

Isolation and characterization of human articular chondrocytes from surgical waste after total knee arthroplasty (TKA)

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Background. Cartilage tissue engineering is a fast evolving field of biomedical engineering, in which the chondrocytes represent the most commonly used cell type. Since research in tissue engineering always consumes a lot of cells, simple and cheap isolation methods could form a powerful basis to boost such studies and enable their faster progress to the clinics. Isolated chondrocytes can be used for autologous chondrocyte implantation in cartilage repair, and are the base for valuable models to investigate cartilage phenotype preservation, as well as enable studies of molecular features, nature and scales of cellular responses to alterations in the cartilage tissue.

Methods. Isolation and consequent cultivation of primary human adult articular chondrocytes from the surgical waste obtained during total knee arthroplasty (TKA) was performed. To evaluate the chondrogenic potential of the isolated cells, gene expression of collagen type 2 (COL2), collagen 1 (COL1) and aggrecan (ACAN) was evaluated. Immunocytochemical staining of all mentioned proteins was performed to evaluate chondrocyte specific production.

Results. Cartilage specific gene expression of COL2 and ACAN have shown that the proposed protocol leads to isolation of cells with a high chondrogenic potential, possibly even specific phenotype preservation up to the second passage. COL1 expression has confirmed the tendency of the isolated cells dedifferentiation into a fibroblast-like phenotype already in the second passage, which confirms previous findings that higher passages should be used with care in cartilage tissue engineering. To evaluate the effectiveness of our approach, immunocytochemical staining of the evaluated chondrocyte specific products was performed as well.

Discussion. In this study, we developed a protocol for isolation and consequent cultivation of primary human adult articular chondrocytes with the desired phenotype from the surgical waste obtained during TKA. TKA is a common and very frequently performed orthopaedic surgery during which both femoral condyles are removed. The latter present the ideal source for a simple and relatively cheap isolation of chondrocytes as was confirmed in our study.

1 **Isolation and characterization of human articular chondrocytes from surgical waste after**
2 **total knee arthroplasty (TKA)**

3 Short title: Alternative human chondrocyte isolation

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30 **ABSTRACT**

31 **Background.** Cartilage tissue engineering is a fast evolving field of biomedical engineering, in
32 which the chondrocytes represent the most commonly used cell type. Since research in tissue
33 engineering always consumes a lot of cells, simple and cheap isolation methods could form a
34 powerful basis to boost such studies and enable their faster progress to the clinics. Isolated
35 chondrocytes can be used for autologous chondrocyte implantation in cartilage repair, and are the
36 base for valuable models to investigate cartilage phenotype preservation, as well as enable
37 studies of molecular features, nature and scales of cellular responses to alterations in the cartilage
38 tissue.

39 **Methods.** Isolation and consequent cultivation of primary human adult articular chondrocytes
40 from the surgical waste obtained during total knee arthroplasty (TKA) was performed. To
41 evaluate the chondrogenic potential of the isolated cells, gene expression of collagen type 2
42 (COL2), collagen 1 (COL1) and aggrecan (ACAN) was evaluated. Immunocytochemical
43 staining of all mentioned proteins was performed to evaluate chondrocyte specific production.

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48 passage, which confirms previous findings that higher passages should be used with care in
49 cartilage tissue engineering. To evaluate the effectiveness of our approach, immunocytochemical
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52 primary human adult articular chondrocytes with the desired phenotype from the surgical waste
53 obtained during TKA. TKA is a common and very frequently performed orthopaedic surgery
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55 and relatively cheap isolation of chondrocytes as was confirmed in our study.

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58 1 INTRODUCTION

59 Damage to articular cartilage has important clinical implications since the cartilage tissue
60 possesses a limited intrinsic healing potential and tends to an incomplete regeneration by local
61 chondrocytes, accompanied with an inferior fibrocartilage formation (Camp et al. 2014;
62 McNickle et al. 2008; Richter et al. 2016). Surgical intervention is often the only option,
63 although the repair of damaged cartilage is often less than satisfactory, and rarely restores full
64 function or returns the tissue to its native state (Kerker et al. 2008; Kock et al. 2012; Tuli et al.
65 2003). Over the past decade a number of viable options of cartilage regeneration have been
66 introduced into clinical practice (Camarero-Espinosa et al. 2016; Hettrich et al. 2008;
67 Schrobback et al. 2011). Among these, autologous chondrocyte implantation (ACI) seems the
68 most promising since it relies on the use of biodegradable materials that serve as temporary cell-
69 carriers, enabling *in vitro* cell growth and subsequent implantation into the defective cartilage
70 (Bomer et al. 2016; Niemeyer et al. 2016; Robb et al. 2012).

71 Tissue engineering of articular cartilage remains challenging due to the specific structure of
72 cartilage tissue, i.e. its multiphasic cellular architecture together with remarkable weight-bearing
73 characteristics (e.g. resistance to mechanical stress and wear) (Kim et al. 2012; Su et al. 2012).
74 Good understanding of the cartilage structure, physiology, and the molecular basis of
75 chondrogenesis is key to *in vitro* cartilage production, either for use in tissue engineering or
76 clinics (Bhat et al. 2011; Lee et al. 2013; Li et al. 2012). The state-of-the-art concept of *in vitro*
77 cartilage tissue development combines the use of biocompatible and biodegradable carrier
78 materials, the application of growth factors, the use of different cell types (stem or already
79 differentiated) and different approaches to simulate the native mechanical stimulation (Gardner
80 et al. 2013; Hildner et al. 2011; Khan et al. 2013; Naranda et al. 2016).

81 More specific challenges of articular cartilage tissue engineering remain the high consumption of
82 cells and related costs, as well as the preparation of an ideal host scaffold. Although solutions to
83 both mentioned challenges have been introduced in recent years (Bassleer et al. 1998; Stellavato
84 et al. 2016), is the cell part gaining far less research momentum. Therefore, it comes to no
85 surprise that novel approaches for chondrocyte isolation are highly desired, especially
86 considering the high prices of ordered cells. Optimisation of isolation yields, abundant cell
87 sources and efficient culturing procedures that lead to preparation of desired, reproducible and
88 relatively affordable cell cultures or/and material-cell constructs with good durability, are
89 therefore highly rated novelties in recent research (Dehne et al. 2009; Naranda et al. 2016; Otero
90 et al. 2012).

91 Several methods for chondrocyte isolation from various tissue parts and organisms were
92 introduced over the last decades (Hu et al. 2002; Li et al. 2015; Miranda et al. 2014; Shortkroff
93 & Spector 1999; Strzelczyk et al. 2001; Xu & Zhang 2014). Although their cell source varies, the
94 crucial steps of these reported isolation protocols have a lot of common ground. One of the main
95 similarities to digest the harvested tissue during the preparation of the primary culture is the use
96 the enzyme type 2 collagenase (Hayman et al. 2006; Lagana et al. 2014). Variations in the time
97 of the tissue exposure to the enzyme (Hayman et al. 2006), as well as combining it with other
98 enzymes (trypsin, pronase, hyaluronidase etc.) is not unusual (Jakob et al. 2001). Several

99 examples of effective chondrocyte isolation procedures including the source tissue and organism,
100 the digestion enzyme, time of tissue exposure and the cell yield, were summarized by Oseni et al
101 (Oseni et al. 2013). In their study, Oseni et al. evaluated the necessary isolation and
102 characterization procedures that would give a maximum yield with optimal cell viability for the
103 engineering of large cartilaginous constructs such as the human nose and ear (Oseni et al. 2013).
104 At this point it is important to mention that the state of the source tissue has also to be accounted
105 for (Lagana et al. 2014). In this context, Lagana et al. performed characterization of basic
106 parameters of articular chondrocytes isolated from 211 osteoarthritic patients. They concluded
107 that a systematic characterization of the cellular yield and chondrocyte proliferation rates is very
108 useful in view of a possible autologous cell therapy (Lagana et al. 2014). Therefore, it is very
109 important to determine the quality of the cell source, which is known to greatly influence the
110 outcome of engineered tissue (Lagana et al. 2014).

111 The most demanding part in the process of *in vitro* culturing still presents the preservation of the
112 desired phenotype to a high enough passage to yield sufficient cells to perform planned
113 experiments (Pei & He 2012; Rosenzweig et al. 2012; Schnabel et al. 2002a; Wu et al. 2014).
114 Since the latter depends on numerous factors and can therefore be confirmed only by a
115 combination of (often) expensive techniques (different microscopies, molecular analysis,
116 immunocytochemistry etc.), it is important to prepare protocols for an easier and cheaper
117 preliminary phenotype confirmation by means of methods, available in most cell laboratories
118 around the world. Since the desired phenotype can be identified by chondrocyte specific
119 production (Chen et al. 2014; Han et al. 2010), we believe that the easiest and safest preliminary
120 method to prove phenotype preservation could be the analysis of gene expression. More
121 specifically, this analysis should include the evaluation expression of genes related to cartilage
122 specific markers (e.g. collagen type 2 and aggrecan). To follow-up possible dedifferentiation
123 towards the fibroblastic phenotype (Duan et al. 2015; Goldring et al. 2006; Haudenschild et al.
124 2001; Makris et al. 2015; Otero et al. 2012), we propose simultaneous measurement of up-
125 regulation of collagen type 1.

126 Based on all mentioned it is clear that chondrocyte isolation from an abundant source with a high
127 yield, together with an effective and cheap preliminary phenotype confirmation method, would
128 be greatly beneficial to boost the development of cartilage tissue engineering (Cetinkaya et al.
129 2011; Goepfert et al. 2010; Schrobback et al. 2011). This study was therefore designed to
130 provide a relatively simple, yet effective procedure for isolation and culturing of human tissue
131 derived primary chondrocytes up to the second passage. As the preliminary method of phenotype
132 confirmation, we chose the evaluation of chondrocyte specific gene expression, together with
133 morphological evaluation of cells. Such an approach provides a cheap and effective protocol to
134 be considered an alternative to other available methods (Hu et al. 2002; Li et al. 2015; Strzelczyk
135 et al. 2001; Xu & Zhang 2014), especially suitable for other laboratories to boost their respective
136 entry level cartilage tissue engineering studies. To confirm our claims and the overall
137 effectiveness of the used approach, immunocytochemical analysis of the most important
138 chondrocyte specific extracellular matrix products (aggrecan and collagen type 2) were evaluated
139 after one week of cell growth (for the second passage). To observe the tendency of the

140 chondrocyte cells towards differentiation into fibroblast like cells, collagen type 1 was also
141 evaluated using the same approach.

142 2 MATERIALS AND METHODS

143 2.1 Materials

144 All used materials and chemicals were of laboratory grade and purchased from Sigma-Aldrich,
145 Germany, if not stated otherwise. For specific parts of the isolation process and cultivation, all
146 used labware and chemicals were additionally sterilized using the standard autoclavation
147 procedure (Avtoklav A-21, Kambič, Slovenia).

148 2.2 Isolation of primary chondrocytes

149 Full-thickness cartilage was surgically removed from the femoral condyle of arthritic knee of a
150 50 years old patient who underwent total knee arthroplasty (TKA) performed at the University
151 Medical Centre Maribor, Slovenia (application reference: 123/05/14). Prior to surgery, no
152 systemic disease or any treatment was reported for the donor patient. The study was conducted in
153 accordance with the *Declaration of Helsinki* and its subsequent amendments and was approved
154 by the Republic of Slovenia National Medical Ethics Committee (Ljubljana, Slovenia). The
155 patients' written consent was obtained.

156 The cartilage tissue was surgically removed under sterile conditions during TKA procedure. The
157 standard cutting blocs for femoral resection were used and resection was performed in the usual
158 manner. Distal and/or posterior femoral condyles were used for chondrocyte isolation depending
159 on the macroscopic condition of the cartilage tissue (due to e.g. osteoarthritis). Immediately after
160 the removal, the bone cuts were transferred into a previously sterilized 250 ml glass bottle filled
161 with phosphate buffered saline (PBS, Sigma-Aldrich, Germany) and immediately brought to the
162 cell isolation laboratory.

163 The cartilage-bone tissue was transferred to a petri dish filled with PBS to prevent drying of the
164 tissue. In the cell isolation laboratory, the cartilage tissue was carefully removed from the bone
165 cuts surface using a No 11 blade to obtain approximately 2 x 2 mm pieces of cartilage tissue.
166 PBS was carefully removed by a pipette and the petri dish was immediately filled with 10 mL
167 solution of 0.25 wt.% Trypsin/EDTA (Sigma, France). The as-prepared cartilage pieces were
168 incubated for 3 hours at 37°C and 5 wt.% CO₂ (CO₂ Incubator MCO-19AICUVH-PE,
169 Panasonic, Japan), followed by addition of 20 mL of Advanced Dulbecco's modified Eagle's
170 medium (Advanced DMEM, Gibco, Grand Island, NY, USA) to the cell suspension. The
171 suspension was transferred to a 50 mL falcon tube and centrifuged at 300 x g for 10 minutes
172 (Centrifuge 5804 R, Eppendorf, USA). The supernatant was carefully discarded and the cell
173 pellet was re-suspended in 20 mL of Advanced DMEM and centrifuged at 200 x g for 5 minutes
174 (Centrifuge 5804 R, Eppendorf, USA). The supernatant was again carefully discarded and the
175 cell pellet re-suspended in 10 mL Advanced DMEM supplemented with 100 IU/ml Penicillin, 1
176 mg/ml Streptomycin, 2mM L-glutamine and 5 wt.% foetal bovine serum (FBS, Gibco, Grand
177 Island, NY, USA) and plated on 25 cm² flasks (in triplicates). In the cell pellet, very small
178 fragments of cartilage were also present. Besides primary chondrocytes, these fragments were

179 also seeded and after a week of incubation, the cells were observed crawling from the tissue
 180 fragments. Together with the primary chondrocytes these were then left until confluence was
 181 reached.

182 Growing cells were regularly observed with an Axiovert 40 inverted optical microscope (Zeiss,
 183 Germany) at several magnifications. The culturing medium was changed every three days. The
 184 general steps of the procedure are schematically depicted in **Fig. 1**.

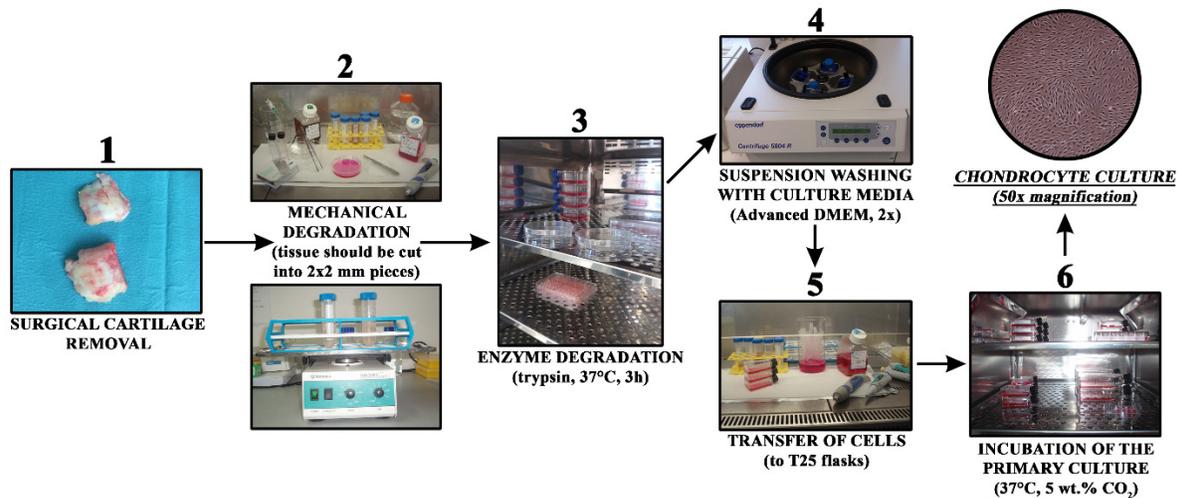


Fig. 1: Chondrocyte isolation from cartilage in a short overview of the most important preparation steps.

185 2.3 Gene expression analysis

186 Gene expression analysis of cartilage specific markers collagen type 2 (COL2) and aggrecan
 187 (ACAN) was performed in order to determine the primary chondrogenic phenotype. Possible
 188 dedifferentiation to a more fibroblast like cell type was evaluated by monitoring the expression
 189 of collagen type 1 (COL1). After confluence was reached in all respective samples (triplicates)
 190 (see above section 2.2. for details), the cell suspension was transferred to micro-centrifuge tubes,
 191 and 1.4 mL of TRI reagent (Sigma-Aldrich, Germany) was added. The tubes were vortexed for
 192 30 min at room temperature. Afterwards, 280 μ L of chloroform (Sigma-Aldrich, Germany) was
 193 added and the tubes were further vortexed for 15 min and centrifuged at 12.000 rpm and 4°C.
 194 RNA extraction was carried out according to the manufacturer's instructions (Chomczynski
 195 1993; Louveau et al. 1991). Concentration and purity of the extracted cellular RNA was
 196 determined using NanoDrop 2000c (Thermo Scientific, Delaware, USA) through optical density
 197 readings at 260 nm and a 260/280 nm ratio. cDNA was obtained by using a cDNA reverse
 198 transcription kit (Applied Biosystems, California, USA). Primer sequences for cartilage target
 199 genes ACAN and COL2 were obtained from Caterson et al. (Caterson et al. 2001), while the
 200 corresponding mRNA sequences were retrieved from PubMed Nucleotide database
 201 (www.ncbi.nlm.nih.gov/nucleotide/) and the AceView database (Thierry-Mieg & Thierry-Mieg
 202 2006). Primers for the target gene COL1 were designed using IDT oligo analyser
 203 (eu.idtdna.com/calc/analyser). The primer sequences with the corresponding mRNA sequences
 204 and the corresponding NCBI accession numbers, are given in **Table 1**. 2 μ L of each cDNA

205 sample with concentration of 15 ng/ μ L was used for quantitative real time PCR (qPCR) analysis
 206 performed using LightCycler 480 thermocycler (Roche, Switzerland) and with 2 \times Maxima
 207 SYBR Green qPCR master mix (Life Technologies, California, USA) according to the
 208 manufacturer's instructions. The quality and specificity of PCR amplicons were checked using
 209 melting curve analyses and agarose gel electrophoresis. All shown results are presented as
 210 average values with the standard errors.

211 **Table 1:** Primer sequences with the corresponding mRNA sequence and the corresponding
 212 NCBI accession numbers.

Gene	Gene name	Accession number	Primer sequence 5'→3'
<i>ACAN</i>	<i>Aggrecan</i>	NM_013227.3	TGAGGAGGGCTGGAACAAGTACC
		NM_001135.3	GGAGGTGGTAATTGCAGGGAACA
<i>COL1</i>	<i>Collagen type 1, alpha 1</i>	NM_000088.3	CGGCTCCTGCTCCTCTTAG CACACGTCTCGGTCATGGTA
<i>COL2</i>	<i>Collagen type 2, alpha 1</i>	NM_001844.4	TTTCCCAGGTCAAGATGGTC
		NM_033150.2	CTGCAGCACCTGTCTCACCA
<i>GAPDH</i>	<i>Glyceraldehyde-3-phosphate dehydrogenase</i>	NM_001289745.1	GGGCTGCTTTTAACTCTGGT
		NM_002046.5	TGGCAGGTTTTTCTAGACGG
		NM_001289746.1	
		NM_001256799.2	

213 2.4 Immunocytochemistry

214 We characterized cells according to the expression of specific surface proteins (COL1, COL2,
 215 ACAN). Additional staining was performed in order to analyse the cells' general morphology
 216 (cytoskeleton (actin) – using Phalloidin – iFluor 555 Reagent (Abcam, UK); nucleus – using
 217 mounting medium with 4',6-diamidino-2-phenylindole (DAPI, Sigma-Aldrich, Germany)). Some
 218 more details about respective methods are described below. All micrographs were taken using
 219 either Fluid Cell Imaging Station (Thermo Fisher Scientific, USA) or EVOS FL Cell Imaging
 220 System (Thermo Fisher Scientific, USA).

221 2.4.1 General protocol for immunocytochemistry

222 Round glass slides (2r =12 mm) were placed on the bottom of wells in a P24 plate (in triplicate
 223 for each used dye) similar to the procedure used by Oseni et al. (Oseni et al. 2013). Isolated cells
 224 (from the second passage) at a density of 50,000 cells / well were placed on each of the glass
 225 slides and incubated at 37 °C, 5 wt.% CO₂ for 7 days. The medium (Advanced DMEM,
 226 supplemented with foetal bovine serum (FBS, Gibco, Grand Island, NY, USA)) was removed
 227 and the cells were washed with phosphate buffered saline (PBS, Sigma-Aldrich, Germany) once.
 228 Fixation of cells was performed using the Fixation Solution (Millipore, USA) for 10 minutes at
 229 room temperature, followed by washing of the cells three times with cold PBS (~4 °C).

230 Further sample handling differed for respective staining procedures. Namely, ACAN, COL1 and
 231 COL2 were stained using primary and secondary antibodies (the manufacturers protocols were
 232 followed for this purpose), whereas actin was stained in a single step (again, according to the
 233 manufacturers protocol).

234 2.4.2 Actin staining

235 Following the general protocol for immunocytochemistry, the working solution of the conjugated
236 Phalloidin (1000x Phalloidin stock solution in dimethyl sulfoxide DMSO (Abcam, UK), 1/1000
237 dilution in PBS with 1 wt.% bovine serum albumin (BSA, Sigma-Aldrich, Germany) and 0.1
238 wt.% Tween 20 (Sigma-Aldrich, Germany)) was added. Incubation was performed for 90
239 minutes at room temperature and in a dark room. Rinsing was performed with PBS and was
240 repeated three times. The final step was the addition of the Fluoroshield Mounting Medium with
241 DAPI. Micrographs were taken at the suitable wavelengths for respective used dyes
242 (excitation/emission: DAPI=306/460 nm and Phalloidin=556/574 nm).

243 2.4.3 Staining of COL1, COL2 and ACAN

244 Following the general protocol for immunocytochemistry described above, the cells were
245 incubated for 30 minutes with PBS, supplemented with 1 wt.% BSA and 0.1 wt.% solution of
246 Tween 20 to block nonspecific binding of antibodies. All incubations with the primary antibodies
247 was performed overnight at 4 °C. Respective dilutions (in PBS with 1 wt.% BSA and 0.1 wt.%
248 solution of Tween 20) of the primary antibodies were as follows:

- 249 1. ACAN: Anti-Aggrecan antibody [6-B-4] (Abcam, UK), 1:50,
- 250 2. COL2: Anti-Collagen 2 antibody (Abcam, UK), 1: 200,
- 251 3. COL1: Anti-Collagen 1 antibody (Abcam, UK), 1: 500.

252 After incubation, the cells were washed three times with PBS for 5 minutes. Incubation of cells
253 with the secondary antibodies was performed in a dark at room temperature for 1 hour (the same
254 procedure was used also as the control for the attachment of respective secondary antibodies).
255 The dilutions of the secondary antibodies (in PBS with 1 wt.% BSA and 0.1 wt.% solution of
256 Tween 20) were as follows:

- 257 1. ACAN: Rabbit Anti-Mouse IgG H & L (Alexa Fluor 488) preabsorbed (Abcam, UK), 1:
258 1000,
- 259 2. COL2 and COL1: Goat anti-rabbit IgG H & L (Alexa Fluor 594) (Abcam, UK), 1: 1000.

260 After incubation, the cells were washed three times with PBS for 5 minutes. Finally, three drops
261 of the Mounting Medium Fluoroshield with DAPI were added and the solution was left on the
262 cells for 5 minutes. Micrographs were taken at the suitable wavelengths for respective used dyes
263 (excitation/emission: ACAN=495/519 nm and COL2/COL1=590/617 nm).

264 3 RESULTS

265 3.1 Isolation of primary chondrocytes

266 As mentioned in the Materials and methods section, the full-thickness cartilage was obtained
267 from the femoral condyle of an arthritic knee during knee arthroplasty (TKA) performed at the
268 University Medical Centre Maribor, Slovenia. TKA is a common procedure at the mentioned
269 hospital, considering that approximately 700 such surgeries are performed each year

270 (Univerzitetni klinični center 2014). Since the removed cartilage tissue is considered surgical
271 waste, this presents a reliable and continuous source for isolation of primary chondrocytes.

272 The primary chondrocytes were isolated as described in the Materials and methods section.
273 During their cultivation, their morphology and proliferation were regularly observed using
274 inverted optical microscopy (**Fig. 2**). **Fig. 2A** shows the thin slice of cartilage that was used for
275 their cultivation, while **Fig. 2B-D** present the primary human chondrocytes in a monolayer
276 culture at different cultivation times. This initial examination was performed to follow possible
277 morphological changes in the cell shapes, which would indicate possible dedifferentiation.

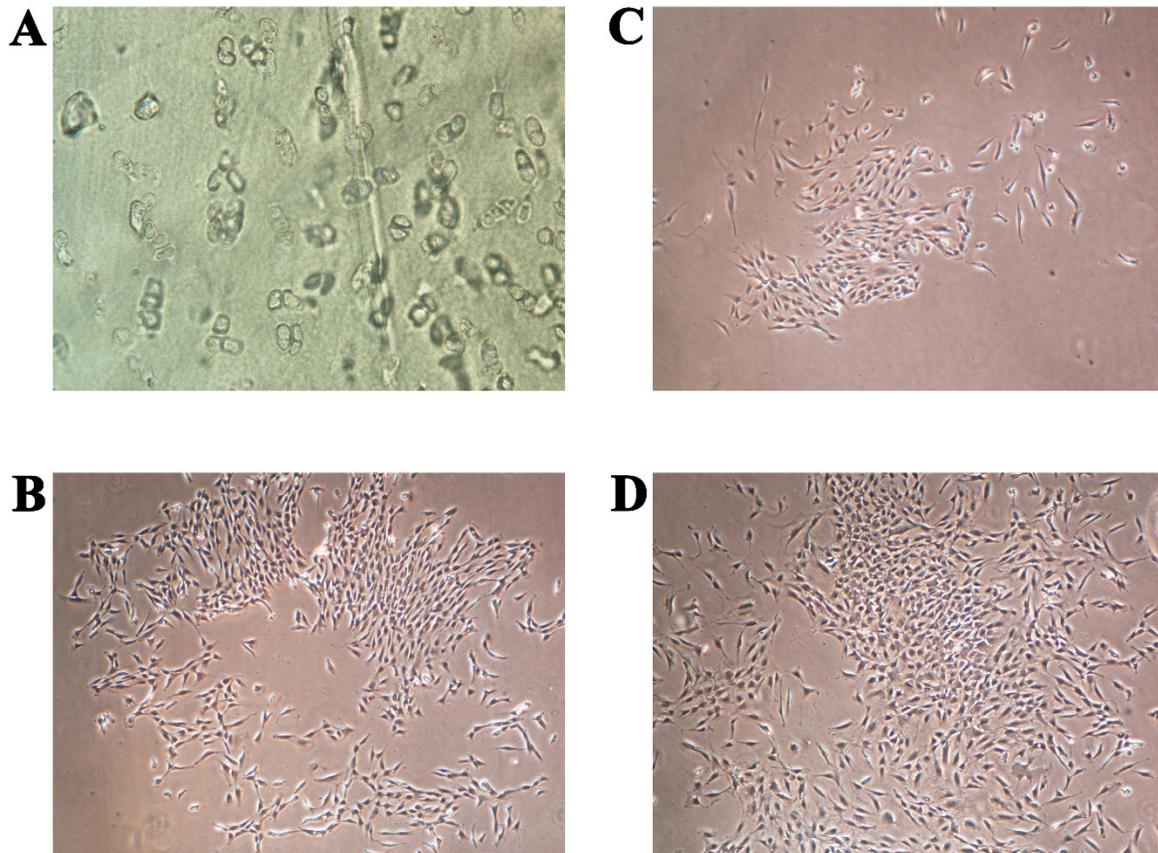


Fig. 2: A) Thin slice of cartilage for primary chondrocyte isolation; B-D) the primary human chondrocyte culture in a monolayer after 3, 6 and 9 days, respectively. The magnification of all shown images is 50x.

278 The full confluence of the isolated cells for the first and second passage was reached after two
279 (14 days) and after one (7 days) week, respectively. Cell growth stopped presumably due to
280 contact inhibition (Lackie 2013). A comparison between the primary chondrocyte culture and the
281 obtained chondrocyte cultures after the first and second passages, is shown in **Fig. 3**. The cells
282 formed confluent monolayers (after the above mentioned cultivation times) and appeared
283 polygonal in shape (**Fig. 3A-C**). It can be observed that the chondrocyte morphology became
284 more spindle-like in the second passage (**Fig. 3C**), showing their tendency for dedifferentiation,
285 most likely towards fibroblast like cells (Hong & Reddi 2013). Observing the mentioned changes

286 was an indication that the third passage will not yield a high percentage of chondrocytes only,
287 using the proposed cultivation conditions.

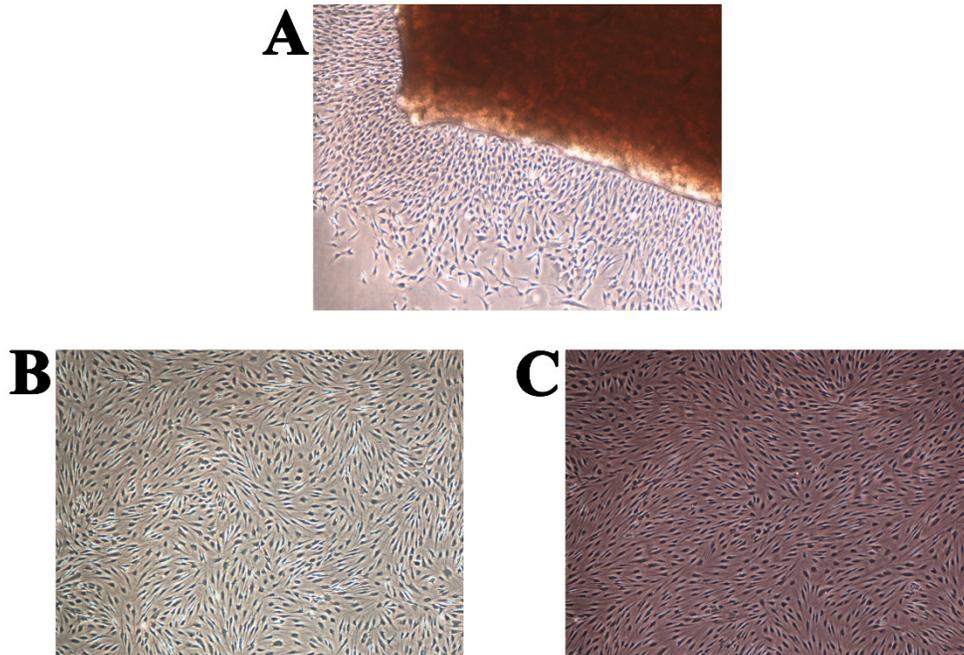


Fig. 3: Human chondrocyte culture: A) the explant culture of chondrocytes (“primary culture”), B) monolayer of chondrocytes after first passage, and C) monolayer of chondrocytes after the second passage. The magnification of all shown images is 50x (the inlay images were taken with a magnification of 100x).

288 3.2 Gene expression analysis of the isolated chondrocytes

289 Now that we determined the suitable number of passages presumably yielding a high percentage
290 of chondrocyte cells, we performed additional characterization to confirm the chondrocytes’
291 desired phenotype. Analysis of gene expression was chosen due to its affordability and
292 availability. The isolated cells from the human articular cartilage were characterized in regard of
293 the genes related to specific chondrogenic production, namely collagen type 2 (COL2) and
294 aggrecan (ACAN). To detect possible dedifferentiation towards fibroblast like cells, expression
295 of collagen type 1 (COL1) was also determined. Expression of all three mentioned genes was
296 performed after the confluence was reached for the second passage (after 7 days). As shown in
297 **Fig. 4 and Fig. 5**, both cartilage specific genes (COL2 and ACAN) and also the marker of
298 fibrocartilage (COL1) were expressed in the isolated chondrocytes in both passages. qPCR
299 results are presented as absolute Ct values. Reference gene GAPDH was used as an internal
300 control (Chen et al. 2016).

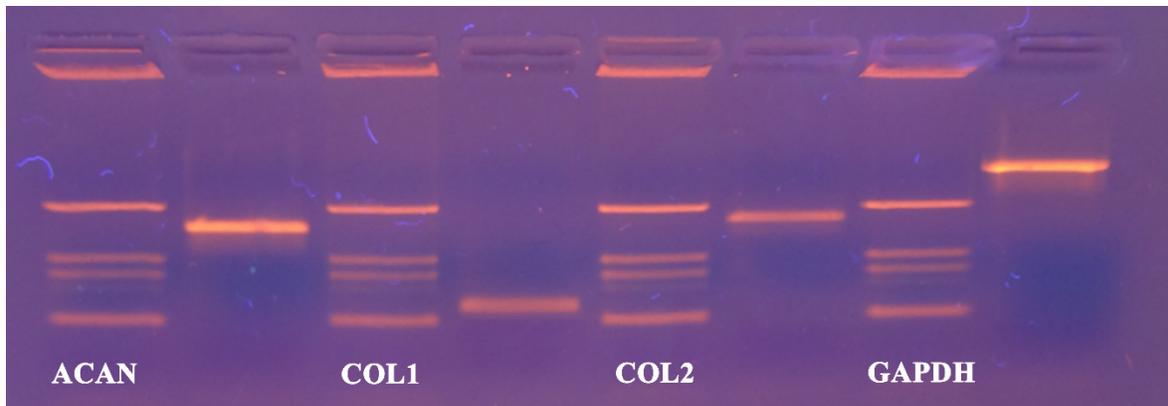


Fig. 4: cDNA products of analysed genes (GAPDH, collagen type 1, collagen type 2 and aggrecan) at the end-point of qPCR on agarose gel electrophoresis.

Analyzed genes: GAPDH (702 bp), COL2 (377 bp), COL1 (137 bp), ACAN (350 bp) and DNA markers (433 bp, 245 bp, 203 bp, 114 bp).

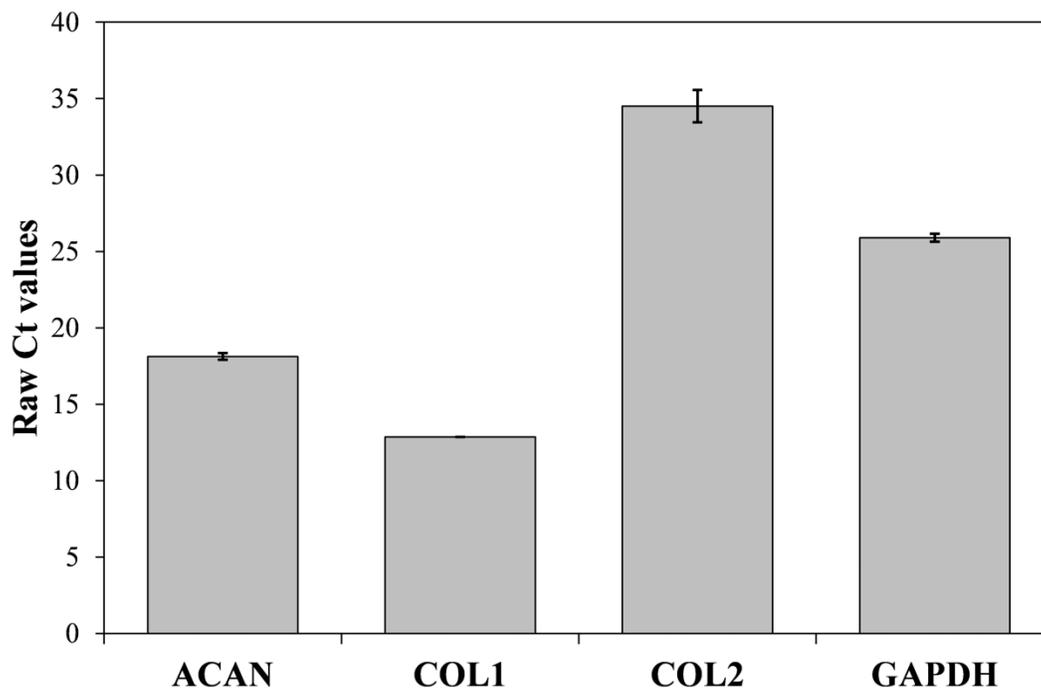


Fig. 5: Results of qPCR analysis presented as absolute Ct values of target genes expression (ACAN, COL1, COL2 and GADPH). The results are presented as average values with the standard errors of a triplicate.

301 3.3 Immunocytochemistry

302 We performed immunocytochemistry on the isolated cells to investigate chondrocyte phenotype
 303 alterations (ACAN, COL1 and COL2). Additionally, the cytoskeleton (actin) and cell nucleus
 304 were stained to show the overall healthy morphology of the cells. All staining was performed in
 305 three repetitions. As the negative control, staining only with the respective secondary antibodies,
 306 as well as with the Mounting medium with DAPI (after one day and after two days), were used.
 307 Production of all three proteins was confirmed (**Fig. 6 A-C**), which is in agreement with the

308 results from the molecular analysis. All negative controls have shown no fluorescence,
309 confirming the effectiveness and specificity of the used protocols. Staining of actin (**Fig. 6 D**)
310 confirmed the expected morphology of healthy cells, which is in agreement with the micrographs
311 using optical microscopy.

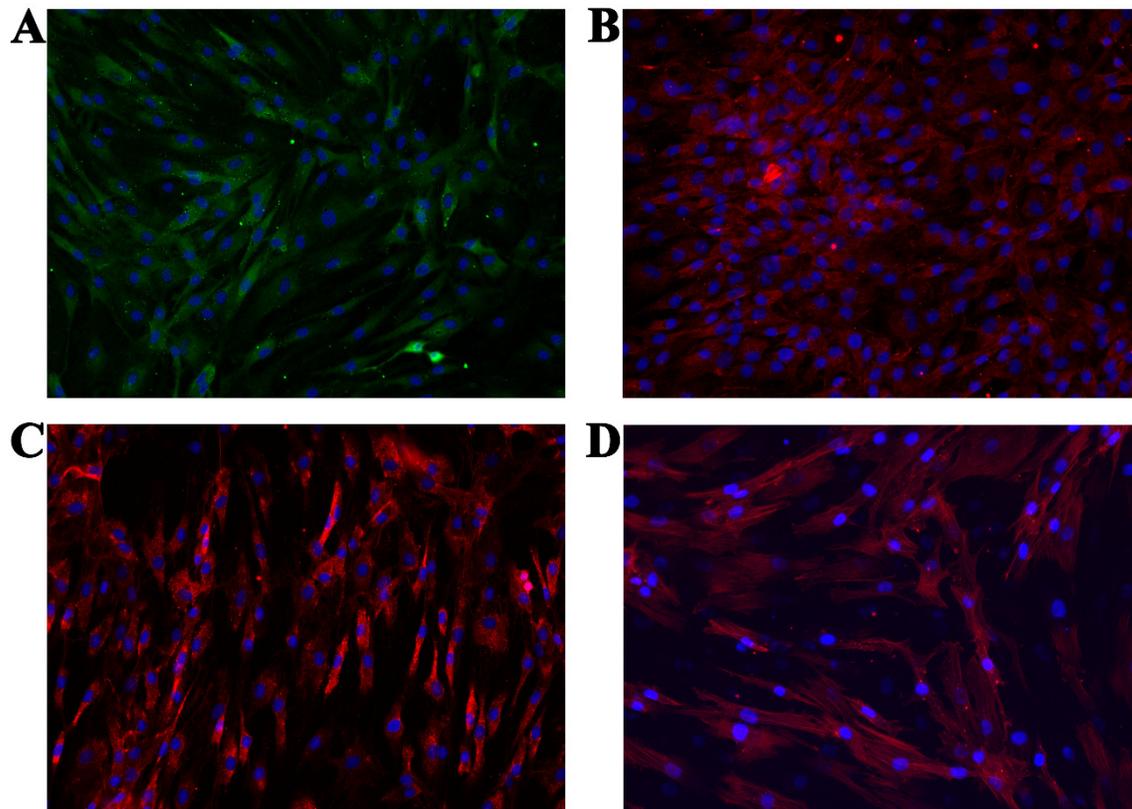


Fig. 6: Micrographs of the stained samples: A) for ACAN, B) for COL2 and C) COL1. Additionally, D) shows the cells with a stained cytoskeleton (actin). For all samples a mounting medium with DAPI was used to stain the nuclei. The magnification of all shown images is 460x (according to the manufacturers microscope specifications).

312

313 4 DISCUSSION

314 The development of novel solutions related to any tissue engineering application consumes a
315 huge number of cells to prove safety and efficiency (Groeber et al. 2012; Maver et al. 2015;
316 Mohd Hilmi & Halim 2015; Rodriguez-Vazquez et al. 2015). Cartilage tissue engineering is no
317 exception, and hence large scale expansion of chondrocytes is required either for novel scaffold
318 testing, determination of potential cytotoxic effects of medical devices and implants for
319 orthopaedic use (Bomer et al. 2016; Camarero-Espinosa et al. 2016; Makris et al. 2015).
320 Cultivation of such high cell counts is a demanding task, especially considering the low number
321 of obtained cells in the primary culture, and an often limited amount of available tissue.
322 Consequently, further expansion and consecutive passages are needed, which on the other hand
323 can lead to dedifferentiation (Mirando et al. 2014; Shortkroff & Spector 1999; Thirion &

324 Berenbaum 2004). The latter is evident by morphological changes of the cells from polygonal to
325 more elongated, as well as through a reduction in the growth rate (Cetinkaya et al. 2011;
326 Haudenschild et al. 2001; Otero et al. 2012). For example, development of novel scaffolds for
327 cartilage tissue engineering often requires a million cells per sample scaffold (the number
328 depends on the size of the scaffold to be tested), exposing the high demand for cells and at the
329 same time one of the major bottlenecks in development of novel tissue engineering solutions. At
330 later passages, the quality of chondrocytes gradually decreases and is characterized with many of
331 the phenotypic traits of fibroblast like cells and an increased synthesis of collagen type 1, rather
332 than type 2 (Bonaventure et al. 1994; Diekman et al. 2009; Schnabel et al. 2002b).

333 A sufficient number of cells can be ensured either through significant expenses (purchase of cells
334 from different cell banks) or isolation of desired cells from tissues. While the first scenario
335 requires sufficient funds, the latter requires appropriate tissue sources, an approval of respective
336 Committees of Medical Ethics, and a rigorous final analysis to confirm the isolation of the
337 desired cell type only. Since we work in the close proximity and in tight collaboration with the
338 local University Medical Centre, the second scenario was more convenient. Our goal was to
339 prepare a simpler and generally available protocol, which would include the isolation of primary
340 chondrocytes from full-thickness cartilage that is surgically removed from the femoral condyle
341 of an arthritic knee during total knee arthroplasty (TKA). As a preliminary prove of the
342 protocols' efficiency, we considered gene expression analysis as the best option, since it is
343 affordable and the required instrumentation (PCR, inverted optical microscope) is most likely
344 available in most cell biology laboratories. The set of analysed genes was carefully chosen
345 considering the available literature to monitor cartilage phenotype alterations (Caterson et al.
346 2001; Diekman et al. 2010; Grogan et al. 2014; Jonitz et al. 2012; Seda Tigli et al. 2009; Shi et
347 al. 2014). Based on the mentioned, the correlation between COL2 and COL1 in addition to
348 ACAN, seemed to be the most suitable. For confirmation of the effectiveness of the proposed
349 approach in terms of chondrocyte specific production besides the gene expression,
350 immunocytochemical staining of COL2, COL1 and ACAN was used as well. The latter
351 confirmed the chondrocyte specific productions (ACAN and COL2), as well as the presence of
352 COL1, which could be an indication of ongoing dedifferentiation to more fibroblast like cells.

353 In general, the chondrocyte isolation protocol can be divided into different stages: isolation,
354 seeding and chondrocytes grow in culture, although description and number of steps can vary
355 (Gosset et al. 2008; Thirion & Berenbaum 2004). After initial plating of the primary cultures, the
356 chondrocytes spread out after 2-3 days and after 4-7 days the sufficient amounts of total RNA
357 may be extracted. Primary cartilage phenotype (often confirmed by evaluating the presence of
358 COL2 and ACAN mRNAs) may be initially preserved, but the expression of nonspecific
359 collagens (e.g. COL1) begins to appear already 7 days after isolation (Otero et al. 2005).
360 Moreover, adult articular chondrocytes are strongly contact-inhibited and undergo a rapid change
361 in phenotype and gene expression, termed "dedifferentiation", when isolated from cartilage
362 tissue and cultured on culturing plastics (Haudenschild et al. 2001). Therefore, primary
363 chondrocyte cultures should be used for experimental analyses immediately before or just after
364 confluence is reached to assure optimal matrix synthesis and cellular responsiveness
365 (Schneevoigt et al. 2016).

366 In the last two decades, several chondrocyte isolation protocols were developed and reported on
367 (Hayman et al. 2006; Hu et al. 2002; Jakob et al. 2001; Lagana et al. 2014; Oseni et al. 2013;
368 Strzelczyk et al. 2001). For example, an important recent study was conducted by Lagana et al
369 (Lagana et al. 2014), who isolated chondrocytes from 211 osteoarthritic (OA) patients
370 undergoing total joint replacement. The authors of this study analysed specific features of
371 chondrocytes such as cellular yield, cell doubling rate and the dependence between these
372 parameters and patient-related data (e.g. joint type, age and gender). They concluded that such a
373 systematic characterization of important cell source parameters could be useful in view of a
374 possible autologous cell therapy for osteoarthritis, since the cell source quality is known to
375 greatly influence the outcome of engineered tissue (Lagana et al. 2014). Another crucial study
376 that we studied in details prior to our experimental design, was performed by Oseni et al. (Oseni
377 et al. 2013). In this study, the authors focused on a very important factor related to possible
378 clinical use of cartilage tissue engineered products, namely the optimization of the isolation
379 protocol to allow for a large-scale production. The result of their study was an optimized
380 protocol with exactly defined isolation parameters (e.g. enzyme and concentration to be used,
381 time of digestion and the seeding density for tissue culturing). Two other studies have to be
382 mentioned in this context as well. Namely, the studies from Jakob et al. (Jakob et al. 2001) and
383 Hayman (Hayman et al. 2006), respectively. Jakob et al. focused on the research of possible
384 chondrocyte isolation yield improvement by using various combinations of enzymes and
385 reagents. Their results indicated that chondrocyte yields and capacity to attach and proliferate are
386 not highly sensitive to the specific isolation protocol used (Jakob et al. 2001). Finally, Hayman et
387 al. conducted a study, in which they tested combinations of 3 different enzymes and variable
388 incubation/digestion times. A very important discussion point raised by the authors of this study
389 was that different isolation protocols are to be used, if the focus is only on the yield or the goal is
390 to produce preferentially “native” chondrocytes (Hayman et al. 2006).

391 The protocol of chondrocyte isolation described in this article led to successful growth and
392 proliferation of cells with a proven chondrogenic potential up to the second passage as shown
393 using molecular and immunocytochemical analysis. The characterization of primary human
394 chondrocytes by molecular analysis showed the expression of cartilage specific genes (COL2
395 and ACAN), as well as a sign of dedifferentiation towards fibrocartilage for the second passage
396 (indicated by the expression of COL1). In comparison with other available chondrocyte isolation
397 protocols, we introduced some changes to the general protocol. As mentioned before, our target
398 was a simple protocol with a high enough yield to conduct preliminary cartilage tissue
399 engineering experiment, like testing of suitability of novel materials (Naranda et al. 2016).
400 According to previous studies, the most commonly used enzyme in chondrocyte isolation, is type
401 2 collagenase (Hayman et al. 2006; Lagana et al. 2014; Oseni et al. 2013). Various incubation
402 times are used to allow for tissue digestion, but in our experience, longer enzyme exposure times
403 of tissues (and with longer exposures, an increasing number of cells as well) often lead to an
404 increased number of dead cells and/or a lower yield of the cells with a desired phenotype.
405 Considering all mentioned, we used a Trypsin/EDTA combination and an incubation time of 3h.
406 Although this is not the first research study reporting the use of trypsin for chondrocyte isolation
407 (Hidvegi et al. 2006; Jakob et al. 2001), it is the only one to the best of our knowledge, to use
408 only this enzyme during the isolation protocol. Also, the reported incubation time is different to

409 the mentioned studies. In addition, our protocol does not include the use of any growth factors
410 like reported in some studies (Lagana et al. 2014), again with the focus to simplify the overall
411 protocol. Moreover, no enzyme predigestion step was introduced in our protocol, like in some
412 studies (Oseni et al. 2013).

413 The purpose of our study was not to revolutionize the chondrocyte isolation procedures, but
414 rather to push the evolution of cartilage tissue engineering. As such, our desire was to present an
415 alternative, affordable and relatively simple approach of chondrocyte isolation, especially
416 suitable for laboratories working closely together with orthopaedic clinics. Such laboratories
417 have the unique opportunity to use surgical waste materials, occurring during TKA. Since TKA
418 is a very common surgery (considering the present demographics, the incidence will only
419 increase (Peterson et al. 2015)), this approach could make cartilage related studies far more
420 available also for laboratories with limited resources, and hence push the overall development of
421 this field towards novel and cheaper therapeutic solutions. Based on our results, we can claim
422 that the combination of the use of surgical waste tissue occurring during TKA, and analysis by
423 inverted optical microscopy and chondrocyte specific gene expression, as well confirmation of
424 chondrocyte specific production, indeed results in an alternative and affordable means to boost
425 cartilage related research in the future.

426 5 CONCLUSION

427 In this study, we describe a simple and affordable procedure of isolation and cultivation of
428 human articular chondrocytes demonstrated a high chondrogenic potential to the second passage.
429 As the source material, we propose the surgical waste tissue occurring during total knee
430 arthroplasty (TKA). Chondrocyte cells are crucial not only for development of therapeutic
431 approaches in cartilage repair (e.g. autologous chondrocyte implantation – ACI), but are
432 necessary in cartilage tissue engineering to allow the development of functional cell models and
433 novel scaffolds. For this purpose, chondrocytes have to be isolated in sufficient quantities and
434 their phenotype should be preserved. Since all mentioned is related to very high costs, we
435 propose alternative isolation and testing protocols that are cheaper and could especially boost the
436 preliminary studies related to cartilage research.

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