## A Survey On The Usage Of Decellularized Tissues In Orthopedic Clinical Trials

Masafumi Itoh<sup>1,2</sup>, Junya Itou<sup>1,2</sup>, Shinya Imai<sup>3</sup>, Ken Okazaki<sup>1</sup>, Kiyotaka Iwasaki<sup>2,3</sup>

Dept of Orthopedic surgery, Tokyo Women's Medical University, Cooperative Major in Advanced Biomedical Sciences, Tokyo Women's Medical University - Waseda University Joint Graduate School, Department of Integrative Bioscience and Biomedical Engineering, Graduate School of Advanced Science and Engineering, Waseda University

itoumasafumi@gmail.com

Disclosures: MI (N), JI (N), SI (N), KO (N), KI (N),

**INTRODUCTION**: Orthopaedic surgery requires grafts with sufficient mechanical strength. For this purpose, decellularized tissue is an available option that lacks the complications of autologous tissue. However, it is not widely used in orthopaedic surgeries. This study investigated clinical trials of the use of decellularized tissue grafts in orthopaedic surgery.

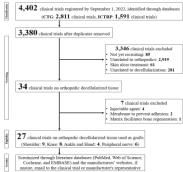
METHODS: Using the ClinicalTrials.gov (CTG) and the International Clinical Trials Registry Platform (ICTRP) databases, we comprehensively surveyed clinical trials of decellularized tissue use in orthopaedic surgeries registered before 1 September 2022. We evaluated the clinical results, tissue processing methods, and commercial availability of the identified products using academic literature databases and manufacturers' websites.

**RESULTS**: We initially identified 4,402 clinical trials, 27 of which were eligible for inclusion and analysis, including nine shoulder surgery trials, eight knee surgery trials, two ankle surgery trials, two hand surgery trials, and six peripheral nerve graft trials. (Figure 1) Nine of the trials were completed. (Table 1) Peracetic acid and gamma irradiation were frequently used for sterilization. We identified only one product that will be commercially available for use in knee surgery with significant mechanical load resistance.

**DISCUSSION**: Despite the demand for decellularized tissue, few decellularized tissue products are currently commercially available, particularly for the knee joint. To be viable in orthopaedic surgery, decellularized tissue must exhibit biocompatibility and mechanical strength, and these requirements are challenging for the clinical application of decellularized tissue. However, the variety of available decellularized products has recently increased. Therefore, decellularized grafts may become a promising option in orthopaedic surgery.

SIGNIFICANCE/CLINICAL RELEVANCE: Insights from our study provide valuable guidance for the improvement of decellularized tissue development processes. These findings contribute to the broader understanding of tissue engineering and regenerative medicine applications.

## **IMAGES AND TABLES**



**Figure 1**: Flowchart of the clinical trial search process and the identification of decellularized products used in trials. We identified 4,402 trials initially and eventually reviewed a total of 27 trials: nine in the shoulder field, eight in the knee field, four in the ankle and hand field, and six in the peripheral nerve field. CTG, ClinicalTrials.gov; ICTRP, International Clinical Trials Registry Platform.

Table 1: Overview of nine completed orthopedic clinical trials using decellularized tissue

| Condition                                | Clinical trial name  | Product                      | Source tissue Countr         |                | Decellularization/Sterilization   |
|--|--|------------------------------|------------------------------|----------------|---|
|  |  | name                         |                              | Country        | method  |
| Rotator cuff tear                        | Use of graft jacket for rotator cuff repair  | GRAFTJAC<br>KET<br>allograft | Human<br>dermis              | USA            | N/A; tissue underwent no general sterilization and freezing                                       |
| Rotator cuff tear                        | Outcome evaluation of allograft scaffold augmentation for arthroscopic repair of full thickness of rotator cuff tear   | CGDerm                       | Human<br>dermis              | South<br>Korea | N/A   |
| Rotator cuff tear                        | Clinical outcomes and structural integrity of arthroscopic superior capsular reconstruction using cryopreserved acellular dermal matrix with increased elasticity and thickness in patients with irreparable rotator cuff tear | CGDerm                       | Human<br>dermis              | South<br>Korea | N/A   |
| Rotator cuff tear                        | Acellular dermis in rotator cuff repair  | N/A                          | Human<br>dermis              | UK             | N/A   |
| Rotator cuff tear                        | Allograft reconstruction of massive rotator cuff tears vs partial repair alone   | Allopatch<br>HD              | Human<br>dermis              | Canada         | N/A; harvested by sterile<br>techniques; tissue underwent no<br>general sterilization             |
| CM arthritis of the thumb                | Use of FlexHD as Post Trapeziectomy Spacer   | FlexHD                       | Human<br>dermis              | USA            | Non-ionic surfactant (Triton X-100)/ alcohol, peracetic acid                                      |
| Peripheral nerve injury of upper limb    | Human acellular nerve graft for repair of peripheral nerve defects: a prospective, multicentre clinical study  | N/A                          | Human<br>peripheral<br>nerve | China          | 46 mM Triton X-100, 96 mM<br>sodium<br>deoxycholate; N/A  |
| Peripheral nerve injury of upper limb    | Human acellular nerve graft for repair of pure sensory nerve defects: a prospective, multicentre clinical study  | N/A                          | Human<br>peripheral<br>nerve | China          | 46 mM Triton X-100, 96 mM sodium deoxycholate; N/A  |
| Peripheral nerve<br>injury of upper limb | Comparison of processed nerve allograft and collagen nerve cuffs for peripheral nerve repair (RECON)   | Avance nerve graft           | Human<br>peripheral<br>nerve | USA            | 50 mM phosphate +100 nM Na,<br>0.14% Triton X-200, 0.6 mM<br>sulfobetaine-16/gamma<br>irradiation |

N/A, not available; CM, carpometacarpal