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Trends in Biotechnology

CellPress REVIEWS

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Q2 Forum

- 3 Antimicrobial Inks:
- 4 The Anti-Infective
- ₅ Applications of
- 6 Bioprinted Bacterial
- 7 Polysaccharides

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- 11

Bioprinting is a rapidly emerging 12 technology with the potential to 13 transform the biomedical sector. 14 Here, we discuss how a range 15 of bacterial polysaccharides with 16 antibiofilm and antibacterial activity 17 18 could be used to augment current bioink formulations to improve 19 their biocompatibility and tackle 20 the spread of antibiotic-resistant 21 infections. 22

23 Printing Bacteria and Bacterial24 Polysaccharides

Additive manufacturing or 3D printing has 25 spearheaded a revolution in the biomedi-26 cal sector for rapidly prototyping medical 27 devices and personalized therapeutic, 28 solutions. The field of 3D bioprinting 29 stemmed from the idea of combining 3D 30 printing, which uses layer-by-layer fabrica-31 tion techniques, with living organisms 32 33 and biomaterials to produce complex tissues in vitro. Bioprinting can be classi-34 fied into four main process categories: 35 material jetting, laser-assisted printing, 36 stereolithography, and material extrusion. 37 Material jetting is a droplet-based tech-38 39 nique that provides a high-throughput method with the ability to precisely control 40 the displacement of biological material. It 41 is compatible with a range of hydrogel 42 formulations, including alginate, agarose, 43 collagen, and fibrinogen [1]. Laser-44 45 assisted printing uses laser-induced forward transfer to pattern cells over a given 46

surface. This allows the positioning of small volumes of cell suspensions with high-resolution accuracy. This technology has been used to print a range of cell types, including embryonic stem cells, with a limited impact on cell viability. Stereolithography is a modified form of laser-assisted printing that uses an energy source, usually through laser curing or ultraviolet (UV) light to selectively initiate the polymerization process within a vat containing the photosensitive polymer, such as polyethylene glycol-diacrylate (PEGDA) and gelatin methacryloy [2]. Material extrusion is the most commonly used method of bioprinting. It utilizes physical forces, such as pneumatic pressure, to force a bioink through an extrusion nozzle and deposit it on a surface substrate in a coordinated fashion. Applications, including bone, tendon, skin, cardiovascular, and other types of tissue engineering, can be realized using material extrusion processes. In addition, extrusion processes enable adjustable pressure settings to accommodate the processing of materials with a range of viscosities [2]. Such recent advances in bioprinting have significantly affected the development of potentially new applications for tissue engineering and regenerative medicine (Figure 1).

Bacterial polysaccharides have emerged as a key component of many of the inks used in bioprinting [3]. These bacterial polysaccharides can influence key features, such as the mechanical and thermal properties, printability, biocompatibility, and biodegradability. However, implanting any foreign structure in the body comes with an increased risk of bacterial infection and, in particular, bacterial colonization of the implant itself [4]. Pathogenic bacteria can form communities called biofilms on these implanted structures and, when growing in a biofilm, bacteria are more tolerant to the rigors of the host immune system and antimicrobial therapy. Most hospital-related bacterial infections involve

biofilm formation, with bacteria attaching 47 to implanted foreign objects, such as 48 prosthetic joints, dental implants, cathe-49 ters, or intravenous lines, being a leading 50 cause of morbidity [4]. Integrating bacterial 51 polysaccharides with native anti-infective 52 properties into bioink formulations can 53 reduce the risk of infection and have a 54 role in removing a key barrier to the further 55 uptake of 3D bioprinting technology within 56 the biomedical sector. Anti-infective polysaccharides can also ease some of the 58 pressure on the healthcare system caused 59 by antibiotic-resistant infections. 60

Bioactive Bacterial 61 Polysaccharides 62

Bacteria are rich reservoirs for polysac- 63 charides and, while the primary use of 64 bacterial polysaccharides in bioprinting is 65 to confer structural properties [3], many 66 have been shown to have secondary func- 67 tionalities. An increasingly diverse array of 68 bacterial polysaccharides has been identi- 69 fied that display antibiofilm activity both 70 in vitro and in vivo. The functional capacity 71 of these polysaccharides to inhibit bacte-72 rial adhesion and subsequent biofilm for-73 mation has been proposed to be a key 74 competitive strategy to allow a producer 75 species to occupy a given environmental 76 niche [5]. 77

The structural variety seen in these 78 antibiofilm polysaccharides is diverse, 79 ranging from monosaccharide to hetero- 80 polysaccahride polymers, with no consis- 81 tent feature linked to antibiofilm activity. 82 Both exopolysaccharides and capsular 83 polysaccharides have been identified with 84 antibiofilm activity [6]. Most antibiofilm 85 polysaccharides identified so far have 86 broad-spectrum activity against both clini- 87 cally relevant Gram-positive and Gram- 88 negative pathogens. Critically, this activity 89 is mediated without impacting growth, 90 ruling this out as a mechanism for their 91 antibiofilm properties. Potential mecha- 92 nisms of action include biomasking, signal 93 disruption, gene expression disruption, 94







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and alteration of biotic/abiotic surface 123 properties [5]. Biomasking is the ability 124 of a bacterial polysaccharide to bind to 125 126 and occlude native bacterial lectins or 127 sugar-binding proteins that are necessary for biofilm initiation. Indeed, in antibiofilm 128 polysaccharides rich in fucose and fruc-129 tose, such as EPS1-T14, produced by a 130 marine thermophilic species of Bacillus, 131 132 biomasking may be a potential mechanism of action because these are known 133 inhibitors of surface lectins [7]. Signifi-134 135 cantly, several bacterial polysaccharides can disperse already established biofilms. 136 137 This includes a range of glucose-rich polysaccharides secreted by food-borne 138 lactic acid bacteria and EPS273, a poly-139 140 saccharide secreted by a marine isolate of Pseudomonas stutzeri. The underlying 141 142 mechanism of action of this biofilm dispersal activity remains to be uncovered 143 [8,9]. However, this suggests that the 144 biomedical applications for such a poly-145 saccharide are not purely prophylactic 146 but could be used to control and dis-147 perse established biofilm-associated 148 149 infections.

Compared with antibiofilm polysaccha-150 rides, only a few bacterially derived poly-151 saccharides display antibacterial activity 152 153 [9,10]. ECP, a polysaccharide derived from Enterobacter cloacae, was recently 154 shown to exhibit antibacterial activity 155 against a multidrug-resistant isolate of 156 E. cloacae. While the precise mechanism 157 of action of this polysaccharide remains 158 unclear, it significantly damages the cell 159 membrane [10]. Some of these antibiofilm 160 and antibacterial polysaccharides exhibit 161 further biologically relevant activities, such 162 as antioxidant activity and metal ion chela-163 tion activity [8]. Of the anti-infective 164 polysaccharides identified to date, many 165 can also be incorporated into bioinks 166 because of their high levels of thermosta-167 bility, pseudoplastic rheology, emulsifying 168 activity, and water solubility [3-5]. Criti-169 cally, most of these anti-infective polysac-170 charides retain their eukaryotic biological 171

inertness and are considered noncytotoxic [7,8]. Given that antibiofilm polysaccharides are nonbiocidal, the capacity for evolved resistance to their activity is significantly diminished. Indeed, in *Escherichia coli*, resistance to nonbiocidal antibiofilm polysaccharides is rare and requires numerous mutations that significantly alter the surface physiochemical properties of the bacteria [11]. However, the potential for resistance to develop to antibacterial polysaccharides has yet to be explored.

Limitations

The limited uptake of bacterial polysaccharides as biomaterials is due, at least partly, to costly production methods, difficulty in scalability, and the availability of cheaper synthetic or plant/algal alternatives. However, the emergence of bioprinting has led to an increased interest in bacterial polysaccharides as potential biomaterials for use in a range of medical applications (e.g., wound dressings, tissue regeneration, and bone repair). The capacity for both antibiofilm and antibacterial polysaccharides to be functionally integrated into ink for bioprinting to treat and prevent infection clearly depends on further investigating their biophysical properties. However, they do represent a diverse panel of anti-infective agents that can be used to augment the biocompatibility of traditional bioinks. Rapid advancements in synthetic biology can be utilized to overcome the scalability and production cost issues, whereby the bioactive polysaccharide-synthesising gene clusters can be inserted into synthetic genetic scaffolds to optimize production in workhorse bacteria. This synthetic biology approach may also overcome the issue of minor variations or polysaccharide modifications that can occur in native strains, leading to a loss of homogeneity and potentially bioactivity. The bacteria producing these anti-infective polysaccharides could also be functionally integrated into the bioink itself. Similar methodologies have been used to functionalize a bioink by integrating strains of bacteria capable 172 of degrading pollutants or producing 173 cellulose into already established bioink 174 formulations. These inks can then printed 175 over a given surface in a bespoke geome- 176 try and incubated for a defined period 177 to achieve a desired outcome, such as 178 bioremediation or the formation of a cellu- 179 lose-based synthetic skin scaffold [12]. 180

Future Directions

The advent of 4D bioprinting, where the 182 added fourth dimension is the capacity 183 to alter the shape of a 3D printed structure 184 over time or exposure to specific stimuli, 185 also has the potential to transform 186 bioprinting and to have a key role in tack- 187 ling bacterial infections in the future. 188 Hydrogels have already been developed 189 that have shape-morphing capacity [13]. 190 This technology could be used to create 191 programmable wound dressings compris-192 ing antibiofilm polysaccharides that re-193 lease antimicrobials upon exposure to the 194 molecular determinants associated with 195 a specific pathogen. However, for this 196 to be implemented, a new mathematical 197 modeling approach is necessary to strate- 198 gically control the sequence of stimulus to 199 act on the stimulus-responsive material 200 and, consequentially, for targeted drug 201 delivery [14]. 3D printed bioinks could 202 also be used as vectors to influence the 203 microbiome. Constructing scaffolds or 204 seeder population reservoirs that can 205 be implanted into locations such as the 206 gut during procedures such as bariatric 207 surgery might pave the way for intelligent 208 microbiota delivery systems. Bioinks 209 need to be regarded not only as a vehicle 210 for cells, but also as being equally im- 211 portant to the cells themselves in terms 212 of biological impact; the drive to use 213 inert polysaccharides will be superseded 214 by the need for polysaccharides with 215 additional bioactivities, such as antibac- 216 terial, antibiofilm, antioxidant, immuno- 217 stimulatory, or metal chelation activity 218 [8,15]. Thus, integrating anti-infective poly- 219 saccharides into bioprinting technology 220



has the potential to reduce the incidenceof implant infection in the clinic and miti-gate the spread of antibiotic-resistant

224 isolates.

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