An injectable, resorbable and pro-osteogenic cement to treat osteoporotic vertebral compression fractures

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Approximately 200 million people worldwide are suffering from osteoporosis (OP)[1], a metabolic bone disease caused by excessive osteoclasts (OCs) resorption activity that increases the risk of fracture. Particularly, vertebral compression fractures are one of the most frequent[2]. In the frame of the H2020-GIOTTO project[3], an injectable composite cement was developed to stabilize these fractures alongside stimulating bone regeneration. The cement was prepared by mixing a dry phase consisting of a mixture of powders with an aqueous phase to obtain a paste-like material, directly injectable into the fractured site. The powder component consists of α-calcium sulphate hemihydrate as matrix, strontium-containing mesoporous bioactive glasses(Sr-MBG)and zirconia particles to impart resorbability, pro-osteogenic effect and radiopacity, respectively. Furthermore, ICOS-Fc, a recombinant protein recently patented by NOVAICOS and able to decrease OC activity[4], was incorporated into the formulation to confer anti-osteoclastogenic properties exploiting two routes:biomolecule encapsulation into resorbable polymeric nanoparticles or covalent immobilisation onto Sr-MBG surface. The cement setting times were evaluated in accordance with the ASTM-C266 indicating timeframes suitable for the clinical practice. Mechanical tests conducted following the ISO-5833 demonstrated that the cement has a compressive strength value (ca.8MPa) comparable to human vertebral bodies. A radiopacity comparable to commercial reference was observed and microcomputed tomography analysis evidenced homogenous distribution of the radiopaque phase throughout its volume. In vitro release experiments revealed that the biomaterial can sustainably deliver Sr2+ ions up to 28 days and also functional ICOS-Fc when polymeric nanoparticles were introduced. Scratch tests with B16-F10cells proved that the ability of ICOS-Fc to inhibit OC migration was maintained also when grafted on Sr-MBG. A weight loss of about35% was detected after 1 month of immersion in Tris-HCl. Finally, the biocompatibility and the efficacy have been assessed both in vitro and in vivo in healthy and osteoporotic mice with 2% new bone volume fraction(BV/TV)formation after 28 days.



Figure: (A) injectability test of the developed cement through a 13 Gauge needle; (B) SEM images showing the great distribution of both Sr-MBG and zirconia particles (brighter spherical particles) within the calcium sulphate matrix; (C) fluoroscopy images acquired on the developed cement (left) compared to the commercial reference (right); (D) strontium ion and (E) ICOS-Fc release kinetic from the optimized cement formulation; (F) cement implanted in cranial bone defect model and (G) 3D rendering evidencing the osteointegration and new bone formation after 28 days (colour legend: blue-soft tissue, red-bone, green-cement).

References

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