Proceedings of the 6th International Conference on Biological Engineering and Medical Science
DOI: 10.54254/2753-8818/2026.36118

Bridging the Bench and Bedside: Stem Cell Cultivation Approaches for Clinical Treatment

Ryan Jianwen Deng

International School of Minnesota, Eden Prairie, USA
ryanjianwendeng@gmail.com

Abstract. Regenerative medicine largely depends on the clinical use of stem cells which are promise as a new therapeutic paradigm. For any stem cell therapy, large-scale cultivation of the stem cells will be necessary. Nevertheless, the translation of the findings from the bench to the bed will represent a challenging feat. In this review, the author emphasizes the issues related to the current status and difficulties regarding the clinical application of stem cell research. Since the focus of this paper is cultivation of stem cells for clinical purposes, this review has covered hESCs, iPSCs, MSCs, and HSCs. In addition, through this review, the author succeeds in presenting information about the current state of growing and engineering stem cells. This review is concerned with the process of designing cell therapy using modern engineering techniques that have made the translation from stem cell research bench to stem cell clinical bedside an interesting development field. In this study, we address the effects that engineering of the niche by 3D bioreactor, xenogeneic-free media, and genetic manipulation of cells have on clinical outcomes in the context of stem cell therapies for neurological, cardiovascular, orthopedic, and immunological purposes.t on the impact of genomic instability on stem cell quality and the regulatory implications.

Keywords: Stem cell cultivation, regenerative medicine, bioreactors, clinical translation, cell therapy

1. Introduction

With its unique therapeutic ability to restore, replace, or regenerate damaged tissue and organs brought on by severe trauma, aging, or incurable chronic diseases, stem cell treatment has emerged as the most recent frontier in contemporary regenerative medicine. The basic characteristics of stem cells, such as their remarkable ability to differentiate into highly specialized cell types and their enormous capacity for self-renewal, make them ideal therapeutic agents for a variety of human diseases. These include devastating neurodegenerative disorders with irreversible loss of entire neuronal populations to end-stage cardiovascular failure with ischemic injury decimating the functional myocardium [1, 2]. But the road from basic biological discovery at the laboratory bench to widespread safe therapeutic application at the patient's bedside is fraught with complex translational hurdles.

A major and often underestimated persistent hurdle in this translational pathway is ex vivo cultivation and massive expansion of stem cells. The physiological reality of cellular therapies is

© 2026 The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (https://creativecommons.org/licenses/by/4.0/).

DOI: 10.54254/2753-8818/2026.36118

that the number of cells necessary for a single efficacious clinical dose often numbers in the hundreds of millions or even billions. This huge requirement is far beyond that which can be isolated directly from a donor or generated in a typical small-scale laboratory using traditional techniques [3]. Thus, for any clinical application, robust, highly controlled ex vivo expansion protocols are a compulsory.

The main challenge is that these protocols need to generate large numbers of cells while at the same time maintaining the genetic stability, phenotypic viability and ultimate therapeutic potency of the cells [4]. If, during the process of cultivation, the intrinsic nature of the stem cell is inadvertently altered, such as by inducing precocious senescence, changing the differentiation pathway or by epigenetic silencing, then the clinical outcome is compromised to a large extent and the therapy will either be ineffective or potentially dangerous. This review synthesizes the current literature to critically evaluate how diverse approaches of cultivation are being engineered to overcome this critical bottleneck. By emphasizing the technological advances that are industrializing stem cell production, we intend to show how the optimisation of the cultivation phase is bringing wide-spread clinical translation within reach.

2. Cultivating pluripotency: from feeder layers to defined microenvironments

Human pluripotent stem cells (hPSCs), encompassing both human embryonic stem cells (hESCs) and induced pluripotent stem cells (iPSCs), hold immense therapeutic promise. The promise is based primarily on their unique capacity to differentiate into derivatives of all three embryonic germ layers: ectoderm, mesoderm, and endoderm. However, the generation of hPSCs is notoriously difficult and requires steady, accurate regulation of the cell microenvironment to prevent spontaneous, unwanted differentiation and to maintain the cells in a pure, untainted pluripotent state. The evolution of hPSC culture has been a slow, but necessary transition from undefined and biologically dangerous systems to highly defined and carefully crafted microenvironments.

Early culture systems depended heavily on mouse embryonic fibroblast (MEF) feeder layers and culture media supplemented with animal serum. These early systems, although enabling the pioneering derivation of hESCs and the first wave of iPSC reprogramming, presented an unacceptable risk for clinical applications. The use of animal-derived components posed a risk of xenogeneic contamination, caused profound immune rejection upon transplantation, and led to profound batch-to-batch variability, which made standardized clinical trials impossible [5].

Recent bioengineering efforts have been exclusively devoted to the development of defined, feeder-free culture systems to bridge this critical gap to the bedside. As detailed by Chen et al., modern large-scale culture of hPSCs relies on the precise and combined use of recombinant growth factors, synthetic extracellular matrices and optimized three-dimensional environmental cues [4]. These strictly defined criteria are not just a laboratory convenience, they are an absolute regulatory requirement for the generation of clinical-grade cells that meet the tight safety criteria required by agencies such as the FDA and EMA.

However, besides the routine aspects of maintenance and growth, the therapeutic benefit of hPSCs mainly depends upon their ability to differentiate into functional, specialized cells in the latter stage of the cultivation process. More specifically, the iPSCs have been successfully utilized to reproduce the complicated human developmental process; for pharmaceutical drug screening via high throughput testing; and for producing novel forms of cell-based, patient-specific therapies [6]. Undeniably, the effectiveness of the defined cultivation procedures can be verified from the present state of clinical trial studies across the globe. So far, over 1,200 individuals have received treatment through hPSC-based therapeutics. These highly cultivated cells are currently focused on treating

DOI: 10.54254/2753-8818/2026.36118

complicated diseases like age-related macular degeneration, Parkinson's disease, and many kinds of intractable cancers [7].

3. Scaling up multipotency: bioreactors and GMP compliance for MSCs

Mesenchymal stem cells (MSCs) are multipotent stromal cells that have been widely discussed across a variety of subfields inside academia and clinical sphere. Initially, the MSCs were adopted as the basis of stem cell cultivation for their straightforward ability to differentiate into structural lineages such as osteoblasts, chondrocytes, and adipocytes. Currently, MSCs are primarily valued, in accordance with the clinical findings, for their potent immunomodulatory, anti-inflammatory, and paracrine properties. MSCs can be isolated from a diverse variety of adult tissues, with bone marrow, adipose tissue, and the umbilical cord matrix serving as the primary clinical sources. Adipose-derived stem cells (ADSCs), in particular, represent an exceptionally abundant and highly accessible source for regenerative medicine. ADSCs offer a significantly less invasive extraction process compared to traditional, painful bone marrow aspiration [8].

However, a significant, unprecedented scale-up in production is needed to turn MSCs from a promising in vitro research tool into a practical, widely accessible clinical therapy. Billions of MSCs cannot be generated by typical two-dimensional (2D) static cultivation techniques including multi-layer cell farms and regular T-flasks in order to meet the requirements for extensive, multicenter clinical studies and commercialization.

Therefore, dynamic three-dimensional (3D) bioreactor platforms have been increasingly used in biomanufacturing industry. Firstly, bioreactors allow reaching the required spatial scale in terms of achieving high cell density. Secondly, they include automatic control of bioprocess and real-time monitoring of key physio-chemical factors, namely pH, dissolved oxygen, glucose utilization and lactate formation. The process control and reproducibility required for industrial manufacturing can be achieved with that level of accuracy in controlling the environment. Finally, the production of MSCs for human therapy must comply with good manufacturing practice (GMP). Compliance with GMP regulations implies precise definition and scientific validation of each process step. It means usage of quality reagents, trained staff and bioreactor operation under strict sterile conditions in the controlled facility [9]. Generation of MSCs according to GMP requirements represents one of the most complicated tasks for the whole world community. As manufacturers physically transition from small-scale research-grade enculturation to large-scale clinical-grade manufacturing, these corporate entities often encounter unexpected and detrimental variations in cell growth kinetics, cellular metabolism, and ultimate therapeutic behavior [10]. Overcoming these scaling-up challenges through advanced bioreactor engineering and rigorous quality by design (QbD) principles is absolutely essential for the commercial viability and clinical success of MSC therapies.

4. Engineering the ex vivo niche: 3D architectures and xenogeneic-free systems

The cellular fate, functionality, and eventual therapeutic potential of stem cells are significantly and irreversibly influenced by the physical and biochemical environment by their environment during ex vivo growth. Modern growth approaches seek to create an ex vivo niche that replicate the complexities in vivo microenvironment where these cells were originated in order to maximize their therapeutic performance and ensure engraftment once transplanted.

Although 2D cell culture has long been the fundamental standard, it is increasingly recognized that the complexity of the spatial architecture, cell-cell interactions, and mechanical stresses of natural living tissue cannot fully be recreated on flat and relatively rigid plastic surfaces. As a result,

DOI: 10.54254/2753-8818/2026.36118

the development of new stem cell cultivation techniques has been significantly facilitated by the introduction of 3D cell culturing methods. The use of dynamic 3D culturing techniques, including the utilization of micro carrier beads in spinner flasks or advanced hanging drop bioreactors, has proven to increase the viability, proliferation and therapeutic properties of MSCs compared to traditional monolayer culturing methods [11].

Organoids are a recent innovation where complex 3D micro-tissues have been developed using self-organizing stem cells to recreate human organ structures such as those of the brain, liver, and intestines. This innovation has been an improvement in 3D cultivation and a remarkable opportunity for various applications. These include accurate modeling of diseases, customizing drugs, and the next generation transplantation tissues due to the functional characteristics that go beyond a mere aggregation of cells. The biochemical composition of the culture medium should also not be overlooked when considering its physical architecture.Fetal bovine serum (FBS) and murine feeder layers are examples of animal-derived goods that have historically been used [12]. These products carry a serious and intolerable risk of spreading zoonotic infections and inciting violent immunological reactions in human users. Therefore, a crucial and unavoidable step for clinical translation is the creation and application of xenogeneic-free (xeno-free) culture systems. Using functional polymer-coated substrates, recent bioengineering developments have effectively created fully specified, xeno-free culture systems for sensitive populations such as human intestinal stem cells. This clearly shows that it is very possible to provide scalable, clinical-grade stem cell therapy without depending on hazy, dangerous biological extracts [13].

Furthermore, specific genetic alterations are increasingly being directly included into cultivation techniques to improve stem cell survival, engraftment, and therapeutic efficacy after transplantation. For instance, in the demanding context of myocardial repair, the deliberate over-expression of specific cell cycle regulators, such as Cyclin D2, during the cultivation of iPSC-derived cardiomyocytes has been shown to significantly improve their proliferation, survival, and functional integration in rigorous pre-clinical models of myocardial infarction [14].

5. Clinical efficacy dictated by cultivation strategy

The meticulous optimisation of stem cell cultivation has not only solved manufacturing bottlenecks but has directly facilitated and enhanced numerous clinical applications across diverse and challenging medical fields. The fundamental thesis of modern cell therapy is that the method of cultivation is intrinsically and inextricably linked to the clinical outcome.

In the realm of hematology and immunology, hematopoietic stem cell transplantation (HSCT) remains the most widely practiced form of cellular therapy established. It is primarily utilised for treating aggressive hematological malignancies, such as leukemia, lymphoma, and otherwise deficiencies sourced from severe congenital fallout within immune system [15]. However, a major limitation in HSCT is the inherently limited cell dose available from immunologically naive sources like umbilical cord blood. This cellular deficit necessitates advanced ex vivo expansion techniques, often utilising novel small molecules or cytokine cocktails, to ensure rapid, robust, and durable multilineage engraftment in adult patients [16]. Beyond traditional HSCT, innovative cultivation techniques are being heavily leveraged to generate highly specialized immune cells from iPSCs. For example, the directed derivation and sophisticated cultivation of natural killer (NK) cells from iPSCs offer a highly scalable, standardized "off-the-shelf" approach. This cultivated immunotherapy is currently enhancing the efficacy and accessibility of modern cancer treatments, circumventing the need for patient-specific cell isolation [17].

DOI: 10.54254/2753-8818/2026.36118

In neurology and ophthalmology, stem cell therapies hold immense potential for treating conditions where the irreversible loss of specific cellular populations is central to the pathology. The targeted cultivation and subsequent transplantation of neural stem cells (NSCs) has demonstrated a remarkable capacity for both neuronal replacement and critical neuroprotection in preclinical models of devastating neurodegenerative disorders, such as Alzheimer's and Parkinson's diseases [18]. Similarly, in ophthalmology, the precise technique of cultivated limbal epithelial transplantation (CLET) has been successfully employed to treat blinding limbal stem cell deficiency. Rigorous clinical trials utilizing both autologous and allogeneic limbal epithelial cells, carefully cultivated under strict GMP conditions on amniotic membrane or synthetic scaffolds, have shown highly significant and durable efficacy in regenerating the damaged corneal epithelium and restoring vision [19, 20].

Furthermore, in orthopedics, culture-expanded MSCs are being rigorously evaluated as a primary, disease-modifying treatment for knee osteoarthritis. Extensive clinical trial data indicate that specifically cultivated MSCs act as potent multimodal therapeutics. They actively mitigate painful symptoms and potentially slow underlying cartilage degradation through their highly cultivated immunomodulatory and paracrine effects, rather than through direct structural engraftment [21]. In cardiovascular disease, where the fundamental problem is the massive, irreversible loss of cardiomyocytes following ischemic injury, various stem and progenitor cells cultivated for enhanced survival and integration are being aggressively investigated for their potential to meaningfully improve heart function and prevent terminal heart failure [22].

6. Navigating the risks: genomic stability and regulatory frameworks

Even though stem cell cultivation has advanced remarkably and quickly, a number of crucial biological and regulatory issues still need to be carefully resolved in order to guarantee the safe and widespread clinical use of these potent treatments. Maintaining genomic stability is a critical biological challenge. The accumulation of genetic and epigenetic defects over repeated passages is an inherent and inevitable problem associated with the extended ex vivo proliferation of stem cells, especially highly proliferative hPSCs. These culture-acquired mutations are not innocuous; they might result in completely lost therapeutic efficacy, changed, unpredictable cellular functions, or—most worryingly—the catastrophic consequence of cancer after transplantation [23].

Therefore, an essential, non-negotiable part of any clinical-grade culture technique is the ongoing, high-resolution monitoring of genomic integrity employing cutting-edge next-generation sequencing technologies and karyotyping. Furthermore, strong characterisation and strict purification techniques must be used during cultivation due to the intrinsic biological variability of stem cell populations, even within ostensibly pure cultures. The most therapeutically effective subpopulations are frequently isolated using methods like magnetic-activated cell sorting (MACS) or fluorescence-activated cell sorting (FACS), which guarantees extremely reliable and consistent treatment results for each patient.

Beyond the biology, intricate, dynamic ethical and regulatory frameworks tightly control the clinical use of stem cell-based treatments. Even though the original derivation of hESCs is less contentious now than it was in the past because of changing social norms and the introduction of iPSCs, there are still important ethical issues surrounding the destruction of embryos that need to be recognized in a number of international jurisdictions.

Furthermore, rogue clinics' quick and occasionally early commercialization of untested stem cell therapies highlights the urgent need for strict regulatory control. These clinics pose a serious risk to patient safety and undermine the credibility of the entire field by frequently taking advantage of

DOI: 10.54254/2753-8818/2026.36118

regulatory gaps to provide therapies that are not supported by science [24]. It is crucial to make sure that all cultivation procedures properly follow accepted GMP guidelines and that the medicines that are produced go through thorough, open clinical trial review. In order to safeguard vulnerable patients and responsibly progress the profession, regulatory organizations must maintain the highest standards of safety and ethical oversight while simultaneously promoting rapid innovation and patient access to life-saving therapies.

7. Conclusion

The successful, safe transition of stem cell therapies from the experimental bench to the clinical bedside is intrinsically and permanently linked to the continuous advancement of cultivation technologies. By actively overcoming the severe limitations of traditional 2D static cultures and fully embracing dynamic, 3D, xeno-free, and genetically optimized systems, researchers and bioengineers are successfully enabling the scalable production of truly clinical-grade stem cells. As the field rapidly progresses, the integration of artificial intelligence and machine learning algorithms into bioreactor control systems promises to further revolutionise and optimize culture conditions, drastically enhancing both reproducibility and total cellular yield. Ultimately, the continued, rigorous refinement of stem cell cultivation approaches will be the instrumental driving force in realizing the full, transformative potential of regenerative medicine and personalized cellular therapies.

References

[1] Mahla, R. S. (2016). Stem cells applications in regenerative medicine and disease therapeutics. *International Journal of Cell Biology, 2016*, 6940283. https://doi.org/10.1155/2016/6940283

[2] Hoang, D. M., et al. (2022). Stem cell-based therapy for human diseases. *Signal Transduction and Targeted Therapy, 7*(1), 272. https://doi.org/10.1038/s41392-022-01134-4

[3] Dos Santos, F. F., Andrade, P. Z., Da Silva, C. L., & Cabral, J. M. S. (2013). Bioreactor design for clinical-grade expansion of stem cells. *Biotechnology Journal, 8*(5), 644-654. https://doi.org/10.1002/biot.201200373

[4] Chen, K. G., Mallon, B. S., McKay, R. D. G., & Robey, P. G. (2014). Human pluripotent stem cell culture: Considerations for maintenance, expansion, and therapeutics. *Cell Stem Cell, 14*(1), 13-26. https://doi.org/10.1016/j.stem.2013.12.005

[5] Moon, S. Y., Park, Y. B., Kim, D. S., Oh, S. K., & Kim, D. W. (2006). Generation, culture, and differentiation of human embryonic stem cells for therapeutic applications. *Molecular Therapy, 13*(1), 5-14. https://doi.org/10.1016/j.ymthe.2005.11.012

[6] Cerneckis, J., et al. (2024). Induced pluripotent stem cells (iPSCs). *Signal Transduction and Targeted Therapy, 9*(1), 112. https://doi.org/10.1038/s41392-024-01809-0

[7] Kirkeby, A., et al. (2025). Pluripotent stem-cell-derived therapies in clinical trial. *Cell Stem Cell, 32*(1), 12-25. https://doi.org/10.1016/j.stem.2024.12.001

[8] Gimble, J. M., Katz, A. J., & Bunnell, B. A. (2007). Adipose-derived stem cells for regenerative medicine. *Circulation Research, 100*(10), 1249-1260. https://doi.org/10.1161/01.RES.0000265074.83288.09

[9] Sensebé, L., Bourin, P., & Tarte, K. (2011). Production of mesenchymal stromal/stem cells according to good manufacturing practices: a review. *Stem Cell Research & Therapy, 2*(3), 24. https://doi.org/10.1186/scrt57

[10] Capelli, C., Pedrini, O., Valgardsdottir, R., Da Roit, F., et al. (2015). Clinical grade expansion of MSCs. *Immunology Letters, 168*(2), 222-227. https://doi.org/10.1016/j.imlet.2015.06.007

[11] Frith, J. E., Thomson, B., & Genever, P. G. (2010). Dynamic three-dimensional culture methods enhance mesenchymal stem cell properties and increase therapeutic potential. *Tissue Engineering Part C: Methods, 16*(4), 735-749. https://doi.org/10.1089/ten.tec.2009.0432

[12] Yang, S., et al. (2023). Organoids: The current status and biomedical applications. *MedComm, 4*(3), e274. https://doi.org/10.1002/mco2.274

[13] Park, S., Kwon, O., Lee, H., et al. (2024). Xenogeneic-free culture of human intestinal stem cells on functional polymer-coated substrates for scalable, clinical-grade stem cell therapy. *Nature Communications, 15*(1), 10183.

https://doi.org/10.1038/s41467-024-54653-9
[14] Zhao, M., Nakada, Y., Wei, Y., et al. (2021). Cyclin D2 overexpression enhances the efficacy of human induced pluripotent stem cell-derived cardiomyocytes for myocardial repair. *Circulation, 144*(3), 225-240. https://doi.org/10.1161/CIRCULATIONAHA.120.049497
[15] Chabannon, C., Kuball, J., Bondanza, A., et al. (2018). Hematopoietic stem cell transplantation in its 60s: a platform for cellular therapies. *Science Translational Medicine, 10*(436), eaap9630. https://doi.org/10.1126/scitranslmed.aap9630
[16] Pineault, N., & Abu-Khader, A. (2015). Advances in umbilical cord blood stem cell expansion and clinical translation. *Experimental Hematology, 43*(7), 498-513. https://doi.org/10.1016/j.exphem.2015.04.011
[17] Woan, K. V., Kim, H., Bjordahl, R., et al. (2021). Harnessing features of adaptive NK cells to generate iPSC-derived NK cells for enhanced immunotherapy. *Cell Stem Cell, 28*(12), 2062-2075. https://doi.org/10.1016/j.stem.2021.08.013
[18] Marsh, S. E., & Blurton-Jones, M. (2017). Neural stem cell therapy for neurodegenerative disorders. *International Journal of Alzheimer's Disease, 2017*, 3146019. https://doi.org/10.1155/2017/3146019
[19] Ramírez, B. E., Sánchez, A., Herreras, J. M., et al. (2015). Stem cell therapy for corneal epithelium regeneration following good manufacturing and clinical procedures. *BioMed Research International, 2015*, 408495. https://doi.org/10.1155/2015/408495
[20] Toshida, H., Kasahara, T., Kiriyama, M., et al. (2023). Early clinical outcomes of the first commercialized human autologous ex vivo cultivated oral mucosal epithelial cell transplantation for limbal stem cell deficiency. *International Journal of Molecular Sciences, 24*(10), 8926. https://doi.org/10.3390/ijms24108926
[21] Copp, G., Robb, K. P., & Viswanathan, S. (2023). Culture-expanded mesenchymal stromal cell therapy: Does it work in knee osteoarthritis? A pathway to clinical success. *Cellular & Molecular Immunology, 20*(6), 558-570. https://doi.org/10.1038/s41423-023-01020-1
[22] Segers, V. F. M., & Lee, R. T. (2008). Stem-cell therapy for cardiac disease. *Nature, 451*(7181), 937-942. https://doi.org/10.1038/nature06800
[23] Górska, A., Trubalski, M., Borowski, B., et al. (2024). Navigating stem cell culture: Insights, techniques, challenges, and prospects. *Frontiers in Cell and Developmental Biology, 12*, 1435461. https://doi.org/10.3389/fcell.2024.1435461
[24] Volarevic, V., Markovic, B. S., Gazdic, M., et al. (2018). Ethical and safety issues of stem cell-based therapy. *International Journal of Medical Sciences, 15*(1), 36-45. https://doi.org/10.7150/ijms.21666