



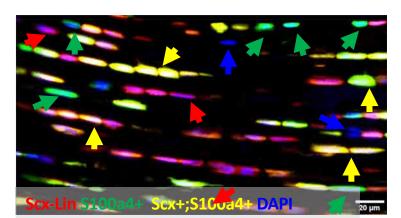
Tendinopathy, Tendon Healing & Tendon Regeneration

Alayna E. Loiselle, PhD
Associate Professor
IND 464 Musculoskeletal Basic Science Course
October 21, 2019

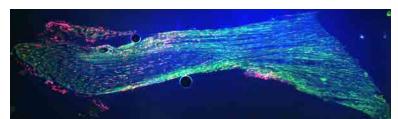
Outline

- Review of homeostasis
- Effects of Aging
- Disruptions in homeostasis
- Pathogenesis of tendinopathy/ tendinitis
- Mechanisms of regeneration and healing

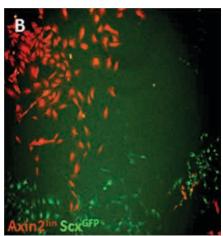
Tendon fibroblasts are not a uniform population



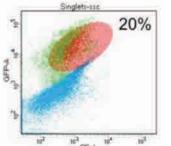
Best FASEB 2019



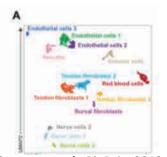
Loiselle Lab, unpublished data



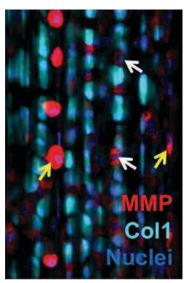
Walia et al. ORS 2019



Grinstein et al. ORS 2019

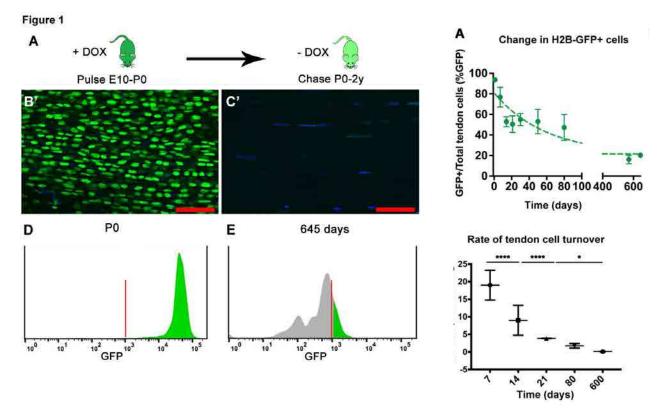


Swanson et al., BioRxiv. 2019



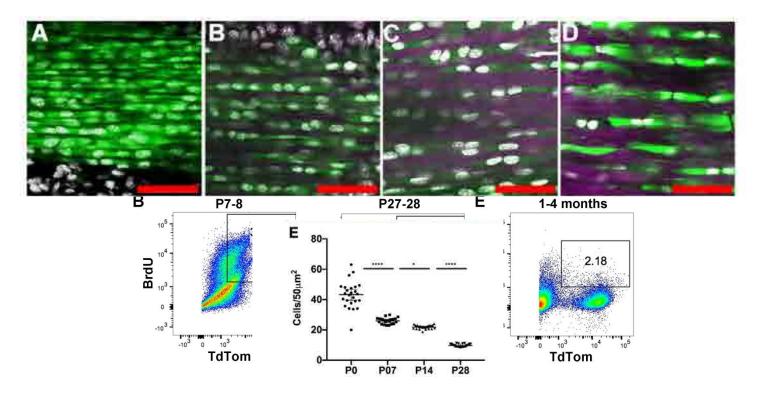
Bautista et al. ORS 2019

Tendon Cell Proliferation During Growth



Grinstein eLIFE 2019

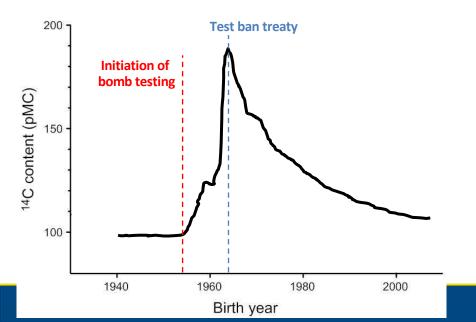
Tendon Cell Proliferation During Growth



Grinstein eLIFE 2019

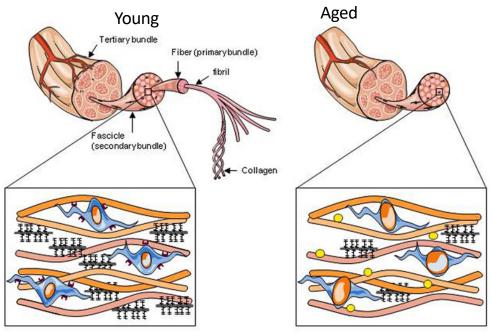
Tissue Renewal

Nuclear bomb testing between 1955-1963
Doubled atmospheric ¹⁴C
Tendon and muscle biopsies from patients born ~1940-1980
Assessment of tissue turnover rate





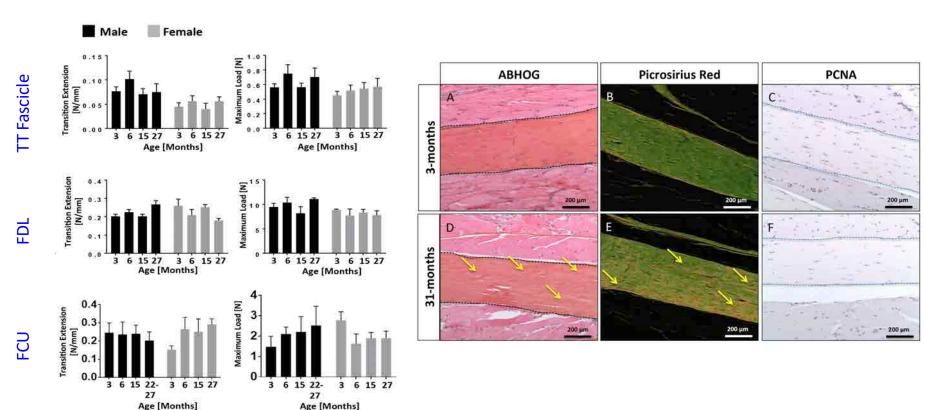
Tendon Homeostasis



- Matrix composition and organization is not dramatically different
- Decreased proteoglycan content
- Changes in cell morphology

Functional Consequences of Aging?

Tendon is not mechanically sensitive to aging



Ackerman et al., 2017. JOR

Age [Months]

Tendon & Aging

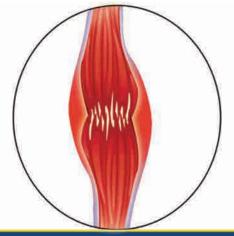
 Tenocyte quiescence and low-frequency ECM turnover= decreased sensitivity to aging (vs. bone)

- However, aging is associated with: increased tendinopathy, impaired healing
- Upon challenge (injury, comorbidities) aged tenocytes have impaired ability to respond resulting in age-related tendon pathology

Tendinopathy

Disease of the tendon

- Painful
- Exacerbated by activity
- Most common in the Achilles
- Tendonitis: acute inflammation and injury



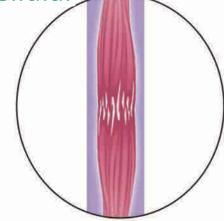
Tendinopathy

Disease of the tendon

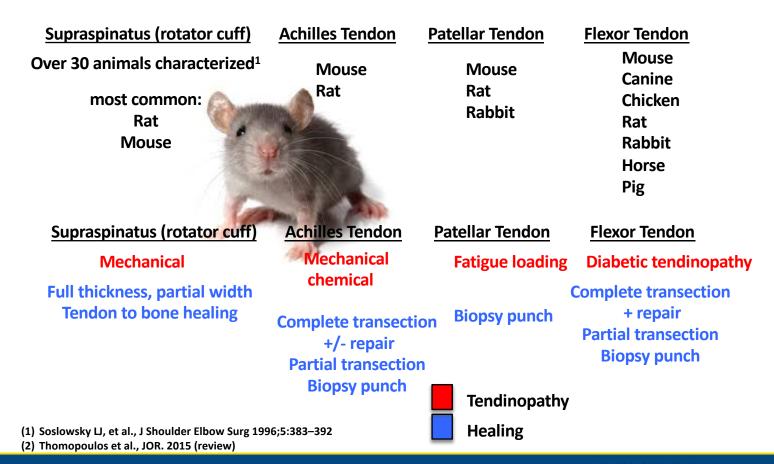
- Painful
- Exacerbated by activity

• <u>Tendinosis</u>: chronic with degenerative cellular changes, no inflammation

- More common than tendinitis
- Continuing for longer than 6 months

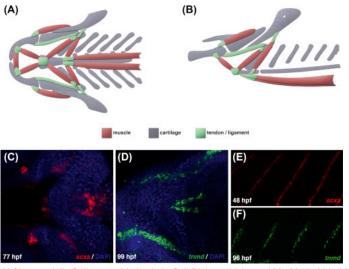


Animal Models of Tendinopathy & Healing





Zebrafish!



JW Chen and JL Galloway. Methods in Cell Biology, Volume 138, 2017, 299-320

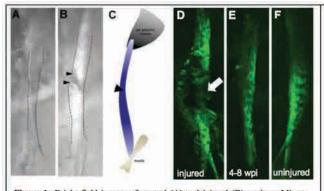
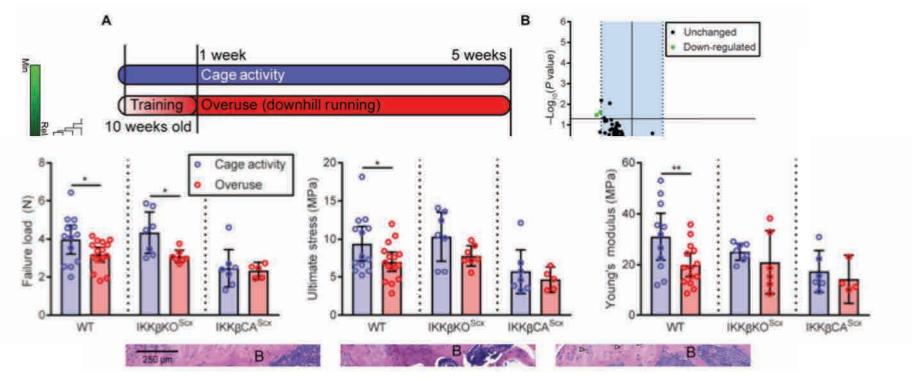


Figure 1: Bright field images of control (A) and injured (B) tendons. Microdissection scissors induce a midsubstance injury (B, arrowheads). Cartoon showing tendon orientation: tendon is blue, maxilla bone is brown, and muscle is gray (C). Injury is tracked in the same fish and collagen organization is visualized using Second Harmonic Generation (SHG). SHG imaging (green) shows the injury site (arrow) with disrupted collagen fibers (D). The strong SHG signal (E) indicates that collagen organization is restored by 4-8 weeks post injury (wpi), and similar to (F) an uninjured control tendon.

Inflammation is a potent mediator of tendinopathy

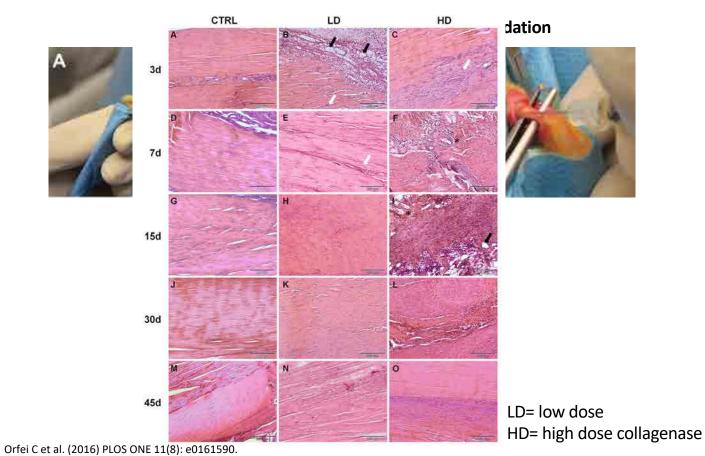


Disrupted Homeostasis: Diabetes

- Sensitivity varies by tendon*
- Flexors are most sensitive
- Pathological changes increase with disease duration
- Type I and type II diabetics are equally susceptible to flexor tendinopathy

 Diabetic
- Increased rate of rupture
- T2DM further impairs tendon healing after rupture or injury

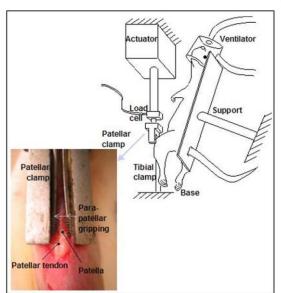
Collagenase Induced Tendinopathy



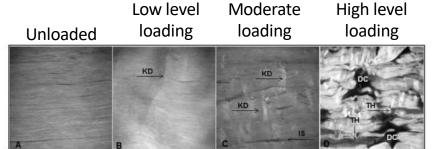
Mechanically Induced Tendinopathy

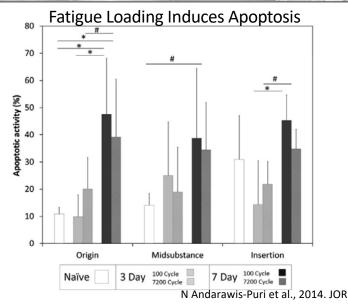
- Fatigue loaded under anaesthesia
- Uphill treadmill running
- Downhill treadmill running

Induces matrix and cellular changes



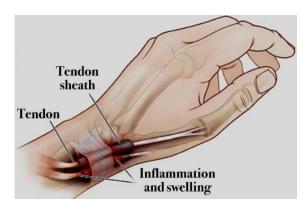
Neviaser A. 2012. J Shoulder Elbow Surg.

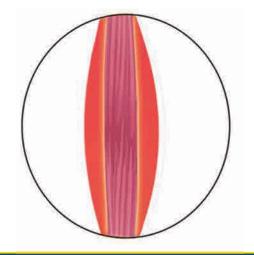




Tenosynovitis

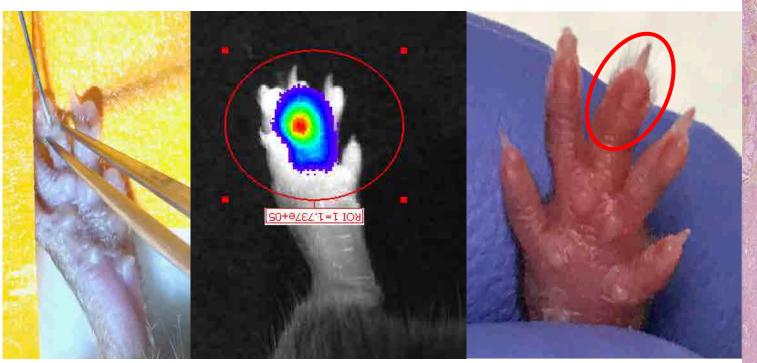
- Inflammation of the sheath
- Causes: inflammatory diseases, infection, injury
- Most commonly in hand/ wrist

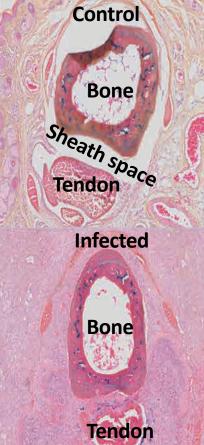




Scivet.com

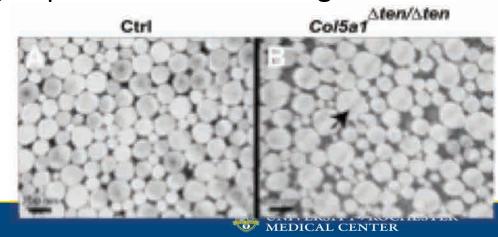
Developing a mouse model of pyogenic tenosynovitis





Genetic models of tendinopathy: Ehlers-Danlos Syndrome

- Joint hypermobility and frequent dislocations
- Mutation in ColV
- Tendon-specific ColV KO- EDS
 - Abnormal gait, joint laxity, altered collagen structure
- ColV^{+/-} altered tendon structure, impaired tendon healing



Sun et al., AJP. 2015, Johnston et al., JOR. 2017

Summary of Tendinopathy

Remodeling Balance

Physiological exercise increases: proliferation

collagen production

tenocytic gene expression (w/o chondro/ osteo/adipo)

Overuse/ Fatigue: Matrix Damage

Tenocyte apoptosis

Effects of pathology and/ or co-morbidities; promote degeneration +/- inflammation

Smoking

obesity

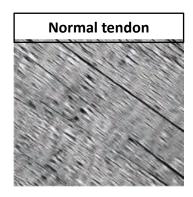
high cholesterol

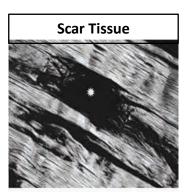
Future Directions

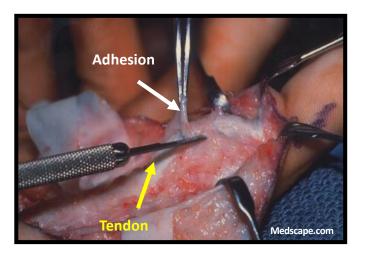
- Continue to identify co-morbidities that predispose or accelerate tendinopathy
- Most clinical data are from late stage pathology
- Beginning to use genetic animals models to better understand tendinopathy

Tendon Healing

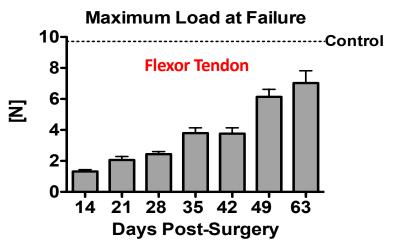
- ~300,000 tendon repair procedures per year
- Over \$20 Billion in associated health care costs
- Healing is complicated by scar formation

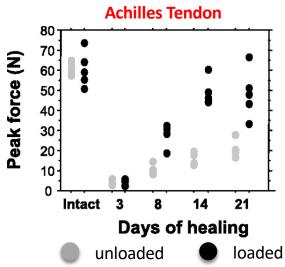




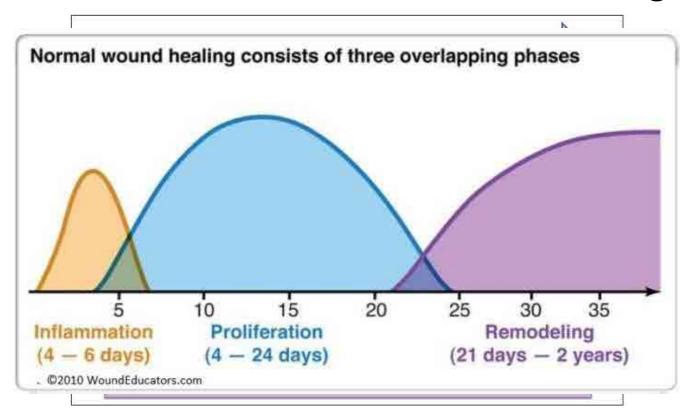


Acquisition of Mechanical Properties



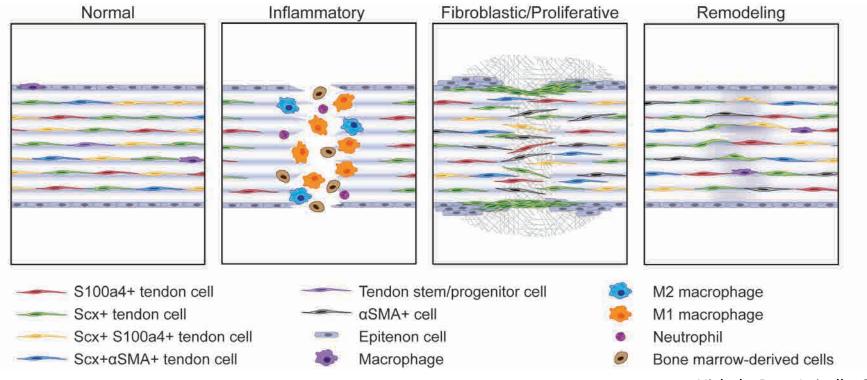


Similarities between wound and tendon healing



Thiruvoth et al. 2015. Plastic and Aesthetic Research AJ Jomas et al. 2014. Advanced Drug Delivery Review

Similarities between wound and tendon healing



Nichols, Best, Loiselle. 2019

Inflammation

Well-regulated inflammation is beneficial

-activates healing cascade

-recruitment/activation of cells

Excessive/ Chronic inflammation is pathological

-degenerative matrix changes-fibrotic healing

Benefits of Anti-inflammatory therapy is controversial Timing may be key!

Generally effective at preventing excess scar formation

Early inhibition decreases mechanics

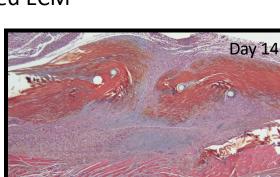
Delayed healing maintains mechanics

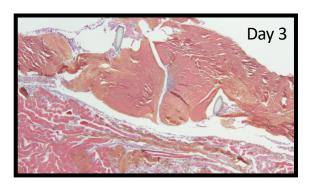
Cell-type specific considerations

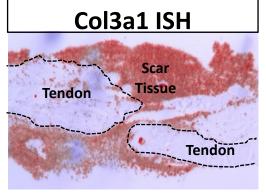
Virchenko et al., 2004. Am J Sports Med, Geary et al. 2015. PlosOne

Proliferative/ Granulation Phase

- Lasts a few weeks
- Begins ~day 7 in mouse model
- Proliferation of 'fibroblasts'
- Bridging on injury site
- Production of ECM components (Col1/ Col3)
- Rapid deposition of disorganized ECM



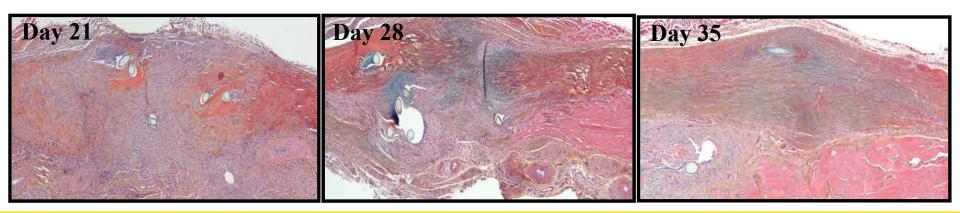




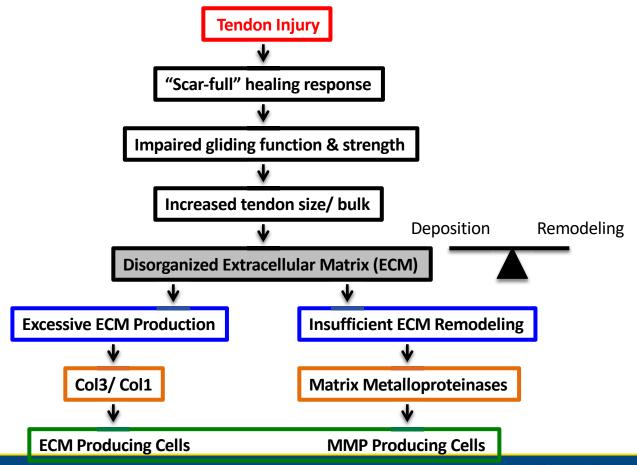
Thomopoulos et al., 2009. JOR, Thomopoulos et al., 2010. JBJS, Katzel et al. 2010. JOR, Awad Lab, Loiselle Lab

Remodeling Phase

- Lasts many months
- Begins ~day 21 in mouse model
- Reorientation of ECM
- Mmp-mediated remodeling



Successful Repair: A Delicate balance of deposition and remodeling



Double-edged sword of tendon healing

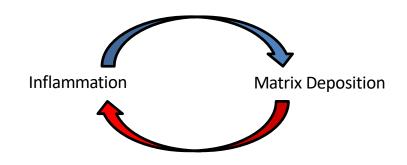
Matrix deposition



Mechanical properties

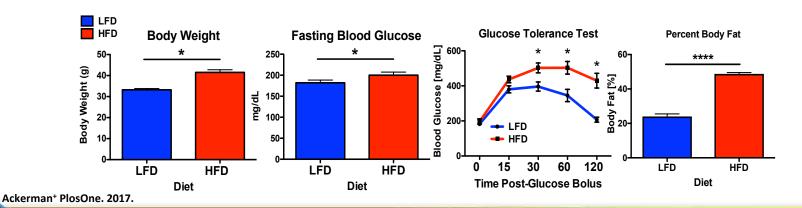
Fibrosis

- Thickening and/or scarring of connective tissue
- Typically in response to injury
- In response to injury fibrosis= scar tissue
- Excess matrix deposition
- Disorganized matrix
- Exuberant healing response

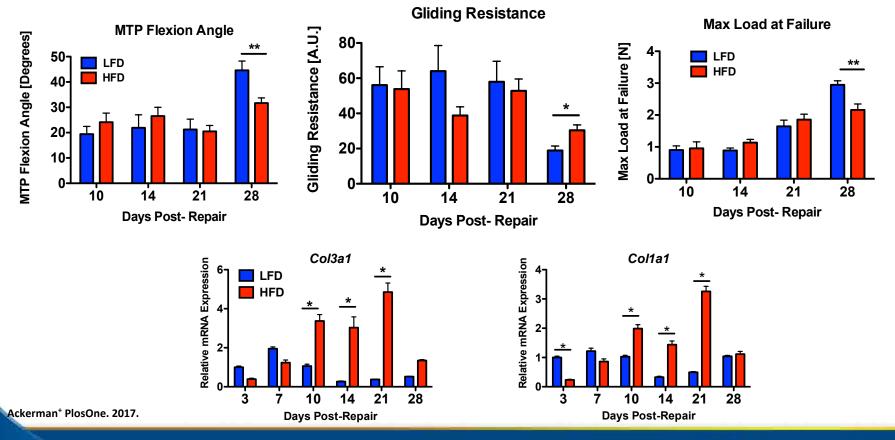


Impact of Diet induced Obesity and Type II Diabetes on Tendon Healing

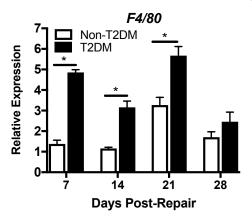


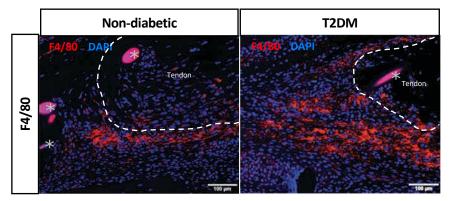


T2DM Impairs Tendon Healing



T2DM Prolongs and Alters Inflammation



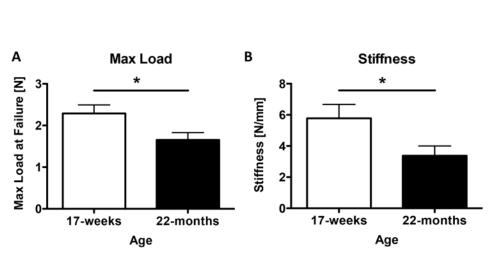


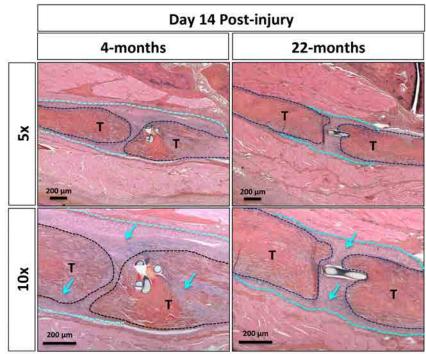
Ackerman+ PlosOne. 2017.

Increased macrophage content
Prolonged macrophage presence
Increased, prolonged pro-inflammatory M1 macs
Increased, early anti-inflammatory* M2 macs



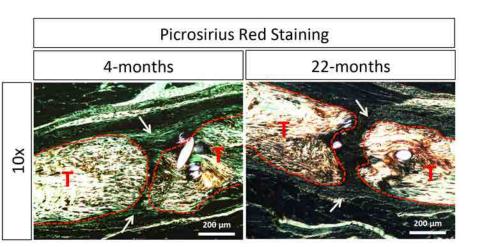
Aging decreases fibrotic tendon healing (too much)

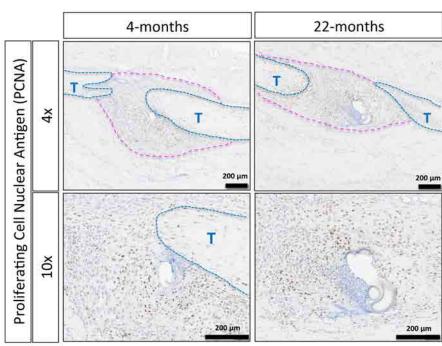




Ackerman et al., JOR. 2017.

Aging decreases fibrotic tendon healing (too much)





No change in proliferative capacity

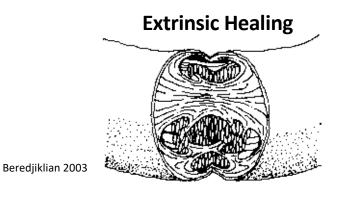
Decreased matrix production on a per cell basis

Is the cellular environment the same? Orthopaedics

MEDICINE & Rehabilitation

Origin of Cells During Tendon Healing: Intrinsic & Extrinsic

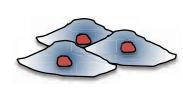
The cellular components of tendon healing are not well characterized





Resident Tenocytes

Macrophages/
Inflammatory cells

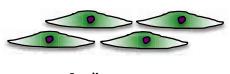


Bone marrow/ circulating cells

Undefined Milieu

- -Myofibroblasts (α-SMA)
- -Sheath (Prg4)
- -Basement membrane (laminin)

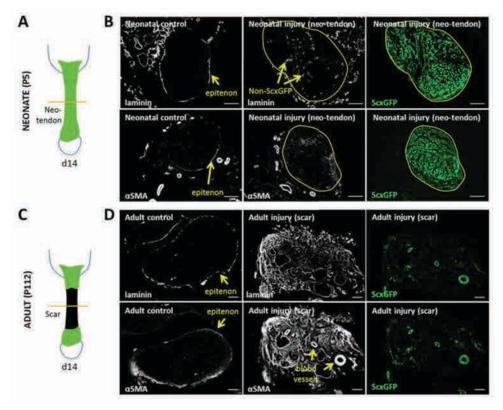
-3



Scx-lineage

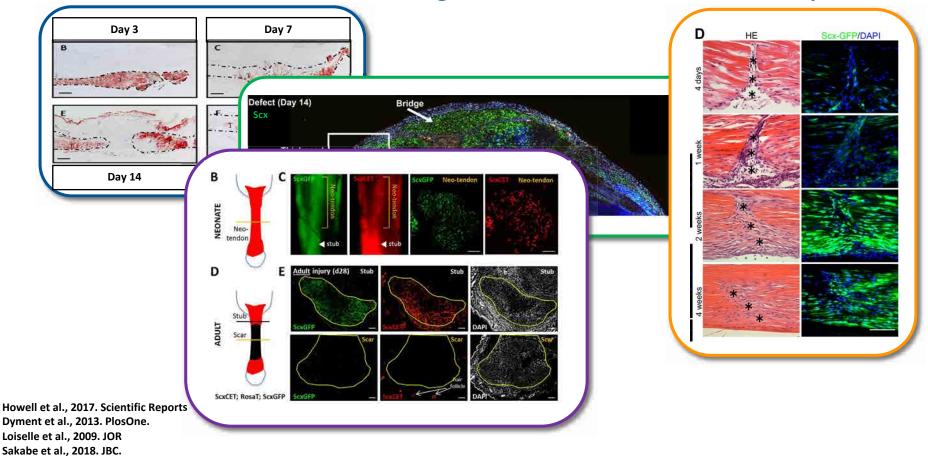
Cellular Basis of Healing: Intrinsic Cells

Tenocytes: Scx remains best marker with genetic tools

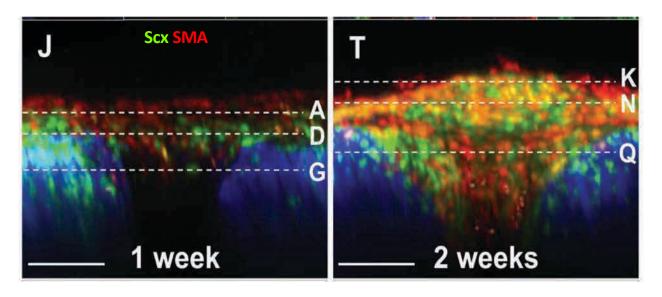


Howell et al., 2017. SciRep

Contribution of Scx-cells to healing is controversial and context dependent

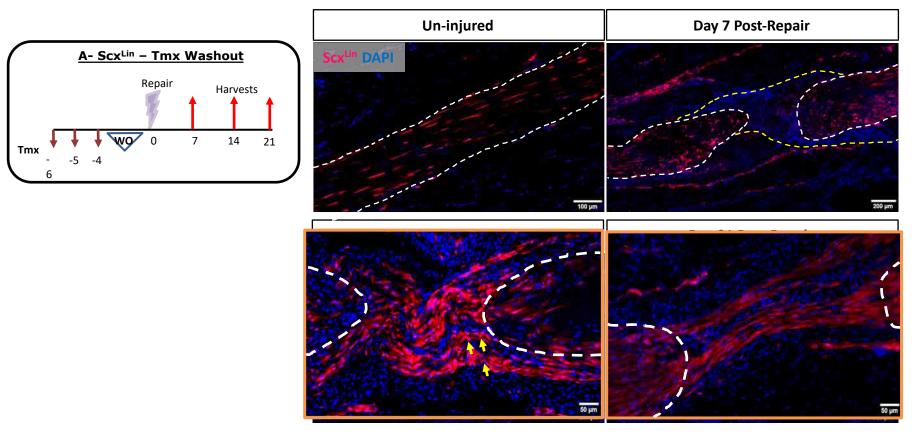


Contribution of Scleraxis Cells to Healing, Regeneration and Scar Formation is Unclear



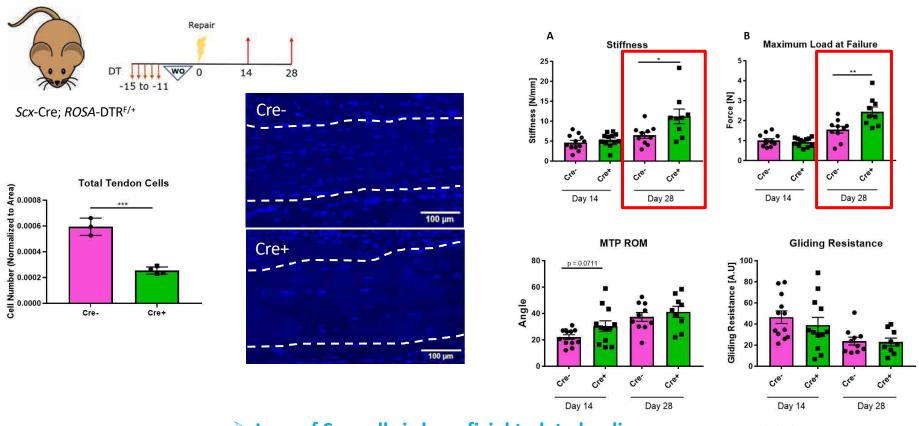
Function is likely to be context dependent

Scx^{Lin} Cells Contribute to Bridging Population by Day 14



Best & Loiselle FASEB 2019

Scx+ Cell Death Improved Healing Tendon Strength

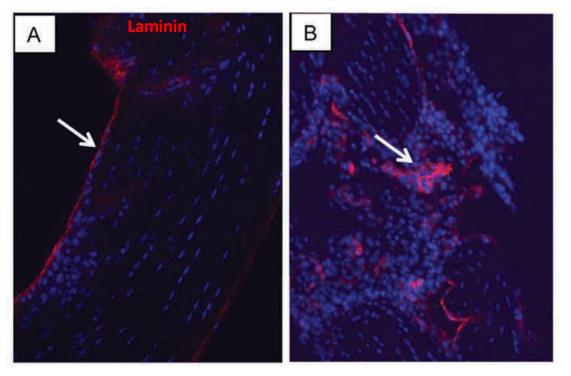


> Loss of Scx cells is beneficial to late healing

Best, Unpublished Data

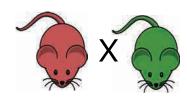
Cellular Basis of Healing: Intrinsic Cells

Contribution of basement membrane (laminin+) cells to healing and adhesion formation

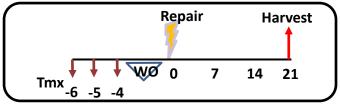


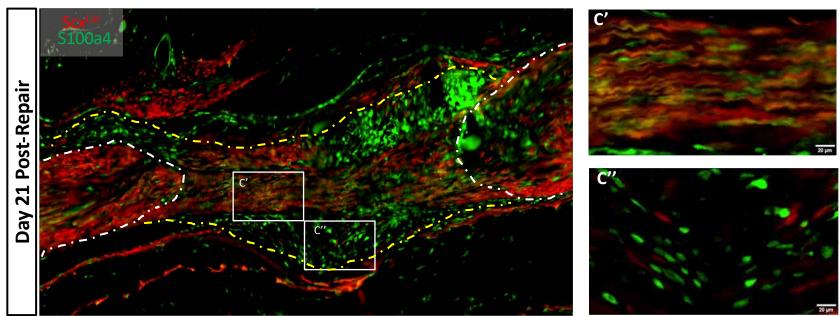
Taylor et al., 2011. PlosOne

S100a4 and Scx cells have distinct spatial expression profiles during healing



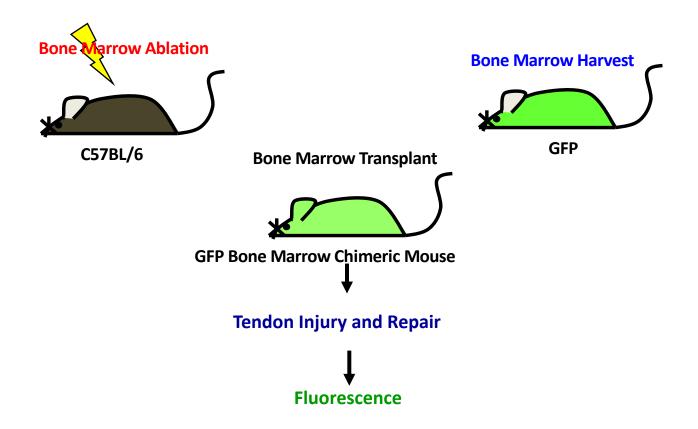
Scx-Cre^{ERt2}; Rosa-Ai9; S100a4-GFP^{promoter}





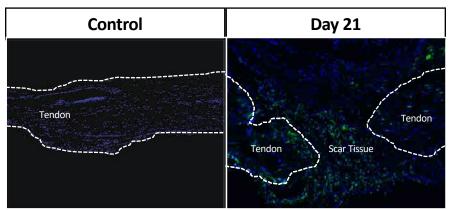
Best & Loiselle FASEB 2019

Cellular Basis of Healing: Extrinsic Cells

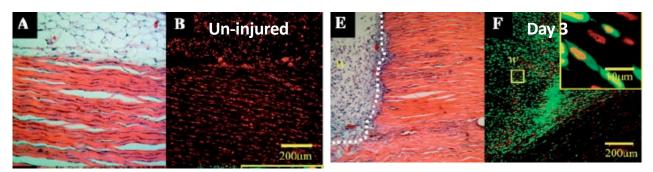


Cellular Basis of Healing: Extrinsic Cells

Bone Marrow Derived Cells Migrate Specifically to the Repair Site



- Specific Sub-populations remain unknown
- Function not ~clear
- BM-Mmp9 sufficient for adhesion formation

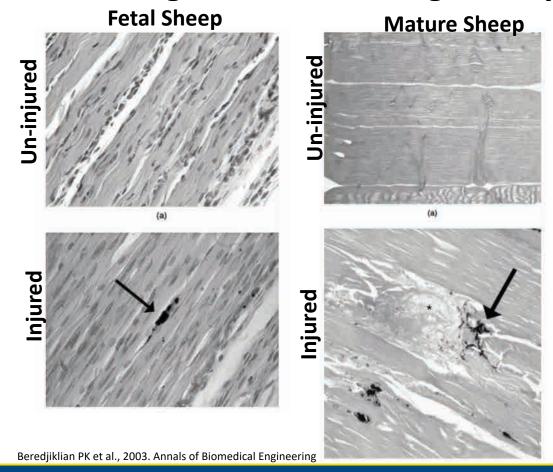


Loiselle et al., 2012. PlosOne, Kajikawa, Y. et al. Journal of Cell Physiology. 2007

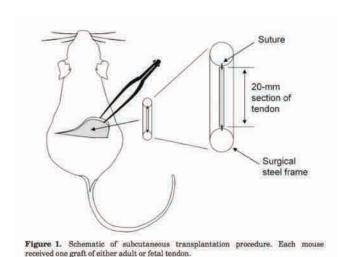
Future Work

- Delineate intrinsic vs. extrinsic contributions of cell types
 - Macrophages
 - S100a4
- Define functions of intrinsic & extrinsic populations
- Understand how homeostatic populations change in response to injury

Regenerative Healing: Embryonic



Regenerative Healing: Embryonic



Embryonic and adult tendon implanted in to the back to determine if embryonic tendons could heal scar-lessly in an adult environment

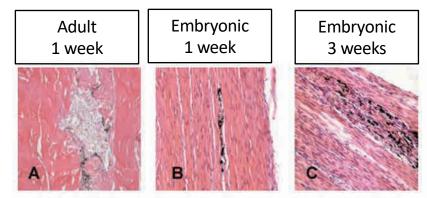
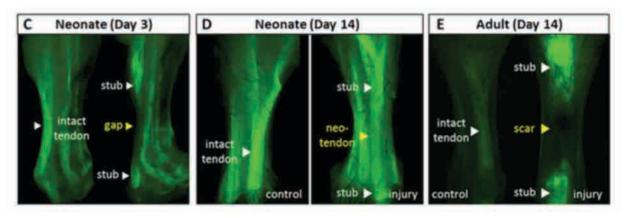
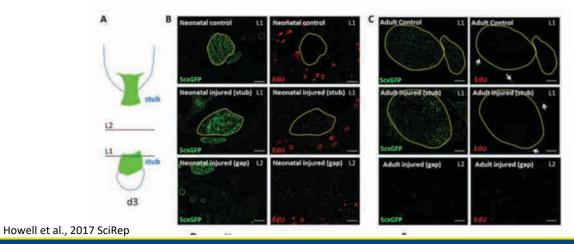


Figure 2. H&E sections of wounded tendons (black indicates wound). (A) 1-week adult, original magnification ×50; (B) 1-week fetal, original magnification ×200; (C) 3-week fetal, original magnification ×200. Note the substantial inflammatory response in the adult, but not the fetal, specimens.

Beredjiklian PK et al., 2006. JOR

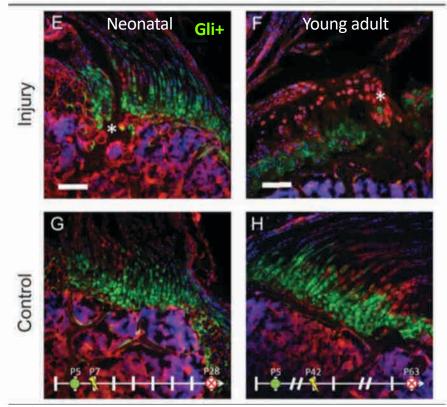
Regenerative Healing: Neonatal





Regenerative Healing: Neonatal

Tracing Gli1-lineage cells after enthesis injury



Schwartz AG et al., 2017, Development

Where do we go from here? (2017)

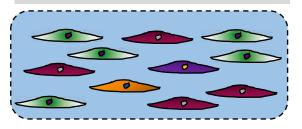
- ✓ Critical mass of labs studying cell lineage/fate/function
- ✓ Big data and single-cell RNAseq
- Development of tendon specific tools

• Identification of new 'tendon-specific' markers

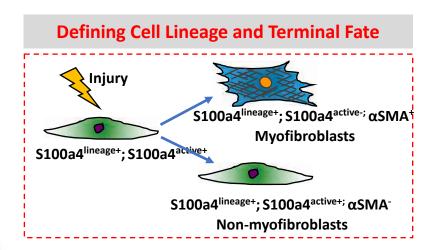


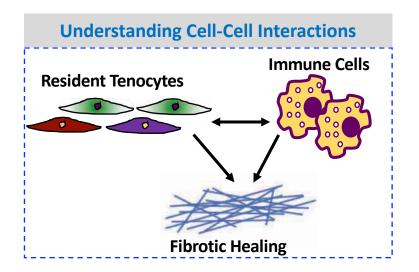
Where do we go now?

Tendon Cell Heterogeneity

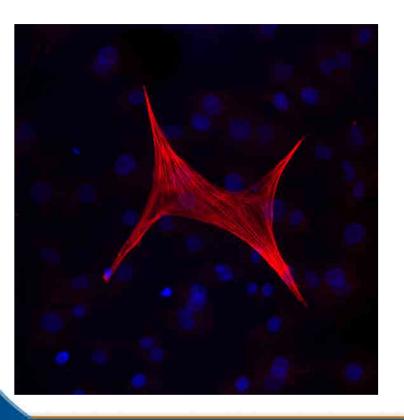


- Tendon Cell Heterogeneity
- Delineate functions of subpopulations
- Need to define cell origin, lineage and fate
- Understanding of cell-cell, cell-matrix interaction → phenotype



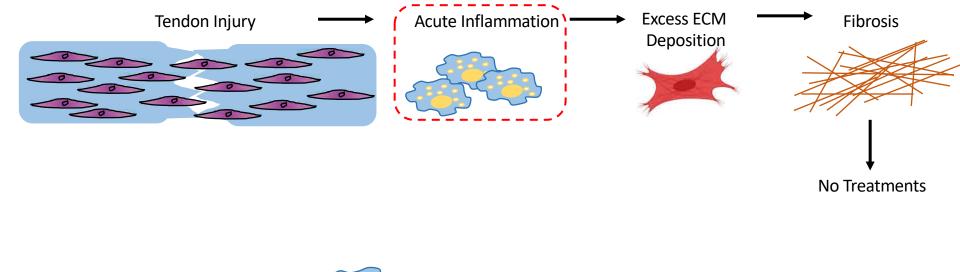


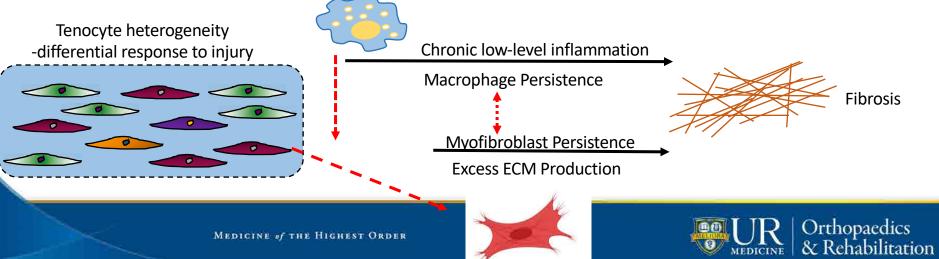
Tenocyte transition to myofibroblasts?



- > "Specialized"/ Activated Fibroblasts
- > Involved in matrix deposition
- > Restoration of tissue integrity

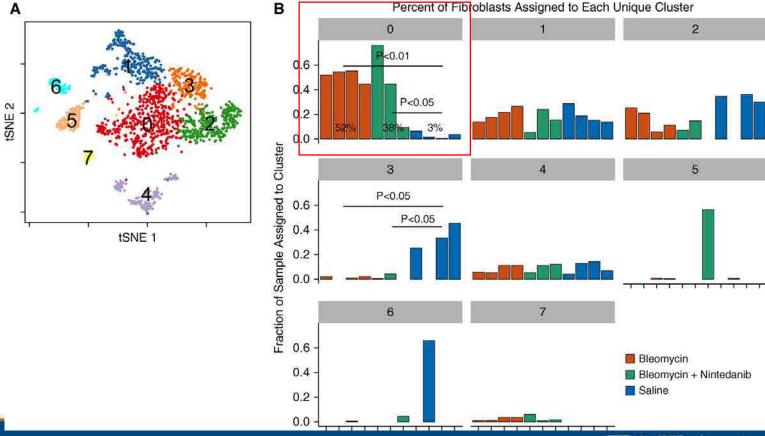




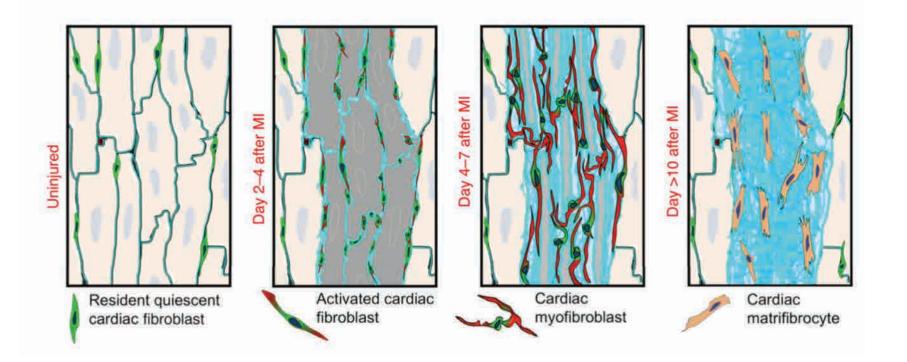


MEDICINE of THE HIGHEST ORDER

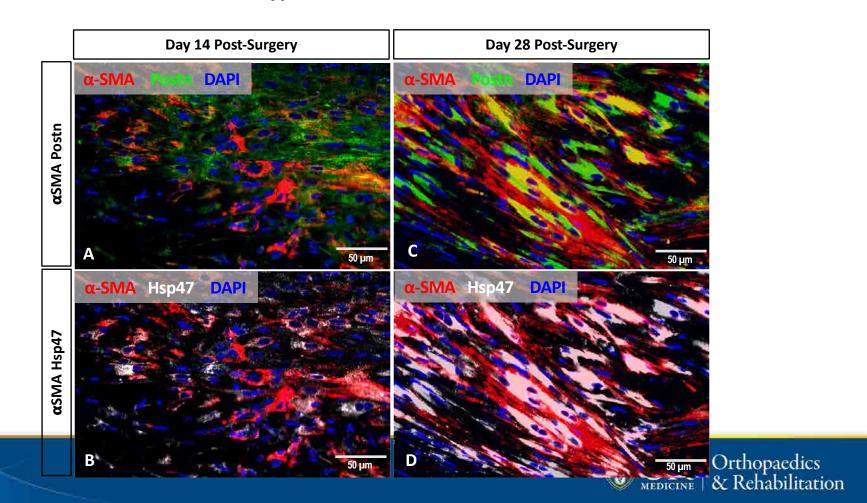
Fibroblast heterogeneity at baseline with differential contributions to myofibroblast fate



Phenotypic and functional shifts over time



Phenotypic and functional shifts over time



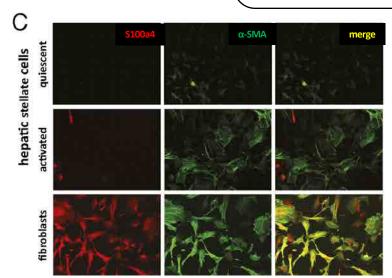
The controversial relationship between S100a4 and α -SMA

Defining the myofibroblast pre-cursors during tendon healing

ECM Deposition

Fibroblast/ tenocyte'

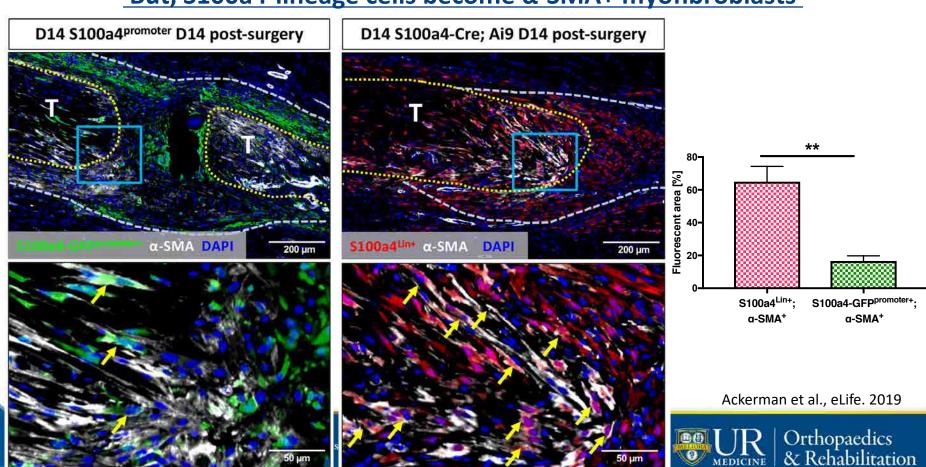
Myofibroblasts



- Nearly all dermal fibroblasts are S100a4⁺/α-SMA⁺
- No co-localization seen in quiescent or activated hepatic stellate cells

Österreicher et al. PNAS 108:308-313. (2011)

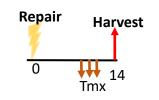
S100a4+ cells are not myofibroblasts in the healing tendon But, S100a4-lineage cells become α-SMA+ myofibroblasts

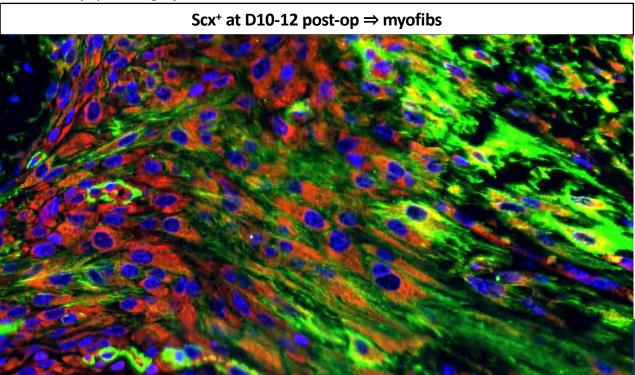


Dynamic Contribution of ScxLin and Scx Expression to Myofibroblast Fate



Labels tendon cells that express Scx 10-12 days post-surgery





RFP (Scx^{Ai9}) αSMA DAPI

Orthopaedics & Rehabilitation