

Missouri University of Science and Technology

Scholars' Mine

Chemical and Biochemical Engineering Faculty Linda and Bipin Doshi Department of Chemical **Research & Creative Works**

and Biochemical Engineering

01 Apr 2018

Development of a Novel Bioactive Glass Suitable for **Osteosarcoma-Related Bone Grafts**

Alireza Rahimnejad Yazdi

Lawrence Torkan

Stephen D. Waldman

Mark R. Towler Missouri University of Science and Technology, mtowler@mst.edu

Follow this and additional works at: https://scholarsmine.mst.edu/che_bioeng_facwork

🔮 Part of the Biochemical and Biomolecular Engineering Commons, and the Biomedical Devices and Instrumentation Commons

Recommended Citation

A. Rahimnejad Yazdi et al., "Development of a Novel Bioactive Glass Suitable for Osteosarcoma-Related Bone Grafts," Journal of Biomedical Materials Research - Part B Applied Biomaterials, vol. 106, no. 3, pp. 1186 - 1193, Wiley, Apr 2018.

The definitive version is available at https://doi.org/10.1002/jbm.b.33930

This Article - Journal is brought to you for free and open access by Scholars' Mine. It has been accepted for inclusion in Chemical and Biochemical Engineering Faculty Research & Creative Works by an authorized administrator of Scholars' Mine. This work is protected by U.S. Copyright Law. Unauthorized use including reproduction for redistribution requires the permission of the copyright holder. For more information, please contact scholarsmine@mst.edu.

Development of a novel bioactive glass suitable for osteosarcoma-related bone grafts

Alireza Rahimnejad Yazdi,^{1,2} Lawrence Torkan,^{1,3} Stephen D. Waldman,^{2,4} Mark R. Towler^{1,2}

¹Department of Mechanical and Industrial Engineering, Ryerson University, Toronto, Ontario M5B 2K3, Canada ²Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario M5B 1W8, Canada ³Faculty of Science, University of Ottawa, Ottawa, Ontario K1N 6N5, Canada

⁴Department of Chemical Engineering, Ryerson University, Toronto, Ontario M5B 2K3, Canada

Received 25 January 2017; revised 8 May 2017; accepted 12 May 2017 Published online 31 May 2017 in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/jbm.b.33930

Abstract: In this study, zinc borate-based glasses with increasing gallium content (0, 2.5, 5, 10, and 15 wt % Ga) were synthesized and their effect on the viability and proliferation of preosteoblasts and osteosarcoma cancer cells were investigated. Methyl thiazolyl tetrazolium (MTT) cell viability assays using glass degradation extracts revealed that the extracts from glasses with lower Ga contents could enhance the viability of preosteoblasts, while extracts from the glass composition with 15 wt % Ga caused statistically significant reduction of their viability. MTT cell viability assays using the extracts and osteosarcoma cells showed that only extracts from the glass composition with 5 wt % Ga (G3) did not cause a statistically significant increase in the viability of cancer cells for all degradation periods (1 day, 7 days, and 28 days). G3 was selected as the most suitable composition for the osteosarcoma-related graft operations as it could improve the viability of preosteoblasts without increasing the viability of cancer cells. The viability of preosteoblasts and osteosarcoma cells in contact with the glass powders were also investigated using MTT assays. The results showed that the G3 powders could enhance the viability of preosteoblasts while decreasing the viability of osteosarcoma cells. Finally, live/dead assays revealed that suppression of proliferation appeared to be the mechanism causing the observed reductions in the viability of osteosarcoma cells exposed to G3 powders. © 2017 Wiley Periodicals, Inc. J Biomed Mater Res Part B: Appl Biomater, 106B: 1186–1193, 2018.

Key Words: gallium, zinc borate glass, preosteoblast, osteocarcoma, cell viability

How to cite this article: Rahimnejad Yazdi A, Torkan L, Waldman SD, Towler MR. 2018. Development of a novel bioactive glass suitable for osteosarcoma-related bone grafts. J Biomed Mater Res Part B 2018:106B:1186–1193.

INTRODUCTION

Bioactive glasses have potential for orthopedic applications. They can be formulated to accelerate the regeneration of bone tissue that has undergone trauma or disease. This presents a favorable alternative to live tissue donation, which is in limited supply.^{1–3} Moreover, bioactive glasses' formulation can be altered such that they deliver therapeutic ions to the body as they degrade. Among the possible elements that can be added to the bioactive glasses' formulation, gallium has shown to be a very promising candidate due to its antibacterial properties, ability to suppress bone resorption, and its antineoplastic properties in ionic form.^{4–6}

The gallium ion works to combat cancer cells through a variety of mechanisms of physiological interference, mostly involving DNA replication and disruption of its helical structure. It is considered a non-functional mimetic of iron (Fe) and can replace iron in transferrin to inhibit ribonucleotide reductase, a key enzyme involved in the replication of DNA.⁷ Its effectiveness stems from direct inhibition of the enzyme and blocking the supply of iron available to bind to the enzyme for proper functioning.⁸ Gallium also competes with

magnesium ions, which stabilize the DNA structure and aid in the binding of specific nucleic acid-associated proteins. It has been shown that the affinity of gallium for DNA is 100 times higher than that of magnesium.⁹ When higher concentrations of gallium ion are present *in vitro* with a high Ga: DNA ratio $(\geq 1/40)$, it has been reported that destabilizing reactions occur by means of gallium bonding to the nucleic bases.¹⁰ In addition to vying with various ions, gallium has the ability to induce chromatin condensation *in vitro*. This is considered an early step in the process of apoptosis and results in cell death through a mechanism of Fe deprivation.¹¹

With respect to bone metabolism, the gallium ion has been extensively studied due to its marked ability to decrease hypercalcemia associated with cancer.^{12–15} Its physiological effects consist of inhibition of osteoclastic activity, an increase in collagen synthesis correlating to intraosseous concentrations of Ga, as well as an increase of bone tissue formation *in vitro*.^{16–21} Osteoclast resorption is inhibited through alteration of gene expression of a bone matrix signaling protein.²² Exposure of mesenchymal or mesenchymally derived cells to Ga also causes a change in matrix protein synthesis to favor

Contract grant sponsor: Collaborative Health Research Project; contract grant number: #315694-DAN

Correspondence to: A. Rahimnejad Yazdi; e-mail: alireza.rahimnejadya@ryerson.ca

TABLE I. The Nominal Compositions (wt %) of the Glasses

	Glass1 (G1)	Glass2 (G2)	Glass3 (G3)	Glass4 (G4)	Glass5 (G5)
B ₂ O ₃	52	49.5	47	42	37
ZnO	16	16	16	16	16
Na₂O	14	14	14	14	14
CaO	12	12	12	12	12
P_2O_5	6	6	6	6	6
Ga_2O_3	0	2.5	5	10	15

bone formation through a similar mechanism at the level of gene expression.²³ An additional benefit of inducing tissue fibrosis in the tumor^{24,25} and evaluation of vascular permeability have also been observed.²⁶ Radioactive isotopic compounds have shown promise in their absorption by cancerous deposits in bone.²⁷ Ga-67 scans can also be used to predict the effectiveness of this treatment by scanning and observing the degree of visibility of tumors following absorption of the isotope.²⁸

The abovementioned therapeutic properties of gallium explain the motives behind recent studies around its incorporation into bioactive glasses.²⁹⁻³¹ These glasses appear particularly beneficial for the treatment of patients with osteoporosis, bone cancer, and malfunctioning immune systems. It has been hypothesized that glass grafts that release

gallium ions can reduce or eliminate the removal of healthy bone tissue that is currently extracted as part of the tumor removal surgery for bone cancer.^{30,31} However, this hypothesis has not yet been investigated experimentally. Previously, a series of novel gallium containing zinc borate glasses were developed and their chemical structure, degradation behavior in both water and SBF, and antibacterial properties were evaluated.^{32,33} In this study, for the first time, the effect of gallium-releasing bioactive glasses on bone cancer cells has been investigated and the results were compared their effect on healthy bone cells.

MATERIALS AND METHODS Glass synthesis and preparation

Five compositions of borate glasses with increasing gallium content (0, 2.5, 5, 10, and 15 wt % Ga), added at the expense of boron, were formulated (Table I). Appropriate amounts of analytical grade reagents (boron oxide, sodium carbonate, calcium carbonate, ammonium dihydrogen phosphate, zinc oxide, gallium oxide; Fisher Scientific, Ottawa, ON, Canada; Sigma-Aldrich, Oakville, ON, Canada) were weighed out in a plastic tub and mixed into a container for 15 min to obtain a homogenous mix of all reagents. The mixes were dried in the oven at 100°C for 1 h, and then transferred to silica crucibles for firing (1200°C, 1 h). The

TABLE II. D10, D50, and D90 Values in Micrometers for Glass Powders Used in Ion Release Experiments

		G1			G2			G3			G4			G5	
	D10	D50	D90	D10	D50	D90	D10	D50	D90	D10	D50	D90	D10	D50	D90
	95	141	271	101	152	277	97	143	282	96	147	279	98	149	276
STD	4.58	7.54	12.76	1.73	4.35	8.54	3.6	8.18	8.71	4.35	11.13	9.64	3.46	7.93	13.22



FIGURE 1. The viability of the preosteoblast cells in the presence of 1 day, 7 day, and 28 day glass extracts.

1187

		TAI	BLE III. The	e <i>p</i> Values	for the PC) Cell Viabil	ity Measure	ments of th	e Glass Ext	racts Accorc	ling to Man	n-Whitney	U Test		
	C, G1	C, G2	C, G3	C, G4	C, G5	G1, G2	G1, G3	G1, G4	G1, G5	G2, G3	G2, G4	G2, G5	G3, G4	G3, G5	G4, G5
P _{1dav}	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.376	0.05	0.127
P _{7days}	0.05	0.05	0.05	0.05	0.05	0.275	0.376	0.05	0.05	0.275	0.05	0.05	0.05	0.05	0.05
P _{28days}	0.037	0.05	0.376	0.05	0.05	0.487	0.487	0.037	0.037	0.127	0.05	0.05	0.05	0.05	0.05

TABLE IV. The Concentration (ppm) of the Released lons
From Glass Powder After Soaking in DI Water for 1, 7, and
28 days at 37°C

		1 day			7 days			28 days	6
	Ga	Zn	Ca	Ga	Zn	Ca	Ga	Zn	Ca
G1	0	0.04	62	0	0.18	162	0	0.46	195
G2	33	0.04	68	49	0.16	145	61	0.40	146
G3	75	0.02	57	101	0.15	91	123	0.33	141
G4	107	0.02	38	179	0.14	119	196	0.29	152
G5	181	0.01	46	276	0.08	128	285	0.24	131

glass melts were shock quenched into water and the resulting frits were dried, ball milled, and sieved to retrieve glass powders with particle sizes of 90–710 $\mu m.$

Glass degradation extracts

Glass powders were soaked in distilled water (with the ratio of 0.50 g powders to 50.0 mL solution³⁴) for 1, 7, and 28 days at 37°C. Glass particles within the size range of 90–710 μ m and D10, D50, and D90 values shown in Table II were used as samples. The samples were filtered after 1, 7, and 28 days of soaking in deionized water.

The filtered solutions were tested by inductively coupled plasma atomic emission spectroscopy (ICP-AES) to measure the concentration of released ions. Five calibration standards were prepared for each element and deionized water was used as control. Measurements were repeated three times for each sample.

MTT cell viability tests

Cytotoxicity of the glasses' degradation extracts. Cell viability assays using the methyl thiazolyl tetrazolium (MTT) kits were conducted to determine in vitro cytotoxicity of the glasses. Preosteoblastic MC3T3-E1 (ATCC CRL-2593) and SaOS2 Osteosarcoma (ATCC[®] HTB-85TM) cells were used for this study. Cells were seeded into 24 well plates at a density of 10,000 cells per well in minimum essential medium alpha (MEM α) supplemented with 10% fetal bovine serum and 1% (2 mM) L-glutamine (Cambrex, MD, USA) and maintained in a cell culture incubator at 37°C/5% CO₂. Twenty-four hours after seeding, 100 µL of liquid extract (from the degradation samples at 1, 7, and 30 days for all glasses) was added into the wells containing the cells in culture medium (1 mL) and further cultured for 24 h. The MTT was added in an amount equal to 10% of the culture medium volume/well. The cultures were then reincubated for a further 2 hours (37°C/5% CO₂) after which the cultures were removed from the incubator and the resultant formazan crystals were dissolved by adding an amount of MTT solubilization solution (10% Triton X-100 in acidic isopropanol (0.1 N HCI)) equal to the original culture medium volume. Once the crystals were fully dissolved, the absorbance was measured at a wavelength of 570 nm. Control media and cells cultured in absence of liquid extracts were used as a reference. This cytotoxicity experiment was repeated in triplicate for degradation extracts of each glass composition and degradation period.



FIGURE 2. The viability of the osteosarcoma cells in the presence of 1 day, 7 day, and 28 day glass extracts.

Cytotoxicity of the glass powders. After conducting cytotoxicity tests with the glasses' extracts, G3 glass formulation was selected for further analysis. 1, 2, and 5 mg of G3 glass powders were weighed (METTLER TOLEDO XP26, Max 22 g, d = 0.001 mg) and sprinkled on the bottom of the wells. Then, preosteoblastic MC3T3-E1 (ATCC CRL-2593) and SaOS₂ Osteosarcoma (ATCC[®] HTB-85TM) cells were seeded into the well plates at a density of 10,000 cells per well in minimum essential medium alpha (MEMa) supplemented with 10% fetal bovine serum and 1% (2 mM) L-glutamine (Cambrex, MD, USA) and cultured for 48 h. The MTT was added in an amount equal to 10% of the culture medium volume/well. The cultures were then reincubated for a further 2 h $(37^{\circ}C/5\% CO_2)$ after which the cultures were removed from the incubator and the resultant formazan crystals were dissolved by adding an amount of MTT solubilization solution (10% Triton X-100 in acidic isopropanol (0.1 N HCI)) equal to the original culture medium volume. Once the crystals were fully dissolved, the absorbance was measured at a wavelength of 570 nm. Control media and healthy growing cell population were used as a reference. This cytotoxicity experiment was repeated in triplicate for G3 glass powders.

Live/dead cell viability

Fluorescence-based live-dead assay (Molecular Probes Inc. OR, USA) with calcein AM (for labeling live cells) and EthD-1 (for labeling dead cells) were used to evaluate the viability of the preosteoblastic MC3T3-E1 (ATCC CRL-2593) and SaOS₂ Osteosarcoma (ATCC[®] HTB-85TM) cells after exposure to G3 glass powders. First, adherent cells were cultured with 1, 2, and 5 mg of glass powders in 24-well plates as confluent monolayers. Cells were then washed with PBS to remove serum esterase activity in growth media. Next, 100 μ L of the combined live/dead assay

reagents with standard concentrations (2 μ M calcein AM and 4 μ M EthD-1) were added directly to the wells to cover all cells. Then the cells were incubated for 45 min at room temperature. After incubation, wells were rinsed with PBS and labeled cells were viewed under microscope (Zeiss Axio Observer A1).

Statistical analysis

The nonparametric Kruskal–Wallis *H* test and Mann–Whitney *U* test were used to analyze the data, compare the relative means, and report any statistically significant differences when $p \le 0.05$. Statistical analysis was performed on all groups where $3 \le n \le 9$. Statistical analysis was performed using SPSS software (IBM SPSS statistics 21, IBM Corp., Armonk, NY, USA).

RESULTS AND DISCUSSION

Preosteoblast (PO) cells were initially tested with degradation extracts obtained by immersion of the glass particles containing varying gallium concentrations (G1-G5) in deionized water for assorted lengths of time. The results from the cell viability test, determined by MTT assays, are presented in Figure 1. The goal of this test was to determine the glass compositions with biologically feasible gallium concentrations to allow for viability of preosteoblasts. As seen in Figure 1, the average number of viable cells generally declined as gallium content increased. For 1 day extracts, all glass compositions did allow for better cell viability compared to the control; for 7 day extracts, G1-G3 compositions allowed for better cell viability compared to the control; and for 28 day extracts, G1-G4 were found to increase cell viability with respect to the control. It is possible that the G5 extracts (7 days and 28 days) contained levels of gallium that surpassed the toxic level in preosteoblasts. This would explain the reduced cell viability in G5 extract relative to

		TAE	3LE V. Th€	<i>و</i> کا م	for the OS	Cell Viabili	ty Measure	ments of the	e Glass Extr	acts Accord	ling to Man	n-Whitney	U Test		
	C, G1	C, G2	C, G3	C, G4	C, G5	G1, G2	G1, G3	G1, G4	G1, G5	G2, G3	G2, G4	G2, G5	G3, G4	G3, G5	G4, G5
P _{1day}	0.268	0.046	0.121	0.046	0.046	0.127	0.827	0.513	0.513	0.127	0.127	0.127	0.275	0.275	0.376
P _{7days}	0.046	0.046	0.825	0.268	0.5	0.275	0.05	0.275	0.046	0.05	0.184	0.046	0.275	0.268	0.825
P _{28days}	0.825	0.5	0.825	0.5	0.825	0.817	0.827	0.825	0.827	-	0.361	0.825	-	0.827	0.825



G3 powders with PO

FIGURE 3. Cell viability of PO and OS cells in the presence of 1, 2, and 5 mg of G3 glass powders.

the control media. According to Kruskal–Wallis H test, the measurements for preosteoblast cell viability in different extracts for each incubation time were significantly different ($p \le 0.05$): $p_{1day} = 0.007$, $p_{7days} = 0.009$, and $p_{28days} = 0.012$. The statistical significance between the means for each incubation time was compared using Mann–Whitney U test (Table III). The Mann–Whitney U test results confirm that the observed reductions in the preosteoblast cell viability for all G5 extracts (1 day, 7 days, and 28 days) with respect to control samples were statistically significant.

At nontoxic levels, gallium-containing substances have been studied and proved to have a number of benefits with respect to bone metabolism. Gallium nitrate has been used in both in vivo and in vitro models for the purpose of inhibiting bone resorption without cytotoxic effects on bone cells.^{17,19–21,35} Studies conducted by means of gallium-treated rat calvaria suggest that gallium ions may act directly on osteoblasts at the level of gene expression. It was found that treatment with gallium nitrate can suppress stimulation of osteocalcin (OC), an abundant protein synthesized by osteoblasts; reduction of synthesis of OC in vivo is associated with enhanced mineralization.^{23,36} Osteocalcin has been hypothesized to serve as a signal molecule synthesized by osteoblasts in order for resorption to commence.^{22,37-39} Suppression of resorption would indicate to the cell that collagen and bone formation is favored, thus promoting preosteoblast proliferation. As it has been shown that gallium affects protein synthesis related to the fully differentiated osteoblast phenotype, it is possible that optimal levels of gallium could contribute to the enhancement of preosteoblast proliferation and differentiation.

 TABLE VI. The *p* Values for the PO and OS Cell Viability Measurements of the Glass Powders (Mann–Whitney *U* Test)

 C
 1 mg
 2 mg

	C, 1 mg	C, 2 mg	C, 5 mg	1 mg, 2 mg	1 mg, 3 mg	2 mg, 3 mg
Р _{G3, РО}	0.275	0.05	0.05	0.05	0.05	0.827
P _{G3, OS}	0.827	0.05	0.184	0.05	0.275	0.513

Moreover, the viability of the preosteoblast cells could be affected by the other ions released from the glasses. A key ion in the extracts that is involved in bone metabolism is zinc. It plays an active role in stimulating bone formation and has been shown to be concentrated in osteoid prior to its calcification to bone.⁴⁰⁻⁴³ Studies conducted on in vivo models confirm that dietary zinc enhances osteoblast differentiation while inhibiting osteoclastic differentiation and subsequent resorption.44-47 Zinc also enhances ATPase activity, and regulates transcription of genes, such as osteocalcin, osteopontin, ALP, and collagen I, that are responsible for differentiation of osteoblastic cells.48-50 Calcium ions can also affect osteoblastic cell viability. Calcium ions are reported to intensify osteoblast proliferation; they can activate Ca-sensing receptors in osteoblasts and enhance the expression of growth factors such as IGF-I and IGF-II.⁵⁰⁻⁵³ The ICP measurements of the abovementioned ions in the degradation extracts are shown in Table IV.

The viability of osteosarcoma (OS) cells in the presence of the degradation extracts of the glasses was also investigated using MTT assays. As seen in Figure 2, all 1 day degradation extracts allowed for enhanced viability of the osteosarcoma cells compared to the control media. For 7 day extracts, only those from G3 glass could suppress the proliferation of the osteosarcoma cells. For 28 day extracts, G2–G5 could suppress the proliferation of the osteosarcoma cells. According to Kruskal–Wallis *H* test, the measurements for osteosarcoma cell viability in different extracts for each incubation time were not significantly different ($p \ge 0.05$): $p_{1day} = 0.087$, $p_{7days} = 0.051$, and p_{28day} , s = 0.997. The statistical significance between the means for each incubation time was compared using Mann–Whitney *U* test (Table V). The Mann–Whitney *U* test results show that the observed increase in the osteosarcoma cell viability (compared to the control media) for 1 day G2, G4, and G5 extracts, and 7 day extracts of G1 and G2 were statistically significant.

Considering the results of the conducted MTT assay with glass extracts on both preosteoblast and osteosarcoma cells, the G3 extract was the only one that did not produce a statistically significant rise in the viability of osteosarcoma cells. At the same time, 1 day and 7 day extracts of G3 composition could significantly enhance the viability of preosteoblast cells, while its 28 day extract did not suppress the



FIGURE 4. Labeled live (green) and dead (red) OS cells after exposure to 1, 2, and 5 mg G3 glass powders.

proliferation of preosteoblasts. Therefore, G3 was chosen for further studies using the glass powders.

MTT assays were used to study the viability of preosteoblast and osteosarcoma cells in the presence of G3 glass powders. Samples at masses of 1, 2, and 5 mg of each glass composition were assayed with both preosteoblast and osteosarcoma cells (Figure 3). It was found that the most effective quantity of the G3 sample, with the criteria of promoting the viability of osteoblasts and suppressing that of osteosarcoma cells, was between 2 and 5 mg. According to Kruskal-Wallis *H* test, the measurements for the viability of preosteoblast cells exposed to different glass powder weights for G3 composition were significantly different ($p \le 0.05$): $p_{G3, PO} = 0.034$. However, the measurements for the cell viability of osteosarcoma cells for various glass powder weights were not statistically significant ($p \ge 0.05$): $p_{G3, OS} = 0.114$.

The statistical significance between the means for various powder masses were compared using Mann–Whitney U test (Table VI). The comparison of the means showed that increasing the powder mass in contact with the osteosarcoma cells could lead to statistically significant reduction in their viability.

To gain a better understanding of the mechanism causing the observed reduction in the viability of osteosarcoma cells by G3 powders (suppression of proliferation versus induction of apoptosis), fluorescence-based live-dead assay, with calcein AM for labeling live cells and EthD-1 for labeling dead cells, were conducted. As shown in Figure 4, the number of dead osteosarcoma cells stays at the same level for samples exposed to various amounts of G3 glass powders and control media. However, the number of live osteosarcoma cells drops by increasing the amount of G3 glass powders, suggesting that suppression of cell proliferation appears to be the mechanism behind the observed reduction in the cell viability values of osteosarcoma cells exposed to G3 glass powders.

CONCLUSION

The suitability of a novel series of gallium-releasing zinc borate bioactive glasses for osteosarcoma-related bone graft operations were investigated using MTT and live/dead assays. First, the MTT assays were conducted with preosteoblasts and osteosarcoma cells in the presence of glass degradation extracts. G3 extract was the only one that did not cause a statistically significant increase in the viability of osteosarcoma cells. At the same time, 1 day and 7 day extracts of G3 significantly improved the viability of preosteoblast cells, while its 28 day extract did not suppress the viability of preosteoblast cells. Therefore, the composition of G3 was selected for further analyses. Next, MTT assays were conducted to study the effect of the G3 glass powders on the viability of both preosteoblast and osteosarcoma cells. The results indicated that G3 powders could also enhance the viability of preosteoblasts while reducing that of osteosarcoma cells. Finally, the performed fluorescence-based live-dead assay on osteosarcoma cells that were exposed to G3 powders indicated that suppression of proliferation, not

induction of apoptosis, was responsible for the observed reduction in the viability of osteosarcoma cells.

ACKNOWLEDGMENTS

The authors would like to thank Warren Tang for assisting with aspects of data collection.

REFERENCES

- Jones JR, Ehrenfried LM, Hench LL. Optimizing bioactive glass scaffolds for bone tissue engineering. Biomaterials 2006;27:964–973.
- Fu Q, Rahaman MN, Fu H, Liu X. Silicate, borosilicate, and borate bioactive glass scaffolds with controllable degradation rate for bone tissue engineering applications. I. Preparation and in vitro degradation. J Biomed Mater Res 2010;95A (1):164–171.
- Jones JR, Ehrenfried LM, Saravanapavan P, Hench LL. Controlling ion release from bioactive glass foam scaffold with antibacterial properties. J Mater Sci Mater Med 2006;17:989–996.
- Melnikov P, Malzac A, Coelho M. Gallium and bone pathology. Acta Ortop Bras 2008;16 (1): 54–57.
- Salinas A, Shruti S, Malavasi G, Menabue L, Vallet-Regi M. Substitutions of cerium, gallium, and zinc in ordered mesoporous bioactive glasses. Acta Biomater 2011;7: 3452–3458.
- Hart M, Adamson R. Antitumor activity and toxicity of salts of inorganic group Illa metals: Aluminum, gallium, indium, and thallium. Proc Nat Acad Sci USA 1971;68 (7): 1623–1626.
- Chitambar CR, Matthaeus WG, Antholine WE, Graff K, O'Brien WJ. Inhibition of leukemic HL60 cell growth by transferrin–gallium: Effects on ribonucleotide reductase and demonstration of drug synergy with hydroxyurea. Blood 1988;72:1930–1936.
- Chitambar CR, Narasimhan J, Guy J, Sem DS, O'Brien WJ. Inhibition of ribonucleotide reductase by gallium in murine leukemic L1210 cells. Cancer Res 1991;51: 6199–6201.
- Chitambar CR. Gallium-containing anticancer compounds. Future Med Chem 2012;4(10): 1257–1272. doi: 10.4155/fmc.12.69
- Collery P, Keppler B, Madoulet C, Desoize B. Gallium in cancer treatment. Crit Rev Oncol Hematol 2002;42: 283–296.
- Rhaq RU, Wereley JP, Chitambar CR. Induction of apoptosis by iron deprivation in human leukemic CCRF–CEM cells. Exp Hematol 1995;23:428–432.
- Warrell RP Jr, Skelos A, Alcock NW, Bockman RS. Gallium nitrate for acute treatment of cancer-related hypercalcemia: Clinicopharmacological and dose response analysis. Cancer Res 1986;46:4208– 4212.
- Warrell RP Jr, Issacs M, Alcock NW, Bockman RS. Gallium nitrate for treatment of refractory hypercalcemia from parathyroid carcinoma. Ann Intern Med 1987;107:683–686.
- Warrell RP Jr, Israel R, Frisone M, Snyder T, Gaynor JJ, Bockman RS. Gallium nitrate for acute treatment of cancer-related hypercalcemia. A randomized, double-blind comparison to calcitonin. Ann Intern Med 1988;108:669–674.
- Warrell RP, Bockman RS. Gallium for bone loss in cancer and metabolic bone diseases. Met lons Biol Med 1990;1:432–435.
- Todd PA, Fitton A. Gallium nitrate: A review of its pharmacological properties and therapeutic potential in cancer related hypercalcaemia. Drugs 1991;42:261–273.
- Repo MA, Bockman RS, Betts F, Boskey AL, Alcock NW, Warrell RP Jr. Effect of gallium on bone mineral properties. Calcif Tissue Int 1988;43:300–306.
- Whitacre C, Apseloff G, Cox K, Matkovic V, Jewell S, Gerber N. Suppression of experimental autoimmune encephalomyelitis by gallium nitrate. J Neuroimmunol 1992;39:175–181.
- Hall TJ, Chambers TJ. Gallium inhibits bone resorption by a direct effect on osteoclasts. Bone Miner 1990;8:211–216.
- Cournot-Witmer G, Bourdeau A, Lieberherr M, Thil CL, Plachot JJ, Enault G, Bourdon R, Balsan S. Bone modeling in gallium nitratetreated rats. Calcif Tissue Int 1987;40:270–275.
- Bockman RS, Boskey AL, Blumenthal NC, Alcock NM, Warrell RP Jr. Gallium increases bone calcium and crystallite perfection of hydroxyapatite. Calcif Tissue Int 1986;39:376–381.
- Guidon PT Jr, Salvatori R, Bockman RS. Gallium nitrate regulates rat osteoblast expression of osteocalcin protein and mRNA levels. J Bone Miner Res 1993;8:103–112.

- Bockman RS, Guidon PT Jr, Pan LC, Salvatori R, Kawaguchi A. Gallium nitrate increases type I collagen and fibronectin mRNA and collagen protein levels in bone and fibroblast cells. J Cell Biochem 1993;52:396–403.
- Collery P, Mohsen A, Kermagoret A, D'Angelo J, Morgant G, Desmaele D, Tomas A, Collery T, Wei M, Badawi A. Combination of three metals for the treatment of cancer: Gallium, rhenium and platinum. 1. Determination of the optimal schedule of treatment. Anticancer Res 2012;32 (7):2769–2781.
- Collery P, Millart H, Simoneau JP, Pluot M, Halpern S, Pechery C, Choisy H, Etienne JC. Experimental treatment of mammary carcinomas by Gallium chloride after oral administration: Intratumor dosages of Gallium, anatomopathologic study and intracellular micro-analysis. Trace Elem Med 1984;1:159–161.
- Otsuki H, Brunetti A, Owens ES, Finn RD, Blasberg RG. Comparison of iron-59, indium-111, and gallium-69 transferrin as a macro-molecular tracer of vascular permeability and the transferrin receptor. J Nucl Med 1989;30:1676–1685.
- Edwards CL, Hayes RL. Tumor scanning with 67Ga citrate. J Nucl Med 1969;10:103–105.
- Bernstein LR, van der Hoeven JJM, Boer RO. Hepatocellular carcinoma detection by gallium scan and subsequent treatment by gallium maltolate: Rationale and case study. Anticancer Agents Med Chem 2011;11:585–590.
- Deliormanlı AM. Synthesis and characterization of cerium- and gallium-containing borate bioactive glass scaffolds for bone tissue engineering. J Mater Sci Mater Med 2015;26 (67):1–13.
- Wren AW, Coughlan A, Placek L, Towler MR. Gallium containing glass polyalkenoate anti-cancerous bone cements: Glass characterization and physical properties. J Mater Sci Mater Med 2012; 23:1823–1833.
- Zeimaran E, Pourshahrestani S, Pingguan-Murphy B, Kadri NA, Rothan HA, Yusof R. Fabrication and characterization of poly (octanediol citrate)/gallium-containing bioglass microcomposite scaffolds. J Mater Sci 2015;50:2189–2301.
- Rahimnejad YA, Towler MR. The effect of the addition of gallium on the structure of zinc borate glass with controlled gallium ion release. Mater Des 2016;92: 1018–1027.
- Rahimnejad YA, Torkan L, Stone W, Towler MR. The impact of gallium content on degradation, bioactivity and antibacterial potency of zinc borate bioactive glass. J Biomed Mater Res B Appl Biomater. Accepted Jan 10, 2017.
- 34. Yang X, Zhang L, Chen X, Sun X, Yang G, Guo X, Yang H, Gao C, Gou Z Incorporation of B2O3 in CaO-SiO2-P2O5 bioactive glass system for improving strength of low-temperature co-fired porous glass ceramics. J Non-Cryst Solids 2012;358:1171–1179.
- Schlesinger PH, Teitelbaum SL, Blair HC. Osteoclast inhibition by Ga3+ contrasts with bisphosphonate metabolic suppression Competitive inhibition of H+ ATPase by bone-bound gallium. J Bone Min Res 1991;6: S127.
- 36. Price PA. Vitamin K-dependent formation of bone gla protein (osteocalcin) and its function. Vitarn Horm 1985; 4265–4108.

- Price PA, Williamson MK, Haba T, Dell RB, Jee WSS. Excessive mineralization with growth plate closure in rats on chronic warfarin treatment. Proc Natl Acad Sci USA 1982;79:7734–7738.
- Malone JD, Teitelbaum SL, Griffin GL, Senio RM, Kahn AJ. Recruitment of osteoclasts precursors by purified bone matrix constituents. J Cell Biol 1982;92: 227–230.
- Mundy GR, Poser JW. Chemotactic activity of y-carboxyglutamic acid containing protein in bone. Calcif Tissue Int 1983;3:164–168.
- Yamaguchi M, Yamaguchi R. Action of zinc on bone metabolism in rats: Increases in alkaline phosphatase activity and DNA content. Biochem Pharmacol 1986;35: 773–777.
- Ito A, Kawamura H, Otsuka M, Ikeuchi M, Ohgushi H, Ishikawa K, Onuma K, Kanzaki N, Sogo Y, Ichinose N. Zinc-releasing calcium phosphate for stimulating bone formation, Mater Sci Eng C 2002; 22: 21–25.
- Haumont S. Distribution of zinc in bone tissue, J Histochem Cytochem 1961;9: 141–145.
- Balasubramanian P, Strobel LA, Kneser U, Boccaccini AR. Zinccontaining bioactive glasses for bone regeneration, dental and orthopedic applications. Biomed Glasses 2015;1: 51–69.
- 44. Hadley KB, Newman SM, Hunt JR. Dietary zinc reduces osteoclast resorption activities and increases markers of osteoblast differentiation, matrix maturation, and mineralization in the long bones of growing rats, J Nutr Biochem 2010;21: 297–303.
- Yamaguchi M. Role of nutritional zinc in the prevention of osteoporosis. Mol Cell Biochem 2010;338: 241–254.
- Nagata M, Lonnerdal B. Role of zinc in cellular zinc trafficking and mineralization in a murine osteoblast-like cell line. J Nutr Biochem 2011;22:172–178.
- Yamaguchi M, Weitzmann MN. Zinc stimulates osteoblastogenesis and suppresses osteoclastogenesis by antagonizing NF-kB activation. Mol Cell Biochem 2011;355(1–2):179–186.
- Yamaguchi M. Role of zinc in bone formation and bone resorption. J Trace Elem Exp Med 1998;11(2–3):119–135.
- Kwun I-S, Cho Y-E, Lomeda R-AR, Shin H-I, Choi J-Y, Kang Y-H, Beattie JH Zinc deficiency suppresses matrix mineralization and retards osteogenesis transiently with catch-up possibly through Runx 2 modulation. Bone 2010;46(3):732–741.
- Hoppe A, Güldal NS, Boccaccini AR. A review of the biological response to ionic dissolution products from bioactive glasses and glass-ceramics. Biomaterials 2011;32: 2757–2774.
- Maeno S, Niki Y, Matsumoto H, Morioka H, Yatabe T, Funayama A, Toyama Y, Taguchi T, Tanaka J The effect of calcium ion concentration on osteoblast viability, proliferation and differentiation in monolayer and 3D culture. Biomaterials 2005;26(23): 4847– 4855.
- 52. Marie PJ. The calcium-sensing receptor in bone cells: A potential therapeutic target in osteoporosis. Bone 2010;46(3):571–576.
- Valerio P, Pereira MM, Goes AM, Leite MF. Effects of extracellular calcium concentration on the glutamate release by bioactive glass (BG60S) preincubated osteoblasts. Biomed Mater 2009;4 (4): 045011.