

- trabecular number and connectivity

control cells.



### Figure 2

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R&D costs, Journal of Health Economics, Volume 47, 20-33. 2016.

proteins. Immunological Reviews. 224, 215-228. 2008.

Foundation for supporting our work.

# Use of Genome Editing to Delete the SIT Gene in Osteoblasts \*David Cifelli<sup>1</sup>, \*Sydney Kauffman<sup>1</sup>, Joseph Tarr<sup>2</sup>, Steven Popoff<sup>2</sup>, Thomas Owen<sup>1</sup>. <sup>1</sup>Ramapo College of New Jersey, Mahwah, New Jersey, USA, <sup>2</sup>Temple University School of Medicine, Philadelphia, Pennsylvania, USA School of Theoretical and Applied Science, Mahwah, NJ, 07430

# **Deleting SIT Gene in Bone Cells in Culture**

# Growth and Transfection of ROS Cells

• Rat osteosarcoma cells (ROS 17/2.8) cells were plated at 1 x 104 cells/cm2 in DMEM + 10% Fetal Clone III

• Cells were harvested at Days 3, 6, 9 and 11. For isolation of RNA and membrane proteins, cells were pelleted by centrifugation and frozen in liquid nitrogen. For analysis of alkaline phosphatase enzyme activity, cells were lysed in an alkaline buffer containing 1% Triton X-100 detergent and frozen at -70° C until assayed.

• While osteosarcoma cells do not completely differentiate into functional osteoblasts, they do exhibit increases in osteoblast phenotype marker gene expression and alkaline phosphatase enzyme activity over time.



Day 3 Figure 7 Growth of ROS cells over the course of 11 days. (phase contrast 150x)

# **Transfecting ROS Cells**

Rat osteosarcoma cells (ROS 17/2.8) cells were plated at 2 x 10<sup>4</sup> cells/cm<sup>2</sup> in DMEM + 10% Fetal Clone III

The next day, cells were transfected using Lipofectamine 3000

The first group of cells was cotransfected with 1  $\mu$ g/well of a 20:1 mixture of the ligated rat SIT guide 2-px458 DNA and the pcDNA3.1 plasmid (G418 antibiotic resistance).

The second group of cells was transfected with the pcDNA3.1 plasmid alone (G418 antibiotic resistance). A third group of cells was transfected with the pGreen Lantern (Green Fluorescent protein) plasmid as a

positive control for transfection.

Three days after transfection the cells were transferred to T75 flasks in DMEM + 10% Fetal Clone III with 250 µg/ml G418 antibiotic to kill any cells that were not successfully transfected.

# Ethical Considerations of Research and Drug Development

\$2.55 billion to develop a new drug (DiMasi et. al. 2016) Why is it worth investigating the mechanisms behind bone loss when treatments already exist?

## Four Pillars of Medical Ethics

1. Autonomy – Give patients more choice and information 2. Beneficence – Increase quality of life

3. Non-Maleficence – Lack of research considered negligent, omission of better care

4. Justice – Equalize treatment options. Cost must be shared, benefits distributed according to need. (Childress and Beauchamp 1978)

Osteoporosis is increasingly prevalent in our aging population. Today, it is the second most disruptive affliction according to the Institute of Bone Health. Research and a potential new treatment will give patients more options and information, better quality of life, and commit to reducing harm of bone loss. The distribution of the advancements will be just if given according to need.



### **Growing ROS Cells**

Day 6

Day 9

Day 11

### Figure 8

Successful transfection of the ROS cells. The green fluorescent signal in this photograph is from the GFP gene also present on the px458 plasmid.

Photographed at 100x total magnification.





### Figure 9

Chart of productivity lost to various diseases in units of Disability Adjusted Life Years. Osteoporosis costs the second most years of healthy life. https://www.iofbonehealth.org/impact-osteoporosis