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TITLE: Restoring Function after Volumetric Muscle Loss: Extracellular Matrix Allograft or Minced Muscle Autograft?

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# REPORT DOCUMENTATION PAGE

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<b>14. ABSTRACT</b> We propose a randomized surgical trial to restore muscle function following a severe muscle injury. A new surgical procedure using muscle autograft intends to restore functional muscle units. This new surgical method will be compared to the only other currently available surgical option for volumetric muscle loss (VML), implantation of a porcine extra cellular matrix (ECM) scaffold, which has not conclusively been shown to be myogenic. The proposed surgical technique in this trial is a new surgical procedure using the patient's own autograft muscle tissue from a large, uninjured muscle group. The autograft muscle will be minced and placed intramuscularly at the site of the VML. Prior small and large animal studies in our laboratory have demonstrated that minced muscle autograft (MMA), by virtue of providing myogenic, angiogenic, neurogenic, and immune modulatory capacity to the injured area, results in regeneration of functional muscle units which integrate with underlying muscle mass. We hypothesize that minced muscle autograft (MMA) for the treatment of VML will yield greater restoration of muscle volume, greater improvement in validated functional measurements and self-reported outcomes, and greater myogenesis and single fiber strength compared to treatment with ECM.					
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## **Introduction:**

The extremities are the most commonly injured body site and the most common source of disability following combat injury. One sequela of extremity injury is the volumetric loss of skeletal muscle, resulting in a functional loss of muscle strength as well as a cosmetically challenging scar. We propose a randomized surgical trial to restore muscle function following a severe muscle injury. A new surgical procedure using muscle autograft may potentially which intends to restore functional muscle units which are both innervated and vascularized and which can contribute to both functional rehabilitation and cosmetic treatment of the muscle defect. This new surgical method will be compared to the only other currently available surgical option for volumetric muscle loss (VML), implantation of a porcine extra cellular matrix (ECM) scaffold, which has not conclusively been shown to be myogenic. The proposed surgical technique in this trial is a new surgical procedure using the patient's own autograft muscle tissue from a large, uninjured muscle group. The autograft muscle will be minced and placed intramuscularly at the site of the VML. Prior small and large animal studies in our laboratory have demonstrated that minced muscle autograft (MMA), by virtue of providing myogenic, angiogenic, neurogenic, and immune modulatory capacity to the injured area, results in regeneration of functional muscle units which integrate with underlying muscle mass without fibrotic scar formation, features not conclusively identified with prior study of ECM. We hypothesize that minced muscle autograft (MMA) for the treatment of VML will yield greater restoration of muscle volume, greater improvement in validated functional measurements and self-reported outcomes, and greater myogenesis and single fiber strength compared to treatment with ECM.

## **Keywords:**

Volumetric muscle loss, minced muscle autograft, extra-cellular matrix allograft

## **Accomplishments:**

### **What were the major goals of the project?**

The project consists of 2 specific aims:

Specific Aim 1 Compare muscle form and function as determined by imaging and standardized rehabilitative outcomes measures compared to pre-operative measures between minced muscle autograft and extracellular matrix allograft

Major Task 1: Enroll 24 subjects for study participation

Major Task 2: Perform randomized test procedure

Major Task 3: Follow up evaluations

Specific Aim 2 Compare histologic muscle regeneration post operatively between minced muscle autograft and extracellular matrix allograft

Major Task 1: Obtain baseline biopsy for muscle characterization

Major Task 2: Obtain follow up biopsies for muscle characterization

### **What was accomplished under these goals?**

The study protocol was submitted to the MRMC IRB in October 2016 and approved (including HRPO approval) 29 March 2017. The study PI conducted study training for the research personnel in April 2017. An amendment to add a shear wave ultrasound to measure muscle stiffness was approved on 05 July 2017. The use of the ultrasound allowed the study team to leverage resources already present at the ISR for muscle studies. A research assistant was hired for assisting with recruitment. A second amendment has been submitted to add study personnel and allow for screening of upper extremity muscle loss as well as a potential way to improve enrollment.

Two control subjects have been enrolled and provided control sample data.

One potential subject has been screened and found to be ineligible based on VML size and location.

Two potential subjects are expected to return to the research clinic to complete screening within the next few weeks.

**What opportunities for training and professional development has the project provided?**

The study team participated in a training for the use of the sheer wave ultrasound. For the physical therapy professionals participating on the protocol, this expanded a clinically pertinent skill set for them.

**How were the results disseminated to communities of interest?**

Nothing to report.

**What do you plan to do during the next reporting period to accomplish the goals?**

As soon as the protocol is approved, we are poised to begin the trial with all staff and infrastructure in place.

**Impact**

**What was the impact on the development of the principal discipline(s) of the project?**

Nothing to report.

**What was the impact on other disciplines?**

Nothing to report.

**What was the impact on technology transfer?**

Nothing to report.

**What was the impact on society beyond science and technology?**

Nothing to report.

**Changes/Problems**

**Changes in approach and reasons for change**

Nothing to report.

**Actual or anticipated problems or delays and actions or plans to resolve them**

As noted in 2016 annual report, we encountered a significant delay in the project initiation. First, a large animal study at the ISR indicated some concerns with the extra cellular matrix allograft that was going to be used in the trial. While there are human reports of this particular ECM being used without complication, the product caused wound complications in the porcine model. This prompted us to pause protocol development until another proprietary ECM was tested in this model. This delay was reported at the study IPR in February 2016 at Ft. Detrick, MD. Once the additional porcine study was completed without wound complication, the protocol writing resumed resulting in the protocol submission in March 2016 to the ISR RRCD office. ISR RRCD office submitted the protocol for the MRMC IRB review in October 2016. We did not received approval to until 29MAR2017. The ECM selection and the regulatory timeline has caused a significant delay in protocol initiation.

Now that the study has been started, a research assistant devoted to helping recruitment has been hired (amendment for his addition to protocol is still pending approval) and a protocol amendment has been submitted to allow for screening of VMLs that are caused by surgical excision (not just traumatic loss) and upper extremities. These efforts we anticipate will help us with recruitment.

CRADA pending revisions from Geneva Foundation and ISR. Anticipate given delay initiating trial that no-cost extension will be planned which may influence CRADA.

**Changes that had a significant impact on expenditures**

Nothing to report.

**Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

Nothing to report. The decision was made to change the planned ECM so risks to humans remained as minimized as possible

### **Products:**

#### **Publications, conference papers, and presentations**

Nothing to report. The manuscript describing the results of the ECM complications in the porcine model (supported by other funding) is submitted.

#### **Website(s) or other Internet site(s)**

Nothing to report.

#### **Technologies or techniques**

Nothing to report. The goal of the study will test the new minced muscle surgical technique.

#### **Inventions, patent applications, and/or licenses**

Nothing to report.

#### **Other Products**

Nothing to report.

### **Participants & Other Collaborating Organizations**

#### **What individuals have worked on the project?**

Name: Jessica Rivera

Project Role: PI

Nearest person month worked: 0.60

Contribution to Project: Dr. Rivera serves as the study PI on this research project. MAJ Rivera will provide the necessary programmatic leadership, administrative oversight and support for all aspects of the proposed work to be conducted in accordance to human subjects research protections, ensuring that personnel and departmental resources are properly aligned to achieve the goals of this study. She meets with the key personnel on a regular basis to review planning and execution of the proposed project. Finally MAJ Rivera will be responsible for the preparation of technical reports, manuscripts, and other dissemination materials generated by this study.

Name: Melisa Howard

Project Role: Physical Therapy Assistant

Nearest person month worked: 12

Contribution to Project: Ms. Howard is a physical therapy assistant who is also contributing significantly to the regulatory management of the protocol preparation. While we are pending approval, she is working on the design of the physical therapy program for the subjects who undergo surgery on this protocol. She meets regularly with Dr. Rivera to review goals and objectives for the protocol. She assists in preparation of technical reports and will assist with the protocol stipulations as they are directed by the pending IRB review.

#### **Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

Nothing to report.

#### **What other organizations were involved as partners?**

Nothing to report.

### **Special Reporting Requirements**

Nothing to report.

## Appendices

Quad chart, updated 20OCT2017

### “Restoring Function after Volumetric Muscle Loss: Extracellular Matrix Allograft or Minced Muscle Autograft?”

Log Number: OR140269

Award Number: W81XWH-15-2-0086

PI: Dr. Jessica Rivera Org: The Geneva Foundation/United States Army Institute of Surgical Research Award Amount: \$1,102,796.00



#### Study/Product Aim(s)

- Compare muscle form and function as determined by imaging and standardized rehabilitative outcomes measures compared to pre-operative measures between minced muscle autograft and extracellular matrix allograft
- Compare histologic muscle regeneration post operatively between minced muscle autograft and extracellular matrix allograft

#### Approach

This study is a randomized pilot of a new surgical technique to treat volumetric muscle loss using mince muscle autograft compared to the only other tested muscle repair procedure using an extracellular matrix allograft. Subjects with small VMLs of the leg who have a functional deficit will be enrolled and randomized to on or the other surgery. Study evaluations post op will include functional measurements and muscle histology.



Accomplishment: Protocol approved and amendment submitted and approved. Study team in place and new assistant identified to start August 2017 to focus on enrollment. One subject screened and found to be ineligible. Two controls enrolled.

#### Timeline and Cost - POP: 30 Sep 2015 - 29 Sep 2018

Activities	CY	15	16	17	18
IRB approval/initiate recruitment					
Subject recruitment/ enrollment					
Continue evaluations					
Complete evaluations and analysis, data dissemination					
<b>Estimated Budget (\$1,102,796)</b>		86.1k	362k	396.9k	257.7k

Updated:20OCT2017

#### Goals/Milestones

**CY16 Goals** – Enrollment

DELAYED until CY17

**CY17 Goal** – Enrollment, Follow ups

Subject recruitment begins

Initial enrollees undergo surgeries

Ongoing enrollment/surgeries

Continue and complete follow ups on initial enrollees

**CY18 Goal** – Complete Follow ups, Analysis

Continue and complete follow ups on remaining enrollees

Analysis of data and dissemination

#### Comments/Challenges/Issues/Concerns

- Regulatory issues (now resolved) delayed initiation

#### Budget Expenditure to Date

Total Projected Expenditure: \$1.1M

Actual Expenditure: \$123K