

Tissue Engineering for Cardiovascular Diseases

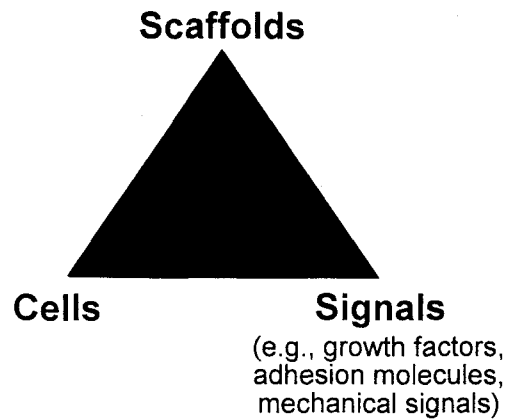
김병수
한양대 화학공학과

조직재생의 3가지 방법

- Cell transplantation
- Tissue-inducing substance delivery
- Cells on or within matrices

(Langer R and Vacanti JP. Tissue engineering. Science
260: 920-926, 1993)

Three Key Elements in Tissue Engineering



Revascularization Approaches for Myocardial Ischemia

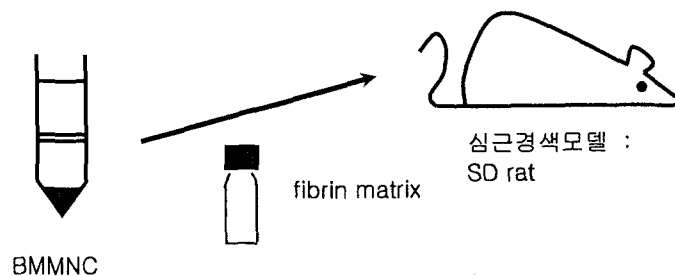
- **Cell transplantation**
 - Allogeneic: Embryonic stem cells, Fetal, neonatal or adult cardiomyocytes
 - Autologous : Bone marrow-derived stem cells, Skeletal myoblasts
 - with or without matrix
- **Angiogenic factor administration**
 - bFGF, VEGF
 - systemic delivery, sustained local delivery
- **Gene therapy**
 - VEGF
 - naked DNA, gene in viral vector

Outline

- 심근 재생
 - 골수단핵세포 이식: 피브린 매트릭스의 효과
 - 배아줄기세포 이식
- 하지허혈 치료
 - 소동물실험 : bFGF delivery, G-CSF, 골수단핵세포 이식
 - 임상실험
- 동맥 재생

Hypothesis

피브린 매트릭스를 이용한 골수단핵세포의 심근경색 동물의 심근에 이식하는 것은 세포치료제의 효능을 향상시킬 것이다.



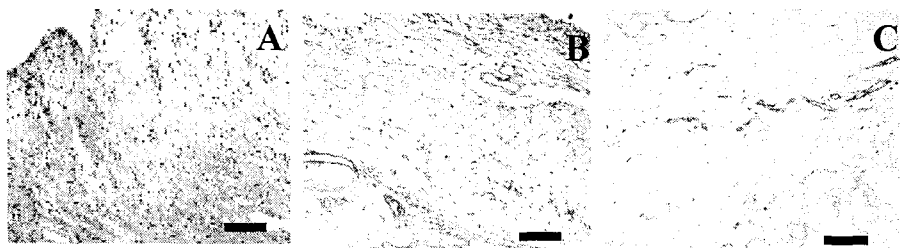
Experimental Groups

실험군: BMMNC & Fibrin matrix injection

대조군 1: BMMNC injection

대조군 2: Medium injection

Histology (H&E, 8 weeks)

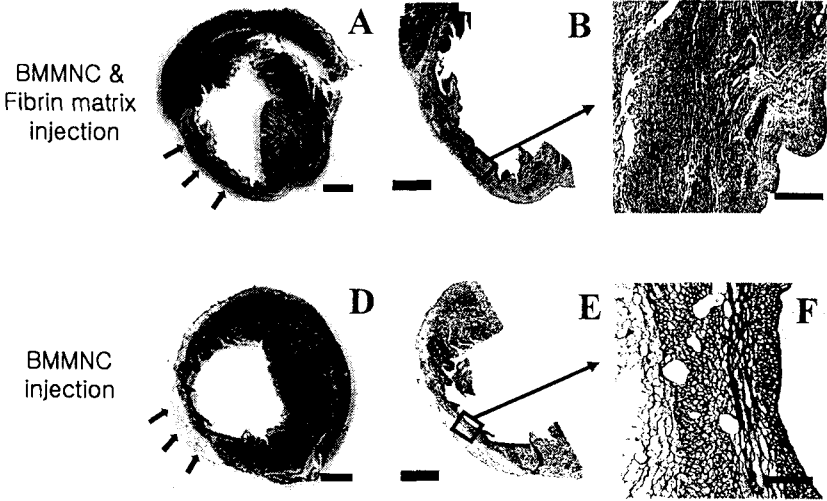


BMMNC & Fibrin matrix
injection

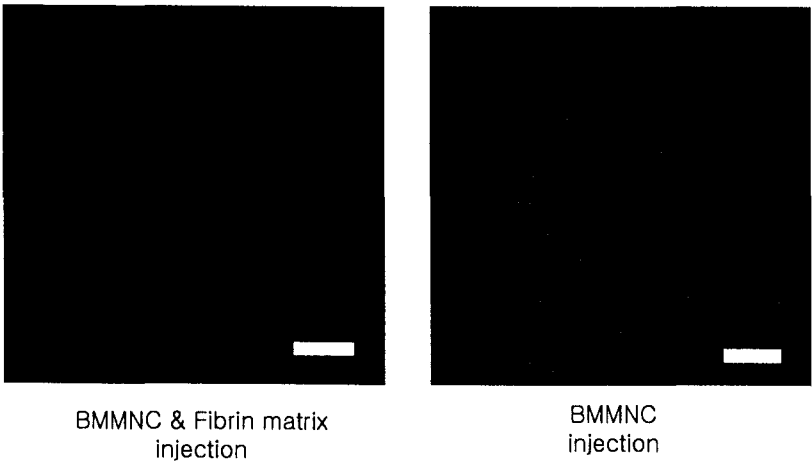
BMMNC
injection

Medium
injection

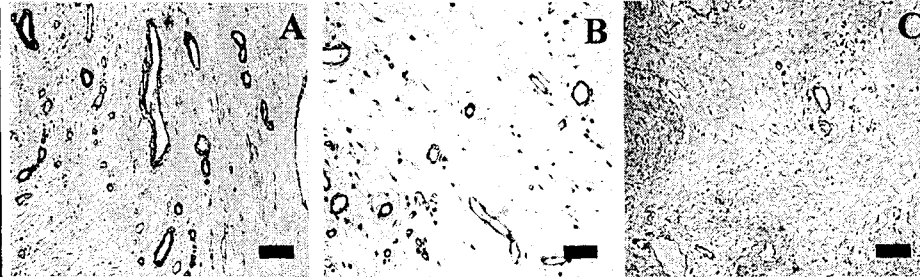
Histology (H&E, 8 weeks)



CM-Dil



Vessels in Infarcted Myocardium (SM α -actin)

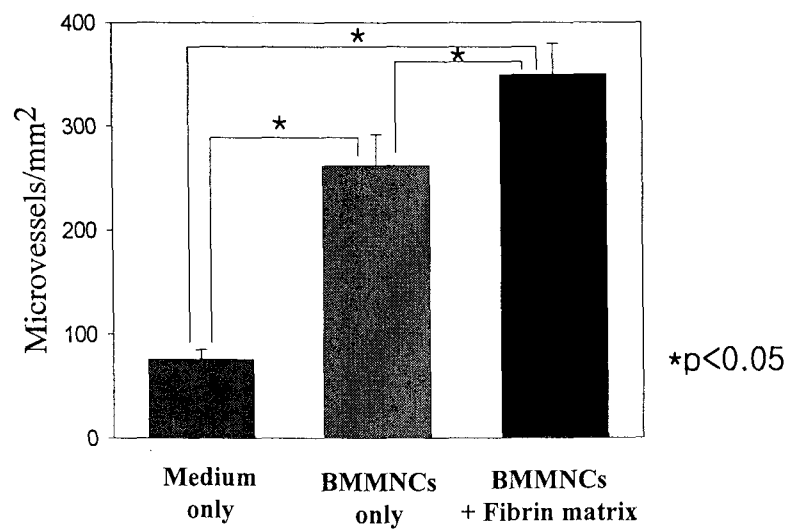


BMMNC & Fibrin matrix
injection

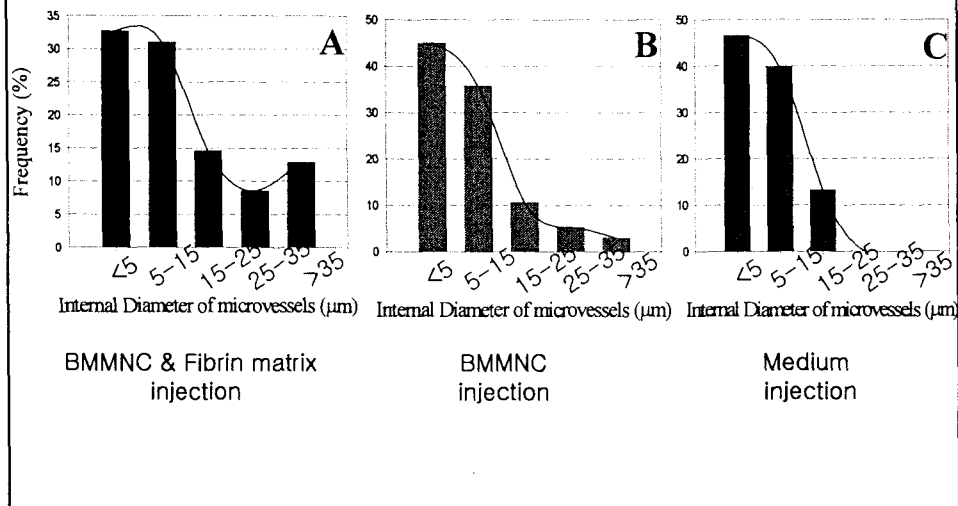
BMMNC
injection

Medium
injection

Vessels Density in Infarcted Myocardium

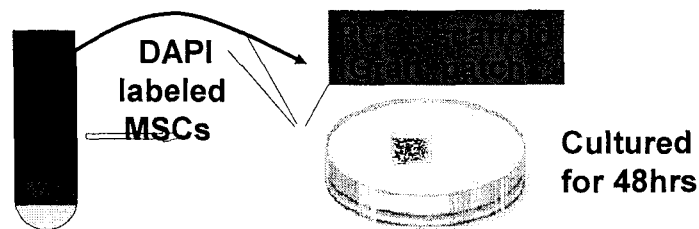


Vessel Diameter Distribution



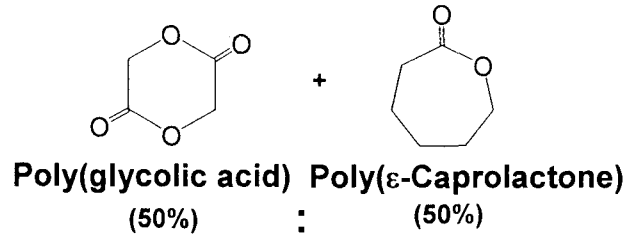
MSC Seeding on the PGCL Scaffold (Graft)

- Seeding and cultivation of MSCs on the patch
 - MSCs (2×10^6 cells) : Pre-labeled with DAPI
 - PGCL scaffold ($5 \times 5 \text{ mm}^2$)

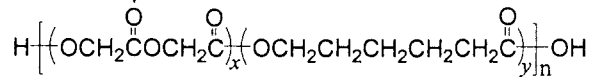


- Characterization of tissue engineered graft
 - H&E staining
 - Scanning EM

Copolymerization of PGCL



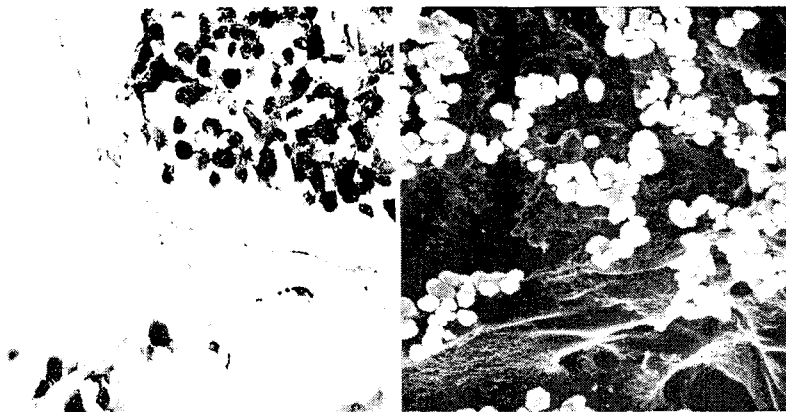
Sn-oct 170 °C, 20 hrs



Poly(glycolic acid)/Poly(ϵ -Caprolactone) Copolymer
Resorbed within 2 months

MSCs Seeded on the PGCL Scaffold

Culture for 48hrs

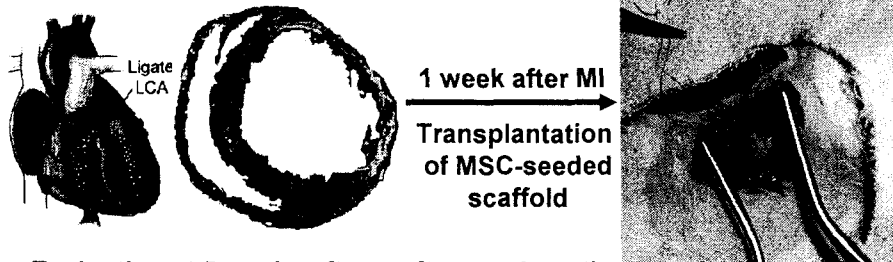


H&E Stain

Scanning EM

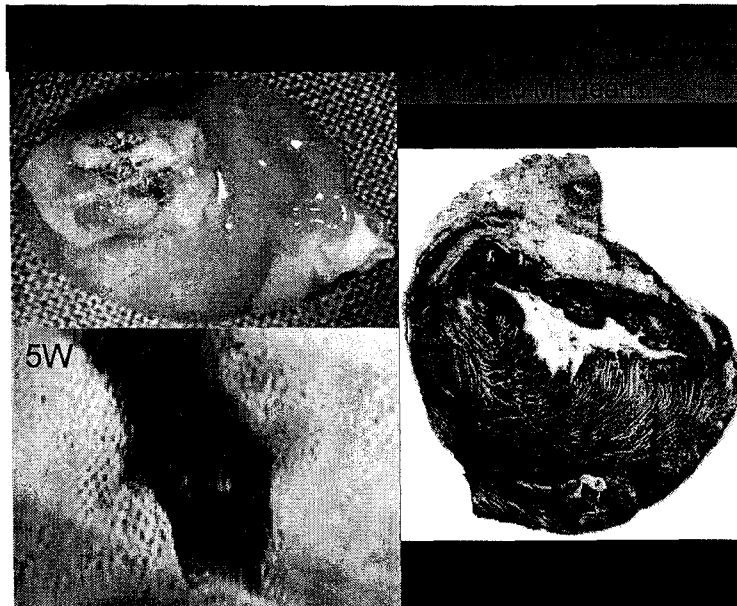
Transplantation of MSC-seeded PGCL Graft

- Sham operation : Normal myocardium
- MI model : LCA ligation with reperfusion after 5hrs

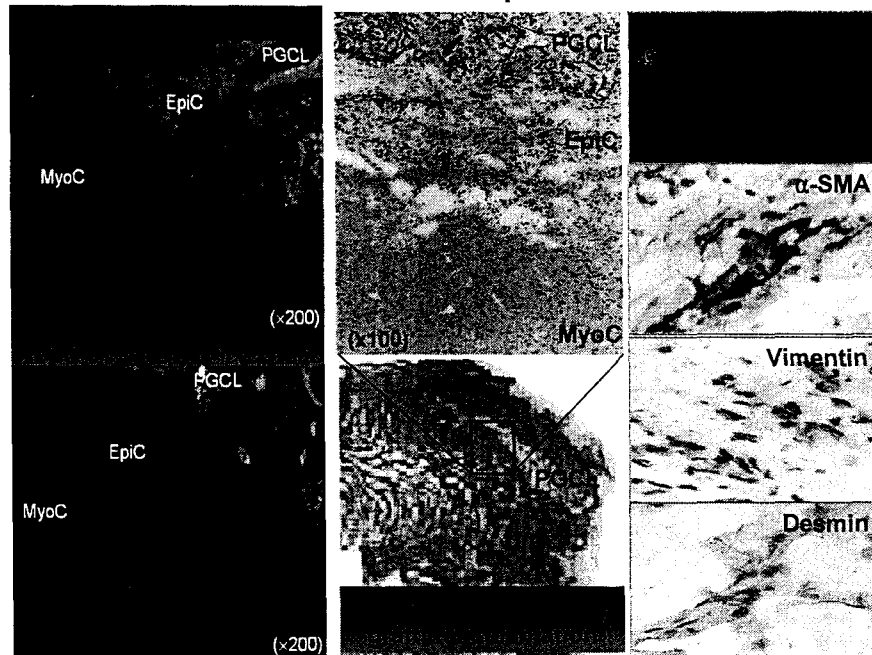


- Evaluation at 5 weeks after graft transplantation
 - Histopathologic examination : H&E, MT staining
 - Confocal microscopy : DAPI
 - Immunostaining : MHC, desmin, vimentin, α SMA
 - Echocardiography : LV chamber, FS

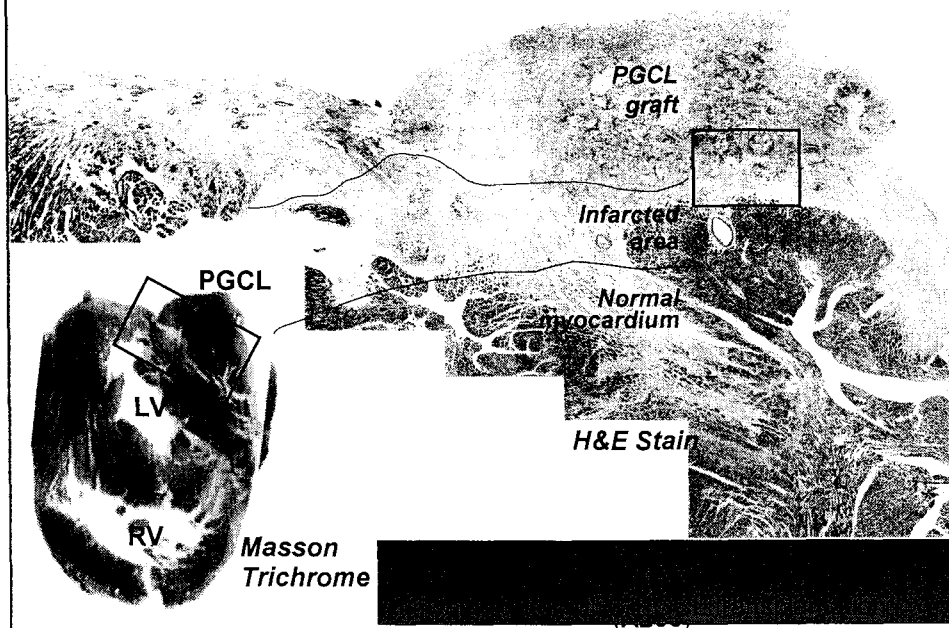
Gross Findings of MSC-Seeded PGCL Graft



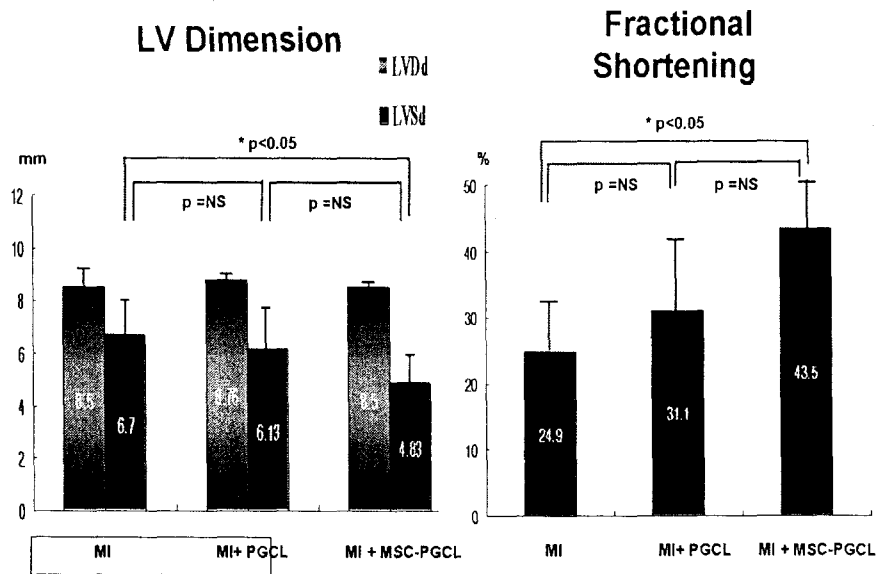
MSC-Seeded PGCL Graft Transplanted to Normal Heart



Transplantation of MSC-Seeded PGCL Graft



MSC-Seeded PGCL Graft Improves LV Function



**Myocardium regeneration using
embryonic stem cell-derived
cardiomyocytes and G-CSF**

Materials and methods

- Cell source : mouse embryonic stem cell (R1)-derived cardiomyocytes
- Animal model : SD rat heart infarction model (cryoinjury)
- Granulocyte-colony stimulating factor (G-CSF) treatment (50 µg/kg/day)
- 8 weeks after implantation → histology (H&E, Masson's trichrome), immunohistochemistry (cardiac troponin I), heart function measurement

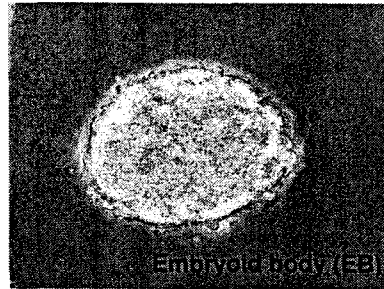
Group 1 : Embryonic stem cells + G-CSF

Group 2 : Embryonic stem cells

Group 3 : G-CSF

Group 4 : Medium injection

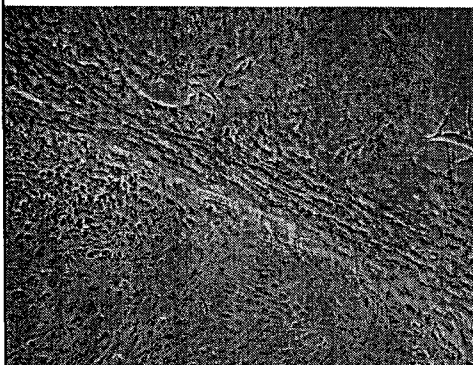
Mouse embryonic stem cells (R1)



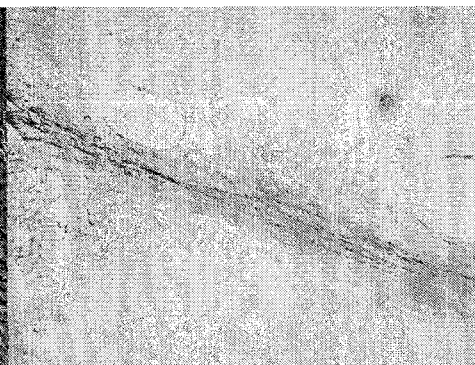
↓
Hanging drop culture (2 day) &
Suspension culture (5 day)



Embryonic stem cell-derived cardiac structure



Myotube-like structure



Immunostaining
(cardiac troponin I)

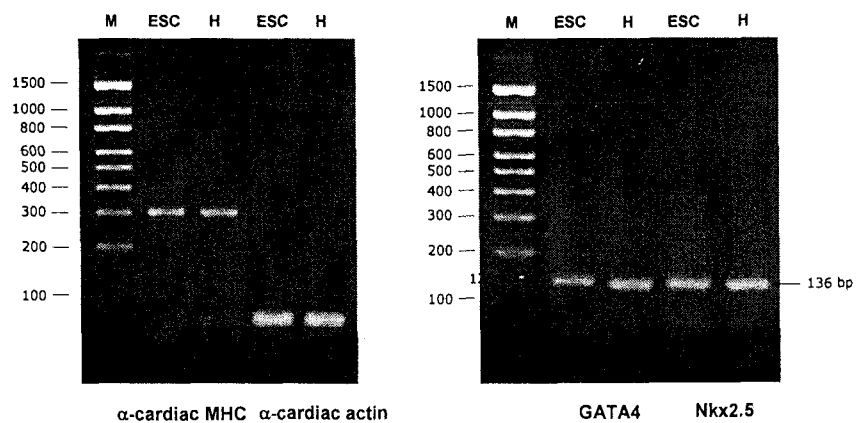
Cell characterization (immunostaining)



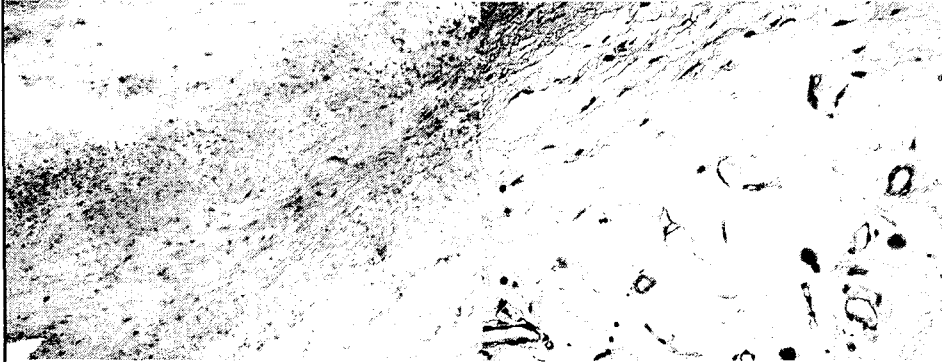
Cardiac myosin heavy chain

Cardiac troponin I

Cell characterization (RT-PCR)



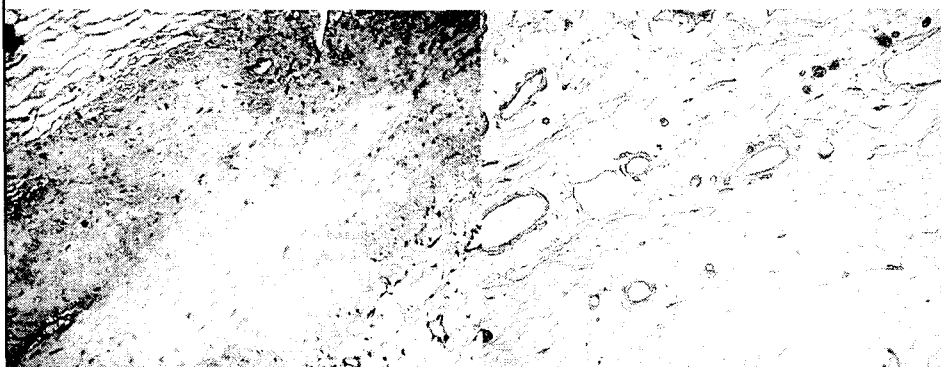
Histological analysis (H&E staining)



ES cell injection

Medium injection

Immunohistochemistry (cardiac troponin I)



ES cell injection

Medium injection

Left ventricular function (n=3)

	ES cells	Medium
LVSP (mmHg)	114.0 ± 25.1	105.0 ± 11.6
LVEDP (mmHg)	7.0 ± 2.6	7.3 ± 3.1

Echocardiographic measurement of left ventricular function (n=3, *: p<0.05)

	ES cells	Medium
LVDd (mm)	9.03 ± 0.15	9.70 ± 0.70
LVDs (mm)*	5.53 ± 0.46	6.90 ± 0.76
EF (%)*	73.7 ± 7.2	60.3 ± 4.7
FS (%)*	39.0 ± 6.1	29.0 ± 3.6
LVPWT (mm)	2.03 ± 0.23	1.90 ± 0.20

Left ventricular function

	ES cells + G-CSF	G-CSF
LVSP (mmHg)	108.5 ± 44.5	113.0 ± 8.1
LVEDP (mmHg)	6.0 ± 8.5	7.5 ± 6.6

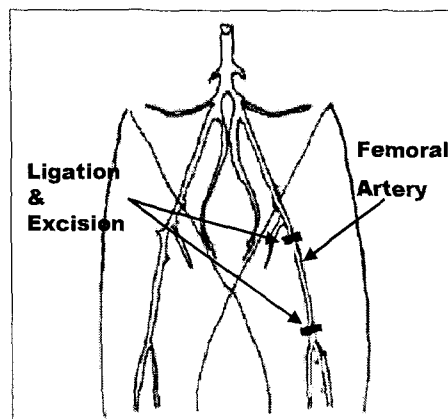
Echocardiographic measurement of left ventricular function

	ES cells + G-CSF	G-CSF
LVDd (mm)	8.45 ± 0.05	8.63 ± 0.54
LVDs (mm)	5.65 ± 1.34	5.70 ± 0.27
FS (%)	33.5 ± 12.0	33.8 ± 6.3
LVPWT (mm)	2.20 ± 0.28	2.13 ± 0.01

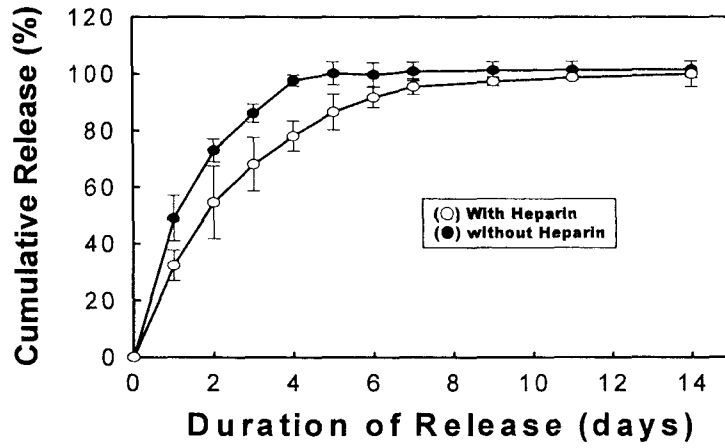
Summary 1

- 피브린 매트릭스를 이용한 골수단핵세포의 이식은 혈관생성을 향상시킨다.
- 골수중간엽줄기세포가 부착된 생분해성 고분자 패치의 이식은 허혈성 심장에서 혈관을 재생시킨다.
- 배아줄기세포로부터 분화된 심근세포의 이식은 허혈성 심장에서 심근을 재생시킨다.

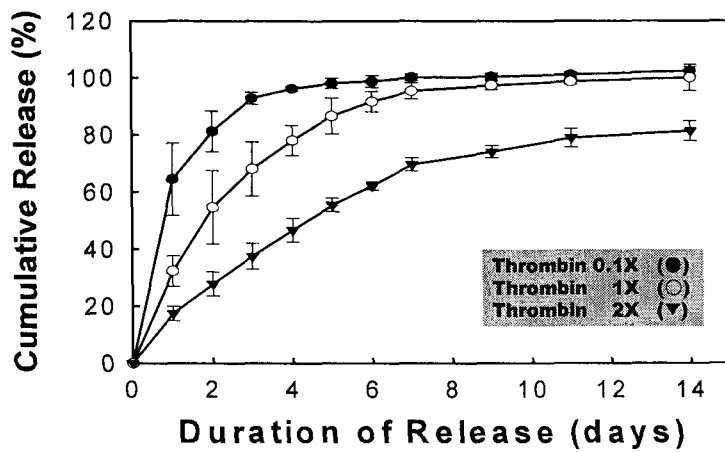
Mouse Model of Hind Limb Ischemia



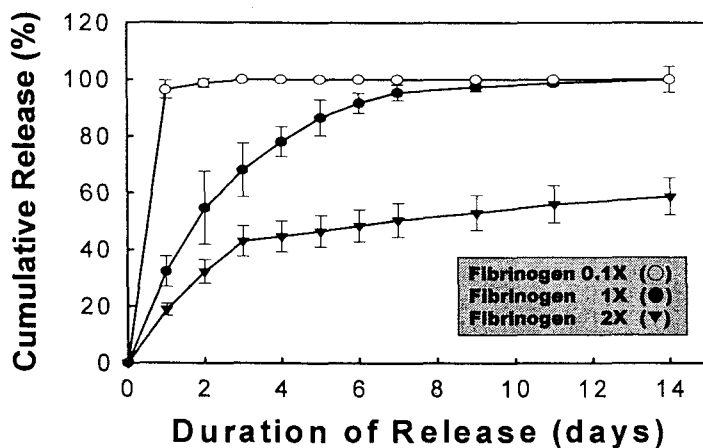
bFGF Release from Fibrin Matrix



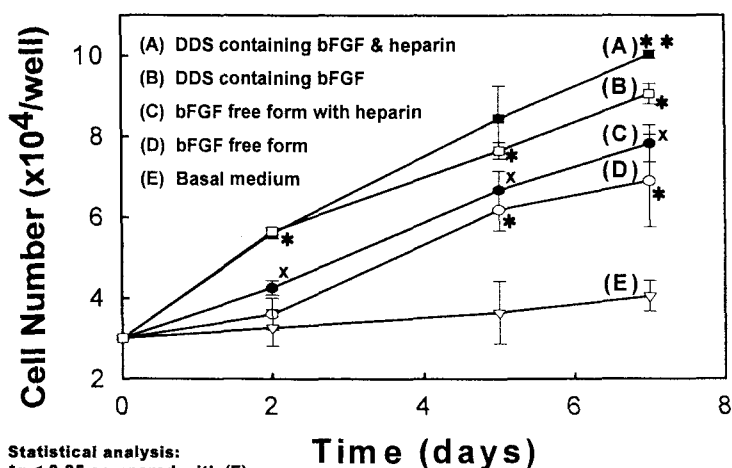
Release Profile of bFGF (Various Thrombin Concentration)



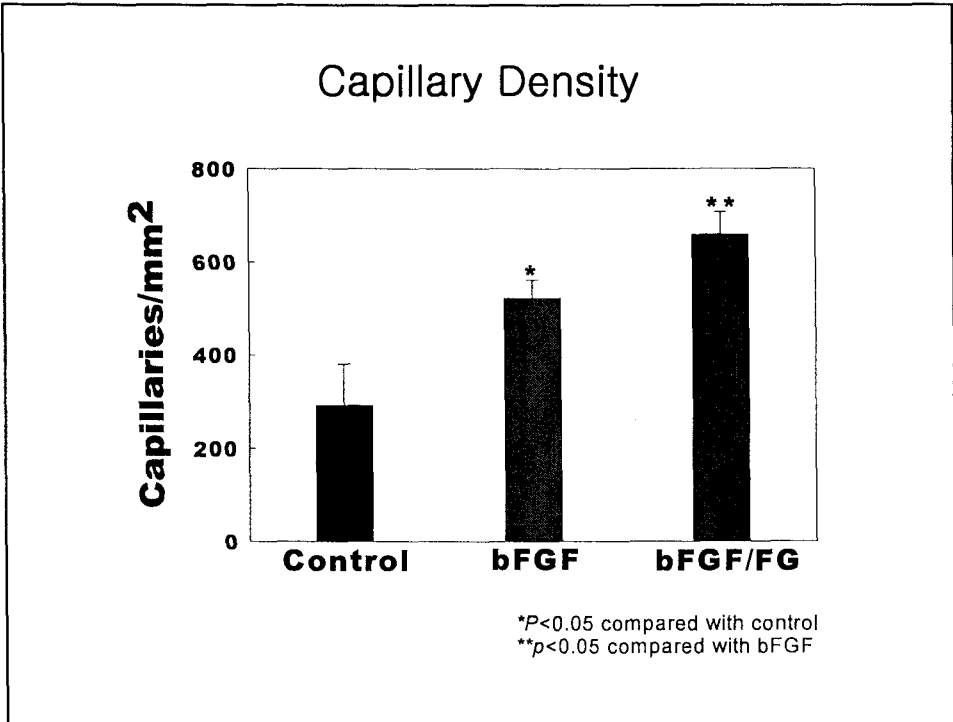
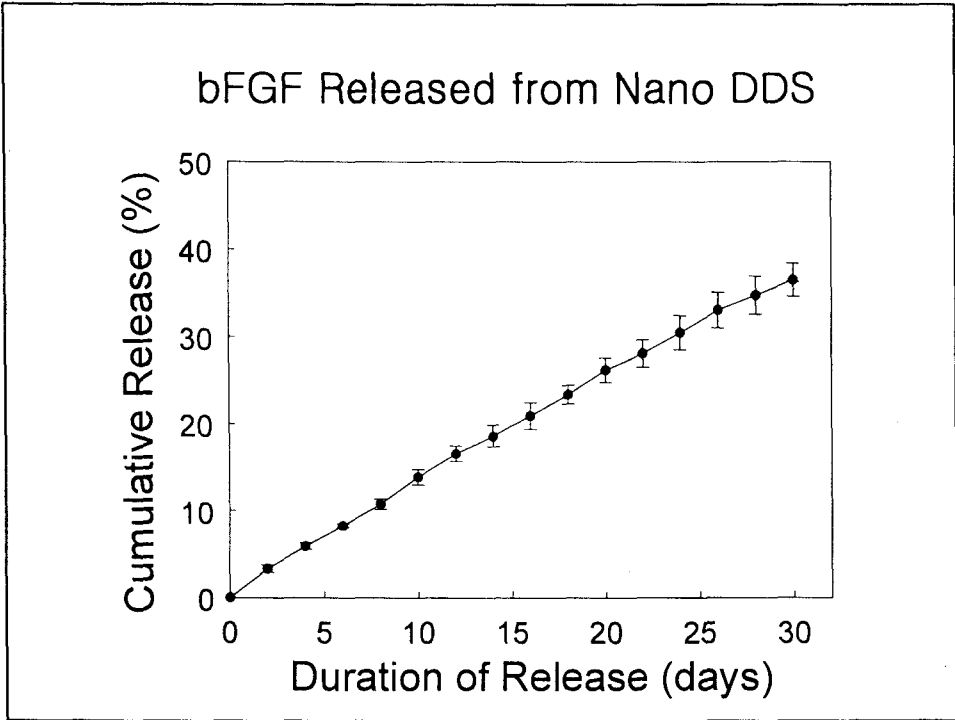
Release Profile of bFGF (Various Fibrinogen Concentration)

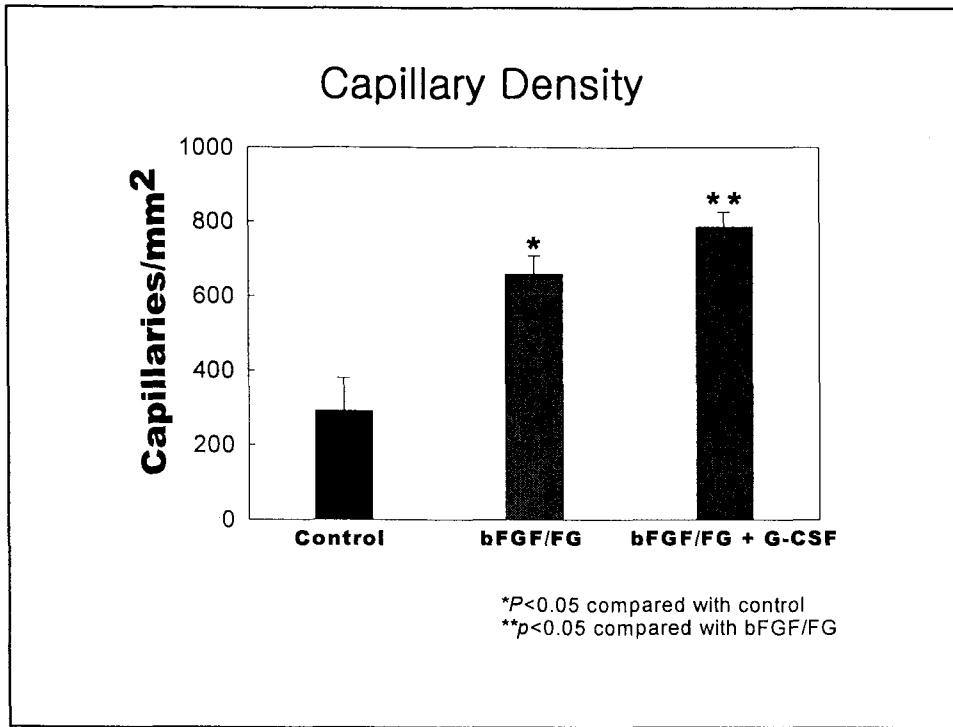
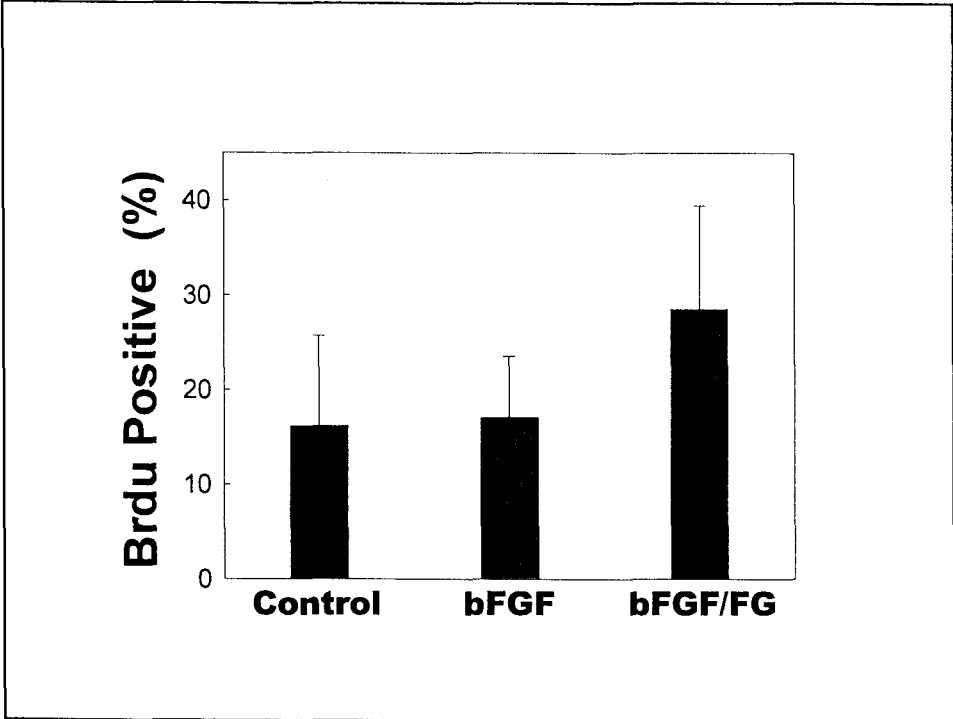


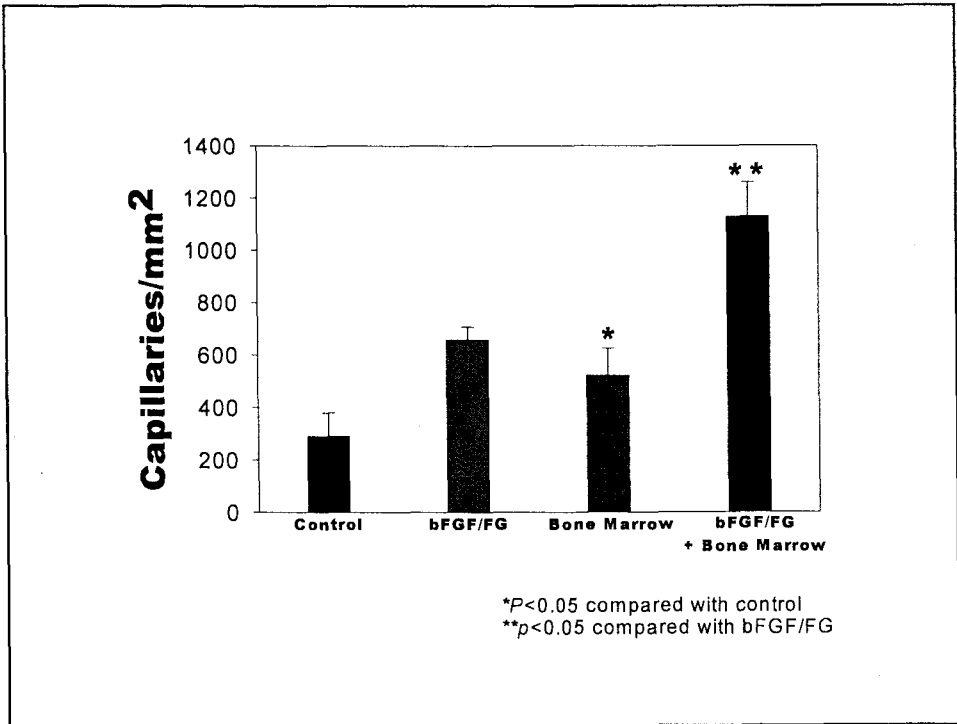
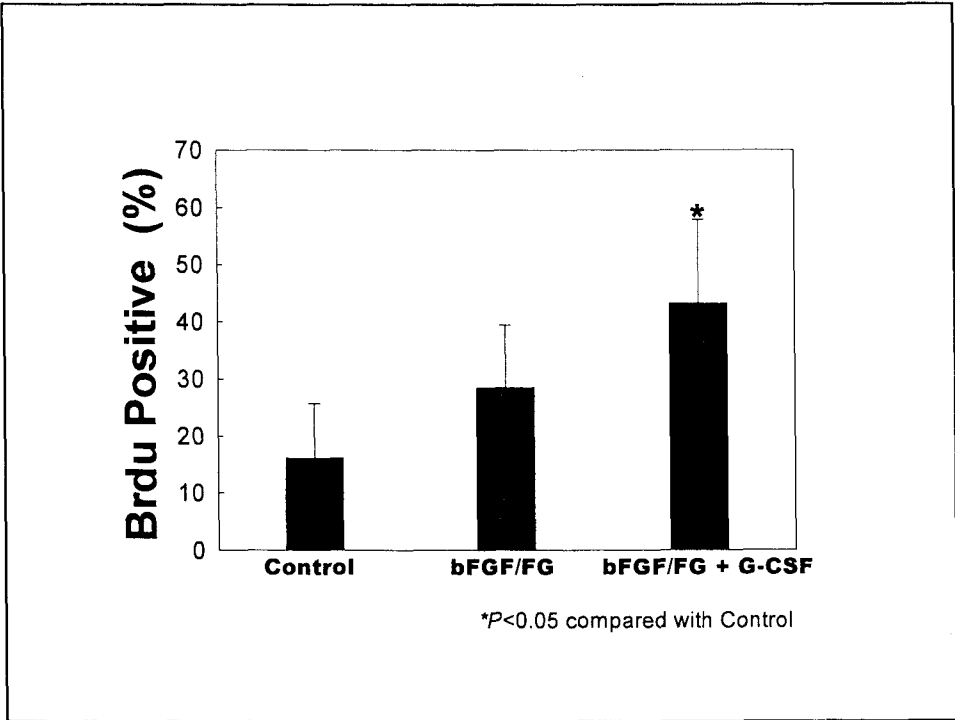
Bioactivity of bFGF

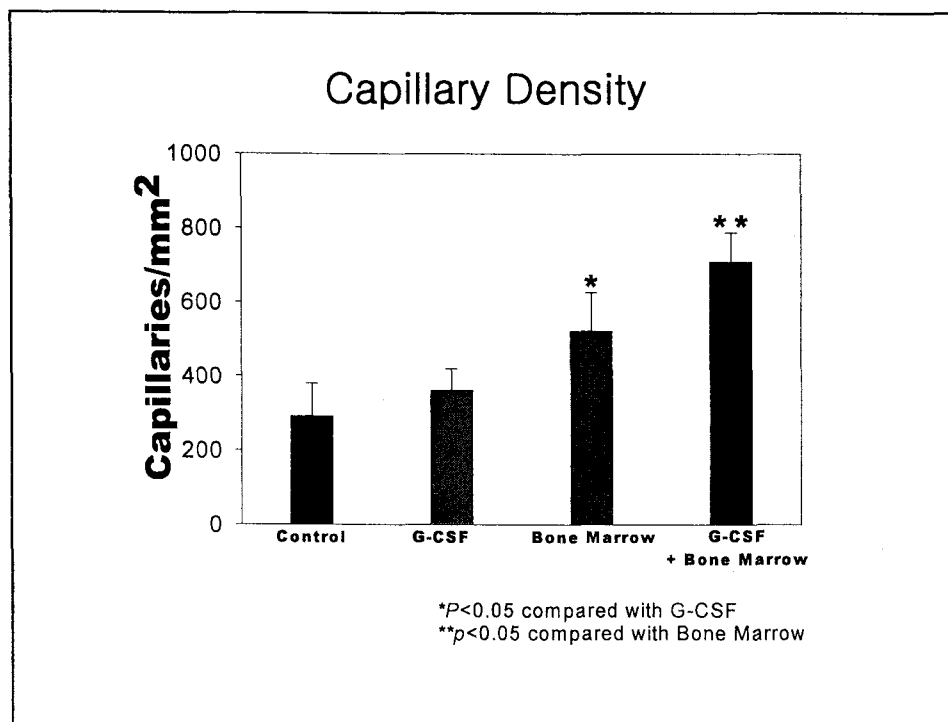
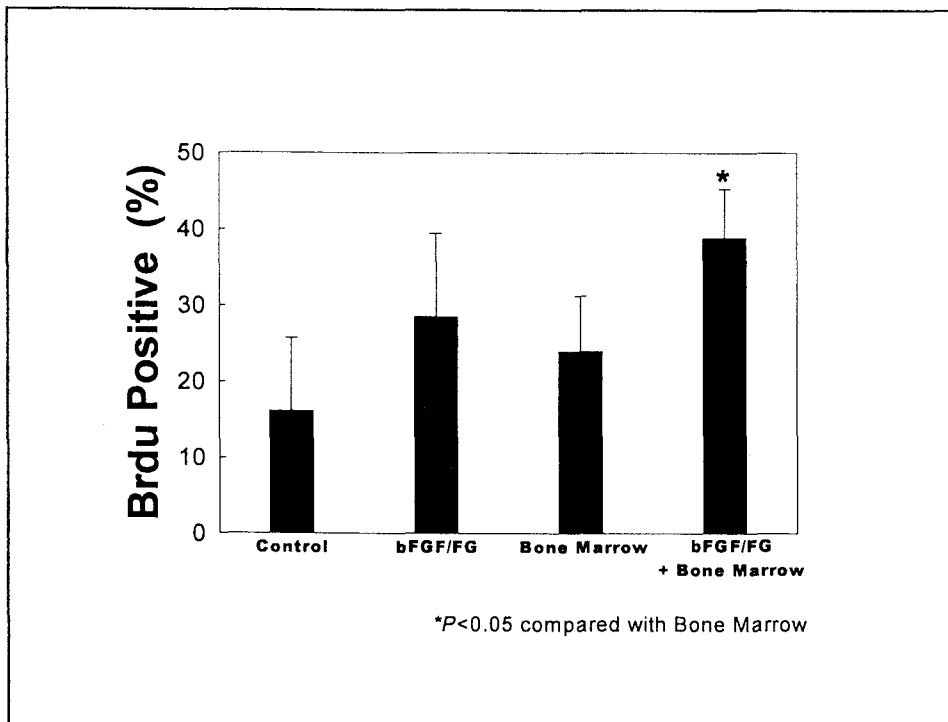


Statistical analysis:
 * $p < 0.05$ compared with (E);
 x $p < 0.05$ compared with (A);
 ** $p < 0.05$ compared with (B).





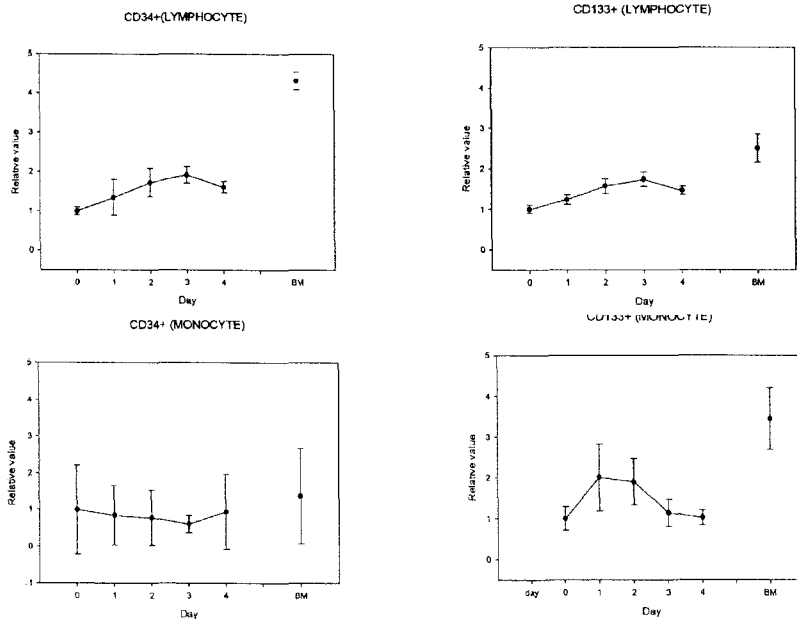




Clinical Trial (BMSCs and G-CSF for Limb Ischemia)

- 1) 임상 실험 : 임상시험 심의위원회(IRB) 승인을 얻어 시행.
- 2) 대상 환자 : 수술적 치료 및 방사선 중재시술을 시행 할 수 없었던 환자 중 하지 허혈증상이 악화되어 통증으로 정상 생활이 불가능 하거나 하지 절단이 고려되었던 20명의 환자.
- 3) 효과 검증
 - 적외선체열측정기(thermogram) : 하지 온도 변화를 측정
 - 동맥조영술 : 신생혈관 유발 정도 검증
 - 자각 증상 개선 정도 판단 기준 : 국제표준 임상표에 근거 (J Vasc Surg 1997;26:517-538)
- 4) 결과; 전체 20명 중 18명(90%)에서 하지허혈증 개선

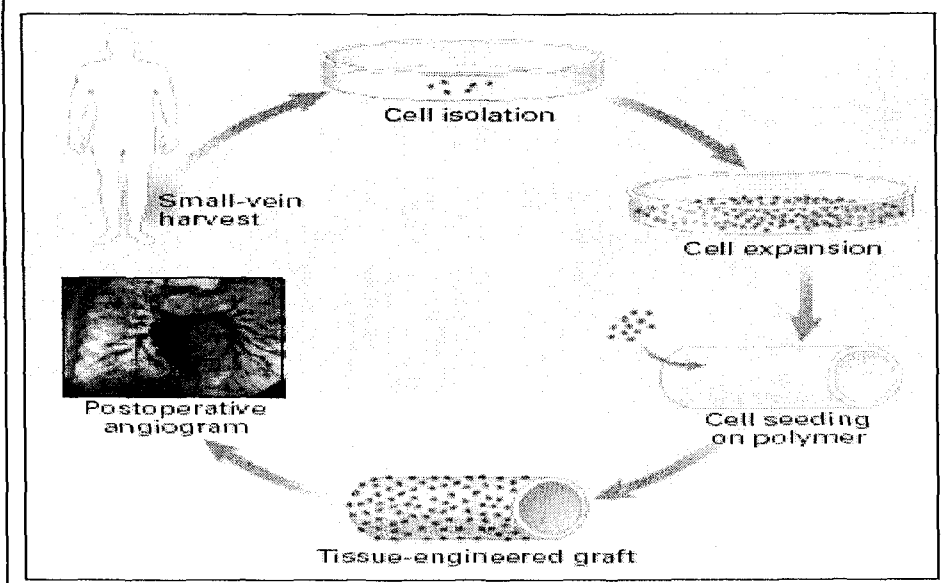
Flowcytometric Analyses of Pheripheral Bloods

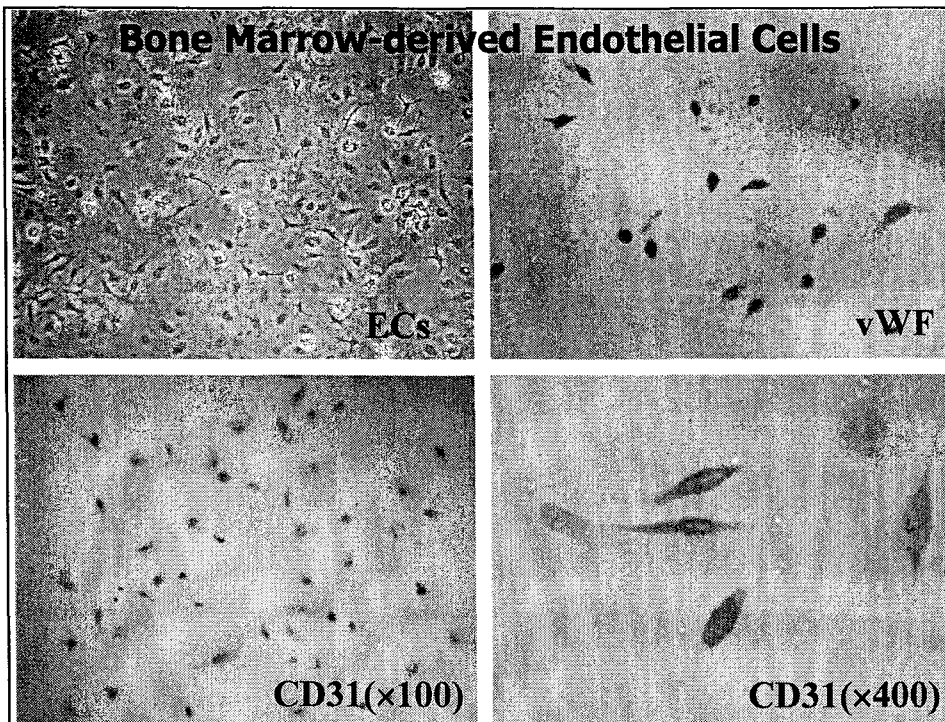
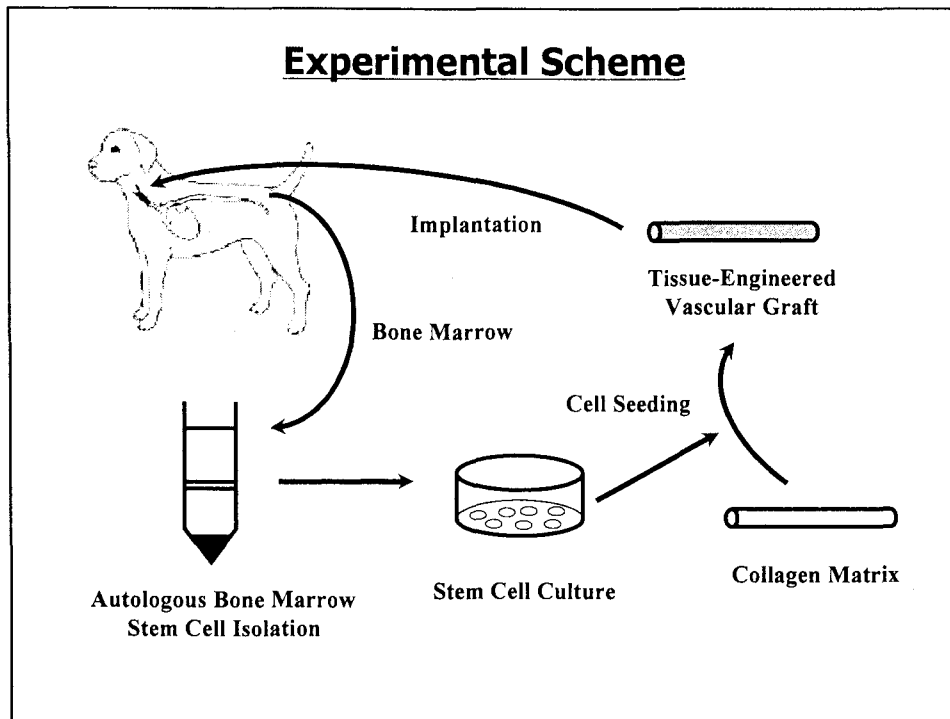


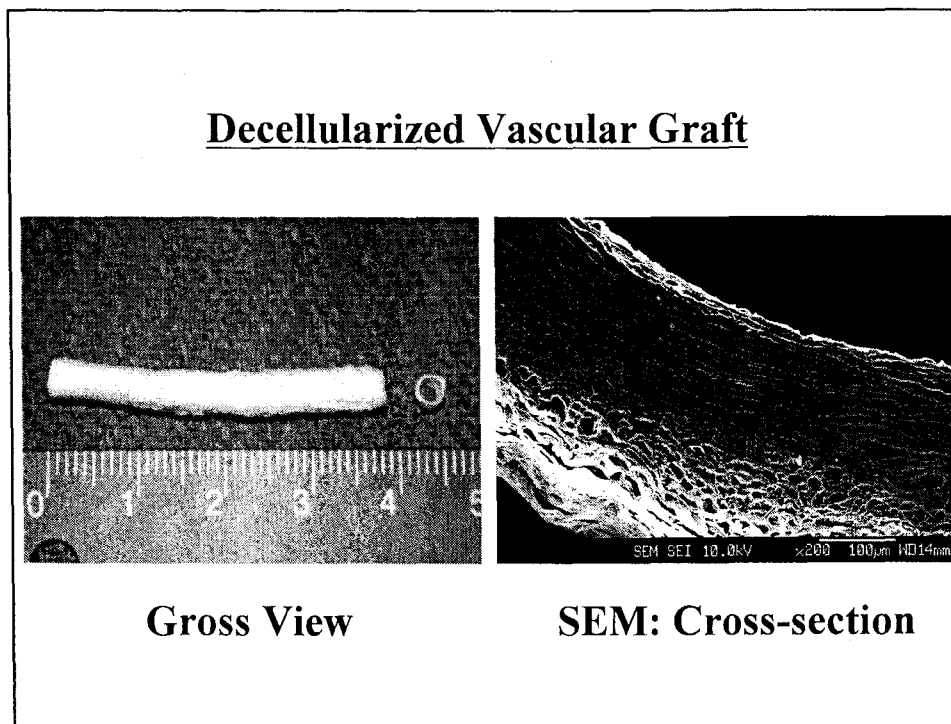
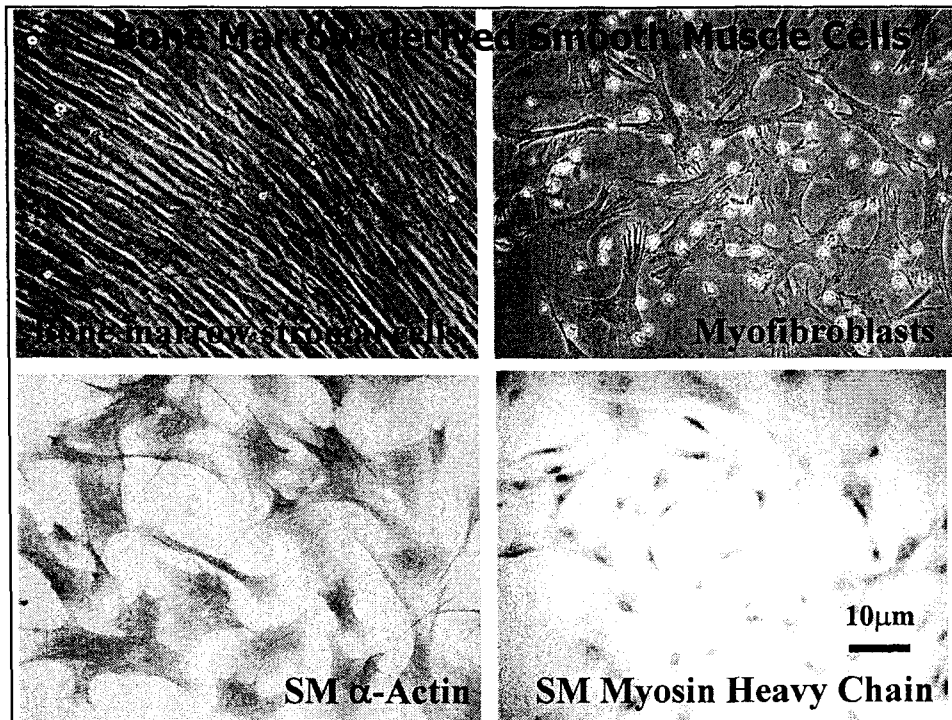
Summary 2

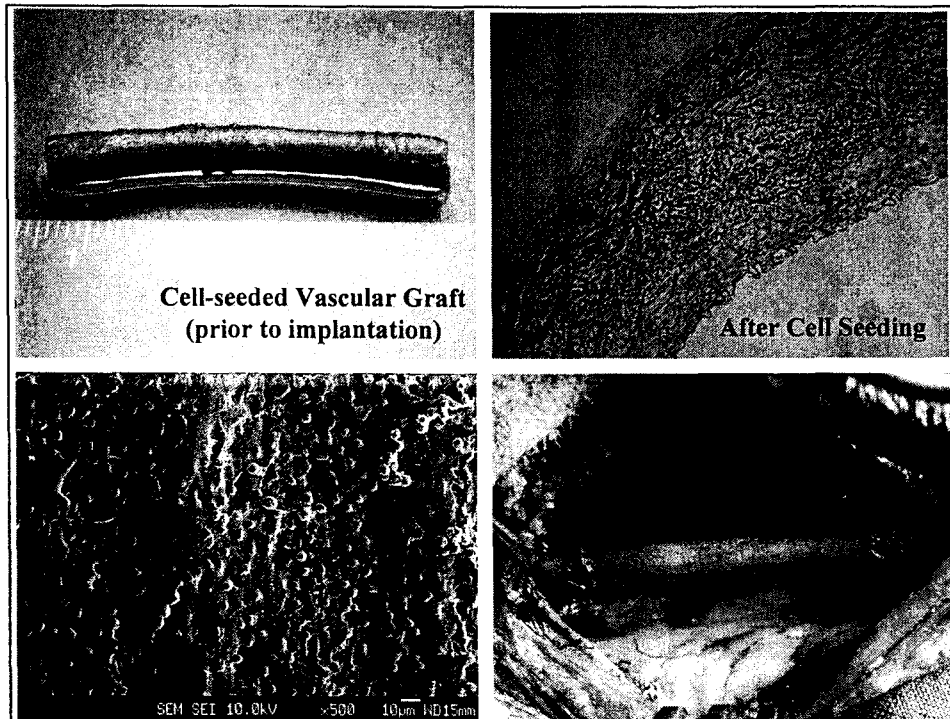
- bFGF를 각각 1주일, 4주일간 전달할 수 있는 약물 전달시스템을 개발하였다.
- bFGF 약물전달시스템 투여는 매일 bFGF bolus injection하는 것보다 신생혈관생성을 향상시킨다.
- 골수단핵세포 이식, bFGF 약물전달, G-CSF 투여의 복합치료는 각각의 단독치료보다 신생혈관생성을 향상시킨다.
- 임상시험에서 골수단핵세포 이식과 G-CSF의 복합치료술은 하지허혈환자를 성공적으로 치료하였다.

Transplantation of a Tissue-Engineered Pulmonary Artery (Shin'oka T, et al., N Engl J Med 344, 532 (2001))

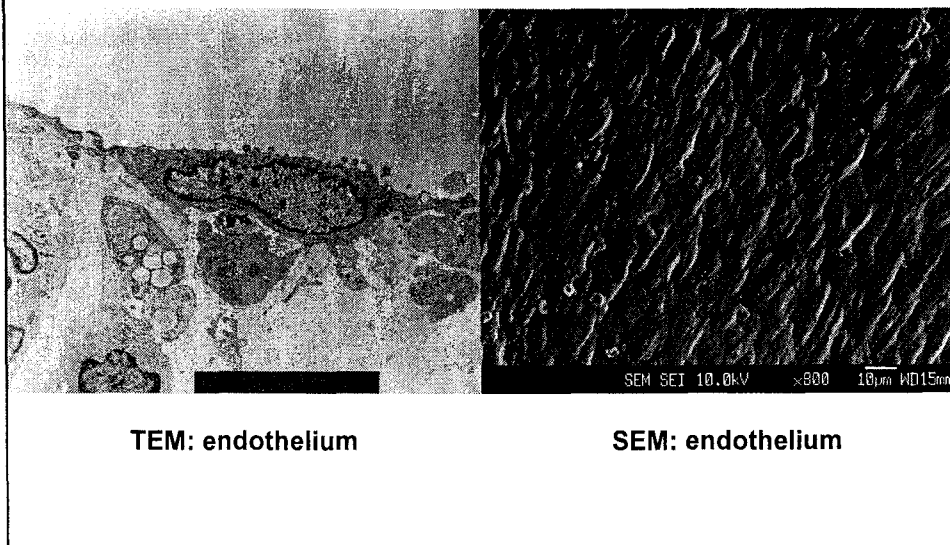




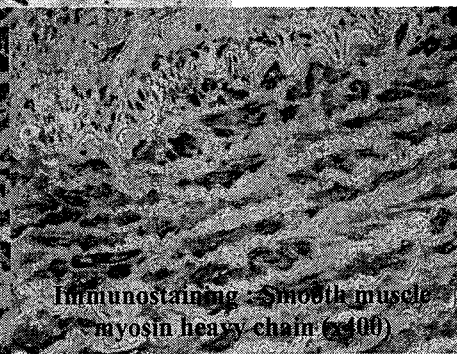
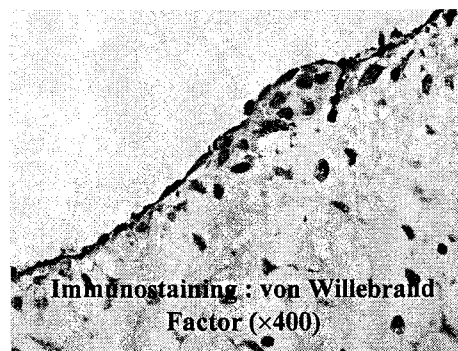
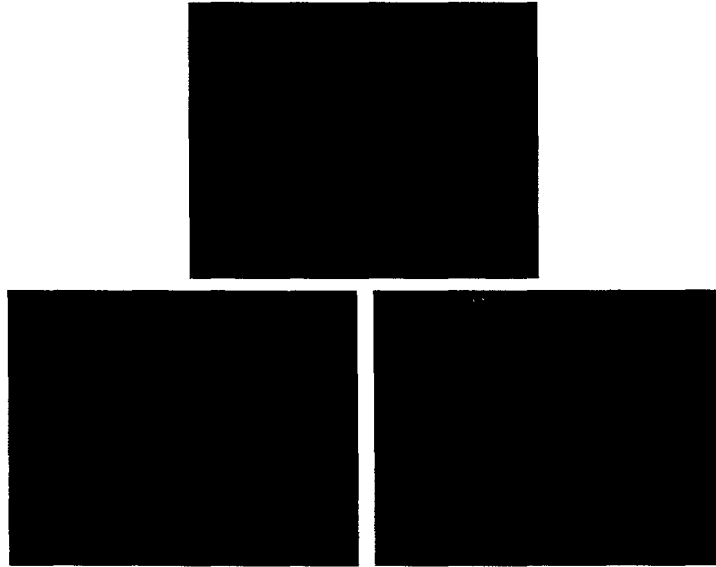




Electron microscopic analyses
(8 week-explanted graft)



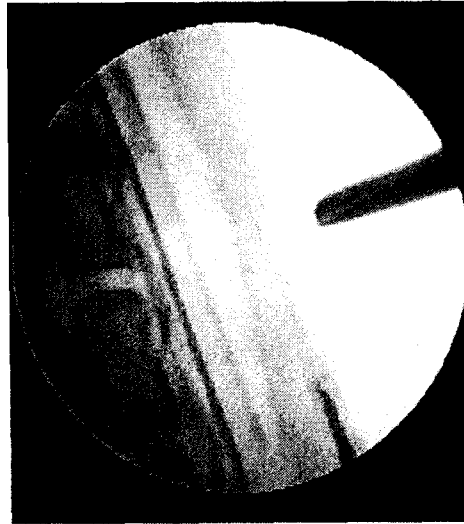
Fluorescence microscopic analysis (CM-Dil)



Patency (angiogram)

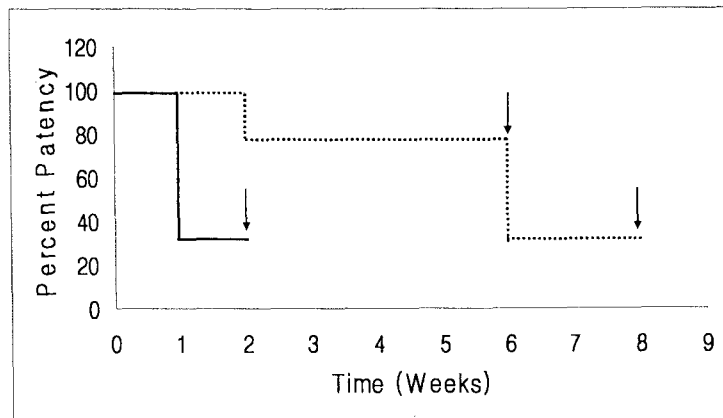


**Stem cells + Matrix
(8 weeks)**



**Collagen matrix
(2 weeks)**

3mm-Diameter Vascular Graft Patency



— : Control Groups (n=6)
..... : Tissue-Engineered Grafts (n=6)

**Enhanced endothelial regeneration
in tissue-engineered vascular grafts
using G-CSF**

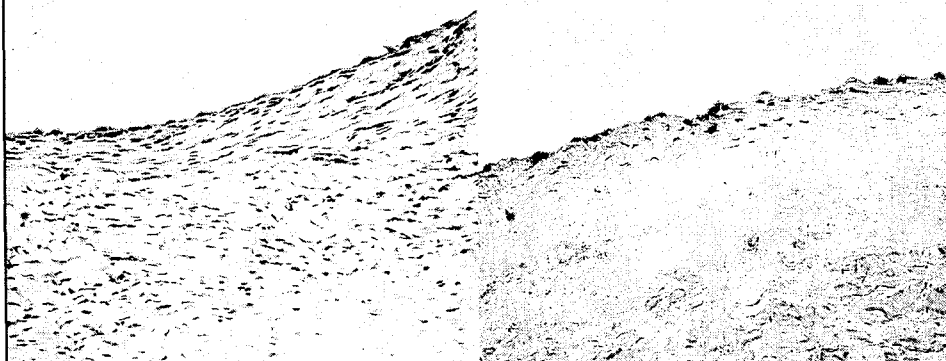
Materials and methods

- Scaffold : decellularized abdominal aorta (ID = 7 mm)
- Cell source : autologous bone marrow-derived cells → endothelial-like cells and smooth muscle-like cells
- Animal model : canine abdominal aorta (8 weeks)
- Granulocyte-colony stimulating factor (G-CSF) treatment (5 µg/kg/day) → for 2 weeks
- Analyses : Histology, Immunohistochemistry, SEM, TEM, RT-PCR (vWF)

Group 1 : Bone marrow-derived cell seeding + G-CSF treatment

Group 2 : Bone marrow-derived cell seeding

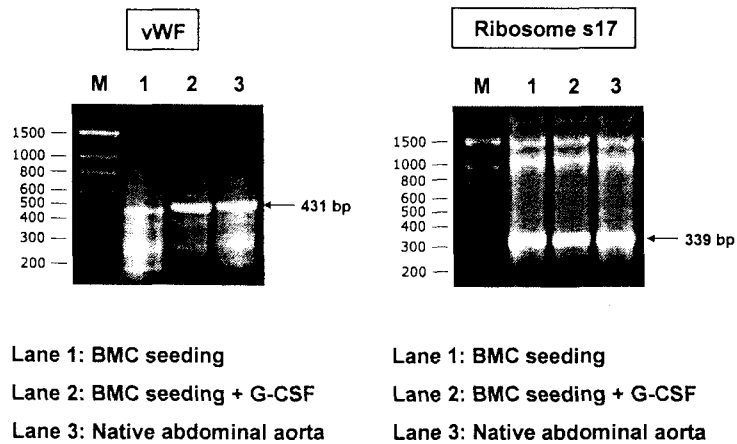
Immunohistochemistry (vWF)



BMC seeding + G-CSF

BMC seeding

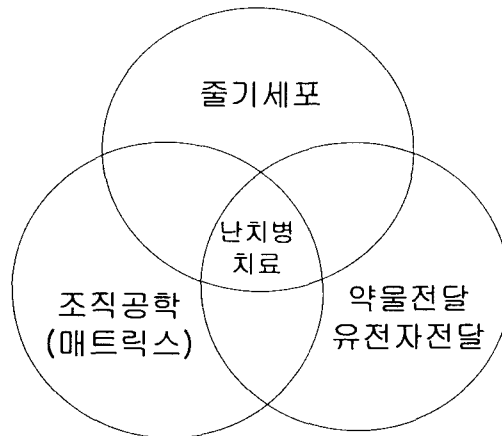
RT-PCR analysis



Summary 3

- 골수중간엽줄기세포와 생체재료를 이용하여 소구경 동맥을 조직공학적으로 재생할 수 있다.
- G-CSF의 투여는 조직공학적 소구경 인공동맥의 혈관내피 생성을 촉진시킬 수 있다.

Regenerative Medicine



Acknowledgements

Lab members Collaborators

Oju Jeon
Il Kwon Kim
Seung Woo Cho
Sang Soo Kim
Sun Yoong Kang
Juhee Ryu
So Jung Kwak
Seok Ho Bang
Min sun Park
Hee won Im
Heon Soo Chu
Hye Jin Jang

Prof. Myeong Chan Cho (Chungbuk Nat'l Univ.)
Prof. Kyung Kook Hwang (Chungbuk Nat'l Univ.)
Prof. Kyung Jong Yoo (Yonsei Univ.)
Prof. Yoo Sun Hong (Yonsei Univ.)
Prof. Sang Hyun Im (Yonsei Univ.)
Prof. Dong-ik Kim (Sungkyunkwan Univ.)
Dr. Young Ha Kim (KIST)
Dr. Soo Hyun Kim (KIST)