Accelerated Re-epithelialization of Skin Wounds Using Epidermal Growth Factor Coacervate

Noah Johnson and Yadong Wang

Bioengineering and the McGowan Institute for Regenerative Medicine, University of Pittsburgh, Pittsburgh, PA 15219 Statement of Purpose: Growth factor therapies are highly investigated for accelerating the body's natural wound healing process; however, clinical translation is often severely limited by mode of delivery. Heparinbinding EGF-like growth factor (HB-EGF) is directly involved in the process of re-epithelialization. It induces keratinocyte proliferation and migration into the wound site and is also implicated in fibroblast motility and granulation tissue formation. We have developed a unique growth factor delivery system comprised of a synthetic polycation (PEAD) and native heparin which selfassemble by charge attraction to form a liquid coacervate. The coacervate loads HB-EGF, protects it from degradation, and slowly releases it over time. The objective of this work was to test the ability of controlled delivery of HB-EGF using the coacervate to promote wound closure in a splinted rodent model that mimics human wound healing by re-epithelialization. Methods: PEAD was synthesized as previously described (Chu H. PNAS. 2011;108:13444–49). Heparin was initially combined with HB-EGF, then PEAD was added to form the coacervate. The coacervate was loaded with fluorescein and imaged by fluorescence microscopy. HB-EGF release from the coacervate was determined using ELISA. The effects of the EGF coacervate on cell migration and proliferation in vitro were assessed using primary human epidermal keratinocytes. The HB-EGF coacervate was then evaluated in a splinted full-thickness excisional wound model using C57BL6/J mice. Four groups included Saline, Vehicle (coacervate alone), Free HB-EGF, and HB-EGF coacervate. Analysis included gross wound closure over 17 days, H&E staining for general histology, cytokeratin IHC staining for epithelialization, and MTS staining for collagen content in

granulation tissue. IF staining of wounds after 7 days was performed for markers of cell proliferation, Ki-67, and cell migration, β 4 integrin. Angiogenesis in the granulation tissue after 17 days was evaluated by IF staining for CD31 and α -SMA.

Results: Fluorescent imaging revealed that the coacervate contained spherical droplet diameters ranging from 10-500nm. Release of HB-EGF from the coacervate was slow and sustained for at least 10 days with low initial burst release. Free and coacervate HB-EGF significantly accelerated keratinocyte migration in scratch wounds in vitro (Fig.1a). The coacervate also mitigated the inhibited proliferation seen at high concentration of free HB-EGF (Fig.1b). HB-EGF coacervate accelerated closure of mouse wounds at all timepoints while free HB-EGF showed no difference from controls (Fig.1c). In HB-EGF coacervate-treated wounds, high collagen content in granulation tissue was observed after 7 days and a thick, protective epidermis. Co-localization of proliferation and migration markers well beyond the wound margin indicated that migrating cells still retained their proliferative capacity (Fig.1d). A notably greater presence of endothelial cells was observed, some co-localized with mural cells indicating nascent vessel formation (Fig.1d). Conclusions: Controlled delivery of HB-EGF significantly accelerated wound closure within 17 days by comprehensive healing which included expedited reepithelialization, improved granulation tissue formation, and angiogenesis. Epithelial cell migratory capacity was improved and proliferative capacity was uninhibited. These results suggest that coacervate-based delivery of HB-EGF may serve as a new therapy for accelerating the healing of cutaneous wounds. Future work includes a diabetic rodent model as well as a porcine model.



Figure 1. a) Percent closure of *in vitro* scratch wounds. b) Cell number after 4 d culture. c) Mouse wound closure over 17 days. d) Row 1- IF staining for integrin β4 (red) and Ki-67 (green), Row 2- High magnification of Row 2, Row 3- IF staining for endothelial cells (CD31; red) and mural cells (α -SMA; green). Co-localization: red+green=yellow. (*p<0.05, **p<0.01)