



UNIVERSITÉ  
DE MONTPELLIER



Instituts  
thématiques



**Inserm**

Institut national  
de la santé et de la recherche médicale



# Thérapies cellulaires Applications cliniques ostéo-articulaires

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Pr Yves-Marie PERS

PU-PH

Immunologie clinique et Thérapeutique ostéo-articulaire

Département de Rhumatologie - CHU Montpellier

IRMB-INSERM U1183

[ym-pers@chu-montpellier.fr](mailto:ym-pers@chu-montpellier.fr)

# Disclosures

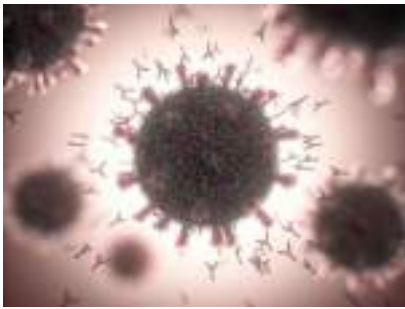
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- Funding: Chugai, Amgen, Novartis
- Expert committee: Pfizer, Abbvie, Novartis, IBSA
- Conferences: Medac, BMS, Abbvie, UCB

# Biologic therapy in 2024

Chimie

Anticorps monoclonaux

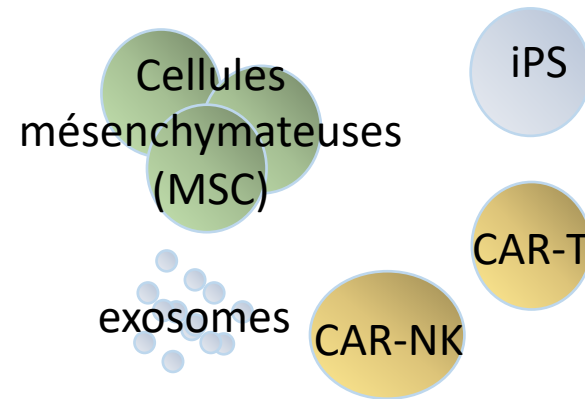


- Maladies autoimmunes
- Lymphome (anti-CD20 ...)
- oncologie : (anti-PDL1 ...)
- COVID

Phase 3

AMM : rituximab,  
Pembrolizumab ...

Thérapie cellulaire



Maladies ostéoarticulaires, fistules  
digestives, dermatologie  
lymphome, carcinome, maladies  
autoimmunes ...

Phase 2-3 : RESPINE, ADIPOA2, iPSFINE  
AMM : CAR-T KYMRIAH® (Novartis),  
MSC : Alofisel® (Takeda)

Thérapies nucleotidiques



Vaccination COVID  
Oncologie  
Maladies rares

AMM COVID

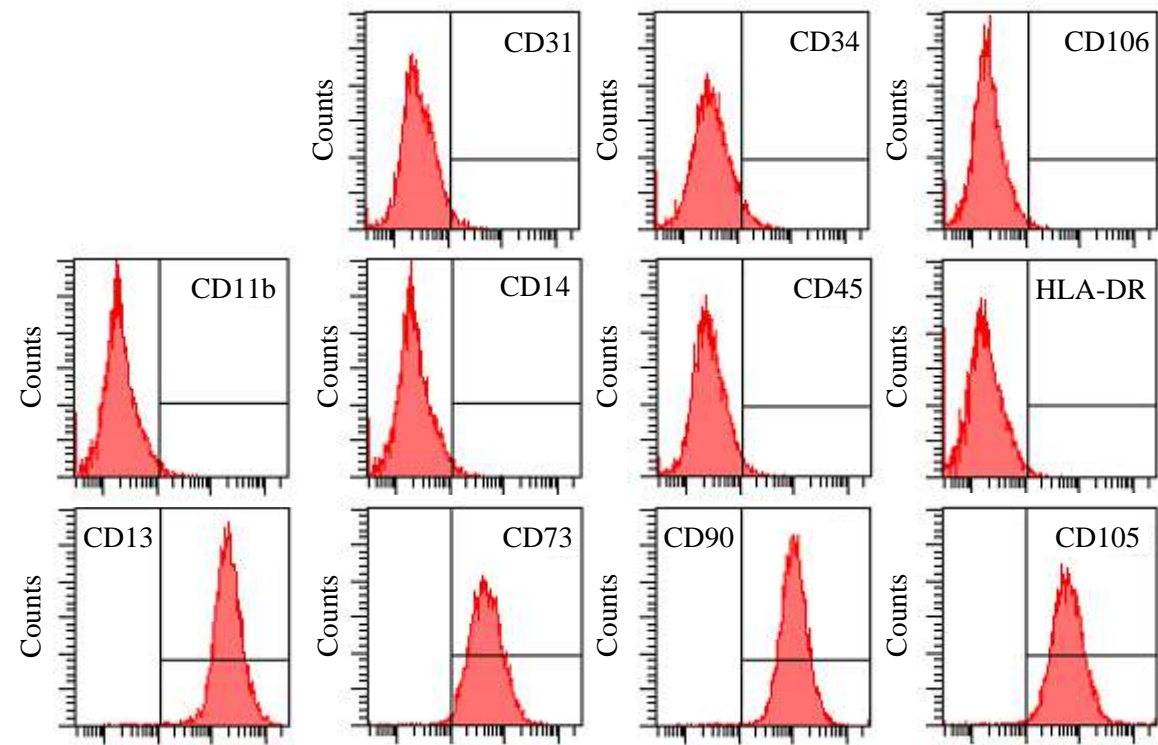
# Characteristics of Mesenchymal Stem Cells (MSC)

- Adherent to plastic



(High expansion *in vitro*)

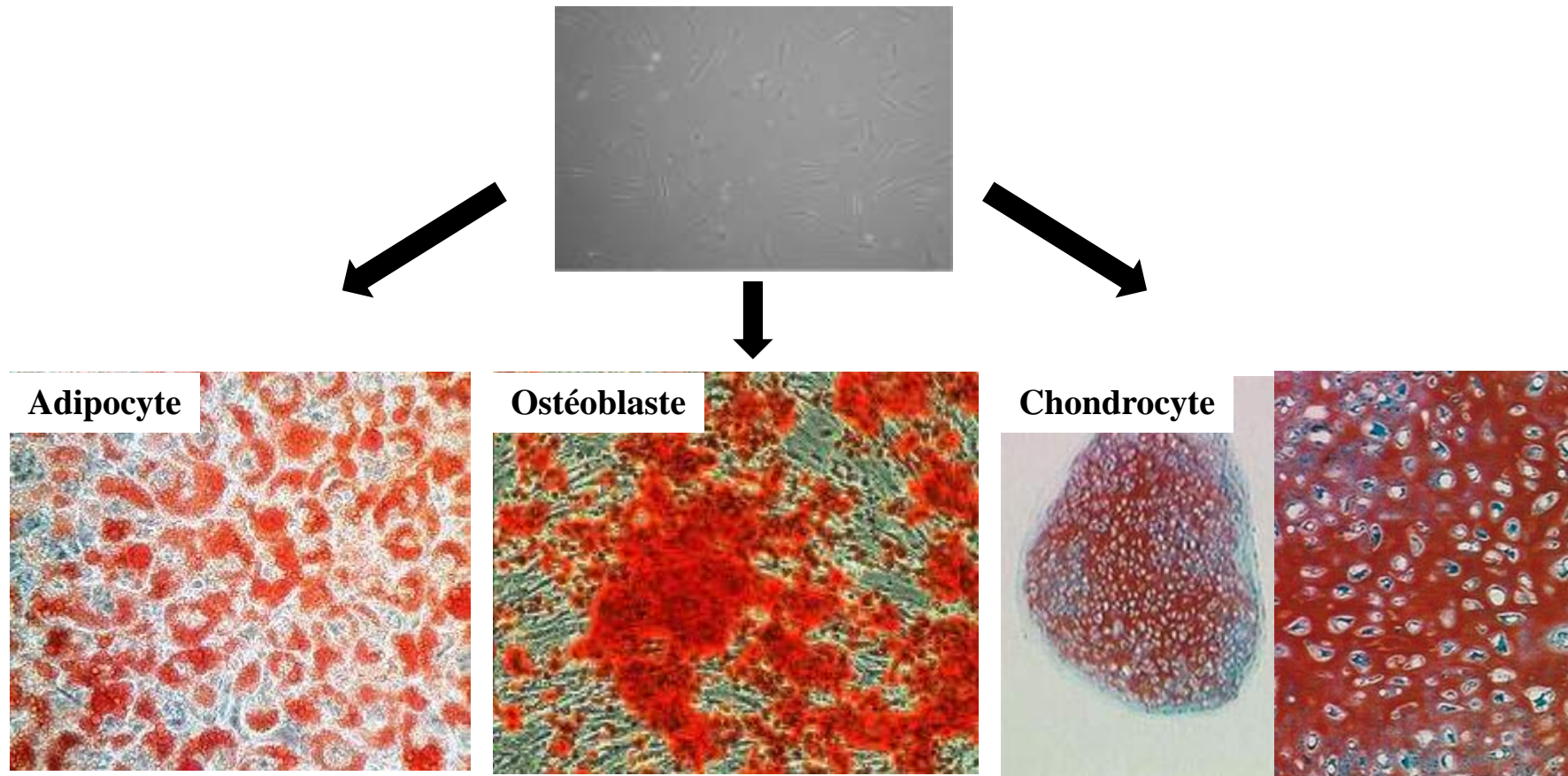
- Immunophenotype → No specific marker



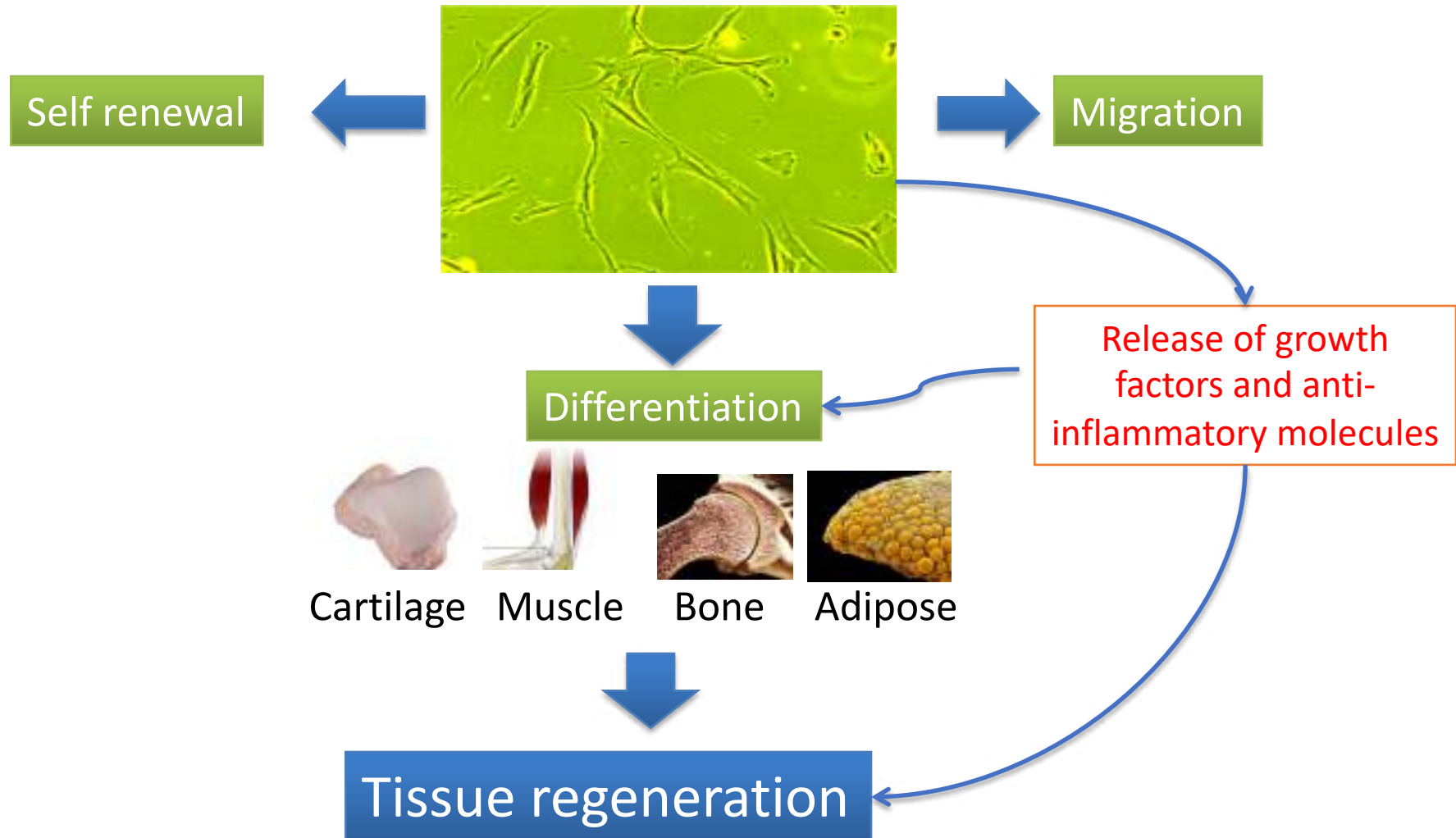
- **CD73<sup>+</sup>**, **CD90<sup>+</sup>**, **CD105<sup>+</sup>**, (CD13<sup>+</sup>)
- CD11b<sup>-</sup>, CD14<sup>-</sup>, CD19<sup>-</sup>, CD34<sup>-</sup>, **CD45<sup>-</sup>**, HLA-DR<sup>-</sup>, (CD31<sup>-</sup>, CD106<sup>-</sup>)

# Characteristics of Mesenchymal Stem Cells (MSC)

- **Multipotency:** ability to differentiate into adipocytes (adipose tissue), osteoblasts (bone) and chondrocytes (cartilage)



# Functions of MSC





# Therapeutic applications of MSC

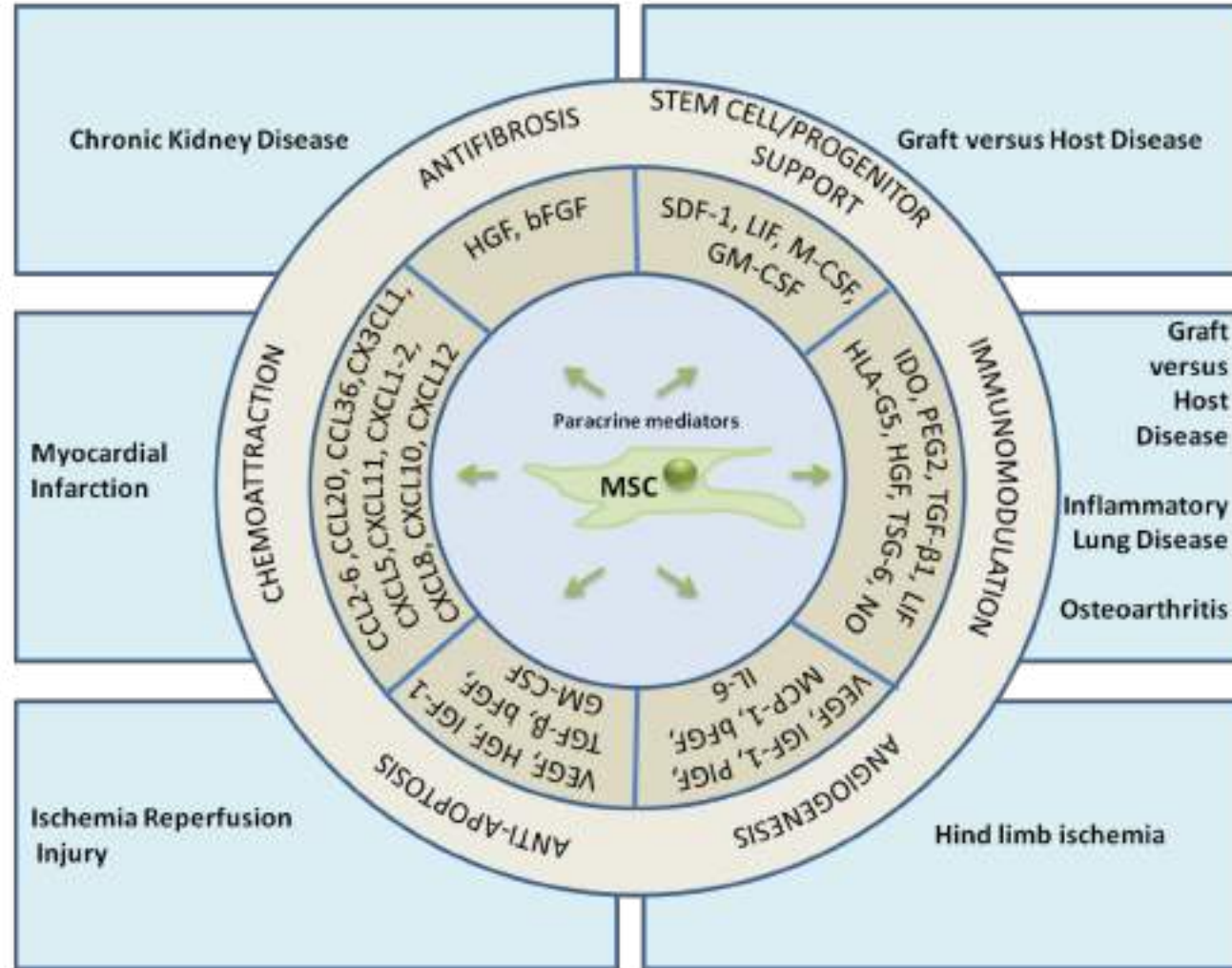
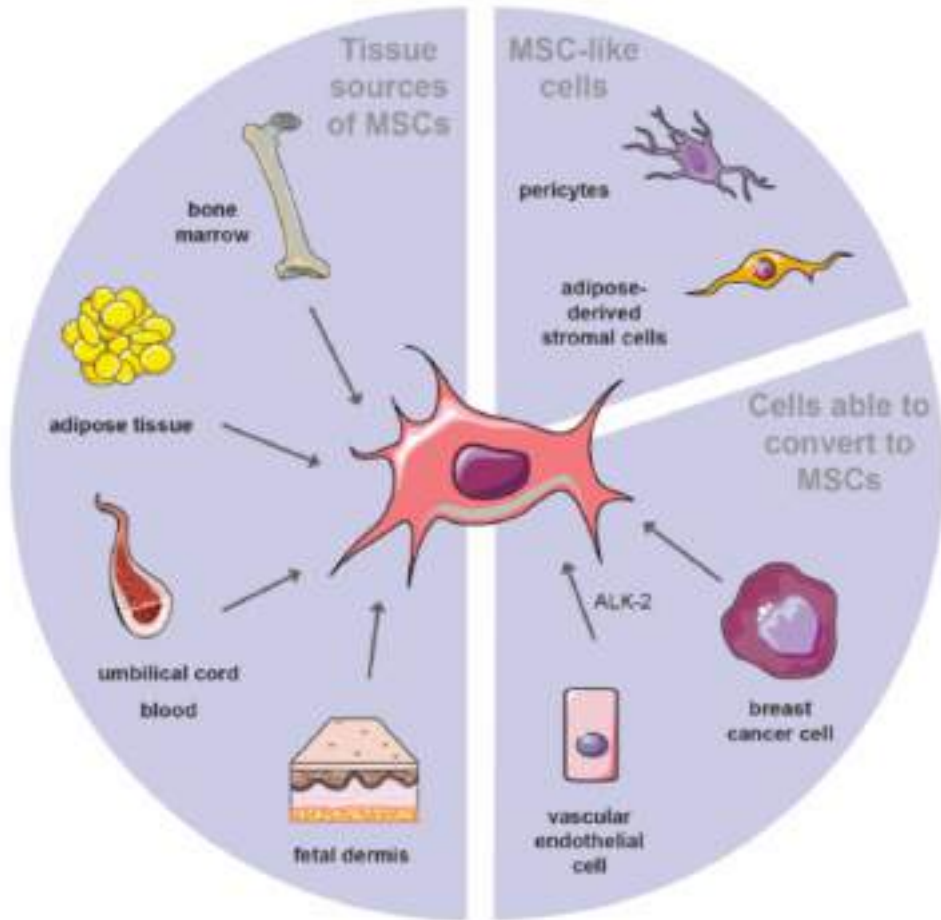


Figure 2. MSC paracrine-mediated mechanisms of action and their therapeutic relevance

# Therapeutic applications of MSC

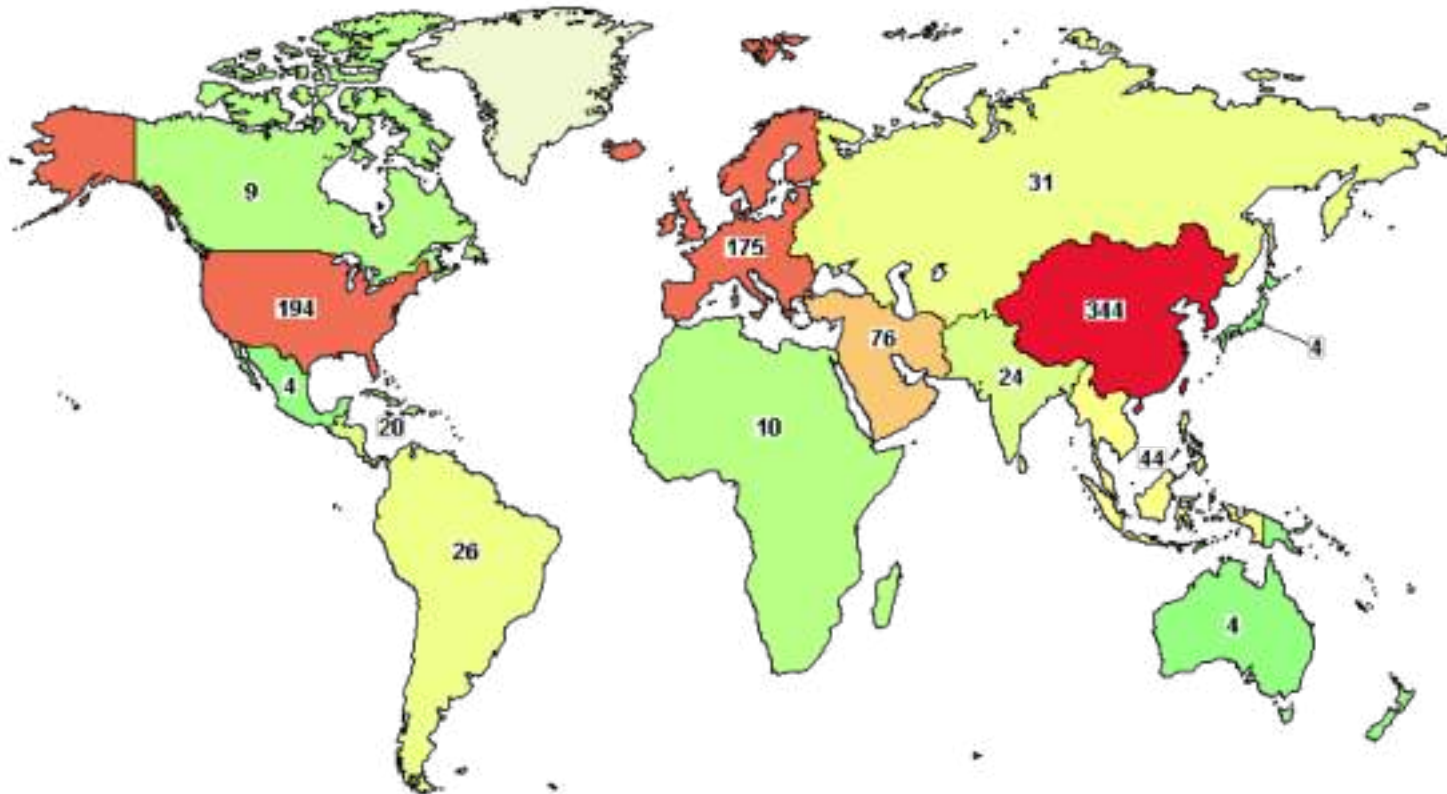


BONE MARROW		METHODOLOGY
<b>PROS</b> Good chondrogenic potential Good osteogenic potential Easy collectible	<b>CONS</b> Limited cell number Limitations during culture procedures	
→ <b>CONCENTRATED OR EXPANDED</b> <b>AUTOLOGOUS OR ALLOGENEIC</b>		
ADIPOSE TISSUE		
<b>PROS</b> Abundant Easy collectible	<b>CONS</b> Limited chondrogenic potential (but can be overcome)	METHODOLOGY
→ <b>CONCENTRATED OR EXPANDED</b> <b>AUTOLOGOUS</b>		
PERIPHERAL BLOOD		
<b>PROS</b> Good chondrogenic potential Easy collectible	<b>CONS</b> Limited cell number Stimulation before collection	
→ <b>SEPARATED</b> <b>AUTOLOGOUS</b>		METHODOLOGY
UMBILICAL CORD BLOOD		
<b>PROS</b> Good chondrogenic potential Easy collectible (allogeneic)	<b>CONS</b> No available published clinical trials	
→ <b>EXPANDED</b> <b>ALLOGENEIC</b>		



# Therapeutic applications of MSC

- Registered Clinical trials of MSC based therapy on ClinicalTrials.gov (2023)
- Répartition par pays et continent

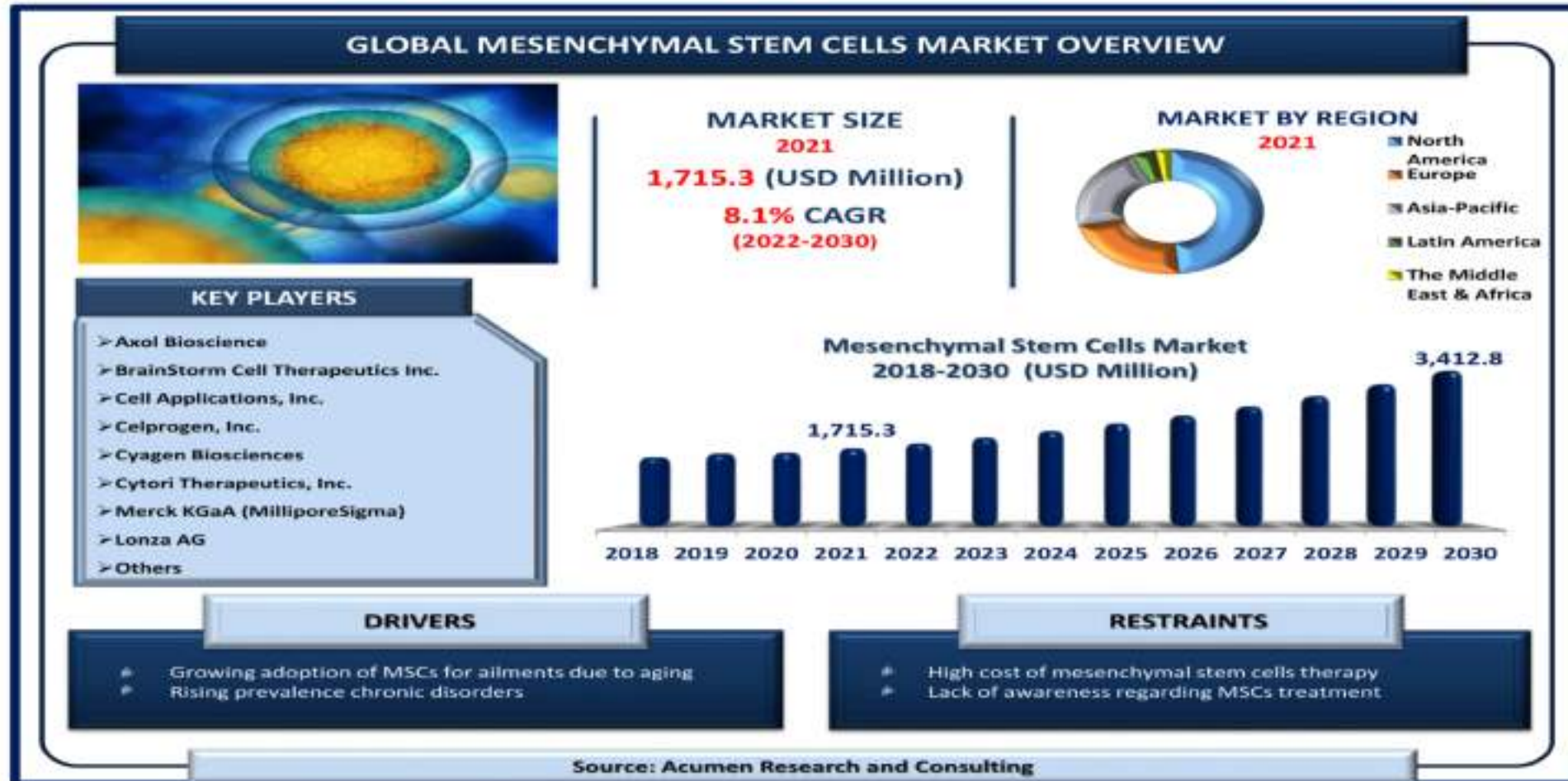


# Therapeutic applications of MSC

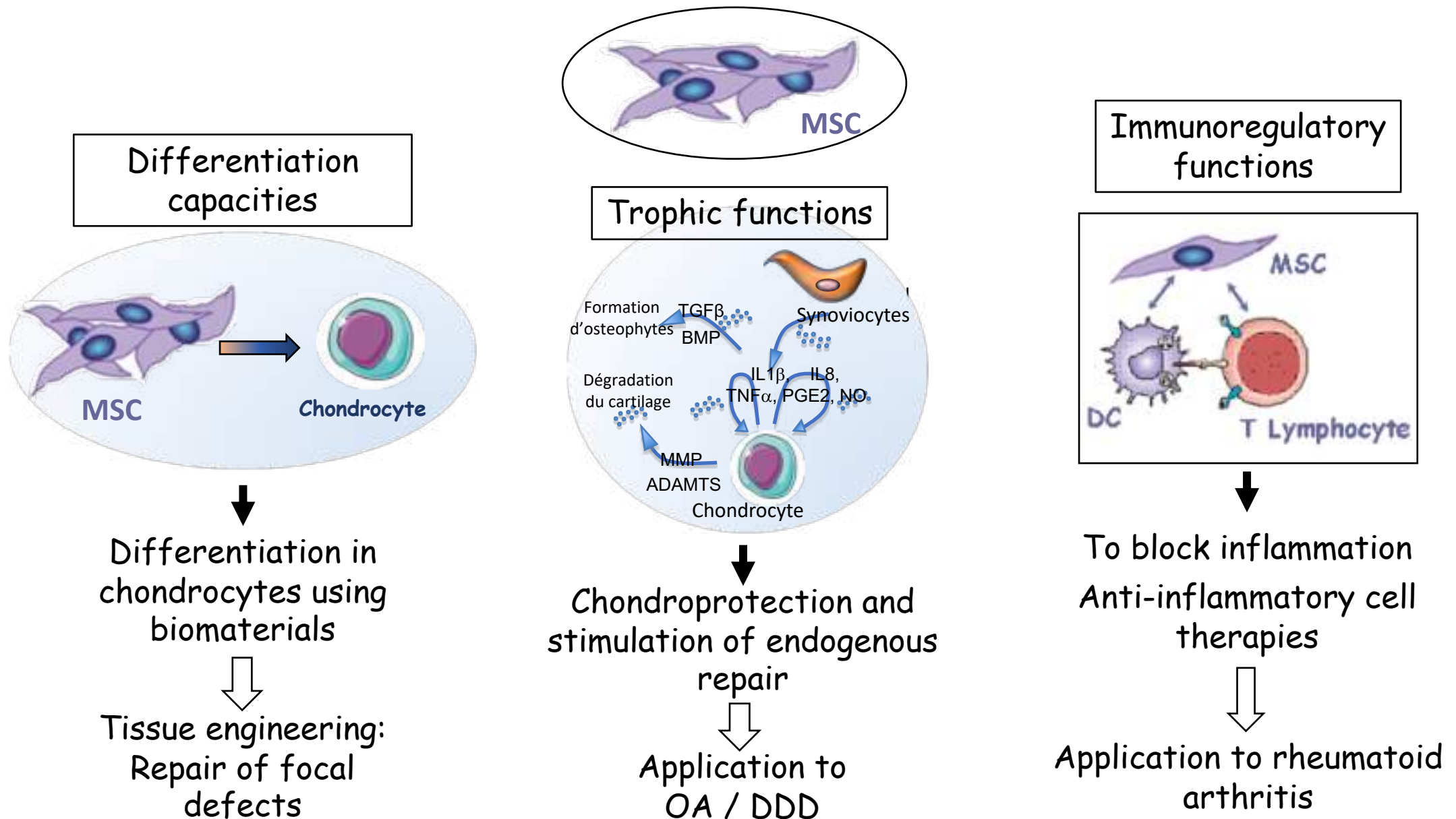
- Registered Clinical trials of MSC based therapy on ClinicalTrials.gov (2023)
- Répartition par pays et continent



# Global mesenchymal stem cell market expected to double in less than 10 years !



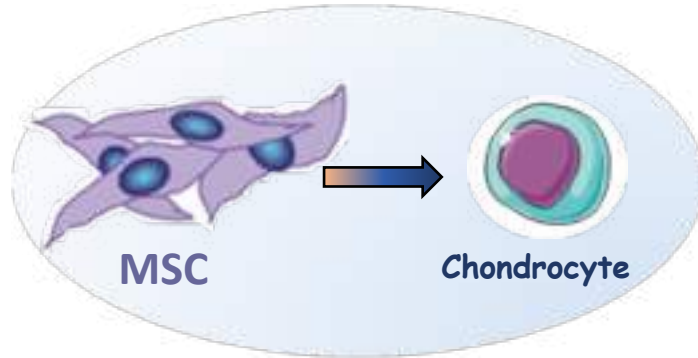
# Clinical applications of MSC in rheumatology





# Clinical applications of MSC in rheumatology

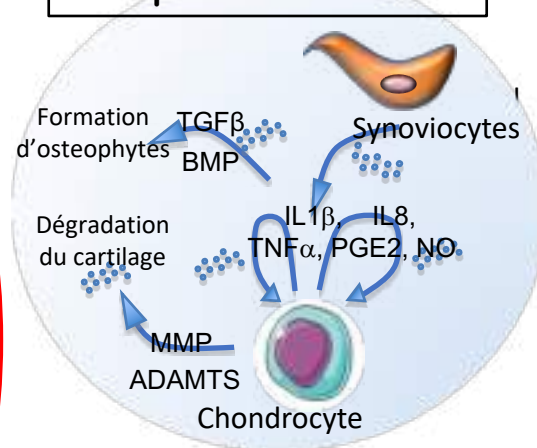
## Differentiation capacities



Differentiation in chondrocytes using biomaterials

Tissue engineering:  
Repair of focal defects

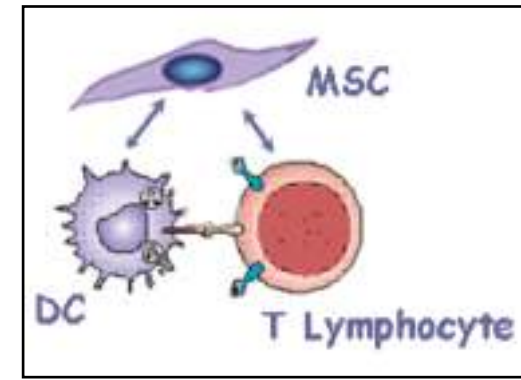
## Trophic functions



Chondroprotection and stimulation of endogenous repair

Application to  
OA / DDD

## Immunoregulatory functions



To block inflammation  
Anti-inflammatory cell therapies

Application to rheumatoid arthritis



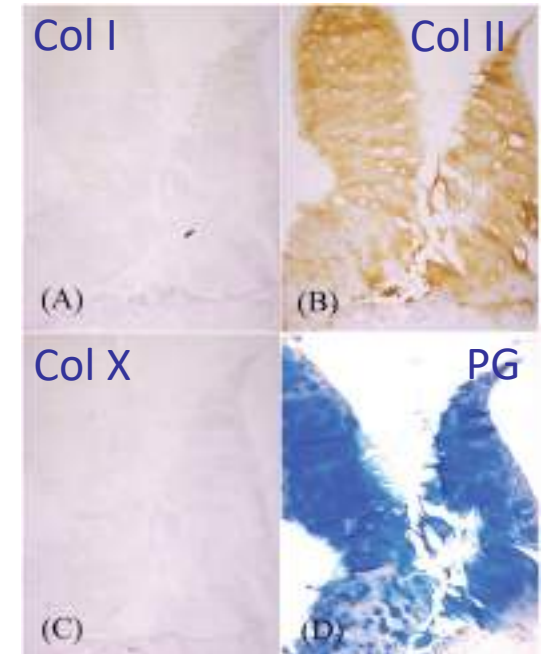
# MSC implant > chondrocyte implant ?



## BM-MSCs efficacy compared to autologous chondrocyte implantation ?

MSCs are as efficient as chondrocytes for cartilage repair (n=36)

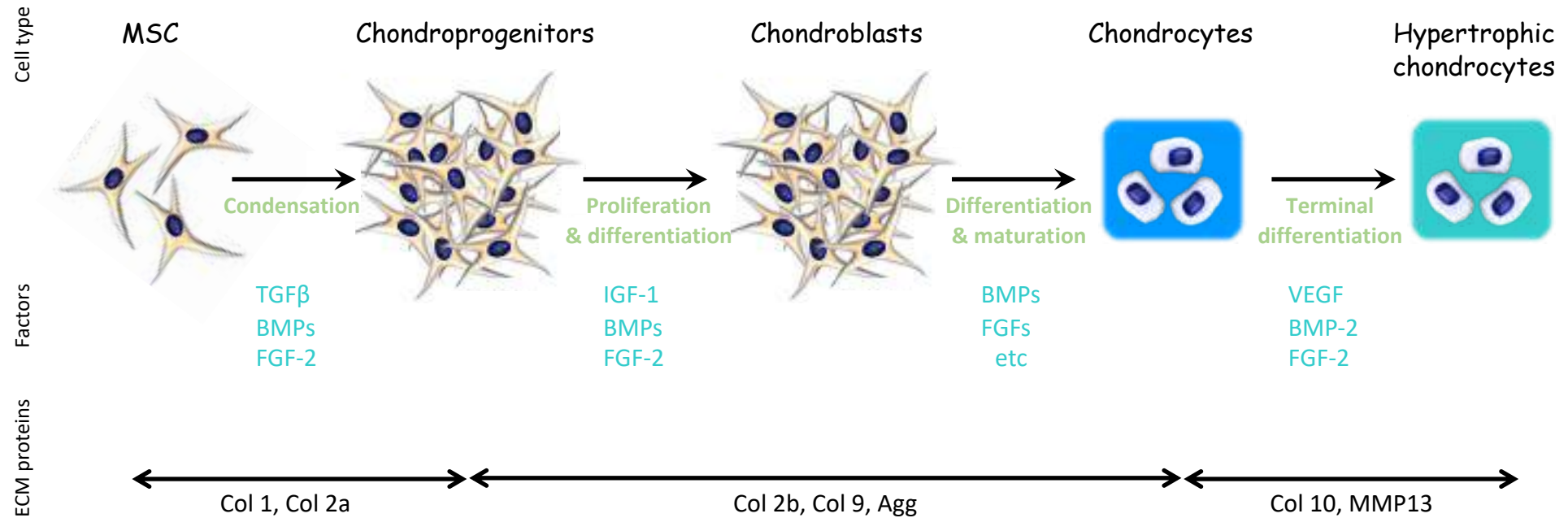
- Improvement of patient QoL and activities in sports
- Hyalin cartilage formation (1 year)
- Less graft hypertrophy



MSCs can be used as an alternative to chondrocytes for cartilage repair

- reduced costs, better rate of cartilage cell proliferation
- only one surgery
- minimize morbidity at the donor site

# MSC chondrogenesis



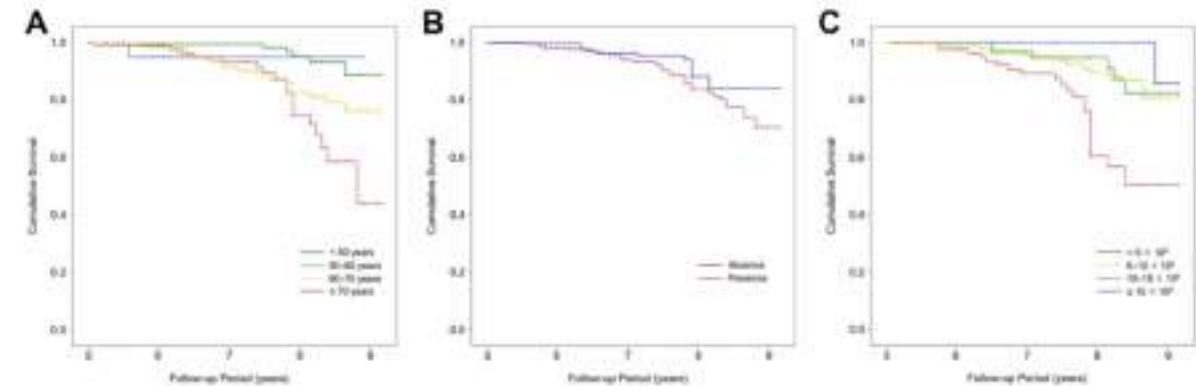
# Large experience of MSC implants in OA

## Mesenchymal Stem Cell Implantation in Knee Osteoarthritis

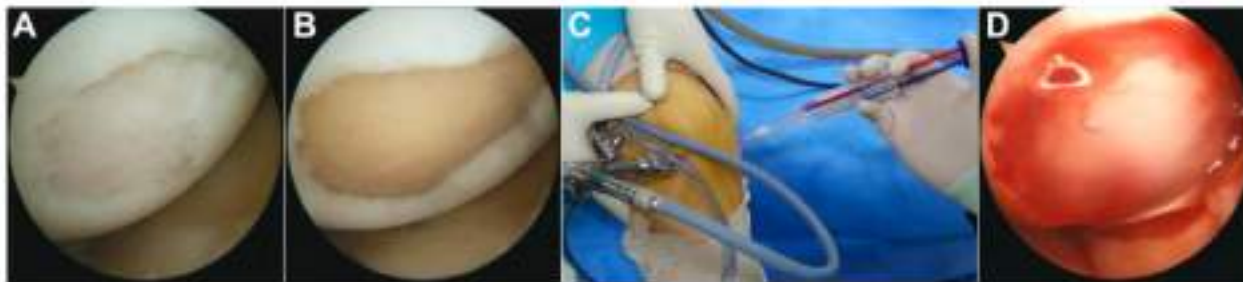
### Midterm Outcomes and Survival Analysis in 467 Patients

Yong Sang Kim,\* MD, Dong Suk Suh,\* MD, Dae Hyun Tak,\* MD, Pill Ku Chung,\* MD, and Yong Gon Koh,\*<sup>†</sup> MD

Investigation performed at Yonsei Sarang Hospital, Seoul, Republic of Korea



**Figure 3.** Kaplan-Meier survival curves. Survival rate of groups divided according to (A) age, (B) presence of bipolar kissing lesion, and (C) number of mesenchymal stem cells.



**Figure 1.** Arthroscopic implantation of mesenchymal stem cells loaded in fibrin glue. (A) An articular cartilage lesion in the medial femoral condyle was noticed. (B) An accurate debridement of all unstable and damaged cartilage in the lesion was performed. (C)

TABLE 2 Comparison of Preoperative and Postoperative Clinical and Radiological Outcomes <sup>a</sup>					
	Preoperative	Postoperative			
		1 y	3 y	5 y	9 y
IKDC score	39.2 ± 7.2	66.6 ± 9.6 <sup>b</sup>	67.2 ± 9.9 <sup>b,c</sup>	66.1 ± 9.7 <sup>b,c,d</sup>	62.8 ± 8.5 <sup>b,c,d,e</sup>
Tegner score	2.3 ± 1.0	3.4 ± 0.9 <sup>b</sup>	3.5 ± 0.9 <sup>b,c</sup>	3.4 ± 0.9 <sup>b,c</sup>	3.2 ± 0.9 <sup>b,c,d</sup>
KL grade					
Grade 1	189 (39.1)	184 (38.1)	173 (35.8)	164 (34.0) <sup>b,c</sup>	159 (32.9) <sup>b,c,d</sup>
Grade 2	294 (60.9)	299 (61.9)	310 (64.2)	305 (63.1) <sup>b,c</sup>	293 (60.7) <sup>b,c,d</sup>
Grade 3				12 (2.5) <sup>b,c,d</sup>	26 (5.4) <sup>b,c,d,e</sup>
Grade 4				2 (0.4) <sup>b,c,d</sup>	5 (1.0) <sup>b,c,d,e</sup>

# Limited evidence of MSC implants in OA

Knee Surgery, Sports Traumatology, Arthroscopy  
https://doi.org/10.1007/s00167-023-07575-w

KNEE



**Mesenchymal stem cell implantation provides short-term clinical improvement and satisfactory cartilage restoration in patients with knee osteoarthritis but the evidence is limited: a systematic review performed by the early-osteoarthritis group of ESSKA-European knee associates section**

Hamid Rahmatullah Bin Abd Razak<sup>1</sup> · Katia Corona<sup>2</sup> · Trifon Totlis<sup>3,4</sup> · Li Yi Tammy Chan<sup>5</sup> · Jose Filipe Salrete<sup>6</sup> · Obeida Sleiman<sup>7</sup> · Michele Vaisio<sup>8</sup> · Mike H. Baums<sup>7</sup>

Received: 2 February 2023 / Accepted: 5 September 2023

Study	LoE	Country	Study design	QoE score/total
Kim et al. Am J Sports Med [18]	3	South Korea	RE	MINORS 17/24
Kim et al. Osteoarthritis Cartilage [15]	2	South Korea	PRO	MINORS 13/16
Park YB et al. Stem Cells Transl Med [25]	2	South Korea	PRO	MINORS 12/16
Kim et al. Knee Surg Sports Traumatol Arthrosc [16]	1	South Korea	RCT	MJS 5/8
Kim et al. Orthop J Sports Med [19]	4	South Korea	RE	MINORS 14/16
Song et al. Regen Ther [29]	4	South Korea	RE	MINORS 12/16
Song et al. World J Stem Cells [30]	4	South Korea	RE	MINORS 12/16
Kim et al. Orthop J Sports Med [20]	4	South Korea	RE	MINORS 14/16
Yang et al. Knee Surg Sports Traumatol Arthrosc [36]	3	South Korea	RE	MINORS 20/24

MINORS methodological index for non-randomised studies, MJS modified jadad scale, PRO prospective cohort study, RCT randomized control trial, RE retrospective cohort study

## Abstract

**Purpose** Implantation of mesenchymal stem cells (MSCs) is a potential cell-based modality for cartilage repair. Currently, its clinical use largely surrounds focal cartilage defect repair and intra-articular injections in knee osteoarthritis. The MSCs' implantation efficacy as a treatment option for osteoarthritis remains contentious. This systematic review aims to evaluate studies that focused on MSCs implantation in patients with knee OA to provide a summary of this treatment option outcomes.

**Methods** A systematic search was performed in PubMed (Medline), Scopus, Cinahl, and the Cochrane Library. Original studies investigating outcomes of MSCs implantations in patients with knee OA were included. Data on clinical outcomes using subjective scores, radiological outcomes, and second-look arthroscopy gradings were extracted.

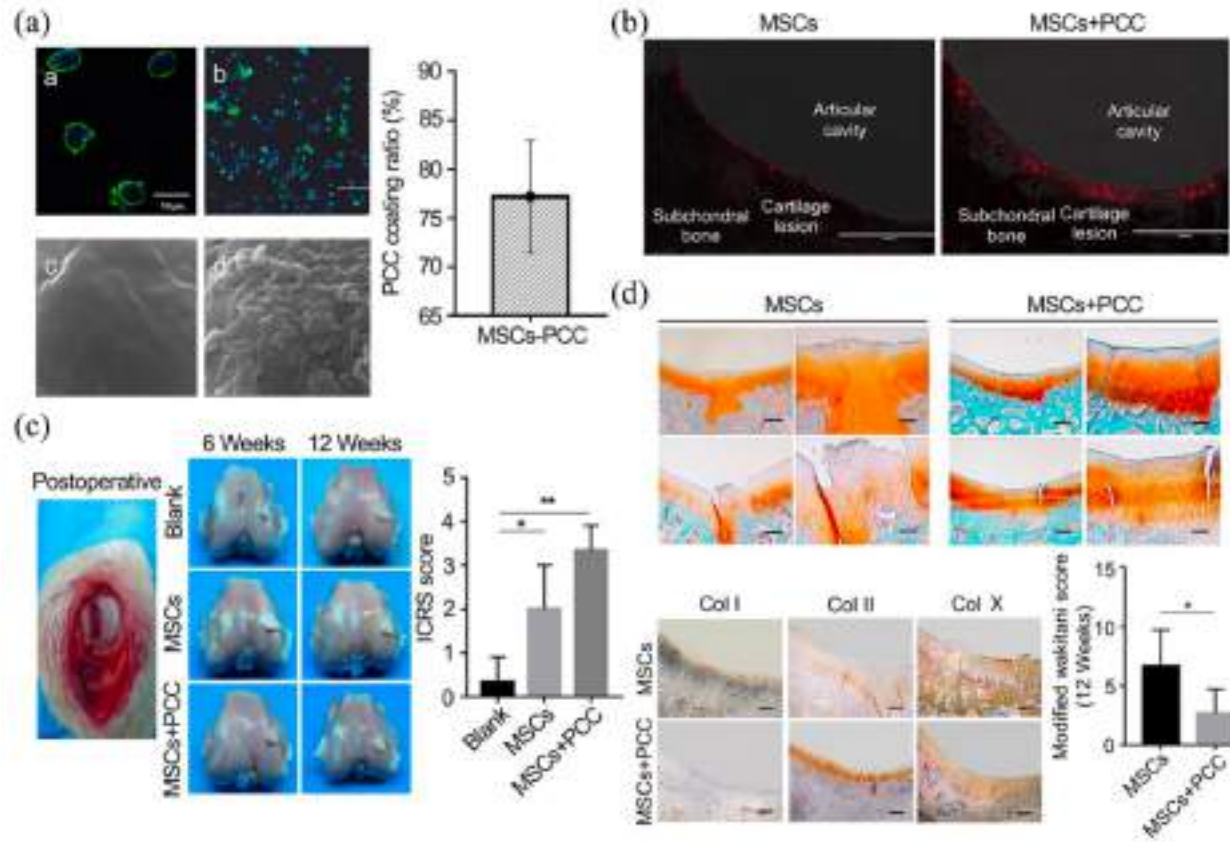
**Results** Nine studies were included in this review. In all included studies, clinical outcome scores revealed significantly improved functionality and better postoperative pain scores at 2–3 years follow-up. Improved cartilage volume and quality at the lesion site was observed in five studies that included a postoperative magnetic resonance imaging assessment and studies that performed second-look arthroscopy. No major complications or tumorigenesis occurred. Outcomes were consistent in both single MSCs implantation and concurrent HTO with MSCs implantation in cases with excessive varus deformity.

**Conclusion** According to the available literature, MSCs implantation in patients with mild to moderate knee osteoarthritis is safe and provides short-term clinical improvement and satisfactory cartilage restoration, either as a standalone procedure or combined with HTO in cases with axial deformity. However, the evidence is limited due to the high heterogeneity among studies and the insufficient number of studies including a control group and mid-term outcomes.

**Level of evidence** IV.



# Implant MSC with scaffold > implant MSC ?



➤ Pericellular Col I coating (PCC) for BM-MSCs enhance the quality of cartilage regeneration



# Choose the appropriate scaffold

- Biodegradable
- Biocompatible
- Support chondrogenesis and osteochondral tissue
- Mechanical properties
  - Physical loading
  - Space for tissue regeneration
- Porous structure (nutrients vs adhesion)
- Low immunogenicity
- Antimicrobial activity

# Repair of focal defects with MSC+scaffold : Humans

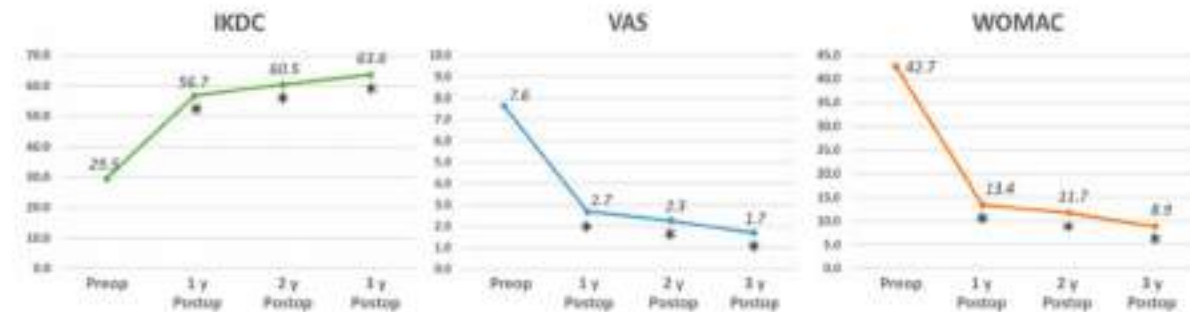
- CARTISTEM (Medipost)
- Retrospective study
- Large lesion ( $> 4 \text{ cm}^2$ )
- Located in medial femoral condyle
- Excluded other compartment lesions
- hUC-MSC + HA (+/- meniscectomy)
- 85 patients
  - Significant improvement in all PRO scores
  - MRI follow-up show repaired cartilage hypertrophy without correlation with PRO



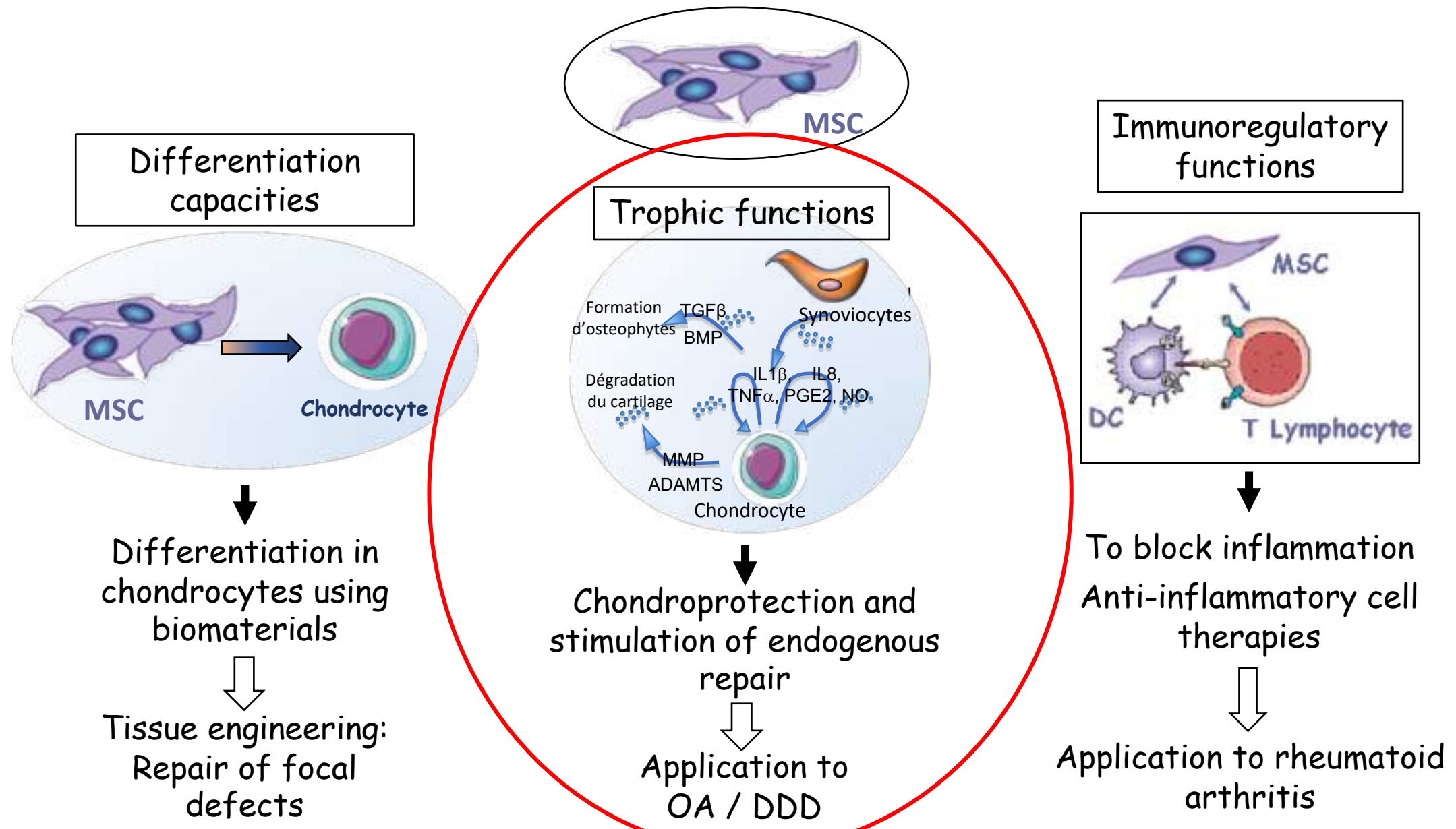
## Clinical and Magnetic Resonance Imaging Outcomes After Human Cord Blood-Derived Mesenchymal Stem Cell Implantation for Chondral Defects of the Knee

Jun-Seob Song,\* MD, Ki-Taek Hong,\* MD, Na-Min Kim,\* MD, Byung-Hun Hwangbo,<sup>†</sup> MD, Bong-Seok Yang,<sup>‡</sup> MD, Brian N. Victoroff,<sup>§</sup> MD, and Nam-Hong Choi,<sup>||</sup> MD

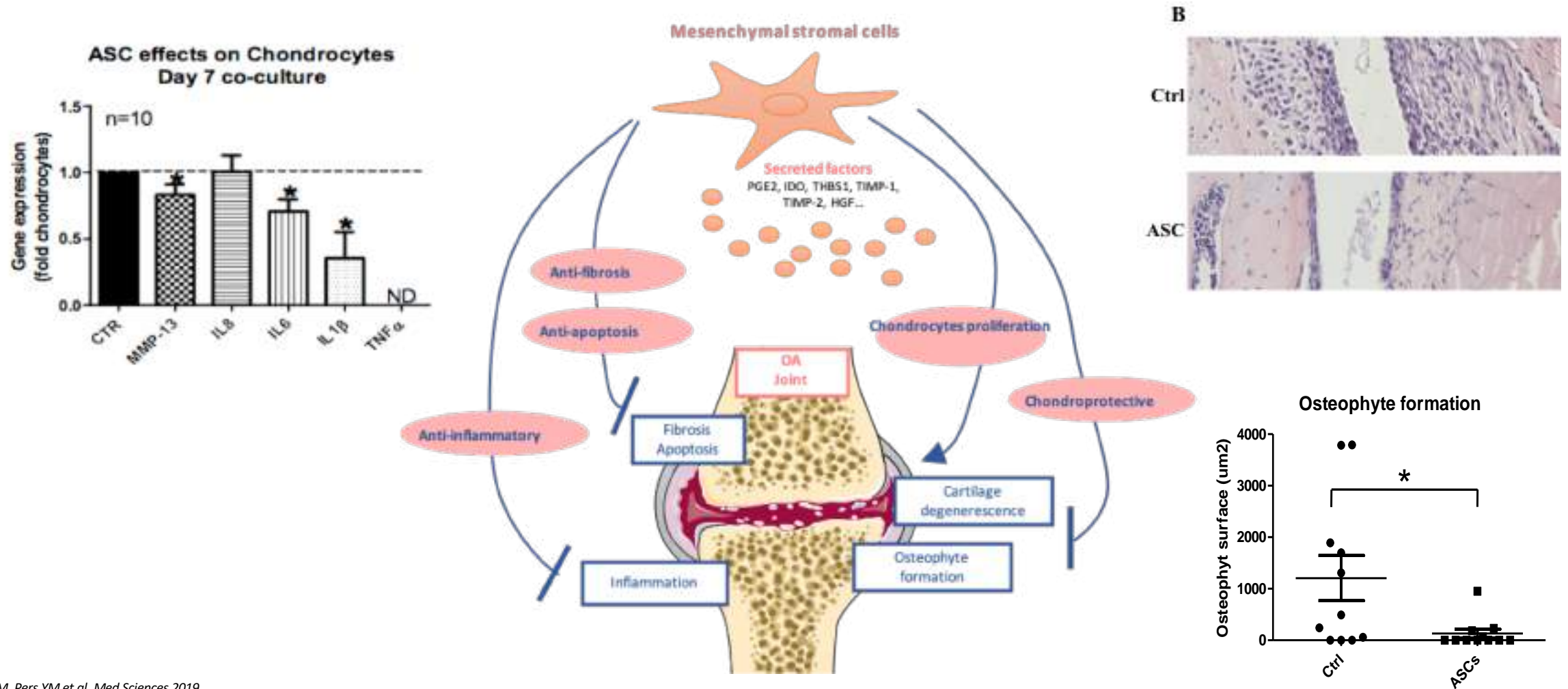
*Investigation performed at Nowon Eulji Medical Center, Seoul, Republic of Korea*



# Clinical applications of MSC in rheumatology



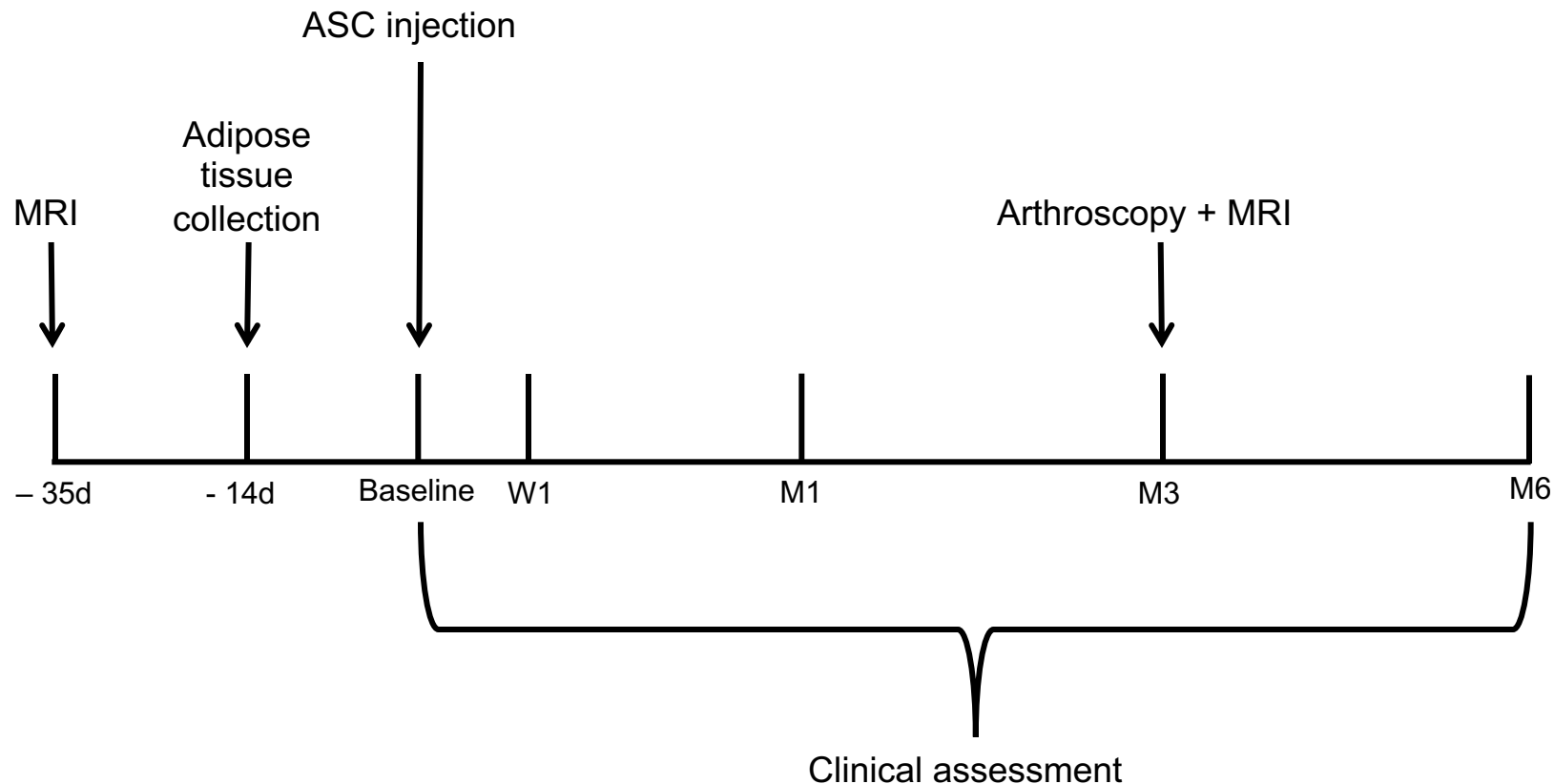
# Why MSC therapy make sense in OA ?



# ADIPOA clinical trial: design

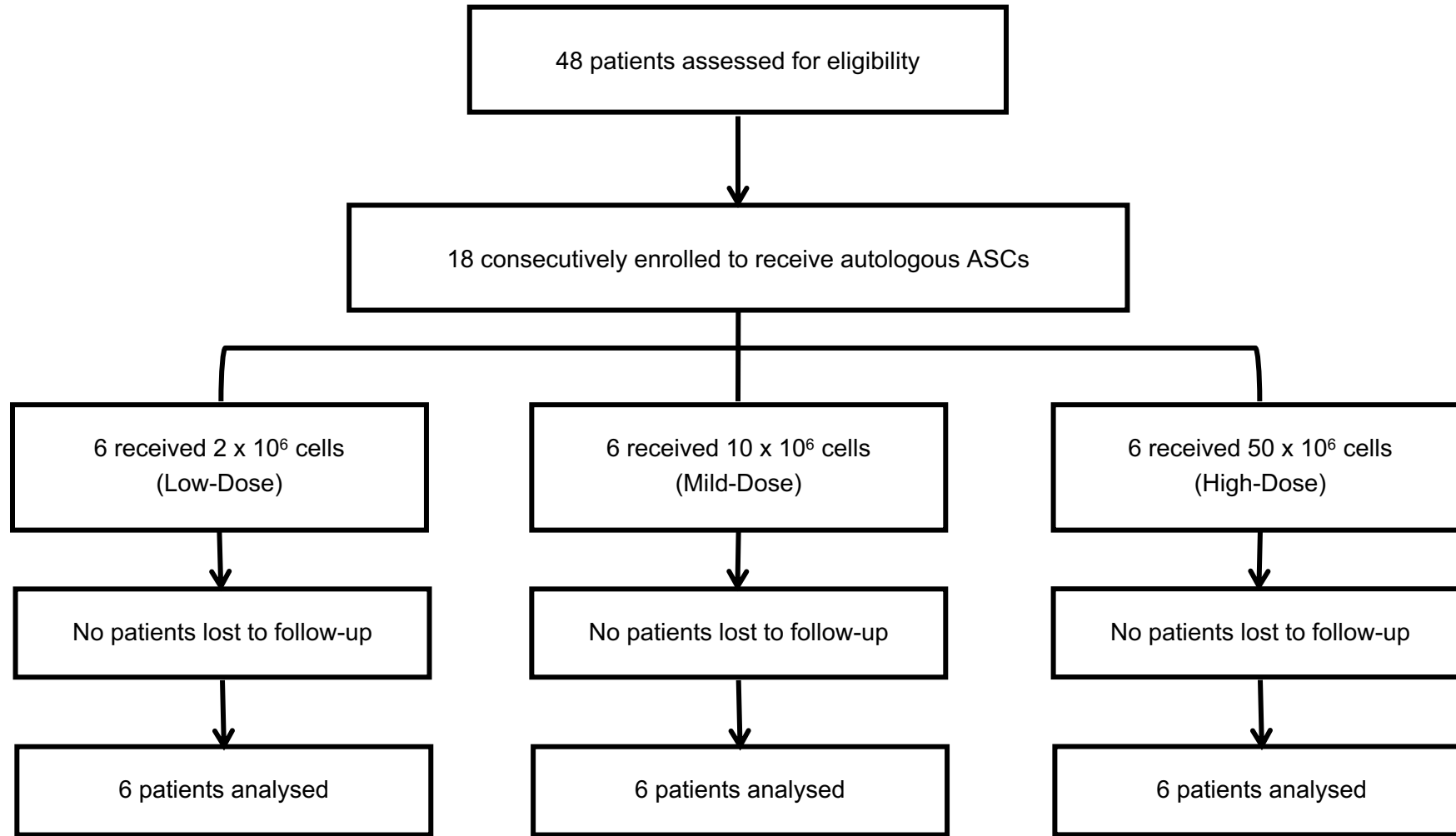
## Adipose derived Stromal Cells for OsteoArthritis treatment.

A phase 1 study, bi-centric (Mtp, Wurzburg), dose escalating study with autologous ASC in severe knee OA (>3 K/L)



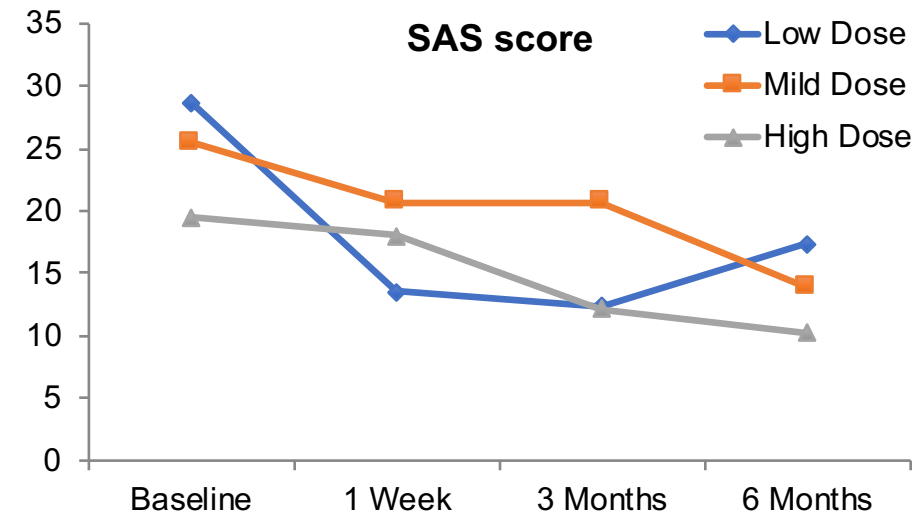
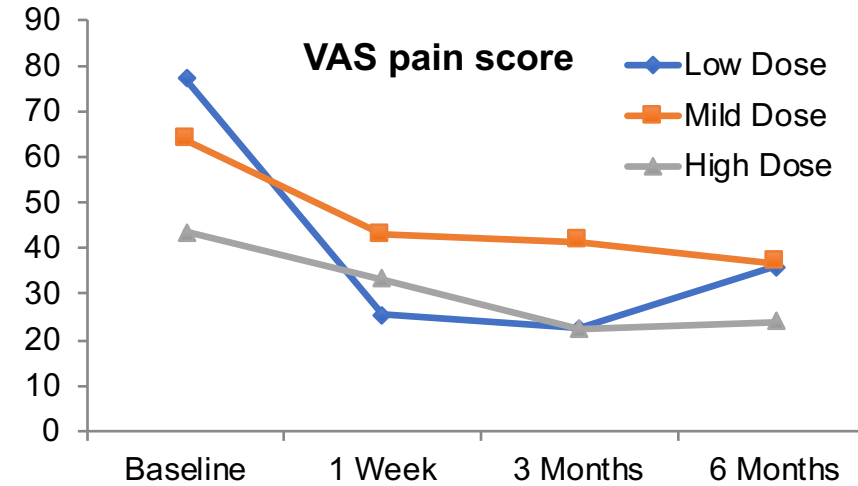
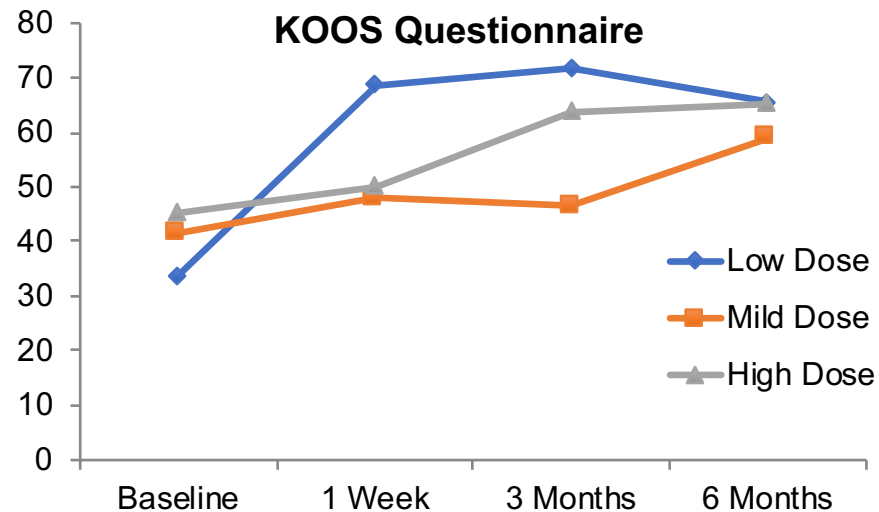


# ADIPOA clinical trial: design

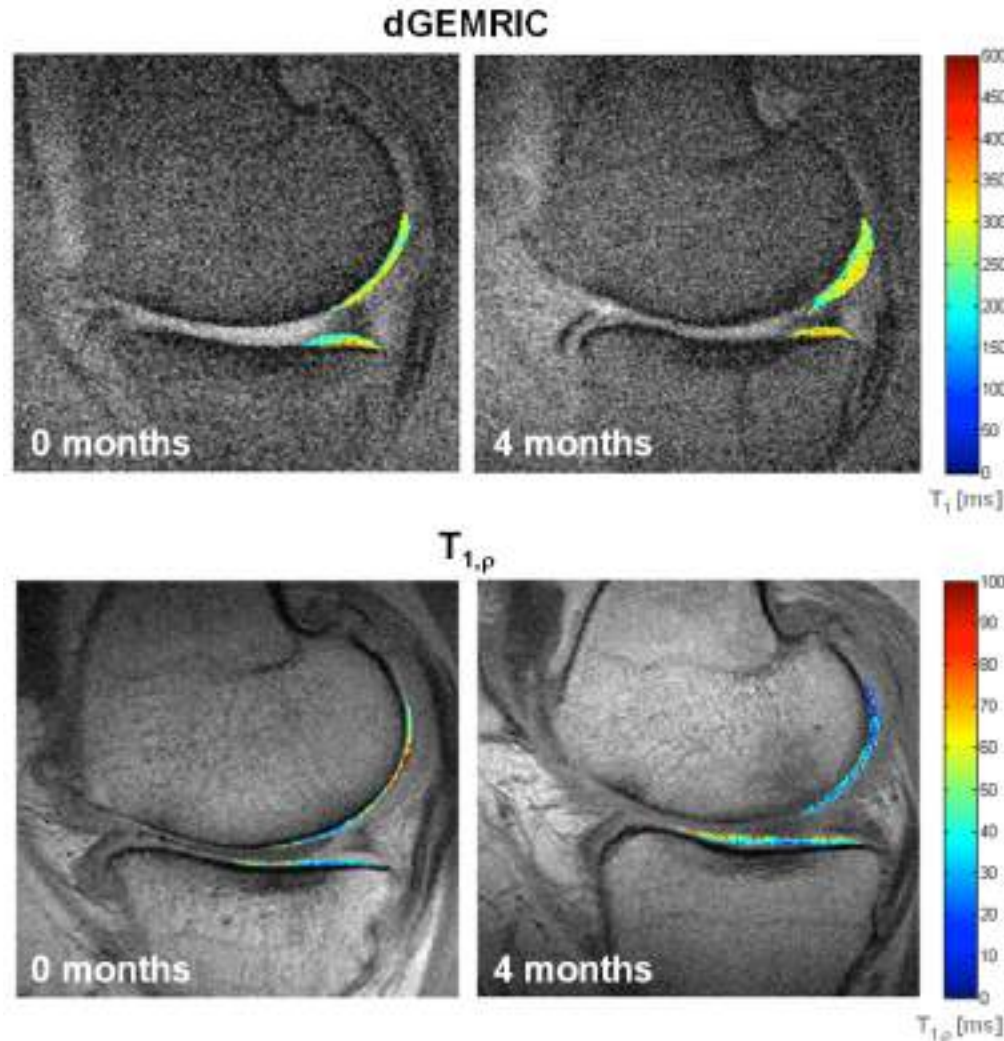


# ADIPOA clinical trial

- Safe procedure: 4 local skin reaction in the first month
- Only 2 patients underwent surgery TKA after one year follow-up and 55% after 4 years



# ADIPOA clinical trial: structural assessment



- dGEMRIC index increase in 3 out of 6 selected patients
- Suggest a possible structural effect