An anatomical illustration of a human heart, showing the four chambers and major blood vessels. Two hands are shown holding the heart from the sides. The heart is colored in shades of red and orange, with blue and red vessels branching out. The background is a light, textured surface.

# Tissue Valve and Tissue Engineered Valve

박영환

연세의대, 심장혈관연구소

Yonsei Cardiovascular Research Institute,

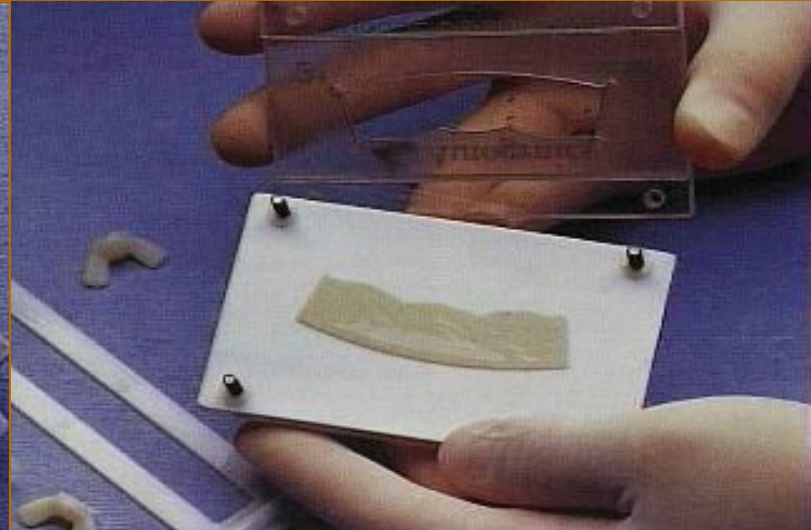
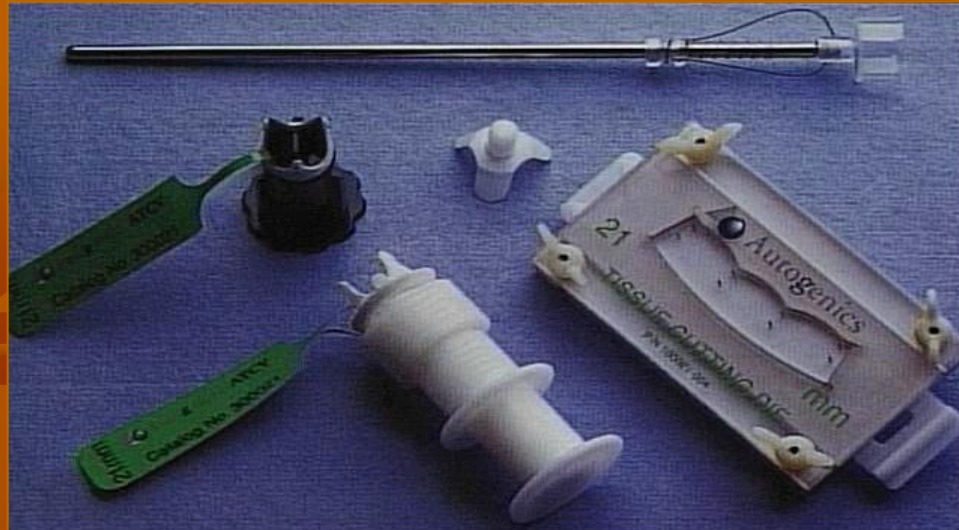
Yonsei University College of Medicine

# Heart Valve Replacement

- 85,000 USA
- 2,000 Korea
- 285,000 Worldwide

# Modification of Glutaraldehyde Treatment

- Zero pressure fixation
- Photo fixation
- Anticalcification treatment (toludene)
- Prolonged irrigation
- Other kinds of buffer solution

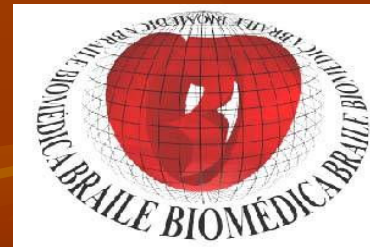


Autologous Pericardial  
Glutaraldehyde Treated  
Artificial Valve

# Bovine Pericardial Prosthesis



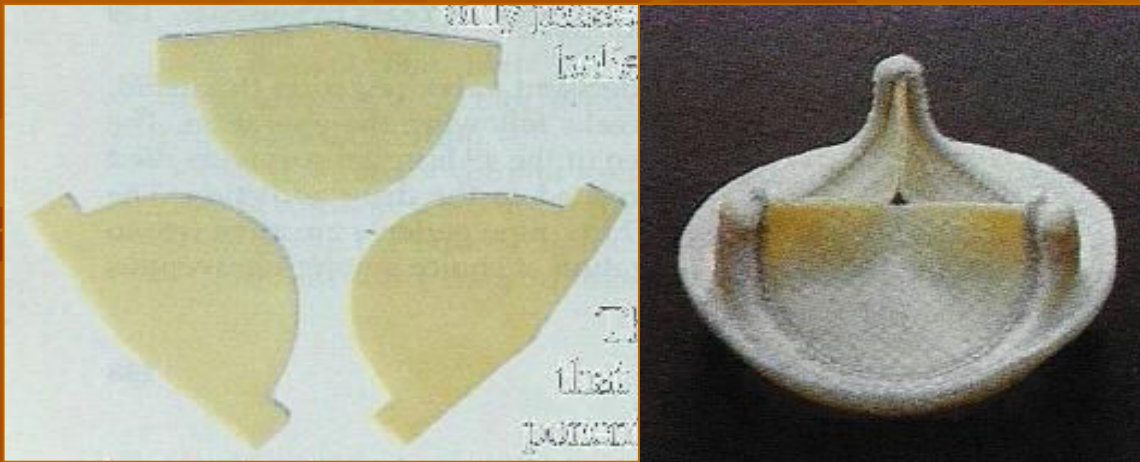
**Mitroflow Synergy**



# Soprano Pericardial Bioprosthesis



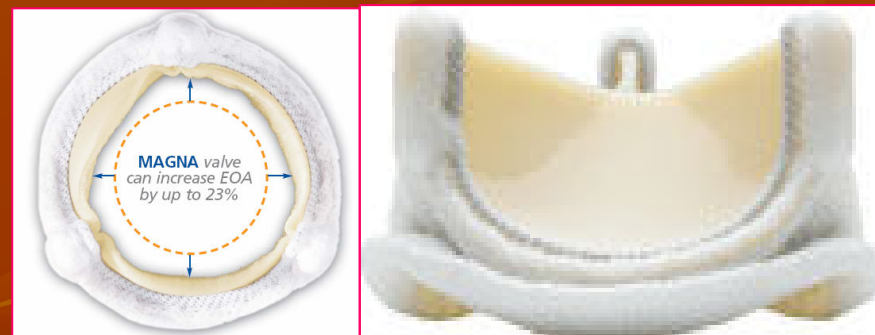
# The Carpentier-Edwards PERIMOUNT Pericardial Bioprosthesis



**Baxter**

Elgiloy wireform (nickel-cobalt alloy),  
support ring, polyester sewing ring,  
pericardial leaflet tissue, silicone  
sewing ring insert.

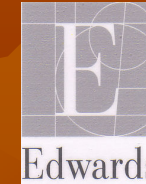
**Magna**



# Porcine Aortic Valve Prosthesis(I)



**Carpentier Edwards**  
**Porcine Valve Bioprosthesis**



**Biocor Valve**



**Synergy**  
**by Sulzer Carbomedics**



# Porcine Aortic Valve Prosthesis (II)



Hancock

**Medtronic** 



Toludene



Hancock II

Mosaic

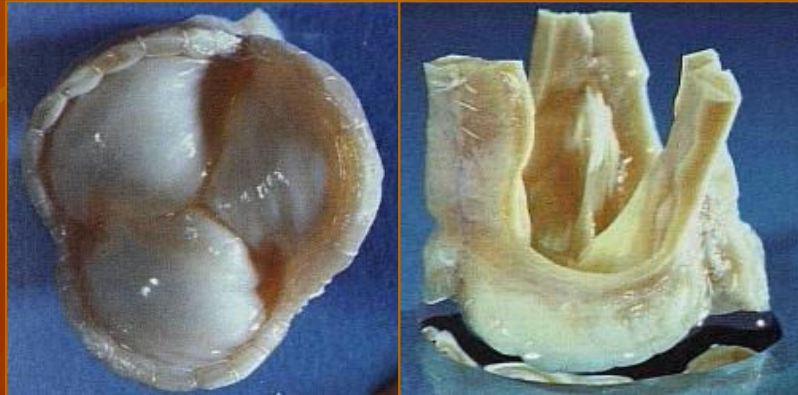


# Stentless Valve




Stentless Freestyle® Valve

**Medtronic** 



Cryolife-O'Brien valve

 CryoLife, Inc.

# Stentless Valve (II)

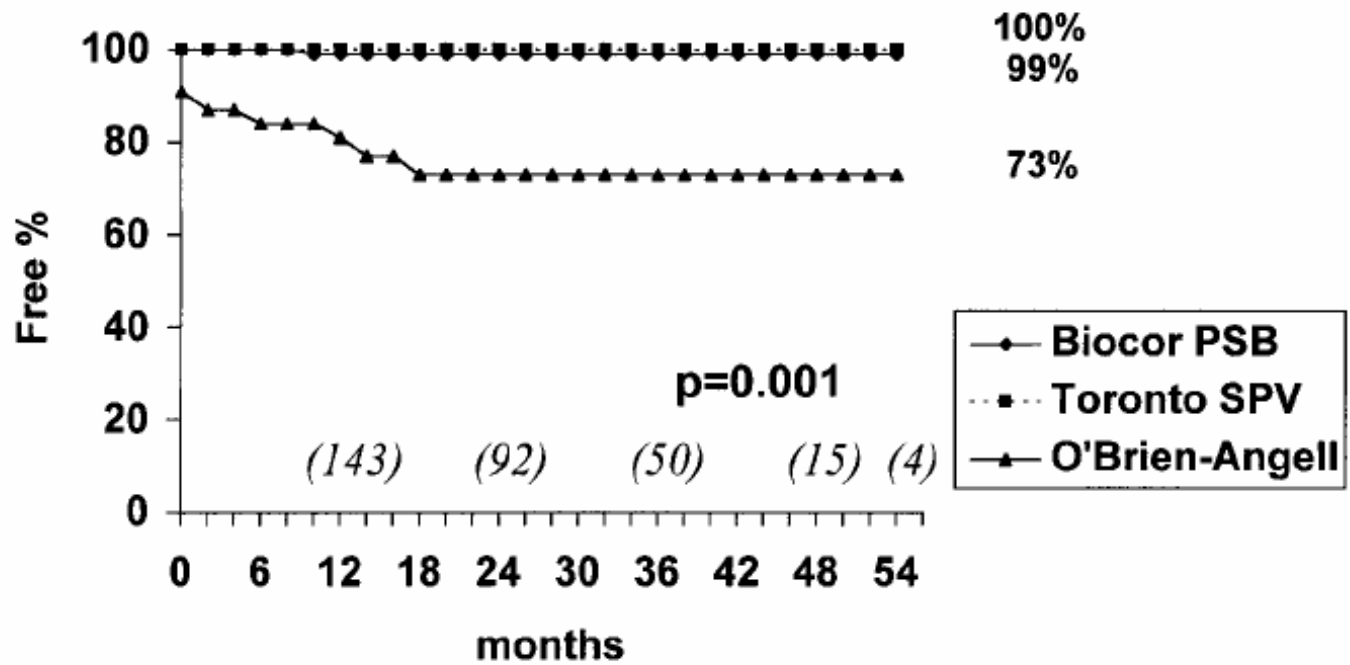
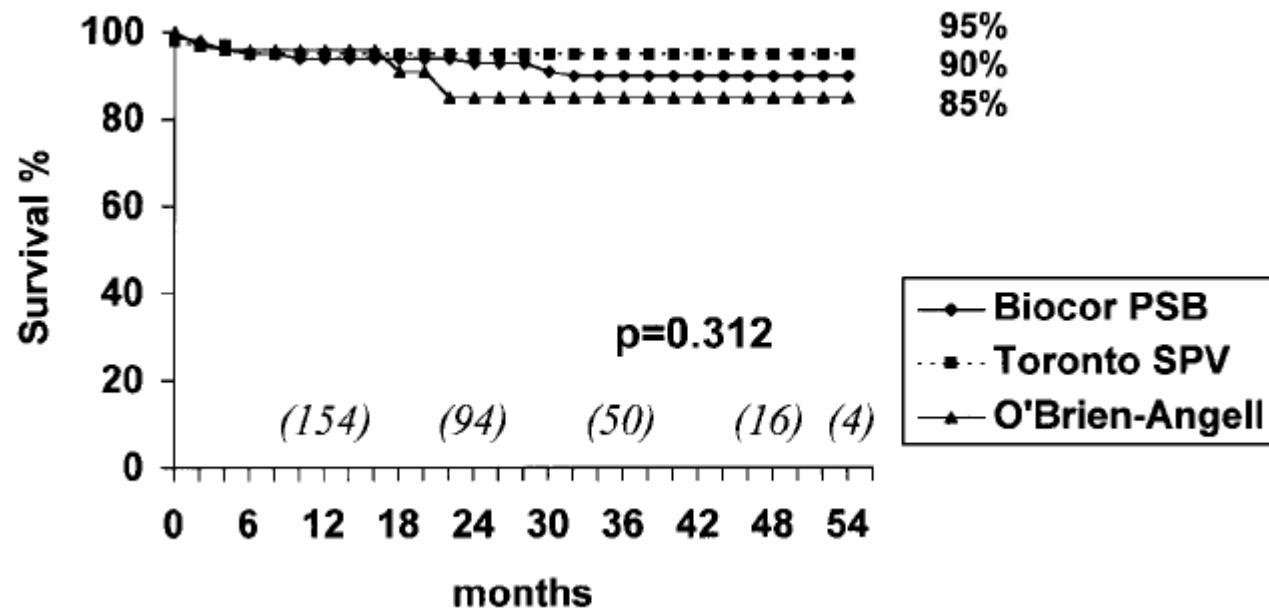


The Toronto SPV valve

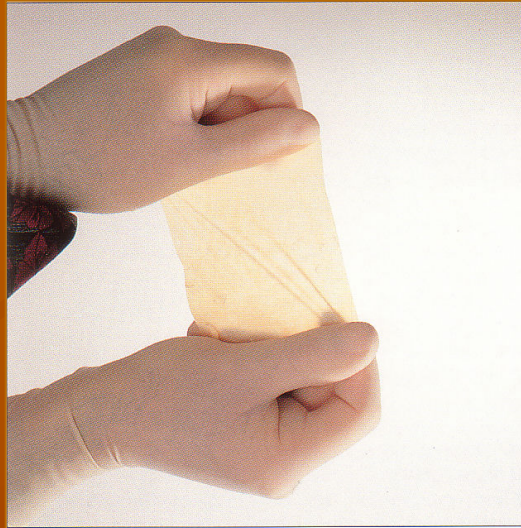
 **ST. JUDE MEDICAL**  
*Enhancing the Quality of Life.*



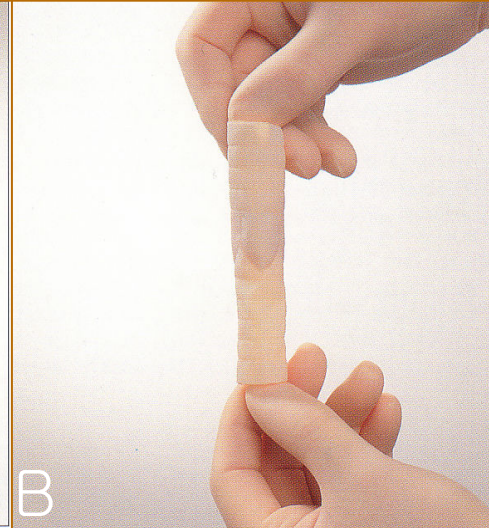
**Freedom Solo** by Sorin group  
Two bovine pericardial sheet



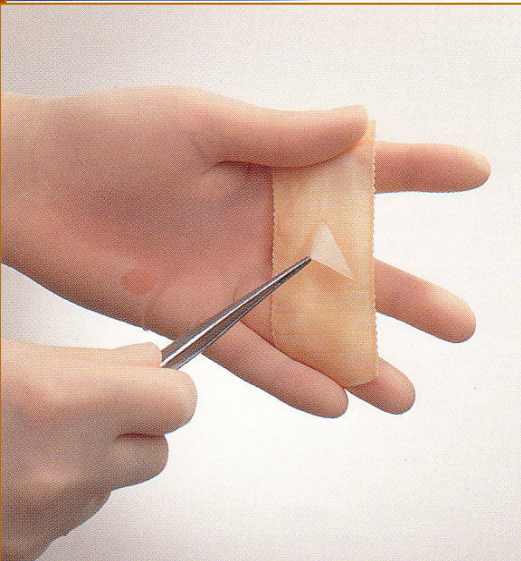
# Tissue Valved Conduit



A



B

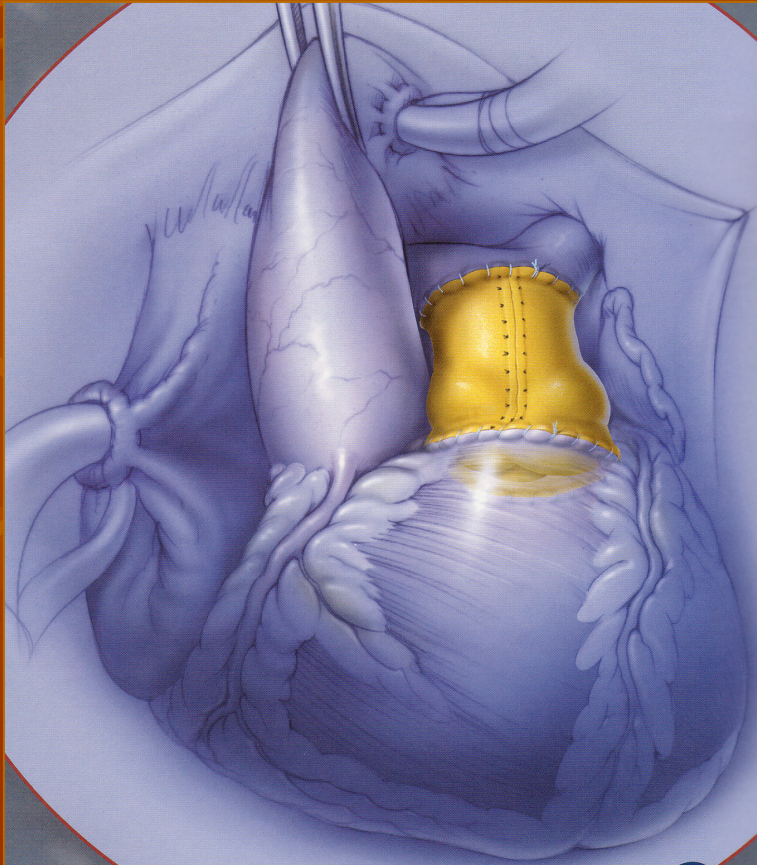


C

- A. Pericardial Patch
- B. Valved Conduit
- C. Monocusp RVOT Patch

# Synergraft

glutaraldehyde treated  
porcine pulmonic valve



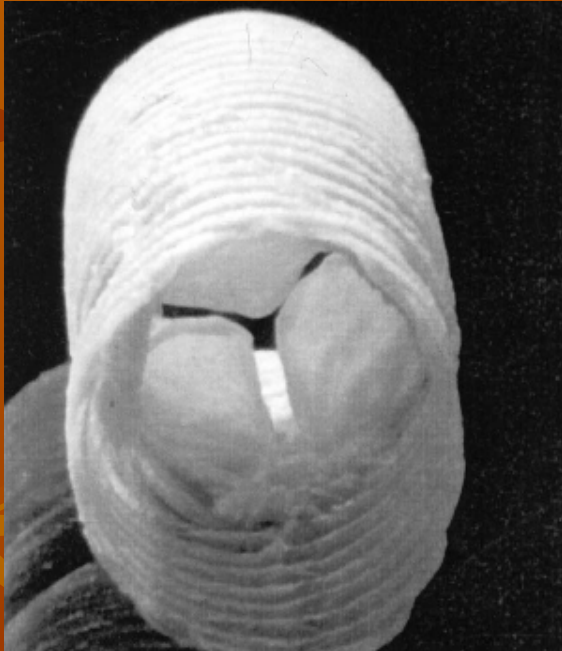
# Contegra

glutaraldehyde treated  
bovine jugular vein conduit



# Composite Stentless Porcine Valved Conduit

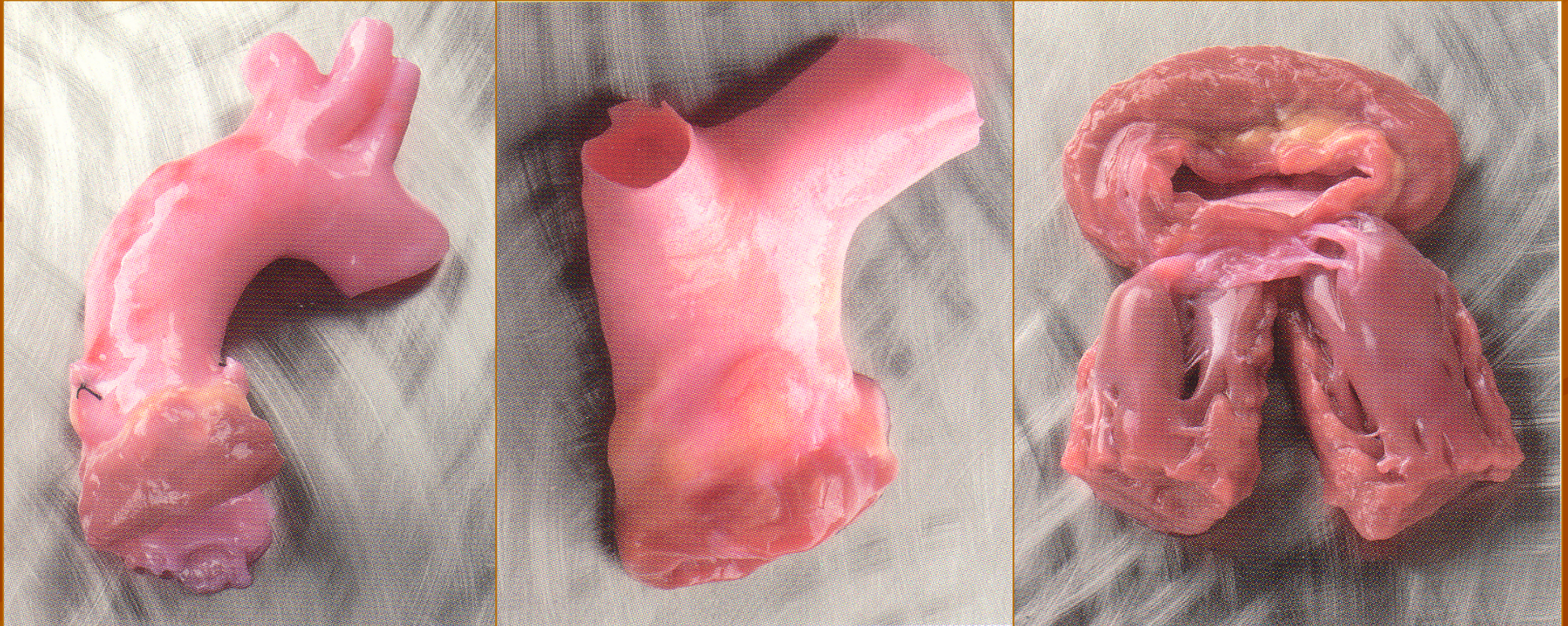
Bovine Pericardium **LabCor**



Woven Dacron **Medtronic**



# Cardiac Homografts



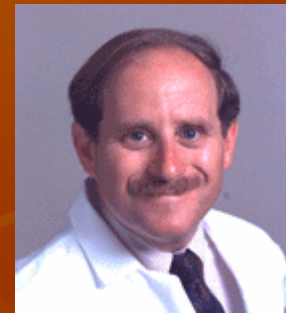
**Aortic Homograft   Pulmonic Homograft   Mitral Homograft**



# Problems with Tissue Valve

- Glutaraldehyde fixation – mineralization
- Topical fixation of cell remnants – primary nucleation site for calcium deposition
- Lack of ECM turn over and/or remodeling – mechanical fatigue

*“Tissue engineering requires an understanding of the relationships of structure to function in normal and pathological tissues”*



**Frederick Shoen  
Cardiac Pathology  
Brigham and Women's Hospital**

# Tissue Engineering of Heart Valve

- Valve anatomy
- Physiology
- Development
- Remodeling
- Response to injury
- Substitution

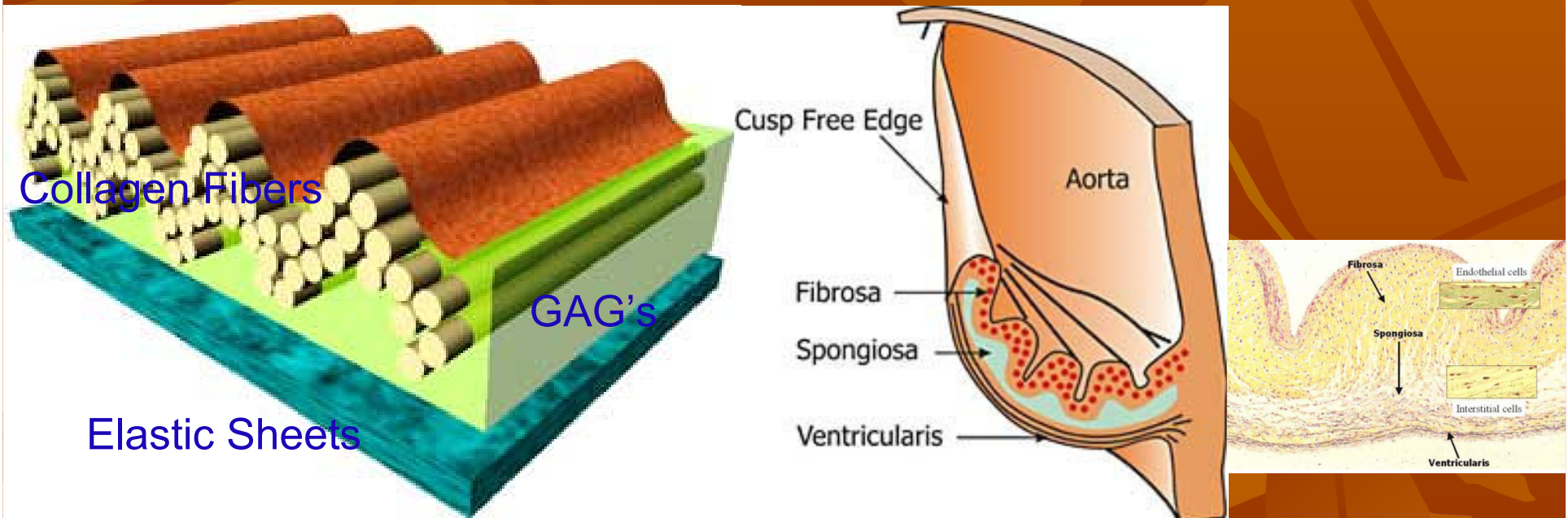
# Goal of Heart Valve Tissue Engineering

- Functions well hemodynamically
- Repairs ongoing tissue damage
- Long term durability
- Growth potential

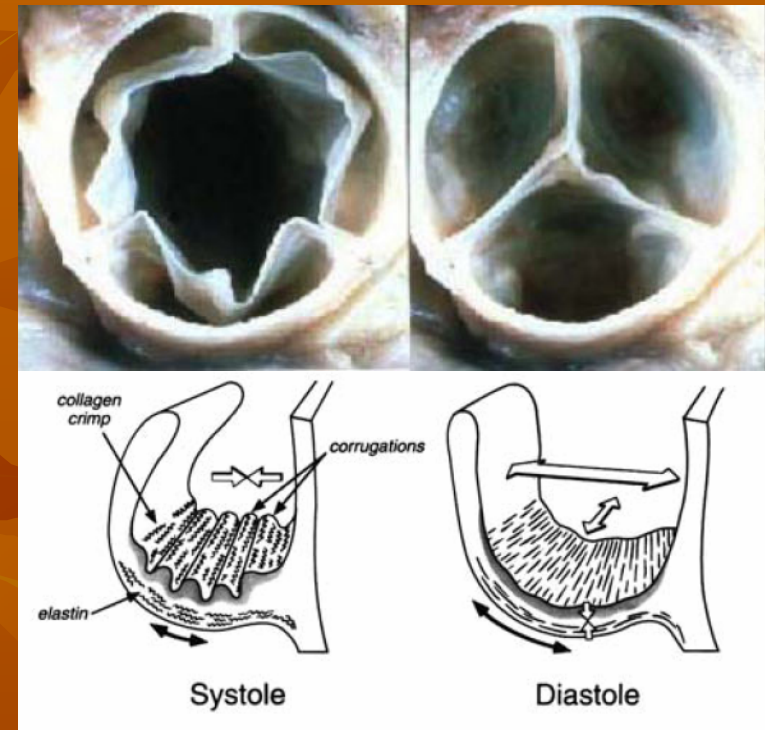
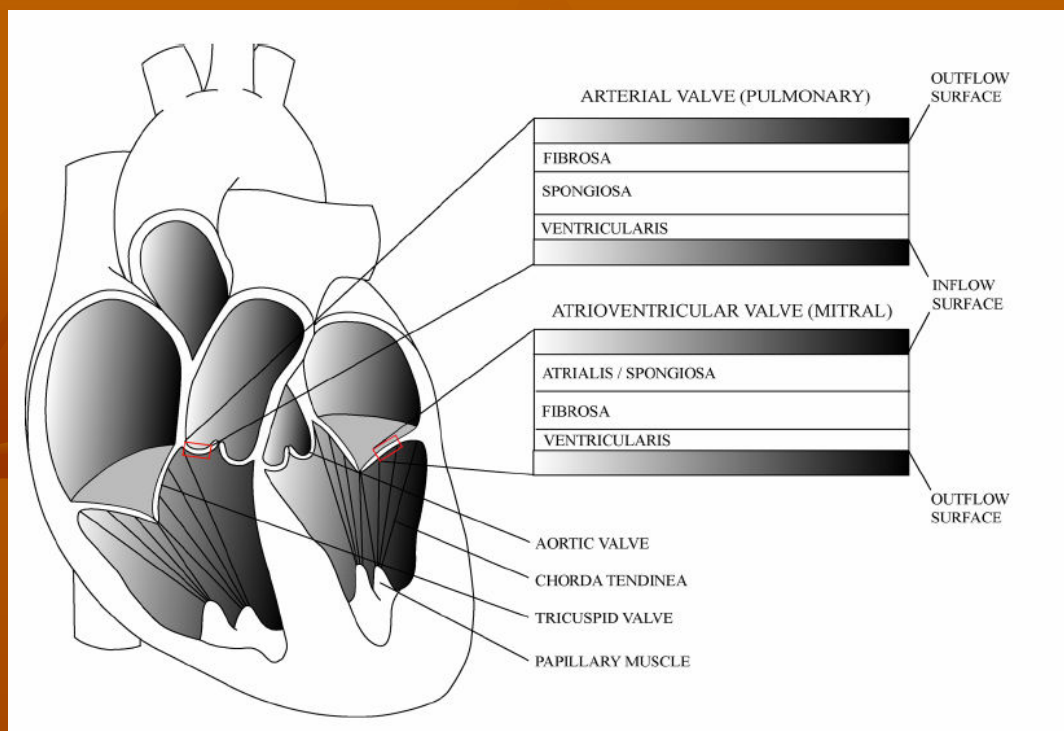
**Similar to the natural heart valve !**

# Functional Structure of Heart Valve

- Cusps are three well defined cellular tissue layer



- Valvular endothelial cells (VEC)
- Valvular interstitial cells (VIC)



**Valve layer**  
(Atrialis)

**Main ECM component**  
(Elastin)

**Function**  
(Recoil of AV valves during closure)

Fibrosa

Collagen

Tensile strength

Spongiosa

Proteoglycans

Formation of hydrated lattice  
Resistance against compressive forces

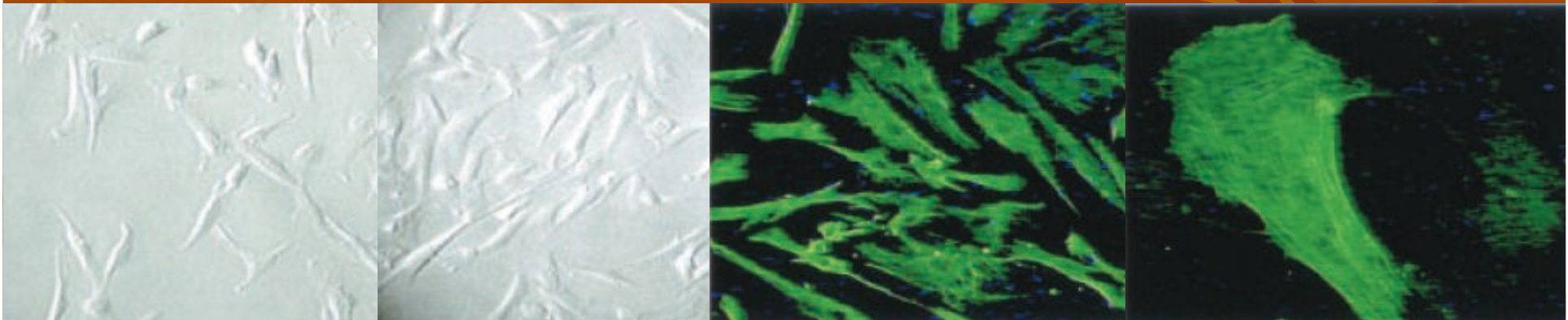
Ventricularis

Elastin

Retention of corrugated collagen structure  
in aortic valve  
Recoil of arterial valves during closure

# Tissue Engineering Concept(I)

- Autologous available stem cell source
  - endothelial progenitor cells(EPC)
  - mesenchymal stem cells (MSC)



72 hours

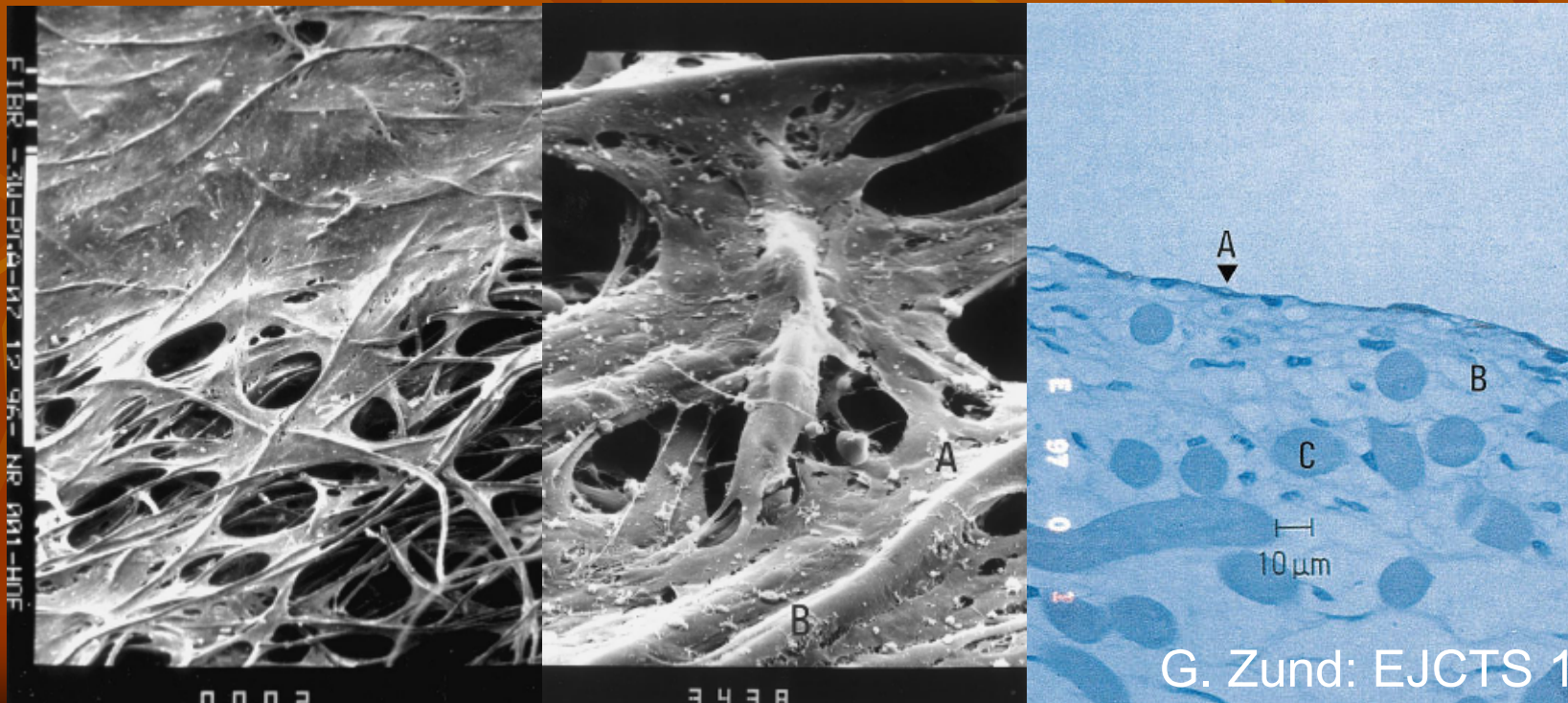
10-14 days

ASMA

Vimentin

# Tissue Engineering Concept(II)

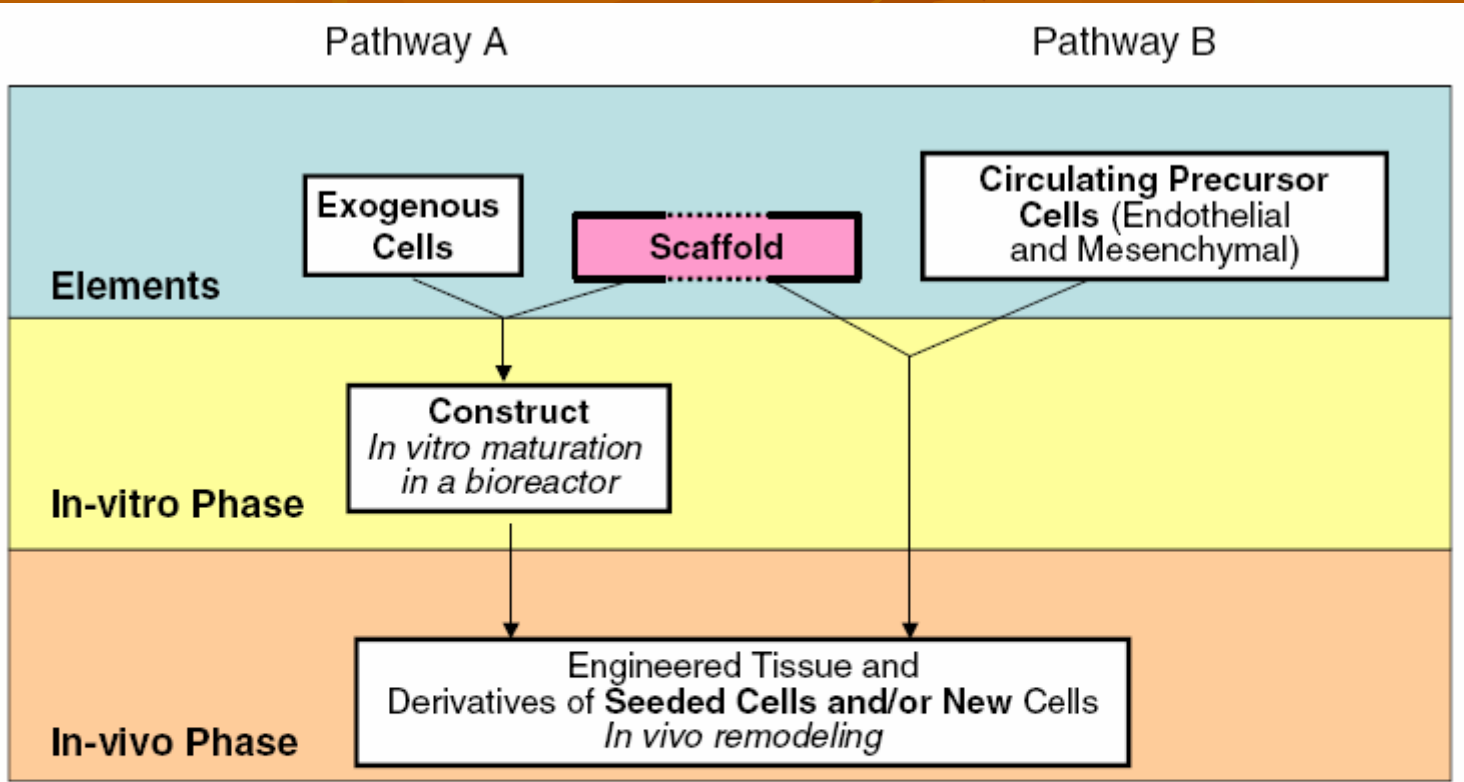
- In vitro phase generating the desired structure using bioreactor
- In vivo using a decellularized or synthetic scaffold and repopulation with cells – inflammatory damage and failure in human



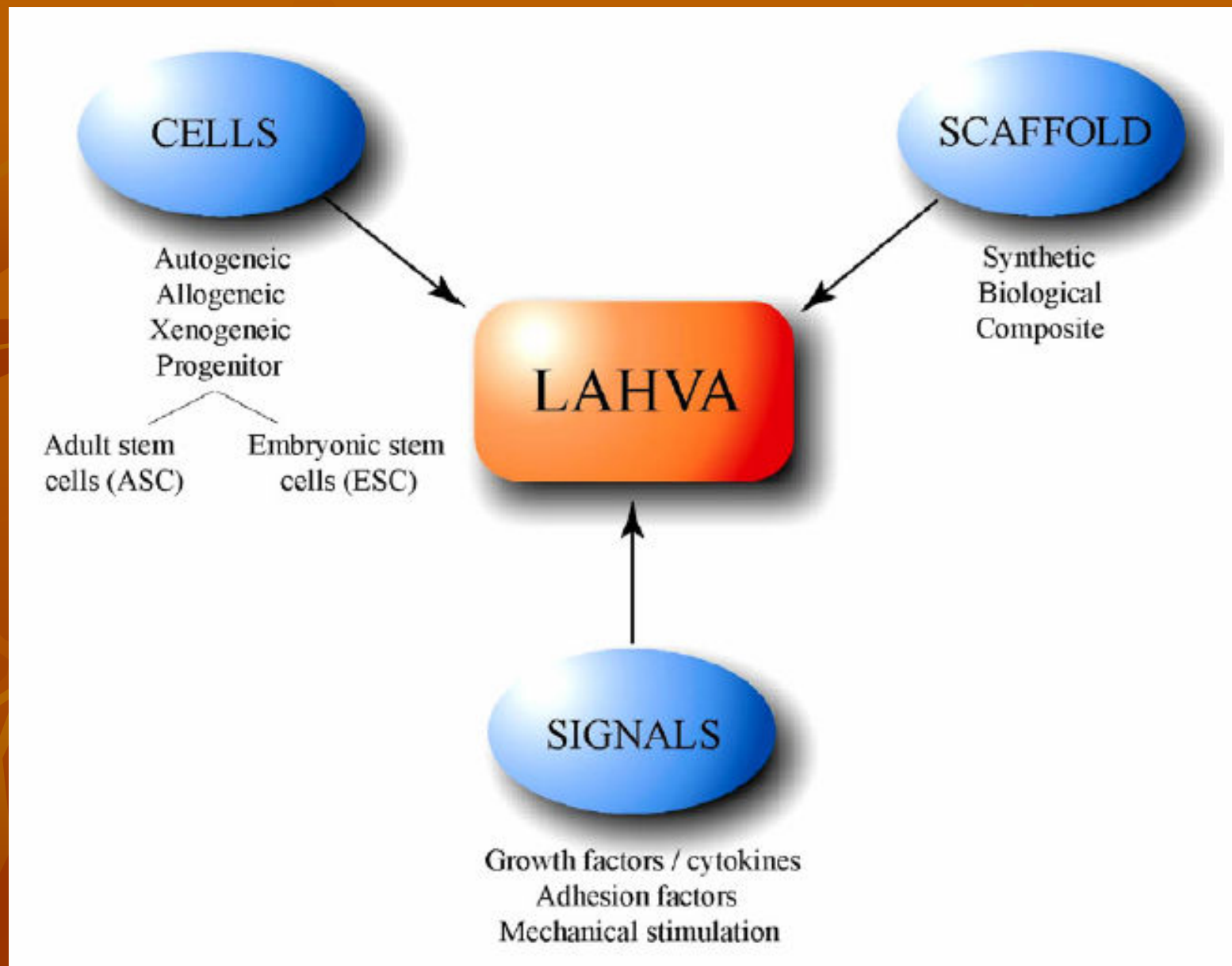


# Tissue Engineering Heart Valve Fate

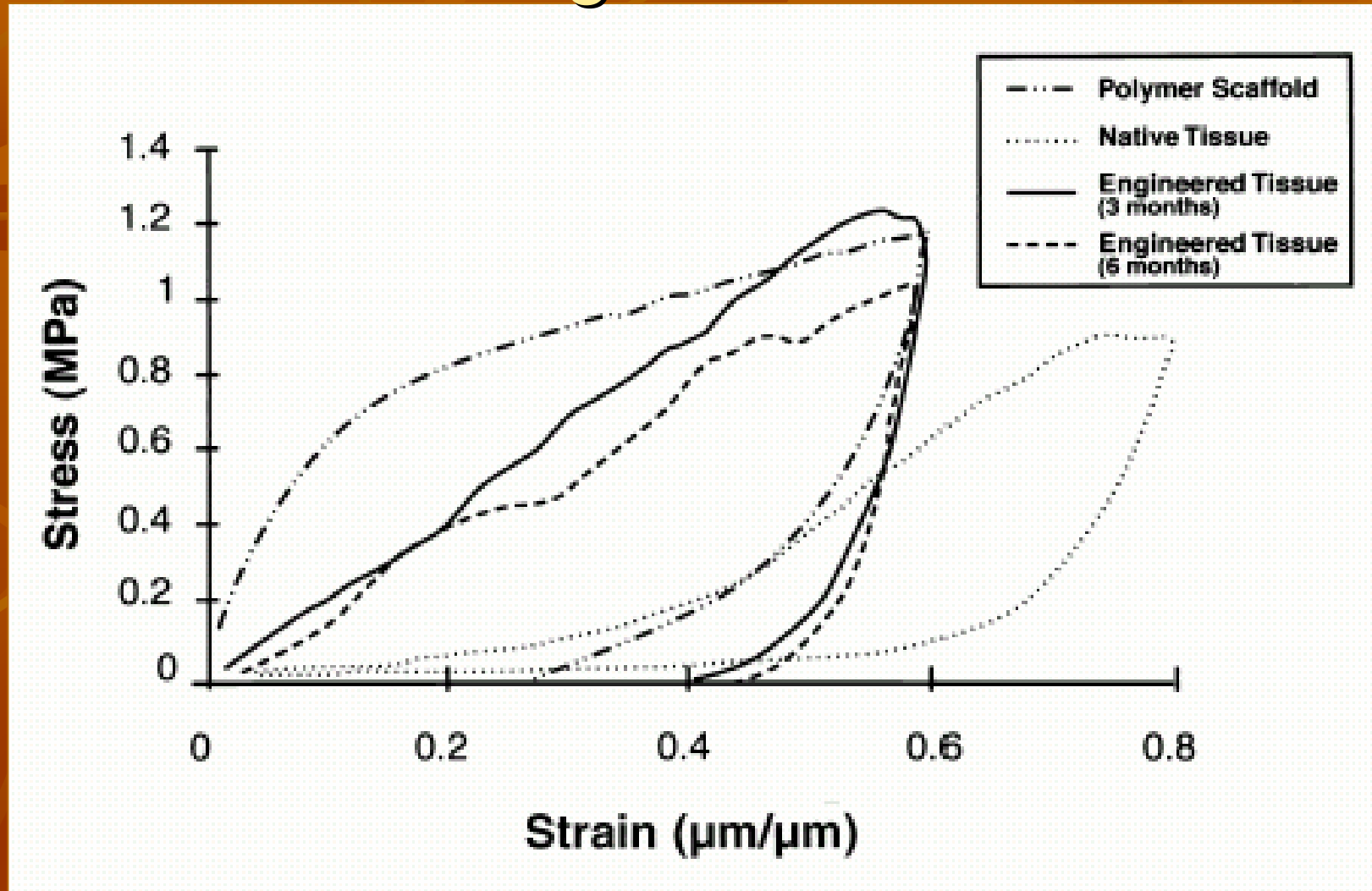
- Cell adhesion, proliferation, sorting and differentiation
- ECM production, organization
- Degradation of the scaffold
- Remodeling and potential growth of the tissue



<p><b>Pathway A: Conventional Paradigm</b></p> <ul style="list-style-type: none"> <li>•Combine appropriate cells and scaffold</li> <li>•Grow valve in-vitro in a bioreactor that provides mechanical and metabolic support</li> <li>•Implant in anatomic site in-vivo</li> </ul>	<p><b>Pathway B: Modified Paradigm</b></p> <ul style="list-style-type: none"> <li>•Implant appropriate scaffold in-vivo</li> <li>•Enhance release, targeted recruitment, adhesion, migration, proliferation, differentiation, and function of desired cell populations</li> <li>•Avoid unwanted recruitment</li> </ul>
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# The Strain-Stress Curve of Tissue Engineered Graft

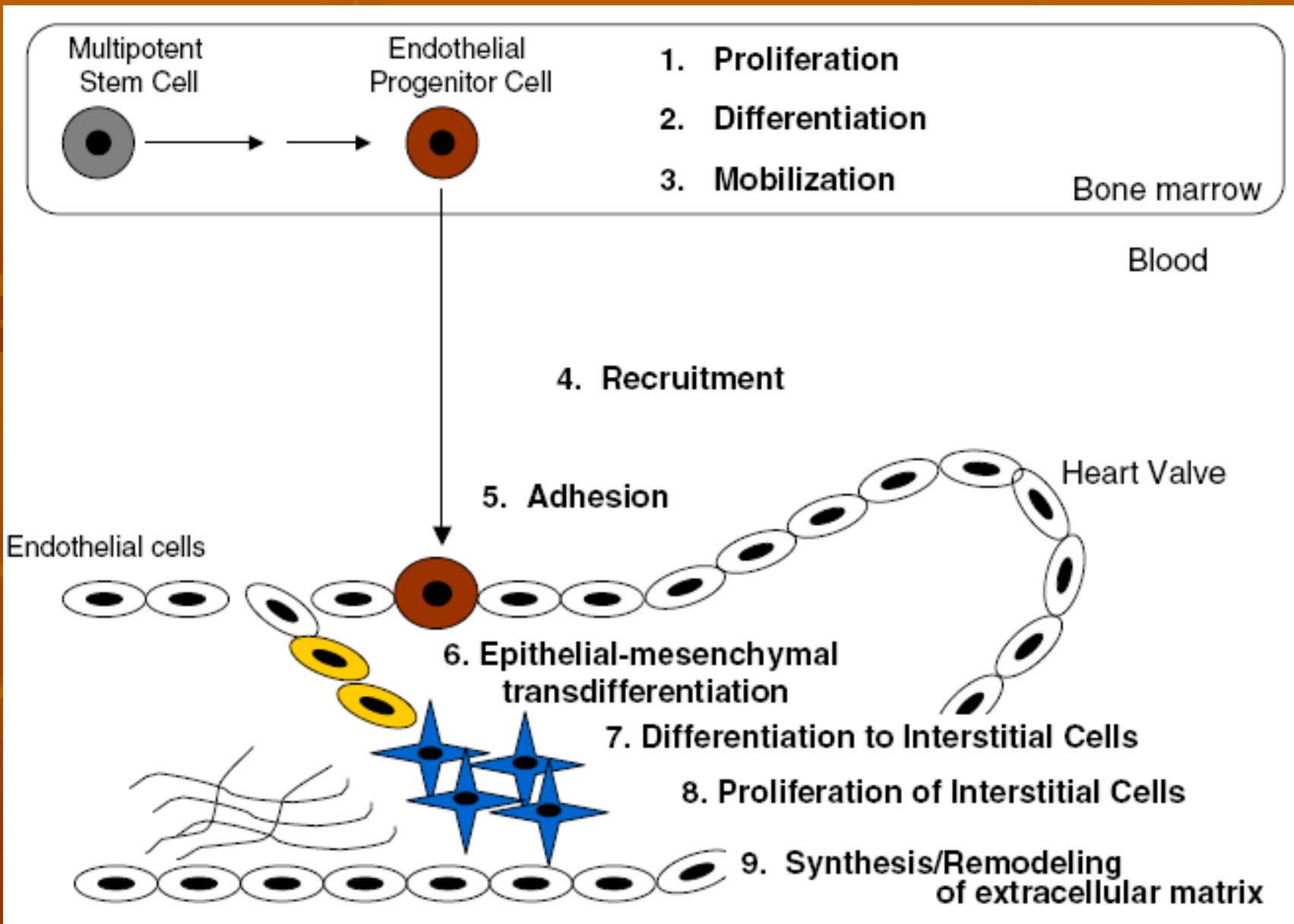


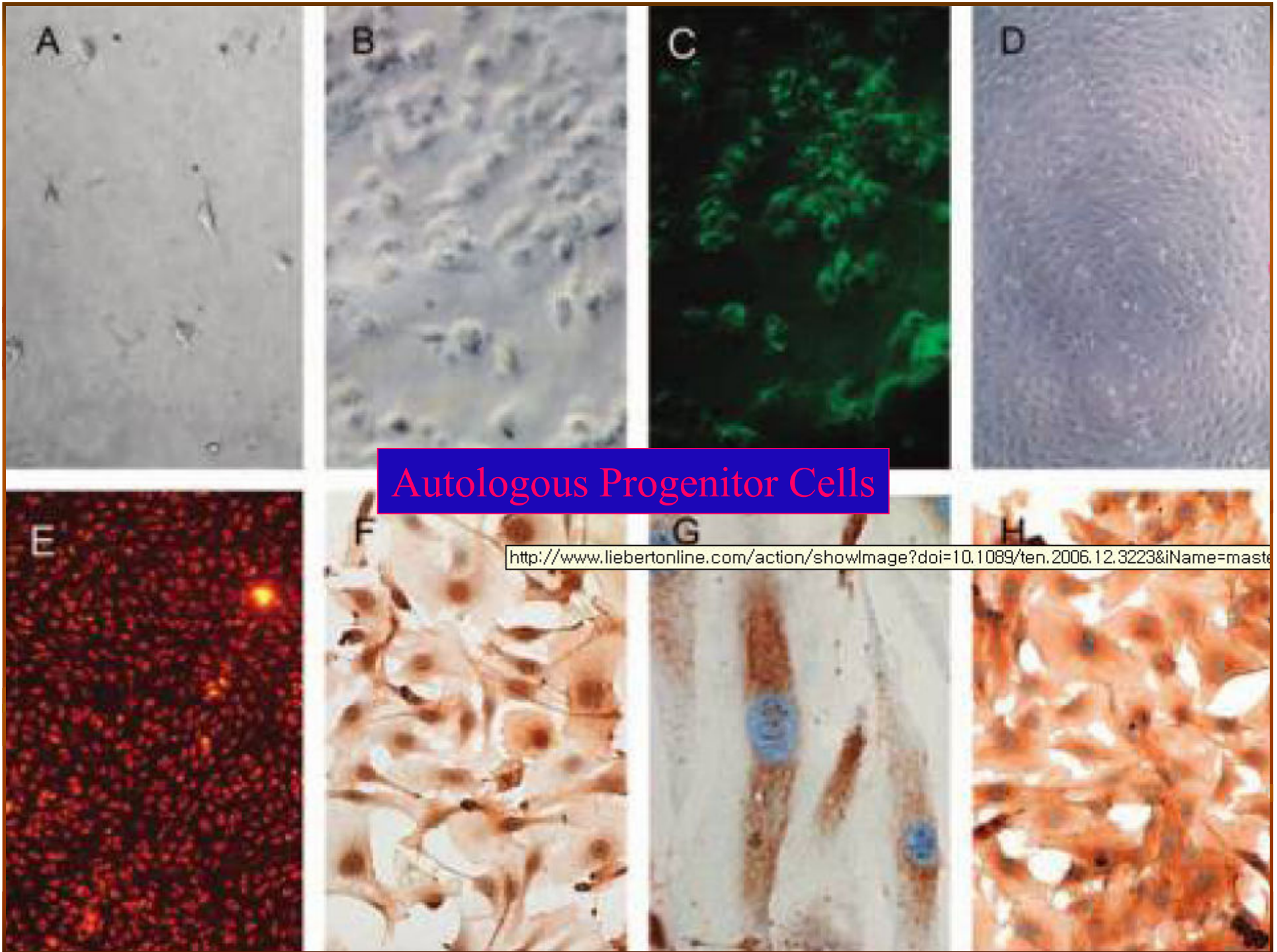
# Cell Source (I)

- Ovine femoral artery and PGLA + PGA scaffold (Shinoka, 1995)-sacrifice
- Dermal fibroblasts(Shinoka, 1997)
- Human saphenous vein(Schnell, 2001)
- Carotid artery (Stock 2000)-sacrifice
- Autogenous umbilical cord cell (Kadner, 2002)-mixed, Wharton's jelly myofibroblast, umbilical cord artery or vein

# Cell Source (II)

- Mesenchymal stem cell(MSC); adult bone marrow (Kadner, 2002) – remain differentiation in vivo
- VICs and VECs themselves (Maish, 2003) – leaflet biopsy – not enough cells
- Circulating endothelial and smooth muscle progenitor cells (Rafii, 2000, Simper, 2002)

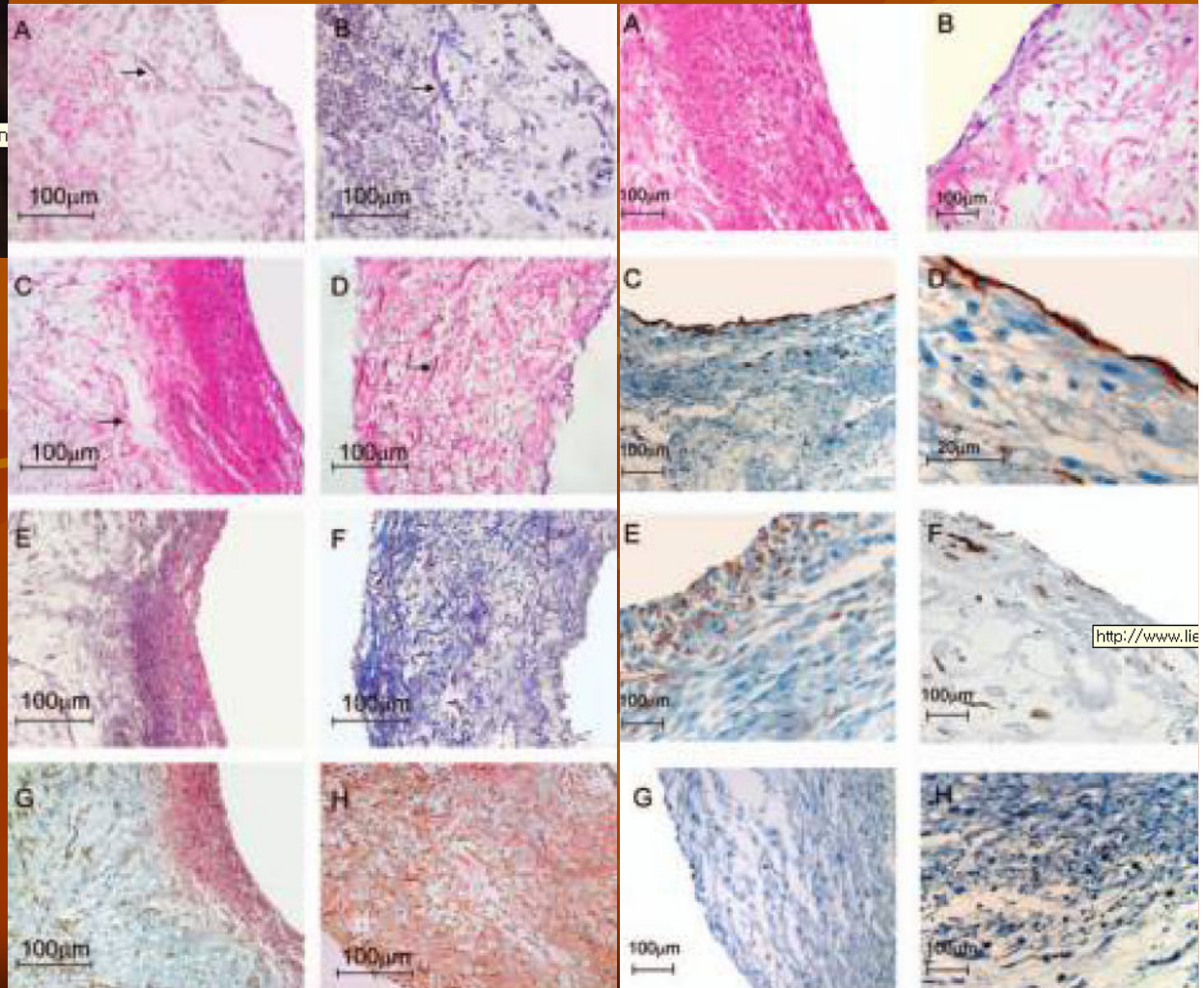
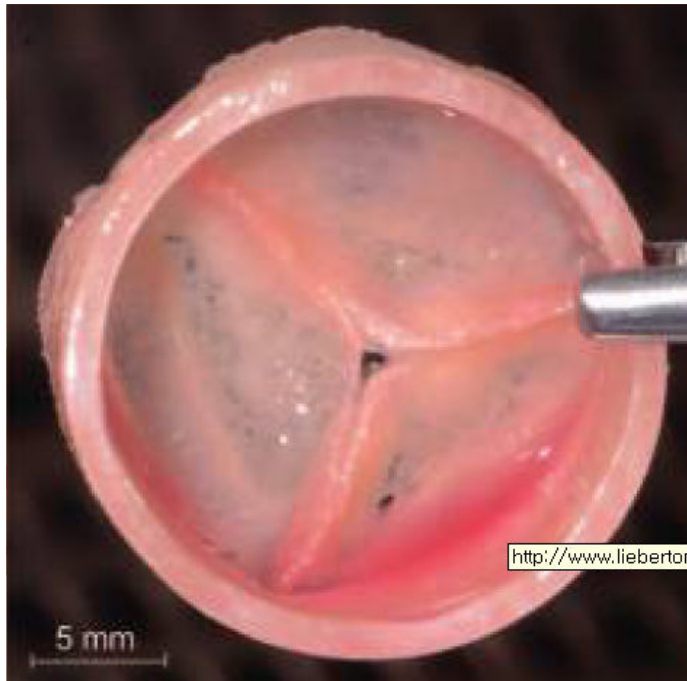


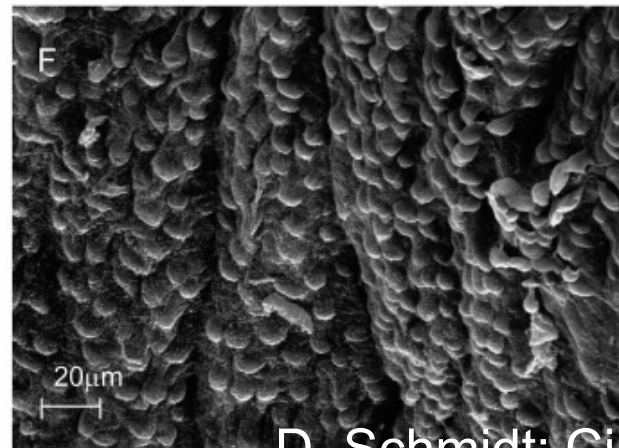
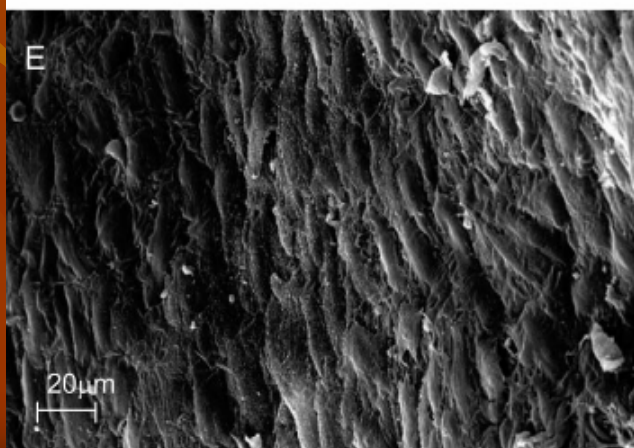
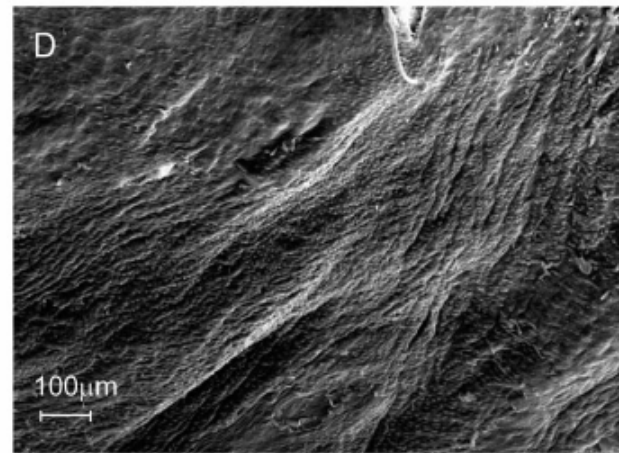
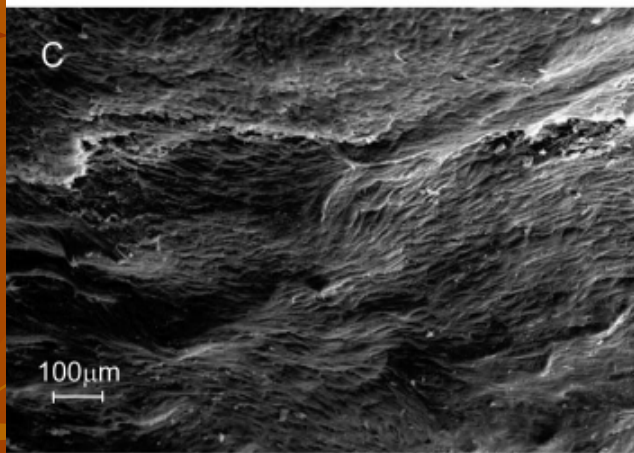
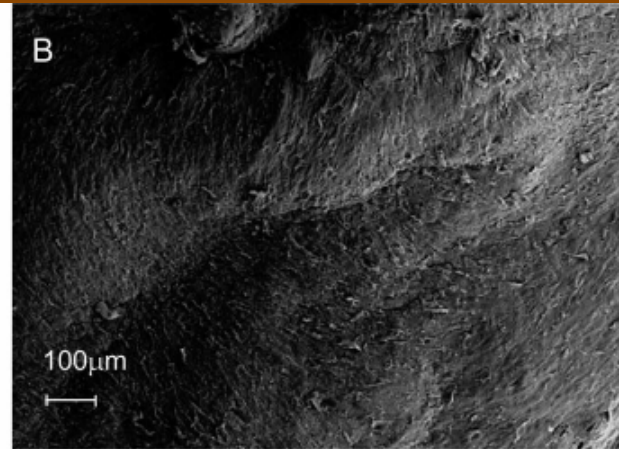
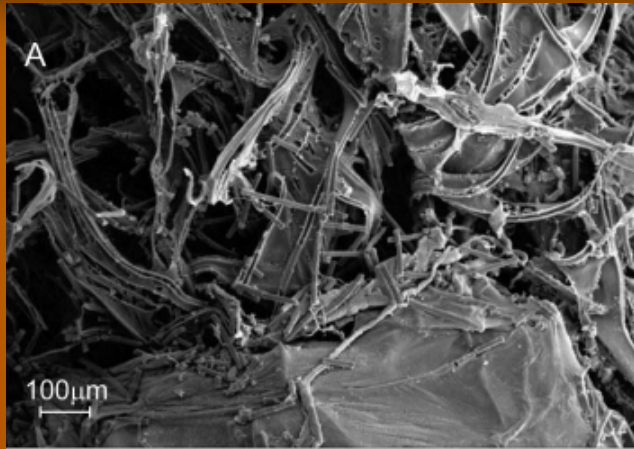




PGA mesh with P4BH coating leaflet  
Human Wharton's Jelly-derived myofibroblasts  
Human umbilical cord blood-derived EPCs

D. Schmidt: Tissue Engineering 2006



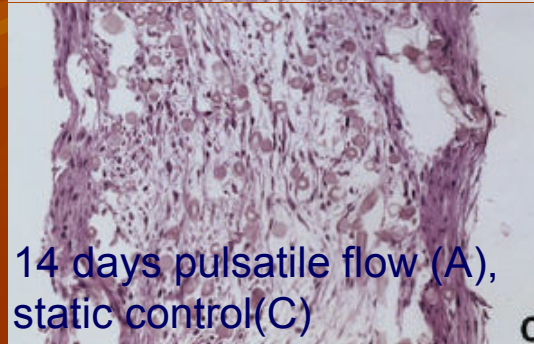
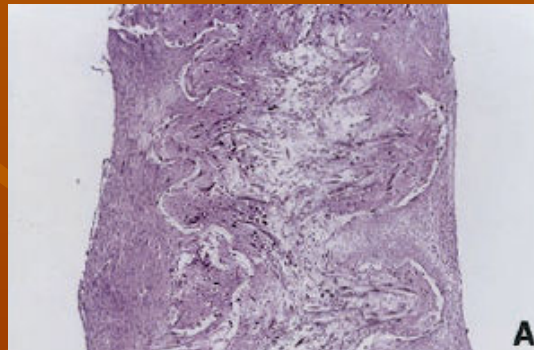
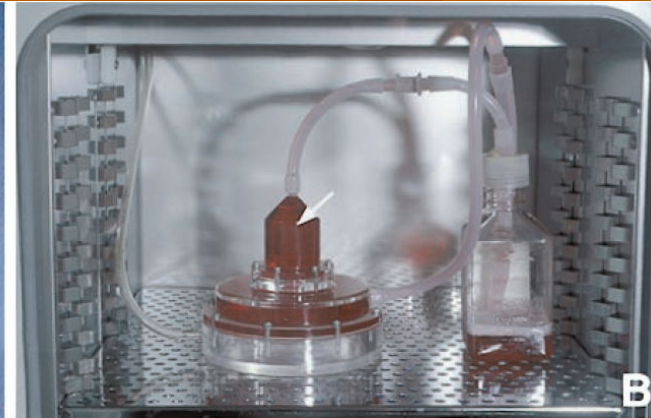


# Scaffold

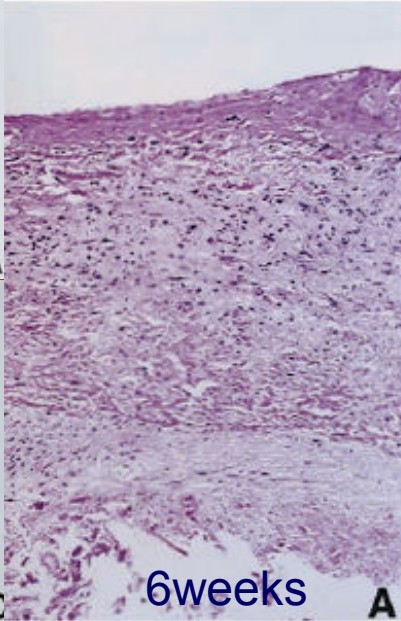
## (Synthetic biodegradable polymer)

- PGLA woven mesh sandwiched between two non-woven PGA mesh sheets (Mayer, 1995) – too immalleable
- Polyhydroxyoctanoate(PHO) (Stock, 2000)  
Conduit wall: non porous PHO film(240  $\mu\text{m}$ ), Two layers of non-woven PGA felt(1 mm), Monolayer of porous PHO(120 $\mu\text{m}$ ) – low pressure pulmonary position
- Porous PHO scaffold; thermal processing (Sodian, 2000) – devoid of elastin
- PGA coated with a thin layer of poly-4-hydroxybutyrate(P4HB) – a flexible, thermoplastic (Hoerstrup, 2000) –welding technique, bioreactor ; partial endothelial cell coverage

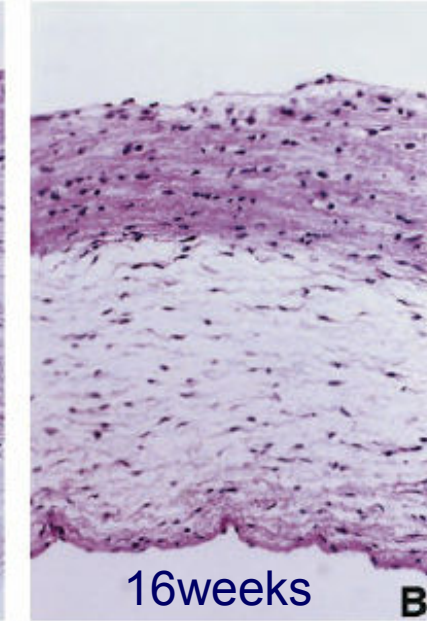
Pulse duplicator system(Bioreactor) consisting of 2 principal Chambers seperated by silicone diaphragm.



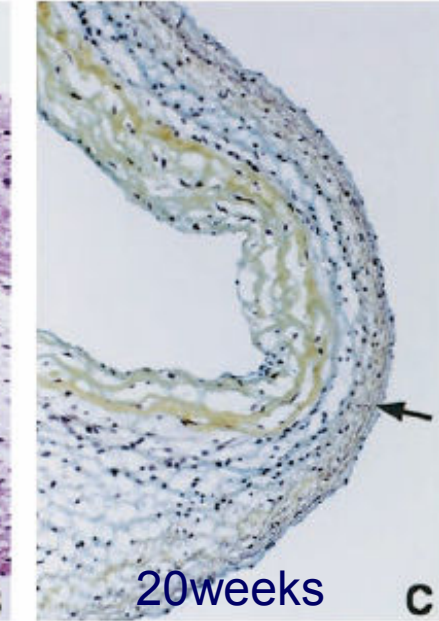
14 days pulsatile flow (A),  
static control(C)



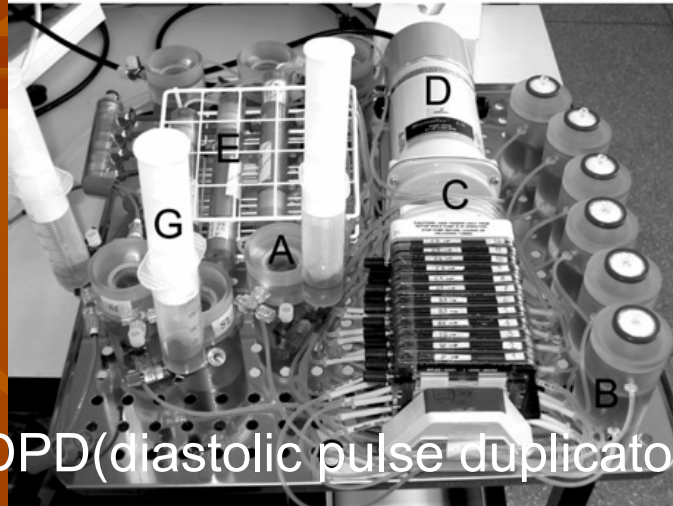
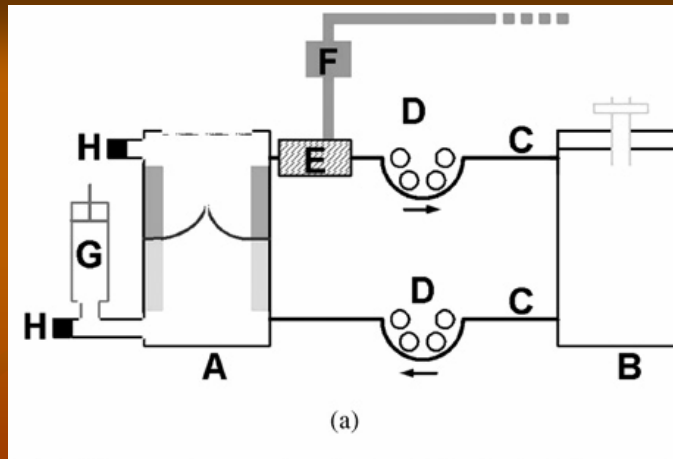
6weeks



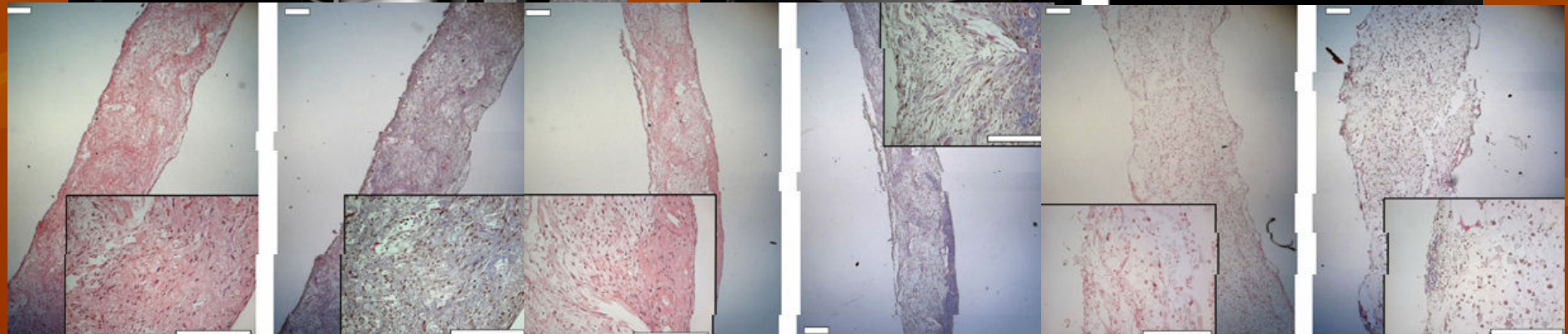
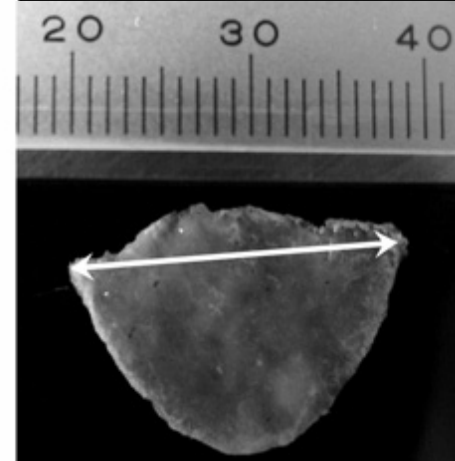
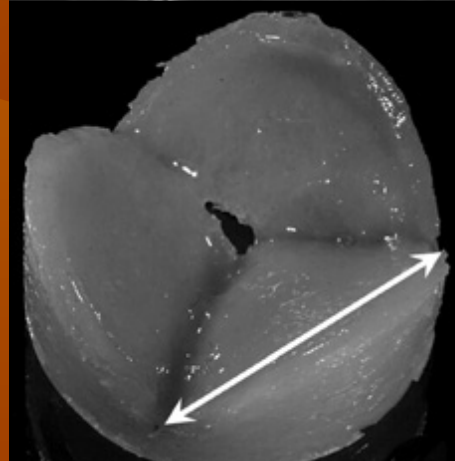
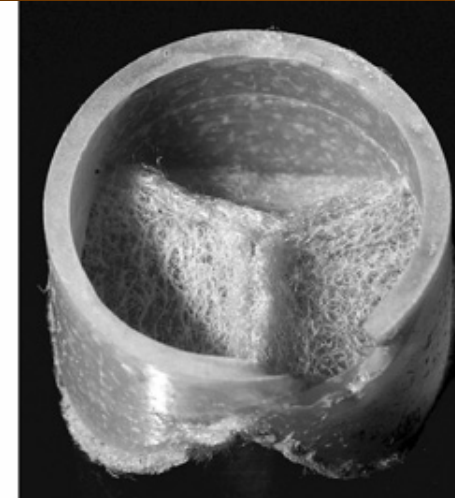
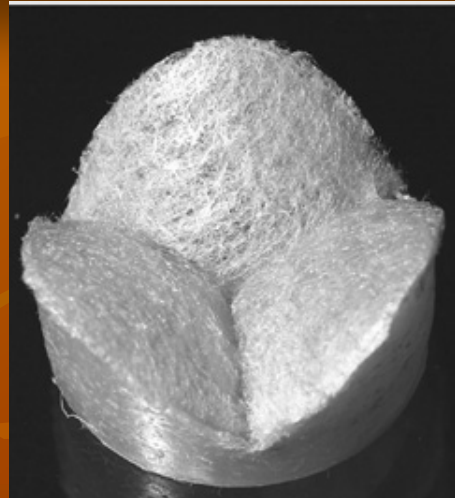
16weeks



20weeks

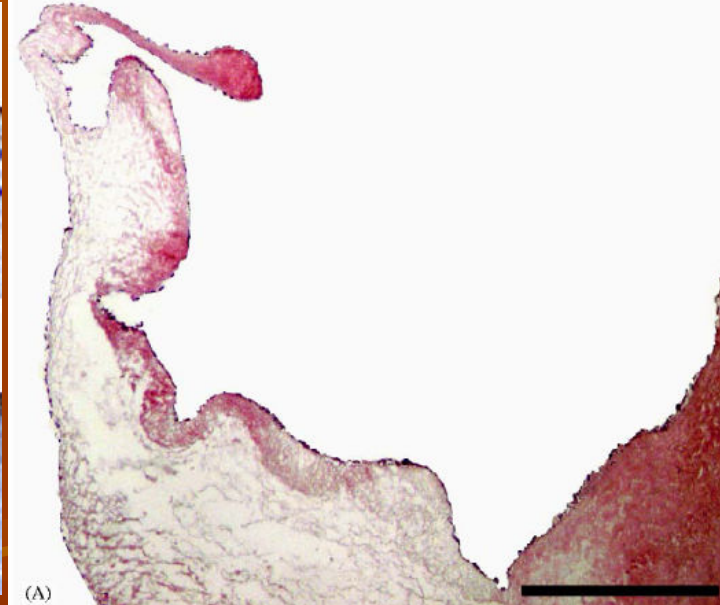
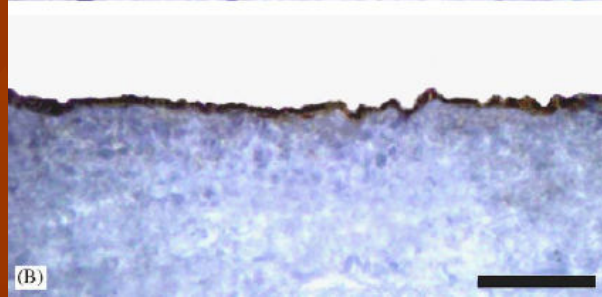
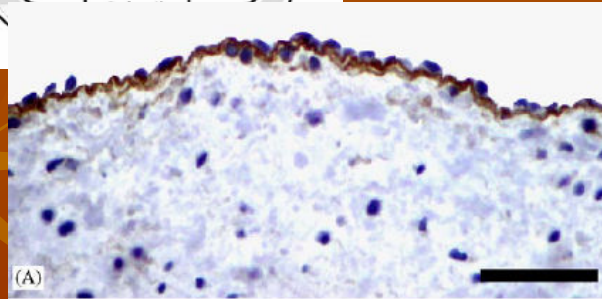
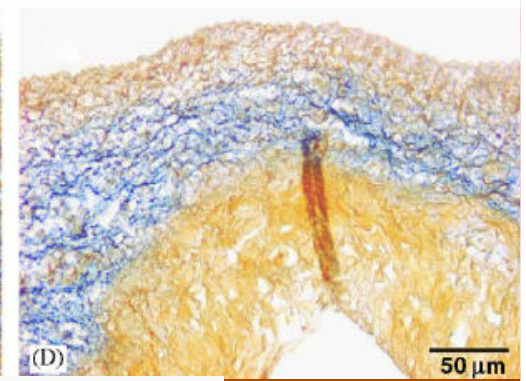
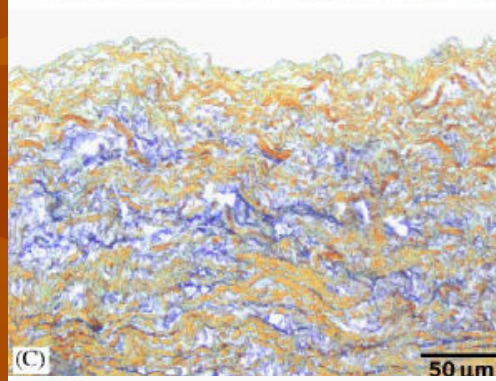
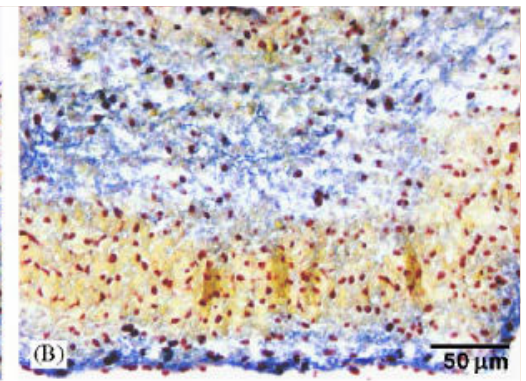
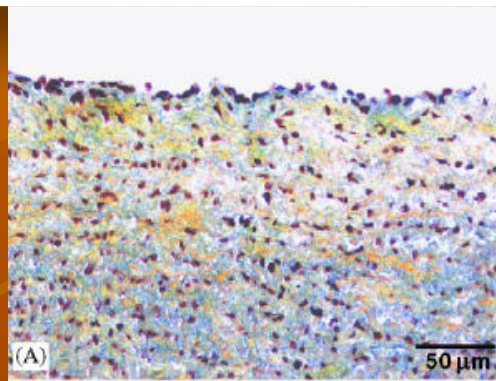
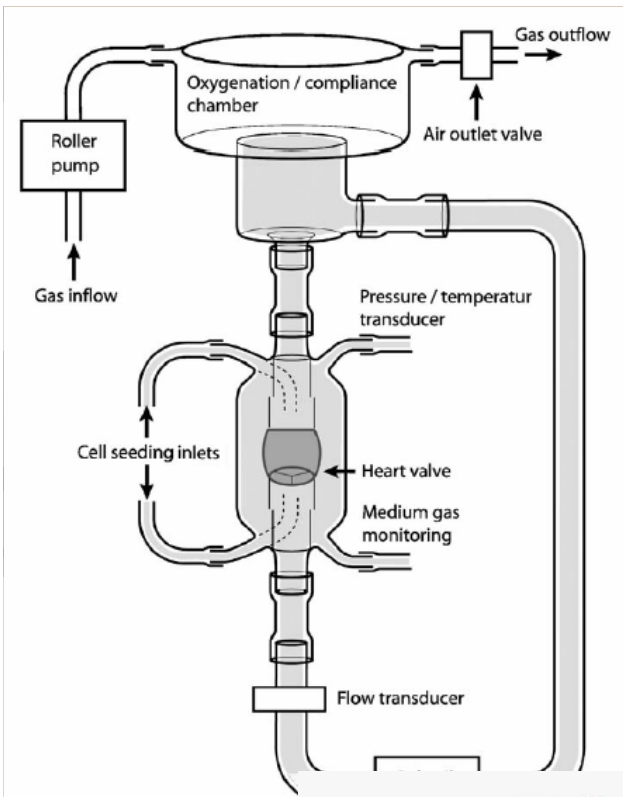


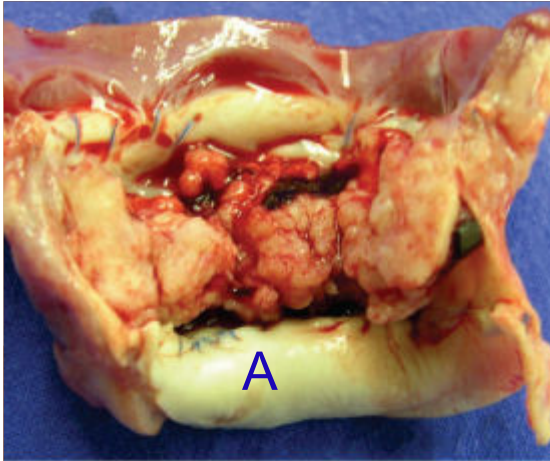
DPD(diastolic pulse duplicator)



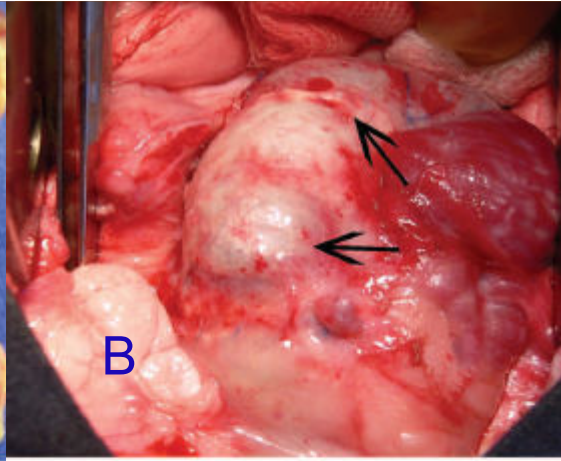
# Scaffold (Decellular Tissue)

- Decellularising with detergent (Triton X-100) and enzymes (DNAse, RNAse) – removes cell membranes, nucleic acids, lipids, cytoplasmic structures, soluble matrix molecules, retaining the collagen and elastin ECM (Wilson, 1995) – partial endothelialization, partial VIC infiltration
- Reseeding of decellularised porcine aortic valve with human endothelial cells (Bader, 1998) – cellular remnants
- Carotid artery myofibroblast and endothelial cell seeding sequentially (Bader, 2000) – calcification and inflammatory reaction
- Synergraft by cryolife (O'Brien, 1999) ; decellularized porcine aortic valve - strong inflammatory response in human
- Unknown ideal heart valve decellularising agent
- Possible toxicity

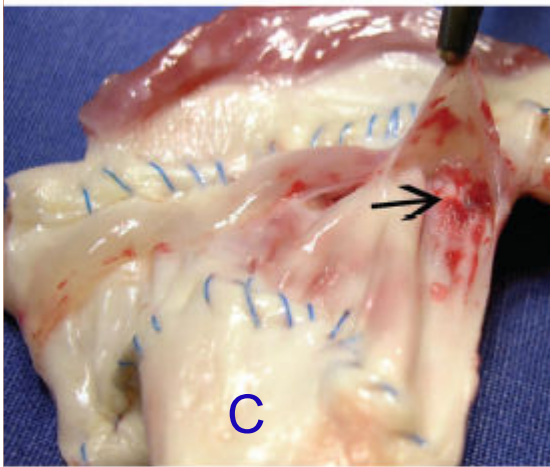




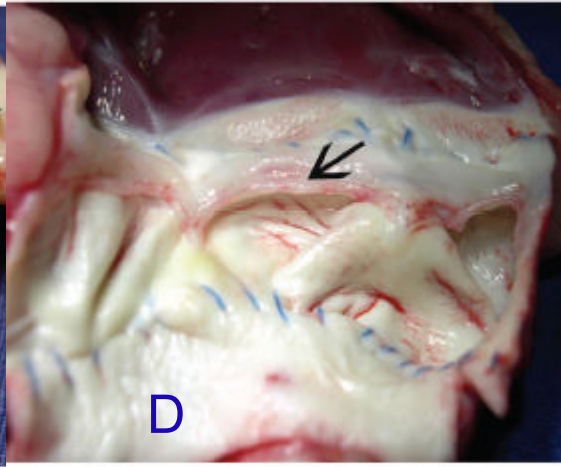
A



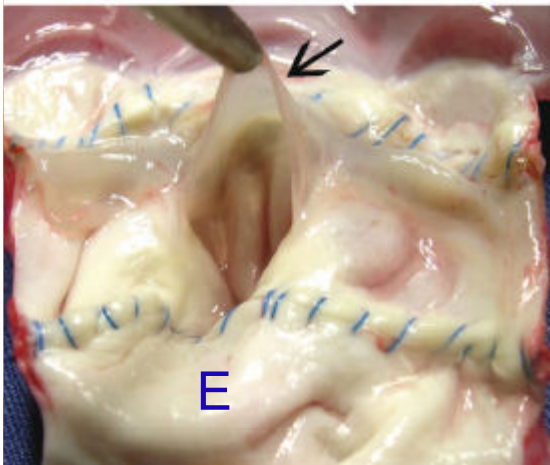
B



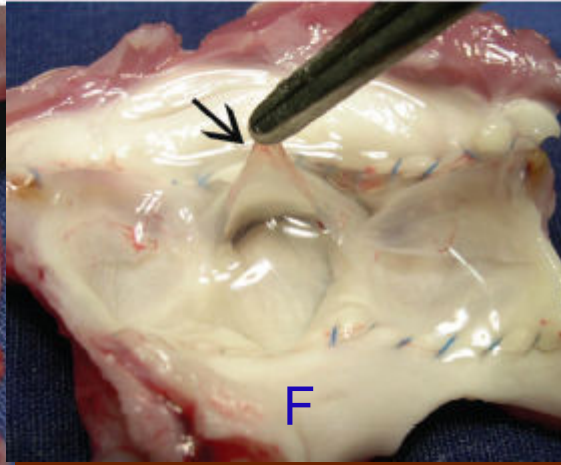
C



D



E



F

A:EPV

infective endocarditis 39days

B: EPV , good shape 3 months

C:DPV

Thrombotic formations 3 months

D: DPV

leaflet sclerosis 3 months

E:EPV

Translucent leaflets 1 months

F: EPV

3 months

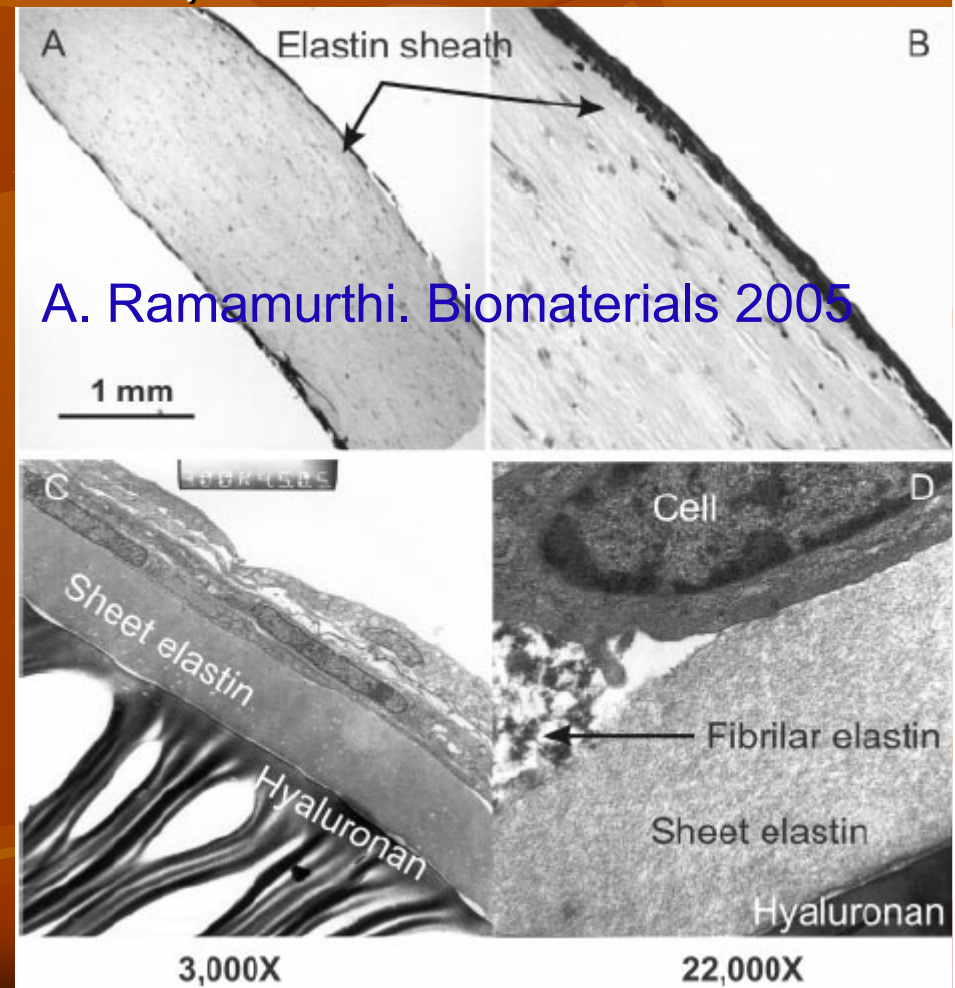
A. Lichtenberg: Circulation 2006



# Scaffold

## (Natural Biodegradable Polymeric)

- Acellular small intestinal submucosal matrix(SIS) ; complete resorption (Badylak, 1989)
- Fibrin gell; from patient's own blood (Ye, 2000)
- Moulding technique (Jockenhoevel, 2001)
- Collagen scaffold ; (Rothenburger, 2001)
- Construction of tissue using "natural" materials by producing completely human autogeneic tissue without the use of a supporting scaffold;

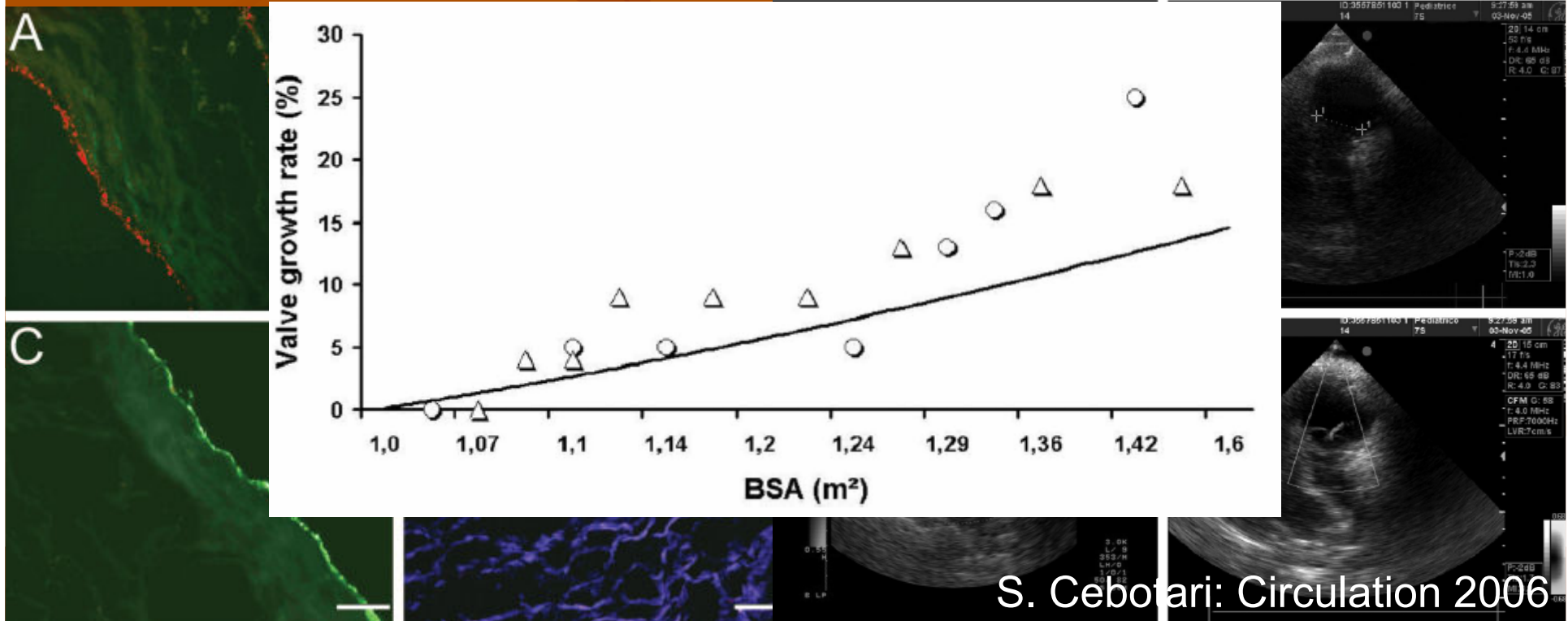


# Signalling Factors

- Mechanical stimulation or physical signalling; (Hoerstrup, 1999)
- Pulsatile flow condition; (Niklason, 1999); much higher deposition of ECM, improved tissue organisation, better mechanical properties –lack the mechanical strength required for functional performance in the anatomical position
- More efficient biomimetic protocols
- Gene therapy; promote the expression of suitable mitogenic, angiogenic or neurogenic factors (Yla-Herttuala, 2000)

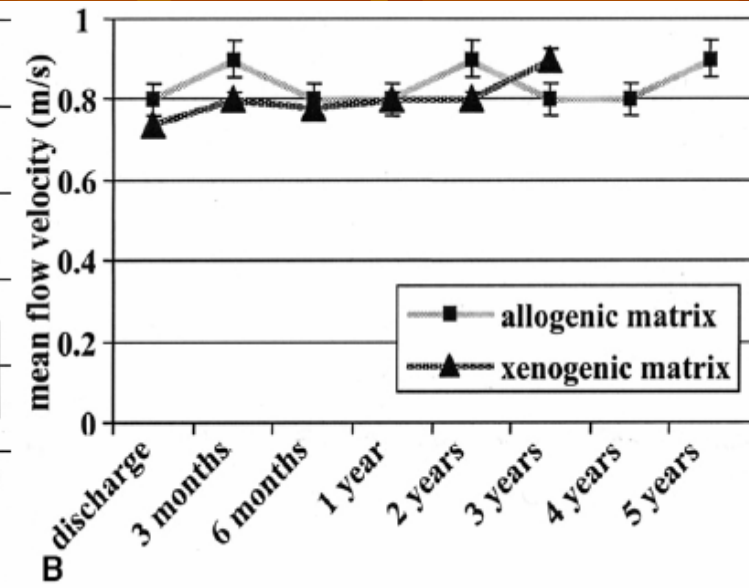
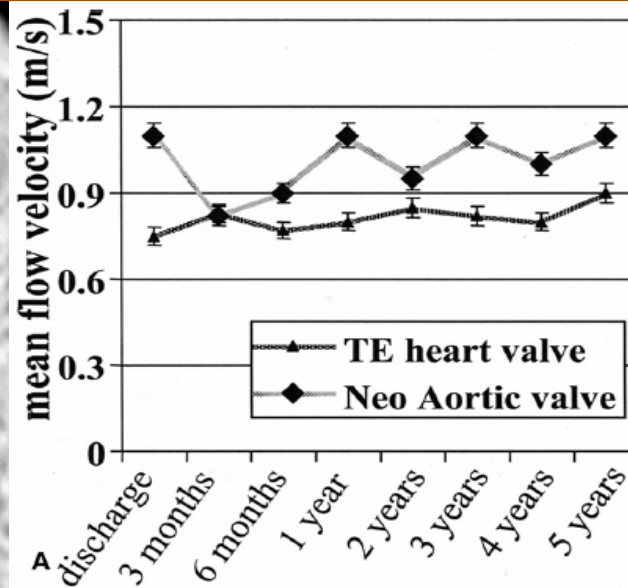
# Clinical Trial (I)

- 2 patients
- Decellularized human pulmonic valve
- Peripheral mononuclear cells - 42 months FU

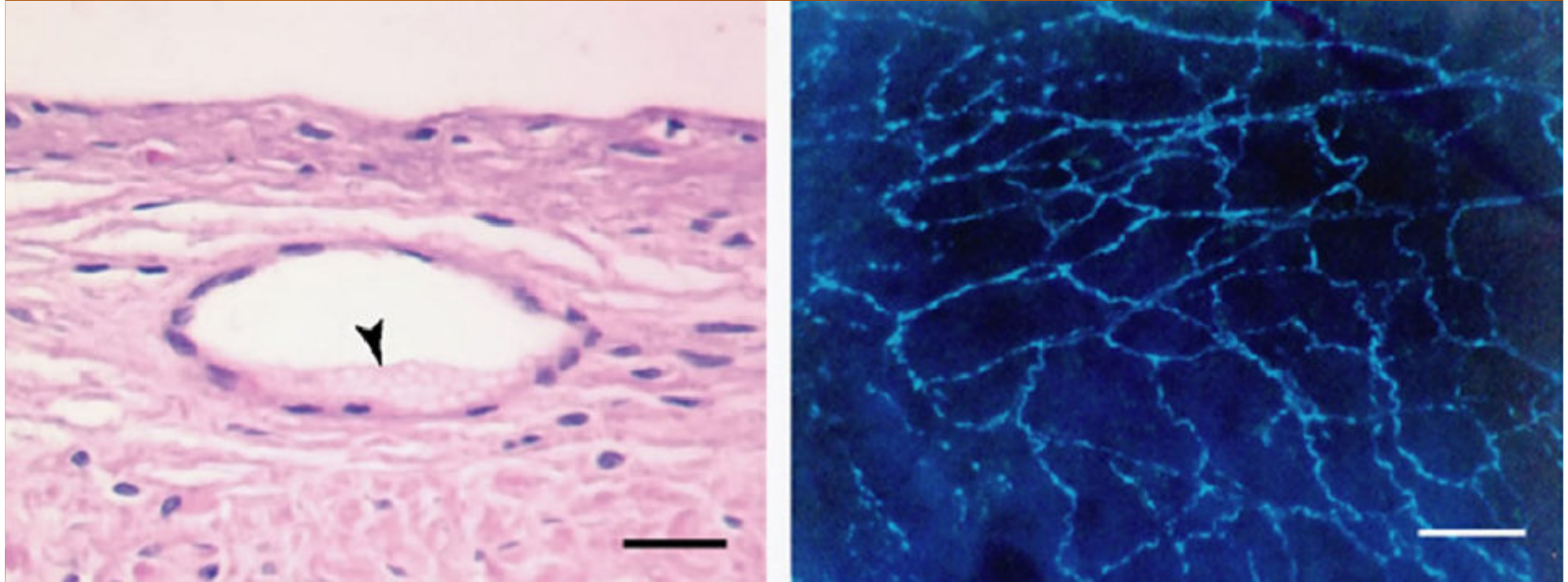


# Clinical Trial (II)

- 2000-2003; 23 명에서 Ross 수술시 PVR
- Decellularized cryopreserved homograft
- Decellularized porcine valve
- And EC seeding in the bioreactor



HOWEVER



Vascular elements and neural elements have been demonstrated in the heart valve interstitial matrix

## **BIOMARKERS** for Cell and Tissue Characterization

- Tissue composition
- Cell gene expression
- Protein expression
- ECM quality
- Mechanical properties
- Residual polymer

## **ASSESSMENT** of Patient Response

- Age and underlying pathology
- Remodeling capacity
- Tissue(biopsy)
- Biomarker in blood or urine
- Anatomic imaging
- Molecular imaging

## Key **BIOLOGICAL PROCESSES** in Tissue Engineering and Regeneration

- Cell origin and fate
- Cell adhesion, migration, proliferation
- Endogenous cell recruitment
- Extracellular matrix formation remodeling
- Scaffold degradation
- Cellular viability, phenotypes and function
- Tissue adaptation and growth

## **Research Goals**

- Understand mechanisms
- Develop biomarkers
- Develop assays/ tools
- Define surrogate endpoints

## **Translation**

## **Clinical Goals**

- Manufacture/deliver product
- Characterize tissue for use
- Predict outcome early
- Accommodate patient to p heterogeneity

Correlate

## Patient **OUTCOMES**

- Success
- Failure

Predict

Paradigm for Translating Research in Heart Valve Tissue Engineering from the Lab to the Clinic

