Effects of Pirfenidone on Fibroblast Proliferation and Gene Expression

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INTRODUCTION

•	The process of tissue healing involves blood	٠
	and its various clotting factors,	
	inflammation involving various cytokines	•
	and cell signaling markers, and the	
	excessive production of a new extracellular	
	matrix scaffold that often results in tissue	
	fibrosis.	•
	The resulting fibrosis and/or stiffness may be	

- debilitating and result in significant loss of joint function.
- As this complex mechanism of healing is further characterized, potential interventions into the process and therapeutic avenues to reduce the exaggerated healing response can limit tissue scarring and fibrosis.
- To mitigate collagen overproduction, excess inflammation, and excess cell proliferation at the site of injury, Pirfenidone, a drug that is currently approved for lung fibrosis, may be used to prevent this undesirable outcome in musculoskeletal applications (1).

OBJECTIVES

- Evaluate the effectiveness of Pirfenidone on mitigating fibrotic change *in vitro*.
- Provide evidence to surgeons to help prevent iatrogenic scarring and postoperative complications.
- Provide evidence for further research on a mouse model of skin and soft tissue injury and repair.

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MATERIALS & METHODS

3T3 mouse embryonic fibroblasts were used in three different preparations and at two time points.

- The first preparation was the control group, which was cultured in Dulbecco's Modified
- Eagle Medium (DMEM) with 10% Fetal Bovine Serum.
- The second preparation was the 3T3 cells with the addition of TGF-ß, which was used to induce fibroblast proliferation and collagen production to mimic tissue fibrosis. The third included both TGF-ß and pirfenidone.
- All preparations were cultured for 12 and 24 hours. After collection, analysis was done via qPCR to quantify levels of gene expression and
- immunohistochemistry to visualize the fibrotic
- changes present in the different preparation groups. • α -Smooth muscle actin (SMA), Col1, Col3, Col6,
- fibrinogen, and Ki-67 were used as markers for the q-PCR.





RESULTS

•	Cell gene expression for α -SMA, Col1, and	• Ba
	Col3 drastically increased significantly in	SU
	the 3T3 cells that were given TGF-ß and	pi
	incubated for 24 hours (Figure 1).	• α
•	Conversely, the culture of cells that were	pł
	incubated with both TGF-ß and Pirfenidone	tis
	showed a marked decrease in the	th
	expression of those same biomarkers.	pr
•	Although not as drastic, levels of col6,	m
	fibrinogen, and Ki-67 also showed a slight	vi
	increase in the cells given TGF-ß for 24hrs	• Tł
	as well as a decrease in the levels of these	di
	biomarkers in the pirfenidone treated	a
	group. No noteworthy changes were	th
	observed in the 12-hour timepoint groups.	ех
•	Results for immunohistochemistry staining	pr
	are not vet available but have been fixed	fik
	with the layout in Figure 2.	• Al

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CONCLUSIONS

ased on the results we have thus far, it is uspected that the hypothesized effect of irfenidone is true.

-SMA, a marker for myofibroblast henotypic switch, is an indicator of soft issue fibrosis. With the marked decrease in ne expression of this biomarker, Pirfenidone roves to be a potent potential agent that nay be able to suppress scarring in an *in ivo* model.

he decrease in expression of all the ifferent types of collagens as well as Ki-67, cell proliferation marker, further proves nat this drug may positively affect the xcess matrix production and cell roliferation, which is the crux of soft tissue brosis and scarring.

• Also, based on the success of this qPCR, we hope to transition to an in vivo model to assess Pirfenidone's effect on post-operative skin, soft tissue, and joint fibrosis.

REFERENCES

