

1 **Title: Polymerization Kinetics Stability, Volumetric Changes, Apatite**
2 **Precipitation, Strontium Release and Fatigue of Novel Bone**
3 **Composites for Vertebroplasty**

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12

13 **Abstract**

14 **Purpose:** The aim was to determine effects of diluent monomer and monocalcium
15 phosphate monohydrate (MCPM) on polymerization kinetics and volumetric stability,
16 apatite precipitation, strontium release and fatigue of novel dual-paste composites for
17 vertebroplasty.

18 **Materials and methods:** Polypropylene (PPGDMA) or triethylene (TEGDMA) glycol
19 dimethacrylates (25 wt%) diluents were combined with urethane dimethacrylate (70
20 wt%) and hydroxyethyl methacrylate (5 wt%). 70 wt% filler containing glass particles,
21 glass fibers (20 wt%) and polylysine (5 wt%) was added. Benzoyl peroxide and MCPM
22 (10 or 20 wt%) or N-tolyglycine glycidyl methacrylate and tristrontium phosphate (15
23 wt%) were included to give initiator or activator pastes. Commercial PMMA (Simplex)
24 and bone composite (Cortoss) were used for comparison.

25 ATR-FTIR was used to determine thermal activated polymerization kinetics of initiator
26 pastes at 50-80 °C. Paste stability, following storage at 4-37 °C, was assessed visually
27 or through mixed paste polymerization kinetics at 25 °C. Polymerization shrinkage and
28 heat generation were calculated from final monomer conversions. Subsequent
29 expansion and surface apatite precipitation in simulated body fluid (SBF) were
30 assessed gravimetrically and via SEM. Strontium release into water was assessed
31 using ICP-MS. Biaxial flexural strength (BFS) and fatigue properties were determined
32 at 37 °C after 4 weeks in SBF.

33 **Results:** Polymerization profiles all exhibited an inhibition time before polymerization
34 as predicted by free radical polymerization mechanisms. Initiator paste inhibition times
35 and maximum reaction rates were described well by Arrhenius plots. Plot
36 extrapolation, however, underestimated lower temperature paste stability.
37 Replacement of TEGDMA by PPGDMA, enhanced paste stability, final monomer
38 conversion, water-sorption induced expansion and strontium release but reduced
39 polymerisation shrinkage and heat generation. Increasing MCPM level enhanced
40 volume expansion, surface apatite precipitation and strontium release. Although the
41 experimental composite flexural strengths were lower compared to those of
42 commercially available Simplex, the extrapolated low load fatigue lives of all materials
43 were comparable.

44 **Conclusions:** Increased inhibition times at high temperature give longer predicted
45 shelf-life whilst stability of mixed paste inhibition times is important for consistent
46 clinical application. Increased volumetric stability, strontium release and apatite
47 formation should encourage bone integration. Replacing TEGDMA by PPGDMA and
48 increasing MCPM could therefore increase suitability of the above novel bone

49 composites for vertebroplasty. Long fatigue lives of the composites may also ensure
50 long-term durability of the materials.

51 **1. Introduction**

52 Osteoporotic fracture of the spine (osteoporotic vertebral fracture; OVF) causes
53 severe pain, height loss, limited mobility, kyphosis, and reduced pulmonary function
54 [1]. Non-surgical treatments such as analgesics and rehabilitation are commonly
55 used but often fail to relieve severe pain in some patients [2, 3]. Hence, surgical
56 managements that relieve severe pain rapidly such as vertebroplasty (VP) and
57 balloon kyphoplasty (KP) are indicated. These procedures involve injection of a bone
58 cement to stabilize fractures. Common complications of these treatments are cement
59 leakage (up to 77 %) leading to neurological deficits [4], adjacent vertebral fractures
60 (12 - 15 %) [5], and post-operative infection which can be a rare but serious
61 complication [6].

62 Polymethyl methacrylate (PMMA) cement is the most commonly used bone cement
63 for VP and KP. Limitations of this cement include poor controlled setting and viscosity
64 that may increase the risk of cement leakage [7]. Further concerns are high
65 polymerization shrinkage, heat generation, and risk of toxic unreacted monomers
66 release [8]. These shortcomings may cause gap formation and local inflammation
67 leading to fibrous encapsulation [9] reducing the integrity of the bone-cement interface.
68 Furthermore, conventional PMMA cements also lack the ability to promote bone
69 formation.

70 Two-paste injectable bone composites have been developed to address some
71 limitations of the PMMA cements but various shortcomings remain. For example, the
72 primary base monomer used has been bisphenol A-glycidyl methacrylate (Bis-GMA).

73 This monomer is known to limit final monomer conversion of composites due to its
74 limited mobility [10]. Additionally, the commercial composites contain TEGDMA as a
75 diluent monomer, which is known to increase shrinkage and heat generation of dental
76 composites due to its high density of methacrylate groups [10, 11]. Furthermore, the
77 composites contain the tertiary amine DMPT (N,N-dimethyl-p-toluidine), which is highly
78 toxic to human cells [10, 12]. Recently developed light-activated urethane
79 dimethacrylate (UDMA)-based dental composites exhibited higher monomer
80 conversion than Bis-GMA based commercial composites [10]. The same study also
81 demonstrated that replacing TEGDMA by polypropylene glycol dimethacrylate
82 (PPGDMA) increased monomer conversion and cytocompatibility of dental composites
83 while polymerization shrinkage was reduced.

84 Following mixing, chemically-activated bone composites should ideally cure rapidly
85 after a well-defined inhibition time that provides sufficient working time for injection. A
86 potential problem, however, is unmixed paste instability due to thermal initiated
87 polymerization arising upon storage [13]. Manufacturers usually recommend
88 chemically-activated paste storage below 4 °C [14]. This ideal storage condition,
89 however, may be difficult to achieve in some circumstances. For example, medical
90 products shipping to tropical regions can expose materials to fluctuating temperatures
91 between - 4 to 42 °C and 10 to 40 °C during air and marine transport respectively [15].
92 Stability may be estimated from inhibition times at elevated temperatures for unmixed
93 pastes. Temperature dependence of these times is expected to be governed by
94 Arrhenius type equations, be directly proportional to concentration of initiator (benzoyl
95 peroxide, BP) and inversely proportional to inhibitor levels added to stabilise different
96 monomers [16].

97 The addition of monocalcium phosphate (MCPM) and tri calcium/strontium phosphates
98 (TCP / TSrP) into dental composites has been shown to promote hygroscopic
99 expansion which could potentially balance polymerisation shrinkage and relieve
100 residual shrinkage stress [17, 18]. The addition of these reactive phosphates also
101 enabled surface apatite formation which is known to correlate with *in vivo* bone
102 bonding [19, 20]. Apatite formation can also be enhanced by the addition of polylysine
103 (PLS) [17]. Furthermore, strontium can promote osteoblast proliferation and maturation
104 whilst inhibiting osteoclast activities [21-23]. It will also enhance radiopacity [24], which
105 may facilitate the surgical procedure and enable follow up with radiographs.

106 Injected bone composites should be able to withstand the fluctuating and repetitive
107 loads during physical activities [25]. This may then help to prevent mechanical failure
108 due to crack propagation induced by repetitive subcritical loads (fatigue failure). A
109 recent study [26] indicated that high strength values of composites displayed under
110 static loading were not directly related to fatigue performance. Fatigue of various
111 materials was previously assessed by generating stress versus number of cycles curve
112 (*S-N* curve) during simulated fatigue [27, 28]. At a given applied stress, the steep
113 gradient of *S-N* plot was associated with a significant reduction in failure cycles [29].
114 Therefore, a low gradient rather than high gradient was preferable in terms of fatigue
115 performance [30].

116 The aim of this study was to compare TEGDMA/UDMA versus PPGDMA/UDMA-
117 based bone composites with added Ca/Sr phosphates (MCPM and TSrP) and
118 polylysine (PLS). Initiator paste stability, kinetics of polymerization, final monomer
119 conversions, polymerization shrinkage and heat generation, water sorption induced
120 mass and volume changes, surface apatite formation, strontium release, and biaxial

121 flexural strength / fatigue were assessed. The effect of MCPM levels (5 wt% versus 10
122 wt%) and type of diluent monomers (TEGDMA versus PPGDMA) were examined.

123 2. Materials and Methods

124 2.1 Material paste preparation

125 Experimental bone composites were prepared using a powder to liquid mass ratio of
126 70 : 30. The liquid phase (Table 1) contained urethane dimethacrylate (UDMA) (MW
127 479 g/mol, DMG, Hamburg, Germany), polypropylene glycol dimethacrylate
128 (PPGDMA) (MW 600 g/mol, Polyscience, PA, USA) or triethylene glycol
129 dimethacrylate (TEGDMA) (MW 286 g/mol, DMG, Hamburg, Germany), and
130 hydroxyethyl methacrylate (HEMA, MW 130 g/mol) (DMG, Hamburg, Germany). To
131 this was added either benzoyl peroxide (BP) (MW 242 g/mol Polyscience, PA, USA)
132 for the initiator liquid or N-tolyglycine glycidyl methacrylate (NTGGMA) (MW 329
133 g/mol, Esschem, Seaham, UK) for the activator liquid.

134 **Table 1 Components of liquid phases before mixing with the powder phase. Upon mixing the**
135 **composite, BP and NTGGMA concentrations will become 1.5 and 1 wt% respectively.**

Liquid phase / components	UDMA	PPGDMA /TEGDM	HEMA	BP	NTGGMA
	wt% of monomers	wt% of monomers	wt% of monomers	wt% of liquid	wt% of liquid
Initiator liquid	70	25	5	3	0
Activator liquid	70	25	5	0	2

136

137 Powder phase (Table 2) contained glass filler (particle diameter of 0.7 μm , DMG,
138 Hamburg, Germany), glass fiber (30 μm in diameter and 150 μm in length, Mo-Sci, PA,
139 USA), monocalcium phosphate monohydrate (MCPM) particle diameter of 53 μm ,
140 Himed, NY, USA), tristrontium phosphate (TSrP) (particle diameter of 10 μm , Sigma
141 Aldrich, Gillingham, UK), and polylysine (PLS) (particle diameter of 20-40 μm ,
142 Handary, Brussel, Belgium).

143 **Table 2 Components of powder phase. Formulations with varying level MCPM (5, 10 wt%) and**
144 **types of diluent monomer (PPGDMA, TEGDMA). The powder phase of each formulation was**
145 **mixed with PPGDMA (PPG) or TEGDMA (TEG) liquid phases presented in Table 1. MCPM and**
146 **TSrP in filler are halved after mixing initiator and activator paste.**

Formulations		Glass fillers (wt%)	Glass fibers (wt%)	MCPM (wt%)	TSrP (wt%)	PLS (wt%)
Initiator pastes	M ₅ PPG / M ₅ TEG	65	20	10	0	5
	M ₁₀ PPG / M ₁₀ TEG	55	20	20	0	5
Activator paste		60	20	0	15	5

147

148 Composite pastes were prepared at 23 °C. Powders and monomers were weighed
149 using a four-figure balance (OHAUS PA214, Pine Brook, USA). The powder phase
150 was mixed with the liquid phase containing either initiator or activator using a planetary
151 mixer (SpeedMixer, DAC 150.1 FVZ, Hauschild Engineering, Germany) at 2000 rpm
152 for 2 min. The initiator and activator pastes were then poured into a double-barrel
153 syringe (MIXPAC, SULZER, Switzerland) over a vibrator to reduce air entrapment. The
154 syringe was left in an upright position for 24 hr at 23 °C to allow the release of air
155 bubbles. For stability studies, pastes were then stored at 4, 23, and 37 °C for 1, 3, 6,
156 9, and 12 months to give “aged” pastes. Mixed experimental initiator and activator
157 pastes were obtained using an automatic mixing tip attached to the double-barrel
158 syringe and a mixing gun (MIXPAC Dispenser, SULZER, Switzerland). Commercial
159 PMMA cement (Simplex) and bone composite (Cortoss) (Table 3), mixed as per
160 manufacturer’s instructions within their use by date, were used as comparisons.

161

162

163 **Table 3 Components of commercial products.**

Commercial materials	Compositions	Suppliers
Simplex P® (powder and liquid)	Liquid: DMPT, MMA, inhibitor Powder: BP, PMMA, MMA-styrene copolymer beads (diameter of ~25 µm), barium sulphate (diameter ~ 2 µm)	Stryker, Berkshire, UK
Cortoss® (double-barrel syringe)	Liquid phase: Bis-GMA, Bis-EMA, TEGDMA, BP, DMPT, inhibitor Powder phase: glass ceramic particles (combeite, diameter of ~ 5-30 µm)	

164 2.2 FTIR studies of composite pastes

165 2.2.1 Monomer conversion profiles

166 Monomer conversion profiles of pastes (n=3) were obtained using FTIR (Perkin-Elmer
167 Series 2000, Beaconsfield, UK) with a temperature controlled ATR attachment (3000
168 Series RS232 ,Specac Ltd., UK). Initiator pastes or mixed experimental bone
169 composites and commercial materials were placed in a metal circlip (1 mm depth and
170 10 mm diameter) on the ATR diamond and covered with an acetate sheet. FTIR
171 spectra between 700 - 4000 cm⁻¹ of the bottom surfaces of the specimens were
172 recorded every 4 s at a resolution of 4 cm⁻¹. For unmixed pastes, spectra were
173 recorded for up to 10 hours at 50, 60, 70 or 80 ± 1 °C. With mixed pastes, spectra were
174 obtained for 40 min at 25 ± 1 °C.

175 Monomer conversion, D_c , and rate of polymerization, R_p , versus time were obtained
176 from FTIR spectra using equations 1 and 2. [17].

$$177 \quad D_c (\%) = \frac{100(\Delta B_0 - \Delta B_t)}{\Delta B_0} \quad \text{Equation 1}$$

$$178 \quad R_p = \frac{dD_c}{dt} \quad \text{Equation 2}$$

179 Where ΔB_0 and ΔB_t were the absorbance of the C-O peak (1320 cm^{-1}) above
180 background level at 1335 cm^{-1} initially and after time t and dD_c/dt was the gradient of
181 conversion versus time. Furthermore, final monomer conversion, $D_{c,max}$, was
182 calculated by linear extrapolation of conversion versus inverse time to zero.

183 An example of a monomer conversion and reaction rate profile is shown in Fig 1A and
184 B. These demonstrate a delay time (inhibition time) before rapid rise in monomer
185 conversion (snap set). Maximum rate is observed between 10-40% conversion with
186 the reaction slowing significantly thereafter.

187

188 **Fig 1 Example profiles of A) polymerization and B) rate of polymerization of mixed M_{10} PPG. All**
189 **mixed and unmixed pastes exhibited similar features for both profiles.**

190 The standard mechanism of free radical polymerisation of dimethacrylate monomers
191 includes, initiation, inhibition, propagation, crosslinking and termination steps. Using
192 this mechanism, with the stationary state assumption that the concentration of free
193 radicals is constant, gives the inhibition time as [16]:

194
$$t_i = \frac{[X]}{2R_i} \quad \text{Equation 3}$$

195 $[X]$ is the initial concentration of inhibitor and R_i the rate of initiation. Furthermore, rate
196 of polymerization (R_p) can be described using the following equation[31].

197
$$R_p = k_p[M]\sqrt{\frac{R_i}{k_t}} \quad \text{Equation 4}$$

198 $[M]$ is the monomer concentration and k_p and k_t rate constants for propagation and
199 termination steps. Combining equations 3 and 4, $R_p\sqrt{t_i}$ is therefore expected to be
200 independent of rate of initiation and given by the following equation.

201
$$R_p \sqrt{t_i} = k_p [M] \sqrt{\frac{[X]}{2k_t}}$$
 Equation 5

202 In the following, inhibition times were calculated by linear extrapolation of data between
203 10% and 40% monomer conversion back to 0% conversion. The gradient in this range
204 was used to obtain the maximum rate of polymerization $R_{p,max}$ and $R_{p,max} \sqrt{t_i}$.

205 **2.2.2 Thermally activated polymerization of unmixed initiator** 206 **paste, activation energies and predicted shelf life**

207 Pilot studies revealed that initiator pastes were more susceptible to heat than activator
208 pastes and that modifying MCPM level had relatively minimal effect. Hence, initiator
209 pastes of M₁₀PPG and M₁₀TEG were chosen to assess polymerisation kinetics and
210 thermally activated polymerization of the experimental bone composites. FTIR spectra
211 of freshly mixed M₁₀PPG and M₁₀TEG initiator pastes (n=1) were used to obtain their
212 inhibition times, rates of polymerization and final conversions at temperatures of 50,
213 60, 70, and 80 °C.

214 Inverse inhibition times and reaction rates are proportional to rate constants, k, whose
215 temperature dependence, are generally described by Arrhenius type equations [32].

216
$$\ln k = \ln A - \frac{E_a}{RT}$$
 Equation 6

217 T is temperature in Kelvin and R the gas constant. A is a pre-exponential factor that is
218 related to the frequency of molecular collisions between reacting species and E_a, the
219 activation energy required for them to react.

220 Combining equations 3,4 and 6, $\ln(1/t_i)$ or $\ln R_{p,max}$ versus $1/T$ are expected to be linear
221 if E_a is temperature independent. In the following, these were plotted, and used to
222 obtain activation energies for the initiation step and monomer conversion respectively.
223 These plots were also extrapolated to estimate times of inhibition and 50% monomer

224 conversion at 4, 23, and 37 °C. These times provided estimates of when pastes might
225 be expected to start polymerizing and solidify respectively.

226 **2.2.3 Visually observed solidification of unmixed pastes and** 227 **stability of mixed paste polymerization kinetics (observed** 228 **shelf life)**

229 To visually assess paste hardening with long-term storage, double-barrel syringes
230 containing unmixed M₁₀PPG and M₁₀TEG initiator and activator pastes were stored at
231 controlled temperatures of 4, 23, and 37 °C. At 1 day, 1, 3, 6, 9 and 12 months, small
232 portions were extruded to check for solidification. To assess stability of mixed paste
233 polymerization kinetics at these times, for the 4 °C stored samples a portion of the
234 composite was mixed and polymerization kinetics at 25 °C determined by FTIR-ATR
235 (n=3).

236 **2.2.4 Polymerisation kinetics, shrinkage and heat generation of** 237 **freshly prepared and mixed pastes**

238 To compare polymerization kinetics of different mixed composites, inhibition times,
239 maximum reaction rates and final conversions of freshly prepared and immediately
240 mixed experimental materials were compared with those for Simplex and Cortoss.
241 Additionally, for the experimental materials, polymerization volume shrinkage (φ) (%)
242 and heat generation (ϵ) (kJ/cc) were calculated using the following equations.

$$243 \quad \varphi (\%) = e(M_f) D_{c,max} \rho \sum_i \frac{n_i x_i}{W_i} \quad \text{Equation 7}$$

$$244 \quad \epsilon = \omega(M_f) \left(\frac{D_{c,max}}{100} \right) \rho \sum_i \frac{n_i x_i}{W_i} \quad \text{Equation 8}$$

245 where M_f , monomer mass fraction; D_c , monomer conversion (%); ρ , composite
246 density (g/cm³); n_i , the number of C=C bonds per molecule; W_i , molecular weight

247 (g/mol) of each monomer; x_i , mass fraction of each monomer in the liquid. These
248 assume one mole of polymerizing C=C groups gives volumetric shrinkage of 23
249 cm³/mol (e) and generates 57 kJ of heat (ω) [33].

250 **2.3 Properties of set discs prepared from fresh pastes**

251 **2.3.1 Polymerized disc preparation**

252 To produce disc samples, freshly prepared and then mixed pastes were injected into
253 metal circlips (1 mm in thickness and 10 mm in diameter). The samples were covered
254 with an acetate sheet on top and bottom surfaces. The samples were left for 24 hr at
255 23 °C to allow completion of polymerization. After removal from circlips, any excess
256 was carefully trimmed. The set samples were subsequently immersed in a tube
257 containing 10 mL of simulated body fluid (SBF) prepared according to BS ISO
258 23317:2012 [34] or deionized water at 37 °C until the required test time.

259 **2.3.2 Mass and volume changes**

260 Mass and volume changes of set composite discs after immersion in SBF at 37 °C for
261 0, 1, 6, 24, 48 hr and 1,2,3,4,5, 6 weeks were measured using a four-figure balance
262 with a density kit (Mettler Toledo, Royston, UK). The percentage mass and volume
263 change, ΔM and ΔV , were determined using the following equations [35].

$$264 \quad \Delta M (\%) = \frac{100[M_t - M_0]}{M_0} \quad \text{Equation 9}$$

$$265 \quad \Delta V (\%) = \frac{100[V_t - V_0]}{V_0} \quad \text{Equation 10}$$

266 where M_0 and V_0 is initial mass and volume, whilst M_t and V_t are mass and volume at
267 time t after immersion.

268 **2.3.3 Surface apatite formation**

269 To assess ability of materials to promote surface apatite formation, disc specimens
270 were immersed in SBF and incubated at 37 °C for 1 week (n=1). They were
271 subsequently removed and sputtered with gold-palladium using a coating machine
272 (Polaron E5000, East Sussex, UK) for 90 s at 20 mA. The specimens were examined
273 under SEM (Phillip XL-30, Eindhoven, The Netherlands) operating with primary beam
274 energy of 5 kV and a current of approximately 200 pA.

275 **2.3.4 Strontium (Sr²⁺) release**

276 Sr²⁺ release was measured from experimental bone composites discs (n=3) immersed
277 in 10 mL of deionized water. The specimens were incubated at 37 °C for 4 weeks. The
278 storage solution was collected and replaced with a fresh solution at 24 hr, 1, 2, 3, and
279 4 weeks. The collected solution was mixed with 2 vol% nitric acid (1:1 volume ratio).
280 Calibration standards containing Sr²⁺ of 1 ppb, 2.5 ppb, 10 ppb, 25 ppb, 100 ppb, 250
281 ppb, and 1 ppm were prepared using the ICP-multi element standard solution XVI
282 (Certipur Reference Materials, Merck KGaA, Germany). The cumulative Sr²⁺ release
283 was calculated using the following equation.

$$284 \quad \% \text{ Sr release} = \frac{100[\sum_0^t S_t]}{w_{Sr}} \quad \text{Equation 11}$$

285 where w_{Sr} is the initial amount of Sr²⁺ in the sample (g), S_t is the amount of Sr²⁺
286 released into storage solution (g) collected at time t (hr).

287 **2.3.5 Biaxial flexural strength and fatigue life**

288 To assess biaxial flexural strength (BFS) and fatigue performance of the materials,
289 disc specimens were immersed in SBF and incubated at 37 °C for 4 weeks (n=25).
290 Prior to fatigue testing, BFS of the composites was assessed using a “ball on ring” jig

291 with a servo hydraulic testing frame (Zwick HC10, Zwick Testing Machine Ltd.,
292 Herefordshire, UK) equipped with a 1 kN load cell (n=5) [27]. The specimens' thickness
293 was recorded using a digital vernier calliper. The sample was placed on a ring support
294 (8 mm in diameter). The load was applied using a 4 mm diameter spherical ball
295 indenter at 1 mm.min⁻¹ crosshead speed. The failure stress was recorded in newton
296 (N) and the BFS (s; Pa) was calculated using the following equation [17].

$$297 \quad S = \frac{F}{d^2} \left\{ (1 + \nu) \left[0.485 \ln \left(\frac{r}{d} \right) + 0.52 \right] + 0.48 \right\} \quad \text{Equation 12}$$

298 Where F is the load at failure (N), d is the specimens thickness (m), r is the radius of
299 circular support (m), and ν is Poison's ratio (0.3).

300 For assessing fatigue performance, a sinusoidal load of 5 Hz [28] was applied to
301 specimens using 80%, 70%, 60%, and 50% of mean BFS (n=20, 5 specimens per
302 each level of stress). The tests were continued until fracture occurred or the requisite
303 number of load cycles (100,000 cycles) had been applied. BFS was plotted against
304 cycles of failure to generate classical stress-number of cycle curve (S/N curve). Failure
305 cycle from 1st to 5th samples were plotted against BFS which therefore gave five S/N
306 curves. Mean of gradient from the plots was obtained (n=5) and used to compare
307 fatigue performance [30]. Furthermore, number of failure cycles (fatigue life) at stress
308 level of 10 MPa was obtained by extrapolating the regression line. This value
309 represents fatigue life of materials upon applying low stress that may be generated
310 during normal movements such as flexion, lateral bending, or walking [36].

311

312 2.4 Statistical analysis

313 All values and errors reported throughout this study were mean (\pm standard deviation
314 SD). SPSS Statistics software (version 24 for Windows, IBM, USA) was used for
315 statistical analysis. Homogeneity of variance was assessed using Levene's test. When
316 variances were equal, data were analyzed using one-way analysis of variance
317 (ANOVA) followed by post-hoc Tukey's test for multiple comparisons. Alternatively, the
318 Kruskal-Wallis test, followed by multiple comparison using Dunnett's T3 tests, was
319 used if the variances were not equal [37]. Correlation between inhibition time and final
320 monomer conversion with storage time was tested using Pearson's correlation. The
321 significance value was set at $p = 0.05$. Line fitting for regression analysis was
322 undertaken using the Linest function in Microsoft Office Excel 2016 for Windows.

323 Factorial analysis was used to assess the effect of MCPM level and diluent monomers
324 on properties of composites from freshly prepared pastes. A full factorial equation for
325 two variables each at high (10 wt% MCPM, PPGDMA) and low levels (5 wt% MCPM,
326 TEGDMA) can be fitted using the following equation [17].

$$327 \ln P = \langle \ln P \rangle \pm a_1 \pm a_2 \pm a_{1,2} \quad \text{Equation 13}$$

328 Where a_1 , a_2 , and a_3 were the effect of each variable on the property P of the
329 composites, $\langle \ln P \rangle$ is the average value of $\ln P$. The $a_{1,2}$, $a_{1,3}$, $a_{2,3}$ are interaction
330 effects. The percentage effect of each variable, Q , can be calculated using the
331 following equation.

$$332 Q(\%) = 100 \left(1 - \frac{G_H}{G_0} \right) = 100(1 - \exp(2a_i)) \quad \text{Equation 14}$$

333 G_H and G_0 are the geometric average property for the samples with the variable at its
334 high versus low value respectively. The effect of variable change was considered

335 significant if the magnitude of a_i was greater than both its calculated 95% CI and
336 interaction terms.

337 **3. Results**

338 **3.1 FTIR studies of composite pastes**

339 **3.1.1 Thermally activated polymerization of unmixed initiator** 340 **paste, activation energies and predicted shelf life**

341 An example of M₁₀PPG initiator paste conversion versus time and temperature is
342 shown in Fig 2A. Upon raising temperature from 50 to 80 °C, average t_i decreased
343 from 27,000 to 350 s, whilst $R_{p,max}$ increased from 0.010 to 0.23 %/s giving $R_{p,max}\sqrt{t_i}$ of
344 1.9 to 4.3 %s^{-0.5}. Profiles for M₁₀TEG exhibited shorter inhibition times of 1,600 to 70
345 s, $R_{p,max}$ of 0.011 to 0.44 %/s and $R_{p,max}\sqrt{t_i}$ of 0.4 to 3.6 %s^{-0.5}.

346 $\ln(1/t_i)$ and $\ln(R_{p,max})$ versus inverse temperature (Fig 2B) gave linear plots ($R^2 > 0.99$).
347 M₁₀PPG initiation and polymerization activation energies calculated from these were
348 137 and 95 kJ/mol whilst $\ln A$ terms were 41 and 31 respectively. For M₁₀TEG,
349 activation energies were 100 and 120 kJ/mol and $\ln A$ terms were 30 and 40
350 respectively. Extrapolation, gave M₁₀PPG, t_i of 3 days, 1 month, and 51 months at 37,
351 23, and 4 °C respectively. Times for 50% conversion were comparable. Conversely,
352 M₁₀TEG t_i was 3 hours, 18 hours and 12 days, whilst times for 50% conversion, were
353 19 hours, 7 days and 7 months at 37, 23, and 4 °C respectively.

354 At 50% conversion, the reaction rates began to slow and tended to final conversions
355 that declined linearly versus $1/T$ (Fig 2B). At 50 °C, reaction level following the 10 hours
356 of observation was too low with M₁₀PPG to enable determination of final conversion.

357 Between 80 and 60 °C, however, final monomer conversion declined from 94 to 81%
358 for M₁₀PPG and from 90 to 73% for M₁₀TEG.

359 **Fig 2 A) Example (n-1) polymerization profiles of unmixed initiator paste of M₁₀PPG at different**
360 **temperatures. The paste contains 3 wt% BP and 20 wt% MCPM with no activator nor TSrP. B)**
361 **Average (n=1) inhibition time (t_i ; circles), $R_{p,max}$ (diamond), and final monomer conversion**
362 **(triangle) of M₁₀TEG and M₁₀PPG initiator pastes plotted as $\ln(1/t_i)$ or $\ln(R_{p,max})$ versus inverse**
363 **of temperature (Arrhenius plots). Reaction rates at a given temperature were largely similar for**
364 **M₁₀TEG compared with M₁₀PPG although delay times and final conversions were significantly**
365 **and slightly reduced respectively.**

366

367 **3.1.2 Visual solidification of unmixed pastes and stability of mixed** 368 **paste polymerisation kinetics (observed shelf life)**

369 Visual inspection indicated that, at 37 °C, both M₁₀PPG and M₁₀TEG initiator pastes
370 solidified in the syringes between 1 day and 1 month. At 25 °C, M₁₀PPG polymerized
371 between 3 and 9 months whilst M₁₀TEG initiator pastes solidified between 1 and 3
372 months. All initiator pastes stored at 4 °C, however, remained fluid even after 12
373 months storage.

374 Fig 3 shows inhibition time and monomer conversion of mixed M₁₀PPG and M₁₀TEG
375 pastes that had been stored at 4 °C unmixed for up to 12 months. With M₁₀PPG,
376 inhibition time (74 s), polymerization rate (0.43 %/s), $R_{p,max}\sqrt{t_i}$ (3.7 %s^{-0.5}) and final
377 conversion (79 %) exhibited only minor change with pre-aging of pastes. With M₁₀TEG,
378 $R_{p,max}\sqrt{t_i}$ and final conversion also remained constant at 2.1 %s^{-0.5} and 70 %
379 respectively. M₁₀TEG inhibition time, however, showed a significant increase from 53
380 s at 24 hr to 104 s at 12 months of pre-aging ($R^2 = 0.77$, $p = 0.02$).

381

382 **Fig 3 Inhibition time (diamond) and final monomer conversion (triangle) of the mixed**
383 **experimental bone composites after storage unmixed at 4 °C for up to 12 months. Error bars are**
384 **SD (n=3 at each time point).**

385

386 **3.1.3 Polymerization kinetics of freshly prepared and mixed** 387 **materials**

388 Increasing MCPM level showed no significant effect on inhibition time and rate of
389 polymerization. The shortest and longest inhibition times were observed with M₁₀TEG
390 (24 ± 4 s) and Simplex (496 ± 17 s) respectively (Fig 4-A). Inhibition times of all
391 experimental bone composites (24 – 96 s) were shorter than that of Simplex and
392 Cortoss (169 ± 23 s). Average inhibition time of PPGDMA based composites (85 s)
393 was longer than that of TEGDMA based composites (24 s). Factorial analysis indicated
394 that replacing TEGDMA by PPGDMA increased inhibition time by ~ 250 % whilst the
395 effect of increasing MCPM level was negligible. Additionally, experimental composites
396 exhibited comparable $R_{p,max}$ to commercial materials (Fig 4-B). Average $R_{p,max}\sqrt{t_i}$ for
397 PPGDMA, TEGDMA, Cortoss and Simplex were 4.7, 2.5, 5.4 and 10.9 %s^{-0.5}
398 respectively.

399 Final monomer conversions ($D_{c,max}$) of experimental bone composites were higher than
400 that of Cortoss (64 ± 1 %) (Fig 4-C). M₅PPG (82 ± 1 %) showed significantly higher
401 final monomer conversion than Simplex (78 ± 1 %) ($p < 0.05$). Averaged final monomer
402 conversion of PPGDMA-based bone composites (80 %) was greater than that of
403 TEGDMA-based composites (76 %). Factorial analysis indicated that replacing
404 TEGDMA by PPGDMA increased monomer conversion on average by 5 %.
405 Additionally, monomer conversion of the composites was increased by 5 % upon
406 decreasing MCPM level from 10 to 5 wt%.

407 Average calculated polymerization shrinkage and heat generation of TEGDMA-based
408 experimental bone composites (5 vol% and 0.13 kJ/cc) were slightly higher than those
409 of PPGDMA-based composites (4 vol% and 0.10 kJ/cc) (Fig 4-D). Factorial analysis
410 indicated that the calculated shrinkage and heat generation were increased by 22%
411 upon replacing PPGDMA by TEGDMA.

412

413 **Fig 4 A) inhibition time, B) maximum rate of polymerization, C) final monomer conversion for**
414 **experimental and commercial products, and D) calculated polymerization shrinkage and heat**
415 **generation for experimental composites tested at 25 °C. Lines indicate no significant difference**
416 **($p > 0.05$). Error bars are SD (n=3).**

417

418 **3.2 Mass and volume changes**

419 Initial mass and volume change of materials increased linearly with square root of time
420 consistent with diffusion-controlled water sorption. Simplex and Cortoss equilibrium
421 values of mass change were 1.6 ± 0.1 wt% and 3.0 ± 0.1 wt% (Figs 5-A,B). Mass
422 changes at later times of 3.4 ± 0.1 wt% (M_5 TEG), 4.0 ± 0.1 wt% (M_5 PPG), 4.3 ± 0.2
423 wt% (M_{10} TEG), and 5.8 ± 0.0 wt% (M_{10} PPG) were obtained for the experimental
424 materials. Replacing TEGDMA by PPGDMA and increasing MCPM level increased
425 mass changes at late time by 34 ± 1 % and 27 ± 3 % respectively.

426 Volume change of Simplex and Cortoss reached maximum values at 1 week of $1.0 (\pm$
427 $0.1)$ and $2.8 (\pm 0.2)$ vol% (Figs 5-C,D). Later time maximum values were $1.5 (\pm 0.1)$,
428 $3.0 (\pm 0.3)$, $4.3 (\pm 0.7)$, $6.1 (\pm 0.3)$ vol% for M_5 TEG, M_5 PPG, M_{10} TEG, and M_{10} PPG
429 respectively. Factorial analysis indicated that replacing TEGDMA by PPGDMA and
430 rising MCPM level enhanced volume change at late time by 45 ± 15 % and 109 ± 8 %
431 respectively.

432

433

434 **Fig 5 Mass and volume changes versus square root of time (hr) of all materials immersed in SBF**
435 **for up to 6 weeks. Error bars are SD (n=3).**

436

437 **3.3 Surface apatite formation**

438 At 1 week, no precipitates were observed on surfaces of M₅TEG, Simplex, and Cortoss
439 (Fig 6). Patchy crystals consistent with brushite were observed on some areas of
440 M₅PPG. Conversely, thin patchy surface apatite (~ 1 μm) layers partially covered
441 surfaces of M₁₀TEG and M₁₀PPG.

442 **Fig 6 Representative SEM images for each material after immersion in SBF for up to 7 days.**

443

444 **3.4 Strontium release**

445 The cumulative release of Sr²⁺ increased linearly with time (hr) (Fig 7). Highest and
446 lowest rate of Sr²⁺ release was 0.0015 %·hr⁻¹ and 0.0006 %·hr⁻¹ observed with M₁₀PPG
447 and M₅TEG respectively. M₁₀PPG exhibited the highest accumulative Sr²⁺ release at
448 4 weeks (1.12 ± 0.02 %). Factorial analysis indicated that cumulative release of Sr²⁺ at
449 4 weeks was increased by 127 ± 14 % upon increasing MCPM level. Additionally, the
450 release was increased by 111 ± 42 % upon replacing TEGDMA by PPGDMA.

451

452 **Fig 7 Cumulative Sr²⁺ release versus hr from bone composites immersed in deionized water up**
453 **to 4 weeks. Error bars are SD (n=3).**

454

455 **3.5 Biaxial flexural strength and fatigue**

456 The highest and lowest BFS of materials tested in SBF at controlled temperature of 37
457 °C was obtained from Simplex (137 ± 4 MPa) and M₁₀PPG (54 ± 2 MPa) respectively
458 (Fig 8-A). M₅PPG had a comparable BFS (63 ± 3 MPa) to M₅TEG (67 ± 4 MPa). The
459 BFS of M₅TEG was significantly higher than that of M₁₀PPG (54 ± 2 MPa), M₁₀TEG (57
460 ± 2 MPa), and Cortoss (58 ± 2 MPa). Factorial analysis showed that BFS was
461 increased by 18 ± 5 % upon decreasing MCPM level, whilst the effect of diluent
462 monomers was negligible.

463 BFS versus logarithm of failure cycle number (S/N curve) gave straight line plots with
464 negative gradients (Fig 8-B). The most negative gradient was observed with Simplex
465 (-17.7 ± 2.6 MPa/log cycle) (Fig 8-C). The gradients for M₅PPG (-6.7 ± 0.5 MPa/log
466 cycle), M₁₀PPG (-5.9 ± 1.5 MPa/log cycle), M₅TEG (-5.9 ± 1.4 MPa/log cycle), M₁₀TEG
467 (-5.6 ± 0.8 MPa/log cycle) and Cortoss (-6.0 ± 0.3 MPa/log cycle) were comparable.
468 Factorial analysis indicated that the effect of MCPM level and diluent monomers were
469 negligible.

470 Extrapolated failure cycle values (fatigue life) at 10 MPa for the experimental
471 composites (7.5 – 8.2 log cycle) were not significantly different from that for the
472 commercial materials (7.8 – 7.9 log cycle) (Fig 8-D). Additionally, factorial analysis
473 showed that MCPM level and diluent monomer had no significant effect on the fatigue
474 life.

475 **Fig 8 A) BFS tested in SBF at 37 °C , B) example plots of BFS versus log (cycle) (n=20), C)**
476 **gradients of S/N plots in positive values for clarity purpose, and D) extrapolated fatigue life at**
477 **BFS of 10 MPa. Lines indicate no significant difference ($p > 0.05$) and error bars are SD (n=5).**

478

479 **4. Discussion**

480 This study produced bone composites that are two-paste, chemical-cured versions of
481 previously developed Ca/Sr and PLS-containing, single paste light-cured dental
482 composites [17]. The main change involved light activated initiator (camphorquinone)
483 replacement with a chemical activated initiator (BP). This enables the composite to
484 cure chemically after mixing with a separate amine activator-containing paste instead
485 of following light activation. Additionally, however, the tertiary amine activator N,N-
486 dimethyl-p-toluidine (DMPT) was replaced by polymerizable NTGGMA to reduce the
487 risk of toxic amine activator leaching. Furthermore, PLR was reduced from 4:1 to 2.3:1
488 to enable easy mixing of the initiator and activator-containing pastes through a fine
489 mixing tip and enhanced flow within the vertebra. The effect of MCPM level and diluent
490 monomers on various chemical and mechanical properties were examined.

491 **4.1 FTIR studies of composite pastes**

492 The shelf life of chemically-activated bone cement is affected by storage temperature,
493 monomer type, inhibitor, initiator and activator levels [13]. Unmixed composite paste
494 stability is crucial to avoid premature or thermal initiated polymerization during storage
495 or shipment. Furthermore, polymerisation kinetics following mixing must be stable and
496 controllable to enable effective setting under clinical conditions.

497 In this study, a temperature-controlled FTIR-ATR system was employed to monitor
498 polymerization kinetics. As paste at room temperature was placed on the hotter ATR
499 plate and reaction kinetics are highly sensitive to temperature a potential error arises
500 due to the time taken for the paste to reach the ATR temperature. This is reduced
501 through use of thin samples. For the elevated temperature studies, this error was
502 further minimized through ensuring inhibition times were more than 60 s. As reactions

503 were monitored for up to hours, this enabled a wide range of reaction temperatures
504 and times. The reaction temperature for mixed pastes of 25 °C mimics clinical
505 conditions before injection into the vertebra and being just slightly above room
506 temperature minimizes temperature variability errors.

507 In order to understand and predict kinetics of mixed and unmixed composite paste
508 polymerization under different conditions, reaction mechanisms and theories were
509 employed. The mechanism for dimethacrylate reaction used in the derivation of
510 equations 3 to 5 included initiation, inhibition, propagation, crosslinking and
511 bimolecular termination steps [38] which may be represented by



518 A limitation of the theory is the possibility of inhibition via routes other than by the
519 added inhibitor. This could include free radical loss by oxygen inhibition or upon
520 contact with surfaces such as of the filler particles or the container [39, 40]. The
521 termination step may also occur via routes other than through bimolecular collision of
522 two polymer free radicals [41]. Changes in relative importance of different mechanisms
523 with reaction rate could cause errors in prediction of lower temperature stability. Lower
524 temperature reaction rates predicted from Arrhenius plots were therefore compared
525 with the stability and reaction kinetics of pastes that had been stored long-term.

526 **4.1.2 Paste stability and inhibition times**

527 The observation of a delay time prior to rapid polymerization is expected from kinetic
528 theories for both thermal and amine activated reactions [15]. For initiator and mixed
529 pastes, this will indicate their shelf-life and time available for injection into the body
530 (working time) respectively. According to equation 3, the inhibition time is proportional
531 to the inhibitor concentration and inversely proportional to initiation rate. In initiator
532 pastes, initiation rate is proportional to the benzoyl peroxide concentration. For amine
533 activated reactions it is proportional to initiator and activator concentrations [15]. To
534 increase initiator-paste stability and mixed paste working time, the inhibitor can
535 therefore be increased, or the initiator and activator reduced.

536 Extrapolated Arrhenius plots predicted the greater low temperature stability of the
537 PPGDMA compared with the TEGDMA initiator paste. Calculated shelf-lives, however,
538 were ~10 times lower than those observed through long-term paste storage. This may
539 be due to the alternative mechanisms of inhibition such as by oxygen or surface of the
540 container when the rate of polymerization is slow. Calculated initiator paste inhibition
541 times at 23 °C were ~10⁴ greater than those for the mixed pastes. Replacing half of
542 the initiator by activator through paste mixing, therefore enabled rapid setting of the
543 composite pastes.

544 The inhibitor in the supplied diluent TEGDMA monomer was 200 mM of MEHQ (4-
545 methoxyphenol), whilst that of PPGDMA monomer was a mixture of 100 mM of MEHQ
546 and 100 mM of BHT (butylated hydroxytoluene). A previous study has demonstrated
547 that the addition of BHT enhanced the stabilisation effect of MEHQ [42] which might
548 explain in part the observed lower inhibition times and stability of the TEGDMA initiator
549 pastes.

550 The lower pre-exponential term and activation energy for the initiation step predicts
551 faster free radical production with the TEGDMA initiator pastes at lower temperature
552 but vice versa at high temperature. A possible explanation is that the smaller size of
553 TEGDMA molecules reduces initial steric hindrance thereby lowering the activation
554 energy for formation of free radicals when compared with UDMA. Conversely the larger
555 PPGDMA molecules are of comparable size to the bulk UDMA possibly giving more
556 comparable activation energies for free radical formation. Higher concentrations of
557 reacting molecules but slower monomer radical formation in the PPGDMA pastes
558 might then explain the differences in reaction kinetics.

559 **4.1.3 Polymerization rates**

560 According to equation 4, the rate of polymerization following the inhibition period is
561 proportional to the rate of initiation. Preferably rate of polymerization following injection
562 of a mixed paste should be rapid to prevent leakage from the injection site or
563 subsequent release of monomers in the body. It can potentially be raised by increasing
564 the initiator and activator concentrations. The inhibitor may then additionally need to
565 be raised to maintain the required working time and initiator paste stability. The rate of
566 polymerization of the mixed pastes was comparable with that of the initiator pastes at
567 80 °C and ~250 times that predicted for the unmixed initiator pastes at room
568 temperature.

569 From equation 5, $R_{p,max}\sqrt{t_i}$ might be expected to be constant. $R_{p,max}\sqrt{t_i}$ values for
570 mixed pastes were comparable with those for the initiator pastes at the highest
571 temperatures. A possible explanation for the decrease in $R_{p,max}\sqrt{t_i}$ for the initiator paste
572 with decreasing temperature, however, could be alternative free radical inhibition and
573 termination reactions when the reaction is slow. These alternative radical removal

574 reactions might also result in loss of the benzoyl peroxide initiator upon storage. This
575 could then explain the increase in inhibition time of mixed pastes following long-term
576 TEGDMA initiator paste storage.

577 The higher pre-exponential term for the polymerization propagation step observed with
578 the TEGDMA initiator pastes is to be expected if higher concentration of free radicals
579 are generated. The higher activation energy for the propagation step may be due to
580 the TEGDMA radicals requiring more energy than UDMA or PPGDMA radicals to react
581 with UDMA monomer.

582 **4.1.4 Maximum monomer conversions**

583 Following 50% monomer conversion, the slowing of the dimethacrylate reaction rates
584 can be explained by the propagation reaction that generates linear polymer chains,
585 changing to a crosslinking process. The reaction will slow further when the conversion
586 is sufficient to convert the material from a crosslinked rubber into a solid glassy polymer
587 [43]. At elevated temperatures, higher conversion is required for this glass transition
588 temperature to be reached.

589 Final conversions at room temperature for the PPGDMA and TEGDMA composites
590 are comparable with values obtained using the same monomers but light activated
591 polymerization [10]. Greater final conversion with the PPGDMA pastes could be a
592 consequence of the longer flexible polypropylene glycol chain lowering the glass
593 transition temperatures. Additionally, if the reaction is continuing at a fast rate when it
594 solidifies, high concentrations of free radicals and localized heating could enable
595 higher conversion. With the mixed fast reacting pastes, conversions at 25 °C were
596 comparable with those achieved at 60 °C with the slower reacting initiator pastes.

597 **4.1.5 Polymerization of freshly prepared materials**

598 Working time of PMMA bone cements that require mixing powder with liquid and
599 transfer to a syringe for vertebroplasty should be approximately 6 to 10 min [44].
600 Approximately 3 minutes is required for mixing. 4 - 8 mL of PMMA cement is generally
601 sufficient to stabilize a fractured vertebra [45]. With an injection rate of 0.15 mL / s [46],
602 an injection time of 0.5 – 1 minutes is then required to deliver bone cement through a
603 cannula to an affected site. This must be undertaken before the paste viscosity
604 becomes too high for injection. This change in viscosity occurs due to swelling of the
605 beads in the monomer phase.

606 For a two-paste bone composite in double-barrel syringe, the mixing takes only a few
607 seconds. Additionally, no change in rheological properties occurs following mixing,
608 lower volumes are required to stabilise fractures, and less heat generation compared
609 with PMMA cement [47]. These features are a distinct advance for the composites and
610 enable significant shortening of the required working time.

611 The inhibition times measured from FTIR-ATR following mixing of both the powder-
612 liquid PMMA cement (496 s) and two-paste Cortoss bone composite (169 s) are
613 different to final setting times cited in the literature [48] (378 s for Simplex and 345 s
614 for Cortoss). This may be a consequence of using a different method (surface
615 indentation), volumes of material in the test and batch number or time after production.

616 The inhibition time of freshly prepared TEGDMA based composite was too short (23
617 s) indicating that more inhibitor should be included. According to equation 3, the
618 inhibitor concentration would need to be increased 7 folds in order to bring the inhibition
619 time up to that of Cortoss. This might additionally enhance the initiator paste shelf-life.
620 With the PPGDMA paste, a doubling in inhibitor should give a similar inhibition time to
621 that of Cortoss. From Equation 4, increased inhibitor should not affect the rates of

622 polymerization. The similarities in experimental and commercial material reaction rates
623 suggests this change would thus enable production of composites with “snap set”
624 following sufficient working time for injection.

625 High final monomer conversion is required for good physical/mechanical composite
626 properties in addition to the low risk of toxic monomer leaching [49, 50]. The final
627 monomer conversion of Cortoss in the current study was lower than that previously
628 obtained (80 %) using differential scanning calorimetry (DSC) [51]. DSC, however, has
629 given higher final conversion compared to FTIR in other studies [52, 53]. Lower
630 monomer conversion of Cortoss compared with experimental bone composites could
631 be due to different primary base monomers. Generally, high glass transition
632 temperature (T_g) monomers give low final monomer conversion [18, 54]. Primary base
633 monomer of Cortoss is Bis-GMA ($T_g = -7.7$ °C), whereas that of the experimental bone
634 composites is UDMA ($T_g = -35.3$ °C) [54].

635 Monomer conversion of Simplex (77 %) in the current study is in good agreement with
636 that obtained from published studies (70 %) [55, 56]. Simplex contains the
637 monomethacrylate, methyl methacrylate (MMA), which unlike dimethacrylates, gives
638 only linear chains and no crosslinking reaction. Consequently, complete
639 polymerization of all methacrylate groups is required to prevent monomer leaching.
640 Conversely, with dimethacrylate-containing composites, 50% conversion may be
641 sufficient to bind all monomers within the resin matrix [18]. Hence 70-80% observed
642 conversion with the experimental bone composites is expected to reduce the risk of
643 unreacted monomer release and potentially lead to improved cytocompatibility [10].

644 **4.1.6 Polymerization heat generation and shrinkage**

645 The lower concentration of double bonds per mole of PPGDMA contributed to the
646 lower calculated polymerization shrinkage and heat generation of PPGDMA-based
647 composites compared to the TEGDMA-based composites. The shrinkage of
648 experimental bone composites in the current study was comparable to that of Cortoss
649 (5 vol%) [57] but lower than that of PMMA bone cement (6 – 7 vol%) [58]. Additionally,
650 as heat generation is proportional to shrinkage and a lower volume of composites is
651 required to stabilize vertebral fractures [47], the composites should cause less thermal
652 damage than Simplex upon placement. These properties may help to minimize gap or
653 fibrous capsule formation and improve interfacial integrity at the bone-composite
654 interface.

655 **4.1.7 Mass and volume changes**

656 Mass increase due to water sorption of Simplex reached equilibrium within 1 week
657 which is in accordance with a published study [59]. Cortoss exhibited greater mass
658 increase compared to Simplex due probably to the lower monomer conversion, higher
659 flexibility of polymer network, and hydrophilicity of bioactive glass contained in the
660 composite [60].

661 The volume increase of Simplex in the current study (~ 2 vol %) was lower than the
662 polymerization shrinkage reported from a published study (6 - 7 vol%) [58]. This
663 mismatch between shrinkage and expansion may cause gap formation and induce
664 fibrous encapsulation at the bone-cement interfaces. This poor material-bone
665 integration may impair load transfer mechanisms leading to re-fracture or progression
666 of cracks toward adjacent vertebra [61].

667 For experimental bone composites, their mass and volume changes were governed
668 primarily by MCPM level and type of diluent monomer. Raising MCPM level enhanced
669 water uptake leading to the increase of mass and volume as was previously observed
670 with dental composites [18, 35]. Low crosslinking density due to the high molecular
671 weight of PPGDMA could promote water diffusion, thereby increasing the mass and
672 volume changes of the PPGDMA-based composites. For PPGDMA formulations,
673 therefore, 5 to 10 wt% of MCPM was sufficient to enable hygroscopic expansion
674 comparable with the calculated polymerization shrinkage. TEGDMA formulations,
675 however, may requires greater than 5-10 wt% of MCPM to allow expansion to
676 compensate polymerization shrinkage. These expansions are expected to relieve
677 shrinkage stress and minimize gaps at composite-bone interface. This could potentially
678 help to improve interfacial integrity and load transfer and reduce recurrent fracturing of
679 the treated vertebra.

680 **4.1.8 Surface apatite formation**

681 The apatite-forming ability in SBF has been adopted as a method for the determination
682 of the bone bonding potential in biomaterials prior to any animal testing which requires
683 large expenses and resources. It is proposed that the formation of surface apatite is
684 associated with the ability of materials to promote *in vivo* bone bonding [62]. Other
685 studies with MCPM-containing composites demonstrated that the level of apatite
686 precipitation increased proportionally to time [63]. Mineral release is also expected to
687 promote mineralization of newly formed bone [64].

688 When surface MCPM dissolves it disproportionates into phosphoric acid and dicalcium
689 phosphate. Under acidic conditions, the later will precipitate as brushite. If the acid is
690 neutralised by buffering ions in the SBF, the brushite can transform into apatite [65].
691 Increasing MCPM level from 5 to 10 wt% encouraged this transformation and greater

692 precipitation of surface apatite after immersion in SBF for 1 week. Replacing TEGDMA
693 by PPGDMA, however, provided no obvious advantageous effect on surface apatite
694 precipitation. In Cortoss, bioactive glass was added in an attempt to provide
695 mineralisation and enhance bonding with bone [48]. Surface apatite was however not
696 seen after SBF immersion for 1 week. This could be due to the slower dissolution of
697 its calcium phosphate containing glass (combeite) [66] when compared with MCPM.

698 **4.1.9 Strontium release**

699 Strontium release is of interest due to its potential beneficial effects for bone repair
700 including increase of osteoblast proliferation and reduction of osteoclastic activities
701 [22, 23, 67]. The observed linear release of Sr from experimental bone composites
702 suggests it is not diffusion-controlled. It is possible that the level of strontium release
703 was dependent upon its release from the surface following water enhancing polymer
704 expansion. This would explain the increase of strontium release observed upon using
705 PPGDMA and rising MCPM level. The results gave the effect of replacing TEGDMA
706 by PPGDMA on Sr release as less than the effect upon doubling MCPM level. It is
707 hypothesized that in addition to increased water sorption, MCPM may produce
708 phosphoric acid that reacts with the tristrontium phosphate to form distrontium
709 phosphate of higher aqueous solubility and thereby higher Sr ion release.

710 The release of strontium would be enhanced upon increasing surface area. A previous
711 study showed that a bone composite provided greater interfacial stability at
712 bone/material interface than a PMMA cement [68]. This was attributed to possibly a
713 faster bone response, improved bone binding to mineral precipitation around the
714 composite, and / or more effective penetration of the composite into porous bone. The
715 greater penetration could give a large surface and encourage greater localized release
716 of strontium to the surrounding osteoporotic vertebra. This may potentially help to

717 increase bone mass and improve mechanical properties of the vertebra, thereby
718 decreasing the risk of recurrent fractures. The release of strontium that increases
719 linearly with time may also enable constant drug release which may be considered
720 beneficial.

721 **4.2 Biaxial flexural strength (BFS) and fatigue**

722 The mean BFS values obtained from Simplex and Cortoss were consistent with those
723 reported in a previous study [48]. Mean BFS of experimental bone composites was
724 also comparable to that of Cortoss. Increasing hydrophilic contents and flexibility of
725 polymer networks usually reduces strength of composites. Results from the current
726 study showed that increasing MCPM level and replacing TEGDMA by more flexible
727 PPGDMA had no significant effect on the strength and fatigue of the composites. This
728 might be due to the low level of MCPM used and the enhanced monomer conversion
729 from PPGDMA. Despite the fact that specimens were aged for 4 weeks, the mean BFS
730 values of all experimental bone composites were greater than the 24 hr flexural
731 strength of 50 MPa required by ISO 5833: Implants for surgery — Acrylic resin cements
732 [69].

733 The highest gradient of *S-N* curve was observed with Simplex. This could be due to
734 the lack of reinforcing glass fillers or glass fiber to retard crack propagation.
735 Additionally, pores caused by the poor integration between BaSO₄ particles and
736 polymer matrix could also act as crack initiators [70]. It is assumed that the lower
737 gradient of *S-N* curve of Cortoss and experimental bone composites compared with
738 Simplex may result from the beneficial effects of absorbed water that could improve
739 fatigue resistance. The water can plasticize resin matrix and increase polymer chain
740 mobility which could enhance crack tip blunting [71]. For experimental bone

741 composites, releasing of active ingredients may leave voids behind but the contained
742 fibers could help to bridge the voids and slow down crack initiation [72].

743 In physiologic conditions, the injected bone cements are expected to penetrate through
744 porous bone and cracks forming irregular shapes depending on the morphology of
745 fractures [73]. Hence, the injected cement may be subjected to various stresses
746 including torsion, flexion, and compression. A finite element analysis demonstrated
747 that the maximum stresses generated in the injected cement after vertebroplasty may
748 range from 5 to 15 MPa [36]. In the current study, a representative flexural stress of
749 10 MPa was used to extrapolate number of failure cycles thereby allowing comparison
750 of fatigue life amongst materials. The predicted failure cycle upon applying this flexural
751 stress of experimental composites was comparable to that commercial products ($\sim 10^8$
752 cycles). This may ensure a long-term mechanical performance of experimental bone
753 composites.

754 **5. Conclusions**

755 Replacing diluent TEGDMA by PPGDMA provided beneficial effects such as increased
756 inhibition time, increased final monomer conversion, and decreased calculated
757 polymerization shrinkage and heat generation for the experimental bone composites.
758 PPGDMA also promoted hygroscopic expansion to compensate polymerization
759 shrinkage and enhanced strontium release. Additionally, no detrimental effect on
760 mechanical properties of the composites was observed upon replacing TEGDMA by
761 PPGDMA. Increasing MCPM level enhanced hygroscopic expansion, surface apatite
762 formation, and strontium release. Increasing these reactive fillers reduced static
763 strength of the composites but did not significantly reduce fatigue resistance of the
764 composites.

765 **6. Supporting information**

766 S1 File. Raw data. Experimental and commercial bone composites raw data. (XLSX)

767 **7. Acknowledgements**

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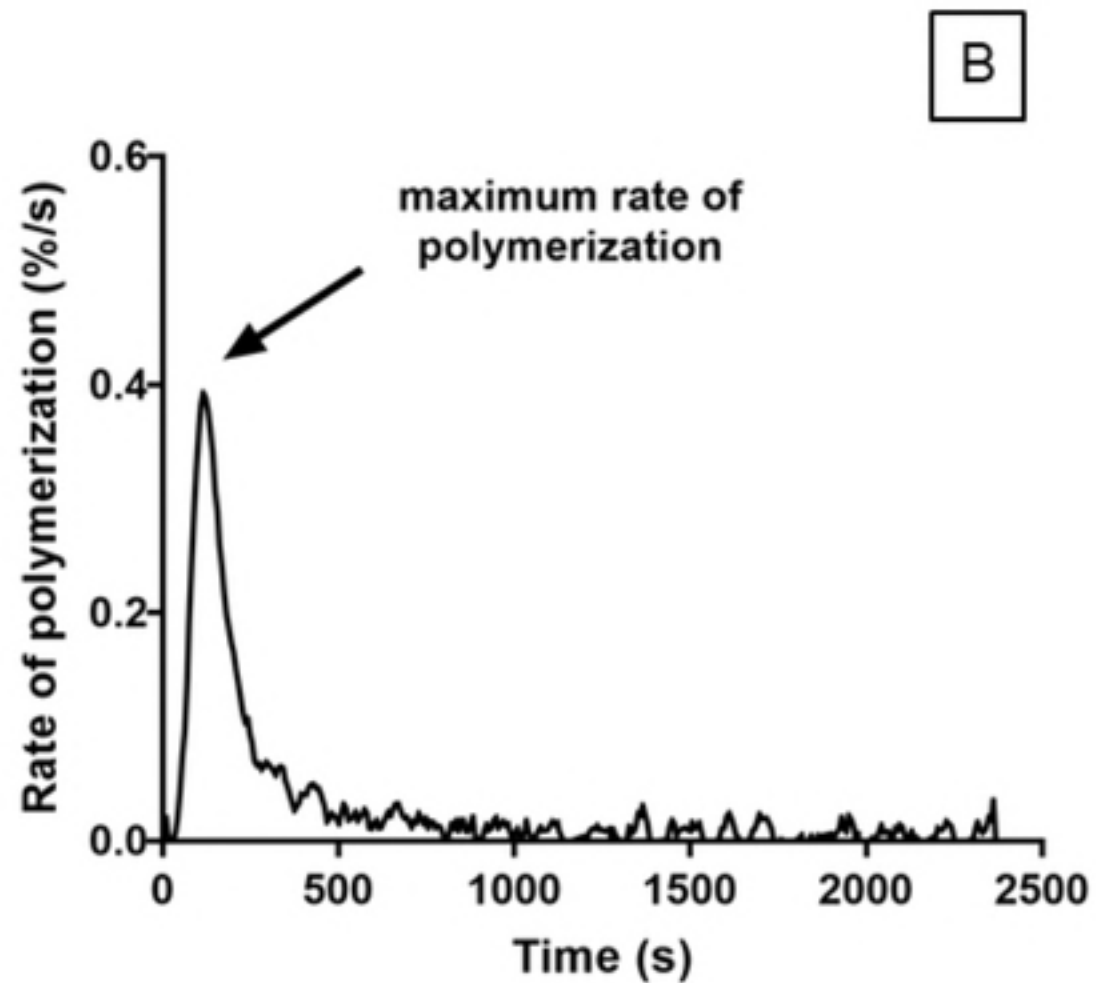
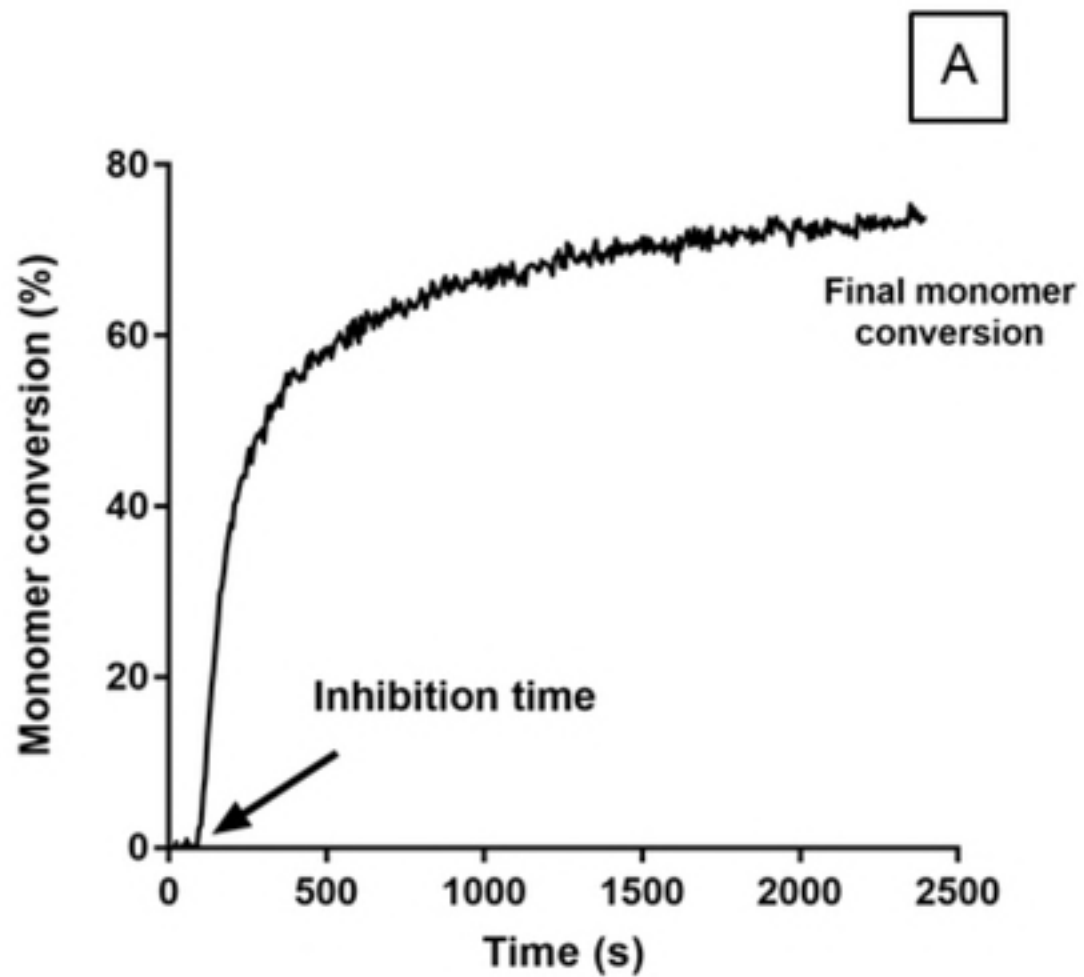


Fig 1

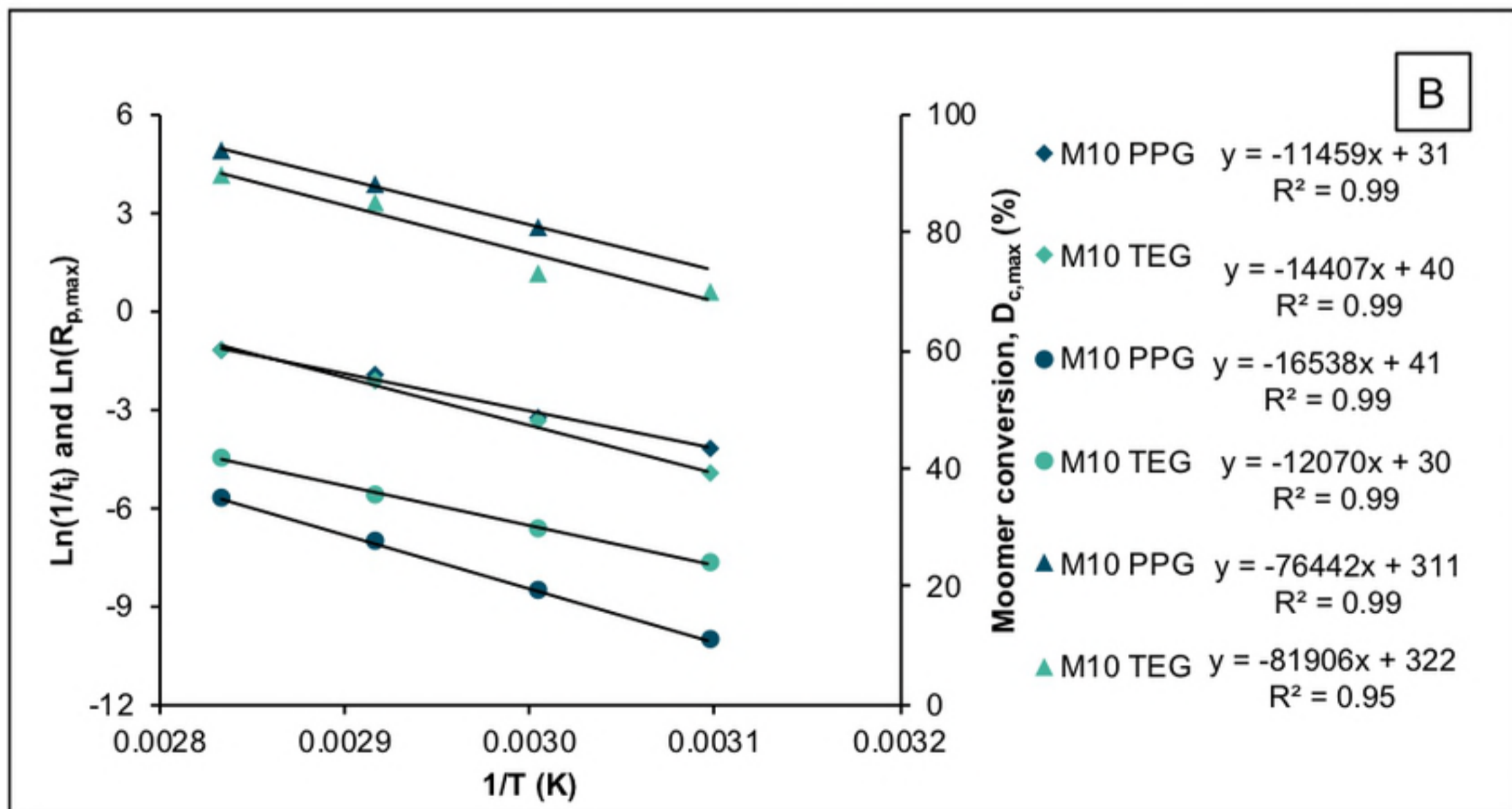
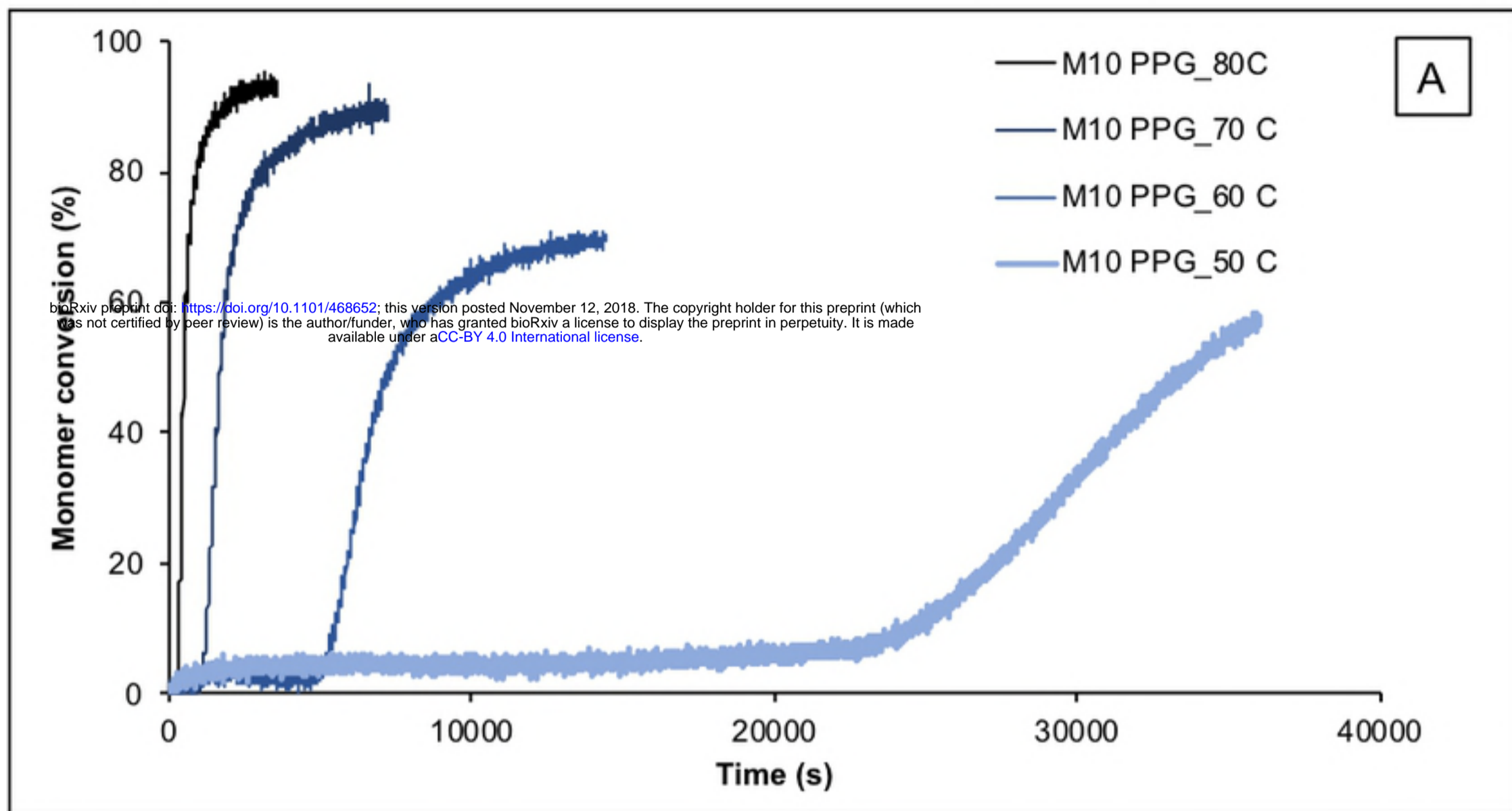


Fig 2

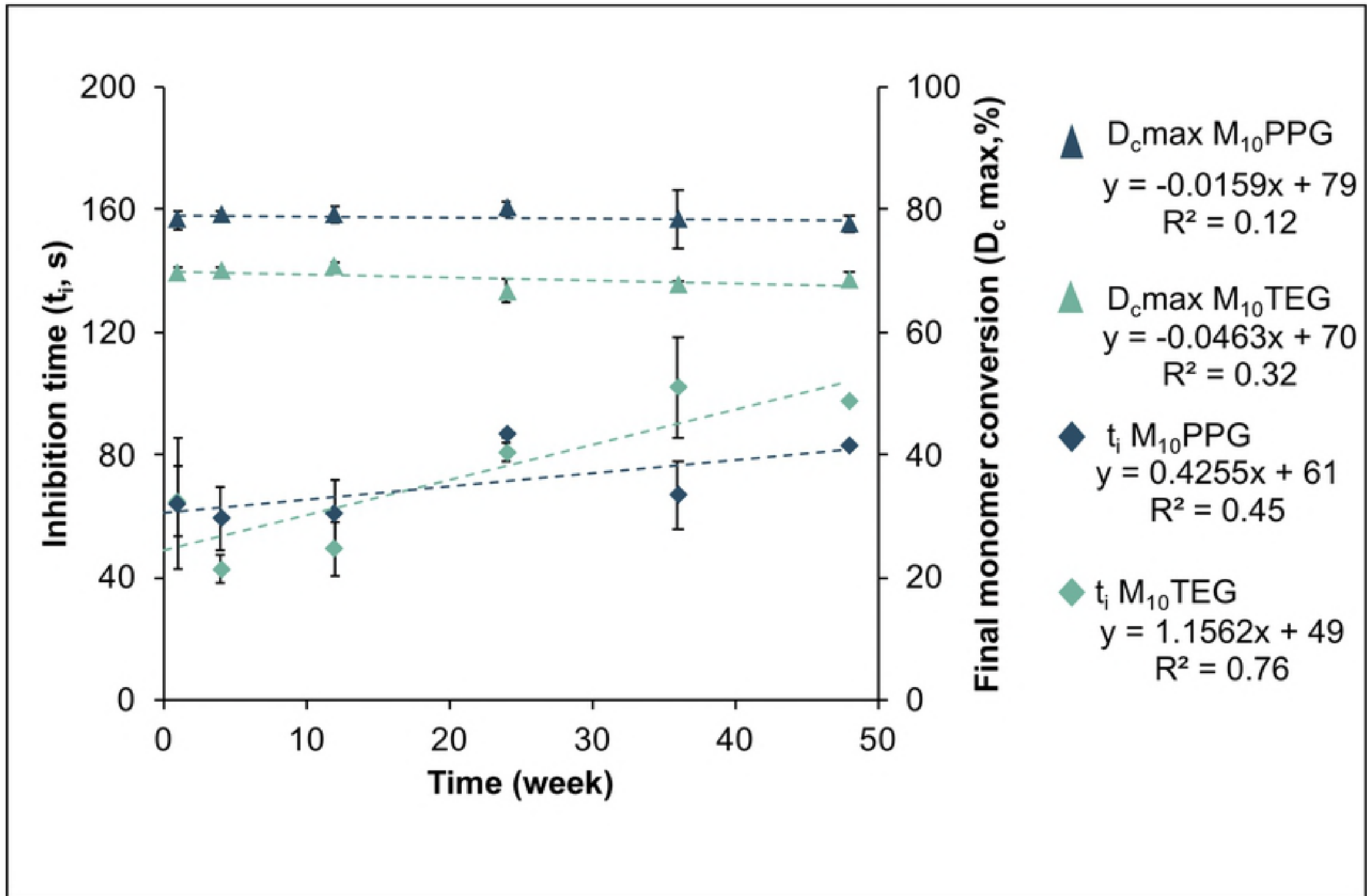


Fig 3

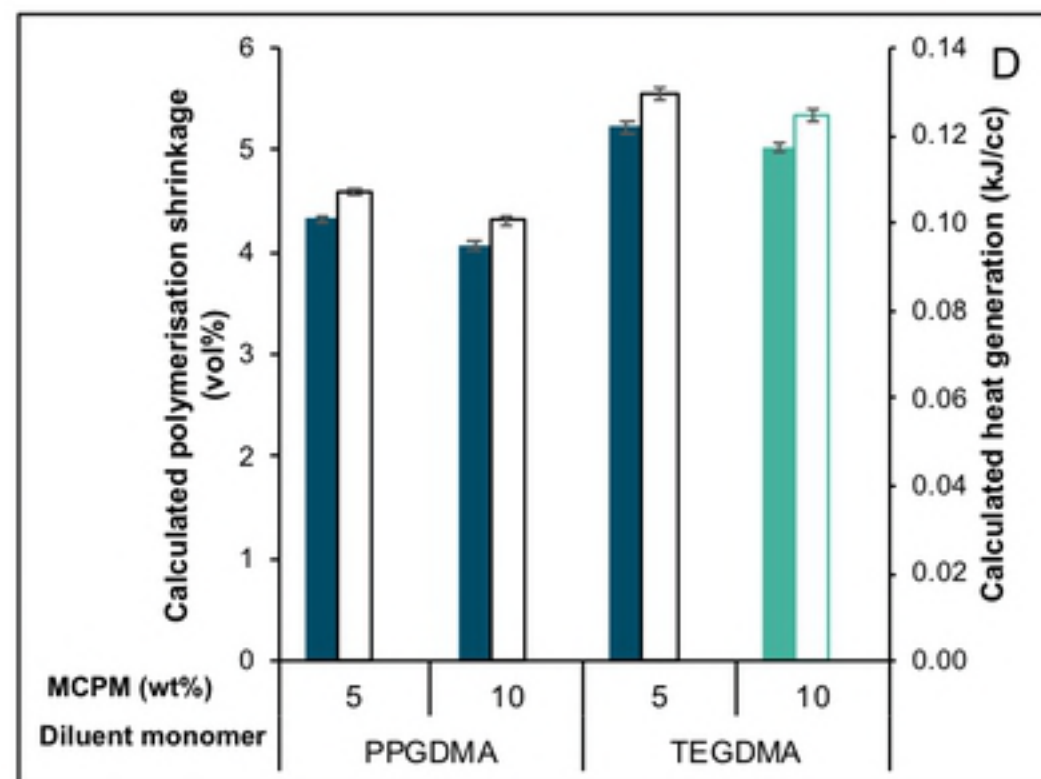
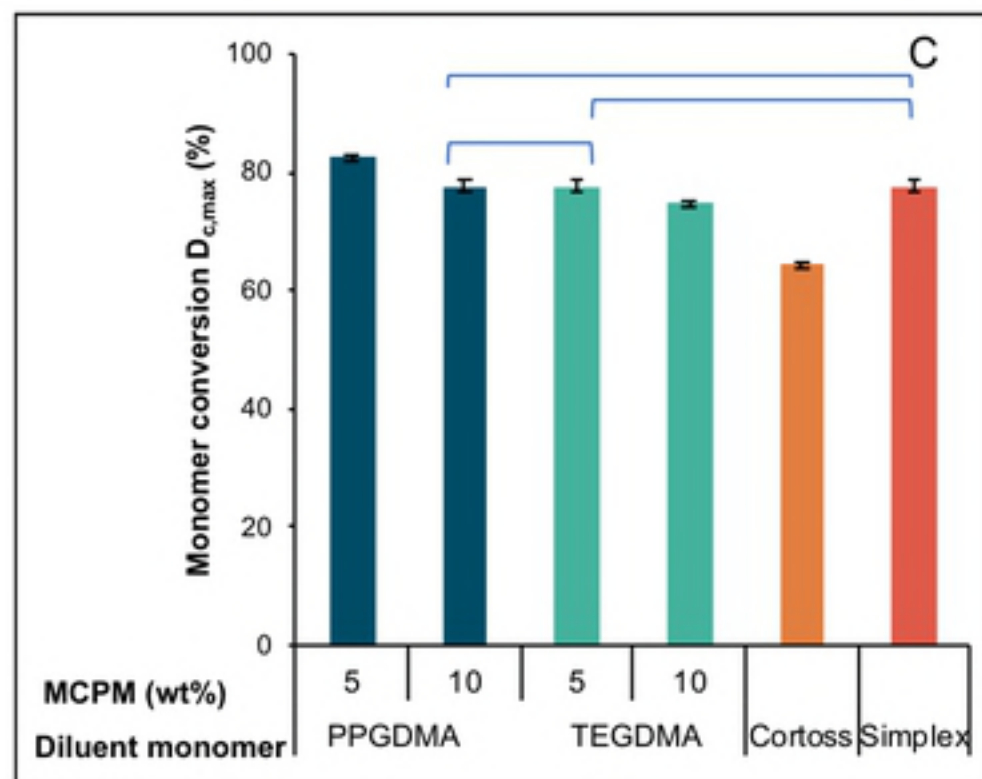
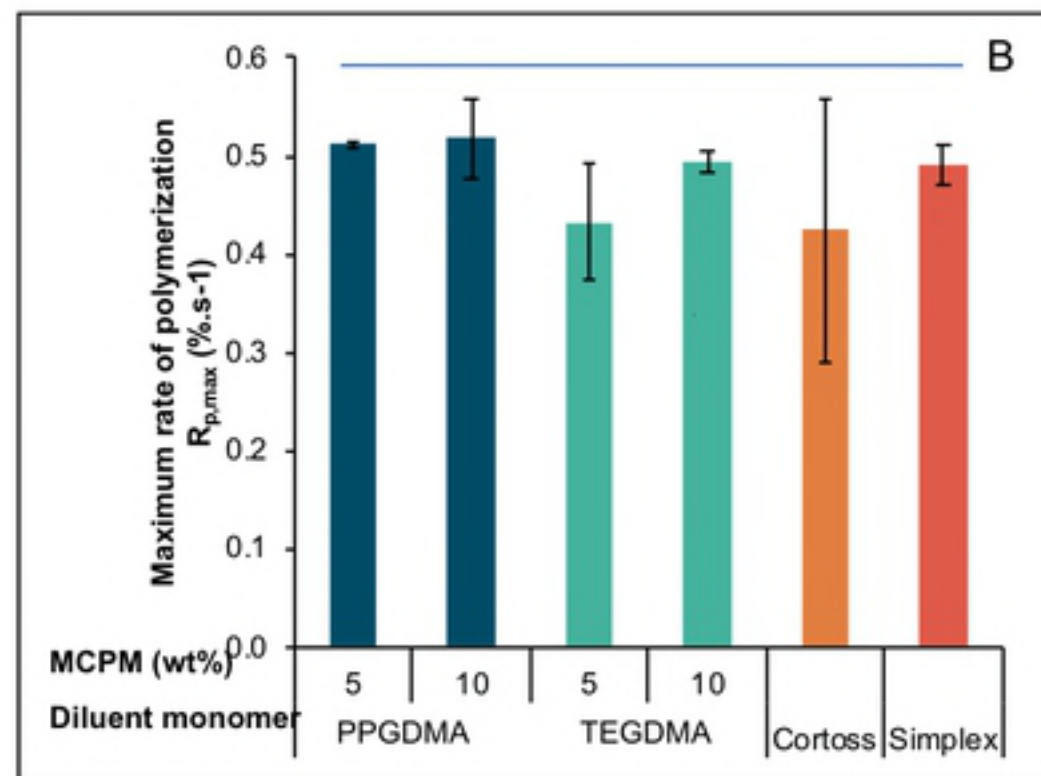
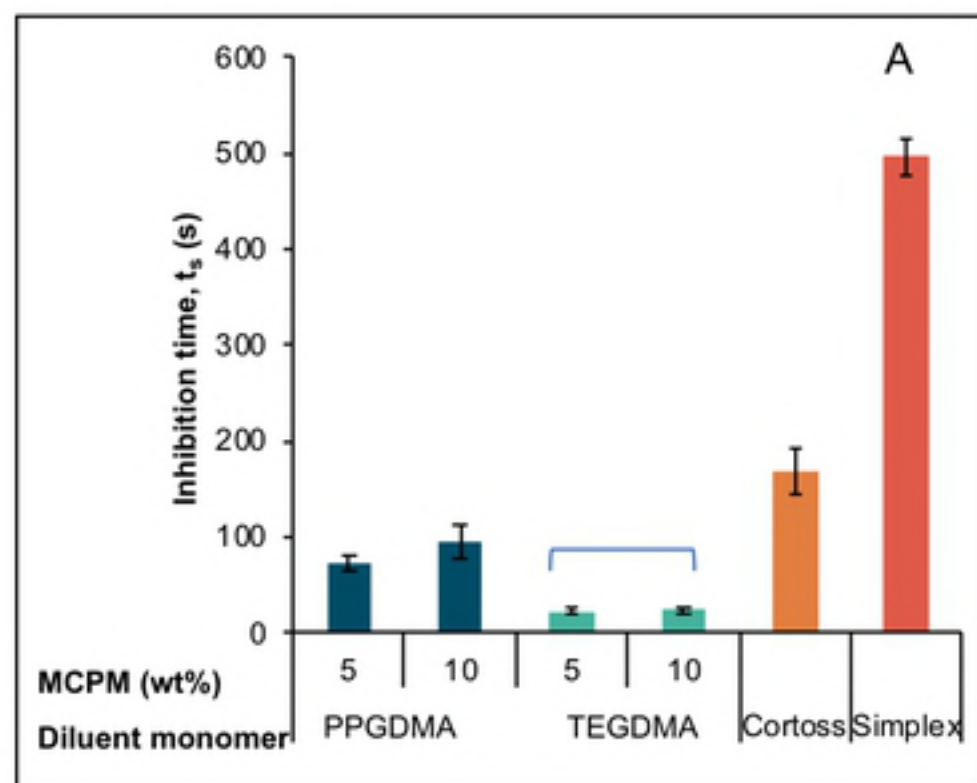


Fig 4

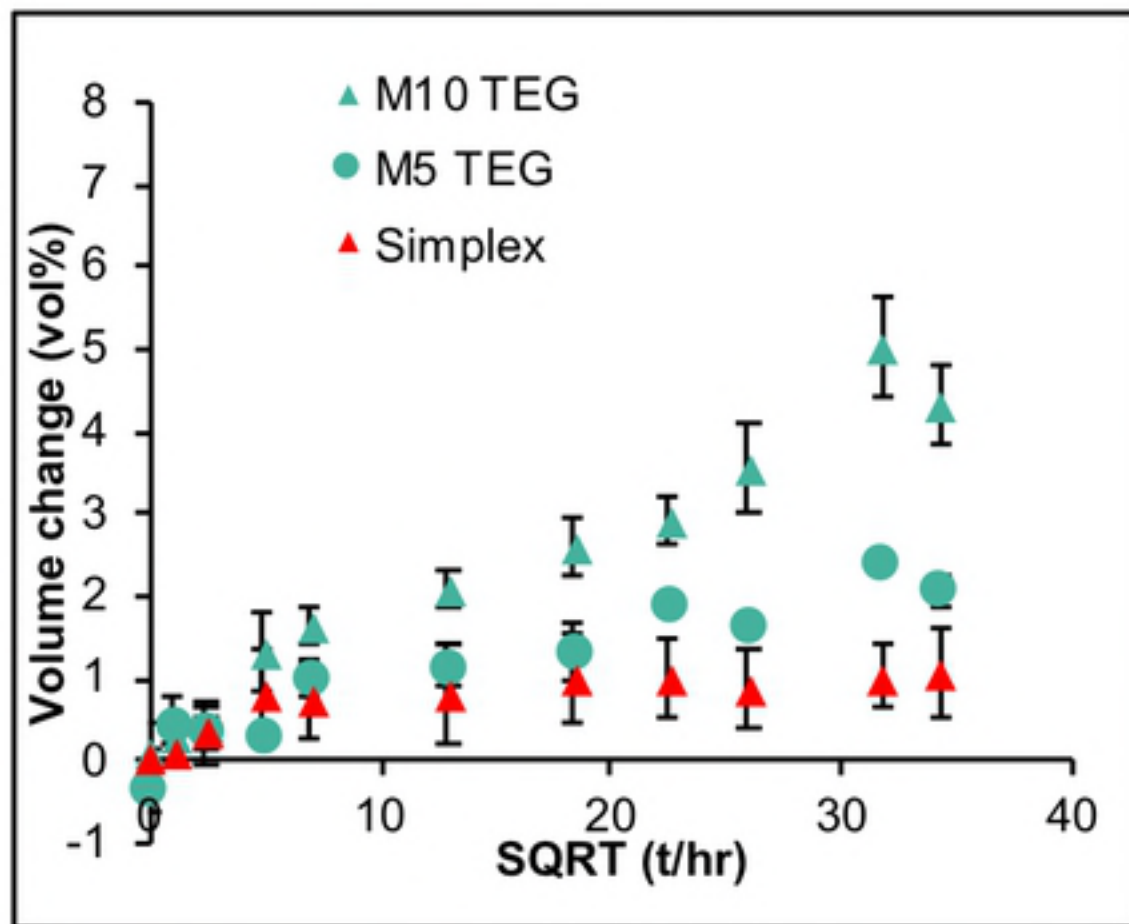
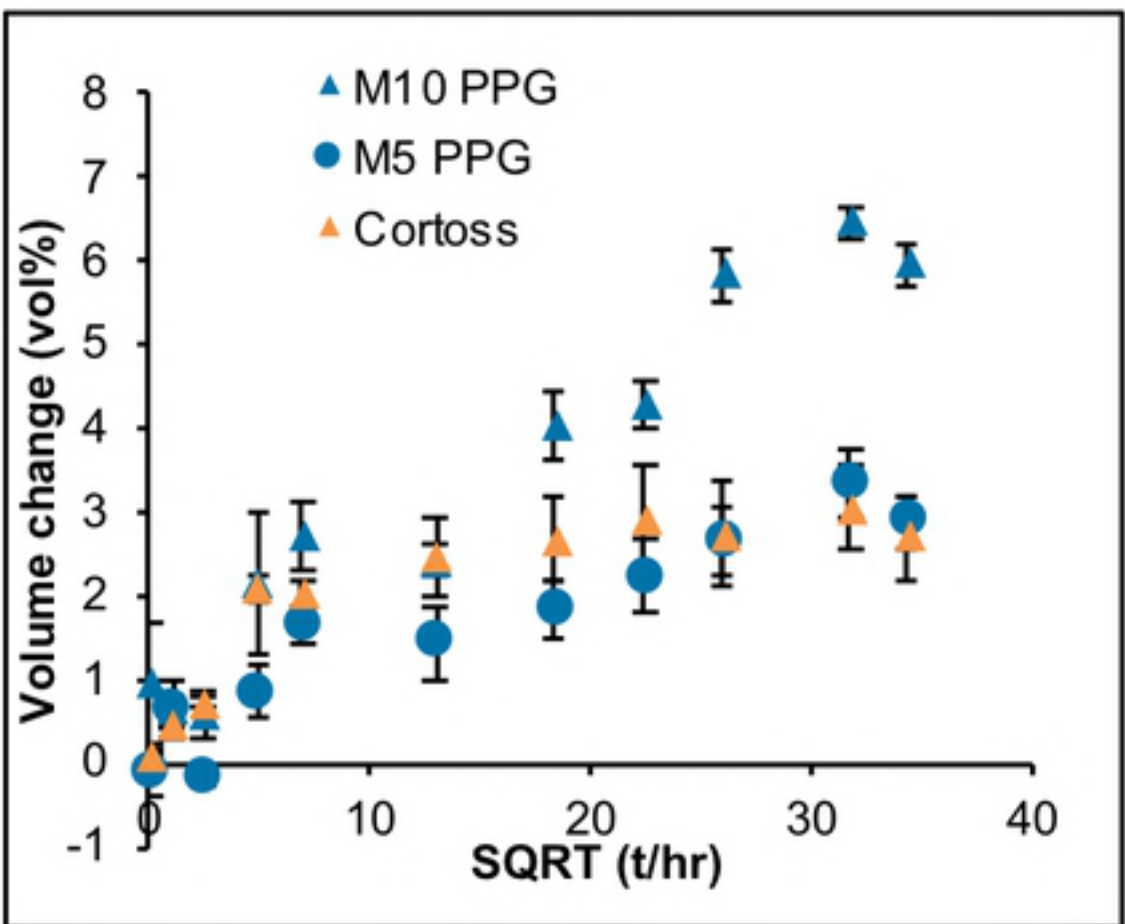
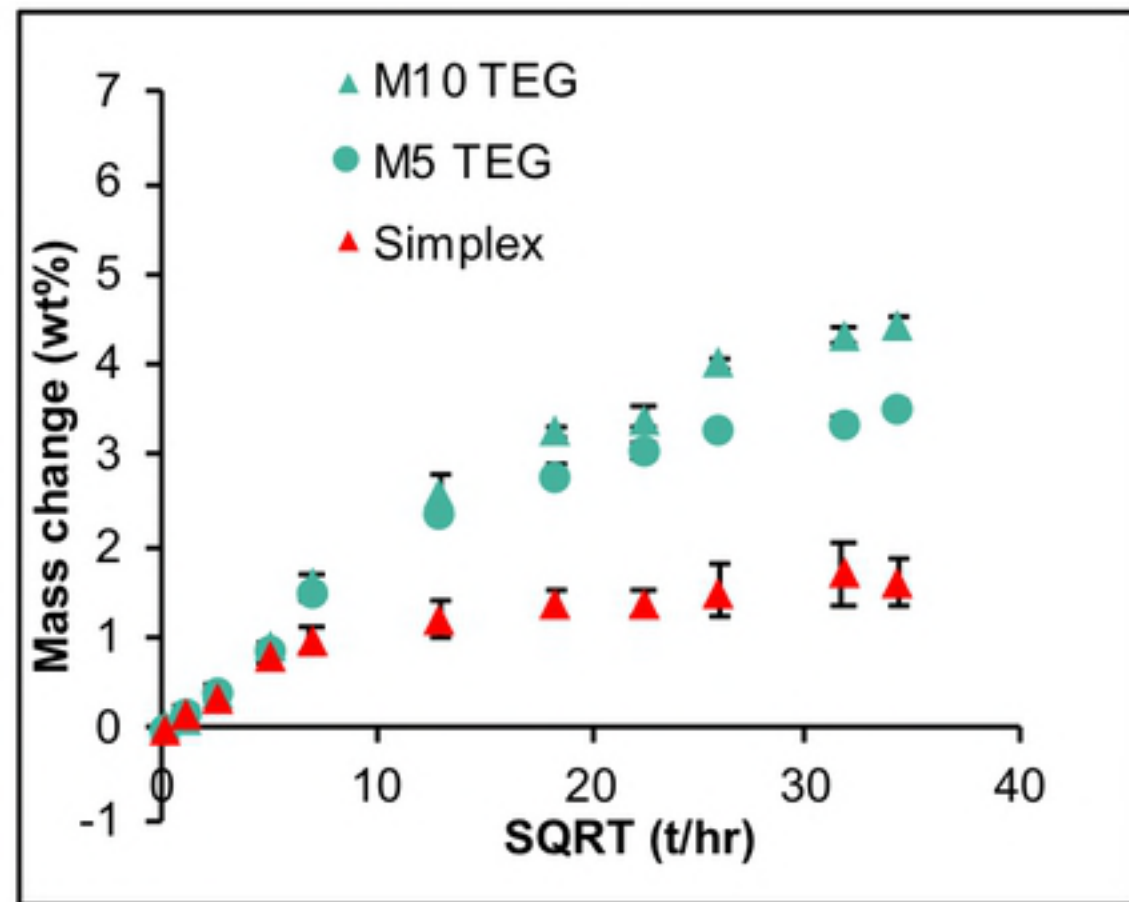
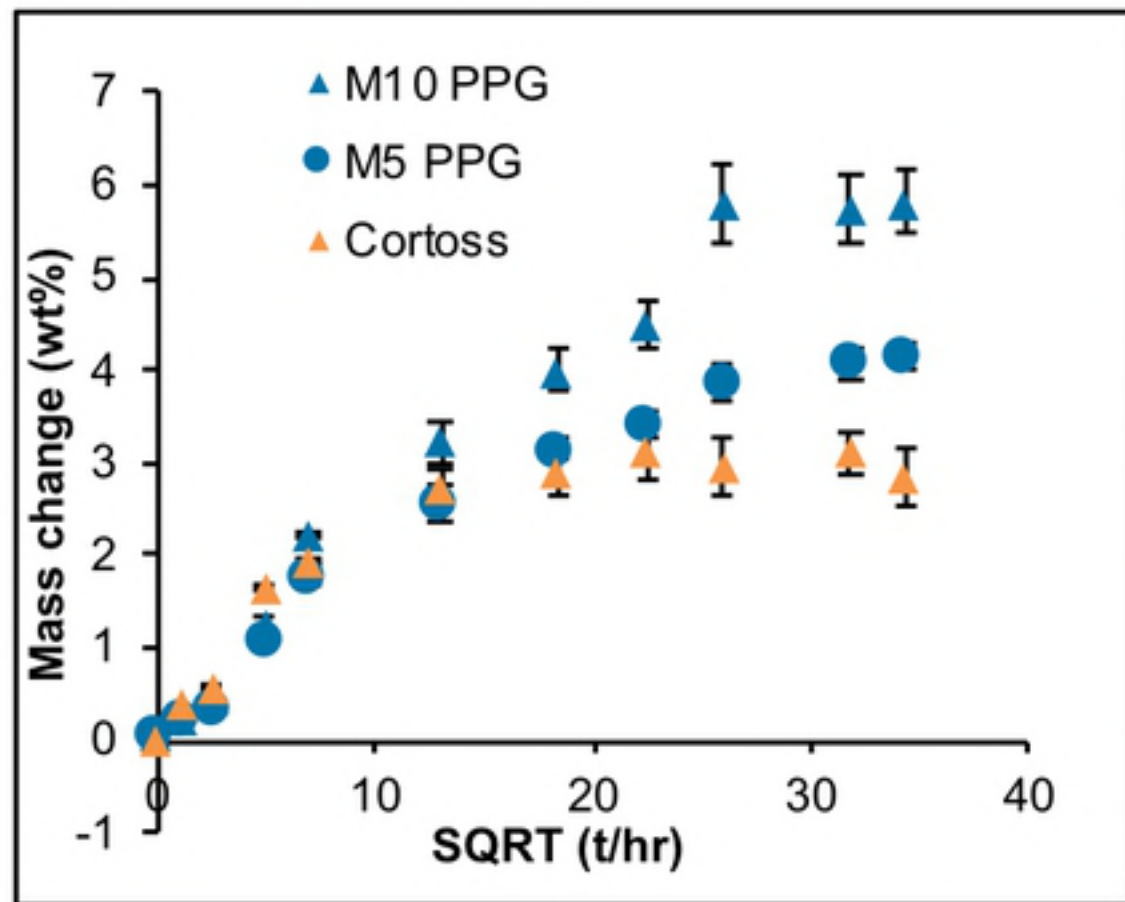


Fig 5

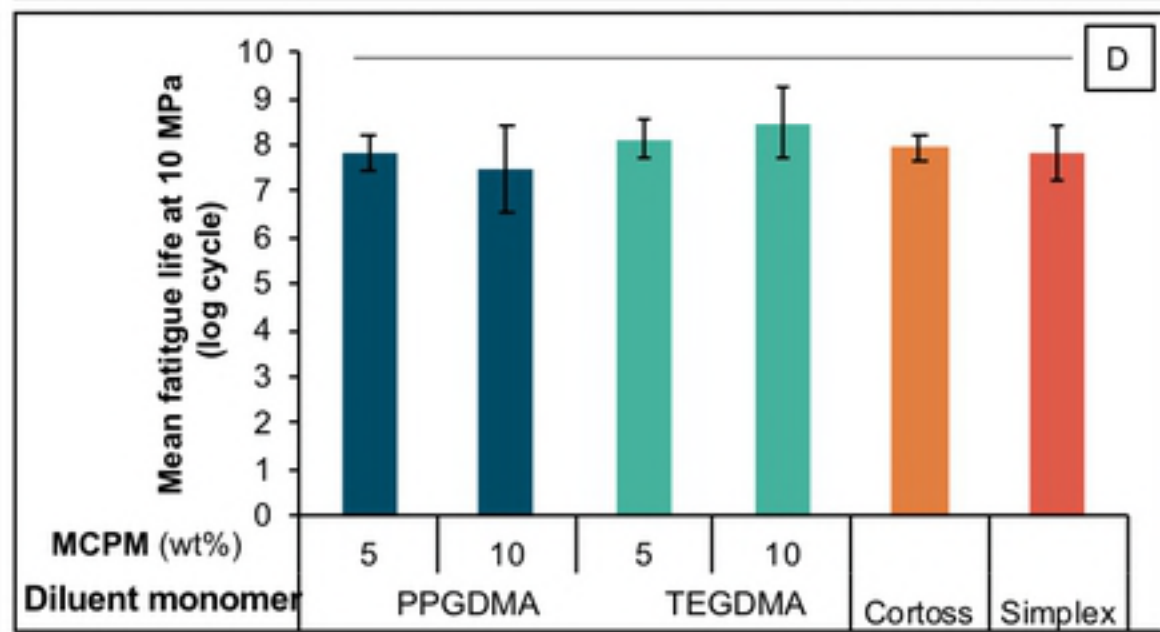
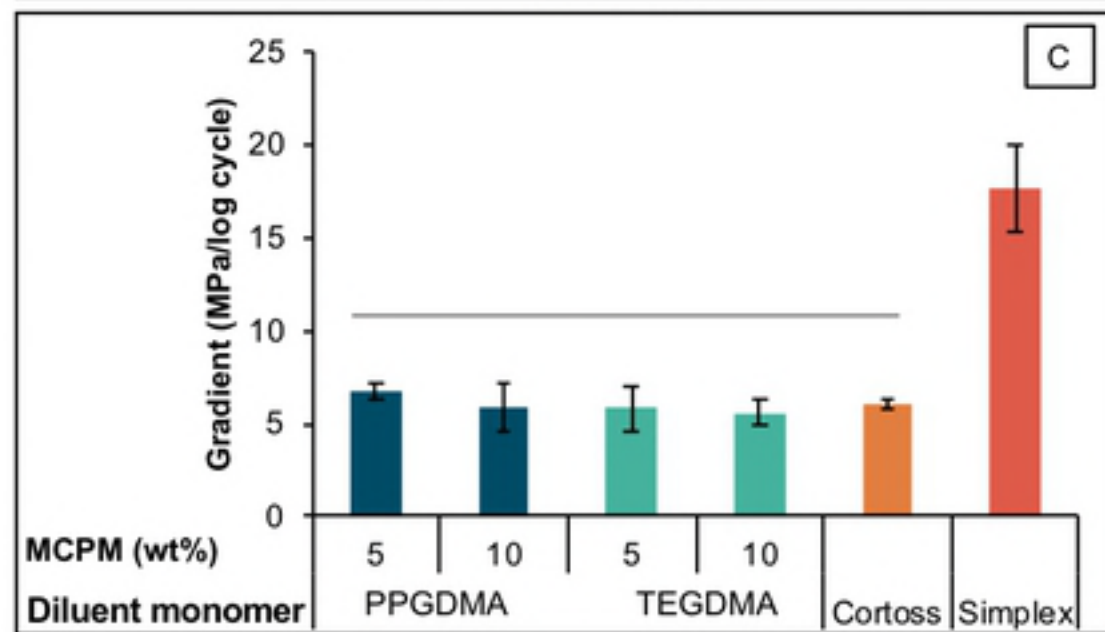
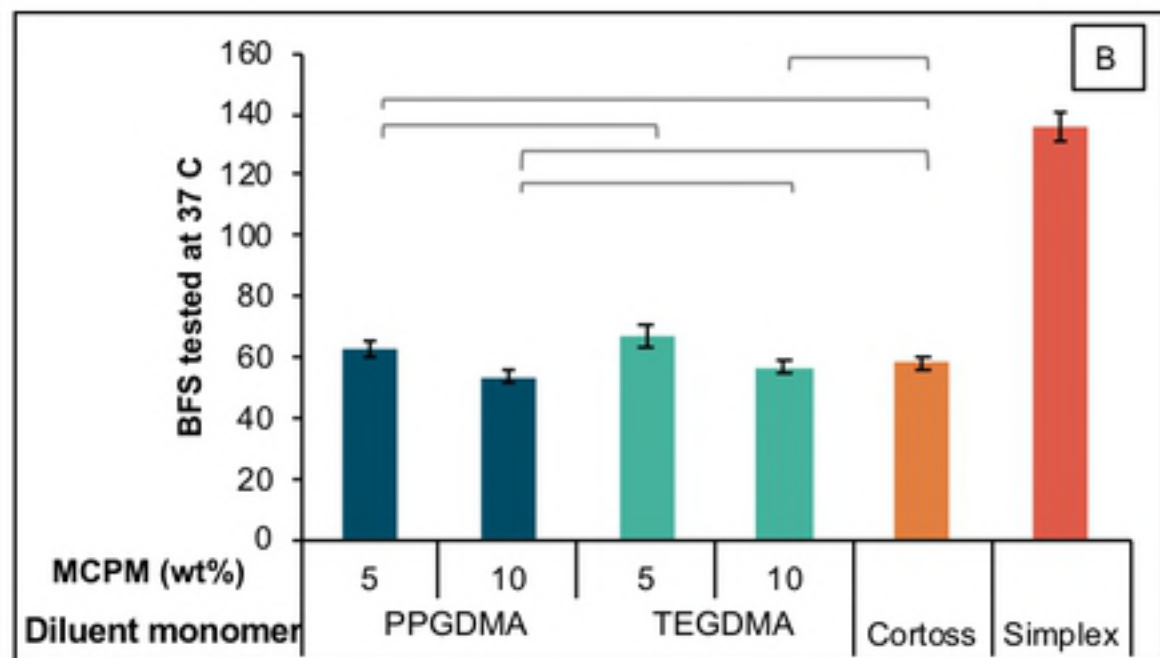
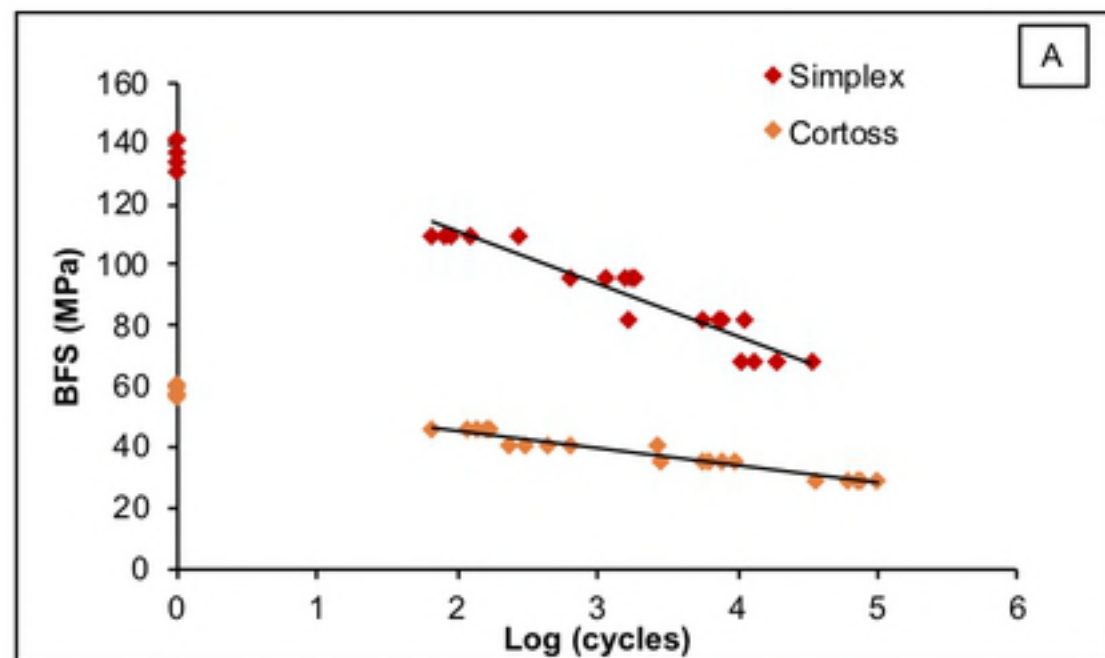


Fig 6

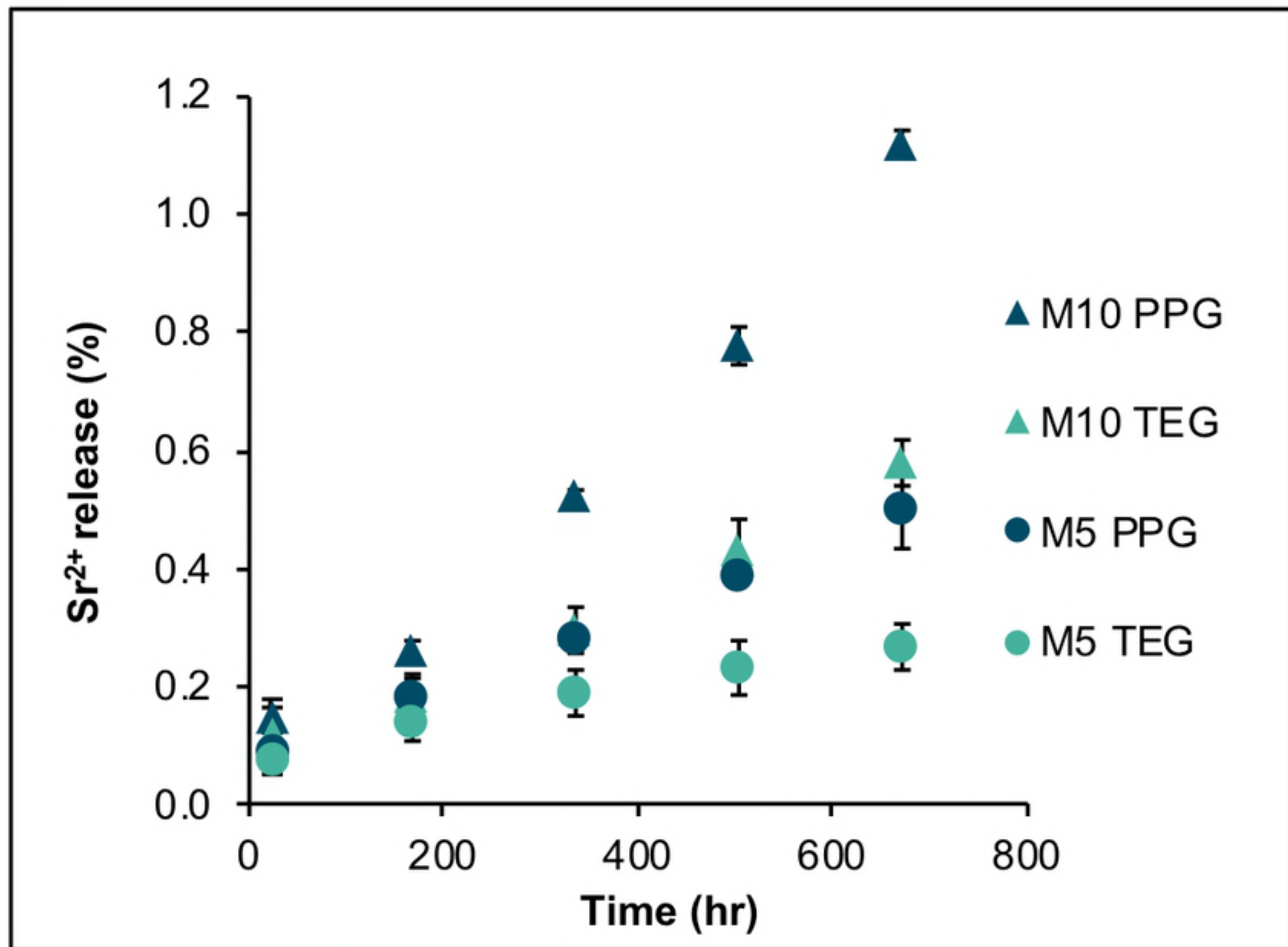


Fig 7

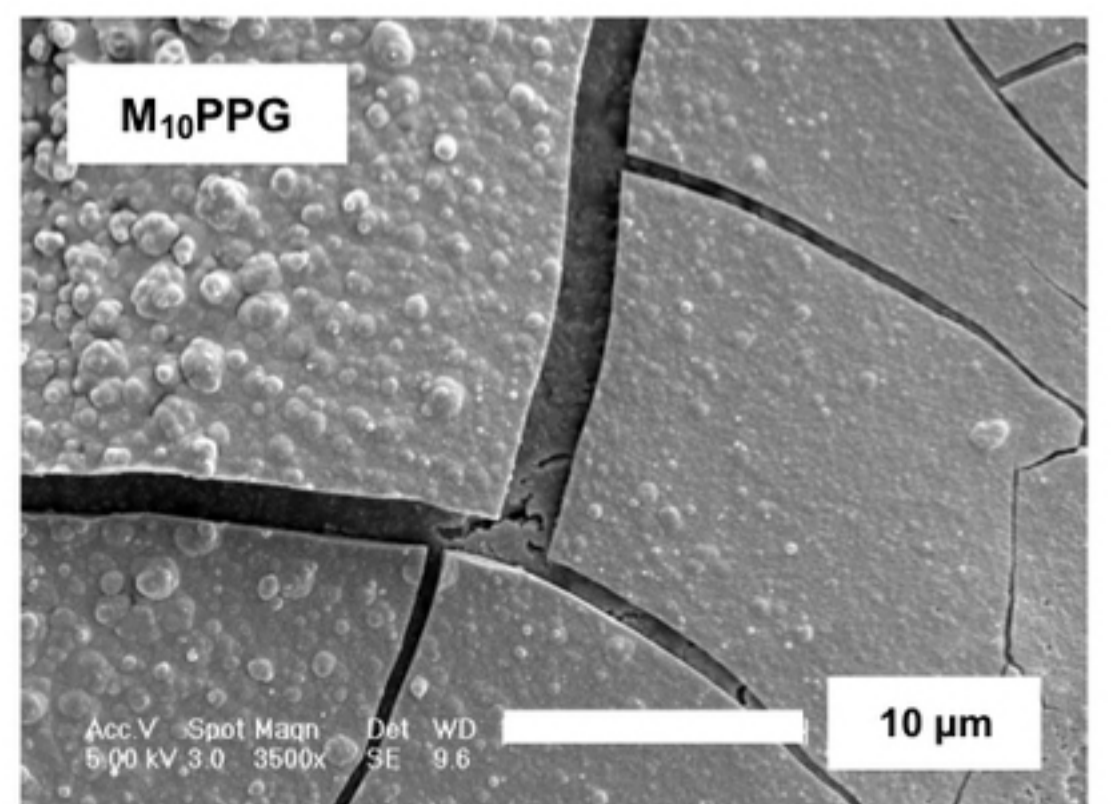
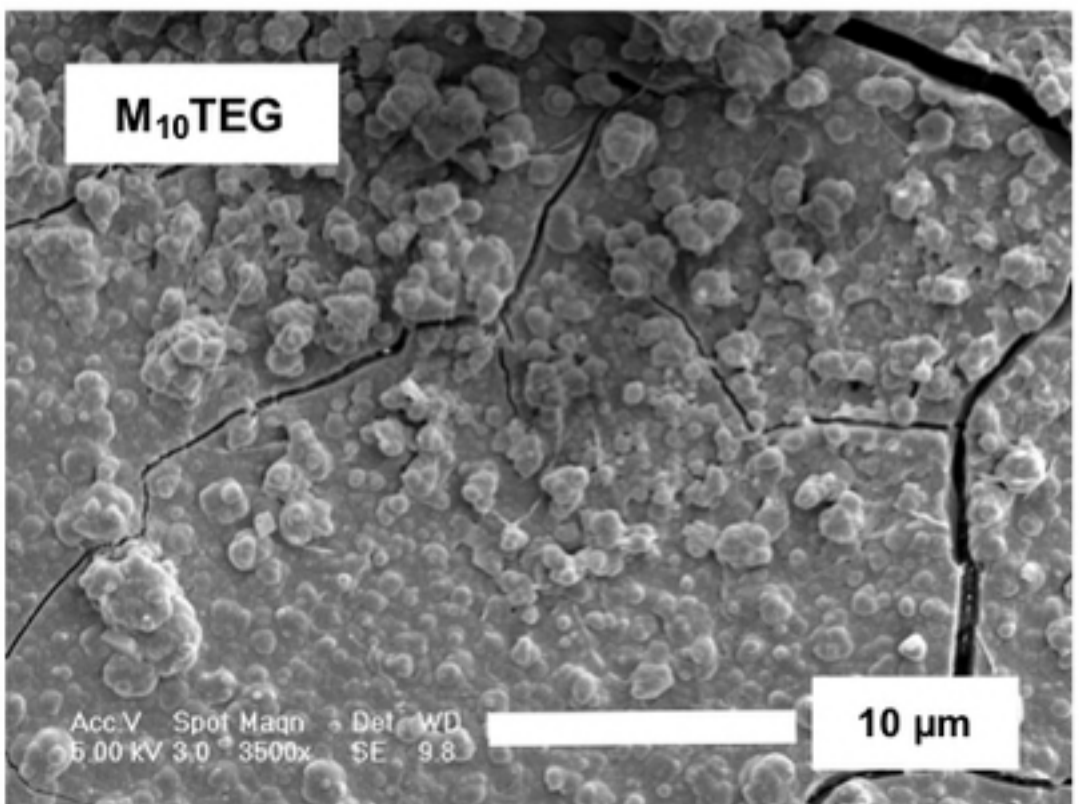
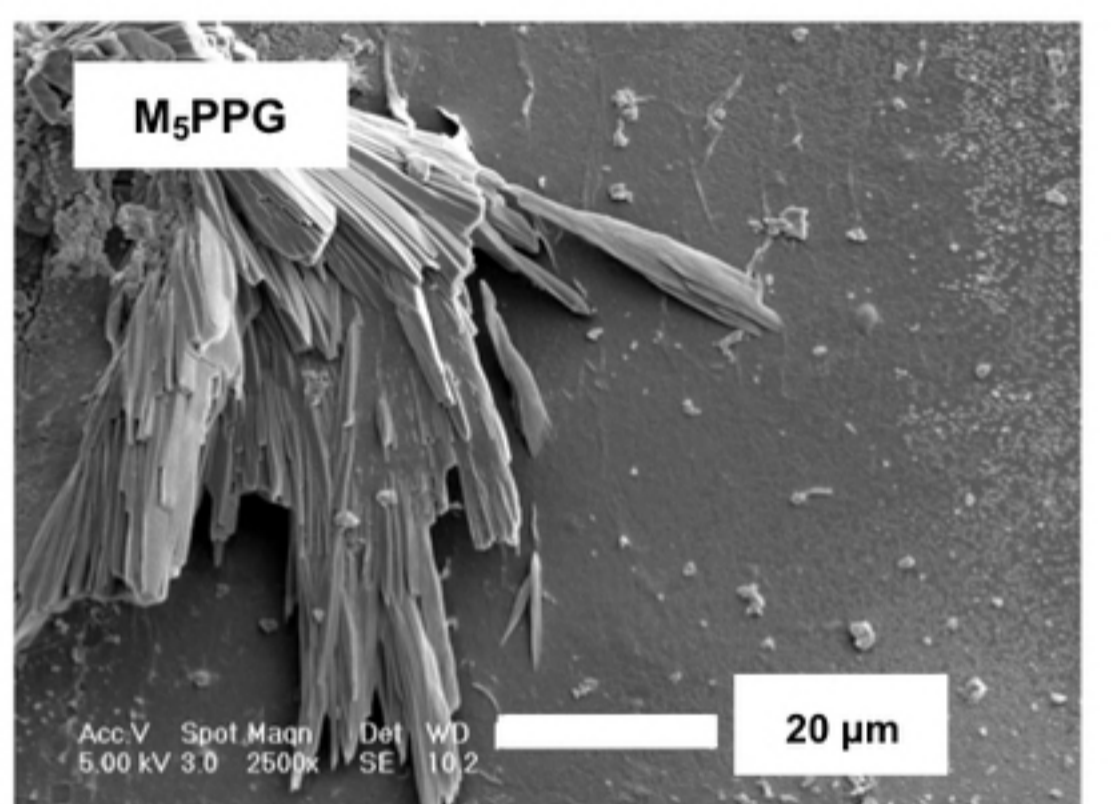
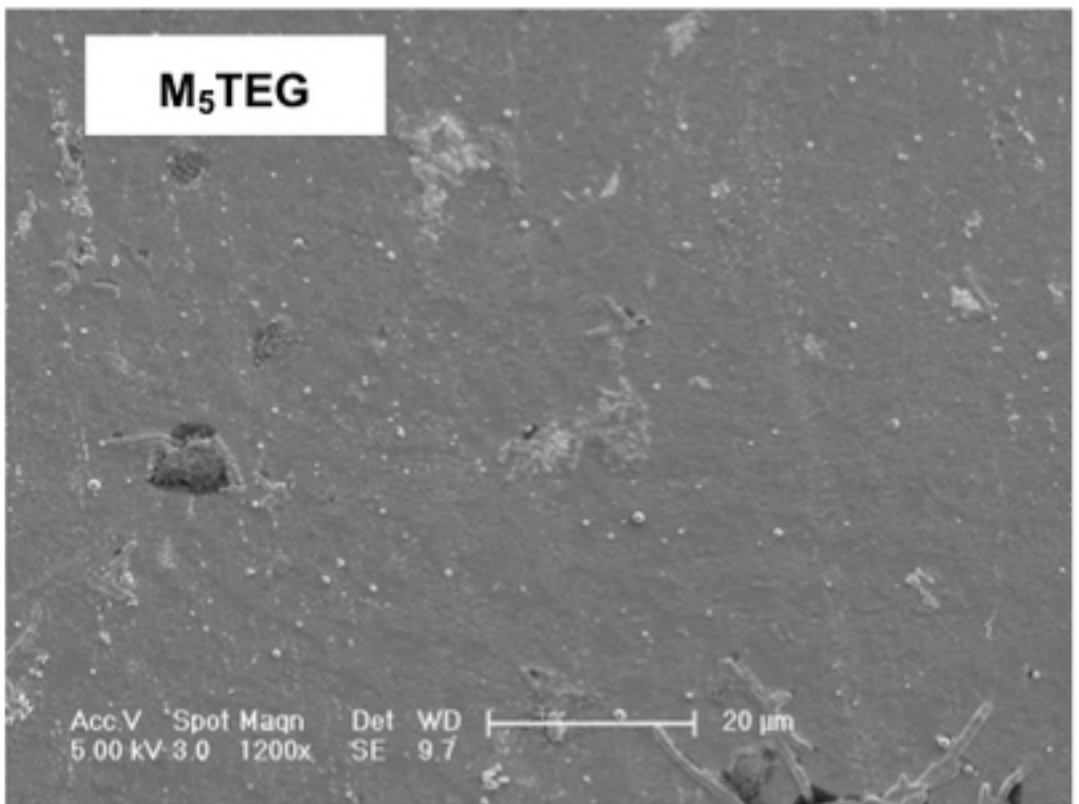
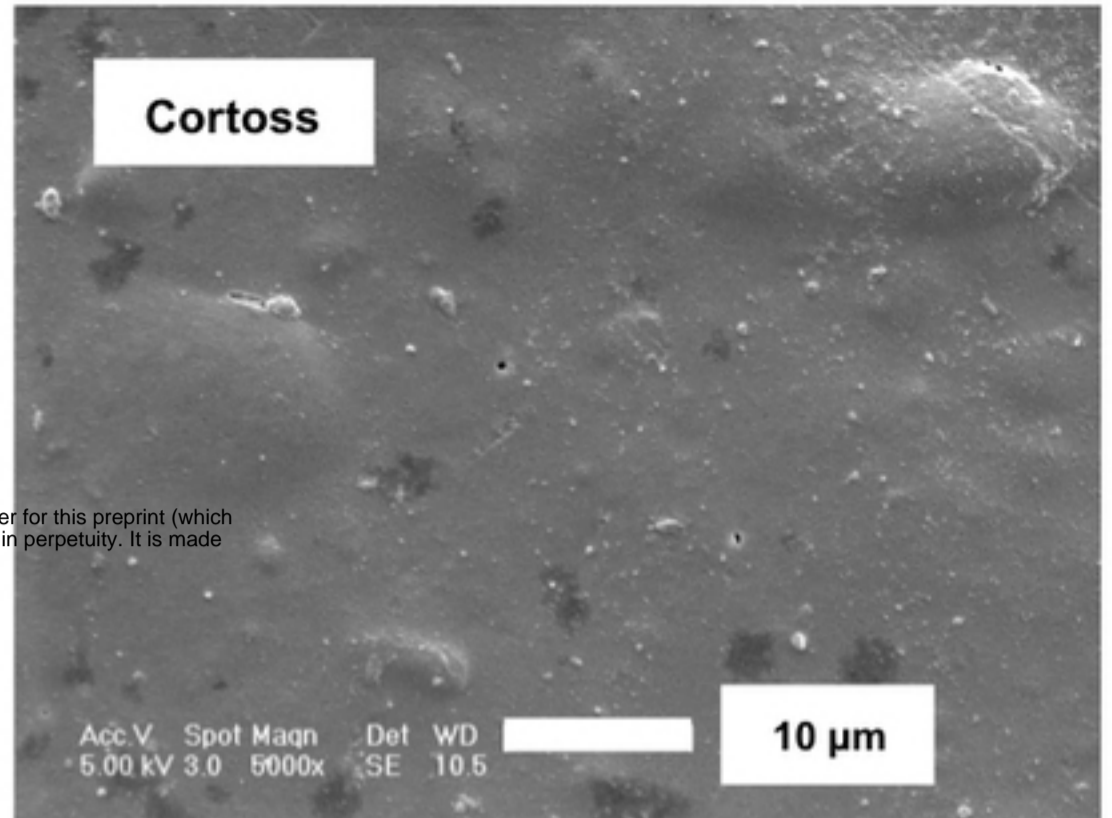
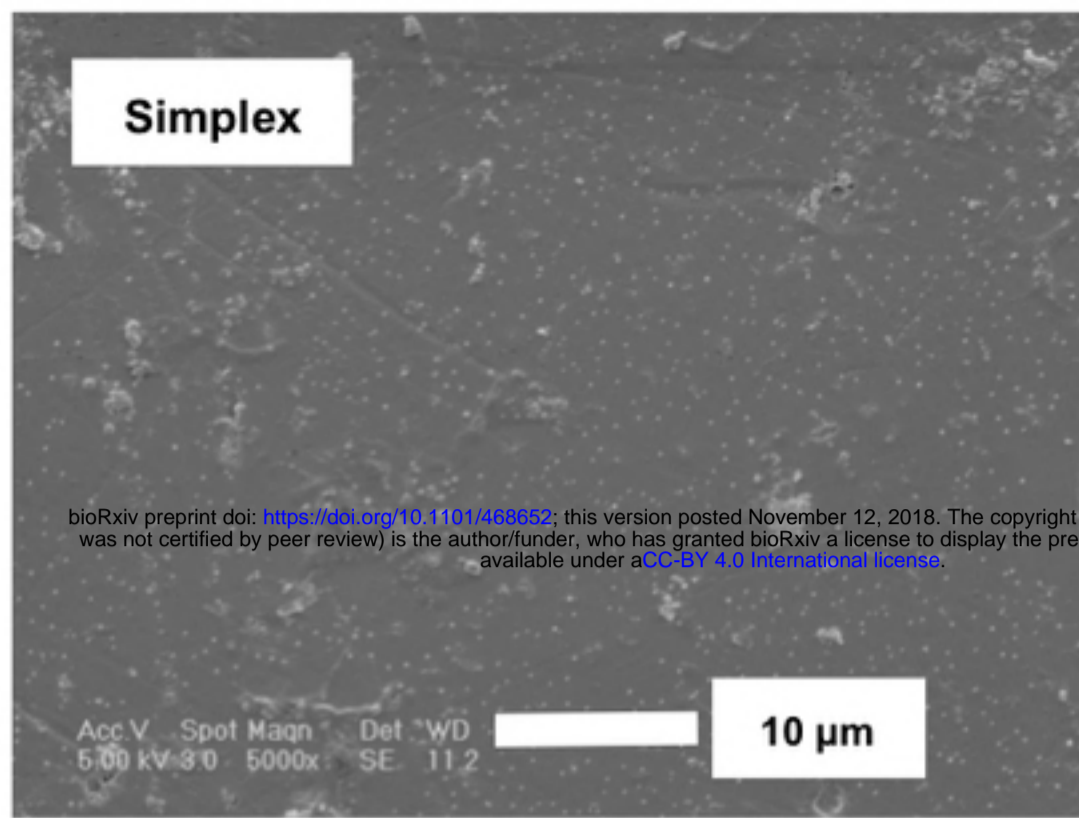


Fig 8