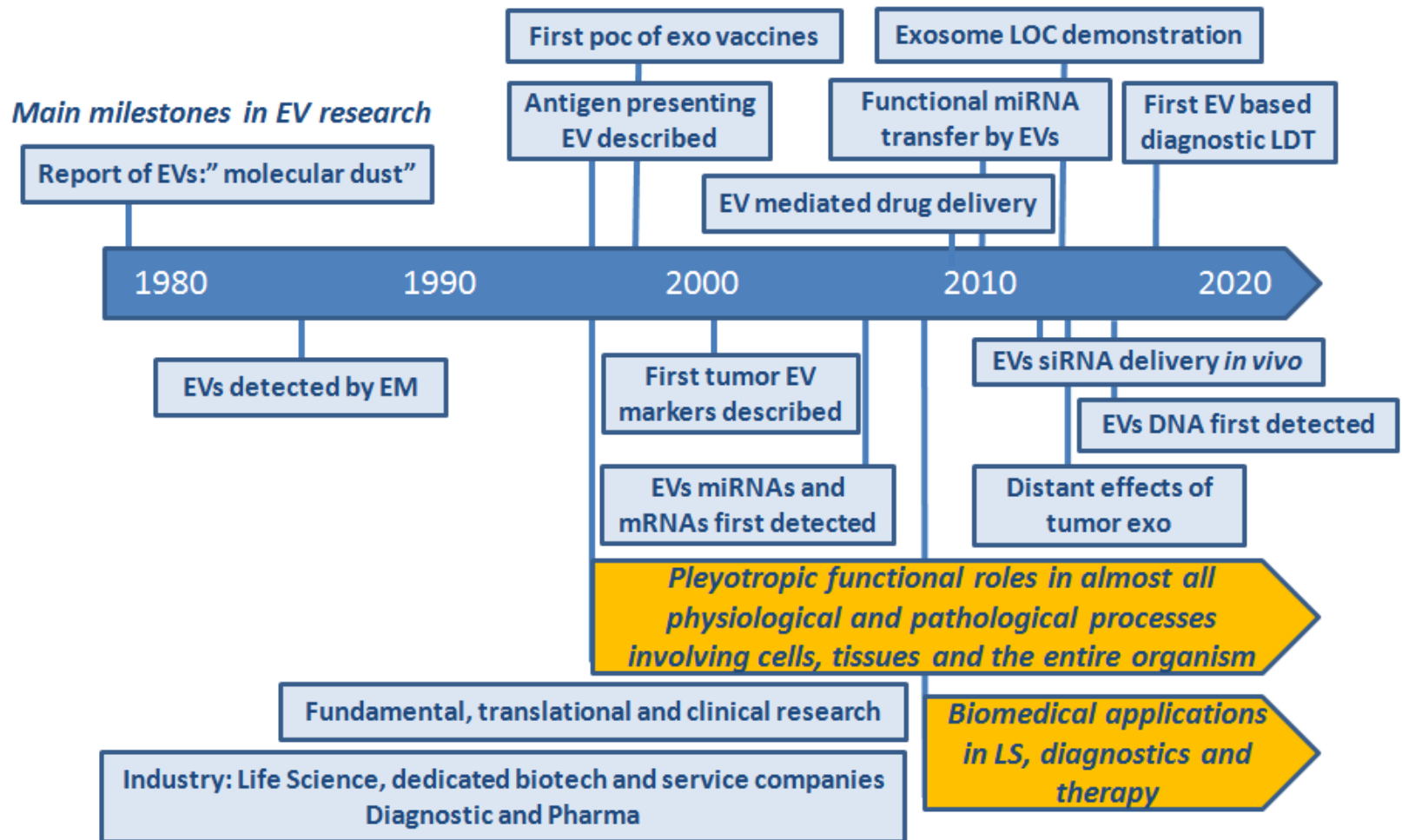


## ***The roadmap towards the industrial and clinical applications of extracellular vesicles***



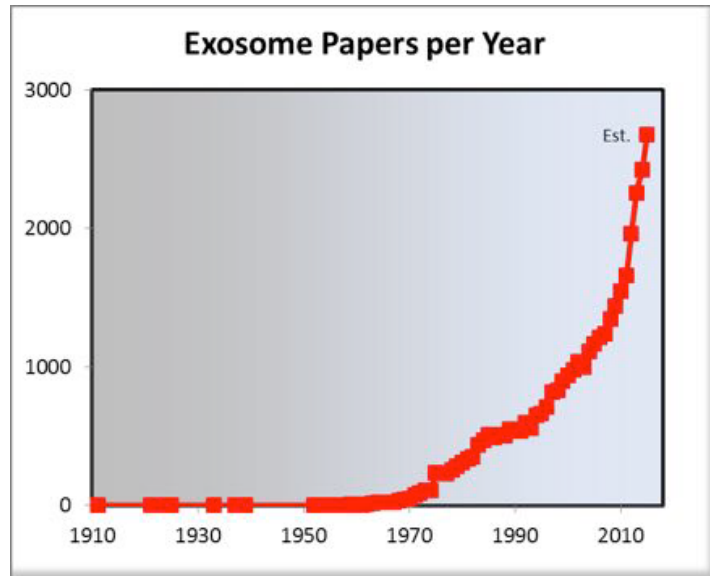
# Exosomes and EVs have come a long way: major scientific milestones timeline



\* POC: proof-of-concept; LOC: lab-on-chip; LDT: laboratory developed test (companion diagnostics in particular)

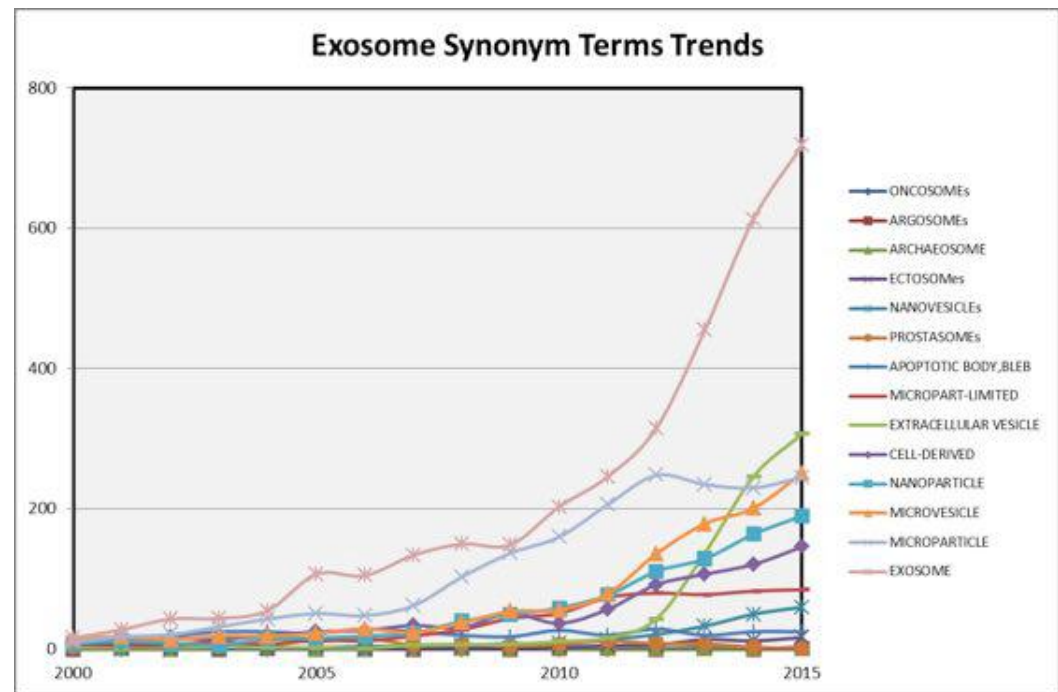
# Means to frame the size and evolution of the EV field

## 1. Growth of peer-reviewed publications on exosomes/EVs



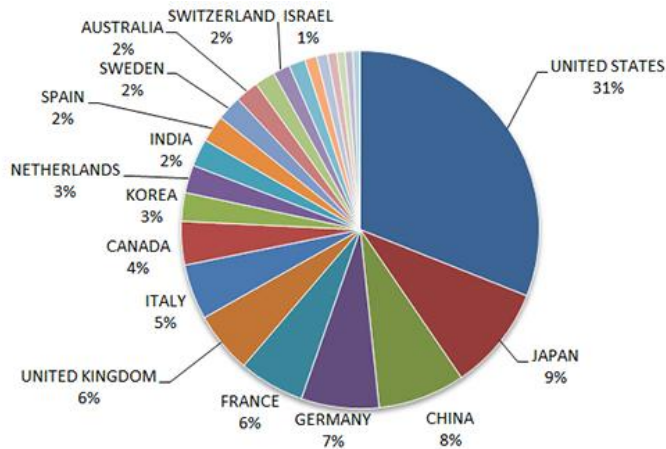
More than 1/3 of all EV publications ever date to last 5 years

One of the metrics for the evolution and maturation of the fields is the consensus on nomenclature (overlapping → clarity)



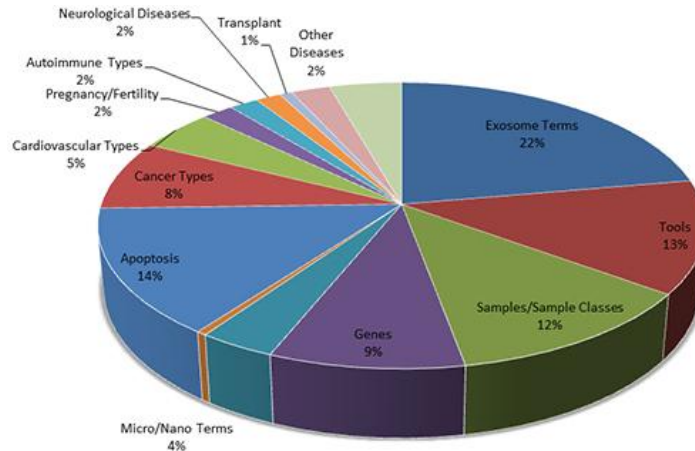
# Means to frame the size and evolution of the EV field

## 2. Geographical dispersion



Breakout by the country of source

## 3. Fields of interest

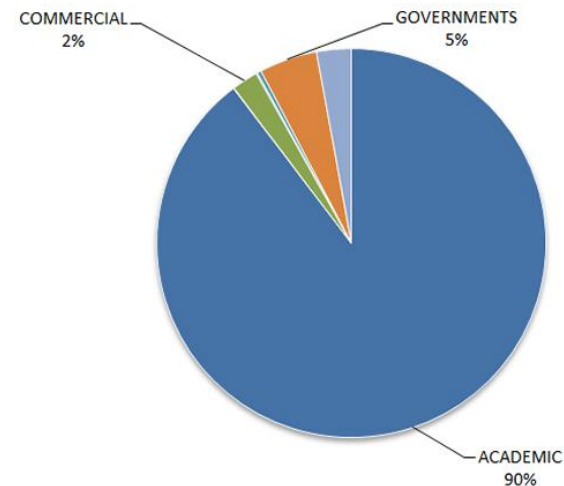


Breakout by areas of focus

**NIH:** Program to Assess the Rigor and Reproducibility of Exosome-Derived Analytes for Cancer Detection, Extracellular RNA Communication, Role of Exosomes in HIV Pathogenesis

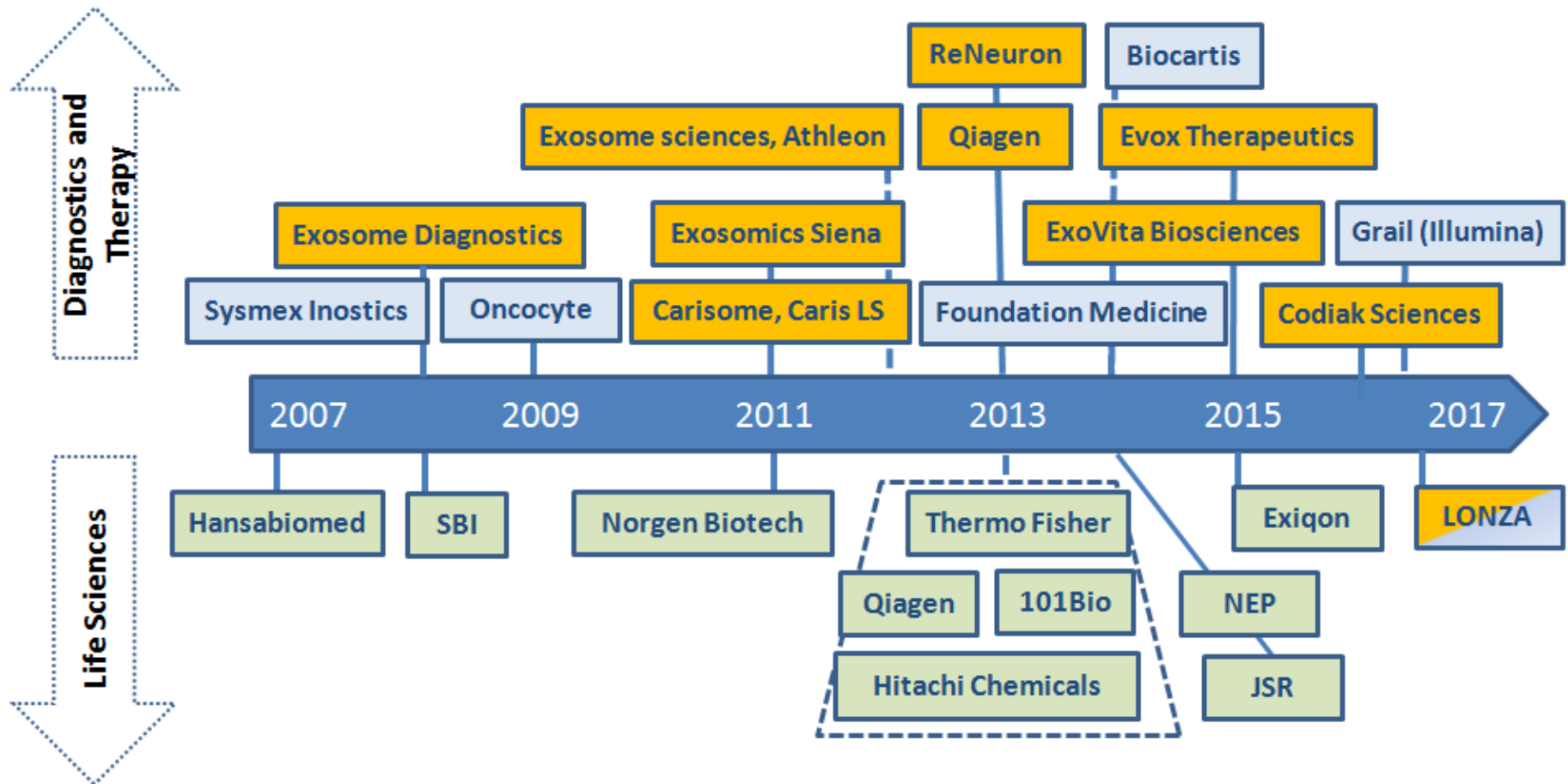
**ClinicalTrials.gov:** biomarkers, gene delivery, regenerative medicine

**EU:** COST, MC-ITN, EuroNANOMED, RIA, IMU





# Industrial EV<sup>®</sup> evolution

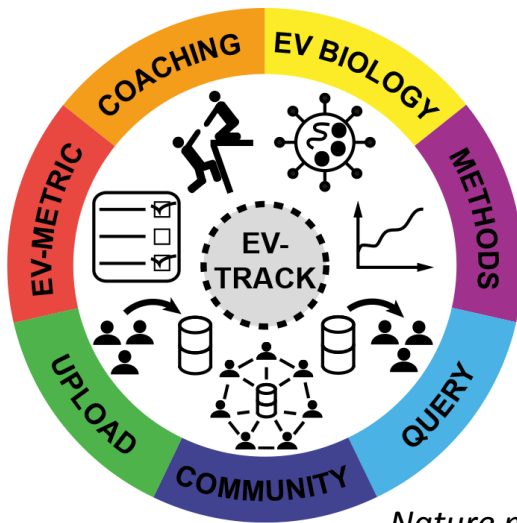


# From “lab-specific” protocols to standards

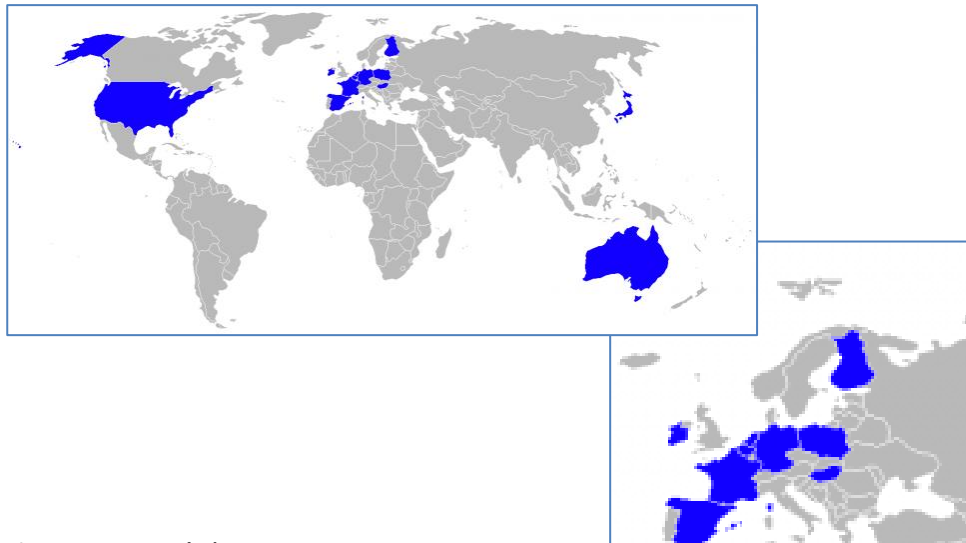
EVQC (GEHNT UNI) : Academic EV isolation methods vs Providers of EV isolation methods

Yield - Purity - Repeatability - Heterogeneity - Accuracy / precision - Efficiency  
- Detection limit - Cost / hands-on time / hardware investment / turnaround time /  
sample input amount requirements

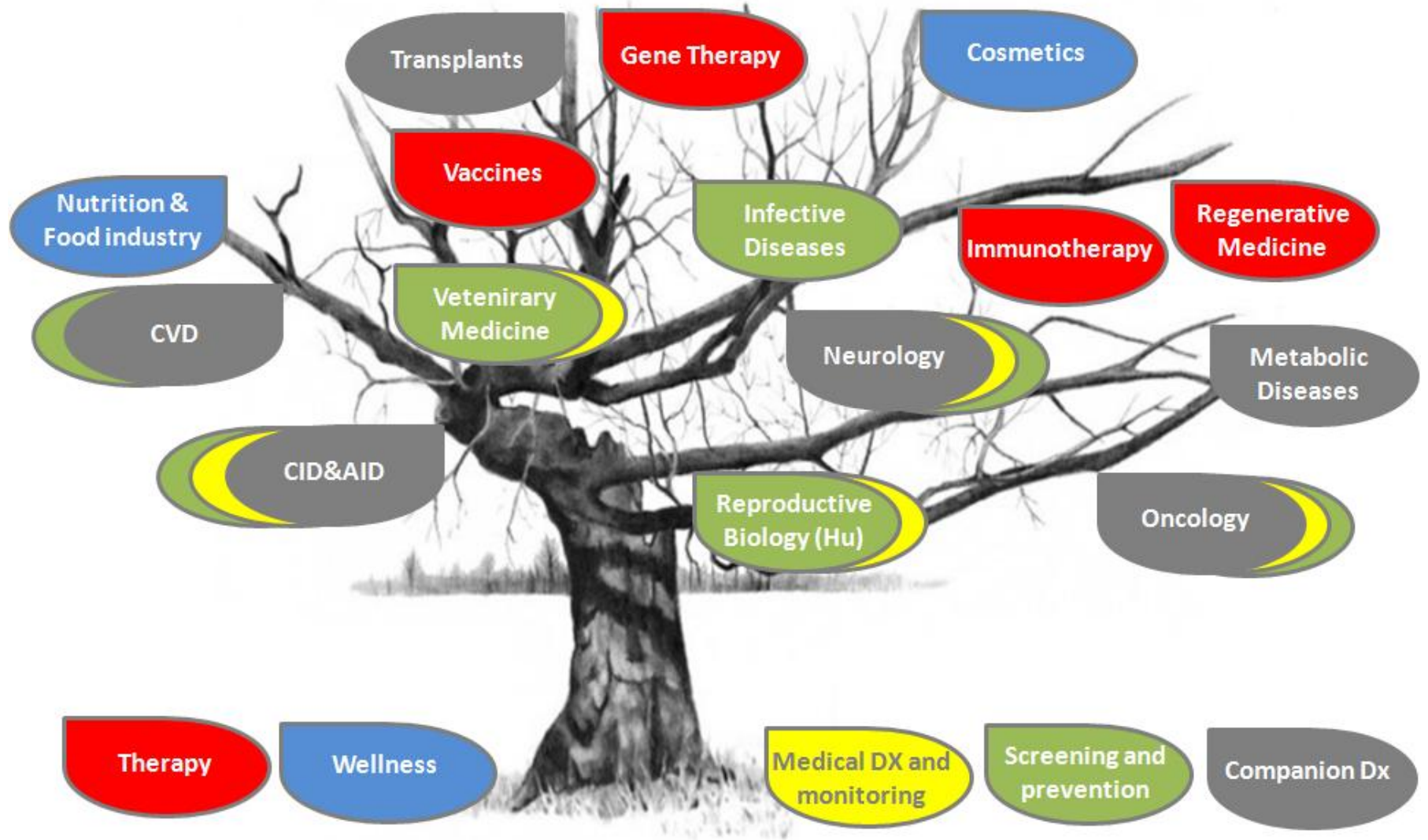
EV-TRACK: *transparent reporting and centralizing knowledge in extracellular vesicle research*



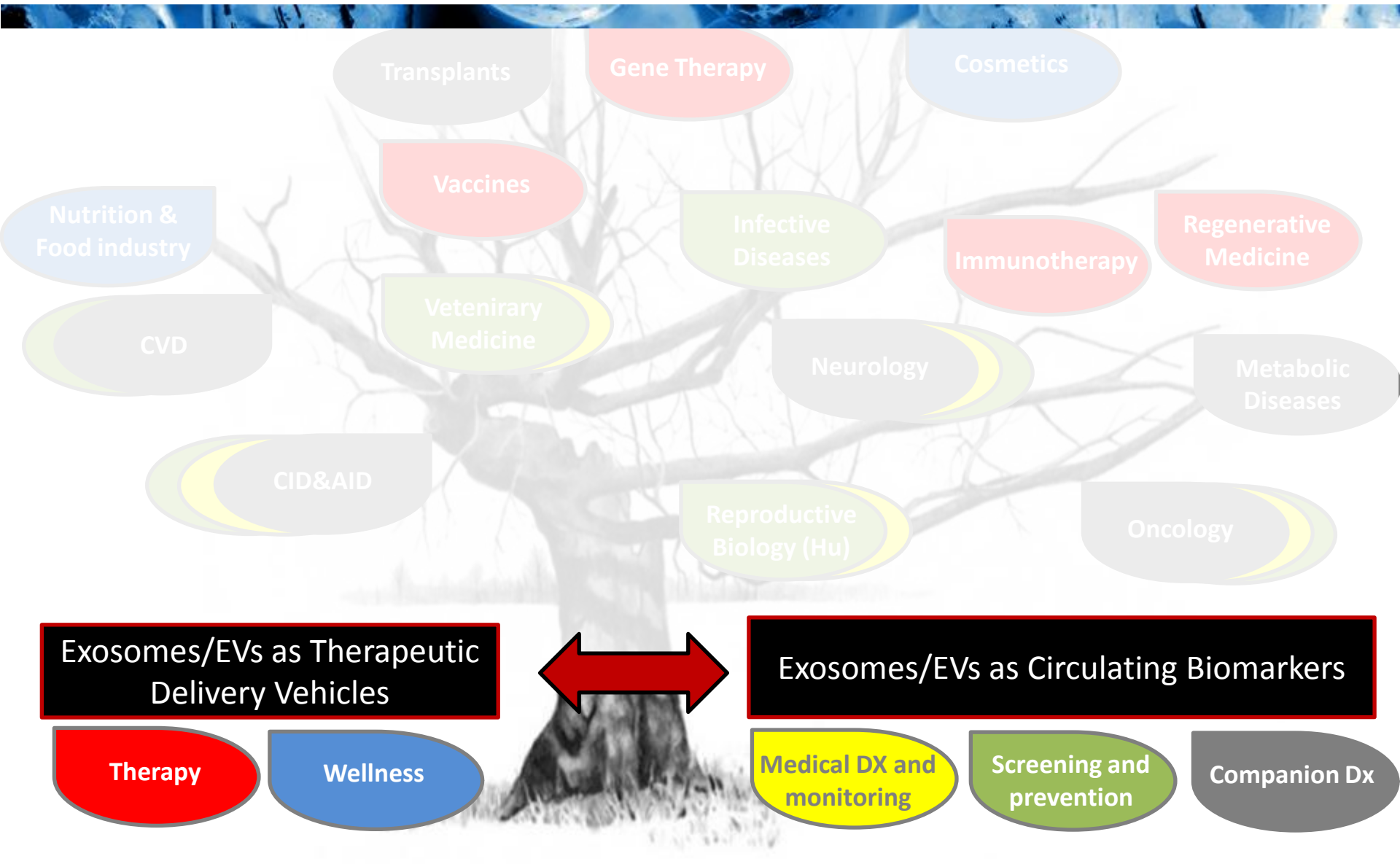
*Nature methods. 2017;14(3):228-32.*



# One Root different directions



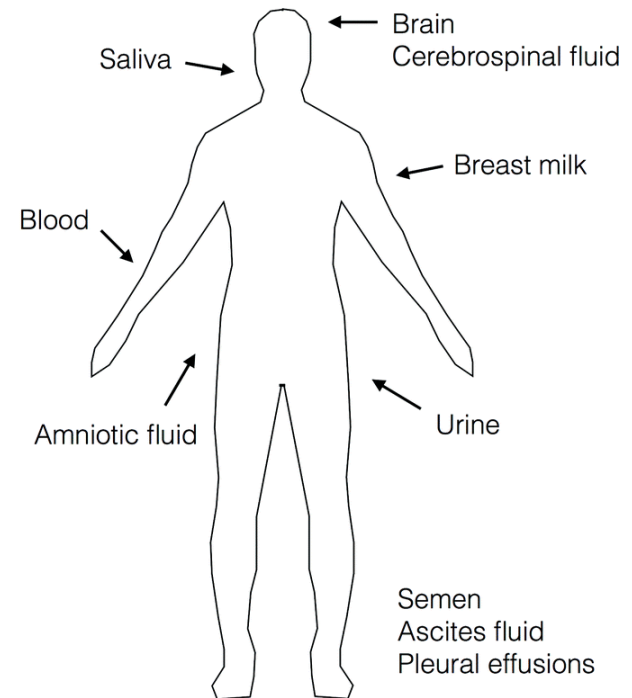
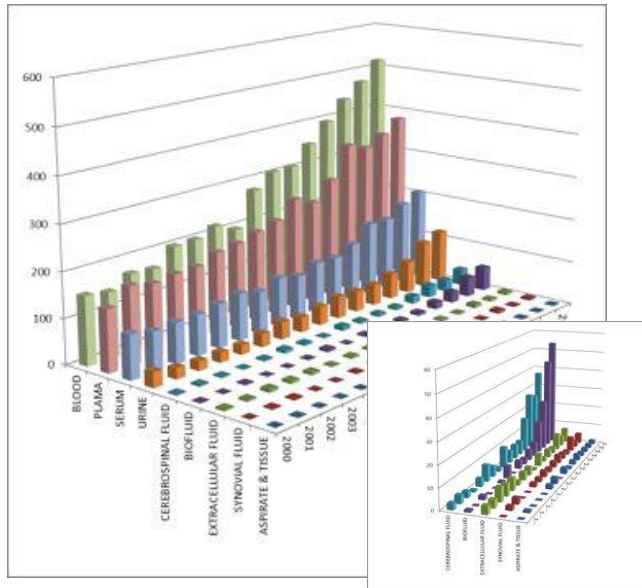
# Two major exploitation paths





# EV/Exosomes as circulating biomarkers

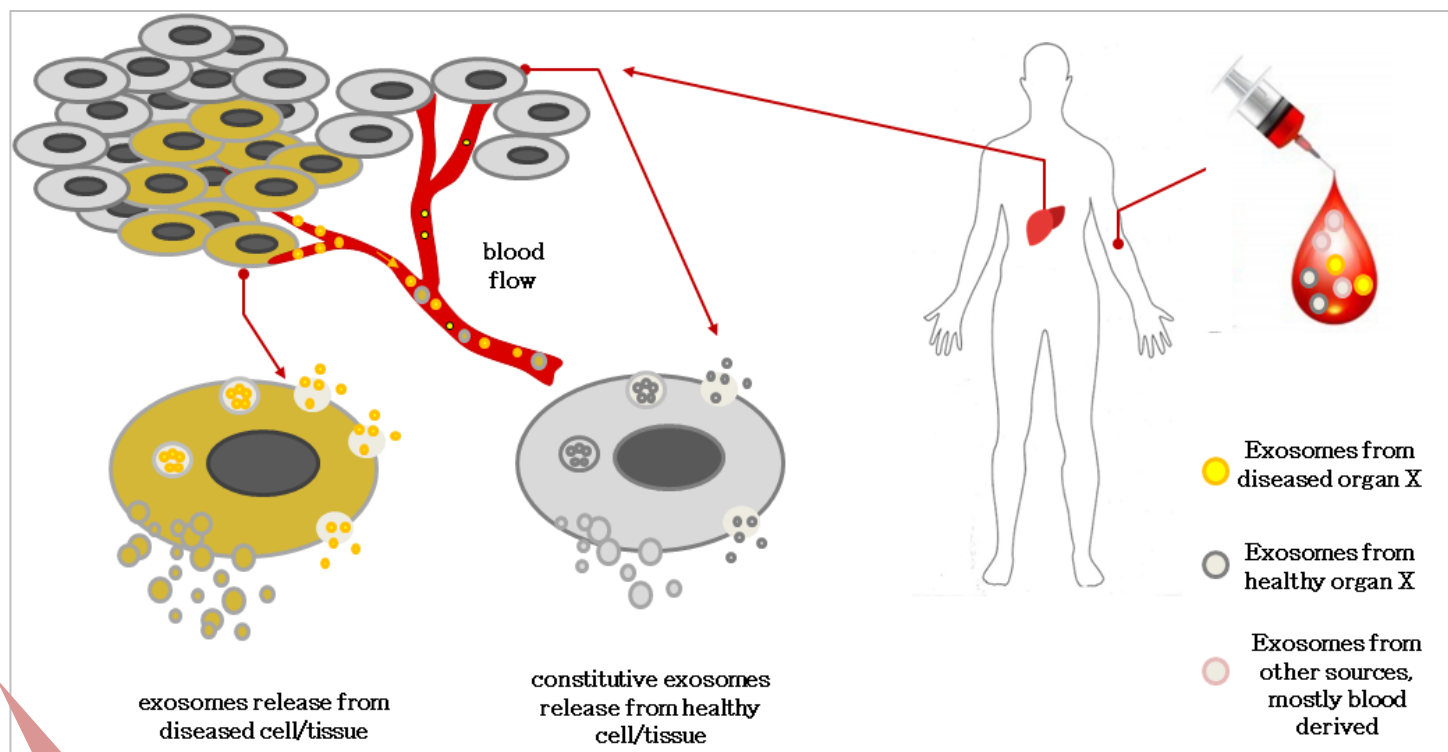
- **Exosomes circulate in periferal blood and in different biological fluid**



- **Exosomes as concentrators of biomarkers:**

- ✓ *Reflect the proteic and genomic content of the parent cell \**
- ✓ *Enable secretion of otherwise non-soluble molecules*
- ✓ *Enrich in low-abundant molecular species*
- ✓ *Can be selectively isolated*
- ✓ *Enrich in some acknowledged cancer markers*

# EV/Exosomes as circulating biomarkers



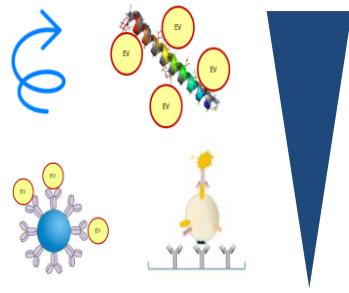
Preanalytical  
protocols and  
Devices

Isolation

Extraction

Detection

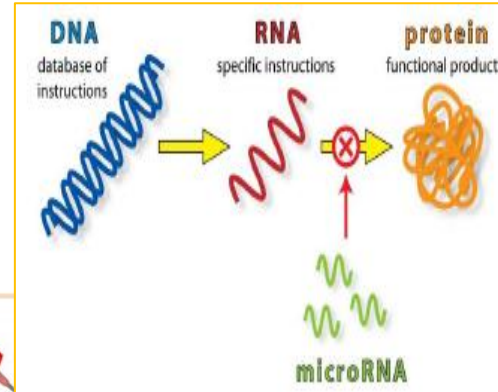
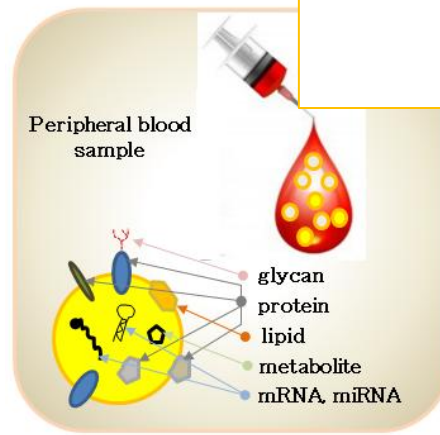
## EV/Exosomes Isolation from complex matrix : Different isolation protocols ensure different stringency /yield/purity



Total EVs  
(exosomes +  
MVs)

Organ specific  
EVs (exosomes +  
MVs)

Disease specific  
EVs (exosomes +  
MVs)



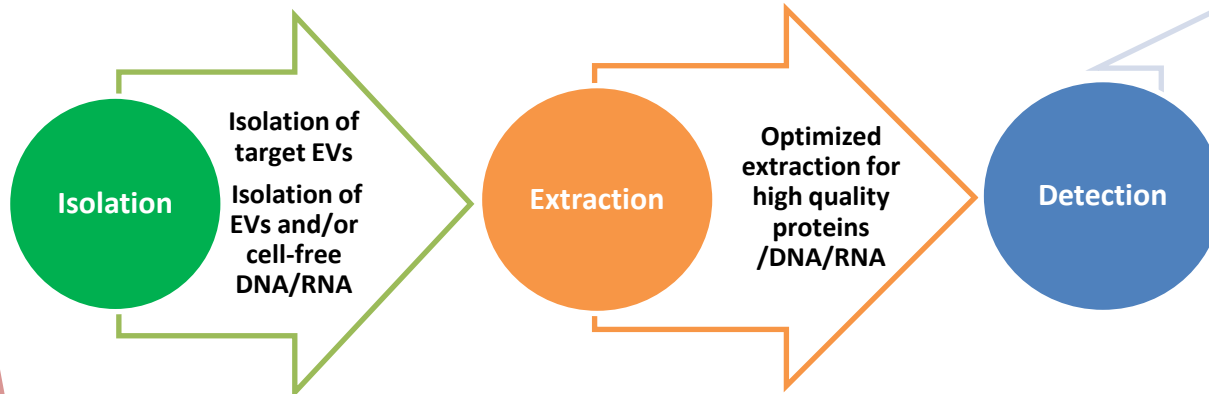
EV/Exosome binding  
antibodies & agents,  
surface chemistry

EV/Exosomes  
biochemical analysis,  
counting and sizing

EV/Exosomes  
physical properties,  
mass, colloidal,  
stiffness

EV/Exosomes quantification, quality  
control markers and normalizers for  
different categories of informative  
markers, QC

Preanalytical  
protocols and  
Devices



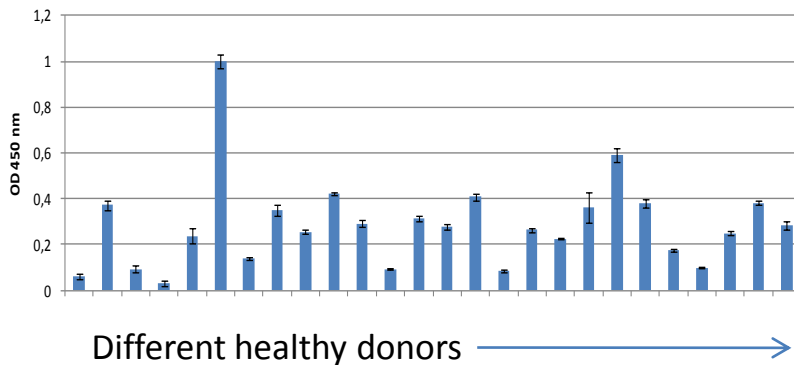
# PREANALYTICAL VARIABILITY

## Major source of variability and error in diagnostics

### biological variation

can be controlled or at least recorded

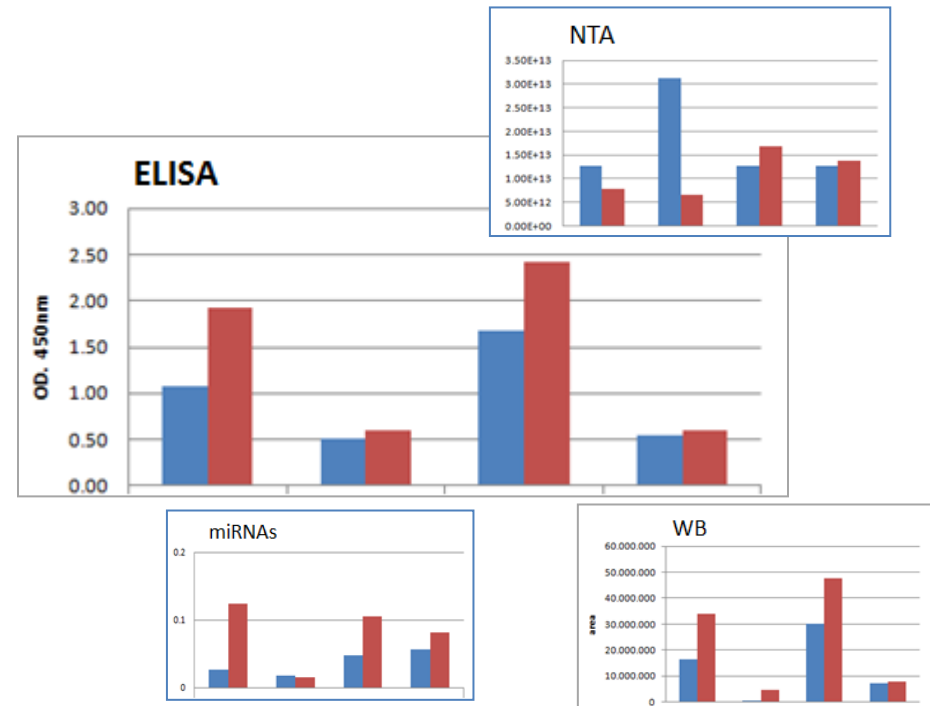
#### *Quantification of CD9+ exosomes in plasma*



- Selective focus on EVs of interest
- Definition of baseline levels variations
- Normalisation strategies

### technical variation

is introduced by sample collection & processing.



Same healthy donors – different plasma separation protocols

- Harmonisation of preanalytical protocols

Preanalytical  
protocols and  
Devices

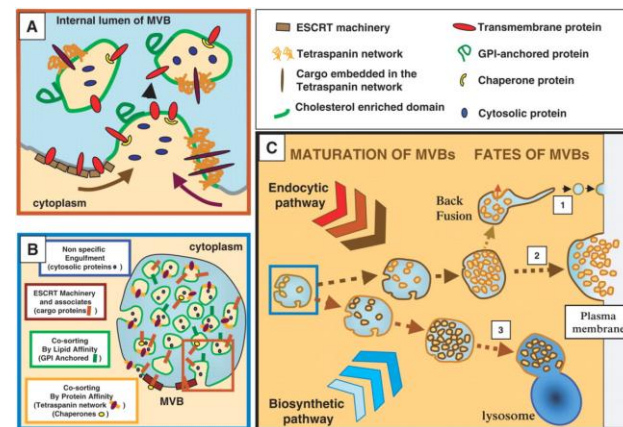
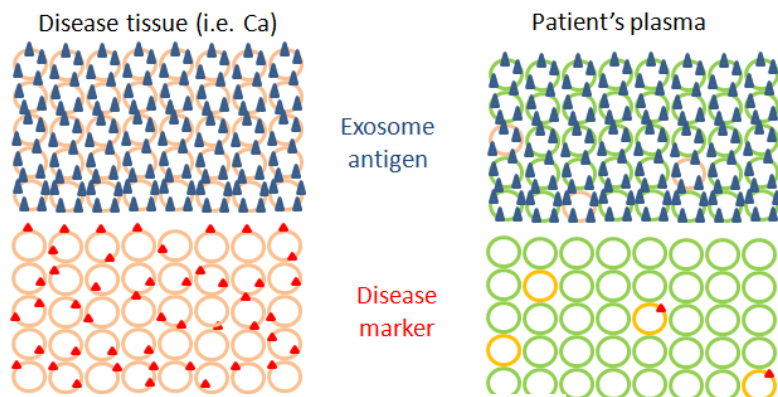


# EV/EXOSOMES HETEROGENEITY :

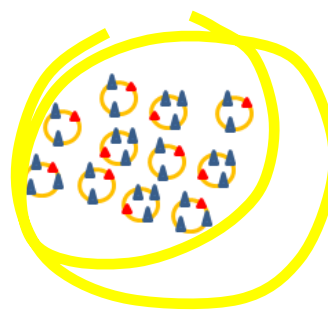
## Major challenge in detection of relevant EV markers

1. Theoretically, every exosome could have unique molecular composition *Sverdlov ED, Bioassays (2012).*

2. Specific tissue derived exosomes are drastically diluted in complex biogfluids (likely to <0.01%)



van Niel G: *J Biochem (Tokyo)* . 2006



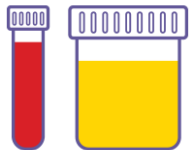
3. EVs can be selectively recovered from biofluid samples

- size, charge, density
- immuno-affinity isolation

Preanalytical protocols and Devices

# True requirement for EV based diagnostics: streamlined isolation and sensitive quantification of associated molecules

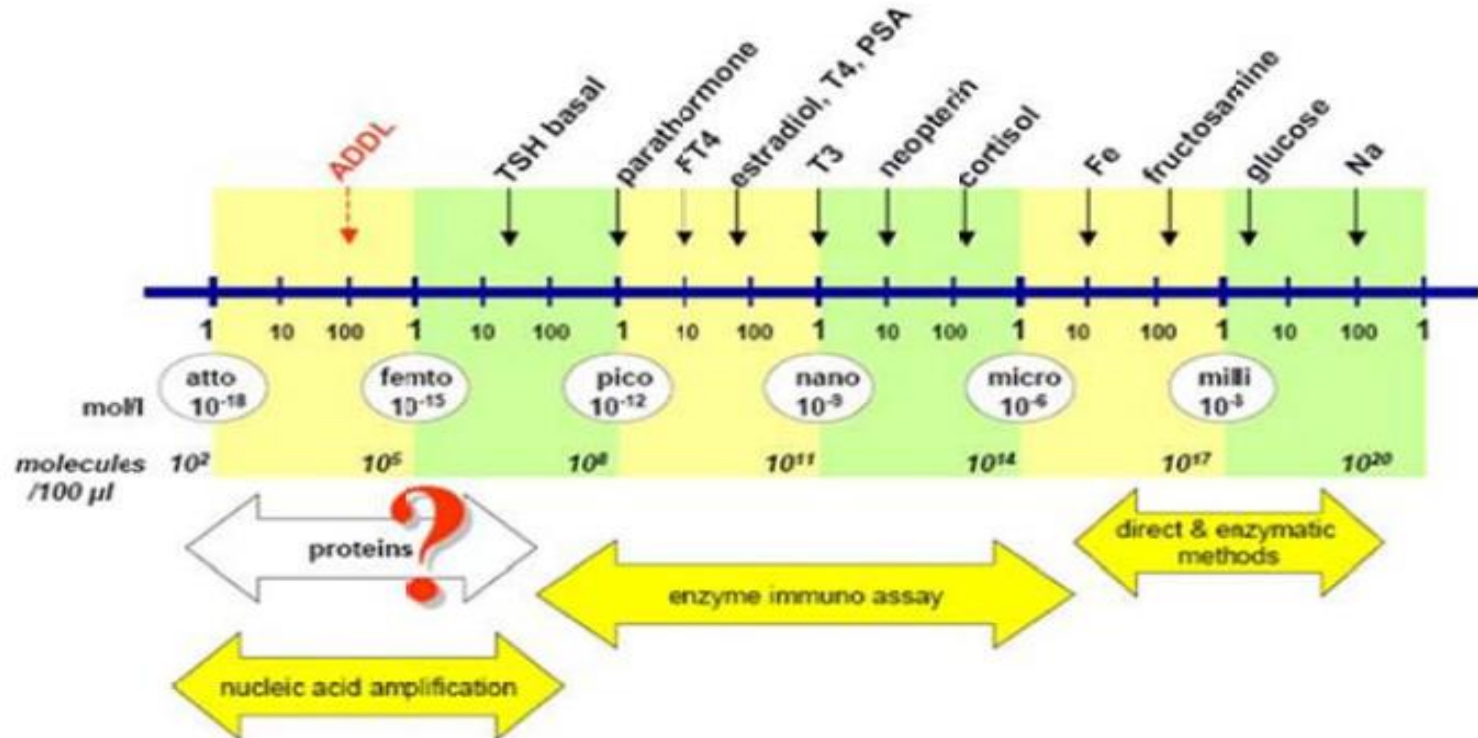
Assumptions:		Calculations:
Detection Ab $K_D$	1nM	For a picomolar assay minimum concentration of exosomes is <b><math>6 \times 10^{11}</math> molecules/ml</b> ( $10^{-9}$ molar $\times$ 1litre/1000ml $\times$ $6 \times 10^{23}$ molecules/mole)
Total concentration of exosomes in blood	$10^{10}$ - $10^{12}$ in healthy $10^{12}$ - $10^{14}$ in cancer exosomes/ml	Cancer exosomes in 1 ml of blood is $\sim 10^9$ - $10^{10}$ <b>cancer exosomes</b> <i>number of circulating exosomes/ml</i> ( $10^{12}$ - $10^{14}$ ) $\times$ <i>cancer exosomes/total exosomes</i> (0.1-5%) $\times$ <i>separation efficiency</i> (0,5))
% cancer exosomes over total exosomes	0.1%	
Density of protein marker per exosome	1 marker/exosome	Concentration factor needed <b>100 x</b>
Efficiency of extraction	50%	Sample volume needed 1-10 ml for reaction volumes of 10-100 microliters



# True requirement for EV based diagnostics: streamlined isolation and sensitive quantification of associated molecules

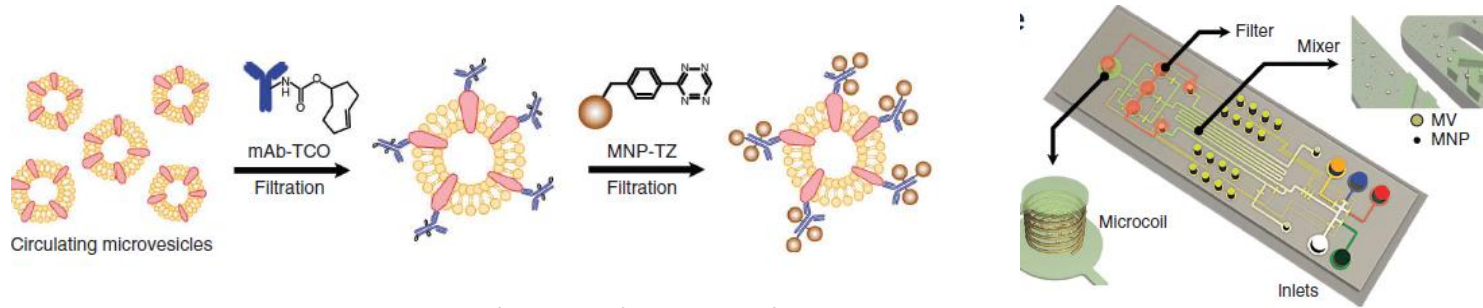
## Sensitivity

detection requirements for diagnostically relevant targets

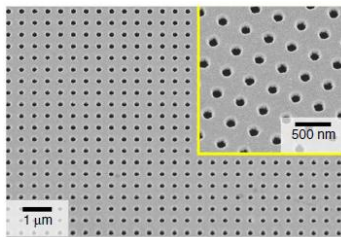
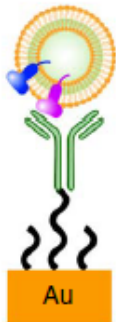




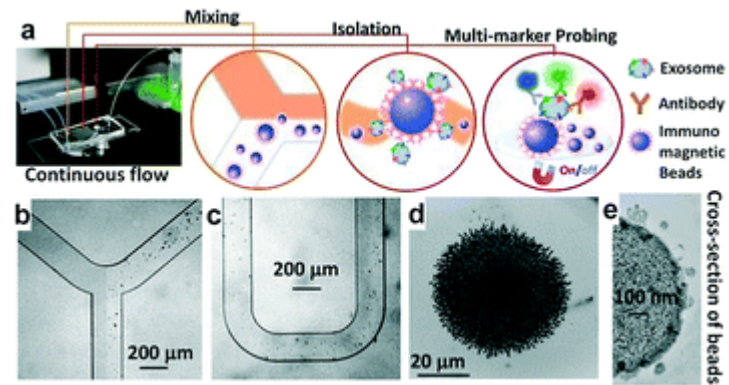
# Do we need advanced technologies for detection of EV protein markers?



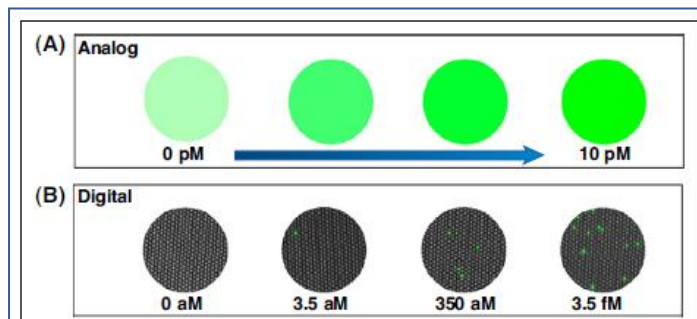
*Shao et al. Nat Med 2012*



*Im et al. Nat Biotech 2014*



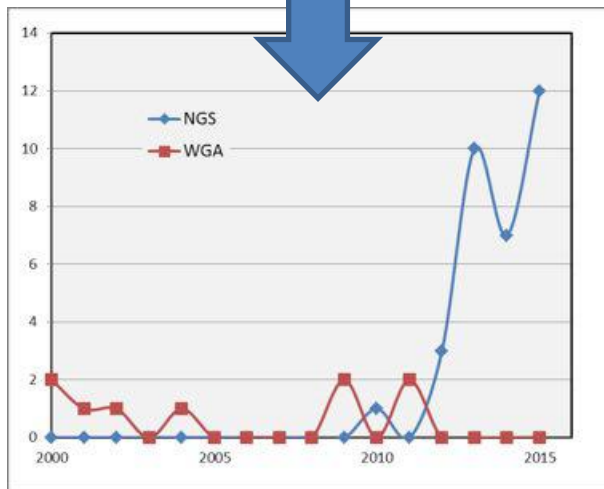
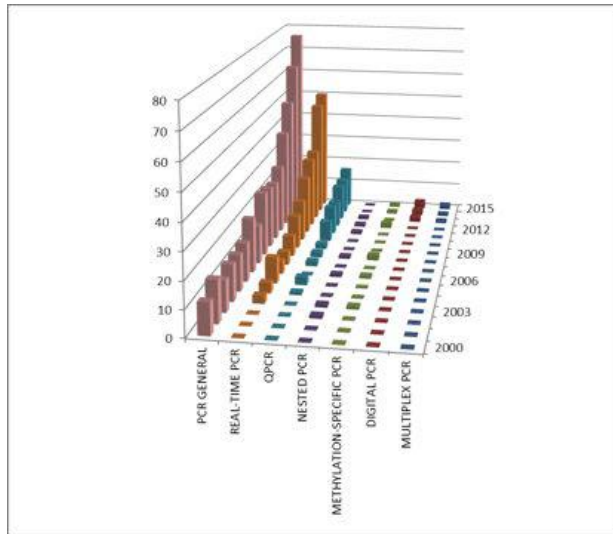
*Zhao et al. Lab Chip 2016*



*Cretichet al. Trend Biotech 2015*



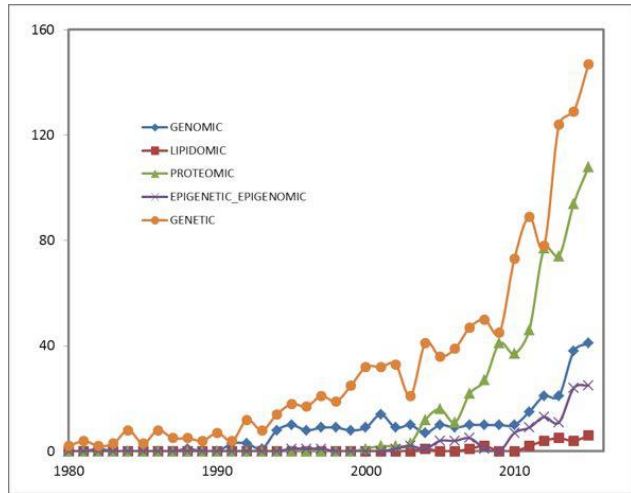
# PCR remains a Key Tool with outreach vs. NGS



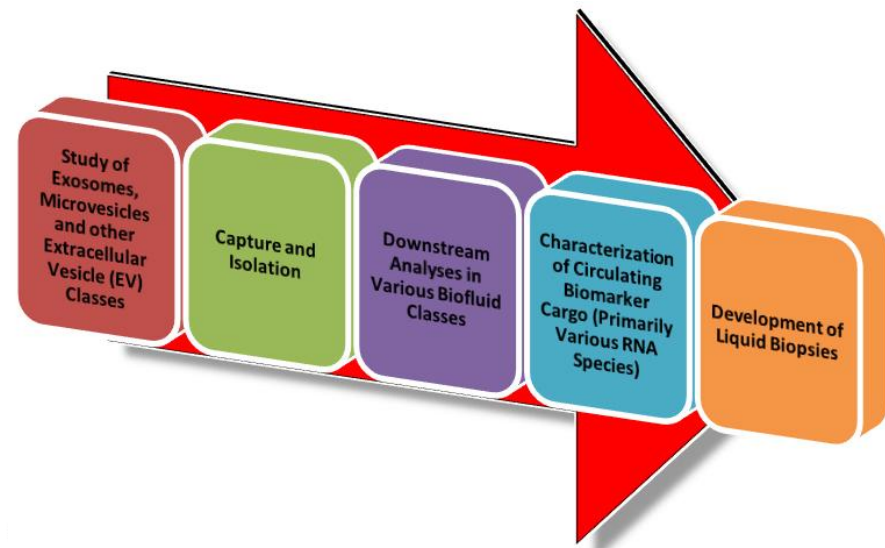
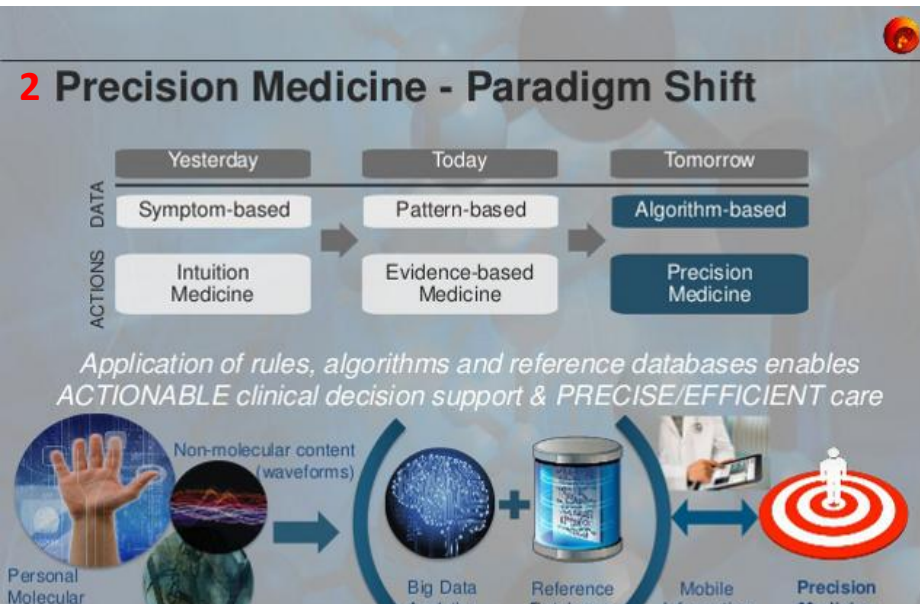
Technique	Sensitivity
Sanger sequencing	> 10%
Pyrosequencing	10%
Next-generation sequencing	2%
Quantative PCR	1%
ARMS	0.10%
BEAMing, PAP, Digital PCR, TAM-Seq	0.01% or lower

**1. Driver: methodological issue**

# What are the most exploited EV biomarkers today?



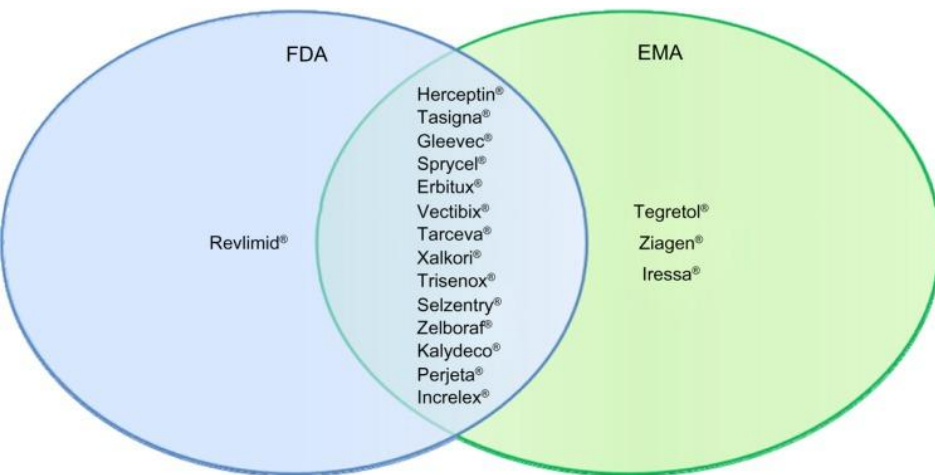
- Most work has been done on miRNAs
- EV DNA based assays are the first ones that hit the clinical use:  
**First LDT** for Alk in Lung Cancer launched by Exosome Dx in 2015  
**First IVD** for CDx (EGFR) by Roche Dx FDA approved in 2016



# First dowel in the puzzle – Companion Diagnostics

Targeted therapies are *already* standard of care

## Companion Dx pipeline today

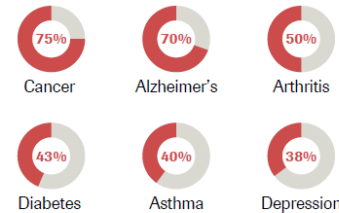


Drugs with required pharmacogenetic companion diagnostic testing according to EMA and FDA

## Companion Dx pipeline evolution

### Today's Medical need

Non-responders to current therapy\*



**1998-2014:**  
1% of NDAs with CDx<sup>+</sup>

### Personalised Healthcare

The right therapy for the right group of patients



**By 2030:** up to 80% of NDAs with CDx<sup>+</sup>

From Roche report

## 3. Driver: Market need

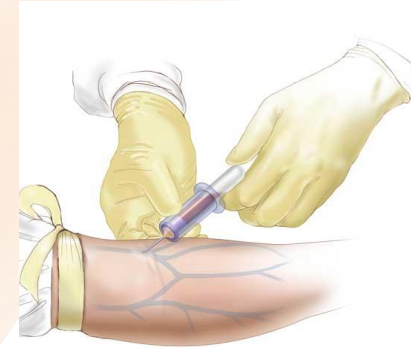
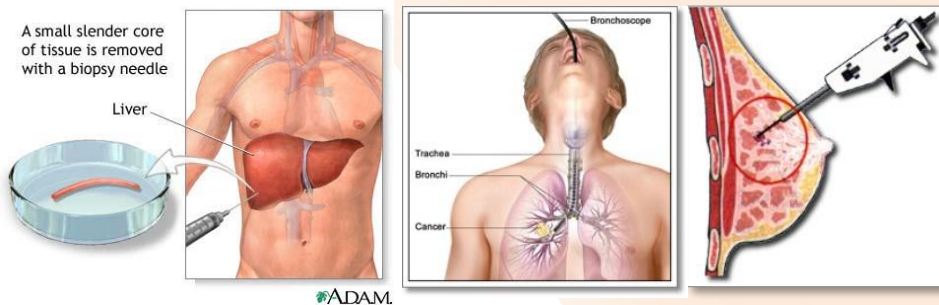


# The impact of liquid biopsy for precision medicine in cancer: alternative and complementary to conventional tissue biopsy

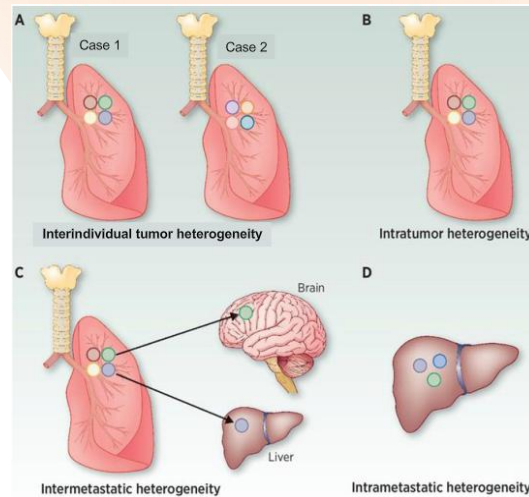
## *Tissue Biopsy*

vs.

## *Liquid Biopsy*



- Invasive, painful
- Expensive & time consuming
- Re-biopsy often not possible or accepted
- Not suitable for cancer monitoring
- Does not address tumor heterogeneity

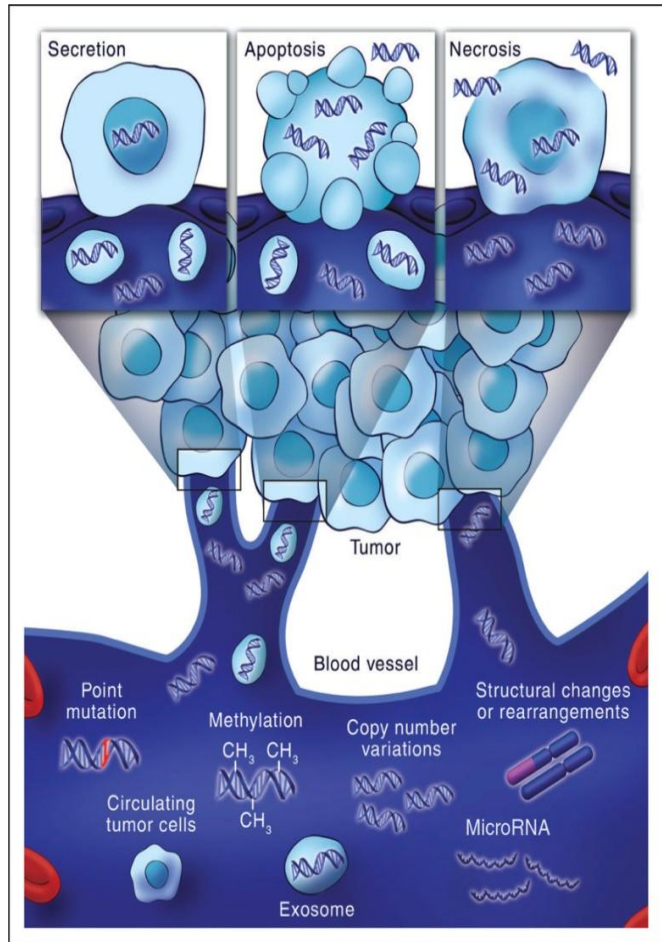


Jamal-Hanjani et al Clinical Cancer Res 2015

- Minimally invasive, no risk for patients
- Cheap and quick
- Re-biopsy is not a problem
- Truly suitable for cancer monitoring
- Addresses tumor heterogeneity



# Major sources of cancer biomarkers for liquid biopsy

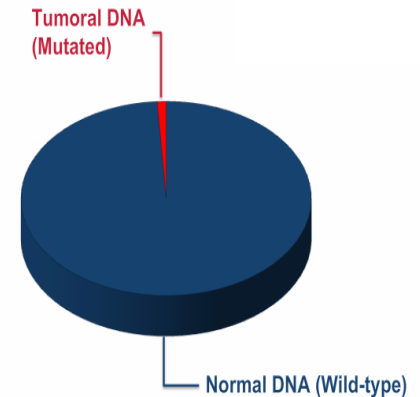


Diaz & Bardelli Journal of Clinical Oncology

## Circulating cell-free nucleic acids

*Most studied source of genetic alterations today but has serious limitations*

- ctDNA  $\neq$  cfDNA!
- Huge background
- Can not be selectively isolated



## Circulating tumor cells

Cancer cells released by the primary tumor in circulation.

*Great investments but expectations not fulfilled*

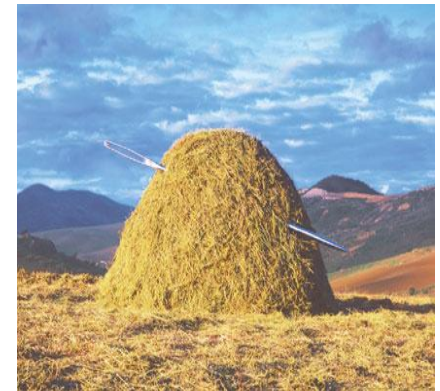
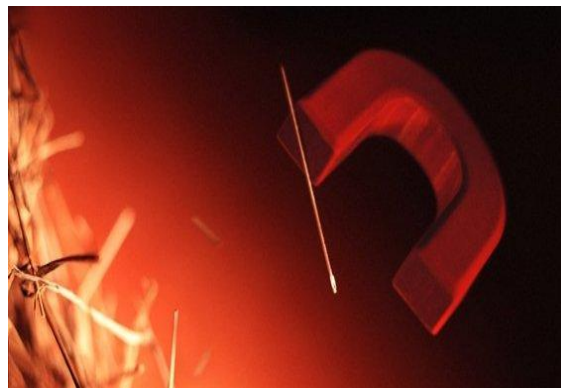
## Extracellular vesicles

*Offer unprecedented advantages (see next slides)*

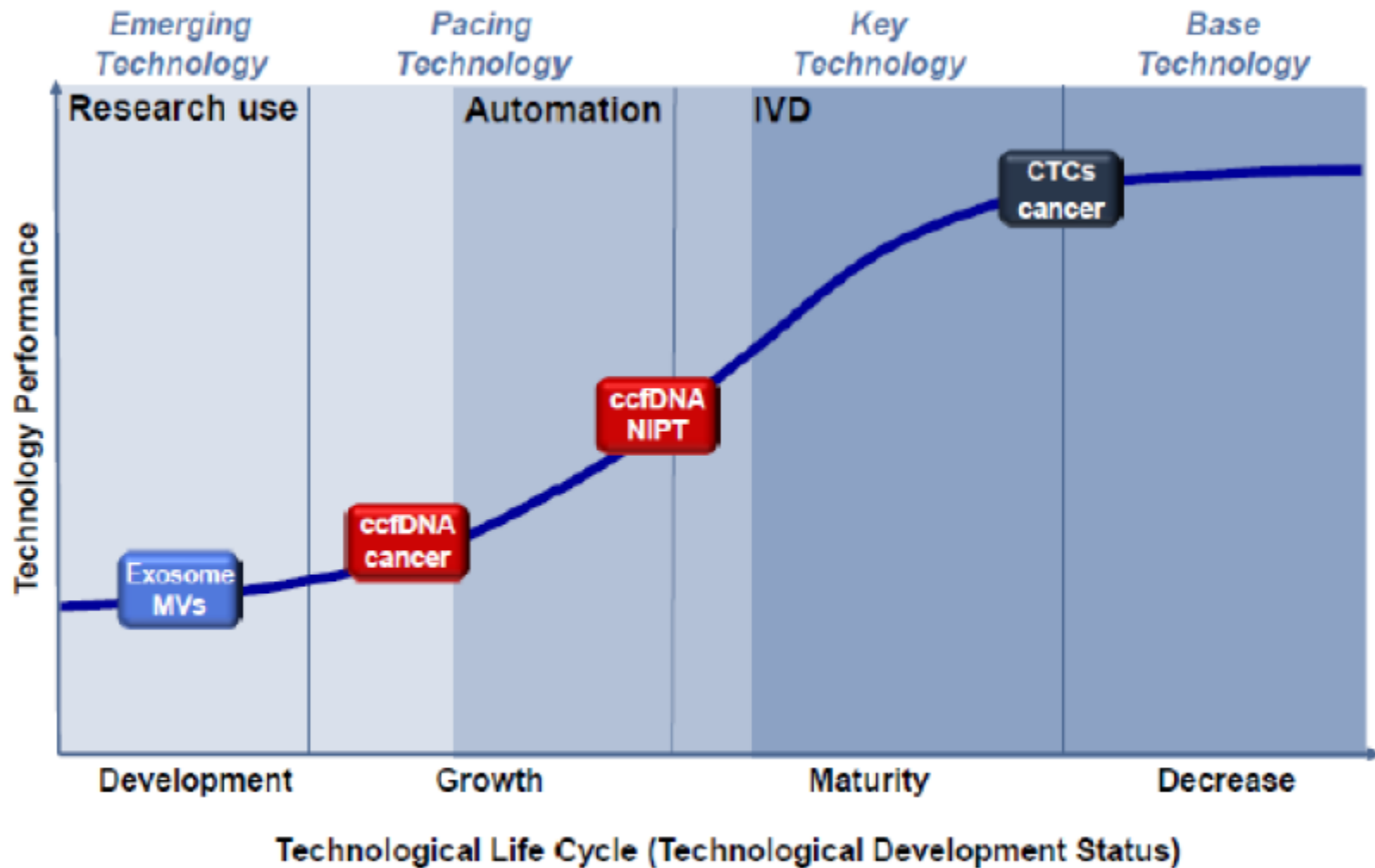
# Technology Comparison

## Exosomics Approach vs Current Technologies

Important Attributes	CTC	ctDNA	Exosomics Approach
Abundance of Biomarkers in the body fluid	✗	✓	✓
Ability to Enrich Selectively the Tumor-Associated Biomarkers	✓	✗	✓
Ability to reach Low Limit of Detection and high Accuracy	✗	✗	✓
Ability for Early Cancer Detection with Low Concentration of Biomarkers	✗	✗	✓
Ease of Use	✗	✓	✓
Avoidance of Complex and Expensive Equipment	✗	✓	✓



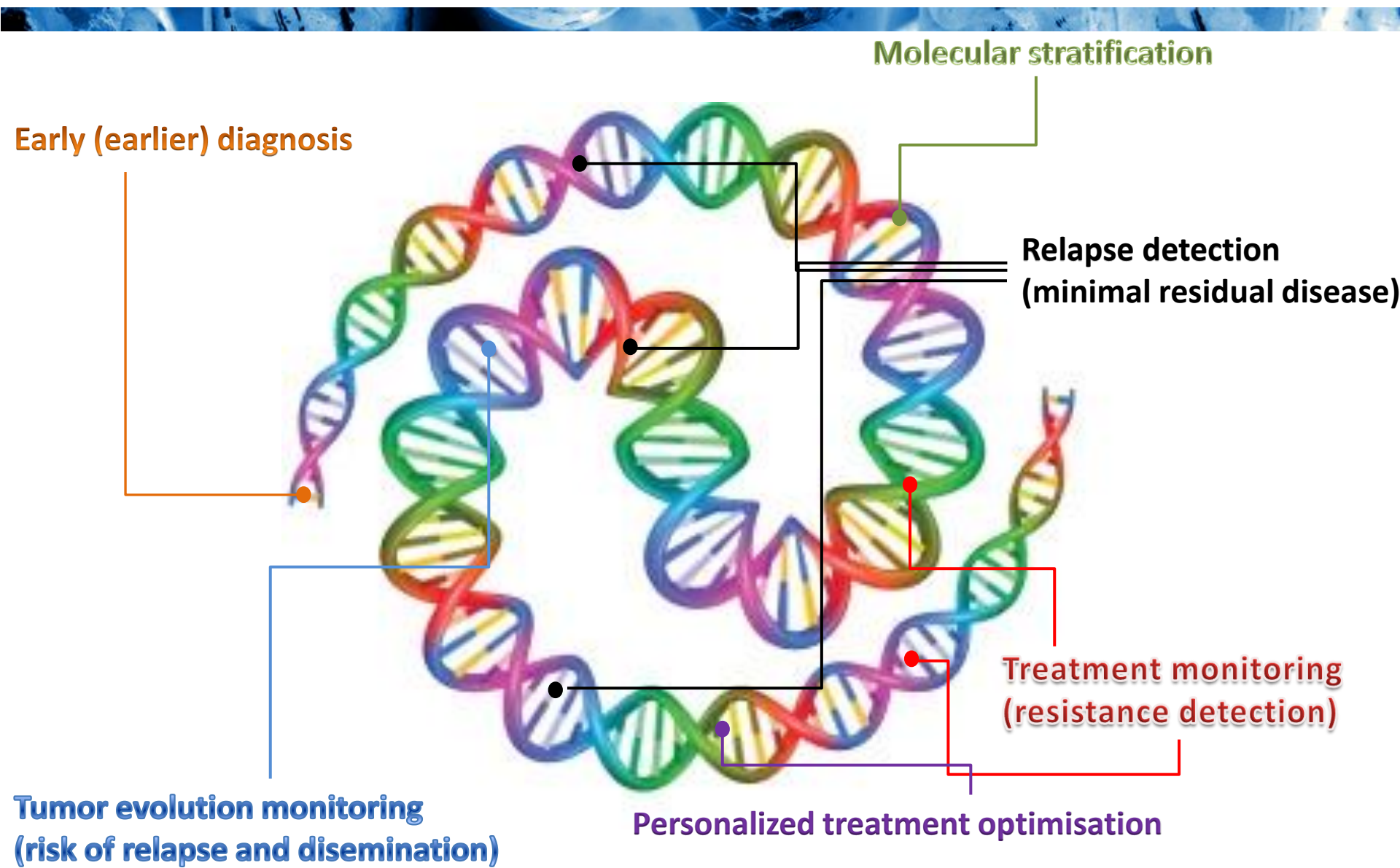
# Different timelines, performance and readiness level



<http://www.ecmcnetwork.org.uk/sites/default/files/ECMC%20cfDNA%20Qiagen%20Frietsch%2020141124.pdf>



Lot of dowels are still missing across the patient management cycle  
and all can be prompted by EV/exosomes based liquid biopsy





# EVs in Human Healthcare -cell-free regenerative medicine

## EXOSOMES PROs

- Not immunogenic if extracted from proper source
- Very stable -long circulating life and long shelf life
- Defined tropism to specific tissue or microenvironment
- Intrinsic biological activities
- Intrinsic ability to cross biologic barriers
- Specific sorting mechanism of proteins to exosomes that helps predicting or engineering surface moieties
- Loadable with nucleic acids and small molecules
- Less complex then viable cells

BioRegenerative  
SCIENCES™

ReNeuron

INTREXON®

esperite  
you owe it to your family™

zenbio

Capricor™  
Therapeutics

ANSYS

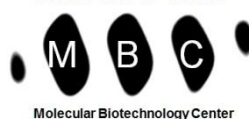


evox  
THERAPEUTICS

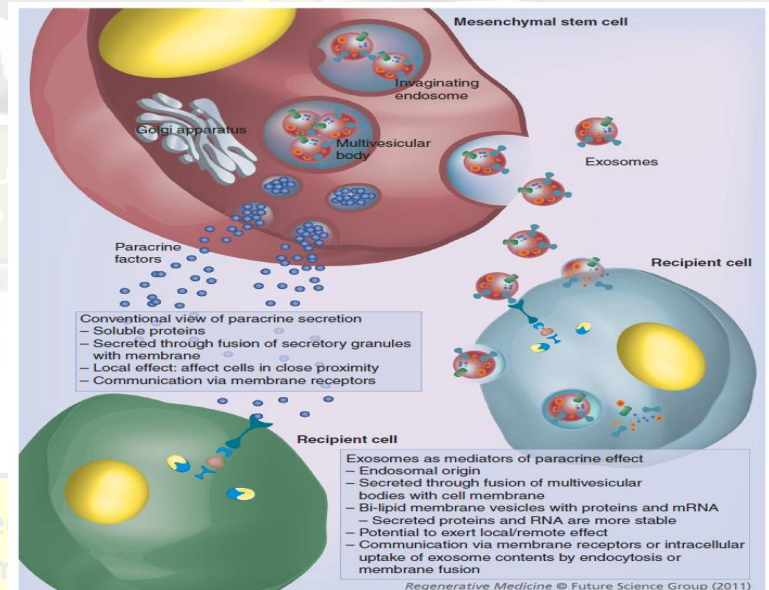


Agency for  
Science, Technology  
and Research

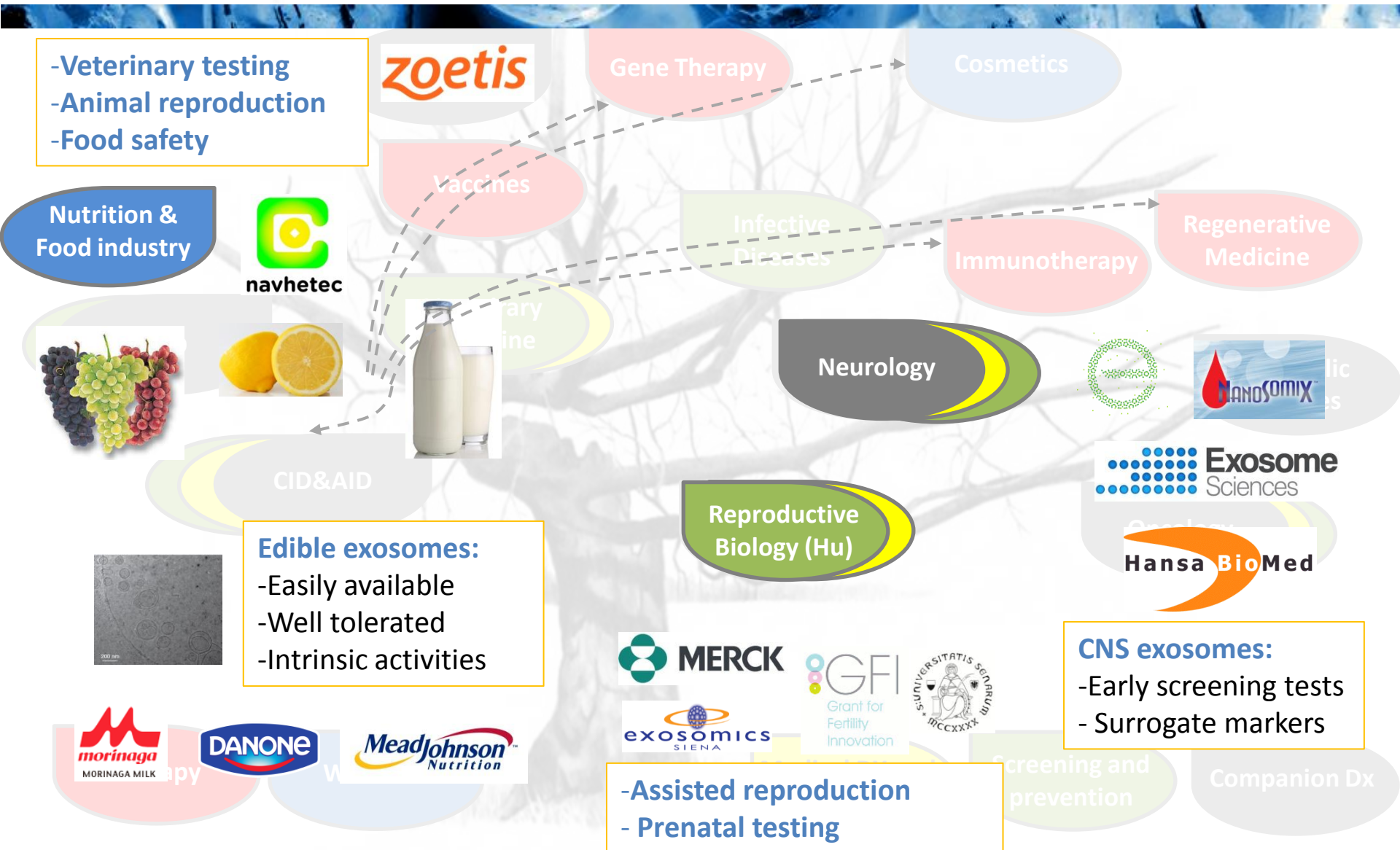
Università di Torino



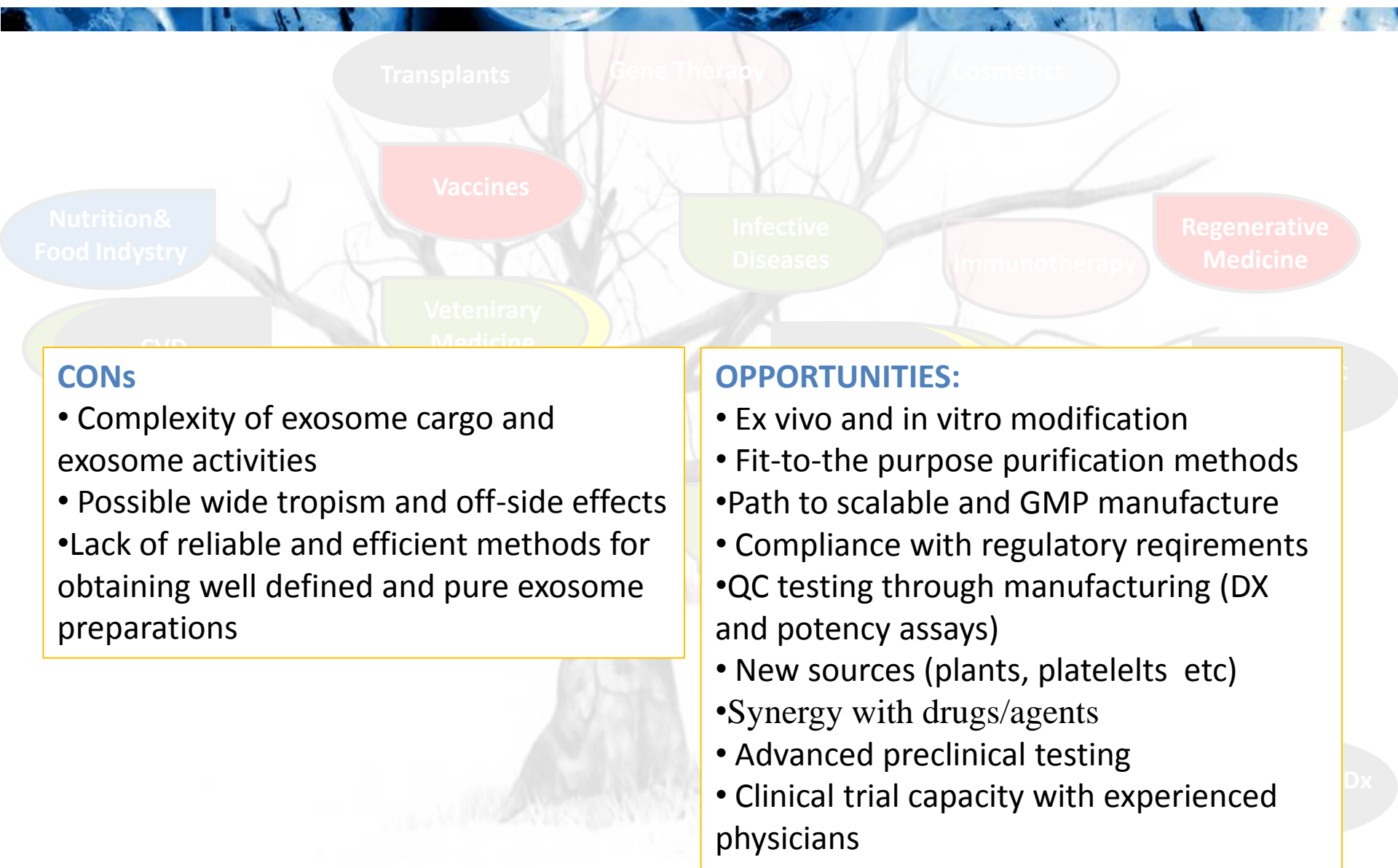
Universitätsklinikum Essen  
Transfusionsmedizin



# Emerging areas with unmet needs and huge markets



# EVs in cell-free regenerative medicine



## CONS

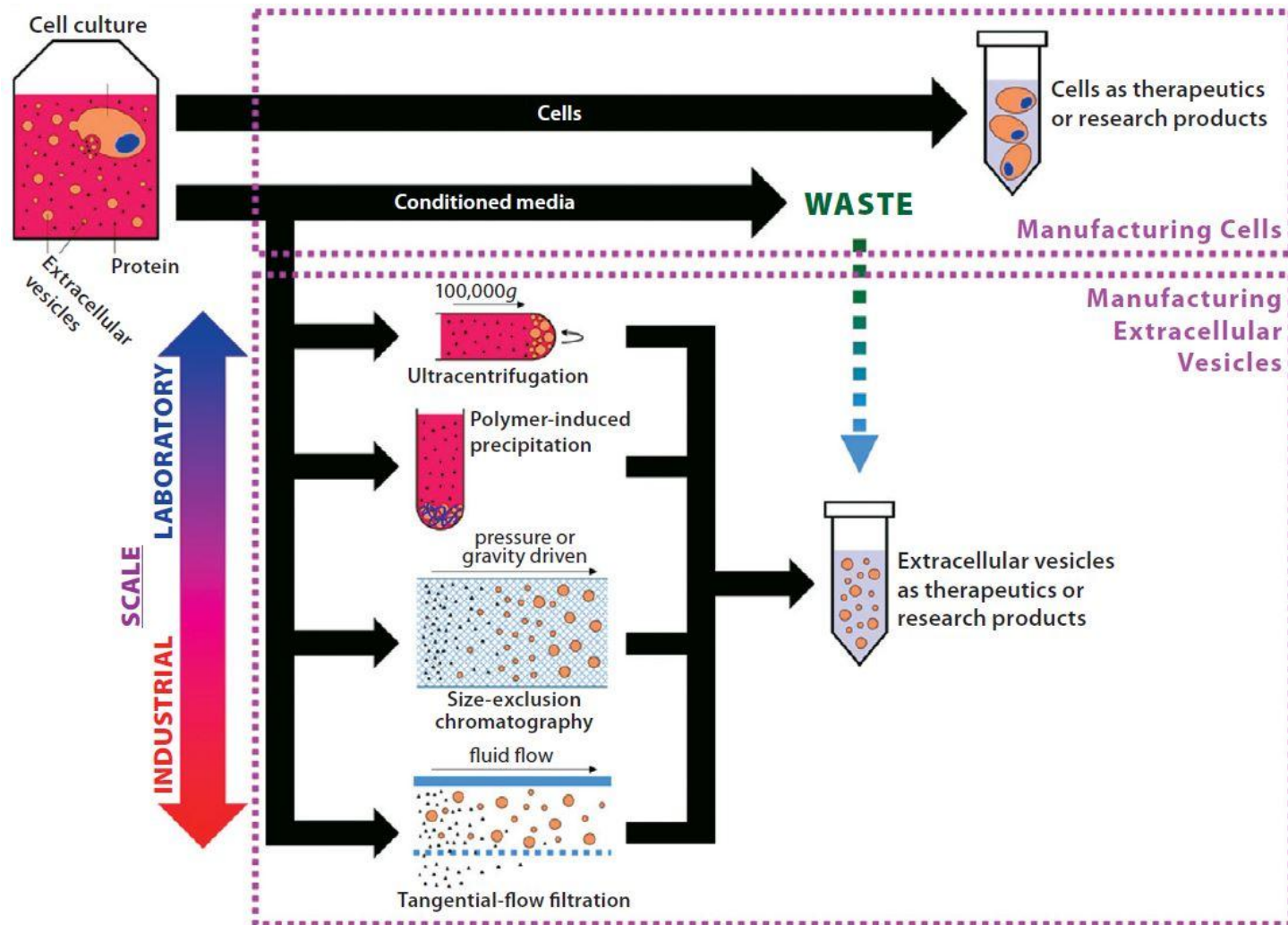
- Complexity of exosome cargo and exosome activities
- Possible wide tropism and off-side effects
- Lack of reliable and efficient methods for obtaining well defined and pure exosome preparations

## OPPORTUNITIES:

- Ex vivo and in vitro modification
- Fit-to-the purpose purification methods
- Path to scalable and GMP manufacture
- Compliance with regulatory requirements
- QC testing through manufacturing (DX and potency assays)
- New sources (plants, platelets etc)
- Synergy with drugs/agents
- Advanced preclinical testing
- Clinical trial capacity with experienced physicians



# Large scale production of exosomes from cell culture



Smith et al.

28



# True enabling technical requirement: fit to the purpose EV/ exosome isolation and.....

Method	Available technologies	Pros	Cons
Ultracentrifugation (UC)	Ultracentrifuge with speed >100000g	Widely accepted and standardized protocol	EV aggregation; labor and time consuming
Optiprep-Density Gradient	Optiprep + ultracentrifuge	Only method that uses both size and density to separate EVs; highest EV purity	EV aggregation; labor and time consuming Multiple steps that require technical skills
Chemical precipitation	<b>Exoprep (HBM)</b> , Exoquick (SBI), Total Exosome Isolation (Thermo Fisher)	Simple procedure; Faster than UC	Contaminants co-precipitation; poorly and wide molecule size range; need to remove polymer after isolation
Size-exclusion chromatography (SEC)	Sepharose 2B and CL2B, qEV (Izon), <b>HBM columns</b>	Single step process; high purity isolation; affordable reagents and tunable processing time	Columns must be optimized for large scale volumes
Tangential flow filtration	TFF capsules with 100kDA MWCO	Scalable; faster than UC; high enrichment potential	May require additional steps including UC
Immuno-affinity	<b>Exosome-targeting antibodies (HBM, EXS)</b>	Scalable, faster than UC, high enrichment potential including for EV subpopulations	Antibodies need to be removed after EV isolation for applications that require intact EVs

## .....and quality control: what do we need to check?

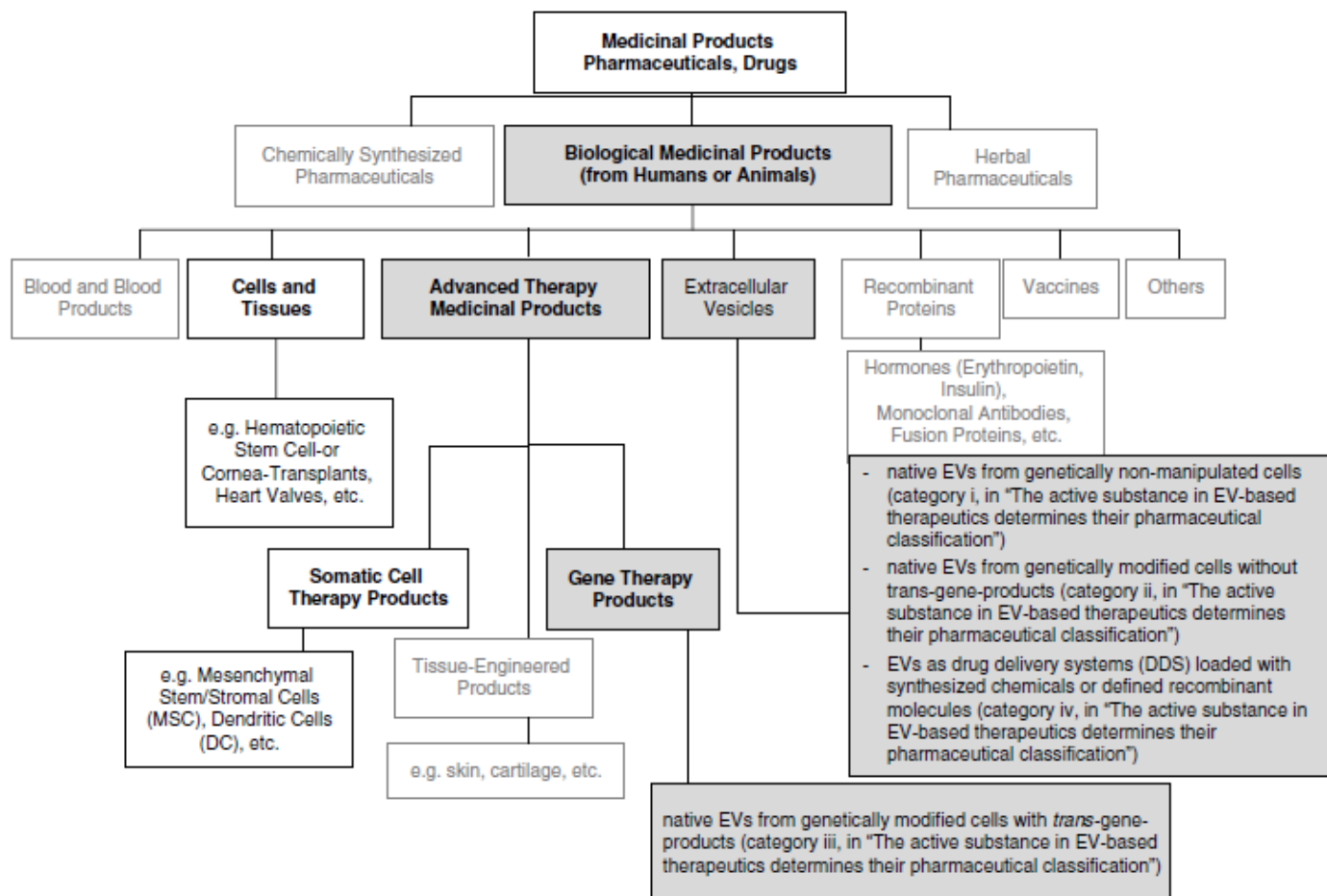
Task	Objective	Technology
EV (exosome) size	Monitor size consistency	<ul style="list-style-type: none"><li>• TEM, light scattering, NTA</li></ul>
EV markers	Check for both generic and cell specific EV markers.	<ul style="list-style-type: none"><li>• Western blot or mass spec for protein biomarker</li><li>• PCR and/or NGS for nucleic acid biomarkers</li><li>• Tandem HPLC and mass spec for lipids and metabolites</li></ul>
Purity markers	Check for intracellular markers (eg Golgi proteins) and serum markers (albumin)	<ul style="list-style-type: none"><li>• Immunoassays</li><li>• PCR for nucleic acids</li></ul>
Integrity and functionality	Check for integrity and activity, expression profiles and assays	<ul style="list-style-type: none"><li>• Protection assays</li><li>• potency assays or surrogates</li></ul>
Sterility (eg. EVs for therapeutic use)	Check for microbiological contaminants	<ul style="list-style-type: none"><li>• As laid down in regulations for blood products, ATMPs and pharmacopeia</li></ul>
EV stabilization	Chemical stabilization	<ul style="list-style-type: none"><li>• Under development</li></ul>
Formulation	Define optimal EV storage and formulation	<ul style="list-style-type: none"><li>• Additives</li><li>• Lyophilization</li></ul>

# Clinical trials are a reality

Identifier	Source	delivered drug	disease	purpose	phase	size of cohort	Location
NCT01294072	Plant exosomes	Curcumin	Colon Cancer	Plant exosomes delivery of curcumin to normal colon tissue and colon tumors	I	35	USA
NCT01668849	Grape-derived exosomes		Head and neck cancer	Reduce the incidence of oral mucositis during radiation and chemotherapy treatment	I	60	USA
NCT01854866	Treated tumor cell-derived microparticles	Chemotherapeutic drugs	Advanced cancer	Treat malignant ascites and pleural effusion in patients with advanced cancer	II	30	China
NCT02507583	Treated tumor cell-derived Evs	Antisense oligonucleotide against IGF1R	Malignant Glioma	Trigger immune responses	I	32	USA
NCT02657460	Methotrexate-autologous tumor derived microparticles		Lung cancer	Treat malignant pleural effusion	II	90	China
NCT01159288	Tumor antigen-loaded dendritic cell-derived exosomes		Non Small Cell Lung Cancer	Activate the innate and adaptive immunity	II	47	France

*Kooijmans et al. 2016*

# While regulatory status still needs to be defined, at least in Europe



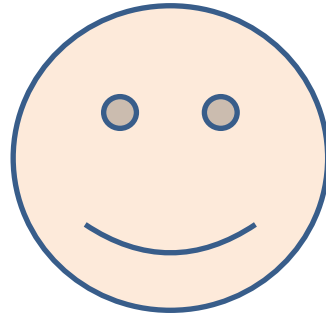
*ISEV position paper 2016*



EVs have gone commercial already.....

## EXOFACE

Exosome moisturizer

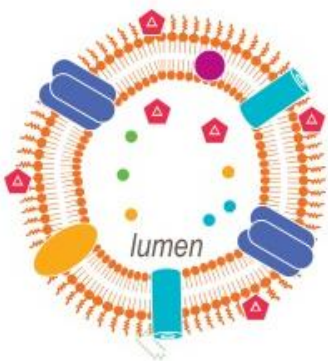


## MISSION PERFECTION SERUM

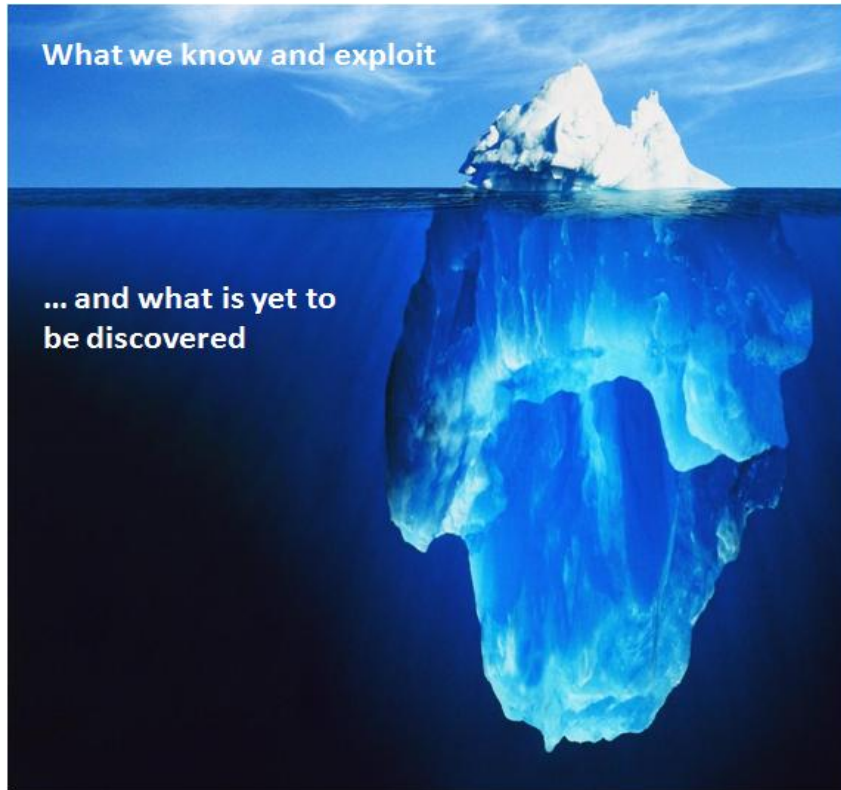
Clarins



....or are about to

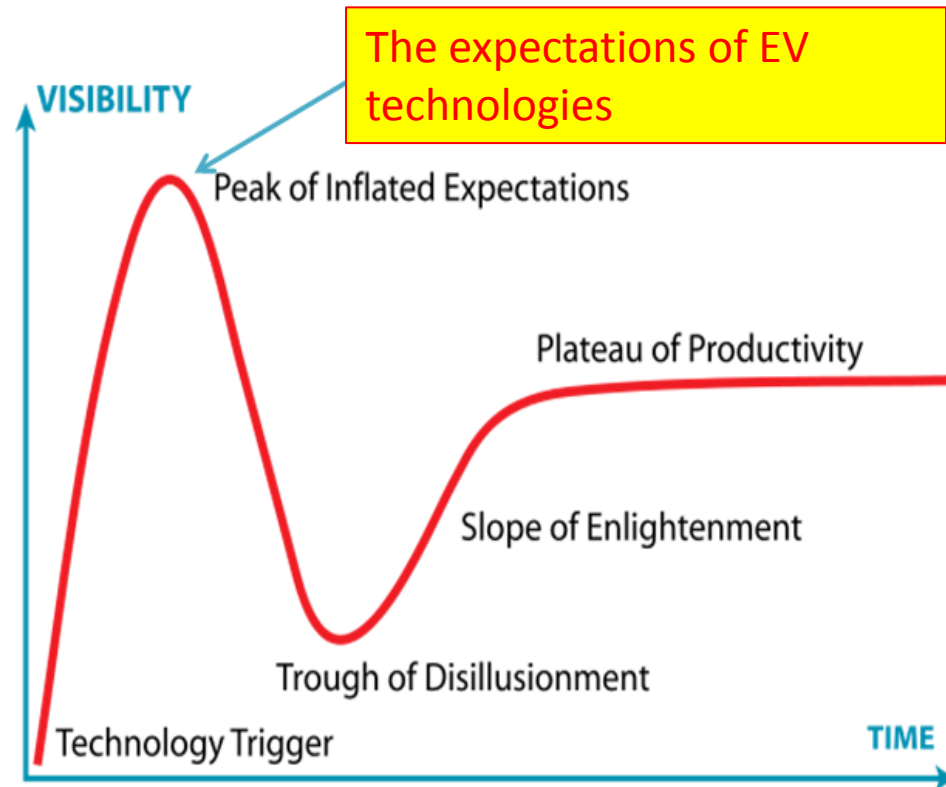


# There is still a long way to run



## The Hype Cycle

(representing the maturity, adoption and application)



The expectations are high, some technological components are not ready on the market – great opportunity for who comes first to fulfill the niches.....

# EVs in medicine: oversold or underappreciated?





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