

Cells

1. Brief intro of cell:

(1) Cells are the structural and functional units of all living organisms.

* What do cells need to live?

1. Nutrients (ie; amino acids)
2. Fuel/energy source (ie; glucose)
3. Oxygen
4. 3D scaffold structure
5. Correct chemical environment (pH, salinity)

(2) Three main regions: nucleus, plasma membrane and cytoplasm

I. Nucleus:

- Contains genetic material (DNA)
- Three regions: Nuclear membrane (double phospholipid membrane), Nucleolus and Chromatin

II. Plasma membrane:

- Double phospholipid membrane

Composition:

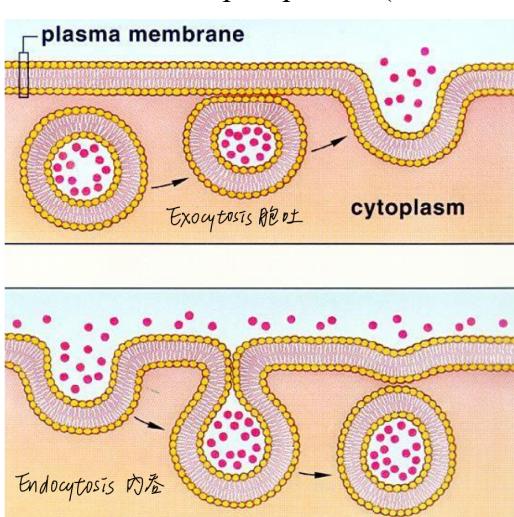
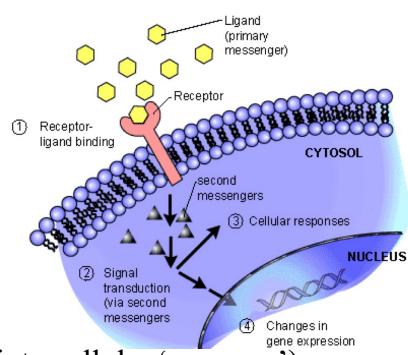
Lipids

Protein:

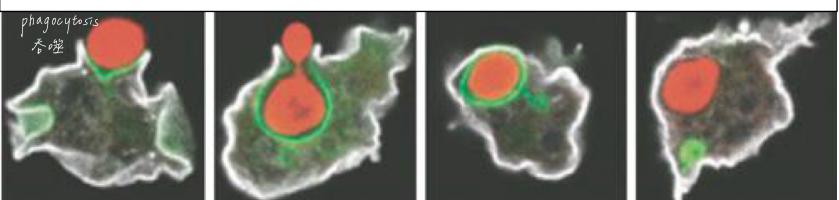
transport proteins

surface membrane proteins (signal receptors)

receptor protein (transduces the signal into an intracellular 'message')



- Endocytosis (内吞) – import materials from the external medium by capturing them in vesicles that pinch off from the plasma membrane.
- Exocytosis(胞吐) – the converse process, by which cells export material synthesized in the intracellular compartments.
- Phagocytosis (吞噬) – a special case of endocytosis, in which the material carried into the cell is a smaller cell or cell fragment



- Phagocytosis

- (1) recognition of the target particle,
- (2) ingestion of it in a phagosome (phagocytic vacuole),
- (3) maturation of this phagosome into a phagolysosome,
- (4) final destruction of the ingested particle in the robust antimicrobial environment of the phagolysosome.

III. Cytoplasm (細胞質):

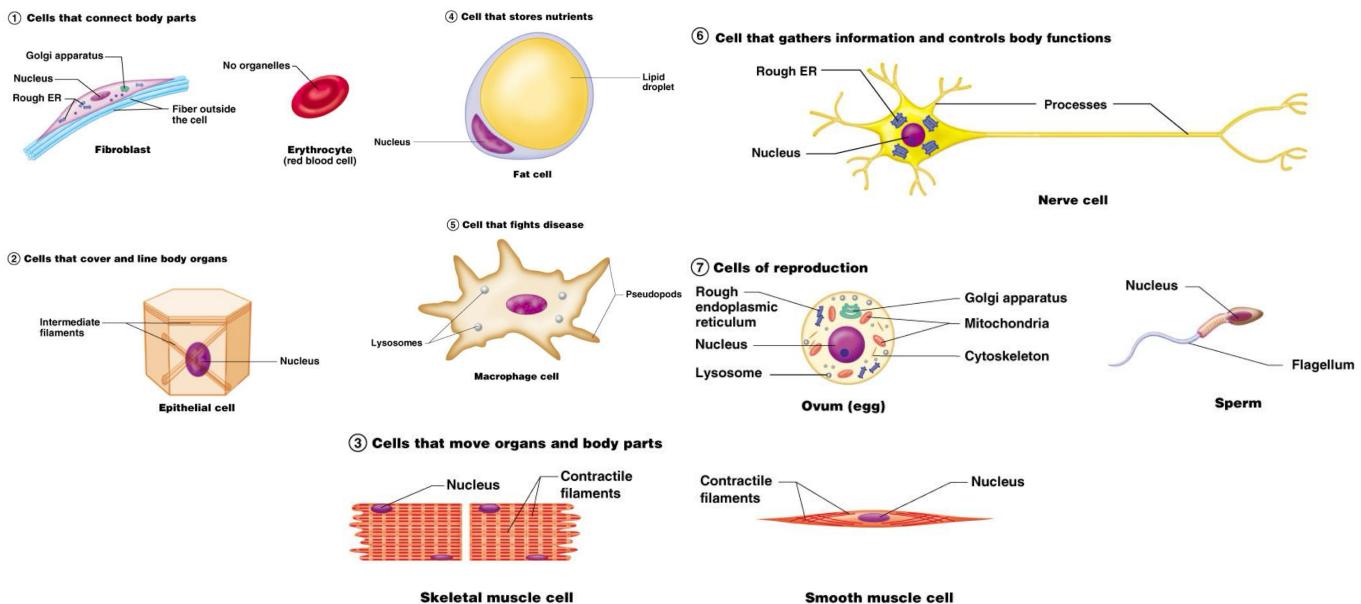
- Mitochondria (粒線體): chemical energy for the cell, cellular respiration (細胞呼吸); double layer membrane

- Endoplasmic reticulum (內質網): protein synthesis
- Ribosomes (核糖體): translation (轉譯)
- Lysosomes (溶小體): Intracellular digestion of food

(3) The essential cell attributes are:

- Protection from the environment
- Acquisition of nutrients (獲取營養)
- Movement
- Communication
- Catabolism (分解代謝)
- Energy generation
- Self-replication (自我複製)

(4) Types of cells:



(5) E.g. Blood cells:

- Erythrocytes (red blood cells): Transport oxygen (using hemoglobin 血紅蛋白) to tissue
- Leukocytes (white blood cells): Defend the body against infection and foreign materials
e.g. Neutrophils (嗜中性球): phagocytosis

Monocytes (單核細胞): Once in tissue, it becomes a macrophage (巨噬細胞)

- Platelets (血小板): initiate blood clotting, repair

(6) Co-culture: Direct cell-to-cell contact → Might have an impact on cell migration, growth, proliferation and differentiation

Tissue

(1) Tissues are groups of cells that are similar in structure and function

* What do tissues need to live?

Living tissue needs a blood supply – vascularized network of blood vessels

(2) Four primary tissue types:

I. Epithelial: covering

Covering and lining epithelium, Glandular epithelium, Endothelium (the inner lining of blood vessels, the heart, and lymphatic vessels) is a specialized form of epithelium.

II. Connective: Binding and support, Protection, Insulation, Transportation

III. Nervous: control

IV. Muscular: movement

Tissue Type	Description	Subtypes
Epithelial	line inner and outer surfaces	based on shape (squamous, cuboidal, columnar) and number of layers (simple, stratified, pseudostratified)
Connective	provide structure and connection; characterized by noncellular matrix outside the cells	loose, dense, fibrous, cartilage, bone, blood, adipose
Nervous	coordinate receipt of and response to stimuli	neurons, glial cells
Muscle	movement is a consequence of contraction of these cells results in movement	smooth, striated, cardiac

(3) Extracellular matrix (細胞外基質, ECM): (下方 scaffold 的地方會在仔細介紹)

ECM is a dynamic structure → need to remodel collagen constantly to maintain structure

- Structural and biochemical support to the surrounding cells
- **Cell Signaling**, cell adhesion (cell-to-cell communication and differentiation) is a common function of ECM.
- Regulation of Cell Behavior (differentiation and function expression)

(4) Cell adhesion (細胞黏附): is the binding of a cell to a surface or substrate (是指細胞之間或細胞與細胞外基質 (ECM) 之間通過專門的蛋白質相互結合和附著的過程

Common cell adhesion molecules (CAM, 細胞黏附分子): integrins 整合素

(5) Cell signaling:

* How do cells talk to one another?

Contact (dependent) - via proteins in the plasma membrane

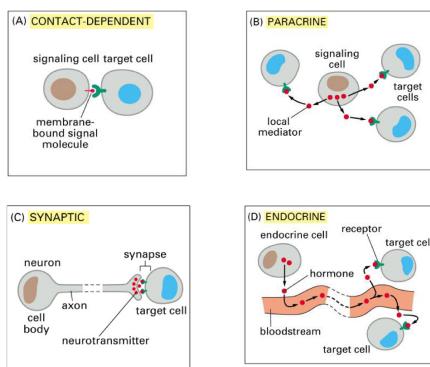
Autocrine (自分泌) - via growth factors, cell that releases the signal is also the target.

Paracrine (旁分泌) (重要)- via neurotransmitters and cytokines, action on adjacent target cells.

Endocrine (內分泌)- via hormones (for example), action on distant target cells.

Synaptic (突觸) - via neurotransmitters, action on post-synaptic cell in response to electrical stimuli

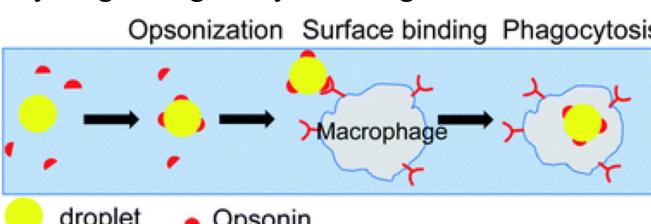
Types of Signaling



Inflammatory

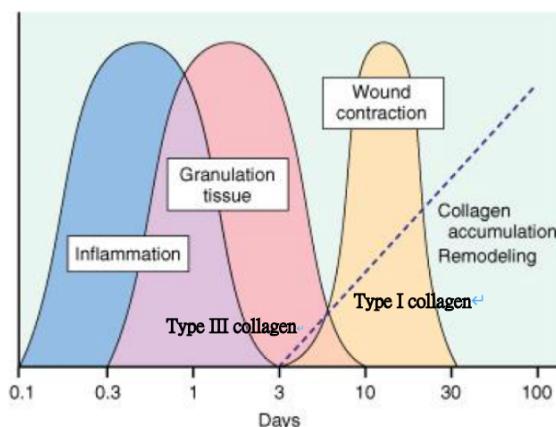
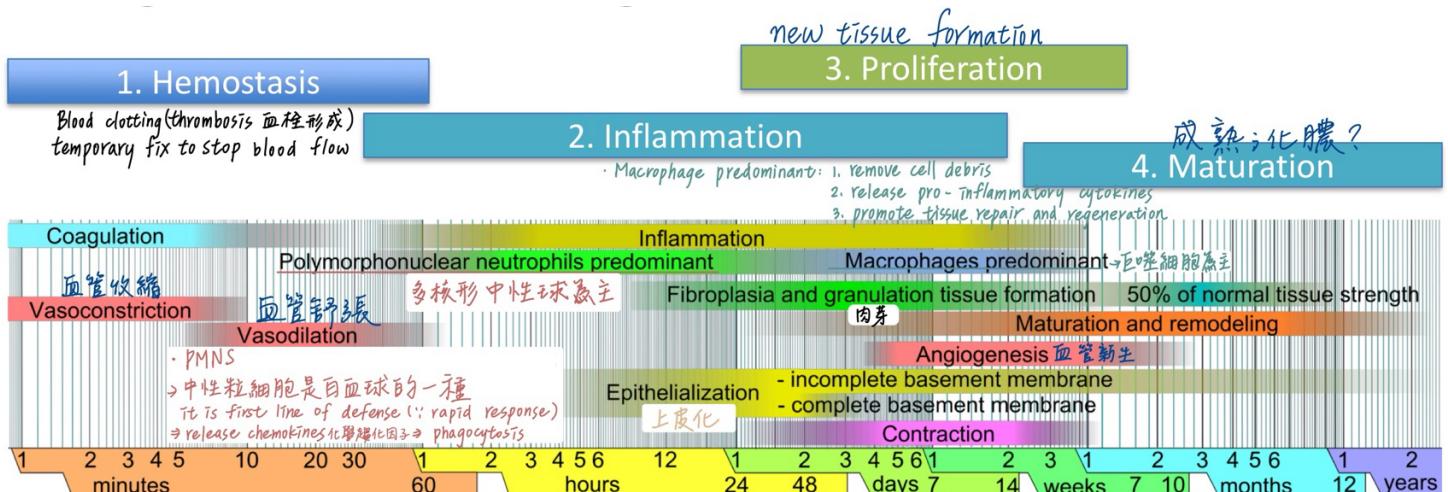
1. Inflammation 發炎: is the standard, initial response of the body to injury
 - (1) Function - control, neutralize or isolate the damaging species.
 - (2) Four clinical Sign of inflammation:
 - I. Redness: Due to a higher local concentration of red blood cells (erythrocytes), this lead to rapid vasodilation (血管舒張) and an increase in blood flow into the capillary (微血管) beds, in turn cause redness.
 - II. Pain: Swelling activates local deep pain receptors.
 - III. Swelling: Increased permeability (滲透性)of the capillary endothelium allows fluid (extracellular fluid) to move into the surrounding tissue.
 - IV. Heat: May be associated with increased blood flow, increased cellular activity.
2. Inflammatory response: (tissue damage foreign material) –
 - I. It is the defensive mechanisms (防禦機制) initiated by the immune system when the body faces infections and injuries.
 - II. A localized (局部的) physical condition in which part of the body becomes reddened 紅, swollen 肿, hot, and often painful.
 - III. Neutrophils are the first responders, and represent the first line of defense – early/acute inflammation
3. Innate immune response:
 - I. Mainly relies on phagocytes (吞噬細胞) to remove pathogens (病原體)
 - II. Types of Phagocytes, including several types of white blood cells (leukocytes):
 - Neutrophils (中性粒細胞)(重要): primary role is phagocytosis (swallowing bacteria, foreign material or dead cells) cannot differentiate further or multiply (mitosis)
 - Monocytes (單核細胞)
 - Macrophages (巨噬細胞) (重要): actively phagocytose materials, can continue to differentiate
 - Mast Cells (肥大細胞)
 - Dendritic Cells (樹突細胞)
 - III. Identifying foreign materials:

Opsonins (調理素) are any molecules that enhance phagocytosis
Mark an antigen (抗原) for an immune response, or identify dead cell/fragments for recycling through enzymatic degradation



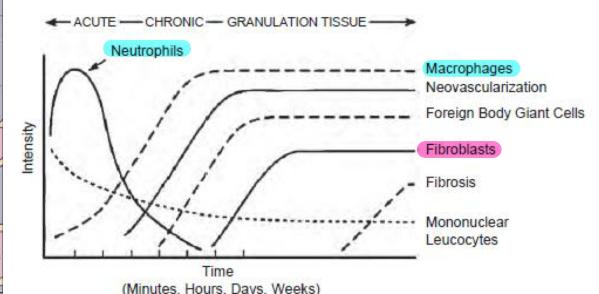
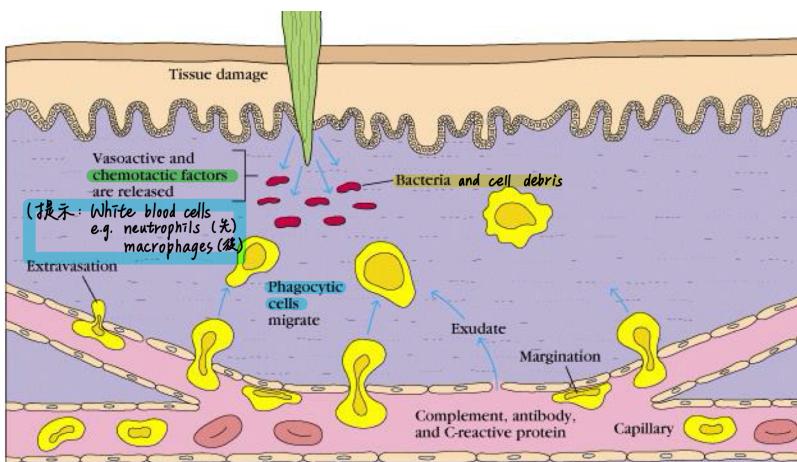
Opsonization Surface binding Phagocytosis

droplet Opsonin
4. Wound healing:
 - (1) Wound healing is a complicated process where tissue (ie, skin tissue) repairs itself after injury
 - (2) The process of wound healing, 4 phases: (重要)



- I. Hemostasis (blood clotting) 血液凝固: platelets (血小板) adhere to the site of injury, become activated → coagulation (凝固) cascade → forms a clot, stopping active bleeding (hemostasis) → When clot dries → Scab (痂) forms reducing the risk of infection
- II. Inflammation 發炎:

- Chemical signals (cytokines 細胞因子) are released → attract neutrophils (中性粒細胞) migrate to the wound site
- Removal of toxins and waste: White blood cells remove and phagocytose (吞噬) bacteria and cell debris (碎片) from the wound.
- Stimulate growth of other cells



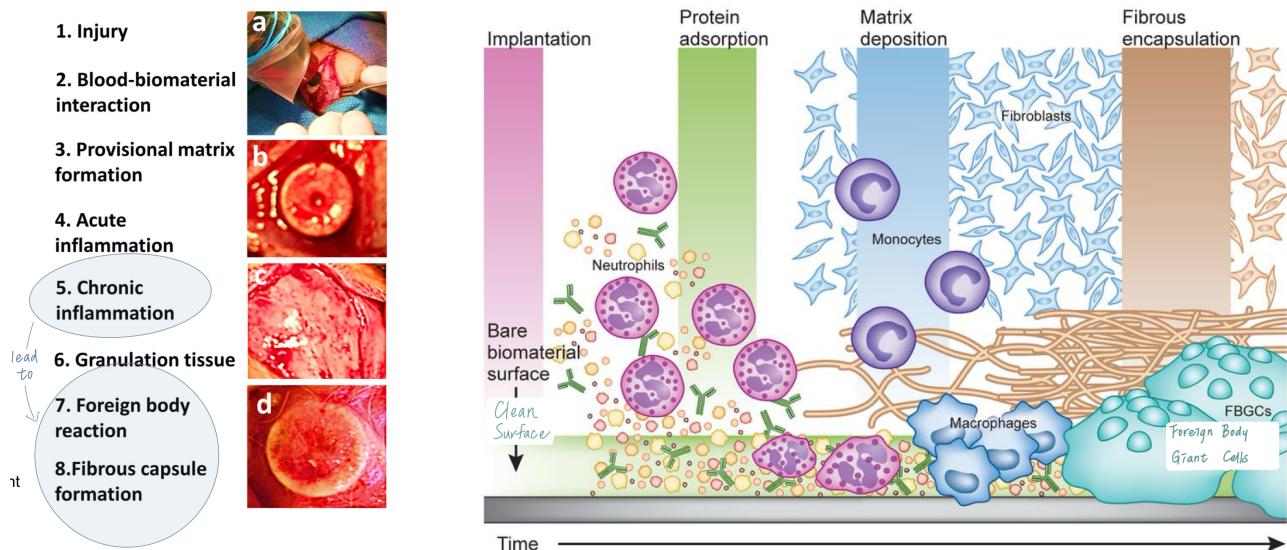
- III. Proliferation 增生 - fibroplasia and granulation tissue formation

- Growth factors are released by platelets into the wound → cause the migration and division (分裂) of cells
- Angiogenesis, the growth of new blood vessels, results in vascularization of the new granulation tissue.
- The fibroblasts contract the edges of the wound together by pulling on the collagen network.

IV. Maturation – tissue remodeling

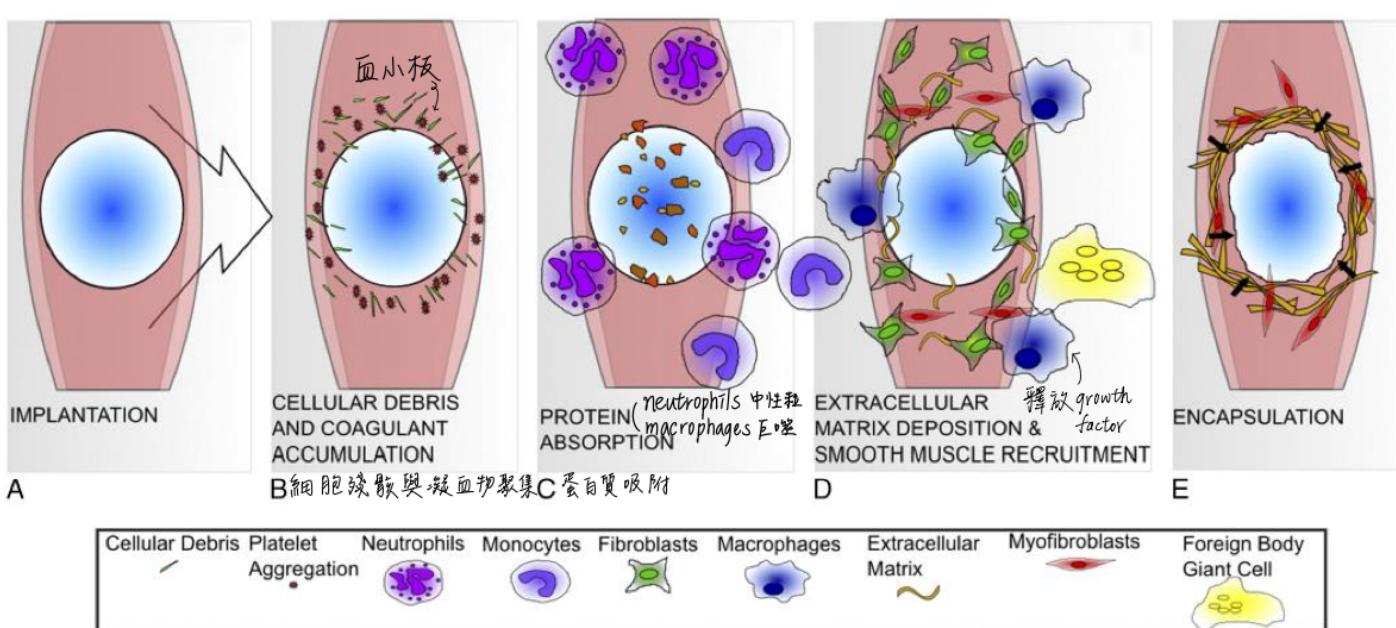
Foreign body response

1. Foreign materials implantation:

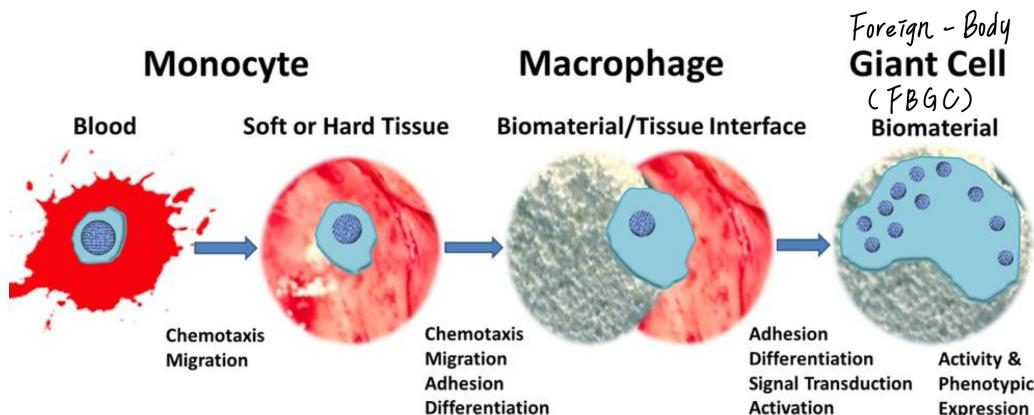


2. Brief intro of foreign body response (reaction):

- Foreign body response is essentially a form of the body's wound response and repair of injury.
- The foreign body reaction is indicated by the presence of foreign body giant cells and the components of granulation tissue (macrophages, fibroblasts, and capillaries in varying amounts)
- A typical outcome of foreign material implantation is the formation of a fibrous encapsulating layer, to form a foreign body granuloma (肉芽腫, an aggregation of macrophages formed due to chronic 慢性 inflammation)



- Foreign-Body Giant Cells (FBGCs): When the particle sizes are beyond the capacity of a single macrophage to internalize, FBGCs are formed to phagocytize. FBGCs attempt to phagocytize large particles. They remain at the biomaterial-tissue interface for the lifetime of the implanted device
- Known as “frustrated Sometimes they fail, which known as “frustrated phagocytize.



- Fibrous capsule (纖維囊) formation: The final stage of the foreign body response and healing process is the development of a fibrous encapsulation of collagen layers, known as fibrosis.

3. Outcome of foreign material in the body:

- I. Fibrous encapsulation (most usual response): fibrous capsule is formed around the implant
- II. Integration: e.g. the implantation of certain metals in bone, there can be a well-integrated growth of normal host tissue to the implant – for bone this is called osseointegration (骨整合)
- III. Resorption: For resorbable implants
- IV. Extrusion (排出、突出): The implant near the skin (epithelial tissue) can be extruded or (externalized) from the body.

4. Tissue response to implants:

- I. Acute inflammation: is short term (minutes to a few days).
 - Once at the injury site, phagocytosis and enzymatic release occurs → the activation of neutrophils and macrophages whose purpose is to digest foreign
 - This involves recognition, attachment, engulfment and degradation.
- II. Chronic inflammation is long term ($\geq \geq$ days).
 - Lymphocytes 淋巴球 and plasma cells漿細胞 are involved in immune reactions- mediate antibody production.
 - Macrophages process and deliver antigen 抗原 to immuno-competent cells 免疫活性細胞

* Question: What causes chronic inflammation?

- Ans:- Non-biocompatible material (chemically unstable, toxic, mechanically weak)
- Debris due to wear, degradation
 - Infection, due to bacteria (during surgery, or insufficient sterilization)

5. Biocompatibility of implant and other biomaterials, involves:

- I. an acceptable, stable physiological response, in contact with the surrounding tissue
- II. pharmacological acceptability (nontoxic, nonallergenic, nonimmunogenic, noncarcinogenic)
- III. chemically inert and stable (typically no time-dependent degradation, unless by design)
- IV. adequate mechanical properties and fatigue life

V. a minimum susceptibility to infection

* **Question: What determines whether a material is biocompatible or not??**

Ans:

- I. Many physical, chemical and structural properties of materials will contribute to the foreign body response.
- II. The biomaterial surface will often determine the degree of the foreign body response.

Even for “biocompatible” materials, a high surface to volume ratio of fabrics, porous structures, etc. will result in higher ratios of macrophages and foreign body giant cells than a smooth component made of the identical material.

Protein absorption

- The properties of biomaterials that influence protein absorption:

1. Material composition
2. Environment
- 3 Chemistry (polar/non-polar)
4. Topography (roughness, porosity)

- Several properties of a protein result in changes to protein adsorption:

1. Size and charge of protein:
 - (1) Smaller proteins tend to diffuse faster towards a surface
 - (2) Larger proteins have more active sites to bind to a surface
2. Hydrophobicity of protein
 - (1) In water, hydrophilic residues 残留物 are more present on the surface of the protein
3. Structural changes in protein – soft vs. hard proteins
4. Chemical composition and surface chemistry

Tissue engineering and regenerative medicine

1. Tissue engineering:

- (1) Application of methods from engineering and life sciences to create artificial constructs to direct tissue regeneration
- (2) Major concepts of tissue engineering: isolate specific cells through a small biopsy from a patient → grow them on a three-dimensional biomimetic scaffold → deliver the construct to the desired site in the patient's body → direct new tissue formation into the scaffold that can be degraded over time
- (3) Three types of tissue engineering:
 - Regeneration - Identify the cues and processes that can allow for whole tissue or organ growth
 - Repair - Stimulate the tissue to repair itself.
 - Replace - A biological substitute is created in the lab that can be implanted to replace the tissue

Three elements that are essential for regeneration:

1. biomaterial scaffold with mechanical support
2. progenitor cells (祖細胞) that can differentiate into specific cells
3. inductive growth factor

- (4) Types of cells used for tissue engineering:

- Autologous cells 自體細胞 are obtained from the same individual to which they will be re-implanted.
- Allogeneic (同種) cells come from another donor
- Xenogenic (異種) cells are these isolated from another species – e.g. animal cells

2. Scaffolds:

- (1) The feature elements of the scaffolds:

- Biological components - cells
- Biochemicals – Signaling cues to direct cell growth and differentiation (ie; growth factors)
- Non-biological components (Polymer scaffold, Fibers, Plastic, Gels)

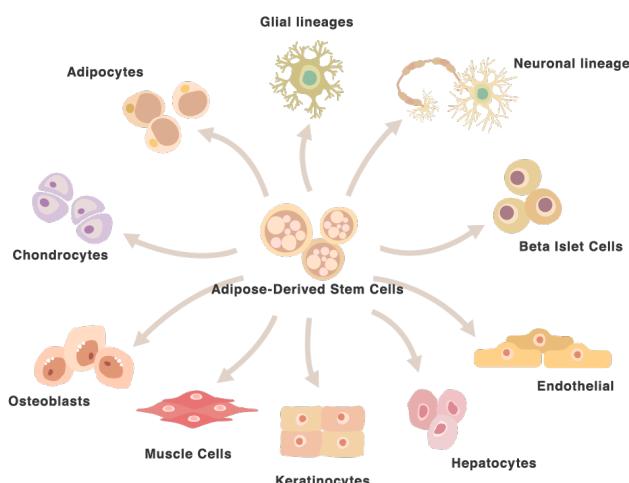
- (2) Scaffolds must meet some specific requirements:

- A high porosity and an adequate pore size → cell seeding and diffusion throughout the whole structure of both cells and nutrients.
- Vascularization requires relatively large pores
- Biodegradability → scaffolds should preferably be absorbed by the surrounding tissues without the necessity of a surgical removal.
- The rate of degradation should almost be same as the rate of tissue formation
- Injectability (可注射性) is sometimes useful for certain clinical applications

- (3) Types of scaffold materials:

- Bioresorbable polymers – synthetic polymers, and different derivatives of the extracellular matrix has been studied to evaluate their ability to support cell growth.
- Protein type polymers, such as collagen or fibrin
- Polysaccharide polymers, like chitosan (derived largely from shrimp shells)
- Polylactic acid (PLA) - a polyester which degrades within the body to form lactic acid, which is easily removed from the tissue

- Polyglycolic acid (PGA) and polycaprolactone (PCL) - have degradation mechanisms like PLA but have a faster and a slower rate of degradation (respectively) compared to PLA.
 - Hydrogels have been developed - network of polymer chains that are hydrophilic, to make a water-containing gel
- (4) Scaffold stiffness can induce changes in stem cell differentiation:
- Stiffer → osteoblasts
 - Softer → neurons



(我找的圖例，不用背)

- (5) Cell seeding in engineered scaffolds:

- Advantages:
 - Enhanced tissue regeneration through targeted cell placement
 - Improved cell survival by providing a favorable microenvironment
 - Customizable for various applications
- Limitations and problems:
 - Difficulty in achieving uniform cell distribution (細胞分布不均)
 - Cell viability issues
 - Mechanical properties mismatch between scaffold and native tissue
 - Potential immune response and scaffold rejection

- (6) Scaffolds usually serve at least one of the following purposes:

- Allow cell attachment and migration
- Deliver and retain cells and biochemical factors
- Enable diffusion of vital cell nutrients and expressed products
- Exert certain mechanical and biological influences to modify the behaviour of the cell phase

* Question: PPT 中提到 3D structure can better mimic extracellular matrix (細胞外基質, ECM) to match specific tissue types 我的問題是為什麼要特別提到 mimic ECM environment 呢？

Ans:

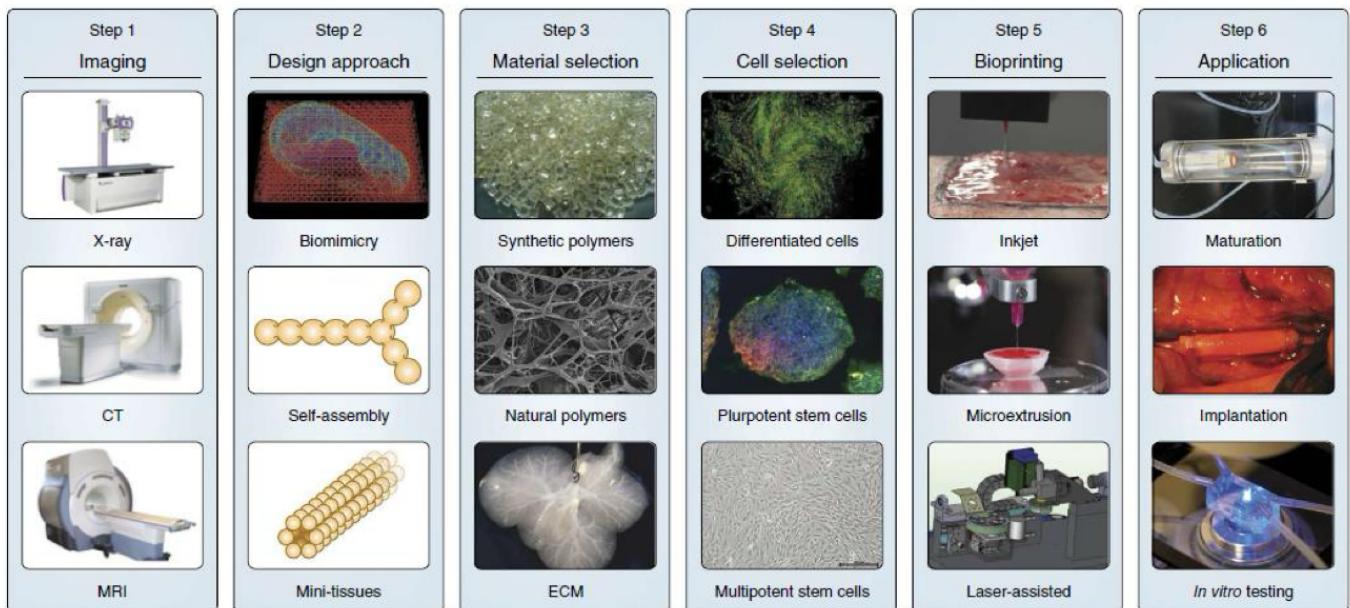
- Cell signaling: ECM with growth factors and cytokines → induce cell growth and proliferation and tissue regeneration
- Structural and biochemical support to the surrounding cells: 細胞黏附 (cell adhesion) 的天然環境且提供彈性 (elasticity) 和強度 (strength)
- Regulation of Cell Behavior (differentiation and function expression)

3. Stem cells:

- (1) Stem cells are undifferentiated cells with the ability to divide in culture and give rise to different forms of specialized cells.
- (2) Two different sources of stem cells:
 - Adult stem cells: multipotent 多功能 - potential to differentiate into multiple, but limited cell types
 - Embryonic (胚胎) stem cells: are mostly multipotent – can differentiate into any of the three main types of tissue: endoderm (内胚層), mesoderm (中胚層), or ectoderm (外胚層)

4. 3D bioprinting:

- (1) 3D bioprinting:



- (2) Step 5 bioprinting:

