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# Bone Remodeling

**Biology – Theories – Models** 

#### **Computational Biomechanics**

Summer Term 2016 Lecture 8/12 Frank Niemeyer

### Skeletal Structures in Animals



Vertebrate family tree

- Exoskeltons (many invertebrates)
  - Calcium carbonate (molluscs, polychaetes)
  - Chitin (arthropods)
  - Silica (diatoms, radiozoa, sponges)
  - ..
- Endoskeletons (vertebrates)
  - Cartilage
  - Bone (hydroxyapatite)

# Bone in the Human Body



- Mechanical
  - Stability, support
  - Muscle/tendon/ligament attachment, joints, lever arms
  - Protection of vital inner organs
  - Sound transduction
- Metabolic
  - Mineral (Ca, P) reservoir, plasma calcium homeostasis
  - Acid-base balance ("buffer")
  - Hematopoiesis (marrow)
  - Fat reservoir
- Endocrine
  - Phosphate level (FGF-23)
  - Glucose level, fat deposition (osteocalcin)

### Connective Tissues



One possible classification of connective tissues

- Develops form mesoderm
- Mostly ECM
- Components
  - Fibers (collagen, elastin, fibrillin, fibrinogen)
  - Ground substance with GAGs, proteoglycans
  - Relatively sparsely populated with cells
- Tensile and compressive strength
- Bone tissue is one kind of *specialized connective tissue*

#### Embryonal Bone Formation

#### Intramembranous Ossification



- Existing connective tissue, mesenchyme
- Initiated by MSCs
  - Replicate and differentiate
     (→ osteoprogenitor → osteoblasts)
- Osteoblasts deposit matrix
- Matrix mineralizes
- Formation of trabeculae
- Further appositional growth
- Flat bones (skull, mandible, maxilla, calvicles ...)

OpenStax, http://cnx.org/contents/b601e5c1-0c20-449c-a324-a0f5ad55eb96@4

#### Embryonal Bone Formation

#### Endochondral Ossification



- Mesenchym transformed into cartilage model
- Hypertrophic chondrocytes secrete alkaline
   phosphatase
- Cartilage calcifies
- Formation of periosteum and invasion of blood vessels

- At "primary centers of ossification": osteoblasts deposit collagenous matrix
- Hyaline cartilage remains on epiphyseal surfaces (and epiphyseal plate, for a while)
- Long bones, vertebrae, ...

Articular cartilage



#### Types of Bone

### Macroscopic: Cortical vs. Trabecular Bone



http://medcell.med.yale.edu/systems\_cell\_biology/bone\_lab.php



- Cortical bone a.k.a. compact bone a.k.a. substantia compacta
  - Hard outer layer (cortex)
  - Covered by periosteum and endosteum
  - ~ 80 % of bone-mass (adult human)
  - $\rho \approx 1.7 \text{ g/cm}^3$ ,  $E \approx 15 \text{ GPa}$ ,  $\Phi = 10 \%$
- Trabecular bone a.k.a. spongy bone a.k.a. substantia spongiosa
  - Sponge-like morphology
  - Open-cell porous network of plates and rods, struts
  - Filled with marrow (myeloid tissue)
  - ~ 20 % of bone-mass (adult human)
  - $\rho \approx 0.5 \text{ g/cm}^3$ ,  $E \approx 500 \text{ MPa}$ ,  $\Phi = 50 90 \%$

wikimedia.org

#### Types of Bone

### Microscopic: Woven vs. Lamellar Bone

- Woven bone a.k.a. primary bone
  - Small, randomly oriented collagen fibrils
  - Mechanically weak
  - Rich in osteocytes
  - Rapidly produced
  - Produced during fetal development and fracture healing (and Paget's disease)
- Lamellar bone a.k.a. secondary bone
  - Mature form of bone, replaces woven bone
  - Slow formation (1 2 µm/day)
  - Forms stacked or concentric "lamellae"
  - Thicker collagen fibers, aligned in parallel within each lamella

#### Hierarchical Structure of Bone



#### Micro-Structure



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http://classes.midlandstech.edu/carterp/Courses/bio210/chap06/lecture1.html

Micro-Structure

# Canaliculi and the Osteocyte Network

- Network of osteocytes, connected via cytoplasmatic extensions
- $\approx 42 \cdot 10^9$  osteocytes (brain:  $\approx 86 \cdot 10^9$  neurons)
- $\approx 23.4 \cdot 10^{12}$  connections (brain:  $\approx 150 \cdot 10^{12}$  connections)
- ≈ 175,000 km of dendritic processes (brain: ≈ 165,000 km)
- Turnover: 10<sup>7</sup> osteocytes/day (brain: 700 neurons/day)



3D rendering of osteocyte network around haversian canal (Pacureanu et al. 2012)

#### Micro-Structure

### Bone Matrix

- Organic part (~ 30 %)
  - Type-I collagen (90 95 %)
  - Non-collagenous proteins, e.g.
    - Proteoglycans
    - Osteocalcin, osteonectin, osteopontin
  - Lipids
  - Growth factors (IL-1/6, IGF, TGF-β, BMPs)
- Inorganic part (~ 45 %)
  - Primarily cristalized calcium-phosphates (hydroxyapatite, Ca<sub>5</sub>(PO<sub>4</sub>)<sub>3</sub>(OH))
  - Trace minerals (magnesium, fluoride, carbonate, ...)
  - Distributed along collagen strands
- Water (~ 25 %)
- High tensile and compressive stiffness
- Composition varies with age, sex, site, ethnicity, health status



SEM of bone mineral (mineralized collagen fibers) 10000x magnification (wikimedia.org)









**Figure I** Main osteoimmunological cell differentiations and cell lineages. **Abbreviation:** NK cell, natural killer cell.

# Osteoblasts & Lining Cells

- ~ 5 % of bone cells in adults
- Mononucleate bone forming cells
- Derived from MSCs  $\rightarrow$  osteoprogenitors
- Connected to each other via gap and tight junctions and to osteocytes via processes
- Secrete osteoid and alkaline phosphatase for mineralization
- Extensive endoplasmatic reticulum, Golgi bodies and mitochondria
- After matrix production osteoblasts may either
  - ... die (apoptosis; 50 70 %) or
  - ... become inactive (flattened bone lining cells) or
  - ... become embedded in bone (osteocytes; 10 20 %)



Osteoblasts grown on ChiPgAHAP20 scaffold (Verma et al. 2010)



Lining cells around trabeculae

# Osteocytes

- ~ 90 95 % of all bone cells in adults
- ~ 30,000 cells/mm<sup>3</sup> of bone
  - Star-shaped, 7 μm ×
     15 μm
  - Inter-cell distance 20
     30 µm
- 40 60 processes/cell ("filopodial ext.")
- Avg. half-life of 25 y
- Percentage of dead osteocytes: 1 % (birth) ... 75 % (age > 80 y)





boneresearchsociety.org,  ${\mathbb O}$  Kevin Mackenzie, Microscopy Facility University of Aberdeen



- Terminally differentiated osteoblasts, incorporated in mineralized matrix, reside in lacunae
- Osteoblasts becoming osteocytes slow down matrix production and are "buried" by neighbors
- Transformation takes ~ 3 days
- Involved in bone turnover (sensors, osteolysis)
- Secrete hormons and other signaling proteins (FGF-23, sclerostin, ...)

#### Osteoclasts

- Bone resorbing cells
- Large, multinucleated cells
  - ~ 5 nuclei, 100 200 µm diameter
  - Derived from monocytes
- Located on bone surface in Howship's lacunae (resorption pit)
- Move via chemotaxis to remodeling sites
- Phagocytic-like mechanism
  - Release HCl for dissolution of hydroxyapatite
  - Enzymes digest organic components



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- Observation: bone loading ("Wolff's lay
- Roux: remodeling a regulated by cells it
- Bone is constantly turnover) in response to
  - Mechanical loading (local)
  - Metabolic influences (systemic)
- Both control loops interact at a cellular level
- Purpose:
  - Repair damage (micro-fractures)
  - Adapt to load
  - Adapt to growth
  - Maintain Ca/P homoeostasis
- Remodeling rate: ~ 10 % per year
  - Complete bone mass replaced within 7 10 years

"[Im] Gefolge primärer Abänderungen der Form und Inanspruchnahme oder auch bloß der Inanspruchnahme der Knochen, [vollziehen sich] bestimmte, nach mathematischen Regeln eintretende Umwandlungen der inneren Arch

Regeln folge<br/>betreffenderDer züchtende Kampf der Theile oder die Theilauslese im Organismus.Der züchtende Kampf der Theile oder die Theilauslese im Organismus.Der züchtende Kampf der Theile oder die Theilauslese im Organismus.Der züchtende Kampf der Theile oder die Theilauslese im Organismus.Der züchtende Kampf der Theile oder die Theilauslese im Organismus.Der züchtende Kampf der Lehre von der mechanischen Entstehung des<br/>sogenannten Zweckmäßigen.

Wilhelm Roux, 1881



Wilhelm Roux (1850-1924) © Martin-Luther Universität Halle-Wittenberg

# Mechanobiology

- Remodeling: resorption by osteoclasts followed by formation by osteoblasts ("coupling phen.")
- Takes in place in BMUs
- Osteonal vs. hemi-osteonal
- Complex coordinated action, requiring tight regulation
  - Direct contact
  - Gap junctions
  - Paracrine signaling
- May also be influenced by
  - Sympathic nervous system
  - Hematopoietic stem cells
  - Immune system
  - Vasculature
  - Articular cartilage
- Not yet completely understood



Cao 2011

FibronectinThrombospondin

Osteocalcin Osteonectin

formation:

- Proteoglycans I and II

Alkaline phosphatase

Molcules that influence bone

- Osteopontin
- Bone sialoprotein
- Bone morphogenic proteins (BMP)
- Fibroblast growth factors (FGF)
- Insulin-like growth factors (IGF)
- Platelet-derived growth factor (PDGF)
- Transforming growth factor  $\beta$  (TGF- $\beta$ )
- Epidermal growth factor (EGF)
- Parathyroid hormone (PTH)
- Estrogene
- Dexamethasome
- Thyroxin
- Calcitonin
- Prostaglandins
- Interleukin-l
- Vitamin D
- •••

### Activation & Resorption



Sims & Gooi 2008

- Osteoclast differentiation regulated by cells of osteoblast lineage
  - CSF-1 stimulates osteoclast precursor proliferation
  - Chemoattractants attract osteoclast precursors
  - RANKL promotes osteoclast differentiation (fusion)
  - OPG inhibits osteoclast formation
- Osteocyte apoptosis  $\rightarrow \uparrow$  RANKL
- Osteoblast lining cells prepare surface for osteoclast
- Attachment to bone surface
- Resorption (~ 3 weeks, ~ 60 100  $\mu m$  cavity depth)

### Reversal, Transition, Termination



Sims & Gooi 2008

- Osteoblast differentiation and bone formation regulated by
  - Growth factors released from resorbed matrix (IGFs, BMPs, TGF-β, PDGF, FGF)
  - Growth factors secreted by osteoclasts (CT-1)
  - Osteoclast's membrane-bound molecules
  - Local topography
  - Growth factors secreted by osteocytes (sclerostin, TGF-β)
- Apoptosis of osteoclasts (induced by Bim/caspase-3, estrogen, released Ca)
- Osteoid deposition (~ 3 months)
- Mineralization

### Mechanotransduction

- Classical hypothesis: osteocytes as mechanosensors
  - Physiological loading induces fluid-flow in canaliculi
  - Sensed by integrins on cell surface
  - Activation of mechanotransduction pathways
  - Overactivation: less sclerostin  $\rightarrow$  bone gain
  - Underactivation: less OPG  $\rightarrow$  bone loss
- Regulation by osteocyte apoptosis
  - Mechanical loading enhances solute transport in canaliculi → inhibited bone resorption
  - Mechanical unloading: hypoxia → osteocyte apoptosis → bone resorption
  - Micro-damage: also induces osteocyte apoptosis → bone resorption



#### Mechanotransduction



Kolahi & Mofrad 2010

- Possible stimuli
  - Fluid-flow induced shear stress
  - Fluid pressure
  - Electric fields due to piezo-electric properties of bone/minerals
  - Direct cell strain (deformation of cytoskeleton)
  - Bending of cilia
  - lssues

.

- Bone cell behavior strongly dependent on micro-environment
- Difficult to observe osteocytes in situ
- MSCs & osteoblasts also react to mechanical stimuli

### The "Mechanostat" Model



- A.k.a. "Utah paradigm of skeletal physiology", developed in 1960s by Harold M. Frost
- Semi-quantitative refinement of Wolff's law
- Bone adaption is regulated such that 'peak strain' stays within some physiological interval
  - Human tibia: 800 1500 με\*
- Thermostat analogue: negative feedback loop → dynamic equilibrium
- Purely mechanical, quasi-static, neglecting
  - Load cycle number, frequency, duration, pauses, deformation speed ...
  - Non-mechanical influences

^1  $\mu\epsilon = 1~\mu = 10^{-6} = 0.0001~\%$ 

# The Principle of Cellular Accommodation



- (Linearized) mechanostat equation:  $\dot{\rho} = k(S - S_0)$ 
  - *E*: elastic modulus, *S*: peak stimulus,  $S_0$ : set-point
  - "Disuse fallacy", "constant set-point fallacy"
- Cells accommodating to strain environment:  $\dot{\rho} = k(S - F(S, t))$ 
  - *F*: relaxation function (non-constant set-point)

• E.g. 
$$F(S,t) = S_0 + (S - S_0)(1 - e^{-t/\tau})$$

- Disuse:  $\dot{\rho} = -kS_0e^{-t/\tau}$
- Set-point varies from site to site, depending on what cells have accommodated to
- Load-path dependence

### The Adaptive Elasticity Theory



- Bone as porous material, strain as remodeling stimulus (Cowin and Hedegus 1976)
  - Internal remodeling:  $\dot{E} = A_{ij} (\varepsilon_{ij} \varepsilon_{ij}^0)$
  - External remodeling:  $\dot{X} = B_{ij} (\varepsilon_{ij} \varepsilon_{ij}^0)$
  - *E*: elastic modulus, *A*, *B*: matrices of remodeling coefficients,  $\varepsilon$ : strain tensor,  $\varepsilon^0$ : equilibr. strain
- "Representative" SED amplitude as driver stimulus (Huiskes et al. 1987)
  - Non-linear, "lazy zone"

$$U = \frac{1}{2} \sum_{i} \sum_{j} \varepsilon_{ij} \sigma_{ij}$$

• Internal remodeling:

$$\dot{E} = \begin{cases} C(U - (1 + s)U_n) & \text{if } U > (1 + s)U_n \\ C(U - (1 - s)U_n) & \text{if } U < (1 - s)U_n \\ 0 & \text{otherwise} \end{cases}$$

• External remodeling: analogous

### Bone Maintenance and Self-Optimization



$$\begin{cases} c \cdot (\psi_b - \psi_{b_{AS}}) + c \cdot w & (\psi_b - \psi_{b_{AS}} < -w) \\ 0 & (-w \le \psi_b - \psi_{b_{AS}} \ge +w) \\ c \cdot (\psi_b - \psi_{b_{AS}}) - c \cdot w & (\psi_b - \psi_{b_{AS}} > +w) \end{cases}$$

Beaupré and Carter 1990b

- Bone as self-optimizing material ('bone maintenance theory' by Fythrie and Carter 1986)
  - Optimization objective: change e.g. density  $\rho$ , such that  $\left(\frac{\rho_{\rm c}}{\rho}\right)^2 \left(\psi - \left(\frac{\rho}{\rho_{\rm AS}}\right)^2 \psi_{\rm AS}\right) \to 0$
- Time-dependent extension (Beaupré and Carter 1990)
  - Daily continuum-level stimulus

$$\psi = \sqrt[m]{\sum_{i} n_i \overline{\sigma_i}^m}$$

- $\overline{\sigma_i} = \sqrt{2EU}$  continuum-level effective stress; *E*: apparent elastic modulus; *U*: apparent SED; *i*: load case;  $n_i$ : number of load cycles; *m*: constant
- Surface density-dependent remodeling rate

 $\dot{
ho} = \dot{r}S_{
m v}(
ho)
ho_{
m c}$   $S_{
m v}$ : apparent density ightarrow surface area density

# Semi-Mechanistic Tissue-Level Remodeling 1/2



Mullender & Huiskes 1995

- Basic idea: Modify relative density  $m \in [0.01, 1]$  depending on accumulated, distance-weighted stimulus  $\Phi$  measured by uniformly distributed sensor cells  $\rightarrow \dot{m} = \tau \Phi$
- Stimulus  $\Phi(\mathbf{x}, t) = \sum_i w_i(\mathbf{x})(S_i(t) k)$  where
  - Weight for sensor *i*:  $w_i(x) = \exp(-||x x_i||/D)$
  - Sensor  $i @ x_i$  measures SED  $S_i(t) = \frac{1}{2}\sigma(x_i, t)$ :  $\varepsilon(x_i, t)$
  - Young's modulus  $E = E_{\text{bone}}m^3$  (isotropic, linear elastic)
- Simulations
  - Osteocyte density 1600/mm<sup>2</sup>, range D = 0.025 mm,  $2 \times 2 \text{ mm}^2 \times 20 \text{ }\mu\text{m}$  square domain
  - $\Phi$  evaluated per element centroid
  - MOL (FEM + explicit Euler integration)
- Observations, issues
  - Trabeculae appear from uniform initial state  $\rightarrow$  self-organization
  - No influence of strain rate, frequency, etc. ...
  - Osteocyte density independent of *m*
  - Remodeling can happen *anywhere* (not only on surfaces)

### Semi-Mechanistic Tissue-Level Remodeling 2/2



Bone development (alternative loading direction) Initial configuration Homeostatic configuration



- Instead of net change: distinguish resorption and formation
  - Osteoclasts recruited by osteocyte apoptosis or disuse
  - Osteoclast activity causes strain perturbations
  - Osteoblasts stimulated by osteocytes (SED)
- Density rate of change

$$\dot{m} = \begin{cases} \tau \cdot (\Phi(x,t) - k_{\rm tr}) - r_{\rm oc} & \text{if } \Phi > k_{tr} \\ -r_{\rm oc} & \text{otherwise} \end{cases}$$

- where  $\Phi(x,t) = \sum_i w_i(x)\mu_i S_i(t)$
- $k_{\rm tr}$ : bone formation threshold;  $r_{\rm oc}$ : resorption rate;  $\mu_i$ : mechanosensitivity of osteocyte i
- Probability of resorption
  - Micro-cracks  $\rightarrow$  osteocyte apoptosis  $\rightarrow$  random
  - Disuse: proportional to mechanical stimulus

# Agent-Based (CPM) Osteoclast Simulation 1/2





• Builds on previous models; changes:

- Explicit osteoclast simulation via CPM
  - Osteoclasts attach to surfaces where osteocyte signal is weak
  - resorb until strong signal causes detachment
  - removed if detached for a certain amount of time
- Osteoblasts recruited to surfaces, where signal >  $S_{obl}$  for a period of time
- Osteoclasts are either placed ...
  - Manually (osteonal remodeling)
  - Randomly: appear with certain probability on exposed surfaces with weak signal

### Agent-Based (CPM) Osteoclast Simulation 2/2



- Cellular Potts model (CPM): cellular automaton approach to simulate cell motion
  - "Agents" (cells) occupy multiple lattice sites
  - Cells have internal state, move according to rules, depending on internal state and neighbors
- Cells as 'fluid droplets' of ~ constant volume, adhesion as surface tension → minimize Hamiltonian, in this case

$$H = \lambda (V - V_0)^2 + \int_{\text{surf}} h(A) \, dA$$

- Contact energies differ for different substrates; here: depends on osteocyte signal:
  - Below  $S_0$ : low contact energy  $\rightarrow$  strong adhesion
  - Above  $S_1$ : high contact energy  $\rightarrow$  no adhesion



Theories & Numerical Simulations

### Further Approaches

- Sclerostin-based "inhibition inhibition" [sic] ٠
- Osteocyte-viability-based remodeling ٠
- Fluid-shear stress regulated remodeling ۲
- Microdamage-targeted resorption ٠

van Oers et al. 2011



McNamara & Prendergast 2005

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Theories & Numerical Simulations

### Cell- and Sub-Cell-Level Models

Ryser et al. 2009



- Lemaire et al. 2004:
  - Model of molecular interactions (kinetics) between osteoblasts and osteoclasts
  - Space-less
  - No solid or fluid mechanics

- Ryser et al. 2009:
  - Model of a single BMU and how it reacts to signaling molecules
  - No solid or fluid mechanics
  - Many parameters ...

Theories & Numerical Simulations

#### Systems-Level Models



ligand, ROB = responding OB, TGF $\beta$  = transforming growth factor beta, 1- $\alpha$ -OH = 1 alpha hydroxylase

- Peterson & Riggs 2010:
  - Simulate interactions calcium homeostasis ↔ bone metabolism
  - Space-less
  - No solid or fluid mechanics
  - Even more parameters ...