



Pro-angiogenic CD14⁺⁺ CD16⁺ CD163⁺ monocytes accelerate the in vitro endothelialization of soft hydrophobic poly(*n*-butyl acrylate) networks[☆]

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ABSTRACT

As the majority of the polymers used as cardiovascular grafts so far do not match the elasticity of human arteries (100–1000 kPa) and the required endothelialization, a multifunctional material approach is needed to allow the adjustment of the mechanical properties while at the same time exhibiting a haemocompatible surface. Recently soft poly(*n*-butyl acrylate) networks (cPnBA) with adjustable mechanical properties were introduced as candidate materials with a surface that can be endothelialized. In this study, angiogenically stimulated intermediate CD163⁺ monocytes/macrophages (aMO2) were utilized as a cellular cytokine release system to realize the functional endothelialization of the hydrophobic cPnBA surface. We investigated the influence of co-cultured aMO2 on the morphology, density and cytokine secretion of human umbilical venous endothelial cells (HUVEC) seeded on cPnBA with an elastic modulus of around 250 kPa (cPnBA0250). A functional confluent HUVEC monolayer could be developed in the co-culture within 3 days. In contrast, the HUVEC in the monoculture exhibited stress fibres, broadened marginal filament bands and significantly more and larger cell-free areas in the monolayer, indicating incomplete cell–substrate binding. Remarkably, a functional confluent monolayer formation could only be achieved in co-cultures; it did not develop with the sole supplementation of recombinant VEGF-A₁₆₅ to the HUVEC monocultures (unpublished data). The study demonstrated the multifunctional potential of cPnBA in combination with aMO2 as a cellular cytokine release system, adapting their secretion to the demand of HUVEC. In this way, a functional confluent monolayer could be generated within 3 days.

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1. Introduction

Arteriosclerosis is the leading cause of death worldwide. Blood vessel bypassing remains the standard treatment, especially for end-stage vascular disease. Unfortunately, 40% of patients do not have suitable autologous replacement material [1]. Therefore there is an increasing need for synthetic vascular grafts and their tissue engineering [2]. At present, the grafts of choice are made of either polyethylene (PET) or expanded polytetrafluoroethylene (ePTFE), both of which exhibit a satisfying long-term patency rate for large-calibre grafts (≥ 8 mm) but fail as small-calibre grafts (< 6 mm) due to their thrombogenicity and intimal hyperplasia [3]. Also, the mechanical properties of these polymers do not match with the elastic modulus of healthy human arteries, which is considered to be involved in the occlusion process of small-diameter vascular grafts [4]. Therefore, soft polymer networks with adjustable elastic properties, such as covalently crosslinked poly(*n*-

butyl acrylate) networks (cPnBA), have recently been introduced as candidate materials for cardiovascular grafts [5]. The elastic modulus of cPnBA can be tailored to the elasticity of human arteries, which varies in the range between 100 kPa [6] and 1,000 kPa [7], by variation of the crosslink density.

The most effective approach to render polymers haemocompatible is endothelialization of the surface. In a previous study we showed that endothelial cells are able to adhere, migrate and proliferate on cPnBA and that larger amounts of the vascular endothelial growth factor VEGF-A₁₆₅ was adsorbed on the softer polymer (cPnBA with a Young's modulus of 250 kPa; cPnBA0250) than on their stiffer counterparts with a Young's modulus of 1100 kPa [8].

The formation of a functional confluent endothelium is described as being dependent on the cytokine milieu of the surrounding environment, and especially on pro-angiogenic growth factors like VEGF-A₁₆₅ [9]. The covalent binding of growth factors on the material [10,11], the short half-life of growth factors in blood [12] or the dose-dependency of cellular responses [13] might hinder endothelial cell proliferation.

As a new strategy to achieve haemocompatibility of cardiovascular implants, a specific subset of monocytes (called MO2) [14] could be useful in accelerating the establishment of a functional

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