

Therapeutic potential of Stem Cell Preconditioning for Ischemic Heart Diseases / Letter to the Editor

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Abstract

Preconditioning (PC), is an approach to improve therapeutic potential of stem cells against ischemic environment. PC has several advantages over other therapeutic techniques as this results in increase of transplanted stem cells recruitment, retention, survival and subsequently the induction of a more supportive environment within the damaged tissue via secretion of angiogenic factors. Special attention is needed to recognize new materials, compounds, and conditions to assess the feasibility of PC for being applied in clinics to treat the ischemic diseases.

Keywords: stem cell preconditioning, cardiovascular diseases, ischemic heart diseases, progenitor cells

Introduction

Cardiovascular diseases especially ischemic heart disease are the most common cause of death and hospital admissions in most developing countries including Iran. From the perspectives of regenerative medicine, inducing neoangiogenesis and neovascularization in ischemic areas can be very helpful to restore organ perfusion and reduce the impacts of this problem. Various other therapies for cardiovascular diseases are clinically investigated and performed.

Recently, cell-based regenerative medicine using several cell sources and novel strategies e.g. preconditioning etc. have appeared as an alternative therapy for curing cardiovascular diseases (Wilschut et al., 2012). Preconditioning (PC), which is a well-known protective phenomenon activated by ischemic stress, where cells can sense and adapt to the environment by changing their cellular phenotypes and functions, has recently been applied in clinics to treat ischemic diseases (Yu et al., 2013). Different chemokine factors in preconditioned stem cells and ischemic heart and their role in angiogenesis, neovascularization, and regeneration of damaged tissues have been investigated. SDF-1/CXCR4 has been described as a vital chemokine axis in ischemic heart to orchestrate the rapid revascularization of injured

and ischemic tissues. SDF-1 released by ischemic tissues, promotes the sprouting of small endothelial tubes from pre-existing capillaries, the egress of stem cells from bone marrow (BM), and their homing and differentiation into the injured tissue (Yu et al., 2013). PC strategies can affect the SDF-1/CXCR4 functions using different kinds of cells as shown in Table 1.

Table 1: Effects of some PC strategies on SDF-1/CXCR4 axis

Cell Type	PC	Protocol	Effect	Ref.
MSC	HP	1% O ₂ for 24 h	CXCR4 expression, SDF-1-dependent migration	(Hung et al., 2007)
MSC	HP	3% O ₂ for 24 h	CXCR4 and CXCR7 expression, SDF-1-dependent migration, adhesion and survival	(Liu et al., 2010)
PBMNC	HP	2% O ₂ for 24 h	CXCR4 expression, adhesion retention	(Kubo et al., 2009)
CLK	HP	0.1% O ₂ for 24 h	CXCR4 expression	(Tang et al., 2009)
BM-ckit+ cells	AP	pH 7.0 for 24 h	CXCR4 expression SDF-1-dependent migration	(Cencioni et al., 2013)

MSC: Mesenchymal stem cell PBMNC: Peripheral blood mononuclear cell CLK: cardiosphere-derived, Lin(-)-c-kit(+) progenitor, HP: Hypoxic preconditioning AP: Acidosis preconditioning.

Preconditioning of cells via exposure to hypoxia, anoxia, acidosis, low level lasers or other treatments prior to cell injection into the damaged

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tissue, render stem cells more resistant to ischemia (Herrmann et al., 2010).

PC is a promising strategy as it results in the increase of transplanted stem cells recruitment, retention, survival and the induction of a more supportive environment, within the damaged tissue, via secretion of angiogenic factors (Wei et al., 2012). The clinical based outcomes using preconditioning are urgently required. The preconditioning methodologies should be tested carefully in clinical studies, so we could define a better future for stem cell therapy. As PC is a promising approach in the treatment of ischemic heart diseases, the problem which is a major cause of death in our country, optimizing the conditions for PC could greatly reduce the huge life loss.

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