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Reconstruction of the mouse extrahepatic biliary tree using primary human extrahepatic cholangiocyte organoids

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Extrahepatic cholangiocyte organoids for cell-based therapy
 applications

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Disorders of the extrahepatic bile ducts carry significant morbidity and 1 2 mortality. Indeed, 70% of pediatric liver transplantations are performed to treat biliary atresia (1), Primary Sclerosing Cholangitis (PSC) alone accounts for 3 5% of US liver transplantations (2) and biliary complications are the leading 4 cause of graft failure following deceased liver transplantation (3,4). Treatment 5 options remain limited (5,6) due to the lack of healthy tissue that can be used 6 to reconstruct and replace diseased bile ducts. In vitro expansion of native 7 cholangiocytes could address this challenge and provide cells suitable for 8 tissue engineering applications such as biliary reconstruction. However, the 9 10 culture of primary biliary epithelium remains problematic (7). Here we report a 11 novel method for the isolation and propagation of primary human cholangiocytes from the extrahepatic biliary tree, compatible with regenerative 12 medicine applications. The resulting Extrahepatic Cholangiocyte Organoids 13 (ECOs) express key biliary markers such as CK7, CK19, GGT, CFTR and 14 maintain their functional properties in vitro including ALP, GGT activity and 15 responses to secretin and somatostatin. The potential of ECOs for tissue 16 engineering and clinical applications is further illustrated by their capacity to 17 18 populate biodegradable scaffolds, organize into a functional biliary epithelium and rescue a murine model of extrahepatic biliary injury (EHBI). 19

To establish this system, we first focused on identifying optimal conditions to isolate primary cholangiocytes from the biliary epithelium which forms a monolayer covering the luminal surface of the biliary tree (8). We tested several approaches for recovering these cells and mechanical dissociation by brushing or scraping the bile duct lumen was associated with improved survival compared to enzymatic digestion (Figure 1a, Supplementary Fig. 1a).

Furthermore, the majority of the resulting cells co-expressed the biliary
markers Cytokeratin 7 (CK7) and Cytokeratin 19 (CK19) (94.6 ± 2.4% (SD;
n=3); while no contamination from mesenchymal cell types was detected.
(Supplementary Fig 2). Consequently, mechanical dissociation constitutes the
optimal method for harvesting extrahepatic cholangiocytes.

To discern appropriate conditions for the maintenance and propagation of 6 these cells, we optimized our recently established system for 3D culture of 7 8 human induced pluripotent stem cell-derived intrahepatic cholangiocytes (9). Screening of multiple growth factors known to support expansion of 9 cholangiocytes and epithelial organoids (10,11) (Supplementary Fig 1b-1c) 10 identified that the combination of Epidermal Growth Factor (EGF), R-Spondin 11 and Dickkopf-related protein 1 (DKK-1) promoted the growth of primary 12 13 cholangiocytes into organoids (Figure 1b, 1c). Due to the paradoxical requirement for both a Wnt potentiator (R-spondin) and an inhibitor (DKK-1), 14 we characterized the canonical and non-canonical/PCP Wnt pathway activity 15 16 in ECOs. Our results demonstrate increased levels of β-catenin phosphorylation (Supplementary Fig. 1d-1e), signifying reduced WNT 17 canonical pathway activity in ECOs, as well as increased Rho Kinase activity 18 (Supplementary Fig. 1f), which could be consistent with enhanced non-19 canonical/PCP signaling in ECOs. Thus, it is possible that non-canonical Wnt 20 signaling controls ECO expansion marking a significant difference with 21 previous organoid culture conditions (11). 22

Under these conditions, we derived 8 different ECO lines (Supplementary
Table 1) from a variety of deceased donors aged from 33 to 77 years.
Importantly, we obtained similar results by using cholangiocytes isolated from

the gallbladder or by harvesting common bile duct cholangiocytes using an Endoscopic Retrograde Cholangio-Pancreatography (ERCP) brush instead of scrapping the lumen (Supplementary Fig 3). Consequently, ECOs can be derived from different areas of the extra-hepatic biliary tree and harvested using peri-operative (dissection and scrapping) or minimally invasive (ERCP brushings) approaches.

The resulting cells were expanded in vitro for prolonged periods of time 7 8 (Supplementary Fig 4a) while maintaining their aenetic stability (Supplementary Fig 4b-4c). Electron microscopy revealed the presence of 9 characteristic ultrastructural features including cilia, microvilli and tight 10 junctions (12) (Figure 1d, Supplementary Fig 5), while QPCR and 11 immunofluorescence (IF) analyses established the expression of key biliary 12 markers such as CK7, CK19, Hepatocyte Nuclear Factor-1-beta (HNF1B), 13 Gamma Glutamyl-Transferase (GGT), Secretin Receptor (SCR), sodium-14 15 dependent bile acid transporter (ASBT/SLC10A2), Cystic fibrosis 16 transmembrane conductance regulator (CFTR) and Sox9 (9) (Figure 1e-1f, 17 Supplementary Fig 3c-3d, 6a-6b). Importantly, stem cell markers (POU5F1, NANOG, PROM1, LGR-4/5/6), markers of non-biliary lineages (albumin, α1-18 19 antitrypsin, CK18, PDX1, insulin and glucagon) and EMT markers (vimentin, SNA1L and S100A4) were not detected (Supplementary Fig 7a-7c). On the 20 21 other hand, 98.1% ± 0.9% (SD; n=3) of the cells co-expressed CK7 and CK19 following 20 passages (Supplementary Fig 2) thereby confirming the presence 22 of a near homogeneous population of cholangiocytes. 23

Transcriptomic analyses (Figure 1g, Supplementary Fig. 8, Supplementary Table 2) revealed that ECOs maintain a stable gene expression profile over

multiple passages (Pearson correlation coefficient for Passage 1 (P1) vs. 1 2 Passage 20 (P20) r=0.99, Supplementary Fig 8a-b), express key biliary markers and cluster closely to freshly isolated cholangiocytes (Pearson 3 correlation coefficient for Primary Cholangiocytes (PCs) vs. Passage 20 (P20) 4 r=0.92; Figure 1g, Supplementary Fig 8b-8d). Gene ontology analyses 5 confirmed enrichment of pathways characteristic for the biliary epithelium 6 (Supplementary Fig 8e). Considered collectively, these results demonstrate 7 that primary cholangiocytes derived from the extrahepatic biliary tree can be 8 expanded in vitro without losing their original characteristics. 9

We then decided to further characterize ECOs by focusing on their function 10 following long term culture (20 passages). The biliary epithelium regulates the 11 homeostasis of bile through the transport of ions, water and bile acids (8,13). 12 The secretory capacity of ECOs was interrogated using Rhodamine-123, a 13 fluorescent substrate for the cholangiocyte surface glycoprotein Multidrug 14 15 Resistance protein-1 (MDR1) (14,15) (Figure 2a-2c). Rhodamine-123 16 accumulated in the ECO lumen only in the absence of the MDR-1 antagonist 17 verapamil, thereby confirming active secretion through MDR-1 (Figure 2a-2c). Luminal extrusion of bile acids (16) was also demonstrated by showing that 18 the fluorescent bile acid Cholyl-Lysyl-Fluorescein (CLF) was actively exported 19 20 from ECOs (Figure 2d-2f). Furthermore, ECO ALP and GGT activity was comparable to freshly plated primary cholangiocytes (Figure 2g-2h, 21 22 Supplementary Fig. 3e-3f). The response of ECOs to secretin and somatostatin was also assessed. Secretin promotes water secretion, 23 distending the bile duct lumen, while somatostatin negates the effects of 24 25 secretin (17-19). Accordingly, organoids exposed to secretin increased their

diameter compared to untreated controls, while somatostatin inhibited the
effect of secretin (Figure 2i-2j). Our data, therefore, demonstrate that ECOs
maintain their functional properties after long term culture.

These results prompted us to investigate the interest of ECOs for in vivo use, 4 5 especially regenerative medicine applications. We first characterized the potential of ECOs for in vivo engraftment and survival by transplanting cells 6 under the kidney capsule of NOD.Cg-Prkdc^{scid} II2rg^{tm1Wjl} (NSG) mice 7 8 (Supplementary Fig 9a) for 12 weeks (20). ECOs successfully engrafted forming tubular structures expressing biliary markers such as CK19 9 (Supplementary Fig 9b-d). Importantly, no tumour formation or markers of 10 differentiation to other lineages were detected (Supplementary Fig 9d). Thus, 11 ECOs appear to maintain their basic characteristics even after prolonged 12 13 engraftment in vivo under the kidney capsule.

Following these encouraging results, we decided to define the capacity of 14 ECOs to repair the biliary epithelium. For that, we developed a mouse model 15 of extrahepatic biliary injury (EHBI). More specifically, to simulate biliary tree 16 17 wall defects requiring biliary reconstruction (21), the biliary tree of healthy 18 NSG mice was compromised through a longitudinal incision in the gallbladder 19 wall (Figure 3a). We then generated a bioengineered tissue patch to repair 20 this injury by populating Polyglycolic Acid (PGA) biodegradable scaffolds with either GFP-expressing ECOs (Supplementary Fig 10-12, Supplementary 21 Note) or GFP-expressing fibroblasts (Supplementary Fig 13a-13d). The 22 23 resulting bioengineered tissue was subsequently transplanted into the injured 24 animals to close the wall defect created by surgery. Animals receiving acellular scaffolds died within 24 hours of the operation (Figure 3b) and post-25

1 mortem examination revealed yellow pigmentation of the peritoneal cavity and 2 seminal vesicles consistent with bile leak (Supplementary Fig 14a); while all animals in fibroblast-scaffold group failed to reconstruct their gallbladder 3 which was replaced by fibrotic tissue incompatible with bile transport or 4 storage (Supplementary Fig 13e-13g). In contrast, animals transplanted with 5 scaffolds containing ECOs survived for up to 104 days without complications 6 and were culled electively (Figure 3b). Importantly, the reconstructed 7 gallbladders in the ECO group were fully remodeled resembling the 8 morphology of their native counterparts (Figure 3c, Supplementary Fig 14b). 9 10 Histology (Figure 3d), IF and QPCR analyses of the ECO-reconstructed 11 gallbladders (Figure 3e, Supplementary Fig 14c-14d) unveiled integration of GFP-positive ECOs expressing biliary markers, such as CK19, CK7, HNF1B, 12 Sox9, CFTR and a human-specific epitope for Ku80 (Figure 3e, 13 Supplementary Fig 14c). Importantly, these IF analyses also showed the 14 presence of mouse mesenchymal cells expressing vimentin and endothelial 15 cells expressing CD31 in the reconstructed biliary epithelium suggesting that 16 the scaffold is colonized by endogenous cells after transplantation 17 18 (Supplementary Fig 14c). Interestingly, we also identified a population of GFP+/vimentin+/CK19- cells, suggesting that ECOs may also contribute to 19 the scaffold stroma; possibly through epithelial to mesenchymal transition 20 21 (EMT; Supplementary Fig 14c, 14e). The integrity of the reconstructed gallbladder lumen and its exposure to bile through continuity with the biliary 22 tree were demonstrated using Magnetic Resonance Cholangio-23 Pancreatography (MRCP) imaging prior to removal of the organ and was 24 further confirmed with FITC cholangiograms (Figure 3f-3g, Supplementary Fig 25

1 **14f**, Supplementary Video 1). Post mortem surgical examination and full body 2 Magnetic resonance Imaging 104 days post transplantation revealed no evidence of tumor formation (Supplementary Fig 14f, Supplementary Video 2) 3 while IF analyses revealed no GFP+ cells in the adjacent liver tissue (data not 4 shown). On the contrary, gallbladders reconstituted with fibroblasts controls 5 exhibited obliteration of the gallbladder lumen (Supplementary Fig 13h-13i) 6 and replacement of the lumen and biliary epithelium by fibroblasts expressing 7 Fibroblast Specific Antigen S100A4 (Supplementary Fig. 13i-13j). Considered 8 collectively, our findings demonstrate the capacity of ECOs to colonize their 9 10 physiological niche and regenerate part of the biliary tree without any 11 complications.

Reconstruction of the gallbladder wall provided proof-of-principle for the 12 capacity of ECOs to regenerate the biliary epithelium after injury; however, the 13 majority of extrahepatic bile duct disorders affect the common bile duct (CBD). 14 15 Therefore we decided to explore the possibility to replace the native CBD of 16 NSG mice with a bioengineered duct consisting of an ECO-populated 17 densified collagen tube. (Supplementary results, Supplementary Fig 15, 16, Fig 4a). A mid-portion of the native CBD was removed and an ECO-populated 18 19 collagen tube was anastomosed end-to-end to the proximal and distant duct 20 remnants (n=4 animals). Fibroblast populated tubes were used as a negative 21 control (n=4). Biliary reconstruction was achieved in all animals transplanted 22 with ECO-populated tubes (Figure 4b-4c, Supplementary Fig 17a-17d), which were followed up for up to a month post transplantation (Supplementary Fig 23 17d). Histology and IF analyses revealed a patent lumen, with formation of a 24 25 biliary epithelium by the transplanted GFP+ cells (Figure 4e-4f.

Supplementary Fig 17a-17b). IF and QPCR analyses confirmed the 1 2 expression of biliary markers, such as CK19, CK7, HNF1B, CFTR, Sox9 (Figure 4d, 4f, Supplementary Fig 17b) by the engrafted cells but also 3 illustrated the presence of mouse stromal and endothelial 4 cells (Supplementary Fig 17b). Moreover, we observed minimal apoptosis and 5 proliferation in the transplanted tubes 1 month after transplantation, 6 confirming the stability and integrity of the reconstituted biliary epithelium 7 (Supplementary Fig 17b-17c). Lumen patency was further confirmed by FITC-8 cholangiogram and MRCP (Figure 4g, Supplementary Fig 17f) and all the 9 10 animals receiving ECO-populated tubes exhibited no increase in serum 11 cholestasis markers (Bilirubin, ALP; Supplementary Fig 17e) accordingly; while the bio-artificial common bile ducts retained their ALP activity in vivo 12 (Figure 4h). On the contrary, all the fibroblast-populated collagen tubes failed 13 due to lumen occlusion (Figure 4b-4c, 4e-4g, Supplementary Fig 17d), 14 resulting in increased biliary pressures and bile leak through the site of 15 anastomosis (Figure 4b). In conclusion, our results demonstrate the capacity 16 of ECO-populated collagen tubes to replace the native CBD in vivo. 17

In summary, we have demonstrated that epithelial cells from the extrahepatic 18 biliary tree can be expanded and propagated in vitro while maintaining their 19 20 cholangiocyte transcriptional signature and functional characteristics. In addition, our results show that primary cholangiocytes expanded in vitro as 21 22 organoids have a unique potential for organ regeneration. Indeed, our system provides the first proof-of-principle for the application of regenerative medicine 23 in the context of common bile duct pathology. The capacity to replace a 24 25 diseased common bile duct with an in vitro bio-engineered ECO-tube could

have a significant impact for the management of disorders such as biliary
atresia, which constitutes the leading cause for pediatric liver transplantation
(1); or ischemic strictures which are one of the most common complications
following transplantation (3). Consequently ECO-populated scaffolds
constitute a novel system with increased clinical relevance in the field of
cholangiopathies.

Furthermore, studies of the extrahepatic biliary epithelium have been limited 7 8 by technical challenges in long-term culture and significant expansion of primary cholangiocytes. These challenges have so far precluded large scale 9 experiments such as transcriptomic and genome-wide analyses which are 10 urgently needed to better understand bile duct diseases, such as PSC and 11 cholangiocarcinoma. The capacity of ECOs for large scale expansion, could 12 address this challenge. Indeed, we demonstrate that starting from 10^5 13 extrahepatic cholangiocytes we can generate between $10^{20} - 10^{25}$ cells after 14 20 passages. Therefore, ECOs not only represent a novel source of cells for 15 16 cell based therapy but also provide a unique model system for studying the physiology and modeling disorders of the extrahepatic biliary tree in vitro. 17

18 Access to human tissue constitutes a significant limitation for systems based 19 on primary cells. However, we show that ECOs can be obtained not only from 20 the common bile duct but also from the gallbladder. Gallbladder tissue is easily accessible and routinely discarded following liver transplantation and 21 cholecystectomy, one of the most common surgical procedures performed. 22 23 Furthermore, in patients not having surgery the common bile duct can be accessed using minimally invasive procedures, such as Endoscopic 24 Retrograde Cholangio-Pancreatography (ERCP) and we demonstrate that 25

cholangiocytes can be obtained through brushings, which are routinely 1 2 performed to acquire histology specimens. Importantly, no morphological or functional differences were observed between organoids obtained with these 3 4 different methods. Moreover, due to the scalability of our system only a small amount of starting material is required. Finally, recent progress in replacing 5 Matrigel by custom made hydrogels to grow gut organoids (22) suggest that 6 translating our system from Matrigel to Good Manufacturing Practice (GMP) 7 could be feasible. Considered together, these approaches address any issues 8 of tissue availability and open the possibility of autologous as well as 9 allogeneic cell based therapy. 10

Importantly, the derivation of primary hepatic stem cells using an organoid 11 culture system has been reported previously (11). However, the capacity of 12 13 the resulting cells to differentiate into functional cholangiocytes and populate the biliary tree in vivo remains to be demonstrated. Furthermore, in vivo 14 applications of such platforms could be restricted by contaminating stem cells 15 16 with a capacity to proliferate inappropriately after transplantation and /or 17 differentiate into non-biliary cell types. Importantly, despite the association between organoids and adult stem cells (23), we never observed the 18 expression of hepatocyte or pancreatic markers during our experiments either 19 20 in vitro or after transplantation, suggesting that the differentiation capacity of ECOs is limited to their lineage of origin. Moreover, canonical WNT signaling, 21 22 which is crucial for the expansion of adult stem cell organoids (24) is blocked in our culture conditions through the use of DKK-1 and further studies may be 23 required to fully elucidate the role of R-spondin in our system. Considered 24 25 together, these observations suggest that our culture system does not include

a stem cell population. However, we cannot completely exclude that these
cells could represent a biliary progenitor population based on their ability to
self-propagate and generate organoids from single cells (Supplementary
Video 3).

In conclusion, our results open up novel avenues for the use of extrahepatic
primary biliary tissue as a novel platform for in vitro studies, disease modeling
and cell based therapy applications.

1 Online Methods

2 **Primary biliary tissue**

Primary biliary tissue (bile duct or gallbladder) was obtained from deceased organ donors from whom organs were being retrieved for transplantation. The gallbladder or a section of the bile duct was excised during the organ retrieval operation after obtaining informed consent from the donor's family (REC reference numbers: 09/H0306/73, NRES Committee East of England – Norfolk, 12/EE/0253, NRES Committee East of England - Cambridge Central and 15/EE/0152 NRES Committee East of England - Cambridge South).

10 Isolation of primary cholangiocytes

Excised bile duct segments were placed in a 10cm plate and washed once 11 with William's E medium (Gibco, Life Technologies). A longitudinal incision 12 13 was made along the wall of the excised bile duct segment exposing the lumen and 10-15ml of William's E medium were added to cover the tissue. The 14 luminal epithelium was subsequently scraped off using a surgical blade, while 15 submerged in medium. The supernatant was collected and the tissue and 16 plate were washed 2-3 times with William's E medium to harvest any 17 remaining cells. The supernatant and washes were centrifuged at 444g for 4 18 19 minutes. The pellet was washed with William's E, re-centrifuged and the supernatant was discarded (Figure 1a). 20

Excised gallbladders were placed in a 15cm plate, a longitudinal incision was made along the wall of the excised gallbladder and the lumen was washed once with William's E medium (Gibco, Life Technologies). Cholangiocytes

were isolated and harvested following the method described above
 (Supplementary Fig. 3a).

For isolation through brushings, an excised bile duct segment was placed in a
10cm plate and cannulated using an ERCP brush. The lumen was brushed
10-20 times and the cells were harvested by washing the brush several times
in a falcon tube containing 40-50 ml of William's E medium (Supplementary
Fig. 3b).

8 Generation and culture of ECOs

Isolated primary cholangiocytes were centrifuged at 444g for 4 minutes and 9 10 re-suspended in a mixture of 66% matrigel (BD Biosciences, catalogue number: 356237) and 33% William's E medium (Gibco, Life Technologies) 11 supplemented with 10mM nicotinamide (Sigma-Aldrich), 17mM sodium 12 bicarbonate (Sigma Aldrich), 0.2mM 2-Phospho-L-ascorbic acid trisodium salt 13 (Sigma-Aldrich), 6.3mM sodium pyruvate (Invitrogen), 14mM glucose (Sigma-14 15 Aldrich), 20mM HEPES (Invitrogen), ITS+ premix (BD Biosciences), 0.1µM dexamethasone (R&D Systems), 2mM Glutamax (Invitrogen),100U/ml 16 penicillin per 100µg/ml streptomycin, 20ng/ml EGF (R&D Systems), 500ng/ml 17 18 R-Spondin (R&D Systems) and 100ng/ml DKK-1 (R&D Systems). The cell suspension was plated in 24-well plate format, at 50µl/well, so that a small 19 dome of matrigel was formed in the centre of each well and then incubated at 20 21 37°C for 10-30 minutes until it solidified. Subsequently, 1ml of William's E medium with supplements was added. The culture medium was changed 22 every 48 hours. 23

To split the cells, the matrigel was digested by adding Cell Recovery Solution (Corning) for 30 minutes at 4°C. The resulting cell suspension was harvested, centrifuged at 444g for 4 minutes, washed once with William's E medium and re-suspended in 66% matrigel and 33% William's E medium with supplements, as described above.

6 All experiments were performed using passage 20 ECOs unless otherwise7 stated.

8 Cell line identity

Demographic data for donor corresponding to the each ECO lines is provided
in supplementary table 1. Following derivation ECO lines were authenticated
by matching their karyotype (Supplementary Fig. 2c) to the sex of the donor of
origin. The lines were tested on a regular basis and found to be negative for
mycoplasma contamination.

14 Immunofluorescence, RNA extraction and Quantitative Real Time PCR

IF, RNA extraction and QPCR were performed as previously described (9). A complete list of the primary and secondary antibodies used is provided in supplementary table 3. A complete list of the primers used is provided in supplementary table 4.

All QPCR data are presented as the median, interquartile range (IQR) and range (minimum to maximum) of four independent biological replicates. Values are relative to the housekeeping gene Hydroxymethylbilane Synthase (*HMBS*).

All IF images were acquired using a Zeiss Axiovert 200M inverted microscope
or a Zeiss LSM 700 confocal microscope. Imagej 1.48k software (Wayne

Rasband, NIHR, USA, <u>http://imagej.nih.gov/ij</u>) was used for image
 processing. IF images are representative of at least 3 different experiments.
 IF images of reconstructed gallbladder sections are representative of 5
 different animals.

5 Microarrays

RNA for microarray analysis was collected from 3 different ECO lines (n=3). 66 The RNA was assessed for concentration and guality using a SpectroStar 67 (BMG Labtech, Aylesbury, UK) and a Bioanalyser (Agilent Technologies, 68 Cheadle, UK). Microarray experiments were performed at Cambridge 69 70 Genomic Services, University of Cambridge, using the HumanHT-12 v4 71 Expression BeadChip (Illumina, Chesterford, UK) according to the manufacturer's instructions. Briefly, 200ng of Total RNA underwent linear 72 73 amplification using the Illumina TotalPrep RNA Amplification Kit (Life Technologies, Paisley, UK) following the manufacturer's instructions. The 74 concentration, purity and integrity of the resulting cRNA were measured by 75 SpectroStar and Bioanalyser. Finally cRNA was hybridised to the HumanHT-76 12 v4 BeadChip overnight followed by washing, staining and scanning using 77 78 the Bead Array Reader (Illumina). The microarray data are available on ArrayExpress (Accession number: E-MTAB-4591). For reviewer access, 79 please use the following login details Username: Reviewer E-MTAB-4591 80 81 Password: rtllmbi0

82 Microarrays analysis

Raw data was loaded into R using the lumi package from bioconductor (25)
and divided into subsets according to the groups being compared; only the
samples involved in a given comparison are used. Subsets were then filtered

to remove any non-expressed probes using the detection p-value from 1 2 Illumina. Across all samples probes for which the intensity values were not statistically significantly different (p>0.01) from the negative controls were 3 removed from the analysis. Following filtering the data was transformed using 4 the Variance Stabilization Transformation (26) from lumi and then normalised 5 to remove technical variation between arrays using guantile normalisation. 6 Comparisons were performed using the limma package (27) with results 7 corrected for multiple testing using False Discovery Rate (FDR) correction. 8 Finally the quality of the data was assessed along with the correlations 9 10 between samples within groups.

Probes differentially expressed between HEP and ECOs representing the aggregate transcriptional "signature" of ECOs were selected for Euclidean hierarchical clustering using Perseus software (MaxQuant). Standard scores (z-scores) of the log2 normalized probe expression values across the different conditions were calculated and used for this analysis.

16 Western Analysis

Total protein was extracted with lysis buffer (50mM Tris pH 8, 150mM NaCl, 17 18 0.1% SDS, 0.5% sodium deoxycholate, 1% Trition X-100 and protease and phosphatase inhibitors). Protein concentrations were determined by BCA 19 Protein Assay Kit (Thermo Fisher Scientific) according to the manufacturer's 20 21 instructions. Samples were prepared for Western blot by adding 1x NuPAGE LDS Sample Buffer with 1% β-mercaptoethanol and incubated for 5 minutes 22 at 95°C. Protein (25 µg) was separated by 4-12% NuPAGE Bis-Tris protein 23 gels (Invitrogen) and transferred onto PVDF membranes (Bio-Rad). Proteins 24 were detected by probing with antibodies specific to Phospho-β-catenin 25

(Ser33/37/Thr41) (Cell Signalling Technology), Active-β-catenin (Millipore),
 Total-β-catenin (R&D), α-tubulin (Sigma) followed by incubation with
 horseradish peroxidase anti-mouse, anti-goat or anti-rabbit secondary
 antibodies. Membranes were developed using Pierce ECL Western blotting
 substrate (Thermo Scientific) according to the manufacturer's instructions.

6 **Rho Kinase activity analyses**

7 Rho Kinase activity was measured using a commercially available kit (Cell
8 Biolabs, STA-416) according to the manufacturer's instructions

9 Flow cytometry analyses

ECO organoids were harvested using Cell Recovery Solution (Corning) for 30 minutes at 4°C, centrifuged at 444g for 4 minutes and dissociated to single cells using TrypLETM Express (Gibco). The cells were subsequently fixed using 4% PFA for 20 minutes at 4°C. Cell staining and flow cytometry analyses were performed as previously described (9,28).

15 Karyotyping

ECO organoids were harvested using Cell Recovery Solution (Corning), 16 dissociated to single cells as described above, plated in gelatin coated plates 17 18 and cultured using William's E medium with supplements. When the cells were sub-confluent, usually after 72hrs, the cultures were incubated for 3-4 19 hours with William's E medium with supplements containing 0.1µg/ml 20 21 colcemid (Karyomax®, Gibco). The cells were then harvested using Trypsin-EDTA (0.05%) (Gibco) for 4-5 minutes at 37°C, centrifuged at 344g for 5 22 minutes and re-suspended in 5mls of KCI hypotonic solution (0.055M). The 23 suspension was re-centrifuged at 344g for 5 minutes, 2 mls of a 3:1 100% 24

- 1 methanol:glacial acetic acid solution were added and slides were prepared as
- 2 previously described (29)

3 Comparative Genomic Hybridization analyses

Genomic DNA was labeled using the BioPrime DNA Labeling Kit (Invitrogen),
according to the manufacturer's instructions and samples were hybridised to
Agilent Sureprint G3 unrestricted CGH ISCA 8x60K human genome arrays
following the manufacturer's protocol, as previously described (30). The data
was analysed using the Agilent CytoGenomics Software.

9 Rhodamine123 transport assay

The Rhodamine 123 transport assay was performed as previously described (9) and images were acquired using a Zeiss LSM 700 confocal microscope. Fluorescence intensity was measured between the organoid interior and exterior and luminal fluorescence was normalized over the background of the extraluminal space. Each experiment was repeated in triplicate. Error bars represent SD. Mean fluorescence intensity comparisons were performed using a two sided student's t-test.

17 Cholyl-Lysyl-Fluorescein transport assay

18 То achieve loading with Cholyl-Lysyl-Fluorescein (CLF, Corning Incorporated), ECO organoids were split in 5µM of CLF and incubated at 37°C 19 for 30 minutes. Images were acquired using a Zeiss LSM 700 confocal 20 21 microscope and fluorescence intensity was measured between the organoid interior and exterior as described for the Rhodamine 123 transport assay. To 22 demonstrate that the changes in CLF fluorescence intensity observed were 23 secondary to active export of CLF from the organoid lumen, the experiment 24 25 was repeated with 5µM of unconjucated Fluorescein Isothiocyanate (FITC)

(Sigma-Aldrich) as a control. Fluorescence intensity measurements were
performed as described for the Rhodamine 123 transport assay. Each
experiment was repeated in triplicate. Error bars represent SD. Mean
fluorescence intensity comparisons were performed using a two sided
student's t-test.

6 **GGT activity**

GGT activity was measured in triplicate using the MaxDiscovery[™] gammaGlutamyl Transferase (GGT) Enzymatic Assay Kit (Bioo scientific) based on
the manufacturer's instructions. Error bars represent SD. Mean absorbance
was compared using a two sided student's t-test.

11 Alkaline Phosphatase staining

Alkaline phosphatase was carried out using the BCIP/NBT Color
 Development Substrate (5-bromo-4-chloro-3-indolyl-phosphate/nitro blue
 tetrazolium) (Promega) according to the manufacturer's instructions.

15 **Response to Secretin and Somatostatin**

16 Responses to secretin and somatostatin were assessed as previously17 described (9).

18 Generation of ECOs expressing Green Fluorescent Protein

EGFP expressing VSV-G pseudotyped, recombinant HIV-1 lentiviral particles were produced with an optimized second generation packaging system by transient co-transfection of three plasmids into HEK 293T cells (ATCC CRL-11268). EGFP expression is under control of a core EF1α-promoter. All plasmids were a gift from Didier Trono and obtained from addgene (pWPT-GFP #12255, psPAX2 #12260, pMD2.G, #12259). Viral infection of organoids was performed as previously described (31). Infected ECOs were expanded

for 2 passages, harvested as described above for flow cytometry analyses and cell sorting by flow cytometry for GFP positive cells was performed. GFP expressing single cells were plated using our standard plating method and cultured in William's E medium with supplements for 1-2 weeks until fully grown ECO organoids developed.

6 Generation of ECO populated PGA scaffolds

1mm thick PolyGlycolic Acid (PGA) scaffolds with a density of 50mg/cc were used for all experiments. Prior to seeding cells, the PGA scaffolds were pretreated with a 1M NaOH for 10-30 seconds washed 3 times, decontaminated in a 70% ethanol solution for 30 minutes and then air-dried for another 30 minutes until all the ethanol had fully evaporated. All scaffolds were a gift from Dr Sanjay Sinha and obtained from Biomedical Structures (Biofelt).

13 ECOs were harvested and dissociated to single cells as previously described for flow cytometry analyses. 5-10x10⁶ cells were re-suspended in 100 µl of 14 William's E medium with supplements, seeded on a scaffold surface area of 15 1cm² and incubated at 37°C for 30-60 minutes to allow the cells to attach to 16 the scaffold. The scaffolds were placed in wells of a 24-well plate and 17 18 checked at regular intervals during this period to ensure the medium did not evaporate. If necessary, 10-20 µl of William's E medium with supplements 19 were added. After 1 hour, 2-3 mls of William's E medium with supplements 20 21 were added to the wells and the medium was changed twice weekly.

22 Generation of densified collagen tubes

Densified collagen tubes were prepared using a novel approach. A 3D printed
 chamber was fabricated, consisting of a funnel piece and a base plate. A
 250µm thick metallic wire was mounted into the base plate and fed through

the centre of the funnel. Absorbent paper towels were compacted between 1 the two 3D printed parts, which were then screwed together. 5 mg mL⁻¹ 2 collagen gel solution, loaded with cells, was poured into the funnel and gelled 3 at 37°C for 30 min. After that time, the screws were loosened and, by placing 4 the 3D printed chambers at 37°C for 2-4h, water was drawn out of the 5 collagen gel. A cell-loaded densified collagen tube was thus formed with a 6 250µm lumen and a wall thickness of 30-100 µm, determined by the duration 7 of the drying phase. Upon removal from the chamber, the tube was trimmed 8 for excess collagen and cut to the required length. 9

10 Culture of Human Mammary Epithelial Cells (HMECs)

HMECs and the required tissue culture consumables were purchased as a kit
from Lonza (cat no. cat no. CC-2551B) and the cells were cultured according
to the supplier's instructions

14 Animal experiments

All animal experiments were performed in accordance with UK Home Office regulations. Immunodeficient NOD.Cg-Prkdc^{scid} II2rg^{tm1WjI}/SzJ (NSG) mice which lack B, T and NK lymphocytes (32) were bred in-house with food and water available ad libitum pre- and post-procedures. A mix of male and female animals were used, aged approximately 6-8 weeks. All the ECO-constructs used were populated with ECOs derived from the common bile duct.

21 Generation of ExtraHepatic Biliary Injury mouse model

To generate a model of extrahepatic biliary injury, midline laparotomy was performed and the gallbladder was first mobilized by dividing the ligamentous attachment connecting its fundus to the anterior abdominal wall under isoflurane general anesthesia. A longitudinal incision was then made along

2/3 of the length of the gallbladder, from the fundus towards Hartmann's
 pouch (neck of gallbladder).

3 Biliary reconstruction in EHBI mice

To reconstruct the gallbladder, a scaffold section measuring approximately 1 x 1 mm (seeded with ECOs or without ECOs in controls) was sutured as a 'patch' to close the defect using 4 – 6 interrupted 10'0 non-absorbable nylon sutures under 40x magnification. The laparotomy was closed in two layers with continuous 5'0 absorbable Vicryl sutures. The animals were given buprenorphine (temgesic 0.1 mg/kg) analgesia as a bolus and observed every 15 minutes in individual cages until fully recovered.

8 animals underwent biliary reconstruction using an ECO-populated scaffold. All animals survived up to 104 days without complications and were culled electively for further analyses. Two control experiments were performed, where the animals underwent biliary reconstruction using acellular scaffolds. Both animals died within 24 hours from bile leak, therefore no further control experiments were performed to minimize animal discomfort.

17 Bile duct replacement

18 The native common bile duct was divided and a short segment excised. The 19 populated densified collagen tube was anastomosed end-to-end, using 20 interrupted 10'0 nylon sutures, between the divided proximal and distal 21 common bile duct. A length of 5'0 nylon suture material (diameter 100 µm) 22 was inserted into the collagen tube and fed into the proximal and distal 23 common bile duct to ensure patency of the lumen during the anastomosis. 24 After the anastomosis was complete, the 5'0 suture was pushed into the duodenum through the distal bile duct and was removed through an incision in 25

the duodenum, which was then closed with interrupted 10'0 nylon sutures. Lumen patency was assessed at the time of transplantation through light microscopy and cannulation of the lumen with a 5'0 non-absorbable suture. Transplantation was abandoned as futile in case of fully occluded tubes due to cell infiltration. These events were considered construct/tube failure rather than surgical complications and therefore were not censored in the survival analysis.

8 Bile duct ligation

9 C57BL/6 mice were purchased from The Jackson Laboratory (Bar Harbor, ME). The mice were housed and bred in a Minimal Disease Unit at the animal 10 facility at Oslo University Hospital, Rikshospitalet, Oslo. All experiments were 11 performed on male mice between 8 and 12 weeks of age. We performed a 12 median laparotomy exposed the bile duct and ligated the common bile duct 13 close to the junction of the hepatic bile ducts. Sham operated mice underwent 14 the exact same procedure without ligation. Serum was harvested after 5 days. 15 Alanine transaminase (ALT), aspartate transaminase (AST) and alkaline 16 17 phosphatase (ALP) were measured in serum using an ADVIA 1800 (Siemens) at The Central Laboratory, Norwegian School of Veterinary Science. All 18 19 animal experiments were approved by the Norwegian Food Safety Authority 20 (project license no FOTS 8210/15) and all animals received human care in line with "Guide for the Care and Use of Laboratory Animals" (National 21 22 Institutes of Health Publication, 8th Edition, 2011).

23 Blood sample collection

Blood was taken using a 23g needles directly from the inferior vena cava
 under terminal anaesthesia at the time the animals were electively culled and
 transferred into 1.5ml Eppendorf tubes for further processing.

4 Blood sample processing

The blood samples were routinely processed by the University of Cambridge
Core biochemical assay laboratory (CBAL). All of the sample analysis was
performed on a Siemens Dimension EXL analyzer using reagents and assay
protocols supplied by Siemens.

9 Light microscopy imaging

Light microscopy images of excised reconstructed gallbladders were acquired using a Leica MZFLIII fluorescence dissecting microscope. The images are representative of 5 animals.

13 Cryosectioning and Histology

Excised gallbladders were fixed in 4% PFA, immersed in sucrose solution overnight, mounted in optimal cutting temperature (OCT) compound and stored at -80°C until sectioning. Sections were cut to a thickness of 10µm using a cryostat microtome and mounted on microscopy slides for further analysis

19 Haematoxylin and Eosin Staining

H&E staining was performed using Sigma-Aldrich reagents according to the manufacturer's instructions. Briefly, tissue sections were hydrated, treated with Meyer's Haematoxylin solution for 5 minutes (Sigma-Aldrich), washed with warm tap water for 15 minutes, placed in distilled water for 30-60 seconds and treated with eosin solution (Sigma-Aldrich) for 30-60 seconds.

The sections were subsequently dehydrated and mounted using the Eukitt® quick-hardening mounting medium (Sigma-Aldrich). Histology sections were reviewed by an independent histopathologist with a special interest in hepatobiliary histology (SD).

5 **TUNEL assay**

6 The TUNEL assay was performed using a commercially available kit (abcam,

7 ab66110) according to the manufacturer's instructions.

8 Fluorescein Isothiocyanate (FITC) cholangiogram

9 In situ FITC cholangiogram was performed in sacrificed animals after 10 dissection of the gallbladder free from the adherent liver lobes, but before 11 surgical interruption of the extrahepatic biliary tree. The distal bile duct was 12 cannulated with a 23¹/₂ gauge needle and FITC injected retrogradely into the 13 gallbladder and images taken under a fluorescent microscope.

14 Magnetic resonance cholangiogram (MRCP)

Magnetic resonance cholangiogram (MRCP) was performed after sacrifice of the animals. MRCP was performed at 4.7T using a Bruker BioSpec 47/40 system. A rapid acquisition with relaxation enhancement sequence was used with an echo train length of 40 echoes at 9.5ms intervals, a repetition time of 1000ms, field of view 5.84×4.18×4.18cm³ with a matrix of 256×180×180 yielding an isotropic resolution of 230µm. The actively-decoupled four-channel mouse cardiac array provided by Bruker was used for imaging.

For the second mouse imaged, for higher signal to noise ratio to give improved visualisation of the biliary ducts a two-dimensional sequence was used with slightly varied parameters (24 spaced echoes at 11ms intervals to give an effective echo time of 110ms; repetition time 5741ms; matrix size of

256×256; field of view of 4.33×5.35cm² yielding a planar resolution of
170×200µm²). Fifteen slices were acquired coronally through the liver and gall
bladder with a thickness of 0.6mm. For this acquisition, a volume coil was
used to reduce the impact of radiofrequency inhomogeneity.

To examine the biliary ducts and gall bladder, images were prepared by maximum intensity projections. Structural imaging to rule out neoplastic growths was performed using a T1-weighted 3D FLASH (fast low-angle shot) sequence with a flip angle of 25°, repetition time of 14ms and an echo time of 7ms. The matrix was 512×256×256 with a field of view of 5.12×2.56×2.56cm³ for a final isotropic resolution of 100µm.

11 The MRCP images were reviewed by 2 independent radiologists with a 12 special interest in hepatobiliary radiology (EMG, SU).

13 Statistical analyses

All statistical analyses were performed using GraphPad Prism 6. For small 14 sample sizes where descriptive statistics are not appropriate, individual data 15 points were plotted. For comparison between 2 mean values a 2-sided 16 student's t-test was used to calculate statistical significance. The normal 17 18 distribution of our values was confirmed using the D'Agostino & Pearson omnibus normality test where appropriate. Variance between samples was 19 tested using the Brown-Forsythe test. For comparing multiple groups to a 20 21 reference group one-way ANOVA with Dunnett correction for multiple comparisons was used between groups with equal variance, while the 22 23 Kruskal-Wallis test with Dunn's correction for multiple comparisons was applied for groups with unequal variance. Survival was compared using log-24 rank (Mantel-Cox) tests. Where the number of replicates (n) is given this 25

refers to biological replicates or number of different animals unless otherwise
 stated.

For animal experiments, initial group sizes were estimated based on previous study variance. No statistical methods were used to calculate sample size. No formal randomization method was used to assign animals to the experimental group. However; animals were randomly picked from a cage by a technician not involved in the study. No animals were excluded from the analysis. No blinding was used when reviewing radiology images or histopathology slides.

9

Author Contributions: FS: Design and concept of study, execution of 10 experiments and data acquisition, development of protocols and validation, 11 collection and interpretation of data, production of figures, manuscript writing, 12 editing and final approval of manuscript; AWJ: Conception of the technique, 13 scaffold design and generation of densified collagen tubular scaffolds; OCT: 14 animal experiments including kidney capsule injections; cell culture, provision 15 and harvesting of mouse tissue; StS: Magnetic Resonance Imaging (MRI); 16 17 EMG, SSU: MRI review and reporting; RLG: Animal experiments, IF, tissue histology; MCDB: Cell culture, generation of viral particles, viral transduction, 18 19 generation of GMP-ECOs; NLB, LV: Animal experiments; MJGV, PM: 20 Bioinformatics analyses; DO: Flow cytometry analyses; LY: Western blot analyses; AB: Flow cytometry analyses, bioinformatics support; JB: Tissue 21 histology, IF; MarZ: Scaffold preparation; MTP: Generation of viral particles, 22 23 viral transduction, generation of GMP-ECOs; MP: Generation of viral particles; 24 GMS: scaffold generation; PMM,KES: maintenance and provision of fibroblast controls; NP: tissue culture; NG, CAR: Harvesting and preparation of primary 25

tissue; IS: Karyotyping, CGH analyses; SD: Histology review and reporting; 1 2 WS, JC, KBJ, MatZ, SaS, WTHG, GJA, NRFH, SEB, TW, THK, EM: critical revision of the manuscript for important intellectual content. AEM: Scaffold 3 design, critical revision of the manuscript for important intellectual content. 4 KSP: Primary tissue provision, animal experiments, design and concept of 5 study, study supervision, interpretation of data, editing and final approval of 6 manuscript. LV: Design and concept of study, study supervision, interpretation 7 of data, editing and final approval of manuscript. 8

9

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- 8
- 9 Competing interests: LV is a founder and shareholder of DefiniGEN. The
 10 remaining authors have nothing to disclose.

1 References

2	1.	Murray, K. F. & Carithers, R. L. AASLD practice guidelines: Evaluation
3		of the patient for liver transplantation. Hepatology 41, 1407–1432
4		(2005).
5	2.	Perkins, J. D. Are we reporting the same thing?: Comments. Liver
6		<i>Transplant.</i> 13 , 465–466 (2007).
7	3.	Skaro, A. I. et al. The impact of ischemic cholangiopathy in liver
8		transplantation using donors after cardiac death: The untold story.
9		Surgery 146 , 543–553 (2009).
10	4.	Enestvedt, C. K. et al. Biliary complications adversely affect patient and
11		graft survival after liver retransplantation. Liver Transpl. 19, 965–72
12		(2013).
13	5.	Gallo, A. & Esquivel, C. O. Current options for management of biliary
14		atresia. Pediatr. Transplant. 17, 95–98 (2013).
15	6.	Felder, S. I. et al. Hepaticojejunostomy using short-limb Roux-en-Y
16		reconstruction. JAMA Surg 148, 253–7-8 (2013).
17	7.	Sampaziotis, F., Segeritz, CP. & Vallier, L. Potential of human induced
18		pluripotent stem cells in studies of liver disease. Hepatology 62, 303-
19		311 (2015).
20	8.	Kanno, N., LeSage, G., Glaser, S., Alvaro, D. & Alpini, G. Functional
21		heterogeneity of the intrahepatic biliary epithelium. Hepatology 31, 555-
22		61 (2000).
23	9.	Sampaziotis, F. et al. Cholangiocytes derived from human induced

1		pluripotent stem cells for disease modeling and drug validation. Nat.
2		<i>Biotechnol.</i> 1–11 (2015). doi:10.1038/nbt.3275
3	10.	LeSage, G., Glaser, S. & Alpini, G. Regulation of cholangiocyte
4		proliferation. <i>Liver</i> 21 , 73–80 (2001).
5	11.	Huch, M. et al. Long-Term Culture of Genome-Stable Bipotent Stem
6		Cells from Adult Human Liver. <i>Cell</i> 160 , 299–312 (2014).
7	12.	Masyuk, A. I., Masyuk, T. V & LaRusso, N. F. Cholangiocyte primary
8		cilia in liver health and disease. Dev. Dyn. 237, 2007–12 (2008).
9	13.	Tabibian, J. H., Masyuk, A. I., Masyuk, T. V., O'Hara, S. P. & LaRusso,
10		N. F. Physiology of cholangiocytes. Compr. Physiol. 3, 541–565 (2013).
11	14.	Cízková, D., Morký, J., Micuda, S., Osterreicher, J. & Martínková, J.
12		Expression of MRP2 and MDR1 transporters and other hepatic markers
13		in rat and human liver and in WRL 68 cell line. Physiol. Res. 54, 419–28
14		(2005).
15	15.	Gigliozzi, A. et al. Molecular identification and functional
16		characterization of Mdr1a in rat cholangiocytes. Gastroenterology 119,
17		1113–22 (2000).
18	16.	Xia, X., Francis, H., Glaser, S., Alpini, G. & LeSage, G. Bile acid
19		interactions with cholangiocytes. World J. Gastroenterol. 12, 3553-63
20		(2006).
21	17.	Caperna, T. J., Blomberg, L. A., Garrett, W. M. & Talbot, N. C. Culture
22		of porcine hepatocytes or bile duct epithelial cells by inductive serum-
23		free media. In Vitro Cell. Dev. Biol. Anim. 47, 218–33 (2011).

1	18.	Marinelli, R. A. et al. Secretin induces the apical insertion of aquaporin-
2		1 water channels in rat cholangiocytes. Am. J. Physiol. 276, G280-6
3		(1999).
4	19.	Gong, AY. et al. Somatostatin stimulates ductal bile absorption and
5		inhibits ductal bile secretion in mice via SSTR2 on cholangiocytes. Am.
6		J. Physiol. Cell Physiol. 284, C1205-14 (2003).
7	20.	Ito, M. et al. NOD/SCID/gamma(c)(null) mouse: an excellent recipient
8		mouse model for engraftment of human cells. Blood 100, 3175–82
9		(2002).
10	21.	Jabłonska, B. End-to-end ductal anastomosis in biliary reconstruction:
11		indications and limitations. Can. J. Surg. 57, 271–277 (2014).
12	22.	Gjorevski, N. et al. Designer matrices for intestinal stem cell and
13		organoid culture. Nature 539, 560–564 (2016).
14	23.	Koo, B. K. & Clevers, H. Stem cells marked by the r-spondin receptor
15		LGR5. Gastroenterology 147, 289–302 (2014).
16	24.	Farin, H. F., Van Es, J. H. & Clevers, H. Redundant sources of Wnt
17		regulate intestinal stem cells and promote formation of paneth cells.
18		Gastroenterology 143, 1518–1529.e7 (2012).
19	25.	Du, P., Kibbe, W. a & Lin, S. M. lumi: a pipeline for processing Illumina
20		microarray. Bioinformatics 24, 1547–8 (2008).
21	26.	Lin, S. M., Du, P., Huber, W. & Kibbe, W. A. Model-based variance-
22		stabilizing transformation for Illumina microarray data. Nucleic Acids
23		<i>Res.</i> 36 , (2008).

1	27.	Smyth, G. K. Linear models and empirical bayes methods for assessing
2		differential expression in microarray experiments. Stat Appl Genet Mol
3		Biol 3, Article3-Article3 (2004).
4	28.	Bertero, A. et al. Activin/Nodal signaling and NANOG orchestrate
5		human embryonic stem cell fate decisions by controlling the H3K4me3
6		chromatin mark. Genes Dev. 29, 702–17 (2015).
7	29.	Campos, P. B., Sartore, R. C., Abdalla, S. N. & Rehen, S. K.
8		Chromosomal spread preparation of human embryonic stem cells for
9		karyotyping. J. Vis. Exp. 4–7 (2009). doi:10.3791/1512
10	30.	Hannan, N. R. F. et al. Generation of multipotent foregut stem cells from
11		human pluripotent stem cells. Stem Cell Reports 1, 293–306 (2013).
12	31.	Koo, BK., Sasselli, V. & Clevers, H. Retroviral gene expression control
13		in primary organoid cultures. Curr. Protoc. Stem Cell Biol. 27, Unit 5A.6.
14		(2013).
15	32.	Shultz, L. D. et al. Human lymphoid and myeloid cell development in
16		NOD/LtSz-scid IL2R gamma null mice engrafted with mobilized human
17		hemopoietic stem cells. J. Immunol. 174, 6477–6489 (2005).
18		

1 Figure Legends

2

3 Figure 1

Derivation and characterization of Extrahepatic Cholangiocyte Organoids 4 (ECOs). (a) Schematic representation of the method used for the derivation of 5 ECOs. (b) Photograph of a 24-well plate well containing ECO organoids under 6 3D culture conditions. Scale bar: 1cm (c) Light microscopy image of ECO 7 organoids. Scale bar: 1 mm (d) Transmitted electron microscopy picture of 8 ECOs demonstrating the presence of cilia (black arrowhead). Scale bar: 9 500nm (e) Quantitative real time PCR (QPCR) confirming the expression of 10 biliary markers in Passage 1 (P1), Passage 10 (P10) and Passage 20 (P20) 11 12 ECOs compared to freshly isolated Primary Cholangiocytes (PCs) and Embryonic Stem (ES) cells used as a negative control, n=4 biological 13 14 replicates. Center line, median; box, interguartile range (IQR); whiskers, range 15 (minimum to maximum). Values are relative to the housekeeping gene Hydroxymethylbilane Synthase (*HMBS*) (f) Immunofluorescence (IF) analyses 16 confirming the expression of biliary markers in ECO organoids. Scale bars: 17 100 µm. Single channel and higher magnification images are provided in 18 Supplementary Figure 6a. (g) Euclidian hierarchical clustering analysis 19 comparing the transcriptome of primary cholangiocytes (Primary), passage 20 20 ECOs (ECO), iPS-derived intrahepatic cholancgiocyte-like-cells (iChoLC), ES 21 cells (ES) and hepatocytes (HEP). For each probe, standard scores (z-22 23 scores) indicate the differential expression measured in number of standard deviations from the average level across all the samples. Clusters of genes 24

expressed in ECOs, primary cholangiocytes or both cell types are indicated.
GO analyses for each cluster are provided in Supplementary Figure 7e. The
data corresponds to biological triplicates.

4

5 Figure 2

Functional characterization of ECO organoids. (a) Fluorescence images 6 7 demonstrating secretion of the MDR1 fluorescent substrate rhodamine 123 in the lumen of ECOs. Luminal accumulation of rhodamine is inhibited the MDR1 8 inhibitor verapamil, confirming MDR1 activity. Scale bars: 100 µm. (b) 9 10 Fluorescence intensity along the red line in (a). (c) Mean intraluminal fluorescence intensity normalized to background in freshly plated Primary 11 Cholangiocytes (Rho PCs), Passage 20 ECOs (Rho P20) and P20 ECOs 12 treated with verapamil (Ver). Error bars, Standard Deviation (SD); n=1565 13 measurements in total. Asterisks (****) indicate statistical significance 14 15 (*P*<0.001, Kruskal-Wallis test with Dunn's correction for multiple comparisons) (d) Luminal extrusion of the fluorescent bile acid CLF compared to controls 16 loaded with Fluorescein Isothiocyanate (FITC), confirming active bile acid 17 18 transfer. Scale bars: 100 µm. (e) Fluorescence intensity along the red line in (d). (f) Mean intra-luminal fluorescence intensity normalized over background, 19 n=1947 total measurements. Error bars, SD; asterisks as in (c). (g) ALP 20 21 staining of ECOs. Scale bars: Light microscopy: 500µm, Whole well images: 1cm. (h) Mean GGT activity of P20 ECOs vs. PCs; error bars, SD; n=3, 22 asterisks as in (c). (i,j) Mean diameter measurements (i) and live images (j) 23 of ECOs treated with secretin or secretin and somatostatin, n=8. Error bars, 24

SD; ****P*<0.001; #*P*>0.05 (Kruskal-Wallis test with Dunn's correction for
 multiple comparisons). (a-j) Data representative of 3 different experiments.

3

4 Figure 3

Biliary reconstruction in an extrahepatic biliary injury (EHBI) mouse model 5 using ECOs. (a) Schematic representation of the method used for biliary 6 reconstruction. (b) Kaplan-Meier survival analysis, demonstrating rescue of 7 EHBI mice following biliary reconstruction with ECO-populated scaffolds. 8 9 **P<0.01 (log-rank test). (c) Images of gallbladders reconstructed with acellular PGA scaffolds (scaffold only), PGA scaffolds populated with ECOs 10 11 (transplanted) and native not reconstructed gallbladder controls (not transplanted), demonstrating full reconstruction with ECO populated scaffolds. 12 CD: cystic duct, CBD: common bile duct, CHD: common hepatic duct, F: 13 14 fundus, A: anterior surface, P: posterior surface. Scale bars: 500µm. (d) H&E staining demonstrating physiological architecture of the reconstructed 15 gallbladders. L: lumen. Scale bars: 100µm (e) IF analyses demonstrating the 16 presence of GFP-positive ECOs expressing biliary markers in the 17 reconstructed gallbladders. L: lumen Scale bars: 100 µm. Higher 18 magnification images are provided in supplementary figure 14 (f,g) FITC 19 cholangiogram (f) Resonance 20 (n=1) and Magnetic Cholangio-Pancreatography (MRCP) images (n=2) (g) of reconstructed (transplanted) 21 22 vs. native control (not transplanted) gallbladders (GB) demonstrating a patent lumen and unobstructed communication with the rest of the biliary tree. Scale 23 bars: 1mm 24

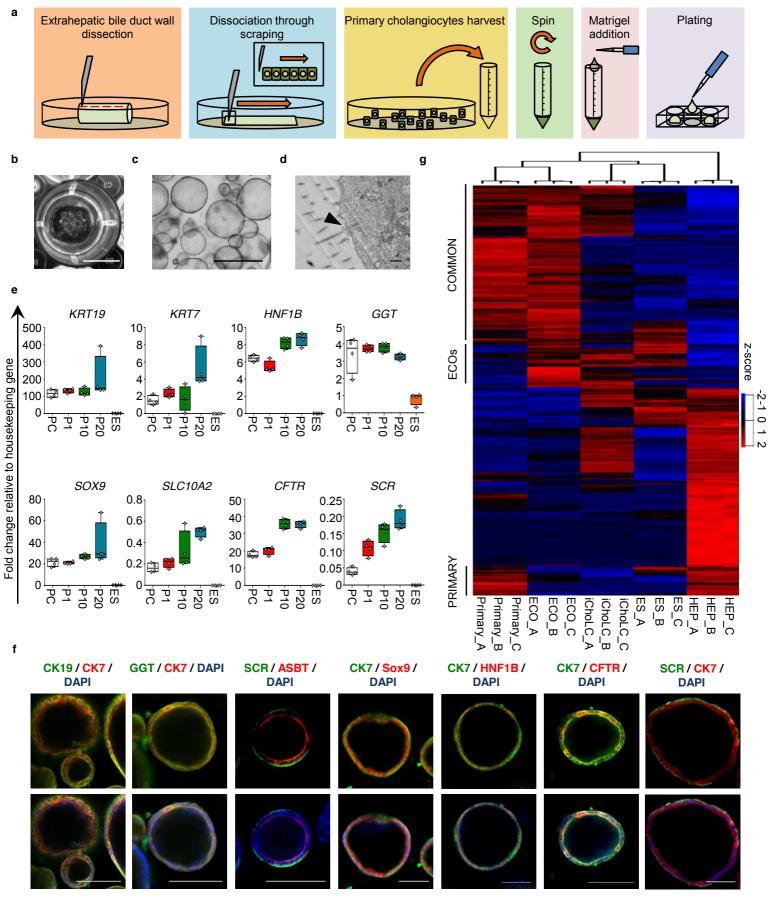
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2 Figure 4

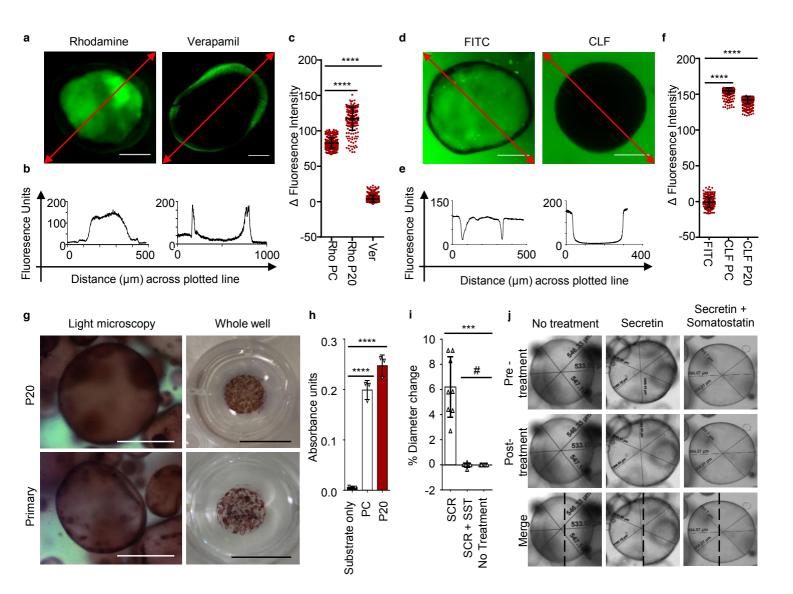
3 Bile duct replacement using ECO-populated densified collagen tubes. (a) Schematic representation of the method used. (b) Postmortem images of 4 mice receiving ECO-populated collagen tubes (ECOs) vs. mice receiving 5 6 fibroblast-populated tubes (fibroblasts). Bile flow results in vellow pigmentation of ECO-tubes. The white color of the fibroblast conduit 7 combined with a dilated bile-filled (yellow color) proximal bile duct (PDB) 8 9 suggests luminal occlusion, resulting in bile leak (yellow peritoneal pigmentation; white dashed line). SC: Collagen tubes/scaffolds; DBD: Distal 10 Bile duct; scale bars 500µm. (c) Images of a thin walled construct resembling 11 the native bile duct in animals receiving ECO-populated tubes vs. a thickened 12 construct with no distinguishable lumen in animals receiving fibroblast tubes. 13 Scale bars 500µm. (d) QPCR using human-specific primers confirming the 14 expression of biliary markers by transplanted ECO-populated tubes (ECOs in 15 vivo) compared to cultured ECOs (ECOs in vitro) and mouse biliary tissue 16 17 used as a negative control, n=4 replicates. Center line, median; box, interquartile range (IQR); whiskers, range (minimum to maximum). Values are 18 19 relative to *HMBS* expression. (e) H&E staining demonstrating the presence of 20 a biliary epithelium and a patent lumen in ECO-tubes but not fibroblast constructs. Scale bars 100µm. (f) IF analyses demonstrating a GFP+/ CK19+ 21 epithelium lining the lumen of ECO-constructs, vs. obliteration of the lumen by 22 23 fibroblasts in fibroblast constructs. Scale bars 100µm. (g) FITC cholangiogram, demonstrating lumen patency in ECO-tubes vs. lumen 24

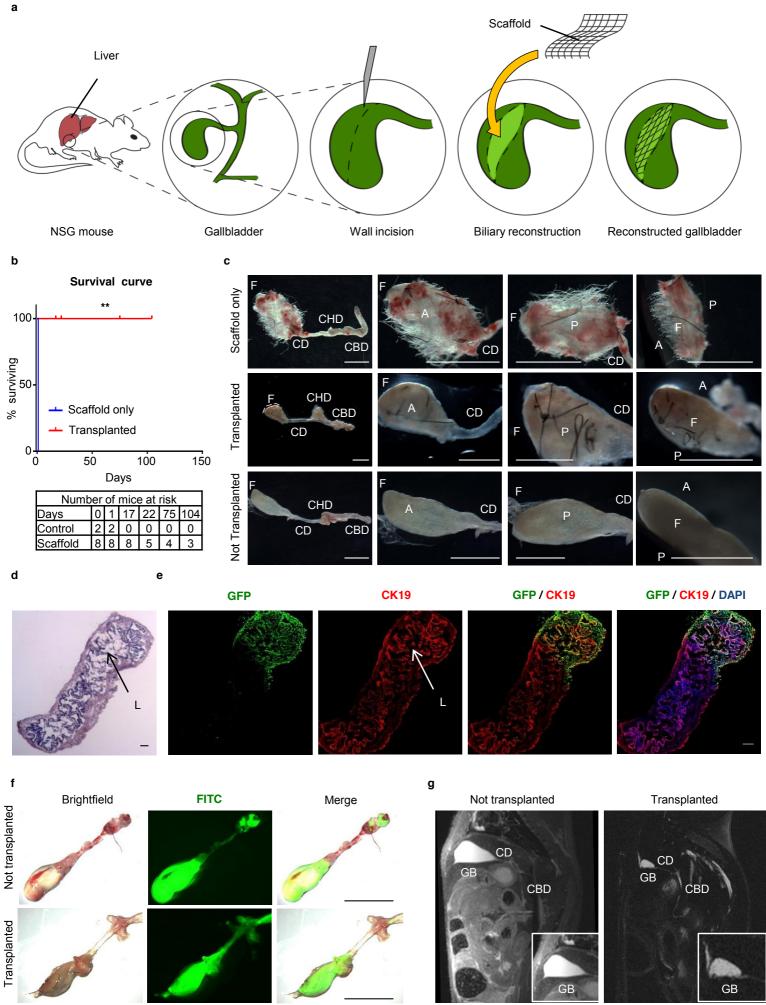
- 1 occlusion in fibro-constructs. Scale bars: 500µm (h) ALP activity is observed
- 2 only in ECO-tubes, but not in fibroblast constructs. Scale bars: 500µm

Sampaziotis et al. Figure 1

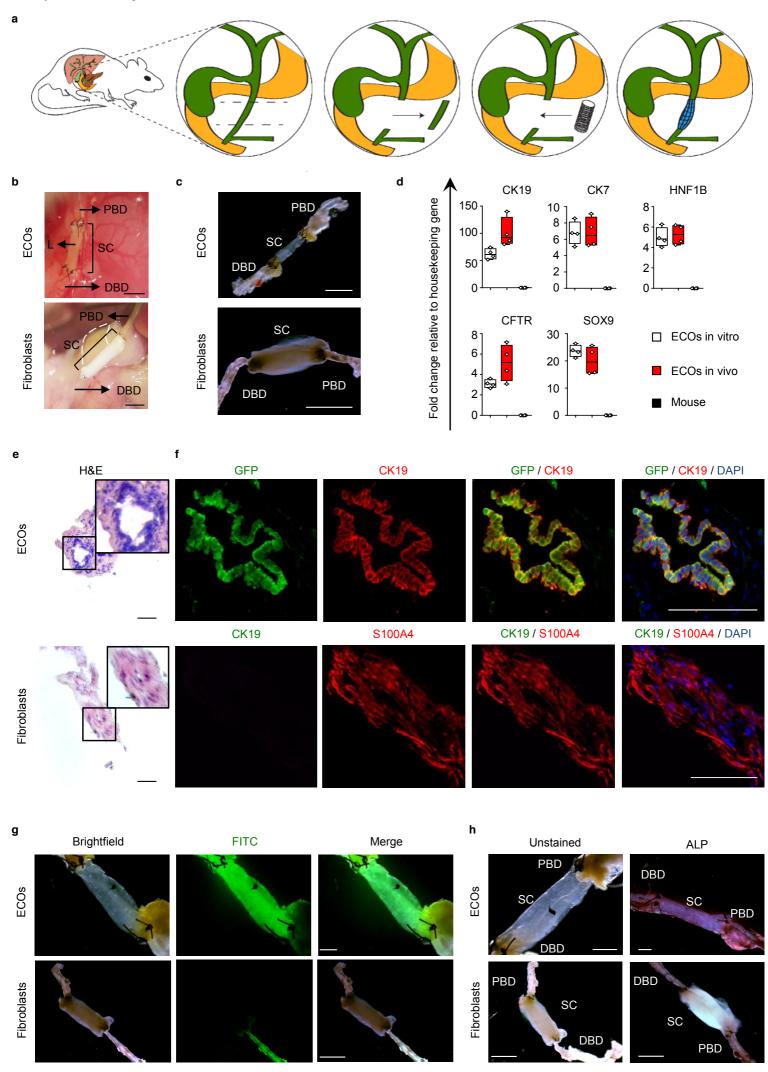


Sampaziotis et al. Figure 2





Sampaziotis et al. Figure 4



1 Supplementary Note

2 Supplementary Results

To assess the potential of ECOs for tissue engineering, we first interrogated their 3 capacity for populating Polyglycolic Acid (PGA) biodegradable scaffolds commonly 4 used to provide the structural and mechanical support required for tissue 5 reconstruction (1). Indeed, PGA is one of the most widely used synthetic polymers 6 7 since it does not induce inflammatory responses in the surrounding tissue; it is biodegradable; and it is more flexible and easier to process compared to natural 8 9 polymers such as collagen (2). To facilitate tracking of the cells, ECOs expressing Green Fluorescent Protein (GFP) were generated through viral transduction 10 (Supplementary Fig. 10a-10b). The resulting cells were seeded on PGA scaffolds, 11 attached to the PGA fibers after 24-48 hours and continued to grow for 4 weeks until 12 the scaffold was confluent (Supplementary Fig 11a-11d). Primary cholangiocytes 13 plated in 2D conditions demonstrated limited expansion potential and failed to reach 14 confluency when seeded on the scaffolds (Supplementary Fig 12a-b), suggesting 15 that the proliferative capacity of ECOs is crucial for successful scaffold colonization. 16 17 The populated PGA scaffolds (Supplementary Fig 11b-11c), could easily be handled with forceps and divided into smaller pieces with a surgical blade. Furthermore, the 18 cells populating the scaffolds retained expression of biliary markers such as CK7 and 19 CK19 (Supplementary Fig 11e-11f), demonstrated no evidence of EMT 20 (Supplementary Fig. 11e, 11g) and maintained their functional properties including 21 ALP and GGT activity (Supplementary Figure 11h-11i). Therefore, ECOs can 22 23 successfully populate PGA scaffolds, while maintaining their functionality and marker expression. 24

We then focused on the generation of a tubular ECO-populated scaffold, which could 1 2 be used in the context of bile duct replacement surgery. The internal diameter of the mouse CBD is approximately 100µm with a wall thickness of less than 50µm, which 3 precluded the use of a PGA scaffold due to mechanical properties. Instead, we 4 generated densified collagen tubular scaffolds (Supplementary Fig 15a-15b) which 5 were populated with GFP-expressing ECOs (supplementary Fig 15c-15e). The use 6 of densified collagen enabled the generation of constructs with an external diameter 7 ranging from 250 to 600µm and adequate strength to maintain a patent lumen 8 (Supplementary Fig 15d). Importantly, the cells populating the collagen scaffolds 9 10 maintained expression of biliary markers such as CK19, CK7, HNF1b, Sox9 and 11 CFTR (Supplementary Fig 15f-15g) and exhibited GGT and ALP enzymatic activity (Supplementary Fig 15h-15i). Primary epithelial cells of different origin (human 12 mammary epithelial cells; HMEC) failed to survive and adequately populate densified 13 collagen tubes under the same conditions (Supplementary Fig. 16a). Moreover, 14 plated HMECs failed to survive in a 10% (vol/vol) bile solution compared to ECOs 15 (Supplementary Fig. 16b), further confirming that ECOs constitute the only cell type 16 capable of generating bile resistant bio-engineered bile ducts. Collectively, these 17 18 results demonstrate the capacity of ECOs for populating tubular densified collagen scaffolds without losing their original characteristics. 19

20

21 Supplementary discussion

Our system provides proof-of-principle for the application of primary cells in regenerative medicine; however, the use of stem cells has been suggested as an alternative for cell based therapy. Although we have recently established a system

for the generation of stem cell-derived cholangiocyte-like cells (CLCs) (3), there are 1 2 significant differences between ECOs and CLCs that render ECOs better suited to regenerative therapies for extrahepatic biliary injury. CLCs correspond to intrahepatic 3 cholangiocytes, while ECOs represent extrahepatic biliary epithelium. These two cell 4 types are distinct in terms of embryological origin and disease involvement (4). 5 Furthermore, CLCs still express fetal markers and therefore are more immature 6 compared to ECOs derived from primary cells (3). Therefore, CLCs may require a 7 8 period of adjustment and further maturation in vivo, while mature, functional cells, such as ECOs, are required for coping with biliary injury in the acute setting. Finally, 9 10 although hIPSCs provide a very good source of cells capable of generating almost 11 any tissue, fully differentiated CLCs cannot be expanded; initial derivation/ characterization of hIPSC lines remains time consuming; while variability in capacity 12 of differentiation still constitutes a challenge. ECOs can be derived in less than 24 13 hours with a very high efficiency and can be expanded for multiple passages without 14 losing their original characteristics. Consequently, ECOs are comparable to CLCs in 15 terms of scalability, while their mature phenotype provides a unique advantage for 16 regenerative medicine applications in the context of tissue repair. 17

18

19 Supplementary References

Chan, B. P. & Leong, K. W. Scaffolding in tissue engineering: general
 approaches and tissue-specific considerations. *Eur. Spine J.* 17, 467–479
 (2008).

Cheung, H.-Y., Lau, K.-T., Lu, T.-P. & Hui, D. A critical review on polymer based bio-engineered materials for scaffold development. *Compos. Part B*

Eng. **38**, 291–300 (2007).

2	3.	Sampaziotis, F. et al. Cholangiocytes derived from human induced pluripotent
3		stem cells for disease modeling and drug validation. Nat. Biotechnol. 1–11
4		(2015). doi:10.1038/nbt.3275
5	4.	Tabibian, J. H., Masyuk, A. I., Masyuk, T. V., O'Hara, S. P. & LaRusso, N. F.
6		Physiology of cholangiocytes. Compr. Physiol. 3, 541–565 (2013).

1 Supplementary Figure 1

Screening for optimal conditions for the isolation and propagation of extra-hepatic 2 cholangiocytes (a) Mean viability ratio following isolation of primary cholangiocytes 3 with different methods. C+D: Collagenase + Dispase. Error bars, SD; n=3. Asterisks 4 represent statistically significant differences in viability ratio between mechanical 5 dissociation and other isolation methods; ***P<0.001, ****P<0.0001; one-way 6 ANOVA with Dunnett correction for multiple comparisons (b) Mean number of 7 8 resulting cells following 7 days of culture with various growth factors. E: Epidermal Growth Factor, R: R-spondin, D: DKK-1, IL6: Interleukin-6, HGF: Hepatocyte Growth 9 Factor, VEGF: Vascular Endothelial Growth Factor, FBS: Foetal Bovine serum, F2: 10 Fibroblast Growth Factor (FGF) 2, F7: FGF-7, F10: FGF-10, A: Activin-A, SB: Activin 11 inhibitor SB-431542. Error bars, SD; n=3. Asterisks represent statistically significant 12 differences in the number of resulting cells between E+R+D and other culture 13 conditions; ****P<0.0001; one-way ANOVA with Dunnett correction for multiple 14 comparisons (c) Representative live images of freshly isolated primary 15 cholangiocytes grown under different culture conditions for 7 days. EGF: Epidermal 16 Growth Factor. Scale bars: 500 µm. (d) Western blot analyses demonstrating 17 increased levels of phosphorylated β-catenin in ECOs treated with R-spondin and 18 DKK vs. R-spondin alone or R-spondin and the GSK-3 inhibitor CHIR 99021 (CHIR), 19 used as a positive control. (e) Quantification of the western blot demonstrated in 20 panel (d). (f) ECOs treated with R-spondin and DKK exhibit increased Rho Kinase 21 activity, consistent with non-canonical Wnt signalling/ PCP pathway activation. Error 22 bars: SD; ****P<0.0001; one way anova with Dunnett correction for multiple 23 comparisons; n=3; Y-27632: Rho Kinase inhibitor Y-27632. 24

25

1 Supplementary Figure 2

ECOs represent a highly homogeneous population of epithelial CK19+/CK7+ cells, with minimal mesenchymal contamination. Flow cytometry analyses demonstrating the expression of the biliary markers CK7 and CK19 but not the mesenchymal marker vimentin (VIM) in freshly isolated primary cholangiocytes (Primary) and Passage 20 (P20) ECOs, n=3. Fibroblasts are used as a positive control for mesenchymal markers.

8

9 Supplementary Figure 3

Characterization of ECO lines derived from the gallbladder and common bile duct 10 brushings. (a) Schematic representation of the method for the derivation of ECOs 11 from the gallbladder. (b) Schematic representation of the method for the derivation of 12 ECOs from common bile duct brushings. (c) Quantitive real time PCR (QPCR) 13 confirming the expression of biliary markers in Passage 20 (P20) organoids of 2 14 ECO lines derived from common bile duct brushings (ECO BR) and the gallbladder 15 (ECO GB). Freshly isolated cholangiocytes (Primary) are used as a positive control, 16 n=4 biological replicates. Center line, median; box, interquartile range (IQR); 17 whiskers, range (minimum to maximum). Values are relative to the housekeeping 18 19 gene Hydroxymethylbilane Synthase (*HMBS*). (d) Immunofluorescence (IF) analyses confirming the expression of biliary markers in P20 ECO BR and ECO GB 20 organoids. Scale bars: 100 µm. (e) ALP staining of P20 ECO BR and ECO GB 21 organoids. Scale bars: 500µm. (f) Mean GGT activity of P20 ECO BR and ECO GB 22 vs. primary cholangiocytes; n=3; error bars, SD. These data are complementary to 23 the data shown in Figures 1 and 2. 24

1

2 Supplementary Figure 4

Genetic stability of ECOs following long-term in vitro culture for 20 passages. (a)
Growth curves of 3 different ECO lines cultured in vitro for 20 passages. (b) Normal
Karyotype of ECOs at P20; n=3. (c) Comparative Genomic Hybridization analyses
comparing ECOs at Passage 1 (red) and P20 (blue), demonstrating genomic stability *in vitro*; n=3.

8

9 Supplementary Figure 5

ECOs exhibit ultra-structural features characteristic of cholangiocytes. Transmission
 electron microscopy image demonstrating the presence of microvilli (white
 arrowheads) and tight junctions (black arrowheads) in passage 20 ECO cells. Scale
 bar: 2µm.

14

15 Supplementary Figure 6

ECOs express markers biliary markers. **(a-b)** Single channel **(a)** and high magnification **(b)** images of the IF analyses demonstrated in Figure 1f demonstrating the expression of biliary markers by ECOs. Scale bars: 100µm. These data are complementary to the data shown in Figure 1.

20

21 Supplementary Figure 7

ECOs do not express markers of other lineages. (a) IF images demonstrating the 1 2 lack of expression of stem cell markers or markers of other lineages (liver, pancreas) by ECOs. Scale bars: 100µm (b) IF images demonstrating appropriate positive 3 controls expressing the markers demonstrated in (a). (c) QPCR analyses 4 demonstrating the lack of expression of stem cell markers or markers of other 5 lineages (liver, pancreas) by ECOs. Stel, activated stellate cells; Fibro, fibroblasts; 6 HEP, primary human freshly plated hepatocytes; Panc, primary human pancreatic 7 cells; ES, embryonic stem cells; HB, hIPSC-derived hepatoblasts; SC, ECO 8 populated scaffolds; Int. Org., Intestinal Organoids; n=4 biological replicates; n=3 9 biological replicates for POU5F1, NANOG, PROM1. Center line, median; box, 10 11 interquartile range (IQR); whiskers, range (minimum to maximum). Values are relative to the housekeeping gene Hydroxymethylbilane Synthase (HMBS). 12

13

14 Supplementary Figure 8

Transcriptomic profile analyses of ECOs. (a) Euclidean hierarchical clustering 15 analysis comparing the transcriptome of ECOs across multiple passages (P1, P10, 16 P20) and Embryonic Stem (ES) cells used as a negative control, focusing on genes 17 that define the transcriptional signature of ECOs (4513 genes differentially 18 expressed between ECOs and ES cells). For each probe, standard scores (z-scores) 19 indicate the differential expression measured in number of standard deviations from 20 21 the average level across all the samples, n=3. (b) Heatmap showing the Pearson correlation coefficient (r) of the global gene expression between ECOs across 22 multiple passages (P1, P10, P20), freshly isolated primary cholangiocytes (PCs), 23 hIPSC-derived intrahepatic Cholangiocyte Like Cells (iChoLC), primary hepatocytes 24

(HEPs) and ES used as a negative control, n=3. The analysis was performed 1 2 focusing on all probes detected in all 3 biological replicates. (c) Heatmap showing the expression of representative biliary, hepatic and stem cell markers between 3 passage 20 ECOs (ECOs), PCs, HEPs and ES cells; n=3; z-scores as in (a). (c) 4 Principal Component Analysis (PCA) between ECOs, PCs, iChoLC, HEPs and ES 5 cells, n=3. The analysis was performed using all probes detected in all 3 replicates. 6 ECOs cluster closely with primary cholangiocytes for component 1 accounting for 7 41% of total variability. (d) Gene ontology (GO) analyses focusing on the genes 8 differentially expressed between PCs and ECOs in Figure 1g; n=3. Characteristic 9 10 GO terms from each cluster are provided (*P*<0.05). Terms associated with the biliary 11 epithelium are identified only in the common cluster.

12

13 Supplementary Figure 9

ECOs injected under the kidney capsule of immune compromised mice form tubular 14 structures expressing biliary markers, but do not demonstrate spontaneous 15 differentiation in other lineages. (a) Schematic representation of the method used for 16 the injection of ECOs. (b) Image of an excised kidney transplanted with ECOs; scale 17 18 bar: 500µm. (c) Cross-section of a transplanted kidney demonstrating the formation of tubular structures; scale bar: 500µm. (d) IF images demonstrating the formation of 19 tubular structures by the engrafted cells expressing the biliary marker CK7 and a 20 21 human-specific Ku80 epitope, but not expressing stem cell markers or markers of other lineages (liver, pancreas). Scale bars: 100µm. 22

23

1 Supplementary Figure 10

Generation of ECOs expressing Green Fluorescent Protein (GFP). (a) Flow
cytometry analyses demonstrating the generation of a homogeneous population of
GFP-ECOs following lentiviral transduction and flow sorting. (b) Confocal microscopy
images demonstrating the generation of fully grown GFP-ECO organoids from a
single GFP-expressing cell. Scale bars: 100 µm. Images are representative.

7

8 Supplementary Figure 11

ECOs dissociated to single cells (ECO-SCs) can populate biodegradable PGA 9 scaffolds. (a.b) Photographs of a PGA scaffold before (a) and after (b) treatment with 10 ECOs. Scale bars: 1cm. (c) Light microscopy images of a PGA scaffold populated 11 with ECO-SCs. Red arrowheads: Fully populated scaffold; black arrowheads: cells 12 recruiting new PGA fibers; white arrowheads: PGA fibers. Scale bars: 100µm. (d) 13 Confocal microscopy images demonstrating cell expansion at different time-points 14 after seeding of GFP-positive ECO-SCs on a PGA scaffold. White lines indicate the 15 position of PGA fibers. Scale bars: 100µm. (e) IF demonstrating the expression of 16 biliary markers and lack of EMT markers in ECO-SCs seeded on PGA scaffolds. 17 Scale bars: 50µm (f) QPCR analyses demonstrating the expression of biliary 18 19 markers in ECOs before (ECOs) and after (scaffold) seeding on PGA scaffolds, n=4 biological replicates. Center line, median; box, interguartile range (IQR); whiskers, 20 range (minimum to maximum). Values are relative to the housekeeping gene 21 Hydroxymethylbilane Synthase (*HMBS*). (g) Ratio of CK7+/CK19+ and 22 CK19+/Vimentin (VIM)+ cells in randomly selected IF images similar to the image 23 shown in (e); n=6. (h) Mean GGT activity of ECO-SCs populating a PGA scaffold, 24

n=4. Error bars represent SD. *****P*<0.001 (two-tailed t-test). (i) ALP staining of PGA
 scaffolds populated by ECO-SCs. Scale bars: 500µm.

3

4 Supplementary Figure 12

2D plated cholangiocytes fail to populate PGA scaffolds. (a) Growth curves of 5 primary cholangiocytes plated as monolayer (2D) vs. primary cholangiocytes grown 6 7 as ECOs (ECO), demonstrating that 2D cholangiocytes stop proliferating after a few passages. Starting from the same number of cells (5x10⁵) 2D cholangiocytes fail to 8 provide the number of cells required to seed a PGA scaffold (10^7 cells). (b) 9 10 Brightfield images demonstrating that 2D cholangiocytes fail to expand and populate PGA scaffolds and remain limited to the site of injection. A brightfield image of a 11 scaffold populated by ECOs dissociated to single cells (ECO-SC) is provided as a 12 positive control. The scaffold was seeded with same number of cells and cultured for 13 the same period of time as the 2D cholangiocyte scaffold. Scale bars: 100µm. 14

15

16 Supplementary Figure 13

Fibroblast-populated scaffolds fail to reconstruct the gallbladder following transplantation in EHBI mice. (a) Flow cytometry analyses demonstrating the generation of a homogeneous population of GFP-expressing Fibroblasts (GFP-Fibro) following lentiviral transduction. (b) IF images demonstrating the expression of GFP in fibroblasts following lentiviral transduction. Scale bars: 100µm. (c, d) Brightfied (c) and confocal microscopy (d) images demonstrating the generation of fibroblast populated PGA scaffolds. Scale bars: 100µm. (e,f) Postmortem images of

transplanted EHBI mice demonstrating failure to reconstruct the gallbladder with 1 2 fibroblast-populated scaffolds. The site of reconstruction can only be identified by the presence of non-absorbable sutures (white arrowheads). Scale bars: 1mm. (g) 3 Image of a gallbladder transplanted with a fibroblast-populated scaffold 4 demonstrating failure to reconstruct the organ, abnormal morphology more 5 consistent with a fibrotic mass and lack of a bile filled lumen. Scale bars: 1mm. (h) 6 T2 phase Magnetic Resonance Images (MRI; axial plane) demonstrating the 7 absence of a bile filled lumen in a gallbladder transplanted with a fibroblast 8 populated scaffold. The white signal consistent with bile is identified up to the cystic 9 duct but not at the site of the transplanted gallbladder. (i) H&E images demonstrating 10 11 replacement of the gallbladder epithelium by fibroblasts and obliteration of the gallbladder lumen. (i) IF analyses demonstrating the abscence of GFP-expressing 12 cells in the transplanted gallbladders, the lack of epithelial markers and the presence 13 of connective tissue markers, Scale bars: 100µm. 14

15

16 Supplementary Figure 14

Characterization of ECO-reconstructed gallbladders in extrahepatic biliary injury 17 (EHBI) mice. (a) Postmortem images of mice receiving acellular PGA scaffolds 18 (scaffold only), healthy control mice (not transplanted) and mice receiving ECO-19 populated PGA scaffolds (transplanted). The yellow pigmentation of the peritoneal 20 cavity (top, white dashed line) and seminal vesicles (bottom, black dashed line) is 21 consistent with bile leak in the 'scaffold only' group. Scale bars: 5mm (b) Post 22 mortem images demonstrating the reconstructed gallbladders in situ (n=3). Black 23 arrows: sutures; L: liver; scale bars: 1mm. (c) IF images of the transplanted 24

scaffolds, corresponding to figure 3e, demonstrating GFP-positive cells expressing 1 2 human (Ku80) and biliary markers (CK19, CK7, CFTR) integrated in the reconstructed biliary epithelium; the presence of mouse stromal cells expressing 3 vimentin and mouse endothelial cells expressing CD31; and the presence of GFP+, 4 CK19-, Vimentin+ cells integrated in connective tissue of the reconstructed organ. 5 Scale bars: 100µm. (d) QPCR analyses using human-specific primers confirming 6 expression of biliary markers by transplanted ECO-populated scaffolds (ECOs in 7 vivo) compared ECOs in vitro and mouse gallbladder used as a negative control, n=4 8 replicates. Center line, median; box, interquartile range (IQR); whiskers, range 9 10 (minimum to maximum). Values relative to HMBS expression. (e) Ratio of CK19+/CK7+, CK19+/GFP+ and Vimentin (VIM)/GFP+ cells quantified in randomly 11 selected sections of transplanted ECO-populated scaffolds; n=18. (f) T1&T2 vs. T2 12 phase Magnetic Resonance Images (MRI; axial plane) demonstrating bile in the 13 lumen of a reconstructed gallbladder (white signal) and a patent cystic duct relative 14 to the surrounding liver (n=2). GB: Gallbladder; CD: Cystic Duct; L: Liver 15 parenchyma. 16

17

18 Supplementary Figure 15

populate densified collagen tubular scaffolds. 19 ECOs can (a) Schematic representation of the method used. (b) Image of a densified collagen construct prior 20 to tube excision. Scale bar, 500µm. (c) Maximum intensity projection image 21 demonstrating a GFP+ ECO-populated tube after its generation. Scale bar; 10µm (d) 22 Confocal microscopy image demonstrating lumen patency of an ECO-populated 23 collagen tube. Scale bar; 10µm. (e) Images of a near confluent GFP+ ECO-tube. 24 25 Scale bar; 100µm. (f) IF analyses demonstrating the expression of biliary markers by

ECOs following the generation of ECO-tubes. Scale bar; 100µm. (g) QPCR analyses 1 2 demonstrating the expression of biliary markers before (ECOs) and after (Scaffold) the generation of ECO-populated collagen tubes. ES cells are used as a negative 3 control, n=4 replicates. Center line, median; box, interguartile range (IQR); whiskers, 4 range (minimum to maximum). Values are relative to HMBS expression. (h, i) ECO-5 tubes exhibit ALP (h) and GGT (i) activity. Scale bars, 500µm; MEFs, Mouse 6 Embryonic feeders used as negative control; Scaffold, ECO-populated, densified 7 collagen tubes; error bars, SD; n=3. 8

9

10 Supplementary Figure 16

Primary human mammary epithelial cells (HMECs) lack the capacity to adequately populate densified collagen scaffolds or survive in the environment of primary cholangiocytes. (a) Light microscopy images demonstrating failure of HMECs survive and adequately populate collagen tubular scaffolds. Scale bar: 100µm. (b) Flow cytometry analysis demonstrating survival of ECOs vs. plated HMECs following exposure to a 10% (vol/vol) bile solution.

17

18 Supplementary Figure 17

Survival analysis and characterization of ECO-populated densified collagen tubes.
(a) H&E staining demonstrating the presence of a biliary epithelium and a patent
lumen in ECO-tubes. The images are complementary to Figure 4e (b) IF analyses
demonstrating the expression of human specific (Ku80), biliary (CK19, CK7, CFTR),
stromal (Vimentin, VIM) and vascular (CD31) markers in transplanted bio-tubes
populated with GFP+ ECOs. Apoptosis (TUNEL) and proliferation (Ki67) markers are

also demonstrated. Scale bars; 100µm. (c) IF images following TUNEL staining of 1 2 transplanted fibroblast-populated collagen tubes, demonstrating increased cell death. Scale bars: 100µm. (d) Kaplan-Meier survival analysis demonstrating a 3 survival benefit in NSG mice following biliary reconstruction with ECO-populated 4 densified collagen tubes vs. fibroblast-populated densified collagen tube controls and 5 untreated controls. *****P*<0.0001 (log-rank test). (e) Liver function tests of untreated 6 7 control animals (CTRL) vs. animals transplanted with ECO-populated tubes (ECOs) and Bile Duct Ligation (BDL) animals used as a positive control, demonstrating 8 levels of serum cholestasis markers comparable to untreated controls following long-9 10 term transplantation (n=5, 31 days; n=1, 27 days). Error bars, SD; ALP, Bilirubin 11 (Bili), one-way ANOVA with Dunnett correction for multiple comparisons; Alanine aminotransferase (ALT), Kruskal-Wallis test; CTRL, n=11; ECOs, n=6; BDL, n=5. 12 **P<0.01, ****P<0.0001, #P<0.05 (not statistically significant difference). (f) T2 phase 13 Magnetic Resonance Images (MRI; coronal plane) 1 month following transplantation 14 demonstrating bile in the lumen of a reconstructed bile duct (white signal) and a 15 patent construct lumen (n=2). SC: ECO-populated collagen tubular scaffold; L: Liver 16 parenchyma. 17

18

19 Supplementary Video 1

Magnetic Resonance Cholangio-Pancreatography (MRCP, sagital plane) of an Extrahepatic Biliary Injury (EHBI) mouse 104 days following biliary reconstruction with an ECO-populated scaffold. The T2 weighed image sequence demonstrates the presence of bile in the lumen of a reconstructed gallbladder (high intensity white signal) and a patent cystic duct. The surrounding tissues are characterized by low intensity signal and appear dark. To assess the anatomy of the surrounding organs

please refer to supplementary video 2 for a T1 weighed Magnetic Resonance
 Imaging sequence.

3

4 Supplementary Video 2

5 T1 weighed Magnetic Resonance Imaging (MRI) (coronal plane) of an Extrahepatic 6 Biliary Injury (EHBI) mouse 104 days following biliary reconstruction with an ECO-7 populated scaffold. This image sequence is optimal for demonstrating the anatomy 8 of the tissue surrounding the reconstructed gallbladder and biliary tree. However, 9 water, water-rich tissues and bile are characterized by low intensity signal, appear 10 dark and may be difficult to identify

11

12 Supplementary video 3

Time lapse images demonstrating the generation of a fully grown organoid from asingle cell.

15

1 Supplementary table 1

Donor demographics, corresponding to 8 different ECO lines. DCD: Donation after
Circulatory Death, DBD: Donation after Brain Death, F: Female, M: male, CBD:
Common Bile Duct, GB: Gallbladder, BR: CBD Brushings

5

Donor type	Blood Group	Age (years)	Gender	Site
DCD	O-	33	F	CBD
DBD	O+	56	F	CBD
DCD	A-	77	М	CBD
DBD	O+	57	М	CBD, GB
DCD	O-	44	М	CBD, GB
DCD	O+	48	М	CBD
DBD	A+	36	М	BR
DBD	B+	48	F	BR

- 6
- 5
- 7
- 8

9 Supplementary table 2

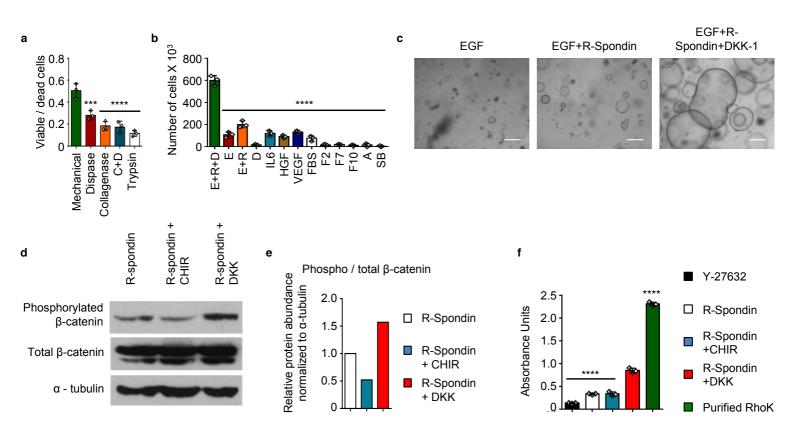
10 Microarray gene expression data corresponding to the heat map in Figure 1g

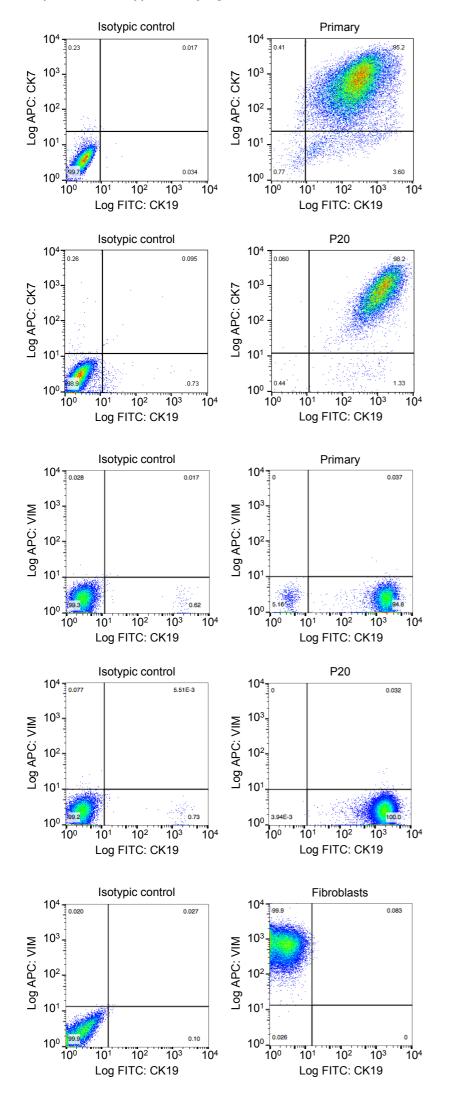
1 Supplementary Table 3: List of antibodies used

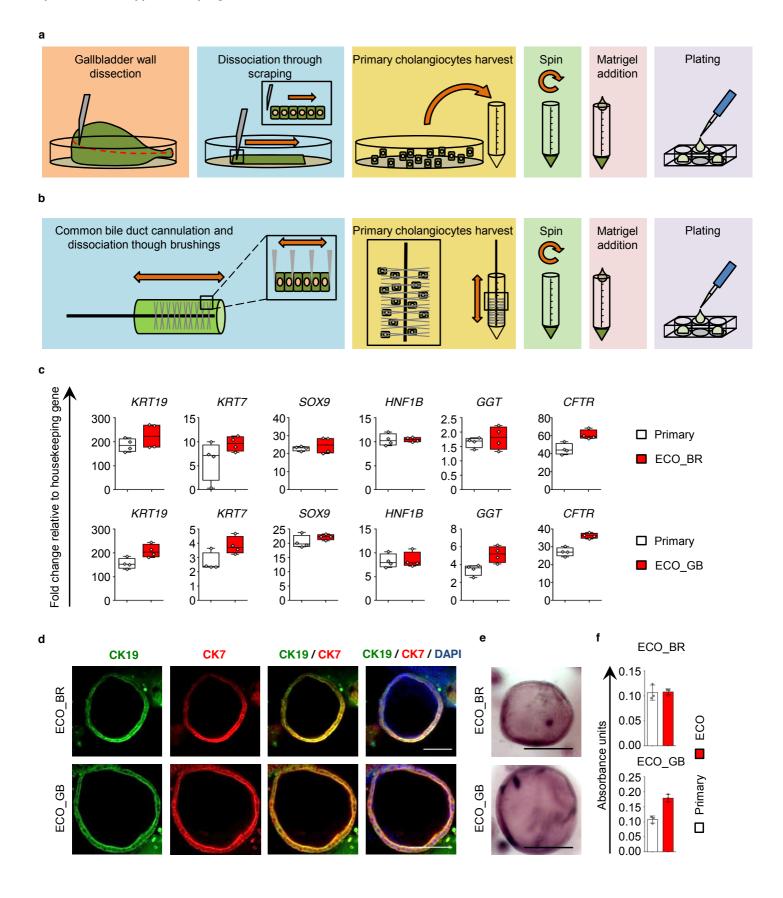
Target protein	Dilution	Company	Cat Number	
CYTOKERATIN 19	1:100	ABCAM	ab7754	
CYTOKERATIN 19 (KRT19)	1:50	DSHB	TROMA-III	
SOX9 H-90	1:100	SANTA CRUZ	sc-20095	
HNF1B (c-20)	1:100	SANTA CRUZ	sc-7411	
CYTOKERATIN 7 (RCK105)	1:100	ABCAM	ab9021	
CYTOKERATIN 7	1:100	ABCAM	ab68459	
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE	1:100	SANTA CRUZ		
REGULATOR (CFTR)	1.100	SANTA CRUZ	sc-10747	
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	1:100	ABCAM	ab55138	
SOMATOSTATIN RECEPTOR 2	1:100	ABCAM	ab134152	
SECRETIN RECEPTOR (C-20)	1:100	SANTA CRUZ	sc-26633	
SECRETIN RECEPTOR	1:100	ABCAM	ab85565	
ASBT (C14)	1:100	SANTA CRUZ	sc-27493	
STEM101 HUMAN KU80 CELL NUCLEUS MARKER	1:100	STEM CELLS INC.	Y40400	
ALEXA FLUOR DONKEY ANTI-Rabbit 568	1:1000	INVITROGEN	A10042	
ALEXA FLUOR DONKEY ANTI-Rabbit 488	1:1000	INVITROGEN	A21206	
ALEXA FLUOR DONKEY ANTI-Rabbit 647	1:1000	INVITROGEN	A31573	
ALEXA FLUOR DONKEY ANTI-goat 568	1:1000	INVITROGEN	A11057	
ALEXA FLUOR DONKEY ANTI-goat 488	1:1000	INVITROGEN	A11055	
ALEXA FLUOR DONKEY ANTI-goat 647	1:1000	INVITROGEN	A21447	
ALEXA FLUOR DONKEY ANTI-mouse 568	1:1000	INVITROGEN	A10037	
ALEXA FLUOR DONKEY ANTI-mouse 488	1:1000	INVITROGEN	A21202	
ALEXA FLUOR DONKEY ANTI-mouse 647	1:1000	INVITROGEN	A31571	

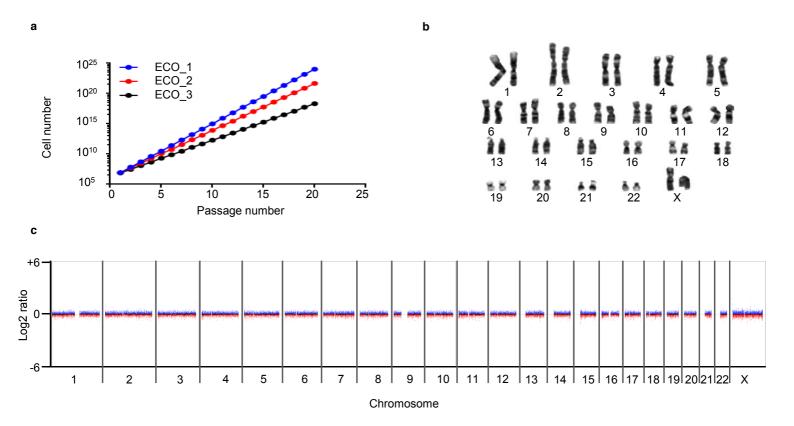
1 Supplementary table 4: List of primers used

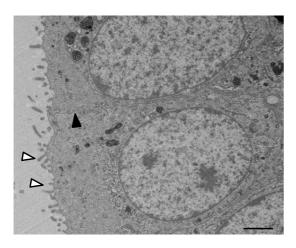
Gene	Primer sequence (5' à 3')			Pri	Primer sequence (5' à 3')		
HNF1B	F	TCACAGATACCAGCAGCATCAGT	CK7	F	GATTGCTGGCCTTCGGGGT		
	R	GGGCATCACCAGGCTTGTA		R	TCATCACAGAGATATTCACGGCTC		
PBGD	F	GGAGCCATGTCTGGTAACGG	GGT	F	GTGAGAGCAGTTGGCTGTGC		
	R	CCACGCGAATCACTCTCATCT		R	GTTGAACTCTGCTGTGGGGC		
SOX9		Hs_SOX9_1_SG QuantiTect Primer Assay	CFTR	F	AGTTGCAGATGAGGTTGGGC		
		(Quiagen, Cat Number: QT00001498)		R	AAAGAGCTTCACCCTGTCGG		
CK19	F	ACGACCATCCAGGACCTGCGG	SCR	F	TGCTCACCAGCAGAAATGGT		
	R	TCCCACTTGGCCCCTCAGCGTA		R	AGGTAGGAGTGCCGCTTCTC		
AQPR1	F	GGCCAGCGAGTTCAAGAAGAA	SSTR	F	GAAAAGCAAAGATGTCACACTGGA		
	R	TCACACCATCAGCCAGGTCAT		R	TTGGCATAGCGGAGGATGAC		











Sampaziotis et al. Supplementary Figure 6

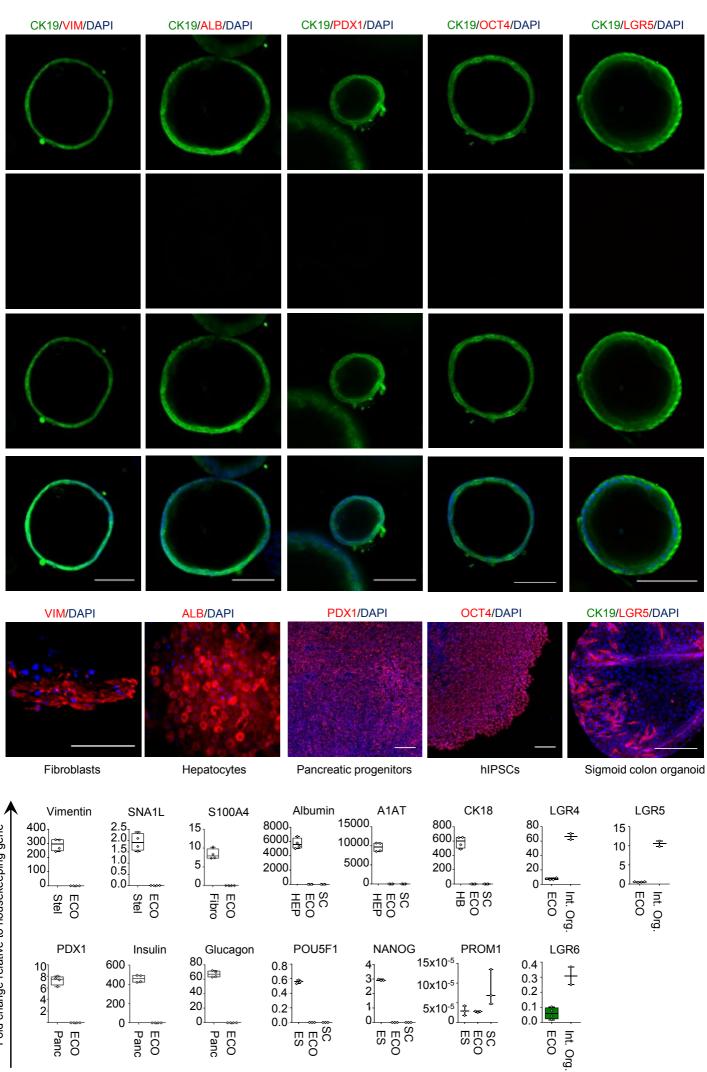
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h

CK19 / CK7	GGT / CK7	SCR / ASBT	CK7 / Sox9	CK7 / HNF1B	CK7 / CFTR	SCR/CK7
68(10		\bigcirc		Ó	
6	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	

b CK19 / <mark>CK7</mark> / DAPI	GGT / <mark>CK7</mark> / DAPI	SCR / <mark>ASBT</mark> / DAPI	CK7 / <mark>Sox9</mark> / DAPI	CK7 / HNF1B / DAPI	CK7 / <mark>CFTR</mark> / DAPI	SCR / <mark>CK7</mark> / DAPI
				No occusion		
	P	and a second	Section and the	and the second second		
			States and a second second	And the second second		
	(Care	and the second	San Carlos and Carlos	and the second second		

а



Fold change relative to housekeeping gene

b

С

Sampaziotis et al. Supplementary Figure 8

-100-

←

Biliary

ES

iChoLCs

-100

-50

o

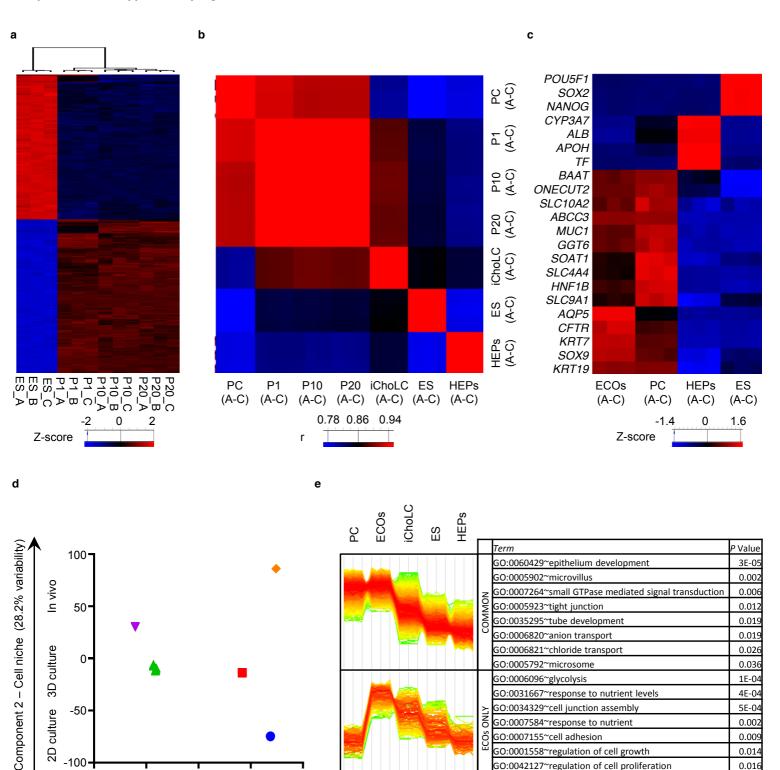
Component 1 - Cell identity (41% variability)

50

100

Non-Biliary

ECOs



PC Heps 2 3 0 1

Distance from center

PRIMARY ONL

4

response

0.014

0.016

0.039

5E-08

2E-07

8E-06

4E-05

1E-04

1E-04

3E-04

3E-04

GO:0001558~regulation of cell growth

GO:0008083~growth factor activity

GO:0009611~response to wounding

GO:0006956~complement activation

GO:0002250~adaptive immune response

acute inflammatory response

GO:0006952~defense response

GO:0042127~regulation of cell proliferation

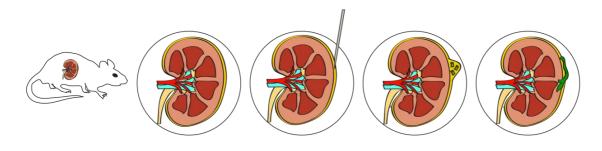
GO:0050727~regulation of inflammatory response

GO:0016064~immunoglobulin mediated immune

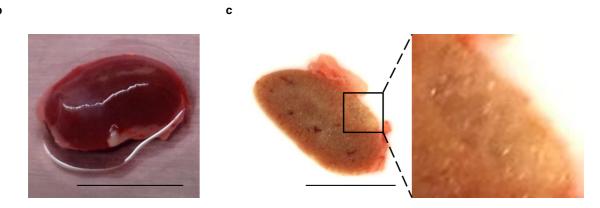
GO:0050778~positive regulation of immune response

GO:0002541~activation of plasma proteins involved in

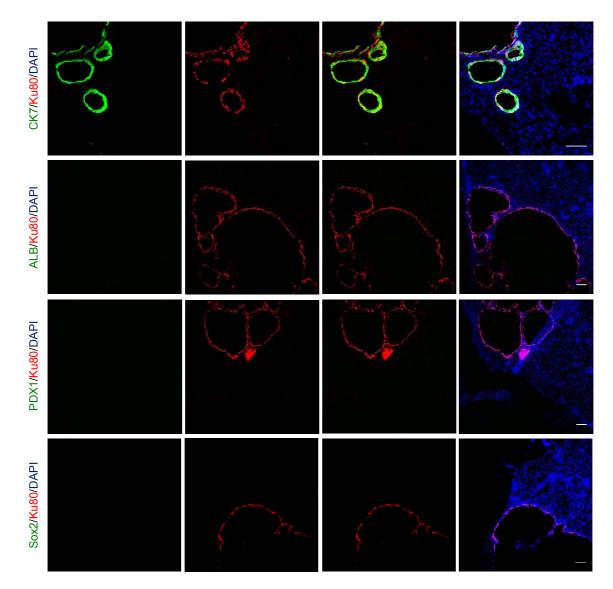


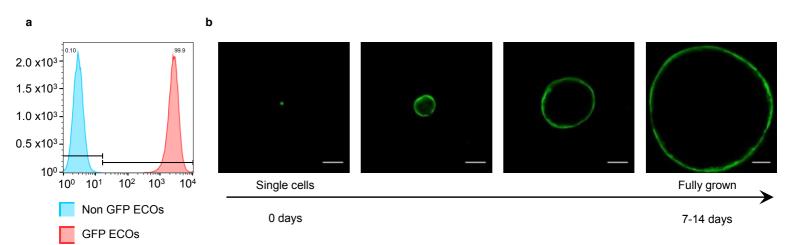


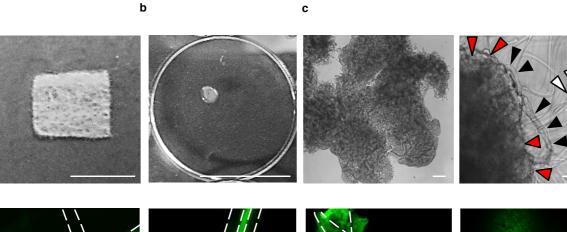
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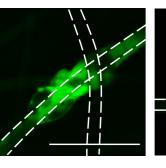


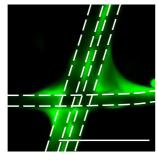
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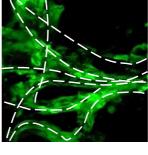


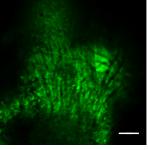








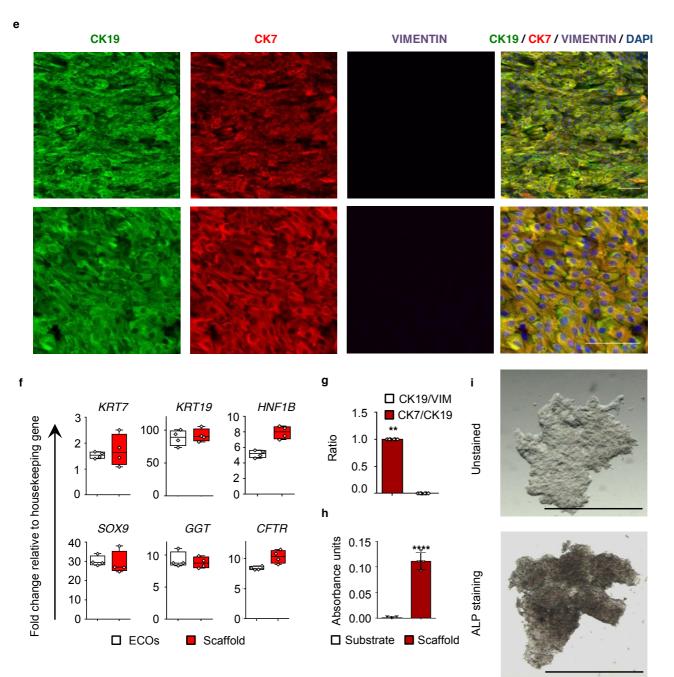


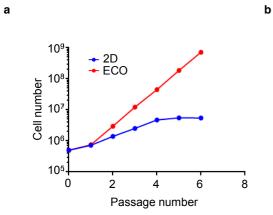


48hrs

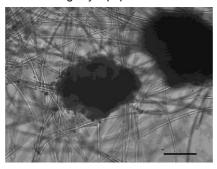
2 weeks

4 weeks

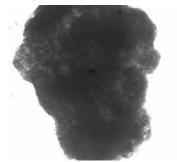




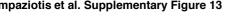
2D cholangiocyte populated scaffold

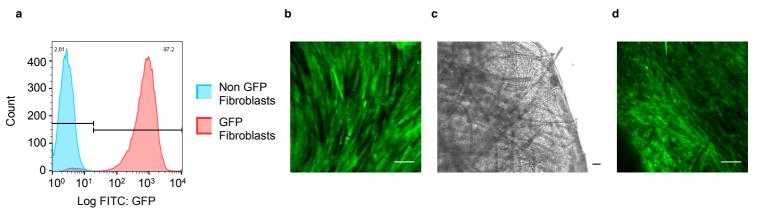


ECO-populated scaffold



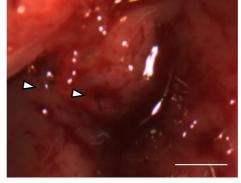
Sampaziotis et al. Supplementary Figure 13

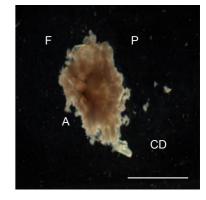




f

i



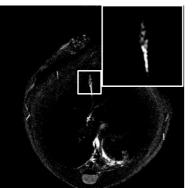


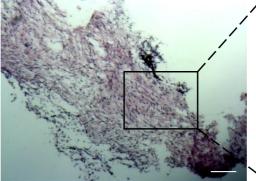
g

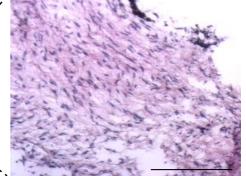


j

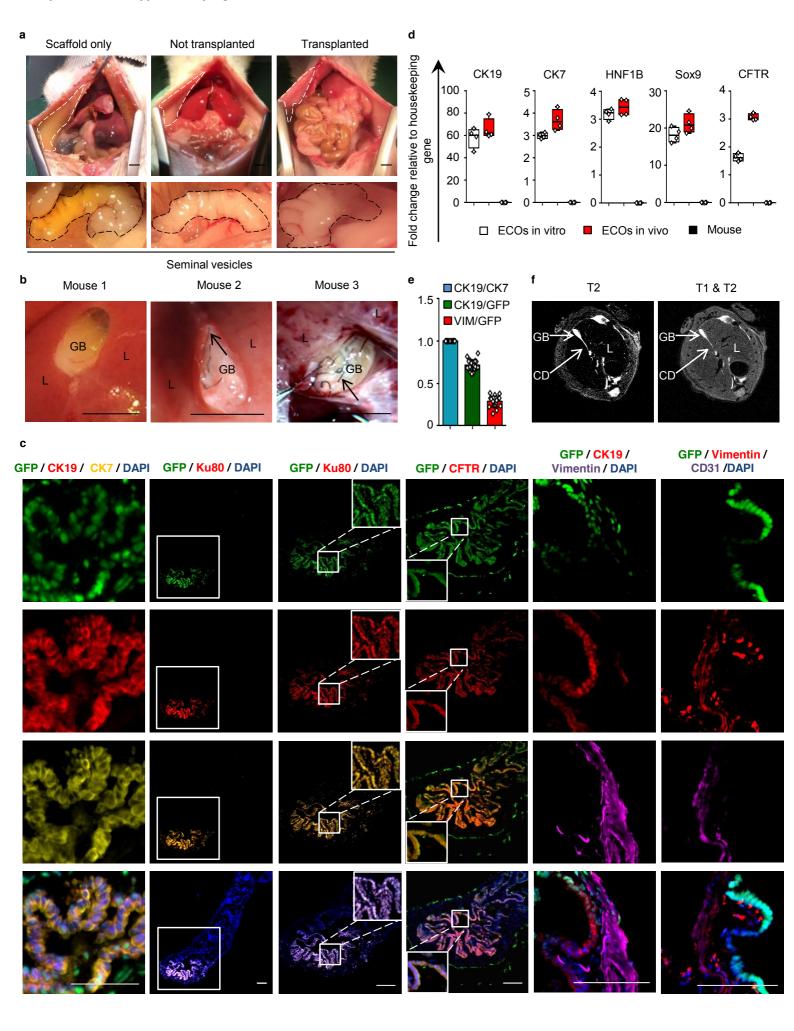
е

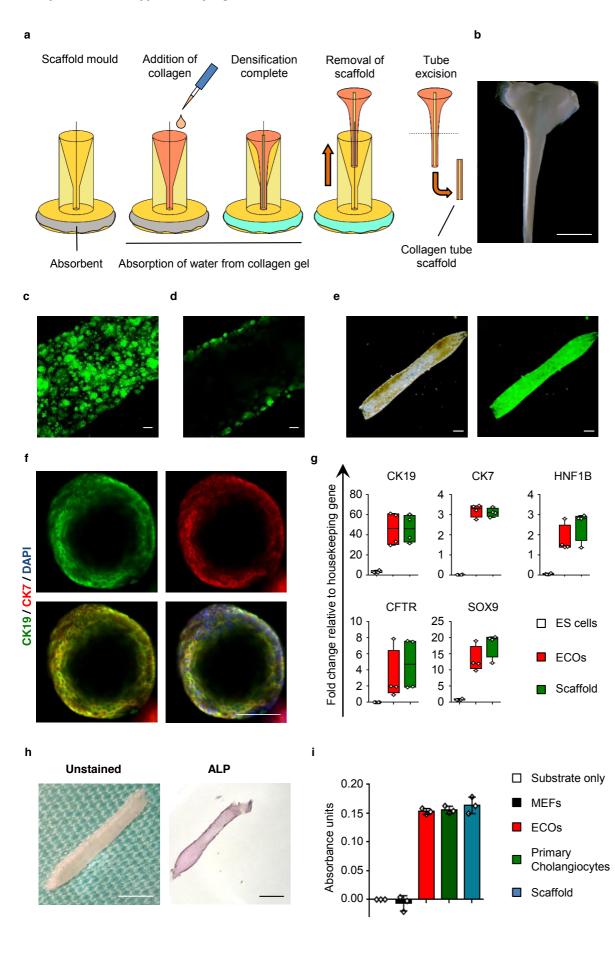


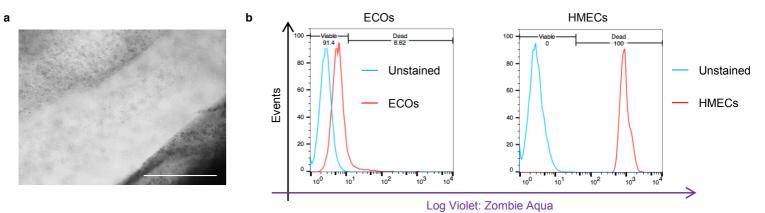




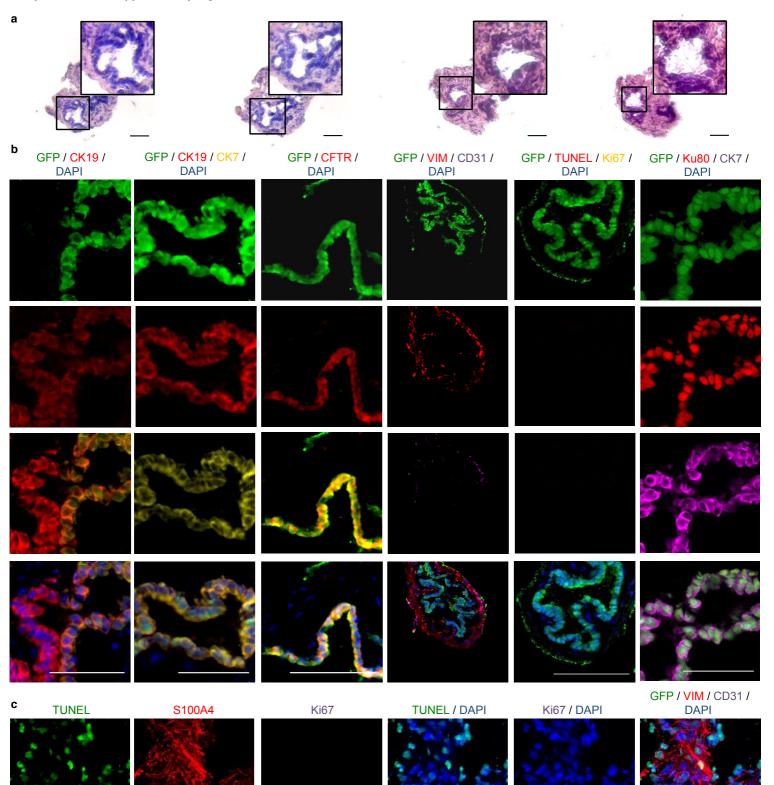
S100A4 СК19 GFP / S100A4 / CK19 / DAPI GFP

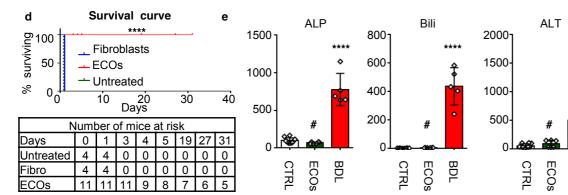






Sampaziotis et al. Supplementary Figure 17







f

BDL