ASSESSMENT OF SELECTED MOLECULAR FACTORS IN CORRELATION WITH DISEASE PROGRESSION AND EFFECTIVENESS OF HSCs CD34+ TREATMENT IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Hypothesis: Intra-articular injection of CD34+ cells, in the knee joint of patients with OA, modulates the expression levels of anabolic and catabolic markers, influencing articular cartilage homeostasis process.

OBJECTIVE OF THE WORK

Assessment of the effect of treatment with intra-articular CD34+ cells injection in relation to the selected molecular anabolic/catabolic markers characteristic for knee osteoarthritis development.

Specific goals

Assessment of the gene expression level: *FGF2*, *HIF-2α*, *ADAMTS-4*, *ACAN* and miRNA: miR-16 and miR-335 in joint aspirate collected from patients diagnosed with OA:

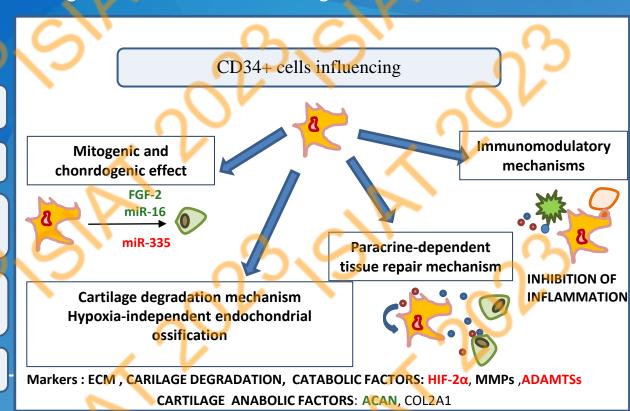
- Before the intra-articular injection of CD34+ cells (T0) and one year after (T1)
- Correlation with the OA stage and the total number of CD34+ cells injected

OSTEOARTHRITIS (OA)

- is an incurable joint disease manifesting itself with gradually progressing degenerative changes, leading to premature motor disability. These changes mainly occur owing to an imbalance between the processes of degeneration and regeneration of articular cartilage structures.

Therapeutic strategies in the treatment of OA:

- 1. Pharmacological treatment
- 2. Surgical interventions
- **3.** Autologous chondrocyte implantation, autologous conditioned serum (ACS) injection
- **4.** Orthobiological treatment with plateletrich plasma (PRP) platelet derived growth factor (PDGF)
- **5.** Biological treatment tissue inhibitors of metalloproteinases (TIMPs)



Biological material

Table 1. Clinical characteristics of patients diagnosed with OA

Knee joint aspirate from patients diagnosed with OA		Number of patients (n)	Percentage of patients (%)
Time point T0 (before intra-articular (12 months after	Sex women men	32 22	59 41
injection of CD34+ cells) N=54 injection of CD34+ cells) N=54	Age ≤ 60 > 60	35 1 <mark>9</mark>	65 35
Apheresis-derived CD34+ cells assessed by flow cytometry were administered as a single intra-articular injection	Stage of OA (Outerbridge classification) + 	3 16 21	5,5 30,5 5 7

(average cells count: 801 978)

Quantification of CD34+ cells:

 $1.8 \times 10^5 - 1.25 \times 10^6$

walking, and approximately 80% of patients experience knee joint pain

30% of patients diagnosed with osteoarthritis experience difficulty

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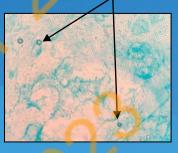
- Obtaining a fraction of CD34+ cells by apheresis from the peripheral blood of patients diagnosed with OA
- evaluation of CD34+ Cytometric cells
- Intra-articular injection of 0.9% NaCl (40 ml) to flush the joint and take an aspirate (**T0**)
- Injection of CD34+ cells obtained from the patient into the knee joint

Intra-articular injection of 0.9% NaCl (40 ml) to flush the joint and collect after aspirate 12 months administration of CD34+ cells to the knee joint (T1).

Methods

- isolation from the RNA collected aspirate (mirVana miRNA Isolation Kit)
- Qualitative and quantitative assessment of the isolated (Eppendorf RNA UV/VIS BioPhotometer spectrophotometer)
- **Analysis** the relative expression level of selected genes and miRNAs by gRT-PCR using TagMan probes in the 7900 HT Fast Real-Time PCR device

Chondrocytes



Statistical analysis

(U-Mann Whitney, Kruskal-Willis, Wilcoxon)



Results (1)

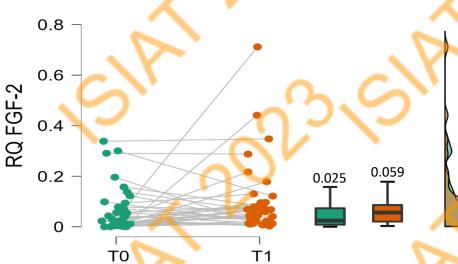


Table 2. Analysis of selected genes expression level (T0 vs. T1) for total group of patients with OA diagnosis

		HIF-2α	ACAN	ADAMTS-4	FGF-2
Median	T0	0.0536	0.05295	0.0674	0.0247
[RQ]	T1	0.0676	0.0009	0.069	0.0592
_)	0.114	<0.001	0.772	0,548

Table 3. Analysis of OA stage impact on selected genes expression level (T0 vs. T1)

		HIF-2α				ACAN				ADAMTS-4				FGF-2			
OA s	tage	l+II	III	IV	р	I+II	III	IV	p 🦱	I+II	III	IV	р	1+11	Ш	IV	р
	T0	0.091	0.063	0.053	0.975	0.091	0.096	0.038	0.530	0.120	0.088	0.039	0.421	0.096	0.039	0.019	0.235
Median [RQ]	T1	0.142	0.102	0.076	0.827 (III vs.IV)	0.0001	0.003	0.0002	0.015 (III vs.IV)	0.018	0.133	0.070	0.211 (III vs.IV)	0.121	0.070	0.034	0.049 (III vs. IV)
p)	_	0.393	0.614		-	0.036	0.065		-	0.494	0.339		-	0.070	0.386	

Wilcoxon test

Table 4. Analysis of selected miRNAs expression level (T0 vs. T1) for total group of patients with OA diagnosis

Results (2)

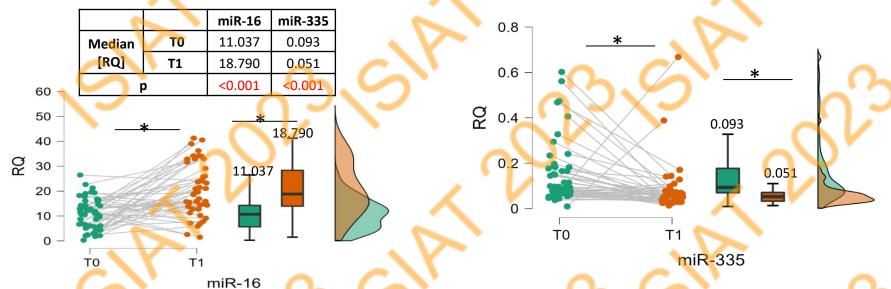


Table 3. Analysis of OA stage impact on selected miRNAs expression level (T0 vs. T1)

		,	miR-16	_					
OA s	tage	I+II	Ш	IV	р	1+11	Ξ	IV	р
Median	T0	7.180	10.128	8.703	0.818	0.146	0.098	0.104	0.820
[RQ]	T1	5.857	18.573	23.225	0.222	0.171	0.053	0.043	0.219
р		-	0.015	<0.001		-	0.513	0.045	1

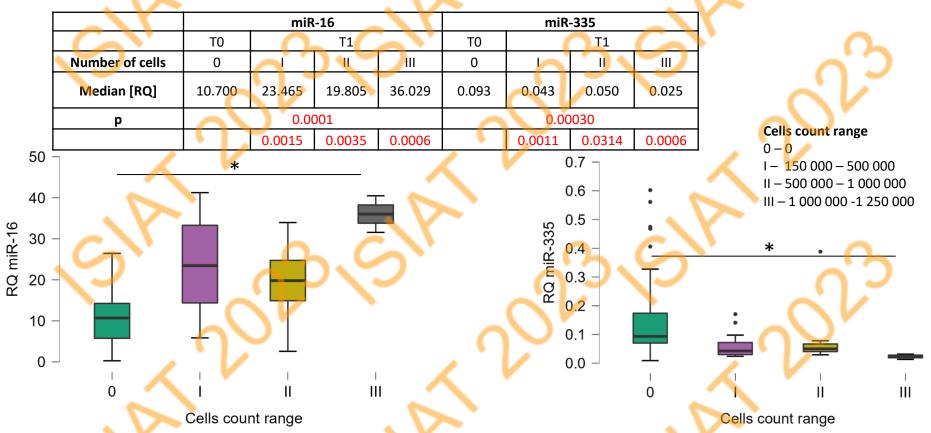
Results (3)

Table 6. Analysis of selected genes expression level according to injected CD34+ cells number

Table 6. Analysis of selected genes expression level according to injected CD54+ cens number																
		HIF	-2α	0	ACAN				ADAMTS-4				FGF-2			
	T0 T1		T0	T0 T1			T0 T1				T0					
Cells count range	0	I	II	III	0	ı	11	III	0		I	Ш	0	1		III
Median [RQ]	0.051	0.119	0.056	0.031	0.033	0.0003	0.001	0.004	0.069	0.052	0.133	0.254	0.023	0.068	0.045	0.129
р		0.0	96		<0.001				0.5	52		0.376				
0.35 ¬					Cells co	unt rang	e	().5 ¬							
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Cells count range									Cells count range							

Results (4)

Table 7. Analysis of selected miRNAs expression level according to injected CD34+ cells number



Summary

- 1) The effect of CD34+ cells on miRNA expression level is observed after injection of smaller amount of cells (above 500 000) compared to effect on gene expression (above 1 000 000).
- 2) CD34+ cells injection influenced the increase in expression level of ADAMTS-4, HIF-2α, FGF-2 (p>0.05) and decrease in expression level of ACAN (p<0.05).
- 3) CD34+ cells injection influenced the increase expression level of mi 16 and decrease expression level of miRNA-335 at T1 compared to T0 (p<0.05).

Conclusion

The effect of the injected CD34+ cells on OA chondrocytes depending on the amount of cells. Injection of CD43+ cells didn't reduce expression of matrix catabolic study markers in joint cartilage and proanabolic effect was not observed. At this stage of the study, the positive effect of CD34+ cells on the articular cartilage maintaining homeostasis process was not unequivocal confirmed.

Thank you for your attention



