Orthopaedic Surgery School of Medicine University of Missouri Health

#### Relationships among Patient-Specific Variables and Osteoarthritic Chondrocyte Metabolism

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Methods



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### Introduction and Purpose

- The Pathophysiology of OA is poorly understood and there is considerable patients to patient variation in the development and progression of OA clinically
- Age, Sex, BMI, Tobacco Use, and Diabetes are consistent risk factors for OA
- The mechanistic effects of these factors on OA cartilage metabolism have not been fully characterized

### Hypothesis

- As patient age, BMI, and pain at the time of total knee arthroplasty (TKA) increase, production of pro-inflammatory and degradative biomarkers by OA chondrocytes will significantly increase.
- Female sex, tobacco use, and diabetes mellitus will be associated with significant increases in the production of pro-inflammatory and degradative biomarkers by OA chondrocytes.





### Conclusions

- Patient BMI, sex, and tobacco use may directly or indirectly influence biomarker production by OA chondrocytes.
- Each patient factor assessed was associated with unique effects on osteoarthritic chondrocyte metabolism.
- Further characterization of the mechanistic effects that these key patient factors have on chondrocyte metabolism will provide insight into drivers of patient-to-patient variability in OA so that precision medicine strategies for diagnosis, prevention, and treatment can be developed and optimized

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### Results

	Corre	lations Bet	ween Patie	nt Age, BM	II, VAS Pain	Score	
	Gro-a	VEGF	MCP-3	IL-2	IL-6	IL-8	RANTE
Age	0.11	0.05	0.12	0.06	-0.01	0.22	-0.13
BMI	-0.13	0.02	-0.24	-0.28	-0.21	-0.29	-0.18
VAS Pain	-0.25	-0.23	-0.39	-0.19	-0.34	0.03	-0.27
	IL1-RA	MMP-3	MMP-7	MMP-8	MMP Activity	MGAG	
Age	0.01	-0.10	-0.18	-0.02	0.09	0.22	
BMI	0.16	-0.26	-0.26	-0.22	-0.23	0.29	
VAS Pain	0.24	0.16	0.23	0.20	-0.15	-0.26	

There were only weak to negligible correlations observed between patient age, BMI, or VAS pain scores and the
production of specific inflammation related and degradation related biomarkers by the OA chondrocytes.

Surprisingly, the data indicates potential negative correlations between patient VAS Pain and the production of specific inflammation related biomarkers, as well as a negative correlation between patient BMI and the production of specific inflammatory and degradation related biomarkers.



#### Results



- Overdrocytes from current smokers (pellow) produced significantly higher levels of TNF a compared to former and non-smokers
- When chondrocytes were groups based on Patient VMS pain accress at the time of surgery (blue), the only significan observed between the 0 group (score of 0) and the 2 group (score of 4-5) for MCP-3 and RANTIS



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## Methods

• With IRB approval (IRB #1208932) and informed patient consent



Pro-Inflammatory Biomarkers		Anti-Inflammatory Biomarkers		Pro-Degradative Biomarkers		Anti-Degradative Biomarkers		Matrix Molecule	
GRO-α	MIP-1α	IL-1RA	IL-10	MMP-1	MMP-8				
IL-6	MIP-1ß				MMP-2 MMP-9 TIMP-	TIMP-1	TIMP-3	Media	
IL-8	PGE2	IL-2	PDGF-	MMP-3	MMP-13				
MCP-1	RANTES	11-4	VEGE	MMP-7	MMP Activity	TIMP-2	TIMP-4	(GAG)	
MCP-3	TNF-α			ADA	MTS4				

## Results

### **Correlations Between Patient Age, BMI, VAS Pain Score**

	Gro-α	VEGF	MCP-3	IL-2	IL-6	IL-8	RANTES
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					MMP		
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### Results





• In all cases the patients in the highest BMI group had the lowest production of the biomarkers



### Results



Sex, Smoking, and VAS Pain Score

When patient chondrocytes were groups based on sex (green), female OA chondrocytes produced significantly higher levels of the ٠ degradative enzymes MMP-7, MMP-8. and MMP-13

1200

800

400

200

tion 600

- Chondrocytes from current smokers (yellow) produced significantly higher levels of TNF-a compared to former and non-smokers ٠
- When chondrocytes were groups based on Patient VAS pain scores at the time of surgery (blue), the only significant differences we observed between the 0 group (score of 0) and the 2 group (score of 4-5) for MCP-3 and RANTES

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