



UNIVERSITI PUTRA MALAYSIA

***REGENERATIVE POTENTIAL OF SECRETOME DERIVED FROM
HUMAN EXFOLIATED DECIDUOUS TEETH STEM CELL ON
OSTEOARTHRITIC CHONDROCYTES***

SULEIMAN ALHAJI MUHAMMAD

IB 2019 1



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By

SULEIMAN ALHAJI MUHAMMAD

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,
in Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

April 2019

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DEDICATION

This thesis is dedicated to my treasured mother, father and to my entire household.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

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SULEIMAN ALHAJI MUHAMMAD

April 2019

Chairman : Associate Professor Sharida Fakurazi, PhD
Institute : Bioscience

Osteoarthritis (OA) is a degenerative joint disease that remains a major clinical challenge due to limited intrinsic healing capacity of articular cartilage. The current therapies are only effective in symptoms or pain relief and offer short-term benefits. Recent studies utilising mesenchymal stem cells (MSCs) for the treatment of osteoarthritis have shown promising results. However, emerging evidence suggests that the therapeutic benefits of MSCs are mediated through paracrine mechanism due to multiple secreted factors that modulate the defective tissue to evoke reparative and regenerative processes. Thus, the objective of this thesis was to investigate the regenerative potential of the secretome of stem cells from human exfoliated deciduous teeth (SHED) for the treatment of osteoarthritis. To realise this objective, viable chondrocytes were isolated from cartilage using enzymatic digestion and characterised for the expression of the cartilage-specific phenotype. Secretome prepared from SHED was used to treat interleukin-1 β (IL-1 β)-stimulated chondrocytes as the OA *in vitro* model. The level of interleukin-10 (IL-10), transforming growth factor- β 1 (TGF- β 1) and interleukin-6 (IL-6) were assessed in stimulated chondrocytes incubated with secretome. Furthermore, the expression of aggrecan, collagen type 2, a disintegrin metalloproteinase with thrombospondin motifs 4 (ADAMTS4), matrix metalloproteinase-13 (MMP-13) and nuclear factor-kB (NF-kB) were also evaluated. Results showed that the number of viable chondrocytes yield per gram of cartilage was significantly higher in collagenase type II as compared with trypsin. Aggrecan and collagen type 2 were highly expressed in the isolated chondrocytes, indicating that the cells retained cartilage-specific phenotype. SHED highly expressed MSC markers (CD44, CD73, CD90, and CD105), but were negative for haematopoietic markers. SHED also showed protein expression of NANOG, OCT4 and SOX2 with differential subcellular localisation. Interestingly, the results also revealed that secretome significantly decreased ($p < 0.05$) IL-6 level in osteoarthritic chondrocytes compared to serum-free medium (SFM) control group. The level of TGF- β 1 was higher in cells

treated with secretome compared to stimulated cells incubated in SFM. Meanwhile, the level of IL-10 was significantly lowered in stimulated cells treated with secretome compared to stimulated cells incubated in SFM. However, IL-10 level in IL-1 β -stimulated cells treated with secretome was similar to non-stimulated cells. Furthermore, the expression of MMP-13 and NF- κ B was significantly downregulated in stimulated cells incubated with secretome when compared with stimulated cells incubated in SFM. Similarly, a decrease mRNA expression of ADAMTS4 was observed in osteoarthritic chondrocytes incubated with secretome compared to SFM. Secretome also increased the expression of aggrecan and collagen type 2 when compared with stimulated cells incubated in SFM. Thus, secretome may act to regenerate extracellular matrix proteins and modulate proteinases and inflammatory activities through inhibition of NF- κ B. The results highlighted the potential use of secretome for cartilage repair and regeneration.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**POTENSI PENJANAAN SEMULA KONDROSIT OSTEOARTRITIS OLEH
SEKRETOM DARIPADA SEL STEM GIGI SUSU MANUSIA**

Oleh

SULEIMAN ALHAJI MUHAMMAD

April 2019

Pengerusi : Profesor Madya Sharida Fakurazi, PhD
Institut : Biosains

Osteoarthritis (OA) adalah penyakit sendi degeneratif yang masih kekal sebagai cabaran klinikal yang besar disebabkan oleh keupayaan penyembuhan intrinsik rawan artikular yang terhad. Terapi-terapi terkini hanya berkesan dalam meredakan simptom atau kesakitan dan hanya memberi manfaat jangka pendek. Kajian terbaru menggunakan sel stem mesenkimal (MSCs) untuk rawatan osteoarthritis telah menunjukkan hasil yang memberangsangkan. Walau bagaimanapun, bukti-bukti kajian yang ditemui menunjukkan bahawa manfaat terapeutik MSCs adalah dipengaruhi oleh mekanisme parakrin yang disebabkan oleh pembesaran pelbagai faktor yang memodulasikan tisu yang rosak untuk membangkitkan proses pembaikan dan penjana semula tisu baru. Oleh itu, objektif tesis ini adalah untuk mengkaji potensi penjana semula sel oleh sekretom dari sel stem gigi susu manusia (SHED) untuk rawatan osteoarthritis. Untuk merealisasikan objektif ini, kondrosit yang berdaya hidup dipencilkan daripada tulang rawan menggunakan kaedah penghadaman enzim dan dicirikan untuk mengekspreskan fenotip- khusus tulang rawan. Sekretom disediakan daripada SHED untuk rawatan kondrosit yang telah dirangsang oleh interleukin-1 β (IL-1 β) sebagai model *in vitro* untuk OA. Paras interleukin-10 (IL-10), transforming growth factor - β 1 (TGF- β 1) dan interleukin-6 (IL-6) dinilai dalam kondrosit yang telah dirangsang dan dieramkan dengan sekretom. Tambahan pula, pengekspresan aggrecan, kolagen jenis 2, metalloproteinase disintegrin with thrombospondin motif 4 (ADAMTS4), matrix metalloproteinase-13 (MMP-13) dan nuklear factor-kB (NF-kB) juga turut dianalisa. Keputusan ujian menunjukkan bahawa bilangan kondrosit berdaya hidup yang dihasilkan daripada satu gram tulang rawan adalah jauh lebih tinggi dari kondrosit yang dihasilkan menggunakan kolagenase jenis II berbanding trypsin. Aggrecan dan kolagen jenis 2 diekspres pada kadar yang tinggi di dalam kondrosit terpencil, menunjukkan bahawa sel-sel tersebut mengekalkan fenotip-khusus tulang rawan. SHED mengekspreskan penanda MSC (CD44, CD73, CD90 dan CD105) pada kadar yang tinggi, tetapi tidak mengekspreskan penanda hematopoietik. SHED juga menunjukkan pengekspresan

NANOG, OCT4 dan SOX2 dengan pembezaan lokalisasi subselel. Menariknya, keputusan ujian juga menunjukkan sekretom menurunkan paras IL-6 ($p < 0.05$) dengan ketara dalam kondrosit osteoartritis berbanding dalam kumpulan kawalan media tanpa serum (SFM). Paras TGF- β 1 adalah lebih tinggi dalam sel-sel yang dirawat dengan sekretome berbanding sel-sel yang dirangsang yang diaram dalam SFM. Manakala, paras IL-10 berkurangan dengan ketara dalam sel-sel yang dirawat dengan sekretom berbanding sel-sel yang dirangsang yang diaram dalam SFM. Walau bagaimanapun, paras IL-10 dalam sel-sel yang telah dirangsang dengan IL-1 β dan dirawat dengan sekretom adalah sama dengan kumpulan sel-sel yang tidak dirangsang dengan IL-1 β . Tambahan pula, pengekspressan MMP-13 dan NF-kB telah menurun dengan ketara dalam sel-sel yang dirangsang yang diaram dengan sekretome apabila dibandingkan dengan sel-sel yang dirangsang yang diaram dalam SFM. Begitu juga, penurunan pengekspressan mRNA daripada ADAMTS4 diperhatikan dalam kondrosit osteoartritis yang diaram dengan sekretom berbanding SFM. Sekretom juga meningkatkan pengekspressan aggrecan dan kolagen jenis 2 apabila dibandingkan dengan sel yang dirangsang yang diaram dalam SFM. Oleh itu, sekretom berkemungkinan bertindak untuk menjanakan semula protein matriks ekstrasel dan memodulasi proteinase dan aktiviti inflamasi melalui perencatan NF-kB. Hasil kajian ini menunjukkan potensi kegunaan sekretom dalam proses pembaikan dan penjanaan semula tulang rawan.

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This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Sharida Fakurazi, PhD

Associate Professor
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Chairman)

Norshariza Nordin, PhD

Senior Lecturer
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Member)

Muhammad Zulfadli Mehat, PhD

Senior Lecturer
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Member)

ROBIAH BINTI YUNUS, PhD

Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date:

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Name and Matric No.: Suleiman Alhaji Muhammad, GS46208

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Signature: _____
Name of Chairman
of Supervisory
Committee: Associate Professor Dr. Sharida Fakurazi

Signature: _____
Name of Member
of Supervisory
Committee: Dr. Norshariza Nordin

Signature: _____
Name of Member
of Supervisory
Committee: Dr. Muhammad Zulfadli Mehat

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LIST OF ABBREVIATIONS

ACAN	Aggrecan
ADAMTS	A disintegrin-metalloproteinase with thrombospondin motifs
ADP	Adenosine monophosphate
ADSC	Adipose-derived stem cell
ATP	Adenosine triphosphate
BMSC	Bone marrow mesenchymal stem cell
BSA	Bovine serum albumin
CCM	Complete culture medium
CD	Cluster of differentiation
Col II	Collagenase type II
COL1	Collagen type 1
COL 2	Collagen type II
COX2	Cyclooxygenase 2
DPSCs	Dental pulp stem cells
DNA	Deoxyribonucleic acid
DNMT1	DNA methyltransferase 1
ECM	Extracellular matrix
ESC	Embryonic stem cell
EV	Extracellular vesicle
FGF	Fibroblast growth factor
GAG	Glycosaminoglycan
HGF	Hepatocyte growth factor
HMG	High mobility group
IDO	Indoleamine 2,3-dioxygenase

IGF	Insulin growth factor
IL	Interleukin
IL-1ra	Interleukin-1 receptor antagonist
iPSC	Induced-pluripotent stem cell
JNK	Jun N-terminal kinase
KLF4	Kruppel-like factor
MAPK	Mitogen-activated protein kinase
MHCII	Major histocompatibility complex II
MMP-13	Metalloproteinase-13
NES	Nuclear export signal
NF-kB	Nuclear factor- kappa beta
NLS	Nuclear localisation signal
NO	Nitric oxide
OA	Osteoarthritis
OCT4	Octamer-binding transcription factor 4
PGE2	Prostaglandin E2
PHA	Phytohaemagglutinin
POU	Pit-Oct-Unc
PPAR- γ	Peroxisome proliferator-activated receptor-gamma
RNA	Ribonucleic acid
S48	Secretome collected after 48 h of incubation
S72	Secretome collected after 72 h of incubation
SHED	Stem cells from human exfoliated deciduous teeth
SFM	Serum-free medium
sHLA-G	Soluble human leucocyte antigen G
SOX	SRY (Sex-determining region Y)-box

SSEA	Stage-specific embryonic antigen
STAT3	Signal transducer and activator of transcription 3
TGF- β	Transforming growth factor-beta
TIMP	Tissue inhibitor of metalloproteinase
TKA	Total knee arthroplasty
TNF- α	Tumour necrosis factor alpha
TNFR	Tumour necrosis factor receptor
TSG-6	Tumour factor-inducible gene 6 protein
VCAM-1-VLA	Vascular adhesion molecule 1-very late antigen
VEGF	Vascular endothelial growth factor

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Osteoarthritis (OA) is a musculoskeletal degenerative joint disease which is one of the prevailing causes of disability worldwide (Neogi, 2013). The disease is characterised by degeneration of cartilage, subchondral bone sclerosis and synovitis accompanied by pain and activity limitation (Burr & Gallant, 2012; de Lange-Brokaar et al., 2012; Muratovic et al., 2015). Osteoarthritis affects all weight-bearing joints that are often under mechanical stress (Buckwalter & Martin, 2006). The most common symptoms of osteoarthritis are swelling, stiffness and pain in the affected joint due to the damaged of articular cartilage (Madry et al., 2012).

It is well-established facts that the aetiology of osteoarthritis is multifactorial, with metabolic, mechanical and inflammatory factors being the major causes. Ageing, genetic predisposition, obesity, mechanical injury and joint trauma are the various contributing factors that have been implicated in osteoarthritis (Dahaghin et al., 2009; Haq et al., 2010). Cartilage and chondrocytes are the major components that are actively involved in the degeneration process coupled with inflammatory factors in osteoarthritis (Maldonado & Nam, 2013). Inflammatory factors cause imbalances between synthesis and degradation of extracellular matrix in favour of degradation that altered the biomechanical milieu of the chondrocytes (Maldonado & Nam, 2013).

In osteoarthritis, the activity of matrix metalloproteinase-13 (MMP-13) is increased which is capable of depleting collagen type 2 as well as proteoglycans, collagen type IV, collagen type IX, perlecan and osteonectin in articular cartilage (Wang et al., 2013). Spontaneous OA-like articular cartilage destruction has also been reported in transgenic mice overexpressing collagen type X and MMP-13 (Wu et al., 2008), suggesting a direct relationship between increased MMP-13 and articular cartilage destruction. These findings show that MMPs, catabolic enzymes play a key role in the development and progression of OA. Therefore, the development of therapeutic strategies targeting these enzymes could reduce the articular cartilage degradation in OA.

Traditionally, OA is associated with older age and is considered degenerative arthritis. However, with the increasing number of younger populations presenting with symptoms of osteoarthritis and the involvement of inflammatory mediators in aggravating the disease that can lead to joint failure, hence the term 'degenerative disease of wear and tear' may be misleading (Ackerman et al., 2017; Sutton & Holloway, 2013). Athletes and younger individuals who engage most of their time in recreational and occupational activities are more susceptible to joint injuries and are at higher risk of developing OA (Amoako & Pujalte, 2014). Sports that involve repetitive exposure of joint to high levels of impact and loading increase the likelihood

of degeneration of articular cartilage, leading to a clinical manifestation of OA (Buckwalter & Lane, 1997). The impact of OA on younger people is the ability to work and retain a job. Individuals with arthritis are at increased risk of not being part of the labour force. As such, it could result in short- and longer-term economic consequences. Among the work-related impacts of osteoarthritis include considerable workplace limitations, increased likelihood of sick leave and a greater chance of job loss as a result of illness or disability (Ackerman et al., 2017).

The initial management of the disease is non-surgical strategy such as patient education, weight loss, exercise, nutraceuticals, analgesic and non-steroidal anti-inflammatory drugs as well as intra-articular injections (Mushtaq et al., 2011; Sutton & Holloway, 2013). Unfortunately, these measures often offer inadequate and short-term benefit. Due to the lack of effective treatments, total knee arthroplasty is often recommended as the last resort in end-stage OA patients (Kristjánsson & Honsawek, 2014). In younger patients, total knee arthroplasty is associated with a greater risk of early failure that may require revision surgery (Sutton & Holloway, 2013). Therefore, it is imperative to search for a treatment strategy that could overcome these limitations. It has been shown that the rates of implant failure resulting in revision surgery in younger patients are higher compared to older patients (Paxton et al., 2010). Furthermore, the rates of revision surgery in younger patients would increase due to a higher risk of total knee arthroplasty (TKA) failure and the longer life expectancy in this age population (Losina & Katz, 2012). Postoperative complications such as infections, arthrofibrosis, heterotrophic ossifications culminate to stiffness for which a revision surgery might be required (Schivavone et al., 2009).

At present, there are no effective treatment strategies that reverse damaged tissue integrity (Mobasheri et al., 2014). Cellular treatment, such as autologous chondrocyte implantation has been introduced into the clinical domain which is capable of repairing and restoring cartilage, but often leads to poor outcome due to insufficient self-renewal and regenerative capability of chondrocytes (Vasiliadis & Wasiak, 2010). Taken together, non-invasive therapeutic strategy capable of repairing and regenerating damaged articular cartilage would in no doubt reduce the socio-economic burden of OA.

In vitro model of osteoarthritis is important as it would provide the basis for the advancement of research into the mechanism underlying the origins of the disease for testing of potential therapeutics (Johnson et al., 2016). Since there is a shift towards refining, reducing and replacing (3R) the use of animals in preclinical studies has made *in vitro* models of OA desirable (Johnson et al., 2016; Madden et al., 2012).

Stem cells from human exfoliated deciduous teeth (SHED) are multipotent cells present in the dental pulp, a soft connective tissue within the teeth. Dental pulp is an attractive source of mesenchymal stem cells due to the presence of a large number of cells with high proliferation rate and less invasive methods of isolation compared to bone marrow aspiration (Gronthos et al. 2000; Xin et al., 2013).

Mesenchymal stem cells (MSCs) have been under investigation as a treatment option in cartilage regeneration because of their differentiation and self-renewal capabilities. Intra-articular injection of MSCs to the affected joint only sometimes differentiate into chondrocytes to produce extracellular matrix (van Buul et al., 2012). This suggests that different mechanisms other than differentiation are involved in the repair of damaged cartilage caused by OA. A number of bioactive factors secreted by the MSCs such as transforming growth factor-beta (TGF- β), interleukin 10 (IL-10), indoleamine 2,3-dioxygenase (IDO), hepatocyte growth factor (HGF) and insulin growth factor (IGF) have been reported to participate in immune regulation (van Buul et al., 2012). Similarly, MMPs and tissue inhibitors of metalloproteinases (TIMPs) have been suggested to modulate and participate in extracellular turnover (Lozito & Tuan, 2011).

Secretome (conditioned medium) is a cell culture supernatant that contains secreted factors of stem cells that are produced by preconditioning the cells to serum-free medium, hypoxic condition, genetic manipulation or pharmacological treatment. The beneficial effects of secretome from stem cells without cell engraftment suggest that secreted factors may be involved in tissue regeneration (Vishnubhatla et al., 2014; Yang et al., 2013). Studies have reported that apart from soluble factors, stem cells release extracellular vesicles (microvesicles and exosomes) which produce comparable biological activity to the stem cells (Chen et al., 2017; Lai et al., 2015; Xin et al., 2013). These secreted factors play an essential role in cell to cell communication and are capable of altering the activity of target cells through surface receptor interactions (Akyurekli et al., 2015; Vishnubhatla et al., 2014). Dental pulp stem cells (DPSC) and SHED reside in the cell-rich zone of the dental pulp, which is a very good source to generate a large volume of secretome due to high proliferation capacity. A remarkable feature of secretome from DPSC/SHED is high proportions of secreted factors when compared with secretome from bone marrow stem cells and adipose-derived stem cells (Ahmed et al., 2016; Yamaguchi et al., 2015).

This study was designed to explore the therapeutic benefit of secretome from SHED in osteoarthritic chondrocytes. To realise this objective, chondrocytes were stimulated with interleukin 1 β (IL-1 β) and then treated with secretome derived from SHED. To depict possible mechanism(s) of crosstalk between catabolic and anabolic factors in modulating tissue regeneration, the expression of collagen type 2, aggrecan, a disintegrin, and metalloproteinase with thrombospondin motifs 4 (ADAMTS4), MMP 13, as well as nuclear factor-kappaB (NF- κ B) were evaluated.

1.2 Problem Statement

Osteoarthritis, a degenerative disease of the joint that involves cartilage deterioration is one of the leading causes of pain and disability worldwide. The disease is among the most challenging diseases of the joint due to the inadequate intrinsic healing capacity of articular cartilage. Despite a global increase in the incidence and morbidity associated with osteoarthritis, there is no cure for it. The available pharmacological therapies are only effective in pain and symptom reliefs. Cell-based therapies such as autologous chondrocytes implantation (ACI) and MSC implantation have shown

promising outcomes in preclinical and some clinical studies (Borakati et al., 2018; Wang et al., 2017; Xia et al., 2015). However, these treatments are not without drawbacks. The limitations of ACI include the necessity for extra surgery, availability of adequate chondrocytes for implantation, and maintenance of chondrocytes phenotype during monolayer culture expansion. On the other hand, MSC therapy has its own challenges, ranging from the paucity of standardised functional characterisation that hinders large-scale production of MSCs with consistent biological activities for clinical trials (Lee & Wang., 2017). Selection of appropriate cell dose for implantation to give desirable outcome is also another challenge, as large variations in dosage exist between studies. Furthermore, emerging evidence suggests that the therapeutic efficacy of MSCs is attributed to the paracrine actions of their secretions. Exploring the mechanisms that allow these bioactive factors to modulate the microenvironment and extracellular matrix turnover for tissue regeneration could be effective and less invasive therapeutic strategies to combat osteoarthritis.

1.3 Justification of the Study

Osteoarthritis is the fourth leading cause of pain and disability worldwide (Fransen et al., 2011). It is estimated that about 15% of the world population suffers from the disease and 65 % of them are aged 60 years and older (Alekseeva & Nasonov, 2013). OA is fast becoming a significant economic and medical burden to the society due to increase in the ageing population and the costs of treatment. The affected individuals experience activity limitations that have a consequential burden in quality of life and economy. With increasing incidence of OA in the younger population and number of ageing population, new and less invasive treatment strategies that would be affordable are crucial to reducing the socioeconomic burden of osteoarthritis. Reports indicate that secretome from bone marrow, adipose and embryonic tissues derived MSC have been shown to possess therapeutic benefit in OA (Platas et al., 2013; van Buul et al., 2012; Wang et al., 2017). SHED represents ideal stem cells due to high proliferative capacity for the production of secretome for cartilage regeneration. Thus, secretome is a potential alternative strategy to stem cell treatment that merits investigating the mechanism of its actions for tissue regeneration. Due to increasing evidence of the role of secreted factors as a therapeutic efficacy of stem cells, this project sought to investigate the regenerative potential of the secretome of stem cells from human deciduous teeth in osteoarthritic chondrocytes.

1.4 General Objective

To determine the regenerative potential of secretome from stem cells of human exfoliated deciduous teeth in osteoarthritic chondrocytes.

The specific objectives were:

- ❑ to isolate and characterise chondrocytes from human articular cartilage,
- ❑ to characterise SHED and determine the level of cytokines in SHED-derived secretome and
- ❑ to study the effect of SHED-derived secretome in regulating the extracellular matrix proteins and proteinases in osteoarthritic chondrocytes.

1.5 Hypotheses

Ho: SHED secretome will not contain a significant amount of secreted factors to regenerate cartilage-specific phenotype in osteoarthritic chondrocytes

Ha: SHED secretome will contain a significant amount of secreted factors to regenerate cartilage-specific phenotype in osteoarthritic chondrocytes.

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