Review

### High Hydrostatic Pressure, a Novel Approach in Orthopedic Surgical Oncology to Disinfect Bone, Tendons and Cartilage

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**Abstract.** High hydrostatic pressure (HHP) is widely used in the food processing industry, for example to inactivate vegetative microorganisms in meat products, milk and juice, thereby avoiding the addition of any chemical preservatives. Besides this, HHP is also an attractive novel approach to effectively kill vegetative microorganisms or tumor cells in bone, cartilage and tendon ex vivo while leaving the tissues' mechanical properties unimpaired, thus allowing reimplantation of the resected tissue explants. In contrast, sterilization by gamma irradiation and thermal or chemical inactivation of potentially infected autografts, allografts and other biomaterials considered for tissue regeneration and reconstruction is often associated with deterioration of the mechanical, physical and biological properties of the implant. HHP technology is now in preclinical testing with the aim of disinfecting/devitalizing grafts in order to inactivate both vegetative microorganisms and tumor cells in resected bone tissue segments, eventually allowing reimplantation of resected bone segments initially afflicted with osteomyelitis or tumors. The technical advantages, state-ofthe-art, and potential application of HHP in orthopedic surgery are reviewed.

Liquids show significant temperature-dependent compressibility under high hydrostatic pressure (HHP). For instance, the specific volume of water at atmospheric pressure decreases by 12% when exposed to 400 MPa (1). Self-ionization of water is also promoted by HHP lowering

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the pH. Phase transition of water is triggered under excessive HHP: at 1,000 MPa water freezes at room temperature, whereas at 207.5 MPa the freezing point is lowered to -22°C (1). This allows for pressure shift freezing of foods with instant and small ice crystal formation, storage of food at subzero temperatures without ice formation, or fast thawing of frozen food by pressurization, allowing gentle processing of foods or food constituents with minimal structural damage.

HHP may also cause alterations in biological molecules, associated with a change in their conformation towards forms which occupy smaller volumes. With increasing pressure, the non-covalent bonds of macromolecules such as proteins are affected, leading to changes in their quaternary, tertiary or secondary structure. HHP is presumed to influence the conformational state of lipids as well (2, 3), whereas nucleic acids have proved pressure-resistant because their secondary structure is mainly stabilized by H-bonds that are almost pressure insensitive (4, 5). HHP-induced changes can be reversible, metastable or irreversible, partly depending on the pressure level itself, but also depending on the duration of the pressure treatment, the temperature during treatment, the chemical conditions and on other conditions of the surroundings.

The growth of eukaryotic and prokaryotic cells can be prevented to a large degree by a number of preservation techniques, most of which act by killing the cells or by slowing down cellular growth. Concerning food products, heating, freezing, drying, vacuum packing, acidifying or the addition of preservatives is applied predominantly. At present, however, major trends have emerged towards the use of procedures such as HHP to deliver food products that are less 'heavily' preserved but still with high assurance of no microbiological contamination (6, 7). HHP as a means of preserving food, without the addition of any kind of preservative, has attracted increasing attention (4, 6, 8), since it has the advantage of leaving covalent molecular bonds

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Figure 1. High hydrostatic pressure device (Record Maschinenbau, Koenigsee, Germany). The core of the autoclave chamber (b) is made of amagnetic stainless steel into which a large cylindrical hole has been bored in order to receive the specimen. A metal-on-metal sealing system provides an excellent leak-free closure with minimal mechanical wear. The pressure is transmitted by means of a hydraulic ram and monitored by a pressure gauge. Incubation temperature is monitored by a thermocouple and thermostatic control is ensured by the circulation of water through rubber tubing. On the control panel, pressure settings can be adjusted up to 600 MPa.

intact without impairing flavors, aromas, vitamins and other pharmacologically active molecules (9).

In the medical field, HHP technology is now in preclinical testing with the aim of inactivating both pathological microorganisms and tumor cells in resected tissue segments, such as bone, cartilage and tendon *ex vivo* (10-15). This is a promising clinically relevant approach, especially with respect to rapid devitalization of tumor cells in bone and the subsequent possibility of reimplantation of the once tumor-bearing bone segment back into the patient.

### **HHP and Orthopedic Surgery**

In orthopedic surgery, restoration of bone defects caused by malignant solid tumors is achieved by several methods of treatment such as extracorporeal irradiation or autoclaving of the affected bone segment, as an alternative approach to synthetic limb reconstruction (16-19). In contrast, irradiation or autoclaving of osteochondral segments or tendons may lead to severe alteration of the biomechanical and biological

properties of the treated tissue, a major concern regarding this type of approach (20-22).

A new technology (initially established by the food industry as a means of food preservation), the administration of short-term HHP to the resected bone segment immediately after surgery, now offers an alternative to the conventional tumor-affected bone treatment method, while at the high pressure value of 600 MPa applied, the biomechanical properties of bones, tendons and cartilage remain unchanged (10-14). Under these conditions, various normal eukaryotic cells and malignant cells are irreversibly damaged and outgrowth of cells from tumor-afflicted bone and cartilage segments is efficiently blocked (14, 15, 23).

With regard to the biological properties of treated bone, cartilage or tendon, no obvious changes in the adhesive or growth-promoting properties of the extracellular matrix proteins after HHP treatment of the bone were observed (11), moreover, successful revitalization of HHP-treated bone segments *in vitro* was observed. In addition, no enhanced activity of proteases, which might be released after HHP

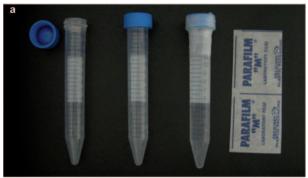


Figure 2. Vacuum sealing device (Komet, Plochingen, Germany). Specimens in polyethylene bags are placed into the vacuum chamber, positioning the open section onto the sealing bar. Once a vacuum is formed, a heated wire on the bar seals the plastic bag. On the control board, vacuum and sealing settings can be adjusted individually.

treatment of resected human bone tumor and provoke autolytic bone resorption, could be detected (24). This report reviews the basic details and technical potential of HHP in orthopedic surgery and sheds light on the prospects of HHP for the treatment of neoplastic bone and infected bone tissue, cartilage and tendon.

# HHP-device and Treatment of Affected Bone, Cartilage, or Tendon

The HHP system (Record Maschinenbau, Koenigsee, Germany) consists of a high pressure autoclave, a pressure generation unit, a temperature and pressure control unit and a material handling unit (Figure 1a). HHP treatment of the tissue samples is accomplished by a pressure-transferring medium, usually water, thus allowing uniform and instantaneous transmission of pressure to the biological sample. To treat infected or tumor-afflicted bone, tendon or cartilage, larger specimens are placed into polyethylene bags and sealed by vacuum-packaging



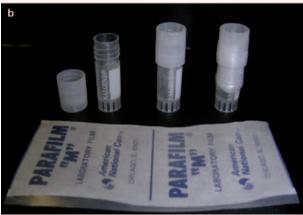


Figure 3. Tissue specimens are placed into flexible 15 ml BD Falcon™ conical tubes (Becton-Dickinson, Heidelberg, Germany) (a) or 2 ml Nalgene cryogenic vials (Thermo Fisher Scientific, Wiesbaden, Germany) (b), filled with Ringer buffer and tightly sealed (e.g. with parafilm, American National Can GmbH, Gelsenkirchen, Germany).



Figure 4. Temperature control unit (Thermo Fisher Scientific, Karlsruhe, Germany). Open-bath circulator with digital settings, bath vessel and bath bridge made of stainless steel and temperature resistant polymer; electronic control using a digital sensor for predetermined reference value, max. temperature 100°C.

(Komet, Plochingen, Germany) (Figure 2). Sealing in buffer is required to assure uniform and instantaneous pressure transmission throughout the biological sample and to prevent contamination while in contact with the pressure medium. For smaller specimens, instead of plastic bags, tissue specimens are placed into 15 ml flexible Falcon tubes (Becton-Dickinson, Heidelberg, Germany) (Figure 3a) or 2 ml Nalgene cryogenic vials (Thermo Fisher Scientific, Wiesbaden, Germany) (Figure 3b). The vials filled with Ringer buffer are carefully capped, avoiding air bubbles, and then sealed tightly with parafilm (American National Can GmbH, Gelsenkirchen, Germany).

The bags/vials are placed into the central cavity of a water-filled pressure chamber (100 ml) of a custom-made HHP device (Figure 1b). The water is mixed 1:1 with ethylene-glycol to suppress corrosion of the pressure chamber. The temperature of the pressure chamber can be adjusted from 0-50°C by a temperature control unit (Thermo Fisher Scientific, Karlsruhe, Germany) (Figure 4). The temperature should be kept constant at any given level since adiabatic compression of water increases the temperature by 3°C per 100 MPa. Pressure levels up to 600 MPa are adjusted manually with a compression/decompression rate of 100-300 MPa/min. The tissue specimens are held under pressure for a defined length of time (plateau phase), then, within a few seconds, pressure is returned to normal.

Exposure of tendons and ligaments to HHP (300 and 600 MPa; 10 min, 20°C) did not significantly change their biomechanical features, Young's modulus and tensile strength, thus indicating retention of functional properties after HHP-sterilization (12). Retention of biomechanical properties of tissues after HHP is mainly based on the fact that HHP does not affect covalent molecular bonds, leaving parts of the molecule unchanged, whereas exposure to chemicals or high temperature often unfold macromolecules irreversibly (25-27).

Apart from tendons, we have also investigated the biomechanical properties of freshly resected human cortical and trabecular bone specimens or cartilage and menisci exposed to HHP as high as 600 MPa (10 min, 20°C) (13, 28). Under these conditions, no significant alterations relating to the stiffness and relaxation behavior of the osteochondral segments were observed. Unfortunately, inactivation of clinically important bacteria, for instance those present in osteomyelitis, was not achieved under these conditions (29, 30) although in foods, vegetative bacteria, yeasts and molds are generally sensitive to pressures of 600 MPa (7).

HHP is also employed to investigate pressure-related *in vivo*-effects on chondrocytes since hydrostatic pressure is a significant component of the mechanical loading environment within articular cartilage. Chondrocytes within cartilage of diarthrotic joints experience hydrostatic pressure levels of 0.1-20 MPa (31). In *ex vivo* investigations therefore intermittent

high pressure of 10 MPa was applied to investigate mechanisms mediating the response of chondrocytes to joint motion and loading (30, 31). Under these conditions, a decreased release of matrix metalloproreinases (MMP)-2, tissue inhibitor of matrix metalloproteinase (TIMP)-1 and interleukin-6 by osteoarthritic chondrocytes was observed, suggesting that pressure influences cartilage stability *in vivo* (32).

We have observed that, regarding bone, exposure of normal cells (*e.g.* osteoblasts) and tumor cells (*e.g.* osteo-, chondro- and fibrosarcoma cells) to elevated hydrostatic pressure led to irreversibly damaged, non-viable cells, even after short-term exposure to 350 MPa (14, 15, 23). Under these conditions, eukaryotic cells experience irreversible destruction and permeabilization of cell membranes by HHP, causing cell death (33).

Interestingly, suspended tumor cells were more resistant to HHP than adherent tumor cells, yet normal bone and tissue cells such as fibroblasts and osteoblasts were less resistant to HHP than tumor cells (14, 23). We also observed that at 300 MPa *ex vivo* outgrowth of normal or tumor cells from bone ceased concomitant with impairment of the bone-associated cells (15). This finding points to rapid devitalization of bone-associated tumor cells, potentially allowing reimplantation of the once tumor-bearing bone segment back into the patient.

Looking at other types of cells, Dibb *et al.* investigated the effects of HHP on normal and neoplastic rat cells in culture in the range 0.1 to 150 MPa (34). Morphological changes characterized by cell rounding were observed in secondary fetal brain cells and fibroblasts at about 70 MPa, whereas in the neoplastic neurogenic cell lines tested, similar changes occurred at around 100 MPa, again demonstrating that malignant cells may be more resistant to HHP than their normal counterparts. Similar findings were reported by Yamaguchi *et al.* for Ehrlich ascites tumor cells demonstrating that these tumor cells stopped *in vivo* proliferation at HHP above 130 MPa (35).

### Effect of Pressure on Extracellular Matrix Proteins and Enzymes

Little is known about the change of biological functions of proteins or other constituents of bone, cartilage, or tendon after exposure to HHP. Our own studies have demonstrated that the extracellular matrix proteins fibronectin, vitronectin and collagen-I present in the bone matrix do not deteriorate after HHP-treatment up to 600 MPa (10 min, room temperature) regarding cell proliferation, spreading and adherence capacity of human osteoblast-like cells and human osteosarcoma cells (Saos-2) (11). These data encourage further exploration of the potential of HHP to sterilize tumoraffected bone segments prior to reimplantation, since during such treatment, eukaryotic bone cells including tumor cells

would be irreversibly impaired, while the bone's biomechanical properties and the biological properties of the extracellular matrix proteins fibronectin, vitronectin, and collagen-I would be preserved (11).

HHP causes a stress response in many types of mammalian cells, including chondrocytes and bone tumor cells (36). Further to this, Kopakkala-Tani *et al.* investigated whether some of the well-known transduction pathways are activated in human chondrosarcoma cells under stress by exposure to moderate HHP of 15-30 MPa and demonstrated an increased level of active, phosphorylated forms of the extracellular signal-related kinase ERK and phosphoinositide 3-kinase under these pressure conditions (37).

HHP may not only exert an effect on tumor and normal cells present in the bone, but also on the tumor-associated proteases released by these cells, which are conducive to tumor bone turnover. At a pressure level of 600 MPa, the latent activity of the inactive zymogens prothrombin, plasminogen, pro-uPA and trypsinogen, in addition to the proteolytically active forms thrombin, plasmin, HMW-uPA, and trypsin, were minimally affected by HHP (24). The variation seen between different enzymes is probably due to differences in molecular structures and the resulting modifications after HHP treatment (24). It is worthwhile to note that at this pressure level, normal bone cells and tumor cells are irreversibly impaired. Additionally, HHP also influences the activity of other enzymes. With that in mind, Masson et al. reviewed HHP technology and its potential applications in medicine and pharmaceutical science (9). The authors explained that HHP may affect both the activity and specificity of enzymes and that HHP is used for the engineering of proteins to allow enzyme-catalyzed synthesis of fine chemicals and pharmaceuticals and the production of modified proteins of medical or pharmaceutical interest. Such reactions can be used for food functionalization and for producing "nutraceuticals" to be used in complementary therapy (38). Pressure processing was found to be efficient in reducing the allergenic activity of food (39).

In general, pressures above 300 MPa cause irreversible protein denaturation at room temperature, whereas lower pressures may result in reversible changes in protein structure. The effects of HHP on enzymes have been divided into two classes: moderate pressure values of 100-200 MPa, which activate monomeric enzymes, and elevated pressures, which usually induce enzyme inactivation (1). Investigations of the impact of moderate HHP up to 200 MPa on alphaamylase have shown a pressure-dependent stabilization of the enzyme against temperature-induced inactivation (3, 40). Interestingly, for some proteases, proteolysis enhancement through HHP (up to 400 MPa) depended on substrate changes and not on changes of the enzyme, as investigated for chymotrypsin in the hydrolysis of beta-lactoglobulin (41).

## Effect of HHP-treatment on Viability of Microorganisms in Bone

As yet, the effect of neoantigens generated during HHP-treatment of bone, cartilage and tendon on the host after reimplantation has not been elucidated and is at present subject to preclinical animal experiments. In spite of that, such physically modified proteins may be new innovative tools in the development of vaccines by making use of the changed immunogenicity of pressure-treated proteins or pressure-killed bacteria, viruses or normal and tumor cells (39, 42-44).

Also of importance for HHP-teatment of bone is the fact that viruses are very sensitive to HHP, being inactivated at pressures as low as 100 to 300 MPa. Inactivation of numerous viruses such as herpes viruses, rotaviruses, influenza, picornaviruses, as well as immunodificiency viruses, by pressure treatment has been successful in blood (45, 46). The use of high pressure in decreasing virus concentration in the blood of patients suffering severe virus infections by *ex vivo* pressure treatment of blood has been proposed (47), but studies on HHP inactivation of viruses present in bone, cartilage or tendon have not been reported yet.

Likewise, different procedures are available to inactivate bacteria and fungi, including their spores, in human bone transplants (48). The most efficient methods of inactivation are gamma irradiation and thermal inactivation, as well as chemical sterilization methods such as the peracetic acidethanol treatment of bone (49). The direct effect of HHP to achieve killing of vegetative bacterial, yeast and mold cells, has been documented as well (50, 51), although much higher pressure values of 500-700 MPa are needed than for the inactivation of viruses (52, 53). Interestingly, Grampositive bacteria are more resistant to HHP than Gramnegative bacteria (54). A major advantage of HHP processing over gamma irradiation, thermal inactivation or the use of peracetic acid-ethanol treatment is that it preserves the initial mechanical properties of the bone, cartilage and tendon, a prerequisite for re-implantation of the ex vivo-treated tissues.

### Conclusion

HHP technology has found broad application in the food industry, for instance in activating vegetative microorganisms in meat products, milk and juice.

While viruses and bacteria can be inactivated by moderate to high HHP, outgrowth of tumor cells from tumor-afflicted bone and cartilage segments can be efficiently blocked by extracorporeal HHP, while leaving their biomechanical and key biological properties intact.

These findings raise the hope that HHP can eventually be used in orthopedic surgery as an alternative technique over other established physical or chemical methods of sterilizing resected bone, cartilage or tendon in order to kill viruses, bacteria and cancer cells to allow autologous reimplantation. Still, before that goal is reached, further pre-clinical studies are required.

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#### References

- 1 Knorr D: Novel approaches in food-processing technology: new technologies for preserving foods and modifying function. Curr Opin Biotechnol 10: 485-491, 1999.
- 2 Abe F, Kato C and Horikoshi K: Pressure-regulated metabolism in microorganisms. Trends Microbiol 7: 447-453, 1999.
- 3 Yamaguchi T, Kawamura H, Kimoto E and Tanaka M: Effects of temperature and pH on hemoglobin release from hydrostatic pressure-treated erythrocytes. J Biochem (Tokyo) 106: 1080-1085, 1989.
- 4 Hoover DG, Metrick C, Papineau AM, Farkas DF and Knorr D: Biological effects of high hydrostatic-pressure on food microorganisms. Food Tech 43: 99-107, 1989.
- 5 Hoover DG: Pressure effects on biological-systems. Food Tech 47: 150-155, 1993.
- 6 Gould GW: Biodeterioration of foods and an overview of preservation in the food and dairy industries. Int Biodeter Biodeg 36: 267-277, 1995.
- 7 Gould GW: Preservation: past, present and future. Br Med Bull 56: 84-96, 2000.
- 8 Cheftel JC: Review: High-pressure, microbial inactivation and food preservation. Food Sci Tech Int 1: 75-90, 1995.
- 9 Masson P, Tonello C and Balny C: High-pressure biotechnology in medicine and pharmaceutical science. J Biomed Biotechnol 1: 85-88, 2001.
- 10 Naal FD, Schauwecker J, Steinhauser E, Milz S, KnochF, Mittelmeier W and Diehl P: Biomechanical and immunohistochemical properties of meniscal cartilage after high hydrostatic pressure treatment. J Biomed Mater Res B Appl Biomater 87: 19-25, 2008.
- 11 Diehl P, Schmitt M, Schauwecker J, Eichelberg K, Gollwitzer H, Gradinger R, Goebel M, Preissner KT, Mittelmeier W and Magdolen U: Effect of high hydrostatic pressure on biological properties of extracellular bone matrix proteins. Int J Mol Med 16: 285-289, 2005.
- 12 Diehl P, Steinhauser E, Gollwitzer H, Heister C, Schauwecker J, Milz S, Mittelmeier W and Schmitt M: Biomechanical and immunohistochemical analysis of high hydrostatic pressuretreated Achilles tendons. J Orthop Sci 11: 380-385, 2006.
- 13 Diehl P, Naal FD, Schauwecker J, Steinhauser E, Milz S, Gollwitzer H and Mittelmeier W: Biomechanical properties of articular cartilage after high hydrostatic pressure treatment. Biomed Tech (Berl) *51*: 8-14, 2006 (in German).
- 14 Naal FD, Mengele K, Schauwecker J, Gollwitzer H, Gerdesmeyer L, Reuning U, Mittelmeier W, Gradinger R, Schmitt M and Diehl P: High hydrostatic pressure-induced cell death in human chondrocytes and chondrosarcoma cells. Anticancer Res 25: 1977-1982, 2005.

- 15 Schauwecker J, Wirthmann L, Schmitt M, Tuebel J, Magdolen U, Gradinger R, Mittelmeier W and Diehl P: Effect of extracorporeal high hydrostatic pressure on cellular outgrowth from tumor-afflicted bone. Anticancer Res 26: 85-90, 2006.
- 16 Araki N, Myoui A, Kuratsu S, Hashimoto N, Inoue T, Kudawara I, Ueda T, Yoshikawa H, Masaki N and Uchida A: Intraoperative extracorporeal autogenous irradiated bone grafts in tumor surgery. Clin Orthop 368: 196-206, 1999.
- 17 Bohm P, Springfeld R and Springer H: Re-implantation of autoclaved bone segments in musculoskeletal tumor surgery. Clinical experience in 9 patients followed for 1.1-8.4 years and review of the literature. Arch Orthop Trauma Surg 118: 57-65, 1998
- 18 Bohm P, Fritz J, Thiede S and Budach W: Reimplantation of extracorporeal irradiated bone segments in musculoskeletal tumor surgery: clinical experience in eight patients and review of the literature. Langenbecks Arch Surg 387: 355-365, 2003.
- 19 Chen WM, Chen TH, Huang CK, Chiang CC and Lo WH: Treatment of malignant bone tumours by extracorporeally irradiated autograft-prosthetic composite arthroplasty. J Bone Joint Surg Br 84: 1156-1161, 2002.
- 20 Knaepler H, Ascherl R, von Garrel T and Gotzen L: Guidelines for allogeneic bone transplantation. Chirurg 62: 763-765, 1991 (in German).
- 21 Sys G, Uyttendaele D, Poffyn B, Verdonk R and Verstraete L: Extracorporeally irradiated autografts in pelvic reconstruction after malignant tumour resection. Int Orthop 26: 174-178, 2002.
- 22 Urist MR and Hernandez A: Excitation transfer in bone. Deleterious effects of cobalt 60 radiation-sterilization of bank bone. Arch Surg 109: 586-593, 1974.
- 23 Diehl P, Schmitt M, Blumelhuber G, Frey B, van Laak S, Fischer S, Muehlenweg B, Meyer-Pittroff R, Gollwitzer H and Mittelmeier W: Induction of tumor cell death by high hydrostatic pressure as a novel supporting technique in orthopedic surgery. Oncol Rep 10: 1851-1855, 2003.
- 24 Diehl P, Schauwecker J, Eichelberg K, Gollwitzer H, Magdolen U, Gerdesmeyer L, Mittelmeier W and Schmitt M: Quantitative analysis of the impact of short-time high hydrostatic pressure on bone tumor-associated proteases. Int J Mol Med 19: 667-673, 2007.
- 25 Balny C and Masson P: Effects of high-pressure on proteins. Food Rev Int 9: 611-628, 1993.
- 26 Heremans K and Smeller L: Protein structure and dynamics at high pressure. Biochim Biophys Acta 1386: 353-370, 1998.
- 27 Knorr D, Heinz V and Buckow R: High pressure application for food biopolymers. Biochim Biophys Acta *1764*: 619-631, 2006.
- 28 Steinhauser E, Diehl P, Hadaller M, Schauwecker J, Busch R, Gradinger R and Mittelmeier W: Biomechanical investigation of the effect of high hydrostatic pressure treatment on the mechanical properties of human bone. J Biomed Mater Res B Appl Biomater 76: 130-135, 2006.
- 29 Weber P, Diehl P, Hofmann GO, Miethke T, Schmitt-Sody M, Mittelmeier W, Gradinger R and Gollwitzer H: Extracorporeal high hydrostatic pressure as a new technology for the disinfection of infected bone specimens. Biomed Tech (Berl) 53: 190-198, 2008.
- 30 Ikenoue T, Trindade MC, Lee MS, Lin EY, Schurman DJ, Goodman SB and Smith RL: Mechanoregulation of human articular chondrocyte aggrecan and type II collagen expression by intermittent hydrostatic pressure *in vitro*. J Orthop Res 21: 110-116, 2003.

- 31 Lee MS, Ikenoue T, Trindade MC, Wong N, Goodman SB, Schurman DJ and Smith RL: Protective effects of intermittent hydrostatic pressure on osteoarthritic chondrocytes activated by bacterial endotoxin *in vitro*. J Orthop Res *21*: 117-122, 2003.
- 32 Trindade MC, Shida J, Ikenoue T, Lee MS, Lin EY, Yaszay B, Yerby S, Goodman SB, Schurman DJ and Smith RL: Intermittent hydrostatic pressure inhibits matrix metalloproteinase and proinflammatory mediator release from human osteoarthritic chondrocytes in vitro. Osteoarthritis Cartilage 12: 729-735, 2004.
- 33 Diehl P, Reuning U, Gollwitzer H, Magdolen U, Gerdesmeyer L, Schauwecker J, Tuebel J, Gradinger R, Mittelmeier W and Schmitt M: Effect of extracorporal high hydrostatic pressure on tumor cell adherence and viability. Oncol Rep 12: 369-373, 2004.
- 34 Dibb W, Morild E and Laerum OD: Effects of high hydrostatic pressure on normal and neoplastic rat cells in culture. Virchows Arch B Cell Pathol Incl Mol Pathol 38: 169-176, 1981.
- 35 Yamaguchi T, Kuranoshita K, Fujii M, Yokokawa Y and Kimoto E: Inhibition of the proliferation of *Ehrlich* ascites tumor cells by hydrostatic pressure. Cancer Biochem Biophys 15: 257-261, 1997.
- 36 Kaarniranta K, Elo MA, Sironen RK, Karjalainen HM, Helminen HJ and Lammi MJ: Stress responses of mammalian cells to high hydrostatic pressure. Biorheology 40: 87-92, 2003.
- 37 Kopakkala-Tani M, Elo MA, Sironen RK, Helminen HJ and Lammi MJ: High hydrostatic pressure induces ERK and PI3 kinase phosphorylation in human HCS-2/8 chondrosarcoma cells. Cell Mol Biol (Noisy-le-grand) *50*: 485-490, 2004.
- 38 Butz P and Tauscher B: Recent studies on pressure-induced chemical changes in food constituents. High Pressure Res 11-18, 2000.
- 39 Poms RE and Anklam E: Effects of chemical, physical, and technological processes on the nature of food allergens. J AOAC Int 87: 1466-1474, 2004.
- 40 Buckow R, Weiss U, Heinz V and Knorr D: Stability and catalytic activity of alpha-amylase from barley malt at different pressure-temperature conditions. Biotechnol Bioeng 97: 1-11 2007.
- 41 Chicon R, Lopez-Fandino R, Quiros A and Belloque J: Changes in chymotrypsin hydrolysis of beta-lactoglobulin A induced by high hydrostatic pressure. J Agric Food Chem 54: 2333-2341, 2006.
- 42 Goldman Y, Peled A and Shinitzky M: Effective elimination of lung metastases induced by tumor cells treated with hydrostatic pressure and *N*-acetyl-L-cysteine. Cancer Res 60: 350-358, 2000.
- 43 Korn A, Frey B, Sheriff A, Gaipl US, Franz S, Meyer-Pittroff R, Bluemelhuberh G and Herrmann M: High hydrostatic pressure inactivated human tumour cells preserve their immunogenicity. Cell Mol Biol (Noisy-le-grand) *50*: 469-477, 2004.

- 44 Perche PY, Cléery C, Bouloy M, Burkhart MF, Masson P and Michel P: Study of inactivation and immunogenicity of Rift valley fever virus type 13 clone treated by high hydrostatic pressure. Am J Trop Med Hyg *57*: 256-257, 1997.
- 45 Jurkiewicz E, Villas-Boas M, Silva JL, Weber G, Hunsmann G and Clegg RM: Inactivation of simian immunodeficiency virus by hydrostatic pressure. Proc Natl Acad Sci USA 92: 6935-6937, 1995.
- 46 Silva JL, Foguel D, Da Poian AT and Prevelige PE: The use of hydrostatic pressure as a tool to study viruses and other macromolecular assemblages. Curr Opin Struct Biol 6: 166-175, 1996.
- 47 Bradley DW, Hess RA, Tao F, Sciaba-Lentz L, Remaley AT, Laugharn JA and Manak M: Pressure cycling technology: a novel approach to virus inactivation in plasma. Transfusion 40: 193-200, 2000.
- 48 Ritz M, Pilet MF, Jugiau F, Rama F and Federighi M: Inactivation of *Salmonella typhimurium* and *Listeria monocytogenes* using high-pressure treatments: destruction or sublethal stress? Lett Appl Microbiol 42: 357-362, 2006.
- 49 Pruss A, Baumann B, Seibold M, Kao M, Tintelnot K, von Versen R, Radtke H, Dorner T, Pauli G and Gobel UB: Validation of the sterilization procedure of allogeneic avital bone transplants using peracetic acid-ethanol. Biologicals 29: 59-66, 2001.
- 50 Arroyo G, Sanz PD and Prestamo G: Effect of high pressure on the reduction of microbial populations in vegetables. J Appl Microbiol 82: 735-742, 1997.
- 51 Simpson RK and Gilmour A: The effect of high hydrostatic pressure on *Listeria monocytogenes* in phosphate-buffered saline and model food systems. J Appl Microbiol 83: 181-188, 1997.
- 52 Hayakawa I, Kanno T, Tomita M and Fujio Y: Application of high-pressure for spore inactivation and protein denaturation. J Food Sci 59: 159-163, 1994.
- 53 Wuytack EY, Boven S and Michiels CW: Comparative study of pressure-induced germination of *Bacillus subtilis* spores at low and high pressures. Appl Environ Microbiol 64: 3220-3224, 1998
- 54 Shigehisa T, Ohmori T, Saito A, Taji S and Hayashi R: Effects of high hydrostatic-pressure on characteristics of pork slurries and inactivation of microorganisms associated with meat and meatproducts. Int Food Microbiol 12: 207-216, 1991.

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