## Imaging and Applications of MSCs in Pre-Clinical Animal Models

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### Disclosures

I will discuss off label use and/or investigational use of contrast agents in my presentation.

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# MSC Therapy Challenges

- 1. Low engraftment
  - Immunodestruction
  - Restriction of oxygen/nutrient supply
  - Lack of cell survival signal
- 2. Inability to "see" and track where MSCs are



### MSC Therapy Challenges

- 1. Low engraftment
  - Immunodestruction
  - Restriction of oxygen/nutrient supply
  - Lack of cell survival signal
- 2. Inability to "see" and track where MSCs are (or non-target organ distribution).
- 3. Difficulty to assess cell viability and functionality *in*

vivo

### Mice, Rats, Dogs, Sheep, Pigs?

#### Mice Pros:

- Low cost
- Small size
  - > Limits quantity of drugs
  - > Cheaper/easier to house
- Genetic manipulations
- Ethically more acceptable -
- Monoclonal abs readily available

#### Mice Cons:

- Different lipid metabolism
- Perfusion different than humans
- Not amenable to percutaneous interventions
- Different thromboembolic (4x platelets) /inflammatory system
- MSCs?













### **Dermal Skin Wounding**



- 6 mm punch biopsy fullthickness dermal wound
- Rats received 2-10 million MSCs iv at 3-4 hrs postwounding





















Spinal Cord		
HSC-treated		

### Homing of MSCs to Rat MI

![](_page_12_Picture_2.jpeg)

### **Unlabeled Stem Cell Injection**

![](_page_12_Picture_4.jpeg)

Acid Phosphatase + Prussian Blue

- Not all iron is from SPIO labeling!
- Ischemia-reperfusion models and permanent occlusion models may not yield same results
- Immunorejection of xenogeneic cells may be different than allogeneic/autologous grafts.

![](_page_12_Picture_9.jpeg)

![](_page_13_Figure_1.jpeg)

![](_page_13_Figure_2.jpeg)

![](_page_14_Figure_1.jpeg)

![](_page_14_Figure_2.jpeg)

![](_page_15_Figure_1.jpeg)

![](_page_15_Figure_2.jpeg)

![](_page_16_Figure_1.jpeg)

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