Article

Organotypic Co-Cultures as a Novel 3D Model for Head and Neck Squamous Cell Carcinoma

Luca Engelmann ^{1,†}, Julia Thierauf ^{1,2,†}, Natalia Koerich Laureano ^{1,3,4}, Hans-Juergen Stark ^{5,6}, Elena-Sophie Prigge ^{5,6}, Dominik Horn ⁷, Kolja Freier ⁷, Niels Grabe ⁸, Chao Rong ^{1,9}, Philippe Federspil ¹, Karim Zaoui ¹, Peter K. Plinkert ¹, Nicole Rotter ¹⁰, Magnus von Knebel Doeberitz ^{5,6}, Jochen Hess ^{1,4} and Annette Affolter ^{1,10,*}

- ¹ Department of Otorhinolaryngology, Head and Neck Surgery, Experimental Head and Neck Oncology, Heidelberg University Hospital, Im Neuenheimer Feld 400, 69120 Heidelberg, Germany; engelmann.luca@yahoo.de (L.E.); jthierauf@mgh.harvard.edu (J.T.); nataliakoerich@hotmail.com (N.K.L.); rongchaochina@163.com (C.R.); federspil@med.uni-heidelberg.de (P.F.); karim.zaoui@med.uniheidelberg.de (K.Z.); peter.plinkert@med.uni-heidelberg.de (P.K.P.); j.hess@dkfz-heidelberg.de (J.H.)
- ² Department of Pathology, Massachusetts General Hospital, 55 Fruit Street, Boston, MA02114. USA
- ³ Oral Pathology, Federal University of Rio Grande do Sul, Av. Paulo Gama, 110 Porto Alegre, 90040-060, Brazil
- ⁴ Molecular Mechanisms of Head and Neck Tumors, German Cancer Research Center, Im Neuenheimer Feld 280, 69120 Heidelberg, Germany
- ⁵ Department of Applied Tumor Biology, Institute of Pathology, University of Heidelberg, Im Neuenheimer Feld 224, 69120 Heidelberg, Germany; hj.stark@dkfz-heidelberg.de (H.-J.S.); elena.prigge@med.uniheidelberg.de (E.-S.P.); magnus.knebel-doeberitz@med.uni-heidelberg.de (M.v.K.D.)
- ⁶ Clinical Cooperation Unit Applied Tumor Biology, German Cancer Research Centre, Im Neuenheimer Feld 280, 69120 Heidelberg, Germany
- ⁷ Department of Oral and Maxillofacial Surgery, Saarland University Medical Center, Kirrberger Strasse, 66424 Homburg, Germany; dominik.horn@uks.eu
- ⁸ National Center for Tumor Diseases, Hamamatsu TIGA Center, Bioquant, Heidelberg University, Im Neuenheimer Feld 267, 69120 Heidelberg, Germany; niels.grabe@bioquant.uni-heidelberg.de
- ⁹ Department of Pathology, School of Biology & Basic Medical Sciences, Soochow University, 199 Ren-Ai Road, Suzhou Industrial Park, Suzhou, 215123, China
- ¹⁰ Department of Otorhinolaryngology, Head and Neck Surgery, University Hospital Mannheim, Medical Faculty Mannheim of Heidelberg University, Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany; Nicole.Rotter@umm.de
- * Correspondence: annette.affolter@umm.de
- + These authors contributed equally to this work

Supplementary Materials

| Tumour Derivation | Non-HPV induced HNSCC | HPV-induced HNSCC |
|-------------------|--|--|
| Cell culture | More than 370 HNSCC cell lines , reviewed by Lin et al, 2007 ⁴⁸ | Steenbergen et al, 1995 Ferris et al, 2005 White et al, 2007 Hoffmann et al, 2008 Sartor et al, 2011 Tang et al, 2012 Forslund et al, 2019 |
| Animal model | Peng et al, 2013 ⁵³ Kimple et al, 2013 ⁵⁴ Klinghammer et al, 2014 ¹⁹ Li et al, 2016 ⁵⁵ Morton et al, 2016 ⁵⁶ Facompre et al, 2017 ¹⁸ Karamboulas et al, 2018 ⁵⁷ Ruicci et al, 2019 ⁵⁸ | Kimple et al, 2013 Klinghammer et al, 2014 Facompre et al, 2017 |

Table S1. Currently available preclinical models for HNSCC.

| | Gerlach et al, 2014 ⁴⁰ | |
|---------------------------------|------------------------------------|-----------------------|
| Human "norsonalized nationt | Tanaka et al, 2019 ¹² | Tanaka et al, 2019 |
| dominant, personanized patient- | Driehuis et al, 2019 ⁵⁹ | |
| derived | Karakasheva et al, 202060 | Engermann et al, 2020 |
| | Engelmann et al. 2020 | |

Abbreviations: HNSCC, Head and neck squamous cell carcinoma; HPV, human papillomavirus.

Table S2. Primary and secondary antibodies for IHC and IF. Abbreviations: IF, immunofluorescence;IHC, immunohistochemistry; cc-3, cleaved caspase-3; PanCK, pan-cytokeratin.

| Method | Primary antibody | Ref# | Manufacturer | Dilution | Secondary antibody | Ref# | Manufacturer | Dilution |
|--------|-------------------------------|----------|-----------------------|--------------|------------------------------------|-----------|--------------------------------|--------------|
| IHC | Anti-CD45 | M0703 | Dako, Denmark | 1:100 | HRP anti- | MP7402 | Vector Laboratories, USA | ready to use |
| IHC | Anti-cleaved caspase-3 | 9661 | Cellsignaling, USA | 1:300 | Biotinylated anti-rabbit | BA-1000 | Vector Laboratories, USA | 1:200 |
| IHC | Anti-ki-67 | M7420 | Dako, Denmark | 1:50 | HRP anti-mouse | MP7402 | Vector Laboratories, USA | ready to use |
| IHC | Anti- PanCK | GP14 | Progen, Germany | 1:200 | Biotinylated anti-guinea-pig | BA-7000 | Vector Laboratories, USA | 1:200 |
| IF | Anti- PanCK | GP14 | Progen, Germany | 1:50 | Alexa Fluor488- anti-guinea-pig | ab150185 | Abcam, UK | 1:200 |
| IHC | Anti- p16 ^{INK4a} | 705-4713 | Roche, Germany | ready to use | HRP anti-mouse | MP7402 | Vector Laboratories, USA | ready to use |
| IF | Anti-vimentin | 61013 | Progen, Germany | 1:100 | Cy3-anti-mouse | 715165151 | Jackson Immuno Research, UK | 1:200 |

| sample # | age by time of surgery | localisation | HPV- Status | TNM | adjuvant Radiotherapy (dose) | adjuvant Chemo- therapy | last check up (after surgery) | timing of first indication of relapse (after surgery) | details | invasion pattern (3D-OTC) |
|-------------|------------------------------|--------------|----------------|---------|------------------------------------|-------------------------------|-------------------------------------|--|------------------------|------------------------------|
| HNSCC1 | 72 Y | Oral Cavity | n/a | T3N1M0 | yes (54 Gy) | no | 32 months | 17 months | local recurrence | invasive |
| HNSCC2 | 60 Y | Oral Cavity | n/a | T4aN0M0 | yes (n/a) | no | 20 months | n/a | no evidence of disease | expansive |
| HNSCC3 | 84 Y | Oral Cavity | n/a | T2N0M0 | no | no | 18 months | n/a | no evidence of disease | silent |
| HNSCC4 | 58 Y | Tonsil | pos | T2N1M0 | yes (54 Gy) | yes | 29 months | n/a | no evidence of disease | expansive |
| HNSCC5 | 65 Y | Tonsil | pos | T2N1M0 | no | no | 21 months | n/a | no evidence of disease | silent |
| HNSCC6 | 67 Y | Tonsil | neg | T2N2aM0 | no | no | 7 months | n/a | no evidence of disease | silent |
| HNSCC7 | 79 Y | Nasal Cavity | n/a | T4aN0M0 | no | no | 13 months | n/a | no evidence of disease | invasive |
| HNSCC8 | 47 Y | Tonsil | pos | T2N0M0 | no | no | 14 months | n/a | no evidence of disease | expansive |
| HNSCC9 | 64 Y | Tonsil | pos | T1N1M0 | yes (54 Gy) | no | 22 months | n/a | no evidence of disease | expansive |
| HNSCC10 | 56 Y | Hypopharynx | pos | T2N0M0 | no | no | 14 months | n/a | no evidence of disease | silent |
| HNSCC11 | 51 Y | Larynx | neg | T4aN1M0 | yes (66 Gy) | yes | 21 months | n/a | no evidence of disease | silent |
| HNSCC12 | 63 Y | Tonsil | neg | T3N0MX | n/a | no | 20 months | n/a | no evidence of disease | expansive |
| HNSCC13 | 74 Y | Tonsil | pos | T2N1M0 | yes (57,6 Gy) | yes | 20 months | n/a | no evidence of disease | silent |

Table S3. Clinical data of patient collective. Abbreviations: Y, years; HPV, human papillomavirus; Gy, Gray; pos, positive; neg, negative; n/a, not applicable; TNM, TNM Classification of Malignant Tumors.







Figure S1. Specimen origin and experimental setting. **(A)** Depiction of specimen origin, HPV-status, treatment with fractionated IR and growth-pattern of 3D-OTC. **(B)** Details of HPV-status and time in culture of 3D-OTC. Abbreviations: IR, irradiation; HPV, human papillomavirus; 3D-OTC, 3D organotypic co-culture.



Figure S2. Visualization of apoptosis at different time points. Representative images of immunohistochemistry with an anti-cleaved caspase-3 antibody of two different HPV non-driven 3D-OTC cultures (*b*-*c* and *e*-*f*) and matching primary tumors (*a* and *d*) for visualization of apoptosis. HNSCC12 shows low levels of apoptotic cells in the primary with a slight increase during cultivation (see black arrowheads). HNSCC11 constantly low expression of cleaved caspase-3 presents in the

primary tumor and in 3D-OTC cultures. Abbreviations: HPV, human papillomavirus; 3D-OTC, 3D organotypic co-culture.



Figure S3. (A) IHC with an anti-ki-67-antibody of three different HPV-driven 3D-HNSCC-OTC (*b-c; e-f; h-i*) for the indicated time points and according primaries (*a*, *d*, *g*). **(B)** Boxplot of ki-67 proliferation indices of primaries and 3D- OTCs on day 7, 14, and 21 of all HPV driven HNSCC. **(C)** Mean values of ki-67 proliferation indices of all primaries and 3D-OTCs on day 7, 14, and 21 of all HPV driven HNSCC. **(C)** Mean values of ki-67 proliferation indices of all primaries and 3D-OTCs on day 7, 14, and 21 of all HPV driven HNSCC. **(C)** Mean values of ki-67 proliferation indices of all primaries and 3D-OTCs on day 7, 14, and 21 of all HPV driven HNSCC. Error bars indicate standard errors of the mean. Abbreviations: IHC, immunohistochemistry; HNSCC, Head and neck squamous cell carcinoma; 3D-OTC, 3D organotypic co-culture.



Figure S4. IHC with an anti-cc-3 antibody of three HPV-driven 3D-HNSCC-OTC on day 14 (*b*, *d*, *f*) and according primaries (*a*, *c*, *e*). HNSCC9 and HNSCC10 present an increase of cc-3 expression in 3D-HNSCC-OTC, compared to their primary. HNSCC13 maintains stable expression of cc-3 during culture. Abbreviations: IHC, immunohistochemistry; HPV, human papillomavirus; 3D-OTC, 3D organotypic co-culture; cc-3, cleaved caspase-3.



Figure S5. Co-Immunofluorescence staining with an anti-PanCK-antibody (green), an anti-vimentinantibody (red) and DAPI (blue) (*a-b; d-e*) and H/E staining (*c, f*) of two different HPV-driven 3D-OTC on day 14. HNSCC8 presents an expansive growth pattern, white arrowheads (a) indicate the MF, HNSCC13 shows a silent growth pattern. Abbreviations: PanCK, pan-cytokeratin; H/E, Hematoxylin/eosin; HPV, human papillomavirus; 3D-OTC, 3D organotypic co-culture; MF, migration front.



Figure 6. Diagram showing treatment with fractionated IR. After 5 days in culture 5 HNSCC-OTC were irradiated with 2 Gy on 5 consecutive days followed by 3 holidays before being harvested on day 14. Controls were mock-treated. Abbreviations: IR, irradiation; HNSCC, Head and neck squamous cell carcinoma; 3D-OTC, 3D organotypic co-culture.



Figure 7. Selection of representative images of H/E, IF and IHC with indicated antibodies of one 3D-OTC, which was cultured for 14 days and treated with mock irradiation (*a-g*) or a fractionated irradiation scheme (*h-n*), in order to depict radiogenic impact. PanCK-vimentin-Co-IF reveals a reduction of layering in the migration front after fractionated irradiation (*see yellow flashs*) in comparision to the untreated sample. ki-67-IHC detects stable postradiogenic proliferation and IHC while cleaved caspase-3 shows heterogenous expression in the mock-treated and fractionated irradiated OTC. Apoptotic tumour cells (*see red arrowhead*) and those, not undergoing apoptosis (*see black arrowhead*). Abrreviations: H/E, haematoxylin/eosin; IF, immunofluorescence; IHC, immunohistochemistry; 3D-OTC, 3D organotypic co-culture; PanCK, pan-cytokeratin; IR, irradiation.



Figure S8. Impact of fractionated irradiation on apoptosis. Representative pictures of IHC with an anti-cc-3 antibody on 3D-OTC (all on day 14) of two different tumors; mock - (*a* and *c*) and matching fractionated-irradiated samples (*b* and, *d*), respectively. HNSCC11 shows similar intensity and

distribution of the cc-3 signal in the untreated OTC as well as after fractionated IR. Increasing cc-3 expression of fractional irradiated HNSCC13 compared to the mock-treated correlate. Abbreviations: IHC, immunohistochemistry; cc-3, cleaved caspase-3; 3D-OTC, 3D organotypic co-culture; IR, irradiation.



HNSCC13

Figure S9. Representative pictures of co-IF staining for vimentin (red), «SMA (green) and DAPI (blue) of non-HPV-driven HNSCC1 (invasive type) and two HPV-driven HNSCC (HNSCC9; expansive type and HNSCC13; silent type in 3D-OTC on day 14 (c, d, e) and according primary tumor (a, c, e). Respective samples show a similar amount of «SMA positive cells in all primaries and according 3D-OTC on day 14. Abbreviations: IF, immunofluorescence; «SMA, «smooth muscle actin; HPV, human papillomavirus; HNSCC, Head and neck squamous cell carcinoma.