



Professor of PM&R, MD. Istanbul University, Faculty of Medicine

Head of Department of Physical Medicine and Rehabilitation

Head of Division of Pain Medicine



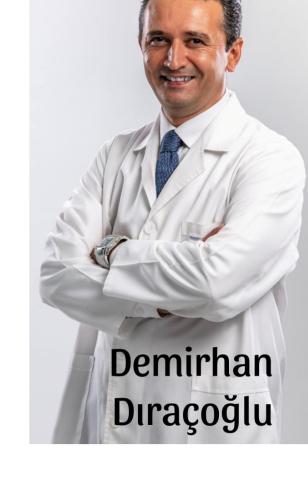
Vice President of Turkish Society of Physical Medicine and Rehabilitation



General Secretary of Turkish Association of Manual Medicine



General Secretary of Association of Complementary Medicine TETAD Certified Prolo-therapist Certified Ozone-therapist









A member of



A member of



EHOA Working Group

A member of



Viscosupplemantation

A member of





Scientific Board of Intra-articular Therapy in Sports Medicine



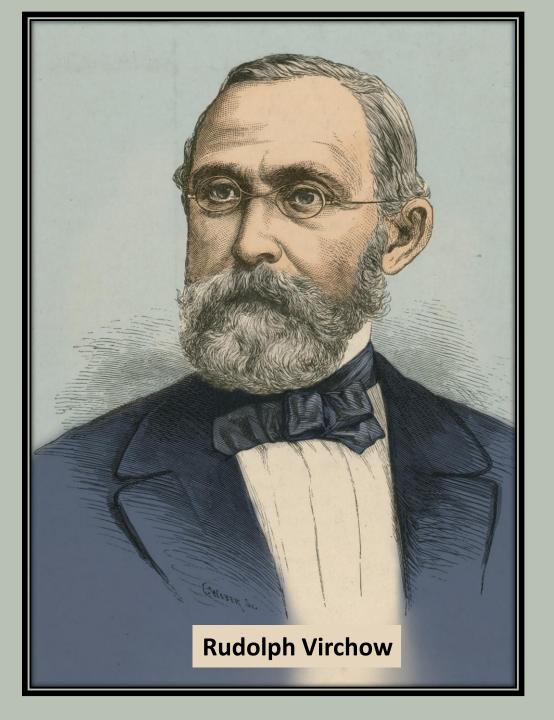
A member of



A delegate of



The Horizon of Exosome IA Administration





Omnis Cellula E Cellula

Every cell originates from another cell similar to itself.

Bucharest 2-4 October 2025



Agenda

- Introduction to Exosome Biology
- Methods of Obtaining Exosomes
- Clinical Applications of Exosomes
- Future Perspectives

Bucharest 2-4 October 2025







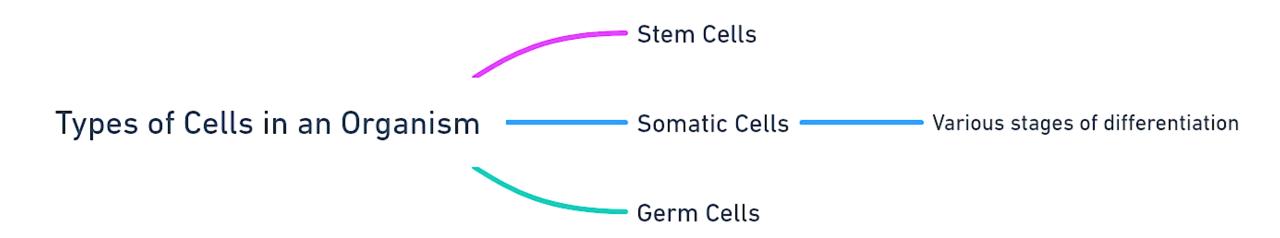
Regenerative Medicine / Orthobiologic Treatments

- This approach is based on the potential of biological materials and cellbased therapies to promote tissue healing and regeneration.
- The potential of orthobiologics is transforming the landscape of medical treatment, with the potential to significantly enhance patient outcomes.
- In recent years, stem cell applications have emerged as a prominent area of cell-based therapy.





Types of Cells



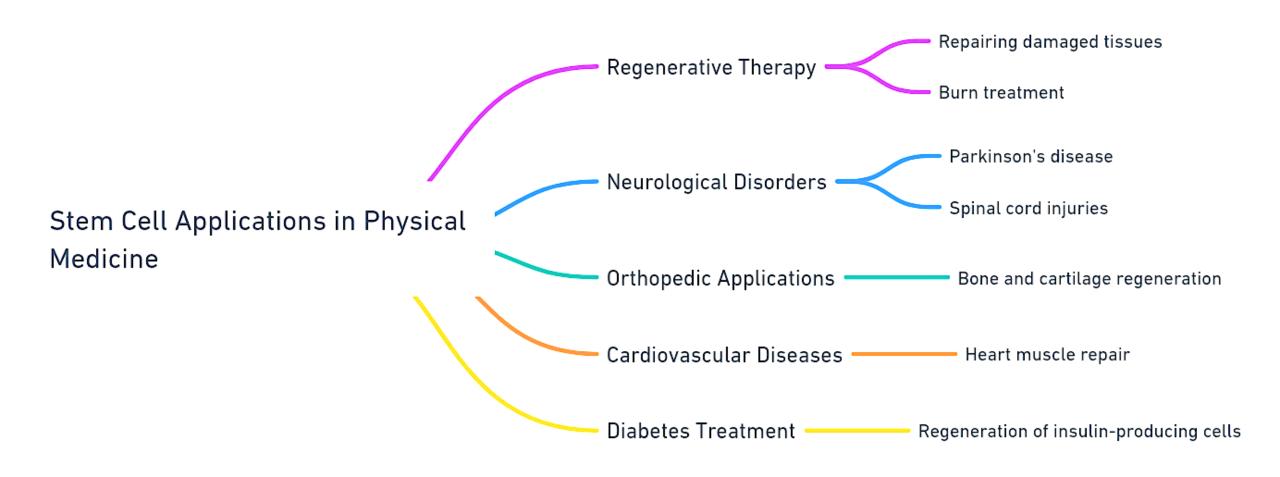


Definition of Stem Cell

- 1- Self-renewal
- 2- Differentiation into various cell types (potency), pluripotency
- 3- Colony formation



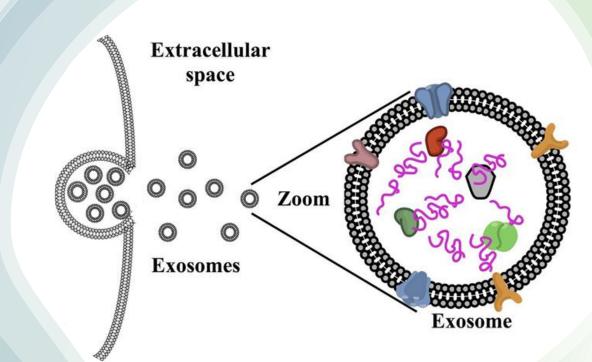
Stem Cell Applications





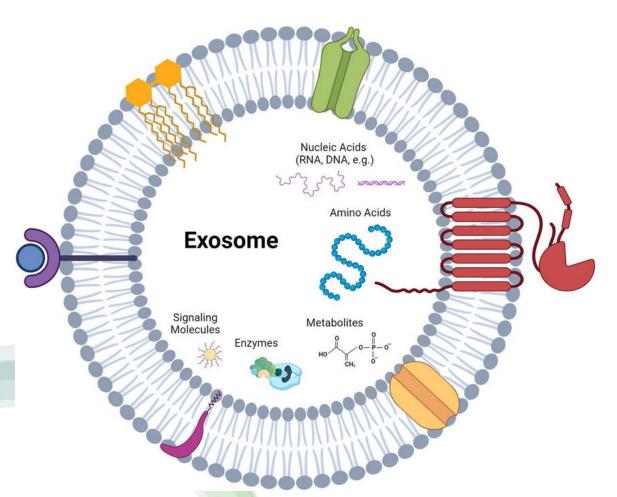
International Symposium Intra
Articular Treatment

- Exosomes form the smallest known group of extracellular vesicles secreted by cells.
- They were first identified in 1981 by Trams and colleagues, observed in electron microscopy images of normal and cancer cells.
- In 1986, they were isolated by Johnstone and colleagues.
- Considered one of the most significant discoveries in cell biology over the past 30 years.



What is an Exosome?

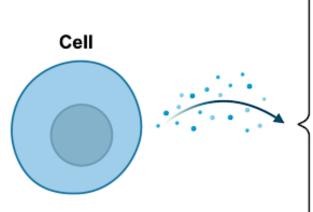




- Vesicles are 40-100 nm diameter and are surrounded by a double phospholipid layer.
- They are secreted by almost all cells in the body under both physiological and pathological conditions.
- Serve as key mediators of intercellular communication.
- Ability to carry proteins, lipids, and nucleic acids such as miRNAs, mRNAs, DNAs, IncRNAs (long non-coding RNAs), and DNA fragments.
- Role in epigenetic regulation and disease modulation.









Average size 30 - 150 nm

Exosomes

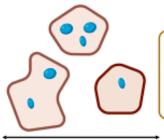
Origin: Multivesicular body Markers: CD9, CD63, CD81



Average size 100 - 1000 nm

Microvesicles

Origin: Plasma membrane Markers: Integrins, selectins, CD40, Annexin A1

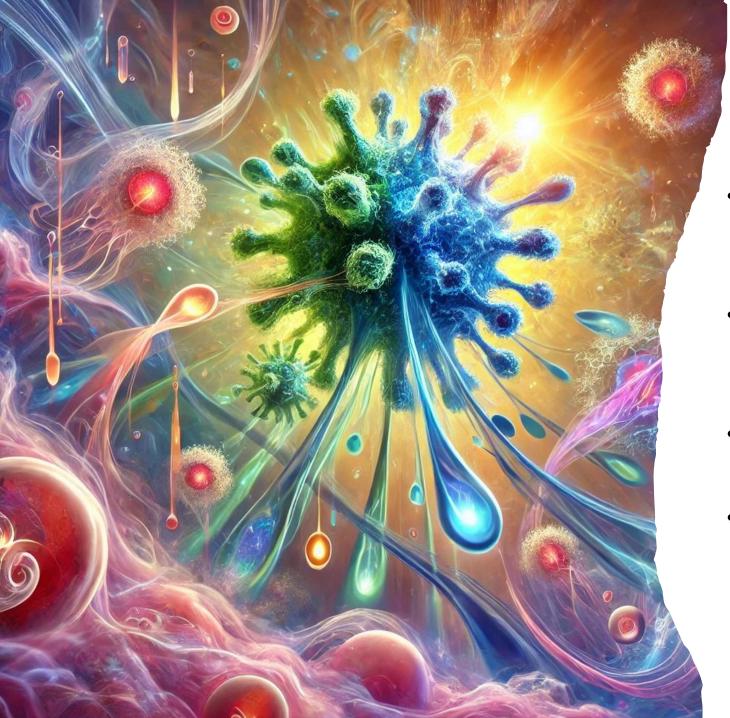


Average size 1000 - 5000 nm

Apoptotic bodies

Origin: Apoptotic cell Markers: Annexin V

Phosphatidylserine



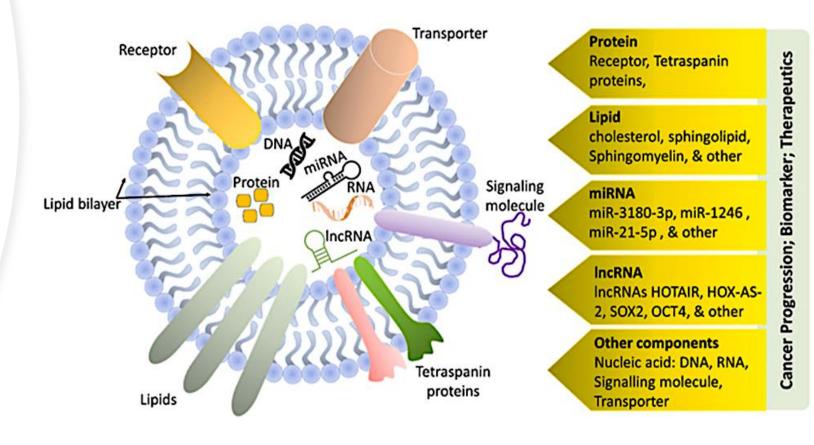
What is an Exosome?

- Previously, they were thought to be solely responsible for removing waste from cells.
- Today we know that, they are vesicles that mediate the transport of biomolecules between cells.
- Gene expressions are regulated in the recipient cell through these biomolecules.
- Exosomes play a role in various biological functions such as immune regulation, cell differentiation, intercellular communication, and cell migration.

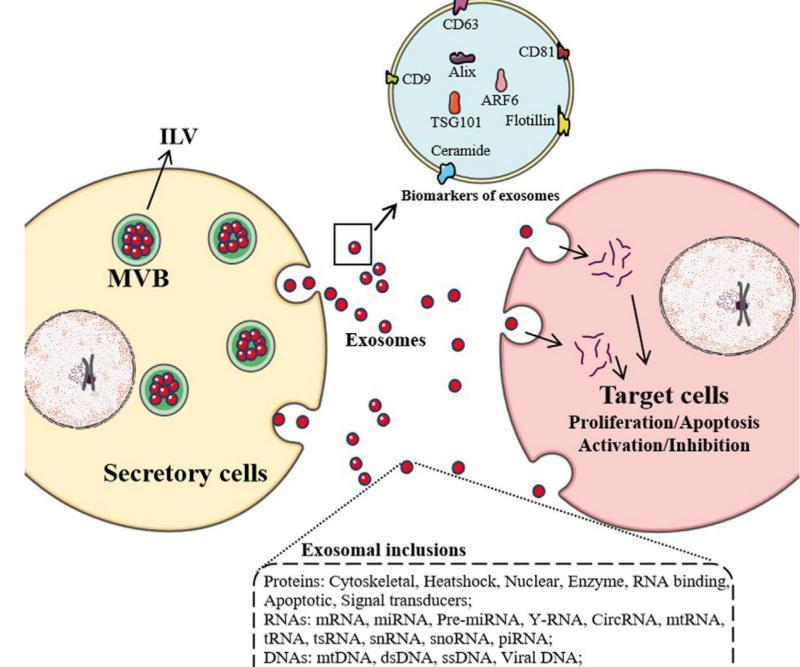


- The contents of exosomes are closely related to the origin and pathophysiology of the cells that secrete them.
- Heat shock proteins, cytoskeletal proteins, and proteins from the tetraspanin family are found in all exosomes.
- There are also proteins specific to the cells from which they originate.

The Contents of Exosomes



Maturation and secretion mechanisms of exosomes.



Amino acids: Metabolites

Miao C, Zhou W, Wang X and Fang J (2021) The Research Progress of Exosomes in Osteoarthritis, With Particular Emphasis on the Mediating Roles of miRNAs and IncRNAs. Front. Pharmacol. 12:685623.



Exosomal Biogenesis

1. Origin from Endosomes

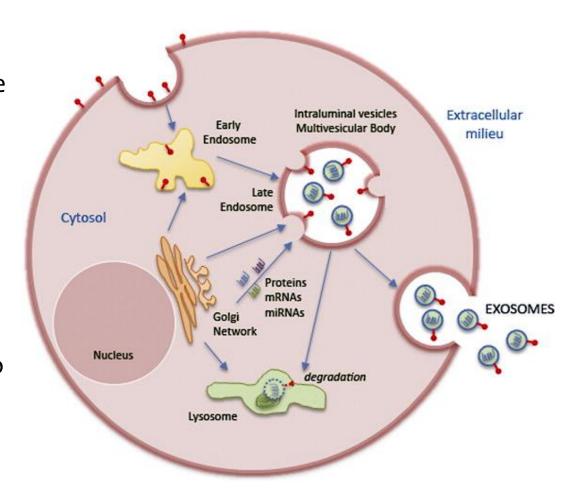
• Exosomes originate from **endosomes**, which are formed through the **indentation of the plasma membrane**.

2. Role of Ceramide

 This indentation process is induced by ceramide, leading to the creation of early endosomes.

3. Maturation to Late Endosome

- As early endosomes mature, they transition into late endosomes.
- The endosome membrane undergoes inward indentations, forming multiple internal vesicles.





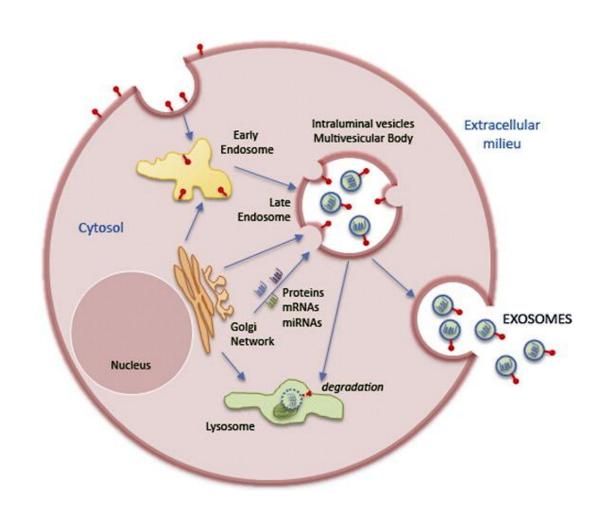
Exosomal Biogenesis

4. Formation of Multivesicular Bodies (MVBs)

At this stage, endosomes are termed
 Multivesicular Bodies containing
 numerous intraluminal vesicles.

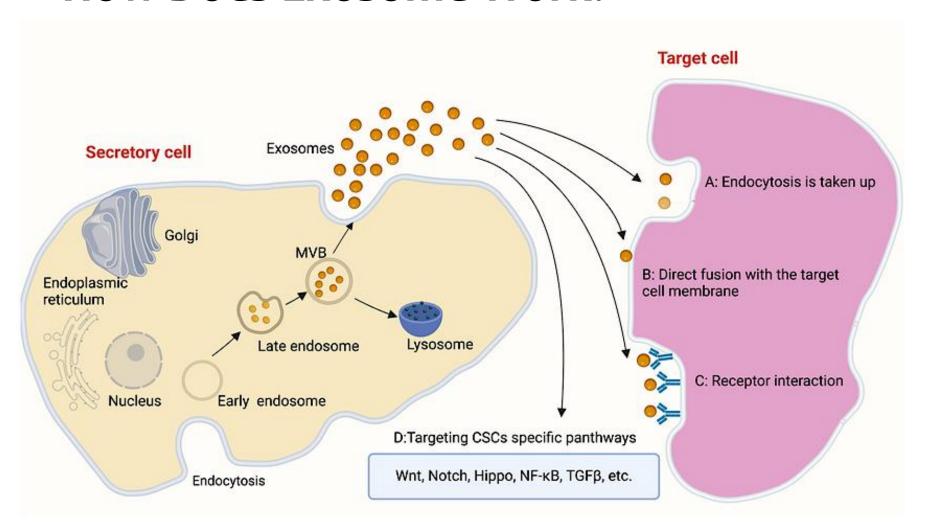
5. Exosome Release

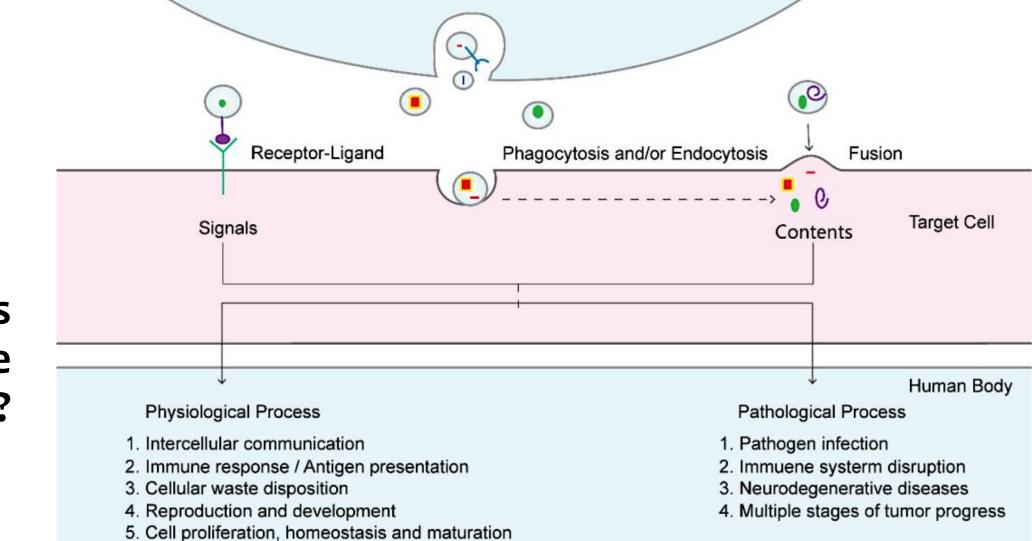
• MVBs fuse with the plasma membrane, releasing exosomes outside the cell.





How Does Exosome Work?





How Does Exosome Work?

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Sources of Exosomes

Body Fluids:

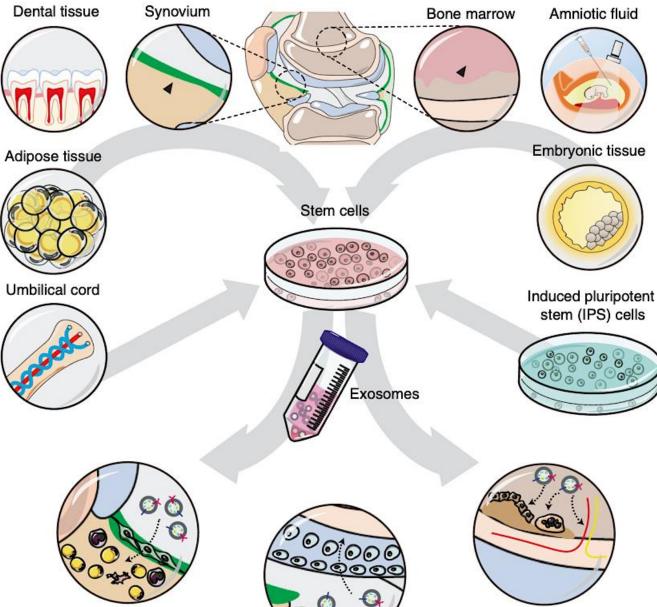
- Blood (serum and plasma)
- Urine
- Amniotic fluid
- Saliva
- Breast milk
- Cerebrospinal fluid
- Their widespread presence reflects their central role in maintaining *cellular* homeostasis and *transmitting biological signals*.



Sources of Exosomes

- Stem cells (e.g., mesenchymal stem cells)
- **Cell Culture Supernatants**: Exosomes are often obtained from cultured cells, where cells are grown and induced to release exosomes into the culture medium.
- Cancer cell lines
- Immune cells (e.g., dendritic cells and T cells)
- Fibroblasts
- **Tissues**: Exosomes can be isolated from tissue biopsies by applying specialized extraction techniques.
- Synthetic Sources

Sources of Exosomes

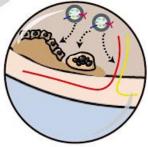


Ni Z, Zhou S, Li S, et al. Exosomes: roles and therapeutic potential in osteoarthritis. Bone Res. 2020;8:25. Published 2020 Jun 19.

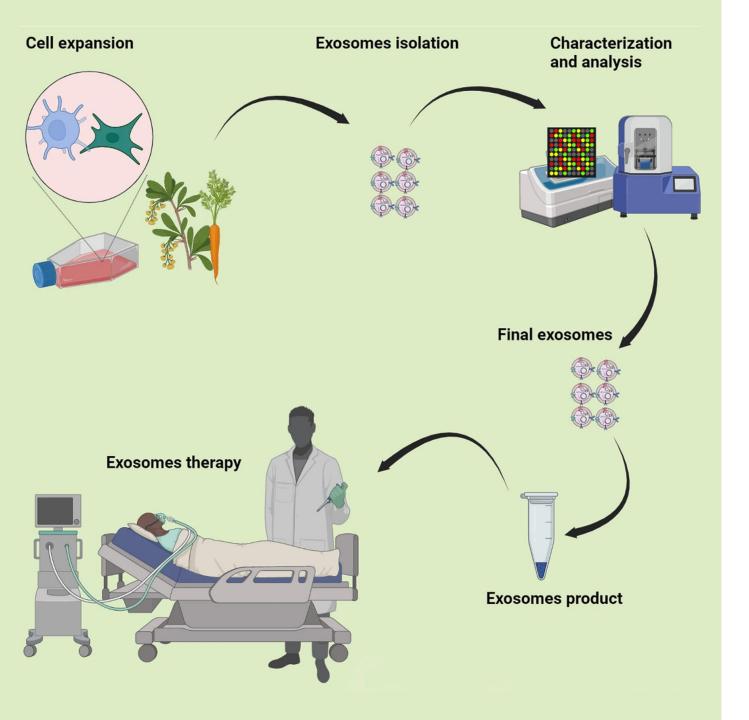




Cartilage homeostasis



Subchondral bone remodeling



Manufacturing of Exosomes

- Exosomes are isolated using methods such as;
 - Ultracentrifugation
 - Size-exclusion chromatography
 - Precipitation kits
- Their source often determines their content and potential applications, especially in diagnostics, therapeutics, and cell communication studies.

Current Strategies for Exosome Separation



Isolation technique	Principle	Advantages	Disadvantages
Sequential ultracentrifugation	Particles have different density and size show different sediment speed under centrifugal force	 Low cost and Low contamination risk with extra isolation reagents; suitable for large volume preparation; 	 High equipment requirement Time consuming Labor intensive Potential mechanical damage due to high speed centrifugation Protein aggregation Not suitable for small volume diagnosis Low portability
Gradient ultracentrifugation	After centrifugation in a dense medium, objects in a tube could stay in the position of the medium with similar density	 High purity of products Allowing separation of subpopulation of exosomes 	 Lower volume processability High equipment requirement Time consuming Labor intensive Potential mechanical damage due to high speed centrifugation Not suitable for small volume diagnosis Low portability
Ultrafiltration	Utilizing filter membrane with defined size-exclusion limit or molecular weight cut-off	Low equipment costFast proceduregood portability	 Moderate purity Potential deterioration induced by shear stress Possible loss due to clogging and membrane trapping
Size-exclusion chromatography	After adding to porous materials, substances eluted out in accordance with their particle size, with big particles eluted earlier	 High purity Fast preparation Keep native state of exosomes Good reproducibility Potential for both small and large sample capacity; Capable of processing all type of samples 	 Relatively high device costs Additional method for exosome enrichment is required

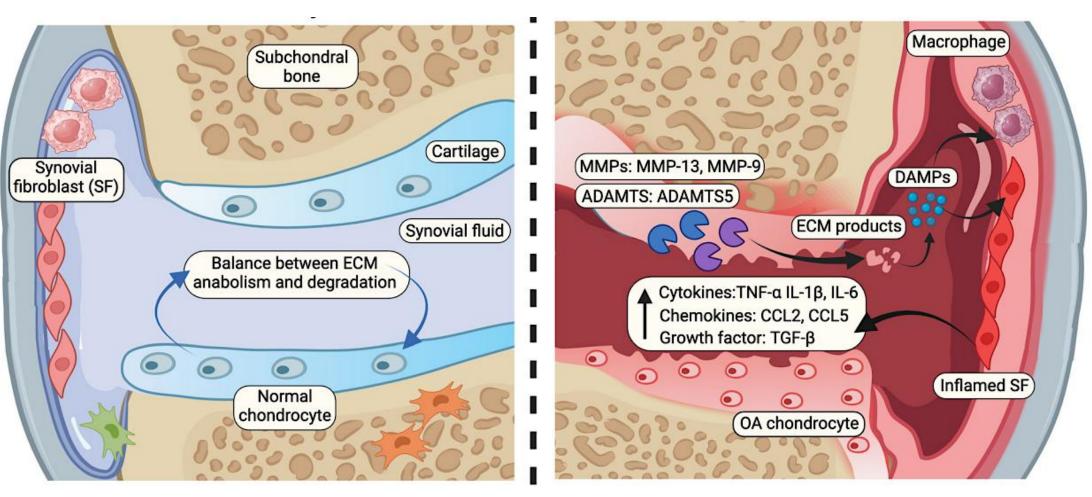


Current Strategies for Exosome Separation

Isolation technique	Principle	Advantages	Disadvantages
Polymer Precipitation	High hydrophilic water-excluding polymers can alternate the solubility of exosomes	 Easy to use Using ordinary equipment Suitable for both small and large sample volume High efficiency 	 Contaminants of protein aggregates, other extracellular vesicles and polymeric contaminants Extended processing time Require complicated clean-up steps Affecting downstream analysis and quantification
Immunoaffinity capture	Based on specific binding between exosome markers and immobilized antibodies (ligands)	 Suitable for separating exosomes of specific origin; High-purity exosomes Easy to use No chemical contamination 	 High-cost antibodies; Exosome markers must be optimized Low processing volume and yields Extra step for exosome elution may damage native exosome structure
Microfluidics-based techniques	Based on different principles including immunoaffinity, size and density	 Highly efficient Cost-effective Portable Easily automated & integrated with diagnosis 	Low sample capacity

A comparison of the immunomodulatory effects of exosomes derived from various tissues and cells in healthy and osteoarthritic inflamed joint

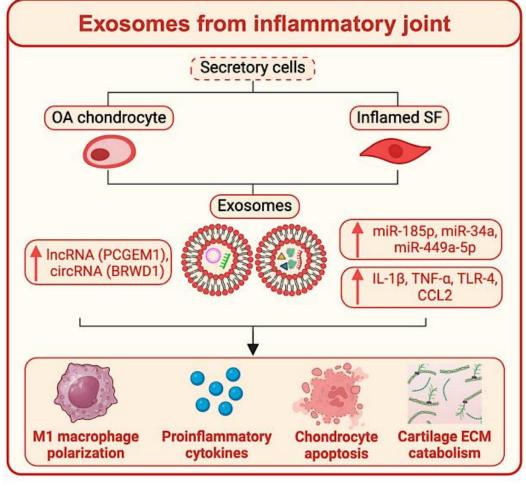
Healty Arthritic



A comparison of the immunomodulatory effects of exosomes derived from various tissues and cells in healthy and osteoarthritic inflamed joint

Healty **Exosomes from healthy joint tissues** Secretory cells Chondrocyte BM-MSC Synovial MSC SF Macrophage Exosomes IncRNA (NONHSTA) miR-214-3p, miR-140-5p, mTOR-autophagy pathway miR-126-3p NF-кВ pathway Wnt/β-catenin pathway **Anti-inflammatory** M2 macrophage Chondrocyte Cartilage ECM cytokines polarization **Proliferation** synthesis

Arthritic



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Exosome-Based Therapies: Key Points

Rising Interest

• Preference for exosomes over stem cells due to similar therapeutic benefits.

Therapeutic Potential

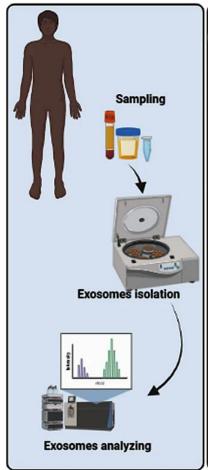
Known to aid tissue recovery.

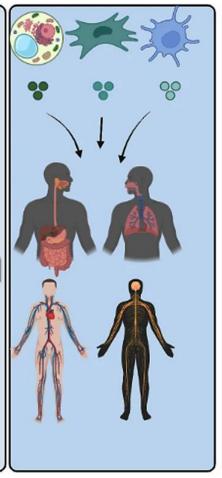
Enhancement Strategies

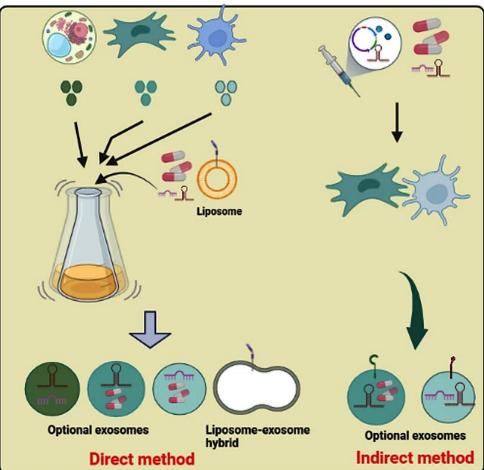
- **Preconditioning** of stem cells.
- Genetic modification and use of biomaterials.

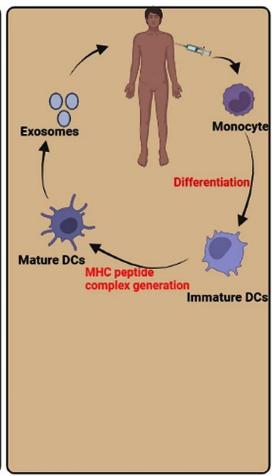


Clinical Application of Exosomes







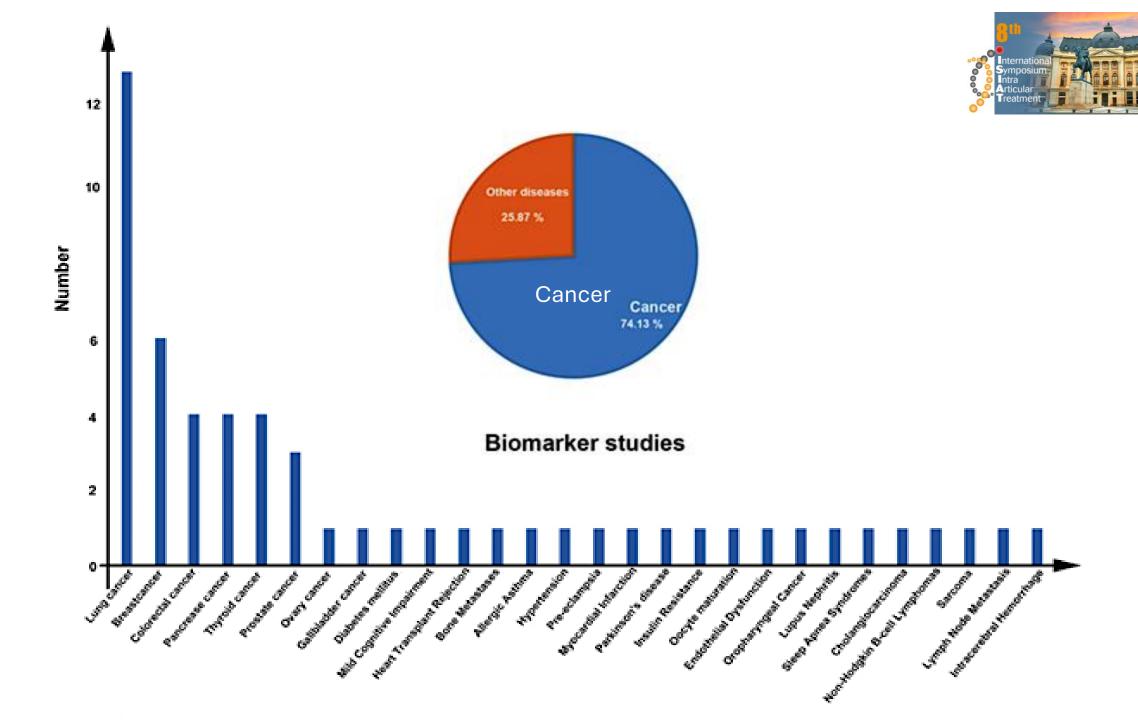


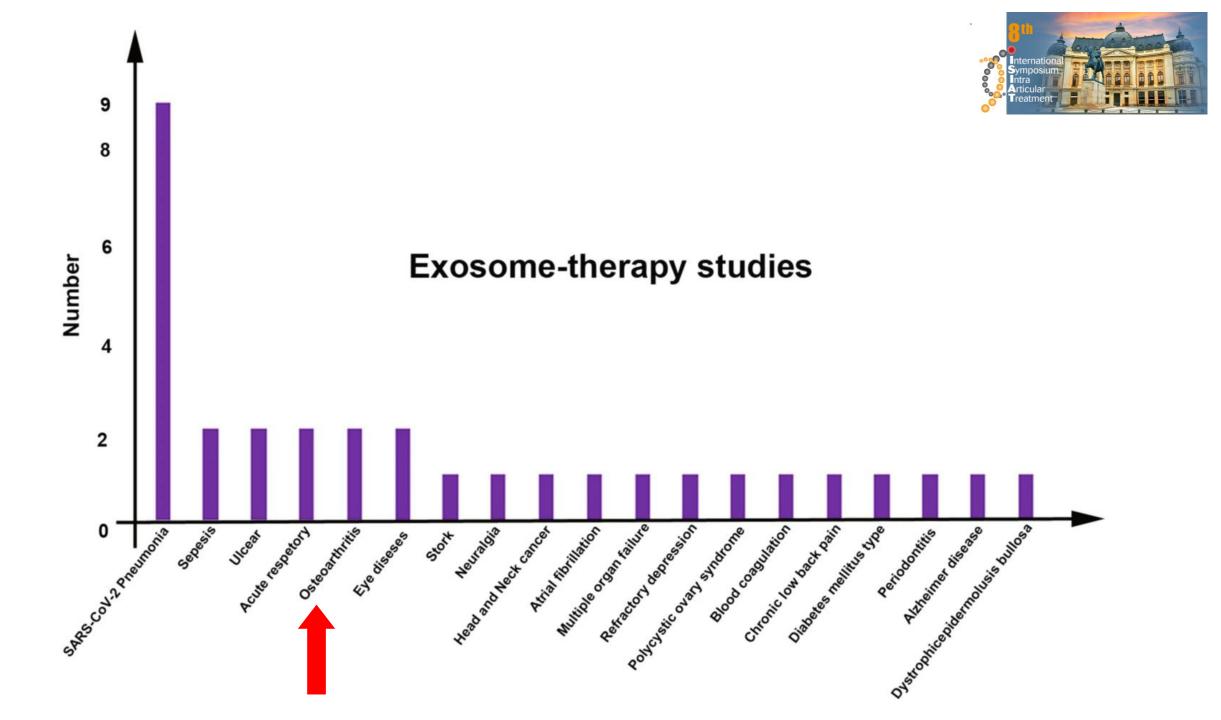
Biomarker

Exosome-therapy

Exosome drug delivery system

Exosome-vaccine







Advantages of Exosome-Based Therapeutics

- **Precision Targeting:** Ability to target diseased tissues specifically.
- **Reduced Immunogenicity:** Lower chance of immune rejection than whole-cell therapies.
- Non-Tumorigenic: Safer, as they lack replicative potential.
- Stability and Storage: Easier storage and handling than live cells.



Key Questions in Exosome Therapy Development

- What Are the Mechanisms of Action?
 - How do exosomes deliver therapeutic effects at the molecular level?
- How Do We Ensure Consistent Efficacy?
 - Variability in exosome quality based on source, isolation methods.
- What is the Optimal Dosage?
 - Lack of standardized dosing due to variable effects.



Challenges in Clinical Translation

Manufacturing & Standardization:

• Difficulties in large-scale production and maintaining consistency.

Purity and Safety Concerns:

Risk of contamination and unintended immune reactions.

Regulatory Issues:

 Complex regulatory pathways due to limited clinical precedents for exosome-based therapies.



Key Applications of Exosome-Based Therapies

- Oncology: Targeted drug delivery, immune modulation, inhibition of tumor growth.
- **Neurology:** Potential for neuroprotection, repairing neural injuries, treating conditions like Alzheimer's and Parkinson's.
- Cardiology: Angiogenesis promotion, repair of cardiac cells post-myocardial infarction.
- Wound Healing and Regenerative Medicine: Accelerated healing through stimulation of tissue repair.



The Role of Exosomes in Musculoskeletal Diseases

- 1. Lysyl Oxidases and Extracellular Matrix Stabilization
- 2. Role in Inflammatory Environments:

E.g., chondrocytes treated with IL-1 β , which mimics the OA environment, release EVs that increase the production of MMP13 by synovial fibroblasts.

3. Role in Bone Remodeling and Mineralization:

In addition to participating in bone synthesis and resorption, extracellular vesicles actively contribute to the regulation of ECM mineralization. They play a crucial role in initiating mineralization at the growth plate during endochondral ossification.



The Role of Exosomes in Musculoskeletal Diseases

4. Angiogenic Effects

Angiogenesis is defined as the formation of new blood vessels through sprouting and internal growth from the existing vascular network and is critical for the regeneration of vascularized tissues.

This process includes the proliferation and migration of endothelial cells and the stabilization of newly formed vessels by mural cells (e.g., pericytes).



The Role of Exosomes in Musculoskeletal Diseases

5. Immunomodulatory Effects

They can contribute to both the activation and suppression of immune responses. EVs derived from bone marrow MSCs (BMSCs) have been extensively studied due to the immunomodulatory capacities of MSCs. EVs can be used as a potent non-cellular immunomodulatory agent without the challenges of cell transplantation.



Molecular Mechanisms of Action

- The therapeutic activity of exosomes is mediated by multiple intracellular pathways, including p38, ERK, AKT, HDAC3, and NF-kB.
- Through the delivery of microRNAs, exosomes regulate pro-inflammatory cytokines such as interleukin-6 (IL-6), while simultaneously modulating matrix metalloproteinases like MMP-13, a key driver of cartilage destruction.



Human Umbilical Cord MSC-Derived Exosomes

- Human umbilical cord MSCs (hUC-MSCs) represent an advantageous source of therapeutic exosomes due to their accessibility and potent biological activity.
- hUC-MSC-derived exosomes mobilize chondrocytes to damaged cartilage, inhibit apoptosis, and promote regeneration through mechanisms including suppression of MMP13 and ADAMTS5

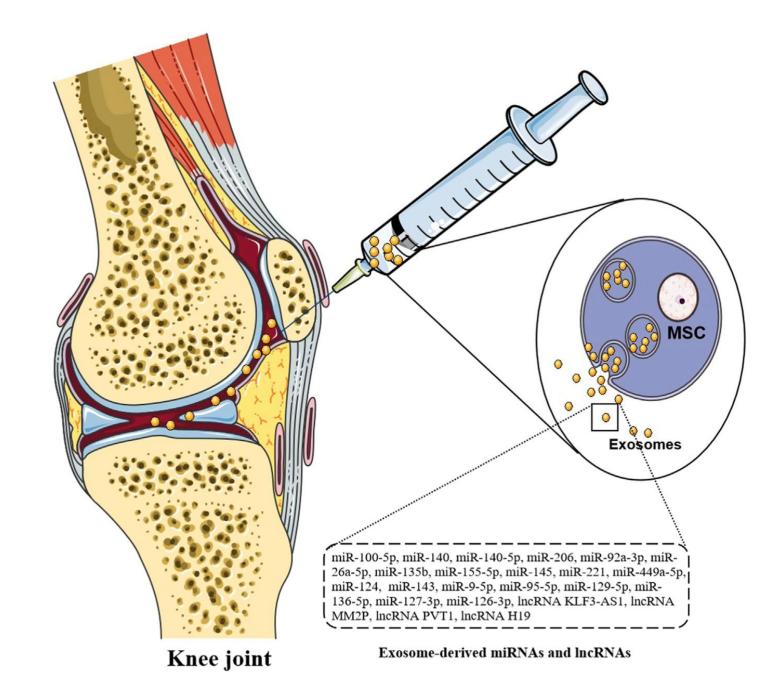


MSC-Derived Exosomes in OA Therapy

- Mesenchymal stem cell (MSC) derived exosomes have demonstrated therapeutic potential.
 - Modulating inflammatory responses
 - Promoting anabolic metabolism of chondrocytes
 - Enhancing cartilage repair
- They represent a promising avenue for OA treatment.

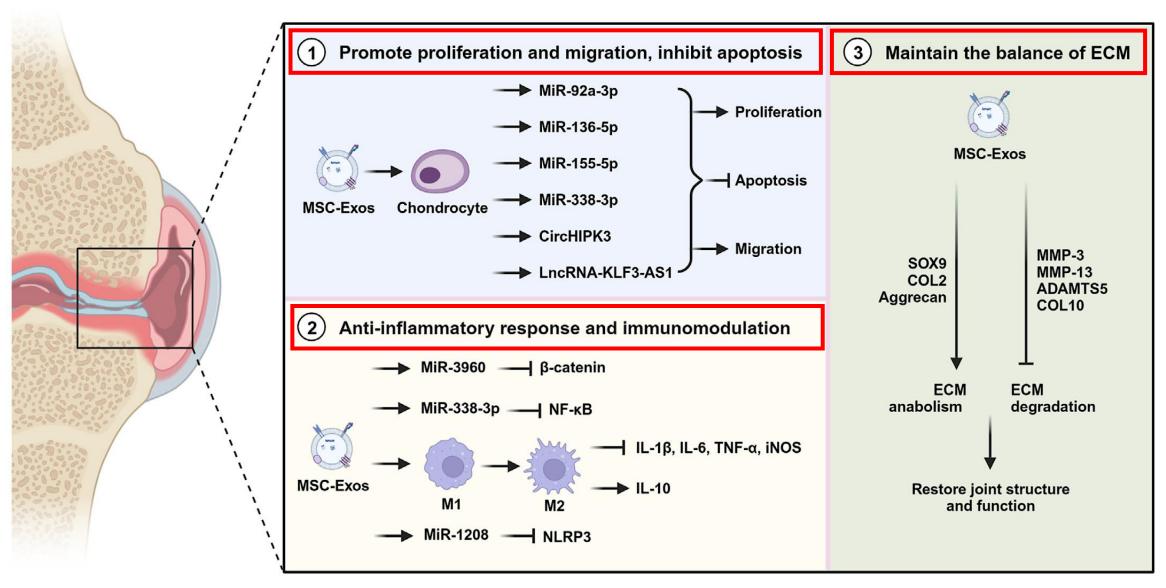
Bone Marrow MSC-Derived Exosomes

Direct injection of exosomes carrying miRNAs and IncRNAs can significantly down-regulate arthritis score, inhibit fibroblast-like synoviocytes proliferation and invasion, and reduce inflamatory response and joint damage.

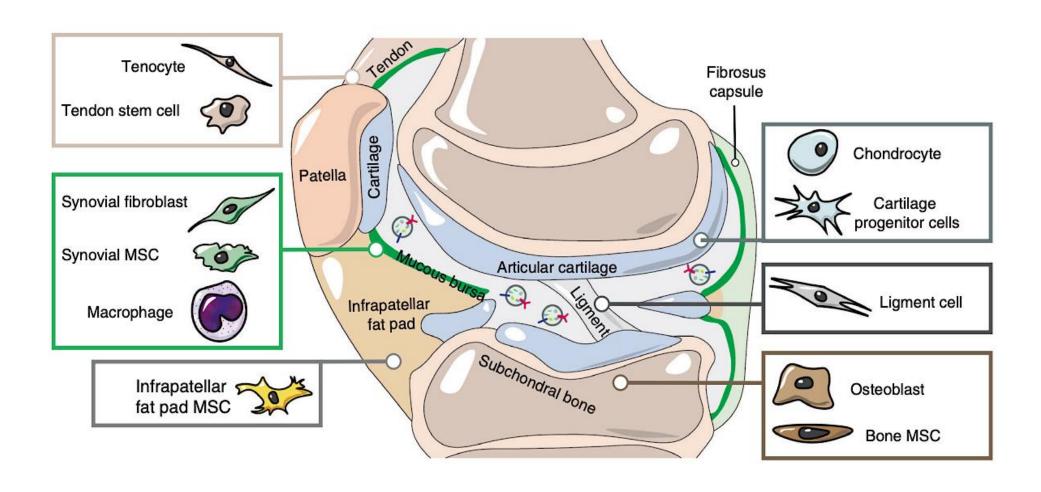


Miao C, Zhou W, Wang X and Fang J (2021) The Research Progress of Exosomes in Osteoarthritis, With Particular Emphasis on the Mediating Roles of miRNAs and lncRNAs. Front. Pharmacol. 12:685623.

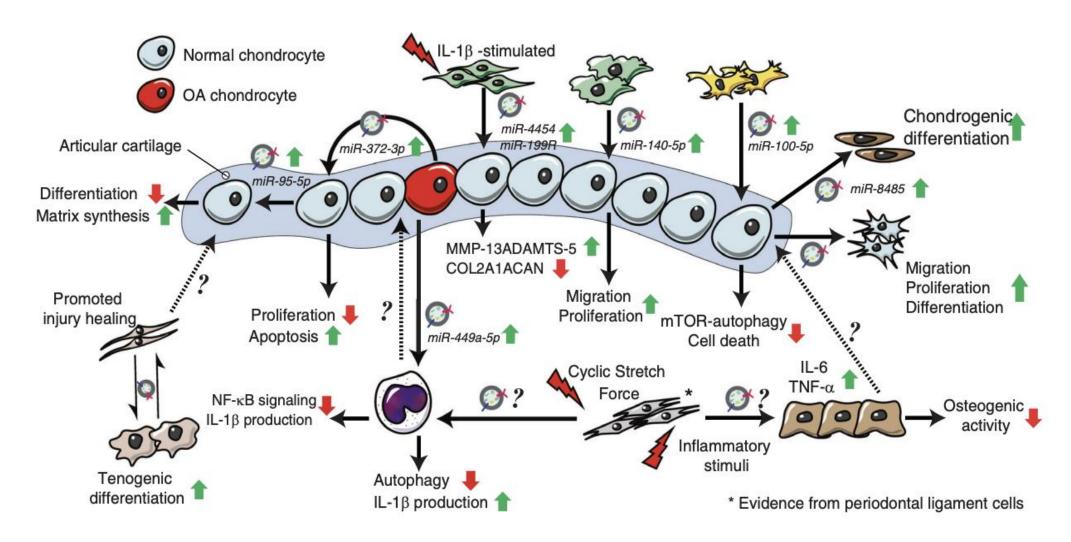
The Potential Mechanisms of MSC-Exosomes for OA Treatment.

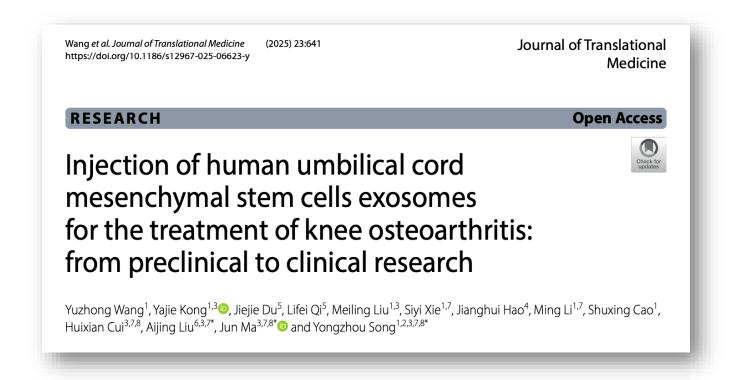


The Exosomes From Different Tissues of OA Joint and Their Potential Biological Effects



The Exosomes From Different Tissues of OA Joint and Their Potential Biological Effects





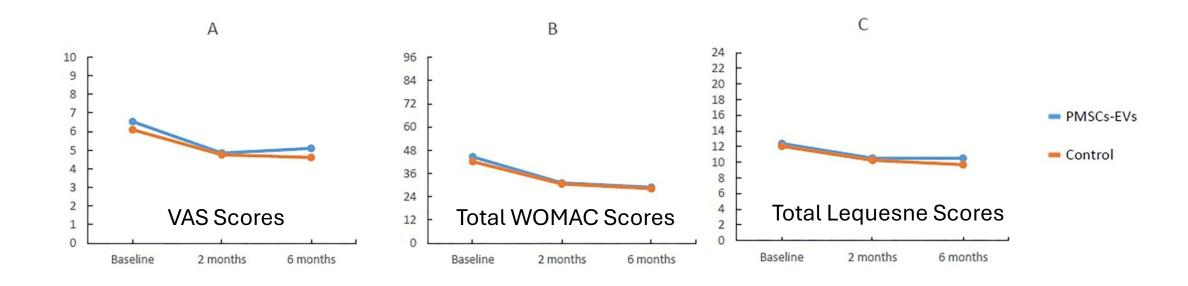
- Efficacy: Dose-dependent trends observed; high-dose group showed the most consistent and durable improvements in pain, stiffness, function, and MRI cartilage signals.
- Safety: Intra-articular hUC-MSC–exosome injections were well tolerated.
- •Limitations: Small sample size, no placebo control, only K–L grade 2–3 patients.



stromal cells-derived extracellular vesicles in knee osteoarthritis: a randomized, tripleblind, placebo-controlled clinical trial

Najmeh Sadat Bolandnazar¹, Seyed Ahmad Raeissadat², Hamidreza Haghighatkhah³, Seyed Mansoor Rayegani⁴, Rasa Salmani Oshnari^{4*}, Saeed Heidari Keshel⁵, Mohammad Zahraei⁶, Kianmehr Aalipour⁴, Marzieh Babaee⁴, Amir Zamani³, Zahra Besharati Rad⁷, Masoud Soleimani⁵ and Farshid Sefat^{8,9}

No different from placebo



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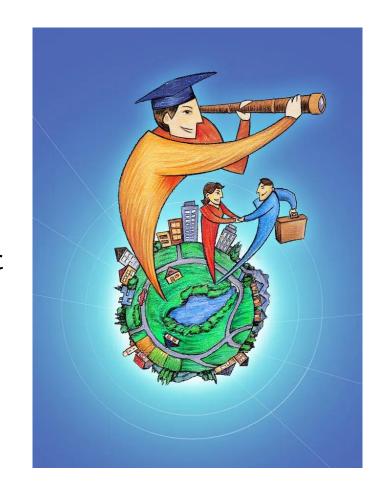
Ongoing / Recent Trials on Intra-Articular Exosomes for Knee OA

NCT/ID	Title & Product	Sponsor / Country	Phase	Status (latest)	Design & Dose	Planned N
NCT06431152	Intra-articular Injection of UC-MSC Exosome in Knee OA (UC-MSC sEVs)	Universidad de los Andes , Chile	I	Recruiting (May 2024)	Open-label, single IA dose; dose-escalation cohorts; primary focus: safety/feasibility; est. completion Dec 31, 2025	12 <u>CenterWatch</u>
NCT05060107 (ExoOA-1)	Intra-articular Injection of MSC-derived Exosomes in Knee OA (XO-101)	Francisco Espinoza / Cells for Cells, Chile	I	Active – Not Recruiting (Sep 2021)	Phase 1 safety; IA injection of GMP sEVs; follow-up to 12 mo; listed completion Oct 2023	10 CenterWatch
NCT06466850	Mesenchymal Stem Cells Derived Exosomes in Osteoarthritis Patients	Isfahan Univ. of Medical Sciences, Iran	I (per listing)	Recruiting (current as of Sep 2025)	IA MSC-exosomes; includes K-L grade 1–3; BMI window; detailed criteria published; completion not reported	— ClinConnect
NCT06937528	Use of Extracellular Vesicles (EV) for Knee Osteoarthrosis	University of Jordan, Jordan	I (dose-finding)	Recruiting (Apr 2025)	IA EVs; dose-finding for advanced K-L III–IV; adults 42–75	— <u>CenterWatch+1</u>



Future Perspectives in Exosome Research

- **Biological Engineering:** Enhancing exosomes with synthetic modifications.
- Optimized Production: Innovations in purification techniques.
- Regulatory Frameworks: Development of guidelines specific to exosome-based therapies for smoother clinical adoption.
- Clinical Trials and Evidence Building: Increasing number of trials to establish safety, efficacy, and therapeutic protocols.



Conclusion

- At present there are no well-designed phase II/III randomized controlled human trials proving the efficacy of exosomes (especially MSC-derived exosomes) as intra-articular injections for knee osteoarthritis or other musculoskeletal disorders.
- The available human data are very limited and mostly early-phase or observational.



important!

Patient Safety

• Ensuring safe practices through GMP compliance.

Research Needs

 Comprehensive clinical trials for better regulation and patient safety.







Thank You!