Biological Testing of Biomaterials
Question

What do we mean by the term “in vitro?”
Question

Will an *in vitro* test measure parameters that are relevant predictors of what will occur in the body (*in vivo*)?
Question

What is meant by the term “animal model”?
What is meant by the term “experimental variability”?
What is meant by the term “cytotoxicity”? How would you design a test to study the cytotoxic potential of a biomaterial?
Background concepts

- Toxicity-kills cells
- Potency
- Exposure vs delivered dose
- Target cells

Good tests evaluate target cell toxicity using delivered doses of the test substance in the appropriate media or environment.
Solubility Characteristics

- Biomaterials are water insoluble (1 in 10,000 parts water).
- We are testing other components.
What are they? How do they get there?
- Plasticizers
- Slip agents
- Anti-oxidants
- Fillers
- Mold release agents
- Trace additives
Historical Perspective

- Cell culture
- Primary cells vs cell lines
- Test standards
Assay Methods

- Direct contact
- Agar diffusion
- Elution
Standard

- Type of cell (L929)
- Number of cells
- Growth phase of the cells
- Passage number
- Dose
- Duration of exposure
- Time of analysis (after exposure or later)
- Test sample size and shape
- Mechanical forces
- Measurement endpoints
- Controls (negative and positive)
Direct contact assay

- Near confluent monolayer L-929 fibroblasts in culture media 0.8 ml media;
- Material is placed on top of monolayer in center of a 35mm culture;
- Place in incubator 24 hours then fix and stain with H&E
- Examine cells for morphological changes

How do you measure toxicity?
Agar Diffusion Test

- Over lay monolayer of L-929 fibroblasts with thin layer of agar containing a vital dye (neutral red);
- Place material on top and incubate for 24 hours;
- Fix and analyze.
Elution test

- Incubate material in growth media at body temperature,
- Remove aliquot after some time;
- Add to confluent L929 culture
- Fix and analyze after 24-48 hr;
Biomaterial and Device Testing (*In vivo*)

- Sensitization
- Irritation
- Intracutaneous reactivity
- Toxicity
- Genotoxicity
- Implantation
- Hemocompatibility
- Chronic toxicity
- Carcinogenicity
- Reproductive and developmental toxicity
- Biodegradation
- Immune response
Surface Coatings
Uses of Surface Coatings

- Anticoagulant
- Increase lubricity
- Antimicrobial
- Enhance imaging
- Adhesion resistance
- Encapsulation-electronic components
- Tissue adhesion-orthopedic fixation
Fig. 2  Porous coated cobalt alloy total hip replacement implant. GADS, gas-atomized dispersion-strengthened alloy
Fig. 1  Porous Co-Cr-Mo coating produced by sintering. (a) Scanning electron micrograph of gas-atomized spheres (beads). (b) Metallographic cross section. Note the necking between the beads. Bead-to-bead bonding is also evident in the cross-sectional view.
Surface coatings

- Angstrom - nm level changes in surface chemistry
- Polymeric coatings
- Change surface chemistry without changing bulk properties (economics);
- Alter binding properties for proteins and other molecules (improves device performance);
- requires less capital investment and less dramatic changes in manufacturing practices (advantage);
- Objective: create a minimally reactive surface that is, one that is invisible to the system or one that is specifically activated to control cell behavior at the interface.
Nonfouling Surfaces

- Polymer coatings
- Protein resistant surfaces
- Stealth surfaces
General strategies to Prevent Device-related Infections

- Minimize contact- Clean Room Conditions
- Kill every thing in contact-Sterilization
- Minimize binding at contact-Nonfouling Surface Coating
- Kill after contact-Anti-infective coatings
Infectious Agents binds to Implant Surfaces

Figure 1 Factors involved in the colonization of a plastic biomaterial by *S. epidermidis*. 
Infectious Agents binds to Implant Surfaces

**Staphylococcus epidermidis**

**Biofilm formation**

- Initial adhesion
- Attachment
- Colonization

- Mass transport
- Electrostatic interactions
- Van der Waals
- Hydrophobic interactions
- H-bonding
- Adhesion binding
- Biofilm Formation

*Figure 1* Factors involved in the colonization of a plastic biomaterial by *S. epidermidis.*
Protein Adsorption *in vivo*
Protein Adsorption *in vivo*
No Protein Adsorption
Uses of Nonfouling Surface Treatments

- Inhibit bacterial binding
- Improve hemocompatibility
- Implanted devices urinary catheters
- Diagnostic assays
- IV catheters
- Etc.
Methods

- Plasma or corona treatment in the presence of a reactive atmosphere;
- Adsorption of hydrophilic or neutral chemical species; and,
- Covalent Immobilization of hydrophilic or neutral chemical species.
Surface Modification Using Low-Pressure Plasma Technology

- A plasma is a partially ionized gas containing ions, electrons, atoms, and neutral species.
- Commonly selected gases or mixtures of gases for plasma treatment of polymers include oxygen, argon, nitrous oxide, tetrafluoromethane, and air.
- High-frequency generator ionizes the gas into a plasma of reactive particles that react to the surface without damaging the bulk properties.
- Outermost 10 to 1000 Å of the substrate.
PLASMA APPLICATIONS

- Surface modification using gas plasma is versatile;
- Capable of treating devices with high surface area: everything from small components like hubs or balloons up to very large and complex substrates, from fibers, nonwovens, wovens, and paper to plastic foils and metal and ceramic parts.
<table>
<thead>
<tr>
<th>Materials</th>
<th>Surface Energy (dynes/cm)</th>
<th>Water Contact Angle (degrees)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before</td>
<td>after</td>
</tr>
<tr>
<td><strong>Hydrocarbons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polypropylene</td>
<td>29</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Polyethylene</td>
<td>31</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Polystyrene</td>
<td>38</td>
<td>&gt;73</td>
</tr>
<tr>
<td>ABS</td>
<td>35</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Polyamide/polyethylene copolymer</td>
<td>&lt;36</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Epoxy</td>
<td>&lt;36</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Polyester</td>
<td>41</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Rigid PVC</td>
<td>39</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Phenolic</td>
<td>None</td>
<td>&gt;73</td>
</tr>
<tr>
<td><strong>Fluorocarbons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polytetrafluoroethylene/ polyethylene copolymer</td>
<td>37</td>
<td>&gt;73</td>
</tr>
<tr>
<td>Fluorinated ethylene propylene</td>
<td>22</td>
<td>72</td>
</tr>
<tr>
<td>Polyvinylidene</td>
<td>25</td>
<td>&gt;73</td>
</tr>
</tbody>
</table>

*Table I. Typical material surface-tension and contact-angle values*
Poly(ethylene glycol) PEG

[-CH₂CH₂O-]ₙ

- N = 15-3500; mw 400-100,00
- Binds water
- Steric repulsion
Surfactant-based PEG Coating

- PEO
- PPO
- PEO

HO

129

-CH₂-CH₂-O-

56

-CH-CH₂-O-

CH₃

129

- Steric Repulsion
- Pegylation

ca. 14 nm

Hydrophobic Substrate

Contact angle >70°

F108 coating
Inhibition of Cell Attachment

GFAP: Green

Light Micrograph
Protein Tethering Scheme

Protein -OC-N-(CH₂)₂-S-S-(CH₂)₂-C-N-Protein

Protein -OC-N-(CH₂)₂-S-S-(CH₂)₂-C-N-Protein

Protein -OC-N-(CH₂)₂-S-S-(CH₂)₂-C-N-Protein

Protein -OC-N-(CH₂)₂-S-S-(CH₂)₂-C-N-Protein
Varying Substrate Ligand Bioactivity
Phospholipids
Protein Adhesion *In Vitro*

Absorbance (450nm)

- **Fibrinogen (Fg)**
- **von Willebrand Factor (VWF)**
- **Immuno-gamma Globulin (IgG)**
- **Human Serum Albumin (HSA)**

- **uncoated**
- **PC coated**

*J Chem Edu 79, 321, 2002*
Platelet Adhesion and Activation *In Vitro*

![Graph showing absorbance for GPIb and P-Selectin under uncoated and PC coated conditions.](image-url)

- **GPIb**
  - Uncoated: 0.30
  - PC coated: 0.20

- **P-Selectin**
  - Uncoated: 0.25
  - PC coated: 0.20

*ASAIO 40, M853, 1994*
The Anticoagulant Action of Heparin

Thrombin

Without Heparin

Ternary Complex Formation

Dissociation of Heparin

Fibrinogen → Fibrin
Covalent Immobilization of Heparin

Heparin coated after blood exposure

Uncoated after blood exposure with microthrombus on surface
Stents
Stents
General strategies to Prevent Device-related Infections

- Minimize contact- Clean Room Conditions
- Kill every thing in contact-Sterilization
- Minimize binding at contact-Surface coating
- Kill after contact-Anti-infective coatings
Combining Local Drug Delivery and Implantable Medical Devices

Table I: Examples of devices that could utilise drug-eluting coatings.

- Abdominal aortic aneurysm devices
- Anastomosis devices
- Birth control occlusion devices
- Benign prostatic hyperplasia and prostate cancer treatments
- Breast implants
- Cerebro spinal fluid shunts
- Dental implants
- Focal epilepsy treatment
- Heart valve repair
- Implantable biosensors
- Implanted drug infusion tubes
- Intravitreal drug delivery devices
- Nerve regeneration conduits
- Neuro aneurysm treatment
- Pacing and electro stimulation leads
- Pain management
- Spinal repair devices
- Stents (coronary, peripheral, gastrointestinal)
- Vascular grafts
- Vena cava filters
Anti-infective Coatings
AST Products (Billerica, Massachusetts) presented data on a surface coating that provides controlled release of antimicrobial agents without an initial burst effect. The coating uses a charged antimicrobial agent, such as a silver ion, that forms an ionic complex with a polymer matrix containing a counter ion, such as a carboxylic group. The silver ions are exchanged when sodium ions from physiological fluids diffuse into the coating matrix.
Anti-infective Coatings

- sequester antimicrobials and antibiotics on the surface of or within devices to reduce the incidence of device-related infections;
- active anti-infective agents in or on the device is secondary to the device's primary therapeutic or diagnostic function;
The Central Concept

- **Site-specific delivery**-Locating active agents or drugs only at the surface of or in the vicinity of the device to reduce the incidence of device-related infections, which is preferable to administering the same drugs systemically;

- Systemic administration requires maintaining dose levels throughout the body, whereas local administration from the device surface concentrates the drug at the precise site where it is needed;

- Decreases potential for bacterial resistance.
Effective Delivery

- In order for local administration to be effective there must be sufficient amounts of the agent released from the device, and the duration of release must be appropriate for the condition.
- If there is good elution of drug from the device, drug concentration will be high at and near its surface, but will diminish with distance;
Endotracheal Tubes from ICU at 4, 8, 12 hrs.
METHODS OF DRUG ATTACHMENT AND ENTRAPMENT

- Adsorption;
- Adding surface charges,
- Covalent immobilization with labile linkage;
- Incorporation into surface coating;
The Ideal Surface Coating

- Biocompatibility
- Drug Availability
- Adhesion
- Durability
- Flexibility
- Coverage
- Sterilizability
- Stability
- Ease of Use
- Cost
Emerging Technologies

- Coatings for enhanced imaging
- Cell coated grafts for tissue engineering
- Coating to enhance regenerative processes
- Coatings for drug delivery
Coating Companies

Polymer Technology Group
SurModics
Carmeda
Hydromer Inc.
AST Products Inc.
STS Biopolymers
Biocoat
Richard James Inc.
Biocompatibles Ltd.
BioChrom
Surface Solutions Laboratories
Spire Corp.
Implant Sciences Corp.
Advanced Polymer Systems Inc.