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April 11, 2022

V CIRP Conference on Biomanufacturing

A novel direct ink writing manufacturing system to 3D print highly concentrated silk fibroin

Enric Casanova-Batlle^a, Antonio J. Guerra^b, Joaquim Ciurana^{a*}

^aGrup de Recerca d'Enginyeria Producte Procès i Producció, Universitat de Girona

^bEURECAT, Centre Tecnològic de Catalunya, Spain

* Corresponding author. E-mail address: quim.ciurana@udg.edu

Abstract

Silk fibroin has demonstrated high biocompatibility in contact with the human tissue and in cell culture. As a result, it has been studied to develop very promising medical devices. The medical field has initiated a trend towards customization that will prevail in the recent future. That is why, 3D printed medical devices are gaining attention and becoming more relevant. This work attempts to unify silk fibroin with 3D printing. For this purpose, a high-concentration silk fibroin extrusion system has been designed. This system consists of a novel method to concentrate the fibroin to an optimal viscosity for direct ink writing. This could be accomplished due to the shear thinning property of the silk, after being expelled the viscosity keeps the shape of the silk in the place where it was deposited. Then, the system applies temperature to the silk to create a solid structure. A modular prototype has been created. It can print on any type of surface, flat or tubular. To evaluate the accuracy of the system on a flat printing bed, fluid flow rate and nozzle speed were evaluated in the fabrication of a mesh that simulated a flat cardiovascular stent. Images of the results were captured with a stereoscopic microscope, the dimensions of the result were calculated and compared with the chosen parameters. Thus, this work characterizes these features with the print resolution of the system. Finally, it opens a new paradigm for 3D printed medical devices based on silk fibroin.

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Peer-review under responsibility of the scientific committee of the V CIRP Conference on Biomanufacturing

Keywords: Type your keywords here, separated by semicolons ;

1. Introduction

Silk fibroin (SF) is a protein extracted from the silk cocoons of the *Bombyx mori* worm. It can usually be found in three different molecular structures, α -helix or random coil (silk I) and β -sheet (silk II). Each of these structures has different properties [1]. These wide range on the features of the silk together with its biodegradability and biocompatibility has brought silk to gain importance in the field of biomedical devices. Silk has demonstrate safe effectivity in wound healing, applicability for bone regeneration, antibacterial

activity, biosensors actuation, among others [2]–[4]. Typically in the past, silk-based products have been processed through sponges, films, gels, fibers, microspheres, etc [5]. However, these processes limit the morphology of potential SF products to the specific range of applications that can be manufactured. To expand the level of environments in which SF could be a valuable material, since it has the excellent mechanical properties, elicits minor immune responses, etc. A great efforts have been invested in the implementation of SF in the additive manufacturing field. SF offers a key feature which makes 3D print feasible as a

* Corresponding author. E-mail address: quim.ciurana@udg.edu

bioink, the shear thinning viscoelastic property [6]. Being able to 3D print SF, brings this material closer to applications that require less standard morphologies. Furthermore, it offers the possibility to be implemented for patient customization.

The implementation of the SF as an additive manufacturing asset has been attempted in the recent past. Three major 3D printing approaches have been experimented to fabricate medical devices with SF. Inkjet bioprinting has been used to 3D print SF as it allows a relatively cost-effective print with moderate printing speed [7]. Bone marrow stem cells were successfully cultured on a scaffold fabricated with inkjet SF printed lines [8]. Nevertheless, high concentrations of SF cannot be employed as it eludes nozzle clogging. Therefore, applications requiring more stable mechanical support are still under development. To avoid this hurdle digital light processing (DLP) has been employed to 3D print SF for tissue engineering purposes. This technique uses light, thus eliminating all the nozzle clogging problems. It manufactures the printed samples at high speed [9]. Nevertheless, it requires the addition of photo-crosslinking reagents to the bioink solution which complicates the ink formulation. Finally, the extrusion based system which was first described for SF by Ghosh *et al.* It was used to fabricate scaffolds to culture human bone marrow-derived mesenchymal stem cell which differentiated into chondrocytes. They concentrated the SF up to 28-30 wt % [10]. This blend was not viscous enough to maintain the deposited shape. That is why, the SF solution was deposited on a coagulation methanol reservoir. Printing without the coagulation step would significate to increase the SF concentration, thus the viscosity. However, a most common problem for the SF bioink is that when it is high-concentrated, it eludes to nozzle clotting [11]. The shear forces within the nozzle induce the gelation of the SF and its

subsequent occlusion. That is why, efforts have been conducted to obtain recombinant silk to prevent this hurdle [11]. Basically, the recombinant silk offers lower viscosity compared to native silk. Nevertheless, viscosity is highly recommended in this type of application because it ensures print fidelity. Precisely, low viscosity is a major problem of the low concentrated SF's bioinks. Moreover, applications where low-concentrated SF is used require binding the SF to additional additives. Collagen, glycerol, hydroxyapatite or gelatin are some of the typical materials which SF is often blended to fabricate extrusion SF 3D printing bioinks [12]–[14].

The innovative system presented in this study provides an alternative for printing highly concentrated SF with the extrusion method without the need to add additional reagents to the mixture and nozzle clogging issues. The gelation time of SF depends on many factors such as shear stress, temperature, concentration or pH. The approach taken in this study consists of increasing the pH of the dialysis solution to 8. According to the literature a concentration of 4 wt% at room temperature at pH 8 would take 50 days to gel [15]. The system presented in the paper has optimized the printing temperature of the nozzle, the temperature of the bed and the concentration of the solution to print high-concentrated SF avoiding nozzle clogging. As silk fibroin is aimed to be implemented for medical devices, a proof of concept study has been investigated for the fabrication of a cardiovascular stent with this technology. The study includes the optimization of the printing parameters in the stent features. A design of experiments (DOE) was performed to evaluate the effect of the printing flow and nozzle movement speed on the stent cell area (C_A) and stent strut width (S_W).

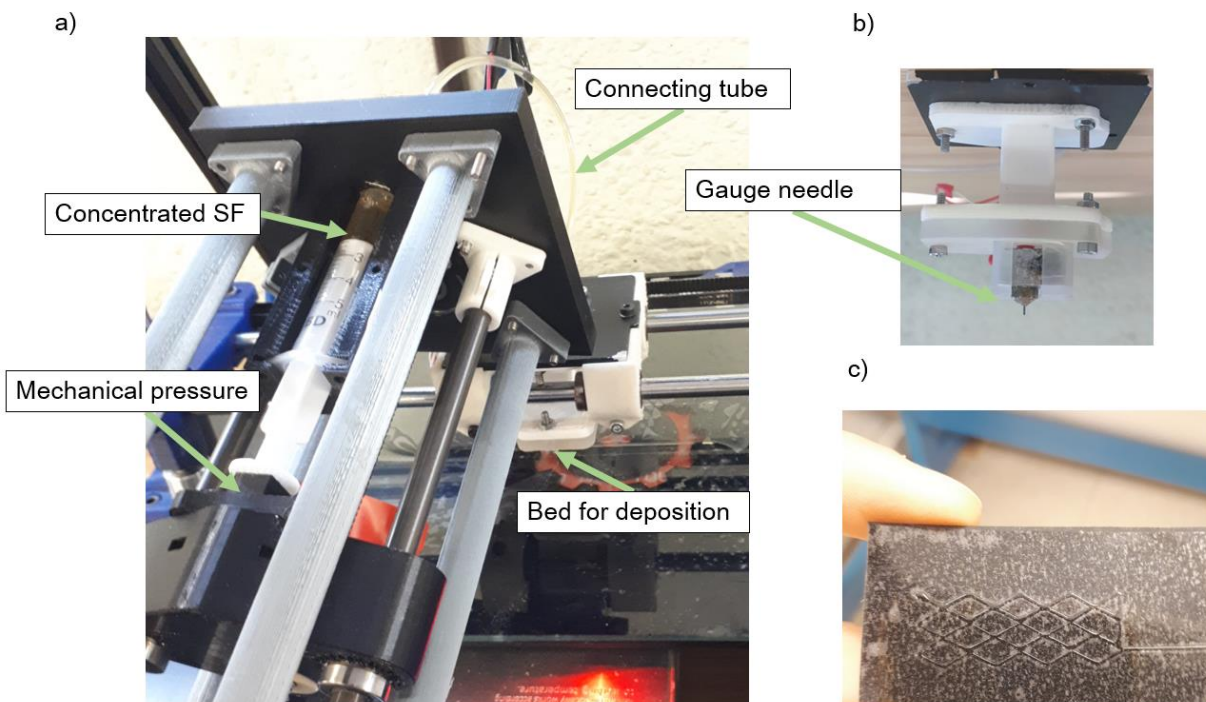


Figure 1 (a) SF extruder system. (b) Gauge needle inside the nozzle to control the extrusion temperature set up. (c) High-concentrated silk fibroin 3D printed cardiovascular stent.

2. Methodology

2.1. 3D printing system

The 3D additive manufacturing machine developed for bioink printing was based on the 3-axis 3D printing technology. The concentrated SF solution was housed in a 5 mL discardit syringe (BD, United States) which was mounted on a supplementary support as depicted in Fig. 1. The SF ink traveled through a tube and was extruded through a precision G25 gauge needle (Nordson EFF, United States) that was mounted on the extruder. The ink was previously heated at 60 °C in the gauge needle to enhance the formation of the β -sheet structures. This parameter was optimized to have the maximum temperature without clotting in the nozzle. As the evaporation of the water and the formation of more stable structures favour print fidelity. The bioink was pulled from the syringe to the needle between a flow ratio of 0.89-1.33 $\mu\text{L}/\text{mm}$ by applying mechanical pressure on the top of the syringe. The ink was deposited on flat surface previously heated at 45 °C at a speed range of 500 - 800 mm/min.

2.2. Preparation of the bioink

Bombyx mori cocoons were kindly supplied by the association to preserve the silk worm in Spain (AERCEGSA) and the *Granja de la seda* institution for the development of the sericulture. Then, the SF was extracted according to the method previously described [5]. Briefly, to remove sericin from the silk, cocoons were immersed in 0.08 w/v% Na_2CO_3 (Sigma Aldrich) solution at boiling temperature for 30 min. Then washed with distilled water, and dried at room temperature overnight. The dried SF fibers were then dissolved in 9.3 M LiBr (Sigma Aldrich) solution and dialyzed against MiliQ water using a the SnakeSkin™ dialysis membrane of 3.5k MWCO for 2 days at 4 °C to remove the salt. The aqueous solution was then filtered with Miracloth (Milipore filter for gelatinous homogenates, Merck). The resulting SF solution was approximately 5 – 7 wt %. This aqueous solution was then dialyzed against 20 wt % PEG (8000 g/mol, Sigma Aldrich), 1M CaCl_2 (Anhydrous > 93 %, Sigma Aldrich) and 50mM tris buffer (Sigma Aldrich) at 4 °C using the SnakeSkin™ dialysis membrane of 3.5k MWCO. The solution was adjusted at pH =8. After 24 h the concentrated SF solution was 56.69 - 60.09 w/w %. It was removed from the dialysis membrane and stored at 4 °C before use. All the concentrations of SF were determined by comparing the weight of 0.5 mL of solution to the mass of silk after drying at 70°C for 12 hours.

2.3. Experimental design

The stent model used for the experiments was a diamond cell stent. The diamond side measured 5 mm, Fig. 1-c. A DOE was employed to relate the process parameters with the morphologic characteristics of the cardiovascular stent. The following process parameters were studied: fluid flow rate (F_R : 0.89-1.33 $\mu\text{L}/\text{mm}$), printing speed (P_S : 500/800 mm/min). The selected stent features analyzed were the stent C_A and the stent S_W . A Central composite design (CCD)

DOE with 8 center points* and alpha 1.4142, (4 replicas). Therefore, 64 samples were printed.

Table 1. Design of experiments.

Parameter	Low level	High level
Printer speed (mm/min)	500	800
Fluid flow rate ($\mu\text{L}/\text{mm}$)	0.89	1.33

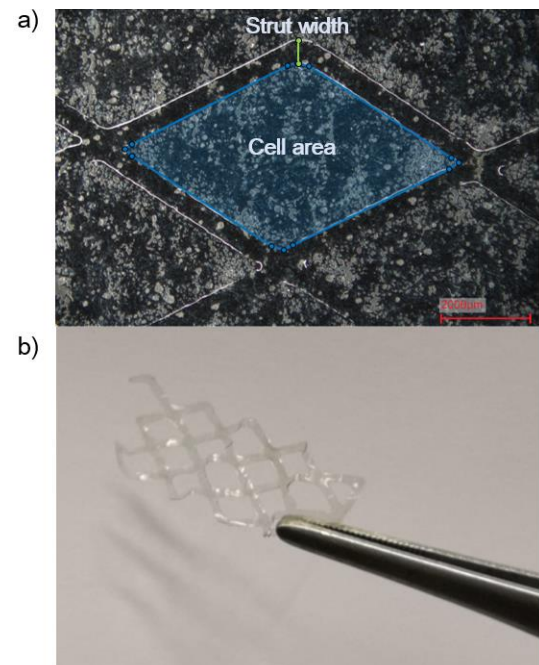


Figure 2 Stent geometry and parameters. a) Dimensional features. b) Example sample of a flat stent

2.4. Characterization

The dimensional characteristics (C_A and S_W) of each of the 64 samples were analyzed with a ZEISS discovery v12 stereo microscope coupled to the Invenio 20EIII microscope digital camera (5 Megapixel). Matlab was used to process the images and collect the data. Three images of three different diamonds of the printed stent were randomly taken from each sample, Fig. 2. The average of these 3 values were represented in Fig. 3 and 4 (a-b).

3. Results

A linear regression model was calculated to fit the experimental data, eliminating the non-influential parameters ($p > 0.05$). A quadratic and polynomial model of degree 3 was also attempted. However, they did not present any influential variable in the results. The equation for the S_W parameter was described as follows:

$$S_W = +1.12 - 0.0014 * speed + 0.38 * flow \quad (1)$$

This indicates that both flow and speed were parameters that affected S_W . The lowest S_W during experimental data

collection was 0.21 μm with the velocity at the high end and mean flow. However, according to Fig. 3-c there is a range of parameter combinations that could yield a resolution up to 0.2 μm. On the other hand, slower velocities with higher flows resulted in Sw thicknesses an order of magnitude higher. Being 1.32 μm the highest experimental value. As expected these parameters had the complementary effect for the CA parameter. Similarly a linear regression has been fitted for the studied parameters and the CA. Both parameters have been shown to have a significant influence on the value of this stent characteristic, Fig. 4.

Discussion

The reported results show a linear relationship between flow variation and the morphological stent parameters of Sw and CA. The printing speed had a greater impact on the stent characteristics in the studied range, since the product of the factors multiplying speed by the speed range, provided a greater weight to the equation than its respective flow values for both equations. This is due to the fact that an increase in flow rate is simply an increase in the pressure exerted by the mechanical piston. This factor is not directly related to the

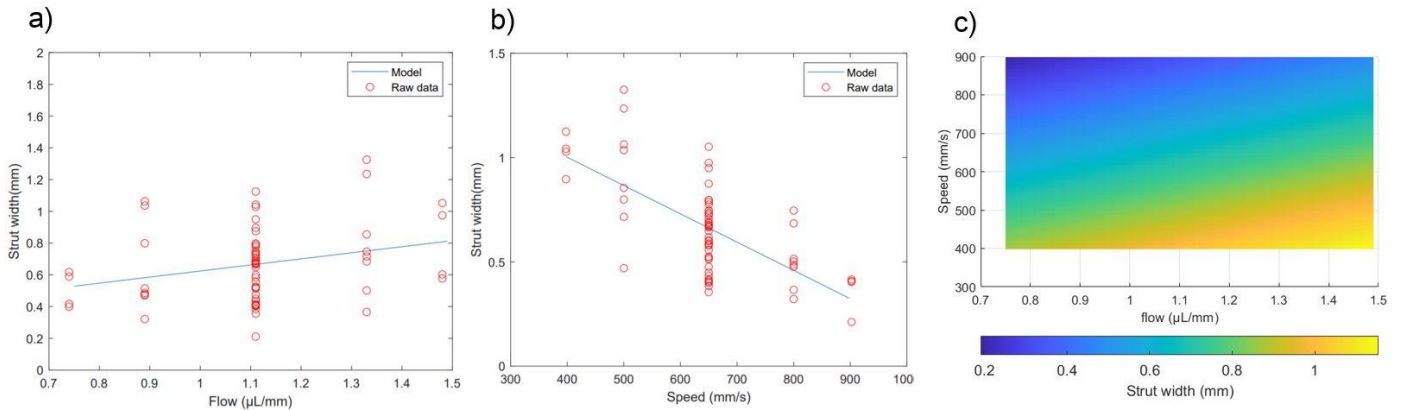


Figure 4 Fitted response plot of the regression model. The blue line represents the model found in the X-equation. It shows the response of the evaluated parameter in the studied range. The alternative parameter has been held constant at its mean value. The red markers indicate the experimental results plotted in their respective flow/speed value. (a) Depicts the Sw response for the flow rate variable. (b) Depicts the Sw response for the speed rate variable. (c) Surface plot of the interaction between the two variables with respect to SW.

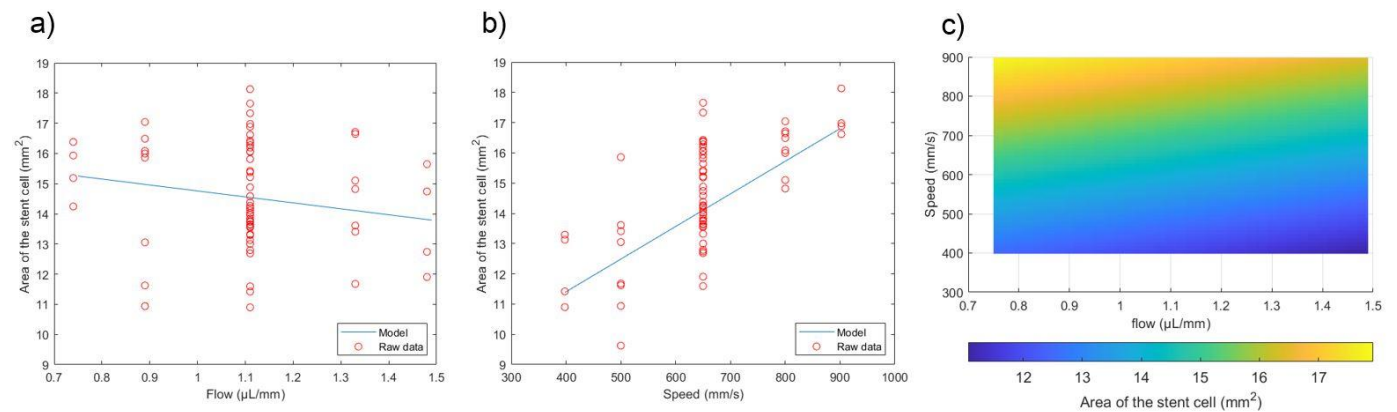


Figure 3 Fitted response plot of the regression model. The blue line represents the model found in the X-equation. It shows the response of the evaluated parameter in the studied range. The alternative parameter has been held constant at its mean value. The red markers indicate the experimental results plotted in their respective flow/speed value. (a) Depicts the AC response for the flow rate variable. (b) Depicts the AC response for the speed rate variable. (c) Surface plot of the interaction between the two variables with respect to the AC

The theoretical area that the diamond should have is 21.64 mm², being the side of the rhombus of 5 mm and the obtuse angle of 120°. As the theoretical area of the rhombus was calculated assuming a zero strut width, smaller areas were found, being the largest 18.13 mm². Finally, the equation relating CA to the printing parameters was as follows:

$$C_A = +9.7178 + 0.011 * speed - 1.97 * flow \quad (2)$$

amount of extruded material, since SF is a viscoelastic material, it stores the mechanical force in the form of pressure inside the syringe. Moreover, as we work with a very small tip (G25), although it is true that the more pressure the more material extruded, the flow through such a small orifice hinders this relationship. Moreover, after the prints, a small amount of material came out of the extruder when returned to its starting point. For this reason, if the relationship between pressure exerted and flow rate is not as direct as it was expected, velocity gains weight in the stent characteristics, Eq. 1-2. Speed basically controls the time the material has to exit the nozzle and therefore the amount of

material deposited. In addition, as expected, the relationship between C_A and S_W is complementary, since the head trajectory is the same, as there is more material, more thickness, the C_A decreases. In any case, the C_A characteristic of the stents were not occluded in any sample. S_W was continuous throughout the fabricated stents. Therefore, the fabricated stents were considered acceptable. These stents were fabricated using additive manufacturing technologies on a flat surface and are thus a small proof of concept of the feasibility of cardiovascular stents made with SF. The concept has been validated, as the innovative bioink has been used to manufacture medical devices such as cardiovascular stents. However, stents printed with additive manufacturing technologies are usually printed on a tubular surface [16], [17]. Therefore, the next steps would be to evaluate the mechanical properties of high concentrated SF printed with this technique. Finally, evaluate the fabrication of the cardiovascular stent on a rotating mandrel.

4. Conclusions

SF was evaluated to create added value in the field of additive manufacturing. This study presented a SF based bioink that can be extruded without the need for additional reagents and avoiding the issue of nozzle clotting. A proof of concept was presented to verify whether the printing of medical equipment such as cardiovascular stents was possible with the bioink produced. The study has not only succeeded in verifying the feat, but also provided useful data to control the parameters of flow and printing speed. In the presented system, velocity had a major impact on the morphological characteristics of the stent. It could be controlled to print stents up to 0.2 mm S_W accuracy. Therefore, it has been demonstrated the potential of the printing system. Nevertheless, there is still a long way to go as the mechanical properties of the resulting material should be assessed. Finally, the system should be adapted to tubular printing to fabricate functional cardiovascular stents.

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