

Manipulating time and space to achieve endochondral bone formation

C.A. Knuth¹, J. Witte-Bouma¹, R.Y. Ridwan², E.B. Wolvius¹, E. Farrell¹

¹Department of Oral and Maxillofacial Surgery, Special Dental Care and Orthodontics, Erasmus University Medical Center, Rotterdam, Netherlands

²Department of Genetics, Cancer Genomics Centre, Erasmus University Medical Center, Rotterdam, Netherlands

INTRODUCTION

- Autologous graft material for reconstruction of large bone defects is limited and harvesting is associated with additional patient risk highlighting a need for suitable graft alternatives [1].
- Chondrogenically priming mesenchymal stem cell (MSC) pellets *in vitro* will reproducibly result in endochondral bone formation *in vivo* [2].
- The chondrogenic priming time is lengthy for clinical applications and resulting bone quantity is insufficient to fill large defects [3].
- A scale up approach is necessary to achieve greater bone formation without the use of unmanageable cell numbers.

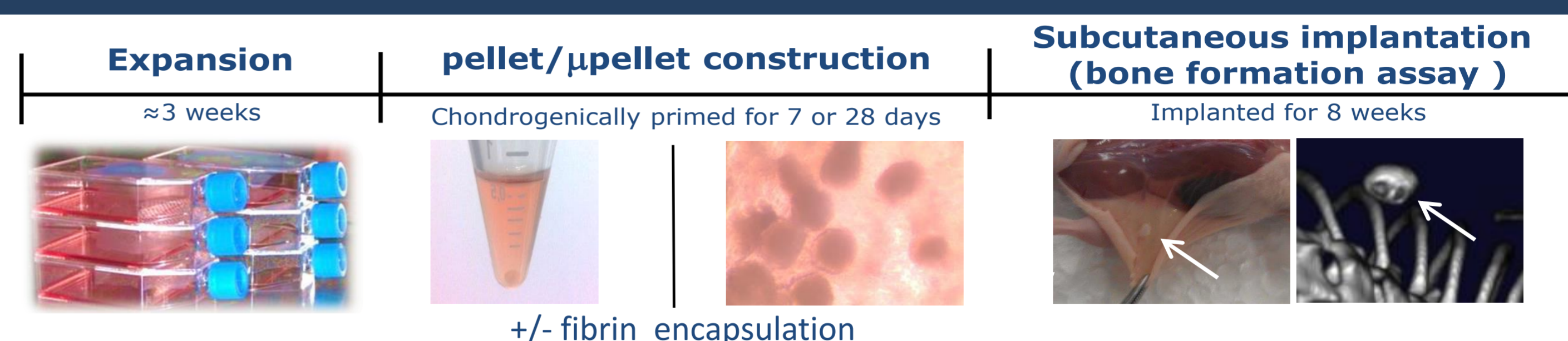
AIMS

- To determine if a shorter *in vitro* priming time could be utilised to achieve *in vivo* bone formation
- To determine if novel μ pellet constructs are capable of bone formation *in vivo*

MATERIALS & METHODS

- MSC culture**-MSCs isolated from bone marrow aspirate were expanded in α MEM containing 10% serum and FGF2
- Pellet generation**- 2×10^5 MSCs were suspended in 500 μ L chondrogenic medium (serum free high glucose DMEM containing TGF β -3), spun at 200g for 8 minutes
- μ pellet generation**- 3×10^6 MSCs were seeded in chondrogenic medium to AggrewellTM 800 plate, spun at 500g for 10 minutes (≈ 300 μ pellets)
- Fibrin encapsulation**- ≈ 60 μ pellets or 3 standard pellets were suspended in 40mg/mL fibrinogen, cross-linked with 1 IU thrombin per 2mg fibrinogen
- Analysis**-*In vitro* samples analysed histologically and harvested for gene expression, *in vivo* samples analysed via μ CT and histology. Linear mixed model with Bonferroni correction was used for statistic analysis

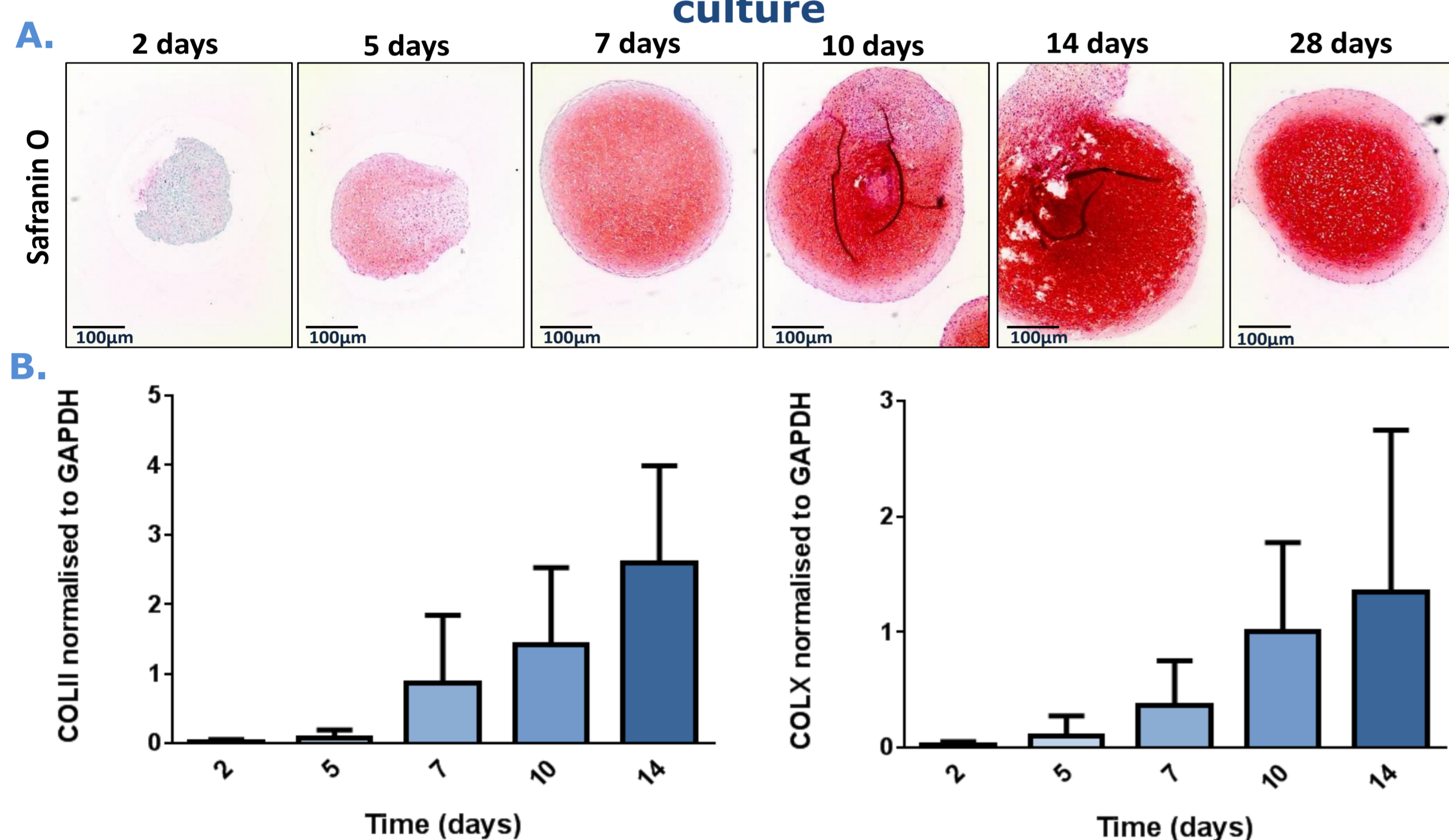
IN VIVO EXPERIMENTAL TIME LINE



RESULTS

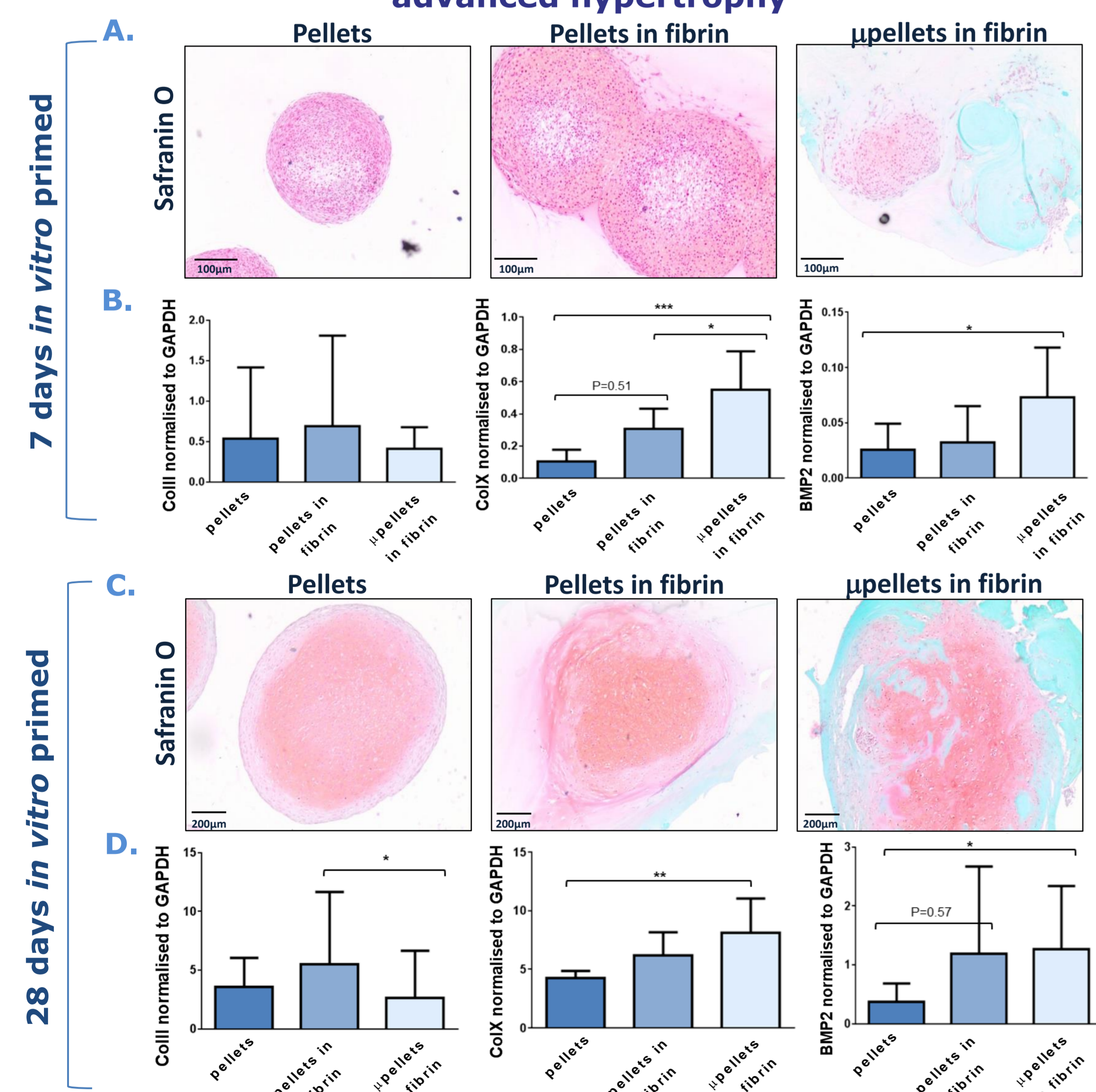
In vitro results

Chondrogenic characteristics are present after 7 days of *in vitro* culture



1A. Safranin O (Safo) showing glycosaminoglycans (GAGs) are present after 5 days of chondrogenic priming and increases over time. 1B. COLII and COLX expression increases after 7 days of priming (n=4).

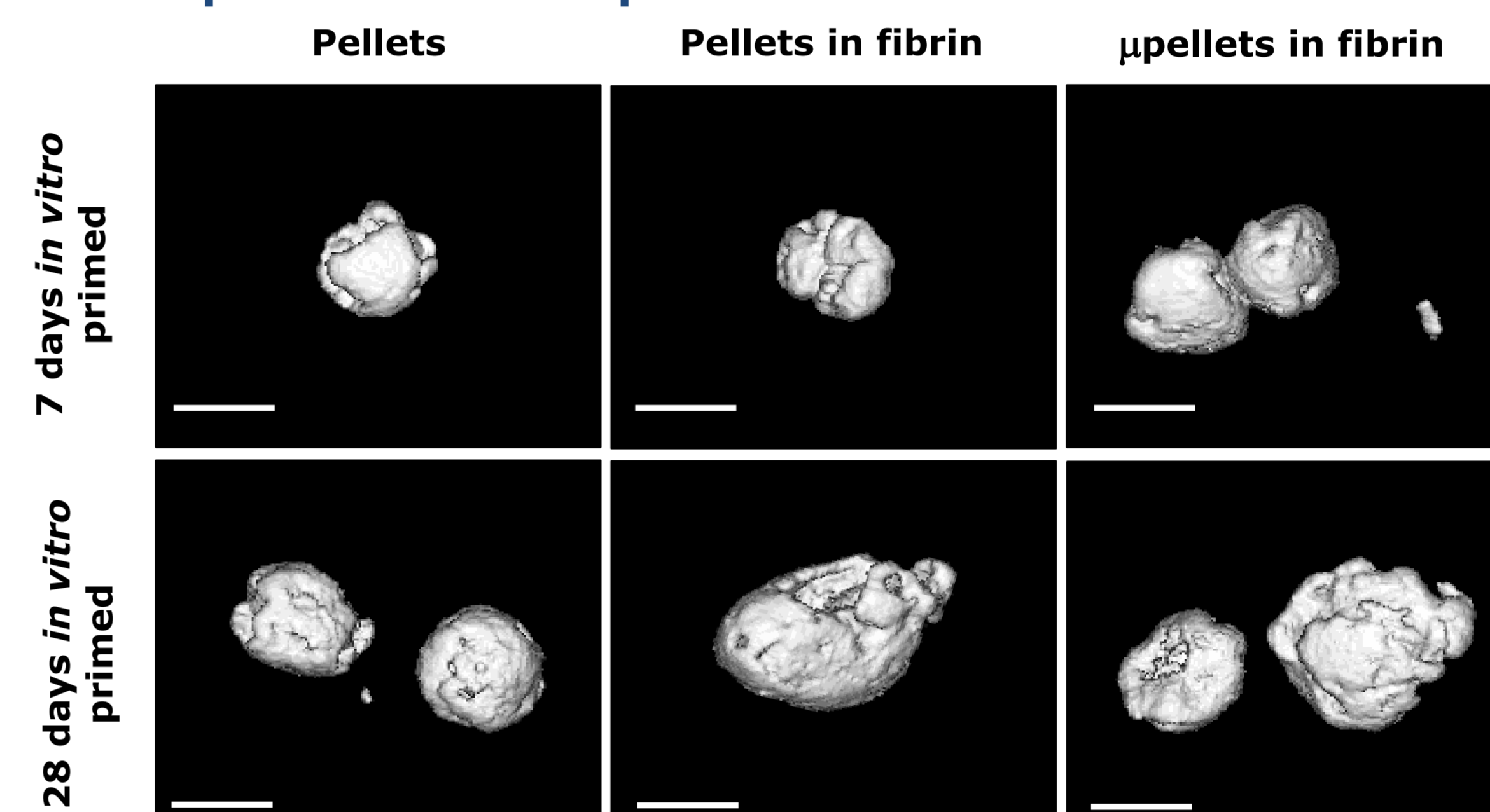
μ pellet constructs retain chondrogenic potential and exhibit advanced hypertrophy



2. Safo showing similar GAG presence between constructs at 7 (A) or 28 (C) days of *in vitro* priming. COLII expression is maintained between constructs, however, ColX and BMP2 expression after 7 (B) or 28 (D) days of priming is upregulated in μ pellet constructs. (Linear mixed model; Bonferroni correction, *P<0.05, **P<0.005, ***P<0.001 n=3)

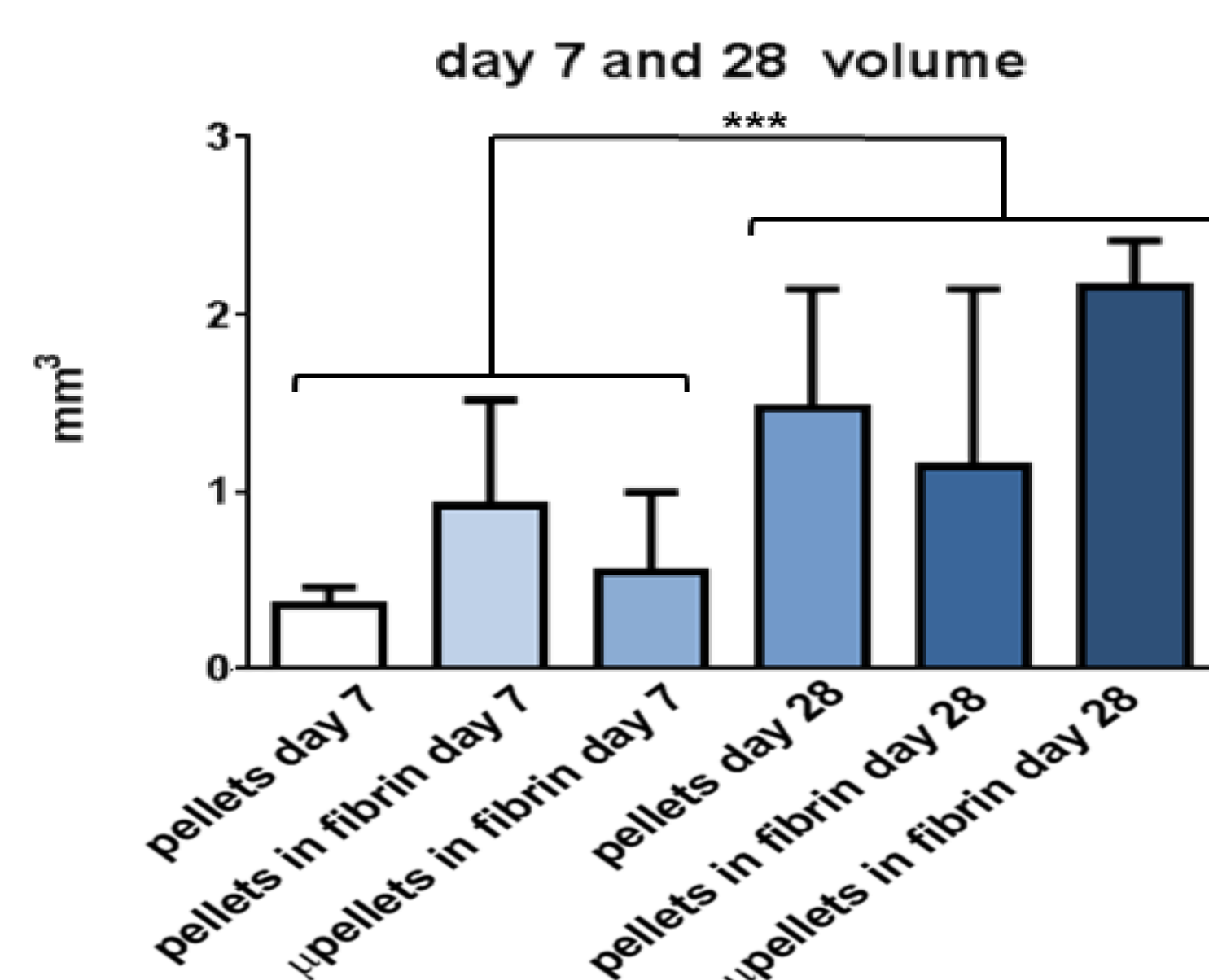
In vivo results

μ pellet constructs produce similar quantities of calcified tissue to standard pellets



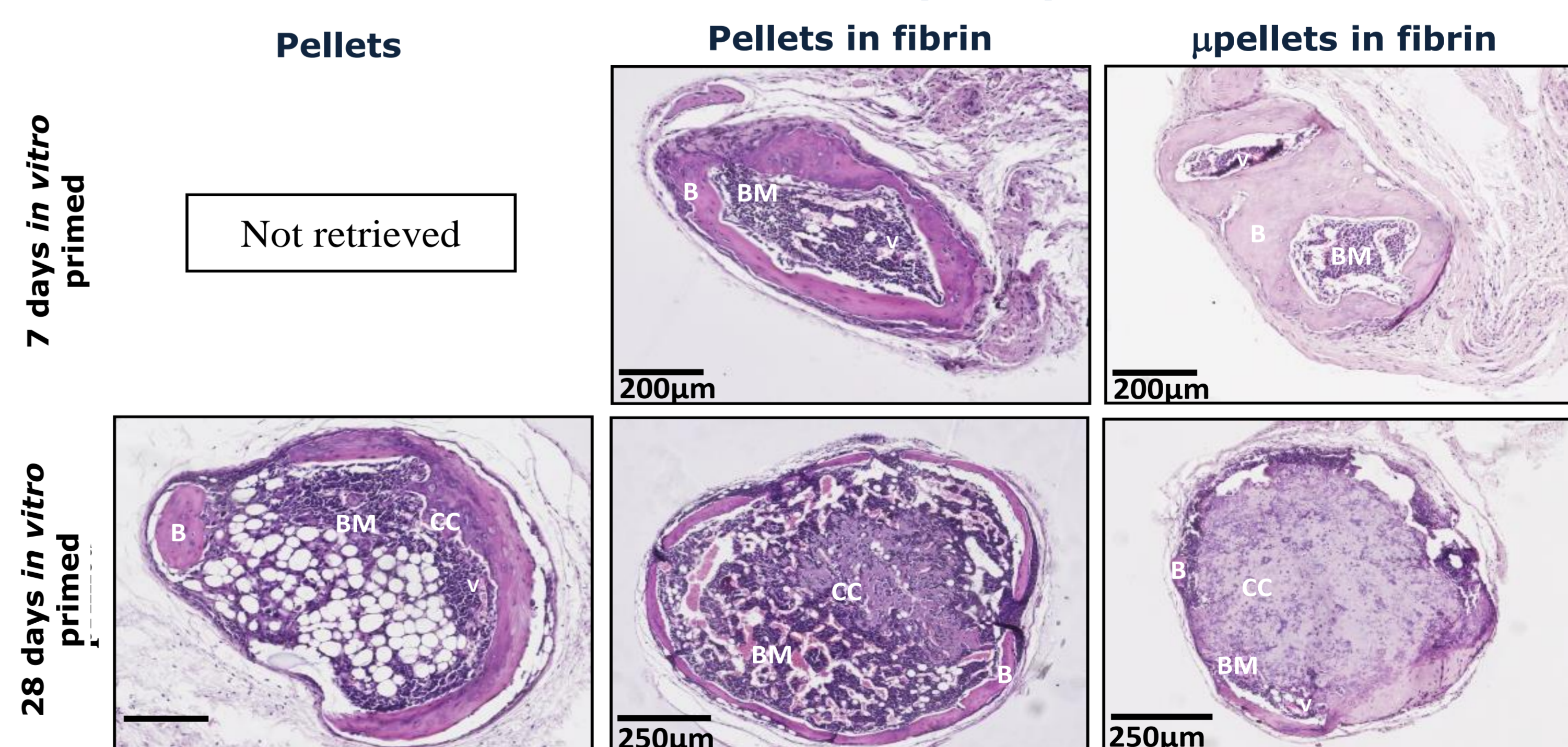
3. μ CT of pellets, pellets in fibrin, or μ pellets in fibrin after 7 (top row) or 28 (bottom row) of *in vitro* priming following 8 weeks implantation all showing areas of calcification (white bar for scale). Bridging is observed between individual μ pellets.

Priming time influences quantity of calcification formed *in vivo*



4. μ CT of pellets, pellets in fibrin, or μ pellets in fibrin quantified via conversion of original measurements, via linear transformation, to Hounsfield units applying global thresholding. Longer *in vitro* priming resulted in greater calcification (Linear mixed model; Bonferroni correction, *P<0.05, **P<0.005, ***P<0.001 n=9).

Bone formation is achievable after only 7 days of *in vitro* culture



5. H&E of pellets, pellets in fibrin, or μ pellets in fibrin after 7 (top row) or 28 (bottom row) of *in vitro* priming following 8 weeks implantation (B=bone, BM= bone marrow, CC= calcified cartilage).

DISCUSSION & CONCLUSION

- μ pellet constructs retain a similar chondrogenic potential to standard pellets, displaying signs of early hypertrophy
- 7 days of *in vitro* chondrogenic priming is sufficient for bone formation *in vivo*
- μ pellets, due to their small size, could be optimised as an injectable therapy
- Given the shorter priming time coupled with injectability, this approach could offer promise for a minimally invasive therapy to replace some autologous bone transplantation procedures.

REFERENCES

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Contact: Dr. Eric Farrell (e.farrell@erasmusmc.nl)

The authors declare no conflicts of interest.