Novel porous Ti35Zr28Nb scaffolds fabricated by powder metallurgy with excellent osteointegration ability for bone-tissue engineering applications

Wei Xu, Jingjing Tian, Zhuo Liu, Xin Lu, Muhammad Dilawer Hayat, Yu Yan, Zhou Li, Xuanhui Qu, Cuie Wen

ABSTRACT

Titanium (Ti) based porous alloys have been widely used as orthopedic implants. However, the successful applications of these porous Ti alloys need to have the ability to mimic the mechanical properties of natural bone. Novel porous Ti35Zr28Nb scaffolds were fabricated via powder metallurgy (PM), and the fabricated scaffold with 61.1% porosity exhibited favorable mechanical properties with a compression yield strength of 132.5 ± 3.5 MPa and an elastic modulus of 2.9 ± 0.4 GPa, which are desired mechanical properties for bone implant material applications. The extracts of the porous Ti35Zr28Nb scaffolds showed no toxic effect on cell proliferation in vitro and their cytotoxicity grade was at level 0, similar to that of as-cast pure Ti and Ti-6Al-4V alloy. Additionally, the extracellular alkaline phosphatase (ALP) level of MC3T3-E1 indicated that the bone matrix synthesis on the porous Ti35Zr28Nb scaffolds was slightly higher than that of as-cast Ti-6Al-4V and pure Ti alloys. After implantation in rat distal femurs for 8 weeks, the porous Ti35Zr28Nb scaffolds were surrounded by new bone tissue, and the numbers of red blood cells, white blood cells, immunocyte cells, and neutrophil cells returned to the normal levels, which indicate that the porous Ti35Zr28Nb scaffolds possess good in vivo osteointegration ability and hemocompatibility. It hence can be concluded that the PM-fabricated Ti35Zr28Nb scaffolds, which have desired mechanical properties and excellent biocompatibility and osteointegration, are a promising candidate alloy for bone-tissue engineering applications in orthopedics.

Keywords:
Ti35Zr28Nb alloy
Porous scaffolds
Powder metallurgy
Biocompatibility
Osteointegration

1. Introduction

Titanium (Ti) and Ti-based alloys have been used extensively for orthopedic and dental implants due to their good mechanical properties, excellent corrosion resistance, and favorable biocompatibility [1–4]. However, the high potential for aseptic loosening of the implants is still a major problem [5]. Clinical practices and studies have proved that the mismatching of the elastic modulus between pure Ti and its alloys (e.g., ~110 GPa for pure Ti and Ti-6Al-4 V) and natural bone (3–30 GPa for cortical bone and 0.02–3 GPa for trabecular or cancellous bone) can lead to stress-shielding and thus causes bone resorption leading to failure of the metallic implant fixtures [6]. In addition, weak interfacial bonding between implants and natural bone, and the lack of biological anchorage for bone-tissue in-growth, are lingering issues that cannot be ignored [7]. Furthermore, releasing of toxic aluminum (Al) and vanadium (V) ions over time for most currently commonly used Ti alloys, such as Ti-6Al-7Nb and Ti-6Al-4V (wt%, hereafter), is causing various diseases, such as Alzheimer's disease and mental disorder [8]. Therefore, developing new Ti alloys with a low elastic modulus that matches native bone, high biocompatibility, and osteointegration ability is an urgent demand for clinical application. Notable examples include TiNbZr [9,10] and TiMo [11,12] base alloys. In particular, TiNbZr alloys containing different levels of niobium (Nb) and zirconium (Zr) have received extensive attention due to the fact that Nb and Zr are not only considered to display excellent biological responses, but can also improve the wear and corrosion properties [13,14].

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Recently, Wen et al. [15] designed a novel β-Ti35Zr28Nb alloy through the d-electron theory, the molybdenum equivalence (Moeq), and the electron-to-atom ratio (e/a) approaches. The bulk Ti35Zr28Nb alloy exhibited excellent in vitro cytocompatibility and superior mechanical properties [15], although its elastic modulus (64 ± 4.5 GPa) was still at least 2 times higher than that of natural bone (0.02–30 GPa) [15]. In order to match the elastic modulus of Ti35Zr28Nb alloys with that of natural bone, a porous structure was introduced to the alloys. A certain degree of porosity not only reduces the elastic modulus of the alloys, but also leads to tight bonding between the implants and the surrounding bone tissue by allowing new bone-tissue ingrowth [16]. Additionally, the porous structure can provide a pathway for the transport of nutrients and oxygen, which is essential for vascularization during bone-tissue regeneration [17–21]. There are various methods to fabricate porous scaffolds, such as the powder metallurgy (PM) technique using space-holder sintering, foaming, and additive manufacturing (AM) [22–27]. Among them, the PM technique coupled with temporary space-holder sintering is a cost-effective processing method to fabricate porous structures because this method allows flexible adjustment of the composition of the metal powders and does not require expensive equipment [28]. So far, sodium chloride [29], carbamide [30], sugar pellets [31], tapioca [32], saccharose [33], magnesium [34], and ammonium hydrogen carbonate (NH₄HCO₃) [35–40] have been used as space-holder materials. Among these space-holder materials, NH₄HCO₃ is favorable for fabricating porous Ti scaffolds because it has low cost and is easily removed by sintering during the scaffold fabrication.

In this study, Ti35Zr28Nb scaffolds were prepared by the PM technique employing NH₄HCO₃ as the space-holder material. The pore characteristics, matrix phase, mechanical properties, and in vitro biocompatibility of the PM-fabricated Ti35Zr28Nb scaffolds. Then the in vivo osseointegration of the scaffolds was assessed using a Sprague-Dawley (SD) rat model. This research not only provides a simple manufacturing method for fabricating porous Ti35Zr28Nb scaffolds, but also presents the basic supporting information for their clinical applications as orthopedic implants.

2. Materials and methods

2.1. Materials and specimen fabrication

Atomized Ti28Nb35.4Zr powders (purity ≥ 99.9%, 75 ≤ particle size ≤ 150 μm) was supplied by Wen group (RMIT University, Australia) who fabricated the powders using continuous inert gas atomization method. The powder was milled for 30 min firstly. The frequency of ball milling was 1400 r/min, and the weight ratio of ball to powders was 3:1. The detailed milling process is described in a previous work [41–43]. The SEM micrographs of atomized and ball-milled powders are shown in Fig. 1(a) and (b). Before milling, the powders were typical spherical shape, and the average particles size is 80.5 μm. After milling, the shape of the powders become irregular and the average particles size ≤ 150 μm was supplied by Wen group (RMIT University, Australia). Milled Ti28Nb35.4Zr powders were then blended with NH₄HCO₃ particles as the space-holder, and the weight ratios were set at 5 levels: 35%, 40%, 45%, 50% and 55%. The density of the fabricated alloy (g cm⁻³), the density of the water (1 g cm⁻³), and the theoretical density of the alloy (6.36 g cm⁻³), respectively; m₁, m₂ and m₃ are mass of the alloy in the air (g), the mass of the alloy covered with paraffin in the air (g), and the mass of the alloy covered with paraffin in water (g), respectively. P is the porosity (%). The compressive properties of the fabricated scaffolds with dimensions of 3 mm (diameter) × 5 mm (height) were performed by compression tests, which were carried out on an Instron machine. A strain rate of 2 × 10⁻³ s⁻¹ was used in the compression tests. The elastic modulus was obtained from the engineering stress-strain curves. For each scaffold, five samples were measured and the average values were obtained.

2.3. In vitro cytocompatibility assay

2.3.1. Cell culture

Murine osteoblast (MC3T3-E1) cells were used to evaluate the in vitro cytocompatibility of the Ti35Zr28Nb scaffolds. The as-cast Ti-6Al-4V and pure Ti alloys were selected as controls since they are commonly used for dental and orthopedic implant materials. The cells were cultured in Modified Eagle’s Medium (DMEM, Gibco) supplemented with 10% fetal bovine serum (FBS, Gibco) and 1% penicillin/streptomycin in an incubator containing 5% CO₂ at 37°C.

2.3.2. In vitro osteoblast responses

The extracts were obtained after the specimens were immersed in DMEM for 24 h in an incubator. Then, cells were incubated at a density of 5000 cells per 100 μL by the extracts. At 1 day, 2 days, 3 days, and 7 days, 10 μL MTT solution was added to each well, and incubated for 4 h further. Afterward, the extracts were removed and 100 μL DMSO was added to each well and incubated for 5 min. The optical density (OD) of each well was measured at the wavelength of 570 nm by a multimode detector (BioTek, US). The cell viability ratio (CVR) was measured by the following formula:

\[ CVR = \left( \frac{OD_{3500 \text{nm in experimental extract}}}{OD_{3500 \text{nm in control extract}}} \right) \times 100\% \]  

The cytotoxicity of the scaffolds was categorized into 6 groups: 0: CVR ≥ 100%; 1: CVR = 75%–99%; 2: CVR = 50%–74%; 3: CVR = 25%–49%; 4: CVR = 1%–24%; 5: CVR ≤ 1% based on the ISO 10993-5 [45].

For the cell proliferation observations, sterilized Ti35Zr28Nb scaffolds, as-cast pure Ti, and Ti-6Al-4V alloys were placed in a 24-well plate. Each well was then filled with MC3T3-E1 cells at a density of \( 1 \times 10^5 \) cells/mL, and incubated an incubator containing 5% CO₂ at 37°C for 1, 2, and 3 days, respectively. The cell nuclei and cytoskeleton were stained by DAPI and phalloidin (Sigma), respectively. The images of stained cell nuclei and cytoskeleton were observed by a fluorescence microscope.
The extracellular alkaline phosphatase (ALP) level produced by the MC3T3-E1 cells was measured to obtain the function activity of the cells cultured on each specimen. Cells cultured on each specimen for 1, 3, and 5 days were assessed using an ALP activity kit. The absorbance was measured at 450 nm on an ELISA reader. All cell culture experiments, including indirect testing, direct testing, and extracellular ALP level analysis, were conducted in quintuplicate in order to verify the reproducibility.

2.4. Implantation

2.4.1. Animals

Adult male Sprague-Dawley (SD) rats (200–250 g in weight) were obtained from the Academy of Military Medical Science. The animals were housed under standard conditions at 25 °C. All surgical procedures were performed in a sterile environment at the Beijing Institute of Nanoenergy and Nanosystem. Ethics was approved beforehand by the Animal Research Committee of the Institute.

2.4.2. Surgery

The rats were firstly injected 1% (wt%) pentobarbital solution (Merck, Germany) at a ratio of 10–12.5 mL/kg. Then, the knee joint region was rinsed by iodine and 75% ethanol, respectively, and shaved subsequently. A hole with 1.3 mm diameter was drilled by a hand-drill at the right distal femur, and then Ti35Zr28Nb scaffolds rods (diameter of 1.3 ± 0.05 mm and length of 3 ± 0.05 mm, respectively) were pressed into. After surgery, clavulanate-potentiated amoxicillin was injected to each rat for the first 3 days, and no attempts were made to limit their movement. Signs of complications or any other adverse reactions were observed macroscopically.

2.4.3. Blood, micro-CT, histological, and biomechanical analysis

The rats were euthanized at 2, 4, 8 and 16 weeks, and six rats were euthanized at each time point. Before euthanization, blood specimens (0.5 mL) were obtained from the tail vein for complete blood counting. The implant sites were subsequently evaluated macroscopically for hemorrhage and necrosis analyses. Then, six distal pieces of each femur containing the Ti35Zr28Nb scaffold rod were obtained, and examined by micro-CT (Quantum GX, PerkinElmer).

The bonding strength between the bone and the implant was tested by a biomechanical testing, which was carried out using a specially designed device. As Fig. 2 shown, the obtained block was fixed by resin onto the holder, and the loading directing was parallel to the test specimen. The cross-head speed was 0.5 mm/min. The bonding strength was obtained by load-displacement curves.

The osteointegration ability between the bone and the implant was evaluated by hard-tissue slicing. The specimens were fixed firstly in 10% formalin solution for 2 weeks, and then dried in a graded ethanol series (70% to 100%). Afterwards, the dried specimens were embedded in a methyl methacrylate (MMA) solution without decalcification at 37 °C for 1 week. Finally, the specimens were cut by a diamond saw (Leica) in low speed into 250 μm, and then polished to thickness of ~20 μm. The specimens were stained with toluidine blue. The morphology of new bone was observed by optical microscopy.

2.5. Statistical analysis

The experimental results are expressed as means ± standard deviations. The differences between groups were observed by one-way
analysis of variance (SPSS 14.0 for Windows, SPSS Inc., Chicago, IL) to determine the statistical significance. P < 0.05 was considered statistically significant.

3. Results and discussion

3.1. Impurity level, phase identification, pore characteristics, and mechanical properties

Interstitial elements (C, O, N) can markedly affect the mechanical and biocompatible properties of Ti alloys. Table 1 lists the C, O, and N contents in the raw powder and sintered samples. It can be seen that both O and C increased slightly after sintered, and the increase in oxygen vs. raw powder is 0.07 wt% (sintered in high purity argon). Both increments are limited and typical of PM Ti processes, which indicate that PM is suitable process to fabricate this alloy.

The phase of the porous Ti35Zr28Nb scaffolds with different NH4HCO3 weight ratios added were identified by XRD (Fig. 3(a)). It can be seen that the NH4HCO3 had no obvious effect on the XRD patterns of the PM-fabricated Ti35Zr28Nb scaffolds. The diffraction peaks of the Ti35Zr28Nb scaffolds indicated that the Ti35Zr28Nb scaffolds were usually utilized to express the average pore size. It was found that both the porosity and average pore size were increased significantly when the weight ratio of NH4HCO3 increased from 35% to 55%.

The pore characteristics and mechanical properties of the Ti35Zr28Nb scaffolds, including porosity, average pore size, compression yield strength, and elastic modulus, are listed in Table 2. It can be seen that, in increasing the NH4HCO3 ratio from 35% to 55%, the porosity increased from 51.4% to 64.9%, and the d50 increased from 229.9 μm to 427.4 μm. The average pore size increased with increasing the content of NH4HCO3 has 2 reasons. The first reason is that with an increase in NH4HCO3, there are more NH4HCO3 in the alloys and some of the NH4HCO3 are connected together, hence the average pore size of the alloys increased with increasing the NH4HCO3. In addition, the volume of NH4HCO3 will expand during the decomposition, which also increased the average pore size. The compressive yield strength and elastic modulus decreased gradually from 230.5 MPa to 79.7 MPa and from 6.9 GPa to 1.8 GPa, respectively, with porosity increasing from 51.4% to 64.9%.

Whether a scaffold can be used as an orthopedic implant material is determined by the pore characteristics and mechanical properties of the scaffold. In general, pore size between 100 μm and 400 μm is regarded as optimal for bone-tissue ingrowth [3,46–49]. With the addition of 35%–55% NH4HCO3, the average pore size of the porous Ti35Zr28Nb scaffolds can be regulated ranging from 229.9 μm to 427.4 μm, which is in the desired pore size range for bone tissue ingrowth. Additionally, higher porosity leads to better bone osteointegration performance because the highly porous structure can not only provide more places for bone to grow but also has a higher surface area for cell adhesion and proliferation. However, an increase in porosity decreases inevitably the strength of the scaffolds. With the increase in porosity, the compression yield strength of the alloy ranged from 230 MPa to 80 MPa. Compared with the pure Ti and Ti-6Al-4V with similar porosity, the porous Ti35Zr28Nb scaffold exhibited higher strength than pure Ti and similar strength to the Ti-6Al-4 V (Table 2). In addition, the porous Ti35Zr28Nb scaffold fabricated by PM in this study also presented higher strength than SLM-fabricated porous Ti35Zr28Nb scaffold in similar porosity.

As reported [6], the compressive yield strength and elastic modulus of human trabecular or cancellous bone in the range of 2–80 MPa and 0.02–3.0 GPa, respectively. The porous Ti35Zr28Nb scaffold with 61.1% porosity exhibited a compressive yield strength of 132.5 MPa, a strength higher than that of cancellous bone and which can be assumed to provide adequate mechanical support to host bone tissue, and an elastic modulus of 2.9 GPa, an elastic modulus close to that of cancellous bone and which can be anticipated to minimize or eliminate the stress-shielding effect. Therefore, the porous Ti35Zr28Nb scaffold with 61.1% porosity can be anticipated to be a promising candidate implant material. Hence, the biocompatibility and osteointegration assessment were focused on the Ti35Zr28Nb scaffold with 61.1% porosity.

3.2. In vitro cytocompatibility

The cytotoxicity of the extracts of the porous Ti35Zr28Nb scaffolds was assessed using MTT assay and the results are shown in Fig. 4(a). As-cast pure Ti and Ti-6Al-4 V alloys were tested for comparison, and cells cultured in DMEM were used as a positive control. As Fig. 4(a) shown, the MC3T3-E1 cells cultured using the porous Ti35Zr28Nb scaffold extract showed similar cell viability to that of the cells cultured using extracts from the as-cast Ti-6Al-4 V and pure Ti alloys at different time points. Based on ISO 10993-5 [45], the cytotoxicity level for the Ti35Zr28Nb scaffold, as-cast pure Ti, and Ti-6Al-4 V is at level 0, indicating no adverse effect for MC3T3-E1 cells.

The ALP level, which indicates the function activity of the MC3T3-E1 cells, including the beginning of bone matrix synthesis and the maturity of the extracellular matrix [50–53], is tested (Fig. 4(b)). It can be seen that, with increasing culture time, the OD value for all the sample groups increased significantly, indicating that the amount of bone matrix increased. Compared with the as-cast pure Ti and Ti-6Al-4 V groups, the porous Ti35Zr28Nb scaffold group showed a slightly higher OD value at each time point, which implies that the amount of bone matrix was higher on the Ti35Zr28Nb scaffold. However, the differences among the different groups at each time point are not statistically significant (P > 0.05). This result indicates that all the four groups of samples have good cytocompatibility and can promote the proliferation of MC3T3-E1 cells.

Fig. 5 shows the morphology of the MC3T3-E1 cells cultured on the surface of Ti35Zr28Nb scaffold, as-cast Ti-6Al-4 V, and pure Ti alloys for up to 3 days. The cytoskeleton structure (green in color) among the three groups of samples at each measuring time point shows little difference. Moreover, the number of nuclei (blue) increased with culture time significantly for each group. After cell culturing for 3 days, the cell number on the surface of the porous Ti35Zr28Nb scaffold was greater than for the cells cultured on the as-cast pure Ti and Ti-6Al-4 V, indicating that the porous structure may have promoted cell growth and proliferation. These results further confirm the excellent in vitro cytocompatibility of the porous Ti35Zr28Nb scaffolds.

The porous structure, corrosion resistance, and alloying elements are three factors that affect the in vitro cytocompatibility of an implant material [54]. In this study, Nb and Zr elements were selected as the alloying elements, as they are reported to display excellent biological

<table>
<thead>
<tr>
<th>Alloy with different NH4HCO3 added</th>
<th>Raw powder</th>
<th>As-sintered samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>N</td>
<td>O</td>
</tr>
<tr>
<td>Ti35Zr28Nb (35%)</td>
<td>0.01</td>
<td>0.005</td>
</tr>
<tr>
<td>Ti35Zr28Nb (40%)</td>
<td>0.01</td>
<td>0.005</td>
</tr>
<tr>
<td>Ti35Zr28Nb (45%)</td>
<td>0.01</td>
<td>0.005</td>
</tr>
<tr>
<td>Ti35Zr28Nb (50%)</td>
<td>0.01</td>
<td>0.005</td>
</tr>
<tr>
<td>Ti35Zr28Nb (55%)</td>
<td>0.01</td>
<td>0.005</td>
</tr>
</tbody>
</table>
responses [55]. Hence, it is not surprising that the porous Ti35Zr28Nb scaffold showed no cytotoxicity to the MC3T3-E1 cells in the context of these alloying elements. In addition, as reported [13,56,57], due to the spontaneous formation of a stable TiO2-Nb2O5-ZrO2 passive film, the corrosion resistance of TiNbZr alloy is higher than that of as-cast pure Ti and Ti-6Al-4V alloys. This spontaneously formed oxide film can inhibit the release of metal ions, and hence can reduce the cytotoxicity to cells. Moreover, the porous structure plays a pivotal role in determining the interaction between the implant material and its surrounding tissue. It has been reported that a biological material must provide adequate surface area and internal space for cells to adhere and proliferate [58,59], and for the formation and deposition of

![Graphs and images](image)

**Fig. 3.** (a) XRD patterns; (b) engineering stress-strain curves; (c–e) micrographs and (f–g) corresponding pore size distribution of PM-fabricated porous Ti35Zr28Nb scaffolds with different NH4HCO3 weight ratios added: (c, f) 35%; (d, h) 45%; (e, g) 55%.

**Table 2**

Pore characteristics and mechanical properties of Ti35Zr28Nb alloy scaffolds with different NH4HCO3 weight ratios added, pure Ti, Ti-6Al-4V, and SLM-fabricated Ti35Zr28Nb.

<table>
<thead>
<tr>
<th>Alloys</th>
<th>Ti35Zr28Nb (this study)</th>
<th>CP Ti [71]</th>
<th>Ti-6Al-4V [72]</th>
<th>Ti35Zr28Nb [73]</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH4HCO3 content (wt%)</td>
<td>35 ± 1.1</td>
<td>55.9 ± 1.2</td>
<td>58.8 ± 1.4</td>
<td>61.1 ± 1.5</td>
</tr>
<tr>
<td>Pore size (μm)</td>
<td>229.9 ± 5.6</td>
<td>276.2 ± 3.7</td>
<td>341.5 ± 5.7</td>
<td>379.1 ± 7.8</td>
</tr>
<tr>
<td>Compression yield strength (MPa)</td>
<td>230.5 ± 7.6</td>
<td>186.3 ± 7.1</td>
<td>161.6 ± 4.9</td>
<td>132.5 ± 3.5</td>
</tr>
<tr>
<td>Elastic modulus (GPa)</td>
<td>6.9 ± 0.6</td>
<td>5.1 ± 0.5</td>
<td>3.9 ± 0.3</td>
<td>2.9 ± 0.4</td>
</tr>
</tbody>
</table>
extracellular matrix [60,61]. In this study, the porous Ti35Zr28Nb scaffold exhibited a three-dimensional porous structure with an average pore size of 379.1 μm, which provided sufficient space for cell adhesion and proliferation. Therefore, the porous Ti35Zr28Nb scaffold with 61.1% porosity showed excellent in vitro cytocompatibility to MC3T3-E1 cells.

3.3. In vivo biocompatibility and osseointegration

All the animals recovered after surgery with no postoperative morbidity observed. Fig. 6 shows the implant position, the appearance after surgery, the healing progress of the skin, and the interface between the bone and implant after 2 weeks' implantation. As Fig. 6 had shown, no infections occurred on the implant sites, and new hair grew gradually with prolongation of implantation time. In addition, no intolerant macroscopic signs were observed in terms of hemorrhage or necrosis at any time of implantation, as exemplified by the interface between the bone and implant after 2 weeks implantation (Fig. 6(g)).

Blood analysis was performed at 0, 2, 4, 8, and 16 weeks in order to observe the body systemic responses. The red blood cells, white blood cells, immunocyte cells, and neutrophil cells counts are shown in Fig. 7. It can be seen that no hemolysis occurred after implantation, since the number of red blood cells did not change significantly throughout the implantation period (P > 0.05). In addition, it is noted that the number of white blood cell increased slightly in the first 4 weeks after implantation, indicating the occurrence of a mild inflammatory response due to the implantation of large implants. After 8 weeks, the number of white blood cells began to decrease, suggesting the inflammation had mainly subsided. Similar to the white blood cells, the numbers of immunocyte and neutrophil cells, which are biomarkers of physiological stress [62], also increased slightly, which could be related to the larger volume of implant that stretched the muscle. However, there is no significant difference (P > 0.05) in the number of white blood cells, immunocyte, and neutrophil cells throughout the course of implantation. These results indicate that the porous Ti35Zr28Nb scaffold possesses good in vivo hemocompatibility.

Micro-CT and histological section analysis were performed on the porous Ti35Zr28Nb scaffolds with 61.1% porosity after 2, 4, 8, and 16 weeks of implantation to study the interaction between the bone tissue and the implant. High-resolution micro-CT images are shown in Fig. 8(a–d). It can be seen that new bone started to grow on the implant surface after 2 weeks' implantation (Fig. 8(a)), and eventually, after 8 weeks implantation, the implant was surrounded by new bone (Fig. 8(c)). The amount of new bone at 16 weeks (Fig. 8(d)) was not significantly different from that at 8 weeks, which indicates after 8 weeks' implantation the new bone regeneration has almost completed. Fig. 8(e–h) shows the images of histological sections. As Fig. 8(e) shown, a gap between the Ti35Zr28Nb scaffolds and bone was observed at 2 weeks of implantation, and there was a small osteoid-like new bone formed in the pores of the Ti35Zr28Nb scaffolds. With implantation time passing, the gap decreased gradually and new bone began to form in the porous structure. When the implantation time reached 8 weeks, the gap had disappeared and the porous structure was filled with new bone. Similar to the micro-CT results, the formation of new bone at 16 weeks was not significantly different from that at 8 weeks.

Push-out testing was used to further assess the bone-tissue integration, and Fig. 9 shows the load-displacement curves. As Fig. 9 shown, the bonding strength increased gradually with the extension of implantation time. At 2 weeks, the bonding strength was 61.4 N. When the implantation time increased to 8 weeks, the bonding strength reached 147.5 N. However, at 16 weeks there was only a slight increase in the bonding strength, i.e., an increase of 16.8 N (bonding strength of 164.3 N at 16 weeks), which indicates that new bone regeneration was nearly complete at 8 weeks after implantation. This result is in agreement with the micro-CT and histological results. It was reported that a dense Ti-6Al-4 V alloy requires 24 weeks to complete new bone regeneration [63], while in this study only 8 weeks were needed for the porous Ti35Zr28Nb scaffold to complete new bone regeneration. It can be concluded that the porous Ti35Zr28Nb scaffold has superior osteogenic ability. This may be mainly attributable to the ability of the porous structure of the Ti35Zr28Nb scaffold to provide more space for surrounding bone tissues to anchor [64].

Recently, porous metal materials have received increasing attention due to their excellent biological properties. In this study, the in vivo experiment demonstrated that no obvious inflammatory reaction occurred in the vicinity of the porous Ti35Zr28Nb implants (Fig. 4). The blood analysis showed that there was no significant change in the red blood cells throughout the implantation period (P > 0.05), which means that no hemolysis occurred after implantation. In addition, the number of white blood cells, immunocyte cells, and neutrophil cells increased slightly in the early weeks of implanting, indicating mild inflammatory and physiological stress. However, after 8 weeks of implantation the number of white blood cells, immunocyte cells, and neutrophil cells returned to normal, suggesting that the inflammatory and physiological stress no longer existed. The micro-CT, histological, and biomechanical results demonstrate that new bone began to grow on the implant surface at 2 weeks and the gap was eventually bridged at
8 weeks, proving the excellent osteointegration of the Ti35Zr28Nb scaffolds.

The excellent biocompatibility and osteointegration of the Ti35Zr28Nb scaffolds can be linked to the following factors: (1) bio-compatible alloying elements added into the alloy; (2) low elastic modulus; and (3) porous structure. It has been reported that the biocompatibility of Nb and Zr is higher than that of Ti \[54\]. Hence, the additions of Nb and Zr to Ti can further enhance the biocompatibility of the Ti35Zr28Nb alloy. In addition, as reported, low elastic modulus of the implant boosts new bone formation \[65\]. In the present study, the porous Ti35Zr28Nb scaffold with 61.1% porosity has an elastic modulus about 2.9 GPa, which is lower than that of bulk Ti alloys reported in the literature (e.g., ~70 GPa for bulk Ti-13Nb-13Zr \[66\], and ~110 GPa for bulk Ti-6Al-4V and pure Ti) significantly. Hence, the porous Ti35Zr28Nb scaffolds exhibit better osteointegration ability, which is in good agreement with the results reported by Li \[67\], Wauthle \[68\], Haugen \[69\], and Chang \[70\], who demonstrated that new bone formation in porous alloys or around bulk alloys with lower elastic modulus was faster than with higher elastic modulus. Furthermore, high porosity allows more body fluids to transport, which hence accelerates the healing process. As a result, the porous Ti35Zr28Nb scaffolds fabricated by PM in this study exhibited excellent biocompatibility and osteointegration. These properties together with the simple fabrication method (PM), make these porous Ti35Zr28Nb scaffolds an attractive choice as an orthopedic implant alloy for bone-tissue engineering.

4. Conclusions

(1) Novel porous Ti35Zr28Nb scaffolds with porosity ranging from...
~50% to ~65% and pore size from ~230μm to ~430μm were fabricated via powder metallurgy. By controlling the NH₄HCO₃ contents, Ti₃5Zr₂₈Nb scaffolds with different porosities and therefore a wide range of mechanical properties were fabricated. The elastic modulus and the compression yield strength of the scaffolds ranged from 1.8 to 6.9 GPa and 79.7 to 230.5 MPa, respectively.

(2) The extracts of the porous Ti₃5Zr₂₈Nb scaffolds showed no cytotoxic effects on MC3T3-E1 cells, and the cytotoxicity level was ranked at grade 0. Extracellular ALP analysis showed that the porous Ti₃5Zr₂₈Nb scaffolds showed excellent osteogenesis ability for MC3T3-E1 cells.

(3) After 8 weeks of implantation in rat distal femurs, the number of red blood cells, white blood cells, immunocyte cells, and neutrophil cells returned to normal, indicating the porous Ti₃5Zr₂₈Nb scaffolds possess good in vivo hemocompatibility. Additionally, the implant was almost entirely surrounded by new bone tissue after 8 weeks of implantation, indicating the excellent osteointegration ability of the Ti₃5Zr₂₈Nb scaffolds.

(4) This porous Ti₃5Zr₂₈Nb scaffold fabricated by PM is a promising orthopedic implant material for bone-tissue engineering by virtue of its simple fabrication method, bone-mimicking mechanical properties, and excellent biocompatibility and osteointegration performance.

Data availability

The data that support the findings of this study are available from the corresponding authors on reasonable request.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Fig. 7. Numbers of white blood cells, red blood cells, lymphocyte cells, and neutrophil cells after implantation for different numbers of weeks, P > 0.05, n = 6. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

Fig. 9. Peak loads of push-out testing at different implantation time points.
According to the references listed, the research focuses on titanium and its applications in medical implants, specifically in bone tissue engineering. The studies explore various aspects, including the mechanical properties, surface characteristics, and biocompatibility of porous titanium scaffolds. The references cover topics such as porosity effects on bone regeneration, the use of titanium foams in load-bearing implants, and the development of porous titanium scaffolds for promoting bone tissue growth.


The references also highlight the importance of understanding the microstructure and mechanical properties of titanium-based materials for improving their performance in biomedical applications. Techniques such as powder injection molding and laser powder compaction are used to fabricate porous scaffolds with tailored properties.

In conclusion, the research in this field continues to advance, with a focus on developing new materials that can better mimic the structure and function of natural bone, thereby improving the outcomes of bone repair and regeneration procedures.


