Human milk extracellular vesicles survive neonatal digestion in vivo to be

absorbed by neonatal enteroids

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ABSTRACT

Human milk contains extracellular vesicles (HMEVs). Pre-clinical models suggest that

HMEVs may enhance intestinal function and limit inflammation; however, it is unknown if

HMEVs or their cargo survive neonatal human digestion. This limits the ability to

leverage HMEV cargo as additives to infant nutrition or as therapeutics. This study

aimed to develop an EV isolation pipeline from small volumes of human milk and

neonatal intestinal contents after milk feeding (digesta) to address the hypothesis that

HMEVs survive in vivo neonatal digestion to be taken up intestinal epithelial cells (IECs).

Digesta was collected from nasoduodenal sampling tubes. EVs were isolated from raw

and pasteurized human milk and digesta by density-gradient ultracentrifugation following

two-step skimming, acid precipitation of caseins, and multi-step filtration. EVs were

validated by electron microscopy, nanoparticle tracking analysis, and western blotting.

EV uptake and effects were tested in human neonatal enteroids. HMEVs and digesta

EVs (dHMEVs) show typical EV morphology and are enriched in CD81 and CD9, but

depleted of β-casein and lactalbumin. HMEVs and dHMEVs contain mammary gland-

derived protein BTN1A1. Neonatal human enteroids rapidly take up dHMEVs in part via

clathrin-mediated endocytosis. Our data suggest that HMEVs survive to the duodenum

and can be absorbed by IECs.

1. INTRODUCTION

Human milk (HM) contains numerous bioactive factors with nutritive and nonnutritive benefits to promote the health and long-term well-being of the developing infant (1). For example, feeding human milk enhances intestinal function and reduces the risk of necrotizing enterocolitis (2-10), promotes healthy brain development (11), and reduces the risk of chronic disorders, such as asthma or inflammatory bowel disease (12).

Human milk is replete with extracellular vesicles (EVs), which are nanoparticle-sized structures secreted by most cells within the human body (13). EVs, including human milk EVs (HMEVs), carry biological information between donor and recipient cells, to confer changes in cellular function or biological activity (14-22). HMEVs have putative beneficial effects, as shown by a combination of in vitro and animal studies demonstrating that HMEVs promote intestinal epithelial cell proliferation (16, 19, 20), reduce experimental necrotizing enterocolitis (NEC), limit inflammatory (15-17, 21, 22) or non-inflammatory damage (15, 19, 23), promote expression of intestinal barrier proteins (21), or enhance epithelial barrier function (15, 18). Collectively, the data suggest that HMEVs confer functional benefits on intestinal epithelial cells (IECs) and hold immense therapeutic promise for humans. To do so, however, HMEVs must survive infant digestion to reach the intestinal epithelium.

Several in vitro studies indicate that HMEVs are minimally impacted by a pH of 4-4.5 mirroring that of a term or preterm infant stomach, as well as incubation with several gastrointestinal proteases (24-26). More recent work shows that bovine milk EVs are intact after exposure to a pH as low as 1.3 (15). Furthermore, existing animal studies indicate that bovine or murine milk-derived EVs survive murine digestion to reach the placenta and embryo (27) or intestine and brain (28, 29). Studies also demonstrate that HMEVs confer beneficial effects within the murine intestine (15, 17, 21), suggesting that

61   they too may survive murine digestion. Yet it remains unknown if HMEVs survive

62   neonatal human digestion to functionally impact the neonatal human intestinal

63   epithelium. Answering this question is a critical next step for understanding the ability to

64   orally deliver HMEVs as therapeutics or drug carriers.

65   The neonatal intestinal epithelium is thought to take up macromolecules through

bulk endocytosis (30, 31), a mechanism unique to the neonate where endocytic cargo is

broken down by the lysosome. Existing data similarly suggest that endocytosis is the

primary mechanism of EV uptake, although precise mechanisms may vary depending on

the cell of EV origin and the acceptor cell type (32, 33). Studies examining bovine milk

EV uptake in mice or human cell lines (Caco2) indicate that the FcRn receptor plays a

role in the uptake of some milk EVs (34, 35).

72   Studies examining HMEV uptake are limited and use transformed IEC lines, such

73   as Caco2 (24) or HIEC (25) cells. Although these cell lines are commonly used to model

74   the small intestinal epithelium (36, 37), Caco2 cells are derived from human colorectal

75   cancer (38, 39), while HIEC cells are derived from 17-19 week fetal ileum (40). To date,

76   the uptake of HMEVs by primary, human neonatal IECs remains unexplored.

77   In this study, we hypothesized that a proportion of HMEVs in human milk survive

in vivo infant digestion to reach the small intestine and be taken up by IECs. To test this

hypothesis, we utilized a rare and valuable set of fed human milk and intestinal contents

(digesta) samples isolated from infants in the neonatal intensive care unit (NICU). We

optimized a relatively high-purity EV isolation pipeline allowing for the isolation of

HMEVs from 1 mL of raw human milk (RHM), pasteurized donor human milk (PDHM), or

digesta. We also developed and characterized a primary human neonatal enteroid

culture system to examine digested HMEV (dHMEV) uptake ex vivo. Enteroids are 3D

organoid cultures grown from intestinal stem cells (41, 42). In contrast to immortalized

cell lines used in previous studies (24, 25), primary neonatal enteroids are arguably a

more physiologically relevant model for studying normal IEC function (43) as they are

derived from normal infant intestinal stem cells and develop multiple differentiated IEC

types.

Our data demonstrate for the first time that a proportion of HMEVs can survive in

vivo neonatal digestion. These dHMEVs are readily and robustly endocytosed by

neonatal enteroids containing differentiated IECs, primarily via dynamin-dependent

processes. This study addresses a critical gap in understanding the potential role(s) of

HMEVs in the infant intestine and in the pipeline for HMEV therapeutic development.

2. MATERIALS AND METHODS

All human studies were approved by the Oregon Health & Science University (OHSU)

Institutional Review Board (IRB) IRB #17968 and #21952. All milk, digesta, and tissue

samples were collected after obtaining parental informed consent.

2.1 Sample collection

Human milk samples, collection, and storage are listed in **Table 1**. All samples were

aliquoted and frozen before processing and every effort was taken to minimize freeze

thaws. Raw human milk (RHM) or pasteurized donor human milk (PDHM) collection was

performed under OHSU IRB #17968. PDHM was obtained from the Northwest Mother's

Milk Bank (Beaverton, OR, USA) or Prolacta (City of Industry, CA, USA).

In vivo, digested milk samples (digesta) were collected from infants in the

Doernbecher Children's Hospital NICU at OHSU under IRB #17968. Infant inclusion

criteria were: infants already admitted to the NICU, greater than 26 weeks corrected

gestational age, an indwelling nasogastric or orogastric feeding tube, and tolerating full

enteral feeding volumes. Infants were excluded from the study if they had anatomic or

functional gastrointestinal disorders that would affect digestion, were medically unstable,

or were non-viable. Digested milk samples were collected from three infants (**Table 1**).

Before feeding, a nasal tube was placed into the duodenum or proximal jejunum. Feeds

were delivered via a gastric tube over 30 min or less. Samples were collected from the

nasojejunal/duodenal tube via gravity flow as the digesta passed the post-pyloric collection

tube port into sterile vials, placed on ice, aliquoted, and stored at –80 °C.

2.2 Isolation of extracellular vesicles from human milk and neonatal digesta

Samples were quickly thawed in a 37 ºC water bath and used immediately (44, 45). A

step-by-step illustration is depicted in **Figure 1**. One milliliter of RHM, PDHM, or digesta

was used for each isolation. Samples were centrifuged at 6,000 x g for 10 min at 4 ºC to

remove cream and large cellular debris (46). The supernatant was carefully collected

and centrifuged again at 2,000 x g for 20 min at 4 ºC to further remove any fat globules

and/or smaller cellular debris. This supernatant was then passed through Whatman™

Grade 1 filter paper (diameter 42.5 mm) using a glass funnel before isoelectric casein

precipitation.

Acetic acid (1 and 10 N) was used to adjust the pH of the supernatant (initial pH

6.8 - 7.4) to 4.6 using a portable pH meter (Southern Labware, Fisher Scientific,

Hampton, NH, USA). Acetic acid was added to samples ≤1 µL at a time, and samples

were briefly mixed after each acid addition. Once the pH was adjusted to 4.6, samples

were incubated at room temperature for 10 min before final centrifugation at 5,000 x g

for 30 min at 4 ºC. The supernatant was carefully collected and was passed through

Whatman™ Grade 1 filter paper (diameter 42.5 mm) using a glass funnel, a 0.45 µm

syringe filter, and a 0.22 µm syringe filter for the further removal of casein residue

yielding clarified HM or digesta.

Density gradient ultracentrifugation using a SW Type 55 Ti swinging bucket rotor

in LM-70 ultracentrifuge (Beckman Coulter, Brea, CA, USA) was achieved using

OptiPrep^{TM} iodixanol solution (60% iodixanol, w/v) following the bottom-up technique

(47). A 45% (w/v) bottom layer was made by diluting OptiPrep™ solution with clarified

HM or digesta sample (2.25 mL OptiPrep™ + 0.75 mL sample = 3 mL) into a 5 mL open-

top thin wall ultra-clear tube (Beckman Coulter). A discontinuous gradient was made with

40% (w/v), 30% (w/v), 20% (w/v) and 10% (w/v) solutions of iodixanol (diluted with

sterile, 0.1 µm-filtered phosphate-buffered saline (PBS)) carefully layered on top of the

prior density, drop by drop. The ultracentrifugation was carried out at 169,522 $\times$ g

(37,400 rpm) for 24 hours at 4 ºC with zero acceleration and deceleration. After

ultracentrifugation, 500 µL fractions were carefully collected into protein LoBind tubes

(Fisher) from top to bottom using a P1000 pipette without disrupting the layers. The

fractions were used the same day for analysis or functional studies. We submitted all

relevant data of our experiments to the EV-TRACK knowledgebase (EV-TRACK ID:

EV230590) (48).

2.3 Cell Lines

SW480 and MCF7 cells (western blot positive controls) were cultured in DMEM high

glucose medium (Gibco, Thermo Fisher, Waltham, MA, USA) supplemented with 10%

fetal bovine serum (FBS, Cytiva HyClone™, Marlborough, MA, USA) and 1%

penicillin/streptomycin (Gibco), and grown at 37 ºC in a humidified incubator with 5%

CO_2. Cells were lysed in radioimmunoprecipitation assay-sodium dodecyl sulfate (RIPA-

SDS) and protein concentration was quantified using a bicinchoninic acid (BCA) reagent

kit (Thermo Fisher, Waltham, MA, USA) following manufacturer instructions ahead of

western blotting.

2.4 Validation of extracellular vesicle isolation

2.4.1 Western blotting

For validation, EV preparations and cellular controls were lysed in 6X Laemmli buffer (375 mM Tris-HCl pH 6.8, 9% SDS w/v, 50% Glycerol v/v, 0.03% Bromophenol blue w/v, 9% DTT w/v), incubated at 37 ºC for 30 min, and loaded onto 4 to 12% Bis-Tris mini protein gels (NuPAGE™, Invitrogen, Waltham, MA, USA, 1.5 mm). PageRuler Plus™ Prestained Protein Ladder (Thermo Fisher, 10 – 250 kDa) was resolved as a molecular weight reference. Human cell lines, MCF7 (breast cancer) (ATCC) and SW480 (colorectal cancer) (ATCC) were also resolved as cellular controls. The ATCC authenticates all human cell lines through short tandem repeat analysis. All cell lines were confirmed to be mycoplasma negative every 3 weeks (MycoAlert™ Mycoplasma Detection Kit, Lonza, Bend, OR, USA). Fifteen micrograms of total whole cell lysates (WCL) and 20 µL of EV lysate isolated from 1 mL starting volume were resolved by gel electrophoresis. The samples were stacked for 30 min at 60V and resolved for 60 min at 150V in 1X NuPAGE™ MOPS SDS running buffer (Invitrogen) and transferred onto 0.45µm PVDF membrane (Immobilon, Millipore/Merck) via a wet transfer system with 1X NuPAGE™ transfer buffer (Invitrogen) at 100 V for 60 min. Membranes were blocked with LI-COR PBS blocking buffer (LI-COR, Lincoln, NE) at room temperature for 60 min.

MISEV 2018 guidelines (13) were used to characterize the presence of EV-specific proteins via the following primary antibodies: 1) anti-transmembrane protein markers: anti-CD9 (rabbit, Abcam, Cambridge, UK, ab236630 1:1000); anti-CD63 (rabbit, System Biosciences, Palo Alto, CA, USA, EXOAB-CD63A-1, 1:1000); anti-CD81 (mouse, Santa Cruz Biotechnology, sc-166029, 1:1000), and 2) cytosolic protein markers: anti-TSG101 (mouse, BD Biosciences, Franklin Lakes, NJ, USA, 612697, 1:1000) and anti-FLOT1 (rabbit, Cell Signaling Technology, 3253S, 1:10,000-1:15,000). Lactating mammary gland protein butyrophilin (BTN1A1) anti-BTN1A1 (mouse, OriGene Technologies, Rockville, MD, USA, TA501529S 1:3000). Anti-ITGB1, (rabbit, Cell

Signaling Technology, Danvers, MA, USA, 34971T, 1:1000) was used to identify

microvesicle contamination (49). Anti-GM130 (rabbit, Novus Biologicals, Centennial, CO,

USA, NBP2-53420, 1:1000) was used to identify cis-Golgi matrix protein as a marker of

cellular contamination (13). Anti-LALBA (rabbit, Abcam, ab178431, 1:1000) and anti-

CSN2 (rabbit, Abcam, ab205301, 1:5000) assessed non-HMEV components from

lactalbumin and casein, respectively. All primary antibodies were diluted in 0.5X LI-COR

PBS blocking buffer (LI-COR Biosciences, Lincoln, NE, USA) diluted with 1X PBS

containing 0.2% tween-20.

196   The membranes were incubated with goat anti-rabbit labeled with IRDye 700

(1:20 000, v/v, LI-COR) and/or goat anti-mouse antibody labeled with IRDye 800

(1:20,000, v/v, LI-COR) for 60 min before visualization on LICOR Odyssey. All

secondary antibodies were diluted in 0.5X LI-COR PBS blocking buffer diluted with 1X

PBS containing 0.2% tween-20 and 0.01% sodium dodecyl sulfate (SDS).

2.4.2 Nanoparticle Tracking Analysis

All samples were diluted in 10% particle-free PBS (Genesee Scientific, Morrisville, NC,

USA) to a final volume of 1 mL. Samples were diluted to achieve 50 – 250

particles/frame) before injection (50). Samples were analyzed using a ZetaView® Twin

(Particle Metrix, Ammersee, Germany). Each sample was run in triplicate by scanning 11

cell positions under the following settings: Focus: autofocus; Frame rate: 30; Camera

sensitivity for all samples: 70 for scatter, 87 for Di8; Shutter: 100; Scattering Intensity:

detected automatically; Cell temperature: 25 ºC. The videos were analyzed with the

built-in ZetaView® Software 8.05.12 SP2 with specific analysis parameters: Maximum

area: 1000, Minimum area 10, Minimum brightness: 20. Hardware: embedded laser: 488

and 520 nm. Di-8-ANEPPS, final concentration 2 µM, (Thermo Fisher Scientific) was

used to stain HMEVs as described (51); camera: CMOS. EV concentration (EV

particles/mL) was calculated by accounting for dilution factors.

2.4.3 Morphological characterization of exosomes by negative transmission

electron microscopy (TEM)

Electron microscopy was performed at the Multiscale Microscopy Core, an Oregon

Health & Science University Shared Resource facility. Briefly, EV preparations were

fixed in s 4% paraformaldehyde (PFA) solution (Thermo Scientific). Five microliters of

fixed EVs were deposited onto glow discharged (60 secs 15 mA, negative mode) carbon

formvar 400 Mesh copper grids (Ted Pella 01822-F) for 3 min, rinsed 30 sec in water,

wicked on Whatman filter paper 1, stained for 60 sec in filtered 1.33% (w/v) uranyl

acetate in water, wicked and air dried. Samples were imaged at 120 kV on a FEI

Tecnai™ Spirit TEM system. Images were acquired using the AMT software interface on

a NanoSprint™12S-B CMOS camera system.

2.5 Enteroid cultures

2.5.1 Neonatal human enteroid generation and culture

Tissue collected for enteroid generation was approved under OHSU IRB # 21952.

Enteroids were generated from small intestinal tissue isolated from the ileum of a 2-

month-old patient born at 39 weeks undergoing surgery for ileal atresia. After collection,

tissue was washed in sterile PBS with 1% penicillin/streptomycin and frozen in freezing

media (10% FBS; 10% DMSO; Dulbecco's modified Eagle medium/F12). Tissue was

rapidly thawed in a 37 ºC water bath and then washed three times in sterile PBS with

10% FBS. Luminal pinch biopsies were collected. The biopsies were minced in sterile

PBS with 10% FBS using sterile scissors and spun at 300 x g for 3 min at 4 ºC. The

pellet was resuspended in 500 µl of "working solution": Liberase™ TH 0.1 WU/mL

(Sigma, St. Louis, MO, USA); DNAse1 50 U/mL (Roche, Indianapolis, IN, USA); Hank's

balanced salt solution (HBSS) and incubated in a Thermomixer at 800rpm for 10 min at

37 ºC. During the incubation, a 100 µm strainer was washed with 8 mL of 4% bovine

serum albumin (BSA) in HBSS to prevent cells from sticking to the filter. The tissue was

pelleted at 300 x g for 3 min at 4 ºC and the supernatant was passed through the

prepared 100 µm strainer. The remaining tissue fragments were resuspended in another

500 µl of working solution and mixed in the Thermomixer® at 800 rpm for 10 min at 37

ºC. After incubation, the sample was passed through a P1000 pipettor tip 10 times and

spun down at 300 x g for 3 min at 4 ºC. The supernatant was filtered through the same

100 µm strainer and the tissue pellet was resuspended in 500 µl of working solution and

mixed in the Thermomixer at 800 rpm for 10 min at 37 ºC. The remaining tissue was

passed through a P200 pipettor tip on the end of a P1000 tip 10 times. Once the tissue

was small enough, the slurry was filtered through the same 100 µm strainer. The filtered

cells were pelleted at 500 x g for 5 min at 4 ºC. The pellet was resuspended in 500 µl of

4% BSA in HBSS and counted using Trypan Blue staining (Gibco) and a Countess cell

counter (Invitrogen). The cells were seeded at a density of up to 10^5 live cells per 30 µl

Matrigel (Corning, Corning, NY, USA) dome (80% Matrigel). After the Matrigel solidified

at 37 ºC, Human Intesticult™ (StemCell Technologies, Cambridge, MA, USA) with

Primocin® (20 µl of a 500X stock, InvivoGen, San Diego, CA, USA) was overlaid.

Primocin® was discontinued after the second passage and the enteroids were

supplemented with Anti/Anti (Gibco). Enteroids were maintained and expanded in

Matrigel patties in the "basal out" orientation.

2.5.2 Apical-out enteroids

To access the apical/luminal surface of the human enteroids, we reversed enteroid

polarity using the technique described previously (52, 53). Briefly, 1 mL of ice-cold cell

recovery solution (Corning) was added directly to the exposed Matrigel dome to break

up the Matrigel patty. The enteroid/Matrigel mixture was transferred to a 15 mL conical

tube and rotated at 4 ºC for 1 hr. The enteroids were then pelleted at 300 x g for 3 min at

4 ºC and washed once with advanced DMEM/F-12 basal media (Gibco). The enteroid

pellet was resuspended in the desired volume of IntestiCult complete medium (Stemcell

Technologies) and cultures were maintained in a 24-well ultra-low-attachment plate for

48 hours at 37 ºC in a 5% CO_2 incubator.

2.6 RNA isolation and qRT-PCR

To isolate RNA from enteroids, the media was removed and cell recovery solution was

added to remove Matrigel. The enteroids were pelleted, washed with PBS, and pelleted

again. RNA was isolated using GeneJET™ RNA Purification Kit (Thermo Scientific) or

RNAqueous™-Micro Total RNA Isolation Kit (Invitrogen). High-capacity cDNA Reverse

Transcription Kit (Applied Biosystems™, Thermo Fisher) was used to synthesize cDNA.

　　　　The following primer-probe sets were used: leucine-rich repeat containing G

protein (*LGR5*, Hs00969422_m1), marker of proliferation Ki-67 (*Ki67*, Hs00606991_m1),

proliferating cell nuclear antigen (*PCNA*, Hs00696862_m1), polycomb complex protein

BMI1 proto-oncogene (*BMI1*, Hs00180411_m1), DEF6 guanine nucleotide exchange

factor (*DEF6*, Hs00427001_m1), intracellular adhesion molecule 2 (*ICAM2*,

Hs00609563), bestrophin 4 (*BEST4*, Hs00396114_m1), sucrase-isomaltase (*SI*,

Hs00356112_m1), chromogranin A (*CHGA*, Hs00900370_m1), mucin 2 (*MUC2*,

Hs00159374_m1).

2.7 EV labeling with CMTPX

Five hundred microliters dHMEV fractions were stained with 4 µL 1 mM CMTPX dye

(Invitrogen) in a 37° C water bath for 1 hour in the dark. The excess dye was removed

using Amicon® Ultra-0.5 100kDa MWCO centrifugal filter (Millipore, Burlington, MA,

USA), and fractions were concentrated to the desired volume for uptake experiments.

2.8 Uptake of dHMEVs by human neonatal enteroids

CMTPX-labeled dHMEVs (40 µL) were added to apical-out enteroids and incubated for

1.5 hours in the following conditions: at 37 ºC with or without 200 µM Dynasore (Abcam),

or at 4 ºC. After dHMEV treatment, enteroids were pelleted and washed one time with

1X PBS and fixed in 4% (w/v) PFA (Fisher Scientific) for 15 min at room temperature.

Fixed enteroids were pelleted and then incubated with 0.1% Triton-X for 15 min at room

temperature, pelleted, and incubated with 165 nM Phalloidin (Fisher Scientific) for 40

min, followed by 600 nM DAPI (Thermo Fisher) for 10 min at RT in the dark. Enteroids

were pelleted and mounted using Molecular Probes Prolong™ Gold Antifade Mountant

(Thermo Fisher) and sealed with CoverGrip Coverslip sealant (Biotium, Fremont, CA,

USA).

2.9 Confocal microscopy and image processing

dHMEV uptake was observed using a Zeiss LSM980 confocal laser microscope with a

20X NA objective (Carl Zeiss Microscopy GmbH), and lasers 405 nm (DAPI), 488

(Phalloidin), and 555 nm (CMTPX). Images were acquired using 4X line averaging. Z

stacks were taken through the whole enteroid (36.33 - 77.6µm). Images were processed

using ZEN™ v2.5 Blue software (Carl Zeiss Microimaging GmbH). All images were

acquired and processed using identical intensity settings unless noted. CMTPX uptake

was quantified using ImageJ and images taken with a Keyence BZ-X800 (Keyence,

Itasca, IL) using a 2X objective, 1.40 NA.

2.10 Immunostaining

The image with immunostaining for BTN1A1 is from the Human Protein Atlas (54, 55).

Lactating human mammary gland tissue was stained for BTN1A1 using Atlas Antibodies

Cat#HPA011126, RRID: AB_1845491; 0.1275 mg/mL; Rabbit pAb (55).

2.11 Statistical analyses

Data were analyzed with GraphPad Prism® 9 (GraphPad Software, San Diego, USA).

Diagrams are presented either as mean ± SEM and symbols represent biological

replicates, either individual patient samples or enteroid passages. For the HMEV uptake

experiment, symbols represent individual enteroids from a single experiment.

3. RESULTS

This study utilized raw and pasteurized human milk, as well as milk digesta (neonatal

intestinal contents) samples to examine whether HMEVs reach the neonatal intestine in

vivo to be absorbed by IECs.

3.1 A pipeline to isolate HMEVs and dHMEVs from small sample volumes

Human milk (HM) is a complex and heterogeneous biological fluid containing, numerous

proteins (including highly abundant casein and immunoglobulins), sugars, emulsified fat

globules, small molecules, electrolytes, and EVs (1). Neonatal digesta is also a

heterogenous biofluid containing a mixture of fed HM, stomach, and digestive

secretions.

Isolating EVs from heterogeneous biofluids is challenging, especially when

starting volumes are limited and relatively high purity is desired. We adapted the

published protocol from Mukhopadhya et al (46) for 1 mL sample volumes followed by

bottom-up, rate zone iodixanol density gradient centrifugation to isolate largely pure EVs

from HM and neonatal digesta samples (**Figure 1a and b**).

3.2 Pipeline effectively isolates raw and pasteurized HMEVs

We validated our pipeline using raw human milk (RHM) and pasteurized donor human

milk (PDHM), respectively (**Table 1**). PDHM from the NW Mother's Milk Bank Batch A

was used for **Figure 2.** RHM-derived EVs were enriched in fractions (F)2 and 3, and

PDHM-derived EVs were enriched in fraction 3 (**Figure 2**). Negative transmission

electron microscopy (TEM) illustrated the enrichment of classic cup-shaped-EV

structures ~ 100 – 200 nm in F2 -F3 of RHM and F3 from PDHM (**Figure 2a**).

Nanoparticle tracking analysis (NTA) using the lipid membrane dye Di-8-ANEPPS

showed that F2-3 RHM and F3 PDHM were enriched for ~ 200 nm-sized particles

consistent with TEM data (**Figure 2b**). Based on NTA measurements of F2 and F3 for

RHM and F3 of PDHM, HMEV size was not affected by pasteurization, (207.06 ± 7.86

nm and 209.68 ± 18.93 nm, n=3 RHM and PDHM, respectively).

Western blotting of EV proteins followed the MISEV2018 guidelines (13) to

confirm EV enrichment and purity based on the presence and absence of indicated

marker proteins. F2 and F3 isolated from RHM (**Figure 2c**) and F3 isolated from PDHM

(**Figure 2d**) were enriched for transmembrane proteins CD9, CD63, and CD81.

Cytosolic proteins TSG101 and FLOT1 were recovered within RHM EVs, but absent

from the pasteurized samples. Our samples lack microvesicle protein ITGB1 (49).

Importantly, all of our samples lack the Golgi protein GM130 and are depleted of the

whey protein LALBA and highly abundant milk protein CSN2 (**Figure 2c & d**).

Additionally, the RHM and PDHM samples also contain BTN1A1, a protein that is

prevalent in milk fat globules (56, 57), but also present in HMEVs, as demonstrated by

proteomics (58) (**Figure 2c & d**). The western blots support the TEM and NTA data

showing EV markers in F2-3 of RHM and only F3 of PDHM. Notably, these data indicate

that pasteurization results in the focusing of the EV population into F3 and the depletion

or loss of cytosolic proteins, such as TSG101 and FLOT1.

Collectively, these data demonstrate that our pipeline effectively and consistently

isolates EVs from small volumes of RHM and PDHM.

3.3 Pipeline effectively isolates EVs from neonatal human digesta

Neonatal human digesta was collected by gravity after gastric feeding from oro- or

nasoduodenal/jejunal sampling tubes from neonates in the OHSU NICU (**Figure 3a**;

Table 1). Infants were fed RHM and digesta was isolated from the proximal small

intestine (**Figure 3b**).

We isolated and validated the dHMEVs identically to the HMEVs described

above. Data for sample (a) is shown in **Figure 3** and samples (b) and (c) are in

Supplemental Figure 1. Negative TEM shows the greatest enrichment of cup-shaped

EV structures in F3 (**Figure 3b; Supplemental Figure 1a**). NTA using Di-8-ANEPPS

lipid membrane dye showed that F2-F3 were enriched with 117.73 ± 1.5 and 130.03 ±

2.43 nm particles consistent with the TEM data and expected 100-200 nm EV size

(**Figure 3c; Supplemental Figure 1b**). Western blotting followed the MISEV2018

guidelines (13) to confirm EV enrichment and purity based on the presence or absence

of indicated marker proteins. F3 of all three samples was enriched for CD9, while only

the more proximal intestinal samples (a) and (b) contained EVs with CD81 (**Figure 3c;**

Supplemental Figure 1c). All the samples lacked ITGB1, GM130, and CSN2 (**Figure**

3c; Supplemental Figure 1c). BTN1A1 was present in dHMEVs isolated from samples

(a) and (c), further supporting their HM origin. In addition to being previously found within

HMEVs (58), BTN1A1 is only expressed in the lactating mammary gland (**Figure 3e**)

and nowhere else along the digestive tract, including the salivary gland, pancreas,

gallbladder, or liver (55).

Collectively, these data indicate that pasteurization alters HMEVs and that

HMEVs reach the proximal intestine of the neonate.

3.4 Neonatal human enteroids take up dHMEVs

We established that HMEVs reach the neonatal intestinal tract. Next, we asked

whether neonatal IECs take up dHMEVs. To test this, we developed a neonatal human

enteroid model. Patient-derived enteroids, enteroid-derived monolayers, or gut-on-a-chip

systems are emerging models for studying neonatal intestinal physiology and

pathophysiology (59-63). Our model is derived from intestinal epithelial stem cells

isolated from a 2-month-old patient undergoing surgery for ileal atresia.

Our neonatal enteroids were propagated in the basal-out orientation where they

grow robustly in Matrigel and the basolateral cell surface faces the culture media (**Figure**

4a). For these studies, we used the apical-out enteroid model where the enteroids are

cultured in suspension in the absence of a basement membrane (52, 59, 62). This leads

to polarity reversal, shown by robust phalloidin staining (green) on the outer surface of

the enteroid (**Figure 4a**). The apical-out orientation allows for direct access to the apical

cell surface, making the culture media effectively equivalent to the intestinal lumen and

allowing for manipulation of luminal exposures, such as HMEVs. We first analyzed gene

expression for IEC-type specific markers, demonstrating that our apical-out enteroids

significantly downregulate markers of proliferation *Ki67* and *LGR5* and upregulate more

differentiated markers, such as *CHGA* gene expression relative to basal-out enteroids

(**Figure 4b**), which are generally more proliferative (52). Notably, our neonatal enteroids

lack Paneth cells (*DEF6*) at baseline, consistent with published findings (64), and down-

regulate *BEST4* mRNA. This suggests that our apical-out enteroids represent a more

differentiated and less proliferative intestinal epithelium.

Once established and validated, we asked whether neonatal enteroids readily

take up dHMEVs. Since our dHMEVs are isolated from patient samples, we are unable

to label and track using fusion proteins, or fluorescent tags (32, 65). Instead, we

developed a novel method for labeling the dHMEVs using CMTPX dye (**Figure 4c**). This

dye is nonfluorescent initially but readily permeates the EV lipid bilayer where it is then

converted to a fluorescent derivative by glutathione S transferase and retained within the

EV. This is important for demonstrating the specificity of EV uptake. We observed the

highest level of CMTPX staining in fraction 3 (F3) consistent with TEM, NTA, and

western blot data showing the highest number of dHMEVs in F3 (**Figure 4d**).

All images were acquired using identical microscope settings. Representative

images are shown in (**Figure 4e**). dHMEV uptake was quantified using ImageJ (**Figure**

4f). At 37ºC we observe robust uptake of CMTPX-labeled dHMEVs by neonatal human

enteroids as indicated by a strong red signal. The specificity of the labeling and the

uptake were confirmed using a dynamin-2 inhibitor (Dynasore) to block clathrin and

caveolin-dependent endocytosis and by performing experiments at 4ºC to block all forms

of energy-dependent endocytosis (32, 65-68). Collectively, our results indicate that

neonatal human enteroids rapidly take up dHMEVs primarily via energy-mediated

endocytic processes, while a smaller proportion of dHMEVs are taken up in the

presence of dynamin-2 inhibition. Incubation at 4ºC inhibits nearly all uptake. Further,

the data indicate that our labeling is specific and that our samples contain low to

negligible levels of unincorporated CMTPX, as free dye would show up as robust

labeling via diffusion in the Dynasore + 37 ºC or 4 ºC samples.

4. DISCUSSION

HMEVs are emerging therapeutics and drug delivery vehicles (69-76). Cell culture and animal model studies indicate that undigested, unmodified HMEVs may affect intestinal epithelial biology (15, 19, 23), and limit damage from necrotizing enterocolitis (16, 17, 20-22). Further studies indicate that HMEVs survive in vitro simulated digestion (15, 24, 25), may transit through an animal's digestive tract to transfer cargo or affect other organs, including the brain (15, 28), and/or enhance cognitive performance (29). However, whether these nano-sized information carriers survive to reach the human intestine remained an open question. To address this knowledge gap, we obtained in vivo digested milk samples and optimized an isolation protocol capable of isolating HMEVs from small sample volumes.

Isolating EVs from HM is challenging due to protein complexes, such as casein micelles, immunoglobulins, and lipoproteins that can entrap HMEVs, mask less abundant proteins, and interfere with downstream analyses, such as western blotting or mass spectrometry (77). Protein complexes can also mimic the appearance of EVs in NTA. To circumvent these pitfalls, it is common to perform HMEV isolations on large starting volumes, which allow for multiple processing steps to enrich for EVs and remove other bioactive factors that may complicate data interpretation (15, 17, 18, 46, 78, 79). This can be prohibitive if sample volumes are limited (≤ 2mL). In such cases, some published studies use precipitation-based methods, such as ExoQuick® and ExoEasy® (80-82). Although these methods are efficient, they can result in co-isolation of non-EV proteins (83-86). Additionally, EV fractions obtained from ExoQuick® may contain traces of biopolymers that can interfere with mass spectrometry (87).

Herein we optimized an isolation pipeline developed for large volumes of milk (46) for use with a 1 mL starting volume of HM or digesta. This method utilizes a combination of acetic acid precipitation and density gradient ultracentrifugation to

achieve relatively high yield and relatively high purity HMEVs. We validated our

methodology using RHM and PDHM. Our RHM samples were consistently enriched for a

combination of tetraspanins CD9, CD63, and CD81 and intravesicular markers FLOT1

and TSG101 (13) and de-enriched for microvesicle marker ITGB1 (49), Golgi marker

GM130 (13), and milk-specific proteins CSN2 and LALBA (88). Notably, samples were

also enriched for BTN1A1. BTN1A1 is exclusively expressed in lactating mammary

glands (55) and previously detected in HMEVs by mass spectroscopy (58), suggesting

that it may be a good HMEV marker.

To further validate our isolation pipeline, we compared raw HMEVs with those

isolated from PDHM. Pasteurization heats milk to 60° C for 30 minutes to reduce

bacterial load (pathogenic and nonpathogenic) and is currently the standard method of

HM processing to ensure safety (89). Pasteurization, however, damages, destroys or

alters many bioactive factors found in milk (90). This is consistent with our findings. We

observed that pasteurization resulted in a depletion of tetraspanin proteins, a loss of

cytoplasmic EV protein markers (FLOT1, TSG101), and a focusing of the EV population

into one fraction (F3) of the density gradient. This is consistent with the published work

of others showing that pasteurization reduces CD63 protein within HM (91) and bovine

milk EVs (92). Notably, our raw and pasteurized samples are not matched, limiting our

ability to draw firm conclusions about the effects of pasteurization on EV size or number.

Previously published reports indicate that these variables are unchanged (91). Our data

add to a growing body of evidence demonstrating that pasteurization damages or

destroys some populations of HMEVs (91-93).

Our isolation pipeline also effectively isolated HMEVs from neonatal digesta,

enabling us to demonstrate for the first time that a proportion of HMEVs survive to reach

the proximal intestine of neonates. Our data indicate that the number of HMEVs and the

level of HMEV protein varies across patient samples based on our ability to detect EV

protein markers and the lactating mammary gland-specific protein BTN1A1 (55). These

differences could be due to several factors. Our samples are from infants of similar

gestational age, so this is unlikely to explain the observed differences. All samples were

frozen before processing, which could impact EV yield and result in some cellular EV

contamination (94). However, we believe this was minimal as cellular markers, such as

GM130 are absent in our samples. While this is a limitation, we do not believe that this

accounts for observed differences, as sample (a) was frozen the longest before

processing.

The observed variability could be due to inherent differences in the number of

HMEVs in the fed human milk. Second, the samples were taken from different regions

along the proximal small intestine, which could also influence yield. We observed that

the amount of BTN1A1 detected may be related to the proximity of the sample location

to the stomach, for example sample (a), contains the highest level of BTN1A1. These

regional or sample differences could be due to a combination of differing levels of

degradation, dilution, or uptake experienced by the HMEVs.

In vitro-simulated digestion studies suggest that EVs can survive low pH and the

presence of some digestive enzymes (15, 24, 25), supporting our findings that some

HMEVs can survive proximal gastrointestinal digestion. However, this does not account

for the observed distinct reduction in HMEV abundance in the proximal intestine. It may

be that the in vivo environment of the infant intestine can alter or destroy more HMEVs

than previously appreciated. In vitro digestion models also cannot account for possible

dilution or HMEV uptake.

Previous work from the Dallas lab indicates that intestinal secretions result in

approximately 1.3-fold dilution of digesta in the proximal intestine relative to the input

(95), indicating that the observed loss of dHMEVs could be partly due to dilution from

digestive fluids. Our uptake data indicate relatively rapid dHMEV uptake, suggesting that

514 this might be the most important contributing factor to reduced HMEV number within the

515 neonatal small intestine. Further research will be needed to fully address each of these

516 possibilities.

517   Once we isolated dHMEVs, we next asked whether they were taken up by non-

518 transformed, primary neonatal IECs. To do this, we used a neonatal enteroid (intestinal

519 organoid) model for dHMEV uptake. These enteroids grow rapidly and express expected

520 markers of proliferation in the basal-out state. We utilized published protocols (52, 62) to

521 induce polarity reversal in the enteroids allowing direct access to the apical surface from

522 the culture media. We confirmed the apical-out orientation with phalloidin-staining and

523 gene expression showing a significant down-regulation in proliferative markers,

524 consistent with published studies (52). Notably, markers of absorptive (*SI*) and secretory

525 lineages (*CHGA* and *MUC2*) were elevated, but only differences in *CHGA* were

526 statistically significant, suggesting some variability in the cell lineages present within the

527 apical-out enteroids.

528   We then used CMTPX dye to track dHMEVs ex vivo. Nonfluorescent CMTPX

529 freely diffuses into HMEV double-layered membranes. Once inside, it undergoes a

530 chemical transformation mediated by glutathione-S transferase (GST) (96) rendering it

531 fluorescent and trapping it within the EV. This allows for extra-EV CMTPX to be washed

532 away using chromatography column treatment. Therefore, CMTPX specifically labels

533 isolated EVs and avoids non-specific labeling of cellular or organelle membranes often

534 seen with lipophilic dyes, such as PKH26 (red), PKH27 (green), and C5-maleimide-

535 Alexa633 (96, 97). We observed minimal labeling when endocytosis was inhibited

536 chemically and when all uptake mechanisms were limited by cold temperatures,

537 suggesting that our labeling method is specific and indicates minimal signal from passive

538 dye diffusion. This indicates that CMTPX may be a superior non-genetic method for

539 labeling and tracking EVs.

Our data suggest that dHMEVs are rapidly taken up by neonatal enteroids in a

process that depends in part on dynamin-mediated endocytosis. This is consistent with

the work of others demonstrating that bovine milk EVs are transported via endocytosis

into endothelial cells (66) or transformed Caco2 or IEC6 cells (68). In our study, uptake

was further significantly decreased by incubation at 4°C, suggesting that other

mechanisms may also be involved in dHMEV uptake within the intestine. These could

include lipid raft/caveolae-mediated endocytosis (98), phagocytosis, and/or

micropinocytosis (99). Importantly, our studies establish a relevant system for performing

functional studies and build on published work in immortalized cell lines (24, 25) to show

that non-transformed neonatal enteroids readily absorb dHMEVs.

Collectively, this study demonstrates that a proportion of HMEVs can survive

neonatal digestion to reach the proximal small intestine. These dHMEVs can then be

rapidly absorbed ex vivo by neonatal IECs in a process that is partially dependent on

dynamin-mediated endocytosis. This study provides a modified protocol for use with

small sample volumes and lays the foundation for future, in-depth work investigating the

effects of donor human milk processing and gastrointestinal digestion on HMEV

structure and contents and how dHMEVs interact with and are taken by the neonatal

intestinal epithelium.

FIGURE LEGENDS

Figure 1. Human milk (HM) and neonatal digested human milk extracellular vesicle

(dHMEV) isolation pipeline. (A) Samples were quickly thawed in a 37 ºC water bath

and used immediately (44, 45). One milliliter of whole HM was used for each isolation.

Samples were centrifuged at 6,000 x g for 10 min at 4 ºC to remove cream and large cell

debris (46). The supernatant was carefully collected and centrifuged again at 2,000 x g

for 20 min at 4 ºC to further remove any fat globules and/or smaller cell debris. This

supernatant was then passed through Whatman™ Grade 1 filter paper (diameter

42.5mm) using a glass funnel before isoelectric casein precipitation. Acetic acid (1 and

10 N) was used to adjust the pH of the supernatant to 4.6 using a portable pH meter.

pH-adjusted samples were incubated at room temperature for 10 min. Casein was

pelleted by centrifugation at 5,000 x g for 30 min at 4 ºC. The supernatant was collected

and passed sequentially through Whatman™ Grade 1 filter paper (diameter 42.5 mm)

using a glass funnel, a 0.45 µm syringe filter, and a 0.22 µm syringe filter for further

removal of casein. (B) Bottom-up density gradient ultracentrifugation was performed

using iodixanol gradient (47). A 45% (w/v) bottom layer was made by diluting OptiPrep™

solution with clear HM or digesta (2.25 mL OptiPrep™ + 0.75 mL sample = 3 mL) into a

5 mL open-top thin wall ultra-clear tube. The discontinuous gradient with 40% (w/v), 30%

(w/v), 20% (w/v), and 10% (w/v) solutions of iodixanol (diluted with sterile, 0.1 µm-filtered

PBS) were carefully layered on top, drop by drop. Samples were spun in an

ultracentrifuge at 37,400 rpm for 24 hrs at 4 ºC with zero acceleration and deceleration.

After ultracentrifugation, 500 µL fractions were carefully collected into individual protein

LoBind tubes from top to bottom using a P1000 pipettor without disrupting the layers.

The fractions were used immediately for downstream analysis.

Figure 2. Pipeline effectively isolates human milk extracellular vesicles (HMEVs)

from raw (RHM) and pasteurized donor human milk (PDHM). All data shown are from

the same RHM or PDHM sample isolated using the pipeline in Figure 1. (A)

Transmission electron micrographs of fractions (F)2 and 3 from RHM and PDHM.

Images represent data collected across n=3 biological replicates obtained from three

different donors and three different donor human milk sources (Table 1). Scale bar =

100nm. (B) Nanoparticle tracking analysis (NTA) was performed on RHM and PDHM F2-

5. F1 was below the level of detection. Data represent the average of triplicate runs for

each fraction and data is smoothed using Graphpad Prism v9. Size data represents the

average median size across triplicate runs. (C) Western blotting assessed the protein

profile of isolated HMEVs. Fifteen micrograms of SW480 (colorectal cancer cells), MCF7

(breast cancer cells) whole cell lysates (WCL), and whole milk were loaded as positive

controls. Twenty microliters of unconcentrated fractions (F) 1-5 of RHM (C) and PDHM

(D) were run on a 4-12% Bis-Tris gel, transferred to a PVDF membrane, and probed

according to MISEV 2018 guidelines, including controls for common proteins found in

human milk (BTN1A1, LALBA, CSN2). Each blot represents triplicate experiments

performed on three biological replicates of RHM and PDHM. Data shown are from

multiple blots run using the same samples.

Figure 3. Pipeline effectively isolates human milk extracellular vesicles from

neonatal human digesta (dHMEVs). (A) Neonatal human digesta was collected from

infants in the NICU after obtaining parental informed consent. Inclusion criteria included

infants already admitted to the NICU, greater than 26 weeks corrected gestational age

with an indwelling nasogastric or orogastric feeding tube who were tolerating full enteral

feeding volumes. Infants were excluded from the study if they had anatomic or functional

gastrointestinal disorders, were medically unstable, were non-viable, or had disorders

that would be expected to affect normal digestion. Before feeding, a nasal tube was

placed into the proximal small intestine. Feeds were delivered via a gastric tube over 30

min or less. Data are from three patients with sampling tubes placed along the

duodenum (a, b, c) as shown. (B) Transmission electron micrographs of fractions (F)1 –

5 of neonatal digesta collected from patient a. Scale bar = 100nm. (C) Nanoparticle

tracking analysis (NTA) performed on neonatal digesta F1-5 isolated from patient a.

Data represent the average of triplicate runs for each fraction and data is smoothed

using GraphPad Prism v9. Size data represents the average median size across

triplicate runs. (D) Western blotting assessed the protein profile of isolated EVs. Fifteen

micrograms of SW480 (colorectal cancer cells) and MCF7 (breast cancer cells) whole

cell lysates (WCL) were loaded as positive controls. Each fraction was concentrated

over an Amicon® concentration column (100kDa MWCO) to allow for loading of the

entire fraction volume in the gel; therefore, the data shown represent all the proteins in

the fraction from a 1 mL digesta sample. Samples were loaded on a 4-12% Bis-Tris gel,

transferred to a PVDF membrane, and probed according to MISEV 2018 guidelines,

including controls for common proteins found in human milk (BTN1A1, LALBA, CSN2).

LALBA and CSN2 were not detected. Data is not shown as the blot was reprobed after

CD9 and shows only the CD9 signal. (E) Immunostaining for BTN1A1 in lactating

mammary gland. Image provided courtesy of Human Protein Atlas (54, 55).

Figure 4. Neonatal human enteroids take up neonatal digested human milk

extracellular vesicles (dHMEVs) primarily by dynamin-mediated endocytosis. (A)

Neonatal human enteroids were cultured in Matrigel basement membrane where the

basal cell surface faces the media (basal-out) before removing the basement membrane

to induce polarity reversal to the "apical-out" orientation for all experiments. DAPI (blue)

stains nuclei and phalloidin (green) stains F-actin. Scale bar = 20 μm. (B) Polarity

reversal and the apical-out orientation down-regulated expression of *LGR5* and *KI67*

relative to basal-out controls. *BEST4* was down-regulated, whereas *CHGA* was

increased across passages. Each dot represents a separate passage (biological

replicate). Gene expression values are the average of triplicates for each gene within

each biological replicate and are normalized to the housekeeping gene *RPLP0*. Data are

expressed at Log2-fold change and error bars represent the standard error of the mean

(SEM). *$p<0.05$ was considered statistically significant. (C) dHMEVs were isolated from

samples a and c and stained with 10 μM CMTPX dye in a 37 ºC water bath for 1 hour in

the dark. (D) The excess dye was removed using Amicon® Ultra-0.5 10 kDa MWCO

centrifugal filters and fractions were concentrated to the desired volume for uptake

experiments. Apical-out enteroids were treated with CMTPX-stained EVs for 90 minutes

at 37 ºC in the presence or absence of the endocytosis inhibitor Dynasore or at 4 ºC.

The "No EV" control consisted of PBS incubated with CMTPX dye and filtered through

an Amicon® filter. (E) EV uptake was assessed by confocal microscopy on fixed whole-

mount enteroids. DAPI (blue) marks nuclei. Phalloidin (Cy2-green) marks F-actin.

CMTPX staining is shown in Cy3-red. Scale bar = 20 µm. Data represent a single

experiment using a pool of dHMEVs from patients a and c. Images are representative of

enteroids imaged across 4 slides for each treatment group. Images were acquired and

processed using identical microscope settings. Notably, the Cy2 intensity for the

phalloidin staining in the xz.yz projection image for the 4ºC treatment was increased 3-

fold to enable visualization of the cell surface. All other channel intensities are matched.

(F) CMTPX-labeled dHMEV uptake was quantified using images captured with a 2X

objective on a Keyence BZ-X800 microscope. Staining intensity within each enteroid

was determined using ImageJ and normalized to the enteroid area. Data represent

individual enteroids across 4 slides in each treatment group from a single experiment.

The inset shows box and whisker plots of the same data. Data was analyzed by one-way

ANOVA with Dunn's test for multiple comparisons. *$p < 0.05$ was considered statistically

significant.

AUTHOR CONTRIBUTIONS

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CONFLICT OF INTERESTS

The authors report no conflict of interest.

REFERENCES

1.   Andres SF, Scottoline B, Good M. Shaping infant development from the
inside out: Bioactive factors in human milk. Semin Perinatol. 2023;47(1):151690.
Epub 2022/12/30. doi: 10.1016/j.semperi.2022.151690. PubMed PMID:
36581527; PMCID: PMC9974576.
2.   Barlow B, Santulli TV, Heird WC, Pitt J, Blanc WA, Schullinger JN. An
experimental study of acute neonatal enterocolitis--the importance of breast milk.
J Pediatr Surg. 1974;9(5):587-95. Epub 1974/10/01. doi: 10.1016/0022-
3468(74)90093-1. PubMed PMID: 4138917.
3.   Boyd CA, Quigley MA, Brocklehurst P. Donor breast milk versus infant
formula for preterm infants: systematic review and meta-analysis. Arch Dis Child
Fetal Neonatal Ed. 2007;92(3):F169-75. Epub 2006/03/25. doi:
10.1136/adc.2005.089490. PubMed PMID: 16556615; PMCID: PMC2675323.
4.   Chowning R, Radmacher P, Lewis S, Serke L, Pettit N, Adamkin DH. A
retrospective analysis of the effect of human milk on prevention of necrotizing
enterocolitis and postnatal growth. J Perinatol. 2016;36(3):221-4. Epub
2015/12/04. doi: 10.1038/jp.2015.179. PubMed PMID: 26633147.
5.   Cortez J, Makker K, Kraemer DF, Neu J, Sharma R, Hudak ML. Maternal
milk feedings reduce sepsis, necrotizing enterocolitis and improve outcomes of
premature infants. J Perinatol. 2018;38(1):71-4. Epub 2017/10/20. doi:
10.1038/jp.2017.149. PubMed PMID: 29048409.
6.   Good M, Sodhi CP, Egan CE, Afrazi A, Jia H, Yamaguchi Y, Lu P, Branca
MF, Ma C, Prindle T, Jr., Mielo S, Pompa A, Hodzic Z, Ozolek JA, Hackam DJ.
Breast milk protects against the development of necrotizing enterocolitis through
inhibition of Toll-like receptor 4 in the intestinal epithelium via activation of the
epidermal growth factor receptor. Mucosal Immunol. 2015;8(5):1166-79. Epub
2015/04/23. doi: 10.1038/mi.2015.30. PubMed PMID: 25899687; PMCID:
PMC4540669.
7.   Hair AB, Peluso AM, Hawthorne KM, Perez J, Smith DP, Khan JY,
O'Donnell A, Powers RJ, Lee ML, Abrams SA. Beyond Necrotizing Enterocolitis
Prevention: Improving Outcomes with an Exclusive Human Milk-Based Diet.
Breastfeed Med. 2016;11(2):70-4. Epub 2016/01/21. doi:
10.1089/bfm.2015.0134. PubMed PMID: 26789484; PMCID: PMC4782036
receive any compensation for this study. M.L.L. is an employee of Prolacta
Bioscience. No competing financial interests exist for the remaining authors.
8.   Meister AL, Doheny KK, Travagli RA. Necrotizing enterocolitis: It's not all
in the gut. Exp Biol Med (Maywood). 2020;245(2):85-95. Epub 2019/12/08. doi:
10.1177/1535370219891971. PubMed PMID: 31810384; PMCID: PMC7016421.
9.   Nino DF, Sodhi CP, Hackam DJ. Necrotizing enterocolitis: new insights
into pathogenesis and mechanisms. Nat Rev Gastroenterol Hepatol.
2016;13(10):590-600. Epub 2016/08/19. doi: 10.1038/nrgastro.2016.119.
PubMed PMID: 27534694; PMCID: PMC5124124.
10.   Quigley M, Embleton ND, McGuire W. Formula versus donor breast milk
for feeding preterm or low birth weight infants. Cochrane Database Syst Rev.

2018;6:CD002971. Epub 2018/06/22. doi: 10.1002/14651858.CD002971.pub4. PubMed PMID: 29926476; PMCID: PMC6513381.

11.   Belfort MB, Inder TE. Human Milk and Preterm Infant Brain Development: A Narrative Review. Clin Ther. 2022;44(4):612-21. Epub 2022/03/22. doi: 10.1016/j.clinthera.2022.02.011. PubMed PMID: 35307209; PMCID: PMC9133155.

12.   Meek JY, Noble L, Section on B. Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics. 2022;150(1). Epub 2022/08/04. doi: 10.1542/peds.2022-057988. PubMed PMID: 35921640.

13.   Thery C, Witwer KW, Aikawa E, Alcaraz MJ, Anderson JD, Andriantsitohaina R, Antoniou A, Arab T, Archer F, Atkin-Smith GK, Ayre DC, Bach JM, Bachurski D, Baharvand H, Balaj L, Baldacchino S, Bauer NN, Baxter AA, Bebawy M, Beckham C, Bedina Zavec A, Benmoussa A, Berardi AC, Bergese P, Bielska E, Blenkiron C, Bobis-Wozowicz S, Boilard E, Boireau W, Bongiovanni A, Borras FE, Bosch S, Boulanger CM, Breakefield X, Breglio AM, Brennan MA, Brigstock DR, Brisson A, Broekman ML, Bromberg JF, Bryl-Gorecka P, Buch S, Buck AH, Burger D, Busatto S, Buschmann D, Bussolati B, Buzas EI, Byrd JB, Camussi G, Carter DR, Caruso S, Chamley LW, Chang YT, Chen C, Chen S, Cheng L, Chin AR, Clayton A, Clerici SP, Cocks A, Cocucci E, Coffey RJ, Cordeiro-da-Silva A, Couch Y, Coumans FA, Coyle B, Crescitelli R, Criado MF, D'Souza-Schorey C, Das S, Datta Chaudhuri A, de Candia P, De Santana EF, De Wever O, Del Portillo HA, Demaret T, Deville S, Devitt A, Dhondt B, Di Vizio D, Dieterich LC, Dolo V, Dominguez Rubio AP, Dominici M, Dourado MR, Driedonks TA, Duarte FV, Duncan HM, Eichenberger RM, Ekstrom K, El Andaloussi S, Elie-Caille C, Erdbrugger U, Falcon-Perez JM, Fatima F, Fish JE, Flores-Bellver M, Forsonits A, Frelet-Barrand A, Fricke F, Fuhrmann G, Gabrielsson S, Gamez-Valero A, Gardiner C, Gartner K, Gaudin R, Gho YS, Giebel B, Gilbert C, Gimona M, Giusti I, Goberdhan DC, Gorgens A, Gorski SM, Greening DW, Gross JC, Gualerzi A, Gupta GN, Gustafson D, Handberg A, Haraszti RA, Harrison P, Hegyesi H, Hendrix A, Hill AF, Hochberg FH, Hoffmann KF, Holder B, Holthofer H, Hosseinkhani B, Hu G, Huang Y, Huber V, Hunt S, Ibrahim AG, Ikezu T, Inal JM, Isin M, Ivanova A, Jackson HK, Jacobsen S, Jay SM, Jayachandran M, Jenster G, Jiang L, Johnson SM, Jones JC, Jong A, Jovanovic-Talisman T, Jung S, Kalluri R, Kano SI, Kaur S, Kawamura Y, Keller ET, Khamari D, Khomyakova E, Khvorova A, Kierulf P, Kim KP, Kislinger T, Klingeborn M, Klinke DJ, 2nd, Kornek M, Kosanovic MM, Kovacs AF, Kramer-Albers EM, Krasemann S, Krause M, Kurochkin IV, Kusuma GD, Kuypers S, Laitinen S, Langevin SM, Languino LR, Lannigan J, Lasser C, Laurent LC, Lavieu G, Lazaro-Ibanez E, Le Lay S, Lee MS, Lee YXF, Lemos DS, Lenassi M, Leszczynska A, Li IT, Liao K, Libregts SF, Ligeti E, Lim R, Lim SK, Line A, Linnemannstons K, Llorente A, Lombard CA, Lorenowicz MJ, Lorincz AM, Lotvall J, Lovett J, Lowry MC, Loyer X, Lu Q, Lukomska B, Lunavat TR, Maas SL, Malhi H, Marcilla A, Mariani J, Mariscal J, Martens-Uzunova ES, Martin-Jaular L, Martinez MC, Martins VR, Mathieu M, Mathivanan S, Maugeri M, McGinnis LK, McVey MJ, Meckes DG, Jr., Meehan KL, Mertens I, Minciacchi VR, Moller A, Moller Jorgensen M, Morales-Kastresana A, Morhayim J, Mullier F, Muraca M,

Musante L, Mussack V, Muth DC, Myburgh KH, Najrana T, Nawaz M, Nazarenko I, Nejsum P, Neri C, Neri T, Nieuwland R, Nimrichter L, Nolan JP, Nolte-'t Hoen EN, Noren Hooten N, O'Driscoll L, O'Grady T, O'Loghlen A, Ochiya T, Olivier M, Ortiz A, Ortiz LA, Osteikoetxea X, Ostergaard O, Ostrowski M, Park J, Pegtel DM, Peinado H, Perut F, Pfaffl MW, Phinney DG, Pieters BC, Pink RC, Pisetsky DS, Pogge von Strandmann E, Polakovicova I, Poon IK, Powell BH, Prada I, Pulliam L, Quesenberry P, Radeghieri A, Raffai RL, Raimondo S, Rak J, Ramirez MI, Raposo G, Rayyan MS, Regev-Rudzki N, Ricklefs FL, Robbins PD, Roberts DD, Rodrigues SC, Rohde E, Rome S, Rouschop KM, Rughetti A, Russell AE, Saa P, Sahoo S, Salas-Huenuleo E, Sanchez C, Saugstad JA, Saul MJ, Schiffelers RM, Schneider R, Schoyen TH, Scott A, Shahaj E, Sharma S, Shatnyeva O, Shekari F, Shelke GV, Shetty AK, Shiba K, Siljander PR, Silva AM, Skowronek A, Snyder OL, 2nd, Soares RP, Sodar BW, Soekmadji C, Sotillo J, Stahl PD, Stoorvogel W, Stott SL, Strasser EF, Swift S, Tahara H, Tewari M, Timms K, Tiwari S, Tixeira R, Tkach M, Toh WS, Tomasini R, Torrecilhas AC, Tosar JP, Toxavidis V, Urbanelli L, Vader P, van Balkom BW, van der Grein SG, Van Deun J, van Herwijnen MJ, Van Keuren-Jensen K, van Niel G, van Royen ME, van Wijnen AJ, Vasconcelos MH, Vechetti IJ, Jr., Veit TD, Vella LJ, Velot E, Verweij FJ, Vestad B, Vinas JL, Visnovitz T, Vukman KV, Wahlgren J, Watson DC, Wauben MH, Weaver A, Webber JP, Weber V, Wehman AM, Weiss DJ, Welsh JA, Wendt S, Wheelock AM, Wiener Z, Witte L, Wolfram J, Xagorari A, Xander P, Xu J, Yan X, Yanez-Mo M, Yin H, Yuana Y, Zappulli V, Zarubova J, Zekas V, Zhang JY, Zhao Z, Zheng L, Zheutlin AR, Zickler AM, Zimmermann P, Zivkovic AM, Zocco D, Zuba-Surma EK. Minimal information for studies of extracellular vesicles 2018 (MISEV2018): a position statement of the International Society for Extracellular Vesicles and update of the MISEV2014 guidelines. J Extracell Vesicles. 2018;7(1):1535750. Epub 2019/01/15. doi: 10.1080/20013078.2018.1535750. PubMed PMID: 30637094; PMCID: PMC6322352.

14.   Maghraby MK, Li B, Chi L, Ling C, Benmoussa A, Provost P, Postmus AC, Abdi A, Pierro A, Bourdon C, Bandsma RHJ. Extracellular vesicles isolated from milk can improve gut barrier dysfunction induced by malnutrition. Sci Rep. 2021;11(1):7635. Epub 2021/04/09. doi: 10.1038/s41598-021-86920-w. PubMed PMID: 33828139; PMCID: PMC8026962.

15.   Tong L, Zhang S, Liu Q, Huang C, Hao H, Tan MS, Yu X, Lou CKL, Huang R, Zhang Z, Liu T, Gong P, Ng CH, Muthiah M, Pastorin G, Wacker MG, Chen X, Storm G, Lee CN, Zhang L, Yi H, Wang JW. Milk-derived extracellular vesicles protect intestinal barrier integrity in the gut-liver axis. Sci Adv. 2023;9(15):eade5041. Epub 2023/04/13. doi: 10.1126/sciadv.ade5041. PubMed PMID: 37043568; PMCID: PMC10096581.

16.   Pisano C, Galley J, Elbahrawy M, Wang Y, Farrell A, Brigstock D, Besner GE. Human Breast Milk-Derived Extracellular Vesicles in the Protection Against Experimental Necrotizing Enterocolitis. J Pediatr Surg. 2020;55(1):54-8. Epub 2019/11/07. doi: 10.1016/j.jpedsurg.2019.09.052. PubMed PMID: 31685268; PMCID: PMC6989376.

17.   Miyake H, Lee C, Chusilp S, Bhalla M, Li B, Pitino M, Seo S, O'Connor
DL, Pierro A. Human breast milk exosomes attenuate intestinal damage. Pediatr
Surg Int. 2020;36(2):155-63. Epub 2019/11/13. doi: 10.1007/s00383-019-04599-
7. PubMed PMID: 31713717.
18.   Zonneveld MI, van Herwijnen MJC, Fernandez-Gutierrez MM, Giovanazzi
A, de Groot AM, Kleinjan M, van Capel TMM, Sijts A, Taams LS, Garssen J, de
Jong EC, Kleerebezem M, Nolte-'t Hoen ENM, Redegeld FA, Wauben MHM.
Human milk extracellular vesicles target nodes in interconnected signalling
pathways that enhance oral epithelial barrier function and dampen immune
responses. J Extracell Vesicles. 2021;10(5):e12071. Epub 2021/03/19. doi:
10.1002/jev2.12071. PubMed PMID: 33732416; PMCID: PMC7944547.
19.   Wang L, Gao R, Li B, Alganabi M, He W, Shen C, Zhu H, Pierro A. Human
breast milk-derived exosomes protect against intestinal ischemia and reperfusion
injury in neonatal rats. J Pediatr Surg. 2022;57(7):1264-8. Epub 2022/04/06. doi:
10.1016/j.jpedsurg.2022.02.029. PubMed PMID: 35379491.
20.   Dong P, Zhang Y, Yan DY, Wang Y, Xu X, Zhao YC, Xiao TT. Protective
Effects of Human Milk-Derived Exosomes on Intestinal Stem Cells Damaged by
Oxidative Stress. Cell Transplant. 2020;29:963689720912690. Epub 2020/03/21.
doi: 10.1177/0963689720912690. PubMed PMID: 32193954; PMCID:
PMC7444213.
21.   He S, Liu G, Zhu X. Human breast milk-derived exosomes may help
maintain intestinal epithelial barrier integrity. Pediatr Res. 2021;90(2):366-72.
Epub 2021/03/19. doi: 10.1038/s41390-021-01449-y. PubMed PMID: 33731816.
22.   Gao R, Zhang R, Qian T, Peng X, He W, Zheng S, Cao Y, Pierro A, Shen
C. A comparison of exosomes derived from different periods breast milk on
protecting against intestinal organoid injury. Pediatr Surg Int. 2019;35(12):1363-
8. Epub 2019/10/03. doi: 10.1007/s00383-019-04562-6. PubMed PMID:
31576466.
23.   Martin C, Patel M, Williams S, Arora H, Brawner K, Sims B. Human breast
milk-derived exosomes attenuate cell death in intestinal epithelial cells. Innate
Immun. 2018;24(5):278-84. Epub 2018/07/12. doi: 10.1177/1753425918785715.
PubMed PMID: 29991305; PMCID: PMC6830917.
24.   Kahn S, Liao Y, Du X, Xu W, Li J, Lonnerdal B. Exosomal MicroRNAs in
Milk from Mothers Delivering Preterm Infants Survive in Vitro Digestion and Are
Taken Up by Human Intestinal Cells. Mol Nutr Food Res. 2018;62(11):e1701050.
Epub 2018/04/13. doi: 10.1002/mnfr.201701050. PubMed PMID: 29644801.
25.   Liao Y, Du X, Li J, Lonnerdal B. Human milk exosomes and their
microRNAs survive digestion in vitro and are taken up by human intestinal cells.
Mol Nutr Food Res. 2017;61(11). Epub 2017/07/09. doi:
10.1002/mnfr.201700082. PubMed PMID: 28688106.
26.   Kosaka N, Izumi H, Sekine K, Ochiya T. microRNA as a new immune-
regulatory agent in breast milk. Silence. 2010;1(1):7. Epub 2010/03/17. doi:
10.1186/1758-907X-1-7. PubMed PMID: 20226005; PMCID: PMC2847997.
27.   Sadri M, Shu J, Kachman SD, Cui J, Zempleni J. Milk exosomes and
miRNA cross the placenta and promote embryo survival in mice. Reproduction.

2020;160(4):501-9. Epub 2020/07/06. doi: 10.1530/REP-19-0521. PubMed
PMID: 32621589.
28.   Manca S, Upadhyaya B, Mutai E, Desaulniers AT, Cederberg RA, White
BR, Zempleni J. Milk exosomes are bioavailable and distinct microRNA cargos
have unique tissue distribution patterns. Sci Rep. 2018;8(1):11321. Epub
2018/07/29. doi: 10.1038/s41598-018-29780-1. PubMed PMID: 30054561;
PMCID: PMC6063888 Agriculture (NIFA), the National Institutes of Health, the
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29.   Zhou F, Ebea P, Mutai E, Wang H, Sukreet S, Navazesh S, Dogan H, Li
W, Cui J, Ji P, Ramirez DMO, Zempleni J. Small Extracellular Vesicles in Milk
Cross the Blood-Brain Barrier in Murine Cerebral Cortex Endothelial Cells and
Promote Dendritic Complexity in the Hippocampus and Brain Function in
C57BL/6J Mice. Front Nutr. 2022;9:838543. Epub 2022/05/24. doi:
10.3389/fnut.2022.838543. PubMed PMID: 35600828; PMCID: PMC9121399.
30.   Gonnella PA, Neutra MR. Membrane-bound and fluid-phase
macromolecules enter separate prelysosomal compartments in absorptive cells
of suckling rat ileum. J Cell Biol. 1984;99(3):909-17. Epub 1984/09/01. doi:
10.1083/jcb.99.3.909. PubMed PMID: 6470044; PMCID: PMC2113398.
31.   Wilson JM, Whitney JA, Neutra MR. Identification of an endosomal
antigen specific to absorptive cells of suckling rat ileum. J Cell Biol.
1987;105(2):691-703. Epub 1987/08/01. doi: 10.1083/jcb.105.2.691. PubMed
PMID: 3305521; PMCID: PMC2114780.
32.   Bonsergent E, Grisard E, Buchrieser J, Schwartz O, Thery C, Lavieu G.
Quantitative characterization of extracellular vesicle uptake and content delivery
within mammalian cells. Nat Commun. 2021;12(1):1864. Epub 2021/03/27. doi:
10.1038/s41467-021-22126-y. PubMed PMID: 33767144; PMCID: PMC7994380.
33.   Mulcahy LA, Pink RC, Carter DR. Routes and mechanisms of extracellular
vesicle uptake. J Extracell Vesicles. 2014;3. Epub 2014/08/22. doi:
10.3402/jev.v3.24641. PubMed PMID: 25143819; PMCID: PMC4122821.
34.   Betker JL, Angle BM, Graner MW, Anchordoquy TJ. The Potential of
Exosomes From Cow Milk for Oral Delivery. J Pharm Sci. 2019;108(4):1496-505.
Epub 2018/11/24. doi: 10.1016/j.xphs.2018.11.022. PubMed PMID: 30468828;
PMCID: PMC6788294.
35.   Roerig J, Schiller L, Kalwa H, Hause G, Vissiennon C, Hacker MC, Wolk
C, Schulz-Siegmund M. A focus on critical aspects of uptake and transport of
milk-derived extracellular vesicles across the Caco-2 intestinal barrier model. Eur

J Pharm Biopharm. 2021;166:61-74. Epub 2021/06/03. doi:
10.1016/j.ejpb.2021.05.026. PubMed PMID: 34077790.
36.   Miller ME, Michaylira CZ, Simmons JG, Ney DM, Dahly EM, Heath JK,
Lund PK. Suppressor of cytokine signaling-2: a growth hormone-inducible
inhibitor of intestinal epithelial cell proliferation. Gastroenterology.
2004;127(2):570-81. Epub 2004/08/10. doi: 10.1053/j.gastro.2004.05.016.
PubMed PMID: 15300589.
37.   Andres SF, Simmons JG, Mah AT, Santoro MA, Van Landeghem L, Lund
PK. Insulin receptor isoform switching in intestinal stem cells, progenitors,
differentiated lineages and tumors: evidence that IR-B limits proliferation. J Cell
Sci. 2013;126(Pt 24):5645-56. Epub 2013/10/16. doi: 10.1242/jcs.132985.
PubMed PMID: 24127567; PMCID: PMC3860310.
38.   Chantret I, Barbat A, Dussaulx E, Brattain MG, Zweibaum A. Epithelial
polarity, villin expression, and enterocytic differentiation of cultured human colon
carcinoma cells: a survey of twenty cell lines. Cancer Res. 1988;48(7):1936-42.
Epub 1988/04/01. PubMed PMID: 3349466.
39.   Pinto M, Robineleon S, Appay MD, Kedinger M, Triadou N, Dussaulx E,
Lacroix B, Simonassmann P, Haffen K, Fogh J, Zweibaum A. Enterocyte-Like
Differentiation and Polarization of the Human-Colon Carcinoma Cell-Line Caco-2
in Culture. Biol Cell. 1983;47(3):323-30. PubMed PMID: ISI:A1983QX96200008.
40.   Perreault N, Beaulieu JF. Use of the dissociating enzyme thermolysin to
generate viable human normal intestinal epithelial cell cultures. Exp Cell Res.
1996;224(2):354-64. Epub 1996/05/01. doi: 10.1006/excr.1996.0145. PubMed
PMID: 8612712.
41.   Mahe MM, Aihara E, Schumacher MA, Zavros Y, Montrose MH, Helmrath
MA, Sato T, Shroyer NF. Establishment of Gastrointestinal Epithelial Organoids.
Curr Protoc Mouse Biol. 2013;3(4):217-40. Epub 2014/08/12. doi:
10.1002/9780470942390.mo130179. PubMed PMID: 25105065; PMCID:
PMC4120977.
42.   Sato T, Vries RG, Snippert HJ, van de Wetering M, Barker N, Stange DE,
van Es JH, Abo A, Kujala P, Peters PJ, Clevers H. Single Lgr5 stem cells build
crypt-villus structures in vitro without a mesenchymal niche. Nature.
2009;459(7244):262-5. Epub 2009/03/31. doi: 10.1038/nature07935. PubMed
PMID: 19329995.
43.   Lechuga S, Braga-Neto MB, Naydenov NG, Rieder F, Ivanov AI.
Understanding disruption of the gut barrier during inflammation: Should we
abandon traditional epithelial cell lines and switch to intestinal organoids? Front
Immunol. 2023;14:1108289. Epub 2023/03/07. doi:
10.3389/fimmu.2023.1108289. PubMed PMID: 36875103; PMCID:
PMC9983034.
44.   Kenigsberg S, Wyse BA, Librach CL, da Silveira JC. Protocol for Exosome
Isolation from Small Volume of Ovarian Follicular Fluid: Evaluation of
Ultracentrifugation and Commercial Kits. Methods Mol Biol. 2017;1660:321-41.
Epub 2017/08/23. doi: 10.1007/978-1-4939-7253-1_26. PubMed PMID:
28828668.

962 45. Trummer A, De Rop C, Tiede A, Ganser A, Eisert R. Recovery and
963 composition of microparticles after snap-freezing depends on thawing
964 temperature. Blood Coagul Fibrinolysis. 2009;20(1):52-6. Epub 2009/01/01. doi:
965 10.1097/MBC.0b013e32831be9c5. PubMed PMID: 20523165.
966 46. Mukhopadhya A, Santoro J, O'Driscoll L. Extracellular vesicle separation
967 from milk and infant milk formula using acid precipitation and ultracentrifugation.
968 STAR Protoc. 2021;2(4):100821. Epub 2021/09/28. doi:
969 10.1016/j.xpro.2021.100821. PubMed PMID: 34568843; PMCID: PMC8449126.
970 47. Greening DW, Xu R, Ji H, Tauro BJ, Simpson RJ. A protocol for exosome
971 isolation and characterization: evaluation of ultracentrifugation, density-gradient
972 separation, and immunoaffinity capture methods. Methods Mol Biol.
973 2015;1295:179-209. Epub 2015/03/31. doi: 10.1007/978-1-4939-2550-6_15.
974 PubMed PMID: 25820723.
975 48. Consortium E-T, Van Deun J, Mestdagh P, Agostinis P, Akay O, Anand S,
976 Anckaert J, Martinez ZA, Baetens T, Beghein E, Bertier L, Berx G, Boere J,
977 Boukouris S, Bremer M, Buschmann D, Byrd JB, Casert C, Cheng L, Cmoch A,
978 Daveloose D, De Smedt E, Demirsoy S, Depoorter V, Dhondt B, Driedonks TA,
979 Dudek A, Elsharawy A, Floris I, Foers AD, Gartner K, Garg AD, Geeurickx E,
980 Gettemans J, Ghazavi F, Giebel B, Kormelink TG, Hancock G, Helsmoortel H,
981 Hill AF, Hyenne V, Kalra H, Kim D, Kowal J, Kraemer S, Leidinger P, Leonelli C,
982 Liang Y, Lippens L, Liu S, Lo Cicero A, Martin S, Mathivanan S, Mathiyalagan P,
983 Matusek T, Milani G, Monguio-Tortajada M, Mus LM, Muth DC, Nemeth A, Nolte-
984 't Hoen EN, O'Driscoll L, Palmulli R, Pfaffl MW, Primdal-Bengtson B, Romano E,
985 Rousseau Q, Sahoo S, Sampaio N, Samuel M, Scicluna B, Soen B, Steels A,
986 Swinnen JV, Takatalo M, Thaminy S, Thery C, Tulkens J, Van Audenhove I, van
987 der Grein S, Van Goethem A, van Herwijnen MJ, Van Niel G, Van Roy N, Van
988 Vliet AR, Vandamme N, Vanhauwaert S, Vergauwen G, Verweij F, Wallaert A,
989 Wauben M, Witwer KW, Zonneveld MI, De Wever O, Vandesompele J, Hendrix
990 A. EV-TRACK: transparent reporting and centralizing knowledge in extracellular
991 vesicle research. Nat Methods. 2017;14(3):228-32. Epub 2017/03/01. doi:
992 10.1038/nmeth.4185. PubMed PMID: 28245209.
993 49. Lotvall J, Hill AF, Hochberg F, Buzas EI, Di Vizio D, Gardiner C, Gho YS,
994 Kurochkin IV, Mathivanan S, Quesenberry P, Sahoo S, Tahara H, Wauben MH,
995 Witwer KW, Thery C. Minimal experimental requirements for definition of
996 extracellular vesicles and their functions: a position statement from the
997 International Society for Extracellular Vesicles. J Extracell Vesicles.
998 2014;3:26913. Epub 2014/12/30. doi: 10.3402/jev.v3.26913. PubMed PMID:
999 25536934; PMCID: PMC4275645.
1000 50. Mehdiani A, Maier A, Pinto A, Barth M, Akhyari P, Lichtenberg A. An
1001 innovative method for exosome quantification and size measurement. J Vis Exp.
1002 2015(95):50974. Epub 2015/02/05. doi: 10.3791/50974. PubMed PMID:
1003 25650897; PMCID: PMC4354536.
1004 51. Kuhn M, Zhang Y, Favate J, Morita M, Blucher A, Das S, Liang S, Preet R,
1005 Parham LR, Williams KN, Molugu S, Armstrong RJ, Zhang W, Yang J, Hamilton
1006 KE, Dixon DA, Mills G, Morgan TK, Shah P, Andres SF. IMP1/IGF2BP1 in
1007 human colorectal cancer extracellular vesicles. Am J Physiol Gastrointest Liver

Physiol. 2022;323(6):G571-G85. Epub 2022/10/05. doi:
10.1152/ajpgi.00121.2022. PubMed PMID: 36194131; PMCID: PMC9678429.
52.   Co JY, Margalef-Catala M, Li X, Mah AT, Kuo CJ, Monack DM, Amieva
MR. Controlling Epithelial Polarity: A Human Enteroid Model for Host-Pathogen
Interactions. Cell Rep. 2019;26(9):2509-20 e4. Epub 2019/02/28. doi:
10.1016/j.celrep.2019.01.108. PubMed PMID: 30811997; PMCID: PMC6391775.
53.   Stroulios G, Stahl M, Elstone F, Chang W, Louis S, Eaves A, Simmini S,
Conder RK. Culture Methods to Study Apical-Specific Interactions using
Intestinal Organoid Models. J Vis Exp. 2021(169). Epub 2021/04/13. doi:
10.3791/62330. PubMed PMID: 33843928.
54.   Uhlen M, Bjorling E, Agaton C, Szigyarto CA, Amini B, Andersen E,
Andersson AC, Angelidou P, Asplund A, Asplund C, Berglund L, Bergstrom K,
Brumer H, Cerjan D, Ekstrom M, Elobeid A, Eriksson C, Fagerberg L, Falk R, Fall
J, Forsberg M, Bjorklund MG, Gumbel K, Halimi A, Hallin I, Hamsten C, Hansson
M, Hedhammar M, Hercules G, Kampf C, Larsson K, Lindskog M, Lodewyckx W,
Lund J, Lundeberg J, Magnusson K, Malm E, Nilsson P, Odling J, Oksvold P,
Olsson I, Oster E, Ottosson J, Paavilainen L, Persson A, Rimini R, Rockberg J,
Runeson M, Sivertsson A, Skollermo A, Steen J, Stenvall M, Sterky F, Stromberg
S, Sundberg M, Tegel H, Tourle S, Wahlund E, Walden A, Wan J, Wernerus H,
Westberg J, Wester K, Wrethagen U, Xu LL, Hober S, Ponten F. A human
protein atlas for normal and cancer tissues based on antibody proteomics. Mol
Cell Proteomics. 2005;4(12):1920-32. Epub 2005/08/30. doi:
10.1074/mcp.M500279-MCP200. PubMed PMID: 16127175.
55.   Lactating Breast/BTN1A1/Tissue staining available from
v23.proteinatlas.org [Internet]. Human Protein Atlas. Available from:
https://www.proteinatlas.org/ENSG00000124557-
BTN1A1/tissue/lactating+breast.
56.   Lee H, Padhi E, Hasegawa Y, Larke J, Parenti M, Wang A, Hernell O,
Lonnerdal B, Slupsky C. Compositional Dynamics of the Milk Fat Globule and Its
Role in Infant Development. Front Pediatr. 2018;6:313. Epub 2018/11/22. doi:
10.3389/fped.2018.00313. PubMed PMID: 30460213; PMCID: PMC6232911.
57.   Robenek H, Hofnagel O, Buers I, Lorkowski S, Schnoor M, Robenek MJ,
Heid H, Troyer D, Severs NJ. Butyrophilin controls milk fat globule secretion.
Proc Natl Acad Sci U S A. 2006;103(27):10385-90. Epub 2006/06/28. doi:
10.1073/pnas.0600795103. PubMed PMID: 16801554; PMCID: PMC1502467.
58.   van Herwijnen MJ, Zonneveld MI, Goerdayal S, Nolte-'t Hoen EN,
Garssen J, Stahl B, Maarten Altelaar AF, Redegeld FA, Wauben MH.
Comprehensive Proteomic Analysis of Human Milk-derived Extracellular Vesicles
Unveils a Novel Functional Proteome Distinct from Other Milk Components. Mol
Cell Proteomics. 2016;15(11):3412-23. Epub 2016/11/03. doi:
10.1074/mcp.M116.060426. PubMed PMID: 27601599; PMCID: PMC5098039.
59.   Burge K, Wilson A, Chaaban H. In Vitro Apical-Out Enteroid Model of
Necrotizing Enterocolitis. J Vis Exp. 2022(184). Epub 2022/06/28. doi:
10.3791/64003. PubMed PMID: 35758712; PMCID: PMC9682421.
60.   Costello CM, Willsey GG, Richards AF, Kim J, Pizzuto MS, Jaconi S,
Benigni F, Corti D, Mantis NJ, March JC. Transcytosis of IgA Attenuates

Salmonella Invasion in Human Enteroids and Intestinal Organoids. Infect Immun. 2022;90(6):e0004122. Epub 2022/05/18. doi: 10.1128/iai.00041-22. PubMed PMID: 35579465; PMCID: PMC9202428.

61. Lanik WE, Luke CJ, Nolan LS, Gong Q, Frazer LC, Rimer JM, Gale SE, Luc R, Bidani SS, Sibbald CA, Lewis AN, Mihi B, Agrawal P, Goree M, Maestas M, Hu E, Peters DG, Good M. Microfluidic device facilitates in vitro modeling of human neonatal necrotizing enterocolitis-on-a-chip. JCI Insight. 2023;8(8). Epub 2023/03/08. doi: 10.1172/jci.insight.146496. PubMed PMID: 36881475; PMCID: PMC10243823.

62. Liebe H, Schlegel C, Cai X, Golubkova A, Loerke C, Leiva T, Hunter CJ. Apical-Out Enteroids as an Innovative Model for Necrotizing Enterocolitis. J Surg Res. 2023;283:1106-16. Epub 2023/03/15. doi: 10.1016/j.jss.2022.11.048. PubMed PMID: 36915002; PMCID: PMC10014931.

63. Wilson A, Burge K, Eckert J, Chaaban H. Effect of Hyaluronic Acid 35 kDa on an In Vitro Model of Preterm Small Intestinal Injury and Healing using Enteroid-derived Monolayers. J Vis Exp. 2022(185). Epub 2022/08/10. doi: 10.3791/63758. PubMed PMID: 35943893; PMCID: PMC9680908.

64. He GW, Lin L, DeMartino J, Zheng X, Staliarova N, Dayton T, Begthel H, van de Wetering WJ, Bodewes E, van Zon J, Tans S, Lopez-Iglesias C, Peters PJ, Wu W, Kotlarz D, Klein C, Margaritis T, Holstege F, Clevers H. Optimized human intestinal organoid model reveals interleukin-22-dependency of paneth cell formation. Cell Stem Cell. 2022;29(9):1333-45 e6. Epub 2022/08/25. doi: 10.1016/j.stem.2022.08.002. PubMed PMID: 36002022; PMCID: PMC9438971.

65. Toribio V, Morales S, Lopez-Martin S, Cardenes B, Cabanas C, Yanez-Mo M. Development of a quantitative method to measure EV uptake. Sci Rep. 2019;9(1):10522. Epub 2019/07/22. doi: 10.1038/s41598-019-47023-9. PubMed PMID: 31324885; PMCID: PMC6642168.

66. Kusuma RJ, Manca S, Friemel T, Sukreet S, Nguyen C, Zempleni J. Human vascular endothelial cells transport foreign exosomes from cow's milk by endocytosis. Am J Physiol Cell Physiol. 2016;310(10):C800-7. Epub 2016/03/18. doi: 10.1152/ajpcell.00169.2015. PubMed PMID: 26984735; PMCID: PMC4895447.

67. Weigel PH, Oka JA. Temperature dependence of endocytosis mediated by the asialoglycoprotein receptor in isolated rat hepatocytes. Evidence for two potentially rate-limiting steps. J Biol Chem. 1981;256(6):2615-7. Epub 1981/03/25. PubMed PMID: 6259136.

68. Wolf T, Baier SR, Zempleni J. The Intestinal Transport of Bovine Milk Exosomes Is Mediated by Endocytosis in Human Colon Carcinoma Caco-2 Cells and Rat Small Intestinal IEC-6 Cells. J Nutr. 2015;145(10):2201-6. Epub 2015/08/14. doi: 10.3945/jn.115.218586. PubMed PMID: 26269243; PMCID: PMC4580964.

69. Abels ER, Breakefield XO. Introduction to Extracellular Vesicles: Biogenesis, RNA Cargo Selection, Content, Release, and Uptake. Cell Mol Neurobiol. 2016;36(3):301-12. Epub 2016/04/08. doi: 10.1007/s10571-016-0366-z. PubMed PMID: 27053351; PMCID: PMC5546313.

70.   Colombo M, Raposo G, Thery C. Biogenesis, secretion, and intercellular
interactions of exosomes and other extracellular vesicles. Annu Rev Cell Dev
Biol. 2014;30:255-89. Epub 2014/10/08. doi: 10.1146/annurev-cellbio-101512-
122326. PubMed PMID: 25288114.
71.   Elliott RO, He M. Unlocking the Power of Exosomes for Crossing
Biological Barriers in Drug Delivery. Pharmaceutics. 2021;13(1). Epub
2021/01/23. doi: 10.3390/pharmaceutics13010122. PubMed PMID: 33477972;
PMCID: PMC7835896.
72.   S ELA, Mager I, Breakefield XO, Wood MJ. Extracellular vesicles: biology
and emerging therapeutic opportunities. Nat Rev Drug Discov. 2013;12(5):347-
57. Epub 2013/04/16. doi: 10.1038/nrd3978. PubMed PMID: 23584393.
73.   Simeone P, Bologna G, Lanuti P, Pierdomenico L, Guagnano MT,
Pieragostino D, Del Boccio P, Vergara D, Marchisio M, Miscia S, Mariani-
Costantini R. Extracellular Vesicles as Signaling Mediators and Disease
Biomarkers across Biological Barriers. Int J Mol Sci. 2020;21(7). Epub
2020/04/09. doi: 10.3390/ijms21072514. PubMed PMID: 32260425; PMCID:
PMC7178048.
74.   van Niel G, D'Angelo G, Raposo G. Shedding light on the cell biology of
extracellular vesicles. Nat Rev Mol Cell Biol. 2018;19(4):213-28. Epub
2018/01/18. doi: 10.1038/nrm.2017.125. PubMed PMID: 29339798.
75.   Zhong Y, Wang X, Zhao X, Shen J, Wu X, Gao P, Yang P, Chen J, An W.
Multifunctional Milk-Derived Small Extracellular Vesicles and Their Biomedical
Applications. Pharmaceutics. 2023;15(5). Epub 2023/05/27. doi:
10.3390/pharmaceutics15051418. PubMed PMID: 37242660; PMCID:
PMC10223436.
76.   Munir J, Ngu A, Wang H, Ramirez DMO, Zempleni J. Review: Milk Small
Extracellular Vesicles for Use in the Delivery of Therapeutics. Pharm Res.
2023;40(4):909-15. Epub 2022/10/06. doi: 10.1007/s11095-022-03404-w.
PubMed PMID: 36198923.
77.   Witwer KW, Buzas EI, Bemis LT, Bora A, Lasser C, Lotvall J, Nolte-'t
Hoen EN, Piper MG, Sivaraman S, Skog J, Thery C, Wauben MH, Hochberg F.
Standardization of sample collection, isolation and analysis methods in
extracellular vesicle research. J Extracell Vesicles. 2013;2. Epub 2013/09/07.
doi: 10.3402/jev.v2i0.20360. PubMed PMID: 24009894; PMCID: PMC3760646.
78.   Chen W, Chen X, Qian Y, Wang X, Zhou Y, Yan X, Yu B, Yao S, Yu Z,
Zhu J, Han S. Lipidomic Profiling of Human Milk Derived Exosomes and Their
Emerging Roles in the Prevention of Necrotizing Enterocolitis. Mol Nutr Food
Res. 2021;65(10):e2000845. Epub 2021/03/15. doi: 10.1002/mnfr.202000845.
PubMed PMID: 33715285.
79.   Yan X, Liu L, Yao S, Chen Y, Yu Q, Jiang C, Chen W, Chen X, Han S.
LncRNA and mRNA profiles of human milk-derived exosomes and their possible
roles in protecting against necrotizing enterocolitis. Food Funct.
2022;13(24):12953-65. Epub 2022/12/01. doi: 10.1039/d2fo01866g. PubMed
PMID: 36448375.
80.   Bickmore DC, Miklavcic JJ. Characterization of Extracellular Vesicles
Isolated From Human Milk Using a Precipitation-Based Method. Front Nutr.

2020;7:22. Epub 2020/04/02. doi: 10.3389/fnut.2020.00022. PubMed PMID:
32232046; PMCID: PMC7082312.
81.   Kupsco A, Prada D, Valvi D, Hu L, Petersen MS, Coull B, Grandjean P,
Weihe P, Baccarelli AA. Human milk extracellular vesicle miRNA expression and
associations with maternal characteristics in a population-based cohort from the
Faroe Islands. Sci Rep. 2021;11(1):5840. Epub 2021/03/14. doi:
10.1038/s41598-021-84809-2. PubMed PMID: 33712635; PMCID: PMC7970999.
82.   Soares Martins T, Catita J, Martins Rosa I, O ABdCES, Henriques AG.
Exosome isolation from distinct biofluids using precipitation and column-based
approaches. PLoS One. 2018;13(6):e0198820. Epub 2018/06/12. doi:
10.1371/journal.pone.0198820. PubMed PMID: 29889903; PMCID:
PMC5995457 PLOS ONE policies, on sharing data and materials.
83.   Lobb RJ, Becker M, Wen SW, Wong CS, Wiegmans AP, Leimgruber A,
Moller A. Optimized exosome isolation protocol for cell culture supernatant and
human plasma. J Extracell Vesicles. 2015;4:27031. Epub 2015/07/22. doi:
10.3402/jev.v4.27031. PubMed PMID: 26194179; PMCID: PMC4507751.
84.   Tan XH, Fang D, Xu YD, Nan TG, Song WP, Gu YY, Gu SJ, Yuan YM,
Xin ZC, Zhou LQ, Guan RL, Li XS. Skimmed Bovine Milk-Derived Extracellular
Vesicles Isolated via "Salting-Out": Characterizations and Potential Functions as
Nanocarriers. Front Nutr. 2021;8:769223. Epub 2021/11/16. doi:
10.3389/fnut.2021.769223. PubMed PMID: 34778348; PMCID: PMC8582325.
85.   Wijenayake S, Eisha S, Tawhidi Z, Pitino MA, Steele MA, Fleming AS,
McGowan PO. Comparison of methods for pre-processing, exosome isolation,
and RNA extraction in unpasteurized bovine and human milk. PLoS One.
2021;16(9):e0257633. Epub 2021/10/01. doi: 10.1371/journal.pone.0257633.
PubMed PMID: 34591894; PMCID: PMC8483318.
86.   Zlotogorski-Hurvitz A, Dayan D, Chaushu G, Korvala J, Salo T, Sormunen
R, Vered M. Human saliva-derived exosomes: comparing methods of isolation. J
Histochem Cytochem. 2015;63(3):181-9. Epub 2014/12/05. doi:
10.1369/0022155414564219. PubMed PMID: 25473095; PMCID: PMC4340734.
87.   Taylor DD, Shah S. Methods of isolating extracellular vesicles impact
down-stream analyses of their cargoes. Methods. 2015;87:3-10. Epub
2015/03/15. doi: 10.1016/j.ymeth.2015.02.019. PubMed PMID: 25766927.
88.   Leiferman A, Shu J, Upadhyaya B, Cui J, Zempleni J. Storage of
Extracellular Vesicles in Human Milk, and MicroRNA Profiles in Human Milk
Exosomes and Infant Formulas. J Pediatr Gastroenterol Nutr. 2019;69(2):235-8.
Epub 2019/06/07. doi: 10.1097/MPG.0000000000002363. PubMed PMID:
31169664; PMCID: PMC6658346.
89.   Wesolowska A, Sinkiewicz-Darol E, Barbarska O, Bernatowicz-Lojko U,
Borszewska-Kornacka MK, van Goudoever JB. Innovative Techniques of
Processing Human Milk to Preserve Key Components. Nutrients. 2019;11(5).
Epub 2019/05/30. doi: 10.3390/nu11051169. PubMed PMID: 31137691; PMCID:
PMC6566440.
90.   Peila C, Moro GE, Bertino E, Cavallarin L, Giribaldi M, Giuliani F, Cresi F,
Coscia A. The Effect of Holder Pasteurization on Nutrients and Biologically-
Active Components in Donor Human Milk: A Review. Nutrients. 2016;8(8). Epub

2016/08/05. doi: 10.3390/nu8080477. PubMed PMID: 27490567; PMCID: PMC4997390.

91.   Torrez Lamberti MF, Parker LA, Gonzalez CF, Lorca GL. Pasteurization of human milk affects the miRNA cargo of EVs decreasing its immunomodulatory activity. Sci Rep. 2023;13(1):10057. Epub 2023/06/22. doi: 10.1038/s41598-023-37310-x. PubMed PMID: 37344543; PMCID: PMC10284810.

92.   Kleinjan M, van Herwijnen MJ, Libregts SF, van Neerven RJ, Feitsma AL, Wauben MH. Regular Industrial Processing of Bovine Milk Impacts the Integrity and Molecular Composition of Extracellular Vesicles. J Nutr. 2021;151(6):1416-25. Epub 2021/03/27. doi: 10.1093/jn/nxab031. PubMed PMID: 33768229.

93.   Smyczynska U, Bartlomiejczyk MA, Stanczak MM, Sztromwasser P, Wesolowska A, Barbarska O, Pawlikowska E, Fendler W. Impact of processing method on donated human breast milk microRNA content. PLoS One. 2020;15(7):e0236126. Epub 2020/07/16. doi: 10.1371/journal.pone.0236126. PubMed PMID: 32667939; PMCID: PMC7363072.

94.   Zonneveld MI, Brisson AR, van Herwijnen MJ, Tan S, van de Lest CH, Redegeld FA, Garssen J, Wauben MH, Nolte-'t Hoen EN. Recovery of extracellular vesicles from human breast milk is influenced by sample collection and vesicle isolation procedures. J Extracell Vesicles. 2014;3. Epub 2014/09/11. doi: 10.3402/jev.v3.24215. PubMed PMID: 25206958; PMCID: PMC4139932.

95.   Kim BJ, Lueangsakulthai J, Sah BNP, Scottoline B, Dallas DC. Quantitative Analysis of Antibody Survival across the Infant Digestive Tract Using Mass Spectrometry with Parallel Reaction Monitoring. Foods. 2020;9(6). Epub 2020/06/13. doi: 10.3390/foods9060759. PubMed PMID: 32526824; PMCID: PMC7353590.

96.   Fafian-Labora JA, Rodriguez-Navarro JA, O'Loghlen A. Small Extracellular Vesicles Have GST Activity and Ameliorate Senescence-Related Tissue Damage. Cell Metab. 2020;32(1):71-86 e5. Epub 2020/06/24. doi: 10.1016/j.cmet.2020.06.004. PubMed PMID: 32574561; PMCID: PMC7342013.

97.   Takov K, Yellon DM, Davidson SM. Confounding factors in vesicle uptake studies using fluorescent lipophilic membrane dyes. J Extracell Vesicles. 2017;6(1):1388731. Epub 2017/12/01. doi: 10.1080/20013078.2017.1388731. PubMed PMID: 29184625; PMCID: PMC5699187.

98.   Ros-Baro A, Lopez-Iglesias C, Peiro S, Bellido D, Palacin M, Zorzano A, Camps M. Lipid rafts are required for GLUT4 internalization in adipose cells. Proc Natl Acad Sci U S A. 2001;98(21):12050-5. Epub 2001/10/11. doi: 10.1073/pnas.211341698. PubMed PMID: 11593015; PMCID: PMC59765.

99.   Mettlen M, Platek A, Van Der Smissen P, Carpentier S, Amyere M, Lanzetti L, de Diesbach P, Tyteca D, Courtoy PJ. Src triggers circular ruffling and macropinocytosis at the apical surface of polarized MDCK cells. Traffic. 2006;7(5):589-603. Epub 2006/04/29. doi: 10.1111/j.1600-0854.2006.00412.x. PubMed PMID: 16643281.

Human milk extracellular vesicles survive neonatal digestion to be absorbed by neonatal intestinal epithelial cells

Raw milk

Pasteurized milk

Infant digesta

BTN1A1

Neonatal Enteroid

Graphical Abstract

(a)

4°C; 10 min @ 6,000 g → 4°C; 20 min @ 2,000 g → acetic acid RT; 10 min → 4.6 → 4°C; 30 min @ 5,000 g → 0.45 μm → 0.22 μm

Clear milk / digesta

(b)

% iodixanol <--> density (g/mL)

10% --- 1.053
20% --- 1.107
30% --- 1.160
40% --- 1.213
45% --- 1.240

density-gradient ultracentrifugation
4°C; 37,400 RPM; 24 hr

Raw | Pasteurized Milk

Digesta

F1 F2 F3 F4 F5

2.25 mL 60% iodixanol + 0.75 mL clear milk / digesta

Figure 1

Figure 2

Figure 3

Figure 4

Table 1. Human milk and digesta sample demographics.

Raw Human Milk	#1	#2	#3
Age	36	25	37
Pregnancy	3rd	3rd	6th
Delivery	3rd	3rd	1st
Mode of delivery	cesarean	vaginal	cesarean
Weeks post-delivery	20	4	18
Collection Method	Hospital-grade electric pump		
Storage	Frozen	Frozen	Frozen
Newborn			
Sex	female	male	female
Birth weight (g)	885	710	723
Gestational age (wks)	27 3/7	24 3/7	23 5/7
Pasteurized Human Donor Milk Source	**Prolact HM®**	**NW Mothers Milk Bank Batch A**	**NW Mothers Milk Bank Batch B**
Pasteurization	Vat	Holder	Holder
Storage	Frozen	Frozen	Frozen
Digesta (d)	**d(a)**	**d(b)**	**d(c)**
Feed	Raw HM	Raw HM	Raw HM
Sex	Male	Male	Male
Gestational age (wks)	44 4/7	39 1/7	44 1/7
Collection Location	2nd duo	3rd/4th duo	4th duo/prox jej
Sample Storage	Frozen	Frozen	Frozen