



Biomaterials for MX

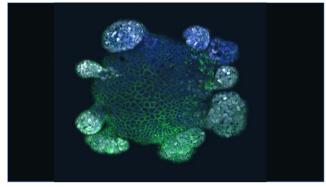
MSE - 471

Prof. Maartje M.C. Bastings

Course 1: Introduction







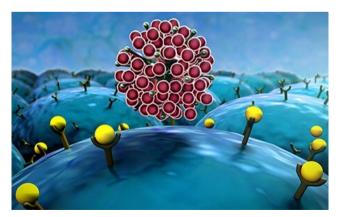


What are the risks after implantation?



Can we design drug release by material choice?

When do cells adhere to a material surface?



What happens to degradation products?

How is translation to the clinic regulated?

Organization Lectures & Labs

Lectures: Wednesdays

9.15-10.00 10.15-11.00 Labs:

Thursdays

8.15-10.00

Presence of labs is

registered and is

mandatory!

Lectures focus on:

Introduction
Background
Biomaterial types
State of the art rese

State of the art research

Challenges

Translation to industry

ASKING QUESTIONS

Laboratory project focus on:

Lab skills

Project oriented thinking

Team work

Experimental planning

Labjournal

Living matter!

Theory translation

Prep for practical projects (thesis)

ALL MATERIAL WILL BE AVAILABLE ON MOODLE

- 1) Course notes and relevant background papers
- 2) Experimental protocols and lab notebook template

(FEEL FREE TO PRINT AND BIND AT THE REPRO)

Course Content & Time Table

BLOCK 1: Introduction and materials overview

11-9	Lecture 1.	Intro to biomaterials and biology
18-9	Lecture 2.	Naturally derived biomaterials
25-9	Lecture 3.	Polymers and nanoparticles
2-10	Lecture 4.	Surfaces

BLOCK 2: Interactions and specific applications

9-10	Lecture 5.	Materials for drug delivery and targeting
16-10	Lecture 6.	Materials for cell adhesion
	Break	
30-10	Lecture 7.	Materials for immune engineering
6-11	Lecture 8.	Materials for tissue engineering

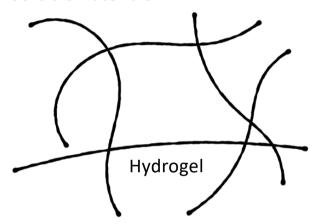
BLOCK 3: Measurements, regulation and translation

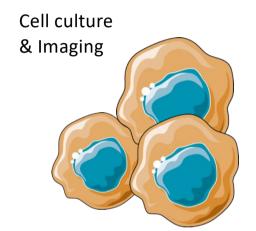
13-11	Lecture 9.	Characterization and performance		
20-11	Lecture 10.	Sensors and diagnostic devices		
27-11	Lecture 11.	Translation to industry, patents, spin-offs (EPFL start ups)		
4-12	Lecture 12.	Regulatory aspects and trials (EPFL TTO)		
11-12	Lecture 13.	Revision and conclusion		
18-12	Open discussion and hand in of lab papers			

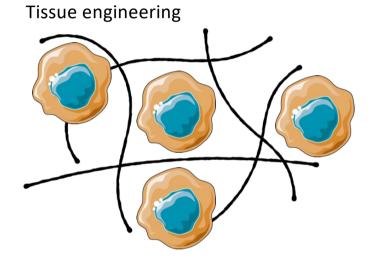
Labs: hands on research project in biomaterials

3 modules: from chemistry, via characterization and image analysis, to biology

Soft biomaterials







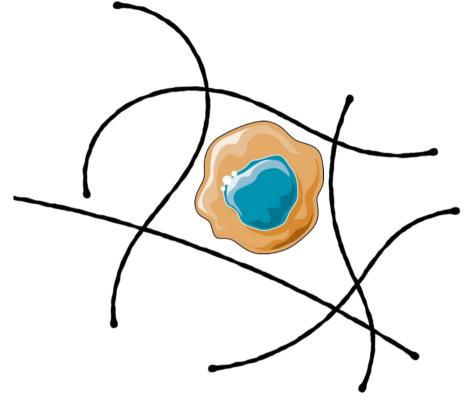
PLANNING 1 week intro, 2x 5 weeks, last 2 weeks for assay writing.

GROUPS Limit chaos and overcrowding at DLL, split in groups and rotate

NB: the preparation is mandatory and will allow for a smooth sailing of the lab work

INDIVIDUAL lab reports (will be graded!) final hand in last class of semester (18th December @ noon)

Experimental Planning



Plan a bit of time every week and ASK TA's for HELP

12-9 TP 1. Intro to labwork + SAFETY (MED2 2423)

BLOCK 1: Biomaterials mechanics and composition

19-9	TP 2.	Preparation of materials and calculations
26-9	TP 3.	Gelation experiments Ca vs Gelatin (split groups)

3-10 TP 4. Gelation experiments Ca vs Gelatin (split groups)

10-10 TP 5. Rheology and data analysis

BLOCK 2: Cell culture and surface interactions

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17-10 TP 6. Cell splitting / microscopy (split groups)
--- break ---
31-10 TP 7. Cell splitting / microscopy (split groups)
7-11 TP 8. Cytotoxicity / sterilization (split groups)
14-11 TP 9. Cytotoxicity / sterilization (split groups)
21-11 TP 10. Live – Dead / Imaging (split groups)
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BLOCK 3: "Tissue Engineering"

TP 11.

28-11

5-12	TP 12.	Gel – Cell function / Essay prep (split groups)
12-12	TP 13.	Gel – Cell function / Essay prep (split groups)

Live – Dead / Imaging (split groups)

18-12 Open discussion and hand in of lab essay papers

Exams and Grading

LAB-PAPER:

Based on your experimental design choices and data, you will write a short publication style

report (max 5 pages, TOTAL), highlighting your hypothesis, results, discussion and conclusions.

30% of grade

Individual papers, submitted on last day of class, WEDNESDAY DECEMBER 18 AT NOON (PDF)

LATE SUBMISSION = -0.5 on the grade of your lab paper.

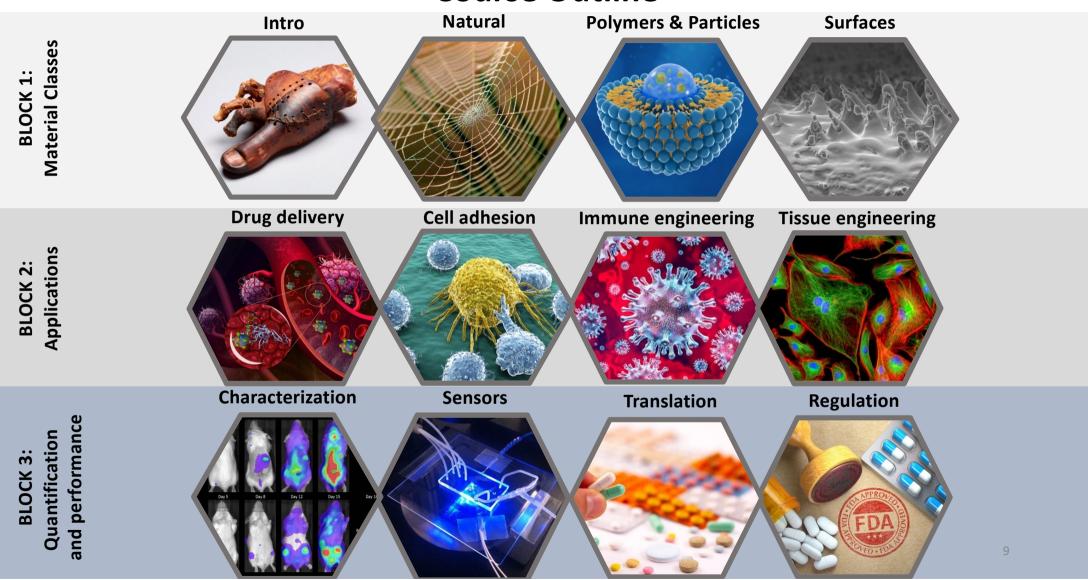
WRITTEN EXAM: In the exam period, on the material covered during the lectures.

70% of grade

House rules:

- 1. As a courtesy to all your colleagues and myself, please, don't be late...
- 2. ...if you are late, wait till the break.
- 3. I will give 1-5 sample questions at the end of each lecture, these are optional, but *could* reappear in your exam (will be in style of exam)
- 4. Lab hours are mandatory and very limited time, be in time and be prepared
- 5. Thursday 8.15-10
- 6. Per block, work on your data interpretation and discuss with the TAs
- 7. There are recordings from 2020 of the full course, but be aware the materials change
- 8. Don't wait until the last week of the semester to write your report...
- 9. Reports are **INDIVIDUAL**, no plagiarism! Failed experiments do not mean a bad report

Course Outline



When are materials BIOmaterials?

A: When they are made from natural products

B: When they are used by humans

C: When they are biocompatible

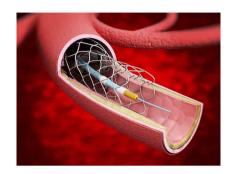
D: When they are used in contact with living matter

Everyday examples

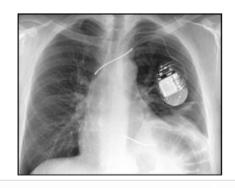










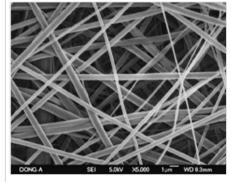














Definition of Biomaterials

'Any nonviable material (synthetic or natural) that comes in contact with a biological environment (cell, tissue, organ), and is intended for use in biomedical applications (prosthetic, diagnostic, therapeutic or storage) without adversely affecting the living organism and its components'

Biomaterials are defined by their **application**, NOT by the chemical composition or physical property

TIME

Biomaterial use is time dependent!

Biocompatibility is the ability of a material to *perform with an appropriate host response* in a *specific application during a certain time*

Physical / mechanical properties

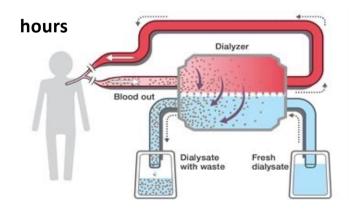
- Strength
- (visco)-elasticity
- Pore size

Chemical properties

- Degradability
- Toxicity
- Water content

Biological properties

- Cell adhesion
- Release of active components







Processing

Biomaterials are defined by their application, **NOT** by the chemical composition or physical property

Titanium



Screws



Hammer



Ring



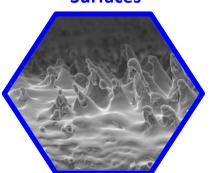
Watch



Dental Implant

Outside versus Inside

Surfaces



bulk versus surface

tolerance or rejection

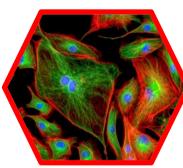
toxicity

degradation









Sensors



Regulation



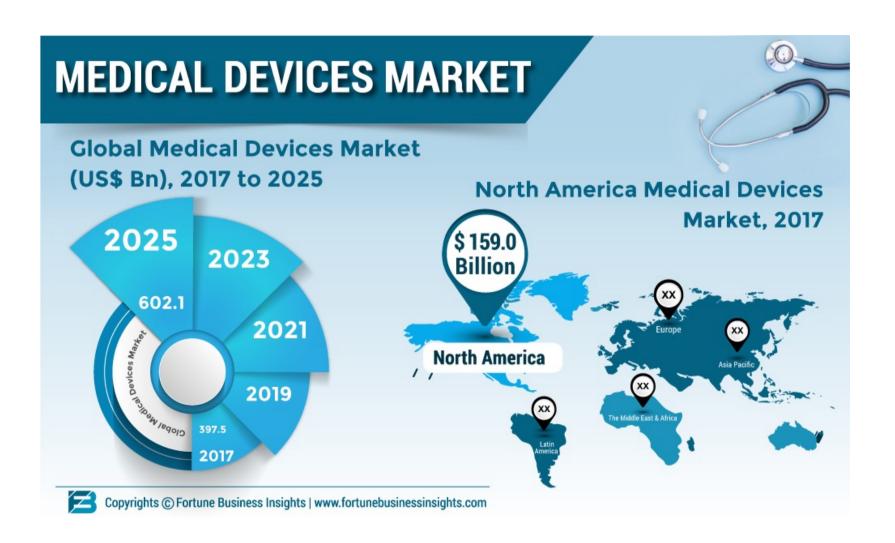
Immune engineering

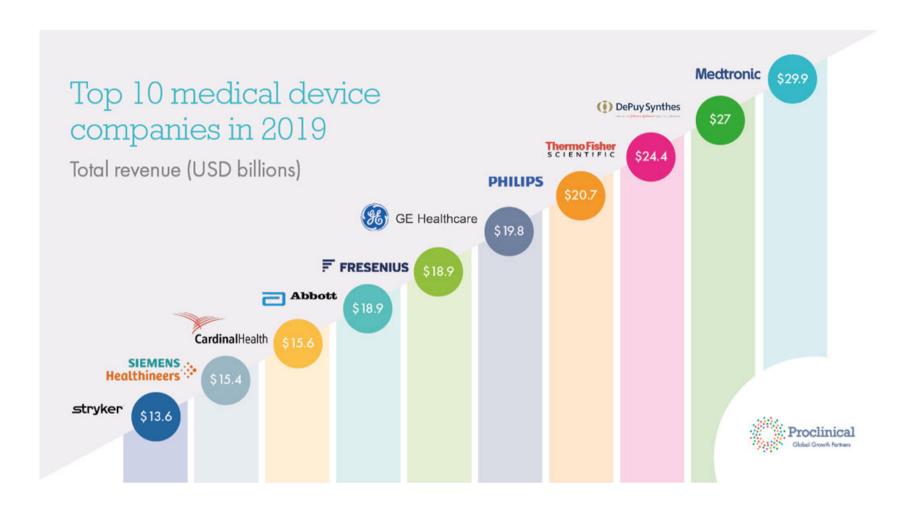
Table 1. Estimates	of	number	of	medical	devices	used	worldwide
each year							

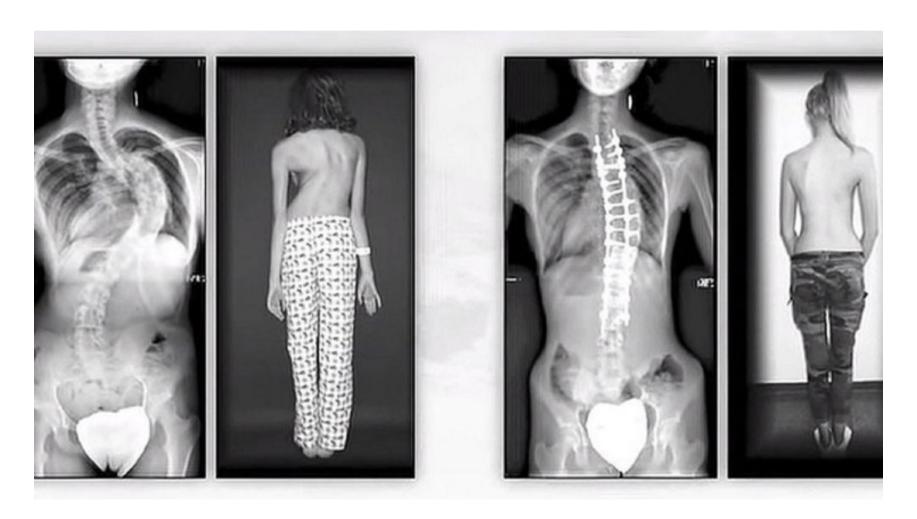
Intraocular lenses	~14 million
Contact lenses	125 million
Vascular grafts	~400 000
Hip and knee prostheses	2 million
Catheters	>1 billion
Heart valves	300 000
Stents (cardiovascular)	>1 million
Breast implants	~600 000
Dental implants	3 million
Pacemakers	600 000
Renal dialyzers	\sim 1.2 million
Left ventricular assist devices	>20 000

Increase in driven by:

- superior properties of biomaterials
- increasing funds for research purposes
- increasing wound healing therapy & plastic surgery
- increasing aging/geriatric population,
- rise in prevalence of cardiovascular diseases
- increasing awareness of regenerative medicine
- increasing orthopedic disorders
- growing demand for implantable devices





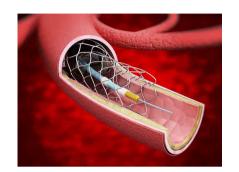


Quality of Life!

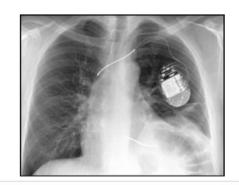










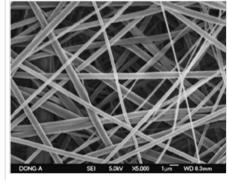












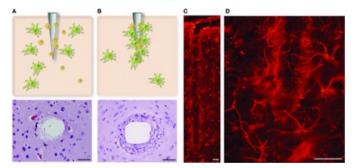


Causes of failure

The presence of a biomaterial in contact with the tissues will induce 2 responses in parallel.

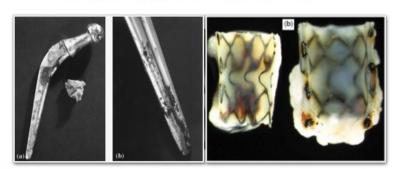
Host response

- Proteins adsorption
- Immune system reactions
- Specific to the body area/tissue
- Encapsulation/tissue adaptation



Materials response

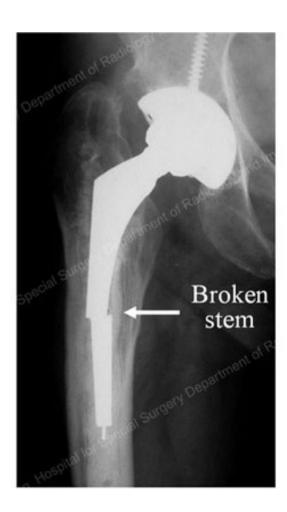
- Corrosion, leaching or swelling
- Fatigue, creep
- · Wear, debris release
- Inert/biodegradable/bioactive



→ Improvement of the medical device performance is based on the acquisition of knowledge and understanding about materials-tissue interactions in a specific application.

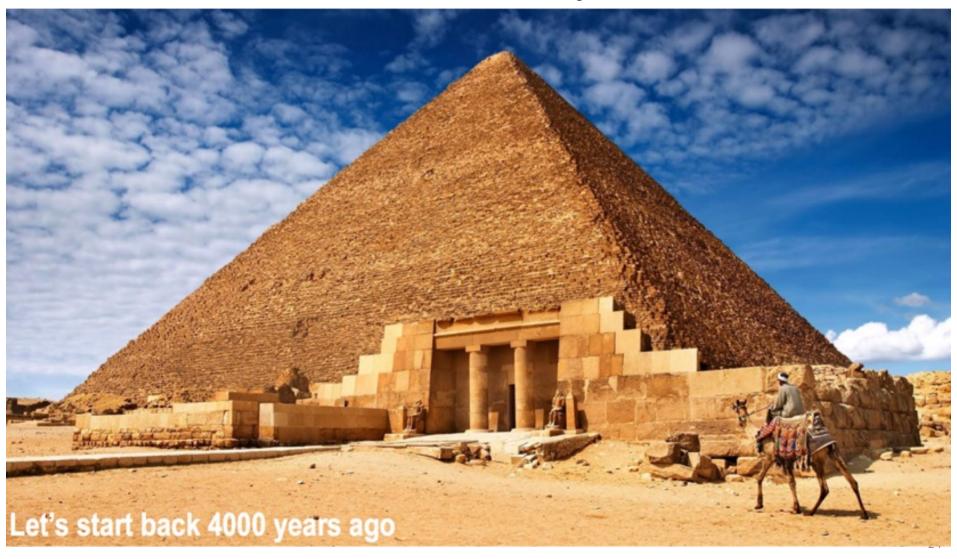
Challenges and current problems

- IOLs (25% re-operation rate)
- Hip Prostheses (still a 10-15 years life time)
- Dental Implants (infection)
- Vascular Grafts (no endothelialization)
- Heart Valves (calcification or thrombosis)
- Percutaneous Devices (no "seal" to the skin)
- Stimulatory electrodes (encapsulation)
- Breast Implants (capsular contracture)
- Catheters (90,000 deaths/yr)
- Cell Culture Surfaces (cell phenotype drifts)



BREAK

A short history



A short history





An artificial big toe found on the foot of an Egyptian mummy in 2000 in a tomb near the ancient city of Thebes. Archaeologists speculated the 50- to 60-year-old woman the prosthesis came from might have lost her toe due to complications from diabetes. The wood and leather prosthesis dates from 1069 to 664 B.C. (Cairo museum).



"Nacre" dental implants fused with the jaw bone found in a 1931 Honduran excavation (600 AD). A Mayan woman had implanted in her jaw bone three tooth-shaped shells. Compact bone formation around 2 of them.

Wrought iron implant from a Gallo-Roman necropolis at Chantambre, from the 1st or 2nd century AD. The implant and the socket fit perfectly together and the osseointegration appears viable.



Crubzy E et al., Nature 1998

Bobbio, Bull Hist Dent 2013;

Just imagine for a moment coming up with the concept of using natural materials to replace missing body parts... in those days!

Many others...

SUTURES

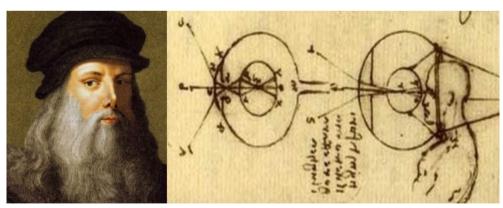
- Catgut sutures (absorbable sutures) in 1600 BC.
- Linen sutures used by early Egyptians (150 AC).
- Metallic sutures mentioned in early Greek literature:
 - 200 AC gold wires,
 - 1800 lead wires,
 - 1850 silver wires.
 - 1887 first sterile sutures (!!!)



https://www.jnj.com/our-heritage/history-of-sutures-ethicon

CONTACT LENSES

- Designed by Leonardo da Vinci (1508).
- Rene Descartes (1632) proposed the corneal contact lens.
- Glass contact lens experimented in 1860.
- ~ 1940 development of plastic (PMMA) contact lenses.



https://enlightenmentmatters.wordpress.com/tag/leonardo-davigci/

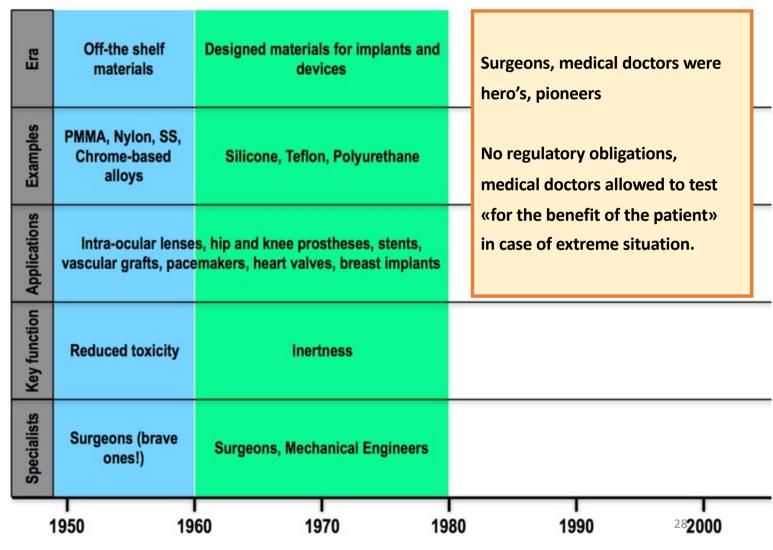
Before the modern era...

No knowledge of sterilization, toxicology, immunological reaction, and biodegradation.

19th century medicine

from fully empirical to driven by science





20th century medicine

technology driven, pushed by WWI/II











Biocompatible materials for Tissue Engineering 1.0 Hydroxyapatite, Poly(lactic-glycol acid), Titanium Scaffolds for tissue engineering, bioactive implants, drug delivery systems, model materials

Surgeons, Mechanical Engineers, Materials Engineers, Chemists, Cell **Biologists**

2000

Bioactivity

1980 1990

- 1960s, engineers take the lead;
- we can talk about biomaterials and medical devices engineering,
- new industrial sector
- Regulatory obligations created.



2010

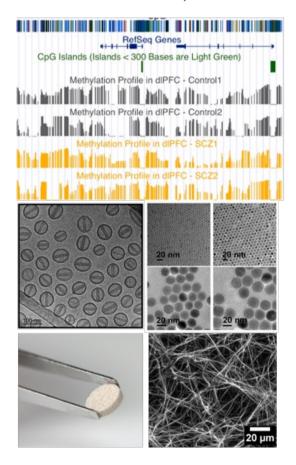
The end of World War I and II brought new materials, restricted during the war, to the public:

- Nylon
- Teflon
- Silicones
- Polyurethane
- Methacrylate
- Titanium
- Stainless Steel



21th century medicine

nanotechnology, data driven, Al



Bimolecular materials for Tissue **Engineering 2.0** Smart supramolecular gels, nanoparticles Smart drugs, gene delivery systems, multifunctional cellresponsive ECMs **Bioresponsiveness** BioEngineers, Chemists, Biologists, **Physicists**

2010

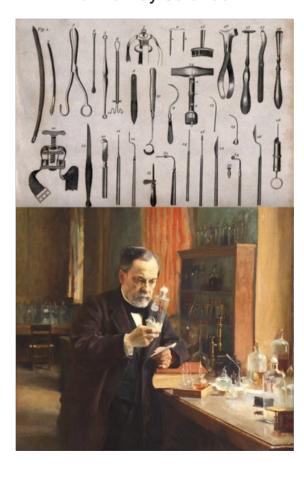
2000

- Truly multidisciplinary
- Data and computer scientist
- Smaller length scales
- Interactions within cells
- Smart functions
- Regulatory obligations strict

Era	Off-the shelf materials	Designed materials for implants and devices	Biocompatible materials for Tissue Engineering 1.0	Bimolecular materials for Tissue Engineering 2.0
Examples	PMMA, Nylon, SS, Chrome-based alloys	Silicone, Teflon, Polyurethane	Hydroxyapatite, Poly(lactic-glycol acid), Titanium	Smart supramolecular gels, nanoparticles
Applications		es, hip and knee prostheses, stents, emakers, heart valves, breast implants	Scaffolds for tissue engineering, bioactive implants, drug delivery systems, model materials	Smart drugs, gene delivery systems, multifunctional cell- responsive ECMs
Key function	Reduced toxicity	Inertness	Bioactivity	Bioresponsiveness
Specialists	Surgeons (brave ones!)	Surgeons, Mechanical and Electrical Engineers	Surgeons, Mechanical Engineers, Materials Engineers, Chemists, Cell Biologists	BioEngineers, Chemists, Biologists, Physicists
1	1950 19	60 1970 19	80 1990 20	00 2010 ₃₁

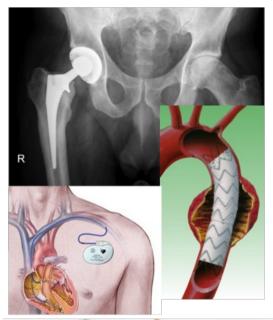
19th century medicine

from fully empirical to driven by science



20th century medicine

technology driven, pushed by WWI/II







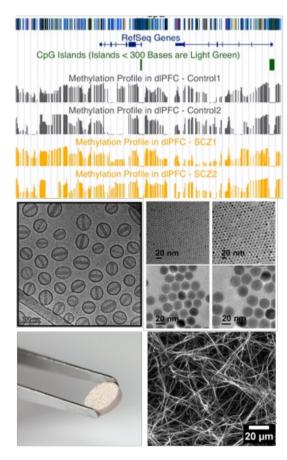


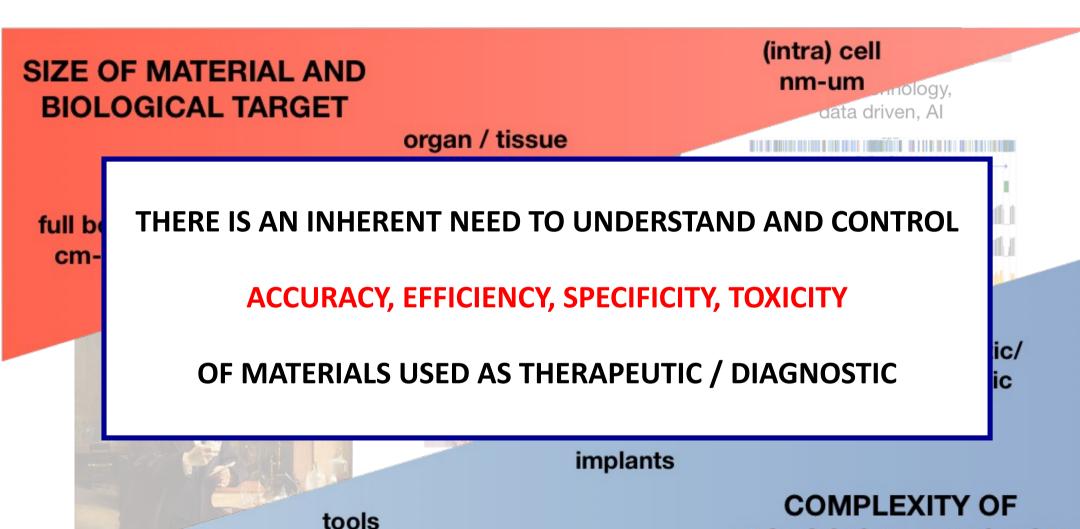




21th century medicine

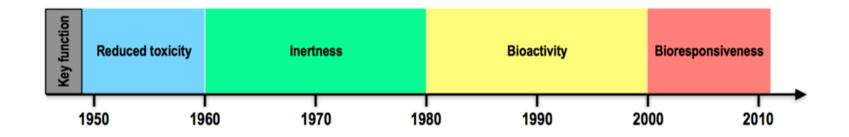
nanotechnology, data driven, Al





BIOLOGICAL FUNCTION

Lots of design parameters



Bulk properties

- mechanical (e.g. modulus)
- chemical (e.g. stability)
- optical (e.g. clarity)
- Toxicity
- Processing aspects
- Sterilisation

Surface properties

- adsorption
- adhesion
- optical (e.g. clarity)
- Degradation
- Immunogenicity
- Processing
- Functionalization

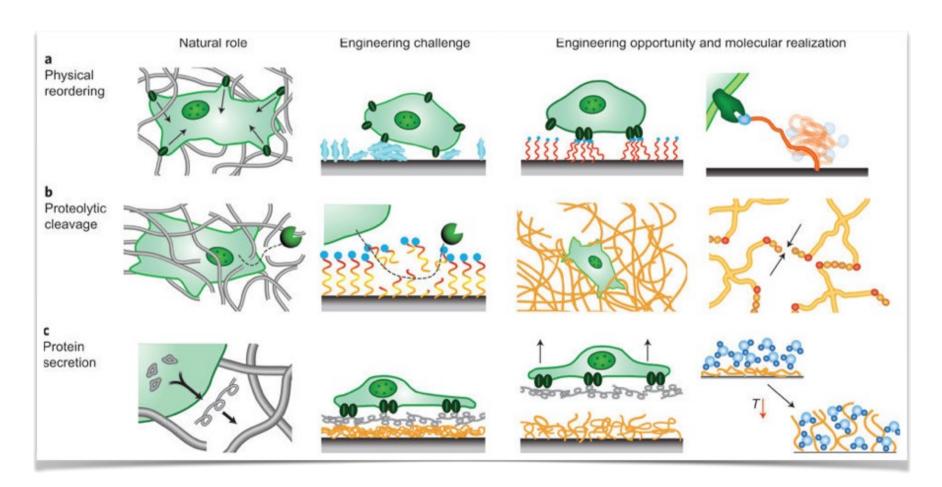
Biomolecular properties

 Designing materials based on molecular principles of cellmatrix interaction

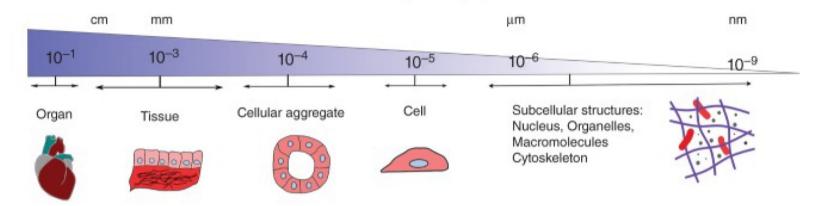
Multidisciplinary!

Modern biomaterials

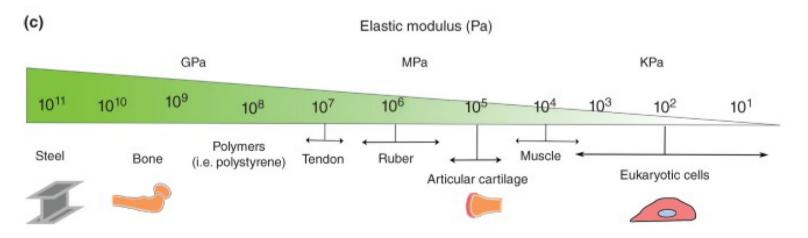
Synthetic (or naturally derived) materials that contain the necessary signals to recapitulate developmental processes in tissue- and organ-specific differentiation and morphogenesis



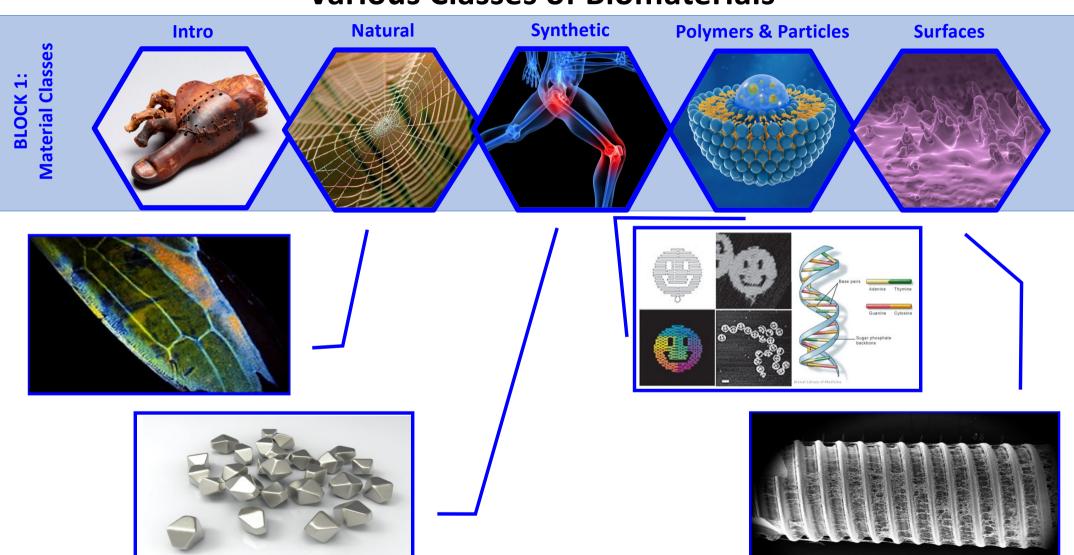
Length scales



Strength scales

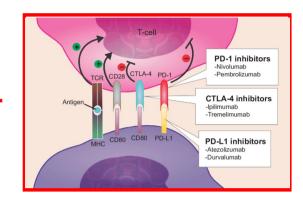


Various Classes of Biomaterials



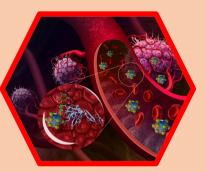
New targets

Current state of the art research examples

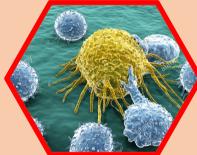








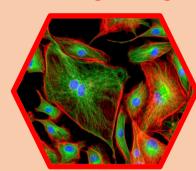
Cell adhesion

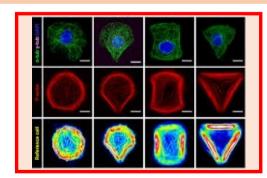


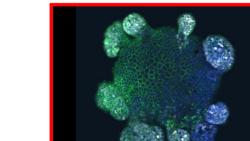
Immune engineering



Tissue engineering





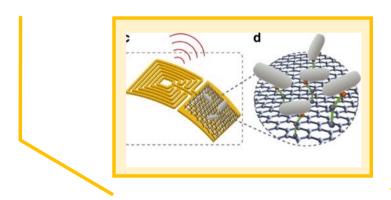


A Fourth generation Second generation First generation Brightness

Applications and Regulations

How biomaterials are used and how useful they are...











Conclusion

- Research in biomaterials is extremely multidisciplinary, any material can be
 a biomaterial, depending on its processing and function
- Natural and manmade materials offer us an enormously rich 'toolbox' that
 we can begin to use for developing sophisticated, multifunctional (smart)
 biomaterials and novel technologies.
- But: we need to understand both, the engineering concepts as well as the fundamental biological processes that control cell behavior, in order to harness it.



Which we will get a taste of in the lab!