



Development and Optimization of GelMA Hydrogels for Controlled Dual-Drug Release in Chronic Wound Healing

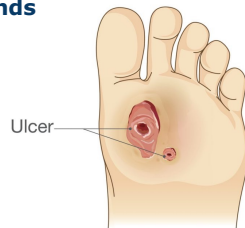
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PROBLEM & NEED

Issue of Geriatric Diabetic Wounds

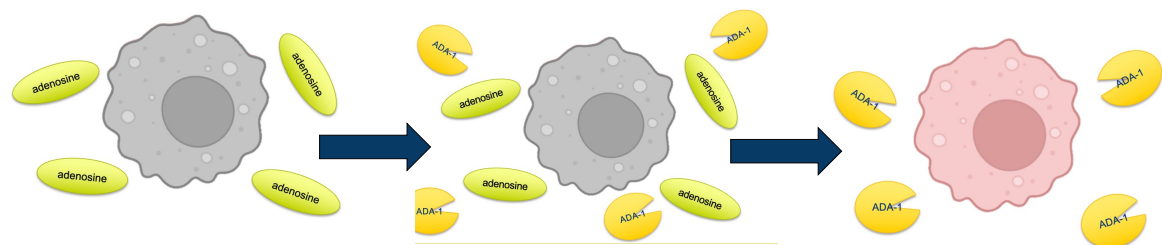
- Affect **2.5% of U.S. population**
 - 10.5 million patients
- **Can lead to:**
 - Systemic infection
 - Multi-organ dysfunction
 - Amputation
 - Death^[1]



27% survival rate 5 years post amputation^[2]

Hyporesponsive macrophages lose their inflammation capacity

Need additional support from artificially introduced cytokines and proteins to restore immune function



GOAL

To co-deliver **IFN- γ** and **ADA-1** to enhance wound healing by **inducing a pro-inflammatory environment** and **rescuing the diminished immune response**

DESIGN INPUTS

Requirements

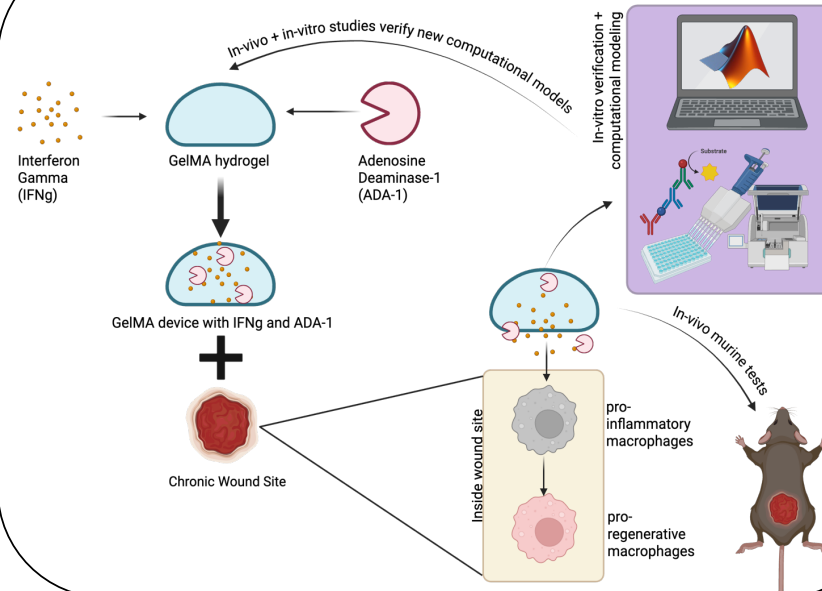
- **(R01)** Delivery of ≥ 100 ng IFN- γ in 2 days
- **(R02)** Delivery of ≥ 21.5 μ g ADA-1 in 2 days
- **(R03)** Hydrogel handleability
- **(R04)** Clinically usable geometry (1–10 cm²)

Objective: Murine-scale model recommendation for in-vivo testing for 4 days w/ 200 ng IFN- γ

Constraints

- **Material** → GelMA due to lab expertise
- **Resource** → Time, budget, & availability of resources
- **Experimental** → Adherence to experimental protocols and availability of verification tools

DESIGN + VERIFICATION



CONCLUSIONS

- **GelMA hydrogels enable tunable, sustained IFN- γ delivery.**
- ADA-1 delivery remains a challenge for dual-drug systems.
- **Hydrogel properties significantly impact cytokine release.**
- **Computational modeling validates and optimizes drug release profiles.**
 - Predictive model provides a valuable tool for hydrogel design
- **Foundation laid for in-vivo testing in chronic wound models.**

ACKNOWLEDGEMENTS

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