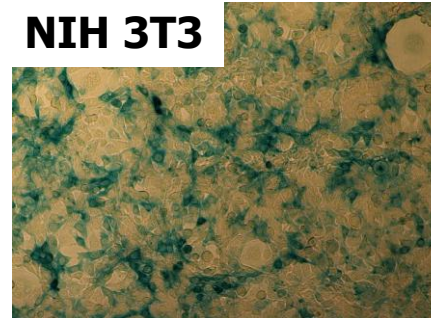
# Transduction of different cell lines

10 IU/cell  
8 h  
**100%**

**COS-7**



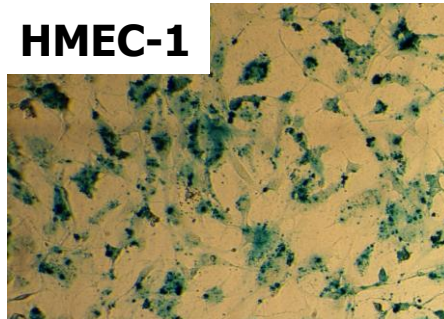
**NIH 3T3**



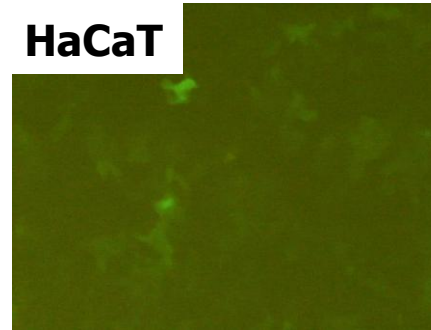
10 IU/cell  
24 h  
**90%**

10 IU/cell  
24 h  
**100%**

**HMEC-1**



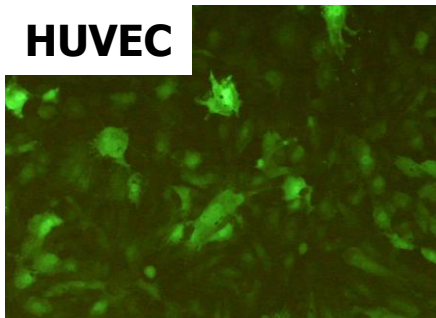
**HaCaT**



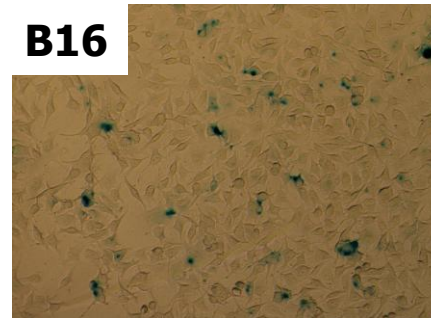
10 IU/cell  
24 h  
**90%**

10 IU/cell  
24 h  
**100%**

**HUVEC**



**B16**



10 IU/cell  
24 h  
**30%**

**Thank you  
for your attention  
and good luck!**

