

Cartilage Regeneration – from Pediatric Growth Plate Injuries to Osteoarthritis

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CU – CSU Summit

Chronic Disease Frontiers: Colorado Approach to Causes and Treatment

August 13, 2025

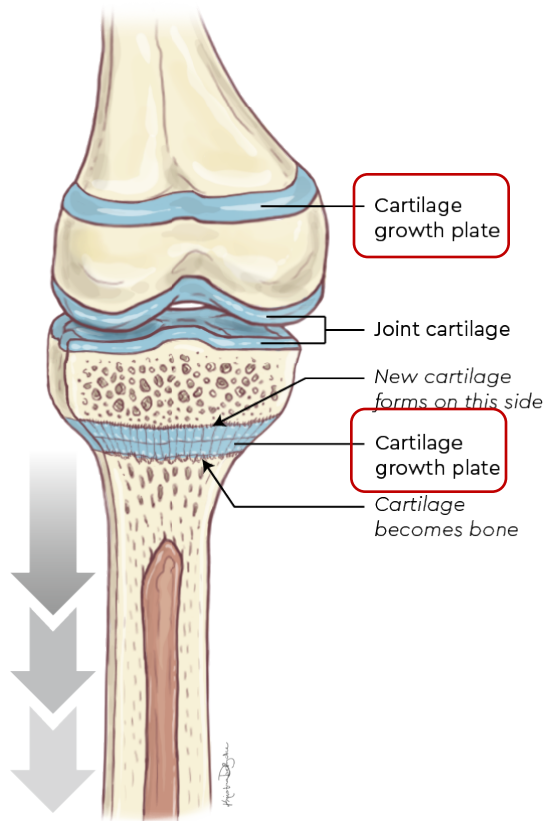


Disclosures

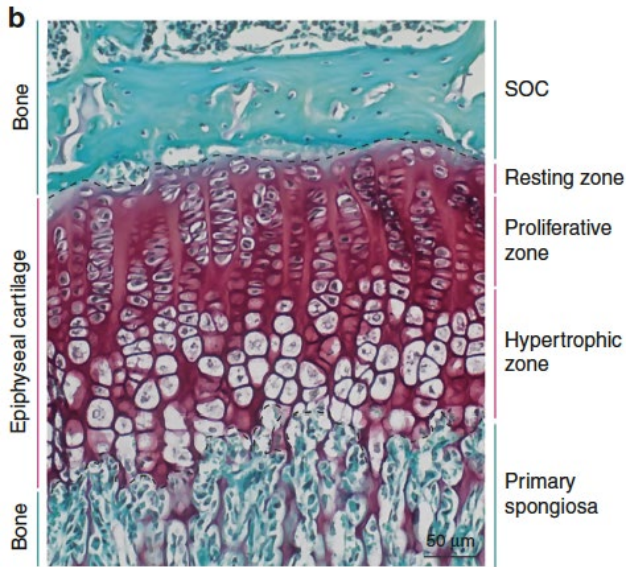
No disclosures



Growth Plate Cartilage and Articular Cartilage



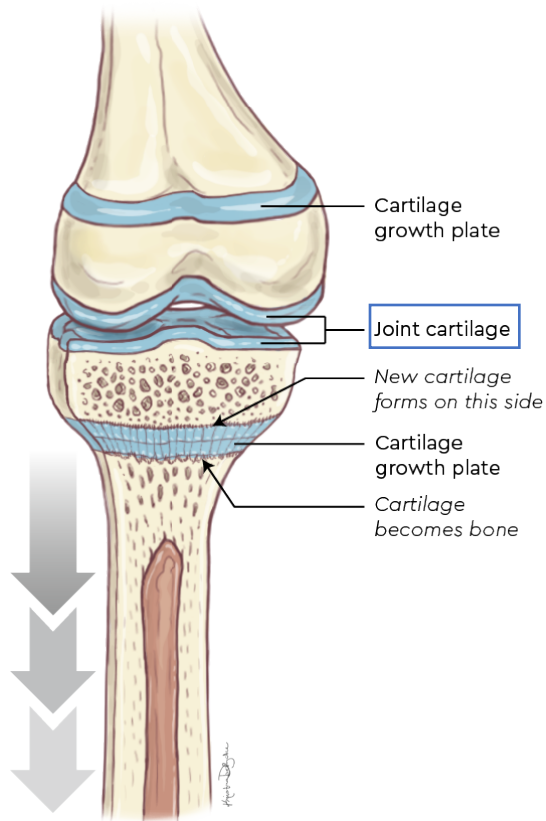
Feature	Growth Plate Cartilage
Location	Found at metaphysis of long bones in children
Function	Enables longitudinal bone growth during development
Structure	Hyaline cartilage organized into zones
Cell Types	Chondrocytes in columns (proliferative, hypertrophic)
Vascularization	Avascular
End Fate	Undergoes endochondral ossification
Regenerative Capacity	Active during growth; ceases after skeletal maturity
Clinical Relevance	Growth disorders, limb length discrepancies



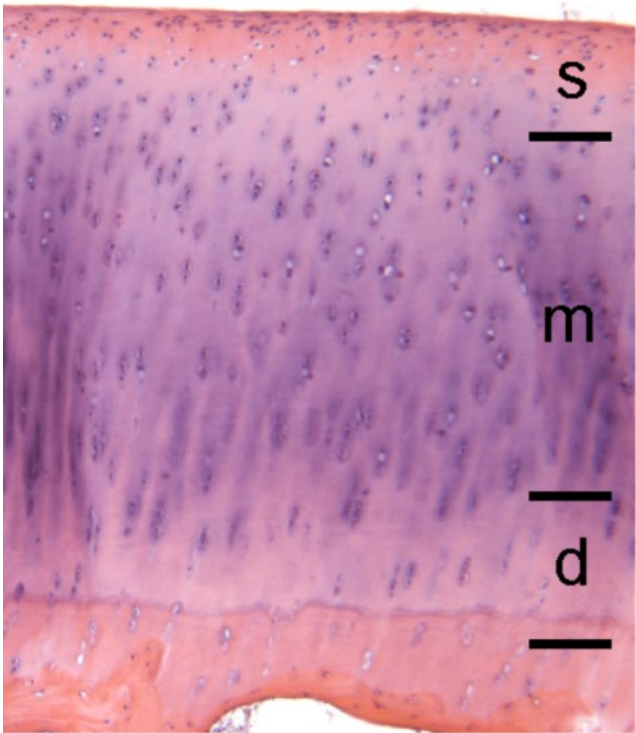
Chagin A.S. et al. *Pediatr Res* 87, 986–990 (2020).

Longitudinal growth occurs by *endochondral ossification* – cartilage is gradually replaced by bone

Growth Plate Cartilage and Articular Cartilage

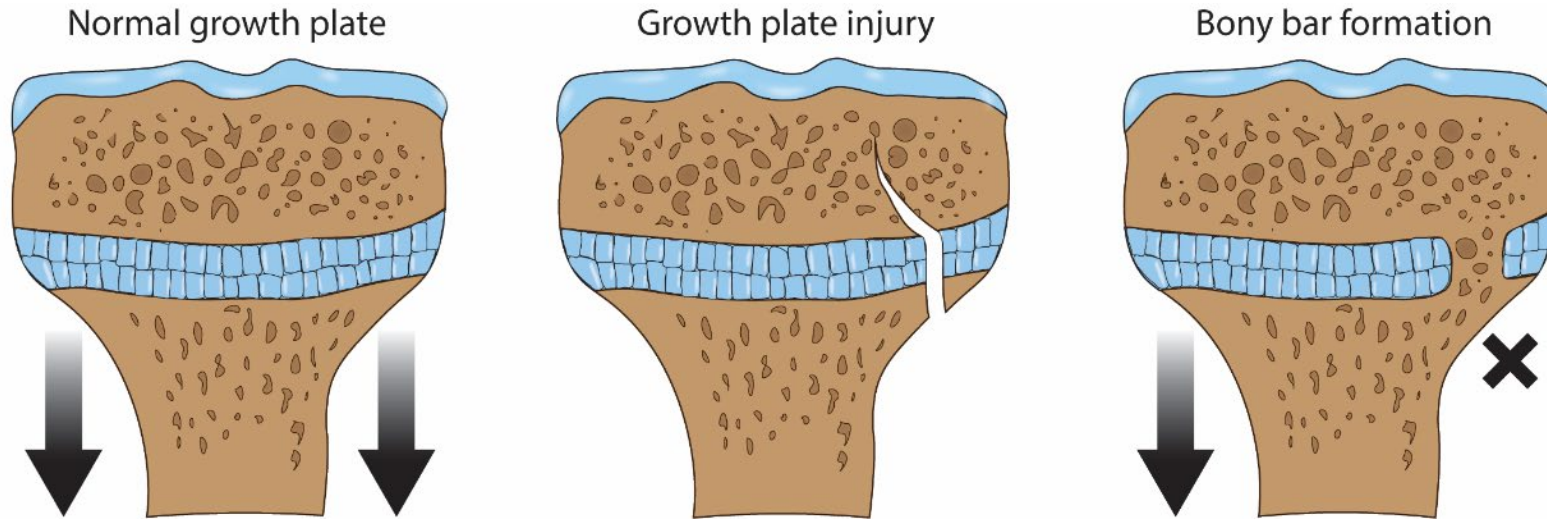


Feature	Articular Cartilage
Location	Covers ends of bones in synovial joints
Function	Facilitates smooth joint movement; absorbs shock
Structure	Hyaline cartilage with zonal organization
Cell Types	Chondrocytes in lacunae
Vascularization	Avascular
End Fate	Maintains structure throughout life
Regenerative Capacity	Limited to None
Clinical Relevance	Osteoarthritis, cartilage injury



Haltmayer E. et al. PLOS ONE. 14. e0214709. 10.1371.

Growth plate injuries can cause deformity



Bony bar formation prevents localized endochondral bone formation

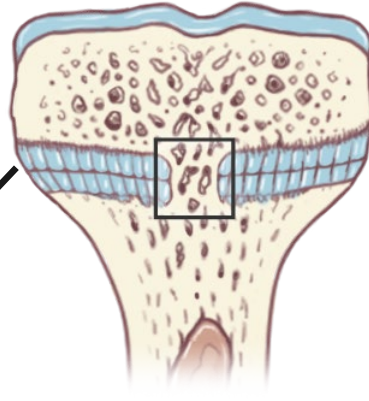
Angular deformities

Limb length discrepancies

**Devastating for patients and
limited clinical treatments**

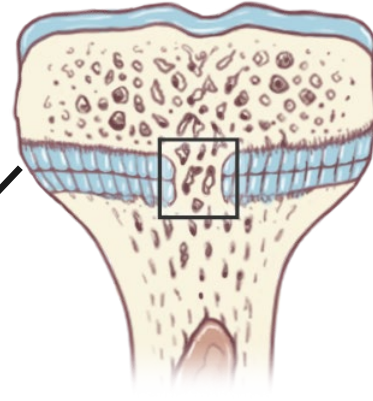


Growth plate injuries: Current treatments



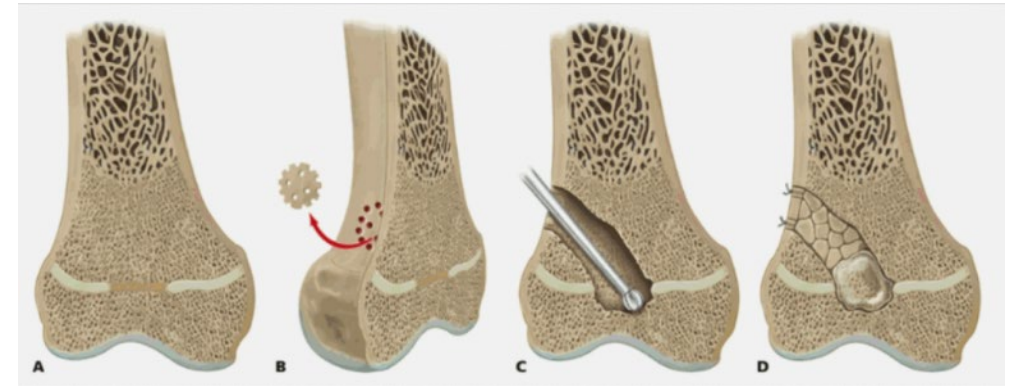
- bony bar spans <50% of growth plate volume
- 2 years or 2 cm of growth remaining

Growth plate injuries: Current treatments



- bony bar spans <50% of growth plate volume
- 2 years or 2 cm of growth remaining

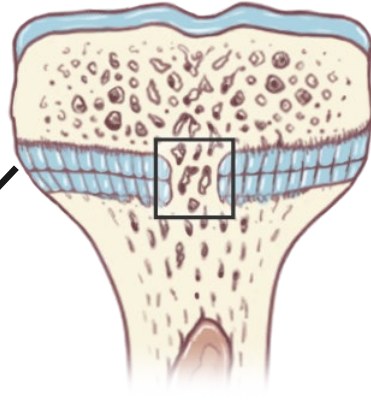
BONY BAR RESECTION
18-30% poor outcome



Paleyinstitute.org



Growth plate injuries: Current treatments



- bony bar spans <50% of growth plate volume
- 2 years or 2 cm of growth remaining

BONY BAR RESECTION
18-30% poor outcome

- bony bar spans >50% of growth plate volume

EPIPHYSIODESIS
Prone to infections, multiple hospitalizations

NO treatment is attempting to regenerate the growth plate cartilage

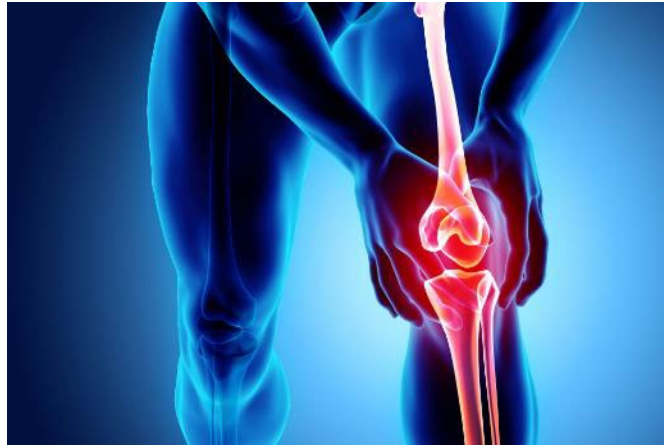


Cartilage injuries & lesions



- Individuals with cartilage injuries are 4.2X more likely to develop OA than those without an injury.
- Cartilage lesions do not heal on their own.

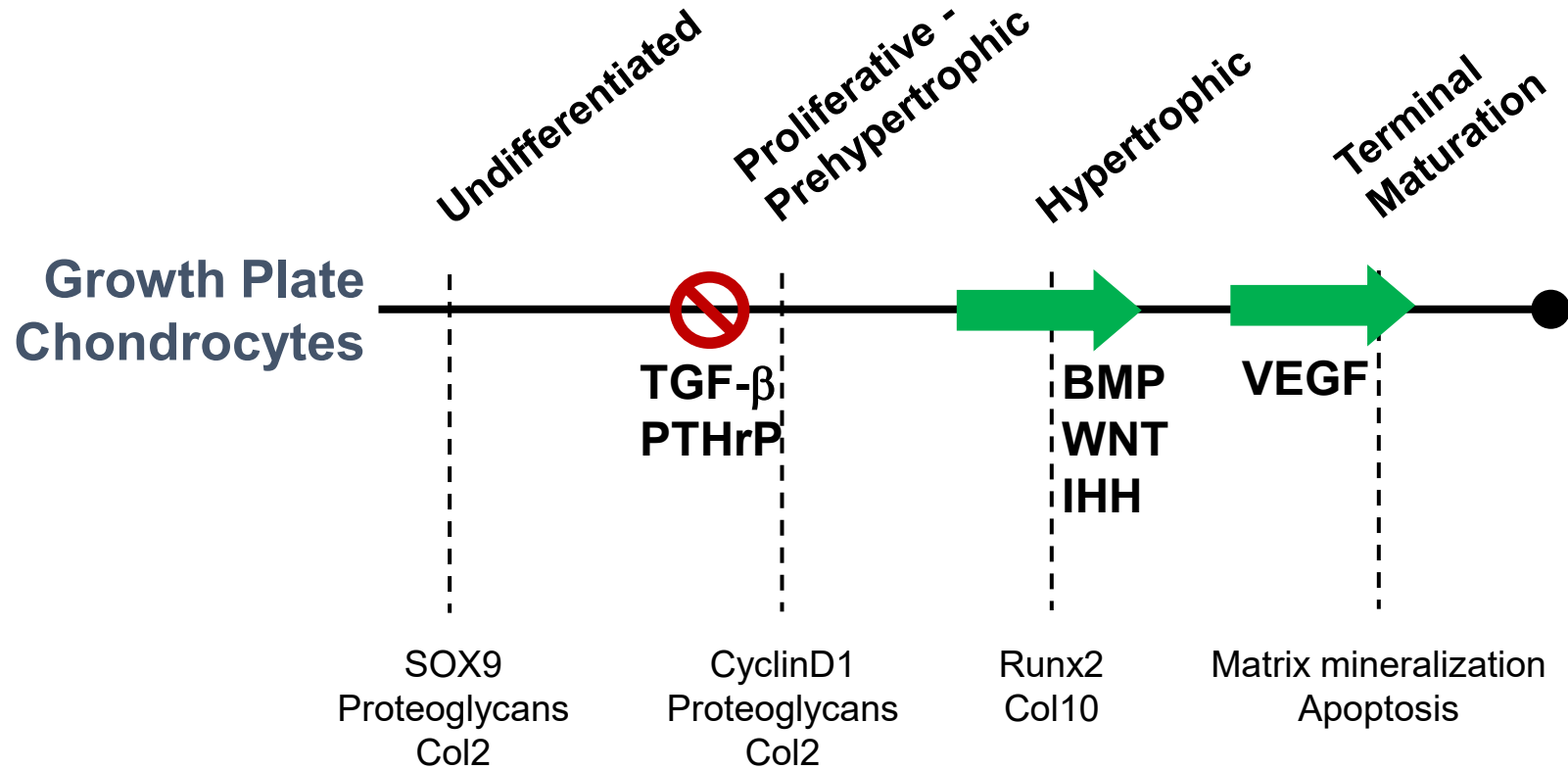
Osteoarthritis (OA) & lesions



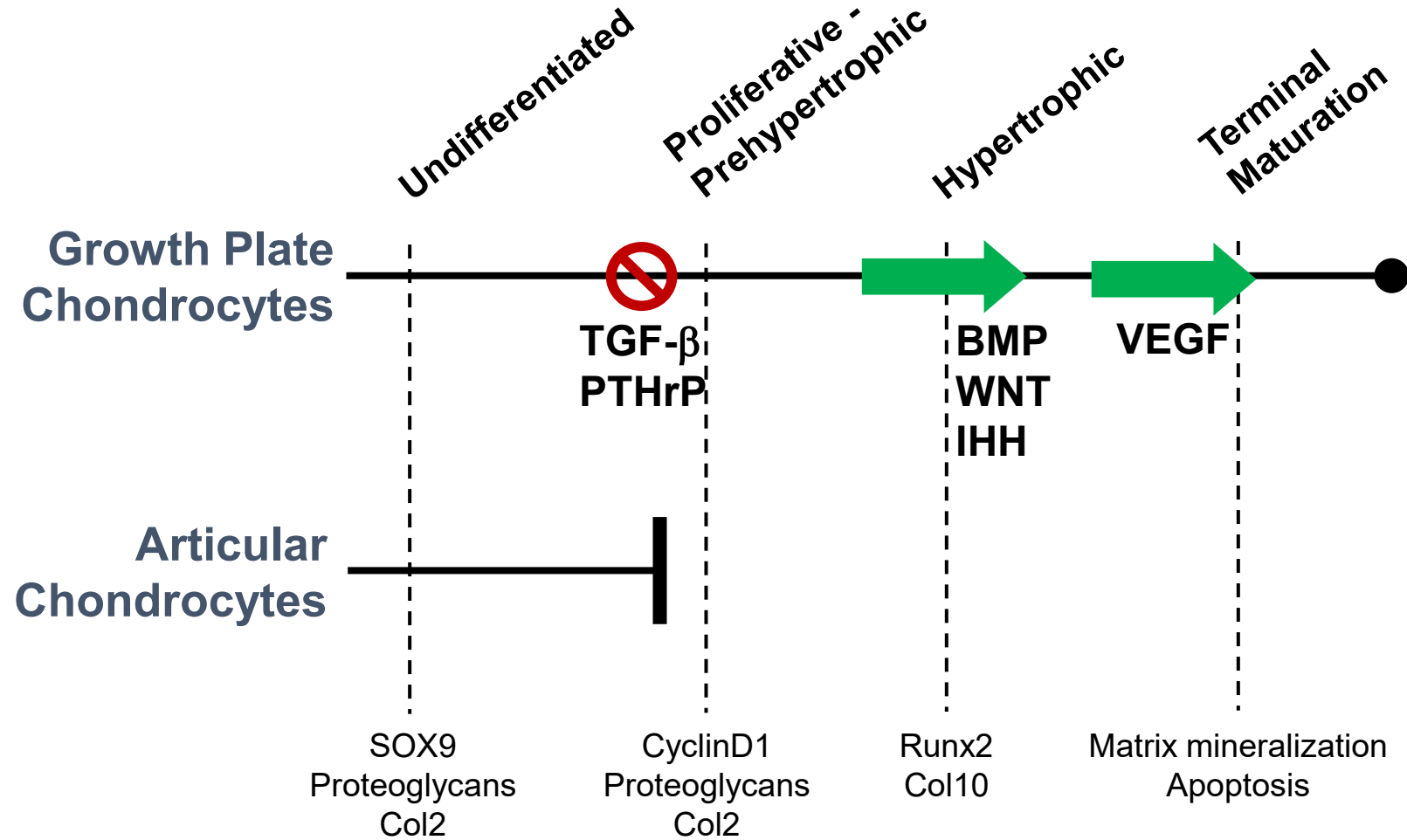
- OA is the #3 cause of disability in the U.S.
- Inflammation-associated OA leads to cartilage degeneration and formation of cartilage lesions.
- Cartilage lesions do not heal on their own.

**No regenerative therapies exist for cartilage lesions
in OA or non-OA patients.**

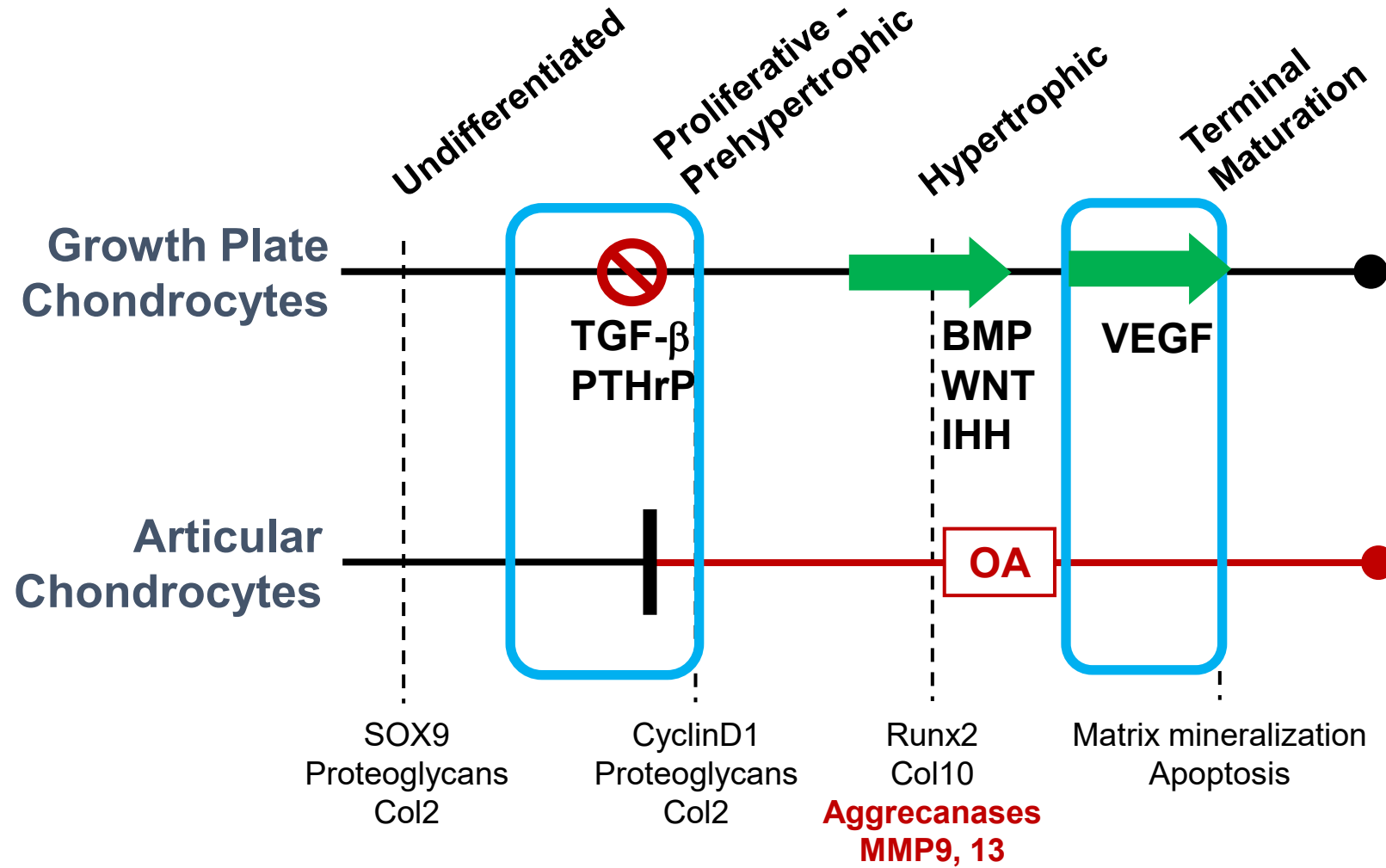
Growth Plate Chondrocyte Hypertrophy is an Orderly Differentiation Process



Articular Chondrocytes



OA: Hypertrophy of Articular Chondrocytes



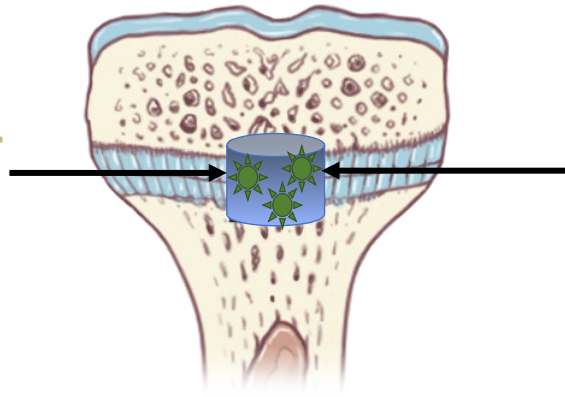
Research Program

To develop regenerative medicine approaches
to treat growth plate injuries



Alginate/
Chitosan
Hydrogel

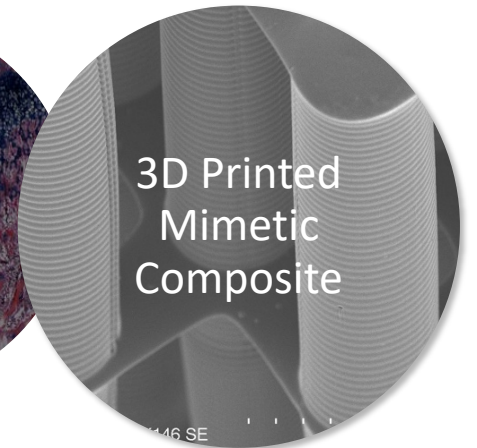
Prevent Bony Bar
Formation



Regenerate Growth
Plate Cartilage



Cartilage
Mimetic
Hydrogel



3D Printed
Mimetic
Composite

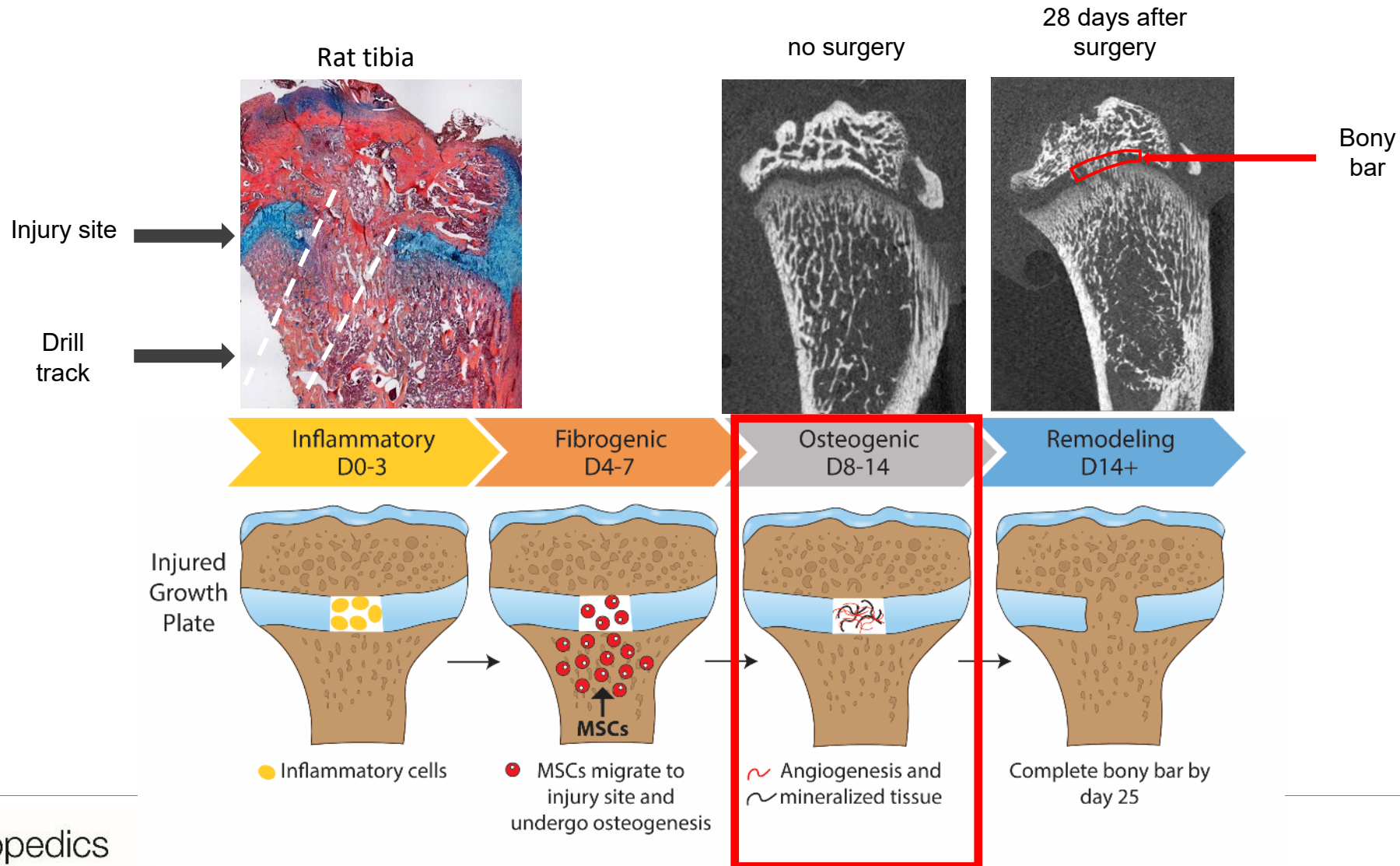
Restore Normal
Bone
Elongation



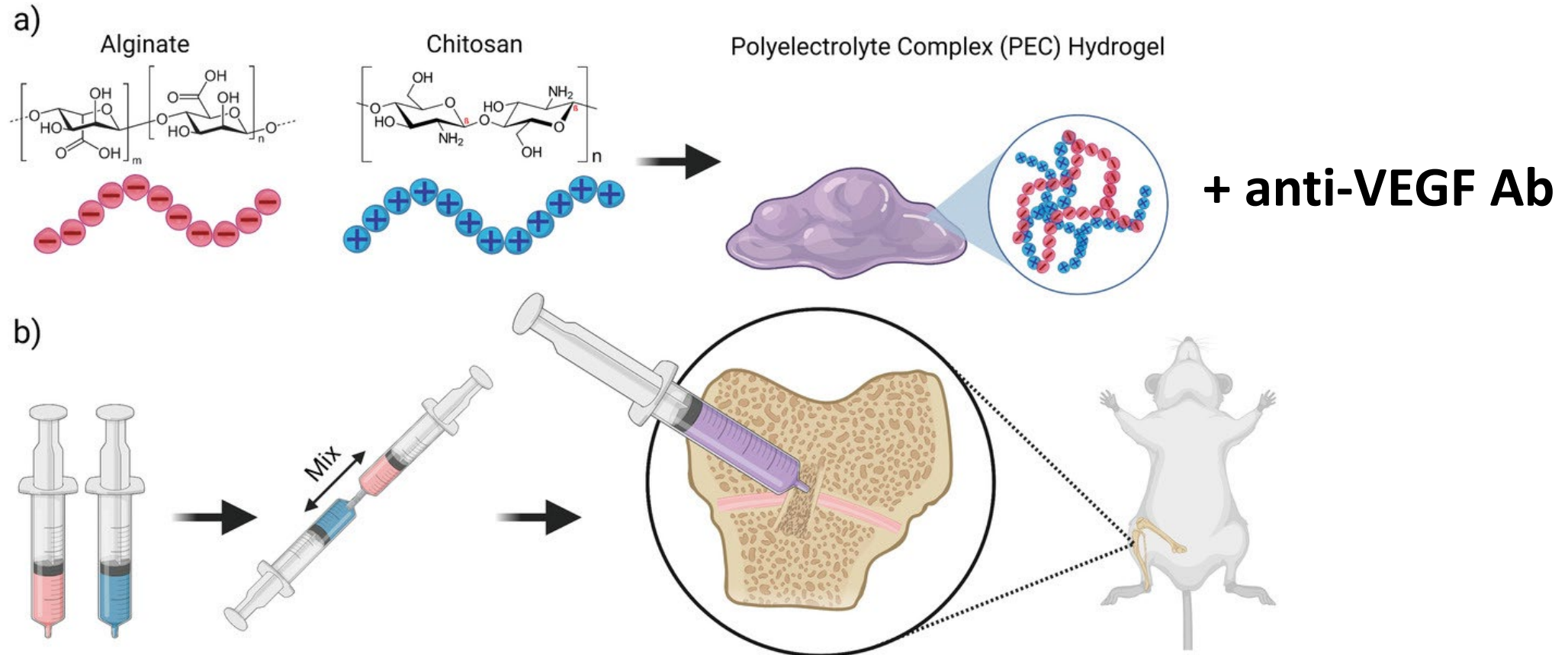
Rat model of growth plate injury: proximal tibia drill-hole defect



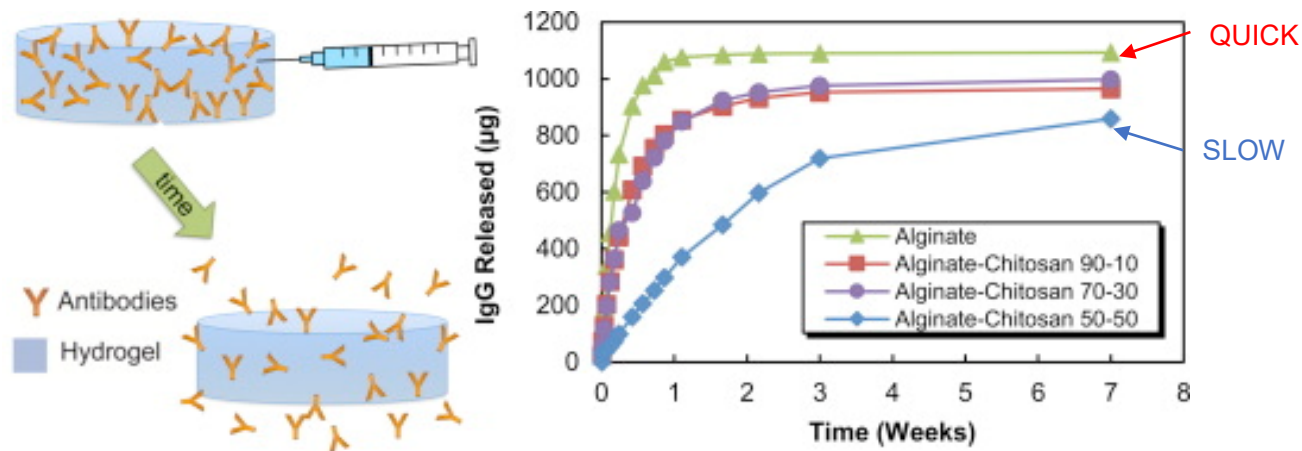
Rat model of growth plate injury: proximal tibia drill-hole defect



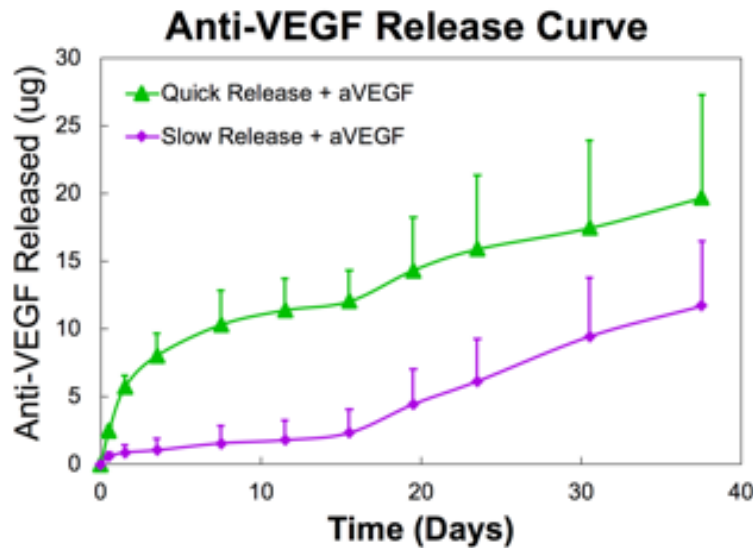
Local delivery of α -VEGF



Antibody release can be modulated in alginate-chitosan hydrogels



Fletcher N. et al. Mater. Sci. and Eng. C. 2016; 801-806.



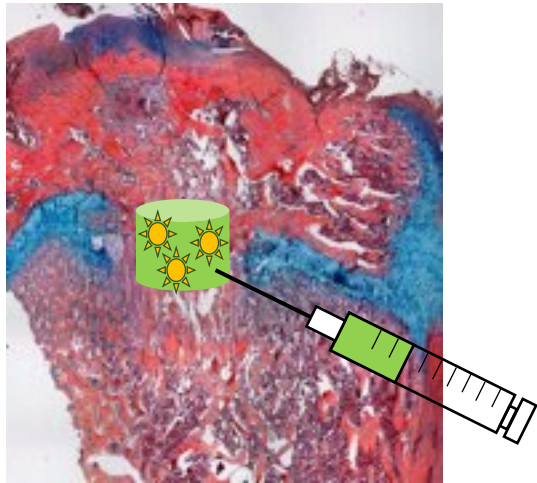
Quick Release = Alginate:chitosan 90:10

Slow Release = Alginate:chitosan 50:50


Study design



Chris Erickson, PhD

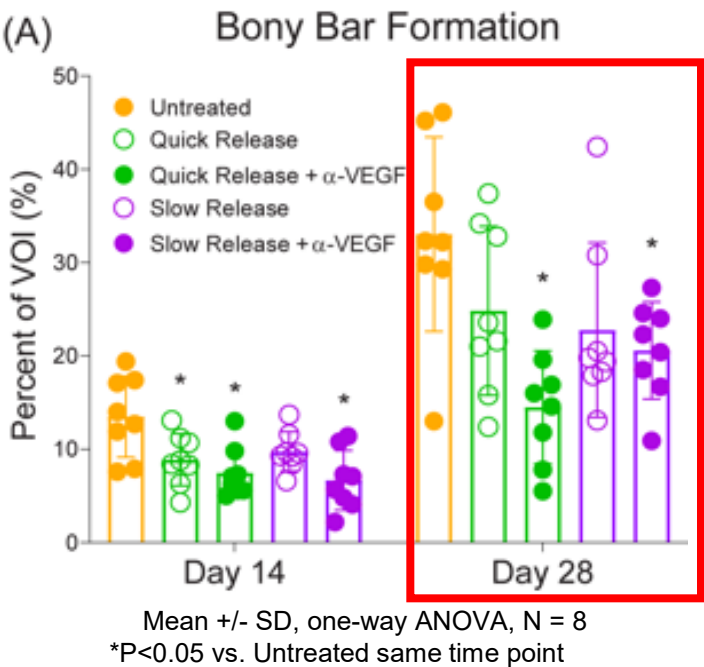
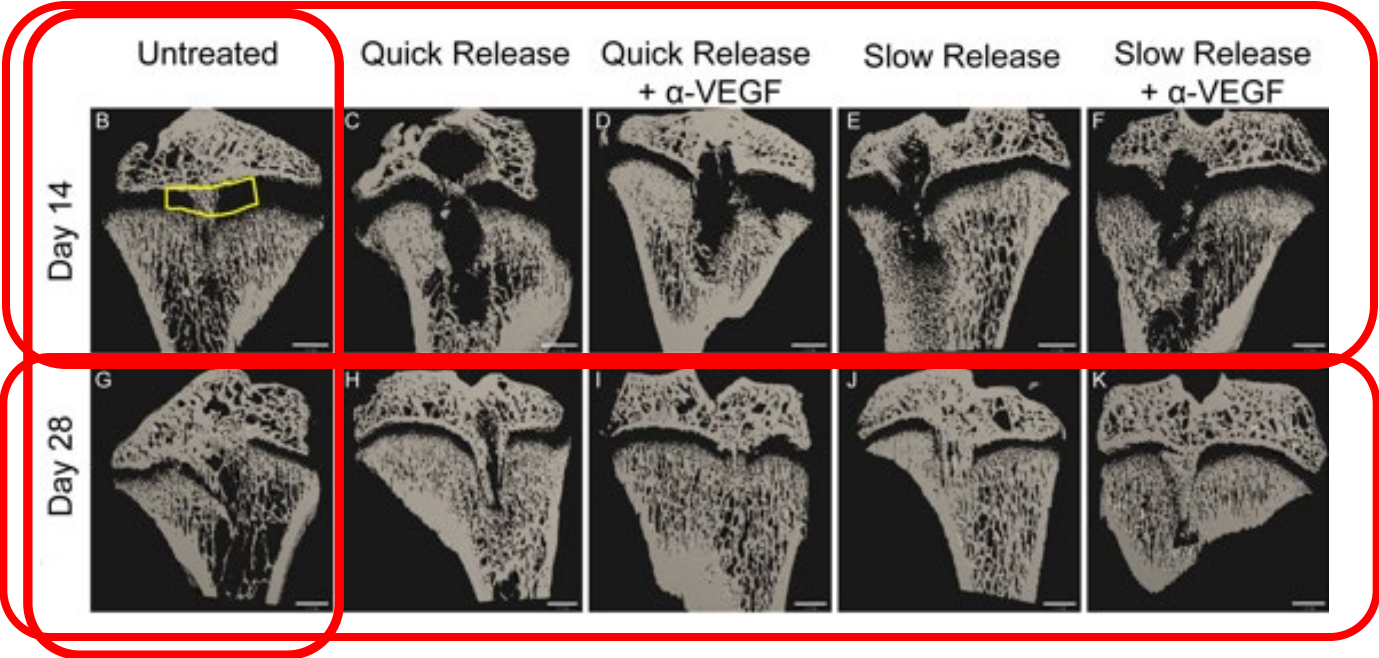


 Alginate:Chitosan Hydrogel

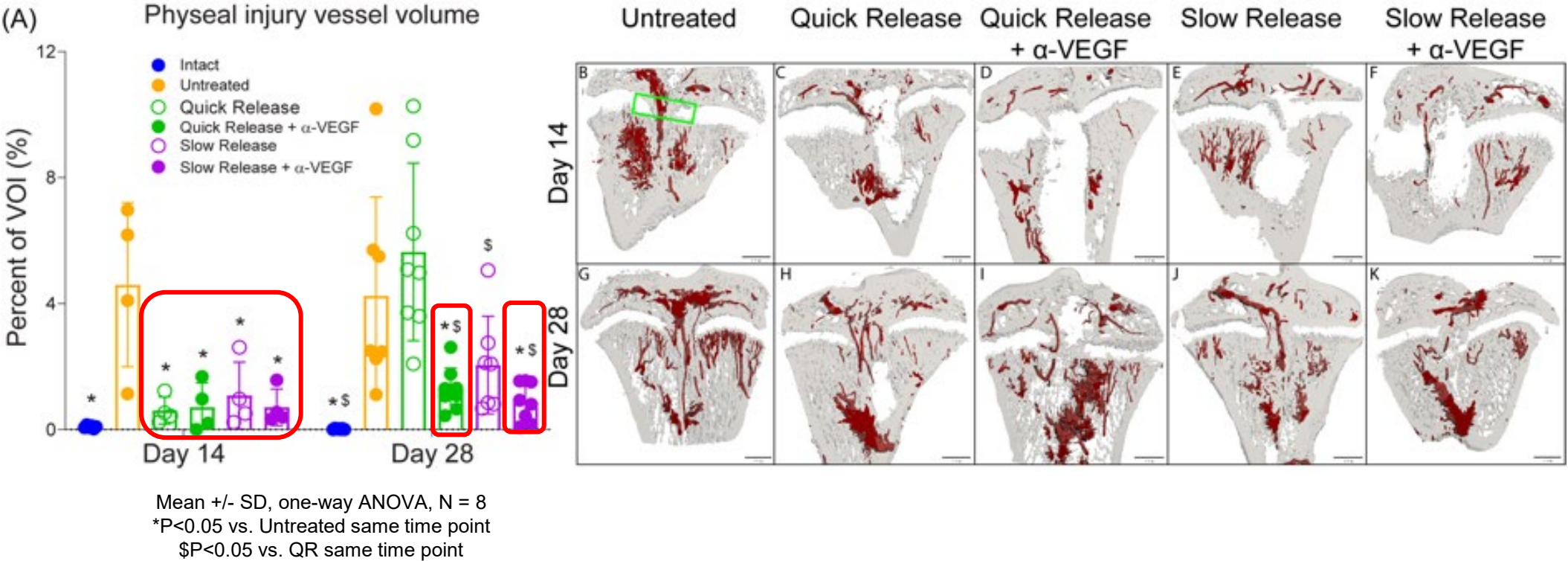
 Anti-VEGF Antibody
~7ug anti-VEGF₁₆₅

	Treatment groups	Hydrogel name	α -VEGF	Outcomes
1	Intact	-	-	<ul style="list-style-type: none"> MicroCT, histology Perfusion/Blood vessels N = 8 limbs total (4 male, 4 female) per time point per outcome
2	Untreated	-	-	
3	Alginate:chitosan 90:10	Quick Release	-	
4	Alginate:chitosan 90:10 + anti-VEGF antibody	Quick Release + α -VEGF	+	
5	Alginate:chitosan 50:50	Slow Release	-	
6	Alginate:chitosan 50:50 + anti-VEGF antibody	Slow Release + α -VEGF	+	

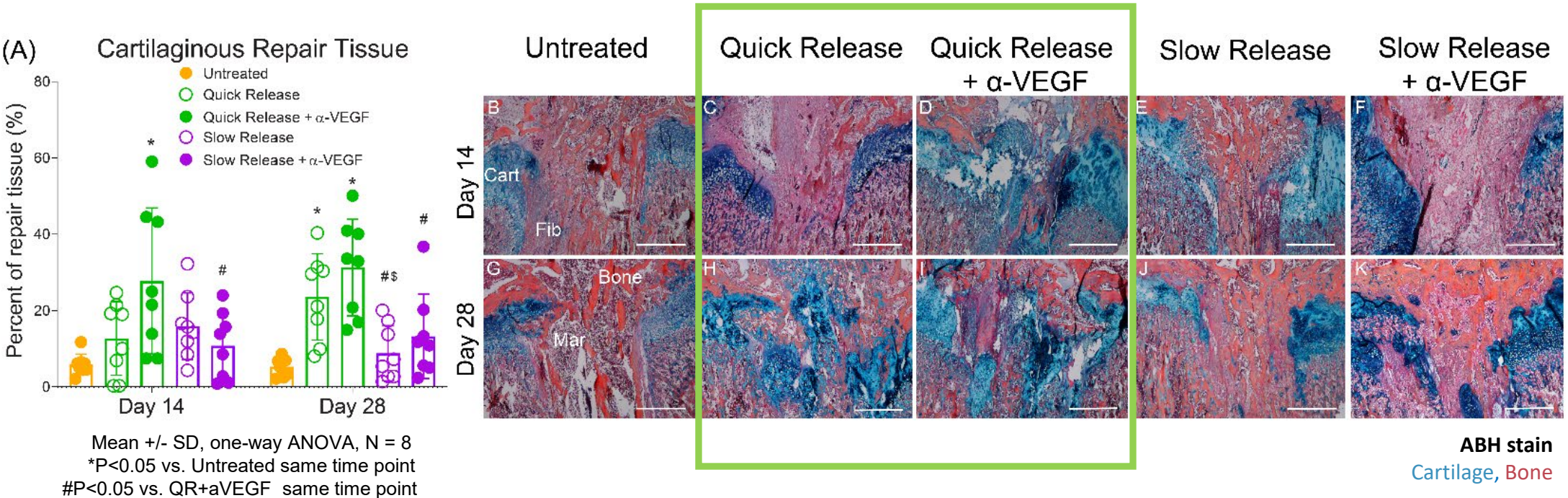
Local delivery of α -VEGF reduces bony bar formation



Local delivery of α -VEGF reduces vessel formation

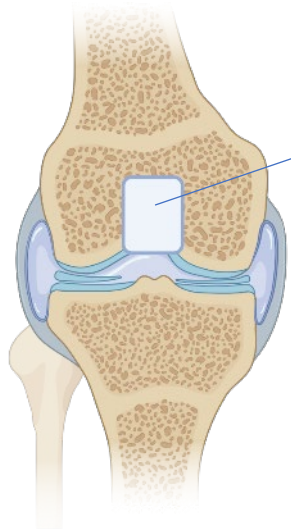


Quick delivery of α -VEGF increases cartilage repair tissue



Could modulation of angiogenesis be a preventative treatment for bony bar formation?

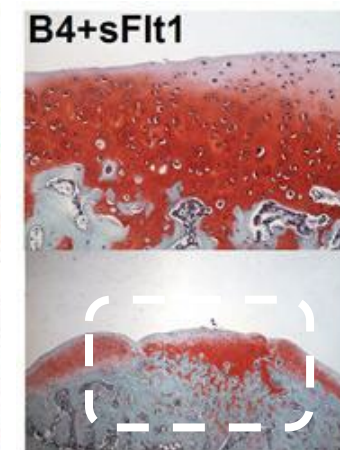
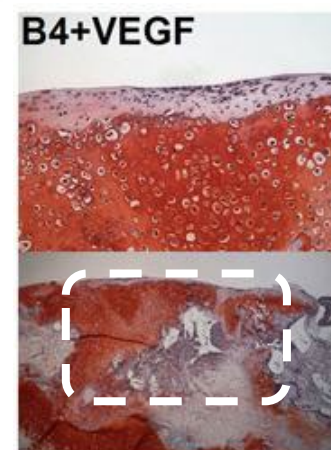
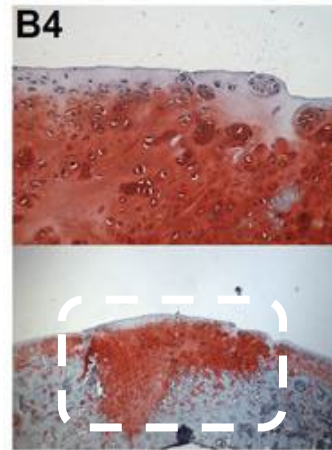
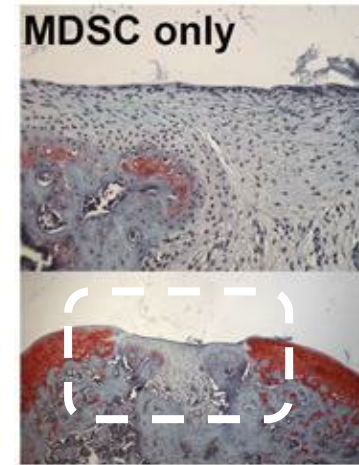
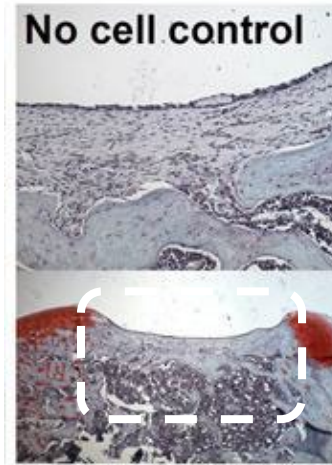
Blocking VEGF improves articular cartilage repair



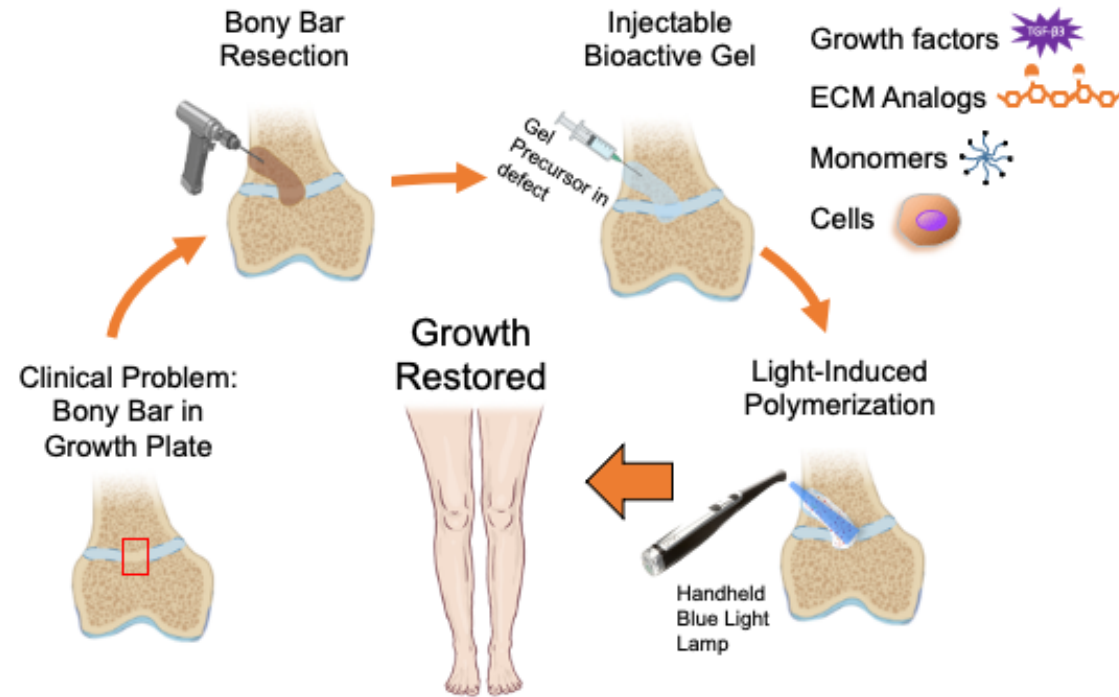
Rat osteochondral injury

Implant muscle-derived stem cells (MDSCs) transduced to express:

- BMP4 (chondrogenic factor)
- VEGF (angiogenesis)
- sFlt1 (block angiogenesis)



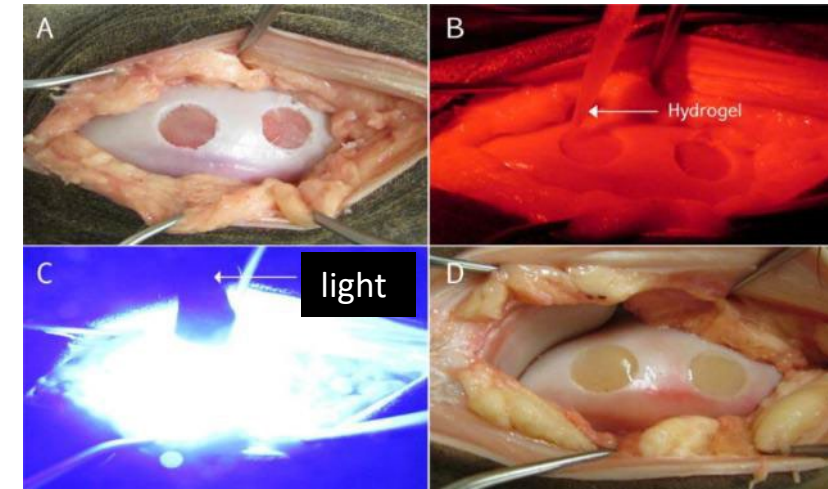
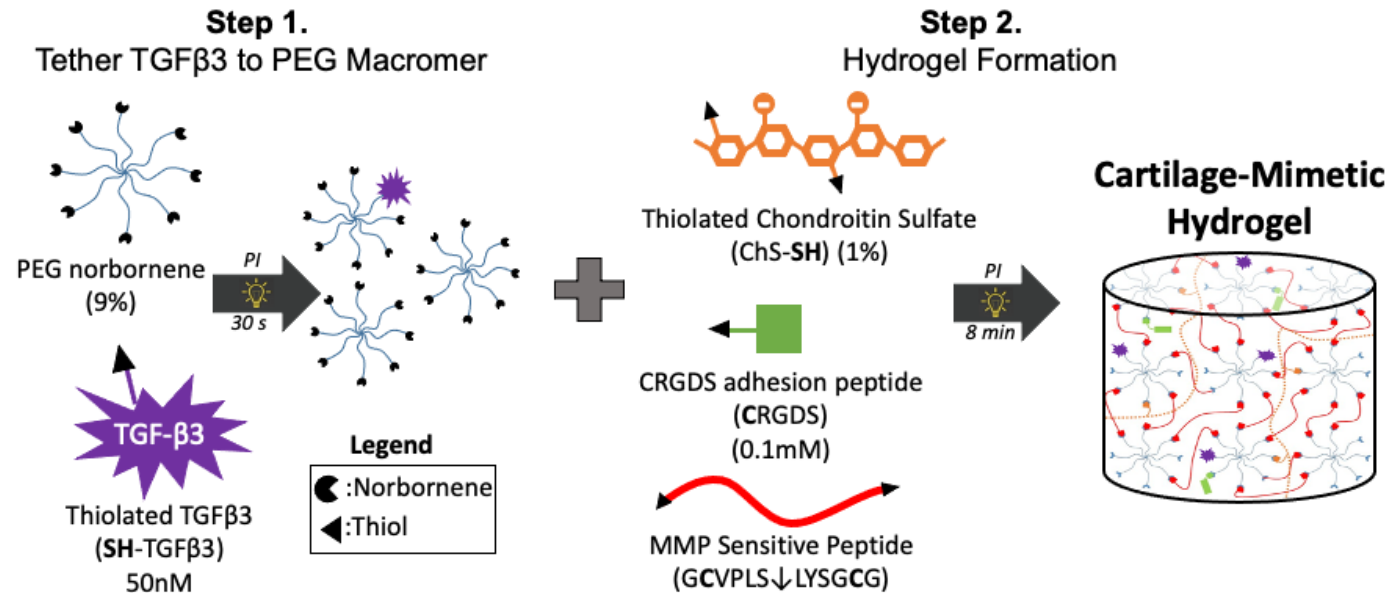
Regenerative Biomaterial to Treat Growth Plate Injuries



Cartilage-Mimetic Hydrogel



Collaboration with Stephanie Bryant, PhD



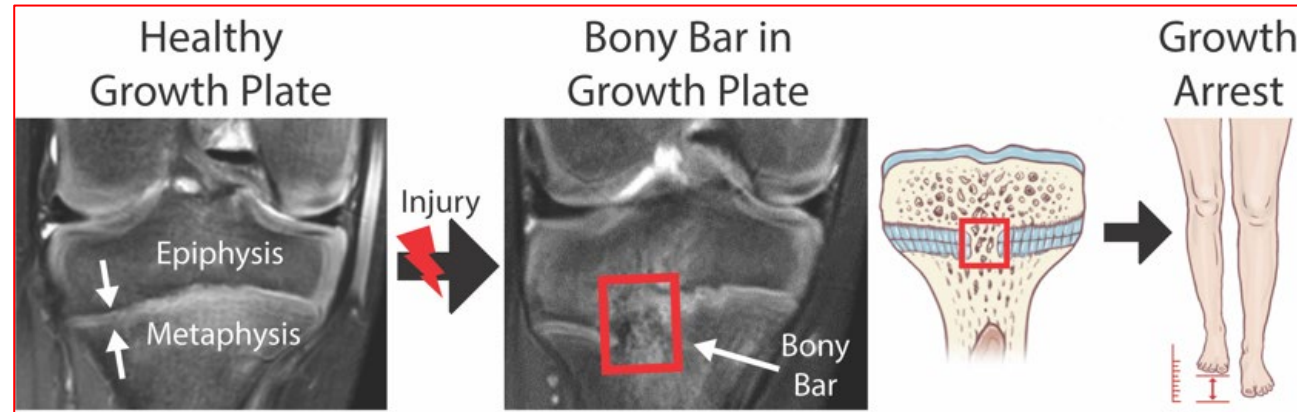
With Laurie Goodrich, DVM, PhD at CSU




Orthopedics

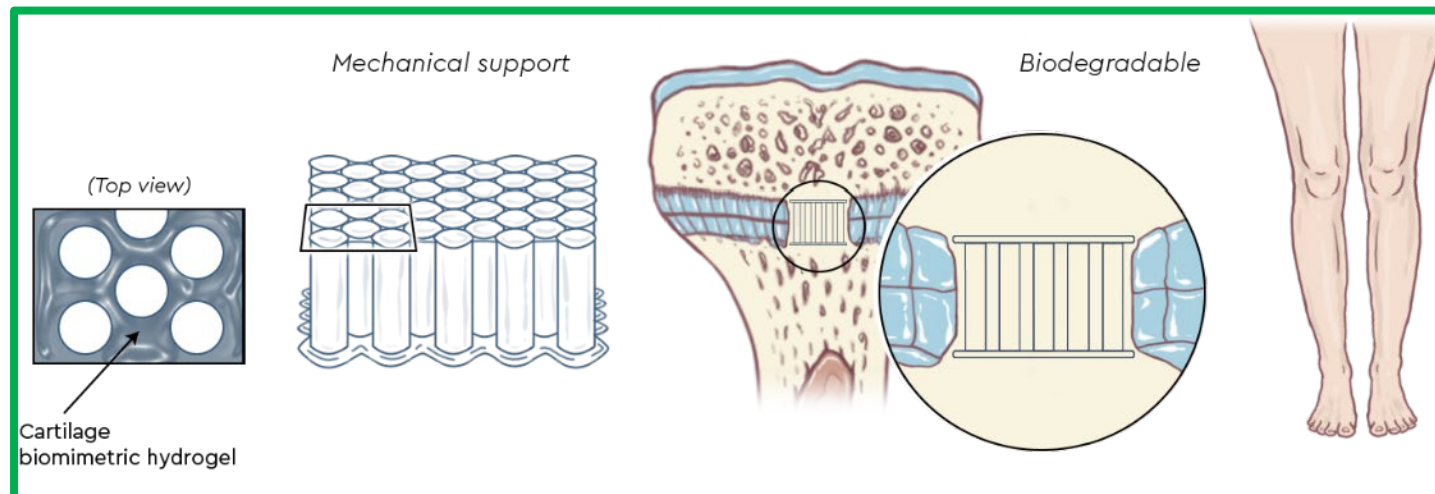
UNIVERSITY OF COLORADO

Clinical Problem: Growth Plate Injuries

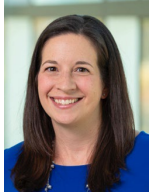


Biochemical cues + Mechanical cues →  cell differentiation
cell synthesizing capabilities

Solution: 3D Printed Growth Plate Mimetic Composite



Multidisciplinary Team



Karin Payne, PhD

- Animal models of growth plate injury
- Chondrogenic differentiation



Nancy Hadley Miller, MD

- Clinical expertise with growth plate injuries



Stephanie Bryant, PhD

- Cartilage mimetic hydrogel
- 3D printing
- Cartilage tissue engineering



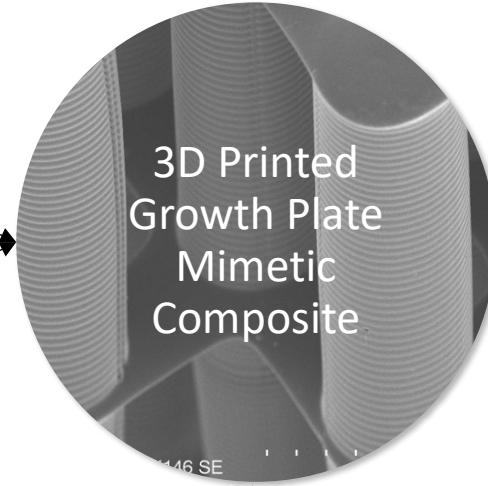
Robert McLeod, PhD

- Additive manufacturing
- Photopolymers



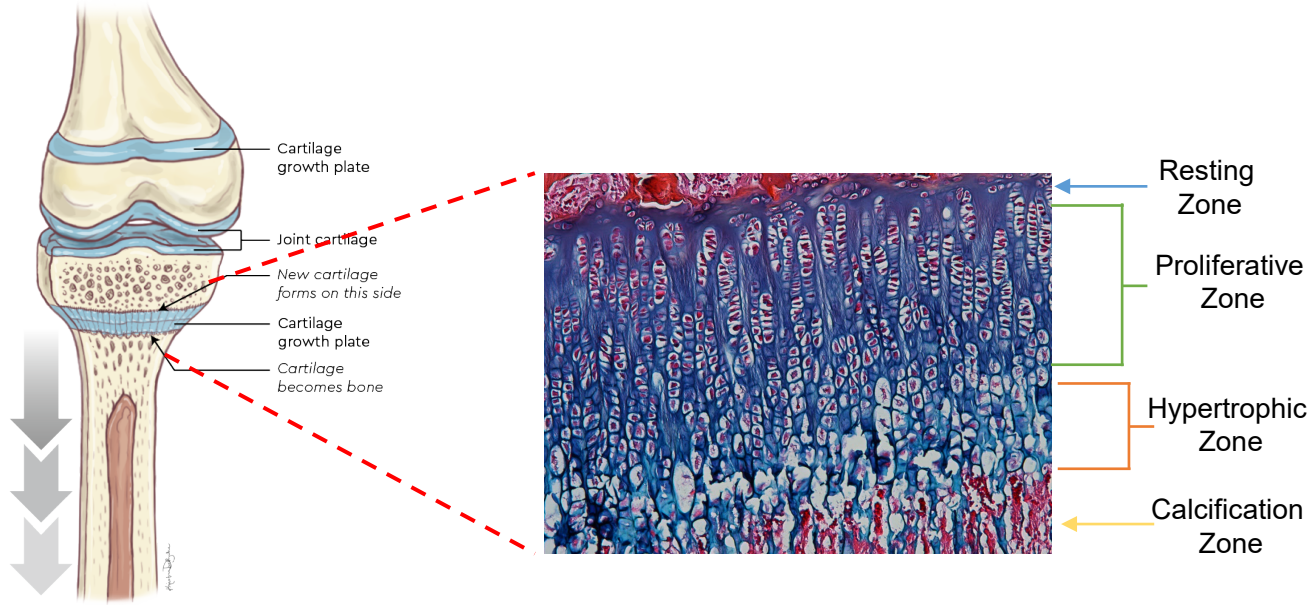
Virginia Ferguson, PhD

- Bone and cartilage tissue characterization
- 3D printing characterization

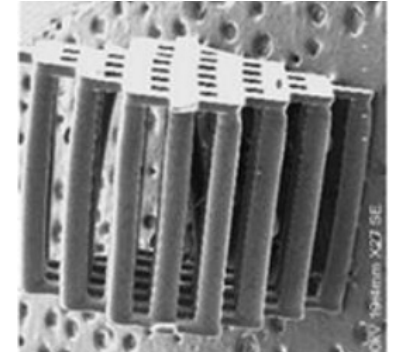


Designing a 3D printed growth plate mimetic composite

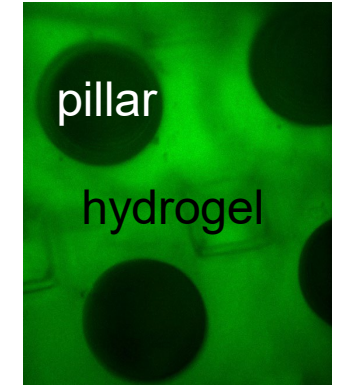
Growth Plate: Area of Bone Growth



Characterize zonal properties and morphology of the rabbit growth plate



3D printed structure is infilled with hydrogel



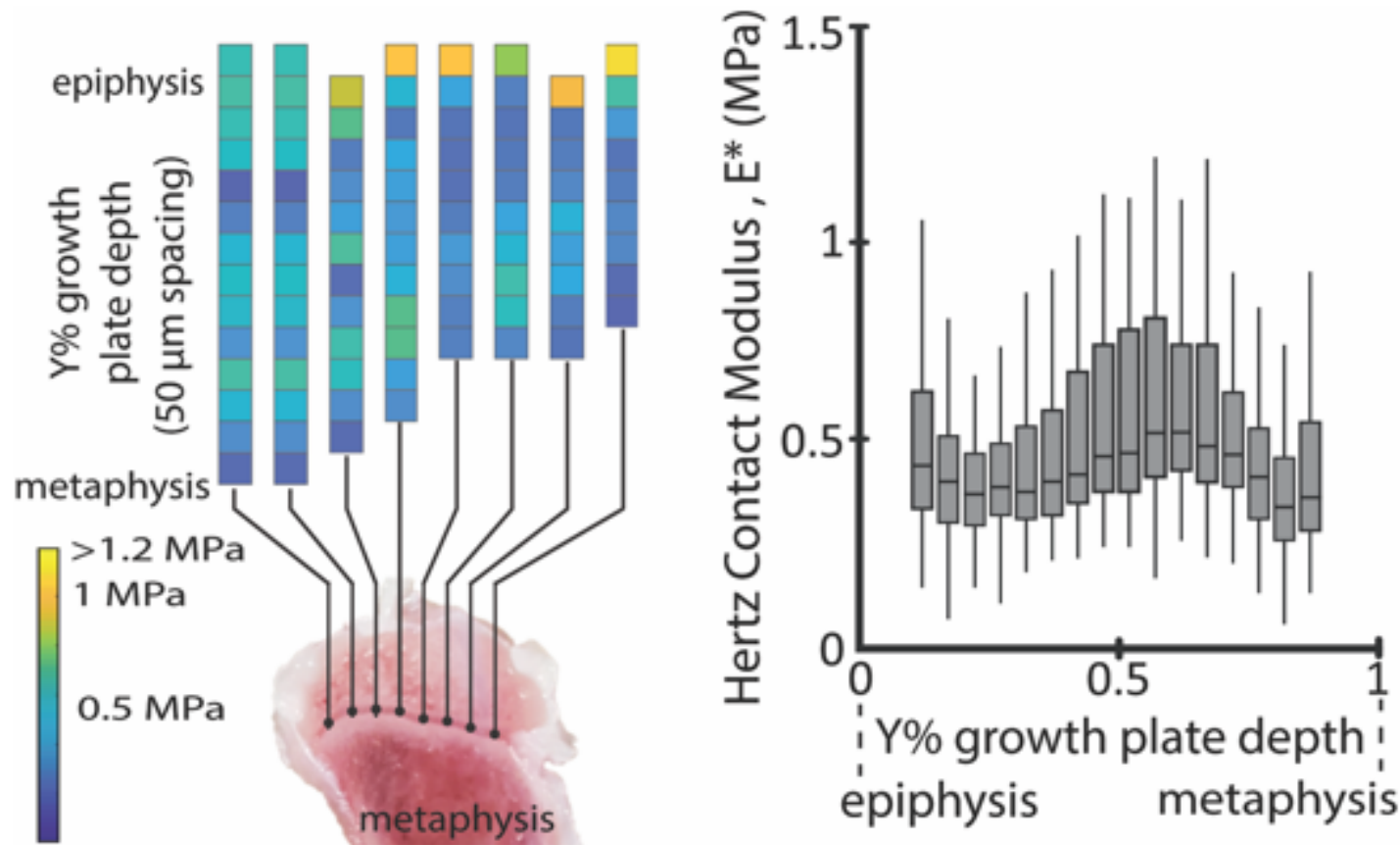
Hydrogel (green) can be injected in between the individual pillars

Mechanical properties vary across the growth plate

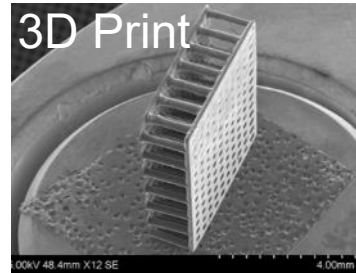
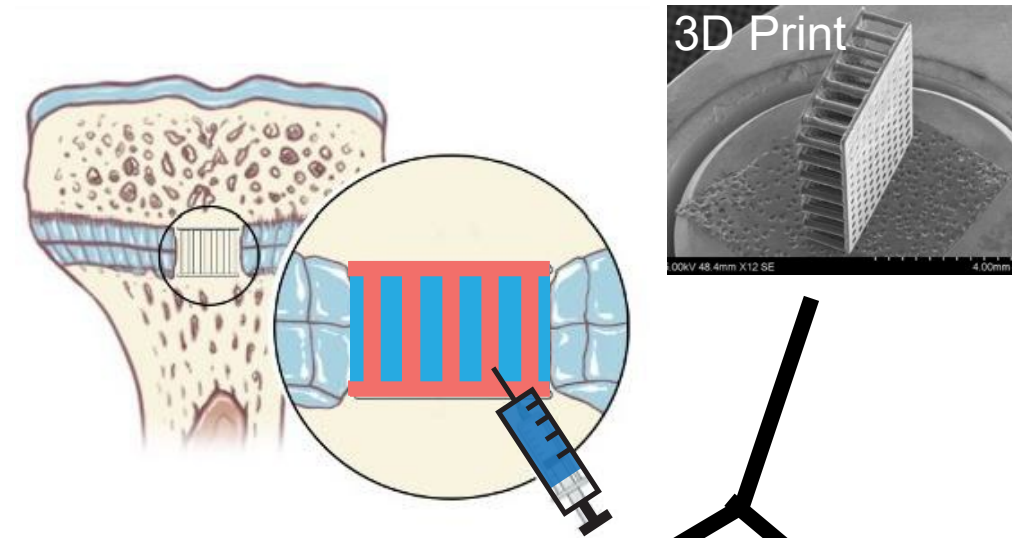


Kevin Eckstein, PhD

Microindentation maps mechanical properties across the zones of the rabbit growth plate



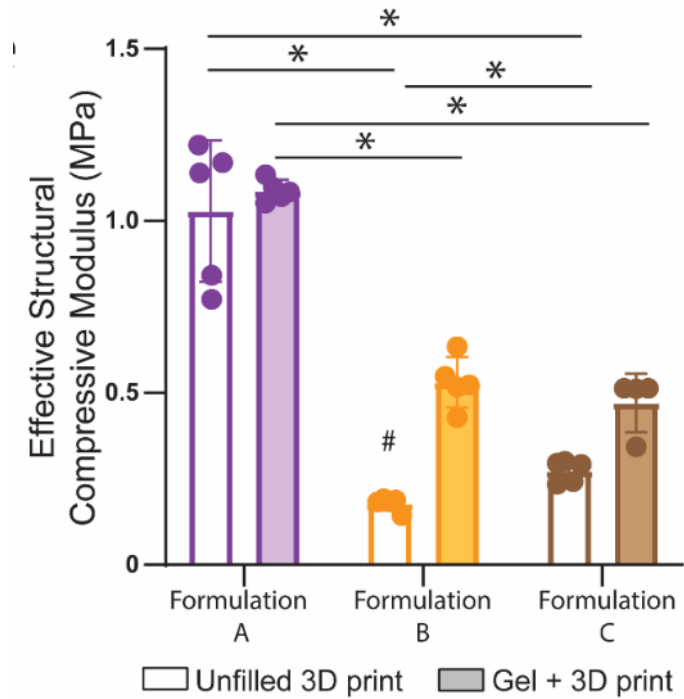
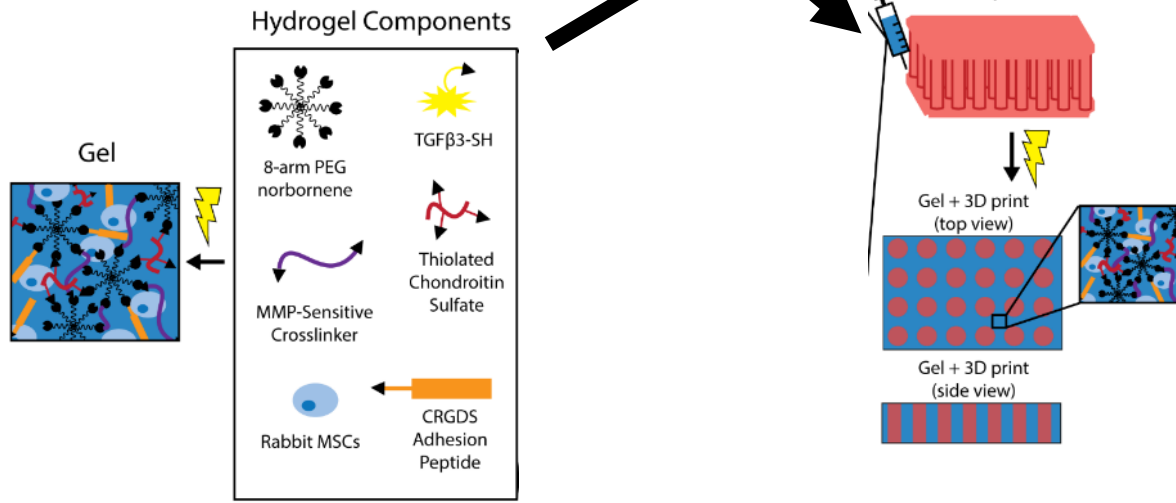
3D printed cartilage mimetic composite



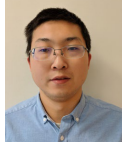
Digital Light Processing

Poly(ethylene glycol) diacrylate (PEGDA)

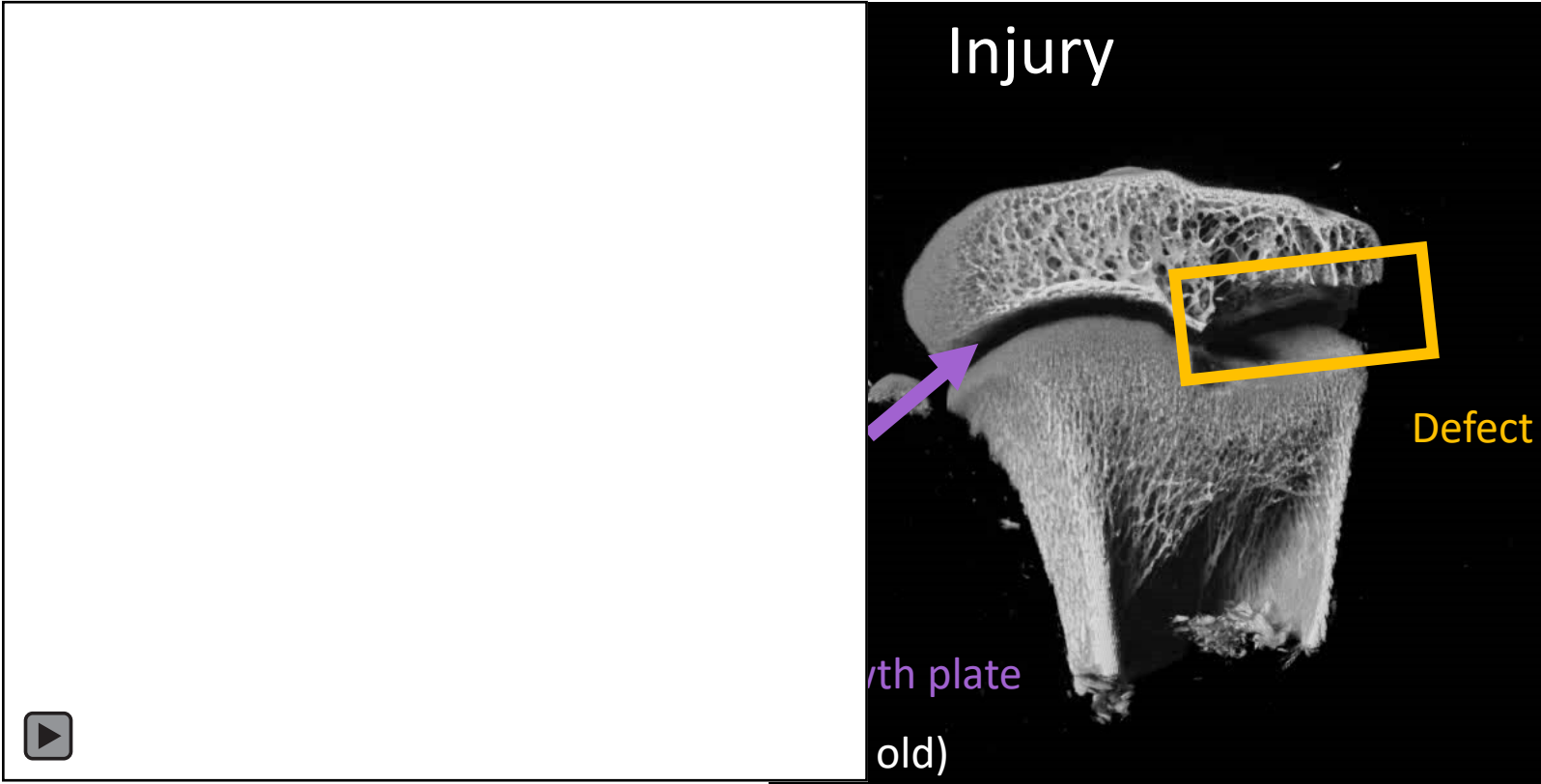
- 61-98 pillars with lattice on top and bottom layers



Rabbit model of growth plate injury



Yangyi Yu, MD



3 weeks

Bony Bar Formation



Surgery 2 (9 weeks old)

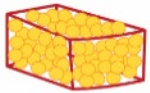
Bony Bar Resection



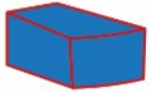
Treatment



Untreated:
bony bar
resected, no
treatment



Fat graft:
infilled with
autologous fat



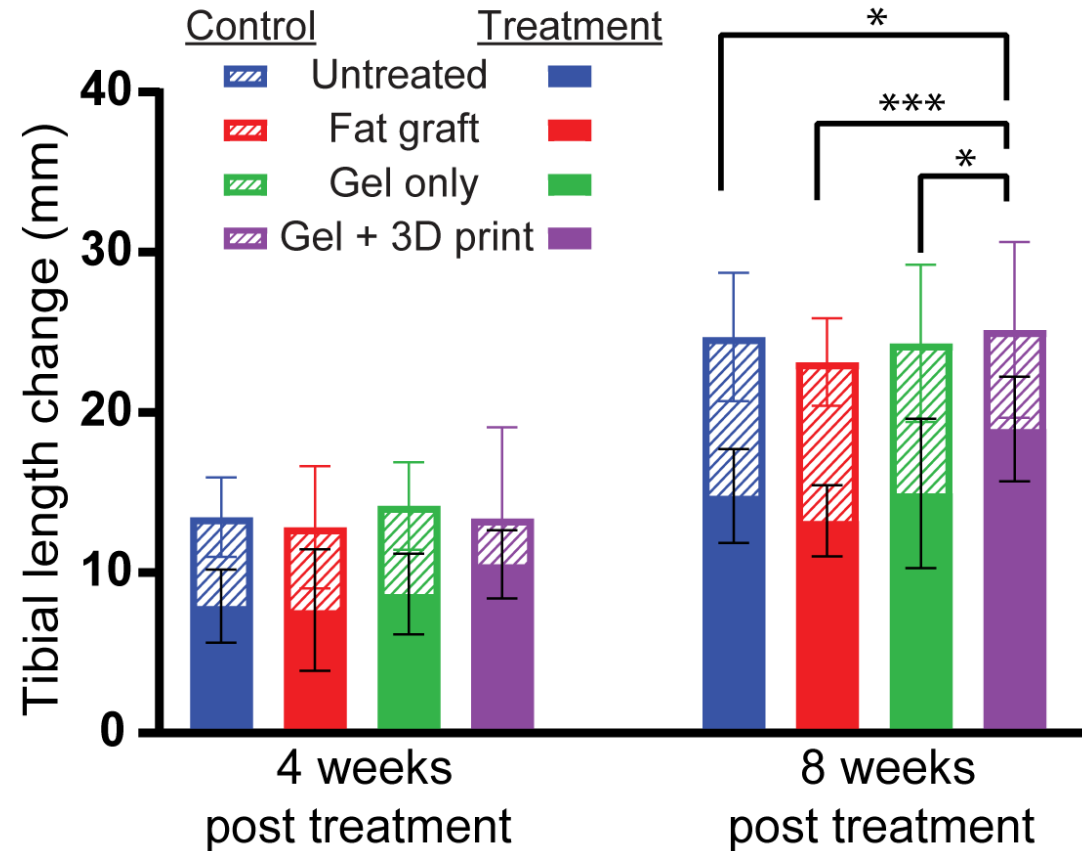
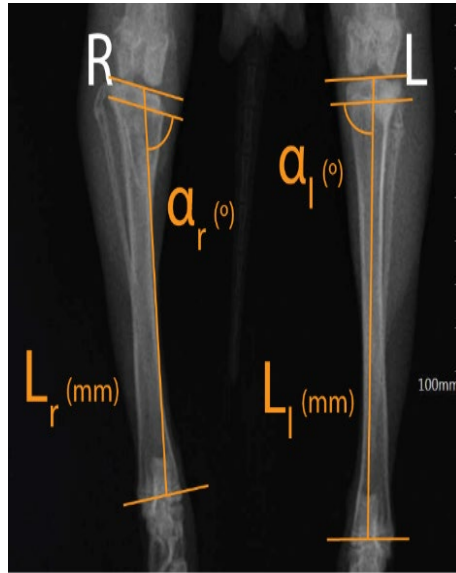
Gel only:
infilled with
hydrogel



Gel + 3D print:
infilled with
3D printed
structure with
hydrogel



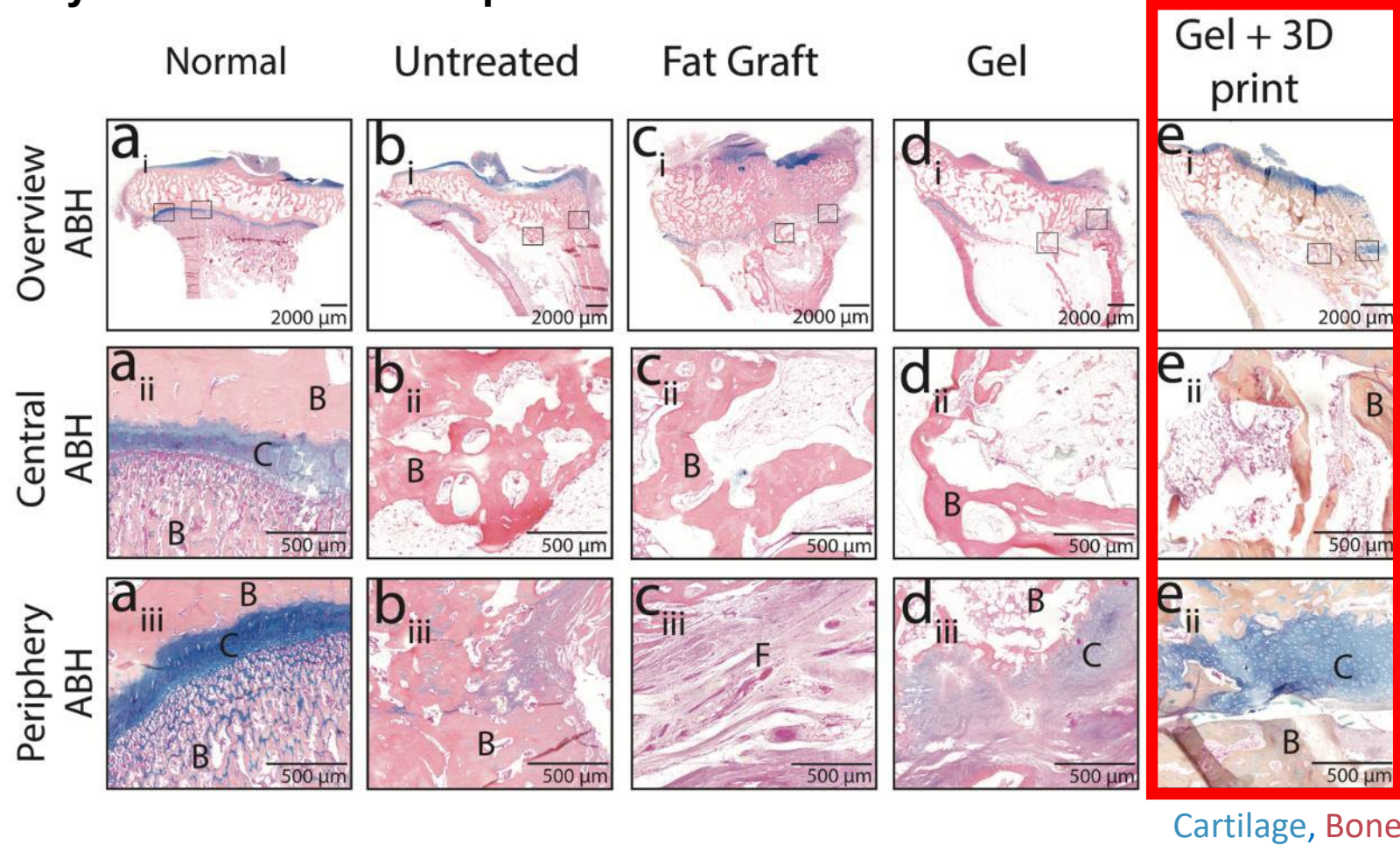
3D printed composite led to increased limb lengthening



*p<0.05 compared to other treatment groups

3D composite led to cartilage-like tissue at periphery

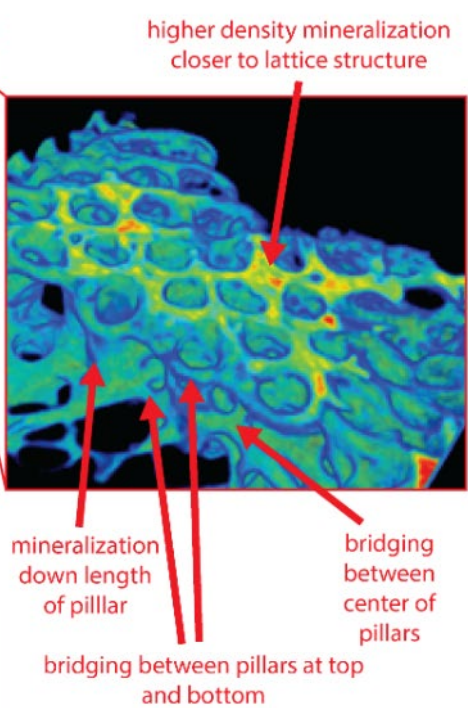
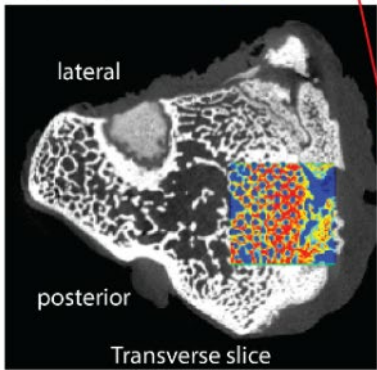
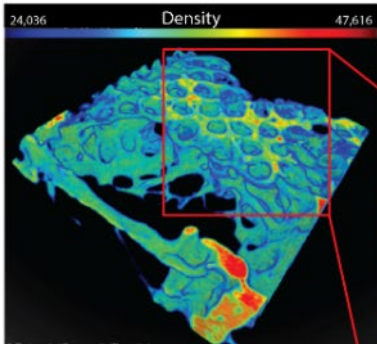
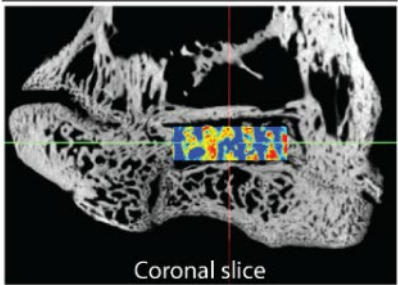
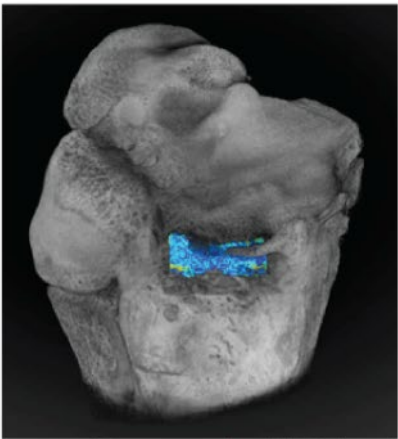
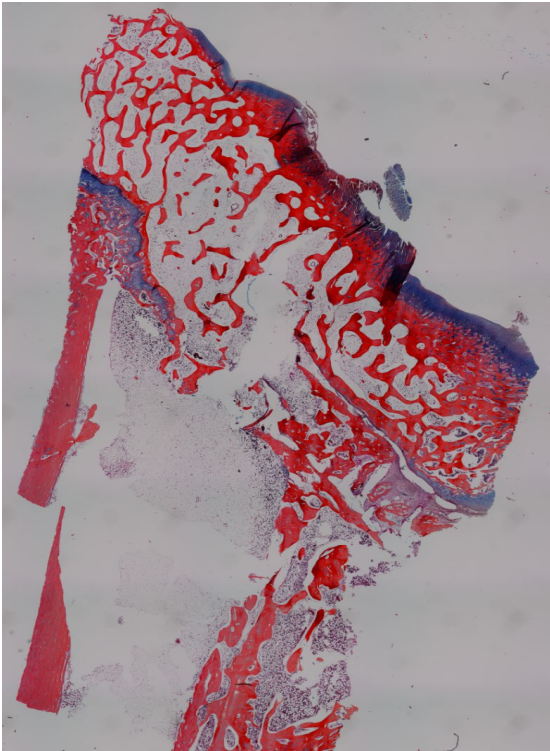
Alcian Blue Hematoxylin stain at 8 weeks post-treatment



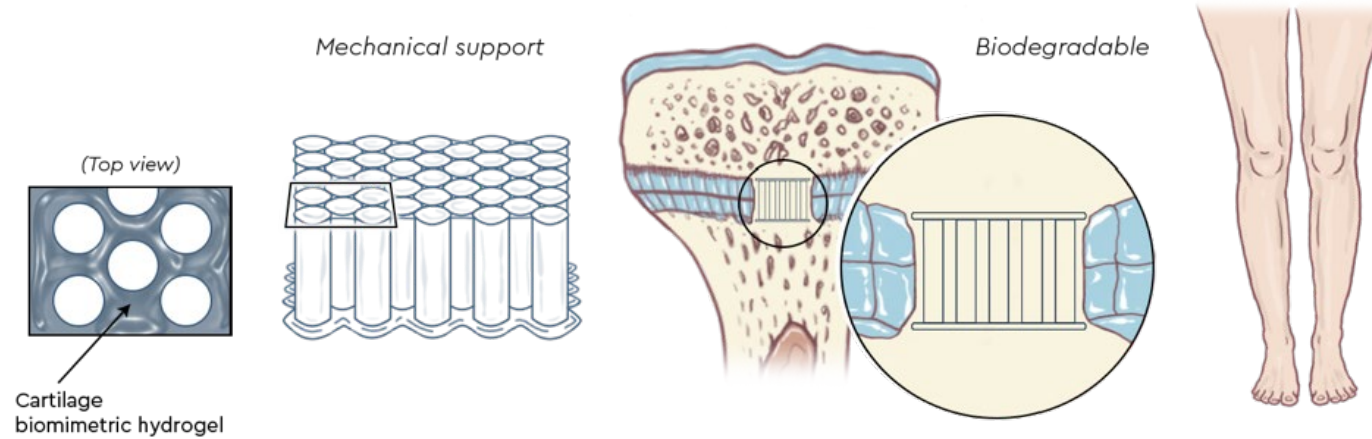
Mineralization within 3D printed composite



Kristine Fischenich, PhD



Discussion



- 3D printed structure infilled with cartilage-mimetic hydrogel leads to
 - Increased tibial lengthening – important functional outcome
 - Some cartilage tissue formation
 - Evidence of mineralized tissue around pillars

What happens at early timepoints???

What have we learned?

- Blocking angiogenesis is a potential avenue to prevent bony bar formation and repair articular cartilage.
- 3D printed biomimetic composite postpones the onset of skeletal deformities.
 - Outcomes may be further improved to promote chondrogenesis.
 - Test additional biological factors to recruit MSCs and/or add MSCs.
 - Anchoring mechanisms.
- Technology can also be used for articular cartilage regeneration due to injury or osteoarthritis.



Acknowledgements

Lab members

- Kristine Fischenich, PhD
- Ana Ferreira Ruble, DVM, PhD
- Pochih Shen, MD
- Rachel Martindale, MS
- Sherly Rashmi Manoharan

Past Lab Members

- Francisco Rodriguez-Fontan, MD
- Christopher Erickson, PhD
- Yangyi Yu, MD
- Stacey Thomas, MS
- Joseph Fuchs, MD
- Katie Yamamura, MD
- Shane Weatherford, MD
- Bianca Guillesser

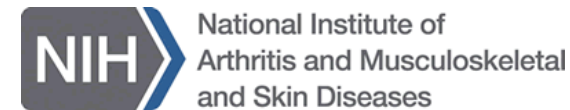
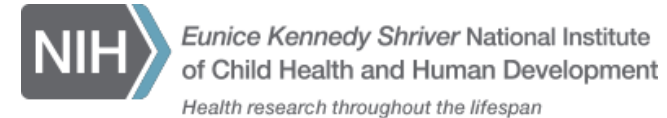
Department of Orthopedics
Nancy Hadley-Miller, MD

University of Colorado-Boulder

- Stephanie Bryant, PhD
- Virginia Ferguson, PhD
- Robert McLeod, PhD
- Elizabeth Aisenbrey, PhD
- Camila Uzcategui, PhD
- Archish Muralidaran, PhD
- Sarah Schoonraad, PhD
- Laurel Stefani
- Kevin Eckstein, PhD
- Boyuan Liu, PhD

Colorado School of Mines

- Melissa Krebs, PhD
- Michael Stager, PhD
- Jake Newsom, PhD
- Nathan Fletcher, PhD





University of Colorado
Anschutz Medical Campus



Thank You!

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