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Hialuronsavat kötő szintetikus peptidoglikánok, előállításuk és alkalmazásuk

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(54) **HYALURONIC ACID-BINDING SYNTHETIC PEPTIDOGLYCANS, PREPARATION, AND METHODS OF USE**

HYALURONSÄUREBINDENDE SYNTHETISCHE PEPTIDOGLYCANE, IHRE HERSTELLUNG UND VERFAHREN ZU IHRER VERWENDUNG

PEPTIDOGLYCANES SYNTHÉTIQUES SE LIANT À L'ACIDE HYALURONIQUE, PRÉPARATION ET PROCÉDÉS D'UTILISATION

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(56) References cited:

WO-A1-2006/130974 WO-A1-2010/129547
WO-A1-2010/139953 US-A1- 2011 020 298
US-B1- 6 864 235

- **BERNHARD JONATHAN C ET AL:** "Synthesis and characterization of an aggrecan mimic.", April 2012 (2012-04), ACTA BIOMATERIALIA APR 2012, VOL. 8, NR. 4, PAGE(S) 1543 - 1550, XP002732979, ISSN: 1878-7568 * the whole document *
- **LEE, H. J. ET AL.:** 'Enhanced chondrogenesis of mesenchymal stem cells in collagen mimetic peptide-mediated microenvironment.' TISSUE ENGINEERING PART A. vol. 14, no. 11, November 2008, pages 1843 - 51, XP055081206
- **CHUNG, C. ET AL.:** 'The influence of degradation characteristics of hyaluronic acid hydrogels on in vitro neocartilage formation by mesenchymal stem cells.' BIOMATERIALS vol. 30, no. 26, September 2009, pages 4287 - 96, XP026337754
- **ZUSTIAK, S. P. ET AL.:** 'Influence of cell-adhesive peptide ligands on poly(ethylene glycol) hydrogel physical, mechanical and transport properties.' ACTA BIOMATERIALIA. vol. 6, no. 9, September 2010, pages 3404 - 14, XP027170155

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- CHUNG, C. ET AL.: 'Influence of gel properties on neocartilage formation by auricular chondrocytes photoencapsulated in hyaluronic acid networks.' JOURNAL OF BIOMEDICAL MATERIALS RESEARCH PART A. vol. 77, no. 3, 01 June 2006, pages 518 - 25, XP055081207

Description

TECHNICAL FIELD

5 **[0001]** This invention pertains to the field of hyaluronic acid-binding synthetic peptidoglycans and methods of forming and using the same.

BACKGROUND AND SUMMARY OF THE INVENTION

10 **[0002]** Articular cartilage is an important component for the protection of bones in the body. In particular, articular cartilage functions to protect articulating bones from damage by providing a near-frictionless surface for bone movement and also providing compressive strength to joints. Articular cartilage broadly includes an extracellular matrix (ECM) derived from three main components: a collagen scaffold, hyaluronic acid (HA), and aggrecan. The material composition of articular cartilage dictates the tissue's biological, chemical and mechanical properties. The extracellular matrix (ECM) of healthy cartilage is primarily composed of a network of collagen fibrils (15-22% wet weight type II collagen), proteoglycans (4-7% wet weight), glycoproteins, water (60-85%) and electrolytes, giving rise to a viscoelastic tissue with depth-dependent structural and mechanical anisotropy.

15 **[0003]** Cartilage degradation and wear is a hallmark of osteoarthritis (OA). During the initial stages of OA, aggrecan, a major proteoglycan in cartilage, is an early component to be degraded. The aggrecan monomer is a protein core with covalently attached glycosaminoglycan (GAG) side chains that bind to filamentous hyaluronic acid via globular domains and a link protein. Proteases, such as aggrecanases, cleave aggrecan at specific sites creating protein fragments and free GAG chains that are unable to rebind to HA. Instead, these free GAG chains are extruded from the matrix, which not only reduces compressive strength, but also initiates an increase in pro-inflammatory cytokines and matrix metalloproteases. The presence of aggrecan has been shown to reduce diffusion of proteases protecting underlying collagen fibers from proteolytic cleavage. Loss of aggrecan occurs even in normal cartilage and is not immediately correlated to OA. However, loss of type II collagen is considered an irreversible process, leading to precocious wear.

20 **[0004]** Osteoarthritis is the most common form of arthritis, affecting 27 million people in the US alone. The most prevalent symptoms of osteoarthritis include immense pain, stiffening in the joints, and tender and inflamed joints. Advanced stages of osteoarthritis can lead to complete degradation of the articular cartilage, causing immobility of joints and damage to the underlying bone. The direct costs of arthritis in the United States are estimated to be approximately \$185.5 billion each year.

25 **[0005]** Although lifestyle changes and multiple medications are often used for the treatment of osteoarthritis, there has been little success in regeneration of defective cartilage and relieving the symptoms caused by the loss of cartilage. This inability to halt the progression of osteoarthritis and repair the existing damage typically leads to an invasive, end stage cartilage replacement procedure. Thus, an alternative treatment option for osteoarthritis is highly desired.

30 **[0006]** The present disclosure describes improved biomaterials for cartilage regeneration, including hyaluronic acid-binding synthetic peptidoglycans that can be utilized to restore damaged cartilage in an affected patient, along with methods of forming and using the synthetic peptidoglycans. Furthermore, the hyaluronic acid-binding synthetic peptidoglycans are designed to functionally mimic aggrecan, resist aggrecanase degradation, and limit proteolytic degradation. The absence of the native amino acid sequence seen in aggrecan makes these molecules less susceptible to proteolytic cleavage.

35 **[0007]** The present invention relates to a hyaluronic acid-binding synthetic peptidoglycan according to any of claims 1 to 15. The following numbered embodiments are contemplated:

- 45 1. The hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 wherein the glycan is selected from the group consisting of chondroitin sulfate and keratan sulfate.
2. The hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 or embodiment 1 wherein the synthetic peptidoglycan is lyophilized.
3. An engineered collagen matrix according to any of claims 12 to 13 wherein the collagen is selected from the group consisting of type I collagen, type II collagen, type III collagen, type IV collagen, type IX collagen, type XI collagen, and combinations thereof.
- 50 4. The engineered collagen matrix of embodiment 3 wherein the matrix is effective as a tissue graft.
5. The engineered collagen matrix of embodiment 4 wherein the tissue graft is implanted into a patient.
6. The engineered collagen matrix of any one of embodiments 3 to 5 wherein the matrix is in the form of a gel.
- 55 7. The engineered collagen matrix of embodiment 6 wherein the gel is administered to a patient by injection.
8. The engineered collagen matrix of any one of embodiments 3 to 7 wherein the matrix is effective as a composition for in vitro culture of cells.
9. The engineered collagen matrix of claim 13 wherein the cells are selected from the group consisting of chondrocytes

and stem cells.

10. The engineered collagen matrix of embodiment 9 wherein the stem cells are selected from the group consisting of osteoblasts, osteogenic cells, and mesenchymal stem cells.

11. The engineered collagen matrix of any one of embodiments 3 to 10 further comprising one or more nutrients.

12. The engineered collagen matrix of any one of embodiments 3 to 11 further comprising one or more growth factors.

13. The engineered collagen matrix of any one of embodiments 3 to 12 wherein the matrix is sterilized.

14. A composition for in vitro culture of chondrocytes or stem cells comprising a hyaluronic acid-binding synthetic peptidoglycan according to any of claims 1 to 11.

15. The composition of embodiment 14 wherein the stem cells are selected from the group consisting of osteoblasts, osteogenic cells, and mesenchymal stem cells.

16. The composition of any one of embodiments 14 to 15 further comprising one or more nutrients.

17. The composition of any one of embodiments 14 to 16 further comprising one or more growth factors.

18. The composition of any one of embodiments 14 to 17 wherein the composition is sterilized.

19. An additive for a biomaterial cartilage or bone replacement composition comprising a hyaluronic acid-binding synthetic peptidoglycan according to any of claims 1 to 11 for addition to an existing biomaterial cartilage or bone replacement material.

20. The hyaluronic acid-binding synthetic peptidoglycan for use as in claim 14 wherein the synthetic peptidoglycan acts as a lubricant.

21. The hyaluronic acid-binding synthetic peptidoglycan for use as in claim 14 or embodiment 20 wherein the synthetic peptidoglycan prevents bone on bone articulation or prevents cartilage loss.

22. A method of preparing a biomaterial or bone cartilage replacement, said method comprising the step of combining the synthetic peptidoglycan according to any of claims 1 to 11 and an existing biomaterial or bone cartilage replacement material.

23. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 for use in a method of reducing or preventing hyaluronic acid degradation in a patient, said method comprising administering to the patient the hyaluronic acid-binding synthetic peptidoglycan.

24. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 23 wherein the rate of hyaluronic acid degradation is reduced.

25. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 for use in a method for correcting or modifying a tissue defect in a patient comprising administering into the tissue defect a hyaluronic acid-binding synthetic peptidoglycan wherein the defect is corrected or modified.

26. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 25 wherein the defect is a cosmetic defect.

27. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 for use as dermal filler.

28. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 for use in a method of reducing or preventing collagen degradation, said method comprising the steps of contacting a hyaluronic acid-binding synthetic peptidoglycan with hyaluronic acid in the presence of collagen, and reducing or preventing collagen degradation.

29. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 28 wherein the rate of hyaluronic acid degradation is reduced.

30. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1 to 11 for use in a method of increasing pore size in an engineered collagen matrix, said method comprising the steps of combining collagen, hyaluronic acid, and a hyaluronic acid-binding synthetic peptidoglycan, and increasing the pore size in the matrix.

31. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 30, wherein the matrix is sterilized.

32. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiments 30 to 31, wherein the matrix further comprises chondrocytes or stem cells.

33. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 32, wherein the stem cells are selected from the group consisting of osteoblasts, osteogenic cells, and mesenchymal stem cells.

34. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiments 30 to 33 wherein the matrix further comprises one or more nutrients.

35. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiments 30 to 34 wherein the matrix further comprises one or more growth factors.

36. A hyaluronic acid-binding synthetic peptidoglycan according to any of claims 1 to 11 for use in a method of reducing or preventing chondroitin sulfate degradation, said method comprising the steps of contacting a hyaluronic acid-binding synthetic peptidoglycan with hyaluronic acid in the presence of collagen, and reducing or preventing chondroitin sulfate degradation.

37. The hyaluronic acid-binding synthetic peptidoglycan for use as in embodiment 36 wherein the rate of chondroitin sulfate degradation is reduced.

38. The hyaluronic acid-binding synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of any of claims 1 to 15 or any of the preceding embodiments wherein the peptide component of the synthetic peptidoglycan has a glycine-cysteine (GC) attached to the C-terminus of the peptide.

39. The hyaluronic acid-binding synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of any of claims 1 to 15 or any of the preceding embodiments wherein the peptide component of the synthetic peptidoglycan has a glycine-cysteine-glycine (GCG) attached to the N-terminus of the peptide.

40. The synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of any of claims 1 to 15 or any of the preceding embodiments wherein the synthetic peptidoglycan is resistant to matrix metallo proteases.

41. The synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of embodiment 40 wherein the matrix metallo protease is aggrecanase.

42. The synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of any of claims 1 to 15 or any of the preceding embodiments wherein the dosage of the synthetic peptidoglycan is in a concentration ranging from about 0.01 μM to about 100 μM .

43. The synthetic peptidoglycan, compound, engineered collagen matrix, composition, additive, method, or dermal filler of any of claims 1 to 15 or any of the preceding embodiments wherein the dosage of the synthetic peptidoglycan is in a concentration ranging from about 0.1 μM to about 10 μM .

BRIEF DESCRIPTION OF THE DRAWINGS

[0008]

FIGURE 1 shows a reaction schematic for the production of an embodiment of the hyaluronic acid-binding synthetic peptidoglycan. Reaction steps are detailed in bold font.

FIGURE 2 shows a standard curve of N-[β -Mateimidopropionic acid]hydrazide, trifluoroacetic acid salt (hereinafter "BMPH") absorbance (215 nm) based on amount (mg) of BMPH injected. The standard curve was used to determine the amount of BMPH consumed during the coupling reaction.

FIGURE 3 shows binding of the hyaluronic acid-binding synthetic peptidoglycan to the immobilized hyaluronic acid (HA). Nine HA-binding peptides (e.g., GAHWQFNALTVRGGGC; hereinafter "GAH" or "mAGC") were attached to the functionalized glycosaminoglycan (e.g., chondroitin sulfate, hereinafter "CS") backbone. Concentrations of synthetic peptidoglycans were increased from 0.01 μM to 100 μM .

FIGURE 4 shows HA binding of the synthetic peptidoglycan as determined by rheological frequency sweep (Panel A). The storage modulus of the HA mixtures was analyzed at an oscillatory frequency of 5.012 Hz. At this frequency, a noticeable load was provided while the integrity of the HA chains was maintained. Statistical analysis ($\alpha=0.05$) showed that HA+CS and HA were significantly different (denoted *), and that HA+ 10.5GAH-CS and HA+CS were significantly different (denoted **). Panel B is an alternative representation of the same data shown in Panel A.

FIGURE 5 shows qualification of the turbidity of the collagen type I plus treatment groups during collagen fibril formation. The absorbance at 313 nm was measured every 3 minutes. After one hour (i.e., timepoint number 20), all treatment groups had completely formed networks. No significant differences ($\alpha=0.05$) existed between treatment groups with respect to the maximum absorbance or the time to half maximum absorbance.

FIGURE 6 shows the compressive engineering stress withstood by the collagen gels based on an applied engineering strain of 1% per second. Statistical analysis ($\alpha=0.05$) demonstrated that the addition of 10.5GAH-CS resulted in a significant difference in peak engineering stress, in addition to the engineering stress analyzed at engineering strains of 5%, 7.5%, and 10%.

FIGURE 7 shows the storage modulus of collagen mixtures measured at an oscillatory frequency of 0.5012 Hz. Statistical analysis ($\alpha=0.05$) demonstrated that the addition of 10.5GAH-CS resulted in a significant increase in the storage modulus of the collagen gel (denoted *).

FIGURE 8 shows the percent degradation of HA mixtures due to the addition of hyaluronidase to the mixtures (Panel A). The percent degradation was determined by the changes in the dynamic viscosity of the HA mixtures. Dynamic viscosity measurements were initially taken of the mixtures, and served as the baseline from which the percent degradations were calculated. The 0 hour timepoint was taken after the addition of hyaluronidase, the sufficient mixing of the samples, and the pipetting onto the rheometer stage, and approximately 2 minutes passed between the addition of the hyaluronidase and the measurement of the dynamic viscosity. Statistical analysis demonstrated significant differences ($\alpha=0.05$) in the percent degradation for the 10.5GAH-CS sample at both the 0 hour and 2 hour timepoints. Panel B shows the same data represented as normalized dynamic viscosity (mean $\pm$ SE, n=3) of

HA mixtures due to the addition of hyaluronidase. Dynamic viscosity measurements were initially taken of the mixtures before hyaluronidase was added, and these values served as the baseline from which the normalized dynamic viscosities were calculated. The normalized dynamic viscosities were determined by taking each measured dynamic viscosity after the addition of hyaluronidase and dividing this value by the initial dynamic viscosity of that sample. Statistical analysis ($\alpha=0.05$) was conducted, and significant differences were seen in the normalized degradation for the 10.5GAH-CS sample at both the 0 hr and 2 hr timepoints.

FIGURE 9 shows representative cryo-SEM images (10,000x magnification with 5 μ m scale bar) of the CI scaffold associated with each cartilage ECM replicate. Panel A represents the CI control. Panel B represents CI+HA+CS. Panel C represents CI+HA+10.5GAH-CS.

FIGURE 10 shows the percent degradation (mean $\pm$ SE, $n=3$) of CI in ECM replicates exposed to MMP-I throughout a 50 hr duration. Statistical analysis ($p<0.05$) of the different treatments revealed that all three treatments (CI control, CI+HA+CS, and CI+HA+10.5GAH-CS) were significantly different from each other.

FIGURE 11 shows the cumulative chondroitin sulfate (CS) loss over an eight-day culture period in media stimulated with and without IL-1 β . CS loss was measured by a DMMB assay. The addition of mAGC had a significant effect on loss of CS from the scaffolds ($p<0.001$). ** denotes statistical significance between scaffold prepared without aggrecan mimic and those prepared with mAGC. + denotes statistical significance between scaffold treated with and without IL-1 β ($p<0.05$). Bars represent average $\pm$ SEM ($n=3$).

FIGURE 12 shows the cumulative collagen breakdown over an eight-day culture period in media stimulated with and without IL-1 β . Collagen breakdown was measured by a Sircol assay. The addition of aggrecan mimic had a significant effect on loss of collagen from the scaffolds ($p<0.02$). ** denotes statistical significance between scaffold prepared without aggrecan mimic and those prepared with mAGC. + denotes statistical significance between scaffold treated with and without IL-1 β ($p<0.05$). Bars represent average $\pm$ SEM ($n=3$).

FIGURE 13 represents a platform to study the efficacy of the peptidoglycan ex vivo. 0.5% trypsin was used to remove native aggrecan from bovine cartilage explants. Removal of aggrecan was confirmed by DMMB assay. Graphs represent the amount of aggrecan removed compared to positive control.

FIGURE 14 shows an assay to monitor peptidoglycan diffusion through the cartilage matrix. The Y-axis represents the difference in DMMB assay absorbance values read from aggrecan-depleted cartilage plugs treated with/without peptidoglycan. The X-axis represents the distance from the articular surface of cartilage to subchondral bone. Bars represent average difference $\pm$ SEM ($n=3$).

FIGURE 15 shows Safranin O and Avidin-Biotin stains of bovine cartilage explants. A midsagittal cut was made through the matrix and probed for residual aggrecan (top panel, dark staining) and biotin (bottom panel, dark staining) respectively. Collagen type II binding peptidoglycan [WYRGLGC; "mAG(II)C"] was diffused through the explant. Higher magnification (20X) of this tissue slice indicated that mAG(II)C penetrates approximately 200 μ m into tissue. FIGURE 16 shows Avidin-Biotin stains of cartilage explants. Peptidoglycans (mAG(II)C and mAGC) were diffused through the cartilage explant. Images indicate depth of penetration of each (dark staining).

FIGURE 17 shows that the addition of peptidoglycans in aggrecan depleted (AD) explants increased compressive stiffness. Addition of the HA binding peptidoglycan (mAGC) significantly restored stiffness of cartilage explants to a higher extent as compared to the collagen type II binding peptidoglycan (mAG(II)C). Significance, denoted as *, specified an increase in compressive stiffness between AD and AD+mAGC augmented explants ($p<0.005$). Data is presented as mean $\pm$ SEM ($n=5$).

FIGURE 18 (A) shows a schematic representation of probe bound to MMP-13. BHQ-3 black hole quencher 3 and CY5.5 absorbed and emitted at 695 nm respectively. Arrow and italics indicate the cleavage site. (B) shows the concentration profile of probe activity with and without MMP-13: Left, fluorescence imaging sections of 96-well microplate; Right, recovery of fluorescence emission intensity (695 nm).

FIGURE 19 shows the extent of inflammation indicated by the MMP-13 probe in Sprague-Dawley rats treated with and without peptidoglycan at four, six and eight weeks post surgery.

FIGURE 20 shows a x-ray images of Sprague-Dawley rat knee joints showing injured knee 6 weeks and 8 weeks following OA induction (Panels A and D, respectively), injured knee with peptidoglycan treatment (Panels B and E, respectively), and normal knee (Panel C) six weeks after osteoarthritis induction surgery.

FIGURE 21 shows microCT of Sprague-Dawley rats indicating re-growth of new cartilage six and eight weeks after OA induction surgery. Injured knees 6 weeks and 8 weeks following OA induction are shown in Panels A and D, respectively. Injured knees following peptidoglycan treatment are shown in Panels B and E, respectively. Normal knee is shown in panel C.

FIGURE 22 shows that the addition of mAGC to collagen scaffolds increased the storage modulus and compressive stiffness. Frequency sweeps (A) on collagen scaffolds indicated an increase in storage modulus over a range of 0.1-2.0 Hz. Similarly, compressive stiffness (B) showed an increase in values when the scaffold was prepared with the addition of mAGC. Significance is denoted as * ($p<0.0001$). Data is presented as mean $\pm$ SEM ($n=5$).

FIGURE 23 shows cumulative chondroitin sulfate (CS) loss over an eight-day culture period in media stimulated

with and without IL-1 β . CS loss was measured by a DMMB assay. Scaffold compositions (A-H) are described in Table 3. The addition of mAGC had a significant effect on loss of CS from the scaffolds ($p < 0.001$). * denotes statistical significance between scaffold A and C, and scaffold E and G. ($p < 0.05$). Bars represent average $\pm$ SEM ($n=3$).

FIGURE 24 shows cumulative collagen breakdown over an eight-day culture period in media stimulated with and without IL-1 β . Collagen breakdown was measured by a Sircol assay. Scaffold compositions (A-H) are described in Table 3. The addition of aggrecan mimic had a significant effect on loss of collagen from the scaffolds ($p < 0.02$). * denotes statistical significance between scaffold A and C, and scaffold E and G. ($p < 0.05$). Bars represent average $\pm$ SEM ($n=3$).

FIGURE 25 shows real-time PCR analysis for aggrecan and collagen type II expressed by bovine chondrocytes cultured in unaligned (A) and aligned (B) collagen scaffolds. Values were normalized to endogenous GAPDH expression. Addition of mAGC statistically changed aggrecan and collagen type II expression ($p_{\text{aggrecan}} < 0.02$ and $p_{\text{collagen}} < 0.001$) respectively. There was also a statistical difference in aggrecan and collagen type II expression between unaligned and aligned scaffolds ($p < 0.001$). Similarly, the aggrecan and collagen type II expression differed between scaffolds treated with and without IL-1 β ($p < 0.01$). Scaffold compositions (A-H) are described in Table 3. Bars represent average $\pm$ SEM ($n=4$).

DETAILED DESCRIPTION OF THE ILLUSTRATIVE EMBODIMENTS

[0009] As used herein, a "hyaluronic acid-binding synthetic peptidoglycan" means a synthetic peptide conjugated to a glycan where the peptide comprises a hyaluronic acid-binding sequence.

[0010] Various embodiments of the invention are described herein as follows. In one embodiment described herein, a hyaluronic acid-binding synthetic peptidoglycan is provided. The hyaluronic acid-binding synthetic peptidoglycan comprises a synthetic peptide conjugated to a glycan wherein the synthetic peptide comprises a hyaluronic acid-binding sequence.

[0011] In another embodiment, a compound of the formula P_nG_x is described wherein n is 1 to 20; wherein x is 1 to 20; wherein P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence; and wherein G is a glycan.

[0012] In yet another disclosure, a compound of the formula $(P_nL)_xG$ is described

wherein n is 1 to 20;

wherein x is 1 to 20;

wherein P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence;

wherein L is a linker; and

wherein G is a glycan.

[0013] In another disclosure, a compound of the formula $P(LG_n)_x$ is described

wherein n is 1 to 20;

wherein x is 1 to 20;

wherein P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence;

wherein L is a linker; and wherein G is a glycan.

[0014] In yet another embodiment, a compound of the formula P_nG_x is described

wherein n is MWG/1000;

wherein MWG is the molecular weight of G rounded to the nearest 1 kDa;

wherein x is 1 to 20;

wherein P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence; and

wherein G is a glycan.

[0015] In another disclosure, a compound of the formula $(P_nL)_xG$ is described

wherein n is MWG/1000;

wherein MWG is the molecular weight of G rounded to the nearest 1 kDa;

wherein x is 1 to 20;

wherein P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence;

wherein L is a linker; and

wherein G is a glycan.

[0016] For purposes of this disclosure, the hyaluronic acid-binding synthetic peptidoglycans and compounds described in the preceding paragraphs are collectively referred to as "hyaluronic acid-binding synthetic peptidoglycans" or "synthetic peptidoglycans."

[0017] In each of the above peptide embodiments, the synthetic peptidoglycan may comprise 5-15 peptide molecules (n is 5-15), 5-20 peptide molecules (n is 5-20), 1-20 peptide molecules (n is 1-20), or 1-25 peptide molecules (n is 1-25). In one embodiment, n is selected from the group consisting of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 25 peptide molecules.

[0018] In another illustrative embodiment described herein, an engineered collagen matrix is provided. The matrix comprises polymerized collagen, hyaluronic acid, and a hyaluronic acid-binding synthetic peptidoglycan. In another embodiment, a composition for *in vitro* culture of chondrocytes or stem cells is provided. The composition comprises any of the hyaluronic acid-binding synthetic peptidoglycans described in this disclosure.

[0019] In another embodiment described herein, a method of increasing pore size in an engineered collagen matrix is provided. The method comprises the steps of combining collagen, hyaluronic acid, and a hyaluronic acid-binding synthetic peptidoglycan and increasing the pore size in the matrix.

[0020] In yet another illustrative embodiment, a method of decreasing cartilage wear or erosion in a patient is provided. The hyaluronic acid-binding synthetic peptidoglycan can be used in a method of decreasing wear or erosion of the cartilage. In one embodiment, the cartilage erosion or wear may be caused by arthritis. In one embodiment, the cartilage erosion or wear may be caused by aging, obesity, trauma or injury, an anatomic abnormality, genetic diseases, metabolic imbalances, inflammation, or the like.

[0021] In yet another illustrative embodiment, the hyaluronic acid-binding synthetic peptidoglycan can be used in a method of treatment for arthritis in a patient. The hyaluronic acid-binding synthetic peptidoglycan can be used in the method, wherein the synthetic peptidoglycan reduces a symptom associated with the arthritis.

[0022] In another illustrative embodiment, a method of reducing or preventing hyaluronic acid degradation in a patient is provided. The method comprises administering to the patient a hyaluronic acid-binding synthetic peptidoglycan.

[0023] In another illustrative embodiment, a method of reducing or preventing collagen degradation is provided. The method comprises the steps of contacting a hyaluronic acid-binding synthetic peptidoglycan with hyaluronic acid in the presence of collagen, and reducing or preventing collagen degradation.

[0024] In yet another illustrative embodiment, a method for correcting or modifying a tissue defect in a patient is provided. The method comprises administering into the tissue defect a hyaluronic acid-binding synthetic peptidoglycan wherein the defect is corrected or modified. In another illustrative embodiment described herein, a dermal filler is provided. The filler comprises a hyaluronic acid-binding synthetic peptidoglycan. In one embodiment, the filler further comprises hyaluronic acid.

[0025] In yet another embodiment, an additive for a biomaterial cartilage or bone replacement composition is provided. The additive comprises a hyaluronic acid-binding synthetic peptidoglycan for addition to an existing biomaterial cartilage or bone replacement

[0026] In the various embodiments, the peptide component of the synthetic peptidoglycan comprises an amino acid sequence of the formula B1-X1-X2-X3-X4-X5-X6-X7-X8-B2, wherein X8 is present or is not present, wherein B1 is a basic amino acid, wherein B2 is a basic amino acid, and wherein X1-X8 are non-acidic amino acids.

[0027] In another embodiment, the peptide component of the synthetic peptidoglycan can comprise or can be an amino acid sequence of the formula B1-X1-B2-X2-X3-X4-X5-X6-X7-X8-X9-B3, wherein X9 is present or is not present, wherein B1 is a basic amino acid, wherein B2 is a basic amino acid, wherein B3 is a basic amino acid, and wherein X1-X9 are non-acidic amino acids.

[0028] In another embodiment, the synthetic peptide can comprise or can be an amino acid sequence of the formula B1-X1-X2-X3-X4-X5-X6-X7-X8-B2-X9-B3, wherein X8 is present or is not present, wherein B1 is a basic amino acid, wherein B2 is a basic amino acid, wherein B3 is a basic amino acid, and wherein X1-X9 are non-acidic amino acids.

[0029] As used herein, a "basic amino acid" is selected from the group consisting of lysine, arginine, or histidine. As used herein, a "non-acidic amino acid" is selected from the group consisting of alanine, arginine, asparagine, cysteine, glutamine, glycine, histidine, isoleucine, leucine, lysine, methionine, phenylalanine, proline, serine, threonine, tryptophan, tyrosine, and valine.

[0030] In the various illustrative embodiments described herein, the peptide component of the synthetic peptidoglycan can comprise an amino acid sequence selected from the group consisting of:

5 GAHWQFNALTVRGG;
 GDRRRRRMWHHRQ;
 GKHLGGKHRRSR;
 RGTHHAQKRRS;
 RRHKSGHIQGSK;
 SRMHGRVRGRHE;
 RRRAGLTAGRPR;
 10
 RGTHHAQKRRS;
 RRHKSGHIQGSK;
 SRMHGRVRGRHE;
 RRRAGLTAGRPR;
 RYGGHRTSRKWV;
 RSARYGHRRGVG;
 GLRGNRRVFARP;
 20 SRGQRGRLGKTR;
 DRRGRSSLPLAGPVEFPDRKIKGRR;
 RMRRKGRVKHWG;
 RGGARGRHKTGR;
 TGARQRGLQGGWGPRHLRGKDQPPGR;
 25 RQRRRDLTRVEG;
 STKDHNRGRRNVGPVSRSTLRDPIRR;
 RRIGHQVGRRN;
 RLESRAAGQRRRA;
 30 GGPRRHLGRRGH;
 VSKRGHRRTAHE;
 RGTRSGSTR;
 RRRKKIQGRSKR;
 35 RKSYGKYQGR;
 KNGRYSISR;
 RRRCGQKKK;
 KQIKHVVKLK;
 40 KLKSQLVKRK;
 RYPISRPRKR;
 KVGKSPPVR;
 KTFGKMKPR;
 RIKWSRVSK; and
 45 KRTMRPTRR.

In each of the above peptide embodiments, the peptide may have a glycine-cysteine attached to the C-terminus of the peptide, and/or a glycine-cysteine-glycine (GCG) attached to the N-terminus of the peptide. In various embodiments described herein, the peptide component of the synthetic peptidoglycan comprises any amino acid sequence described in the preceding paragraph or an amino acid sequence with 80%, 85%, 90%, 95%, 98%, or 100% homology to any of these amino acid sequences.

[0031] Additional peptides that can be included as the peptide component of the hyaluronic acid-binding synthetic peptidoglycans include peptides described in Amemiya et al., *Biochem. Biophys. Acta*, vol. 1724, pp. 94-99 (2005). These peptides have an Arg-Arg motif and include peptides selected from the group consisting of:

RRASRSRGQVGL;
 GRGTHHAQKRRS;
 QPVRRLGTPVVG;
 ARRAEGKTRMLQ;
 PKVRGRRHQASG;
 SDRHRRRREADG;
 NQRVRRVKHPPG;
 RERRERHAVARHGPGLERDARNLARR;

TVRPGGKRGGQVGPPAGVLHGRRARS;
 NVRSRRGHRMNS;
 DRRRGTRNIGN;
 KTAGHGRRWSRN;
 AKRGEGRREWPR;
 GGDRRKAHKLQA;
 RRGGRKWGSFEG; and
 RQRRRDLTRVEG.

In each of the above peptide embodiments, the peptide may have a glycine-cysteine attached to the C-terminus of the peptide. In each of the above peptide embodiments, the peptide may have a glycine-cysteine-glycine (GCG) attached to the N-terminus of the peptide. In various embodiments described herein, the peptide component of the synthetic peptidoglycan comprises any amino acid sequence described in the preceding paragraph or an amino acid sequence with 80%, 85%, 90%, 95%, 98%, or 100% homology to any of these amino acid sequences.

[0032] In other embodiments, peptides described in Yang et al., EMBO Journal, vol. 13, pp. 286-296 (1994), and Goetinck et al., J. Cell. Biol., vol. 105, pp. 2403-2408 (1987), can be used in the hyaluronic acid-binding synthetic peptidoglycans described herein including peptides selected from the group consisting of RDGTRYVQKGEYR, HREARSGKYK, PDKKKLYGV, and WDKERSRYDV. In each of these embodiments, the peptide may have a glycine-cysteine attached to the C-terminus of the peptide. In each of these embodiments, the peptide may have a glycine-cysteine-glycine (GCG) attached to the N-terminus of the peptide. In other embodiments, the peptide component of the synthetic peptidoglycan comprises an amino acid sequence with 80%, 85%, 90%, 95%, 98%, or 100% homology to any of these amino acid sequences.

[0033] In various embodiments, the peptide component of the synthetic peptidoglycan described herein can be modified by the inclusion of one or more conservative amino acid substitutions. As is well-known to those skilled in the art, altering any non-critical amino acid of a peptide by conservative substitution should not significantly alter the activity of that peptide because the side-chain of the replacement amino acid should be able to form similar bonds and contacts to the side chain of the amino acid which has been replaced. Non-conservative substitutions are possible provided that these do not excessively affect the hyaluronic acid binding activity of the peptide.

[0034] As is well-known in the art, a "conservative substitution" of an amino acid or a "conservative substitution variant" of a peptide refers to an amino acid substitution which maintains: 1) the secondary structure of the peptide; 2) the charge or hydrophobicity of the amino acid; and 3) the bulkiness of the side chain or any one or more of these characteristics. Illustratively, the well-known terminologies "hydrophilic residues" relate to serine or threonine. "Hydrophobic residues" refer to leucine, isoleucine, phenylalanine, valine or alanine, or the like. "Positively charged residues" relate to lysine, arginine, ornithine, or histidine. "Negatively charged residues" refer to aspartic acid or glutamic acid. Residues having "bulky side chains" refer to phenylalanine, tryptophan or tyrosine, or the like. A list of illustrative conservative amino acid substitutions is given in TABLE 1.

TABLE 1

For Amino Acid	Replace With
Alanine	D-Ala, Gly, Aib, β -Ala, L-Cys, D-Cys
Arginine	D-Arg, Lys, D-Lys, Orn D-Orn
Asparagine	D-Asn, Asp, D-Asp, Glu, D-Glu Gln, D-Gln

(continued)

For Amino Acid	Replace With
Aspartic Acid	D-Asp, D-Asn, Asn, Glu, D-Glu, Gln, D-Gln
Cysteine	D-Cys, S-Me-Cys, Met, D-Met, Thr, D-Thr
Glutamine	D-Gln, Asn, D-Asn, Glu, D-Glu, Asp, D-Asp
Glutamic Acid	D-Glu, D-Asp, Asp, Asn, D-Asn, Gln, D-Gln
Glycine	Ala, D-Ala, Pro, D-Pro, Aib, β -Ala
Isoleucine	D-Ile, Val, D-Val, Leu, D-Leu, Met, D-Met
Leucine	Val, D-Val, Met, D-Met, D-Ile, D-Leu, Ile
Lysine	D-Lys, Arg, D-Arg, Orn, D-Orn
Methionine	D-Met, S-Me-Cys, Ile, D-Ile, Leu, D-Leu, Val, D-Val
Phenylalanine	D-Phe, Tyr, D-Tyr, His, D-His, Trp, D-Trp
Proline	D-Pro
Serine	D-Ser, Thr, D-Thr, allo-Thr, L-Cys, D-Cys
Threonine	D-Thr, Ser, D-Ser, allo-Thr, Met, D-Met, Val, D-Val
Tyrosine	D-Tyr, Phe, D-Phe, His, D-His, Trp, D-Trp
Valine	D-Val, Leu, D-Leu, Ile, D-Ile, Met, D-Met

[0035] In one embodiment, the conservative amino acid substitutions applicable to the molecules described herein do not alter the motifs that consist of the B1-X1-X2-X3-X4-X5-X6-X7-X8-B2 formula, the B1-X1-B2-X2-X3-X4-X5-X6-X7-X8-X9-B3 formula, the B1-X1-X2-X3-X4-X5-X6-X7-X8-B2-X9-B3 formula, or the Arg-Arg motif.

[0036] In various embodiments described herein, the glycan (e.g. glycosaminoglycan, abbreviated GAG, or polysaccharide) component of the synthetic peptidoglycan described herein can be selected from the group consisting of dextran, chondroitin, chondroitin sulfate, dermatan, dermatan sulfate, heparan, heparin, keratin, keratan sulfate, and hyaluronic acid. In one embodiment, the glycan is selected from the group consisting of chondroitin sulfate and keratan sulfate. In another illustrative embodiment, the glycan is chondroitin sulfate.

[0037] In one embodiment described herein, the hyaluronic acid-binding synthetic peptidoglycan comprises (GAH-WQFNALTVRGG)₁₀ conjugated to chondroitin sulfate wherein each peptide in the peptidoglycan molecule is linked separately to chondroitin sulfate. In another embodiment described herein, the hyaluronic acid-binding synthetic peptidoglycan comprises (GAHWQFNALTVRGGG)₁₁ conjugated to chondroitin sulfate wherein each peptide in the peptidoglycan molecule is linked separately to chondroitin sulfate. In each of the above peptide embodiments, the peptide number may be selected from the group consisting of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 25 peptide molecules.

[0038] In various embodiments described herein, the synthetic peptidoglycan is resistant to aggrecanase. An aggrecanase is characterized in the art as any enzyme known to cleave aggrecan.

[0039] In one illustrative aspect, the hyaluronic acid-binding synthetic peptidoglycan may be sterilized. As used herein "sterilization" or "sterilize" or "sterilized" means disinfecting the hyaluronic acid-binding synthetic peptidoglycans by removing unwanted contaminants including, but not limited to, endotoxins and infectious agents.

[0040] In various illustrative embodiments, the hyaluronic acid-binding synthetic peptidoglycan can be disinfected and/or sterilized using conventional sterilization techniques including propylene oxide or ethylene oxide treatment, gas plasma sterilization, gamma radiation (e.g., 1-4 Mrads gamma irradiation or 1-2.5 Mrads of gamma irradiation), electron beam, and/or sterilization with a peracid, such as peracetic acid. Sterilization techniques which do not adversely affect the structure and biotrophic properties of the hyaluronic acid-binding synthetic peptidoglycan can be used. In one embodiment, the hyaluronic acid-binding synthetic peptidoglycan can be subjected to one or more sterilization processes. In another illustrative embodiment, the hyaluronic acid-binding synthetic peptidoglycan is subjected to sterile filtration. The hyaluronic acid-binding synthetic peptidoglycan may be wrapped in any type of container including a plastic wrap or a foil wrap, and may be further sterilized. The hyaluronic acid-binding synthetic peptidoglycan may be prepared under sterile conditions, for example, by lyophilisation, which may readily be accomplished using standard techniques well-known to those skilled in the art.

[0041] In various embodiments described herein, the hyaluronic acid-binding synthetic peptidoglycans can be com-

bined with minerals, amino acids, sugars, peptides, proteins, vitamins (such as ascorbic acid), or laminin, collagen, fibronectin, hyaluronic acid, fibrin, elastin, or aggrecan, or growth factors such as epidermal growth factor, platelet-derived growth factor, transforming growth factor beta, or fibroblast growth factor, and glucocorticoids such as dexamethasone or viscoelastic altering agents, such as ionic and non-ionic water soluble polymers; acrylic acid polymers; hydrophilic polymers such as polyethylene oxides, polyoxyethylene-polyoxypropylene copolymers, and polyvinylalcohol; cellulosic polymers and cellulosic polymer derivatives such as hydroxypropyl cellulose, hydroxyethyl cellulose, hydroxypropyl methylcellulose, hydroxypropyl methylcellulose phthalate, methyl cellulose, carboxymethyl cellulose, and etherified cellulose; poly(lactic acid), poly(glycolic acid), copolymers of lactic and glycolic acids, or other polymeric agents both natural and synthetic.

[0042] In various embodiments described herein, the peptide component of the synthetic peptidoglycan is synthesized according to solid phase peptide synthesis protocols that are well-known by persons of skill in the art. In one embodiment a peptide precursor is synthesized on a solid support according to the well-known Fmoc protocol, cleaved from the support with trifluoroacetic acid and purified by chromatography according to methods known to persons skilled in the art.

[0043] In various embodiments described herein, the peptide component of the synthetic peptidoglycan is synthesized utilizing the methods of biotechnology that are well-known to persons skilled in the art. In one embodiment a DNA sequence that encodes the amino acid sequence information for the desired peptide is ligated by recombinant DNA techniques known to persons skilled in the art into an expression plasmid (for example, a plasmid that incorporates an affinity tag for affinity purification of the peptide), the plasmid is transfected into a host organism for expression, and the peptide is then isolated from the host organism or the growth medium according to methods known by persons skilled in the art (e.g., by affinity purification). Recombinant DNA technology methods are described in Sambrook et al., "Molecular Cloning: A Laboratory Manual", 3rd Edition, Cold Spring Harbor Laboratory Press, (2001), and are well-known to the skilled artisan.

[0044] In various embodiments described herein, the peptide component of the hyaluronic acid-binding synthetic peptidoglycan is conjugated to a glycan by reacting a free amino group of the peptide with an aldehyde function of the glycan in the presence of a reducing agent, utilizing methods known to persons skilled in the art, to yield the peptide glycan conjugate. In one embodiment an aldehyde function of the glycan (e.g. polysaccharide or glycosaminoglycan) is formed by reacting the glycan with sodium metaperiodate according to methods known to persons skilled in the art.

[0045] In one embodiment, the peptide component of the synthetic peptidoglycan is conjugated to a glycan by reacting an aldehyde function of the glycan with 3-(2-pyridyldithio)propionyl hydrazide (PDPH) to form an intermediate glycan and further reacting the intermediate glycan with a peptide containing a free thiol group to yield the peptide glycan conjugate. In yet another embodiment, the sequence of the peptide component of the synthetic peptidoglycan may be modified to include a glycine-cysteine segment to provide an attachment point for a glycan or a glycan-linker conjugate. In any of the embodiments described herein, the crosslinker can be *N*-[β -Maleimidopropionic acid]hydrazide (BMPH).

[0046] Although specific embodiments have been described in the preceding paragraphs, the hyaluronic acid-binding synthetic peptidoglycans described herein can be made by using any art-recognized method for conjugation of the peptide to the glycan (e.g. polysaccharide or glycosaminoglycan). This can include covalent, ionic, or hydrogen bonding, either directly or indirectly via a linking group such as a divalent linker. The conjugate is typically formed by covalent bonding of the peptide to the glycan through the formation of amide, ester or imino bonds between acid, aldehyde, hydroxy, amino, or hydrazo groups on the respective components of the conjugate. All of these methods are known in the art or are further described in the Examples section of this application or in Hermanson G.T., Bioconjugate Techniques, Academic Press, pp.169-186 (1996). The linker typically comprises about 1 to about 30 carbon atoms, more typically about 2 to about 20 carbon atoms. Lower molecular weight linkers (*i.e.*, those having an approximate molecular weight of about 20 to about 500) are typically employed.

[0047] In addition, structural modifications of the linker portion of the conjugates are contemplated herein. For example, amino acids may be included in the linker and a number of amino acid substitutions may be made to the linker portion of the conjugate, including but not limited to naturally occurring amino acids, as well as those available from conventional synthetic methods. In another aspect, beta, gamma, and longer chain amino acids may be used in place of one or more alpha amino acids. In another aspect, the linker may be shortened or lengthened, either by changing the number of amino acids included therein, or by including more or fewer beta, gamma, or longer chain amino acids. Similarly, the length and shape of other chemical fragments of the linkers described herein may be modified.

[0048] In various embodiments described herein, the linker may include one or more bivalent fragments selected independently in each instance from the group consisting of alkylene, heteroalkylene, cycloalkylene, cycloheteroalkylene, arylene, and heteroarylene each of which is optionally substituted. As used herein heteroalkylene represents a group resulting from the replacement of one or more carbon atoms in a linear or branched alkylene group with an atom independently selected in each instance from the group consisting of oxygen, nitrogen, phosphorus and sulfur. In an alternative embodiment, a linker is not present.

[0049] In one embodiment described herein, an engineered collagen matrix is provided. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the engineered collagen matrix

described herein. In one embodiment, the engineered collagen matrix comprises polymerized collagen, hyaluronic acid, and a hyaluronic acid-binding synthetic peptidoglycan. In one embodiment, the engineered collagen matrix comprises polymerized collagen and a hyaluronic-binding synthetic peptidoglycan. In various illustrative embodiments, crosslinking agents, such as carbodiimides, aldehydes, lysl-oxidase, N-hydroxysuccinimide esters, imidoesters, hydrazides, and maleimides, as well as various natural crosslinking agents, including genipin, and the like, can be added before, during, or after polymerization of the collagen in solution.

[0050] In various illustrative embodiments, the collagen used herein to prepare an engineered collagen matrix may be any type of collagen, including collagen types I to XXVIII, alone or in any combination, for example, collagen types I, II, III, and/or IV may be used. In some embodiments, the collagen used to prepare an engineered collagen matrix is selected from the group consisting of type I collagen, type II collagen, type III collagen, type IV collagen, type IX collagen, type XI collagen, and combinations thereof. In one embodiment, the engineered collagen matrix is formed using commercially available collagen (e.g., Sigma, St. Louis, MO). In an alternative embodiment, the collagen can be purified from submucosacontaining tissue material such as intestinal, urinary bladder, or stomach tissue. In a further embodiment, the collagen can be purified from tail tendon. In an additional embodiment, the collagen can be purified from skin. In various aspects, the collagen can also contain endogenous or exogenously added non-collagenous proteins in addition to the collagen-binding synthetic peptidoglycans, such as fibronectin or silk proteins, glycoproteins, and polysaccharides, or the like. The engineered collagen matrices prepared by the methods described herein can be in the form of a tissue graft (e.g., in the form of a gel) which can assume the characterizing features of the tissue(s) with which they are associated at the site of implantation or injection. In one embodiment, the engineered collagen matrix is a tissue graft that can be implanted into a patient. In another embodiment, the engineered collagen matrix can be administered to a patient by injection. In either embodiment, the matrix can be in the form of a gel or a powder, for example.

[0051] In one embodiment, the collagen in the engineered collagen matrix comprises about 40 to about 90 dry weight (wt) % of the matrix, about 40 to about 80 dry wt % of the matrix, about 40 to about 70 dry wt % of the matrix, about 40 to about 60 dry wt % of the matrix, about 50 to about 90 dry wt % of the matrix, about 50 to about 80 dry wt % of the matrix, about 50 to about 75 dry wt % of the matrix, about 50 to about 70 dry wt % of the matrix, or about 60 to about 75 dry wt % of the matrix. In another embodiment, the collagen in the engineered collagen matrix comprises about 90 dry wt %, about 85 dry wt %, about 80 dry wt %, about 75 dry wt %, about 70 dry wt %, about 65 dry wt %, about 60 dry wt %, about 50 dry wt %, about 45 dry wt %, about 40 dry wt %, or about 30 dry wt % of the matrix.

[0052] In one embodiment, the final collagen concentration of the matrix in gel form is about 0.5 to about 6 mg per mL, about 0.5 to about 5 mg per mL, about 0.5 to about 4 mg per mL, about 1 to about 6 mg per mL, about 1 to about 5 mg per mL, or about 1 to about 4 mg per mL. In one embodiment, the final collagen concentration of the matrix is about 0.5 mg per mL, about 1 mg per mL, about 2 mg per mL, about 3 mg per mL, about 4 mg per mL, or about 5 mg per mL.

[0053] In one embodiment, the hyaluronic acid-binding synthetic peptidoglycan in the engineered collagen matrix comprises about 2 to about 60 dry weight (wt) % of the matrix, about 2 to about 50 dry wt % of the matrix, about 5 to about 50 dry wt % of the matrix, about 10 to about 50 dry wt % of the matrix, about 10 to about 20 dry wt % of the matrix, about 10 to about 30 dry wt % of the matrix, about 10 to about 25 dry wt % of the matrix, about 15 to about 30 dry wt % of the matrix, or about 15 to about 45 dry wt % of the matrix. In another embodiment, the hyaluronic acid-binding synthetic peptidoglycan in the engineered collagen matrix comprises about 2 dry wt %, about 5 dry wt %, about 10 dry wt %, about 15 dry wt %, about 20 dry wt %, about 25 dry wt %, about 30 dry wt %, about 35 dry wt %, about 40 dry wt %, about 45 dry wt %, or about 50 dry wt % of the matrix.

[0054] In another embodiment, the engineered collagen matrix comprises hyaluronic acid and the hyaluronic acid in the engineered collagen matrix comprises about 2 to about 60 dry weight (wt) % of the matrix, about 2 to about 50 dry wt % of the matrix, about 5 to about 50 dry wt % of the matrix, about 10 to about 50 dry wt % of the matrix, about 10 to about 20 dry wt % of the matrix, about 10 to about 30 dry wt % of the matrix, about 10 to about 25 dry wt % of the matrix, about 15 to about 30 dry wt % of the matrix, or about 15 to about 45 dry wt % of the matrix. In another embodiment, the hyaluronic acid in the engineered collagen matrix comprises about 2 dry wt %, about 5 dry wt %, about 10 dry wt %, about 15 dry wt %, about 20 dry wt %, about 25 dry wt %, about 30 dry wt %, about 35 dry wt %, about 40 dry wt %, about 45 dry wt %, or about 50 dry wt % of the matrix.

[0055] In one embodiment, the engineered collagen matrix comprises hyaluronic acid and a hyaluronic acid-binding synthetic peptidoglycan. The hyaluronic acid and hyaluronic acid-binding synthetic peptidoglycan in the engineered collagen matrix comprise about 10 to about 60 dry weight (wt) % of the matrix, about 20 to about 60 dry wt % of the matrix, about 30 to about 60 dry wt % of the matrix, about 40 to about 60 dry wt % of the matrix, about 10 to about 50 dry wt % of the matrix, about 20 to about 50 dry wt % of the matrix, about 25 to about 50 dry wt % of the matrix, about 30 to about 50 dry wt % of the matrix, or about 25 to about 40 dry wt % of the matrix. In another embodiment, the hyaluronic acid and hyaluronic acid-binding synthetic peptidoglycan in the engineered collagen matrix comprises about 10 dry wt %, about 15 dry wt %, about 20 dry wt %, about 25 dry wt %, about 30 dry wt %, about 35 dry wt %, about 40 dry wt %, about 50 dry wt %, about 55 dry wt %, about 60 dry wt %, or about 70 dry wt % of the matrix.

[0056] In one illustrative aspect, the engineered collagen matrix may be sterilized. As used herein "sterilization" or

"sterilize" or "sterilized" means disinfecting the matrix by removing unwanted contaminants including, but not limited to, endotoxins, nucleic acid contaminants, and infectious agents.

[0057] In various illustrative embodiments, the engineered collagen matrix can be disinfected and/or sterilized using conventional sterilization techniques including glutaraldehyde tanning, formaldehyde tanning at acidic pH, propylene oxide or ethylene oxide treatment, gas plasma sterilization, gamma radiation (e.g., 1-4 Mrads gamma irradiation or 1-2.5 Mrads of gamma irradiation), electron beam, and/or sterilization with a peracid, such as peracetic acid. Sterilization techniques which do not adversely affect the structure and biotropic properties of the matrix can be used. In one embodiment, the engineered collagen matrix can be subjected to one or more sterilization processes. In illustrative embodiments, the collagen in solution, prior to polymerization, can also be sterilized or disinfected. The engineered collagen matrix may be wrapped in any type of container including a plastic wrap or a foil wrap, and may be further sterilized.

[0058] In any of these embodiments the engineered collagen matrix may further comprise an exogenous population of cells. The added population of cells may comprise one or more cell populations. In various embodiments, the cell populations comprise a population of non-keratinized or keratinized epithelial cells or a population of cells selected from the group consisting of endothelial cells, mesodermally derived cells, mesothelial cells, synovial cells, neural cells, glial cells, osteoblasts, fibroblasts, chondrocytes, tenocytes, smooth muscle cells, skeletal muscle cells, cardiac muscle cells, multi-potential progenitor cells (e.g., stem cells, including bone marrow progenitor cells), and osteogenic cells. In some embodiments, the population of cells is selected from the group consisting of chondrocytes and stem cells. In some embodiments, the stem cells are selected from the group consisting of osteoblasts, osteogenic cells, and mesenchymal stem cells. In various embodiments, the engineered collagen matrix can be seeded with one or more cell types in combination.

[0059] In various aspects, the engineered collagen matrices or engineered graft constructs of the present invention can be combined with nutrients, including minerals, amino acids, sugars, peptides, proteins, vitamins (such as ascorbic acid), or laminin, fibronectin, hyaluronic acid, fibrin, elastin, or aggrecan, or growth factors such as epidermal growth factor, platelet-derived growth factor, transforming growth factor beta, or fibroblast growth factor, and glucocorticoids such as dexamethasone or viscoelastic altering agents, such as ionic and non-ionic water soluble polymers; acrylic acid polymers; hydrophilic polymers such as polyethylene oxides, polyoxyethylene-polyoxypropylene copolymers, and polyvinylalcohol; cellulosic polymers and cellulosic polymer derivatives such as hydroxypropyl cellulose, hydroxyethyl cellulose, hydroxypropyl methylcellulose, hydroxypropyl methylcellulose phthalate, methyl cellulose, carboxymethyl cellulose, and etherified cellulose; poly(lactic acid), poly(glycolic acid), copolymers of lactic and glycolic acids, or other polymeric agents both natural and synthetic. In other illustrative embodiments, cross-linking agents, such as carbodiimides, aldehydes, lysl-oxidase, N-hydroxysuccinimide esters, imidoesters, hydrazides, and maleimides, as well as natural crosslinking agents, including genipin, and the like can be added before, concurrent with, or after the addition of cells.

[0060] As discussed above, in accordance with one embodiment, cells can be added to the engineered collagen matrices or the engineered graft constructs after polymerization of the collagen or during collagen polymerization. The engineered collagen matrices comprising the cells can be subsequently injected or implanted in a host for use as engineered graft constructs. In another embodiment, the cells on or within the engineered collagen matrices can be cultured *in vitro*, for a predetermined length of time, to increase the cell number or to induce desired remodeling prior to implantation or injection into a patient.

[0061] In one embodiment described herein, a composition for *in vitro* culture of chondrocytes or stem cells is provided (i.e., for *in vitro* culture of cells without subsequent implantation or injection into a patient). The composition for *in vitro* culture comprises a hyaluronic acid-binding synthetic peptidoglycan. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the composition for *in vitro* culture described herein.

[0062] In various aspects, the composition for *in vitro* culture of the present invention can be combined with nutrients, including minerals, amino acids, sugars, peptides, proteins, vitamins (such as ascorbic acid), or laminin, fibronectin, hyaluronic acid, fibrin, elastin, or aggrecan, or growth factors such as epidermal growth factor, platelet-derived growth factor, transforming growth factor beta, or fibroblast growth factor, and glucocorticoids such as dexamethasone.

[0063] In some embodiments, the composition for *in vitro* culture includes stem cells selected from the group consisting of osteoblasts, osteogenic cells, and mesenchymal stem cells. In various embodiments, the composition for *in vitro* culture can be seeded with one or more cell types in combination.

[0064] In one illustrative aspect, the composition for *in vitro* culture may be sterilized. As used herein "sterilization" or "sterilize" or "sterilized" means disinfecting the composition by removing unwanted contaminants including, but not limited to, endotoxins, nucleic acid contaminants, and infectious agents. The sterilization procedures, methods and embodiments provided in the preceding paragraphs are also applicable to the composition for *in vitro* culture described herein. The *in vitro* culture composition may be used to expand populations of cells for implantation or injection into a patient.

[0065] In one embodiment described herein, an additive for a biomaterial cartilage replacement composition is provided. The additive comprises a hyaluronic acid-binding synthetic peptidoglycan for addition to an existing biomaterial cartilage replacement material. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan

are applicable to the additive described herein.

[0066] As used herein, the phrase "existing biomaterial cartilage replacement material" means a biologically compatible composition that can be utilized for replacement of damaged, defective, or missing cartilage in the body. Various types of existing biomaterial cartilage replacement compositions are well-known in the art and are contemplated. For example, existing biomaterial cartilage or bone replacement compositions include the DeNovo® NT Natural Tissue Graft (Zimmer),

MaioRegen™ (JRI Limited), or the collection of cryopreserved osteoarticular tissues produced by Biomet.

[0067] In one embodiment, a method of preparing a biomaterial or bone cartilage replacement is provided. The method comprises the step of combining the synthetic peptidoglycan and an existing biomaterial or bone cartilage replacement material. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein.

[0068] In one embodiment, the hyaluronic acid-binding synthetic peptidoglycan is used in a method of treatment for arthritis in a patient. The method comprises the step of administering to the patient a hyaluronic acid-binding synthetic peptidoglycan, wherein the synthetic peptidoglycan reduces one or more symptoms associated with arthritis. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein.

[0069] In various embodiments, the synthetic peptidoglycan used in the method of treatment for arthritis reduces one or more symptoms associated with arthritis. Various symptoms are known in the art to be associated with arthritis, including but not limited to pain, stiffness, tenderness, inflammation, swelling, redness, warmth, and decreased mobility. The symptoms of arthritis may be present in a joint, a tendon, or other parts of the body. As used herein, "reducing" means preventing or completely or partially alleviating a symptom of arthritis.

[0070] In various embodiments, the arthritis is osteoarthritis or rheumatoid arthritis. The pathogenesis and clinical symptoms of osteoarthritis and rheumatoid arthritis are well-known in the art. In one embodiment of this method, the synthetic peptidoglycan acts as a lubricant following administration or prevents loss of cartilage. In another embodiment, the synthetic peptidoglycan prevents articulation of bones in the patient. For example, the synthetic peptidoglycan inhibits bone on bone articulation in a patient with reduced or damaged cartilage.

[0071] In one embodiment, the hyaluronic acid-binding synthetic peptidoglycan is used in a method of reducing or preventing degradation of ECM components in a patient. For example, a method of reducing or preventing degradation of ECM components in the cartilage of a patient is provided. The method comprises administering to the patient a hyaluronic acid-binding synthetic peptidoglycan. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein. In one embodiment, the synthetic peptidoglycan is resistant to matrix metallo proteases, e.g., an aggrecanase.

[0072] In another embodiment, the hyaluronic acid-binding synthetic peptidoglycan is used in a method of reducing or preventing hyaluronic acid degradation in a patient. The method comprises administering to the patient a hyaluronic acid-binding synthetic peptidoglycan. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein.

[0073] In another embodiment, the hyaluronic acid-binding synthetic peptidoglycan is used in a method of reducing or preventing collagen degradation. The method comprises the steps of contacting a hyaluronic acid-binding synthetic peptidoglycan with hyaluronic acid in the presence of collagen, and reducing or preventing collagen degradation. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein.

[0074] In another embodiment, the hyaluronic acid-binding synthetic peptidoglycan is used in a method of reducing or preventing chondroitin sulfate degradation. The method comprises the steps of contacting a hyaluronic acid-binding synthetic peptidoglycan with hyaluronic acid in the presence of collagen, and reducing or preventing chondroitin sulfate degradation. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein.

[0075] "Reducing" ECM component degradation, e.g., hyaluronic acid, collagen, or chondroitin sulfate degradation, means completely or partially reducing degradation of hyaluronic acid, collagen, or chondroitin sulfate, respectively.

[0076] In one embodiment, reducing hyaluronic acid degradation in a patient means reducing the rate of hyaluronic acid degradation. For example, Figure 8 described in the Examples section of the application shows that the rate of hyaluronic acid degradation in a mixture of hyaluronic acid and a hyaluronic acid-binding synthetic peptidoglycan is significantly reduced upon addition of the synthetic peptidoglycan.

[0077] In one embodiment, reducing collagen degradation means reducing the rate of collagen degradation. For example, Figure 10 described in the Examples section of the application shows that the rate of collagen degradation in the presence of hyaluronic acid and a hyaluronic acid-binding synthetic peptidoglycan is significantly reduced upon addition of the synthetic peptidoglycan.

[0078] In one embodiment, reducing chondroitin sulfate degradation means reducing the rate of chondroitin sulfate degradation. For example, Figure 11 described in the Examples section of the application shows that the rate of chondroitin sulfate degradation in the presence of a hyaluronic acid-binding synthetic peptidoglycan is significantly reduced upon

addition of the synthetic peptidoglycan.

[0079] In one embodiment described herein, the hyaluronic acid-binding synthetic peptidoglycan is used in a method for correcting or modifying a tissue defect in a patient. The method comprises administering into the tissue defect hyaluronic acid and a hyaluronic acid-binding synthetic peptidoglycan wherein the defect is corrected or modified. The previously described embodiments of the hyaluronic acid-binding synthetic peptidoglycan are applicable to the method described herein. In one embodiment, the tissue defect is a cosmetic defect.

[0080] The following embodiments are applicable to methods described herein where the hyaluronic acid-binding synthetic peptidoglycan is administered to a patient. In various embodiments, the hyaluronic acid-binding synthetic peptidoglycan can be injected or implanted (e.g., incorporated in a cartilage repair composition or device). In some embodiments described herein, the injection is an intraarticular injection. In another embodiment described herein, the injection is into a joint capsule of the patient. In other embodiments, the injection is a subcutaneous injection, as in the case of dermal fillers. Suitable means for injection include a needle (including microneedle) injector or a device for infusion.

[0081] In an illustrative embodiment, pharmaceutical formulations for use with hyaluronic acid-binding synthetic peptidoglycans for administration to a patient comprise: a) a pharmaceutically active amount of the hyaluronic acid-binding synthetic peptidoglycan; b) a pharmaceutically acceptable pH buffering agent to provide a pH in the range of about pH 4.5 to about pH 9; c) an ionic strength modifying agent in the concentration range of about 0 to about 300 millimolar; and d) water soluble viscosity modifying agent in the concentration range of about 0.25% to about 10% total formula weight or any individual component a), b), c), or d) or any combinations of a), b), c) and d).

[0082] In various embodiments described herein, the pH buffering agents are those agents known to the skilled artisan and include, for example, acetate, borate, carbonate, citrate, and phosphate buffers, as well as hydrochloric acid, sodium hydroxide, magnesium oxide, monopotassium phosphate, bicarbonate, ammonia, carbonic acid, hydrochloric acid, sodium citrate, citric acid, acetic acid, disodium hydrogen phosphate, borax, boric acid, sodium hydroxide, diethyl barbituric acid, and proteins, as well as various biological buffers, for example, TAPS, Bicine, Tris, Tricine, HEPES, TES, MOPS, PIPES, cacodylate, or MES.

[0083] In various embodiments described herein, the ionic strength modifying agents include those agents known in the art, for example, glycerin, propylene glycol, mannitol, glucose, dextrose, sorbitol, sodium chloride, potassium chloride, and other electrolytes.

[0084] Useful viscosity modulating agents include but are not limited to, ionic and non-ionic water soluble polymers; crosslinked acrylic acid polymers such as the "carbomer" family of polymers, e.g., carboxypolyalkylenes that may be obtained commercially under the Carbopol® trademark; hydrophilic polymers such as polyethylene oxides, polyoxyethylene-polyoxypropylene copolymers, and polyvinylalcohol; cellulosic polymers and cellulosic polymer derivatives such as hydroxypropyl cellulose, hydroxyethyl cellulose, hydroxypropyl methylcellulose, hydroxypropyl methylcellulose phthalate, methyl cellulose, carboxymethyl cellulose, and etherified cellulose; gums such as tragacanth and xanthan gum; sodium alginate; gelatin, hyaluronic acid and salts thereof, chitosans, gellans or any combination thereof. Typically, non-acidic viscosity enhancing agents, such as a neutral or basic agent are employed in order to facilitate achieving the desired pH of the formulation.

[0085] In various embodiments described herein, formulations for injection may be suitably formulated as a sterile non-aqueous solution or as a dried form (e.g., lyophilized) to be used in conjunction with a suitable vehicle such as sterile, pyrogen-free water. The preparation of formulations for injection under sterile conditions, for example, by lyophilization, may readily be accomplished using standard pharmaceutical techniques well-known to those skilled in the art. In one embodiment, the viscosity of a solution containing hyaluronic acid is increased by addition of a hyaluronic acid-binding synthetic peptidoglycan.

[0086] In various embodiments described herein, the solubility of a hyaluronic acid-binding synthetic peptidoglycan used in the preparation of formulations for administration via injection may be increased by the use of appropriate formulation techniques, such as the incorporation of solubility-enhancing compositions such as mannitol, ethanol, glycerin, polyethylene glycols, propylene glycol, poloxomers, and others known to those of skill in the art.

[0087] In various embodiments described herein, formulations for administration via injection may be formulated to be for immediate and/or modified release. Modified release formulations include delayed, sustained, pulsed, controlled, targeted and programmed release formulations. Thus, a hyaluronic acid-binding synthetic peptidoglycan may be formulated as a solid, semi-solid, or thixotropic liquid for administration as an implanted depot providing modified release of the active compound. Illustrative examples of such formulations include drug-coated stents and copolymeric(dl-lactic, glycolic)acid (PGLA) microspheres. In another embodiment, hyaluronic acid-binding synthetic peptidoglycans or compositions comprising hyaluronic acid-binding synthetic peptidoglycan may be continuously administered, where appropriate.

[0088] In any of the embodiments described herein, the hyaluronic acid-binding synthetic peptidoglycan can be administered alone or in combination with suitable pharmaceutical carriers or diluents. Diluent or carrier ingredients used in the hyaluronic acid-binding synthetic peptidoglycan formulation can be selected so that they do not diminish the desired effects of the hyaluronic acid-binding synthetic peptidoglycan. The hyaluronic acid-binding synthetic peptidoglycan for-

mulation may be in any suitable form. Examples of suitable dosage forms include aqueous solutions of the hyaluronic acid-binding synthetic peptidoglycan, for example, a solution in isotonic saline, 5% glucose or other well-known pharmaceutically acceptable liquid carriers such as alcohols, glycols, esters and amides.

[0089] Suitable dosages of the hyaluronic acid-binding synthetic peptidoglycan can be determined by standard methods, for example by establishing dose-response curves in laboratory animal models or in clinical trials. In various embodiments described herein, the dosage of the hyaluronic acid-binding synthetic peptidoglycan, can vary significantly depending on the patient condition, the disease state being treated, the route of administration and tissue distribution, and the possibility of co-usage of other therapeutic treatments. Illustratively, suitable dosages of hyaluronic acid-binding synthetic peptidoglycan (administered in a single bolus or over time) include from about 1 ng/kg to about 10 mg/kg, from about 100 ng/kg to about 1 mg/kg, from about 1 μ g/kg to about 500 μ g/kg, or from about 100 μ g/kg to about 400 μ g/kg. In each of these embodiments, dose/kg refers to the dose per kilogram of patient mass or body weight. In other illustrative aspects, effective doses can range from about 0.01 μ g to about 1000 mg per dose, from about 1 μ g to about 100 mg per dose, or from about 100 μ g to about 50 mg per dose, or from about 500 μ g to about 10 mg per dose, or from about 1 mg to 10 mg per dose, or from about 1 to about 100 mg per dose, or from about 1 mg to 5000 mg per dose, or from about 1 mg to 3000 mg per dose, or from about 100 mg to 3000 mg per dose, or from about 1000 mg to 3000 mg per dose. In one embodiment, suitable dosages of a hyaluronic acid-binding synthetic peptidoglycan include concentrations ranging from about 0.01 μ M to about 100 μ M, about 0.05 to about 100 μ M, about 0.1 μ M to about 100 μ M, about 0.1 μ M to about 50 μ M, about 0.1 μ M to about 20 μ M, about 0.1 μ M to about 10 μ M, about 0.5 μ M to about 10 μ M, about 0.5 μ M to about 50 μ M, and about 0.5 μ M to about 100 μ M. In another embodiment, suitable dosages of a hyaluronic acid-binding synthetic peptidoglycan include concentrations of about 0.01 μ M, 0.1 μ M, 0.2 μ M, 0.5 μ M, 1 μ M, 2 μ M, 5 μ M, 10 μ M, 20 μ M, 50 μ M, and 100 μ M.

[0090] The hyaluronic acid-binding synthetic peptidoglycan can be formulated in an excipient. In any of the embodiments described herein, the excipient can have a concentration ranging from about 0.4 mg/ml to about 6 mg/ml. In various embodiments, the concentration of the excipient may range from about 0.5 mg/ml to about 10 mg/ml, from about 0.1 mg/ml to about 6 mg/ml, from about 0.5 mg/ml to about 3 mg/ml, from about 1 mg/ml to about 3 mg/ml, from about 0.01 mg/ml to about 10 mg/ml, and from about 2 mg/ml to about 4 mg/ml.

[0091] In embodiments where the hyaluronic acid-binding synthetic peptidoglycan is implanted as part of a cartilage repair composition or device (e.g., a gel for implantation), any suitable formulation described above may be used.

[0092] Any effective regimen for administering the hyaluronic acid-binding synthetic peptidoglycan can be used. For example, the hyaluronic acid-binding synthetic peptidoglycan can be administered as a single dose, or as a multiple-dose daily regimen. Further, a staggered regimen, for example, one to five days per week can be used as an alternative to daily treatment.

[0093] In various embodiments described herein, the patient is treated with multiple injections of the hyaluronic acid-binding synthetic peptidoglycan. In one embodiment, the patient is injected multiple times (e.g., about 2 up to about 50 times) with the hyaluronic acid-binding synthetic peptidoglycan, for example, at 12-72 hour intervals or at 48-72 hour intervals. Additional injections of the hyaluronic acid-binding synthetic peptidoglycan can be administered to the patient at an interval of days or months after the initial injection(s).

[0094] In any of the embodiments herein described, it is to be understood that a combination of two or more hyaluronic acid-binding synthetic peptidoglycans, differing in the peptide portion, the glycan portion, or both, can be used in place of a single hyaluronic acid-binding synthetic peptidoglycan.

[0095] It is also appreciated that in the foregoing embodiments, certain aspects of the compounds, compositions and methods are presented in the alternative in lists, such as, illustratively, selections for any one or more of G and P. It is therefore to be understood that various alternate embodiments of the invention include individual members of those lists, as well as the various subsets of those lists. Each of those combinations is to be understood to be described herein by way of the lists.

[0096] In the following illustrative examples, the terms "aggrecan mimetic" and "mimetic" are used synonymously with the term "hyaluronic acid-binding synthetic peptidoglycan."

EXAMPLE 1

Peptide Synthesis

[0097] All peptides were synthesized using a Symphony peptide synthesizer (Protein Technologies, Tucson, AZ), utilizing an Fmoc protocol on a Knorr resin. The crude peptide was released from the resin with TFA and purified by reverse phase chromatography on an AKTAexplorer (GE Healthcare, Piscataway, NJ) utilizing a Grace-Vydac 218TP C-18 reverse phase column and a gradient of water/acetonitrile 0.1 % TFA. Dansyl-modified peptides were prepared by adding an additional coupling step with dansyl-Gly (Sigma) before release from the resin. Peptide structures were confirmed by mass spectrometry. The following peptides were prepared as described above: GAHWQFNALTVRGGGC,

KQKIKHVVKLGKC, and KLKSQLVKRKGC.

EXAMPLE 2

Chondroitin Sulfate Functionalization and Synthetic Peptidoglycan Formation

[0098] The reaction schematic for the creation of the aggrecan mimic (i.e., GAH) can be seen in Figure 1. Functionalization of the chondroitin sulfate (CS) (Sigma, St. Louis, MO) was accomplished using sodium periodate (Thermo Scientific, Waltham, MA) to oxidize the CS. By varying the reaction duration and sodium periodate concentration, the number of aldehyde groups produced by the oxidation reaction was controlled, values presented in Table 2. Table 2 details the sodium periodate concentration and the reaction duration needed to obtain the desired number of aldehydes per CS chain. Through progressive chemical reactions, schematic shown in Figure 1, the number of BMPH attached per CS chain is assumed to equal the number of aldehydes produced and the number of hyaluronic acid (HA) binding peptides attached. Based on the reaction duration and the concentration of sodium periodate, the number of peptides (average) per CS chain is shown in Table 2.

TABLE 2.

Sodium Periodate Concentration (mM)	Reaction Duration (hr)	# Aldehydes/ CS Chain
10	24	3
20	24	7.2
30	24	8.5
20	48	9
30	48	10.5

[0099] The concentration of CS was kept constant at 20 mg per mL for all oxidation reactions. The measured amounts of CS and sodium periodate were reacted and protected from light in 0.1 M sodium acetate buffer (pH 5.5) for the durations specified. Completion of the reaction was obtained by removing sodium periodate by performing gel filtration chromatography with a Bio-Scale Mini Bio-Gel column packed with polyacrylamide beads (Bio-Rad Laboratories, Hercules, CA) using an ÄKTA Purifier FPLC (GE Healthcare, Piscataway, NJ). The running buffer used for the desalting process was 1x Phosphate Buffered Saline (PBS, pH 7.4, Invitrogen, Carlsbad, CA).

[0100] *N*-[β -Maleimidopropionic acid]hydrazide, trifluoroacetic acid salt (BMPH, Pierce, Rockford, IL) was reacted in a 50 M excess with the desalted, oxidized CS in 1x PBS. The hydrazide end of BMPH reacts to covalently attach to the functionalized CS, via the newly created aldehydes, to form a Schiff base intermediate. Sodium cyanoborohydride (5 M, Pierce) was added to the reaction to reduce the Schiff base intermediate imine to a more stable amine. Excess BMPH was removed from the solution by FPLC desalting in deionized water. Due to the absorbance detection capabilities on the ÄKTA Purifier FPLC, the amount of excess BMPH was measured. The small size and low molecular weight of BMPH (297.19 g/mol) resulted in its elution from the column at a separate, much later timepoint. With the presence of its numerous single bonds and occasional double bonds, BMPH produced a strong absorbance spectrum at both the 215 nm wavelength (characteristic of single bonds) and 254 nm wavelength (characteristic of double bonds). Therefore, a standard curve was produced, correlating known BMPH masses to the integrated area of the 215 nm absorbance spectra, Figure 2. With this standard curve, the mass of excess BMPH was determined. Subtracting the excess BMPH mass from the original reaction mass allows the determination of the mass of BMPH consumed in the reaction. Using the consumed mass, the number of BMPH bound to the oxidized CS was calculated. The collected CS-BMPH product was frozen, lyophilized, and stored at -80° Celsius.

[0101] The HA binding peptide sequence was identified by Mummert. Slight modifications to the identified sequence produced the specific HA binding sequence, GAHWQFNALTVRGGGC (noted as GAH), that was used in this research. The peptide was produced by and purchased from Genscript (Piscataway, NJ). The cysteine amino acid was included to allow coupling, by way of thioether bond formation, to the maleimide group of BMPH. This reaction occurs at a 1:1 ratio, allowing the assumption that the number of BMPH bound to the functionalized CS will equal the number of GAH peptides attached. GAH peptide, at one molar excess to the number of BMPH coupled per chain, was dissolved in dimethyl sulfoxide (DMSO, Sigma) and was added to the CS-BMPH solution in 15 minute intervals, a quarter of the volume at a time. After the last addition of GAH peptide, the reaction was allowed to progress for two hours. During this time, the excess GAH peptide formed particulates. Before purifying the solution to obtain GAH functionalized CS, the solution was passed through an Acrodisc 0.8 μ m pore diameter filter (Pall, Port Washington, NY) to remove the excess

peptide particulates. The solution was then passed, with deionized water, through the ÄKTA Purifier FPLC to purify the GAH-CS compound. The collected compounds were then frozen at -80° Celsius and lyophilized to produce the desired aggrecan-mimics. By laboratory convention, the aggrecan mimic was named by (# of peptides attached) (first three letters of peptide sequence) - (GAG abbreviation that was functionalized) i.e. for the aggrecan mimic, 3GAH-CS for 3 GAH HA binding peptides functionalized to a chondroitin sulfate GAG backbone.

EXAMPLE 3

Binding of Synthetic Peptidoglycan to Hyaluronic Acid

Synthetic Peptidoglycan Binding to Immobilized Hyaluronic Acid

[0102] Hyaluronic Acid (HA, from *Streptococcus equi*, Sigma) at a concentration of 4 mg per mL, was immobilized to a 96-well plate (Costar, blk/clr, Coming, Coming, New York) overnight at 4° Celsius. Biotin labeled GAH peptides were bound, by way of BMPH, to functionalized CS at a concentration of 1 biotin-GAH per CS chain. Unlabeled GAH peptides bound to the remaining unreacted aldehydes of CS. Standard biotin-streptavidin detection methods were utilized to determine the degree of aggrecan mimic binding to the immobilized HA. Blocking of the HA surface was done for one hour with 1% Bovine Serum Albumin (BSA, Sera Care Life Sciences, Milford, MA) in 1x PBS solution. After washing with 1x PBS, the biotin-labeled aggrecan mimic was incubated in the well for 30 minutes and then washed with 1x PBS. Streptavidin-horseradish peroxidase (R&D Systems, Minneapolis, MN) solution was added to each well, and allowed to react for 20 minutes. After reaction completion and washing, chromogen solution was added (Substrate Reagent Pack, R&D Systems) and developed for 15 min. At 15 min, sulfuric acid (Sigma) was added directly to each well to stop the reaction. The well plate was then read on the M5 SpectraMax Plate Reader (Molecular Devices, Sunnyvale, CA) at 450 and 540 nm wavelengths. By subtracting the two absorbance readings produced, the absorbance due to the bound biotin-labeled aggrecan-mimic was determined.

[0103] One GAH peptide per aggrecan mimic was replaced by a biotin-labeled GAH peptide and the now-labeled aggrecan mimic was incubated with immobilized HA. Commercially available biotin detection products (through streptavidin and HRP) demonstrated the degree of mimic binding to the immobilized HA (see Figure 3). Starting at a concentration of 1 μ M, the aggrecan mimic had a dose dependent increase in presence on the immobilized HA, proving that the mimic was binding to the HA. However, the determination of the mimic's binding affinity was not pursued due to the uncertainty of the amount of HA immobilized.

Rheometer Derived Synthetic Peptidoglycan Binding to Hyaluronic Acid

[0104] HA solutions were created to test the aggrecan-mimic's ability to bind to HA in a more physiologically relevant situation. The ability of the aggrecan-mimic to bind to HA was deduced by the improvement in storage modulus of the solution, indicating HA crosslinking by the mimic. Multiple treatments were created in 1x PBS pH 7.4 to test the aggrecan mimic's ability to bind HA: 2.5 wt% HA control, HA+CS at a 25:1 molar ratio of CS:HA, HA+3GAH-CS at 25:1, HA+7.2GAH-CS at 25:1, HA+10.5GAH-CS at 25:1.

[0105] Using the AR-G2 Rheometer (TA Instruments, New Castle, DE), frequency (0.1 - 100 Hz, 2.512 Pa) and stress (0.1 - 100 Pa, 1.0 Hz) sweeps were conducted to measure the storage modulus of each solution.

[0106] Rheology studies the flow of a substance in response to applied forces and is often used when measuring viscoelastic materials. In particular, the rheometer determines the storage modulus and the loss modulus based on the substance feedback to the applied force. The storage modulus is a measure of the amount of energy that is elastically absorbed by the substance and the loss modulus depicts the amount of energy lost through heat. A large storage modulus is indicative of a gel-like substance with a more rigid, elastic structure; whereas, a small storage modulus and a large loss modulus indicate a viscous material that does not elastically retain the applied load. The high molecular weight HA (~1.5MDa) is a very viscous material which elastically retains a portion of the applied load due to a pseudo-gel formed by HA chain entanglement. The created aggrecan mimic contains multiple HA binding peptides which can act as a type of HA chain crosslinker assuming adequate mimic binding to the HA. In solution with the high molecular weight HA, it is hypothesized that the aggrecan mimic could increase the rigidity of the solution, creating a larger storage modulus. A larger storage modulus would be indicative of extensive HA crosslinking, proving a strong binding affinity between the aggrecan mimic and the HA chains present in the mixture. Multiple versions of the aggrecan mimic were tested, differentiated by the number of GAH peptides (on average either 3, 7.2, or 10.5) attached per functionalized CS chain.

[0107] The results of the experiment, shown in Figure 4, showed that the addition of CS significantly ($\alpha=0.05$) lowered the storage modulus of the HA solution. The addition of the dense negative charges associated with the CS helped spread the HA chains, easing the degree of HA entanglement and removing the pseudo-gel that stored the applied energy. Confirming the hypothesis, as the number of GAH peptides per CS increased from 3 to 10.5, the storage modulus

of the mixture increased as well. This increase can be attributed to two beneficial attributes of having a higher number of GAH peptides per aggrecan mimic. First, the more GAH peptides attached per CS, the higher the avidity of the mimic, resulting in a stronger mimic binding to the HA molecule. Second, the more GAH peptides attached per CS, the greater the likelihood of the mimic acting as a crosslinker between the HA molecules. Both effects contributed to a more gel-like mixture, resulting in a larger measured storage modulus. Weaker binding between the mimic and HA would not restore the pseudo-gel and would be unable to store the applied energy from the rheometer. The increase in storage modulus confirms the strong mimic binding to the immobilized HA shown in Figure 3. Specifically at 10.5 GAH peptides per CS chain, the storage modulus was significantly ($\alpha=0.05$) higher than the HA+CS control, reaching an average storage modulus similar to the HA control.

EXAMPLE 4

Synthetic Peptidoglycan Compression Studies

Collagen Gel Formation and Turbidity

[0108] To mimic the native cartilage extracellular matrix, collagen was utilized to entrap the HA and aggrecan-mimic aggregates within a natural scaffold. Collagen type II (CII) was obtained from two different commercial sources (Affymetrix, Santa Clara, CA and Sigma). Mixtures of the cartilage ECM components were prepared in TES Buffer (60 mM TES, 20 mM Na_2HPO_4 , 0.56 M NaCl, chemicals from Sigma) pH 7.6 according to the native component breakdown, where CII comprised 70 dry wt% and the combination of HA and the aggrecan mimic/CS control formed the remaining 30 dry wt% of the mixture. The final concentration of CII in the gel was 2 mg per ml. Samples consisted of a CII control, CII+HA+CS control, and CII+HA+aggrecan mimic (10.5GAH-CS). To prevent premature fibrillogenesis and gel formation, the solutions were kept on ice at an acidic pH. Solution mixtures of the components were placed in a 384 well plate (Greiner blk/cfr, Monroe, NC), placed at 37° C and physiological pH to initiate fibrillogenesis, and were monitored at 313 nm on the M5 SpectraMax to determine gel formation. CII was unable to form gels when included with the varying treatments (See Supplementary Information). Therefore, collagen type I (CI, High Concentration Rat Tail Collagen Type 1, BD Biosciences, Bedford, MA) was utilized for the gel formation. The same treatments and procedure were used with the CI, except that the component masses were shifted for a CI final concentration of 4 mg per mL. CI was used for all following experiments.

[0109] Turbidity with CI was performed to measure the formation of the cartilage replicate, results shown in Figure 5. As demonstrated, the addition of HA+10.5GAH-CS did not affect the fibrillogenesis of the collagen fibers. All treatments followed a similar curve and reached similar absorbance peaks at about the same time. HA+10.5GAH-CS treatment had a higher initial absorbance due to the aggrecan mimics tendency to form self-aggregates in 1x PBS solution, not due to premature CI fibril formation. The aggregation of 10.5GAH-CS was recognized during the initial HA rheometer tests, but the aggregation did not inhibit the aggrecan mimic's ability to bind to HA.

Collagen Gel Property Testing

[0110] Collagen-based gel compression tests and frequency sweeps were conducted using an AR-G2 Rheometer using a 20-millimeter parallel plate geometry (TA Instruments). The 375 μL gel mixtures were prepared on ice and pipetted onto the rheometer base plate. The geometry was lowered to a gap distance of 1 mm and the solution was heated to 37° Celsius. A humidity trap was utilized to prevent gel dehydration while the mixture was allowed to gel over two hours. This two hour value was determined by the demonstrated time to gelation data from the turbidity data. After the two hour time period, the gels were compressed or oscillated depending on the test. Compression tests occurred at an engineering strain rate of 1% (10 μm) per second. The gap distance and the normal force on the geometry head were measured. The frequency sweeps measured the storage modulus of the created gels during a logarithmic base ten increase in frequency from 0.1 to 1 Hz.

[0111] The simultaneous normal force and displacement were measured, and the engineering stress and strain were calculated for the treatments. As shown in Figure 6, the inclusion of the aggrecan mimic significantly ($\alpha=0.05$) increased the compressive strength of the gel complex. The peak engineering stress of the collagen+HA+AGG mimic reached 7.5 kPa at an engineering strain of 9%, whereas the collagen+HA+CS control reached a peak of 4.8 kPa at 4%, and the collagen control reached a peak of 4.2 kPa at 15% strain.

[0112] Two factors contributed to the increase in compressive strength of the CI+HA+10.5 gel, the first being the mimic's ability to attract water and the second being the HA crosslinking ability of the aggrecan mimic. In native cartilage, the predominance of the entrapped negative charges provided by the HA and CS attract water and retard its diffusion from the cartilage. When a compressive force is applied to the cartilage, the water is not able to diffuse out into the synovial capsule. Retaining this incompressible water increases the compressive strength of the structure. Similarly in

the tested gel complexes, the inclusion of the negative charges associated with CS in the gel provides the same attraction. As can be seen in Figure 6, both the CS and 10.5GAH-CS treatments have an increased compressive strength. The CS treatment is not fixed within the CI complex (it is not bound to HA) and therefore after a small compressive deformation, the CS and its attracted water diffuse out of the complex into the surrounding fluid. The diffusion of the CS and water from the complex diminishes the compressive strength of the complex, causing the resulting gel's compressive profile to resemble that of the collagen scaffold control. In contrast, 10.5GAH-CS is bound to the interwoven HA. Therefore, a much higher compressive stress is required to overcome the binding of the mimic to HA and cause the diffusion of CS and attracted water from the complex.

[0113] Secondly, the ability of the aggrecan mimic to act as a HA cross linker results in a higher degree of entrapment for the HA and mimic. Effectively, the HA crosslinking nature creates large aggregates within the collagen complex, similar to the native aggrecan/HA aggregates. The main difference between the aggrecan mimic and native aggrecan is the size of the molecule. The protein backbone of aggrecan alone weighs ~220 kDa, whereas the aggrecan mimic, in entirety, only weighs around 30 kDa. Therefore, the native aggregate complex, with over 100 aggrecan molecules bound to the HA, produces much larger aggregates than the aggrecan mimic could produce. However, by acting as a crosslinker between HA chains, the aggrecan mimic can produce its own form of an aggregate that also portrays the main characteristics of native aggregates; voluminous, negatively-charged structures. The role of the aggrecan mimic as an HA crosslinker was further investigated by applying shear loads through rheological tests on the CI gels described above. The results of these experiments can be seen in Figure 7.

[0114] The inclusion of 10.5GAH-CS significantly ($\alpha=0.05$) increased the storage modulus of the formed gel. The network created by the binding of the mimic to the HA supplemented the existing rigidity of the CI matrix, allowing an increased elastic absorbance of the energy applied by shear loading. This study was important as it verified the crosslinking ability of the 10.5GAH-CS and the creation of an alternate aggregate form.

EXAMPLE 5

Synthetic Peptidoglycan Protection of Hyaluronic Acid Degradation

[0115] Dynamic viscosity values of HA solutions were determined using the AR-G2. High molecular weight HA solutions have a large viscosity due to the extensive chain entanglement caused by the long chain length. Hyaluronidase (Type II from Sheep Testes, Sigma) cleaves the HA chain, creating shorter chains with less entanglement. The shorter HA chains will have a measurably lower viscosity. HA solutions were incubated with 100 units/ mL hyaluronidase. Dynamic viscosities were determined using a time sweep with constant angular frequency and oscillatory stress initially and at 2 and 4-hour timepoints. Samples (at 0.5 wt% HA) consisted of HA, HA+CS, and HA+10.5GAH-CS. The treatment values were added at a 75:1 treatment to HA molar ratio. The percent degradation was calculated for each measurement by dividing the initial viscosity from the difference of the measured viscosity minus the initial viscosity.

[0116] Work by Pratta et al. and Little et al. has shown the importance of aggrecan in preventing cartilage component degradation. The demolition of the cartilage matrix in osteoarthritis is started with the cleavage of the aggrecan proteoglycans. The removal of the GAG-rich region of the proteoglycan exposes the remaining components, CII and HA, to degrading enzymes. With the knowledge of the importance of aggrecan in preventing degradation, studies were conducted to determine the ability of the aggrecan-mimic in preventing HA degradation.

[0117] The viscosity of a HA solution is dependent on the size of the HA chains. Due to entanglement, larger HA chains will produce a higher viscosity. When exposed to hyaluronidase, the HA chain is cleaved into smaller units. Therefore, the size of the HA and the amount of HA entanglement decreases. This decrease prompts a similar decrease in the measured viscosity. The percent change in viscosity of HA solutions in the presence of hyaluronidase will provide key information into the amount of degradation the HA has undergone. Figure 8 presents the percent degradation of HA control versus the associated treatments. As can be seen, the AGG mimic, GAH, significantly reduced the rate of degradation of HA, indicating that it behaves similarly to native AGG in its protection of ECM components.

[0118] Viscosities of each treatment without hyaluronidase (TES Buffer replaced the hyaluronidase volume) were initially measured and served as the baseline for the percent degradation calculations. The 0 hr timepoint involved the addition of the hyaluronidase, mixing of the solution, pipetting onto the rheometer, and the beginning equilibration operation of the machine. Therefore, the 0 hr timepoint occurred approximately two minutes after the addition of hyaluronidase. A high concentration of hyaluronidase (25 units per mL) was utilized to replicate the worst possible scenario. In addition, the HA molecules were dispersed in solution, rather than tightly interwoven into a collagen network. As can be seen from Figure 8, both the HA Control and the HA+CS treatment had almost complete degradation of the HA solution at the 0 hr timepoint. In contrast, the addition of 10.5GAH-CS significantly ($\alpha=0.05$) reduced the amount of HA degradation. In fact, the presence of 10.5GAH-CS increased the viscosity above the baseline values. It is believed that the addition of hyaluronidase cleaves some of the excess HA. This allows 10.5GAH-CS to better crosslink the remaining, intact chains, creating a denser gel which produced the larger viscosity.

[0119] At the 2 hr timepoint, both the HA control and HA+CS had completely degraded with percent degradations above 90%, but the HA solution with 10.5GAH-CS had a significantly ($\alpha=0.05$) lower percent degradation. Lastly, at the 4 hr timepoint, all treatments had been degraded, with their percent degradations all above 90%. Amongst the three timepoints, 10.5GAH-CS was not able to completely prevent HA degradation, but it drastically reduced the rate of degradation compared to the degradations of the HA Control and HA+CS. This reduced rate demonstrates that the 10.5GAH-CS prevents the degradation of the HA chains. It is believed that this prevention is being accomplished through competitive inhibition of the hyaluronidase cleavage point on the HA chain. The non-covalent binding of the mimic to the HA chain coupled with the gradual degradation rate of the HA chains appear to validate this belief. In addition, the degradation rate of the 10.5GAH-CS solution is still believed to be artificially high. Upon incubation of the mimic within the HA solution, HA+10.5GAH-CS aggregates were formed. However, these aggregates did not spread uniformly throughout the solution volume. Therefore, the solutions were mixed, similarly to the other samples, before a measurement was taken. The mixing of the solution disrupted the aggregates, dislodging 10.5GAH-CS and exposing the hyaluronidase cleavage point. Even after the 4 hr timepoint, when supposedly complete degradation had occurred, substantial aggregation of HA+10.5GAH-CS still occurred. In a compact matrix like the ECM of cartilage, it is possible that 10.5GAH-CS could not only significantly reduce the degradation rate, but suppress HA degradation.

EXAMPLE 6

CryoScanning Electron Microscopy (SEM)

[0120] The ECM-based constructs, as described for turbidity measurements, were formed on an SEM plate at 37°C overnight. The SEM plates were secured into a holder, and were plunged into a liquid nitrogen slush. A vacuum was pulled on the sample as it was transferred to the Gatan Alto 2500 pre-chamber. Within the chamber, cooled to -170°C, a cooled scalpel was used to create a free break surface on the sample. The sample was subjugated to sublimation at -85°C for 15 minutes followed by a sputter-coating of platinum for 120 seconds. After sputter-coating, the sample was transferred to the microscope stage and images were taken at -130°C.

[0121] Representative images were obtained at a magnification of 10,000x, as shown in Figure 9. Panel A shows the CI control, and is characterized by extensive crosslinking between major fibrils, and relatively small matrix pore size. Panel B shows CI+HA+CS, and contains extensive crosslinking, but larger pore size, due to the presence of the large HA chains. Panel C shows CI+HA+10.5GAH-CS and illustrates a noticeably smaller degree of crosslinks in addition to a very large pore size. The AGG mimic can bind to the HA creating a relatively large, cumbersome complex that hinders the CI crosslinking.

[0122] As can be qualified in the representative images, the addition of HA+CS did not have an effect on the variation of collagen fibril diameters, but the HA+CS sample did have a larger representative void space. In comparison to the control groups, the addition of the AGG mimic with the HA resulted in a smaller variation of collagen fibril diameters due to the limited number of small fibril diameters, and an overall increase in the void space of the sample. The binding of the AGG mimic to the HA molecule created an aggregate complex that was trapped within the collagen scaffold and excluded smaller fibril formation between the larger fibrils due to steric hindrance.

EXAMPLE 7

Collagen Protection

[0123] ECM-based constructs containing collagen alone, collagen+HA+CS, or collagen+HA+10.5GAH-CS were created in 8-well chambered slides as described previously. The final sample volume was 200 μ L consisting of 0.8 mg of collagen type I. Matrix metalloprotease-I (MMP-I, R&D Systems, Minneapolis, MN) at a concentration of 0.133 mg/mL, was activated following the protocol detailed in the manufacturer's instructions. Briefly, MMP-1, already dissolved in manufacturer's buffer (50 mM Tris, 10 mM CaCl_2 , 150 mM NaCl, 0.05% Brij-35, pH 7.5), was combined with an equal volume of 25 mM APMA (Sigma) in DMSO at 37°C for 2 hrs to activate the enzyme. Upon activation, the MMP-1 solution was diluted two fold in water and was added to the sample as a 100 μ L supernatant. The samples were incubated at 37°C with gentle shaking. Twenty-five hrs after the addition of the initial enzyme solution, the supernatant was removed and replaced with a fresh batch of enzyme. After 50 total hr of incubation with the enzyme, the remaining gels were removed from the chambered slides, washed with deionized water to remove any enzyme solution or degradation products, and resolubilized in 12 M HCl. The samples were diluted in water to reach a final concentration of 6 M HCl, and were hydrolyzed overnight at 110°C. Following hydrolysis, the amount of hydroxyproline (hyp) was analyzed according to the protocol developed by Reddy, et al. (Clin Biochem, 1996, 29: 225-9). Briefly, the hydrolyzed samples were incubated with Chloramine T solution (0.56 M) for 25 minutes at room temperature before the addition of Elrich's reagent and subsequent chlorophore development for 20 minutes at 65°C. After the development of the chlorophore, the samples

were read on a spectrophotometer at a wavelength of 550 nm. Absorbance readings were compared to those obtained from known concentrations of collagen to determine the amount of collagen remaining in each sample.

[0124] Each replicate sample was constructed with 0.8 mg of CI, and after degradation, the remaining CI amount was determined by the protocol developed by Reddy et al. and converting that to CI amount by a set of CI standards. The percent degradation was determined by subtracting the remaining CI from the initial CI, dividing by the initial CI, and multiplying by 100. The percent degradation of the three treatments is shown in Figure 10. All the treatments were significantly different from each other ($p < 0.05$). In particular, the percent degradation of the AGG mimic sample (CI+HA+10.5GAH-CS = 41.0%) was significantly less ($p < 0.05$) than the other two treatments (CI=64.5% and CI+HA+CS=74.7%). The presence of the AGG mimic significantly reduced the CI degradation. The presence of the AGG mimic can act as a hindrance to the cleavage sites of the degrading enzymes. By creating the large aggregates with HA that are tightly trapped within the collagen scaffold, the AGG mimic can occupy the space proximal to the collagen, preventing enzyme access to degradation locations.

EXAMPLE 8

Diffusion of Peptidoglycans Through Cartilage Matrix

[0125] Cartilage explants were obtained from the load bearing region of three month old bovine knee joints. Native aggrecan was removed from harvested cartilage explants leaving a matrix consisting primarily of type II collagen and residual GAG. This was achieved by treating explants with 0.5% (w/v) trypsin in HBSS for 3 hours at 37 °C (Figure 13). After trypsin treatment explants were washed three times in HBSS and incubated with 20 % FBS to inactivate residual trypsin activity. Peptidoglycan was dissolved in distilled water at 10 μ M concentration and diffused through the articular surface of cartilage explants by placing 10 μ L of the solution on the surface every ten minutes for one hour at room temperature (Figure 14). Normal cartilage and aggrecan depleted cartilage were treated with 1X PBS as positive and negative controls respectively. After diffusion, explants were washed three times with 1X PBS and stored at -20°C until further testing. Diffusion of peptidoglycan was confirmed by staining a midsagittal section of the tissue with streptavidin-horseradish peroxidase stain. The streptavidin stain binds to the biotin labeled molecule and is depicted as a brown color (Figures 15 and 16).

EXAMPLE 9

Bulk Compression Testing

[0126] Displacement-controlled unconfined compression was performed on an AR G2 rheometer with force transducers capable of detecting normal forces in the range of 0.01-50 N (TA Instruments). The explants were glued to the bottom of a hydrophobic printed slide (Tekdon) and covered in a 1X PBS bath. A 20mm diameter stainless steel parallel plate geometry head was lowered until initial contact was made. Explant height was measured using a digital micrometer (Duratool). Compressive loads from 0-30% nominal strain (at 5% intervals) were applied to the explants through a stepwise loading that involved a ramp duration of 5 sec (i.e. a strain rate of 1.0 %/sec) and hold time of 30 sec. Compressive stiffness values were obtained by using the slope of equilibrium stress values, computed during each hold section, versus respective strain values, based on a linear fit model. Scaffolds tested for bulk compression included: 1) Normal cartilage, 2) Aggrecan depleted cartilage (AD), and 3) AD+mAGC (Figure 17). Addition of the HA binding peptidoglycan (mAGC) significantly restored stiffness of cartilage explants to a higher extent as compared to the collagen type II binding peptidoglycan (mAG(II)C).

EXAMPLE 10

Animal Model

[0127] Sprague-Dawley rats (250~300g) were used for surgery. The patellar tendon, the anterior and posterior cruciate ligaments and the medial, lateral collateral ligaments were transected. The medial and lateral meniscuses were totally menisectomized. The knee joint capsule was repaired with an absorbable suture and the skin was closed with a 4-0 monofilament nylon. Starting at week 4, 10 μ L of a 1 μ M mAGC was administered weekly.

[0128] The extent of inflammation was indicated by the MMP-13 probe (Figure 18) in Sprague-Dawley rats treated with and without peptidoglycan at four, six and eight weeks post surgery (Figure 19). X-ray images of Sprague-Dawley rat knee joints showed injured knee 6 weeks and 8 weeks following OA induction (Figure 20, Panels A and D, respectively), injured knee with peptidoglycan treatment (Figure 20, Panels B and E, respectively), and normal knee (Figure 20, Panel C) six weeks after osteoarthritis induction surgery. MicroCT of Sprague-Dawley rats indicated re-growth of new cartilage

six and eight weeks after OA induction surgery. Injured knees 6 weeks and 8 weeks following OA induction, (Figure 21, Panels A and D, respectively), injured knees following peptidoglycan treatment (Figure 21, Panels B and E, respectively), and Normal knee (Figure 21, Panel C), are shown.

EXAMPLE 11

Reagents

[0129] Peptide GAHWQFNALTVRGGGC (GAH) was purchased from Genscript (Piscataway, NJ). *N*-[β -maleimido-propionic acid] hydrazide, trifluoroacetic acid salt (BMPH) was purchased from Pierce (Rockford, IL). Rat tail type I collagen was purchased from BD Biosciences (Bedford, MA). Human recombinant interleukin-1 β was purchased from Peprotech (Rocky Hill, NJ). All other supplies were purchased from VWR (West Chester, PA) or Sigma-Aldrich (St. Louis, MO) unless otherwise noted.

EXAMPLE 12

Collagen Scaffold Synthesis

[0130] Collagen scaffolds were prepared in TES buffer (60 mM TES, 20 mM Na₂PO₄, 0.56 M NaCl) at a pH of 7.6. Scaffold composition for mechanical testing and *in vitro* inflammatory model studies are described in their respective sections. All solutions were maintained on ice until fibrillogenesis was initiated at 37°C. Aligned collagen scaffolds were created by placing the collagen solution at the isocenter of a 9.4 Tesla magnet (Chemagnetics CMX400) at 37 °C for one hour, whereas unaligned gels were prepared similarly but without magnetic exposure. The slide containing the collagen solution was placed parallel to the magnetic field, orienting the collagen fibers in a direction perpendicular to the bottom of the slide. The gels were then maintained at 37 °C for 24 hours in a humidity-controlled chamber to prevent evaporation.

EXAMPLE 13

Rheological Mechanical Testing

[0131] Shear and compression testing was performed on a stress-controlled AR G2 rheometer (TA Instruments) using a 20 mm diameter stainless steel parallel plate geometry head. Collagen scaffolds were prepared on 20 mm diameter hydrophobic printed slides (Tekdon). For shear tests, the geometry head was lowered until contact was made at a gap height of 950 μ m. Preliminary frequency and stress sweeps were performed to determine a linear and stress-independent storage modulus range. Frequency sweeps were then performed on all gels with an oscillatory stress of 0.2 Pa over a frequency range of 0.1 to 2 Hz. For compression tests, the geometry head was lowered until contact was made with the scaffold at a gap height of 1000 μ m. Compressive loads from 0-30% nominal strain (at 5% intervals) were applied to the collagen scaffold through a stepwise loading that involved a ramp duration of 5 sec (i.e. a strain rate of 1.0 %/sec) and hold time of 30 sec. Compressive stiffness values were obtained by using the slope of equilibrium stress values, computed during each hold section, versus respective strain values, based on a linear fit model. Collagen scaffold composition for mechanical tests were: 1) Unaligned collagen, 2) Aligned collagen, 3) Unaligned collagen+mAGC and 4) Aligned collagen+mAGC.

[0132] *Bulk Mechanical Analysis:* The aggrecan mimic, mAGC, enhanced bulk mechanical properties of scaffolds, irrespective of fiber alignment (Figure 22). For shear testing, the storage moduli values at 0.5 Hz for unaligned and aligned collagen gels were 104.1 $\pm$ 3.6 Pa and 49.9 $\pm$ 5.4 Pa respectively. The addition of mAGC to the collagen scaffold showed a significant increase in the storage moduli of the unaligned and aligned gels to 113.9 $\pm$ 4.6 Pa and 76.6 $\pm$ 3.6 Pa respectively ($p < 0.001$). Unaligned gels showed a higher storage modulus as compared to aligned gels ($p < 0.0001$). For compression testing, the compressive stiffness for aligned scaffolds (2478 $\pm$ 250 Pa) was lower than unaligned scaffolds (3564 $\pm$ 315 Pa) ($p < 0.001$). Addition of mAGC to these scaffold systems increased compressive stiffness of the aligned and unaligned scaffolds to 4626 $\pm$ 385 Pa and 5747 $\pm$ 306 Pa, respectively ($p < 0.0001$).

EXAMPLE 14

In Vitro Inflammation Model

[0133] Collagen scaffolds seeded with chondrocytes were stimulated with IL- β and assessed for degradation products.

[0134] *Chondrocyte Isolation:* Primary chondrocytes were harvested from three-month-old bovine knee joints obtained

from an abattoir within 24 hours of slaughter (Dutch Valley Veal). Cartilage slices, 150-200 μm thick, were shaved from the lateral femoral condyle and washed three times in serum-free DMEM/F-12 medium (50 $\mu\text{g/mL}$ ascorbic acid 2-phosphate, 100 $\mu\text{g/mL}$ sodium pyruvate, 0.1 % bovine serum albumin, 100 units/mL penicillin, 100 $\mu\text{g/mL}$ streptomycin and 25 mM HEPES) prior to digestion with 3% fetal bovine serum (FBS) and 0.2% collagenase-P (Roche Pharmaceuticals) at 37°C for six hours. Released chondrocytes were filtered through 70 μm cell strainer and centrifuged at 1000 rpm three times for five minutes each in medium listed above supplemented with 10% FBS. The cell pellet was resuspended in 10% FBS supplemented media and plated on 10 cm dishes at 10,000 cells/mL in a 37 °C, 5%CO₂ humidified incubator until confluent.

[0135] Scaffold Fabrication: Upon reaching confluency, cells were trypsinized and encapsulated at 10,000 cells/mL within collagen scaffolds (Table 3) and allowed to equilibrate for 3 days prior to treatment.

TABLE 3: Scaffold composition for *in vitro* testing

<i>Unaligned Collagen Experimental Setup</i>	<i>Aligned Collagen Experimental Setup</i>
A: Collagen+CS+HA+IL-1 β	E: Collagen+CS+HA+IL-1 β
B: Collagen+CS+HA	F: Collagen+CS+HA
C: Collagen+mAGC+HA+IL-1 β	G: Collagen+mAGC+HA+IL-1 β
D: Collagen+mAGC+HA	H: Collagen+mAGC+HA

[0136] Inflammation Model: Constructs were incubated with or without 20 ng/mL IL-1 β in chemically-defined media supplemented with 5% FBS and antibiotics (100 units/mL penicillin and 100 $\mu\text{g/mL}$ streptomycin). Culture medium was replaced every two days. Removed media extracts were stored at -80°C until further testing.

[0137] Degradation Assay: GAG degradation was monitored by measuring CS released in cell culture media using the dimethylmethylene blue (DMMB) dye assay and computed with a chondroitin-6-sulfate standard curve. Similarly, type I collagen degradation in cell culture media was monitored using the Sircol Collagen Assay using manufacturer specified protocols (Bio-Color). GAG and collagen degradation were reported as cumulative release over an eight-day culture period.

[0138] Proteolytic Degradation Analysis: The amount of CS and collagen released into cell culture media was significantly decreased when scaffolds that contained mAGC (Figures 11, 12, 23 and 24) ($p_{\text{CS}} < 0.001$ and $p_{\text{collagen}} < 0.02$, respectively). Aligned collagen gels showed a statistically higher CS and collagen release into the media as compared to unaligned collagen fibers ($p < 0.001$).

[0139] As described herein, the hyaluronic-binding synthetic peptidoglycan is able to protect HA and the underlying collagen fibers in the scaffold from proteolytic cleavage. The synthesis of the hyaluronic-binding synthetic peptidoglycan utilized the chondroprotective benefits of CS. CS has been shown to down-regulate matrix metalloproteases production. Our synthetic peptidoglycan design herein described allowed CS chains to be attached to HA, preventing degradation of both molecules. By placing the synthetic peptidoglycan in an environment rich in proteolytic enzymes, its ability to prevent excessive loss of ECM components has been demonstrated.

EXAMPLE 15

Real-time PCR

[0140] Following the cell culture study, constructs were stored in RNAlater solution (Ambion) at 4 °C for less than one week. Total mRNA was extracted using Nucleospin RNA II (Clontech) according to manufacturer's protocols. Extracted mRNA from all samples was quantified using Nanodrop 2000 spectrophotometer (Thermo Scientific) and reverse transcribed into cDNA using High Capacity cDNA Reverse Transcriptase Kit (Applied Biosystems). Real-time PCR was performed using Taqman Gene Expression Assays (Applied Biosystems) with the following primers: GAPDH (Bt03210913_g1), aggrecan (Bt03212186_ml) and collagen type II (Bt03251861_ml). 60 ng of cDNA template was prepared per 20 μL reaction for the two genes of interest and the endogenous gene. Real-time PCR analysis was carried out using a Taqman PCR Master Mix and 7500 Real-Time PCR System (Applied Biosystems). Data reported was normalized to GAPDH gene expression.

[0141] mRNA Expression Analysis: Collagen alignment, presence of aggrecan mimic and stimulation with IL-1 β significantly effected aggrecan ($p_{\text{alignment}} < 0.001$, $p_{\text{peptidoglycan}} < 0.02$ and $p_{\text{IL-1}\beta} < 0.001$) and collagen type II expression ($p_{\text{alignment}} < 0.01$, $p_{\text{peptidoglycan}} < 0.001$ and $p_{\text{IL-1}\beta} < 0.015$). The presence of mAGC limited excessive loss of CS from the scaffold, which results in a lower aggrecan expression ($p < 0.02$) (Figure 25). The presence of mAGC also limited collagen degradation. However, collagen type II expression depended on the extent of collagen lost during degradation (Figure 25). In unaligned scaffolds, the level of collagen type II expression was higher in scaffolds prepared without mAGC,

whereas in aligned collagen scaffolds, the level of collagen type II was higher in scaffolds prepared with mAGC ($p < 0.05$).

EXAMPLE 16

Statistical Analysis

[0142] Each experiment was repeated twice, with at least $n=3$ in each data set. Statistical significance for mechanical test data was analyzed with a two-way ANOVA with alignment and addition of peptidoglycan as factors. The cell culture data was analyzed using a three-way ANOVA with alignment, addition of peptidoglycan, and treatment with IL-1 β as factors. A post-hoc Tukey pairwise comparison ($\alpha = 0.05$) was used to directly compare scaffolds prepared with and without the aggrecan mimic in each system.

Claims

1. A hyaluronic acid-binding synthetic peptidoglycan comprising a synthetic peptide conjugated to a glycan wherein the synthetic peptide comprises a hyaluronic acid-binding sequence.
2. The synthetic peptidoglycan of claim 1, wherein the synthetic peptide is covalently conjugated to the glycan.
3. The synthetic peptidoglycan of claim 1 or 2, wherein the glycan is selected from the group consisting of dextran, chondroitin, chondroitin sulfate, dermatan, dermatan sulfate, heparan, heparin, keratin and keratan sulfate.
4. The synthetic peptidoglycan of any one of claims 1-3 having the formula P_nG_x , wherein G is a glycan and P is a synthetic peptide of about 5 to about 40 amino acids comprising a hyaluronic acid binding sequence.
5. The synthetic peptidoglycan of claim 4, wherein x is 1 to 20, and optionally, wherein n is 1 to 20.
6. The synthetic peptidoglycan of any one of claims 1-5, wherein the synthetic peptide comprises an amino acid sequence of the formula B1-X1-X2-X3-X4-X5-X6-X7-X8-B2, wherein X8 is present or is not present, wherein B1 is a basic amino acid, wherein B2 is a basic amino acid, and wherein X1-X8 are non-acidic amino acids.
7. The synthetic peptidoglycan of any one of claims 1 to 6, wherein the peptide component of the synthetic peptidoglycan comprises an amino acid sequence selected from the group consisting of:

GAHWQFNALTVRGG (SEQ ID NO: 2);
 GDRRRRRMWHRQ (SEQ ID NO: 3);
 GKHLGGKHRRSR (SEQ ID NO: 4);
 RGTHHAQKRRS (SEQ ID NO: 5);
 RRHKSGHIQGSK (SEQ ID NO: 6);
 SRMHGRVGRHE (SEQ ID NO: 7);
 RRRAGLTAGRPR (SEQ ID NO: 8);
 RYGGHRTSRKWV (SEQ ID NO: 9);
 RSARYGHRRGVG (SEQ ID NO: 10);
 GLRGNRRVFARP (SEQ ID NO: 11);
 SRGQRGRLGKTR (SEQ ID NO: 12);
 DRRGRSSLPLKLAGPVEFPDRKIKGRR (SEQ ID NO: 13);
 RMRRKGRVKHWG (SEQ ID NO: 14);
 RGGARGRHKTGR (SEQ ID NO: 15);
 TGARQRGLQGGWGPRLRGKDQPPGR (SEQ ID NO: 16);
 RQRRRDLTRVEG (SEQ ID NO: 17);
 STKDHNRGRNVGPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);
 RLESRAAGQRRRA (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);

VSKRGHRRTAHE (SEQ ID NO: 22);
 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKSYGKYQGR (SEQ ID NO: 25);
 5 KNGRYSISR (SEQ ID NO: 26);
 RRRCGQKKK (SEQ ID NO: 27);
 KQKIKHWKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 10 KVGKSPVVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) and
 an amino acid sequence having 85% sequence homology to any one of SEQ ID NO:2-34.

8. The synthetic peptidoglycan of any one of claims 1 to 6, wherein the synthetic peptide comprises an amino acid sequence selected from the group consisting of:

GAHWQFNALTVRGG (SEQ ID NO: 2);
 20 GDRRRRRMWHRQ (SEQ ID NO: 3);
 GKHLGGKHRRSR (SEQ ID NO: 4);
 RGTHHAQKRRS (SEQ ID NO: 5);
 RRHKSGHIQGSK (SEQ ID NO: 6);
 SRMHGRVGRHE (SEQ ID NO: 7);
 25 RRRAGLTAGRPR (SEQ ID NO: 8);
 RYGGHRTSRKWV (SEQ ID NO: 9);
 RSARYGHRRGVG (SEQ ID NO: 10);
 GLRGNRRVFARP (SEQ ID NO: 11);
 SRGQRGLGKTR (SEQ ID NO: 12);
 30 DRRGRSSLPLAGPVEFPDRKIKGRR (SEQ ID NO: 13);
 RMRRKGRVKHWG (SEQ ID NO: 14);
 RGGARGRHKTGR (SEQ ID NO: 15);
 TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID NO: 16);
 RQRRDLTRVEG (SEQ ID NO: 17);
 35 STKDHNRGRNVGPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);
 RLESRAAGQRR (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);
 VSKRGHRRTAHE (SEQ ID NO: 22);
 40 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKSYGKYQGR (SEQ ID NO: 25);
 KNGRYSISR (SEQ ID NO: 26);
 RRRCGQKKK (SEQ ID NO: 27);
 45 KQKIKHVVKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 KVGKSPVVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 50 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) and
 an amino acid sequence modified from any one of SEQ ID NO:2-34 by including one or more conservative amino acid substitutions.

9. The synthetic peptidoglycan of any one of claims 1 to 8, wherein the synthetic peptidoglycan is resistant to aggr-
 canase.

10. The synthetic peptidoglycan of any one of claims 1 to 9, wherein the peptide component of the synthetic peptidoglycan

has a glycine-cysteine attached to the C-terminus of the peptide.

11. The synthetic peptidoglycan of any one of claims 1 to 10, wherein the synthetic peptidoglycan is resistant to matrix metallo proteases.
12. An engineered collagen matrix comprising polymerized collagen, hyaluronic acid, and a hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1-11.
13. The engineered collagen matrix of claim 12, wherein the matrix further comprises an exogenous population of cells.
14. A hyaluronic acid-binding synthetic peptidoglycan of any one of claims 1-11 for use in a method of treating arthritis in a patient.
15. The hyaluronic acid-binding synthetic peptidoglycan for use as in claim 14, wherein the arthritis is osteoarthritis or rheumatoid arthritis.

Patentansprüche

1. Hyaluronsäure bindendes synthetisches Peptidoglykan, umfassend ein an ein Glykan konjugiertes synthetisches Peptid, wobei das synthetische Peptid eine Hyaluronsäure bindende Sequenz umfasst.
2. Synthetisches Peptidoglykan nach Anspruch 1, wobei das synthetische Peptid kovalent an das Glykan konjugiert ist.
3. Synthetisches Peptidoglykan nach Anspruch 1 oder 2, wobei das Glykan aus der aus Dextran, Chondroitin, Chondroitinsulfat, Dermatan, Dermatansulfat, Heparan, Heparin, Keratin und Keratansulfat bestehenden Gruppe ausgewählt ist.
4. Synthetisches Peptidoglykan nach einem der Ansprüche 1-3 mit der Formel P_nG_x , wobei G für ein Glykan und P für ein synthetisches Peptid von etwa 5 bis etwa 40 Aminosäuren, das eine Hyaluronsäure bindende Sequenz umfasst, steht.
5. Synthetisches Peptidoglykan nach Anspruch 4, wobei x gleich 1 bis 20 ist und gegebenenfalls wobei n gleich 1 bis 20 ist.
6. Synthetisches Peptidoglykan nach einem der Ansprüche 1-5, wobei das synthetische Peptid eine Aminosäuresequenz der Formel B1-X1-X2-X3-X4-X5-X6-X7-X8-B2 umfasst, wobei X8 vorliegt oder nicht vorliegt, wobei B1 für eine basische Aminosäure steht, wobei B2 für eine basische Aminosäure steht und wobei es sich bei X1-X8 um nichtsaure Aminosäuren handelt.
7. Synthetisches Peptidoglykan nach einem der Ansprüche 1 bis 6, wobei die Peptidkomponente des synthetischen Peptidoglykans eine aus der aus
GAHWQFNALTVRGG (SEQ ID NO: 2);
GDRRRRRMWHRQ (SEQ ID NO: 3);
GKHLGGKHRRSR (SEQ ID NO: 4);
RGTHHAQKRRS (SEQ ID NO: 5);
RRHKSGHIQGSK (SEQ ID NO: 6);
SRMHGRVGRHE (SEQ ID NO: 7);
RRRAGLTAGRPR (SEQ ID NO: 8);
RYGGHRTSRKWV (SEQ ID NO: 9);
RSARYGHRRGVG (SEQ ID NO: 10);
GLRGNRRVFARP (SEQ ID NO: 11);
SRGQRGRLGKTR (SEQ ID NO: 12);
DRRGRSSLPLKLAGPVEFPDRKIKGRR (SEQ ID NO: 13);
RMRRKGRVKHWG (SEQ ID NO: 14);
RGGARGRHKTGR (SEQ ID NO: 15);

TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID NO: 16);
 RQRRDLTRVEG (SEQ ID NO: 17);
 STKDHNRGRNRVGPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);
 RLESRAAGQRR (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);
 VSKRGHRRTAHE (SEQ ID NO: 22);
 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKS YGKYQGR (SEQ ID NO: 25);
 KNGRYSISR (SEQ ID NO: 26);
 RRRCGQKKK (SEQ ID NO: 27);
 KQKIKHVVKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 KVGKSPVVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) und

einer Aminosäuresequenz mit 85% Sequenzhomologie zu einer der SEQ ID NO:2-34 bestehenden Gruppe ausgewählte Aminosäuresequenz umfasst.

8. Synthetisches Peptidoglykan nach einem der Ansprüche 1 bis 6, wobei das synthetische Peptid eine aus der aus

GAHWQFNALTVRGG (SEQ ID NO: 2);
 GDRRRRMWHRQ (SEQ ID NO: 3);
 GKHLGGKHRRSR (SEQ ID NO: 4);
 RGTHHAQKRRS (SEQ ID NO: 5);
 RRHKS GHIQGSK (SEQ ID NO: 6);
 SRMHGRVGRHE (SEQ ID NO: 7);
 RRRAGLTAGRPR (SEQ ID NO: 8);
 RYGGHRTSRKWV (SEQ ID NO: 9);
 RSARYGHRRGVG (SEQ ID NO: 10);
 GLRGNRRVFARP (SEQ ID NO: 11);
 SRGQRGLGKTR (SEQ ID NO: 12);
 DRRGRSSLPLAGPVEFPDRKIKGRR (SEQ ID NO: 13);
 RMRRKGRVKHWG (SEQ ID NO: 14);
 RGGARGRHKTGR (SEQ ID NO: 15);
 TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID NO: 16);
 RQRRDLTRVEG (SEQ ID NO: 17);
 STKDHNRGRNRVGPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);
 RLESRAAGQRR (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);
 VSKRGHRRTAHE (SEQ ID NO: 22);
 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKS YGKYQGR (SEQ ID NO: 25);
 KNGRYSISR (SEQ ID NO: 26);
 RRRCGQKKK (SEQ ID NO: 27);
 KQKIKHVVKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 KVGKSPVVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) und

einer von einer der SEQ ID NO:2-34 durch Einschließen einer oder mehrerer konservativer Aminosäuresubstitutionen modifizierten Aminosäuresequenz bestehenden Gruppe ausgewählte Aminosäuresequenz umfasst.

9. Synthetisches Peptidoglykan nach einem der Ansprüche 1 bis 8, wobei das synthetische Peptidoglykan gegen AggreCANase resistent ist.
10. Synthetisches Peptidoglykan nach einem der Ansprüche 1 bis 9, wobei die Peptidkomponente des synthetischen Peptidoglykans ein am C-Terminus des Peptids gebundenes Glycin-Cystein aufweist.
11. Synthetisches Peptidoglykan nach einem der Ansprüche 1 bis 10, wobei das synthetische Peptidoglykan gegen Matrix-Metalloproteasen resistent ist.
12. Konstruierte Collagenmatrix, umfassend polymerisiertes Collagen, Hyaluronsäure und ein Hyaluronsäure bindendes synthetisches Peptidoglykan nach einem der Ansprüche 1-11.
13. Konstruierte Collagenmatrix nach Anspruch 12, wobei die Matrix ferner eine exogene Population von Zellen umfasst.
14. Hyaluronsäure bindendes synthetisches Peptidoglykan nach einem der Ansprüche 1-11 zur Verwendung bei einem Verfahren zur Behandlung von Arthritis bei einem Patienten.
15. Hyaluronsäure bindendes synthetisches Peptidoglykan zur Verwendung gemäß Anspruch 14, wobei es sich bei der Arthritis um Osteoarthritis oder rheumatoide Arthritis handelt.

Revendications

1. Peptidoglycane de synthèse se liant à l'acide hyaluronique, comprenant un peptide de synthèse conjugué à un glycane, dans lequel le peptide de synthèse comprend une séquence de liaison à l'acide hyaluronique.
2. Peptidoglycane de synthèse selon la revendication 1, dans lequel le peptide de synthèse est conjugué par covalence au glycane.
3. Peptidoglycane de synthèse selon la revendication 1 ou 2, dans lequel le glycane est choisi dans le groupe constitué par le dextrane, la chondroïtine, le sulfate de chondroïtine, le dermatan, le sulfate de dermatan, l'héparane, l'héparine, la kératine et le sulfate de kératine.
4. Peptidoglycane de synthèse, selon l'une quelconque des revendications 1 à 3, ayant la formule P_nG_x , dans laquelle G est un glycane et P est un peptide de synthèse, d'environ 5 à environ 40 acides aminés, comprenant une séquence de liaison à l'acide hyaluronique.
5. Peptidoglycane de synthèse selon la revendication 4, dans lequel x est de 1 à 20 et, en option, dans lequel n est de 1 à 20.
6. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 5, dans lequel le peptide de synthèse comprend une séquence d'acides aminés de formule B1-X1-X2-X3-X4-X5-X6-X7-X8-B2, dans laquelle X8 est présent ou n'est pas présent, dans laquelle B1 est un acide aminé basique, dans laquelle B2 est un acide aminé basique, et dans laquelle X1-X8 sont des acides aminés non acides.
7. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 6, dans lequel le composant peptidique du peptidoglycane de synthèse comprend une séquence d'acides aminés choisie dans le groupe constitué par :

GAHWQFNALTVRGG (SEQ ID n° : 2) ;
 GDRRRRRMWHRQ (SEQ ID n° : 3) ;
 GKHLGGKHRRSR (SEQ ID n° : 4) ;
 RGTHHAQKRRS (SEQ ID n° : 5) ;
 RRHKSGHIQGSK (SEQ ID n° : 6) ;
 SRMHGRVGRHE (SEQ ID n° : 7) ;
 RRRAGLTAQRPR (SEQ ID n° : 8) ;
 RYGGHRTSRKWV (SEQ ID n° : 9) ;

RSARYGHRRGVG (SEQ ID n° : 10) ;
 GLRGNRRVFARP (SEQ ID n° : 11) ;
 SRGQRGRLGKTR (SEQ ID n° : 12) ;
 DRRGRSSLPLAGPVEFPDRKIKGRR (SEQ ID n° : 13) ;
 5 RMRRKGRVKHWG (SEQ ID n° : 14) ;
 RGGARGRHKTGR (SEQ ID n° : 15) ;
 TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID n° : 16) ;
 RQRRRDLTRVEG (SEQ ID n° : 17) ;
 10 STKDHNRGRNVPVSRSTLRDPIRR (SEQ ID n° : 18) ;
 RRIGHQVGGRN (SEQ ID n° : 19) ;
 RLESRAAGQRRR (SEQ ID n° : 20) ;
 GGPRRHLGRRGH (SEQ ID n° : 21) ;
 VSKRGHRRTAHE (SEQ ID n° : 22) ;
 15 RGTRSGSTR (SEQ ID n° : 23) ;
 RRRKKIQGRSKR (SEQ ID n° : 24) ;
 RKSYPKYQGR (SEQ ID n° : 25) ;
 KNGRYSISR (SEQ ID n° : 26) ;
 RRRCGQKKK (SEQ ID n° : 27) ;
 KQKIKHVVKLK (SEQ ID n° : 28) ;
 20 KLKSQLVKRK (SEQ ID n° : 29) ;
 RYPISRPRKR (SEQ ID n° : 30) ;
 KVGKSPVVR (SEQ ID n° : 31) ;
 KTFGKMKPR (SEQ ID n° : 32) ;
 RIKWSRVSK (SEQ ID n° : 33) ;
 25 KRTMRPTRR (SEQ ID n° : 34) et
 une séquence d'acides aminés ayant une homologie de séquence de 85% avec l'une quelconque des SEQ ID
 n° : 2 à 34.

8. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 6, dans lequel le peptide de synthèse comprend une séquence d'acides aminés choisie dans le groupe constitué par :

GAHWQFNALTVRGG (SEQ ID n° : 2) ;
 GDRRRRRMWHRQ (SEQ ID n° : 3) ;
 GKHLGGKHRRSR (SEQ ID n° : 4) ;
 35 RGTHHAQKRRS (SEQ ID n° : 5) ;
 RRHKSGHIQGSK (SEQ ID n° : 6) ;
 SRMHGRVGRHE (SEQ ID n° : 7) ;
 RRRAGLTAGRPR (SEQ ID n° : 8) ;
 RYGGHRTSRKWV (SEQ ID n° : 9) ;
 40 RSARYGHRRGVG (SEQ ID n° : 10) ;
 GLRGNRRVFARP (SEQ ID n° : 11) ;
 SRGQRGRLGKTR (SEQ ID n° : 12) ;
 DRRGRSSLPLAGPVEFPDRKIKGRR (SEQ ID n° : 13) ;
 RMRRKGRVKHWG (SEQ ID n° : 14) ;
 45 RGGARGRHKTGR (SEQ ID n° : 15) ;
 TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID n° : 16) ;
 RQRRRDLTRVEG (SEQ ID n° : 17) ;
 STKDHNRGRNVPVSRSTLRDPIRR (SEQ ID n° : 18) ;
 RRIGHQVGGRN (SEQ ID n° : 19) ;
 50 RLESRAAGQRRR (SEQ ID n° : 20) ;
 GGPRRHLGRRGH (SEQ ID n° : 21) ;
 VSKRGHRRTAHE (SEQ ID n° : 22) ;
 RGTRSGSTR (SEQ ID n° : 23) ;
 RRRKKIQGRSKR (SEQ ID n° : 24) ;
 55 RKSYPKYQGR (SEQ ID n° : 25) ;
 KNGRYSISR (SEQ ID n° : 26) ;
 RRRCGQKKK (SEQ ID n° : 27) ;
 KQKIKHVVKLK (SEQ ID n° : 28) ;

KLKSQLVKRK (SEQ ID n° : 29) ;
 RYPISRPRKR (SEQ ID n° : 30) ;
 KVGKSPVVR (SEQ ID n° : 31) ;
 KTFGKMKPR (SEQ ID n° : 32) ;
 RIKWSRVSK (SEQ ID n° : 33) ;
 KRTMRPTRR (SEQ ID n° : 34) et

une séquence d'acides aminés modifiée à partir de l'une quelconque des SEQ ID n° : 2 à 34 par une inclusion d'une ou de plusieurs substitutions conservatives d'acides aminés.

9. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 8, dans lequel le peptidoglycane de synthèse est résistant à une agrécanase.
10. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 9, dans lequel le composant peptidique du peptidoglycane de synthèse a une glycine-cystéine fixée à l'extrémité C-terminale du peptide.
11. Peptidoglycane de synthèse selon l'une quelconque des revendications 1 à 10, dans lequel le peptidoglycane de synthèse est résistant à des métallo-protéases de la matrice.
12. Matrice de collagène manipulée par génie génétique comprenant du collagène polymérisé, de l'acide hyaluronique et un peptidoglycane de synthèse se liant à l'acide hyaluronique selon l'une quelconque des revendications 1 à 11.
13. Matrice de collagène manipulée par génie génétique selon la revendication 12, dans laquelle la matrice comprend en outre une population exogène de cellules.
14. Peptidoglycane de synthèse se liant à l'acide hyaluronique, selon l'une quelconque des revendications 1 à 11, destiné à être utilisé dans un procédé de traitement de l'arthrite chez un patient.
15. Peptidoglycane de synthèse se liant à l'acide hyaluronique destiné à être utilisé selon la revendication 14, dans lequel l'arthrite est l'ostéoarthrite ou l'arthrite rhumatoïde.

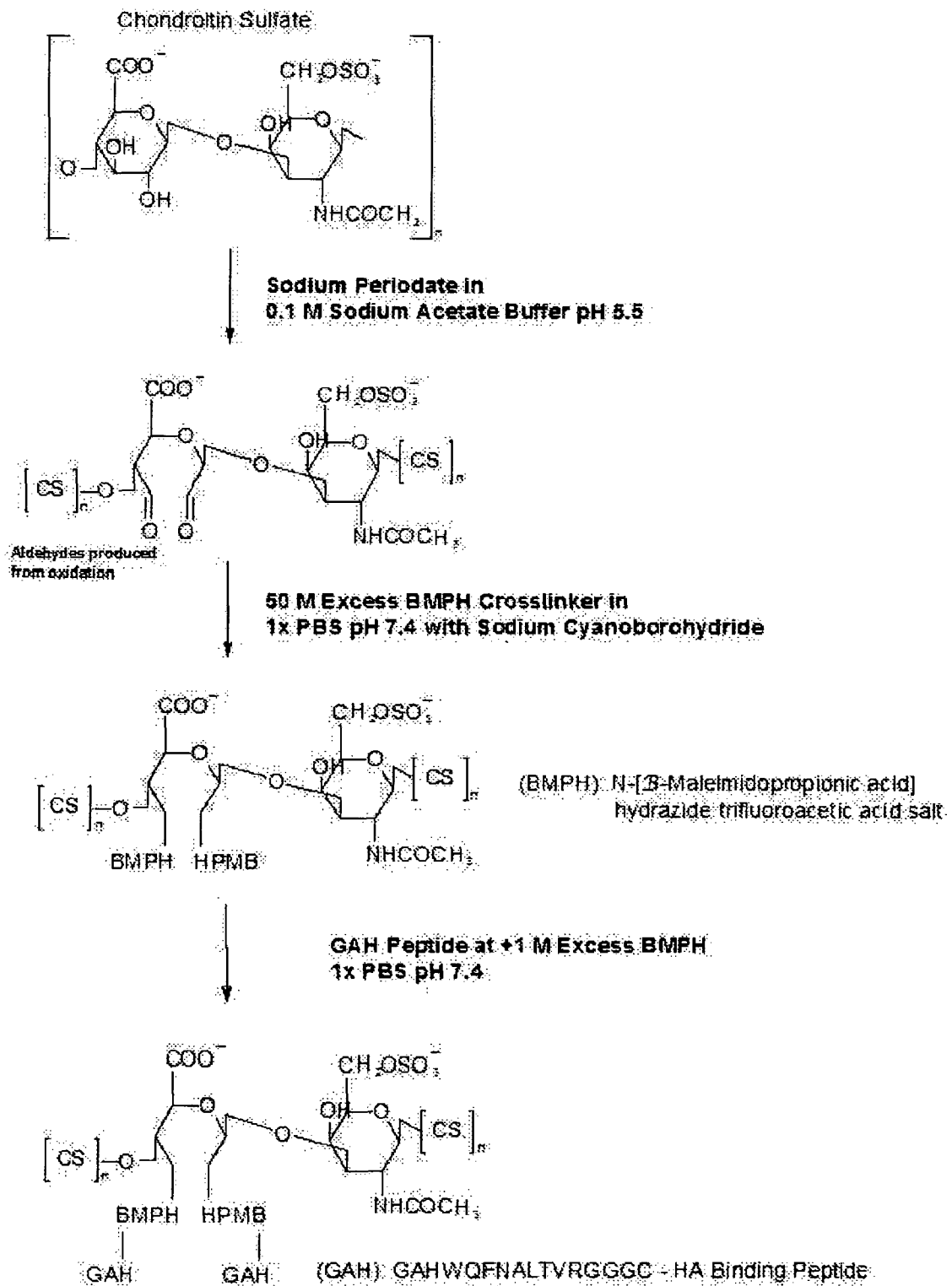


FIGURE 1

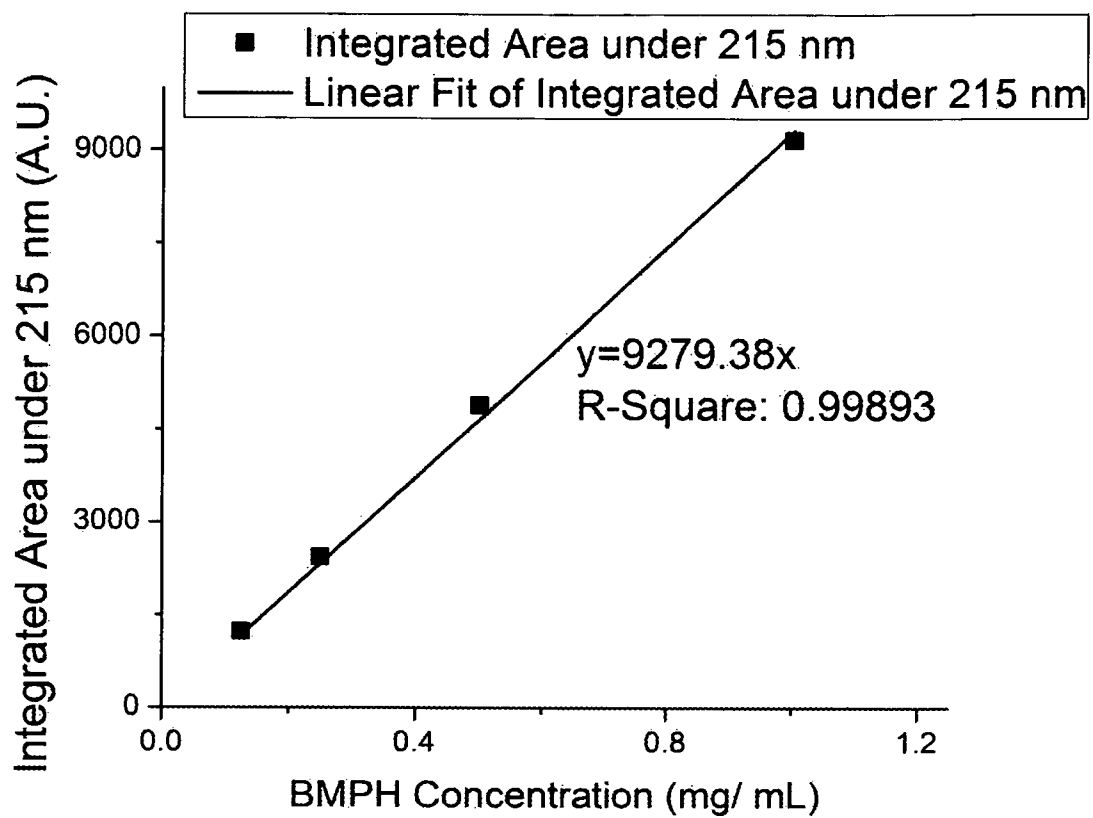


FIGURE 2

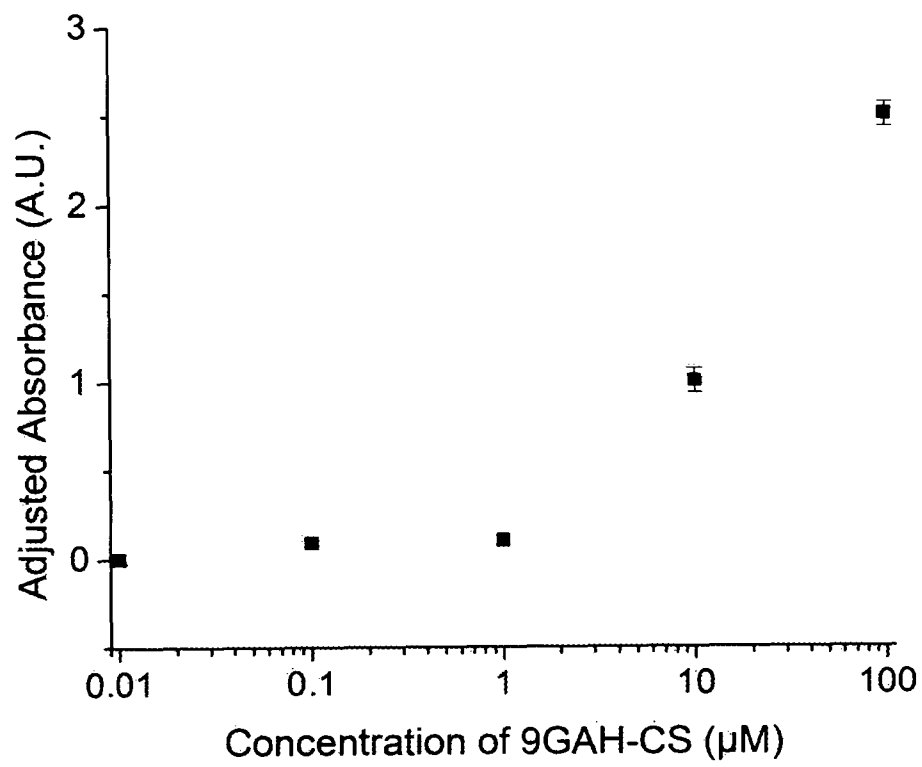
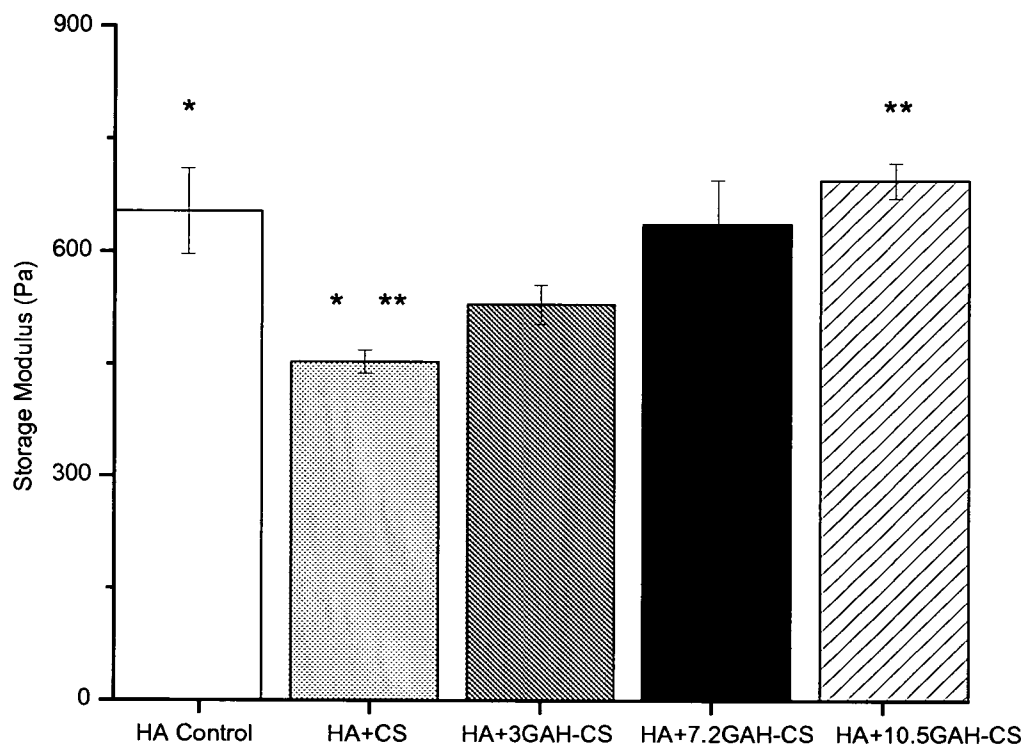


FIGURE 3

A



B

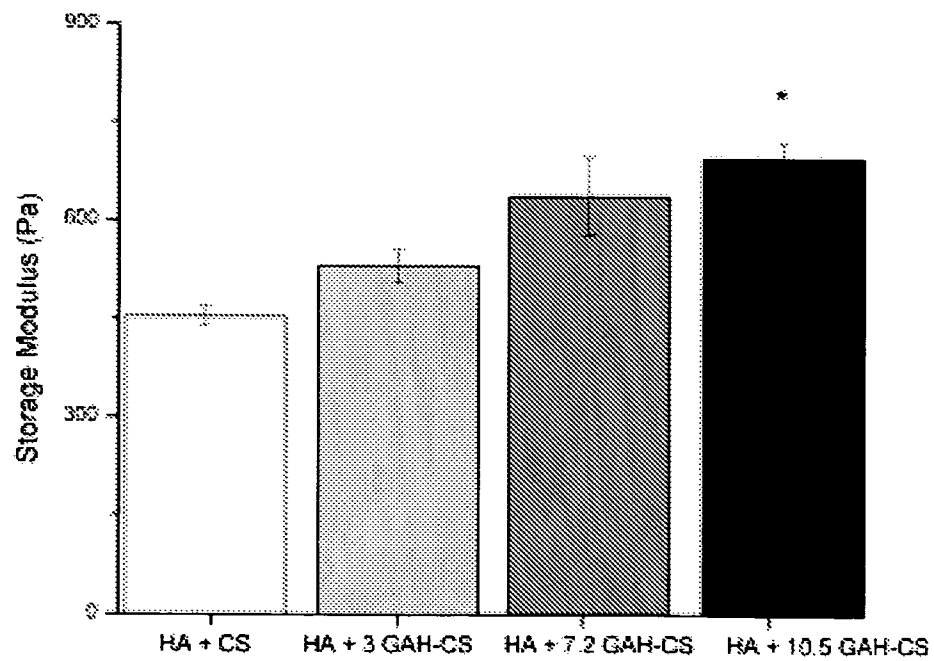


FIGURE 4

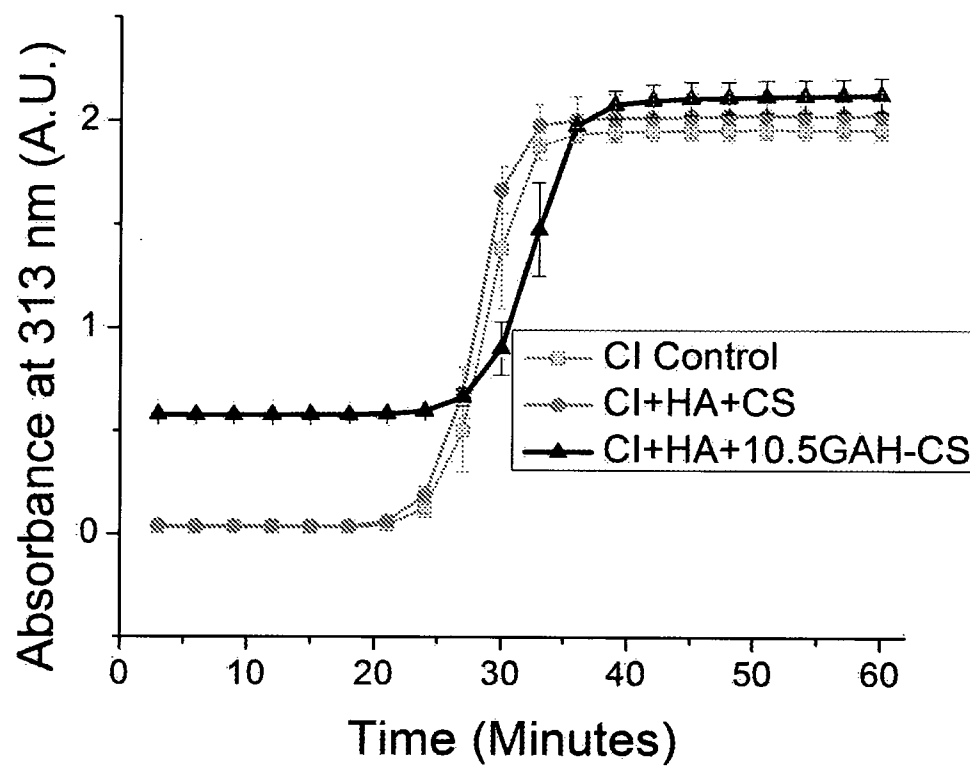


FIGURE 5

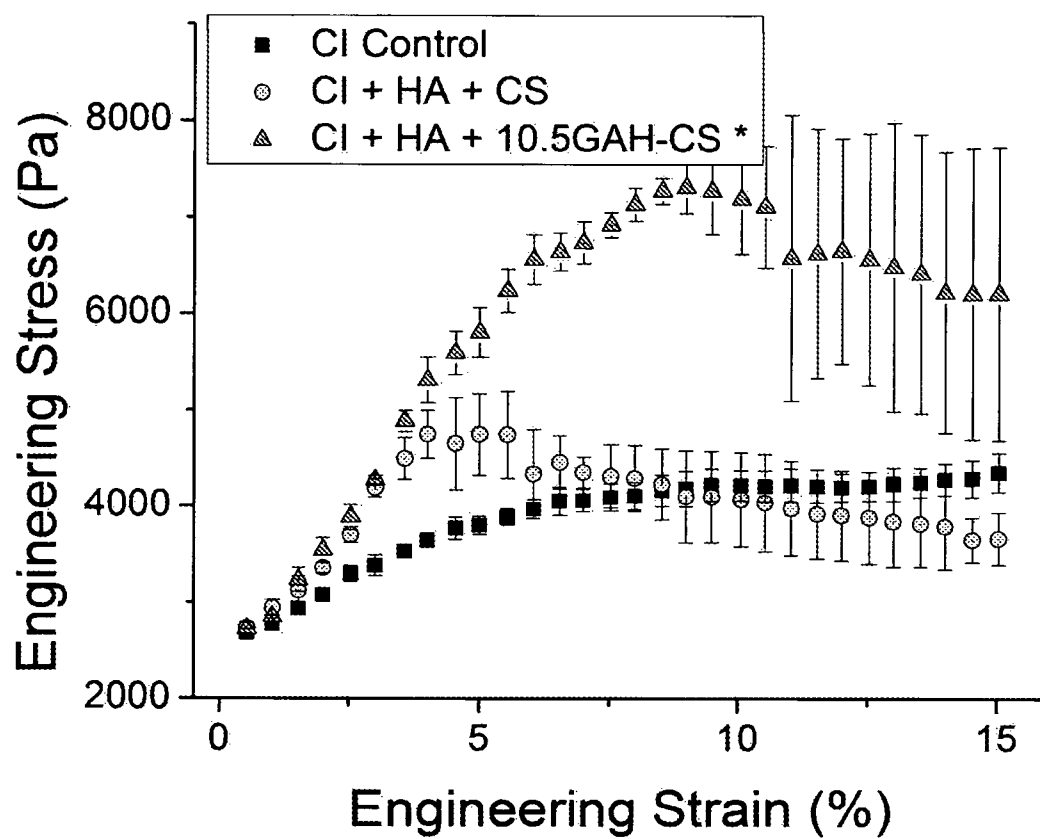


FIGURE 6

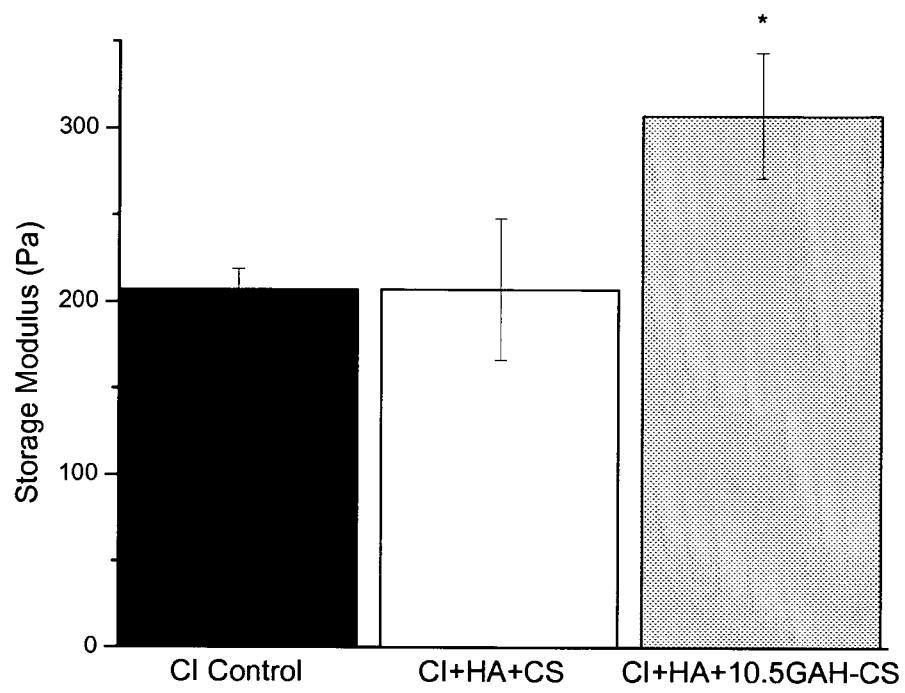
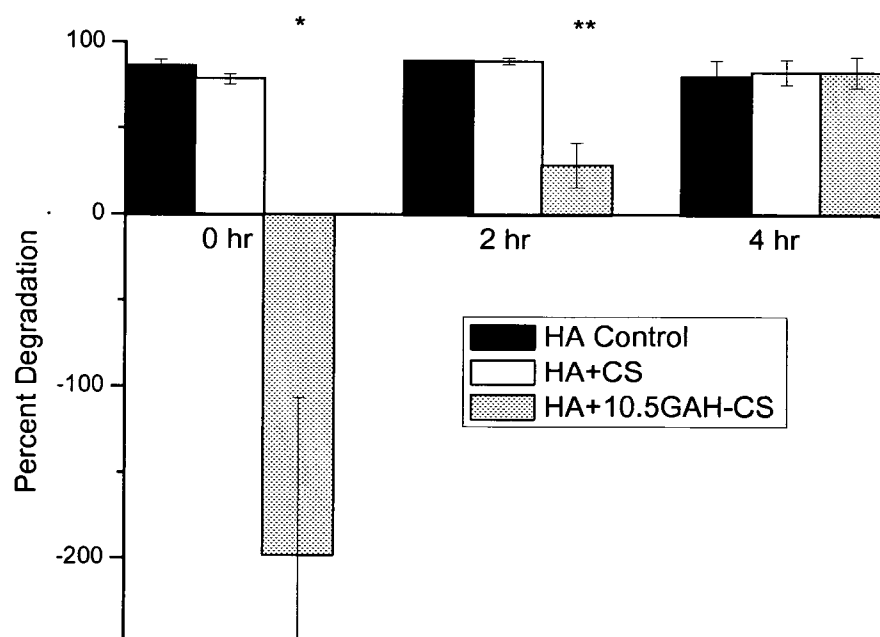


FIGURE 7

A



B

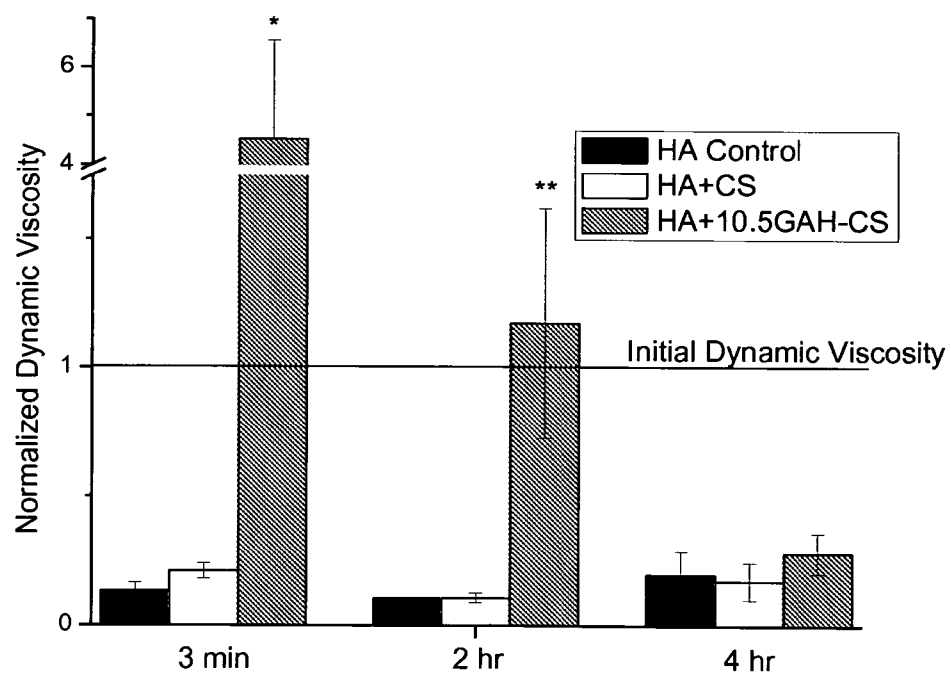


FIGURE 8

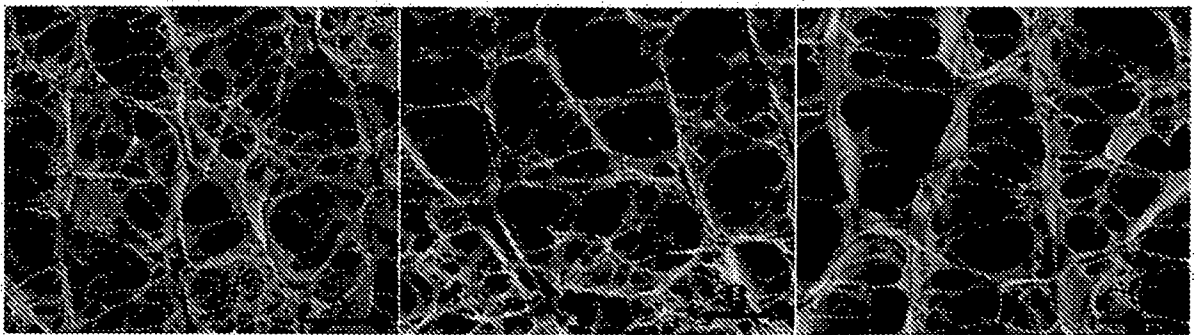


FIGURE 9

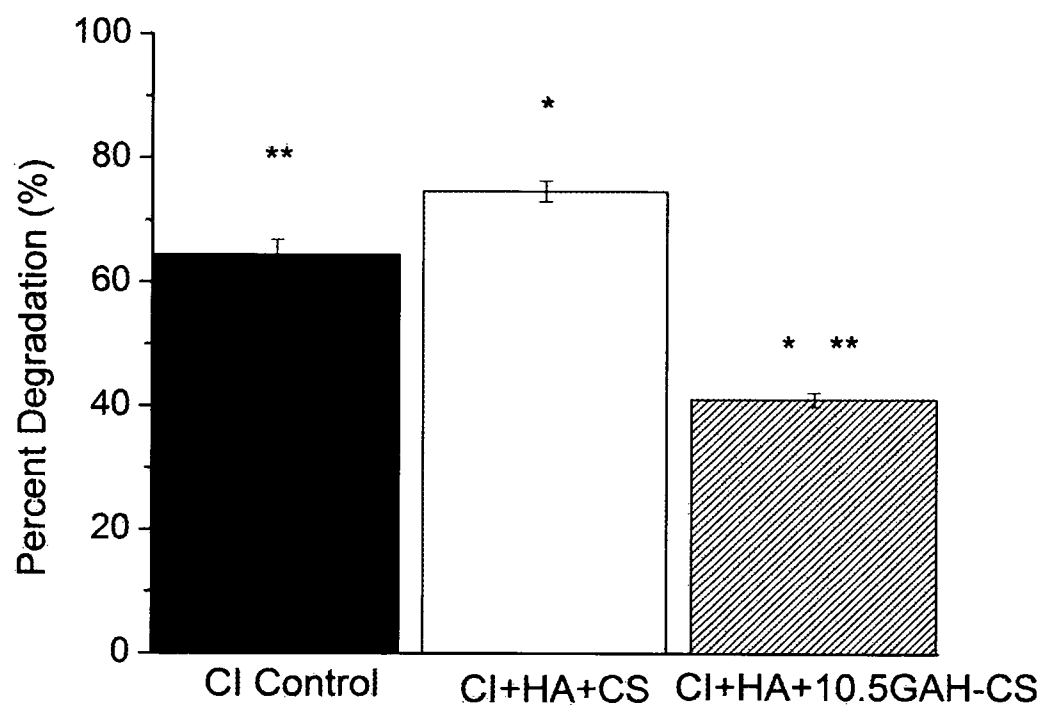


FIGURE 10

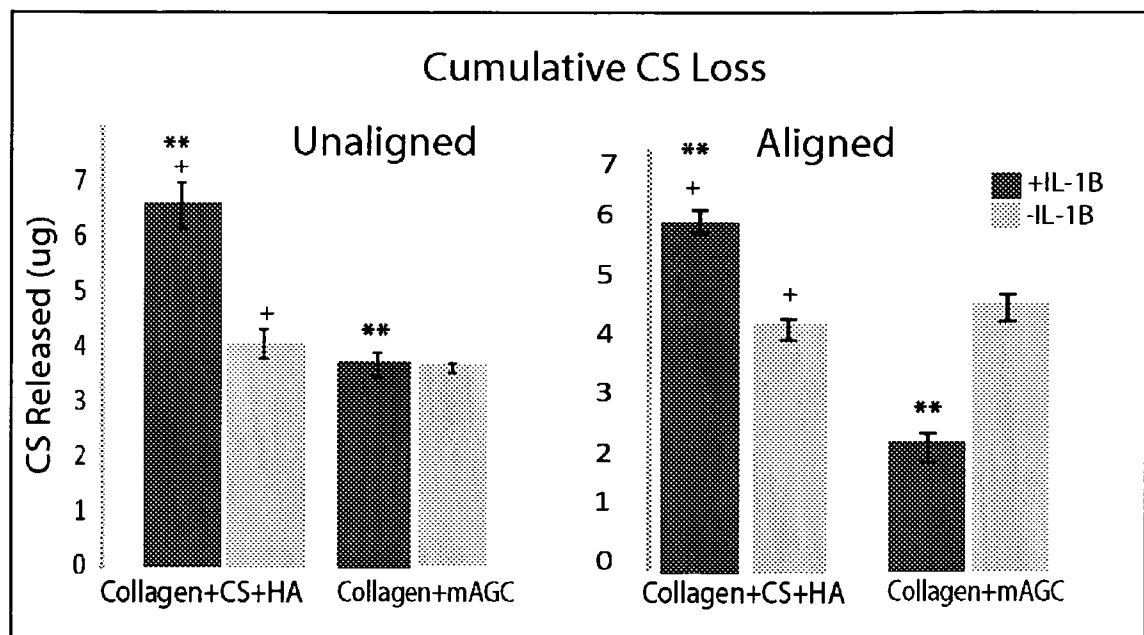


FIGURE 11

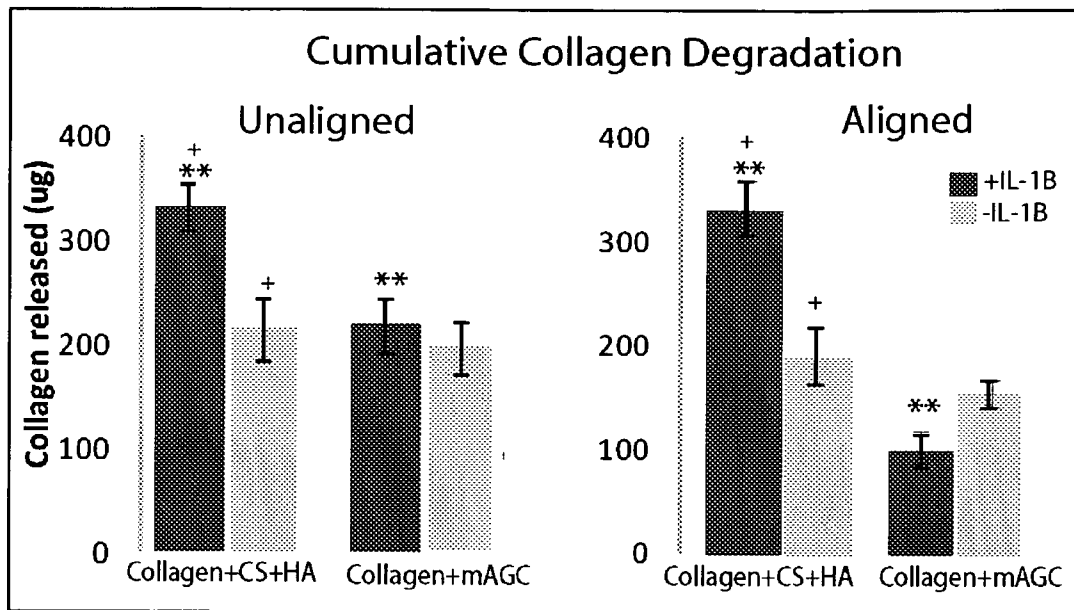


FIGURE 12

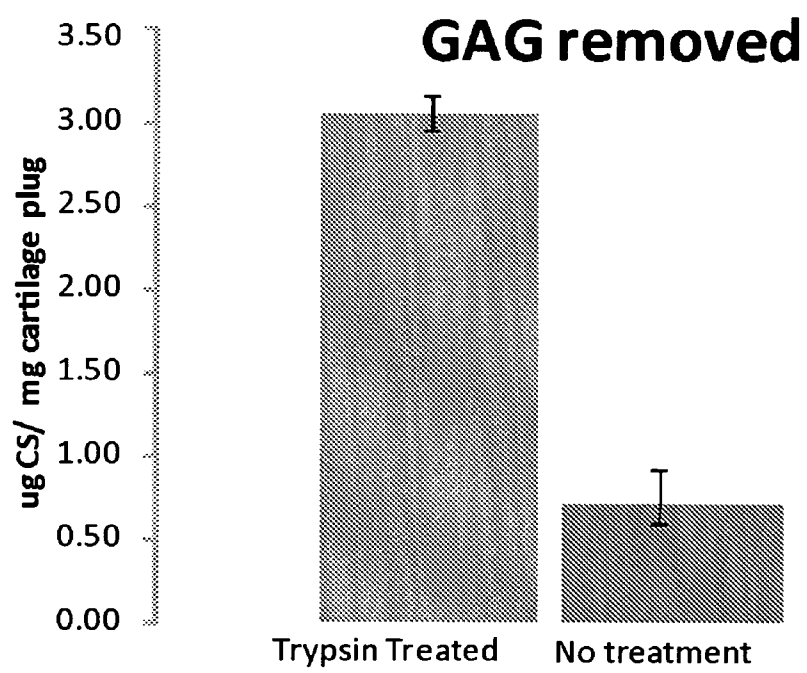


FIGURE 13

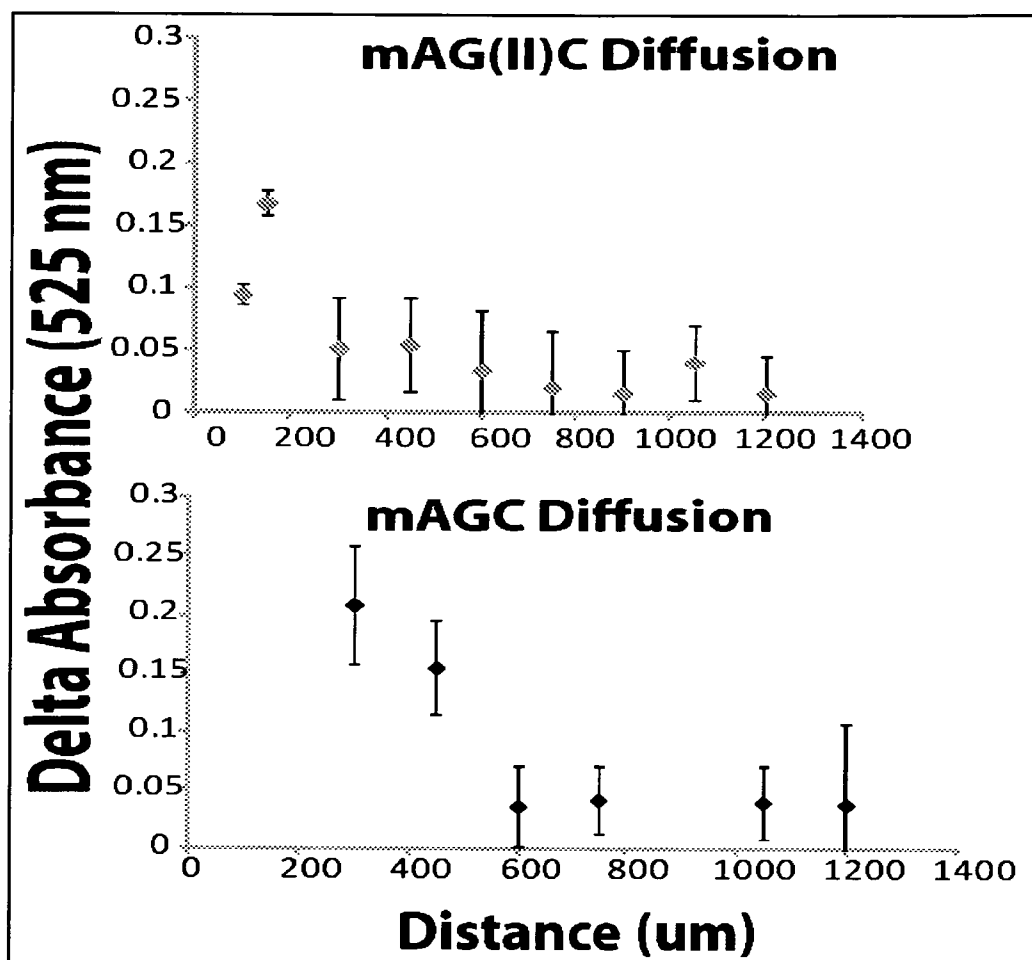


FIGURE 14

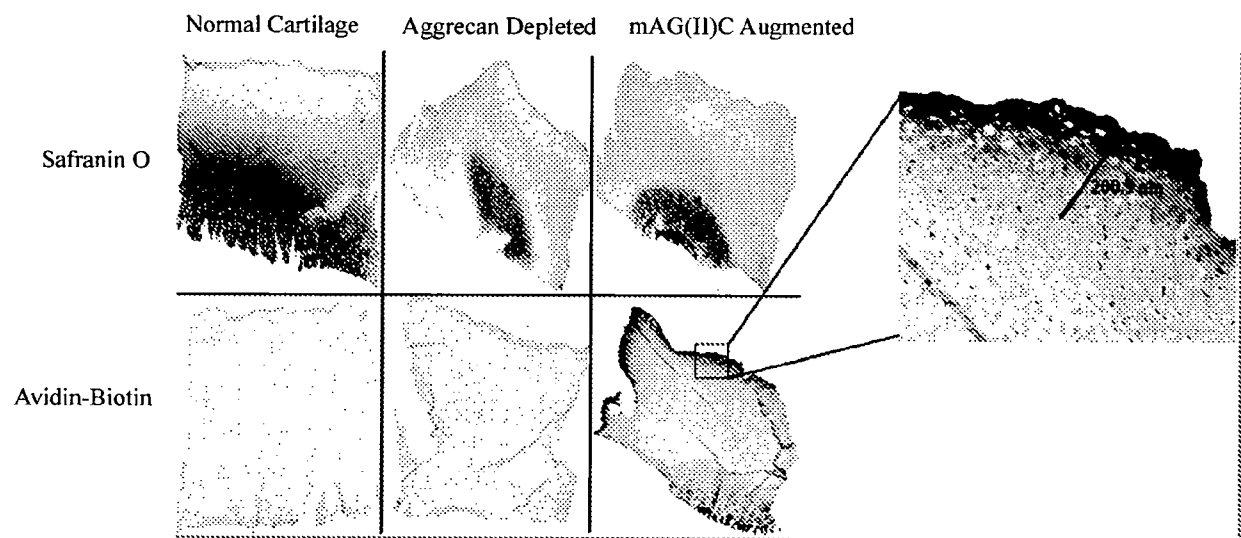


FIGURE 15

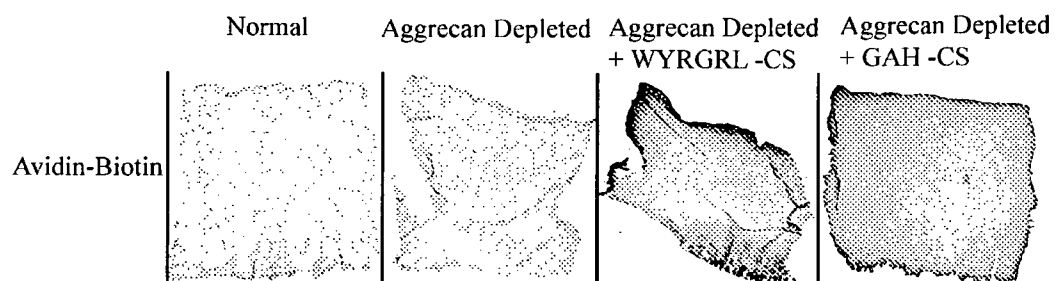


FIGURE 16

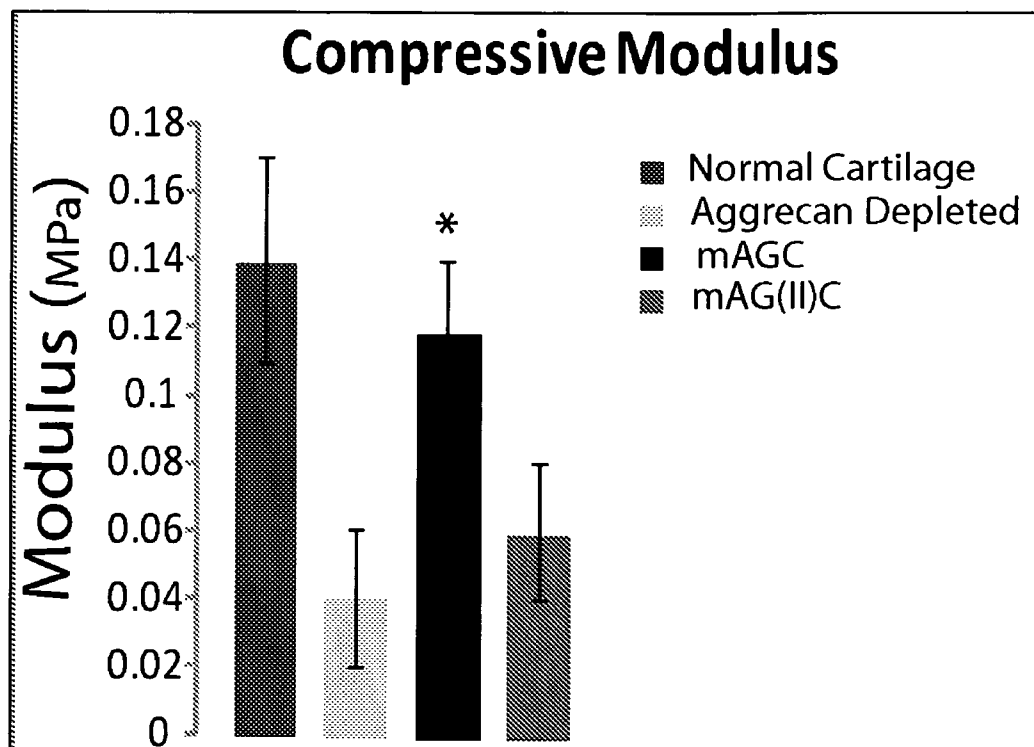


FIGURE 17

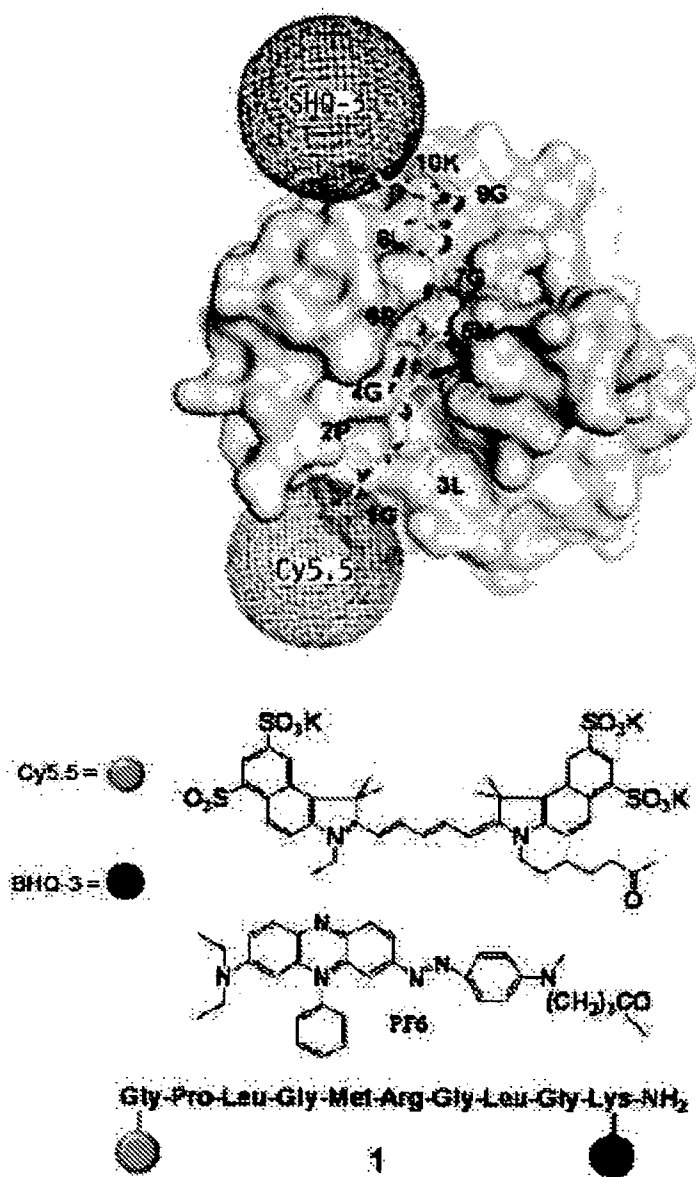


FIGURE 18A

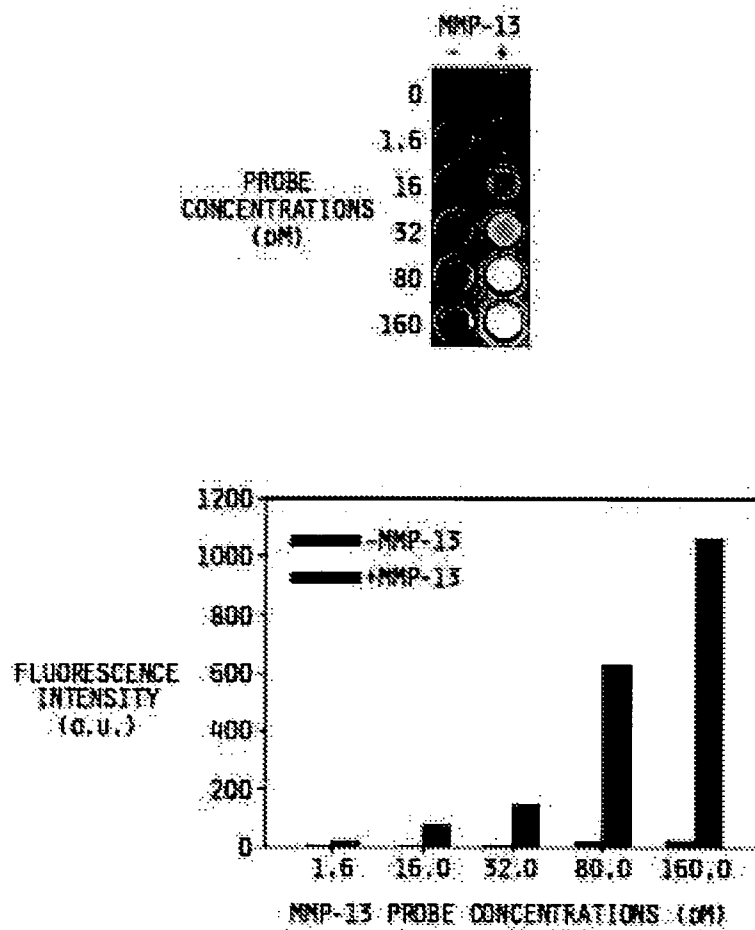


FIGURE 18B

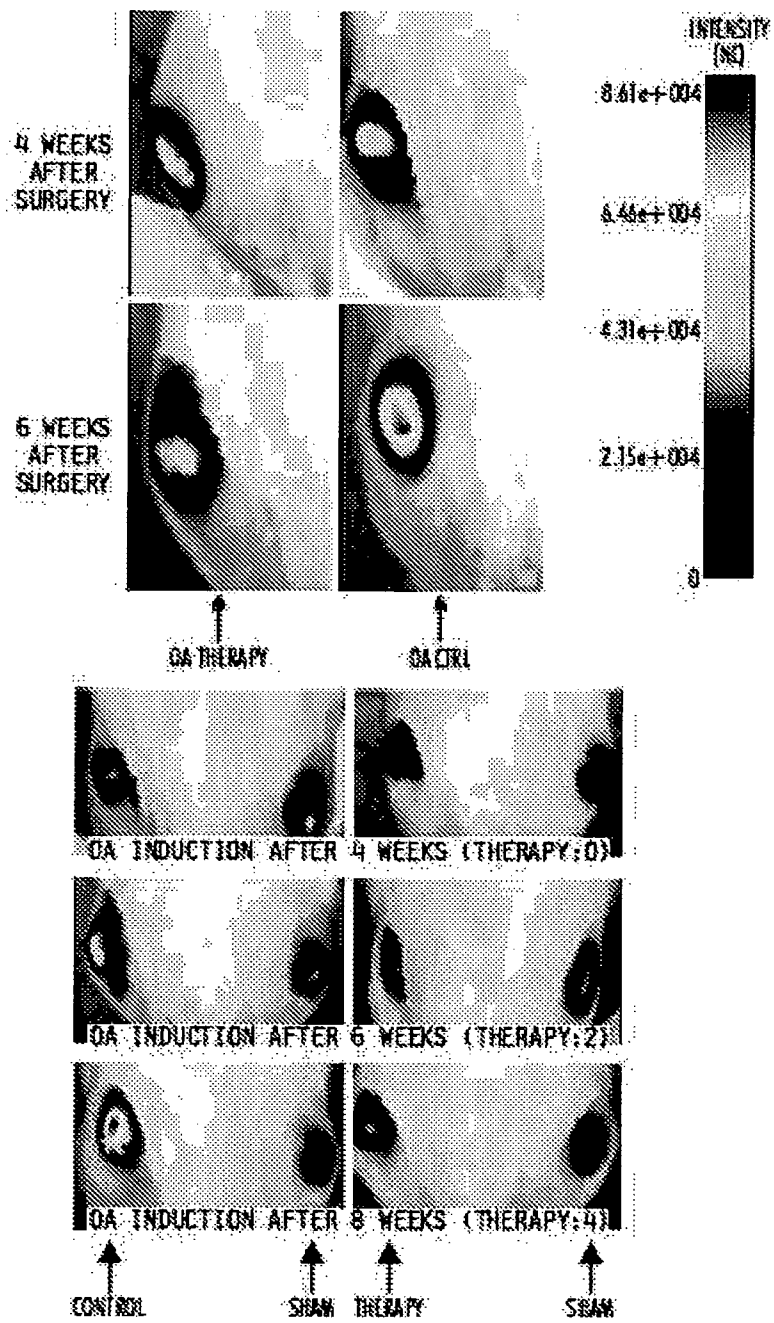


FIGURE 19

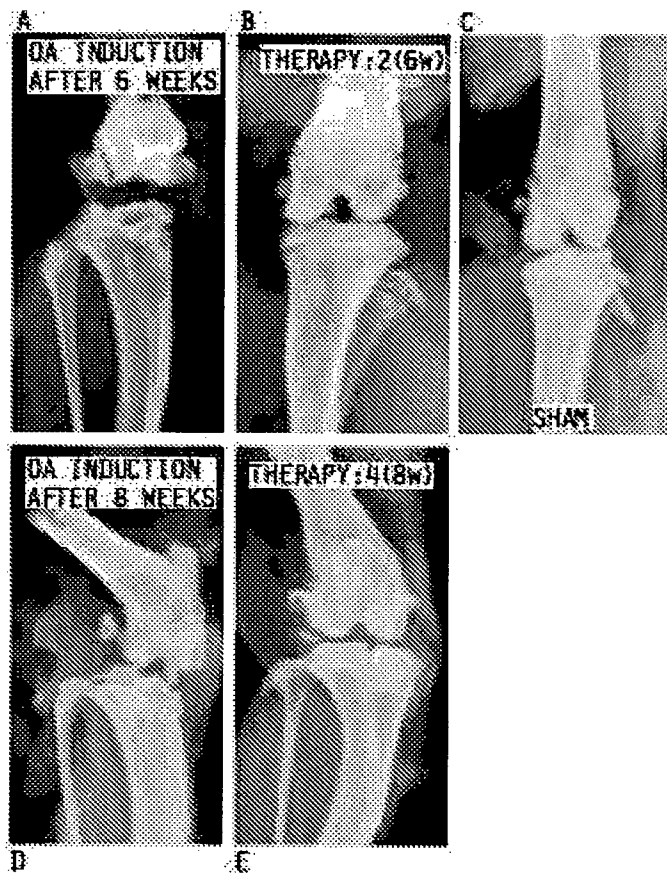


FIGURE 20

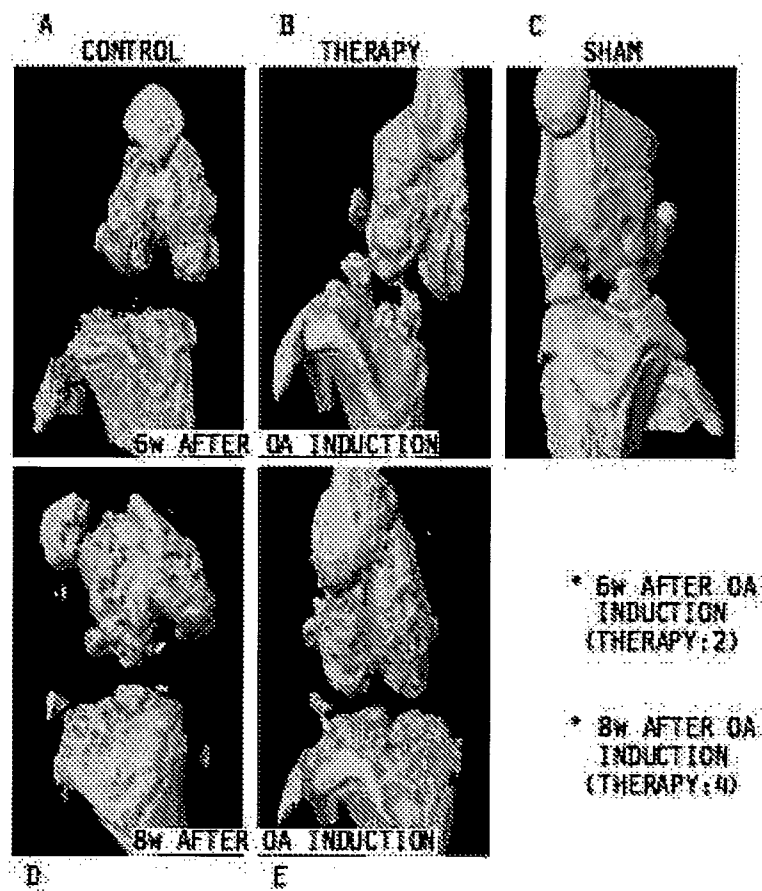


FIGURE 21

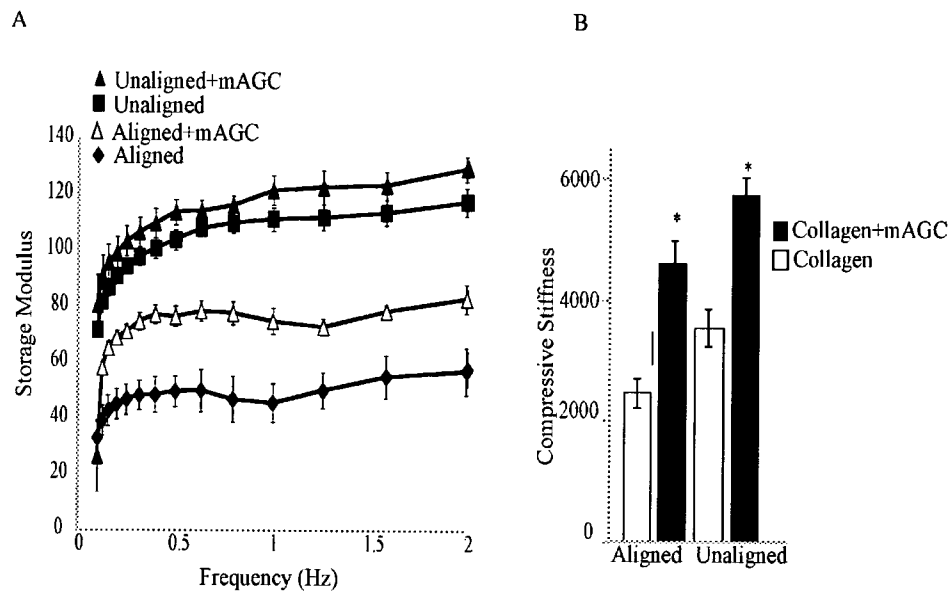


FIGURE 22

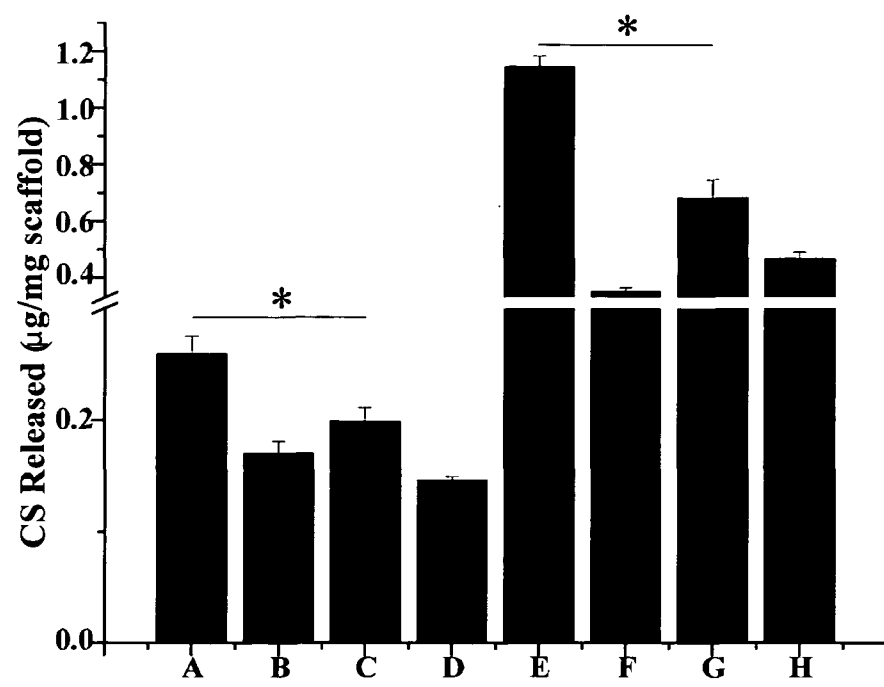


FIGURE 23

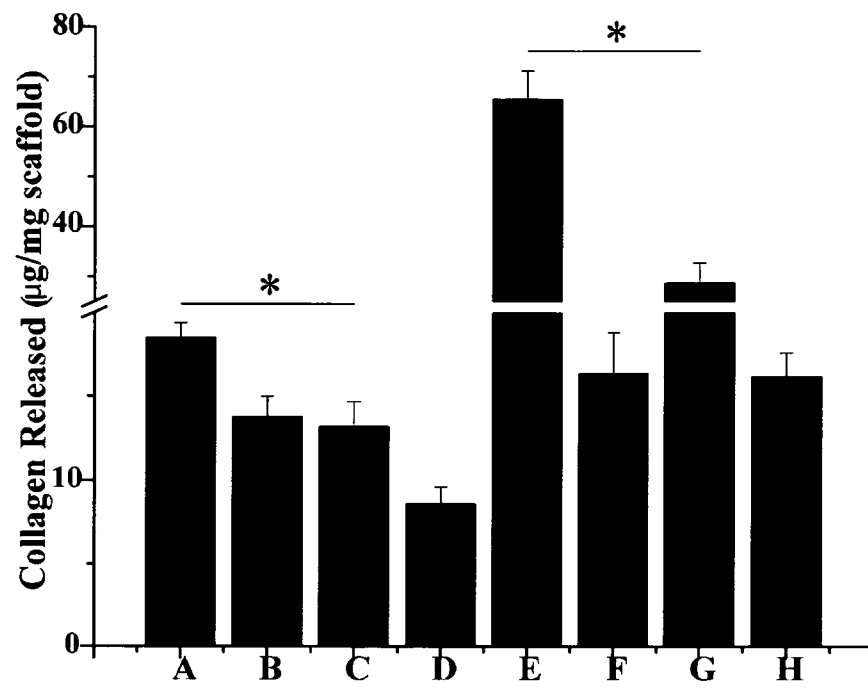


FIGURE 24

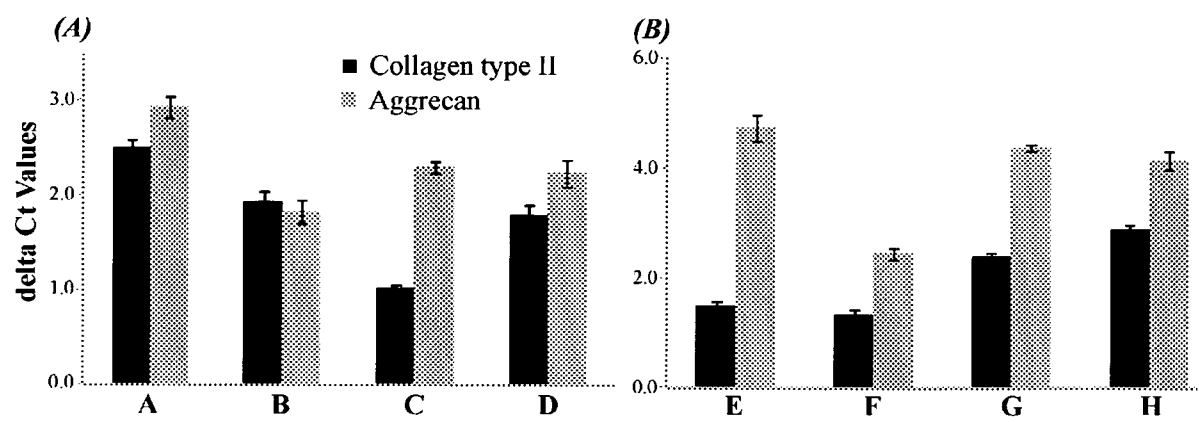


FIGURE 25

REFERENCES CITED IN THE DESCRIPTION

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Non-patent literature cited in the description

- **AMEMIYA et al.** *Biochem. Biophys. Acta*, vol., 2005, vol. 1724, 94-99 **[0031]**
- **YANG et al.** *EMBO Journal*, 1994, vol. 13, 286-296 **[0032]**
- **GOETINCK et al.** *J. Cell. Biol.*, 1987, vol. 105, 2403-2408 **[0032]**
- **SAMBROOK et al.** *Molecular Cloning: A Laboratory Manual*. Cold Spring Harbor Laboratory Press, 2001 **[0043]**
- **HERMANSON G.T.** *Bioconjugate Techniques*. Academic Press, 1996, 169-186 **[0046]**
- **REDDY et al.** *Clin Biochem*, 1996, vol. 29, 225-9 **[0123]**

HIALURONSAVAT KÖTŐ SZINTETIKUS PEPTIDOGLIKÁNOK, ELŐÁLLÍTÁSUK ÉS ALKALMAZÁSUK

Szabadalmi igénypontok

1. Hialuronsavat kötő szintetikus peptidoglikán, amely glikánhoz konjugált szintetikus peptidet tartalmaz, ahol a szintetikus peptid hialuronsavat kötő szekvenciát tartalmaz.

2. Az 1. igénypont szerinti szintetikus peptidoglikán, ahol a szintetikus peptid a glikánhoz kovalensen konjugált.

3. Az 1. vagy 2. igénypont szerinti szintetikus peptidoglikán, ahol a glikán a következőkből álló csoportból választott: dextrán, chondroitin, chondroitin-szulfát, dermatán, dermatán-szulfát, heparán, heparin, keratin és keratin-szulfát.

4. Az 1-3. igénypontok bármelyike szerinti szintetikus peptidoglikán, melynek képlete P_nG_x , ahol G jelentése glikán és P jelentése mintegy 5-40 aminosav hosszúságú szintetikus peptid, amely hialuronsavat kötő szekvenciát tartalmaz.

5. A 4. igénypont szerinti szintetikus peptidoglikán, ahol x értéke 1-20, és ahol adott esetben n értéke 1-20.

6. Az 1-5. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptid B1-X1-X2-X3-X4-X5-X6-X7-X8-B2 képletű aminosav-szekvenciát tartalmaz,

ahol X8 jelen van vagy nincs jelen,

ahol B1 jelentése bázikus aminosav,

ahol B2 jelentése bázikus aminosav és

ahol X1-X8 jelentése nem savas aminosav.

7. Az 1-6. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptidoglikán peptidkomponense a következőkből álló csoportból választott aminosav-szekvenciát tartalmaz:

GAHWQFNALTVRGG (SEQ ID NO: 2);

GDRRRRRMWHRQ (SEQ ID NO: 3);

GKHLGGKHRRSR (SEQ ID NO: 4);

RGTHHAQKRRS (SEQ ID NO: 5);

RRHKSGHIQGSK (SEQ ID NO: 6);

SRMHGRVGRHE (SEQ ID NO: 7);

RRRAGLTAGRPR (SEQ ID NO: 8);

RYGGHRTSRKWV (SEQ ID NO: 9);

RSARYGHRRGVG (SEQ ID NO: 10);

GLRGNRRVFARP (SEQ ID NO: 11);

SRGQRGRLGKTR (SEQ ID NO: 12);

DRRGRSSLPLKAGPVEFPDRKIKGRR (SEQ ID NO: 13);

RMRRKGRVKHWG (SEQ ID NO: 14);

RGGARGRHKTGR (SEQ ID NO: 15);



TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID NO: 16);
 RQRRRDLTRVEG (SEQ ID NO: 17);
 STKDHNRGRNVPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);
 RLESRAAGQRRRA (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);
 VSKRGHRTAHE (SEQ ID NO: 22);
 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKSYGKYQGR (SEQ ID NO: 25);
 KNGRYSISR (SEQ ID NO: 26);
 RRRCGQKKK (SEQ ID NO: 27);
 KQKIKHWKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 KVGKSPPVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) és

a SEQ ID NO: 2-34 szerinti szekvenciák bármelyikével 85%-ban homológ szekvenciájú aminosav-szekvencia.

8. Az 1-6. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptid a következőkből álló csoportból választott aminosav-szekvenciát tartalmaz:

GAHWQFNALTVRGG (SEQ ID NO: 2);
 GDRRRRRMWHRQ (SEQ ID NO: 3);
 GKHLGGKHRRSR (SEQ ID NO: 4);
 RGTHHAQKRRS (SEQ ID NO: 5);
 RRHKSGHIQGSK (SEQ ID NO: 6);
 SRMHGRVGRHE (SEQ ID NO: 7);
 RRRAGLTAQRPR (SEQ ID NO: 8);
 RYGGHRTSRKWV (SEQ ID NO: 9);
 RSARYGHRRGVG (SEQ ID NO: 10);
 GLRGNRRVFARP (SEQ ID NO: 11);
 SRGQRRLGKTR (SEQ ID NO: 12);
 DRRGRSSLPLAGPVEFPDRKIKGR (SEQ ID NO: 13);
 RMRKGRVKHWG (SEQ ID NO: 14);
 RGGARGRHKTGR (SEQ ID NO: 15);
 TGARQRGLQGGWGPRHLRGKDQPPGR (SEQ ID NO: 16);
 RQRRRDLTRVEG (SEQ ID NO: 17);
 STKDHNRGRNVPVSRSTLRDPIRR (SEQ ID NO: 18);
 RRIGHQVGGRN (SEQ ID NO: 19);

RLESRAAGQRRRA (SEQ ID NO: 20);
 GGPRRHLGRRGH (SEQ ID NO: 21);
 VSKRGHRRRTAHE (SEQ ID NO: 22);
 RGTRSGSTR (SEQ ID NO: 23);
 RRRKKIQGRSKR (SEQ ID NO: 24);
 RKSYGKYQGR (SEQ ID NO: 25);
 KNGRYSISR (SEQ ID NO: 26);
 RRRCCQKKK (SEQ ID NO: 27);
 KQKIKHVVKLK (SEQ ID NO: 28);
 KLKSQLVKRK (SEQ ID NO: 29);
 RYPISRPRKR (SEQ ID NO: 30);
 KVGKSPPVR (SEQ ID NO: 31);
 KTFGKMKPR (SEQ ID NO: 32);
 RIKWSRVSK (SEQ ID NO: 33);
 KRTMRPTRR (SEQ ID NO: 34) és

a SEQ ID NO: 2-34 szerinti szekvenciák bármelyikéből egy vagy több konzervatív aminosav-szubsztitúció hozzáadásával módosított aminosav-szekvencia.

9. Az 1-8. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptidoglikán ellenáll aggregációnak.

10. Az 1-9. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptidoglikán peptidkomponensében a peptid C-terminálisához glicin-cisztein kapcsolódik.

11. Az 1-10. igénypontok bármelyike szerinti szintetikus peptidoglikán, ahol a szintetikus peptidoglikán ellenáll mátrix metalloproteinázoknak.

12. Módosított kollagénmátrix, amely polimerizált kollagént, hialuronsavat és 1-11. igénypontok bármelyike szerinti, hialuronsavat kötő szintetikus peptidoglikánt tartalmaz.

13. A 12. igénypont szerinti módosított kollagénmátrix, ahol a mátrix tartalmaz exogén sejtpopulációt is.

14. Az 1-11. igénypontok bármelyike szerinti, hialuronsavat kötő szintetikus peptidoglikán páciensben artritisz kezelésére szolgáló eljárásban történő alkalmazásra.

15. A 14. igénypont szerinti hialuronsavat kötő szintetikus peptidoglikán az ott meghatározott alkalmazásra, ahol az artritisz osteoarthritisz vagy reumás artritisz.