

## PURPOSE

This study proposes to investigate the transplantation of human limbusderived mesenchymal stem cells (hLMSCs) for the treatment of the corneal pathologies after alginate encapsulation. We previously showed the preclinical safety and efficacy of hLMSCs and successfully completed a phase 1 clinical trial (CTRI/2021/07/035034). Further, these cells are able to successfully engraft, differentiate, and mediate wound healing in the corneal stroma such that the tissue remains healthy, free of fibrotic tissue, and optically transparent.



LMSC-P3



Figure 2: Expression of the stem cell and ocular biomarkers in limbal stem cells. Representative images of the limbal stem cells showing positive expression of ABCG2, ABCB5, P63-α, and PAX6 (red) in both epithelial (LMSC–P0) and stromal cell (LMSC–P3) populations, counterstained with DAPI (blue). Scale: 50 μm.

- This study was interventional, single arm open labelled Phase I clinical trial (CTRI/2020/07/026891)
- The subject inclusion criteria were adult patients with superficial corneal pathologies such as scars, sterile ulcers and burns.
- Exclusion criteria included bilateral corneal disease and dry eye disease.
- The treatment procedure involved excision of corneal epithelium followed by topical application of cells mixed with fibrin glue.
- The primary endpoint was safety evaluation and the secondary endpoint were efficacy parameters such as visual improvement and change in density of scar and other pathologies.
- The study enrolled a total of 20 participants. The age distribution among the subjects showed a mean ( $\pm$  standard deviation) of 39.4  $\pm$ 11.16 years, indicating a moderately wide age range across the sample.
- The median age was 40.5 years, with the interquartile range (Q1, Q3) spanning from 29.5 to 49.0 years, suggesting that half of the participants were within this age bracket. The minimum and maximum ages were 21.0 and 60.0 years, respectively

# A Proof-of-Concept Study to Evaluate the Clinical Study Safety and Efficacy of Ex-vivo Cultivated Allogeneic Limbal Stromal Stem Cell Transplantation for Treatment of Superficial Corneal Pathologies after Alginate Encapsulation: Two years Follow up

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RESULTS												
SI. No	Subject ID	Age	Sex	Diagnosis	Remarks	SI. No.	Subject ID	Age	Sex	Diagnosis	Remarks	
1	2R01	35 years	Male	Corneal scar after microbial keratitis	No safety issues.	11	2R11	25 years	Male	Corneal scar after microbial keratitis	No safety issues.	
2	2R02	32 years	Male	Corneal scar after microbial keratitis	No safety issues.	12	2R12	60 years	Male	Corneal scar after microbial keratitis	No safety issues	
3	2R03	54 vears	Male	Corneal scar after microbial keratitis	No safety issues.	13	2R13	46 years	Female	Corneal scar after microbial keratitis	No safety issues	
4	2R04	42	Female	Corneal scar after	No safety	14	2R14	51 years	Male	Corneal scar after microbial keratitis	No safety issues	
5	2R05	21 years	Male	Chemical injury (Burns)	No safety issues.	15	2R15	42 years	Male	Corneal scar after microbial keratitis	Delayed Epithelialization	
6	2R06	28 years	Male	Corneal scar after microbial keratitis	No safety issues.	16	2R16	31 years	Male	Corneal scar after microbial keratitis	No safety issues	
7	2R07	28 years	Male	Chemical injury (Burns)	No safety issues.	17	2R17	46 years	Female	Corneal scar after microbial keratitis	Delayed Epithelialization	
8	2R08	39 years	Male	Corneal scar after microbial keratitis	No safety issues.	18	2R18	27 years	Male	Corneal scar after microbial keratitis	No safety issues	
9	2R09	48 years	Male	Corneal scar after microbial keratitis	No safety issues.	19	2R19	31 years	Female	Corneal scar after microbial keratitis	Delayed Epithelialization	
10	2R10	43 years	Male	Corneal scar after microbial keratitis	No safety issues.	20	2R20	51 years	Male	Corneal scar after microbial keratitis	No safety issues	

**Table 1:** Summary of Demographics.



Figure 3: Long-term outcomes of allogeneic limbal stromal stem cell transplantation. Slitlamp, AS-OCT, and Scheimpflug images (left to right) show progressive corneal recovery from pre-operative showing corneal scare and edema representative cases. All the cases show restored transparency and thickness at 1 and 2 year follow-ups, indicating sustained graft integration and structural improvement.



Figure 4: Line Chart for Mean (+SD) BCVA Score – Total No. of Letters read at 1M and 4M Distance by the Operated Eye



Table 2: Overall Summary of BCVA in Operative Eye. SD: Standard Deviation, Min: Minimum; Max: Maximum; Q1: First Quartile; Q3; Third Quartile; CI: Confidence Interval; Change from baseline = Post values–Baseline values; Method: Paired t test; p value Statistical considered Screening Period as the baseline; pvalue < 0.05 is significant.

Statistics	Baseline	Day 1	Day 7	Day 30	Day 90	Day 180	Day 360	Day 720
Sample size (n)	19	12	16	19	16	16	18	17
Mean ± SD 0.67± 0.39		0.55± 0.39	0.23± 0.42	-0.11± 0.26	-0.24± 0.25	-0.19± 0.42	-0.43± 0.39	-0.32± 0.60
Median	0.60	0.53	0.20	-0.10	-0.20	-0.20	-0.31	-0.30
(Q1, Q3)	0.30, 1.00	0.31, 0.91	0.00, 0.31	-0.20, 0.10	-0.46, - 0.04	-0.41, - 0.14	-0.72, -0.18	-0.80, - 0.18
Min, Max	0.18, 1.40	-0.10, 1.12	-0.50, 1.42	-0.70, 0.30	-0.70, 0.20	-0.72, 0.82	-1.10, 0.30	-1.10, 0.82
p value		0.0005	0.0509	0.0803	0.0016	0.0904	0.0002	0.0438

**Table 3:** Summary of Overall Snellen LogMar.

SD: Standard Deviation, Min: Minimum; Max: Maximum Q1: First Quartile; Q3; Third Quartile; CI: Confidence Interval; Change from baseline = Post values-Baseline values; Statistical Method: Paired t test; p value considered Screening Period as the baseline; pvalue < 0.05 is significant.



**Figure 5:** Line chart for Mean (+SD) LogMar BVCA in the Operated Eye

Continued improvement was observed by Day 30, where the mean dropped to 0.54, though this change did not reach statistical significance (p = 0.0803). On Day 90, the LogMar score remained at 0.54, with a significant improvement from baseline (p = 0.0016), suggesting steady visual recovery. This progress was maintained through Day 180 (mean = 0.47), although the change was not statistically significant (p = 0.0904). By Day 360, a substantial improvement was evident, with the mean decreasing to 0.25 and the change from baseline being highly significant (p = 0.0002). At Day 720, the mean LogMar value was 0.41, and the change from baseline remained statistically significant (p = 0.0438).

Statistics	Baseline	Day 1	Day 7	Day 30	Day 90	Day 180	Day 360	Day 720
Sample size (n)	20	17	19	19	17	17	19	18
Mean ± SD	12.98 ± 1.85	12.41 ± 2.81	12.84 ± 2.48	12.89 ± 1.82	12.29 ± 2.11	12.29 ± 1.96	13.84 ± 2.67	12.78 ± 1.90
Median	13	12	12	12	12	12	15	13
(Q1, Q3)	12, 14.5	10, 14	10, 15	11, 15	11, 13	12, 14	12, 16	12, 14
Min, Max	9, 16	<mark>8</mark> , 19	9, 17	11, 16	7, 17	7, 15	8, 17	10, 16
p value		0.7121	0.7764	0.9523	0.4217	0.3067	0.1200	0.9581

Figure 6: Across all timepoints, none of the p-values fell below the significance threshold of 0.05, suggesting that the procedure did not result in statistically significant changes in IOP over time. Variability remained within expected ranges, and no consistent trend of increase or decrease in IOP was evident







Vitals and Adverse Effect Screening											
tatistics	Systolic Blood Pressure		Diastolic Blo	Blood Pressure		erature	Pulse rate		Weight		
	Screening	Unscheduled	Screening	Unscheduled	Screening	Unscheduled	Screening	Unscheduled	Screening	Unscheduled	
ple Size (n)	20	3	20	3	20	3	20	3	20	3	
ean±SD	127.5 ± 17.04	130.0 ± 0.00	80.60 ± 8.66	80.00 ± 0.00	97.00 ± 0.00	97.00 ± 0.00	74.80 ± 6.03	74.00 ± 0.00	59.95 ±10.24	57.33 ± 7.51	
/ledian	130.00	130.00	80.00	80.00	97.00	97.00	74.00	74.00	<mark>59.5</mark> 0	53.00	
lin, Max	96.00, <u>166.0</u> 0	130.00, 130.00	60.00, 100.00	80.00, 80.00	97.00, 97.00	97.00, 97.00	62.00, 90.00	74.00, 74.00	37.00, 88.00	53.00, 66.00	
Q1, Q3)	<mark>1</mark> 20.00, 140.00	130.0, 130.00	80.00, <mark>8</mark> 0.00	80.00, 80.00	97.00, 97.00	97.00, 97.00	73.00, 76.00	74.00, 74.00	55.00, 65.00	53.00, 66.00	

**Table 5:** Summary of Vitals. SD: Standard Deviation; Min: Minimum; Max: Maximum; Q1: First Quartile; Q3; Third Quartile; Statistical Software: R-software 4.4.3

oject D	Adverse Event	Adverse Event Start Date	Adverse Event Stop Date	Adverse Event concomitant medication	Adverse Event Severity	Action	Outcome
1	Delayed epithelialization	15/12/2022	19/12/2022	Yes	Mild	BCL Replaced addition 5 days	Resolved
2	Delayed Epithelialization	22/12/2022	26/12/2022	Yes	Mild	BCL replaced additional 5days	Resolved
3	Delayed Epithelialization	22/12/2022	26/12/2022	Yes	Mild	BCL replaced additional 5 days	Resolved

**Table 6:** Summary of Adverse Events

#### Conclusion

- The use of alginate-preserved limbal stem and stromal cells has demonstrated safety and efficacy in the treatment of superficial corneal pathologies
- Our data indicate a clear pattern of gradual and sustained improvement in visual acuity post-treatment.
- The changes, particularly from Day 90 onwards, indicate a positive and sustained treatment effect, supported by statistical evidence and reduced variability in patient responses.
- The changes are both statistically and clinically meaningful.
- Overall, the treatment shows strong efficacy in improving vision in the operative eye.
- Further investigation is warranted to evaluate their therapeutic potential in larger cohorts of patients with similar conditions

# ACKNOWLEDGEMENT

We acknowledge the support of HERF for providing research infrastructure. We are also grateful to all patients and their families for their participation and informed consent.

I would like to acknowledge the support of Steve Swioklo and Mick McLean for their invaluable technical assistance, and thank Atelerix for providing their Alginate transport technology.

### REFERENCES

- Deshmukh, R., Joshi, V., Singh, V., & Basu, S. (2025). Emerging approaches for ocular surface and corneal stromal regeneration: Recent advances and future perspectives. Indian journal of ophthalmology, 73(4), 537–542.
- . Sahoo, A., Damala, M., Jaffet, J., Prasad, D., Basu, S., & Singh, V. (2023). Expansion and characterization of human limbus-derived stromal/mesenchymal stem cells in xeno-free medium for therapeutic applications. Stem cell research & therapy, 14(1), 89.
- Damala, M., Sahoo, A., Pakalapati, N., Singh, V., & Basu, S. (2023). Pre-Clinical Evaluation of Efficacy and Safety of Human Limbus-Derived Stromal/Mesenchymal Stem Cells with and without Alginate Encapsulation for Future Clinical Applications. Cells, 12(6), 876.
- Basu, S., Hertsenberg, A. J., Funderburgh, M. L., Burrow, M. K., Mann, M. M., Du, Y., Lathrop, K. L., Syed-Picard, F. N., Adams, S. M., Birk, D. E., & Funderburgh, J. L. (2014). Human limbal biopsyderived stromal stem cells prevent corneal scarring. Science translational medicine, 6(266), 266ra172. https://doi.org/10.1126/scitranslmed.3009644.
- Funderburgh, J., Basu, S., Damala, M., Tavakkoli, F., Sangwan, V., & Singh, V. (2018). Limbal stromal stem cell therapy for acute and chronic superficial corneal pathologies: One-year outcomes. Investigative Ophthalmology & Visual Science, 59(9), 3455.