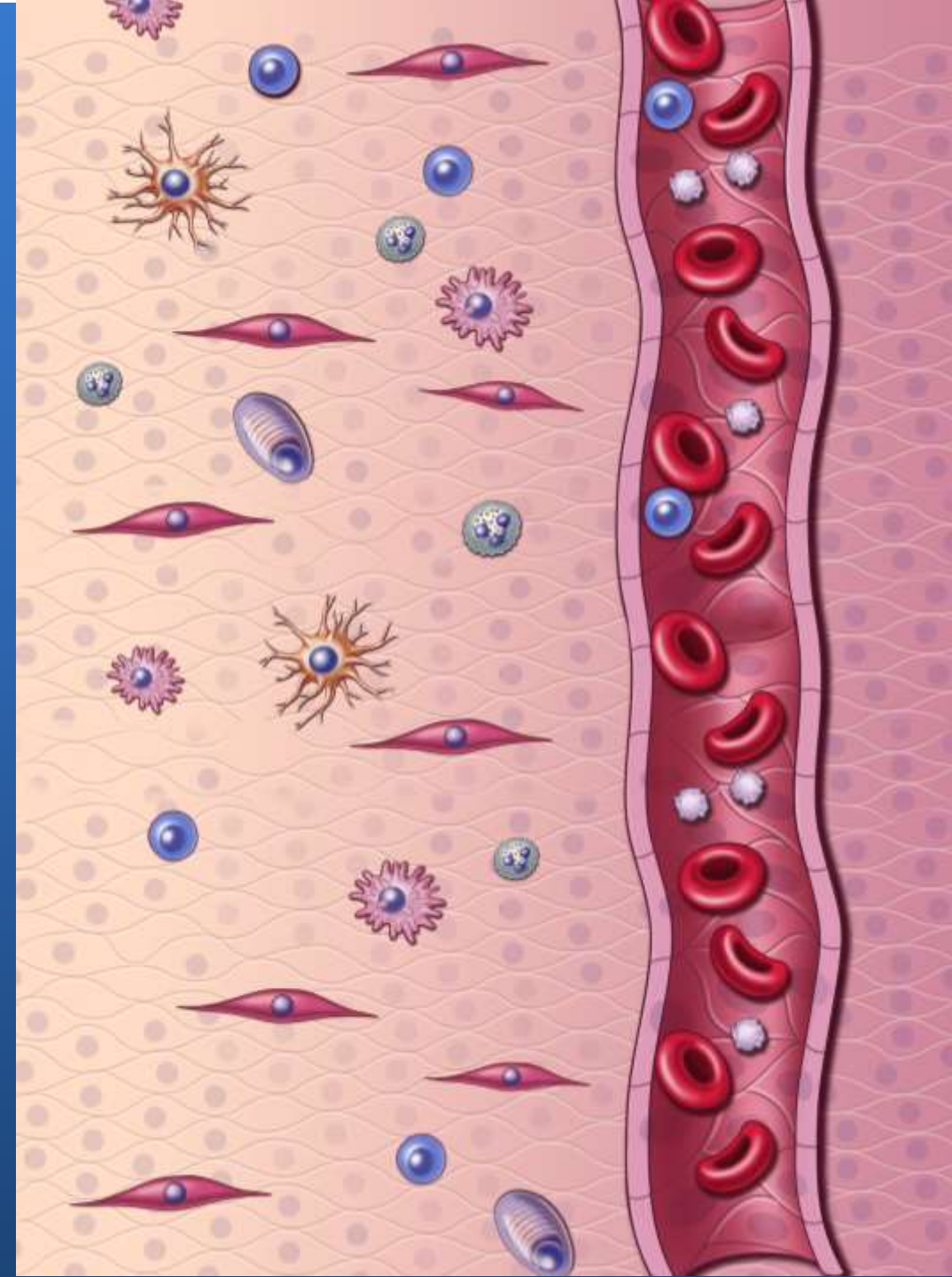


**TRANSLATION →  
MECHANISM →  
UNDERSTANDING  
VARIABILITY**

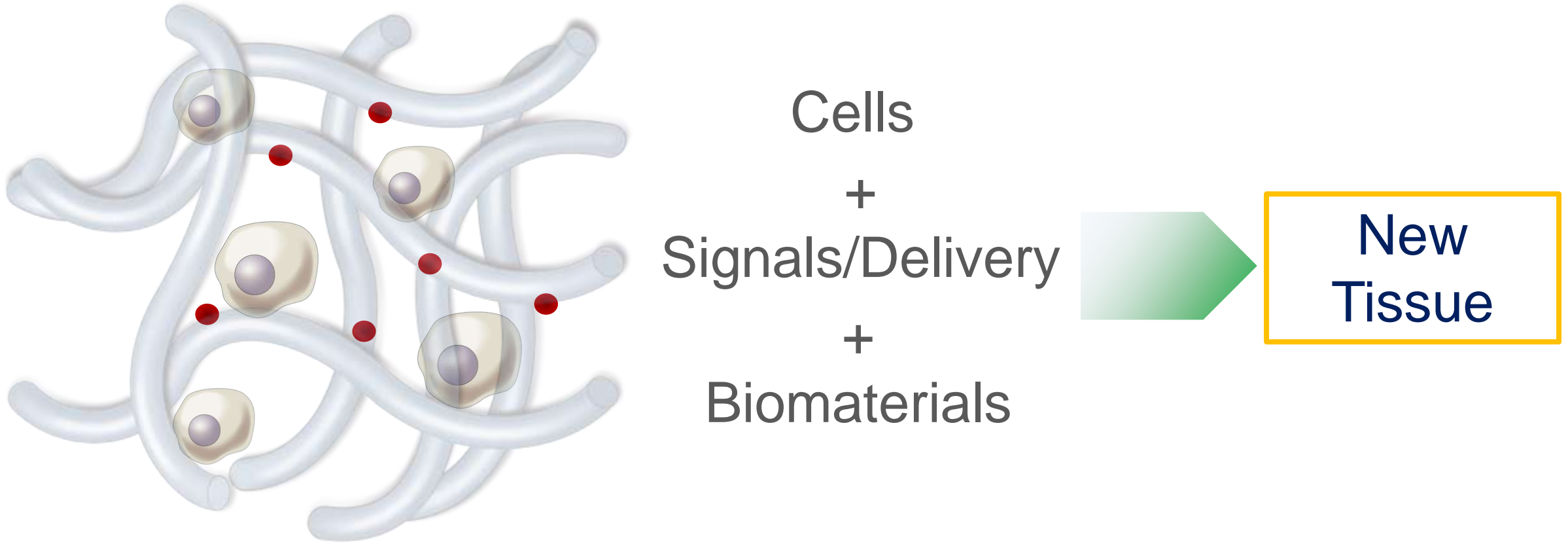
J Elisseeff  
Morton Goldberg Professor  
Johns Hopkins University

Forum on Regenerative Medicine  
National Academy of Sciences  
October 17, 2018



# TRADITIONAL CELL AND TISSUE ENGINEERING APPROACHES

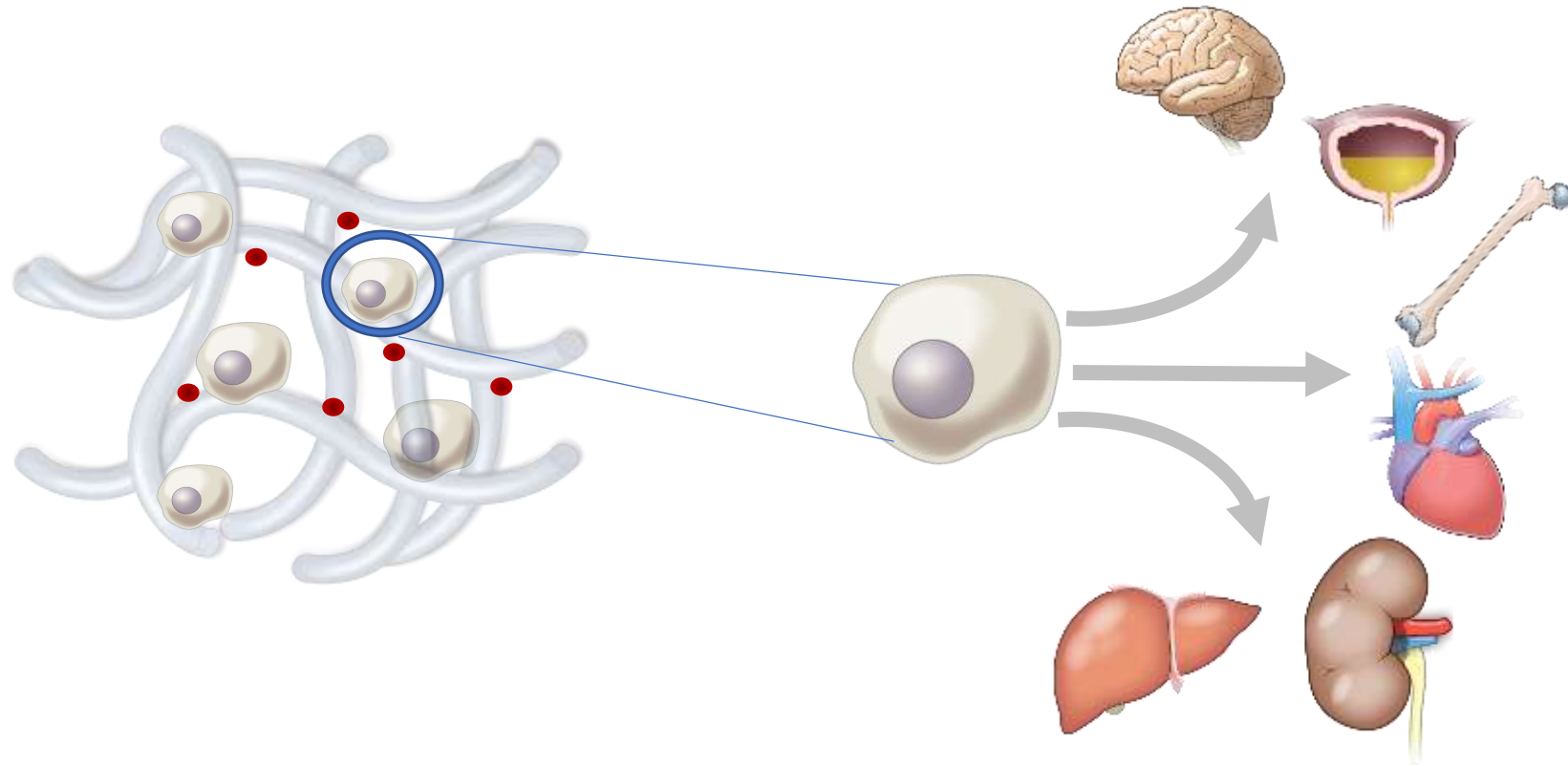
Engaging and manipulating biology



What does clinical translation teach us?

# STEM CELLS ENERGIZED REGENERATIVE MEDICINE

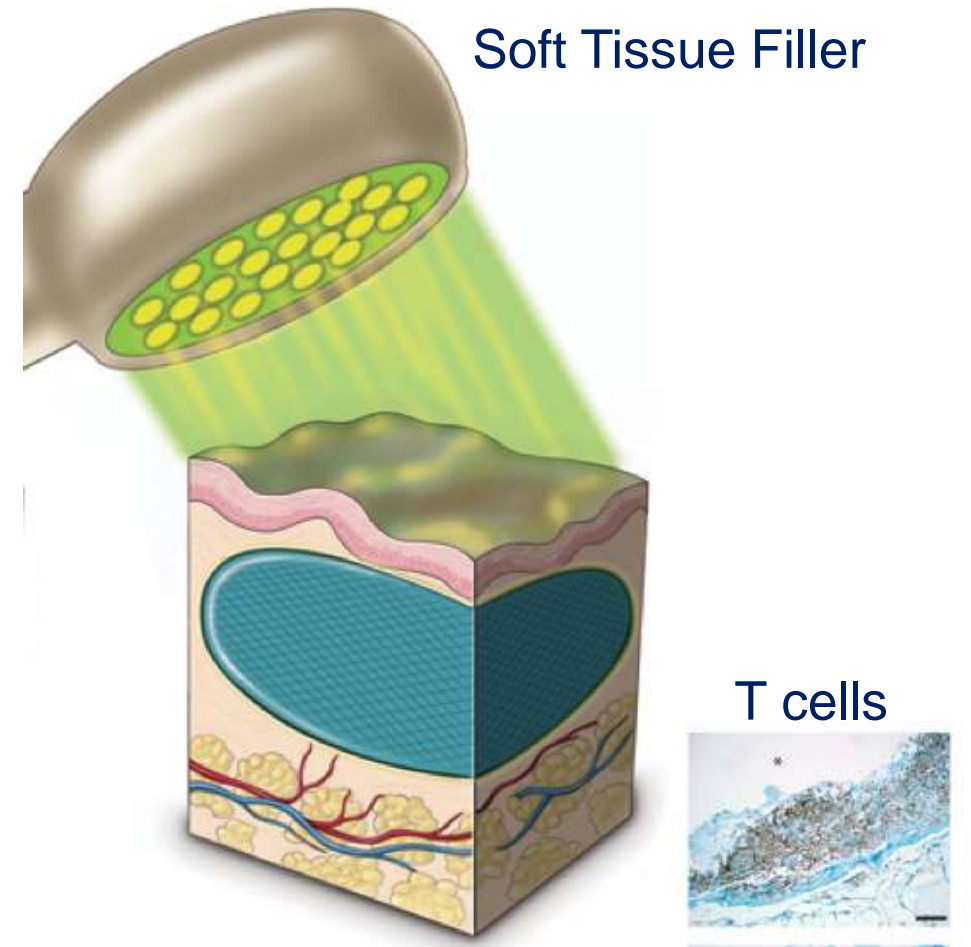
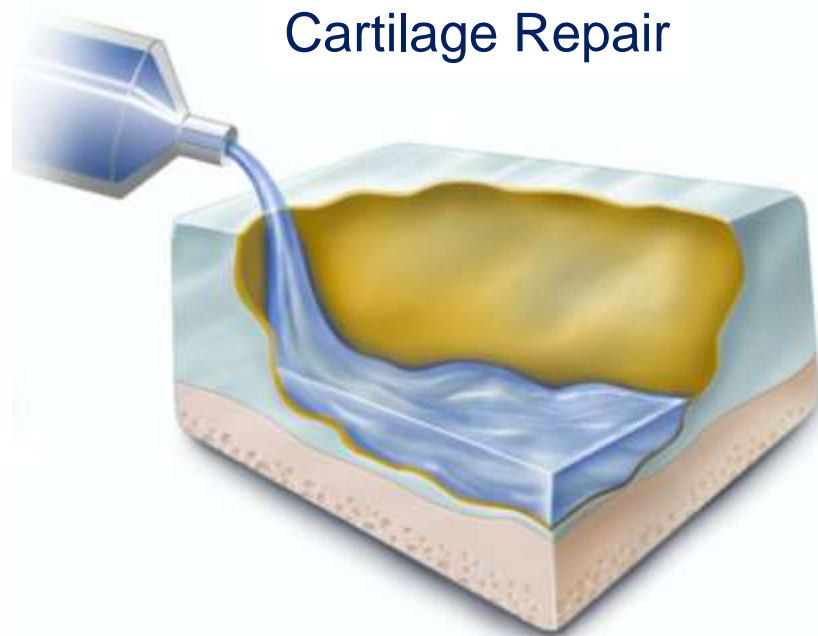
But are they a rate limiting factor in repair?



Are stem cells the best target to promote tissue repair?

# CLINICAL TRANSLATION

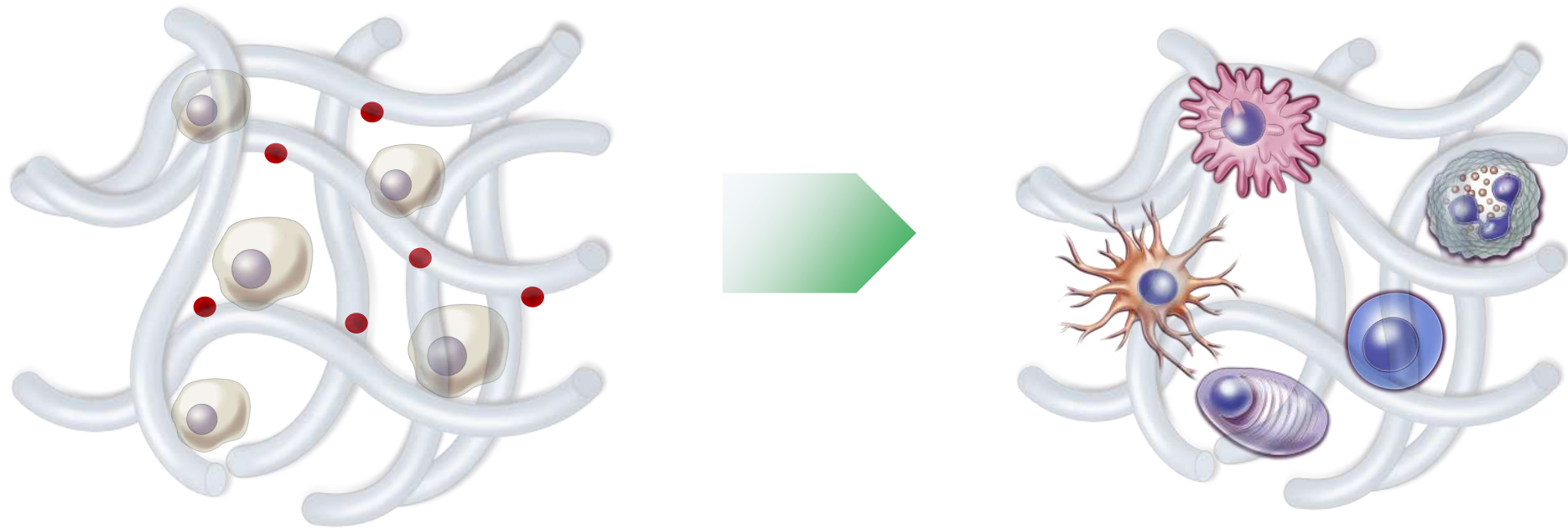
Moving to patients helps teach us what is therapeutically relevant



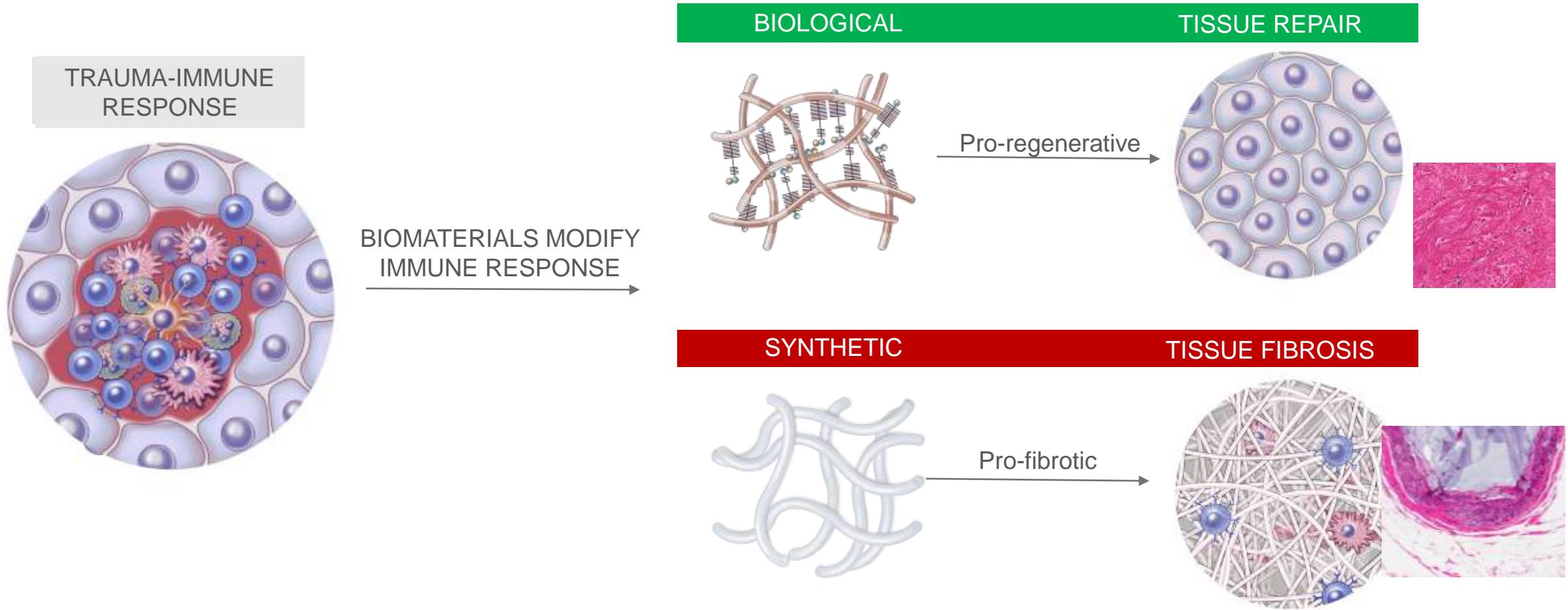
Redirecting wound healing

Tissue-specific immune response

# Moving from engineering tissue microenvironments to understanding (and engineering) the tissue immune environment

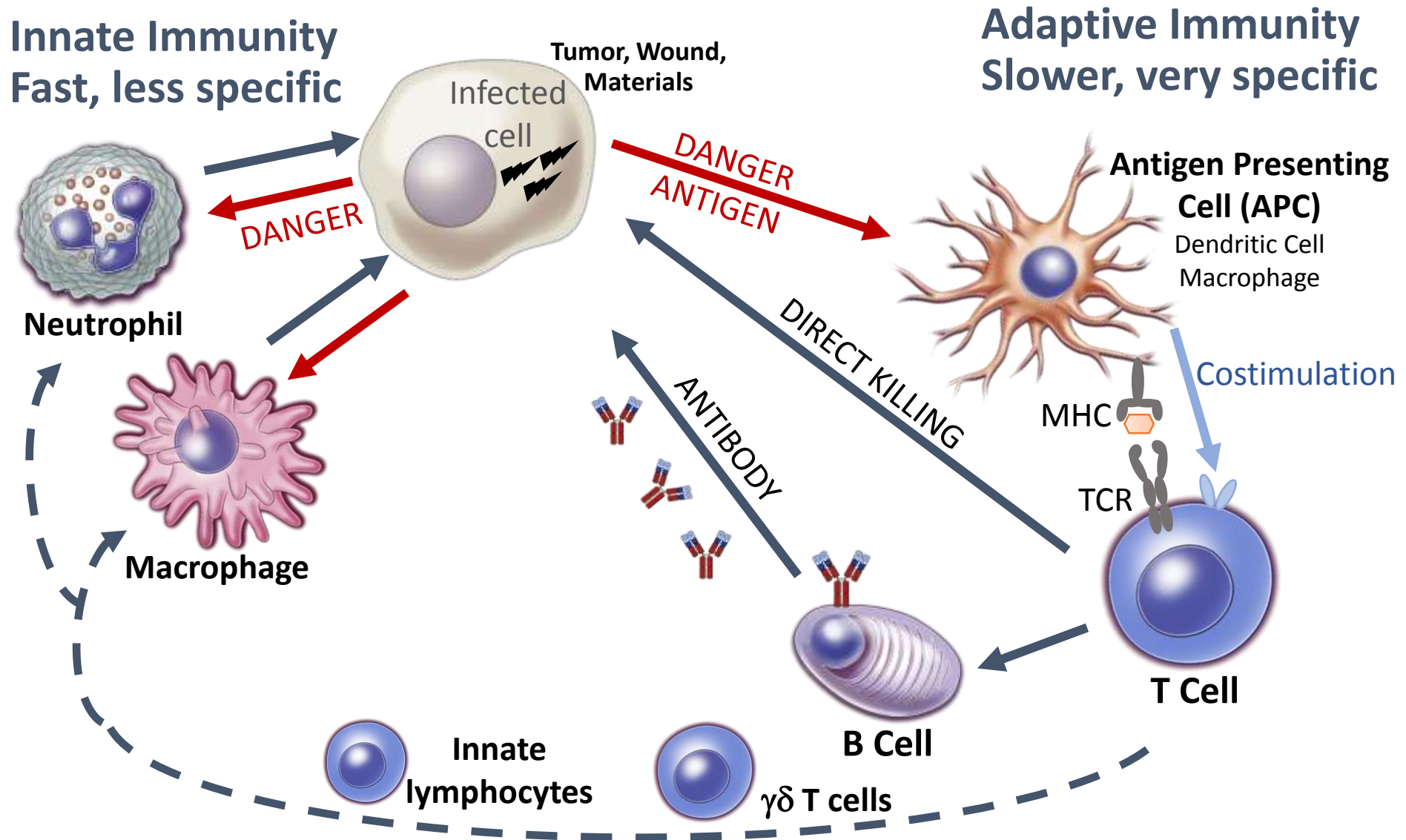


# BIOMATERIALS CHANGE THE LOCAL IMMUNE ENVIRONMENT

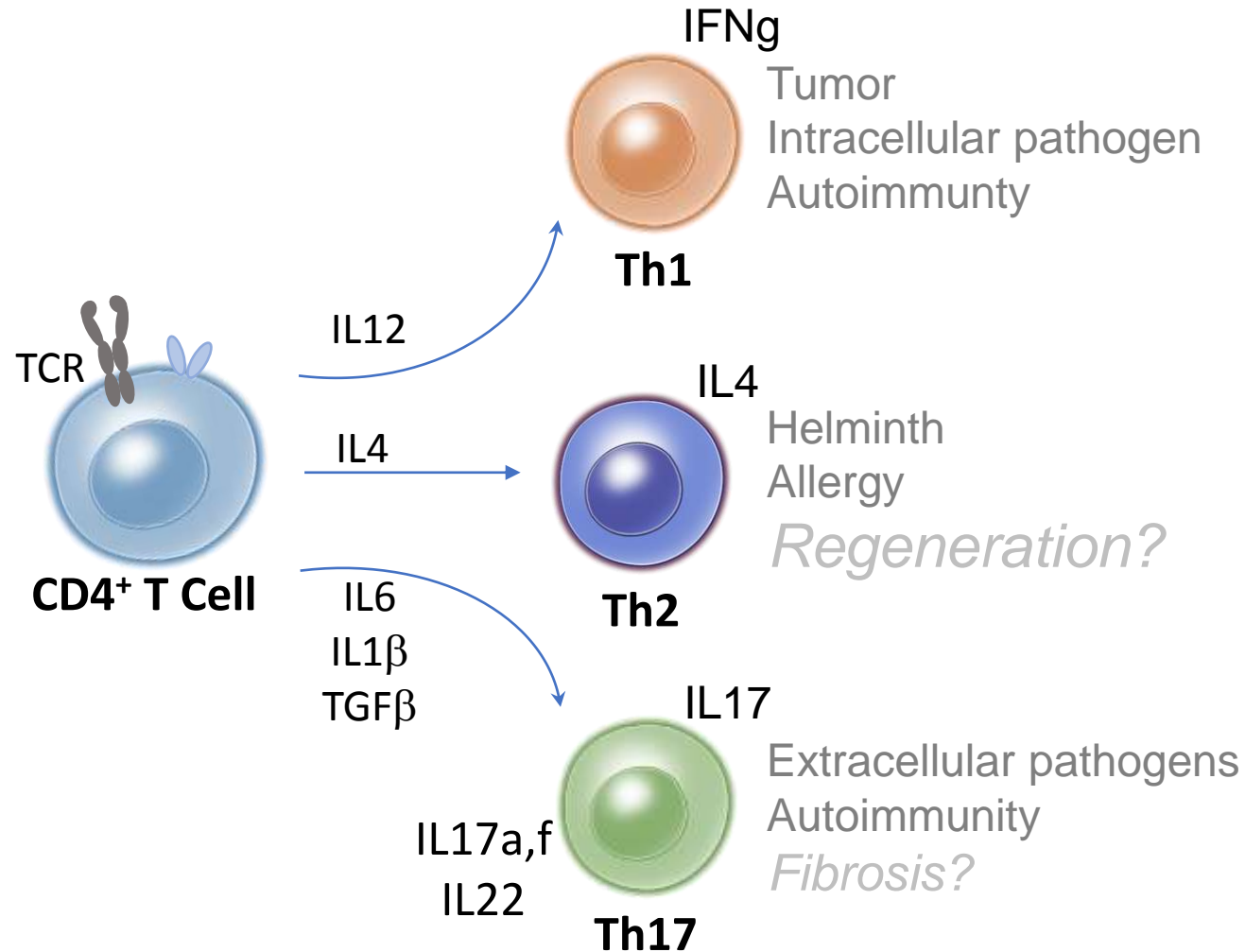


Biomaterials can create a pro-regenerative or pro-fibrotic tissue environment

# Innate and Adaptive Immune System are Closely Linked



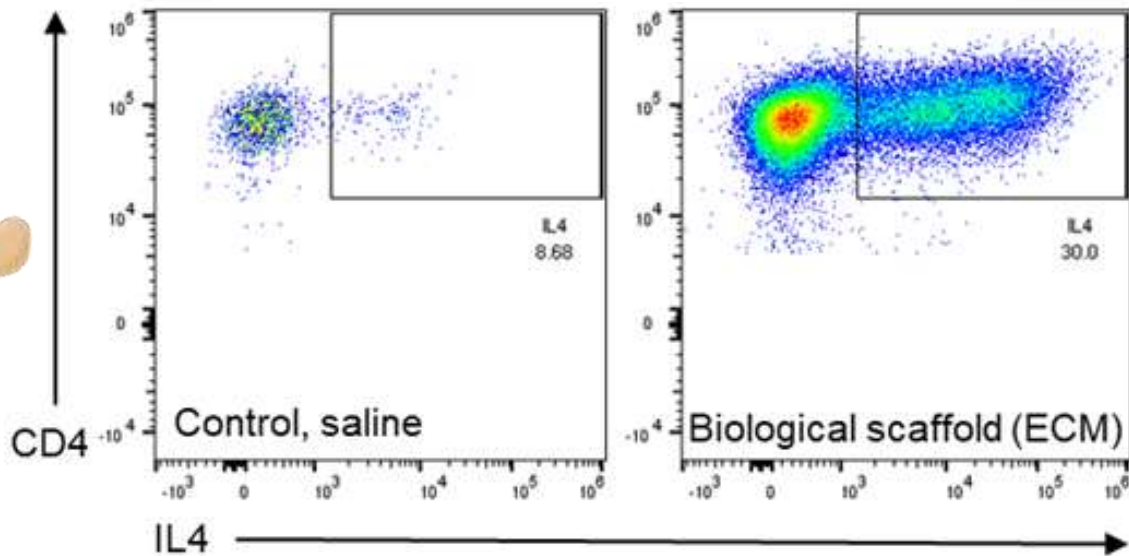
# Digging a little deeper....the T cells



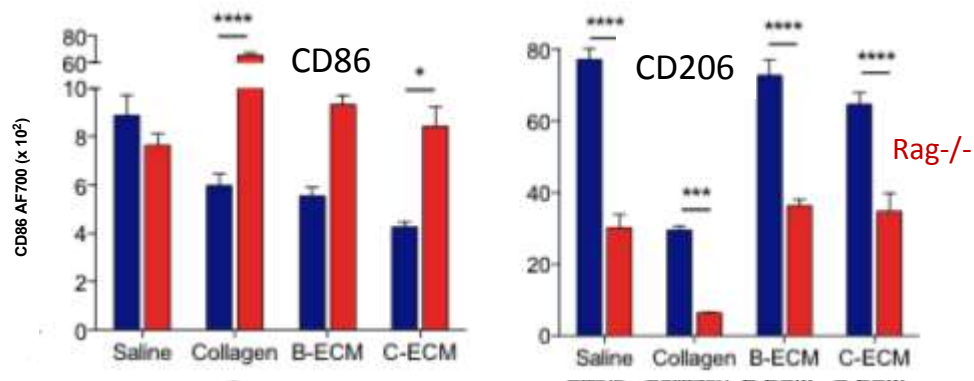
- Systemic impact
- Antigen specificity
- Memory

# BIOLOGICAL SCAFFOLDS CREATE A PRO-REGENERATIVE IMMUNE ENVIRONMENT IN WOUNDS

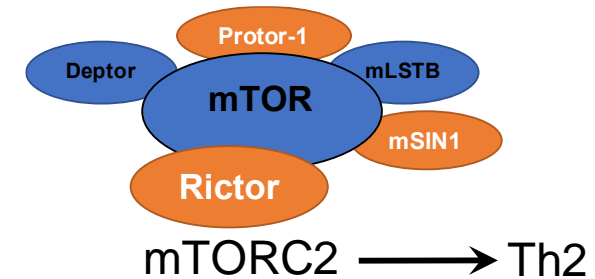
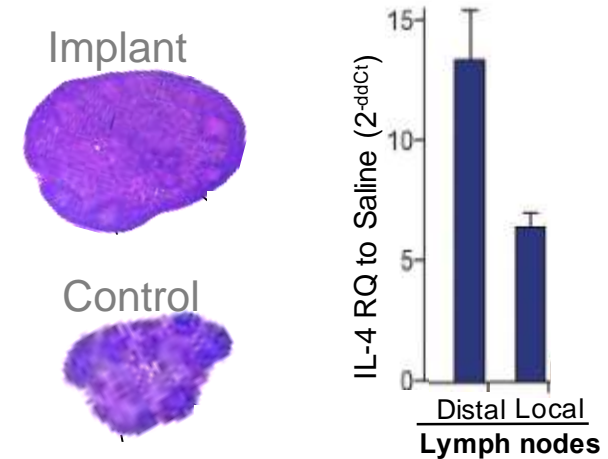
T cells in the Wound/biomaterial



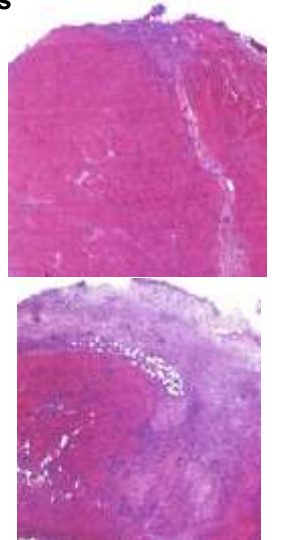
Macs



Systemic Changes



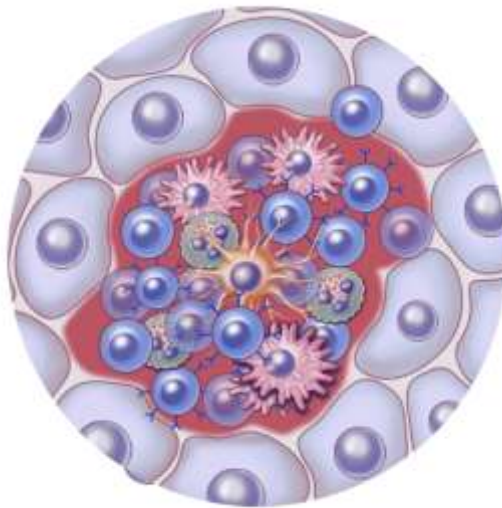
Sadtler et al., Science, 2016



Th2 T cells are required to direct macrophages and create a pro-regenerative environment

# A REGENERATIVE IMMUNOTHERAPY APPROACH

The immune system is therapeutically accessible

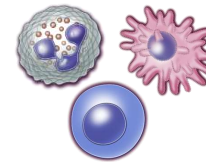


The immune system is  
the first responder to  
injury

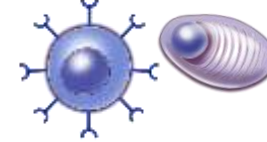
The immune environment  
determines downstream  
repair

Engineer immunotherapies  
to create a pro-  
regenerative environment

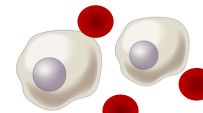
Innate



Adaptive



Immune  
Cells



Stem cells,  
growth factors,  
ECM

Tissue  
Development

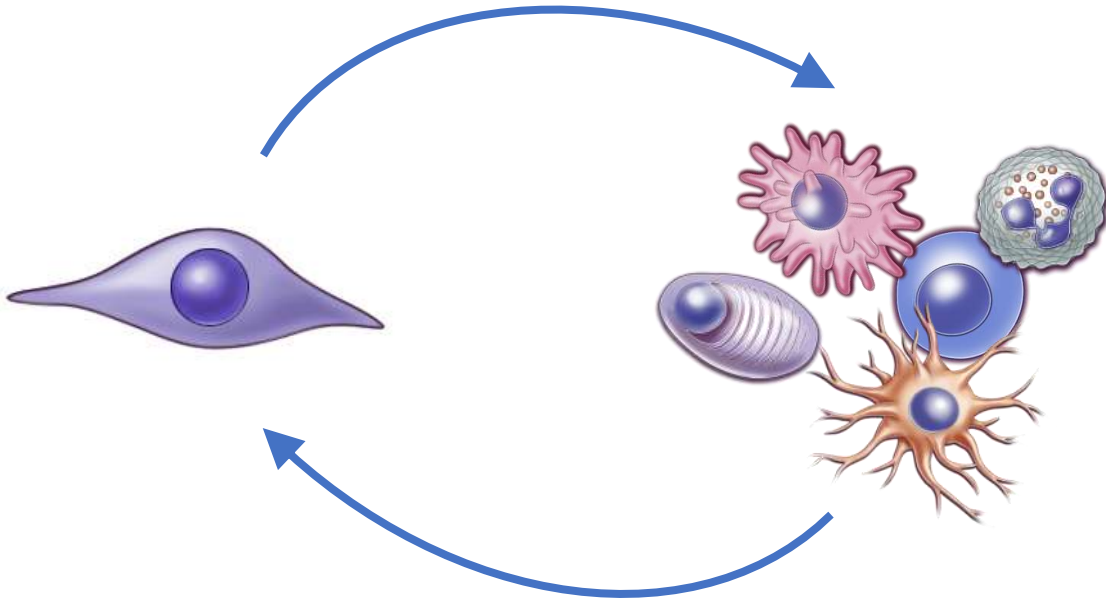


Th2 T cells

T Cells

T cells are the most therapeutically accessible cells in the immune system

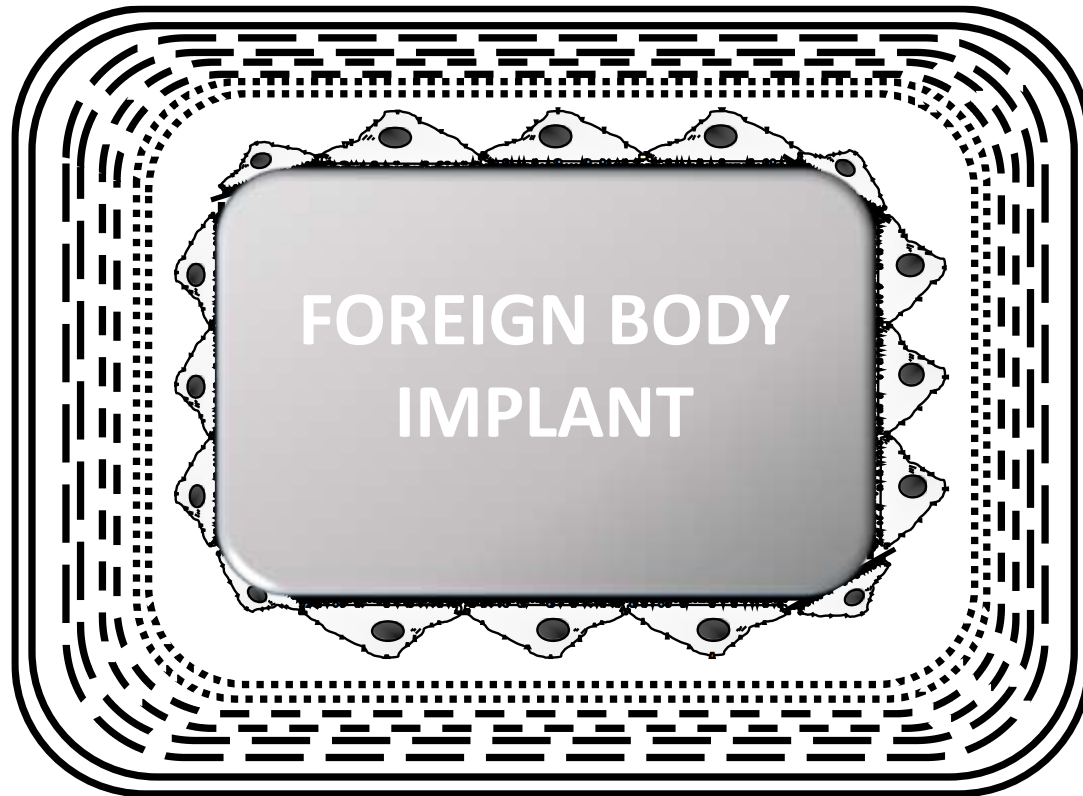
# How does the immune system connect with tissue stroma?



- How does the immune system talk to tissues?
- Are there different fibroblasts?

# SYNTHETIC MATERIALS AND THE FOREIGN BODY RESPONSE

Are there common pathways in regeneration and fibrosis?



## IL-17 responses and fibrosis induction

**CD3<sup>+</sup>CD4<sup>+</sup>**

IFN $\gamma$  ↑

IFN $\gamma$  11.1

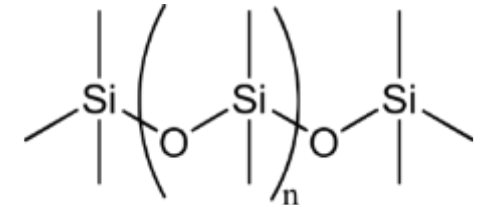
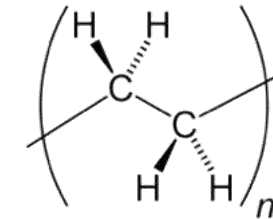
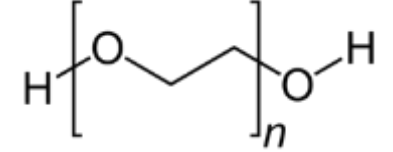
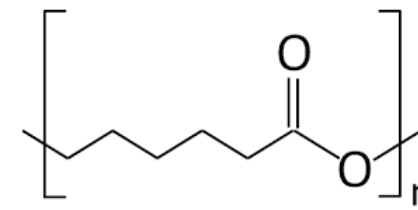
IL17 28.9

**CD3<sup>+</sup> $\gamma\delta$ <sup>+</sup>**

IFN $\gamma$  0.98

IL17 31.9

IL17A →



| Week | Control (Mean) | 100 mg/kg (Mean) | 300 mg/kg (Mean) |
|------|----------------|------------------|------------------|
| 1    | ~600           | ~1750            | ~150             |
| 3    | ~150           | ~600             | ~100             |
| 6    | ~50            | ~100             | ~50              |

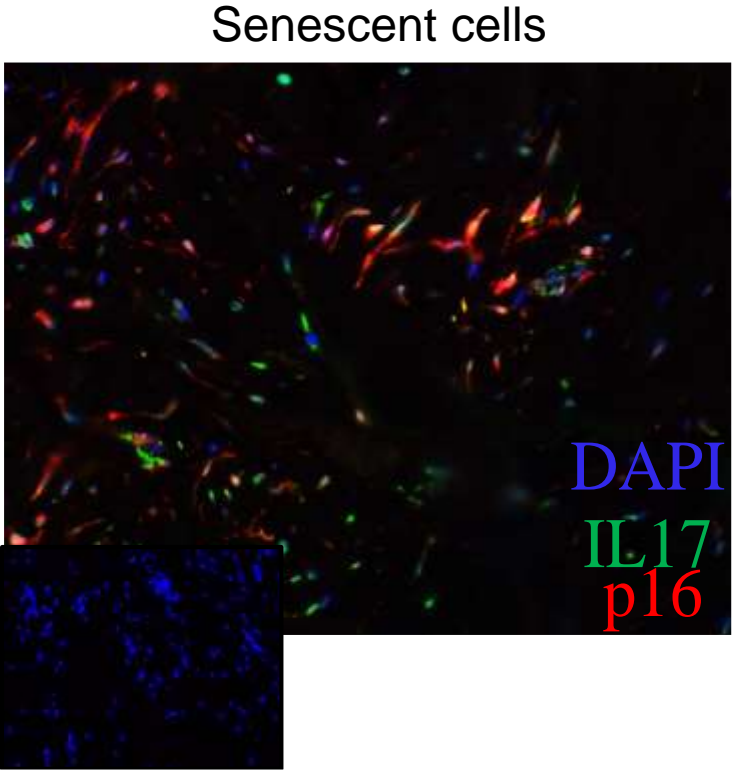
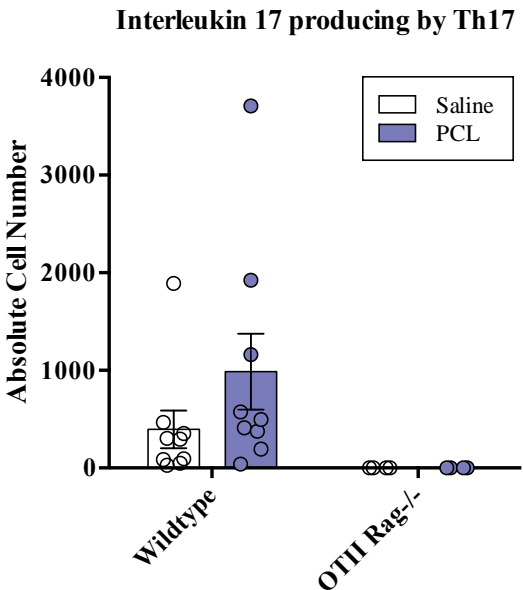
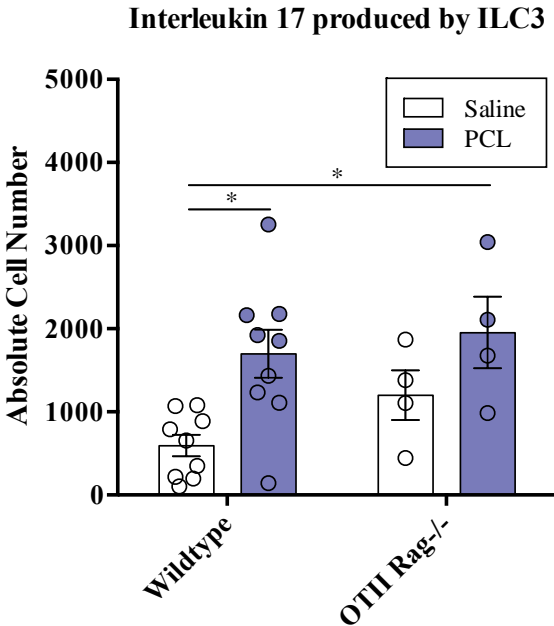
| Week | Group    | Absolute Cell Number (CD3 <sup>+</sup> γδ <sup>+</sup> ) |
|------|----------|--|
| 1    | Control  | ~320   |
|      | Infected | ~410   |
| 3    | Control  | ~150   |
|      | Infected | ~150   |
| 6    | Control  | ~50  |
|      | Infected | ~150   |

Figure 2 is a scatter plot showing the absolute number of CD3<sup>+</sup>CD4<sup>+</sup> T cells in the spleen of mice at 1, 3, and 6 weeks post-infection. The y-axis is labeled 'Absolute Cell Number (CD3<sup>+</sup>CD4<sup>+</sup>)' and ranges from 0 to 6000. The x-axis shows time points 1, 3, and 6 (week). Data points are represented by open circles for individual mice. Horizontal bars indicate the mean and standard deviation for each group. A significant difference is marked with an asterisk (\*) between the 3-week and 6-week groups.

| Time Point (week) | Mean Absolute Cell Number (CD3 <sup>+</sup> CD4 <sup>+</sup> ) | Standard Deviation (approx.) |
|-------------------|--|------------------------------|
| 1                 | ~500   | ~200                         |
| 3                 | ~1800  | ~700                         |
| 6                 | ~2000  | ~800                         |

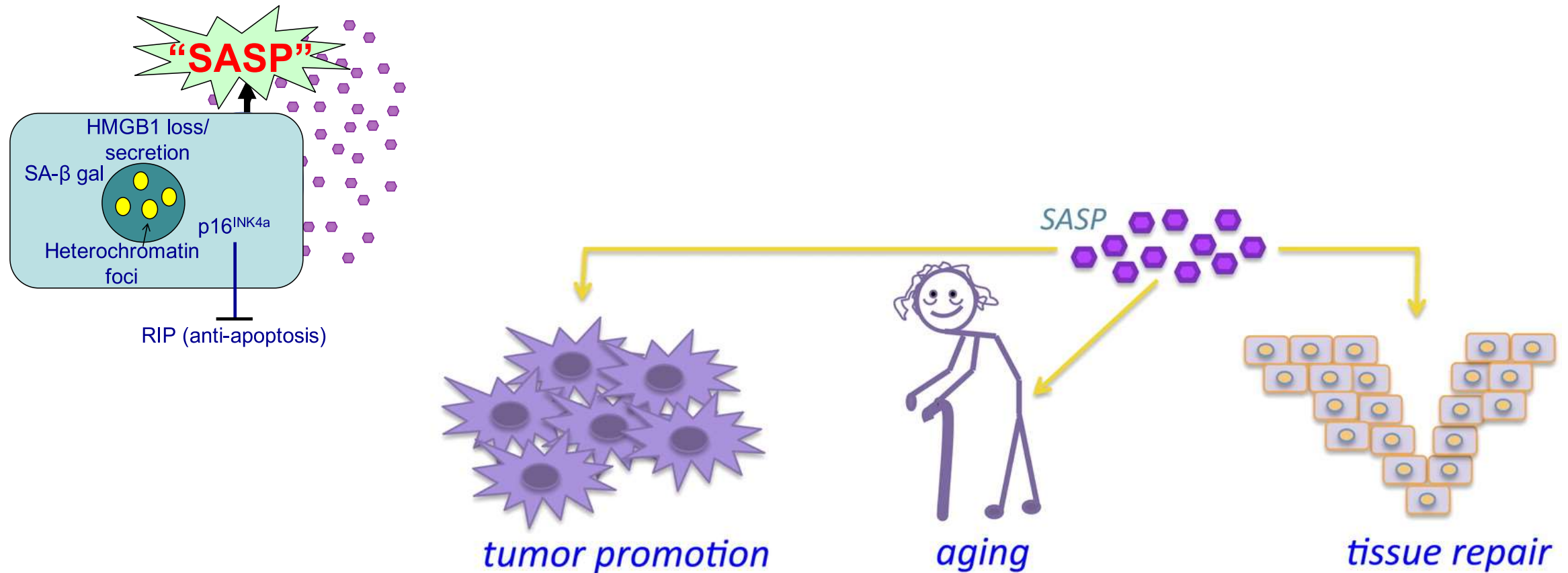
# T cell IL-17 is antigen specific

Senescent cells develop!

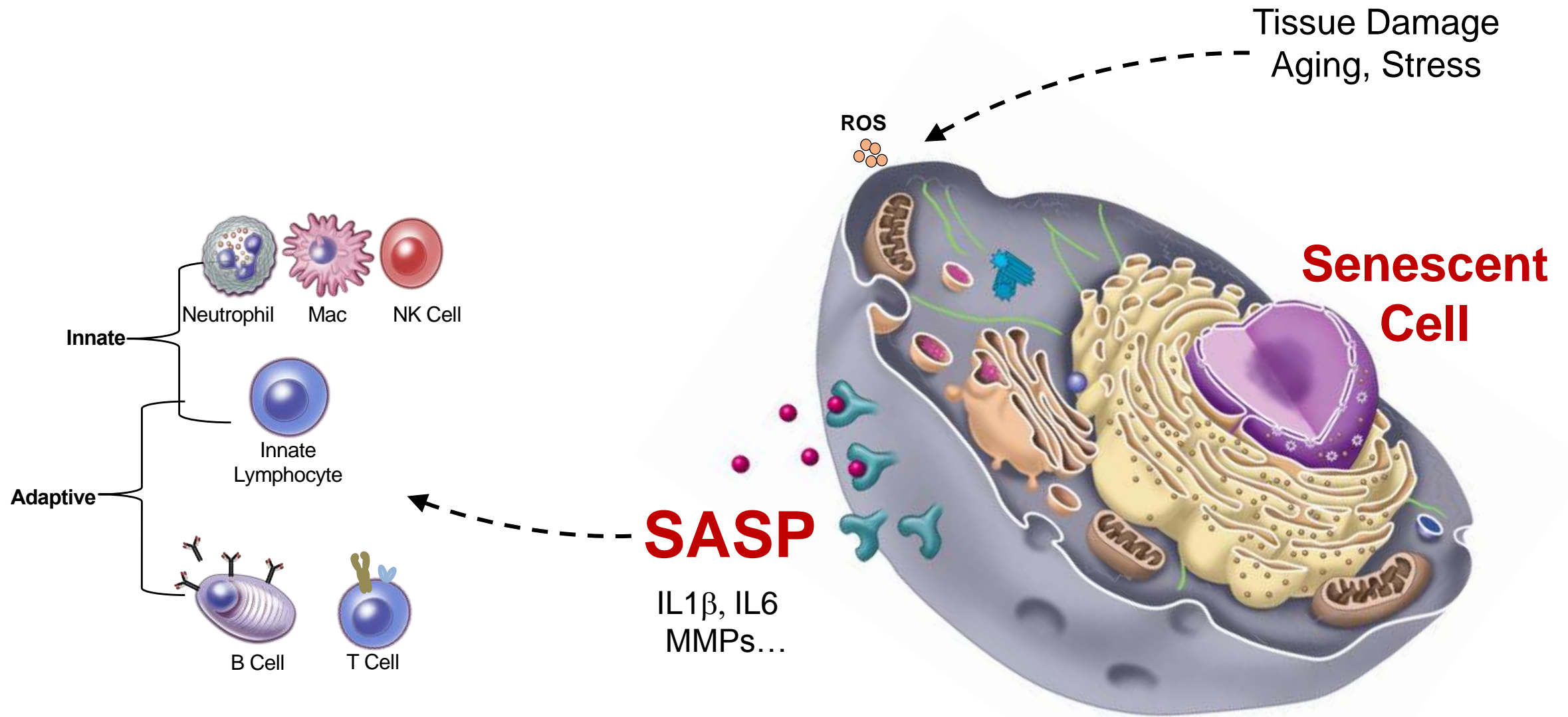


# SENESCENT CELLS: A POTENTIAL STROMA-IMMUNE BRIDGE?

SnCs are active through their senescence-associated secretory phenotype (SASP)

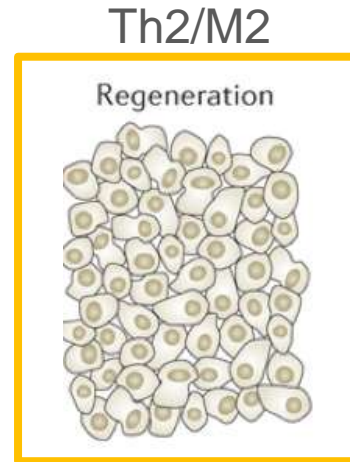
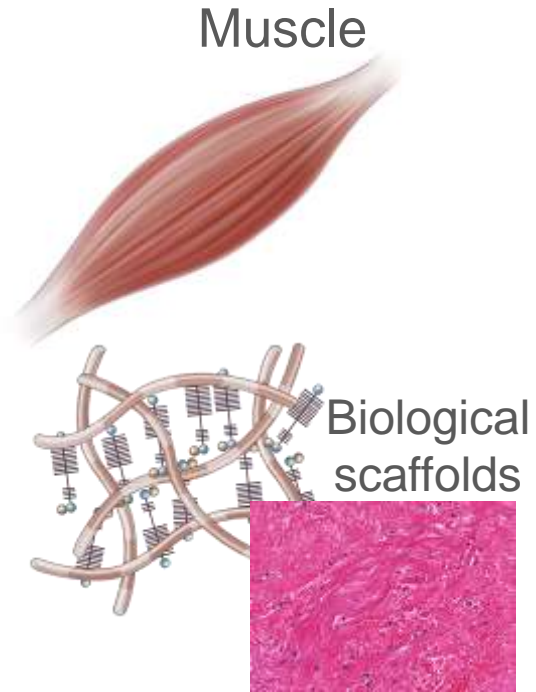


SnCs important in repair and implicated in chronic disease

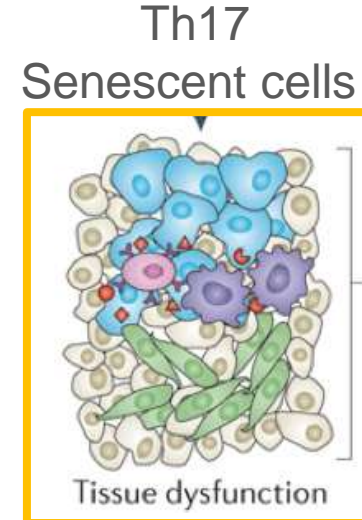


# AN IMMUNE MODEL OF TISSUE AND MATERIAL RESPONSES

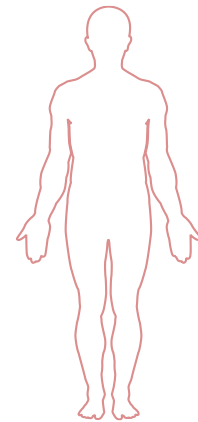
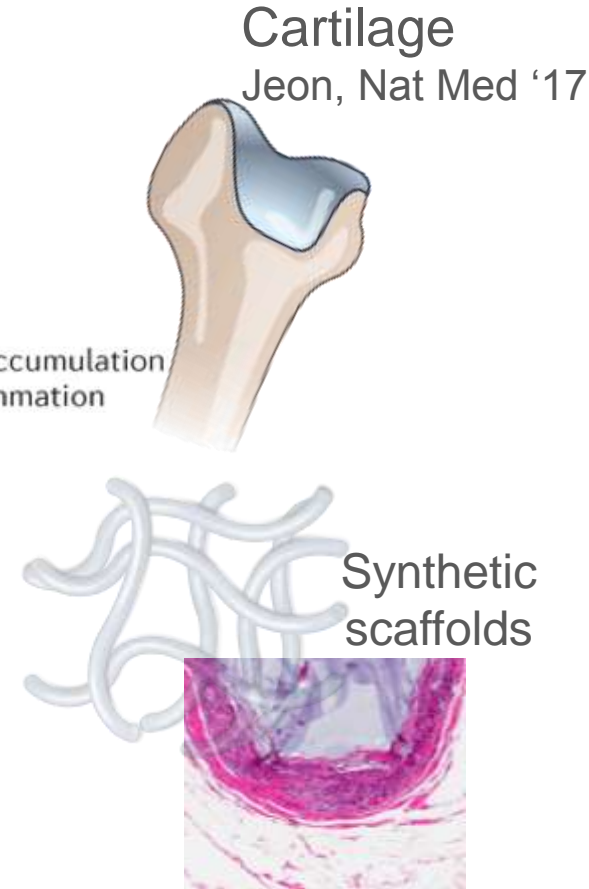
Introduces new variables and potential need for precision medicine



VS



- 1 Senescence accumulation
- 2 Chronic inflammation
- 3 Fibrosis



**Systemic Factors**  
Infection  
Microbiome  
Other injuries  
History of exposure  
Gender, age.....

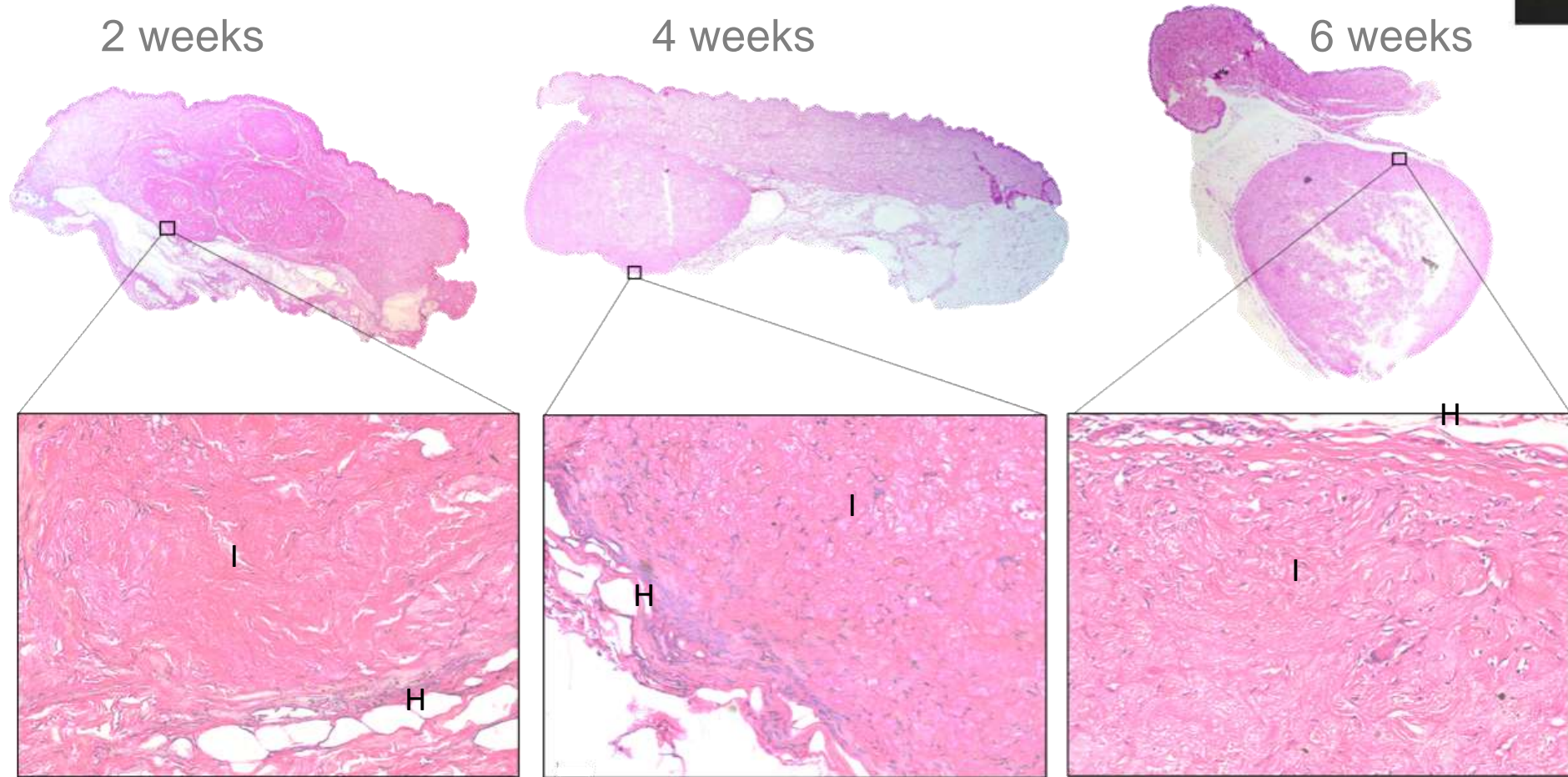
New models of tissue and repair introduce systemic factors

# Phase I Clinical Trial of an ECM

Applying the new immune knowledge in people



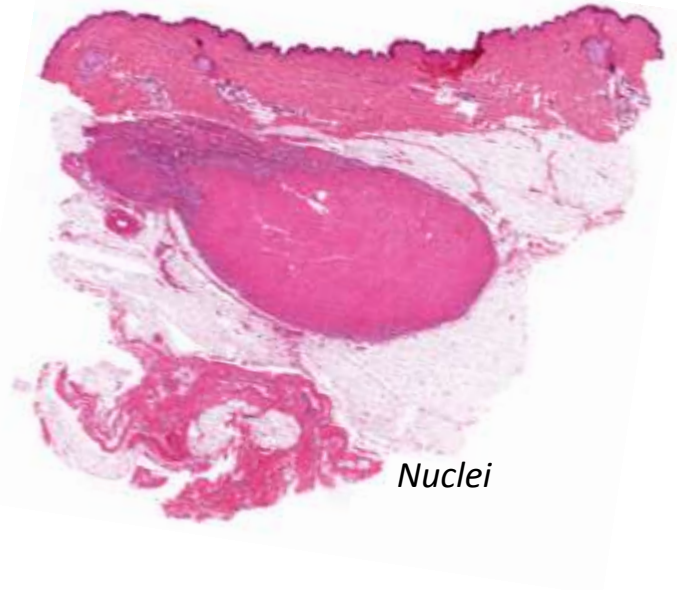
GMP JHU  
FDA Biologics



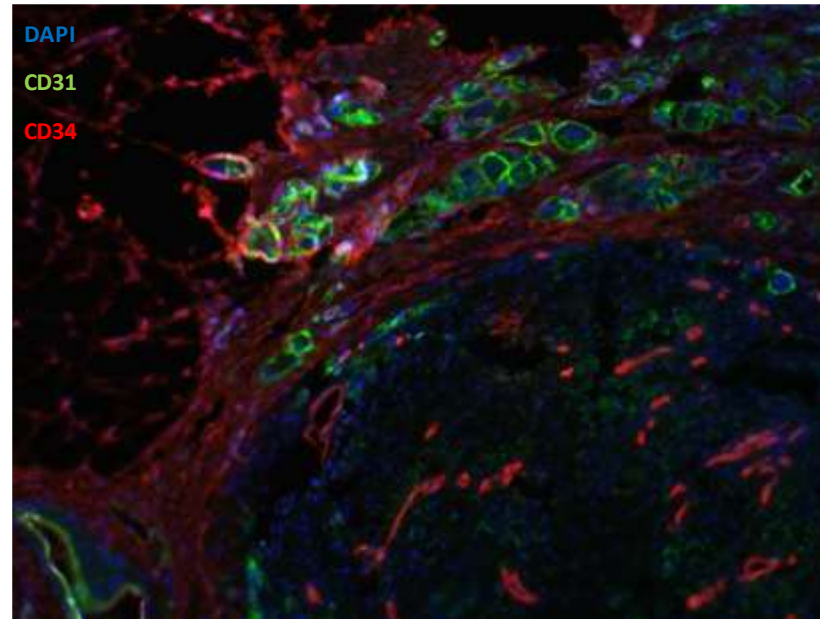
I = Implant H = Host

# What cells are there and what are they doing?

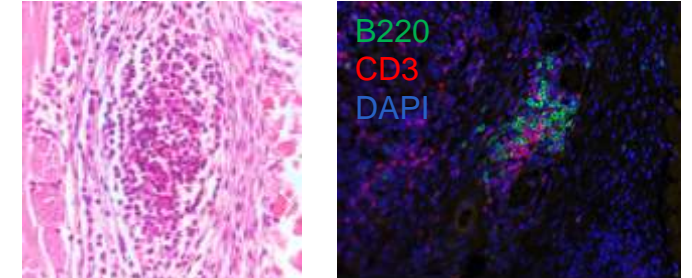
18 weeks post-injection



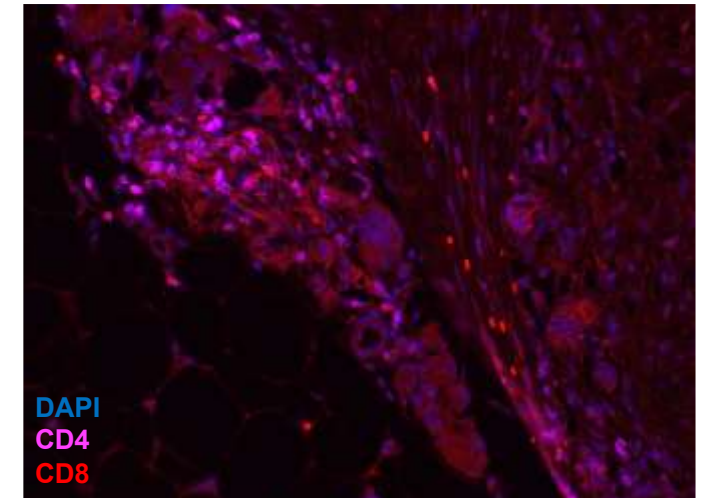
Vascularization and Stem Cells



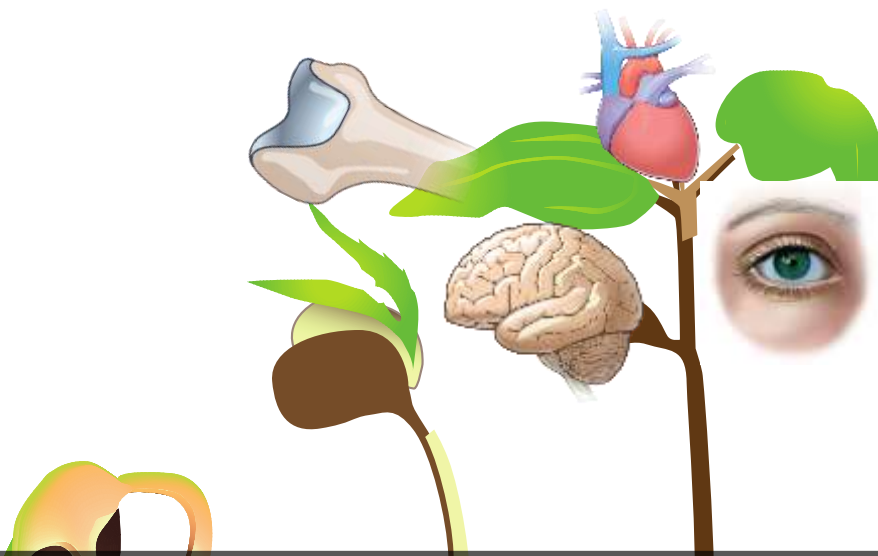
Immune aggregates (Mouse)



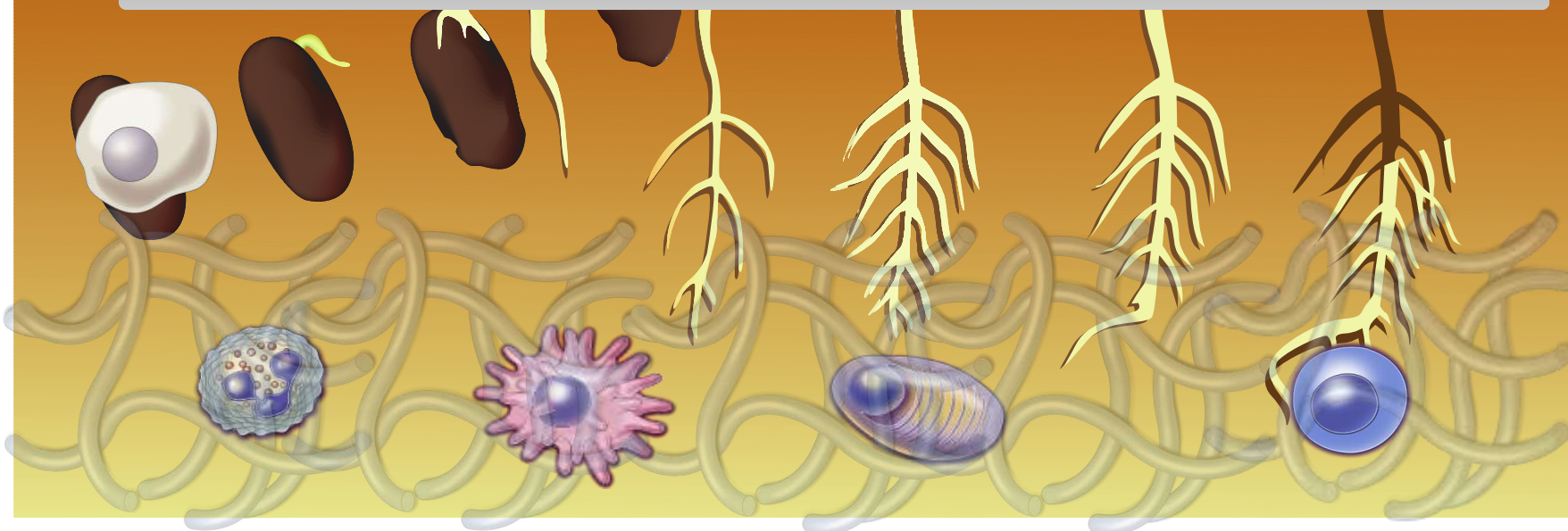
Human



Biological (ECM) scaffolds are biologically (immunologically) active!



# Regenerative Immunotherapies



# Acknowledgements



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Franck Housseau  
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Ada Tam

Clifton Bingham  
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Morton Goldberg Chair



**Bloomberg~Kimmel  
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Immunotherapy**

