

Applications And Biological Functions of Exosomes: A Comprehensive Review

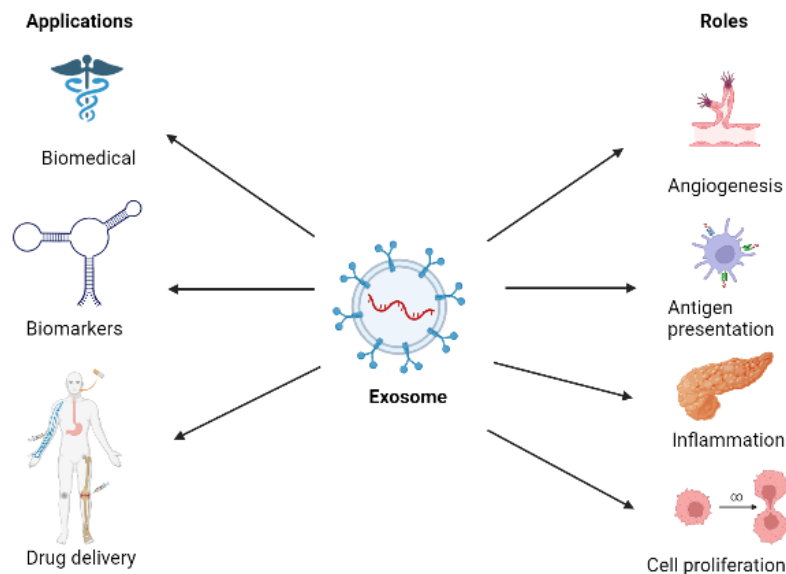
Comment [R1]: Small letter

Abstract:

Exosomes are also known as extracellular vesicles (EVs) which is bounded by a membrane mostly seen in eukaryotic cells secreted within the endosomal compartment along with some of the selected composition of RNA, proteins, lipids and DNA. They are capable of transferring signals among cells therefore it is used as a mediator for cell-to-cell communication. Exosomes helps in the excretion of cellular waste from the body. Exosomes possess various widespread activity in many of the biological functions such as transferring the biomolecules like enzymes, proteins, ribonucleic acid, lipids and also in the regulation of various pathological and physiological process in various diseases. Exosomes are released in to the in *vitro* growth medium with the help of cultured cells. They are said to be identified in coined matrix and tissue matrix. They are also identified in some of the biological fluids such as cerebrospinal fluid, urine, blood. Exosomes are considered as promising biomarkers in identification and treatment of many diseases as they contribute a lot in the diagnosis of various therapies. The efficacy and stability of imaging probes and therapeutics are enhanced by its biocompatible nature. Exosomes play a major role because of their use in the field of clinical application. It is important to understand the molecular mechanism behind their function and transport in order to explore more about exosomes. Here we discuss about the review and advancement done in the field of exosomes along with their biomedical applications, isolation techniques and biological functions.

Keywords: Exosomes, extracellular vesicles, inflammation, isolation

Graphical abstract:



Introduction:

Exosomes have the capacity of interacting with receiver cells and also to deliver and exchange the intercellular messages from one cell to another due to which they are noticed widely in the therapeutic platform [1, 2]. Communication between cells and with the other organ takes place using chemical materials with the help of extracellular vesicles (EV). Exosomes carry out organic compounds such as non-coding RNAs, RNA, genomic DNA and proteins [3]. The exosomal release takes place in various cell types when the combination of multivesicular bodies and plasma membrane takes place [7]. Exosomes are commonly seen in B cells, dendritic cells, T cells, mastocytes and platelets and they can be isolated from various body fluids such as plasma, urine, semen, saliva, cerebrospinal fluid, epididymal fluid, amniotic fluid, malignant and pleural effusions of ascites, bronchoalveolar lavage fluid, synovial fluid, and breast milk [8]. The method of isolation of EVs are more standardized and improved nowadays [13]. Whereas immune-blotting, protein staining and proteomic techniques are some of the techniques that are used for analyzing the vesicles that are isolated from EVs. Similarly exosomes are isolated by using some of the conventional techniques such as immune-affinity separation, precipitation, size exclusion, ultrafiltration, differential and buoyant density centrifugation [14]. The most commonly used method for isolation of exosomes in the cell culture media and the body fluids is differential and buoyant density centrifugation. Several companies have come up by developing quick, reliable and easy isolation kits in order to meet the need of huge sample volume of exosomes for conventional methods. The purity of exosomes are analyzed with the help of several validation and characterization methods so that it can be used for both clinical and research purpose. Some of the methods used for validation are enzyme-linked immunosorbent assay (ELISA), nanoparticle tracking analysis (NTA), resistive pulse sensing, scanning electron microscopy (SEM), dynamic light scattering (DLS), transmission electron microscopy (TEM), fluorescence-activated cell sorting (FACS), electrochemical biosensors and enzyme-linked immunosorbent assay (ELISA). [13,15] The proteins that originates from different cells of exosomes share a similar structure and function such as Rab GTPase, annexins, flotillin, tetraspanins, glycosylphosphatidylinositol-anchored molecules, SNAREs, cholesterol, Alix, Tsg101, sphingomyelin, and hexosylceramides. [14,16] The ATP-mediated activation of purinergic receptors [19], activation by lipopolysaccharides [20] and thrombin receptor activation [21,22] helps in the stimulation for releasing EVs [17,18].

Comment [R2]: Correction

Exosomes are present in many of the bodily fluids which is indicated by their biological functions. Exosomes play a important role in viral infections and cancer as well as in neurodegenerative disease like Alzheimer's [9]. Cell communication, cell signaling for regeneration, differentiation and immune responses are said to be some of the unique properties of exosomes due to which they are considered to be a unique biomarkers. Exosome signaling is said to be found in viral replication [10]. Diseases like ovarian cancer, melanoma, glioblastoma, colon and prostate cancers consider exosomes as their ideal biomarkers [11]. Based on their ability of transferring certain elements they are considered as biomarkers in various infectious diseases. For example, the presence of hepatitis C virus infected exosomes is observed in human hepatocytes that was isolated from Huh 7.5 cell lines [12]. Exosomes are used in the process of diagnosing as they exhibit the property of natural shedder and their presence in various physio-pathological and biological actions. Here in this review we discuss the role of exosomes in the field of exosomes along with their biomedical applications, isolation techniques and biological functions.

ISOLATION OF EXOSOMES

Ultracentrifugation

Exosomes are isolated using different methods such as affinity capture on antibody-coupled magnetic beads, ultrafiltration, ultracentrifugation, polymer-based precipitation and chromatography.[23] Based on the type of sample the isolation technique is adopted which is explained in figure 1 [24]. As the process of isolation of exosomes, understanding their applications and mechanism in biomedical sciences is comparatively difficult. Whereas isolation of exosomes cannot be done by ultracentrifugation because it includes multiple overnight centrifugation steps, time-consuming, requires costly instrumentation and labor-intensive but Gurunathan et al isolated vesicles that are of high and low density using ultracentrifugation and density gradient ultracentrifugation [27]. Where he was able to isolate the purest exosome population with the help of density gradient ultracentrifugation when compared to precipitation-based and ultracentrifugation methods [25]. The exosomes are isolated by centrifugation methods because of their difference in size between each cell, different sub units of extracellular vesicles and the proteins present in it. Differential ultracentrifugation and density gradient ultracentrifugation are the two different types of preparative ultracentrifugation methods.

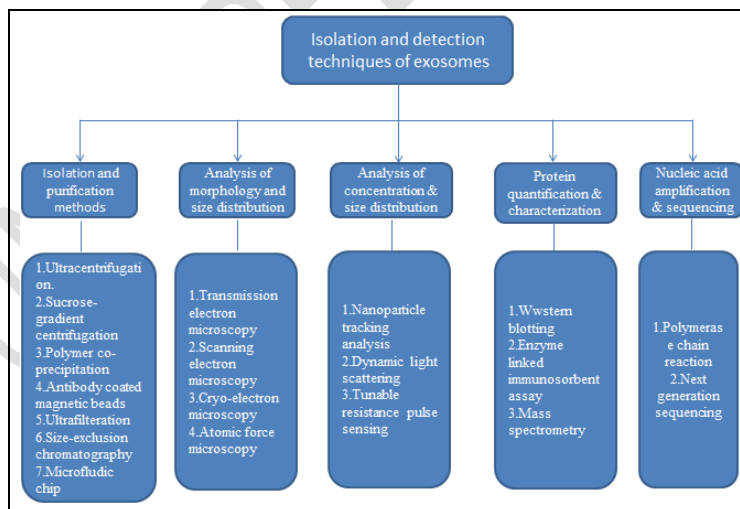


Figure 1: Isolation and detection techniques of exosomes

Where it is really hard to alter the separation process of exosomes because of their molecular density. Only large volumes of samples can be tested by ultracentrifugation. High speed centrifugal forces up to 1,000,000x g are required for the process of ultracentrifugation [26] Analytical and preparative are the two types of ultracentrifugation. Biological components, such as extracellular vesicles, viruses,

bacteria and subcellular organelles are segregated with the help of preparative ultracentrifugation whereas the physico-chemical properties of selective materials is investigated with the help of analytical ultracentrifugation. This technique is used for isolation of exosomes from urine. Where the urine sample undergoes centrifugation for 10 mins for 2000 g in 4°C then for 45 minutes for 17000 in 4°C. Later the pellets are gained by ultra-centrifuging 110,000 g for 2 hrs in 4°C. These pellets are stored at -80°C after re-suspending it in PBS. This method is also used in isolation of EVs from milk. Where human milk and bovine milk are centrifuged at 3000 and 12000 rcf in order to remove the somatic cells, casein, fat globules, cellular debris which is later centrifuged at high speed. Once the fat and casein are removed the supernatants collected are filtered at 0.2 µm and then centrifuged finally at 100,000 rcf. Later the pellets holding the EVs are resuspended in 600 µl PBS which is introduced to sterilized qEV size exclusion chromatography column. 100 nm latex beads is used to test the single representative chromatography column and exosomes are separated into fractions using QC [28].

Size-Exclusion Chromatography, Polymer Precipitation and Size-Based Filtration.

Ultrafiltration (UF) is considered as the most essential method used for isolating exosomes based on their size which depends on the factors like molecular weight and size. Exosomes with standard exclusion limits for size and with standard molecular weight are isolated using membrane filters [29]. Ultrafiltration is said to be faster when compared to the process of ultracentrifugation where any costly equipment is not required for carrying out this process. Ultrafiltration (UF) and size-exclusion chromatography (SEC) techniques are used for preparing exosomes and EMVs of high purity [30]. Fractionation is done for the isolation of exosomes whereas it is difficult to remove the contaminating protein in ultrafiltration. Exosomes are isolated by segregation with the help of SEC with the help of columns packed with CL-4B- or Sepharose 2B-. Large extracellular vesicles and biological sample cells can be isolated with the help of membrane filters such as PVDF or polycarbonate that is of 50-450 nm pore size [31].

Exosomes can be isolated from proteins with the help of ultracentrifugation after sieving the large EVs and cells through the membranes by combining filtration method along with ultracentrifugation [32]. SEC allows proteins for the isolation of exosomes but they don't allow MVs, lipoparticles, protein aggregates or macromolecules for the isolation of exosomes. As the EVs pass through the physical barriers in chromatography or filtration technique their separation is done due to the difference in size. Combining SEC with ultracentrifugation results in great yield of enriched urinary exosomes when compared to the yield that is obtained by ultracentrifugation or ultrafiltration [33]. Exosomes can be instantly isolated from mesenchymal stem cells with the help of size-exclusion fractionation technique which shows great intact in TEM analysis. Exosomes holding size between 50 and 150 nm is collected and captured and then isolated by precipitation methods using slow, medium, high speed centrifugation upto 1500× g in "polymer nets". Costly or specialized equipment are not required for these precipitation methods of exosomes. Hence, it is very easy to use and large sample sizes can be scaled using this technique as it exploits the existing technologies therefore it pays way for easy integration [29]. The polymer that is used for the isolation of exosomes should not react with the immune responses in-vitro or in-vivo hence it has to be made out from inert and harmless material eg: Polyethylene glycol (PEG). One of the major disadvantage of exosomes are there are other materials such as protein aggregates which are also mixed up with the exosomes which also gets isolated [34].

Immuno-Affinity Purification of Exosomes

Large quantities of proteins are present in exosomal membranes. By exploiting the interaction between receptors and their ligands as well as the interactions between the antibodies and the antigen (proteins) the exosomes are isolated using immunoaffinity (IP) method. [40] The proteins which lack the soluble compartments in the surface of exosomes can be isolated using this method. The isolation of exosomes are also done in biological components containing mixed population of biological fluids, cell culture and tissues. In this method the exosomes are isolated based on certain surface markers so that isolation of non-exosomal materials can be avoided from the complex mixture of overall population. Regular laboratory equipment are enough for this technique and it is easy and rapid. Antibody such as anti-CD9, -CD81 and -CD63 are captured and coupled with streptavidin coated magnetic beads in high affinity. These antibodies are used for isolating the exosomes. Exosomes were isolated from cancer cells of colon by Tauro et al using this technique which is found to be well organized than density gradient isolation and ultracentrifugation method [36,37]. Specific antibodies are used for quantifying and capturing exosomes in serum, urine and plasma. The yield obtained from immunoaffinity and ultracentrifugation where almost similar thus in orders to increase

the yield submicron-sized magnetic particles are used in order to capture the exosomes. This resulted in showing 10-15 times higher percentage of yield when compared to morphology and biological activity. This may be beneficial for diagnosing and prognostic application for patients affected with acute myeloid leukemia (AML) one of the advantage of this method is they don't have limitation to volume [39]. High capturing efficiency and high sensitivity is seen in this immunoaffinity method done by using magnetic beads [40].

Microfluids-Based Isolation Techniques

Different kind of new techniques are used for producing exosomes of high purity for clinical purposes. Standard techniques face challenges like poor yield, low purity, expensive and difficult to standardize. Micro fluids dependent methods are used for the micro isolation, analysis and detection of exosomes by considering the biochemical and physical properties of exosomes. This method considers the separation properties such as immunoaffinity, size and density as well the new shorting mechanism such as nanowire-based traps, electromagnetic and electrophoretic manipulation. Nano sized displacement and viscoelastic flow are considered to be fast and consumes low quantity of samples and reagent [40, 41-43]. Immunoaffinity capture increases the specificity and capability in the micro fluid chip [44]. To differentiate exosomes and other cellular debris and EVs porous silicon nanowire on a micro polar structure was developed [45]. Cells 2019, 8, 307 8 of 37 exosomes with a diameter between 40 and 100nm were trapped by microfluidic device by filtering the proteins along with other cellular debris and extracellular vesicles. Microfluidic dependent immunoaffinity capture target the specific markers of EV subpopulation [43]. Exochip platform catches the circulating EVs. Micro surface coated with antibody efficiently removes the exocytic vesicles from the plasma membrane [47]. [Sha0](#) et al [48] separated exocytic vesicles with the help of magnetic capturing beads and magnetic MF-IAC system.

Comment [R3]: Space mistake

Comment [R4]: Please correct the reference alphabate

APPLICATIONS

Biomedical Applications

It has been studied that exosomes are one of the safest drug delivery system when compared to others including the exosomes that are derived from fruits and bovine milk [49]. Many studies are also done with murine milk and porcine in addition to bovine milk. The delivery vehicle that can be used in chemo preventive treatment is bovine milk [50]. Studies have proved that exosomes isolated from blood has the capacity to predict joint diseases in the early stage and the progression of the disease can be delayed and the joints can be repaired in addition to the stem cells.[51] Joint disease such as osteonecrosis of the femoral head (ONFH) along with femoral head ischemia is caused due to excess alcohol consumption and hip trauma which leads to dissociation of the femoral head and necrosis of the cancellors bone.[52] Later, it was observed that they gets vanished in the case of patients having rheumatoid arthritis (RA) and osteoarthritis (OA) which leads to the progression of joint diseases and the degeneration of cartilage. [Kato et al.](#) evaluated exosomes having a important role in the communication of articular chondrocytes and synovial fibroblasts (SFB) [54]. Normal chondrocytes is treated with interleukin 1 beta (IL-1 β) after inducing exosomes which is derived from SFB which helps in down regulating the nucleus pulpous cells when compared to uninduced SFB exosomes. Several changes where considered in in vitro and in vivo models when IL-1 β induced SFB is used to stimulate osteoarthritis [55]. Zhangh et al observed the characterization as well as the analysis of exosomes in patients who are affected from rheumatoid arthritis and osteoarthritis [56]. He observed that exosomes having membrane-bound TNF- α are seen only in RA patients but not in osteoarthritis patients. Which shows that TNF- α increases the production of SFB exosomes leaving a positive loop in the pathogenesis of rheumatoid arthritis (RA). The production of exosomes are said to vary with gender in case of OA patients. When Kolhe et al analyzed this gender variation between OA patients and in normal individual it was observed that men and women had varied content of miRNA present in the exosomes.[57] The therapeutic importance of exosomes in case of joint diseases are proved in many studies. It was reported by Cosenza et al. that in collagenase induced OA model a protective effect is exhibited by exosomes in the joint damage shown in figure 2 [58].

Comment [R5]: Correct it year ?

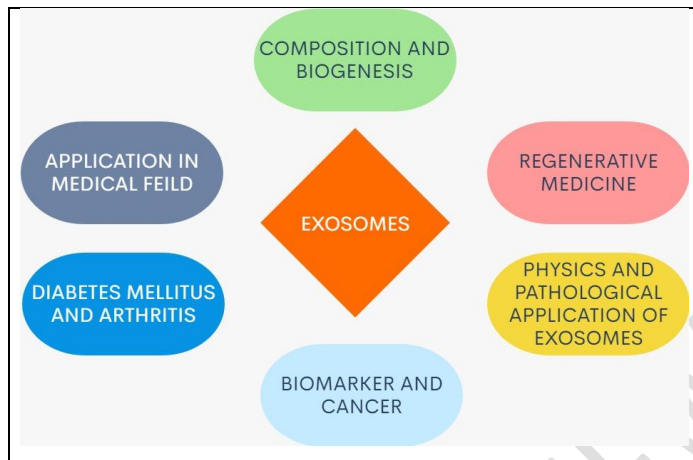


Figure 2: Role of exosomes in biomedical industries

Application of Exosomes in Drug Delivery

The mandatory characteristics of vesicles used for drug delivery are they should be capable of encapsulating the required amount of drug in order to meet the therapeutic effect, must be stable enough to hold on with their size, structure and properties while circulating in the blood stream until they reach the target organ and should not undergo any interaction which possesses toxicity, non-immunogenic and biocompatible with the immune response shown in figure 3 [59]. Exosomes which meets the above criteria can be used in biomedical application. It was observed that the exosomes that are isolated from brain-specific proteins are capable of transferring drug across the blood-brain barrier [60]. Exosomes loaded with activator of transcription and signal transducer inhibitor or delivery of curcumin (Exo-cur) from nose to brain is used in the therapy for brain inflammatory diseases [61]. Investigators have concluded that the exosomes loaded with the drug protects them from the inflammatory brain diseases in animal models. Exosomes that are derived from bone marrow MSC where tested for delivery of drug in functional anti-miRNA-9 to tumor cells and it was observed that the relation between the brain glioblastoma cells and MSCs where mediated by the exosomes [62,63]. Exosomes are said to possess high longevity but they do not show effective immune response in mice. Exosomes can be easily identified from the other microvesicles, heat shock proteins, tumor-induced gene 101 (Tsg 101), apoptotic body, lysosomal proteins, annexin, flotillin, and various receptors in the endosomal pathway due to the presence of some specific protein [64]. The unique liquid composition is seen in exosomes due to the presence of dominant cholesterol and diacylglycerol content which helps in their easy identification [65].

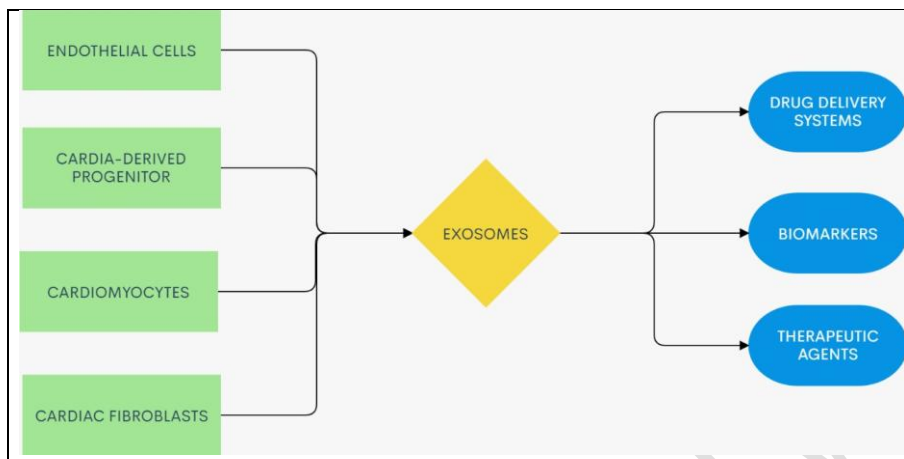


Figure 3: Biomedical applications of exosomes

Applications of Exosomes as Biomarkers

Exosomes reflect the actual characteristics of the cells from which they originate and they act as a cargo carrier which also involves in cell communication. The stability of exosomes in biological fluids such as urine, cell culture media blood and saliva is maintained and the biodegradation of the content is prevented by the presence of lipid bilayer. Exosomes carry proteins and nucleic acid from the cells of the host which is used as an indicator in pathophysiological conditions. Various diseases including ovarian cancer, melanoma, glioblastoma, prostate and colon cancers along with neurodegenerative disorders consider exosomes as their ideal biomarkers.

Therapeutic Applications of Exosomes

The actual ability of exosomes was not predicted during the time of discovery in 1983. Whereas today, they are looked up for their infinite potential in the field of biomedical application. They can transfer signals from recipient cells and deliver their content, thus mediating a standard mechanism in the communication between the cells either having direct contact or without any direct contact with the cells. The primary features of exosomes make them capable of reducing inflammation across the blood brain barrier, increase the neural and motor functions and also help in multiple dosing without any side effects. They have the capacity of influencing the pathological and physiological processes. Various studies prove that exosomes are considered to be novel therapeutic reagents [66]. Where models having diseases such as respiratory, neurological, cardiovascular, hepatic, musculoskeletal, dermatological, renal and gastrointestinal disease are tested with the exosomes that are derived from MSCs [66]. Anti-inflammatory action is exerted by inhibiting the pro-inflammatory cytokine expressions in MSC derived exosomes which enhances the extracellular remodeling by promoting tissue regeneration [67-71]. Similar therapeutic effects are also observed in exosomes that are isolated from induced embryonic stem cells, cardiac progenitor cells and pluripotent stem cells [72-74]. The EVs derived from MSC resemble the cytoprotective and immunomodulatory of their parent cells [75]. Whereas exosomes that are derived from bovine milk reduce arthritis [76]. A cancer-specific T cell response is seen when exosomes that are derived from DC incubated with cancer antigen is used [77,78]. Exosomes derived from bone marrow MSC protect from various disease conditions such as reperfusion injury or myocardial ischemia, brain injury and hypoxia-induced pulmonary hypertension [79]. EVs derived from the umbilical cord of human MSC protect from sudden liver fibrosis and renal injury [80,81]. Tumor cell-derived exosomes help in the stimulation of immunosuppression by promoting the apoptosis of T cell, suppressing the NK cytotoxicity and dendritic cell differentiation by stimulating the immunosuppressive regulatory T cells and myeloid suppressor cells [82,83].

BIOLOGICAL FUNCTIONS OF EXOSOMES

Fibroblasts, neurons, tumor cells, adipocytes, and intestinal epithelial cells are the cells from which exosomes are released which is seen in many of the biological fluids such as malignant effusions of ascites, synovial fluid, breast milk, saliva, urine, blood and amniotic fluid. The origin of the cell, process of the originating tissue or the time at which the exosomes gets generated decides the function, heterogeneity and biology of exosomes. Expelling out the nonfunctional or excess cellular components is said to be major function of exosomes. Signaling molecules and cell surface proteins are recycled by involving endocytic vesicles in it [84,85]. Exosomes plays a major role in many of the biological processes such as coagulation, intercellular signaling, cellular homeostasis, antigen presentation, apoptosis, inflammation and angiogenesis which helps them in the transfer of lipids, RNA, enzymes, and proteins which affects pathological and physiological processes in various diseases that includes neurodegenerative diseases, cancer, autoimmune diseases and infections.

Role of Exosomes in Angiogenesis

New capillaries are formed from the existing blood vessels and mediation is done by cellular events after several complex multistep process which is termed as angiogenesis [86,87]. Multicellular eukaryotes are integrating by complex signals due to the significance of intercellular communication. The T lymphocytes and vascular endothelial cells interact closely during the trans-endothelial migration and recirculation process. Angiogenesis is promoted by positive CD105 MVs which is released from stem cells of renal cancer in humans. Cell proliferation [90], angiogenesis [88], endothelial cell migration [89] and tissue vascularization [91] is simulated by exosomes that is released from progenitor cells. The exosomes derived from stromal cells/mesenchymal stem (MSCs) is loaded with many types of miRNAs, such as miR210, miR132, miR21 and miR126 which plays a major role in angiogenesis [92]. Proliferation and progression of cell cycle like miR-21, miR-222, let-7a, miR-191, induce EC differentiation like miR-6087 and modulate angiogenesis like miR-21, miR-222, let-7f is regulated by exosomes that is derived from MSC which is loaded with multiple miRNAs [93]. The second-degree burn injury in the skin is repaired by exosomes that is derived from mesenchymal stem cells of human umbilical cord that enhances angiogenesis [94]. Atienzar-Aroca et al. reported that retinal pigment epithelial cells are said to release large numbers of exosomes in high levels species of oxygen which induces the angiogenic processes containing expression of VEGFR mRNA at high levels [96]. Angiogenesis, drug resistance, and metastasis is promoted by stem cells of cancer which are resident in stem cells of tumor and non-homing whereas the tumor progression and growth in various cancer types are regulated by various cancer cell populations through local interactions. Physiological processes such as proliferation, vascular smooth muscle cells, tube formation of endothelial cells and migration undergoes angiogenesis [97,98,99]. The current therapeutic impact in the treatment of ischemic diseases shows the involvement of exosomes in differentiation, enhanced blood flow restoration, capillary network formation and neovascularization [101].

Role of Exosomes in Apoptosis

Inflammation, infection, autoimmunity, and cancer are some of the diseased condition in which apoptosis gets regulated in normal healthy cells. Cell viability is caused in malignant disease in which oncogenic mutations leads to the imbalance of homeostatic conditions. The excretion of the dying cell happens when morphological changes happens in apoptotic cells which is recently classified into three main morphological steps such as formation of a thin membrane protrusion, where the size of the apoptotic bodies ranges from 1 to 5 μm [102]. An apoptosis vesicle which is dependent and in which a wide variety of cellular organelles and bioactive molecules can be encapsulated is known as apoptotic body [103]. Key signals send helps the neighboring tumor cells in promoting proliferation, inhibit apoptosis and metastasizes with the help of EVs(<100 nm) derived from stromal cell that is released due to cell stress[104]. The Bcl-2 pathway is affected by the exosomes that is isolated from liver metastases in colorectal cancer (CRC), carrying miR-375[105]. It is proven that exosomes derived from BM-MSC induces cell cycle arrest and apoptosis in HepG2 cells and suppression of tumor in SCID mice [106].

Role of Exosomes in Antigen Presentation

The inflammatory response is mediated by the signaling of exosomes in bio-macromolecules which also includes short and long non-coding and coding proteins, lipids and RNAs. The exosomes which is released from the APCs have the capacity to take over the therapeutic benefits in which the immune response is stimulated followed by presenting and carrying major peptide, histocompatibility

functional complexes that modulate T cell responses which is antigen-specific. Exosomes derived from the dendritic cell (DC) as well as from macrophages, and DCs exhibits immune stimulatory and immunosuppressive properties respectively by T and B cells activation [107]. The damage-associated or pathogen-associated molecular partners is recognized by the immune system that is activated by limited receptors [108,109]. The inflammatory gene expression course is regulated by temporary epigenetic regulations in the recipient cells which is induced by exosomes having pre-miRNAs and siRNAs [110]. Noncoding RNA populations and differential bimolecular signatures is seen in mouse macrophages and a human-derived monocytic cell line such as THP-1 cells, RAW 264.7, lipopolysaccharide (LPS) are seen after stimulation. The physiological condition of the originating cells and the species influences the secretion of exosomes. RAW 264.7 cells stimulated by LPS derived exosomes exhibits high chemokines and cytokines levels due to the release of extracellular vesicles into the immune synapse [111]. Both MVs and exosomes are released from activated DCs facilitates the DC-T cell interactions and EVs that are derived from DC contains tumor-specific antigens which is loaded in both MHC-I and MHC-II and stimulatory molecules that is found to make the cancer immunotherapy more effective[112,113,114].

Role of Exosomes in Inflammation

Tissue homeostasis is restored by white blood cells which initiates the immune response such as inflammation against any infection. Any of the untreated or uncontrolled inflammation leads to chronic inflammatory states resulting in tissue damage or diseases[115]. Where systemic inflammation has an major role in the pathogenesis of several diseases. Exosomes play a vital role in the inflammatory process of many pathologic states such as cancer, type 2 diabetes, inflammatory bowel diseases, rheumatoid arthritis, neurodegenerative diseases and obesity [116]. Tumor development, resistance to therapy and immune surveillance shows exosome-mediated inflammatory responses in all the stages[117,118]. Gastric cancer cells derived exosomes can promote the proliferation and tumor cell migration is increasing the level of inflammation factors followed by the stimulation process of NF- κ B pathway in macrophages[119]. The secretion of pro-inflammatory cytokines, such as interleukin 6 (IL-6), granulocyte colony-stimulating factor, chemokine C-C motif ligand 2 (CCL2) and tumor necrosis factor alpha (TNF α) is induced by the circulating exosomes. A toll-like receptor mediates the pro-metastatic inflammatory response which is triggered by the exosomes containing miR-21 and miR-29a. Abusamra et al. observed that proliferation of T-cell is inhibited and apoptosis of T-cell is induced through the FasL pathway by the exosomes derived from prostate cancer cells in human. The T cell differentiation and proliferation is influenced by the exosomes that are derived from tumor when the MARK1 signaling pathway is down regulated. Improper maintaining of intestinal homeostasis may lead to chronic disorders such as Inflammatory bowel diseases (IBDs). The pro-inflammatory cytokine level and the level of IL-8 is increased when exosomes are introduced to human colonocyte cell line. The presence of EVs promotes thrombosis, immune-mediated disease and inflammation. Increased level of mRNA in the CCL2 and inflammatory chemokine in exosomes can lead to inflammation. Tubulointestinal inflammation along with enhanced macrophage migration and inflammatory response is seen in mice when CCL2 is injected to it but injecting CCL2 to humans resulted in proteinuria in nephropathy patients.

Role of Exosomes in Cell Proliferation and Differentiation

Ligand concentration, the integration of diverse signaling pathway and receptor expression takes place with the help of cell-cell communication[120]. Where exosomes that are secreted acts as mediators in the communication between the cell in case of pathological and physiological situations. They play an important role in the growth of tumor and in capturing angiogenesis associated with tumor. Thrombus formation and metastasis is promoted along with which expression of angiogenic factors, tumor chemotaxis, proliferation and invasion is induced by the exosomes that are derived from platelet. The role of exosomes in various biological activities such as immune function, the development and differentiation of stem cells as well as in intercellular communication is vital.

Exosomes and Receptor Mediated Endocytosis

Physiological and pathological functions are generally mediated by exosomes by transferring information among the cells and by carrying different types of functional molecules. Since exosomes exhibits various biological functions they are still observe as their role in case of receptor-mediated endocytosis and their need in uptake mechanisms is still unknown. Phagocytosis, clathrin-mediated endocytosis, macropinocytosis, clathrin and caveolae-mediated endocytosis are some of the

pathways involved in receptor-mediated endocytosis. The internalization of the erythroleukemia derived exosomes is done by phagocytosis or macropinocytosis whereas internalization of glioblastoma derived exosomes is done by lipid raft-mediated endocytosis which is regulated negatively by caveolin-1. Delivery of miR21 is done by exosomes which is derived from PC12 cell through clathrin-mediated macropinocytosis and endocytosis. It was reported that vasorin that is transferred through exosomes is said to promote migration in the umbilical vein of humans in endothelial cells through receptor-mediated endocytosis of exosomes. Exosomes derived from dendritic cell delivers the content with the help of fusion or semi-fusion of both the membranes after binding with the plasma membrane.

CHALLENGES FACED WHILE USING EXOSOMES

Large numbers of benefits are obtained from exosomes in the field of therapeutic application at the same time exosomes possesses various biological and technical challenges. One of the primary challenges of exosomes are producing sufficient quantities of exosomes where minimum of 10-100 µg of exosomes is necessary to produce an optimized dose. But, the yield obtained from the culture medium is 1 µg which is very less on comparative bases. Whereas the exosomes that is isolated from biological fluids are observed to be contaminated. Variable as well as the yield obtained is also very low. Due to which standardizing low quantity of EV analysis is considered as the biggest challenge. During the process of exosomal production and isolation factors such as cell culture matrices and plastics, mycoplasma, cell passage, the culture medium composition, cell confluency and viability along with volume and other microbial contamination status should be considered for optimization. Bioreactor is used to obtain exosomes in large scale up to 5-10 folds. It has been proved that the production of exosomes can be increased by inducing physical, chemical, and biological stress but in this case the therapeutic safety and efficacy has to be completely evaluated because contamination with apoptotic bodies is possible. Certain conventional methods such as ultracentrifugation, ultrafiltration, SEC, immunoaffinity, aqueous two-phase systems, microfluidic devices and polymer-based precipitation are modified or new techniques are developed in order to enhance the purity and production of exosomes. Selecting the culture media has a major role while developing the exosomes production method. For example, several impurities are seen in exosomes that are isolated from a culture media having serum in it but altered EV secretion is observed when stress is induced to the cells in serum free conditions. Though large quantity of exosomes can be produced with the help of the current technologies one of the major challenge faced is their uniformity and quality. The method used for isolation determines the physicochemical properties and purity. For example, ultracentrifugation and precipitation are the most commonly used methods but due to various factors such as varying composition, size, subpopulations, aggregations this method is not used in case of therapeutic applications. It is very challenging to store the isolated exosomes for biological activity so exosomes are stored at -80 °C after suspending it in phosphate-buffered saline and trehalose is added in order to prevent exosomes from cryodamage. Optimization is an important technique in order to isolate pure exosomes so that specific subpopulations can be reduced and side effects that is caused due to contamination can be reduced so that therapeutic efficacy can be enhanced by modifying the overexpression of miRNAs.

CONCLUSION

Extracellular vesicles possess various roles in pathological conditions where exosomes have a important role in the communication within the tumors and the targeted cells. The exosomal release is required for certain process such as targeting therapeutic agents to particular cells and gene transfer. The exosomal composition, content and release depends on the nature of the origin cell. The standard existing procedures that are used for the isolation and characterization of exosomes are mostly preferred inspite of having several new technologies that are developed for diagnostic and prognostic purpose. Here, we have reviewed the isolation techniques, biological functions, applications in various diseases and the challenges that are faced during the use of exosomes. The biogenesis of exosomes uses various lipid and protein compounds which is based on the homeostasis of cell and cell type. The exosomal parameters such as the number and size is analyzed using NTA and DLS methods. The method that was considered to be ideal for analyzing the structural features of exosomes is electron microscopy. Where inspite of this several other procedures are to be followed for the characterization and isolation of exosomes. Thus, the selection of the isolation methods plays an important role in order to obtain exosomes that are of standard quality based on which the results are validated. One of the common challenge that is faced in the detection of exosomes is differentiating the exosomes that is isolated from normal cells and the one which is

isolated from cells under pathological conditions. Inherent heterogeneity is one of the other challenge that has been faced. Developing various quantification techniques is necessary to differentiate various subtypes of exosomes in heterogeneous samples which can make the process of quantification and detection easier. Where one main feature that is to be considered during the development of new method should be the ability to isolate different vesicular subpopulation that are present in exosomes. These are some of the limitations that are to be overcome that can help us to understand exosomes better and facilitate the development of new novel therapeutic techniques.

REFERENCES

1. Deatherage BL, Cookson BT. Membrane vesicle release in bacteria, eukaryotes, and archaea: a conserved yet underappreciated aspect of microbial life. *Infection and immunity*. 2012 Jun 1;80(6):1948-57.
2. Colombo M, Raposo G, Théry C. Biogenesis, secretion, and intercellular interactions of exosomes and other extracellular vesicles. *Annual review of cell and developmental biology*. 2014 Oct 6;30:255-89
3. Yuan D, Zhao Y, Banks WA, Bullock KM, Haney M, Batrakova E, Kabanov AV. Macrophage exosomes as natural nanocarriers for protein delivery to inflamed brain. *Biomaterials*. 2017 Oct 1;142:1-2
4. Zhou Y, Tian T, Zhu Y, Jaffar Ali D, Hu F, Qi Y, Sun B, Xiao Z. Exosomes transfer among different species cells and mediating miRNAs delivery. *Journal of Cellular Biochemistry*. 2017 Dec;118(12):4267-74
5. Li Z, Wang Y, Xiao K, Xiang S, Li Z, Weng X. Emerging role of exosomes in the joint diseases. *Cellular Physiology and Biochemistry*. 2018;47(5):2008-17.
6. Kim YS, Ahn JS, Kim S, Kim HJ, Kim SH, Kang JS. The potential therapeutic (diagnostic+ therapeutic) application of exosomes in diverse biomedical fields. *The Korean Journal of Physiology & Pharmacology*. 2018 Mar 1;22(2):113-25.
7. Braccioli L, Van Velthoven C, Heijnen CJ. Exosomes: a new weapon to treat the central nervous system. *Molecular neurobiology*. 2014 Feb 1;49(1):113-9.
8. Suntres ZE, Smith MG, Momen-Heravi F, Hu J, Zhang X, Wu Y, Zhu H, Wang J, Zhou J, Kuo WP. Therapeutic uses of exosomes. *exosomes and microvesicles*. 2013 Jan 1;1:5.
9. Schorey JS, Harding CV. Extracellular vesicles and infectious diseases: new complexity to an old story. *The Journal of clinical investigation*. 2016 Apr 1;126(4):1181-9.
10. Alenquer M, Amorim MJ. Exosome biogenesis, regulation, and function in viral infection. *Viruses*. 2015 Sep;7(9):5066-83.
11. Colao IL, Corteling R, Bracewell D, Wall I. Manufacturing exosomes: a promising therapeutic platform. *Trends in molecular medicine*. 2018 Mar 1;24(3):242-56.
12. Bukong TN, Momen-Heravi F, Kodys K, Bala S, Szabo G. Exosomes from hepatitis C infected patients transmit HCV infection and contain replication competent viral RNA in complex with Ago2-miR122-HSP90. *PLoS Pathog*. 2014 Oct 2;10(10):e1004424.
13. Thierry C, Amigorena S, Raposo G, Clayton A. Isolation and characterization of exosomes from cell culture supernatants. *Curr. Protoc. Cell Biol*. 2006;3:1-29.
14. Clayton A, Court J, Navabi H, Adams M, Mason MD, Hobot JA, Newman GR, Jasani B. Analysis of antigen presenting cell derived exosomes, based on immuno-magnetic isolation and flow cytometry. *Journal of immunological methods*. 2001 Jan 1;247(1-2):163-74.
15. Dragovic RA, Gardiner C, Brooks AS, Tannetta DS, Ferguson DJ, Hole P, Carr B, Redman CW, Harris AL, Dobson PJ, Harrison P. Sizing and phenotyping of cellular vesicles using Nanoparticle Tracking Analysis. *Nanomedicine: Nanotechnology, Biology and Medicine*. 2011 Dec 1;7(6):780-8.
16. Van Niel G, Porto-Carreiro I, Simoes S, Raposo G. Exosomes: a common pathway for a specialized function. *Journal of biochemistry*. 2006 Jul 1;140(1):13-21.

Comment [R6]: Cite it in text ?

17. Zöller M. Tetraspanins: push and pull in suppressing and promoting metastasis. *Nature Reviews Cancer*. 2009 Jan;9(1):40-55.
18. Théry C, Regnault A, Garin J, Wolfers J, Zitvogel L, Ricciardi-Castagnoli P, Raposo G, Amigorena S. Molecular characterization of dendritic cell-derived exosomes: selective accumulation of the heat shock protein hsc73. *The Journal of cell biology*. 1999 Nov 1;147(3):599-610.
19. Wubbolts R, Leckie RS, Veenhuizen PT, Schwarzmann G, Möbius W, Hoernschemeyer J, Slot JW, Geuze HJ, Stoorvogel W. Proteomic and biochemical analyses of human B cell-derived exosomes Potential implications for their function and multivesicular body formation. *Journal of Biological Chemistry*. 2003 Mar 28;278(13):10963-72.
20. Wilson HL, Francis SE, Dower SK, Crossman DC. Secretion of intracellular IL-1 receptor antagonist (type 1) is dependent on P2X7 receptor activation. *The Journal of Immunology*. 2004 Jul 15;173(2):1202-8.
21. Heijnen HF, Schiel AE, Fijnheer R, Geuze HJ, Sixma JJ. Activated Platelets Release Two Types of Membrane Vesicles: Microvesicles by Surface Shedding and Exosomes Derived From Exocytosis of Multivesicular Bodies and α -Granules. *Blood*, *The Journal of the American Society of Hematology*. 1999 Dec 1;94(11):3791-9.
22. Obregon C, Rothen-Rutishauser B, Gitahi SK, Gehr P, Nicod LP. Exovesicles from human activated dendritic cells fuse with resting dendritic cells, allowing them to present alloantigens. *The American journal of pathology*. 2006 Dec 1;169(6):2127-36.
23. Peterson MF, Otoc N, Sethi JK, Gupta A, Antes TJ. Integrated systems for exosome investigation. *Methods*. 2015 Oct 1;87:31-45.
24. Witwer KW, Buzás EI, Bemis LT, Bora A, Lässer C, Lötvall J, Nolte-'t Hoen EN, Piper MG, Sivaraman S, Skog J, Théry C. Standardization of sample collection, isolation and analysis methods in extracellular vesicle research. *Journal of extracellular vesicles*. 2013 Jan 1;2(1):20360.
25. Van Deun J, Mestdagh P, Sormunen R, Cocquyt V, Vermaelen K, Vandesompele J, Bracke M, De Wever O, Hendrix A. The impact of disparate isolation methods for extracellular vesicles on downstream RNA profiling. *Journal of extracellular vesicles*. 2014 Jan 1;3(1):24858.
26. Li P, Kaslan M, Lee SH, Yao J, Gao Z. Progress in exosome isolation techniques. *Theranostics* 7 (3): 789–804.
27. Gurunathan S, Marash M, Weinberger A, Gerst JE. t-SNARE phosphorylation regulates endocytosis in yeast. *Molecular biology of the cell*. 2002 May 1;13(5):1594-607.
28. Vaswani K, Koh YQ, Almughlliq FB, Peiris HN, Mitchell MD. A method for the isolation and enrichment of purified bovine milk exosomes. *Reproductive biology*. 2017 Dec 1;17(4):341-8.
29. Zeringer E, Barta T, Li M, Vlassov AV. Strategies for isolation of exosomes. *Cold Spring Harbor Protocols*. 2015 Apr 1;2015(4):pdb-top074476.
30. Momen-Heravi F, Balaj L, Alian S, Trachtenberg AJ, Hochberg FH, Skog J, Kuo WP. Impact of biofluid viscosity on size and sedimentation efficiency of the isolated microvesicles. *Frontiers in physiology*. 2012 May 29;3:162.
31. Sabapatha A, Gercel-Taylor C, Taylor DD. Specific Isolation of Placenta-Derived Exosomes from the Circulation of Pregnant Women and Their Immunoregulatory Consequences 1. *American Journal of Reproductive Immunology*. 2006 Nov;56(5-6):345-55.
32. Alvarez ML, Khosroheidari M, Ravi RK, DiStefano JK. Comparison of protein, microRNA, and mRNA yields using different methods of urinary exosome isolation for the discovery of kidney disease biomarkers. *Kidney international*. 2012 Nov 1;82(9):1024-32.

33. Lai RC, Arslan F, Lee MM, Sze NS, Choo A, Chen TS, Salto-Tellez M, Timmers L, Lee CN, El Oakley RM, Pasterkamp G. Exosome secreted by MSC reduces myocardial ischemia/reperfusion injury. *Stem cell research*. 2010 May 1;4(3):214-22.
34. Ibrahim AG, Cheng K, Marbán E. Exosomes as critical agents of cardiac regeneration triggered by cell therapy. *Stem cell reports*. 2014 May 6;2(5):606-19.
35. Peterson MF, Otoc N, Sethi JK, Gupta A, Antes TJ. Integrated systems for exosome investigation. *Methods*. 2015 Oct 1;87:31-45.
36. Tauro BJ, Greening DW, Mathias RA, Ji H, Mathivanan S, Scott AM, Simpson RJ. Comparison of ultracentrifugation, density gradient separation, and immunoaffinity capture methods for isolating human colon cancer cell line LIM1863-derived exosomes. *Methods*. 2012 Feb 1;56(2):293-304.
37. Grasso L, Wyss R, Weidenauer L, Thampi A, Demurtas D, Prudent M, Lion N, Vogel H. Molecular screening of cancer-derived exosomes by surface plasmon resonance spectroscopy. *Analytical and bioanalytical chemistry*. 2015 Jul 1;407(18):5425-32.
38. Zarovni N, Corrado A, Guazzi P, Zocco D, Lari E, Radano G, Muhhina J, Fondelli C, Gavrilo J, Chiesi A. Integrated isolation and quantitative analysis of exosome shuttled proteins and nucleic acids using immunocapture approaches. *Methods*. 2015 Oct 1;87:46-58.
39. Hong CS, Muller L, Boyiadzis M, Whiteside TL. Isolation and characterization of CD34+ blast-derived exosomes in acute myeloid leukemia. *PLoS one*. 2014 Aug 5;9(8):e103310.
40. Li P, Kaslan M, Lee SH, Yao J, Gao Z. Progress in exosome isolation techniques. *Theranostics* 7 (3): 789–804.
41. Lee S, Tae S, Jee N, Shin S. LDA-based model for measuring impact of change orders in apartment projects and its application for prerisk assessment and postevaluation. *Journal of Construction Engineering and Management*. 2015 Jul 1;141(7):04015011.
42. Davies RT, Kim J, Jang SC, Choi EJ, Gho YS, Park J. Microfluidic filtration system to isolate extracellular vesicles from blood. *Lab on a Chip*. 2012;12(24):5202-10.
43. Contreras-Naranjo JC, Wu HJ, Ugaz VM. Microfluidics for exosome isolation and analysis: enabling liquid biopsy for personalized medicine. *Lab on a Chip*. 2017;17(21):3558-77.
44. Chen C, Skog J, Hsu CH, Lessard RT, Balaj L, Wurdinger T, Carter BS, Breakefield XO, Toner M, Irimia D. Microfluidic isolation and transcriptome analysis of serum microvesicles. *Lab on a Chip*. 2010;10(4):505-11.
45. Chen C, Skog J, Hsu CH, Lessard RT, Balaj L, Wurdinger T, Carter BS, Breakefield XO, Toner M, Irimia D. Microfluidic isolation and transcriptome analysis of serum microvesicles. *Lab on a Chip*. 2010;10(4):505-11.
46. Kanwar SS, Dunlay CJ, Simeone DM, Nagrath S. Microfluidic device (ExoChip) for on-chip isolation, quantification and characterization of circulating exosomes. *Lab on a Chip*. 2014;14(11):1891-900.
47. Ashcroft BA, De Sonnevile J, Yuana Y, Osanto S, Bertina R, Kuil ME, Oosterkamp TH. Determination of the size distribution of blood microparticles directly in plasma using atomic force microscopy and microfluidics. *Biomedical microdevices*. 2012 Aug 1;14(4):641-9.
48. Shao H, Chung J, Issadore D. Diagnostic technologies for circulating tumour cells and exosomes. *Bioscience reports*. 2016 Feb 1;36(1).
49. Xiao J, Feng S, Wang X, Long K, Luo Y, Wang Y, Ma J, Tang Q, Jin L, Li X, Li M. Identification of exosome-like nanoparticle-derived microRNAs from 11 edible fruits and vegetables. *PeerJ*. 2018 Jul 31;6:e5186.
50. Munagala R, Aqil F, Jeyabalan J, Gupta RC. Bovine milk-derived exosomes for drug delivery. *Cancer letters*. 2016 Feb 1;371(1):48-61.
51. Manca S, Upadhyaya B, Mutai E, Desaulniers AT, Cederberg RA, White BR, Zempleni J. Milk exosomes are bioavailable and distinct microRNA cargos have unique tissue distribution patterns. *Scientific reports*. 2018 Jul 27;8(1):1-1.

Comment [R7]: Cite it in text ?

Comment [R8]: Cite it in text ?

52. Kolhe R, Hunter M, Liu S, Jadeja RN, Pundkar C, Mondal AK, Mendhe B, Drewry M, Rojjani MV, Liu Y, Isales CM. Gender-specific differential expression of exosomal miRNA in synovial fluid of patients with osteoarthritis. *Scientific reports*. 2017 May 17;7(1):1-4.
53. Domenis R, Zanutel R, Caponnetto F, Toffoletto B, Cifù A, Pistis C, Di Benedetto P, Causero A, Pozzi M, Bassini F, Fabris M. Characterization of the proinflammatory profile of synovial fluid-derived exosomes of patients with osteoarthritis. *Mediators of inflammation*. 2017 Jan 1;2017.
54. Kato T, Miyaki S, Ishitobi H, Nakamura Y, Nakasa T, Lotz MK, Ochi M. Exosomes from IL-1 β stimulated synovial fibroblasts induce osteoarthritic changes in articular chondrocytes. *Arthritis research & therapy*. 2014 Aug 1;16(4):R163.
55. Kolhe R, Hunter M, Liu S, Jadeja RN, Pundkar C, Mondal AK, Mendhe B, Drewry M, Rojjani MV, Liu Y, Isales CM. Gender-specific differential expression of exosomal miRNA in synovial fluid of patients with osteoarthritis. *Scientific reports*. 2017 May 17;7(1):1-4.
56. Han C, Sun X, Liu L, Jiang H, Shen Y, Xu X, Li J, Zhang G, Huang J, Lin Z, Xiong N. Exosomes and their therapeutic potentials of stem cells. *Stem cells international*. 2016 Jan 1;2016.
57. Linero I, Chaparro O. Paracrine effect of mesenchymal stem cells derived from human adipose tissue in bone regeneration. *Plos one*. 2014 Sep 8;9(9):e107001.
58. Cosenza S, Ruiz M, Toupet K, Jorgensen C, Noël D. Mesenchymal stem cells derived exosomes and microparticles protect cartilage and bone from degradation in osteoarthritis. *Scientific reports*. 2017 Nov 24;7(1):1-2.
59. Arslan F, Lai RC, Smeets MB, Akeroyd L, Choo A, Aguur EN, Timmers L, van Rijen HV, Doevendans PA, Pasterkamp G, Lim SK. Mesenchymal stem cell-derived exosomes increase ATP levels, decrease oxidative stress and activate PI3K/Akt pathway to enhance myocardial viability and prevent adverse remodeling after myocardial ischemia/reperfusion injury. *Stem cell research*. 2013 May 1;10(3):301-12.
60. Yang T, Martin P, Fogarty B, Brown A, Schurman K, Phipps R, Yin VP, Lockman P, Bai S. Exosome delivered anticancer drugs across the blood-brain barrier for brain cancer therapy in Danio rerio. *Pharmaceutical research*. 2015 Jun 1;32(6):2003-14.
61. Sun D, Zhuang X, Zhang S, Deng ZB, Grizzle W, Miller D, Zhang HG. Exosomes are endogenous nanoparticles that can deliver biological information between cells. *Advanced drug delivery reviews*. 2013 Mar 1;65(3):342-7.
62. Inamdar S, Nitiyanandan R, Rege K. Emerging applications of exosomes in cancer therapeutics and diagnostics. *Bioengineering & translational medicine*. 2017 Mar;2(1):70-80.
63. Biancone L, Bruno S, Deregibus MC, Tetta C, Camussi G. Therapeutic potential of mesenchymal stem cell-derived microvesicles. *Nephrology Dialysis Transplantation*. 2012 Aug 1;27(8):3037-42.
64. Kahlert C, Melo SA, Protopopov A, Tang J, Seth S, Koch M, Zhang J, Weitz J, Chin L, Futreal A, Kalluri R. Identification of double-stranded genomic DNA spanning all chromosomes with mutated KRAS and p53 DNA in the serum exosomes of patients with pancreatic cancer. *Journal of Biological Chemistry*. 2014 Feb 14;289(7):3869-75.
65. Antimisiaris SG, Mourtas S, Marazioti A. Exosomes and exosome-inspired vesicles for targeted drug delivery. *Pharmaceutics*. 2018 Dec;10(4):218.
66. Willis GR, Kourembanas S, Mitsialis SA. Toward exosome-based therapeutics: isolation, heterogeneity, and fit-for-purpose potency. *Frontiers in Cardiovascular Medicine*. 2017 Oct 9;4:63.
67. Teng X, Chen L, Chen W, Yang J, Yang Z, Shen Z. Mesenchymal stem cell-derived exosomes improve the microenvironment of infarcted myocardium contributing to angiogenesis and anti-inflammation. *Cellular Physiology and Biochemistry*. 2015;37(6):2415-24.

Comment [R9]: Cite it in text ?

68. Lou G, Chen Z, Zheng M, Liu Y. Mesenchymal stem cell-derived exosomes as a new therapeutic strategy for liver diseases. *Experimental & Molecular Medicine*. 2017 Jun;49(6):e346-.
69. Lee C, Mitsialis SA, Aslam M, Vitali SH, Vergadi E, Konstantinou G, Sdrimas K, Fernandez-Gonzalez A, Kourembanas S. Exosomes mediate the cytoprotective action of mesenchymal stromal cells on hypoxia-induced pulmonary hypertension. *Circulation*. 2012 Nov 27;126(22):2601-11.
70. Yu B, Kim HW, Gong M, Wang J, Millard RW, Wang Y, Ashraf M, Xu M. Exosomes secreted from GATA-4 overexpressing mesenchymal stem cells serve as a reservoir of anti-apoptotic microRNAs for cardioprotection. *International journal of cardiology*. 2015 Mar 1;182:349-60.
71. Wang Y, Zhang L, Li Y, Chen L, Wang X, Guo W, Zhang X, Qin G, He SH, Zimmerman A, Liu Y. Exosomes/microvesicles from induced pluripotent stem cells deliver cardioprotective miRNAs and prevent cardiomyocyte apoptosis in the ischemic myocardium. *International journal of cardiology*. 2015 Aug 1;192:61-9.
72. Khan M, Nickoloff E, Abramova T, Johnson J, Verma SK, Krishnamurthy P, Mackie AR, Vaughan E, Garikipati VN, Benedict C, Ramirez V. Embryonic stem cell-derived exosomes promote endogenous repair mechanisms and enhance cardiac function following myocardial infarction. *Circulation research*. 2015 Jun 19;117(1):52-64.
73. Vrijisen KR, Maring JA, Chamuleau SA, Verhage V, Mol EA, Deddens JC, Metz CH, Lodder K, van Eeuwijk EC, van Dommelen SM, Doevendans PA. Exosomes from cardiomyocyte progenitor cells and mesenchymal stem cells stimulate angiogenesis via EMMPRIN. *Advanced healthcare materials*. 2016 Oct;5(19):2555-65.
74. Baglio SR, Devescovi V, Granchi D, Baldini N. MicroRNA expression profiling of human bone marrow mesenchymal stem cells during osteogenic differentiation reveals Osterix regulation by miR-31. *Gene*. 2013 Sep 15;527(1):321-31.
75. Baglio SR, Devescovi V, Granchi D, Baldini N. MicroRNA expression profiling of human bone marrow mesenchymal stem cells during osteogenic differentiation reveals Osterix regulation by miR-31. *Gene*. 2013 Sep 15;527(1):321-31.
76. Chaput N, Scharzt NE, André F, Taïeb J, Novault S, Bonnaventure P, Aubert N, Bernard J, Lemonnier F, Merad M, Adema G. Exosomes as potent cell-free peptide-based vaccine. II. Exosomes in CpG adjuvants efficiently prime naive Tc1 lymphocytes leading to tumor rejection. *The Journal of Immunology*. 2004 Feb 15;172(4):2137-46.
77. Morishita M, Takahashi Y, Matsumoto A, Nishikawa M, Takakura Y. Exosome-based tumor antigens–adjuvant co-delivery utilizing genetically engineered tumor cell-derived exosomes with immunostimulatory CpG DNA. *Biomaterials*. 2016 Dec 1;111:55-65.
78. Morishita M, Takahashi Y, Nishikawa M, Ariizumi R, Takakura Y. Enhanced class I tumor antigen presentation via cytosolic delivery of exosomal cargos by tumor-cell-derived exosomes displaying a pH-sensitive fusogenic peptide. *Molecular Pharmaceutics*. 2017 Nov 6;14(11):4079-86.
79. Doeppner TR, Herz J, Görgens A, Schlechter J, Ludwig AK, Radtke S, de Miroschedji K, Horn PA, Giebel B, Hermann DM. Extracellular vesicles improve post-stroke neuroregeneration and prevent postischemic immunosuppression. *Stem cells translational medicine*. 2015 Oct 1;4(10):1131-43.
80. Bruno S, Grange C, Deregibus MC, Calogero RA, Saviozzi S, Collino F, Morando L, Falda M, Bussolati B, Tetta C, Camussi G. Mesenchymal stem cell-derived microvesicles protect against acute tubular injury. *Journal of the American Society of Nephrology*. 2009 May 1;20(5):1053-67.
81. Liu T, Huang Y, Liu J, Zhao Y, Jiang L, Huang Q, Cheng W, Guo L. MicroRNA-122 influences the development of sperm abnormalities from human induced pluripotent stem cells by regulating TNP2 expression. *Stem cells and development*. 2013 Jun 15;22(12):1839-50.

82. Lamparski HG, Metha-Damani A, Yao JY, Patel S, Hsu DH, Ruegg C, Le Pecq JB. Production and characterization of clinical grade exosomes derived from dendritic cells. *Journal of immunological methods*. 2002 Dec 15;270(2):211-26.
83. Gutiérrez-Vázquez C, Villarroya-Beltri C, Mittelbrunn M, Sánchez-Madrid F. Transfer of extracellular vesicles during immune cell-cell interactions. *Immunological reviews*. 2013 Jan;251(1):125-42.
84. De Broe ME, Wieme RJ, Logghe GN, Roels F. Spontaneous shedding of plasma membrane fragments by human cells in vivo and in vitro. *Clinica Chimica Acta*. 1977 Dec 15;81(3):237-45.
85. Théry C, Zitvogel L, Amigorena S. Exosomes: composition, biogenesis and function. *Nature reviews immunology*. 2002 Aug;2(8):569-79.
86. Adams RH, Alitalo K. Molecular regulation of angiogenesis and lymphangiogenesis. *Nat Rev Mol Cell Biol*. 2007;8:464-78.
87. Bazigou E, Makinen T. Flow control in our vessels: vascular valves make sure there is no way back. *Cellular and Molecular Life Sciences*. 2013 Mar 1;70(6):1055-66.
88. Grange C, Tapparo M, Collino F, Vitillo L, Damasco C, Deregibus MC, Tetta C, Bussolati B, Camussi G. Microvesicles released from human renal cancer stem cells stimulate angiogenesis and formation of lung premetastatic niche. *Cancer research*. 2011 Aug 1;71(15):5346-56.
89. Ailawadi S, Wang X, Gu H, Fan GC. Pathologic function and therapeutic potential of exosomes in cardiovascular disease. *Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease*. 2015 Jan 1;1852(1):1-1.
90. Zhu W, Huang L, Li Y, Zhang X, Gu J, Yan Y, Xu X, Wang M, Qian H, Xu W. Exosomes derived from human bone marrow mesenchymal stem cells promote tumor growth in vivo. *Cancer letters*. 2012 Feb 1;315(1):28-37.
91. Cantaluppi V, Biancone L, Figliolini F, Beltramo S, Medica D, Deregibus MC, Galimi F, Romagnoli R, Salizzoni M, Tetta C, Segoloni GP. Microvesicles derived from endothelial progenitor cells enhance neoangiogenesis of human pancreatic islets. *Cell transplantation*. 2012 Jun;21(6):1305-20.
92. Chen TS, Lai RC, Lee MM, Choo AB, Lee CN, Lim SK. Mesenchymal stem cell secretes microparticles enriched in pre-microRNAs. *Nucleic acids research*. 2010 Jan 1;38(1):215-24.
93. Yoo JK, Kim J, Choi SJ, Noh HM, Kwon YD, Yoo H, Yi HS, Chung HM, Kim JK. Discovery and characterization of novel microRNAs during endothelial differentiation of human embryonic stem cells. *Stem cells and development*. 2012 Jul 20;21(11):2049-57.
94. Zhang B, Wang M, Gong A, Zhang X, Wu X, Zhu Y, Shi H, Wu L, Zhu W, Qian H, Xu W. HucMSC-exosome mediated-Wnt4 signaling is required for cutaneous wound healing. *Stem cells*. 2015 Jul 1;33(7):2158-68.
95. Nakamura Y, Miyaki S, Ishitobi H, Matsuyama S, Nakasa T, Kamei N, Akimoto T, Higashi Y, Ochi M. Mesenchymal-stem-cell-derived exosomes accelerate skeletal muscle regeneration. *FEBS letters*. 2015 May 8;589(11):1257-65.
96. Atienzar-Aroca S, Flores-Bellver M, Serrano-Heras G, Martinez-Gil N, Barcia JM, Aparicio S, Perez-Cremades D, Garcia-Verdugo JM, Diaz-Llopis M, Romero FJ, Sancho-Pelluz J. Oxidative stress in retinal pigment epithelium cells increases exosome secretion and promotes angiogenesis in endothelial cells. *Journal of cellular and molecular medicine*. 2016 Aug;20(8):1457-66.
97. Ribatti D. Cancer stem cells and tumor angiogenesis. *Cancer letters*. 2012 Aug 1;321(1):13-7.
98. Sugimori M, Hayakawa Y, Boman BM, Fields JZ, Awaji M, Kozano H, Tamura R, Yamamoto S, Ogata T, Yamada M, Endo S. Discovery of power-law growth in the self-renewal of heterogeneous glioma stem cell populations. *PloS one*. 2015 Aug 18;10(8):e0135760.

Comment [R10]: Cite it in text ?

99. Li C, Zhao Z, Zhou J, Liu Y, Wang H, Zhao X. Relationship between the TERT, TNIP1 and OBFC1 genetic polymorphisms and susceptibility to colorectal cancer in Chinese Han population. *Oncotarget*. 2017 Aug 22;8(34):56932.
100. Conigliaro A, Costa V, Dico AL, Saieva L, Buccheri S, Dieli F, Manno M, Raccosta S, Mancone C, Tripodi M, De Leo G. CD90+ liver cancer cells modulate endothelial cell phenotype through the release of exosomes containing H19 lncRNA. *Molecular cancer*. 2015 Dec;14(1):1-1.
101. Merino-González C, Zuñiga FA, Escudero C, Ormazabal V, Reyes C, Nova-Lamperti E, Salomón C, Aguayo C. Mesenchymal stem cell-derived extracellular vesicles promote angiogenesis: potencial clinical application. *Frontiers in physiology*. 2016 Feb 9;7:24.
102. ARENDS MJ, WYLLIE AH. Apoptosis: mechanisms and roles in pathology. *International review of experimental pathology* 1991 Jan 1 (Vol. 32, pp. 223-254). Academic Press.
103. Atkin-Smith GK, Tixeira R, Paone S, Mathivanan S, Collins C, Liem M, Goodall KJ, Ravichandran KS, Hulett MD, Poon IK. A novel mechanism of generating extracellular vesicles during apoptosis via a beads-on-a-string membrane structure. *Nature communications*. 2015 Jun 15;6(1):1-0.
104. Vallabhaneni KC, Hassler MY, Abraham A, Whitt J, Mo YY, Atfi A, Pochampally R. Mesenchymal stem/stromal cells under stress increase osteosarcoma migration and apoptosis resistance via extracellular vesicle mediated communication. *PloS one*. 2016 Nov 3;11(11):e0166027.
105. Zaharie F, Muresan MS, Petrushev B, Berce C, Gafencu GA, Selicean S, Jurj A, Cojocneanu-Petric R, Lisencu CI, Pop LA, Pileczki V. Exosome-carried microRNA-375 inhibits cell progression and dissemination via Bcl-2 blocking in colon cancer. *J Gastrointest Liver Dis*. 2015 Dec 1;24(4):435-43.
106. Bruno S, Collino F, Deregibus MC, Grange C, Tetta C, Camussi G. Microvesicles derived from human bone marrow mesenchymal stem cells inhibit tumor growth. *Stem cells and development*. 2013 Mar 1;22(5):758-71.
107. Shenoda BB, Ajit SK. Modulation of immune responses by exosomes derived from antigen-presenting cells. *Clinical Medicine Insights: Pathology*. 2016 Jan;9:CPATH-S39925.
108. Weaver LK, Pioli PA, Wardwell K, Vogel SN, Guyre PM. Up-regulation of human monocyte CD163 upon activation of cell-surface Toll-like receptors. *Journal of leukocyte biology*. 2007 Mar;81(3):663-71.
109. Mogensen TH. Pathogen recognition and inflammatory signaling in innate immune defenses. *Clinical microbiology reviews*. 2009 Apr 1;22(2):240-73.
110. McCall CE, El Gazzar M, Liu T, Vachharajani V, Yoza B. Epigenetics, bioenergetics, and microRNA coordinate gene-specific reprogramming during acute systemic inflammation. *Journal of leukocyte biology*. 2011 Sep;90(3):439-46.
111. McDonald, M.K.; Tian, Y.; Qureshi, R.A.; Gormley, M.; Ertel, A.; Gao, R.; Aradillas Lopez, E.; Alexander, G.M.; Sacan, A.; Fortina, P.; et al. Functional significance of macrophage-derived exosomes in inflammation and pain. *Pain* 2014, 155, 1527–1539, doi:10.1016/j.pain.2014.04.029.
112. Monleón I, Martínez-Lorenzo MJ, Monteagudo L, Lasierra P, Taulés M, Iturralde M, Piñeiro A, Larrad L, Alava MA, Naval J, Anel A. Differential secretion of Fas ligand or APO2 ligand/TNF-related apoptosis-inducing ligand-carrying microvesicles during activation-induced death of human T cells. *The Journal of Immunology*. 2001 Dec 15;167(12):6736-44.
113. Alonso R, Rodríguez MC, Pindado J, Merino E, Mérida I, Izquierdo M. Diacylglycerol kinase α regulates the secretion of lethal exosomes bearing Fas ligand during activation-induced cell death of T lymphocytes. *Journal of Biological Chemistry*. 2005 Aug 5;280(31):28439-50.
114. Busch A, Quast T, Keller S, Kolanus W, Knolle P, Altevogt P, Limmer A. Transfer of T cell surface molecules to dendritic cells upon CD4+ T cell priming

Comment [R11]: Cite it in text ?

involves two distinct mechanisms. *The Journal of Immunology*. 2008 Sep 15;181(6):3965-73.

115. Sugimoto MA, Sousa LP, Pinho V, Perretti M, Teixeira MM. Resolution of inflammation: what controls its onset?. *Frontiers in immunology*. 2016 Apr 26;7:160.
116. Scrivo R, Vasile M, Bartosiewicz I, Valesini G. Inflammation as "common soil" of the multifactorial diseases. *Autoimmunity reviews*. 2011 May 1;10(7):369-74.
117. Console L, Scalise M, Indiveri C. Exosomes in inflammation and role as biomarkers. *Clinica Chimica Acta*. 2019 Jan 1;488:165-71.
118. Colotta F, Allavena P, Sica A, Garlanda C, Mantovani A. Cancer-related inflammation, the seventh hallmark of cancer: links to genetic instability. *Carcinogenesis*. 2009 Jul 1;30(7):1073-81.
119. Kovesdy CP, Anderson JE, Kalantar-Zadeh K. Paradoxical association between body mass index and mortality in men with CKD not yet on dialysis. *American Journal of Kidney Diseases*. 2007 May 1;49(5):581-91.
120. Steinfeld B, Scott J, Vilander G, Marx L, Quirk M, Lindberg J, Koerner K. The role of lean process improvement in implementation of evidence-based practices in behavioral health care. *The Journal of Behavioral Health Services & Research*. 2015 Oct 1;42(4):504-18.

UNDR PEER REVIEW