

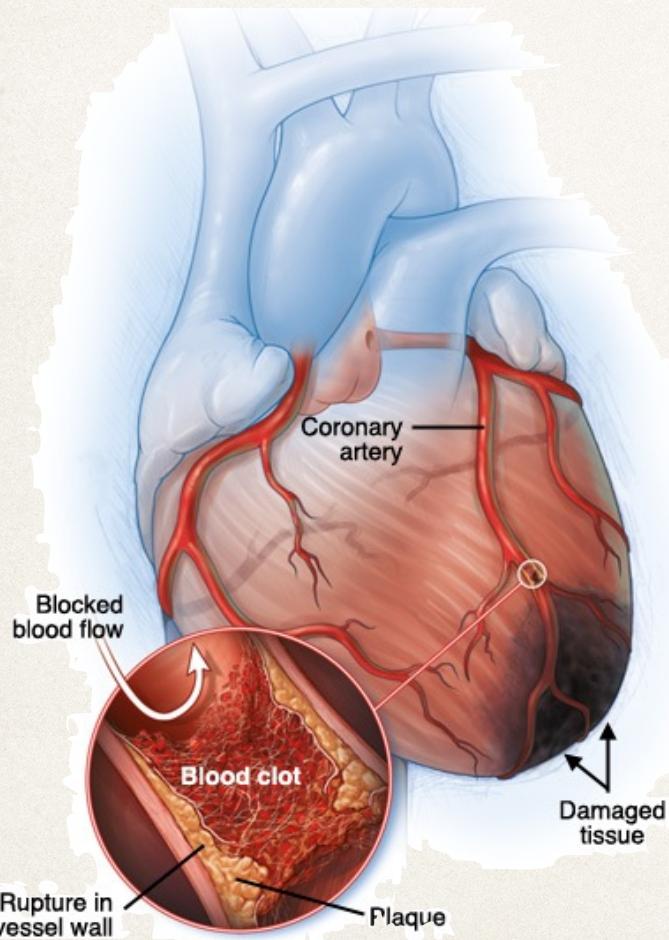
A swine heart is monitored in the Visible Heart Lab at the University of Minnesota in Minneapolis, Minn. January 5, 2012. The Visible Heart Lab uses reanimated mammalian hearts for research and education, and has been operating for 15 years. (MPR Photo / Jeffrey Thompson)

Regenerating Heart Tissue

BMEN 612 - Amin Adibi

21 November 2013

Why would we want to regenerate it?



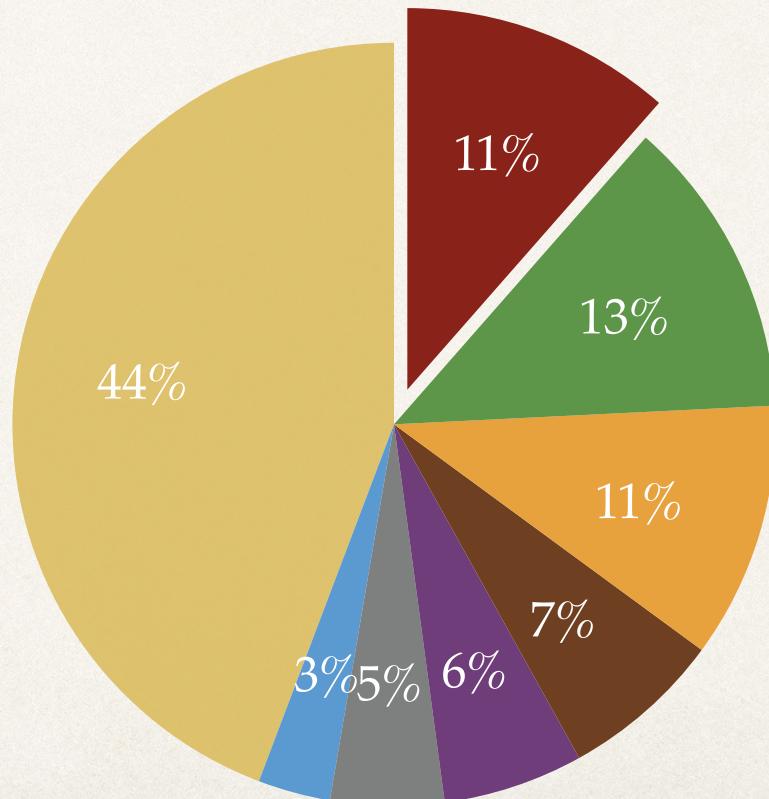
- Heart muscle cells (i.e. cardiomyocyte) die in heart attacks, resulting in dead tissue.
- Up to 1 billion of cardiomyocytes might die in an attack (the total is about 3 billion)
- This results in decreased contraction.
- How do we measure it?

• Ptaszek et al (2012). Laflamme (2005).
Image from <http://www.mayoclinic.com/health/medical/IM00938>

Why would we want to regenerate it?

- ❖ Heart disease accounts for 7 million annual deaths, 11% of all deaths in the world.

- Heart Disease
- Malignant Neoplasms
- Stroke
- Lower Respiratory Infections
- COPD
- Diarrheal Diseases
- HIV / AIDS
- Other



Can't it regenerate itself? Please?

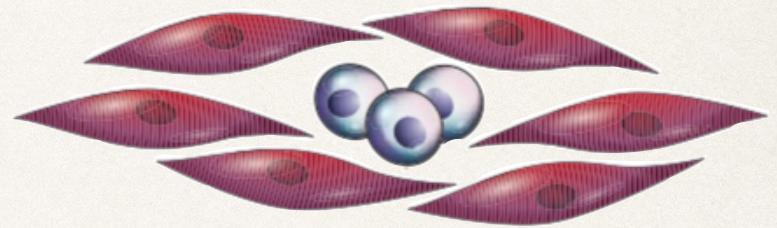
- ⌘ Unlike zebrafish, salamanders and neonatal mice, there is no cardiac regeneration in humans.
- ⌘ Cardiomyocyte turn-over rate:
1% in young people, 0.5% in elderly.
- ⌘ Turnover increases in response to injury, but is not enough to repair the damaged muscle.



⌘ Boström (2013), Ptaszek et al (2012). Image obtained from <http://en.wikipedia.org/wiki/File:Zebrafisch.jpg>

Cell Therapy

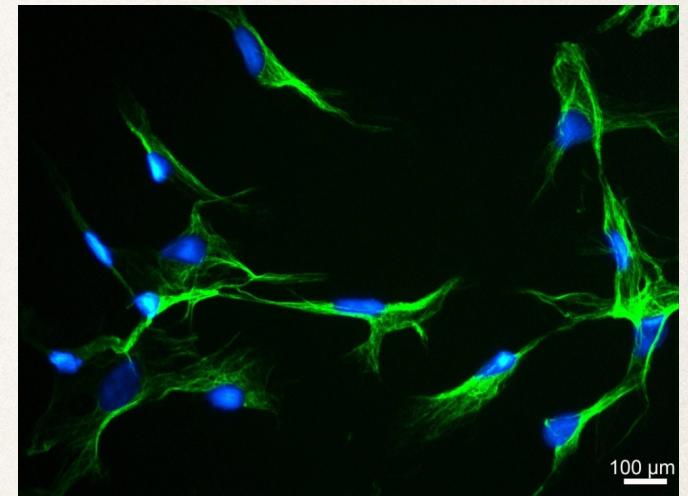
- ❖ What is lost? Cells. Maybe we can implant new cells?
- ❖ But what kind of cells?
 - ❖ Stem Cells.
 - ❖ Progenitor Cells.



❖ Ptaszek et al (2012). Image from Segers et al (2008)

Cell types: skeletal muscle myoblasts

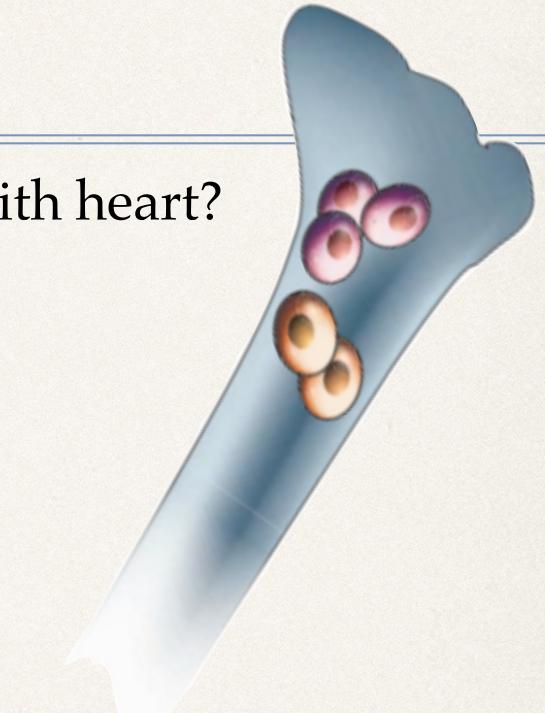
- ❖ We want muscle regeneration.
- ❖ Let's implant the cells that do it! (Skeletal Muscle Myoblasts)
- ❖ Works in rabbits!
- ❖ MAGIC Trial → didn't really work!
- ❖ No differentiation into heart muscle cells



❖ Ptaszek et al (2012). Taylor et al. (1998). Menasché (2008). Image from Dorothee et al. (2011)

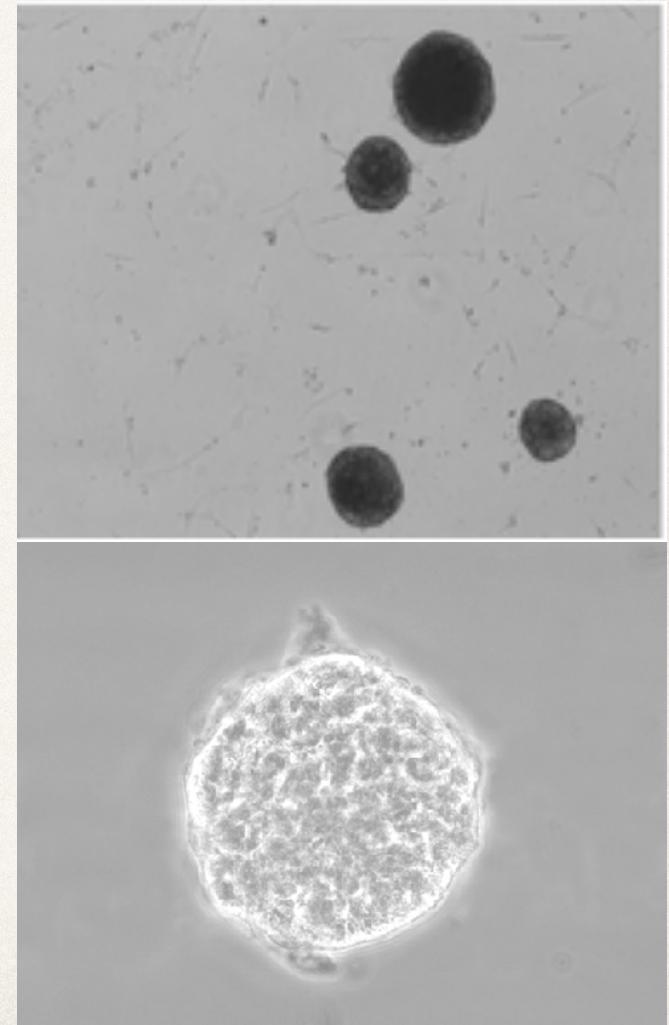
Cell types: bone marrow cells

- ❖ What is bone marrow (BM)? What does it have to do with heart?
- ❖ Cells in bone marrow.
- ❖ REPAIR-AMI and STAR-heart trials showed small improvements and no new complications
- ❖ STAR-heart showed significant decrease in mortality.
- ❖ Studies showed these cells don't differentiate into heart cells.
- ❖ Paracrine effects?



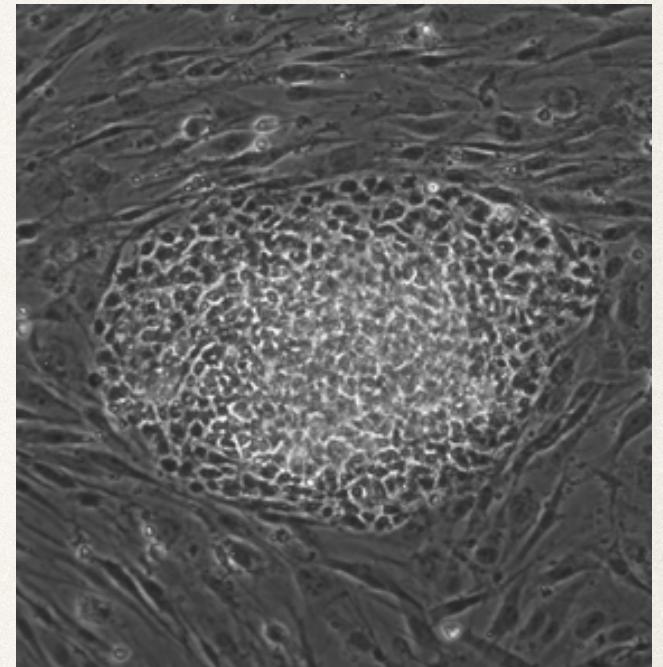
Cell types: cardiac progenitor cells

- ❖ What are cardiac progenitor cells?
- ❖ Different populations (c-Kit+, Sca-1+, cardiospheres)
- ❖ SCIPIO Trial: c-Kit cells. Myocardial scar reduced. LVEF Improved.
- ❖ CADACEUS Trial: cardiospheres from right ventricle biopsies. Myocardial scar reduced No improvement in LVEF.
- ❖ Genetic fate mapping, showed these cells do not differentiate into cardiomyocytes. Paracrine factors?
- ❖ Barile (2013), Ptaszek et al (2012), Makkar (2012). Images from Barile (2013)



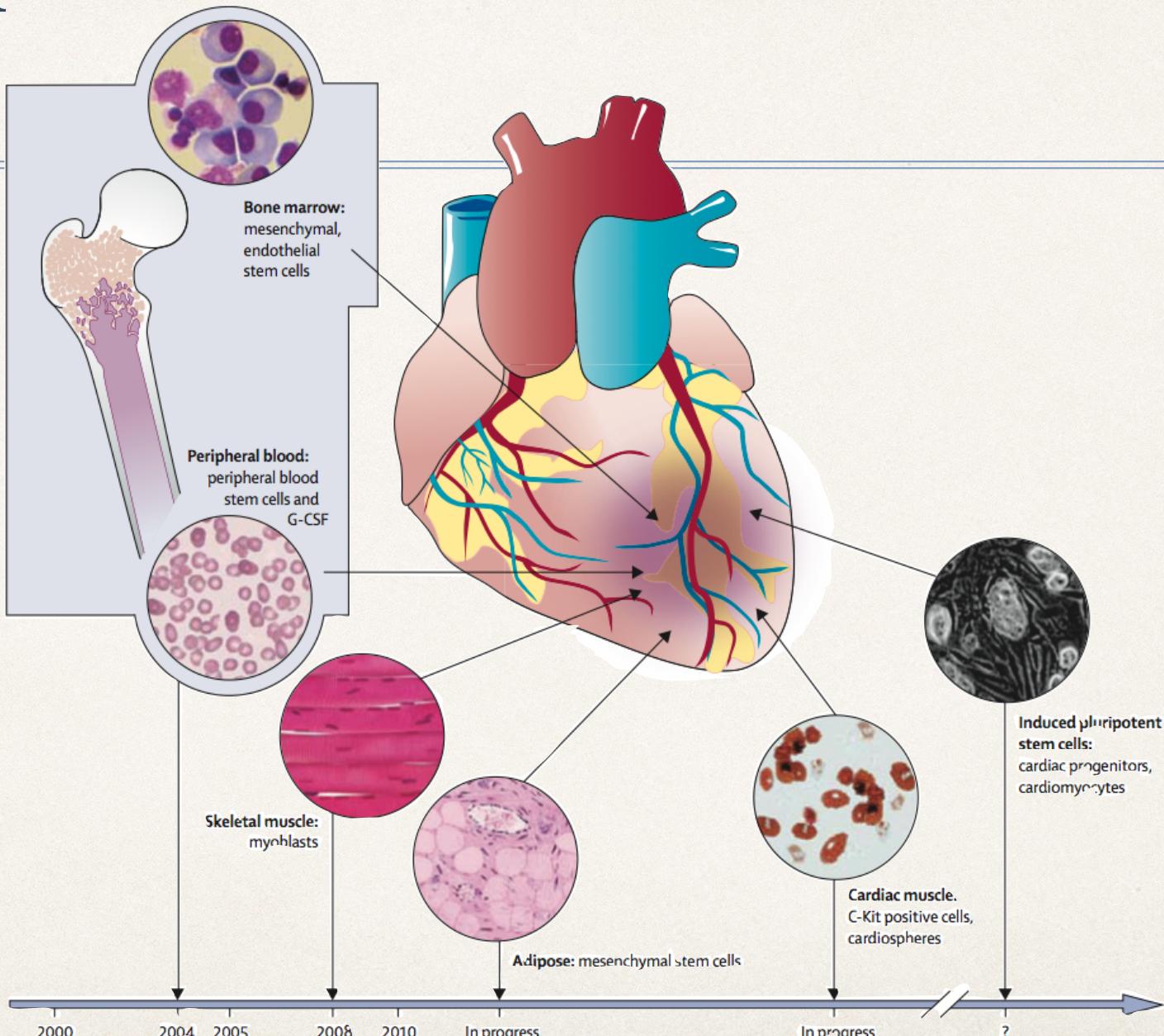
Cell types: iPSCs

- ❖ Even if cardiac stem cells are better defined, their rarity might pose a problem.
- ❖ Advantages:
 - ❖ ethical considerations
 - ❖ autologous transplantation
- ❖ Issues:
 - ❖ viruses
 - ❖ removal of pluripotent cells before implantation



❖ Ptaszek et al (2012). Image from Kim (2010).

Cell types: timeline



* Image form Ptaszek et al (2012).

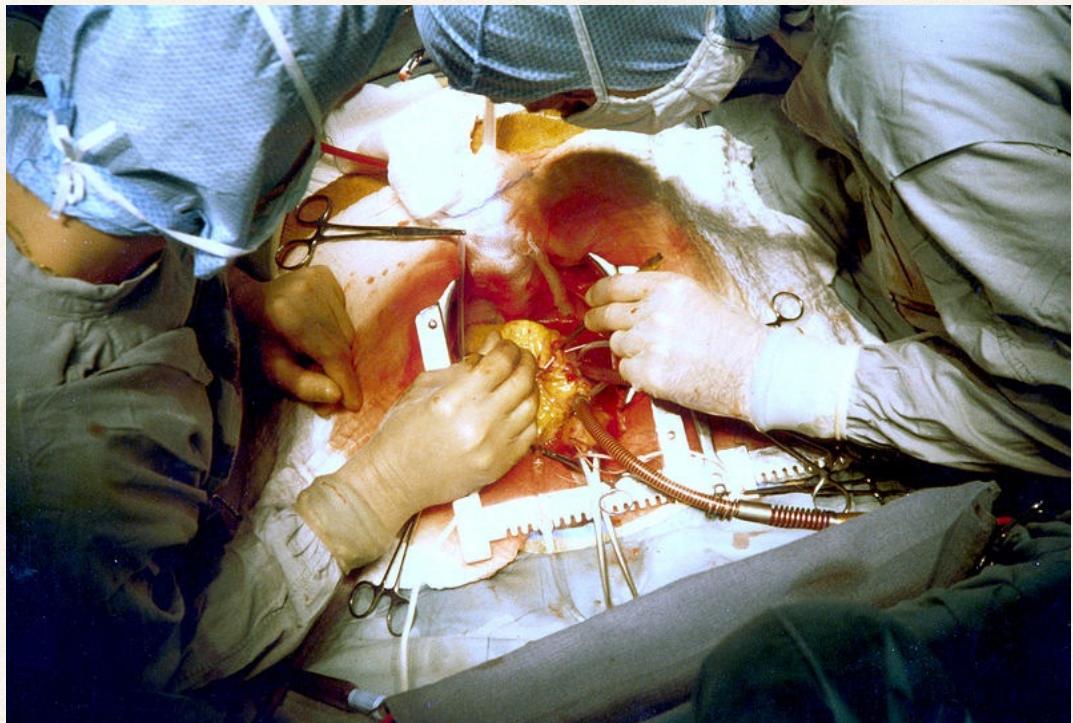
Routes of Delivery: open chest injection

- ❖ Advantages:

- ❖ direct visualization
- ❖ high efficiency delivery

- ❖ Disadvantages:

- ❖ high morbidity
- ❖ hospitalization required
- ❖ high cost



Routes of Delivery: IV Injection

- ❖ Advantages:
 - ❖ less invasive, low morbidity
 - ❖ easy administration
 - ❖ cheap
- ❖ Disadvantages:
 - ❖ dissemination of the delivered cells
 - ❖ blocked arteries
 - ❖ no visualization



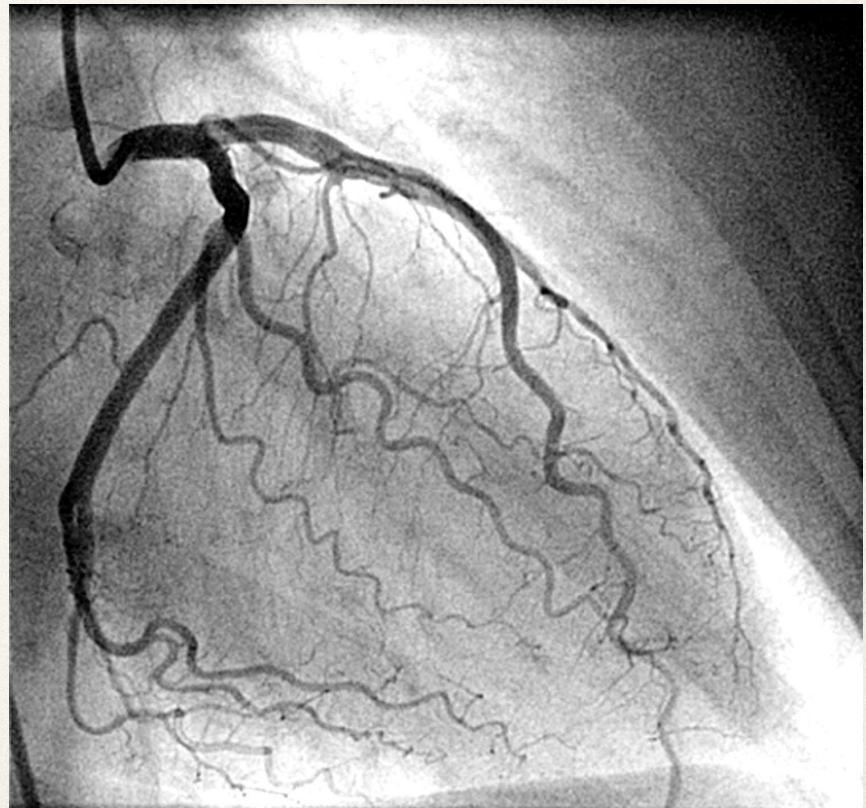
Routes of Delivery: endovascular

- ❖ Advantages:

- ❖ less invasive than surgery
- ❖ more localized delivery

- ❖ Disadvantages:

- ❖ dissemination of the delivered cells
- ❖ blocked arteries
- ❖ visualization (?)
- ❖ advanced procedure

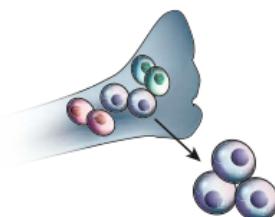


Cell Therapy: Challenges

Choices

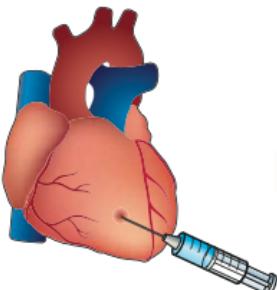
Isolation

- Blood
- Bone marrow
- Muscle biopsy
- Cardiac biopsy
- Embryonic stem cells

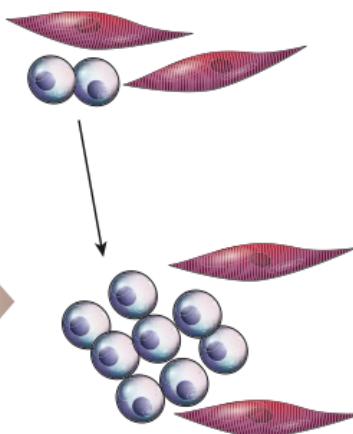


Delivery

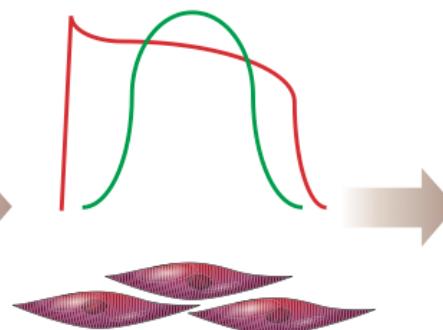
- Intravenous
- Intracoronary
- Intramyocardial



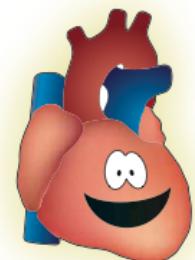
Survival and proliferation



Electromechanical integration



Stability and safety



Challenges

- Choices**
- Purity of isolated cells
 - Sufficient number of cells
 - Differentiation into cardiomyocytes before transplantation

- Delivery**
- Safety
 - Cell retention
 - Spatial distribution

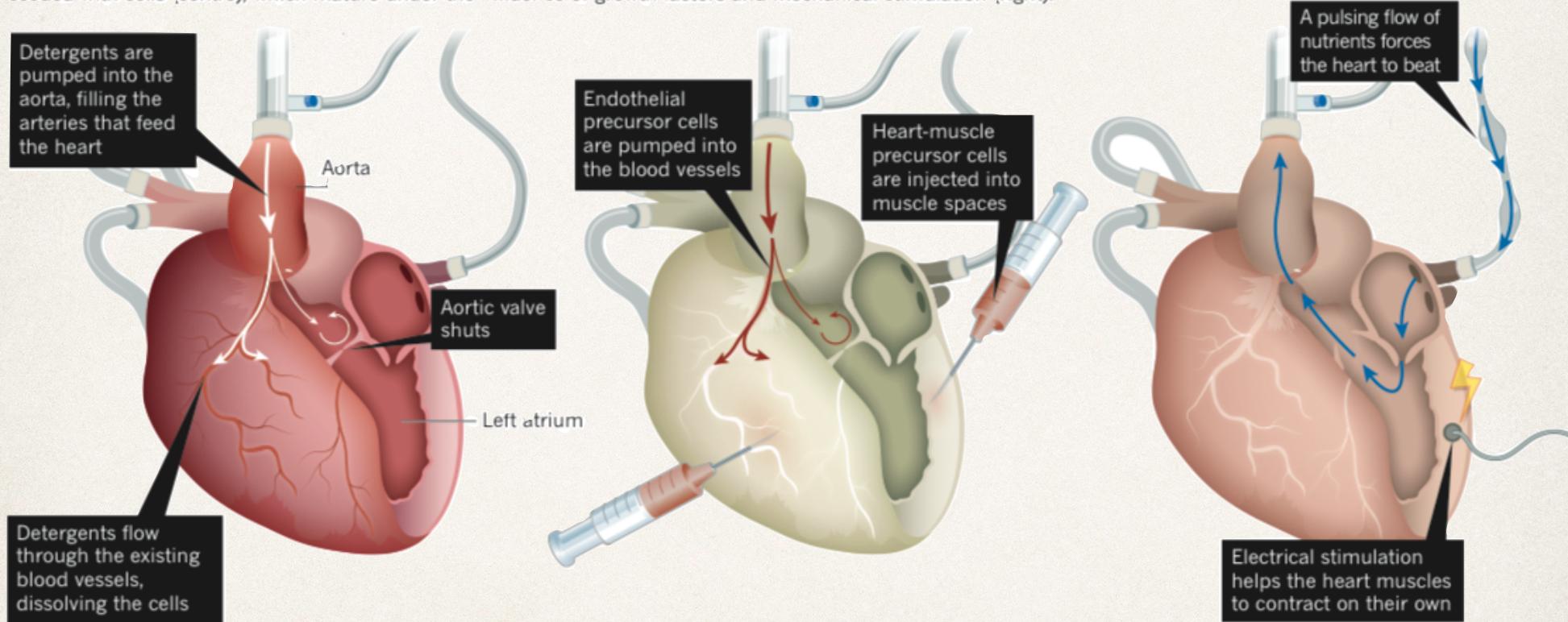
- Survival and proliferation**
- Ischaemic environment
 - Inflammation
 - Immune response
 - Fibrosis
 - Growth and adhesion signals
 - Formation of functional blood vessels

- Electromechanical integration**
- Differentiation into mature cardiomyocytes
 - Electrical integration
 - Mechanical coupling

- Stability and safety**
- Long-term engraftment
 - Arrhythmogenicity

Cardiac Tissue Engineering: decellularized heart

To construct a new heart, researchers first remove all cells from a donor organ (left), leaving a protein scaffold. That is seeded with cells (centre), which mature under the influence of growth factors and mechanical stimulation (right).



Cardiac Tissue Engineering: decellularized heart

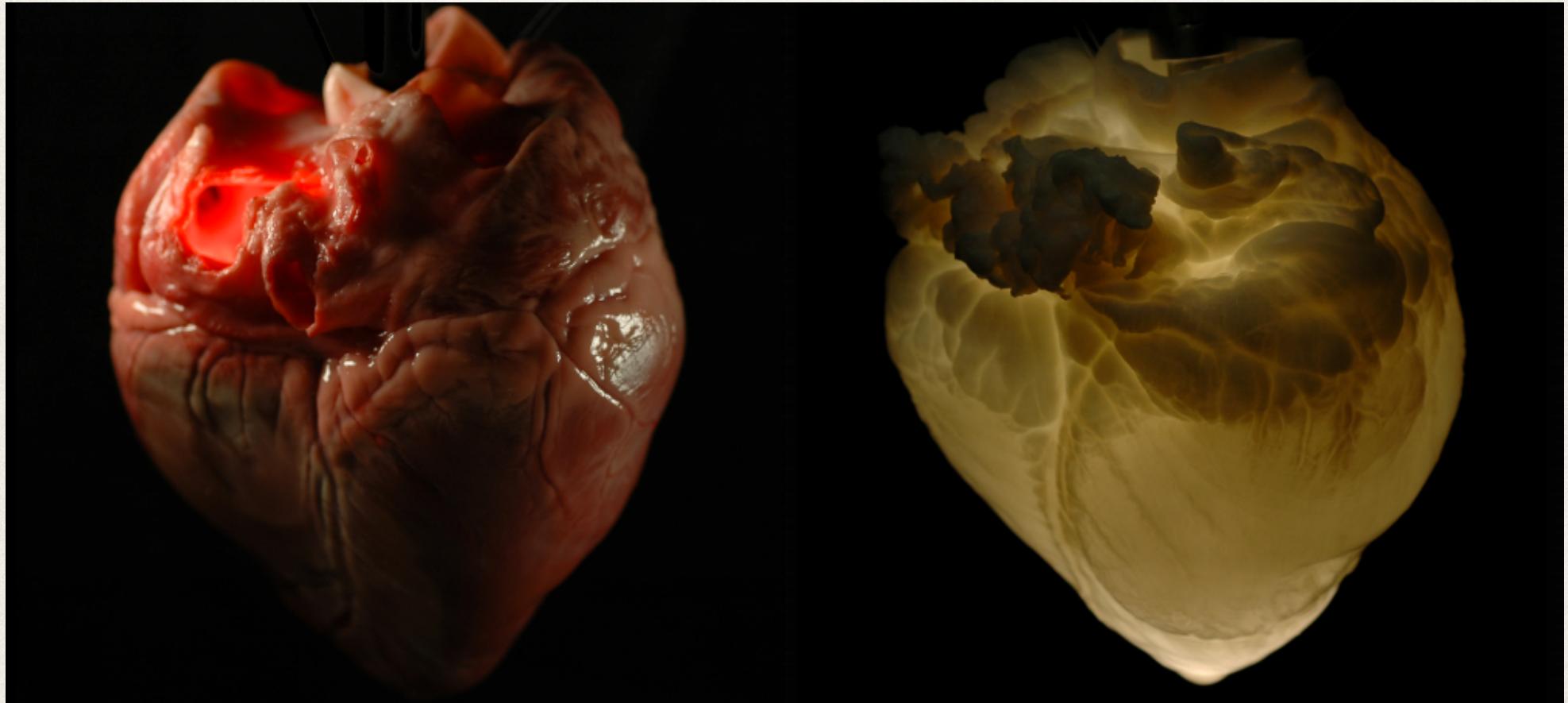
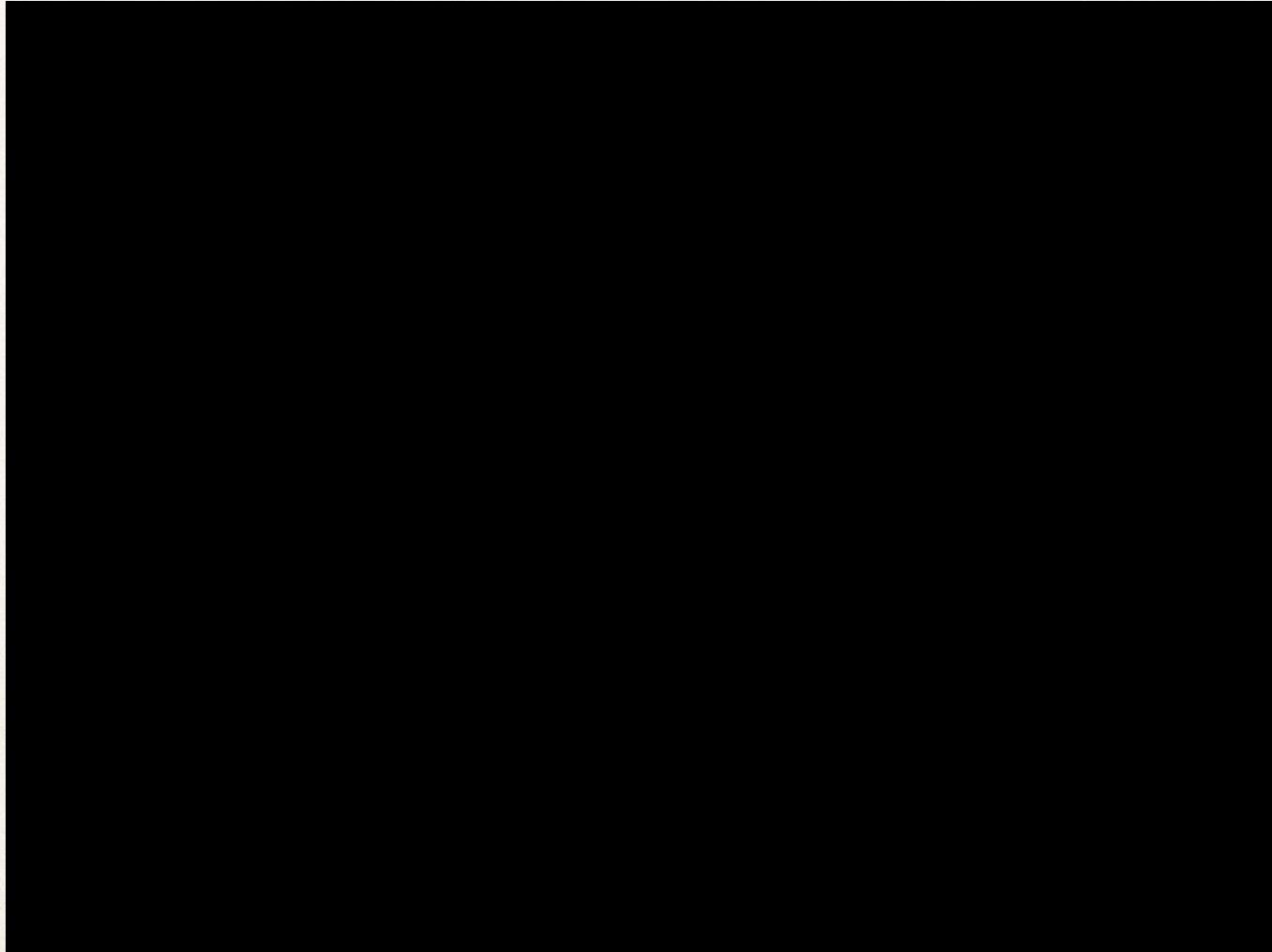


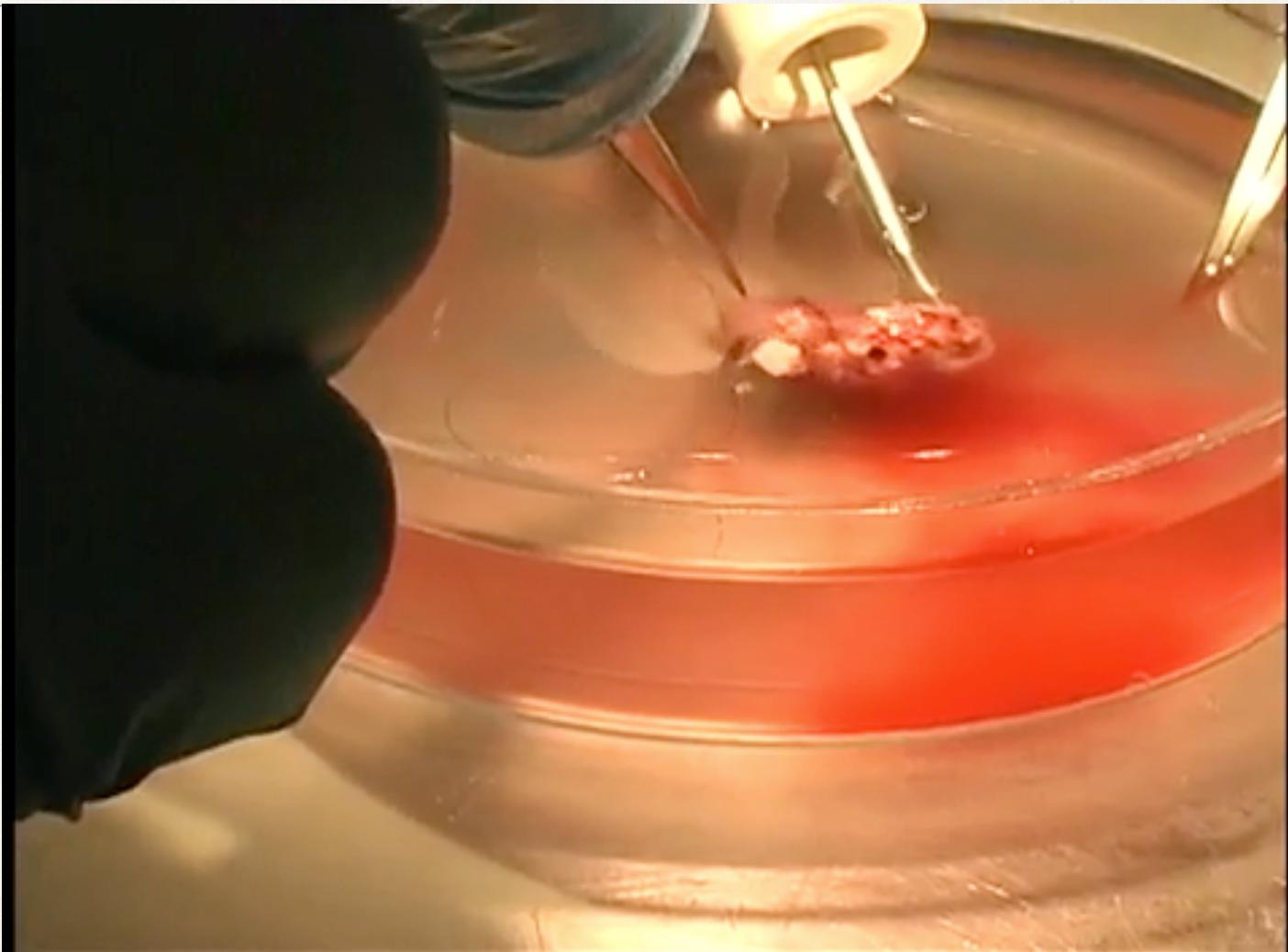
Image from Ott et al. (2008)

Cardiac Tissue Engineering: decellularized heart



Video from Ott et al. (2008)

Cardiac Tissue Engineering: decellularized heart



Video Available from <http://www.youtube.com/watch?v=j9XzN0-TQZc>

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Questions?

