

# Cell Catcher: new method to extract and preserve live cells from urine

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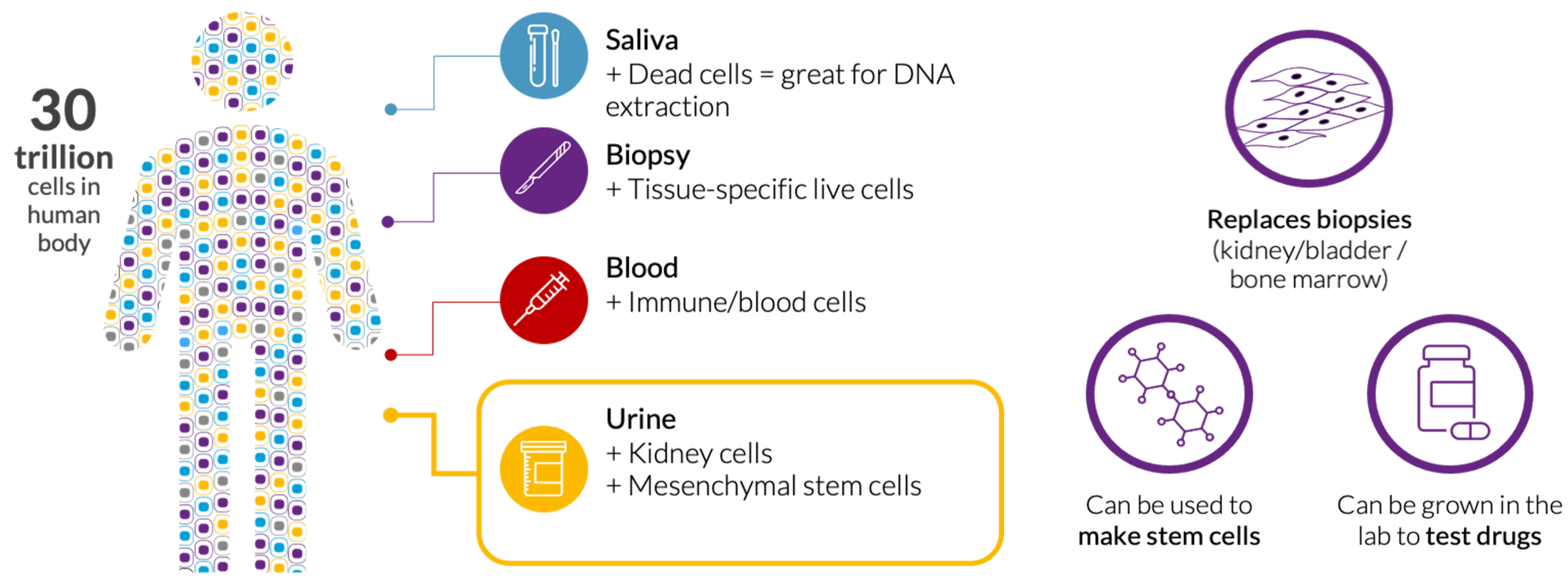
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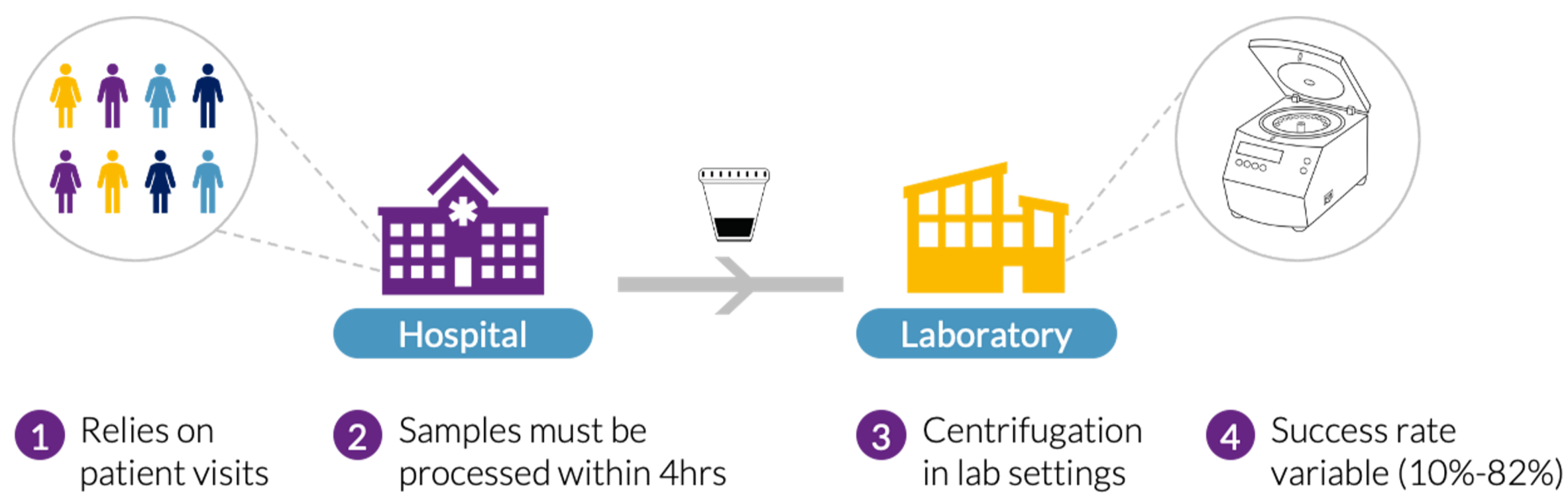


## 1 Background

Urine: a lesser known source of patient-specific cells



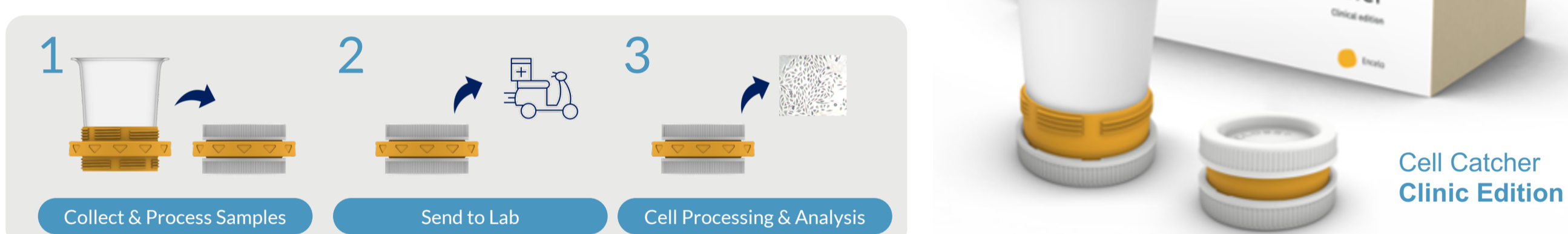
Current cell extraction protocol from urine samples: inconvenient and inconsistent



Optimising method of cell extraction from urine samples will improve cell yields impacting field of personalised medicine

## Study aims

Design and validate a point of care device that i) extends shelf life of samples, ii) fits into standard of care, and iii) standardises the method of extracting live cells from urine samples.



## Results

### 4 Urine-derived cells heterogeneity

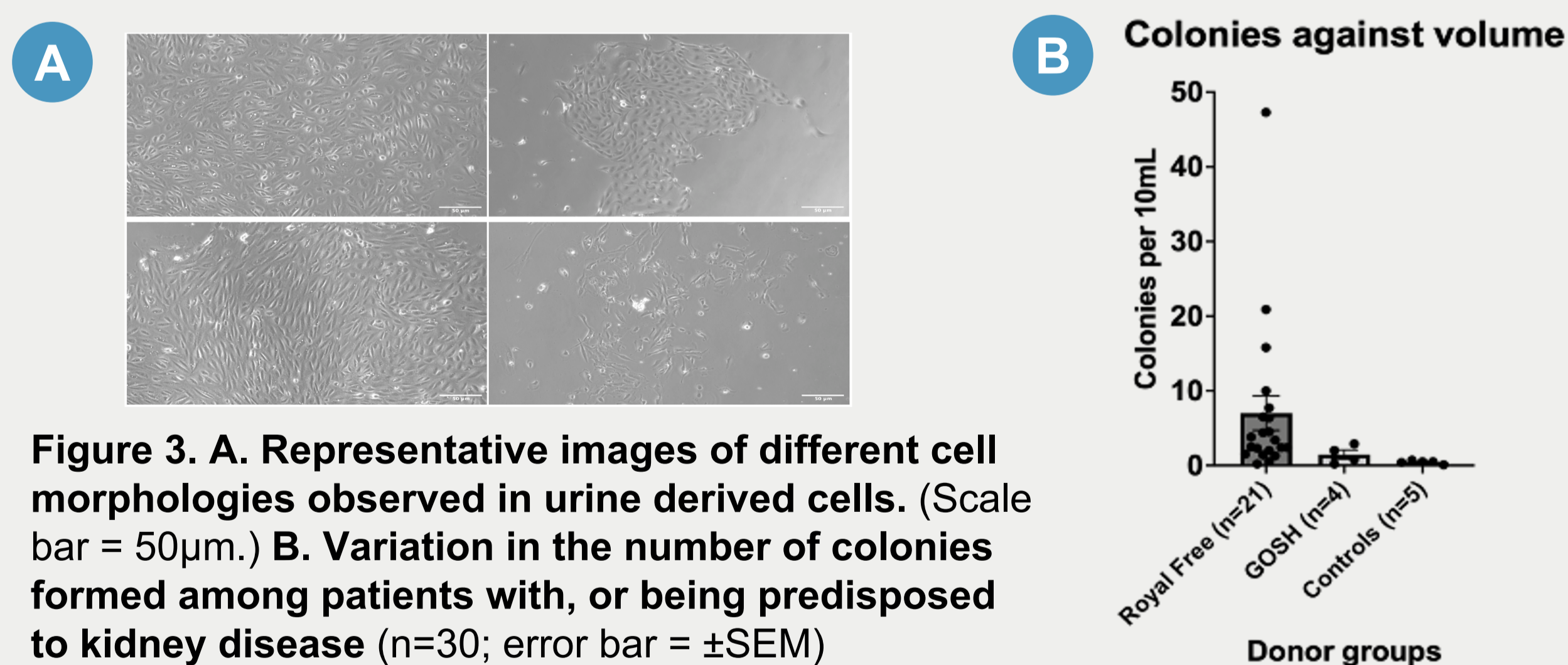


Figure 3. A. Representative images of different cell morphologies observed in urine derived cells. (Scale bar = 50µm.) B. Variation in the number of colonies formed among patients with, or being predisposed to kidney disease (n=30; error bar = ±SEM)

### 5 Conclusions and future directions

- **First study** to address methodological limitations of centrifugation to process urine samples to recover live cells.
- Demonstrated **increased efficiency** of the Cell Catcher to establish cultures from urine samples.
- Continuous work needed to improve device functionality and to release **mail-in kit**
- Further **cell characterisation studies** needed to determine the nature of morphological variation in urine-derived cells, potentially leading to **discovery of novel biomarkers in renal disease**



## Results

### 2 Feasibility study: rationale behind the device

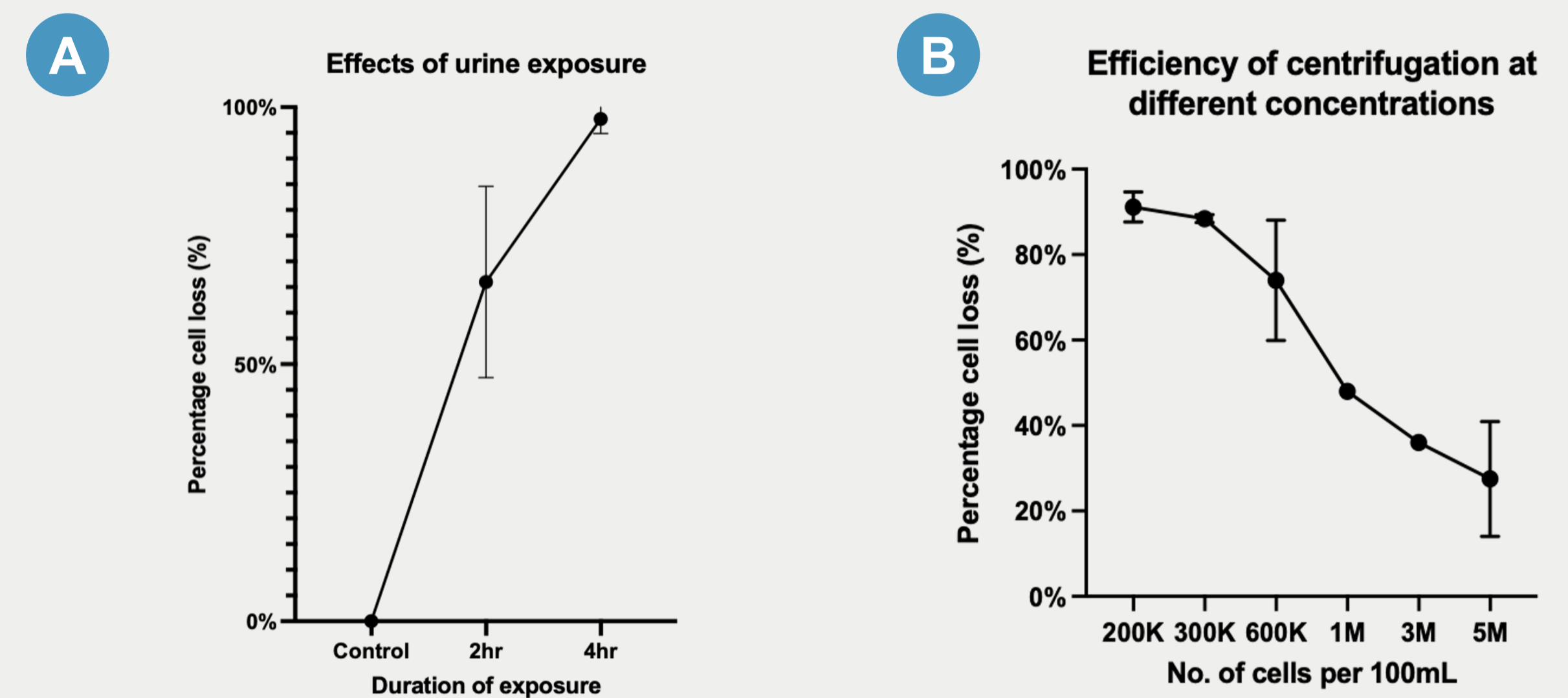


Figure 1. A. Effect of extended urine exposure on cell viability. IMCD3 cells were exposed to pooled human urine from 5 donors, for 2 and 4 hours. Around 65% cells were lost following 2hr exposure, and 90% were lost following 4hr exposure. (n=3, error bars= ±SEM) B. Effect of centrifugation on cell recovery. Different numbers of IMCD3 cells, suspended in PBS were centrifuged at 400g for 10min, to replicate conventional urine-processing protocol. Over 80% of cells are lost at low concentrations, compared to 25% at higher cell concentration. (n=3, error bars= ±SEM)

### 3 Clinical validation: Cell Catcher use improves success rate by 26.32 - 29.61%

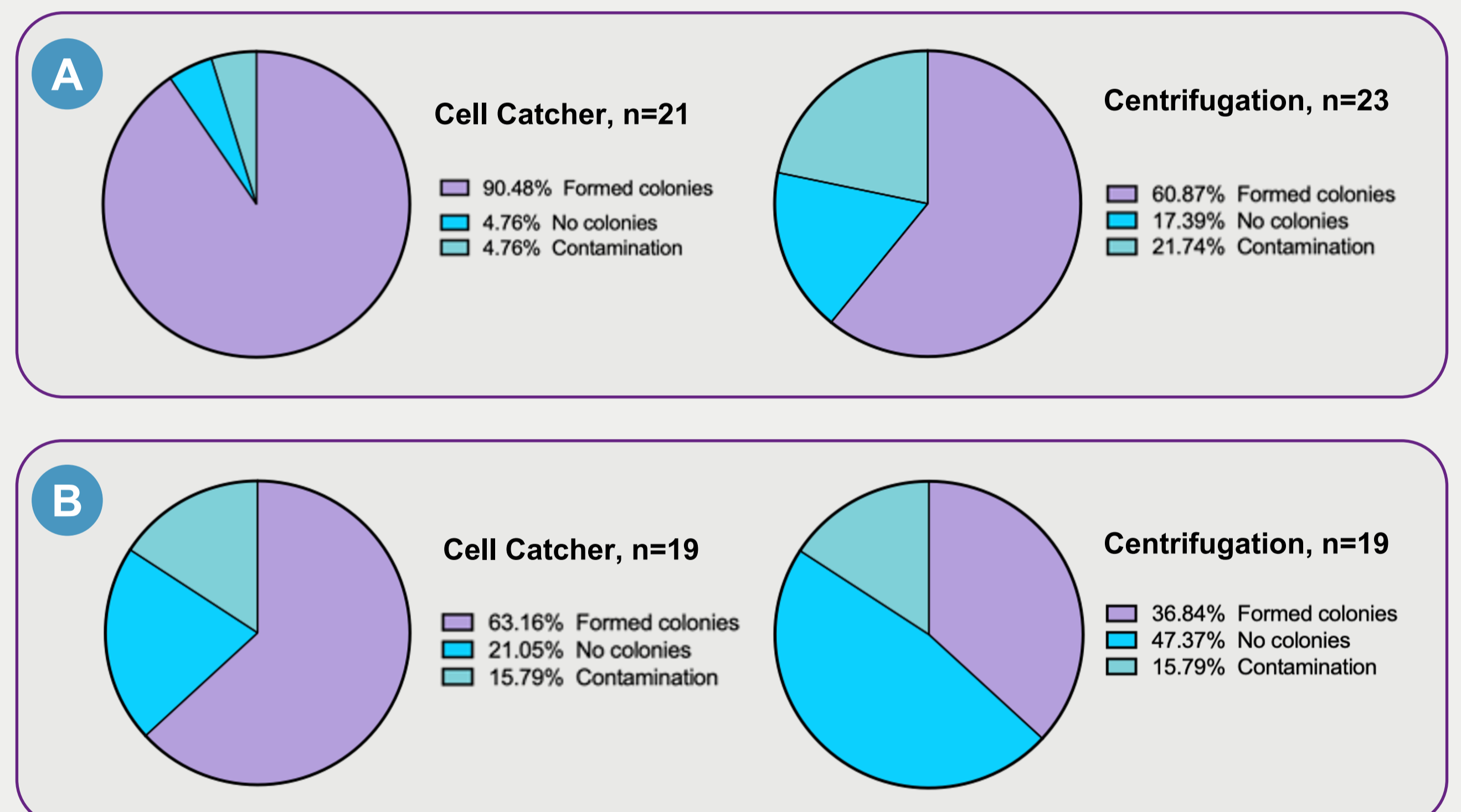


Figure 2. Cell Catcher clinic efficiency. A. Forty-four urine samples were collected from patients affected by genetic conditions (Renal tubulopathies (n=18), Bardet-Biedl Syndrome (n=15)) and controls (n=11). Twenty-one were processed in the Cell Catcher on site within 30mins of collection, while 23 samples were transported to the lab and centrifuged within 4 hours. B. Nineteen samples were collected from patients with renal tubulopathies. Each sample was split into two parts: half processed by the Cell Catcher, half centrifuged. Colonies were quantified 6 to 8 days post-collection using bright-field microscopy.

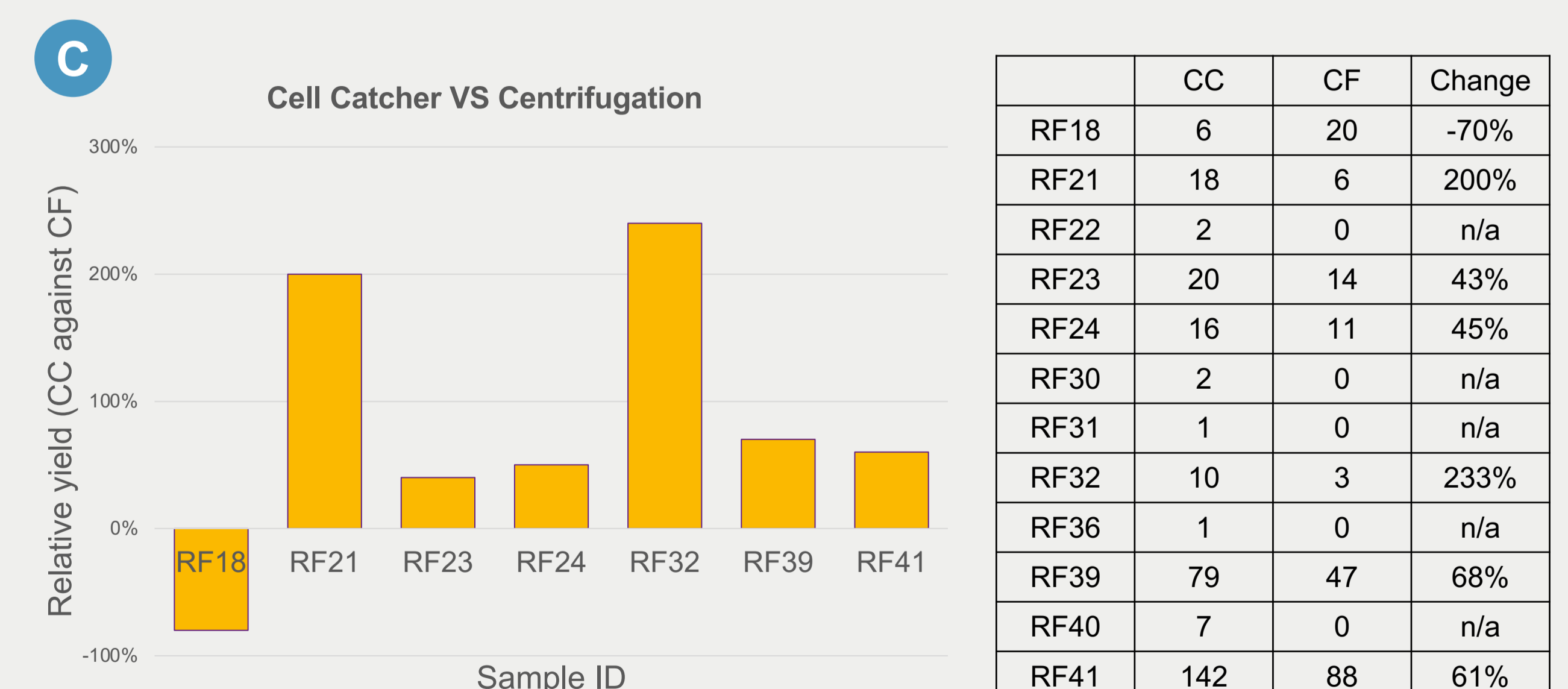


Figure 2. C. Split sample yield differences between Cell Catcher (CC) and Centrifugation (CF) fractions. Mean number of colonies in CC fraction was higher, compared to CF fraction (n=12, p-value=0.0098) On average, fraction of the sample processed in CC formed 80% more colonies, compared to CF (n=7).

## References

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Bento C *et al.* Urine-derived stem cells: applications in regenerative and predictive medicine. *Cells.* 2020 Mar;9(3):573.

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