

International School of Cardiac Surgery

ERICE, Italy
1 May, 2015

Vascular Tissue Engineering using Biodegradable Synthetic Nano Scaffolds

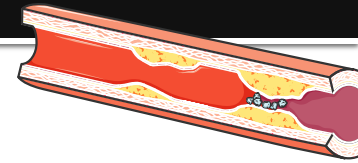
Beat H. WALPOTH

*S. de Valence, D. Mugnai, W. Mrowczynski, T. Sologashvili, S.A. Saat,
J-C. Tille, M. Möller*

Cardiovascular Research, University Hospital,
Pharmaceutical Sciences, University of Geneva
Switzerland

BACKGROUND: Clinical Needs

- Coronary surgery: 500,000 / year
- Vascular surgery: 1,500,000 / year
- Access surgery: 350,000 / year



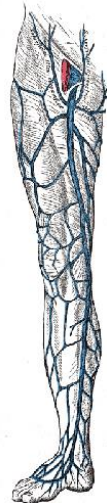
Existing vascular prosthesis show poor results in the small calibre

Mostly done with autologous grafts requiring:

- Availability of autologous arteries and veins:

these are diseased or previously used in 30% of patients

- Additional harvesting surgery
- Increased OR time and surgeons
- Adding morbidity to the patient
- Risk of infection (200 Mio \$ / year)

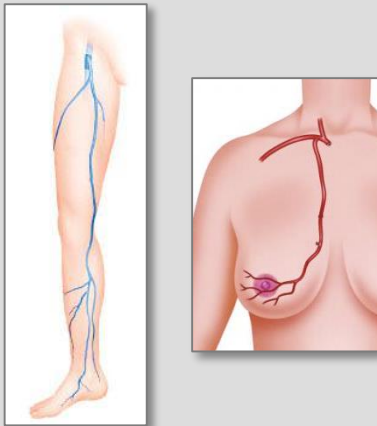


Therefore small calibre, shelf-ready, vascular prostheses are needed as alternatives to autologous grafts for better clinical outcomes

Next Generation Vascular Grafts

Currently Used Grafts

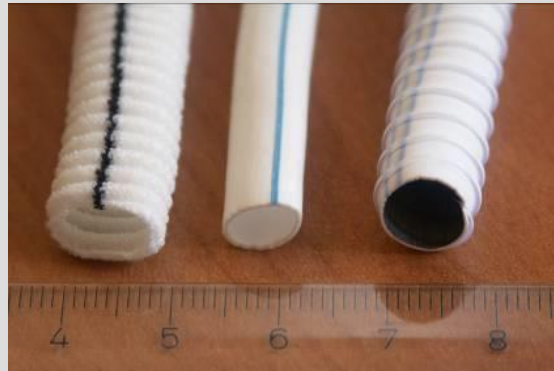
Autologous Vascular Material



Availability

Clinical Outcome

Non-degradable Synthetic Grafts

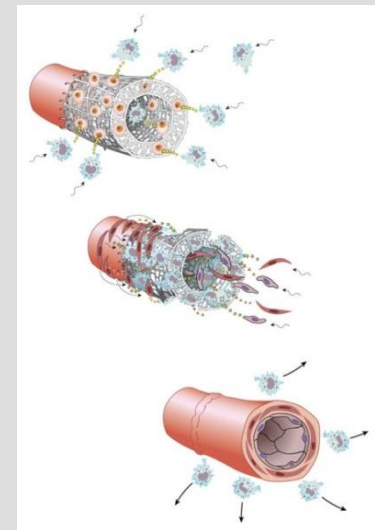


Availability

Clinical Outcome

The Future

Vascular Regeneration



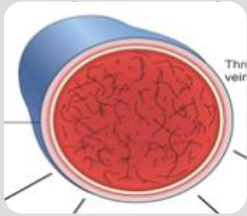
Availability

Clinical Outcome

Next Generation Vascular Grafts

Design Strategies

Biostable



Failure (<6mm)

Synthetic Materials



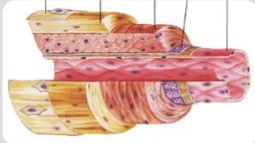
Availability

Pre-seeded with cells



Cost & Time

Biodegradable



Long Term Efficacy of
Natural Tissues

Natural Materials



Source

No cells



Shelf Ready

Our Strategy

Synthetic Biodegradable Vascular
Grafts

Part I

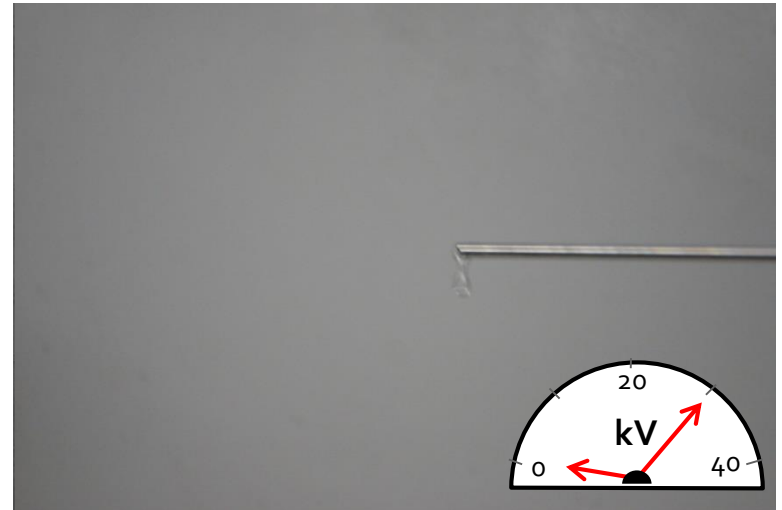
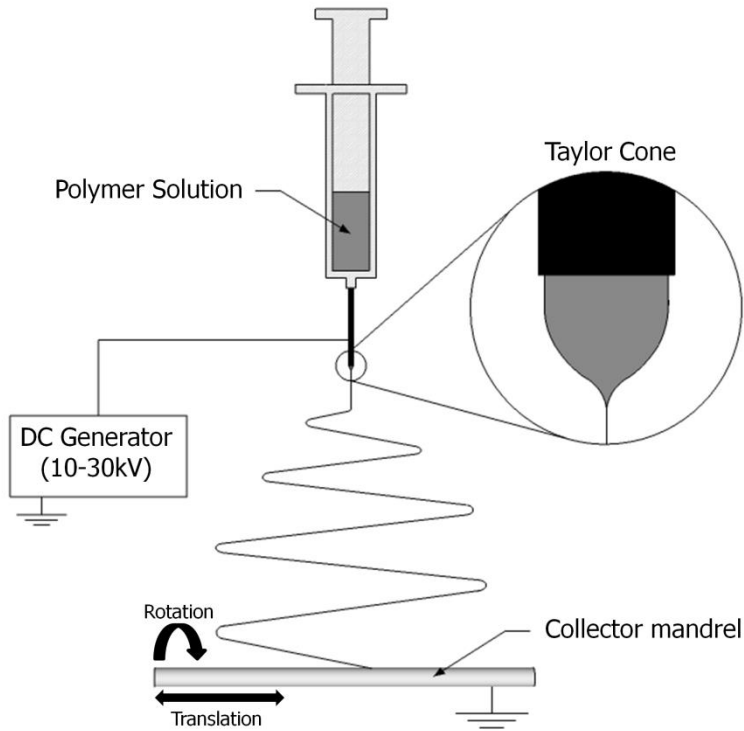
Can Synthetic Biodegradable Vascular Grafts Work?

de Valence S, Tille JC, Mugnai D, Mrowczynski W, Gurny R, Möller M, Walpoth BH.
Long term performance of polycaprolactone vascular grafts in a rat abdominal aorta replacement
model.

Biomaterials. 2012 Jan; 33(1):38-47.

Electrospinning

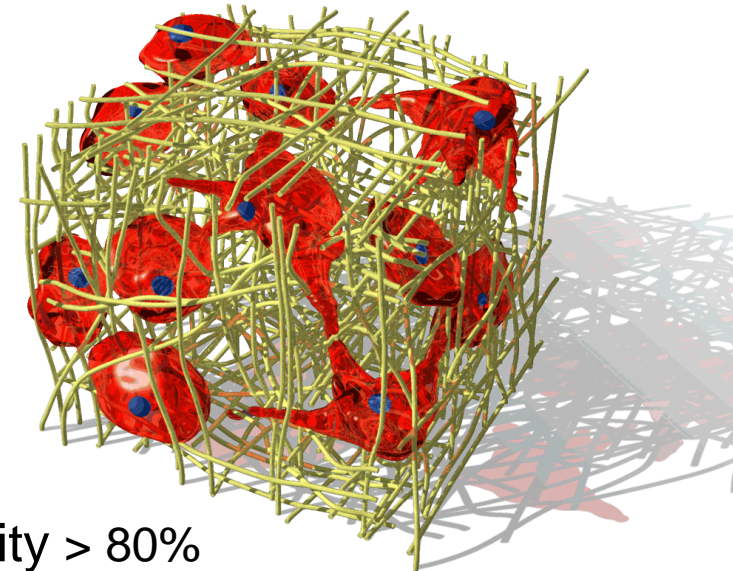
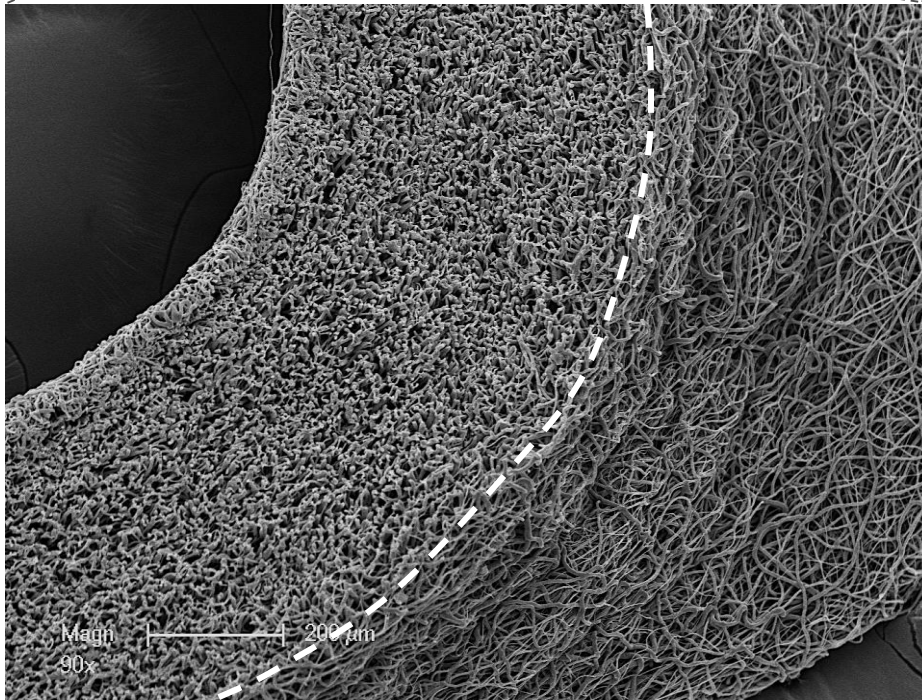
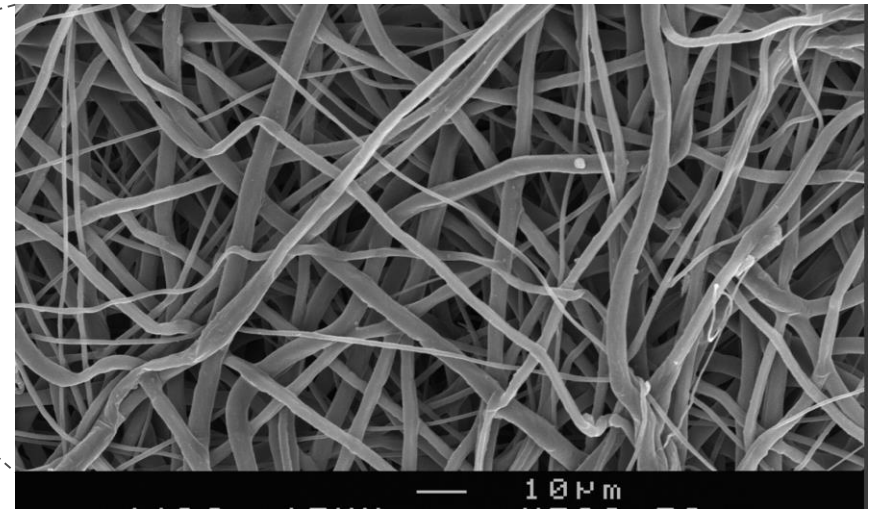
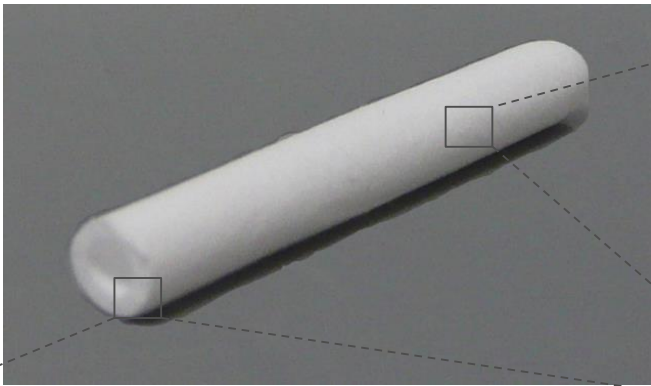
Generate polymeric micro- and nano-fibers with an electrical field



Polymer Solution
15% Poly(ϵ -caprolactone)(PCL)
in Chloroform / Ethanol (7:3)



The graft

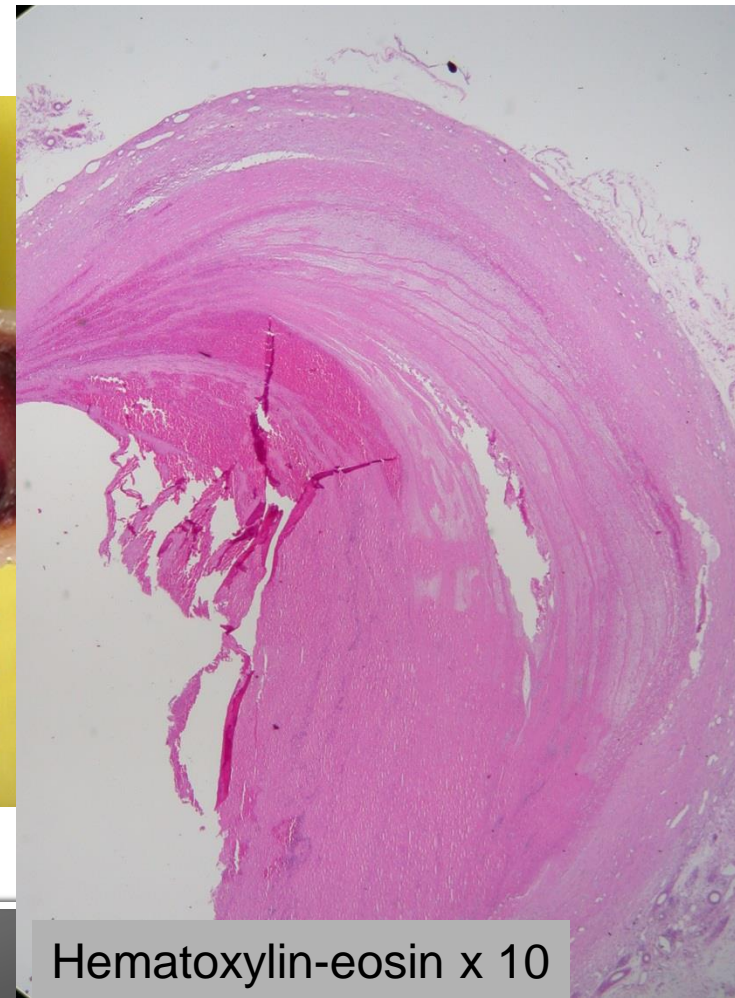
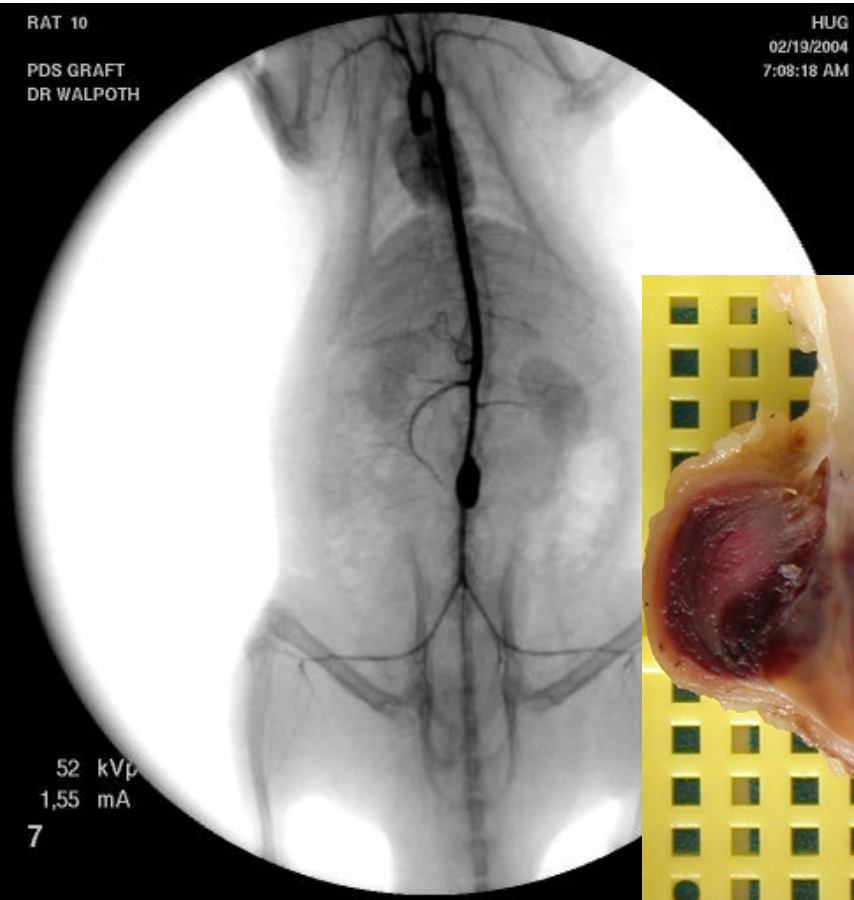


Porosity > 80%



PDS GRAFT INTERPOSITION (n=3)

(after 3 weeks implantation)



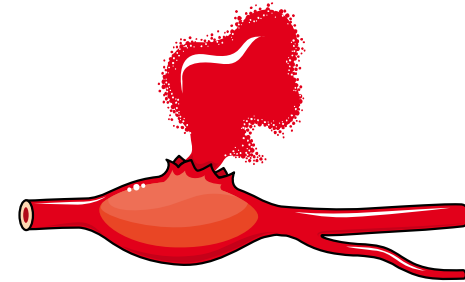
Hematoxylin-eosin x 10

Mechanical Properties

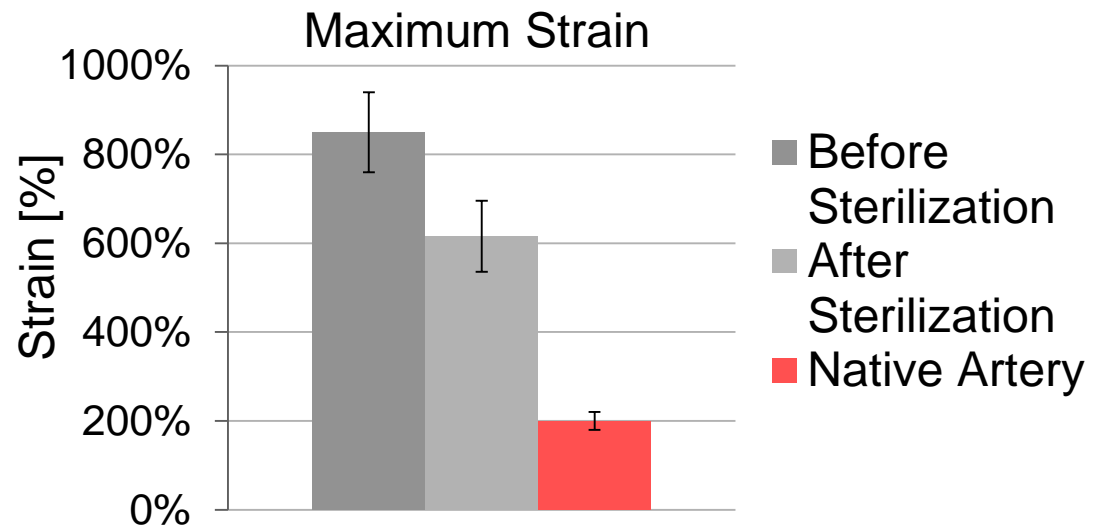
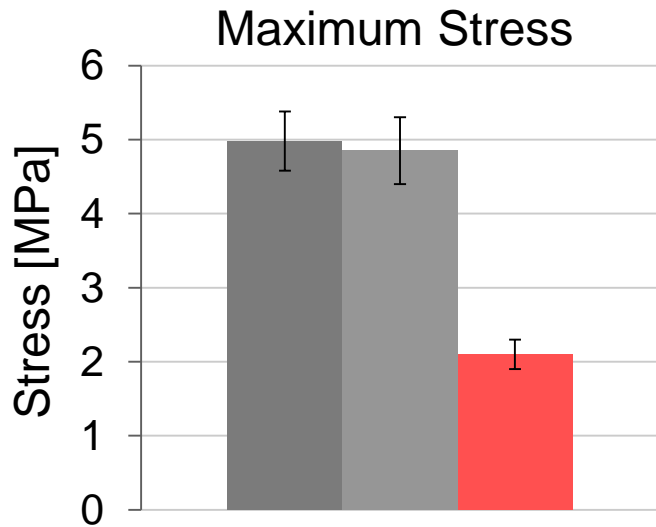
Mechanical Stress

Blood pressure 50–200mmHg
Pulsatile flow
Suturing

Mechanical Failure

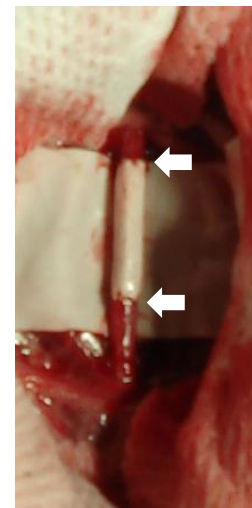
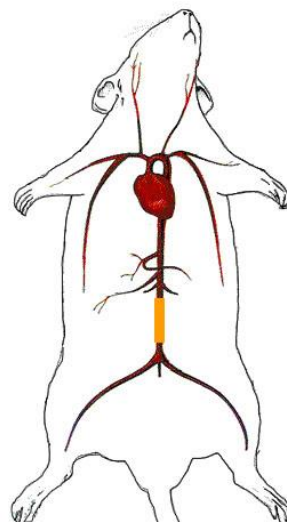


Sterilization method: gamma irradiation (25 kGy)



The In Vivo Model

Rat Infrarenal Abdominal Aorta Replacement Model



(n=3)

1.5 3 6 months

12

18 months

Previous Study: Pektok E, Nottelet B, Tille JC, Gurny R, Kalangos A, Möller M, et al. *Circulation*. 2008;118:2563-70

New Study: de Valence S, Tille JC, Mugnai D, Mrowczynski W, Gurny R, Möller M, Walpoth BH. *Biomaterials*. 2012; 33:38-47

Investigation
Tools

MicoCT

Digital Subtraction
Angiography

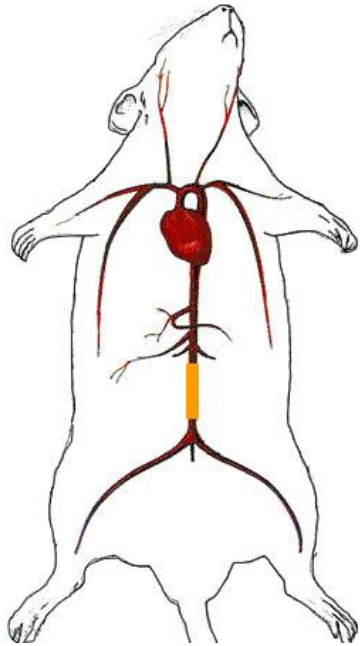
Scanning Electron
Microscopy

Histology

Gel Permeation
Chromatography

High Resolution
Ultrasound

Implantation

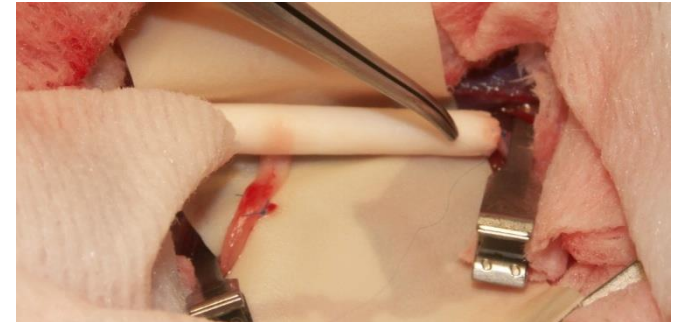


Under an operative microscope
(10x magnification)



Isolated aorta

10/0 nylon interrupted sutures
6-8 sutures per anastomosis



The graft is connected to the aorta by two end-to-end anastomoses

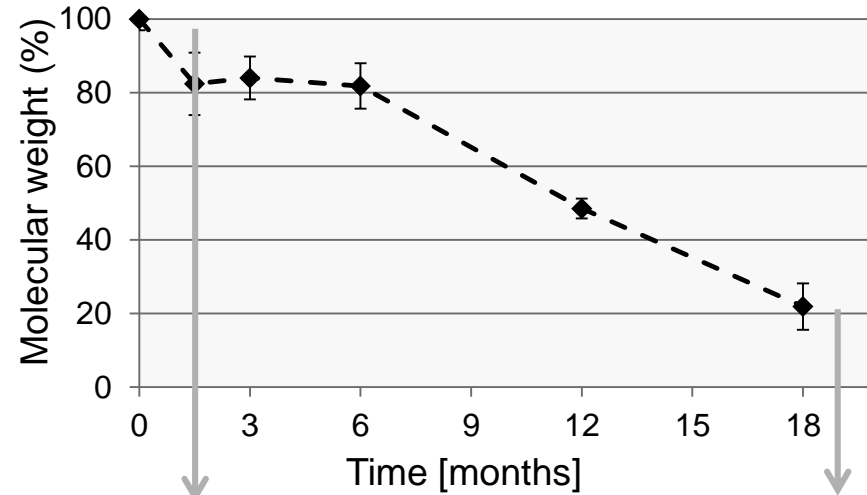
Bulk Properties

Polymer Degradation

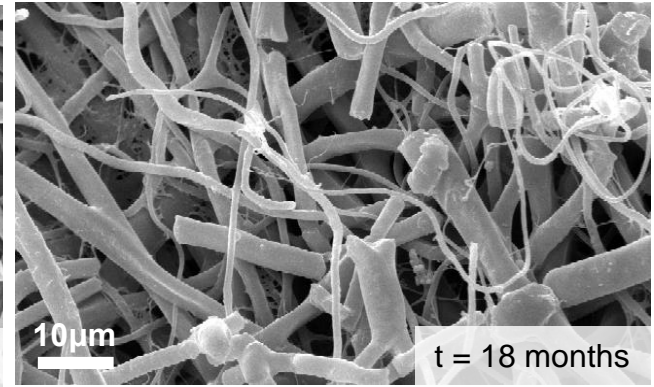
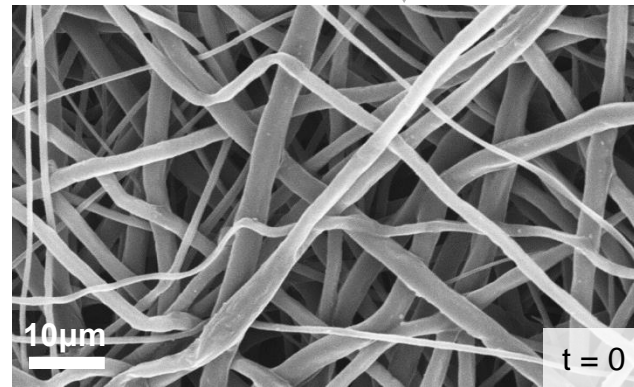
Bulk Properties

80% polymer degradation

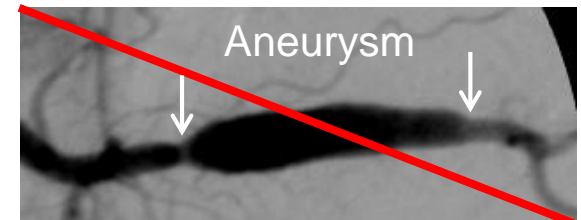
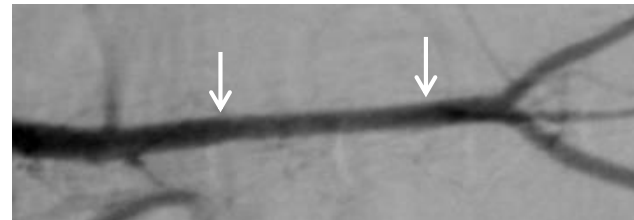
Good structural integrity



Scanning Electron Microscopy



Angiography



Luminal Surface

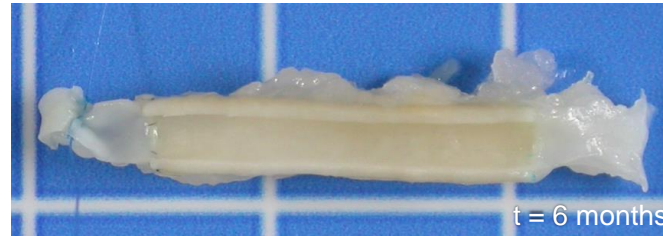
Bulk Properties

- 80% polymer degradation
- Good structural integrity

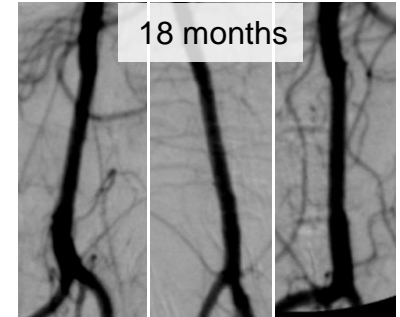
Luminal Surface

- 100% Patency
- No Thrombosis
- Rapid and Stable Endothelialization

Endothelialization

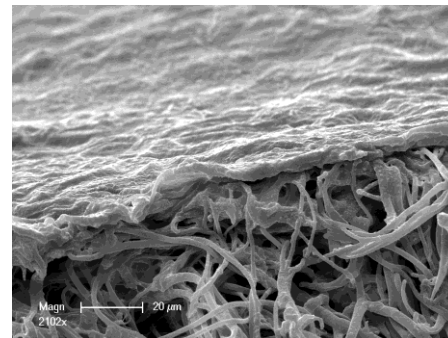
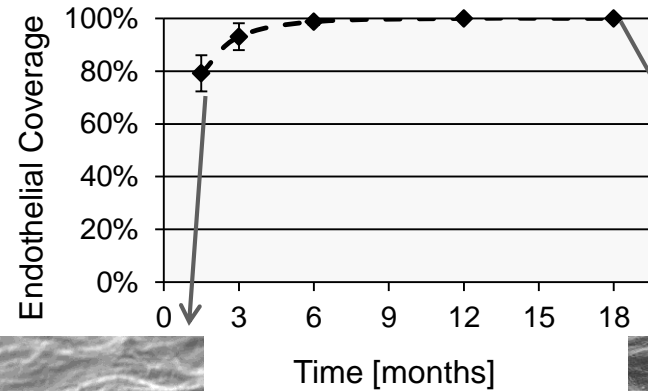


Smooth Luminal Surface
⇒ No Thrombosis

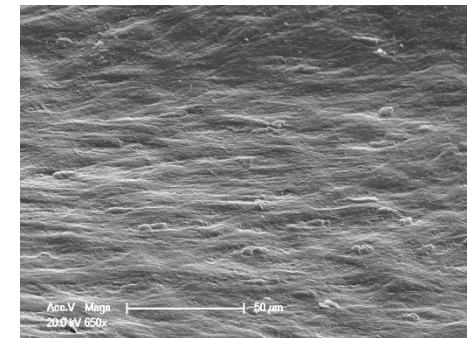


No Occlusions
⇒ 100% Patency

Best anti-thrombotic surface
⇒ Endothelial Cells



Rapid and Stable Endothelialization



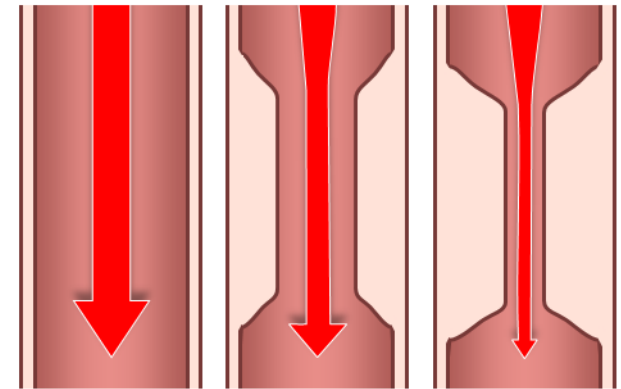
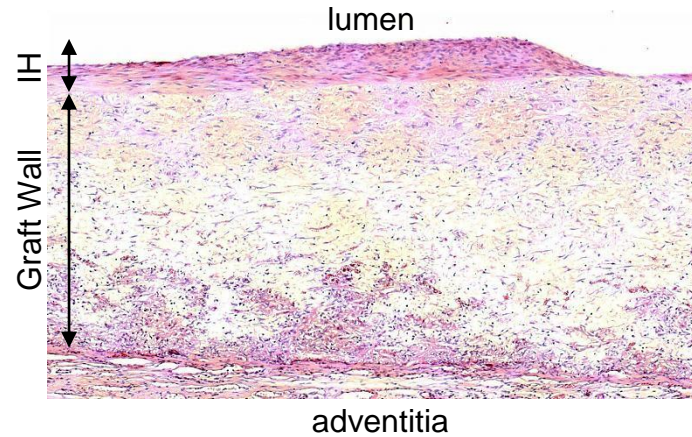
Luminal Surface

Intimal Hyperplasia (IH)

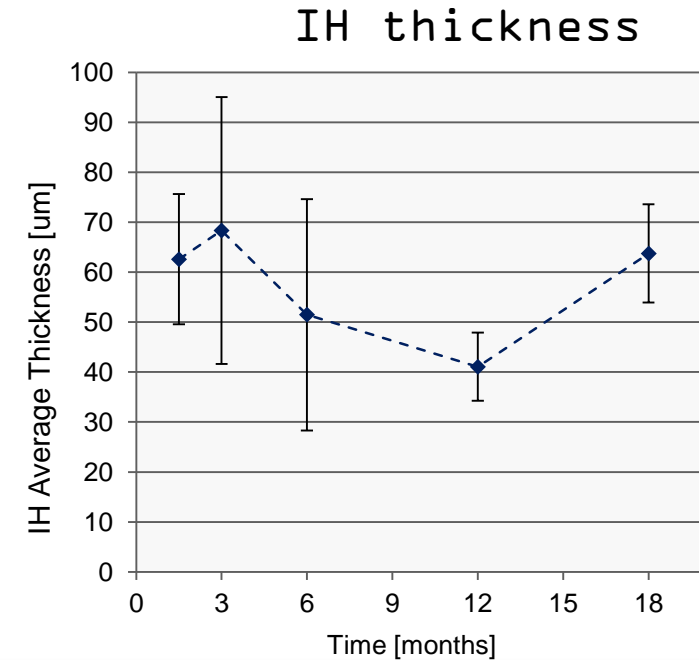
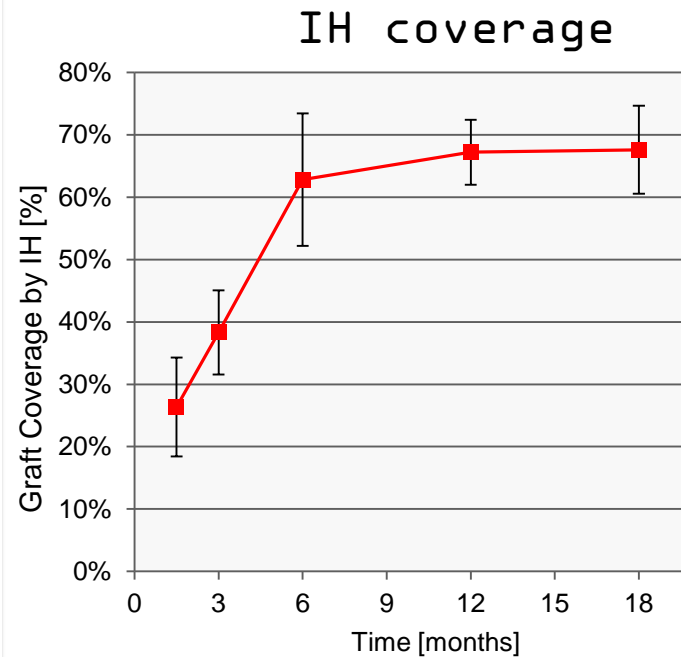
Bulk Properties
80% polymer degradation
Good structural integrity

Luminal Surface
100% Patency
No Thrombosis
Rapid and Stable Endothelialization

Limited Intimal Hyperplasia

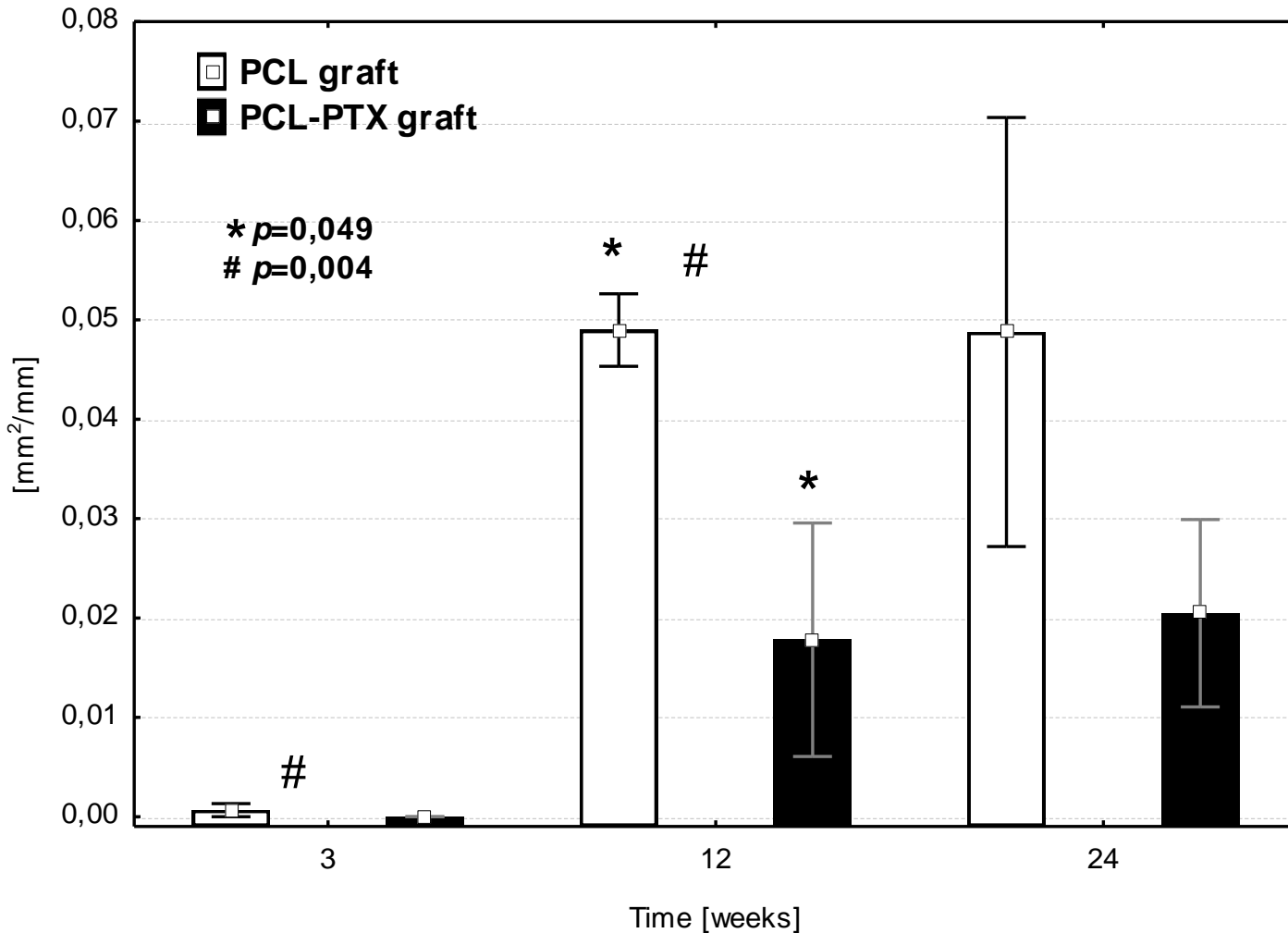


Patent ⇨ stenosis ⇨ near occlusion



■ Intimal Hyperplasia Reduction

7a. Neo-intima area to total graft length ratio.



Graft Wall

Cell Types

Bulk Properties

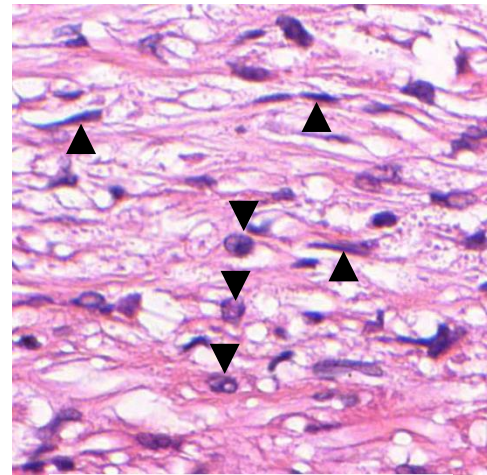
- 80% polymer degradation
- Good structural integrity

Luminal Surface

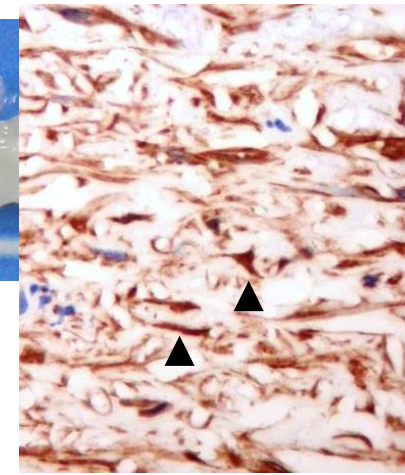
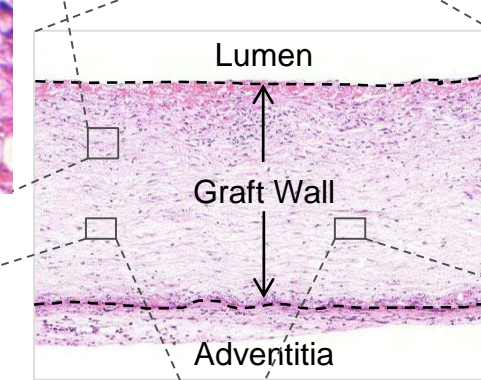
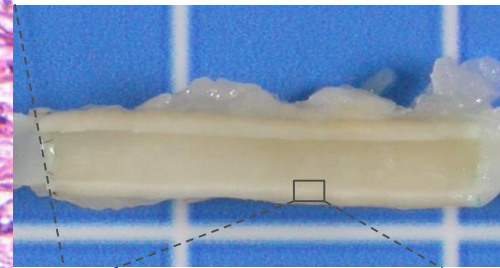
- 100% Patency
- No Thrombosis
- Rapid and Stable Endothelialization
- Limited Intimal Hyperplasia

Graft Wall

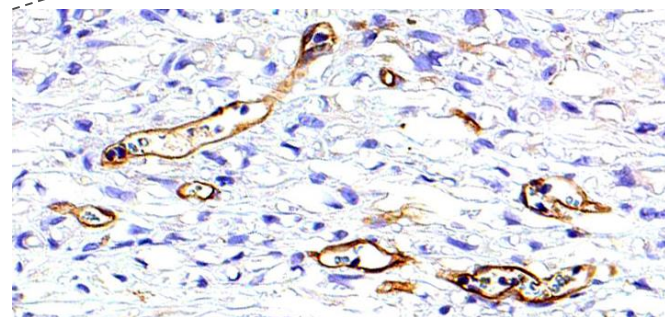
- Macrophages
- Myofibroblasts
- Capillaries
- Collagen



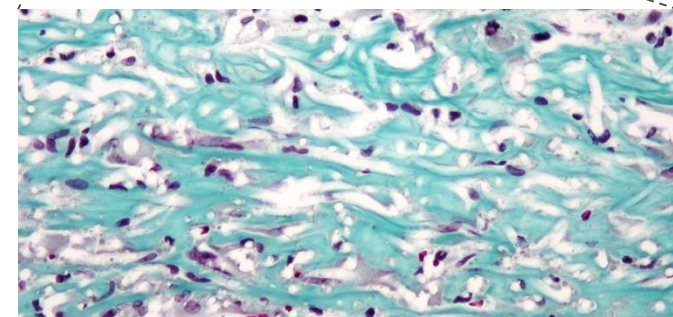
Macrophages ▼
Fibroblasts ▲
H&E stain (purple: cell nuclei)



MyoFibroblasts ▲
α-smooth muscle actin stain
(brown: myofibroblasts)



Capillaries
CD34 stain
(brown: endothelial cells)



Collagen
Miller-Masson stain
(green: collagen)

Graft Wall

Cell Invasion

Bulk Properties

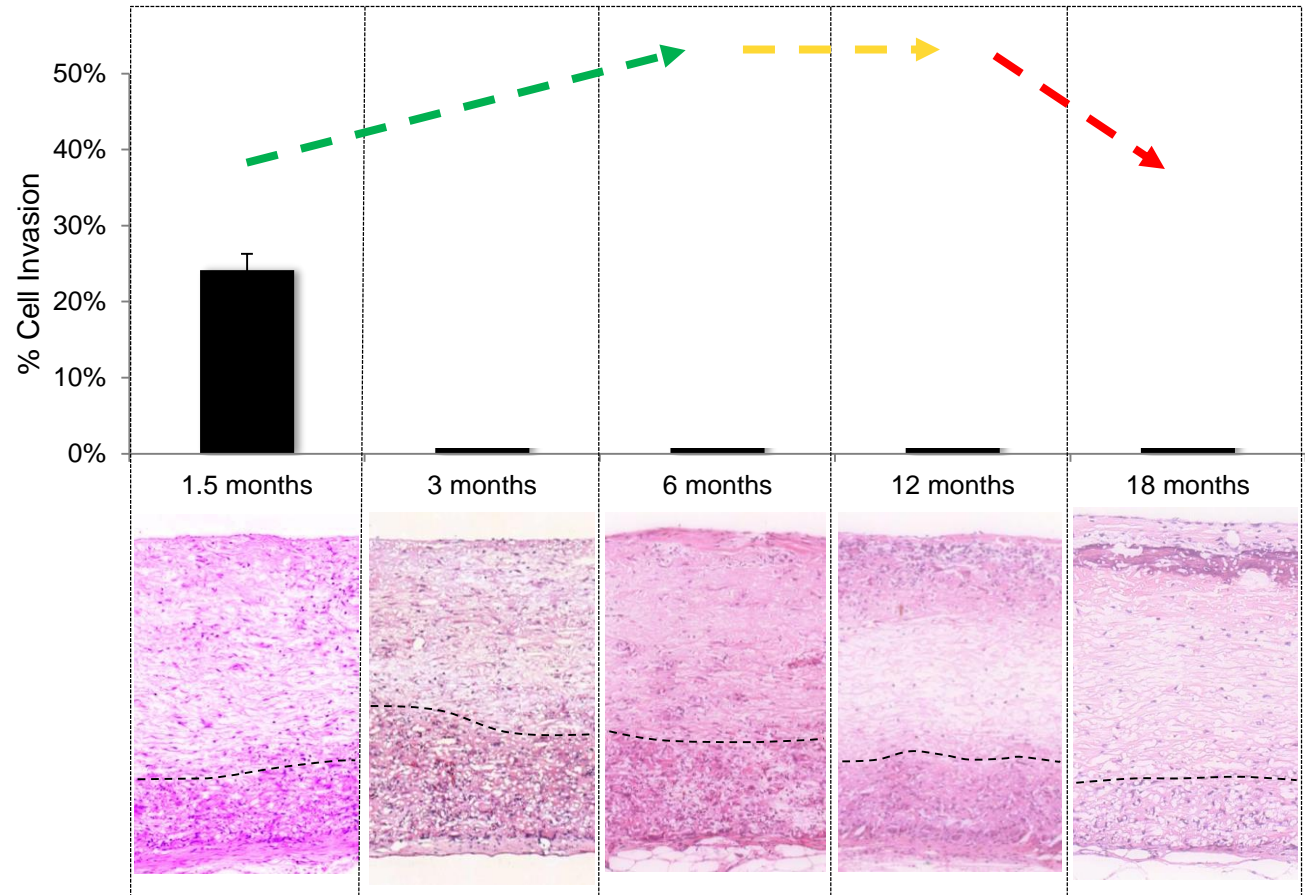
- 80% polymer degradation
- Good structural integrity

Luminal Surface

- 100% Patency
- No Thrombosis
- Rapid and Stable Endothelialization
- Limited Intimal Hyperplasia

Graft Wall

- Macrophages
- Myofibroblasts
- Capillaries
- Collagen



Bulk Properties

- 80% polymer degradation
- Good structural integrity

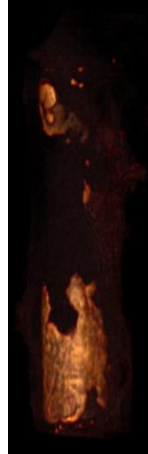
Luminal Surface

- 100% Patency
- No Thrombosis
- Rapid and Stable Endothelialization
- Limited Intimal Hyperplasia

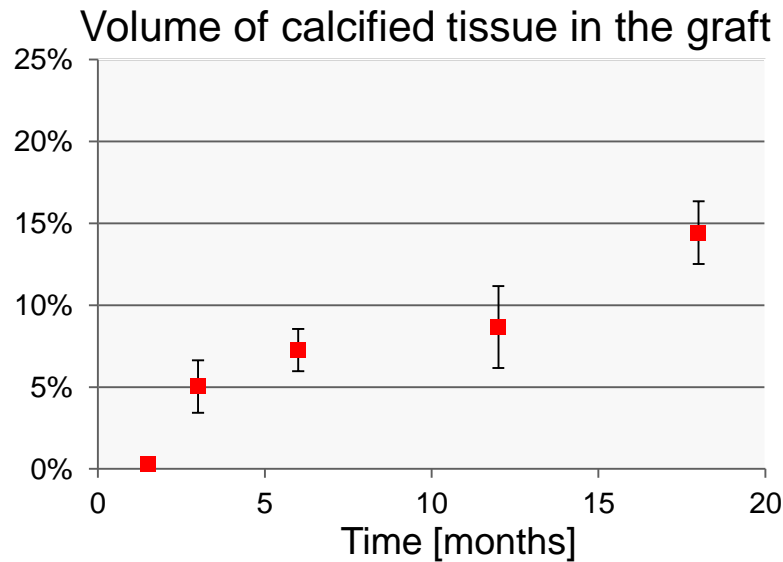
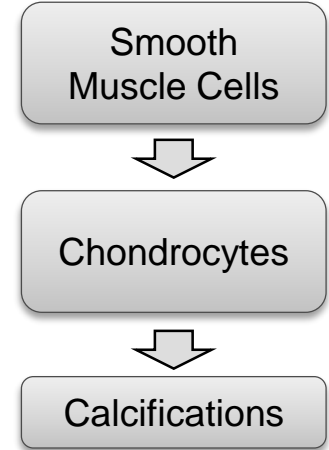
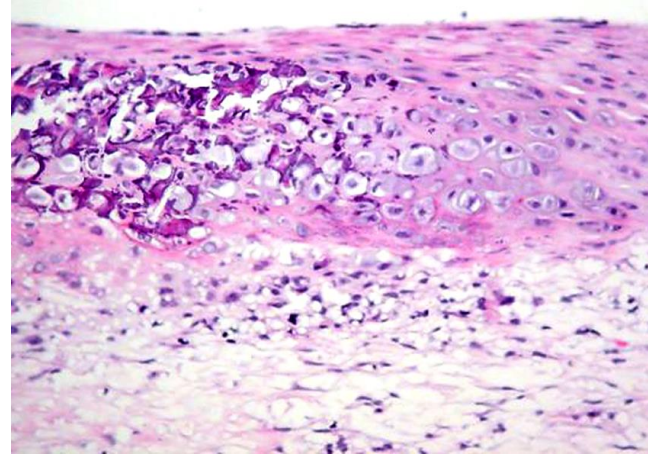
Graft Wall

- Macrophages
- Myofibroblasts
- Capillaries
- Collagen
- Calcifications

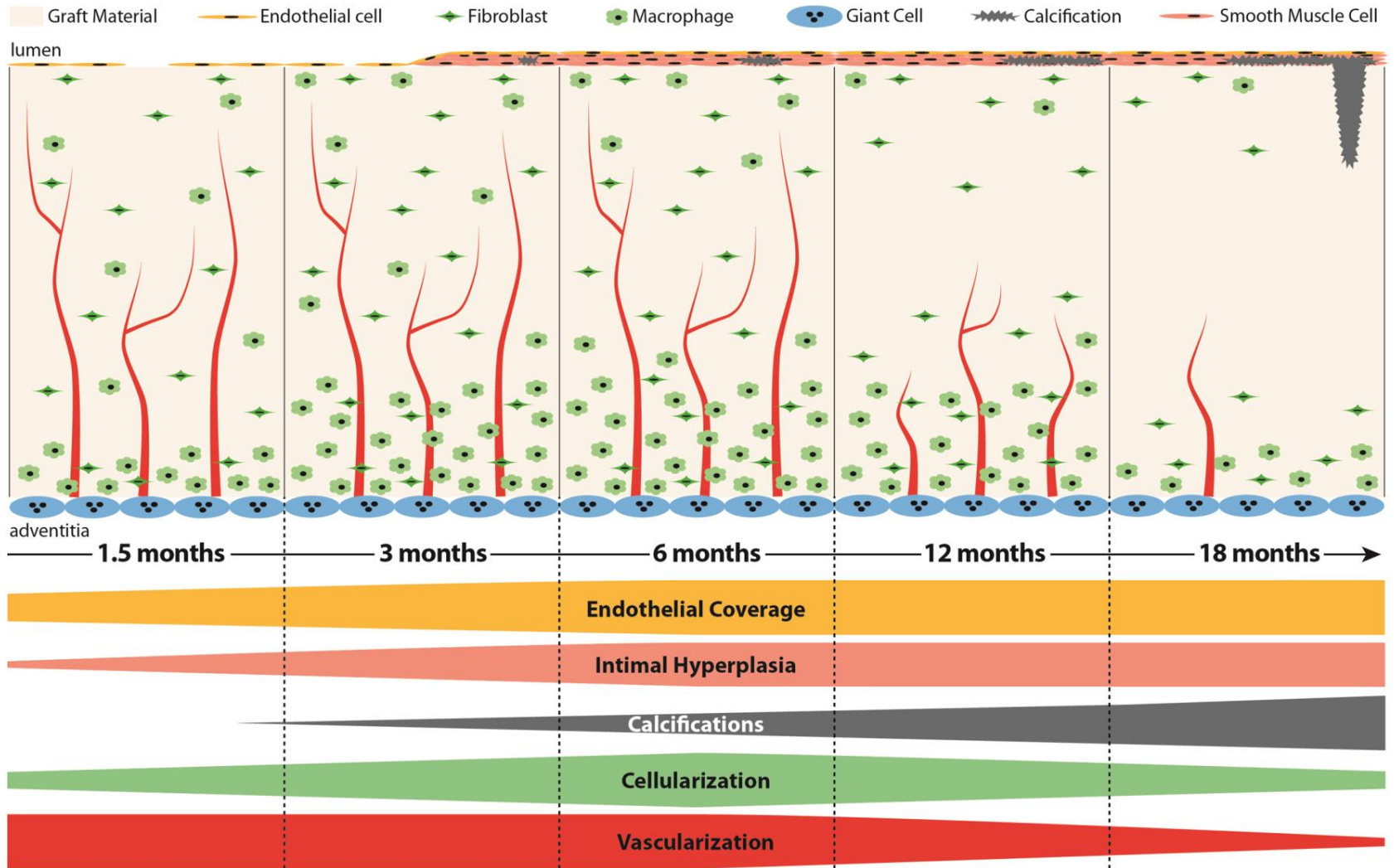
MicroCT



Chondroid Metaplasia



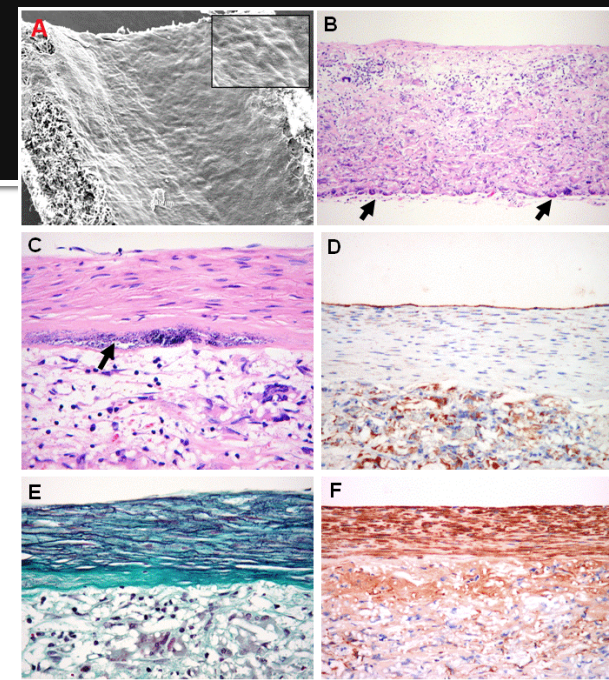
Overview



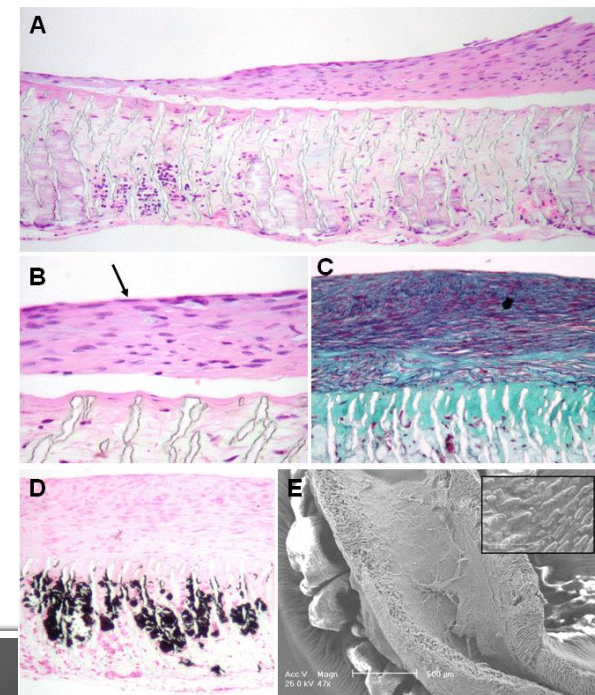
Comparison with ePTFE

PCL

	PCL (n=8)	ePTFE (n=6)	Significance
Survival (months)	14.8±2.9	16.0±3.1	p=0.17
Patency (%)	100	67	p = 0.46
Endothelialization (%)	100 ± 0.0	99.6 ± 1.0	p = 0.92
Compliance (%/mmHg)	8.2 ± 1.0	5.7 ± 0.7	p = 0.01
Calcification (% volume)	7.0 ± 5.0	15.8 ± 3.2	p = 0.04
Intimal Hyperplasia (µm)	51.6 ± 20.7	76.9 ± 36.9	p = 0.09
Cellular Ingrowth	32.1 ± 9.2	10.8 ± 4.0	p < 0.001



ePTFE



Can Synthetic Biodegradable Vascular Grafts Work?

YES

- Perfect patency and functionality over the lifetime of a rat
- No aneurysms despite polymer degradation
- No stenosis linked to intimal hyperplasia or thrombosis
- Better long term performance than ePTFE in the rat model

BUT Two Main Issues

- Unstable tissue regeneration in the graft wall on the long term
- Chondroid metaplasia and spreading of calcifications

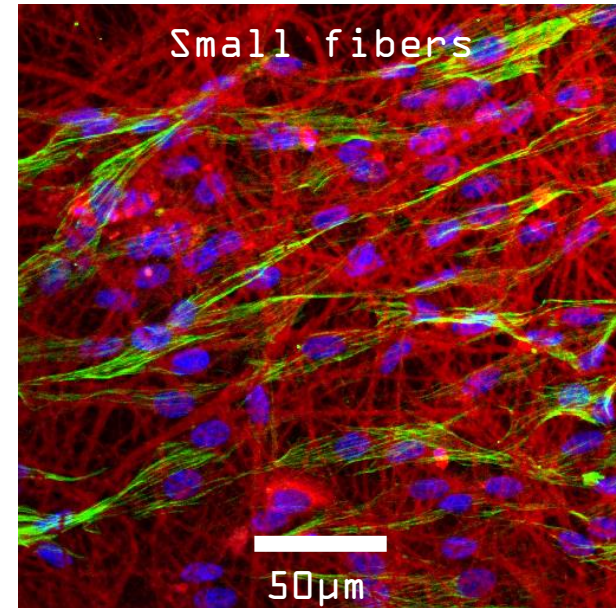
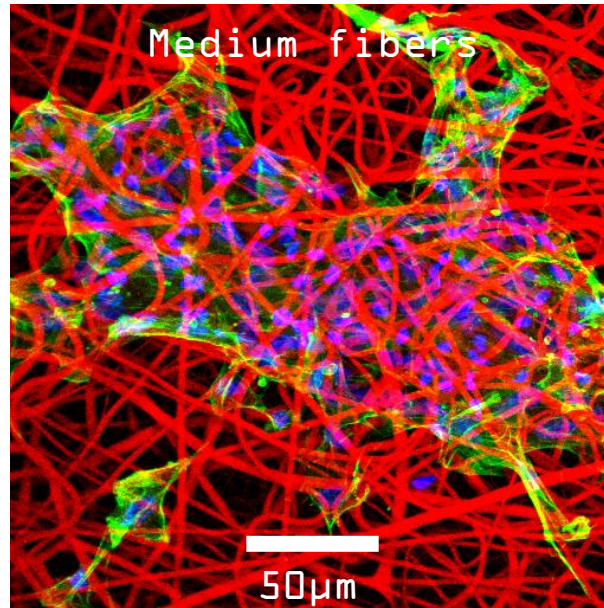
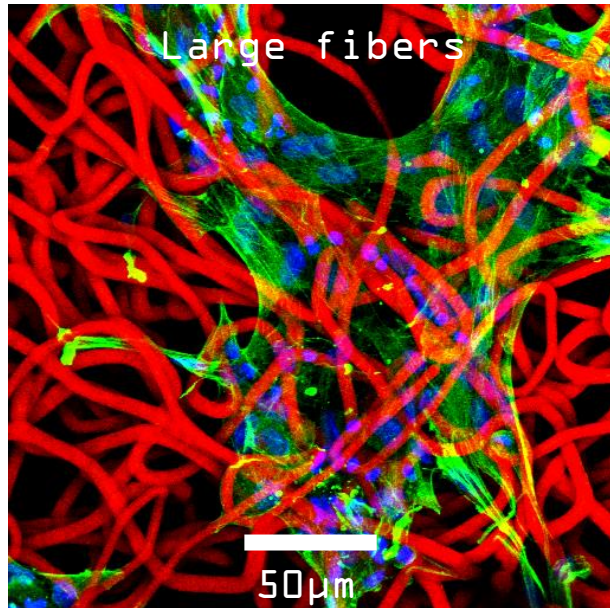
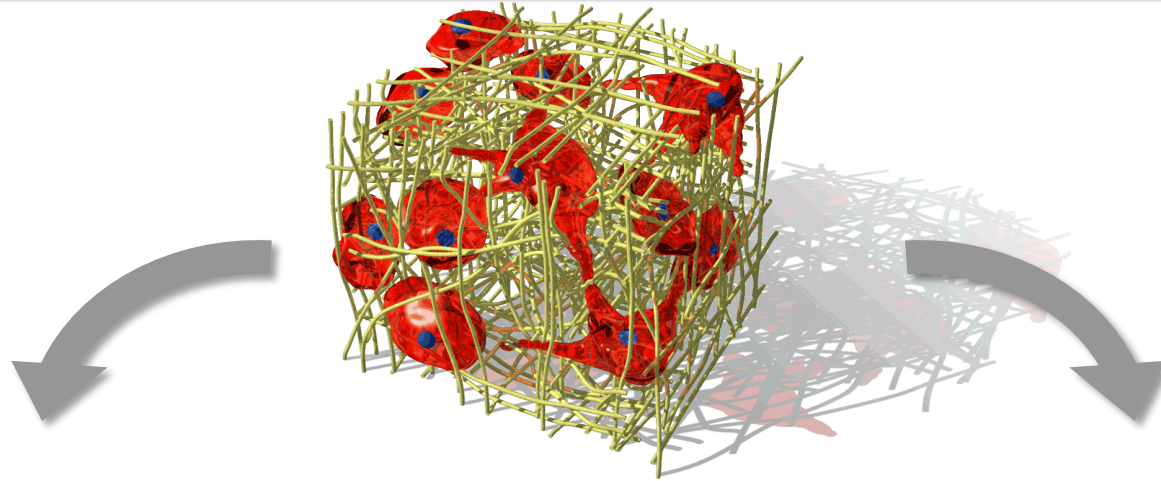
Importance of Long Term Studies
to Identify Unforeseen Issues

Part II

Can the Outcome be Improved by Tuning the Scaffold Micro-Architecture?

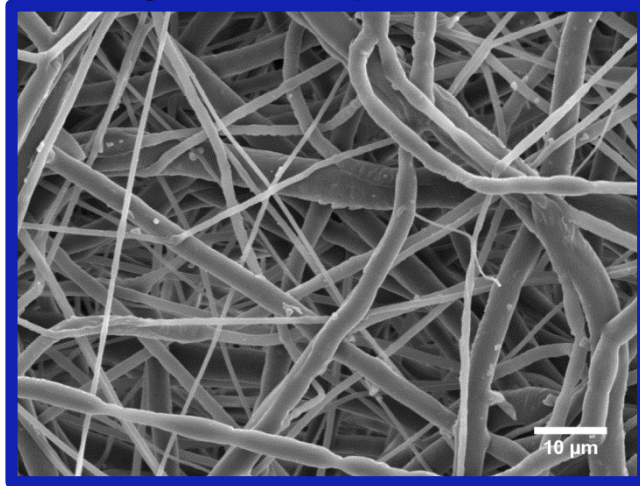
de Valence S, Tille JC, Giliberto JP, Mrowczynski W, Gurny R, Walpoth BH, Möller M.
Advantages of bilayered vascular grafts for surgical applicability and tissue regeneration.
Acta Biomaterialia. 2012 Nov; 8(11):3914-20.

Micro-Architecture

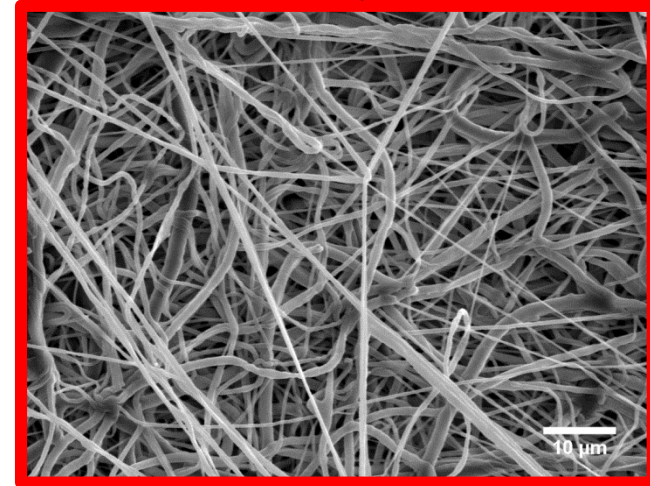


2 Types of Scaffolds

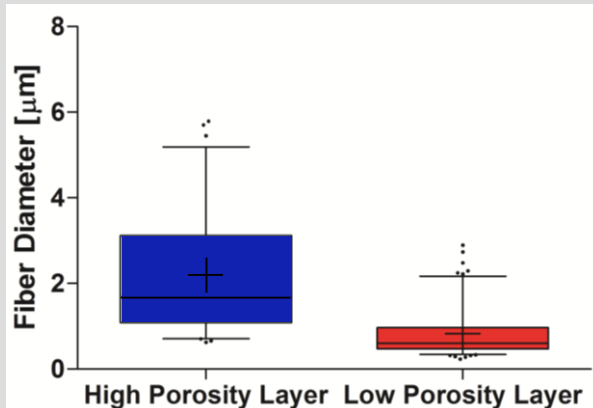
High Porosity Scaffold



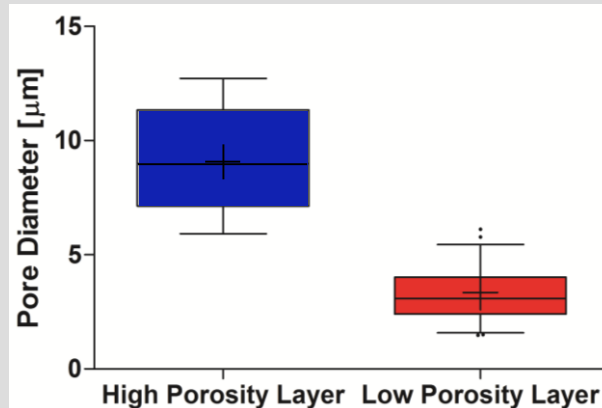
Low Porosity Scaffold



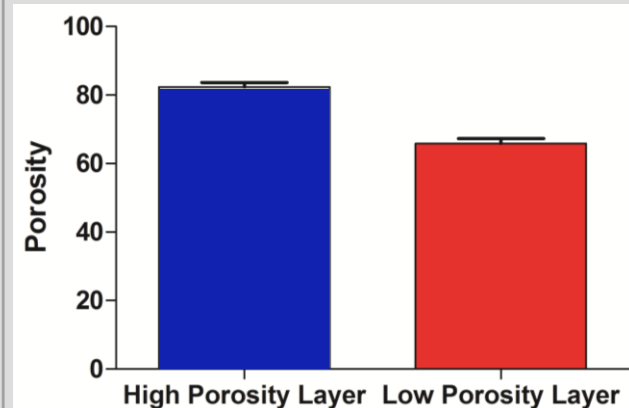
Fiber Diameter



Pore Diameter

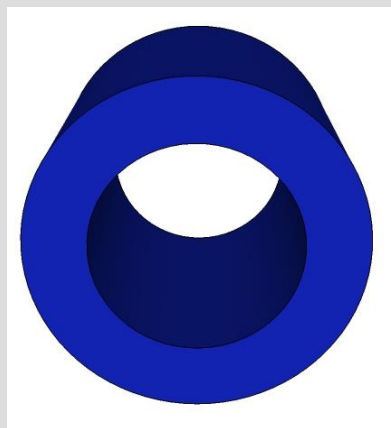


Total Porosity

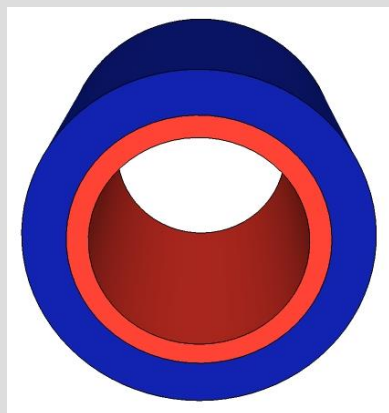


4 types of grafts

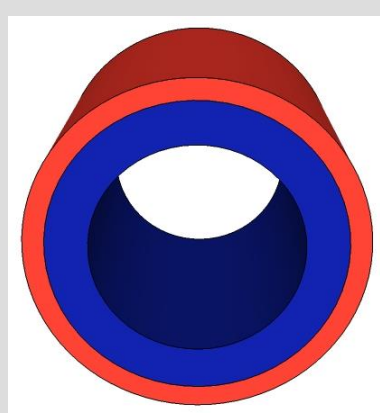
No Barrier



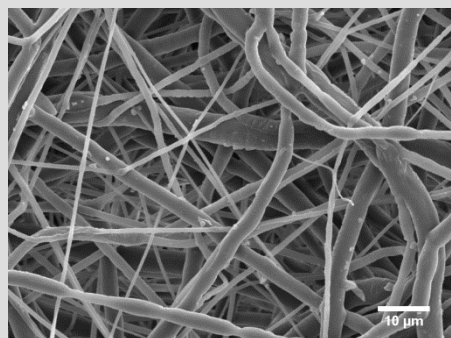
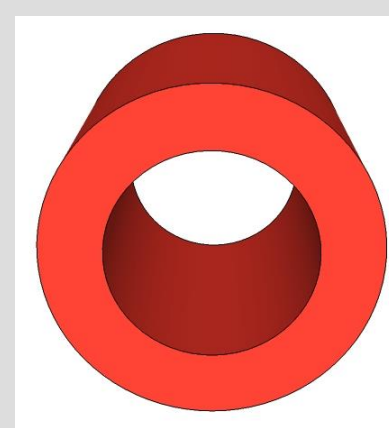
Inside Barrier



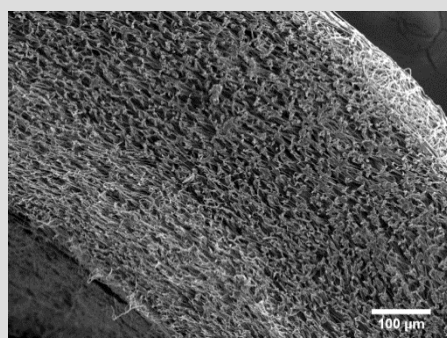
Outside Barrier



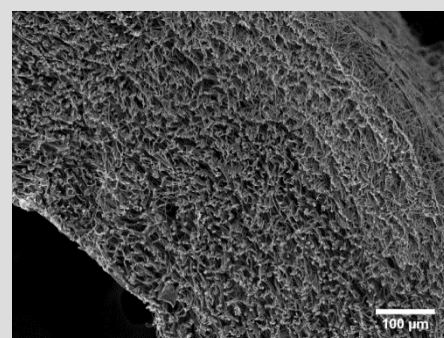
Only Barrier



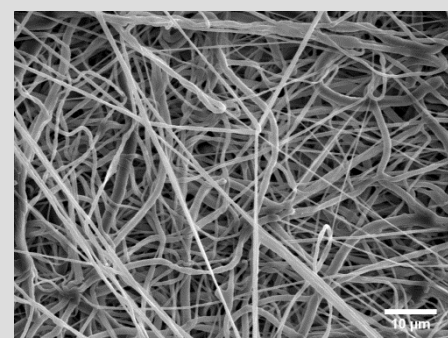
Layer thickness
600 μm



Layer thicknesses
400/200 μm



Layer thicknesses
200/400 μm



Layer thickness
600 μm

In Vitro Blood Leakage

Pore size
Cell infiltration \leftrightarrow Blood leakage

Experiment

Amount of leakage of heparinized blood through the graft wall, under flow, at 120 mmHg



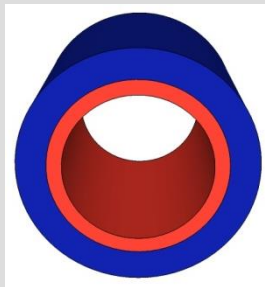
No Barrier



$0.87 \text{ ml} \cdot \text{min}^{-1} \cdot \text{cm}^{-2}$



Inside Barrier

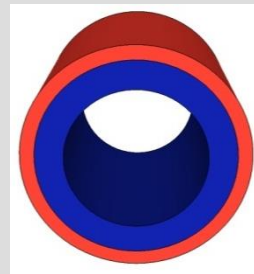


$0.17 \text{ ml} \cdot \text{min}^{-1} \cdot \text{cm}^{-2}$



$\div 5$

Outside Barrier

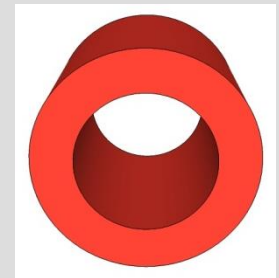


$0.25 \text{ ml} \cdot \text{min}^{-1} \cdot \text{cm}^{-2}$



$\div 3.5$

Only Barrier



$0.09 \text{ ml} \cdot \text{min}^{-1} \cdot \text{cm}^{-2}$



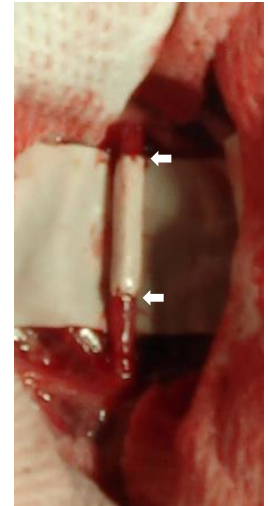
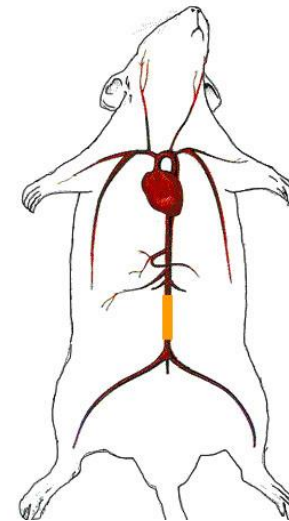
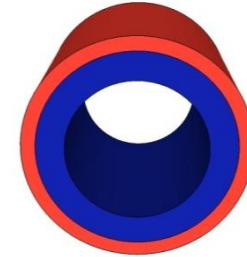
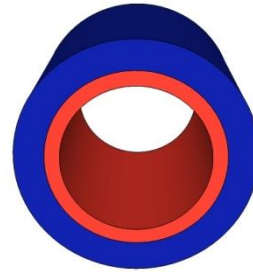
$\div 10$

Scaffold Micro-architecture Can Effectively Reduce Blood Leakage

Implantation in the Rat Model

Inside Barrier

Outside Barrier



3

12 weeks

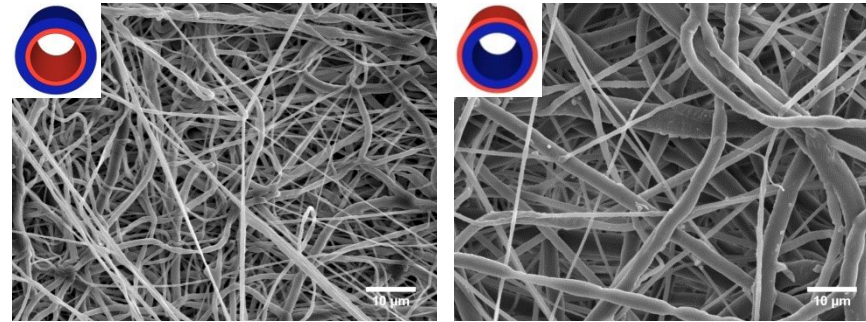


(n=5)

Luminal Surface

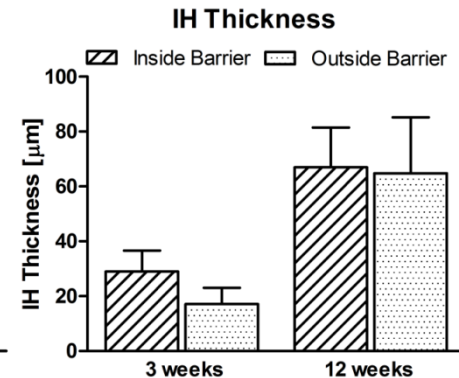
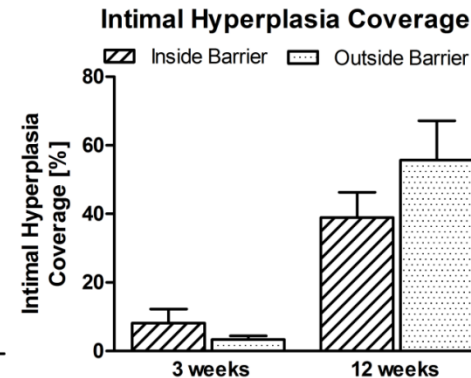
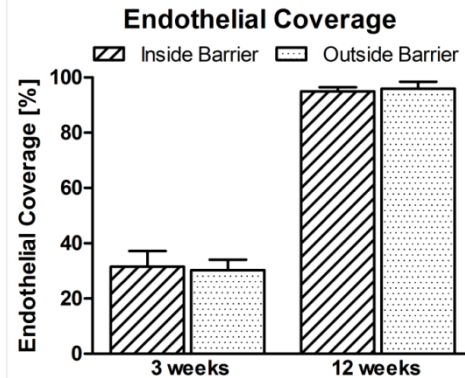
Endothelialization & IH

Luminal Surface
No difference in endothelialization
Little IH



Inside Barrier

Outside Barrier



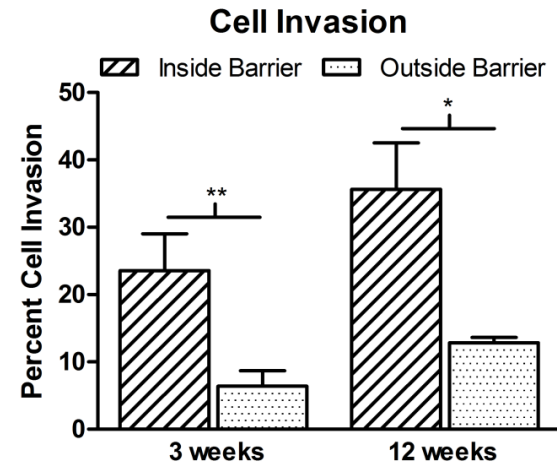
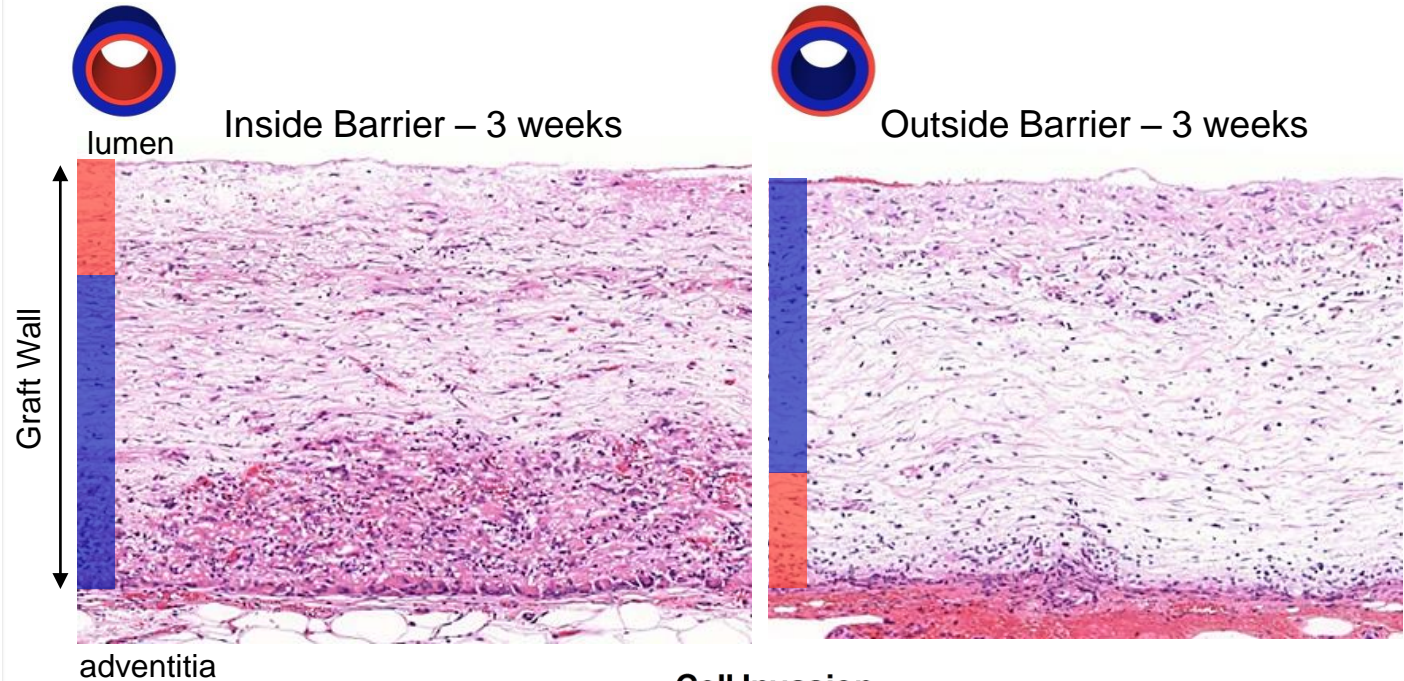
Endothelial Coverage – No difference
Intimal Hyperplasia – No difference

Graft Wall

Cell Invasion

Luminal Surface
No difference in endothelialization
Little IH

Graft Wall
Cell invasion is inhibited by outside barrier
Cells come mainly from the adventitia



Does the Outcome Depend on the Micro-Architecture?

YES

- Micro-architecture is an effective means to control blood leakage
- Too small pores will impede cell infiltration and tissue regeneration
- Cell infiltration comes mainly from the adventitia so micro-architecture should be designed with this in consideration

AND

- Multiple layer grafts can easily be produced by electrospinning

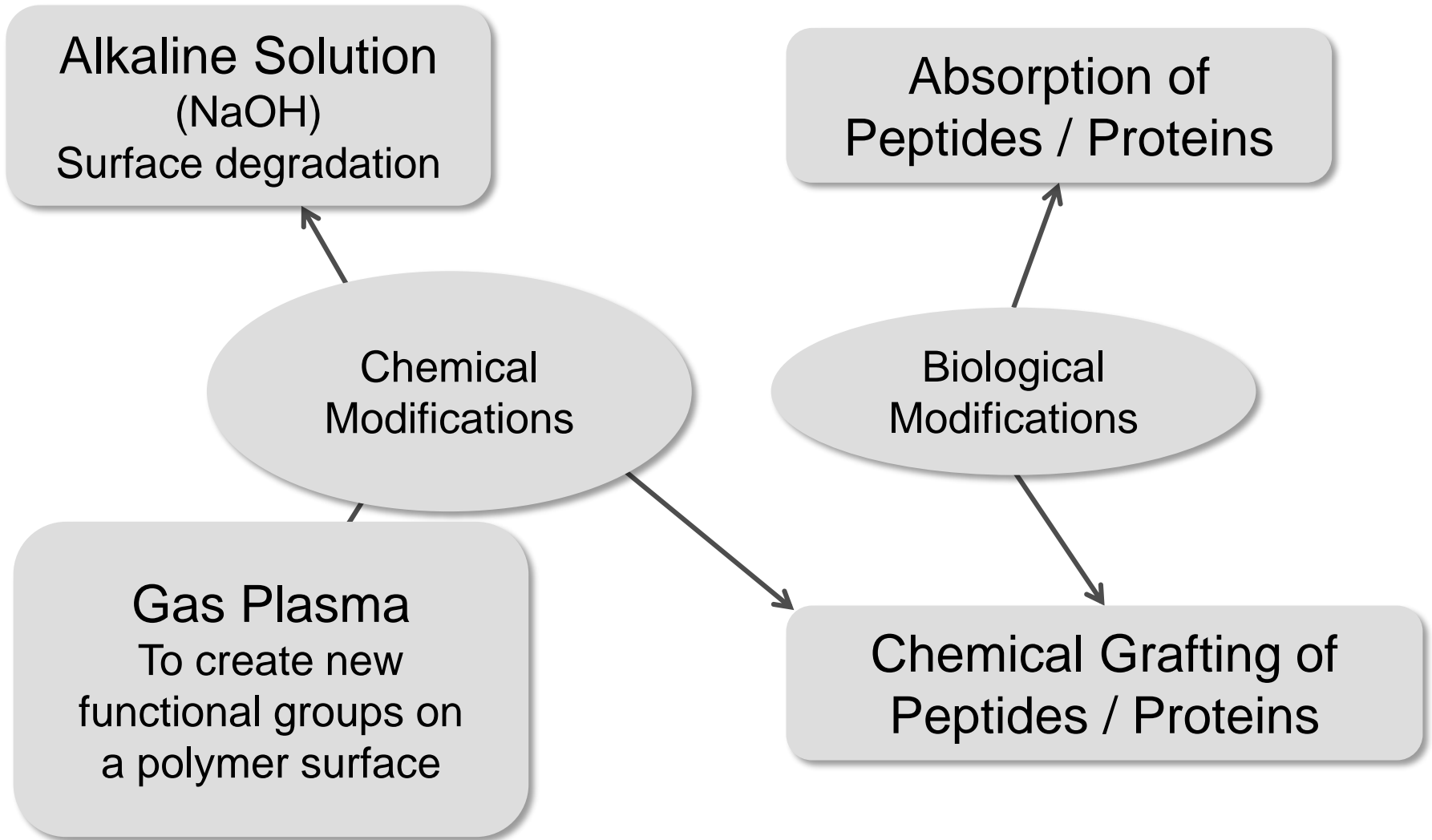
Part III

Can Tissue Regeneration be Improved by Tuning the Surface Properties of the Scaffold?

de Valence S, Tille JC, Chaabane C, Gurny R, Bochaton-Piallat ML, Walpoth BH, Möller M.
Plasma treatment for improving cell biocompatibility of a biodegradable polymer scaffold
for vascular graft applications.

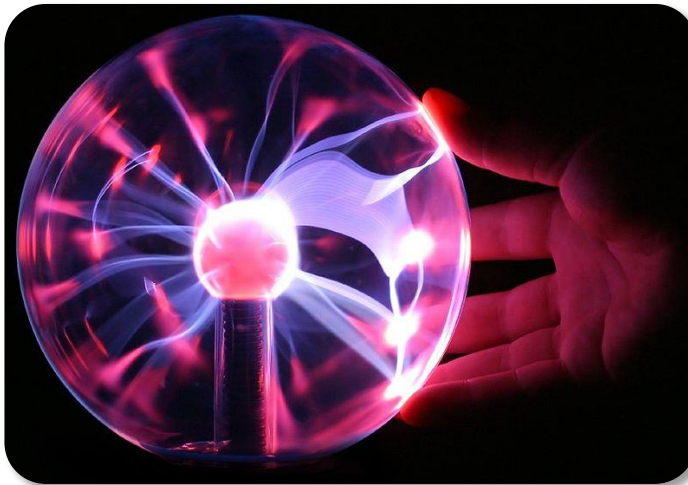
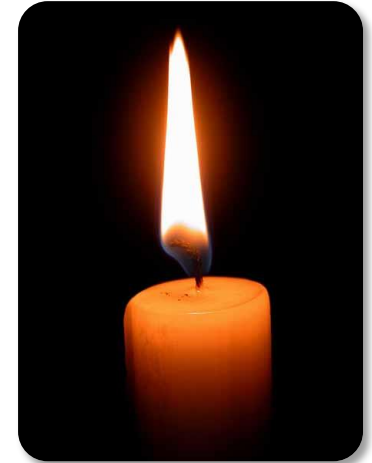
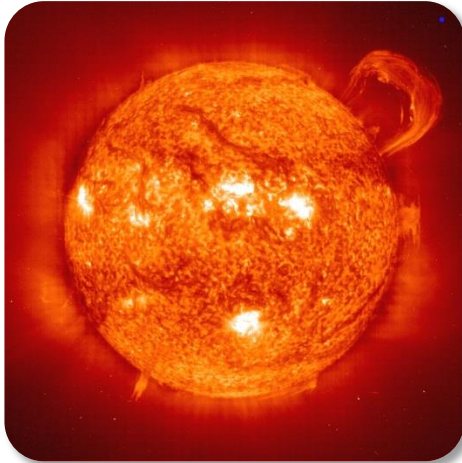
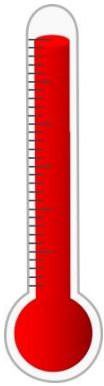
To be submitted

Polymer Surface Modification

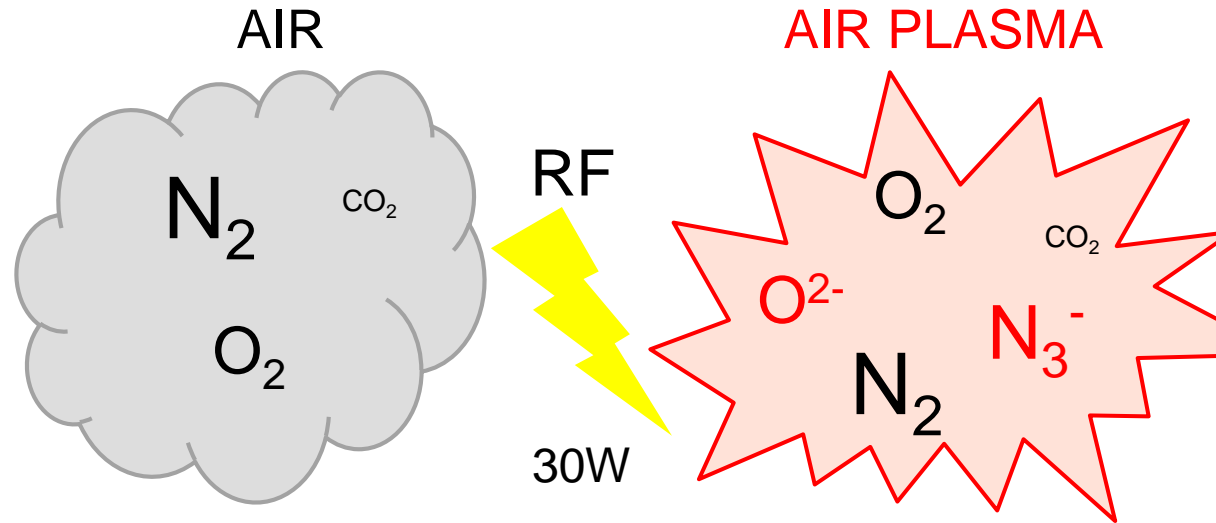
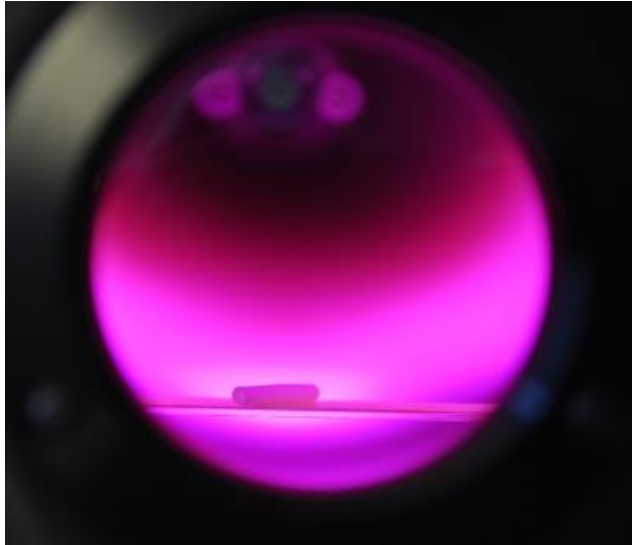


Gas Plasma - 4th state of matter

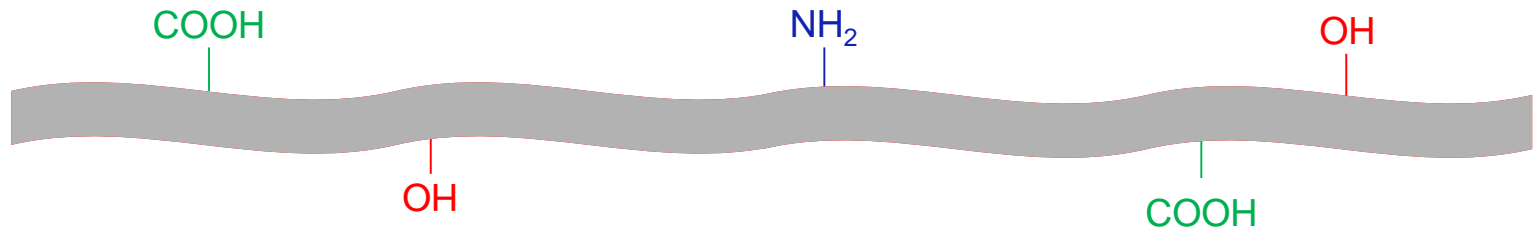
Plasma: partially ionized gas



Plasma Modification



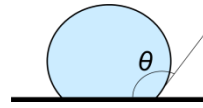
Plasma
Treated
PCL



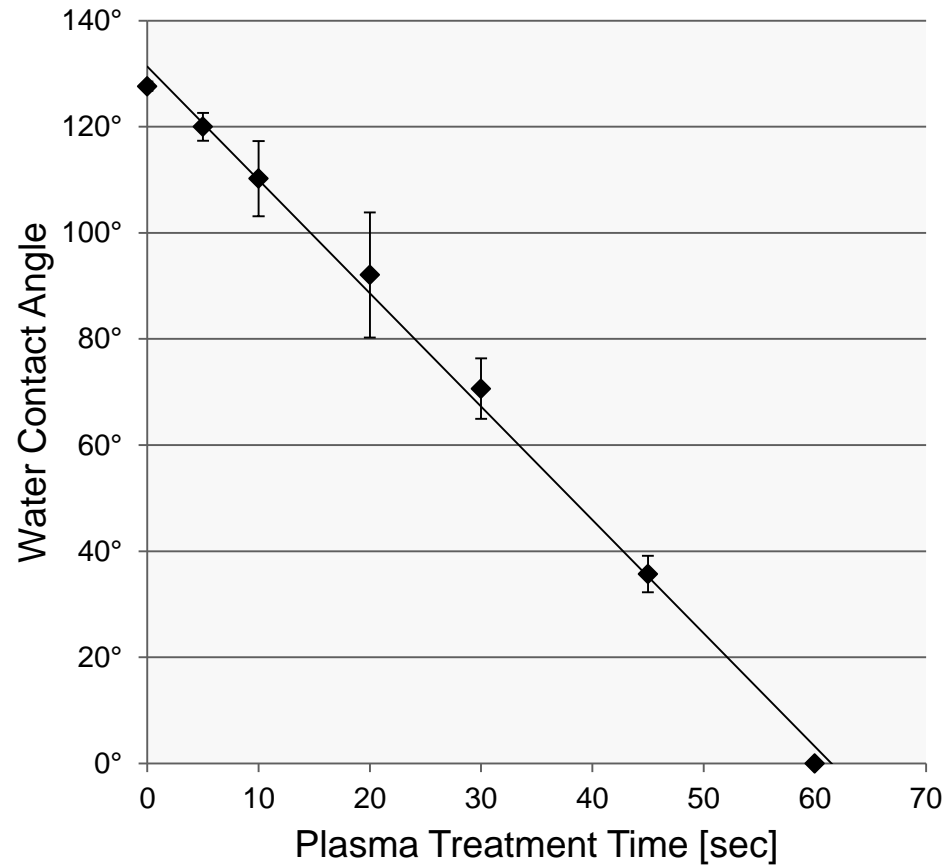
Hydrophobic → Hydrophilic

Changes in Hydrophilicity

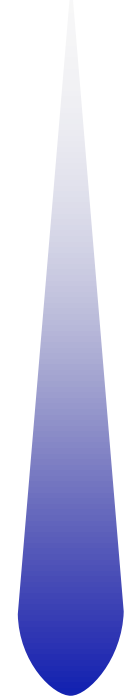
Characterization
Increased
Hydrophilicity



Water Contact Angle



Hydrophobic



Hydrophilic

In Vitro

Cell Morphology

Characterization

Increased hydrophilicity

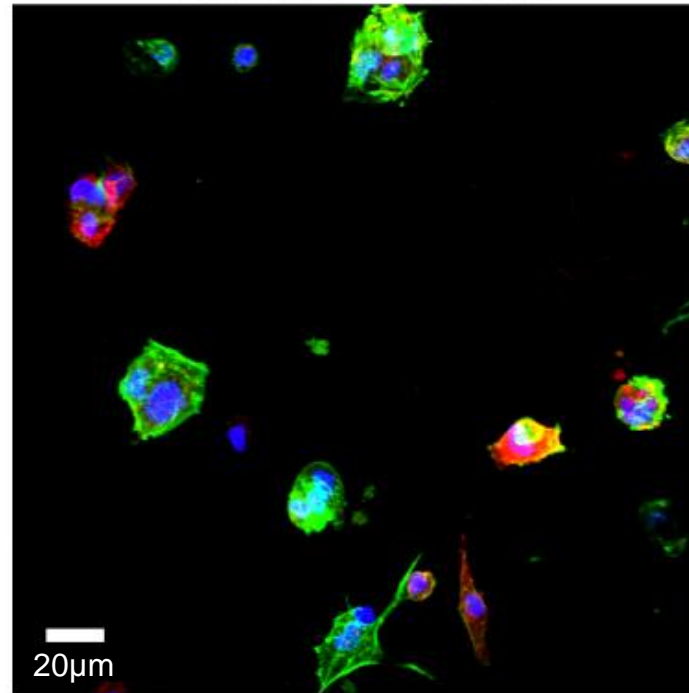
No change in fiber morphology

In Vitro

Outspread cell morphology

After 3 days of culture

No Treatment



Blue – nuclei

Green – smooth muscle actin

Red – S100A4 – migratory and proliferation phenotype marker

In Vivo

Vascular Implantations

Characterization

Increased hydrophilicity

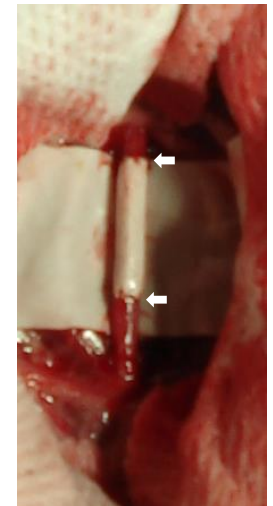
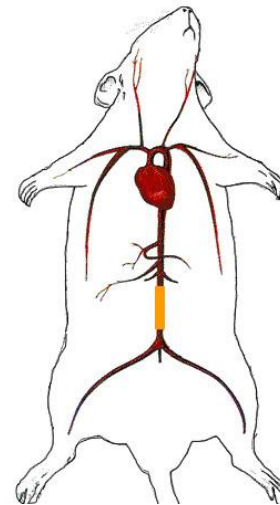
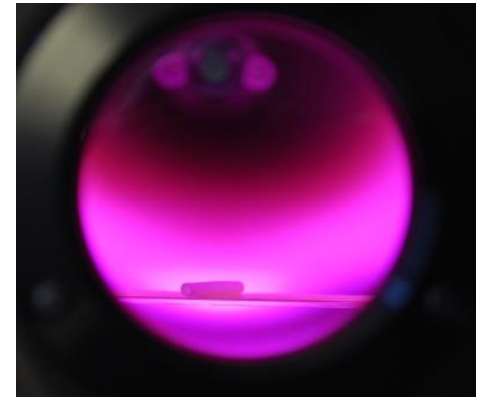
No change in fiber morphology

In Vitro

Outspread cell morphology

Vascular Implants

Plasma Treated Grafts vs. Untreated Grafts



3 weeks
n=5

In Vivo

Cell Invasion

Characterization

Increased hydrophilicity

No change in fiber morphology

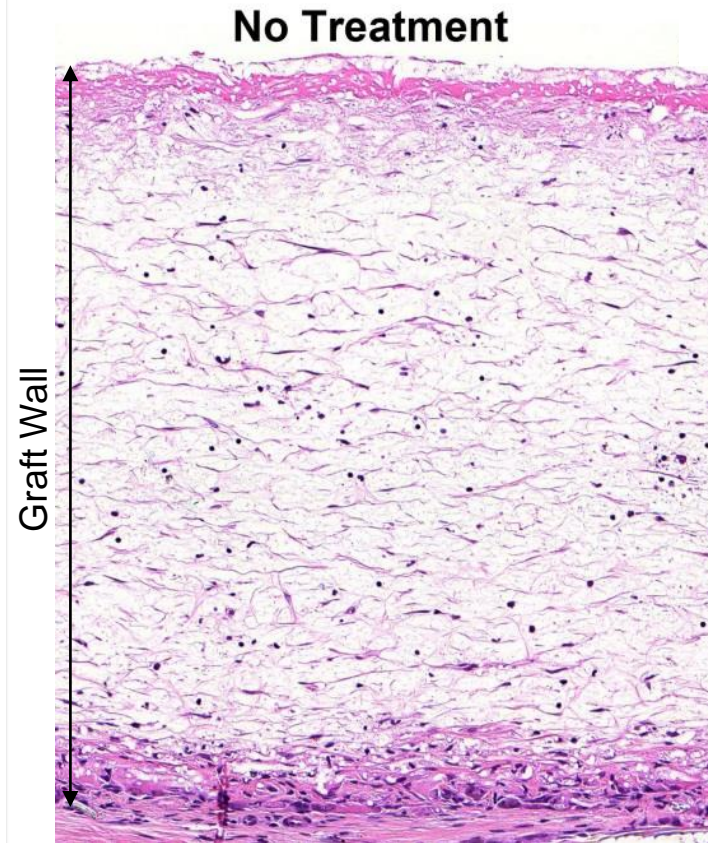
In Vitro

Outspread cell morphology

Vascular Implants

Increased cellularization

3 weeks



Increased Cell Invasion in Plasma Treated Grafts

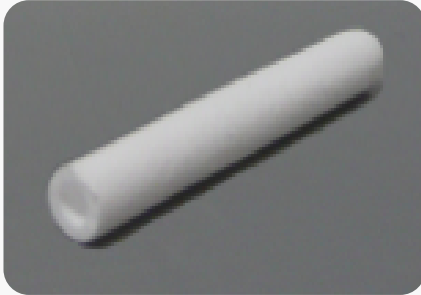
Can Tissue Regeneration be Improved by Tuning the Surface Properties?

YES

- Increased hydrophilicity improves cell-scaffold affinity
 - Cell morphology in vitro
 - Cellular infiltration and neo-vascularization in vivo

Step by Step Towards a Successful Graft

Evaluation Tools and Methods



Polycaprolactone Electrospun Vascular Grafts

- ✓ Long term outcome in the rat
- ✓ Mechanical integrity
- ✗ Unstable neo-tissue long term
- ✗ Calcifications

Excellent Potential but Improvements Needed



Micro-Architecture



- ✓ Barrier layer can reduce blood leakage
- ✓ Inside barrier layer does not impede tissue regeneration



Surface Modifications

- ✓ Increased hydrophilicity
- ✓ Improved cell affinity
- ✓ Improved tissue regeneration

Further Developments



Tissue Regeneration

Micro-Architecture



Surface
Modifications



Biomaterial
or Combination of
Biomaterials

Drug or Growth
Factor Release

Smooth Muscle Cell Pre-Seeding

Thrombosis

Drug Release
Heparin
Thrombin Inhibitor
Nitric Oxide Donor

Endothelial Cell
Pre-Seeding

Calcifications

Better Tissue Regeneration

Anti-Calcic Drug Release



FNS Project 3200-119822

Drug eluting cardiovascular prosthesis using nano-fibre structured biodegradable polymers

Pektok E, Nottelet B, Tille J-C, Gurny R, Kalangos A, Moeller M, Walpoth BH. Degradation and healing characteristics of small-diameter poly(ϵ -caprolactone) vascular grafts in the rat systemic arterial circulation *Circulation*. 2008;118:2563-2570

Innocente F, Mandracchia D, Pektok E, Nottelet B, Tille J-C, de Valence S, Faggian G, Mazzucco A, Kalangos A, Gurny R, Moeller M, Walpoth BH. Paclitaxel-eluting biodegradable synthetic vascular prostheses: a step towards reduction of neointima formation? *Circulation*. 2009;120[suppl 1]:S37–S45

B. Nottelet, E. Pektok, D. Mandracchia, E. Pektok, J-C. Tille, B. Walpoth, R. Gurny, M. Möller Factorial design optimization and *in vivo* feasibility of poly(caprolactone)-micro-and nanofiber-based small diameter vascular grafts. *J Biomed Mater Res A*. 2009 Jun 15;89(4):865-75.

Sarra de Valence; Jean-Christophe Tille; Damiano Mugnai; Wojciech Mrowczynski; Robert Gurny; Michael Möller; Beat H Walpoth. Long term performance of polycaprolactone vascular grafts in a rat abdominal aorta replacement model. *Biomaterials* 33 (2012) 38-47.

de Valence S, Tille JC, Giliberto JP, Mrowczynski W, Gurny R, Walpoth BH, Möller M. Advantages of bilayered vascular grafts for surgical applicability and tissue regeneration. *Acta Biomater*. 2012 Jul 6. Epub ahead of print

Mugnai D, Tille JC, Mrówczyński W, de Valence S, Montet X, Möller M, Walpoth BH. Experimental non-inferiority trial of synthetic small-caliber biodegradable versus stable vascular grafts. *J Thorac Cardiovasc Surg*. 2012 Oct 22. doi:pii: S0022-5223(12)01208-1. 10.1016/j.jtcvs.2012.09.054. [Epub ahead of print]

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