

Ira A. Fulton Schools of Engineering

Arizona State University

School of Biological and Health Systems Engineering

Research Question

How can the release of alpha-ketoglutarate from polymer microparticles in a hyaluronic acid hydrogel be controlled for increased bone formation?

Background

Approximately 1.6 million people in the United States undergo bone graft surgery every year to treat bone loss.¹ Currently, autograft and allograft bone tissues are the only options for treating bone loss, however, they pose many limitations.¹ Therefore, there is a pressing clinical need to create a novel treatment that will promote bone repair. To accomplish this, the immunomodulating molecule alphaketoglutarate (aKG), which stimulates cell metabolism and modulates osteoclast function, can be used.² The goal of this project is to create a biomaterial scaffold that will allow control over bone formation through the delivery of aKG in the form of a microparticle.

Polyester of Alpha-Ketoglutarate Microparticle (paKG MP) Synthesis

To control the release of aKG it was modified into microparticles (MPs). Hydrolytically degradable aKG polymers (paKG) were first created by reacting aKG with 1,10 decanediol (Figure 1).³ paKG was purified and formed into MPs through a standard oil in water emulsion technique.³



Figure 2: Oil in water emulsion used to create paKG MPs by sonicating and homogenizing paKG in PVA and then lyophilizing.

Figure 1: Chemical structure of alpha-ketoglutarate and 1,10decanediol to form poly(alphaketoglutarate).³



paKG MP Characterization



Figure 5: The synthesized paKG MPs were visualized using Scanning Electron Microscopy (SEM), showing mostly uniform particle sizes with slight variations.





Figure 3: Dynamic Light Scattering (DLS) was run on the MPs, showing a size distribution around 1000 nm.

Delivery of Alpha-Ketoglutarate from Hyaluronic Acid Hydrogels for Bone Repair Applications

<u>Emily Mahadevan¹</u>, Margaret Dugoni¹, Julianne L. Holloway² ¹Biomedical Engineering; School of Biological and Health System Engineering, Arizona State University, ²Chemical Engineering; School for Engineering of Matter, Transport and Energy; Arizona State University



Maleimide Functionalized Hyaluronic Acid (MaHA) Hydrogel







paKG Microparticles

MaHA Hydrogel

Figure 6: MaHA hydrogel delivery system for paKG MPs. Maleimide was functionalized to a hyaluronic acid backbone as a crosslinking mechanism to form a polymer hydrogel.

Maleimide Functionalized Hyaluronic Acid (MaHA) Characterization



Figure 7: Proton nuclear magnetic resonance (¹H NMR) run on Maleimide functionalized hyaluronic acid (MaHA).

MaHA Hydrogel Synthesis



Figure 8: MaHA hydrogels without paKG MPs.

Average Elastic Modulus of MaHA Hydrogels at Varying MaHA Weight Percent

Figure 9: Compression testing data run on MaHA hydrogels are varying weight percentages (2, 3, 4wt%) showing an increase in weight percentage increases the average elastic modulus of the MaHA hydrogel.



Figure 11: Compression testing data run on 2 wt% MaHA hydrogels with varying amounts of paKG MPs (0, 5, 10, 15, 20, 25mM) showing the addition of paKG does not impact the average elastic modulus of the MaHA hydrogel.

Figure 12: Absorbance values correlating to the concentration of ALP over a twenty-one-day period in hMSCs treated with hMSC media or osteo media. The concentration of ALP increased over time in cells treated with osteo media, proving that osteoblasts were synthesized.

MaHA Hydrogel Synthesis with paKG MPs



Figure 10: MaHA hydrogels with paKG MPs.

Average Elastic Modulus of 2 wt% MaHA Hydrogels at Varying PaKG Microparticle Concentrations



Osteoblast Differentiation and Investigation Absorbance Values of ALP in MSCs and Osteoblasts 7, 14, and 21 Days



Concentration of DNA Present in MSC and Osteoblast Samples at Days 7, 14, 21



Figure 13: PicoGreen dsDNA assay for hMSCs treated with base and osteo media. Increase in the number of osteoblasts and hMSCs over a twenty-one-day period.

Figure 14: Results of the Alizarin Red S Stain shows calcium was present in the wells with osteoblasts (hMSCs in osteo media), an indicator healthy osteoblasts capable of mineralization were cultured.



Osteoclast Differentiation and Investigation Figure 15: TRAP staining of RAW 264.7 cells cultured with DMEM (A) and DMEM + RANKL (B). B shows the presence of TRAP+ multinucleated (3+ nuclei) osteoclasts outlined in yellow circles. Figure 16: pit resorption assay and Von Kossa staining of RAW 264.7 cells cultured with DMEM (A), DMEM + RANKL (B), and DMEM + RANKL + paKG MPs (C). Pits can be seen in B and C, proving the presence of osteoclasts. There are fewer pits in C, showing the osteoclast inhibiting properties of aKG. 400 µm





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1] O'Keefe, Bone Tiss. Eng. and Regen.: Part B, 2011 2] Wu, N., Alpha-Ketoglutarate: Physio. Func. and App. Biomol & Therapy, 2016] Mangal, J. Metabolite release polymers control dendritic cell func. by mod. energy met., 2020 Figures 2, 4 and 6 were created with BioRender.com









Conclusion & Future Work

paKG MPs exhibited the desired spherical **morphology** and **size** distribution, and their degradation was confirmed.

MaHA hydrogels were successfully synthesized at multiple weight percentages, demonstrating tunable elastic moduli.

The addition of **paKG MPs** did **not impede** hydrogel **crosslinking** or alter the **mechanical properties**.

Differentiation of healthy **osteoblasts** and **osteoclasts** was observed, validating the in vitro cell model.

The cell-based **assays** used can now be applied to evaluate the **bioactivity** of **aKG** released from the MPs.

Release kinetics studies will be conducted to quantify **aKG release** from **hydrogels** at varying paKG concentrations

The **impacts** of **MaHA** hydrogels with **paKG MPs** on **osteoblasts** and **osteoclasts** will be evaluated.

Acknowledgments

References