



THE ROLE OF TISSUE ENGINEERING IN OSTEOARTHRITIS

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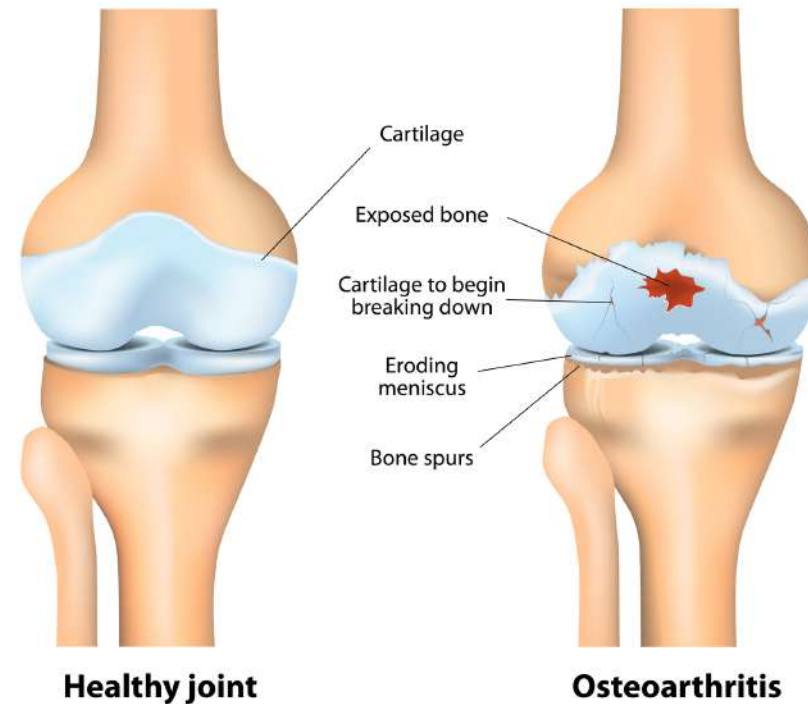
Near East University, DESAM Research Institute, Nicosia, North Cyprus



Osteoarthritis

- Osteoarthritis is defined as a whole joint disease
- cartilage destruction
- subchondral bone change
- osteophyte formation
- alterations of ligaments
- meniscuses

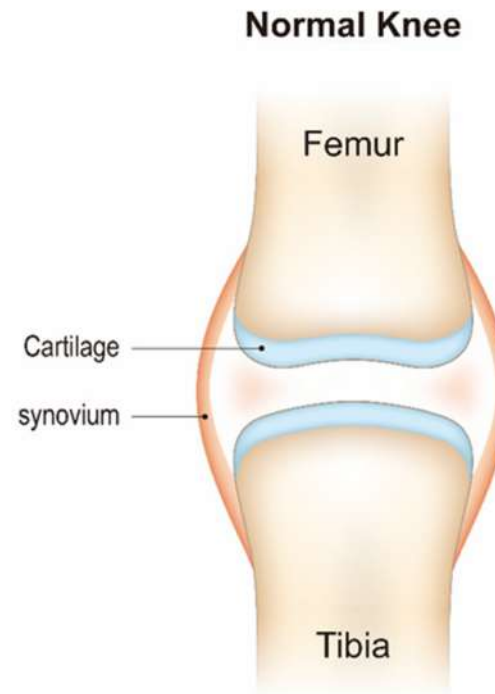
OSTEOARTHRITIS



Osteoarthritis



- The three major biological factors including
- proteolytic enzymes
- proinflammatory cytokines
- reactive oxygen species (ROS)

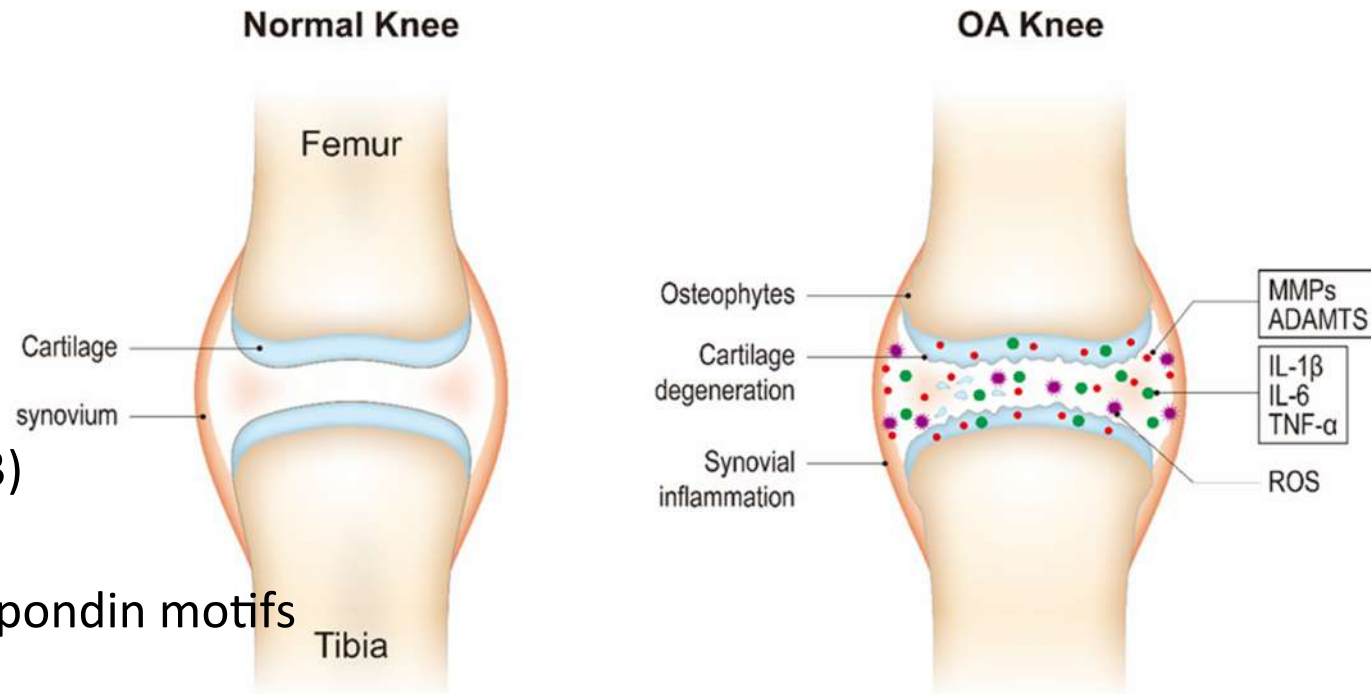


response the cartilage degredation

Osteoarthritis



- It is postulated that there is an imbalance between chondrocyte
- anabolism by
 - growth factors
- catabolism by
 - decomposing enzymes such as
 - matrix metalloproteinases (MMPs, e.g., MMP-3 and MMP-13)
 - a disintegrin
 - metalloproteinase with thrombospondin motifs (ADAMTS)

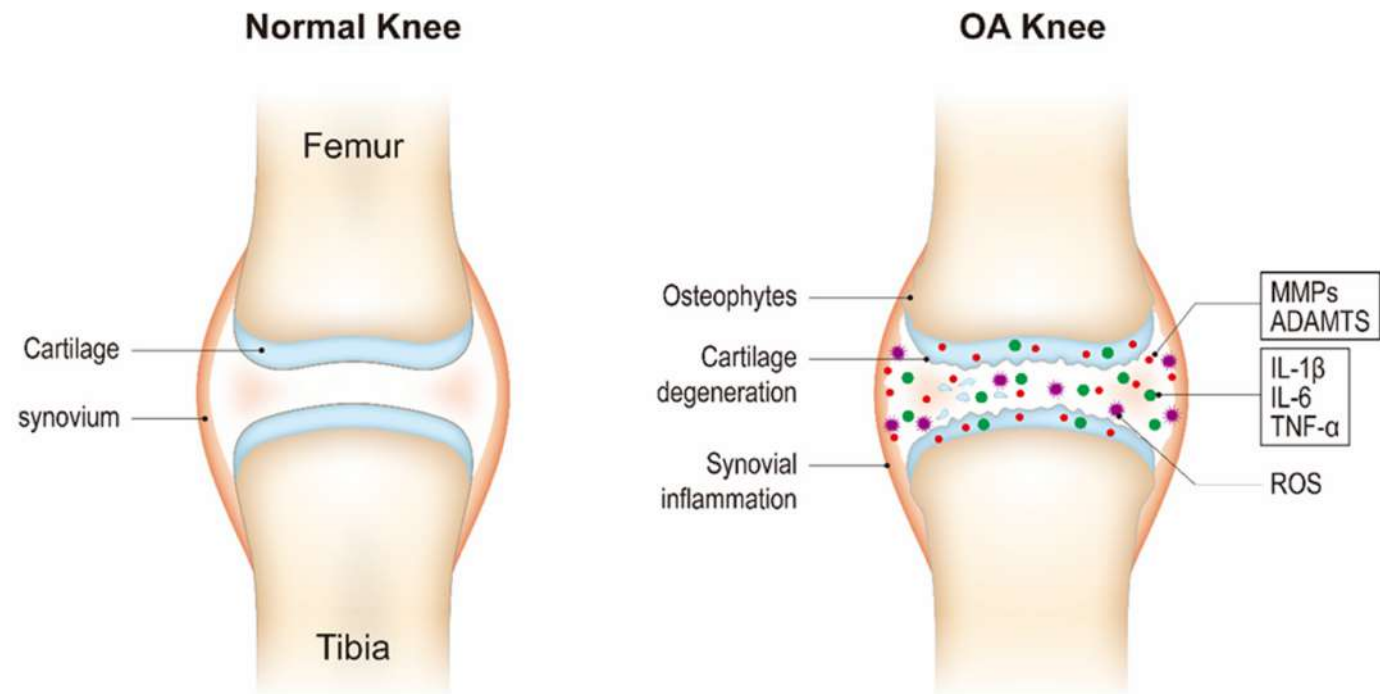


These enzymes are generated by chondrocytes



Osteoarthritis

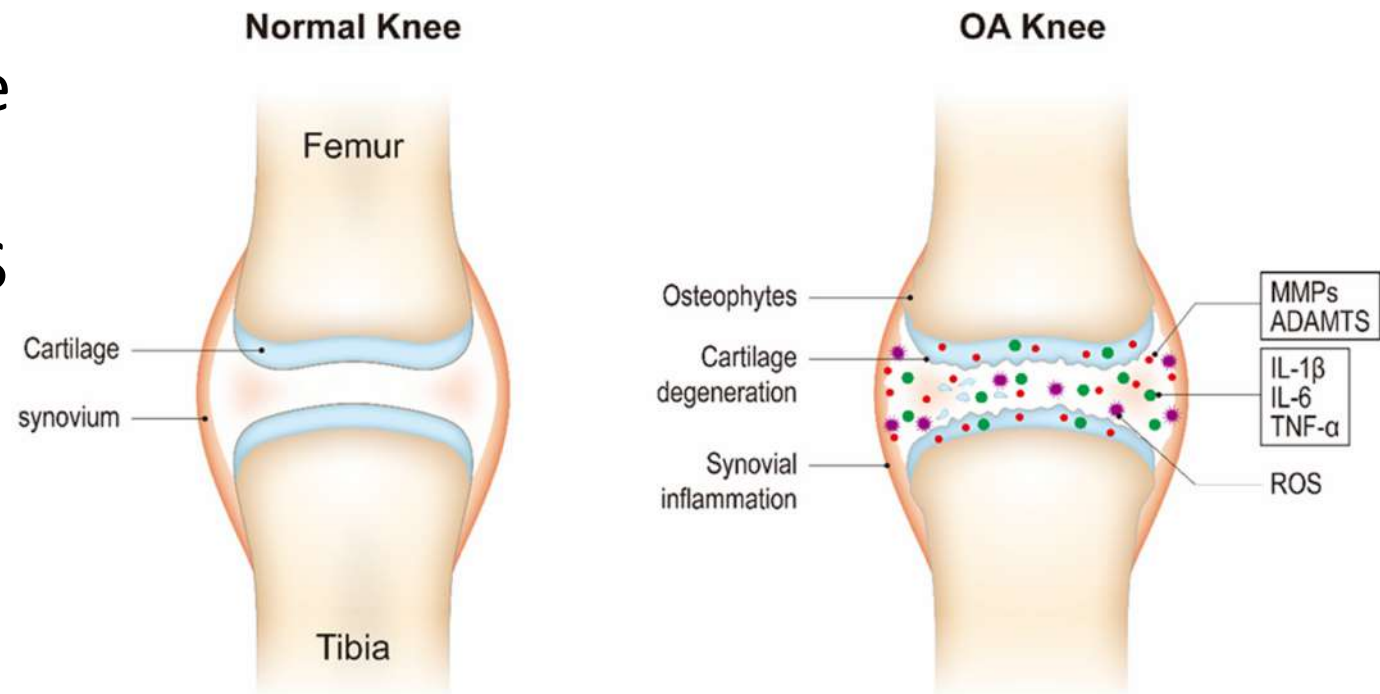
- Inflammatory cytokines (e.g., **IL-1 β** , **IL-6**, and **TNF- α**) secreted by chondrocytes and synovial cells in synovial fluid are critical mediators in OA development



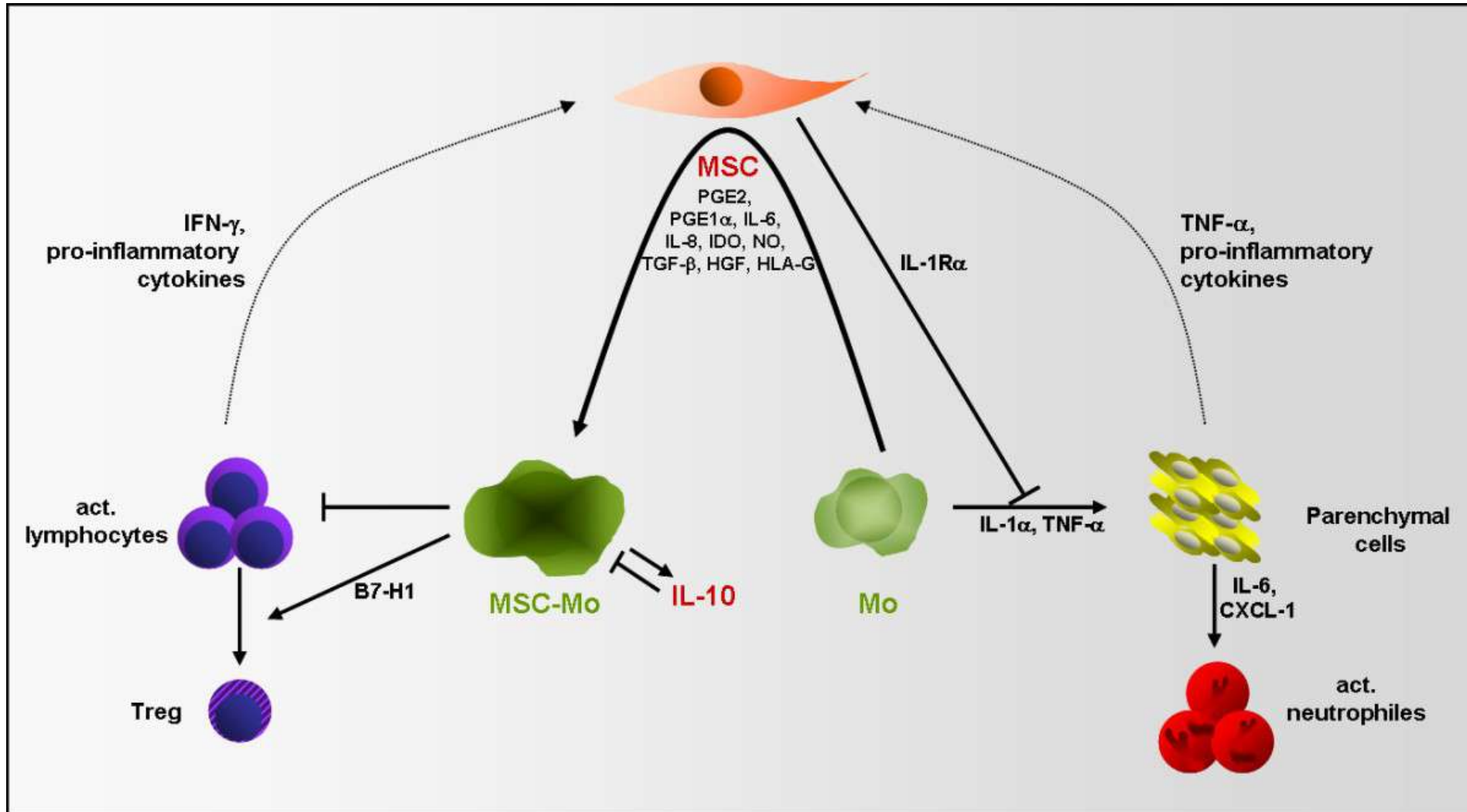


Osteoarthritis

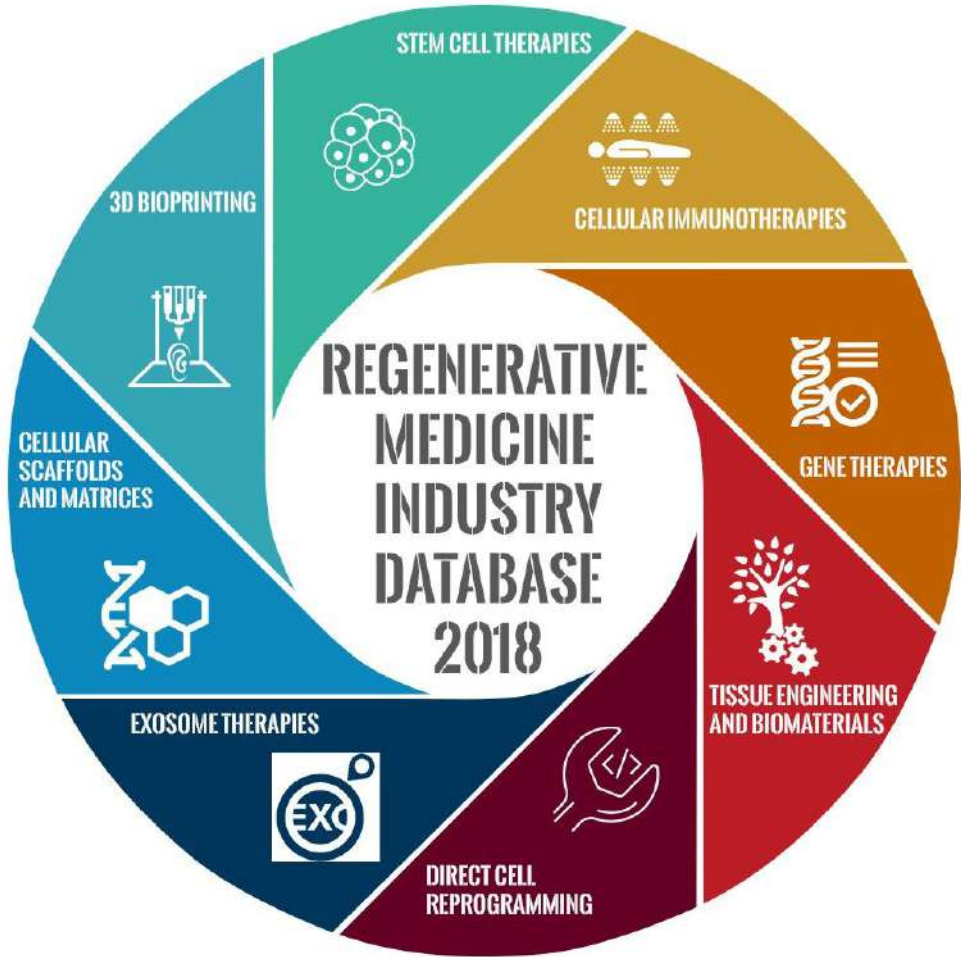
- Recent studies have shown that OA progression is closely related to oxidative stress, which refers to increased levels of intracellular ROS.
- ROS can up-regulate proinflammatory cytokine expression in OA, and the cytokines also induce ROS production, thereby accelerating OA development



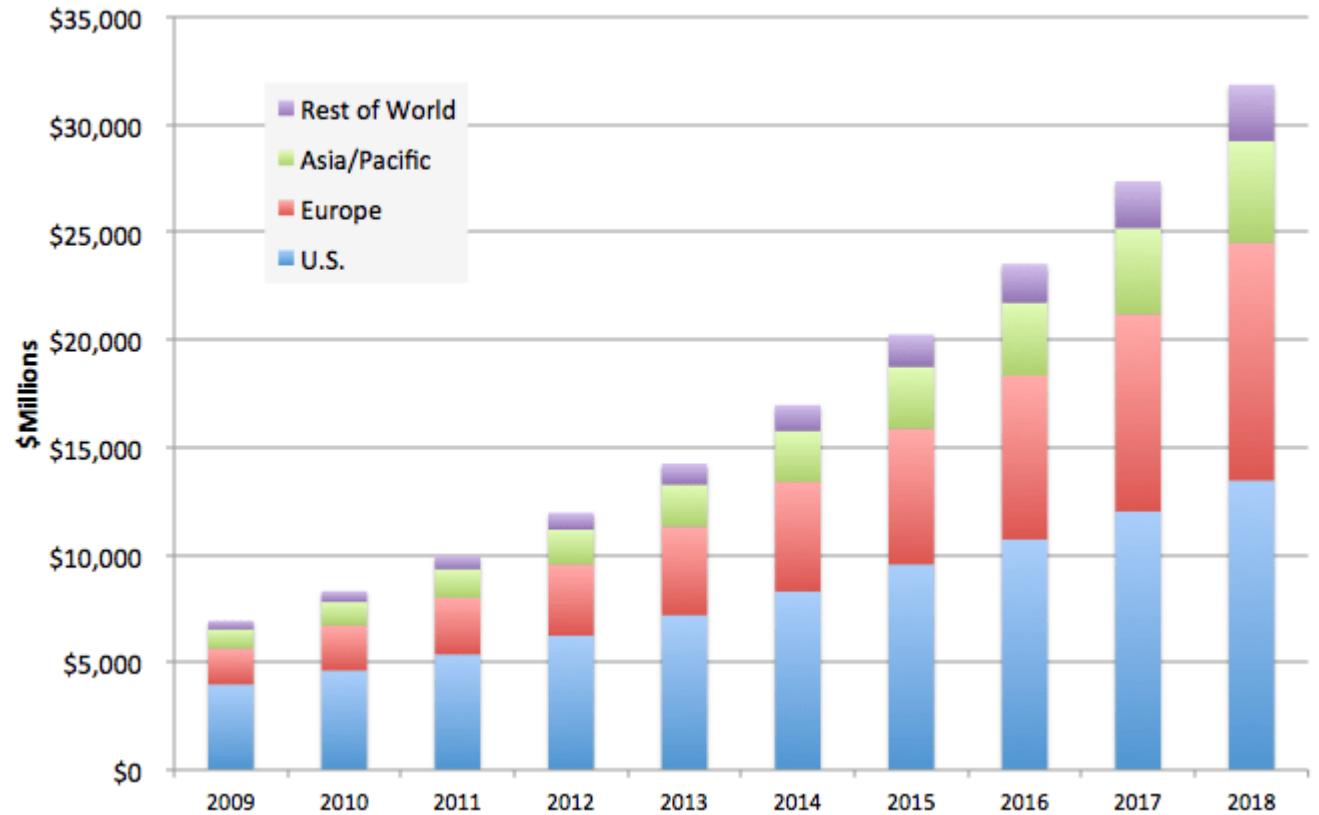
Mesenchymal Stem Cells



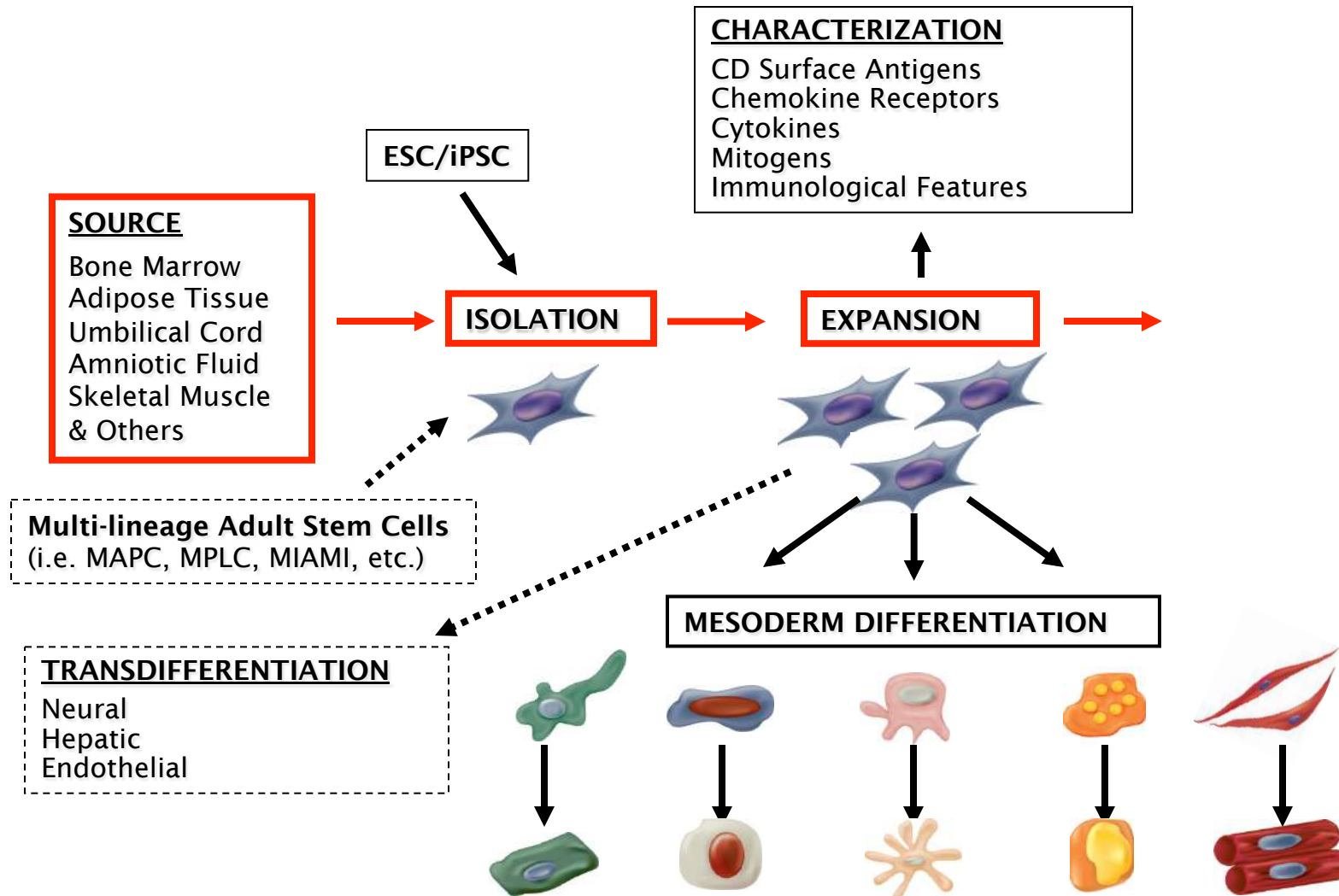
Marketing



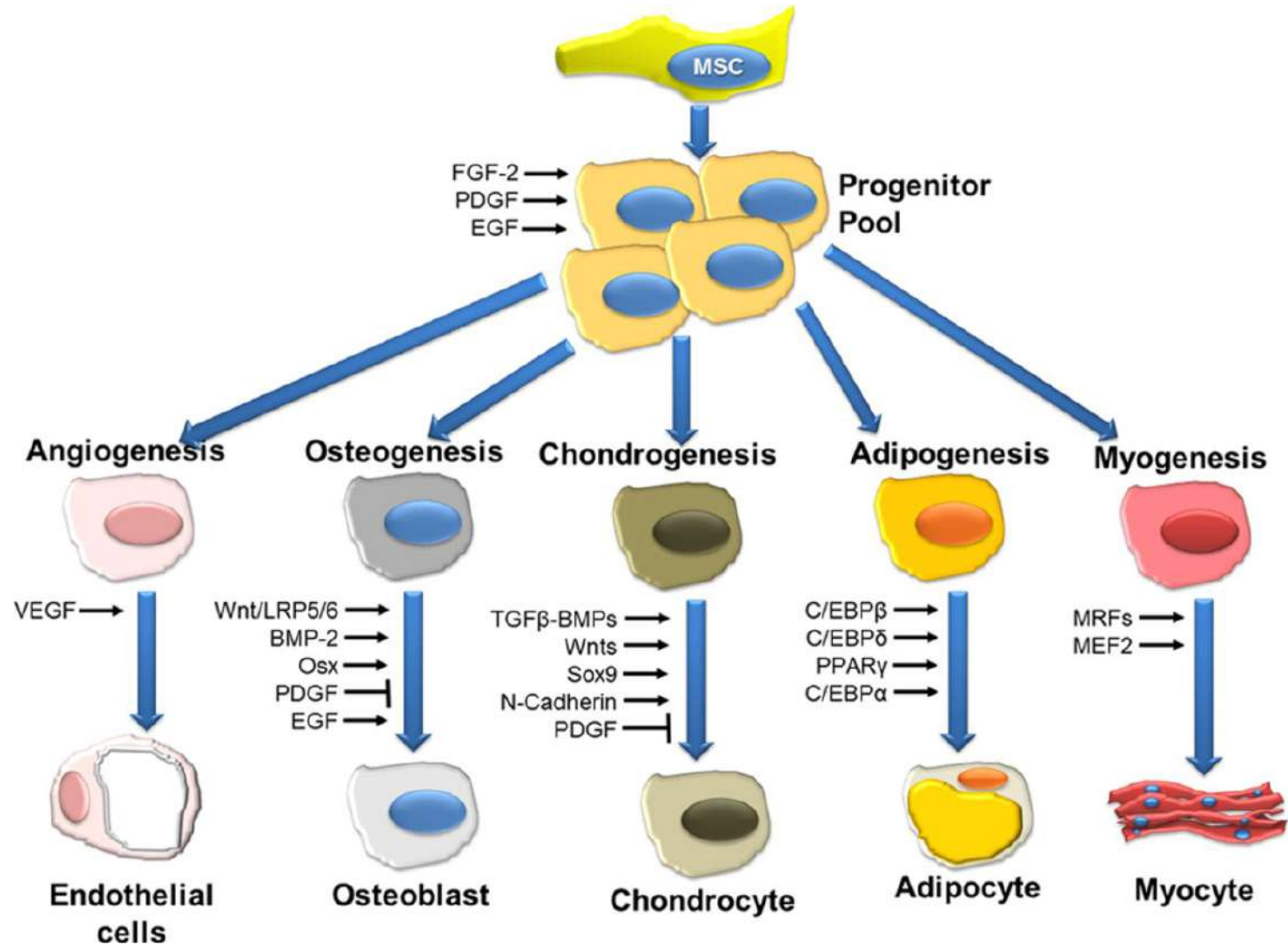
Global Tissue Engineering & Cell Therapy Market, by Region, 2009-2018



MESENCHYMAL STEM CELLS DIFFERENTIATION

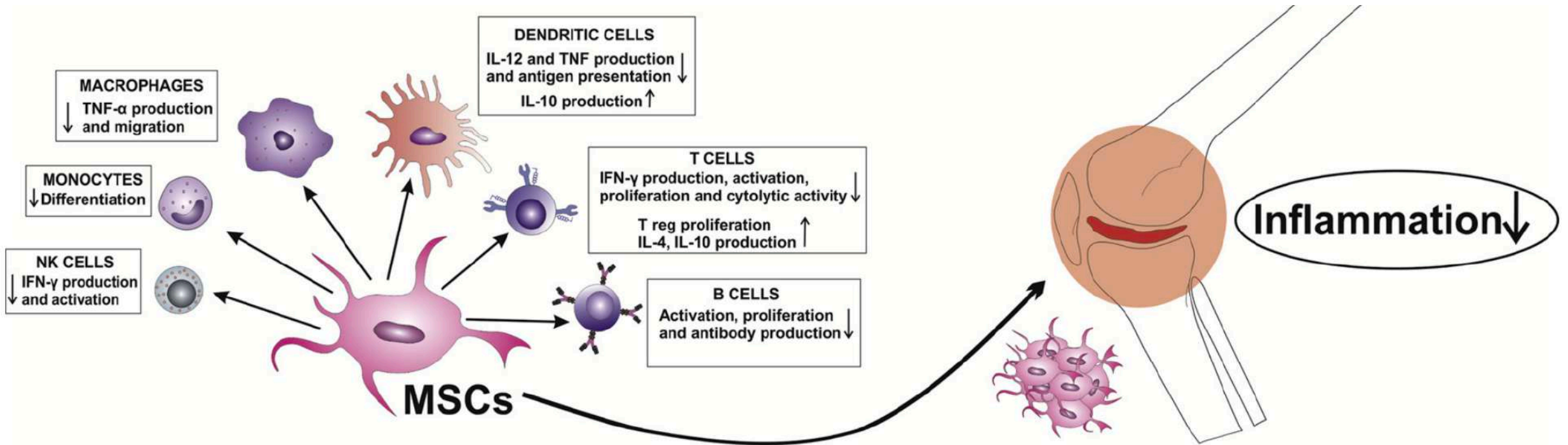


MESENCYHMAL STEM CELLS DIFFERENTIATION





Osteoarthritis and MSC

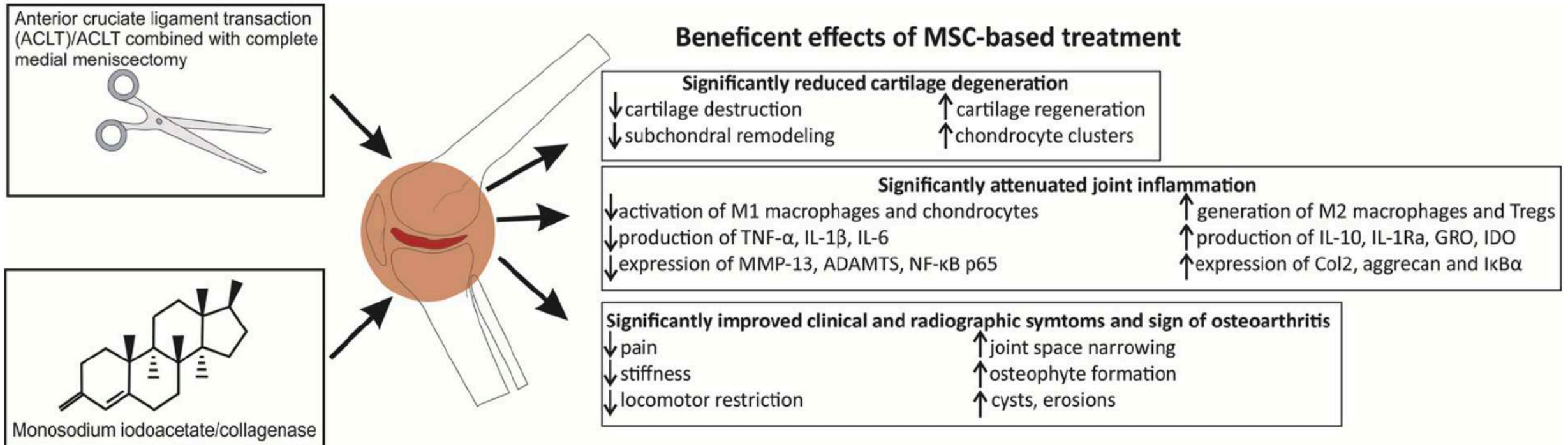


- Repeated intraarticular injection of allogeneic MSCs results in an adverse clinical response and aggravation of OA.



Osteoarthritis and MSC

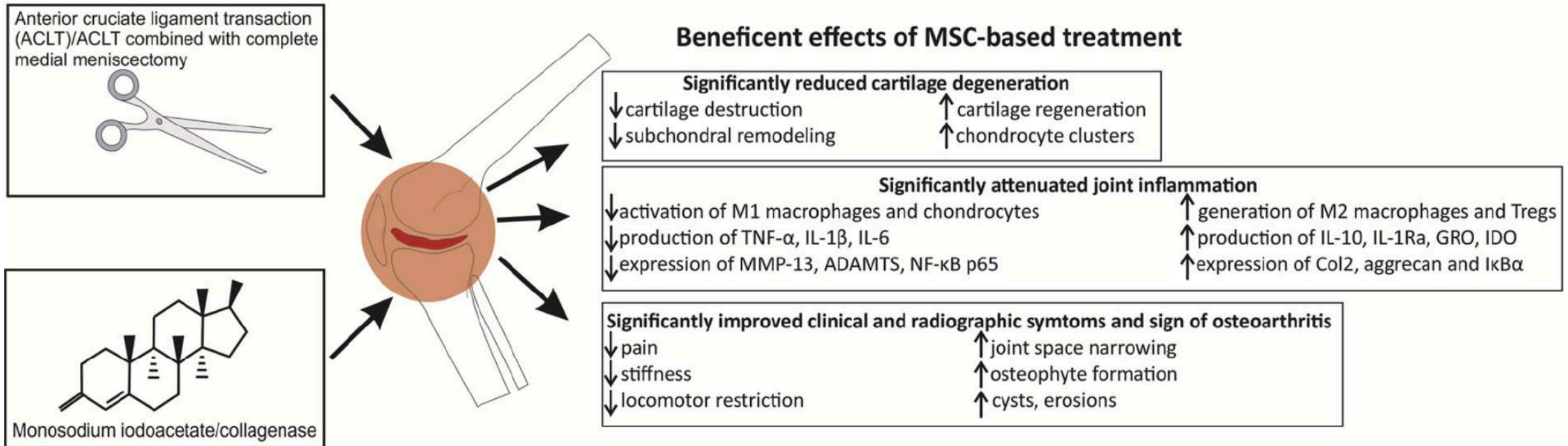
- MSCs successfully attenuate clinical and radiographic symptoms and signs of osteoarthritis in experimental animals by promoting cartilage regeneration and by attenuating joint inflammation



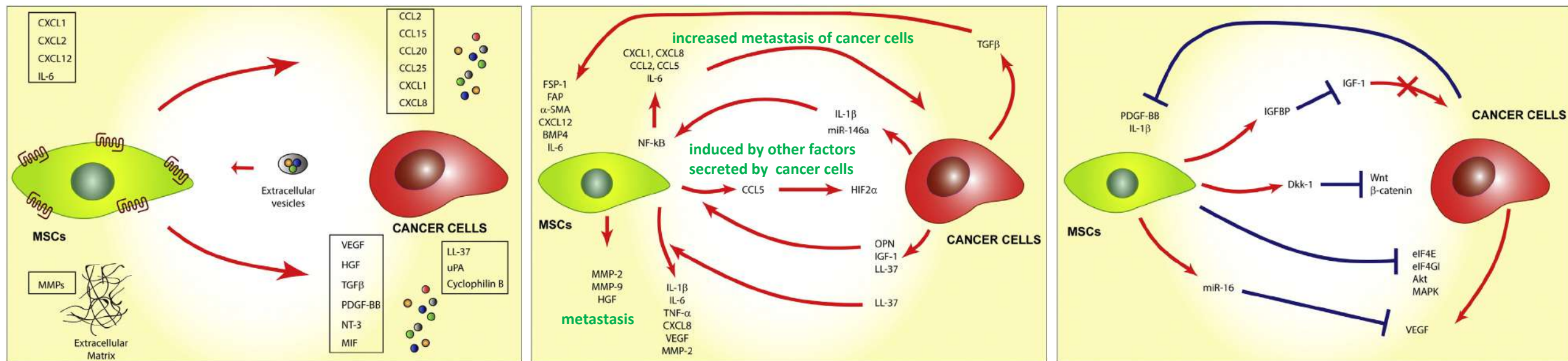


Osteoarthritis and MSC

- Long-term persistence of allogeneic MSCs induces cellular and humoral immune response manifested by the increased infiltration of effector T cells and increased allo-antibody production after allogeneic MSCs administration



Crosstalk between Stem Cells and Cancer

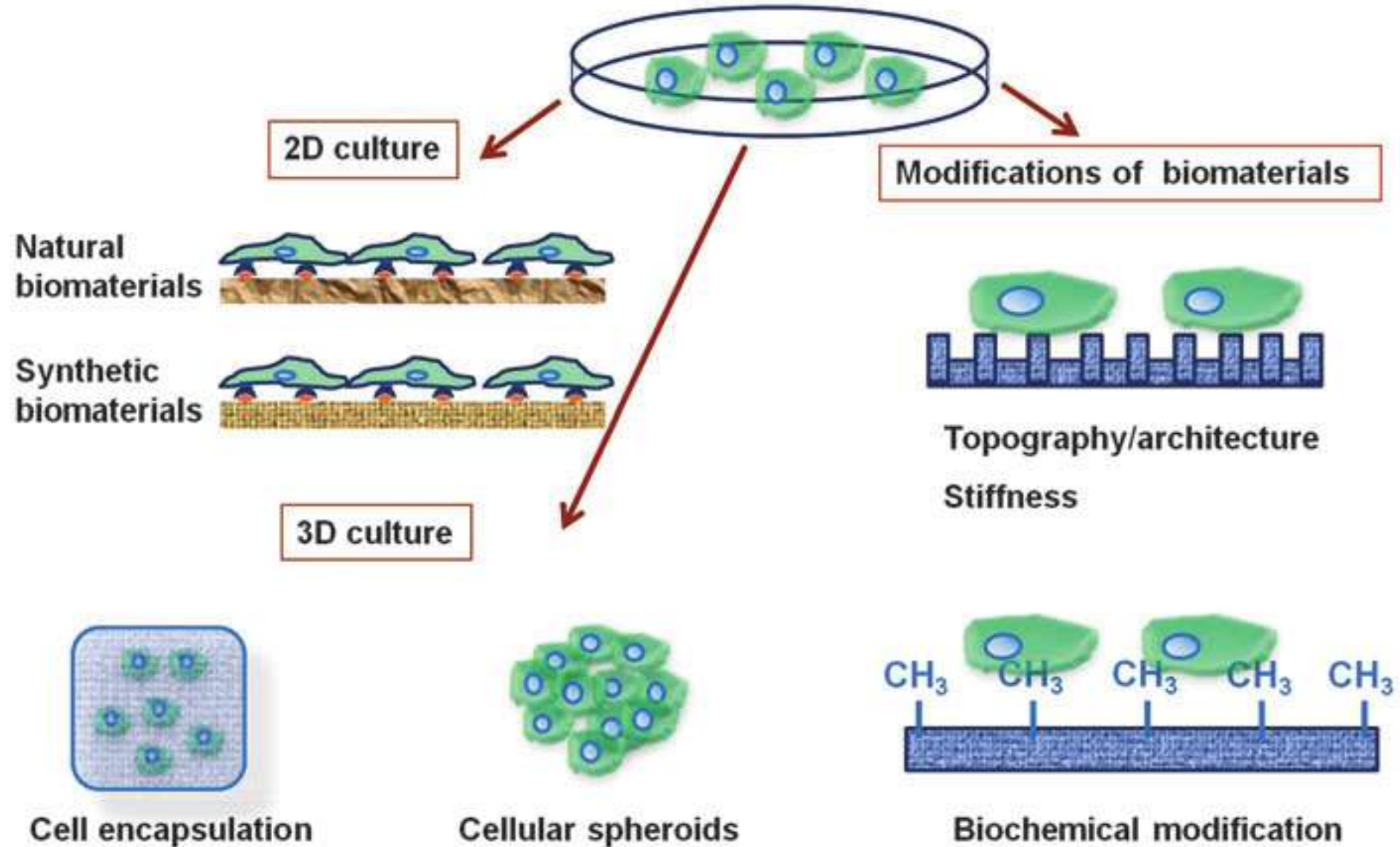


In particular, mesenchymal stem cells are recruited to the sites of developing tumors, thus promoting metastasis formation.

Their fate and function inside the tumor is still not clear: the crosstalk between stem cells and cancer cells is still controversial.



In vitro expansion of stem cells



Crosstalk between ASCs and Chondrocytes

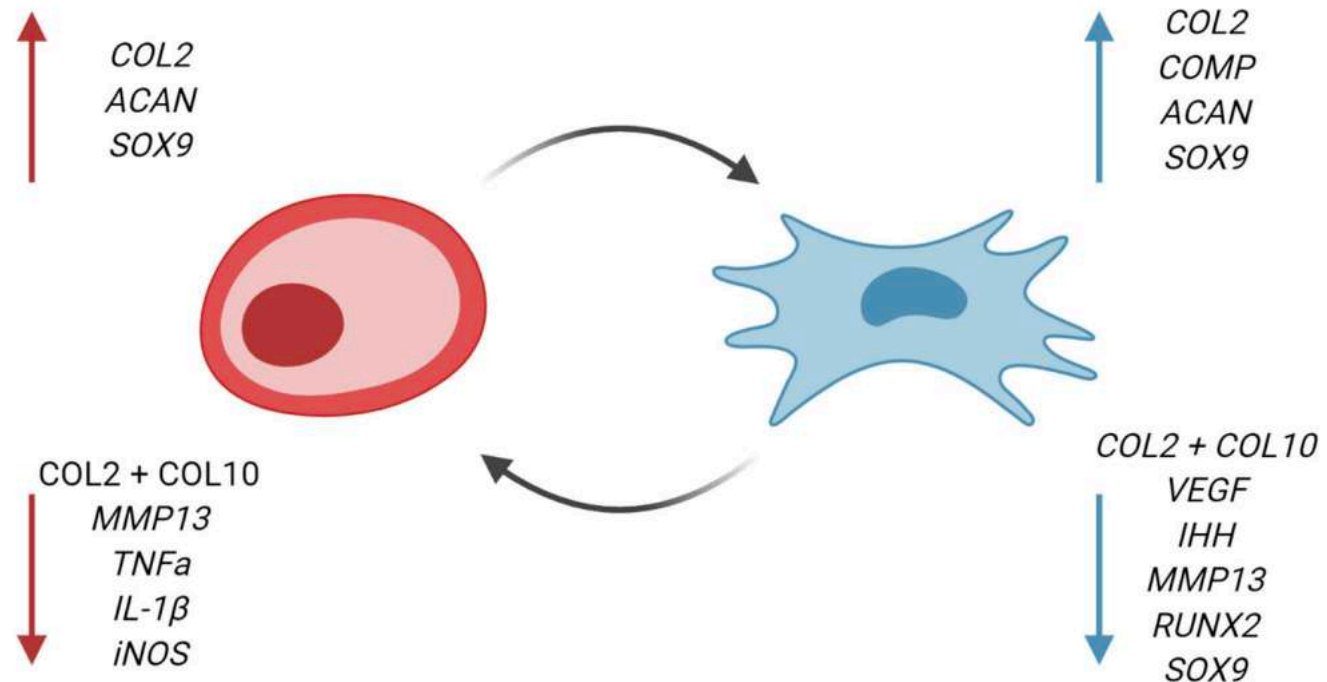


- After co-culture **significantly increased**
 - Bone morphogenetic protein 2 (BMP-2)
 - Vascular endothelial growth factor B (VEGFB)
 - Hypoxia inducible factor-1a (HIF-1a)
 - Fibroblast growth factor-2 (FGF-2)
 - Transforming growth factor- β 1
- Unexpectedly, **significantly down-regulated**
 - Collagen II
 - Aggrecan
- **Crosstalk between ASCs and chondrocytes is a pathway through the regulated growth factors that might have potential in cartilage repair and regeneration and could be useful for tissue engineering.**

Crosstalk between MSCs and Chondrocytes



- Co-culture of chondrocytes and MSCs influence the reciprocal expression of genes associated with chondrogenic phenotype and inflammation with some genes being upregulated and others downregulated



Crosstalk between MSCs and Chondrocytes

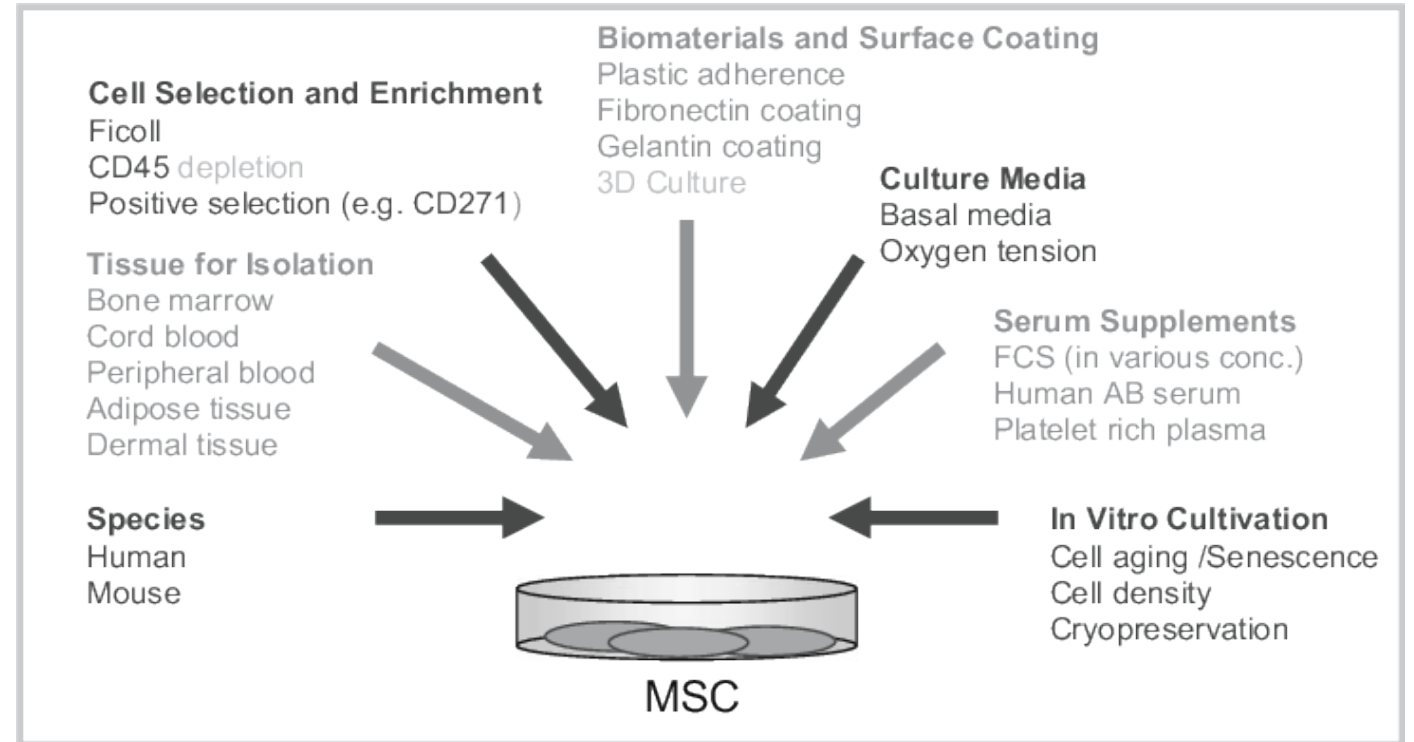


- A downregulation of TNF- α , IL-1 β , IL-6, and inducible nitric oxide synthase (iNOS) is observed, also when chondrocytes are cultured in MSC-conditioned medium
- EV prevent TNF- α mediated upregulation of cyclooxygenase-2 (COX2) and proinflammatory interleukins and inhibit TNF- α -induced collagenase activity
- These results demonstrate that the antiinflammatory effect of MSCs on chondrocytes occurs via paracrine secretion, as well as cell-cell contact.

Critical parameters for MSC isolation



- ❖ Various different culture isolation protocols for MSC preparations have been described in different studies.
- ❖ Each of these parameters has impact on the composition of cell preparations and needs to be taken into account



Stem Cells /biomaterials

It has been reported that inhibition of the phosphatidylinositol 3-kinase Akt/mTOR pathways could provide an environment to maintain MSCs in their immature undifferentiated state during long-term culture expansion

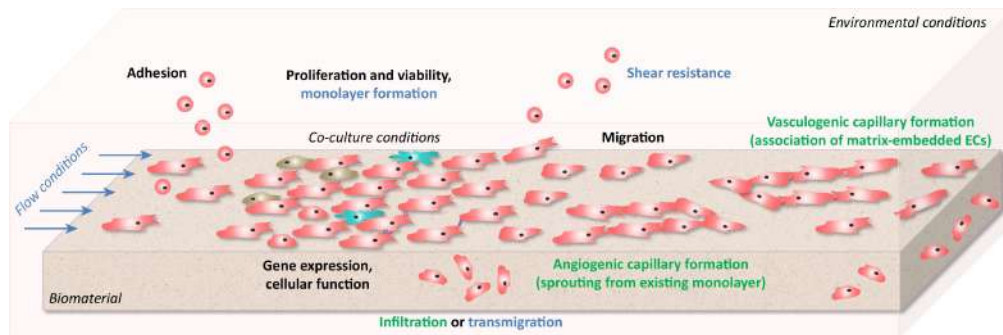


Biomaterial description	Model	Effect on cell survival
Collagen and laminin-derived cell adhesive peptide	<i>In vitro</i> cell culture, embryonic rat NSCs	Increase in cell number
Collagen gel with diffusible NGF	<i>In vitro</i> cell culture, PC-12 cells	Increase in cell number and decrease in number of apoptotic cells
Electrospun PCL nanofibers immobilized with BDNF	<i>In vitro</i> culture, NSCs	Increase in cell number
Chitosan/glycerophosphate salt hydrogels coated with PDL	<i>In vitro</i> cell culture, foetal mouse cortical cells	Increase in cell number
Elastin-like polypeptides modified with RGD	<i>In vitro</i> cell culture, PC-12 cells	Cell number comparable to collagen films
P(HEMA-co-AEMA) modified with YIGSR and IKVAV	<i>In vitro</i> cell culture, DRG cells	Increase in cell number
Dextran modified with RGDS or YIGSR and IKVAV	<i>In vitro</i> cell culture, DRG cells	Increase in cell number
Methyl cellulose modified with laminin	<i>In vitro</i> cell culture, cortical neurons	Increase in cell viability
Laminin coated glass coverslips	<i>In vitro</i> cell culture, oligodendrocyte progenitor cells	Decrease in number of apoptotic cells
Fibronectin coated glass coverslips	<i>In vitro</i> cell culture, oligodendrocyte progenitor cells	Decrease in number of apoptotic cells
Agarose	<i>In vitro</i> cell culture, rat cortical neurons	Complete cell death by 14 days
Collagen	<i>In vitro</i> cell culture, rat cortical neurons	Increase in percentage live cells over agarose
Fibrin, Fibronectin and Fibrin/Fibronectin	<i>In vivo</i> scaffold for spinal cord knife cut lesion cavity	Increase in cell number
Outer PLGA scaffold, inner PEG/PLL hydrogel	<i>In vivo</i> transplantation in a rat hemisection model	Increase in cell number
Chitosan channels/tubes	<i>In vivo</i> transplantation in rat complete spinal cord transection	Increase in cell number
Chitin/Chitosan films	<i>In vitro</i> cell culture	Increase in cell number
Methyl cellulose	<i>In vivo</i> transplantation in rat spinal cord moderate thoracic (T8) contusion injury	Decrease in cell number
ECM gel (laminin and collagen)	<i>In vivo</i> transplantation in rat spinal cord moderate thoracic (T8) contusion injury	Increase in cell number
Fibrin	<i>In vivo</i> transplantation in rat spinal cord hemisection model	Increase in cell number
Growth factor reduced Matrigel	<i>In vivo</i> transplantation into brain	Increased in graft size
Matrigel	<i>In vivo</i> transplantation into brain	Decrease in infarct size
Matrigel	<i>In vivo</i> transplantation in rat spinal cord moderate thoracic (T8) contusion injury	Increase in cell number
Ultrafoam (Collagen I)	<i>In vivo</i> transplantation into brain	Increase in cell number
Hyaluronic acid hydrogel with BDNF	<i>In vitro</i> cell culture	Increase in culture viability
Aragonite matrix	<i>In vitro</i> cell culture	Increase in cell number

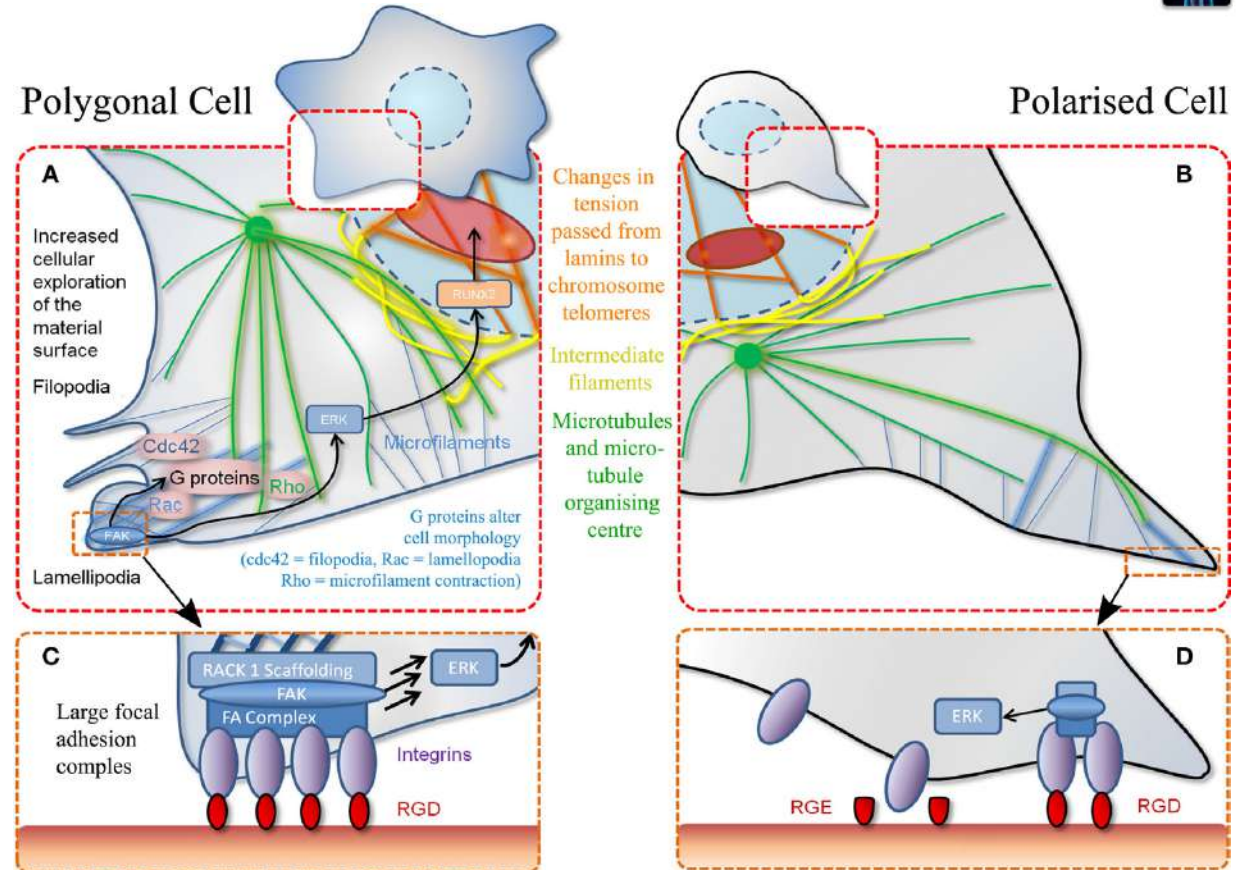
MSC adhesion



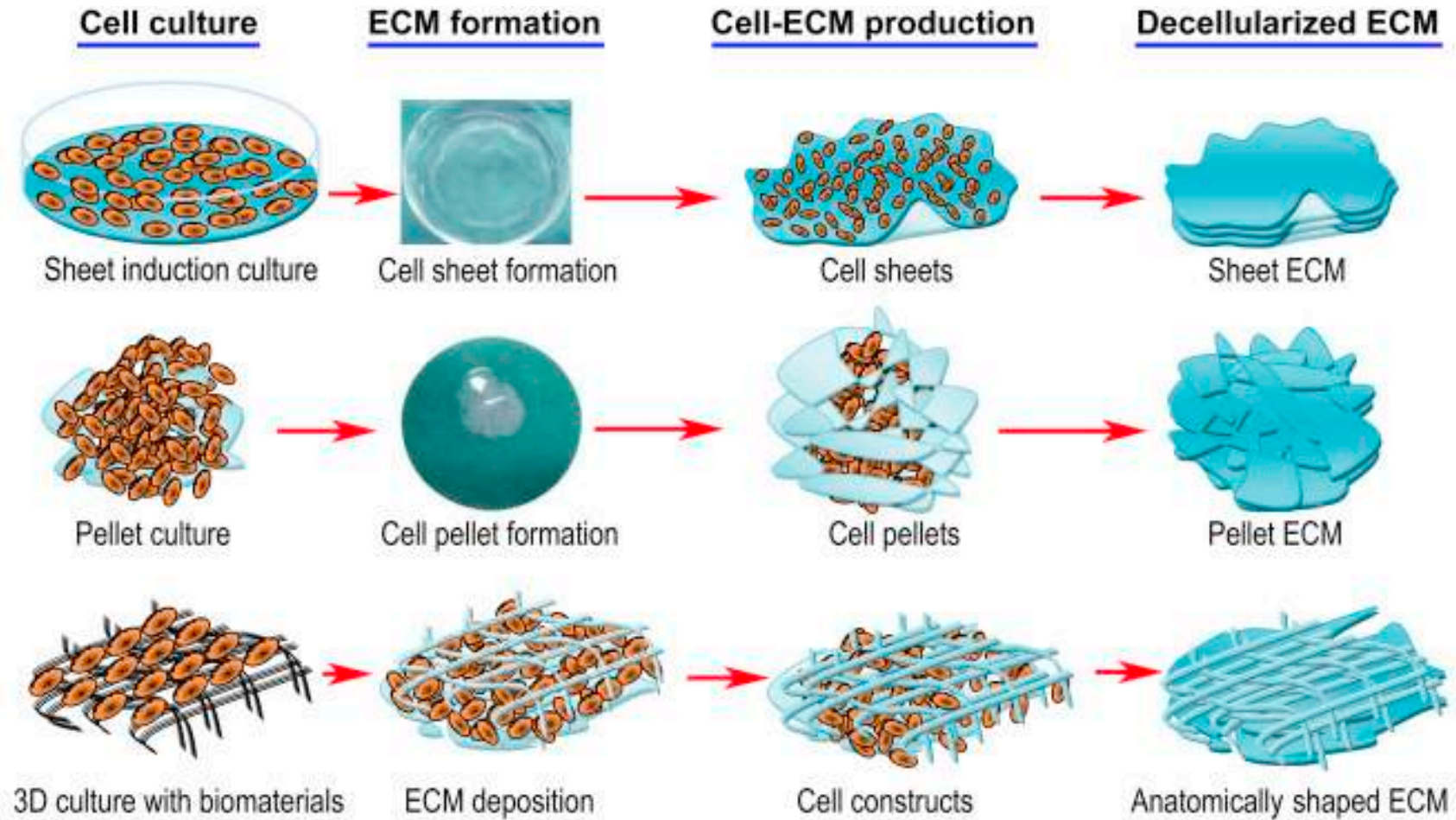
- (A) Binding to material surface by lamellipodia stimulates a signaling cascade. This results in transcription factor expression (RUNX2) that stimulates differentiation via other G-proteins and effectors.
- (B) Polygonal cells adhere to a material at various positions encouraging cell spreading and decreasing motility. (B) Polarized cells refer to adhesion at a single point through the same mechanisms described in (A).



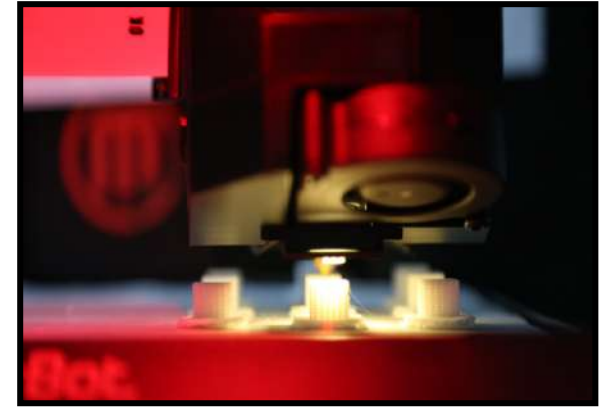
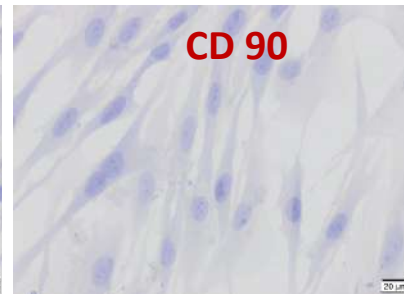
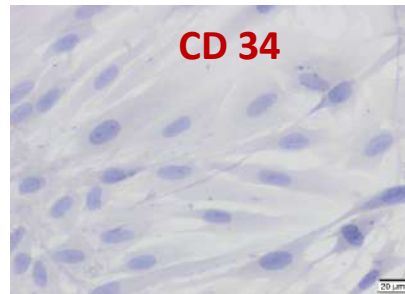
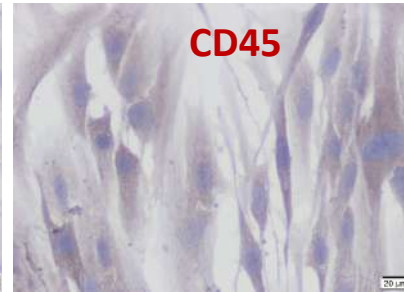
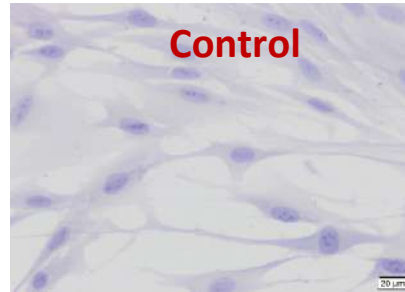
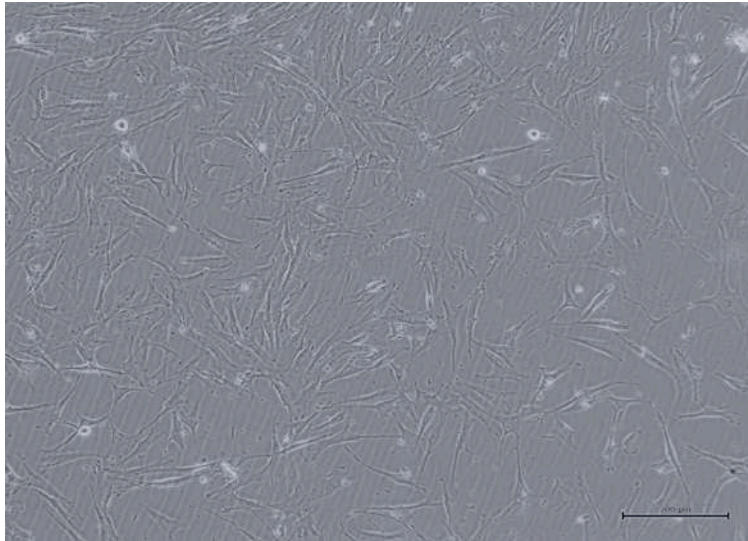
Trends in Biotechnology

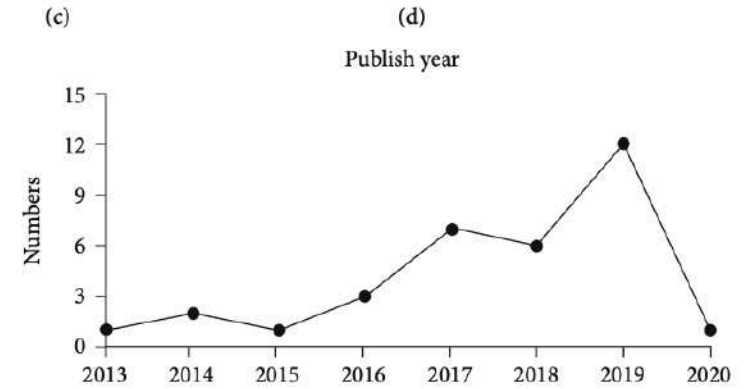
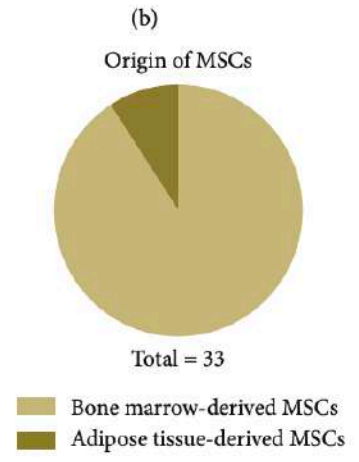
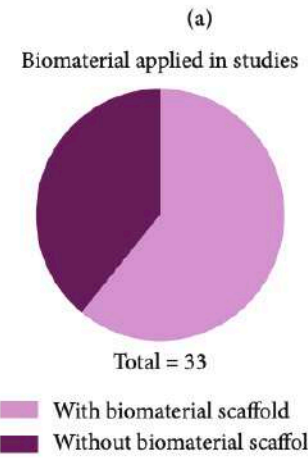
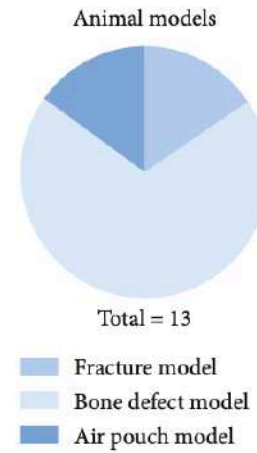
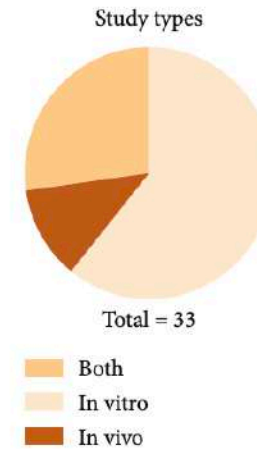
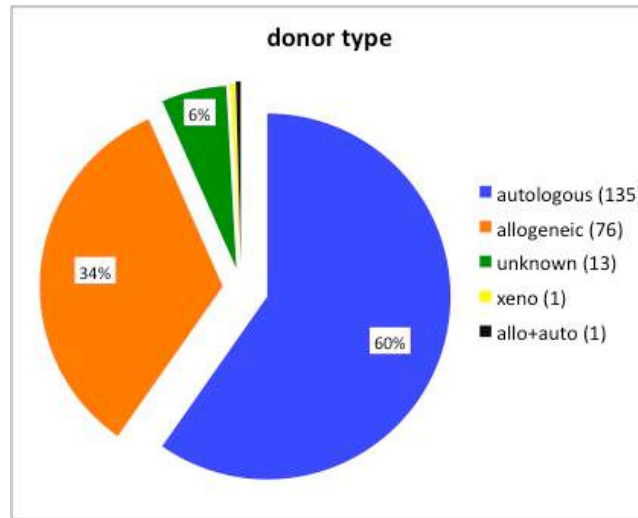
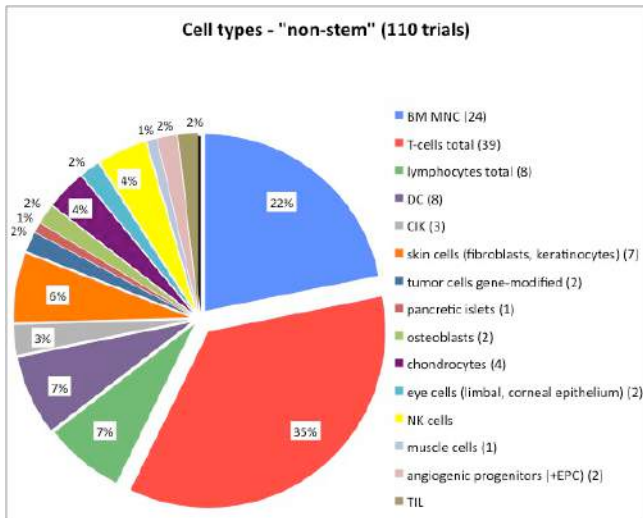
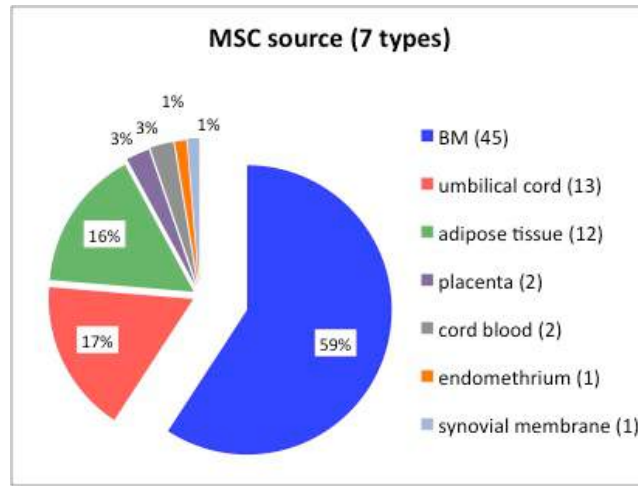
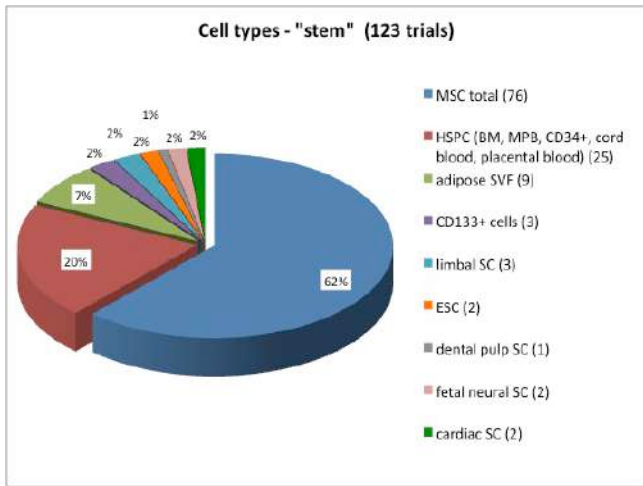


Culture



Stem Cells + Scaffold





Stem Cells Studies



Embryonic Stem Cells (Mouse, Human)

Bone Marrow Mesenchymal Stem Cells (Mouse, Rat, Human)

Adipogenic Mesenchymal Stem Cells (Mouse, Rat, Human)

Dental Pulp Stem Cells (Human)

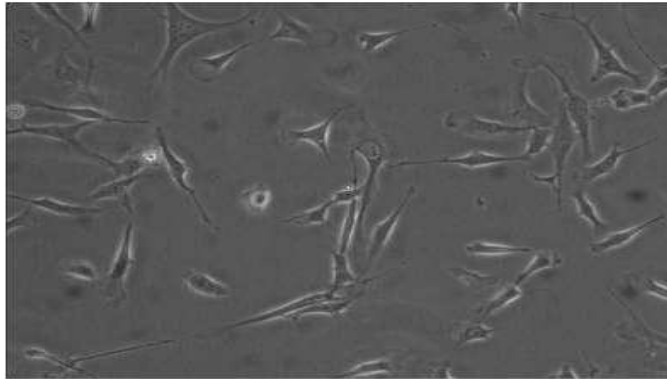
Foreskin Mucosal Stem Cells (Human)

Spermatogonial germ stem cell culture (Human)

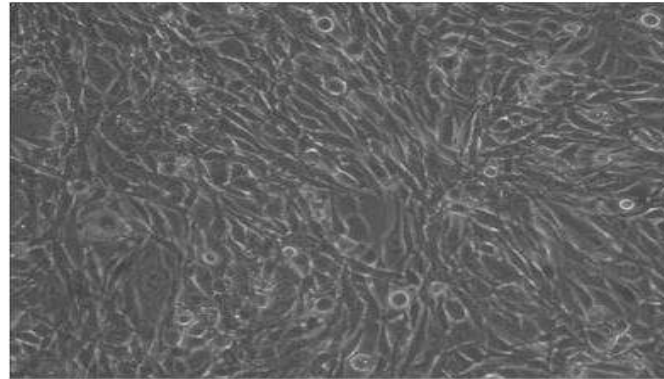
Embryonic Stem Cells-Culture and Differentiation



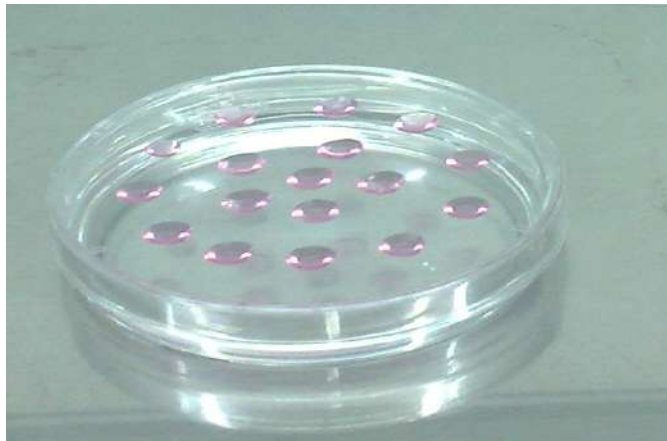
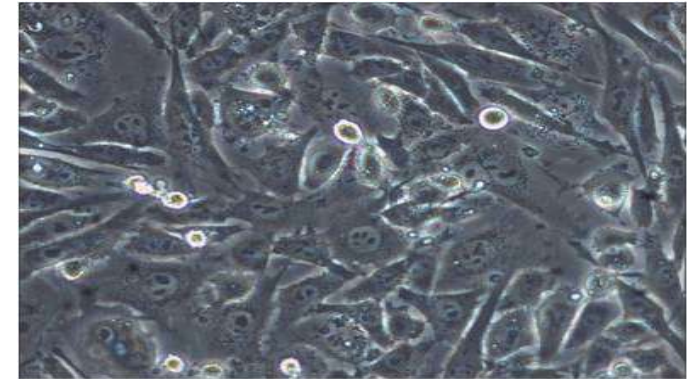
STO-2. day



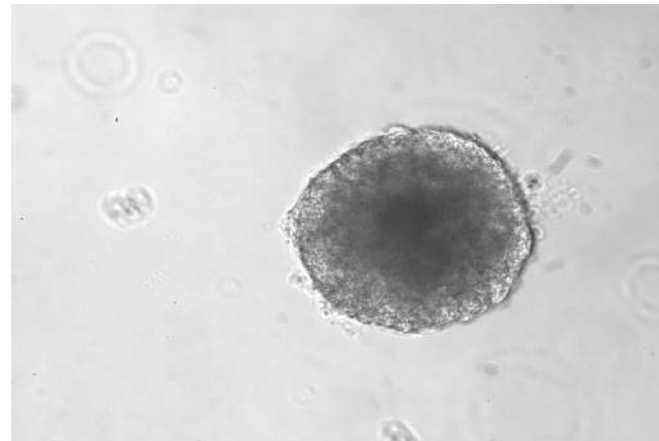
STO-7. day



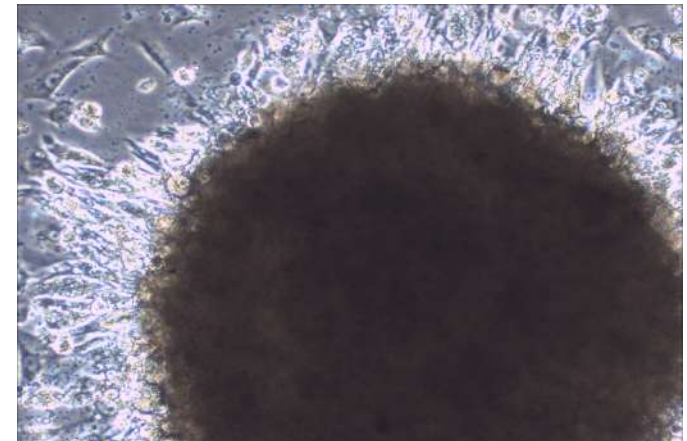
ES Cells on mit-C treated STO



Hanging Drop

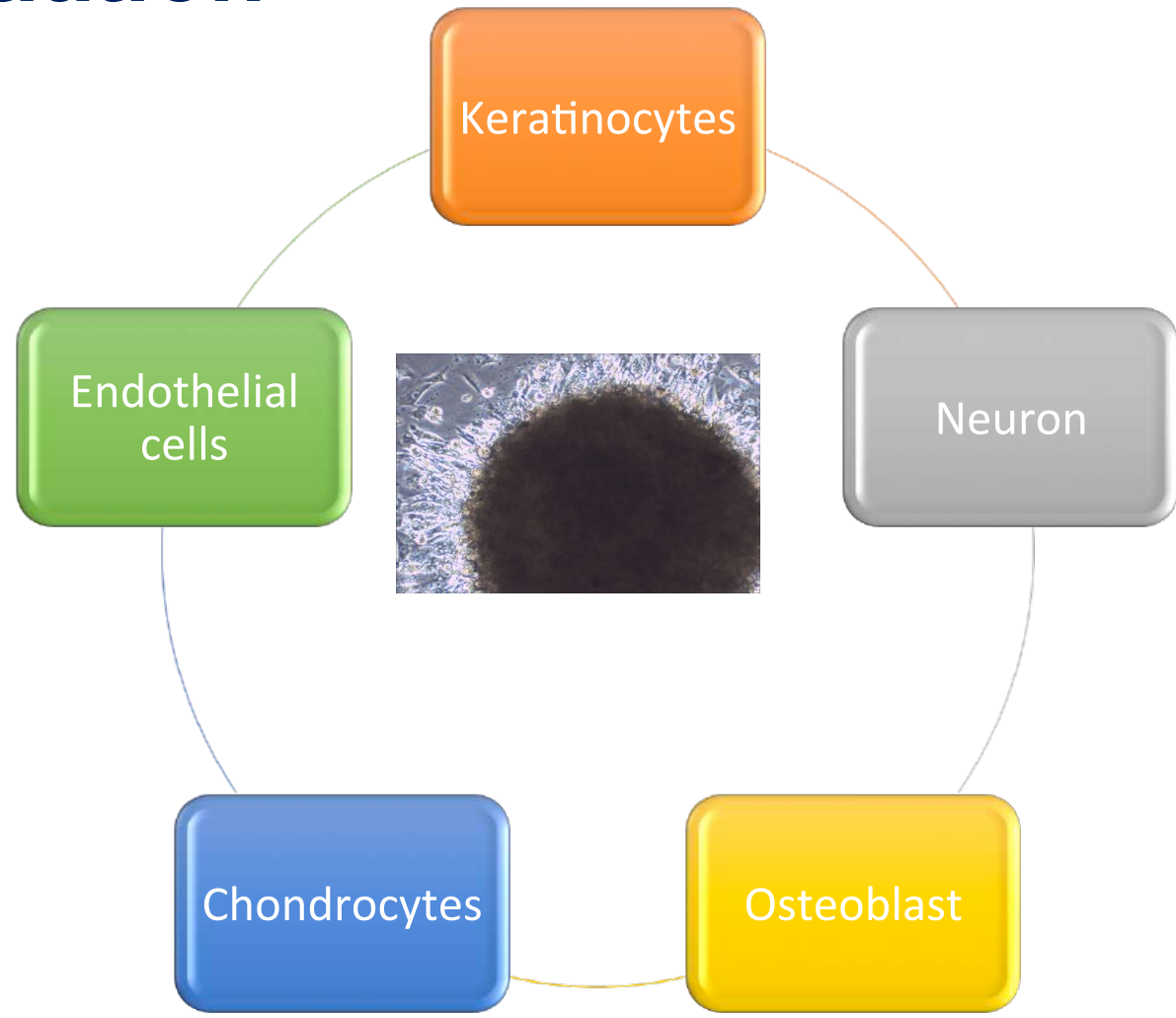


Embryoid Body

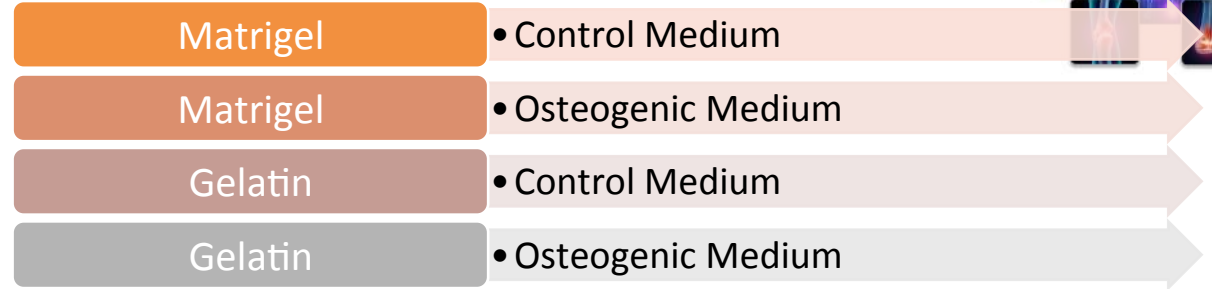
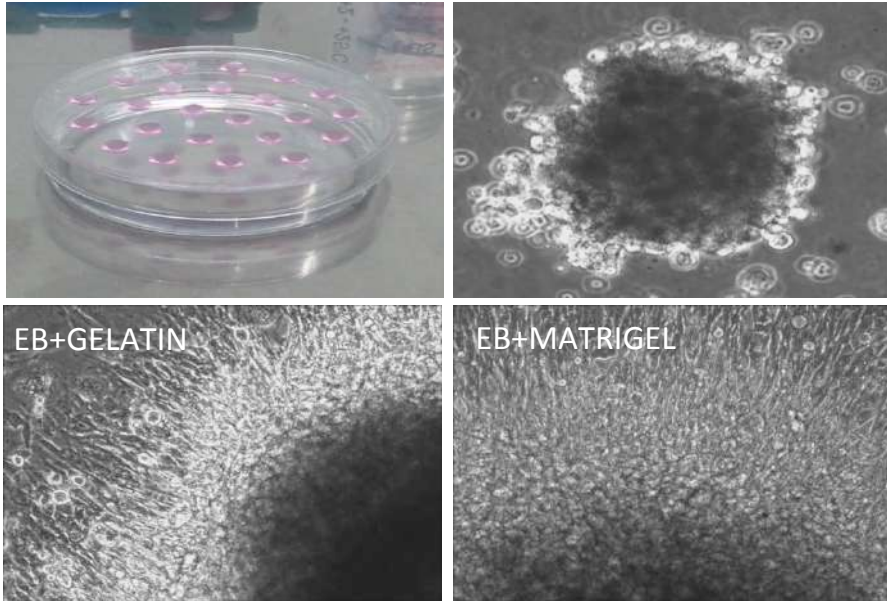


Differentiation

Embryonic Stem Cells-Culture and Differentiation



Embryonic Stem Cells- Osteogenic Differentiation



Osteogenic Medium

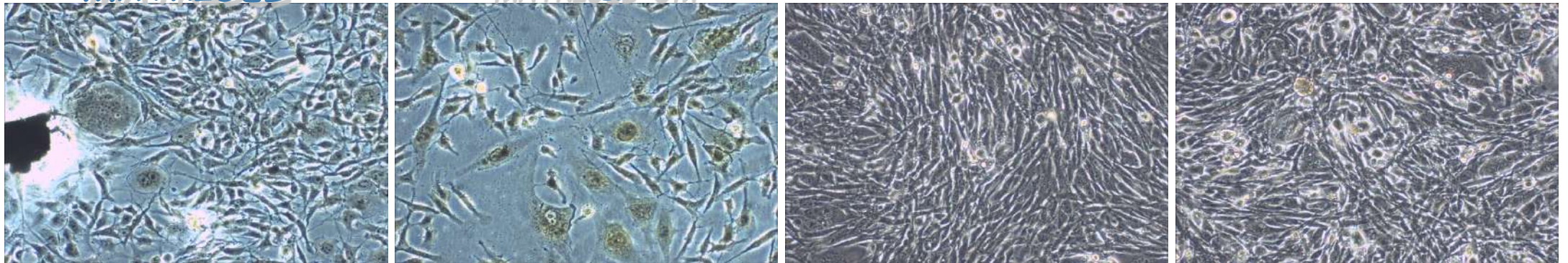
- 10 mM Na-β-glycerophosphate
- 50 μg/ml ascorbic acid
- 10⁻⁸M dexamethasone

MATRIGEL

MATRIGEL+OM

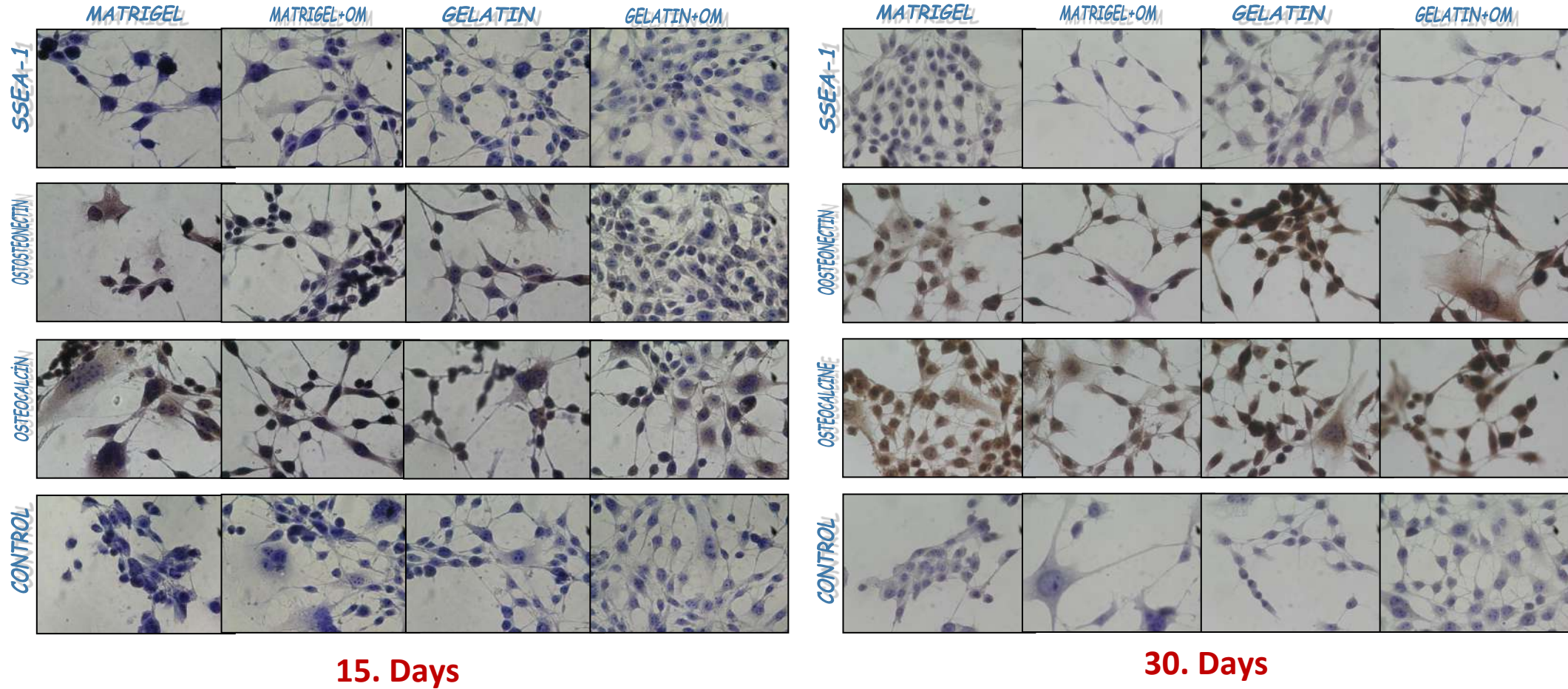
GELATIN

GELATIN+OM

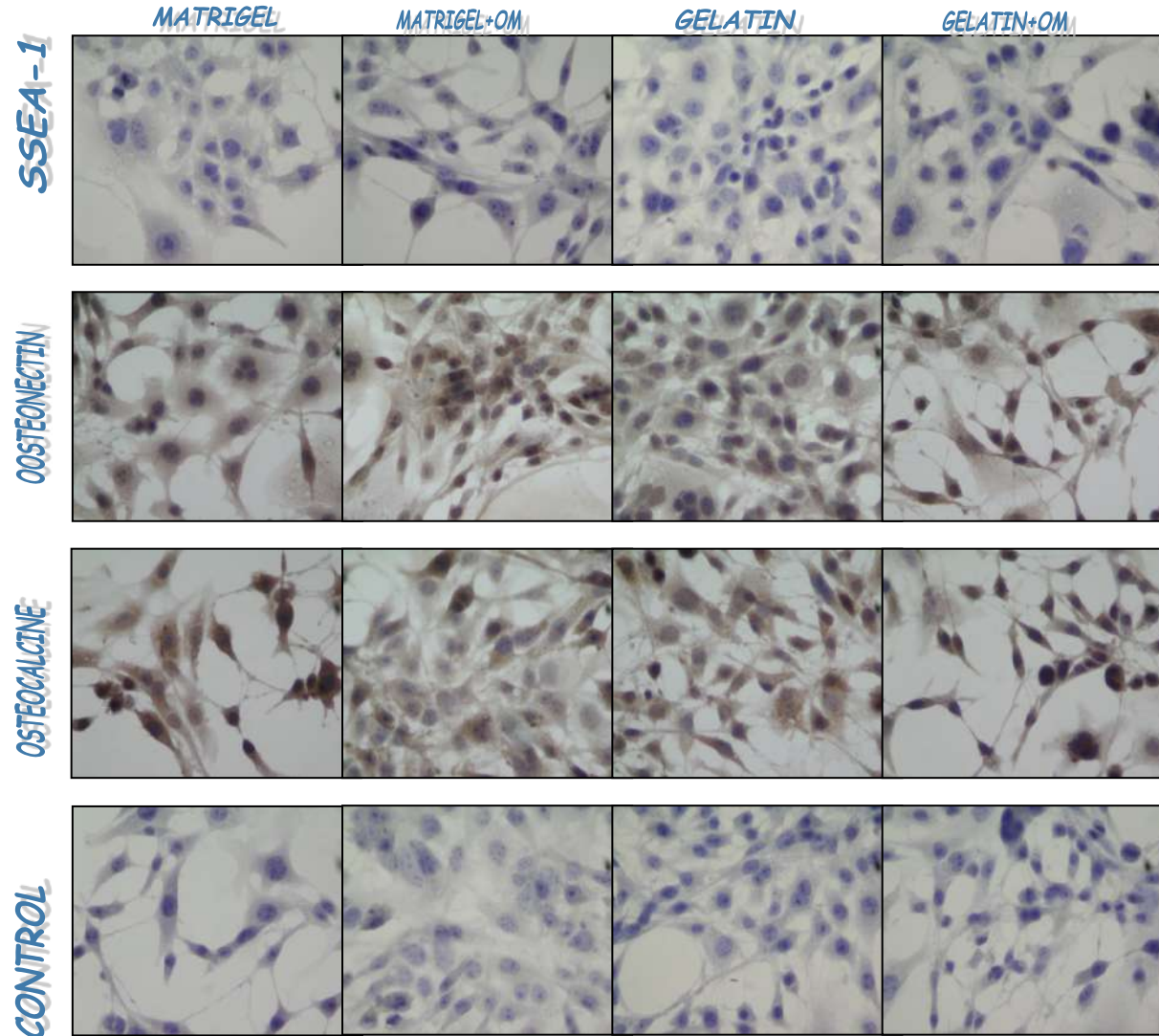


15. DAYS ALP/VK

Embryonic Stem Cells- Osteogenic Differentiation-Osteoblast

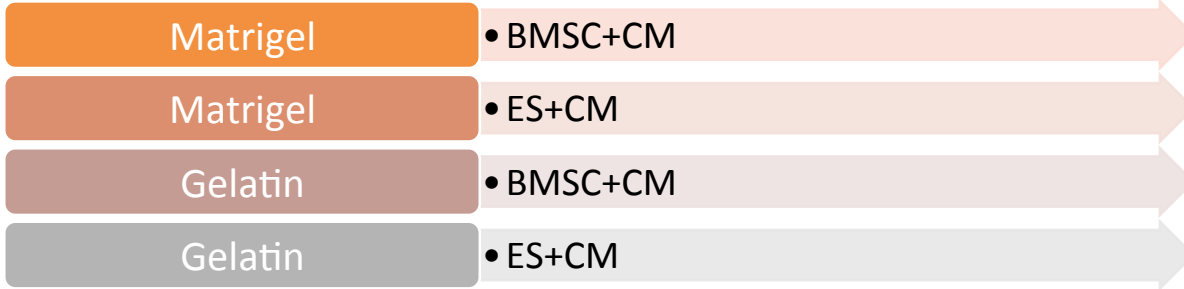


Embryonic Stem Cells- Osteogenic Differentiation-Osteoblast



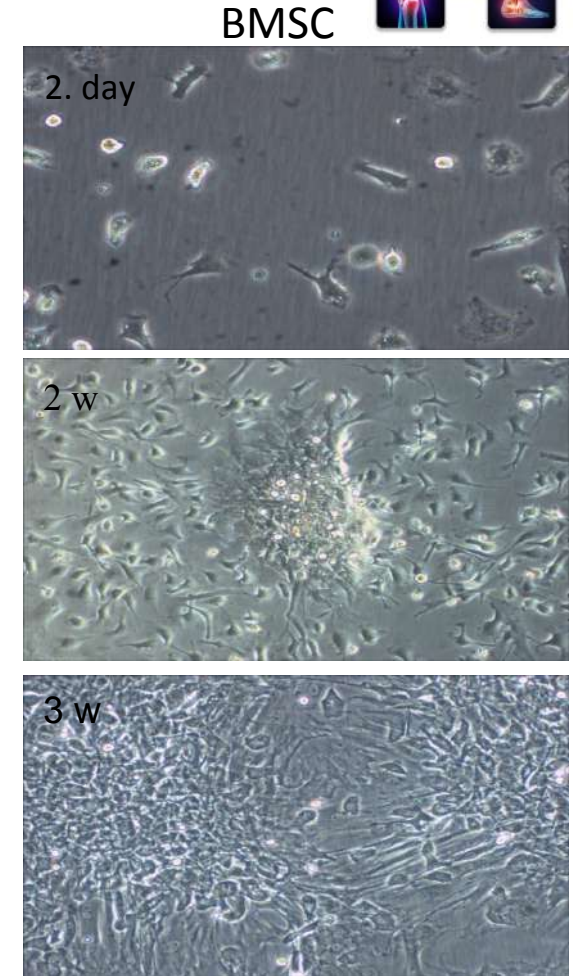
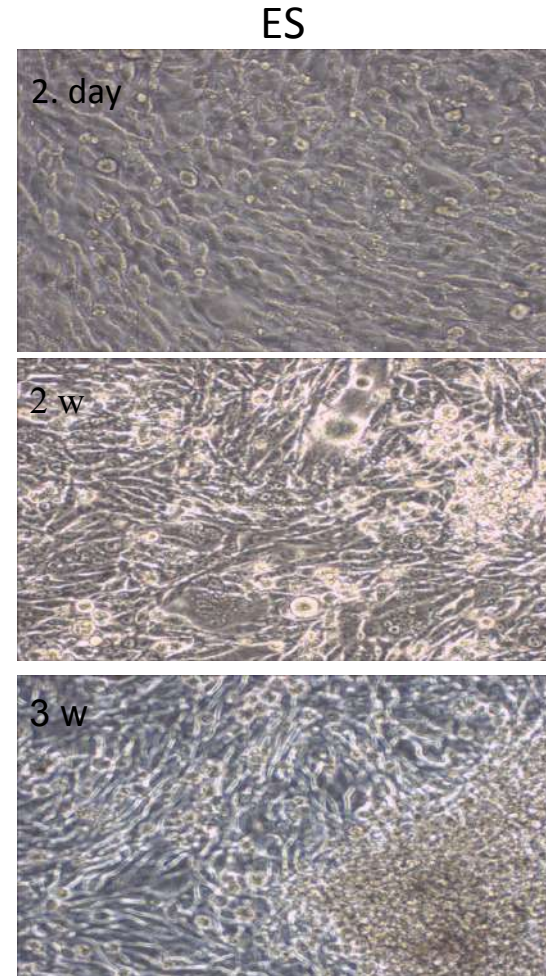
45. Days

Embryonic Stem Cells- Chondrogenic Differentiation

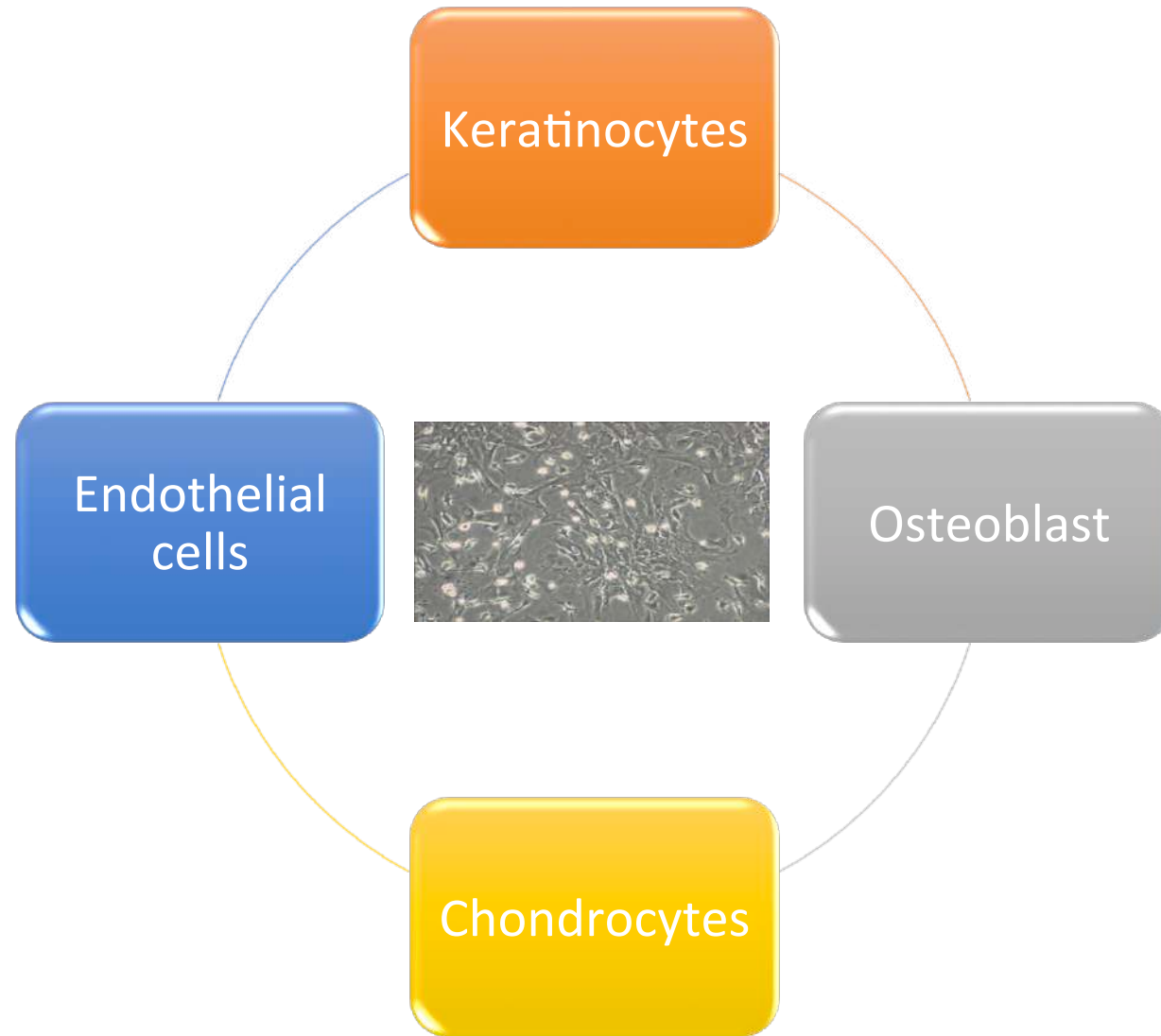


Chondrogenic Medium

- 10ng/ml TGF- β 1
- 50 μ g/ml ascorbic acid 2 fosfat
- 100nM dexametazon,
- 10% ITS (Insülin- Transferrin-Selenium)



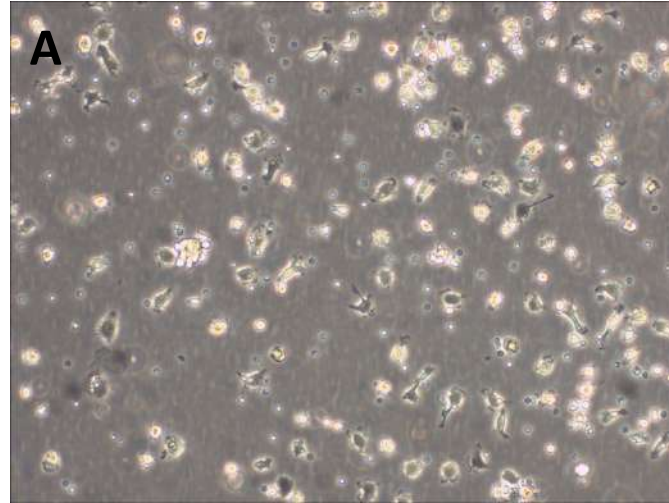
Bone Marrow Mesenchymal Stem Cells-Culture and Differentiation



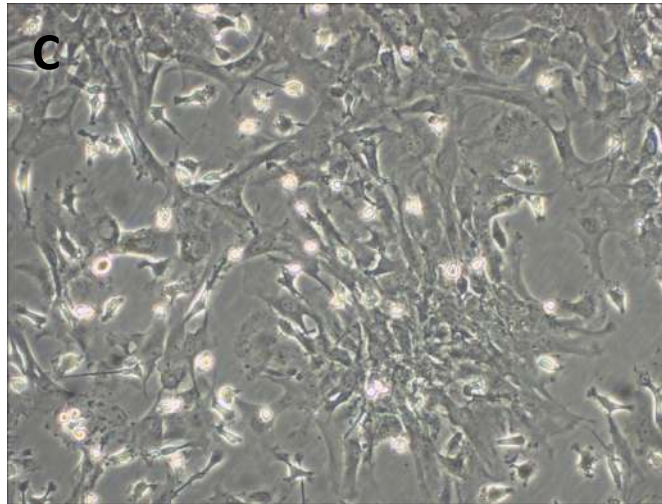
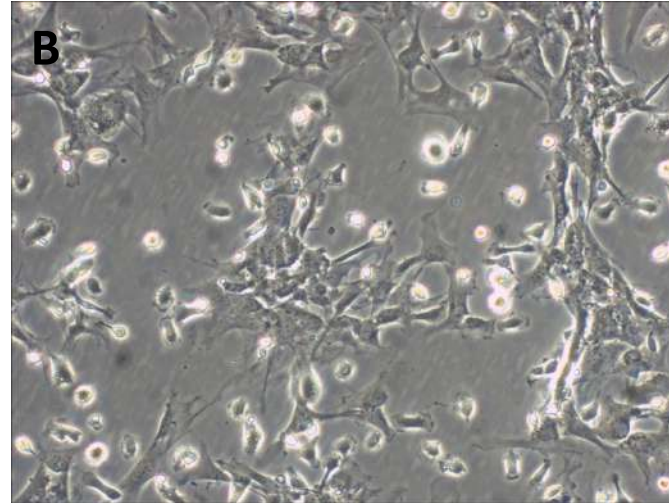
Bone Marrow Mesenchymal Stem Cells-Culture and Differentiation



3. day

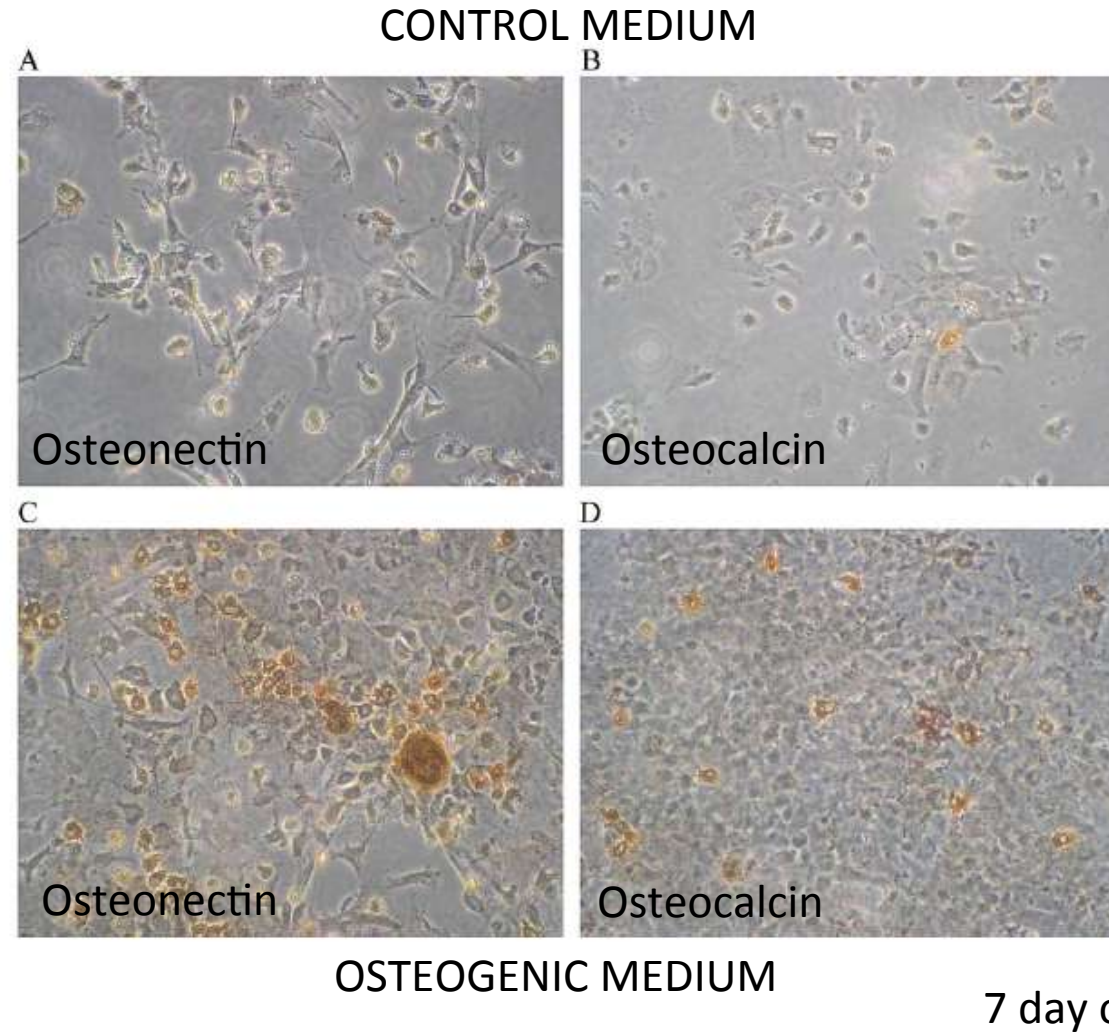


6. day

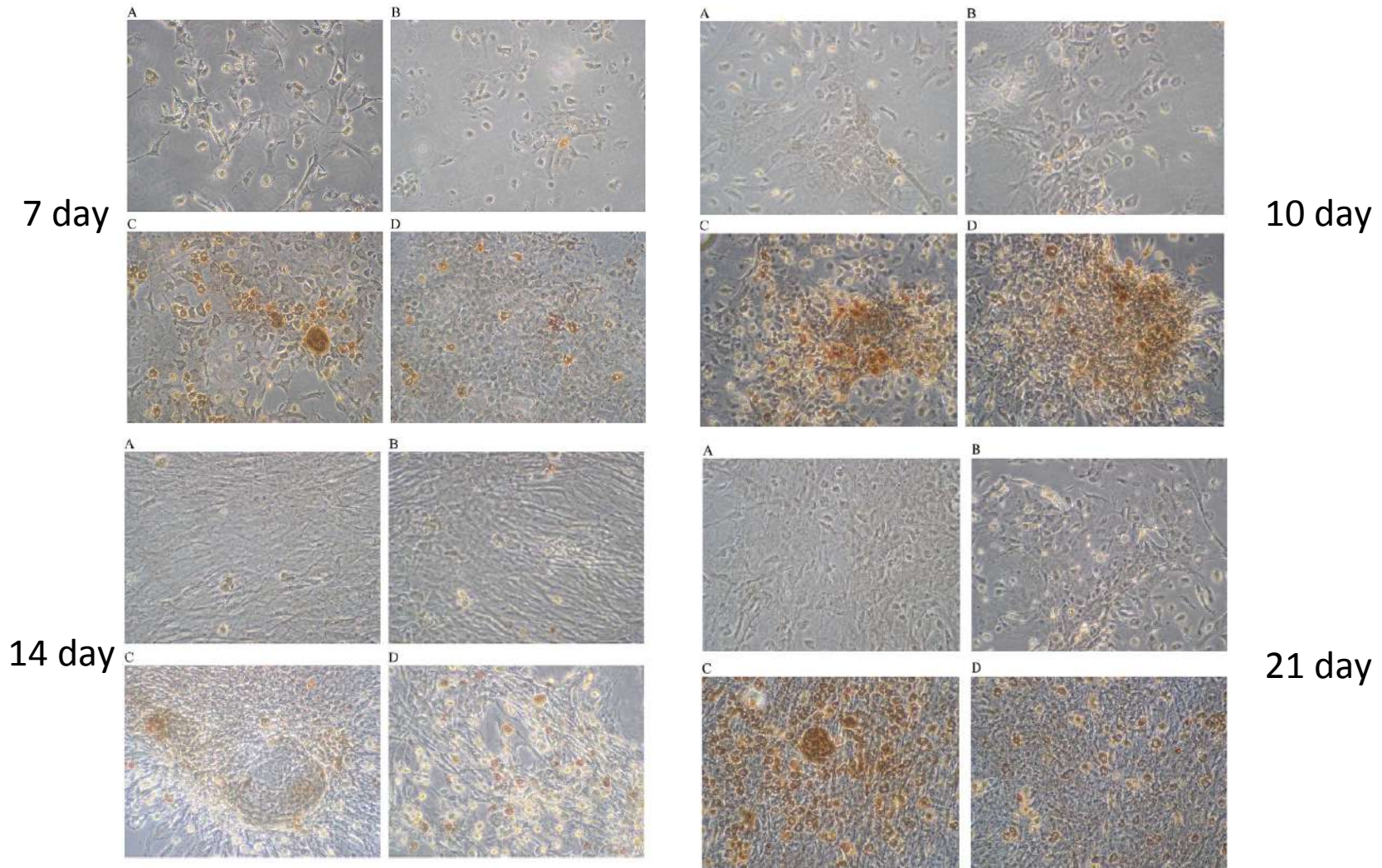


9. day

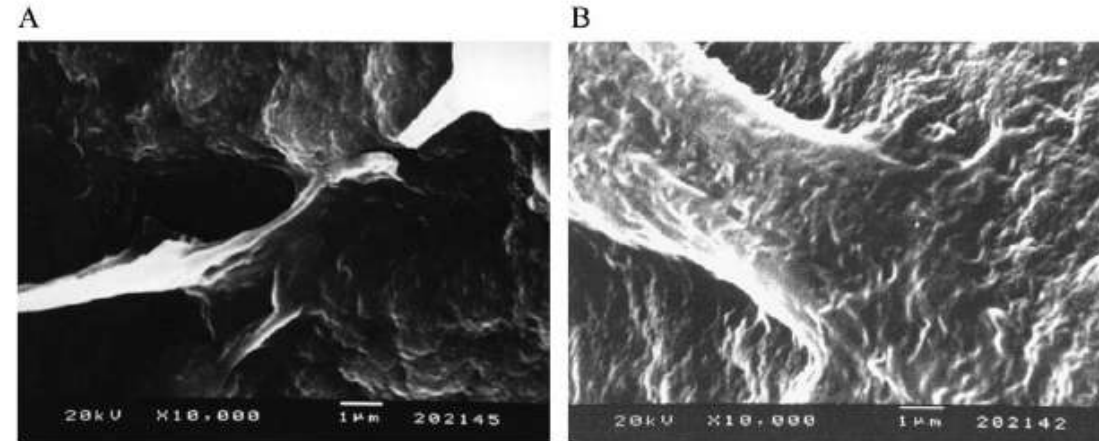
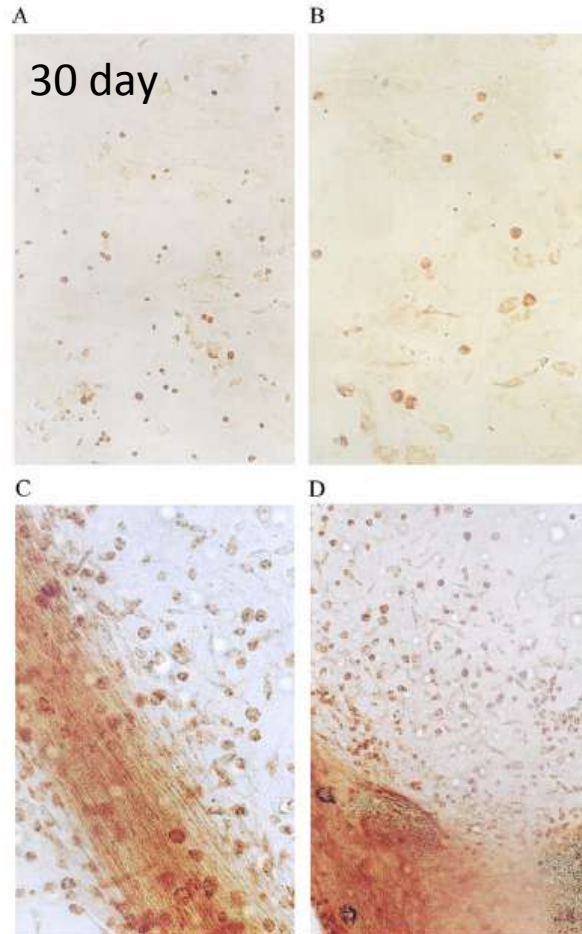
Bone Marrow Mesenchymal Stem Cells- Osteoblast



Bone Marrow Mesenchymal Stem Cells- Osteoblast



Bone Marrow Mesenchymal Stem Cells- Osteoblast



BMSCs cultured in OM on the HA-gel spread more and were more adhesive with a more epithelial morphology giving a greater area of cytoplasm and longer cytoplasmic protrusion.

Mineralization and matrix formation

Osteoarthritis Experimental Model



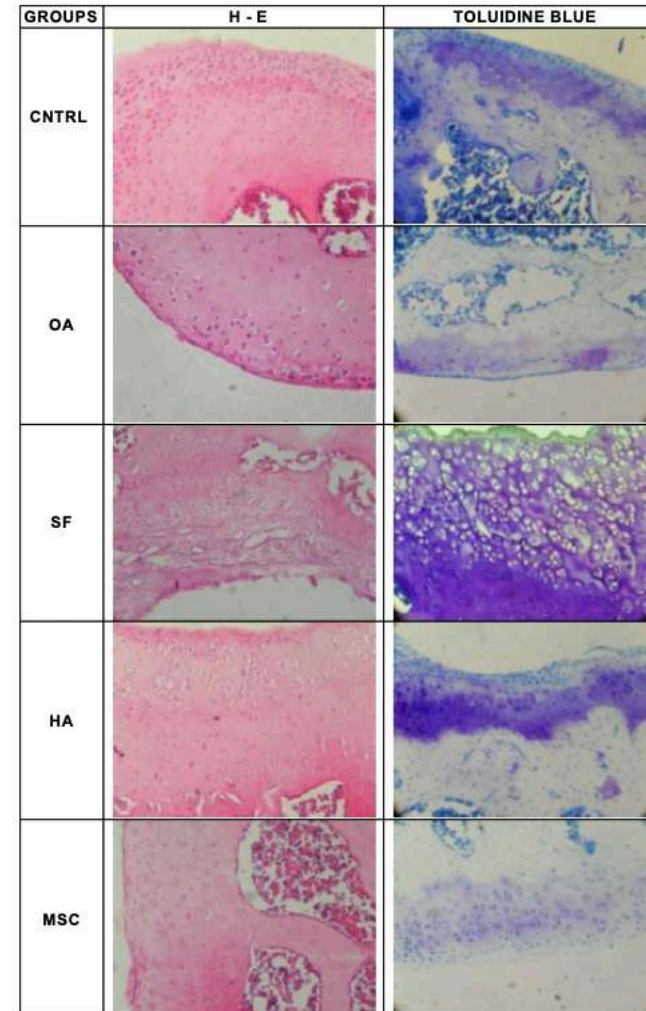
- Pathogenesis and pathophysiology of disease processes are typically studied using small animal models.
- Although tiny animals have smaller joint sizes, thinner articular cartilage, and a greater cartilaginous defect regeneration rate than humans, small animal models offer the advantages of being relatively inexpensive, growing more quickly, and being easier to create



Osteoarthritis Experimental Model

- Experimental chronic OA model
 - Control group
 - OA group
 - SF group
 - HA group
 - MSC group

The hypertrophic chondrocytes were more abundant in both SF and HA groups, however, the number of these cells were less in MSC group with hyaline-like cartilage matrix synthesis



Osteoarthritis Experimental Model



- **Control (CNTRL) group:** Less mineralization at the joint surface and intense mineralization in the proliferative zone were detected. Normal cells, hypertrophic and picnotic nucleated cells were observed.
- **OA group:** Mineralization density was more intense at the proliferation zone, it was lesser in joint and bone surface. But this mineralization was much less in both SP and HA group, however, it was similar with MSC group. Rare hypertrophic hypertrophic and picnotic nucleated cells were observed.
- **SF group:** While mineralization and proteoglycan has a lot more intense in SF group after Toluidine blue staining, this intensity continued into the articular surface. In addition, the number of hypertrophic cells were much more in this group when compared to the MSC and control groups. Picnotic nucleated cells were also observed in some places.

GROUPS	H - E	TOLUIDINE BLUE
CNTRL		
OA		
SF		
HA		
MSC		



Osteoarthritis Experimental Model

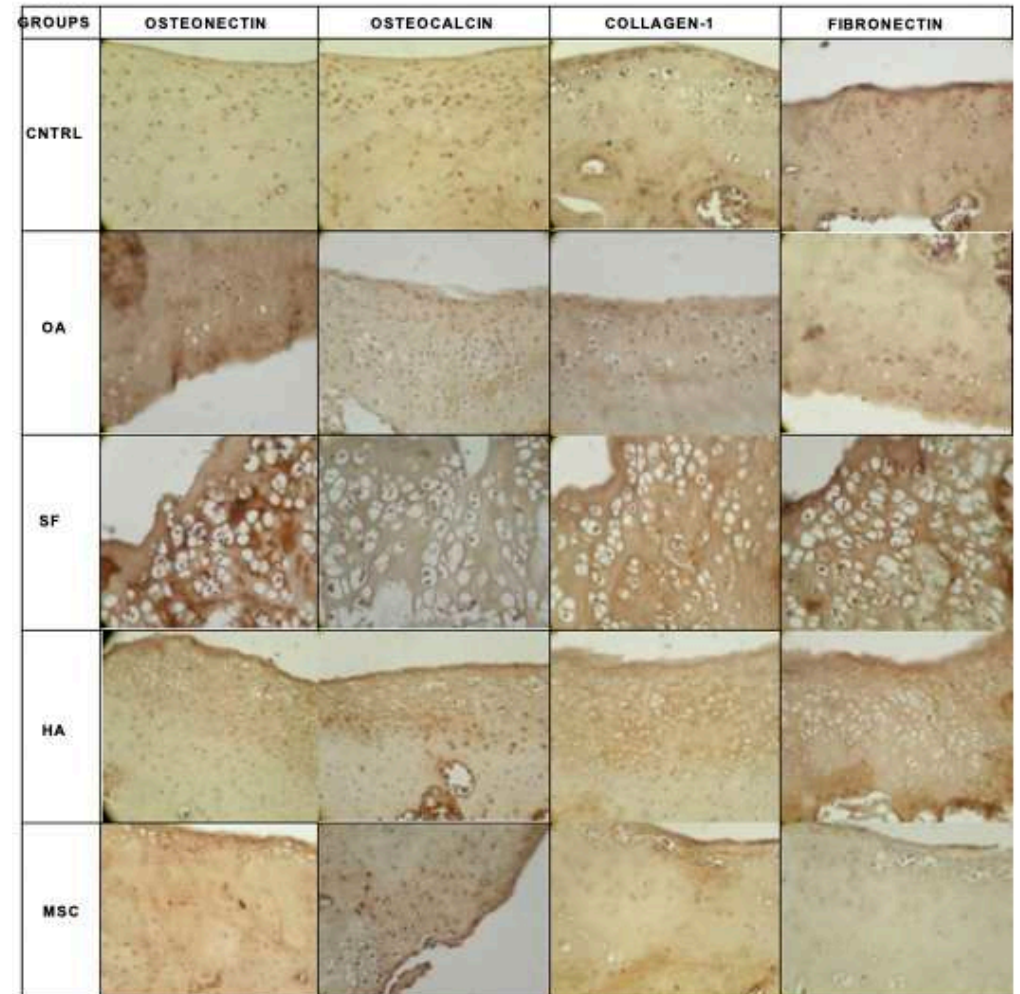
- **HA group:** Mineralization at the bone place were more in than at the joint surface and proliferation zone. This intensity was lesser than MSC and control groups, but it was similar with SF group. However, hypertrophic cells were more than other groups.
- **MSC group:** Less mineralization at the joint surface, intense minerilization at the zone of proliferation region were detected. But this intensity was less than in SF and HA groups. Rare hypertrophic and picnotic cells were observed.

GROUPS	H - E	TOLUIDINE BLUE
CNTRL		
OA		
SF		
HA		
MSC		

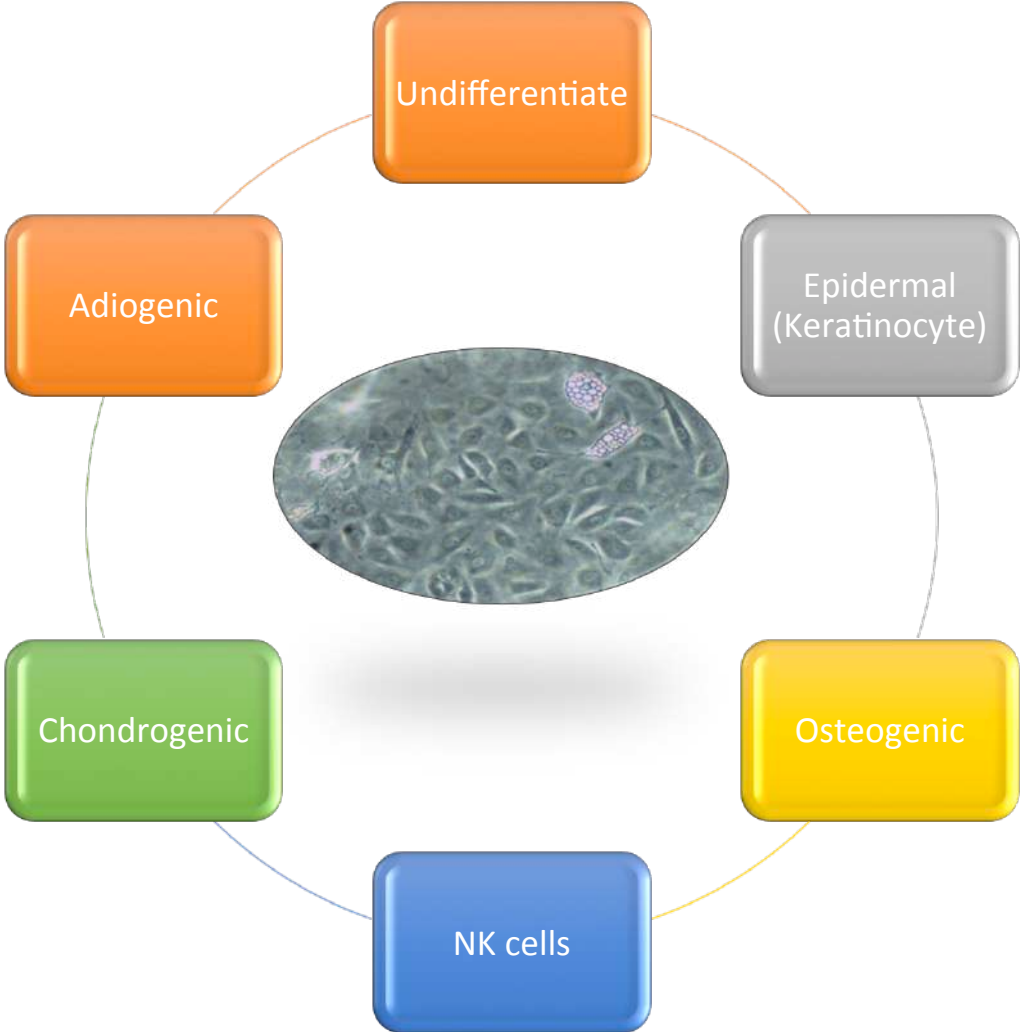
Osteoarthritis Experimental Model



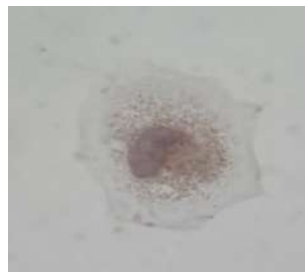
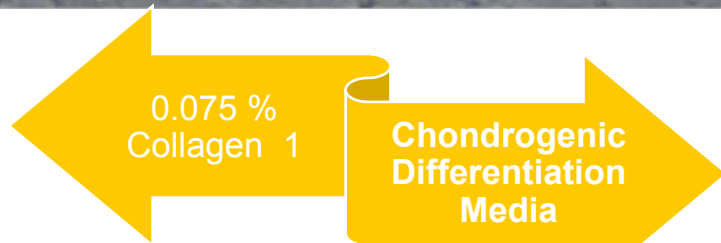
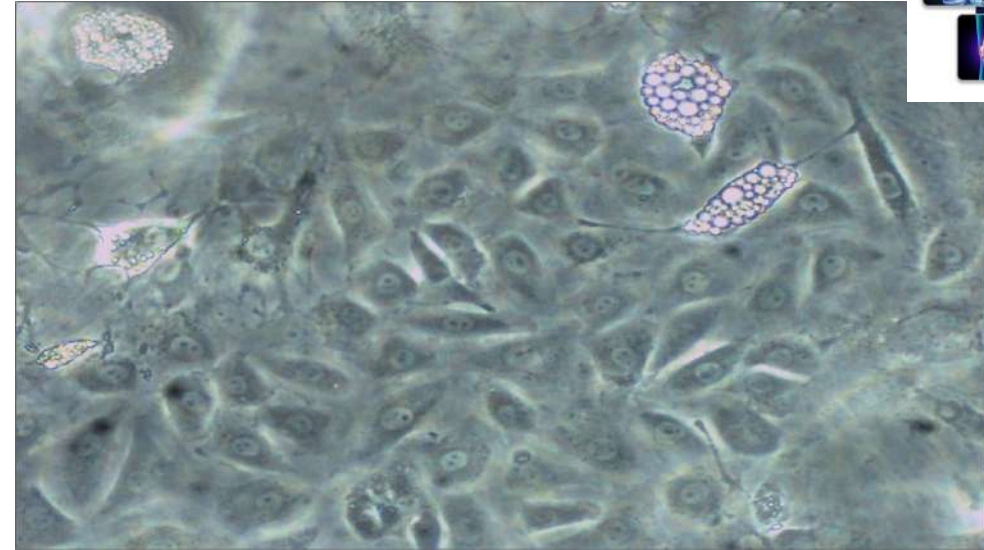
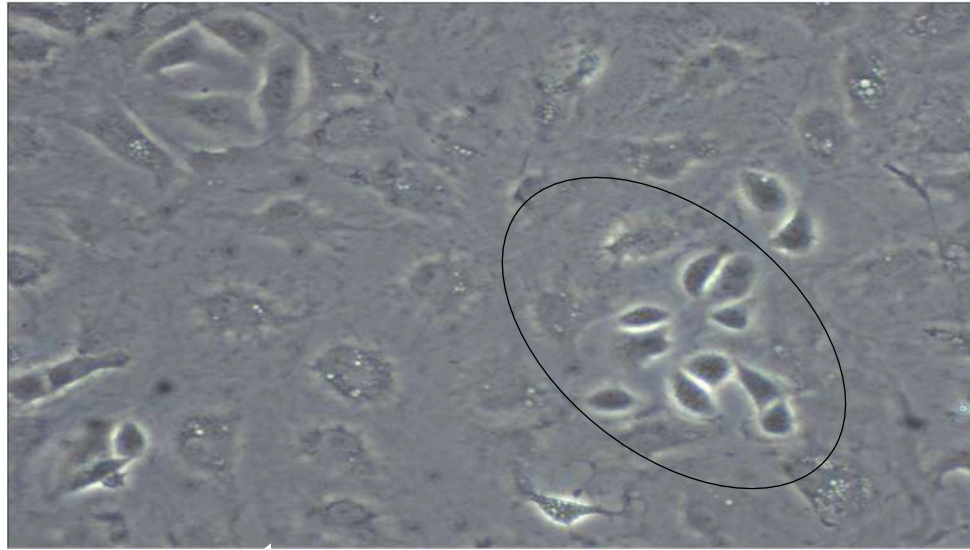
- While fibronectin immunoreactivity was similar in all groups, the positive immunoreactivities of collagen-1, osteonectin and osteocalcin were observed in MSC group.
- This study demonstrates that **MSC cells transplanted into cartilage defects stimulate the repair process to promote better organization than other group.**



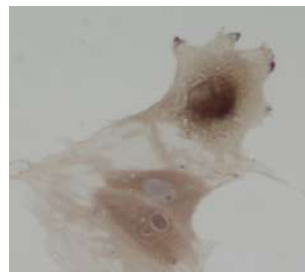
Adipogenic Mesenchymal Stem Cells-Culture and Differentiation



Adipogenic Mesenchymal Stem Cells- Chondrogenic Differentiation



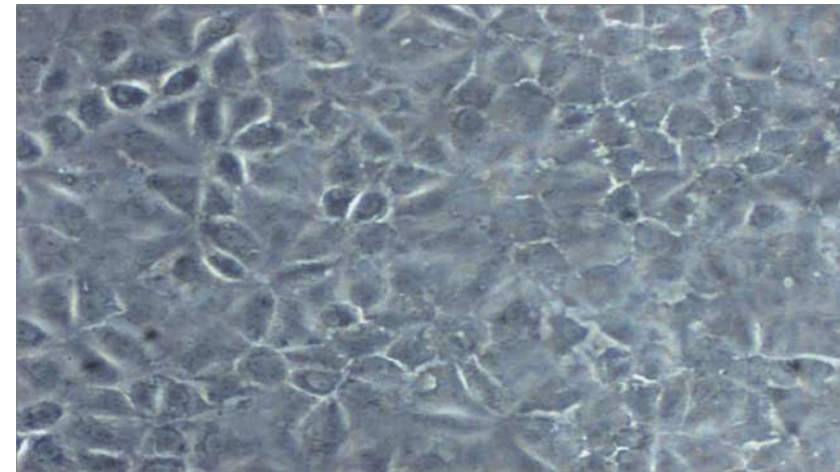
Collagen-II



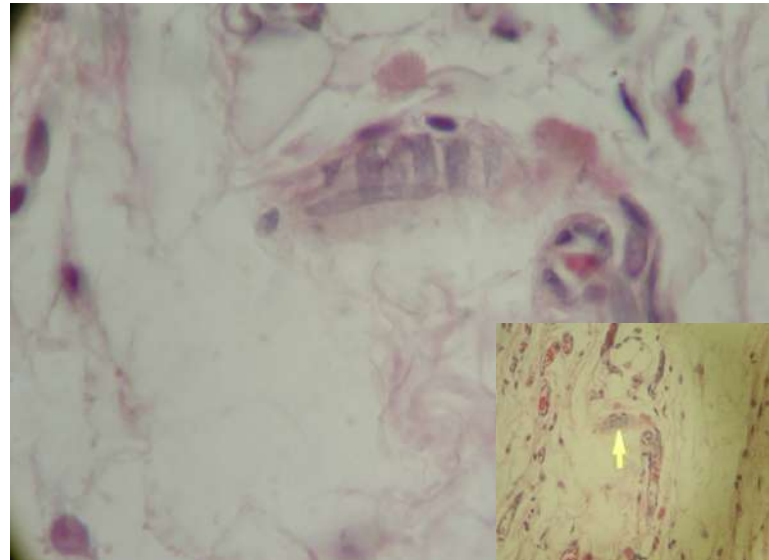
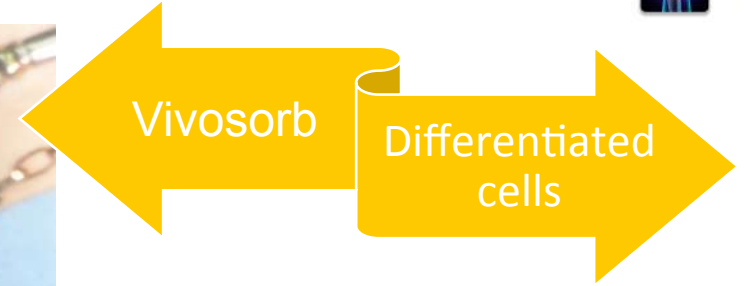
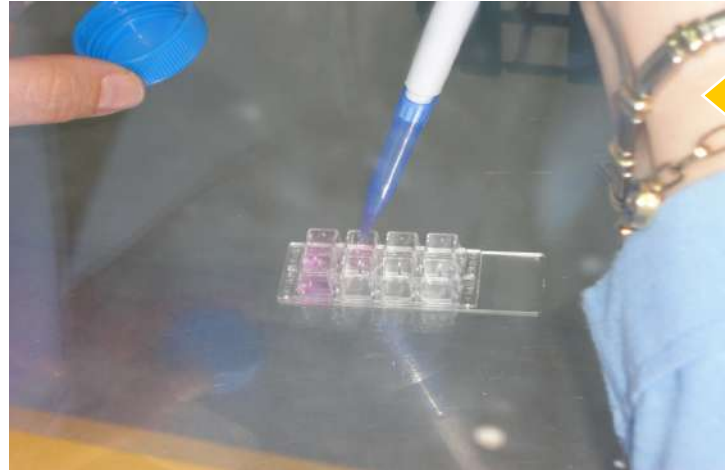
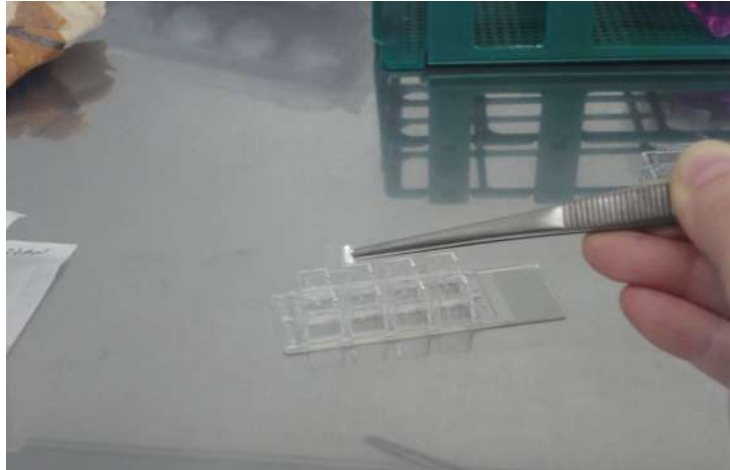
Aggrekan



Sox-9



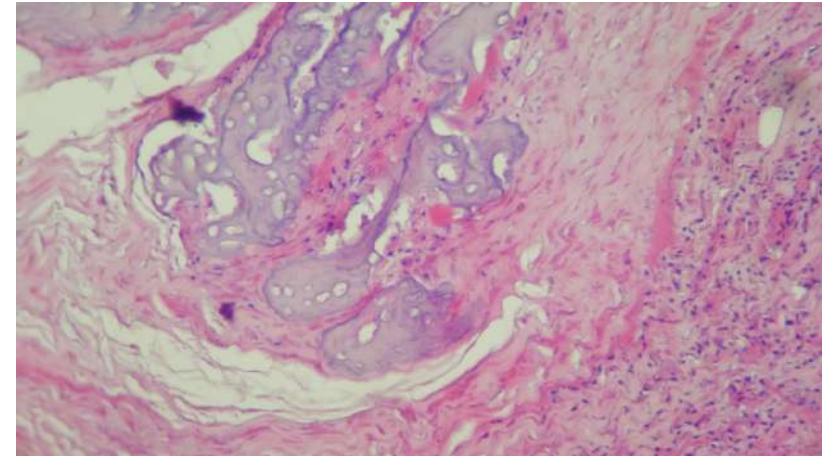
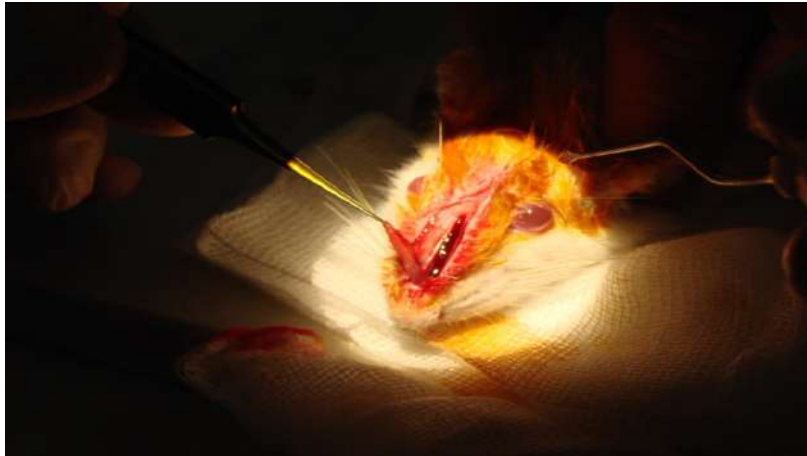
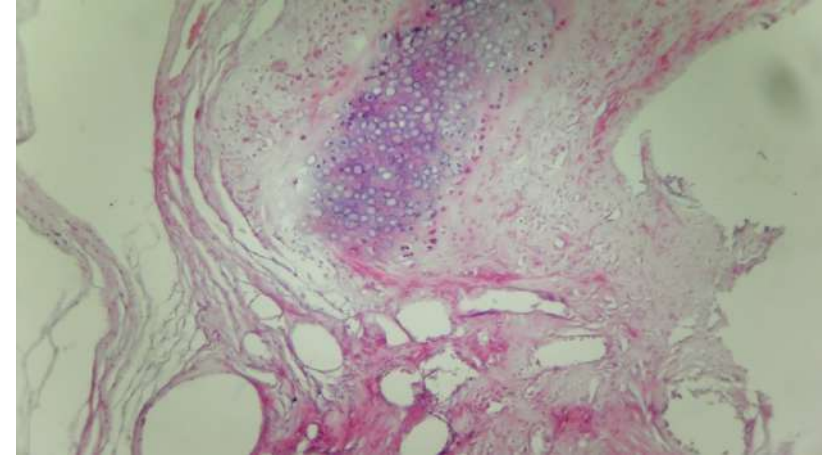
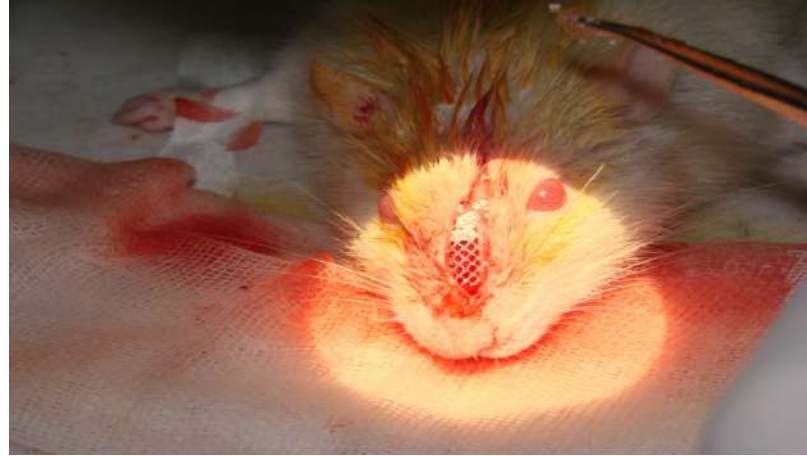
Adipogenic Mesenchymal Stem Cells- Chondrogenic Differentiation



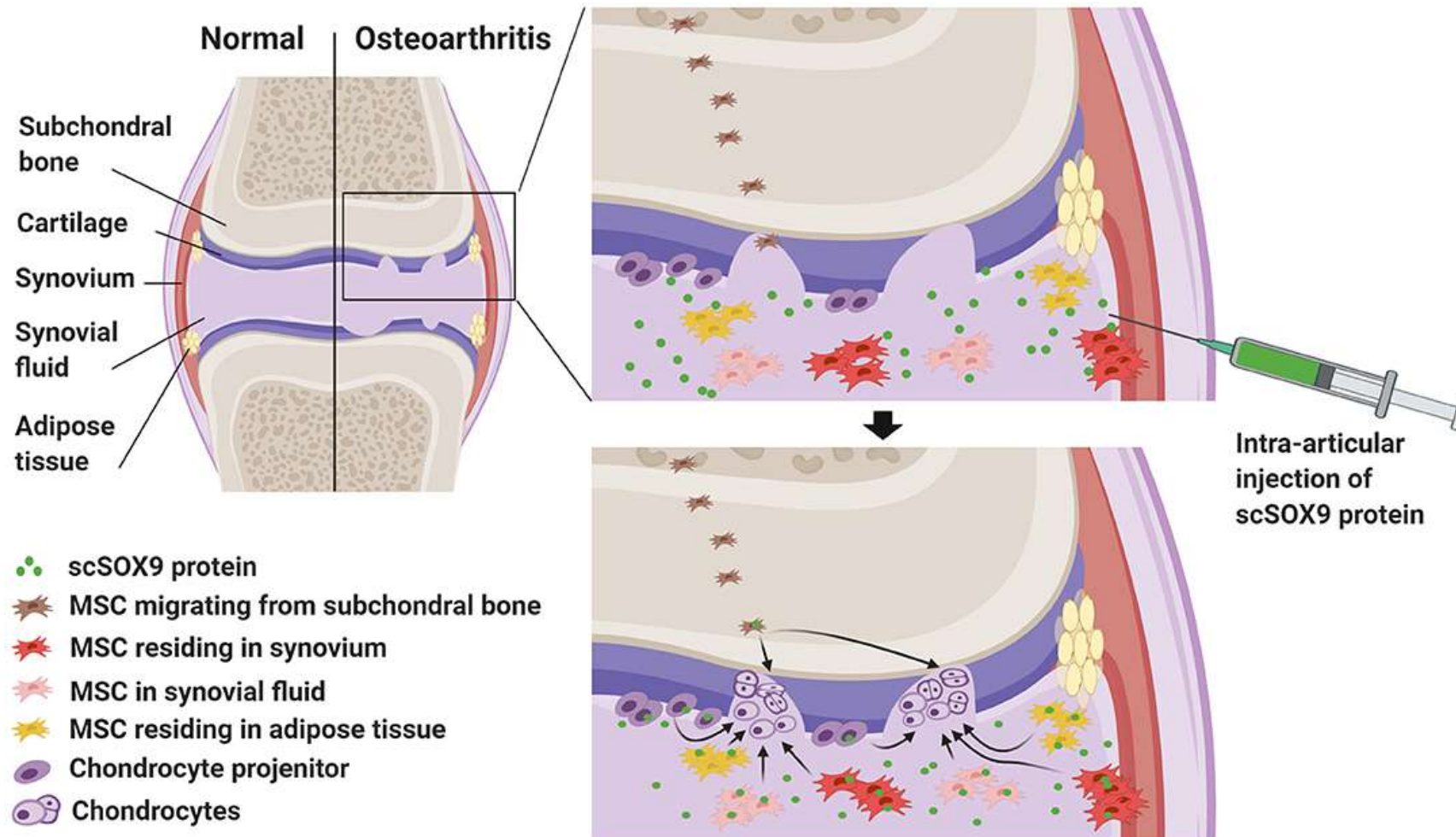
H-E Staining

Adipogenic Mesenchymal Stem Cells-Chondrogen

Nose Septal Defects

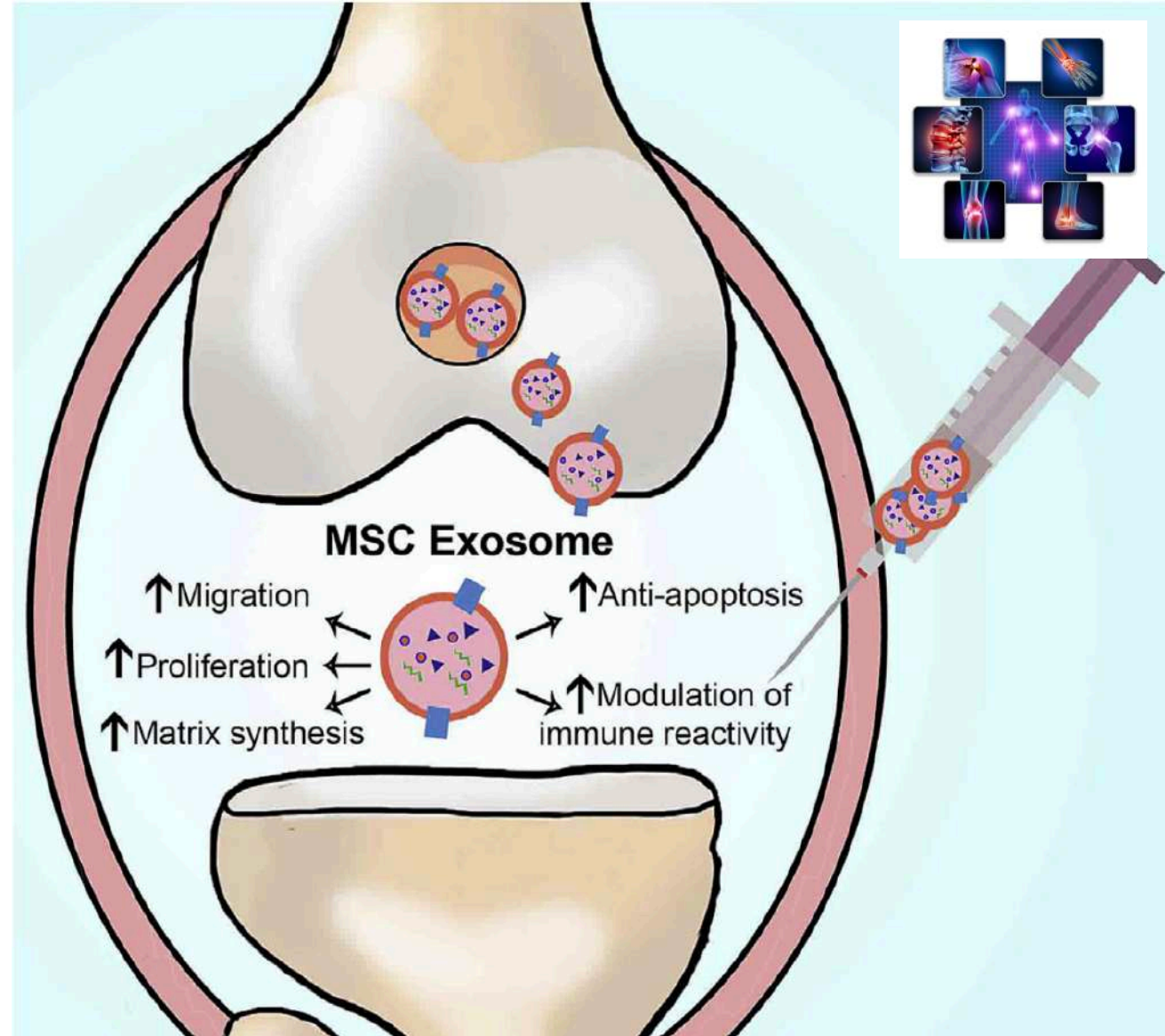


- MSC-mediated chondrogenesis since elevated concentrations of IL-1 β suppress expression of SOX9, an essential transcription factor involved in early chondrogenesis.



BM-MSC-derived exosomes

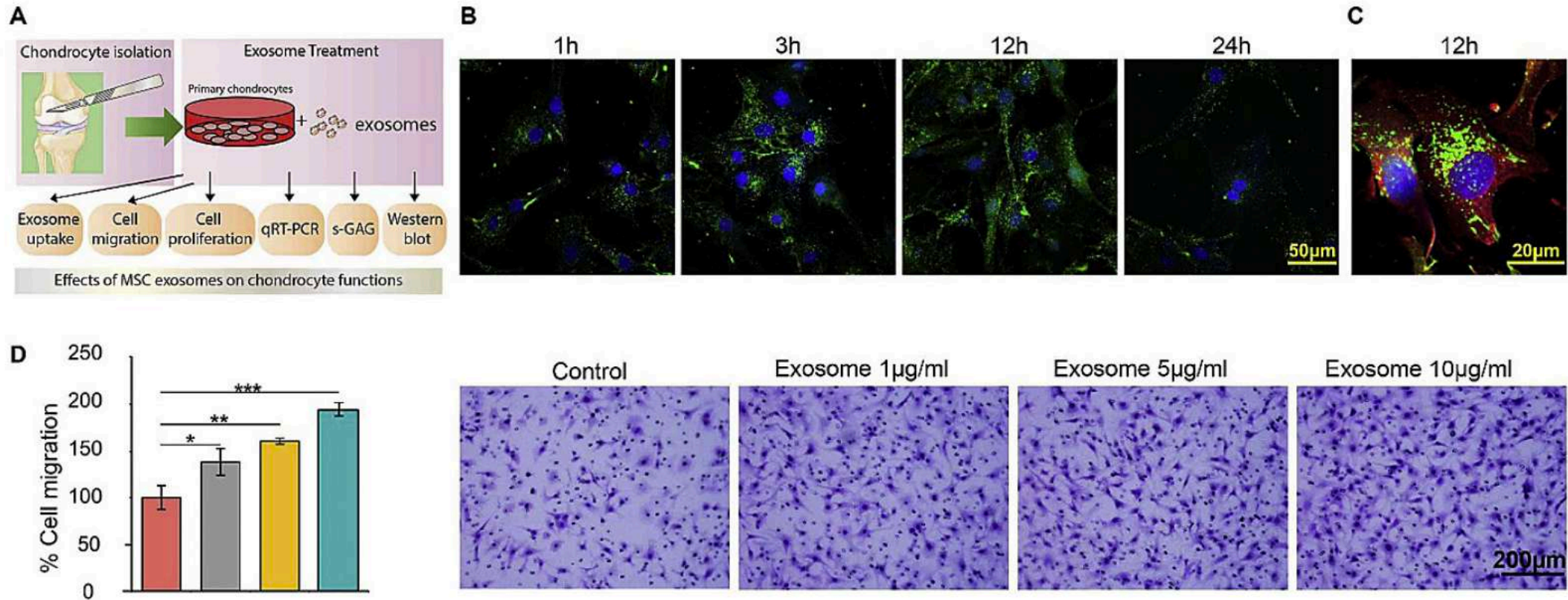
- Up-regulated expression of 35 exosomal miRNAs
 - miR-1246,
 - miR-1290,
 - miR-193a-5p,
 - miR-320c,
 - miR-92
- down-regulated expression of 106 miRNAs
 - miR-377-3p and miR-6891-5p



**promoted chondrogenesis, induced chondrocyte proliferation
suppressed cartilage degradation**



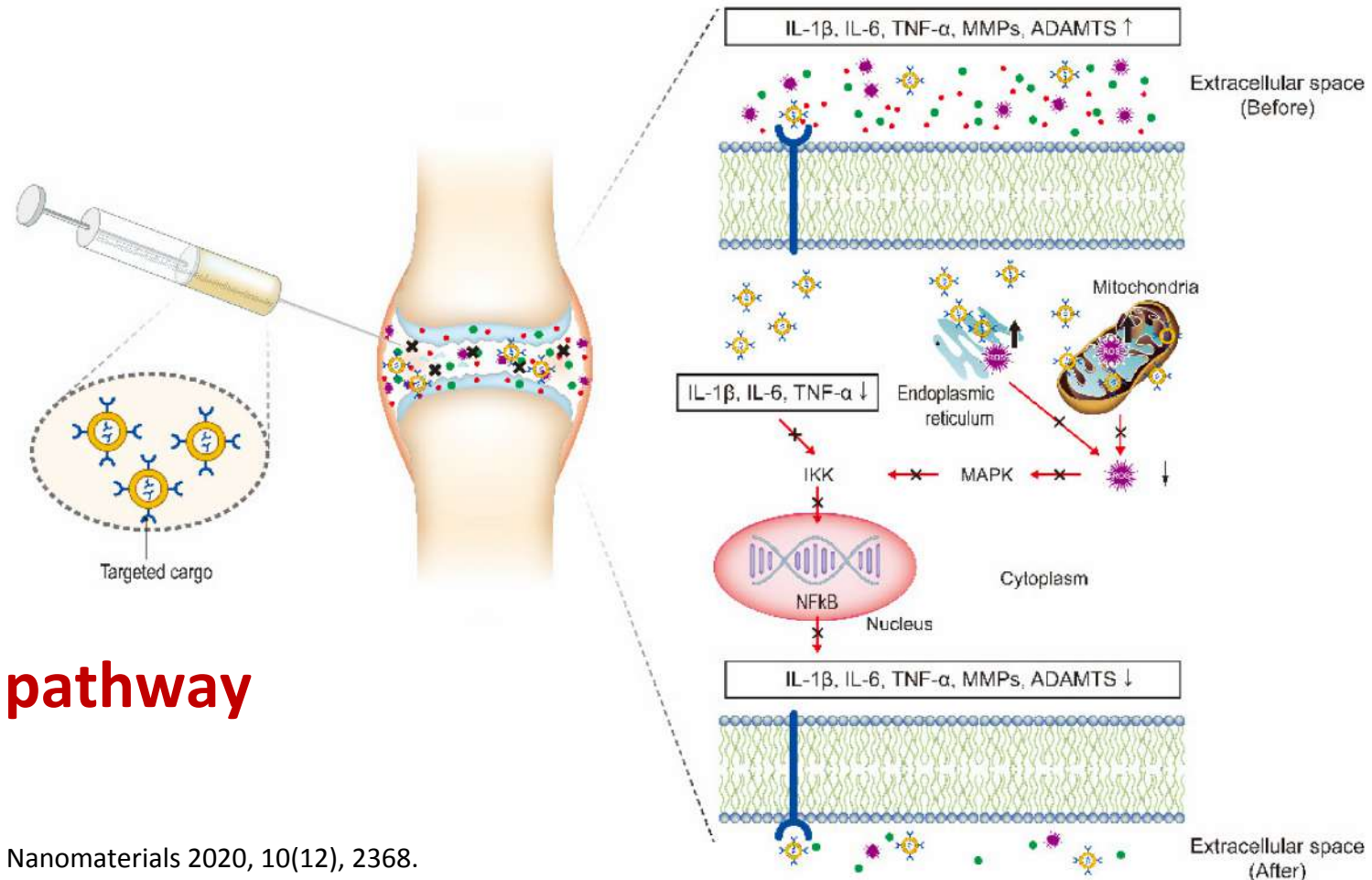
Engineering MSCs and MSC-EVs



H. Sun, S. Hu, Z. Zhang, J. Lun, W. Liao, Z. Zhang, Expression of exosomal microRNAs during chondrogenic differentiation of human bone mesenchymal stem cells, *J. Cell. Biochem.* (2018)



- **Intra-articular (IA) delivery of cargo-loaded nanoparticles for the treatment of OA.**
- The therapeutic effects are obtained by the NPs targeting the three major factors including;
 - inflammatory factors,
 - proteolytic enzymes,
 - reactive oxygen species (ROS)



to inhibit NF- κ B signaling pathway

MSC- Autophagy in injured chondrocytes



- Autophagy is activated in early stage of OA as an adaptive response to cell stress that protects chondrocytes from cell death and maintains homeostasis within cartilage tissue
- ADMSCs alleviated osteoarthritis and inhibited cartilage degeneration in Hulth rat model. These results are in line with the previous studies.
- ADMSCs reduced the secretion of proinflammatory cytokines and protected against apoptosis through autophagy inducing.

How Can Be Induce Cartilage Restoration ?



- Widely used for cell-based therapy in various medical fields, mesenchymal stem cells (MSCs) show capacity for anti-inflammatory effects, anti-apoptotic activity, immunomodulation, and tissue repair and regeneration.
- As such, they can potentially be used to treat osteoarthritis (OA).
- However, MSCs from different sources have distinct advantages and disadvantages, and various animal models and clinical trials using different sources of MSCs are being conducted in OA regenerative medicine.

How Can Be Induce Cartilage Restoration ?



- It is now widely believed that the primary tissue regeneration impact of MSCs is via paracrine effects, rather than direct differentiation and replacement.
- Cytokines and molecules produced by MSCs, including extracellular vesicles with mRNAs, microRNAs, and bioactive substances, play a significant role in OA repair.



Osteoarthritis

- While the etiology of OA remains poorly understood, it is well recognized that OA is a complex and multifaceted disease with a hallmark of articular cartilage degradation that is resulted from chondrocyte degeneration and destruction of cartilage matrix
- It has been generally believed that cartilage lacks intrinsic capacity of self-regeneration once it is damaged.



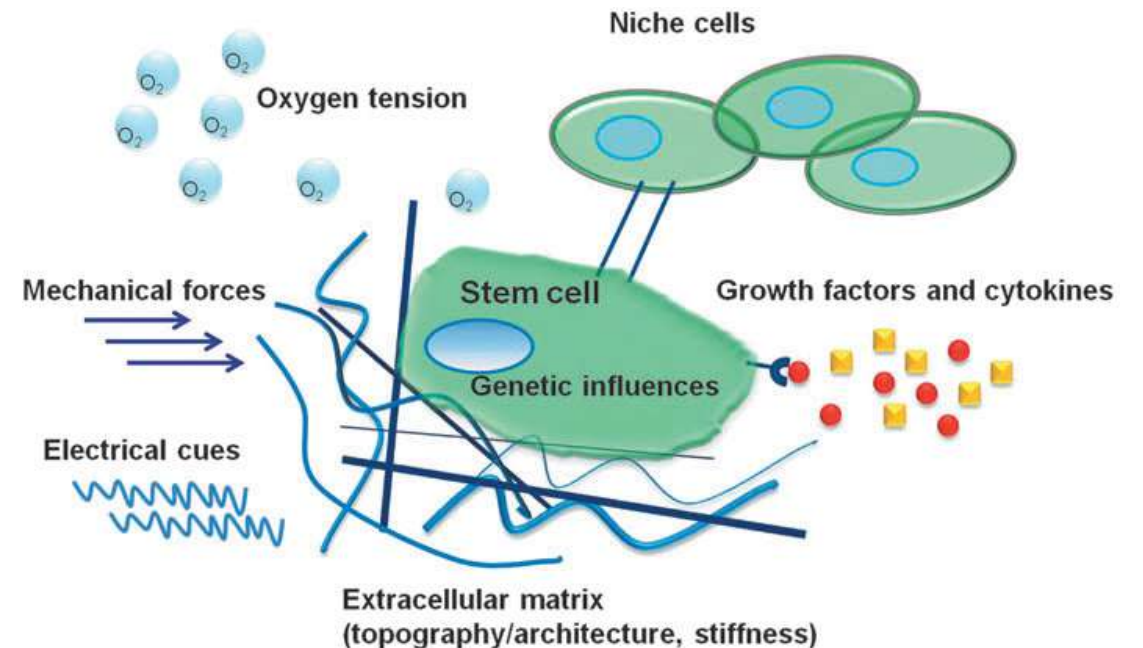
Osteoarthritis

- The lack of effective treatment options for osteoarthritis is mostly due to the very limited regenerative capacity of articular cartilage.
- **Restoration of chondrocyte population is critical in cartilage regeneration**

How Can Be Induce Cartilage Restoration ?



- It is necessary to develop new therapeutic strategies using tissue engineering techniques with or without cells.



How Can Be Induce Cartilage Restoration ?



- MSCs administered directly into synovial fluid vanished within a few days, and cell retention was approximately 3%.
- It was now widely believed that paracrine might be the primary therapeutic impact of MSCs promote cartilage regeneration in OA in part by secreting cytokines, including growth factor, tumor necrosis factor- α -induced protein 6 (TNFAIP6/TSG-6), prostaglandin-E2 (PGE2), and indoleamine 2, 3-dioxygenase (IDO).

How Can Be Induce Cartilage Restoration ?



- Under hypoxic culture conditions, MSC-secreted TGF- β 1 suppressed the hypertrophic chondrocyte marker COL1 expression.
- TGF- β 1 also induces the regulation of immunological response in T cells.^{110, 111} TGF- β 1 secreted by MSCs stimulated chondrogenic proliferation

How Can Be Induce Cartilage Restoration ?

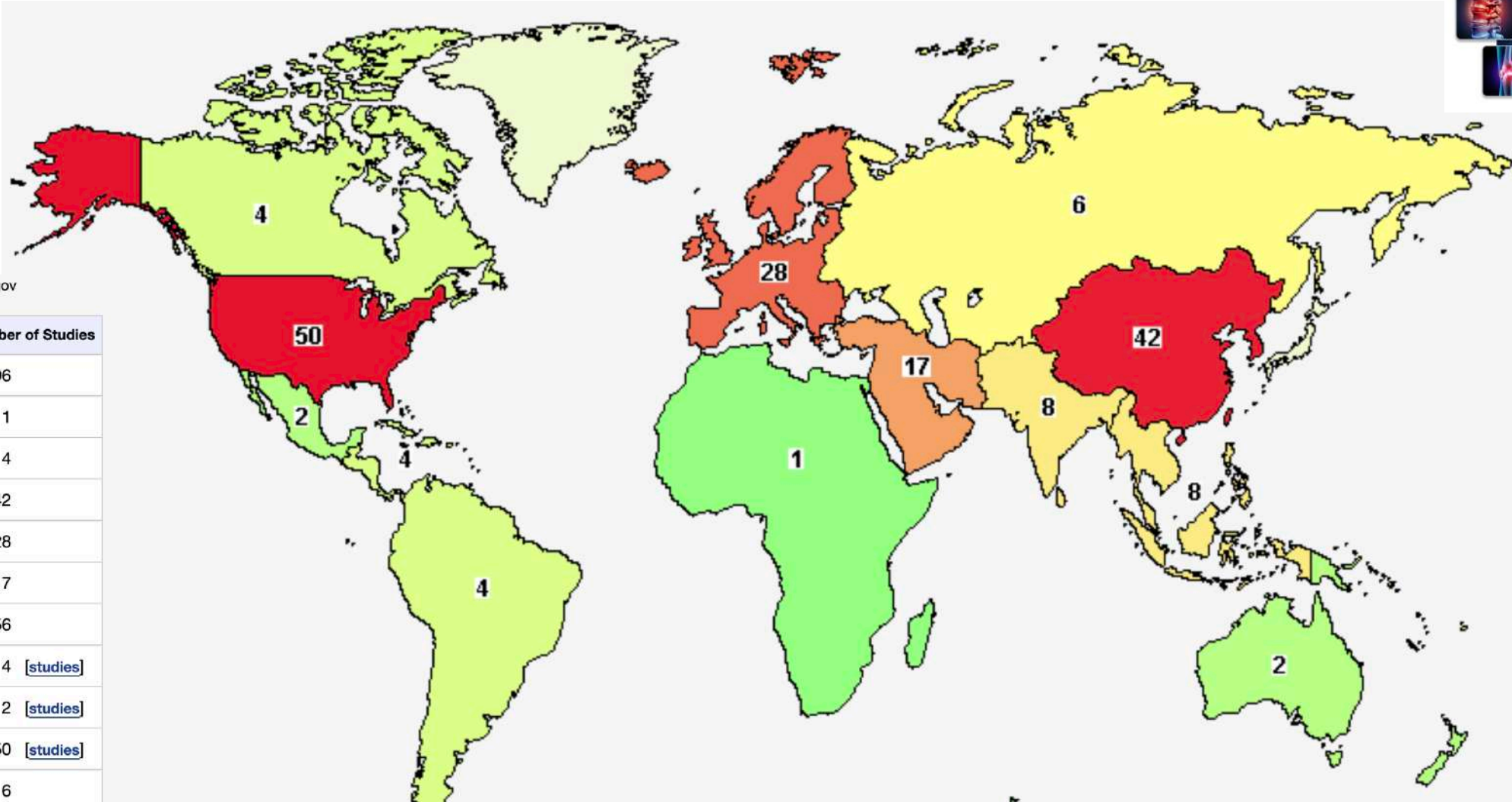


- Both biomaterials and stem cells including mesenchymal and induced pluripotent stem cells can provide a good source for tissue engineering.
- These two type of stem cells can be obtain as autologous which is important advantages for cellular therapy. Mesenchymal stem cells can be differentiating under suitable culture condition to other type of cells such as osteoblast, chondroblast etc.
- Secreted proteins, microvesicles or exsomes form stem cells are also detected.
- Therefore, rather than stem cells, the products secreted by stem cells may be alternate direction for OA treatment.

How Can Be Induce Cartilage Restoration ?

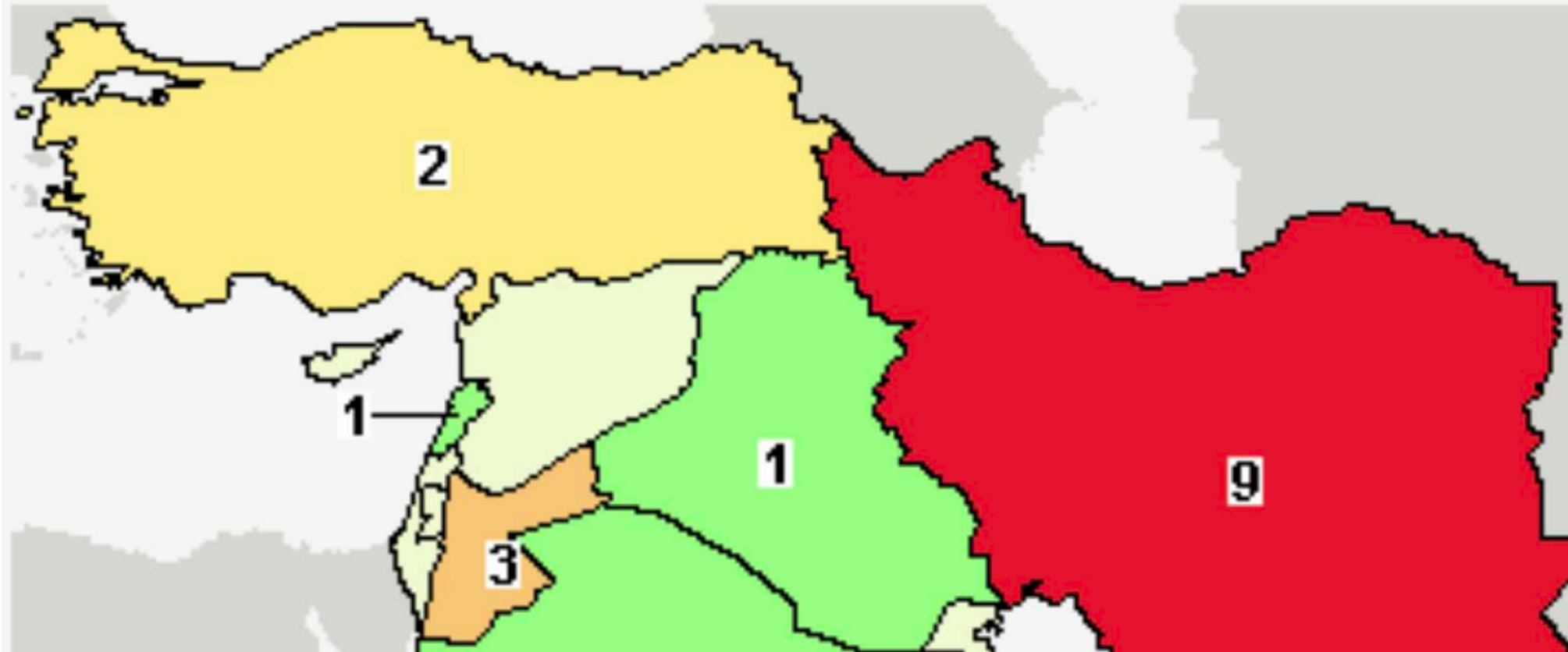


- Because of regulating of local microenvironment through paracrine nutritional factors and control of immune regulation during OA, it should be main aim for regeneration and repair and subsequently delaying cartilage degradation and improving joint function.
- Therefore, future studies on stem cells or their secreted products aim for therapeutic mechanisms in OA.



Source: <https://ClinicalTrials.gov>

Region Name	Number of Studies
World	196
Africa [map]	1
Central America [map]	4
East Asia [map]	42
Europe [map]	28
Middle East [map]	17
North America	56
Canada [map]	4 [studies]
Mexico	2 [studies]
United States [map]	50 [studies]
North Asia [map]	6
Pacifica [map]	2
South America [map]	4
South Asia [map]	8
Southeast Asia [map]	8



Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Unknown [†]	WHARTON JELLY ORIGINATED MESENCHIAL STEM CELL in GONARTHROSIS	<ul style="list-style-type: none"> • Stem Cell • Gonarthrosis 	<ul style="list-style-type: none"> • Biological: Wharton Jelly Originated Mesenchymal Stem Cell 	<ul style="list-style-type: none"> • Erciyes University Faculty of Medicine Melikgazi, Kayseri, Turkey
2	<input type="checkbox"/>	Recruiting	Stem Cells and Stromal Vascular Fraction for Temporomandibular Joint Disease	<ul style="list-style-type: none"> • Temporomandibular Joint Disorders • Temporomandibular Disorder • Temporomandibular Joint Osteoarthritis • (and 2 more...) 	<ul style="list-style-type: none"> • Biological: Stem Cells 	<ul style="list-style-type: none"> • Erciyes University Kayseri, Turkey



To Thank

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- *Hilal Kabadayı Ensarioğlu*
- *Sevtap Gökalp*
- *Ada Kendirci*
- *Damla Akoğulları Çelik*

- *MANISA CELAL BAYAR UNIVERSITY*
- *EGE UNIVERSITY*
- *DOKUZ EYLUL UNIVERSITY*
- *MUGLA SITKI KOÇMAN UNIVERSITY*
- *NEAR ESAT UNIVERSTY*
- *TUBITAK*

