

A METHOD OF INDUCING OR IMPROVING WOUND HEALING
PROPERTIES OF MESENCHYMAL STEM CELLS

FIELD OF THE INVENTION

[001] The present application claims the benefit of priority of U.S. Provisional Application No. 62/656,531 filed April 12, 2018, the content of which is hereby incorporated by reference in its entirety for all purposes.

[002] The present invention relates to a method of inducing or improving wound healing properties of a mesenchymal stem cell population. The invention is also directed to a cell culture medium suitable for inducing or improving wound healing properties of mesenchymal stem cells and/or suitable for isolating a mesenchymal stem cell population. The invention is also directed to a pharmaceutical composition and uses of the isolated mesenchymal stem cell population. The invention is also directed to methods of treating a disease or disorder comprising administering a mesenchymal stem cell population or a pharmaceutical composition containing such a mesenchymal stem cell population of the invention to a subject in need thereof. The invention is also directed to an extremely homogenous and well-defined mesenchymal stem cell population, for example of the umbilical cord or of the placenta.

BACKGROUND OF THE INVENTION

[003] Mesenchymal stem cells isolated from the amniotic membrane of the umbilical cord have been first reported in US patent application 2006/0078993 (leading to granted US patents 9,085,755, 9,737,568 and 9,844,571) and the corresponding International patent application WO2006/019357. Since then, the umbilical cord tissue has gained attention as a source of multipotent cells; due to its widespread availability, the umbilical cord and in particular stem cells isolated from the amniotic membrane of the umbilical cord (also referred to as “cord lining stem cells”) have been considered as an excellent alternative source of cells for regenerative medicine. See, Jeschke et al. Umbilical Cord Lining Membrane and Wharton’s Jelly-Derived Mesenchymal Stem Cells: the Similarities and Differences; The Open Tissue Engineering and Regenerative Medicine Journal, 2011, 4, 21-27.

[004] A subsequent study compared the phenotype, proliferation rate, migration, immunogenicity, and immunomodulatory capabilities of human mesenchymal stem cells (MSCs) derived from the amniotic membrane of the umbilical cord (umbilical cord lining

(CL-MSCs), umbilical cord blood (CB-MSCs), placenta (P-MSCs), and Wharton's jelly (WJ-MSCs) (Stubbendorf et al, Immunological Properties of Extraembryonic Human Mesenchymal Stromal Cells Derived from Gestational Tissue, STEM CELLS AND DEVELOPMENT Volume 22, Number 19, 2013, 2619-2629). Stubbendorf et al concluded that extraembryonic gestational tissue-derived MSC populations show a varied potential to evade immune responses as well as exert immunomodulatory effects. The authors also found that CL-MSCs showed the most promising potential for a cell-based therapy, as the cells showed low immunogenicity, but they also showed enhanced proliferative and migratory potential so that future research should concentrate on the best disease models in which CL-MSCs could be administered.

[005] While mesenchymal stem cells of the amniotic membrane can easily be obtained using the protocol as described in US patent application 2006/0078993 and International patent application WO2006/019357, it would be of advantage for clinical trials with these cord lining MSC to have at hand a method that allows to isolate a population of these cord lining MSC's that is highly homogenous and can thus be used for clinical trials. In addition, it would be an advantage to have at hand a method that induces or improves wound healing properties of a mesenchymal stem cell population in general.

[006] Accordingly, it is an object of the invention to provide a method of inducing or improving wound healing properties of a mesenchymal stem cell population. It is also an object to isolate a population of mesenchymal stem cells from the amniotic membrane of umbilical cord that meets this need. It is thus also an object of the invention to provide a highly homogenous population of mesenchymal stem cells.

SUMMARY OF THE INVENTION

[007] This object is accomplished by the methods, the mesenchymal stem population, the respective pharmaceutical composition and cell culture medium having the features of the independent claims.

[008] In a first aspect, the invention provides a method of inducing or improving wound healing properties of a mesenchymal stem cell population, method comprising cultivating the mesenchymal stem cell population in a culture medium comprising DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum). The mesenchymal stem cell population may be a mesenchymal stem cell population of the umbilical cord, a placental mesenchymal stem cell population, a mesenchymal stem cell population of the cord blood, a mesenchymal stem cell population of the bone marrow, or an adipose-tissue derived mesenchymal stem cell population.

[0009] In a second aspect, the invention provides an isolated mesenchymal stem population, wherein at least about 90 % or more cells of the stem cell population express each of the following markers: CD73, CD90 and CD105. Preferably, the isolated mesenchymal stem population lack expression of the following markers: CD34, CD45 and HLA-DR. In embodiments of this second aspect, at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population express each of CD73, CD90 and CD105. In addition, in these embodiments of the second aspect, at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population preferably lack expression of the markers CD34, CD45 and HLA-DR. The mesenchymal stem cell population may be obtained by a method of inducing or improving wound healing properties of the first aspect. Thus, the method of the first aspect can also be a method of isolating a mesenchymal stem cell population.

[0010] In a third aspect, the invention provides a pharmaceutical composition containing a mammalian cell of (the second aspect of) the invention.

[0011] In a fourth aspect, the invention provides a method of making a culture medium for either inducing or improving wound healing properties of a mesenchymal stem cell population or for isolating a mesenchymal stem cell population, the method comprising mixing to obtain a final volume of 500 ml culture medium:

- i. 250 ml of DMEM
- ii. 118 ml M171
- iii. 118 ml DMEM/F12
- iv. 12.5 ml Fetal Bovine Serum (FBS) to obtain a final concentration of 2.5% (v/v).

[0012] In a fifth aspect, the invention provides a cell culture medium obtainable by the method of the fourth aspect.

[0013] In a sixth aspect, the invention provides a method of isolating a mesenchymal stem cell population, comprising cultivating the mesenchymal stem cell population in the culture medium prepared by the method of the fourth aspect.

In a seventh aspect, the invention provides a cell culture medium comprising:

- DMEM in the final concentration of about 55 to 65 % (v/v),
- F12 in a final concentration of about 5 to 15 % (v/v),
- M171 in a final concentration of about 15 to 30 % (v/v) and
- FBS in a final concentration of about 1 to 8 % (v/v).

[0014] In an eight aspect, the invention provides the use of a cell culture medium of the seventh aspect for inducing or improving wound healing properties of a mesenchymal stem cell population or for isolating the mesenchymal stem cell population.

BRIEF DESCRIPTION OF THE DRAWINGS

[0015] The invention will be better understood with reference to the detailed description when considered in conjunction with the non-limiting examples and the drawings, in which:

[0016] **Fig. 1** shows the technical information sheet of Lonza for Dulbecco's modified eagle medium, including the catalogue number of the DMEM used for the making of the illustrative example of a medium of the invention (PTT-6) in the Experimental Section;

[0017] **Fig. 2** shows the technical information sheet of Lonza for Ham's F12 medium;

[0018] **Fig. 3** shows the technical information sheet of Lonza for DMEM:F12 (1:1) medium, including the catalogue number of the DMEM:F12 (1:1) medium used for the making of the illustrative example of a medium of the invention (PTT-6) in the Experimental Section;

[0019] **Fig. 4** shows the technical information sheet of Life Technologies Corporation for M171 medium, including the catalogue number of the M171 medium used for the making of the illustrative example of a medium of the invention (PTT-6) in the Experimental Section;

[0020] **Fig. 5** shows the list of ingredients, including their commercial supplier and the catalogue number that have been used in the Experimental Section for the making of the medium PTT-6.

[0021] **Figs. 6A-C** show the results of flow cytometry experiments in which mesenchymal stem cells isolated from the umbilical cord have been analysed for the expression of the mesenchymal stem cell markers CD73, CD90 and CD105. For these experiments, mesenchymal stem cells were isolated from umbilical cord tissue by cultivation of the umbilical cord tissue in three different cultivation media, followed by subculturing of the mesenchymal stem cells in the respective medium. The three following culture media were used in these experiments: a) 90% (v/v) DMEM supplemented with 10 % FBS (v/v), b) the culture medium PTT-4 described in US patent application US 2008/0248005 and the corresponding International patent application WO2007/046775 that consist of 90% (v/v) CMRL1066, and 10% (v/v) FBS (see paragraph [0183] of WO2007/046775 and c) the culture medium of the present invention PTT-6 the composition of which is described herein. In this flow cytometry analysis, two different samples of the cord lining mesenchymal stem

cell (CLMC) population were analysed for each of the three used culture media. The results are shown in **Fig. 6A** to **Fig. 6C**.

[0022] In more detail, **Fig. 6A** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in DMEM/10% FBS, **Fig. 6B** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in PTT-4 and **Fig. 6C** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in PTT-6.

[0023] **Figs. 7A-B** show the results of flow cytometry experiments in which mesenchymal stem cells isolated from the umbilical cord have been analysed for their expression of stem cells markers (CD73, CD90 and CD105, CD34, CD45 and HLA-DR (Human Leukocyte Antigen – antigen D Related) that are used for defining the suitability of multipotent human mesenchymal stem cells for cellular therapy and compared to the expression of these markers by bone marrow mesenchymal stem cells. For this experiment, the mesenchymal stem cells of the amniotic membrane of the umbilical cord were isolated from umbilical cord tissue by cultivation of the umbilical cord tissue in the culture medium of the present invention PTT-6 while the bone marrow mesenchymal stem cells were isolated from human bone marrow using a standard protocol.

[0024] **Fig. 7A** shows the percentage of isolated mesenchymal cord lining stem cells that express the stem cell markers CD73, CD90 and CD105 and lack expression of CD34, CD45 and HLA-DR after isolation from umbilical cord tissue and cultivation in PTT-6 medium while **Fig. 7B** shows the percentage of isolated bone marrow mesenchymal stem cells that express CD73, CD90 and CD105 and lack expression of CD34, CD45 and HLA-DR.

[0025] **Fig. 8** shows a set up of the experiments with dark grey wells, standards reconstituted with PTT-4 medium and corresponding samples from MSCs cultured in PTT-4; Light grey wells, standards reconstituted with PTT-6 medium and corresponding samples from MSCs cultured in PTT-6. Samples in *italic* are control supernatants that are being tested as part of recurrent testing of stored samples.

[0026] **Fig. 9** shows singleplex measurement of TGF β 1. As can be seen cultures CL-MSC and WJ-MSC produce more TGF β 1 when grown in PTT-6 than when grown in PTT-4. Only AT-MSC and BM-MSC cultures produced more or less equal amounts of TGF β 1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from triplicate measurements.

[0027] **Fig.10A** shows multiplex measurement of PDGF-AA. As can be seen cultures CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more PDGF-AA when grown in PTT-4 than when grown in PTT-6. All error bars are standard deviation from triplicate measurements.

[0028] **Fig.10B** shows multiplex measurement of VEGF. As can be seen cultures CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from triplicate measurements.

[0029] **Fig. 10C** shows multiplex measurement of Ang-1. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more Ang-1 when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any Ang-1. All error bars are standard deviation from triplicate measurements.

[0030] **Fig. 11** shows multiplex measurement of HGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more HGF when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any HGF. All error bars are standard deviation from triplicate measurements.

[0031] **Fig. 12** shows multiplex measurement of PDGF-AA. As can be seen cultures CL-MSC and WJ-MSC cultures produce more PDGF-AA when grown in PTT-4 than when grown in PTT-6. Cultures AT-MSC and BM-MSC produced equal amounts of PDGF-AA in both culture media. All error bars are standard deviation from triplicate measurements.

[0032] **Fig. 13A** shows multiplex measurement of VEGF. As can be seen cultures CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from triplicate measurements.

[0033] **Fig. 13B** shows multiplex measurement of Ang-1. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more Ang-1 when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any Ang-1. All error bars are standard deviation from triplicate measurements.

[0034] **Fig. 13C** shows multiplex measurement of HGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more HGF when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any HGF. All error bars are standard deviation from triplicate measurements.

[0035] **Fig. 14** shows multiplex measurement of bFGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce more bFGF when grown in PTT-6 than when grown in

PTT-4. Cultures AT-MSC and BM-MSC produced equal amounts of bFGF when cultured in PTT-4 and PTT-6. All error bars are standard deviation from triplicate measurements.

[0036] **Fig. 15** summarizes measurement of TGF β 1 over 5 different experiments (170328, 170804, 170814, 180105, 180226). Mean fluorescent intensity (MFI) measured for the TGF β standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the TGF β standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSC and WJ-MSC produce more TGF β 1 when grown in PTT-6 than when grown in PTT-4. AT-MSC and BM-MSC cultures produced equal amounts of TGF β 1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from different measurements for the experiments 170328, 170804, 170814, 180105, 180226.

[0037] **Fig. 16** summarizes measurement of Ang-1 over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the Ang-1 standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the Ang-1 standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSC and WJ-MSC produce more Ang-1 when grown in PTT-6 than when grown in PTT-4. Only AT-MSC and BM-MSC cultures produced essentially equal amounts of Ang-1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[0038] **Fig. 17** summarizes measurement of PDGF-BB over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the PDGF-BB standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the PDGF-BB standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. Notably, in none of the experiments PDGF-BB has been detected.

[0039] **Fig. 18** summarizes measurement of PDGF-AA over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the PDGF-AA standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSC, AT-MSC and BM-MSC and WJ-MSC cultures produce slightly more PDGF-AA when grown in PTT-4 than when grown in PTT-6. All error bars are standard deviation from measurements of experiments 170602, 170511, 170414, 170224, 180105, 180226.

[0040] **Fig. 19** summarizes measurement of IL-10 over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the IL-10 standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the IL-10 standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. Notably, in none of the experiments IL-10 has been detected.

[0041] **Fig. 20** summarizes measurement of VEGF over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the VEGF standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MS, AT-MS and BM-MS and WJ-MS produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[0042] **Fig. 21** summarizes measurement of HGF over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the HGF standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the HGF standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MS, and WJ-MS produce more HGF when grown in PTT-6 than when grown in PTT-4. On the other hand cultures AT-MS and BM-MS did not produce as much HGF as the other cultures. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[0043] **Figure 22:** Singleplex measurement of TGF β 1. Mean fluorescent intensity (MFI) measured for the standard TGF β 1 curves across experiments is depicted in the graph on the left-hand side. As can be seen the graph on the right-hand side of CL-MS, WJ-MS and placental MS produce more TGF β 1 when grown in PTT-6 than when grown in PTT-4 or DMEM/F12 (referred to only as DMEM in Fig. 22).

[0044] **Figure 23:** Summarizes measurement of PDGF-BB in the analysed supernatants of CL-MS, WJ-MS and placental MS cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the PDGF-BB standard curves across experiments is depicted in the graph on the left-hand side. Notably, in none of the experiments PDGF-BB has been detected.

[0045] **Figure 24:** Summarizes measurement of IL-10 in the analysed supernatants of CL-MS, WJ-MS and placental MS cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is

depicted in the graph on the left-hand side. S6 denotes the lowest standard used in the assay. Any samples that fall below are considered below detection. As can be seen from the graph on the right-hand side, all of CL-MSC, WJ- MSC and placental MSC produce detectable levels of IL-10 when grown in PTT-6 while little or no IL-10 were detected when the MSC's were grown in PTT-4 or DMEM/F12

[0046] Figure 25: Summarizes measurement of VEGF in the analysed supernatants of CL-MSC, WJ-MSC and placental MSC cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is depicted in the graph on the left-hand side. S1 denotes the highest standard used in the assay. Any samples that fall above are considered extrapolated (too concentrated). As can be seen from the graph on the right-hand side, all of CL-MSC, WJ- MSC and placental MSC produce much higher levels of VEGF when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[0047] Figure 26: Summarizes multiplex measurement of bFGF. Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph on the left-hand side. As can be seen from the graph on the right-hand side cultured CL-MSC and WJ-MSC produce more bFGF when grown in PTT-6 than when grown in PTT-4. As can be seen, all of CL-MSC, WJ- MSC and placental MSC produce much lower levels of bFGF when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[0048] Figure 27: Summarizes measurement of PDGF-AA. Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph on the left-hand side. S6 denotes the lowest standard used in the assay. Any samples that fall below are considered below detection As can be seen, all of CL-MSC, WJ- MSC and placental MSC produce higher levels of PDGF-AS when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[0049] Figure 28: Summarizes measurement of Ang-1. Mean fluorescent intensity (MFI) measured for the Ang-1 standard curves across experiments is depicted in the graph on the left-hand side. S1 denotes the highest standard used in the assay. Any samples that fall above are considered extrapolated (too concentrated).The graph on the right-hand side depicts that all of CL-MSC, WJ- MSC and placental MSC produce much higher levels of Ang-1 when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[0050] Figure 29: Summarizes measurement of HGF. Mean fluorescent intensity (MFI) measured for the HGF standard curves across experiments is depicted in the graph on the

left-hand side. The graph on the right-hand side depicts that all of CL-MSC, WJ- MSC and placental MSC produce much higher levels of Ang-1 when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

DETAILED DESCRIPTION OF THE INVENTION

[0051] As explained above, in a first aspect the invention is directed to a method of inducing or improving wound healing properties of a mesenchymal stem cell population, the method comprising cultivating the mesenchymal stem cell population in a culture medium comprising DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum). It has been surprisingly found in the present application that using such a medium has the effect of inducing or improving wound healing properties of a wide range of mesenchymal stem cell population, irrespective of the natural environment/ compartment of the mesenchymal stem population. Without wishing to be bound by theory, it is believed that the induction or improvement of the wound healing properties of the mesenchymal stem cell population is caused by the ability of the medium of the present invention to increase the expression and/or secretion of at least one, two, three or all four of Angiopoietin 1 (Ang-1), TGF- β 1, VEGF, and HGF by the mesenchymal stem cell population. Cf. the Experimental Section showing that the expression/secretion of Angiopoietin 1 (Ang-1), TGF- β 1, VEGF, and HGF by a mesenchymal stem cell population of the amniotic membrane of umbilical cord is increased by cultivation in the culture medium of the present invention PTT-6 relative to cultivation of such mesenchymal stem cell population in a medium (PTT-4) that has been used in US patent application US 2008/0248005 and the corresponding International patent application WO2007/046775 for the isolation of a mesenchymal stem cell population of the amniotic membrane of umbilical cord which was shown in US patent application US 2008/0248005 and International patent application WO2007/046775 to have excellent wound healing properties (cf. Examples 23-26 of WO 2007/046775 showing that such a mesenchymal stem cell population of the amniotic membrane of the umbilical cord (UCMC) alleviate full thickness burns (Example 23), partial-thickness wounds (Example 24), non-healing radiation wound (Example 25) as well as non-healing diabetic wound and non-healing diabetic foot wounds (Example 26)). As shown in the experimental section herein cultivation in a medium comprising DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum), increases the amounts of Angiopoietin 1 (Ang-1), TGF- β 1, VEGF, and/or HGF not only in mesenchymal stem cell population of the amniotic membrane of umbilical cord but also in mesenchymal stem cell populations of other compartments of the umbilical

cord such as Wharton's Jelly or of a (neighbouring) compartment such as the placenta. Thus, it is believed that the present application provides a generally applicable teaching to induce or improve wound healing properties of a given mesenchymal stem population by cultivating the mesenchymal stem cell population in a medium of the invention such as the medium PTT-6.

[0052] In this context, the finding of the present invention that a combined increase in the amount of Ang-1, TGF- β 1, VEGF, and/or HGF that a mesenchymal stem cell population produces is to improve or improve the wound healing properties of this stem cell population also open up to mimicking the wound healing properties of the stem cell population by an composition/solution that contains three or four of Ang-1, TGF- β 1, VEGF, or HGF as the only wound healing proteins.

[0053] In this context, it is noted that involvement of the proteins Angiopoietin 1 (Ang-1), TGF- β 1, VEGF, and HGF in the wound healing process is known to the person skilled in the art. For the involvement of Angiopoietin 1 in wound healing, see, for example, Li et al. Stem Cell Research & Therapy 2013, 4:113 "Mesenchymal stem cells modified with angiopoietin-1 gene promote wound healing" or Bitto et al, "Angiopoietin-1 gene transfer improves the impaired wound healing of the genetically diabetic mice without increasing VEGF expression", Clinical Science May 14, 2008, 114 (12) 707-718. In the study of Li et al, the angiopoietin-1 gene was inserted into bone marrow mesenchymal stem cells and the results showed that that "*Ang1-MSCs significantly promoted wound healing with increased epidermal and dermal regeneration, and enhanced angiogenesis compared with MSCs, Ad-Ang1 or sham treatment.*" Notably, Li et al authors state that mesenchymal stem cells (MSCs) alone do not produce enough Ang-1 and for this reason, the authors inserted the Ang1-gene into the MSC to come up with a genetically modified cell. In contrast to the study of Li, it has been surprisingly found in the present application that cultivation of "natural" mesenchymal stem cells in a culture medium such as PTT-6 provide conditions under which for example, cord tissue mesenchymal stem cells (i.e. a mesenchymal stem cell population that is cultivated in PTT-6) produce increased level of Ang-1 and thus render the mesenchymal stem cells suitable for wound healing or further improve their wound healing properties. This means the present invention provides the advantage that instead of genetically modifying naturally occurring mesenchymal stems to induce wound healing properties in mesenchymal stem cells (which is not only labourousome but also not a preferred option for therapeutic applications because of the inherent risks of gene therapy) the wound healing properties of naturally occurring mesenchymal stem cells are induced or enhanced by

“simple” cultivation of a mesenchymal stem cell population in the culture medium of the invention. This approach is easier, safer and also more cost efficient.

[0054] Reverting to the other proteins that, for the involvement of Hepatocyte Growth Factor (HGF) in wound healing, in particular healing of chronic/non-healing wounds, see for example, Yoshida et al., “Neutralization of Hepatocyte Growth Factor Leads to Retarded Cutaneous Wound Healing Associated with Decreased Neovascularization and Granulation Tissue Formation” *J. Invest. Dermatol.* 120:335-343, 2003, Li, Jin-Feng et al. “HGF Accelerates Wound Healing by Promoting the Dedifferentiation of Epidermal Cells through β 1-Integrin/ILK Pathway.” *BioMed Research International* 2013 (2013): 470418 or Conway et al, “Hepatocyte growth factor regulation: An integral part of why wounds become chronic”. *Wound Rep Reg* (2007) 15 683–692.

[0055] For the involvement of Vascular Endothelial Growth Factor (VEGF) in wound healing, in particular healing of chronic/non-healing wounds, see for example Froget et al., *Eur. Cytokine Netw.*, Vol. 14, March 2003, 60–64 or Bao et al., “The Role of Vascular Endothelial Growth Factor in Wound Healing” *J Surg Res.* 2009 May 15; 153(2): 347–358.

[0056] For the involvement of Transforming Growth Factor Beta (including TGF- β 1, TGF- β 2, and TGF- β 3) in wound healing, in particular healing of chronic/non-healing wounds see for example, Ramirez et al. “The Role of TGF β Signaling in Wound Epithelialization” *Advances In Wound Care*, Volume 3, Number 7, 2013, 482-491 or Pakyari et al., *Critical Role of Transforming Growth Factor Beta in Different Phases of Wound Healing*, *Advances In Wound Care*, Volume 2, Number 5, 2012, 215-224.

[0057] In this context, it is also noted that the present invention has the further surprising advantage that cultivation in the culture medium of the present invention provides for the isolation of a mesenchymal stem cell population such as an mesenchymal stem cell population of the amniotic membrane of umbilical cord of which more than 90 %, or even 99 % or more of the cells are positive for the three mesenchymal stem cell markers CD73, CD90 and while at the same these stem cells lack expression of CD34, CD45 and HLA-DR (see the Experimental Section), meaning 99 % or even more cells of this population express the stem cell markers CD73, CD90 and CD105 while not expressing the markers CD34, CD45 and HLA-DR. Such an extremely homogenous and well-defined cell population is the ideal candidate for clinical trials and cell-based therapies since, they for example, fully meet the criteria generally accepted for human mesenchymal stem cells to be used for cellular therapy as defined, for example, by Dominici et al, “Minimal criteria for defining multipotent mesenchymal stromal cells. The International Society for Cellular Therapy position statement”, *Cytotherapy* (2006) Vol. 8, No. 4, 315-317, Sensebe et al., “Production of

mesenchymal stromal/stem cells according to good manufacturing practices: a review”, Stem Cell Research & Therapy 2013, 4:66), Vonk et al., Stem Cell Research & Therapy (2015) 6:94, or Kundrotas Acta Medica Lituanica. 2012. Vol. 19. No. 2. P. 75–79. Also, using a bioreactor such as a Quantum Cell Expansion System, it is possible to obtain high numbers of mesenchymal stem cells such as 300 to 700 million mesenchymal stem cells per run (see also the Experimental Section). Thus, the present invention provides the further advantage to provide the amounts of stem cells that are needed for therapeutic applications such as their use in wound healing in a cost efficient manner. In addition, all components used for making the culture medium of the present invention are commercially available in GMP quality. Accordingly, the present invention opens the route to the GMP production of a highly homogenous mesenchymal stem cell population, for example of placental tissue or umbilical cord tissue, for example, a mesenchymal stem cell population of the amniotic membrane of the umbilical cord or a mesenchymal stem cell population of Wharton’s jelly.

[0058] The mesenchymal stem cell population that is being rendered suitable for wound healing (either by inducing wound healing properties in a population that had no wound healing properties before undergoing the cultivation process of the invention or by improving the wound healing properties) may be any suitable mesenchymal stem cell known in the art, for example, an adult stem cell population or a neonatal stem cell. The mesenchymal stem cell population may be derived from any mammalian tissue or compartment/body part known to contain mesenchymal stem cells. In illustrative examples, the mesenchymal stem cell population may be a mesenchymal stem cell population of the umbilical cord (these are examples of neonatal stem cells), a placental mesenchymal stem cell population (also a further example of neonatal stem cells), a mesenchymal stem cell population of the cord-placenta junction (a further example of a neonatal stem cell population), a mesenchymal stem cell population of the cord blood (yet a further example of neonatal stem cells), a mesenchymal stem cell population of the bone marrow (which may be an adult stem cell population), or an adipose-tissue derived mesenchymal stem cell population (yet an another example of an adult stem cell population).

[0059] The mesenchymal stem cell population of the umbilical cord may be (derived) from any compartment of umbilical cord tissue that contains mesenchymal stem cells. The mesenchymal stem cell population may be a mesenchymal stem cell population of the amnion (AM), a perivascular (PV) mesenchymal stem cell population, a mesenchymal stem cell population of Wharton’s jelly (WJ), a mesenchymal stem cell population of the amniotic membrane of umbilical cord but also a mixed mesenchymal stem cell population of the umbilical cord (MC), meaning a population of mesenchymal stem cells that includes stem

cells of two or more of these compartments. Mesenchymal stem cells of these compartments and the isolation therefrom are known to the person skilled in the art and are described, for example, by Subramanian et al “Comparative Characterization of Cells from the Various Compartments of the Human Umbilical Cord Shows that the Wharton’s Jelly Compartment Provides the Best Source of Clinically Utilizable Mesenchymal Stem Cells”, PLoS ONE 10(6): e0127992, 2015 and the references cited therein, Van Pham et al. “Isolation and proliferation of umbilical cord tissue derived mesenchymal stem cells for clinical applications”, Cell Tissue Bank (2016) 17:289-302, 2016. A mixed mesenchymal stem cell population of the umbilical cord can, for example, be obtained by removing the arteries and veins from the umbilical cord tissue, cutting the remaining tissue and the Wharton’s jelly into piece and and cultivating the umbilical cord tissue (by tissue explant) in the culture medium of the present invention. A mixed mesenchymal stem cell population of the umbilical cord may also be obtained by culturing entire umbilical cord tissue with intact umbilical vessels as tissue explant under the conditions (cultivation in serum-supplemented DMEM with 10% fetal bovine serum, 10% horse serum, and 1% Penicillin/Streptomycin) as described by Schugar et al. “High harvest yield, high expansion, and phenotype stability of CD146 mesenchymal stromal cells from whole primitive human umbilical cord tissue. Journal of biomedicine & biotechnology. 2009; 2009:789526”. In this context, it is noted that a mesenchymal stem cell population of the cord-placenta junction can be isolated as described by Beeravolu et al. “Isolation and Characterization of Mesenchymal Stromal Cells from Human Umbilical Cord and Fetal Placenta.” J Vis Exp. 2017; (122): 55224.

[0060] In accordance with the above, it is noted here that the mesenchymal stem cell population that is cultivated in the present invention in a culture medium comprising DMEM (Dulbecco’s modified eagle medium), F12 (Ham’s F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum) to induce or improve its wound healing properties can be isolated from its natural environment prior to cultivation in the culture medium of the present invention. Such an approach is in particular used for mesenchymal stem cell population that cannot easily be isolated by tissue explant such as a mesenchymal stem cell population of the cord blood or a mesenchymal stem cell population of the bone marrow. This approach can however also be taken for a mesenchymal stem cell population of the umbilical cord, a mesenchymal stem cell population of the placenta or an adipose-tissue derived mesenchymal stem cell population. Such a stem cell population, say a mesenchymal stem cell population of Wharton’s jelly may first be isolated as described above by Subramanian et al, 2015, PLoS ONE, *supra* or International Patent application WO 2004/072273 “Progenitor Cells From Wharton’s Jelly Of Human Umbilical Cord” and then be subjected to cultivation of the

isolated mesenchymal stem cell population in the culture medium of the present invention that comprises DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum). Also a placental mesenchymal stem cell population may be isolated from placenta as described in European patent application EP1 288 293, Talwadekar et al, "Cultivation and Cryopreservation of Cord Tissue MSCs with Cord Blood AB Plasma" Biomed Res J 2014;1(2):126-136, Talwadekar et al, "Placenta-derived mesenchymal stem cells possess better immunoregulatory properties compared to their cord-derived counterparts - a paired sample study" Scientific Reports 5:15784 (2015), or Beeravolu et al. "Isolation and Characterization of Mesenchymal Stromal Cells from Human Umbilical Cord and Fetal Placenta." J Vis Exp. 2017; (122): 55224, for example, and subsequently cultivated in the culture medium of the present invention. Likewise, an adipose-tissue derived mesenchymal stem cell population may be isolated as described by Schneider et al, "Adipose-derived mesenchymal stem cells from liposuction and resected fat are feasible sources for regenerative medicine" Eur J Med Res. 2017; 22: 17 as the references cited therein and subsequently cultivated in the culture medium of the present invention (cf, also the Experimental Section). As a further illustrative example, also a mesenchymal stem cell population of the cord-placenta junction can first be isolated as described by Beeravolu et al. "Isolation and Characterization of Mesenchymal Stromal Cells from Human Umbilical Cord and Fetal Placenta." J Vis Exp. 2017; (122): 55224 and subsequently cultivated in the culture medium of the present invention.

[0061] Alternatively, and in particular for mesenchymal stem cells that can be isolated by means of tissue explants, the mesenchymal stem cell population can be isolated directly from its natural tissue environment by cultivating the natural tissue in the cell culture medium of the invention. Such a methodology is particularly suited for cultivation of mesenchymal stem cell populations from umbilical cord tissue, placental tissue (the placental tissue may, for example, comprise or be the amniotic membrane of placenta) or from the cord-placenta junction.

[0062] In this context, it is noted that the culture medium of the present invention therefore also allows the isolation of a mesenchymal stem cell population (also referred hereas as "mesenchymal stem cells") from its natural environment. Accordingly, the culture medium of the present invention also isolation of a mesenchymal stem cell population under conditions that allow cell proliferation of the mesenchymal stem/progenitor cells without differentiation of the mesenchymal stem/progenitor cells.

[0063] In one embodiment, the culture medium of the present invention allows the isolation of mesenchymal stem cell population from the amniotic membrane under conditions

that allow cell proliferation of the mesenchymal stem/progenitor cells without differentiation of the mesenchymal stem/progenitor cells. Thus, after isolation of the mesenchymal stem cells from the amniotic membrane as described herein the isolated mesenchymal stem/progenitor cell population has the capacity to differentiate into multiple cell types as described in US patent application 2006/0078993, US patent 9,085,755, International patent application WO2006/019357, US patent 8,287,854 or WO2007/046775, for instance. As described in US patent application 2006/0078993, for example, the mesenchymal stem cells of the amniotic membrane of the umbilical cord have a spindle shape, express the following genes: POU5f1, Bmi-1, leukemia inhibitory factor (LIF), and secrete Activin A and Follistatin. The mesenchymal stem cells isolated in the present invention can, for example, be differentiated into any type of mesenchymal cell such as, but not limited to, skin fibroblasts, chondrocytes, osteoblasts, tenocytes, ligament fibroblasts, cardiomyocytes, smooth muscle cells, skeletal muscle cells, adipocytes, mucin producing cells, cells derived from endocrine glands such as insulin producing cells (for example, β -islet cells) or neurectodermal cells. The stem cells isolated in the present invention can be differentiated *in vitro* in order to subsequently use the differentiated cell for medical purposes. An illustrative example of such an approach is the differentiation of the mesenchymal stem cells into insulin producing β -islet cells which can then be administered, for example by implantation, to a patient that suffers from an insulin deficiency such as diabetes mellitus (cf. also WO2007/046775 in this respect). Alternatively, the mesenchymal stem cells of the invention can be used in their undifferentiated state for cell-based therapy, for example, for wound healing purposes such as treatment of burns or chronic diabetic wounds. In these therapeutic applications the mesenchymal stem cells of the invention can either serve to promote wound healing by interacting with the surrounding diseased tissue or can also differentiate into a respective skin cell (cf., again WO2007/046775, for example).

[0064] In accordance with the above disclosure, it is noted here that such a mesenchymal stem cell population described herein can be isolated and cultivated (i.e. are derived) from any umbilical cord tissue as long as the umbilical cord tissue contains the amniotic membrane (which is also referred to as "cord lining"). Accordingly, the mesenchymal stem cell population can be isolated from (pieces of) the entire umbilical cord as described in the Experimental section of the present application. This umbilical cord tissue may thus contain, in addition to the amniotic membrane, any other tissue/component of the umbilical cord. As shown, for example, in Figure 16 of US patent application 2006/0078993 or International patent application WO2006/019357, the amniotic membrane of the umbilical cord is the outmost part of the umbilical cord, covering the cord. In addition, the umbilical

cord contains one vein (which carries oxygenated, nutrient-rich blood to the fetus) and two arteries (which carry deoxygenated, nutrient-depleted blood away from the fetus). For protection and mechanical support these three blood vessels are embedded in the Wharton's jelly, a gelatinous substance made largely from mucopolysaccharides. Accordingly, the umbilical cord tissue used in the present invention can also comprise this one vein, the two arteries and the Wharton's jelly. The use of such an entire (intact) section of the umbilical cord has the advantage that the amniotic membrane does not need to be separated from the other components of the umbilical cord. This reduces the isolation steps and thus makes the method of the present invention, simpler, faster, less error prone and more economical – which are all important aspects for the GMP production that is necessary for therapeutic application of the mesenchymal stem cells. The isolation of the mesenchymal stem cells can thus start by tissue explant, which may be followed by subsequent subculturing (cultivation) of the isolated mesenchymal stem cells if greater amounts of the mesenchymal stem cells are desired, for example, for use in clinical trials. Alternatively, it is also possible to first separate the amniotic membrane from the other components of the umbilical cord and isolate the mesenchymal cord lining stem cells from the amniotic membrane by cultivation of the amniotic membrane in a culture medium of the present invention. This cultivation can also be carried out by tissue explant, optionally followed by subculturing of the isolated mesenchymal stem cells.

[0065] In this context, the term “tissue explant” or “tissue explant method” is used in its regular meaning in the art to refer a method in which a tissue (for example, placental tissue or umbilical cord tissue), once being harvested, or a piece of the tissue is being placed in a cell culture dish containing culture (growth) medium and by which over time, the stem cells migrate out of the tissue onto the surface of the dish. These primary stem cells can then be further expanded and transferred into fresh dishes through micropropagation (subculturing) as also described here. In this context, it is noted that in terms of production of the cells for therapeutic purposes, in the first step of isolating/obtaining a mesenchymal stem cell population of the present invention, for example, umbilical cord mesenchymal stem cells such as amniotic membrane or Wharton's jelly mesenchymal stem cells, a master cell bank of the isolated mesenchymal stem cells is obtained, while in the subsequent subculturing a working cell bank can be obtained. If a mesenchymal stem cell population of the invention (in particular a population of the mesenchymal stem cells of which at least about 97 % or more, 98% or more or 99 % or more of the cells express each of the markers CD73, CD90 and CD105 and lack expression of each of the markers: CD34, CD45 and HLA-DR) is used for clinical trials or as an approved therapeutic, a cell population of the working cell bank

will be typically used for this purpose. Both the stem cell population of the isolation step (which may make up the master cell bank) and the stem cell population of the subculturing step (which may make up the working cell bank) can, for example, be stored in cryo-preserved form.

[0066] As mentioned above, the present method of inducing or improving the wound healing properties of the mesenchymal cell population (and optionally at the same time of isolating mesenchymal stem cells from a tissue such as Wharton's jelly or the amniotic membrane of umbilical cord) has the advantage that all components used in the culture medium of the invention are available in GMP quality and thus provide the possibility to isolate the mesenchymal stem cells under GMP conditions for subsequent therapeutic administration.

[0067] By "inducing or improving wound healing properties of a mesenchymal stem cell population" is meant herein the ability of the culture medium to increase or start (induce) the expression and/or secretion of at least one of the proteins Ang-1, TGF- β 1, VEGF, and HGF by the mesenchymal stem cell population. As explained above, the involvement of all of these four proteins in wound healing is known. "Inducing or improving the wound healing properties" is assessed relative to the cultivation of the mesenchymal stem cell population in a reference (culture) medium such as the medium PTT-4 (that consists of 90% (v/v) CMRL1066, and 10% (v/v) FBS) that has been used in US patent application US 2008/0248005 and the corresponding International patent application WO2007/046775 for the isolation and cultivation of a mesenchymal stem cell population of the amniotic membrane of umbilical cord which was shown in US patent application US 2008/0248005 and International patent application WO2007/046775 to have excellent wound healing properties. In case, the mesenchymal stem cell population will secrete a bigger amount (corresponding to a higher secretion level or a higher concentration) of at least one of the four marker proteins Ang-1, TGF- β 1, VEGF, and HGF into the supernatant/culture medium, when cultivated in a culture medium of the invention compared to cultivation of the mesenchymal stem cell population in the reference medium, then the wound healing properties of the mesenchymal stem cell population are increased. In case, no (detectable) secretion of none of these four marker proteins by the mesenchymal stem cell population is observed during cultivation in the reference medium while detectable secretion of at least one of the four markers is observed during or after cultivation of the mesenchymal stem cell population in the culture medium of the invention, then the wound healing properties of the stem cell population are induced. The wound healing properties of the mesenchymal stem cell population are also improved when the expression or secretion of least two or of least

three or of all of the four marker proteins Ang-1, TGF- β 1, VEGF, and HGF is increased relative to cultivation of the stem cell population in the reference medium. The secretion of the four marker proteins into the culture medium (and thus the production of these factors by the stem cell population) can be measured/determined with any suitable method, for example, by measuring the amount of protein by means of commercially available antibodies/immunoassays (cf. the Experimental Section). Such measurements can be made in an automated fashion, using, for example a system such as the FLEXMAP 3D system (Luminex Corporation, Austin, Texas, USA).

[0068] By “DMEM” is meant Dulbecco’s modified eagle medium which was developed in 1969 and is a modification of basal medium eagle (BME) (cf. Fig.1 showing the data sheet of DMEM available from Lonza). The original DMEM formula contains 1000 mg/L of glucose and was first reported for culturing embryonic mouse cells. DMEM has since then become a standard medium for cell culture that is commercially available from various sources such as ThermoFisher Scientific (catalogue number 11965-084), Sigma Aldrich (catalogue number D5546) or Lonza, to name only a few suppliers. Thus, any commercially available DMEM can be used in the present invention. In preferred embodiments, the DMEM used herein is the DMEM medium available from Lonza under catalog number 12-604F. This medium is DMEM supplemented with 4.5 g/L glucose and L-glutamine). In another preferred embodiment the DMEM used herein is the DMEM medium of Sigma Aldrich catalogue number D5546 that contains 1000 mg/L glucose, and sodium bicarbonate but is without L-glutamine.

[0069] By “F12” medium is meant Ham’s F12 medium. This medium is also a standard cell culture medium and is a nutrient mixture initially designed to cultivate a wide variety of mammalian and hybridoma cells when used with serum in combination with hormones and transferrin (cf. Fig. 2, showing the data sheet of Ham’s F12 medium from Lonza). Any commercially available Ham’s F12 medium (for example, from ThermoFisher Scientific (catalogue number 11765-054), Sigma Aldrich (catalogue number N4888) or Lonza, to new only a few suppliers) can be used in the present invention. In preferred embodiments, Ham’s F12 medium from Lonza is used.

[0070] By “DMEM/F12” or “DMEM:F12” is meant a 1:1 mixture of DMEM with Ham’s F12 culture medium (cf. Fig. 3 showing the data sheet for DMEM: F12 (1:1) medium from Lonza). Also DMEM/F12 (1:1) medium is a widely used basal medium for supporting the growth of many different mammalian cells and is commercially available from various supplier such as ThermoFisher Scientific (catalogue number 11330057), Sigma Aldrich (catalogue number D6421) or Lonza. Any commercially available DMEM:F12 medium can

be used in the present invention. In preferred embodiments, the DMEM:F12 medium used herein is the DMEM/F12 (1:1) medium available from Lonza under catalog number 12-719F (which is DMEM: F12 with L-glutamine, 15 mM HEPES, and 3.151 g/L glucose).

[0071] By “M171” is meant culture medium 171, which has been developed as basal medium for the culture of for the growth of normal human mammary epithelial cells (cf. Fig. 4 showing the data sheet for M171 medium from Life Technologies Corporation). Also this basal medium is widely used and is commercially available from supplier such as ThermoFisher Scientific or Life Technologies Corporation (catalogue number M171500), for example. Any commercially available M171 medium can be used in the present invention. In preferred embodiments, the M171 medium used herein is the M171 medium available from Life Technologies Corporation under catalogue number M171500.

[0072] By “FBS” is meant fetal bovine serum (that is also referred to as “fetal calf serum”), i.e. the blood fraction that remains after the natural coagulation of blood, followed by centrifugation to remove any remaining red blood cells. Fetal bovine serum is the most widely used serum-supplement for *in vitro* cell culture of eukaryotic cells because it has a very low level of antibodies and contains more growth factors, allowing for versatility in many different cell culture applications. The FBS is preferably obtained from a member of the International Serum Industry Association (ISIA) whose primary focus is the safety and safe use of serum and animal derived products through proper origin traceability, truth in labeling, and appropriate standardization and oversight. Suppliers of FBS that are ISIA members include Abattoir Basics Company, Animal Technologies Inc., Biomin Biotechnologia LTDA, GE Healthcare, Gibco by Thermo Fisher Scientific and Life Science Production, to mention only a few. In currently preferred embodiments, the FBS is obtained from GE Healthcare under catalogue number A15-151.

[0073] Turning now to the culture medium of the present invention, the culture medium may comprise for inducing or improving the wound healing properties or for the isolation or cultivation of the mesenchymal stem cells DMEM in a final concentration of about 55 to 65 % (v/v), F12 in a final concentration of about 5 to 15 % (v/v), M171 in a final concentration of about 15 to 30 % (v/v) and FBS in a final concentration of about 1 to 8 % (v/v). The value of “% (v/v)” as used herein refers to the volume of the individual component relative to the final volume of the culture medium. This means, if DMEM is, for example, present in the culture medium a final concentration of about 55 to 65 % (v/v), 1 liter of culture medium contains about 550 to 650 ml DMEM.

[0074] In other embodiments, the culture medium may comprise DMEM in a final concentration of about 57.5 to 62.5 % (v/v), F12 in a final concentration of about 7.5 to 12.5

% (v/v), M171 in a final concentration of about 17.5 to 25.0 % (v/v) and FBS in a final concentration of about 1.75 to 3.5 % (v/v). In further embodiments, the culture medium may comprise DMEM in a final concentration of about 61.8 % (v/v), F12 in a final concentration of about 11.8 % (v/v), M171 in a final concentration of about 23.6 % (v/v) and FBS in a final concentration of about 2.5 % (v/v).

[0075] In addition to the above-mentioned components, the culture medium may comprise supplements that are advantageous for cultivation of the mesenchymal cord lining stem cells. The culture medium of the present invention may, for example, comprises Epidermal Growth Factor (EGF). If present, EGF may be present in the culture medium in a final concentration of about 1 ng/ml to about 20 ng/ml. In some of these embodiments, the culture medium may comprise EGF in a final concentration of about 10ng/ml.

[0076] The culture medium of the present invention may also comprise insulin. If present, insulin may be present in a final concentration of about 1 µg/ml to 10 µg/ml. In some of these embodiments, the culture medium may comprise Insulin in a final concentration of about 5µg/ml.

[0077] The culture medium may further comprises at least one of the following supplements: adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3). In such embodiments, the culture medium may comprise all three of adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3). In these embodiments, the culture medium may comprise adenine in a final concentration of about 0.05 to about 0.1 µg/ml adenine, hydrocortisone in a final concentration of about 1 to about 10 µg/ml hydrocortisone and/or 3,3',5-Triiodo-L-thyronine sodium salt (T3) in a final concentration of about 0.5 to about 5 ng/ml.

[0078] In one embodiment of the method of the invention, tissue such as umbilical cord tissue or placental may be cultured till a suitable number of (primary) mesenchymal stem cells such as cord lining stem cells, Wharton's Jelly or placental stem cells cells have outgrown from the tissue. In typical embodiments, the umbilical cord tissue is cultivated until cell outgrowth of the mesenchymal stem cells of the respective tissue reaches about 70 to about 80% confluency. It is noted here that the term "confluency" or "confluence" is used in its regular meaning in the art of cell culture and is meant as an estimate/indicator of the number of adherent cells in a culture dish or a flask, referring to the proportion of the surface which is covered by cells. For example, 50 percent confluence means roughly half of the surface is covered and there is still room for cells to grow. 100 percent confluence means the surface is completely covered by the cells, and no more room is left for the cells to grow as a monolayer.

[0079] Once a suitable number of primary cells (mesenchymal stem cells) have been obtained from the respective tissue by tissue explant, the mesenchymal stem cells are removed from the cultivation container used for the cultivation. By so doing, a master cell bank containing the (primary) isolated mesenchymal stem cells of for example, the umbilical cord or the placenta can be obtained. Typically, since such mesenchymal stem cells are adherent cells, harvesting the cells is carried out using standard enzymatic treatment. For example, the enzymatic treatment may comprise trypsinization as described in International US patent application 2006/0078993, International patent application WO2006/019357 or International patent application WO2007/046775, meaning outgrowing cells can be harvested by trypsinization (0.125% trypsin/0.05% EDTA) for further expansion. If the harvested mesenchymal stem cells are, for example, used for generating a master cell bank, the cells can also be cryo-preserved and stored for further use as explained herein below.

[0080] Once being harvested, the mesenchymal stem cells can be transferred to a cultivation container for subculturing. Subculturing or culturing (both terms are used interchangeable hereinafter) will be also be carried out if a mesenchymal stem cell population is employed that has been isolated from its natural environment earlier (as explained above, such isolated stem cells used in the method of the invention may be from cord blood, bone marrow or adipose tissue but also from cord tissue or placental tissue). The subculturing can also be started from frozen primary cells, i.e. from the master cell bank. For subculturing any suitable amount of cells can be seeded in a cultivation container such as cell culture plate. The mesenchymal cells can, for this purpose, be suspended in a suitable medium (most conveniently, the culture medium of the present invention) for subculturing at a concentration of, for example, about 0.5×10^6 cells/ml to about 5.0×10^6 cells/ml. In one embodiment the cells are suspended for subcultivation at a concentration of about 1.0×10^6 cells/ml. The subculturing can be carried by cultivation either in simple culture flasks but also, for example, in a multilayer system such as CellStacks (Corning, Corning, NY, USA) or Cellfactory (Nunc, part of Thermo Fisher Scientific Inc., Waltham, MA, USA) that can be stacked in incubators. Alternatively, the subculturing can also be carried out in a closed self-contained system such as a bioreactor. Different designs of bioreactors are known to the person skilled in the art, for example, parallel-plate, hollow-fiber, or micro-fluidic bioreactors. See, for example, Sensebe et al. "Production of mesenchymal stromal/stem cells according to good manufacturing practices: a review", *supra*. An illustrative example of a commercially available hollow-fiber bioreactor is the Quantum® Cell Expansion System (Terumo BCT, Inc). that has, for example, been used for the expansion of bone marrow mesenchymal stem cells for clinical trials (cf., Hanley et al, Efficient Manufacturing of

Therapeutic Mesenchymal Stromal Cells Using the Quantum Cell Expansion System, *Cytotherapy*. 2014 August ; 16(8): 1048–1058). Another example of a commercially available bioreactors that can be used for the subculturing of the mesenchymal stem cell population of the present invention is the Xuri Cell Expansion System available from GE Healthcare. The cultivation of the mesenchymal stem cell population in an automated system such as the Quantum® Cell Expansion System is of particular benefit if a working cell bank for therapeutic application is to be produced under GMP conditions and a high number of cells is wanted.

[0081] The subculturing of the mesenchymal stem cells of the invention takes place in a culture medium of the present invention. Accordingly, the culture medium of the present invention can be used both for the isolation of the mesenchymal stem cell population, for example, from the amniotic membrane of placenta, or from the amniotic membrane or from Wharton's jelly of umbilical cord and the subsequent cultivation of the isolated primary cells by subcultivation. Also for the subcultivation, the mesenchymal stem cells can be cultured till a suitable amount of cells have grown. In illustrative embodiments the mesenchymal stem cells are subcultured till the mesenchymal stem cells reach about 70 to about 80% confluency.

[0082] The isolation/cultivation of the population of mesenchymal stem cell population can be carried out under standard condition for the cultivation of mammalian cells. Typically, the method of the invention of isolating the population of the mesenchymal stem cells is typically carried out under conditions (temperature, atmosphere) that are normally used for cultivation of cells of the species of which the cells are derived. For example, human umbilical cord tissue and the mesenchymal cord lining stem cells, respectively, are usually cultivated at 37°C in normal atmosphere with 5%CO₂. In this context, it is noted that the in present invention the mesenchymal cell population may be derived of any mammalian species, such as mouse, rat, guinea pig, pig, rabbit, goat, horse, dog, cat, sheep, monkey or human, with mesenchymal stem cells of human origin being preferred in one embodiment.

[0083] Once a desired/suitable number of mesenchymal stem cells have been obtained from the culture or subculture, the mesenchymal stem cells are harvested by removing them from the cultivation container used for the subcultivation. The harvesting of the mesenchymal stem cells is typically again carried out by enzymatic treatment, including comprises trypsinization of the cells. The isolated mesenchymal stem cells are subsequently collected and are either be directly used or preserved for further use. Typically, preserving is carried out by cryo-preservation. The term "cryo-preservation" is used herein in its regular meaning to describe a process where the mesenchymal stem cells are preserved by cooling to

low sub-zero temperatures, such as (typically) -80°C or -196°C (the boiling point of liquid nitrogen). Cryo-preservation can be carried out as known to the person skilled in the art and can include the use of cryo-protectors such as dimethylsulfoxide (DMSO) or glycerol, which slow down the formation of ice-crystals in the cells of the umbilical cord.

[0084] The isolated population of the mesenchymal stem cells that is obtained by the cultivation and/or isolation method of the present invention is highly defined and homogenous. In typical embodiments of the method at least about 90 % or more, about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells express the following markers: CD73, CD90 and CD105. In addition, in these embodiments at least about 90 % or more, about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells may lack expression of the lack expression of the following markers: CD34, CD45 and HLA-DR. In particular embodiments, about 97 % or more, about 98 % or more, or about 99 % or more of the isolated mesenchymal stem cell population express CD73, CD90 and CD105 while lacking expression of CD34, CD45 and HLA-DR.

[0085] Thus, in line with the above disclosure the present invention is also directed to a mesenchymal stem population such as a placental mesenchymal stem cell population, or an umbilical cord mesenchymal stem cell population (for example, isolated from Wharton's jelly or the amniotic membrane of the umbilical cord), wherein at least about 90 % or more cells of the stem cell population express each of the following markers: CD73, CD90 and CD105. In preferred embodiments at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population are CD73+, CD90+ and CD105+, meaning that this percentage of the isolate cell population express each of CD73, CD90 and CD105 (cf. the Experimental Section of the present application). In addition, at least about 90 % or more, about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells may lack expression of the following markers: CD34, CD45 and HLA-DR. In particular embodiments about 97 % or more, about 98 % or more, or about 99 % or more of the isolated mesenchymal stem cell population express CD73, CD90 and CD105 while lacking expression of CD34, CD45 and HLA-DR. Such a highly homogenous population of mesenchymal stem cells derived from the amniotic membrane of the umbilical

cord has been reported here for the first time and meets the criteria for mesenchymal stem cells to be used for cellular therapy (also cf. the Experimental Section and, for example, Sensebe et al. "Production of mesenchymal stromal/stem cells according to good manufacturing practices: a review", supra). It is noted in this context that this mesenchymal stem cell population can be obtained by either the isolating method of the present invention but also by a different method such as cell sorting, if wanted. In one embodiment of such a mesenchymal stem population of the umbilical cord of the present invention, wherein at least about 91 % or more cells of the stem cell population express each CD73, CD90 and CD105 and lack expression of CD34, CD45 and HLA-DR a mesenchymal stem cell population isolated from the amniotic membrane of the umbilical cord is excluded.

[0086] In line with the above, the present invention is also directed to a pharmaceutical composition comprising a mesenchymal stem population as described herein, wherein at least about 90 % or more cells of the stem cell population express each of the following markers: CD73, CD90 and CD105 and optionally, lack expression of CD34, CD45 and HLA-DR. The pharmaceutical composition may comprise any pharmaceutically acceptable excipient and may be formulated for any desired pharmaceutical way of administration. The pharmaceutical composition may, for example, be adapted for systemic or topical application. In a related aspect, the present invention also provides a pharmaceutical composition that contains three or four of Ang-1, TGF- β 1, VEGF, or HGF as the only wound healing proteins. Such a pharmaceutical composition may be formulated as a liquid, for example, by using a pharmaceutically suitable buffer such 0.9 % saline, Ringer's solution or phosphate buffered saline (PBS) or a lyophilisate/freeze-dried formulation.

[0087] In a further aspect the invention is directed to a method of making a culture medium for inducing or improving wound healing properties and/or for isolating the mesenchymal stem cell population, wherein the method comprises mixing to obtain a final volume of 500 ml culture medium:

- i. 250 ml of DMEM
- ii. 118 ml M171
- iii. 118 ml DMEM/F12
- iv. 12.5 ml Fetal Bovine Serum (FBS) to reach a final concentration of 2.5% (v/v).

[0088] As explained above, DMEM/F12 medium is a 1:1 mixture of DMEM and Ham's F12 medium. Thus, 118 ml DMEM/F12 medium contain 59 ml DMEM and 59 ml F12. Accordingly, when using this method of making a culture medium, the final concentrations (v/v) mit 500 ml total volume are as follows:

DMEM: $250 \text{ ml} + 59 \text{ ml} = 309 \text{ ml}$, corresponds to $309/500 = 61.8 \%$ (v/v)

M171: 118 ml, corresponds to $118/500 = 23.6 \%$ (v/v)

F12: 59 ml, corresponds to $59/500 = 11.8 \%$ (v/v).

[0089] Embodiments of this method of making a culture medium further comprise adding

v. 1 ml EGF stock solution (5 $\mu\text{g/ml}$) to achieve a final EGF concentration of 10ng/ml, and
vi. Insulin 0.175 ml stock solution (14.28 mg/ml) to achieve a final insulin concentration of 5 $\mu\text{g/ml}$.

[0090] It is noted here that in these embodiments, the above-mentioned volumes of these components i. to vi when mixed result in a final volume of 499.675 ml culture medium. If no further components are added to the culture medium, the remaining 0.325 ml (to add up to a volume of 500 ml) can, for example, be any of components i. to iv, that means either DMEM, M171, DMEM/F12 or FBS. Alternatively, the concentration of the stock solution of EGF or Insulin can of course be adjusted such that the total volume of the culture medium is 500 ml. In addition, it is also noted that components i. to iv. do not necessarily have to be added in the order in which they are listed but it is of course also possible to use any order to mix these components to arrive at the culture medium of the present invention. This means, that for example, M171 and DMEM/F12 can be mixed together and then combined with DMEM and FBS to reach final concentrations as described here, i.e. a final concentration of DMEM of about 55 to 65 % (v/v), a final concentration of F12 of about 5 to 15 % (v/v), a final concentration of M171 of about 15 to 30 % (v/v) and a final concentration of FBS of about 1 to 8 % (v/v).

[0091] In other embodiments, the method further comprises adding to DMEM a volume of 0.325 ml of one or more of the following supplements: adenine, hydrocortisone, 3,3',5-Triiodo-L-thyronine sodium salt (T3), thereby reaching a total volume of 500 ml culture medium. In this embodiments, the final concentration of these supplements in DMEM may be as follows:

about 0.05 to 0.1 $\mu\text{g/ml}$ adenine, for example about 0.025 $\mu\text{g/ml}$ adenine,

about 1 to 10 $\mu\text{g/ml}$ hydrocortisone,

about 0.5 to 5 ng/ml 3,3',5-Triiodo-L-thyronine sodium salt (T3), for example 1.36 ng/ml 3,3',5-Triiodo-L-thyronine sodium salt (T3).

[0092] In line with the above disclosure, the invention is also directed to a cell culture medium that is obtainable or that is obtained by the method of making the medium as described here.

[0093] In addition, the invention also concerns a method of isolating mesenchymal stem cells from the amniotic membrane of the umbilical cord, wherein this method comprises cultivating amniotic membrane tissue in the culture medium prepared by the method as described here.

[0094] Thus, the present invention is also directed to a cell culture medium comprising:

- DMEM in the final concentration of about 55 to 65 % (v/v),
- F12 in a final concentration of about 5 to 15 % (v/v),
- M171 in a final concentration of about 15 to 30 % (v/v) and
- FBS in a final concentration of about 1 to 8 % (v/v).

[0095] In certain embodiments of the culture medium described here, the medium comprises DMEM in the final concentration of about 57.5 to 62.5 % (v/v), F12 in a final concentration of about 7.5 to 12.5 % (v/v), M171 in a final concentration of about 17.5 to 25.0 % (v/v) and FBS in a final concentration of about 1.75 to 3.5 % (v/v). In other embodiments the culture medium may comprise DMEM in a final concentration of about 61.8 % (v/v), F12 in a final concentration of about 11.8 % (v/v), M171 in a final concentration of about 23.6 % (v/v) and FBS in a final concentration of about 2.5 % (v/v).

[0096] In addition, the culture medium may further comprise Epidermal Growth Factor (EGF) in a final concentration of about 1 ng/ml to about 20 ng/ml. In certain embodiments, the culture medium comprise EGF in a final concentration of about 10ng/ml. The culture medium described herein may further comprise Insulin in a final concentration of about 1 µg/ml to 10 µg/ml. In such embodiments the culture medium may comprise Insulin in a final concentration of about 5µg/ml.

[0097] The cell culture medium of the invention may further comprise at least one of the following supplements: adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3). In certain embodiments the culture medium comprises all three of adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3). If present, the culture medium may comprise adenine in a final concentration of about 0.01 to about 0.1 µg/ml adenine or of about 0.05 to about 0.1 µg/ml adenine, hydrocortisone in a final concentration of about 0.1 to about 10 µg/ml hydrocortisone or of about 1 to about 10 µg/ml hydrocortisone and/or 3,3',5-Triiodo-L-thyronine sodium salt (T3) in a final concentration of about 0.5 to about 5 ng/ml.

[0098] In embodiments of the cell culture medium, 500 ml of the cell culture medium of the present invention comprise:

- i. 250 ml of DMEM
- ii. 118 ml M171

iii. 118 ml DMEM/F12

iv. 12.5 ml Fetal Bovine Serum (FBS) (final concentration of 2.5%)

[0099] In further embodiments, the cell culture medium may further comprise

v. EGF in a final concentration of 10ng/ml, and

vi. Insulin in a final concentration of 5µg/ml.

[00100] Both, insulin and and EGF can be added to to the culture medium using a stock solution of choice, such that the total volume of the culture medium does not exceed 500 ml.

[00101] In a particular example, the components i. to vi. of the culture medium of the present invention are the components indicated in Figure 5, meaning they are obtained from the respective manufacturers using the catalogue number indicated in Figure 5. The medium that is obtained from mixing the components i. to vi. as indicated in Figure 5 is also referred herein as “PTT-6”. It is again noted in this context that the constituents i. to vi. as well as any other ingredient such as an antibiotic of any other commercial supplier can be used in making the medium of the present invention.

[00102] In addition, the cell culture medium of the invention may comprise adenine in a final concentration of about 0.01 to about 0.1 µg/ml adenine or of about 0.05 to about 0.1 µg/ml adenine, hydrocortisone in a final concentration of about 0.1 to 10 µg/ml, of about 0.5 to about 10µg/ml, or of about 1 to about 10 µg/ml hydrocortisone and/or 3,3',5-Triiodo-L-tyronine sodium salt (T3) in a final concentration of about 0.1 to about 5 ng/ml or of about 0.5 to about 5 ng/ml.

[00103] Finally, the invention also provides a method of treating a non-human mammal (such as cats, dogs, horses, to name only a few) or a human patient having a disease or suffering from a condition, the method comprising administering to the non-human mammal or human patient a mesenchymal stem cell population or a pharmaceutical composition containing a stem cell population as disclosed herein. The disease can be any disease or condition, in particular any disease or condition in which healing of wound is wanted/required. The subject (patient or non-human mammal) may suffer from a wound that is caused by a burn, a bite, a trauma, a surgery, or a disease such as a skin disease or a metabolic disorder. As an example of such a metabolic disorder, the patient may, for example, be afflicted with Type I or Type II diabetes and suffers from chronic foot ulcers. For treating the subject, the mesenchymal stem cell population of the invention may be administered in any suitable way, for example, including but not limited to, topical administration, by implantation or by injection. In principle any way of topical administration is meant herein. The administering the mesenchymal stem cell population may be performed by means of a syringe. It is however also possible, to contact the mesenchymal stem cells

within a cream, ointment, gel, suspension or any other suitable substance before applying the mesenchymal stem cells to the subject. The stem cell population may, for example, then be placed directly onto a wound such as a burn or a diabetic wound (see International patent application WO2007/046775). After its application to the subject the mesenchymal stem cell population may be held in place e.g. by a dressing such as Tegaderm® dressing and a crepe bandage to cover the Tegaderm® dressing. Alternatively, the stem cell population may also be implanted subcutaneously, for example, directly under the skin, in body fat or in the peritoneum.

[00104] The present invention also relates to a unit dosage comprising about 20 million cells, of about 15 million cells, of about 10 million cells, of about 5 million cells, of about 4 million cells, of about 3 million cells, of about 2 million cells, of about 1 million cells, of about 0.5 million cells, of about 0.25 million cells or of less than 0.25 million cells of a mesenchymal stem cell population as described herein.

[00105] It is also envisioned that the unit dosage comprises about 10, about 9, about 8, about 7, about 6, about 5, about 4, about 3, about 2, about 1, about 0.5, about 0.25, or about 0.1 million cells. Preferably the unit dosage comprises about 10 million cells. It is further envisioned that the unit dosage comprises about 1000 cells to about 5 million cells. The unit dosage can be applied in a dosage of about 100,000 cells, 300,000 cells or 500,000 cells. As described herein the unit dosage may be applied topically, in particular if used for wound healing. For example, the unit dosage may be applied topically per cm².

[00106] If wanted, the unit dosage may be applied once, twice, three times or more a week. For example, the unit dosage can be applied for one, two, three, four, five, six, seven, eight, nine, ten, eleven weeks or more. The unit dosage comprising of about 100,000 cells, about 300,000 cells or about 500,000 cells can be applied two times a week for 8 weeks, preferably onto 1 cm².

[00107] The unit dosage can be contained in any suitable container. For example, the unit dosage can be contained in a 1 ml vial. In such cases, for example 0.1 ml of the vial can be applied onto the subject, preferably per cm². The unit dosage may alternatively be contained in a syringe.

[00108] The unit dosage of the present invention the cells can be in contact with a pharmaceutically acceptable carrier, for example a liquid carrier. The carrier may be any known carrier such as HypoThermosol™, Hypothermosol™-FRS or PlasmaLyte. The culture medium of the present invention may also be used as carrier for a (unit dosage) of the mesenchymal stem cell population of the present invention. In that case, the mesenchymal

stem cells may be separated from the carrier before administration. For example, the cells can be centrifuged and isolated before administration to a subject.

[00109] The method of treatment and the unit dosage of the present invention can comprise utilization of viable cells. The viability of the mesenchymal stem cell population can be tested with known methods, for example, staining with Trypan Blue as described in the Experimental Section.

[00110] The invention will be further illustrated by the following non-limiting Experimental Examples.

[00111] The invention will be further illustrated by the following non-limiting Experimental Examples.

[00112] Sequences as used herein are depicted in below Table 1.

Table 1. Sequences of proteins used herein.

SEQ ID NO.	What	Sequence
1	CD73 identifier P21589 of Uniprot, version number 1 as of May 1, 1991:	MCPRAARAPATLLLALGAVLWPAAGAWELTILHTNDVHSRLEQTSSEDS SKCVNASRCMGGVARLFTKVQQIRRAEPNVLLLDAGDQYQGTIWFTVY KGAEVAHFMNALRYDAMALGNHEFDNGVEGLIEPLLKEAKFPILSANIK AKGPLASQISGLYLPYKVLPGDEVVGIVGYTSKETPFLSNPGTNLVFED EITALQPEVDKLKTLNVNKIIALGHSGFEMDKLIAQKVRGVDVVVGGHS NTFLYTGNPPSKEVPAGKYPFIVTSDDGRKVPVQAYAFGKYLGYLKIE FDERGNVISSHGNPILLNSSIPEDPSIKADINKWRIKLDNYSTQELGKTIVY LDGSSQSCRFRECNMGNLICDAMINNNLRHTDEMFWNHVSMCILNGGG IRSPIDERNNGTITWENLA AVL PFGGTFDLVQLKGSTLKKAFEHSVHRYG QSTGEFLQVGGIHVVYDL SRKPGDRVVKLDVLCTKCRVPSYDPLKMDE VYKVILPNFLANGDGFQMIKDELLRHDSGDQDINVVSTYISKMKVIYP AVEGRIKFSTGSHCHGSFSLIFLSLWAVIFVLYQ
2	CD90 identifier P04216 of Uniprot, version number 2 as of May 2, 2002:	MNLAISIALLLTVLQVSRGQKVTSLTACLVDQSLRLDCRHENTSSSPIQY EFSLTRETKKHVLFGTVGVP EHTYRSRTNFTSKYNMKVLYLSAFTSKDE GTYTICALHHS GHSPPISSQNVTVLRDKLVKCEGISLLAQNTSWLLLLLS LSLLQATDFMSL
3	CD105 identifier P17813 of Uniprot,	MDRGTLPLAVALLASCSLSPTSLAETVHCDLQPVGPERGEVITYTTSQVS KGCVAQAPNAILEVHVLFLEFPTGPSQLELTQASKQNGTWPREVLLVL SVNSSVFLHLQALGIPLHLAYNSSLVTFQEP PGVNTTELPSFPKTQILEWA AERGPITSAAELNDPQSILLRLGQAQGSLSFCMLEASQDMGRTLEWRPRT

SEQ ID NO.	What	Sequence
	version number 2 as of July 15, 1998:	PALVRGCHLEGVAGHKEAHILRVLPGHSAGPRTVTVKVELSCAPGDLDA VLILQGPPYVSWLIDANHNMQIWTGGEYSFKIFPEKNIRGFKLDPDTPQGL LGEARMLNASIVASFVELPLASIVSLHASSCGGRLQTSPAPIQTTPPKDTC SPELLMSLIQTKCADDAMTLVLKKELVAHLKCTITGLTFWDPSCAEADR GDKFVLRSAYSSCGMQVSASMISNEAVVNILSSSSPQRKKVHCLNMDSL SFQLGLYLSPHFLQASNTIEPGQSFVQVRVSPSVSEFLLQLDSCHLDLGP EGGTVELIQGRAAKGNCVSLSPSPEGDPFRFSLLHFYTVPIPKTGTLSCT VALRPKTGSQDQEVHRTVFMRLNIISPDLSGCTSKGLVLPVAVLGITFGAF LIGALLTAALWYIYSHTRSPSKREPVAVAAPASSESSSTNHSIGSTQSTP CSTSSMA
4	CD34 identifier P28906 of Uniprot, version number 2 as of July 15, 1998:	MLVRRGARAGPRMPRGWTALCLLSLLPSGFMSLDNNGTATPELPTQGT FSNVSTNVSYQETTPSTLGSTSLHPVSQHGNEATTNITETTVKFTSTSVIT SVYGNTNSSVQSQTSVISTVFTTPANVSTPETTLKPSLSPGNVSDLSTTSTS LATSPTKPYTSSSPILSDIKAEIKCSGIREVKLTQGICLEQNKTSSCAEFKK DRGEGLARVLCGEEQADADAGAQVCSLLLAQSEVRPQCLLLVLANRTEI SSKLQLMKKHQSDLKKLGILDFTEQDVASHQSYSQKTLIALVTSGALLA VLGITGYFLMNRWSPTGERLGEDPYTENGGGQGYSSGPGTSPEAQG KASVNRGAQENGTGQATSRNGHSARQHVVADTEL
5	CD45 identifier P08575 of Uniprot, version number 2 as of July 19, 2003:	MYLWLKLLAFGFAFLDTEVFVTGQSPTPSPTGLTTAKMPSVPLSSDPLPT HTTAFSPASTFERENDFSETTTSLSPDNTSTQVSPDSLNASAFNTTGVS VQTPHLPTHADSQTPTSAGTDTQTFSGSAANAKLNPTPGSNAISDVPGRS TASTFPTDPVSPLTTTSLAHHSSAALPARTSNTTITANTSDAYLNASETT TLSPSGSAVISTTTIATTPSKPTCDEKYANITVDYLYNKETKLFTAKLNVN ENVECGNNTCTNNEVHNLTECKNASVSISHNSCTAPDKTLILDVPPGVEK FQLHDCTQVEKADTTICLKWKNIETFTCDTQNITYRFQCGNMIFDNKEIK LENLEPEHEYKCDSEILYNNHKFTNASKIIKTDFGSPGEPQIIFCRSEAAHQ GVITWNPPQRSFHNFTLCYIKETEKDCLNLDKNLIKDYDLQNLKPYTKYV LSLHAYIIAKVQRNGSAAMCHFTTKSAPPSQVWNMTVSMTSDNSMHVK CRPPRDRNGPHERYHLEVEAGNTLVRNESHKNCDFRVKDLQYSTDYTF KAYFHNGDYPGEPFILHHSTSYNSKALIAFLAFLIIVTSIALLVVLYKIYDL HKKRSCNLDEQQELVERDDEKQLMNVEPIHADILLETYKRKIADEGRLF LAEFQSIPRVFSKFPIKEARKPFNQKNRYVDILPYDYNRVELSEINGDAG SNYINASYIDGFKEPRKYIAAQGPRDETVDDFWRMIWEQKATVIVMVTR CEEGRNRKCAEYWPSMEEGTRAFGDVVVKINQHKRCPDYIIQKLIVNK KEKATGREVTHIQFTSWPDHGVPEDPHLLLKLRRRVNAFSNFFSGPIVVH

SEQ ID NO.	What	Sequence
		CSAGVGRGTGTIYIGIDAMLEGLEAENKVDVYGYVVKLRRQRCLMVQVE AQYILIHQALVEYNQFGETEVNLSLHPYLHNMMKKRDPPEPSPLEAEFQ RLPSYRSWRTQHIGNQEENKSKNRNSNVIPYDYNRVPLKHELEMSKESE HDSDESSDDSDSEEPSKYINASFIMSYWKPEVMIAAQGPLKETIGDFWQ MIFQRKVKVIVMLTELKHGDQEICAQYWGEKGQTYGDIEVDLKDSTDKS STYTLRVFELRHSKRKDSRTVYQYQYTNWSVEQLPAEPKELISMIQVVK QKLPQKNSSEGKHHKSTPLLIHCRDGSQQTGIFCALLNLLESAETEEVV DIFQVVKALRKARPGMVSTFEQYQFLYDVIASSTYPAQNGQVKKNNHQE DKIEFDNEVDKVKQDANCNVNPLGAPEKLPEAKEQAEGSEPTSGTEGPEH SVNGPASPALNQGS
6	HLA-DR identifier P01903 of Uniprot, version number 1 as of July 21, 1986:	MAISGVVPLGFFIIAVLMSAQESWAIKEEHVIIQAEFYLNPDQSGEFMFDF DGDEIFHVD MAKKETVWRLEEFGRFASFQAQALANIAVDKANLEIMTKRSNYTPITN VPPEVTVLTNSPVELREPNVLICFIDKFTPPVVNVTWLRNGKPVTTGVSE TVFLPREDHLFRKFHYLPFLP STEDVYDCRVEHWGLDEPLLKHWEFDAPSPLPETTENVVCALGLTVGL VGIIIGTIFIHKGVRKSNAAEERRGPL
7	Human TGFbeta1 Uniprot no: P36897 version number 1 as of June 1, 1994	MEAAVAAPRPRLLLLVLAAAAAAAALLPGATALQCFCHLCTKDNFTCV DGLCFVSVTETTDKVIHNSMCIAEIDLIPDRPFVFCAPSSKTGSVTTTYCCN DHCNKIELPTTVKSSPGLGPVELAAVIAGPVCFVCISLMLMVYICHNRTVIH HRVPNEEDPSLDRPFISEGTTLDLIYDMTTSGSGSGLPLLQRTIARTIVLQ ESIGKGRFGEVWRGKWRGEEVAVKIFSSREERSWFREAEIYQTVMLRHEN LGFIADNDKNGTWTQWLVS DYHEHGS LFDYLNRYTVTVEGMIKLALS ASGLAHLHMEIVGTQGKPAIAHRDLKSKNILVKKNGTCCIADLGLAVRHD ATDTIDIAPNHRVGT KRYMAPEVLDD SINMKHFESFKRADIYAMGLV FWE ARRCSIGGIHEDYQLPYDYDLVPSDPSVEEMRKVVCEQKLRPNIPNRWQSC ALRVMAKIMRECWYANGAARLTALRIKKTLSQLSQQEGIKM
8	Human VEGFA Uniprot no: P15692 version number 2 as of November 16, 2001	MNFLLSWVHWSLALLLYLHHAKWSQAAPMAEGGGQNHHEVVKFMDVY QRSYCHPIETLVDIFQEYPDEIEYIFKPSCVPLMRCGGCCNDEGLECVPTES NITMQIMRIKPHQGQHIGEMSFLQHNKCECRPKKDRARQEKKSVRGKGKQ QKRKRKKSRYKSWSVYVGARCCCLMPWSLPGPHPCGPCSERRKHLFVQDP TCKCCKNTDSRCKARQLELNERTCRCDKPRR

SEQ ID NO.	What	Sequence
9	HUMAN Platelet-derived growth factor receptor alpha Uniprot no: P16234, version number 1 as of April 1, 1990	MGTSHPAFLVLGCLLTGLSLILCQLSLPSILPNENEKVVQLNSSFSLRCFGES EVSWQYPMSEEESSDVEIRNEENNSGLFVTVLEVSSASAAHTGLYTCYYNI TQTEENELEGRHIYIYVPDPDVAFVPLGMTDYL VIVEDDDSAIIPCRTTDPE PVTLHNSEGVVPASYDSRQGFNGTFTVGPYICEATVKGKKFQTIPFNVYAL KATSELDLEMEALKTVYKSGETIVVTCAVFNNEVVDLQWTPGEVKGKG TMLEEIKVPSIKLVYTLTVPEATVKDSGDYECARQATREVKEMKKVTISV HEKGFIEIKPTFSQLEAVNLHEVKHFVVEVRAYPPPRISWLKNNLTLIENLT ITTDVEKIQEIRYRSKLLIRAKEEDSGHYTIVAQNEDAVKSYTFELLTQVP SILDLVDDHHGSTGGQTVRCTAEGTLPDIEWMICKDIKKCNNETSWTILA NVSNIITEIHSRDRSTVEGRVTFAKVEETIAVRCLAKNLLGAENRELKLVAE LRSELTVA AAVLVLLVIVIISLIVLVVIWKQKPRYEIRWRVIESISPDGHEYIY VDPMQLPYDSRWEFPRDGLVLGRVLGSGAFGKVVEGTAYGLSRSQPVMK VAVKMLKPTARSSEKQALMSELKIMTHLGPHLNIVNLLGACTKSGPIYITE YCFYGDLVNYLHKNRDSFLSHHPEKPKKELDIFGLNPADESTRSYVILSFEN NGDYMDMKQADTTQYVPMLEKEVSKYSIDIQRSLYDRPASYYKKKSMLD EVKNLLSDDNSEGLTLLDLLSFTYQVARGMEFLASKNCVHRDLAARNVLI AQGKIVKICDFGLA RDMHDSNYVSKGSTFLPVKWMAPESIFDNLYTTLSDVWSYGILLWEIFSL GTPYPGMMVDSTFYNKIKSGYRMAKPDHATSEVYEIMVKCWNSEPEKRP FYHLSEIVENLLPGQYKKSIEKIHLDLFLKSDHPAVARMRVDSNAYIGVTY KNEEDKLKDWEGGLDEQRLSADSGYIIPDPIDPVPEEEDLGKRNHRSSQT EESA IETGSSSSTFIKREDETIEDIDMMDDIGIDSSDLVEDSFL
10	Human Ang-1 Uniprot no: Q15389 version number 2 as of January 1, 1998	MTVFLSFAFLAAILTHIGCSNQRRSPENSGRRYNRIQHGGQCA YTFILPEHD GNCRESTTDQYNTNALQRDAPHVEPDFSSQKLQHLEHVMENYTQWLQ KLENYIVENMKSEMAQIQQNAVQNHTATMLEIGTSLLSQTAEQTRKLT VETQVLNQTSRLEIQLENSLSTYKLEKQLLQQTNEILKIEKNSLLEHKI LEMEGKHKEELDTLKEEKENLQGLVTRQTYIIQELEKQLNRATTNNSVL QKQQLLELMDTVHNLVNLCTKEGVLLKGGKREEEKPFRCADVYQAGF NKSIGYTIYINNMPEPKKVFCNMDVNGGGWTVIQHREDGSLDFQRGWK EYKMGFGNPSGEYWLGNFIFAITSQRQYMLRIELMDWEGNRAYSQYD RFHIGNEKQNYRLYLKGHTGTAGKQSSLILHGADFSTKDADNDNCMCK CALMLTGGWWFDACGPSNLNGMFYTAGQNHGKLNIGIKWHYFKGPSYS LRSTTMMIRPLDF
11	Human HGF Uniprot no:	MWVTKLLPALLLQHVLHLLLLPIAIPYAEGQRKRRNTIHEFKKSAKTTL IKIDPALKIKTKKVNTADQCANRCTRNGLPFTCKAFVFDKARKQCLWF

SEQ ID NO.	What	Sequence
	P14210 version number 2 as of August 1, 1991	PFNSMSSGVKKEFGHEFDLYENKDYIRNCIIIGKGRSYKGTVSITKSGIKCQ PWSSMIPHEHSFLPSSYRGKDLQENYCRNPRGEEGGPWCFSTSNPEVRYE VCDIPQCSEVECMTCNGESYRGLMDHTESGKICQRWDHQTPHRHKFLPE RYPDKGFDDNYCRNPDGQPRWCYTLDPHTRWEYCAIKTCADNTMND TDVPLETTECIQQQGEGYRGTVNTIWNIGPCQRWDSQYPHEHDMTPENF KCKDLRENYCRNPDGSESPWCFTTDPNIRVGYCSQIPNCDMSHGQDCYR GNGKNYMGNLSQTRSGLTCSMWKDNMEDLHRHIFWEPDASKLNENYC RNPDDDAHGPWCYTGNPLIPWDYCPISRCEGDTTPTIVNLDHPVISCAT KQLRVVNGIPTRTNIGWMVSLRYRNKHICGGSLIKESWVLTARQCPSR DLKDYEAWLGIHVDVHGRGDEKCKQVLNVSQLVYGPESDGLVLMKLAR PAVLDDFVSTIDLPNYGCTIPEKTSCSVYGWGYTGLINYDGLLRVAHLYI MGNEKCSQHHRGKVTLNESEICAGAEKIGSGPCEGDYGGPLVCEQHKM RMVLGVIVPGRGCAIPNRPGIFVRVAYYAKWIHKIILTYKVPQS
12	PDGFB human Uniprot no: P01127 version number 1 as of July 21, 1986	MNRCWALFLSLCCYLRLVSAEGDPIPEELYEMLSDHSIRSFDDLQRLH DPGEEDGAELDLNMTSRSHSGGELESLARGRRSLGSLTIAEPAMIAECKTR TEVFEISRRLIDRTNANFLVWPPCVEVQRCSGCCNNRNVQCRPTQVQLR PVQVRKIEIVRKPIFKKATVTLEDHLACKCETVAAARPVTRSPGGSQEQ RAKTPQTRVTIRTVRVRRPPKGKHKRKFHHTDKTALKETLGA
13	Human IL-10 Uniprot no: P22301 version number 1 as of August 1, 1991	MHSSALLCCLVLLTGVRASPGQGTQSENSCTHFPGNLPNMLRDLRDAFS RVKTFQMKDQLDNLLLKESLLEDFKGYLGCAQALSEMIQFYLEEVMPO AENQDPDIKAHVNSLGENLKTLLRLRLRRCHRFLPCENKSKAVEQVKNAF NKLQEKGIYKAMSEFDIFINYIEAYMTMKIRN

Experimental Examples

[00113] 1. Cryopreservation of Umbilical Cord Tissue Prior to Isolation of Mesenchymal Stem Cells

[00114] Umbilical cord tissue (the umbilical cords were donated with informed consent of the mother) was processed for the subsequent isolation of the mesenchymal stem cells from the amniotic membrane of the umbilical cord as follows.

[00115] 1.1 Washing of umbilical cord tissue sample:

- a. Remove scalpels from the protective cover.
- b. Hold the umbilical cord securely using the forceps and cut the cord into a 10 cm length piece using a scalpel. Place the unusable cord back in the original tissue cup.
- c. Transfer the 10 cm long umbilical cord piece into a new 150 mm culture dish. The 150mm culture dish may be used in place of the cups.
- d. Use the cover of the 150 mm culture dish as a resting place for forceps and scalpel.
- e. Remove 25ml Plasmalyte A (Baxter, Catalog # 2B2543Q) with a 30 ml syringe. Hold the syringe at a 45° angle using one hand and dispense the Plasmalyte A directly onto the umbilical cord tissue.
- f. Holding the culture dish at a slight angle remove the Plasmalyte A with a 30 ml syringe and blunt needle.
- g. Collect used Plasmalyte A in a 300 ml transfer bag that serves as a trash container and dispose it in the biohazard bin.
- h. Repeat wash procedure, if necessary using a new culture dish for each wash. Make sure all blood clots on the surface have been removed. More Plasmalyte A can be used if needed to clean the tissue.
- i. Place the tissue into a new labeled tissue culture dish to continue cutting the tissue. Place 20 ml of Plasmalyte A into the dish so the tissue does not dry out while cutting it.
- j. Cut the cords into equal approximately 1-cm sections resulting in 10 sections in total.
- k. Further cut each 1 cm section into smaller pieces with approximately 0.3 cm x 0.3 cm to 0.5 cm x 0.5 cm per section.
- l. Remove any Plasmalyte A that is in the dish.
- m. Pull 25 ml Plasmalyte A with a 30 ml syringe from the original Plasmalyte A bag and dispense directly on the umbilical cord tissue pieces.
- n. Hold culture dish in an angle to collect all Plasmalyte A used for washing the tissue on one side and remove it with a syringe and blunt needle.
- o. Repeat wash one more time. There should not be any clots left.

[00116] NOTE: If the cord is not frozen right away, the umbilical cord tissue is kept in Plasmalyte A until ready to freeze.

[00117] 1.2 Cryopreservation of umbilical cord tissue:

- a. Prepare cryopreservation solution:
 - i. Prepare 50 ml freezing solution consisting of 60% Plasmalyte A, 30% of 5% Human Serum Albumin, and 10% dimethyl sulfoxide (DMSO).

- ii. Label a 150 ml transfer bag with “Tissue freeze solution” and attach a plasma transfer set to the port using aseptic technique.
- iii. Remove 30 ml Plasmalyte A with a 30 ml Syringe from the original Plasmalyte A bag and transfer it in the transfer bag labeled “tissue freeze solution” with the time and date solution is made.
- iv. Remove 15 ml of 5% Human Serum Albumin with a 20 ml syringe and transfer it into the labeled transfer bag.
- v. Add 5 ml DMSO to the transfer bag.
- vi. Mix well and record mixing of freeze solution
- b. Remove the Plasmalyte A from the tissue before adding the freeze solution.
- c. Using a 60 ml syringe, pull all 50 mls of the freeze solution into the syringe add approximately 30 ml freeze solution to the 150 mm cell culture dish containing the umbilical cord tissue. Place a blunt needle on the syringe to keep it sterile.
- d. Swirl the culture dish containing the tissue and freezing solution every minute for 10 minutes.
- e. Using forceps, select 8 randomly chosen sections and place them in each of the four 4 ml cryovials. Select 4 randomly chosen sections and place them into one 1.8 ml cryovial. These sections should be free of blood clots.
- f. Fill each cryovial containing the umbilical cord tissue with the remaining freezing solution to the 3.6 ml filling line for the 4 ml tubes and the 1.8 ml line for the 1.8 ml Nunc vial.
- g. Label one Bactec Lytic/10 - Anaerobic/F and one Bactec Plus Aerobic/F bottle with tissue ID.
- h. Remove 20 ml freeze solution from the culture dish with a syringe and a blunt needle, after wiping the Bactec vials with an alcohol swab, switch the blunt needle for an 18g needle and inoculate the aerobic and the anaerobic Bactec bottles with 10 ml each.
- i. Start controlled rate freezer.
- j. After controlled rate freeze is completed place the units in a continuous temperature monitored liquid nitrogen freezer until further use.

[00118] 2. Isolation of Mesenchymal Cord Lining Stem Cells from umbilical cord tissue

[00119] 2.1. Preparing media for processing MSCs from umbilical cord tissue:

- a. To make 500 ml PTT-6 (culture/growth media) add the following in the order listed:
 - i. DMEM, 250 ml
 - ii. M171 118 ml

- iii. DMEM F12 118 ml
- iv. FBS 12.5 ml (final concentration of 2.5%)
- v. EGF 1 ml (final concentration of 10ng/ml)
- vi. Insulin 0.175 ml (final concentration of 5µg/ml)

[00120] The above-mentioned volumes of components i. to vi when result in a final volume of 499.675 ml culture medium. If no further components are added to the culture medium, the remaining 0.325 ml (to add up to a volume of 500 ml) can, for example, be any of components i. to iv, that means either DMEM, M171, DMEM/F12 or FBS. Alternatively, the concentration of the stock solution of EGF or Insulin can of course be adjusted such that the total volume of the culture medium is 500 ml. Alternatively, a stock solution of an antibiotic such as Penicillin-Streptomycin-Amphotericin can be added to result in a final volume of 500 ml. It is also possible to add to the culture medium a volume of 0.325 ml of one or more of the following supplements: adenine, hydrocortisone, 3,3',5-Triiodo-L-thyronine sodium salt (T3), thereby reaching a total volume of 500 ml culture medium.

vii. Label the bottle "PTT-6" with date media was prepared, initial of the operator, and the phrase "expires on" followed by the expiration date. Expiration date is the earliest expiration date of any of the component or 1 month from the preparation date, whichever comes first.

b. To make the rinse media (Hank's Buffered Salt Solution (HBSS) without Calcium or Magnesium and with 5% FBS), add 2.5 ml FBS to 47.5 ml of HBSS in a 50 ml centrifuge tube. Label the tube "Rinse Media" with operator initials and date the media is made.

c. All media will be tested for sterility using Bactec Lytic/10 – Anaerobic/F (Becton Dickinson & Company) and Bactec Pluc + Aerobic/F (Becton Dickinson & Company). Inject 20 ml of prepared media into each bottle.

[00121] 2.2 Thawing of umbilical cord tissue for MSC harvesting:

- a. Initiate the thaw once an operator is prepared to process the sample in the clean room. Do not thaw more than 1 vial at a time unless the vials originate from the same donor.
- b. Wipe the water bath with disinfectant followed by 70% isopropanol and fill it with 1 L sterile water. Heat the water bath up to 36-38°C.
- c. Prepare 10 mL of rinse medium consisting of 70% to 90% PlasmaLyte A in the clean room under a biosafety cabinet. Sterile filter the solution with a 0.2-µm syringe filter attached to a 10 ml syringe and keep the solution refrigerated until use.

- d. Place a processing label on a 50 ml conical tube.
- e. Confirm water bath temperature is at 36-38°C.
- f. Take vial(s) of tissue from the liquid nitrogen storage and thaw rapidly in the 37°C water bath filled with 1L of sterile water. The vial holder for the Mr. Frosty Nalgene Cryo 1°C freezing container floats with vials in place and can be used as a floating rack when thawing samples.
- g. Remove the vial from the water bath and spray them with 70% Isopropanol solution. A good time to pull the vial from the water bath is when small ice can be seen floating in the vial – suggest internal temperature of the vial is less than 37°C.
- h. Place vial into pass-through and alert the clean room processing technician.

[00122] 2.3 Preparing for tissue processing:

- a. Umbilical cord tissue processing should be performed in an environmentally monitored (EM) clean room:. At the end of each shift, full room and hood cleaning are performed
- b. Prepare/clean the biosafety cabinet.
- c. Perform viable particle counting while working in the biosafety cabinet.
- d. Assemble all necessary supplies in the biosafety cabinet checking each for packaging damage and expiration dates. When handling syringes, serological pipets, sterile forceps, scalpels, tissue plates, and needles, make sure not to touch any surface that will come in contact with the sterile product. Only the exterior of the syringe barrel, tubing, plunger tip and/or needle cap or sheath may be safely handled. Discard supply if the surface has been touched or has touched a non-sterile surface.
- e. Record lot numbers and expiration dates (if applicable) of all reagents and supplies to be used.
- f. Receive the thawed vial by cleaning the vial with lint-free wipe moistened with 70% alcohol before transferring into the biosafety cabinet.
- g. Using an aspirating needle with a syringe, withdraw as much liquid from the vial. Avoid suctioning the tissue.
- h. Using sterile forceps, transfer the tissue into a sterile 100 mm petri dish.
- i. Add an aliquot of 5 ml rinse medium to the tissue fragments.
- j. Swirl the contents for 15-30 seconds, then remove the rinse medium with a pipette or syringe with aspirating needle. Repeat this rinse process twice.
- k. Add 2 mL of rinse medium to the tissue to avoid drying out the tissue.

[00123] 2.4. Initiating MSC outgrowth from tissue:

- a. Label the bottom of a 6-well plate “Outgrowth 1” with MSC lot number or umbilical cord tissue ID and the date outgrowth is initiated. If 60 mm tissue culture dish is used, divide the plate into 4 quadrants by drawing a grid on the bottom of the dish.
- b. Using sterile, disposable forceps, place one 3 x 3 mm to 5 x 5 mm tissue into each well. If using a 60 mm tissue culture dish, place the tissue into the middle of each quadrant to keep the tissues apart (more than 1 cm from each other).
- c. Fill each well with 3 ml of PTT-6.
- d. Using an aspirating needle coupled to 30 ml syringe, withdraw enough media to barely cover the tissue. Do not tilt the plate. Do not touch the bottom of the well with the aspirating needle.
- e. Using an inverted light microscope, observe for cell outgrowth every day (24 ± 6 hrs). Real time cell culture imaging system may be used in place of the light microscope.
- f. Change media every day. Be sure to equilibrate the media to room temperature before use.
- i. Aspirate off the medium.
- ii. Add 3 ml of PTT-6.
- iii. Aspirate until tissue is barely submerged in the medium.
- g. When cellular outgrowth is observed from the tissue, transplant the tissue to a new 6-well plate using the same procedure as 4.a to 4.e above except label the plate “Outgrowth 2”. Maintain cell outgrowth in “Outgrowth 1” plate by adding 2ml of PTT-6 to each well. Observe for confluency every day. Replace media every 2-3 days (be sure to equilibrate the media to room temperature before use).
- h. When cell outgrowth is observed in “Outgrowth 2” plate, repeat step 4.a to 4.e except label the plate “Outgrowth 3.” Maintain cell outgrowth in “Outgrowth 2” plate by adding 2 ml of PTT-6 to each well. Observe for confluency every day. Replace media every 2-3 days (be sure to equilibrate the media to room temperature before use).
- i. When outgrowth is observed in “Outgrowth 3” plate, discard the tissue. If the tissues are very small and do not seem to interfere with cell growth, dispose of the tissue when subculturing.
- j. When cells reach 40-50% confluency, observe cells every days to prevent over-expansion.
- k. When cells reach 70-80% confluency, subculture the cells. Do not allow cells to expand beyond 80% confluence.

[00124] With the size of the tissue explants being about 1-3mm, and the tissue explant/cell culture is performed in 175 mm squared culture dishes, the average number of mesenchymal stem cells harvested from an explant is typically about 4,000 - 6,000

cells/explant. Accordingly, when the mesenchymal stem cells are simultaneously grown out of 48 explants about 300,000 cells can be obtained at harvest. These 300,000 mesenchymal stem cells collected from explants can then be used for subculturing by seeding a 175cm² cell culture flask with such 300,000 cells as described in the following Example 2.5 (this can be referred to as Passage 1). The mesenchymal stem cells obtained from this passage 1 can then be used to seed again 175cm² flasks (Passage 2) and expand the cells as described in the following Example 2.5. The cells obtained from both Passage 1 and Passage 2 can be “banked” by cryo-preservation, with the mesenchymal stem cells obtained after Passage 2 being considered to represent the Master Cell Bank which will be for further expansion of the mesenchymal stem cells, for example, in a bioreactor as explained below in Example 2.7.

[00125] 2.5. Subculturing MSC in cell culture dishes

- a. Perform viable particle while working in the biosafety cabinet. Equilibrate all media to room temperature before use.
- b. When cell outgrowth reaches about 70-80% confluency, subculture cells.
 - i. Remove PTT-6 from the petri dish.
 - ii. Rinse with HBSS without Calcium or Magnesium.
 - iii. Add 0.2 ml 1X TrypLE-EDTA and swirl for 1-2 minutes.
 - iv. Tilt the dish 30-45° to allow cells to shift down by gravitational flow. Gentle tapping on the side of the plate expedites detachment.
 - v. Add 1ml of PTT-6. Pipette up and down gently then transfer cells to a 15 ml centrifuge tube. Use clean pipette tip with each well. Cells from all 6 wells can be pooled into a single 15ml tube.
 - vi. Centrifuge for 10 minutes at 1200 rpm.
 - vii. Remove supernatant and resuspend cells with 5ml PTT-6.
- c. Subculturing MSC
 - i. Aliquot 50 µl of the cell suspension and assay for TNC and viability by Trypan Blue Exclusion Assay.
 - ii. Count cells using a hemocytometer. Expect to count 20-100 cells/square. If the count higher than 100, dilute the original sample 1:5 and repeat Trypan Blue method using a hemocytometer.
 - iii. Calculate viable cells/ml and total viable cells:
 1. Viable cells/ml = viable cell count x dilution factor x 10⁴
 2. Total viable cells = viable cell count x dilution factor x total volume x 10⁴
 - iv. Calculate % viability:

1. % viability = viable cell count x 100 / (viable cell count + dead cell count)
- v. Dilute the cell suspension to 1.0×10^6 cells/ml:
 1. "X" volume = Total viable cells/ 10^6 cells/ml
 2. For example, if total viable cell number is 1.0×10^7 ;
 3. "X" = $10^7/10^6$ cells/ml or 10 ml, therefore, you would bring your total cell volume up to 10 ml by adding 5 ml to your cell suspension (that is at 5 ml).
- vi. If the cell suspension is less than 10^6 /ml, determine the volume required to seed 2×10^6 cells for each 150 mm petri dish or 175 cm² flask.
 1. Volume for 2×10^6 cells = 2×10^6 cells ÷ viable cells/ml
 2. For example, if viable cells/ml is 8×10^5 cells/ml, 2×10^6 cells ÷ 8×10^5 cells/ml or 2.5 ml are needed.
- vii. Set aside 0.5 ml for MSC marker analysis.
- viii. Seed 2×10^6 cells to each 150 mm petri dish or 175 cm² flask with 30 ml PTT-6.
- ix. Observe cells for attachment, colony formation, and confluence every three days. When cells reach 40-50% confluence, observe cells every one-two days to prevent over-expansion. DO NOT allow cells to expand beyond 80% confluence. A real time cell culturing monitoring system can be used in place of the light microscope.
- x. Replace media every 2-3 days.

[00126] 2.6 Cryopreserving MSC cells

- a. Perform viable particle while working in the biosafety cabinet.
- b. When cells reach 70-80% confluence, detach cells using 2 ml 1X TrypLE-EDTA for each 150 mm petri dish or 175 cm² flask.
 - i. Remove PTT-6 from the petri dish.
 - ii. Wash with 5ml HBSS or PBS without calcium or magnesium.
 - iii. Add 2 ml 1X TrypLE-EDTA and swirl for 1-2 minutes.
 - iv. Tilt the dish 30-45° to allow cells to shift down by gravitational flow. Gentle tapping on the side of the petri dish helps to expedite detachment.
 - v. Add 10 ml PTT-6 to inactivate TrypLE. Mix well to dissociate cell clumps.
 - vi. Transfer cells to 15 ml centrifuge tube using a Pasteur pipette.
 - vii. Centrifuge for 10 minutes at 1200 rpm.
 - viii. Aspirate medium and resuspend with 10 ml PTT-6.
 - ix. Aliquot 50 µl and determine total viable cell number and % viability as above. Cell count will need to be performed within 15 minutes as the cells may start clumping.
- c. Preparing cells for cryopreservation

- i. Prepare Cell Suspension Media and Cryopreservation Media and freeze the cells

[00127] 2.7. Subculturing (expansion) of MSC in a Quantum Bioreactor (Terumo BTC, Inc.)

[00128] It is also possible to use a Quantum Bioreactor can used to expand the MSC. The starting cell number for the expansion in the Quantum Bioreactor should range between 20 to 30 million cells per run. The typical yield per run is 300 to 700 million MSC at harvest. The Bioreactor is operated following the protocol of the manufacturer. The so obtained mesenchymal stem cells are typically cryo-preserved (see below) and serve as Working Cell Bank.

[00129] MATERIALS/ REAGENTS:

1. Quantum Expansion Set
2. Quantum Waste Bag
3. Quantum Media Bag
4. Quantum Inlet Bag
5. PTT-6
6. PBS
7. Fibronectin
8. TrypLE
9. 3ml syringe
10. Glucose test strips
11. Lactate test strips
12. 60ml Cell Culture Plate or equivalent
13. Medical Grade 5% CO₂ Gas-mix
14. 50ml Combi-tip

[00130] EQUIPMENT:

1. Biosafety Cabinet
2. Glucose Meter (Bayer Healthcare/Ascensia Contour Blood Glucose Meter)
3. Lactate Plus (Nova Biomedical)
4. Peristaltic pump with head
5. Centrifuge, Eppendorf 5810
6. Sterile Tube Connector
7. M4 Repeat Pipettor

8. RF Sealer

[00131] PROCEDURE:**1. Preparing the Quantum Bioreactor**

- a) Priming the Quantum Bioreactor
- b) Coating the bioreactor:
 - 1) Prepare the fibronectin solution in the biosafety cabinet.
 - 1) Allow lyophilized fibronectin to acclimate to room temperature (≥ 15 min at room temperature)
 - 2) Add 5ml of sterile distilled water; do not swirl or agitate
 - 3) Allow fibronectin to go into solution for 30 min.
 - 4) Using a 10 ml syringe attached with an 18g needle, transfer the fibronectin solution to a Ccell inlet bag containing 95ml of PBS.
 - 2) Attach the bag to the “reagent” line
 - 3) Check for bubbles (bubbles may be removed by using “Remove IC Air” or “Remove EC Air” and using “Wash” as the inlet source.
 - 4) Open or set up program for coating the bioreactor (Figure 1. Steps 3-5).
 - 5) Run the program
 - 6) While the program is running to coat the bioreactor, prepare a media bag with 4L of PTT-6 media.
 - 7) Attach the media bag to the IC Media line using a sterile tube connector.
 - 8) When the bioreactor coating steps are completed, detach the cell inlet bag used for fibronectin solution using a RF sealer.
- c) Washing off excess fibronectin
- d) Conditioning the bioreactor with media

2. Culturing the cells in the Quantum Bioreactor

- a) Loading and attaching the cells with Uniform Suspension:
- b) Feeding and cultivation of the cells
 - 1) Chose media flow rate to feed the cells.
 - 2) Sample for lactate and glucose everyday.
 - 3) Adjust the flow rate of the media as the lactate levels increase. The actual maximal tolerable lactate concentration will be defined by a flask culture from which the cells originate. Determine if adequate PTT-6 media is in the media bag. If necessary, replace the PTT-6 media bag with a fresh PTT-6 media bag.

- 4) When the flow rate has reached the desired value, measure lactate level every 8-12 hours. If the lactate level does not decrease or if the lactate level continues to increase, harvest the cells.

3. Harvesting the cells from the Quantum Bioreactor

- a) When lactate concentration does not decrease, harvest the cells after sampling for lactate and glucose for the last time.
- b) Harvesting the cells:
 - 1) Attach cell inlet bag filled with 100ml TrypLE to the “Reagent” line using a sterile tube connector.
 - 2) Confirm sufficient PBS is in the PBS bag. If not, attach a new bag with at least 1.7 liters of PBS to the “Wash” line using a sterile tube connector.
 - 3) Run the Harvest program

4. Cryopreserving the cells

- 1) Once the cells have been harvested, transfer the cells to 50ml centrifuge tube to pellet the cells.
- 2) Resuspend using 25ml of cold cell suspension solution. Count the cells using Sysmex or Biorad Cell counter. Attach the cell count report to the respective Quantum Processing Batch Record.
- 3) Adjust cell concentration to $2 \times 10^7/\text{ml}$
- 4) Add equal volume cryopreservation solution and mix well (do not shake or vortex)
- 5) Using a repeat pipettor, add 1ml of the cell suspension in cryopreservative to each 1.8ml vial. Cryopreserve using the CRF program as described in the SOP D6.100 CB Cryopreservation Using Controlled Rate Freezers
- 6) Store the vials in a designated liquid nitrogen storage space.
- 7) Attach the CRF run report to the form respective MSC P3-Quantum Processing Batch Record.

[00132] 3. Analysis of Stem Cell Marker Expression in Mesenchymal Cord Lining Stem Populations isolated from umbilical cord tissue, using different culture media

[00133] Flow cytometry experiments were carried out to analyse mesenchymal stem cells isolated from the umbilical cord for the expression of the mesenchymal stem cell markers CD73, CD90 and CD105.

[00134] For these experiments, mesenchymal stem cells were isolated from umbilical cord tissue by cultivation of the umbilical cord tissue in three different cultivation media,

followed by subculturing of the mesenchymal stem cells in the respective medium as set forth in Example 2.

[00135] The three following culture media were used in these experiments: a) 90% (v/v) DMEM supplemented with 10 % FBS (v/v), b) the culture medium PTT-4 described in US patent application application 2008/0248005 and the corresponding International patent application WO 2007/046775 that consist of 90% (v/v) CMRL1066, and 10% (v/v) FBS (see paragraph [0183] of WO 2007/046775 and c) the culture medium of the present invention PTT-6 the composition of which is described herein. In this flow cytometry analysis, two different samples of the cord lining mesenchymal stem cell (CLMC) population were analysed for each of the three used culture media.

[00136] The following protocol was used for the flow cytometry analysis.

[00137] Materials and methods

Instruments name	Company Name	Serial Name
BD FACS CANDO	BD	V07300367
Inverted Microscope, CKX41SF	Olympus	4K40846
Centrifuge, Micro spin Tabletop	Biosan	010213-1201-0003

Reagent list	Company Name	CatLog Number
10 X Trypsin	Biowest	X0930-100
10 X PBS	Lonza	17-517Q
DMEM	Lonza	12-604F
Fetal Bovine Serum	GE healthcare	A11-151

Antibody list	Company Name	CatLog Number
Human CD73 Purified AD2 0.1mg	BD	550256
Human CD90 Purified 5E10 1mL	BD	550402
Human CD105 Purified 266 0.1mg	BD	555690
Alexa Fluor 647 goat	BD	A21235

anti-mouse IgG (H+L) *2 mg/mL*		
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Reagents name	Composition
1 X PBS (1L)	100ml of 10 X PBS + 900ml of sterile distilled H2O
1x PBA (50ml)	49.5ml of 1XPBS + 0.5 ml of FBS

[00138] Procedure

a) *Cell isolation and cultivation from the umbilical cord lining membrane*

1. Explant tissue samples were incubated in a cell culture plate and submerged in the respective medium, then keep it in CO₂ incubator at 37°C as explained in Example 2.
2. The medium was changed every 3 days.
3. Cell outgrowth from tissue culture explants was monitored under light microscopy.
4. At a confluence of about 70%, cells were separated from dish by trypsinization (0.0125% trypsin/0.05% EDTA) and used for flow cytometry experiments.

b) *Trypsinization of cells for experiments*

1. Remove medium from cell culture plate
2. Gently rinse with sterile 1X PBS to remove traces of FBS as FBS will interfere with the enzymatic action of trypsin.
3. Add 1X trypsin to cell culture plate and incubate for 3-5 min in 37 °C.
4. Observe cells under microscope to ensure that they are dislodged. Neutralize trypsin by adding complete media containing FBS (DMEM with 10% FBS).
5. Use a pipette to break up cell clumps by pipetting cells in media against a wall of the plate. Collect and transfer cell suspension into 50 ml centrifuge tubes
6. Add sterile 1X PBS to plate and rinse it, Collect cell suspension into the same centrifuge tube.
7. Centrifuge it at 1800 rpm for 10 mins.
8. Discard supernatant and re-suspend cell pellet with PBA medium.

c) *Counting cells*

1. Ensure that the haemocytometer and its cover slip are clean and dry, preferably by washing them with 70% ethanol and letting them dry before wiping them with Kim wipes (lint-free paper).

2. Aliquot a small amount of cells in suspension into a micro centrifuge tube and remove from the BSC hood.
3. Stain cells in suspension with an equal volume of Trypan Blue, e.g. to 500µl of suspension add 500µl of Trypan Blue (dilution factor = 2X, resulting in 0.2% Trypan Blue solution).
4. Avoid exposure of cells to Trypan Blue for longer than 30 mins as Trypan Blue is toxic and will lead to an increase in non-viable cells, giving a false cell count.
5. Add 20 µl of the cell suspension mixture to each chamber of a haemocytometer and view under a light microscope.
 - a. Count the number of viable cells (bright cells; non-viable cells take up Trypan Blue readily and thus are dark) in each quadrant of the haemocytometer for a total of 8 quadrants in the upper and lower chamber.

Total cell count is given as (Average number of cells/quadrant) x 10⁴ cells/ml.

d) Staining cells

- i. Preparation before staining cells
 - Cell suspension are aliquot into 3 tubes (CD73, CD90, CD105) in duplicates and 2 tubes (negative control), each containing 50,000 cells.
- ii. Staining with primary antibody (Ab)
 - Add 1 µl [0.5mg/ml Ab] of primary antibody to 100ul cell suspension. Incubate at 4°C for 45 min.
 - Make up to 1ml with PBA.
 - Centrifuge 8000 rpm at 4°C for 5 mins.
 - Remove supernatant.
 - Add 1ml of PBA and re-suspend pellet
 - Centrifuge 8000 rpm at 4°C for 5 mins.
 - Remove supernatant.
 - Re-suspend in 100ul PBA.
- iii. Staining with secondary Ab – in the dark
 - Add 1ul [0.5mg/ml ab] of secondary antibody to 100ul cell suspension. Incubate at 4°C for 30 min.
 - Make up to 1ml with PBA.
 - Centrifuge 8000 rpm at 4°C for 5 mins.

- Remove supernatant.
- Add 1ml of PBA and re-suspend pellet
- Centrifuge 8000 rpm at 4°C for 5 mins.
- Remove supernatant
- Re-suspend in 200-300ul PBA for flow cytometry analysis
- Transfer cells to FACS tube for reading in BD FACS CANDO flow cytometry.

[00139] The results of the flow cytometry analysis are shown in **Fig. 6a** to **Fig.6c**. **Fig. 6a** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in DMEM/10% FBS, **Fig. 6b** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in PTT-4 and **Fig. 6c** shows the percentage of isolated mesenchymal cord lining stem cells expressing stem cell markers CD73, CD90 and CD105 after isolation from umbilical cord tissue and cultivation in PTT-6. As can be seen from **Fig. 6a**, the population isolated using DMEM/10 % FBS as culture medium cultivation has about 75% CD73+ cells, 78 % 90+ cells and 80 % CD105+ cells (average of two experiments), while after isolation/cultivation of umbilical cord tissue using PTT-4 culture medium (see **Fig. 6b**) the number of mesenchymal stem cells that are CD73-positive, CD90-positive and CD105-positive are about 87 % (CD73+ cells), 93 % /CD90+ cells) and 86 % (CD105+ cells) average of two experiments. The purity of the mesenchymal stem cell population that was obtained by means of cultivation in the PTT-6 medium of the present invention is at least 99.0 % with respect to all three markers (CD73, CD90, CD105), meaning the purity of this cell population is significant higher than for cultivation using PTT-4 medium or DMEM/10 % FBS. In addition, and even more importantly, the mesenchymal stem cell population obtained by means of cultivation in PTT-6 is essentially a 100% pure and defined stem cell population. This makes the stem cell population of the present invention the ideal candidate for stem cell-based therapies. Thus, this population of mesenchymal cord lining stem cells may become the gold standard for such stem cell-based therapeutic approaches.

[00140] The findings shown in Fig. 6 are further corroborated by the results of the flow cytometry analysis that are shown in **Fig. 7a** and **Fig.7b**. **Fig. 7a** shows the percentage of isolated mesenchymal cord lining stem cells (mesenchymal stem cells of the amniotic membrane of umbilical cord) that express the stem cell markers CD73, CD90 and CD105 and

lack expression of CD34, CD45 and HLA-DR after isolation from umbilical cord tissue and cultivation in PTT-6 medium. As shown in **Fig. 7a**, the mesenchymal stem cell population contained 97.5 % viable cells of which 100 % expressed each of CD73, CD90 and CD105 (see the rows “CD73+CD90+” and “CD73+CD105+”) while 99.2 % of the stem cell population did not express CD45 and 100 % of the stem cell population did not express CD34 and HLA-DR (see the rows “CD34-CD45-” and “CD34-HLA-DR-”). Thus, the mesenchymal stem cells population obtained by cultivation in PTT-6 medium is essentially a 100% pure and defined stem cell population that meets the criteria that mesenchymal stem cells are to fulfill to be used for cell therapy (95% or more of the stem cell population express CD73, CD90 and CD105, while 98 % or more of the stem cell population lack expression of CD34, CD45 and HLA-DR, see Sensebe et al.”Production of mesenchymal stromal/stem cells according to good manufacturing practices: a review”, *supra*). It is noted here that the present mesenchymal stem cells of the amniotic membrane adhere to plastic in standard culture conditions and differentiate *in vitro* into osteoblasts, adipocytes and chondroblasts, see US patents 9,085,755, US patent 8,287,854 or WO2007/046775 and thus meet the criteria generally accepted for use of mesenchymal stem cells in cellular therapy.

[00141] **Fig. 7b** shows the percentage of isolated bone marrow mesenchymal stem cells that express CD73, CD90 and CD105 and lack expression of CD34, CD45 and HLA-DR. As shown in **Fig. 7b**, the bone marrow mesenchymal stem cell population contained 94.3 % viable cells of which 100 % expressed each of CD73, CD90 and CD105 (see the rows “CD73+CD90+” and “CD73+CD105+”) while only 62.8 % of the bone marrow stem cell population lacked expression of CD45 and 99.9 % of the stem cell population lacked expression CD34 and HLA-DR (see the rows “CD34-CD45-” and “CD34-HLA-DR-”). Thus, the bone marrow mesenchymal stem cells that are considered to be the gold standard of mesenchymal stem cells are by far less homogenous/pure in terms of stem cell marker than the mesenchymal stem cells population (of the amniotic membrane of the umbilical cord) of the present application. This finding also shows that the stem cell population of the present invention may be the ideal candidate for stem cell-based therapies and may become the gold standard for stem cell-based therapeutic approaches.

[00142] **4. Analysis of Wound Healing Marker Protein Secretion in Mesenchymal Stem Cell Populations isolated cultivated in the culture medium of the invention**

[00143] Based on the highly remarkable results (obtaining an essentially 100% pure and defined mesenchymal stem cell population by cultivation in PTT-6) various isolated mesenchymal stem cell populations were cultivated in PTT-6 and were analysed with respect

to the secretion of wound healing marker protein compared to cultivation in PTT-4 medium (serving as the reference medium).

[00144] In more detail, the following isolated mesenchymal stem cell populations were analysed.

- mesenchymal stem cells of the amniotic membrane of umbilical cord (cord lining MSC/CL-MSC). This population of CL-MSC was isolated by tissue explant of human cord lining membrane as described in Example 2 of WO2007/046775 (cultivation in DMEM supplemented with 10% fetal bovine serum, DMEM/10% FBS)

- mesenchymal stem cells of the Wharton's jelly (WJ-MSC). This population of WJ-MSC was isolated by tissue explant (cultivation in DMEM with 4,500 mg/mL glucose and 2 mM L-glutamine, supplemented with 10% human serum/FBS and antibiotic solution) of Wharton's jelly of human umbilical cord as described by Beeravolu et al. "Isolation and Characterization of Mesenchymal Stromal Cells from Human Umbilical Cord and Fetal Placenta." J Vis Exp. 2017; (122): 55224.

- Adipose-tissue derived mesenchymal stem cells (AT-MSC). This population of AT-MSC was isolated from adipose tissue of donated skin tissue after abdominoplasty by tissue explant (cultivation in DMEM supplemented with 5% penicillin/streptomycin and 10% FBS) as described by Schneider et al, "Adipose-derived mesenchymal stem cells from liposuction and resected fat are feasible sources for regenerative medicine" Eur J Med Res. 2017; 22: 17

- Bone Marrow mesenchymal stem cells (BM-MSC). This population of BM-MSC was a gift of AO Foundation, Davos, Switzerland.

[00145] - placental mesenchymal stem cells (PT-MSC). This population of PT-MSC was isolated from placenta as described in Beeravolu et al. "Isolation and Characterization of Mesenchymal Stromal Cells from Human Umbilical Cord and Fetal Placenta." J Vis Exp. 2017; (122): 55224.

[00146] Culture Protocol for cultivation of the isolated MSCs

- 5 million MSCs from each source were plated in 100 mm tissue culture dishes in DMEM/F12/10%FCS for 24 hrs.
- Medium was discarded and PTT-6 / PTT-4 was added to culture for 24 hours.
- Discard medium and cells washed with PBS.
- 10 ml DMEM added to culture for 24 hours.
- Discard medium and 5 ml DMEM added to culture.

- After 24hrs culture, conditioned media were harvested, centrifuged to remove cell debris, supernatant aliquoted into tubes for storage at -80°C and subsequent analysis of marker protein secretion by cytokine assays

[00147] Cytokine Assays on PTT-6 vs. PTT-4 Media Supernatants from MSCs of CL-MSC, WJ-MSC, Bone Marrow MSC, and Adipose MSC Origin

Cytokine Detection was performed in MSC Supernatants. Measurements and analysis has been conducted using Luminex 200 and Xponent software.

[00148] The goal of this experiment was to measure relative levels of Multiplex (PDGF-AA, PDGF-BB, IL-10, VEGF, Ang-1, and HGF), TGFβ1 Singleplex, and bFGF2 Singleplex cytokines on cell culture supernatants. The supernatants are (MSC, mesenchymal stem cell; CL, cord lining; WJ, Wharton's Jelly; AT, adipose tissue; BM, bone marrow):

- CL-MSC cultured in PTT-4
- WJ-MSC cultured in PTT-4
- AT-MSC cultured in PTT-4
- BM-MSC cultured in PTT-4
- CL-MSC cultured in PTT-6
- WJ-MSC cultured in PTT-6
- AT-MSC cultured in PTT-6
- BM-MSC cultured in PTT-6

[00149] Each sample was tested in triplicate (3 wells) except the samples supplied in PTT-4, which were tested in 6 wells. In addition, samples CR001A, CR001C, CR001D, and CR001G were included as a positive control to validate the cytokine assay (the conditioned media from CR001A, CR001C, CR001D and CR001G were not prepared by cultivation of cells in PTT-6 or PTT-4)

[00150] The aim of this experiment was to generate cytokine profiles of MSCs cultured either in PTT-4 or PTT-6 and to compare the profiles of MSCs from different tissue origins (umbilical cord lining vs. Wharton's Jelly vs. adipose tissue vs. bone marrow). The profile will shed light onto which stem cell population grown in which medium would secrete more of the cytokines of interest in order to promote wound healing.

[00151] The plate set-up for all plates is described in Figure 8. The following acronyms are used in the following: MSC, mesenchymal stem cell; CL, cord lining; WJ, Wharton's Jelly; AT, adipose tissue; BM, bone marrow.

[00152] Multiplex analysis

[00153] Multiplex information:

[00154] R&D Systems/Bio-technique cat. # LXSAHM. This kit is lot # L123680, expires 08/28/18, with the following analytes:

- Ang-1, angiopoietin
- VEGF, vascular endothelial growth factor
- PDGF-AA, platelet-derived growth factor (PDGF-AA refers to disulfide-linked homodimer consisting of A chains, while PDGF-BB consists of a B homodimer. R&D states that PDGF-BB antibody detects PDGF-AB heterodimer as well)
- PDGF-BB
- HGF, hepatocyte growth factor
- IL-10, interleukin-10

[00155] TGFβ1 Singleplex information: R&D Systems/Bio-technique):

- Base kit, cat. # LTGM00, lot # P156217, received 02/27/18, expires 08/30/18.
- TGFβ1 component, cat. # LTGM100, lot # P161760, received 02/27/18, expires 11/27/19.

[00156] bFGF2 Singleplex information (used on March 19th, 2018): eBioscience/Thermo:

- Base kit, cat. # EPX010-10420-901, lot # 172174000, expires 01/31/20.
- bFGF2 component, cat. # EPX01A-12074-901, lot # 169751102, expires 12/31/19.

[00157] bFGF2 Singleplex information (used on March 22nd, 2018): eBioscience/Thermo:

- Base kit, cat. # EPX010-10420-901, lot # 172174000, expires 01/31/20.
- bFGF2 component, cat. # EPX01A-12074-901, lot # 166916102, expires 12/31/19.

[00158] Multiplex information:

[00159] R&D Systems/Bio-technique cat. # LXSAHM. This kit is lot # L123999, expires 09/25/18, with the following analytes:

- Ang-1, angiopoietin
- VEGF, vascular endothelial growth factor
- PDGF-AA, platelet-derived growth factor2,
- PDGF-BB
- HGF, hepatocyte growth factor
- IL-10, interleukin-10
- bFGF, basic fibroblast growth factor

[00160] Data entry

[00161] Raw data output is in PDF and Excel formats. Data in Excel format are used to process the data.

[00162] Procedure

[00163] Cytokine Detection in MSC Supernatants was carried out in accordance with the detailed protocol information. As part of this experiment, the protocol has a single amendment: Std. 8 in the Multiplex kit is no longer used. The reason for discontinuing Std. 8 is because R&D Systems protocol itself uses only Standards 1 through 6. Furthermore, Std. 8 was validated at ClinImmune for only two of the six analytes that comprise the Multiplex: PDGF-BB and HGF. In the case of PDGF-BB, this analyte was never detected in the supernatants. In the case of HGF, that analyte falls in the mid-region of the standard curve. Since the Standards are reconstituted using growth media, standard curves were constructed with both PTT-6 and PTT-4. Test samples grown in either PTT-6 or PTT-4 were extrapolated from respective standard curves.

[00164] The results were extrapolated by the Luminex software from the analyte-specific standard curve that is generated by the same software: the analysis algorithm is set to Logistic 5P Weighted with weighted analysis, using 1/y² for weighting.

[00165] Samples

1. PTT-4 and PTT-6 media (not exposed to MSCs)
2. Supernatants of MSC's to be tested
3. Optional: supernatants from CL-MSCs from different donors; CR001A, C, D, and G.

[00166] Experiments result summary**[00167]** TGFβ1 Singleplex Assay

- Used aliquot 1 of 3 – are shown in Figure 9. All error bars are standard deviation from triplicate measurements.

[00168] **Figure 9:** Singleplex measurement of TGFβ1. As can be seen cultures CL-MSC and WJ- MSC produce more TGFβ1 when grown in PTT-6 than when grown in PTT-4. Only AT-MSC and BM-MSC cultures produced more or less equal amounts of TGFβ1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from triplicate measurements.

[00169] 1st Multiplex Assay

- Used aliquot 1 of 3.
- PDGF-BB and IL-10 were not detected in any samples.

[00170] Data are depicted in Fig. 10 and 11.

[00171] **Figure 10: Fig.10A** Multiplex measurement of PDGF-AA. As can be seen cultures CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more PDGF-AA when grown in PTT-4 than when grown in PTT-6. All error bars are standard deviation from triplicate measurements. **Fig. 10B** Multiplex measurement of VEGF. As can be seen cultures

CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from triplicate measurements. **Fig.10C** Multiplex measurement of Ang-1. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more Ang-1 when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any Ang-1. All error bars are standard deviation from triplicate measurements.

[00172] **Figure 11:** Multiplex measurement of HGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more HGF when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any HGF. All error bars are standard deviation from triplicate measurements.

[00173] Multiplex Assay (with bFGF included)

- Used aliquot 3 of 3. Data are shown in Fig. 12-14.

[00174] **Figure 12:** Multiplex measurement of PDGF-AA. As can be seen cultures CL-MSC and WJ-MSC cultures produce more PDGF-AA when grown in PTT-4 than when grown in PTT-6. Cultures AT-MSC and BM-MSC produced equal amounts of PDGF-AA in both culture media. All error bars are standard deviation from triplicate measurements.

[00175] **Figure 13: Fig.13A** Multiplex measurement of VEGF. As can be seen cultures CL-MSC, WJ-MSC, AT-MSC and BM-MSC cultures produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from triplicate measurements. **Fig. 13B** Multiplex measurement of Ang-1 Multiplex Assay. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more Ang-1 when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any Ang-1. All error bars are standard deviation from triplicate measurements. **Fig.13C.** Multiplex measurement of HGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce much more HGF when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC essentially did not produce any HGF. All error bars are standard deviation from triplicate measurements.

[00176] **Figure 14:** Multiplex measurement of bFGF. As can be seen cultures CL-MSC and WJ-MSC cultures produce more bFGF when grown in PTT-6 than when grown in PTT-4. Cultures AT-MSC and BM-MSC produced equal amounts of bFGF when cultured in PTT-4 and PTT-6. All error bars are standard deviation from triplicate measurements.

- It should be noted that the bFGF samples are very low in abundance, at or near the lower end of detection limit.

[00177] Figures 15 to Figure 21 depict a summary of data obtained over different experiments.

[00178] Figure 15: Summarizes measurement of TGF β 1 over 5 different experiments (170328, 170804, 170814, 180105, 180226). Mean fluorescent intensity (MFI) measured for the TGF β standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the TGF β standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSc and WJ-MSc produce more TGF β 1 when grown in PTT-6 than when grown in PTT-4. AT-MSc and BM-MSc cultures produced equal amounts of TGF β 1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from different measurements for the experiments 170328, 170804, 170814, 180105, 180226.

[00179] Figure 16: Summarizes measurement of Ang-1 over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the Ang-1 standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the Ang-1 standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSc and WJ-MSc produce more Ang-1 when grown in PTT-6 than when grown in PTT-4. Only AT-MSc and BM-MSc cultures produced essentially equal amounts of Ang-1 when grown in PTT-6 or PTT-4. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[00180] Figure 17: Summarizes measurement of PDGF-BB over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the PDGF-BB standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the PDGF-BB standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. Notably, in none of the experiments PDGF-BB has been detected.

[00181] Figure 18: Summarizes measurement of PDGF-AA over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the PDGF-AA standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MSc, AT-MSc and BM-MSc and WJ-MSc cultures produce slightly more PDGF-AA when grown in PTT-4 than when grown in PTT-6. All error bars are standard deviation from measurements of experiments 170602, 170511, 170414, 170224, 180105, 180226.

[00182] Figure 19: Summarizes measurement of IL-10 over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI)

measured for the IL-10 standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the IL-10 standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. Notably, in none of the experiments IL-10 has been detected.

[00183] Figure 20: Summarizes measurement of VEGF over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the VEGF standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MS, AT-MS and BM-MS and WJ-MS produce more VEGF when grown in PTT-6 than when grown in PTT-4. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[00184] Figure 21: Summarizes measurement of HGF over 6 different experiments (170602, 170511, 170414, 170224, 180105, 180226). Mean fluorescent intensity (MFI) measured for the HGF standard curves across experiments is depicted in the graph below on the left-hand side. MFI for the HGF standard curves obtained in PTT-4 and PTT-6 medium are shown in above graphs. The graph below on the right-hand side depicts that cultures CL-MS, and WJ-MS produce more HGF when grown in PTT-6 than when grown in PTT-4. On the other hand cultures AT-MS and BM-MS did not produce as much HGF as the other cultures. All error bars are standard deviation from different measurements for the experiments 170602, 170511, 170414, 170224, 180105, 180226.

[00185] Cytokine Assays on PTT-6 vs. PTT-4 Media or DMEM/F12-Supernatants from MSCs of CL-MS, WJ-MS, and Placenta MS Origin

The cytokine detection was performed in MS Supernatants. Measurements and analysis were conducted as described above.

[00186] The goal of this experiment was to measure relative levels of Multiplex (PDGF-AA, PDGF-BB, IL-10, VEGF, Ang-1, and HGF), TGF β 1 Singleplex, and bFGF2 Singleplex cytokines on cell culture supernatants. The supernatants are obtained from mesenchymal stem cells from cord lining (CL), from Wharton's Jelly (WJ) and from placenta. The mesenchymal stem cells were cultivated in PTT-6, PPT-4 or DMEM/F12 medium.

- CL-MS cultured in PTT-4
- WJ-MS cultured in PTT-4
- Placental MS cultured in PTT-4
- CL-MS cultured in PTT-6
- WJ-MS cultured in PTT-6
- Placental MS cultured in PTT-6

- CL-MSC cultured in DMEM/F12
- WJ-MSC cultured in DMEM/F12

[00187] Each sample was tested in triplicate except the samples of supernatant of placental. The aim of this experiment was to generate cytokine profiles of MSCs cultured either in PTT-4 or PTT-6 and to compare the profiles of MSCs from different tissue origins (umbilical cord lining vs. Wharton's Jelly vs. placental MSC). The cytokine measurements were carried as described above. The profile will shed light onto which stem cell population grown in which medium would secrete more of the cytokines of interest in order to promote wound healing.

[00188] **Figure 22:** Singleplex measurement of TGF β 1. Mean fluorescent intensity (MFI) measured for the standard TGF β 1 curves across experiments is depicted in the graph on the left-hand side. As can be seen the graph on the right-hand side of CL-MSC, WJ-MSC and placental MSC produce more TGF β 1 when grown in PTT-6 than when grown in PTT-4 or DMEM/F12 (referred to only as DMEM in Fig. 22).

[00189] **Figure 23:** Summarizes measurement of PDGF-BB in the analysed supernatants of CL-MSC, WJ-MSC and placental MSC cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the PDGF-BB standard curves across experiments is depicted in the graph on the left-hand side. Notably, in none of the experiments PDGF-BB has been detected.

[00190] **Figure 24:** Summarizes measurement of IL-10 in the analysed supernatants of CL-MSC, WJ-MSC and placental MSC cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is depicted in the graph on the left-hand side. S6 denotes the lowest standard used in the assay. Any samples that fall below are considered below detection. As can be seen from the graph on the right-hand side, all of CL-MSC, WJ-MSC and placental MSC produce detectable levels of IL-10 when grown in PTT-6 while little or no IL-10 were detected when the MSC's were grown in PTT-4 or DMEM/F12.

[00191] **Figure 25:** Summarizes measurement of VEGF in the analysed supernatants of CL-MSC, WJ-MSC and placental MSC cultured in PTT-6, PTT-4 or DMEM/F12. Mean fluorescent intensity (MFI) measured for the VEGF standard curves across experiments is depicted in the graph on the left-hand side. S1 denotes the highest standard used in the assay. Any samples that fall above are considered extrapolated (too concentrated). As can be seen from the graph on the right-hand side, all of CL-MSC, WJ-MSC and placental MSC produce

much higher levels of VEGF when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[00192] Figure 26: Summarizes multiplex measurement of bFGF. Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph on the left-hand side. As can be seen from the graph on the right-hand side cultured CL-MSC and WJ-MSC produce more bFGF when grown in PTT-6 than when grown in PTT-4. As can be seen, all of CL-MSC, WJ- MSC and placental MSC produce much lower levels of bFGF when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[00193] Figure 27: Summarizes measurement of PDGF-AA. Mean fluorescent intensity (MFI) measured for the PDGF-AA standard curves across experiments is depicted in the graph on the left-hand side. S6 denotes the lowest standard used in the assay. Any samples that fall below are considered below detection As can be seen, all of CL-MSC, WJ- MSC and placental MSC produce higher levels of PDGF-AS when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[00194] Figure 28: Summarizes measurement of Ang-1. Mean fluorescent intensity (MFI) measured for the Ang-1 standard curves across experiments is depicted in the graph on the left-hand side. S1 denotes the highest standard used in the assay. Any samples that fall above are considered extrapolated (too concentrated).The graph on the right-hand side depicts that all of CL-MSC, WJ- MSC and placental MSC produce much higher levels of Ang-1 when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[00195] Figure 29: Summarizes measurement of HGF. Mean fluorescent intensity (MFI) measured for the HGF standard curves across experiments is depicted in the graph on the left-hand side. The graph on the right-hand side depicts that all of CL-MSC, WJ- MSC and placental MSC produce much higher levels of Ang-1 when grown in PTT-6 compared to when the MSC's were grown in PTT-4 or DMEM/F12.

[00196] From the above described experiments the following can be concluded. When mesenchymal stem cells, in particular mesenchymal stem cells isolated from a compartment of the umbilical cord or isolated from the placenta, are cultured in PTT-6 medium, the secretion of the factors Angiopoietin 1 (Ang-1), TGF- β 1, VEGF, and HGF by the mesenchymal stem cell population is significantly increased when compared to their production level in PTT-4 medium or a commercially available culture medium such as DMEM/F12. Notably, PTT-6 medium is able to increase the production/secretion of these

factors irrespective of the natural environment/ compartment of the mesenchymal stem population.

[00197] Since the PTT-6 medium causes secretion of all of Ang-1, TGF- β 1, VEGF, and HGF (the involvement of which in wound healing is known, as discussed herein) in mesenchymal stem cell populations, it is clear that the PTT-6 medium has the effect of inducing or improving wound healing properties of a wide range of mesenchymal stem cell population, irrespective of the natural environment/ compartment of the mesenchymal stem population from which the mesenchymal stem cells have been originally derived - it is noted here again that Experiment 4 was carried out with cell populations that had been isolated from their natural environment prior to cultivation in PTT-6.

[00198] In addition, cultivation of mesenchymal stem cells in PTT-6 by tissue explant provides a highly homogenous mesenchymal stem cell population (that contained 97.5 % viable cells of which 100 % expressed each of CD73, CD90 and CD105 while 99.2 % of the stem cell population did not express CD45 and 100 % of the stem cell population did not express CD34 and HLA-DR (see the rows "CD34-CD45-" and "CD34-HLA-DR-") of the amniotic membrane of the umbilical. Since the cultivation of a mesenchymal stem cell population of Wharton's Jelly in PTT-6 has the same positive effect on production of the cytokines Ang-1, TGF- β 1, VEGF, and HGF as it has on the production of these cytokines in cord lining stem cells, it can be expected that cultivation of Wharton's jelly in PTT-6 will also result in such a highly homogenous mesenchymal Wharton's jelly stem cell population. It can therefore also be expected that tissue explant of other compartments of the umbilical cord such as cultivation of the umbilical cord vessel will result in a perivascular (PV) mesenchymal stem cell population of similar homogeneity. Likewise, tissue explant of placental tissue including the amniotic membrane of placenta by cultivation in PTT-6 can be expected to yield a placental mesenchymal stem cell population of similar homogeneity. Thus, the present provides a generally applicable methodology to obtain a mesenchymal stem cell population, wherein at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population express each of CD73, CD90 and CD105 and lack expression of each of CD34, CD45 and HLA-DR.

[00199] The invention is also characterized by the following items.

1. A method of inducing or improving wound healing properties of a mesenchymal stem cell population, the method comprising cultivating the mesenchymal stem cell population

in a culture medium comprising DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum).

2. The method of item 1, wherein the mesenchymal stem cell population is selected from the group consisting of a mesenchymal stem cell population of the umbilical cord, a placental mesenchymal stem cell population, a mesenchymal stem cell population of the cord-placenta junction, a mesenchymal stem cell population of the cord blood, a mesenchymal stem cell population of the bone marrow, and an adipose-tissue derived mesenchymal stem cell population.

3. The method of item 2, wherein the mesenchymal stem cell population of the umbilical cord is selected from the group consisting of a mesenchymal stem cell population of the amnion (AM), a perivascular (PV) mesenchymal stem cell population, a mesenchymal stem cell population of Wharton's jelly (WJ), a mesenchymal stem cell population of the amniotic membrane of umbilical cord and a mixed mesenchymal stem cell population of the umbilical cord (MC).

4. The method of any of items 1 to 3, wherein the culture medium comprises DMEM in a final concentration of about 55 to 65 % (v/v), F12 in a final concentration of about 5 to 15 % (v/v), M171 in a final concentration of about 15 to 30 % (v/v) and FBS in a final concentration of about 1 to 8 % (v/v).

5. The method of item 4, wherein the culture medium comprises DMEM in a final concentration of about 57.5 to 62.5 % (v/v), F12 in a final concentration of about 7.5 to 12.5 % (v/v), M171 in a final concentration of about 17.5 to 25.0 % (v/v) and FBS in a final concentration of about 1.75 to 3.5 % (v/v).

6. The method of item 5, wherein the culture medium comprises DMEM in a final concentration of about 61.8 % (v/v), F12 in a final concentration of about 11.8 % (v/v), M171 in a final concentration of about 23.6 % (v/v) and FBS in a final concentration of about 2.5 % (v/v).

7. The method of any of items 1 to 6, wherein the culture medium further comprises Epidermal Growth Factor (EGF) in a final concentration of about 1 ng/ml to about 20 ng/ml.

8. The method of item 7, wherein the culture medium comprises EGF in a final concentration of about 10ng/ml.
9. The method of any of items 1 to 8, wherein the culture medium comprises Insulin in a final concentration of about 1 µg/ml to 10 µg/ml.
10. The method of item 9, wherein the culture medium comprises Insulin in a final concentration of about 5µg/ml.
11. The method of any of items 1 to 10, wherein the culture medium further comprises at least one of the following supplements: adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3).
12. The method of any of items 1 to 11, wherein the culture medium comprises all three of adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3).
13. The method of item 12 or 13, wherein the culture medium comprises adenine in a final concentration of about 0.01 to about 0.1 µg/ml adenine, hydrocortisone in a final concentration of about 0.1 to about 10 µg/ml hydrocortisone and/or 3, 3', 5-Triiodo-L-thyronine sodium salt (T3) in a final concentration of about 0.5 to about 5 ng/ml.
14. The method of any of items 1 to 13, wherein cultivating the mesenchymal stem cell population in the culture medium as defined in any of the foregoing items 1 to 13 results in an increase of the expression and/or secretion of at least one of Angiopoietin 1 (Ang-1), TGF-β (in particular TGF-β1), VEGF, and HGF by the mesenchymal stem cell population relative to a reference culture medium that does not comprise all of DMEM (Dulbecco's modified eagle medium), F12 (Ham's F12 Medium), M171 (Medium 171) and FBS (Fetal Bovine Serum).
15. The method of item 14, wherein the reference medium consists of 90% (v/v) CMRL1066, and 10% (v/v) FBS.

16. The method of any of the foregoing items, wherein the mesenchymal stem cell population has been isolated from its natural environment prior to cultivation in the culture medium as defined in any of the foregoing items 1 to 13.
17. The method of any of items 1 to 15, comprising isolating the mesenchymal stem cell population from a natural tissue environment by cultivating the natural tissue in the cell culture medium as defined in any of the foregoing items 1 to 13.
18. The method of item 17, wherein the tissue is an umbilical cord tissue.
19. The method of item 18, wherein the umbilical cord tissue is selected from the group consisting of tissue of the entire umbilical cord, tissue comprising the amniotic membrane of umbilical cord, tissue comprising Wharton's jelly, tissue comprising the amniotic membrane, the amnion and Wharton's jelly, the isolated umbilical cord blood vessels, Wharton's jelly separated from the other components of umbilical cord tissue, and isolated amniotic membrane of the umbilical cord.
20. The method of item 17, wherein the tissue comprises or is amniotic membrane tissue of placenta.
21. The method of any of the foregoing items 17 to 20, wherein the umbilical cord tissue is a piece of the entire umbilical cord, a piece of the amniotic membrane of the umbilical cord or a piece of the amniotic membrane of placenta.
22. The method of any of items 19 to 22, comprising culturing the umbilical cord tissue or the amniotic membrane tissue of the placenta till the cell outgrowth of the mesenchymal stem cell population of the amniotic membrane reaches about 70-80% confluency.
23. The method of item 22, comprising removing the mesenchymal stem cell population from the cultivation container used for the cultivation.
24. The method of item 23, wherein removing the mesenchymal stem cell population from the cultivation container is carried out by enzymatic treatment.
25. The method of item 24, wherein the enzymatic treatment comprises trypsination.

26. The method of any of items 23 to 25, wherein the mesenchymal stem cell population is transferred for subculturing to a cultivation container for subculturing.
27. The method of any of items 1 to 16, wherein the mesenchymal stem cell population is transferred for culturing to a cultivation container for subculturing.
28. The method of item 26 or 27, wherein the mesenchymal cell population is suspended for culturing or subculturing at a concentration 1.0×10^6 cells/ml.
29. The method of item 28, wherein the mesenchymal stem cell population is subcultured in a culture medium as defined in any of the items 1 to 13.
30. The method of item 29, wherein the mesenchymal stem cell population is subcultured till the mesenchymal stem cells reach about 70-80% confluency.
31. The method of any of items 26 to 30, wherein the culturing or subculturing is carried out in a self-contained bioreactor.
32. The method of item 31, wherein the bioreactor is selected from the group consisting of a parallel-plate bioreactor, a hollow-fiber bioreactor and and a micro-fluidic bioreactor.
33. The method of any of the foregoing items wherein cultivation is carried out in a CO₂ cell culture incubator at a temperature of 37°C.
34. The method of item 33, comprising removing the mesenchymal stem cell population from the cultivation container used for the (sub)cultivation.
35. The method of item 34, wherein removing the mesenchymal stem cell population from the cultivation container is carried out by enzymatic treatment.
36. The method of item 35, wherein the enzymatic treatment comprises trypsination.
37. The method of item 36, further comprising collecting the isolated mesenchymal stem cell population.

38. The method of any of the foregoing items, wherein at least about 90 % or more, about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells express the following markers: CD73, CD90 and CD105.

39. The method of any of the foregoing items, wherein at least about 90 % or more, about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells lack expression of the following markers: CD34, CD45 and HLA-DR (Human Leukocyte Antigen – antigen D Related).

40. The method of any of items 38 or 39, wherein about 97 % or more, about 98 % or more about 99 % or more of the isolated mesenchymal stem cells express CD73, CD90 and CD105 and lack expression of CD34, CD45 and HLA-DR.

41. The method of any of the foregoing items, further comprising preserving the isolated stem/progenitor cell population for further use.

42. The method of item 41, wherein preserving is carried out by cryo-preservation.

43. An isolated mesenchymal stem population, wherein at least about 90 % or more cells of the stem cell population express each of the following markers: CD73, CD90 and CD105.

44. The mesenchymal stem cell population of item 43, wherein least about 90 % or more cells of the stem cell population lack expression of the following markers: CD34, CD45 and HLA-DR.

45. The mesenchymal stem cell population of item 44, wherein at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population express each of CD73, CD90 and CD105 and lack expression of each of CD34, CD45 and HLA-DR.

46. The mesenchymal stem cell population of any of items 43 to 45, wherein the mesenchymal stem cell population is selected from the group consisting of a mesenchymal stem cell population of the umbilical cord, a placental mesenchymal stem cell population, a mesenchymal stem cell population of the cord blood, a mesenchymal stem cell population of the bone marrow, and an adipose-tissue derived mesenchymal stem cell population.

47. The mesenchymal stem cell population of any of items 43 to 46, wherein the mesenchymal stem cell population of the umbilical cord is selected from the group consisting of a mesenchymal stem cell population of the amnion (AM), a perivascular (PV) mesenchymal stem cell population, a mesenchymal stem cell population of Wharton's jelly (WJ), a mesenchymal stem cell population of the amniotic membrane of umbilical cord and a mixed mesenchymal stem cell population of the umbilical cord (MC).

48. The mesenchymal stem cell population of any of items 43 to 47, wherein the population is obtainable by the method as defined in any of items 1 to 42.

49. The mesenchymal stem cell population of any of items 43 to 48, wherein the population is obtained by the method as defined in any of items 1 to 42.

50. A pharmaceutical composition comprising an isolated mesenchymal stem cell population as defined in any of items 43 to 47, wherein at least about 90 % or more cells of the stem cell population express each of the following markers: CD73, CD90 and CD105 and lack expression of each of the following markers: CD34, CD45 and HLA-DR.

51. The pharmaceutical composition of item 50, wherein the pharmaceutical composition is adapted for systemic or topical application.

52. The pharmaceutical composition of item 50 or 51, further comprising a pharmaceutically acceptable excipient.

53. A method of making a culture medium suitable of inducing or improving wound healing properties of a mesenchymal stem cell population, the method comprising, mixing to obtain a final volume of 500 ml culture medium:

- i. 250 ml of DMEM
- ii. 118 ml M171
- iii. 118 ml DMEM/F12
- iv. 12.5 ml Fetal Bovine Serum (FBS) (final concentration of 2.5%)

54. The method of item 53, further comprising adding

- v. 1 ml EGF stock solution (5 µg/ml) to achieve a final concentration of 10ng/ml
- vi. Insulin 0.175 ml stock solution (14.28 mg/ml) to achieve a final concentration of 5µg/ml.

55. The method of item 53 or 54, further comprising adding to DMEM one or more of the following supplements: adenine, hydrocortisone, 3,3',5-Triiodo-L-thyronine sodium salt (T3), thereby reaching a total volume of 500 ml culture medium.

56. The method of item 55, wherein the final concentration of the supplements in DMEM are as follows:

about 0.05 to 0.1 µg/ml adenine, for example about 0.025 µg/ml adenine,
about 1 to 10 µg/ml hydrocortisone,
about 0.5 to 5 ng/ml 3,3',5-Triiodo-L-thyronine sodium salt (T3), for example 1.36 ng/ml 3,3',5-Triiodo-L-thyronine sodium salt (T3).

57. A cell culture medium obtainable by the method of any of items 53 to 56.

58. A method of inducing or improving wound healing properties of a mesenchymal stem cell population, comprising cultivating amniotic membrane tissue in the culture medium prepared by the method as defined in any of items 53 to 56.

59. The method of item 58, wherein the mesenchymal stem cell population is selected from the group consisting of a mesenchymal stem cell population of the umbilical cord, a placental mesenchymal stem cell population, a mesenchymal stem cell population of the cord blood, a mesenchymal stem cell population of the bone marrow, and an adipose-tissue derived mesenchymal stem cell population.

60. The method of item 59, wherein the mesenchymal stem cell population of the umbilical cord is selected from the group consisting of a mesenchymal stem cell population of the amnion (AM), a perivascular (PV) mesenchymal stem cell population, a mesenchymal stem cell population of Wharton's jelly (WJ), a mesenchymal stem cell population of the amniotic membrane of umbilical cord and a mixed mesenchymal stem cell population of the umbilical cord (MC).

61. A cell culture medium comprising:

- DMEM in the final concentration of about 55 to 65 % (v/v),
- F12 in a final concentration of about 5 to 15 % (v/v),
- M171 in a final concentration of about 15 to 30 % (v/v) and
- FBS in a final concentration of about 1 to 8 % (v/v).

62. The cell culture medium of item 61, wherein the culture medium comprises DMEM in the final concentration of about 57.5 to 62.5 % (v/v), F12 in a final concentration of about 7.5 to 12.5 % (v/v), M171 in a final concentration of about 17.5 to 25.0 % (v/v) and FBS in a final concentration of about 1.75 to 3.5 % (v/v).

63. The cell culture medium of item 62, wherein the culture medium comprises DMEM in a final concentration of about 61.8 % (v/v), F12 in a final concentration of about 11.8 % (v/v), M171 in a final concentration of about 23.6 % (v/v) and FBS in a final concentration of about 2.5 % (v/v).

64. The cell culture medium of any of items 61 to 62, wherein the culture medium further comprises Epidermal Growth Factor (EGF) in a final concentration of about 1 ng/ml to about 20 ng/ml.

65. The cell culture medium of any of items 61 to 65, wherein the culture medium comprises EGF in a final concentration of about 10ng/ml.

66. The cell culture medium of any of items 61 to 65, wherein the culture medium comprises Insulin in a final concentration of about 1 µg/ml to 10 µg/ml.

67. The cell culture medium of item 66, wherein the culture medium comprises Insulin in a final concentration of about 5 μ g/ml.

68. The cell culture medium of any of items 61 to 67, wherein the culture medium further comprises at least one of the following supplements: adenine, hydrocortisone, and 3,3',5-Triiodo-L-thyronine sodium salt (T3).

69. The cell culture medium of item 68, wherein the culture medium comprises all three of adenine, hydrocortisone, and 3, 3', 5-Triiodo-L-thyronine sodium salt (T3).

70. The cell culture medium of item 68 or 69, wherein the culture medium comprises adenine in a final concentration of about 0.05 to about 0.1 μ g/ml adenine, hydrocortisone in a final concentration of about 1 to about 10 μ g/ml hydrocortisone and/or 3, 3', 5-Triiodo-L-thyronine sodium salt (T3) in a final concentration of about 0.5 to about 5 ng/ml.

71. The cell culture medium of any of items 61 to 70, wherein 500 ml of the cell culture medium comprise:

- i. 250 ml of DMEM
- ii. 118 ml M171
- iii. 118 ml DMEM/F12
- iv. 12.5 ml Fetal Bovine Serum (FBS) (final concentration of 2.5%)

72. The cell culture medium of item 71, further comprising

- v. EGF in a final concentration of 10ng/ml
- vi. Insulin in a final concentration of 5 μ g/ml.
- vi. Insulin 0.175 ml (final concentration of 5 μ g/ml)

73. The cell culture medium of item 71 or 72, further comprising adenine in a final concentration of about 0.05 to about 0.1 μ g/ml adenine, hydrocortisone in a final concentration of about 1 to about 10 μ g/ml hydrocortisone and/or 3,3',5-Triiodo-L-thyronine sodium salt (T3) in a final concentration of about 0.5 to about 5 ng/ml.

74. The use of a cell culture medium as defined in any of items 61 to 73 for inducing or improving wound healing properties of a mesenchymal stem cell population.

75. The use of a cell culture medium as defined in any of items 61 to 73 for isolation of a mesenchymal stem cell population.

76. The use of item 74 or 75, wherein the mesenchymal stem cell population is selected from the group consisting of a mesenchymal stem cell population of the umbilical cord, a placental mesenchymal stem cell population, a mesenchymal stem cell population of the cord blood, a mesenchymal stem cell population of the bone marrow, and an adipose-tissue derived mesenchymal stem cell population.

77. The use of item 76, wherein the mesenchymal stem cell population of the umbilical cord is selected from the group consisting of a mesenchymal stem cell population of the amnion (AM), a perivascular (PV) mesenchymal stem cell population, a mesenchymal stem cell population of Wharton's jelly (WJ), a mesenchymal stem cell population of the amniotic membrane of umbilical cord and a mixed mesenchymal stem cell population of the umbilical cord (MC).

78. The use of any of items 74 to 77, wherein at least about 90 % or more cells of the mesenchymal stem cell population express each of the following markers: CD73, CD90 and CD105.

79. The use of item 78, wherein least about 90 % or more cells of the mesenchymal stem cell population lack expression of the following markers: CD34, CD45 and HLA-DR.

80. The use of item 79, wherein at least about 91 % or more, about 92 % or more, about 93 % or more, about 94 % or more, about 95 % or more, about 96 % or more, about 97 % or more, about 98 % or more about 99 % or more cells of the isolated mesenchymal stem cell population express each of CD73, CD90 and CD105 and lack expression of each of CD34, CD45 and HLA-DR.

81. A pharmaceutical composition containing three or four of Ang-1, TGF- β 1, VEGF, or HGF as the only wound healing proteins.

82. The pharmaceutical composition of item 81, formulated as a liquid or as lyophilisate/freeze-dried formulation.

[00200] It will be readily apparent to a person skilled in the art that varying substitutions and modifications may be made to the invention disclosed herein without departing from the scope and spirit of the invention.

[00201] All patents and publications mentioned in the specification are indicative of the levels of those of ordinary skill in the art to which the invention pertains. All patents and publications are herein incorporated by reference to the same extent as if each individual publication was specifically and individually indicated to be incorporated by reference.

[00202] The inventions illustratively described herein may suitably be practiced in the absence of any element or elements, limitation or limitations, not specifically disclosed herein. Thus, for example, the terms "comprising", "including", "containing", etc. shall be read expansively and without limitation. Additionally, the terms and expressions employed herein have been used as terms of description and not of limitation, and there is no intention in the use of such terms and expressions of excluding any equivalents of the features shown and described or portions thereof, but it is recognized that various modifications are possible within the scope of the invention claimed. Thus, it should be understood that although the present invention has been specifically disclosed by preferred embodiments and optional features, modification and variation of the inventions embodied therein herein disclosed may be resorted to by those skilled in the art, and that such modifications and variations are considered to be within the scope of this invention. The invention has been described broadly and generically herein. Each of the narrower species and subgeneric groupings falling within the generic disclosure also form part of the invention. This includes the generic description of the invention with a proviso or negative limitation removing any subject matter from the genus, regardless of whether or not the excised material is specifically recited herein. In addition, where features or aspects of the invention are described in terms of Markush groups, those skilled in the art will recognize that the invention is also thereby described in terms of any individual member or subgroup of members of the Markush group. Further embodiments of the invention will become apparent from the following claims.