1 Effects of CoCr metal wear debris generated from metal-on-metal hip implants and Co

2 ions on human monocyte-like U937 cells

3 Olga M Posada^{a1}, Rothwelle J. Tate^b and M. Helen Grant^{ac}

4 ^aBiomedical Engineering Department, University of Strathclyde, Wolfson Centre, Glasgow

5 G4 0NW, UK. ^IO.M.PosadaEstefan@leeds.ac.uk,

6 ^cCorresponding author: m.h.grant@strath.ac.uk. TEL: +44 (0)141 548 3438.

⁷ ^bStrathclyde Institute for Pharmacy & Biomedical Sciences, University of Strathclyde,

8 Glasgow G4 0RE, UK. r.j.tate@strath.ac.uk

9

10 Abstract

Hip resurfacing with cobalt-chromium (CoCr) alloy was developed as a surgical alternative to 11 12 total hip replacement. However, the biological effects of nanoparticles generated by wear at the metal-on-metal articulating surfaces has limited the success of such implants. The aim of 13 this study was to investigate the effects of the combined exposure to CoCr nanoparticles and 14 15 cobalt ions released from a resurfacing implant on monocytes (U937 cells) and whether these resulted in morphology changes, proliferation alterations, toxicity and cytokine release. The 16 interaction between prior exposure to Co ions and the cellular response to nanoparticulate 17 debris was determined to simulate the situation in patients with metal-on-metal implants 18 receiving a second implant. Effects on U937 cells were mainly seen after 120h of treatment. 19 20 Prior exposure to Co ions increased the toxic effects induced by the debris, and by Co ions themselves, suggesting the potential for interaction *in vivo*. Increased TNF- α secretion by 21 resting cells exposed to nanoparticles could contribute to osteolysis processes in vivo, while 22 increased IFN-y production by activated cells could represent cellular protection against 23

¹ Present address: LICAMM laboratories, University of Leeds, Leeds LS2 9JT, UK.

tissue damage. Data suggest that interactions between Co ions and CoCr nanoparticles would
occur *in vivo*, and could threaten the survival of a CoCr metal implant.

26

27 Keywords: metal wear debris; hip replacements; nanoparticles; metal ions; cobalt-chrome28 alloy; monocytes

29

30 1. Introduction

The most common cause of failure of total hip arthroplasty is aseptic loosening of the implant 31 32 initiated by adverse tissue response to prostheses wear particles (Luo et al., 2005). Current evidence indicates that the size of wear particles generated by CoCr alloy metal-on-metal 33 34 (MoM) articulations is in the nanometre size range (Hosman et al., 2010). The large surface 35 area enhances release of metal ions, predominantly Co and Cr ions, into the circulation (Lucarelli et al., 2004). Wear particles from articular surfaces are phagocytosed mainly by 36 37 macrophages. When particles are phagocytosed in sufficient amounts, the macrophages enter 38 an active state of metabolism, releasing an array of cytokines, chemokines, and growth factors inducing inflammation, which accelerates osteoclast formation and bone resorption 39 40 resulting in periprosthetic osteolysis (Germain et al., 2003; Yagil-Kelmer et al., 2004).

41

42 Circulating physiological levels of Co and Cr are normally <0.25µg/l (0.005µM) (Andrews *et al.*, 2011). Elevated levels of Co and Cr ions occur in both the hip synovial fluid and in
44 peripheral blood after MoM hip replacement, and there is concern about the toxicity and
45 biological effects of such ions both locally and systemically (Bisseling *et al.*, 2011;
46 Friesenbichler *et al.*, 2012; Penny *et al.*, 2013).

48 Co corrodes faster than Cr under physiological conditions (Xia et al., 2011) and, in contrast to Cr. Co ions tend to remain mobile, which is reflected in the higher levels measured in 49 blood, allowing the ions to reach and enter remote organs (Afolaranmi et al., 2012). Elevated 50 51 Co concentrations in patients with MoM implants are a concern, since increased Co levels in blood have also been reported to be associated with neurological (hand tremor, 52 incoordination, cognitive decline, depression, vertigo, hearing loss, and visual changes) 53 (Oldenburg et al., 2009; Tower, 2010), cardiac (myocardiopathy) (Dadda et al., 1994; 54 Seghizzi et al., 1994; Gilbert et al., 2013) and endocrine (aberrant oestrogen signalling, 55 altered the production or circulation of sex hormones, and altered thyroid metabolism) 56 (Keegan et al., 2007; Oldenburg et al., 2009) symptoms. 57

58

59 In addition to the above, data from the seventh annual report of the National Joint Registry for England and Wales showed high failure rates for MoM hip prostheses 60 (http://www.njrcentre.org.uk/njrcentre/portals/0/njr%207th%20annual%20report%202010.pd 61 f), which led to the market recall of the DePuy ASRTM, both the Resurfacing and XL Systems 62 in August 2010 (DePuy International Ltd, Leeds, UK) (MDA/2010/069). Following this, the 63 Medicines and Healthcare products Regulatory Agency (MHRA) safety alert in September 64 2010 drew attention to the long term biological safety of all types of MoM hip implants. In 65 this document 66 (MDA/2010/069; http://www.mhra.gov.uk/home/groups/dts-67 bs/documents/medicaldevicealert/con093791.pdf) the MHRA explained the details behind the safety alert and included four situations in which measurements of blood metal ions in 68 patients were recommended: 1) in patients who have symptoms associated with loose MoM 69 bearings; 2) in patients showing radiological features associated with adverse outcomes 70 including component position or small component size; 3) if the patient or surgeon are 71 concerned regarding the MoM bearing; and 4) if there is concern about patients with higher 72

than expected rates of failure. The MHRA have suggested that combined whole blood Co and Cr levels of greater than 7ppb ($7\mu g/l$ or $0.1\mu M$ of the combined ions) are associated with significant soft-tissue reactions and failed MoM hips.

76

Aseptic loosening usually leads to revision surgery where the implant is removed and 77 replaced with an alternative bearing (Maezawa et al., 2009; Naal et al., 2011; Sehatzadeh et 78 al., 2012). At the time of revision these patients may have high circulating metal ion 79 concentrations (particularly cobalt), and these may alter the response of the patient to the new 80 81 device. To investigate the effects of the metal ions already present in these patients in terms of the biological response to the new device, cells were pre-treated *in vitro* with 0.1µM Co in 82 the present study for 4 days before being treated with the metal wear debris. Continued 83 84 exposure to Co ion release from an existing implant may also influence the responses to wear 85 debris and for this reason the combined effect of exposure to Co ions and wear debris was also investigated. The concentration of Co ions used in the study was chosen to reflect the 86 87 maximum circulating concentration recommended in patients with MoM implants by MHRA 2010 in (MDA/2010/069; http://www.mhra.gov.uk/home/groups/dts-88 bs/documents/medicaldevicealert/con093791.pdf). 89

90

U937 cells are a human macrophage-like cell line derived from human leukemic monocyte
lymphoma (Yagil-Kelmer *et al.*, 2004). This cell line has been used previously as the cell
culture model to study the biological effects of different kinds of particles and ions, and it has
been demonstrated that U937 cells have comparable responses to polyethylene particles
(Matthews *et al.*, 2001) and metal ions (Wang *et al.*, 1996) as do primary macrophages in
terms of cytokine release.

98 The aim of this study was to find out if exposure to CoCr nanoparticles released from a 99 resurfacing implant could activate monocytes, and whether this resulted in cytotoxicity and 100 cytokine release. The interactions between prior exposure to Co ions and the nanoparticulate 101 debris, and between combined exposure to wear debris and Co ions, were determined in order 102 to simulate the *in vivo* situation in patients with MoM implants.

103

104 2. Methods

105 2.1. Preparation of wear debris

106 CoCr wear debris was a gift from DePuy International (Leeds, UK). A high-carbon ($\geq 0.2\%$) content CoCr alloy (ISO 5832-12: Co Balance, Cr 26.0-30.0%, Mo 5.0-7.0%, Ni 1.0% max., 107 108 Si 1.0% max., Mn 1.0% max., Fe 0.75% max., C 0.35% max., N 0.25% max.) hip resurfacing 109 implant was worn on a multi-station hip joint simulator using the following protocol. The 110 wear debris was produced over 250000 cycles using distilled water as the lubricating fluid. The use of only distilled water (instead of the more usual bovine serum (25% v/v) in distilled 111 water) resulted in a more rapid and aggressive wear regime which produced a greater volume 112 of wear debris of similar morphology and size for testing purposes to that produced under 113 similar conditions in 25 per cent serum but in a more conducive time-frame (personal 114 communication, Dr C. Hardaker, DePuy International, Leeds, UK). Wear debris produced by 115 hip simulator under different conditions has previously been shown to be of similar size and 116 117 morphology (Brown et al., 2007).

118

Once produced, the wear debris was centrifuged at 3500g for 20 minutes. The majority of the water was then aspirated. The remaining suspension was heat-treated (180°C for 5h, 60kPa) in a vacuum oven to eliminate the remaining water and destroy any endotoxin. The dry debris was then suspended in sterile phosphate buffered saline (PBS; Invitrogen; Paisley, UK). The sterility of the treated wear debris was tested as described by Akbar et al. (2012) by exposing dendritic cells (isolated from bone marrow of male BALB/c (Harlan, UK) mouse femurs and tibias (Lutz *et al.*, 1999)) to the debris for 24h, *in vitro*, and then assessing the expression of surface activation markers via flow cytometry. The debris was found not to increase the surface expression of CD40, CD86, or MHC II on these cells, and, therefore, the suspended debris was deemed sterile and endotoxin-free (data not shown).

129

Heat treated wear debris was imaged with a Field Emission Scanning Electron Microscope 130 (FE-SEM) (Hitachi SU-6600, Hitachi; Germany) at magnifications of 100-1000x. Energy 131 Dispersive X-ray Spectroscopy (EDS) was used for quantitative analysis of elemental 132 composition. Hitachi TM-1000 and EDSwift-TM software was used to obtain the images and 133 134 chemical spectra of the wear debris. Metal ion release from the debris was determined by incubating 156.25µg debris/cm² for 24h at 37°C in an atmosphere of 5% (v/v) CO₂ in air in 135 1ml of complete RPMI-1640 medium in the presence of 10% (v/v) foetal bovine serum (FBS) 136 137 as described below. The medium was collected and stored at -80°C until ICP-MS analysis using an Agilent 7700x octopole collision system in helium gas mode using scandium as 138 internal standard. Quantification was based on the maximum signal for a particular isotope, 139 and five readings were taken, with the result taken as the mean value. 140

141

142 2.2. Cell culture

143 U937 (Human leukemic monocyte lymphoma cell line; European Collection of Cell Cultures) 144 cells were cultured in RPMI-1640 medium supplemented with 10% (v/v) FBS, 50U/ml 145 penicillin and 50 μ g/ml streptomycin. These cells were routinely split every three days at a 146 ratio of 1:10 from a starting passage number of 4 and for no more than 20 passages. This was 147 achieved by taking 3ml of cell suspension into a fresh 75cm² culture flask containing 27ml of fresh complete RPMI-1640 medium. Cells were activated by incubating them with 10nM phorbol 12-myristate 13-acetate (PMA, Sigma-Aldrich; Dorset, UK) for 72h (Lucarelli *et al.*, 2004). Activation was confirmed by monitoring cell morphology, adhesion, and aggregation on a Zeiss Imager.Z1 microscope using wet lenses (20X) every 24h. For cobalt pre-treatment of cells, Co^{2+} solutions were freshly prepared using cobalt chloride (CoCl₂) (Alfa Aesar; Lancashire, UK) and diluted to 0.1µM in growth medium under sterile conditions. Resting and activated cells were incubated with 0.1µM Co²⁺ for 72h.

155

156 2.3. Cell number and viability

In order to assess cell viability, U937 cells were exposed to metal debris and Co^{2+} in resting 157 and activated states for 24 and 120h. For both resting and activated U937 cells, the cells were 158 cultured $(1x10^4 \text{ cells/well})$ in 96-well plates with 156.25µg debris/cm² (5mg 159 debris/1x10⁶ cells), 0.1μ M of Co²⁺, or the combination of 156.25µg debris/cm² plus 0.1µM of 160 Co^{2+} in complete RPMI-1640 for 24 and 120h at 37°C under 5% (v/v) CO₂. Culture medium 161 was not changed during these incubation periods. At each culture endpoint, cells were 162 washed twice with PBS to remove the debris layer before cell viability was assessed by the 163 neutral red (NR) and 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) 164 assays, as described by Repetto et al. (2008) and Mosmann (1983), respectively. The cells 165 were incubated with NR for 3h and MTT for 4h, and absorbance of the both NR and MTT 166 assay samples were then measured at 540nm using a Bio-Rad Model 450 microplate reader 167 (Bio-Rad, Hertfordshire, UK). 168

Viability was also monitored microscopically by double staining with Acridine Orange (AO;
Sigma-Aldrich; Dorset, UK) and Propidium Iodide (PI; Life Technologies; Paisley, UK) as
previously described by Bank (1988). Cells were viewed using a Carl Zeiss Axio Imager

microscope under a 40X water immersion lens with a numeric aperture of 0.80. Fluorescence
was excited using a mercury lamp and emission recorded using a fluorescein isothiocyanate
(FITC)/Rhodamine filter block (485/515-530nm; 546/580-563nm) for AO and PI. Cells
fluorescing green were scored as viable, and those fluorescing red as nonviable.

177

178 2.4. Cell proliferation

Resting and activated cells were cultured $(1x10^4 \text{cells/well})$ in 96-well plates with 156.25µg 179 debris/cm², 0.1 μ M of Co²⁺, or the combination of 156.25 μ g debris/cm² plus 0.1 μ M of Co²⁺ in 180 complete RPMI-1640 for 24h at 37°C under 5% (v/v) CO₂. U937 cell proliferation was then 181 determined using a BrdU Cell Proliferation Immunoassay kit (kit number QIA58, Merck 182 Chemicals; Nottingham, UK), as suggested by the manufacturer. Briefly, the BrdU label was 183 184 diluted 1:2000 into fresh complete RPMI-1640 medium. To label the DNA, 20µl of this working solution were added to cells in 96-well plates during the final 4 hours of the 185 experiment. Plates were then centrifuged (300xg for 10min) and the supernatant aspirated. 186 Cells were then fixed, permeabilized, and the DNA denatured. Plates were incubated for 187 30min at room temperature and the fixative/denaturing solution was then aspirated. 100µl of 188 anti-BrdU antibody diluted in antibody dilution buffer were added to each well and incubated 189 with the cells for 1h at room temperature. Cells were washed 3 times with 1X wash buffer, 190 before 100µl of peroxidase goat anti-mouse IgG HRP conjugate diluted in conjugate diluent 191 192 were incubated with the cells for 30min at room temperature. Plates were then flooded with dH₂O, emptied, and incubated with 100µl of substrate solution in the dark at room 193 temperature for 15min. Following the addition of 100µl of stop solution the absorbance was 194 195 measured using a Thermo Scientific Multiskan Ascent spectrophotometer plate reader at dual wavelengths of 450-540nm. 196

198 2.5. Cytokine production: ELISA

Cytokine levels were determined by collecting the supernatants from the cell cultures at each 199 end point. The concentrations of tumour necrosis factor-alpha (TNF- α), interferon- γ (IFN γ) 200 201 and interleukin-6 (IL-6) in the culture media were determined from aliquots of cell-free isolates using Ready-Set-Go! ELISA kits (eBioscience; Hatfield, UK) in accordance with the 202 manufacturer's instructions. Each of the kits had a sensitivity level of 4pg/ml, and linear 203 standard curves were generated between 0-500pg/ml for TNFa and IFNy, and 0-200pg/ml for 204 IL-6. The presence of metal ions in the medium did not influence the measurement of the 205 206 cytokines.

207

208 2.6. Statistics

Statistical analyses were carried out by a one-way analysis of variance (ANOVA), followed by a Dunnett's multiple comparison test, and a two-sample *t*-test. Significance was assigned where *p* values were found to be <0.05.

212

213 3. Results

214 3.1. Characterisation of wear debris and release of metal ions

Wear particles generated by the hip simulator process have been reported with a mean size of 215 50nm (Brown et al, 2007). SEM images show irregular shapes and sizes varying from the 216 217 nano to the micro scale (from 150nm to 6.5µm). The larger irregular shaped particles suggest that the debris aggregates (Image 1), and this has been reported previously by Akbar and co-218 workers (2012). Doorn et al (1998) isolated particles from MoM retrieval tissues that varied 219 220 in size (51-116nm particles to micrometre sized aggregates) and shape. Moreover, metal particles (0.1-3 microns in size) have also been found in tissues post-mortem (Brown et al., 221 2013). EDS analysis indicated that the wear debris is primarily composed of Co and Cr 222

(which is in agreement with the alloy composition (Singh and Dahotre, 2007)). Analysis of
25 different particles indicated a mean composition of 59.57 per cent Co, 40.43 per cent Cr
and a small amount of Mo which was below the limit of quantification. The CoCr wear debris
released metal ions into culture medium as shown on Table 1. Co was the predominant ion
released after 24h incubation. The percentage dissolution of the debris over the 24h period
was negligible, 0.000042%, although the cobalt concentration released was 1259.41+/- 39.58
ng/ml.

230

231 3.2. Cell viability

In this study, the 156.25µg debris/cm² (5mg/1x10⁶ cells) concentration was chosen to mimic 232 the local metallosis environment surrounding an implant. The viability of the cells was 233 234 assessed after exposure to Co ions, to wear debris, and to a combination of the wear debris and Co ions. Some of the cultures from each type of exposure had been pre-treated with Co 235 ions for 3 days prior to the experiment. Changes in cell number were measured by both NR 236 237 and MTT assays. The reduction of MTT is influenced by both reductase enzyme activities and the supply of NADH/NADPH (the redox status) in the cells and is therefore, a measure 238 of the metabolic activity and redox status of the cells. In contrast, the NR assay is not 239 dependent on these factors. The latter may, however, be altered by changes in the number of 240 lysosomes in the cells. Resting and activated U937 cell numbers were assessed after 24 and 241 242 120h of treatment with the wear debris and/or ions. Figure 2 and Figure 3 summarise the 120h results, there being no significant changes in cell numbers for either resting or activated 243 U937 cells after 24h of exposure to the different treatments (data not shown). 244

245

After 120h there was a significant decrease in the absorbances measured by NR and MTT assays respectively in both resting and activated cells, where the metal debris was present. In

248 the resting cells, exposure to Co ions for 120h caused an increase in the cell number compared to controls, which was apparent when measured by both MTT and NR (Figure 2). 249 Additionally, cells exposed only for 3 days to Co and then the Co ions kept for 120h in 250 251 culture medium (PreCo U937+no debris) did not show any differences when compared to untreated cells. The effect observed on resting cells was not as marked after activation of the 252 cells by PMA (Figure 3), although increased absorbances in activated cells were detected 253 where pre-treatment with Co ions had been carried out. When comparing the NR results of 254 resting cells exposed to the combination of wear debris and Co ions, Co pre-treated cell 255 256 numbers were significantly lower than those of non Co pre-treated cells. In fact, all the results obtained in resting cells were exacerbated to some extent by the pre-treatment with Co ions. 257 Interestingly, such an effect was not seen after cell activation by PMA. Generally, the 258 259 magnitude of responses to both nanoparticles and to Co ions was greater in the resting cells than in activated cells. 260

261

Viability was assessed by AO/PI double staining. PI is impermeable to intact plasma 262 membranes, but it easily penetrates the plasma membrane of dead or dying cells and 263 intercalates with DNA or RNA forming a bright red fluorescent complex. AO is a membrane-264 permeable, monovalent, cationic dye which binds to nucleic acids in the cells to produce a 265 fluorescent green product (Bank, 1988). Images 2 and 3 summarise the 120h results, with 266 267 there being no significant changes in cell viability for either resting or activated U937 cells after 24h of exposure to the different treatments (data not shown). After 120h treatment, there 268 was a decrease in cell number of both resting and activated cells in the presence of debris but 269 270 not Co ions. Furthermore, the few cells observed appeared to be mainly apoptotic.

271

273 3.3 Cell proliferation

Effects on cell proliferation were assessed with the BrdU cell proliferation assay after 24h of exposure to the different treatments, at a time when control cells were in the log phase of growth. The results are summarized in Figure 3.

277

Resting cells in the presence of metal debris had a lower rate of proliferation compared with 278 control cells, although this was not a significant difference. Additionally, the effects on 279 resting U937 and Co pre-treated resting U937 cells were compared in order to establish if the 280 281 pre-treatment with Co influenced the proliferative cell response to the treatments. Co pretreated resting cells proliferated significantly less than non Co pre-treated resting cells when 282 exposed to 0.1µM Co alone, suggesting a potential role of Co ions in the inhibition of resting 283 284 U937 cell proliferation. The exposure to 0.1µM Co also caused a significant decrease in the proliferation of activated U937 cells. Moreover, the effects on activated U937 cells and Co 285 pre-treated activated U937 cells were compared in order to establish if the pre-treatment with 286 Co influenced the proliferative cell response to the treatments. Co pre-treated activated cells 287 proliferated significantly more than non Co pre-treated activated cells in the presence of 288 metal wear debris alone. However, the same effect was observed when cells were exposed to 289 the combination of metal wear debris and Co ions, showing a significantly higher 290 291 proliferation of Co pre-treated activated cells compared to non Co pre-treated activated cells. 292 No difference was observed in the presence of Co ions alone. These findings differ from the results of resting cells, which indicates that the cellular activation state may influence the 293 biological response to metal particles and ions. Although not statistically significant, Co ions 294 295 alone increased the rate of proliferation of resting cells, and while at different endpoints, analogous to the results found with MTT and NR. 296

298 3.4 Cytokine production measured by ELISA

Levels of IL-6, TNF- α , and IFN- γ released were determined in the culture medium after 120h of exposure to the different treatments. The results are summarised in Figure 4 and 5.

301

Both untreated resting cells and PMA-activated cells (controls on both graphs) secreted the 302 three cytokines at the 120h culture end point. There was no statistical difference between the 303 levels of cytokines secreted by treated and untreated resting cells. The Co pre-treatment did 304 not cause a significant difference to the levels of cytokine secretion by resting U937 cells. 305 306 Activated cells exposed to the combination of metal debris and Co ions secreted significantly more IL-6 and IFN- γ than control cells. Contrary to this, treatments caused a decrease in the 307 secretion of TNF-α by activated cells. Co pre-treated activated cells exposed to 0.1µM Co 308 309 secreted significantly less IFN-y than non Co pre-treated cells.

310

311 4. Discussion

MoM hip implants are composed of CoCr alloys, and as such, during wear, both CoCr nanoparticulate debris and Co and Cr ions are released. In this study the effects of a high wear debris concentration and Co ions on U937 cells were studied. After release from MoM implants, Cr ions tend to bind to the local tissue whereas Co ions tend to remain mobile and enter the circulation (Simonsen *et al.*, 2012). The Cr forms stable complexes which deposit around the implant, whereas Co concentrations in patients' blood are generally higher, and thus the ions interact with distant tissues and cells to a greater extent.

319

The wear debris used in this study was produced from a 39mm ASR^{TM} prosthesis, and previous work emulating natural gait has shown that approximately 8 mm³ of debris is produced per million cycles on a simulator from this prosthesis (Leslie *et al.*, 2008). The

density of the CoCr alloy used was 8.32mg/mm³ (Medley et al., 1996), so 8mm³ of wear 323 would be equivalent to 66.56mg debris. An active person might walk 3.5 million cycles per 324 year, so 232.96mg debris/year would be produced locally in the environment of the 325 prosthesis. The 156.25µg/cm² metal debris concentration used in this investigation was 326 chosen to mimic metallosis, a situation where metallic debris infiltrates into the periprosthetic 327 tissues, with resulting severe adverse effects. The range of debris and ion concentrations 328 measured locally varies hugely in the literature, for example, in catastrophic failure of a 329 prosthesis amounts of wear debris up to 67mg have been reported (Matziolis et al., 2003). 330 The high metal ion concentrations released from debris in the current experiments simulates 331 this local situation. 332

333

Exposure to 156.25µg debris/cm² proved to be toxic for both resting and activated U937 cells 334 in the presence and absence of Co ions, which could be in part due to the high concentration 335 of ions released from the particles. However, there was no evidence of toxicity observed after 336 337 cell exposure to 0.1µM Co ions alone. In fact, the cell numbers of resting cultures increased after exposure to the Co ions alone, and this type of response has been reported previously 338 (Zijlstra et al., 2012), and is thought to represent a protective response to a non-toxic insult. 339 The statistically significant difference in proliferation between Co pre-treated and non-Co 340 pre-treated resting cells exposed to 0.1µM Co ions alone, suggests that longer exposure to Co 341 342 ions (>4 days) may result in a toxic response. These results seem to indicate once more that Co ions, particularly at high concentrations, are important in the adverse tissue response to 343 metal wear debris and their effect may differ between cell activation states. 344

345

346 In the current investigation, a pre-treatment with cobalt ions was carried out to find out if 347 such tissue pre-exposure and ion dissemination *in vivo* would have an effect on cell responses

to subsequent exposure to metal wear debris and ions. Such an effect would be important if a 348 patient received a second MoM implant or indeed had a revision procedure to replace a 349 failing implant. Many patients with failing MoM implants have shown high circulating Co 350 351 ions in their blood (Antoniou et al., 2008; Tkaczyk et al., 2010b; Bisseling et al., 2011; Lavigne et al., 2011; Friesenbichler et al., 2012; Penny et al., 2013), and recently the 352 importance of cobalt release in the inflammatory response to CoCr debris has been 353 354 demonstrated (Caicedo et al., 2009; Hart et al., 2012). Results from the present study indicate that exposure to wear debris had a pronounced detrimental effect on cell number and 355 356 metabolic activity of cells pre-treated with Co after an incubation period of 120h. Even though effects observed in resting cells were exacerbated to some extent by the pre-treatment 357 with Co ions, such an effect was not seen after cell activation by PMA. PMA exerts its 358 359 biologic effects by altering gene expression through the activation of protein kinase C (PKC) 360 and modulating the activity of transcriptional factors such as nuclear factor kappa-lightchain-enhancer of activated B cells (NFkB) and activator protein 1 (AP1) (Garcia et al., 361 1999; Daigneault et al., 2010). Thus, it seems unlikely that PKC was directly involved in the 362 pathways leading to the decrease in cell numbers. Despite the changes in proliferation at 24h 363 by BrdU assay, no changes in cell number or metabolic activity were observed at this same 364 endpoint by NR and MTT. Due to the intrinsic characteristics of the assays themselves and 365 366 complex dynamics of the balance of cell proliferation and cell death, it is unlikely that the 367 changes in cell proliferation (cell division) measured at 24h would be simultaneously apparent as an increase in cell numbers at the same time point. On retrospect, such changes in 368 terms of cell numbers would have been detectable had we measured this at later time points. 369 370 Cells were treated with the Co ion concentration that has been advised by MHRA as the recommended maximum safe circulating blood level for patients with MoM implants 371 372 ((MDA/2010/069); http://www.mhra.gov.uk/home/groups/dts-

bs/documents/medicaldevicealert/con093791.pdf). It should be noted that cells pre-treated 373 with Co ions at a 120h end point would have been exposed to Co for 9 days in total. In 374 patients, the effects of Co ions and nanoparticles released from metal implants may be 375 376 additive in terms of adverse effects. Contrary to Cr, Co ions tend to remain mobile and as a result greater Co concentration (compared to Cr) in blood and remote organs have been 377 reported (Afolaranmi et al., 2012) and will be more likely to affect the responses of distant 378 organs to metal nanoparticles than the Cr ions. The importance of Co ions in the 379 inflammatory responses to Co-Cr particles has been recognised, and chronic exposure to 380 381 circulating levels of ions, plus high local concentrations may act synergistically in vivo to trigger and promote implant loosening (Hallab et al., 2001; Caicedo et al., 2010; Hart et al., 382 2012) . Although circulating systemic Cr levels are generally lower in vivo, it may be 383 384 interesting in the future to investigate the influence of prior exposure to Cr ions in the CoCr 385 wear debris in vitro exposure experiments. The presence of wear debris in the peri-implant area leads to macrophage phagocytosis of particulate debris and activation, the release of a 386 387 variety of mediators, such as free radicals and nitric oxide, and a myriad of proinflammatory cytokines and chemokines (Sethi et al., 2003). The uptake of the CoCr particles into the cells 388 was not measured due to technical difficulties in detecting the particles in the cells, but in a 389 preliminary study phagocytosis by the activated cells was demonstrated using 1µm size 390 391 FITC-labelled dextran beads (results not shown). Differences in the uptake of the CoCr 392 particles could have occurred in resting and/or activated cells after the different treatments, and a contribution towards any differences in response cannot be excluded. Generally, the 393 magnitude of the response to both the particles and the Co ions was greater in the resting cells 394 395 than in the activated cells, and so the role of phagocytosis in the toxic responses is not clear. It has been reported that local acidification may develop during acute and chronic 396 inflammation (Rajamaki et al., 2013) and high hydrogen ion concentrations down to pH 5.4 397

have been found in inflamed tissue (Steen *et al.*, 1995). In turn, such an acidic environment
created by actively metabolizing immune cells may enhance the corrosion process of the
nanoparticles increasing the amount of metal ions being released (Afolaranmi *et al.*, 2011).

401

402 A number of studies have shown that metal wear particles and high levels of metal ions, particularly Co and Cr, have a cytotoxic effect on a variety of cells such as human osteoblast-403 like cell lines (SaOS-2 and MG-63), and human monocytic-like U937 cells in vitro (Allen et 404 al., 1997; Fleury et al., 2006; Petit et al., 2006). Most of these studies have been focused 405 406 mainly on the short-term exposure, acute cell response, or have been limited to evaluation of one parameter like cell viability or cytokine levels. Studies carried out with U937 cells have 407 408 been performed either with resting U937 cells (Ingham et al., 2000; Howling et al., 2003; 409 Tkaczyk et al., 2010a) or activated U937 cells (Lucarelli et al., 2004; Yagil-Kelmer et al., 410 2004; Wang et al., 2011), and have investigated the effects of different kinds of metals, particles, and ions on U937 cells. Papageorgiou et al. (2007) compared the cytotoxic and 411 412 genotoxic effects of nanoparticles and micron-sized particles of CoCr alloy using human fibroblasts in tissue culture. Their results showed that exposure of human fibroblasts to 413 nanoparticles and micron-sized particles of cobalt chrome alloy, at the same particle mass per 414 cell, cause different types and amounts of cellular damage. In particular, they found 415 nanoparticles to be more cytotoxic and induce more DNA damage than micron-sized 416 417 particles. This difference in induction of toxicity will contribute to the adverse effects found in vivo from CoCr nanoparticulate debris generated from MoM implants. Dalal et al. (2012) 418 compared the responses of human osteoblasts, fibroblasts, and macrophages exposed to 419 420 particles of different metal-based particles (i.e., cobalt-chromium (CoCr) alloy, titanium (Ti) alloy, zirconium (Zr) oxide, and Zr alloy). They found that CoCr-alloy particles were by far 421 the most toxic and decreased viability and proliferation of human osteoblasts, fibroblasts, and 422

423 macrophages. Germain et al. (2003) studied the effects cobalt-chromium wear particles at various doses on the viability of U937 cells. CoCr particles at 5um³ (0.042mg) and 50um³ 424 (0.42mg) per cell reduced the viability of U937 cells by 42% and 97%, respectively. 425 Papageorgiou et al. (2007) and Germain et al. (2003) used high particle concentrations in 426 comparison to the concentration used in the present study, which indicates that even at lower 427 doses CoCr nanoparticles can exert cytotoxic effects. (Akbar et al., 2011) investigated effects 428 of Cr⁶⁺ and Co²⁺ on primary human lymphocytes *in vitro*. Their results showed that exposure 429 to 10 and 100µM Cr⁶⁺ significantly decreased cell viability and increased apoptosis in both 430 resting and activated lymphocytes. The exposure of resting and activated lymphocytes to 431 100µM Co²⁺ also resulted in significant decreases in cell viability accompanied by a 432 significant increase in apoptosis and they showed that activated cells were significantly more 433 sensitive to Co^{2+} toxicity. The concentration of Co ions used in the present study was 1000 434 fold lower (0.1µM) than that used by Akbar et al. (2011), and no significant effect in cell 435 viability and proliferation was observed herein. From the literature there is little doubt that 436 437 the nanoparticulate debris and metal ions released from MoM implants have toxic effects and the results in the present study point to the potential for interaction between them in vivo. 438

439

Although not statistically significant, there were higher levels of secretion of IL-6, TNF- α 440 and IFN- γ by resting cells after 120h of exposure to 156.25µg/cm² metal debris and the 441 combination of metal debris and Co ions. In the case of activated cells, there was 442 significantly higher secretion of IL-6 and IFN- γ by cells exposed to the combination of 443 156.25µg/cm² metal debris and Co ions after 120h. On the other hand, and although not 444 445 statistically significant, all treatments caused a reduction in the level of secretion of $TNF-\alpha$. Contrary to what was observed in resting cells, Co pre-treatment did not seem to cause a 446 difference in cytokine secretion by activated cells. It should be noted that the secretion of 447

448 cytokines has not been correlated for cell numbers in these experiments, and changes may 449 reflect cytotoxicity. These results again suggest a larger impact of a chronic exposure and a 450 key role of Co ions. They also suggest that different molecular pathways are affected in 451 activated U937 cells when compared to resting U937 cells.

452

Bone remodelling involves tight regulation of three proteins, receptor activator of NF-KB 453 ligand (RANKL), receptor activator of NF-kB (RANK), and osteoprotegerin (OPG). These 454 proteins are key determinants of osteoclastogenesis and regulate bone resorption 455 456 (Takayanagi, 2005). Pro-inflammatory cytokines such as IL-6, and TNF-α, can upregulate RANKL expression on osteoblasts and accelerate RANKL signalling, and thus directly 457 contribute to bone destruction (Oishi et al., 2012). In biomaterials research, TNF-a, IL-1, and 458 459 other pro-inflammatory cytokines are also known mediators of the foreign body reaction, an inflammatory response that can cause both severe tissue damage and premature failure of 460 implanted materials (Mountziaris and Mikos, 2008). IFN-y promotes innate immune 461 462 responses by activating macrophages. In parallel, IFN-y exerts regulatory functions to limit tissue damage associated with inflammation like suppressing osteoclastogenesis (Hu and 463 Ivashkiv, 2009). Results from this study suggest that high concentrations of metal wear 464 debris, particularly in the presence of Co ions, promote an immune response with the 465 secretion of pro-inflammatory cytokines, which can contribute to tissue damage and 466 467 ultimately result in aseptic loosening.

468

469 5. Conclusions

The results from this study suggest that a high concentration of metal debris in combination
with Co ions not only have a direct effect on cell viability but also influence cell function.
Previous exposure to Co ions seems to sensitise U937 cells to the toxic effects of both Co

ions themselves and to nanoparticles, pointing to the potential for interaction in vivo. The 473 increase in TNF- α secretion by the resting U937 cells could be a factor contributing to the 474 osteolysis process, while the increase in IFN- γ production by the activated cells could be a 475 cellular effort to counteract tissue damage. This also suggests that cellular activation state 476 affects the biological response to wear debris and for this reason caution should be taken 477 when choosing in vitro models to study immune and molecular responses. Moreover, these 478 findings mean that the survival and well-functioning of a second implanted MoM device 479 could be compromised in patients undergoing revision surgery or receiving a second device, 480

- 481 due to the interactions between recirculating Co ions and CoCr nanoparticles.
- 482
- 483 Acknowledgements

484 This study was supported by funds from University of Strathclyde and by an Overseas

485 Research Studentship to OMP. The authors are grateful to Dr C Hardaker (DePuy

486 International) who prepared the CoCr nanoparticles.

- 487
- 488 6. References
- Afolaranmi, G.A., Akbar, M., Brewer, J., Grant, M.H., 2012. Distribution of metal released
 from cobalt-chromium alloy orthopaedic wear particles implanted into air pouches in
 mice. Journal of Biomedical Materials Research Part A 100A, 1529-1538.
- Afolaranmi, G.A., Al-Mufti, H., Grant, M.H., 2011. Release of soluble metal ions from
 copper based dental alloys measured by ICPMS. Toxicology 290, 119-119.
- Akbar, M., Brewer, J.M., Grant, M.H., 2011. Effect of chromium and cobalt ions on primary
 human lymphocytes in vitro. J. Immunotoxicol. 8, 140-149.
- Allen, M.J., Myer, B.J., Millett, P.J., Rushton, N., 1997. The effects of particulate cobalt,
 chromium and cobalt-chromium alloy on human osteoblast-like cells in vitro. Journal
 of Bone and Joint Surgery-British Volume **79B**, 475-482.
- Andrews, R.E., Shah, K.M., Wilkinson, J.M., Gartland, A., 2011. Effects of cobalt and chromium ions at clinically equivalent concentrations after metal-on-metal hip replacement on human osteoblasts and osteoclasts: Implications for skeletal health.
 Bone 49, 717-723.
- Antoniou, J., Zukor, D.J., Mwale, F., Minarik, W., Petit, A., Huk, O.L., 2008. Metal ion
 levels in the blood of patients after hip resurfacing: A comparison between twentyeight and thirty-six-millimeter-head metal-on-metal prostheses. Journal of Bone and
 Joint Surgery-American Volume **90A**, 142-148.

- Bank, H.L., 1988. Rapid assessment of islet viability with acridine-orange and propidium
 iodide. In Vitro Cellular & Developmental Biology 24, 266-273.
- Bisseling, P., Zeilstra, D.J., Hol, A.M., van Susante, J.L.C., 2011. Metal ion levels in patients
 with a lumbar metal-on-metal total disc replacement. Should we be concerned?
 Journal of Bone and Joint Surgery-British Volume 93B, 949-954.
- Brown, C., Lacharme-Lora, L., Mukonoweshuro, B., Sood, A., Newson, R.B., Fisher, J.,
 Case, C.P., Ingham, E., 2013. Consequences of exposure to peri-articular injections of
 micro- and nano-particulate cobalt-Chromium alloy. Biomaterials 34, 8564-8580.
- Brown, C., Williams, S., Tipper, J.L., Fisher, J., Ingham, E., 2007. Characterisation of wear
 particles produced by metal on metal and ceramic on metal hip prostheses under
 standard and microseparation simulation. Journal of Materials Science-Materials in
 Medicine 18, 819-827.
- Caicedo, M.S., Desai, R., McAllister, K., Reddy, A., Jacobs, J.J., Hallab, N.J., 2009. Soluble
 and particulate Co-Cr-Mo alloy implant metals activate the inflammasome danger
 signaling pathway in human macrophages: A novel mechanism for implant debris
 reactivity. Journal of Orthopaedic Research 27, 847-854.
- Caicedo, M.S., Pennekamp, P.H., McAllister, K., Jacobs, J.J., Hallab, N.J., 2010. Soluble
 ions more than particulate cobalt-alloy implant debris induce monocyte costimulatory
 molecule expression and release of proinflammatory cytokines critical to metal induced lymphocyte reactivity. Journal of Biomedical Materials Research Part A 93A,
 1312-1321.
- Dadda, F., Borleri, D., Migliori, M., Mosconi, G., Medolago, G., Virotta, G., Colombo, F.,
 Seghizzi, P., 1994. Cardiac-function study in hard metal workers. Science of the Total
 Environment 150, 179-186.
- Daigneault, M., Preston, J.A., Marriott, H.M., Whyte, M.K.B., Dockrell, D.H., 2010. The
 identification of markers of macrophage differentiation in PMA-stimulated THP-1
 cells and monocyte-derived macrophages. Plos One 5.
- Dalal, A., Pawar, V., McAllister, K., Weaver, C., Hallab, N.J., 2012. Orthopedic implant
 cobalt-alloy particles produce greater toxicity and inflammatory cytokines than
 titanium alloy and zirconium alloy-based particles in vitro, in human osteoblasts,
 fibroblasts, and macrophages. Journal of Biomedical Materials Research Part A 100A,
 2147-2158.
- Doorn, P.F., Campbell, P.A., Worrall, J., Benya, P.D., McKellop, H.A., Amstutz, H.C., 1998.
 Metal wear particle characterization from metal on metal total hip replacements:
 Transmission electron microscopy study of periprosthetic tissues and isolated
 particles. Journal of Biomedical Materials Research 42, 103-111.
- Fleury, C., Petit, A., Mwale, F., Antoniou, J., Zukor, D.J., Tabrizian, M., Huk, O.L., 2006.
 Effect of cobalt and chromium ions on human MG-63 osteoblasts in vitro: Morphology, cytotoxicity, and oxidative stress. Biomaterials 27, 3351-3360.
- Friesenbichler, J., Maurer-Ertl, W., Sadoghi, P., Lovse, T., Windhager, R., Leithner, A.,
 2012. Serum metal ion levels after rotating-hinge knee arthroplasty: comparison
 between a standard device and a megaprosthesis. International Orthopaedics 36, 539549
- Garcia, A., Serrano, A., Abril, E., Jimenez, P., Real, L.M., Canton, J., Garrido, F., Ruiz Cabello, F., 1999. Differential effect on U937 cell differentiation by targeting
 transcriptional factors implicated in tissue- or stage-specific induced integrin
 expression. Experimental Hematology 27, 353-364.
- Germain, M.A., Hatton, A., Williams, S., Matthews, J.B., Stone, M.H., Fisher, J., Ingham, E.,
 2003. Comparison of the cytotoxicity of clinically relevant cobalt-chromium and
 alumina ceramic wear particles in vitro. Biomaterials 24, 469-479.

- Gilbert, C.J., Cheung, A., Butany, J., Zywiel, M.G., Syed, K., McDonald, M., Wong, F.,
 Overgaard, C., 2013. Hip Pain and Heart Failure: The Missing Link. Canadian Journal
 of Cardiology 29.
- Hallab, N., Merritt, K., Jacobs, J.J., 2001. Metal sensitivity in patients with orthopaedic
 implants. Journal of Bone and Joint Surgery-American Volume 83A, 428-436.
- Hart, A.J., Quinn, P.D., Lali, F., Sampson, B., Skinner, J.A., Powell, J.J., Nolan, J., Tucker,
 K., Donell, S., Flanagan, A., Mosselmans, J.F.W., 2012. Cobalt from metal-on-metal
 hip replacements may be the clinically relevant active agent responsible for
 periprosthetic tissue reactions. Acta Biomaterialia 8, 3865-3873.
- Hosman, A.H., van der Mei, H.C., Bulstra, S.K., Busscher, H.J., Neut, D., 2010. Effects of
 metal-on-metal wear on the host immune system and infection in hip arthroplasty.
 Acta Orthopaedica 81, 526-534.
- Howling, G.I., Sakoda, H., Antonarulrajah, A., Marrs, H., Stewart, T.D., Appleyard, S.,
 Rand, B., Fisher, J., Ingham, E., 2003. Biological response to wear debris generated in
 carbon based composites as potential bearing surfaces for artificial hip joints. Journal
 of Biomedical Materials Research Part B-Applied Biomaterials 67B, 758-764.
- Hu, X., Ivashkiv, L.B., 2009. Cross-regulation of Signaling Pathways by Interferon-gamma:
 Implications for Immune Responses and Autoimmune Diseases. Immunity **31**, 539-550.
- Ingham, E., Green, T.R., Stone, M.H., Kowalski, R., Watkins, N., Fisher, J., 2000. Production
 of TNF-alpha and bone resorbing activity by macrophages in response to different
 types of bone cement particles. Biomaterials 21, 1005-1013.
- Keegan, G.M., Learmonth, I.D., Case, C.P., 2007. Orthopaedic metals and their potential
 toxicity in the arthroplasty patient Review of current knowledge and future
 strategies. Journal of Bone and Joint Surgery-British Volume 89B, 567-573.
- Lavigne, M., Belzile, E.L., Roy, A., Morin, F., Amzica, T., Vendittoli, P.A., 2011.
 Comparison of whole-blood metal ion levels in four types of metal-on-metal largediameter femoral head total hip arthroplasty: The potential influence of the adapter
 sleeve. Journal of Bone and Joint Surgery-American Volume 93A, 128-136.
- Leslie, I., Williams, S., Brown, C., Isaac, G., Jin, Z.M., Ingham, E., Fisher, J., 2008. Effect of
 bearing size on the long-term wear, wear debris, and ion levels of large diameter
 metal-on-metal hip replacements An in vitro study. Journal of Biomedical Materials
 Research Part B-Applied Biomaterials 87B, 163-172.
- Lucarelli, M., Gatti, A.M., Savarino, G., Quattroni, P., Martinelli, L., Monari, E., Boraschi,
 D., 2004. Innate defence functions of macrophages can be biased by nano-sized
 ceramic and metallic particles. Eur. Cytokine Netw. 15, 339-346.
- Luo, L., Petit, A., Antoniou, J., Zukor, D.J., Huk, O.L., Liu, R.C.W., Winnik, F.M., Mwale,
 F., 2005. Effect of cobalt and chromium ions on MMP-1 TIMP-1, and TNF-alpha
 gene expression in human U937 macrophages: A role for tyrosine kinases.
 Biomaterials 26, 5587-5593.
- Lutz, M.B., Kukutsch, N., Ogilvie, A.L.J., Rossner, S., Koch, F., Romani, N., Schuler, G.,
 1999. An advanced culture method for generating large quantities of highly pure
 dendritic cells from mouse bone marrow. Journal of Immunological Methods 223, 7792.
- Maezawa, K., Nozawa, M., Matsuda, K., Sugimoto, M., Shitoto, K., Kurosawa, H., 2009.
 Serum chromium levels before and after revision surgery for loosened metal-on-metal total hip arthroplasty. Journal of Arthroplasty 24, 549-553.
- Matthews, J.B., Green, T.R., Stone, M.H., Wroblewski, B.M., Fisher, J., Ingham, E., 2001.
 Comparison of the response of three human monocytic cell lines to challenge with

- polyethylene particles of known size and dose. Journal of Materials Science-Materials
 in Medicine 12, 249-258.
- Matziolis, G., Perka, C., Disch, A., 2003. Massive metallosis after revision of a fractured
 ceramic head onto a metal head. Archives of Orthopaedic and Trauma Surgery 123,
 48-50.
- MDA/2010/069, M.a.H.p.R.A., Medical Device Alert. Ref: MDA/2010/069. Issues: 7
 September
- 613 2010. http://www.mhra.gov.uk/home/groups/dtsbs/documents/medicaldevicealert/con
 614 093791.pdf, pp.
- Medley, J.B., Chan, F.W., Krygier, J.J., Bobyn, J.D., 1996. Comparison of alloys and designs
 in a hip simulator study of metal on metal implants. Clinical Orthopaedics and
 Related Research, S148-S159.
- Mosmann, T., 1983. Rapid colorimetric assay for cellular growth and survival Application
 to proliferation and cyto-toxicity assays. Journal of Immunological Methods 65, 55 63.
- Mountziaris, P.M., Mikos, A.G., 2008. Modulation of the inflammatory response for
 enhanced bone tissue regeneration. Tissue Engineering Part B-Reviews 14, 179-186.
- Naal, F.D., Pilz, R., Munzinger, U., Hersche, O., Leunig, M., 2011. High revision rate at 5
 years after hip resurfacing with the durom implant. Clinical Orthopaedics and Related
 Research 469, 2598-2604.
- Oishi, Y., Watanabe, Y., Shinoda, S., Naka, M., Ozawa, Y., Matsuyama, T., Morozumi, K.,
 Fuke, Y., 2012. The IL6 gene polymorphism -634C > G and IL17F gene
 polymorphism 7488T > C influence bone mineral density in young and elderly
 Japanese women. Gene 504, 75-83.
- Oldenburg, M., Wegner, R., Baur, X., 2009. Severe cobalt intoxication due to prosthesis wear
 in repeated total hip arthroplasty. The Journal of arthroplasty 24, 825.e815-820.
- Papageorgiou, I., Brown, C., Schins, R., Singh, S., Newson, R., Davis, S., Fisher, J., Ingham,
 E., Case, C.P., 2007. The effect of nano- and micron-sized particles of cobaltchromium alloy on human fibroblasts in vitro. Biomaterials 28, 2946-2958.
- Penny, J.O., Varmarken, J.E., Ovesen, O., Nielsen, C., Overgaard, S., 2013. Metal ion levels
 and lymphocyte counts: ASR hip resurfacing prosthesis vs. standard THA 2-year
 results from a randomized study. Acta Orthopaedica 84, 130-137.
- Petit, A., Mwale, F., Tkaczyk, C., Antoniou, J., Zukor, D.J., Huk, O.L., 2006. Cobalt and
 chromium ions induce nitration of proteins in human U937 macrophages in vitro.
 Journal of Biomedical Materials Research Part A **79A**, 599-605.
- Rajamaki, K., Nordstrom, T., Nurmi, K., Akerman, K.E.O., Kovanen, P.T., Oorni, K.,
 Eklund, K.K., 2013. Extracellular Acidosis Is a Novel Danger Signal Alerting Innate
 Immunity via the NLRP3 Inflammasome. Journal of Biological Chemistry 288,
 13410-13419.
- Repetto, G., del Peso, A., Zurita, J.L., 2008. Neutral red uptake assay for the estimation of
 cell viability/cytotoxicity. Nature Protocols 3, 1125-1131.
- Seghizzi, P., Dadda, F., Borleri, D., Barbic, F., Mosconi, G., 1994. Cobalt myocardiopathy a
 critical-review of literature. Science of the Total Environment 150, 105-109.
- 649 Sehatzadeh, S., Kaulback, K., Levin, L., 2012. Metal-on-metal hip resurfacing arthroplasty:
 650 An analysis of safety and revision rates. Ontario health technology assessment series
 651 12, 1-63.
- Sethi, R.K., Neavyn, M.J., Rubash, H.E., Shanbhag, A.S., 2003. Macrophage response to cross-linked and conventional UHMWPE. Biomaterials 24, 2561-2573.
- Simonsen, L.O., Harbak, H., Bennekou, P., 2012. Cobalt metabolism and toxicology-A brief
 update. The Science of the total environment 432, 210-215.

- Singh, R., Dahotre, N.B., 2007. Corrosion degradation and prevention by surface
 modification of biometallic materials. Journal of Materials Science-Materials in
 Medicine 18.
- Steen, K.H., Steen, A.E., Reeh, P.W., 1995. A dominant role of acid ph in inflammatory
 excitation and sensitization of nociceptors in rat skin, in-vitro. Journal of
 Neuroscience 15, 3982-3989.
- Takayanagi, H., 2005. Mechanistic insight into osteoclast differentiation in
 osteolmmunology. Journal of Molecular Medicine-Jmm 83, 170-179.
- Tkaczyk, C., Huk, O.L., Mwale, F., Antoniou, J., Zukor, D.J., Petit, A., Tabrizian, M., 2010a.
 Effect of chromium and cobalt ions on the expression of antioxidant enzymes in
 human U937 macrophage-like cells. Journal of Biomedical Materials Research Part A
 94A, 419-425.
- Tkaczyk, C., Petit, A., Antoniou, J., Zukor, D.J., Tabrizian, M., Huk, O.L., 2010b.
 Significance of elevated blood metal ion levels in patients with metal-on-metal
 prostheses: An evaluation of oxidative stress markers. The open orthopaedics journal
 4, 221-227.
- Tower, S.S., 2010. Arthroprosthetic cobaltism: Neurological and cardiac manifestations in
 two patients with metal-on-metal arthroplasty. A case report. Journal of Bone and
 Joint Surgery-American Volume 92A, 2847-2851.
- Wang, J., Xiang, G., Mitchelson, K., Zhou, Y., 2011. Microarray profiling of monocytic
 differentiation reveals miRNA-mRNA intrinsic correlation. J. Cell. Biochem. 112.
- Wang, J.Y., Wicklund, B.H., Gustilo, R.B., Tsukayama, D.T., 1996. Titanium, chromium and
 cobalt ions modulate the release of bone-associated cytokines by human
 monocytes/macrophages in vitro. Biomaterials 17, 2233-2240.
- Kia, Z.D., Kwon, Y.M., Mehmood, S., Downing, C., Jurkschat, K., Murray, D.W., 2011.
 Characterization of metal-wear nanoparticles in pseudotumor following metal-onmetal hip resurfacing. Nanomedicine-Nanotechnology Biology and Medicine 7, 674683
- Yagil-Kelmer, E., Kazmier, P., Rahaman, M.N., Bal, B.S., Tessman, R.K., Estes, D.M., 2004.
 Comparison of the response of primary human blood monocytes and the U937 human
 monocytic cell line to two different sizes of alumina ceramic particles. Journal of
 Orthopaedic Research 22, 832-838.
- Zijlstra, W.P., Bulstra, S.K., van Raay, J., van Leeuwen, B.M., Kuijer, R., 2012. Cobalt and
 chromium ions reduce human osteoblast-like cell activity in vitro, reduce the OPG to
 RANKL ratio, and induce oxidative stress. Journal of Orthopaedic Research 30, 740 747.
- 692

Figure Captions (all figures are 2-column fitting images)

- 694 Image 1. Scanning Electron Microscopy image of simulator generated wear debris from an
- ASR^{TM} hip implant. Image taken at 15kX with a FE-SEM Hitachi SU-6600.

696 Image 2. Fluorescence microscopy images (40X) following PI (Dead cells, red)/AO (Live

- cells, green) staining of resting U937 and Co pre-treated resting U937 cells exposed to
- 698 156.25µg debris/cm² (5mg debris/1x10⁶ cells) , **0.1µM Co and** 156.25µg debris/cm² (5mg

699 debris/ 1×10^6 cells) + **0.1µM Co for 120h.** Images are representative of 5 independent images 700 from each sample at each end point. "B" indicates cell blebbing, "S" indicates cell shrinkage, 701 and "N" indicates necrosis (colour reproduction **only** on the web).

702

Image 3. Fluorescence microscopy images (40X) following PI (Dead cells, red)/AO (Live cells, green) staining of activated U937 and Co pre-treated resting U937 cells exposed to 156.25µg debris/cm² (5mg debris/1x10⁶ cells) , 0.1µM Co and 156.25µg debris/cm² (5mg debris/1x10⁶ cells) + 0.1µM Co for 120h. Images are representative of 5 independent images from each sample at each end point. "B" indicates cell blebbing, and "S" indicates cell shrinkage (colour reproduction only on the web).

709

Figure 1. Neutral Red and MTT assays measured in resting cells at 120h. Results are percentage values (Mean \pm SEM, n=9) where 100% corresponds to control values (dash lines). PreCo-debris: cells pre-treated with Co ions and then the Co ions kept in culture medium throughout the experiment. *Significantly different from control values (p<0.05) by one-way ANOVA followed by Dunnett's multiple comparison test. †Significantly different from non Co pre-treated cell values (p<0.05) by 2 sample t-Test.

716

Figure 2. Neutral Red and MTT assays measured in activated cells at 120h. Results are percentage values (Mean \pm SEM, n=9) where 100% corresponds to control value (dash lines). PreCo+debris: cells pre-treated with Co ions and then exposed to treatments. PreCo-debris: cells pre-treated with Co ions and then the Co ions kept in culture medium throughout the experiment. *Significantly different from control values (p<0.05) by one-way ANOVA followed by Dunnett's multiple comparison test. †Significantly different from non Co pretreated cell values (p<0.05) by 2 sample t-Test.

Figure 3. Cell proliferation at 24h measured by BrdU. Results are percentage values 725 (Mean±SEM, n=8) where 100% corresponds to control untreated cells (dash lines). PreCo: 726 cells pre-treated with Co ions. *Significantly different from control values (p<0.05) by one-727 way ANOVA followed by Dunnett's multiple comparison test. [†]Significantly different from 728 non Co pre-treated cell values (p<0.05) by 2 sample t-Test. 729 730 Figure 4. Resting U937 cell cytokine secretion measured by ELISA after 120h of 731 treatment. Results are expressed as cytokine concentration values per 1000 cells (± SEM, 732 n=4). Untreated resting U937 cells were used as control. *Significantly different from control 733 734 values (p<0.05) by one-way ANOVA followed by Dunnett's multiple comparison test. [†]Significantly different from non Co pre-treated resting cell values (p<0.05) by 2 sample t-735 Test. 736 737 738 Figure 5. Activated U937 cell cytokine secretion measured by ELISA after 120h of treatment. Results are expressed as cytokine concentration values per 1000 cells (± SEM, 739 n=5). Untreated activated U937 cells were used as control. *Significantly different from 740 control values (p<0.05) by one-way ANOVA followed by Dunnett's multiple comparison 741 test. [†]Significantly different from non Co pre-treated activated cell values (p<0.05) by 2 742

- sample t-Test.
- 744

Incubation	Cr release (ng/ml)	Co release (ng/ml)	Mo release (ng/ml)
RPMI control	0.19 +/-0.06	0.09 +/- 0.09	6.32 +/- 0.16
RPMI plus CoCr wear debris	18.18 +/- 2.64	1259.41 +/- 39.58	124.60 +/- 2.70

Table 1. Release of Co and Cr ions into culture medium from metal wear debris in vitro.

5mg wear debris were incubated for 24h at 37 $^{\circ}$ C in 1ml complete RPMI-1640 medium in the presence of 10% foetal bovine serum. Metal ion release was measured by ICPMS Results are expressed as mean +/- SEM (n=3). Release of each ion (ng/ml) from wear debris was significantly different from the concentration in control RPMI medium by one-way ANOVA followed by Dunnett's multiple comparison test (P<0.05). The dissolution rate of the CoCr wear debris in terms of Co release was 0.000042% over the 24h period.





















Image 1



Image 2



Image 3



5mg debris/1x10⁶cells + 0.1µMCo

745 Highlights

746	•	Metal debris in combination with Co ions influence cell function
747	•	Pre-exposure to Co ions seems to sensitise cells to the toxic effects particles
748	•	Experimental conditions may not allow to discriminate between cytotoxic and cytostatic
749	•	Cellular activation state affects the biological response to wear debris
750	•	Interaction between circulating ions and particles may threaten MoM device survival
751		