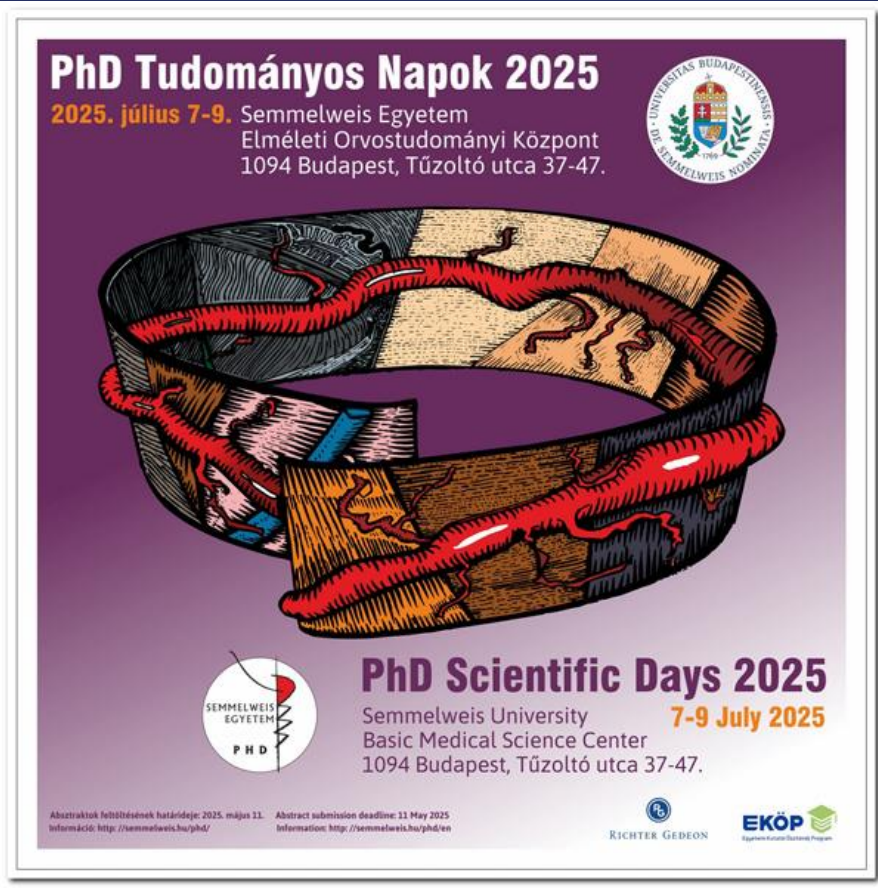




Mimicking breast cancer tissue using 3D bioprinted patient-derived models

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INTRODUCTION

Conventional two-dimensional (2D) *in vitro* models often fail to replicate the drug sensitivities of cancer patients, limiting their value in personalized oncology. Three-dimensional (3D) cell culture models are being developed to better mimic the physiological conditions of *in vivo* tumors and to assess therapeutic responses more accurately - especially patient-derived models.

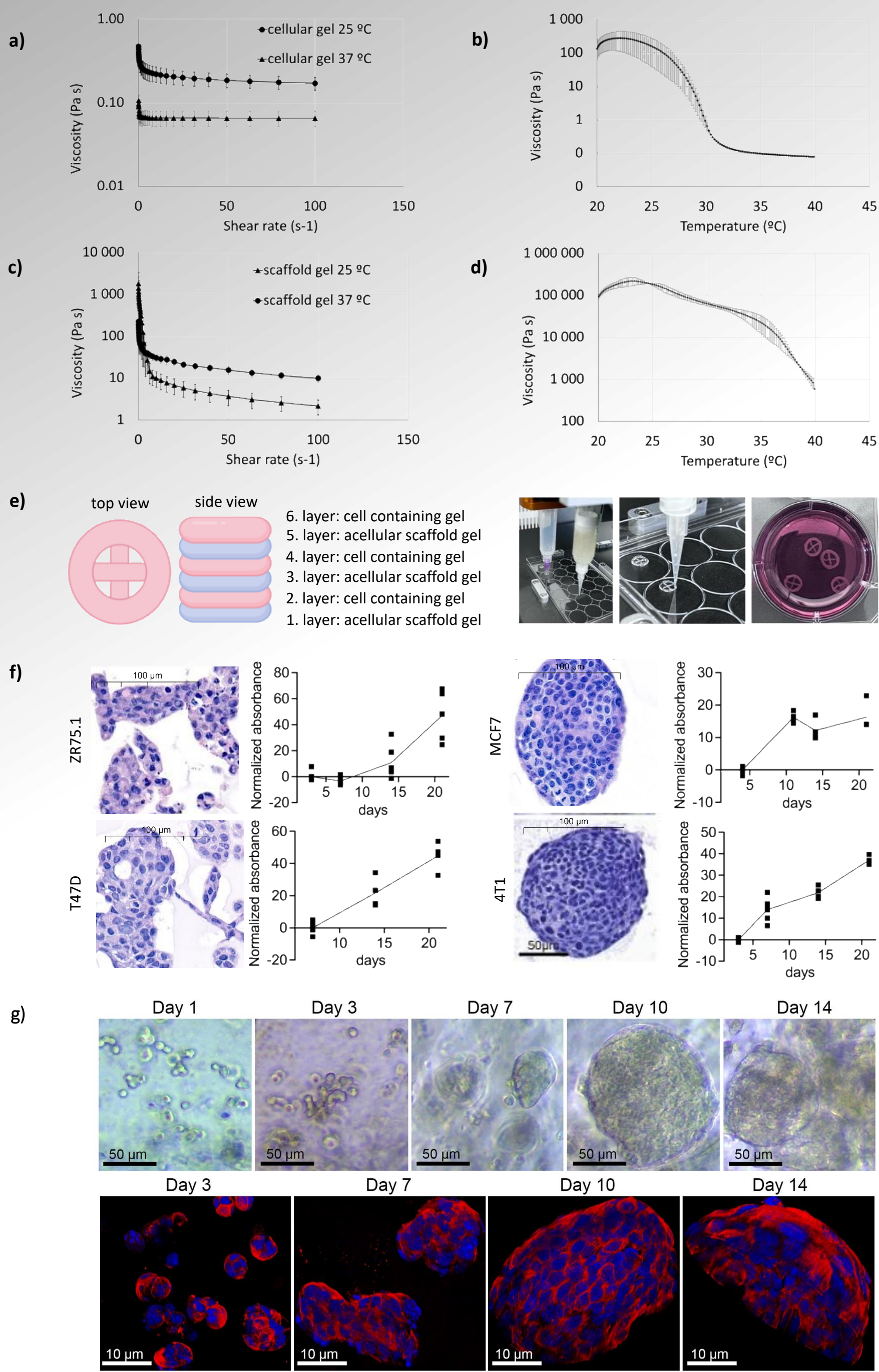
AIMS AND METHODS

This study aimed to establish and validate an *in vitro* culturing method using a 3D bioprinted breast cancer tumor model (4T1 cell line) and to compare its biological and pharmacological characteristics with traditional 2D, spheroid, and *in vivo* (xenograft and allograft) models. Additionally, patient-derived equivalents of the same models were established by isolating tumor cells from 4T1 tumors grown in BALB/c mice, characterized by flow cytometry (panel: CD3, CD4, CD8, CD11b and CD45R/B220). Comparative analyses were performed to assess tissue heterogeneity, growth potential, and therapeutic responses.

RESULTS

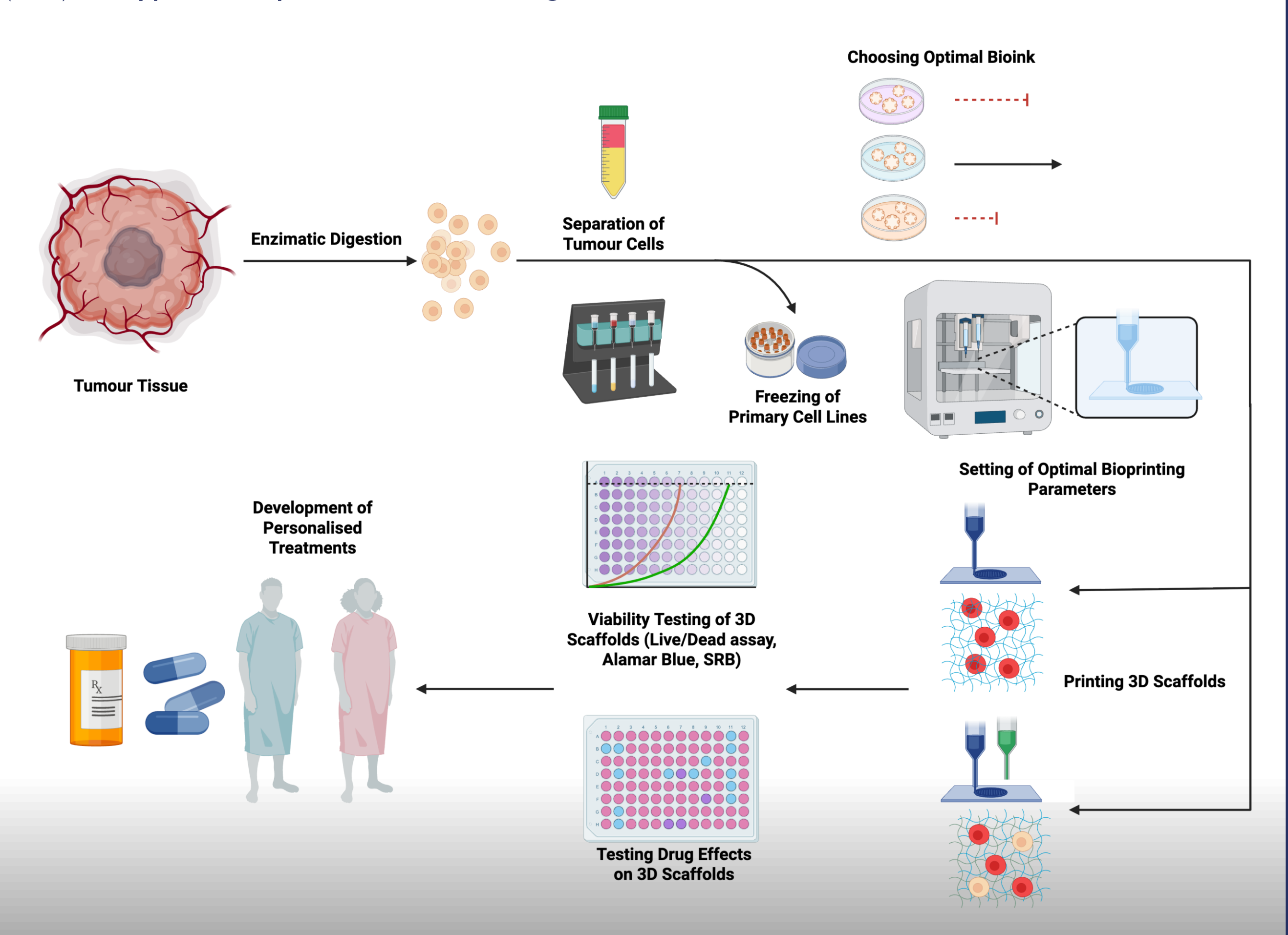
The 3D bioprinted tumor models exhibited architectural and cellular complexity closely resembling *in vivo* tumors. Morphological and functional evaluations revealed that these models maintained tumor-like structure, proliferation rates, and drug response patterns that were more consistent with *in vivo* conditions than those seen in 2D cultures or spheroids. Notably, drug sensitivity in 3D bioprinted models paralleled that of syngeneic tumors regrown in BALB/c mice (allograft tumor), demonstrating improved prediction of therapeutic efficacy.

Figure 1: Creation of 3D bioprinted tissue-mimetic structures (TMS) from various breast carcinoma cell lines



a, c) Viscosity curves of the cell-laden (3% alginate + 1% gelatin) and scaffold (6% alginate + 11% methylcellulose) hydrogels at different temperatures.
b, d) Temperature-dependent changes in the viscosity of the cell-laden (b) and scaffold (d) hydrogels.
e) Schematic representation of the 3D bioprinted tissue-mimetic structures composed of six alternating layers of "cell-laden" hydrogels containing cells and "scaffold" hydrogels providing structural integrity.
f) Hematoxylin-eosin staining of formalin-fixed, paraffin-embedded (FFPE) sections of 3D bioprinted tissue-mimetic structures created from different breast carcinoma cell lines. Growth of the 3D bioprinted structures was monitored over three weeks using the sulforhodamine B (SRB) assay. Scale bars are indicated. The cell lines used were: ZR75.1 - luminal B breast carcinoma; T47D, MCF-7 - luminal A breast carcinoma; 4T1 - Balb/c metastatic mouse breast carcinoma.
g) After one week of culture post-bioprinting, tissue formation was observed in all cell lines. The scale bar represents 100 μ m.
h) Cell growth of 4T1 cells observed in 3D bioprinted TMSs observed by inverted microscope (Olympus CK-2). Tumour formation in 4T1 TMSs detected by confocal microscopy (Leica Sp8 Lightning - LAS X software) (actin - phalloidin-red, nuclei - Hoechst-blue). Scale bars are indicated.

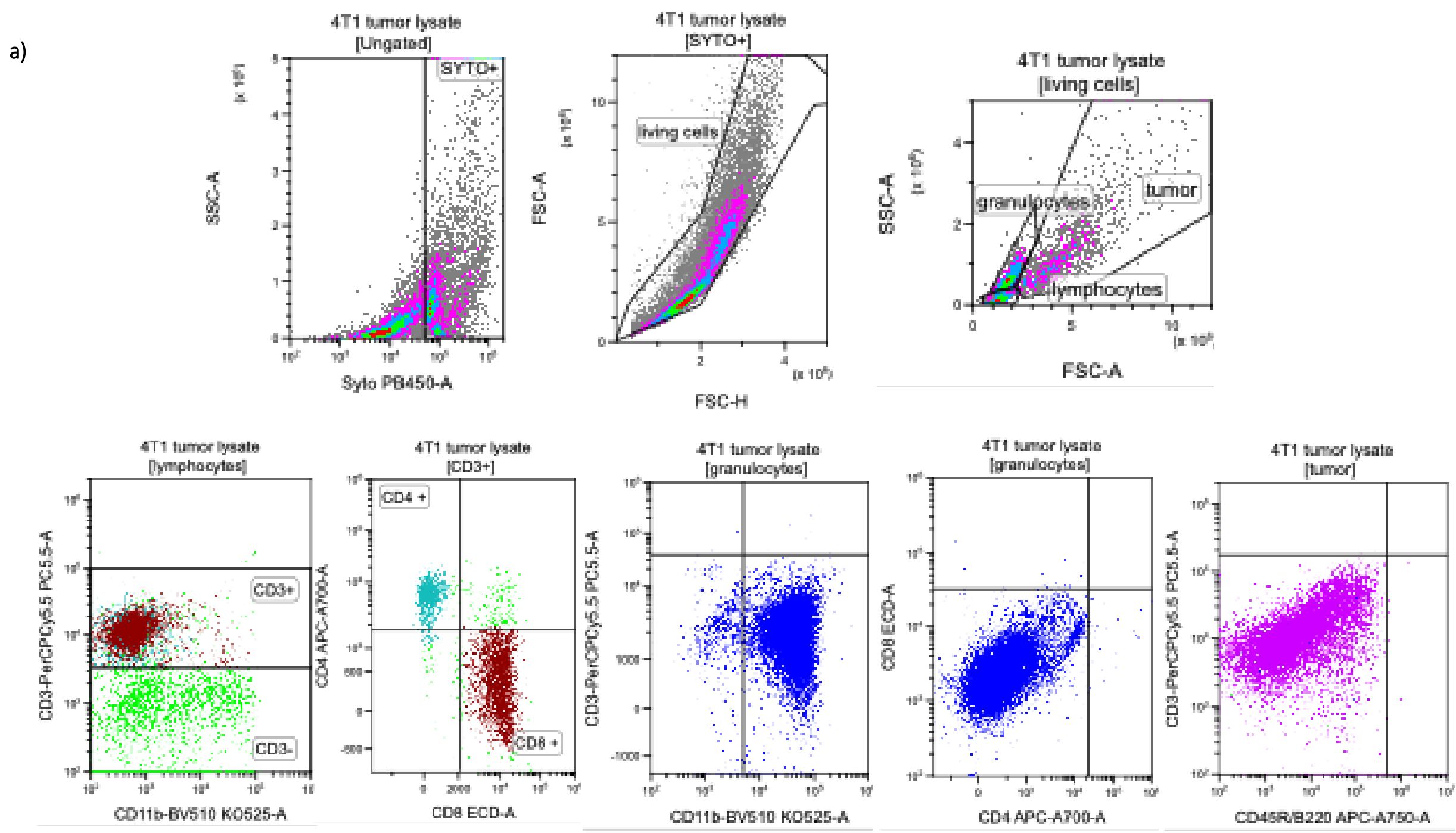
Figure 2: Schematic illustration of creating patient-derived 3D bioprinted tissue-mimetic structure (TMS) to support therapeutic decision-making.



CONCLUSIONS

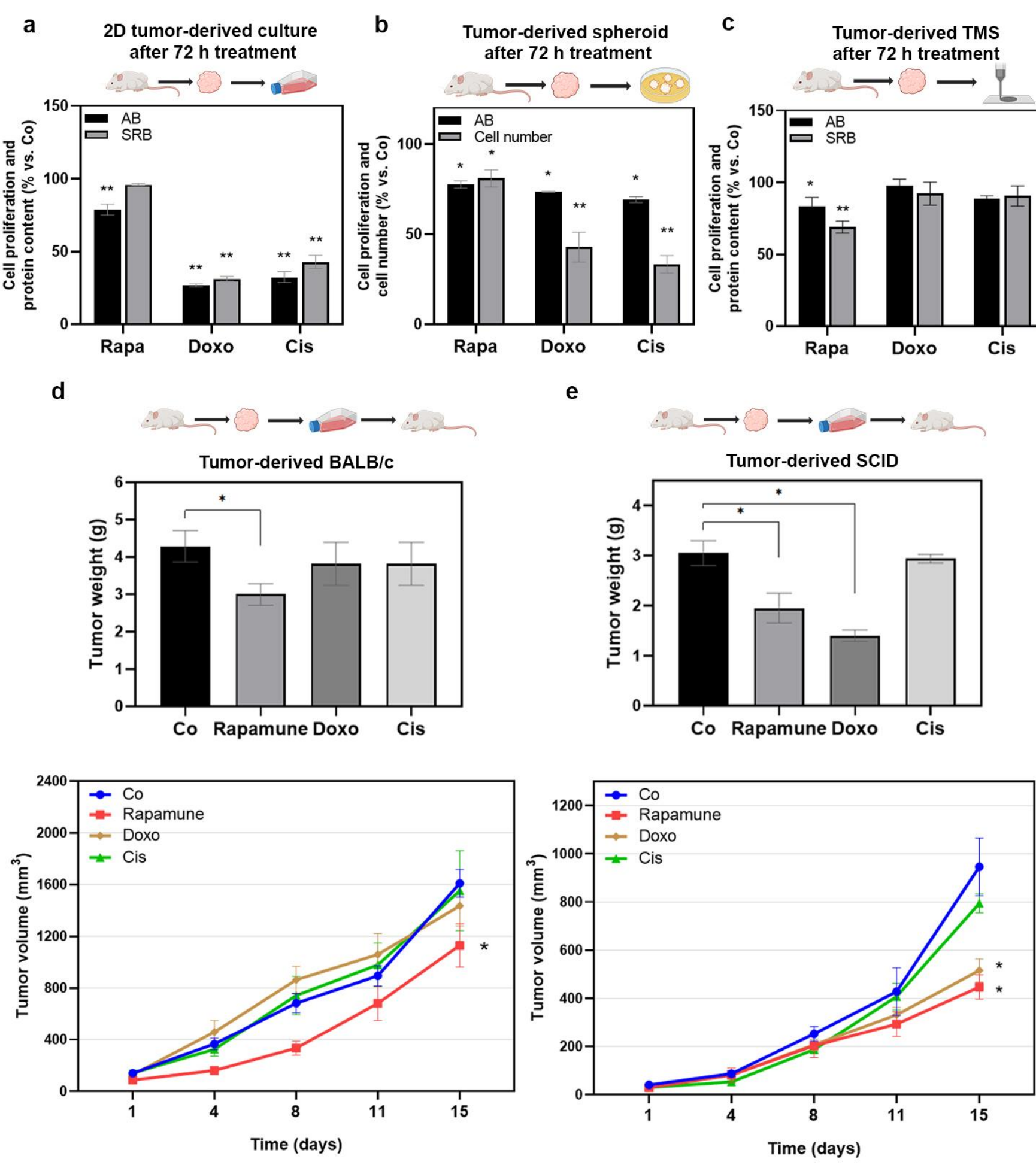
Our findings indicate that 3D bioprinted breast cancer models provide a more physiologically relevant and reproducible platform for evaluating drug responses compared to conventional *in vitro* systems and PDX models. This approach holds strong potential for advancing personalized oncology by bridging the gap between *in vitro* testing and *in vivo* therapeutic outcomes.

Figure 4: Flow-cytometric characterization of cells isolated from *in vivo*-grown 4T1 tumors



a) Digested tumor sample was tested on FACS Navios (Beckman Coulter) using Navios and Kaluza softwares. Used antibodies: CD45R/B220-APC-Cy7, CD3-PerCP-Cy5.5, CD4-Alexa 700, CD8-PE-Texas Red (ECD), CD11b-BV510.
b) The cellular composition of the isolated suspension, distinguishing tumor cells, lymphocytes, and granulocytes; based on FSC and SSC characteristics and surface-marker expressions.

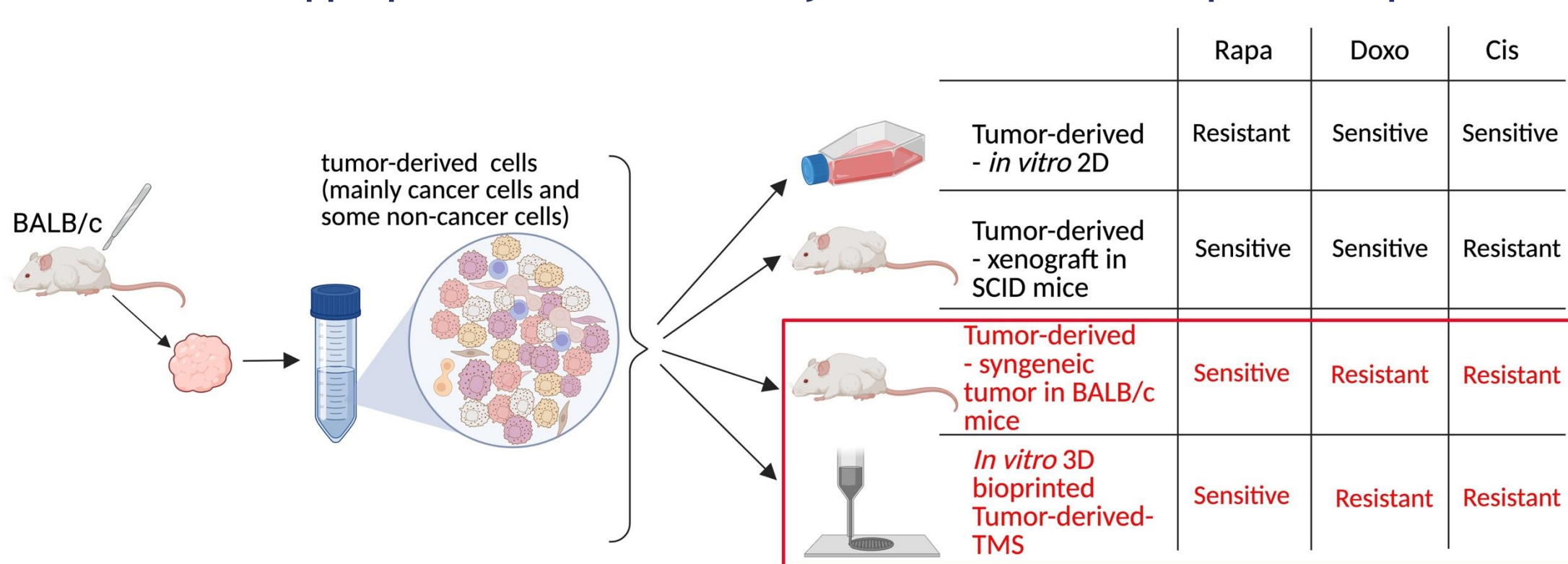
Figure 5: Patient-derived tumor model highlighted that 3D bioprinted tissue-mimetic structures (TMSs) could mimic the drug response of patients



Drug sensitivity differences in breast cancer models using tumor-derived cells from *in vivo* growing tumors. Tumor tissues were removed from BALB/c mice, and subsequently cells were isolated and cultured in various conditions:

a) two-dimensional (2D) tumor-derived culture,
b) tumor-derived spheroid,
c) three-dimensional (3D) bioprinted tumor-mimicking structures (TMSs) (tumor-derived TMS),
d) syngeneic tumors in BALB/c (tumor-derived BALB/c), and
e) xenografts in severe combined immunodeficiency (SCID) mice (tumor-derived SCID).
AB - Alamar Blue; Cis - cisplatin (*in vitro*, 10 μ M or *in vivo*, 1 mg/kg); Co - control; Doxo - doxorubicin (*in vitro*, 50 ng/mL or *in vivo*, 2 mg/kg); Rapa, rapamycin (*in vitro*, 50 ng/mL) or Rapamune (*in vivo*, 3 mg/kg); SRB - sulforhodamine B. * $p < .05$; ** $p < .01$. Three parallel measurements (six replicates in each) for *in vitro* and two parallel experiments (five replicates in each group) for *in vivo* experiments were conducted. Error bars indicate standard deviation (SD).

Figure 6: Comparison of tissue-derived tumor models tested. The patient-derived cultures established and maintained in an inappropriate environment may show different therapeutic responses



Three-dimensional (3D) bioprinted tumor-mimicking structures (TMSs) more accurately represent *in vivo* drug responses—compared drug sensitivity across the tested tumor-derived models. Tumor-derived cultures under different conditions exhibit altered therapeutic responses, as observed. Based on our presented experimental drug tests, rapamycin/Rapamune (Rapa), doxorubicin (Doxo), and cisplatin (Cis) sensitivity/resistance detected in the appropriate models were indicated in the right table. Our study demonstrated that *in vitro* 3D bioprinted TMSs most closely mimic the *in vivo* therapeutic response of syngeneic tumors to the tested treatments (highlighted in red).

