

The Human Placenta Project

and the importance of placenta research

Presentation to OHSU Summer Course

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Eunice Kennedy Shriver National Institute
of Child Health and Human Development

Human Development is a Complex Process



Mom's Environment Matters

INPUTS:

POTENTIAL ADVERSE CONSEQUENCES:

imprinting
Environmental endocrine disruptors
nutritional/metabolic status during pregnancy
infection
alcohol
genetics
depression
medications
stress
maternal nutritional history
epigenetics
air pollution
cigarette smoke
inflammation
Paternal factors
microbiome
placental size, shape, surface area and degree of invasion
prior pregnancy outcome
Immune system



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Preeclampsia
cognitive impairment
cardiovascular issues
placental insufficiency
IUGR
preterm birth
stillbirth
metabolic disorders
life expectancy

A Major Role for the Placenta

The placenta has many critical functions, such as:

- ▶ Bringing nutrients and oxygen to the fetus
- ▶ Producing hormones to support fetal development
- ▶ Removing harmful waste
- ▶ Providing Immune Protection
- ▶ Providing a Physical Barrier to Mom's Blood

Problems with the placenta can lead to serious consequences, such as:



Preeclampsia



**Gestational
Diabetes**



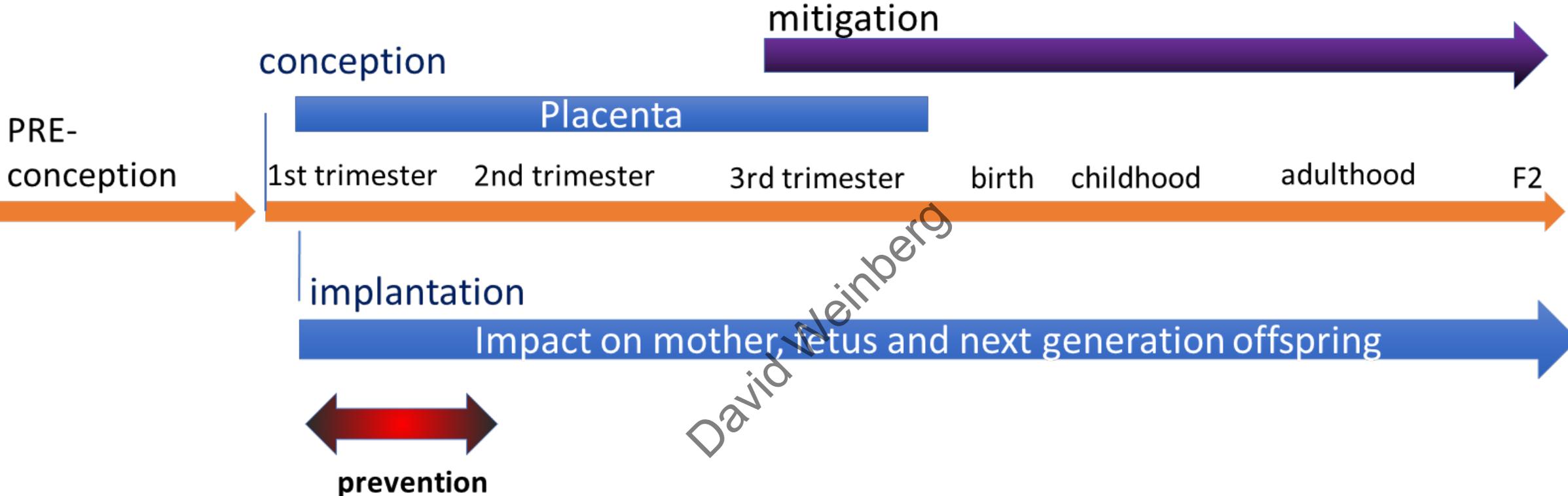
**Preterm Birth and
growth restriction**



Stillbirth



Opportunities to change outcome



- We don't fully understand *human* placental structure and function across gestation (***it is constantly changing!***)
- What constitutes "normal" is unclear
- How placental dysfunction leads to long-term consequences (DOHAD) for both baby and mom is unknown

The Human Placenta Project

launched in 2014

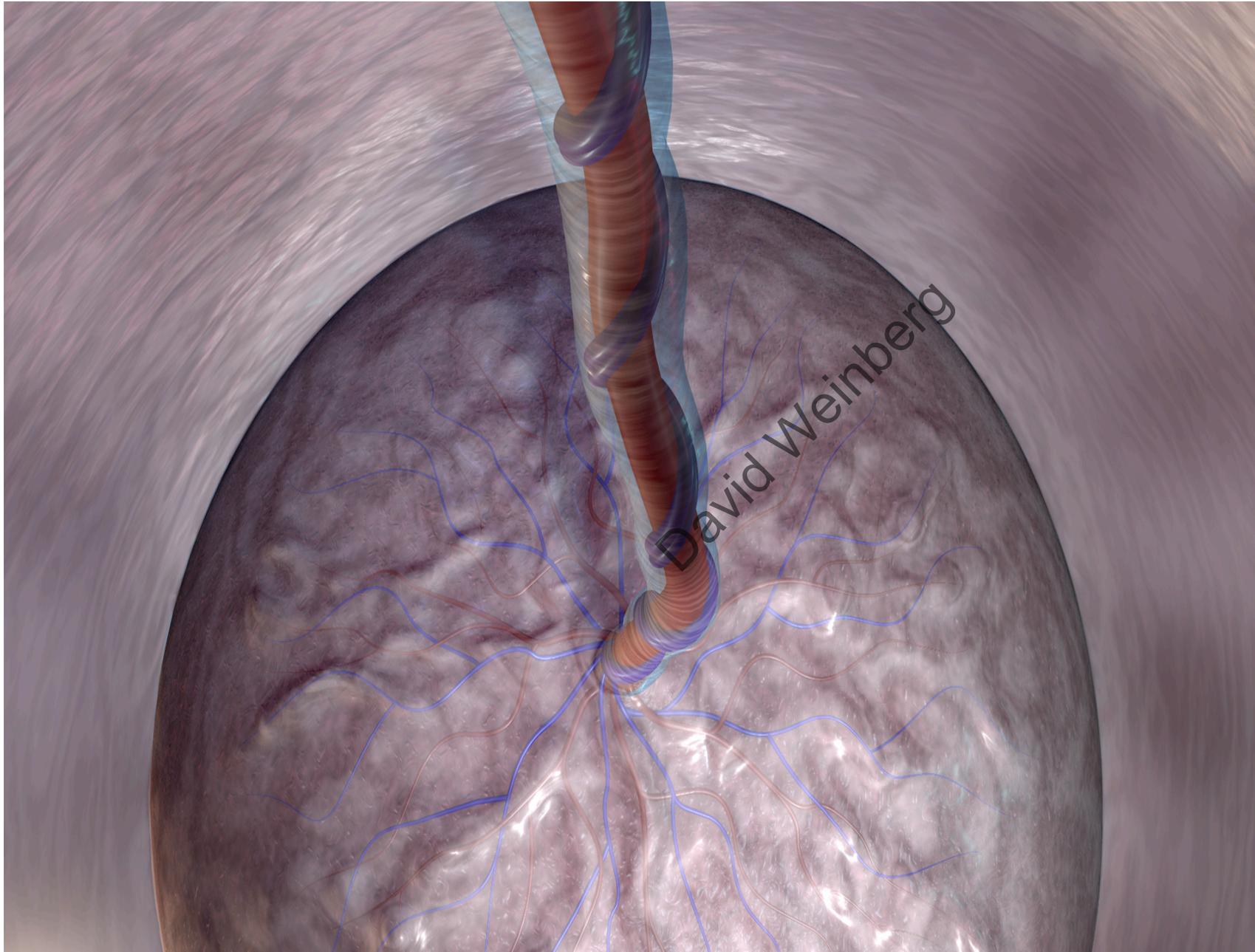
Goals:

- Develop a deep understanding of human placenta development and function across pregnancy
- Enable safe, non-invasive, real-time assessment of human placenta development and function across pregnancy

How:

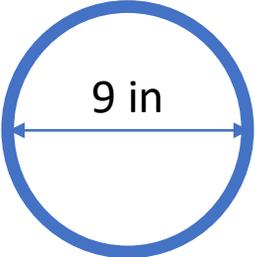
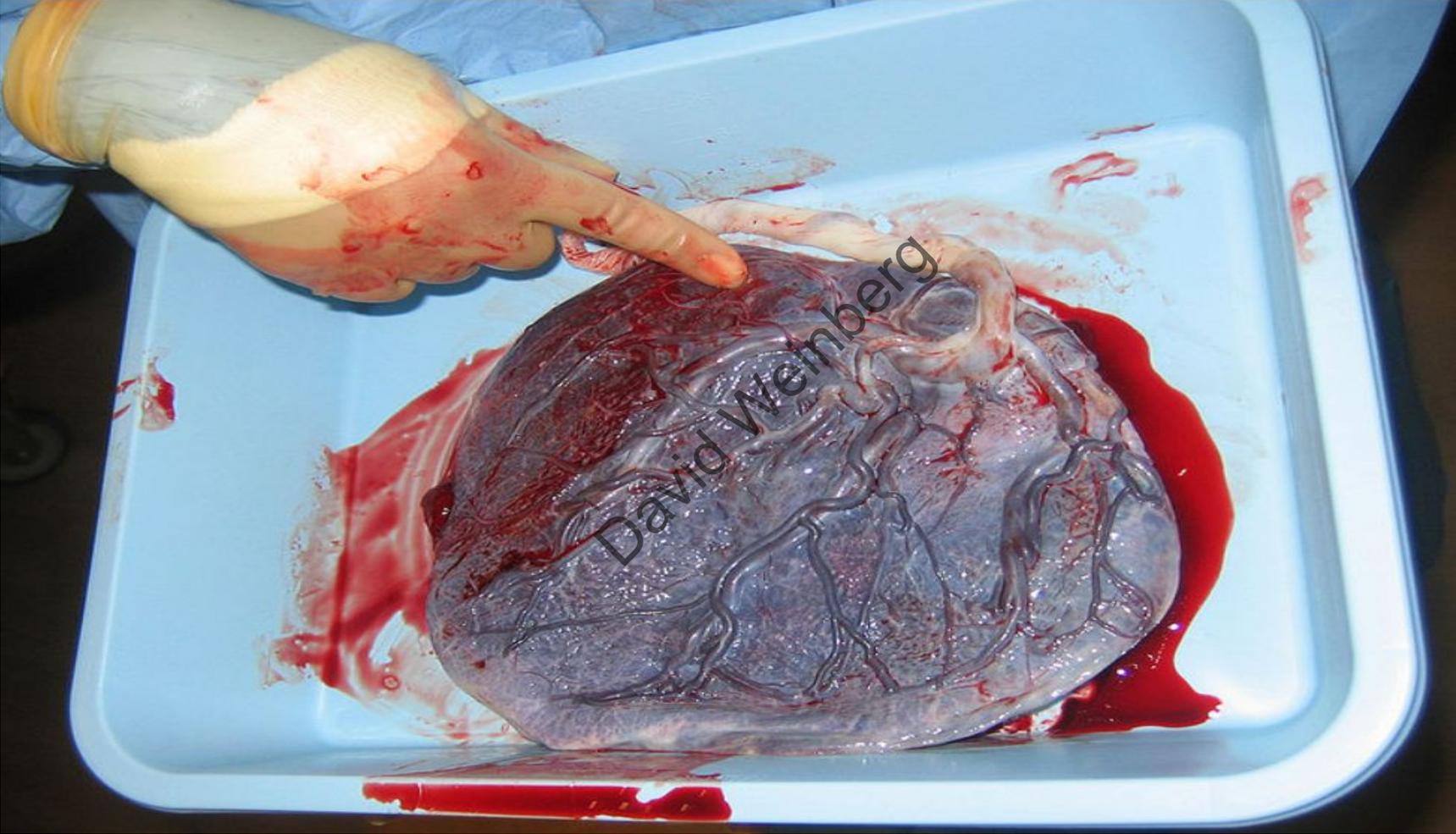
- Funding Announcements that enable multi-disciplinary teams with a directed focus on technology development
- Continued funding of basic placenta research to develop the mechanistic understanding necessary to understand the placenta's role in DOHAD and to make technology development possible.

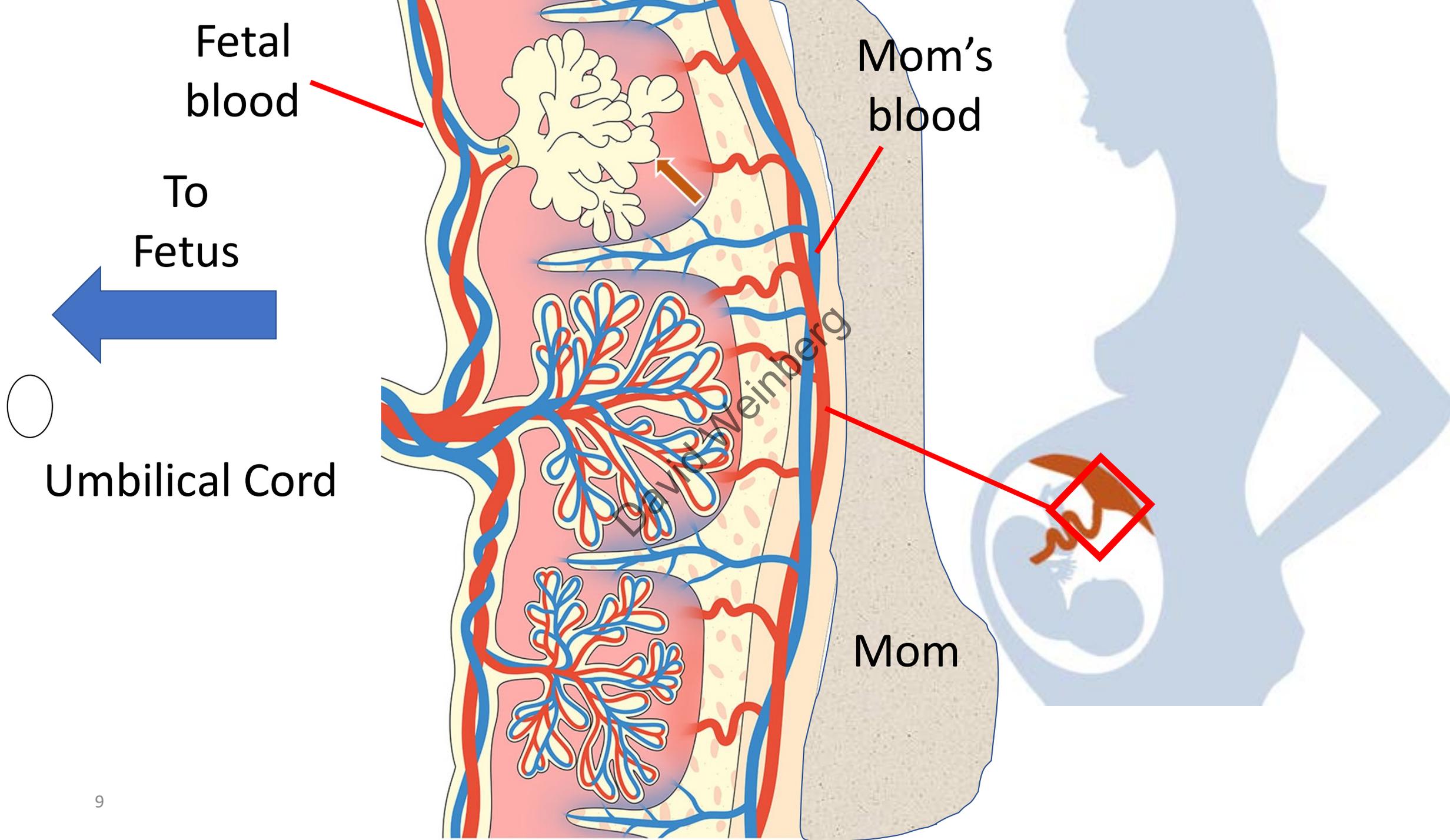
Fetal view of the placenta from above



Credit: Joel B. Floyd Jr.

The Placenta As We Know It





A Maternal-Fetal-Placental Ecosystem

Communication in multiple directions

- ▶ Maternal/placental
- ▶ Placental/immune
- ▶ Microbial?/placental

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Adapting Technologies Already In Use in Pregnancy

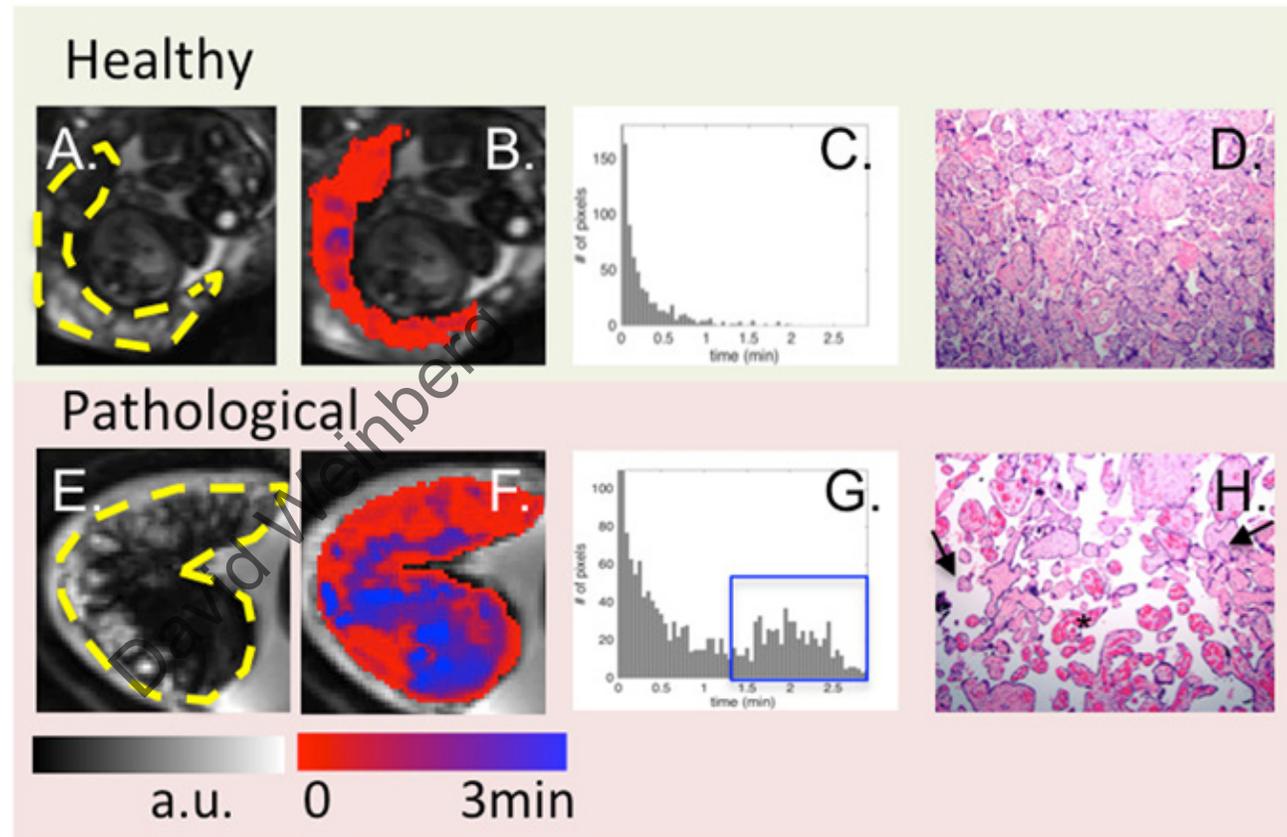


- ▶ Blood Draws
- ▶ Imaging

Applying Cutting-edge MRI Technologies to Placental Assessment

Blood Oxygen Level Dependent (BOLD) MRI

- ▶ Advanced motion correction
- ▶ Connecting placental function to outcomes

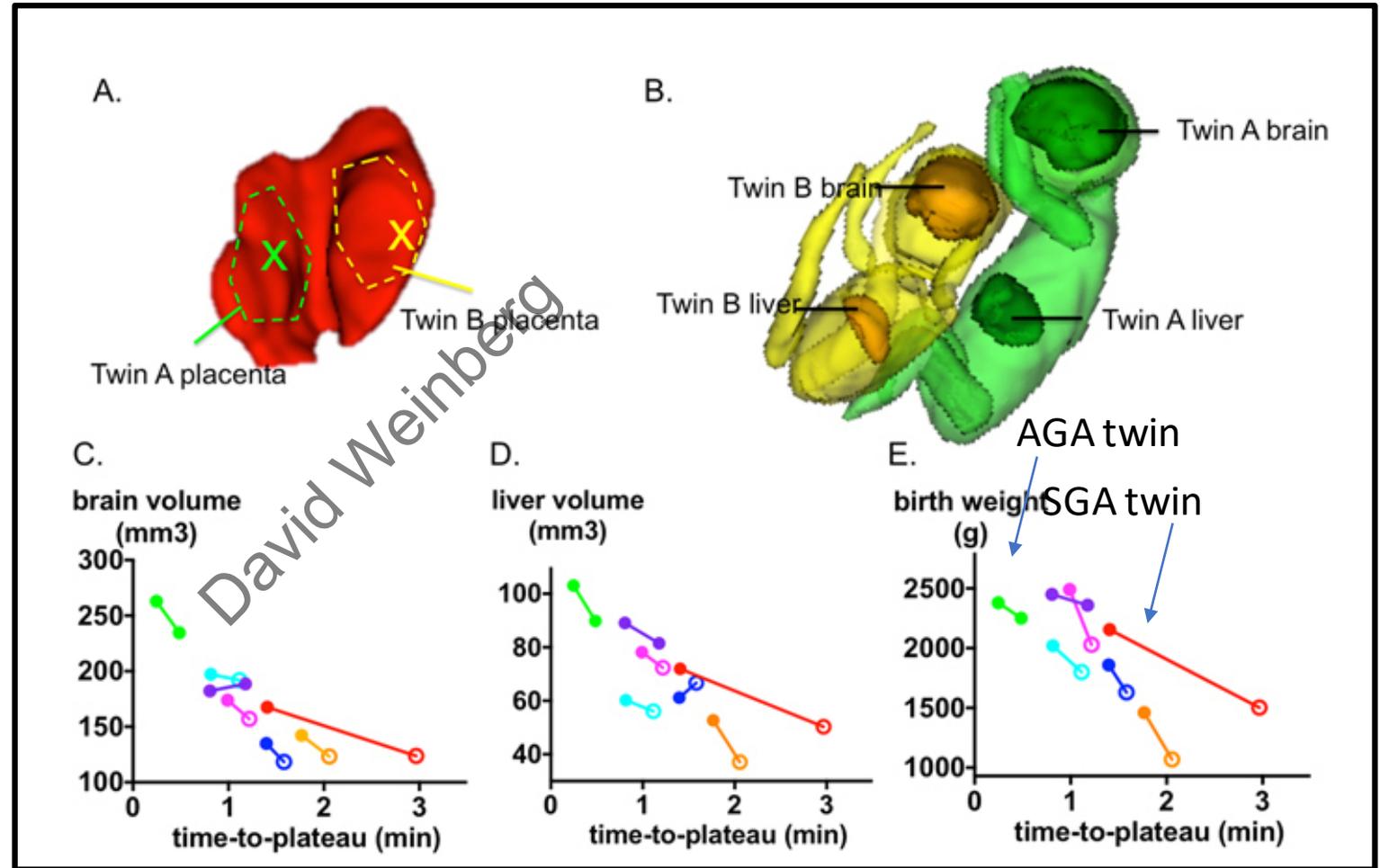


From left to right: BOLD images, TTP maps, histogram of TTP distribution and histology (10X). One control (top) is compared to one case with abnormal placental pathology (bottom). Yellow dashes in A and E outline the placenta. For healthy subjects, TTP values were short and placental histology was normal. For pathological cases, TTP values were longer and less uniform (blue regions in (F) and blue box in (G)). Arrows in H point to avascular villi and the star identifies chorangiosis.

In Vivo Quantification of Placental Insufficiency by BOLD MRI: A Human Study. *Science Reports* 2017 7(1):3713

Ellen Grant, Harvard Medical School - HPP Grantee

- Connecting placental function to outcomes



In Vivo Quantification of Placental Insufficiency by BOLD MRI: A Human Study. Science Reports 2017 7(1):3713

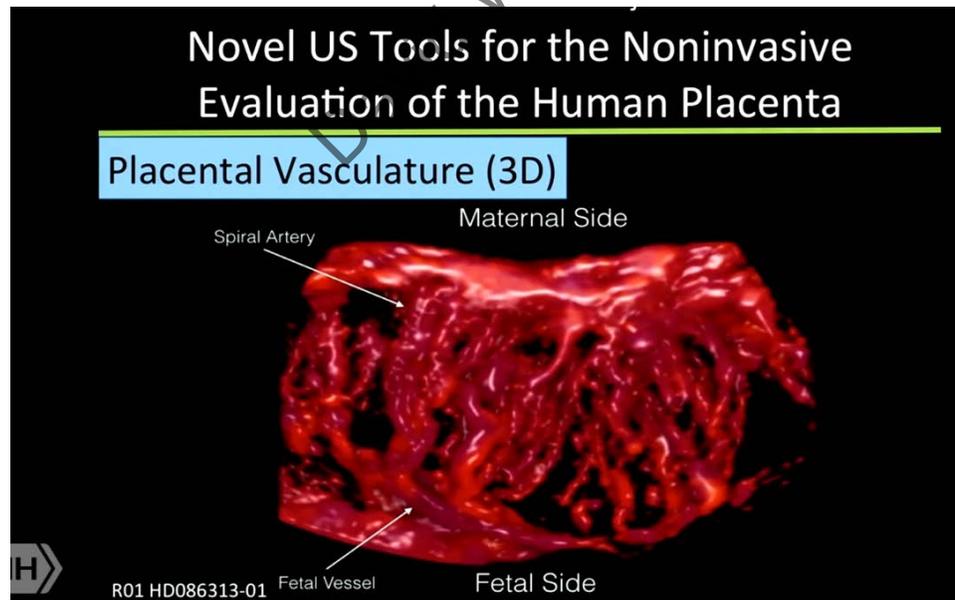
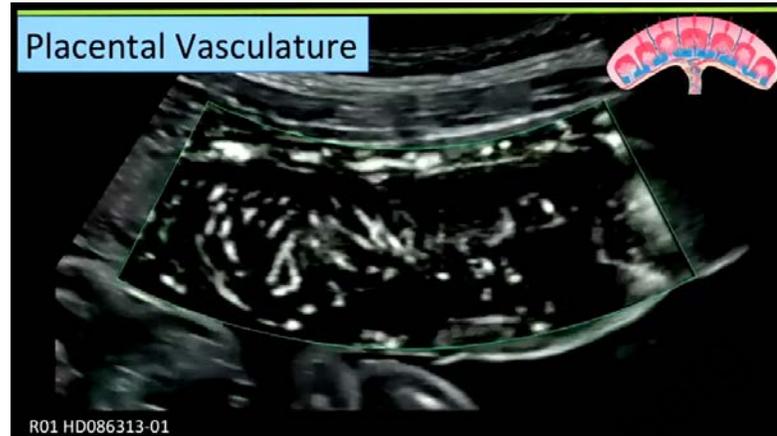
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Applying
Cutting-edge
MRI
Technologies to
Placental
Assessment

Discordant
monozygotic
monoamniotic,
diamniotic twins

Applying Cutting-edge Ultrasound Technologies to Placental Assessment

Superb Microvascular Imaging



- 15-16 weeks gestation – can visualize both fetal and maternal circulation
- Can count spiral arteries, fetal arterioles, and do quantitation with doppler techniques
- Generate a vascular index – the degree of vascularity for a given region of the placenta

Allows assessment of the overall health of the placenta

Applying Cutting-edge Ultrasound Technologies to Placental Assessment: Superb Microvascular Imaging

Applied to Normal versus preterm births

Goals:
Normograms

Selection of USEFUL clinical measurements

Development of a pregnancy index

Total Enrollment: **620**

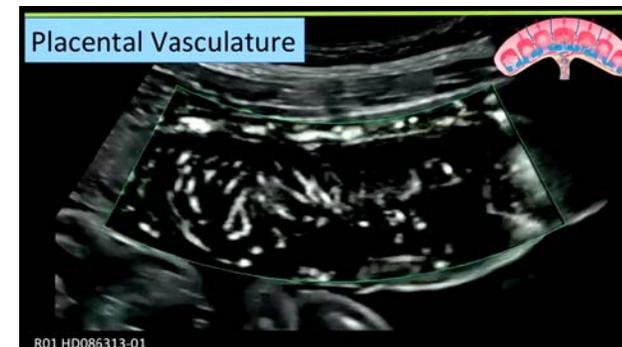
Pregnancies for Normograms: **130**

Cases: **130**

Controls: **490**

8 ultrasound sessions from 12 weeks to 37 weeks

- Deep phenotyping:
 - Biometry
 - Vasculature – spiral arteries, Fetal arterioles
 - Tissue Density
 - Genetics
 - Calcification
 - Fetal Echo
 - Cell free RNA analysis
 - Placental pathology
 - Urine sample for phenol exposure study (with NIEHS)
 - Pregnancy outcome and maternal history data



Alfred Abuhamad, EVMS – George Saade UTMB HPP Grantee

Exosome Isolation of Placental Health

Cargo of miRNAs, lipids, proteins may reflect placental health

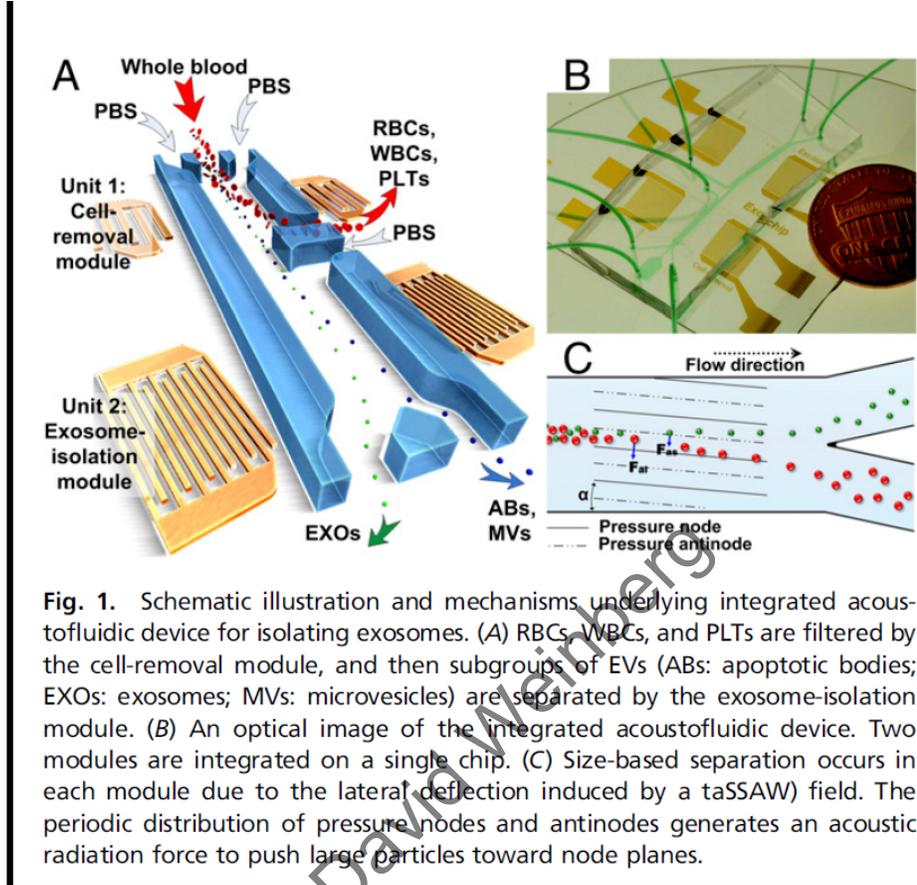


Fig. 1. Schematic illustration and mechanisms underlying integrated acoustofluidic device for isolating exosomes. (A) RBCs, WBCs, and PLTs are filtered by the cell-removal module, and then subgroups of EVs (ABs: apoptotic bodies; EXOs: exosomes; MVs: microvesicles) are separated by the exosome-isolation module. (B) An optical image of the integrated acoustofluidic device. Two modules are integrated on a single chip. (C) Size-based separation occurs in each module due to the lateral deflection induced by a taSSAW field. The periodic distribution of pressure nodes and antinodes generates an acoustic radiation force to push large particles toward node planes.

Isolation of exosomes from whole blood by integrating acoustics and microfluidics PNAS 114(40):10684 2017

- Gentle, high yield approach
- Works for vesicles from any source circulating in blood

Yoel Sadovsky and Tony Huang, HPP Grantees

Acousto-fluidics – Biotechnology applied to the placenta and pregnancy

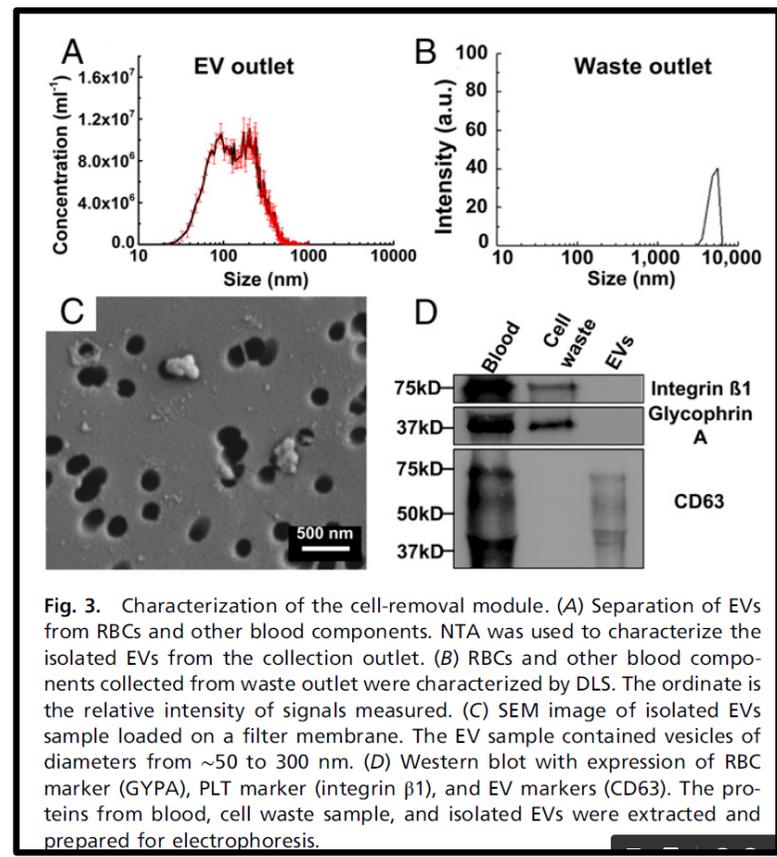


Fig. 3. Characterization of the cell-removal module. (A) Separation of EVs from RBCs and other blood components. NTA was used to characterize the isolated EVs from the collection outlet. (B) RBCs and other blood components collected from waste outlet were characterized by DLS. The ordinate is the relative intensity of signals measured. (C) SEM image of isolated EVs sample loaded on a filter membrane. The EV sample contained vesicles of diameters from ~50 to 300 nm. (D) Western blot with expression of RBC marker (GYPA), PLT marker (integrin β 1), and EV markers (CD63). The proteins from blood, cell waste sample, and isolated EVs were extracted and prepared for electrophoresis.

HPP Investment and Advances

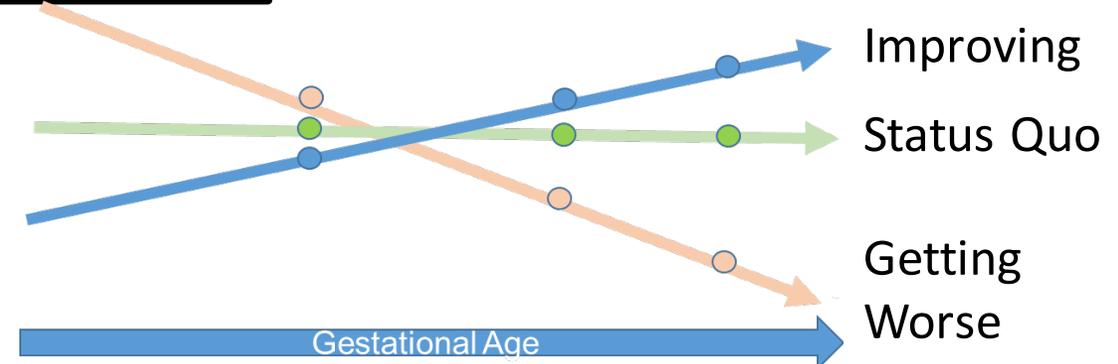
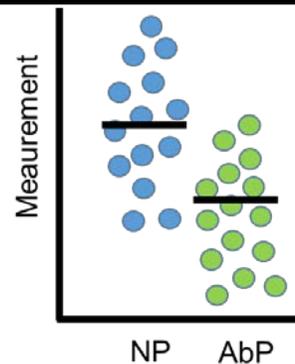
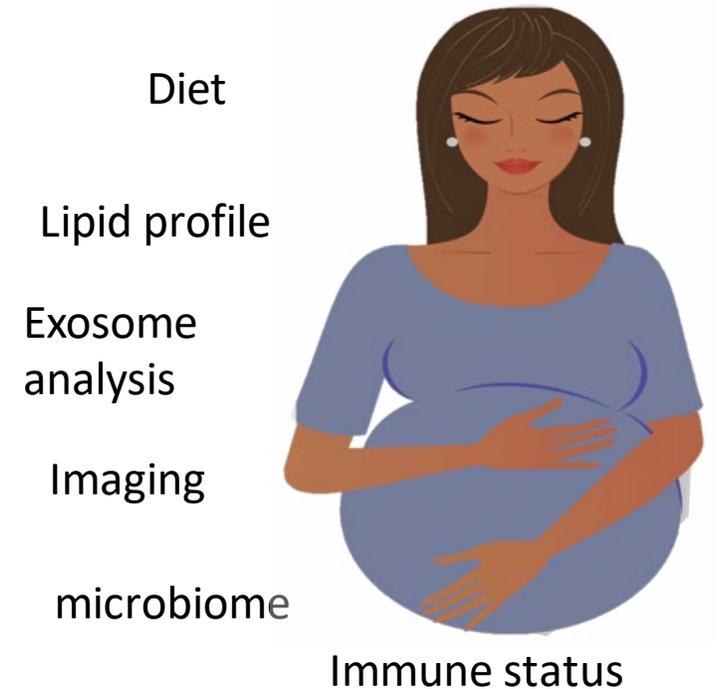
as of
2021

- ▶ **>\$91M** over 7 years
- ▶ HPP investment is ***in addition*** to a large and continued investment in basic placenta research
- ▶ ***Hundreds*** of publications
- ▶ Some advances translate to other areas of research
 - ▶ E.g., rapid COVID-19 testing; novel approaches for isolating extracellular vesicles

Many Challenges Remain

- Pathology may be multifactorial
- Associations often clearer in the aggregate
- Signals may be indications of normal compensation, not pathology
- Time/cost/risk-benefit issues related to increased testing (imperfect information)
 - ❖ We don't examine all placentas (range of variation of 'normal' is unknown)
- Clinical benefits unclear
- New technologies lack rigorous clinical confirmation
- Knowledge Gaps Remain

What is possible vs what is expedient



Placenta Research is still an NICHD Priority

HIGHLIGHTED
at the 2021
HPP Meeting

- ▶ It is impossible to fully understand DOHAD without understanding the placenta
- ▶ There are still many basic *and* translational research questions yet to be answered
- ▶ Understanding the placenta will require researchers across a broad range of disciplines
- ▶ Detecting placental issues is only the first step. Correcting problems in placenta development and function will be a major effort that will take time and effort.
- ▶ **NICHD has put the placenta as a key element** of the 2020 Strategic Plan for theme 3 *Setting the Foundation for Healthy Pregnancies and Lifelong Wellness*

“Expanded study of the placenta, including noninvasive methods to determine placental health in real time, will play a key role in this research area.”

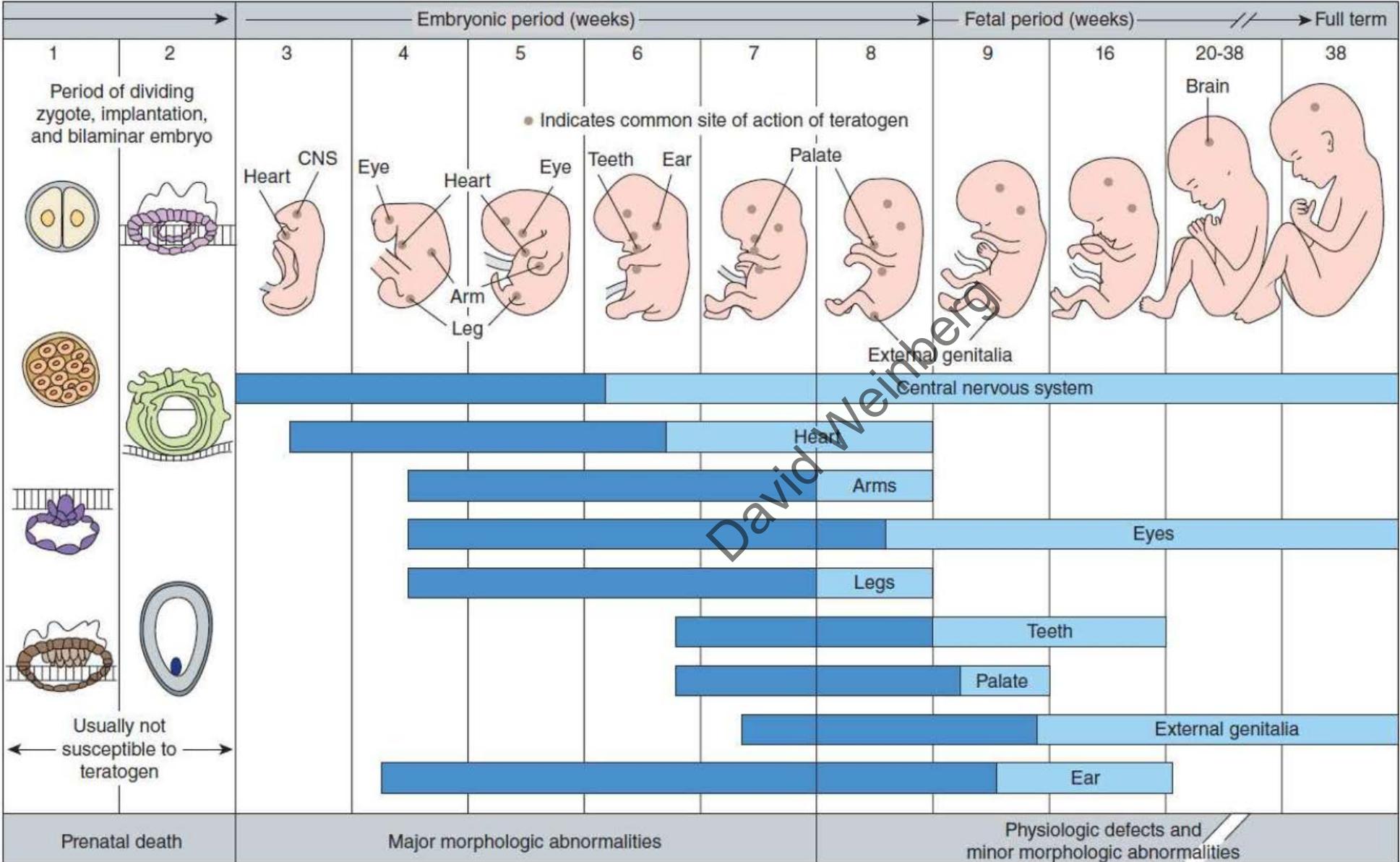
The Future of Placenta Research Will Depend upon the Next Generation of Researchers

- ▶ **Will need** clinicians, cell biologists, immunologists, microbiologists, data scientists, bioengineers, radiologists, vascular biologists, pharmacologists, drug developers, **and more...**
- ▶ **Topics include:** modes of communication between mom, fetus and placenta; basic mechanisms of placenta development; mechanisms that underlie placenta dysfunction and potential targets for intervention; safe delivery vehicles for therapeutic agents; drug discovery for new therapeutics, validity of new models, regulation of nutrient transport and response to the environment; mechanisms underlying DOHAD in the face of environmental influences; regulation of drug transport across the placenta; biomarkers of placenta health across pregnancy; point of care technologies that may be used in low resource settings; the impact of stress on the maternal/fetal/placental ecosystem; the role of the microbiome; imprinting; paternal factors; impact of antiretroviral therapy, **and more...**
- ▶ ***There is plenty of room for new investigators!***

Thank you!



Setting the Stage



Reprinted from Moore KL: *The Developing Human: Clinically Oriented Embryology*, 4th ed. Saunders, 1988. © Elsevier