DIFFERENTIATION OF HUMAN EMBRYONIC STEM CELLS

CROSS REFERENCE TO RELATED APPLICATION

[0001] The present application claims the benefit of U.S. Provisional Patent Application Serial No. 61/378,472, filed August 31, 2010, which is incorporated herein by reference in its entirety for all purpose.

FIELD OF THE INVENTION

[0002] The present invention provides methods to promote the differentiation of pluripotent stem cells into insulin producing cells. In particular, the present invention provides a method to produce a population of cells, wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage.

BACKGROUND

[0003] Advances in cell-replacement therapy for Type I diabetes mellitus and a shortage of transplantable islets of Langerhans have focused interest on developing sources of insulin-producing cells, or β cells, appropriate for engraftment. One approach is the generation of functional β cells from pluripotent stem cells, such as, for example, embryonic stem cells.

[0004] In vertebrate embryonic development, a pluripotent cell gives rise to a group of cells comprising three germ layers (ectoderm, mesoderm, and endoderm) in a process known as gastrulation. Tissues such as, for example, thyroid, thymus, pancreas, gut, and liver, will develop from the endoderm, via an intermediate stage. The intermediate stage in this process is the formation of definitive endoderm. Definitive endoderm cells express a number of markers, such as, HNF3 beta, GATA4, MIXL1, CXCR4 and SOX17.

[0005] Formation of the pancreas arises from the differentiation of definitive endoderm into pancreatic endoderm. Cells of the pancreatic endoderm express the pancreatic-duodenal homeobox gene, PDX1. In the absence of PDX1, the pancreas fails to develop beyond the formation of ventral and dorsal buds. Thus, PDX1 expression marks a critical step in pancreatic organogenesis. The mature pancreas contains,

among other cell types, exocrine tissue and endocrine tissue. Exocrine and endocrine tissues arise from the differentiation of pancreatic endoderm.

[0006] Cells bearing the features of islet cells have reportedly been derived from embryonic cells of the mouse. For example, Lumelsky *et al*. (Science 292:1389, 2001) report differentiation of mouse embryonic stem cells to insulin-secreting structures similar to pancreatic islets. Soria *et al*. (Diabetes 49:157, 2000) report that insulin-secreting cells derived from mouse embryonic stem cells normalize glycemia in streptozotocin-induced diabetic mice.

[0007] In one example, Hori *et al*. (PNAS 99: 16105, 2002) disclose that treatment of mouse embryonic stem cells with inhibitors of phosphoinositide 3-kinase (LY294002) produced cells that resembled β cells.

[0008] In another example, Blyszczuk *et al*. (PNAS 100:998, 2003) reports the generation of insulin-producing cells from mouse embryonic stem cells constitutively expressing Pax4.

[0009] Micallef *et al*. reports that retinoic acid can regulate the commitment of embryonic stem cells to form PDX1 positive pancreatic endoderm. Retinoic acid is most effective at inducing Pdx1 expression when added to cultures at day 4 of embryonic stem cell differentiation during a period corresponding to the end of gastrulation in the embryo (Diabetes 54:301, 2005).

[00010] Miyazaki *et al*. reports a mouse embryonic stem cell line over-expressing Pdx1. Their results show that exogenous Pdx1 expression clearly enhanced the expression of insulin, somatostatin, glucokinase, neurogenin3, p48, Pax6, and Hnf6 genes in the resulting differentiated cells (Diabetes 53: 1030, 2004).

[0010] Skoudy *et al*. reports that activin A (a member of the TGF-β superfamily) upregulates the expression of exocrine pancreatic genes (p48 and amylase) and endocrine genes (Pdx1, insulin, and glucagon) in mouse embryonic stem cells. The maximal effect was observed using 1nM activin A. They also observed that the expression level of insulin and Pdx1 mRNA was not affected by retinoic acid; however, 3nM FGF7 treatment resulted in an increased level of the transcript for Pdx1 (Biochem. J. 379: 749, 2004).

[0011] Shiraki *et al.* studied the effects of growth factors that specifically enhance differentiation of embryonic stem cells into PDX1 positive cells. They observed that TGF-β2 reproducibly yielded a higher proportion of PDX1 positive cells (Genes Cells. 2005 Jun; 10(6): 503-16.).

[0012] Gordon *et al*. demonstrated the induction of brachyury [positive]/ HNF3 beta [positive] endoderm cells from mouse embryonic stem cells in the absence of serum and in the presence of activin along with an inhibitor of Wnt signaling (US 2006/0003446A1).

[0013] Gordon *et al*. (PNAS, Vol 103, page 16806, 2006) states "Wnt and TGF-beta/ nodal/ activin signaling simultaneously were required for the generation of the anterior primitive streak".

[0014] However, the mouse model of embryonic stem cell development may not exactly mimic the developmental program in higher mammals, such as, for example, humans.

[0015] Thomson *et al*. isolated embryonic stem cells from human blastocysts (Science 282:114, 1998). Concurrently, Gearhart and coworkers derived human embryonic germ (hEG) cell lines from fetal gonadal tissue (Shamblott *et al*., Proc. Natl. Acad. Sci. USA 95:13726, 1998). Unlike mouse embryonic stem cells, which can be prevented from differentiating simply by culturing with Leukemia Inhibitory Factor (LIF), human embryonic stem cells must be maintained under very special conditions (U.S. Pat. No. 6,200,806; WO 99/20741; WO 01/51616).

[0016] D'Amour *et al*. describes the production of enriched cultures of human embryonic stem cell-derived definitive endoderm in the presence of a high concentration of activin and low serum (Nature Biotechnology 2005). Transplanting these cells under the kidney capsule of mice resulted in differentiation into more mature cells with characteristics of some endodermal organs. Human embryonic stem cell-derived definitive endoderm cells can be further differentiated into PDX1 positive cells after addition of FGF-10 (US 2005/0266554A1).

[0017] D'Amour *et al*. (Nature Biotechnology - 24, 1392 - 1401 (2006)) states: "We have developed a differentiation process that converts human embryonic stem (hES) cells to endocrine cells capable of synthesizing the pancreatic hormones insulin, glucagon,

somatostatin, pancreatic polypeptide and ghrelin. This process mimics *in vivo* pancreatic organogenesis by directing cells through stages resembling definitive endoderm, gut-tube endoderm, pancreatic endoderm and endocrine precursor en route to cells that express endocrine hormones".

[0018] In another example, Fisk *et al*. reports a system for producing pancreatic islet cells from human embryonic stem cells (US2006/0040387A1). In this case, the differentiation pathway was divided into three stages. Human embryonic stem cells were first differentiated to endoderm using a combination of sodium butyrate and activin A. The cells were then cultured with TGF-β antagonists such as Noggin in combination with EGF or betacellulin to generate PDX1 positive cells. The terminal differentiation was induced by nicotinamide.

[0019] There still remains a significant need to develop *in vitro* methods to generate a functional insulin expressing cell, that more closely resemble a β cell. The present invention takes an alternative approach to improve the efficiency of differentiating human embryonic stem cells toward insulin expressing cells, by generating a population of cells wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage.

SUMMARY

[0020] In one embodiment, the present invention provides a population of cells, wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage.

[0021] In embodiment, populations of pluripotent stem cells are differentiated into populations of cells expressing markers characteristic of the definitive endoderm lineage by culturing the pluripotent stem cells in medium supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1. In one embodiment, differentiation of the population of pluripotent stem cells toward a population of cells expressing markers characteristic of the definitive endoderm lineage is achieved by treating the pluripotent stem cells with activin A and a Wnt ligand.

[0022] In one embodiment, differentiation of the population of pluripotent stem cells toward a population of cells expressing markers characteristic of the definitive endoderm

lineage is achieved by treating the pluripotent stem cells with GDF-8 and at least one other factor is selected from the group consisting of: an aniline-pyridinotriazine, a cyclic aniline-pyridinotriazine, N-{[1-(Phenylmethyl)azepan-4-yl]methyl}-2-pyridin-3-ylacetamide, 4-{[4-(4-{[2-(Pyridin-2-ylamino)ethyl]amino}-1,3,5-triazin-2-yl)pyridin-2-yl]oxy}butan-1-ol, 3-({3-[4-({2-[Methyl(pyridin-2-yl)amino]ethyl}amino)-1,3,5-triazin-2-yl]pyridin-2-yl}amino)propan-1-ol, N~4~-[2-(3-Fluorophenyl)ethyl]-N~2~-[3-(4-methylpiperazin-1-yl)propyl]pyrido[2,3-d]pyrimidine-2,4-diamine, 1-Methyl-N-[(4-pyridin-3-yl-2-{[3-(trifluoromethyl)phenyl]amino}-1,3-thiazol-5-yl)methyl]piperidine-4-carboxamide, 1,1-Dimethylethyl {2-[4-({5-[3-(3-hydroxypropyl)phenyl]-4H-1,2,4-triazol-3-yl}amino)phenyl]ethyl}carbamate, 1,1-Dimethylethyl {[3-({5-[5-(3-hydroxypropyl)-2-(methyloxy)phenyl]-1,3-oxazol-2-yl}amino)phenyl]methyl}carbamate, 1-({5-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidin-4-ol, 1-({4-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidine-4-carboxamide, and 2-{[4-(1-Methylethyl)phenyl]amino}-N-(2-thiophen-2-ylethyl)-7,8-dihydropyrido[4,3-d]pyrimidine-6(5H)-carboxamide.

BRIEF DESCRIPTION OF THE DRAWINGS

[0023] Figure 1 shows the real-time PCR analysis of the expression of the genes indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 1.

[0024] Figure 2 shows the FACS analysis of the expression of the proteins indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 1.

[0025] Figure 3 shows the real-time PCR analysis of the expression of the genes indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 2.

[0026] Figure 4 shows the expression of SOX17 via immunofluorescence in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 2.

[0027] Figure 5 shows the FACS analysis of the expression of the proteins indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 2.

[0028] Figure 6 shows the real-time PCR analysis of the expression of the genes indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 3.

[0029] Figure 7 shows the expression of SOX17 via immunofluorescence in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 3.

[0030] Figure 8 shows the expression of SOX17 via immunofluorescence in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 3.

[0031] Figure 9 shows the real-time PCR analysis of the expression of the genes indicated in cells of the human embryonic stem cell line H1, differentiated according to the methods disclosed in Example 5.

DETAILED DESCRIPTION

[0032] For clarity of disclosure, and not by way of limitation, the detailed description of the invention is divided into the following subsections that describe or illustrate certain features, embodiments or applications of the present invention.

Definitions

[0033] Stem cells are undifferentiated cells defined by their ability at the single cell level to both self-renew and differentiate to produce progeny cells, including self-renewing progenitors, non-renewing progenitors, and terminally differentiated cells. Stem cells are also characterized by their ability to differentiate *in vitro* into functional cells of various cell lineages from multiple germ layers (endoderm, mesoderm and ectoderm), as well as to give rise to tissues of multiple germ layers following transplantation and to contribute substantially to most, if not all, tissues following injection into blastocysts.

[0034] Stem cells are classified by their developmental potential as: (1) totipotent, meaning able to give rise to all embryonic and extraembryonic cell types; (2) pluripotent, meaning able to give rise to all embryonic cell types; (3) multipotent, meaning able to give rise to a subset of cell lineages but all within a particular tissue, organ, or physiological system (for example, hematopoietic stem cells (HSC) can produce progeny that include HSC (self- renewal), blood cell restricted oligopotent progenitors, and all cell types and elements (e.g., platelets) that are normal components of the blood); (4) oligopotent, meaning able to give rise to a more restricted subset of cell lineages than multipotent stem cells; and (5) unipotent, meaning able to give rise to a single cell lineage (e.g., spermatogenic stem cells).

[0035] Differentiation is the process by which an unspecialized ("uncommitted") or less specialized cell acquires the features of a specialized cell such as, for example, a nerve cell or a muscle cell. A differentiated or differentiation-induced cell is one that has taken on a more specialized ("committed") position within the lineage of a cell. The term “committed”, when applied to the process of differentiation, refers to a cell that has proceeded in the differentiation pathway to a point where, under normal circumstances, it will continue to differentiate into a specific cell type or subset of cell types, and cannot, under normal circumstances, differentiate into a different cell type or revert to a less differentiated cell type. De-differentiation refers to the process by which a cell reverts to a less specialized (or committed) position within the lineage of a cell. As used herein, the lineage of a cell defines the heredity of the cell, i.e., which cells it came from and what cells it can give rise to. The lineage of a cell places the cell within a hereditary scheme of development and differentiation. A lineage-specific marker refers to a characteristic specifically associated with the phenotype of cells of a lineage of interest and can be used to assess the differentiation of an uncommitted cell to the lineage of interest.

[0036] “Cells expressing markers characteristic of the definitive endoderm lineage”, or “Stage 1 cells”, or “Stage 1”, as used herein, refers to cells expressing at least one of the following markers: SOX17, GATA4, HNF3 beta, GSC, CER1, Nodal, FGF8, Brachyury, Mix-like homeobox protein, FGF4 CD48, eomesodermin (EOMES), DKK4, FGF17, GATA6, CXCR4, C-Kit, CD99, or OTX2. Cells expressing markers

characteristic of the definitive endoderm lineage include primitive streak precursor cells, primitive streak cells, mesendoderm cells and definitive endoderm cells.

[0037] “Cells expressing markers characteristic of the pancreatic endoderm lineage”, as used herein, refers to cells expressing at least one of the following markers: PDX1, NKX6.1, HNF1 beta, PTF1 alpha, HNF6, HNF4 alpha, SOX9, HB9 or PROX1. Cells expressing markers characteristic of the pancreatic endoderm lineage include pancreatic endoderm cells, primitive gut tube cells, and posterior foregut cells.

[0038] “Definitive endoderm”, as used herein, refers to cells which bear the characteristics of cells arising from the epiblast during gastrulation and which form the gastrointestinal tract and its derivatives. Definitive endoderm cells express the following markers: HNF3 beta, GATA4, SOX17, Cerberus, OTX2, goosecoid, C-Kit, CD99, and MIXL1.

[0039] "Markers", as used herein, are nucleic acid or polypeptide molecules that are differentially expressed in a cell of interest. In this context, differential expression means an increased level for a positive marker and a decreased level for a negative marker. The detectable level of the marker nucleic acid or polypeptide is sufficiently higher or lower in the cells of interest compared to other cells, such that the cell of interest can be identified and distinguished from other cells using any of a variety of methods known in the art.

[0040] “Pancreatic endocrine cell”, or “Pancreatic hormone expressing cell”, or “Cells expressing markers characteristic of the pancreatic endocrine lineage” as used herein, refers to a cell capable of expressing at least one of the following hormones: insulin, glucagon, somatostatin, and pancreatic polypeptide.

Isolation, Expansion and Culture of Pluripotent Stem Cells

Characterization of Pluripotent Stem Cells

[0041] Pluripotent stem cells may express one or more of the stage-specific embryonic antigens (SSEA) 3 and 4, and markers detectable using antibodies designated Tra-1-60 and Tra-1-81 (Thomson *et al*., Science 282:1145, 1998). Differentiation of pluripotent stem cells *in vitro* results in the loss of SSEA-4, Tra 1-60, and Tra 1-81 expression (if present) and increased expression of SSEA-1. Undifferentiated pluripotent stem cells typically have alkaline phosphatase activity, which can be detected by fixing the cells with 4% paraformaldehyde, and then developing with Vector Red as a substrate, as described by the manufacturer (Vector Laboratories, Burlingame Calif.). Undifferentiated pluripotent stem cells also typically express OCT4 and TERT, as detected by RT-PCR.

[0042] Another desirable phenotype of propagated pluripotent stem cells is a potential to differentiate into cells of all three germinal layers: endoderm, mesoderm, and ectoderm tissues. Pluripotency of pluripotent stem cells can be confirmed, for example, by injecting cells into severe combined immunodeficient (SCID) mice, fixing the teratomas that form using 4% paraformaldehyde, and then examining them histologically for evidence of cell types from the three germ layers. Alternatively, pluripotency may be determined by the creation of embryoid bodies and assessing the embryoid bodies for the presence of markers associated with the three germinal layers.

[0043] Propagated pluripotent stem cell lines may be karyotyped using a standard G-banding technique and compared to published karyotypes of the corresponding primate species. It is desirable to obtain cells that have a "normal karyotype," which means that the cells are euploid, wherein all human chromosomes are present and not noticeably altered.

Sources of Pluripotent Stem Cells

[0044] The types of pluripotent stem cells that may be used include established lines of pluripotent cells derived from tissue formed after gestation, including pre-embryonic tissue (such as, for example, a blastocyst), embryonic tissue, or fetal tissue taken any

time during gestation, typically but not necessarily before approximately 10 to 12 weeks gestation. Non-limiting examples are established lines of human embryonic stem cells or human embryonic germ cells, such as, for example the human embryonic stem cell lines H1, H7, and H9 (WiCell). Also contemplated is use of the compositions of this disclosure during the initial establishment or stabilization of such cells, in which case the source cells would be primary pluripotent cells taken directly from the source tissues. Also suitable are cells taken from a pluripotent stem cell population already cultured in the absence of feeder cells. Also suitable are mutant human embryonic stem cell lines, such as, for example, BG01v (BresaGen, Athens, GA).

[0045] In one embodiment, human embryonic stem cells are prepared as described by Thomson *et al*. (U.S. Pat. No. 5,843,780; Science 282:1145, 1998; Curr. Top. Dev. Biol. 38:133 ff., 1998; Proc. Natl. Acad. Sci. U.S.A. 92:7844, 1995).

Culture of Pluripotent Stem Cells

[0046] In one embodiment, pluripotent stem cells are cultured on a layer of feeder cells that support the pluripotent stem cells in various ways. Alternatively, pluripotent stem cells are cultured in a culture system that is essentially free of feeder cells, but nonetheless supports proliferation of pluripotent stem cells without undergoing substantial differentiation. The growth of pluripotent stem cells in feeder-free culture without differentiation is supported using a medium conditioned by culturing previously with another cell type. Alternatively, the growth of pluripotent stem cells in feeder-free culture without differentiation is supported using a chemically defined medium.

[0047] In one embodiment, pluripotent stem cells may be cultured on a mouse embryonic fibroblast feeder cell layer according to the methods disclosed in Reubinoff *et al* (Nature Biotechnology 18: 399 - 404 (2000)). Alternatively, pluripotent stem cells may be cultured on a mouse embryonic fibroblast feeder cell layer according to the methods disclosed in Thompson *et al* (Science 6 November 1998: Vol. 282. no. 5391, pp. 1145 – 1147). Alternatively, pluripotent stem cells may be cultured on any one of the feeder cell layers disclosed in Richards *et al*, (Stem Cells 21: 546-556, 2003).

[0048] In one embodiment, pluripotent stem cells may be cultured on a human feeder cell layer according to the methods disclosed in Wang *et al* (Stem Cells 23: 1221-1227, 2005). In an alternate embodiment, pluripotent stem cells may be cultured on the human feeder cell layer disclosed in Stojkovic *et al* (Stem Cells 2005 23: 306-314, 2005). Alternatively, pluripotent stem cells may be cultured on the human feeder cell layer disclosed in Miyamoto *et al* (Stem Cells 22: 433-440, 2004). Alternatively, pluripotent stem cells may be cultured on the human feeder cell layer disclosed in Amit *et al* (Biol. Reprod 68: 2150-2156, 2003). Alternatively, pluripotent stem cells may be cultured on the human feeder cell layer disclosed in Inzunza *et al* (Stem Cells 23: 544-549, 2005).

[0049] In one embodiment, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in US20020072117. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in US6642048. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in WO2005014799. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in Xu *et al* (Stem Cells 22: 972-980, 2004). Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in US20070010011. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in US20050233446. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in US6800480. Alternatively, pluripotent stem cells may be cultured in culture media derived according to the methods disclosed in WO2005065354.

[0050] In one embodiment, pluripotent stem cells may be cultured according to the methods disclosed in Cheon *et al* (BioReprod DOI:10.1095/biolreprod.105.046870, October 19, 2005). Alternatively, pluripotent stem cells may be cultured according to the methods disclosed in Levenstein *et al* (Stem Cells 24: 568-574, 2006). Alternatively, pluripotent stem cells may be cultured according to the methods disclosed in US20050148070. Alternatively, pluripotent stem cells may be cultured according to the methods disclosed in US20050244962. Alternatively, pluripotent stem cells may be cultured according to the methods disclosed in WO2005086845.

[0051] The pluripotent stem cells may be plated onto a suitable culture substrate. In one embodiment, the suitable culture substrate is an extracellular matrix component, such as, for example, those derived from basement membrane or that may form part of adhesion molecule receptor-ligand couplings. In one embodiment, the suitable culture substrate is MATRIGEL® (Becton Dickenson). MATRIGEL® is a soluble preparation from Engelbreth-Holm Swarm tumor cells that gels at room temperature to form a reconstituted basement membrane.

[0052] Other extracellular matrix components and component mixtures are suitable as an alternative. Depending on the cell type being proliferated, this may include laminin, fibronectin, proteoglycan, entactin, heparan sulfate, and the like, alone or in various combinations.

[0053] The pluripotent stem cells may be plated onto the substrate in a suitable distribution and in the presence of a medium that promotes cell survival, propagation, and retention of the desirable characteristics. All these characteristics benefit from careful attention to the seeding distribution and can readily be determined by one of skill in the art.

[0054] Suitable culture media may be made from the following components, such as, for example, Dulbecco's modified Eagle's medium (DMEM), Gibco # 11965-092; Knockout Dulbecco's modified Eagle's medium (KO DMEM), Gibco #10829-018; Ham's F12/50% DMEM basal medium; 200 mM L-glutamine, Gibco # 15039-027; non-essential amino acid solution, Gibco 11140-050; β-mercaptoethanol, Sigma # M7522; human recombinant basic fibroblast growth factor (bFGF), Gibco # 13256-029.

Formation of Cells Expressing Markers Characteristic of the Definitive Endoderm Lineage from Pluripotent Stem Cells

[0055] The present invention provides methods for the formation of populations of cells expressing markers characteristic of the definitive endoderm lineage from populations of pluripotent stem cells. In one embodiment, the present invention provides methods to further differentiate the cells expressing markers characteristic of the definitive endoderm lineage into cells expressing markers of the pancreatic endocrine lineage. In one embodiment, this is achieved utilizing a step-wise differentiation protocol,

wherein populations of pluripotent stem cells are first differentiated into populations of cells expressing markers characteristic of the definitive endoderm lineage. Next, the populations of cells expressing markers characteristic of the definitive endoderm lineage are then differentiated into populations of cells expressing markers characteristic of the pancreatic endoderm lineage. Next, the populations of cells expressing markers characteristic of the pancreatic endoderm lineage are then differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage.

[0056] The present invention provides a population of cells wherein greater than 85% of the cells express markers characteristic of the definitive endoderm lineage. The population of cells may be further treated to form a population of cells expressing markers characteristic of the pancreatic endoderm lineage. The population of cells expressing markers characteristic of the pancreatic endoderm lineage may be further treated to form a population of cells expressing markers characteristic of the pancreatic endocrine lineage.

[0057] The efficiency of differentiation may be determined by exposing a treated cell population to an agent (such as an antibody) that specifically recognizes a protein marker expressed by cells expressing markers characteristic of the desired cell type.

[0058] Methods for assessing expression of protein and nucleic acid markers in cultured or isolated cells are standard in the art. These include quantitative reverse transcriptase polymerase chain reaction (RT-PCR), Northern blots, *in situ* hybridization (see, e.g., Current Protocols in Molecular Biology (Ausubel *et al.*, eds. 2001 supplement)), and immunoassays such as immunohistochemical analysis of sectioned material, Western blotting, and for markers that are accessible in intact cells, flow cytometry analysis (FACS) (see, e.g., Harlow and Lane, Using Antibodies: A Laboratory Manual, New York: Cold Spring Harbor Laboratory Press (1998)).

[0059] Characteristics of pluripotent stem cells are well known to those skilled in the art, and additional characteristics of pluripotent stem cells continue to be identified. Pluripotent stem cell markers include, for example, the expression of one or more of the following: ABCG2, cripto, FOXD3, CONNEXIN43, CONNEXIN45, OCT4, SOX2, NANOG, hTERT, UTF1, ZFP42, SSEA-3, SSEA-4, Tra 1-60, Tra 1-81.

[0060] After treating pluripotent stem cells with the methods of the present invention, the differentiated cells may be purified by exposing a treated cell population to an agent (such as an antibody) that specifically recognizes a protein marker, such as CXCR4, expressed by cells expressing markers characteristic of the definitive endoderm lineage.

[0061] Pluripotent stem cells suitable for use in the present invention include, for example, the human embryonic stem cell line H9 (NIH code: WA09), the human embryonic stem cell line H1 (NIH code: WA01), the human embryonic stem cell line H7 (NIH code: WA07), and the human embryonic stem cell line SA002 (Cellartis, Sweden). Also suitable for use in the present invention are cells that express at least one of the following markers characteristic of pluripotent cells: ABCG2, cripto, CD9, FOXD3, CONNEXIN43, CONNEXIN45, OCT4, SOX2, NANOG, hTERT, UTF1, ZFP42, SSEA-3, SSEA-4, Tra 1-60, and Tra 1-81.

[0062] Markers characteristic of the definitive endoderm lineage are selected from the group consisting of SOX17, GATA4, HNF3 beta, GSC, CER1, Nodal, FGF8, Brachyury, Mix-like homeobox protein, FGF4, CD48, eomesodermin (EOMES), DKK4, FGF17, GATA6, CXCR4, C-Kit, CD99, and OTX2. Suitable for use in the present invention is a cell that expresses at least one of the markers characteristic of the definitive endoderm lineage. In one aspect of the present invention, a cell expressing markers characteristic of the definitive endoderm lineage is a primitive streak precursor cell. In an alternate aspect, a cell expressing markers characteristic of the definitive endoderm lineage is a mesendoderm cell. In an alternate aspect, a cell expressing markers characteristic of the definitive endoderm lineage is a definitive endoderm cell.

[0063] Markers characteristic of the pancreatic endoderm lineage are selected from the group consisting of PDX1, NKX6.1, HNF1 beta, PTF1 alpha, HNF6, HNF4 alpha, SOX9, HB9 and PROX1. Suitable for use in the present invention is a cell that expresses at least one of the markers characteristic of the pancreatic endoderm lineage. In one aspect of the present invention, a cell expressing markers characteristic of the pancreatic endoderm lineage is a pancreatic endoderm cell.

[0064] Markers characteristic of the pancreatic endocrine lineage are selected from the group consisting of NGN3, NEUROD, ISL1, PDX1, NKX6.1, PAX4, NGN3, and PTF1 alpha. In one embodiment, a pancreatic endocrine cell is capable of expressing at least one of the following hormones: insulin, glucagon, somatostatin, and pancreatic polypeptide. Suitable for use in the present invention is a cell that expresses at least one of the markers characteristic of the pancreatic endocrine lineage. In one aspect of the present invention, a cell expressing markers characteristic of the pancreatic endocrine lineage is a pancreatic endocrine cell. The pancreatic endocrine cell may be a pancreatic hormone-expressing cell. Alternatively, the pancreatic endocrine cell may be a pancreatic hormone-secreting cell.

[0065] In one aspect of the present invention, the pancreatic endocrine cell is a cell expressing markers characteristic of the β cell lineage. A cell expressing markers characteristic of the β cell lineage expresses PDX1 and at least one of the following transcription factors: NGN3, NKX2.2, NKX6.1, NEUROD, ISL1, HNF3 beta, MAFA, PAX4, and PAX6. In one aspect of the present invention, a cell expressing markers characteristic of the β cell lineage is a β cell.

Formation of Cells Expressing Markers Characteristic of the Definitive Endoderm Lineage from Pluripotent Stem Cells

[0066] In one aspect of the present invention, populations of pluripotent stem cells may be differentiated into populations of cells expressing markers characteristic of the definitive endoderm lineage by culturing the pluripotent stem cells in medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1. In one embodiment, differentiation of the population of pluripotent stem cells toward a population of cells expressing markers characteristic of the definitive endoderm lineage is achieved by treating the pluripotent stem cells with activin A and a Wnt ligand.

[0067] In an alternate embodiment, differentiation of the population of pluripotent stem cells toward a population of cells expressing markers characteristic of the definitive endoderm lineage is achieved by treating the pluripotent stem cells with GDF-8 and at least one other factor is selected from the group consisting of: an aniline-pyridinotriazine, a cyclic aniline-pyridinotriazine, N-{[1-(Phenylmethyl)azepan-4-

yl]methyl}-2-pyridin-3-ylacetamide, 4-{[4-(4-{[2-(Pyridin-2-ylamino)ethyl]amino}-1,3,5-triazin-2-yl)pyridin-2-yl]oxy}butan-1-ol, 3-({3-[4-({2-[Methyl(pyridin-2-yl)amino]ethyl}amino)-1,3,5-triazin-2-yl]pyridin-2-yl}amino)propan-1-ol, N~4~-[2-(3-Fluorophenyl)ethyl]-N~2~-[3-(4-methylpiperazin-1-yl)propyl]pyrido[2,3-d]pyrimidine-2,4-diamine, 1-Methyl-N-[(4-pyridin-3-yl-2-{[3-(trifluoromethyl)phenyl]amino}-1,3-thiazol-5-yl)methyl]piperidine-4-carboxamide, 1,1-Dimethylethyl {2-[4-({5-[3-(3-hydroxypropyl)phenyl]-4H-1,2,4-triazol-3-yl}amino)phenyl]ethyl}carbamate, 1,1-Dimethylethyl {[3-({5-[5-(3-hydroxypropyl)-2-(methyloxy)phenyl]-1,3-oxazol-2-yl}amino)phenyl]methyl}carbamate, 1-({5-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidin-4-ol, 1-({4-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidine-4-carboxamide, and 2-{[4-(1-Methylethyl)phenyl]amino}-N-(2-thiophen-2-ylethyl)-7,8-dihydropyrido[4,3-d]pyrimidine-6(5H)-carboxamide. Examples of the factors suitable for use may be found in US Patent Application Serial Number 12/494,789. In one embodiment, the at least one other factor is 14-Prop-2-en-1-yl-3,5,7,14,17,23,27-heptaazatetracyclo[19.3.1.1~2,6~.1~8,12~]heptacosa-1(25),2(27),3,5,8(26),9,11,21,23-nonaen-16-one.

[0068] The population of pluripotent stem cells may be cultured in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for about one day to about seven days. Alternatively, the population of pluripotent stem cells may be cultured in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for about one day to about six days. Alternatively, the population of pluripotent stem cells may be cultured in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for about one day to about five days. Alternatively, the population of pluripotent stem cells may be cultured in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for about one day to about four days. Alternatively, the population of pluripotent stem cells may be cultured in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for about four days.

[0069] In one embodiment, the GDF-8 is used at a concentration from about 5 ng/ml to about 500 ng/ml. In an alternate embodiment, the GDF-8 is used at a concentration from about 5 ng/ml to about 50 ng/ml. In an alternate embodiment, the GDF-8 is used at a concentration from about 5 ng/ml to about 25 ng/ml. In an alternate embodiment, the GDF-8 is used at a concentration of about 25 ng/ml.

[0070] Activin-A may be used at a concentration from about 1pg/ml to about 100μg/ml. In an alternate embodiment, the concentration may be about 1pg/ml to about 1μg/ml. In another alternate embodiment, the concentration may be about 1pg/ml to about 100ng/ml. In another alternate embodiment, the concentration may be about 50ng/ml to about 100ng/ml. In another alternate embodiment, the concentration may be about 100ng/ml.

[0071] The Wnt ligand may be selected from the group consisting of Wnt-1, Wnt-3a, Wnt-5a and Wnt-7a. In one embodiment, the Wnt ligand is Wnt-1. In an alternate embodiment, the Wnt ligand is Wnt-3a.

[0072] The Wnt ligand may be used at a concentration of about 1ng/ml to about 1000ng/ml. In an alternate embodiment, the Wnt ligand may be used at a concentration of about 10ng/ml to about 100ng/ml. In one embodiment, the concentration of the Wnt ligand is about 20ng/ml.

[0073] In one embodiment, insulin is used at a concentration from about 1 ng/ml to about 100 ng/ml.

[0074] In one embodiment, IGF-1 is used at a concentration from about 1 ng/ml to about 200 ng/ml.

Formation of Cells Expressing Markers Characteristic of the Pancreatic Endoderm Lineage

[0075] In one embodiment, populations of cells expressing markers characteristic of the definitive endoderm lineage formed by the methods of the present invention are further differentiated into populations of cells expressing markers characteristic of the pancreatic endoderm lineage by any method in the art.

[0076] For example, populations of cells expressing markers characteristic of the definitive endoderm lineage obtained according to the methods of the present invention may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endoderm lineage by treating the population of cells expressing markers characteristic of the definitive endoderm lineage according to the methods disclosed in D'Amour *et al*, Nature Biotechnology 24, 1392 - 1401 (2006).

[0077] For example, populations of cells expressing markers characteristic of the definitive endoderm lineage obtained according to the methods of the present invention may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endoderm lineage by treating the population of cells expressing markers characteristic of the definitive endoderm lineage according to the methods disclosed in US patent *app*lication Ser. No. 11/736,908.

Formation of Cells Expressing Markers Characteristic of the Pancreatic Endocrine Lineage

[0078] In one embodiment, populations of cells expressing markers characteristic of the pancreatic endoderm lineage are further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage by any method in the art.

[0079] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in D' Amour *et al*, Nature Biotechnology, 2006.

[0080] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in D' Amour *et al*, Nature Biotechnology, 2006.

[0081] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing

markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in US patent application Ser. No. 11/736,908.

[0082] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in US patent application Ser. No. 11/779,311.

[0083] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in US patent application Ser. No. 60/953,178.

[0084] For example, populations of cells expressing markers characteristic of the pancreatic endoderm lineage may be further differentiated into populations of cells expressing markers characteristic of the pancreatic endocrine lineage, by treating the population of cells expressing markers characteristic of the pancreatic endoderm lineage according to the methods disclosed in US patent application Ser. No. 60/990,529.

[0085] The present invention is further illustrated, but not limited by, the following examples.

EXAMPLES

Example 1

The Role of Insulin in the Differentiation of Human Pluripotent Stem Cells to *Cells Expres*sing Markers Charac*teristic* of the Definitive Endoderm Lineage: Cluster Seeding

[0086] Previous studies have shown that a high concentration of FBS is detrimental to the formation of definitive endoderm (DE) from embryonic stem cells. See, for example, D'Amour *et al*., Nature Biotechnology, 2005, where the induction of definitive endoderm from human embryonic stem cells was significantly increased when the

FBS concentration was reduced from 10% FBS to 0.5-2% FBS. Similar observations were reported, wherein addition of 25 ng/ml of IGF or 200 ng/ml of insulin to 2% FBS to ES cells cultured in MEF-CM (mouse embryonic fibroblast conditioned media) decreased the expression of SOX17 by approximately70% following treatment with activin A. See McLean *et al*, Stem Cells 25:29-38, 2007.

[0087] The inhibitory effect observed was likely due to the presence of insulin or IGF in the FBS, triggering the Phosphatidylinositol 3-Kinase pathway. See McLean *et al*, Stem Cells 25:29-38, 2007. Blockade of the PI-3 kinase signaling pathway increased percentage of Sox17 positive cells in human ES cells cultured in MEF-CM (mouse embryonic fibroblast conditioned media). See McLean *et al*, Stem Cells 25:29-38, 2007.

[0088] These data suggest that it would be expected that addition of as little as 25 ng/ml of IGF or 200 ng/ml of insulin to media containing activin A and low concentration of FBS (0.5-2 % FBS) would block the formation of definitive endoderm. Typical concentration of IGF and insulin in FBS is approximately 70 ng/ml (*J. Clin. Invest.* 76:4, 1985) and approximately 60 ng/ml (In Vitro Cell Dev Biol. 32:8-12, 1996), respectively. This translates to approximately 1.4 ng/ml of IGF and approximately 1.2 ng/ml of insulin in 2% FBS.

[0089] Cells of the human embryonic stem cells line H1 (p40-p52) were cultured on MATRIGEL® (1:30 dilution) (BD Biosciences; Cat # 356231)- coated dishes in MEF-CM (mouse embryonic fibroblast conditioned media) supplemented with 16 ng/ml of FGF2 (Catalog# 100-18B, PeproTech, NJ), and differentiated into cells expressing markers characteristic of the definitive endoderm lineage as follows:

a. RPMI medium supplemented with 2% fatty acid-free BSA (Catalog# 68700, Proliant, IA), and 100 ng/ml activin A (R&D Systems, MN) plus 20 ng/ml WNT-3a (Catalog# 1324-WN-002, R&D Systems, MN) for one day, then

b. RPMI medium supplemented with 2% BSA and 100 ng/ml activin A for an additional three days.

[0090] In some of the cultures, the cells were treated with the following dilution of ITS-X (Catalogue# 51500-056, Invitrogen, CA): 0, 1:10^6, 1:5 X 10^5, 1:10^5, 1:10^4. ITS-X is a serum replacement supplemented comprised of 1 mg/ml of Insulin, 0.55 mg/ml of Transferrin , 0.00067 mg/ml of Sodium Selenite, and 0.2 mg/ml of Ethanolamine. The range of dilutions of ITS-X correspond to 0, 1 ng/ml, 2 ng/ml, 10 ng/ml, and 100 ng/ml of insulin. As a control, 0.2% FBS (Catalogue# SH30070.03, Hyclone, UT) was used for day 1 of differentiation, 0.5% FBS at day 2 and 2% FBS was used for days 3-4. The FBS treated cultures were not supplemented with ITS-X.

[0091] At day 4, samples were collected for FACS and gene expression analysis using real-time PCR. Surprisingly, as shown in Figure 1, addition of 1-100 ng/ml of insulin to the medium used to differentiate the cells, did not significantly affect the expression of markers associated with definitive endoderm (FOXA2, SOX17, and CXCR4), markers associated with mesenchyme (T, also known as Brach), or extraembryonic markers (SOX7, AFP). Furthermore, cultures treated with medium supplemented with 2% BSA showed significantly higher expression of markers associated with definitive endoderm, than cultures treated with medium supplemented with 0.5-2% FBS.

[0092] These observations were further supported by the expression of CXCR4 and CD9, as determined by FACS, for the various treatments. See Figure 2. The cell surface receptor CXCR4 has been previously shown to be a marker of definitive endoderm. CD9 is a marker for undifferentiated ES cells. Consequently, an increase in the expression of CXCR4, and a decrease in the expression of CD9 in a population of cells is indicative for the formation of definitive endoderm. As summarized in Table I, no significant change in the expression of CXCR4, orCD9 was observed in cells treated with medium supplemented with BSA, at any concentration of insulin tested. These data suggest that insulin is not inhibitory at the concentrations tested in the culture medium employed in these studies.

Table I.

Treatment	% CXCR4+CD9-	% CXCR4-CD9+	% CXCR4-CD9-
FBS	56	27	9
BSA	69	13	13
BSA + 1 ng/ml insulin	70	13	10
BSA + 5 ng/ml insulin	67	15	12
BSA + 10 ng/ml insulin	69	13	13
BSA + 100 ng/ml insulin	73	12	9

Example 2

The Role of Insulin in the Differentiation of Human Pluripotent Stem Cells to Cells Expressing Markers Characteristic of the Definitive Endoderm Lineage: Single Cell Seeding

[0093] Cells of the human embryonic stem cells line H1 (p40-p52) were seeded as single cells at a density of 100000 cells/cm^2 on MATRIGEL® (1:30 dilution) (BD Biosciences; Cat # 356231)- coated dishes in MEF-CM (mouse embryonic fibroblast conditioned media) supplemented with 16 ng/ml of FGF2 (Catalog# 100-18B, PeproTech, NJ) and 10 μM of Y27632 (Rock inhibitor, Catalogue# Y0503, Sigma, MO). 72 hrs post seeding, cultures were differentiated into definitive endoderm (DE) as follows:

a. MCDB-131 (Catalogue# 10372-019, Invitrogen, CA) medium supplemented with 2% fatty acid-free BSA (Catalog# 68700, Proliant, IA), 0.0025 g/ml sodium bicarbonate (Catalogue # S3187, Sigma, MO), 1X GlutaMax™ (Catalogue # 35050-079, Invitrogen, Ca) and 100 ng/ml activin A (R&D Systems, MN) plus 20 ng/ml WNT-3a (Catalog# 1324-WN-002, R&D Systems, MN) for one day, then

b. MCDB-131 medium supplemented with 2% BSA, sodium bicarbonate, Glutamax, and 100 ng/ml activin A for an additional three days.

[0094] In some of the cultures, the cells were treated with the following concentrations of insulin (Catalogue# I9278, Sigma, MO): 0, 1, 10, 100, 1000, or 10000 ng/ml. At day 4, samples were collected for FACS and gene expression analysis using real-time PCR.

[0095] Addition of 1-100ng/ml insulin to the medium used to differentiate the cells, did not significantly affect the expression of markers associated with definitive endoderm (FOXA2, SOX17, CER1, and CXCR4). Similarly, the expression of embryonic markers (NANOG), or extraembryonic markers (SOX7, AFP) were not affected. See Figure 3. Addition of 1-10 μg/ml of insulin, however, did increase expression of NANOG. These data were further supported by immuno fluorescence (IF) staining

for the definitive endoderm marker SOX17 (Catalogue #AF1924, R & D systems, MN) (Figure 4).

[0096] Figure 5 depicts the CXCR4 and CD9 expression profile of the various treatments as measured by FACS analysis. As summarized in Table II, only at super physiological concentrations of insulin (1-10 μg/ml) there was a decrease in the percentage of CXCR4+CD9- cells and an increase in expression of CXCR4-CD9+ fraction. These data suggest that in the conditions in this study, only superphysiological concentrations of insulin inhibit the formation of definitive endoderm.

Table II.

Treatment	% CXCR4+CD9-	% CXCR4-CD9+	% CXCR4-CD9-
BSA	96	1.3	0.9
BSA+ 1 ng/ml insulin	96	1.5	0.7
BSA + 10 ng/ml insulin	95	1.4	0.7
BSA + 100 ng/ml insulin	90	4.1	2
BSA + 1 μg/ml insulin	90	3.6	2.2
BSA + 10 μg/ml insulin	84	6.6	4.7

Example 3

The Role of IGF in the Differentiation of Human Pluripotent Stem Cells to Cells Expressing Markers Characteristic of the Definitive Endoderm Lineage: Single Cell Seeding

[0097] Cells of the human embryonic stem cells line H1 (p40-p52) were seeded as single cells at a density of 100000 cells/cm^2 on MATRIGEL® (1:30 dilution) (BD Biosciences; Cat # 356231)- coated dishes in MEF-CM (mouse embryonic fibroblast conditioned media) supplemented with 16 ng/ml of FGF2 (Catalog# 100-18B, PeproTech, NJ) and 10 μM of Y27632 (Rock inhibitor, Catalogue# Y0503, Sigma, MO). 72 hrs post seeding, cultures were differentiated into definitive endoderm (DE) as follows:

a. MCDB-131 (Catalogue# 10372-019, Invitrogen, CA) medium supplemented with 2% fatty acid-free BSA (Catalog# 68700, Proliant, IA), 0.0025 g/ml sodium bicarbonate (Catalogue # S3187, Sigma, MO) , 1X GlutaMax™ (Catalogue # 35050-079, Invitrogen, Ca) and 100 ng/ml GDF8 (Catalogue# 120-00, PeproTech, NJ) plus 2.5 μM of the GSK3B inhibitor 14-Prop-2-en-1-yl-3,5,7,14,17,23,27-heptaazatetracyclo[19.3.1.1~2,6~.1~8,12~]heptacosa-1(25),2(27),3,5,8(26),9,11,21,23-nonaen-16-one for one day, then

b. MCDB-131 medium supplemented with 2% BSA, sodium bicarbonate, Glutamax, and 100 ng/ml GDF-8 for an additional three days.

[0098] In some of the cultures, the cells were treated with the following concentrations of IGF (Catalogue# AF100, PeproTech, NJ): 0, 1, 10, 50, or 200 ng/ml. As a control, instead of BSA, 0.2% FBS (Catalogue# SH30070.03, Hyclone, UT) was used for day 1 of differentiation, and 2% FBS was used for days 2-4. Some of the FBS treated cultures were also treated with various concentrations of IGF.

[0099] At day 4, samples were collected for FACS and gene expression analysis using real-time PCR.

[0100] Surprisingly, addition of 1-200 ng/ml of IGF to BSA treated cultures did not significantly affect the expression of expression of markers associated with definitive endoderm (FOXA2, SOX17,CER1, and CXCR4), when compared with control samples not treated with IGF (Figure 6). Similar results were observed with extraembryonic markers (SOX7, AFP). Addition of 50-200 ng/ml of IGF did increase expression of the embryonic marker NANOG.

[0101] Cultures treated with medium supplemented with FBS were much more sensitive to the inhibitory effect of IGF. In these cultures, the expression of SOX17, HNF3B and CXCR4 decreased with increasing concentration of IGF. These observations was further supported by immuno fluorescence (IF) staining for the DE marker SOX17 (Catalogue #AF1924, R & D systems, MN) (Figures 8-9).

[0102] As summarized in Table III, only at super physiological concentrations of IGF (50-200 ng/ml) in BSA treated cultures there was a drop in expression of CXCR4+CD9- cells and an increase in expression of CXCR4-CD9+ fraction. However, with increasing doses of IGF, FBS treated cultures showed a more significant drop in expression of CXCr4+CD9- fraction as compared to BSA treated cultures. The above examples collectively show that in the absence of FBS, physiological concentrations of IGF or insulin are not inhibitory to induction of DE markers.

Table III.

Treatment	% CXCR4+CD9-	% CXCR4-CD9+	% CXCR4-CD9-
BSA	92	0.9	2.6
FBS	93	2.7	5.9
BSA + 1 ng/ml IGF	92	0.8	3

FBS + 1 ng/ml IGF	89	3	3.6
BSA + 10 ng/ml IGF	90	1.3	5.3
FBS + 10 ng/ml IGF	87	6.4	3.3
BSA + 50 ng/ml IGF	87	6	3.5
FBS + 50 ng/ml IGF	78	6.8	13.2
BSA + 200 ng/ml IGF	79	10	8
FBS + 200 ng/ml IGF	70	13.4	12.9

Example 4

IGF Concentrations in Various Lots of FBS

[0103] An IGF-1 Kit was purchased from Diagnostic Systems Laboratories (DSL) (Cat. DSL-10-2800) and was used for the detection. Twenty micro liters (20 μl) of serum (duplicates) were pre-treated and then 20 μl of diluted sample was used for assay. For medium samples, 20 μl of samples were directly used for assay. The assay was performed following the instruction provided by the kit. This kit can detect both human and bovine IGF-1 as the 2 monoclonal antibodies used for the kit are against to the homolog peptide sequences.

[0104] *Test samples*: The following test samples were used:

4A/5A: Hyclone Newborn Calf Serum; Lot AKM12868

4B/5B: NIH-FBS (from aliquot@ -20 C)

4C/5C: Hyclone FBS, Lot: ATK33398

4D/5D: Hyclone FBS, Lot: AUK 54924

4E/5E: Human serum, Lot: A70184, from Valley Biomedical Inc.

4F/5F: Knockout Serum; Invitrogen, Lot: 557914

4F/5F: F12 DMEM, Invitrogen, Lot: 692281

4H/5H: MEF Condition Medium, Lot: 011410 (Day 5)

[0105] *Control Samples*: The following control samples were used:

Background: "0" IGF-1 (negative control, from kit); F12 sample listed above is also serves as a negative control.

2 positive controls (127 ng/ml and 241 ng/ml; from the kit).

[0106] Results: The sensitivity of the assay for serum was greater than10 ng/ml; and for medium was greater than 0.1 ng/ml.

Known positives (ng/ml)	Concentration determined by the Assay (ng/ml)	SE
127 ng/ml	126.8	8.2
241 ng/ml	233.8	4.2

Duplicates	**Samples**	**IGF-1 (ng/ml)**	**SE**
4A/5A	Hyclone Newborn Calf Serum; Lot AKM12868	29.78	0.41
4B/5B	NIH-FBS (from aliquot@ -20 C)	49.16	2.68
4C/5C	Hyclone FBS, Lot: ATK33398	80.29	5.39
4D/5D	Hyclone FBS, Lot: AUK 54924	76.45	1.99
4E/5E	Human serum, Lot: A70184, from Valley Biomedical Inc.	55.65	2.28
4F/5F	Knockout Serum; Invitrogen, Lot: 557914	12.07	0.15
4G/5G	F12 DMEM, Invitrogen, Lot: 692281	ND*	ND
4H/5H	MEF-Condition Medium, Lot: 011410 (Day 5)	1.33**	0.07

Example 5

Role of Insulin/ IGF and FBS in the Differentiation of Human Pluripotent Stem Cells to Cells Expressing Markers Characteristic of the Definitive Endoderm Lineage: Single Cell Seeding

[0107] Cells of the human embryonic stem cells line H1 (p40-p52) were seeded as single cells at a density of 100000 cells/cm^2 on MATRIGEL® (1:30 dilution) (BD Biosciences; Cat # 356231) - coated dishes in MEF-CM (mouse embryonic fibroblast conditioned media) supplemented with 16 ng/ml of FGF2 (Catalog# 100-18B, PeproTech, NJ) and 10 μM of Y27632 (Rock inhibitor, Catalogue# Y0503, Sigma, MO). 72 hrs post seeding, cultures were differentiated into definitive endoderm (DE) as follows:

a. with MCDB-131 (Catalogue# 10372-019, Invitrogen, CA) medium supplemented with 0.2% FBS (Catalogue# SH30070.03, Hyclone, UT), 0.0025 g/ml sodium bicarbonate (Catalogue # S3187, Sigma, MO) , 1X GlutaMax™ (Catalogue # 35050-079, Invitrogen, Ca) and 100 ng/ml GDF8 (Catalogue# 120-00, PeproTech, NJ) plus 2.5 μM of the GSK3B

inhibitor 14-Prop-2-en-1-yl-3,5,7,14,17,23,27-heptaazatetracyclo[19.3.1.1~2,6~.1~8,12~]heptacosa-1(25),2(27),3,5,8(26),9,11,21,23-nonaen-16-one for one day, then

b. MCDB-131 medium supplemented with FBS, sodium bicarbonate, Glutamax, and 100 ng/ml GDF8 for an additional three days.

[0108] 0.5% FBS was used for day 2 and 2% FBS was used for days 3-4. Besides regular FBS, heat treated FBS (Catalogue# F4135, Sigma, MO) and charcoal stripped treated FBS (Catalogue# F6765, Sigma, MO) were also tested. Some of the FBS treated cultures were also treated with various concentrations of IGF (10-100 ng/ml) or insulin (10-100 ng/ml).

[0109] At day 4, samples were collected for analysis by FACS and real-time PCR. In contrast to BSA treated cultures (see previous Examples) in the presence of FBS, addition of insulin or IGF dose dependently down regulated markers associated with definitive endoderm such as SOX17 and CCXR4. See Figure 9. The expression of the pluripotency marker NANOG was also upregulated.

[0110] Publications cited throughout this document are hereby incorporated by reference in their entirety. Although the various aspects of the invention have been illustrated above by reference to examples and preferred embodiments, it will be appreciated that the scope of the invention is defined not by the foregoing description but by the following claims properly construed under principles of patent law.

What is claimed is:

1. A method for generating a population of cells wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage, comprising the steps of:

    a. Culturing a population of pluripotent stem cells,

    b. Differentiating the population of pluripotent stem cells to a population of cells wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage in medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1.

2. The method of claim 1, wherein the population of pluripotent stem cells are differentiated to a population of cells wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage using activin A and a Wnt ligand.

3. The method of claim 1, wherein the population of pluripotent stem cells are differentiated to a population of cells wherein greater than 85% of the cells in the population express markers characteristic of the definitive endoderm lineage using GDF-8 and at least one other factor is selected from the group consisting of: an aniline-pyridinotriazine, a cyclic aniline-pyridinotriazine, N-{[1-(Phenylmethyl)azepan-4-yl]methyl}-2-pyridin-3-ylacetamide, 4-{[4-(4-{[2-(Pyridin-2-ylamino)ethyl]amino}-1,3,5-triazin-2-yl)pyridin-2-yl]oxy}butan-1-ol, 3-({3-[4-({2-[Methyl(pyridin-2-yl)amino]ethyl}amino)-1,3,5-triazin-2-yl]pyridin-2-yl}amino)propan-1-ol, N~4~-[2-(3-Fluorophenyl)ethyl]-N~2~-[3-(4-methylpiperazin-1-yl)propyl]pyrido[2,3-d]pyrimidine-2,4-diamine, 1-Methyl-N-[(4-pyridin-3-yl-2-{[3-(trifluoromethyl)phenyl]amino}-1,3-thiazol-5-yl)methyl]piperidine-4-carboxamide, 1,1-Dimethylethyl {2-[4-({5-[3-(3-hydroxypropyl)phenyl]-4H-1,2,4-triazol-3-yl}amino)phenyl]ethyl}carbamate, 1,1-Dimethylethyl {[3-({5-[5-(3-hydroxypropyl)-2-(methyloxy)phenyl]-1,3-oxazol-2-yl}amino)phenyl]methyl}carbamate, 1-({5-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidin-4-ol,

1-({4-[6-({4-[(4-Methylpiperazin-1-yl)sulfonyl]phenyl}amino)pyrazin-2-yl]thiophen-2-yl}methyl)piperidine-4-carboxamide, and 2-{[4-(1-Methylethyl)phenyl]amino}-N-(2-thiophen-2-ylethyl)-7,8-dihydropyrido[4,3-d]pyrimidine-6(5H)-carboxamide.

4. The method of claim 3, wherein the at least one other factor is 14-Prop-2-en-1-yl-3,5,7,14,17,23,27-heptaazatetracyclo[19.3.1.1~2,6~.1~8,12~]heptacosa-1(25),2(27),3,5,8(26),9,11,21,23-nonaen-16-one.

5. The method of claim 1, wherein the population of pluripotent stem cells is differentiated in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for a period of at least 6 days.

6. The method of claim 1, wherein the population of pluripotent stem cells is differentiated in the medium lacking serum and supplemented with BSA and a factor selected from the group consisting of insulin and IGF-1 for a period of at least 7 days.