Stem Cells - I

Adult vs Foetal Stem Cells

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Stem Cell Life Cycle



What is stem cell ?



A cell with a capacity for self-renewal and the potential to generate several types of differentiated progeny.

Embryonic stem cells
 Adult stem cells



Two distinct systems ?:

1.Hematopoietic stem cells (HSCs)

2.Mesenchymal stromal cells (MSCs)

Stem Cell Division



ASYMMETRIC DIVISION

THE TISSUE PROGENITOR CELL GIVES RISE TO ONE DAUGHTER CELL WHICH REMAINS A PROGENITOR CELL AND ONE DAUGHTER CELL WHICH BEGINS THE PROCESS OF DIFFERENTIATION LEADING TO TERMINATION

5





Embryonic Stem Cell Differentiation

•Ectoderm: CNS and Brain

•Mesoderm: Skeletal Systems

•Endoderm: Blood system and other internal organs



Stem Cell Determination



Postulated Turnover Rates and Potentials of Progenitor Cells in Some Adult Organs

Organ	Replacement time	Potential		
Bone marrow (polys)	1-2 days	Multi/pluripotential (?toti)		
GI lining	2–4 d	Quadripotential (four types)		
Skin	2 wk	Bipotential		
Liver	1–2 yr	Bipotential		
Brain (neurons)	Lifetime	Unipotential ^a		

Sources of MSCs

- Bone marrow
- Adipose tissue
- Periosteum
- Skeletal muscle
- Adult peripheral blood
- Umbilical cord blood

- Bone tissue
- Amniotic fluid
- Spleen
- Dermis
- Vascular pericytes

Bone marrow

- First source identified
- Relatively high numbers present
 - (one in 3400)
- Differentiated osteoprogenitors present also
- BM-MSCs generate bone in vivo
- Most researched and established
- More understood
- Human clinical trials







BM aspiration – a disadvantage

- 20-30 min
- 1 hour supine afterwards
- Local anaesthetic
- Pain



Adipose tissue

- Infrapatellar fat pad & lipoaspirate
- Lower osteogenic potential than BM
 - 75% OB differentiation possible
- Bone formation in rats
- Slightly properties different to BM-MSCs





Cells expressing calcium phosphate differentiated from adipose derived MSCs

Periosteum

- Outer layer differentiate into OBs
- Grafting
- 100% OB potential
- *In vivo* bone formation



Skeletal Muscle

- Ectopic bone formation
- Satellite cells
- Gene therapy
- Levey *et al* :
 - 70% expressed ALP
 - Osteocalcin present



Muscle satellite cells

Adult Peripheral Blood

- One MSC for every 2x10⁹
- Bone formation observed when osteogenic cells transplanted into mice





Human bone formation in guinea pig from blood MSCs

Differentiated human blood MSCs expressing osteonectin



Umbilical Cord Blood (UCB)



- MSCs have been cultured from full term UCB
- More stroma tissue than bone when transplanted



Differentiated UCB MSCs expressing ALP *in vitro*

Differentiated UCB MSCs expressing osteocalcin *in vitro*

Bone production by UCB MSCs in vivo

Other sources

- Amniotic fluid
 - MSCs greater expansion potential than BM-MSCs
 - Allogeneic transplant, limited supply
- Spleen
 - Observed in rats (one study)
 - Difficult removal
- Dermis
 - Two studies one successful, one not
 - Limited research
- All sources classed as "other" have a limited therapeutic potential

Summary: Stem Cell Life



Embryonic Stem Cell Vs. Adult Stem Cell



• Ethical issues of the use of ESC.

• Not clear if ESC will respond to signals derived from the microenvironment of adult organ/tissue.

• Potential risks of ESC.

• Increasing evidence show that adult stem cells may be just as good, or even better than ESC.

• "Seed and Soil" hypothesis; -- cell potential, environment, cell-matrix, cell-cell, growth factors

Summary

- There are a wide variety of stem cells sources.
- Adult stem cells are safe and easy to collect.
- Bone marrow is the most established, best understood, and most reliable source.
- Adipose tissues and cord blood derived MSCs also have therapeutic potentials.
- Adult peripheral blood is most promising source.

Stem Cells - II

Differentiation Potentials of

Mesenchymal stem cells

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CFU-F colony





12-14 days







Passage 1



Studies of multi-differentiation potentials of MSCs



Unlimited dilution method Single colony derived strains Multidifferentiation potential studies

Osteogenic inductive condition

- DMEM (low glucose)
- 10% FBS
- 100IU/ml penicillin
- 100µg/ml streptomycin
- 2.5µg/ml fungizone
- 10⁻⁷M dexamethasone
- 0.2mM ascorbic acid-2-phosphate
- 10mM β-Glycerophosphate

Adipogenic inductive condition

- DMEM (high glucose)
- 10% FBS
- 100IU/ml penicillin
- 100µg/ml streptomycin
- 2.5µg/ml fungizone
- 10⁻⁶M dexamethasone
- 0.50mM IBMX
- 50µM indomethacin

Chondrogenic inductive condition

- DMEM (high glucose)
- 100IU/ml penicillin
- 100µg/ml streptomycin
- 2.5µg/ml fungizone
- 10ng/ml TGF-β1
- 10⁻⁷M dexamethasone
- 0.2mM ascorbic acid-2phosphate
- 1mM Sodium Pyruvate
- 1:100 ITS+Premix

Bone Formation

- Differentiation of MSCs to bone forming cells (osteoblasts)
- OBs synthese bone extracellular matrices
- Bone is formed and remodelled



Markers for bone-forming cells (Osteoblasts)

- Molecular Markers
 - Alkaline phosphatase (ALP)
 - Type I collagen
 - Osteocalcin
 - Osteonectin
 - Bone Sialoprotein
- Cellular Markers
 - Calcium phosphate

(detected by Alizarin Red stain)





Negative control

Type I collagen

Osteocalcin



Von Kossa

Alizarin red

Differentiation Potential of MSCs- In Vivo Testing



In vivo Bone formation study





In vitro angiogenesis



Matrigel 3D culture 24h \times 100



 $\begin{array}{c} \text{Long term 2D} \\ \text{culture 72h} \times 100 \end{array}$

Histology: H&E Staining



Biomaterials without BM cells

Biomaterials with BM cells

Adiopogenesis Induction Assay



Negative control





Oil Red O



C/EBP a

Oil Red O

Chondrogenesis Induction Assay









Summary

•BM-MSCs are multiple potentials cells that can be induced into various cell lineages.

•BM-MSCs may be used as cell source for tissueengineering applications.



Stem Cells - III

Stem Cells in Tissue Regeneration

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Stem Cell and Regeneration Program



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Tissue Engineering is involved with using cells and materials to form functional tissues or organs products







Clinical Trials of Using Autologous BM-MSCs for the treatment of bone defect



Allogenic Peripheral Blood Derived Mesenchymal Stem Cells (MSCs) Enhance Bone Regeneration in Rabbit Ulna Critical-Sized Bone Defect Model

Chao Wan, Qiling He, Gang Li

Musculoskeletal Education and Research Unit, Centre for Cancer Research and Cell Biology, School of Biomedical Sciences, Queen's University Belfast, Musgrave Park Hospital, Belfast, BT9 7JB, United Kingdom



Journal of Orthopaedic Research; 2006; 24(4):610-8.

 Rabbit PBMSCs	Groups	Empty Control	Skelite Alone	PBMSC Skelite	BMMSC Skelite	PBMNC Skelite
• Repair cortical- sized bone defect	Day 0		WRITED.			
Wan C, He Q, Li G. Allogenic peripheral blood derived mesenchymal stem Cells (MSCs) enhance bone regeneration in Rabbit ulna critical sized bone defect model. Journal of Orthopaedic Research; 2006; 24(4):610-8.	Week 8	No.			A N SHI	the second second
	Week 12	Ŕ	GTPN,	A PERSON AND		

Articular cartilage



- Glassy tissue (hyaline cartilage)
- Importance
 - provide frictionless movement
 - Absorb mechanic shocks
 - distribute loads
- Special structure
 - only chondrocytes
 - Sparsely distributed
 - embedded in dense ECM
 - limited proliferation
 - avascular aneural alymphatic



Cartilage injury & joint replacement



- Cartilage injuries
 - very common in daily life
 - 15% population in U.K.
 - secondary osteoarthritis and disablement
- Advanced stage--joint replacement
 - over 70,000 cases /year
 - over £5 billion/year
 - great economic burdens for society and families

Cartilage Tissue engineering



- Interdisciplinary science
 - engineering
 - life sciences
- Three basic elements
 - Cells
 - Scaffolds
 - Bioactive molecules

ACT (autogenous chondrocyte transplantation) more than 12,000 patients worldwide

Tendon differentiation

- Tendogenic differentiation
- Specific factors and culture condition
- Standard techniques







Tendon stem cell differentiation



Tendon derived stem cells can also differentiate into bone, cartilage, fibroblast and other cell lineages, they are multipotent stem cells, responsible for tendon repair.

Cellular Therapeutic Interventions for SCI



Endogenous stem/progenitor cells

- Direct transplantation
- Transplanted stem/progenitor cells
- Possibility of autologous transplantation

Transplantation after cell culture for propagation, pre-differentiation or engineering

NATURE REVIEWS NEUROSCIENCE, 2006: 7:628-43.

Transplantation of: -

- Peripheral nerve
- Schwann cells
- Olfactory nervous system cells
- Embryonic CNS tissue
- Embryonic stem cells
- Adult stem/progenitor cells
- Engineered stem cells
- Activated macrophages

Mainly in animal models **Small numbers of cases Limited success** None of them conclusive Lack of controlled trails

Stroke / Cell Therapy

Ischemic stroke



A clot blocks blood flow to an area of the brain

Hemorrhagic stroke



Bleeding occurs inside or around brain tissue



Before

After Intra-arterial Thrombolysis

Minimizing the damages

- Stop bleeding
- Unblock the vessels

Maximizing the changes of functional recovery

- Control inflammation
- Restore blood supply
- Active physiotherapy

Marrow stromal cells migrate throughout forebrain and cerebellum, and they differentiate into astrocytes after injection into neonatal mouse brains

GENE C. KOPEN, DARWIN J. PROCKOP, AND DONALD G. PHINNEY*

Center for Gene Therapy, MCP Hahnemann University, 245 North 15th Street, Philadelphia, PA 19102-1192





MSCs Home to Injury Sites

MSCs home to a variety of tissues, particularly after tissue injury and ischemia.

Miyahara Y, Nagaya N, Kataoka M,et al . Monolayered mesenchymal stem cells repair scarred myocardium after myocardial infarction. Nat Med. 2006 Apr;12(4):459-65.

Carvalho KA, Guarita-Souza LC, Hansen P,et al. Cell Transplantation After The Coculture of Skeletal Myoblasts and Mesenchymal Stem Cells in the Regeneration of the Myocardium Scar: An Experimental Study in Rats. Transplant Proc. 2006 Jun;38(5):1596-1602.

Gnecchi M, He H, Noiseux N,et al. Evidence supporting paracrine hypothesis for Akt-modified mesenchymal stem cell-mediated cardiac protection and functional improvement. FASEB J. 2006 Apr;20(6):661-9.

Kraitchman DL, Tatsumi M, Gilson WD, et al. Dynamic imaging of allogeneic mesenchymal stem cells trafficking to myocardial infarction. Circulation. 2005 Sep 6;112(10):1451-61.

Journal of Orthopaedic Research 23 (2005) 1013-1021

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www.elsevier.com/locate/orthres

Systemic recruitment of osteoblastic cells in fracture healing

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MSCs home to fracture sites via circulation

Cell Biolog

Bone marrow harvested

Cell Labeling

PKH26 Red Fluorescent Cell Linker Kit For general cell membrane labeling Product Code: PKH26-GL

Rabbit bone marrow MSCs culture

Shirley D, et al, Journal of Orthopaedic Research, 2005, 23 (5): 1013-21.

Re-implantation

In each group some animals were sacrificed at 3 & 12 weeks

Shirley D, et al, Journal of Orthopaedic Research, 2005, 23 (5): 1013-21.

The tissues retrieved for frozen section – (5ųm)

Animals were sacrificed at 3 and 12 weeks after cell implantation

Also cytospins of BM and blood

(representative samples only)

Gap tissue

Labelled cells from remote marrow identified in fracture gap (Group C)

Shirley D, et al, JOR, 2005, 23 (5): 1013-21.

- Some osteoblasts in fracture repair come from remote bone marrow sites via systemic circulation.
- They are actively recruited and homed to fracture sites.

Stem cell therapy application

- Autoimmune Diseases
- Cerebral Palsy
- Critical Limb Ischemia
- Degenerative Joint Disease
- Diabetes Type 2
- Heart Failure
- Multiple Sclerosis
- Osteoarthritis
- Rheumatoid Arthritis
- Spinal Injury

Summary

- BM-MSCs, umbilical cord blood MSCs and tissue specific MSCs are all good sources.
- Cell expansion techniques to allow rapid proliferation or controlled differentiation.
- Off shelf, ready to use cell products are available.
- Intelligent biomaterials for special needs.
- Novel techniques of growth factors slow release and cell preparations reduce costs and enhance tissue repair.
- Cell based gene therapy for tissue regeneration is promosing.

Thank you!谢谢! Prof. Gang Li gangli@cuhk.edu.hk