

# Sertoli Cells Possess Immunomodulatory Properties and the Ability of Mitochondrial Transfer Similar to Mesenchymal Stem Cells

**Bianka Porubska**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Daniel Vasek**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Veronika Somova**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Michaela Hajkova**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Michaela Hlaviznova**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Tereza Tlapakova**

Charles University Faculty of Science: Univerzita Karlova Prirodovedecka fakulta

**Vladimir Holan**

Institute of Experimental Medicine Czech Academy of Sciences: Ustav experimentalni mediciny  
Akademie ved Ceske republiky

**Magdalena Krulova** (✉ [krulova@natur.cuni.cz](mailto:krulova@natur.cuni.cz))

Faculty of Science, Charles University <https://orcid.org/0000-0003-3622-376X>

---

## Research Article

**Keywords:** Mesenchymal stem cells, Sertoli cells, Immunomodulation, Mitochondrial transfer

**Posted Date:** March 22nd, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-313760/v1>

**License:** © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

# Abstract

It is becoming increasingly evident that selecting an optimal source of mesenchymal stem cells (MSCs) is crucial for the successful outcome of MSC-based therapies. During the search for cells with potent regenerative properties, Sertoli cells (SCs) have been proven to modulate immune response in both *in vitro* and *in vivo* models. Based on morphological properties and expression of surface markers, it has been suggested that SCs could be a kind of MSCs, however, this hypothesis has not been fully confirmed. Therefore, we compared several parameters of MSCs and SCs, with the aim to evaluate the therapeutic potential of SCs in regenerative medicine. We showed that SCs successfully underwent osteogenic, chondrogenic and adipogenic differentiation and determined the expression profile of canonical MSC markers on the SC surface. Besides, SCs rescued T helper (Th) cells from undergoing apoptosis, promoted the anti-inflammatory phenotype of these cells, but did not regulate Th cell proliferation. MSCs impaired the Th17-mediated response; on the other hand, SCs suppressed the inflammatory polarisation in general. SCs induced M2 macrophage polarisation more effectively than MSCs. For the first time, we demonstrated here the ability of SCs to transfer mitochondria to immune cells. Our results indicate that SCs are a type of MSCs and modulate the reactivity of the immune system. Therefore, we suggest that SCs are promising candidates for application in regenerative medicine due to their anti-inflammatory and protective effects, especially in the therapies for diseases associated with testicular tissue inflammation.

## Introduction

Stem cells are recently intensively investigated for the therapy of various diseases. Results obtained from many clinical studies proved the safety of the application of MSCs isolated from various tissues, but clinical outcomes of MSC transplantation still do not meet expectations [1]. Therefore, new approaches are studied, and the search for stem cells with better regenerative and immunomodulatory capacities continues. As MSCs from different tissue differ in their properties [2], the choice of an optimal source of MSCs with the best healing effect is critical to obtain favourable results in the therapy [3, 4]. Promising candidates in this regard include Sertoli cells (SCs).

In the specific environment of testes, SCs have been described to possess a similar biological function as MSCs. Adult SCs have been previously considered terminally differentiated cells with the only function to protect and nourish spermatogonial stem cells. However, this opinion has been challenged, as it was proved that adult SCs could regain their proliferation potential after transplantation [5]. According to the current knowledge, the primary function of SCs is, in addition to nourishing and supporting germ cells, to protect them from immune destruction and form blood-testis barrier and immune privilege. Besides, it has been documented that SCs provide support and a tolerogenic environment for co-transplanted cells even across immunological barriers in various *in vivo* models [6].

Recently, it has been proposed that SCs could be a kind of MSCs. Chikhovskaya et al. [7] demonstrated that somatic testicular cell cultures form colonies resembling MSCs. SCs also possess a phenotype similar to MSCs, including the ability to undergo differentiation along mesodermal lineages [8] and the

expression of MSC-like surface markers [9]. These studies suggested that SCs could be a stem cell population, but this hypothesis has not been confirmed.

An essential property of MSCs is the ability to modulate immune response [10]. Significant immunosuppressive properties of SCs and their ability to promote cell growth have also been described in this regard [11], but mechanisms of the suppressive effect of SCs remain unclear. Recent studies have shown that the suppressive ability of SCs, similarly to MSCs, depends on the used model. SCs modulate the reactivity of the innate immune system, including the induction of an alternative M2 phenotype of macrophages and suppression of the co-stimulatory abilities of dendritic cells [12]. The effect of SCs on T-cell responses, particularly the shift towards Th2 and regulatory T cell (Treg) type of immune response, has been demonstrated, as documented by the upregulation of IL-10 and TGF $\beta$  production, as well as the increased Treg number in the periphery [13]. Expression of molecules participating in the tolerance, including PD-L1, FasL and indoleamine 2,3-dioxygenase, also plays an essential role in SC-mediated immunomodulation [14]. Furthermore, SCs have been a potent immunoregulatory tool in *in vivo* models of diabetes, neurodegenerative diseases and transplantation [8, 15–17].

The mitochondrial transfer has been described as one of the mechanisms, which MSCs use to support anti-inflammatory conditions and cell survival [18]. This mechanism has been identified as a critical pathway for the Th17 to Treg switch [19]. In various models, MSCs transferred mitochondria to cardiomyocytes, bronchial epithelial cells or cortical neurons [20–22]. The mitochondrial transfer has never been described in SCs; however, connexin43, which is one of the key proteins in this process, is a major protein in forming tight junctions and blood-testis barriers by SCs [23].

The ability of SCs to promote cell growth, their beneficial anti-inflammatory effects and the protection of co-transplanted tissue, together with the fact that SCs can be easily isolated from patient testicular biopsies performed routinely by fertility clinics, made them promising candidates in the field of tissue repair and regeneration. Besides, due to the non-immunogenic properties of SCs, allogeneic cells isolated from a donor with healthy SCs can be used. Several groups reported that transplantation of MSCs or their products could restore spermatogenesis and fertility in various models [24–26]. Confirmation of SC stemness and further elucidation of molecular aspects of immunomodulation, differentiation and mechanisms of their action may enable new approaches for their application with the aim to support the regeneration of testicular damage. Therefore, the objective of this study was to verify the stem properties of SCs and compare them with those of MSCs, including their immunomodulatory potential. We also examined the ability of mitochondrial transfer as one of the mechanisms by which MSCs and SCs could provide protection of tissue from acute damage.

## Materials And Methods

### Animals

Female BALB/c mice (spleen cell isolation) at the age of 8–12 weeks and male BALB/c mice (SC isolation) at the age of 3 weeks were obtained from the breeding unit of the Institute of Molecular Genetics of the Czech Academy of Sciences, Prague, Czech Republic.

The present study was approved by the Animal Ethics Committee of Charles University, and all experimental procedures were performed following the guidelines for the care and use of laboratory animals.

## Isolation of Adipose-Derived MSCs

Adipose-derived MSCs were isolated from inguinal fat pads of BALB/c mice as we have described [27], cultured in Dulbecco's modified Eagle medium (DMEM, PAA Laboratories, Pasching, Austria) supplemented with 10% FBS (Sigma-Aldrich Corporation, St. Louis, MO, USA), antibiotics (100 mg/ml of streptomycin, 100 U/ml of penicillin) and 10 mM HEPES buffer, and maintained in culture as adherent monolayers. Cells between passages 3 and 5 were used in the experiments.

## Isolation of Sertoli Cells

Briefly, testes were decapsulated with tweezers and digested with Collagenase II and DNase I in PBS, 20 min in shaking bath (32°C), centrifuged (10 min, 800g) and filtered through 70 µm and then through 40 µm cell strainer. Cells on the 40 µm cell strainer were washed out by centrifugation (10 min, 800g). The cell suspension was plated on DSA (lectin from *Datura Stramonium*, Sigma-Aldrich) coated flask, washed 1 h after plating with warm DMEM medium and cultured in a complete DMEM medium supplemented with glutamine, LIF (0.1 ng/ml, Peprotech Rocky Hill, NJ, USA) and FSH (0.5 ng/ml, Sigma-Aldrich) for 3 weeks with regular exchange of medium, then passaged twice a week. Cells were maintained in culture as adherent monolayers, and between passages 3–6 were used in the experiments.

## Characterization of Surface Markers by Flow Cytometry

SCs and MSCs were harvested between passages 3–5 and washed with PBS/0.5% BSA and incubated for 30 min on ice with FITC-labeled monoclonal antibody (mAb) anti-CD90.2 (clone 30-H12, SONY), PE-labeled mAb anti-CD105 (clone MJ7/18, BioLegend San Diego, CA, USA), PE-labeled mAb anti-CD73 (clone eBioTY/11.8, eBioscience, San Diego, CA, USA), FITC-labeled mAb anti-CD44 (clone IM7, BioLegend), FITC-labeled mAb anti-CD45 (clone 30-F11, BioLegend), FITC-labeled mAb anti-CD11b (clone M1/70, BioLegend), PE-labeled mAb anti-CD34 (clone HM34, BioLegend), PE-labeled mAb anti-CD31 (clone 390, BioLegend). A total of 40 000 cells were analyzed after the exclusion of dead cells and debris.

Macrophages were prepared by washing the peritoneal cavity of unstimulated BALB/c mice as we described elsewhere [28], and cells ( $5 \times 10^5$  cells/ml) were plated in 24-well tissue culture plates (Nunc, Roskilde, Denmark) in a volume of 1 ml of RPMI-1640 medium supplemented with 10% FBS (Sigma-Aldrich), antibiotics (100 mg/ml of streptomycin, 100 U/ml of penicillin) and 10 mM HEPES buffer (referred as complete RPMI-1640 medium), for 48 h in the presence or absence of SCs or MSCs (peritoneal cells: SC/MCs at a ratio 1:5, 1:10 or 1:20). To determine the phenotype of macrophages, cells were harvested, washed with PBS/0.5%BSA and incubated for 30 min on ice with Alexa Fluor 700-labeled

mAb anti-CD45 (clone 30-F11, BioLegend), PE-labeled mAb anti-F4//80 (clone BM8, BioLegend), FITC-labeled aAb anti-CD206 (clone C068c2, BioLegend). A total of 50 000 cells were analyzed after exclusion of dead cells and debris. Representative flow cytometry dot plots illustrating the gating strategy are shown in Supplementary Figure S1.

In all experiments, dead cells were stained with Hoechst 33258 fluorescent dye (Sigma-Aldrich). Data were collected using LSR II cytometer (BD Bioscience Franklin Lakes, NJ, USA) and analyzed using GateLogic 400.2A software (Invai, Mentone, Australia).

## RT-PCR

Total RNA was isolated from cultured SCs and murine testicular cell suspension using E.Z.N.A.® Total RNA Kit I (Omega Bio-Tek, Georgia, GA, USA) according to manufacturer's instructions, including in-column DNase treatment. Reverse transcription was performed by the SuperScript™ Reverse Transcriptase (Thermo Fisher Scientific Inc., Waltham, MA, USA) according to the manufacturer's instructions. Primer sequences are listed in Table S1.

## Osteogenic, Chondrogenic and Adipogenic Differentiation of SCs and MSCs

SCs or MSCs were cultivated in DMEM medium to ensure mid-log growth phase confluence (60–80%). Then cells were gently harvested, and depending on the type of differentiation, were seeded into multi-well plates or Petri dishes. Cells underwent osteogenic differentiation using StemPro® Osteogenesis Differentiation Kit (Thermo Fisher Scientific), according to the manufacturer's instructions. Osteocytes were stained with 2% Alizarin Red S solution (Sigma-Aldrich) for 15 min. A micromass culture was generated from SCs or MSCs and cultured in media prepared from StemPro® Chondrogenesis Differentiation Kit (Thermo Fisher Scientific) to induce chondrogenic differentiation. Droplets with a volume of 5 µl of the cell suspension were seeded in the centre of the 6-well plate well to generate the micromass. After incubation for 2 h under high humidity conditions, chondrogenesis media was added to the cultures. Chondrocytes were detected using 1% Alcian Blue solution on day 21. Adipogenesis was induced using StemPro® Adipogenesis Differentiation Kit (Thermo Fisher Scientific) according to the manufacturer's instructions. Expanded SCs or MSCs were seed into culture flasks and cultured in an adipogenesis differentiation medium. Lipid droplets were detected on day eight by Oil Red O (Sigma-Aldrich) staining. All samples were evaluated under a light microscope.

## Detection of Apoptosis

Spleen cells ( $1 \times 10^6$  cells/ml) were cultured in a volume of 1 ml complete RPMI 1640 medium in 24-well tissue culture plates stimulated with Concanavalin A (ConA, 1.25 µg/ml, Sigma-Aldrich) for 48 h in the presence or absence of SCs or MSCs (SCs/MSCs: spleen cells ratio 1:10 or 1:20). Cells were harvested, washed with PBS/0.5% BSA and incubated for 30 min on ice with Alexa Fluor 700-labeled mAb anti-CD45 (clone 30-F11, BioLegend), FITC-labeled mAb anti-CD4 (clone GK1.5, BD Pharmingen, San Jose, CA, USA).

After washing with PBS/0.5% BSA, cells were stained for Annexin V using Annexin V detection kit according to the manufacturer's protocol (Apronex, Jesenice, Czech Republic). Dead cells were excluded using Hoechst 33258 (Sigma-Aldrich), added 15 min before flow cytometry analysis. Data were collected using LSR II cytometer (BD Bioscience) and analyzed using GateLogic 400.2A software (Invai). Representative dot plots illustrating the gating strategy are shown in Supplementary Figure S2, gated as Ki67.

## Intracellular Detection of Transcription Factors

Spleen cells ( $1 \times 10^6$  cells/ml) were cultured in a volume of 1 ml of complete RPMI 1640 medium in 24-well tissue culture plates stimulated with ConA, (1.25  $\mu\text{g/ml}$ ) for 72 h in the presence or absence of SCs or MSCs (SCs/MSCs:Spleen cells ratio was 1:10 or 1:20). Cells were harvested, washed with PBS/0.5% BSA and incubated for 30 min on ice with Alexa Fluor 700-labeled mAb anti-CD45 (clone 30-F11, BioLegend), FITC-labeled mAb anti-CD4 (clone GK1.5, BD Pharmingen) and Live/Dead Fixable Violet Dead Cell Stain Kit (Thermo Fisher Scientific) for staining of dead cells. Cells were then fixed and permeabilized using a Foxp3 Staining Buffer Set (eBioscience) according to manufacturer's instructions, before staining for 30 min with APC-labeled mAb anti-Foxp3 (clone FJK-16s, eBioscience), PE-labeled mAb anti-ROR $\gamma$ t (clone AFKJS-9, eBioscience) or PE-labeled mAb anti-Ki67 (clone 16A8, BioLegend). A total of 40 000 cells were analyzed after exclusion of dead cells and debris. Data were collected using LSR II cytometer (BD Bioscience) and analyzed using GateLogic 400.2A software (Invai). Gating strategy is shown in Supplementary Figure S2.

## Intracellular Detection of Cytokines

Spleen cells ( $1 \times 10^6$  cells/ml) were cultured in a volume of 1 ml of complete RPMI 1640 medium in 24-well tissue culture plates stimulated with ConA (1.25  $\mu\text{g/ml}$ ) for 48 h in the presence or absence of SCs or MSCs (SCs/MSCs:spleen cells ratio 1:10 or 1:20). To analyze intracellular cytokine production, Phorbol 12-Myristate 13-Acetate (PMA, 20 ng/ml, Sigma-Aldrich), Ionomycin (500 ng/ml, Sigma-Aldrich), Brefeldin A (5  $\mu\text{g/ml}$ , eBioscience) were added to the cultures for at least 4.5 h of the 48 h incubation period. Cells were harvested, washed with PBS/0.5% BSA and incubated for 30 min on ice with Alexa Fluor 700-labeled mAb anti-CD45 (clone 30-F11, BioLegend), FITC-labeled mAb anti-CD4 (clone GK1.5, BD Pharmingen) and Live/Dead Fixable Violet Dead Cell Stain Kit (Thermo Fisher Scientific) for staining of dead cells. Cells were then fixed and permeabilized using a Fixation and Permeabilization Kit (eBioscience) according to the manufacturer's instructions. The cells were intracellularly stained for 30 min with PE-labeled mAb anti-TNF $\alpha$  (clone MP6-XT22, eBioscience), APC-labeled mAb anti-IL-2 (clone JES6-5H4, eBioscience), APC-labeled mAb anti-IL-17A (clone eBio17B7, eBioscience). A total of 40 000 cells were analyzed after exclusion of dead cells and debris. Data were collected using LSR II cytometer (BD Bioscience) and analyzed using GateLogic 400.2A software (Invai). Representative dot plots illustrating the gating strategy are shown in Supplementary Figure S3.

## Mitochondrial Transfer from SCs and MSCs to Immune Cells

Spleen cells ( $1 \times 10^6$  per well) were cultured in a volume of 1 ml of complete RPMI 1640 medium in 24-well tissue culture plates. SCs and MSCs were stained for mitochondria using MitoTracker® Red CMXRos (MiTT, Thermo Fisher Scientific), according to the manufacturer's instruction at the concentration 100 nM for 30 min. Stained SCs or MSCs were added to spleen cells in the ratio 1:20 (SCs/MSCs: spleen cells) and cultured together for 3 h. Cells were harvested after co-cultivation, washed with PBS/0.5% BSA and incubated for 30 min on ice with Alexa Fluor 700-labeled mAb anti-CD45 (clone 30-F11, BioLegend), and Hoechst 33258 was used for dead cells staining and exclusion. Mitochondrial transfer from SCs or MSCs to immune cells was determined as a MiTT positive population gated on CD45<sup>+</sup> to exclude SCs and MSCs. A total number of 60 000 cells were analyzed after exclusion of dead cells and debris. Data were collected using LSR II cytometer (BD Bioscience) and analyzed using GateLogic 400.2A software (Invai).

## **Immunostaining of Co-cultures of Spleen Cells with SCs or MSCs – Mitochondrial Transfer Visualization**

Spleen cells ( $1 \times 10^5$  per well) were cultured in a volume of 2 ml of complete DMEM medium in 29 mm Glass bottom dishes (Cellvis, Sunnyvale, California, USA) together with SCs and MSCs stained for mitochondria using MiTT, in ratio 1:20 (SCs/MSCs: spleen cells) for 3 h. Cell suspensions were washed with PBS and fixed with 4% paraformaldehyde in PBS for 15 min, permeabilized by 0.2% Triton x-100 in PBS, blocked by 1% BSA in PBS and stained for 1 h with rat anti-mouse CD45 primary antibody (1:200, BioLegend) and Phalloidin Green (Sigma-Aldrich) and goat anti-rat IgG (H + L) secondary antibody Alexa Fluor 647 (Thermo Fisher Scientific) for 2 h. Staining for nuclei and sample mounting was performed by Mowiol/DAPI (Sigma-Aldrich) and observed with LeicaDmi8 fluorescence microscope.

## **Statistical Analysis**

For the statistical analysis, the program The Prism (GraphPad Software, San Diego, CA, USA) was used. The results are expressed as the mean  $\pm$  standard error (SE). The statistical significance of differences between individual groups was calculated using one-way analysis of variance (ANOVA) and Tukey post hoc test. P values less than 0.05 were considered statistically significant.

## **Results**

### **SCs Fulfill Criteria of MSCs**

We confirmed the characteristics of SCs by the expression of genes for Vimentin, CD44 (MSCs surface markers), Acta2 (Actin alpha2, testis associated marker) and Sox9 (transcription factor, SCs marker). SCs were also negative for germ cell markers Dazl, Ddx4, Ddx25 and Leydig cell markers Cyp11a1, Cyp17a1 (Fig. 1). SCs were adherent to plastic (Fig. 2A), positive for CD73 and CD44, used as markers defining MSCs [29], but were negative for CD105, CD90.2. Both cell populations were negative for CD45, CD11b and slightly positive for CD34 (Fig. 2B). Both MSCs and SCs were capable of differentiating into adipocytes, osteocytes and chondrocytes (Fig. 2C).

# SCs Modulate CD4<sup>+</sup> T Cell Proliferation, Apoptosis and Phenotype

The anti-inflammatory effect of MSCs on T cells is well described [30]. Therefore, we measured several parameters, including proliferation, apoptosis and Treg/Th17 ratio and compared the effects of SCs with those of MSCs. MSCs suppress the proliferation of CD4<sup>+</sup> cells induced by ConA. Expression of a nuclear protein Ki67 was downregulated on CD4<sup>+</sup> cells after co-culture with MSCs; the suppression by SCs was less pronounced (Fig. 3A). SCs protected activated CD4<sup>+</sup> cells from apoptosis, revealed by the presence of phosphatidylserine on the cell surface using Annexin V similarly to MSCs (Fig. 3B). As shown in Fig. 3C, SCs promoted CD4<sup>+</sup> T cell phenotype switch to anti-inflammatory. Treg/Th 17 ratio showed only a tendency to increase in the presence of MSCs in the culture, while in the presence of SCs, this ratio increased significantly.

## SCs Suppress the Production of Inflammatory Cytokine by Activated CD4<sup>+</sup> T Cells

To further determine the activation of T cells cultivated in the presence of SCs, spleen cells were stimulated with ConA for 48 h in the presence of SCs or MSCs. The intracellular levels of selected cytokines were determined by flow cytometry. As shown in Fig. 4, the percentage of CD4<sup>+</sup>TNFα<sup>+</sup> (Fig. 4A) and CD4<sup>+</sup>IL-2<sup>+</sup> (Fig. 4B) cells was decreased in a dose-dependent manner after cultivation with SCs and MSCs (Fig. 4B). This effect was more pronounced in the presence of SCs. A significant decrease in the proportion of CD4<sup>+</sup>IL-17<sup>+</sup> cells was observed in spleen cells stimulated with ConA in the presence of MSCs; cultivation with SCs has no significant effect on the intracellular level of IL-17.

## The Effect of SCs on Peritoneal Macrophages

To further investigate the potential of SCs to modulate the phenotype of immune cells, cells isolated from the peritoneal cavity of mice were cultivated in the presence or absence of SCs or MSCs for 48 h. Macrophages can change their phenotype between pro- (M1) and anti-inflammatory (M2) type according to the cytokine microenvironment [31]. As shown in Fig. 5, the percentage of F4/80<sup>+</sup> cells positive for CD206, a marker of M2 macrophages, was significantly increased. In the presence of MSCs in the culture, no significant changes were detected.

## The Ability of SCs to Transfer Mitochondria to Immune Cells

It is known that MSCs can transfer mitochondria to various types of cells and thus modulate their metabolism or phenotype [32, 33]. Therefore, we investigated the possibility of whether SCs are also able to transfer mitochondria to immune cells. Spleen cells were cultivated in the presence or absence of SCs or MSCs and stained for mitochondria with MiTT. As shown in Figs. 6A and 6B, SCs possess a similar capacity to transfer mitochondria to immune cells as have MSCs, as determined by the percentage of

CD45<sup>+</sup>MiTT<sup>+</sup> cells in co-cultures of spleen cells with MSCs or SCs. Figure 6C shows fluorescence microscopy images of this experiment.

## Discussion

MSCs are currently studied in many areas of regenerative medicine and developmental biology. It is increasingly apparent that the choice of the appropriate type of MSCs is crucial to the favourable outcome of therapy. Until now, MSCs isolated from various tissues have been used in cell-based therapies to promote the repair of testicular damage or treatment of male infertility. Although the results of these studies have been promising, further research in this area is needed [24, 34, 35]. In this regard, the use of cells possessing immunosuppressive properties, which occur naturally in affected testicular tissue, could be beneficial. SCs has been for a long time supposed to be nourishing cells providing support for germ cells and creating a blood-testis barrier. Nowadays, this simple view has been expanded. SCs have been described to provide testicular immune privilege, regulate immune response and play an essential role in modulating the phenotype of immune cells, changing the environment within testes from tolerogenic into inflammatory in the presence of infection [36–38]. However, the immunoregulatory properties of SCs were tested mainly in co-transplantation studies [6, 15, 39]. A better definition and understanding of the stem capabilities of SCs will allow the extension of their therapeutic use for the regeneration of testicular tissues and the treatment of many other diseases.

Two previous studies suggested that SCs are kind of MSCs. However, these studies were based mainly on their morphological properties [7] and the ability to differentiate into key cell types of mesenchymal origin [9]. On the SC surface, we confirmed the expression of MSC- specific markers and the absence of hematopoietic markers as defined by Dominici et al. [29]. We further focused on the immunomodulatory abilities of SCs. MSCs induce arrest of the T cell cycle and thus suppress proliferation and apoptosis of these cells [40, 41], and promote polarisation into anti-inflammatory T cell populations [42, 43]. SCs demonstrated similar properties, although they differed in their expression. The ability of SCs to inhibit proliferation was less pronounced than that of MSC's; on the other hand, they increased the Treg /Th17 ratio even more than MSCs.

MSCs have been described to alter cytokine production by various immune cells populations [44, 45]. In this study, we have shown that SCs significantly suppressed the production of pro-inflammatory cytokine TNF $\alpha$ , and the down-regulation of IL-2 production by SCs was even more pronounced. On the other hand, the suppression of IL-17 was not significant in the case of SCs. According to our data, both cell types modulate cytokine production and suppress inflammation. However, MSCs seem to be more effective in suppressing Th17 response, while SCs suppress inflammation or activation of CD4<sup>+</sup> T cells by down-regulating the production of two key cytokines IL-2 and TNF $\alpha$ , respectively.

The effect of SCs on innate immune cells has been documented but never compared to MSCs before. The polarisation of macrophage, from pro-inflammatory M1 to wound-healing M2 population, depends greatly on the microenvironment and external stimuli [31]; macrophages could acquire alternative M2

phenotype also in the presence of MSCs [48, 49]. According to our data, SCs were more effective in the induction of this tolerogenic phenotype, as shown by up-regulation of CD206 molecule on their surface, which may subsequently extend their ability to regulate T cell immune responses. In the testes, the interplay between SCs and other cell populations, especially macrophages, is crucial for maintaining the optimal conditions for spermatogenesis and immune privilege function [6, 50]; this could be the reason why SCs showed better efficacy in inducing the M2 macrophage phenotype.

The direct link between a metabolic configuration of immune cells and their phenotype and function is well known and vastly studied [51]. The master regulators of the metabolic setup are mitochondria, and the transfer of this organelle between different cell types was reported as an inducer of a phenotype switch, polarisation or protection of recipient cells [52]. For example, the transfer of mitochondria from MSCs to T cells triggers Treg differentiation and repression of Th17 cells [19, 32]. MSCs modulate macrophage phagocytosis and activity also via mitochondrial transfer, both *in vitro* and *in vivo* [33, 53]. We showed here for the first time the ability of SCs to transfer mitochondria to other cell types. The percentage of CD45<sup>+</sup> immune cells, which acquired mitochondria from SCs and MSCs was similar.

This study confirms the previously stated hypothesis about mesenchymal origin and stem cell properties of SCs. We have shown that SCs differentiate into key cell types of mesenchymal origin and express some MSCs-like markers. Regarding their immunomodulatory properties, SCs are similar to MSCs, but differ in several aspects, which we assume can be attributed to their specific natural niche in the organism. SCs are in close contact with various cells in testes, provide support for germ cells, but also are responsible for a protective immune environment. In this respect, the mitochondrial transfer could be one of the regulatory mechanisms. The obtained data support the possibility of applying SCs in various therapeutic approaches, especially testicular inflammation, orchitis or impaired spermatogenesis due to exposure to chemotherapy or radiotherapy. A better understanding of the effects of SCs and their capacity to down-regulate inflammation *in vivo* will be a crucial step for their implementation in cell-based therapy.

## Declarations

### Availability of Data and Materials

The authors confirm that all data and materials support the published claims and comply with field standards.

### Author Contributions

All authors contributed to this study. MK and BP designed the study. BP, DV, VS, MHa, MHI and TT performed the experiments, MK, BP, and VH wrote the paper; all authors read and approved the final manuscript.

### Funding

This study was supported by grant No. 970120 from the Grant Agency of Charles University, grant No. 19-02290S from the Grant Agency of the Czech Republic, grant No. NU21-08-00488 from Ministry of Health of the Czech Republic and the Charles University programs 4EU+/20/F4/29, SVV 260435 and 20604315 PROGRES Q43.

## Ethics Approval

This study was carried out in strict accordance with the Act No. 246/1992 Coll., on the protection of animals against cruelty, the basic law related to animal protection governing the activities of all the state authorities of animal protection in the Czech Republic, such as the Ministry of Agriculture, including the Central Commission for Animal Welfare, and the veterinary administration authorities. The authorization to use experimental animals was issued to the Faculty of Science, Charles University, 37428/2019-MZE-18134.

## Conflict of Interest

The authors declare that they have no conflict of interest.

## References

1. Richardson, S. M., Kalamegam, G., Pushparaj, P. N., Matta, C., Memic, A., Khademhosseini, A., Mobasheri R., Poletti F. L., Hoyland J. A. & Mobasheri, A. (2016). Mesenchymal stem cells in regenerative medicine: Focus on articular cartilage and intervertebral disc regeneration. *Methods*, *99*, 69-80.
2. Wegmeyer, H., Bröske, A. M., Leddin, M., Kuentzer, K., Nisslbeck, A. K., Hupfeld, J., Wiechmann K., Kuhlen J., von Schwerin C., Stein C., Knothe S., Funk J., Huss R. & Neubauer, M. (2013). Mesenchymal stromal cell characteristics vary depending on their origin. *Stem Cells and Development*, *22*(19), 2606-2618.
3. Gomez-Salazar, M., Gonzalez-Galofre, Z. N., Casamitjana, J., Crisan, M., James, A. W., & Péault, B. (2020). Five Decades Later, Are Mesenchymal Stem Cells Still Relevant? *Frontiers in Bioengineering and Biotechnology*, *8*, 148.
4. Fitzsimmons, R. E. B., Mazurek, M. S., Soos, A., & Simmons, C. A. (2018). Mesenchymal Stromal/Stem Cells in Regenerative Medicine and Tissue Engineering. *Stem Cells International*, *2018*, 8031718.
5. Tarulli, G. A., Stanton, P. G., & Meachem, S. J. (2012). Is the Adult Sertoli Cell Terminally Differentiated? *Biology of Reproduction*, *87*(1), 13, 1-11.
6. França, L. R., Hess, R. A., Dufour, J. M., Hofmann, M. C., & Griswold, M. D. (2016). The Sertoli cell: one hundred fifty years of beauty and plasticity. *Andrology*, *4*(2), 189-212.
7. Chikhovskaya, J. V., van Daalen, S. K. M., Korver, C. M., Repping, S., & van Pelt, A. M. M. (2014). Mesenchymal origin of multipotent human testis-derived stem cells in human testicular cell cultures.

*Molecular Human Reproduction*, 20(2), 155-167.

8. Sadeghian-Nodoushan, F., Aflatoonian, R., Borzouie, Z., Akyash, F., Fesahat, F., Soleimani, M., Aghajanzpour S., Moore H. D., & Aflatoonian, B. (2016). Pluripotency and differentiation of cells from human testicular sperm extraction: An investigation of cell stemness. *Molecular Reproduction and Development*, 83(4), 312-323.
9. Gong, D., Zhang, C., Li, T., Zhang, J., Zhang, N., Tao, Z., Zhu W., & Sun, X. (2017). Are Sertoli cells a kind of mesenchymal stem cells? *American Journal of Translational Research*, 9(3), 1067-1074.
10. Holan, V., Hermankova, B., Bohacova, P., Kossli, J., Chudickova, M., Hajkova, M., Krulova M., Zajicova A., & Javorkova, E. (2016). Distinct Immunoregulatory Mechanisms in Mesenchymal Stem Cells: Role of the Cytokine Environment. *Stem Cell Reviews and Reports*, 12(6), 654-663.
11. Mital, P., Kaur, G., & Dufour, J. M. (2010). Immunoprotective Sertoli cells: Making allogeneic and xenogeneic transplantation feasible. *Reproduction*, 139(3), 495-504.
12. Lee, H. M., Byoung, C. O., Lim, D. P., Lee, D. S., Lim, H. G., Chun, S. P., & Jeong, R. L. (2008). Mechanism of humoral and cellular immune modulation provided by porcine Sertoli cells. *Journal of Korean Medical Science*, 23(3), 514-520.
13. Campese, A. F., Grazioli, P., de Cesaris, P., Riccioli, A., Bellavia, D., Pelullo, M., Noce, C., Verkhovskaia, S., Filippini, A., Latella, G., Screpanti, I., Ziparo, E., & Starace, D. (2014). Mouse Sertoli Cells Sustain De Novo Generation of Regulatory T Cells by Triggering the Notch Pathway Through Soluble JAGGED11. *Biology of Reproduction*, 90(3), 53-54.
14. Zhao, S., Zhu, W., Xue, S., & Han, D. (2014). Testicular defense systems: Immune privilege and innate immunity. *Cellular and Molecular Immunology*, 11(5), 428-437.
15. Dufour, J. M., Rajotte, R. V., Kin, T., & Korbitt, G. S. (2003). Immunoprotection of rat islet xenografts by cotransplantation with Sertoli cells and a single injection of antilymphocyte serum1. *Transplantation*, 75(9), 1594-1596.
16. Shamekh, R., El-Badri, N. S., Saporta, S., Pascual, C., Sanberg, P. R., & Cameron, D. F. (2006). Sertoli cells induce systemic donor-specific tolerance in xenogenic transplantation model. *Cell Transplantation*, 15(1), 45-53.
17. Aliaghaei, A., Meymand, A. Z., Boroujeni, E., Khodagoli, F., Meftahi, G. H., Hadipour, M. M., Abdollahifar, M. A., Mesgar, S., Ahmadi, H., Danyali, S., Hasani, S., & Sadeghi, Y. (2019). Neuro-restorative effect of Sertoli cell transplants in a rat model of amyloid beta toxicity. *Behavioural Brain Research*, 367, 158-165.
18. Paliwal, S., Chaudhuri, R., Agrawal, A., & Mohanty, S. (2018). Regenerative abilities of mesenchymal stem cells through mitochondrial transfer. *Journal of Biomedical Science*, 25(1), 31.
19. Luz-Crawford, P., Hernandez, J., Djouad, F., Luque-Campos, N., Caicedo, A., Carrère-Kremer, S., Brondello, J. M., Vignais, M. L., Pène, J., & Jorgensen, C. (2019). Mesenchymal stem cell repression of Th17 cells is triggered by mitochondrial transfer. *Stem Cell Research and Therapy*, 10(1), 232.
20. Plotnikov, E. Y., Khryapenkova, T. G., Vasileva, A. K., Marey, M. V., Galkina, S. I., Isaev, N. K., Sheval, E.V., Polyakov, V.Y., Sukhikh, G.T., & Zorov, D. B. (2008). Cell-to-cell cross-talk between mesenchymal

- stem cells and cardiomyocytes in co-culture. *Journal of Cellular and Molecular Medicine*, 12(5A), 1622-1631.
21. Ahmad, T., Mukherjee, S., Pattnaik, B., Kumar, M., Singh, S., Rehman, R., ...& Agrawal, A. (2014). Miro1 regulates intercellular mitochondrial transport & enhances mesenchymal stem cell rescue efficacy. *EMBO Journal*, 33(9), 994-1010.
  22. Islam, M. N., Das, S. R., Emin, M. T., Wei, M., Sun, L., Westphalen, K., Tiwari, B. K., Jha, K. A., Barhanpurkar, A.P., Wani, M.R., Roy, S.S., Mabalirajan, U., Ghosh, B., & Bhattacharya, J. (2012). Mitochondrial transfer from bone-marrow-derived stromal cells to pulmonary alveoli protects against acute lung injury. *Nature Medicine*, 18(5), 759-765.
  23. Brehm, R., Zeiler, M., Rüttinger, C., Herde, K., Kibschull, M., Winterhager, E., Willecke, K., Guillou, F., Lécureuil, C., Steger, K., Konrad, L., Biermann, K., Failing, K., & Bergmann, M. (2007). A sertoli cell-specific knockout of connexin43 prevents initiation of spermatogenesis. *The American journal of pathology*, 171(1), 19–31.
  24. Sagaradze, G., Basalova, N., Kirpatovsky, V., Ohobotov, D., Nimiritsky, P., Grigorieva, O., Popov, V., Kamalov, A., Tkachuk, V., & Efimenko, A. (2019). A magic kick for regeneration: Role of mesenchymal stromal cell secretome in spermatogonial stem cell niche recovery. *Stem Cell Research and Therapy*, 10(1), 1-10.
  25. Anand, S., Patel, H., & Bhartiya, D. (2015). Chemoablated mouse seminiferous tubular cells enriched for very small embryonic-like stem cells undergo spontaneous spermatogenesis in vitro. *Reproductive Biology and Endocrinology*, 13(1), 33.
  26. Gauthier-Fisher, A., Kauffman, A., & Librach, C. L. (2020). Potential use of stem cells for fertility preservation. *Andrology*, 8(4), 862-878.
  27. Hajkova, M., Hermankova, B., Javorkova, E., Bohacova, P., Zajicova, A., Holan, V., & Krulova, M. (2017). Mesenchymal Stem Cells Attenuate the Adverse Effects of Immunosuppressive Drugs on Distinct T Cell Subpopulations. *Stem Cell Reviews and Reports*, 13(1), 104-115.
  28. Krulová, M., Zajícová, A., Frič, J., & Holáň, V. (2002). Alloantigen-induced, T-cell-dependent production of nitric oxide by macrophages infiltrating skin allografts in mice. *Transplant International*, 15(2-3), 108-116.
  29. Dominici, M., Le Blanc, K., Mueller, I., Slaper-Cortenbach, I., Marini, F. C., Krause, D. S., Deans, R., Keating, A., Prockop, D., & Horwitz, E. M. (2006). Minimal criteria for defining multipotent mesenchymal stromal cells. The International Society for Cellular Therapy position statement. *Cytotherapy*, 8(4), 315-317.
  30. Duffy, M. M., Ritter, T., Ceredig, R., & Griffin, M. D. (2011). Mesenchymal stem cell effects on T-cell effector pathways. *Stem Cell Research and Therapy*, 2(4), 34.
  31. Murray, P. J. (2017). Macrophage Polarisation. *Annual Review of Physiology*, 79, 541-566.
  32. Court, A. C., Le-Gatt, A., Luz-Crawford, P., Parra, E., Aliaga-Tobar, V., Bátiz, L. F., Contreras, R. A., Ortúzar, M. I., Kurte, M., Elizondo-Vega, R., Maracaja-Coutinho, V., Pino-Lagos, K., Figueroa, F. E., &

- Khoury, M. (2020). Mitochondrial transfer from MSCs to T cells induces Treg differentiation and restricts inflammatory response. *EMBO Reports*, *21*(2), e48052.
33. Jackson, M. V., Morrison, T. J., Doherty, D. F., McAuley, D. F., Matthay, M. A., Kissenpfennig, A., O'Kane, C. M., & Krasnodembskaya, A. D. (2016). Mitochondrial Transfer via Tunneling Nanotubes is an Important Mechanism by Which Mesenchymal Stem Cells Enhance Macrophage Phagocytosis in the In Vitro and In Vivo Models of ARDS. *Stem Cells*, *34*(8), 2210-2223.
34. Meligy, F. Y., Abo Elgheed, A. T., & Alghareeb, S. M. (2019). Therapeutic effect of adipose-derived mesenchymal stem cells on Cisplatin induced testicular damage in adult male albino rat. *Ultrastructural Pathology*, *43*(1), 28-55.
35. Hsiao, C. H., Ji, A. T. Q., Chang, C. C., Chien, M. H., Lee, L. M., & Ho, J. H. C. (2019). Mesenchymal stem cells restore the sperm motility from testicular torsion-detorsion injury by regulation of glucose metabolism in sperm. *Stem Cell Research and Therapy*, *10*(1), 270.
36. Kaur, G., Thompson, L. A., & Dufour, J. M. (2014). Sertoli cells-Immunological sentinels of spermatogenesis. *Seminars in Cell & Developmental Biology*, *30*, 36-44.
37. Bryan, E. R., Kim, J., Beagley, K. W., & Carey, A. J. (2020). Testicular inflammation and infertility: Could chlamydial infections be contributing? *American Journal of Reproductive Immunology*, *84*(3), e13286.
38. Luca, G., Arato, I., Sorci, G., Cameron, D. F., Hansen, B. C., Baroni, T., Donato, R., White, D. G. J., & Calafiore, R. (2018). Sertoli cells for cell transplantation: pre-clinical studies and future perspectives. *Andrology*, *6*(3), 385-395.
39. Hemendinger, R., Wang, J., Malik, S., Persinski, R., Copeland, J., Emerich, D., Gores, P., Halberstadt, C., & Rosenfeld, J. (2005). Sertoli cells improve survival of motor neurons in SOD1 transgenic mice, a model of amyotrophic lateral sclerosis. *Experimental Neurology*, *196*(2), 235-243.
40. Glennie, S., Soeiro, I., Dyson, P. J., Lam, E. W. F., & Dazzi, F. (2005). Bone marrow mesenchymal stem cells induce division arrest anergy of activated T cells. *Blood*, *105*(7), 2821-2827.
41. da Silva Meirelles, L., Fontes, A. M., Covas, D. T., & Caplan, A. I. (2009). Mechanisms involved in the therapeutic properties of mesenchymal stem cells. *Cytokine and Growth Factor Reviews*, *20*(5-6), 419-427.
42. Mohammadzadeh, A., Pourfathollah, A. A., Shahrokhi, S., Hashemi, S. M., Moradi, S. L. A., & Soleimani, M. (2014). Immunomodulatory effects of adipose-derived mesenchymal stem cells on the gene expression of major transcription factors of T cell subsets. *International Immunopharmacology*, *20*(2), 316-321.
43. Svobodova, E., Krulova, M., Zajicova, A., Pokorna, K., Prochazkova, J., Trosan, P., & Holan, V. (2012). The role of mouse mesenchymal stem cells in differentiation of naive T-cells into anti-inflammatory regulatory T-cell or pro-inflammatory helper T-cell 17 population. *Stem Cells and Development*, *21*(6), 901-910.
44. Aggarwal, S., & Pittenger, M. F. (2005). Human mesenchymal stem cells modulate allogeneic immune cell responses. *Blood*, *105*(4), 1815-1822.

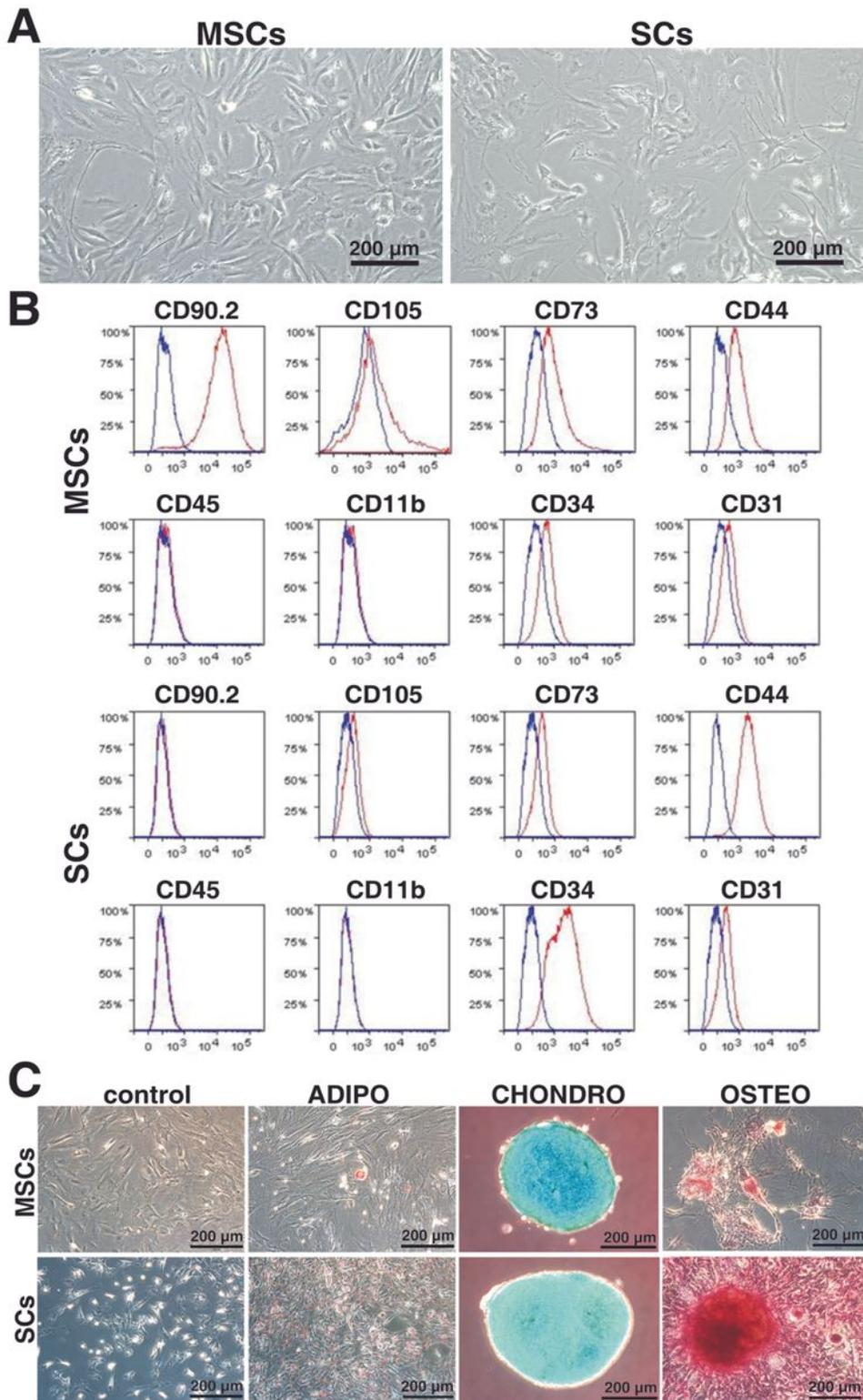
45. Hermankova, B., Zajicova, A., Javorkova, E., Chudickova, M., Trosan, P., Hajkova, M., Krulova, M., Zajicova, A., & Holan, V. (2016). Suppression of IL-10 production by activated B cells via a cell contact-dependent cyclooxygenase-2 pathway upregulated in IFN- $\gamma$ -treated mesenchymal stem cells. *Immunobiology*, *221*(2), 129-136.
46. Hajkova, M., Hermankova, B., Javorkova, E., Bohacova, P., Zajicova, A., Holan, V., & Krulova, M. (2017). Mesenchymal Stem Cells Attenuate the Adverse Effects of Immunosuppressive Drugs on Distinct T Cell Subpopulations. *Stem Cell Reviews and Reports*, *13*(1), 104-115.
47. Luz-Crawford, P., Kurte, M., Bravo-Alegría, J., Contreras, R., Nova-Lamperti, E., Tejedor, G., Noël, D., Jorgensen, C., Figueroa, F., & Carrión, F. (2013). Mesenchymal stem cells generate a CD4+CD25+Foxp3 + regulatory T cell population during the differentiation process of Th1 and Th17 cells. *Stem Cell Research and Therapy*, *4*(3), 65.
48. Philipp, D., Suhr, L., Wahlers, T., Choi, Y.-H., & Paunel-Görgülü, A. (2018). Preconditioning of bone marrow-derived mesenchymal stem cells highly strengthens their potential to promote IL-6-dependent M2b polarisation. *Stem Cell Research & Therapy*, *9*(1), 286.
49. Hajkova, M., Javorkova, E., Zajicova, A., Trosan, P., Holan, V., & Krulova, M. (2017). A local application of mesenchymal stem cells and cyclosporine A attenuates immune response by a switch in macrophage phenotype. *Journal of Tissue Engineering and Regenerative Medicine*, *11*(5), 1456-1465.
50. Mossadegh-Keller, N., & Sieweke, M. H. (2018). Testicular macrophages: Guardians of fertility. *Cellular Immunology*, *330*, 120-125.
51. O'Neill, L. A. J., Kishton, R. J., & Rathmell, J. (2016). A guide to immunometabolism for immunologists. *Nature Reviews Immunology*, *16*(9), 553-565.
52. Rodriguez, A. M., Nakhle, J., Griessinger, E., & Vignais, M. L. (2018). Intercellular mitochondria trafficking highlighting the dual role of mesenchymal stem cells as both sensors and rescuers of tissue injury. *Cell Cycle*, *17*(6), 712-721.
53. Morrison, T. J., Jackson, M. V., Cunningham, E. K., Kissenpfennig, A., McAuley, D. F., O'Kane, C. M., & Krasnodembskaya, A. D. (2017). Mesenchymal Stromal Cells Modulate Macrophages in Clinically Relevant Lung Injury Models by Extracellular Vesicle Mitochondrial Transfer. *American Journal of Respiratory and Critical Care Medicine*, *196*(10), 1275-1286.

## Figures

<i>M. musculus</i> gene symbol	Gene name	Gene transcript	Gene expression	
			testes	SC primoculture
<b>Germ cell markers</b>				
<i>Dazl</i>	deleted in azoospermia-like	ENSMUST00000010736.7		
<i>Ddx4</i>	DEAD (Asp-Glu-Ala-Asp) box polypeptide 4	ENSMUST00000099166.9		
<i>Ddx25</i>	DEAD (Asp-Glu-Ala-Asp) box polypeptide 25	ENSMUST00000034612.6		
<b>Mesenchymal stem cell surface markers</b>				
<i>CD44</i>	CD44 antigen	ENSMUST00000005218.14		
<i>Itgb1</i>	integrin beta 1 (fibronectin receptor beta)	ENSMUST00000090006.11		
<i>Thy1</i>	thymus cell antigen 1, theta	ENSMUST00000114840.1		
<i>Vim</i>	vimentin	ENSMUST00000028062.7		
<b>Leydig cell markers</b>				
<i>Cyp11a1</i>	cytochrome P450, family 11, subfamily a, polypeptide 1	ENSMUST00000034874.13		
<i>Cyp17a1</i>	cytochrome P450, family 17, subfamily a, polypeptide 1	ENSMUST00000026012.7		
<b>Testis associated markers</b>				
<i>Acta2</i>	actin, alpha 2, smooth muscle, aorta	ENSMUST00000039631.8		
<i>Lif</i>	leukemia inhibitory factor	ENSMUST00000066283.11		
<i>Sox9</i>	SRY (sex determining region Y)-box 9	ENSMUST00000000579.2		

**Figure 1**

Expression of genes characteristic for individual testicular cell populations. SCs did not express markers of germ cells and Leydig cells, but they expressed Sox9 (a marker of SCs), CD44, Vimentin (markers of MSCs) and Acta2 (actin alpha 2, testis associated marker). Data from one of two similar experiments are shown.



O, Alcian Blue or Alizarin Red S, respectively. Representative images of differentiated MSCs and SCs are shown (C).

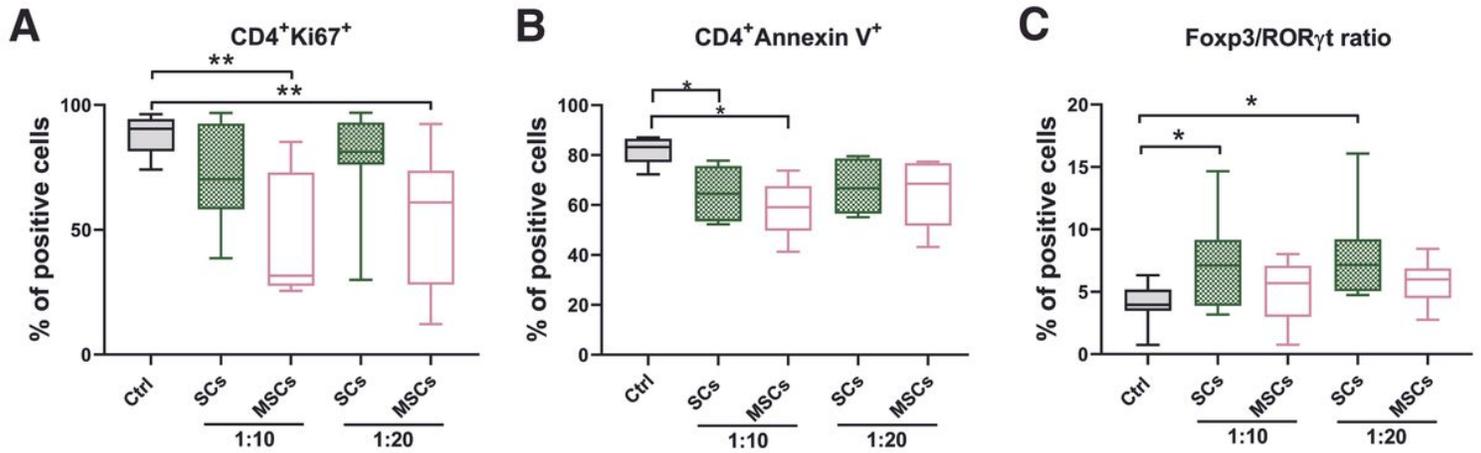


Figure 3

please see the manuscript file for the full caption

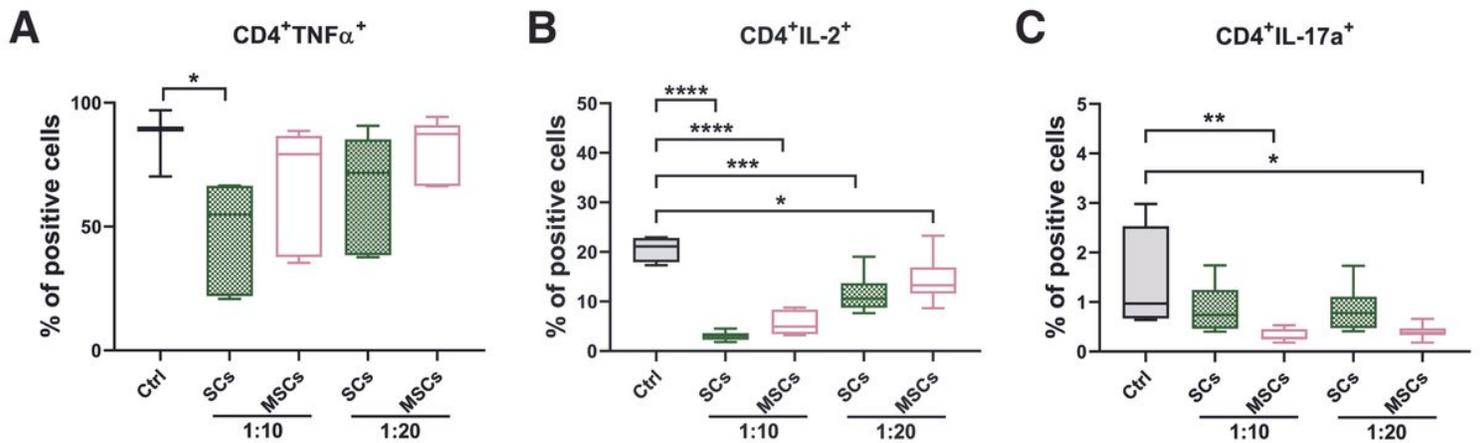


Figure 4

please see the manuscript file for the full caption

# F4/80<sup>+</sup> CD206<sup>+</sup>

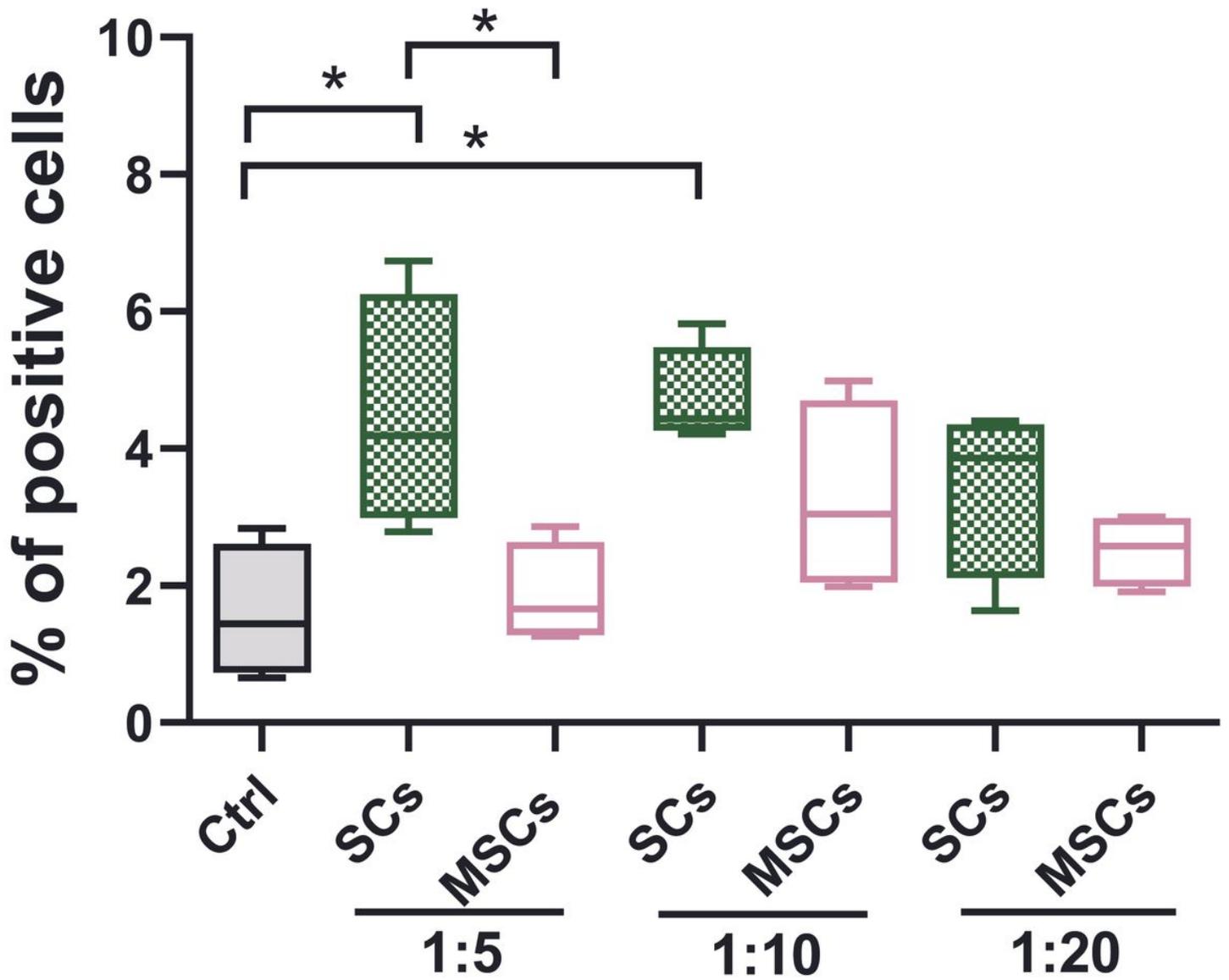


Figure 5

please see the manuscript file for the full caption



documented by immunohistochemical detection (green -F-actin stained by phalloidin; red – MiTT, blue – nuclei; pink – mAb against CD45) (C). Ctrl - control, MiTT - MitoTracker.

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [AbstractCMYK.jpg](#)
- [Supplementarymaterial.pdf](#)