

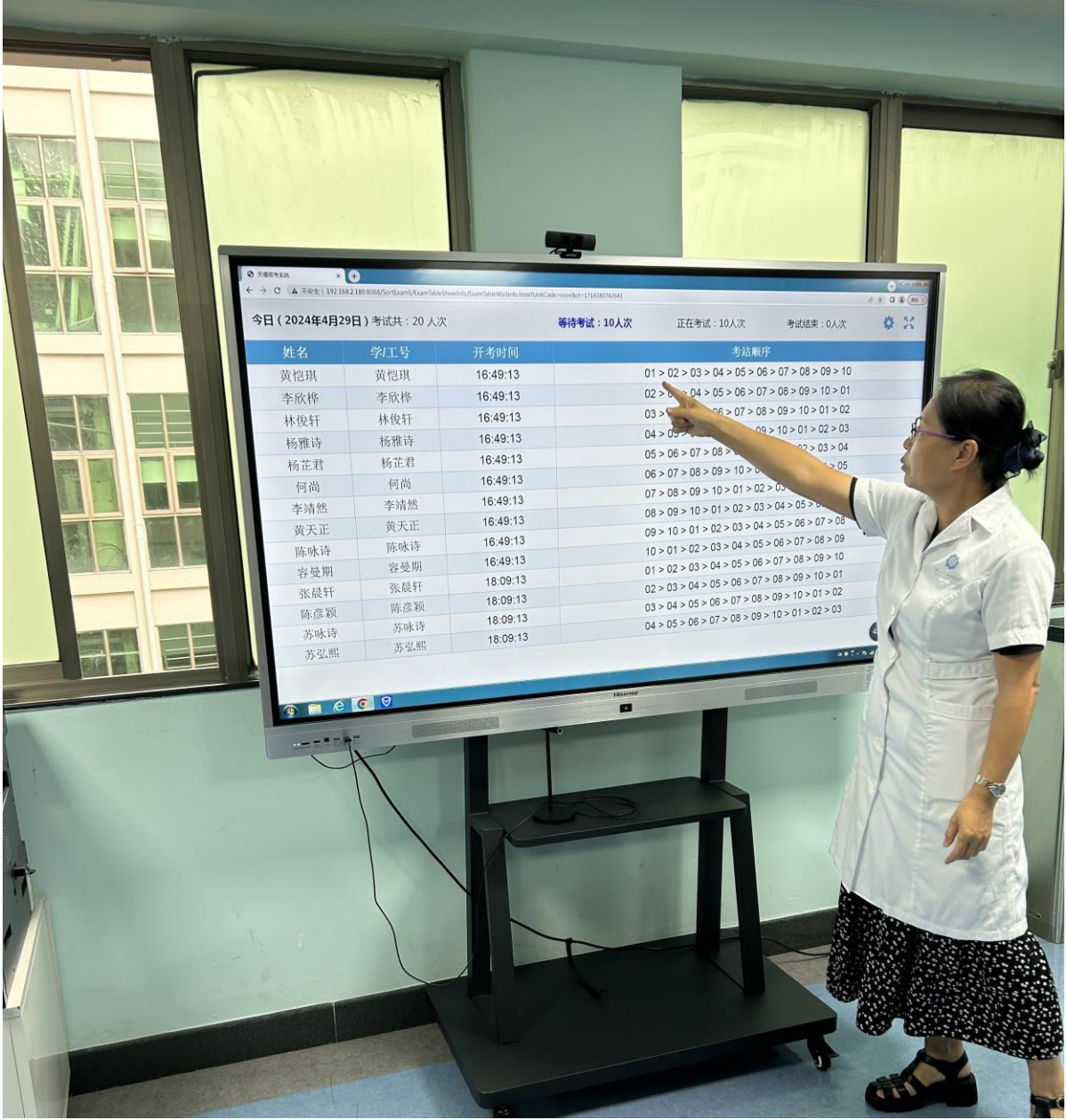
# Mesenchymal stem cells in rheumatology- a case study in regenerative medicine

**Sino-Luso International Medical Forum**

2nd May, 2024

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# DISCLOSURES

I received unrestricted research grants or acted as a speaker

for Abbvie, Amgen, Biogen, BMS, Janssen, Lilly, Medac, MSD, Novartis, Pfizer, Roche, UCB

Major disclosure:

This presentation is an adaptation and simplification of my annual lecture to the Biomedical Engineering students at the University of Lisbon

This is not my specific field of research



# Mesenchimal Stem Cells

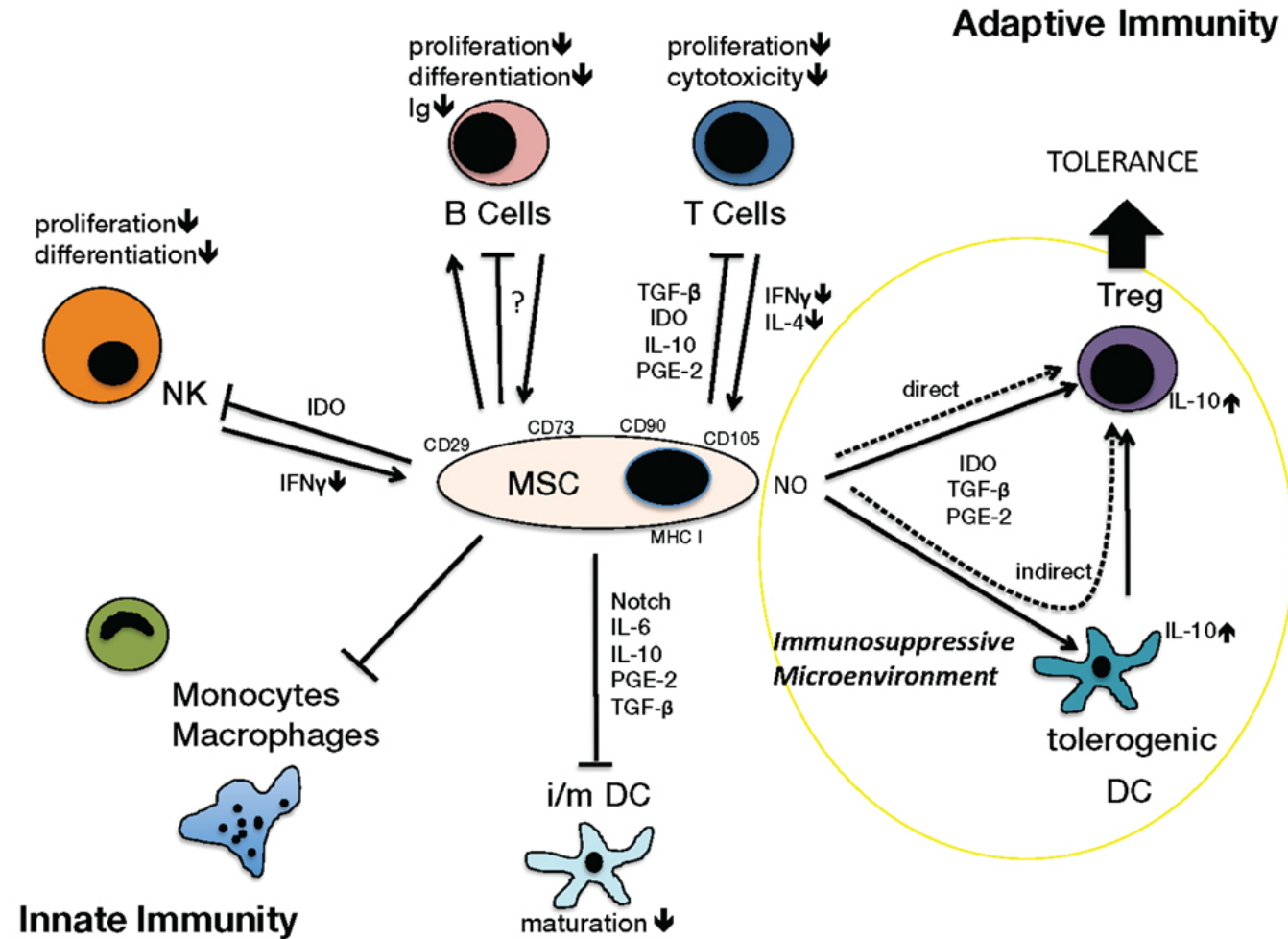
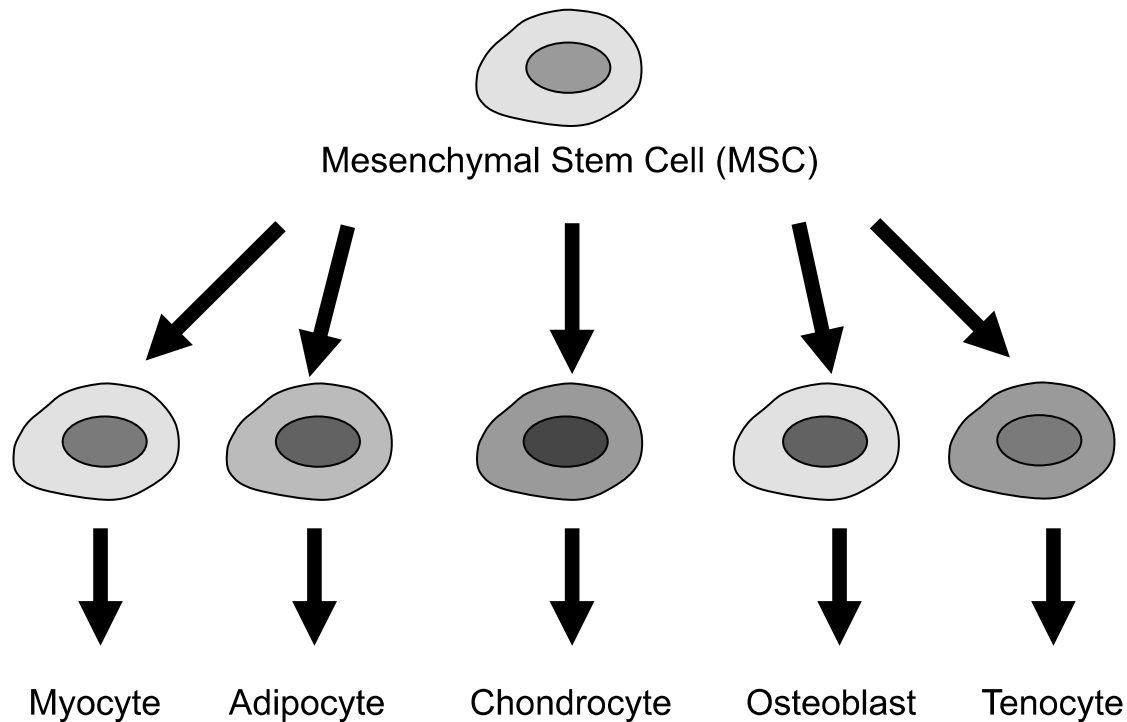
Main sources:  
Umbilical Cord  
Bone Marrow

Differentiate: chondrocytes, osteoblasts and adipocytes

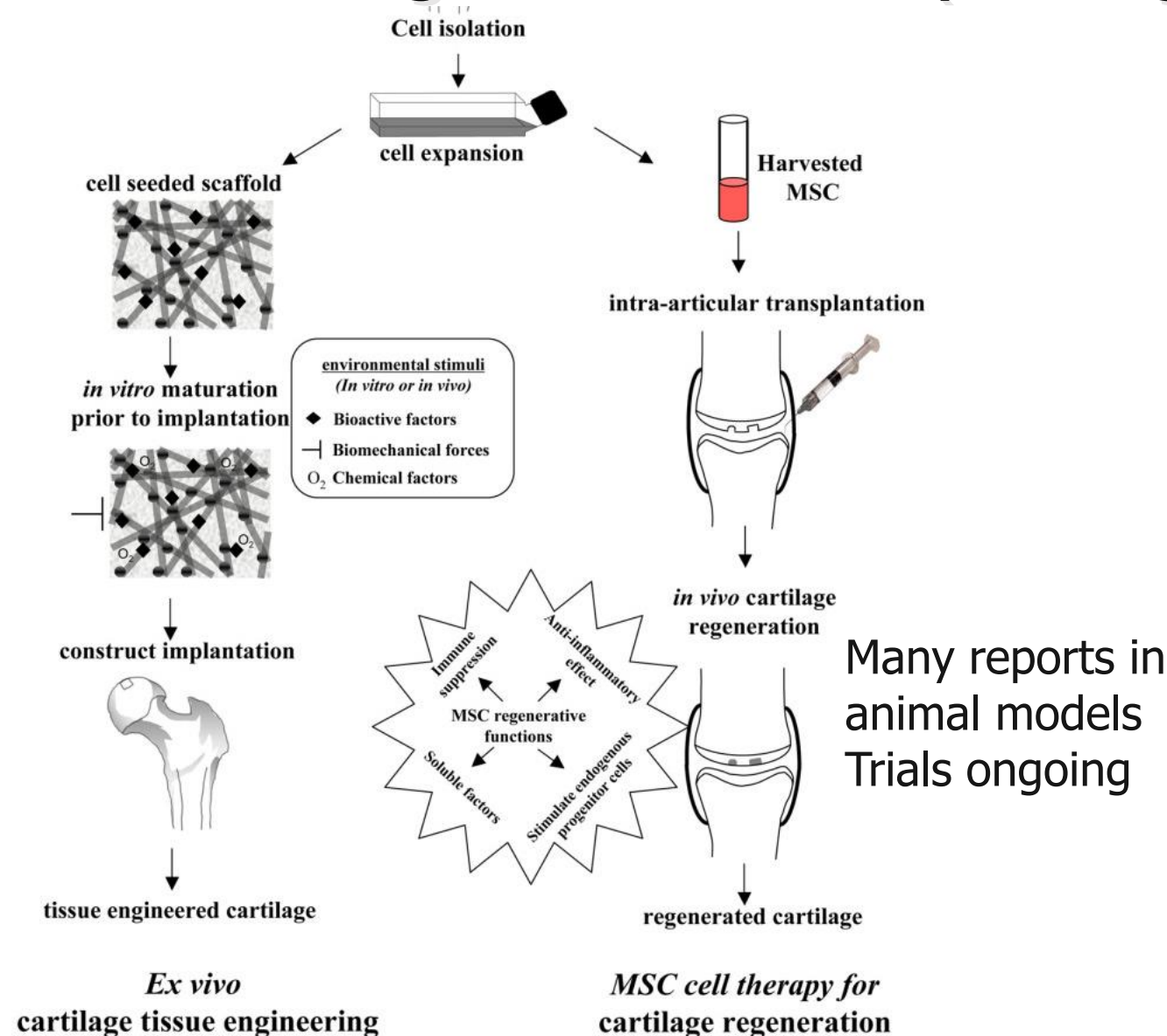
Paracrine immunomodulation



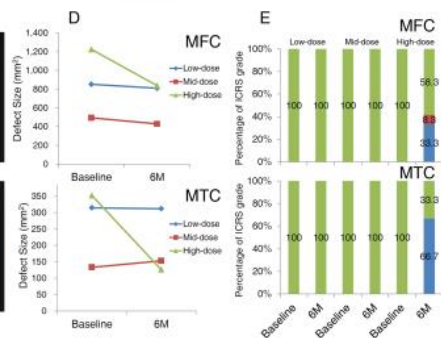
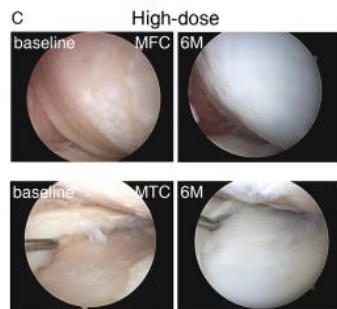
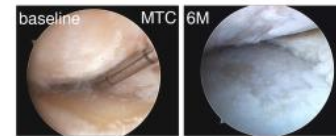
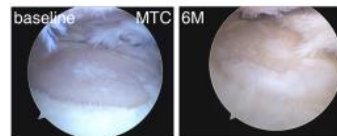
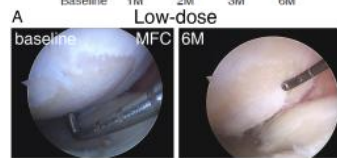
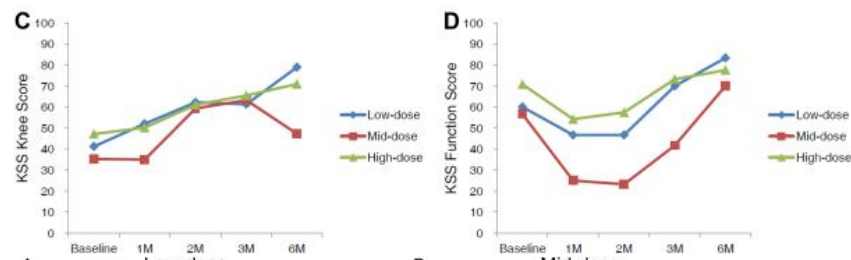
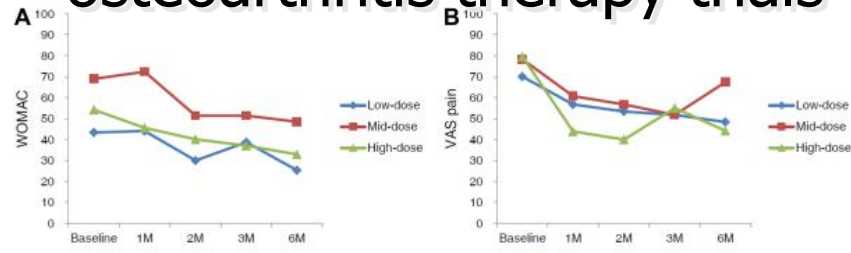
# Mesenchymal Stem Cell: Potential for regenerative medicine



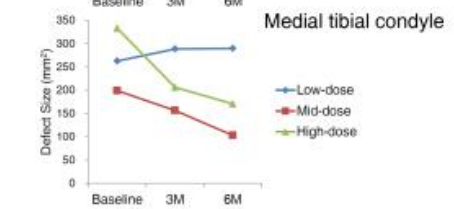
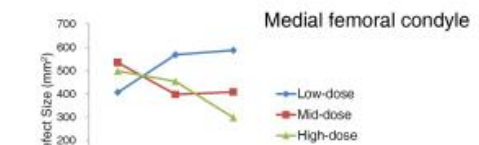
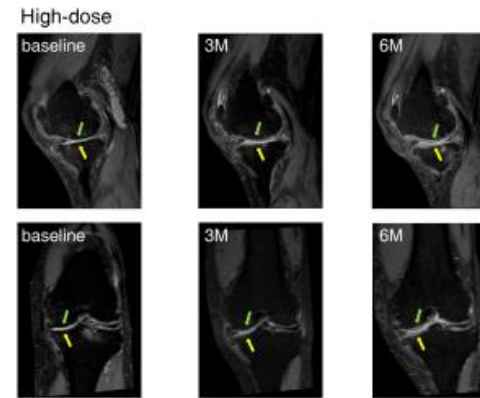
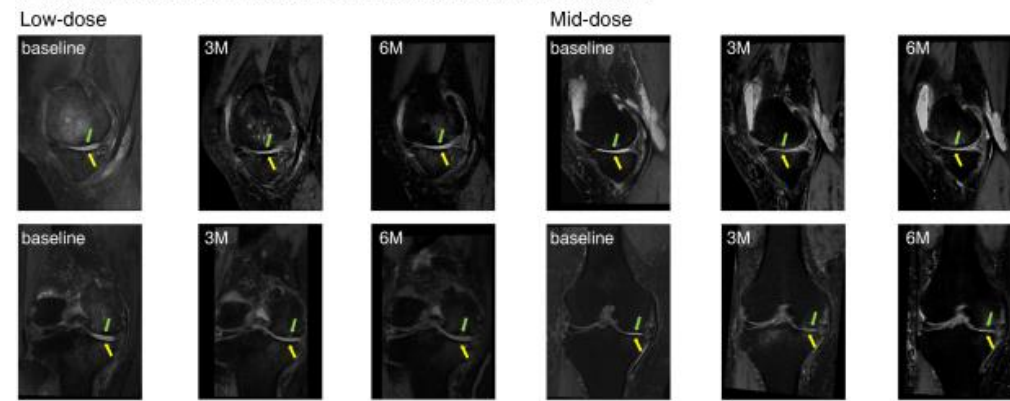
# Mesenchymal Stem Cell therapy strategies for treating osteoarthritis (cartilage)



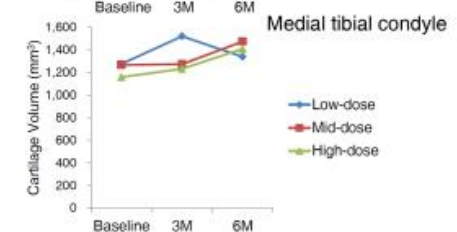
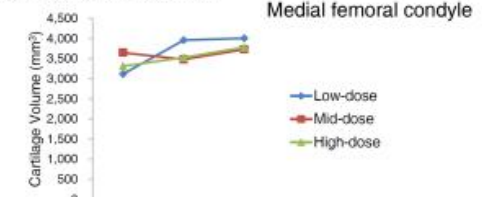
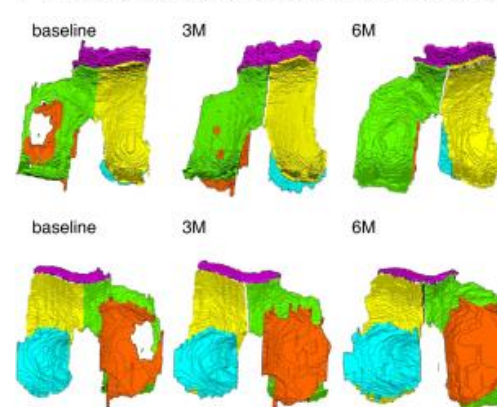
# Mesenchymal Stem Cell osteoarthritis therapy trials



A MRI evaluation of the cartilage defect and regeneration after injection



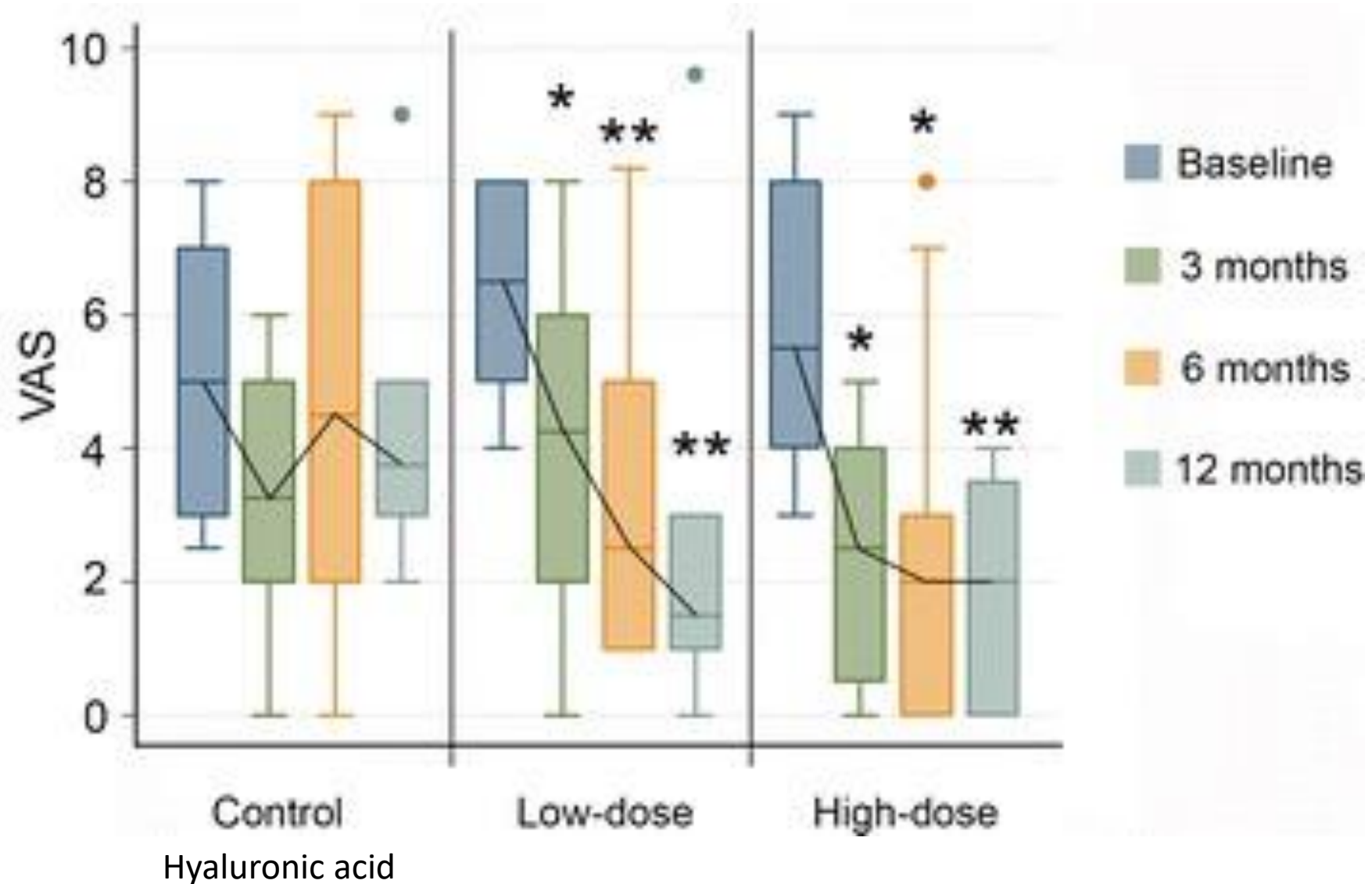
B Changes of the cartilage volume of the femoral and tibial condyles after injection



Jo CH et al. *Stem Cells* 2014;32: 1254-66; Vega A et al. *Transplantation* 2015;99: 1681-90; Wonk K et al. *Arthroscopy* 2013;12: 2020-8; Orozco L et al. *Transplantation* 2013;95: 1535-41

# Mesenchymal Stem Cell therapy phase I-II trial in osteoarthritis

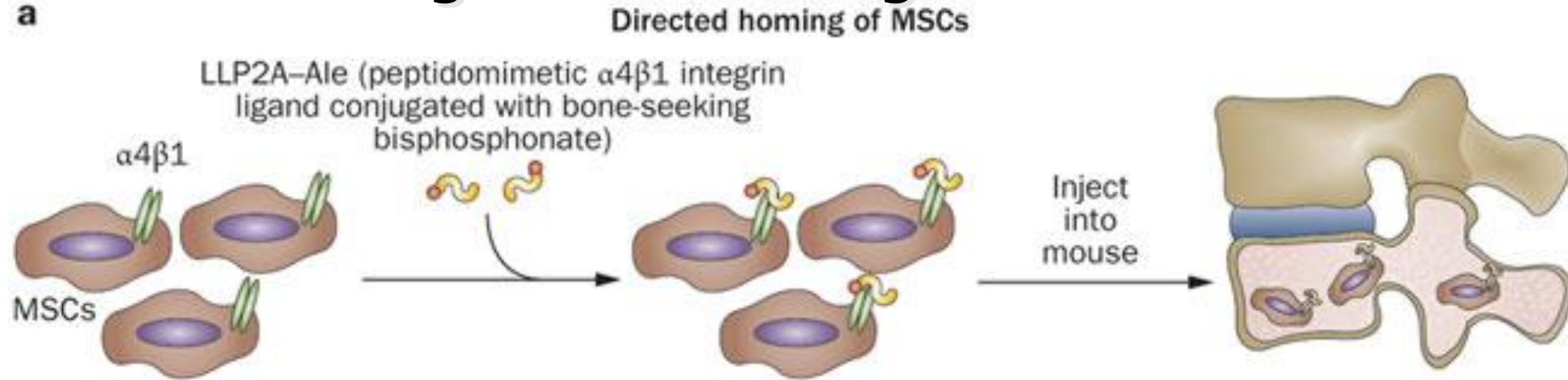
## Comparing hyaluronic acid with MSC



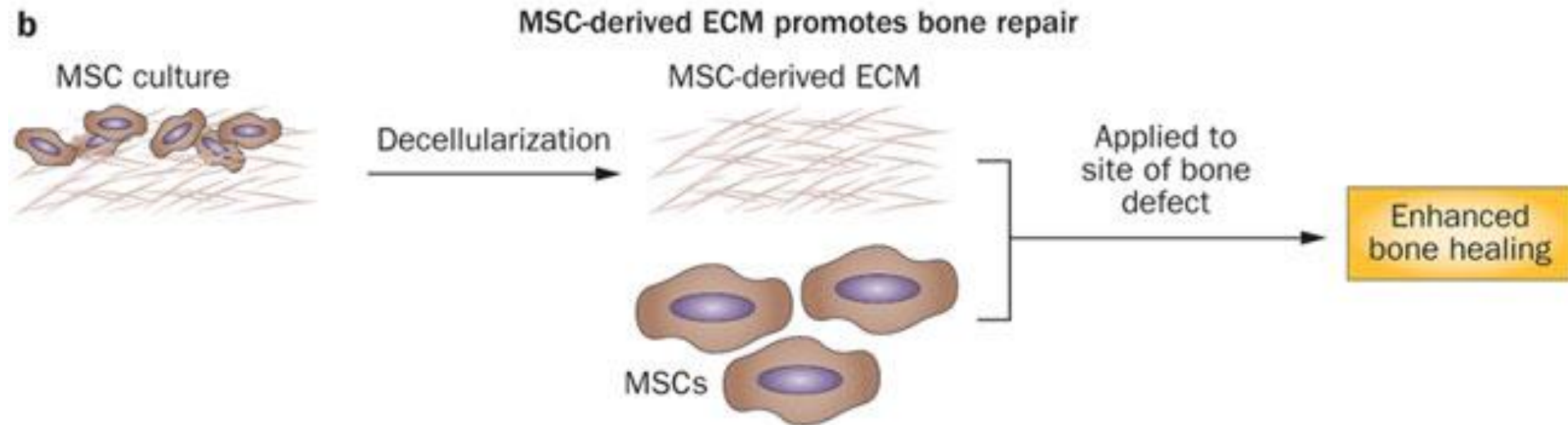


# Mesenchymal Stem Cell therapy strategies for treating bone defects

**a**



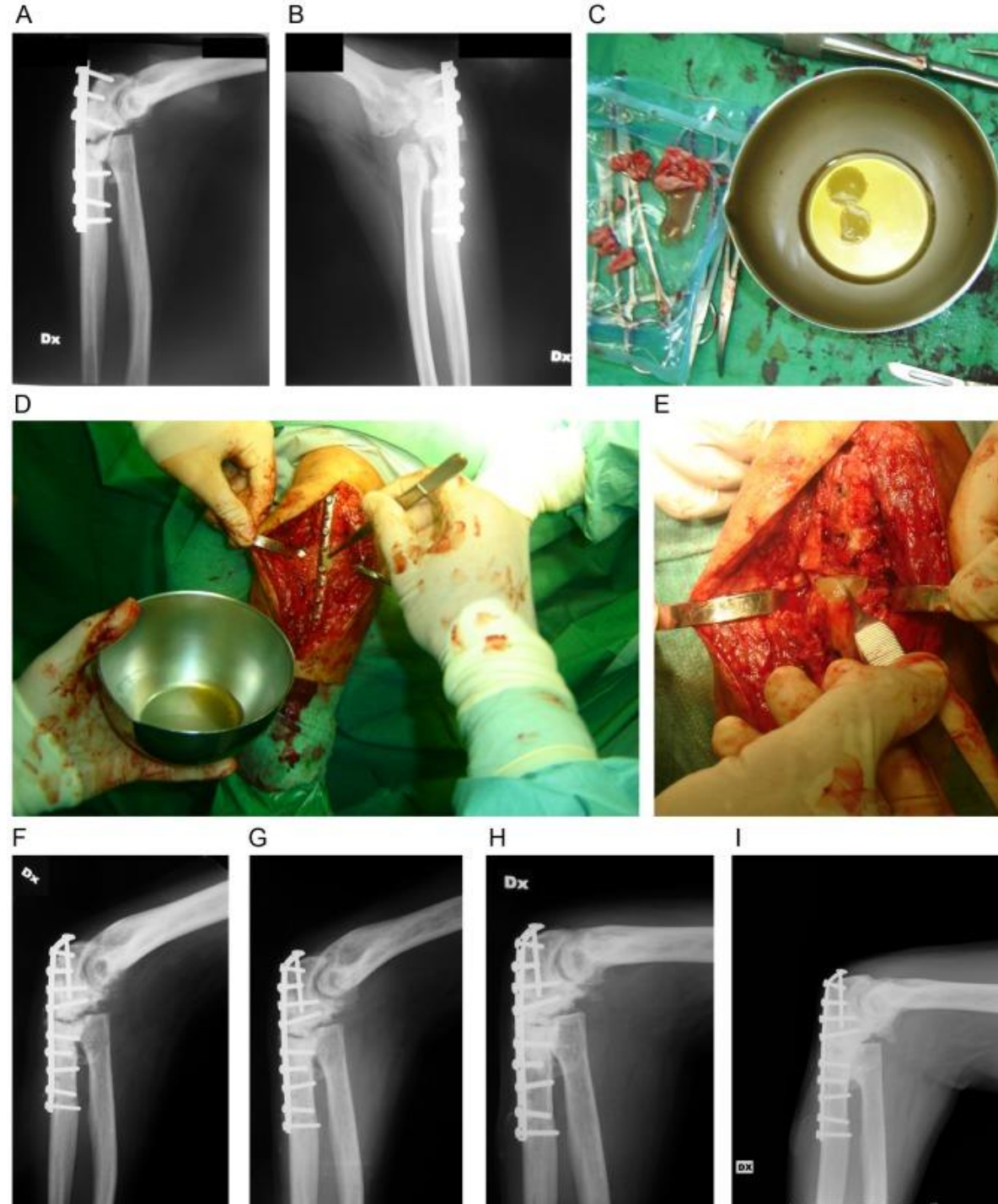
**b**



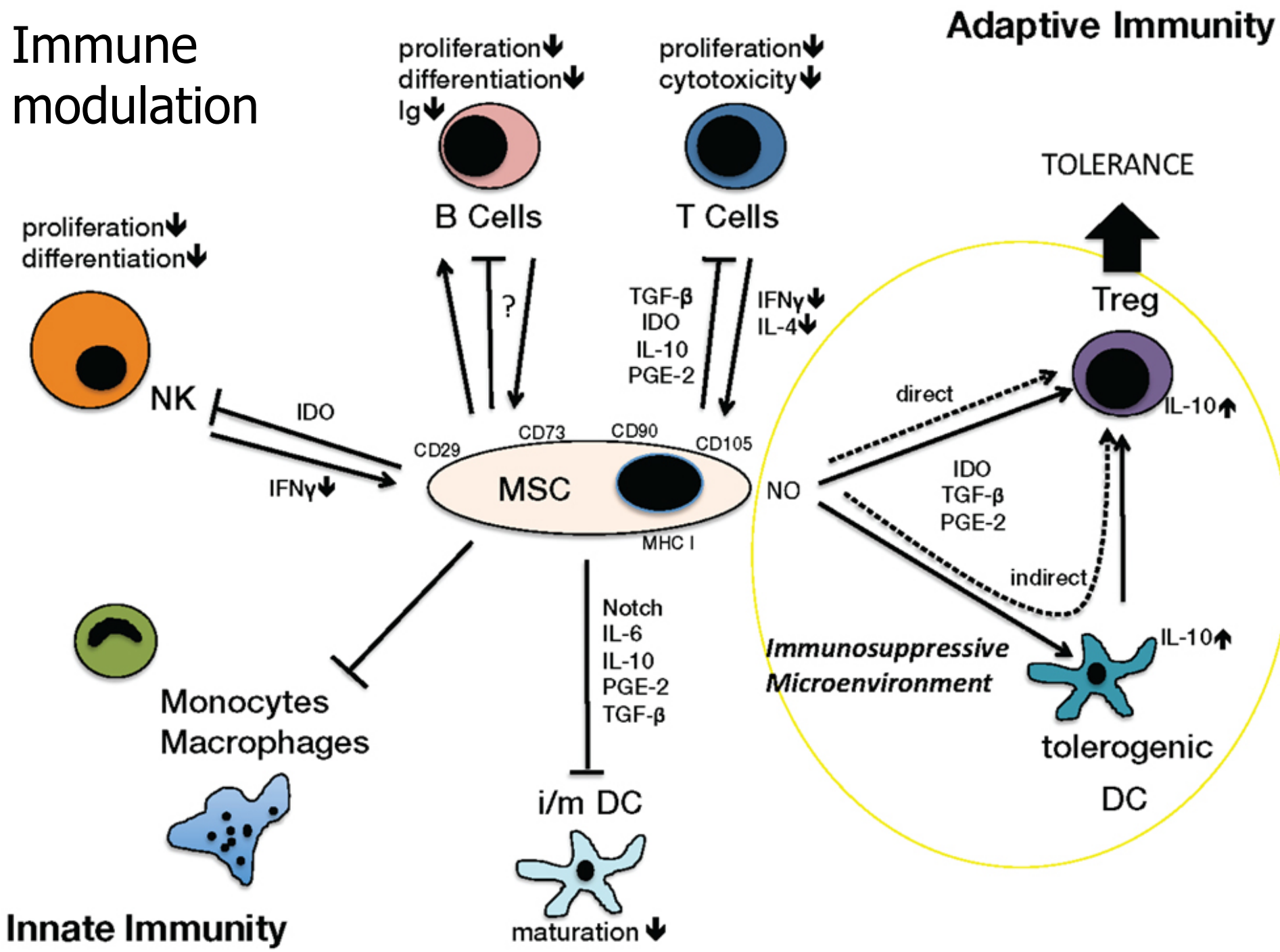
Bone marrow MSCs isolated from 8 patients were expanded *ex vivo*.

Embed MSCs in autologous fibrin clots were locally implanted with bone grafts, calibrating their number on the extension of bone damage.

All patients recovered limb function, with no evidence of tissue overgrowth or tumor formation.



# Immune modulation

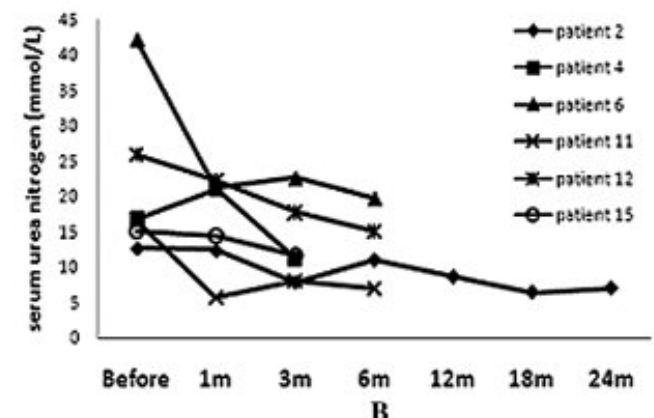
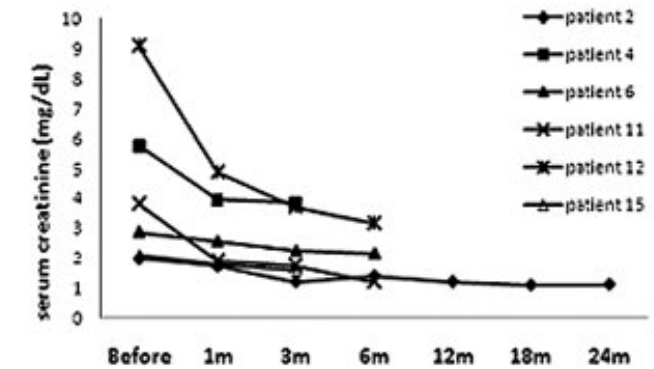
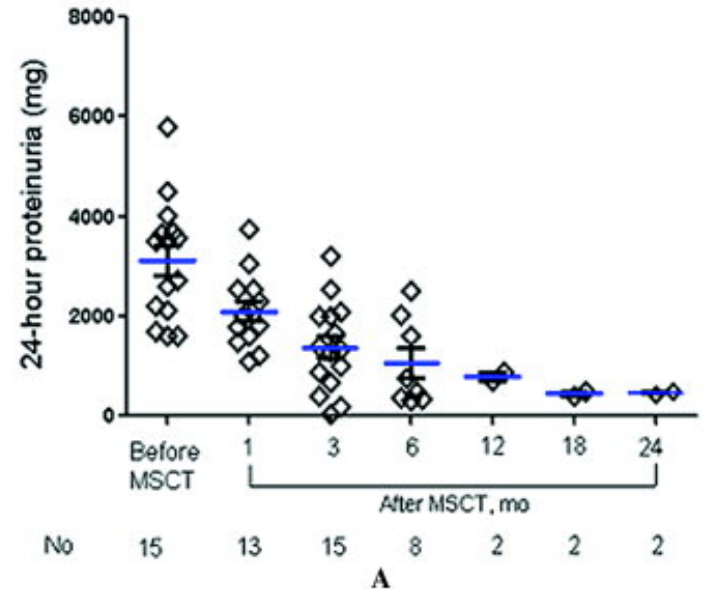
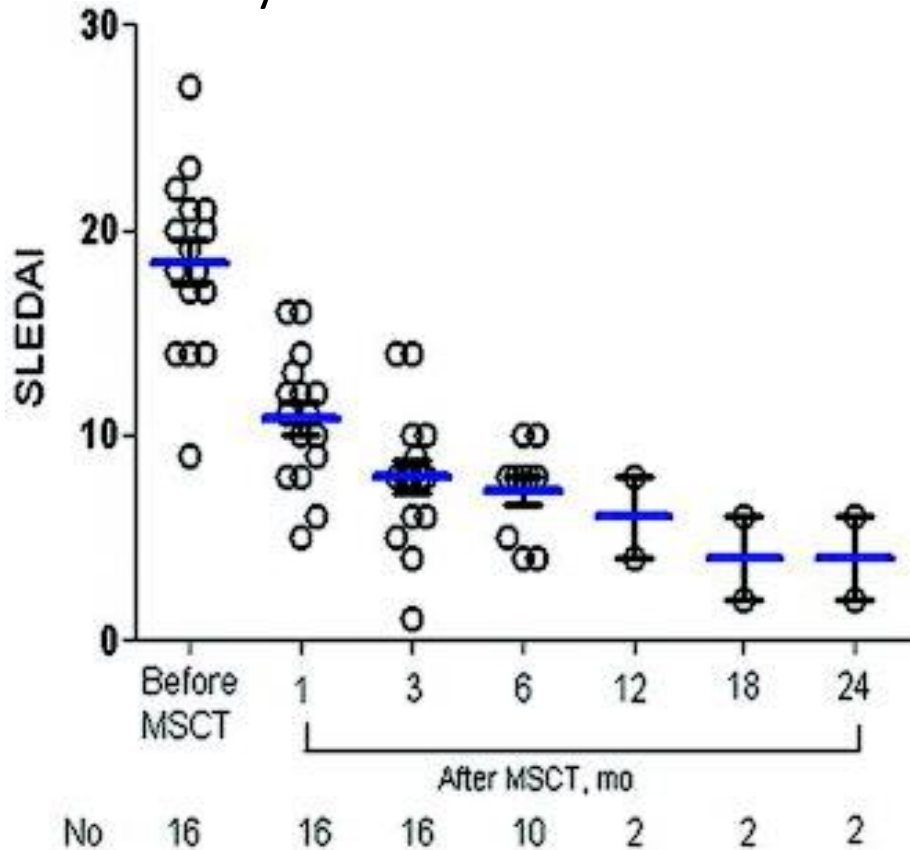




16 patients with active SLE were enrolled  
The median follow-up time after MSCT was 8.25 months

Significant improvements levels of serum ANA, anti-dsDNA, C3.

Increase in peripheral Treg cells and a re-established balance between Th1- and Th2-related cytokines.



Sun L1 et al  
Arthritis Rheum. 2010 Aug;62(8):2467-75.  
Umbilical cord mesenchymal stem cell  
transplantation in severe and refractory  
systemic lupus erythematosus.



A randomised double-blind, placebo-controlled trial of allogeneic umbilical cord-derived mesenchymal stem cell for lupus nephritis

No additional effect over standard immunosuppression with cyclophosphamide and corticosteroids

*DanQi Deng, Peilian Zhang, Yun Guo<sup>1</sup>, Teck Onn Lim  
Ann Rheum Dis 2017; 76: 1436-39.*

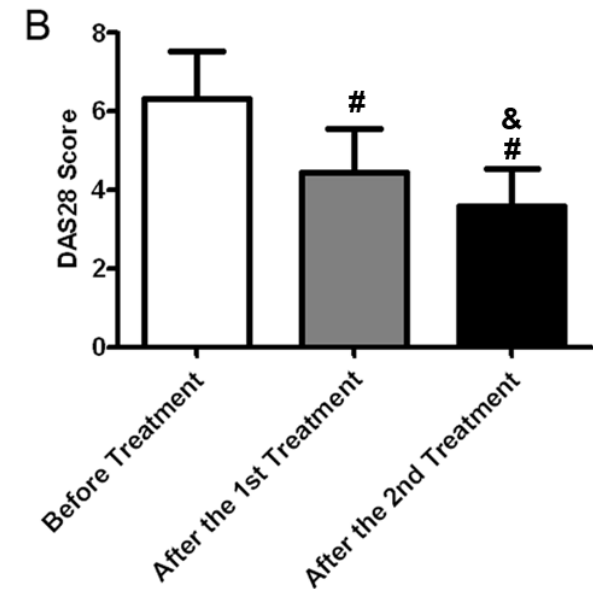
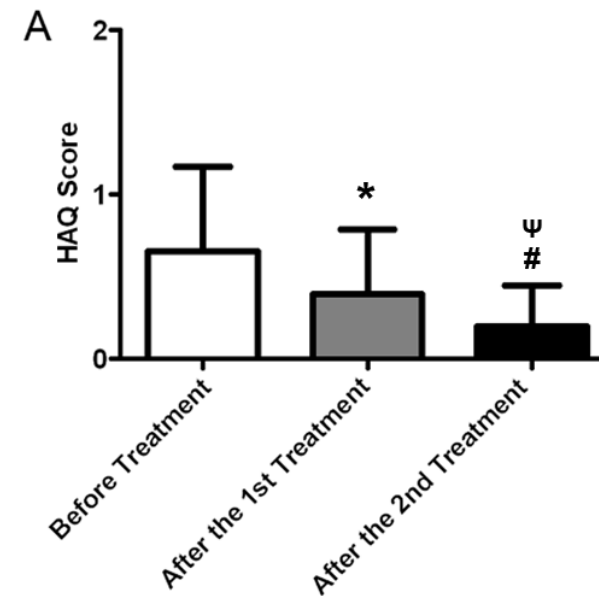
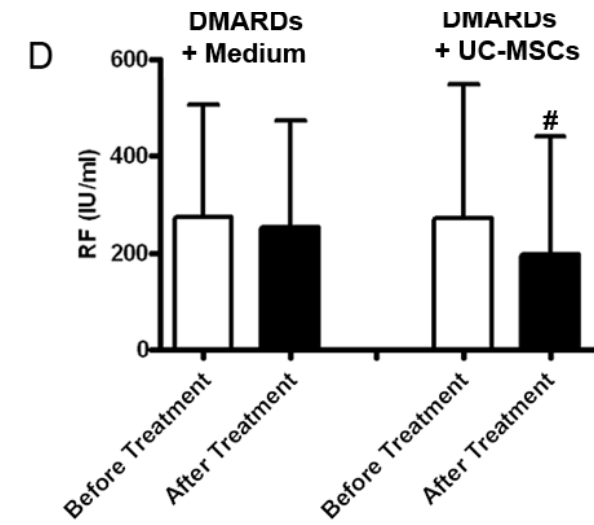
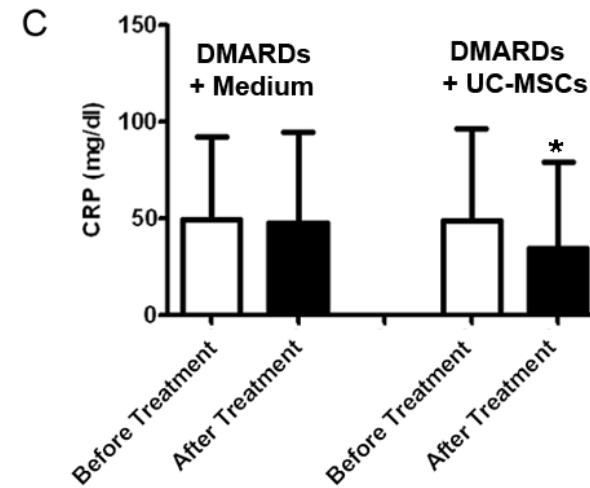
172 patients with active rheumatoid arthritis who had inadequate responses to traditional medication were enrolled.

Patients were divided into two groups for different treatment:  
disease-modifying anti-rheumatic drugs (DMARDs) plus medium without UC-MSCs, or DMARDs plus UC-MSCs group

No serious adverse effects were observed during or after infusion.

The serum levels of TNF and IL6 decreased after the first UC-MSCs treatment ( $P < 0.05$ ).

The percentage of CD4(+)CD25(+)Foxp3(+) regulatory T cells of peripheral blood was increased ( $P < 0.05$ ).



Intravenous administration of expanded allogeneic adipose-derived mesenchymal stem cells in refractory rheumatoid arthritis (Cx611): results of a multicentre, dose escalation, randomised, single-blind, placebo-controlled phase Ib/IIa clinical trial

Safe. A trend for clinical efficacy was observed

*Alvaro-Gracia JM et al. Ann Rheum Dis 2017; 76: 196-200*

# MSC works better with IFN- $\gamma$ in rheumatoid arthritis

Wild-type MSCT treated mice significantly improved the clinical severity of a murine model of collagen-induced arthritis (CIA), while IFN- $\gamma$ R<sup>-/-</sup> MSCT treated aggravated synovitis, and joint and cartilage damage.

a phase 1/2 randomised controlled study was conducted in 63 patients with RA who responded poorly to regular clinical treatments.

MSCT monotherapy group (n=32)  
or an MSCT plus recombinant human IFN- $\gamma$  treatment group (n=31),  
with 1 year of follow-up.

The 3-month follow-up results showed that the efficacy and ACR20 response rates were attained in 53.3% patients with MSCT monotherapy and in 93.3% patients with MSCT combined with IFN- $\gamma$  treatment (p<0.05).

No new or unexpected safety issues were encountered in 1-year follow-up for either treatment group.



# Mesenchymal Stem Cells and regenerative medicine- Conclusion

Main sources:  
Umbilical Cord  
Bone Marrow

Differentiate into chondrocytes and osteoblasts:  
promising in osteoarthritis and fracture malunion

Paracrine immunomodulation:  
Promising in rheumatoid arthritis  
Promising in Lupus?

SAFE!! Unexpensive, but no patent protection possible – orphan drugs

Rheumatology at the Lisbon Academic Medical Centre

Thank you!

