

in vitro culture. In general, cells that express CD44, CD90,

Interestingly, administration time point has been recently shown to significantly influence the effects of BMPs on the osteogenic differentiation of ASCs. When vitamin D₃ is constantly treated, BMP-2 is more efficacious to induce the osteogenesis of ASCs when treated for the last 7 days (87.4 days) than the first 7 days (17 days).⁴² It seems plausible that specific compositions in these media determine the differentiation direction of ASCs, and then BMPs can significantly both enhance and accelerate the process.

The possibility of coadministering BMP-2 with other cytokines to achieve synergistic effects has also been investigated. Retinoic acid (RA) can simultaneously promote the osteogenic differentiation and inhibit the adipogenic differentiation of murine ASCs. Coapplication of RA and BMP-2 is reported to synergistically promote the osteogenic differentiation of murine ASCs *in vitro*.⁴³ In addition, combined treatment with BMP-2 and vitamin D₃ can synergistically induce the osteogenic differentiation of human ASCs *in vitro*.⁴²

Traditionally, *in vitro* pretreatment with osteogenic medium is necessary to commit the osteogenic differentiation of ASCs before transplantation *in vivo*. However, this method is not ideal because the long-term culture *in vitro* will increase the risks of contamination and the possibility of change in biological behavior of cells, and significantly compromise the application potential to some urgent clinical cases.⁴⁴ Therefore, *in vivo* osteogenic induction in ASCs by BMPs has recently become an important research focus for ASCs-based bone tissue engineering. BMPs can be administered by a simple subcutaneous injection for 17 days⁴⁴ or preintegration into scaffolds.⁴⁵ The latter has the advantage in aspects of cost-effectiveness and clinician-friendliness.

However, to exert their optimal osteoinductive effect, BMPs need to be gradually delivered to the target site, at a low level and in a sustained manner, instead of in a single high-dose burst.¹ Therefore, many efforts have been performed to develop slow-delivery systems to significantly enhance the efficiency of BMPs in promoting the osteogenic differentiation of ASCs *in vitro* and *in vivo*. ASCs and the BMP-slow-delivery scaffolds synergistically enhance the osteogenic events. Composite scaffolds that comprise of organic and inorganic phases are especially promising for inducing osteogenesis of ASCs. For example, a HA/b-tricalcium phosphate (b-TCP) scaffold that can facilitate the sustained release of BMP-2 over a 20-day period has been shown to significantly augment the osteogenic differentiation of ASCs *in vitro*.⁴⁶ In addition, many other scaffolds with similar properties have shown promise in this type of application, for example, a poly (DL-lactic-coglycolic acid) (PLGA) scaffold with a chitosan/hyaluronic acid coating⁴⁷ and a gelatin/b-TCP scaffold.⁴⁸ These slow-release systems can stimulate osteogenic differentiation, extracellular matrix deposition, maturation, and mineralization of ASCs.⁴⁹ Further, besides the slowly released BMP-2, the scaffold biomaterial itself may also play a role in the osteogenic differentiation of ASCs *in vitro*.⁴⁸ These benefits can be attributed to the interaction between BMP-2 and b-TCP: BMP-2 can increase the dissolution of b-TCP, while b-TCP can resorb BMP-2 from media and provide Ca²⁺ and PO₄³⁻ that are needed for bone mineralization.⁴⁵

Consistent with the findings of *in vitro* studies, a controlled-released system is thought to maximize the pro-

moting effect of BMPs on the *in vivo* osteogenesis of ASCs. For example, a PLGA/HA composite scaffold is capable of releasing BMP-2 over a 4-week period *in vitro* and thereby stimulates bone regeneration following transplantation of undifferentiated human ASCs *in vivo*.⁴⁹ This method avoids an *in vitro* culture period, and thus maximally favors the application potential of ASCs in clinic. The contribution of the transplanted human ASCs to newly formed bone is corroborated by the presence of human nuclear antigen-positive cells and the expression of specific human osteogenic proteins in the area of new bone formation in nude mice models.^{2,44,49,50}

Gene technology

Over the past decade, BMPs and their signaling have also been introduced using gene technologies to induce the osteogenic differentiation of ASCs. These gene technologies include gene transfection of BMPs and the key BMP signaling components, and gene knockdown of the BMP antagonists (Fig. 1). Human ASCs transfected with BMP-2 have been shown to significantly promote bone formation in many animal models, including ectopic bone induction in mice,^{51,73} critical-size bone defects of rats,^{54,55} and spine fusion in rats.⁵⁶ Further, cotransfection of RUNX2 or VEGF with BMP-2 is shown to enhance bone regeneration and accelerate the healing of segmental defects more effectively than BMP-2 alone *in vivo*.^{57,58} In addition to BMP-2, significant bone formation can also be achieved by transfection of ASCs with BMP-4,^{32,33} BMP-6,⁵ or BMP-7.^{59,60}

On the other hand, the gene knockdown of noggin, one of the BMP antagonists, significantly upregulates BMP signaling and enhances BMP-2-induced osteogenic differentiation of ASCs *in vitro* and *in vivo*.^{2,61} Interestingly, noggin knockdown also increases angiogenesis, which is essential for bone formation.⁶¹ Moreover, simultaneous overexpression of BMP-2 and repression of noggin synergistically enhance the osteogenesis of ASCs.⁶²

The induction of endogenous BMPs

Many active agents can upregulate endogenous BMPs (Fig. 2), which at least partially accounts for their promoting effect on the osteogenesis of ASCs. The expression of endogenous BMPs, such as BMP-2, BMP-4, and BMP-6, can be detected in osteogenic medium.^{3,37,38} The expression level of endogenous BMPs is also adopted as an important parameter to evaluate the potency of an osteogenic medium.^{3,38} The types of endogenous BMPs are also dependent on the types of active reagents in the osteogenic medium. For example, endogenous BMP-6 can be induced by both dexamethasone and vitamin D₃, whereas BMP-2 is only detected in the presence of vitamin D₃.³⁸ These results suggest that the different active agents in osteogenic medium induce the osteogenic differentiation of ASCs through regulating BMPs and their signaling pathways.

In 1999, Mundy et al., for the first time, reported that statins could effectively stimulate bone formation in rodents, both *in vitro* and *in vivo*.⁶³ Many subsequent studies confirmed that statins exert their osteoinductive effects through promoting BMP-2 expression.⁶⁴ Among statins, simvastatin, an inhibitor of the competitive 3-hydroxy-3-methyl coenzyme A reductase, is considered to be the most potent

inducer for the osteogenic differentiation of mesenchymal stem cells. We recently reported that simvastatin can enhance the osteogenesis of human ASCs in vitro and in vivo by significantly increasing the expression of mRNA encoding BMP-2, RUNX2, VEGF, and fibroblast growth factor-2.³ The upregulated BMP-2 seems to be one of the major mechanisms for the promoting effect of simvastatin on the osteogenesis of human ASCs.³ In ASCs, endogenous BMPs can also be induced by TGF- β 1,⁶⁵ sonic hedgehog (shh),⁶⁶ inhibitor of β -catenin and TCF-4 (ICAT),⁶⁷ and sesamin.⁶⁸ These active

commit a certain differentiation direction of ASCs or not. It seemed that, in the most commonly used concentration range (5?50 ng/mL) and without additional osteogenic agents, BMPs cannot significantly commit ASCs to either osteogenesis or adipogenesis. One hypothesis is that BMP alone can activate and induce equivalent levels of osteogenic and adipogenic signaling. Both signaling antagonize each other through different signaling levels. The mutual suppression and inhibition between these two signaling result in a noncommitment stage.

The balance between osteogenic and adipogenic signaling can be disequibrated by the addition of osteogenic agents, such as osteogenic medium and RA. The disequilibrium may be mediated, at least partially, by three main switches: endogenous Wnt5a and ERK and changing the ratio of BMPR-IB/BMPR-IA (Fig. 3).

BMPR-IA and BMPR-IB exhibited versatile and divergent effects on the process of osteogenesis both in vitro and in vivo.^{75,77} Their exact functions are highly dependent on factors including cell type and differentiation stage.⁷⁵ For mouse ASCs, signaling through BMPR-IB played a more significant role in osteogenic differentiation, whereas signaling through BMPR-IA seemed to be more relatively relevant to adipogenesis.⁴³ Data from 2T3 mouse calvarial stem cells corroborated the distinct functions of these two BMP receptors.⁷⁷ Therefore, the type of receptor and level of expression on stem cells can be a switch for their commitment. It is also important to note that RA signaling is indispensable for osteogenic differentiation in mouse ASCs,⁴³ although this is not the case for human ASCs.⁷⁸ Consequently, precautions must be taken when extrapolating data from mouse ASCs to humans.

ERK also appears to be a key switch of adipogenic and osteogenic differentiation of mesenchymal stem cells.⁷⁹ Consistent with this finding, ERK is also important for the adipogenic and osteogenic commitment in ASCs.^{68,80,73} Inhibition of ERK by PD98059 blocks the expression of osteogenic differentiation-related proteins in a dose-dependent manner and switches ASCs to adipogenic differentiation.⁸³ Further, ERK is indispensable for the effects of sesamin,⁸¹ akermanite,⁶⁸ wedelolactone,⁸² and oncostatin M⁸⁰ in promoting the osteogenic differentiation and inhibiting adipogenic differentiation of ASCs. However, how ERK is modulated during osteogenesis of ASCs remains to be elucidated.

Wnt signaling also has an important role in the osteogenic commitment of mesenchymal stem cells (Fig. 3). Wnt5a, a noncanonical Wnt ligand, promotes the osteogenesis by repressing PPAR-g transactivation through CaMKII-TAK1/TAB2-NLK signaling cascade and the subsequent activation of the histone methyltransferase, SETDB1 (SET domain bifurcated 1).^{84,85} SETDB1 leads to the formation of a corepressor complex that inactivates PPAR-g function through histone H3-K9 methylation. Thus, noncanonical Wnt5a has emerged as a fate determinant of mesenchymal stem cells through shifting from adipogenesis to osteogenesis.^{84,85} Exogenous Wnt5a induces osteogenic differentiation and downregulates PPAR-g expression in human ASCs.⁸⁶ However, the interaction between endogenous Wnt and BMP signaling during the osteogenesis of ASCs needs further elucidation.

In contrast with their ambiguous effects in vitro, BMPs have a more definite effect on promoting the in vivo

FIG. 3. Schematic diagram depicting the signaling pathways of BMPs in ASCs and the main switches for the osteogenic commitment of ASCs. BMPR-IA, BMP receptor type-IA; BMPR-IB, BMP receptor type-IB; BMPR-II, BMP receptor type-II; CaMK-II, calcium/calmodulin-dependent kinase II; ERK, extracellular signal-regulated kinase; LPL, lipoprotein lipase; NF-kB, nuclear factor kB; NLK, Nemo-like kinase; PPAR-g, peroxisome proliferator-activated receptor gamma; RUNX2, Runt-related transcription factor 2; TAB2, TGF-b-activated kinase 1/MAP3K7-binding protein 2; TAK1, transforming growth factor b-activated kinase-1; TAZ, transcriptional coactivator with PDZ-binding motif; TNF-a, tumor necrosis factor-alpha. / , promotion; x , inhibition. Color images available online at www.liebertpub.com/teb

osteogenesis of ASCs. Endogenous cytokines that are elevated during acute inflammation may also significantly facilitate the osteogenic commitment of ASCs in vivo (Fig. 3). Tumor necrosis factor-alpha (TNF- α) is one of the main cytokines responsible for acute inflammation.⁸⁷ TNF- α activates nuclear factor-kB (NF-kB), which inhibits the transactivation of PPAR-g through a physical association.⁸⁵ NF-kB activation also leads to upregulation of TAZ (transcriptional coactivator with PDZ-binding motif), a coactivator of RUNX2-dependent transcription, and suppression of PPAR-g-dependent transcription.⁸⁸ Through these three pathways, TNF- α can help to commit the osteogenic differentiation of ASCs in in vivo microenvironments. The role of TNF- α in their osteogenic differentiation is supported by the finding that ASCs can be used to heal acute, but not chronic, calvarial defects in nude mice.⁸⁹ TNF- α that occurs during acute inflammation may help to commit the osteogenesis of ASCs, leading to a much more definite effect of exogenous BMPs in inducing the osteogenesis of ASCs in vivo than that in vitro.

The roles of BMP signaling in the promotion of osteogenic differentiation of ASCs

BMP signaling plays a crucial role in the osteogenesis of ASCs. The upregulation of BMP signaling significantly enhances and accelerates the process. This is supported by the fact that the osteogenesis of ASCs positively correlates to the expression levels of BMPR-II, Smad-1/5, RUNX2, and Osterix.

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