Known data on applied regenerative medicine in tendon healing

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Abstract:
Tendons and ligaments are important structures in the musculoskeletal system. Ligaments connect various bones and provide stability in complex movements of joints in the knee. Tendon is made of dense connective tissue and transmits the force of contraction from muscle to bone. They are injured due to direct trauma in sports or roadside accidents. Tendon healing after repair is often poor due to the formation of fibrovascular scar tissue with low mechanical property. Regenerative techniques such as PRP (platelet-rich plasma), stem cells, scaffolds, gene therapy, cell sheets, and scaffolds help augment repair and regenerate tissue in this context. Therefore, it is of interest to document known data (repair process, tissue regeneration, mechanical strength, and clinical outcome) on applied regenerative medicine in tendon healing.

Keywords: Tendon, ligament, ACL, PRP, stem cells, scaffolds, gene therapy

Background:
Tendon and ligament injuries are quite prevalent in the world. 33 million musculoskeletal impairments are recorded every year where about 50% are linked to tendons and ligaments in USA [1]. Walker et al. (2012) showed a loss of $27 million per annum due to sick leave for lateral epicondylitis (inflammation of an epicondyle) in the UK [2]. Conditions causing pain and reduced function of tendons are often referred as tendinopathy [3]. Effective strategy for the management of tendon injuries is limited [4]. Scleraxis (Scx) is a sclerotome marker and it is expressed in both tendon progenitor...
cells and mature tenocytes [5]. Fibroblast growth factor 8 (FGF8), secreted by the myotome, is partly responsible for inducing Scx expression through the Ets transcription factors Pea3 and Erm [6]. Growth and differentiation factors (GDF), members of the bone morphogenetic protein (BMP) family, are additional regulators of tendon development [7]. Tendons are enveloped by a layer of connective tissue known as endotenon that comprises of blood vessels, lymphatics, and nerves, to form larger structural units called fascicles, which are surrounded by another connective tissue layer called epitenon [8]. Type I Collagen is the fibril-forming collagen in tendons and co-polymerizes with collagen type V [9]. The type II transmembrane glycoproteins Tenomodulin (TNMD) is a marker for primed tenocytes and it is positively regulated by Scleraxis [10]. The natural healing process of tendons is extremely slow due to the hypo cellular and hypo vascular nature of tendon structure [11] with three stages: (a) inflammation, (b) repair and (c) remodelling [12] as shown in Figure 2. The inflammatory stage remains for 2 days followed by the repair and remodelling phase, which takes almost one year [13, 14]. The role of various growth factors in the healing process of tendons [15]. There are various growth factors like insulin-like growth factor-I (IGF-I), TGF-β, bFGF, platelet-derived growth factor (PDGF), vascular endothelial growth factor (VEGF), BMP, and connective tissue growth factor (CTGF) which are particularly up-regulated following a tendon injury and are active at various stages of the healing process [16-19]. The current management plan for flexor tendon injuries including the post-operative plan to prevent re-rupture and hypertrophy of tendon is known [20]. However, a meta-analysis found rate of re-operation of 6%, re-rupture of 4%, and adhesion formation of 4% [21]. Achilles tendinopathy accounts for 40 to 50% of sports injuries in young athletes [22]. Histo pathological studies have proved extensive degenerative changes in ruptured TA [23]. A failure rate of 5%-95% is observed for chronic tears in rotator cuff of shoulder joints [24]. The formation of fibro vascular scar tissue in place of a tough fibro collagenous band [25] due to the presence of anti-adhesive protein lubricin in synovial fluid [26] is seen in such cases. Therefore, it is of interest to document known data (repair process, tissue regeneration, mechanical strength, and clinical outcome) on applied regenerative medicine in tendon healing.

**Methodology:**
The methodology for data collection is illustrated in Figure 1.

**Source of Data** - Embase, Medline (OvidSP), Web-of-Science, Cochrane, PubMed, and Google Scholar

**Searched Keywords** - Tendon, tissue engineering, regeneration, scaffolds, innovations in tendon repair

**Area of agreement:** Studies were divided according to the role of each component. Such as utilization of Growth factors, scaffolds, stems cells, Gels, and cell sheets in tendon ailments

**Objective** -tendon repair and prevent their re-rupture

**Clinical relevance** - Reviewed both in vivo and in vitro studies in this article. Good functional results are described in various studies using different regeneration modalities, but potential side effects such as tumor and death are also mentioned. One should continue to find a specific pathway and cell lineage to improve injury outcome and future therapeutic strategy

**Figure 1:** Methodology flowchart for data collection is shown

**Discussion:**
**Methods for tendon repair and regeneration:**
Current treatments for tendon repair and augmentation include biological grafts (e.g. auto grafts, allo grafts, and xeno grafts), prosthesis and tissue engineering. The biological grafts have several shortcomings as they induce donor site morbidity (auto graft) and
tissue rejection (allograft). However, permanent prostheses lack material durability causing mechanical malfunctions. Tendon tissue engineering (TTE) represents a most promising approach due to interdisciplinary engineering strategies. It aims to promote full tendon regeneration, rather than physically replacing tendons with partially functionalized foreign substitutes. TTE typically involves scaffolds, stem cells, gels, culture sheets, and gene therapy. TTE scaffolds can enhance tendogenesis by promoting cell proliferation, increasing matrix production, and organizing the matrix into functional tendon tissues. Moreover, tendogenesis can be facilitated through many strategies such as cellular hybridization, surface modification, growth factor cure, mechanical stimulation, and contact guidance.

Figure 2: Stages in tendon healing is shown

Growth factors:
Tendon injuries stimulate the increased expression of growth factors particularly in the early phases of healing. The growth factors that have shown a significant impact in tendon healing are bFGF, BMP-12, -13, -14, CTGF (connective tissue growth factor), IGF-1, PDGF, TGFβ, and VEGF. The role of these growth factors in tendon repair is extensively investigated [27-36]. The role of PRP (platelet-rich plasma derivative) has been analyzed in the field of orthopedics over a decade in human (Table 1). PRP is the plasma section of autologous blood containing a large concentration of platelets and growth factors such as platelet-derived growth factor (PDGF), transforming growth factor-beta (TGF-β), vascular endothelial growth factor (VEGF), epidermal growth factor (EGF), insulin-like growth factor-I (IGF-I), fibroblastic growth factor (FGF), and hepatocyte growth factor (HGF) [37]. Most of these factors promote neo-vascularization, tenocyte proliferation, and increase extracellular matrix production. PRP is prepared from autologous blood and it is inherently safe. PRP are present in physiological proportions with a natural balance of proliferative and inhibitory agents [38]. PRP preparation is made simple using advanced preparation devices. These technological advances have allowed PRP treatments to move from operating rooms to outpatient offices produced easily and safely in 15–30 minutes [39-45] (Table 2).

Scaffolds:
The histological changes that are typical of the healed tendon are poor alterations in fiber structure, arrangement, vascularity, cellular morphology, and cellular proliferation. Scaffolds are placed into the defect zone to provide mechanical support and guide endogenous cells to improve matrix production and organization. Metcalf et al. described the use of porcine small intestinal submucosa (SIS) in 12 patients who underwent arthroscopic repair of massive chronic rotator cuff tears using Restore SIS as an augmentation device [46]. Postoperative magnetic resonance imaging (MRI) scans showed significant thickening of the cuff tendon with the incorporation of the SIS graft in 11 patients. However, worsening of symptoms in some patients due to SIS is also reported [47].

Acellular human dermal matrix [48], collagens repair patch [49], and polyfilamentous carbon composites [50] are various other alternative therapies giving promising results in human trials. Zimmer (USA) and De Tissue Science Laboratories, DePuy supply collagen repair patches for commercial purposes. The material is purified and cross-linked to collagenase degradation. Other therapies such as Type I collagen sponge [51] OFM (ovine fore stomach matrix [52]), fresh autograft fascia lata [53], PGA sheet [54] and polyactic acid patches [55] give good results in animal models. The findings of these studies are compelling and indicate the need for a long-term evaluation to verify the overall effectiveness of this augmentation method (Table 3).

Tendon gene therapy:
Gene therapy is the utilization of therapeutic nucleic acids into patient’s cells to treat a disease condition. Tashjian et al. identified an SNP within the estrogen-related receptor beta (ESRRB) gene that appears to promote increased susceptibility to re-tears after a rotator cuff repair [56]. The molecular therapeutics and targeted gene therapies are the new frontiers in the treatment of rotator cuff disease [57]. Robertson et al. found an increase in MMP1 and MMP9 gene expression in the patients with rerupture, compared to the
group that displayed good healing [58]. The antibiotic doxycycline is an inhibitor of MMPs. Pasternak et al found that rat Achilles tendons repaired with doxycycline-coated sutures resulted in improved suture-holding capacity compared to a control group with uncoated sutures [59]. Current tissue engineering strategies using synthetic biomaterial scaffolds have yet to yield tendon substitutes. The appeal of these engineered scaffolds is that they can potentially be impregnated with growth factors or genes for targeted and timed-release at the site of implantation to improve healing. We reviewed 9 studies (Table 4) for the effect of various genes (rAAV-GdF5, BMP-12, BMP-14 and PDGF) on tendon healing, strength, and movement [60-69]. This data is promising for further consideration.

Stem cells:
Pluripotent stem cells carry great potential for cell therapy and tissue engineering. The use of embryonic stem cells (ESCs), adult mesenchymal stem cells (MSCs) tendon derived stem cells (TDSs), and Human skeletal muscle progenitor (SMP) cell to regenerate functional tendons and ligaments [70-79] (Table 5) is of interest. Various sources of MSCs have been investigated for their impacts on tendon repair. Embryonic stem cells (ESCs) have unlimited proliferation capacity and it can be induced into all types of somatic cells for tissue repair. However, there is a risk of teratoma formation. There are two promising cell types, namely bone marrow mesenchymal stem cells (BM-MSCs) and adipose-derived mesenchymal stem cells (AD-MSCs). They are well characterized and simple for in vitro proliferation. Interestingly, most of the preclinical animal studies concluded that MSC delivery can lead to increased cell proliferation, but these cells often differentiated towards osteoblasts or adipocytes within the tendon area, suggesting their inherent preference to commit to the original lineage of the tissue from which they were isolated [80]. The isolation of the native to the tendon-tenocytes, tendon stem/progenitor cells, or tendon-derived fibroblasts is relevant to the context [81]. MSCs have self-renewal and multilineage differentiation potential. BMSCs have shown immense collagen production after seeding on polylactide/glycolide (PLGA) suture material. Lee et al. [77] used Adlogenic adipose-derived mesenchymal stem cells in lateral epicondylitis and found tendon defect significantly reduced in 6 weeks. Ilic et al. studied mesenchymal stromal cells (MSCs) from the human placenta. They were injected directly into the site of tendon damage using ultrasound guidance in the treatment of chronic refractory tendinopathy and observed that there is significant improvement in tendon repair. Hernigou et al. [79] showed the role of crest bone marrow-derived mesenchymal stem cells (MSCs) in rotator cuff injury to prevent further damage.

Gel and cell sheets:
Tendon repair and minor defects can be augmented with hydrogels with stem cells or direct cell sheets (Table 6). The tendon hydrogel promotes host cell infiltration, supporting its biocompatible properties and sustained the viability and proliferation of donor, adipose-derived stem cells (ASCs). The tendon hydrogel’s thermoproperty under physiologic temperature enhances its applicability in vivo. The gel polymerized and formed the shape of the defect at 37 degree Celsius. Hydrogel is a promising biomaterial for guided tissue regeneration. Degen et al. [82] showed rotator cuff repair augmentation with purified human MSCs with hydrogels in rat models. It was observed that there is improved early histologic appearance and biomechanical strength of the tendon at 2 weeks as described elsewhere [83-86]. Cell-cultured sheets derived from adipose stem cells, ACL, rotator cuff, and tendon stem cells were also used in this context despite increased cost [87-91].

Amniotic membrane:
The epithelial and mesenchymal cells of amnion contain various regulatory mediators like Epidermal growth factor, Keratinocyte growth factor, a hepatocyte growth factor that results in the promotion of cellular proliferation, differentiation, epithelialization, inhibition of fibrosis, immune rejection, inflammation, and bacterial invasion (Table 7) [92]. The presence of platelet-derived growth factor (PDGF) and vascular endothelial-derived growth factor (VEGF) is suggestive of a pro-angiogenic role [93]. It is known that amniotic epithelial and mesenchymal cells lack HLA class A, B, DR, and co-stimulatory molecules CD-40, CD-80, and CD-86 making it non-immunogenic [94]. The effects of human amniotic fluid on peritendinous adhesion formation and tendon healing after flexor tendon surgery in rabbits are shown [95]. Amniotic membrane in flexor tendon repair has reduced adhesion [96]. Properties of the amniotic membrane for potential use in tissue engineering are available [97]. Flexor tendon repair using allograft amniotic membrane is also shown [98, 99].

Conclusion:
Known data (repair process, tissue regeneration, mechanical strength, and clinical outcome) on applied regenerative medicine in tendon healing is documented in this review. Information on the use of applied regenerative technologies such as the use of growth factors, scaffolds, gene therapy, stem cells, gel and cell sheets and amniotic membrane in tendon healing is gleaned from known literature to enrich our knowledge in this context. Caveats and limitations on known data including clinical trials, evidence based research information and FDA reviews were found to be useful for further consideration [100-104].
Conflict of Interest:
There is no conflict of interest in this article.

Ethical approval:
The Ethical committee of MMMCH at Kumarhatti Solan approved the review material.

References:
1) James R et al. Hand Surg. 2008 33:102. [PMID: 18261674]
2) Walker-Bone K et al. Rheumatol. 2012 51:305. [PMID: 22019808]
3) Docheva D et al. Adv Drug Deliv Rev. 2015 84:222. [PMID: 25464135]
4) Nourissat G et al. Nat Rev Rheumatol. 2015 11:223. [PMID: 25734975]
5) Cserjesi et al. Development. 1995 121:1099. [PMID: 7743923]
6) Brent AE et al. Development. 2004 131:3885. [PMID: 15253939]
7) Brent AE et al. Cell 2003 113:235. [PMID: 12705871]
8) Amiel D et al. Journal of Orthopaedic Research. 1984 1:257. [PMID: 6481509]
9) Wennstrup RJ et al. The Journal of biological chemistry. 2004 279:5331. [PMID: 15383546]
10) Jelinsky SA et al. Journal of orthopaedic research. 2010 28:289. [PMID: 19780194]
11) Liu CF et al. Tissue Eng Part B-Rev. 2011 17:165. [PMID: 21314435]
12) Hope M and Saxby TS Foot Ankle Clin 2007 12:553. [PMID: 17996614]
13) Dimmen S et al. Knee Surg Sports Traumatol Arthrosoc. 2009 17:835. [PMID: 19296084]
14) Virchenko O et al. Am J Sports Med. 2004 32:1743. [PMID: 15494342]
15) Denitsa Docheva et al. Adv Drug Deliv Rev. 2015 84:222. [PMID: 25464135]
16) Chen CH et al. The Journal of Hand Surgery. 2008 33:1834. [PMID: 19084187]
17) Kobayashi M et al J Shoulder Elbow Surg. 2006 15:371. [PMID: 16679241]
18) Molloy T et al. Sports Medicine. 2003 33:381. [PMID: 12696985]
19) Wurgler-Hauri CC et al. J Shoulder Elbow Surg. 2007 16:507. [PMID: 17903711]
20) Griffin M et al. The Open Orthopaedic Journal. 2012 6:28. [PMID: 22431948]
21) Dy CJ et al. J Hand Surg-Am. 2012 37:543. [PMID: 22317947]
22) Sadoghi P et al. Journal of Orthopaedic Research. 2013 31:111. [PMID: 22886696]
23) Tallon C et al. Medicine and Science in Sports and Exercise. 2001 33:1983. [PMID: 11740288]
24) Derwin KA et al. Tissue Eng Part B-Rev. 2010 16:21. [PMID: 19663651]
25) Newsham-West R et al. Journal of Anatomy. 2007 210:318. [PMID: 17331180]
26) Sun L et al. Arthroscopy-the Journal of Arthroscopic and Related Surgery. 2012 28:1297. [PMID: 22607829]
27) Lyras DN et al. Arch Bone Jt Surg 2016 4:156. [PMID: 27200395]
28) Kraus T et al. BMC Musculoskelet Disord 2016 17:148. [PMID: 27046602]
29) Gelberman RH et al. J Orthop Res 2016 34:630. [PMID: 26445383]
30) Hashimoto G et al J Orthop Res. 2007 25:1415. [PMID: 23234036]
31) SOAbrahamsson G et al. J. Orthop. Res. 1991 9:495. [PMID: 2045976]
32) BP Chan et al Clin Orthop Relat Res. 2006 448:240. [PMID: 16826122]
33) Anaguchi Y et al Clin Biomech. 2005 20:959.
34) Rodeo SA et al. J Shoulder Elbow Surg. 2007 16:S191. [PMID: 17574875]
35) Boyer MI et al. J Orthop. Res. 2001 19:869. [PMID: 11562135]
36) Majewski M et al. Am. J. Sports Med. 2009 37:2117. [PMID: 19875360]
37) Alsousou J and Ali A Platelets. 2013 24:173. [PMID: 22647081]
38) Marx RE J Oral Maxillofac Surg. 2004 62:489. [PMID: 15085519]
39) Yuan T and Guo SC Carr Pharm Biotechnol. 2012 13:1173. [PMID: 21740374]
40) Marieke de Mos Am J Sports Med 2008 36:1171. [PMID: 18326832]
41) Jo CH and Kim JE Am J Sports Med. 2012 40:1035. [PMID: 22366517]
42) Nishio H Regen Ther. 2020 14:262. [PMID: 32455156]
43) Pauly S and Klatte-Schulz F. BMC Musculoskelet Disord. 2018 19:422. [PMID: 30497435]
44) Kobayashi Y J Exp Orthop. 2020 7:49. [PMID: 32642866]
45) Farkash U J Shoulder Elbow Surg. 2019 28:503. [PMID: 30487054]
46) Metcalf MH and Savoie FH Operative Techniques in Orthopaedics 2002 12:294.
47) Sclamberg SG and Tibone J Shoulder Elbow Surg. 2004 13:538. [PMID: 15383811]
48) Lee DK J Foot Ankle Surg 2008 47:8. [PMID: 18156058]
Noortje Anna Clasina  Orthop J Sports Med. 2020 8: 
Vladimir Martinek et al.  Genetherapy in tendon ailment 2012:307.

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**Table 1: Role of platelet rich plasma in tendon regeneration**

| No | Current Strategies | Materials used for study | Study Model | Result/Outcome | References |
|----|--------------------|--------------------------|-------------|----------------|------------|
| 1. | PRP                | Platelet rich concentrate with human tenocyte | In vitro | In vivo use of PRP in tendon injuries might accelerate the catabolic demarcation of traumatically injured tendon matrices and promote angiogenesis and formation of a fibrovascular callus. | Marieke de Mos et al. 2008 |
| 2. | PRP                | Platelet rich plasma with human tenocyte | In vivo | These findings suggest that PRP might be used as a useful biological tool for regenerative healing of rotator cuff tears by enhancing the proliferation and matrix synthesis of tenocytes from tendons with degenerative tears. | Chris Hyunchul Jo 2012 |
| 3. | PRP                | Leucocyte rich Platelet rich plasma | In vitro | This study demonstrated that PRP enhanced the tendon healing and promoted the recruitment of MPs to the injured tissue. The subtypes of MPs were different depending on the types of PRPs, suggesting that leucocytes in PRP influence the effect of PRP therapy. | Hirofumi Nishio et al. 2020 |
| 4. | PRP                | Autologous PRP in rotator cuff tendon cells | In vitro | PRP is a source of growth factors such involved with tendon-bone healing. PRP had an anabolic effect on the human rotator cuff tenocytes of the same individual in vitro by means of cell proliferation and absolute, but not relative collagen I synthesis. These results encourage further studies on clinical outcomes with more comparable standards in terms of preparation and application methods. | Stephan Pauly et al. 2012 |
| 5. | PRP                | Allogenic PRP gel | In vitro | The results of this study suggest that the local application of PRP could enhance the tissue-healing process both directly through action on localized cells and indirectly through the recruitment of reparative cells through the blood flow. Further investigations will be needed to confirm the mechanisms of PRP in tissue-healing processes with the development of this experimental model. | Yohei Kobayashi et al. 2020 |
| 6. | PRP                | PRP combined with recombinant human type 1 collagen | In vitro | STR/PRP is a safe treatment that effectively induces clinically significant improvements in elbow symptoms and general well being as well as objective measures of strength and imaging of the common extensor tendon within 6 months of treatment of elbow tendinopathy recalitrant to standard treatments. | Uri Farkash et al. 2019 |

| No | Current Strategies | Materials used for study | Study Model | Result outcome | References |
|----|--------------------|--------------------------|-------------|----------------|------------|
| 1. | Growth factors    | Rabbit platelet-rich plasma (PRP) | Rabbit; patellar tendon; full-thickness surgical defect; PRP with the gel form were placed in the defect; analysis at 1, 2, 3 and 4 wks. | Stronger and more extensive expression of TGF-b1 was showed at 1 and 2 wks by immunohistochemistry. | Lyras et al. |
| 2. | Growth factors    | Basic fibroblast growth factors | Rat; Achilles tendon; surgical defect; analysis at 12 weeks | Biomechanical properties were not significantly improved. | Kraus et al. |
| 3. | Growth factors    | Bone morphogenetic Protein 12 (BMP 12) | Dog; flexor digitorum profundus tendon; surgical transection; 5 mm depth, 2.5 mm width; scaffold with adipose derived stromal cells and BMP 12 were placed in the transection; analysis at 28 days. | Tensile properties showed no significantly difference; Proteomics analysis showed amplification of inflammation, stress response and matrix degradation | Gelberman et al. |
| 4. | Growth factors    | Bone morphogenetic Protein 2 (BMP 2) | Rabbit; First, recombinant human bone morphogenetic protein-2 (rhBMP-2) was injected into the flexor digitorum communis tendon in the rabbit hind limb to induce ectopic ossicle formation. In a second step, the resultant tendon/ossicle complex was then surgically transferred onto the surface of the rabbit tibia to generate a stable tendon-bone junction. | Enthesis like tissue had been successfully formed at 4 weeks and this tissue was shown functionally competent for mechanical repairing | Hashimoto G et al. |
| 5. | Growth factors    | Insulin growth factor-1 (IGF-1) | The E_max of stimulation of proteoglycan and collagen synthesis by rhIGF-1 were two times that of FCS, and | | Abrahamsson SO et al. |

**Table 2: Role of growth factors in tendon regeneration**

| No | Current Strategies | Materials used for study | Study Model | Result outcome | References |
|----|--------------------|--------------------------|-------------|----------------|------------|
| 1. | Growth factors    | Rabbit platelet-rich plasma (PRP) | Rabbit; patellar tendon; full-thickness surgical defect; PRP with the gel form were placed in the defect; analysis at 1, 2, 3 and 4 wks. | Stronger and more extensive expression of TGF-b1 was showed at 1 and 2 wks by immunohistochemistry. | Lyras et al. |
| 2. | Growth factors    | Basic fibroblast growth factors | Rat; Achilles tendon; surgical defect; analysis at 12 weeks | Biomechanical properties were not significantly improved. | Kraus et al. |
| 3. | Growth factors    | Bone morphogenetic Protein 12 (BMP 12) | Dog; flexor digitorum profundus tendon; surgical transection; 5 mm depth, 2.5 mm width; scaffold with adipose derived stromal cells and BMP 12 were placed in the transection; analysis at 28 days. | Tensile properties showed no significantly difference; Proteomics analysis showed amplification of inflammation, stress response and matrix degradation | Gelberman et al. |
| 4. | Growth factors    | Bone morphogenetic Protein 2 (BMP 2) | Rabbit; First, recombinant human bone morphogenetic protein-2 (rhBMP-2) was injected into the flexor digitorum communis tendon in the rabbit hind limb to induce ectopic ossicle formation. In a second step, the resultant tendon/ossicle complex was then surgically transferred onto the surface of the rabbit tibia to generate a stable tendon-bone junction. | Enthesis like tissue had been successfully formed at 4 weeks and this tissue was shown functionally competent for mechanical repairing | Hashimoto G et al. |
| 5. | Growth factors    | Insulin growth factor-1 (IGF-1) | The E_max of stimulation of proteoglycan and collagen synthesis by rhIGF-1 were two times that of FCS, and | | Abrahamsson SO et al. |
(FCS) on the synthesis of proteoglycan, collagen, and non-collagen protein and cell proliferation were investigated in short-term explants cultures of the deep flexor tendon

6. Growth factors Platelet-derived growth factor (PDGF)
   Rat: Platelet-derived growth factor isoform B at various dosages (0, 10, 100, or 1000 ng) was delivered into the gap wound in patellar tendons via microsyringe injection on Day 3 or Day 7 after injury. Tendon specimens were harvested on Day 14 for measurement of cell proliferation, pyridinoline content, and mechanical properties. The E_adhesion of cell proliferation by FCS was twice that of rhIGF-I. Growth factors thus have the ability to stimulate matrix synthesis and cell proliferation in rabbit flexor tendon. Supplementation of platelet-derived growth factor isoform B at Day 7 benefits the mechanical properties and maturation of healing tendons. Chan BP et al.

7. Growth factors Transforming growth factor (TGF)
   Rabbit: 30 female rabbits were divided into three groups, after a 3 mm wide and 10 mm long tendon substance was resected from the central portion in the patellar tendon. In Group I, 5-ng TGF-beta1 dissolved in 0.1-ml saline was injected into the resected portion in the patellar tendon. In Group II, only 0.1-ml saline was injected into the resected portion. In Group III, nothing was injected. All animals were sacrificed at 6 weeks after surgery. The tangent modulus and the tensile strength of Group I (with TGF Beta) were significantly greater than those of Groups II and III, Anaguchi Y et al.

8. Growth factors Transforming growth factor B 1, B2, B3
   Sheep: infraspinatus repair model to evaluate the effect of osteoinductive growth factors (bone morphogenetic protein [BMP] 2, transforming growth factor [TGF] B1, TGF-B2, TGF-B3, and fibroblast growth factor) and on tendon-to-bone healing. These molecules improve formation of new bone and fibrocartilage at the healing tendon attachment site, resulting in improved load to failure. Rodeo SA et al.

9. Growth factors Vascular endothelial growth factor (VEGF)
   Canine: the temporal accumulation of VEGF mRNA at the repair site of an in vivo canine intra-synovial flexor tendon repair. Significant accumulation of VEGF mRNA occurred at the flexor tendon repair site at 7 days post-operatively, with peak levels seen at post-operative days 7 and 10. Levels returned to baseline by day 14. Local VEGF mRNA accumulation at the repair site temporally precedes and is spatially distinct from the vascular ingrowth itself, which has been shown to occur maximally at day 17. Boyer MI

10. Growth factors Autologous conditioned serum (ACS)
    Rat: the Achilles tendons of 80 Sprague Dawley rats were transected and sutured back together. Ten rats from each group (ACS group, n = 40; control group, n = 40) were euthanized at 1, 2, 4, and 8 weeks postoperatively for biomechanical (n = 7) and histologic (n = 3) testing. The ACS-treated tendons were thicker, had more type I collagen, and an accelerated recovery of tendon stiffness and histologic maturity of the repair tissue. Majewski et al.

### Table 3: Role of scaffolds in tendon regeneration

| S. No | Current Strategies | Materials used for study | Study Model | Result Outcome | References |
|-------|--------------------|--------------------------|-------------|----------------|-----------|
| 1.    | Biomaterials (Biological scaffolds) | Type I collagen sponge | Rat; Achilles tendon; surgical transection; analysis at 1, 2 and 4 wks. | Defects receiving collagen sponges showed improved healing, with significantly stronger and less stiff tendons than control tendons. No inflammatory reaction due to the collagen sponge was found histologically. Improved healing quality was shown by histological analysis, no evidence of excessive inflammatory response, no biomechanical advantage of augmentation | Müller et al. |
| 2.    | Biomaterials | Ovine forestomach matrix (OFM) scaffold | Rat; rotator cuff, surgical transection; OFM scaffolds (5 mm × 10 mm) were overlaid longitudinally on the superficial aspect of the tendon-bone insertion; analysis at 6 days and 12 wks | Postoperative magnetic resonance imaging (MRI) scans showed significant thickening of the cuff tendon with the incorporation of the SIS graft in 11 patients. | Street et al. |
| 3.    | Biomaterials | Porcine small intestinal submucosa (SIS) | Human-2-year followup of 12 patients who underwent arthroscopic repair of massive chronic rotator cuff tears using Restore SIS as an augmentation device. | All patients experienced significant pain relief and improvement in abduction power and range of motion. Ultrasound imaging at the final follow up identified intact grafts in eight and disrupted grafts in two patients. | Metcalfe et al. |
| 4.    | Biomaterials | Collagen Repair Patch (single layer porcine skin xenograft) | Human- evaluated 10 patients with extensive rotator cuff tear treated with Zimmer Collagen Patch | At 20 months, there were no reruptures or recurrent pain; | Badhe et al. |
| 5.    | Biomaterials | Acellular dermal matrix | Human-11 patients with acute tendon ruptures | | Lee Dk et al. |
**Table 4**: Role of Gene therapy in tendon regeneration

| S. No | Current Strategies | Materials used for study | Study Model | Result Outcome | References |
|-------|-------------------|-------------------------|-------------|---------------|------------|
| 1.    | Gene therapy      | BMP-14/GDF-5 with AAV   | Mouse, flexor tendon: recombinant adenovirus (rAAV)-loaded tendon allografts mediate efficient transduction of adjacent soft tissues, with expression peaking at 7 days | The rAAV-Gdf5 vector significantly accelerates wound healing in an in vitro fibroblast scratch model and, when loaded onto freeze-dried FDL tendon allografts, improves the meta tarso phalangeal (MTP) joint flexion to a significantly greater extent than the rAAV-lacz controls do. | Basile P et al. |
| 2.    | In vivo           | BMP-14/GDF-5 Adenovirus | Rat Achilles: the histological and biomechanical effects of adenovirus-mediated transgene expression of bone morphogenetic protein-14 (BMP-14) on healing in a rat Achilles tendon laceration model | Tendons transduced with BMP-14 exhibited less visible gapping, a greater number of neotendons at the site of healing, and 70% greater tensile strength | Bolt P et al. |
| 3.    |                   | BMP-12/GDF-7 Adenovirus | Chick, flexor tendon: the effect of BMP-12 gene transfer on tendon cells. | Adenovirus mediated in vitro BMP-12 gene transfer into chicken tendon cells increased type I collagen synthesis. It resulted in a two-fold increase of tensile strength and stiffness of repaired tendons, indicating improved tendon healing in vivo | Lou J et al. |
| 4.    |                   | PDGF-B Liposome         | Rat, patellar tendon: he early biological effect of in vivo introduction of the PDGF-B gene on the healing of ligaments, a HVJ-liposome suspension containing platelet-derived growth factor (PDGF)-B cDNA was injected directly into the injured patellar ligament | PDGF-B gene transfer caused the enhanced expression of PDGF in healing ligament up to 4 weeks after transfaction, leading to an initial promotion of angiogenesis and subsequent enhanced collagen deposition in the wound. Enhanced and accelerated matrix synthesis in the PDGF-B gene introduced healing ligament | Nakamura N et al. |
| 5.    |                   | BFGF with AAV           | Chick, flexor tendon: In Group 1, a total of 2 x 10(9) particles of adeno-associated viral | The ultimate strength of repaired tendons that had been treated with adeno-associated | Tang JB et al. |
vector harboring the basic fibroblast growth factor gene were injected into both ends of the cut tendon. In Group 2, the same amount of adenovirus-carrying luciferase gene was injected. In Group 3 (the non-injection control group), the tendons were sutured without any injection. Viral vector–basic fibroblast growth factor was significantly greater than that of tendons that had been treated with the sham vector or simple repair both during the early healing period four weeks, and a later period of eight weeks.

**Ex vivo**

7. TGFβ, VEGF Adenovirus

| Rabbit, Achilles: Bone Marrow-Derived Mesenchymal Stem Cells (BMSCs) were transduced with adenovirus carrying human TGF-beta1 cDNA (Ad-TGF-beta1), human VEGF(165) cDNA (Ad-VEGF(165)), or both (PIRES-TGF-beta1/VEGF(165)) Viruses, no cDNA (Ad-GFP), and the BMSCs without gene transfer and the intact tendon were used as control. Biomechanical features were measured at 1, 2, 4, and 8 weeks after surgery. | TGF-beta1 and TGF beta1/VEGF (165) co-expression groups exhibited improved parameters compared with other groups. Treatment with TGF-beta1 cDNA-transduced BMSCs grafts is a promising therapy for acceleration and improvement of tendon healing, leading to quicker recovery and improved biomechanical properties of Achilles tendons. | Hou Y et al. |

8. Scleraxis Adenovirus

| Rat, supraspinatus: Thirty animals received MSCs in a fibrin glue carrier, and 30 received Ad-Scx-transduced MSCs. Animals were sacrificed at 2 weeks and 4 weeks and evaluated for the presence of fibrocartilage and collagen fiber organization at the insertion. Biomechanical testing was performed to determine the structural and material properties of the repaired tissue. | There were no differences between the Scx and MSC groups in terms of histologic appearance at 2 weeks. However, the Scx group had higher ultimate stress-to-failure and stiffness compared with the MSC group. | Gulotta LV et al. |

9. BMP-12/GDF-7 Adenovirus

| Rat, Achilles: Biopsies of autologous skeletal muscle were transduced with a type-five, first-generation adenovirus carrying the human BMP-12 cDNA (Ad.BMP-12) and surgically implanted around experimentally transected Achilles tendons in a rat model. The effect of gene transfer on healing was evaluated by mechanical and histological testing after 1, 2, 4 and 8 weeks. | Treatment with BMP-12 cDNA-transduced muscle grafts thus produced a promising acceleration and improvement of tendon healing, particularly influencing early tissue regeneration, leading to quicker recovery and improved biomechanical properties of the Achilles tendon. | Majewski M et al. |

10. SMAD8, BMP-2 Liposome

| Rat, Achilles: A biologically active Smad8 variant was transduced into an MSC line that coexpressed the osteogenic gene bone morphogenetic protein 2 (BMP2), he engineered cells demonstrated the morphological characteristics and gene expression profile of tendon cells both in vitro and in vivo. | A novel mechanism in which Smad8 inhibits the osteogenic pathway in MSCs known to be induced by BMP2 while promoting tendon differentiation. | Hoffmann A et al. |

11. PDGF-Band Retrovirus

| Rat, rotator cuff: Adult male Sprague-Dawley RTFs were isolated, cultured, and transduced with genes for either IGF-1 or PDGF-β by retroviral vectors. After selection and expansion, the transduced RTFs were seeded onto a polymer scaffold and further cultured. | Adult male Sprague-Dawley RTFs were isolated, cultured, and transduced with genes for either IGF-1 or PDGF-β by retroviral vectors. After selection and expansion, the transduced RTFs were seeded onto a polymer scaffold and further cultured it was found that there improvement in healing in tendon. | Uggen JC et al. |

### Table 5: Role of stem cells in tendon regeneration

| No | Current Strategies | Materials used for study | Study Model | Result Outcome | References |
|----|-------------------|--------------------------|-------------|----------------|------------|
| 1. | Stem cells        | Human                    | Rat; Achilles tendon; surgical transection | Implantation of hMSC-Scx, in contrast to hMSC and empty | Hsieh et al. |
Table 6: Role of gels and cell sheets in tendon regeneration

| S.No | Current strategies | Materials used for study | Study Model | Result outcome | References |
|------|--------------------|--------------------------|-------------|----------------|------------|
| 1.   | Hydrogel           |                         | Rat; Fifty-two athymic rats underwent unilateral detachment and transosseous repair of the supraspinatus tendon | Rotator cuff repair augmentation with purified human MSCs improved early histologic appearance and | Degen RM et al. |
| 2.   | Human induced pluripotent stem cells (iPSC)-derived neural crest stem cells (iPSC-NCSCs) | | Rat; patellar tendon; standardized full-thickness window defect (14 mm); defect filled with fibrin gel with iPSCNCSCs; analysis at 1, 2, and 4 weeks | Superior repair performance in macroscopical observation; significantly enhancement in histological and mechanical examinations. | Xu et al. |
| 3.   | Rat bone marrow mesenchymal (BMSC) and tendon derived stem cells (iPSC) | | Rat; Achilles tendon; surgical transection 5 mm; TDSCs or BMSCs were injected; analysis at 1, 2 and 4 wks. | TDSCs showed better biomechanical properties and higher tendency in Col-1/III gene expression level during wks 1 and 2. Immunofluorescent assay revealed higher expression of Tenasin-C in TDSCs at week 1. | Al-ani et al. |
| 4.   | Horse amniotic membrane-derived mesenchymal cells (AMCs) | | Horse: the immunomodulatory characteristics of AMCs and of their conditioned medium (AMC-CM) in vitro, and studied the potential therapeutic effect of AMC-CM in thirteen different spontaneous horse tendon and ligament injuries in vivo. | AMCs are capable of inhibiting peripheral blood mononuclear cell (PBMC) proliferation after allogenic stimulation either when cocultured in cell-to-cell contact and Clinical outcomes were favorable and the significantly lower rate (15.38%) of reinjuries observed compared to untreated animals. | Gretchen A Meyer et al. |
| 5.   | Human skeletal muscle progenitor (SMP) cell | | Mouse: The SMP population was quantified, isolated, and assayed in culture for its ability to proliferate and fuse in vitro and in vivo. Cells from all cuff states were able to fuse robustly in culture and engraft when injected into injured mouse muscle. | SMPS are capable of contributing to muscle hypertrophy and regeneration regardless of tear severity. | |
| 6.   | Tendon-derived stem cells (TDSC) | | Rat; patellar tendon; surgical window defect, 1 mm in width; TDSC-fibrin constructs transplantation; analysis at 2, 4 and 8 wks. | The treated TDSCs accelerated and enhanced the quality of tendon repair compared with untreated TDSCs up to week 8, which was better than that in the controls up to week 16 as shown by histology, ultrasound imaging and biomechanical testing. | Lue et al. |
| 7.   | Mesenchymal stem cells (MSCs) | | Rabbit; they were divided into 6 groups (three treatments with two time points each) evaluated at either 14 or 28 days after surgery: cross section of the Achilles tendon (CSAT); CSAT + Suture; and CSAT + MSC. | Comparison between the two time points within the same group showed a statistically significant decrease in the inflammatory process and an increase in the structural organization of collagen in the CSAT and CSAT + MSC groups. MSC transplantation is a good alternative for treatment of Achilles tendon ruptures. | Vieira MH et al. |
| 8.   | Allogeneic adipose-derived mesenchymal stem cells | | Human: lateral epicondylisslo-ASCs mixed with fibrin glue were injected into the hypoeochic common extensor tendon lesions all evaluated at 6, 12, 26, and 52 | Tendon defects also significantly decreased through this period. Allo-ASC therapy was thus safe and effective in improving elbow pain, performance, and structural defects for 52 weeks. | Lee et al. |
| 9.   | Mesenchymal stromal cells (MSCs) from Human placenta | | Human:MSCs were injected directly into the site of tendon damage using ultrasound guidance in the treatment of chronic refractory tendinopathy. | Clinical trials using both allogeneic and autologous cells demonstrated MSCs to be safe. | Ilic N et al. |
| 10.  | Iliac crest bone marrow-derived mesenchymal stem cells (MSCs). | | Human: forty-five patients in the study group received concentrated bone marrow-derived MSCs as an adjunct to single-row rotator cuff repair at the time of arthroscopy. The average number of MSCs returned to the patient was 51,000 ± 25,000. | Forty-five (100 %) of the 45 repairs with MSC augmentation had healed by six months, versus 30 (67 %) of the 45 repairs without MSC treatment by six months. Bone marrow concentrate (BMC) injection also prevented further ruptures. | Hernigou P et al. |
Table 7: Role of amniotic membrane in tendon regeneration

| S. No | Current Strategies | Materials used for study | Study Model | Result Outcome | References |
|-------|--------------------|--------------------------|-------------|---------------|------------|
| 1     | Human amniotic fluid | Periarticular adhesion formation and tendon healing in long flexor tendon of digits | Rabbits | Least adhesion and the best healing were observed in tendons treated with sheet repair and HAF application. Tendons treated with HAF had significantly higher tensile load values. | Ozgen et al. (2001) |
| 2     | Amniotic membrane   | Flexor tendon injury in zone I | Chickens | Significantly reduced the amount of adhesion. | Demirkan et al. (2002) |
| 3     | An anisotropic collagen-glycosaminoglycan (CG) scaffold biomaterial, incorporating | Mechanical strength and growth factors | In vitro |  | Hortenissous (2018) |
amniotic membrane (AM)-derived matrix

| No. | Organism            | Description                        | Condition                                      | Outcome                                      |
|-----|---------------------|------------------------------------|------------------------------------------------|----------------------------------------------|
| 4.  | Amniotic membrane  | Ten patients of flexor tendon      | Human                                          | Unfavourable results                        |
|     |                     | injury                             |                                                 |                                              |
| 5.  | Amniotic membrane  | 19 patients of flexor tendon       | Human                                          | Quicker function and better tendon healing   |
|     |                     | injury                             |                                                 |                                              |

Leppanen OV et al. (2017)
Saket Parkash et al. (2020)

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