cells were pretreated with different concentrations of JAKi or vehicle control and then stimulated with IL1- β (10 or 20 ng/ml) or Oncostatin M (OSM, 100 ng/ml). After the indicated time (17–24 hour), the supernatants were collected and the concentrations of IL-6 were measured by ELISA. An assay combining the measurement of cell viability, cytotoxicity and apoptosis was performed to exclude effects of JAKi caused by cell toxicity.

Results In a pretest-setting, RA-FLS were pretreated with JAKi for 2 hour with concentrations of 1 μ M and 10 μ M and then stimulated with IL1- β (20 ng/ml) for 18 hour. At the concentration of 10 μ M, Peficitinib, Filgotinib and Upadacitinib reduced the IL-6 release by RA-FLS, whereas Tofacitinib and Baricitinib did not change the IL-6-levels. Tofacitinib and Baricitinib at 1 and 5 μ M only reduced the cytokine release if the IL-6 pathway was activated selectively with OSM (n=3). In further analyses, RA-FLS were again pretreated with Filgotinib and Peficitinib for 2 hour with clinically relevant concentrations (range between 0.01 μ M and 5 μ M) and then stimulated with IL1- β (10 ng/ml) for 17 hour. At the concentration of 5 μ M, Peficitinib caused a reduction of IL-6 levels of 66% compared to control with IL1- β (p<0.01, n=5). However, a reduction of only 24% (p=0.12, n=5) could be observed at 1 μ M. Filgotinib did not decrease IL-6 levels. Peficitinib did not change the viability, cytotoxicity or apoptosis (n=2), confirming that the observed effects were JAKi dependent.

Conclusions Peficitinib reduced the inflammatory response of RA-FLS after activation with IL1- β and appeared to be superior to Tofacitinib and Baricitinib in targeting RA-FLS. The lack of effect of Tofacitinib and Baricitinib on RA-FLS activated by IL1- β could explain the treatment failure in some patients.

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Disclosure of interest None declared

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TRANSFORMING GROWTH FACTOR BETA INDUCED (TGF β 1) A NEW PLAYER IN THE THERAPEUTIC EFFECT OF MESENCHYMAL STEM CELLS

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Introduction Osteoarthritis (OA) is the most common form of chronic joint diseases. In recent years, stem cell-based therapies have been investigated as an alternative approach to treat OA. Mesenchymal Stem Cells (MSCs) have demonstrated therapeutic efficacy in the context of pre-clinical studies. More than the capacity of these cells to differentiate into chondrocytes, their effect is primarily associated with a paracrine function.

Objectives Because the Transforming Growth Factor β (TGF β) pathway plays a critical role in joint homeostasis, we investigated whether the therapeutic effect of MSCs could be mediated by members of the TGF β family. Using a secretome analysis, we identified Transforming Growth Factor β Induced (TGF β 1), a potential candidate for a chondroprotective role of MSCs.

Methods Murine chondrocytes were isolated from 3 days old C57BL/6 mice and cultured for 5 days. OA-like chondrocytes were obtained by incubation with IL1 β for 24 hour. Bone marrow-derived MSCs were used to produce a conditioned medium for 24 hour following or not a pre-activation step with TGF β 3 for 24 hour. For co-culture experiments, MSCs were seeded on transwells and pre-activated or not with TGF β 3 for 24 hour. Supernatants or MSC-containing transwells were added to OA-like chondrocytes (ratio 1 MSC:3 chondrocytes) for 24 hour before cell recovery for RT-qPCR analysis. For silencing experiments, siRNA directed against TGF β 1 were transfected in MSCs and chondrocytes with oligofectamine and lipofectamine, respectively. The Collagenase-Induced OsteoArthritis murine model (CIOA) was induced by collagenase injection in knee joints of C57BL/6 mice at day 0 and 2. MSCs were transfected twice with siRNA before being injected in knee joints at day 7 (250,000 cells/5 μ L). At day 42, paws fixed in 4% formaldehyde and scanned by microCT and confocal laser scanning microscopy before being processed for histology.

Results Addition of conditioned medium from MSCs or MSCs in transwells on OA-like murine chondrocytes allows to reinstate expression of the chondrocyte markers, aggrecan and type IIB collagen. Addition of transwells containing pre-activated MSCs on OA-like chondrocytes not only increased the expression of aggrecan and type IIB collagen but decreased the expression of catabolic markers, MMP13 and ADAMTS5. This effect was associated with an increased expression of TGF β 1 in both chondrocytes and MSCs. We therefore investigated the consequence of TGF β 1 silencing in either chondrocytes or MSCs. Interestingly, silencing of TGF β 1 in MSCs resulted in a significant reduction of their therapeutic effect. In the CIOA model, down-regulation of TGF β 1 in MSCs resulted in lower therapeutic effect on OA features as visualised by a reduced protective effect on cartilage and sub-chondral bone histomorphometric parameters.

Conclusions Altogether, our results indicated that TGF β 1 secreted by MSCs can regulate cartilage homeostasis by regulating the expression of anabolic and catabolic mediators and that TGF β 1 participates to the protective effect of MSCs in OA.

Disclosure of interest None declared

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LOCAL ADMINISTERED ADIPOSE-DERIVED MESENCHYMAL STROMAL CELLS REDUCE EXPERIMENTAL OA-PATHOLOGY VIA INTERLEUKIN-1 β -MEDIATED IMMUNOMODULATION OF PRO-INFLAMMATORY PMNS

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Introduction Adipose-derived mesenchymal stromal cells (ASCs) exhibit anti-inflammatory characteristics and reduce development of joint pathology after injection into murine experimental inflammatory osteoarthritis (CiOA) joints.^{1,2} This protection is only achieved when ASCs are applied in early CiOA. This early, but not the late phase of CiOA, is characterised by strongly elevated levels of S100A8/A9 and interleukin-1 beta (IL-1 β),³ suggesting that the inflammatory environment mediates the protective effect of ASCs.