



*In vitro gut barrier models for food  
absorption*

Linda Giblin  
Teagasc, Ireland



Teagasc – the Agriculture and Food Development Authority

Supports Agriculture & Food Industry in Ireland  
via research, advisory and training



**An Roinn Talmhaíochta,  
Bia agus Mara**  
Department of Agriculture,  
Food and the Marine



ORCID: [0000-0002-9354-3121](https://orcid.org/0000-0002-9354-3121)  
[Linda.giblin@teagasc.ie](mailto:Linda.giblin@teagasc.ie)



01

**Gut barrier**

02

**In vitro models**

03

**Food Absorption**

04

**Ex vivo models**

05



## Upper GUT:

**Mouth** (mastication, mixing)

**Stomach** (enzymes, acid, peristaltic waves)

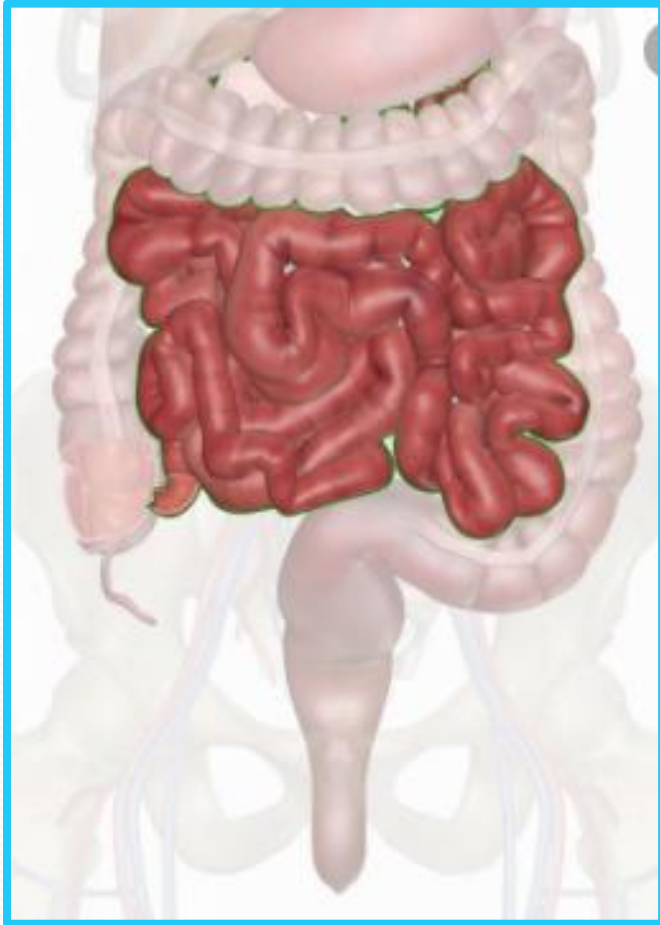
**Small intestine** (bile acids, pancreatic enzymes, neutral pH, brush border enzymes) main site for food absorption

## Lower GUT:

**Caecum**

**Colon**

(gut microbiota, uptake of bacterial metabolites, SCFA, vitamins, water retention)



## Small Intestine

3 sections:  
Duodenum  
Jejunum  
Ileum

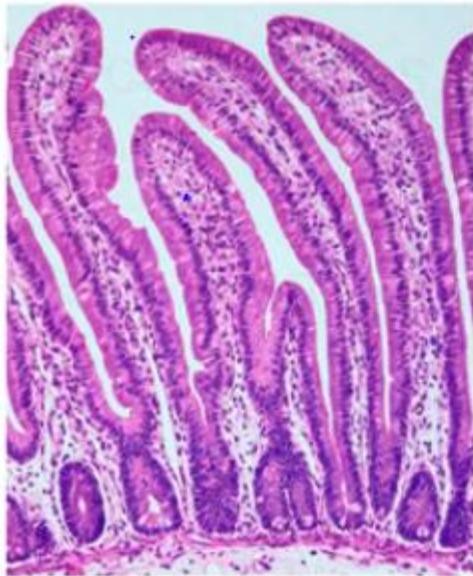
6m length  
Surface area upto 250m<sup>2</sup> Villi



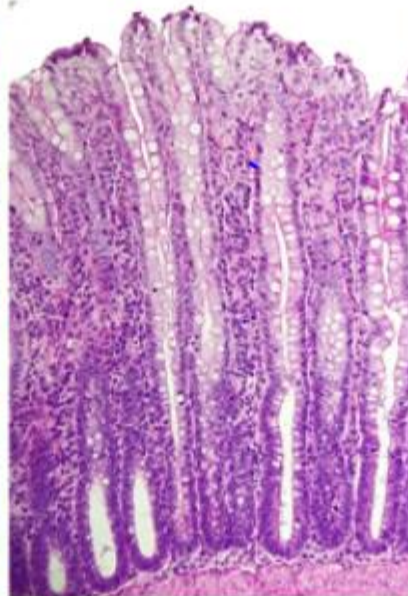


Villi differ length & width from duodenum to ileum (shorter in ileum)  
Villi: have hairlike projections (microvilli, brush border membrane)

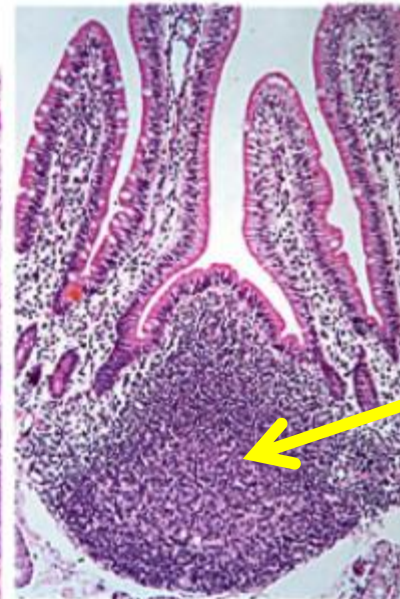
**Duodenum**



**Jejunum**



**Ileum**



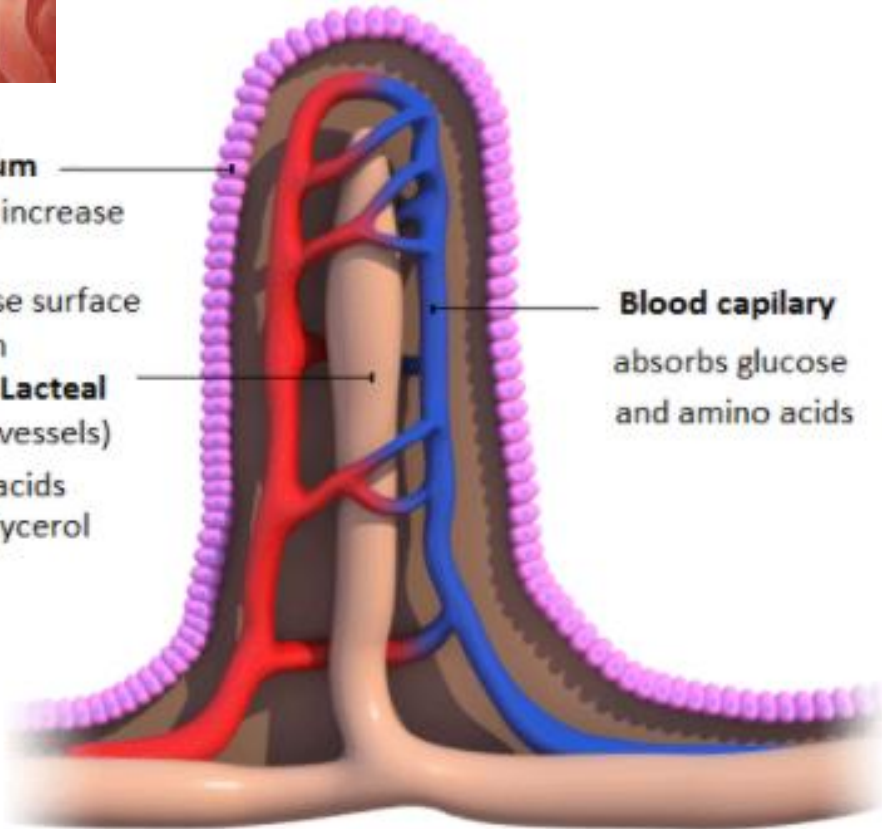
Peyers patches  
ileum  
Immune function



**Thin epithelium**  
- one cell thick to increase diffusion rate  
- microvilli increase surface area for absorption

**Lacteal**  
(tiny lymphatic vessels)  
Absorbs fatty acids and glycerol

**Blood capillary**  
absorbs glucose and amino acids



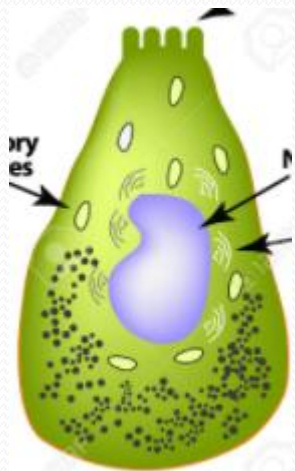
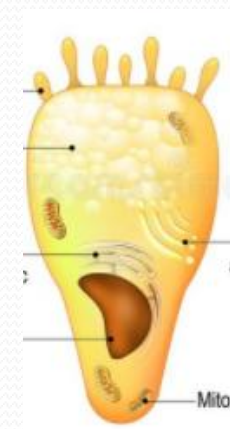
Gut barrier  
Single layer of cells  
tight junctions  
with each other  
(diameter between  
cells 1-1.3nm)

# 4 main cell types in barrier

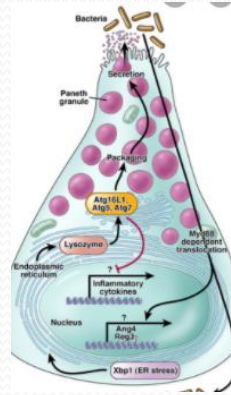
Enterocyte :  
absorptive most  
abundant, microvilli



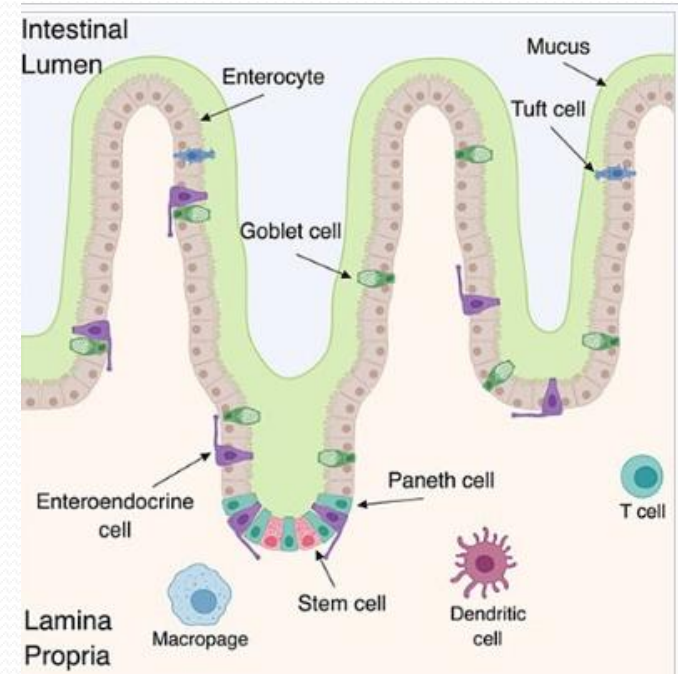
Goblet (4-12%):  
mucus



Enteroendocrine 2%:  
hormones satiety

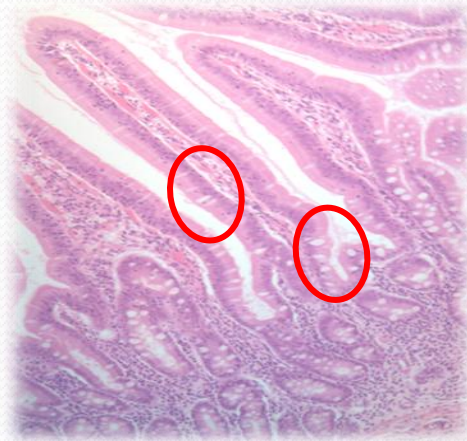
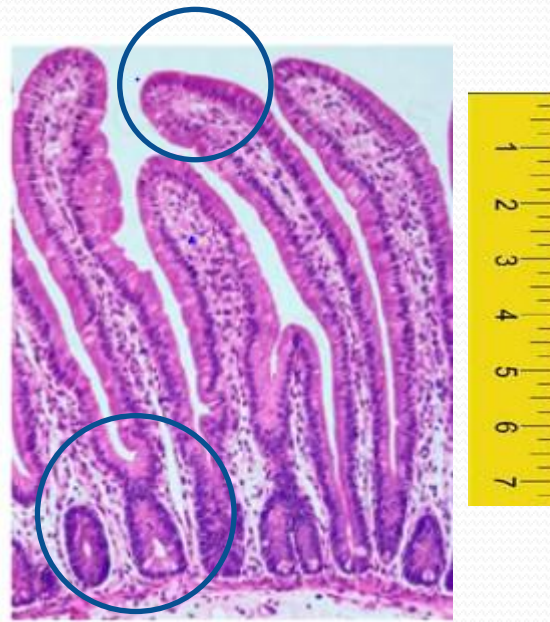


Paneth cells 2%:  
digestive enzymes,  
antimicrobial peptides  
cytokines



Microfold (M) cells, Tuft cells

- Barrier Renewed every 5-7 days
- Enterocyte, goblet, endocrine cells migrate up tip as age: 'exfoliate' from tip
- Paneth cells in crypt 'control centre'



Crypt depth  
villus height  
Goblets cells

} Gut  
barrier  
health

# Nutrient Transport across gut barrier



Gut barrier

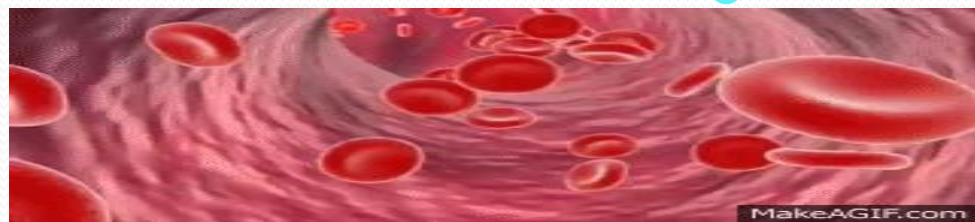
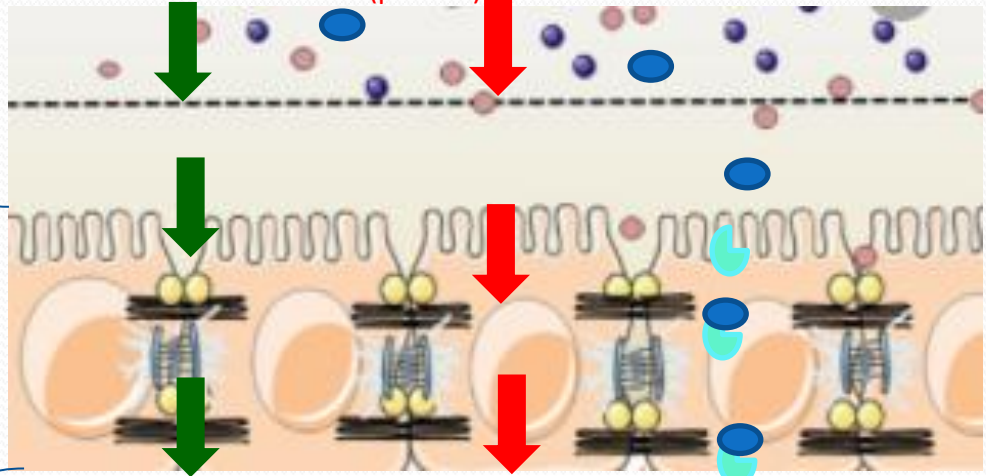
Gut lumen

blood

## Digestion

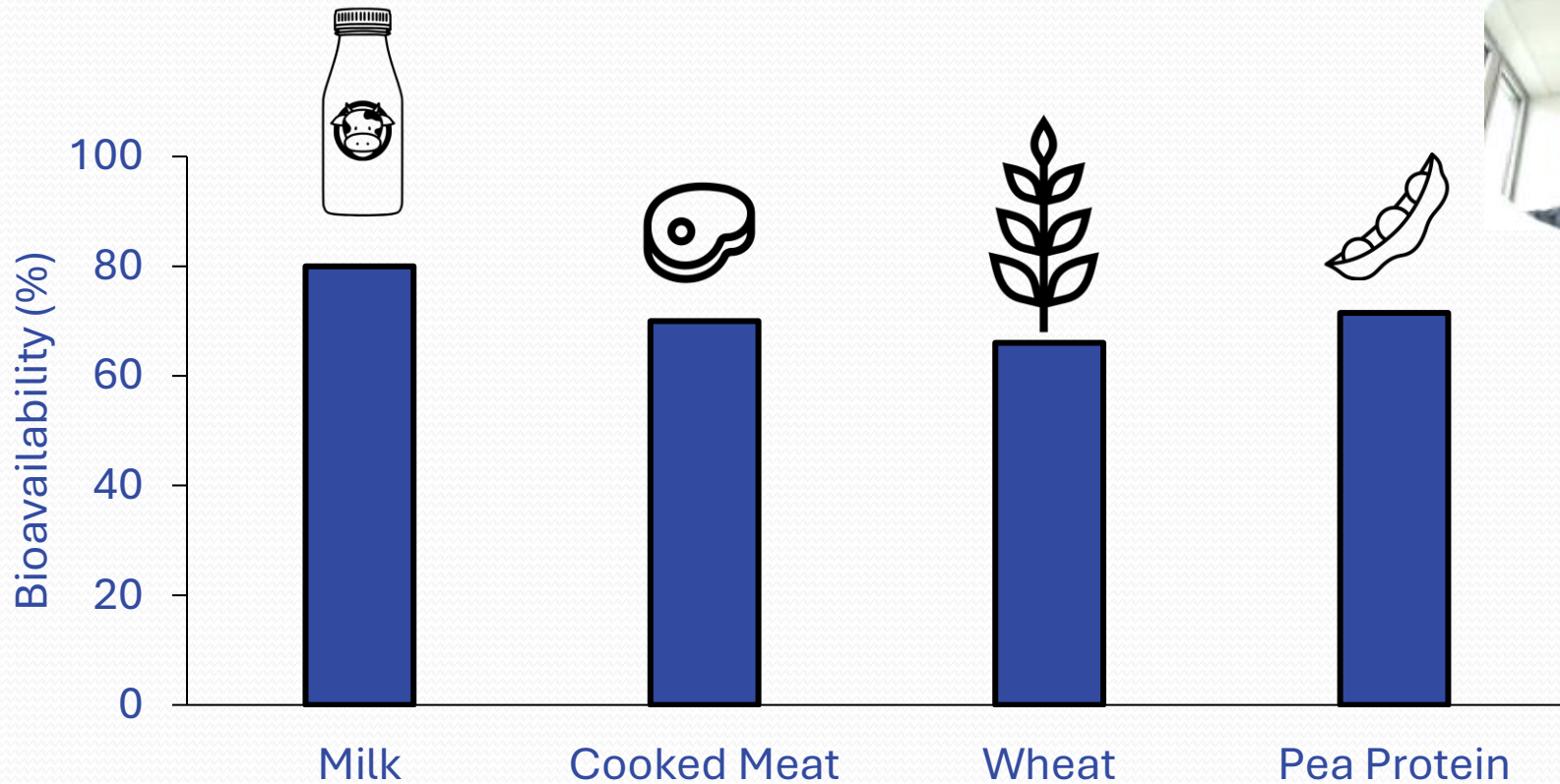
- Proteins-amino acids, small (di/tri) peptides
- Fats-fatty acids
- Carbohydrates- mono/disaccharides

paracellular      transcellular (passive)      mediated (vesicle, carrier)



# Why study protein absorption?

Fact: Not all proteins are digested equally, not all proteins are equal in bioavailability



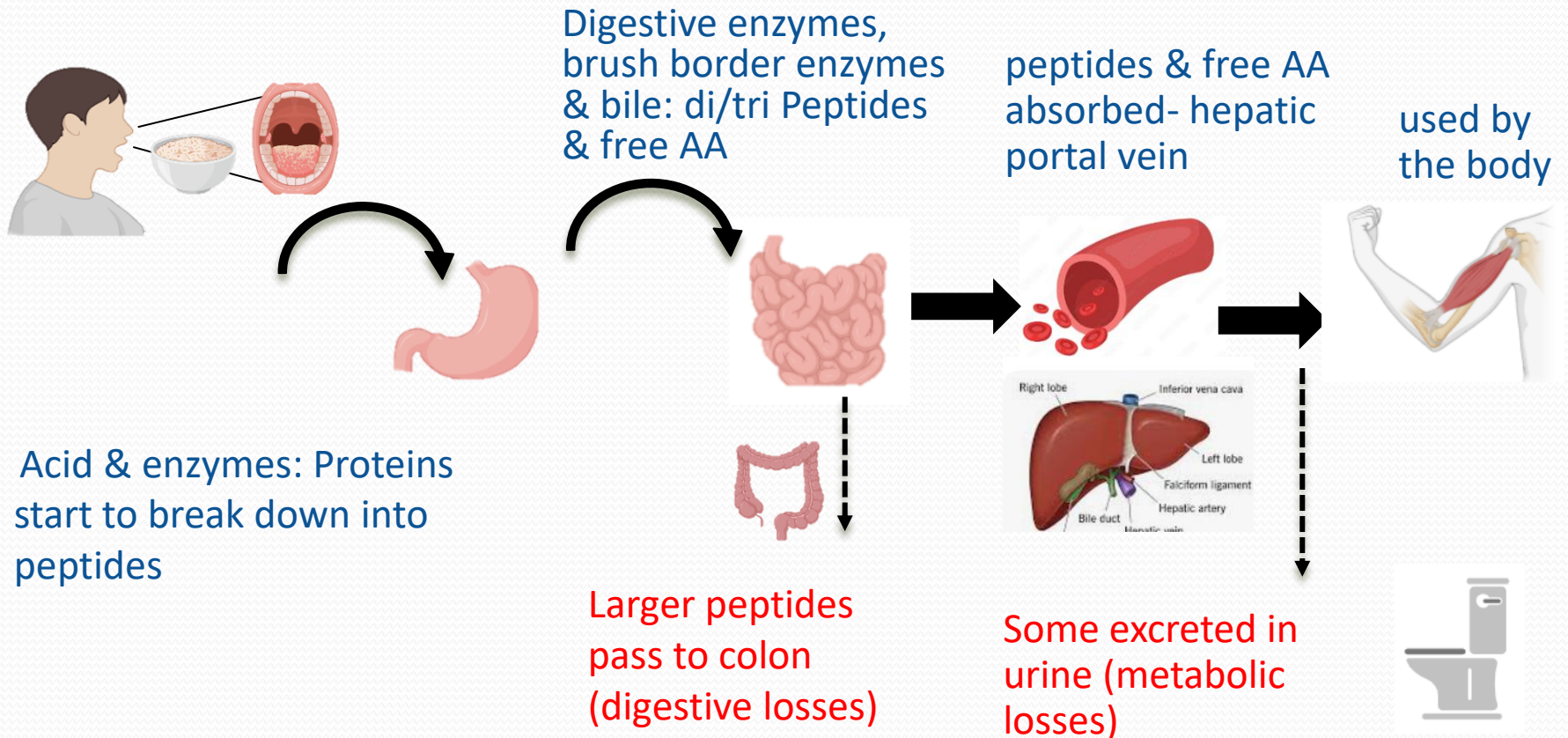
Milk: <https://doi.org/10.1093/jn/129.4.890>

Cooked meat: <https://doi.org/10.3945/jn.115.216838>

Pea protein: <https://doi.org/10.1093/jn/131.6.1706>

Wheat: <https://doi.org/10.1093/ajcn/81.1.87>

# Absorption of proteins





01

Gut barrier

02

**In vitro models**

03

Food Absorption

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Ex vivo models

05

# *In vitro* gut barriers: Caco-2 monolayers

## Caco-2 cell line

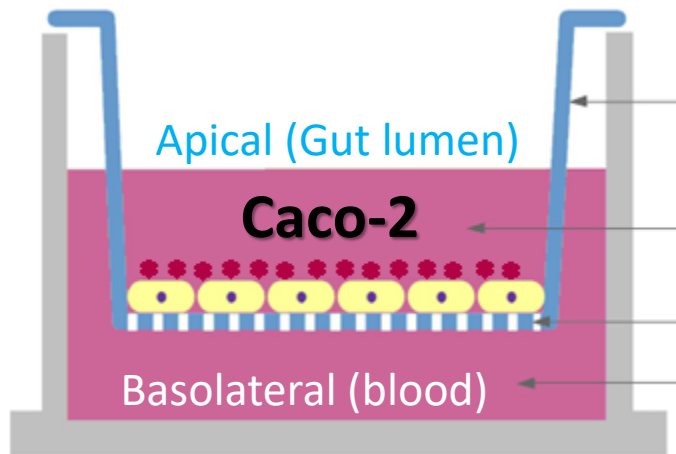
Originated from Human  
**colorectal** carcinoma

72 yr caucasian male 1977



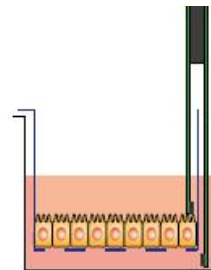
21 days culturing in transwell plates:

- Polarised enterocyte monolayers
- Tight junctions
- Secretory vesicles on apical
- microvilli
- Apical brush border
- 84 known transporters



measure Caco-2 tight junction integrity

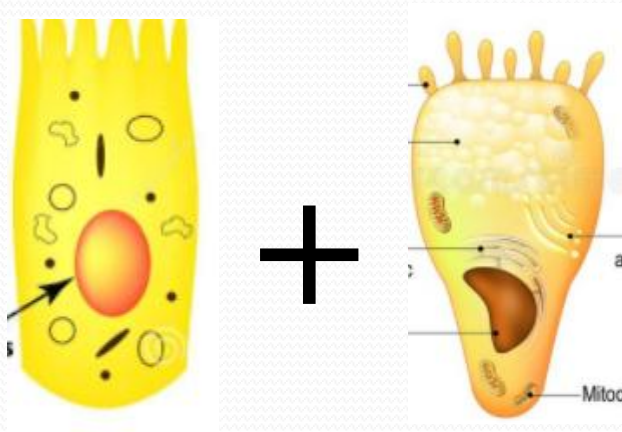
a Transepithelial electrical resistance (TEER)



$>500 \Omega \times \text{cm}^2$

# Addition of Goblet cells

Add goblets cells w/o disturbing monolayers



**HT29** Human colon adenocarcinoma  
Female 44 isolated 1964

- Treat Methotrexate MTX
- subclones mature goblet cells producing mucus
- Polarised monolayers with tight junctions

Caco2:HT29MTX Ratios: 90:10 - 70:30

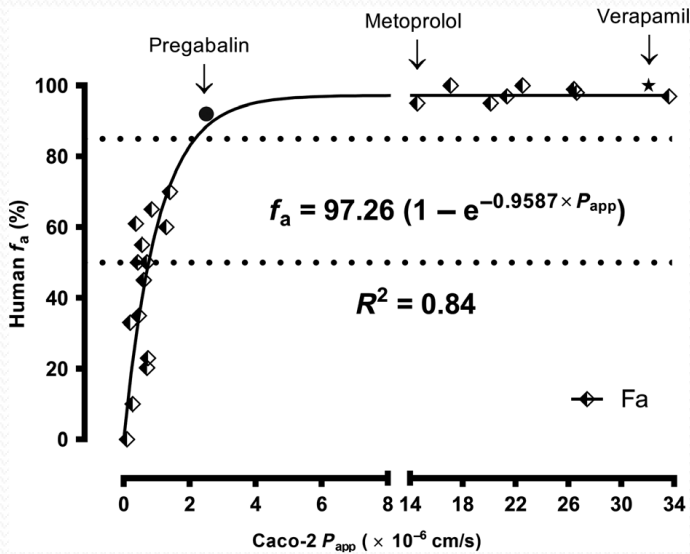
# Compounds to measure transport

Compound	Caco-2 Permeability	Determination	Type of transport	Human permeability
Propranolol	$17 \times 10^{-6}$ cm/s	Absorbance. Flourescence	Transcellular passive	100% fraction absorbed
Ketoprofen	$20 \times 10^{-6}$ cm/s	Absorbance	Transcellular passive	95%
Lucifer yellow	$0.2 \times 10^{-6}$ cm/s	Fluorescence	Paracellular passive	
Phenol Red	$0.42 \times 10^{-6}$ cm/s	Colorimetric	Paracellular passive	
Fluorescein isothiocyanate dextran 4,400	$0.02 \times 10^{-6}$ cm/s	Fluorescence	Paracellular passive	
Alfatoxin B1	$94 \times 10^{-6}$ cm/s	HPLC/FLD	Transcellular passive	
Riboflavin (vitamin B2)	$1.52 \times 10^{-5}$ cm/s	HPLC	Transcellular Active	

*in vivo* comparisons & Inter-lab

# Limitations: *In vitro* barriers based on Caco-2

Permeability Correlation with human gut  
 $R^2 = 0.84$  (21 drug compounds different solubilities)



➤ Narrow tight junction 0.4nM (1-1.3nm)  
TEER  $>500 \Omega\text{cm}^2$  human TEER = 50-100  $\Omega\text{cm}^2$ )

➤ Solubility, lipophilicity, polar surface will alter permeability

➤ Substantial inter-lab variability (different Caco2 clones, different culturing protocols)



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# Caco-2/HT29MTX monolayers for food absorption studies

Step 1



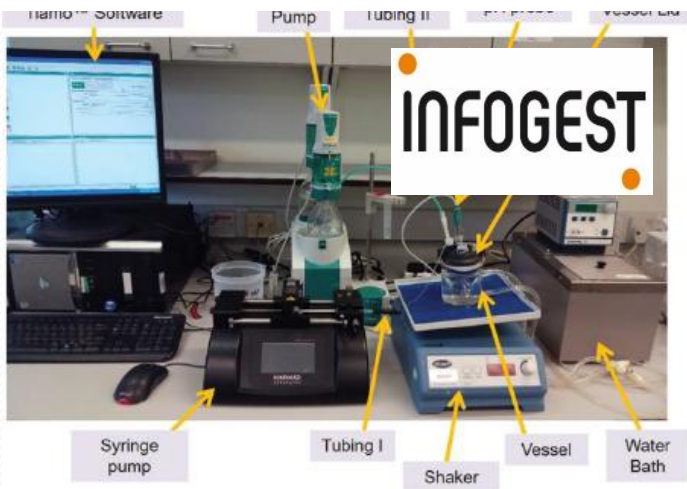
Step 2



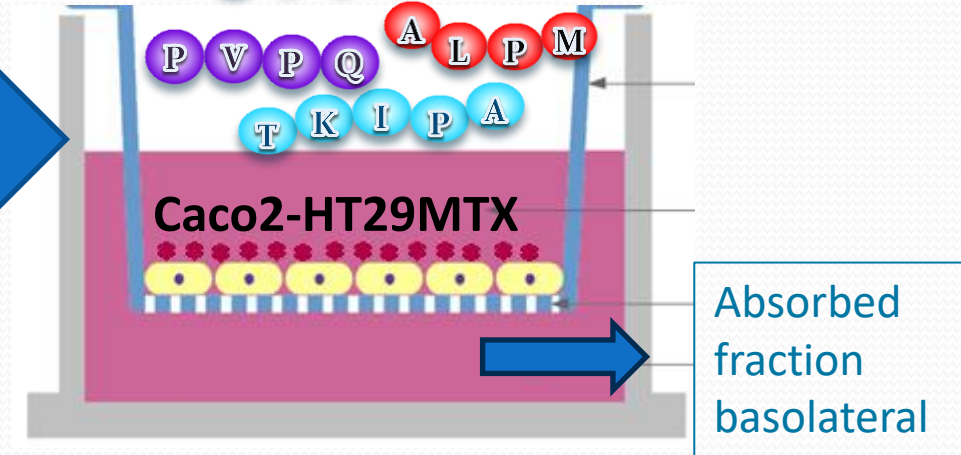
digestion

Jejunal aspirates

In vitro (static, semi dynamic, dynamic)



Step 3



## A standardised static *in vitro* digestion method suitable for food – an international consensus†

Cite this: *Food Funct.* 2014, 5, 1113

M. Minekus,<sup>1,2</sup> M. Alminger,<sup>1,2</sup> P. Alvito,<sup>3</sup> S. Ballance,<sup>4</sup> T. Bohn,<sup>5</sup> C. Bourlieu,<sup>6</sup> F. Carrière,<sup>8</sup> R. Boutrou,<sup>10</sup> M. Corredig,<sup>11</sup> D. Dupont,<sup>8</sup> C. Dufour,<sup>12</sup> L. Egger,<sup>13</sup> M. Golding,<sup>14</sup> S. Karakaya,<sup>15</sup> B. Kirkhus,<sup>5</sup> S. Le Feunteun,<sup>8</sup> U. Lesmes,<sup>16</sup> A. Macierzanka,<sup>17</sup> A. Mackie,<sup>18</sup> S. Marze,<sup>4</sup> D. J. McClements,<sup>11</sup> O. Ménard,<sup>19</sup> I. Recio,<sup>20</sup> C. N. Santos,<sup>21</sup> R. P. Singh,<sup>11</sup> G. E. Vegarud,<sup>22</sup> M. S. J. Wickham,<sup>23</sup> W. Weitschies,<sup>24</sup> and A. Brodtkorb<sup>25</sup>

nature protocols

PROTOCOL

<https://doi.org/10.1038/s41596-018-0119-1>

## INFOGEST static *in vitro* simulation of gastrointestinal food digestion

André Brodtkorb<sup>1\*</sup>, Lotti Egger<sup>2</sup>, Marie Alminger<sup>3</sup>, Paula Alvito<sup>4</sup>, Ricardo Assunção<sup>4</sup>, Simon Ballance<sup>5</sup>, Torsten Bohn<sup>6</sup>, Claire Bourlieu-Lacanal<sup>7</sup>, Rachel Boutrou<sup>8</sup>, Frédéric Carrière<sup>9</sup>, Alfonso Clemente<sup>10</sup>, Milena Corredig<sup>11</sup>, Didier Dupont<sup>8</sup>, Claire Dufour<sup>12</sup>, Cathrina Edwards<sup>13</sup>, Matt Golding<sup>14</sup>, Sibel Karakaya<sup>15</sup>, Bente Kirkhus<sup>5</sup>, Steven Le Feunteun<sup>8</sup>, Uri Lesmes<sup>16</sup>, Adam Macierzanka<sup>17</sup>, Alan R. Mackie<sup>18</sup>, Carla Martins<sup>4</sup>, Sébastien Marze<sup>19</sup>, David Julian McClements<sup>20</sup>, Olivia Ménard<sup>8</sup>, Mans Minekus<sup>21</sup>, Reto Portmann<sup>2</sup>, Cláudia N. Santos<sup>22,23</sup>, Isabelle Souchon<sup>24</sup>, R. Paul Singh<sup>25</sup>, Gerd E. Vegarud<sup>26</sup>, Martin S. J. Wickham<sup>27</sup>, Werner Weitschies<sup>28</sup> and Isidra Recio<sup>29</sup>



“one pot model”

Oral

Gastric

Intestinal

→ Widely accepted by academia and industry

→ High impact >10,000 citation

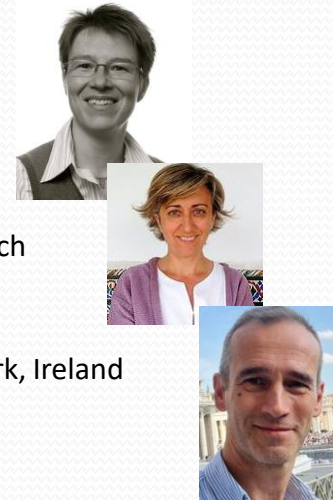
# INFOGEST Protocol

## Standardized In vitro Gastrointestinal Digestion protocol - Cost Action 2011-2015

	Step
<b>5 d</b> 	<b>Preparation</b> <ul style="list-style-type: none"> <li>• Perform enzyme activity and bile assays</li> <li>• Prepare SSF, SGF and SIF stock solutions</li> <li>• Perform pH-test adjustment experiment</li> </ul>
<b>1 d</b> 	<b>Oral phase</b> <ul style="list-style-type: none"> <li>• Mix Food with SSF (1:1, (wt/wt))</li> <li>• Include CaCl<sub>2</sub> (1.5 mM in SSF)</li> <li>• Add salivary amylase, if necessary (75 U/mL)</li> <li>• Incubate while mixing (2 min, 37 °C, pH 7)</li> </ul>
	<b>Gastric phase</b> <ul style="list-style-type: none"> <li>• Mix oral bolus with SGF (1:1 (vol/vol))</li> <li>• Include CaCl<sub>2</sub> (0.15 mM in SGF)</li> <li>• Add pepsin, gastric lipase (2,000, 60 U/mL)</li> <li>• Incubate while mixing (2 h, 37 °C, pH 3.0)</li> </ul>
	<b>Intestinal phase</b> <ul style="list-style-type: none"> <li>• Mix gastric chyme with SIF (1:1 (vol/vol))</li> <li>• Include bile (10 mM bile salts)</li> <li>• Include CaCl<sub>2</sub> (0.6 mM in SIF)</li> <li>• Add pancreatin (trypsin activity 100 U/mL)</li> <li>• Incubate while mixing (2 h, 37 °C, pH 7.0)</li> </ul>
	<b>Sampling</b> <ul style="list-style-type: none"> <li>• Sampling procedure and sample treatment (Table 1)</li> </ul>

- Based on available physiological data
- Complete step by step protocol
- All materials listed; *Critical Steps*

# In vitro DIAAS method for the assessment of protein quality



**Lotti Egger**, Agroscope, Switzerland  
charlotte.egger@agroscope.admin.ch  
**Isidra Recio**, CSIC, Spain  
i.recio@csic.es

**André Brodkorb**, Teagasc Moorepark, Ireland  
andre.brodkorb@teagasc.ie



ISO/TC 34/SC 5 N 1840

ISO/TC 34/SC 5 "Milk and milk products"  
Secretariat: NEN  
Committee manager: de Vreeze Marcel Mr



**Form 6 - Result of voting on ISO/NP 24167|IDF 261 (In vitro digestion protocol for the analysis of protein digestibility and in vitro DIAAS)**

Document type	Related content	Document date	Expected action
Project / Form	Project: <a href="#">ISO/NP 24167</a> Ballot: <a href="#">ISO/NP 24167</a> (restricted)	2023-12-15	INFO



**Draft: ISO/WD 24167:2024(E)**  
**IDF 261:2024(E)**

*In vitro* DIAAS protein  
digestibility method

nature  
protocols

PROTOCOL

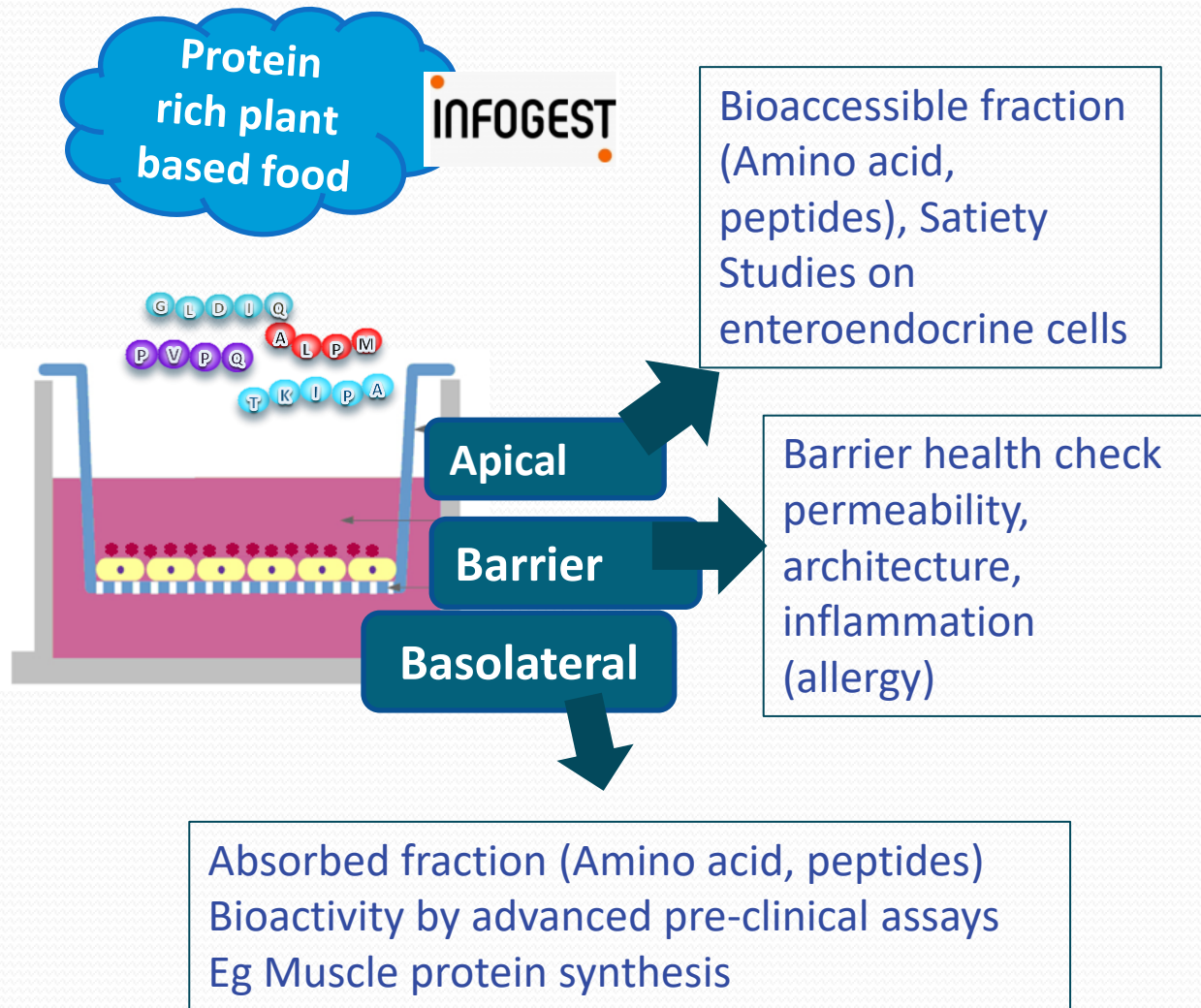
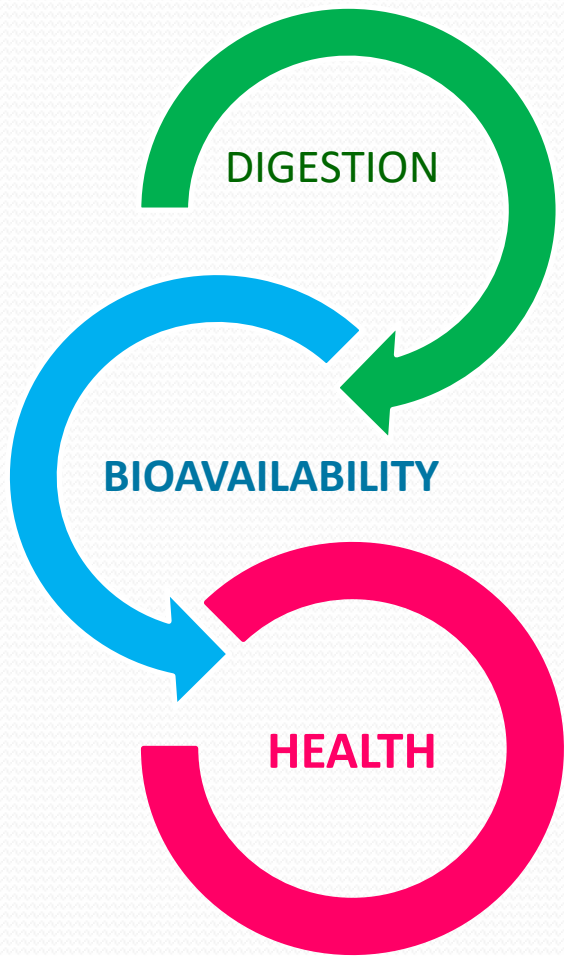
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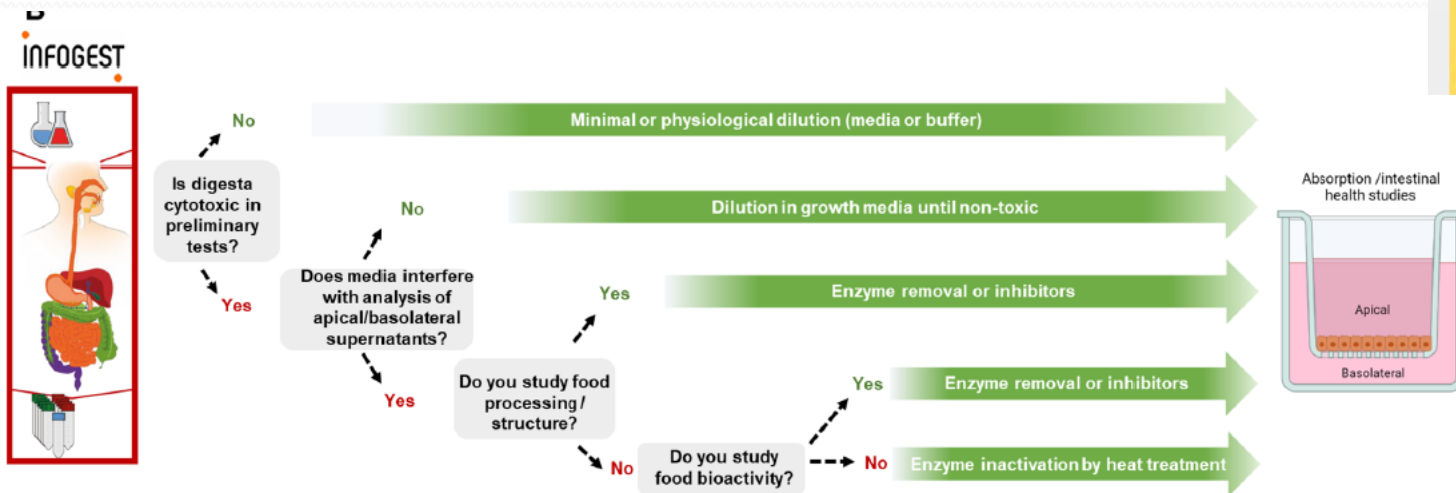
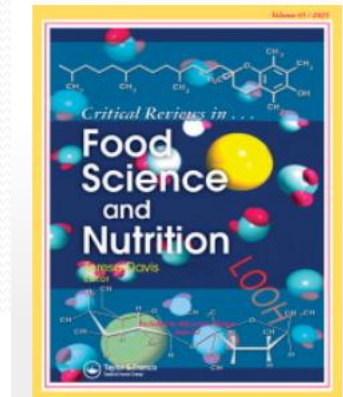


# WORK FLOW



# Are digested samples biocompatible with Caco-2-HT29MTX monolayers?

- Challenge: Digestive enzymes (trypsin), Bile salts are toxic
- Solutions: Remove or inactivate enzymes, dilute salts
- Warning: eg Enzyme inhibitors can inhibit Caco-2 brush border enzymes, remove enzymes can also remove food components, dilution= below limit of detection




# Use of Caco-2/HT29MTX monolayers for Food allergy?

epithelial activation requires addition M cells to barrier model

**NEED-TO-HAVE**

**Cell types**




Goblet cells    M cells    Enterocyte

**Physiological features**

- Microvilli and villi
- Mucus layer (Muc2 expression)
- Tight junctions
- Protein transport
- Brush-border enzyme activity
- Release of IL33, IL25, TSLP and/or other alarmins


**NICE-TO-HAVE**

**Cell types**



Fibroblast     $\gamma\delta$ IEL    ILC    CX3CR1<sup>+/-</sup> intraepithelial DC    Tuft cells    Paneth cells

**Physiological features**

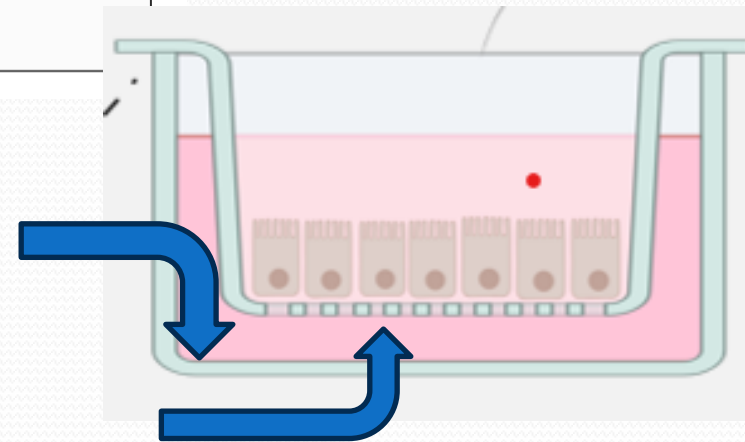


Microbiota



Dijk et al., DOI: 10.1111/1541-4337.13097

- Raji-B lymphoma cells (M cells) will disturb Caco2/HT29MTX monolayer
- Options: cultured in basolateral chamber, underside transwell membrane



# Caco-2 based monolayers

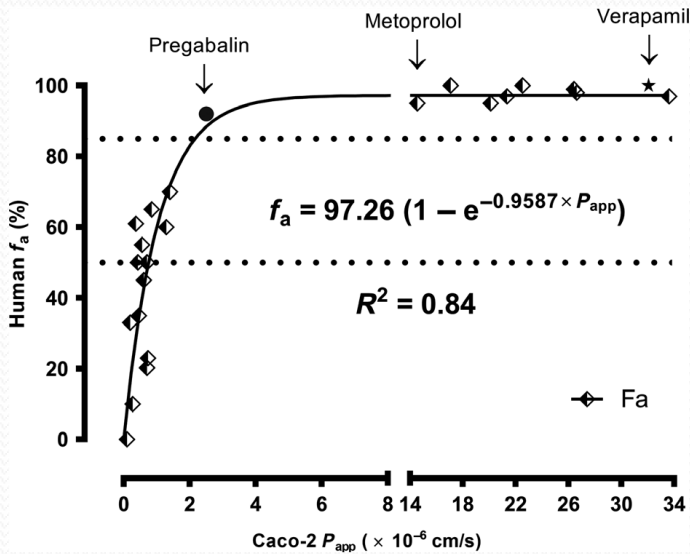
- Tried & tested (lots of data in the literature)
- Workhorse of oral drug industry
- Relatively easy to culture
- Commercially available
- Suitable for Food digesta (clean-up required)
- Suitable for food allergy (M cell addition)



# Limitations for food absorption studies

Permeability Correlation with human gut

$$R^2 = 0.84$$



Jarc et al., *J. Pharm. Pharmacol.* 2019

➤ Narrow tight junction 0.4nM (1-1.3nm)  
TEER >500  $\Omega\text{cm}^2$  human TEER = 50-100  $\Omega\text{cm}^2$ )

- Caco-2 may underpredict neutral amino acid transport
- Food matrix, food processing will alter nutrient bioaccessibility in turn will alter bioavailability
- Interlab variation: different clones, different protocols, different monolayer thresholds

# International Ring Trial to reduce inter-lab variation

- Consensus protocols for Caco-2/HT29MTX culturing, monolayers differentiation, permeability studies

8 European countries, 17 laboratories, 15 Institutes, 1 private technology centre, 1 company



# Alternative cell lines which will form barrier

name	animal	location	Derived cancer
IPEC-J2			
IPEC-1			
IP1-21			
T84, SW620			
HUTU-80			
IEC-6, IEC-18			

➤ All cell line barriers have limitations V real life  
➤ Consider primary research question  
Compare & contrast within labs: Caco2  
Immune response: IPEC-J2





01

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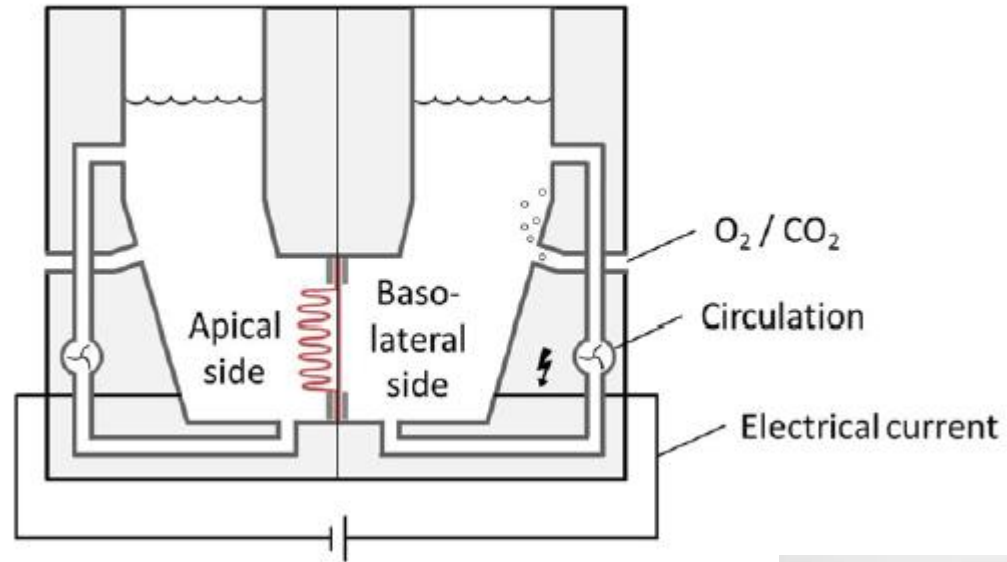
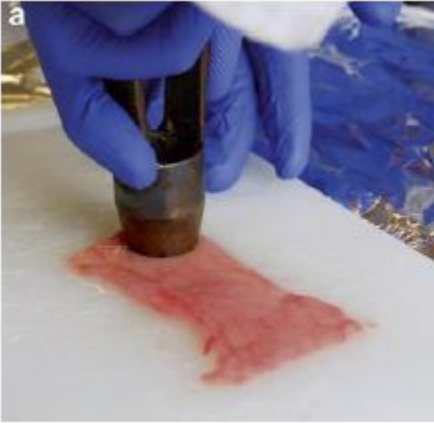
**Food Absorption**

04

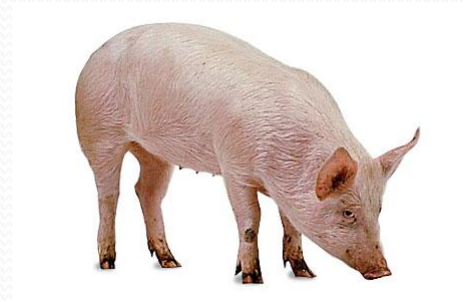
**Ex vivo models**

05

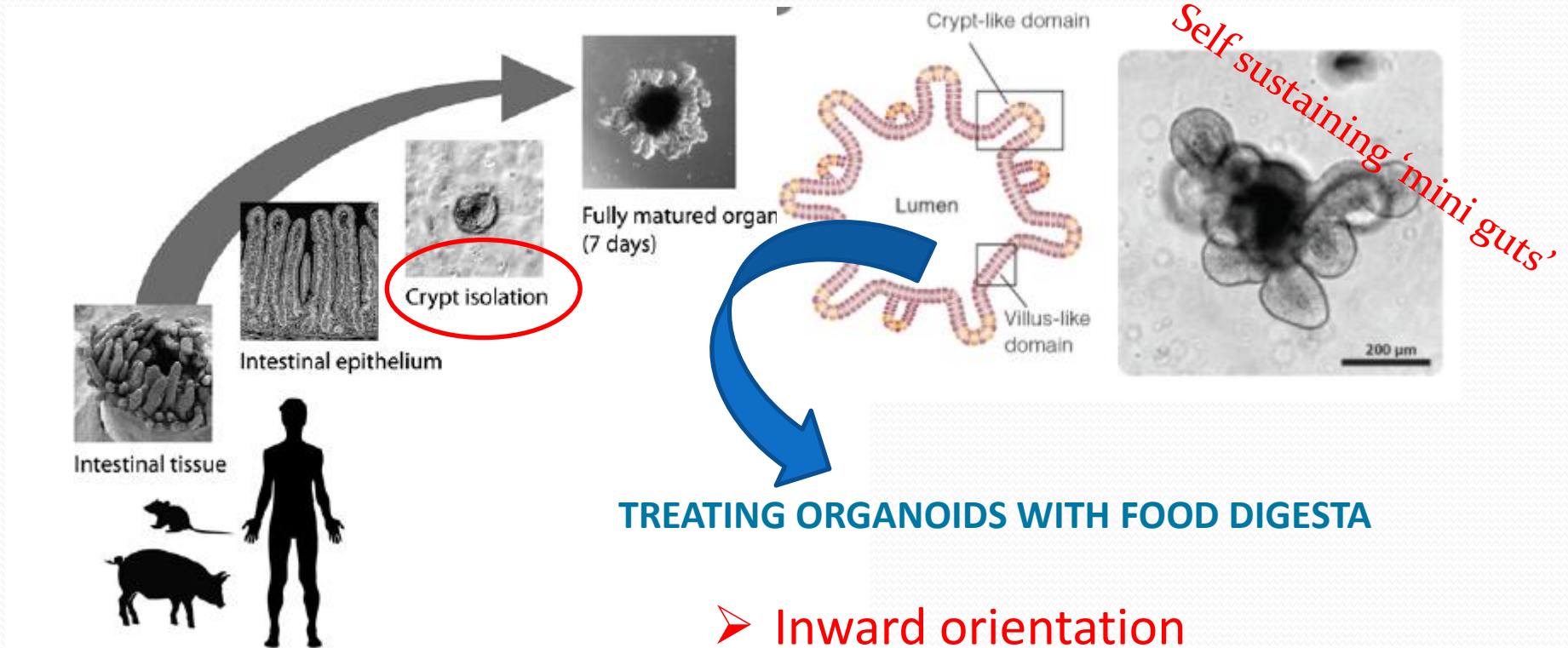
# Ex-vivo models Ussing chambers



**Limitation:**  
**Low throughput**  
**Availability/ethical**  
**Human, Pigs, rats**



# Intestinal ORGANOIDS



## TREATING ORGANOIDS WITH FOOD DIGESTA

- Inward orientation
- Apical side inaccessible
- 2D organoids apical exposed
- Biocompatibility with INFOGEST?



# Upcoming Conferences

## INFOGEST

9<sup>th</sup> International  
INFOGEST  
Gdansk, Poland  
19-21 May 2026



WG3 leader:  
Absorption Models



Limerick, Ireland  
14-16 June 2027



Co-host

