

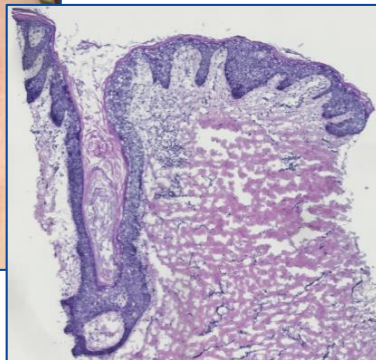
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Hidradenitis suppurativa



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delivering novel and game-
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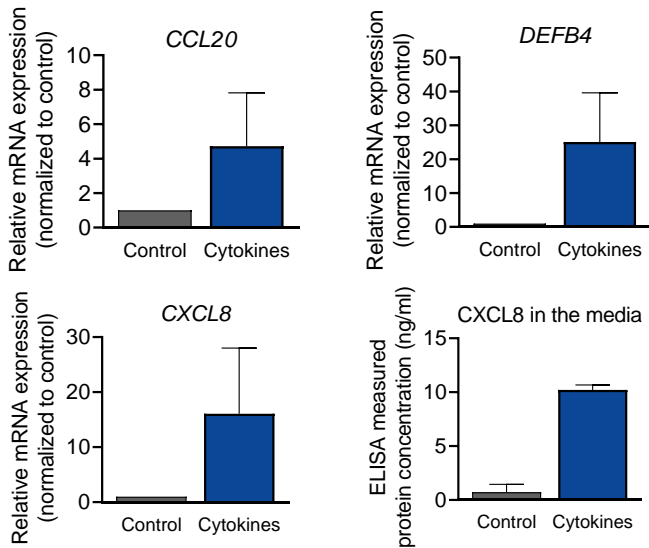
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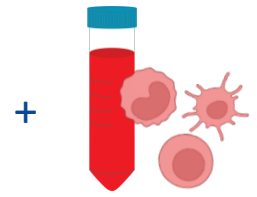
Modelling Hidradenitis Suppurativa-like responses in human healthy hair follicles *ex vivo*



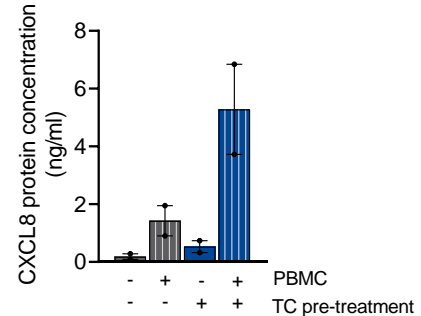
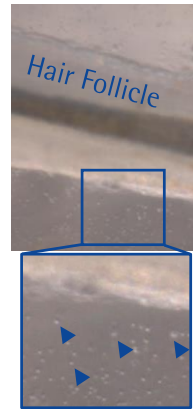
Our method: Organ culture of microdissected full-length healthy human hair follicles + cytokine cocktails



Relative mRNA expression levels were measured from n=2 biological replicates. Mean+SD with 3 HF/replicate after cytokine treatment for 24 hours. ELISA measured concentration of CXCL8 protein in the media.



Our method: Co-culture of human PBMCs isolated from frozen or fresh blood with microdissected full-length healthy human hair follicles

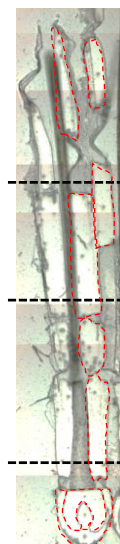


Representative image of a healthy human HF in co-culture with human PBMCs (blue arrowheads). CXCL8 (IL-8) levels were measured by ELISA in conditioned media from 2 anagen HF/experimental group cultured for 24 hours with or without PBMCs (\pm cytokine treatment (TC)).

➤ Additional techniques and Read-Out Parameters:

- Multiplex immunostainings
- Multiplex *in situ* hybridization
- bulk RNAseq
- Single cell isolation and FACS analysis
- Single cell isolation and scRNAseq
- Proteomic and lipidomic analysis, ...

... laser-capture microdissection for skin or HF compartment specific multi-omics analyses.



Infundibulum

Isthmus

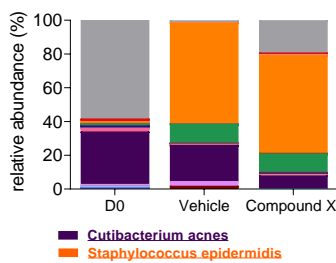
Suprabulbar

Bulb



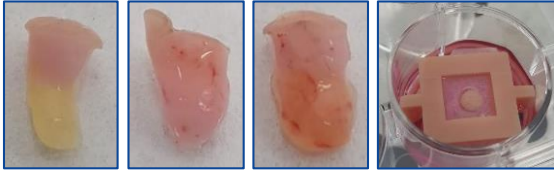
- Proteomics
- Transcriptomics
- Microbiomics
- ...

... analysis of skin and hair follicle Microbiota.



- ITS/16sRNA sequencing
- Shotgun sequencing
- alpha diversity and taxonomic evaluations
- Antimicrobial peptides
- ...

Organ culture of Hidradenitis Suppurativa perilesional and lesional skin

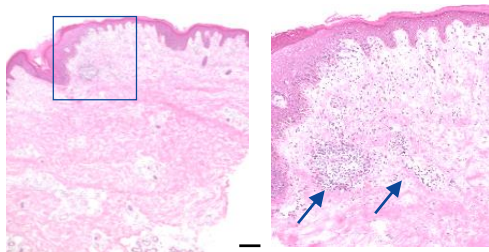


Our method: Culture of full-thickness HS perilesional (left) and lesional skin biopsies, containing Nodule (middle left) or Fistula (middle right). Representative image of fresh biopsies during culture under air-liquid interphase conditions (right).

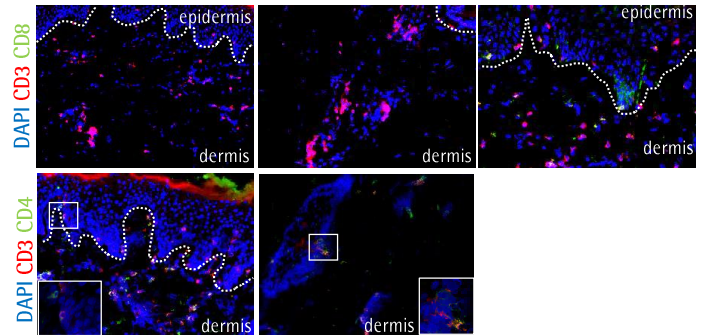
Read-Out Parameters:
Transcriptomics, quantitative (immuno-)histomorphometry, *in situ* hybridization, cytokine and chemokine release into the medium, ...

Identification and characterization of a target in freshly frozen HS samples

➤ Immune cell infiltration in perilesional tissue from HS patients

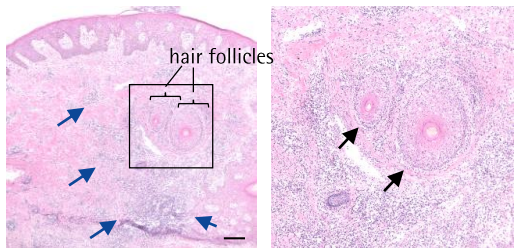


H&E staining of a perilesional biopsy obtained from a HS patient showing immune cell infiltration in the dermis (blue arrows). Scale Bar: 200µM

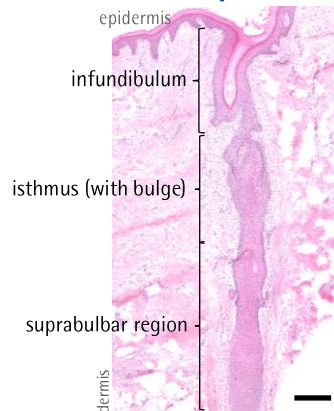


Immunofluorescence staining of a perilesional biopsy showing CD4+ and CD8+ T-cell infiltrates

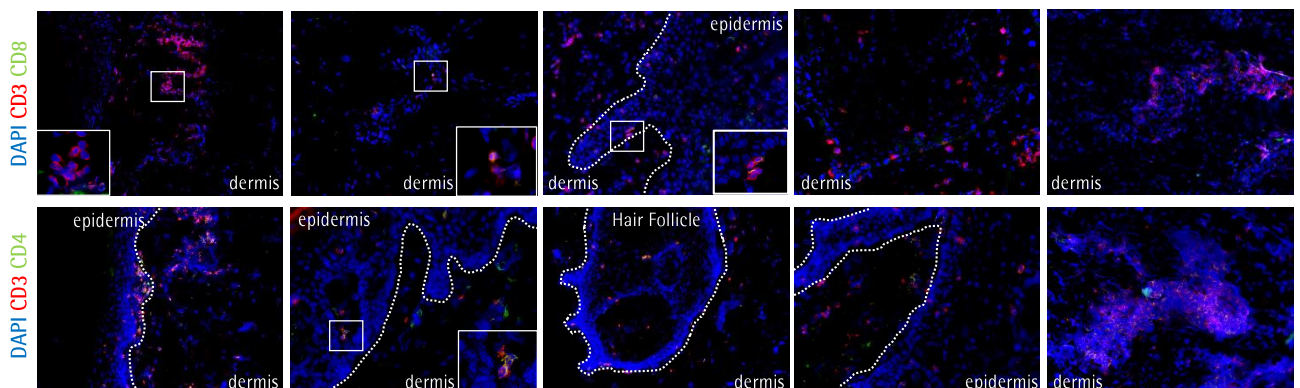
➤ Immune cell infiltration in lesional tissue from HS patients



H&E staining of a nodule containing, lesional HS biopsy, showing immune cell infiltrates (blue arrows) and hyperplasia of the hair follicle epithelium (black arrows). Scale Bar: 200µM



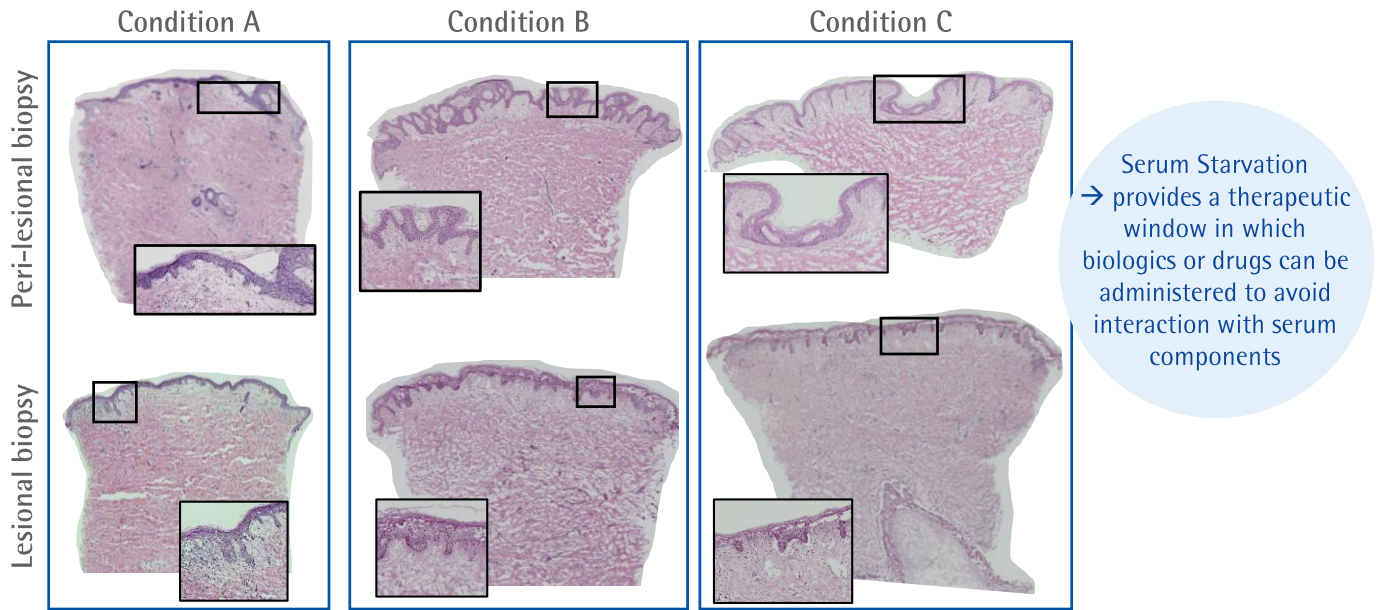
H&E staining of a lesional HS biopsy, containing a tunnel that has formed around a hair follicle and extends into the dermis, showing hyperplasia of the hair follicle epithelium. Scale Bar: 200µM



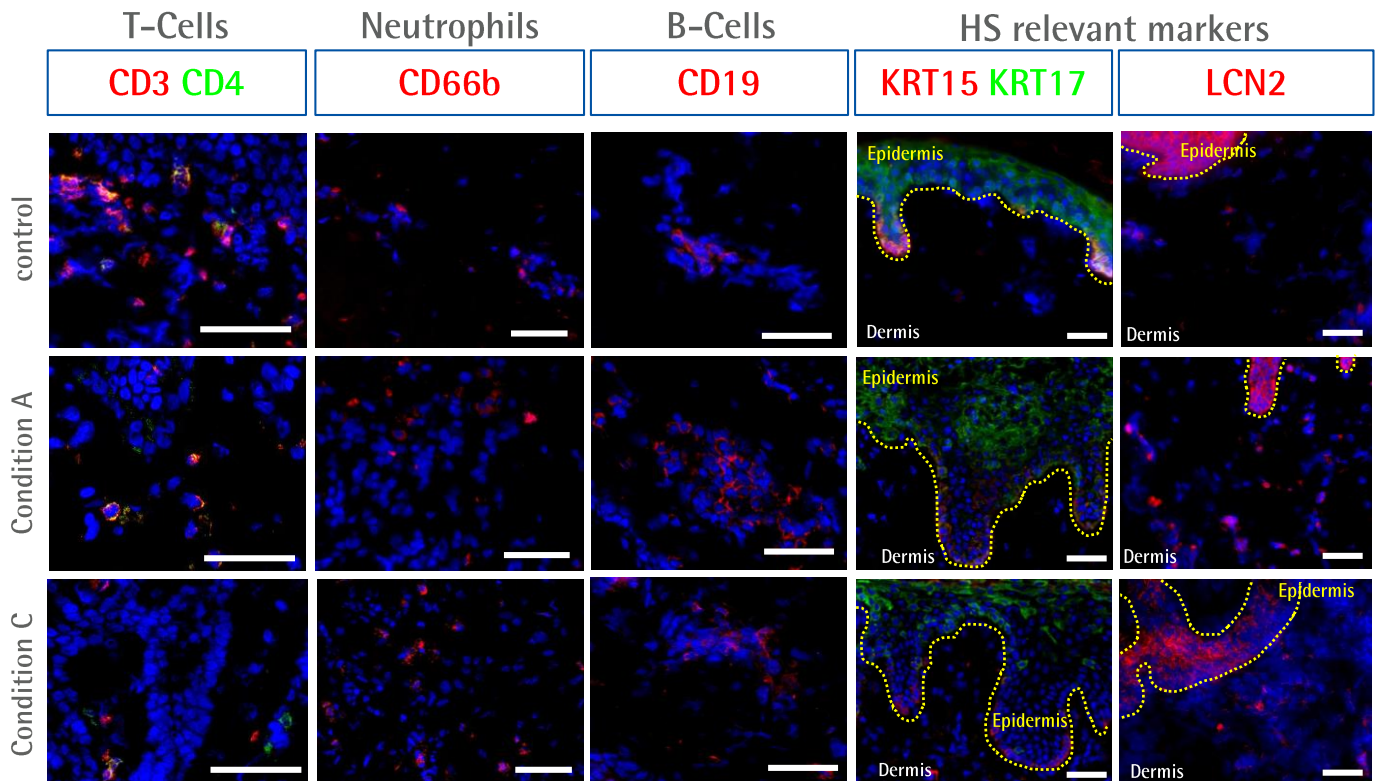
Immunofluorescence staining of a nodule containing, lesional biopsy from a HS patient, showing CD4+ and CD8+ T-cell infiltrates

Perilesional and lesional skin organ culture: Our methods

- Organ culture of perilesional and lesional HS biopsies, including cycles of serum starvation, results in preservation of tissue integrity after 72h *ex vivo*



Tissue integrity, evaluated by H&E, in HS-biopsies cultured for 72h under different medium conditions. Condition A: ++ human serum without serum starvation, Condition B: ++ human serum subjected to cycles of serum starvation or Condition C: + human serum subjected to cycles of serum starvation.

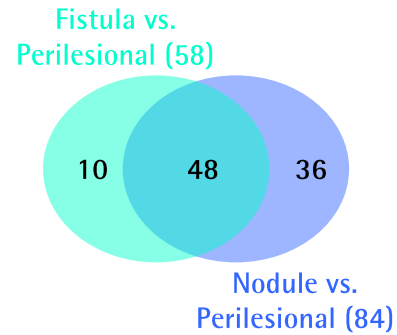
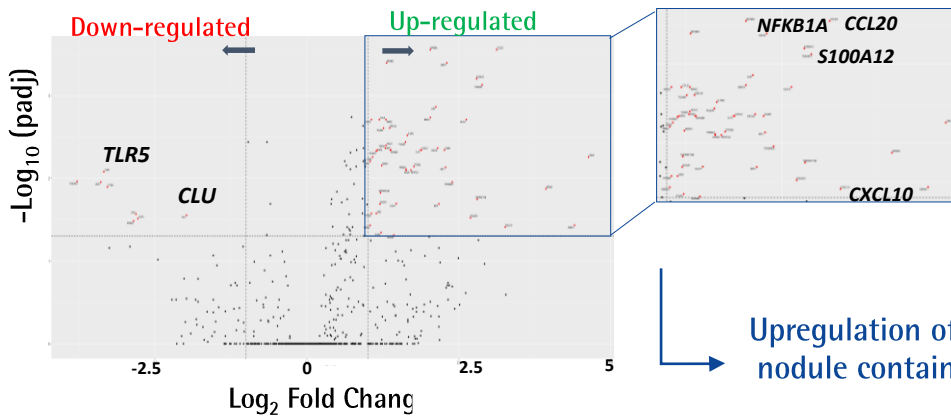


Immune cell detection in HS-biopsies cultured for 72h under different medium conditions. Lesional biopsies cultured under conditions A and C, together with non-cultured biopsy, were stained for several HS relevant markers (Lipocalin 2, LCN2, and keratin 15 & 17, KRT15/17) as well as immune cells: T-Cells (CD3/CD4), neutrophils (CD66b) and B Cells (CD19). Scale bar: 50µm.

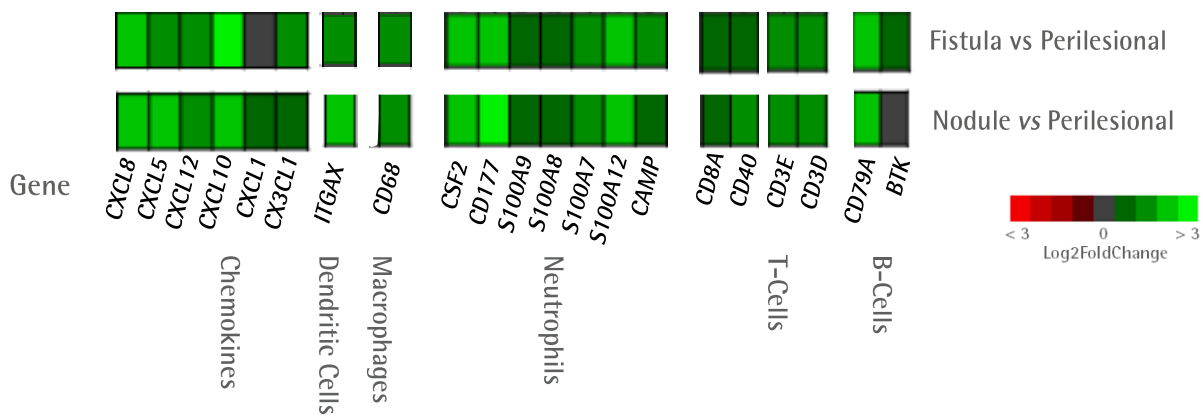
Ex vivo model: Perilesional and lesional skin organ culture

Assessment of transcriptomic changes: validation of lesional HS organ culture

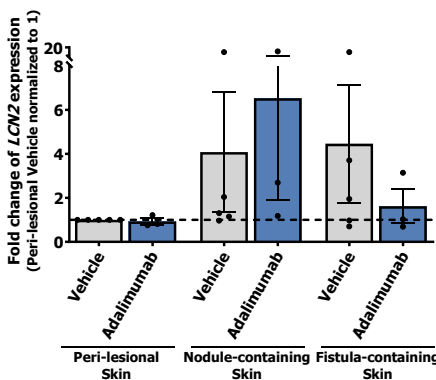
Fistula vs. Perilesional skin samples after 24h of organ culture



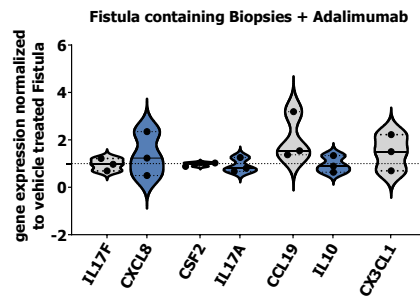
Upregulation of genes in lesional (fistula or nodule containing) vs. perilesional HS skin samples



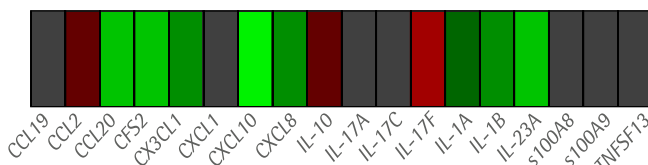
Assessment of transcriptomic changes: validation of therapeutic screening



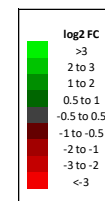
Fold-Change of Lipocalin 2 (LCM2) expression. n=3-5 donors.



Variance in expression levels between different donors (n=3) → distinguish responders and non-responders



Fistula + Adalimumab vs. Perilesional + Vehicle

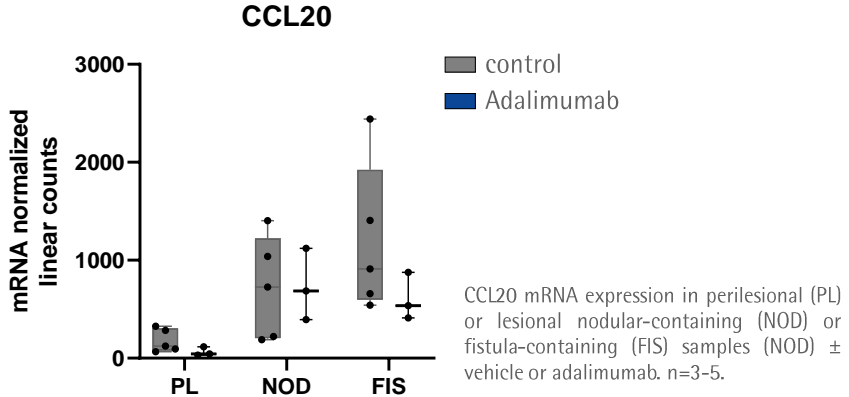
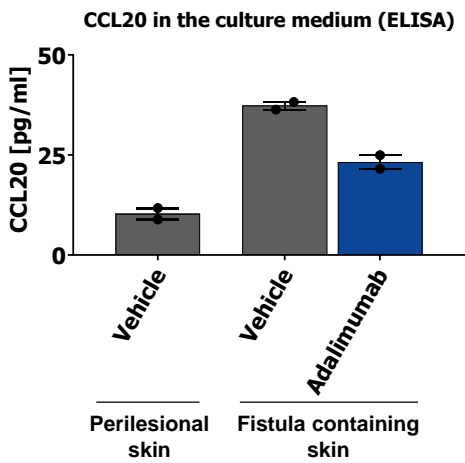


Heatmap showing the expression of genes (log2FC) that are reported to be affected by Adalimumab treatment in fistula containing biopsies ± Adalimumab compared to perilesional biopsies + vehicle. Dysregulation of several HS-relevant genes is counteracted by Adalimumab treatment.

→ Adalimumab treatment reduces pro-inflammatory characteristics in lesional HS skin samples

Ex vivo model: Perilesional and lesional skin organ culture

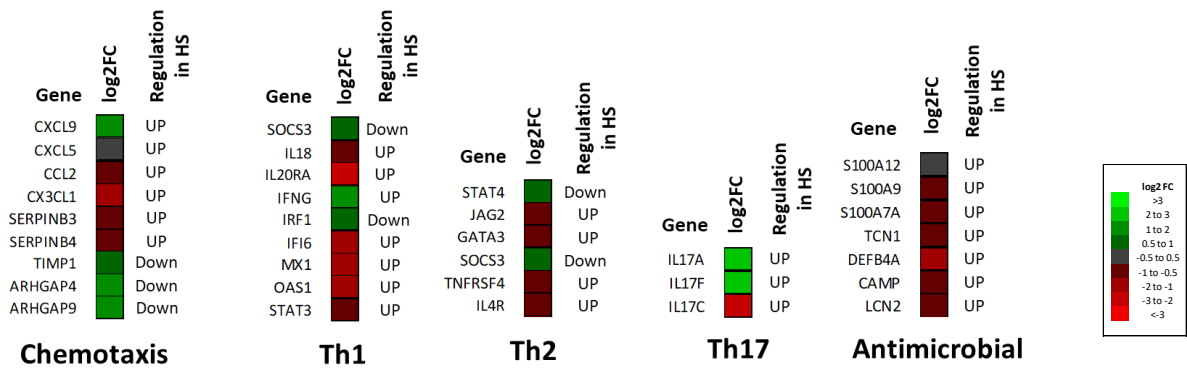
➤ Assessment of cytokine production: validation of therapeutic screening



CCL20 ELISA of supernatant from perilesional skin + vehicle, and fistula containing skin ± vehicle or adalimumab. n=2.

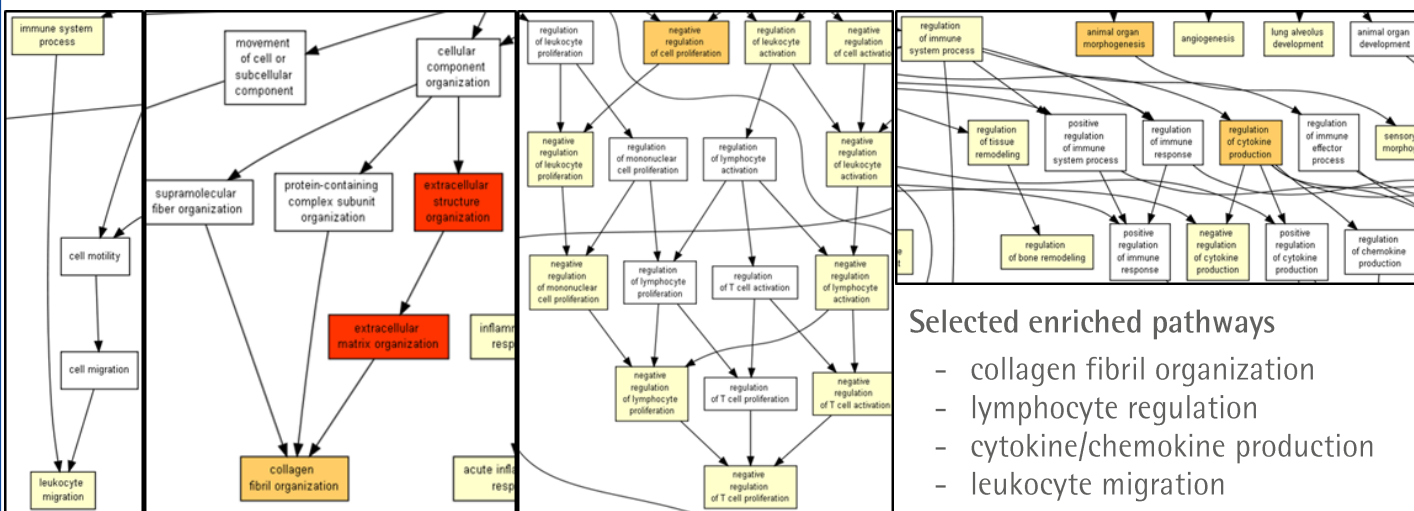
Also Available: Cytokine Arrays for other cytokines and chemokines important for disease pathogenesis and progression. Analysed from supernatants, tissue lysates or plasma ...

➤ RNAseq analysis: Adalimumab treatment regulates expression of HS-relevant genes



Pathway analysis of fistula containing biopsies: Adalimumab vs. Vehicle

Pathway analysis of fistula containing biopsies: Adalimumab vs. Vehicle



WHY US?



**MONASTERIUM
LABORATORY**

A Q I M A Life Sciences Company

Great network of dermatologists and plastic surgeons collecting samples from healthy and diseased skin

Our vision is to provide our clients and partners with the highest quality research in investigative dermatology and trichology – from basic science to translational applied and contract research of high relevance for clinical applications.

World-class scientific leadership & international team

Clinically-relevant *ex vivo* and *in vivo* models

Strong academic background & publication record

What we can do for our clients:

- Conceptualize & build proof-of-concept studies
- Carry out full service portfolio for pre-clinical skin & hair research (*in vitro/ex vivo* assays, and humanized mouse models)
- Investigate side effects in the skin or hair follicle
- Establish novel cutting edge methodologies and techniques
- Design tailor-made & customized assays for all needs
- Identify, characterize, or validate novel targets and therapeutics for skin & hair disorders
- Discover mechanistic action stories, biomarkers & predictors of response
- Conduct investigator initiated skin & hair clinical trials
- Provide access to human healthy & diseased skin and hair specimen
- Prepare comprehensive project reports & manuscript drafts

Our ambition is to establish and refine research techniques:
Advanced Methodology Program

Global client list & testimonials

Investigative dermatology:
Acne Vulgaris, Atopic Dermatitis, Psoriasis, Alopecia Areata, Androgenic Alopecia, Hidradenitis Suppurativa, Vitiligo, Chronic Itch, Prurigo Nodularis, etc.

Biobank:
Full access to skin & hair samples (patients & healthy subjects)

Exceptional state-of-the-art research technology

We are supported by world-wide recognized experts in dermatology



**MONASTERIUM
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