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**Introduction:**

We have shown that rare multipotent airway basal stem cells in adult mouse airways can be identified and isolated via FACS (integrin<sup>pos</sup>β4-integrin<sup>pos</sup>CD24<sup>low</sup>) and subsequent clonogenic assay. These basal stem cells can self-renew and produce lineage-restricted airway and alveolar progenitor cells when cocultured with mesenchymal stem/progenitor cells.

**Methods:**

The tracheal airways from 4.5 month and 7 month old normal CF littermates (Het UNC), CFTR knock-out mice (CF UNC), and CFTR knock-out mice with a partial correction (CF FABp) mice were excised aseptically using FACS (integrin<sup>pos</sup>β4-integrin<sup>pos</sup>CD24<sup>low</sup>), CD45<sup>pos</sup>CD31<sup>neg</sup>EpCAM<sup>pos</sup>CD24<sup>low</sup> from the six groups of mice were then cultured within a matrigel-based clonogenic assay system to quantify the number of basal stem cells present as a percentage of total airway basal cells isolated per trachea.

**The lung epithelial colony-forming cell assay:**

CD45<sup>pos</sup>CD31<sup>neg</sup>EpCAM<sup>pos</sup>CD24<sup>low</sup> cells generate colonies (CFU) comprising cells of both airway and alveolar epithelial lineages when cocultured in matrigel with Sca-1<sup>pos</sup>EpCAM<sup>neg</sup> cells (Fig 1 & 2).

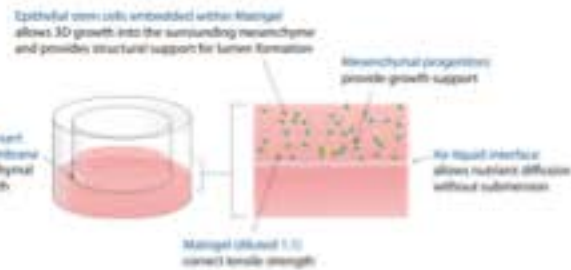


Figure 1: Schematic description of the airway stem cell assay system.

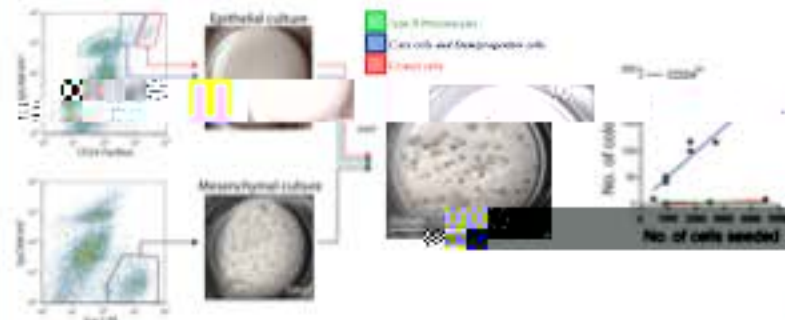


Figure 2: The clonal growth of CD45<sup>pos</sup>CD31<sup>neg</sup>EpCAM<sup>pos</sup>CD24<sup>low</sup> basal stem cells reveals an obligatory requirement for mesenchymal support. There is a linear relationship between CFU incidence and cells present. Colony-forming potential is regulated by mesenchymal-derived stimulatory and inhibitory factors.

**fibrosis:**

The 4.5 month age mice displayed a 1.4 fold increase in the number of basal stem cells in the

heterozygous (Het UNC) mice. However, the number of basal stem cells in the CF FABp mice was significantly lower than the Het UNC and CF UNC mice respectively, compared to Het UNC mice (Fig 3).

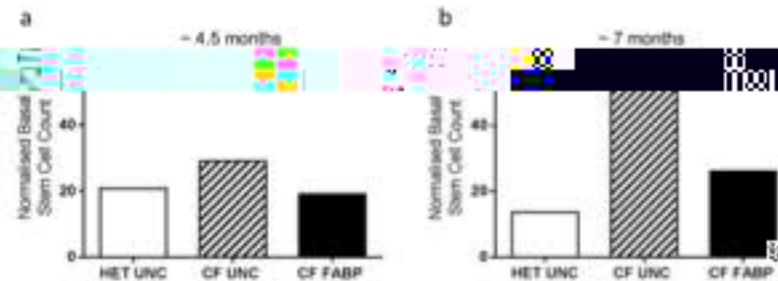


Figure 3: The relative incidence of tracheal airway basal stem cells in Het UNC, CF UNC, and CF FABp mice. A) At 4.5 month age CF UNC mice displayed a 1.4 fold increase in the number of epithelial stem cells compared to the Het UNC mice. B) At 7 month age the CF UNC and CF FABp mice displayed 4.0 and 1.9 fold higher numbers of respiratory epithelial stem cells respectively when compared to the Het UNC controls.

**Epithelial stem/progenitor cell proliferation index:**

Sections containing excised tracheae were evaluated for stem/progenitor cell proliferation via immunohistochemistry for a nuclear proliferation antigen (Ki-67). A 2.1 fold increase in proliferating cells was observed in both groups of CF mice compared to heterozygous CF (UNC) mice. (Fig 4)

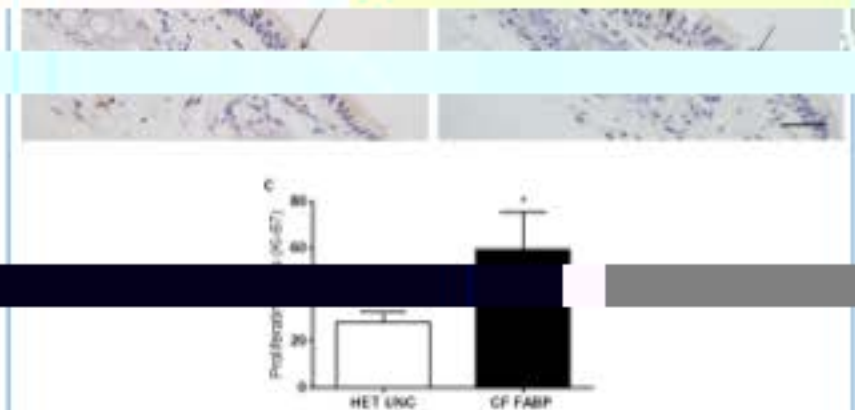


Figure 4: Ki-67 immunohistochemistry of the tracheal airway epithelium from (a) Het UNC and (b) CF FABp mice. (c) There was a significant increase in the number of proliferating cells positive for Ki-67 (black arrows) in the CF FABp mice than the controls (\*p < 0.05, t-test), (scale bar 50 μm).

**Summary:**

These findings suggest that basal stem cell hyperplasia in the airways of CF mice is not present initially, but may develop as mice age. The increased incidence of basal stem cells in older CF mice suggests there is a progressive increase in the activity of the stem cell compartment, which may contribute to the progressive remodelling of CF airways with age. These findings suggest that stem cell therapy correct mouse airways may prevent abnormal hyperplasia of airway basal stem cells. Hyperplasia of descendant lineages, such as mucin-containing goblet cells, might similarly be genetically reduced.

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