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Long-term, hormone-responsive organoid cultures of human endometrium in a chemically-defined medium

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40 Author Contributions

M.Y.T. and L.G. designed, carried out all experiments and data analyses; J.H. and T.C-D. assisted
with experiments and data analyses; M.J.G. performed microarray analysis; M.H. performed EM
analysis and assisted with confocal analysis; J.J.B. and H.C. provided endometrial specimens and
input for the manuscript; L.F. and S.G.E.M. assisted with experiments; A.M and B.K.K. assisted with
experimental design, analyses of results and preparation of manuscript; B.J.S and M.H. assisted with

46 analyses of results and preparation of manuscript; M.Y.T., A.M. and G.J.B. wrote the manuscript.

In humans, the endometrium, the uterine mucosal lining, undergoes dynamic 1 changes throughout the menstrual cycle and pregnancy. Despite the 2 importance of the endometrium as the site of implantation and nutritional 3 support for the conceptus, there are no long-term culture systems that 4 recapitulate endometrial function in vitro. We adapted conditions used to 5 establish human adult stem cell-derived organoid cultures to generate 3D 6 cultures of normal and decidualised human endometrium. These organoids 7 expand long-term, are genetically stable and differentiate following treatment 8 with reproductive hormones. Single cells from both endometrium and decidua 9 can generate a fully functional organoid. Transcript analysis confirmed great 10 similarity between organoids and the primary tissue of origin. On exposure to 11 pregnancy signals, endometrial organoids develop characteristics of early 12 pregnancy. We also derived organoids from malignant endometrium, and so 13 provide a foundation to study common diseases, such as endometriosis and 14 endometrial cancer, as well as the physiology of early gestation. 15

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Throughout adult reproductive life, the functional layer of the human endometrium 17 undergoes a monthly cycle of regeneration, differentiation and shedding under the 18 control of the hypothalamic-pituitary-ovarian (HPO) axis. The mucosa contains 19 simple glands lined by secretory columnar epithelium, separated by intervening 20 stroma. During the estrogen-dominated proliferative phase that follows 21 menstruation, the mucosa regrows and then differentiates during the progesterone-22 23 dominated secretory phase. Implantation occurs ~7 days post-ovulation onto the ciliated luminal epithelium and stimulates transformation into the gestational 24 endometrium, the true decidua of pregnancy, that provides a microenvironment 25 essential for placentation. Up to ~10 weeks gestation, uterine glands provide 26 histotrophic nutrition for the conceptus before the definitive hemochorial placenta is 27 established^{1, 2}. Animal models in mice and ruminants where glandular function is 28 suppressed are unable to support implantation and pregnancy^{3, 4}. Such models 29 have revealed the molecular interactions involved between the trophectoderm and 30 31 the uterine surface and the key cytokines secreted by the glands, such as leukemia inhibitory factor⁵. However, the composition of the secretions, and the 32 gland/conceptus signalling dialogue during human placentation are unknown due to 33 their inaccessibility in vivo and the absence of in vitro models. Suboptimal glandular 34 development and/or functions may result in human pregnancy failure or predispose 35 to complications of later pregnancy, such as growth restriction⁶. Thus, model 36 systems to study these essential processes of human early pregnancy would have 37 many biological and clinical applications. 38

Although stem/progenitor cells within the stromal compartment of the endometrium have been identified, suitable markers for glandular progenitors are unknown⁷. In mice, stem cells are probably present at the base of the glands⁸; similarly in primates, cells in the basal layer, that is not shed during menstruation, can generate both glandular and luminal epithelia^{9, 10}. In humans, putative endometrial stem cells are the rare SSEA-1+, SOX9+ population with clonogenic ability^{11, 12} but these are not fully characterised and it is unknown how they maintain

uterine glands. Previous culture systems of human endometrial glandular cells,
 including 3D cultures, do not fully recapitulate glandular features *in vivo*, and are not
 long-term or chemically defined^{13, 14}. Establishing defined endometrial organoid
 cultures will offer possibilities for studying events during implantation and early
 pregnancy *in vitro* as human blastocysts can be cultured past the implantation phase
 of development^{15, 16}.

Organoids are self-organising, genetically stable, 3D culture systems 7 containing both progenitor/stem and differentiated cells that resemble the tissue of 8 origin. Human organoids have been derived from tissue-resident adult epithelial stem 9 cells from gut, liver, pancreas, prostate and fallopian tube¹⁷⁻²¹. We have now 10 generated long-term, chemically-defined 3D glandular organoid cultures from non-11 pregnant endometrium and decidua. The organoids recapitulate features of uterine 12 glands in vivo; the ability to respond to hormonal signals, secrete components of 13 uterine 'milk' and differentiate into ciliated luminal epithelial cells. 14 Human endometrial organoids can be used to answer questions about uterine/placental 15 cross-talk during placentation, and will provide a system for studying the 16 pathogenesis and treatment of common conditions affecting women, such as 17 endometriosis and endometrial cancer. 18

20 **RESULTS**

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Long-term genetically-stable 3D organoid cultures can be established from human non-pregnant endometrium and decidua.

To generate endometrial organoids, we used tissue isolates enriched for epithelial 24 cells, and allowed these to self-organise within Matrigel droplets with the basal 25 medium that supports development of other human tissue organoids, containing 26 EGF, Noggin and R-spondin-1 (ENR) (Fig. 1a). Because the signalling pathways 27 maintaining endometrial gland stem/progenitor cells are unknown, we tested factors 28 secreted by surrounding stromal cells, FGF10 and HGF²²⁻²⁵. Nicotinamide and the 29 Alk3/4/5 inhibitor, A83-01, that blocks the TGFB pathway were added as they are 30 crucial in the establishment and/or long-term culture of other human organoid 31 systems^{18, 20, 26}. Decidual samples were initially used to optimise the culture 32 conditions as they yield high cell numbers. Glandular cells were cultured for 7 days 33 and passaged at 1:3. Organoid numbers were counted after another 7 days (Fig. 34 1b,c). A83-01, FGF10 and HGF with EGF, Noggin, R-spondin-1 and nicotinamide, 35 expansion medium (ExM), gave the highest yield of cells (Fig. 1c, C8). 36

Organoid cultures were established in ExM within 1-2 passages (Fig. 1d). To 37 assess the requirement for each culture component, 5000 cells were plated from 38 established cultures (grown for >4 passages) in the absence of each factor, and the 39 40 number of spheroids present after one week counted. Withdrawal of nicotinamide had the strongest effect, whilst the lack of Noggin, Rspondin-1, A83-01, EGF and 41 HGF resulted in reduced numbers and/or smaller organoids (Fig. 1e, Supplementary 42 Fig. 1a). FGF10 was maintained in the medium even though it had no effect on size 43 44 or numbers of organoids (Fig. 1e), because it was important initially in establishing cultures and provides a physiological environment (Fig. 1b). ENR, A83-01 and 45

nicotinamide will maintain established cultures, but were not tested in differentiation 1 experiments and long-term culture (Supplementary Fig. 1b). Organoid cultures were 2 robustly established from decidual samples in ExM from 25/26 donors (derivation 3 efficiency of 96%). Organoids were then successfully generated from non-pregnant 4 secretory endometrium with 100% derivation efficiency (11/11) (Fig. 1f). Proliferative 5 phase endometrium is infrequently sampled, but we did generate organoids from this 6 phase (n=3) and from atrophic endometrium (n=1), demonstrating that our culture 7 conditions can be used for tissue throughout the menstrual cycle, as well as 8 pregnant and post-menopausal endometrium (Fig. 1f). The origin and 9 10 characterization of established organoid cultures used for this study are summarized in Supplementary Table 1. 11

The established organoids can be expanded at passage ratios of 1:2 or 1:3 12 every 7-10 days for >6 months (reaching more than a 10⁶-fold increase in the 13 number of organoids). Markers of glandular epithelium (MUC1, E-CADHERIN, CK7 14 and EPCAM) are strongly expressed by the organoids (Fig. 1g,h,i). EPCAM and 15 LAMININ are present at the baso-lateral membrane, showing epithelial polarity is 16 intact (Fig. 1i). EdU pulse-labelling shows ~30% of cells are actively replicating (Fig. 17 1i). The organoids form cystic structures lined by columnar epithelium with 18 secretions visible in the lumen. Electron microscopy reveals a microvillous, 19 pseudostratified columnar epithelium supported by amorphous basement membrane 20 material with basally-located nuclei (Fig. 1j). The cytoplasm contains plentiful rough 21 endoplasmic reticulum and Golgi bodies, numerous secretory vesicles, with evidence 22 23 of secretory activity from the apical surface (Fig. 1k, arrowheads). A maior component of endometrial glandular secretions, glycogen, was visualized by vivid 24 PAS staining (Fig. 11). Thus, the appearances are highly similar to endometrial 25 glands in vivo27. 26

Next, the chromosomal stability of our endometrial organoids was checked by Comparative Genomic Hybridization (CGH) array. Genomic DNAs were compared between the patient and established organoid cultures at early passage (p) (2-4p) and between early and late cultures (8-15p) (Supplementary Fig. 1d-f). No significant DNA copy number abnormalities were identified during derivation or after continuous passaging for up to 5 months. These organoids can be frozen, thawed and regrown, allowing bio-banking of human endometrial cultures.

34

Established human endometrial gland organoids recapitulate molecular signature of glands *in vivo*.

To assess the similarity between organoids and the tissue of origin, we analysed the 37 global gene expression profiles from established organoid lines (n=7), initial 38 glandular digests, and cultured stromal cells from the same biopsy. Staining for 39 40 MUC1 (glands) and VIMENTIN (stroma) confirmed enrichment of glands in our isolates and the purity of stromal cultures (Supplementary Fig. 2a-d). Hierarchical 41 clustering analysis based on 15,475 probes (sd/mean >0.1) shows that the organoid 42 cultures cluster more closely to glands than to stroma, confirming their glandular 43 44 epithelial nature (Fig. 2a).

To define an endometrial glandular genetic signature, we compared glands 1 and organoids to stroma. 287 genes were commonly upregulated in organoids and 2 glands compared to stroma with a fold change of ≥ 1.5 (p ≤ 0.01) (Fig. 2b). Gene 3 ontology (GO) analysis shows enrichment for 'epithelial identity' and 'glandular 4 function' (Fig. 2c,d). Markers of epithelial cells (CDH1, CLDN10 and EPCAM), 5 mucosal secretory cells (PAX8 and MUC1) and of uterine glandular products were all 6 present (PAEP, KLK11 and MUC20) (Fig. 2e). Murine genes involved in endometrial 7 glandular development and function (FoxA2, Sox17 and Klf5) also emerged^{4, 28-31}. 8 Using immunohistochemistry, we verified nuclear presence of FOXA2, SOX17 and 9 PAX8 in all organoids and endometrial glandular cells throughout the cycle (Fig. 2f). 10 Markers (*PROM1*, *AXIN2* and *LRIG1*) common to other epithelial progenitor cells^{32, 33} 11 were found (Fig. 2e), but in endometrium *LRIG1* transcripts are present in glands 12 and luminal epithelium throughout the cycle and so their significance is uncertain 13 (Fig. 2g, Supplementary Fig. 3a). Analysis of expression of other putative 14 endometrial stem cell markers, AXIN2 and SSEA1 was inconclusive¹¹. Although 15 AXIN2 transcripts were found in glands in vivo, lack of a reliable antibody prevented 16 further analysis (Supplementary Fig.3b). Only a few cells were SSEA-1+ in 17 organoids, analysed by immunohistochemistry and flow cytometry (2-3%) and, after 18 sorting SSEA-1+/- cells, organoids emerged from the SSEA-1-negative fraction 19 (Supplementary Fig. 3c, d). Overall the gene signature of decidual organoids (n=6) is 20 also very similar to non-pregnant endometrium (Supplementary Fig. 4a), with 21 immunostaining of FOXA2, SOX17 and PAX8 and expression of LRIG1 uniformly 22 23 similar to ex vivo decidual glands (Supplementary Fig. 4b,c).

Apart from shared gene sets between glands and organoids, there are also genes only expressed in glands (421/652) or organoids (286/484) (Supplementary Fig. 5). GO terms for glands describe stromal interactions (integrin binding and extracellular matrix structural constituents), all absent *in vitro*. For organoids, *in vitro* proliferation, (cell division and mitotic nuclear division) dominated. Thus, differential gene expression between gland samples and organoids reflects their contrasting microenvironments.

31 A converse analysis to define a stromal cell signature (Supplementary Fig. 2e) revealed minimal contamination from endothelial cells (CD31 or CD34) or leukocytes 32 (CD45). GO analysis showed 'biological processes' typical of fibroblasts and 33 'molecular functions' (Supplementary Fig. 2f, g). Gene sets were enriched for stromal 34 cell markers (THY1, NT5E and IFITM1)^{34, 35}, extracellular matrix proteins (COL8A1, 35 COL12A1, COL13A1 and LAMA1), and metalloproteinases (MMP11, MMP2, 36 MMP12, MMP27, MMP3, TIMP2 and CTGF) (Supplementary Fig. 2e). Genes 37 encoding for components of WNT (WNT2, WNT5A, RSPO3), BMP (BMP2, GREM1) 38 and MAPK (FGF2) signalling pathways also emerged, pathways already identified 39 40 from our culture conditions.

41

42 Human endometrial gland organoids respond to sex hormones.

Unlike other mucosal epithelia, the endometrium responds dramatically to ovarian
 hormones, estrogen (E2) and progesterone (P4), which regulate cyclical proliferation
 and differentiation of endometrial glands with concomitant dynamic temporal and

spatial expression of their receptors, ERα and PR (Fig. 3a)³⁶⁻³⁸. Following
 menstruation, glands increase expression of ERα in response to rising E2 levels
 (proliferative phase). After ovulation, ERα expression declines in the early secretory
 phase whereas PR is maintained until mid-secretory (LH+7), after which both ERα
 and PR expression disappears³⁷.

To mimic the response of the organoid cultures to hormones, we exposed 6 organoids to E2 followed by P4 (Fig. 3b). Under ExM conditions most cells show 7 weak expression of ER α (ER α ^{low}) with some ER α ^{high} (Fig. 3c, arrowheads) and 8 ERanegative cells (Fig. 3c, arrows) present. Although most organoids are PR^{negative}. a 9 few cells are PR^{high}; on serial sections these are also ER α^{high} . After exposure to E2 10 and P4, high expression of both ERa and PR is seen in most organoids similar to the 11 situation in vivo (Fig. 3c). Organoid cultures derived from decidua showed similar 12 responses (Supplementary Figure 6a). 13

We performed a microarray analysis of organoids in ExM, E2 alone or E2 and 14 P4. Known genes upregulated by E2 and P4 in the mid-secretory phase $17\beta HSD2$, 15 PAEP, SPP1, LIF, IGFBP4, IGFBP5 and CYCLIN A1 were all upregulated in 16 hormonally-treated organoids (Fig. 3d)³⁹⁻⁴². This was confirmed for several genes 17 using qRT-PCR (Fig. 3e) and at the protein level for PAEP and SPP1 (Fig. 3 f,g). 18 We also confirmed that the addition of cyclic adenosine monophosphate (cAMP) to 19 the differentiation medium, a component used typically in decidualization protocols, 20 enhances the expression of differentiation markers shown by increased expression 21 of PAEP and SPP1 (Supplementary Fig. 6b)⁴³. 22

Other hormonally-regulated endometrial genes emerged, including *OLFM4*, an intestinal stem cell marker⁴⁴. In ExM, organoid cells were OLFM4-negative but a subset became OLFM4-positive after E2 treatment, similar to the proliferative phase *in vivo* (Fig. 3h, arrows). *Collagen 1A2 (COL1A2), chromogranin A (CHGA)* and *OVOL2* were also upregulated, whilst *HES1* and *SOX9* were downregulated. In summary, the phenotypic response of glandular endometrial organoids to ovarian sex hormones is characteristic of the early-mid secretory phase.

30

31 Signals from decidualised stroma and the placenta can further stimulate 32 differentiation of human endometrial gland organoids.

If implantation occurs, the endometrium forms the true decidua of pregnancy in
 response to P4; decidualized stromal cells characteristically secrete Prolactin (PRL)
 ⁴⁵ (Fig. 4a). Both PRL and signals from the conceptus are likely to stimulate uterine
 gland activity in early pregnancy (Fig. 4a)^{46, 47}. To mimic pregnancy, we added
 placental hormones (Chorionic Gonadotropin, hCG and human Placental Lactogen,
 hPL) in combinations with PRL to ExM containing E2+P4+cAMP, referred to as
 Differentiation Medium (DM) (Fig. 4b).

The three hormones together stimulate maximal production of PAEP and a
 hypersecretory morphology characteristic of decidual glands *in vivo* (Fig. 4c). PRL
 has an additional effect by stimulating the formation of ciliated cells (identified by
 acetylated α-tubulin) (Fig. 4d). Similar findings were obtained using conditioned
 media from stromal cells decidualized *in vitro* for 10 days (Supplementary Figure 6c).
 As ciliated cells are only present *in vivo* in the uterine luminal epithelium and in

superficial glands, the organoids are undergoing both glandular and luminal
 differentiation.

SOX9, a marker of progenitor cells, is expressed in the base of endometrial glands *in vivo* and at high levels in the organoids^{11, 48, 49} but is absent from decidual glands *in vivo*. Organoids cultured with both ovarian and pregnancy hormones undergo differentiation as SOX9 was downregulated (Fig. 4e). Thus, appropriate hormonal stimulation induces organoids to acquire a decidual-like phenotype characteristic of early pregnancy.

9

10 Human endometrial organoids have clonogenic ability and are bipotent

To assess for stem cell activity, we measured clonogenic ability by plating single 11 cells from established organoid cultures by limiting dilution; drops containing single 12 cells were marked and followed by time-lapse photography. Some cells formed an 13 entire organoid over 7-14 days; the rest either did not divide or formed small dying 14 spheroids (Fig. 5a). The organoid-forming efficiency of these cells, was 2-4% with 15 100 cells/drop and ~10-fold lower with 10 cells/drop (Supplementary Table 2). Single 16 organoids can be expanded into clonal cultures and we now have grown 12 clonal 17 lines from 5 independently-derived organoids (Fig. 5b). A single cell has bi-potent 18 ability as it could generate the two main endometrial cell types: secretory (PAEP+) 19 and ciliated (acetylated- α -tubulin+) cells (Fig. 5c). Formation of cilia was confirmed 20 by EM (Fig. 5d). 21

22

23 Organoid cultures can be derived from endometrial cancer

Endometrial cancer is the commonest gynecological tumour. Organoids were 24 derived from samples of tumours and the normal adjacent endometrium from post-25 menopausal women (Fig. 6). The morphology of the organoids resembles the 26 primary tumour (FIGO Grade I Endometrioid Carcinoma) showing pleomorphic cells 27 with hyperchromatic nuclei and disorganised epithelium. In places breaching of the 28 basement membrane is obvious, and isolated cells are seen in the surrounding 29 Matrigel. The organoids are positive for glandular markers such as MUC1 and 30 31 SOX17, confirming their glandular origin.

32

33 **DISCUSSION**

Here, we describe a robust chemically-defined method for establishing genetically 34 stable endometrial organoids from human non-pregnant endometrium and decidua 35 that can be cultured long-term and recapitulate the molecular signature of 36 endometrial glands in vivo. Several murine genes important for glandular 37 development and function (Foxa2, Klf5 and Sox17) are also expressed. 38 The organoids functionally respond to sex hormones, E2 and P4, and when further 39 stimulated with pregnancy (hCG, hPL) and stromal cell (PRL) signals, acquire 40 characteristics of gestational endometrium, synthesising abundant PAEP (glycodelin) 41 and SPP1 (osteopontin). PAEP and SPP1, components of glandular secretions, 42

'uterine milk', provide histotrophic nutrition to trophoblast before the hemochorial
 placenta is established.

Clonal organoid cultures generated from a single cell contain cells with 3 extensive proliferative capacity, and both ciliated and secretory cells. Their gene 4 signature includes markers of epithelial stem cells, LRIG1, PROM1, AXIN2 and 5 6 SOX9. Because we could generate SOX9-expressing organoids from nonproliferative, SOX9-, differentiated secretory phase endometrium and decidua, the 7 few SOX9+ cells present mainly in the basal layer might expand¹¹. Alternatively, 8 plasticity of endometrial cells allows SOX9-negative differentiated cells to self-renew 9 10 and reacquire SOX9 expression in our cultures. A similar reversion occurs in the liver, where non-Lgr5+ cells reacquire Lgr5 stem cell marker expression upon tissue 11 injury⁵⁰. 12

Although organoids have been established from human fallopian tube with differentiation into both ciliated and secretory cells, neither the dramatic cyclical changes in response to E2 and P4, nor the process of decidualization induced by pregnancy occurs in the fallopian tube, a mucosal surface contiguous to endometrium²¹. Furthermore, the crucial site of embryo attachment is the luminal surface of the endometrium.

19 Endometrial organoids can be maintained and expanded in ExM, recapitulating pathways essential for culturing organoids from other organs - the 20 FGF-MAPK, WNT-Rspondin, BMP-Noggin and TGF^β signalling pathways⁵¹. The 21 contribution of endometrial stromal cells to these signalling pathways is revealed 22 23 from our microarray analysis showing stromal transcripts encoding Rspondin-1 and FGF2. Further refinement of the method to replace Matrigel with a chemically-24 defined extracellular matrix would enhance the model in future⁵². The identity of the 25 endometrial epithelial stem cells remains unknown although their presence is 26 revealed by the long-term expansion and clonogenic activity of organoids, and we 27 have defined the essential niche components for their maintenance. 28

We also recapitulate the glandular cyclical changes during the menstrual cycle triggered by sequential secretion of ovarian hormones, E2 and P4. Endometrial organoids acquire a differentiated phenotype characteristic of the midsecretory phase, with upregulation of several genes ($17\beta HSD2$, SPP1, LIF) expressed at this time. Other genes, such as OLFM4, that may play key roles in regulating gland cell proliferation and function during the cycle were also identified.

Besides the direct effect E2 and P4 have on the glands, they also exert a paracrine effect via the stromal cells. Decidualized stroma secretes a wide range of proteins, including PRL whose function is unknown. Unlike the pituitary, decidual PRL is driven from an alternative promoter, derived from transposable elements (MER20)⁵³. Our finding that addition of PRL induces ciliated cells suggests it may influence differentiation and function of the glands during early pregnancy.

The glands of gestational endometrium continue to differentiate and display a hypersecretory appearance with abundant PAEP production^{54, 55}. In our organoid system, addition of trophoblast hormones (hCG and hPL) resulted in a similar appearance. This culture system will therefore allow further investigation of the essential (but understudied) period of histotrophic nutrition in the first trimester of pregnancy before the hemochorial placenta is established. Additionally, we were able to derive organoids from endometrial adenocarcinomas. These common tumours in post-menopausal women are associated with increased exposure to estrogen that is a feature of obesity, nulliparity, treatment with tamoxifen and late menopause⁵⁶. These can be used in the future to build a biobank to screen drugs and investigate the mutational changes, as has been done for colon cancers⁵⁷.

7

8 In summary, we describe a method for reliable chemically-defined, long-term 9 culture of endometrial glands from non-pregnant endometrium and decidua that 10 closely recapitulates the molecular and functional characteristics of their cells of origin. The organoid cultures can be frozen down without loss of their proliferative 11 ability upon thawing, allowing the possibility to build up patient-specific bio-banks. 12 This method will be an invaluable research tool to study new therapies for common 13 pathologies of the endometrium, such as endometriosis and endometrial cancer, as 14 well as investigating problems of implantation and the secretion of uterine histotroph 15 during early pregnancy. 16

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- 20

1 Figure Legends

Figure 1. Long-term 3D organoid cultures can be established from human non pregnant endometrium and decidua.

4

5 (a) Scheme for deriving organoids.

- (b) Screening conditions for generating organoids. FGF10, A83-01, HGF and
 Nicotinamide added in combinations to generic organoid medium (ENR). Number
 of organoids derived under each condition (C2 to C9) shown relative to basal
 conditions (C1). Shown are decidual digests from 3 different patients. Source
 data in Supplementary Table 5.
- 11 (c) Representative images for conditions C1-C9 in Fig. 1b. Scale bar, 500 μm.
- (d) Images of decidual gland isolates (passage 0) and organoids after one passage
 in Expansion Medium (ExM) (passage 1). Scale bar, 200 µm. Representative of
 all samples, summarized in Supplementary Table 1.
- (e) Effect of withdrawal of growth factors from ExM. Organoids grown in ExM and
 each factor withdrawn: EGF, Noggin (NG), Rspondin-1 (RSPO1), FGF10, A8301,
 HGF and Nicotinamide (NIC). Organoids formed shown relative to ExM (%).
 Shown are decidual cultures derived from 3 different patients. Source data in
 Supplementary Table 5.
- (f) Images of organoids established in ExM from proliferative (Prol.) endometrium
 (n=3), secretory (Sec.) endometrium (n=9), decidua (n=25) and post-menopausal
 (atrophic) endometrium (n=1). Scale bar, 100 μm.
- (g) IHC of decidua (*in vivo*) and organoids for Mucin 1 (MUC-1). Scale bar, 50 μm.
 Representative of 6 decidual and endometrial samples, and organoids derived
 from 2 endometrial and 2 decidual samples from different patients.
- (h) IF staining of organoid for E-CADHERIN (E-CAD) and CYTOKERATIN-7 (CK7).
 Scale bar, 50 µm. Experiment repeated twice (1 endometrial-derived and 1 decidua-derived organoids).
- (i) IF staining of organoid for cell proliferation (uptake of EdU), epithelial marker
 EPCAM and basement membrane marker laminin (LAM). Scale bar, 50 µm.
 Experiment repeated twice (1 endometrial-derived and 1 decidua-derived
 organoids).
- (j) Electron micrograph (EM) of organoid showing columnar epithelial cells with
 basally-located nuclei. Scale bar, 5 µm. Experiment repeated twice with different
 donors.
- (k) EM showing secretory activity (black arrowheads). Scale bar, 1 μm. Experiment
 repeated twice with different donors.
- (I) PAS staining for glycogen in endometrium and organoids. Scale bars, 50 μm
 (main image) and 10 μm (inset). Representative of 3 endometrial samples and 3
 endometrial organoids.

41 Figure 2. Established human endometrial organoids recapitulate molecular 42 signature of glands *in vivo*.

(a) Unsupervised hierarchical clustering analysis of global gene expression profiles
 by microarray of gland digests, stromal cells and corresponding established

- organoids from endometrium (n=7 independent donors). Analysis based on
 15475 probes with sd/mean >0.1. Expression profiles of organoids cluster with
 glands while those of the stroma cluster in a separate tree.
- (b) Venn diagram showing overlap of 287 genes significantly upregulated in glands
 and organoids with a fold change ≥1.5 (p≤0.01) relative to stroma.
- 8 (c) Gene ontology (GO) analysis of the 287 genes from (b) using HumanMine v2.2
 9 database for GO Terms Biological processes and Benjamini Hochberg test
 10 correction with maximum p-value of 0.05. The top ten significantly enriched GO
 11 terms for each category are shown with the –log of their p-values and are
 12 enriched for terms describing epithelial tissue.
- (d) Gene ontology (GO) analysis of the 287 genes from (b) using same method as in
 (c). The top ten significantly enriched GO terms describe epithelial cells with
 secretory function.
- (e) Clustered heatmap of 287 genes commonly upregulated between organoids and glands compared to stroma from (b). Genes of interest are listed on the right.
 Epithelial markers (blue) (*EPCAM, CLD10, CDH1*), glandular products and markers of secretory cells (purple) (*MUC20, PAX8, PAEP, MUC1*), progenitor cell markers (cyan) (*LRIG1, PROM1, AXIN2*) and murine genes important for endometrial function (pink) (*SOX17, KLF5, FOXA2*).
- (f) IHC for genes selected from microarray, FOXA2, SOX17 and PAX8, in
 proliferative and secretory endometrium and organoids. Scale bars, 50 μm (main
 image) and 10 μm (insets). Representative of 3 proliferative and 7 secretory
 endometrial samples and endometrial organoids derived from 8 different patients.
- (g) ISH for *LRIG1* on proliferative and secretory endometrium and organoids.
 Negative control probe is for the bacterial gene *dapB*. Scale bars, 50 µm (main image) and 10 µm (insets). Representative of 3 proliferative and 3 secretory endometrial samples and endometrial organoids derived from 4 different patients.
- 30 Figure 3. Human endometrial organoids respond to sex hormones.
- 31

(a) Ovarian hormones, Estrogen (E2)(red) and Progesterone (P4)(blue), and the
 cycling endometrium. Expression of Estrogen Receptor (ERα)(dashed red) and
 Progesterone Receptor (PR)(dashed blue) are specific for glands of the
 functional layer. Adapted from Reference³⁷.

- (b) Protocol for hormonal stimulation. Organoids grown in ExM, day 0 (d0), are
 primed with E2 for 48 h on day 4 (d4) followed by stimulation with P4 and cyclic
 AMP (cAMP) for 48 h.
- (c) IHC for ERα and PR on organoids after hormonal stimulation. In ExM expression
 of ERα is weak, but some cells are either ERα^{high} (arrowheads) or ERα^{negative}
 (arrows). Few cells are positive for PR (arrowheads). After E2 and P4 treatment,
 levels of ERα and PR are higher. Scale bars, 50 µm (main image) and 10 µm
 (insets). Representative of endometrial organoids from 6 different patients and
 decidual organoids from 9 different patients.

1 (d) Clustered heatmap of selected genes from organoids grown in ExM, ExM+E2 or

ExM+E2+P4+cAMP (n=3 donors). Shown are genes known to reflect
 differentiation in response to hormones (purple), uncharacterized genes (grey)
 and downregulated genes (cyan).

(e) QRT-PCR analysis for differentiation markers (*PAEP, SPP1, 17HSDβ2* and *LIF*)
of organoids grown in ExM, ExM+E2 or ExM+E2+P4+cAMP. Shown is the
mean±SEM levels of expression relative to housekeeping genes and ExM
conditions (δδCt). Data from endometrial organoids from n=6 different patients.
Source data in Supplementary Table 5.

(f) Western blot for PAEP in organoids after hormonal stimulation. Levels of
 glycosylated and non-glycosylated PAEP increase upon exposure to E2 and
 E2+P4+cAMP. Ponceau S staining (Ponc S) for loading control. Experiment
 repeated twice using endometrial organoids from 2 patients. Unprocessed blots
 in Supplementary Figure 7.

(g) ELISA for SPP1 production by endometrial organoids upon exposure to
 hormones. Three independent experiments (Donors 1-3). SPP1 secretion
 increases following exposure to E2 and further after E2+P4+cAMP. Source data
 in Supplementary Table 5.

(h) IHC for OLFM4 on organoids under ExM, ExM+E2 and ExM+E2+P4+cAMP, and
 proliferative and secretory endometrium. Scale bars, 50 µm (main image) and 10
 µm (insets). Representative of 2 proliferative and 2 secretory endometrial tissues
 and organoids derived from 3 different patients.

Figure 4. Signals from decidualised stroma and the placenta can further stimulate differentiation of human endometrial gland organoids.

- 25
- (a) Hormonal environment of endometrium during the first trimester of pregnancy.
 Estrogen (E2) and Progesterone (P4) are ovarian products, human chorionic
 gonadotropin (hCG) and human placental lactogen (hPL) are secreted by
 trophoblast and prolactin (PRL) by decidualized stromal cells.
- (b) Protocol for stimulation of endometrial organoids. Organoids are passaged and
 plated on day 0 (d0) in ExM. On d4, ExM is changed to Differentiation Medium
 (DM; ExM with E2+P4+cAMP). hCG, hPL and/or PRL were added for 8 d.
- (c) IHC for PAEP on endometrial organoids under the following conditions: ExM, DM,
 DM with hCG/hPL or PRL or all three combined. Maximal production of PAEP
 and differentiated morphology of cells is seen upon exposure to DM with hCG,
 hPL and PRL. Scale bar, 50 µm. Representative of endometrial organoids
 derived from 3 different patients.
- (d) IHC for acetylated α-tubulin to visualize cilia in secretory endometrium (Sec.
 Endom.) and endometrial organoids following stimulation with PRL. Ciliated cells
 (arrows) are present in the luminal epithelium (LE) and within organoids. GE,
 glandular epithelium. Scale bars, 50 µm (main image) and 10 µm (insets).
 Representative of 4 secretory endometrial samples and endometrial organoids
 derived from 4 different patients.

(e) IHC for SOX9 on endometrial glands ex vivo and in vitro. Organoids in ExM 1 express high levels of SOX9 similar to proliferative endometrium (Prol. Endom.). 2 After hormonal stimulation. SOX9 is downregulated in organoids 3 (ExM+HCG+HPL+PRL) similar to glands in decidua. Scale bars, 50 µm (main 4 image) and 10 µm (insets). Representative of 4 proliferative endometrial samples, 5 7 decidual samples and endometrial organoids derived from 4 different patients. 6

7

Figure 5. Human endometrial organoids have clonogenic ability and are bipotent.

10

(a) Phase-contrast images of (from top to bottom row): an organoid forming from a
 single cell; a single cell forming a spheroid with no further growth, and a single
 cell showing no growth. Images were taken every two days. Scale bar, 50 µm.
 Experiment was performed with 3 clonal lines derived from 2 endometrial and 1
 decidual organoid cultures.

- (b) Representative image showing expansion of a clonal culture at passage 1 (p1)
 from a single organoid (at passage 0, p0) in a 96-well. Scale bar, 500 µm. 12
 clonal cultures were established from organoids from 5 different patient samples
 (4 endometrial-derived and 1 decidual-derived).
- (c) IF on clonally-derived endometrial organoid cultures subjected to the full cocktail
 of hormonal stimuli to visualize two main endometrial epithelial cell types: ciliated
 cells (acetylated α-tubulin) (cyan) and secretory cells (PAEP) (red). Scale bars
 from left to right: 100 µm, 20 µm and 5 µm. Representative of 4 clonal lines
 derived from 2 different endometrial organoid cultures.
- (d) EM on clonally-derived endometrial organoid cultures subjected to the full cocktail
 of hormonal stimuli showing basal bodies of fully formed cilia. Scale bars: 10 μm
 and 1 μm. Experiment performed twice using 1 clonal endometrial organoid
 culture.
- 29

30 Figure 6. Organoids can be derived from endometrial cancer.

31

Derivation of organoids from endometrial carcinomas. From left to right: H&E stained 32 sections of normal atrophic endometrium showing gland surrounded by dense 33 stroma and a FIGO Grade I endometrioid carcinoma with dense glandular structures 34 from the same patient, scale bar, 100 µm; images of organoids derived from 35 matched normal and malignant endometrium cultured in ExM (passage 1), scale bar, 36 100 µm; H&E stained sections showing marked differences in morphology between 37 organoids derived from normal endometrium and those from tumours which show 38 nuclear pleomorphism, a disorganized epithelium with irregular basement membrane 39 40 and isolated cells present in surrounding Matrigel (arrows), scale bar, 20 µm; IHC for MUC-1 and SOX17 on tumour and normal organoids confirm their glandular origin, 41 scale bar, 20 µm. Representative of organoids derived from 3 different endometrial 42 carcinomas and 1 matching normal tissue. 43