

Aus der Poliklinik für Kieferorthopädie
der Ludwig-Maximilians-Universität München
Vorstand: Prof. Dr. med. dent. Andrea Wichelhaus



**INVESTIGATION OF INTER- AND INTRACELLULAR COMMUNICATION
DURING SIMULATED ORTHODONTIC TOOTH MOVEMENT
WITH THE “WEIGHT APPROACH BASED” *IN VITRO* MODEL**

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vorgelegt von

Mila Janjić Ranković

aus

Niš (Serbia)

am

07.04.2020

Supervisor: Prof. Dr. med. dent. Andrea Wichelhaus

Second evaluator: Prof. Dr. rer. nat. Denitsa Docheva

Dean: Prof. Dr. med. dent. Reinhard HICKEL

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Dedicated to my family for endless love, support and encouragement.

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List of Abbreviations

COX2	Cyclooxygenase2
HB-GAM	Heparin binding growth associated molecule
hOBs	human alveolar osteoblasts
hPDFs	Human periodontal ligament fibroblasts
OPG	Osteoprotegerin
OTM	Orthodontic tooth movement
P2RX7	Purinergic Receptor P2X 7
PGE2	Prostaglandin E2
PLGA	Polylactic-co-glycolic acid
PLLA	hydrophilically modified poly-L-lactide matrix
PPI	Protein-protein interaction
PTGS2	Prostaglandin-Endoperoxide Synthase 2
RANKL	Receptor activator of nuclear factor kappa B ligand
RoB	Risk of bias
RUNX2	Runt-related transcription factor 2
STARCARD	STANDARD Reporting requirements in CARIES Diagnostic Studies
TNFRSF11B	Tumor necrosis factor receptor superfamily member 11B
TNFSF11	Tumor necrosis factor ligand superfamily member 11
TNF α	Tumour necrosis factor alpha
WAB	Weight approach based

INTRODUCTORY SUMMARY

Name of the project: Use of weight approach based *in vitro* models to investigate inter- and intracellular communication during simulated orthodontic tooth movement

*The following project was done at the Department of Orthodontics and Dentofacial Orthopedics, University Hospital, Ludwig-Maximilians-Universität München, under the supervision of Dr. Uwe Baumert and Prof. Dr. Andrea Wichelhaus. It is considered as a main topic of the PhD thesis and contains two **published** studies used for fulfilling the requirements for Ph.D. program completion.*

Orthodontic tooth movement (OTM) is based on the initiation of bone remodelling upon orthodontic force application (Wichelhaus 2017). Histologically, the events in tooth supporting tissues and surrounding alveolar bone during OTM have been well described (Davidovitch 1991). However, knowledge about its molecular background remains fragmented (Davidovitch and Krishnan 2015).

OTM represents a complicated process, guided by many molecular events, which are spatially and temporally coordinated by different cell types, signalling factors and networks (Wichelhaus 2017). The complex morphological structure of the clinical situation and corresponding *in vivo* models makes it impossible, to answer questions like: how individual cell types sense the force; how they convert mechanical stimuli into molecular signals, and how this signals further contribute to bone remodelling. As such, many *in vitro* models have been introduced to systematically breakdown and analyse individual processes involved in OTM by focusing on specific cell types and types of force (Baumert et al. 2004; Yang et al.

2015). One of these *in vitro* models is the so called “weight approach based” (WAB) *in vitro* loading model (Yang et al. 2015). This model is used to investigate molecular events on the compression side of the tooth during OTM applying the static unilateral compressive force on the cells, which is one of the dominant forces in the treatment with fixed mobile appliances (Kanzaki et al. 2002; Yang et al. 2015).

Briefly, cells are precultured in cell culture dishes as 2D or 3D cultures and then subjected to static compressive force by placing a weight directly over them (Yang et al. 2015). This is mostly achieved, by placing a glass cylinder filled with lead granules on top of a glass disc directly onto the cells. The force level is adjusted with the lead granules within the glass cylinder.

So far, numerous studies using WAB *in vitro* loading model have been published. They provide valuable information on the response of different cell types to static compressive force (Yang et al. 2015).

PUBLICATION 1. IN VITRO WEIGHT-LOADED CELL MODELS FOR UNDERSTANDING MECHANO-DEPENDENT MOLECULAR PATHWAYS INVOLVED IN ORTHODONTIC TOOTH MOVEMENT: A SYSTEMATIC REVIEW

In order to get a clear overview of the so far published knowledge and to identify existing gaps, primary aim of this study was, to identify all articles using WAB *in vitro* loading model in the field of orthodontics. Special attention was given on details of cell culture, force duration & magnitude and findings on molecular events related to OTM. Studies using 2D and 3D WAB setups were assessed separately. Out of 2,284 initially identified studies applying the 2D WAB setup, 56 studies were considered as relevant for the systematic review. The 3D setup was

identified in 1,042 studies, and 15 studies matched inclusion criteria for the systematic review (Janjic et al. 2018).

2D WAB setup: Most of the studies using the 2D WAB setup used a force magnitude of 2 g/cm² (Janjic et al. 2018). This force magnitude is considered to induce a peak in the production of cytokines and expression of mRNAs coding for osteoclastogenic molecules (Kang et al. 2013; Kanzaki et al. 2002; Kim et al. 2013). Force was applied usually for up to 24 h (Janjic et al. 2018). Independently of the cell type used, gene expression analysis showed an increased expression of proinflammatory mediators and osteoclastogenesis stimulating factors (Janjic et al. 2018), which is in line with *in vivo* findings (Vansant et al. 2018). Human periodontal ligament fibroblasts (hPDFs) were the cell type that was examined mostly (Janjic et al. 2018). Main attention was given to the following genes and metabolites: *RANKL (TNFSF11)*, *OPG (TNFRSF11B)*, *COX2 (PTGS2)* and PGE₂. Additionally, force application never exceeded 72 h (Janjic et al. 2018). Clinically, the first week of OTM is the period, in which significant changes on histological level were described (Reitan 1960). Therefore, 72 h of force application might be too short to elucidate all important molecular events on the compression side of the tooth during OTM. Another observation of this review was, that not enough attention is dedicated to cell proliferation and cell viability monitoring, which can be considered as a bias introducing issue, especially in studies with longer duration of force application (Janjic et al. 2018).

3D WAB setup: Among the studies with 3D WAB setup, the application of three different types of scaffolds have been described so far: collagen gel scaffolds, polylactic-co-glycolic acid (PLGA) scaffolds or those made from a hydrophilically modified poly-L-lactide (PLLA) matrix (Janjic et al. 2018). Hydrophilically modified PLLA scaffolds are especially suitable for long-term force application, even up to 14 days (Liao et al. 2016). Otherwise, the duration of other

studies ranged between 0.5 to 72 h. The force magnitude ranged between 5 to 35 g/cm² in studies using PGLA and hydrophilically modified PLLA scaffolds and between 0.5 to 9.5 g/cm² in ones using collagen scaffolds. Mostly investigated cell type were hPDFs. According to our results, studies using 3D WAB setup showed obvious differences in molecular findings. We attribute these contradictory results to high methodological differences between the studies. Even though promising, WAB studies applying a 3D setup are still not well established as those using a 2D setup. In order to make results of this studies reliable and comparable to *in vivo* situation, it is necessary to establish proper scaffolds for use in combination with WAB models and define suitable force magnitudes for each of them (Janjic et al. 2018).

The second part of the review focused on 2D WAB studies with hPDFs and human alveolar osteoblasts (hOBs) and bone derived cells lines. Information collected from these studies was used to generate list of all so far examined genes, separately for each cell type. Based on this data, STRING analysis was performed (STRING database 10.5, URL: <https://string-db.org/>) (Szklarczyk et al. 2017), protein-protein interaction (PPI) networks were generated and genes with the highest number of interactions were identified. Additionally, STRING analysis of both sets of genes was used to identify KEGG pathways and select the ones relevant to OTM. Identified pathways in this review can be considered as a useful source for discovering the new genes important for OTM and should be considered in future conducted studies using WAB loading model (Janjic et al. 2018).

PUBLICATION 2. EFFECT OF THE STATIC COMPRESSIVE FORCE ON IN VITRO CULTURED PDL FIBROBLASTS: MONITORING OF THE VIABILITY AND GENE EXPRESSION OVER SIX DAYS

In a previously described systematic review we identified all studies related to the field of orthodontics using the 2D WAB *in vitro* loading model to apply static compressive force on hPDFs (Janjic et al. 2018). This review identified the future need for:

- longer lasting studies with WAB *in vitro* loading model, in order to broaden the understanding of molecular events on the compression side of tooth and hPDFs' role in OTM.
- additional attention to monitor cell proliferation and viability during force application.

Therefore, the aim of second study in this project was to prolong the use of the WAB model to 6 days. Static force of 2 g/cm² was used to compress the hPDFs and monitor its effect on inflammatory genes and mediators (*COX2*, *IL6*, *TNFα*, *PGE₂*), genes involved in the bone remodelling (*RUNX2*, *P2RX7*) and mechanosensing genes (*cFOS*, *HB-GAM*) on a daily basis. To exclude possible negative influence of prolonged WAB loading model application on cells, on each day of the experiment cell proliferation and cell viability were assessed using the Alamar Blue[®] assay and the Live/Dead viability/cytotoxicity Kit, respectively (Janjic Rankovic et al. 2019).

Inflammation contributes significantly to bone resorption and osteoclastogenesis on the compressive side during OTM. In line with this, this study described increased gene expression of inflammatory genes *COX2*, *IL6*, *TNFα*. *COX 2* and *IL6* showed temporary upregulation, while *TNFα* remained upregulated until day six. In addition to increased *COX2* gene expression, increased concentrations of *PGE₂* were measured in the cell culture supernatant.

Concentrations of secreted TNF α remained under the detection limit. *RUNX2* and *P2RX7* on the other hand showed temporarily downregulations at certain timepoints of experiment. This was consistent with previous reports, since these genes have been previously recognized as the contributors to osteogenesis (Vansant et al. 2018). The mechanosensing gene *cFOS* was upregulated during the whole experiment, while *HB-GAM* mostly remained unchanged (Janjic Rankovic et al. 2019).

As far as we know, this is the only study that used WAB *in vitro* loading model for a period of 6 days applying static compressive force on hPDFs. Published studies using the WAB loading model on hPDFs examined molecular events within the first 96h of static force application (Janjic et al. 2018; Schröder et al. 2018). Up to this period of time, our findings are mostly in line with the published literature (Kang et al. 2010; Kanzaki et al. 2002; Mayahara et al. 2007; Schröder et al. 2018). However, no comparable data from *in vitro* studies for longer periods of force application exist. The results of this study suggest, that the molecular events are still high after 6 days of the force application, introducing the need of further studies that will, not only confirm our results, but also broaden the knowledge on molecular events after longer terms of force application.

AUTHOR`S-CONTRIBUTIONS TO BOTH PUBLICATIONS

Publication 1. Participated in the development of the study design and research question. Defined the inclusion and exclusion criteria for the systematic review. Designed and tested the search strategy based on predefined research question and eligibility criteria. Conducted the search in PubMed electronic database and screened all identified records on the basis of title and abstract. Obtained and checked full text of all potentially relevant records in order to identify and included studies matching eligibility criteria. Tried to identify additional studies by crosschecking the reference lists of already included studies. Extracted data from the studies in the predefined tables. Crated gene lists and performed the STRING analysis in the “hOB and bone derived cells lines” group. Wrote the main draft of the manuscript and revised it according to co-authors comments together with senior author. Created illustrations and tables.

Publication 2. Formulated the research question based on the gaps in knowledge identified in the Publication 1. Planned the experiment and methodology design together with the senior author. Tested and established the WAB set up, based on the descriptions from previously published literature. Conducted the experiment and performed the cell viability and cell proliferation assessments, ELISA assays and RT-qPCR analysis on the collected samples. Collected and organised raw data from the assays and prepared them for the further statistical analysis. Participated in figure creation and graphical presentation of the results. Wrote the main draft of the manuscript and finalized it together with the senior author.

CONFIRMATION OF CO-AUTHORS

By signing, the following co-authors confirm that:

- the extent of their contributions (content-related and volume) in the publications submitted, and
- their agreement to the submission of the publications.

Name of co-author	Extend of contribution (content-related and volume)
1. Docheva, Denitsa	<u>Publication 1:</u> Contributed to the study design and data analysis. Contributed to manuscript revision. <u>Publication 2:</u> Contributed to the study design. Revised the manuscript. Agreed to the submission of both publications.
2. Trickovic Janjic, Olivera	<u>Publication 1:</u> Participated in drafting the manuscript and helped revising the paper. Agreed to the submission of publication 1.
3. Wichelhaus, Andrea	<u>Publication 1:</u> Participated in drafting the manuscript and helped revising the paper. <u>Publication 2:</u> Revised the manuscript. Agreed to the submission of both publications.
4. Baumert, Uwe	<u>Publication 1:</u> Conceived the idea of the study and participated in the development of the study design, acquisition of data, analysis and interpretation of data, supervised manuscript writing and wrote parts of the manuscript. <u>Publication 2:</u> Participated in study design and supervised the experiments. Did the statistical analysis part of the data presentation. Supervised writing of the manuscript and wrote parts of the manuscript. Agreed to the submission of both publications.

PUBLICATION 1

In Vitro Weight-Loaded Cell Models for Understanding Mechanodependent Molecular Pathways Involved in Orthodontic Tooth Movement: A Systematic Review

Mila Janjic, Denitsa Docheva, Olivera Trickovic Janjic, Andrea Wichelhaus and Uwe Baumert

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Review Article

***In Vitro* Weight-Loaded Cell Models for Understanding Mechanodependent Molecular Pathways Involved in Orthodontic Tooth Movement: A Systematic Review**

Mila Janjic ¹, Denitsa Docheva,² Olivera Trickovic Janjic ³, Andrea Wichelhaus,¹ and Uwe Baumert ¹

¹Department of Orthodontics and Dentofacial Orthopedics, University Hospital, LMU Munich, 80336 Munich, Germany

²Experimental Trauma Surgery, Department of Trauma Surgery, University Regensburg Medical Centre, 93053 Regensburg, Germany

³Department of Preventive and Pediatric Dentistry, Faculty of Medicine, University of Niš, 18000 Niš, Serbia

Correspondence should be addressed to Uwe Baumert; uwe.baumert@med.uni-muenchen.de

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Cells from the mesenchymal lineage in the dental area, including but not limited to PDL fibroblasts, osteoblasts, and dental stem cells, are exposed to mechanical stress in physiological (e.g., chewing) and nonphysiological/therapeutic (e.g., orthodontic tooth movement) situations. Close and complex interaction of these different cell types results in the physiological and nonphysiological adaptation of these tissues to mechanical stress. Currently, different *in vitro* loading models are used to investigate the effect of different types of mechanical loading on the stress adaptation of these cell types. We performed a systematic review according to the PRISMA guidelines to identify all studies in the field of dentistry with focus on mechanobiology using *in vitro* loading models applying uniaxial static compressive force. Only studies reporting on cells from the mesenchymal lineage were considered for inclusion. The results are summarized regarding gene expression in relation to force duration and magnitude, and the most significant signaling pathways they take part in are identified using protein-protein interaction networks.

1. Introduction

The aim of orthodontics is to move an abnormally positioned tooth through the application of a continuous force on its surface. This force stimulates bone remodelling in the surrounding tissue, namely, the periodontal ligament (PDL) and the alveolar bone, resulting in the bone removal in the direction of the tooth movement and bone apposition in the opposite direction (Figure 1). Thus, the underlying mechanism of orthodontic tooth movement (OTM) is the stimulation of bone remodelling by the application of an orthodontic force [1].

Histologically, the effects of orthodontic force on the tooth and its surrounding tissues are now well understood

and the underlying stages in OTM are identified [2]. Human periodontal ligament cells (hPDLs) and human osteoblasts (hOBs) are recognized as the cell types originating from the mesenchymal lineage, which play the most dominant role during OTM. Unlike hOBs, which represent well a characterized cell type, hPDLs represent a mixed population of mostly fibroblast-like cells [3]. Among them, mesenchymal stem cells are of special importance as the source of progenitors responsible for the regeneration and remodulation of not only PDL itself but also alveolar bone [4].

In order to better understand morphological changes during OTM, it is important to elucidate molecular and cellular signaling mechanisms between and within these cell types. The complex *in vivo* structure of the tissues involved

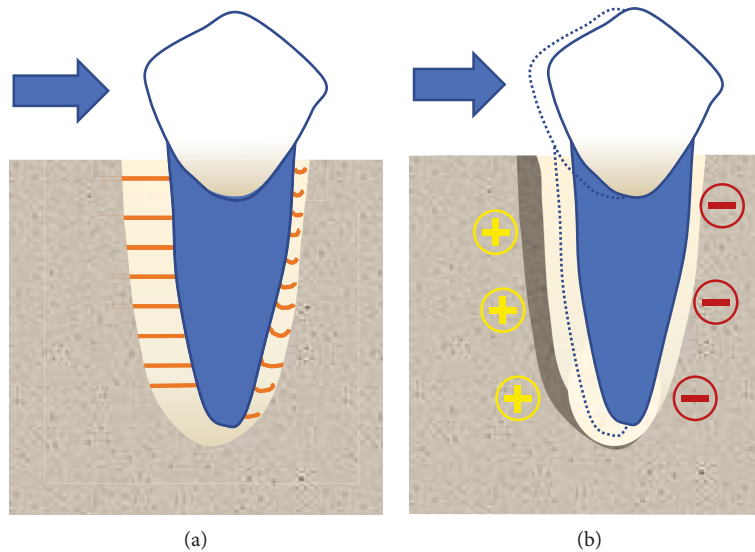


FIGURE 1: Bone remodelling during orthodontic tooth movement. (a) Initial displacement of the tooth due to stretching of the fibres within the PDL on the tension side and compression on the opposite with the application of the orthodontic force. (b) Bone apposition on the tension side and resorption on the compression side as the result of the long-term force application.

makes it impossible to investigate force sensing and cellular communication of individual cells. Therefore, *in vitro* models using cells isolated from the PDL or from alveolar bone were established and different types of forces mimicking those found during OTM were applied [5]. These *in vitro* models are used to answer open questions including but not limited to how cells sense force, how they convert mechanical stress into molecular signals, and how these molecular signals influence the specific response of these cells to that specific force.

On the basis of the most commonly used approaches to apply mechanical stress on cells, present *in vitro* loading models can be classified into those using substrate deformation-based approaches, hydrostatic pressure approach, centrifugation approach, fluid flow approach, vibration approach, and weight approach [6]. Also, there has been increasing interest in moving from conventional monolayer, two-dimensional (2D) *in vitro* loading models to three-dimensional (3D) *in vitro* loading models.

Weight-based *in vitro* loading models have been successfully used over several years to investigate the effect of static, compressive, unidirectional force on the cells. In models using 2D cell cultures, cells are precultured in cell culture dishes (e.g., 6-well plates). After reaching the desired confluency, the cells are subjected to weight-based compression. In most cases, a glass slide is laid on top of the cell monolayer. Then, a weight is applied by positioning a glass cylinder filled with lead granules on top of this slide. The glass slide is used to secure even distribution of the force [7]. Increasing or reducing the number of granules in the glass cylinder adjusts the level of compressive force (Figure 2(a)). The same type of force is applied by slight modifications of this model: some authors used a stack of glass slides of different heights (e.g., [8]) or glass discs of different thicknesses (e.g., [9]) replacing the glass cylinder filled with lead granules. This *in vitro* loading model can also be used to apply static compressive force on 3D cell cultures. In this case, the same principle is used,

except that the cells are embedded in a 3D matrix that is then compressed in the described manner (Figure 2(b)). Yang et al. [6] coined the term “weight approach”-based (WAB) for this *in vitro* model. To refer to this specific setup, we will also use WAB throughout this publication.

The primary aim of this review was to identify all articles related to the field of orthodontics using either a 2D or 3D WAB *in vitro* loading model and provide an overview of the details of their use: the most commonly used loading durations, force magnitudes, and scaffolds and their findings regarding gene expression and substance secretion in relation to force application. The secondary objective was to discover most commonly examined genes and to identify important pathways in OTM that most of the identified genes from these studies are involved in, focusing especially on hPDLs.

2. Materials and Methods

To conduct this review, the “Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols” (PRISMA-P) 2015 statement was consulted [10].

2.1. Defining the Eligibility Criteria. Inclusion criteria were as follows:

- (i) Studies in the field of dentistry that examined the effect of mechanical stress on tooth surrounding tissues
- (ii) Application of the 2D or 3D WAB *in vitro* loading model...
- (iii) ...on hPDLs, hOBs, or all bone-like cell types/lines of human or animal origin

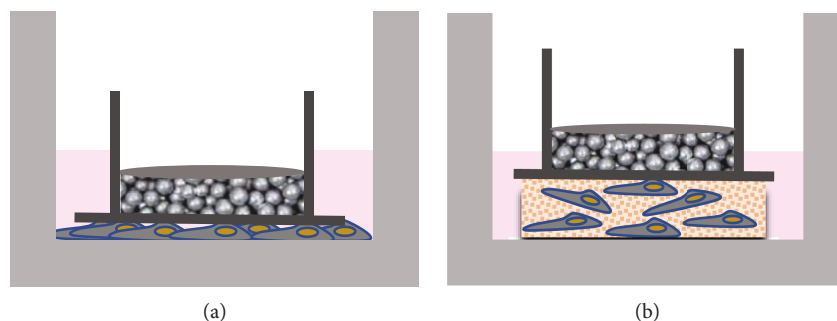


FIGURE 2: Schematic illustration of the static 2D (a) and 3D (b) *in vitro* loading model based on the weight approach applied in the literature (details are found in the text).

- (iv) Only studies written in English language, identified on the PubMed database until 01.12.2017, were taken into consideration

2.2. Literature Search and Study Selection Process. Separate search strategies were created for studies using either the 2D or the 3D *in vitro* setup for mechanical cell loading (Supplement 1). Searches were performed in the PubMed database following these predefined search strategies.

After identification of relevant studies in the PubMed database, the downloaded records from each search were imported into the bibliographic software EndNote X8 (Clarivate Analytics, Philadelphia, Pennsylvania, USA). All records were examined by two reviewers independently (MJ and UB), according to predefined inclusion and exclusion criteria (see above): first by title, then by abstract. If the abstract was not available, the full text of the report was obtained. Records that were obviously irrelevant were excluded, and the full texts of all remaining records were acquired. After the full-text assessment, the final list of included articles was generated. Any disagreements during this process were dissolved through discussion with another review author (DD) until reaching a consensus. The articles that did not meet all inclusion criteria after full-text assessment were excluded from further examination. Additional relevant studies were further identified through forward and backward reference chaining and hand-search of specific journals. Study quality assessment of the included studies was not performed, since the goal of this article was to provide an overview of all findings in the field only.

2.3. Data Extraction. The following information was extracted from each study obtained in full length: author, journal, year of publication, and used cell type. Force magnitude and duration, examined genes or substances, gene expression, or substance secretion details were recorded only if their response was directly connected to mechanical force stimulus. Gene symbols were used in the tables whenever possible. In case the identity or variant of a gene was doubtful or not clear primer sequences were examined using Primer-BLAST (URL: <https://www.ncbi.nlm.nih.gov/tools/primer-blast/>) [11]. If Western blot, ELISA, or inhibition experiments were reported, we tried to verify the antibodies and/or

inhibitor specificity to determine the exact protein species (variant). Additionally, the method used for evaluation of the gene/substance expression was recorded. Data regarding the used scaffolds were collected for studies applying 3D WAB *in vitro* setups.

The following tables were prepared to summarize the findings: (1) studies applying the 2D WAB *in vitro* loading model on human primary cells from the orofacial region (i.e., hPDLs, hOBs, and human oral bone marrow cells), (2) studies applying the 2D WAB *in vitro* loading model on human and nonhuman cells and cell lines not included in the first table, and (3) studies applying the 3D WAB *in vitro* loading model on human and nonhuman cells and cell lines.

2.4. STRING Analysis. The examined genes and metabolites using the 2D approach were summarized in two separate lists: one for hPDLs and one for hOBs and other human bone-derived cell lines. Protein-protein interaction (PPI) networks were generated for both lists separately using the STRING database (10.5, URL: <https://string-db.org/>) [12]. From within STRING, the KEGG database [13] was queried to identify the main pathways involved. Only pathways with a false discovery rate below $1.00E-05$ were considered.

3. Results

3.1. Study Selection Process. Figure 3 summarises the results of both 2D and 3D searches using a flow chart according to PRISMA. Separate searches were conducted for the studies applying either the 2D or 3D (Supplement 1) WAB *in vitro* loading models.

The search formula applied to identify 2D WAB *in vitro* loading studies is shown in Supplement 1. Altogether, 2284 abstracts were identified in the PubMed database (Figure 3).

Additionally, 7 articles were identified through forward and backward reference chaining and hand-search of specific journals. After reading the titles and abstracts of all identified studies, we excluded 2184. The remaining 107 articles were then checked by full-text reading. Fifty-six of them meet our inclusion criteria and were included for further analysis. The remaining did not meet the inclusion criteria. Reasons for their exclusion are listed in Supplement 1.

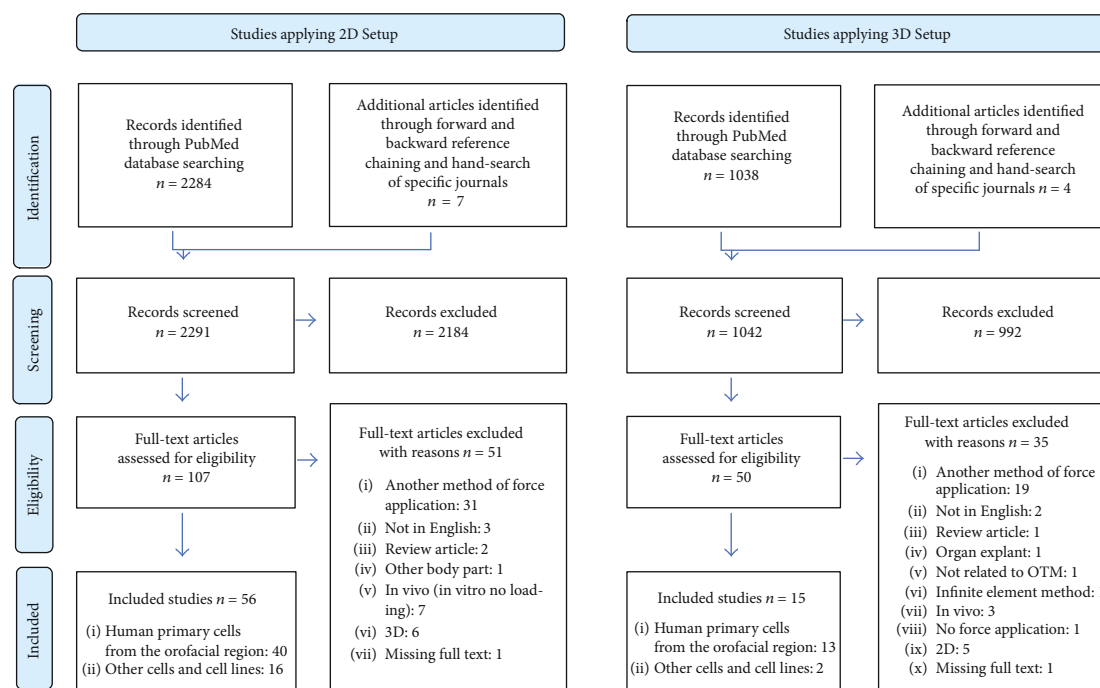


FIGURE 3: PRISMA flow diagram of the review process.

The search formula applied to identify 3D WAB *in vitro* loading studies is shown in Supplement 1. We identified a total of 1038 articles in PubMed (Figure 3). Additional 4 articles were discovered through forward and backward reference chaining and hand-search of specific journals. After initial screening, we excluded 992 articles and proceeded with full-text reading of the 50 articles. Finally, 17 of them meet our inclusion criteria. The remaining articles were excluded from further analysis. Reasons for their exclusion are summarized in Supplement 1.

All studies fulfilling the inclusion criteria were organised into three different supplementary tables: Supplement 2 summarises 2D WAB *in vitro* loading studies using human primary cells from the orofacial region. In Supplement 3, the two-dimensional WAB *in vitro* loading studies using human nonorofacial-derived cells and animal cells and cell lines are found. Supplement 4 summarises the 3D WAB *in vitro* loading studies.

3.2. Force Durations and Force Magnitudes Used in the Studies

3.2.1. 2D WAB In Vitro Loading Model. In these studies, compression forces ranging from 0.25 g/cm^2 to 5 g/cm^2 were applied on cells in 2D culture. The most commonly used compressive force was 2 g/cm^2 , irrespectively which cell type was used in the study. In most of the studies, the force was applied for 24 h (Supplements 2 and 3).

3.2.2. 3D WAB In Vitro Loading Model. Force duration and magnitude depended on the scaffold used (Supplement 4). In most of the studies, scaffolds made from collagen gel and the polylactic-co-glycolic acid (PLGA) were applied. One of

the studies [14] used a hydrophilically modified poly-L-lactide (PLLA) matrix. Collagen gel scaffolds were used with force magnitudes varying between 0.5 g/cm^2 and 9.5 g/cm^2 ; the most commonly used force was 6 g/cm^2 . Force was applied for 0.5 to 72 h. Most commonly used force application periods were 12 and 24 h. Force levels between 5 and 35 g/cm^2 were applied to cells embedded in PLGA scaffolds. The most commonly applied force was 25 g/cm^2 . The duration of force application was from 3 to 72 h. The study using the hydrophilically modulated PLLA matrix [14] applied force magnitudes from 5 to 35 g/cm^2 . The duration of force application varied between one day and 14 days.

3.3. Cell Types Used in the Studies

3.3.1. 2D WAB In Vitro Loading Model. Forty of these studies used human primary cells isolated from the tooth surrounding tissues (Supplement 2): hPDLcs, hOBs, and human orofacial bone marrow-derived cells (hOBMC). The remaining studies used other cells and cell lines from human and animal sources: MG63, RAW264.7, ST-2, Saos-2, OCCM-30, MC3T3-E1, C2C12, U2OS, rat-derived PDLcs, or bone marrow-derived osteoblasts and the cementoblast cell line HCEM-SV40 (Supplement 3).

3.3.2. 3D WAB In Vitro Loading Model. hPDLcs and human gingival fibroblasts were used in 13 studies (Supplement 4). The remaining two studies used cell types and lines from the nonoral region or nonhuman origin (Supplement 4): the murine cell line MC3T3-E1 and murine osteoblasts.

Taken together, the most commonly used cells were hPDLcs. They were used in total 51 studies (2D: 38; 3D: 13) (Supplements 2 and 4). According to the isolation

method applied, we distinguished between the following sources: “explant method” [15, 16] (2D: 18; 3D: 4), “enzyme digestion method” [4] (2D: 9; 3D: 6), commercial sources (2D: 3; 3D: 1), or “no detailed information of isolation available” (2D: 8; 3D: 2).

3.4. Genes and Substances Examined in the Studies. A complete overview of genes and metabolites examined in 2D and 3D WAB studies and details of their expression can be found in Supplements 2 and 3 (2D) and Supplement 4 (3D).

In this review, special attention was paid to hPDLCs as the most examined cell type among studies and their prominent role in OTM. The most examined genes and metabolites in relation to hPDLCs were TNF superfamily member 11 (TNFSF11), TNF receptor superfamily member 11B (TNFRSF11B), prostaglandin-endoperoxide synthase 2 (PTGS2), and prostaglandin E₂ (PGE₂). In Table 1, details regarding their expression/secretion, including the information at which time points or force magnitudes the highest/lowest value was reached, is summarized.

3.5. STRING Analysis and KEGG Pathways

3.5.1. Construction of Protein-Protein Interaction (PPI) Network. In order to elucidate the molecular mechanisms of OTM and the role of the hPDLCs and bone cells in this process, we used STRING to construct PPI networks. Two separate gene lists were compiled from those studies using hPDLCs (“hPDL list”; data from Supplement 3) and from those using hOBs or human bone-cells and cell lines (“hOB list”; data from Supplements 2 and 3). The hPDL list contained 48 different genes (Figure 4(a)) and the hOB list 51 different genes (Figure 4(b)).

Two separate PPI networks were obtained, based on the interactions with a high level of confidence (>0.700) (Figure 4). Nodes in the networks represent the proteins produced by a single protein-coding gene locus; edges represent protein-protein interaction. Based on the colour of the edge, eight different interactions based on “gene neighbourhood,” “gene fusion,” “cooccurrence,” “coexpression,” “experiments,” “databases,” and “text mining” can be differentiated [12]. The top 10 nodes with the highest degree of connections from each of the two gene lists are also shown in Figure 4. PPI enrichment *p* values for each constructed network were calculated in STRING. These show that both PPI networks had significantly more interactions than expected and that the nodes are not random (PP enrichment *p* value < 1.0E−16).

3.5.2. Identification of KEGG Pathways. According to our STRING analysis, KEGG pathways relevant for OTM for each set of genes are listed in Table 2.

4. Discussion

In vivo bone remodelling during OTM represents a complex biological process, triggered by mechanical stimuli. OTM involves numerous events, spatially and temporary orchestrated and coordinated by different cell types, signaling factors, and networks [1]. Systematic breakdown and analysis

of individual components of this complex process is the key for understanding its molecular background and a possible way to accelerate and improve it. Therefore, a variety of *in vitro* mechanical loading models have been established [5, 6]. The *in vitro* loading model based on the weight approach has been considered as the most appropriate loading model for the stimulation of the orthodontic force on the compressive site [6].

4.1. Characteristics of 2D and 3D WAB In Vitro Loading Models

4.1.1. Conventional 2D WAB. *In vitro loading model*, initially described by Kanai et al. [7], has been used for more than two decades for studying the compression-induced osteoclastogenesis and is still considered as the gold standard. It represents a simple and effective method for application of static compressive, unidirectional force to a cell monolayer.

The advantages of WAB *in vitro* loading model are the following:

- (i) It reduces the need for animal studies, which are costly and time consuming.
- (ii) It enables the analysis of specific cell types independently or in cocultures with other cells of interest.
- (iii) Human primary cells can be used for better approximation to clinical situation.

From our point of view, the main disadvantage is its missing impact of the natural surrounding environment. There has been an increasing interest in the development of the 3D cell culture WAB *in vitro* loading model during the last years, in order to approximate the *in vitro* situation to the *in vivo* situation.

4.1.2. 3D WAB In Vitro Loading Model. During the last years, more studies have been using cells incorporated into biological scaffolds instead of monolayer cultures. This is due to the demand of mimicking an extracellular matrix, which is beneficial for cell behaviour, instead of growing cells on artificial plastic cell culture surface [46]. According to our data, three types of scaffolds have been used so far in combination with the 3D WAB *in vitro* loading model. The first identified studies used collagen I scaffolds [26, 47, 48]. Although the collagen gels are still widely used for this purpose, there is the increasing interest in the development of scaffolds composed of synthetic polymers. In 2011, Li et al. [33] introduced the PLGA scaffolds that had a higher stiffness in comparison to collagen gels and an elastic modulus very close to that of human PDL. The only disadvantage was that cells growing in PLGA displayed a disordered grow pattern that differs from the one in natural PDL [33]. Liao et al. [14] went one step further and introduced a hydrophilically modified PLLA matrix. This matrix displayed several advantages: higher nutrient and oxygen permeability and a better cell attachment, making it more suitable for long-term force application [14].

4.2. Force Magnitude Used in the Studies. According to Schwarz [49], optimal orthodontic force (OOF) in clinical

TABLE 1: Continued.

Gene symbol or metabolite	Cell culture	Reference	Examined force applied	Increase/decrease/no change	Gene expression	Substance secretion	Change in relation to force magnitude (g/cm ²)
			Duration (h)	Magnitude (g/cm ²)	Increase/decrease/no change	Change in relation to force duration (h)	Change in relation to force magnitude (g/cm ²)
		Li et al. 2016 [31]	6; 24; 72	25.0	Increase (qPCR: GAPDH)	6	25.0
		Li et al. 2013 [32]	6; 24; 72	25.0	Increase (qPCR: GAPDH)	6	25.0
3D (PLGA)		Li et al. 2016 [27]	6; 24; 72	5.0; 15.0; 25.0	Increase (qPCR: GAPDH)	6	25.0
		Li et al. 2011 [33]	6	5; 15; 25; 35	Increase (qPCR: GAPDH)	6	35.0
		Yi et al. 2016 [28]	24	25.0	Increase (qPCR: GAPDH)	24	25.0
		Benjakul et al. in press [17]	48	1.5	No change (qPCR: GAPDH)	No change	
		Jin et al. 2015 [18]	0; 0.5; 3; 6; 12	2.0	No change (qPCR: GAPDH)		
		Kanzaki et al. 2002 [20]	0.5; 1.5; 6; 24; 48	0.5; 1.0; 2.0; 3.0; 4.0	No change (sqPCR: ACTNB)		
		Kim et al. 2013 [8]	0.5; 2; 6; 24; 48	2.0	Transitory downregulated (qPCR: GAPDH)	6	2.0
		Kirschneck et al. 2015 [21]	24	2.0	No change (qPCR: POL2RA)		
		Lee et al. 2015 [34]	0; 2; 4; 8; 24; 48	2.5	No change (qPCR: ACTNB)		
2D		Liu et al. 2017 [35]	6; 12; 24	0.5; 1.0; 1.5	nd		
		Luekprom et al. 2011 [36]	2; 4	2.5	No change (sqPCR: GAPDH)		
		Mitsuhashi et al. 2011 [37]	1; 3; 6; 9; 12; 24	4.0	No change (qPCR: ACTNB)		
		Nakajima et al. 2008 [38]	0; 1; 3; 6; 9; 12; 24	0.5; 1.0; 2.0; 3.0; 4.0	nd		
		Nishijima et al. 2006 [39]	48	0; 0.5; 1.0; 2.0; 3.0	nd		
		Römer et al. 2013 [25]	24	2	No change (qPCR: RNA-polymerase-2-polypeptide A)		
		Yamada et al. 2013 [40]	12	4.0	Increase (qPCR: GAPDH)	12	4.0
		Yamaguchi et al. 2006 [41]	0; 3; 6; 9; 12; 24; 48	0.5; 1.0; 2.0; 3.0	n. d.		
3D (Coll. gel)		Kaku et al. 2016 [42]	12; 24	0.5; 1.0; 2.0	Increase (qPCR: GAPDH)	12	1.0
3D (PLLA modif)		Liao et al. 2016 [14]	1 d; 3 d; 7 d; 14 d	5.0; 15.0; 25.0; 35.0	No change (qPCR: GAPDH)	12...48	2.0
					Increase (WB)	24	25.0
					Transitory downregulation (ELISA)	6	2.0
					Decrease (WB)	n. g	1.5
					Increase (ELISA)	24	0.5
					Decrease (ELISA)	48	2.0
					Decrease (ELISA)	12	4.0
					Decrease (ELISA)	12...48	2.0

TNFRSF11B

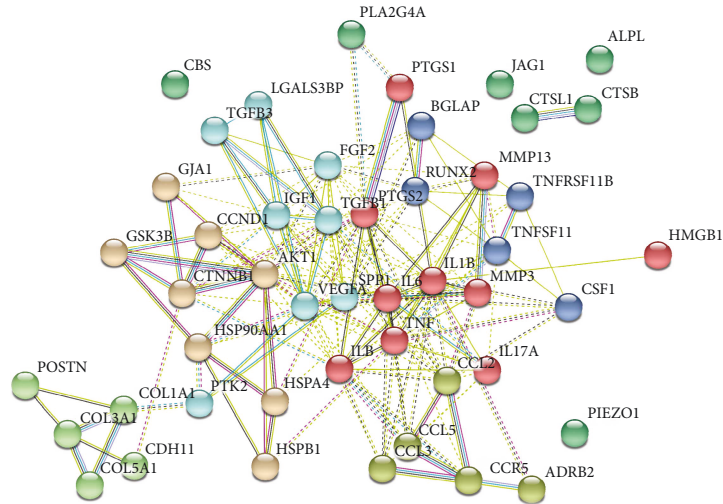
TABLE 1: Continued.

Gene symbol or metabolite	Cell culture	Reference	Examined force applied	Increase/decrease/no change	Gene expression	Change in relation to force magnitude	Increase/decrease/no change	Substance secretion	Change in relation to force magnitude	
			Duration (h)	Magnitude (g/cm ²)	Increase/decrease/no change	Change in relation to force duration (h)	Change in relation to force magnitude (g/cm ²)	Increase/decrease/no change	Change in relation to force magnitude (g/cm ²)	
		Jianru et al. 2015 [43]	3; 6; 12 (WB: 12)	25.0	Decrease followed by increase (qPCR: GAPDH)	3 (decrease) 12 (increase)	25.0	Increase (WB)	12	25.0
		Li et al. 2016 [31]	6; 24; 72	25.0	Decrease followed by Increase (qPCR: GAPDH)	6 (decrease) 72 (increase)	25.0			
3D (PLGA)		Li et al. 2016 [27]	6; 24; 72	5.0; 15.0; 25.0	Decrease followed by increase (qPCR: GAPDH)	6 (decrease) 72 (increase)	15.0 (decrease) 25.0 (increase)	Decrease followed by Increase (qPCR: GAPDH)	6 (decrease) 72 (increase)	25.0 (decrease) 25.0 (increase)
		Li et al. 2011 [33]	6; 24; 72	25	Decrease followed by increase (qPCR: GAPDH)	6 (decrease) 72 (increase)	25.0			
		Yi et al. 2016 [28]	24	25.0	Decrease (qPCR: GAPDH)	24	25.0	No change (WB)		
		Benjakul et al. in press [17]	48	1.5	Increase (qPCR: GAPDH)	48	1.5	Increase (qPCR: GAPDH)	48	1.5
		Jin et al. 2015 [18]	0; 0.5; 3; 6; 12	2.0	Increase (qPCR: GAPDH)	12	2.0			
		Kang et al. 2013 [44]	2; 48	2.0	Increase (qPCR: GAPDH)	48	2.0			
		Kanzaki et al. 2002 [20]	0.5; 1.5; 6; 24; 48	0.5; 1.0; 2.0; 3.0; 4.0	Increase (sqPCR: ACTNB)	48	2.0	Increase (WB): 40-kDa+ 55-kDa	48	2.0
		Kikuta et al. 2015 [45]	1; 3; 6; 9; 12; 24 (+ELISA: 48)	4.0	Increase (qPCR: GAPDH)	12	4.0	Increase (ELISA)	24	4.0
		Kim et al. 2013 [8]	0.5; 2; 6; 24; 48	2.0 ++	Increase (qPCR: GAPDH)	24	2.0	Increase (ELISA)	48	2.0
		Kirschneck et al. 2015 [21]	24	2.0	Increase (qPCR: POL2RA)	24	2.0			
TNFSF11	2D	Lee et al. 2015 [34]	0; 2; 4; 8; 24; 48	2.5	Increase (qPCR: ACTNB)	24	2.5			
		Liu et al. 2017 [35]	6, 12, 24	0.5; 1.0; 1.5	nd			Increase (WB: GAPDH)	ng	1.5
		Liu et al. 2006 [22]	48	2.0	Increase (sqPCR: ACTNB)	48	2.0			
		Luckpoom et al. 2011 [36]	2; 4	2.5	Increase (sqPCR: GAPDH)	2	2.5	Increase (WB)	4	2.5
		Mitsuhashi et al. 2011 [37]	1; 3; 6; 9; 12; 24	4.0	Temporary increase (qPCR: ACTNB)	6...9	4.0			
		Nakajima et al. 2008 [38]	0; 1; 3; 6; 9; 12; 24	0.5; 1.0; 2.0; 3.0; 4.0	nd			Increase (ELISA)	24	4.0
		Nishijima et al. 2006 [39]	48	0; 0.5; 1.0; 2.0; 3.0	nd			Increase (ELISA)	12...48	2.0
		Römer et al. 2013 [25]	24	2	Increase (qPCR: RNA-polymerase-2-polypeptide A)	24	2			

TABLE 1: Continued.

Gene symbol or metabolite	Cell culture	Reference	Examined force applied	Increase/decrease/no change	Gene expression	Change in relation to force magnitude (g/cm^2)	Substance secretion	Change in relation to force magnitude (g/cm^2)	
			Duration (h)	Magnitude (g/cm^2)	Change in relation to force duration (h)	Increase/decrease/no change	Change in relation to force duration (h)	Increase/decrease/no change	
		Wongkhantee et al. 2007 [30]	24	0; 1.25; 2.5	Increase (sqPCR: GAPDH)	24	24	Increase (WB; ACTNB)	2.5
		Yamada et al. 2013 [40]	12	4.0	Increase (qPCR: GAPDH)	12	12	Increase (ELISA)	4.0
		Yamaguchi et al. 2006 [41]	0; 3; 6; 9; 12; 24; 48	0.5; 1.0; 2.0; 3.0	nd		12...48	Increase (ELISA): sRANKL	2.0
	3D (Coll. gel)	Kang et al. 2013 [44]	2; 48	2.0	Increase (qPCR: GAPDH)	2	12	Increase (WB)	2.0
	3D (PLLA modif)	Liao et al. 2016 [14]	1 d; 3 d; 7 d; 14 d	5.0; 15.0; 25.0; 35.0	Increase (qPCR: GAPDH)	Day 14			2.0
		Jianru et al. 2015 [43]	3; 6; 12 (WB: 12)	25.0	Increase (qPCR: GAPDH)	6	12	Increase (WB)	25.0
		Li et al. 2016 [31]	6; 24; 72	25.0	Increase (qPCR: GAPDH)	6			25.0
		Li et al. 2016 [27]	6; 24; 72	5.0; 15.0; 25.0	Increase (qPCR: GAPDH)	6	72	Increase (ELISA)	25.0
	3D (PLGA)	Li et al. 2011 [33]	6; 24; 72	5; 15; 25; 35	Increase (qPCR: GAPDH)	6			25...35.0
		Yi et al. 2016 [28]	24	25.0	Increase (qPCR: GAPDH)	24	24	Increase (WB)	25.0

2D: two-dimensional cell culture; 3D (Coll. gel): three-dimensional cell culture, collagen gel; 3D (PLGA): three-dimensional cell culture using PLGA scaffolds; 3D (PLLA modif): three-dimensional cell culture, hydrophilically modified PLLA scaffolds; qPCR: quantitative polymerase chain reaction (e.g., real-time PCR); sqPCR: semi-quantitative polymerase chain reaction, followed by reference gene used; nr: not reported; na: not applicable; ELISA: enzyme-linked immune absorbent assay; WB: Western blot; IF: immunofluorescence; FLM: fluorescence microscopy; EIA: enzyme immunoassay.

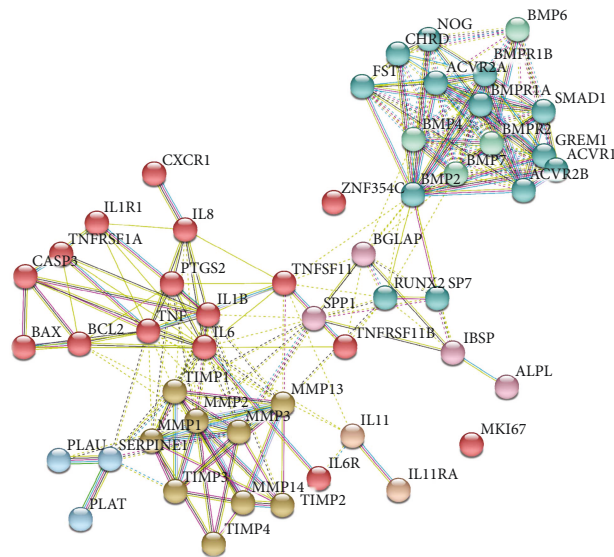


hPDLC list:

ADRB2, AKT1, ALPL, BGLAP, CBS, CCL2, CCL3, CCL5, CCND1, CCR5, CDH11, COL1A1, COL3A1, COL5A1, CSF1, CTNNB1, CTSB, CTSL, CXCL8, FGF2, GJA1, GSK3B, HMGB1, HSP90AA1, HSPA4, HSPB1, IGF1, IL17A, IL1B, IL6, JAG1, LGALS3BP, MMP13, MMP3, PIEZO1, PLA2G4A, POSTN, PTGS1, PTGS2, PTK2, RUNX2, SPP1, TGFB1, TGFB3, TNE, TNFRSF11B, TNFSF11, VEGFA

Gene	Number of interactions
VEGFA	24
IL6	23
IL1B	21
TNF	18
AKT1	18
TGFB1	18
CXCL8 (IL8)	17
IGF1	17
FGF2	16
PTGS2	15

(a)



hOB list:

ACVR1, ACVR2A, ACVR2B, ALPL, BAX, BCL2, BGLAP, BMP2, BMP4, BMP6, BMP7, BMPR1A, BMPR1B, BMPR2, Casp3, CHR1, CXCR1, FST, GREM1, IBSF, IL11, IL11RA, IL1B, IL1R1, IL6, IL6R, IL8, MKI67, MMP1, MMP13, MMP14, MMP2, MMP3, NOG, PLAT, PLAU, PTGS2, RUNX2, SERPINE1, SMAD1, SP7, SPP1, TIMP1, TIMP2, TIMP3, TIMP4, TNF, TNFRSF11B, TNFRSF1A, TNFSF11, ZNF354C

Gene	Number of interactions
IL6	22
BMP2	19
TNF	16
BMP4	15
BMP7	15
IL1B	15
MMP2	15
BMPR1A	14
BMPR1B	14
BMPR2	14

(b)

FIGURE 4: Protein-protein interaction networks for the (a) “hPDLC list” and the (b) “hOB list”. The gene lists are shown in the lower left part of each subfigure. Those genes with the highest number of interactions (“top 10”) are given in tables in the lower right part of each subfigure.

TABLE 2: KEGG pathways relevant for OTM with false discovery rates below $1.00E-05$ derived from STRING analysis using the set of examined genes from human periodontal ligament cells (“hPDLc list”; top panel) and human bone and bone-related cells and cell lines (“hOB list”; bottom panel). “X”, gene involved in that specific pathway.

(a)

KEGG ID	4060	4668	4510	4620	4370	4062	4380	4010	4064
KEGG name	Cytokine-cytokine receptor interaction	TNF signaling pathway	Focal adhesion	Toll-like receptor signaling pathway	VEGF signaling pathway	Chemokine signaling pathway	Osteoclast differentiation	MAPK signaling pathway	NF-kappa B signaling pathway
False discovery rate	$2.62E-15$	$2.06E-12$	$3.90E-11$	$2.04E-09$	$9.47E-08$	$1.33E-07$	$2.29E-07$	$1.42E-06$	$1.86E-05$
ADRB2									
AKT1		X	X	X	X	X	X	X	
ALPL									
BGLAP									
CBS									
CCL2	X	X				X			
CCL3	X			X		X			
CCL5	X	X		X		X			
CCND1			X						
CCR5	X					X			
CDH11									
COL1A1			X						
COL3A1			X						
COL5A1			X						
CSF1	X	X					X		
CTNNB1			X						
CTSB									
CTSL									
CXCL8 (= IL8)	X			X		X			X
FGF2								X	
GJA1									
GSK3b			X			X			
HMGB1									
HSP90AA1									
HSPA4									
HSPB1					X			X	
IGF1			X						
IL17A	X								
IL1B	X	X		X			X	X	X
IL6	X	X		X					
JAG1		X							
LGALS3BP									
MMP13									
MMP3		X							
PIZO1									
PLA2G4A					X			X	
POSTN									
PTGS1									
PTGS2		X			X				X

TABLE 2: Continued.

KEGG ID	4060	4668	4510	4620	4370	4062	4380	4010	4064
KEGG name	Cytokine-cytokine receptor interaction	TNF signaling pathway	Focal adhesion	Toll-like receptor signaling pathway	VEGF signaling pathway	Chemokine signaling pathway	Osteoclast differentiation	MAPK signaling pathway	NF-kappa B signaling pathway
False discovery rate	$2.62E-15$	$2.06E-12$	$3.90E-11$	$2.04E-09$	$9.47E-08$	$1.33E-07$	$2.29E-07$	$1.42E-06$	$1.86E-05$
PTK2			X		X	X			
RUNX2									
SPP1			X	X					
TGFB1	X							X	
TGFB3	X						X	X	
TNF	X	X		X			X	X	X
TNFRSF11B	X						X		
TNFSF11	X						X		X
VEGFA	X		X		X				

(b)

KEGG ID	4350	4060	4064	4390	4668	4210	4380	4620	4066
KEGG name	TGF-beta signaling pathway	Cytokine-cytokine receptor interaction	NF-kappa B signaling pathway	Hippo signaling pathway	TNF signaling pathway	Apoptosis	Osteoclast differentiation	Toll-like receptor signaling pathway	HIF-1 signaling pathway
False discovery rate	$8.33E-23$	$2.37E-21$	$8.32E-11$	$5.07E-09$	$1.01E-08$	$6.26E-08$	$1.02E-05$	$6.79E-05$	$7.16E-05$
ACVR1	X	X							
ACVR2A	X	X							
ACVR2B	X	X							
ALPL									
BAX						X			
BCL2			X			X			X
BGLAP									
BMP2	X	X		X					
BMP4	X			X					
BMP6	X			X					
BMP7	X	X		X					
BMPR1A	X	X		X					
BMPR1B	X	X		X					
BMPR2	X	X		X					
Casp3					X	X			
CHRD	X								
CXCR1		X							
FST	X								
GREM1									
IBSP									
IL11		X							
IL11RA									
IL1b		X	X		X	X	X	X	
IL1r1		X	X		X	X			

TABLE 2: Continued.

KEGG ID	4350	4060	4064	4390	4668	4210	4380	4620	4066
KEGG name	TGF-beta signaling pathway	Cytokine-cytokine receptor interaction	NF-kappa B signaling pathway	Hippo signaling pathway	TNF signaling pathway	Apoptosis	Osteoclast differentiation	Toll-like receptor signaling pathway	HIF-1 signaling pathway
False discovery rate	8.33E-23	2.37E-21	8.32E-11	5.07E-09	1.01E-08	6.26E-08	1.02E-05	6.79E-05	7.16E-05
IL6		X					X	X	X
IL6R		X							X
IL8		X	X				X	X	
MKI67									
MMP1									
MMP13									
MMP14									
MMP2									
MMP3									
NOG	X								
PLAT									
PLAU			X						
PTGS2			X						
RUNX2									
SERPINE1				X					X
SMAD1	X			X					
SP7									
SPP1							X	X	
TIMP1									X
TIMP2									
TIMP3									
TIMP4									
TNF	X	X	X		X	X	X	X	
TNFRSF11B		X							
TNFRSF1A		X	X		X	X			
TNFSF11		X	X						
ZNF354C									

orthodontics should be equal to capillary blood vessel pressure ($\approx 25 \text{ g/cm}^2$) [49]. On a tissue level, OOF should enable the desired clinical outcome without causing the unwanted side effects, for example, root resorption. On the cellular level, it should evoke best biologic cellular response without inhibiting the cell proliferation significantly [27]. Optimal orthodontic force *in vitro* varies between different models. Estimation of OOF for each *in vitro* model is of crucial importance for their successful application in OTM simulation [20, 33].

In 2D cell culture WAB *in vitro* loading models, applied forces varied between 0.2 and 5.0 g/cm^2 . Our data suggest that 2.0 g/cm^2 was the most commonly used force magnitude in the studies so far. According to Kanzaki et al. [20], this force magnitude proved to induce the best cellular response. Few studies reported a decrease in cell viability in a force-

dependent manner, especially with the application of 4 g/cm^2 force [20, 37, 50, 51].

In studies applying the 3D WAB *in vitro* loading models, the force magnitude used was chosen depending on the stiffness of the scaffold. Studies using collagen gel scaffolds most commonly applied 6 g/cm^2 force onto their *in vitro* models. According to Araujo et al. [47], this force was corresponding to the therapeutic orthodontic force, giving the best cellular response. For PLGA scaffolds, the force magnitude showing the best performance was 25 g/cm^2 (range: 5–35 g/cm^2). The same range of forces were applied in the study of Liao et al. [14] using a hydrophilically modified PLLA scaffold matrix. This range also corresponds to the one used in clinical settings, which indicates that these scaffolds are closest to the mechanical properties of *in vivo* PDL [14, 33]. This qualifies them also as a suitable model for investigation of light and

heavy forces, which are considered as a cause of orthodontic treatment failure.

4.3. Duration of the Force Application. The length of the force application in the studies rarely exceeded 72 h. In most of the cases, force was applied up to 24 and 48 h. Considering the fact that the first 10 days are of crucial importance for OTM ([52], p. 303), the duration of force application in most of the conducted studies is insufficient to fully understand the molecular background of OTM. Additionally, we would like to point out that only a few studies observed cell viability during the experiment. Most of them confirmed a reduction of cell viability, not only due to the force level but also depending on time [19, 50, 51]. We assume that one of the limitations, especially in the 2D WAB *in vitro* models, is compromised nutrient and oxygen supply in the pressure area. To overcome especially the time limitation of previous models, Liao et al. [14] introduced the hydrophilically modified PLLA matrix as a new scaffold for 3D cultures. They have shown that this scaffold can be used for up to 14 days without affecting cell viability, claiming that it provides good perfusion of the nutrients and oxygen over longer periods of time [14]. Establishing an *in vitro* model suitable for long-term force application (up to or more than 10 days) is beneficial for progress in this research field.

4.4. Role of PDL and hPDLs in OTM. Due to lack of PDL, ankylosed teeth and implants cannot undergo OTM, which depict best PDL's key role in transmitting the mechanical stimulus and initiating the process of bone remodelling [1, 53]. Beside its mechanotransduction properties, it also contributes to tissue homeostasis and repair, mostly due to the presence of mesenchymal stem cells which are an important part in the normal hPDL population [4]. This portion of hPDLs is known to be present in a higher extent in hPDLs isolated with the "enzyme digestion method" [54], commonly used among the studies in this review, especially in the 3D group.

4.5. Most Examined Genes in the Studies That Used hPDLs. To explain the contribution of hPDLs in OTM on the molecular level, we summarised all data regarding the most commonly examined genes and substances in this cell type (Table 1). These were *TNFSF11*, *PTGS2*, and PGE_2 , known as osteoclastogenesis inducers, and *TNFRSF11B*, known as an osteoclastogenesis inhibitor.

TNFSF11 (also known as "RANKL") [55] plays a crucial role in bone resorption on the compression side during OTM, inducing the osteoclast formation. *TNFSF11* showed an increased gene expression in all studies that used the 2D WAB *in vitro* loading model (Table 1). In most of the studies using this model, *TNFSF11* gene expression, as well as protein secretion, was positively correlated with both force duration and magnitude reaching the maximum expression level after 12–24 hours of force application. Studies using the 3D WAB *in vitro* loading model also reported an increase in the *TNFSF11* secretion, most of them after 6 hours of force application (Table 1). In cells grown in PLGA scaffolds, a positive correlation between force magnitude and gene

expression but a negative correlation between force duration and gene expression was noticed.

TNFRSF11B, also referred to as osteoprotegerin (OPG), is *TNFSF11*'s antagonist that inhibits osteoclastogenesis [55]. Most of the studies applying the 2D WAB *in vitro* loading model reported no observed change in gene expression ($n=8$), with exception of two studies that reported downregulation [40] or transitory downregulation [8] (Table 1). Considering protein secretion, results were contradictory. Most studies, however, reported a decrease in protein secretion or did not report any change. Results from studies using 3D WAB *in vitro* loading were also contrary, depending on the scaffold used. In a study using collagen gel scaffolds, an increase in *TNFRSF11B* gene expression was observed [26]. In all studies applying PLGA scaffolds, a decrease in *TNFRSF11B* secretion was positively correlated with force magnitude and negatively correlated with force duration [27, 28, 31, 33, 43]. With one exception [28], a comparison of *TNFSF11* and *TNFRSF11B* gene expression in the aforementioned studies showed that a rapid down/regulation of *TNFRSF11B* appears parallel to a rapid upregulation of *TNFSF11* in 3D WAB *in vitro* loading. Since both genes represent antagonists in bone turnover regulation, this was explained as a good representation of the cyclic changes in the bone metabolism on the compression side during OTM [31, 33]. It was also suggested that downregulation of *TNFSF11* in later stages might have something to do with other inducers for prolonged osteoclastogenesis promotion [33].

Gene expression of *PTGS2* was increased upon force application in both 2D and 3D studies. In most of the 2D WAB studies, *PTGS2* showed a positive correlation between the duration of the experiment and gene expression (Table 1). In those studies, using the 3D WAB *in vitro* loading model, *PTGS2* seemed to be negatively correlated with force duration and positively correlated with force magnitude. On the other hand, *PTGS2* protein quantity was shown to be in positive correlation with both duration and force magnitude using Western blotting (Table 1). Since *PTGS2* is involved in prostaglandin E_2 metabolism, an upregulation of *PTGS2* gene expression (maximum at 24 to 48 h after force application) is correlated with an upregulation of PGE_2 secretion (maximum at 48 h after force application) in all studies (Table 1).

Taken together, there seems to be some inconsistency between studies using the 2D and the 3D WAB *in vitro* loading model. The results within the 2D WAB group of studies are quite similar and comparable. However, a noticeable higher heterogeneity among those studies using the 3D WAB *in vitro* loading model is recognizable. This heterogeneity can be related to the type of scaffolds used.

4.6. STRING PPI Analysis. We performed STRING PPI analysis for two selected sets of genes ("hPDL list" and "hOB list"). PPI enrichment p values obtained from both PPI networks (Figure 4) had significantly more interactions than expected. This implicates that the genes examined in the studies were not chosen randomly. From our point of view, this is not surprising, since most of the

studies were selecting “the genes of interest” for their analysis, all previously known or suspected to be involved in bone metabolism. Just a few of the studies performed microarray analysis in order to identify all genes responding to force application [26, 32, 44, 48].

In addition, KEGG pathways relevant for OTM, identified for each set of genes in STRING analysis (Table 2), can be useful source for discovering new genes that might influence OTM.

5. Conclusions

In summary, the WAB *in vitro* loading model represents a simple and very efficient way to investigate molecular events during OTM. The purpose of this review was to provide an overview of all used forms of the WAB *in vitro* loading model (2D and 3D in combination with different scaffolds), present all current findings, and point out at certain questions for their further improvement.

3D WAB *in vitro* loading models have shown to be promising for use in future research by bringing a more real environment in *in vitro* setups. However, unlike well-established 2D models that provide comparable results, 3D models show inconsistency in results. Obviously, there is a need for further improvement in order to establish standardised *in vitro* models that will provide comparable results. Also, there is a need to elucidate molecular events during longer periods of force application. Therefore, the future goal is to establish both 2D and 3D loading models that will allow us to conduct long-term investigations. The study of Liao et al. [14] is a good example for this, and there should be more research in that direction.

Abbreviations

2D:	Two-dimensional
3D:	Three-dimensional
ATP:	Adenosine triphosphate
cAMP:	Cyclic adenosine monophosphate
ECM:	Extracellular matrix
ELISA:	Enzyme-linked immunosorbent assay
H ₂ S:	Hydrogen sulfide
hOBMCs:	Human oral bone marrow cells
hOBs:	Human osteoblasts
hPDLCS:	Human periodontal ligament cells
KEGG:	Kyoto encyclopedia of genes and genomes
NO:	Nitric oxide
OOF:	Optimal orthodontic force
OPG:	Osteoprotegerin
OTM:	Orthodontic tooth movement
PDL:	Periodontal ligament
PGE ₂ :	Prostaglandin E ₂
PLGA:	Poly(lactic-co-glycolic acid)
PLLA:	Poly-L-lactide acid
PPI:	Protein-protein interaction
PTGS2:	Prostaglandin-endoperoxide synthase 2
RANKL:	Receptor activator of nuclear factor kappa-B ligand
ROS:	Reactive oxygen species

STRING:	Search tool for the retrieval of interacting genes/proteins
TNF:	Tumor necrosis factor
TNFRSF11B:	TNF receptor superfamily member 11b
TNFSF11:	TNF superfamily member 11
WAB:	Weight approach based.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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Supplementary Materials

Supplementary 1. Search strategy designed for the studies applying the *in vitro* loading model based on a weight approach on cells in 2D or 3D cell culture and lists the excluded studies after full-text reading with reasons.

Supplementary 2. Studies applying the 2D weight approach on human primary cells from the orofacial region, that is, human periodontal ligament cells (hPDL), human oral bone marrow cells (hOBMC), and human alveolar bone osteoblasts (hOB). For each gene or metabolite force magnitude and force duration, the change in gene expression or substance secretion (increase, decrease, and no change) and the techniques applied are given.

Supplementary 3. Studies applying the 2D weight approach on human and nonhuman cells and cell lines not included in Supplement 2 (i.e., human primary cells from the orofacial region). For each gene or metabolite force magnitude and force duration, the change in gene expression or substance secretion (increase, decrease, and no change) and the techniques applied are given.

Supplementary 4. Studies applying the 3D weight approach on human and nonhuman cells and cell lines. For each gene or metabolite force magnitude and force duration, the change in gene expression or substance secretion (increase, decrease, and no change) and the techniques applied are given.

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Supplement 1

Janjic et al., *In Vitro* Weight Loaded Cell Models for Understanding Mechano-dependent Molecular Pathways Involved in Orthodontic Tooth Movement: A Systematic Review

Table 1. Search strategy designed for the studies applying the *in vitro* loading model based on a weight approach on cells in 2D cell culture.

FIELD		FORCE		TSSUE/ CELLS
orthodont* OR orthodontic tooth movement OR orthodontic forces	AND	mechanical stress OR compress* force OR continuous* compress* force OR compressive loading OR loading OR compress* OR mechanical force OR compressive loading OR static compressive loading OR mechanical stress	AND	bone OR periodontal ligament OR periodontal ligament cells OR periodontal ligament fibroblast OR PDL OR RAW OR hPDLs OR osteoclast* OR osteoblast* OR Saos-2 OR bone remodelling OR PBMCs

Final look of the prepared entry for the PubMed database:

(orthodont* OR orthodontic tooth movement OR orthodontic forces) AND (mechanical stress OR compress* force OR continuous* compress* force OR compressive loading OR loading OR compress* OR mechanical force OR compressive loading OR static compressive loading OR mechanical stress) AND (bone OR periodontal ligament OR periodontal ligament cells OR periodontal ligament fibroblast OR PDL OR RAW OR hPDLs OR osteoclast* OR osteoblast* OR Saos-2 OR bone remodelling OR PBMCs)

Table 2. List of excluded studies after full text reading with reasons – 2D studies.

Reason for exclusion (N)	Study
Another method of force application (31)	Basdra et al. (1997) [1]; Chien et al. (2006) [2]; Chien et al. (2009) [3]; Diercke et al. (2012) [4]; Diercke et al. (2012) [5]; Grimm et al. (2015) [6]; Guo et al. (2015) [7]; Hou et al. (2014) [8]; Imamura et al. (1990) [9]; Ito et al. (2014) [10]; Jacobs et al. (2013) [11]; Konermann et al. (2016) [12]; Korb et al. (2016) [13]; Li et al. (2009) [14]; Li et al. (2013) [15]; Liu et al. (2017) [16]; Liu, et al. (2009) [17]; Maeda et al. (2007) [18]; Maeda et al. (2015) [19]; Morikawa et al. (2016) [20]; Nakao et al. (2007) [21]; Sen et al. (2015) [22]; Shu et al. (2017) [23]; Wang et al. (2015) [24]; Wolf et al. (2016) [25]; Wu et al. (2015) [26]; Xu et al. (2014) [27]; Xu et al. (2015) [28]; Yang et al. (2010) [29]; Zhang et al. (2013) [30]; Zhang et al. (2016) [31]
Not in English (3)	Huang et al. (2006) [32]; Jiang et al. (2006) [33]; Xu et al. (2008) [34]
Review article (2)	Takano-Yamamoto et al. (2017) [35]; Yamaguchi et al. (2005) [36]
Other body part (1)	Ichimiya et al. (2007) [37]
Missing full text (1)	Ikeda et al. (2016) [38]
<i>In vivo</i> (7)	Cobo et al. (2016) [39]; Gluhak-Heinrich et al. (2006) [40]; Hayashi et al. (2012) [41]; Madureira et al. (2012) [42]; Nakano et al. (2015) [43]; Wolf et al. (2013) [44]; Xu et al. (2017) [45]
3D (6)	de Araujo et al. (2007) [46]; de Araujo et al. (2014) [47]; Li et al. (2016a) [48]; Li et al. (2016b) [49]; Liao et al. (2016) [50]; Yi et al. (2016) [51]

Table 3. Search strategy designed for studies applying the *in vitro* loading model based on a weight approach on 3D cell culture.

FIELD		FORCE		TISSUE/CELLS		3D MODEL
orthodontic force OR periodont* OR orthodontic tooth movement OR tooth movement OR OTM OR orthodont* OR orthodontic force	AND	mechanical stress OR mechan* stress OR compressive force OR static compressive force OR mechanical loading OR mechanical stress OR static compressive force OR static compress* OR static force OR loading OR compress* OR compressive loading OR pressure OR continuous compressive force OR continuous compress* OR Static Compress* OR mechanical force OR compressive stress	AND	periodontal ligament cells OR periodont* OR periodontal ligament OR PDL OR PDL cells OR periodontal ligament fibroblasts OR periodontal ligament cells OR osteoblast* OR osteoclast* OR alveolar bone OR bone resorption OR PDL tissue OR human gingival fibroblasts OR periodontal tissue	AND	three-dimensional culture system OR collagen OR collagen gel* OR three-dimensional model OR 3D OR 3D loading model OR 3-D model OR in vitro model OR 3-D in vitro model OR Gels OR 3-D culturing OR 3D culturing OR poly lactic-co-glycolic acid scaffolds OR PLGA scaffolds OR Scaffolds OR PLGA OR PDL tissue model OR Three-Dimensional Cultured OR three-dimensional gels OR periodontal ligament tissue model OR tissue model OR <i>in vitro</i> tissue model* OR porous poly scaffold OR periodontal ligament like tissue model

Final look of the prepared entry for the PubMed database:

(orthodontic force OR periodont* OR orthodontic tooth movement OR tooth movement OR OTM OR orthodont* OR orthodontic force) AND (mechanical stress OR mechan* stress OR compressive force OR static compressive force OR mechanical loading OR mechanical stress OR static compressive force OR static compress* OR static force OR loading OR compress* OR compressive loading OR pressure OR continuous compressive force OR continuous compress* OR Static Compress* OR mechanical force OR compressive stress) AND (periodontal ligament cells OR periodont* OR periodontal ligament OR PDL OR PDL cells OR periodontal ligament fibroblasts OR periodontal ligament cells OR osteoblast* OR osteoclast* OR alveolar bone OR bone resorption OR PDL tissue OR human gingival fibroblasts OR periodontal tissue) AND (three-dimensional culture system OR collagen OR collagen gel* OR three-dimensional model OR 3D OR 3D loading model OR 3-D model OR in vitro model OR 3-D in vitro model OR Gels OR 3-D culturing OR 3D culturing OR poly lactic-co-glycolic acid scaffolds OR PLGA scaffolds OR Scaffolds OR PLGA OR PDL tissue model OR Three-Dimensional Cultured OR three-dimensional gels OR periodontal ligament tissue model OR tissue model OR in vitro tissue model* OR porous poly scaffold OR periodontal ligament like tissue model)

Table 4. List of excluded studies after full text reading with reasons – 3D studies.

Reason for exclusion (N)	Study
Another method of force application (17)	Berendsen et al. (2009) [52]; Chang et al. (2008) [53]; Chang et al. (2015) [54]; Deschner et al. (2012) [55]; Diercke et al. (2011) [56]; Gharibi et al. (2013) [57]; Guo et al. (2015) [7]; Hou et al. (2014) [8]; Huang et al. (2009) [58]; Jacobs et al. (2013) [11]; Oortgiesen et al. (2012) [59]; Saminathan et al. (2013) [60]; Saminathan et al. (2015) [61]; Wolf et al. (2016) [25]; Wu et al. (2015) [26]; Xu et al. (2017) [62]; Yang et al. (2010) [29]; Zhang et al. (2013) [30]; Zhao et al. (2008) [63]
Not in English (2)	An et al. (2009) [64]; Huang et al. (2006) [32]
Organ explant (1)	Duncan et al. (1984) [65]
Not related to OTM (1)	Tabeian et al. (2017) [66]
Infinite element method (1)	Xin et al. (2002) [67]
Review article (1)	Wang et al. (2016) [68]
<i>In vivo</i> (3)	Gluhak-Heinrich et al. (2006) [40]; Moura et al. (2014) [69]; Zhao et al. (2008) [70]
Missing full text (1)	Zhang et al. (2016) [71]
No force application (1)	Cobo et al. (2016) [39]
2D (5)	Chen et al. (2015) [72]; Feng et al. (2017) [73]; Liu et al. (2017) [74]; Tripuwabhurut et al. (2013) [75]; Wolf et al. (2014) [76]

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Supplement 2. Studies applying the 2D weight approach on human primary cells from the orofacial region, i.e. human periodontal ligament cells (hPDLC), human oral bone marrow cells (hOBMC), and human alveolar bone osteoblasts (hOB). For each gene or metabolite force magnitude and force duration, the change in gene expression or substance secretion (increase, decrease, no change), and the techniques for analysis applied are given.

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
Asano et al. 2011 [1]	hPDLC (exp)	<i>CXCL8</i>	1.0; 2.0; 3.0; 4.0	0; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>CCL2</i>	1.0; 2.0; 3.0; 4.0	0; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
Benjakul et al. in press [2]	hPDLC (exp?)	<i>PGE₂</i>	1.5	48	n. a.	Increase (ELISA)
		<i>TNFSF11</i>	1.5	48	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNFRSF11B</i>	1.5	48	No change (qPCR: GAPDH)	No change (ELISA)
		<i>RUNX2</i>	1.5	48	Decrease (qPCR: GAPDH)	n. r.
Cao et al. 2014 [3]	hPDLC (dig)	<i>ADRB2</i>	1.5 0.5; 1.0; 1.5; 2.0	0; 2; 4; 6; 8; 12 6	n. r	Increase (WB)
	hOBMC	<i>ADRB2</i>	1.5 0.5; 1.0; 1.5; 2.0	0; 2; 4; 6; 8; 12 6	n. r	No change (WB)
Chae et al. 2011 [4]	hPDLC (\$\$)	<i>ROS</i>	3.0	4	n. a.	Increase (FLM)
		<i>IL1B</i>	3.0	24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>CXCL8</i>	3.0	24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL6</i>	3.0	24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNF</i>	3.0	24	Increase (qPCR: GAPDH)	Increase (ELISA)
Chen et al. 2015 [5]	hPDLC (exp)	<i>COL1A1</i>	2.0	24	Decrease (qPCR: ACTB)	n. r.
		<i>COL3A1</i>	2.0	24	Decrease (qPCR: ACTB)	n. r.
		<i>COL5A1</i>	2.0	24	No change (qPCR: ACTB)	n. r.
		microRNAs	2.0	24	Increase (qPCR: U6snRNA)	n. r.
Feng et al. 2017 [6]	hPDLC (dig)	<i>CDH11</i>	0.5; 1.0; 1.5; 2.0 1.0	24 4; 8; 12; 24	Decrease (qPCR: GAPDH)	Decrease (WB)
		<i>COL1A1</i>	0.5; 1.0; 1.5; 2.0 1.0	24 4; 8; 12; 24	Decrease (qPCR: GAPDH)	Decrease (WB)
		<i>CTNNB1</i>	0.5; 1.0; 1.5; 2.0 1.0	24 4; 8; 12; 24	n. r.	Decrease (WB)
Feng et al. 2016 [7]	hPDLC (dig)	<i>COL1A1</i>	1.0	24	Decrease (qPCR: GAPDH)	n. r.
		<i>TGFB1</i>	1.0	24	Decrease (qPCR: GAPDH)	n. r.
		<i>TGFB3</i>	1.0	24	Decrease (qPCR: GAPDH)	n. r.

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
		TGF- β (*antibody specificity not identifiable)	1.0	24	n. a.	Decrease (WB)
He et al. 2015 [8]	hPDLC (dig)	Effect on macrophages in co-culture	1	24	n. r.	n. r.
Jin et al. 2015 [9]	hPDLC (dig)	<i>PTGS2</i>	2.0	0.5; 3; 6; 12	Increase (qPCR: GAPDH)	n. r.
		NFKB (*antibody specificity not identifiable)	2.0	3	n. r.	Increased nuclear translocation (WB)
		<i>TNFRSF11B</i>	2.0	0.5; 3; 6; 12	No change (qPCR: GAPDH)	n. r.
		PGE ₂	2.0	12	n. a.	Increase (ELISA)
		<i>PIEZO1</i>	2.0	0.5; 3; 6; 12 WB: 3	Increase (qPCR: GAPDH)	Increase (WB)
		<i>TNFSF11</i>	2.0	0.5; 3; 6; 12	Increase (qPCR: GAPDH)	n. r.
Kang et al. 2013 [10]	hPDLC (dig)	<i>IL1B</i>	2.0	2; 48	No change (qPCR: GAPDH)	n. r.
		<i>TNF</i>	2.0	2; 48	No change (qPCR: GAPDH)	n. r.
		<i>TNFSF11</i>	2.0	2; 48	Increase (qPCR: GAPDH)	n. r.
		<i>MMP3</i>	2.0	2; 48	Decrease (qPCR: GAPDH)	n. r.
		<i>MMP13</i>	2.0	2; 48	Increase (qPCR: GAPDH)	n. r.
Kang et al. 2010 [11]	hPDLC (?)	<i>PTGS2</i>	2.0	0.5; 2; 6; 24; 48	Increase (qPCR: GAPDH)	n. r.
		<i>PTK2</i>	2.0	0.5; 2; 6; 24; 48	n. r.	p-FAK: Increase (WB) overall FAK: no change (WB)
		PGE ₂	2.0	0.5; 2; 6; 24; 48	n. a.	Increase (ELISA)
Kanjanamekanant et al. 2013 [12]	hPDLC (?)	<i>IL1B</i>	1.0; 1.5; 2.0; 2.5	1, 3, 5	Increase (sqPCR: GAPDH)	Increase (ELISA)
Kanjanamekanant et al. 2014 [13]	hPDLC (?)	<i>IL1B</i>	0; 0.5; 1.0; 1.5; 2.0; 2.5	3	n. r.	ELISA
		ATP	2.0	3	n. a.	ELISA
Kanzaki et al. 2002 [14]	hPDLC (exp)	<i>PTGS1</i>	0.5; 1.0; 2.0; 3.0; 4.0 ⁺	0.5; 1.5; 6; 24; 48	No change (sqPCR: ACTNB)	n. r.
		<i>PTGS2</i>	0.5; 1.0; 2.0; 3.0; 4.0 ⁺	0.5; 1.5; 6; 24; 48	Increase (sqPCR: ACTNB)	n. r.
		<i>TNFRSF11B</i>	0.5; 1.0; 2.0; 3.0; 4.0 ⁺	0.5; 1.5; 6; 24; 48	No change (sqPCR: ACTNB)	n. r.
		PGE ₂	2.0	0.5; 1.5; 6; 24; 48,60	n. a.	Increase (ELISA)
		<i>TNFSF11</i>	0.5; 1.0; 2.0; 3.0; 4.0 WB: 2.0	0.5; 1.5; 6; 24; 48 WB: 48, 96	Increase (sqPCR: ACTNB)	Increase (WB): 40-kDa + 55-kDa
Kikuta et al. 2015 [15]	hPDLC (exp)	<i>IL6</i>	4.0	1; 3; 6; 9; 12; 24 ELISA: 1; 3; 6; 9; 12; 24; 48	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>JAG1</i>	4.0	1; 3; 6; 9; 12; 24 (Increase (qPCR: GAPDH)	Increase (ELISA)

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
		<i>TNFSF11</i>	4.0	1; 3; 6; 9; 12; 24 ELISA: 1; 3; 6; 9; 12; 24; 48	Increase (qPCR: GAPDH)	Increase (ELISA)
Kim et al. 2013 [16]	hPDLC (dig)	<i>PTK2</i>	2.0	0.5; 2; 6; 24; 48	n. r.	p-FAK/FAK-ratio: Increase (WB)
		<i>CSF1</i>	2.0	0.5; 2; 6; 24; 48	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNFRSF11B</i>	2.0	0.5; 2; 6; 24; 48	Transitory downregulated. (qPCR: GAPDH)	Transitory downregulation (ELISA)
		<i>TNFSF11</i>	2.0	0.5; 2; 6; 24; 48	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNF</i>	2.0	0.5; 2; 6; 24; 48	Increase (qPCR: GAPDH)	Increase (ELISA)
Kirschneck et al. 2015 [17]	hPDLC (exp)	<i>PTGS2</i>	2.0	24	Increase (qPCR: POL2RA)	n. r.
		<i>IL6</i>	2.0	24	Increase (qPCR: POL2RA)	Not explicitly stated (ELISA)
		<i>TNFRSF11B</i>	2.0	24	No change (qPCR: POL2RA)	n. r.
		PGE ₂	2.0	24	n. a.	Not explicitly stated (ELISA)
		<i>TNFSF11</i>	2.0	24	Increase (qPCR: POL2RA)	n. r.
Kunii et al. 2013 [18]	hPDLC (exp)	<i>IL6</i>	1.0; 2.0; 3.0; 4.0	3; 6; 9; 12; 24 ELISA: 3; 6; 9; 12; 24; 48; 72	Increase (qPCR: GAPDH)	Increase (ELISA)
Lee et al. 2015 [19]	hPDLC (?)	<i>CCL3</i>	2.5	2; 4; 8; 24; 48 WB: 24; 48; 72; 96	Increase (qPCR: ACTNB)	Increase (WB)
		<i>CCL5</i>	2.5	2; 4; 8; 24; 48 WB: 24; 48; 72; 96	Increase (qPCR: ACTNB)	Increase (WB)
		<i>CCR5</i>	2.5	2; 4; 8; 24; 48 WB: 24; 48; 72; 96	Increase (qPCR: ACTNB)	Increase (WB)
		<i>ALPL</i>	2.5	24	Increase (qPCR: ACTNB)	n. r.
		<i>RUNX2</i>	2.5	24	No change (qPCR: ACTNB)	n. r.
		<i>BGLAP</i>	2.5	24	No change (qPCR: ACTNB)	n. r.
		<i>TNFSF11</i>	2.5	24	Increase (qPCR: ACTNB)	n. r.
		<i>TNFRSF11B</i>	2.5	24	No change (qPCR: ACTNB)	n. r.
		<i>POSTN</i>	2.5	24	Increase (qPCR: ACTNB)	n. r.
		<i>IL12</i> (*forward and reverse primers are identical. Primer Blast- no results)	2.5	24	No change (qPCR: ACTNB)	n. r.
		<i>COL1A1</i>	2.5	2; 4; 8; 24; 48	Increase (qPCR: ACTNB)	n. r.
Liu et al. 2017 [20]	hPDLC (dig)	<i>CBS</i>	0.5; 1.0; 1.5	6; 12; 24	n. r.	Increase (WB)
		H ₂ S	0.5; 1.0; 1.5	6; 12; 24	n. a.	Increase

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
		<i>CCL2</i>	0.5; 1.0; 1.5	6; 12; 24	n. r.	Increase (WB)
		<i>TNFSF11</i>	0.5; 1.0; 1.5	6; 12; 24	n. r.	Increase (WB)
		<i>TNFRSF11B</i>	0.5; 1.0; 1.5	6; 12; 24	n. r.	Decrease (WB)
Liu et al. 2006 [21]	hPDLc (?)	<i>PTGS2</i>	2.0	48	Increase (sqPCR: ACTNB)	n. r.
		<i>IL1B</i>	2.0	48	n. r.	No change (ELISA)
		PGE ₂	2.0	48	n. a.	Increase (ELISA)
		<i>TNFSF11</i>	2.0	48	Increase (sqPCR: ACTNB)	n. r.
		NO	2.0	48	n. a.	Increase (HPLC-Griess)
Luckprom et al. 2011 [22]	hPDLc (?)	<i>TNFRSF11B</i>	2.5	2; 4	No change (sqPCR: GAPDH)	n. r.
		<i>TNFSF11</i>	2.5	2; 4	Increase (sqPCR: GAPDH)	Increase (WB)
		ATP	2.5	2; 4	n. a.	Increase (WB)
		<i>GJA1</i>	2.5	2; 4	n. r. (sqPCR: GAPDH)	n. r.
Mayahara et al. 2007 [23]	hPDLc (exp)	<i>PTGS2</i>	2	3; 6; 12; 24; 48	Increase (qPCR: GAPDH)	n. r.
		PGE ₂	2	3; 6; 12; 24; 48	n. a.	Increase (ELISA)
Mayahara et al. 2010 [24]	hPDLc (exp)	<i>PTGS2</i>	2.0	3; 6; 12; 24; 48	Increase (qPCR: GAPDH)	n. r.
		<i>PLA2G4A</i>	2.0	3; 6; 12; 24; 48	Increase (qPCR: GAPDH)	n. r.
Mitsuhashi et al. 2011 [25]	hPDLc (exp)	<i>HSPB1</i>	4.0	1; 3; 6; 9; 12; 24	No change (qPCR: ACTNB)	n. r.
		<i>HSPA4</i>	1.0; 2.0; 4.0	1; 3; 6; 9; 12; 24	Increase (qPCR: ACTNB)	Increase (ELISA; WB)
		<i>HSP90AA1</i>	4.0	1; 3; 6; 9; 12; 24	Increase (qPCR: ACTNB)	n. r.
		<i>TNFRSF11B</i>	4.0	1; 3; 6; 9; 12; 24	No change (qPCR: ACTNB)	n. r.
		<i>TNFSF11</i>	4.0	1; 3; 6; 9; 12; 24	Temporary increase (qPCR: ACTNB)	n. r.
		<i>TNF</i>	4.0	1; 3; 6; 9; 12; 24	Temporary increase (qPCR: ACTNB)	n. r.
Nakajima et al. 2008 [26]	hPDLc (exp)	<i>FGF2</i>	0.5; 1.0; 2.0; 3.0; 4.0	1; 3; 6; 9; 12; 24	Increase (sqPCR: ACTNA)	Increase (ELISA)
		<i>TNFRSF11B</i>	0.5; 1.0; 2.0; 3.0; 4.0	1; 3; 6; 9; 12; 24	n. r.	Increase (ELISA)
		<i>TNFSF11</i>	0.5; 1.0; 2.0; 3.0; 4.0	1; 3; 6; 9; 12; 24	n. r.	Increase (ELISA)
Nishijima et al. 2006 [27]	hPDLc (exp)	<i>TNFSF11</i>	0.5; 1.0; 2.0; 3.0	48	n. r.	Increase (ELISA)
		<i>TNFRSF11B</i>	0.5; 1.0; 2.0; 3.0	48	n. r.	Decrease (ELISA)
Premaraj et al. 2011 [28]	hPDLc (\$\$)	<i>AKT1</i>	0.2; 2.2; 5.0	6	n. r.	WB: Increase p-Akt
		<i>GSK3b</i>	0.2; 2.2; 5.0	6	n. r.	WB: Increase in p-GSK-3β

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
		<i>CTNNB1</i>	0.2; 2.2; 5.0	6	n. r.	WB: Increase in nuclear dephos- β -catenin
Premaraj et al. 2013 [29]	hPDLC (S\$)	<i>AKT1</i>	5.0	6	n. r.	Increase in dephos-Akt (WB)
		<i>PTGS2</i>	0.2; 2.2; 5.0	6	n. r.	Increase (WB)
		<i>CCND1</i>	0.2; 2.2; 5.0	6	n. r.	Increase (WB)
		<i>PTK2</i>	0.2; 2.2; 5.0	0.5; 1; 3; 6	n. r.	Increase in p-FAK (WB)
		PGE ₂	5.0	0.5; 1; 3; 6	n. a.	Increase (ELISA)
		<i>CTNNB1</i>	5.0	6	n. r.	Increase in dephos- β -catenin
		NO	5.0	0.2; 0.5; 1; 2	n. a.	Increase (Griess Reagent System)
Proff et al. 2014 [30]	hPDLC (exp)	<i>PTGS2</i>	2	24	Increase (qPCR: POLR2A)	Increase (WB)
		<i>IGF1</i>	2	24	Increase (qPCR: POLR2A)	n. r.
		<i>IL6</i>	2	24	No change (qPCR: POLR2A)	n. r.
		<i>CXCL8</i>	2	24	Increase (qPCR: POLR2A)	Decrease (WB, ELISA)
		<i>MMP13</i>	2	24	Increase (qPCR: POLR2A)	n. r.
		<i>VEGFA</i>	2	24	No change (qPCR: POLR2A)	n. r.
		PGE ₂	2	24	n. a.	Increase (ELISA)
Römer et al. 2013 [31]	hPDLC (exp)	<i>PTGS2</i>	2	24	Increase (qPCR: POLR2A)	n. r.
		<i>TNFRSF11B</i>	2	24	No change (qPCR: POLR2A)	n. r.
		PGE ₂	2	24	n. a.	Increase (ELISA)
		<i>TNFSF11</i>	2	24	Increase (qPCR: POLR2A)	n. r.
Tripuwabhrut et al. 2013 [32]	hOB	<i>COL1</i>	2.0; 4.0	24 ELISA: 24; 72; 7d	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNFSF11</i>	2.0; 4.0	24; IF: +72	Increase (qPCR: GAPDH)	IF; not detectable with ELISA
		<i>TNFRSF11B</i>	2.0; 4.0	24; ELISA: 24;72	Decrease (qPCR: GAPDH)	Decrease (ELISA)
		PGE ₂	2.0; 4.0	24	n. a.	Increase (ELISA)
		<i>SPP1</i>	2.0; 4.0	24	No change (qPCR: GAPDH)	n. r.
		<i>BGLAP</i>	2.0; 4.0	24	No change (qPCR: GAPDH)	n. r.
		<i>RUNX2</i>	2.0; 4.0	24	Decrease (qPCR: GAPDH)	n. r.
		<i>ALPL</i>	2.0; 4.0	24; Activity: 24; 72; 7d	Increase (qPCR: GAPDH)	Activity: Increase extracellular Activity: decrease intracellular
Tripuwabhrut et al. 2012 [33]	hOB	<i>MKI67</i>	2.0; 4.0	24	Decrease (qPCR: GAPDH)	n. r.

Reference	Cell type ^a	Gene/ metabolite symbol	Examined force applied		Gene expression ^{b, c} (Increase/ decrease/ no change)	Substance secretion ^{c, d} (Increase/ decrease/ no change)
			Magnitude [g/cm ²]	Duration [h]		
		<i>BAX</i>	2.0; 4.0	24	No change (qPCR: GAPDH)	n. r.
		<i>BCL2</i>	2.0; 4.0	24	No change (qPCR: GAPDH)	n. r.
		<i>IL6</i>	2.0; 4.0	24	Increase (qPCR: GAPDH)	Decrease (ELISA)
		<i>CXCL8</i>	2.0; 4.0	24	Increase (qPCR: GAPDH)	Decrease (ELISA)
Wolf et al. 2014 [34]	hPDLC (?)	<i>HMGB1</i>	4.0	8	n. r.	Increase (ELISA)
Wolf et al. 2013 [35]	hPDLC (?)	<i>HMGB1</i>	4.0	24	n. r.	Translocation to cytoplasm (IF) Increase (ELISA)
Wongkhantee et al. 2007 [36]	hPDLC (exp)	<i>PTGS2</i>	1.25; 2.5	24	Increase (sqPCR: GAPDH)	n. r.
		<i>SPP1</i>	0.5; 0.75; 1.0; 1.25; 2.5	1; 4; 8; 24; 48	Increase (sqPCR: GAPDH)	Increase (WB)
		<i>TNFSF11</i>	1.25; 2.5	24	Increase (sqPCR: GAPDH)	Increase (WB)
Yamada et al. 2013 [37]	hPDLC (exp)	<i>IL6</i>	4.0	12	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL17A</i>	4.0	12	n. r.	No change (ELISA)
		<i>TNFRSF11B</i>	4.0	12	Decrease (qPCR: GAPDH)	Decrease (ELISA)
		<i>TNFSF11</i>	4.0	12	Increase (qPCR: GAPDH)	Increase (ELISA)
Yamaguchi et al. 2004 [38]	hPDLC (exp)	<i>CTSB</i>	0.5; 1.0; 2.0; 3.0	3; 6; 9; 12; 24	Increase (sqPCR: GAPDH)	Increase (ELISA)
		<i>CTSL</i>	0.5; 1.0; 2.0; 3.0	3; 6; 9; 12; 24	Increase (sqPCR: GAPDH)	Increase (ELISA)
Yamaguchi et al. 2006 [39]	hPDLC (exp)	<i>TNFRSF11B</i>	0.5; 1.0; 2.0; 3.0	3; 6; 9; 12; 24; 48	n. r.	Decrease (ELISA)
		<i>TNFSF11</i>	0.5; 1.0; 2.0; 3.0	3; 6; 9; 12; 24; 48	n. r.	Increase (ELISA): sRANKL Increase (WB)
Zhang et al. 2017 [40]	hPDLC (dig)	<i>LGALS3BP</i>	0.5; 1.0; 1.5; 2.0;	24	n. r.	Increase (ELISA):

^a hPDLC (exp) – hPDLC isolated with explant method; hPDLC (dig) – hPDLC isolated with digestion method, hPDLC (?) – hPDLC, isolation method not given; hPDLC (\$\$) – hPDLC from commercial sources; hOB – human osteoblasts; hOBMC – human oral bone marrow cells

^b qPCR – quantitative PCR (e.g. real time PCR); sqPCR – semi-quantitative PCR; followed by reference gene used

^c n. r. – not reported; n. a. – not applicable

^d ELISA – Enzyme linked immune absorbent assay; WB – western blot; IF – immunofluorescence; FLM, fluorescence microscopy; HPLC-Griess – High Pressure Liquid Chromatography, Griess detection method; p-FAK/FAK – phosphorylated and non-phosphorylated focal adhesion kinase (FAK); kDa – kilo Dalton; pAkt – phosphorylated protein kinase B; p-GSK-3 β – phosphorylated glycogen synthase kinase-3-beta; dephos- β -catenin – dephosphorylated β -catenin; sRANKL – soluble RANKL

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Supplement 3. Studies applying the 2D weight approach on human and non-human cells and cell lines not included in Table 1. For each gene or metabolite force magnitude and force duration, the change in gene expression or substance secretion (increase, decrease, no change), and the techniques for analysis applied are given.

Reference	Cell type (species) ^a	Gene symbol or metabolite	Examined force applied		Gene expression ^{c,d} (Increase/ decrease/ no change)	Substance secretion ^{d,e} (Increase/ decrease/ no change)
			Magnitude [g/cm ²] ^b	Duration [h]		
Goga et al. 2006 [1]	MG63 (<i>H. s.</i>)	<i>CASP3</i>	2.0; 4.0 N/cm ²	12; 24	n. r.	Increase
Hayakawa et al. 2015 [2]	RAW264.7 (<i>M. m.</i>)	<i>Nfatc1</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Tnfsf11</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Tnfrsf11a</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Ctsk</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Cln7</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Mmp9</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Tcirg1</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Dcstamp</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Ocstamp</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Itgav</i>	0.114; 0.215; 0.301; 0.387; 0.53 ⁺⁺	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
Hoshina et al. 2004 [3]	Bone marrow derived osteoblasts (<i>R. n.</i>)	<i>Spp1</i>	0.9	12; 24; 72	No change (qPCR: GAPDH)	n. r.
		<i>Bglap</i>	0.9	12; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>Alpl</i>	0.9	12; 24; 72	n. r.	No change (activity)
Inubushi et al. 2014 [4]	ST-2 (<i>M. m.</i>)	<i>Tnf</i>	0.5	2; 24	Decrease (qPCR: 18S)	n. r.
		<i>Ptgs2</i>	0.5	2; 24	Increase (qPCR: 18S)	n. r.
		<i>Tnfsf11</i>	0.5	2; 24	Increase (qPCR: 18S)	n. r.
		<i>Tnfrsf11b</i>	0.5	2; 24	Decrease (qPCR: 18S)	n. r.
Koyama et al. 2008 [5]	Saos-2 (<i>H. s.</i>)	<i>IL1B</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL6</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)

Reference	Cell type (species) ^a	Gene symbol or metabolite	Examined force applied		Gene expression ^{c,d} (Increase/ decrease/ no change)	Substance secretion ^{d,e} (Increase/ decrease/ no change)
			Magnitude [g/cm ²] ^b	Duration [h]		
		<i>IL8 (CXCL8)</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	No change (qPCR: GAPDH)	No change (ELISA)
		<i>IL11</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNF</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL1R1</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24;	Increase (qPCR: GAPDH)	n. r.
		<i>IL6R</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24;	Increase (qPCR: GAPDH)	n. r.
		<i>CXCR1</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24;	Increase (qPCR: GAPDH)	n. r.
		<i>IL11RA</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24;	No change (qPCR: GAPDH)	n. r.
		<i>TNFRSF1A</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24;	No change (qPCR: GAPDH)	n. r.
Matsunaga et al. 2016 [6]	Cementoblast cell line (HCEM-SV40) (<i>H.s.</i>)	<i>RUNX2</i>	0.25 gf/cm ²	12	Decrease ⁺ (qPCR: GAPDH)	n. r.
		<i>ALPL</i>	0.25 gf/cm ²	12	Decrease ⁺ (qPCR: GAPDH)	n. r.
		<i>WNT5A</i>	0.25 gf/cm ²	12	Decrease ⁺ (qPCR: GAPDH)	n. r.
		<i>SPON1</i>	0.25 gf/cm ²	12	Decrease ⁺ (qPCR: GAPDH)	n. r.
Mitsui et al. 2005 [7]	Saos-2 (<i>H.s.</i>)	<i>PTGS2</i>	1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>IBSP</i>	0.5, 1.0, 2.0; 3.0 WB: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (WB)
		<i>SPP1</i>	1.0	1; 3; 6; 9; 12; 24	Increase followed by decrease (qPCR: GAPDH)	Increase (WB)
		PGE ₂	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24	n. a.	Increase (ELISA)
Mitsui et al. 2006 [8]	Saos-2 (<i>H.s.</i>)	<i>MMP1</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>MMP2</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>MMP3</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>MMP13</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>MMP14</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TIMP1</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TIMP2</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TIMP3</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TIMP4</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>PLAT</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>PLAU</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>SERPINE1</i>	0.5, 1.0, 2.0; 3.0; ELISA: 1.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	Increase (ELISA)
Mitsui et al. 2006 [9]	Saos-2 (<i>H.s.</i>)	<i>BMP2</i>	0.5, 1.0, 2.0; 3.0	1; 3; 6; 9; 12; 24; WB: 2	Increase (qPCR: GAPDH)	Increase (WB)
		<i>BMP4</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	Increase (WB)
		<i>BMP6</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	Increase (WB)
		<i>BMP7</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	Increase (WB)

Reference	Cell type (species) ^a	Gene symbol or metabolite	Examined force applied		Gene expression ^{c,d} (Increase/ decrease/ no change)	Substance secretion ^{d,e} (Increase/ decrease/ no change)
			Magnitude [g/cm ²] ^b	Duration [h]		
		<i>BMPRIA</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>BMPR1B</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>ACVR1</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>BMPR2</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>ACVR2A</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>ACVR2B</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>CHRD</i>	0.5, 1.0, 2.0, or 3.0	9	Decrease followed by increase (qPCR: GAPDH)	n. r.
		<i>GREM1</i>	0.5, 1.0, 2.0, or 3.0	9	Decrease followed by increase (qPCR: GAPDH)	Decrease followed by increase (WB)
		<i>FST</i>	0.5, 1.0, 2.0, or 3.0	9	Decrease followed by no change (qPCR: GAPDH)	Decrease followed by no change (WB)
		<i>NOG</i>	0.5, 1.0, 2.0, or 3.0	9	Decrease followed by increase (qPCR: GAPDH)	Decrease followed by increase (WB)
		<i>RUNX2</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>SP7</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>ZNF354C</i>	0.5, 1.0, 2.0, or 3.0	9	Increase (qPCR: GAPDH)	n. r.
		<i>SMAD1</i>	1.0	9	n. d.	Increase p-Smad1 (WB)
Rego et al. 2011 [10]	OCCM-30 (<i>M.m.</i>)	<i>Bmp2</i>	0.2 kPa	12	Increase (qPCR: GAPDH)	n. r.
		<i>Bglap2</i>	0.2 kPa	12	Increase (qPCR: GAPDH)	n. r.
		<i>Ptgs2</i>	0.2 kPa	1; 3; 6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Tnfsf11</i>	0.2 kPa	12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Tnfrsf11b</i>	0.2 kPa	12; 24	No change (qPCR: GAPDH)	n. r.
		PGE ₂	0.2 kPa	6; 12;24	n. a.	Increase
		<i>Ptger1</i>	0.2 kPa	1	No change (qPCR: GAPDH)	n. r.
		<i>Ptger2</i>	0.2 kPa	1	No change (qPCR: GAPDH)	n. r.
		<i>Ptger3</i>	0.2 kPa	1	No change (qPCR: GAPDH)	n. r.
		<i>Ptger4</i>	0.2 kPa	1	No change (qPCR: GAPDH)	n. r.
Sanuki et al. 2010 [11]	MC3T3-E1 (<i>M.m.</i>)	<i>Ptgs2</i>	1.0; 3.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Csf1</i>	1.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>Tnfsf11</i>	1.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>Tnfrsf11b</i>	1.0; 3.0	1; 3; 6; 9; 12; 24; ELISA: 24	Decrease (qPCR: GAPDH)	Decrease (ELISA)
		PGE ₂	1.0; 3.0	24	n. a.	Increase (ELISA)
Takahashi et al. 2003 [12]	PDLC (<i>R. n.</i>)	<i>Mmp8</i>	0.1; 0.2; 0.3 kPa	72	Decrease (sqPCR: GAPDH)	n. r.
		<i>Mmp13</i>	0.1; 0.2; 0.3 kPa	72	Decrease (sqPCR: GAPDH)	n. r.

Reference	Cell type (species) ^a	Gene symbol or metabolite	Examined force applied		Gene expression ^{c,d} (Increase/ decrease/ no change)	Substance secretion ^{d,e} (Increase/ decrease/ no change)
			Magnitude [g/cm ²] ^b	Duration [h]		
Yanagisawa et al. 2007 [13]	C2C12 (<i>M.m.</i>)	<i>Runx2</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Msx2</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Dlx5</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Sp7</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Zfp354c</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Sox5</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Sox9</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Myod1</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>Pparg</i>	0.25; 0.5, 1.0, 2.0	1; 3; 6; 9; 12; 24 (WB: 24)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>p38-MAPK</i> (*Antibody specificity not specified)	0.5	WB/ELISA: 5, 10, 20, 30, 60 min	n. r.	Increased p-P38 MAPK (WB) Increased p-P38 MAPK (ELISA)
Zhang et al. 2010 [14]	MC3T3-E1 (<i>M.m.</i>)	<i>Il17a</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17b</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17d</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17c</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il25</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17f</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17ra</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17rb</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17rd</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17rc</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il17re</i>	1.0; 2.0	1; 3; 6; 9; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>Il1a</i>	1.0; 2.0	2	n. r.	Increase (ELISA)
<i>Il6</i>	1.0; 2.0	2	n. r.	Increase (ELISA)		
Zhang et al. 2017 [15]	OCCM-30 (<i>M.m.</i>)	<i>Piezo1</i>	2.0	0; 3; 6; 9; 12; 24;	Decrease (qPCR: GAPDH)	Decrease (WB)
		<i>Tnfrsf11b</i>	2.0	0; 3; 6; 9; 12; 24;	Decrease (qPCR: GAPDH)	n. r.
		<i>Spp1</i>	2.0	0; 3; 6; 9; 12; 24;	Decrease (qPCR: GAPDH)	n. r.
		<i>Bglap</i>	2.0	0; 3; 6; 9; 12; 24;	Decrease (qPCR: GAPDH)	n. r.
		<i>Hacd1</i>	2.0	0; 3; 6; 9; 12; 24;	Decrease (qPCR: GAPDH)	n. r.
Zhou et al. 2013 [16]	U2OS (<i>H.s.</i>)	<i>RUNX2</i>	1.0	1; 4; 8; 12; 24	Decrease (qPCR: GAPDH)	n. r.
		<i>BGLAP</i>	1.0	1; 4; 8; 12; 24	Decrease (qPCR: GAPDH)	n. r.
		<i>ALPL</i>	1.0	1; 4; 8; 12; 24	Decrease (qPCR: GAPDH)	n. r.

Reference	Cell type (species) ^a	Gene symbol or metabolite	Examined force applied		Gene expression ^{c,d} (Increase/ decrease/ no change)	Substance secretion ^{d,e} (Increase/ decrease/ no change)
			Magnitude [g/cm ²] ^b	Duration [h]		
		<i>IBSP</i>	1.0	1; 4; 8; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>IL1B</i>	1.0	1; 4; 8; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>IL6</i>	1.0	1; 4; 8; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>PTGS2</i>	1.0	1; 4; 8; 12; 24	Increase (qPCR: GAPDH)	n. r.

^a Origin of cells: *H. s.* – *H. sapiens*; *M. m.* – *M. musculus*; *R. n.* – *Rattus norvegicus*

^{b+} Analysis was done 7, 14 or 21 days after WAB; ⁺⁺ Calculated according to information given in the respective study

^c qPCR – quantitative PCR (e.g. real time PCR); sqPCR – semi-quantitative PCR; followed by reference gene used

^d n. r. – not reported; n. a. – not applicable

^e ELISA – Enzyme linked immune absorbent assay; WB – western blot; IF – immunofluorescence; p-Smad1 – phosphorylated Smad1 (“similar to mothers against decapentaplegic 1”); p-P38 MAPK – phosphorylated P38 mitogen-activated protein kinases

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Supplement 4. Studies applying the 3D weight approach on human and non-human cells and cell lines. For each gene or metabolite force magnitude and force duration are given, the change in gene expression or substance secretion (increase, decrease, no change), and the techniques for analysis applied are given.

Reference	Cell type ^a	Gene symbol or metabolite	Scaffold ^b	Examined force applied		Gene expression ^{d,e} (Increase/ decrease/ no change)	Substance secretion ^{e,f} (Increase/ decrease/ no change)
				Magnitude [g/cm ²] ^c	Duration [h]		
Santos de Araujo et al. 2014 [1]	hPDLC (exp)	F-actin (Triton X-100 insoluble fraction)	Collagen gel	6.0 (IF/WB: 3.0)	48	n. r.	Decrease (WB) Reversible inhibition of stress fibre formation (IF)
		<i>RND3</i>	Collagen gel	6.0 (IF/WB: 3.0)	12; 24	n. r.	Increase (WB)
		<i>RHOA</i>	Collagen gel	6.0 (IF/WB: 3.0)	12; 24	n. r.	No change (WB)
		<i>RGS2</i>	Collagen gel	6.0 (IF/WB: 3.0)	12; 24	n. r.	Increase (WB)
Santos de Araujo et al. 2007 [2]	hPLDF (?)	<i>RGS2</i>	Collagen gel	6.0	qPCR: 6; 12; 24 sqPCR: 6 WB: 12; 24; 48	Increase (sqPCR & qPCR: GAPDH)	Increase (WB)
		cAMP _i	Collagen gel	6.0	1; 3; 6; 12	n. r.	Increase (EIA)
de Araujo et al. 2007 [3]	hPDLC (exp)	<i>PGE₂</i>	Collagen gel	6.0	3; 12; 24; 48; 72	n. r.	Increase (EIA)
		<i>PTGS2</i>	Collagen gel	3.6; 6.0; 7.1; 9.5	1; 3; 6; 12; 24; 48; 72	Increase (sqPCR: GAPDH)	n. r.
		<i>HSPA5</i>	Collagen gel	6.0	6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>IL6</i>	Collagen gel	6.0	6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>RND3</i>	Collagen gel	6.0	6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>IL1B</i>	Collagen gel	6.0	6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>RCAN1</i>	Collagen gel	6.0	6; 12; 24	Increase (qPCR: GAPDH)	n. r.
		<i>INP4A</i>	Collagen gel	6.0	6; 12; 24	Decrease (qPCR: GAPDH)	n. r.
Kaku et al. 2016 [4]	hPDLC (dig)	<i>TNFRSF11B</i>	Collagen gel	0.5; 1.0; 2.0	12;24	Increase (qPCR: GAPDH)	n. r.
		<i>COL1A2</i>	Collagen gel	0.5; 1.0; 2.0	12;24	No change (qPCR: GAPDH)	n. r.
		<i>LOX</i>	Collagen gel	0.5; 1.0; 2.0	12;24	Increase (qPCR: GAPDH)	n. r.
		<i>PLOD1</i>	Collagen gel	0.5; 1.0; 2.0	12;24	No change (qPCR: GAPDH)	n. r.
		<i>PLOD2</i>	Collagen gel	0.5; 1.0; 2.0	12;24	Increase (qPCR: GAPDH)	n. r.
		<i>PLOD3</i>	Collagen gel	0.5; 1.0; 2.0	12;24	No change (qPCR: GAPDH)	n. r.
Kaneuji et al. 2011 [5]	MC3T3-E1 (<i>M. m.</i>)	<i>TNFRSF11B</i>	Collagen gel	7.5; ELISA: 2.5; 7.5	24; ELISA: 48	Increase (sqPCR: β-Actin)	Increase (ELISA)
Kang et al. 2013 [6]	hPDLC (dig)	<i>IL1B</i>	Collagen gel	2.0	2;48	Increase (qPCR: GAPDH)	n. r.
		<i>TNF</i>	Collagen gel	2.0	2;48	Increase (qPCR: GAPDH)	n. r.
		<i>TNFSF11</i>	Collagen gel	2.0	2;48	Increase (qPCR: GAPDH)	n. r.
		<i>MMP3</i>	Collagen gel	2.0	2;48	Increase (qPCR: GAPDH)	n. r.

Reference	Cell type ^a	Gene symbol or metabolite	Scaffold ^b	Examined force applied		Gene expression ^{d,e} (Increase/ decrease/ no change)	Substance secretion ^{e,f} (Increase/ decrease/ no change)
				Magnitude [g/cm ²] ^c	Duration [h]		
Lee et al. 2007 [7]	hPDLC (?)	<i>MMP13</i>	Collagen gel	2.0	2;48	Increase (qPCR: GAPDH)	n. r.
		<i>ALPP</i>	Collagen gel	1.76	2; 12 ELISA: 72	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL6</i>	Collagen gel	1.76	2; 12 ELISA: 72	Increase (qPCR: GAPDH)	Decrease (ELISA)
		<i>CXCL8</i>	Collagen gel	1.76	2; 12 ELISA: 72	Increase (qPCR: GAPDH)	No change (ELISA)
Li et al. 2016 [8]	hPDLC (dig)	<i>TNFSF11</i>	PLGA	25.0	6;24;72	Increase (qPCR: GAPDH)	n. r.
		<i>TNFRSF11B</i>	PLGA	25.0	6;24;72	Decrease (6h) followed by Increase (24,72h) (qPCR: GAPDH)	n. r.
		<i>PTGS2</i>	PLGA	25.0	6;24;72	Increase (qPCR: GAPDH)	n. r.
		<i>IL1B</i>	PLGA	25.0	6;24;72	Increase (qPCR: GAPDH)	n. r.
		<i>HIF1A</i>	PLGA	25.0	6;24;72	No change (qPCR: GAPDH)	n. r.
		<i>VEGFA</i>	PLGA	25.0	6;24;72	Increase (qPCR: GAPDH)	n. r.
Li et al. 2013 [9]	hPDLC (dig)	<i>CCL20</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>STC1</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>IL1RN</i>	PLGA	25.0	6; 24; 72	Increase (6; 24h) followed by decrease(72h) (qPCR: GAPDH)	n. r.
		<i>NOG</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>FGF7</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>FOS</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>MAP3K8</i>	PLGA	25.0	6; 24; 72	Decrease (6h) followed by increase (24; 72h) (qPCR: GAPDH)	n. r.
		<i>JUN</i>	PLGA	25.0	6; 24; 72	Decrease (6h) followed by increase (24; 72h) (qPCR: GAPDH)	n. r.
		<i>CDK1</i>	PLGA	25.0	6; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>CCNA2</i>	PLGA	25.0	6; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>KIF11</i>	PLGA	25.0	6; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>KIF23</i>	PLGA	25.0	6; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>CYR61</i>	PLGA	25.0	6; 24; 72	Decrease (6h) followed by increase (24; 72h) (qPCR: GAPDH)	n. r.
		<i>COX1</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>PTGS2</i>	PLGA	25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		Li et al. 2016 [10]	hPDLC (dig)	<i>TNFSF11</i>	PLGA	5.0; 15.0; 25.0	6; 24; 72

Reference	Cell type ^a	Gene symbol or metabolite	Scaffold ^b	Examined force applied		Gene expression ^{d,e} (Increase/ decrease/ no change)	Substance secretion ^{e,f} (Increase/ decrease/ no change)
				Magnitude [g/cm ²] ^c	Duration [h]		
Li et al. 2011 [11]	hPDLC (exp)	<i>PTGS2</i>	PLGA	5.0; 15.0; 25.0	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>PTH1H</i>	PLGA	5.0; 15.0; 25.0	6; 24; 72	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>IL11</i>	PLGA	5.0; 15.0; 25.0	6; 24; 72	Increase (qPCR: GAPDH)	Increase (ELISA)
		<i>TNFRSF11B</i>	PLGA	5.0; 15.0; 25.0	6; 24; 72	Increase (qPCR: GAPDH)	Decrease followed by Increase (ELISA)
		PGE ₂	PLGA	5.0; 15.0; 25.0	6; 24; 72	n. a.	Increase (ELISA)
	hGF (exp)	<i>TNFSF11</i>	PLGA	5; 15; 25; 35	6; 24; 72	Increase (6; 24h) followed by decrease (72h) (qPCR: GAPDH)	n. r.
		<i>PTGS2</i>	PLGA	5; 15; 25; 35	6	Increase (qPCR: GAPDH)	n. r.
		<i>TNFRSF11B</i>	PLGA	25	6; 24; 72	Decrease (6h) followed by increase (24; 72h) (qPCR: GAPDH)	n. r.
		<i>IL1B</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.
		<i>CXCL8</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>IL11</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>FGF2</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>PTH1H</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>RUNX2</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.
		<i>BMP2</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>POSTN</i>	PLGA	25	6; 24; 72	Decrease (qPCR: GAPDH)	n. r.
		<i>CXCL8</i>	PLGA	25	6; 24; 72	Increase (qPCR: GAPDH)	n. r.
		<i>TNFSF11</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.
		<i>TNFRSF11B</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.
<i>PTH1H</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.		
<i>IL11</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.		
<i>FGF2</i>	PLGA	25	6; 24; 72	No change (qPCR: GAPDH)	n. r.		
Liao et al. 2016 [12]	hPDLC (\$\$)	<i>TNFSF11</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	Increase (qPCR: GAPDH)	n. r.
		<i>BMP2</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	Increase (qPCR: GAPDH)	n. r.
		<i>ASPN</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	Increase (qPCR: GAPDH)	n. r.
		<i>ALPP</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	Increase (qPCR: GAPDH)	n. r.
		<i>TNFRSF11B</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	No change (qPCR: GAPDH)	n. r.
		<i>COL1A1</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	Decrease (qPCR: GAPDH)	n. r.
		<i>FGF2</i>	PLLA modif.	5.0; 15.0; 25.0; 35.0	1d; 3d; 7d; 14d	No change (qPCR: GAPDH)	n. r.
Shen et al. 2017 [13]	MC3T3-E1/SC14	<i>Runx2</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Increase (WB)

Reference	Cell type ^a	Gene symbol or metabolite	Scaffold ^b	Examined force applied		Gene expression ^{d,e} (Increase/ decrease/ no change)	Substance secretion ^{e,f} (Increase/ decrease/ no change)
				Magnitude [g/cm ²] ^c	Duration [h]		
	mOB	<i>Alp</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Increase (WB); Increase (Activity)
		<i>Ocn</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Increase (WB)
		<i>Rankl</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Not detectable (ELISA)
		<i>Opg</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Increase (ELISA)
		<i>Runx2</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	n. r.
		<i>Alp</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	Increase (Activity)
		<i>Ocn</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	n. r.
		<i>Rankl</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	n. r.
		<i>Opg</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	n. r.
		<i>Ocn</i>	Collagen gel	0; 1; 2; 3; 4; 5	24	Increase (qPCR: Bactn)	n. r.
Jianru et al. 2015 [14]	hPDLC (dig)	<i>TNFSF11</i>	PLGA	25.0	3; 6; 12 (WB: 12)	Increase (qPCR: GAPDH)	Increase (WB)
		<i>TNFRSF11B</i>	PLGA	25.0	3; 6; 12 (WB: 12)	Decrease (3h) followed by increase (6,12h) (qPCR: GAPDH)	Increase (WB)
		<i>NFATC2</i>	PLGA	25.0	3; 6; 12	Increase (qPCR: GAPDH)	n. r.
Yi et al. 2016 [15]	hPDLC (exp)	<i>TNFSF11</i>	PLGA	25.0	24	Increase (qPCR: GAPDH)	Increase (WB)
		<i>TNFRSF11B</i>	PLGA	25.0	24	Decrease (qPCR: GAPDH)	No change (WB)
		<i>PTH1H</i>	PLGA	25.0	24	Increase (qPCR: GAPDH)	n. r.
		<i>PTGS2</i>	PLGA	25.0	24	Increase (qPCR: GAPDH)	Increase (WB)
		<i>CXCL8</i>	PLGA	25.0	24	Increase (qPCR: GAPDH)	n. r.
		<i>IL11</i>	PLGA	25.0	24	Increase (qPCR: GAPDH)	n. r.
		<i>PGE₂</i>	PLGA	25.0	24	n. a.	Increase (ELISA)

^a hPDLC (exp) – hPDLC, isolated with explant method; hPDLC (dig) – hPDLC, isolated with digestion method, hPDLC (?) – hPDLC, isolation method not given; hPDLC (\$\$) – hPDLC from commercial sources; hOB – human osteoblasts; hOBMC – human oral bone marrow cells; hGF – human gingival fibroblasts

Origin of non-human cells: *M. m.* – *M. musculus*

^b PLGA – Poly lactic-co-glycolic acid; PLLA modif. – Hydrophilically modified poly-L-lactide acid matrix

^c IF – immunofluorescence; WB – western blot; ELISA - Enzyme linked immune absorbent assay;

^d qPCR – quantitative polymerase chain reaction (e.g. real time PCR); sqPCR – semi-quantitative polymerase chain reaction; followed by reference gene used

^e n. r. – not reported; n. a. – not applicable

^f ELISA – Enzyme linked immune absorbent assay; WB – western blot; IF – immunofluorescence

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PUBLICATION 2

Effect of the static compressive force on in vitro cultured PDL fibroblasts: monitoring of the viability and gene expression over six days

Mila Janjic Rankovic, Denitsa Docheva, Andrea Wichelhaus and Uwe Baumert

Clinical Oral Investigation [Epub ahead of print, 15-11-2019]

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ADDITIONAL CONTRIBUTIONS

Name of the project: Systematic exploration/analysis of the caries diagnostic studies

*This project consists of four studies. The development of the studies is still in progress. Therefore, they are considered as **unpublished** work, included as “**additional contributions**” in the cumulative dissertation. The project is coordinated by Prof. Dr. Jan Kühnisch from the Department of Operative Dentistry and Periodontology, University Hospital, Ludwig-Maximilians-Universität München.*

Two systematic reviews with meta-analyses on caries diagnostic studies were conducted to identify and summarize so far published knowledge in this field. Reviews were done separately for studies performed on proximal and occlusal tooth surfaces. Analysing all identified studies in detail, it became obvious that the methodology of many caries diagnostic studies is heterogeneous and therefore, the comparability of their findings is limited. Aiming to eliminate these problems, a scientific network compiled of experts in the field and young scientist was formed with the aim to establish and recommend standards for future studies in a form of checklist adapted for specific needs in caries diagnostic trials: STAndard Reporting requirements in CARies Diagnostic Studies (STARD checklist). Also, a tool to assess internal validity of caries diagnostic studies was developed (tailor-made risk of bias (RoB) -analysis), and has been additionally applied in 2 meta-analyses.

From October 2017 – March 2019, three 2-day workshops were conducted to discuss, evaluate, agree and publish the findings from the literature in a form of two systematic reviews and to develop consensus recommendations.

Mila Janjić Ranković will be the first author in Systematic review with meta-analyses on caries diagnostic studies performed on proximal surfaces. Further, as the co-author in systematic review with meta-analyses on caries diagnostic studies performed on occlusal surfaces, she contributed by performing in parallel all steps concerning the literature search, identification of the studies, data extraction and RoB evaluation. As the result of the overall work two consensus papers on the methodology of caries detection and diagnostic studies are planned. The work group aim at finishing the work on the project papers until the end of the 2019.

Members of the scientific network:

Prof. Dr. med. dent. Jan Kühnisch- Department of Conservative Dentistry and Periodontology, University Hospital, Ludwig-Maximilians University Munich, Germany

PhD student Svetlana Kapor- Department of Conservative Dentistry and Periodontology, University Hospital, Ludwig-Maximilians University Munich, Germany

Dr. med. Alexander Crispin- Institute of Medical Biometry and Epidemiology, Ludwig-Maximilians University of Munich, Munich, Germany

Dr. med. dent. Yegane Khazaei- Institute of Medical Biometry and Epidemiology, Ludwig-Maximilians University of Munich, Munich, Germany

Priv.- Doz. Dr. med. dent. Ina Schüler- Department of Preventive and Paediatric Dentistry, University Hospital, Jena, Germany

Prof. Dr. med. dent. Marie-Charlotte Huysmans- Department of Dentistry, Radboud University Medical Center, Nijmegen, The Netherlands

Prof. Dr. med. dent. Adrian Lussi- Department of Preventive, Restorative, and Pediatric Dentistry, University of Bern, Bern, Switzerland.

PD Dr. med. dent. Klaus Neuhaus- Department of Preventive, Restorative and Pediatric Dentistry, School of Dental Medicine, University of Basel, Basel, Switzerland

Dr. med. dent. Florin Eggmann- Department of Periodontology, Endodontology and Cariology, University Centre for Dental Medicine, University of Basel, Basel, Switzerland

Prof. Dr. med. dent. Kim Ekstrand- Department of Odontology, University Copenhagen, Copenhagen, Denmark

PhD student Stavroula Michou- Department of Odontology, University Copenhagen, Copenhagen, Denmark

Priv.-Doz. Dr. med. dent. Felix Krause- Department of Conservative Dentistry and Periodontology, University of Leipzig, Germany

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LIST OF PUBLICATIONS

Journal publications

Janjic Rankovic M, Docheva D, Wichelhaus A, Baumert U. Effect of the static compressive force on in vitro cultured PDL fibroblasts: monitoring of the viability and gene expression over six days. *Clin Oral Investig*. 2019; DOI: 10.1007/s00784-019-03113-6.

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Janjić Ranković Mila

Surname, first name

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Zip code, town

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Surname, first name

Street

Zip code, town

Country

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Mila Janjić Ranković

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