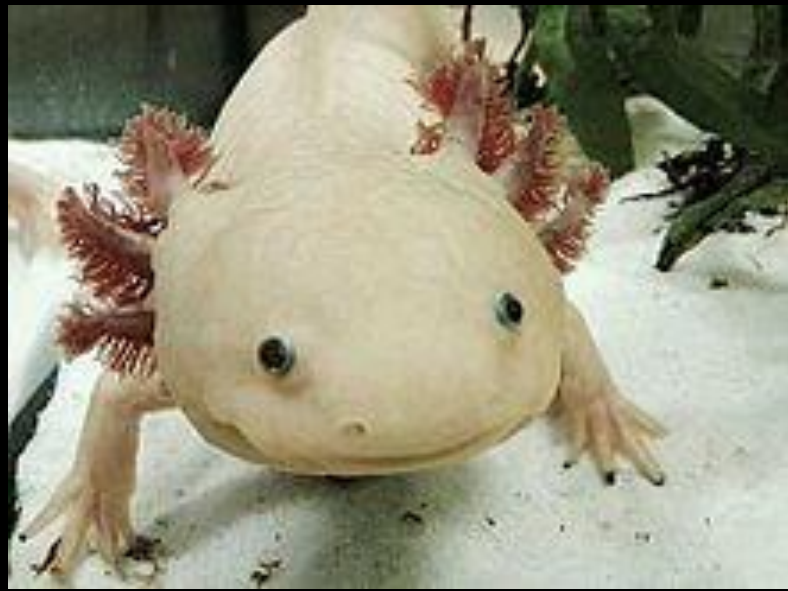
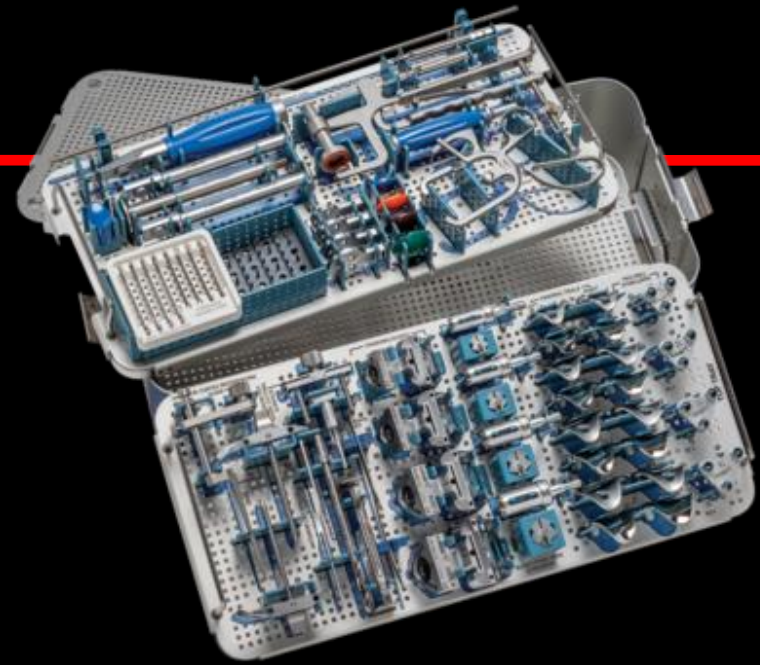
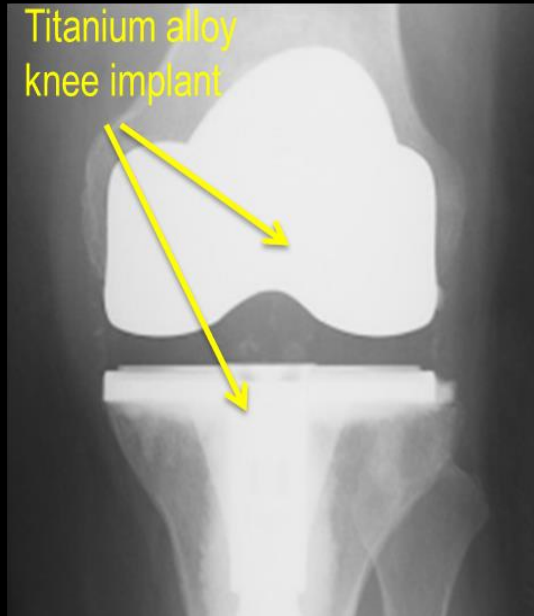


Re-growing the Skeleton: Approaches in Tissue Engineering and Regenerative Medicine

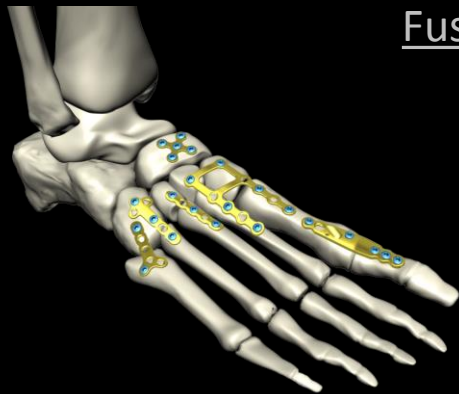


How we fix things now

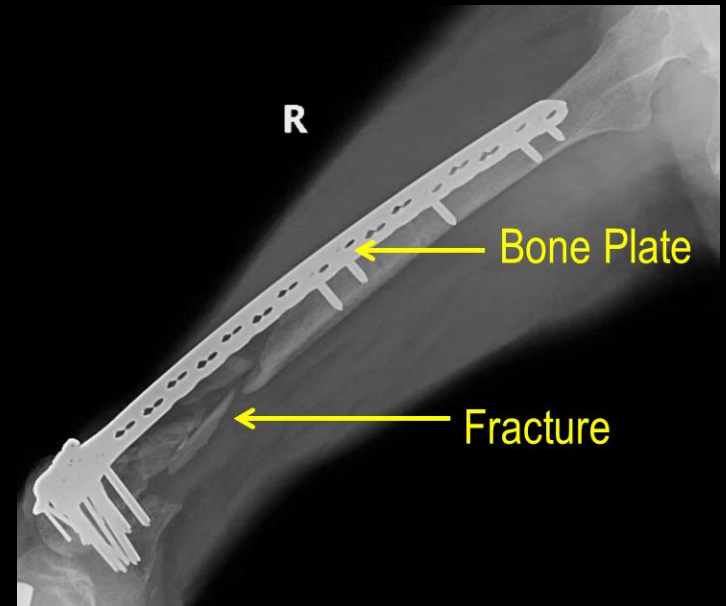
Total Knee Replacements



Fracture Plates

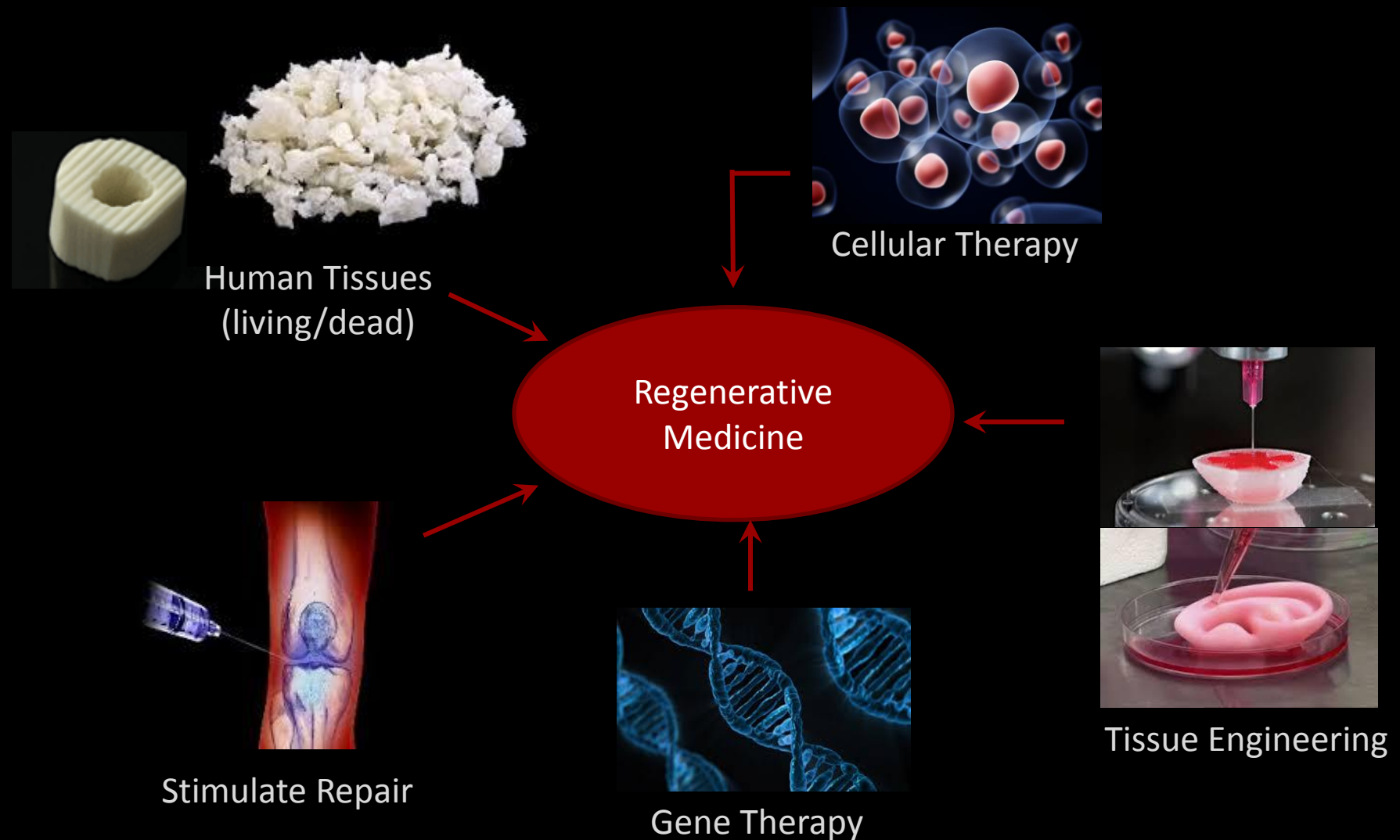


Fusing Joints



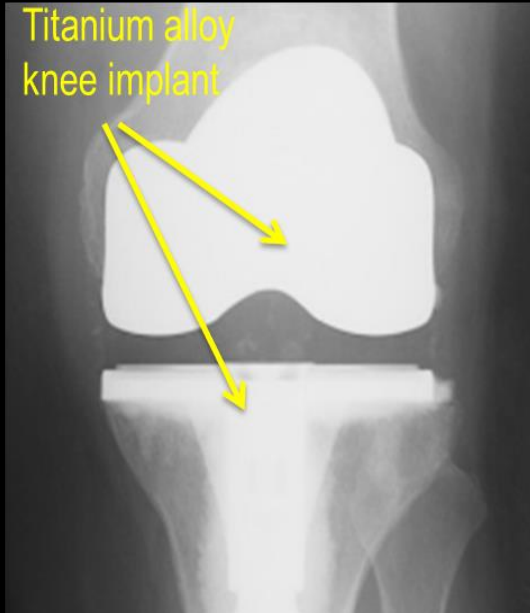
Defining Regenerative Medicine

restore form and function to damaged and diseased tissue through biological approaches

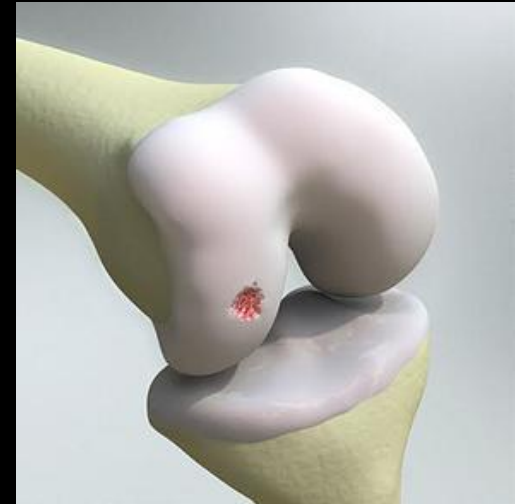


Applications of Regenerative Medicine in Cartilage Repair

Joint Replacements



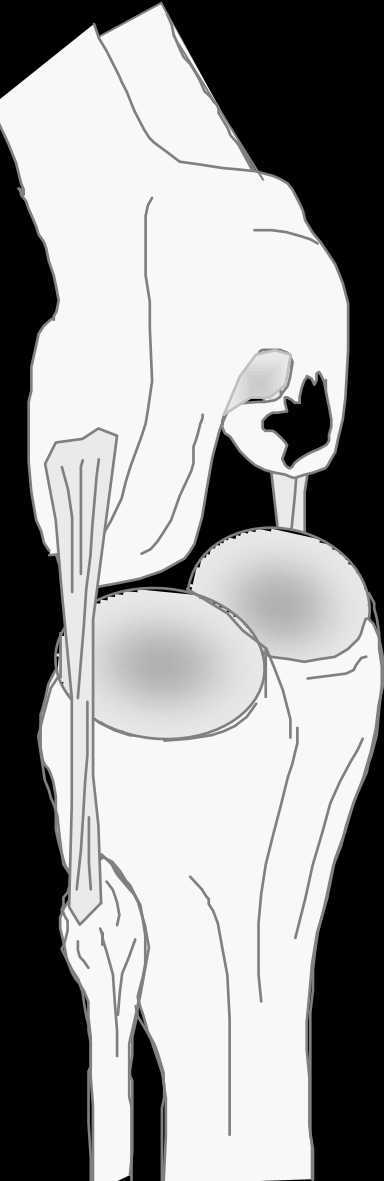
Where it all starts....



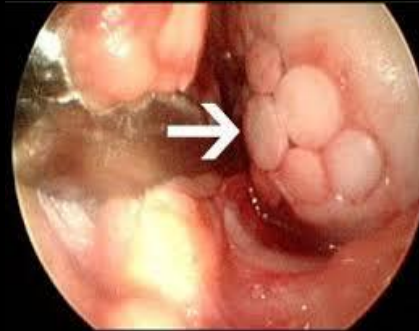
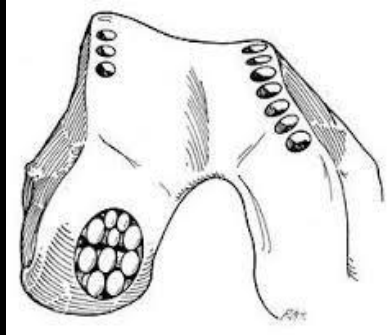
CHALLENGE: Cartilage has no innate regenerative capacity



Current Regenerative Medicine in Cartilage Repair



Transplanting Tissue



Mosaicplasty

- ✓ Improves biomechanics
- ✓ Does not activate repair

Injecting Biologics



HYALURONAN



PRP

Hyaluronic Acid

- ✓ Mimics synovial fluid (lubrication)
- ✓ Temporary relief
- ✓ Does not activate repair

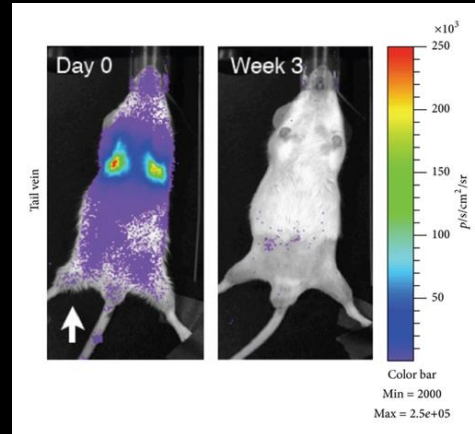
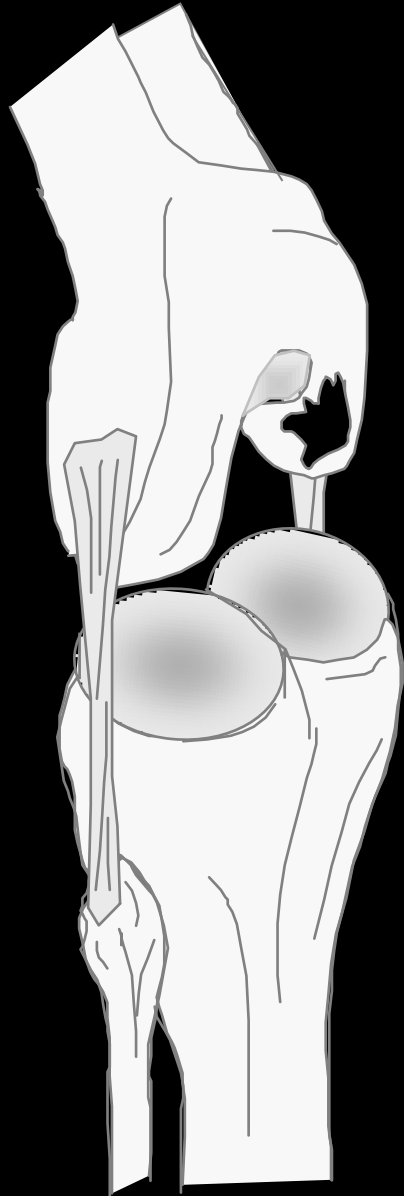


Platelet Rich Plasma (PRP)

- ✓ May stimulate repair
- ✓ Highly variable results
- ✓ Biologically not well characterized

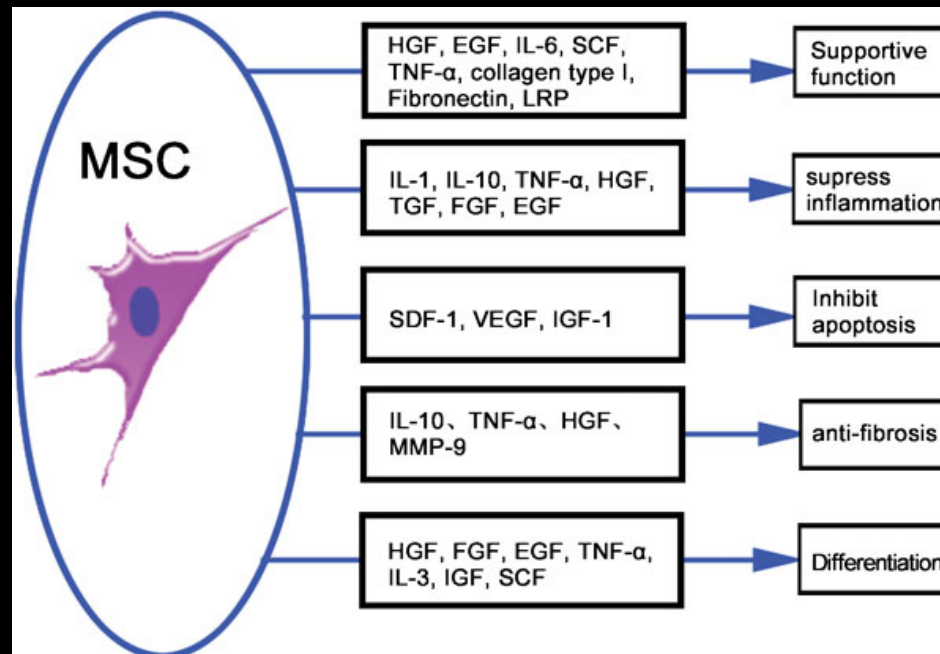
Current Regenerative Medicine in Cartilage Repair

Stem Cell Injections



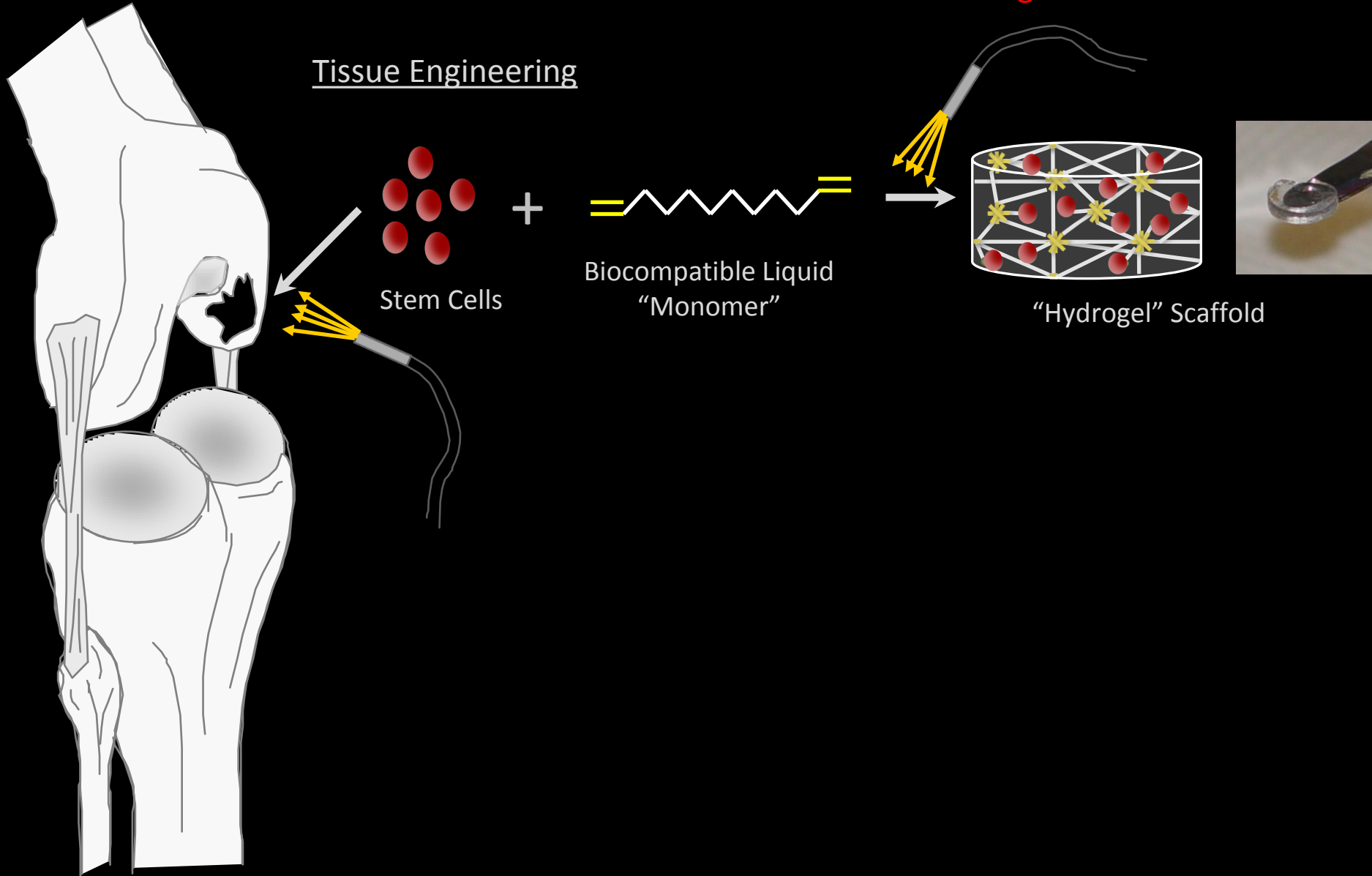
Interarticular injection to knees

- ✓ Minimal cell engraftment
- ✓ Protects subchondral bone
- ✓ May stimulate cartilage repair
- ✓ Reduces inflammation



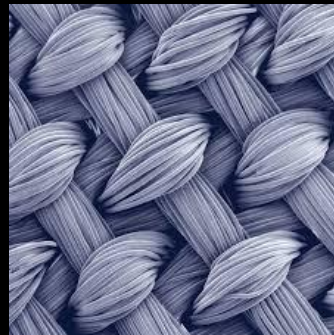
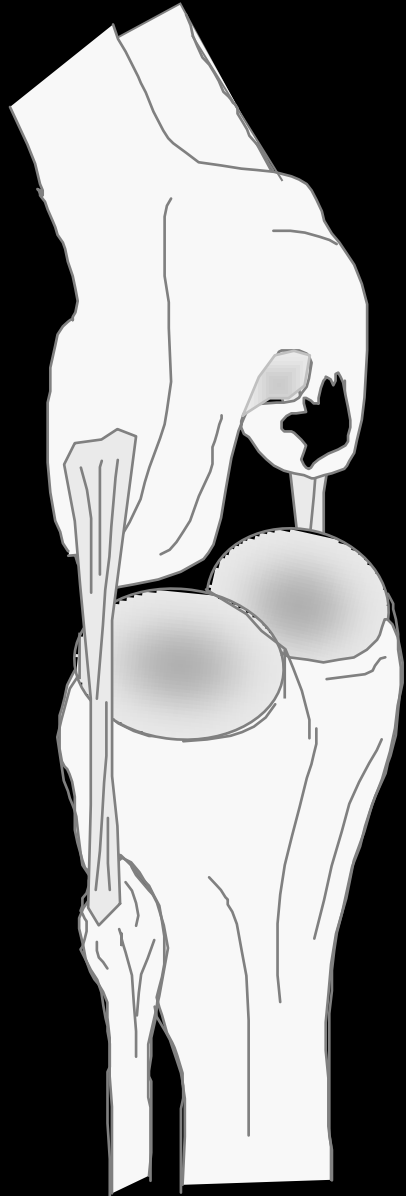
Future of Regenerative Medicine in Cartilage Repair

PROBLEM: skeletal tissues have a biomechanical and biologic function



Future of Regenerative Medicine in Cartilage Repair

PROBLEM: skeletal tissues have a biomechanical and biologic function



3D-Biodegradable
Woven Scaffold

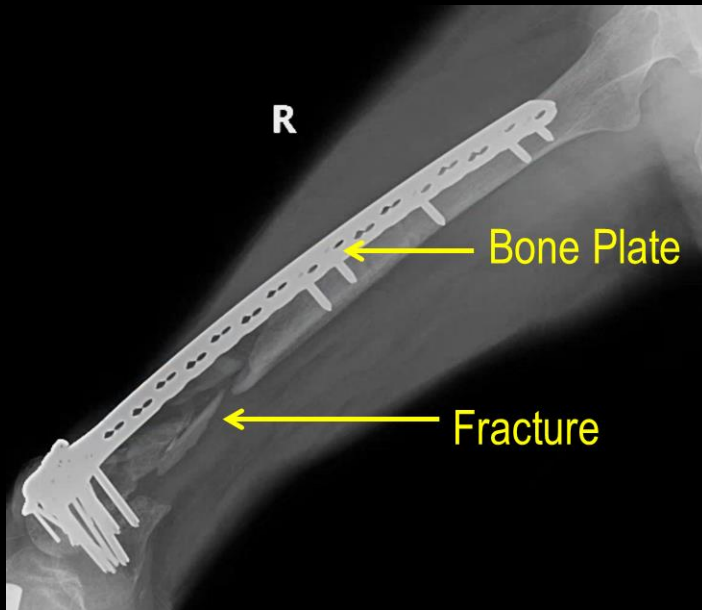


Molded to shape of joint, seeded
with stem cells taken from fat

<https://source.wustl.edu/2016/07/stem-cells-engineered-grow-cartilage-fight-inflammation/>

Applications of Regenerative Medicine in Bone Repair

Fracture Plates



Magnitude of the problem

15 million fractures (\$45B)

1.6 million trauma patients

1.6 million bone graft procedures

- 10-20% of normal fractures don't heal
- 47% of fractures with co-morbidities don't heal

ADVANTAGE: Bone has good innate regenerative capacity

CHALLENGE: Bone is a complex tissue (bone, vasculature, nerves, marrow space)

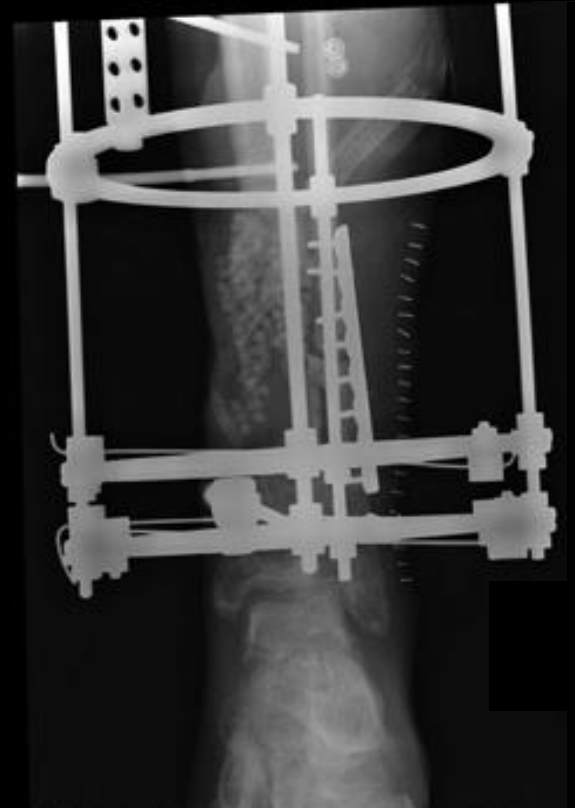
Current Regenerative Medicine in Bone Repair

GOLD STANDARD = AUTOGRAFT

- ✓ Limited ability to accelerate remodeling of bone
- ✓ Limited availability of material for large bone defects
- ✓ Donor site morbidity (20-40 % pain or complication)
- ✓ Difficulty of repeated procedures

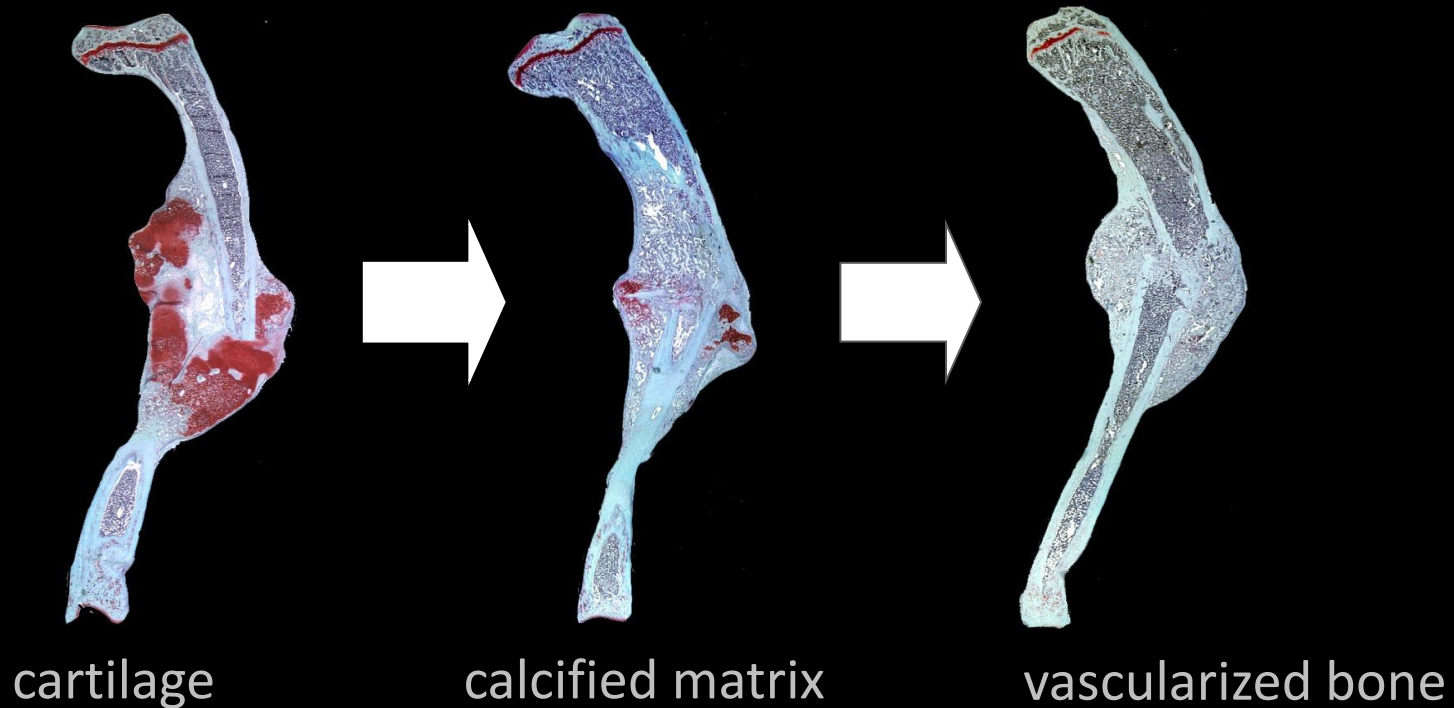
ALTERNATIVES = ALLOGRAFT (DEAD BONE)

- ✓ Synthetic materials – difficult to attach soft tissues
- ✓ Loss of bone and tissue near graft
- ✓ Poor graft vascularization → osteonecrosis
- ✓ Poor integration
- ✓ Allograft failure due to resorption and fracture



Future of Regenerative Medicine in Bone Repair

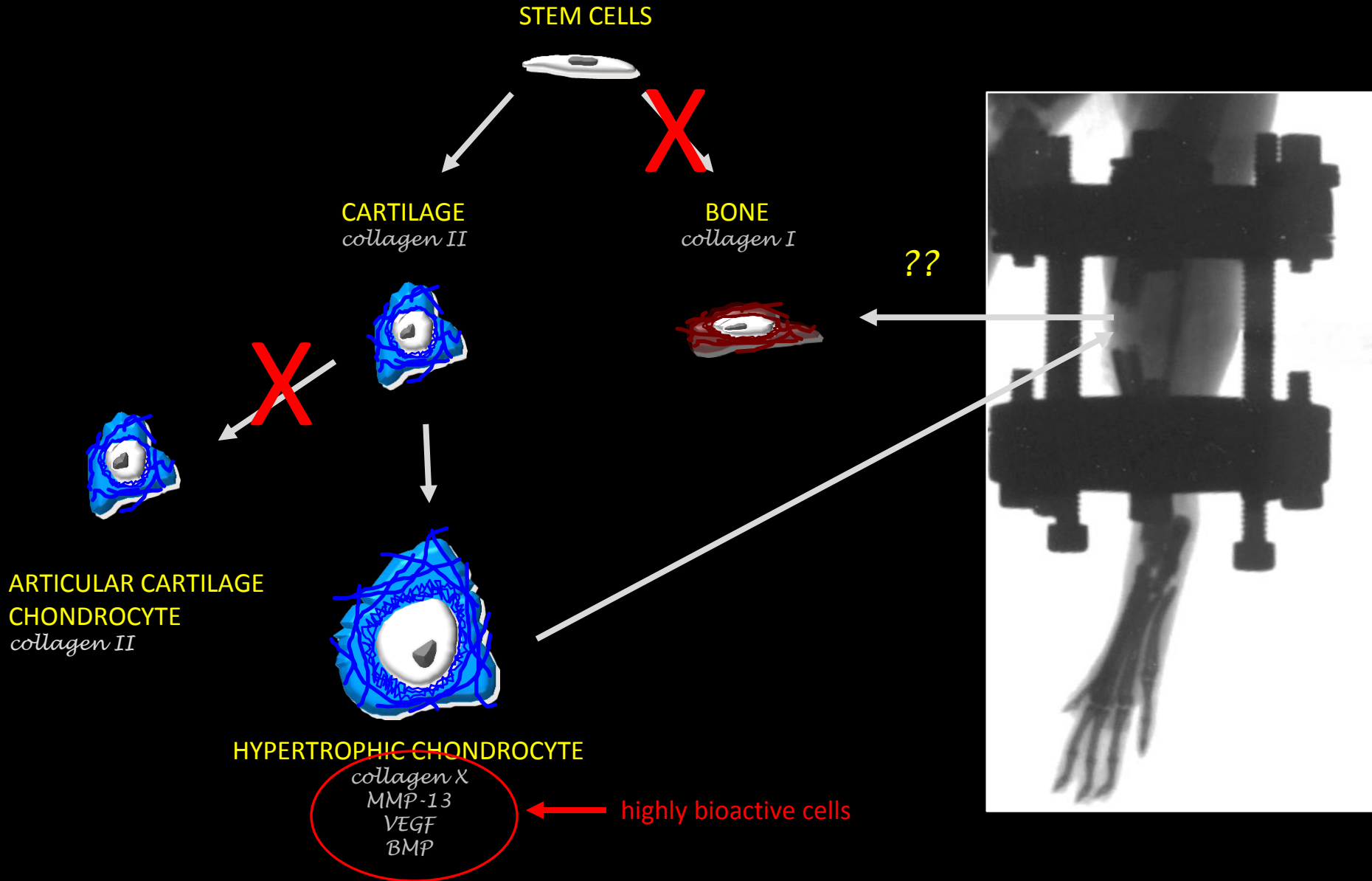
PROBLEM: Current technologies promote bone repair/regeneration through direct bone formation (intramembranous ossification), yet development and repair proceed through cartilage intermediate (endochondral ossification).



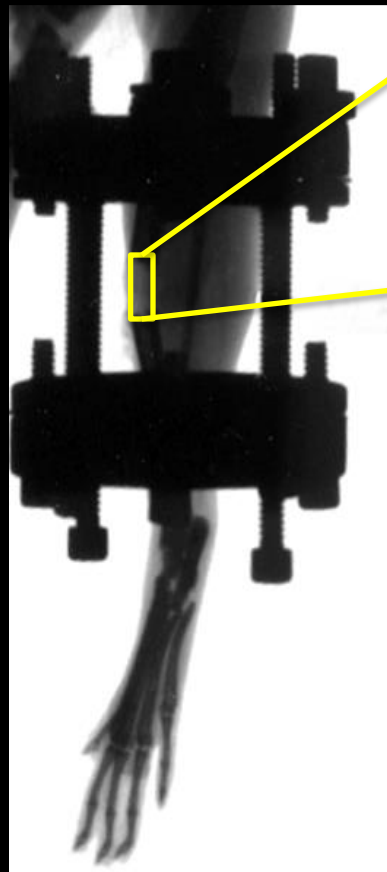
Developmental Engineering

Engineer a system that attempts that models tissue developmental or repair

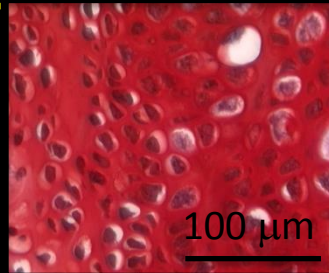
Indirect bone formation as a better regeneration strategy?



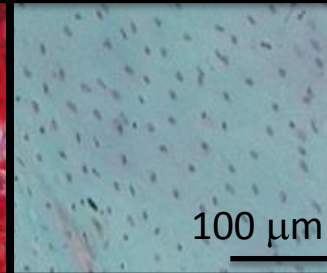
Cartilage Graft Produces Integrated Bone



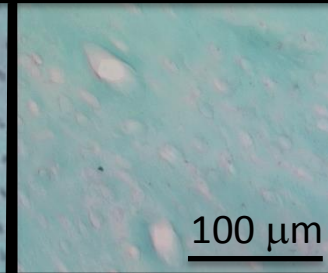
LIVING
CARTILAGE



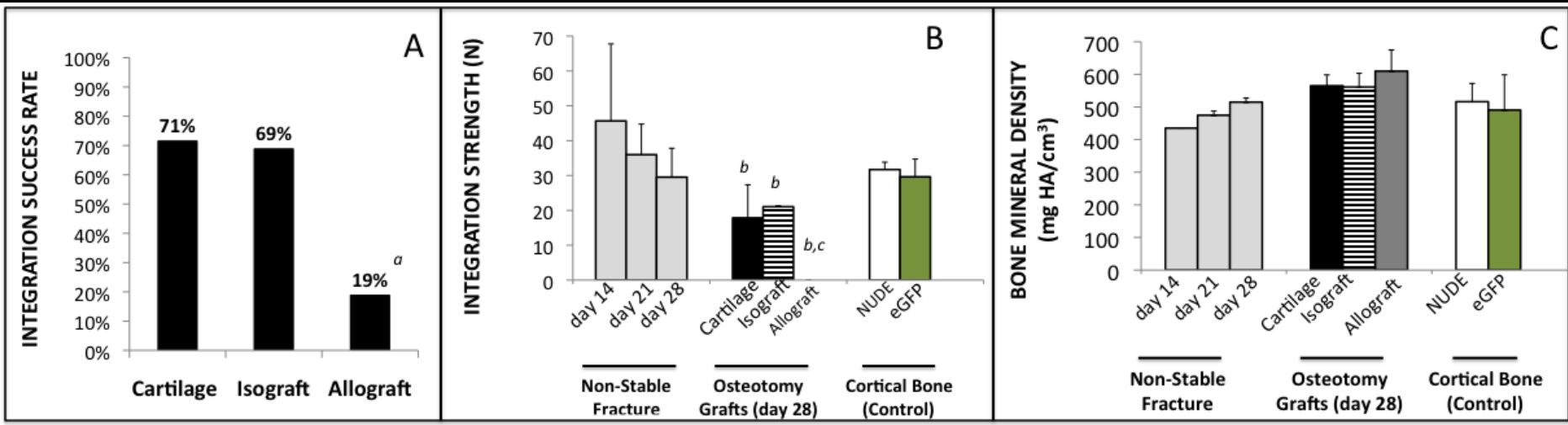
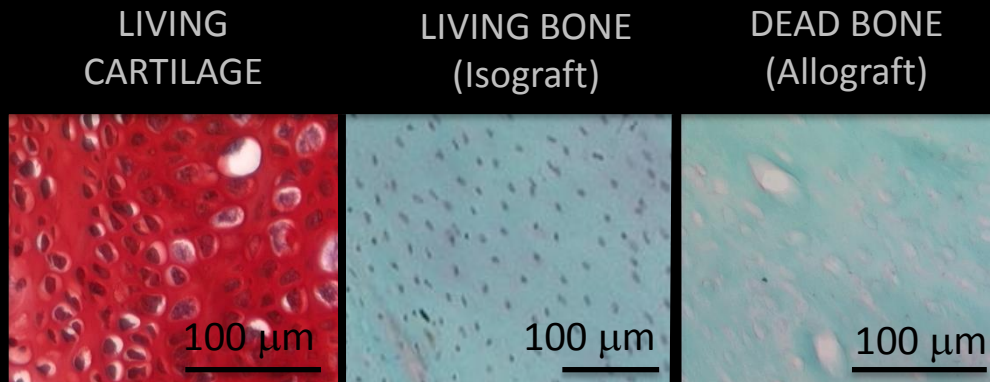
LIVING BONE
(Isograft)



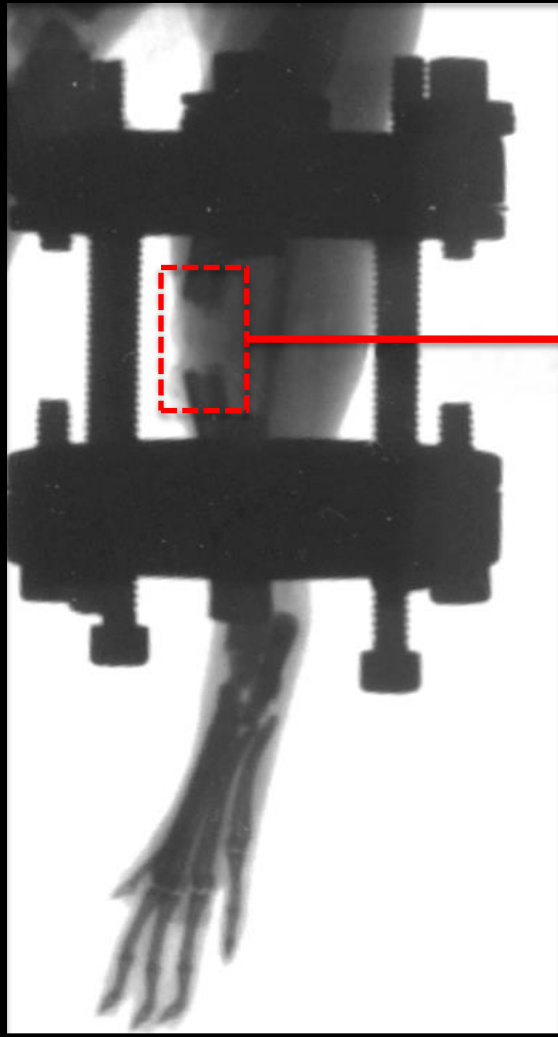
DEAD BONE
(Allograft)



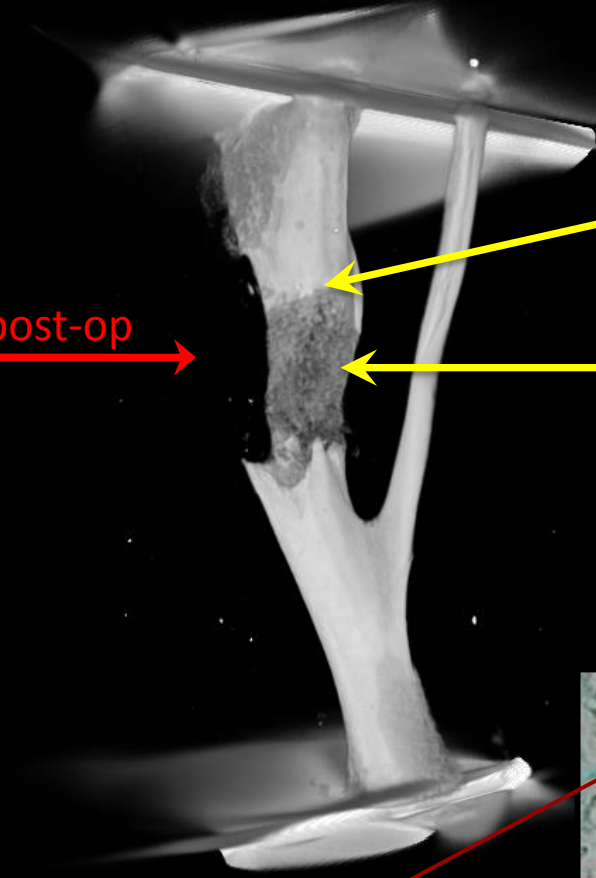
Cartilage Graft Produces Integrated Bone



Cartilage graft heals the bone defect

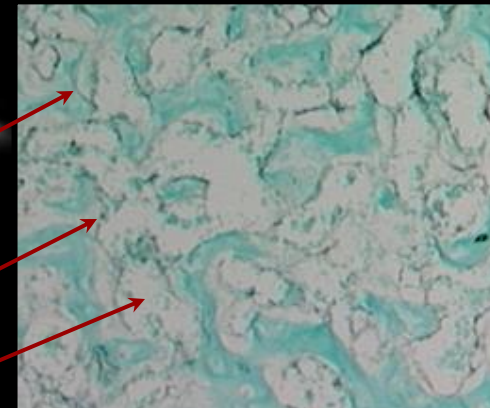


4 weeks post-op



Integration between graft & host

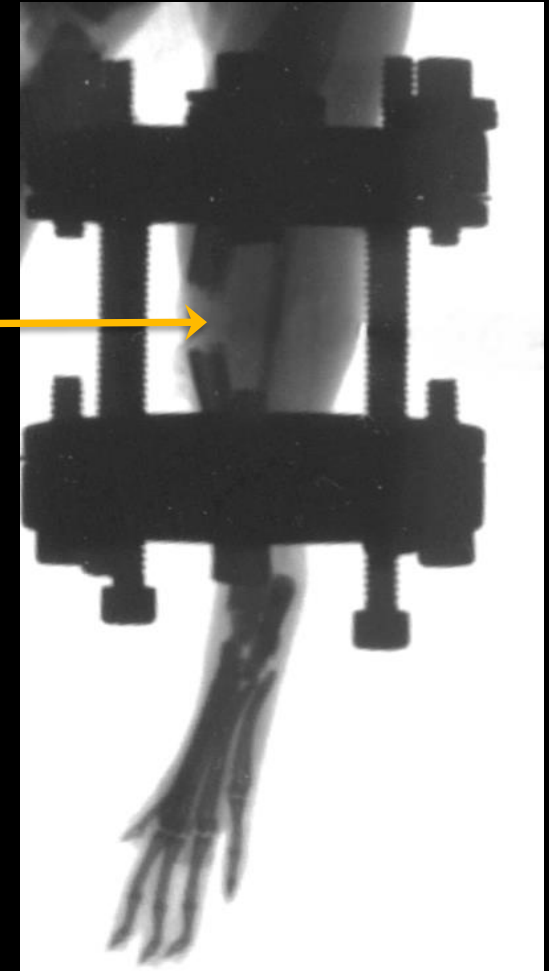
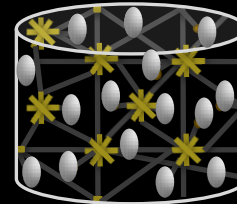
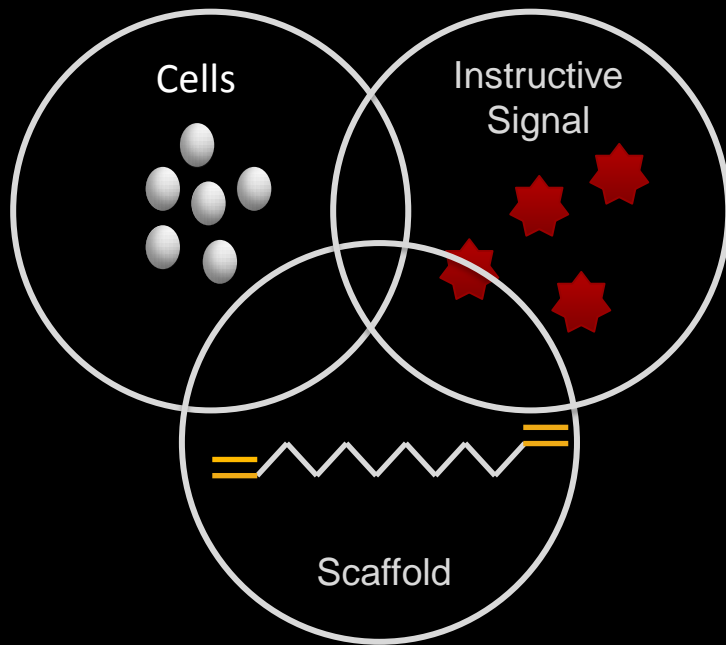
Trabeculated/vascularized bone regenerate



bone = blue
blood vessels = black
bone marrow space = white

Tissue Engineering Endochondral Bone Regeneration

Tissue Engineering Strategy



Developmental Engineering

Engineer a system that attempts that models tissue developmental or repair

Components in Tissue Engineering

Repair damaged or diseased tissue with a regenerate that has metabolic and mechanical function of native tissue.

1. Three dimensional scaffold → housing
2. Bioactive factors → trigger healing
3. Cells → replace tissue



Unanswered questions in Tissue Engineering...

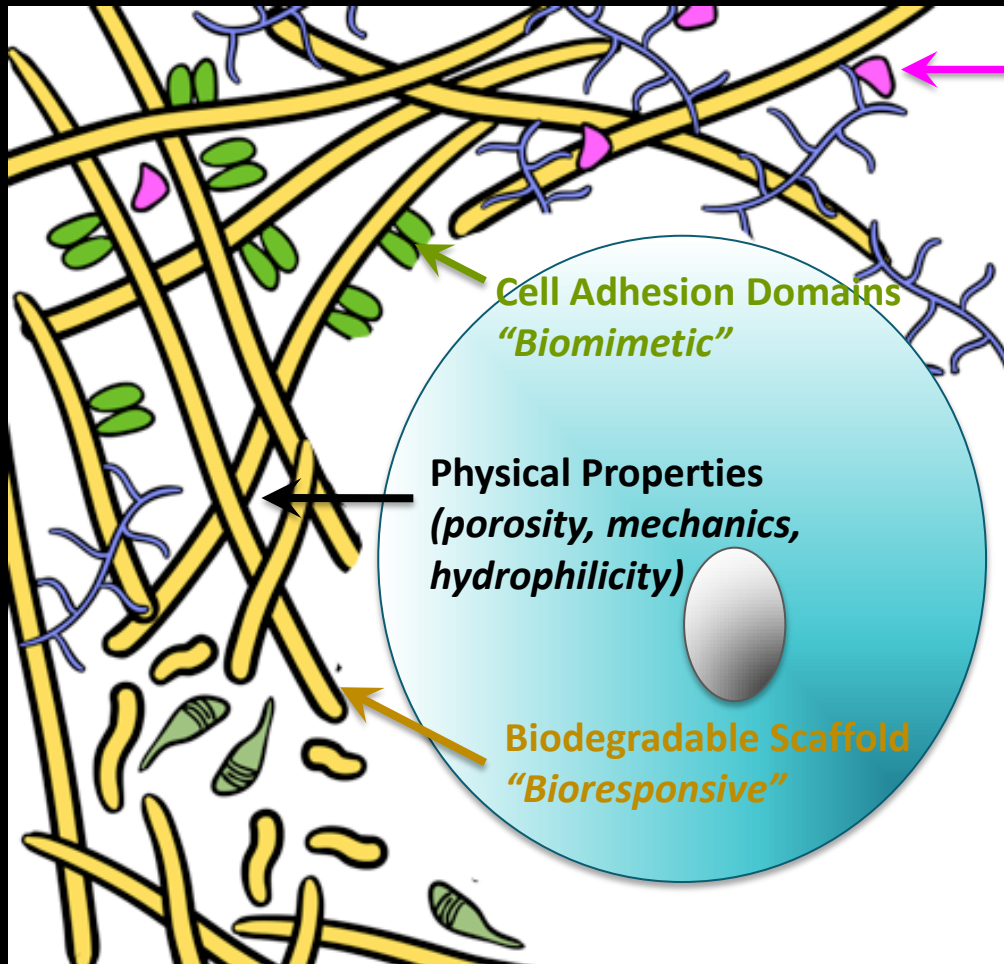
Scaffold: which material, microstructure, strength, method for synthesis??

Bioactive factors: what to deliver, how to deliver??

Cells: which cells, how to deliver??

Smart Scaffolds – The Next Generation of Tissue Engineering

Trying to re-engineer our native system with nanotechnology



Growth Factors
"Bioactive"



Types of Scaffolds for Tissue Engineering

NATURAL

PROs:

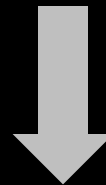
- ✓ Biological Signal
- ✓ Biodegradable

CONs:

- ✓ Weak Mechanical Strength
- ✓ Immunogenetic Response
- ✓ Hard to modify

SYNTHETIC

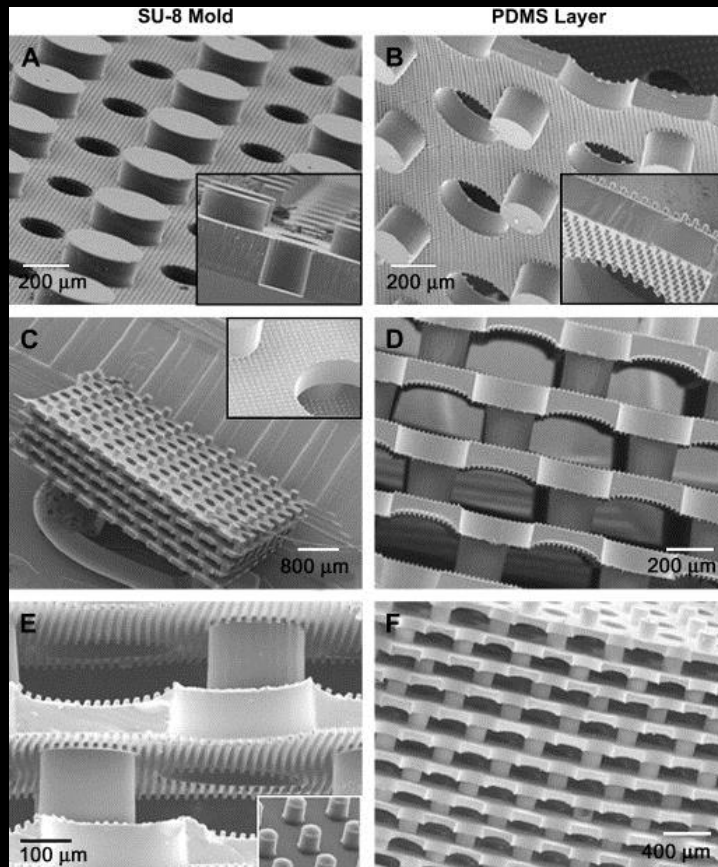
- ✓ Easy to Control
 - Mechanical Strength
 - Degradation profile
 - Porosity
- ✓ Inert
 - Low cell adhesion
 - Low cell response



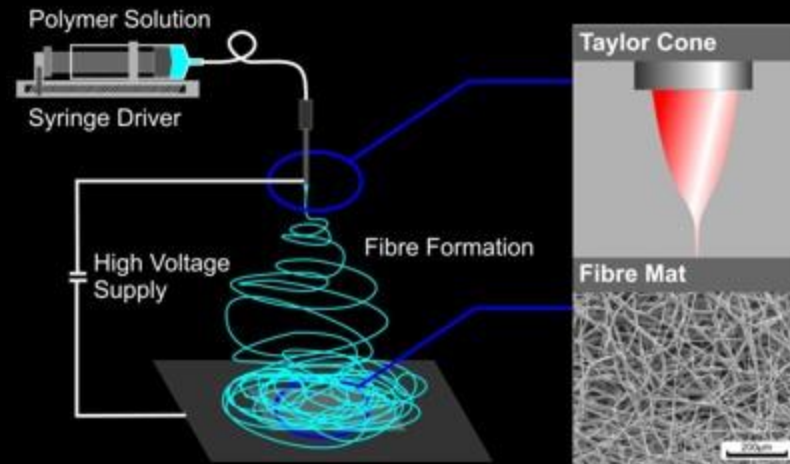
Bio-synthetic Hybrid Scaffolds

Emerging Technologies in Tissue Engineering

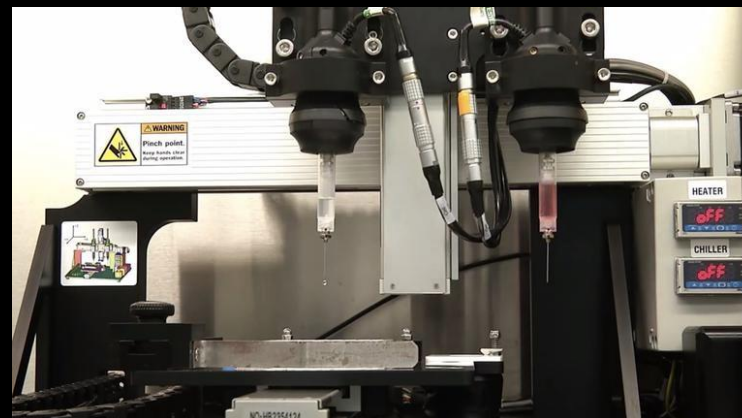
Photopatterning



Electrospinning



3D Bioprinting



Re-growing the Skeleton: Approaches in Tissue Engineering and Regenerative Medicine

