

**FHS PUBLIC ACCESS**

Author manuscript

Ann Biomed Eng. Author manuscript; available in PMC 2016 November 09.

Published in final edited form as:

Ann Biomed Eng. 2013 March ; 41(3): 446–468. doi:10.1007/s10439-012-0678-1.**Physical non-viral gene delivery methods for tissue engineering****Adam J. Mellott, B.S.¹, M. Laird Forrest, Ph.D.², and Michael S. Detamore, Ph.D.^{1,3}**¹Bioengineering Program, University of Kansas, Lawrence, Kansas 66045²Department of Pharmaceutical Chemistry, University of Kansas, Lawrence, Kansas 66047³Department of Chemical and Petroleum Engineering, University of Kansas, Lawrence, Kansas 66045**Abstract**

The integration of gene therapy into tissue engineering to control differentiation and direct tissue formation is not a new concept; however, successful delivery of nucleic acids into primary cells, progenitor cells, and stem cells has proven exceptionally challenging. Viral vectors are generally highly effective at delivering nucleic acids to a variety of cell populations, both dividing and non-dividing, yet these viral vectors are marred by significant safety concerns. Non-viral vectors are preferred for gene therapy, despite lower transfection efficiencies, and possess many customizable attributes that are desirable for tissue engineering applications. However, there is no single non-viral gene delivery strategy that “fits-all” cell types and tissues. Thus, there is a compelling opportunity to examine different non-viral vectors, especially physical vectors, and compare their relative degrees of success. This review examines the advantages and disadvantages of physical non-viral methods (i.e., microinjection, ballistic gene delivery, electroporation, sonoporation, laser irradiation, magnetofection, and electric field-induced molecular vibration), with particular attention given to electroporation because of its versatility, with further special emphasis on Nucleofection™. In addition, attributes of cellular character that can be used to improve differentiation strategies are examined for tissue engineering applications. Ultimately, electroporation exhibits a high transfection efficiency in many cell types, which is highly desirable for tissue engineering applications, but electroporation and other physical non-viral gene delivery methods are still limited by poor cell viability. Overcoming the challenge of poor cell viability in highly efficient physical non-viral techniques is the key to using gene delivery to enhance tissue engineering applications.

INTRODUCTION

Combining tissue engineering and gene therapy for clinical applications is not a new idea; however, figuring out how to successfully integrate them has proven to be a major challenge. Both tissue engineering and gene therapy strategies endeavor to treat degenerative diseases, cancers, trauma, and tissue defects that compromise the functions of organs.¹⁰⁶ However, both groups of strategies seem to utilize opposing methodologies. From a broad perspective,

Corresponding Author: Michael S. Detamore, University of Kansas, Department of Chemical and Petroleum Engineering, 4132 Learned Hall, 1530 W 15th St, Lawrence, KS 66045, Phone: (785) 864-4943, FAX: (785) 864-4967, detamore@ku.edu.

most tissue engineering strategies attempt to manipulate cellular behavior from an “outside-in” approach by varying cellular interactions with biomaterials, growth factors, and mechanical stimuli.⁹⁰ Conversely, gene therapy strategies attempt to control cellular behavior through an “inside-out” approach by directly delivering nucleic acids (i.e., DNA, siRNA, shRNA, miRNA, and antisense oligonucleotides) into cells to trigger or stall gene expression.^{151, 156} Several tissue engineering strategies utilize progenitor cells or stem cells to regenerate damaged tissues by seeding cells into biomaterial scaffolds.¹⁸³ The culture conditions, type of biomaterial, and mechanical stimuli can be used to direct progenitor and stem cells toward a specific lineage. Additionally, growth factors have been added to cell culture medium or encapsulated for controlled release from biomaterial scaffolds to promote cell differentiation.^{40, 95, 100, 105} However, growth factors can be costly and exhibit short half-lives.¹³³ Furthermore, once growth factors are deposited into cell culture or into extracellular matrices (ECM), there is no way to control how the growth factors will disperse and interact with cells, meaning that not all cells may interact with the growth factors uniformly or at all. Hence, a strategy where cells could produce, express, and control growth factors needed for differentiation would be beneficial for tissue engineering.

Gene therapy has been investigated as a potential solution to overcome the challenges associated with using growth factors by delivering DNA to induce gene expression or delivering siRNA, shRNA, miRNA, or antisense oligonucleotides to knockdown gene expression; however, gene therapy has its own set of unique challenges.^{33, 67, 77, 81, 171} Nucleic acids have proven difficult to deliver to a variety of primary cells, progenitor cells, and stem cells, and the ability to manipulate gene expression in targeted cells has proven challenging as well.²⁸

The difficulty behind achieving successful transfection is due in part to the many barriers a delivery vector must overcome to gain access to the cellular membrane, cytoplasmic compartment, and interior of the nucleus before target genes can be expressed (Figure 1). Nucleic acids must first be stabilized in some form to successfully navigate through the extracellular environment to avoid undergoing degradation from changes in pH, exposure to proteases and nucleases, and opsonization.¹ After navigating through the extracellular environment to the target cell, nucleic acids must properly associate with the cell membrane and cross the plasma membrane via penetration, electrostatic interaction, adsorption, or ligand mediated receptor binding.^{38, 66, 88, 120, 148, 150, 157, 178, 188, 201} Both Mercer *et al.*¹⁰⁹ and Conner *et al.*³⁰ have extensively reviewed cell entry methods through various endocytotic pathways. Once the nucleic acids reach the cytoplasmic compartment, nucleic acids must avoid degradation by endocytotic mechanisms and cytoplasmic nucleases.⁸⁶ If a nucleic acid enters the cell through an endocytotic mechanism, the complex must successfully escape the endosome before undergoing degradation by a lysosome or before the endosome is recycled back to the cell surface.^{4, 192, 204} Once the nucleic acid has escaped the endosome, it must avoid degradation while trafficking through the highly crowded cell cytoplasm, which slows the diffusion of DNA to less than 1% of its rate in water.¹⁰³ RNA complexes and antisense oligonucleotides only need to reach mRNAs located in the cell cytoplasm; however, DNA complexes must cross the nuclear envelope before transcription can occur. We refer the reader to Merdan *et al.*¹¹⁰, who have provided a

comprehensive review on the “barriers” that polymeric gene delivery vectors must overcome.

A variety of methods have been engineered to overcome the barriers to gene delivery, but each of these methods have their own unique advantages and disadvantages. Viral vectors have proven to be the most efficient and effective gene delivery method, and the benefits of viral vectors have been reviewed in depth by Kay *et al.*⁸² and Zhang *et al.*²⁰⁵. However, there are major concerns regarding the safety of viral vectors such as toxicity, immunogenicity, and oncogenesis from insertional mutagenesis.^{24, 176} Furthermore, viral vectors possess restricted sequence sizes, and viral vectors can be laborious and costly to engineer. Viral vectors may possess innate tropisms to specific cell types or cell-selective promoters, which may limit their effectiveness in other cell populations.¹⁸¹

Non-viral methods are able to circumvent most of the concerns associated with viral gene delivery methods. However, non-viral methods exhibit lower delivery efficacies than viral gene delivery methods. Non-viral gene delivery methods can be broadly separated into chemical and physical approaches. Chemical approaches utilize cationic lipids, cationic polymers, and cell-penetrating peptides that can be engineered to target specific cells locally or systemically.^{11–13, 87} Chemical vectors avoid some safety concerns associated with disease-causing viral vehicles; however, effective doses of chemical vectors can be toxic, especially to sensitive cell populations because large doses are required to overcome the poor efficiency.¹⁸⁷ Chemical approaches seem to be most effective at targeting cancer cells *in vitro* and *in vivo*, and chemical vectors can be customized for specific tissue engineering applications; however, primary cells, progenitor cells, and stem cells have proven more difficult to transfect with chemical vectors. Despite the difficulty in transfecting primary cells, progenitor cells, and stem cells, there has been considerable enthusiasm for the further improvement of chemical vectors for the hope of one day achieving efficacies and efficiencies that could potentially mimic viral vectors.^{51, 52, 61, 78, 110, 112, 113, 132}

Chemical vectors face many challenges and obstacles because chemical vectors must overcome all of the previously stated barriers. Physical methods, on the other hand, have been shown to be effective at transfecting primary cells, progenitor cells, and stem cells through *in vitro*, *ex vivo*, and *in vivo* approaches.¹⁰⁸ This effectiveness may be in part due to the fact that physical approaches attempt to directly force nucleic acids into the cytoplasmic compartment or nucleus to achieve successful transfection. However, physical delivery methods face different limitations than chemical delivery methods. Depending on the physical delivery method used, the cell may sustain heavy trauma and initiate apoptotic or programmed cell death mechanisms. Thus, physical gene delivery strategies tend to exhibit lower cell viabilities and there is risk that the physical invasion may cause cells to senesce, which could negatively influence cell phenotype. Hence, a major obstacle that limits physical gene delivery in tissue engineering applications is low cell viability.

Over the last decade, significant improvements have been made in areas of microinjection, ballistic gene delivery, electroporation, sonoporation, and laser irradiation, presenting a refreshing opportunity for using non-viral vectors for tissue engineering applications. Nonetheless, different non-viral physical vectors are successful in different cell types. Thus,

there is a need to examine which attributes of different non-viral physical vectors enable successful transfection and which physical characteristics of cells enable the ability of the cell to survive the transfection. Comparing the attributes of successful transfection techniques with characteristics of difficult-to-transfect cells that survive transfection methods may provide insight into physical details between the delivery vector and cell that may lead to more efficient gene delivery strategies for tissue engineering applications.

Hence, the goal of this review is to examine the advantages and disadvantages of non-viral physical vectors (i.e., microinjection, ballistic gene delivery, electroporation, sonoporation, laser irradiation, and lesser-known methods such as magnetofection and electric field-induced molecular vibration), with special attention given to electroporation because of its versatility. An additional goal of this review is to identify the physical characteristics of cells that survive and successfully express the target gene for the purpose of determining which physical features between delivery vector and cell type can be used to enhance differentiation strategies for tissue engineering applications.

PHYSICAL GENE DELIVERY STRATEGIES

While much attention has been given to viral and chemical non-viral delivery systems for transporting nucleic acids into cells, physical non-viral gene delivery methodologies have shown promise for transfecting difficult-to-transfect cells. Physical gene delivery methods attempt to deliver nucleic acids directly to the cell, and attempt to avoid complications associated with targeting, endocytotic pathways and immunogenicity.⁸⁹ However, physical gene delivery has its own set of advantages and disadvantages, which limits its use for certain applications. Microinjection is a technique that directly delivers DNA to the cell nucleus, whereas ballistic gene delivery uses a projectile to deliver DNA to the cell. Electroporation utilizes electrical potentials to induce the formation of pores in the cell membrane while sonoporation utilizes physical disturbances in the fluid to induce pores in the cell membrane for nucleic acid delivery. Laser irradiation perforates individual cells by focusing a laser beam on a localized area of the cell membrane to enable the entry of nucleic acids. Nonetheless, physical gene delivery has been favorable for tissue engineering applications where *ex vivo* approaches can be utilized. In the following sections, this review highlights some of the advantages and disadvantages of the most common (and uncommon) physical gene delivery methods from a tissue engineering perspective, provide examples of how physical gene delivery has been integrated into tissue engineering, and examine challenges that still need to be addressed to further improve the integration of gene therapy and tissue engineering.

MICROINJECTION

Microinjection is perhaps the most direct nucleic acid delivery method of all of the physical delivery methods. The development of microneedles and the applications for which they can be used have expanded considerably over the past 30 years. Prausnitz *et al.*^{144, 146} have published excellent reviews regarding the evolution of microneedles for drug delivery applications and developing gene vaccines. Microneedles are no longer confined to the

toolbox of cell biologists, but now are widely used by pharmaceutical manufacturers and are gaining popularity among bioengineers.

In their earliest form, microneedles were made of glass and used to inject nucleic acids directly into cellular cytoplasm and nuclei as illustrated in Figure 2A.¹⁹³ Microinjection of nucleic acids became a robust method to transfect cells with specific amounts of pure nucleic acids.⁹² However, the technique proved to be tedious, and no more than a few hundred cells at best could be transfected using this method. Despite the difficulties associated with microinjection, the technique persisted, and became quite valuable among cellular biologists for studying RNA trafficking,¹³⁵ immunocytochemistry,⁹⁴ and making transgenic animals.^{9, 27, 32} Specifically, the ability to create transgenic animals became a powerful tool for illuminating functions of uncharacterized genes. Dahlhoff *et al.*³² successfully created transgenic mice that express *Cre recombinase* in pancreatic B-cells by using pronuclear microinjection in C57BL fertilized oocytes. Today, single microneedles are used for transfecting rat and mouse ova for creating transgenic animals and for facilitating somatic nuclear transfer.

Beyond creating transgenic animals, microneedles are used for transdermal delivery of nucleic acids and drugs.³⁹ Microneedles can be arranged in arrays, which have proven to be advantageous for transdermal drug delivery as microneedles can penetrate the outer layer of the skin and the stratum corneum, and deliver drugs, nucleic acids, and macromolecules directly to the epidermis by creating microchannels in the stratum corneum.¹³⁴ Furthermore, microneedles can be easily fabricated and engineered to accommodate multiple delivery applications. For example, microneedles can be manufactured from silicon, metal, or biodegradable polymers.¹³¹ As such, the size and shape of microneedles can be easily modified for drug delivery applications. Microneedles can be made hollow to be used as an injectable vehicle, or microneedles can be made solid and coated with drug or nucleic acid for direct application to tissue as illustrated in Figure 2B and Figure 2C.^{50, 159} Gill *et al.*⁵⁰ found that microneedles could be coated with microparticles containing a diameter no bigger than 10 μm , and successfully delivered payloads to the stratum corneum without wiping off on the skin. In addition, Choi *et al.*²⁶ and Daugimont *et al.*³⁴ have published exciting investigations on combining electroporation techniques with microinjection techniques for the purpose of creating DNA vaccinations delivered through the skin.

However, despite the benefits of microinjection, there are still limitations to the use of microinjection for tissue engineering. The use of single microneedles is highly inefficient for most tissue engineering applications, as typically the transfection of cells is needed on a larger scale than a few hundred cells and on multiple overlapping cell layers. Additionally, rat and mouse ova are large cells that can accommodate microneedles, whereas some smaller cells such as fibroblasts are much more difficult to transfect with a microneedle. The diameter of the pipette tip and timing of injection (within the cell cycle) can play a major role in the ability of the cell membrane to reseal and survive.¹⁸² Thus, a major factor that determines the success of the technique is the technical ability of the individual injecting the cells. Furthermore, when microneedles are used in an array format, care must be taken to ensure that the stiffness of the microneedles are strong enough to endure the shear forces of

the tissue so that the needles do not break and tear the tissue layer or fail to distribute drugs or nucleic acids uniformly.

In summary, microneedles are a safe way to deliver nucleic acids to a variety of cell types directly, thus avoiding many of the gene delivery barriers mentioned earlier; however, single cell transfections are inefficient for most tissue engineering applications. Microinjection requires precision and high accuracy for success, which places the majority of the success or failure of the technique on ability of the individual performing the technique. The shape, size, and location of target cells can greatly restrict the ability of the investigator to effectively transfect cells via microinjection as well. Furthermore, isolation and immobilization of cells are an additional challenge that requires specialized training for successfully transfecting cells via microinjection. Microinjection could be far more attractive for tissue engineering if the process of isolating and injecting the cell of interest could be automated to remove the “human” factor from the process.

BALLISTIC GENE DELIVERY (GENE GUN)

Interdermal powder injection, biolistics, or ballistic gene delivery are names for a needle-free gene delivery technique originally developed by Sanford *et al.*¹⁵⁴ to transfect plant cells using DNA-coated metal particles. Over the years, the ballistic method was refined and commercialized for use in mammalian cells using both DNA and RNA.¹⁹⁵ Ballistic gene delivery is a needle-free alternative to electroporation and microinjection that allows for DNA or RNA to be precipitated onto gold or tungsten particles, ranging in size from the nanometer to micron scale. The particles are delivered directly to mammalian tissues as a projectile out of a barrel of a pressurized ballistic device, colloquially referred to as a “gene gun”. Particles are projected via a helium discharge or high-voltage electric spark, and can be propelled directly into the cell cytoplasm or nucleus (Fig. 3). Ballistic gene delivery has gained popularity as a potential delivery method for gene vaccines, as the DNA or RNA can penetrate the stratum corneum of the skin and reach the epidermis.¹⁷⁷ Additionally, investigators have successfully transfected mouse skeletal muscle fibers and liver tissue *in vivo* using ballistic gene delivery.²⁰³ Zelenin *et al.*²⁰³ transfected skeletal muscle fibers in mdx male mice with plasmid DNA expressing human *Dystrophin in vivo*. Approximately 20 to 30 µg of the *Dystrophin* plasmid were precipitated onto gold/tungsten (1:4) particles ranging in size from 1 to 4 µm in diameter for each discharge. The DNA coated particles were projected onto the tissue from a distance of 10 cm. Immunohistochemistry was used to detect the positive expression of human *Dystrophin* on the skeletal muscle fibers. According to Zelenin *et al.*²⁰³ the number of human *Dystrophin* positive muscle fibers were found to vary from 2.5% on day 17 up to 5% on day 60 post-bombardment. The study published by Zelenin *et al.*²⁰³ was one of the first studies to demonstrate the ability to deliver reporter and therapeutic genes *in vivo* to skeletal fibers in mdx mice via ballistic gene delivery. Furthermore, ballistic gene delivery has become not only a method to deliver therapeutic agents, but diagnostic agents as well. Several researchers have used the gene gun to deliver fluorescent dyes to track the functions of neurons.^{15, 85} Thus, ballistic gene delivery has continued to grow in popularity as an alternative to microinjection for *in vivo* applications.

However, while useful for potential gene vaccine applications, ballistic gene delivery has several limitations. Ballistic gene delivery has a limited tissue depth to which DNA microparticles can be transmitted, thus many studies have investigated gene delivery to the skin. Furthermore, the path of the projectile can cause inflammation and damage to the target tissue with improper operation of the gene gun, or if the target tissue is bombarded with a high density of microparticles.¹⁶⁹ Moreover, ballistic gene delivery lacks cell specificity, so non-targeted cells may be transfected with the gene of interest if the non-targeted cells are within the dispersal area of the gene gun. In addition, microparticles can accommodate limited quantities of DNA or RNA. Thus, several treatments are needed to transfect a large population of cells if ballistic gene delivery is to be used for tissue engineering applications. Furthermore, there is no reliable way to ensure that multiple treatments would uniformly distribute DNA microparticles, and not produce an inflammatory response in the target tissue. Mitchell *et al.*¹¹⁶ and Kendall *et al.*⁸⁴ explored the effects of temperature, distance, and pressure on the penetration of DNA microparticles on buccal mucosa and porcine skin, respectively, and both groups found that uncontrolled environmental factors can greatly influence the efficacy of using ballistic gene delivery. Kendall *et al.*⁸³ confirmed that gold particles ranging in size from 0.4 to 2.4 μm were able to achieve a greater impact velocity (420 – 640 m/s) than glass or polystyrene particles when delivered via a contour shock tube (CST). Furthermore, Kendall *et al.*⁸³ noted that the sizes of gold particles are typically smaller than cells allowing for penetration into the cell cytoplasm when delivered via ballistic gene delivery. Thus, the physical parameters need to be tightly regulated to optimize uniform delivery to cell cultures, which may not be possible for *in vivo* applications.

Thus, in summary, ballistic gene delivery can produce transient gene expression by directly delivering DNA to the cell cytoplasm or nucleus; however the delivery of DNA via ballistic gene delivery can be quite variable. Ballistic gene delivery is able to transfect primary tissues and difficult-to-transfect cells. However, ballistic gene delivery is limited in tissue engineering applications, as it can only transfect a limited number of cells, and not always in a uniform manner. Despite the drawbacks of ballistic gene delivery, it is an excellent method for developing gene vaccines as the DNA microparticles can readily penetrate the stratum corneum. As more research is conducted on ballistic gene delivery, perhaps a high throughput design will be developed that can consistently maintain precision and accuracy for nucleic acid delivery, or use different particle delivery materials to avoid inflammation and increase nucleic acid payload.

ELECTROPORATION

One of the most effective non-viral gene delivery methods, which has been extensively used and studied is electropermeabilization, also known as DNA electrotransfer, and colloquially referred to as “electroporation.” Neumann *et al.*¹²⁴ introduced electroporation almost 30 years ago by successfully transfecting mouse lymphoma cells. Since then, electroporation has evolved rapidly. *In vivo* studies have been well underway since 1996, and since then electroporation technologies have successfully transfected skin, skeletal muscle, liver, tumor tissues *in vivo*.^{3, 14, 36, 69, 71} Aihara *et al.*³ injected the tibialis anterior muscles of C57BL mice with 50 μg of plasmid expressing *interleukin-5 (IL-5)*, and electroporated the tissues *in*

vivo using a pair of electrode needles inserted to a depth of 5 mm and separated by 5 mm. A square-wave pulse at a frequency of pulse per second lasting no more than 50 ms was administered at 100 V. After five days, serum from the mice treated with electroporation contained over 20 ng/mL of *IL-5*, whereas mice only injected with plasmid had serum containing 0.2 ng/mL. Furthermore, Heller *et al.*⁶⁹ successfully transfected the livers of male Sprague-Dawley rats via *in vivo* electroporation using the *Luciferase* reporter gene. Six 28 gauge acupuncture needles were used as electrodes and inserted into the right median lobe in the pattern of a 1 cm diameter circle so that the electrodes were equidistant from the center of the circle, where 100 µg of DNA was injected. Six pulses lasting a duration 99 µs at a frequency of 1 pulse per second were administered to create a rotating electric field. Approximately 30 to 40% of the rat liver cells that underwent electroporation expressed maximum luminescence 48 hours after transfection. Luminescence was detected up to 21 days after electroporation at 5% of the maximum expression in the electroporated liver cells. Both of the studies conducted by Aihara *et al.*³ and Heller *et al.*⁶⁹ were significant because both studies were some of the first *in vivo* studies that demonstrated electroporation could deliver genes *in vivo* successfully. Thus, it is necessary to look at how electroporation is thought to work to better understand its potential for tissue engineering. Additionally, this review examines a commercial electroporator that has gained much attention to aid in the discussion of how electroporation could be used for tissue engineering and cell differentiation.

In the broadest sense, electroporation is the application of an electrical field to a cell population for a finite amount of time to increase cell permeability to DNA, RNA and small proteins by creating localized transient disturbances in the cell membrane.^{7, 115, 184, 185} Electroporation has shown to be highly effective in a wide variety of tissues *in vivo*, and cell cultures *in vitro*. In particular, electroporation has been used to aid chemotherapy for cancer treatment.^{70, 101, 149, 164, 165, 186} In cancer treatments, irreversible electroporation is employed to ablate cancer tissues by inducing permanent formation of stable, non-resealing pores.¹²³ In gene therapy, reversible electroporation is employed, which keeps tissues intact because membrane pores are able to reseal.

There are many excellent reviews, in particular those published by Farvard *et al.*,⁴⁵ Teissié *et al.*,¹⁷⁴ Cemazar *et al.*,²¹ Weaver *et al.*,¹⁸⁵ Mir *et al.*,¹¹⁴ and Zimmerman *et al.*²⁰⁸ as well as work published by Golzio *et al.*,^{56, 57} which collectively explain the physical mechanisms proposed to take place during electroporation. To summarize, when an electric field is applied across a set of cells, hydrophilic pores are thought to form on the sides of the cell facing the electrodes, hence the name “electroporation.”^{136, 147} However, the precise mechanisms by which nucleic acids cross the cell membrane are still under investigation. Electrophoresis has been implicated as a possible process for enabling nucleic acids to diffuse from the extracellular environment into the intracellular environment during the application of the electric field when nucleic acids are tightly associated with the cell membrane.¹⁹¹ However, other studies suggest internalization of nucleic acids is restricted to nucleic acids bound to the cell membrane.⁵⁸ In addition to uptake mechanisms, the subject of how nucleic acids are transported and trafficked through the cell to the nucleus is still widely debated. Wu *et al.*¹⁹⁰ have recently suggested that nucleic acids may be transported via an endocytotic mechanism and have provided data showing that GFP gene expression

was diminished by over 20% in B16-F10 cells when treated with 80 μM of dynasore, an endocytotic inhibitor. Interesting, Vaughan *et al.*¹⁷⁹ have provided data supporting trafficking via microtubules in TC7 cells and A549 cells. Vaughan *et al.*¹⁷⁹ showed that A549 cells treated immediately after electroporation with 10 μM of taxol, a microtubule network stabilizing agent, produced a 4.5 fold increase in luminescence 2 hours after transfection with luciferase DNA. Zaharoff *et al.*²⁰⁰ and Lukacs *et al.*¹⁰³ provided evidence that suggested that DNA does not diffuse through the cell cytoplasm after microinjection and electroporation, but in fact must traffic via another mechanism such as endocytosis or via some form of convection.

Despite the many discrepancies over how electroporation works, a few general themes have been observed. There are distinct physical and biological considerations that must be tailored for each tissue to achieve maximum transfection efficiency. The size and type of the cell, nucleic acid concentration, and orientation of the cell are important factors to consider when adjusting pulse duration, pulse shape (e.g., square wave vs. exponential decay), and electric field strength, to achieve maximum transfection efficiency. Jordan *et al.*⁷⁹ directly addressed how to tailor physical parameters of electroporators to achieve maximum transfection efficiency in a variety of cell lines that are difficult to transfect. For example, morphological characteristics between human umbilical vein endothelial cells (HUVECs) and neuroblastomas differ dramatically.^{42, 79, 107} Thus, the voltage, pulse shape, pulse duration, nucleic acid quantity, and cell density must be experimentally determined for each cell type to achieve maximum transfection efficiency, cell viability, and gene expression.^{74, 104, 162} Mehier-Humbert *et al.*¹⁰⁸ suggested that long pulses (20–60 ms) combined with modest field strengths (100 – 200 V/cm) produce larger pores in cell membranes that remain open for longer durations. Tailoring electroporation parameters is especially important for improving the stability of gene expression in primary cells such as HUVECs, neurons, and Jurkat cells, which are not as robust to electroporation procedures as skeletal muscle fibers, which are very robust to electroporation.^{102, 115, 121, 153, 173, 198}

Another important component to consider in electroporation is the electrodes that are used to generate the electric field. Normally, electrodes are directly applied to the tissue *in vivo* or a cell culture *in vitro*. A variety of electrodes have been developed for different applications commercially, and several investigators have built custom electrodes for specific applications. The strength, orientation, shape, and homogeneity of the electric field are directly dependent on the geometry and spacing of the individual electrodes.¹⁰⁸ Furthermore, the material used to coat the surface of the electrode that interacts directly with the tissue can affect the transfection efficiency. Stainless steel is commonly chosen to minimize ion stripping during electroporation, which can change the pH of the suspension buffer of cells and increase cell toxicity.⁷ A variety of different electrodes have been developed for different applications, which include plate electrodes, needle electrodes, and catheter electrodes.⁶⁸ Plate electrodes are commonly used for electroporation of surface tissues and for *in vitro* electroporation of cell suspensions in cuvettes. Needle electrodes are used to electroporate deep tissues *in vivo*, and catheter electrodes have been developed to electroporate blood vessels.¹⁰⁸ Figure 4 illustrates how plate electrodes and needle electrodes can be used to transfect cells *in vitro* and *in vivo*, respectively. Plate electrodes are able to generate more uniform (defined and homogenous) electric fields, but usually require

stronger voltages for electroporation. Needle electrodes allow for more flexibility and customizability in setting up electric fields, but at the expense of less homogenous electric fields.^{7, 68}

Many viral and chemical vectors have limited efficiency in non-dividing cells, but electroporation has successfully transfected both dividing and non-dividing cells.^{3, 198} For tissue engineering applications, transfection of non-dividing cells is a highly desirable attribute as several primary cells in cartilage, bone, and neurons have rates of division that are too slow for passive gene delivery.^{90, 133, 153, 156} Furthermore, electroporation has been shown to transfect progenitor cells and stem cells, which is another highly desirable attribute for tissue engineering, as many groups focus on utilizing various stem cell sources for differentiation and tissue regeneration.^{6, 46}

Despite the advantages of electroporation, there are some major limitations restricting its use. First, several physical and biological parameters must be carefully tailored for each tissue to achieve maximum transfection efficiency, which can be tedious. Second, electroporation may be able to efficiently transport nucleic acids into cells, but the benefit usually comes at a cost of low cell viability. Low cell viability is a major disadvantage of electroporation. Low cell viability may be a result of some cells undergoing irreversible electroporation or cells may die because of an increased cytotoxicity occurring from changing pH, resulting from the use of electrodes with poor biocompatibility. Furthermore, when electroporating tissues directly *in vivo*, there is the risk of producing inflammation, as not all cells will survive the procedure, and there may be a deposition of metal ions into the tissues from the electrodes. Another disadvantage of electroporation is that the up-front cost can be expensive, depending on the model of pulse generator and the associated electrodes. Furthermore, if *in vivo* studies are being conducted, a specially trained physician or technician must be present to properly place the electrodes on the subject to prevent injury and ensure proper alignment and generation of the electric field.

In summary, electroporation has great potential in tissue engineering and for gene vaccine applications, as electroporation is able to successfully transfect a variety of cells *in vitro* and *in vivo*, including dividing and non-dividing cells. However, electroporation can be an invasive procedure depending on the target tissue, and electroporation is notorious for producing low cell viabilities. However, unlike other transfection techniques, electroporation can transfect a large number of cells. Furthermore, the electroporative technology is rapidly evolving, and new systems are being developed each year to address the issues noted above. Nucleofection™ by Amaxa is a leading electroporative system that will be further discussed below for tissue engineering applications. The Nucleofection™ system attempts to mitigate the issue of low cell viability while increasing transfection efficiency.

NUCLEOFECTION™

Nucleofection™ has had incredible wide-reaching success in tissue engineering and cancer studies, compared against other physical non-viral gene delivery methods, and is therefore highlighted with special emphasis in this review. Nucleofection™ is a patented commercial electroporation system created by Amaxa, and owned by Lonza. Nucleofection™ is an electroporator that uses a sterile disposable cuvette to facilitate electroporation, Amaxa has

developed a variety of cell specific buffers that are proprietary, and are designed to enable maximum transfection while reducing cell death. In addition to the cell specific buffers, the Nucleofector™ comes pre-programmed with an assortment of programs specific to different cell lines that vary voltage, frequency, and pulse duration. However, the voltage, frequency, and pulse duration for each cell type are not revealed to the user, although Amaxa does provide suggested protocols for the user. The Nucleofection™ system has gained great popularity among many researchers as the Nucleofector™ is able to transfect many difficult-to-transfect cells, including several progenitor cells and stem cells. For example, Aslan *et al.*⁸ transfected human bone marrow-derived stem cells (hBMSCs) at a density of 5×10^5 with 5 µg of plasmid DNA expressing human bone morphogenetic protein 2 (*hBMP2*) and human bone morphogenetic protein 9 (*hBMP9*) via Nucleofection™ and achieved a transfection efficiency of $68 \pm 41\%$. Furthermore, hBMSCs transfected with *hBMP2* produced an 8 to 16-fold increase in recombinant *BMP2* secretion 24 hours after transfection via quantification through an enzyme-linked immunosorbent assay (ELISA). Aslan and colleagues confirmed that the Nucleofected™ cells were able to form new bone tissue both *in vitro* and *in vivo* through RT-qPCR, micro computed tomography (µCT), and immunohistochemistry. In an additional example, Bowles *et al.*¹⁷ used a Nucleofector-96-Shuttle™ to transfect naïve dendritic cells at a density of 5×10^5 cells per 100 µL with 0.25 µg of retinoic acid-inducing gene 1 (*RIG-I*) small interfering RNA (siRNA) to knockdown the *RIG-I* viral recognition receptor. Bowles *et al.* determined through RT-qPCR and western blotting that Nucleofection™ enabled a 75% knockdown of the detection of *RIG-I*. In a third experiment, Gonzalez *et al.*⁵⁹ successfully generated induced pluripotent stem cells (iPSCs) by Nucleofecting™ mouse embryonic fibroblasts with a polycistronic construct containing octamer-binding transcription factor 4 (*Oct4*), (sex determining region Y)-box 2 (*Sox2*), krueppel-like factor 4 (*Klf4*), and v-myc myelocytomatosis viral oncogene homolog (avian) (*c-Myc*). The identities of the iPSCs were confirmed via RT-qPCR, Southern blotting, and western blotting. Furthermore, iPSCs were differentiated *in vitro* toward neuronal lineages, cardiomyocyte lineages, or endoderm lineages. In addition to these studies, several more have summarized the ability of Nucleofection™ to successfully transfect progenitor cells, stem cells, and connective tissues (Table 1), and the Nucleofection™ technique has been successfully used for gene knockdown studies in a variety of cells (Table 2). However, as displayed in the tables, not all cell types tolerate Nucleofection™ well. Some cells types lack desirable cell viabilities. Thus, the cell types lacking high cell viabilities may require more customization of buffer solution, electrical parameters, or a combination of both to increase viability.

Thus, in summary, Nucleofection™ is an effective transfection method for difficult-to-transfect cells, and Nucleofection™ can facilitate high transfection in a variety of cell types, which makes Nucleofection™ an attractive technique for *in vitro* and *ex vivo* tissue engineering applications.

SONOPORATION

Similar to electroporation methods, high-intensity ultrasound has demonstrated the ability to induce pore formation in cell membranes, and allow for movement of plasmid DNA into cell cytosol.⁴⁸ This method is commonly referred to as “sonoporation,” and in contrast to

electroporation methods, induces pore formation through physical movement of fluid rather than using an electric field. Ultrasound is used in the clinic for diagnostic imaging, kidney stone treatment, pain relief, and ablation of cancer tissues.^{80, 127, 175} High-intensity focused ultrasound (HIFU) produces localized shear forces in extracellular fluids that facilitate cavitation, or the controlled collapse of air bubbles present in the surrounding fluid, and induce pore formation in cell membranes, increasing the permeability of cells to plasmid DNA and drugs (Fig. 5).^{128, 143, 189} Cavitation can be enhanced with the use of ultrasound contrast agents, such as Optison™, and drugs and nucleic acids can be complexed with contrast agents for systemic delivery.¹⁹⁹ Zhou *et al.*²⁰⁷ have examined the effects of pore formation in *Xenopus* oocytes, and have found that the resealing of pores is affected by extracellular calcium concentration. Zhou *et al.*²⁰⁷ observed that pores induced by sonoporation in *Xenopus* oocytes resealed in 6 to 26 seconds in the presence of 1.8 mM Ca²⁺, whereas in contrast pores resealed between 58 to 170 seconds after sonoporation in the presence of 0.54 mM Ca²⁺. Sonoporation has gained popularity in clinical settings because it is non-invasive, and already used in the clinic to enhanced transdermal absorption of drugs. Furthermore, Newman *et al.*¹²⁵ have reviewed the use of sonoporation on a variety of cell types and tissues, and noted that sonoporation seems to be a less destructive method for delivery of plasmid DNA than electroporation. Currently, sonoporation is primarily used to enhance drug delivery and gene delivery to diseased tissues *in vivo* rather than for tissue engineering applications. Interestingly, Liang *et al.*⁹⁸ have noted that sonoporation has exhibited enhanced transfection efficiency in tissues such as the heart, blood vessels, lung, kidney, brain, muscles, and the tumors when physical parameters of sonoporation are optimized.

Sonoporation is limited by relatively poor control of the energy localization. While sonoporation can induce cavitation in tissues, there currently is no way to control the uniformity of the cavitation or the entry of DNA. Complexation of DNA and contrast agents have greatly improved targeting; however, each target tissue needs to be carefully evaluated to ensure that cavitation induces pore formation in target cells.¹⁰⁸ Thus, sonoporation cannot be as precisely controlled as in electroporation, where cells are placed between electrodes. Furthermore, sonoporation seems to be more effective *in vivo* for tissues that are in direct contact with blood vessels.

In summary, sonoporation is effective for transfecting cells *in vivo* as it is non-invasive, and already used in the clinical setting. However, sonoporation exhibits lower transfection efficiencies because cavitation cannot be precisely controlled within the tissue. Improving the uniformity of cavitation for membrane pore formation and improving the accuracy of cell contrast could make sonoporation highly effective for tissue engineering.

LASER IRRADIATION

Laser irradiation is an alternative strategy under investigation for gene delivery applications. Investigators have used neodymium-doped yttrium aluminum garnet (Nd:YAG), holmium-YAG, titanium sapphire, and argon powered lasers to perforate cells to enable the entry of DNA by varying the pulse frequency of the laser.^{130, 152, 172, 202} Typically, a laser is focused through an objective onto a localized area of an individual cell in culture and increases the

permeability of the cell to exogenous DNA in the culture medium. Interestingly, cells seem to not undergo any lethal injury when perforated by a laser, and they are able to repair the “holes” made by perforations in less than a second.^{93, 130} Furthermore, a laser can be used indirectly to induce stress waves in the medium to perforate cells temporarily to enable the entry of DNA. Yao *et al.*¹⁹⁷ provided a comprehensive review of the different methods to use a laser to facilitate gene delivery in cell culture. Ogura *et al.*¹²⁹ demonstrated the precision and efficiency of using laser irradiation by injecting Sprague-Dawley rats with plasmid DNA coding for enhanced green fluorescent protein (EGFP) and luciferase. Ogura and colleagues injected Sprague-Dawley rats with 50 µg of plasmid DNA and irradiated the injection area with six pulses of 1.9 J/cm² fluence laser, which produced a luminescent expression of 10⁵ relative light units (RLUs) per milligram of protein for up to 5 days. EGFP expression was confined to the exact area of skin irradiated with the laser 24 hours after transfection. In another report, Shirahata *et al.*¹⁶⁷ successfully delivered EGFP to HuH-7 and NIH/3T3 cells in culture by using a pulsed 355 nm Nd:YAG laser to perforate cells, while a 1015 nm continuous-wave Nd:YAG laser was used to trap individual cells. Figure 6 provides an illustration of a cell undergoing perforation by a pulsed laser while being immobilized by a continuous laser. Shirahata and colleagues achieved a transfection efficiency of 10% in NIH/3T3 cells when DNA was delivered at a concentration of 10 µg/mL.

Laser irradiation has great potential for tissue engineering as it can be used to target precise cells in tissue or in culture. Laser irradiation is less invasive than microinjection or electroporation as no needle is required and individual cells can be targeted. The brief perforation of the cell by a pulsed laser seems not to cause cell death. Furthermore, optical fibers can deliver laser light that can be controlled by computers, and may eventually provide convenient access to tissues inside the body that were previously inaccessible.¹⁹⁷

However, despite the advantages of laser irradiation, some key limitations exist. While precise and efficient, laser irradiation is still a young technology, and more studies are needed to determine how robust the procedure is on different cell types. Laser irradiation is highly efficient at targeting individual cells, but it is not efficient at targeting large populations of cells efficiently. In addition, optical lasers can be very large and costly. Furthermore, specialized training is required to operate an optical laser properly.

In summary, laser irradiation has great potential for gene therapy and tissue engineering applications as optical lasers can be used to precisely target individual cells in culture or in tissue. However, laser irradiation is still a young technology that needs further investigation, and is costly. Nevertheless, as laser irradiations strategies improve and the technology is further investigated, optical lasers may allow investigators to target tissues for gene therapy and tissue engineering in ways that were previously not possible.

EMERGING TECHNIQUES IN GENE DELIVERY

In contrast to the techniques described above, there are additional techniques under development that may prove advantageous for specific gene delivery and tissue engineering applications. Here we briefly describe the techniques of electric field-induced molecular vibration gene delivery, a novel technique introduced by Tuan and colleagues in 2004¹⁷⁰, and magnetofection, a technique used as a tool to enhance gene delivery strategies.

Tuan *et al.*¹⁷⁰ developed a unique gene delivery method known as electric field-induced molecular vibrations as an alternative to electroporation to facilitate high transfection efficiencies in mesenchymal progenitor cells and a variety of cell lines. Tuan and colleagues created a unique apparatus where cells and DNA are suspended in a glass dish that undergoes vigorous vibration induced by two electrodes.¹⁷⁰ The electrodes do not directly contact the cells, and no current is applied across the cells; however, the vigorous shaking enables exogenous molecules to penetrate the cell membrane and reach the cytoplasm. According to Tuan *et al.*¹⁷⁰ electric field-induced vibration transfection is economical and efficient because it requires no additional reagents and exhibits high transfection efficiency with low cell mortality. Furthermore, Tuan *et al.*¹⁷⁰ noted that electric field-induced molecular vibration transfection does not interfere with cell proliferation, and provides stable gene expression. Limited literature is available on this technique; however, if these claims and data can be verified then electric field-induced molecular vibration transfection could be a suitable transfection technique for *ex vivo* and *in vitro* tissue engineering applications. Tuan *et al.*¹⁷⁰ report several data values regarding transfection efficiency and cell viability for multiple cell lines using different parameters for the electric field-induced vibration apparatus. Most notably, Tuan and colleagues reported a maximum transfection efficiency of $9.4 \pm 9.3\%$ and a maximum cell viability of $57 \pm 40\%$ for human mesenchymal stem cells when a frequency of 120 Hz was used in combination with a 12 V setting and a wave ratio of 300 for the parameters of the electric field-induced molecular vibration apparatus.

Magnetofection is a technique that exploits the energy of a magnetic field to enhance the delivery efficiency of DNA, siRNA, or shRNA via viral or non-viral vectors.^{35, 43, 49, 160} Paramagnetic particles typically made of iron oxide are coated with viral particles, liposomes, or cationic polymers and combined with nucleic acids.^{73, 75, 160} Several *in vitro* studies have placed a magnetic plate underneath a cell culture vessel once the magnetic particles and gene delivery vector have been combined with the target tissue of cells to preferentially direct or “pull” the magnetic particles into cells or tissue explants.¹⁹⁶ Magnetofection does not necessarily improve the transfection efficiency of gene delivery methods; instead, magnetofection increases the speed at which nucleic acids traffic into the cell and nucleus while enabling smaller doses of nucleic acids to be used.¹⁴⁰ Plank *et al.*^{139, 141} have published insightful reviews on how magnetofection works and the potential benefits of magnetofection on *in vitro* gene delivery applications. In addition, magnetofection has been used to enhance gene delivery to primary cells such as neurons and endothelial cells *in vitro*, and has been applied to enhance gene delivery to the gastrointestinal tract and blood vessels *in vivo*.^{19, 91, 137, 155, 160, 163} Sapet *et al.*¹⁵⁵ were able to achieve a transfection efficiency of approximately 15%, 48 hours after transfection in primary neuronal stem cells from P1 mice using a magnetofection reagent, NeuroMag. This finding may be considered impressive because neuronal cells are known to be incredibly difficult to transfect. As new technologies develop, magnetofection could prove quite valuable for enhancing tissue engineering applications.

APPLICATIONS OF GENE DELIVERY TO TISSUE ENGINEERING

The goal behind integrating gene therapy and tissue engineering together is to manipulate the behavior of cells so that cells can be used to produce proteins and associate into tissues that are capable of replacing, restoring, regenerating, or enhancing the function of tissue defects within the human body. The marriage of these two fields is not a new idea. In fact, there are a multitude of examples where gene therapy and tissue engineering have been integrated for enhancing differentiation strategies. Most of the studies have focused on *ex vivo* or *in vitro* approaches for integrating gene therapy into tissue engineering. Multiple groups have used a variety of synthetic polymers (PEI), biodegradable polymers (PLL-PA, PBAE, PLGA), and biological polymers (chitin, fibrin, collagen) to either encapsulate or anchor nucleic acids to the scaffolding material on which cells are seeded for nucleic acid uptake.^{16, 29, 53, 54, 60, 62–64, 76, 97, 99, 126, 138, 158, 194} Several of the studies have shown sustained gene delivery for periods up to two to three weeks, but the overall transfection efficiency has varied. Polymers provide flexibility in designing scaffolds to accommodate stem cells for differentiation, and the incorporation of nucleic acids to direct differentiation is a natural progression. However, no one polymer has emerged as a reliable vector for primary cells, progenitor cells, and stem cells. Nor should any one polymer be expected to successfully transfer nucleic acids to all cell types. While it seems several investigators within the field of tissue engineering have placed an emphasis on trying to deliver nucleic acids via polymers, others have focused on physical methods. Cesnulevicius *et al.*²² transfected mesencephalic neuronal progenitor cells from Sprague-Dawley rats with fibroblast growth factor 2 (*FGF-2*) linked to enhanced green fluorescent protein (EGFP) via Nucleofection™ and found that the transfected cells tested positive for *nestin*, an important protein for neuron growth. Furthermore, the cells were able to survive transplantation into lesioned rat brains, demonstrating a potential for developing a new primary transplantation method for neuronal tissues. The significance of the work by Cesnulevicius *et al.*²² is that they achieved a transfection efficiency of 47% in neuronal progenitor cells, which is high for a non-viral method, especially because neuronal tissues are notoriously difficult to transfect. Additionally, Cesnulevicius *et al.*²² detected *FGF-2* expression up to 11 days after transfection. This study shows promise for using physical non-viral gene delivery vectors, in this case Nucleofection™.

In a different experiment, Duffy *et al.*⁴¹ 5×10^5 transfected human mesenchymal stem cells (hMSCs) with 2 μg of plasmid DNA expressing *Ephrin-B2* via Nucleofection™ and achieved a transfection efficiency of approximately 45%. hMSCs have been known not to transfect easily. Furthermore, in this study, the hMSCs expressed *Ephrin-B2* and took on early endothelial phenotype and are thought to have contributed to the increased detection of VEGF in cell culture, which could potentially promote angiogenesis in ischemic tissues. Like the work published by Duffy *et al.*⁴¹ and Cesnulevicius *et al.*,²² several investigators are exploring strategies to isolate cells and transform them outside of the body either by chemical or physical methods for therapeutic purposes.^{25, 37, 72} However, while there has been a focus on using *ex vivo* and *in vitro* strategies for integrating gene therapy and tissue engineering, much of the field of gene therapy has focused on using *in vivo* methods to for therapeutic purposes. Thus, perhaps it might be worth reversing the idea of integrating gene

therapy into tissue engineering, and instead look at how to integrate tissue engineering strategies into gene therapy. To better understand how to apply tissue engineering strategies to gene therapy, it would be best to focus on the limitations and challenges that restrict gene delivery.

UNDERSTANDING CHALLENGES THAT LIMIT NON-VIRAL GENE DELIVERY

Every single vector must first cross the plasma membrane. However, before a delivery vehicle reaches the cell membrane, there are obstacles to overcome. For example, most cells in a connective tissue are located within the labyrinth of the extracellular matrix (ECM). Some investigators have suggested that the collagen in the ECM could be hindering the diffusion of large nucleic acids and other macromolecules, preventing them from reaching the target cell surface.^{122, 142} Thus, one approach to overcome this limitation is to disrupt the ECM. Disrupting the ECM *in vivo* could pose difficulties for the subject; however, if the target tissue is excised, the ECM could be disrupted with trypsin to expose cell membranes. An additional consideration is that electrophoresis may be able to help move nucleic acids through the ECM, but this process, depending on the tissue, may not be able to bring the nucleic acids close enough to the cell membrane for interaction.⁷¹ Thus, the ECM may be an additional barrier to consider when designing delivery vectors.

Beyond the ECM, the cell membrane remains a significant barrier for all delivery vectors. Many chemical vectors attempt to associate the nucleic acid delivery vehicle with the cell membrane through electrostatic interactions, ligand mediated receptor binding, and through adsorption. Several studies suggest that association with the cell membrane is required for entry into the cytoplasmic compartment of the cell.^{44, 47, 55, 65, 145} However, microinjection and ballistic gene delivery bypass the cell membrane by directly transporting nucleic acids into the cell cytoplasm or the nucleus. Electroporation, sonoporation, and laser irradiation disrupt the cell membrane to facilitate infiltration of nucleic acids. However, microinjection, ballistic gene delivery, electroporation, sonoporation, and laser irradiation display one common weakness. All methods rupture the cell membrane in some fashion, and if the cell is unable to mend the membrane, then the cell dies. Thus, taking a closer look at the function of the cell membrane may provide questions and answers to finding ways to better overcome this important barrier and maximize cell viability.

What is the plasma membrane? Simply, the plasma membrane is a barrier to separate two hydrophilic compartments, namely, the intracellular space and the extracellular space. The plasma membrane is composed of a phospholipid bilayer with proteins permeating both the intracellular and extracellular sides of the plasma membrane.^{5, 20} Furthermore, the composition of lipids and proteins can vary among cell types, and the plasma membrane is not a rigid structure, meaning that lipids and proteins are not static, but rather moving targets. The composition of the cell membrane can have an influence on the physical and mechanical functions of the cell membrane. For example, cells that are a part of tissues that provide structure and support (e.g., bone) may be more inflexible and rigid, containing fewer unsaturated lipids to maintain a less fluid structure, and hence lower membrane permeability, whereas secretory cells may contain more unsaturated lipids and fewer proteins to maintain a more fluid membrane composition that is more permeable.⁵ Furthermore, depending on

the target cell and the condition of the tissue (i.e., adherent cells or cells in suspension), access to the plasma membrane may be restricted. Thus, an appropriate question is “does exposure to cell surface affect localization of nucleic acids on the surface?” Adler *et al.*² endeavored to address this very subject by exploring the effect of cell surface topography on transfection efficiency. Adler plated fibroblasts onto micropitted surfaces at varying densities and found a 25% increase in transfection efficiency when using Lipofectamine 2000™ to deliver GFP for cells plated on densely pitted surfaces as opposed to smooth surfaces. This increase could have been attributed to a variety of factors. The cells did spread across the pitted surfaces, but not on the smooth surfaces. So why did transfection efficiency increase? Were delivery vehicles able to associate with the cell membrane because the membrane had an increased surface area? Did the composition of the membrane change because of the cell spreading across the pitted surface? Adler suggested that a consequence of the cell spreading was a loss of integrin mediated cell adhesion, which resulted in the internalization of caveolae, and could have been responsible for a down regulation of particle uptake through competitive mechanisms. The spreading of cells on pitted surfaces did not lead to an increase in cell proliferation. Thus, the rate of cellular mitosis did not increase, which means passive diffusion of DNA into the cell nucleus was not responsible for the increase in gene expression. Adler’s study was exciting because it drew attention to the consideration of surface topography, and presented questions about how nucleic acids associate with the cell membrane and how the cell membrane might be altered to accommodate molecules. Perhaps the permeability of a cell membrane can be manipulated mechanically to alter firmness or fluidity for delivery vectors. An exciting and recommended next step would be to see how other non-viral vectors perform when a cell spreads. For example, combining cell spreading with an electroporative technique would be an exciting study to investigate how cell spreading affects the ability of the cell to permeabilize and mend under an electric field. Another question to ask is whether different cell types produce the same results when cultured on pitted surfaces.

Chalut *et al.*²³ presented an additional insight regarding the influence of changing mesenchymal stem cell (MSC) membrane topography and how deforming the MSC changes the structure of its nucleus. As the nucleus is connected via the cytoskeleton to the cell membrane, mechanical forces on the cell membrane act via the cytoskeleton on the nucleus. They offered evidence that is consistent with findings in the literature that the nucleus changed shape in response to the deformation of the cell.^{23, 96, 168} If the nucleus can alter its shape in response to mechanical forces exerted on the cytoskeleton, then how does gene expression change? Does the elongation of the nucleus in response to mechanical forces acting on the cell increase transfection efficiency by shortening the distance between the cell membrane and nucleus? These questions need further investigation.

Despite the interest in the membrane topography and deformation of the nucleus as they relate to gene expression, there is an additional parameter to consider. Chemical vectors tend to use an endocytotic route of delivery once the nucleic acids have entered the cell, while physical vectors attempt to deliver nucleic acids directly to the cytoplasm or nucleus. However, chemical methods seem to have higher cell viabilities, but low transfection rates in primary cells, progenitor cells, and stem cells, whereas the opposite is true for physical methods. Thus, the question arises, “how do nucleic acids traffic through the cytoplasm?”

Nucleic acids must escape endosomes to avoid degradation by lysosome enzymes, but then how do the nucleic acids reach the interior of the nucleus? Dividing cells provide an opportunity on a regular interval as the nuclear envelope deconstructs during mitosis, and reforms at the conclusion of mitosis. In non-dividing cells, the nucleic acids must enter through a nuclear pore. Thus, how do the nucleic acids reach the nuclear pore? Zaharoff *et al.*²⁰⁰ suggested the nucleic acids do not diffuse through the cytoplasm, but move by some other mechanism such as convection. Lukacs *et al.*¹⁰³ presented work that was consistent with Zaharoff *et al.*²⁰⁰ in that DNA did not seem to diffuse through the cytoplasm. Vaughan *et al.*¹⁷⁹ provided evidence that suggested that nucleic acids may traffic via microtubules. Unfortunately, there is still very little that is known about how nucleic acids traffic through the cytoplasm. Elucidating how nucleic acids traffic through the cytoplasm will be crucial to improving future vectors.

What is really needed now are studies that focus on applying tissue engineering approaches to gene therapy, and elucidating the mechanism by which cells can be manipulated to better take up DNA, siRNA, shRNA, miRNA, and antisense oligonucleotides to affect gene expression. Adler *et al.*² and Chalut *et al.*²³ presented interesting data on manipulating the physical parameters and behaviors of cells using chemical delivery methods. The next step forward should be to apply the same cell manipulations to a physical delivery method such as ballistic gene delivery or electroporation to determine whether the physical manipulations of the cell can enhance physical gene delivery methods for tissue engineering applications. Increasing the quantitative assessment of studies that combine both gene delivery and tissue engineering are key to enhancing both the fields. Furthermore, approaching gene therapy from a tissue engineering perspective might be a fresh way to reveal more details about how cells take up and express exogenous nucleic acids.

FUTURE DIRECTIONS AND OPPORTUNITIES

Improving physical non-viral gene delivery methods for tissue engineering applications requires an examination of the fundamental mechanisms utilized by each physical non-viral gene delivery method as well as the reason different cell types are more or less responsive to each gene delivery method. Elucidating the basic mechanisms by which physical non-viral gene delivery methods work and understanding why different cell types are responsive to different gene delivery methods will allow investigators to exploit the positive attributes of gene delivery methods and different cell types to enhance tissue engineering applications.

Microinjection is perhaps the most efficient and direct method for delivering nucleic acids to cells; however, the major weaknesses associated with microinjection are the restricted access to tissues, and the inability to transfect large numbers of cells. Likewise, ballistic gene delivery lacks access to tissues and is restricted by the quantity of nucleic acids that can be delivered. However, both of these methods have significant potential if the weaknesses previously stated can be overcome, as both methods can directly control the amount of nucleic acids directly delivered to individual cells.

In addition, electroporation, sonoporation, and laser irradiation seek to transiently disrupt the cell membrane to increase permeability of nucleic acids to the cells. Sonoporation is

attractive because it is already used in a clinical setting, but the tissues that are being targeted need to be extensively evaluated to produce maximum efficiency. Electroporation suffers the same weakness as sonoporation, yet electroporation has more flexibility for targeting cells, as the electric field can be controlled via a pulse generator and electrodes can be designed specifically for individual applications. However, electroporation still suffers from low cell viability. Laser irradiation can precisely target individual cells; however, laser irradiation is not efficient for targeting thousands of cells in different layers of tissues. In contrast, several non-viral chemical vectors exhibit high cell viabilities, but limited transfection efficiencies. Thus, it is necessary to look at which physical features enable the high cell viability of most non-viral chemical transfection vectors and which physical features enable moderate to high transfection in non-viral physical vectors. Perhaps it is best to consider these questions from the point of view of the cell and the environment of the cell to gain a better understanding of what affects cell viability and limits transfection.

If the cell can be physically manipulated, how else can non-viral vectors be improved? Is it possible to make cells more susceptible to electroporation or sonoporation by adjusting the osmolarity of the extracellular fluid? If the extracellular fluid is made to be hypotonic to the intracellular fluid of the cell to induce swelling of the cell, will the swelling produce similar responses in the cell membrane as cell spreading? These questions are important to consider when designing new vectors. Furthermore, can delivery vectors be combined to achieve higher transfection efficiencies? Is there a way to design a combinational polymer scaffold to where one polymer acts as an electrode and another polymer acts as an anchor for nucleic acids and an attachment platform for cells seeded into the scaffold to permit increased transfection efficiency?

Increasing the abilities of non-viral vectors to manipulate gene expression and mitigate cell death depend on finding ways to improve the uptake of nucleic acids into cells and minimizing the trauma to the cell membrane from points of entry. The physical methods described in this review are capable of overcoming the limitation of the cell membrane entry by directly acting on the cell membrane and forcing nucleic acids into the cytoplasm or even the nucleus. However, the method of membrane disruption can directly influence the cell's ability to mend the membrane. The diameter of the "holes" created in the cell membrane and the duration for which these "holes" remain open seem to directly correlate with the cell's ability to survive. As suggested by Mehier-Humbert *et al.*,¹⁰⁸ larger pores that remain open for increased durations increase the uptake of nucleic acids; however, larger pores permit the exchange of additional agents that normally cannot cross the cell membrane increasing the risk that homeostatic concentration gradients will be disrupted leading to cell death. Thus, a balance needs to be struck between facilitating the entry of nucleic acids without compromising the homeostatic concentrations of ions such as Na⁺ and K⁺ inside and outside of the cell.

As investigations continue into how cell membranes and gene expression can be manipulated from a chemical and mechanical perspective, new mechanisms of how the cell membrane reseals and how nucleic acids are trafficked within the cytoplasm in different cell types are bound to be proposed in the literature. Elucidating these fundamental mechanisms will contribute to developing new delivery strategies that enhance the delivery of nucleic

acids with minimal risks to compromising the cell membrane. Perhaps even combinational approaches may yield beneficial consequences for gene transfer into target tissues. Tissue engineering currently focuses on manipulating cellular behavior externally by applying mechanical stimuli and different biomaterials to simulate native environments to aid in the differentiation of progenitor cells and stem cells. Perhaps considering the external environment as part of the nucleic acid delivery system is the key to changing the behavior of the cell to better accommodate nucleic acid delivery and improve differentiation of cells into target tissues for regeneration and tissue engineering applications.

The improvements in physical gene delivery methods over the past three decades have been impressive and have greatly enabled increased gene expression in difficult-to-transfect cells; however, the fundamental challenges still remain. Non-viral physical methods still focus on deforming the cell membrane in some manner to increase transfection rates at the expense of cell viability. However, investigators are working to elucidate mechanisms of how nucleic acids can cross the cell membrane and traffic through the cytoplasm to the nucleus. These endeavors are expected to lead to the development of new vectors that can increase the gene expression in cells without compromising significant numbers of cells *in vitro* or *in vivo*. Furthermore, exploration of how cellular behavior can be manipulated externally to achieve a desired behavior is of interest in tissue engineering, which may be key in developing new strategies to better facilitate cell differentiation. Thus, it would seem that applying a tissue engineering approach to gene therapy rather than a gene therapy approach to tissue engineering may be a potential solution for providing a fruitful integration of these two fields together to expand approaches for cell differentiation and tissue formation in tissue engineering and regenerative medicine applications.

References

1. Adler AF, Leong KW. Emerging links between surface nanotechnology and endocytosis: impact on nonviral gene delivery. *Nano Today*. 2010; 5:553–569. [PubMed: 21383869]
2. Adler AF, Speidel AT, Christoforou N, Kolind K, Foss M, Leong KW. High-throughput screening of microscale pitted substrate topographies for enhanced nonviral transfection efficiency in primary human fibroblasts. *Biomaterials*. 2011; 32:3611–9. [PubMed: 21334062]
3. Aihara H, Miyazaki J. Gene transfer into muscle by electroporation in vivo. *Nat Biotechnol*. 1998; 16:867–70. [PubMed: 9743122]
4. Akinc A, Thomas M, Klibanov AM, Langer R. Exploring polyethylenimine-mediated DNA transfection and the proton sponge hypothesis. *J Gene Med*. 2005; 7:657–63. [PubMed: 15543529]
5. Alberts, B.; Bray, D.; Johnson, A.; Lewis, J.; Raff, M.; Roberts, K.; Walter, P.; Campbell, A. *Essential cell biology*. Garland Science; New York: 2004.
6. Aluigi M, Fogli M, Curti A, Isidori A, Gruppioni E, Chiodoni C, Colombo M, Versura P, D'Errico Grigioni A, Ferri E. Nucleofection Is an Efficient Nonviral Transfection Technique for Human Bone Marrow-Derived Mesenchymal Stem Cells. *Stem Cells*. 2006; 24:454–461. [PubMed: 16099993]
7. Andre FM, Mir LM. Nucleic acids electrotransfer in vivo: mechanisms and practical aspects. *Curr Gene Ther*. 2010; 10:267–80. [PubMed: 20557285]
8. Aslan H, Zilberman Y, Arbeli V, Sheyn D, Matan Y, Liebergall M, Li J, Helm G, Gazit D, Gazit Z. Nucleofection-based ex vivo nonviral gene delivery to human stem cells as a platform for tissue regeneration. *Tissue Engineering*. 2006; 12:877–889. [PubMed: 16674300]
9. Baertschi AJ. Antisense oligonucleotide strategies in physiology. *Mol Cell Endocrinol*. 1994; 101:R15–24. [PubMed: 9397970]

10. Baksh D, Yao R, Tuan R. Comparison of proliferative and multilineage differentiation potential of human mesenchymal stem cells derived from umbilical cord and bone marrow. *Stem Cells*. 2007; 25:1384–1392. [PubMed: 17332507]
11. Baoum A, Dhillon N, Buch S, Berkland C. Cationic surface modification of PLG nanoparticles offers sustained gene delivery to pulmonary epithelial cells. *J Pharm Sci*. 2010; 99:2413–22. [PubMed: 19911425]
12. Baoum A, Ovcharenko D, Berkland C. Calcium condensed cell penetrating peptide complexes offer highly efficient, low toxicity gene silencing. *Int J Pharm*. 2011
13. Baoum AA, Berkland C. Calcium condensation of DNA complexed with cell-penetrating peptides offers efficient, noncytotoxic gene delivery. *J Pharm Sci*. 2011; 100:1637–42. [PubMed: 21374602]
14. Bier M, Hammer SM, Canaday DJ, Lee RC. Kinetics of sealing for transient electropores in isolated mammalian skeletal muscle cells. *Bioelectromagnetics*. 1999; 20:194–201. [PubMed: 10194562]
15. Bittman KS, Panzer JA, Balice-Gordon RJ. Patterns of cell-cell coupling in embryonic spinal cord studied via ballistic delivery of gap-junction-permeable dyes. *J Comp Neurol*. 2004; 477:273–85. [PubMed: 15305364]
16. Bolliet C, Bohn MC, Spector M. Non-viral delivery of the gene for glial cell line-derived neurotrophic factor to mesenchymal stem cells in vitro via a collagen scaffold. *Tissue Eng Part C Methods*. 2008; 14:207–19. [PubMed: 18721070]
17. Bowles R, Patil S, Pincas H, Sealfon SC. Validation of efficient high-throughput plasmid and siRNA transfection of human monocyte-derived dendritic cells without cell maturation. *J Immunol Methods*. 2010; 363:21–8. [PubMed: 20875421]
18. Bradburne C, Robertson K, Thach D. Assessment of methods and analysis of outcomes for comprehensive optimization of nucleofection. *Genet Vaccines Ther*. 2009; 7:6. [PubMed: 19432988]
19. Buerli T, Pellegrino C, Baer K, Lardi-Studler B, Chudotvorova I, Fritschy JM, Medina I, Fuhrer C. Efficient transfection of DNA or shRNA vectors into neurons using magnetofection. *Nat Protoc*. 2007; 2:3090–101. [PubMed: 18079708]
20. Campbell, N.; Mitchell, L.; Reece, J. *Biology: concepts & connections*. Benjamin Cummings; New York: 2003.
21. Cemazar M, Golzio M, Sersa G, Rols MP, Teissie J. Electrically-assisted nucleic acids delivery to tissues in vivo: where do we stand? *Curr Pharm Des*. 2006; 12:3817–25. [PubMed: 17073680]
22. Cesnulevicius K, Timmer M, Wesemann M, Thomas T, Barkhausen T, Grothe C. Nucleofection is the most efficient nonviral transfection method for neuronal stem cells derived from ventral mesencephali with no changes in cell composition or dopaminergic fate. *Stem Cells*. 2006; 24:2776–91. [PubMed: 16902196]
23. Chalut KJ, Kulangara K, Giacomelli MG, Wax A, Leong KW. Deformation of stem cell nuclei by nanotopographical cues. *Soft Matter*. 2010; 6:1675–1681. [PubMed: 21297875]
24. Check E. Gene therapy put on hold as third child develops cancer. *Nature*. 2005; 433:561.
25. Chew SA, Kretlow JD, Spicer PP, Edwards AW, Baggett LS, Tabata Y, Kasper FK, Mikos AG. Delivery of plasmid DNA encoding bone morphogenetic protein-2 with a biodegradable branched polycationic polymer in a critical-size rat cranial defect model. *Tissue Eng Part A*. 2011; 17:751–63. [PubMed: 20964581]
26. Choi SO, Kim YC, Park JH, Hutcheson J, Gill HS, Yoon YK, Prausnitz MR, Allen MG. An electrically active microneedle array for electroporation. *Biomed Microdevices*. 2010; 12:263–73. [PubMed: 20012696]
27. Cinkornpumin JK, Hong RL. RNAi mediated gene knockdown and transgenesis by microinjection in the necromenic Nematode *Pristionchus pacificus*. *J Vis Exp*. 2011:e3270. [PubMed: 22025167]
28. Clackson T. Regulated gene expression systems. *Gene Ther*. 2000; 7:120–5. [PubMed: 10673717]
29. Clements BA, Incani V, Kucharski C, Lavasanifar A, Ritchie B, Uludag H. A comparative evaluation of poly-L-lysine-palmitic acid and Lipofectamine 2000 for plasmid delivery to bone marrow stromal cells. *Biomaterials*. 2007; 28:4693–704. [PubMed: 17686514]

30. Conner SD, Schmid SL. Regulated portals of entry into the cell. *Nature*. 2003; 422:37–44. [PubMed: 12621426]
31. Cui M, Wan Y, Anderson DG, Shen FH, Leo BM, Laurencin CT, Balian G, Li X. Mouse growth and differentiation factor-5 protein and DNA therapy potentiates intervertebral disc cell aggregation and chondrogenic gene expression. *Spine J*. 2008; 8:287–95. [PubMed: 17974491]
32. Dahlhoff M, Grzech M, Habermann FA, Wolf E, Schneider MR. A transgenic mouse line expressing cre recombinase in pancreatic beta-cells. *Genesis*. 2011
33. Dang JM, Leong KW. Natural polymers for gene delivery and tissue engineering. *Adv Drug Deliv Rev*. 2006; 58:487–99. [PubMed: 16762443]
34. Daugimont L, Baron N, Vandermeulen G, Pavselj N, Miklavcic D, Jullien MC, Cabodevila G, Mir LM, Preat V. Hollow microneedle arrays for intradermal drug delivery and DNA electroporation. *J Membr Biol*. 2010; 236:117–25. [PubMed: 20652559]
35. del Pino P, Munoz-Javier A, Vlaskou D, Rivera Gil P, Plank C, Parak WJ. Gene silencing mediated by magnetic lipospheres tagged with small interfering RNA. *Nano Lett*. 2010; 10:3914–21. [PubMed: 20836536]
36. Denet AR, Vanbever R, Preat V. Skin electroporation for transdermal and topical delivery. *Adv Drug Deliv Rev*. 2004; 56:659–74. [PubMed: 15019751]
37. Dichek DA, Neville RF, Zwiebel JA, Freeman SM, Leon MB, Anderson WF. Seeding of intravascular stents with genetically engineered endothelial cells. *Circulation*. 1989; 80:1347–53. [PubMed: 2509105]
38. Doherty GJ, McMahon HT. Mechanisms of endocytosis. *Annu Rev Biochem*. 2009; 78:857–902. [PubMed: 19317650]
39. Donnelly RF, Raj Singh TR, Woolfson AD. Microneedle-based drug delivery systems: microfabrication, drug delivery, and safety. *Drug Deliv*. 2010; 17:187–207. [PubMed: 20297904]
40. Dormer NH, Qiu Y, Lydick AM, Allen ND, Mohan N, Berkland CJ, Detamore MS. Osteogenic Differentiation of Human Bone Marrow Stromal Cells in Hydroxyapatite-Loaded Microsphere-Based Scaffolds. *Tissue Eng Part A*. 2011
41. Duffy GP, D'Arcy S, Ahsan T, Nerem RM, O'Brien T, Barry F. Mesenchymal stem cells overexpressing ephrin-b2 rapidly adopt an early endothelial phenotype with simultaneous reduction of osteogenic potential. *Tissue Eng Part A*. 2010; 16:2755–68. [PubMed: 20491587]
42. Ear T, Giguere P, Fleury A, Stankova J, Payet MD, Dupuis G. High efficiency transient transfection of genes in human umbilical vein endothelial cells by electroporation. *J Immunol Methods*. 2001; 257:41–9. [PubMed: 11687237]
43. Ensenauer R, Hartl D, Vockley J, Roscher AA, Fuchs U. Efficient and gentle siRNA delivery by magnetofection. *Biotech Histochem*. 2011; 86:226–31. [PubMed: 20297946]
44. Faurie C, Rebersek M, Golzio M, Kanduser M, Escoffre JM, Pavlin M, Teissie J, Miklavcic D, Rols MP. Electro-mediated gene transfer and expression are controlled by the life-time of DNA/membrane complex formation. *J Gene Med*. 2010; 12:117–25. [PubMed: 19941315]
45. Favard C, Dean DS, Rols MP. Electrotransfer as a non viral method of gene delivery. *Curr Gene Ther*. 2007; 7:67–77. [PubMed: 17305529]
46. Flanagan MB, Gimble JM, Yu G, Xia X, Bunnell B, Li S. Competitive DNA transfection formulation via electroporation for human adipose stem cells and mesenchymal stem cells. *Biol Proced Online*. 2012; 14:7. [PubMed: 22512891]
47. Frantescu A, Kakorin S, Toensing K, Neumann E. Adsorption of DNA and electric fields decrease the rigidity of lipid vesicle membranes. *Phys Chem Chem Phys*. 2005; 7:4126–31. [PubMed: 16474877]
48. Frenkel V, Li KC. Potential role of pulsed-high intensity focused ultrasound in gene therapy. *Future Oncol*. 2006; 2:111–9. [PubMed: 16556078]
49. Gersting SW, Schillinger U, Lausier J, Nicklaus P, Rudolph C, Plank C, Reinhardt D, Rosenacker J. Gene delivery to respiratory epithelial cells by magnetofection. *J Gene Med*. 2004; 6:913–22. [PubMed: 15293350]
50. Gill HS, Prausnitz MR. Coated microneedles for transdermal delivery. *J Control Release*. 2007; 117:227–37. [PubMed: 17169459]

51. Godbey WT, Mikos AG. Recent progress in gene delivery using non-viral transfer complexes. *J Control Release*. 2001; 72:115–25. [PubMed: 11389990]
52. Godbey WT, Wu KK, Mikos AG. Poly(ethylenimine) and its role in gene delivery. *J Control Release*. 1999; 60:149–60. [PubMed: 10425321]
53. Godbey WT, Wu KK, Mikos AG. Poly(ethylenimine)-mediated gene delivery affects endothelial cell function and viability. *Biomaterials*. 2001; 22:471–80. [PubMed: 11214758]
54. Godbey WT, Wu KK, Mikos AG. Tracking the intracellular path of poly(ethylenimine)/DNA complexes for gene delivery. *Proc Natl Acad Sci U S A*. 1999; 96:5177–81. [PubMed: 10220439]
55. Golzio M, Escoffre JM, Portet T, Mauroy C, Teissie J, Dean DS, Rols MP. Observations of the mechanisms of electromediated DNA uptake—from vesicles to tissues. *Curr Gene Ther*. 2010; 10:256–66. [PubMed: 20557287]
56. Golzio M, Mazeret S, Teissie J. Electrodes for in vivo localised subcutaneous electropulsation and associated drug and nucleic acid delivery. *Expert Opin Drug Deliv*. 2009; 6:1323–31. [PubMed: 19860535]
57. Golzio M, Rols MP, Gabriel B, Teissie J. Optical imaging of in vivo gene expression: a critical assessment of the methodology and associated technologies. *Gene Ther*. 2004; 11(Suppl 1):S85–91. [PubMed: 15454962]
58. Golzio M, Teissie J, Rols MP. Direct visualization at the single-cell level of electrically mediated gene delivery. *Proc Natl Acad Sci U S A*. 2002; 99:1292–7. [PubMed: 11818537]
59. Gonzalez F, Barragan Monasterio M, Tiscornia G, Montserrat Pulido N, Vassena R, Batlle Morera L, Rodriguez Piza I, Izpisua Belmonte JC. Generation of mouse-induced pluripotent stem cells by transient expression of a single nonviral polycistronic vector. *Proc Natl Acad Sci U S A*. 2009; 106:8918–22. [PubMed: 19458047]
60. Green JJ, Chiu E, Leshchiner ES, Shi J, Langer R, Anderson DG. Electrostatic ligand coatings of nanoparticles enable ligand-specific gene delivery to human primary cells. *Nano Lett*. 2007; 7:874–9. [PubMed: 17362046]
61. Green JJ, Langer R, Anderson DG. A Combinatorial Polymer Library Approach Yields Insight into Nonviral Gene Delivery. *Acc Chem Res*. 2008
62. Green JJ, Shi J, Chiu E, Leshchiner ES, Langer R, Anderson DG. Biodegradable polymeric vectors for gene delivery to human endothelial cells. *Bioconjug Chem*. 2006; 17:1162–9. [PubMed: 16984124]
63. Green JJ, Zhou BY, Mitalipova MM, Beard C, Langer R, Jaenisch R, Anderson DG. Nanoparticles for gene transfer to human embryonic stem cell colonies. *Nano Lett*. 2008; 8:3126–30. [PubMed: 18754690]
64. Gwak SJ, Kim BS. Poly(lactic-co-glycolic acid) nanosphere as a vehicle for gene delivery to human cord blood-derived mesenchymal stem cells: comparison with polyethylenimine. *Biotechnol Lett*. 2008; 30:1177–82. [PubMed: 18317698]
65. Haberl S, Miklavcic D, Pavlin M. Effect of Mg ions on efficiency of gene electrotransfer and on cell electroporation. *Bioelectrochemistry*. 2010; 79:265–71. [PubMed: 20580903]
66. Hay JC. Calcium: a fundamental regulator of intracellular membrane fusion? *EMBO Rep*. 2007; 8:236–40. [PubMed: 17330068]
67. He CX, Tabata Y, Gao JQ. Non-viral gene delivery carrier and its three-dimensional transfection system. *Int J Pharm*. 2010; 386:232–42. [PubMed: 19922780]
68. Heller LC, Heller R. In vivo electroporation for gene therapy. *Hum Gene Ther*. 2006; 17:890–7. [PubMed: 16972757]
69. Heller R, Jaroszeski M, Atkin A, Moradpour D, Gilbert R, Wands J, Nicolau C. In vivo gene electroinjection and expression in rat liver. *FEBS Lett*. 1996; 389:225–8. [PubMed: 8766704]
70. Henshaw J, Mossop B, Yuan F. Enhancement of electric field-mediated gene delivery through pretreatment of tumors with a hyperosmotic mannitol solution. *Cancer Gene Ther*. 2011; 18:26–33. [PubMed: 20847751]
71. Henshaw JW, Yuan F. Field distribution and DNA transport in solid tumors during electric field-mediated gene delivery. *J Pharm Sci*. 2008; 97:691–711. [PubMed: 17624918]
72. Holladay CA, O'Brien T, Pandit A. Non-viral gene therapy for myocardial engineering. *Wiley Interdiscip Rev Nanomed Nanobiotechnol*. 2010; 2:232–48. [PubMed: 20063367]

73. Huth S, Lausier J, Gersting SW, Rudolph C, Plank C, Welsch U, Rosenecker J. Insights into the mechanism of magnetofection using PEI-based magnetofectins for gene transfer. *J Gene Med.* 2004; 6:923–36. [PubMed: 15293351]
74. Hutson TH, Buchser WJ, Bixby JL, Lemmon VP, Moon LD. Optimization of a 96-Well Electroporation Assay for Postnatal Rat CNS Neurons Suitable for Cost-Effective Medium-Throughput Screening of Genes that Promote Neurite Outgrowth. *Front Mol Neurosci.* 2011; 4:55. [PubMed: 22207835]
75. Ino K, Kawasumi T, Ito A, Honda H. Plasmid DNA transfection using magnetite cationic liposomes for construction of multilayered gene-engineered cell sheet. *Biotechnol Bioeng.* 2008; 100:168–76. [PubMed: 18078300]
76. Jang JH, Houchin TL, Shea LD. Gene delivery from polymer scaffolds for tissue engineering. *Expert Review of Medical Devices.* 2004; 1:127–138. [PubMed: 16293016]
77. Jang JH, Shea LD. Controllable delivery of non-viral DNA from porous scaffolds. *J Control Release.* 2003; 86:157–68. [PubMed: 12490381]
78. Jo J, Tabata Y. Non-viral gene transfection technologies for genetic engineering of stem cells. *Eur J Pharm Biopharm.* 2008; 68:90–104. [PubMed: 17870447]
79. Jordan ET, Collins M, Terefe J, Ugozzoli L, Rubio T. Optimizing electroporation conditions in primary and other difficult-to-transfect cells. *J Biomol Tech.* 2008; 19:328–34. [PubMed: 19183796]
80. Kaneda Y. Update on non-viral delivery methods for cancer therapy: possibilities of a drug delivery system with anticancer activities beyond delivery as a new therapeutic tool. *Expert Opin Drug Deliv.* 2010; 7:1079–93. [PubMed: 20716020]
81. Kasper FK, Seidlits SK, Tang A, Crowther RS, Carney DH, Barry MA, Mikos AG. In vitro release of plasmid DNA from oligo(poly(ethylene glycol) fumarate) hydrogels. *J Control Release.* 2005; 104:521–39. [PubMed: 15911051]
82. Kay MA, Glorioso JC, Naldini L. Viral vectors for gene therapy: the art of turning infectious agents into vehicles of therapeutics. *Nat Med.* 2001; 7:33–40. [PubMed: 11135613]
83. Kendall M, Mitchell T, Wrighton-Smith P. Intradermal ballistic delivery of micro-particles into excised human skin for pharmaceutical applications. *J Biomech.* 2004; 37:1733–41. [PubMed: 15388316]
84. Kendall M, Rishworth S, Carter F, Mitchell T. Effects of relative humidity and ambient temperature on the ballistic delivery of micro-particles to excised porcine skin. *J Invest Dermatol.* 2004; 122:739–46. [PubMed: 15086561]
85. Kettunen P, Demas J, Lohmann C, Kasthuri N, Gong Y, Wong RO, Gan WB. Imaging calcium dynamics in the nervous system by means of ballistic delivery of indicators. *J Neurosci Methods.* 2002; 119:37–43. [PubMed: 12234633]
86. Khalil IA, Kogure K, Akita H, Harashima H. Uptake pathways and subsequent intracellular trafficking in nonviral gene delivery. *Pharmacol Rev.* 2006; 58:32–45. [PubMed: 16507881]
87. Khondee S, Baoum A, Siahaan TJ, Berkland C. Calcium condensed LABL-TAT complexes effectively target gene delivery to ICAM-1 expressing cells. *Mol Pharm.* 2011; 8:788–98. [PubMed: 21473630]
88. Kirkham M, Parton RG. Clathrin-independent endocytosis: new insights into caveolae and non-caveolar lipid raft carriers. *Biochim Biophys Acta.* 2005; 1746:349–63. [PubMed: 16440447]
89. Kobayashi N, Rivas-Carrillo JD, Soto-Gutierrez A, Fukazawa T, Chen Y, Navarro-Alvarez N, Tanaka N. Gene delivery to embryonic stem cells. *Birth Defects Res C Embryo Today.* 2005; 75:10–8. [PubMed: 15838919]
90. Kofron MD, Laurencin CT. Bone tissue engineering by gene delivery. *Adv Drug Deliv Rev.* 2006; 58:555–76. [PubMed: 16790291]
91. Krotz F, Sohn HY, Gloe T, Plank C, Pohl U. Magnetofection potentiates gene delivery to cultured endothelial cells. *J Vasc Res.* 2003; 40:425–34. [PubMed: 14530599]
92. Kucherlapati R, Skoultchi AI. Introduction of purified genes into mammalian cells. *CRC Crit Rev Biochem.* 1984; 16:349–79. [PubMed: 6094097]
93. Kurata S, Tsukakoshi M, Kasuya T, Ikawa Y. The laser method for efficient introduction of foreign DNA into cultured cells. *Exp Cell Res.* 1986; 162:372–8. [PubMed: 3943549]

94. Lamb NJ, Gauthier-Rouviere C, Fernandez A. Microinjection strategies for the study of mitogenic signaling in mammalian cells. *Front Biosci.* 1996; 1:d19–29. [PubMed: 9159206]
95. Langer R, Moses M. Biocompatible controlled release polymers for delivery of polypeptides and growth factors. *J Cell Biochem.* 1991; 45:340–5. [PubMed: 2045427]
96. Leipzig ND, Athanasiou KA. Static compression of single chondrocytes catabolically modifies single-cell gene expression. *Biophys J.* 2008; 94:2412–22. [PubMed: 18065463]
97. Liang D, Luu YK, Kim K, Hsiao BS, Hadjiargyrou M, Chu B. In vitro non-viral gene delivery with nanofibrous scaffolds. *Nucleic Acids Res.* 2005; 33:e170. [PubMed: 16269820]
98. Liang HD, Tang J, Halliwell M. Sonoporation, drug delivery, and gene therapy. *Proc Inst Mech Eng H.* 2010; 224:343–61. [PubMed: 20349823]
99. Lim SH, Liao IC, Leong KW. Nonviral gene delivery from nonwoven fibrous scaffolds fabricated by interfacial complexation of polyelectrolytes. *Mol Ther.* 2006; 13:1163–72. [PubMed: 16497560]
100. Lo H, Kadiyala S, Guggino SE, Leong KW. Poly(L-lactic acid) foams with cell seeding and controlled-release capacity. *J Biomed Mater Res.* 1996; 30:475–84. [PubMed: 8847355]
101. Lohr F, Lo DY, Zaharoff DA, Hu K, Zhang X, Li Y, Zhao Y, Dewhirst MW, Yuan F, Li CY. Effective tumor therapy with plasmid-encoded cytokines combined with in vivo electroporation. *Cancer Res.* 2001; 61:3281–4. [PubMed: 11309280]
102. Long X, Xiong SD, Xiong WN, Xu YJ. Effect of intramuscular injection of hepatocyte growth factor plasmid DNA with electroporation on bleomycin-induced lung fibrosis in rats. *Chin Med J (Engl).* 2007; 120:1432–7. [PubMed: 17825173]
103. Lukacs GL, Haggie P, Seksek O, Lechardeur D, Freedman N, Verkman AS. Size-dependent DNA mobility in cytoplasm and nucleus. *J Biol Chem.* 2000; 275:1625–9. [PubMed: 10636854]
104. Marine S, Freeman J, Riccio A, Axenborg ML, Pihl J, Ketteler R, Aspengren S. High-throughput transfection of differentiated primary neurons from rat forebrain. *J Biomol Screen.* 2012; 17:692–6. [PubMed: 22403411]
105. Mark Saltzman W, Baldwin SP. Materials for protein delivery in tissue engineering. *Adv Drug Deliv Rev.* 1998; 33:71–86. [PubMed: 10837654]
106. Martinek V, Fu FH, Huard J. Gene therapy and tissue engineering in sports medicine. *Phys Sportsmed.* 2000; 28:34–51. [PubMed: 20086620]
107. McCall J, Nicholson L, Weidner N, Blesch A. Optimization of adult sensory neuron electroporation to study mechanisms of neurite growth. *Front Mol Neurosci.* 2012; 5:11. [PubMed: 22347167]
108. Mehier-Humbert S, Guy RH. Physical methods for gene transfer: improving the kinetics of gene delivery into cells. *Adv Drug Deliv Rev.* 2005; 57:733–53. [PubMed: 15757758]
109. Mercer J, Schelhaas M, Helenius A. Virus entry by endocytosis. *Annu Rev Biochem.* 2010; 79:803–33. [PubMed: 20196649]
110. Merdan T, Kopecek J, Kissel T. Prospects for cationic polymers in gene and oligonucleotide therapy against cancer. *Adv Drug Deliv Rev.* 2002; 54:715–58. [PubMed: 12204600]
111. Merkerova M, Klamova H, Brdicka R, Bruchova H. Targeting of gene expression by siRNA in CML primary cells. *Mol Biol Rep.* 2007; 34:27–33. [PubMed: 17094012]
112. Middaugh CR, Ramsey JD. Analysis of cationic-lipid-plasmid-DNA complexes. *Anal Chem.* 2007; 79:7240–8. [PubMed: 17972398]
113. Midoux P, Pichon C, Yaouanc JJ, Jaffres PA. Chemical vectors for gene delivery: a current review on polymers, peptides and lipids containing histidine or imidazole as nucleic acids carriers. *Br J Pharmacol.* 2009; 157:166–78. [PubMed: 19459843]
114. Mir LM. Nucleic acids electrotransfer-based gene therapy (electrogenotherapy): past, current, and future. *Mol Biotechnol.* 2009; 43:167–76. [PubMed: 19562526]
115. Mir LM, Bureau MF, Gehl J, Rangara R, Rouy D, Caillaud JM, Delaere P, Branellec D, Schwartz B, Scherman D. High-efficiency gene transfer into skeletal muscle mediated by electric pulses. *Proc Natl Acad Sci U S A.* 1999; 96:4262–7. [PubMed: 10200250]
116. Mitchell TJ, Kendall MAF, Bellhouse BJ. A ballistic study of micro-particle penetration to the oral mucosa. *International journal of impact engineering.* 2003; 28:581–599.

117. Mo D, Potter BA, Bertrand CA, Hildebrand JD, Bruns JR, Weisz OA. Nucleofection disrupts tight junction fence function to alter membrane polarity of renal epithelial cells. *Am J Physiol Renal Physiol.* 2010; 299:F1178–84. [PubMed: 20702601]
118. Moore JC, Atze K, Yeung PL, Toro-Ramos AJ, Camarillo C, Thompson K, Ricupero CL, Brenneman MA, Cohen RI, Hart RP. Efficient, high-throughput transfection of human embryonic stem cells. *Stem Cell Res Ther.* 2010; 1:23. [PubMed: 20659329]
119. Motoyama H, Ogawa S, Kubo A, Miwa S, Nakayama J, Tagawa Y, Miyagawa S. In vitro reprogramming of adult hepatocytes into insulin-producing cells without viral vectors. *Biochem Biophys Res Commun.* 2009; 385:123–8. [PubMed: 19422803]
120. Nabi IR, Le PU. Caveolae/raft-dependent endocytosis. *J Cell Biol.* 2003; 161:673–7. [PubMed: 12771123]
121. Nathwani AC, Gale KM, Pemberton KD, Crossman DC, Tuddenham EG, McVey JH. Efficient gene transfer into human umbilical vein endothelial cells allows functional analysis of the human tissue factor gene promoter. *Br J Haematol.* 1994; 88:122–8. [PubMed: 7803234]
122. Netti PA, Berk DA, Swartz MA, Grodzinsky AJ, Jain RK. Role of extracellular matrix assembly in interstitial transport in solid tumors. *Cancer Res.* 2000; 60:2497–503. [PubMed: 10811131]
123. Neu WK, Neu JC. Mechanism of Irreversible Electroporation in Cells: Insight from the Models. *Irreversible Electroporation.* 2010:85–122.
124. Neumann E, Schaefer-Ridder M, Wang Y, Hofschneider PH. Gene transfer into mouse lymphoma cells by electroporation in high electric fields. *EMBO J.* 1982; 1:841–5. [PubMed: 6329708]
125. Newman CM, Bettinger T. Gene therapy progress and prospects: ultrasound for gene transfer. *Gene Ther.* 2007; 14:465–75. [PubMed: 17339881]
126. Nie H, Wang CH. Fabrication and characterization of PLGA/HAp composite scaffolds for delivery of BMP-2 plasmid DNA. *J Control Release.* 2007; 120:111–21. [PubMed: 17512077]
127. Nomikou N, McHale AP. Exploiting ultrasound-mediated effects in delivering targeted, site-specific cancer therapy. *Cancer Lett.* 2010; 296:133–43. [PubMed: 20598800]
128. O'Neill BE, Li KC. Augmentation of targeted delivery with pulsed high intensity focused ultrasound. *Int J Hyperthermia.* 2008; 24:506–20. [PubMed: 18608574]
129. Ogura M, Sato S, Nakanishi K, Uenoyama M, Kiyozumi T, Saitoh D, Ikeda T, Ashida H, Obara M. In vivo targeted gene transfer in skin by the use of laser-induced stress waves. *Lasers Surg Med.* 2004; 34:242–8. [PubMed: 15022251]
130. Palumbo G, Caruso M, Crescenzi E, Tecce MF, Roberti G, Colasanti A. Targeted gene transfer in eucaryotic cells by dye-assisted laser optoporation. *J Photochem Photobiol B.* 1996; 36:41–6. [PubMed: 8988610]
131. Park JH, Allen MG, Prausnitz MR. Biodegradable polymer microneedles: fabrication, mechanics and transdermal drug delivery. *J Control Release.* 2005; 104:51–66. [PubMed: 15866334]
132. Park TG, Jeong JH, Kim SW. Current status of polymeric gene delivery systems. *Adv Drug Deliv Rev.* 2006; 58:467–86. [PubMed: 16781003]
133. Partridge KA, Oreffo RO. Gene delivery in bone tissue engineering: progress and prospects using viral and nonviral strategies. *Tissue Eng.* 2004; 10:295–307. [PubMed: 15009954]
134. Pearton M, Allender C, Brain K, Anstey A, Gateley C, Wilke N, Morrissey A, Birchall J. Gene delivery to the epidermal cells of human skin explants using microfabricated microneedles and hydrogel formulations. *Pharm Res.* 2008; 25:407–16. [PubMed: 17671832]
135. Pederson T. Movement and localization of RNA in the cell nucleus. *FASEB J.* 1999; 13(Suppl 2):S238–42. [PubMed: 10619135]
136. Phez E, Faurie C, Golzio M, Teissie J, Rols MP. New insights in the visualization of membrane permeabilization and DNA/membrane interaction of cells submitted to electric pulses. *Biochim Biophys Acta.* 2005; 1724:248–54. [PubMed: 15878640]
137. Pickard MR, Barraud P, Chari DM. The transfection of multipotent neural precursor/stem cell transplant populations with magnetic nanoparticles. *Biomaterials.* 2011; 32:2274–84. [PubMed: 21193228]
138. Pimpfa N, Sunintaboon P, Inphonlek S, Tabata Y. Gene delivery efficacy of polyethyleneimine-introduced chitosan shell/poly(methyl methacrylate) core nanoparticles for rat mesenchymal stem cells. *J Biomater Sci Polym Ed.* 2010; 21:205–23. [PubMed: 20092685]

139. Plank C, Anton M, Rudolph C, Rosenecker J, Krotz F. Enhancing and targeting nucleic acid delivery by magnetic force. *Expert Opin Biol Ther.* 2003; 3:745–58. [PubMed: 12880375]
140. Plank C, Schillinger U, Scherer F, Bergemann C, Remy JS, Krotz F, Anton M, Lausier J, Rosenecker J. The magnetofection method: using magnetic force to enhance gene delivery. *Biol Chem.* 2003; 384:737–47. [PubMed: 12817470]
141. Plank C, Zelphati O, Mykhaylyk O. Magnetically enhanced nucleic acid delivery. Ten years of magnetofection-progress and prospects. *Adv Drug Deliv Rev.* 2011; 63:1300–31. [PubMed: 21893135]
142. Pluen A, Boucher Y, Ramanujan S, McKee TD, Gohongi T, di Tomaso E, Brown EB, Izumi Y, Campbell RB, Berk DA, Jain RK. Role of tumor-host interactions in interstitial diffusion of macromolecules: cranial vs. subcutaneous tumors. *Proc Natl Acad Sci U S A.* 2001; 98:4628–33. [PubMed: 11274375]
143. Postema M, Gilja OH. Ultrasound-directed drug delivery. *Curr Pharm Biotechnol.* 2007; 8:355–61. [PubMed: 18289044]
144. Prausnitz MR. Microneedles for transdermal drug delivery. *Adv Drug Deliv Rev.* 2004; 56:581–7. [PubMed: 15019747]
145. Prausnitz MR, Corbett JD, Gimm JA, Golan DE, Langer R, Weaver JC. Millisecond measurement of transport during and after an electroporation pulse. *Biophys J.* 1995; 68:1864–70. [PubMed: 7612828]
146. Prausnitz MR, Langer R. Transdermal drug delivery. *Nat Biotechnol.* 2008; 26:1261–8. [PubMed: 18997767]
147. Ramos C, Teissie J. Electrofusion: a biophysical modification of cell membrane and a mechanism in exocytosis. *Biochimie.* 2000; 82:511–8. [PubMed: 10865136]
148. Rejman J, Bragonzi A, Conese M. Role of clathrin- and caveolae-mediated endocytosis in gene transfer mediated by lipo- and polyplexes. *Mol Ther.* 2005; 12:468–74. [PubMed: 15963763]
149. Rols MP, Delteil C, Golzio M, Dumond P, Cros S, Teissie J. In vivo electrically mediated protein and gene transfer in murine melanoma. *Nat Biotechnol.* 1998; 16:168–71. [PubMed: 9487524]
150. Rols MP, Femenia P, Teissie J. Long-lived macropinocytosis takes place in electroporated mammalian cells. *Biochem Biophys Res Commun.* 1995; 208:26–35. [PubMed: 7887937]
151. Russell SJ. Science, medicine, and the future. *Gene therapy.* *BMJ.* 1997; 315:1289–92. [PubMed: 9390059]
152. Sagi S, Knoll T, Trojan L, Schaaf A, Alken P, Michel MS. Gene delivery into prostate cancer cells by holmium laser application. *Prostate Cancer Prostatic Dis.* 2003; 6:127–30. [PubMed: 12806370]
153. Saijilafu, Hur EM, Zhou FQ. Genetic dissection of axon regeneration via in vivo electroporation of adult mouse sensory neurons. *Nat Commun.* 2011; 2:543. [PubMed: 22109517]
154. Sanford JC, THEODORE MK, EDWARD D, Allen N. Delivery of substances into cells and tissues using a particle bombardment process. *Particulate Science and Technology.* 1987; 5:27–37.
155. Sapet C, Laurent N, de Chevigny A, Le Gourrierec L, Bertosio E, Zelphati O, Beclin C. High transfection efficiency of neural stem cells with magnetofection. *Biotechniques.* 2011; 50:187–9. [PubMed: 21486240]
156. Saraf A, Mikos AG. Gene delivery strategies for cartilage tissue engineering. *Adv Drug Deliv Rev.* 2006; 58:592–603. [PubMed: 16766079]
157. Satkauskas S, Bureau MF, Mahfoudi A, Mir LM. Slow accumulation of plasmid in muscle cells: supporting evidence for a mechanism of DNA uptake by receptor-mediated endocytosis. *Mol Ther.* 2001; 4:317–23. [PubMed: 11592834]
158. Saul JM, Linnes MP, Ratner BD, Giachelli CM, Pun SH. Delivery of non-viral gene carriers from sphere-templated fibrin scaffolds for sustained transgene expression. *Biomaterials.* 2007; 28:4705–16. [PubMed: 17675152]
159. Saurer EM, Flessner RM, Sullivan SP, Prausnitz MR, Lynn DM. Layer-by-Layer Assembly of DNA- and Protein-Containing Films on Microneedles for Drug Delivery to the Skin. *Biomacromolecules.* 2010

160. Scherer F, Anton M, Schillinger U, Henke J, Bergemann C, Kruger A, Gansbacher B, Plank C. Magnetofection: enhancing and targeting gene delivery by magnetic force in vitro and in vivo. *Gene Ther.* 2002; 9:102–9. [PubMed: 11857068]
161. Schnoor M, Buers I, Sietmann A, Brodde MF, Hofnagel O, Robenek H, Lorkowski S. Efficient non-viral transfection of THP-1 cells. *J Immunol Methods.* 2009; 344:109–15. [PubMed: 19345690]
162. Schwachtgen JL, Ferreira V, Meyer D, Kerbiriou-Nabias D. Optimization of the transfection of human endothelial cells by electroporation. *Biotechniques.* 1994; 17:882–7. [PubMed: 7840968]
163. Schwerdt JI, Goya GF, Calatayud MP, Herenu CB, Reggiani PC, Goya RG. Magnetic field-assisted gene delivery: achievements and therapeutic potential. *Curr Gene Ther.* 2012; 12:116–26. [PubMed: 22348552]
164. Sersa G, Cemazar M, Parkins CS, Chaplin DJ. Tumour blood flow changes induced by application of electric pulses. *Eur J Cancer.* 1999; 35:672–7. [PubMed: 10492645]
165. Sersa G, Jarm T, Kotnik T, Coer A, Podkrajsek M, Sentjurc M, Miklavcic D, Kadivec M, Kranjc S, Secerov A, Cemazar M. Vascular disrupting action of electroporation and electrochemotherapy with bleomycin in murine sarcoma. *Br J Cancer.* 2008; 98:388–98. [PubMed: 18182988]
166. Sheyn D, Pelled G, Zilberman Y, Talasazan F, Frank JM, Gazit D, Gazit Z. Nonvirally engineered porcine adipose tissue-derived stem cells: use in posterior spinal fusion. *Stem Cells.* 2008; 26:1056–64. [PubMed: 18218819]
167. Shirahata Y, Ohkohchi N, Itagak H, Satomi S. New technique for gene transfection using laser irradiation. *J Investig Med.* 2001; 49:184–90.
168. Smith RL, Lin J, Trindade MC, Shida J, Kajiyama G, Vu T, Hoffman AR, van der Meulen MC, Goodman SB, Schurman DJ, Carter DR. Time-dependent effects of intermittent hydrostatic pressure on articular chondrocyte type II collagen and aggrecan mRNA expression. *J Rehabil Res Dev.* 2000; 37:153–61. [PubMed: 10850821]
169. Sohn RL, Murray MT, Schwarz K, Nyitray J, Purray P, Franko AP, Palmer KC, Diebel LN, Dulchavsky SA. In-vivo particle mediated delivery of mRNA to mammalian tissues: ballistic and biologic effects. *Wound Repair Regen.* 2001; 9:287–96. [PubMed: 11679137]
170. Song L, Chau L, Sakamoto Y, Nakashima J, Koide M, Tuan RS. Electric field-induced molecular vibration for noninvasive, high-efficiency DNA transfection. *Mol Ther.* 2004; 9:607–16. [PubMed: 15093191]
171. Storrie H, Mooney DJ. Sustained delivery of plasmid DNA from polymeric scaffolds for tissue engineering. *Adv Drug Deliv Rev.* 2006; 58:500–14. [PubMed: 16759734]
172. Tao W, Wilkinson J, Stanbridge EJ, Berns MW. Direct gene transfer into human cultured cells facilitated by laser micropuncture of the cell membrane. *Proc Natl Acad Sci U S A.* 1987; 84:4180–4. [PubMed: 3473500]
173. Teifel M, Heine LT, Milbredt S, Friedl P. Optimization of transfection of human endothelial cells. *Endothelium.* 1997; 5:21–35. [PubMed: 9142319]
174. Teissie J, Golzio M, Rols MP. Mechanisms of cell membrane electroporation: a minireview of our present (lack of ?) knowledge. *Biochim Biophys Acta.* 2005; 1724:270–80. [PubMed: 15951114]
175. ter Haar G. Therapeutic applications of ultrasound. *Prog Biophys Mol Biol.* 2007; 93:111–29. [PubMed: 16930682]
176. Thomas CE, Ehrhardt A, Kay MA. Progress and problems with the use of viral vectors for gene therapy. *Nat Rev Genet.* 2003; 4:346–58. [PubMed: 12728277]
177. Udvardi A, Kufferath I, Grutsch H, Zatloukal K, Volc-Platzer B. Uptake of exogenous DNA via the skin. *J Mol Med (Berl).* 1999; 77:744–50. [PubMed: 10606210]
178. van der Aa MA, Huth US, Hafele SY, Schubert R, Oosting RS, Mastrobattista E, Hennink WE, Peschka-Suss R, Koning GA, Crommelin DJ. Cellular uptake of cationic polymer-DNA complexes via caveolae plays a pivotal role in gene transfection in COS-7 cells. *Pharm Res.* 2007; 24:1590–8. [PubMed: 17385010]
179. Vaughan EE, Dean DA. Intracellular trafficking of plasmids during transfection is mediated by microtubules. *Mol Ther.* 2006; 13:422–8. [PubMed: 16301002]

180. Verreault M, Bally MB. siRNA-mediated integrin-linked kinase suppression: nonspecific effects of siRNA/cationic liposome complexes trigger changes in the expression of phosphorylated-AKT and mTOR independently of ILK silencing. *Oligonucleotides*. 2009; 19:129–40. [PubMed: 19284309]
181. Waehler R, Russell SJ, Curiel DT. Engineering targeted viral vectors for gene therapy. *Nat Rev Genet*. 2007; 8:573–87. [PubMed: 17607305]
182. Walton JR, Murray JD, Marshall JT, Nancarrow CD. Zygote viability in gene transfer experiments. *Biol Reprod*. 1987; 37:957–67. [PubMed: 3689859]
183. Wang L, Ott L, Seshareddy K, Weiss ML, Detamore MS. Musculoskeletal tissue engineering with human umbilical cord mesenchymal stromal cells. *Regen Med*. 2011; 6:95–109. [PubMed: 21175290]
184. Weaver JC. Electroporation: a general phenomenon for manipulating cells and tissues. *J Cell Biochem*. 1993; 51:426–35. [PubMed: 8496245]
185. Weaver JC, Chizmadzhev YA. Theory of electroporation: a review. *Bioelectrochemistry and Bioenergetics*. 1996; 41:135–160.
186. Wells JM, Li LH, Sen A, Jahreis GP, Hui SW. Electroporation-enhanced gene delivery in mammary tumors. *Gene Ther*. 2000; 7:541–7. [PubMed: 10819568]
187. Wiethoff CM, Middaugh CR. Barriers to nonviral gene delivery. *J Pharm Sci*. 2003; 92:203–17. [PubMed: 12532370]
188. Williams SK, Wagner RC. Regulation of micropinocytosis in capillary endothelium by multivalent cations. *Microvasc Res*. 1981; 21:175–82. [PubMed: 6783813]
189. Wu J. Shear stress in cells generated by ultrasound. *Prog Biophys Mol Biol*. 2007; 93:363–73. [PubMed: 16928394]
190. Wu M, Yuan F. Membrane binding of plasmid DNA and endocytic pathways are involved in electrotransfection of mammalian cells. *PloS one*. 2011; 6:e20923. [PubMed: 21695134]
191. Xie TD, Tsong TY. Study of mechanisms of electric field-induced DNA transfection. V. Effects of DNA topology on surface binding, cell uptake, expression, and integration into host chromosomes of DNA in the mammalian cell. *Biophys J*. 1993; 65:1684–9. [PubMed: 8274656]
192. Xu Y, Szoka FC Jr. Mechanism of DNA release from cationic liposome/DNA complexes used in cell transfection. *Biochemistry*. 1996; 35:5616–23. [PubMed: 8639519]
193. Yamamoto F, Furusawa M, Furusawa I, Obinata M. The ‘pricking’ method. A new efficient technique for mechanically introducing foreign DNA into the nuclei of culture cells. *Exp Cell Res*. 1982; 142:79–84. [PubMed: 6958471]
194. Yang C, Cheng K, Weng W. Immobilization of RGD peptide on HA coating through a chemical bonding approach. *J Mater Sci Mater Med*. 2009
195. Yang NS, Burkholder J, Roberts B, Martinell B, McCabe D. In vivo and in vitro gene transfer to mammalian somatic cells by particle bombardment. *Proc Natl Acad Sci U S A*. 1990; 87:9568–72. [PubMed: 2175906]
196. Yang SY, Sun JS, Liu CH, Tsuang YH, Chen LT, Hong CY, Yang HC, Horng HE. Ex vivo magnetofection with magnetic nanoparticles: a novel platform for nonviral tissue engineering. *Artif Organs*. 2008; 32:195–204. [PubMed: 18201284]
197. Yao CP, Zhang ZX, Rahmzadeh R, Huettmann G. Laser-based gene transfection and gene therapy. *IEEE Trans Nanobioscience*. 2008; 7:111–9. [PubMed: 18556259]
198. Yockell-Lelievre J, Riendeau V, Gagnon SN, Garenc C, Audette M. Efficient transfection of endothelial cells by a double-pulse electroporation method. *DNA Cell Biol*. 2009; 28:561–6. [PubMed: 19630533]
199. Yoon CS, Park JH. Ultrasound-mediated gene delivery. *Expert Opin Drug Deliv*. 2010; 7:321–30. [PubMed: 20166854]
200. Zaharoff DA, Henshaw JW, Mossop B, Yuan F. Mechanistic analysis of electroporation-induced cellular uptake of macromolecules. *Exp Biol Med (Maywood)*. 2008; 233:94–105. [PubMed: 18156311]
201. Zefirov AL, Abdrakhmanov MM, Mukhamedyarov MA, Grigoryev PN. The role of extracellular calcium in exo- and endocytosis of synaptic vesicles at the frog motor nerve terminals. *Neuroscience*. 2006; 143:905–10. [PubMed: 17000054]

202. Zeira E, Manevitch A, Khatchatourians A, Pappo O, Hyam E, Darash-Yahana M, Tavor E, Honigman A, Lewis A, Galun E. Femtosecond infrared laser-an efficient and safe in vivo gene delivery system for prolonged expression. *Mol Ther.* 2003; 8:342–50. [PubMed: 12907157]
203. Zelenin AV, Kolesnikov VA, Tarasenko OA, Shafei RA, Zelenina IA, Mikhailov VV, Semenova ML, Kovalenko DV, Artemyeva OV, Ivaschenko TE, Evgrafov OV, Dickson G, Baranovand VS. Bacterial beta-galactosidase and human dystrophin genes are expressed in mouse skeletal muscle fibers after ballistic transfection. *FEBS Lett.* 1997; 414:319–22. [PubMed: 9315710]
204. Zelphati O, Szoka FC Jr . Mechanism of oligonucleotide release from cationic liposomes. *Proc Natl Acad Sci U S A.* 1996; 93:11493–8. [PubMed: 8876163]
205. Zhang X, Godbey WT. Viral vectors for gene delivery in tissue engineering. *Adv Drug Deliv Rev.* 2006; 58:515–34. [PubMed: 16762441]
206. Zhang Z, Slobodianski A, Ito WD, Arnold A, Nehlsen J, Weng S, Lund N, Liu J, Egana JT, Lohmeyer JA, Muller DF, Machens HG. Enhanced collateral growth by double transplantation of gene-nucleofected fibroblasts in ischemic hindlimb of rats. *PloS one.* 2011; 6:e19192. [PubMed: 21547081]
207. Zhou Y, Shi J, Cui J, Deng CX. Effects of extracellular calcium on cell membrane resealing in sonoporation. *J Control Release.* 2008; 126:34–43. [PubMed: 18158198]
208. Zimmermann U. Electric field-mediated fusion and related electrical phenomena. *Biochim Biophys Acta.* 1982; 694:227–77. [PubMed: 6758848]

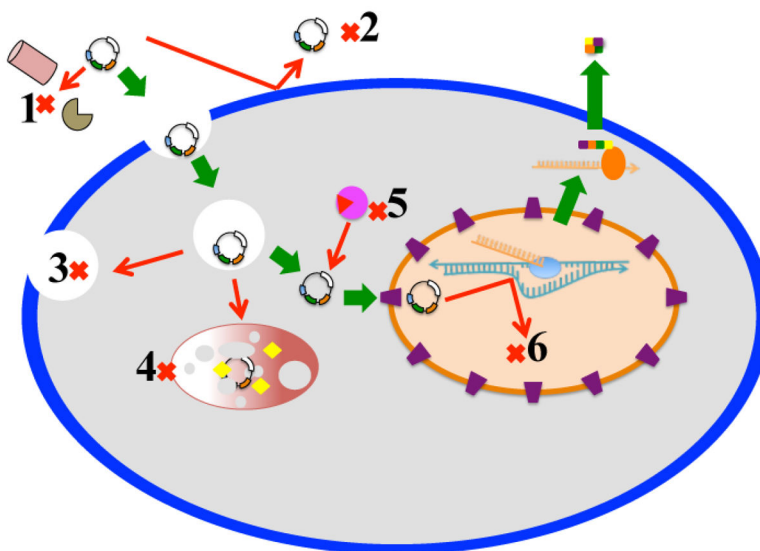


Figure 1. Gene Delivery Barriers

DNA must overcome several barriers during the delivery process to successfully produce desired gene expression. The green arrows are the pathway DNA must follow to induce gene expression, while the red arrows indicate potential barriers that prevent gene delivery. 1) DNA must avoid extracellular nucleases and 2) DNA must associate with the cellular membrane in some form to gain access to the cell via penetration, electrostatic interactions, adsorption, or ligand mediated receptor binding. DNA that enters through endocytosis must escape the endosome before the endosome 3) is recycled back to the cell membrane or 4) before the endosome matures into a lysosome, and DNA is degraded. In the cytoplasmic compartment, DNA must traffic toward the nuclear envelope and 5) avoid degradation by intracellular nucleases. Finally, to produce gene expression, 6) DNA must cross the nuclear envelope by transport through a nuclear pore (non-dividing cells) or passively re-locate into the nucleus between the disassembly and reformation of the nuclear envelope during mitosis (dividing cells). Gene expression is produced when enough intact DNA is transcribed in the nucleus into mRNA, and then translated into a protein, composed of amino acids, in the cytoplasm.

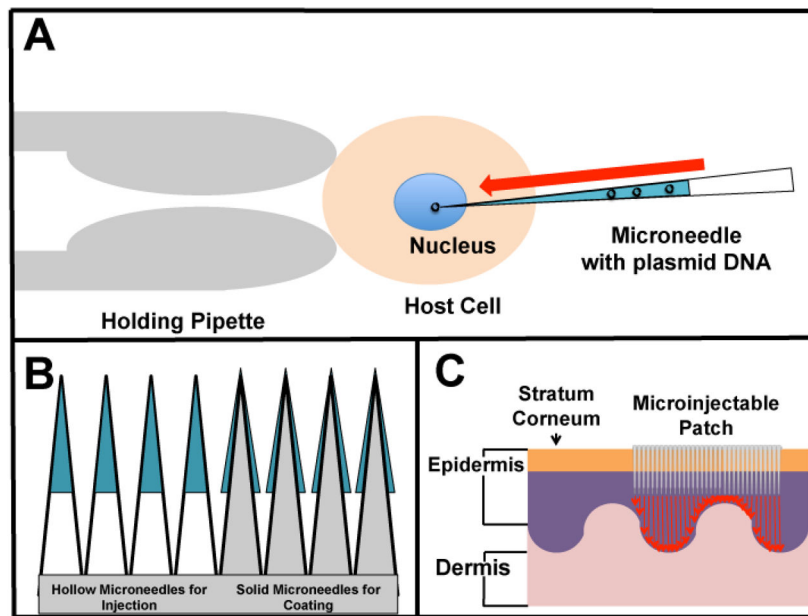


Figure 2. Microinjection

Microinjection strategies utilize microneedles to deliver DNA directly to cell nuclei. A) In traditional microinjection, an individual cell is held in place by the tip of a pipette while a technician uses a microscope to pierce the cell membrane and nuclear envelope with a microneedle to deliver genetic material to the cell nucleus. B) Microneedles can be fabricated so that the shaft is hollow and able to carry a suspension of genetic material for injection, or microneedles can be fabricated so that the shaft is solid and the tip is dipped in a suspension of genetic material for application to tissues via coating or scratching. C) Microneedles can be arranged in arrays on patches that can be applied directly to the skin. The microneedle patches are capable of penetrating the stratum corneum and delivering drugs or genetic material to the epidermal tissues.

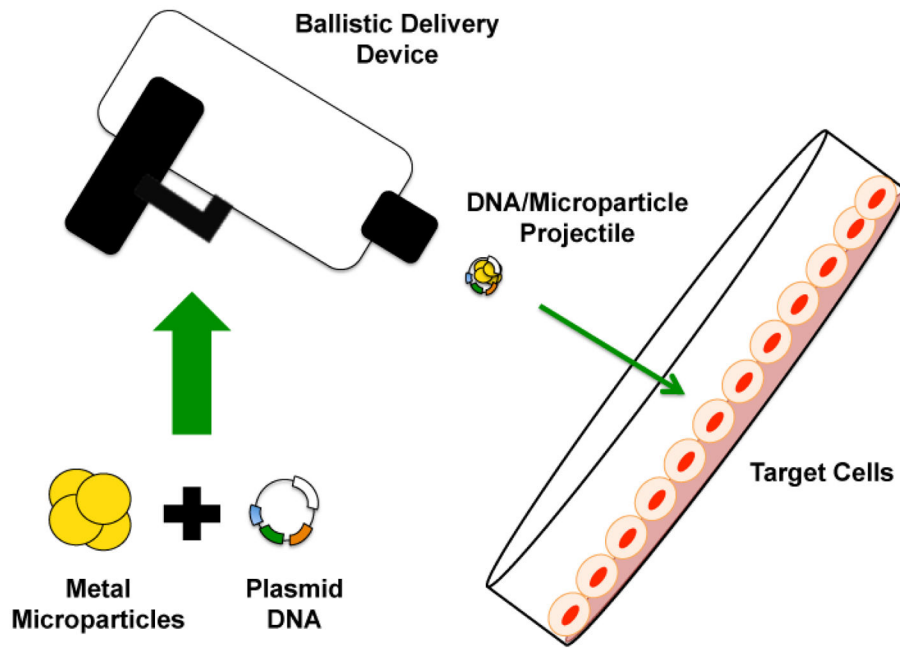


Figure 3. Ballistic Gene Delivery

Plasmid DNA is mixed with gold or tungsten particles ranging in size from nanometers to micrometers. An electric or plasma discharge is used to propel the DNA/particle complexes into tissues or cell cultures.

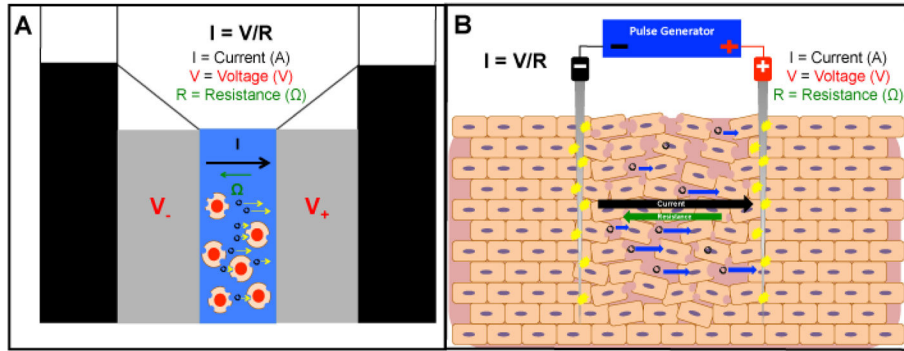


Figure 4. Electroporation

Electroporation strategies apply a current across cells or tissues to make cell membranes more permeable to exogenous DNA. A) Traditional electroporators have a pulse generator and a pair of electrodes that can be applied directly to tissues or cells. A cuvette utilizes plate electrodes to apply a voltage potential across cells in suspension. Since resistance is constant, the current is proportional to the voltage potential. As voltage reaches a critical threshold, hydrophilic pores form in the cell membrane make it permeable to plasmid DNA. The negatively charged DNA is mobile in the electrical field (toward the positive electrode) so DNA transport into permeabilized cells is greater than by diffusion alone. B) Needle electrodes have been used for *in vivo* applications where needles are inserted directly into primary tissues such as skin or skeletal muscle fibers after DNA has been injected. A current is applied across a very small area of tissue to facilitate the same process as in a cuvette.

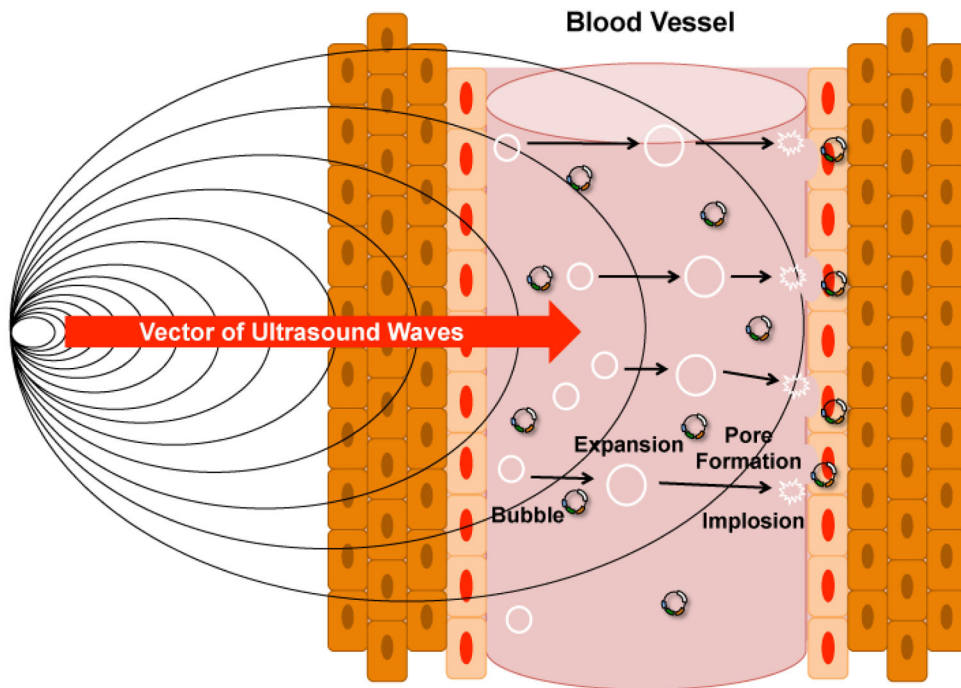


Figure 5. Sonoporation

Ultrasonic frequencies are used to induce the cavitation of microbubbles for creating pores in cells contained in culture or tissue. The acoustic waves cause microbubbles to expand and then collapse. When the microbubbles collapse, a microshockwave is emitted that can rupture a cell membrane if the collapsing microbubble is in close proximity to the cell membrane. The ruptured cell membrane forms a pore, which allows cells to be temporarily more permeable to plasmid DNA.

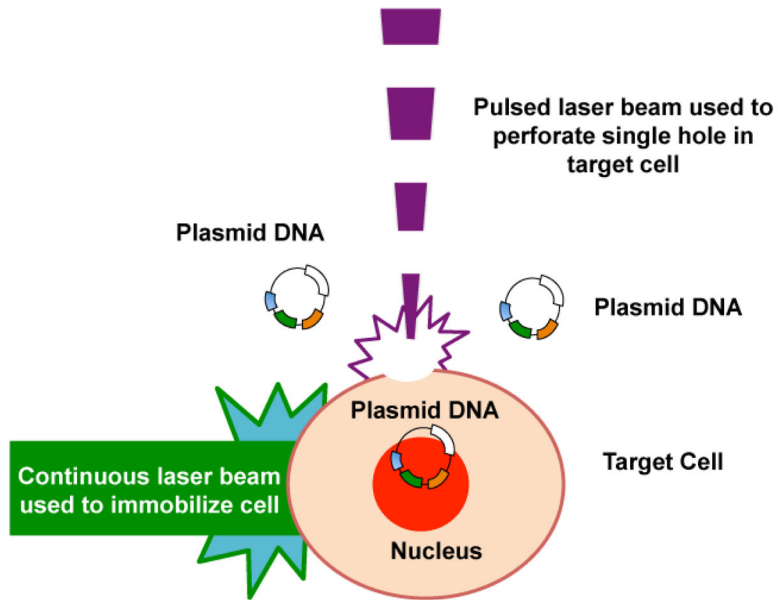


Figure 6. Laser Induced Pore Formation

Pulsed lasers have been shown to perforate cell membranes similar to microinjection strategies, but without the use of a needle. Investigators have shown a variety of laser beams of varying wavelengths are capable of making precise “holes” in cell membranes when beam energy, pulse frequency, and exposure duration are manipulated. Investigators can precisely target individual cells in culture or in tissue with aid of a microscope to target specific sites on cells for perforation to allow DNA to enter cells. A second laser with an uninterrupted beam can be used to immobilize individual cells in suspension while a pulsed laser is used to perforate cells.

Table 1

Transfection studies of stem cells, progenitor cells, and connective tissues using Nucleofection™

Reference	Cell type	Gene(s)	Nucleofector™ program	Cell density	Transfection efficiency	Max gene expression	Cell recovery	Cell viability	Additional notes
Aluigi, M. <i>et al.</i> 2006 ⁶	hBMSC	<i>GFP, IL-12</i>	U-23	4–5×10 ⁵ cells/100 µL	27.4 ± 2.9%	73.7 ± 2.9%	38.7 ± 2.9%	44.5 ± 3.9%	Mean <i>IL-12</i> protein production: 290.5 ± 97.6 pg/mL
Aslan, H. <i>et al.</i> 2006 ⁸	hBMSC	<i>EGFP, hBMP2, hBMP9</i>	G-22	5×10 ⁵ cells/100 µL	68.2 ± 4.1%	N/A	53.6 ± 2.5%	Not Reported	2000-fold and 8000-fold increase in hBMP2 and hBMP9 detected, respectively through RT-qPCR 24 hours post-transfection.
Baksh, D. <i>et al.</i> 2007 ¹⁰	HUCPVC	<i>DsRed</i>	U-23	5×10 ⁵ cells/100 µL	>50%	>80%	~50%	N/A	
Cesnulevičius, K. <i>et al.</i> 2006 ²²	SDrMNP	<i>EGFP, DsRed</i>	A-033	2.08×10 ⁴ cells/100 µL	47.6 ± 8.6%	47.6 ± 8.6% (<i>GFP</i>), 16.7 ± 10.25% (<i>DsRed</i>)	40%	N/A	
Cui, M. <i>et al.</i> 2008 ³¹	mPIVDC	<i>GDF-5</i>	U-24	1×10 ⁵ cells/100 µL	N/A	N/A	N/A	N/A	<i>GDF-5</i> gene delivery via Nucleofection™ produced a ~3.5 fold and ~1.5 fold increase in type II collagen and aggrecan expression, respectively.
Duffy, G. <i>et al.</i> 2010 ⁴¹	hMSC	<i>GFP, Ephrin-B2</i>	U-23	5×10 ⁵ cells/100 µL	46.90%	73% (<i>GFP</i>), 46.9% (<i>Ephrin-B2</i>)	66.3 ± 1.5%	N/A	
Gonzalez, F. <i>et al.</i> 2008 ⁵⁹	mEF	<i>GFP, Oct4, Sox2, Klf4, c-Myc</i>	T-020	2×10 ⁶ cells/100 µL	N/A	37% (<i>GFP</i>)	N/A	N/A	<i>GFP</i> was used as a reporter gene in a polycistronic plasmid expressing Oct4, Sox2, Klf4.
Motoyama, H. <i>et al.</i> 2009 ¹¹⁹	mHep	<i>EGFP, DsRed, Pdx1, Ngn3</i>	T-028	7×10 ⁵ cells/100 µL	52.2 ± 3.7%	60.4 ± 16.0 (co-expression Pdx1 & Ngn3)	~90%	~25%	
Sheyn, D. <i>et al.</i> 2008 ¹⁶⁶	pADSC	<i>GFP, rhBMP-6</i>	G-22	1–2×10 ⁶ cells/100 µL	62.5%	4.78 ± 0.97 ng/10 ⁶ cells	Not Reported	52.9%	
Zhang, Z. <i>et al.</i> 2011 ²⁰⁶	rSF	<i>GFP, bFGF, VEGF</i>	U-30	1×10 ⁶ cells/100 µL	~60%	>250 pg/mL (bFGF), 11 ng/mL (VEGF)	Not Reported	95%	

Terms and Abbreviations: Transfection Efficiency, percent of positive expressing cells out of total viable cell population; Max Gene Expression, maximum number of positive cells recorded or maximum quantity of protein detected; Cell Recovery, percent of live cells 24 hours after transfection; Cell Viability, percent of live cells 48 hours or more after transfection; hBMSCs, human bone marrow stem cells; hUCPVCs, human umbilical cord perivascular cells; SDrMNP, Sprague-Dawley rat mesencephalic neural progenitor cells; mPIVDC, mouse primary intervertebral disc cells; hMSCs, human mesenchymal stem cells; mEF, mouse embryonic fibroblasts; pADSC, rSF, rat skin fibroblasts; *GFP*, green fluorescent protein; *IL-12*, interleukin 12; *EGFP*, enhanced green fluorescent protein; *hBMP2*, human bone morphogenetic protein 2; *hBMP9*, human bone morphogenetic protein 9; *DsRed*, Discoma species Red; *GDF-5*, growth/differentiation factor 5; *Oct4*, octamer-binding transcription factor 4; *Sox2*, sex determining region Y-box 2; *Klf4*, krueppel-like factor 4; *c-Myc*, v-myc myelocytomatosis viral oncogene homolog; *Pdx1*, pancreatic and duodenal homeobox 1; *Ngn3*, neurogenin 3; *rhBMP-6*, recombinant human morphogenetic protein-6; *bFGF*, basic fibroblast growth factor; *VEGF*, vascular endothelial growth factor.

RNA studies using Nucleofection™

Table 2

Reference	Cell type	Gene(s) targeted by siRNA	RNA dose (format)	Nucleofector™ program	Cell density per transfection	Max transfection Efficiency	Max gene knockdown	Cell recovery	Cell viability	Additional notes
Bowles, R. <i>et al.</i> 2010 ¹⁷	HMDDC	<i>RIG-I</i>	0.25 µg siRNA (0.75 mL Matrix Tube)	FF-168	5×10 ⁵ cells/20 µL	55%	75%	Not Reported	70%	
Bradburne, C. <i>et al.</i> 2009 ¹⁸	A549	<i>RelA</i>	100 nM/250 nM/500 nM siRNA (96 well-plate)	DS-150	2.75×10 ⁵ cells/20 µL	7.7%	70–95%	17.6%	92.7%	
Merkterova, M. <i>et al.</i> 2007 ¹¹¹	CMLPC	<i>PCNA</i> , <i>MMP8</i> , <i>MMP9</i> , <i>p38</i> , <i>JNK2</i> , <i>BCR/ABL</i>	50 nmol	T-20	5×10 ⁶ cells/100 µL	36–42%	65% (BCR/ABL), 63% (PCNA), ~70% (MMP8), ~64% (MMP9), ~70% (p38), ~75% (JNK2)	Not Reported	74.7 ± 32.9%	
Mo, D. <i>et al.</i> 2010 ¹¹⁷	MDCK	Galectin-3	10 µg	T-23	4×10 ⁶ cells/100 µL	~70%	~85%	N/A	N/A	
Moore, J. <i>et al.</i> 2010 ¹¹⁸	hES	<i>GFP</i>	200, 300, 600 ng	96-CB-150	2×10 ⁵ cells/20 µL	74.2 ± 1.4%	71.75%	73.5 ± 3.2%	Not Reported	
Schnoor, M. <i>et al.</i> 2009 ¹⁶¹	THP-1	<i>TIP47</i>	1 µg	Y-001	2.5×10 ⁶ cells/100 µL	100%	75%	20% – 60%	Not Reported	
Verreault, M. <i>et al.</i> 2009 ¹⁸⁰	U251MG	<i>ILK</i>	0.0625 – 2 µg	U-16	Not Reported	73%	93%	78%	>90%	

Terms and Abbreviations: Transfection Efficiency, percent of positive expressing cells out of total viable cell population; Max Gene Expression, maximum number of positive cells recorded or maximum quantity of protein detected; Cell Recovery, percent of live cells 24 hours after transfection; Cell Viability, percent of live cells 48 hours or more after transfection; hMDDC, human monocyte derived dendritic cells; A549, adenocarcinomic human alveolar basal epithelial cells; CMLPCs, CML primary cells; MDCK, Madin Darby canine kidney cells; hES, human embryonic cells; THP-1, human acute monocytic leukemia cells; U251MG, human glioblastoma cells; *RIG-I*, retinoid-induced gene 1; *RelA*, v-rel reticuloendotheliosis viral oncogene homolog A (avian); *PCNA*, proliferating cell nuclear antigen; *MMP8*, matrix metalloproteinase 8; *MMP9*, matrix metalloproteinase 9; *p38*, mitogen-activated protein kinase 14; *JNK2*, c-Jun N-terminal kinase; *BCR/ABL*, breakpoint cluster region/Abelson murine leukemia viral oncogene homolog 1; *GFP*, green fluorescent protein; *TIP47*, mannose-6-phosphate receptor binding protein 1; *ILK*, integrin-linked kinase.