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(54) Title: TRANSPLANT/IMPLANT DEVICE AND METHOD FOR ITS PRODUCTION

(57) Abstract: A transplant/implant device for delivering at least one predetermined biologically active compound to a human or animal host system or for another biological function in the host system is produced by genetically engineering vital chondrocytes or mixing chondrocytes with another type of native or genetically engineered cells or mixing chondrocytes with artificial particles having a size comparable to the size of cells or combining at least two of the named steps of engineering or mixing and by subjecting the chondrocytes or the mixture comprising the chondrocytes to three dimensional culture conditions for *in vitro* production of cartilaginous tissue whereby the cells and/or the artificial particles are immobilized in the cartilaginous tissue. The chondrocytes produce and maintain the cartilaginous tissue and the chondrocytes themselves or cells of another cell type immobilized in the cartilaginous tissue are able to produce and secrete the at least one predetermined compound. The artificial particles are e.g. biosensors. The chondrocytes as well as the cells of the other cell type may originate from the host or from a donor. The cartilaginous tissue proves to constitute favourable conditions for the vital cells and/or artificial particles immobilized therein and for the delivery of the predetermined compound also on a long term basis in particular by preventing or reducing unfavourable reactions by the host system such as immuno reactions or foreign-body reactions.

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TRANSPLANT/IMPLANT DEVICE AND METHOD FOR ITS PRODUCTION

Field of the invention

The invention concerns a transplant/implant device according to the generic part of the first independent claim. The device is transplanted in a human or animal host and serves e.g. for *in vivo* delivery of a predetermined biologically active compound or a plurality of such compounds desired to be present either locally or systemically in the host. The invention also concerns a method according to the corresponding independent claim, the method serving for producing the inventive transplant/implant device.

Background of the invention

For reducing or eliminating conditions caused by hereditary or degenerative malfunction, for treating diseases, for improving healing after injury or surgery, for modifying individual development or growth or for other desired biological functions, hormones, growth factors, activators, inhibitors or other biologically active compounds or factors are administered to humans or animals. It is known how to

genetically engineer human or animal cells in order to enable them to produce and secrete such biologically active compounds and it is also known how to administer such compounds to humans or animals by transplantation of vital cells being able or being made able to produce the compounds. The cells to be transplanted in order to deliver the desired compounds within a human or animal host may be native cells (genetically unmodified) usually originating from a suitable donor or they may be genetically engineered cells originating from a donor or from the host himself. Methods for preparing cells being able to produce secrete and monitor desired biologically active compounds are e.g. described in the following publications.

Using an *in vitro* **retroviral** vector delivery system, U Muller-Ladner *et al.* (Arthritis Rheum 42: 490-497, 1999) reported a successful insertion of **interleukin-10** (IL-10) into the genome of human rheumatoid arthritis synovial fibroblasts. ER Lechman *et al.* (J Immunol 15; 163(4):2202-2208, 1999) reported the direct **adenoviral** gene transfer of viral IL-10 to rabbit knees with experimental arthritis. The results suggest that direct, local intra-articular delivery of the vIL-10 gene may have polyarticular therapeutic effects.

CH Evans and PD Robbins (Intern Med 38(3):233-239, 1999) also outline several genes encoding anti-arthritic products that can be transferred to intra- or extra-articular sites where their expression suppresses various aspects of the pathophysiology of arthritis. Discussed are two human arthritis gene therapy protocols that are underway in the USA and Germany. Both studies involve the *ex vivo* transfer of an **IL-1Ra** cDNA to the metacarpophalangeal joints of patients with rheumatoid arthritis.

RM Dharmavaram *et al.* (Arthritis Rheum 42(7):1433-42, 1999) have been able to effect stable transfection of human fetal chondrocytes with a type II procollagen minigene.

RE Kingston outlines many standard protocols of transfecting and transducing mammalian cells (Current Protocols in Molecular Biology, 1: Chapter 9: 9.0.1-9.0.5, 1998).

Transplantation of adenovirally transduced allogeneic chondrocytes into articular cartilage defects *in vivo* was reported by VM Baragi *et al.* (Osteoarthritis Cartilage 5(4): 275-282, 1997). These chondrocytes were transduced with a recombinant adenovirus containing the gene for *Escherichia coli* beta-galactosidase (Ad.RSVntlacZ) in order to detect the transduced cells.

The main problems arising when using transplanted vital cells for delivering desired biologically active compounds to a host system or tissue are caused by the difficulty of creating and maintaining (in particular on a long term basis) local conditions in which the transplanted cells are able to survive and to produce and secrete the desired biologically active compounds and from which the compounds can be delivered to the host in a satisfactory manner. This includes prevention or at least reduction of unfavourable reactions by the host, in the case of transplanted heterologous or homologous cells in particular prevention or suppression of immune reactions by the host immune system. For solving these problems and in particular for solving the problem of the immune reaction, varying solutions have been suggested.

According to JF Markmann *et al.* (Transplantation 49: 272-277, 1990) the surface of the cells to be implanted is altered for immune modulation.

According to e.g. P Aebischer *et al.* (Brain Res: 560(1-2):43-49, 1991), MY Fan *et al.* (Diabetes 39: 519-522, 1990), KA Heald *et al.* (Transplantation P26: 1103-1104, 1994), L Lévesque *et al.* (Endocrinology 130: 644-650, 1992) or Z-P Lum *et al.* (Diabetes 40: 1511-1516, 1991) the cells to be implanted are encapsulated for immunoisolation. This means that immune suppression is avoided by preventing immune recognition and rejection through separating the transplanted cells from the host immune system with the aid of artificial barrier materials such as e.g. semipermeable membranes, hollow fiber devices, hydrogels, alginate capsules, a polyanionic colloid matrix etc. However, not all these materials are completely inert and they can induce a foreign-body and/or inflammatory reaction resulting in fibrous tissue overgrowth, which may diminish the diffusion properties of the devices.

JP Vacanti (US patent No. 5,741,685) and J-M Pollok *et al.* (Pediatr Surg Int 15: 164-167, 1999) describe the use of a tissue-engineered capsule of chondrocytes for the immunoisolation of islets of Langerhan cells. Islet cells are collected and immobilized within a polymer matrix. Concomitantly, chondrocytes are cultured in monolayers to proliferation. The confluent sheet of expanded chondrocytes is then used to wrap around the polymer matrix containing the islet cells. According to Pollok, islets taken from rats were encapsulated in a membrane containing bovine chondrocytes and their behaviour was observed *in vitro* for 30 days. No immune reaction of the bovine tissue against the rat cells was observed and the chondrocytes were still vital after the 30 days. The device comprising the islets encapsulated in the matrix were still secreting insulin after the 30 days, however on a reduced scale compared with the time immediately after encapsulation.

The immunoisolation method according to Vacanti and Pollok *et al.* is based on the knowledge of the immunoprivileged properties of the chondrocyte matrix and uses these properties for creating an immunoisolating barrier between allogenic or xenogenic islets and the host immune system.

Brief description of the invention

It is the object of the invention to create a transplant/implant device suitable for transplantation or implantation in a human or animal host and serving for delivery of at least one predetermined biologically active compound and/or for at least one other biological function. The device is to be able to maintain the desired function over a predetermined term in particular over a long term after transplantation by creating and maintaining suitable conditions for cells or artificial particles which are contained in the device and which are responsible for the desired function and by preventing or reducing unfavourable reactions of the host system, e.g. reactions by the host immune system or unfavourable foreign-body reactions of the host tissue in which the device is implanted.

It is a further object of the invention to create a method for producing the inventive transplant device.

These objects are achieved by the transplant device and by the method for producing it as they are defined in the corresponding claims.

The inventive device comprises vital cartilaginous tissue which is produced and maintained by chondrocytes. It further comprises vital cells or artificial particles of a size comparable to the size of cells which cells or particles are responsible for the

desired function (e.g. delivery of a biologically active compound). The cells or particles are immobilized within the matrix of the cartilaginous tissue. The cells being able to produce and secrete a predetermined biologically active compound are preferably the chondrocytes being suitably engineered which chondrocytes at the same time are responsible for producing and maintaining the extracellular matrix of the device.

The vital cartilaginous tissue not only proves privileged regarding immuno reaction but also proves well suited for maintaining cells able to carry out a predetermined function, for delivering compounds produced and secreted by these cells to the host system and for preventing foreign-body, inflammatory or abnormal growth reactions of the host tissue known from implantations of artificial materials.

Other than in the devices according to Vacanti and Pollok *et al.* (see above), the chondrocytes of the inventive device not only serve for shielding implanted cells from host reactions but also produce and maintain a suitable matrix for immobilizing the transplanted cells or artificial materials and provide immediate surroundings favouring their vitality and functionality.

Brief description of the Figures

The following Figures illustrate the Example at the end of the present specification and illustrate the ability of suitably transfected chondrocytes to secrete human growth hormone (hGH) during in vitro culture.

Figure 1 shows the cumulative human growth hormone conc. (ng/mL) of media from monolayer cultured rat chondrocytes transfected with pXGH5 plasmid;

Figure 2 shows the human growth hormone conc. (ng/mL) of media from pellet cultured rat chondrocytes transfected with pXGH5 plasmid following pellet formation;

Figure 3 shows the cumulative human growth hormone concentrations (ng/mL) of media from monolayer cultured rat chondrocytes transfected with pXGH5 at different times following transfection and Dex treatment;

Figure 4 shows the human growth hormone concentrations (pg/mL) of media from pellet cultured rat chondrocytes ($5.2x10^5$ cells per pellet) transfected with pXGH5 at different times following pellet formation and Dex treatment.

Detailed description of the invention

The term chondrocytes is used in the present specification to denominate cells being able to produce and maintain an extracellular matrix having the main characteristics of native cartilage (containing type II collagen and proteoglycanes). The cells originate from cartilaginous tissue or they are prepared by *in vitro* differentiation of stem cells.

The term cartilaginous tissue is used in the present specification to denominate a tissue comprising vital chondrocytes and an extracellular matrix produced and maintained by the vital chondrocytes. The cartilaginous tissue of the inventive device is produced *in vitro* starting from vital chondrocytes using e.g. the method according

to the European patent No. 0922093 which is included in the present specification by reference or any other 3D culture system.

The vital chondrocytes of the cartilaginous tissue of the inventive device are autologous, homologous or heterologous. They are embedded in the extracellular cartilaginous matrix of the device, which matrix is produced and maintained by these chondrocytes. Immobilized within the extracellular matrix, the inventive device comprises genetically engineered or native cells and/or artificial particles responsible for the desired function. These immobilized cells may also be autologous, homologous or heterologous and may serve e.g. for producing and secreting at least one predetermined biologically active compound. The artificial particles may e.g. be biosensors in the form of nanomachines and may serve e.g. for monitoring a predetermined metabolic activity.

In a preferred embodiment of the inventive device, the chondrocytes producing and maintaining the cartilaginous tissue themselves or at least a part of them are genetically engineered such that they are able not only to produce and maintain the cartilaginous tissue but also made able to produce and secrete at least one predetermined biologically active compound by suitable genetical engineering.

In addition to its known immune privileged properties, the cartilaginous matrix being maintained before and after implantation by the vital chondrocytes proves to have optimal characteristics for sustaining on a long term basis the vitality and productive capability of cells able to produce and secrete desired compounds and for delivering the compounds to the host system or tissue. One reason for this may be the fact that chondrocytes in e.g. articular cartilage live significantly longer compared to other cell types, that they require limited nutrient supply and that they are able to naturally maintain the cartilaginous matrix.

The inventive method for producing an inventive transplant/implant device comprises the steps of:

- providing a suitable number of vital chondrocytes:
- genetically engineering at least part of the chondrocytes or mixing the chondrocytes with another type of native or genetically engineered cells or mixing the chondrocytes with artificial particles having a size comparable to the size of cells or combining at least two of the named steps of engineering or mixing;
- subjecting the chondrocytes or the mixture comprising the chondrocytes to three dimensional culture conditions for *in vitro* production of cartilaginous tissue.

The device produced in the above three method steps is then transplanted or implanted into the host.

As source of the chondrocytes articular, rib, nasal, or ear cartilage may be harvested from a donor or from the host or the cells may be derived from eye lenses of foetal or adult human or animal origin or from an intervertebral disk with its annulus pulpusus.

The chondrocytes and further native or genetically engineered cells of another cell type used for producing the mixture of cells may originate both from the host or from a donor or may originate from different individuals.

An example of artificial particles being mixed with the chondrocytes are biosensors in the form of nanomachines as described e.g. by BA Cornell et al. (Nature 1997 June 5; 387(6633): 555-557).

Depending on the size of transplant needed, a step of proliferating the chondrocytes *in vitro* (monolayer culture) may be required (before and/or after the step of genetically engineering the chondrocytes).

In particular for an inventive device comprising homologous or heterologous cells it is advantageous to remove cells near the surface of the *in vitro* cultivated cartilaginous tissue.

An autotransplant device according to the invention and serving as a delivery device for interleukins is e.g. produced with the following method steps:

- harvesting cartilaginous tissue from the human or animal host (e.g. by cartilage biopsy), preparing the chondrocytes of the tissue according to standard primary culture preparation methods and expanding the chondrocytes in a monolayer culture;

- genetically engineering the chondrocytes in the monolayer for enabling them to produce and secrete interleukins (e.g. according to the method described in the publication mentioned above by Muller-Ladner, 1999, Lechman *et al.* 1999 or Evans and Robbins, 1999);

- cultivating the engineered chondrocytes *in vitro* for producing a three dimensional cartilaginous matrix (e.g. according to EP-0922093) and screening the construct for the amount of interleukin produced.

Examples of standard methods to collect and process cartilage from slaughterhouse animals are described by Pollok *et al.* 1999. To harvest cartilage via biopsies (human) see e.g. M Brittberg *et al.* (New England Journal of Medicine 331(14): 889-895, 1994) and T Minas and L Peterson (Clin Sports Med 18(1):13-44 v-vi, 1999). Examples of standard preparation of primary cultures from intact cartilage are described e.g. by Kandel *et al.* (Biochim. Biophys. Acta. 1035:130, 1990) and by Pollok *et al.* 1999. Standard cell culture systems and equipment are used for the step of monolayer expansion.

According to US-5919702 pre-chondrocytes isolated from umbilical cord, in particular from Wharton's jelly are a further source for the chondrocytes used in the inventive method.

An assortment of methods of introducing gene products into cells and monitoring transfer efficiencies are described in Kingston (1998).

Methods of three-dimensional culture for formation of an inventive device are described in the European patent No. 0922093. Standard kits (e.g. ELISA) and protocols supplied by many manufactures are used to measure delivery of a predetermined product (e.g. interleukins) in *in vitro* conditions prior to implanting the device.

The inventive device is e.g. applicable for local administration of biologically active compounds, e.g. implanted within a joint and delivering morphogenic factors or growth factors for recovery of a cartilage defect or interleukins to inhibit inflammation. Or it is applicable for systemic administration, e.g. implanted in a blood vessel or abdominal cavity and delivering e.g. somatotropin and insulin. The

inventive device is applicable for permanent delivery, i.e. for delivery during a very long time, or it can be removed after a limited delivery period.

Further examples of applications of the inventive device are:

- supplementing hormones (or correcting hormone levels) like insulin for diabetes or parathyroid hormone in hypocalcemia;
- augmenting growth of livestock by administration of somatotropin;
- augmenting wound healing via release of maturation and growth factors like BMP for treatment of pseudoarthrosis;
- supplying absent hormone or factor like coagulation factors in haemophilia or dopamine in Parkinson's disease;
- supplying therapeutic agents such as ciliary neurotrophic factor (CNTF) for the treatment of human neurodegenerative diseases such as amyotrophic lateral sclerosis (ALS);
- supplying activators or inhibitors of angiogenesis for tumour treatment and wound healing;
- provide a live substrate for biosensors measuring metabolic activities and controlling hormone release.

The main advantages of the inventive transplant device and of the method for producing it are the following:

- The cells that produce and maintain the matrix may be of the same type (chondrocytes) as the ones producing the predetermined product.

- The matrix of the device has inherit stabilisation qualities suitable for implantation procedures.

- The used culture technique to produce the transplant is technically less demanding compared to techniques involving artificial barrier encapsulation methods.

- The culture technique using co-cultures of chondrocytes and other cells is technically less demanding compared to the protocol described e.g. by Pollock *et al.* (1999).

- The inventive device is longer lasting than known gene-transfer models which are limited by the problem of decreasing expression of the transfected gene over time, and the inventive device can be removed when required.

EXAMPLE

Chondrocytes originating from rat articular chartilage were suitably transfected to be able to secrete human growth hormone (hGH). The chondrocytes were then cultured in pellets. Human growth hormone concentrations in the culture media were monitored. As it is known that Dexamethasone can induce an increased production of hGH, due to the existence of glucocorticoid enhancer sequences in the pXGH5 plasmid (Selden *et al.* 1986), Dexamethasone was tested as molecular switch.

Tissue collection and culture techniques: Cartilage was obtained aseptically from the articular knee joint of a 12 month old Wistar Rat and subsequently digested in

2.5mg/10mL Collagenase P (Roche) in HAM-F12 (Gibco BRL) with 5% FBS (HyClone), insulin (250µg/mL; Gibco BRL) and vitamin C (12.5µg/mL; Fluka) at 37°C in a shaking water bath for 12 hours. The digested slurry was pipetted through a cell strainer (100µm; Falcon), washed in PBS (pH 7.4) and counted. Cells were seeded at a density of 930,000 cells per cm^2 in T25 flasks (Falcon) and allowed to expand at 37°C in 4mL HAM-F12 supplemented with 10% FBS, insulin, Vitamin C, penicillin (100,000 IE/mL; Sigma), streptomycin (10,000µg/mL; Sigma) and Amphotericin B (250µg/mL; Sigma). Cells were allowed to expand until 80-90% confluence and then were exposed to 1xEDTA/Trypsin (Gibco BRL) and subsequently passaged 3 times.

Transfections: The plasmid pXGH5 with the human growth hormone (hGH) insert was used in the transfections (See Selden *et al.* 1986). The plasmid was amplified in E.coli HB101 (Promega) and subsequently purified using a plasmid extraction kit (Qiagen). One day before transfections, the chondrocytes were re-seeded at a density between 50 and 80% confluence in HAM-F12 with 10% FBS, but without other additives. The following day, FuGENE 6 (Roche) and the purified plasmid DNA (1µg) was added to 100µL of HAM-F12 without other additives as detailed in the manufacturer's manual. This mixture was added to the assigned T25 flasks containing the rat chondrocytes. Mock transfections with only FuGENE 6 were also made. Samples of 200µL was obtained from the media of the transfected and control untransfected cells in monolayer at various time intervals following transfection. These samples were stored at -20°C until assessed for hGH concentrations using an ELISA assay kit (Roche), which does not cross-react with rat GH.

Three dimensional cultures: Transfected cells were detached from confluent flasks as outlined previously, counted and allocated into 1.5mL eppendorf tubes at a density of $6.3x10^5$ cells. These tubes were then centrifuged at 1000g for 5 minutes to form a

pellet. All tubes were incubated in standard culture conditions and the media was also sampled over time to assess changes in hGH levels.

Dexamethasone treatment: Both monolayer and 3-D pellet cultures ($5.2x10^5$ cells per pellet) were exposed to Dexamethasone (Dex. Sigma) at concentrations of 0.1μM, 0.01μM and 0.001μM for 24 hours to study the effect of Dex on hGH release.

Results: Rat chondrocytes transfected with pXGH5 produced hGH to levels of 200 ng/mL by 2 days and accumulated to 1200 ng/mL by day 10 (Figure 1). Transfected rat chondrocytes in pellet culture ($6.3x10^5$ cells/pellet) also released hGH into the culture medium, peaking between day 1 and 4 to about 300ng/mL. A reduction was noted thereafter, to levels close to 100 ng/mL by day 8 of pellet culture (Figure 2). The addition of Dex to monolayer chondrocytes, at all concentrations tested, increased the production of hGH (Figure 3. **T**=days after transfection **Dex**= days after Dex exposure: (0.1μM, 0.01μM and 0.001μM). Further, Dex at concentrations of 0.1μM and 0.01μM maintained a higher hGH concentration in the medium of pellet cultured transfected rat chondrocytes compared to controls (Figure 4. **P**= days after pellet formation; **Dex**=days after Dex exposure: (0.1μM, 0.01μM and 0.001μM).

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THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. A transplant/implant device for delivering at least one predetermined biologically active compound to a human or animal host system and/or for providing another biological function within the host system, wherein the device comprises a cartilaginous tissue of a cartilaginous extracellular matrix and vital chondrocytes producing and maintaining the extracellular matrix, and wherein the device further comprises vital cells and/or artificial particles of a similar size as the chondrocytes, the cells or particles being responsible for secreting the at least one predetermined compound or for the other biological function, wherein the cells and/or particles are mixed with the chondrocytes in the extracellular matrix which provides their immediate surroundings.

2. A device according to claim 1, wherein the chondrocytes are autologous chondrocytes originating from the host.

3. A device according to claim 1, wherein the chondrocytes are heterologous or homologous and originate from a donor.

4. A device according to any one of claims 1 to 3, wherein the cells able to produce and secrete said at least one biologically active compound are genetically engineered.

5. A device according to claim 4, wherein the cells able to produce and secrete said at least one biologically active compound are genetically engineered chondrocytes.

6. A device according to claim 1, wherein the artificial particles are biosensors.

7. A method for producing a transplant device for delivering at least one predetermined biologically active compound to a human or animal host system and/or for at least one other biological function within the host system, comprising the steps of: providing a suitable number of vital chondrocytes; genetically engineering at least part of the chondrocytes or mixing the chondrocytes with another type of native or genetically engineered cells or mixing the chondrocytes with artificial particles having a size comparable to the size of cells or combining at least two of the named steps of engineering or mixing; subjecting the chondrocytes or the mixture comprising the chondrocytes to three dimensional culture conditions for *in vitro* production of a cartilaginous tissue, the genetically engineered cells or the artificial particles being responsible for producing the at least one predetermined biologically active compound or for the at least one other biological function.

8. A method according to claim 7, wherein the step of providing the chondrocytes comprises harvesting native cartilage tissue from the host or from a donor, subjecting the harvested tissue to primary culture preparation and expanding the chondrocytes of the harvested tissue in a monolayer culture.

9. A method according to claim 7, wherein the chondrocytes originate from articular cartilage, rib cartilage, nasal cartilage, ear cartilage, eye lenses or intervertebral disks.

10. A method for delivering at least one predetermined biologically active compound to a human or animal host system, comprising the steps of providing vital cells being able to produce and secrete the at least one biologically active compound, mixing the cells within a vital cartilaginous tissue with a cartilaginous extracellular matrix and vital chondrocytes producing and maintaining the tissue, and implanting the cartilaginous tissue in the host.

11. A method according to claim 10, wherein the tissue is implanted for local delivery in a host joint or for systemic delivery in a blood vessel or abdominal cavity.

12. A method for measuring metabolic activities within a human or animal host, comprising the steps of providing biosensors having a size comparable to the size of vital cells, mixing the biosensors in a vital cartilaginous tissue with a cartilaginous extracellular matrix and vital chondrocytes producing and maintaining the tissue and implanting the tissue in the host.

13. A method according to claim 12, wherein the biosensors control hormone release.

14. A device according to any one of claims 1 to 6, which is applicable for inhibiting inflammation comprising vital cells being able to produce and secrete interleukins.

15. A device according to any one of claims 1 to 6, which is applicable for supplementing or correcting the host level of a hormone comprising cells able to produce and secrete said hormone.

16. A device according to any one of claims 1 to 6, which is applicable for treating diabetes comprising cells being able to produce and secrete insulin.

17. A device according to any one of claims 1 to 6, which it is applicable for treating

hypocalcemia comprising cells being able to produce and secrete parathyroid hormone.

18. A device according to any one of claims 1 to 6, which is applicable for augmenting growth of livestock comprising cells being able to produce and secrete somatotropin.

19. A device according to any one of claims 1 to 6, which is applicable for augmenting wound healing comprising cells being able to produce and secrete maturation or growth factors.

20. A device according to any one of claims 1 to 6, which is applicable for treating pseudoarthrosis comprising cells being able to produce and secrete BMP (bone morphogenic proteins).

21. A device according to any one of claims 1 to 6, which is applicable for treating haemophilia comprising cells being able to produce and secrete a coagulation factor.

22. A device according to any one of claims 1 to 6, which is applicable for treating Parkinson's disease comprising cells being able to produce and secrete dopamine.

23. A device according to any one of claims 1 to 6, which is applicable for treating human neurodegenerative diseases, in particular amyotrophic lateral sclerosis (ALS) comprising cells being able to produce and secrete ciliary neurotrophic factor (CNTF).

24. A device according to claim 23, wherein the human neurodegenerative disease is amyotrophic lateral sclerosis.

25. A device according to any one of claims 1 to 6, which is applicable for tumour treatment or wound healing comprising cells being able to produce and secrete inhibitors of angiogenesis.

26. A device according to any one of claims 1 to 6, which is applicable for measuring a specific metabolic activity comprising biosensors.

27. A device according to any one of claims 1 to 6, which is applicable for controlling hormone release comprising biosensors.

28. A device according to any one of claims 1 to 6, wherein the extracellular matrix comprises type II collagen and proteoglycans.

29. A device according to any one of claims 1 to 6, wherein the chondrocytes originate from cartilaginous tissue.

30. A device according to any one of claims 1 to 6, wherein the chondrocytes are prepared by *in vitro* differentiation of stem cells or pre-chondrocytes.

31. A device according to any one of claims 1 to 6, wherein at least some of the cells or particles are immobilized in the extracellular matrix.

32. A device according to any one of claims 1 to 6, wherein the at least one predetermined compound is insulin.

33. A device according to any one of claims 1 to 6, wherein the at least one predetermined compound is BMP.

34. A transplant/implant device according to claim 1, substantially as herein described with reference to any one of the examples or figures.

35. A method according to claim 7, substantially as herein described with reference to any one of the examples or figures.

36. A method according to claim 10, substantially as herein described with reference to any one of the examples or figures.

37. A method according to claim 12, substantially as herein described with reference to any one of the examples or figures.

Dated this 18th day of November 2005
ZIMMER GMBH
By their Patent Attorneys
GRIFFITH HACK
Fellows Institute of Patent and
Trade Mark Attorneys of Australia

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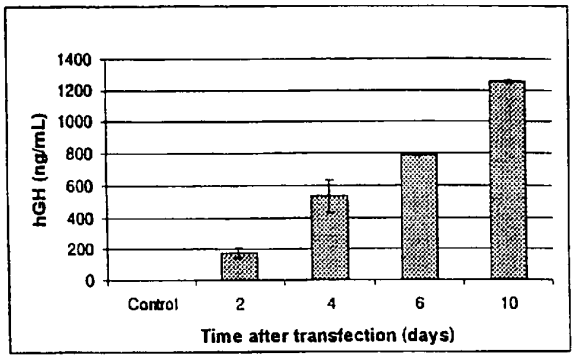

Figure 1

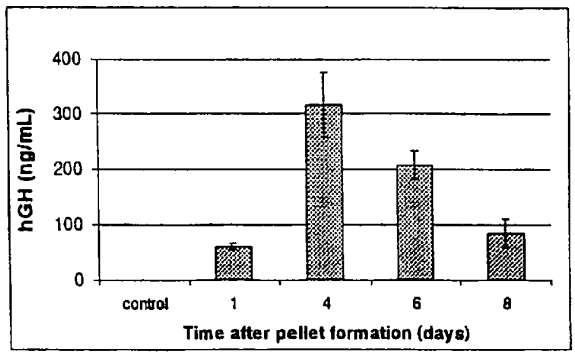

Figure 2

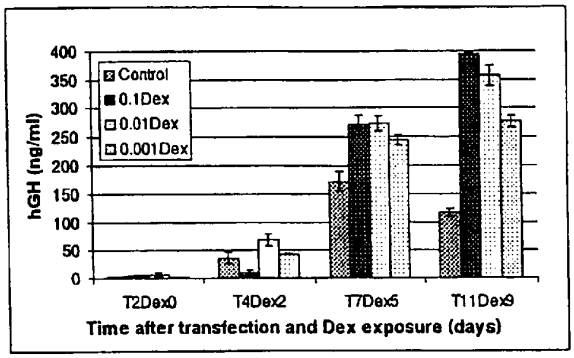

Figure 3

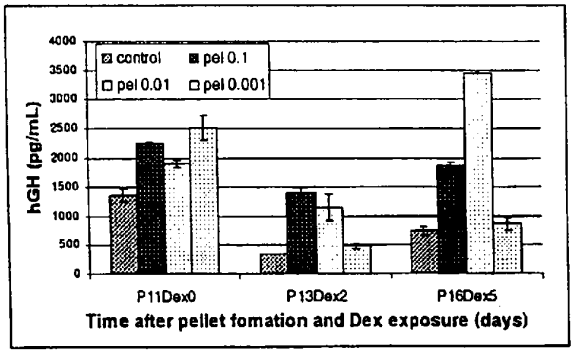

Figure 4