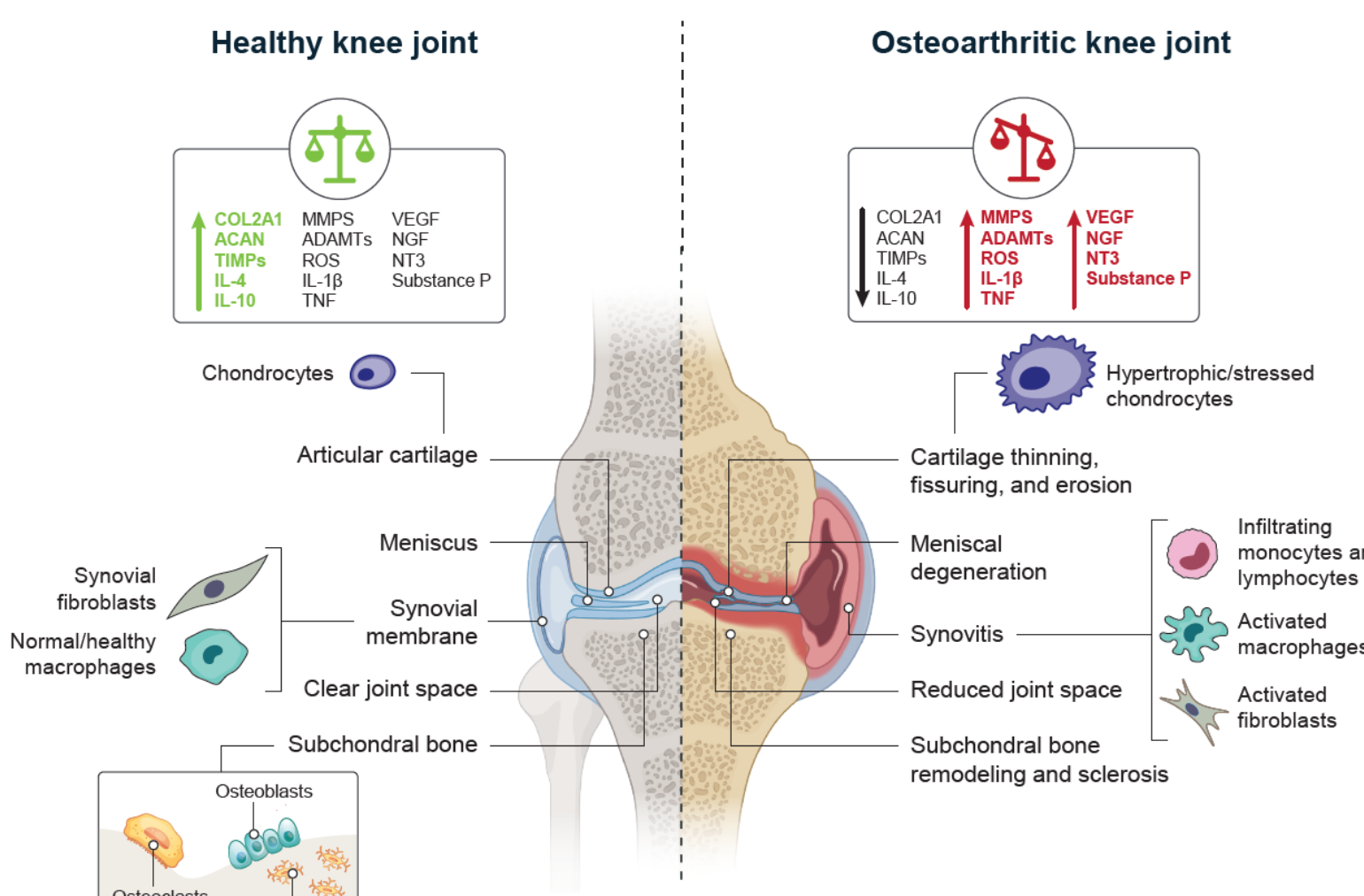


## INTRODUCTION

**Osteoarthritis (OA)** is a degenerative joint disease affecting 595 million people worldwide. Pathological changes during OA are characterised by **cartilage breakdown, subchondral bone remodelling, and synovial inflammation** (Figure 1), leading to **pain and disability**.

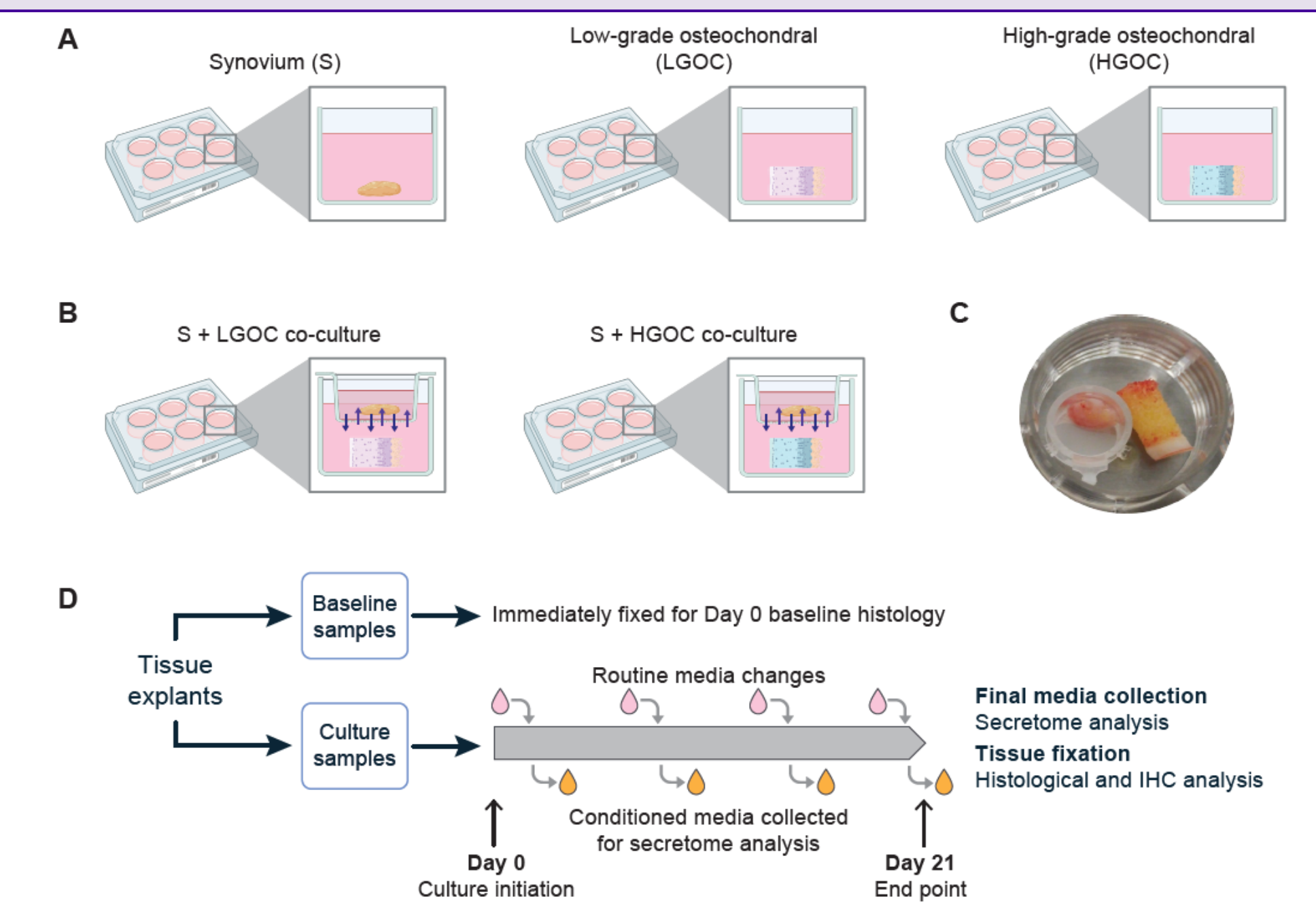
Investigating these pathways in an *ex vivo* synovial joint model that replicates the **complex interactions** between cartilage, bone, and synovium is crucial for **understanding disease mechanisms** and evaluating potential **therapeutic strategies**.



**Figure 1:** Schematic representation of a healthy and osteoarthritic knee joint. The LHS highlights normal physiology and factors involved in homeostasis of a healthy knee joint, the RHS illustrates key features of osteoarthritis pathophysiology.

## EXPERIMENTAL DESIGN

This work focused on the initial development of an *ex vivo* model of knee OA. Whereby human low-grade osteochondral (LGOC), high-grade osteochondral (HGOC) and synovium (S) explants were harvested from patients undergoing knee joint replacement surgery and cultured either alone or in co-culture for up to 21 days (Figure 2). Low- and high-grade tissues were defined by Kellgren–Lawrence grades 1–2 and 3–4, respectively.

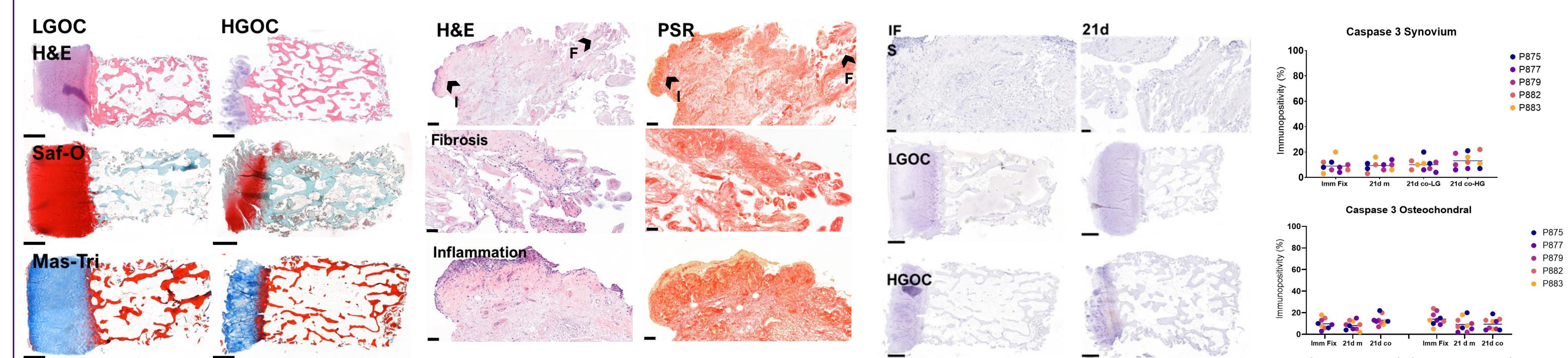


**Figure 2:** A Schematic of singular cultures. B: Schematic of co-cultures. Culture conditions: Physioxia: 5% O<sub>2</sub>, Temperature: 37°C. Media: Dulbecco's Modified Eagle Medium (low glucose, 1 g/L), +Penicillin–Streptomycin, +Insulin–Transferrin–Selenium supplement, +L-Proline, +Albumax, +L-Glutamine, +Amphotericin B, +Ascorbic Acid. C: Image of *ex vivo* knee OA tissues. D: Experimental timeline and analysis.

## RESULTS

### 1) Histology confirm the culture of specific tissue explants with cell viability maintained throughout long-term culture

Histology confirmed retention of tissue architecture (H&E), proteoglycans (Safranin-O), and collagen (Masson's Trichrome) characteristic of low- and high-grade osteochondral tissues (Figure 3). Synovium tissues following 21-day culture retained inflamed and fibrotic areas (Picosirius Red) (Figure 4).



**Figure 3:** Histological staining of low-grade and high-grade osteochondral explants following 21 days culture. Haematoxylin & Eosin (H&E), Safranin-O (Saf-O) and Masson's Trichrome (Mas-Tri).

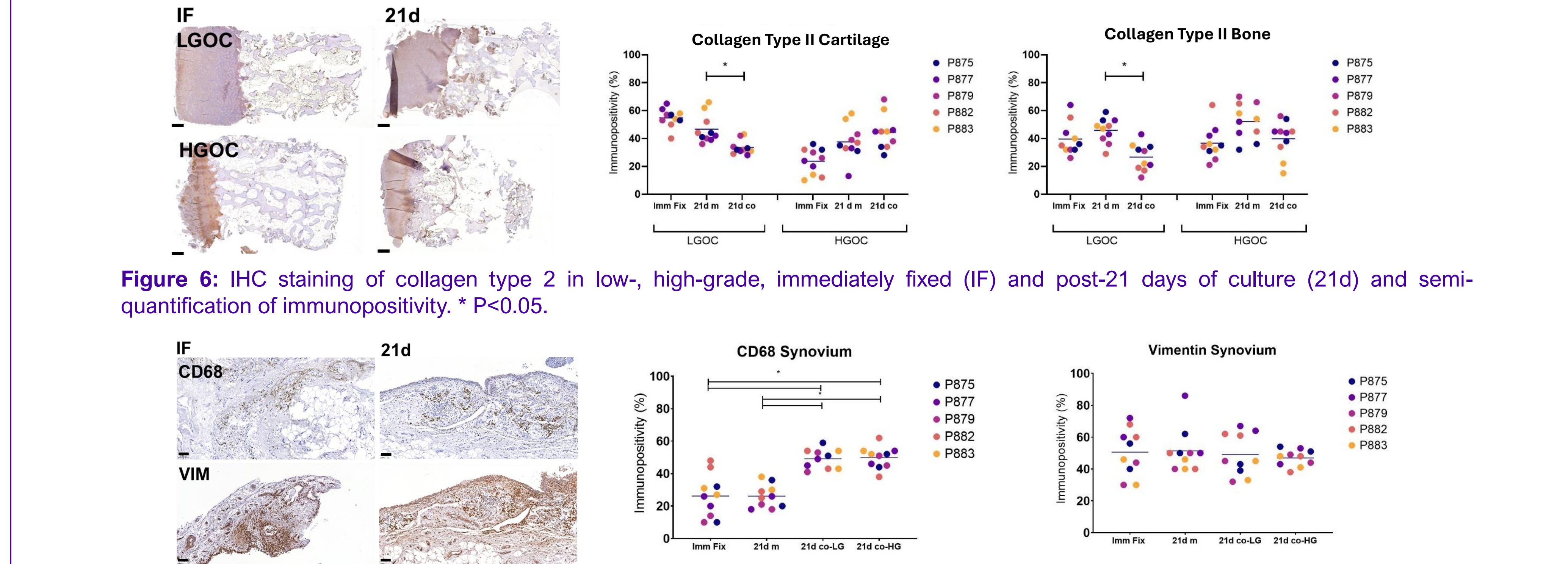
**Figure 4:** Histological staining of synovium explants following 21 days in culture. (H&E) and Picosirius Red (PSR). Arrows indicate regions of fibrosis (F) and inflammation (I), shown in greater detail in the images below.

**Figure 5:** IHC staining of Caspase-3 in explant cultures, immediately fixed (IF) and following 21 days in culture (21d) and semi-quantification of immunopositivity. N=5 patients: P875, P877, P879, P882 and P883. \* P<0.05.

Minimal Caspase-3 staining and no significant change in immunopositivity pre- vs post-culture (Figure 5) indicated sustained cell viability throughout the extended culture period.

### 2) Extracellular matrix and cellular populations were maintained in long-term culture

Immunohistochemistry (IHC) confirmed collagen type II preservation in cartilage and bone during prolonged osteochondral explant culture (Figure 6). Synovium explants maintain macrophage (CD68) and fibroblast (Vimentin) populations in extended culture (Figure 7).

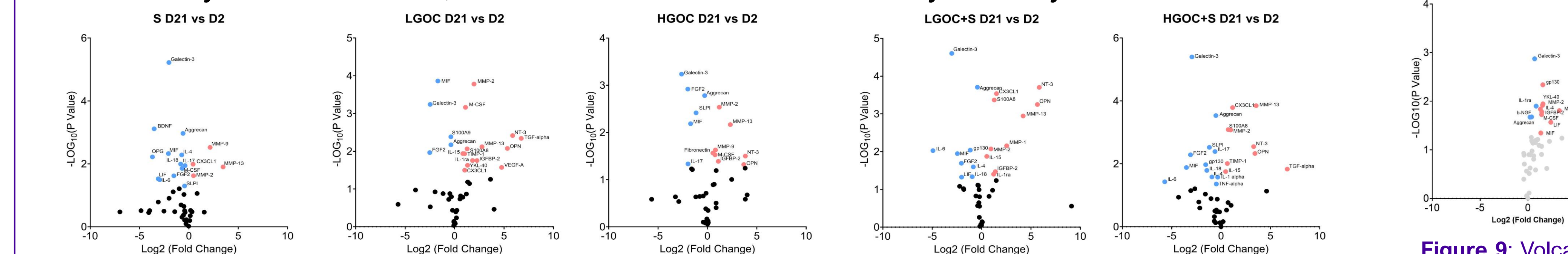


**Figure 6:** IHC staining of collagen type 2 in low-, high-grade, immediately fixed (IF) and post-21 days of culture (21d) and semi-quantification of immunopositivity. \* P<0.05.

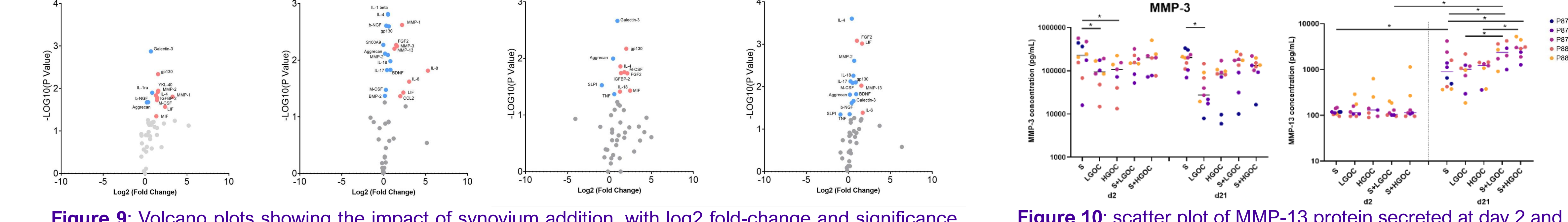
**Figure 7:** IHC staining of CD68 and vimentin (VIM) in synovium immediately fixed (IF) and post-21 days of culture (21d) and semi-quantification of immunopositivity. \* P<0.05.

### 3) Secretome analysis revealed distinct differences in the secretome through prolonged culture and donor variability

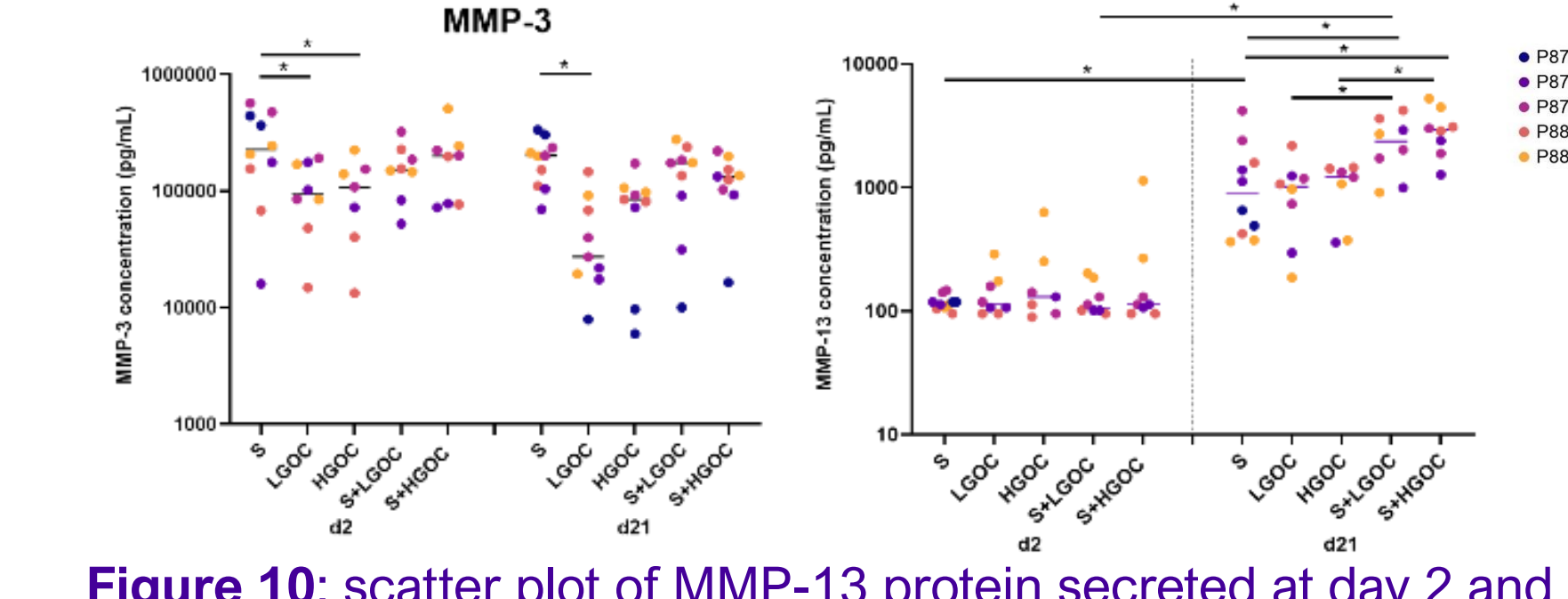
Volcano plots illustrated differential secretome protein expression over time in single and co-culture conditions (Figure 8). Volcano plots showed that synovium addition significantly altered the secretome in low- and high-grade osteochondral cultures, comparing conditions with and without synovium at day 2 and day 21 (Figure 9). Scatter plots of MMP-3 and MMP-13 highlight donor variability (Figure 10); MMP-3 showed a significant increase in synovium cultures, while MMP-13 increased from day 2 to day 21.



**Figure 8:** Volcano plots showing differential protein expression at day 21 vs day 2 for Synovium (S), Low-grade osteochondral (LGOC), High-grade osteochondral (HGOC), LGOC+S, and HGOC+S. Red indicates upregulation, blue downregulation.



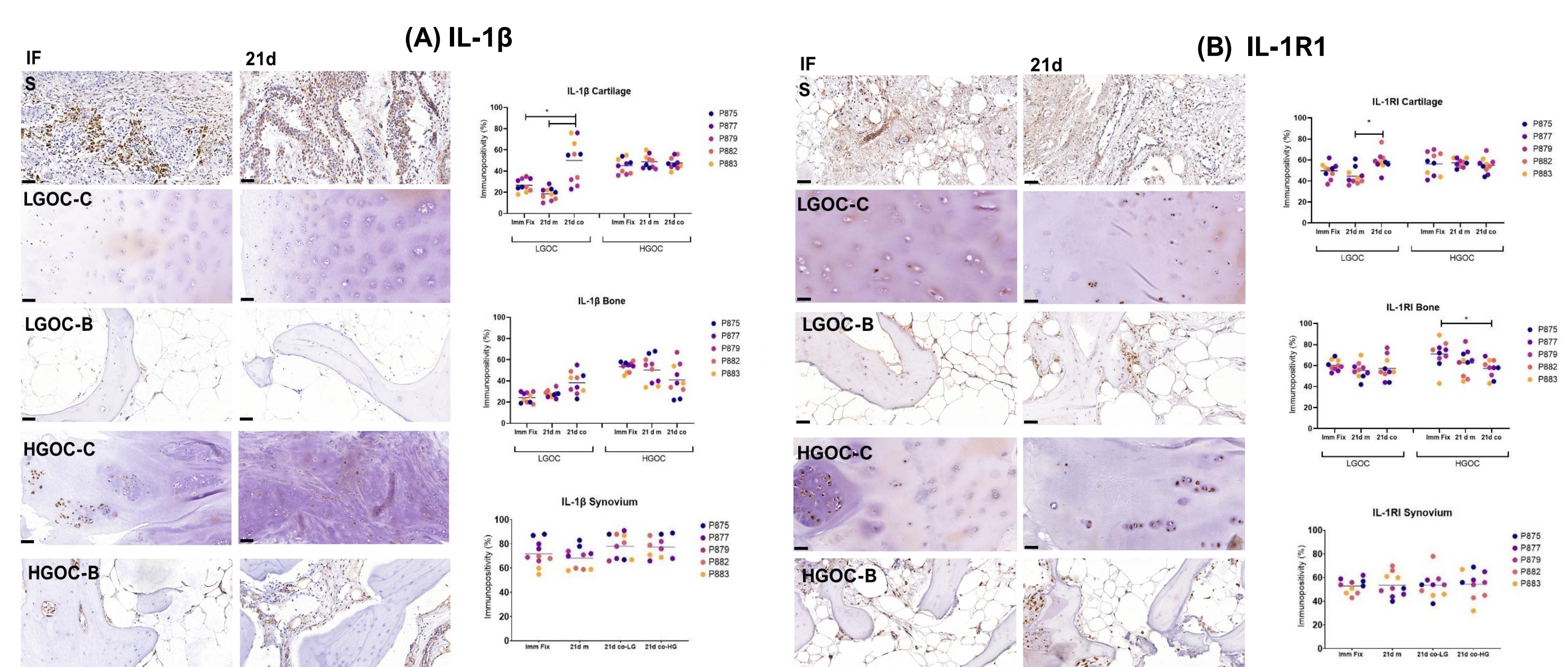
**Figure 9:** Volcano plots showing the impact of synovium addition, with log<sub>2</sub> fold-change and significance comparing Low-grade (LG) and high-grade (HG) osteochondral cultures with or without synovium (S) at day 2 and day 21. Red indicates upregulation, blue downregulation.



**Figure 10:** scatter plot of MMP-13 concentration (ng/mL) secreted at day 2 and day 21 across single-culture (S, LGOC, and HGOC) and co-culture (S+LGOC and S+HGOC). \* P<0.05.

### 4) Functional biomarkers of OA are maintained in *ex vivo* culture

IHC staining (Figure 11), confirmed IL-1 $\beta$  expression in all tissues, with highest positivity seen in synovium and an increased expression in high-grade osteochondral samples. IL-1R1 persisted for 21 days in both cultures indicating sustained responsiveness to inflammatory cytokines, crucial for studying and therapeutically targeting OA inflammatory pathways.



**Figure 11:** IHC staining of IL-1 $\beta$ (A) and IL-1R1(B) immediately fixed (IF) and post-21 days of culture (21d) in synovium (S), low-grade (LG) and high-grade (HG) osteochondral (cartilage: C, bone: B) explants and semi-quantification of immunopositivity. \* P<0.05.

## CONCLUSIONS

- **Successfully developed a co-culture system that highlights complex interactions** between cartilage, bone and synovium.
- Within the model **synovium tissue played a central role in driving secretion of inflammatory cytokines and catabolic enzyme**.
- Future work will involve **further interrogation into the cross-talk between intra-articular tissues**; synovium, cartilage and bone, to analyse the interactions within the model and develop understanding into OA pathophysiology.
- This model lays the foundation for **future work aimed at testing therapeutics** within the system and advancing the development of targeted treatments for OA.

## ACKNOWLEDGEMENTS

Sheffield Teaching Hospital surgeons for the supply of human tissue samples (Ethical approval granted by Sheffield Research Ethics Committee: 20/SC/0144,12182). Pacira Bioscience Inc, and Arthritis UK for funding the research.

## CONFLICT OF INTEREST STATEMENT

This work was funded by Pacira Biosciences Inc. and Versus Arthritis. DJ and MK are employees of Pacira Biosciences Inc.