The impact of extracellular matrix on the precision medicine utility of pancreatic cancer patient-derived organoids

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Abstract

The use of patient-derived organoids (PDOs) to characterize therapeutic sensitivity and resistance (pharmacotyping) is a promising precision medicine approach with potential to inform clinical decisions that is now being tested in several large multi-institutional clinical trials. PDOs are cultivated in extracellular matrix from basement membrane extracts (BMEs) that are most commonly acquired commercially. Each clinical site utilizes distinct BME lots and may be restricted due to the availability of commercial BME sources. However, the impact of different sources and lots of BMEs on organoid drug response is unknown. Here, we tested the impact of BME source and lot on proliferation, chemotherapy and targeted therapy drug response, and gene expression in mouse and human pancreatic ductal adenocarcinoma (PDA). Both human and mouse organoids displayed increased proliferation in Matrigel compared to Cultrex (RnD) and UltiMatrix (RnD). However, we observed no substantial impact on organoid drug response when cultured in Matrigel, Cultrex, or UltiMatrix. We also did not observe major shifts in gene expression across the different BME sources, and PDOs maintained their Classical or Basal-like designation. Overall, we find that BME source (Matrigel, Cultrex, UltiMatrix) does not significantly nor substantially shift PDO dose-response curves and drug testing results.

Introduction

Pancreatic ductal adenocarcinoma (PDA) is projected to soon become the second leading cause of cancer death (*1*). Surgical resection remains the only curative option. However, most patients are ineligible due to metastasis at the time of diagnosis (*2*). Standard-of-care chemotherapeutic regimens include gemcitabine/nab-paclitaxel and FOLFIRINOX, which demonstrate median survival times of 8.5 and 11.1 months, respectively. Recently, the American Cancer Society reported the 5-year relative survival rate for patients with pancreatic cancer to be 11%. However, as the incidence of PDA continues to rise (*1*), strategies to increase survival are imperative. Further, as heterogeneity in tumor biology and treatment response continues to be revealed, personalized medicine approaches are becoming increasingly necessary.

The use of patient-derived organoids (PDOs) has the potential to revolutionize the care for patients with PDA (*3*). PDOs are 3D cultures in defined conditions that support propagation of normal, premalignant, and neoplastic cells from primary tissue (*4, 5*). Organoid technology has emerged as a promising avenue for precision medicine (*6*). The ability to derive PDA PDOs from surgical resections, rapid autopsies, and endoscopic ultrasound guided fine needle aspiration (EUS-FNA) biopsies allows for a broad sampling of the PDA patient population to encompass inter- and intrapatient tumor heterogeneity (*5*). Importantly, PDA PDOs mirror patient tumor genetics as well as treatment response, situating them as a promising tool for more personalized medicine efforts to identify alternative treatment strategies for chemorefractory tumors (*5, 7-9*).

As the use of organoids has expanded and become more accessible, variations in culture conditions have been introduced to optimize PDA PDO generation and growth. A number of studies have delineated the impact of media composition on organoid phenotype, transcriptome, and drug response (*10, 11*). Commercial products to support organoid studies have become more widespread, including a wide variety of basement membrane extracts (BME), which serve as 3D scaffolds. The use of fully synthetic and defined hydrogels to support organoids of colon, bile duct, and mammary gland origin have been recently described (*12-15*). However, BMEs derived from

Engelbreth-Holm-Swarm (EHS) murine sarcomas, most notably Matrigel (Corning), but also

including products such as Cultrex and UltiMatrix (RnD), remain the most widely used (*13*). EHS-

tumor-derived BMEs contain heterogenous mixtures of extracellular matrix proteins, primarily

laminins, collagen IV, entactin, and perlecan, as well as tumor-derived proteins and growth

factors, which contribute to batch-to-batch variability (*12, 13*). Regardless, these BMEs have

historically served as the scaffold for organoid culture. However, the impact of different EHS-

tumor-derived BMEs on organoid growth, chemosensitivity, and global gene expression remains

unclear. Importantly, previous reports have demonstrated the clinical utility and relevance of PDA

PDO pharmacotyping utilizing Matrigel (*5, 7, 9*). These studies and others have prompted the

design of clinical trials targeting the use of organoid-guided chemotherapy. However, due to the

CoVID-19 pandemic, severe supply chain issues have limited BME availability. These issues

range from complete inability to secure the same commercial source of BME or dramatic reduction

of available BME within the same lot. The impact of the commercial source and lot of BME on

drug response and prognostic gene expression programs has not been explored, yet is critical for

the deployment of PDO clinical trials.

Here, we report the impact of BME on PDA organoid growth, response to standard-of-care

chemotherapy as well as targeted therapy, and gene expression patterns. While we find that BME

source has a significant and substantial impact on organoid growth, drug response and gene

expression remain consistent across lot and commercial source. Results from this study provide

insights into selecting BME for organoid culture and, specifically, experiments to characterize

PDO sensitivity and resistance to chemotherapies and targeted therapies which may assist in

guiding clinical decisions.

Results

BME impacts mouse and human organoid growth

To investigate the influence of BME on organoid growth and dose-response phenotype, human and mouse PDA organoids were cultivated in Matrigel 04 (lot #1062004) and then plated for drug testing in either Matrigel 04, Matrigel 01 (lot #0287001), Cultrex 83 (lot #1564183), Cultrex 87 (lot #1586187), or UltiMatrix 96 (lot #1637796). Organoids were allowed to reform and then subjected to pharmacotyping against PDA standard-of-care chemotherapies: gemcitabine, paclitaxel, SN-38 (active metabolite of irinotecan), oxaliplatin, and 5-fluorouracil (5-FU), as well as the targeted small molecule trametinib (third generation MEKi) (**Supplementary Figure 1**). Human PDOs included hF24 (Stage IV, EUS-FNA), hM1F (Stage IV, lung metastasis, RAP), and hT1 (Stage IIB, resection), and mouse organoids included mT69A [*LSL-Kras$^{G12D/+}$;LSL-Trp53$^{R172H/+}$;Pdx-1-Cre* (KPC) local pancreatic metastasis] and mT69B (KPC primary pancreatic tumor) (**Supplementary Table 1A-B**).

To compare proliferation of the organoid cultures in different BMEs, we measured intracellular ATP levels (Cell Titer Glo) after 3 (mouse organoids) to 5 (human PDOs) days. Human PDOs and mouse organoids exhibited reduced growth in Cultrex and UltiMatrix compared to Matrigel (**Figure 1A-B, Supplementary Figure 2**). Mouse organoid proliferation did not recover even after multiple passages in Cultrex, suggesting that this growth deficit is not due to a lack of adaptation period (data not shown). In most experimental replicates across mouse and human organoids, there was no difference in proliferation between Matrigel lots. In 1 out of 3 experiments, there was a small but significant decrease in proliferation in hM1F (9% decrease) and hF24 (9% decrease) PDOs in Matrigel 01 (**Supplementary Figure 2A-B**). Similarly, 1 out of 2 experiments demonstrated a significant decrease in hT1 proliferation in Matrigel 01 (24% decrease) (**Supplementary Figure 2C**). Mouse organoid mT69B consistently exhibited no significant differences in intracellular ATP levels between Matrigel lots (n=4/4 experiments), while mT69A exhibited small but significant changes between Matrigel lots in 2 out of 4 experiments

(**Supplementary Figure 2D-E**). In nearly all hPDO experiments, there was a significant, and

sometimes substantial (e.g., 27% in Cultrex 83 relative to Matrigel 04, $p < 0.0001$), reduction in

growth when cultured in either lot of Cultrex or UltiMatrix compared to Matrigel 04 (**Figure 1A,**

Supplementary Figure 2A-B). Mouse organoids exhibited more mixed results across

experimental repeats, but consistently (n=3/4 mT69A, n=4/4 mT69B) exhibited significant, and

sometimes substantial (e.g., 55% decrease in Ultimatrix 96 relative to Matrigel 04, $p < 0.0001$),

decreased growth in UltiMatrix 96 (**Figure 1B, Supplementary Figure 2D-E**). In the setting of

Cultrex, mouse organoid proliferation trended slower relative to Matrigel. mT69A and B grew

significantly slower in Cultrex 83 (A: n=2/4, B: 2/4) and 87 (A: n=3/4, B: 2/4), but in approximately

half of the experiments exhibited no significant difference relative to Matrigel 04. These data

collectively indicate that mouse and human organoids grow significantly more in Matrigel

compared to Cultrex or UltiMatrix.

BME has minimal impact on drug response

To investigate the influence of BME on drug response, we measured the dose-response

of both mouse and human organoids to standard of care chemotherapy as well as the third

generation MEK inhibitor trametinib. Specifically, we found that the dose-response curves for

gemcitabine, SN-38, and trametinib across all BMEs were largely overlapping in both hF24 and

hM1F in all 3 experimental repeats (**Figure 1C**, **Supplementary Figure 3A-B**) and largely

overlapping in hT1 in n=1/2, n=2/2, and n=1/2 experimental repeats, respectively

(Supplementary Figure 3C). Dose-response curves across all BMEs for paclitaxel were also

largely overlapping in hM1F in n=3/3 experimental repeats (**Supplementary Figure 3B**) and in

hT1 in n=2/2 experimental repeats **(Supplementary Figure 3C),** yet exhibited slight variability in

n=1/3 experimental repeats for hF24 (**Figure 1C, Supplementary Figure 3A).** Oxaliplatin also

displayed largely consistent dose-response curves regardless of BME in n=3/3 experimental

repeats for hF24, n=2/3 experimental repeats for hM1F, and n=2/2 experimental repeats for hT1

(**Figure 1C**, **Supplementary Figure 3A-C**). Additionally, 5-fluorouracil exhibited overlapping

dose-response curves in n=3/3 experimental repeats for hF24 (**Figure 3C**, **Supplementary**

Figure 3A) and n=2/3 experimental repeats for hM1F (**Supplementary Figure 3B**). However, we

observed more variability in dose-response curves for 5-fluorouracil in hT1 as a function of BME

in both experimental repeats conducted (**Supplementary Figure 3C**).

Mouse organoids were less sensitive to gemcitabine and SN-38 than their human

counterparts but exhibited no consistent or substantial shifts to their dose responses when

cultured in different BMEs (**Figure 1D**, **Supplementary Figure 3D-E**). Dose-response curves for

trametinib were also largely overlapping regardless of BME for both mT69A and mT69B, with

n=1/4 experimental replicates for both organoid lines displaying a shift to the right when organoids

were cultured in UltiMatrix 96 (**Supplementary Figure 3D-E**). We observed a similar

phenomenon for mouse organoids treated with paclitaxel (**Supplementary Figure 3D-E**).

Furthermore, we observed that both mT69A and mT69B were relatively resistant to oxaliplatin

and 5-fluorouracil, resulting in dose response curves that often did not achieve 50% cytotoxicity

(**Figure 1D, Supplementary Figure 3D-E**). Overall, these data demonstrate that choice of BME

does not induce significant shifts in dose-response curves for PDOs treated with standard-of-care

chemotherapies or trametinib, suggesting that either Matrigel, Cultrex, or UltiMatrix would be

appropriate for PDO pharmacotyping analyses.

BME does not induce significant alterations in dose-response parameters

To further compare differences in dose-response, we calculated IC50 concentrations and

area under the curve (AUC) for all dose-response curves whenever possible and plotted them

individually for each organoid-drug combination as a function of BME **(Figure 2**, **Supplementary**

Figures 4-5)**.** For all hPDOs, we observed no statistically significant alterations in mean IC50s

over experimental repeats calculated for any drug as a function of BME (**Figure 2A-B**,

Supplementary Figure 4A)**.** Similarly, mouse organoids exhibited no statistically significant shifts

in drug IC50, regardless of which BME organoids were plated in (**Supplementary Figure 4B-C**).

In line with these data, we rarely observed changes in drug dose-response curve AUCs across

BMEs. AUCs for hF24 treated with paclitaxel were slightly (1.28- to 1.3-fold) but statistically

significantly higher when pharmacotyping was conducted in Cultrex 83 or Cultrex 87 compared

to Matrigel 04 (**Figure 2C**). Similarly, calculated AUCs for hM1F treated with gemcitabine were

1.3-fold higher on average in Cultrex 83 compared to Matrigel 04 (**Figure 2D**). Lastly, AUCs for

mT69A treated with paclitaxel were increased in Ultimatrix 96 compared to Matrigel 04 (1.28-fold)

(**Supplementary Figure 5B**). In all other mouse and human drug-organoid combinations tested,

there were not significant differences in AUC across multiple experiments.

We next sought to analyze dose-response curve goodness-of-fit as a parameter of plating

consistency in each BME within and across experimental replicates. We employed a four-

parameter non-linear regression model to fit dose-response curves to cell viability data obtained

via CTG. Thus, standard deviation of the residuals (Sy.x) presented as the most appropriate

estimate of goodness-of-fit compared to other parameters such as R^2 or root mean square error.

In general, higher Sy.x values indicate larger deviations of data points from the fit regression

curve. Overall, we observed no statistically significant differences in Sy.x values for both human

and mouse organoids across BMEs and all drugs (**Figure 3, Supplementary Figure 6**). However,

for both human and mouse organoids, both lots of Matrigel exhibited more consistent Sy.x values

across experimental replicates compared to Cultrex or UltiMatrix, as evidenced by lower variance

in Sy.x values across experiments **(Figure 3)**.

In the context of hPDOs, Sy.x values for Cultrex 83 were relatively consistent across

experimental replicates, with relatively low absolute values (<10%) and low inter-experimental

variability (**Figure 3A**). The largest variations in Sy.x across experimental replicates in Cultrex

that we detected were hF24 treated with SN-38 and 5-FU, and hM1F treated with gemcitabine

and oxaliplatin (**Figure 3A-B**). Notably, absolute Sy.x values were larger on average for Cultrex

83 in hM1F treated with oxaliplatin (mean = 20.37%). Cultrex 87 performed consistently as well,

with the most statistical variance across experiments (ranging from 1.6 - 11.5%) observed in hF24

treated with gemcitabine (**Figure 3A**). UltiMatrix 96, relative to the other BMEs, exhibited higher

experimental variability in Sy.x values, with greater variance observed in hF24 treated with

gemcitabine (4.1 - 11%) and oxaliplatin (7.6 - 22.3%); and hM1F treated with gemcitabine (4.0 -

15.8%), paclitaxel (4.6 - 14.1%), oxaliplatin (7.5 - 26%), and trametinib (4.8 - 12.6%) (**Figure 3A-**

B). Matrigel 04 yielded consistent and relatively low Sy.x values (<10%) across all experimental

replicates, with the exception of hF24 treated with 5-fluorouracil (6.3 - 13.3%) (**Figure 3A**,

Supplementary Figure 6). Similarly, Matrigel 01 demonstrated low and consistent Sy.x values

across treatments, experimental replicates, and hPDOs tested, as evidenced by low standard

deviations and low Sy.x absolute values **(Figure 3A**, **Supplementary Figure 6**). Overall, these

results indicate better dose-response curve goodness-of-fit from experiment to experiment when

organoids are cultured in Matrigel.

For mouse organoids, similar trends were observed, albeit with higher absolute Sy.x

values across almost all conditions (range: 4.5 - 40.8%) (**Figure 3C-D**). In general, mouse

organoids are more sensitive to single cell dissociation protocols and have higher growth rates,

both of which contribute to increased variance and necessitate shorter pharmacotyping

experiment time courses (3 days for mouse organoids vs 5 days for hPDOs). Over the course of

4 experimental replicates, UltiMatrix 96 demonstrated a high degree of statistical variability in Sy.x

values relative to the other BMEs tested, notably for mT69A treated with paclitaxel (9.0 - 24.1%)

and oxaliplatin (13.5 - 23.9%), and mT69B treated with gemcitabine (8.81 - 19.8%) (**Figure 3C-**

D). Relative to the other BMEs tested, Cultrex lots also exhibited high levels of variability in Sy.x.

Cultrex 83 exhibited a high degree of variability for mT69A treated with 5-FU (7.7 - 22.7%) and

trametinib (5.9 - 14.7%), and mT69B treated with paclitaxel (6.3 - 17.1%) and SN-38 (7.3 - 40.8%)**.**

Similar variability across experimental replicates was observed for Cultrex 87 in mT69A treated

with oxaliplatin (11.7 - 26.8%) and 5-FU (12.2 - 30.5%), and mT69B treated with gemcitabine (6.9

- 19.4%), paclitaxel (7.9 - 23.6%), and trametinib (8.2 - 39.9%). Of note, across experimental

replicates, UltiMatrix 96 demonstrated exceptional consistency in Sy.x values for mT69B treated

with paclitaxel (10.7 - 10.9%). Both Matrigel 04 and Matrigel 01 again showed relatively consistent

Sy.x values in the mouse organoid context but were not exempt from biological and experimental

variance. Most notably, mT69A and mT69B are relatively resistant to oxaliplatin and 5-FU and

exhibited relatively high Sy.x absolute values (20-30%) compared to those observed from other

drug treatments (**Figure 3B**, **Supplementary Figure 3D-E**, **Supplementary Figure 4C-D**).

Overall, lot-to-lot variability was more pronounced for Cultrex compared to Matrigel for

both human and mouse organoids, and UltiMatrix presented with higher variability in Sy.x values

across experimental replicates. However, there were no statistically significant differences

detected in Sy.x values across BMEs within each organoid drug treatment. Collectively, these

data indicate that drug dose response curve fitting is stable across the BMEs tested.

Gene expression and organoid subtype classification are not influenced by BME

Although we did not observe substantial shifts in drug response as a function of BME lot

or type, alterations in intracellular signaling and cell state represented another potential variable

influenced by BME composition. Therefore, we also sought to determine whether different BME

sources induced changes in gene expression or PDA subtype classification (*16*). To this end,

mouse organoids (mT69A, mT69B, mT9) and human PDOs (hF24, hM1F, hT1) were cultured in

triplicate in each BME (Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, and Ultimatrix 96) for three

days, and subjected to RNA-seq (**Figure S1A**). Analysis of differentially expressed genes

between BMEs revealed minimal organoid differential gene expression between both lots of

Matrigel for both human and mouse organoids (0-2 differentially expressed genes, 20 in hM1F)

(**Supplementary Figure 7A-B**). Similarly, there was minimal differential gene expression

observed in both human and mouse organoids between both lots of Cultrex (0-4 differentially

expressed genes) (**Supplementary FIgure 7A-B**). Interestingly, organoids derived from early

PDA disease stages tended to display greater numbers of differentially expressed genes between

Matrigel 04 and Cultrex 87 as well as UltiMatrix (**Supplementary Figure 7A-B**). For instance,

hT1 (Stage 2B) displayed 522 differentially expressed genes between Matrigel 04 and UltiMatrix,

whereas hF24 (Stage 4) and hM1F (Stage 4, lung metastasis) presented 0 (**Supplementary**

Figure 7A). Similarly, mT69B (KPC PDA primary tumor) displayed 90 differentially expressed

genes between Matrigel 04 and Cultrex 87, whereas mT69A (KPC PDA metastasis) presented

with 13 (**Supplementary Figure 7B**). These data suggest that organoids derived from later stage

malignant lesions display greater resilience to extracellular cues. Mutlivariate analysis of resultant

Z-scores of organoid normalized counts indicated that both mouse and human samples clustered

well based on organoid line (**Figure 4A**, **Supplementary Figure 7C-D**). However, we observed

no substantial or significant effect of BME on differential gene expression, and samples did not

cluster significantly based on BME (**Figure 4, Supplementary Figure 7C-D, F-G**). These results

indicate that BME does not remarkably alter PDO gene expression profiles.

Previous work defined molecular subtype of PDA with prognostic and therapeutic

resistance, with basal-like PDA exhibiting poorer prognoses and therapeutic resistance compared

to the classical subtype (*16*). Changes to molecular subtype would have major implications on

the predictive power of PDOs in precision medicine approaches. To determine whether BME

influenced hPDO subtype classification, we delineated significant changes to enrichment of basal-

like and classical differentially expressed genes. Pairwise comparisons of hallmark subtype gene

enrichment indicated no significant enrichment of either basal-like or classical genes between

Matrigel 04 and Matrigel 01 (**Supplementary Figure 7E**). Choice of BME did not influence

organoid molecular subtype classification or induce substantial alterations in enrichment of genes

associated with either the classical or basal-like subtype (**Figure 4A**). The classical subtype

organoid hF24 displayed significant enrichment of classical hallmark genes when cultured in

Cultrex 83 (p = 1.4E-7), Cultrex 87 (p = 0.00078), or UltiMatrix (p = 0.00078) compared to Matrigel

04 (**Supplementary Figure 7E**). Similarly, the basal-like organoid hM1F displayed upregulation

of basal-like hallmark genes when cultured in Cultrex 83 (p = 0.00042), Cultrex 87 (p = 1.4E-5),

or UltiMatrix (p = 0.0027) **(Supplementary Figure 7E).** Further analysis of individual genes

revealed that BME did not significantly alter hPDO expression levels of *KRAS*, *TP53*, or *CDKN2A*,

while there was a slight but statistically significant increase in *SMAD4* expression in hM1F

cultured in Matrigel 01 compared to Matrigel 04 (**Figure 4B**). Similarly, we observed slight yet

statistically significant increases in *ERBB3* in all three hPDOs cultured in Cultrex or UltiMatrix

(**Supplementary Figure 7H**). Expression of *EGFR* was increased in hT1 cultured in Cultrex 87

relative to Matrigel 04 (**Supplementary Figure 7H**). However, we did not observe any significant

changes in expression levels of other PDA relevant genes such as *MYC*, *GATA6*, *MAP2K1*,

MAP2K2, *SOX9*, *RB1*, *BRCA2*, and *ERBB2,* as well as genes related to drug resistance such as

HNF1A and *ABCB1* (**Supplementary Figure 7H**). Overall, these data indicate that choice of BME

does not significantly influence hPDO subtype classification or gene expression profiles.

Discussion

The predictive power of PDOs to mirror patient genetics, transcriptomics, and drug

response in retrospective studies prompted the onset of several clinical trials to use PDOs to

inform treatment decisions. However, previous studies demonstrated the plasticity of PDOs in

response to varying culture conditions and potential impact on PDO drug response (*10, 11*). With

multi-institutional clinical trials underway, the need to investigate factors that impact the

robustness of PDO genetics, transcriptomics, and drug testing is imperative. Basement

membrane extracts are central to most PDO efforts. Previous studies demonstrated variability in

protein composition, presence of xenogenic bioactive compounds, and scaffold stiffness between

batches. Despite this variability, commercially available BMEs remain critical and prevalent in

organoid efforts. Given the multi-year nature of PDO-related clinical trials, more than one lot of

BME will be required for the duration of these studies. In addition, limitations in availability due to

supply chain issues has necessitated that some efforts switch between alternate commercial

sources. However, the influence of BME source and lot on organoid response to drug treatment

was unknown.

To investigate the extent to which BME parameters impacts growth, drug response, and

transcriptomics, we compared various commercially available BMEs on previously established

mouse and human PDA organoids. We consistently observed a decrease in mouse and human

organoid proliferation when cultured in Cultrex or UltiMatrix compared to Matrigel. While this could

potentially arise from a lack of an adaptation period, multiple passages of mouse organoids in

Cultrex does not rescue their proliferative potential. Despite this growth deficit, we observed no

substantial shifts in drug response or gene expression as a function of BME source or lot. This

study made use of previously established organoids. Accordingly, the impact of BME on organoid

generation efficiency from primary tissue specimens has yet to be formally characterized and

would be of interest for future studies. For established organoids, Matrigel, Cultrex, or UltiMatrix

BMEs are all viable options for pharmacotyping experiments. Altogether, this work demonstrates

that precision medicine approaches using organoids are robust and that ongoing clinical trials are

unlikely to be affected by different lots or commercial sources of BME.

Methods

Organoids and cell culture conditions

Organoids used in this study were generated at Cold Spring Harbor Laboratory (_4, 5, 17_).

Human patient-derived and mouse organoids were cultured as described. In short, mouse

organoid media contained Advanced DMEM/F12, HEPES, Glutamax, Penicillin/Streptomycin,

EGF, FGF-10, Gastrin, A83-01, B27 supplement, _N_-acetylcysteine, nicotinamide, Noggin, and R-

spondin1. For human organoid culture, Wnt3a was also included in the media. Organoid

nomenclature is defined as: hT – human tumor obtained from resection; hF – human fine-needle

biopsy obtained by fine-needle aspiration or core biopsy; hM – human metastasis obtained from

direct resection of metastases following rapid autopsy or VATS resection; mT – murine tumor. All

organoid models were routinely tested for *Mycoplasma* at Salk Institute. Additional hPDO and

mouse organoid characteristics are available in **Table S1A** and **Table S1B**.

Basement membrane extracts

Both human and mouse organoids were maintained in Corning Matrigel Lot #1062004

during the growth and expansion phase. For pharmacotyping comparisons, organoids were plated

in either Corning Matrigel (Growth Factor Reduced, Phenol Red Free) Lot #1062004 (hereafter

denoted as Matrigel 04), Corning Matrigel (Growth Factor Reduced, Phenol Red Free) Lot

#0287001 (hereafter denoted as Matrigel 01), RnD Cultrex Reduced Growth Factor BME Lot

#1564183 (hereafter denoted as Cultrex 83), RnD Cultrex Reduced Growth Factor BME Lot

#1586187 (hereafter denoted as Cultrex 87), or Cultrex UltiMatrix Reduced Growth Factor BME

Lot #1637796 (hereafter denoted as UltiMatrix 96).

Pharmacotyping of organoids

Organoids were dissociated into single cells using a diluted solution of TrypLE Express

(Thermo Fisher). Equal numbers of single cells (1,500 viable cells per well) were plated in a 20

uL suspension of 10% BME in wells of black-walled, ultra-low attachment 384 well plates

(Corning). Twenty-four hours after plating, reformation of organoids was visually verified and

therapeutic compounds were applied. Chemotherapies were tested in triplicate 10-point dose-

response. Gemcitabine, paclitaxel, SN-38 (active metabolite of irinotecan), and trametinib ranged

from 0.5 nM – 5 µM; oxaliplatin and 5-fluorouracil ranged from 50 nM – 100 µM. Compounds were

dissolved in DMSO, and all treatments were normalized to 0.5% DMSO content. Mouse organoids

underwent treatment for 3 days, while human organoids underwent treatment for 5 days. After

treatment, cell viability was assessed using Cell Titer Glo (Promega) per manufacturer's

instructions on a Tecan Spark Cyto plate reader. A four-parameter log-logistic function with upper

limit equal to the mean of the lowest dose values was fit to the data (viability vs. dose) with

Graphpad Prism 9. The half maximal inhibitory concentration (IC50) values, area under the curve

(AUC), and standard deviation of the residuals (Sy.x) for each dose-response curve were

calculated using Graphpad Prism 9. Each pharmacotyping experiment was carried out at least

two times.

RNA isolation

For RNA-seq comparisons, organoids were maintained in Corning Matrigel Lot #1062004

(Matrigel 04) and then plated in either Corning Matrigel (Growth Factor Reduced, Phenol Red

Free) Lot #1062004 (Matrigel 04), Corning Matrigel (Growth Factor Reduced, Phenol Red Free)

Lot #0287001 (Matrigel 01), RnD Cultrex Reduced Growth Factor BME Lot #1564183 (Cultrex

83), RnD Cultrex Reduced Growth Factor BME Lot #1586187 (Cultrex 87), or Cultrex UltiMatrix

Reduced Growth Factor BME Lot #1637796 (Ultimatrix 96). Each BME condition was plated in

triplicate, and organoids were grown for 3 days before harvesting in TRIzol (Life Technologies)

and snap frozen. RNA was isolated using the RNeasy Mini Kit (Qiagen). RNA quality control was

performed for all samples using a Qubit Fluorometer (Life Technologies) and TapeStation (RIN

greater than 8.5) (Agilent) before RNA-seq analysis.

RNA-seq analysis

Library construction was conducted using the Truseq RNA library prep kit (Illumina) with

500 ng RNA input. Raw reads were trimmed with Trim Galore v0.4.4_dev

(https://www.bioinformatics.babraham.ac.uk/projects/trim_galore/) and quality-checked with

FastQC v0.11.8 (http://www.bioinformatics.babraham.ac.uk/projects/fastqc). Trimmed reads

were then aligned to the hg38 human reference genome with STAR aligner v2.5.3a (*18*), and

converted to gene counts with HOMER's analyzeRepeats.pl script (*19*).

Differential gene expression analysis

Gene counts where normalized and queried for differential expression using DESeq2

v1.30.0 (*20*). For each pairwise comparison, genes with fewer than 10 total raw counts across all

samples were discarded prior to normalization, and genes with an absolute log2foldchange > 1

and an FDR-corrected p-value ≤ 0.05 were pulled as significant.

Functional enrichment

Genes were queried for treatment-specific functional enrichment using over-

representation analysis (ORA) and gene set enrichment analysis (GSEA) in WebGestaltR v0.4.4

(*21*). Differentially expressed genes in each pairwise comparison were queried against the

biological process ontology with ORA, while pairwise GSEAs were used to query pathway gene

sets from KEGG (https://www.genome.jp/kegg/pathway.html), and MSigDB (http://www.gsea-

msigdb.org/gsea/msigdb/collections.jsp).

Statistics

A four-parameter log-logistic function with upper limit equal to the mean of the lowest dose

values was fit to the dose-response data (viability vs. dose) with Graphpad Prism 9. The half

maximal inhibitory concentration (IC50) values, area under the curve (AUC), and standard

deviation of the residuals (Sy.x) for each dose-response curve were calculated using Graphpad

Prism 9. Each pharmacotyping experiment was carried out for n = 2-4 experimental replicates.

Differences among means were analyzed using 1-way ANOVA with Dunnett's multiple

comparisons test. Outliers were determined using Grubbs' test α = 0.05.

Author contributions

JL, SO, and KP designed and conducted the experiments and acquired and analyzed the

data. KL performed statistical analysis on RNA-seq data. JZ provided statistical analysis for dose-

response curve comparisons. JL and DE wrote the manuscript.

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 Figure legends

Figure 1. Basement membrane extract impacts proliferation of mouse and human

organoids but does not significantly shift dose-response curves. (**A**) Proliferation of human

patient-derived organoids hF24 and hM1F cultured in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex

87, or UltiMatrix 96 for 5 days as determined by Cell Titer Glo. Data represent mean ± SD.

Statistical significance was determined by 1-way ANOVA. ****$P \leq 0.0001$ vs. Matrigel 04. (**B**) Cell

Titer Glo of mouse organoids mT69A and mT69B cultured in Matrigel 04, Matrigel 01, Cultrex 83,

Cultrex 87, or UltiMatrix 96 for 3 days as determined by Cell Titer Glo. Data represent mean ±

SD. Statistical significance was determined by 1-way ANOVA. ****$P \leq 0.0001$ vs. Matrigel 04. (**C**)

Dose-response curves for hF24 treated with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-

fluorouracil (5-FU), and trametinib during culture in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex

87, or UltiMatrix 96. Data represent mean ± SD of triplicate Cell Titer Glo values at each dose

fitted with a four-parameter log-logistic function with upper limit equal to the mean of the lowest

dose values. (**D**) Dose-response curves for mT69B treated with gemcitabine, paclitaxel, SN-38,

oxaliplatin, 5-fluorouracil (5-FU), and trametinib during culture in Matrigel 04, Matrigel 01, Cultrex

83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of triplicate Cell Titer Glo values at

each dose fitted with a four-parameter log-logistic function with upper limit equal to the mean of

the lowest dose values.

Figure 2. Basement membrane extracts exert minimal effects on drug IC50 and dose-

response AUC. (**A-B**) Calculated IC50 values (M) for hF24 and hM1F treated with gemcitabine,

paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and trametinib during culture in Matrigel 04,

Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 3 experimental

replicates. (**C-D**) Calculated area under the curve (AUC) values for hF24 and hM1F treated with

gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-FU, and trametinib during culture in Matrigel 04,

Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 3 experimental

replicates. Statistical significance was determined by 1-way ANOVA. *$P \leq 0.05$, ***$P \leq 0.001$ vs.

Matrigel 04.

Figure 3. Dose-response curve goodness of fit is not significantly altered by basement

membrane extract. (**A-B**) Standard deviation of the residuals (Sy.x) for hF24 and hM1F treated

with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and trametinib during

culture in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean

± SD of 3 experimental replicates. (**C-D**) Standard deviation of the residuals (Sy.x) for mT69A and

mT69B treated with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and

trametinib during culture in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data

represent mean ± SD of 4 experimental replicates. Outliers were determined using Grubbs' test

α = 0.05.

FIgure 4. Human patient-derived organoid gene expression profiles are consistent across

basement membrane extract types. (**A**) Heatmap of normalized counts of classical or basal-

like hallmark genes in hF24, hM1F, and hT1. Each organoid line was sequenced in triplicate after

culture for 3 days in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. (B)

Normalized counts for hallmark PDA genes *KRAS, TP53, SMAD4,* and *CDKN2A*. Data represent

mean ± SD of 3 technical replicates. Statistical significance was determined by 1-way ANOVA.

**$P \leq 0.01$ vs. Matrigel 04.

Supplementary Figure S1. Experimental outline. Three biological replicates of human patient-

derived organoids and mouse organoids were selected based on primary sample type (resection

or endoscopic ultrasound-guided fine-needle aspiration) and disease stage. Each organoid line

was expanded to sufficient quantities for experimentation in Matrigel 04. Organoids were then

single-cell dissociated and either plated in triplicate in 6-well plates for RNA isolation and

subsequent RNA-seq, or plated for pharmacotyping in 5 384-well plates in Matrigel 04, Matrigel

01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Organoids were allowed to recover overnight. Next,

organoids were treated with drugs and incubated for 5 days (human organoids) or 3 days (mouse

organoids), followed by Cell Titer Glo to assess organoid viability.

Supplementary Figure S2. Proliferation of human and mouse organoids is not significantly

altered by basement membrane extract. (**A**) Data for n = 3 experimental replicates of hF24

proliferation in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent

mean ± SD. **$P \leq 0.01$, ****$P \leq 0.0001$ vs. Matrigel 04. (**B**) Data for n = 3 experimental replicates

of hM1F proliferation in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data

represent mean ± SD. **$P \leq 0.01$, ****$P \leq 0.0001$ vs. Matrigel 04. (**C**) Data for n = 2 experimental

replicates of hT1 proliferation in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96.

Data represent mean ± SD. ****$P \leq 0.0001$ vs. Matrigel 04. (**D**) Data for n = 4 experimental

replicates of mT69A proliferation in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix

96. Data represent mean ± SD. *$P \leq 0.05$, **$P \leq 0.01$, ****$P \leq 0.0001$ vs. Matrigel 04. (**E**) Data for

n = 4 experimental replicates of mT69B proliferation in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex

87, or UltiMatrix 96. Data represent mean ± SD. **$P \leq 0.01$, ****$P \leq 0.0001$ vs. Matrigel 04.

Supplementary Figure S3. Dose response curves are consistent regardless of basement

membrane extract used. (**A**) Data for n = 3 experimental replicates of hF24 response to

gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorouracil (5-FU), and trametinib while cultured in

Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of

triplicate Cell Titer Glo values at each dose fitted with a four-parameter log-logistic function with

upper limit equal to the mean of the lowest dose values. (**B**) Data for n = 3 experimental replicates

of hM1F response to gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorouracil (5-FU), and

trametinib while cultured in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data

represent mean ± SD of triplicate Cell Titer Glo values at each dose fitted with a four-parameter

log-logistic function with upper limit equal to the mean of the lowest dose values. (**C**) Data for n =

2 experimental replicates of hT1 response to gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-

fluorouracil (5-FU), and trametinib while cultured in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex

87, or UltiMatrix 96. Data represent mean ± SD of triplicate Cell Titer Glo values at each dose

fitted with a four-parameter log-logistic function with upper limit equal to the mean of the lowest

dose values. (**D**) Data for n = 4 experimental replicates of mT69A response to gemcitabine,

paclitaxel, SN-38, oxaliplatin, 5-fluorouracil (5-FU), and trametinib while cultured in Matrigel 04,

Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of triplicate Cell

Titer Glo values at each dose fitted with a four-parameter log-logistic function with upper limit

equal to the mean of the lowest dose values. (**E**) Data for n = 4 experimental replicates of mT69B

response to gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorouracil (5-FU), and trametinib while

cultured in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean

± SD of triplicate Cell Titer Glo values at each dose fitted with a four-parameter log-logistic function

with upper limit equal to the mean of the lowest dose values.

Supplementary Figure S4. Calculated IC50 values remain consistent across basement

membrane extract culture conditions. (**A**) Calculated IC50 values (M) for hT1 treated with

gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and trametinib during culture in

Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 2

experimental replicates. (**B**) Calculated IC50 values (M) for mT69A treated with gemcitabine,

paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and trametinib during culture in Matrigel 04,

Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 4 experimental

replicates. (**C**) Calculated IC50 values (M) for mT69B treated with gemcitabine, paclitaxel, SN-

38, oxaliplatin, 5-fluorourical (5-FU), and trametinib during culture in Matrigel 04, Matrigel 01,

Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 4 experimental replicates.

Outliers were determined using Grubbs' test α = 0.05.

Supplementary Figure S5. Calculated AUC values are consistent across basement

membrane extract culture conditions. (**A**) Calculated area under the curve (AUC) values for

hT1 treated with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-FU, and trametinib during culture

in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of

2 experimental replicates. (**B**) Calculated area under the curve (AUC) values for mT69A treated

with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-FU, and trametinib during culture in Matrigel 04,

Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 4 experimental

replicates. Statistical significance was determined by 1-way ANOVA. *$P ≤ 0.05$ vs. Matrigel 04.

(**C**) Calculated area under the curve (AUC) values for mT69B treated with gemcitabine, paclitaxel,

SN-38, oxaliplatin, 5-FU, and trametinib during culture in Matrigel 04, Matrigel 01, Cultrex 83,

Cultrex 87, or UltiMatrix 96. Data represent mean ± SD of 4 experimental replicates.

Supplementary Figure S6. Standard deviation of the residuals does not statistically change

as a function of basement membrane extract used. Standard deviation of the residuals (Sy.x)

for hT1 treated with gemcitabine, paclitaxel, SN-38, oxaliplatin, 5-fluorourical (5-FU), and

trametinib during culture in Matrigel 04, Matrigel 01, Cultrex 83, Cultrex 87, or UltiMatrix 96. Data

represent mean ± SD of 2 experimental replicates. Outliers were determined using Grubbs' test

α = 0.05.

Supplementary Figure S7. Global gene expression profiles are consistent across

basement membrane extract conditions for both mouse and human organoids. (**A**)

Differential gene expression among human patient-derived organoids cultured in Matrigel 04

(MG004), Matrigel 01 (MG001), Cultrex 83 (Cultrex 183), Cultrex 87 (Cultrex 187), or UltiMatrix

96 (Ultimatrix). Numbers represent total number of genes with an adjusted *P* value of differential

expression ≤ 0.05 and an absolute log2(foldchange) > 1 for all pairwise comparisons of basement

membrane extracts within individual organoid lines and within species. (**B**) Differential gene

expression among mouse organoids cultured in Matrigel 04 (MG004), Matrigel 01 (MG001),

Cultrex 83 (Cultrex 183), Cultrex 87 (Cultrex 187), or UltiMatrix 96 (Ultimatrix). Numbers represent

total number of genes with an adjusted *P* value of differential expression ≤ 0.05 and an absolute

log2(foldchange) > 1 for all pairwise comparisons of basement membrane extracts within

individual organoid lines and within species. (**C**) Principal component analysis of human patient-

derived organoid gene expression within species and individual organoid lines. (**D**) Principal

component analysis of mouse organoid gene expression within species and individual organoid

lines. (**E**) Heatmaps of basal-like or classical hallmark gene enrichment between basement

membrane extract comparisons for all human patient-derived organoid lines (top row) and

individual lines. Each square represents significance of enrichment in the differentially expressed

genes between two basement membrane extracts. The differentially expressed genes in the

basement membrane exract listed on the y-axis are queried for enrichment. Squares are labeled

with *P* value. Black squares = ns. (**F**) Expression heatmap of all genes in human patient-derived

organoids cultured in different basement membrane extracts. Z-scores of normalized counts. (**G**)

Expression heatmap of all genes in mouse organoids cultured in different basement membrane

extracts. Z-scores of normalized counts. (**H**) Normalized counts for select genes of interest in

hF24, hM1F, and hT1 cultured in different basement membrane extracts. Data represent mean ±

SD of 3 technical replicates. **P* ≤ 0.05, ***P* ≤ 0.01 vs. Matrigel 04.

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Figure 1

Figure 2A-B

Figure 2C-D

Figure 3A-B

Figure 3C-D

Figure 4

Supplementary Figure 1

Supplementary Table 1

PDO	Origin	Site	Type of sample	Sex	Age	Race	Stage	KRAS (allele frequencies)	TP53 (allele frequencies)	SMAD4 (allele frequencies)	CDKN2A (allele frequencies)
hF24	H. sapiens	Pancreas	EUS FNA	F	57	Caucasian	4	G12V 82%	F113V (100%)	LOSS (N/A)	DEEP LOSS (N/A)
hM1F	H. sapiens	Lung	RAP	M	55	Caucasian	4	G12D 73%	R175H (100%)	WT (N/A)	WT (N/A)
hT1	H. sapiens	Pancreas	Resection	M	65	Caucasian	2B	G12V 39%	R213* (100%)	WT (N/A)	DEEP LOSS (N/A)

Supplementary Table 2

PDO	Origin	Sex	Site	Type of sample
mT69A	M. musculus	F	Pancreas	KPC B6, PDAC local pancreatic metastasis
mT69B	M. musculus	F	Pancreas	KPC B6, PDAC primary tumor
mT9	M. musculus	F	Pancreas	KPC PDAC primary tumor

Supplementary Figure 2A-B

C

hT1 p32

hT1 p39

Supplementary Figure 2C

Supplementary Figure 2D-E

Supplementary Figure 3A

B

Matrigel 04　Matrigel 01　Cultrex 83　Cultrex 87　Ultimatrix 96

Supplementary Figure 3B

Supplementary Figure 3C

Supplementary Figure 3D

E

Matrigel 04   Matrigel 01   Cultrex 83   Cultrex 87   Ultimatrix 96

Supplementary Figure 3E

Supplementary Figure 4A-B

C

Supplementary Figure 4C

Supplementary Figure 5A-B

C

Supplementary Figure 5C

Supplementary Figure 6

A

Total DE Genes Between Basement Membrane Extracts, Humans

Human Samples - All

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	3	4	0		
MG004	0	50	0	0	
Ultimatrix	0	2	2	70	0

Human Samples - hF24

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	9	1	0		
MG004	4	0	0	0	
Ultimatrix	0	0	1	0	0

Human Samples - hM1F

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	2	0			
MG001	0	144	0		
MG004	0	0	20	0	
Ultimatrix	0	6	0	0	0

Human Samples - hT1

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	4	0			
MG001	5	14	0		
MG004	2	373	2	0	
Ultimatrix	53	14	49	522	0

Cells labeled by #DEG (abs(lfc)>1 and FDR≤0.05)

B

Total DE Genes Between Basement Membrane Extracts, Mouse

Mouse Samples - All

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	9	36	0		
MG004	44	44	0	0	
Ultimatrix	2	34	11	51	0

Mouse Samples - mT69A

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	3	13	0		
MG004	9	13	1	0	
Ultimatrix	0	18	12	23	0

Mouse Samples - mT69B

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	47	88	0		
MG004	58	90	1	0	
Ultimatrix	4	10	61	77	0

Mouse Samples - mT9

	Cultrex183	Cultrex187	MG001	MG004	Ultimatrix
Cultrex183	0				
Cultrex187	0	0			
MG001	4	6	0		
MG004	11	15	0	0	
Ultimatrix	6	14	5	12	0

Cells labeled by #DEG (abs(lfc)>1 and FDR≤0.05)

Supplementary Figure 7A-B

C

D

Supplementary Figure 7C-D

E

Supplementary Figure 7E

Supplementary Figure 7F-G

H

Supplementary Figure 7H

Supplementary Figure 7H