



Applications and Limitations of 3D Bioprinters in Tissue Culturing: A Review

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Abstract

3D bioprinting is an advanced technology that uses different biomaterial like hydrogels and bio-inks to develop artificial tissue cells and organs. There are three types of bioprinting techniques: Jetting-based bioprinting, extrusion based bioprinting, and integrated bioprinting. Biomaterials used in 3D bioprinter should have some ideal characteristics such as they should be biocompatible, printable, and provide mechanical and structural properties. There are different types of bio-inks, hydrogels, and growth factors used to overcome the crisis of organ shortage. Bioprinting technology is essential for the development of eleven organ systems as there is a need for organ replacement and tissue regeneration. It is possible to make complex tissue culture structures by using 3D bioprinting. The mixture of biomaterial and living cells used for bioprinting is called bio-inks. Hydrogels are one of the ideal components of biomaterials as it has similar characteristics as natural extracellular matrix and provides a hydrated environment for cells to divide. Generation and transportation of many tissues, including skin, heart tissues, cartilaginous constructs, and tracheal tissues is done by 3D bioprinting. It is used for research purposes, drug testing, and drug discovery. But our focus is to highlight the applications of 3D bioprinters in tissue engineering and the development of organ systems. Skin tissues have also been engineered to overcome complex skin treatment procedures and to save time and cost.

Keywords: 3D bioprinting; Bio-inks; Biomaterials; Hydrogels; Tissue Culturing

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1. INTRODUCTION

3D printing is a source of many inventions in many fields like arts, medicines regeneration, drug screening, disease modeling manufacturing, organ and tissue development¹. In 3D Printing, cell-laden bio-inks are used to fabricate into functional tissue and organs². 3D Printing and 3D bioprinting are interchangeable terms. It is essential to understand the difference between them³. In the 3D bioprinting technique, biomaterial, cell-laden bio-inks, and hydrogels must be required to construct a living tissue or organ⁴ whereas in 3D printers, there is no use of cells, bio-inks, hydrogels. It also has many biomedical applications such as it is used to invent surgical devices, surgical instruments, customized implants, and anatomical models⁵.

The study of bioprinters is an interdisciplinary study that includes studies of different subjects/fields like genetic engineering, tissue culturing, biomaterials science, cell biology, nanotechnology, physics, and

medicines⁶. It is helpful in biomimicry of several tissues like multi-layered skin, bone vascular grafts, tracheal splints, heart valves, and cartilaginous structures⁷. It is helpful in the increasing organ shortage crisis as it has application in the development of 11 major organ systems such as urinary system, digestive system, reproductive system, lymphatic system circulatory system and other major systems of the body¹.

It also has applications in pharmaceutical research studies for testing drug efficacy, toxicity chemotherapy, or chemoresistance to reduce some of its limitations like high cost and time-consuming procedures⁸.

2. HISTORY

2.5 million people in Poland suffered from diabetes and out of these 2.5 million people, 10000 were patients of type one diabetes (T1D)⁹. Ruining and deterioration of the endocrine cells and hyperglycaemic hormones were the cause of diabetes which lead to insulin deficiency¹⁰. There are many diseases due to vascular and nervous disorders such as neuropathy, myocarditis, end-stage kidney damage, feet ulcer, and retinopathy due to abnormal flow of blood, insulin regimen treatment, and optimal glucose level. It may also cause severe glycemia in hypoglycaemia. To achieve the function of a normal kidney, there were only two possible options in patients with type 1 Diabetes either transformation of pancreas or transformation of islet. But these transformations have some limitations such as expensive surgical procedures are required and lifelong immunosuppressants to reduce rejection¹¹.

To overcome these limitations, bio mimicked pancreas was used for the treatment of T1D disease. This method is an innovation and is currently in progress. 3D bioprinting of bio mimic pancreases is made of specific biomaterials, which was like the natural extracellular matrix, that is the most promising solution to the methods. The crucial properties of 3D bioprinting are; (i) This procedure is innovative and new, (ii) Bio mimicked transplants are independent of the numbers of donors; (iii) Tissues engineering techniques are used to develop pancreatic islets by using stem cells from patients and (iv) These methods can be directly adapted to the patient's needs by tissue engineering¹². Fig 1 and Table 1 show the conversion of 2D models into 3D models and a timeline of the development of bioprinters respectively.

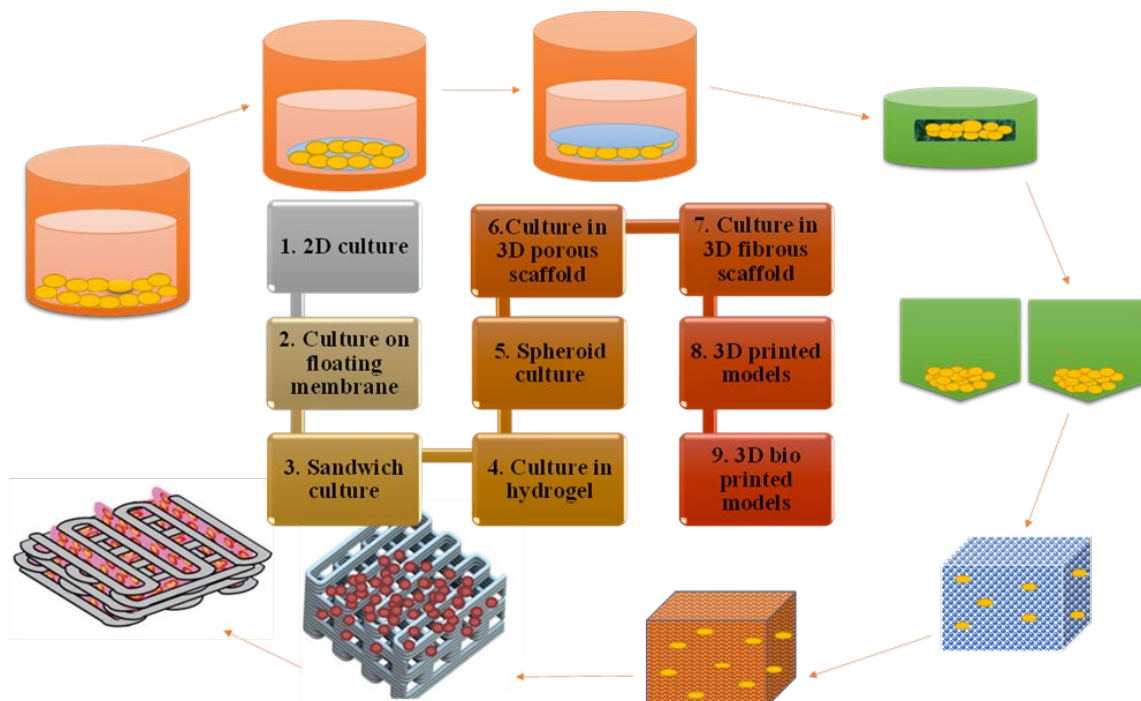


Fig. 1. Conversion of 2D models to 3D bio-printed models

Table 1: Timeline for the development and Invention of 3D bioprinters

| Year | Scientist Name | Invention/Development | Ref. |
|------------|------------------------------------|--|-------|
| 1984 | Charles Hull | Invented the first bioprinters and also patented the stereolithographic methods | 13 |
| 1987 | | The first commercial 3D printer (SLA-250) has appeared on the global market known as "Stereolithography Apparatus." | 14 13 |
| In the 90s | Emmanuel Sachs | He patented and implemented the term "3D Printer." These 3D printers were used to print plastic, ceramic, and metal elements. | 15 |
| 1996 | -Kay C Dee -Rena Bizios | Biomaterials were used in tissue culturing and engineering | 16 |
| 2001 | -Linda Griffith - Gail Naughton | The bladder scaffold was directly printed. Donor cells were directly seeded | 17 |
| 2002-2003 | Thomas Boland | He unproved the inkjet bioprinting technique. Scientists established a bioprinting technique in cells were used due to their high availability. | 18 |
| 2008 | Francois Auger | New 3D tissue constructs with no scaffold | 19 20 |
| 2009-2016 | | <ol style="list-style-type: none"> 1. Development of brand-new 3D bioprinter. 2. New bioprinting techniques and products were introduced. 3. Vascular 3D constructs with no scaffold (2009) 4. Injection of hepatocytes into collagen and skin printing (2010). 5. Artificial liver (2012) 6. Artificial cartilage (2012) 7. Tissue integration with a circulatory system (2014). 8. Heart valves (2016) | |

Presently, 3D bioprinting techniques are mostly used for fabricating blood vessels, heart valves (Valve interstitial cells), bones, liver cells (for detection of toxin, drugs, and other chemical compounds), skin (healing of wounds and for research purposes)²⁰. Currently there are three main types of bioprinters: laser-assisted, inkjet printers, extrusion printers²¹

These techniques have specific requirements for biomaterials used for these purposes such as hydrogels and all types of cells are not compatible. The biomaterials that are used for bioprinting should have specific properties. Inkjet and extrusion-based techniques are the best and most widely used methods for the development of 3D constructs²⁰.

3. 3D BIOPTINTING TECHNOLOGY

3D Bioprinting Technology is a technique that prints the complex tissues or organs with the use of viable cells and build on biological structures, living cells, and biochemicals that are layer-by-layer in error-free position²². It has obtained attention because of its capacity to control some engineering provocation that runs in the area of tissue engineering. Bioprinting is a technology that has a lot of applications, like building up functional tissue or organs to replace the diseased and injured tissue or organ²³. Bioprinting is held on additive

manufacturing in which we use biomaterials that provide a microenvironment for living cells and the biomaterials that we use, referred to as bio-ink ²⁴.

4. TYPES OF BIOPRINTING

There are three main types of Bioprinting; Jetting based Bio-printing, Extrusion based bio-printing and Integrated bio-printing. These types of bioprinting are explained in detail in this review.

4.1. Jetting based bio-printing

This type of bio-printing is a connection-free method in which 2D, and 3D models are produced by bio ink droplets layered on the substrate. Jetting-based bio-printing evolves by the mechanisms that are used to invent bio-ink droplets through a piezoelectric actuator, thermal technique, pneumatic pressure, and the laser-induced forward transfer method ²⁴

This thermal method employs the use of a generator that produces heat, through temperature increases within the chamber of the bio ink. This heat produces bubbles and eject small droplets. The bioprinting applies piezo crystal pulse actuator through the utilization of piezoelectric actuator which is arbitrated through electric current, and pulse is generated which results in an emission of a small drop. So, these two techniques are commonly utilized for jetting-based bioprinting and commercially this type of delivery method is used for inkjet printers. The LIFTM (Laser-Induced Forward Transfer Method) technique produces evaporation by the application of laser to generate small droplets ²⁵. Next in pneumatic pressure, the drops are produced under pneumatic pressure by opening and closing a valve. The components of jetting-based printers have been shown in the Fig 2.

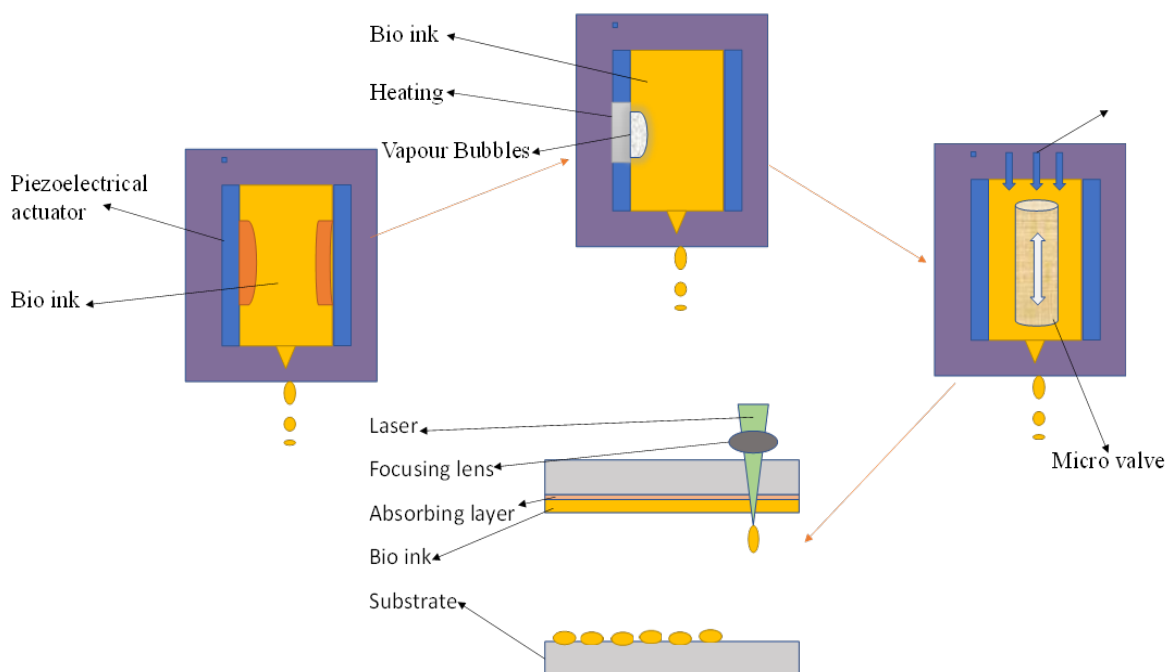


Fig. 2. Jetting Based Printing

4.2 Extrusion based bioprinting:

This type of bioprinting complex distributes ongoing filament of substances that contain cells assorted through micronozzle with a special gel called hydrogel for the manufacturing of 2D or 3D models. The distribution of the gel can be due to syringe pressure and also distribution can be maintained by managing

the amount of pressure²⁴. When 2D models print, the hydrogel is solidified through the chemical and physical method, and 3D models can be manufactured by arranging 2D models surface after surface

This type of bioprinting allows much extensive choice of biomaterial. And as a result, manufacture and scaling up 3D models can be attained by the utilization of biomaterial²⁶.

4.3 Integrated bioprinting:

We know that bioprinting technology is based on cell-laden hydrogel and cell aggregate to manufacture the models. So, this is hard to manufacture 3D models with enough toughness, suitable shape, and size because of stubby mechanical features and insufficient strength of the material of hydrogel. To control and minimize these restrictions, we establish a structure that prints many things like man-made biopolymer and also the hydrogel to generate organs with excessive robustness²⁷.

And these synthetic biopolymers give physical assist of three-D and the constitutes of the cell-laden hydrogel help in the regeneration of tissues and cells²⁶.

5. BIOMATERIAL USED IN 3D PRINTING

5.1 Bio inks

Bio inks are used for non-living cells and biological applications. The foremost material which is used for bio-inks are ceramics, thermoplastic polymers, and metals. The main purpose for the manufacturing of organs and tissues through 3D Bioprinting technology is to obtain chemical, mechanical, and morphological properties same to real tissue and organs. Hence, bio-ink has an important role to perform all the aspects of 3D Bioprinting. They save the over artificial organs and tissues against the fabrication procedure such as inappropriate environment and extrusion. Several materials are used as bio-inks to form 3D models including hydrogel, lipids, ceramics, polymers, and elastomers²⁸.

A perfect bio-ink should have adorable physiochemical properties such as rheological, biological, chemical, and mechanical characteristics. These properties help to build the tissue with sufficient mechanical strength and they are biocompatible and perfect for chemical modification to form tissue²³. There are 4 types of bioinks; (i) Multimaterial bioinks, (ii) Interpenetrating network bioinks; (iii) Nanocomposites bioinks and (iv) Supramolecular bioinks²⁹.

5.2 Hydrogels

Hydrogels are one of the essential requirements for 3D bioprinting. Hydrogels are biomaterials that have already been used in 3D bioprinting along with bio inks to make 3d structures³⁰. It has some properties similar to the properties of the natural extracellular matrix. Their most important function is to provide a hydrated environment for cell multiplication. Hydrogels may be natural or synthetic. Examples have been given in Table 2.

Table. 2. Examples of different types of polymers used in 3D bioprinting techniques

| Examples of polymers: | | |
|----------------------------|-------------------------------------|----------|
| Natural hydrogels | Alginates | 31 32 33 |
| | Collagen | 34 |
| | Gelatin | 32 35 |
| | Chitosan | 36 |
| | Methylcellulose | 37 |
| Synthetic hydrogels | Poly acrylamide | 38 |
| | Poly (vinyl alcohol) | 39 |
| | Poly (2- hydroxyethyl methacrylate) | 40 |

They are biocompatible and printable. Even so, they have some limitations as their nature is not strong⁴¹ and products are degradable⁴². Scientists have to make a hydrogel that is capable of bioprinting as well as tissue culturing⁴³. There are three types of hydrogels; homopolymeric hydrogels, copolymeric hydrogels and multipolymeric interpenetrating polymer hydrogels⁴⁴.

6. IDEAL PROPERTIES OF BIOMATERIAL USED IN 3D PRINTERS

It is essential to find a material that has ideal properties so that it can be used for 3D bioprinting and perform its functions accurately. Biomaterials used for this purpose should be biocompatible, should have some mechanical and functional properties. Biomaterials used in 3D printers should have these properties that make them ideal for use in 3D bioprinting such as biocompatibility, mechanical and structural properties, printability, material biomimicry, degrading of kinetics and by products, porosity and structural support.

6.1 Biocompatibility

The biomaterial used should be non-toxic and less harmful to the tissue cultures and new organs⁴⁵

6.2 Mechanical and Structural Properties

Such material should be used that can provide the required structural, mechanical, rigidity, integrity properties over a period of time⁴⁶

6.3 Printability

The material should have a property to be accurately deposited with desired and temporal control. Biomaterial used should cross-linking mechanisms and shear thinning⁴⁷

6.4 Material Biomimicry

The biomimicry property with ideal physical and chemical properties are based on the composition of specific tissue and localization of ECM (Extra Cellular Matrices) in the desired tissue⁴⁸.

For example, Nanoscale property such as ridges, steps, and groove affect, attachment of cell, cytoskeleton assembly, and division of cells⁴⁹.

6.5 Degradation of Kinetics and By Products

Embedded cells release protease enzymes. It produces ECM proteins that are required for new tissue culture, which is due to the degradation of scaffold material⁵⁰.

Byproducts released due to degradation are also essential as they may not be biocompatible for tissue cultures. The byproducts should be non-toxic, readily metabolized, and easily removable from the body.

6.6 Porosity

3D bioprinters require porous structures for proper transportation of oxygen and nutrients, tissue integration, and vascularization.

6.7 Structural support

3D bioprinting requires good strength to overcome the stress in the host environment

7. APPLICATIONS OF 3D BIOPRINTING IN DEVELOPMENT OF ORGAN SYSTEMS:

Considerable improvement has been achieved in the subject of bioprinting, with different types of printed tissues and organ systems. The human body is composed of several organ systems that work together to sustain homeostasis and normal functioning and natural body operations

An organ system is composed of multiple tissues, organs and anatomical components that work together to carry out a specified role. There are seven organ system in the human physique: skeleton, muscular, nervous, Lymphatic, endocrine, reproductive, integumentary, urinary, respiratory, and digestive system. The bioprinting techniques are being used for artificial development of these organ that have similar functions to original one² Different types of cells have been produced by using different types of hydrogels, bioinks, and

growth factors by using different techniques. Examples of cells and tissues that were engineered by using different technique are show in the Table 3.

Table 3. Examples of tissues and cell of different organ system that were engineered through 3D bioprinting techniques

| Organ system | Type of Tissue engineered | Types of cells developed | Bioprinting technique | Biomaterials used | Growth factors used | Ref. |
|--------------------|------------------------------------|--|---|--|---|-------------|
| Skeleton system | Bone tissues | Bone marrow stromal cells | Pneumatic extrusion bioprinting method | Alginate hydrogel | Osteogenic marker alkaline phosphatase | 51 |
| | | Human osteogenic sarcoma cells | Extrusion bioprinting method | Alginate/ gelatin hydrocarbon | Agarose and calcium salt of polyphosphate | 52 |
| | | MSC | Inkjet printing | PEG-GEL MA hydrogels | Polydopamine (PDA)BMP 2 peptides | 53 |
| | Cartilage | Adipose derived stromal stem cells | Inkjet printing | Gelatin methacryloyl/hyaluronicacid methacryloyl | Lithium acylphosphonite (LAP) | 54 |
| Muscular system | Skeleton muscular tissues | Human skeleton muscle cells (hSkMCs) | Nano fibrous scaffold/ Electrospun Scaffolds | PCL/collagen | BMP-2, FGF-2 | 55 |
| Nervous system | Brain tissues | Murine neural stem cells (NSCs) | Inkjet bioprinters | Polyurethane (PU) nanoparticles based bioinks | CNTF, VEGF | 56 |
| Lymphatic system | Lymph node tissues | Artificial lymph node | Extrusion based printing | Self-laden hydrogels | - | 57 |
| Circulatory system | Myocardial tissues (blood vessels) | Cardiomyocyte progenitor cell, Endothelial cell, | Extrusion bioprinting, and inkjet bioprinting | Alginate, fibrin | - | 58 59 60 |

| | | | | | | |
|-----------------------------|---------------------|---|--------------------|----------|---|---------------|
| | | Smooth muscle cell, and Mesenchymal stem cell | | | | |
| Integumentary system | Skin tissues | Dermal fibroblast, Epidermal keratinocyte | Inkjet bioprinting | Collagen | - | ⁶¹ |

7.1 Use of 3D Printers in Skin Engineering

Skin is the largest organ of the body consisting of 15 % of the body total mass of normal human body which mainly constitutes of 3 layers ⁶². Some skin illnesses include dermatitis, cellulitis, and even melanoma that can occur in case of any disturbance in normal homeostasis and infection in these layers. The skin consists of a fleshy layer that has several important functions that main normal regulation of homeostasis of the body. The main functions of skin include providing resistance against stressful environmental conditions, thermal regulation, and maintaining excretory mechanisms by sweat glands ⁶³.

7.2 Approaches in tissue engineering of skin

Two major approaches that help or improve skin regeneration are stated below that are used in 3D bioprinting, tissue engineering strategies (Fig 3). The bottom-up approach creates bigger and complex tissues with the help of a process called biological sintering. The elements that can mainly make up building blocks are cell aggregates and Polymer-based microbeads consisting of heterogenous or uniform composition. Smaller blocks discussed are symmetrically arranged in three dimensions which further forms a complex namely biomimetic complex structure. A well-known example is cell sheet technology which makes comparatively thick tissues without using biodegradable symmetry/scaffolds and bioreactor by the help of coating or layering individually a cell sheet that is of few microns in size. Comparatively thick size, one more example can be cell-laden microgels ^{64, 65}. Other examples can be laser-induced forward transfer ^{66, 67} as discussed above inkjet printers ^{68 69} and techniques including laser techniques that consists of direct writing ^{70, 71}.

The other approach is the top-down approach that converts larger or material in bulk quantity into smaller or more complex structures. this process provides many advantages like stability to the structure and cell migration in the symmetry or structure that can form cell junction or better cell to cell interactions. So, it is concluded that integration of each phenomenon provides a better understanding for skin tissue engineering ⁷².

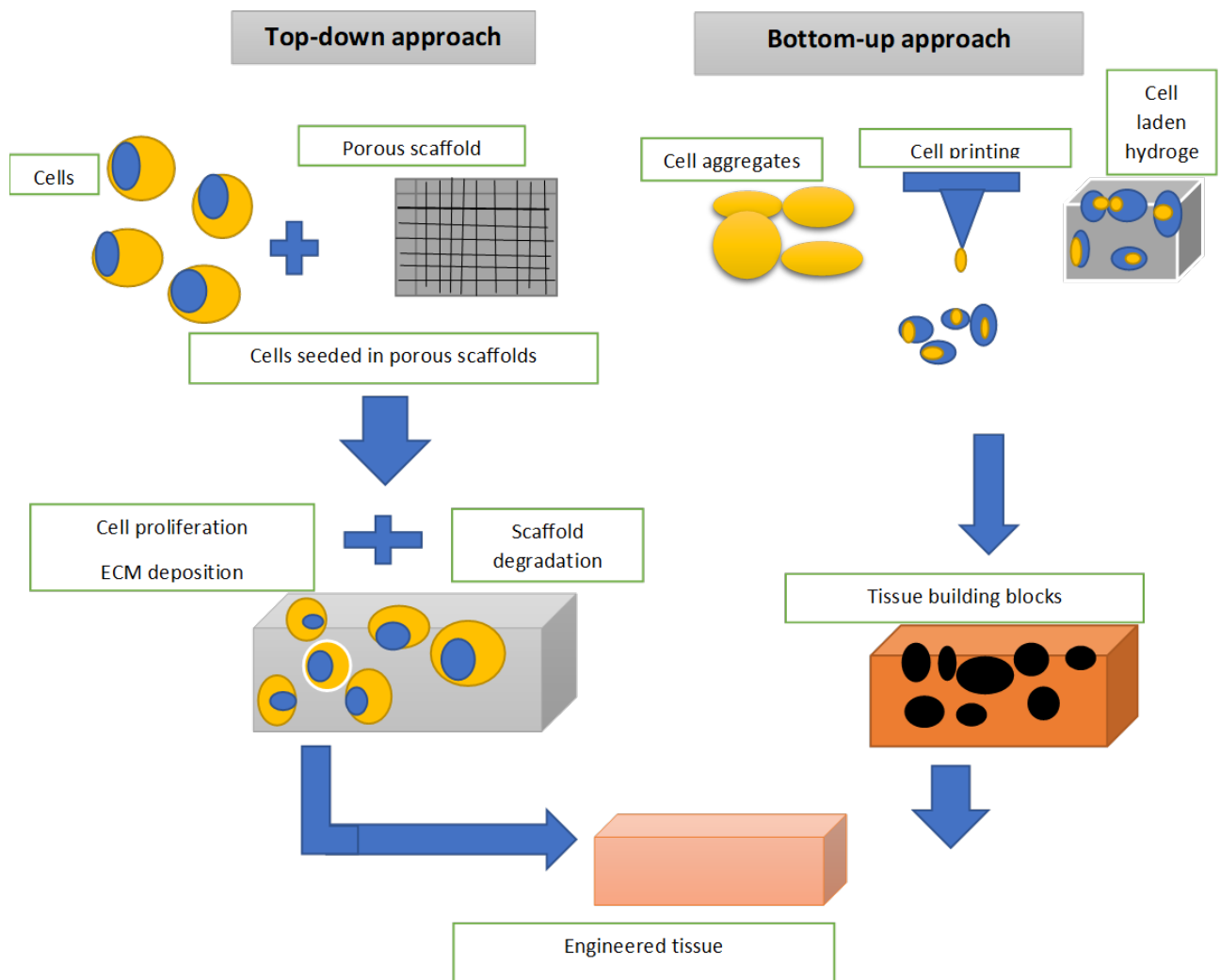


Fig. 3. Approaches of skin engineering using 3D bioprinters

8. LIMITATIONS OF 3D BIOPRINTING

Every technology has to suffer some limitations and has some challenges. Similarly, 3D bioprinting techniques used for organ development and regenerative medicines have some limitations and challenges. Various bioprinting methods have been used to develop different tissue and organs constructs. These methods are responsible for safe delivery of cells, biological molecules, and biomaterials to a specific target. These methods are easily used for constructing simple tissues, and organs. Constructing more complex, solid, and composite organs and tissues always remains a challenge²⁴.

Presently, it is difficult to construct organs that have a well-integrated circulatory system as the supply of blood, nutrients, and oxygen to the organs may be difficult². Due to some innate properties of biomaterials like hydrogels or bio-inks, these 3D bio-printed constructs have low mechanical strength and integrity. So, they are not fully able to maintain the proper shape and fight against external stress after implantation. The fabrication of the bioprinting constructs has also been a big challenge. The requirement to construct tissues and organs includes different kinds of cells with a resolution in the micrometer unit and complex inner architecture. so, the resolution of cells used in 3D bioprinters is a big problem.

3D bioprinting of skin also has some challenges. Bio printed skin has a long healing time and the procedure is expensive as the skin is heterogeneously made up of different cells. Some easily mimicable skin cells by 3D bioprinters include fibroblasts and keratinocytes⁷³. But most complex skin cells like melanocytes, Langerhans cells, and hair follicle cells are difficult to construct. Scientists can use stem cells but there are some ethical issues such as costly procedure, skill requirements and time consuming procedures⁷⁴.

8. FUTURE PERSPECTIVE

In a 3D printer, various factors need to be considered on a priority basis to enhance its capability. To enhance the structural integrity, we must consider the biocompatible material that can sustain its integrity⁵⁹. In 3D printing, extrusion-based methods are highly recommended as this method has a maximum resolution that is about 100-300 μm ⁷⁵. For this purpose, the fabrication resolution of bioprinters should be improved. Additionally, the time of fabrication related to the speed of printing material must be considered⁷⁶. In this regard collaboration of experts from different domains such as biochemistry, engineering, and biomedical will also encourage the various prospects and boost the potential that will be readily available for saving and serving the life of people.

9. CONCLUSIONS

3D bioprinting is an advanced technology that has many uses in every field of arts, medicines, drug screening, etc. It requires specific techniques, types of cells, biomaterials like hydrogels, bio-inks, growth and differentiation factors. 3D bioprinters are used in the development of 11 organ systems. It was first invented by Charles Hull in 1984. There are three basic types of bioprinters: Jetting based bioprinters, extrusion-based bioprinting, and integrated-based bioprinting. Different kinds of bio-inks and hydrogels are being used for 3D bioprinting which may have some ideal properties. Currently, there are two approaches used for the development of 3D bioprinting of skin tissues. This technique also has some limitations as it is very expensive, it consumes a lot of time, and in the transfer of nutrients and gases in bioprinter tissues is difficult but the demand of bioprinters is increasing day by day in different applications.

CONFLICT OF INTEREST

No conflict of interest

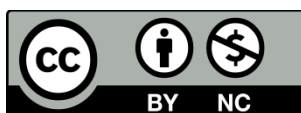
REFERENCES

1. Murphy SV, Atala A. 3D bioprinting of tissues and organs. *Nature biotechnology* 2014;32(8):773-785.
2. Vijayavenkataraman S, Yan W-C, Lu WF, Wang C-H, Fuh JYH. 3D bioprinting of tissues and organs for regenerative medicine. *Advanced drug delivery reviews* 2018;132:296-332.
3. Ozbolat IT, Hospodiuk M. Current advances and future perspectives in extrusion-based bioprinting. *Biomaterials* 2016;76:321-343.
4. Liaw C-Y, Guvendiren M. Current and emerging applications of 3D printing in medicine. *Biofabrication* 2017;9(2):024102.
5. Jie S, Haoyong Y, Chaw TL, Chiang CC, Vijayavenkataraman S. An interactive upper limb rehab device for elderly stroke patients. *Procedia CIRP* 2017;60:488-493.
6. Bracci R, Maccaroni E, Cascinu S. Bioresorbable airway splint created with a three-dimensional printer. *New England Journal of Medicine* 2013;368(21):2043-5.
7. Ingber DE, Mow VC, Butler D, Niklason L, Huard J, Mao J, Yannas I, Kaplan D, Vunjak-Novakovic G. Tissue engineering and developmental biology: going biomimetic. *Tissue engineering* 2006;12(12):3265-3283.
8. Peng W, Datta P, Ayan B, Ozbolat V, Sosnoski D, Ozbolat IT. 3D bioprinting for drug discovery and development in pharmaceuticals. *Acta biomaterialia* 2017;57:26-46.
9. Patterson CC, Dahlquist GG, Gyürüs E, Green A, Soltész G, Group ES. Incidence trends for childhood type 1 diabetes in Europe during 1989–2003 and predicted new cases 2005–20: a multicentre prospective registration study. *The Lancet* 2009;373(9680):2027-2033.
10. Imperatore G, Boyle JP, Thompson TJ, Case D, Dabelea D, Hamman RF, Lawrence JM, Liese AD, Liu LL, Mayer-Davis EJ. Projections of type 1 and type 2 diabetes burden in the US population aged < 20 years through 2050: dynamic modeling of incidence, mortality, and population growth. *Diabetes care* 2012;35(12):2515-2520.
11. Karzyński K, Kosowska K, Ambrożkiewicz F, Berman A, Cichoń J, Klak M, Serwańska-Świątek M, Wszola M. Use of 3D bioprinting in biomedical engineering for clinical application. *Medical Studies/Studia Medyczne* 2018;34(1):93-97.

12. Duan B. State-of-the-art review of 3D bioprinting for cardiovascular tissue engineering. *Annals of biomedical engineering* 2017;45(1):195-209.
13. Schubert C, Van Langeveld MC, Donoso LA. Innovations in 3D printing: a 3D overview from optics to organs. *British Journal of Ophthalmology* 2014;98(2):159-161.
14. Gross BC, Erkal JL, Lockwood SY, Chen C, Spence DM. Evaluation of 3D printing and its potential impact on biotechnology and the chemical sciences. ACS Publications; 2014.
15. Ventola CL. Medical applications for 3D printing: current and projected uses. *Pharmacy and Therapeutics* 2014;39(10):704.
16. Dee KC, Bizios R. Mini-review: Proactive biomaterials and bone tissue engineering. *Biotechnology and bioengineering* 1996;50(4):438-442.
17. Griffith LG, Grodzinsky AJ. Advances in biomedical engineering. *Jama* 2001;285(5):556-561.
18. Moroni L, Boland T, Burdick JA, De Maria C, Derby B, Forgacs G, Groll J, Li Q, Malda J, Mironov VA. Biofabrication: a guide to technology and terminology. *Trends in biotechnology* 2018;36(4):384-402.
19. Dababneh AB, Ozbolat IT. Bioprinting technology: a current state-of-the-art review. *Journal of Manufacturing Science and Engineering* 2014;136(6).
20. Di Prima M, Coburn J, Hwang D, Kelly J, Khairuzzaman A, Ricles L. Additively manufactured medical products—the FDA perspective. *3D printing in medicine* 2016;2(1):1-6.
21. Wei Z, Liu X, Ooka M, Zhang L, Song MJ, Huang R, Kleinstreuer NC, Simeonov A, Xia M, Ferrer M. Two-dimensional cellular and three-dimensional bio-printed skin models to screen topical-use compounds for irritation potential. *Frontiers in bioengineering and biotechnology* 2020;8:109.
22. Papaioannou TG, Manolesou D, Dimakakos E, Tsoucalas G, Vavuranakis M, Tousoulis D. 3D bioprinting methods and techniques: applications on artificial blood vessel fabrication. *Acta Cardiologica Sinica* 2019;35(3):284.
23. Gungor-Ozkerim PS, Inci I, Zhang YS, Khademhosseini A, Dokmeci MR. Bioinks for 3D bioprinting: an overview. *Biomaterials science* 2018;6(5):915-946.
24. Seol Y-J, Kang H-W, Lee SJ, Atala A, Yoo JJ. Bioprinting technology and its applications. *European Journal of Cardio-Thoracic Surgery* 2014;46(3):342-348.
25. Li J, Chen M, Fan X, Zhou H. Recent advances in bioprinting techniques: approaches, applications and future prospects. *Journal of translational medicine* 2016;14(1):1-15.
26. Smith CM, Stone AL, Parkhill RL, Stewart RL, Simpkins MW, Kachurin AM, Warren WL, Williams SK. Three-dimensional bioassembly tool for generating viable tissue-engineered constructs. *Tissue engineering* 2004;10(9-10):1566-1576.
27. Kang H-W, Lee SJ, Ko IK, Kengla C, Yoo JJ, Atala A. A 3D bioprinting system to produce human-scale tissue constructs with structural integrity. *Nature biotechnology* 2016;34(3):312-319.
28. Mobaraki M, Ghaffari M, Yazdanpanah A, Luo Y, Mills D. Bioinks and bioprinting: A focused review. *Bioprinting* 2020;18:e00080.
29. Chimene D, Lennox KK, Kaunas RR, Gaharwar AK. Advanced bioinks for 3D printing: a materials science perspective. *Annals of biomedical engineering* 2016;44(6):2090-2102.
30. Pedde RD, Mirani B, Navaei A, Styan T, Wong S, Mehrali M, Thakur A, Mohtaram NK, Bayati A, Dolatshahi-Pirouz A. Emerging biofabrication strategies for engineering complex tissue constructs. *Advanced Materials* 2017;29(19):1606061.
31. Jia J, Richards DJ, Pollard S, Tan Y, Rodriguez J, Visconti RP, Trusk TC, Yost MJ, Yao H, Markwald RR. Engineering alginate as bioink for bioprinting. *Acta biomaterialia* 2014;10(10):4323-4331.
32. Zehnder T, Sarker B, Boccaccini AR, Detsch R. Evaluation of an alginate–gelatine crosslinked hydrogel for bioplotting. *Biofabrication* 2015;7(2):025001.
33. Leppiniemi J, Lahtinen P, Paajanen A, Mahlberg R, Metsä-Kortelainen S, Pinomaa T, Pajari H, Vikholm-Lundin I, Pursula P, Hytönen VP. 3D-printable bioactivated nanocellulose–alginate hydrogels. *ACS applied materials & interfaces* 2017;9(26):21959-21970.
34. Rhee S, Puetzer JL, Mason BN, Reinhart-King CA, Bonassar LJ. 3D bioprinting of spatially heterogeneous collagen constructs for cartilage tissue engineering. *ACS Biomaterials Science & Engineering* 2016;2(10):1800-1805.
35. Huang Y, Onyeri S, Siewe M, Moshfeghian A, Madihally SV. In vitro characterization of chitosan–gelatin scaffolds for tissue engineering. *Biomaterials* 2005;26(36):7616-7627.

36. Geng L, Feng W, Hutmacher DW, San Wong Y, Loh HT, Fuh JY. Direct writing of chitosan scaffolds using a robotic system. *Rapid Prototyping Journal* 2005.
37. Suntornnond R, An J, Chua CK. Bioprinting of thermoresponsive hydrogels for next generation tissue engineering: a review. *Macromolecular Materials and Engineering* 2017;302(1):1600266.
38. Tang Q, Wu J, Sun H, Lin J, Fan S, Hu D. Polyaniline/polyacrylamide conducting composite hydrogel with a porous structure. *Carbohydrate Polymers* 2008;74(2):215-219.
39. Lee C-T, Kung P-H, Lee Y-D. Preparation of poly (vinyl alcohol)-chondroitin sulfate hydrogel as matrices in tissue engineering. *Carbohydrate Polymers* 2005;61(3):348-354.
40. Peppas NA, Moynihan HJ, Lucht LM. The structure of highly crosslinked poly (2-hydroxyethyl methacrylate) hydrogels. *Journal of biomedical materials research* 1985;19(4):397-411.
41. Donderwinkel I, Van Hest JC, Cameron NR. Bio-inks for 3D bioprinting: recent advances and future prospects. *Polymer Chemistry* 2017;8(31):4451-4471.
42. Kim JE, Kim SH, Jung Y. Current status of three-dimensional printing inks for soft tissue regeneration. *Tissue engineering and regenerative medicine* 2016;13(6):636-646.
43. Malda J, Visser J, Melchels FP, Jüngst T, Hennink WE, Dhert WJ, Groll J, Hutmacher DW. 25th anniversary article: engineering hydrogels for biofabrication. *Advanced materials* 2013;25(36):5011-5028.
44. Ahmed EM. Hydrogel: Preparation, characterization, and applications: A review. *Journal of advanced research* 2015;6(2):105-121.
45. Williams DF. On the mechanisms of biocompatibility. *Biomaterials* 2008;29(20):2941-2953.
46. Hutmacher DW. Scaffolds in tissue engineering bone and cartilage. *Biomaterials* 2000;21(24):2529-2543.
47. Murphy SV, Skardal A, Atala A. Evaluation of hydrogels for bio-printing applications. *Journal of Biomedical Materials Research Part A* 2013;101(1):272-284.
48. Baptista PM, Orlando G, Mirmalek-Sani S-H, Siddiqui M, Atala A, Soker S. Whole organ decellularization—a tool for bioscaffold fabrication and organ bioengineering. 2009. IEEE. p 6526-6529.
49. Teixeira AI, Nealey PF, Murphy CJ. Responses of human keratocytes to micro- and nanostructured substrates. *Journal of Biomedical Materials Research Part A: An Official Journal of The Society for Biomaterials, The Japanese Society for Biomaterials, and The Australian Society for Biomaterials and the Korean Society for Biomaterials* 2004;71(3):369-376.
50. West JL, Hubbell JA. Polymeric biomaterials with degradation sites for proteases involved in cell migration. *Macromolecules* 1999;32(1):241-244.
51. Fedorovich NE, De Wijn JR, Verbout AJ, Alblas J, Dhert WJ. Three-dimensional fiber deposition of cell-laden, viable, patterned constructs for bone tissue printing. *Tissue Engineering Part A* 2008;14(1):127-133.
52. Neufurth M, Wang X, Schröder HC, Feng Q, Diehl-Seifert B, Ziebart T, Steffen R, Wang S, Müller WE. Engineering a morphogenetically active hydrogel for bioprinting of bioartificial tissue derived from human osteoblast-like SaOS-2 cells. *Biomaterials* 2014;35(31):8810-8819.
53. Gao G, Schilling AF, Hubbell K, Yonezawa T, Truong D, Hong Y, Dai G, Cui X. Improved properties of bone and cartilage tissue from 3D inkjet-bioprinted human mesenchymal stem cells by simultaneous deposition and photocrosslinking in PEG-GelMA. *Biotechnology letters* 2015;37(11):2349-2355.
54. Daly AC, Freeman FE, Gonzalez-Fernandez T, Critchley SE, Nulty J, Kelly DJ. 3D bioprinting for cartilage and osteochondral tissue engineering. *Advanced Healthcare Materials* 2017;6(22):1700298.
55. San Choi J, Lee SJ, Christ GJ, Atala A, Yoo JJ. The influence of electrospun aligned poly (ϵ -caprolactone)/collagen nanofiber meshes on the formation of self-aligned skeletal muscle myotubes. *Biomaterials* 2008;29(19):2899-2906.
56. England S, Rajaram A, Schreyer DJ, Chen X. Bioprinted fibrin-factor XIII-hyaluronate hydrogel scaffolds with encapsulated Schwann cells and their in vitro characterization for use in nerve regeneration. *Bioprinting* 2017;5:1-9.
57. Nakamura M, Arai K, Mimura T, Tagawa J, Yoshida H, Kato K, Nakaji-Hirabayashi T, Kobayashi Y, Watanabe T. Engineering of artificial lymph node. *Synthetic Immunology*: Springer; 2016. p 181-200.
58. Gaetani R, Doevendans PA, Metz CH, Alblas J, Messina E, Giacomello A, Sluijter JP. Cardiac tissue engineering using tissue printing technology and human cardiac progenitor cells. *Biomaterials* 2012;33(6):1782-1790.

59. Gaebel R, Ma N, Liu J, Guan J, Koch L, Klopsch C, Gruene M, Toelk A, Wang W, Mark P. Patterning human stem cells and endothelial cells with laser printing for cardiac regeneration. *Biomaterials* 2011;32(35):9218-9230.
60. Wu P, Ringeisen B. Development of human umbilical vein endothelial cell (HUVEC) and human umbilical vein smooth muscle cell (HUVSMC) branch/stem structures on hydrogel layers via biological laser printing (BioLP). *Biofabrication* 2010;2(1):014111.
61. Lee W, Debasitis JC, Lee VK, Lee J-H, Fischer K, Edminster K, Park J-K, Yoo S-S. Multi-layered culture of human skin fibroblasts and keratinocytes through three-dimensional freeform fabrication. *Biomaterials* 2009;30(8):1587-1595.
62. Kolarsick PA, Kolarsick MA, Goodwin C. Anatomy and physiology of the skin. *Journal of the Dermatology Nurses' Association* 2011;3(4):203-213.
63. Boyce ST. Design principles for composition and performance of cultured skin substitutes. *Burns* 2001;27(5):523-533.
64. Urciuolo F, Imparato G, Guaccio A, Mele B, Netti PA. Novel strategies to engineering biological tissue in vitro. *Nanotechnology in Regenerative Medicine: Springer*; 2012. p 223-244.
65. Yang J, Yamato M, Shimizu T, Sekine H, Ohashi K, Kanzaki M, Ohki T, Nishida K, Okano T. Reconstruction of functional tissues with cell sheet engineering. *Biomaterials* 2007;28(34):5033-5043.
66. Saunders RE, Gough JE, Derby B. Delivery of human fibroblast cells by piezoelectric drop-on-demand inkjet printing. *Biomaterials* 2008;29(2):193-203.
67. Tirella A, Vozi F, De Maria C, Vozi G, Sandri T, Sassano D, Cognolato L, Ahluwalia A. Substrate stiffness influences high resolution printing of living cells with an ink-jet system. *Journal of bioscience and bioengineering* 2011;112(1):79-85.
68. Lin Y, Huang G, Huang Y, Tzeng TRJ, Chrisey D. Effect of laser fluence in laser-assisted direct writing of human colon cancer cell. *Rapid Prototyping Journal* 2010.
69. Catros S, Guillotin B, Bačáková M, Fricain J-C, Guillemot F. Effect of laser energy, substrate film thickness and bioink viscosity on viability of endothelial cells printed by laser-assisted bioprinting. *Applied Surface Science* 2011;257(12):5142-5147.
70. Nahmias Y, Schwartz RE, Verfaillie CM, Odde DJ. Laser-guided direct writing for three-dimensional tissue engineering. *Biotechnology and bioengineering* 2005;92(2):129-136.
71. Raof NA, Schiele NR, Xie Y, Chrisey DB, Corr DT. The maintenance of pluripotency following laser direct-write of mouse embryonic stem cells. *Biomaterials* 2011;32(7):1802-1808.
72. Tiruvannamalai-Annamalai R, Armant DR, Matthew HW. A glycosaminoglycan based, modular tissue scaffold system for rapid assembly of perfusable, high cell density, engineered tissues. *PloS one* 2014;9(1):e84287.
73. Amini-Nik S, Glancy D, Boimer C, Whetstone H, Keller C, Alman BA. Pax7 expressing cells contribute to dermal wound repair, regulating scar size through a β -catenin mediated process. *Stem cells* 2011;29(9):1371-1379.
74. Horch RE, Jeschke MG, Spilker G, Herndon DN, Kopp J. Treatment of second degree facial burns with allografts—preliminary results. *Burns* 2005;31(5):597-602.
75. Novosel EC, Kleinhans C, Kluger PJ. Vascularization is the key challenge in tissue engineering. *Advanced drug delivery reviews* 2011;63(4-5):300-311.
76. Skardal A, Devarasetty M, Forsythe S, Atala A, Soker S. A reductionist metastasis-on-a-chip platform for in vitro tumor progression modeling and drug screening. *Biotechnology and bioengineering* 2016;113(9):2020-2032.



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