

# Time-series biological responses toward decellularized bovine tendon graft and autograft for 52 consecutive weeks after rat anterior cruciate ligament reconstruction

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- Conflict of interests

The authors declare no competing interests.

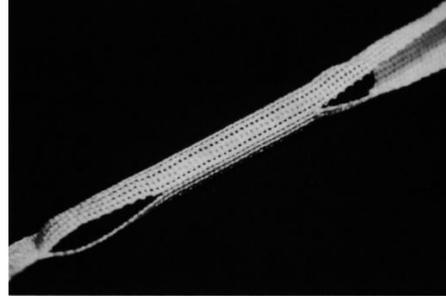
# Background: Issues in Grafts for ACL Reconstruction

**Autograft:  
First choice**



2)

**Artificial ligament:  
Almost withdrawn from the market<sup>1</sup>**



3)

**Allograft :  
Mainly U.S.**



4)

Invasiveness

Taken from healthy legs

No harvesting required

No harvesting required

Supply

- ✓ Limited supply
- ✓ Difficult to predict size<sup>5</sup>

Stable supply available

Poor availability

Outcomes

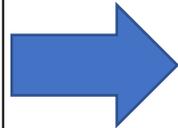
Rupture rate: 5-10%<sup>4</sup>

Rupture rate: 47% (Leeds-Keio@5yrs.)<sup>6</sup>

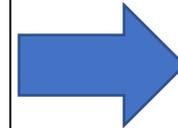
Rupture rate: 29.0%<sup>7</sup>

## The ideal graft

1. No volume limits
2. No sacrifice of autologous tissue
3. Biocompatibility
4. Initial strength and durability



Tissue structures are difficult to create, so **biological tissues** are preferable

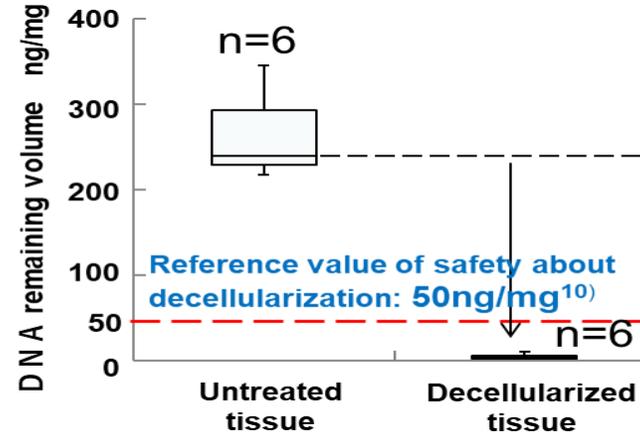
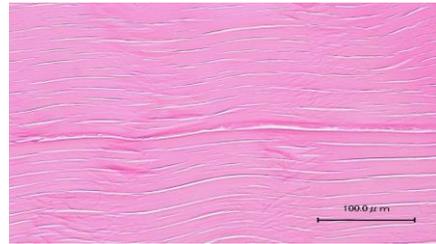
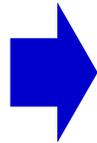
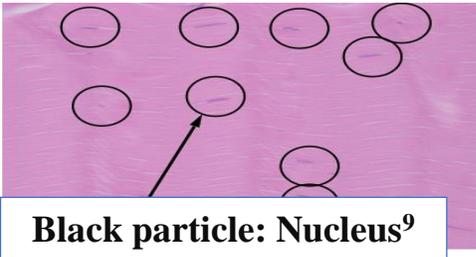


Utilization of **xenograft** via **decellularization**

# Tissue "decellularization" technology

Untreated

Decellularization



1<sup>st</sup> Step

1. Microwave Irradiation
2. Circulate deoxycholic acid under pulsatile flow and pulsatile pressure condition

2<sup>nd</sup> Step  
Endonuclease



Rupture stress (Mpa)

Human Quadr-Fold Ham (-20°C storage) <sup>11</sup>	30.8
Decellularized Bovine Tendon	73.5

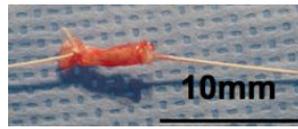
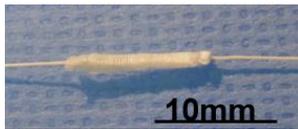
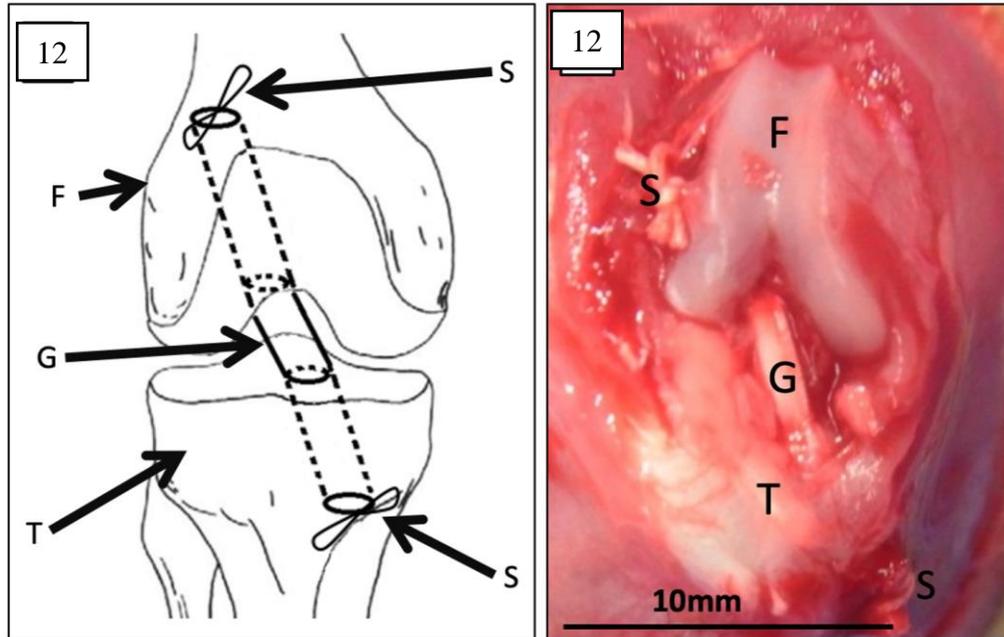
**Decellularization maintaining the strength and flexibility of thick tissue**

**Aim**

Evaluation of the time-series biological responses of bovine decellularized tendons in the rat ACL-R model

# Methods

## Rat ACL-R (N = 90)



**Group-D** (N = 42; Bovine decellularized tendon xenograft)

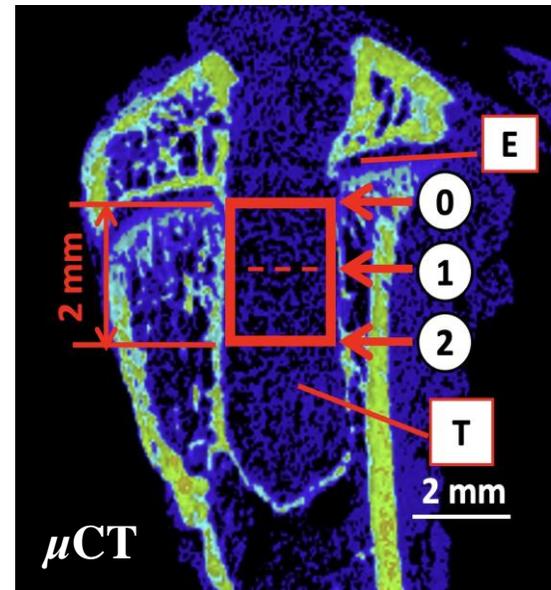
**Group-A** (N = 42; Digitorum longus tendon autograft)

**Group-N** (N = 6; Control. Native ACL)

F femur, T tibia, G graft, S 3-0 silk thread

## Assessment BMD @graft-tibial tunnel interface

\* Inhibited BMD reduction → Enhanced bone-tendon healing<sup>13</sup>



Setting tunnel diameter at 3 sites within 2 mm of growth plate @0 day

CT computed tomography, E epiphysis, T tunnel

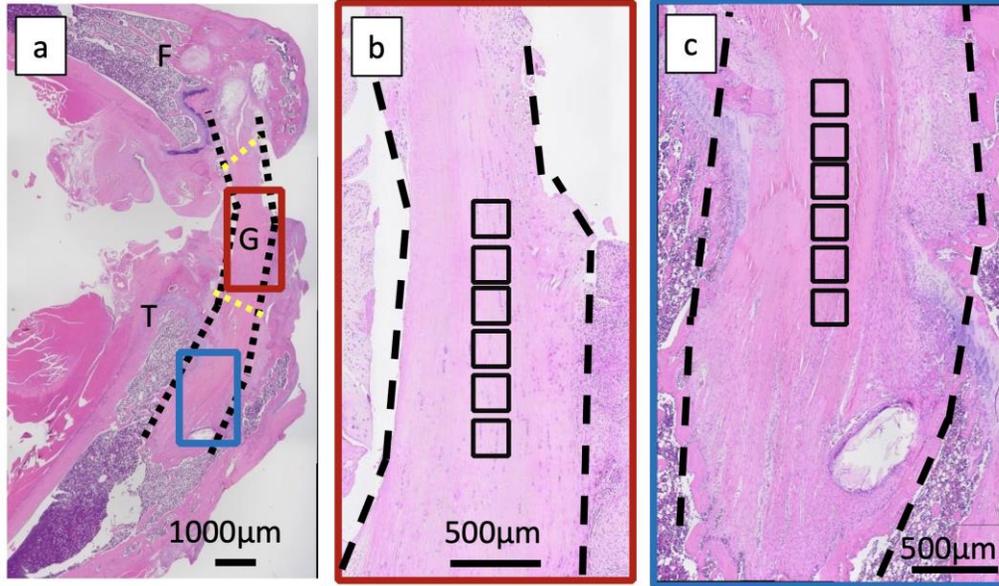
## Tibial-tunnel diameter @0-day(N=6)

Location	Major axis mm	Minor axis mm
①	1.83	1.81
②	1.80	1.80
③	1.82	1.80



**Interpolate three locations to determine the measurement area**

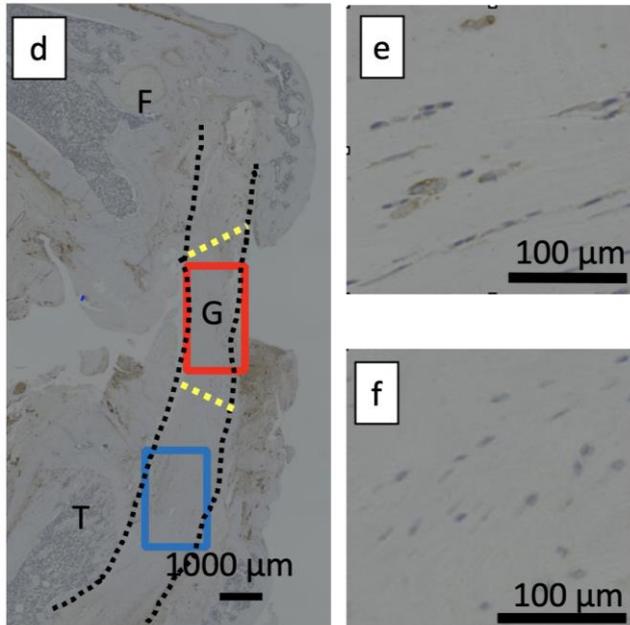
# Methods



## Assessment the cellularity of the grafts (HE stain)

- ✓ Cellularity was assessed in the intra-articular graft and the graft in the tibial tunnel.
- ✓ Cell counting was performed in six 200- $\mu\text{m}^2$  square regions. Then, the average number of cells in the six squares was used.

a: Overall view of the femur–graft–tibia complex  
b: Magnified view of the intra-articular graft  
c: Magnified view of the graft in the tibial tunnel



## Immunohistological staining of M1&M2 macrophages.

- ✓ **M1: Proinflammatory** activities<sup>14</sup>
- ✓ **M2: Tissue repair** properties<sup>15</sup>
- ✓ Counted in the same manner as above

d: Overall view of the femur–graft–tibia complex  
e: M1 macrophages  
f: M2 macrophages

F femur, G graft, T tibia

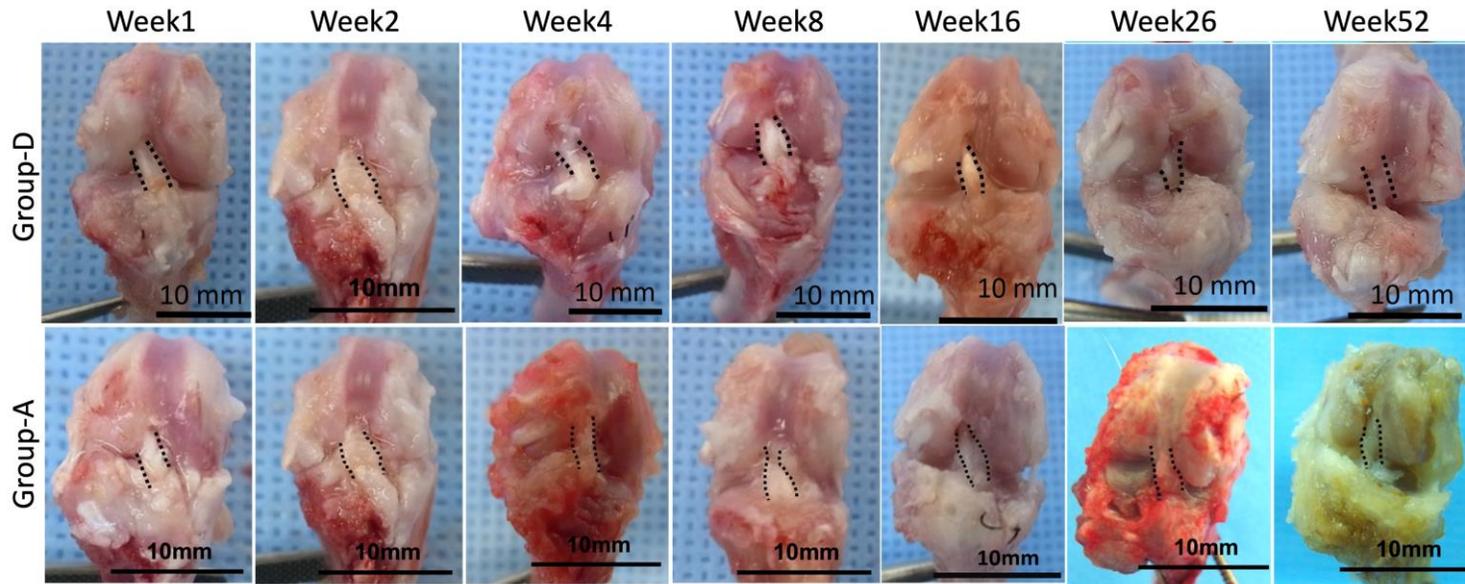
## Evaluation timepoint

- ✓ Group-D&A; Evaluated @1, 2, 4, 8, 16, 26, 52w (7-timepoints; each n = 6)
- ✓ Group-N; Evaluated @0d

## Statistics

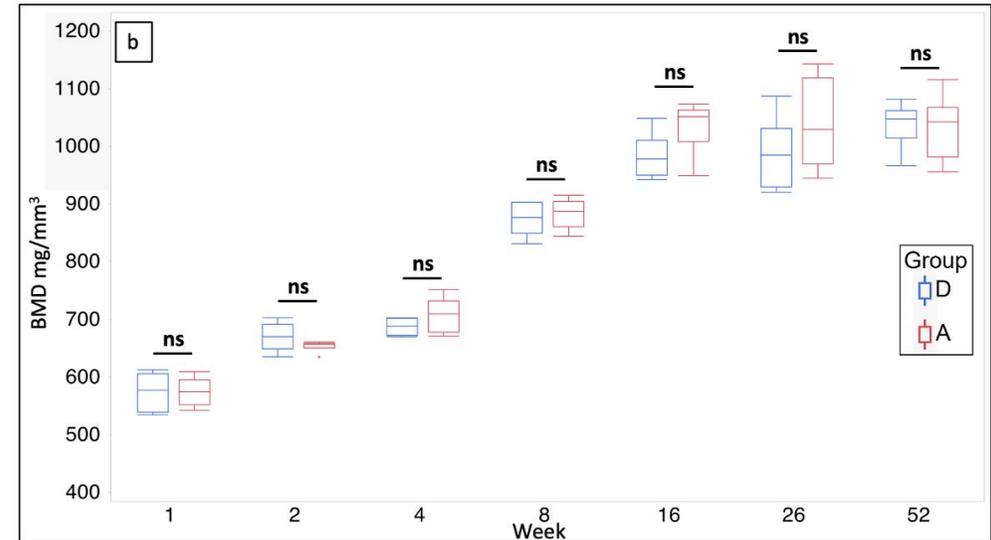
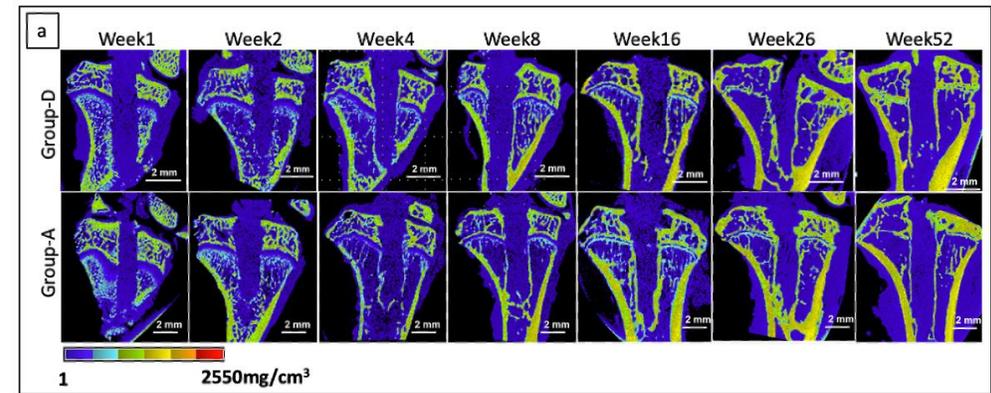
- ✓ Student's t-test or Mann-Whitney U test
- ✓ Kruskal–Wallis test or one-way analysis of variance
- ✓  $P < 0.05$ : Significant

# Results



## The gross appearance of the right knee at each time point in representative cases

- ✓ The decellularized xenograft tissues were retained for 52 weeks in the knee joint in a manner similar to that of the autografts.
  - ✓ The black dashed line shows the outline of the graft.
- Group D, decellularized bovine tendon graft; group A, autologous tendon graft.*

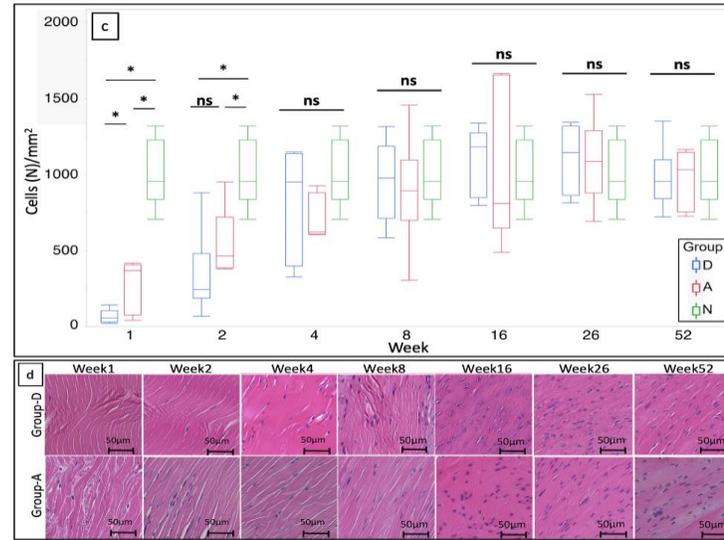
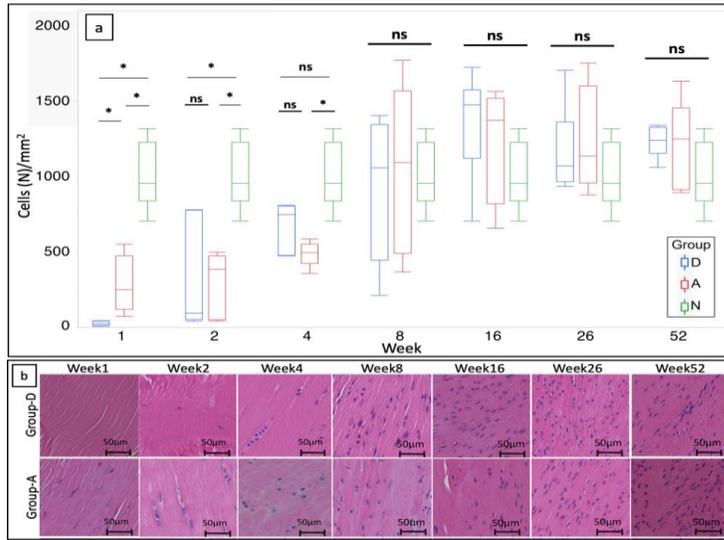


## BMD at the interface between graft and peritibial tunnel

- ✓ No significant enlargement of the tibial tunnel and no difference of BMD between the groups over time.
- a: Micro-CT images of slices parallel to the tibial tunnel at each time point in each group.
- b: Box plots showing the BMD of the peritibial tunnel for each group at each time point. (each, n = 6)

# Results

\*:  $p < 0.05$



## Cellularity of the decellularized bovine tendon and autologous tendon

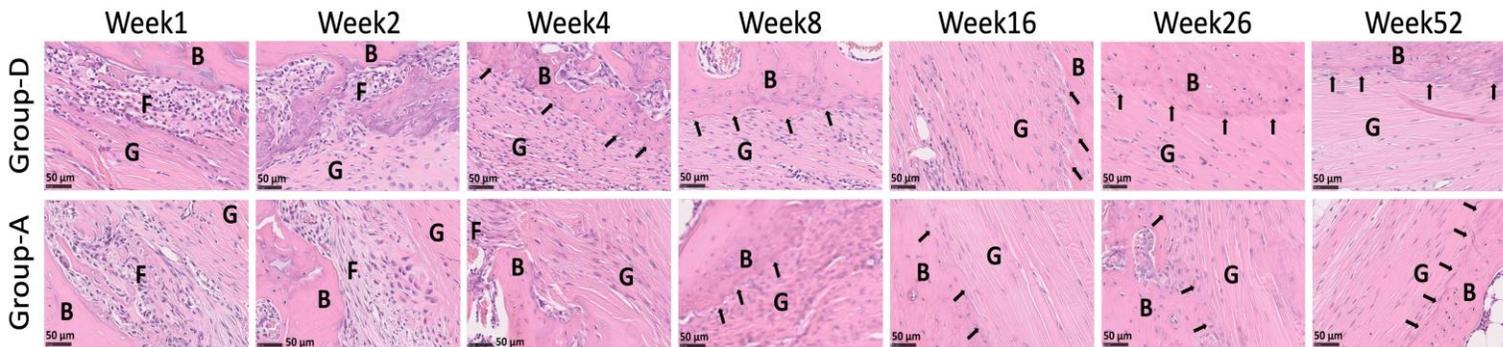
- ✓ **Intra-articular** decellularized grafts were cellularized comparable to or faster than autologous tendons.
- ✓ **Intratibial tunnel** decellularized grafts were cellularized at a rate comparable to autografts.

a: Cell counts in the intra-articular grafts of both groups at each period.

b: Representative HE-staining showing cell infiltration in the intra-articular graft at each period.

c: Cell counts in the intratibial tunnel grafts of both groups at each period.

d: Representative HE staining showing cell infiltration in the intratibial tunnel graft at each period.



## The graft-tibial tunnel interface healing in both groups at each period

- ✓ **Sharpey-like fibers** appeared earlier in group D (4w) than in group A (8w).
- ✓ Decellularized grafts suggested faster "**tendon-bone healing**" than autografts.

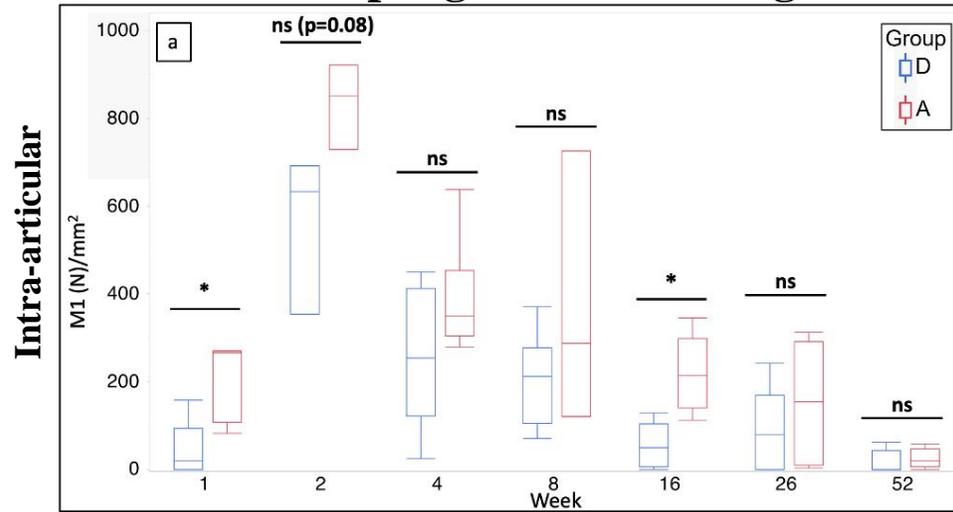
*The black arrow indicates a Sharpey-like fiber. B bone, T tendon, F fibrous tissue.*

<p><b>1w</b> F (fibrous tissue) width : <math>D &lt; A</math></p>	<p><b>2w</b> Decrease in F width : <math>D &gt; A</math></p>	<p><b>4w</b> Sharpey-like fibers appeared in group D</p>	<p><b>8w</b> Sharpey-like fibers appeared in group A</p>	<p><b>16w~</b> The graft-tibial tunnel interface was well integrated and maintained in both groups</p>
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**Comparison of the count of M1 and M2 macrophages that appeared in the decellularized and autologous tendons**

- ✓ **M1: Proinflammatory activities**<sup>14</sup>
- ✓ **M2: Tissue repair properties**<sup>15</sup>
- ✓ \*:  $p < 0.05$

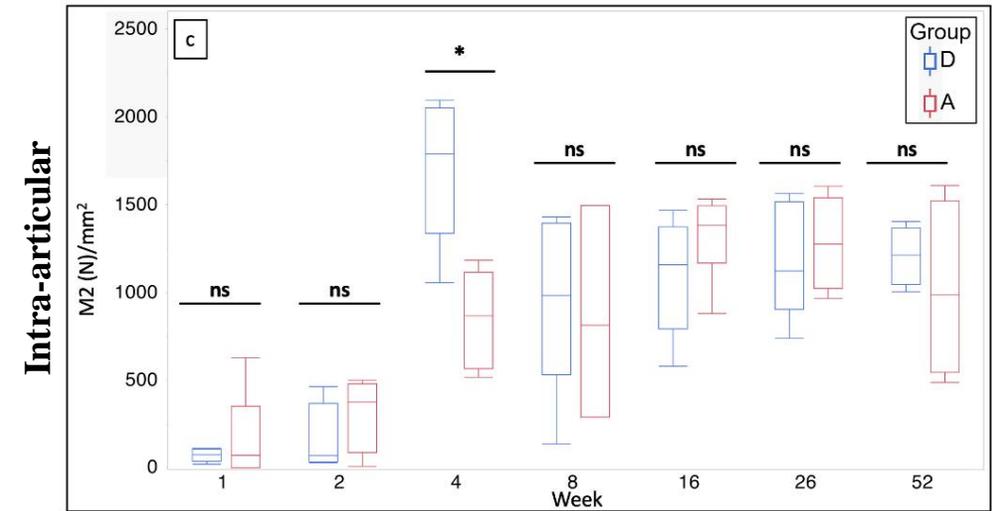
**M1 macrophage counts in the grafts**



**M1 counts of intra-articular graft**

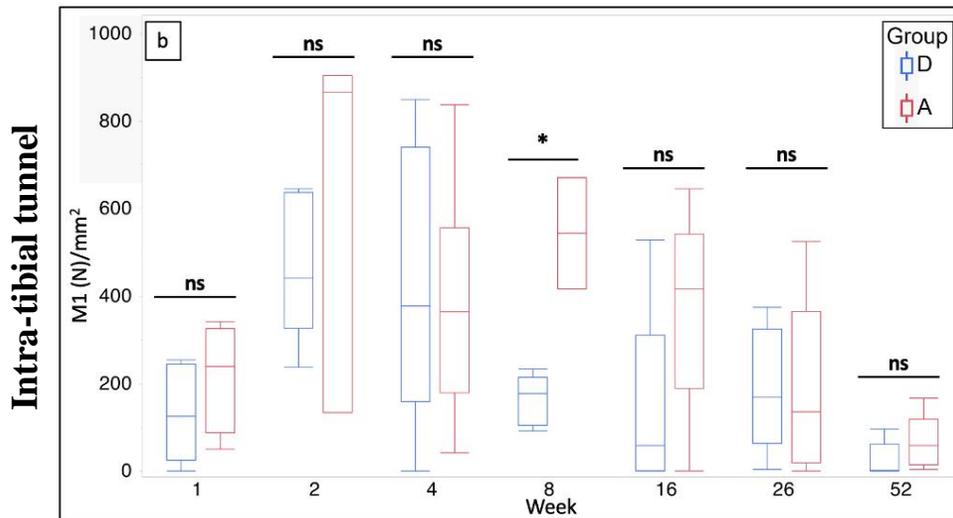
- ✓ D < A @ 1w & 16w
- ✓ Otherwise, comparable

**M2 macrophage counts in the grafts**



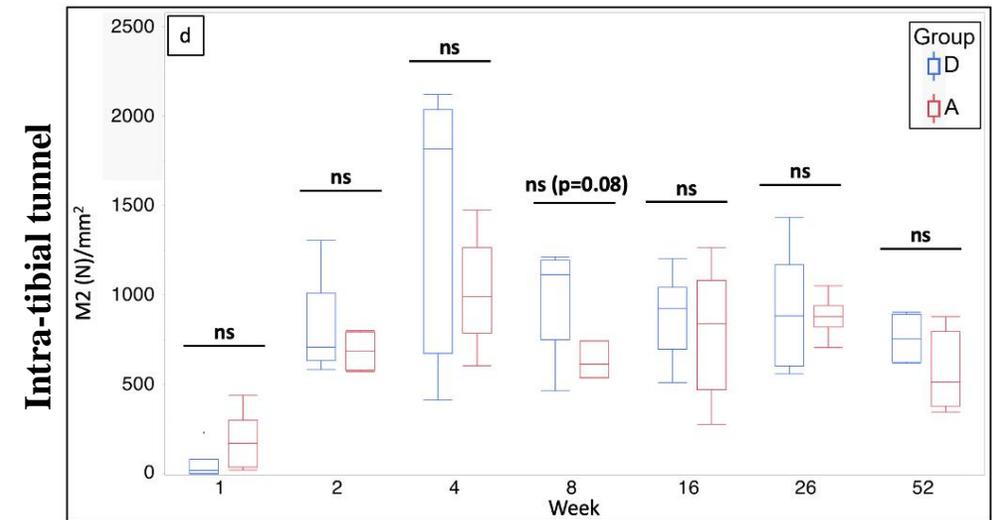
**M2 counts of intra-articular graft**

- ✓ D > A @ 4w
- ✓ Otherwise, comparable



**M1 counts of intra-tibial tunnel graft**

- ✓ D < A @ 8w
- ✓ Otherwise, comparable



**M2 counts of intra-tibial tunnel graft**

- ✓ D > A @ 8w (Numerically)
- ✓ Otherwise, comparable

# Discussion

## The most important findings

- ✓ **Decellularized xenografts** were **repopulated** with recipient rat cells as were autografts.
- ✓ The **decellularized xenografts** induced an **M2-dominant** host response and earlier cell infiltration compared with the autografts.
- ✓ In contrast, the **autografts** resulted in **M1-type** inflammation and cell infiltration was slower than decellularized xenografts.

- ✓ **Cell infiltration speed into intra-articular grafts;  $D \geq A$**
- ✓ **Cell infiltration speed into intra-tibial tunnel grafts;  $D=A$**

Number of cells in the grafts		
Group	Intra-articular	Intra-tunnel
D	No significant difference with native @4w	Plateau @4w
A	Plateau @8w	Plateau @4w

Reasons for faster cell infiltration into intra-tunnel grafts  
 ↓  
**Bone marrow cells infiltrate directly into the intra-bone tunnel graft**

### Ovine ACLR model (autograft)<sup>16</sup>

Decreased number of cells in autografts @2w  
 → Cell necrosis within autograft in early stage  
 → Subsequently, cell infiltration

Period*16			
0 Weeks	2 Weeks	6 Weeks	12 Weeks
1187 (212)	25 (18) <sup>a</sup>	557 (220) <sup>a</sup>	762 (263) <sup>a,b</sup>

## The current study

The reason the number of cells @1w in group A was lower than that of the native autologous cells was thought to be in the process of cell necrosis or after necrosis.

(Rats have faster timelines than sheep)<sup>17</sup>

**M1 (Inflammation): Tendency for  $D < A$**   
**M2 (Tissue repair ): Tendency for  $D > A$**

**Number of M1 and M2 macrophages in the grafts**

	<b>M1(Inflammation)</b>	<b>M2(Tissue repair )</b>
<b>Intra-articular</b>	<b><math>D &lt; A</math> @1, 16W</b>	<b><math>D &gt; A</math> @4w</b>
<b>Intra-tibial tunnel</b>	<b><math>D &lt; A</math> @8w</b>	<b><math>D \doteq A</math> @entire period</b>



Consistent with Brown's "Tissues containing cellular components, even autologous, exhibit an M1-dominant inflammatory response."



It was suggested that decellularized tendons were as biocompatible or more biocompatible than autologous tendons.

## Limitations

1. The **biomechanical properties** of explanted decellularized and autologous tendons were **not tested**.
2. Whether the observation period of 52 weeks in rats is sufficient to evaluate in vivo remodeling processes thoroughly is unclear.

## Conclusions

1. Bovine tendon-derived decellularized grafts have excellent time-series recellularization and tendon–bone integration abilities compared with autografts in the rat ACLR model for up to 52 weeks.
2. Sharpey-like fibers appeared earlier in group D than in group A.
3. The number of M2 macrophages responsible for tissue repair tended to be higher in the decellularized xenograft tendon at 4–8 weeks after ACLR than in the autografts.

# References

1. Marieswaran, Jain et al. 2018
2. Surgical techniques in sports medicine 1st edition, 2007
3. Matsumoto H, The Keio Journal of Medicine,161-166, 2001
4. Barret AM, Am J Sports Med, 39:2194-2198, 2011.
5. An, Scholes et al. 2017
6. Schroven IT et al. 1994
7. Engelman, Carry et al. 2014
8. Park, S.Y. et al. 2013
9. Iwasaki K, et al. 2005
10. Crapo, P.M. et al. 2011.
11. Strauss, Miles et al. 2021
12. Itoh, Imasu et al. 2022
13. Thomopoulos, Matsuzaki et al. 2007
14. Mantovani, Sica et al. 2005
15. Badylak, Valentin et al. 2008
16. Kondo, Yasuda et al. 2012
17. Iismaa, Kaidonis et al. 2018
18. Brown, Valentin et al. 2009