

## Human corneal cells as an *in vitro* model for toxicological studies of topical ocular drugs.

Ting-Jun Fan\*

Laboratory for Corneal Tissue Engineering, College of Marine Life Sciences, Ocean University of China, Shandong province, China

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### Editorial

As a complex optical organ, the human eye is composed of the anterior segment (cornea, iris and lens) and the posterior segment (vitreous, retina, choroid and sclera) and provides us with a clear vision. Many minor ocular injuries and lesions may cause sight-threatening illness and even loss of vision without appropriate medical treatment [1]. Hence plenty of topical ocular drugs and eye drops have been invented for the medical treatments and remedies for various eye disorders or diseases: keratitis, iritis, cataract, retinitis and glaucoma.

The cornea is a transparent front part of the eye and contributes most of the eye's focusing power. Topical ocular drugs may have unexpected by-effects such as corneal irritation, irreversible corneal damage, and even complete functional destruction in cornea if administered excessively [2]. These corneal injuries can lead to the disruption of its barrier function and eventually diminution of vision [3,4]. Consequently, the eye irritation potential of all eye drops manufactured for medical purpose must be assessed strictly in order to assure the safety of a topical medication and reduce its side effects. Therefore, series of eye toxicity tests are mandatory to guarantee that all eye drops could meet suitable safety criteria [5].

Animal experimentation was the only possible and credible method in ocular drug toxicity assessment and correlative biological response evaluation previously. Nevertheless, legislation has been introduced to reduce animal testing in many developed countries and to promote alternative techniques in recent years. These techniques include *ex vivo* toxicity tests based on organotypic models and *in vitro* toxicity assays based on cultured cell models. However, since *ex vivo* testing models can only provide assessment data in relatively short-term periods, they are not suitable for testing drugs that produce effects over extended time frames [5]. In comparison with *in vivo* and *ex vivo* testing, *in vitro* testing models using cultured cells are advantageous as they are simple, rapid, cost-effective, and devoid of hormonal, immune and neural influences. Meanwhile, *in vitro* testing models can provide data quantification, test replication and automation in assessment and reveal underlying mechanism of toxicity at the cellular and molecular levels [5-8].

Although many topical drugs are frequently administered for clinical purpose, their side effects on the cornea remain uncertain. Since the outmost cornea of the eye is in direct contact with eye drops and vulnerable to the damage of topical drugs, cytotoxicity study using an *in vitro* model of human

corneal cells is essential to evaluate the side effects of the drugs [6,8]. As the use of immortalized corneal cell lines, with altered gene expression patterns, does not always faithfully represent the inherent behaviors of corneal cells *in vivo*, non-transfected human corneal cell lines established from native human corneal tissues become more and more indispensable in toxicological studies *in vitro* [5,9]. Recently, several non-transfected human corneal cell lines from donated human corneal tissues of endothelium, stroma and epithelium have been successfully established in our laboratory, and make it possible to assess the cytotoxicity of ocular drugs to human cornea and their possible cellular and molecular toxic mechanisms as well [10-12]. With the non-transfected human corneal cell lines, the cytotoxicity of various topical ocular drugs including anti-glaucoma drugs [13-18], anti-inflammation drugs [8,19], drugs for mydriasis [20-22], and local anesthetics [23-31] has been assessed. It suggests that almost all of these drugs exhibit dose- and time-dependent toxicities to human corneal cells through the induction of cell cycle arrest and apoptosis. Death receptor-mediated and mitochondrion-dependent pro-apoptotic pathways are highlighted in our studies [8,15-18,20-23,25-29,31]. The cytotoxic effects of the tested topical drugs and associated pro-apoptotic mechanisms are summarized in Table 1.

Our findings provide new insights into the cytotoxic and pro-apoptotic mechanisms in topical drugs, and also references for their prospective therapeutic interventions in eye clinics [6,8]. Furthermore, the *in vitro* assessed cytotoxicity and/or apoptosis-inducing effect of betaxolol, clonidine, phenylephrine and proparacaine have been also well verified *in vivo* using cat models [14,18,22,31]. These findings suggest that the established *in vitro* model using non-transfected human corneal cells is a rapid and cost-effective method to screen for corneal toxicity of topical drugs and remind clinicians that topical drugs should be used with great caution in clinical situations [27].

In summary, *in vitro* model established using native human corneal cells is a viable and important cytotoxicity assay system for ocular drugs. However, *in vitro* model is lack of capability in mimicking the complexities and numerous physiological parameters in human cornea thus data collected from *in vitro* model cannot predict potential risks and clinical inferences directly without further *in vivo* experiments. Recently, *in vitro* constructed human corneal equivalents have been developed in order to provide a more substantial platform with inherent characteristics of the native cornea for ocular drugs assessment [32].

**Table 1.** List of ophthalmic drugs assayed using *in vitro* models of non-transfected human corneal cells.

Drug name	Clinical purpose	Tested cell line	Toxic mechanism	Pro-apoptotic pathway	Ref. No.
Timolol	Anti-glaucoma	ntHCE cells	Cell apoptosis	ND	13
Betaxolol	Anti-glaucoma	ntHCE cells	Cell apoptosis	ND	14
Pilocarpine	Anti-glaucoma	ntHCS cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	15
Carteolol	Anti-glaucoma	ntHCEP cells	Cell cycle arrest, apoptosis	mt-dependent	16
Latanoprost	Anti-glaucoma	ntHCS cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	17
Clonidine	Anti-glaucoma	ntHCEP cells	Cell cycle arrest, apoptosis	Fas/TNFR1-mediated, mt-dependent	18
Pranoprofen	Anti-inflammation	ntHCE cells	Cell apoptosis	ND	19
Ofloxacin	Anti-inflammation	ntHCEP cells	Cell cycle arrest, apoptosis	TNFR1-mediated, mt-dependent	8
Atropine	Mydriasis	ntHCEP cells	Cell cycle arrest, apoptosis	TNFR1-mediated, mt-dependent	20
		ntHCE cells	Cell cycle arrest, apoptosis	TNFR1-mediated, mt-dependent	21
Phenylephrine	Mydriasis	ntHCS cells	Cell cycle arrest, apoptosis	mt-dependent	22
Lidocaine	Local anesthetic	ntHCS cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	23
		ntHCEP cells	Cell apoptosis	ND	24
		ntHCE cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	25
Tetracaine	Local anesthetic	ntHCEP cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	26
Proparacaine	Local anesthetic	ntHCE cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	27
		ntHCS cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	28
		ntHCEP cells	Cell cycle arrest, apoptosis	Fas-mediated, mt-dependent	29
Oxybuprocaine	Local anesthetic	ntHCE cells	Cell apoptosis	ND	30
		ntHCEP cells	Cell cycle arrest, apoptosis	TNFR1-mediated, mt-dependent	31

**Note:** FAS: Factor-Associated Suicide. Mt: Mitochondrion. ND: Not Determined. ntHCE cells: Non-Transfected Human Corneal Endothelial Cells. ntHCEP cells: Non-Transfected Human Corneal Epithelial Cells. ntHCS cells: Non-Transfected Human Corneal Stromal Cells. TNFR1: Tumor Necrosis Factor Receptor 1.

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**\*Correspondence to:**

Ting-Jun Fan  
 Laboratory for Corneal Tissue Engineering  
 College of Marine Life Sciences  
 Ocean University of China  
 P.R. China  
 Tel: +86 532 82031637  
 E-mail: tjfan@ouc.edu.cn