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Novel bilayer bacterial nanocellulose scaffold supports neocartilage formation <i>in vitro</i> and <i>in vivo</i>
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Abstract

Tissue engineering provides a promising alternative therapy to the complex surgical reconstruction of auricular cartilage by using ear-shaped autologous costal cartilage. Bacterial nanocellulose (BNC) is proposed as a promising scaffold material for auricular cartilage reconstruction, as it exhibits excellent biocompatibility and secures tissue integration. Thus, this study evaluates a novel bilayer BNC scaffold for auricular cartilage tissue engineering. Bilayer BNC scaffolds, composed of a dense nanocellulose layer joined with a macroporous composite layer of nanocellulose and alginate, were seeded with human nasoseptal chondrocytes (NC) and cultured in vitro for up to 6 weeks. To scale up for clinical translation, bilayer BNC scaffolds were seeded with a low number of freshly isolated (uncultured) human NCs combined with freshly isolated human mononuclear cells (MNC) from bone marrow in alginate and subcutaneously implanted in nude mice for 8 weeks. 3D morphometric analysis showed that bilayer BNC scaffolds have a porosity of 75% and mean pore size of $50 \pm 25 \,\mu$ m. Furthermore, endotoxin analysis and *in vitro* cytotoxicity testing revealed that the produced bilayer BNC scaffolds were non-pyrogenic ($0.15 \pm 0.09 \text{ EU/ml}$) and non-cytotoxic (cell viability: $97.8 \pm 4.7\%$). This study demonstrates that bilayer BNC scaffolds offer a good mechanical stability and maintain a structural integrity while providing a porous architecture that supports cell ingrowth. Moreover, bilayer BNC scaffolds provide a suitable environment for culture-expanded NCs as well as a combination of freshly isolated NCs and MNCs to form cartilage *in vitro* and *in vivo* as demonstrated by immunohistochemistry, biochemical and biomechanical analyses.

Keywords: Tissue Engineering; Ear Cartilage; Neo-cartilage; Bacterial Nanocellulose; Bacterial Cellulose; Nasoseptal Chondrocytes; Mononuclear Cells Introduction

Serious auricular defects such as anotia and microtia, along with auricle damage caused by cancer and trauma, demand an effective treatment for auricular cartilage reconstruction. For such cases, the field of tissue engineering (TE) provides a promising potential alternative therapy to the conventional and complex surgical reconstruction of auricular cartilage by using ear-shaped autologous costal and nasoseptal cartilage [1-3]. Bacterial nanocellulose (BNC), a novel biomaterial with excellent biocompatibility and remarkable tissue integration capability [4-8], has been evaluated for several TE strategies and has shown to support adhesion, proliferation and differentiation of different cell types [9-15]. BNC is a natural biopolymer synthesized by various bacteria species, particularly *Gluconacetobacter xylinus* [16, 17]. Its three-dimensional and interconnected network is composed of highly hydrated nanofibrils ranging from 70 to 140 nm in width, similar to collagen fibrils found in extracellular matrix (ECM) of several tissues, with high tensile strength [11, 18]. BNC is considered a hydrogel since it is mostly composed of water in its native state (99%). All together, these outstanding properties make BNC an exceptional biomaterial for many biomedical applications [19-21], including auricular cartilage reconstruction [8, 14, 22]. Although several groups have attempted to engineer auricular cartilage [1], few successful outcomes have been reported [23-25]. Development of artificial auricular grafts with adequate mechanical properties has been identified as a key factor for successful auricular cartilage TE [26]. Most studies that have used biodegradable scaffold materials have resulted in poor structural integrity (i.e. shape and size stability) of the auricular scaffold after implantation; caused by the short-lived chemical and mechanical stability [27-31]. On the other hand, recent studies that have investigated the use of non-degradable biomaterials for auricular cartilage reconstruction have reported a better structural integrity of the implant [23, 25, 32] – likely caused by the chemical stability of the support biomaterial, which translates

into long-lasting mechanical properties even after implantation. As opposed to the many biodegradable scaffolds previously evaluated for auricular cartilage TE, the long-term structural integrity of BNC scaffolds should not be compromised after implantation since humans do not produce enzymes capable of breaking down cellulose [33]. Besides being a chemically stable material, BNC with increased cellulose content of 17% (densified hydrogel) is a competitive scaffold material for repair, reconstruction or regeneration of auricular cartilage since it matches the elastic mechanical properties (e.g. equilibrium modulus) of human auricular cartilage [22], can be fabricated in patient-specific auricular shapes [34] and exhibits excellent biocompatibility *in vivo* - causing a minimal foreign body response [8].

When densified, BNC hydrogel is a mechanically and biologically appropriate biomaterial for use in auricular cartilage reconstruction [8, 22]. However, its dense nanocellulose network prevents cells from penetrating the material. To circumvent this problem, several techniques have been developed to support cell ingrowth in BNC scaffolds by tuning pore size and pore interconnectivity during biosynthesis of BNC [35], via laser ablation [10] and freeze-dry processing [36, 37]. Such macroporous BNC scaffolds have been shown to provide an adequate environment that supports ingrowth and differentiation of chondrocytes. For example, human primary articular, auricular and nasoseptal chondrocytes cultured in macroporous BNC scaffolds *in vitro* have been shown to adhere, migrate, proliferate and maintain their chondrogenic phenotype – as confirmed by the synthesis of cartilage-specific ECM [14, 37, 38].

Engineering stable and functional auricular cartilage tissue also depends on the cell source used. Pleumeekers et al. showed that human auricular and nasoseptal chondrocytes possess a high chondrogenic capacity *in vivo*, making them attractive cell sources for auricular cartilage repair [39]. The use of cells in cartilage repair is an attractive strategy as it may result in regeneration of the lost tissue. However, the clinical application of a cell-aided treatment does feature challenges – a limited supply of autologous chondrocytes with the proper phenotype being the most stringent one. To cancel out cell culture, including the concomitant laboratory logistics and the double surgery, autologous cells should be isolated within the operating room and applied directly. In addition, the combination of chondrocytes with a less limited source of autologous cells, such as bone marrow mononuclear cells (MNC), can overcome the challenge of having too few cells and may even increase the treatment's performance [40, 41]. By resuspending the cells in alginate, also the factor of cell loss after scaffold seeding can be diminished whilst simultaneously providing the cells with a 3D environment to suppress dedifferentiation [42].

Several studies that have evaluated BNC as a scaffold material for auricular cartilage TE [8, 14, 22, 37] have contributed to the design and development of BNC scaffolds with a twolayer (bilayer) architecture. This study investigates the *in vitro* and *in vivo* performance of bilayer BNC scaffolds, composed of a dense nanocellulose layer joined with a macroporous composite layer of nanocellulose and alginate, designed to be mechanically stable and maintain a long-term structural integrity while providing a porous architecture that supports cell ingrowth and neocartilage formation. Moreover, this study explores the application of a clinically relevant strategy by seeding a low number of freshly isolated (uncultured) human chondrocytes combined with freshly isolated human mononuclear cells, in order to test the translation of this auricular cartilage TE technology to the clinic.

Materials and Methods

Fabrication and purification of bilayer BNC scaffolds

Production of dense and porous scaffold layers

BNC hydrogel disks with increased cellulose content (i.e. dense layer) were produced and purified as described elsewhere [8]. Briefly, a suspension of *Gluconacetobacter xylinus* (ATCC[®] 700178, LGC Standards, Sweden) was inoculated in 250 ml conical flasks containing sterile culture medium (described by Matsuoka et al. [43]) and cultured at 30°C for 18 days, until large BNC cylinders (\emptyset 48 mm × 20 mm) were biosynthesized. The BNC cylinders were purified in a built-in-house perfusion system and compressed to 1 mm in height to increase the cellulose content. The compressed BNC pellicles were frozen to -80°C overnight and lyophilized (Heto PowerDry PL3000, Thermo Fisher Scientific, MA, USA) for 3 days. Dense BNC disks (\emptyset 8 mm × 1 mm) were then cut with a sterile biopsy punch (Miltex GmbH, Germany). The criterion for selecting the thickness of the dense BNC layer is based on morphometric analysis from MRI scans of human auricular cartilage, where Nimeskern et al. reported a cartilage thickness of 1.15 ± 0.10 mm [44].

BNC/alginate composite scaffolds (i.e. porous layer) were fabricated by a freeze-drying process. First, purified BNC pellicles were homogenized with a blender, until a pulp consistency was obtained, and then with a dispersing element (S25N-18G, IKA, Germany) at 25,000 rpm for 20 minutes. Afterwards, the homogenized BNC suspension was steam sterilized (100 kPa, 121°C for 20 minutes) and the cellulose content was determined using a halogen moisture analyzer (HB43, Mettler-Toledo, OH, USA). The following steps were carried out in sterile conditions. The BNC suspension was mixed with 1.1% w/w clinical grade alginate dissolved in 0.9% NaCl (CellMed AG, Germany) to get a final composition of 90% dry weight BNC and 10% dry weight alginate compared to the total dry weight. The weight of alginate solution (W_{Alg}) added to a known weight of BNC suspension (W_{BNC}) was calculated by using the formula: $W_{Alg} = W_{BNC} \times (\%DW_{Alg} \div \%DW_{BNC}) \times (\%CC_i \div \%AC_i)$.

Where %DW_{Alg} and %DW_{BNC} are the targeted percent dry weight of alginate (10%) and BNC (90%) compared to the total dry weight; and %CC_i and %AC_i are the initial cellulose and alginate concentrations. The BNC/alginate mixture was then dispersed at 25,000 rpm for 15 minutes, transferred to sterile containers (TP52, Gosselin, France) and degased in a vacuum desiccator. The containers were then placed inside Nalgene[®] cryo freezing containers (Thermo Fisher Scientific) and frozen to -80°C overnight at a rate of 1°C/min. The frozen BNC/alginate mixtures were lyophilized for 5 days to sublimate the ice crystals, creating a macroporous architecture. The dry BNC/alginate sponges were then sliced to 2 mm-thick slices and porous BNC/alginate composite scaffolds (Ø 8 mm × 2 mm) were cut with a sterile biopsy punch (Miltex GmbH).

Fabrication of bilayer BNC scaffolds

A novel cellulose solvent system (i.e. ionic liquid EMIMAc) was used to attach the dense and porous layers and achieve a strong interfacial molecular bonding between the layers. The following steps were carried out in sterile conditions. First, dry homogenized BNC was dissolved in ionic liquid EMIMAc (1-ethyl-3-methylimidazolium acetate; Sigma-Aldrich, MO, USA) at a concentration of 10 mg/ml. The cellulose solvent solution was preheated to 80°C and then smeared on the dense BNC layers. Subsequently, the porous layers were aligned on top of the dense layers and the bilayer BNC scaffolds were placed on a heating plate at 80°C for 2 minutes to accelerate the dissolution of nanocellulose at the interface. The bilayer BNC scaffolds were then stabilized in 100 mM CaCl₂ in ethanol to precipitate the dissolved cellulose between the layers (i.e. attach the layers), while simultaneously crosslinking the alginate to bind the BNC in the porous layer. The scaffolds were then rehydrated and washed in non-pyrogenic conical tubes (TPP, Switzerland) with endotoxinfree water (HyCloneTM cell culture-grade water, Thermo Fisher Scientific) supplemented with 20 mM CaCl₂ to remove residuals of the ionic liquid EMIMAc and endotoxins. The scaffolds were purified under orbital motion (320 rpm) at 37°C for 14 days, during which the endotoxin-free water and conical tubes were changed every second or third day. Subsequently, the bilayer BNC scaffolds (\emptyset 8 mm × 3 mm) were steam sterilized (as described above) in endotoxin-free water and stored until use at 4°C.

Characterization of bilayer BNC scaffolds

The morphology of bilayer BNC scaffolds was characterized by scanning electron microscopy (SEM) and micro–computed tomography (microCT). Moreover, the purity of the bilayer BNC scaffolds was analyzed throughout the purification process by bacterial endotoxin testing, infrared spectroscopy analysis and *in vitro* cytotoxicity testing.

Scanning electron microscopy

Samples were lyophilized (as described previously), thereafter sputter coated with a gold film and analyzed using a Leo Ultra 55 field emission gun (FEG) SEM (Carl Zeiss, Germany).

Micro-computed tomography

Bilayer BNC scaffolds (n = 3) were incubated in 0.1 M CaCl₂ solution at room temperature overnight and subsequently quenched in liquid nitrogen and lyophilized for 24 hours. The dry scaffolds were scanned with microCT (μ CT50, Scanco Medical AG, Switzerland) at 45 kVp and 1 μ m nominal resolution. The internal microstructure of the porous layer was then segmented automatically using a constrained Gaussian filter to suppress noise and a global threshold (25% of maximal grayscale value). 3D morphometric parameters such as scaffold porosity (Sc.Po), volume-weighted mean pore size (Pore.Th), scaffold wall thickness (Wall.Th), and scaffold wall number (Wall.N) were calculated using the manufacturer's morphometry software (IPL, Scanco Medical AG) according to the guidelines established for the assessment of bone microstructure [45].

Bacterial endotoxin testing

Endotoxin extraction from the bilayer BNC scaffolds was done in accordance to the international standard ISO 10993-12:2009 (Sample preparation and reference materials). After 14 days of purification, bilayer BNC scaffolds (n=3) were weighed and placed in

depyrogenated sample containers (Lonza, Belgium). Endotoxin-free water was added to the containers using the ratio of 0.1 grams of BNC/ml of extraction medium. The extraction was done at $37 \pm 1^{\circ}$ C for 72 ± 2 hours under orbital motion at 160 rpm. Endotoxin analysis was performed with the PyroGeneTM Recombinant Factor C assay by Lonza. This assay has a minimum detection limit of 0.005 Endotoxin Units (EU) per milliliter. According to the USA Food and Drug Administration [46], endotoxin levels in medical devices are not to exceed 0.5 EU/ml or 20 EU/device [46].

Attenuated Total Reflectance Fourier Transform Infrared (ATR-FTIR) spectroscopy Removal of EMIMAc residues from the bilayer BNC scaffolds was analyzed with ATR-FTIR spectroscopy. Samples (*n*=2 per group) were freeze-dried after day 1, 7 and 14 of purification. The porous layer was removed from the bilayer BNC scaffolds to expose the interface. This interface, visible on the dense BNC layer, was analyzed with a single reflection ATR accessory fitted with a monolithic diamond crystal (GladiATRTM, Pike Technologies, WI, USA). The sample was placed on the small crystal area and a force was applied on the sample to push it onto the diamond surface. ATR-FTIR spectroscopy measurements were made with a System 2000 FT-IR spectrometer (PerkinElmer, MA, USA) in the mid-infrared region, 4000 to 400 cm⁻¹. 20 scans were taken with a resolution of 4 cm⁻¹. Pure EMIMAc solution and pure dried BNC films were used as controls.

In vitro cytotoxicity testing

Removal of EMIMAc residues from the bilayer BNC scaffolds was also evaluated by *in vitro* cytotoxicity testing, according to the international standard ISO 10993-5:2009. Bilayer BNC scaffolds (n=4 per time point) were incubated in growth medium (RPMI 1640 medium supplemented with 1% fetal bovine serum (FBS), and antibiotics (100 U/ml penicillin and 100 µg/ml streptomycin); Biochrom, Germany) for 24 hours to extract potential cytotoxic residues. All incubations were done in standard culture conditions (37°C, 5% CO₂ and 95% relative humidity). Meanwhile, sensitized L929 cells (ACC 2, DSMZ, Germany) were seeded

in 96-well cell culture plates $(1.0 \times 10^4$ cells per well) and incubated for 24 hours to allow cell adhesion. The medium was removed and 100 µl of extract or control solutions was added to each well and incubated for 24 hours. Cell culture inserts (ThinCertTM, Greiner BioOne, Germany) incubated in growth medium served as negative control (*n*=8), while 10% dimethylsulfoxide in growth medium served as positive control (*n*=8). After 24 hours of incubation in extract or control solutions, the medium was removed, 100 µl medium were mixed with 20 µl of CellTiter 96[®] AQueous one solution reagent (Promega, WI, USA) MTS and added to each well, followed by incubation for 2 hours at 37°C. Growth medium with reagent solution (without cells) served as blank (*n*=8). After incubation with the reagent, absorbance was measured photometrically (Infinite M200 Pro, Tecan AG, Switzerland) at a wavelength of 490 nm and a reference wavelength of 680 nm. The average absorbance value of the negative control was used to compute the cell viability, where the negative control was regarded as 100% viability. The cytotoxic potential of the test samples was classified as highly cytotoxic when cell viability was below 50%, slightly cytotoxic when it was between 51% and 70% and non-cytotoxic when cell viability was above 71%.

Cell study I: performance of bilayer BNC scaffolds in vitro

Isolation and expansion of human nasoseptal chondrocytes

Nasoseptal cartilage was obtained from 1 female patient (19 years) undergoing routine reconstructive septorhinoplasty at the Department of Otorhinolaryngology of Ulm University Medical Center (Ulm, Germany), as waste material after surgery, with approval of the local medical ethics committee (no. 152/08). The isolation of nasoseptal chondrocytes (NC) from the cartilage was done by enzymatic digestion of the tissue with 0.3% type II collagenase (Worthington Biochemical, NJ, USA) in growth medium (DMEM/Ham's F-12 supplemented with 10% FBS and 0.5% gentamycin; Biochrom) for 16 hours at 37°C under agitation. Cells were separated by filtration through a 100-µm cell strainer and resuspended in growth medium. Subsequently, cell viability was determined using trypan blue staining and NCs were seeded in culture flasks at a density of 5,000 cells/cm² for expansion in monolayer culture. Once a cell confluence of about 85% was reached, the cells were trypsinized and cryopreserved.

Cell culture of human chondrocytes in bilayer BNC scaffolds

NCs were thawed and expanded one time in growth medium as described above. Once subconfluent, cells were detached and resuspended in differentiation medium (NH ChondroDiff Medium; Miltenyi Biotec, Germany) supplemented with 0.5% gentamycin. Prior to cell seeding, bilayer BNC scaffolds (n=30) were incubated in differentiation medium for 24 hours. The medium was discarded and 50 µl of cell suspension containing 1.0×10^6 cells was seeded into the porous scaffold layer (10,000 cells/mm³). Cells were allowed to attach to the scaffolds for 4 hours in standard culture conditions (37° C, 5% CO₂ and 95% relative humidity), before transferring the seeded scaffolds to differentiation medium. Cell-seeded bilayer BNC scaffolds were cultured for up to 6 weeks and the medium was changed twice a week.

Histological and immunohistochemical analyses

During the *in vitro* culture, constructs were harvested weekly for qualitative evaluation of neocartilage synthesized by the chondrocytes. The constructs were fixed in 10% neutral buffered formalin solution supplemented with 20 mM CaCl₂ at room temperature overnight, embedded in paraffin and sectioned (5 µm). For assessment of sulfated glycosaminoglycans (s-GAG) and cell distribution within the bilayer BNC scaffolds, longitudinal sections were stained with Alcian blue and counterstained with Mayer's hematoxylin. Furthermore, seeded scaffolds were processed for immunohistochemical (IHC) staining to detect cartilage specific proteins such as aggrecan (AB1031; Millipore, MA, USA), type II collagen (II-II6B3; DSHB, IA, USA) and the dedifferentiation marker type I collagen (ab34710; Abcam, UK). An enzymatic antigen retrieval step was performed before incubation with primary

antibodies. For aggrecan staining, slides were incubated in 0.5 U/ml chondroitinase ABC (Sigma-Aldrich) in PBS for 20 min at 32°C, followed by incubation with primary antibody for 1 hour at a 1/100 dilution. For type II collagen staining, slides were incubated in 1% hyaluronidase (Sigma-Aldrich) in PBS and 0.2% pronase (Calbiochem, Germany) in PBS, each for 15 min at 37°C, followed by incubation with primary antibody for 1 hour at a 1/4000 dilution. For type I collagen staining, slides were incubated in proteinase K (Dako, Germany) for 5 minutes at room temperature, followed by incubation with primary antibody for 1 hour at a 1/400 dilution. For visualization of these markers, the LSAB+System-HRP kit (Dako), which is based on the labeled streptavidin biotin method, was used according to the manufacturer's protocol. Sections were counterstained with hematoxylin.

Gene expression analysis

Samples were harvested after 2, 4 and 6 weeks of *in vitro* culture, snap-frozen and stored at - 80°C until analyzed. For total RNA isolation, frozen constructs were placed in 2 ml microcentrifuge tubes in quadruples and 100 μ l of lysis buffer (10 μ l β -Mercaptoethanol per 1 ml Buffer RLT; Qiagen, Germany) was added to each tube. The samples were disrupted and homogenized for 2 minutes using a TissueLyser LT (Qiagen). Subsequently, 500 μ l of lysis buffer was added to each tube and the cell lysate was used for total RNA isolation using RNeasy Mini Kit (Qiagen), according to manufacturer's protocol. Total RNA was quantified using a multimode microplate reader (Infinite M200 Pro, Tecan AG) at 260/280 nm. cDNA was synthesized from the extracted RNA using QuantiTect Reverse Transcription Kit (Qiagen), according to manufacturer's protocol, in a PeqSTAR thermocycler (96 Universal Gradient, PeqLab, Germany). For real-time two-step RT-PCR analysis, the sense and antisense primers used are listed in Table 1. The following genes were analyzed: aggrecan (*ACAN*), collagen type IIA1 (*COL2A1*), versican (*VCAN*) and collagen type IA1 (*COL1A1*). Glyceraldehyde 3-phosphate dehydrogenase (*GAPDH*) was used as housekeeping gene. Real-time two-step RT-PCR was performed using the Real Time ready RNA Virus Master assay

and LightCycler[®] 2.0 instrument (Roche, Germany). Relative gene expression levels were calculated by means of the $2^{-\Delta CT}$ formula.

Cell study II: performance of bilayer BNC scaffolds in vivo

Rapid isolation of human nasoseptal chondrocytes and bone marrow mononuclear cells Nasoseptal cartilage was obtained from male and female patients (n=47; mean age 31 years; age range 18-69 years) undergoing routine reconstructive septorhinoplasty at the Department of Otorhinolaryngology of Ulm University Medical Center (Ulm, Germany) as waste material after surgery, with approval of the local medical ethics committee (no. 152/08). The collected nasoseptal cartilage was washed with PBS containing penicillin-streptomycin and stored in standard culture medium at 37°C, 5 % CO₂, until further use. The 47 nasoseptal cartilage biopsies were divided in three pools for the chondrocyte isolations. Bone marrow aspirate was collected from three donors (mean age 70 years, 2 males, 1 female) during total hip replacement surgery, after acquiring written patient consent. The isolations of NCs from the cartilage and MNCs from the bone marrow were performed by CellCoTec (Bilthoven, The Netherlands). Patented clinically applied protocols were used to isolate the cells within the hour [41]. In brief, cartilage pieces were digested enzymatically under mechanical stimulation. Upon rapid digestion, any remaining debris was filtered out with a 100-µm cell strainer. For the collection of MNCs, the bone marrow aspirate was relieved of its erythrocyte content using lysis buffer. Standard cell buffer was used for washing steps. Cell numbers and viability were measured using the Bürker-Türk method with trypan-blue exclusion.

Seeding of bilayer BNC scaffolds with MNCs and NCs

First, bilayer BNC scaffolds were freeze-dried in order to improve cell uptake during the cell seeding. To further improve the retention of cells in the scaffolds, cells were seeded in 1.1 % w/w alginate solution (CellMed AG). Cells encapsulated in alginate were then seeded in bilayer BNC scaffolds as a combination of 80% freshly isolated human MNCs and 20% freshly isolated human NCs at a total cell concentration of 20×10^6 cells/ml alginate

 (MNC/NC, n=4). 200 µl of the cell-alginate suspension was seeded into the porous layer of each scaffold. A cell-free alginate solution acted as a negative control (Cell-free, n=4). Subsequently, the alginate was instantaneously crosslinked with sterile 100 mM CaCl₂ for 10 minutes and washed with 0.9% NaCl, followed by high glucose DMEM (Dulbecco's Modified Eagle's Medium).

Subcutaneous implantation of constructs in mice

To evaluate the stability of the bilayer BNC scaffolds and neocartilage formation *in vivo*, MNC/NC-seeded and cell-free bilayer BNC scaffolds were implanted subcutaneously on the dorsal side of 9-week-old nude female mice (n=2; NMRI nu/nu, Charles River Laboratories, The Netherlands). Mice were placed under general anesthesia using 2.5% isoflurane. Two separate subcutaneous incisions of approximately 1 cm were made along the central line of the spine (1 at the shoulders and 1 at the hips), after which 4 separate subcutaneous pockets were prepared by blunt dissection of the subcutaneous tissue. The overall behavior and wound healing at the implant sites were assessed macroscopically over the implantation period. Eight weeks after subcutaneous implantation, animals were terminated and samples were explanted. Each sample was cut in half and one part was used for histology and the other part for biomechanical and biochemical analyses. Animal experiments were carried out with approval of the local Animal Experiments Committee of the Erasmus MC, Rotterdam, The Netherlands (EMC 2429).

Histological and immunohistochemical analyses

After 8 weeks of subcutaneous implantation, constructs were harvested, set in 2% agarose, fixed in 10% neutral buffered formalin solution, embedded in paraffin and sectioned (6 μm). To examine proteoglycans present in the newly synthesized ECM, deparaffinized sections were stained with Safranin O and fast green. To allow the use of the monoclonal mouse antibody collagen type II (II-II6B3, 1:100; DSHB) on constructs which had been implanted in nude mice, we coupled the first and second antibody before applying them on the sections

to prevent unwanted binding of the anti-mouse antibodies to mouse immunoglobulins, as described previously [47]. In short, the primary antibody was pre-coupled overnight with goat anti-mouse biotin at 4°C (1:500; Jackson Laboratories, ME, USA), followed by a 2 hour incubation in 0.1% normal mouse serum (CLB, The Netherlands) in order to capture the unbound second antibody. Antigen retrieval was performed through incubation with 0.1% pronase (Sigma-Aldrich) in PBS for 30 minutes at 37°C, followed by a 30 minute incubation with 1% hyaluronidase (Sigma-Aldrich) in PBS at 37°C. Non-specific binding sites were blocked with 10% goat serum (Sigma-Aldrich) in PBS and sections were stained with the pre-treated antibodies for 60 minutes. Sections were then incubated with enzyme-streptavidin conjugate (1:100; Biogenex, California, USA) in PBS/1% BSA, followed by incubation with Neu Fuchsin substrate (Chroma, Germany). Positive staining for type II collagen was confirmed with the use of native ear cartilage. A monoclonal mouse IgG1 antibody (X0931; Dako) was used as a negative control.

Biochemical analysis

Sulfated glycosaminoglycans (s-GAG) were quantified using the 1,9-dimethylmethylene blue (DMMB) dye-binding assay. First, alginate was dissolved in 55 mM sodium citrate and digested overnight at 56°C in papain (250 µg/ml in 0.2 M NaH2PO4, 0.01 M EDTA, containing 5 mM L-cysteine; pH 6.0). To be suitable for cell cultures containing alginate, the DMMB-pH-level was decreased to pH 1.75, as described previously [48]. The metachromatic reaction of DMMB was monitored using a spectrophotometer. Absorption ratios of 540 and 595 nm were used to determine the GAG content with chondroitin sulfate C derived from shark (Sigma-Aldrich) as a standard. The amount of GAG was expressed per tissue wet weight (n=4).

Biomechanical analysis

Mechanical properties of the retrieved constructs (n=8, MNC/NC-seeded and cell-free scaffolds) and non-implanted bilayer BNC scaffolds containing cell-free alginate solution

(n=5, non-implanted group) were assessed with uniaxial materials testing machine (Z005, Zwick GmbH, Germany) equipped with a 10 N load cell, a cylindrical plane-ended stainless steel indenter (Ø 0.35 mm) and a built-in displacement control. Bilayer BNC scaffolds were placed in close-fitting stainless steel cylindrical wells containing PBS supplemented with 1% antibiotic/antimycotic solution. Stress relaxation testing was performed as described previously [49]. Briefly, a preload of 3 mN was first applied on the sample to locate the sample surface and measure sample thickness, and held for 5 minutes. Five successive strain steps were then applied in 5% increments of the original sample thickness, and specimens were left to relax for 20 minutes at each step. The hold time was defined as the time necessary to reach equilibrium. Two locations were tested on each sample (center of the sample, and 1.2 mm off-center). Measurements of maximum stress (σ_{max}), instantaneous modulus (E_{in}) and equilibrium modulus (E_{eq}) were computed from the stress-strain curves, which are normalized for sample thickness. Additionally, a relaxation half-life time $(t_{1/2})$, defined as the time needed for the stress to decrease to half of its maximum value, was computed to estimate the viscoelastic relaxation after the first strain application, as described previously [22].

Statistical analysis

Statistical analyses were performed with Statgraphics Centurion Version 17 (Statpoint Technologies, VA, USA). For cytotoxicity analysis, comparison of means was assessed by one-way ANOVA, followed by Tukey's HSD test for post hoc comparisons. For biochemical analysis, a two-sample Kolmogorov-Smirnov test was performed for comparing two groups. For biomechanical analysis, comparison of means was assessed by one-way ANOVA and Tukey's HSD test. When the data did not meet the requirements for a parametric test, a Kruskal-Wallis test was performed, followed by the Mann–Whitney test for post hoc comparisons. Values of p < 0.05 were considered statistically significant. The mean and standard deviation (SD) are presented.

Results

Production and morphological characterization of bilayer BNC scaffolds

Bilayer BNC scaffolds, composed of a dense nanocellulose layer joined with a macroporous composite layer of nanocellulose and alginate, were successfully fabricated (Figures 1 and 2). The dense and porous layers were stable and firmly attached, which facilitated the handling of the scaffolds during the purification process and throughout the study. SEM images revealed a compact BNC network structure in the dense layer and a macroporous structure in the porous layer. However, information about the pore size distribution was not possible to extract from these images (Figure 2b, c). Scanning and reconstruction with microCT of the micro- and macro-structures of the porous layer allowed computation of the 3D morphometric parameters by distance transformation. The Sc.Po, Pore.Th, Wall.Th and Wall.N of a typical porous layer of a BNC bilayer scaffold was 75%, $50 \pm 25 \ \mu m$, $18 \pm 10 \ \mu m$ and 21 mm⁻¹, respectively (Figure 2f, g).

Purification of bilayer BNC scaffolds

The bilayer BNC scaffolds were successfully purified from endotoxins, as shown by the low endotoxin level (0.15 ± 0.09 EU/ml) found after 14 days of washing with endotoxin-free water (Table 2). This value is three times lower than the endotoxin limit (0.5 EU/ml) set by the FDA for medical devices [46]. The result from endotoxin analysis verified the effectiveness of the purification process to remove endotoxins from the bilayer BNC scaffolds. The removal of EMIMAc residues from the bilayer BNC scaffolds was analyzed with ATR-FTIR spectroscopy. The strong peak at wavenumber 1566 cm⁻¹, observed in the ATR spectrum of EMIMAc solution, was used to detect EMIMAc residues in the ATR spectra of bilayer BNC scaffolds. This peak is composed of two overlapped peaks that correspond to the carboxyl group of the acetate and an underlying ring mode of the cation, as shown by previous studies [50, 51]. A small peak at 1566 cm⁻¹ was also found in the ATR spectra of bilayer BNC scaffolds after 1 and 7 days of purification. However, the absence of the peak at 1566 cm⁻¹ in the ATR spectra of samples that were washed for 14 days confirmed the removal of EMIMAc residues from the bilayer BNC scaffolds (Figure 3a). *In vitro* cytotoxicity testing supported this observation.

A one-way ANOVA was conducted to compare the effect of cytotoxic residues extracted from BNC bilayer scaffolds (i.e. at 7 and 14 days of purification) and control conditions on cell viability. There was a significant effect of extracted cytotoxic residues on levels of cell viability for the four conditions, F(3, 20) = 120.42, p<0.0001, $\omega = 0.97$. Post hoc comparisons using the Tukey HSD test indicated that the mean cell viability for the 14-day condition (97.8 ± 4.7%) was significantly higher than the 7-day (18.4 ± 3.6%) and positive control conditions (25.6 ± 5.5%) at the p<0.05 level. Furthermore, there was no significant difference between the negative control and 14-day conditions. Thus, the cytotoxic potential of bilayer BNC scaffolds, after 14 days of washing with endotoxin-free water, was classified as non-cytotoxic (cell viability > 71%) (Figure 3b).

Performance of bilayer BNC scaffolds and neocartilage formation in vitro

Gross examination of the cell-seeded constructs throughout the 6 weeks of cell culture revealed that the adhesion between the dense support layer and porous layer remained good. Moreover, the size and shape of the bilayer BNC scaffolds remained stable during the cell culture. Deposition of ECM by the NCs seeded in bilayer BNC scaffolds was assessed qualitatively by immunohistological staining. During 3D culture, NCs produced and accumulated cartilage-specific ECM components in the bilayer BNC scaffolds. A positive staining for s-GAGs was found around clusters of chondrocytes in the porous layer after 2 weeks of culture, as shown by the Alcian blue staining (Figure 4a). Moreover, synthesis and accumulation of s-GAGs, aggrecan as well as type II collagen increased visibly during 3D culture (Figure 4a-c). After 6 weeks of 3D culture, a homogeneous production of chondrogenic ECM was observed throughout the porous layer, even at the center. However, fibrocartilage ECM was also synthesized by the NCs in the bilayer BNC scaffolds, as demonstrated by the positive immunostaining of type I collagen (Figure 4d). The capacity of NCs to synthesize cartilage-specific ECM components when seeded in the BNC scaffold was also investigated on the basis of the expression of the chondrogenic marker genes ACAN and COL2A1. To assess whether the NCs were able to redifferentiate and maintain their chondrogenic phenotype, the expression not only of the chondrogenic markers but also of the dedifferentiation markers, VCAN and COL1A1, was determined. Gene expression analyses confirmed the positive immunostains of aggrecan, type II and type I collagen. NCs cultured in bilayer BNC scaffolds were able to express ACAN and COL2A1. The expression of both chondrogenic markers increased clearly during 3D culture for up to 6 weeks. ACAN and COL2A1 expression after 6 weeks was 3.4- and 4.9-fold higher, respectively, compared to gene expression levels at week 2. Expression of COLIA1 was also upregulated during 3D culture, where after 6 weeks was 1.7-fold higher compared to gene expression levels at week 2. On the other hand, expression of VCAN remained relatively close to zero during the 6 weeks of 3D culture (Figure 4e, f). The upregulation of the chondrogenic markers ACAN and COL2A1 was clearly enhanced compared to the expression of dedifferentiation markers, revealing the chondrogenic potential of the NCs in the bilayer BNC scaffolds.

Cell ingrowth and cell distribution in the bilayer BNC scaffolds were also assessed by histological analysis. As demonstrated in figure 4a, the porous layer supported the ingrowth of NCs and facilitated a homogeneous cell distribution. However, it took 4 weeks of *in vitro* culture to get a dense and homogenous cell distribution since there was a substantial loss of cells after seeding in medium. As a means to increase the number of cells retained in the

scaffolds, cells were seeded in alginate solution. This significantly improved cell retention in the scaffolds, even after 1 day of seeding (data not shown).

Performance of bilayer BNC scaffolds and neocartilage formation in vivo

The stability and neocartilage formation in MNC/NC-seeded and cell-free bilayer BNC scaffolds were evaluated after 8 weeks of subcutaneous implantation in nude mice. The mice survived until the end of the study period, during which no extrusion of constructs was observed. At 8 weeks post-implantation, a thin fibrous capsule surrounded all MNC/NC-seeded and cell-free bilayer BNC scaffolds – considered a normal non-pathological foreign body reaction. Macroscopic examination of the explants revealed that the shape and size of the bilayer BNC scaffolds remained stable and no delamination of the dense and porous layers was observed in any of the constructs. Furthermore, bilayer BNC scaffolds seeded with MNCs and NCs encapsulated in alginate had a macroscopically cartilage-like appearance. These MNC/NC-seeded constructs were stiffer and more stable upon handling, compared to bilayer BNC scaffolds seeded with cell-free alginate solution. The cells encapsulated in alginate were homogeneously distributed in the porous layer of the scaffolds at 8 weeks post-implantation, as observed by the histology images (Figure 5b, c).

Proteoglycan synthesis was examined using a Safranin O staining. As expected, no positive stain for Safranin O was found in the cell-free bilayer BNC scaffolds. Depositions of proteoglycans were observed in the MNC/NC-seeded bilayer BNC scaffolds after 8 weeks of subcutaneous implantation, as shown by the strong Safranin O stain surrounding the cells (Figure 5b). The results pointing towards chondrogenic ECM produced by the cells in the bilayer BNC scaffolds were confirmed by the positive immunostaining of type II collagen, which was intensely stained in areas of the construct (Figure 5c). Moreover, a Kolmogorov-Smirnov test indicated a significant difference (p < 0.05) between mean GAG content for MNC/NC-seeded (0.87 ± 0.65 µg GAG/mg wet weight) and cell-free bilayer BNC scaffolds

 $(0.07 \pm 0.11 \ \mu g \ GAG/mg \ wet \ weight)$. GAG-production in the MNC/NC group was almost 12-fold higher compared to the control condition (Figure 5d).

Biomechanical analysis

A typical stress relaxation behavior was observed in all bilayer BNC scaffolds (MNC/NC-seeded and cell-free controls), and the following measurements were determined for the MNC/NC-seeded constructs at 8 weeks post-implantation; 0.76 ± 0.19 MPa for E_{in} , 0.19 ± 0.08 MPa for E_{eq} , 0.16 ± 0.07 MPa for σ_{max} and 7.1 ± 3.4 seconds for $t_{1/2}$. A one-way ANOVA was conducted to compare the effect of implantation and seeding of MNC/NCs on initial matrix stiffness (i.e. E_{in}) of the constructs at 8 weeks post-implantation. There was a significant effect of implantation and seeding of MNC/NCs on instantaneous modulus for the three conditions, F(2, 23) = 16.10, p<0.0001, $\omega = 0.73$. Post hoc comparisons using the Tukey HSD test indicated that the mean E_{in} for the MNC/NC condition (0.76 ± 0.19 MPa) was significantly higher than the non-implanted (0.42 ± 0.15 MPa) and cell-free conditions (0.32 ± 0.10 MPa) at the p<0.05 level. The cell-free implanted condition did not significantly differ from the non-implanted condition (Figure 5e).

Moreover, a Kruskal–Wallis test was conducted to compare the effect of implantation and seeding of MNC/NCs on relaxation kinetics (i.e. $t_{1/2}$) and intrinsic properties (i.e. E_{eq} and σ_{max}) of the constructs at 8 weeks post-implantation. The median $t_{1/2}$ values of the constructs were significantly affected by the implantation and seeding of MNC/NCs, H(2) = 17.46, p<0.001. However, E_{eq} and σ_{max} were not significantly affected by the tested conditions, H(2) = 4.19, p = 0.12 and H(2) = 1.12, p = 0.57, respectively. Post hoc comparisons using the Mann–Whitney tests indicated that the median $t_{1/2}$ for the MNC/NC condition was significantly higher than the non-implanted (U = 3, p<0.001, r = -0.74) and cell-free conditions (U = 48, p<0.01, r = -0.66). No significant differences in $t_{1/2}$ were detected between the cell-free and non-implanted conditions. A 2.4- and 3.4-fold higher E_{in} and $t_{1/2}$, respectively, were observed in the MNC/NC-seeded constructs compared to the cell-free

group. Likewise, a 1.8- and 3.6-fold higher E_{in} and $t_{1/2}$, respectively, was observed in the MNC/NC-seeded constructs compared to the non-implanted group (Figure 5e).

Discussion

A novel bilayer BNC scaffold was successfully evaluated for auricular cartilage TE. This study demonstrates that non-pyrogenic and non-cytotoxic bilayer BNC scaffolds offer a good mechanical stability and maintain a structural integrity while providing a porous architecture that supports cell ingrowth. Moreover, bilayer BNC scaffolds, together with alginate, provide a suitable environment for human nasoseptal chondrocytes to form cartilage.

As shown by the endotoxin analysis, the purification process reduced the endotoxins in the bilayer BNC scaffolds to a level well below the endotoxin limit set by the FDA for medical devices [46]. This low endotoxin content $(0.15 \pm 0.09 \text{ EU/ml})$ found in the bilayer BNC scaffolds is in good agreement with our previous results (0.10 EU/ml, [8]), where densified BNC hydrogel disks (i.e. dense layer) of similar dimensions were considered non-pyrogenic after purification with endotoxin-free water for 14 days.

The ionic liquid EMIMAc offers a novel cellulose solvent system to achieve a strong interfacial molecular bonding between the cellulosic dense and porous layers. We are not aware of any other methods that can achieve such result. On the other hand, using EMIMAc increases the risk of having cytotoxic compounds in the bilayer BNC scaffolds, if these residues are not properly removed during the purification process. Since the toxicity of ionic liquids is not well understood, the use of EMIMAc to fabricate the bilayer BNC scaffolds was investigated with precaution. The cytotoxicity of imidazole ionic liquids has been studied in a human lung carcinoma epithelial cell line model, and it was found that the alkyl-chain length of the ionic liquid has an influence on cytotoxicity [52]. However, the cytotoxicity of EMIMAc, in particular, has not been studied in eukaryotes. Consequently, we analyzed the removal of EMIMAc from the bilayer BNC scaffolds with ATR-FTIR spectroscopy, followed by *in vitro* cytotoxicity testing with sensitized L929 cells. The strong peak at wavenumber 1566 cm⁻¹ was used to detect EMIMAc residues in the ATR spectra of bilayer

BNC scaffolds, as it has been shown that this peak is composed of two overlapped peaks that correspond to the carboxyl group of the acetate and an underlying ring mode of the cation [50, 51]. Since the peak at 1566 cm⁻¹ was found in the ATR spectra of bilayer BNC scaffolds that had been washed for 1 and 7 days, it was considered necessary to continue washing the scaffolds in endotoxin-free water. The washing process proved to be successful in removing the EMIMAc residues, as first observed in the ATR spectra of samples that were washed for 14 days. The absence of this peak confirmed the removal of EMIMAc from the BNC bilayer scaffolds.

In vitro cytotoxicity testing supported our findings from ATR-FTIR. Bilayer BNC scaffolds washed for 7 days still had residues of EMIMAc that were highly cytotoxic to L929 cells (cell viability: $18.4 \pm 3.6\%$). However, these residues were further reduced after the purification process with endotoxin-free water; yielding non-cytotoxic bilayer BNC scaffolds. These results are in good agreement with our previous study which evaluated the cytotoxic potential of pure densified BNC hydrogel disks (i.e. dense layer) and found the material to be non-cytotoxic [8]. All together, the results from ATR-FTIR and *in vitro* cytotoxicity testing demonstrated that EMIMAc residues were successfully removed from the bilayer BNC scaffolds after the purification process with endotoxin-free water; whereat no peak at 1566 cm⁻¹ and no cytotoxic effects were observed.

Macroscopic examination of the bilayer BNC scaffolds after the *in vitro* and *in vivo* studies revealed that the adhesion between the dense and porous layers remained stable, as there were no signs of adhesive failure. We postulate that the interfacial bonding between the layers is like a molecular welding process. As the BNC-EMIMAc solution partly dissolves both surfaces at the interface, this makes it possible for the long chains of BNC to diffuse into both layers. Once the dissolved BNC is precipitated in ethanol, the interface structure is locked, which results in a stable interfacial bonding. We have observed that when pulling the dense and porous layers apart, the scaffold breaks at the porous layer, similar to a structural failure. In contrast, a weak adhesion would have had resulted in an adhesive or cohesive failure at the interface. Based on this observation we speculate that the interfacial bonding between the layers is stronger than the structure of the porous layer, although in this study the interfacial strength of the bilayer BNC scaffolds was not measured.

The compact BNC network structure of the dense layer provided a good mechanical stability, while the interconnected high porosity layer (75% porosity with mean pore size of 50 ± 25 µm) supported the ingrowth and homogeneous distribution of NCs throughout this layer. In agreement with our previous study, which evaluated BNC/alginate composite scaffolds *in vitro* [37], bilayer BNC scaffolds also supported the redifferentiation of NCs to a more chondrogenic phenotype, which led to the formation of neocartilage; as demonstrated by the increase in gene expression of chondrogenic marker genes *ACAN* and *COL2A1* and homogeneous distribution of cartilage-specific ECM after 6 weeks of *in vitro* culture. Although, the expression of dedifferentiation marker *VCAN* remained constantly low, a strong expression of *COL1A1* was observed during the *in vitro* culture. The presence of *COL2A1* and *COL1A1* indicates a subpopulation of NCs that did not switch to a chondrogenic phenotype during 3D culture in bilayer BNC scaffolds under chondrogenic medium conditions.

After 6 weeks of *in vitro* culture, a rich and homogenous distribution of cells and neocartilage was observed throughout the porous layer of the scaffold, even in the center, which is known to be a critical region in static 3D culture due to the limited supply of nutrients and oxygen. This outcome could have been accelerated by increasing the percentage of cells retained in the scaffolds after cell seeding, as there was a substantial loss of cells when these were seeded in medium. Embedding the cells in alginate significantly improved cell retention in the scaffolds after seeding. Alginate was chosen, since it has been successfully used to seed

chondrocytes in a scaffold for *in vivo* implantation [53, 54] and this hydrogel is well known to maintain a chondrogenic phenotype of human chondrocytes and stimulate neocartilage formation [42].

In the *in vivo* study we explored the application of a clinically relevant strategy, by seeding bilayer BNC scaffolds with a low number of freshly isolated human chondrocytes combined with freshly isolated human mononuclear cells, in order to test the translation of this auricular cartilage TE technology to the clinic. At 8 weeks post-implantation, deposition of cartilage matrix components such as proteoglycan and type II collagen were observed predominantly in MNC/NC-seeded constructs. The strong Safranin O stain surrounding the cells showed the presence of proteoglycans in the newly synthesized ECM, while the presence of type II collagen was confirmed by immunohistochemistry. These results, showing the formation of neocartilage in the porous layer, were further confirmed by biochemical analysis; where GAG-production in the MNC/NC-seeded bilayer BNC scaffolds was significantly higher than the control condition (12-fold).

The presence of cartilage matrix in the bilayer BNC scaffolds was also supported by biomechanical analysis. At 8 weeks post-implantation, a significantly higher initial matrix stiffness and improved relaxation kinetics (i.e. higher E_{in} and $t_{1/2}$ values) were observed in the MNC/NC-seeded scaffolds compared to the non-implanted and cell-free conditions. In fact, the effect size (i.e. ω and r > 0.5) obtained from the E_{in} and $t_{1/2}$ data represents a large effect by the MNC/NC condition. However, there was no significant difference in E_{eq} and σ_{max} for the three conditions. Considering the improved relaxation kinetics in the MNC/NC-seeded constructs, we conclude that the ability of the MNC/NC-seeded scaffolds to attract and trap water was enhanced through the production and accumulation of proteoglycans and glycosaminoglycans in the bilayer BNC scaffolds. Nevertheless, since the intrinsic scaffold properties did not improve in the MNC/NC-seeded constructs compared to the no cell control

(no difference in E_{eq}), it implies that collagen matrix was not effectively produced in the porous layer. To put the results from the biomechanical analysis in a clinical context, the values for instantaneous and equilibrium moduli measured from the MNC/NC-seeded constructs after 8 weeks of implantation were 8.4- and 17.4-fold lower, respectively, compared to human auricular cartilage (e.g. 6.4 ± 3.2 MPa for E_{in} and 3.3 ± 1.3 MPa for E_{eq} [22]). Therefore, the engineered cartilage as such would not be suitable for immediate ear cartilage replacement; rather modifications in cell concentration and perhaps a longer implantation period needs to be considered.

The present study has certain limitations. Firstly, cell density plays a critical role when engineering functional and stable cartilage. Others have demonstrated that cell densities greater than 20×10^6 cells/ml are desirable, while low cell densities resulted in decreased cartilage formation [55]. During embryology of cartilage, densely packed and proliferative mesenchymal cells are responsible for depositing the vast amount of cartilage ECM. In cartilage TE, early phase of cartilage development needs to be simulated to generate functional and stable cartilage. Therefore, in order to enhance the outcome of tissueengineered auricular cartilage, a higher cell density is needed to benefit from increased cellcell contacts signaling chondrogenic ECM deposition and preventing the dedifferentiation process. Despite the limitations already stated, our findings support that bilayer BNC scaffolds in combination with alginate provide a suitable environment for MNCs and NCs to support the synthesis of neocartilage. Of equal importance, the use of freshly isolated human chondrocytes and mononuclear cells in the *in vivo* study gave us an indication of the potential of this strategy to advance the translation of cell-aided treatments to the clinic.

Most auricular cartilage TE strategies have revolved around biodegradable scaffolds, where the hypothetical optimum has been the scaffold's degradation orchestrated by the neo-tissue formation. It would be ideal if the scaffold could be degraded by the time the neocartilage has reached full mechanical strength. However, fine-tuning this intricate play has proven to be a challenge in TE. If the material degrades too rapidly, the neocartilage will collapse. Whereas if it degrades too late, it could induce a continuous inflammation that would affect the cartilage formation and when the material is finally degraded it would leave holes in the tissue, making it more prone to crack or collapse. Thus, we aim for a hybrid implant – BNC well integrated with the host and neo-tissue. The non-degradable BNC will provide long-term structural integrity after implantation, and has previously shown remarkable integration with the host tissue in different animal models [5, 6, 8, 56].

Conclusions

A novel BNC scaffold designed with a bilayer architecture that integrates mechanical stability and high porosity was successfully fabricated and evaluated for auricular cartilage TE, *in vitro* and *in vivo*. In conclusion, this study demonstrates that non-pyrogenic and noncytotoxic bilayer BNC scaffolds can be successfully produced. Furthermore, such scaffolds, together with alginate, provide a suitable environment for culture-expanded human nasoseptal chondrocytes and freshly isolated human nasoseptal chondrocytes combined with freshly isolated human mononuclear cells to form cartilage *in vitro* and *in vivo*. Most studies that have used biodegradable materials to engineer auricular cartilage have resulted in poor structural integrity of the scaffold after implantation due to the short-lived chemical stability of the scaffold material. This study found that bilayer BNC scaffolds offer a good mechanical stability and maintain a structural integrity while providing a porous architecture that supports cell ingrowth and neocartilage formation, as demonstrated by immunohistochemistry, biochemical and biomechanical analyses. Ongoing work focuses on developing bilayer BNC scaffolds in the shape of a human auricle, aiming to provide an effective treatment to serious auricular defects.

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Figure captions

Figure 1: Fabrication and purification process of bilayer BNC scaffolds composed of a dense nanocellulose layer joined with a macroporous composite layer. BNC hydrogel disks with cellulose content of 17% (i.e. dense layer) were produced by compression, whereas BNC/alginate composite scaffolds (i.e. porous layer) were fabricated by a freeze-drying process. A novel cellulose solvent system (i.e. ionic liquid EMIMAc) was used to achieve a strong interfacial molecular bonding between the dense and porous layers. The bilayer BNC scaffolds were then washed with endotoxin-free water for 14 days to yield non-pyrogenic and non-cytotoxic scaffolds.

Figure 2: (a) Photograph of bilayer BNC scaffold (side view). Comparison between (b, c) scanning electron microscopy images of bilayer BNC scaffolds and (d) 3D reconstructed model of the porous layer using microtomography. Similar honeycomb arrangement of sheet-like structures is visible in both images. (e) Higher magnification of the area marked red in (d). Morphometric analysis of segmented porous layer: (f) Morphometric parameters (Sc.Po: scaffold porosity, Pore.Th: volume-weighted mean pore size, Wall.Th: scaffold wall thickness, and Wall.N: scaffold wall number) and (g) Histogram of pore size distribution.

Figure 3: (a) ATR spectra of (1) 1-Ethyl-3-methylimidazolium acetate (EMIMAc); bilayer BNC scaffolds after (2) 1 day, (3) 7 days and (4) 14 days of purification in endotoxin-free water; and (5) pure bacterial nanocellulose (BNC). (b) *In vitro* cytotoxicity testing of bilayer BNC scaffolds after 7 and 14 days of purification in endotoxin-free water (n=4 per time point). Post hoc comparisons using the Tukey HSD test indicated that the mean cell viability for the 14-day condition (97.8 ± 4.7%) was significantly higher than the 7-day (18.4 ± 3.6%) and positive control conditions (25.6 ± 5.5%) at the *p<0.05 level. Furthermore, there was no significant difference between the negative control and 14-day conditions. Thus, the cytotoxic potential of bilayer BNC scaffolds after 14 days of purification was classified as non-cytotoxic (cell viability > 71%). Error bars represent the standard deviation of the mean.

Figure 4: Histological and immunohistochemical analysis of human nasoseptal chondrocytes after 2, 4 and 6 weeks of culture *in vitro* in chondrogenic medium. Representative images of ECM produced in bilayer bacterial nanocellulose (BNC) scaffolds. Samples were stained with (a) Alcian blue to detect deposition of sulfated glycosaminoglycans (*PL =porous layer*). Immunohistochemical staining was used to detect cartilage specific proteins such as (b) aggrecan, (c) type II collagen and (d) the dedifferentiation marker type I collagen. (e and f) Gene expression analysis of human nasoseptal chondrocytes seeded in bilayer BNC scaffolds and cultured *in vitro* for 2, 4 and 6 weeks (*n=4* per time point). Gene expression levels of *ACAN*, *COL2A1*, *COL1A1* and *VCAN* relative to the housekeeping gene Glyceraldehyde 3-phosphate dehydrogenase (GAPDH). Error bars represent the standard deviation of the mean. The scale bar indicates 1 mm (a-d).

Figure 5: (a) Photographs of cell-free and MNC/NC-seeded bilayer BNC scaffolds after 8 weeks of subcutaneous implantation in nude mice. Histological evaluation of ECM in bilayer bacterial nanocellulose (BNC) scaffolds seeded with a combination of freshly isolated nasoseptal chondrocytes (NC) and bone marrow mononuclear cells (MNC) in alginate after 8 weeks of subcutaneous implantation. (b) Safranin O stain was used to examine proteoglycans present in the newly synthesized ECM, (c) whereas immunohistochemical analysis was used to detect type II collagen. (d) Cell-free and MNC/NC-seeded bilayer BNC scaffolds were also analyzed for glycosaminoglycan (GAG) content after 8 weeks of subcutaneous implantation (n=4 per group). A two-sample Kolmogorov-Smirnov test indicated a significant difference between mean GAG content for MNC/NC-seeded (0.87 ± 0.65 µg GAG/mg wet weight) and cell-free bilayer BNC scaffolds (0.07 ± 0.11 µg GAG/mg wet weight). (e) Biomechanical evaluation of cell-free and MNC/NC-seeded constructs after 8 weeks of subcutaneous implantation (n=4 per group), and non-implanted bilayer BNC scaffolds with cell-free alginate solution (n=5). Post hoc comparisons using the Tukey HSD test indicated that the mean E_{in} for the MNC/NC condition (0.76 ± 0.19 MPa) was significantly higher than the non-implanted $(0.42 \pm 0.15 \text{ MPa})$ and cell-free conditions $(0.32 \pm 0.10 \text{ MPa})$ MPa). Moreover, post hoc comparisons using the Mann–Whitney tests indicated that the median $t_{1/2}$ for the MNC/NC condition was significantly higher than the non-implanted (U = 3, p < 0.001, r = -0.74) and cell-free conditions (U = 48, p < 0.01, r = -0.66). Error bars represent the standard deviation of the mean. *, ** or *** indicates p-values less than 0.05, 0.01 or 0.001, respectively. The scale bars indicate 4 mm (a) and 1 mm (b, c).

Tables

Table 1: Sequences of target genes and reference gene for real-time two-step RT-PCR.

	UPL probe #	Sense primer	Antisense primer	Amplicon (nt)
Target genes				
ACAN	79	5´-tgcagctgtcactgtagaaactt-3´	5´-atagcaggggatggtgagg-3	112
COL1A1	15	5'-atgttcagctttgtggacctc-3'	5'-ctgtacgcaggtgattggtg-3'	126
COL2A1	19	5´-ccctggtcttggtggaaac-3´	5'- tccttgcattactcccaactg-3'	88
VCAN	54	5'-gcacctgtgtgccaggata-3'	5'-cagggattagagtgacattcatca-3'	70
Housekeeping	g gene			
GAPDH	60	5'-gctctctgctcctcctgttc-3'	5'-acgaccaaatccgttgactc-3'	115

Table 2: Results from bacterial endotoxin testing. Assay sensitivity 0.005 Endotoxin Units per ml (EU/ml). Valid test parameter: each sample is tested with a positive product control (PPC) of 0.1 EU/ml. If the spike recovery is between 50-200 % of the PPC, the result is valid.

Sample #	Dilution	Results (EU/ml)	Spike recovery (%)	Status	Mean ± SD (EU/ml)
1	1/10	0.26	59	Valid	
2	1/10	0.10	90	Valid	0.15 ± 0.09
3	1/10	0.10	55	Valid	





Pore.Th	50 ± 25 µm
Wall.Th	18 ± 10 µm
Wall.N	21 mm ⁻¹





Figure4 Click here to download high resolution image



