



The
University
Of
Sheffield.

*Working well together –developing interdisciplinary
research that can translate to the clinic*

**Sheila MacNeil, Muhammad Yar, Serkan Dikici and Anthony
Bullock, Mariam Azam, Aqif Anwar Chaudry**



Use of Myskin in acute burns – placed over wide-meshed autograft



Use of Myskin in chronic diabetic ulcers: Non-healing for 3 years and after 8 applications

AFFORDABLE HEALTHCARE FOR PAKISTAN

- Surgeons treating patients with burns do not have access to advanced wound dressings or tissue engineering therapies
- Patients with chronic non-healing ulcers also need more advanced dressings
- High technology solutions such as tissue engineering not appropriate for non healing leg ulcers and superficial burns in Pakistan
- However development of a dressing to drive angiogenesis can benefit both categories of patients

Contents of presentation

- A history of our working on 2dDR
- Does it work?
- How does it compare to VEGF in its activity and potency?
- How does it work- how much do we understand it?
- Our plans to move this to clinical benefit in Pakistan

A HISTORY OF OUR COLLABORATION

- Dec 2012 University of Sheffield Staff visit Pakistan
- August 2014 interviewed for research fellows
- November 2014 started publishing together on heparin work
- December 2015) started work on the patent
 - a. UK Patent KLT/P224148GB; Filing date: March 2017
 - b. PCT Patent PCT/GB2018/050579 Filing date: March 2018
 - c. 133/2018, Filing date_ March 2018
- 2016 first animal experiments
- 2018 patent licenced to Cannenta
- 2019 Cotton Craft signed research agreement with COMSATS

Sheffield staff visit the IRCB in 2012 and 5 IRCB fellows visit Sheffield in 2014



Pakistani surgeons and companies sharing their experiences



Visiting the IRCBM, Comsats University, Pakistan 2019



Visiting Cotton Craft Pvt Ltd, Pakistan 2019





❖ **Developing commercialisation route for sustained production and delivery of therapy**

❖ **Larger clinical study**

❖ **First in man safety study**

❖ **Obtaining regulatory approval**

❖ **Testing of materials in relevant animal models**

❖ **Designing and producing biomaterials**

❖ **Understanding the patient's needs**

Vascularisation:

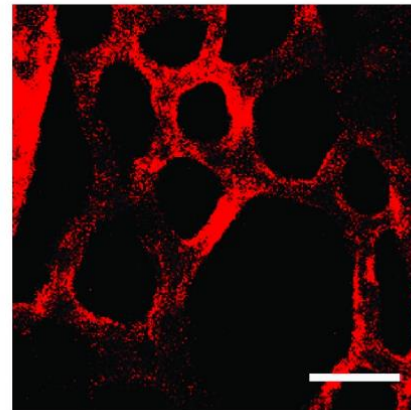
Is required for wound healing and for the translation of tissue-engineered constructs to the clinic

oxygen & nutrients must be supplied to cells upon implantation of the tissue-engineered construct

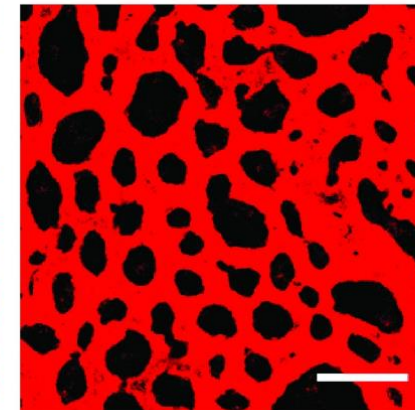


**Vascular Endothelial Growth Factor
(VEGF)**

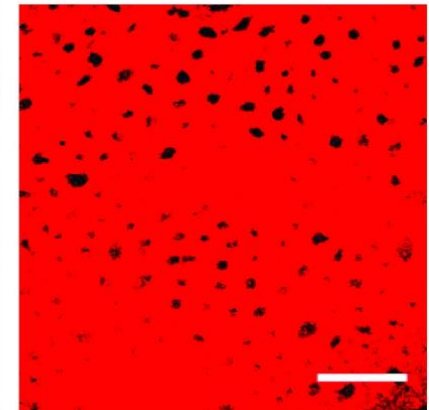
Sunitinib
(Negative Control)



PBS
(Control)



VEGF
(Positive Control)



WHY AN ALTERNATIVE TO VEGF IS NEEDED

WHY?

- Expensive
 - **2dDR: ~ £0.08** (£)
 - **VEGF: ~ £2000** (25000x£)
- Stable for 2-7 days at 2-8°C as solution
- Uncontrolled release might lead excessively leaky, permeable and haemorrhagic vessels*

Angiogenic concentration of each drug in 1L solution

costs:

- **2dDR: ~ £0.08** (£)
- **VEGF: ~ £2000** (25000x£)



In vitro assessment of 2dDR

Anti CD31/DAPI stained Human Aortic Endothelial Cells

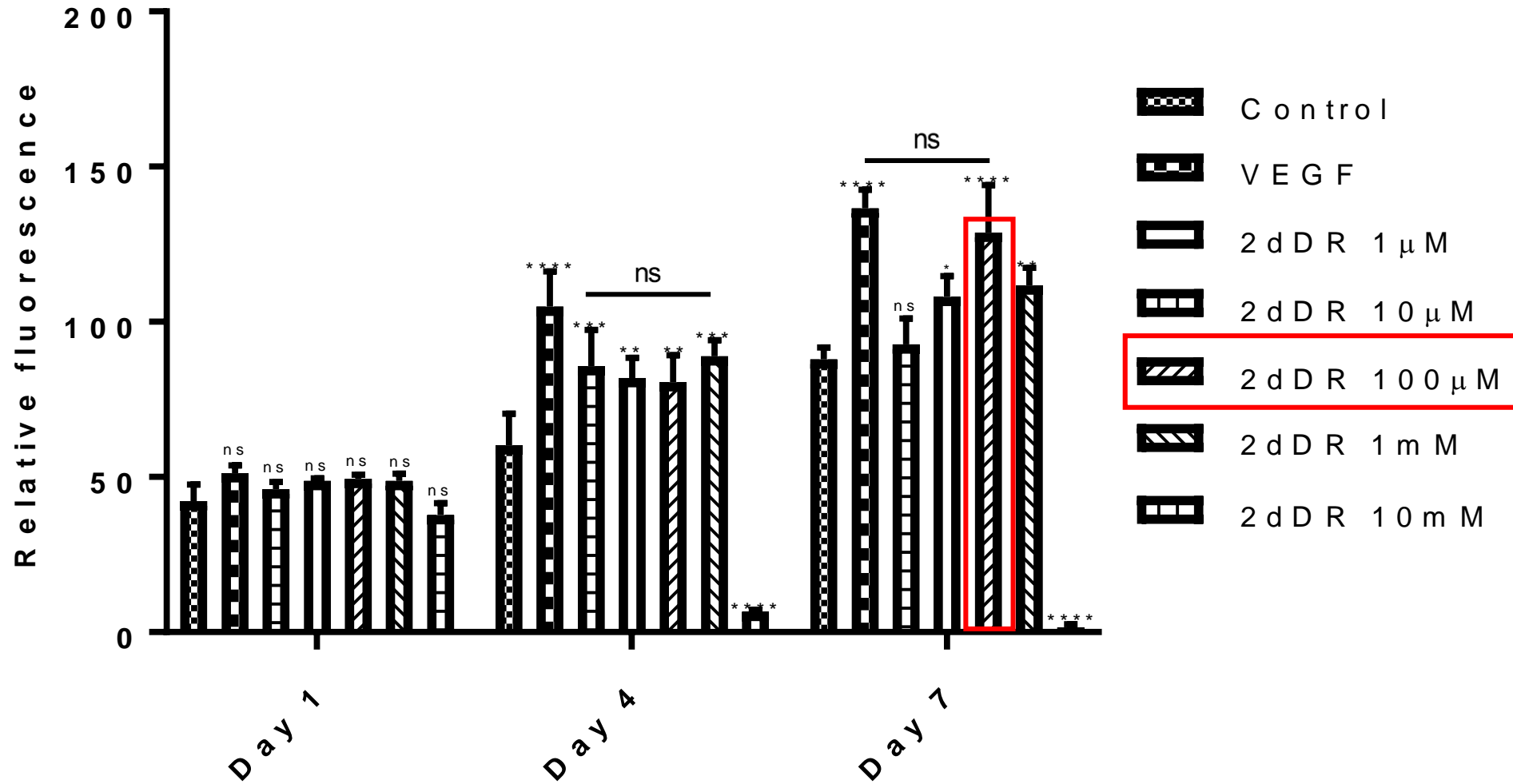


Validation of drug concentrations on HAECs in 2D



Validation of drug concentrations on HAECs in 2D





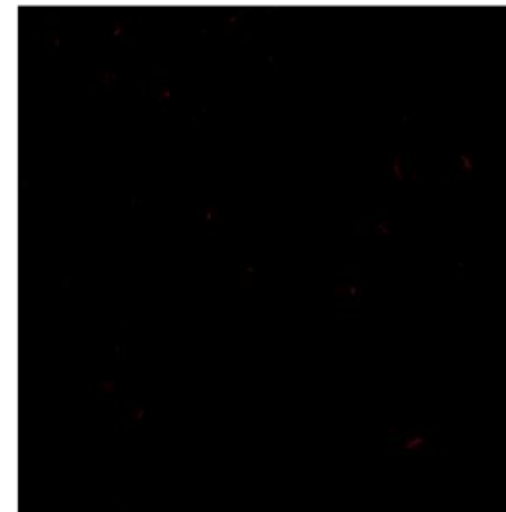
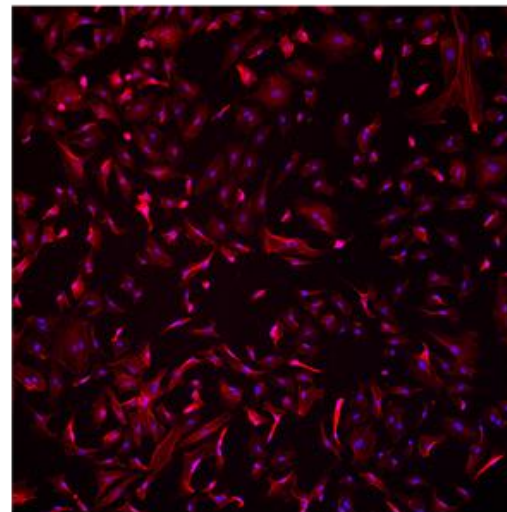
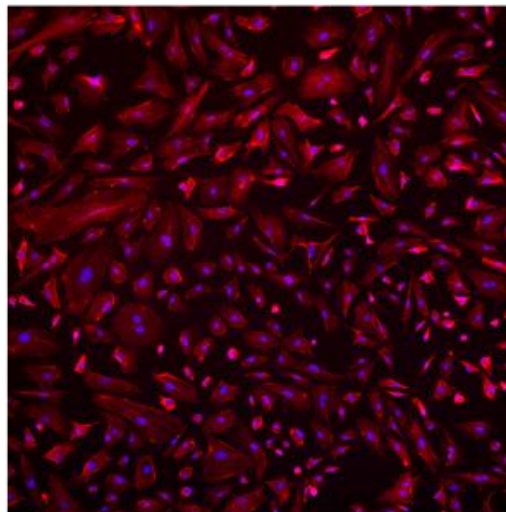
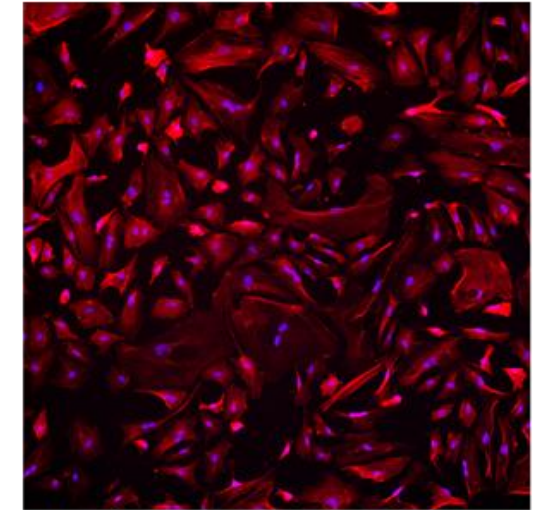
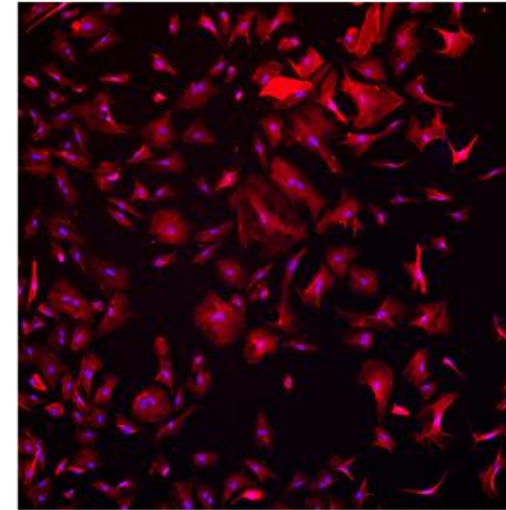
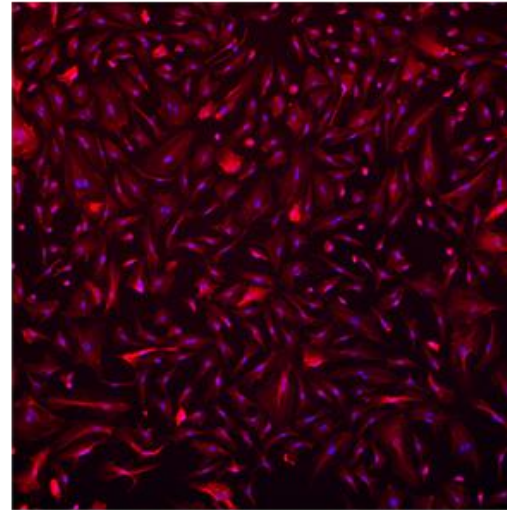
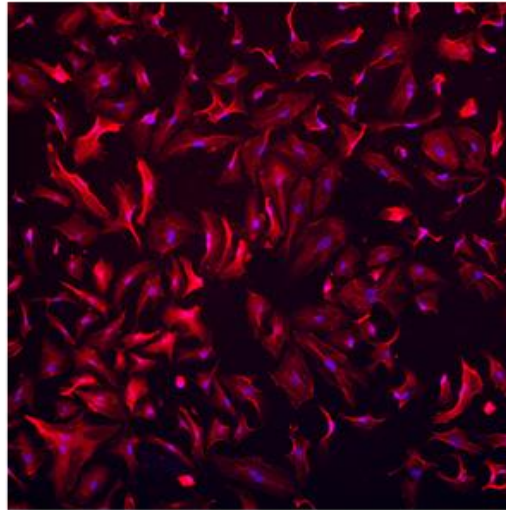


Control

VEGF

2dDR 1 μ M

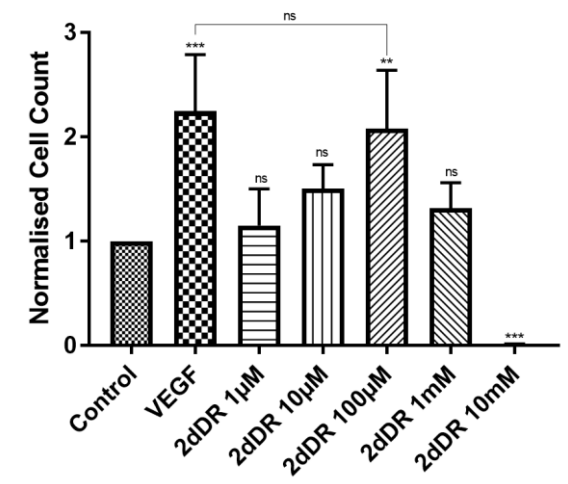
2dDR 10 μ M



2dDR 100 μ M

2dDR 1mM

2dDR 10mM



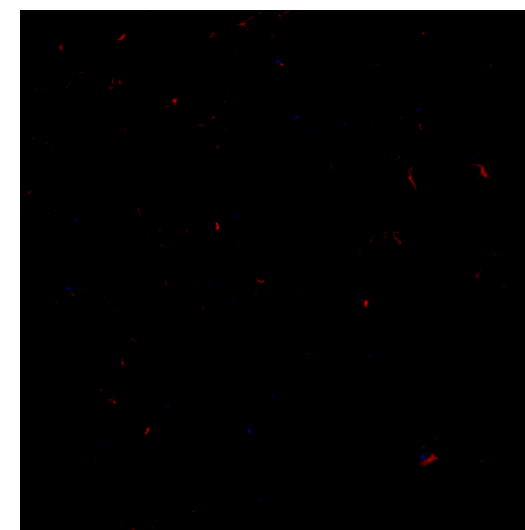
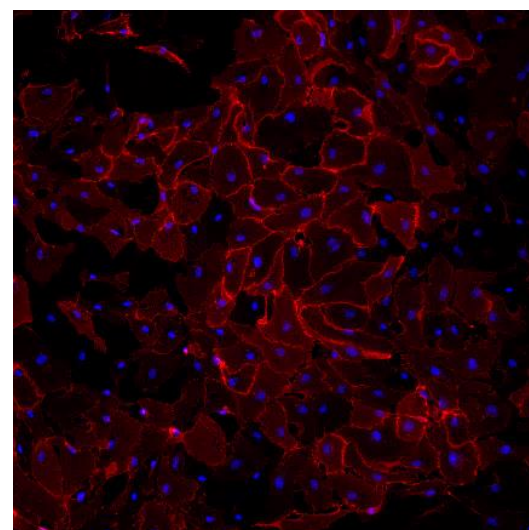
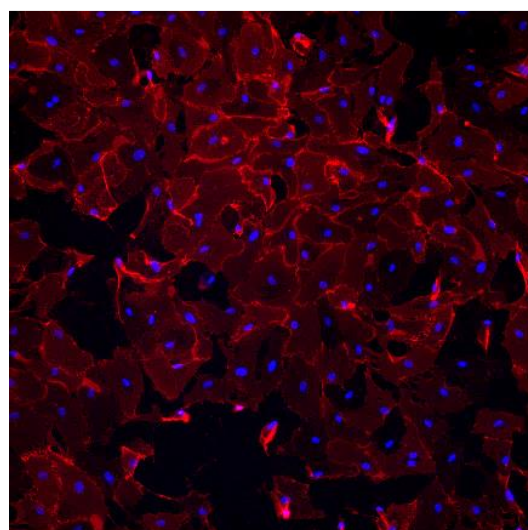
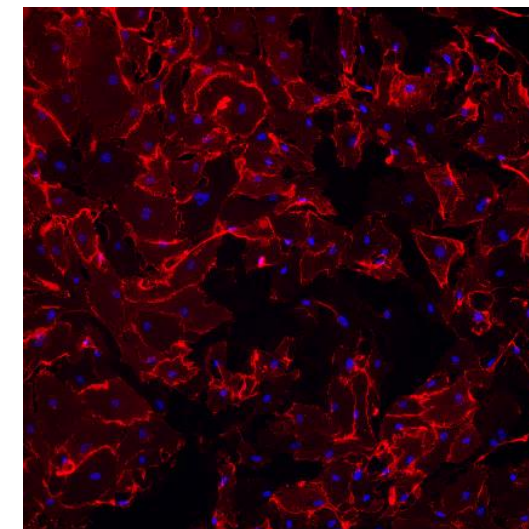
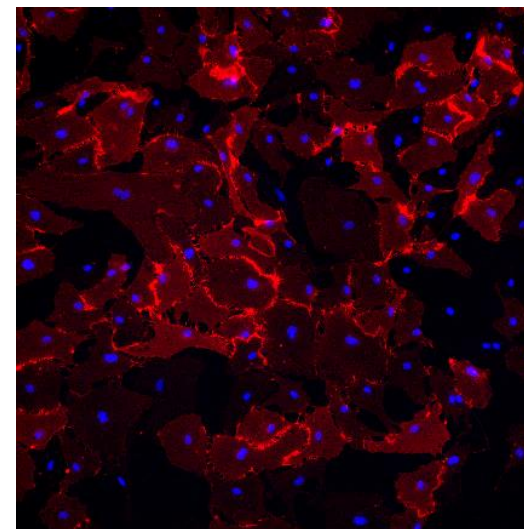
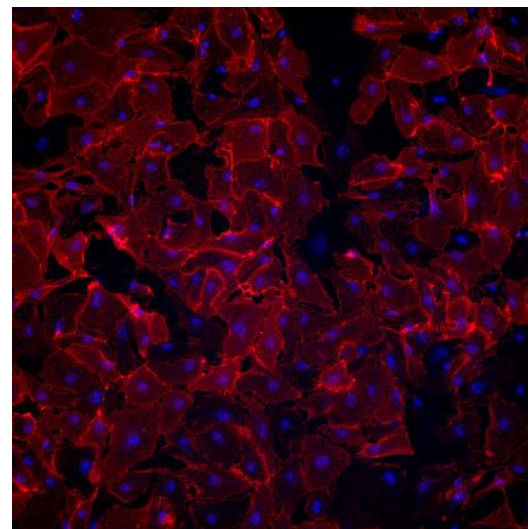
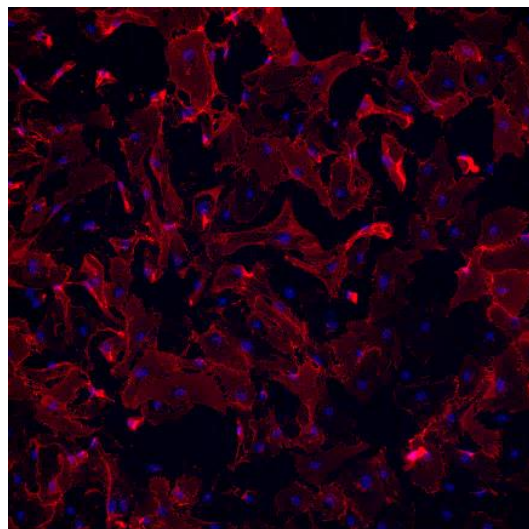


Control

VEGF

2dDR 1 μ M

2dDR 10 μ M



2dDR 100 μ M

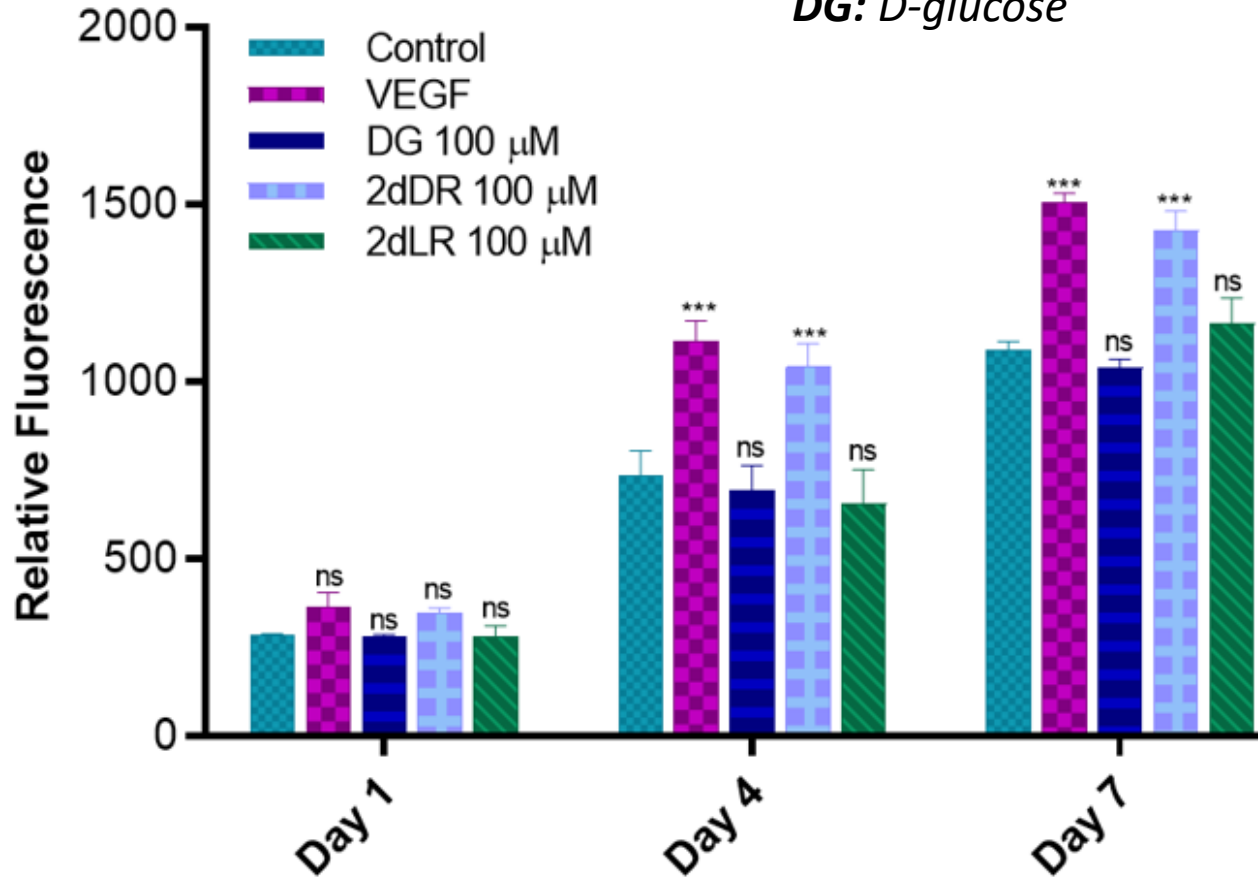
2dDR 1mM

2dDR 10mM

Comparison with other sugars (Metabolic activity of HAECs)



2dDR: 2-deoxy-D-ribose
2dLR: 2-deoxy-L-ribose
DG: D-glucose



	Day 1	Day 4	Day 7
VEGF vs 2dDR	ns	ns	ns
VEGF vs 2dLR	ns	***	***
VEGF vs DG	ns	***	***
2dDR vs 2dLR	ns	***	***
2dDR vs DG	ns	***	***
2dLR vs DG	ns	ns	*

Figure Comparison of 2dDR with other sugars (2dLR, DG, and 2dDG) in terms of increasing the metabolic activity of HAECs over 7 days in comparison with VEGF and controls. (***) $p \leq 0.001$, (*) $p \leq 0.05$, not significant (ns) $p \geq 0.05$, $n = 3$). The statistical comparison of the results is given in the table on the right.

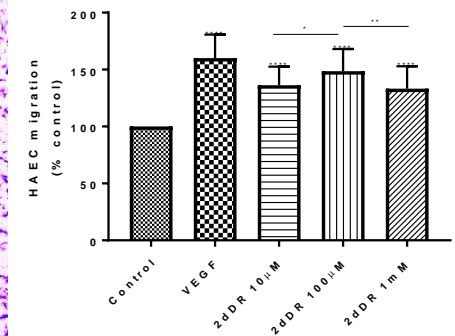
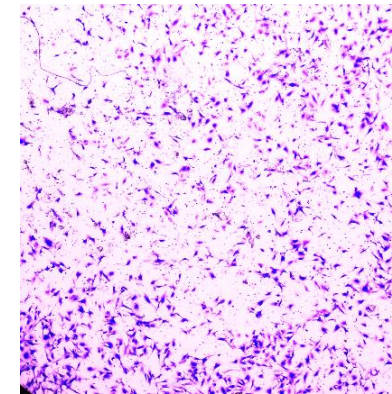
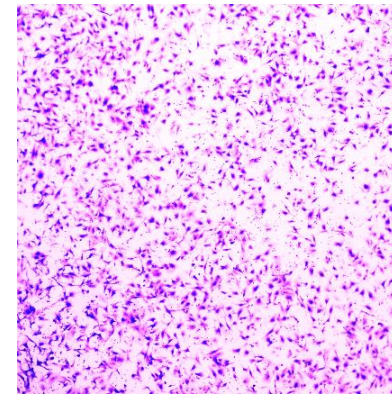
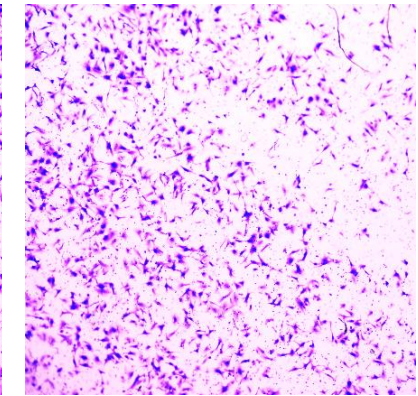
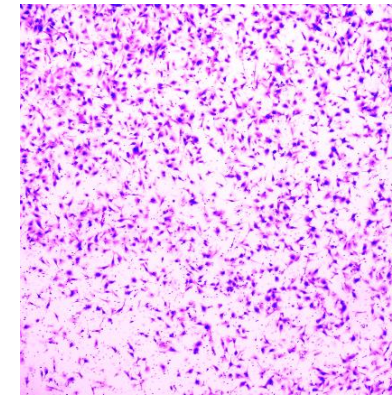
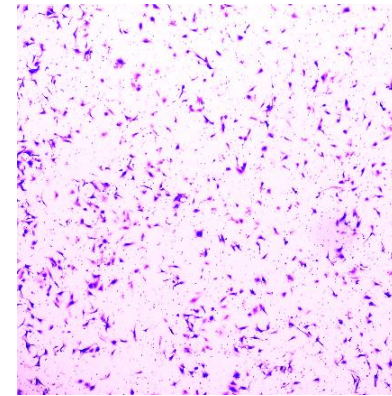
Validation of drug concentrations on HAECs in 2D



Control

VEGF

2dDR 10 μ M



2dDR 100 μ M

2dDR 1mM

Upper chamber
(Basal media)

Lower chamber
(Chemoattractant)

Figure The migratory effect of different concentrations of 2dDR in comparison with VEGF and controls was evaluated by using a modified Boyden chamber assay. The quantified results were given in the graph bottom-right (** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, not significant (ns) $p \geq 0.05$, $n = 3$). Scale bars represent 250 μ m.

Validation of drug concentrations on HAECs in 2D



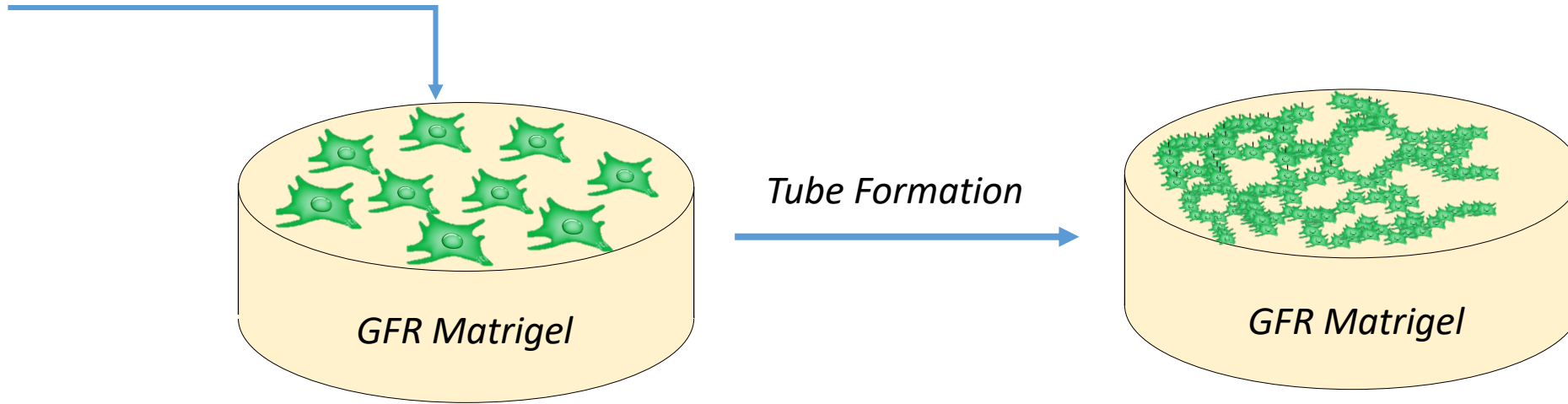
Matrigel[®] Tube Formation Assay



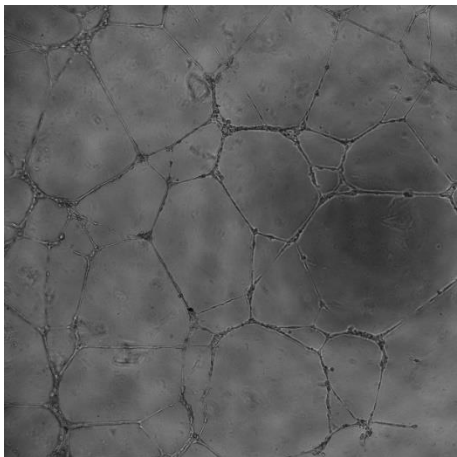
The University of Sheffield.



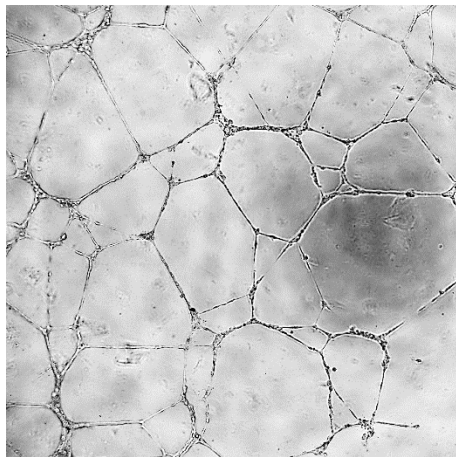
Angiogenic Drugs



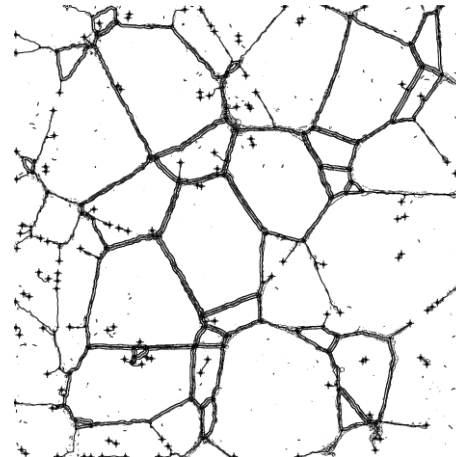
Raw Image



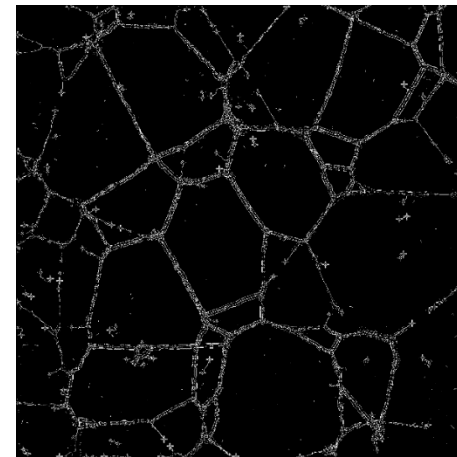
Brightness/Contrast



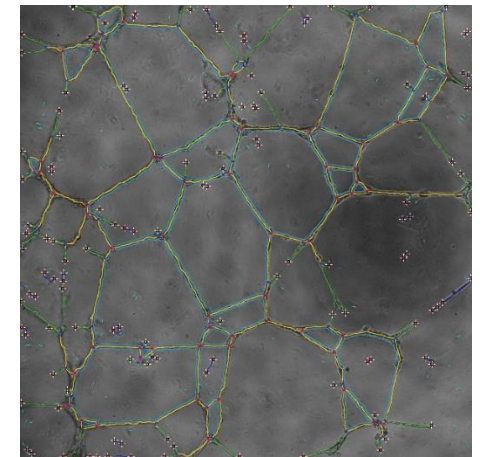
Binary image



Skeletonised image



Analysed image



Control

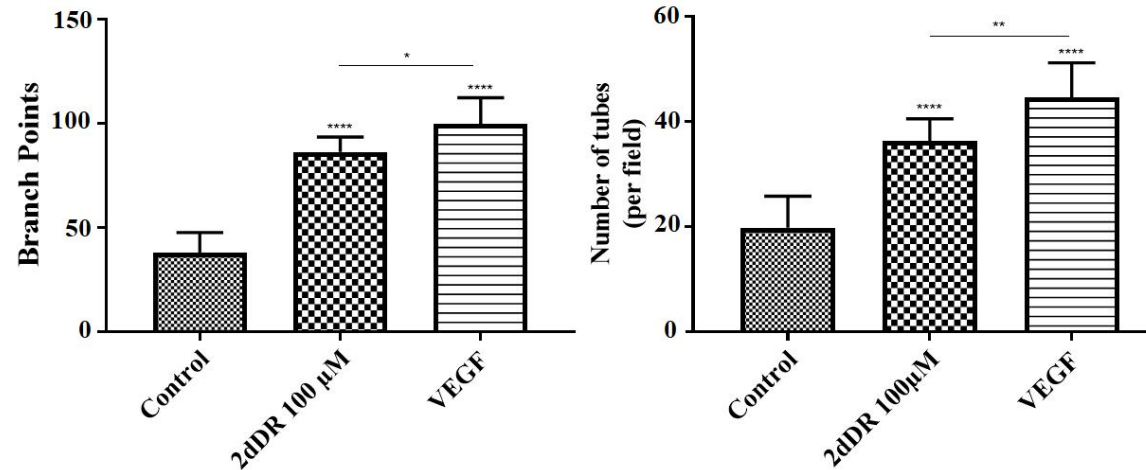
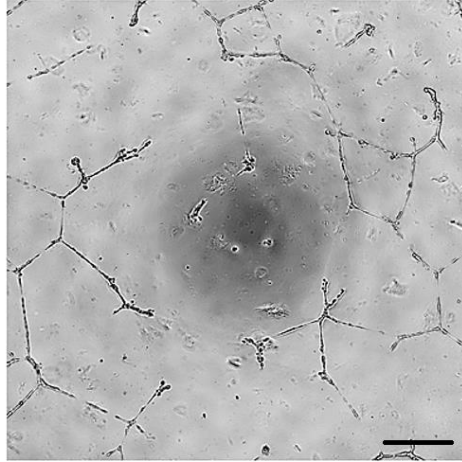
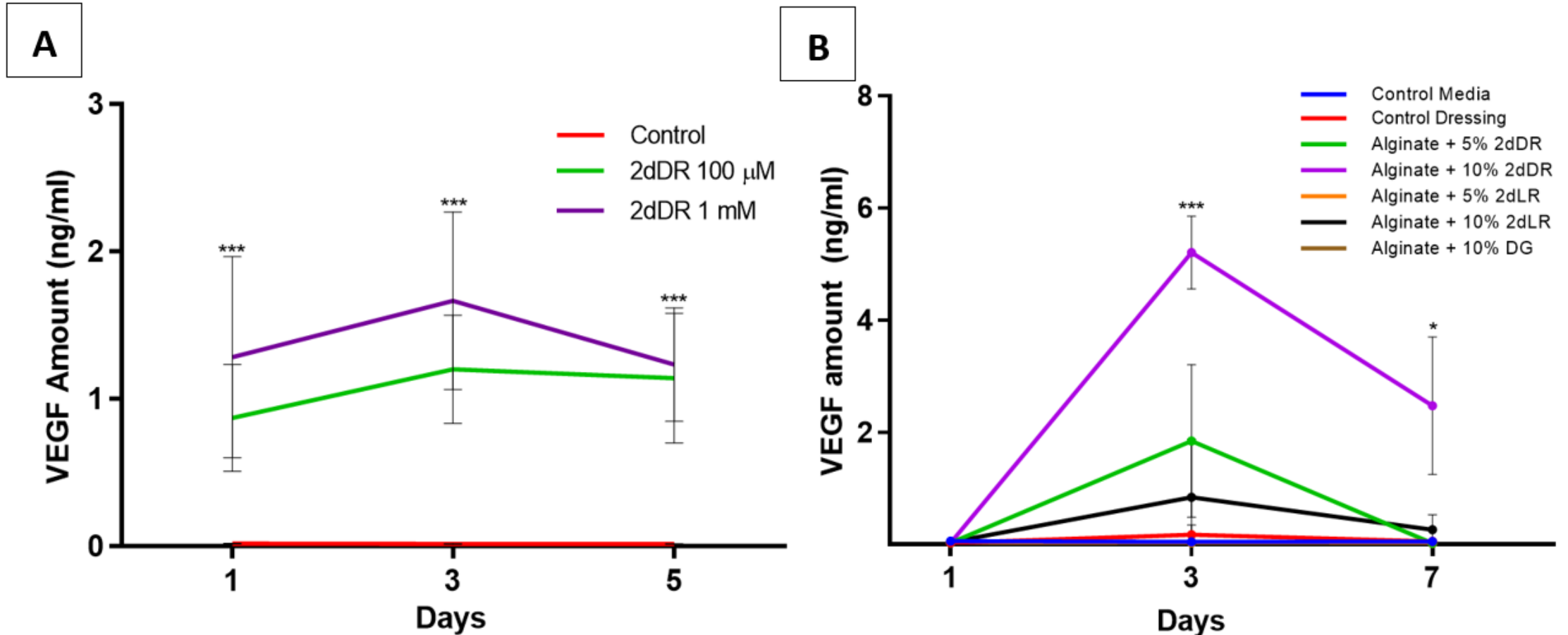


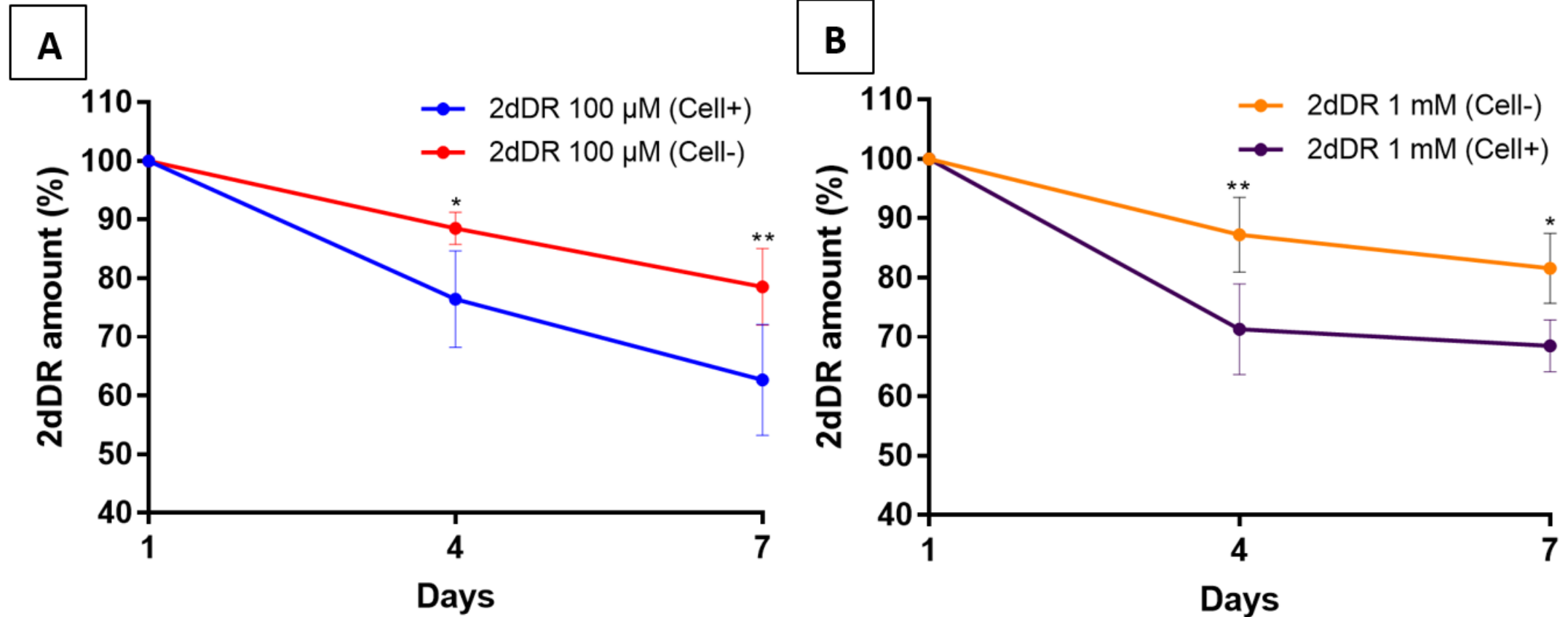
Figure The effect of 100 μM 2dDR and VEGF on tube formation was assessed with Matrigel[®] tube formation assay. The quantified results of the average number of branch points and the number of tubes per field were given in the graphs given (****p ≤ 0.0001, **p ≤ 0.01, *p ≤ 0.05, not significant (ns) p ≥ 0.05, n = 3). Scale bars represent 250 μm.

2dDR increases VEGF production by HAECs



A. Quantification of VEGF production by HAECs in response to direct 2dDR treatment (100 μ M and 1 mM). (B) VEGF production of HAECs when 2dDR, 2dLR, and DG were released from alginate dressings. (***) $p \leq 0.001$, (***) $p \leq 0.001$, (*) $p \leq 0.05$, not significant (ns) $p \geq 0.05$, $n = 3$).

2dDR is metabolised in the presence and absence of HAECs



Bial's Orcinol Assay for the assessment of the stability of 2dDR. (A) 100 μM 2dDR and (B) 1 mM 2dDR in the presence or absence of HAECs. (** $p \leq 0.01$, * $p \leq 0.05$, $n = 3$).



Assessment of 2dDR in chick bioassay

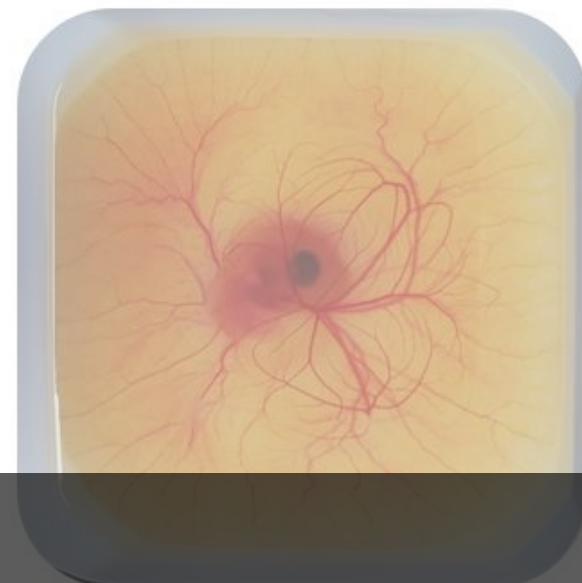
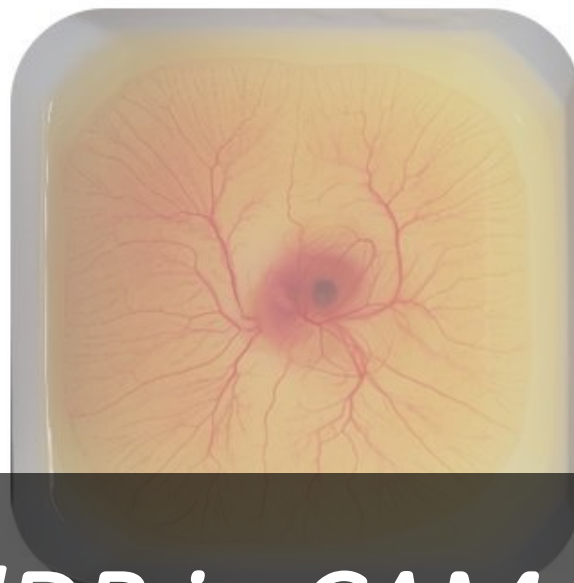
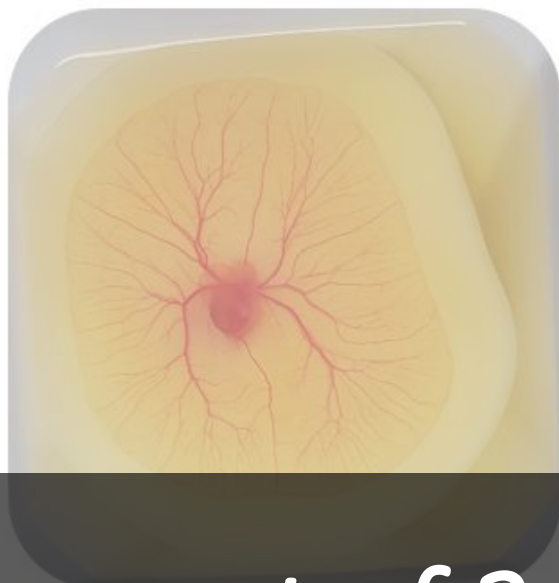
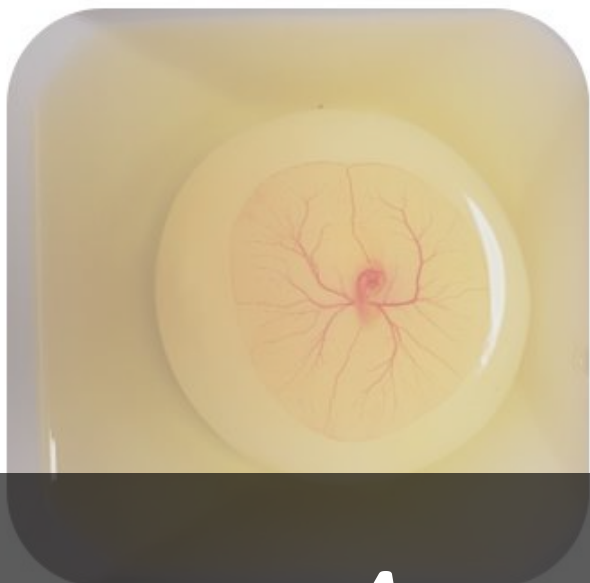
Anti CD31/DAPI stained Human Aortic Endothelial Cells

DAY 3

DAY 5

DAY 6

DAY 7



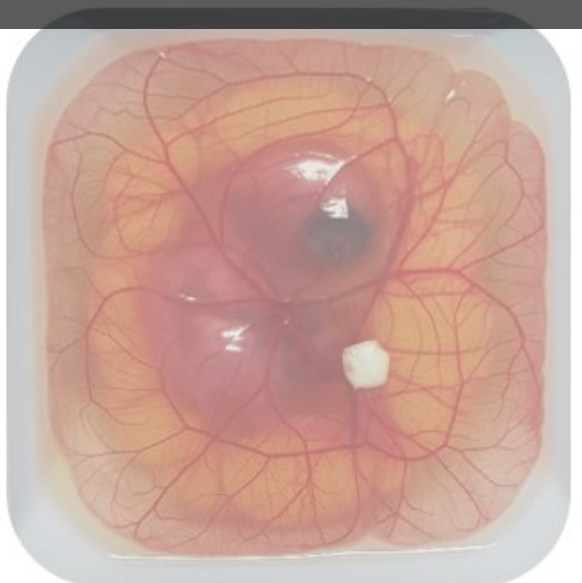
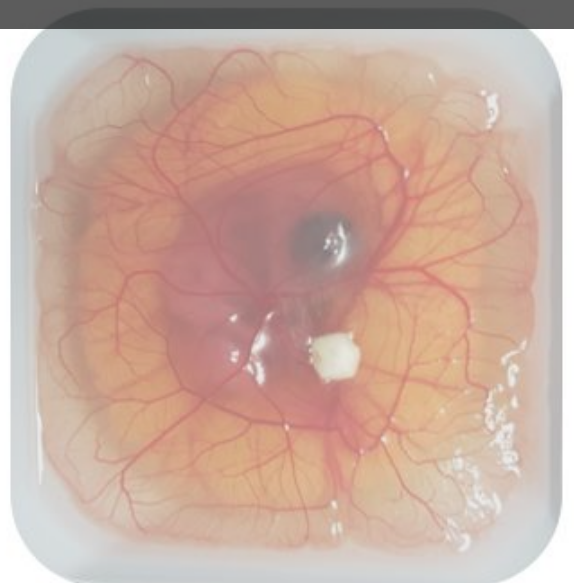
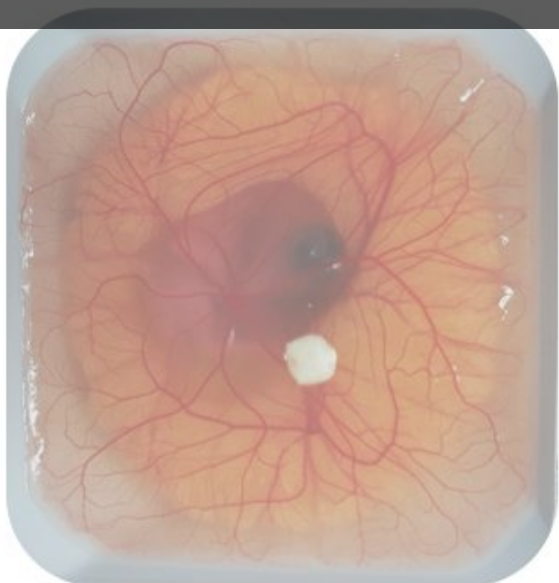
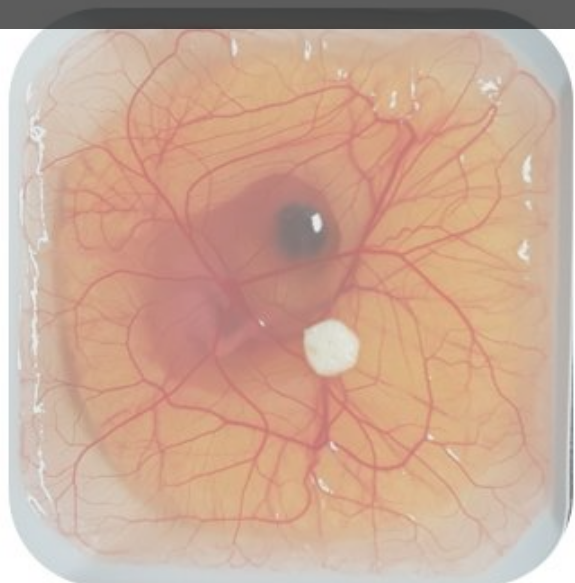
Assessment of 2dDR in CAM assay

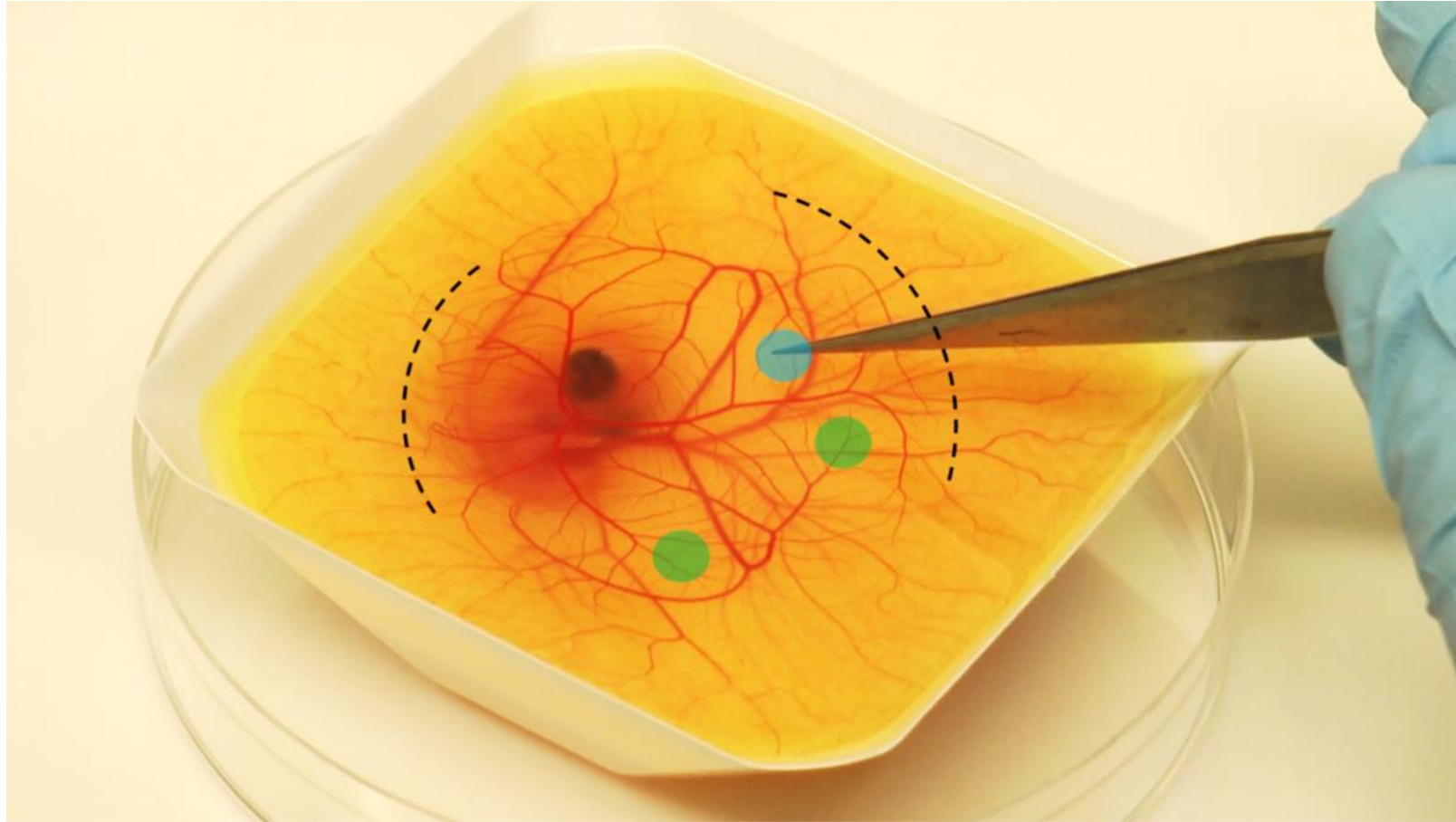
DAY 10

DAY 11

DAY 12

DAY 14

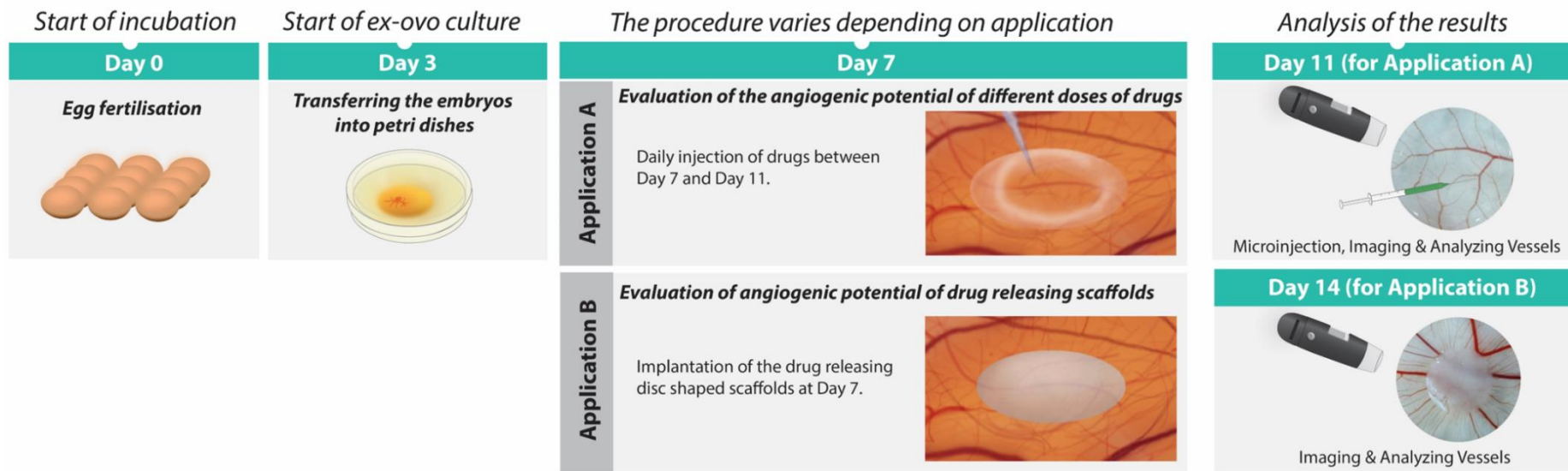




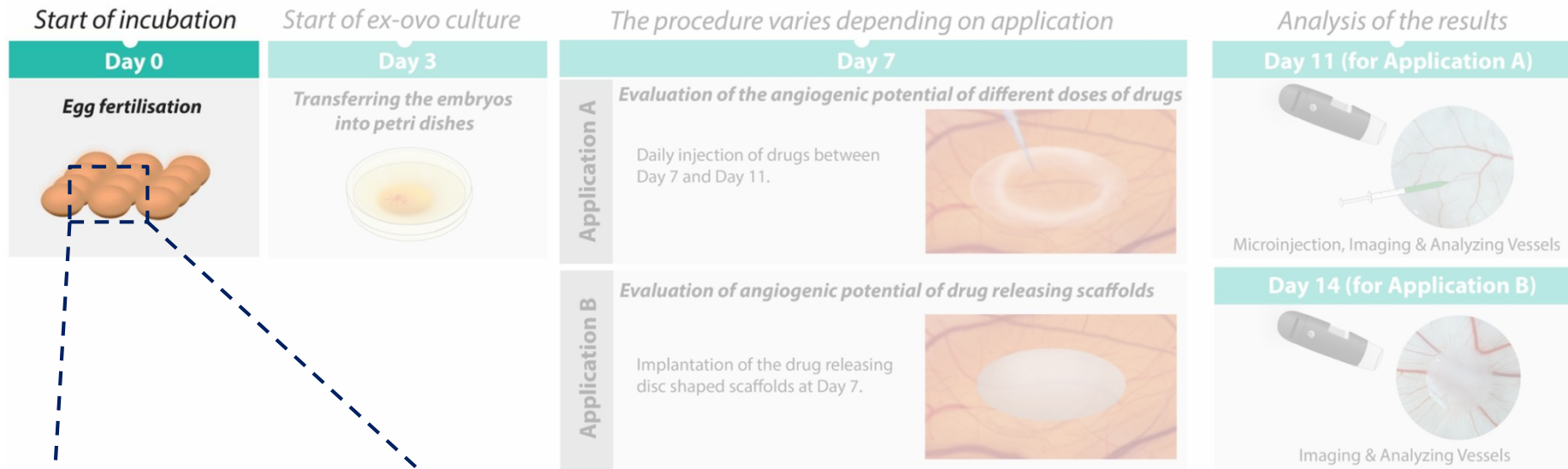
Chick chorioallantoic membrane (CAM):

A membrane that is **rich in blood vessels** and functions as an organ for **gas exchange** between the embryo and the environment.

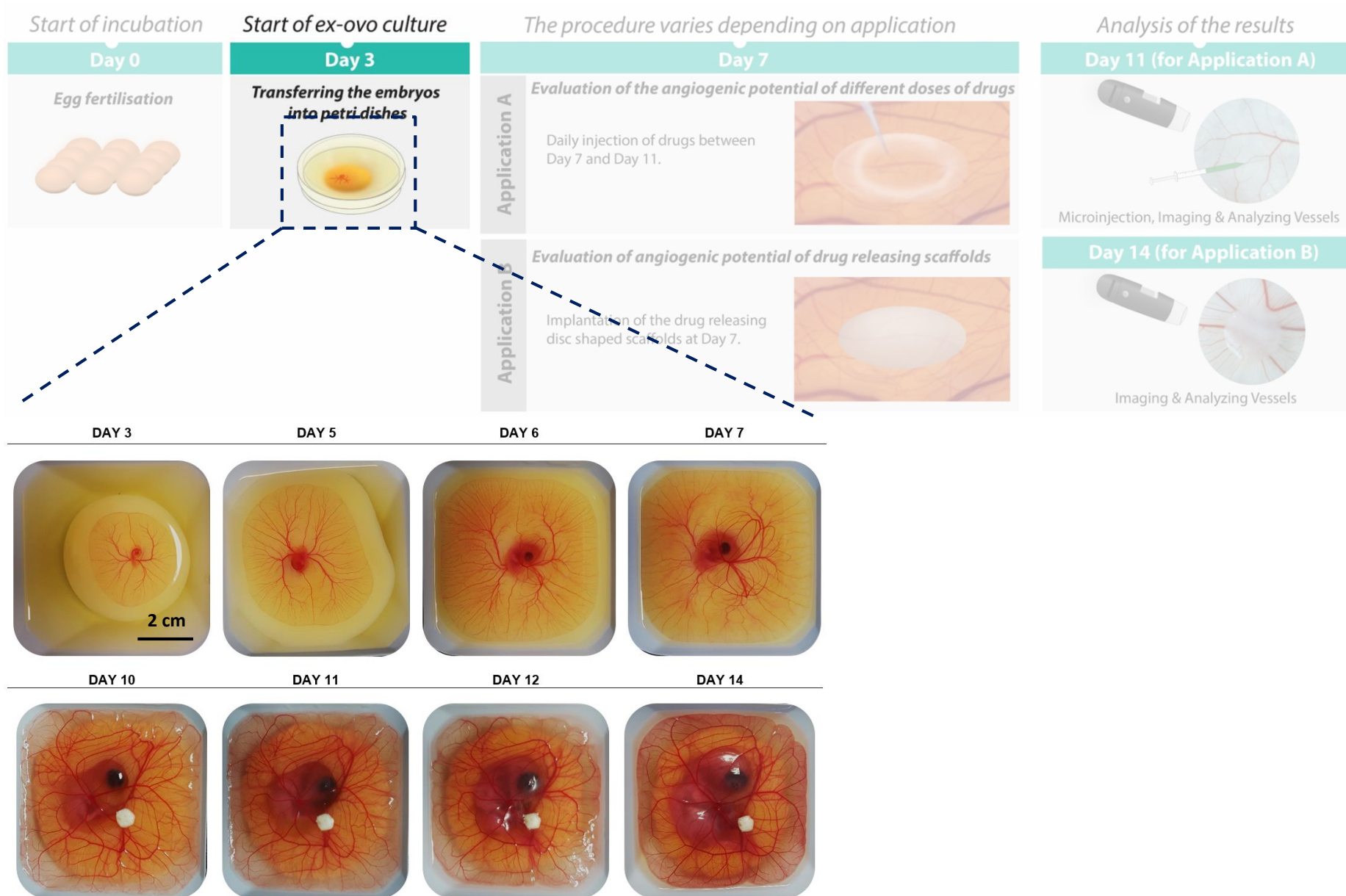
Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay



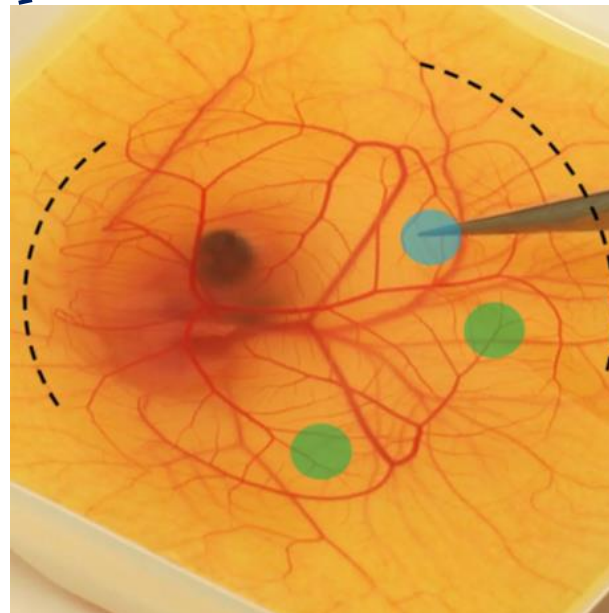
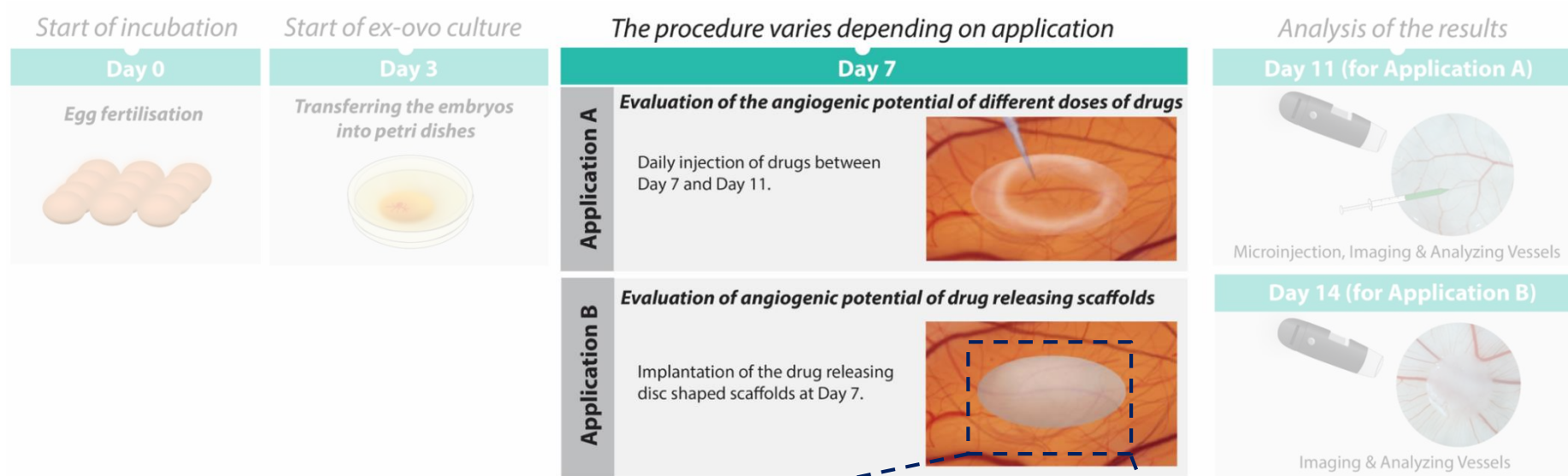
Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay



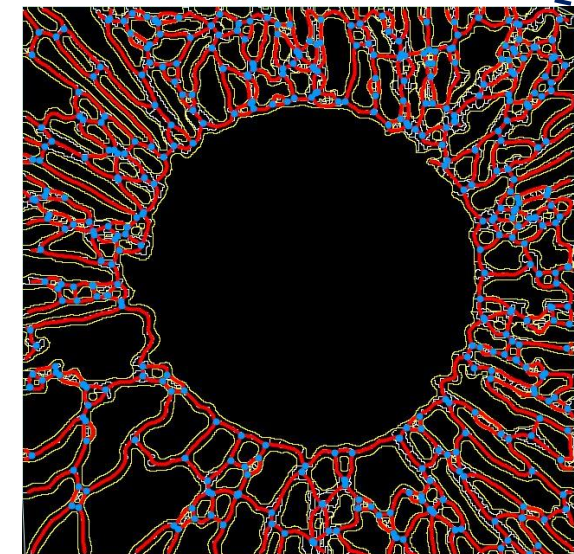
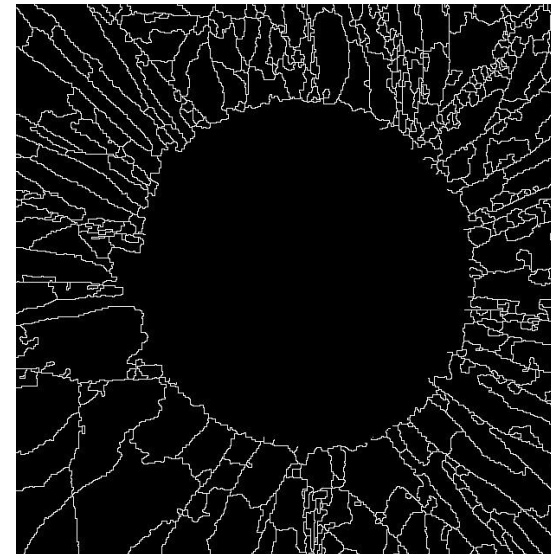
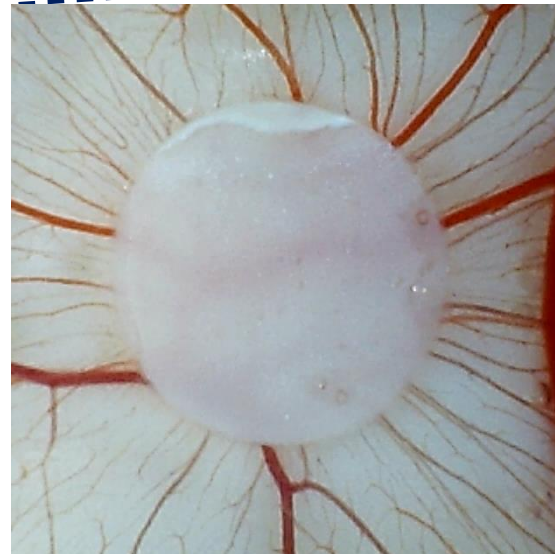
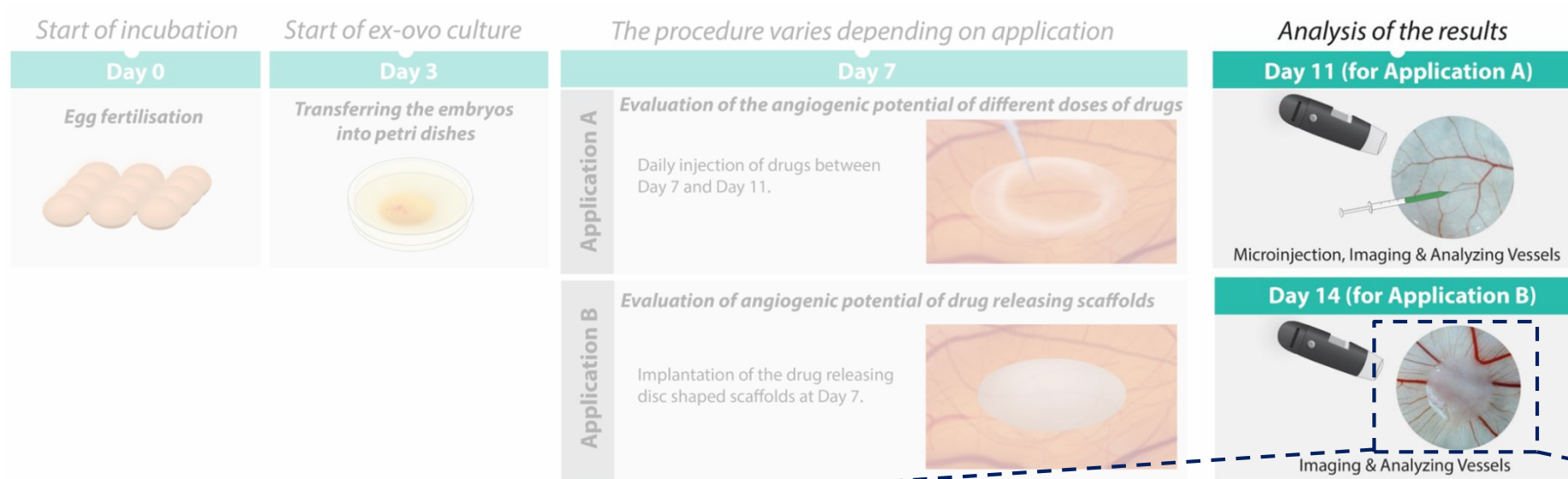
Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay



Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay

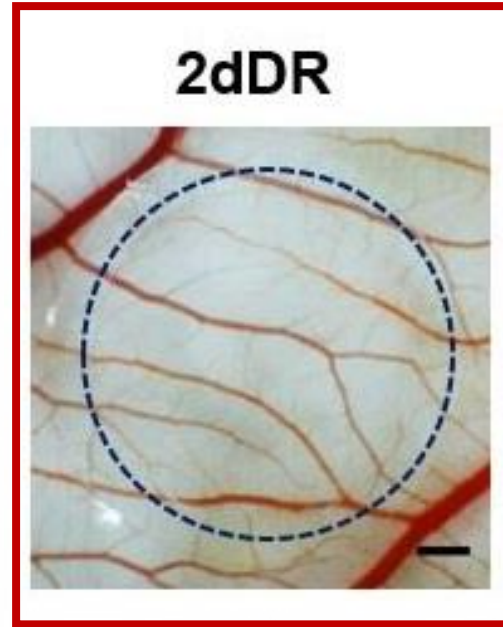
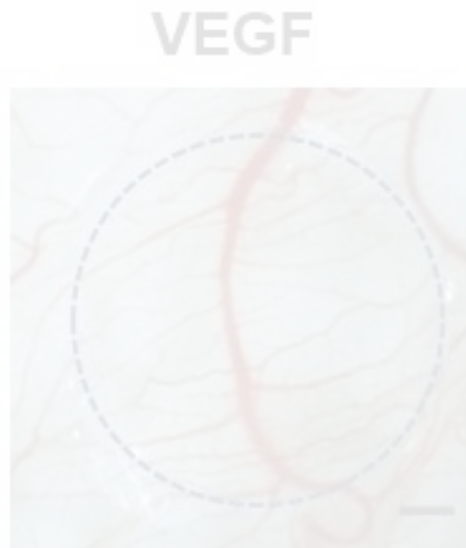
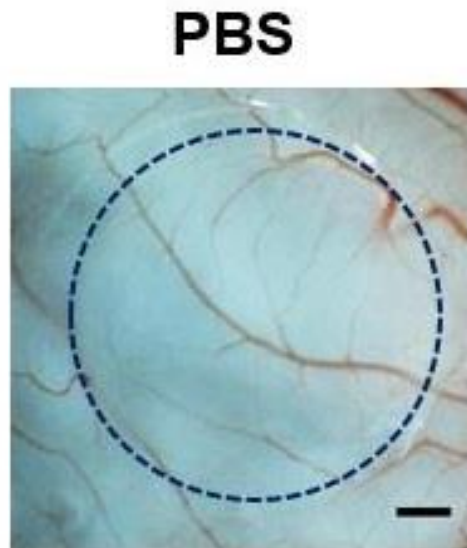
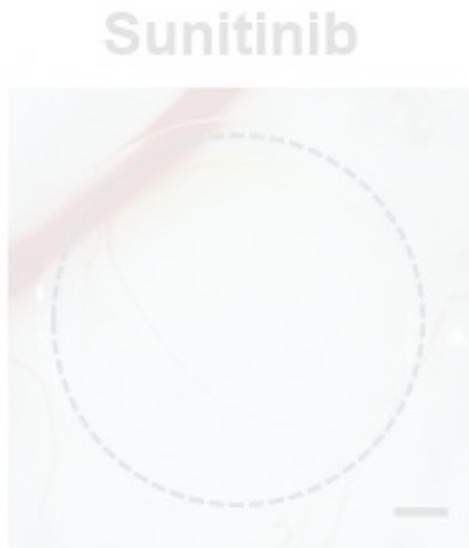


Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay

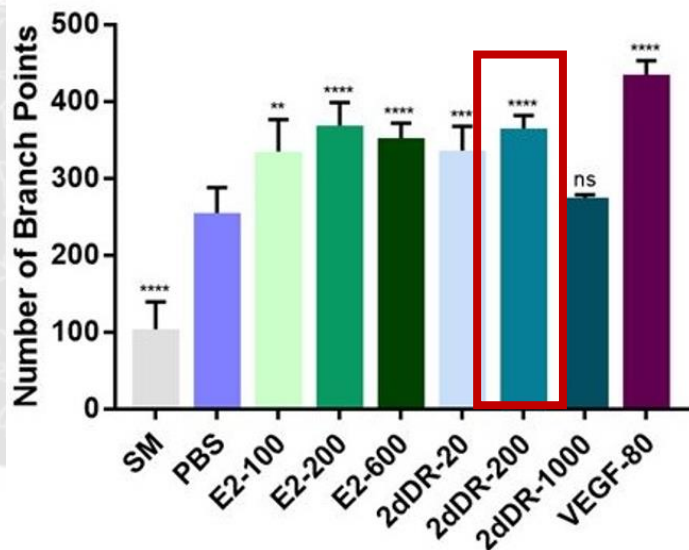
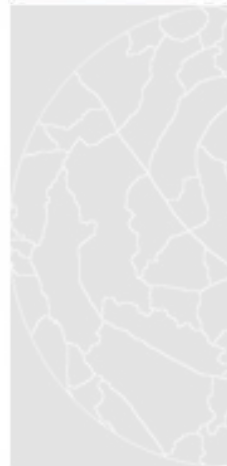


Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay

Macrovasculature



Processed images

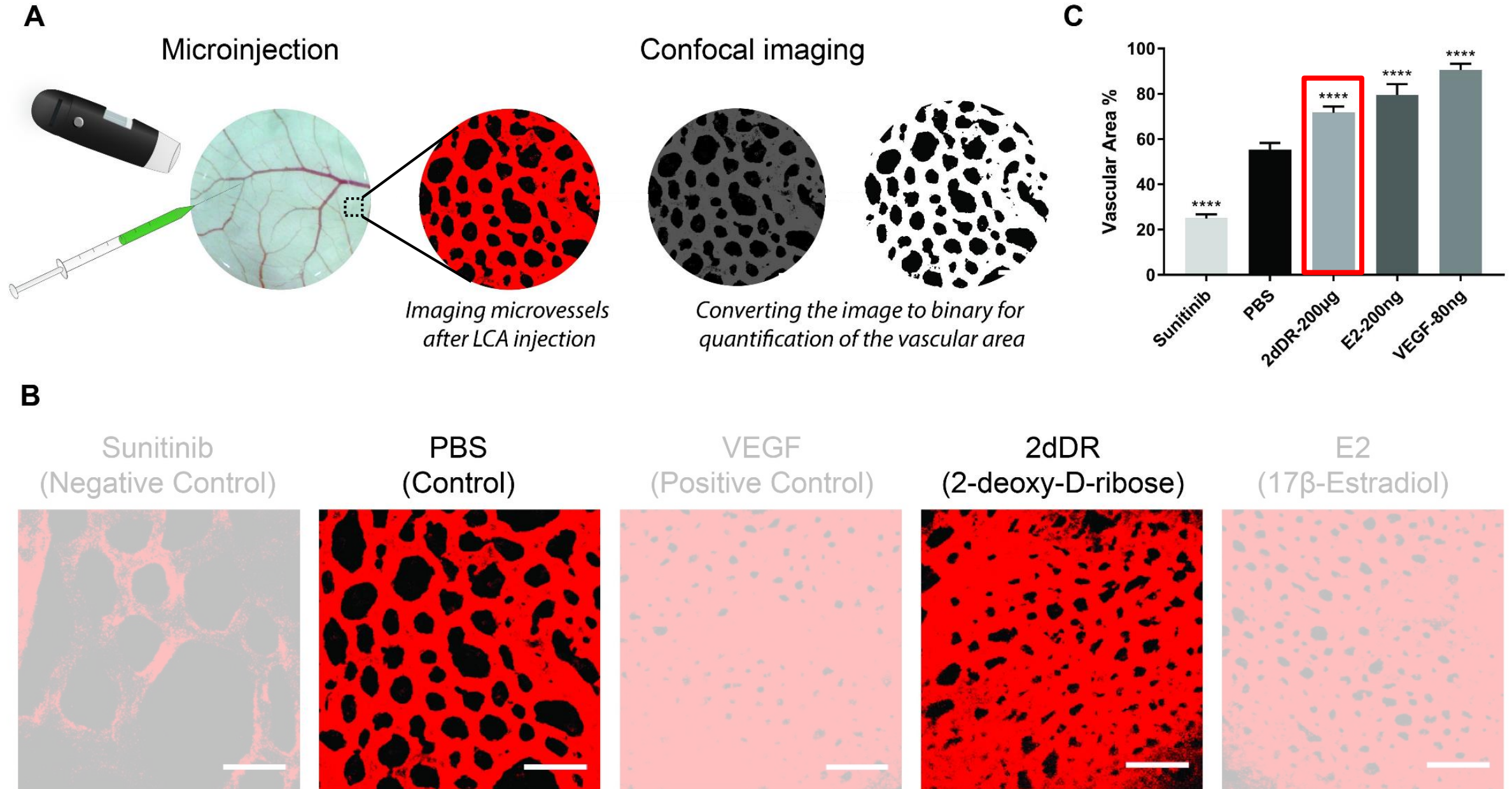


200 µg/day/embryo

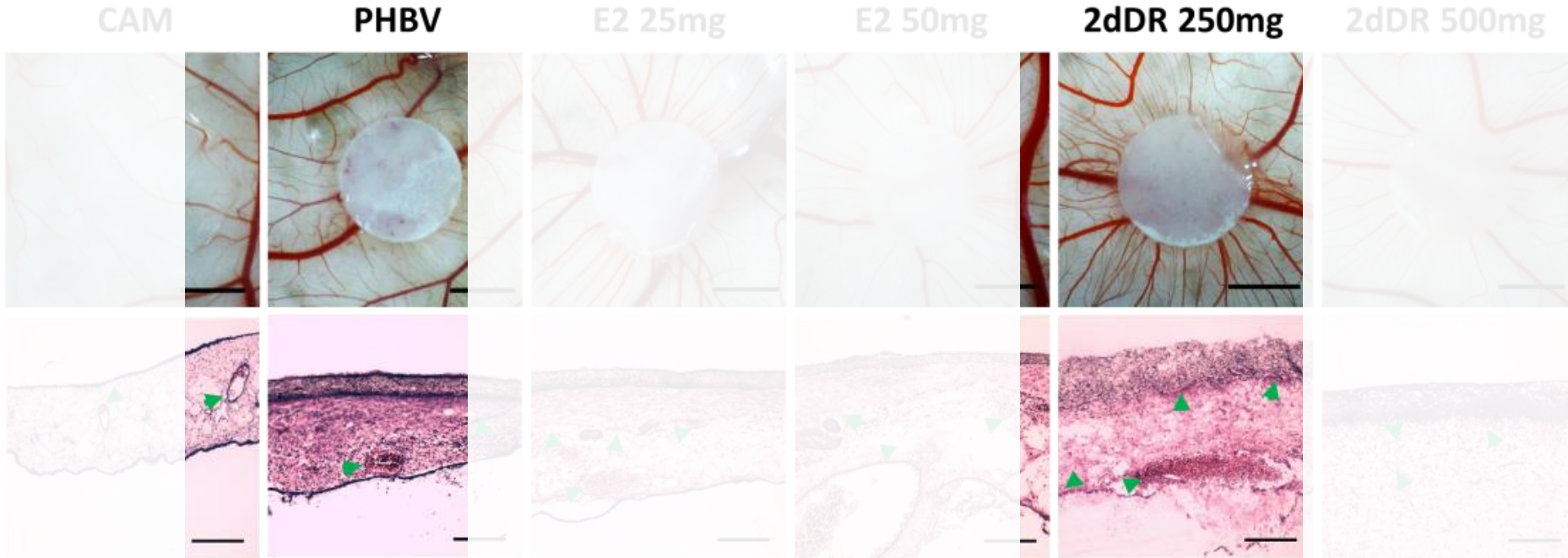
Increased the angiogenic activity
~3.6-fold on CAM

2dDR: 2-deoxy-D-ribose;
E2: 17β-Estradiol

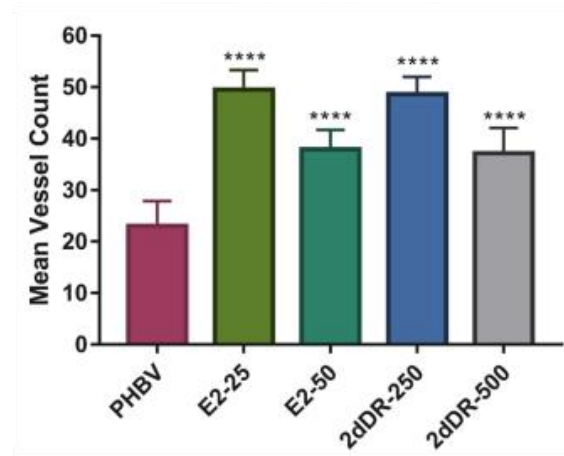
Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay



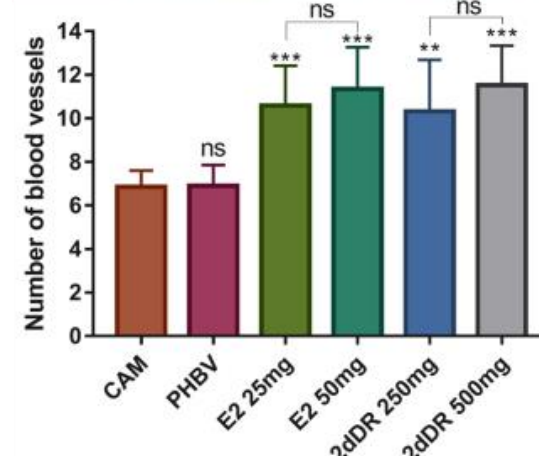
Evaluation of the angiogenic potential of 2dDR using ex-ovo CAM assay



Release of 2dDR and E2 from PHBV fibers



Quantification from macro images of the scaffolds



Quantification from histology images of the scaffolds



In vivo assessment of 2dDR

Anti CD31/DAPI stained Human Aortic Endothelial Cells

Testing of 2dDR in diabetic rats

Total number of rats – 28



Study Groups:

1. **Sham-** (Only diabetic model with no treatment)
2. **Alginate-** (Treated with Alginate dressing only)
3. **Alginate + 2dDR (5%)**- (Treated with 5% sugar loaded Alginate dressing)
4. **Alginate + 2dDR (10%)**- (Treated with 10% sugar loaded Alginate dressing)

No. of rats per group= 7 rats

Wound Size= 20 mm

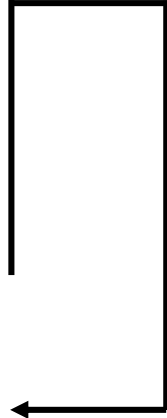
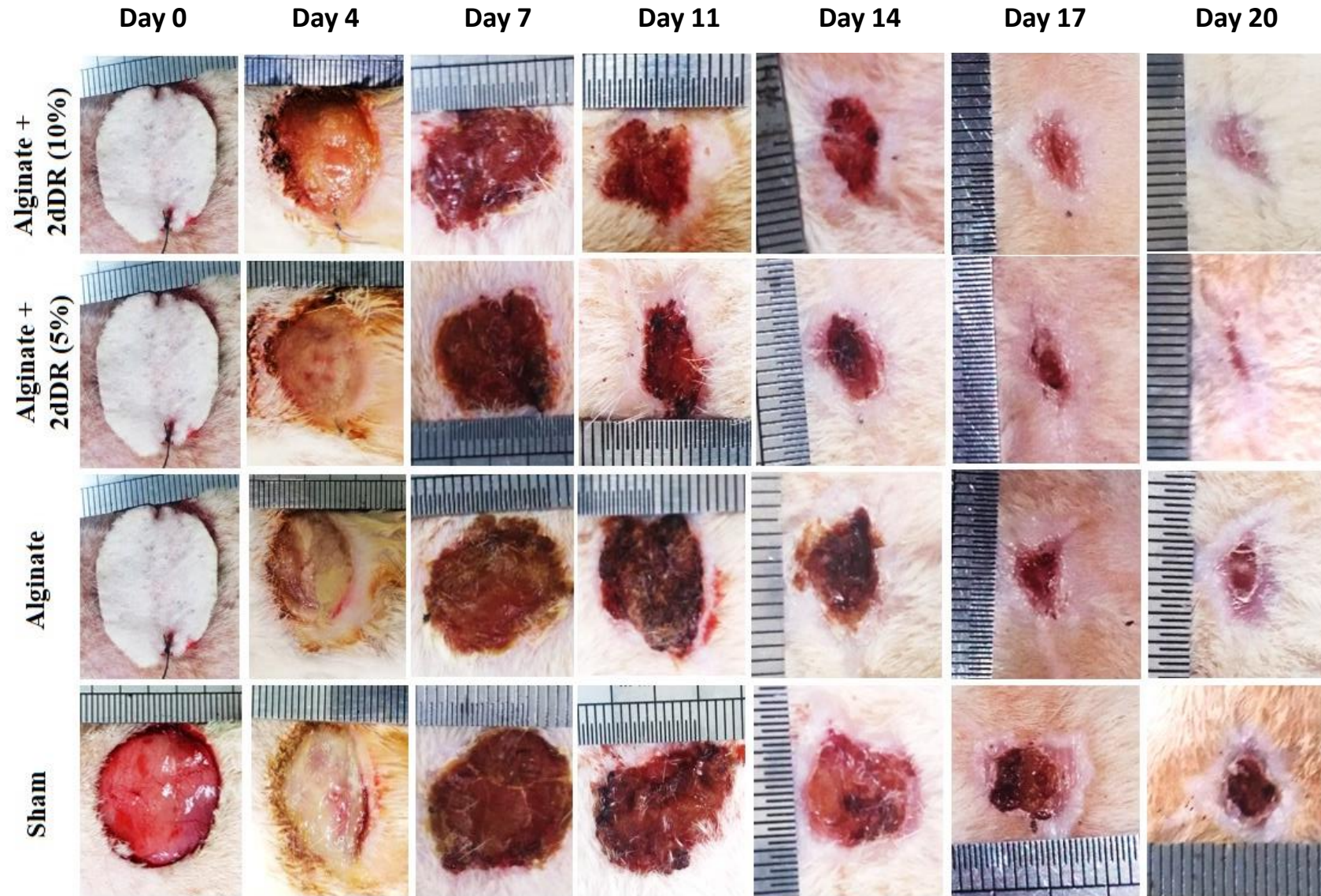
Wound Type= Full-thickness Excisional Wound

Single wound at the back of rat

Stimulation of wound healing and angiogenesis in diabetic rats



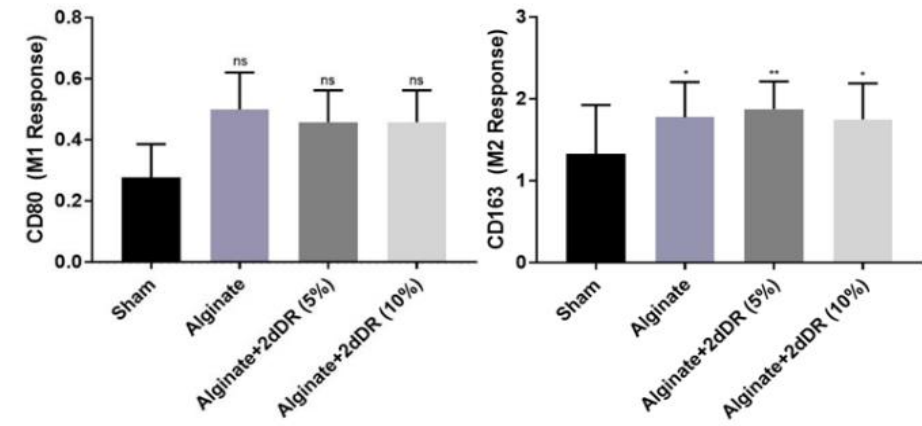
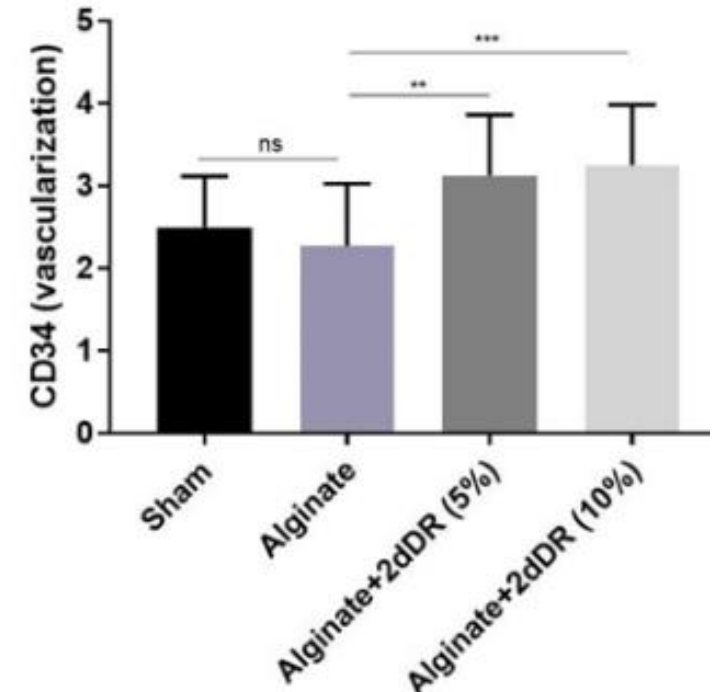
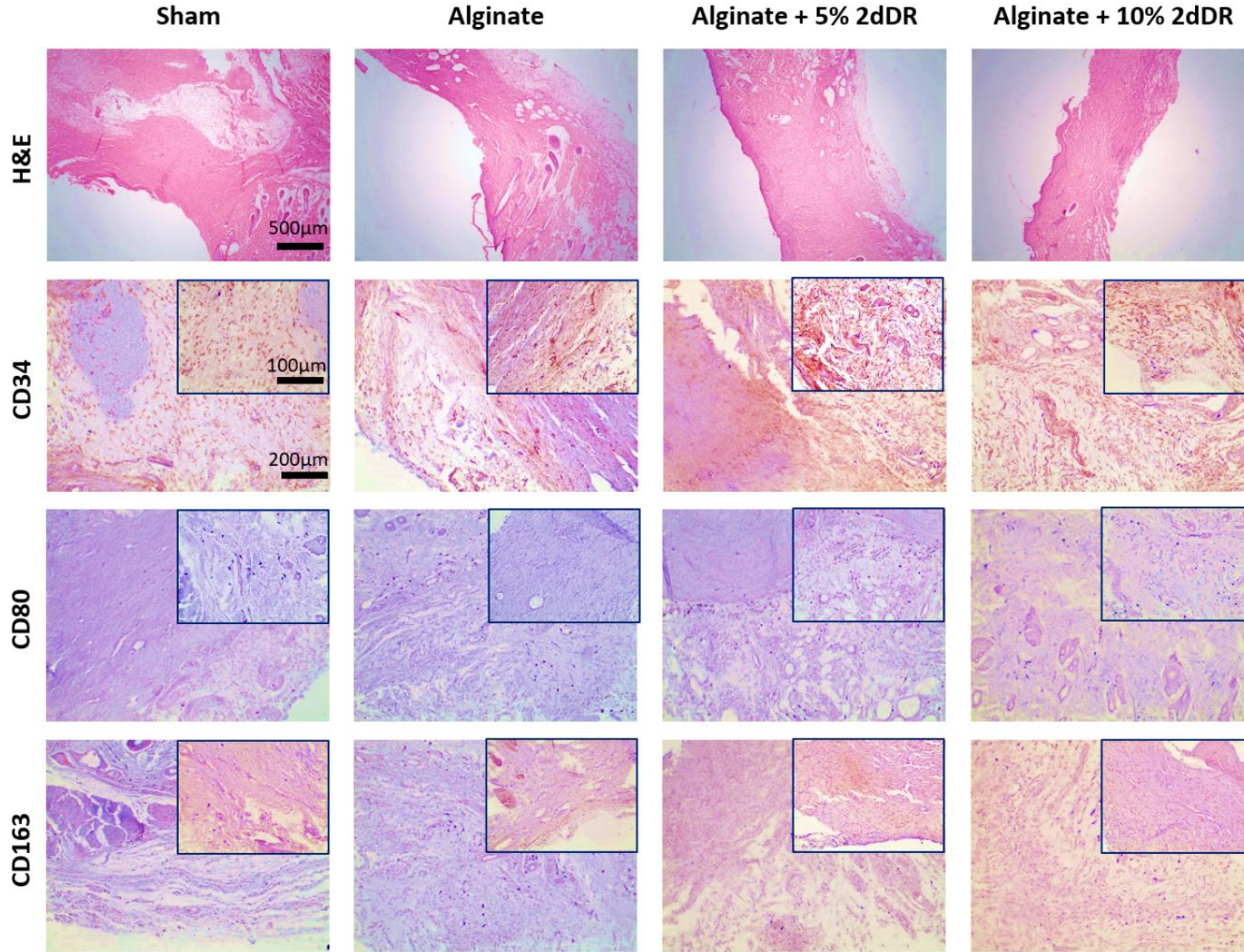
The University of Sheffield.



Stimulation of wound healing and angiogenesis in diabetic rats



The University of Sheffield.



M2 response: indicative of macrophages promoting new tissue formation

M1 response: to encapsulation and chronic inflammation thus the implant rejection

In vitro

- 2dDR (100 μ M to 1 mM) has been found to be **~90% as effective as VEGF**
- Although the mechanism action of 2dDR is not clear , we have recently shown that **2dDR increases the VEGF production** of HAECs in vitro

CAM assay

- 2dDR (200 μ g/day/embryo) has been found to be **80% as potent as VEGF** in inducing angiogenesis in **CAM assay**.
- 2dDR can be easily loaded into and released from tissue-engineered constructs to stimulate angiogenesis in **CAM assay**

Diabetic rats

- The incorporation of **5% and 10% 2dDR** to the alginate dressings not only stimulated **wound healing** and showed a full wound closure (100%), but also stimulated **angiogenesis** in the wound area

Conflicting literature on small sugars

Sugars	Angiogenesis Assay	Result	Effective Doses	Reference	
2-deoxy-D-ribose (2dDR)	<i>In vitro</i>	Promotes proliferation, migration and tube formation of ECs	100 μ M to 1 mM	[15]	
		Inhibits hypoxia-induced apoptosis	10 μ M	[24]	
		Induces Matrigel invasion	100 μ M	[25]	
		Stimulates proliferation and migration of ECs	100 μ M to 1 mM	[27]	
		Activates NOX2 which triggers NF- κ B and upregulates VEGFR2	8 μ M to 1 mM	[51]	
	CAM assay	Promotes angiogenesis	200 μ g/day	[38]	
			250 μ g/1 g of polymer	[38]	
	<i>In vivo</i>	Promotes angiogenesis and wound healing	1 mg/ml	[26]	
			1 mg/ml	[26]	
			5% or 10% (w/v) in the dressing	[18]	
		Promotes angiogenesis	2 nmol	[27]	
2-deoxy-L-ribose (2dLR)	<i>In vitro</i>	Suppresses migration and tube formation of ECs	100 μ M	[19,20]	
		Inhibits VEGF production	10 μ M to 100 μ M	[23]	
		Promotes hypoxia-induced apoptosis	30 μ M to 50 μ M	[24]	
		Inhibits Matrigel invasion of tumours	100 μ M	[25]	
	CAM assay	Stimulates angiogenesis	1 mg/ml	[26]	
	<i>In vivo</i>	Promotes angiogenesis	Inhibits angiogenesis in a rat corneal assay	200 ng/pellet	[19]
			Promotes angiogenesis	2 nmol	[27]
2-deoxy-D-glucose (2dDG)	<i>In vitro</i>	Inhibits the proliferation, migration and tube formation of ECs, and induces endothelial apoptosis	60 μ M to 9 mM	[33]	
		Inhibits proliferation of cells and reduces ATP levels	3 mM	[34]	
		Inhibits the proliferation, migration and tube formation of ECs	50 μ M to 1 mM	[35]	
		Downregulates AKT and ERK pathways and inhibits tube formation of ECs	600 μ M	[36]	
	Rat aortic ring	Inhibits tube formation of ECs	50 μ M to 1 mM	[35]	
	<i>In vivo</i>	Inhibits angiogenesis	6 mM	[33]	
D-Glucose (DG)	<i>In vitro</i>	Induces migration and tube formation of ECs	25 mM	[28]	
		Inhibits proliferation, migration and tube formation of ECs in a dose-dependent manner	5 mM to 30 mM	[30]	
		Promotes tube formation of ECs and increases COX-2 expression	25 mM to 30.5 mM	[29]	
		Inhibits the tube formation of ECs in a dose-dependent manner	10 mM to 16 mM	[31]	
	<i>In vivo</i>	Reduced angiogenesis	22 mM	[32]	

Summary of presentation

- **A history of our working on 2dDR**-has spanned Pakistan, UK, USA -with funding from Turkey, Cannenta Australia, Cotton Craft Pakistan and a joint patent between the IRCB Pakistan and the University of Sheffield
- **Does it work?** In vitro , bioassay and animal studies confirm its effectiveness
- **How does it compare to VEGF in its activity and potency?**
About 80-100% as effective
- **How does it work- how much do we understand it?** Evidence supporting its upregulation of VEGF



❖ **Developing commercialisation route for sustained production and delivery of therapy**

❖ **Larger clinical study**

❖ **First in man safety study**

❖ **Obtaining regulatory approval**

❖ **Testing of materials in relevant animal models**

❖ **Designing and producing biomaterials**

❖ **Understanding the patient's needs**



Where next?



- **We plan to move this to clinical benefit in Pakistan**-seeking funding to take it to a first in man clinical study in Pakistan
- Assembled a great team of clinicians, Industrial partner-Cotton Craft and centre to conduct pre-clinical experiments .

Joint publications

Materials Today Communications 13 (2017) 295–305



ELSEVIER

Contents lists available at ScienceDirect

Materials Today Communications

journal homepage: www.elsevier.com/locate/mtcomm



Deoxy-sugar releasing biodegradable hydrogels promote angiogenesis and stimulate wound healing

Muhammad Yar^{a,*}, Lubna Shahzadi^a, Azra Mehmood^b, Muhammad Imran Raheem^a, Sabiniano Román^c, Aqif Anwar Chaudhry^a, Ihtesham ur Rehman^a, C.W. Ian Douglas^d, Sheila MacNeil^{c,*}



Soft Tissues and Materials

Addition of 2-deoxy-D-ribose to clinically used alginate dressings stimulates angiogenesis and accelerates wound healing in diabetic rats

Maryam Azam¹, Serkan Dikici², Sabiniano Roman², Azra Mehmood³, Aqif A Chaudhry¹, Ihtesham U Rehman⁴, Sheila MacNeil² and Muhammad Yar¹

JOURNAL OF
**biomaterials
applications**

Journal of Biomaterials Applications
0(0) 1–13
© The Author(s) 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0885328219859991
journals.sagepub.com/home/jba
SAGE



Exploration of 2-deoxy-D-ribose and 17 β -Estradiol as alternatives to exogenous VEGF to promote angiogenesis in tissue-engineered constructs

Serkan Dikici¹, Naşide Mangır^{1,2}, Frederik Claeysens¹, Muhammad Yar³ & Sheila MacNeil^{*1}



Assessment of the angiogenic potential of 2-deoxy-D-ribose using a novel in vitro 3D dynamic model in comparison with established in vitro assays

Serkan Dikici^{1,2}, Betül Aldemir Dikici^{1,2,3}, Shirin I. Bhaloo¹, Mercedes Balcells^{1,4}, Elazer R. Edelman^{1,5}, Sheila MacNeil², Gwendolen C. Reilly^{2,3}, Colin Sherborne², Frederik Claeysens^{2*}

Acknowledgements



The University Of Sheffield.



Funding from Cannenta Pty. Ltd.

