



Barabara - Ag

Mr Chairman, Co-chairmen
Ladies and Gentlemen

Sal.

- Our aim is to optimize canine islet isolation for a comparative in vivo and in vitro study of islet function
- Major problems in islet isolation are from the large mammalian pancreas, are:
 - obtaining sufficient islets from 1 pancreas "the yield"
 - and purity, that is reducing the amount of tissue to be transplanted.
- Two methods for islet isolation were compared
- The next slides illustrate the procedure

Younger - 2d

(1)

First, part of the pancreas is removed,
the other part remains
in situ for other experiments.

- this study demonstrates removal of the duodenum or right lobe
: in fact left pancreatic segments were used in this study

(2)

In the first series of 6 experiments segments were intraoperatively distended by manual injection of a small volume, prewarmed collagenase solution,

- this is the segment prior to distension

③ Here, the segment is distended:

- collagenase, a brownish solution, is showing at the distal end
- note, that it is difficult to attain complete distension using this method

④ In the second series of 6 experiments a roller pump was used to infuse a large amount of cold collagenase,

- this slide shows the set up

- a roller pump, over here

- an organ perfusion box, with the pancreatic segment laying on

↓
a screen

- collapse at the bottom of the box,
is forced into the gland using the pump
- Fluid leaking out is recycled.

⑤ The next slide shows the lobe prior to distension

⑥ Next, the distended segment:
it's volume has increased 3 to 4 times.

— Next in both series the distended gland is incubated at 30°C for 20 minutes



⑦ After digestion of ~~the gland~~
by collagenase of the connective
tissue,

the gland is teased apart using
forceps

⑧ The ~~gland~~ pancreatic duct and
large blood vessels are discarded

⑨ The tissue is further dispersed
by aspiration in syringes ^{over} here
— and screened by expulsion over
a 400 μ m sieve

⑩ Trapped tissue is digested

(11) This slide shows non-stained
islets, in the sieved suspension.

- Islets are easily recognized
from their uniform light tan
appearance.

- At this stage, in the
so called "digest" the amount
of islets freed from
acinar tissue is determined,
actually using a stain

... I will come to that later on.

- ⑫ Finally, the dispersed tissue is spun in density gradients
- either Ficoll in the first series
 - or dextran: in the 2nd series of experiments
 - Purified islets are collected from the two uppermost inter/acs.

- ⑬ This slide shows the final preparation of freshly purified islets.
- Islet are stained red by gluthione
 - This is remaining acinar tissue
 - o "Islet Yield" is determined from the number, and volume: calculated from the mean diameter of islets.
 - And expressed per gram processed tissue

(14) With the dust-injection
method

twenty five

- islets ranged from 25 to
two hundred fifty
250 μm in diameter

prior to purification

: white bars.

- on Ficoll purification

only islets up to a 150 μm were found.

: hatched bars

• That, looking at the
isolated islet volume per diameter
class

- expressed as a percentage of the
total volume of isolated islets

- the islet size distribution was
shifted towards smaller diameters:
suggesting fragmentation of islets
to have occurred.

(15) In the second series of experiments, no effect was seen with dextran purification on the islet size distribution.
 (in fact this is an old slide with data obtained by isolation from the prox. duodenal loop) only islet ~~size~~ data are obtained from left segment: range 10^4 to 10^5

(16) Prior to purification & using the roller pump

- islet yield had increased several fold as compared to manual injection of collagenase
- here, isolated islet yield is expressed as a percentage of the mean pancreatic islet content, which has been stereologically determined in a previous study.

• we now routinely obtain approx. 70% of the pancreatic islet content.

(12) However, both using Ficoll or dextran for purification reduces the islet yield by $\sim 50\%$

- This slide shows the results with the direct infusion technique prior to - and after dextran purification

- Using this new technique we now obtain purified islets amounting to 40% of the pancreatic islet content.

~~(13)~~ • Our first conclusions are:

- With direct infusion, as compared to manual injection: Yield increased 5 fold

- Key elements appeared to be

——— A more uniform distribution of the glands

- And the higher volume ratio of collagenase to tissue

(18) This slide shows one of the poorest preparations obtained, with an estimated purity of 65% islets

- On the average however a ^{only} purity of 50% was obtained
~~• purity is estimated from angles recording in~~
~~source test samples~~

• Recently we adopted an entirely new approach to islet isolation

- Since UW ~~solution~~ the new organ cold storage solution has been shown to allow long-term cold storage of the canine pancreas

- And, since islet isolation too is largely performed in the cold, we tested this preservation solution as the isolation medium throughout

the isolation procedure ^(solutions like) in another 6 steps.
* as compared to the commonly used RPMI tissue culture medium

(19) This slide shows the final ^{distilled} ^{& varied} preparation after several purifications of UH-isolated islets.

- UH should not affect islet yield
- however UH markedly improved purity:
- acinar tissue is virtually absent.

(20) Using UH:

- purity has increased from ~30% with RPMI to over 90% with UH

(21) Immunostaining for insulin of UH isolated islets confirmed these results.

- This slide shows staining of an islet in the ~~normal~~ intact canine pancreas

(22) And this slide UH-isolated islets

- 96% of the tissue was identified as ^{islets}
- some acinar tissue is visible too

Thank
you

(23) These islets are tested now
in vivo after auto Tx in 6 steps
by ~~retrograde~~ retrograde venous
injection into the spleen

• 3 steps using RPN1
and 3 steps using W for evaluation

• Out of each group 2 unmanipulated
normoglycemic for own & no row

• One step in the RPN1-group received
an adequate islet mass, though the
graft failed after 2 mo, probably due
to acinar tissue contamination by the graft

• The other step received an inadequate
amount of pure islets and became
hyperglycemic immediately. Two wks
later still functioning islets were
identified by insulin-staining of ^{splenic} sections.

Thank you
(24)



Slides

- (1) demo RL
- (2) pre manual distension injection
- (3) post manual injection
- (4) set up roller pump
- (5) pre roller pump injection
- (6) post roller injection
- (7) viewing using scope.
- (8) discoid p. glue & large blood vessel
- (9) aspiration / expulsion screen
- (10) Lappet tissue is shown. : Tract.
- (11) (16h): non-stained with "direct suspension"
- (12) collect with gently perched with pen
- (13) distension stained with focal preparation
- (14) fixed / stained size distribution
- (15) shaken / stained " " "
- (16) yield manual vs injection $\square \square$
- (17) yield digest / shaken $\square \square$
- (18) distension stained with focal prep
to purity



- (19) glucose sterilized water: AW
- (20) purity RPMI in AW $\square \square$
- (21) insulin LL
- (22) insulin AW. inhib.
- (23) $\sqrt{\text{auto Tx}}$ spleen
- (24) expts functionally active cells.
insulin' serum' spleen
(insulin' serum' spleen
longer than 1)

