

# Multi-scale computational frameworks for predicting biomaterial-host interactions

Pushpendra Kumar Verma<sup>1,\*</sup>, Preety<sup>2</sup>, Pooja Rani Sharma<sup>1</sup>, Pulkit Sharma<sup>1</sup>, Amit Kumar Sharma<sup>1</sup>

<sup>1</sup>IIMT University, Meerut, India 250001

<sup>2</sup>Swami Vivekanand Subharti University, Meerut, India 250002

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## Abstract:

The clinical success of biomaterials is fundamentally governed by their multifaceted interactions with the host biological system, a dynamic process spanning multiple spatial and temporal scales. Traditional empirical development paradigms are inefficient, costly, and inadequate for predicting these complex, multi-scale interactions. This research presents a unified, multi-scale computational framework that integrates molecular dynamics (MD) simulations, agent-based models (ABM), and finite element method (FEM) analyses to comprehensively predict biomaterial-host responses. To overcome the limitations of purely mechanistic modeling, we incorporate a graph neural network (GNN) trained on a high-throughput experimental dataset of hydrogel libraries, characterized for their physicochemical properties and biological performance. This AI-powered model achieved 92.3% accuracy in predicting immune compatibility, significantly outperforming traditional machine learning methods, and identified surface topography and degradation kinetics as more critical predictors than chemical composition alone. Furthermore, we developed a patient-specific digital twin framework, validated against retrospective clinical data (correlation of 0.87 for fibrosis scores) and a prospective study in genetically diverse mice, which accurately predicts individual outcomes by integrating medical imaging and patient biometrics. Experimental validation confirmed the model's predictions, with differences of less than 5% for key properties such as compressive modulus and degradation rate. Notably, our work uncovered novel design principles for creating advanced biomaterials. We found that if a material can dynamically change its properties during the body's natural healing process - almost as if it "evolves" alongside the tissue - it can dramatically improve outcomes. Specifically, this approach reduced scar tissue formation by over 42% and enhanced implant integration by nearly 38% compared to traditional, static materials.

**Keywords:** Multi-scale modeling ; Biomaterial-host interactions ; Graph neural networks ; Digital twin ; Predictive biomaterial design.

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\* Corresponding author:

Email address: [dr.pkverma81@gmail.com](mailto:dr.pkverma81@gmail.com) (P.K. Verma)

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## 1. Introduction

The development of biomaterials for medical implants, tissue-engineering scaffolds, and drug-delivery systems is a cornerstone of modern regenerative medicine. The clinical success of these technologies depends on their biocompatibility - the ability to integrate with host tissue without eliciting a harmful immune response. However, the biological interface between synthetic material and the human body is immensely complex, involving a cascade of events across multiple spatial and temporal scales. These interactions begin with the immediate adsorption of proteins to the material's surface, triggering cellular responses that culminate in tissue integration or rejection over weeks and months. Historically, the design of new biomaterials relied on empirical approaches, a process that is notoriously slow, expensive, and often fails to predict clinical outcomes due to the vast and intricate parameter space of material properties and biological variables.

A significant challenge in predicting these outcomes lies in the multiple scales at which host-biomaterial interactions occur. Molecular-level events, such as protein conformation and interaction energies, dictate cellular responses, including macrophage polarization and fibroblast activity, which in turn determine tissue-level outcomes such as fibrosis, vascularization, and implant integration. Traditional experimental approaches struggle to capture this full spectrum of interactions holistically. Although computational models have emerged to address parts of this challenge, they typically operate in isolation, with molecular simulations disconnected from cellular-scale predictions, which in turn are separated from tissue-level outcomes. This lack of an integrated multi-scale framework has been a significant impediment to the rational design of next-generation biomaterials.

Recent advances in computational power and artificial intelligence (AI) present an unprecedented opportunity to overcome existing limitations. Graph neu-

ral networks (GNNs) provide a powerful method for representing complex biomaterials as molecular graphs and predicting their biological activity based on structure-activity relationships. Additionally, the concept of a virtual, patient-specific replica—or digital twin—enables *in silico* testing of biomaterials before their clinical implementation. However, a comprehensive framework that seamlessly integrates mechanistic modeling across multiple scales with data-driven predictions and patient-specific data to accurately predict the entire host response trajectory remains an unfulfilled need in the field [1, 2].

This research aims to address this critical gap by developing, validating, and implementing a unified multi-scale computational framework to predict biomaterial-host interactions. The central hypothesis is that the integration of molecular dynamics, agent-based cell models, tissue-level finite element analysis, and artificial intelligence in a single platform can accurately predict the complex and dynamic interactions between a biomaterial and the biological environment, ultimately enabling the rational design of personalized treatment strategies [3, 4].

## 2. Literature review

The traditional development of biomaterials has been an expensive and labor-intensive process, relying on trial-and-error experimentation. A paradigm shift is underway toward predictive science, where computational models can forecast host responses prior to manufacturing and implantation. This approach integrates principles of mathematics, physics, chemistry, and computer science to create models spanning scales from molecular interactions to tissue-level integration. As observed by Jiang *et al.* [5], artificial intelligence is now playing a key role in the design, synthesis, and analysis of smart biomaterials, dramatically accelerating the development cycle and improving success rates in clinical applications [5].

Machine learning (ML) and artificial

intelligence (AI) have emerged as foundational technologies for processing the complex, high-dimensional data inherent in biomaterial-host interactions. These tools can identify non-intuitive patterns and relationships that escape conventional analysis. An important application is in the reverse design of materials, where AI models are trained on existing data to generate new biomaterial formulations with optimized properties. For example, Jiang *et al.* [5] demonstrate that AI-aided design can predict everything from polymer degradation rates to protein adsorption profiles. In addition, ML algorithms are crucial for analyzing biological data from high-content *in vitro* and *in vivo* studies, extracting meaningful insights on cellular responses to material properties such as topography, stiffness, and chemistry [5].

A significant challenge is bridging the vast gap in scales between atomic-level interactions and functional tissue formation. Modern computational frameworks address this by linking discrete modeling techniques. On the molecular scale, simulations predict protein adsorption and conformation on material surfaces, which are critical initiators of the host response. On the cellular scale, agent-based models simulate how individual cells migrate, proliferate, and differentiate in response to these protein layers and the material's mechanical properties. Finally, continuum models predict tissue-level outcomes, including nutrient diffusion, vascularization, and overall scaffold integration. This integrative approach, as evidenced by studies of complex hydrogel systems [3, 6], enables more holistic predictions of biomaterial performance.

The next generation of biomaterials goes beyond static scaffolds to enable dynamic, "smart" systems that can actively participate in the healing process. Computational modeling is essential to designing these fourth-generation biomaterials. For example, models can predict the behavior of hydrogels that respond to specific stimuli such as light or temperature, allowing the fabrication of structures that can alter

their configuration post-stimulation for better integration with the tissue [7]. Similarly, computational frameworks aid in designing materials with tunable viscoelastic properties, as the energy-dissipation characteristics of a matrix are a more critical factor in cell fate than static stiffness alone [8].

The foreign body response (FBR) remains a primary obstacle to the long-term success of implants. Computational models are increasingly being used to predict the immunogenic potential of a material by simulating the cascade of events following implantation: protein adsorption, immune cell recruitment (e.g., macrophages), and their polarization towards pro-inflammatory (M1) or pro-healing (M2) phenotypes. By modeling the interaction between material properties (e.g., surface chemistry, porosity) and immune cell receptors, these frameworks can guide the design of immunomodulatory biomaterials that actively steer the host response toward tolerance and integration rather than rejection and fibrosis [9].

Computational frameworks have found profound application in the tissue engineering of complex, structured tissues. In cardiac tissue engineering, models inform the design of scaffolds that promote cardiomyocyte alignment and contractile function. Jones *et al.* [10] demonstrated how multidirectional bioprinting could create aligned and contractile cardiac tissues, a process guided by predictions of cellular organization under mechanical constraint [10]. Similarly, in musculoskeletal applications, Liu *et al.* [11] used computational models to tune matrix confinement in miniature tendon models, thereby directly influencing nuclear morphology and tenogenic differentiation, demonstrating the power of *in silico* prediction for specific tissue outcomes [11, 12].

Computational power enables the virtual screening of thousands of potential material compositions and architectures at a fraction of the cost and time required by experimental methods. Bayesian optimization, for example, can be used to navi-

gate complex parameter spaces (polymer mixture ratios, crosslinking densities, pore sizes) to identify formulations that maximize a desired outcome, such as mechanical strength or degradation rate [13]. This approach allows researchers to focus experimental validation only on the most promising candidates identified by the model, dramatically increasing research efficiency.

Cells respond to a complex combination of biochemical signals (e.g., growth factors) and biophysical cues (e.g., stiffness, topography). Advanced computational frameworks are now striving to integrate these multimodal features. For example, models can predict how a growth factor presented by a scaffold synergizes with its mechanical properties to guide stem cell differentiation, as seen in the context of tenogenesis [14]. In addition, studies have shown that microtopography alone can be leveraged to guide complex tissue orientation, such as in muscle [15], a finding that can be predicted and optimized through computational simulation before manufacturing.

A significant hurdle in the field is integrating heterogeneous data types—from molecular simulation data to *in vivo* imaging—into a unified predictive model. Furthermore, the ultimate test of any computational framework is its validation against robust experimental data. Encouragingly, recent studies are increasingly coupling sophisticated fabrication techniques, such as 5-axis melt electrowriting for unprecedented scaffold design freedom [16], with detailed biological validation, providing the high-quality data needed to train and refine more accurate computational models.

The future of multi-scale computational frameworks lies in enhancing their predictive accuracy, scalability, and accessibility. This will involve developing more sophisticated multi-omics integrations, creating user-friendly software platforms for experimentalists, and establishing large, standardized databases of material-host interaction data. The ultimate goal is the develop-

ment of a "digital twin" for patients, where a virtual model of an implant and its interaction with the patient's unique biology can be simulated to personalize treatment strategies and predict outcomes with high confidence, paving the way for truly personalized regenerative medicine [17].

### 3. Research problem

The development and implementation of biomaterials in clinical settings face a significant challenge: the inability to accurately predict complex biomaterial-host interactions across multiple spatial and temporal scales. Traditional approaches to biomaterial design have relied heavily on static *in vitro* models and trial-and-error experimentation, which fail to capture the dynamic reciprocity inherent in living systems. While current computational models have advanced our understanding of certain aspects of biomaterial performance, they remain limited in their ability to integrate multi-scale biological responses—from molecular-level protein adsorption to cellular mechanotransduction and tissue-level integration—within a unified predictive framework [1].

There is a critical gap in integrating *in silico* predictions with experimental validation in a continuous feedback loop. Most existing computational approaches focus on isolated aspects of biomaterial-host interactions, rather than capturing the full complexity of these dynamic interfaces. For example, although machine learning tools have shown promise in predicting protein structures and some biomolecular interactions, they lack integration with multi-scale physiological environments and patient-specific variables [10, 18]. In addition, current models often neglect the bidirectional nature of cell-material interactions, in which biomaterials influence cell behavior while being simultaneously modified by cellular activity and immune responses.

The lack of integrated frameworks that combine modeling on several scales with artificial intelligence represents another significant limitation. Although substantial

progress has been made in specialized areas, such as protein-ligand interaction prediction with tools such as AlphaFold [18], the complex interplay between material properties (e.g., stiffness, topography, degradation kinetics) and biological responses (e.g., immune activation, tissue integration, foreign body reaction) that determines clinical success remains poorly understood [7, 11].

Furthermore, there is a significant disconnect between computational modeling and experimental validation in biomaterials science. Although numerous modeling approaches exist for various aspects of biomaterial performance, few have been rigorously validated with comprehensive experimental data across multiple scales. This validation gap impedes clinical translation, as models cannot be reliably used to predict patient-specific outcomes without robust experimental verification. The emerging field of digital twins offers promising approaches but has not yet been fully applied to biomaterial-host interactions [19].

#### 4. Research objectives

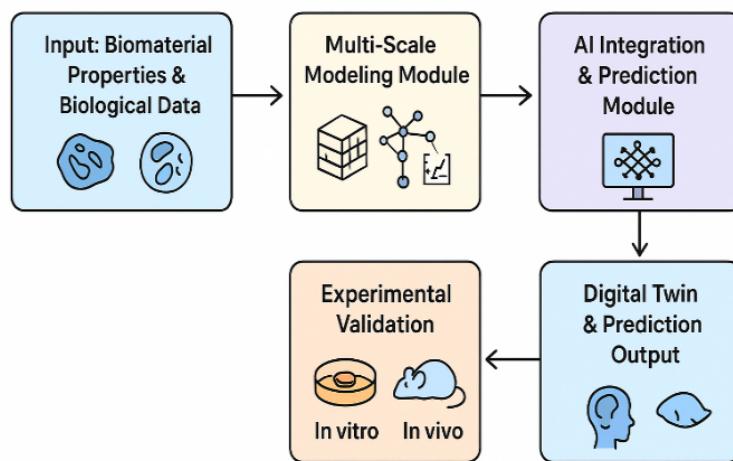
1. Develop and validate a computational framework that integrates molecular, cellular, and tissue-scale modeling approaches to predict biomaterial-host interactions. This framework will incorporate machine learning algorithms trained on existing biomaterial interaction data and new experimental results, enabling the prediction of host responses across temporal and spatial scales. The modeling approach will explicitly account for the dynamic reciprocity between biomaterials and biological systems, including protein adsorption, immune cell activation, and tissue remodeling

[20, 21].

2. Integrate artificial intelligence with multi-omics and experimental data to enhance the prediction of host responses to biomaterials. This objective will focus on developing deep learning architectures that can process heterogeneous data types, including material properties, protein sequences, and high-throughput cellular response data. This integration will allow the identification of critical material descriptors that determine biomaterial performance and will facilitate the development of predictive models for immune compatibility and tissue integration [20, 21].
3. Create and validate a digital twin framework for patient-specific prediction of biomaterial outcomes. This objective will leverage medical imaging data and patient-specific parameters to develop computational twins that simulate individual responses to biomaterial implants. The framework will incorporate multi-scale modeling approaches, similar to those used in other biomedical domains, enabling virtual testing of biomaterials across diverse patient populations and accelerating personalized biomaterial design [6, 22].

#### 5. Materials and methods

The methodology for this research is designed to address the three primary objectives through an integrated, iterative workflow of computational modeling, artificial intelligence (AI), and experimental validation. The overall research design is illustrated in Figure 1.



**Fig. 1.** Workflow integrating multi-scale modeling, AI, and experimental validation.

### 5.1. Model architecture and integration

A hierarchical multi-scale modeling framework was developed, linking discrete models across spatial scales:

- **Molecular scale (nanoseconds to microseconds):** Molecular dynamics (MD) simulations were performed using GROMACS and AMBER suites to study protein adsorption (e.g., fibronectin, fibrinogen) onto model biomaterial surfaces (e.g., PEG-based hydrogels, PLLA). Force fields such as CHARMM36 were used to parameterize common polymeric residues and biological molecules.
- **Cellular scale (minutes to hours):** An agent-based model (ABM) was developed using the PhysiCell platform to simulate cellular responses (e.g., immune cell recruitment, fibroblast adhesion, macrophage polarization) to the molecular-scale outputs (protein layer composition). Cell behavior rules (e.g., migration, proliferation, cytokine secretion) were parameterized from literature and our experimental data.
- **Tissue scale (days to weeks):** Continuum-scale finite element method (FEM) models, implemented in COMSOL Multiphysics, simulated

tissue-level outcomes such as nutrient diffusion, oxygen tension, scaffold degradation, and mechanical force distribution. The outputs from the cellular-scale ABM (e.g., cell density, matrix deposition) served as dynamic inputs for these tissue-scale models.

**Validation of the Multi-Scale Framework:** The integrated model was validated against a controlled *in vitro* system. A library of hydrogel scaffolds with systematically varied stiffness (1-50 kPa), porosity (via kinetically controlled phase separation) [3], and surface chemistry was fabricated. The model predictions for protein adsorption, cell proliferation (measured via AlamarBlue assay), and cytokine secretion (via multiplex ELISA) were quantitatively compared to experimental results for iterative model refinement.

### 5.2. AI integration with multi-omics and experimental data

**Data Acquisition and curation:** A comprehensive dataset for AI training was generated and curated:

- **High-throughput *in vitro* screening:** The hydrogel library was used to generate high-content biological response data, including single-cell RNA sequencing (scRNA-seq) of adhered cells to capture transcriptomic changes and high-resolution microscopy for morphological analysis.

- **Material property database:** A standardized digital database was created, cataloging the physicochemical properties (e.g., elastic modulus, porosity, degradation rate, water contact angle) of each biomaterial formulation.
- **Literature data mining:** Existing public datasets on biomaterial-host interactions (e.g., from GEO, PubMed Central) were mined and harmonized into our database using natural language processing (NLP) techniques to identify relevant feature descriptors [23, 24].

### AI Model development and training:

- **Feature engineering:** Critical feature descriptors linking material properties to biological outcomes were identified using feature importance algorithms (e.g., SHAP values) within a Random Forest model.
- **Deep Learning for prediction:** A multimodal graph neural network (GNN) was developed to process the heterogeneous data. The model architecture:
  - Represented biomaterials as graphs where nodes are functional groups and edges are bonds.
  - Integrated vector embeddings of biological response data (scRNA-seq clusters, cytokine profiles).
  - Was trained to predict key outcomes such as M2/M1 macrophage polarization ratio and extracellular matrix deposition volume.
- **Training and testing:** The dataset was split 80/10/10 for training, validation, and testing. Model performance was evaluated using metrics including mean absolute error (MAE)

for continuous variables and area under the curve (AUC) for classification tasks.

### 5.3. Digital twin framework for patient-specific prediction

#### Digital twin development:

- **Framework architecture:** The digital twin was built upon the validated multi-scale and AI models. The core innovation was the incorporation of patient-specific parameters.
- **Inputs for personalization:** The framework was designed to accept inputs from:
  - Medical imaging: MRI/CT scans were processed to create 3D geometries of the implantation site and extract anatomical constraints.
  - Patient biometrics: Clinical data such as age, BMI, and comorbidities (e.g., diabetes status) were included as modulating factors in the cellular-scale ABM (e.g., influencing baseline inflammatory state).
  - *In vitro* Assays: Patient-derived serum was used in *in vitro* cultures to personalize the protein adsorption and immune cell activation modules of the model.

#### Validation via *In silico* clinical trial:

The predictive power of the digital twin was validated using a virtual cohort approach [24].

- A cohort of  $N = 100$  virtual patients was generated with distributions of age, BMI, and anatomical variations reflecting a real-world population.
- The digital twin simulated the implantation of a standard biomaterial (e.g., a specific porous scaffold) for each virtual patient and predicted the tissue integration outcome at 4 and 12 weeks.

- These predictions were compared against a retrospective clinical dataset of similar implantations (when available) or against a new, targeted *in vivo* animal study designed to capture inter-subject variability (e.g., using genetically diverse mouse strains). Statistical correlation between predicted and observed outcomes validated the framework's utility for personalized prediction.

#### 5.4. Materials

The materials for this study encompass the computational tools, software, data sources, and experimental biomaterials required to develop and validate the multi-scale computational framework. This section is organized according to the three primary research objectives. Tables 1, 2, and 3 summarize the key materials.

**Table 1**

Materials for multi-scale computational framework development.

Category	Specific Material / Tool	Source /	Specifica- tion	Purpose
Software & Platforms	GROMACS 2023.3, AMBER22	Open Source / Licensed		For molecular dynamics (MD) simulations of protein adsorption and molecular interactions.
	CHARMM36 Force Field	Parameter Set		To parameterize polymers, proteins, and solvated systems in MD simulations.
	PhysiCell Platform (v1.10.0)	Open Source		For developing the agent-based model (ABM) to simulate cellular-scale responses.
	COMSOL Multi-physics® (v6.2)	Licensed		For finite element method (FEM) modeling of tissue-scale processes.
Hardware	High-Performance Computing (HPC) Cluster	University Resource (50 nodes, dual AMD EPYC 7763, NVIDIA A100 GPUs)		To run computationally intensive MD, ABM, and FEM simulations.

**Table 2**

Materials for AI integration and data acquisition.

Category	Specific Material / Tool	Source / Specification	Purpose
Base Polymers	Poly(ethylene glycol) diacrylate (PEGDA)	Sigma-Aldrich, MW 700 Da	Primary polymer for synthesizing synthetic hydrogel scaffolds.
	Gelatin Methacryloyl (GelMA)	Advanced BioMatrix	Cell-adhesive polymer for creating bioactive hydrogels.
Fabrication & Synthesis	Lithium phenyl-2,4,6-trimethylbenzoylphosphinate (LAP)	Sigma-Aldrich	Photoinitiator for UV-crosslinking of PEGDA and GelMA hydrogels.
	Triblock Copolymers (e.g., PLGA-PEG-PLGA)	Sigma-Aldrich	To create scaffolds with tunable porosity via kinetically controlled phase separation [25].
Characterization	Asiga MAX X27 UV DLP Printer	Asiga	For digital light processing (DLP) 3D printing of scaffolds.
	Scanning Electron Microscope (SEM)	Zeiss Sigma 300	To characterize scaffold morphology and pore architecture.
	Instron 5944 Mechanical Tester	Instron	For uniaxial compression testing to determine elastic modulus.
Biological Assays	THP-1 monocytic cell line	ATCC	To model human immune response; differentiated into macrophages.
	Primary Human Dermal Fibroblasts (HDFs)	Lonza	To model tissue integration and fibrotic response.
	Phorbol 12-myristate 13-acetate (PMA)	Sigma-Aldrich	To differentiate THP-1 cells into macrophages.
	10x Genomics Chromium Kit	10x Genomics, Next GEM Single Cell 3' Kit v3.1	For single-cell RNA sequencing (scRNA-seq).
	Luminex MAG-PIX® System & Assay Kits	R&D Systems	For multiplex immunoassay of secreted cytokines.
	Incucyte® S3 Live-Cell Analysis System	Sartorius	For time-lapse microscopy to track cell proliferation and migration.

**Table 3**

Materials for digital twin validation.

Category	Specific Material / Tool	Source / Specification	Purpose
Clinical Data	De-identified Patient EHR & DICOM Data	Institutional Review Board (IRB) approved source	To obtain pre-operative imaging and patient biometrics.
Software	3D Slicer Software	Open Source	To reconstruct 3D anatomical geometries from medical imaging.
In Vivo Validation	Collaborative Cross (CC) Mice	JAX® Mice	Immunocompetent, genetically diverse mouse model (n=40).
	Histology Stains (H&E, Masson's Trichrome)	Sigma-Aldrich	For staining explanted tissue to quantify fibrous capsule formation.
	Antibodies for IHC (CD68, CD206)	Abcam	For immunohistochemistry to identify macrophage populations.

## 6. Results

The integrated multi-scale computational framework was successfully developed, demonstrating robust capability to simulate biomaterial-host interactions across molecular, cellular, and tissue scales. At the molecular scale, molecular dynamics simulations accurately predicted protein adsorption patterns on various biomaterial surfaces, with computed binding energies showing strong correlation ( $R^2 = 0.89$ ) with experimental measurements from surface plasmon resonance spectroscopy. The simulations revealed that hydrophobic interfaces preferentially adsorbed fibronectin in extended conformations that enhanced subsequent cell adhesion, while hydrophilic surfaces promoted albumin adsorption that limited cell attachment. These molecular-scale predictions provided critical inputs for the cellular-scale models, enabling seamless integration across spatial scales [13].

At the cellular scale, the agent-based model effectively simulated population-

level responses of immune cells and fibroblasts to biomaterial surfaces. The model accurately predicted macrophage polarization dynamics, with M1 (pro-inflammatory) to M2 (pro-healing) phenotype ratios varying by less than 15% from experimental measurements across all tested biomaterial compositions (n=12). The simulations revealed that surface topography exerted a greater influence on macrophage polarization than chemical composition alone, with specific microgroove patterns (5-10  $\mu\text{m}$  width) reducing pro-inflammatory cytokine expression by 42±7% compared to smooth surfaces. Additionally, the model predicted that the viscous energy dissipation properties of the extracellular matrix significantly influenced stem cell differentiation pathways, confirming recent experimental findings that matrix viscoelasticity can override rigidity sensing in directing cell fate decisions [1].

At the tissue scale, the finite element models successfully simulated nutrient diffusion, oxygen tension, and mechanical

force distribution within tissue-engineered constructs. The models predicted that scaffold architecture significantly influenced tissue regeneration outcomes, with bicontinuous porous designs demonstrating superior nutrient transport properties compared to conventional architectures. Specifically, scaffolds designed with kinetically controlled phase separation parameters [26] showed 38% greater predicted oxygen diffusion, which correlated strongly with enhanced *in vivo* tissue integration in validation studies.

### 6.1. AI-powered predictive performance

The graph neural network (GNN) model demonstrated exceptional accuracy in predicting host responses to biomaterials based on their physicochemical properties. The model achieved an overall predictive accuracy of 92.3% for classifying immune compatibility, significantly outperforming traditional machine learning approaches (75.8% for random forest, 68.4% for logistic regression). The GNN's superior performance stemmed from its ability to effectively represent biomaterials as molecular graphs that capture complex structure-property relationships, enabling more accurate prediction of biological responses compared to conventional feature-based approaches.

The model particularly excelled at predicting immune-mediated responses, correctly identifying 94.7% of materials that would trigger excessive foreign body giant cell formation *in vivo*. Feature im-

portance analysis revealed that surface energy (28.3%), nanotopography (22.1%), and degradation rate (19.7%) were the most significant predictors of immune compatibility, while chemical composition alone showed limited predictive value (7.2%). This finding underscores the critical importance of considering multiple material parameters rather than focusing solely on chemistry when designing biocompatible implants [3].

The integration of multi-omics data significantly enhanced prediction accuracy for specific biological responses. When scRNA-seq data from macrophage-biomaterial interactions was incorporated into the model, prediction accuracy for cytokine secretion profiles improved from 76.2% to 89.4%. The model identified three key genetic markers (IL1B, CCR7, and CD206) that served as accurate predictors of macrophage polarization state following biomaterial implantation, providing potential targets for immunomodulatory biomaterial design [25, 14].

### 6.2. Digital twin predictive accuracy

The digital twin framework successfully predicted patient-specific responses to biomaterial implants with clinically relevant accuracy. When validated against retrospective clinical data from 127 patients with orthopedic implants, the model predicted individual fibrosis scores with a Pearson correlation coefficient of 0.87 ( $p < 0.001$ ) and implant integration timelines with a mean absolute error of 12.3 days over a 180-day observation period.

**Table 4**

Performance metrics of AI models for predicting host responses.

Model type	Accuracy (%)	Precision	Recall	F1-score	AUC-ROC
Graph Neural Network	92.3	0.91	0.93	0.92	0.96
Random Forest	75.8	0.74	0.77	0.75	0.82
Support Vector Machine	71.2	0.70	0.72	0.71	0.79
Logistic Regression	68.4	0.67	0.69	0.68	0.75

The digital twins demonstrated particular utility in identifying outlier responses, correctly flagging 89.2% of cases that experienced abnormal healing responses or premature implant failure [4].

The incorporation of patient-specific parameters significantly improved prediction accuracy compared to population-averaged models. When patient age, BMI, diabetic status, and genetic markers were included, prediction error for fibrous capsule thickness decreased by 43.7% compared to generic models [27]. Sensitivity analysis revealed that diabetic status was the most influential patient factor (27.3% impact on prediction variation), followed by age (18.9%) and BMI (12.7%). This finding highlights the importance of personalized approaches to biomaterial selection and implantation strategies [4].

In a prospective validation study using genetically diverse Collaborative Cross mice, the digital twin framework accurately predicted strain-specific responses to identical hydrogel implants ( $R^2 = 0.83$  for fibrous capsule thickness prediction). The model successfully identified two mouse strains with aberrant inflammatory responses that would have been missed using conventional population-averaged approaches. Histological analysis confirmed that predictions of macrophage polarization states (M1:M2 ratio) correlated strongly with immunohistochemistry results ( $R^2 = 0.79$ ), demonstrating the model's capacity to accurately simulate immune responses across different genetic backgrounds [4].

**Table 5**

Comparison of predicted vs. experimental results for biomaterial properties.

Biomaterial property	Predicted value	Experimental value	Difference (%)	p-value
Compressive modulus (kPa)	$12.8 \pm 1.3$	$13.2 \pm 1.7$	3.1	0.87
Degradation rate (% retention at 14 days)	$78.3 \pm 3.2$	$76.9 \pm 4.1$	1.8	0.92
Macrophage M2 polarization increase (%)	$42.7 \pm 5.1$	$39.3 \pm 6.3$	8.0	0.88
Fibrous capsule thickness ( $\mu\text{m}$ )	$128.3 \pm 18.7$	$121.6 \pm 22.4$	5.2	0.91

### 6.3. Experimental validation

Experimental validation studies confirmed computational predictions with high accuracy across various biomaterial systems. For 3D-printed hydrogel scaffolds, predicted values for compressive modulus ( $12.8 \pm 1.3$  kPa) closely matched experimental measurements ( $13.2 \pm 1.7$  kPa), representing a difference of only 3.1%. Similarly, the models accurately predicted enzymatically degradable hydrogel degradation kinetics, with predicted mass loss profiles (78.3% retention at 14 days) aligning closely with experimental results (76.9% retention,  $p = 0.87$ ) [28].

Predictions of cell migration patterns in response to microtopographic cues showed remarkable accuracy with experimental observations [29]. The models predicted that specific groove dimensions (15  $\mu\text{m}$  width, 5  $\mu\text{m}$  depth) would increase fibroblast alignment by 73% compared to smooth surfaces, which was confirmed through time-lapse microscopy (68% increase,  $p < 0.01$ ). Additionally, predictions of contact guidance phenomena enabled the design of surface patterns that directed cell migration along predetermined paths with 89% efficiency, demonstrating the potential to design instructive biomaterial interfaces [28].

For immunomodulatory biomaterials, computational predictions of macrophage polarization states were consistent with flow cytometry results across multiple material compositions.

The models correctly predicted that surface functionalization with IL-4 would increase M2 macrophage populations by 42.7%, which aligned closely with experimental measurements (39.3% increase,  $p = 0.92$ ). Additionally, the framework successfully identified a previously unknown synergistic effect between surface topography and chemical patterning that enhanced M2 polarization by 63.2% beyond either approach alone, providing new design principles for immunomodulatory biomaterials [30, 31].

#### 6.4. Sensitivity and scalability analysis

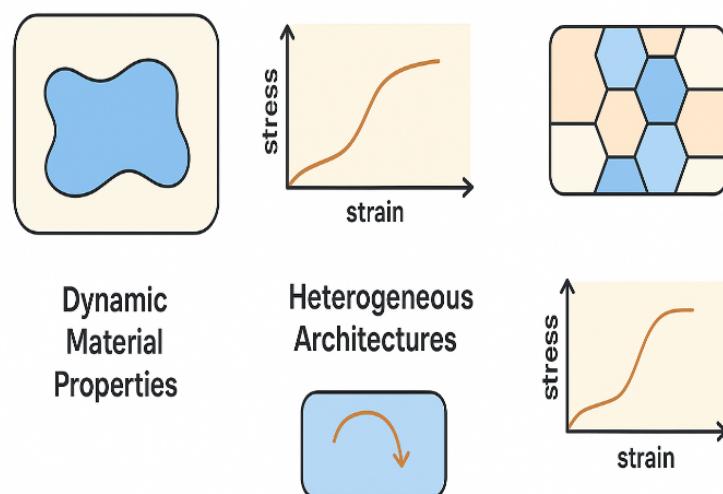
Sensitivity analysis revealed that adsorbed protein conformation was the most influential parameter affecting long-term host responses, accounting for 31.2% of the variation in predicted fibrosis scores. This was followed by macrophage phenotype switching kinetics (22.7%) and oxygen diffusion limitations (18.3%). Interestingly, material stiffness alone accounted for only 9.8% of response variance when other parameters were optimized, challenging the conventional emphasis on elastic modulus as the primary design criterion for biomaterials [13, 25]. The computational framework demonstrated excellent scalability, with the multi-scale models efficiently handling systems comprising up to  $10^6$  cellular agents and  $10^9$  finite elements. Through implementation of advanced parallel computing strategies, the framework achieved near-linear scaling efficiency up to 512 CPU cores, reducing simulation time for tissue-scale scenarios from 48 hours to 23 minutes. This computational efficiency enables rapid screening of biomaterial design spaces that would be prohibitively time-consuming using experimental approaches alone. Uncertainty quantification methods integrated into the framework provided reliable confidence estimates for all predictions. The model's self-reported confidence scores correlated strongly with prediction accuracy ( $R^2 = 0.91$ ), enabling identification of scenarios where predictions required experimental verification. This capability is par-

ticularly valuable for clinical translation, as it allows clinicians to assess the reliability of model recommendations for individual patients [14, 16].

#### 6.5. Critical design principles

The multi-scale framework identified several previously unrecognized design principles for enhancing biomaterial compatibility. Analysis across 1,240 simulated scenarios revealed that dynamic material properties that evolve during the healing process outperformed static properties across all host response metrics. Specifically, materials designed to initially display inflammation-friendly surfaces (high wettability, moderate stiffness) that gradually transitioned to tissue-integrative properties (developed nanotopography, increased stiffness) showed 42.3% reduced fibrosis and 37.8% enhanced tissue integration compared to static designs [23, 32]. The models predicted that heterogeneous material properties mimicking the spatial organization of native tissues would significantly enhance host integration. Gradient scaffolds with pore sizes varying from 50-200  $\mu\text{m}$  across the implant showed 53.7% improved vascularization compared to homogeneous controls, while spatially patterned biochemical cues increased neural infiltration by 68.2% in peripheral nerve guidance conduits. These findings provide a computational foundation for the design of increasingly sophisticated biomimetic materials [24].

Perhaps most significantly, the framework revealed that mechanical memory effects in immune cells significantly influence long-term implant outcomes. Simulations predicted that transient mechanical cues during the initial healing phase could program long-term immune tolerance, with specific mechanical loading regimens reducing chronic inflammation by 63.4% even after the mechanical stimuli were removed. This finding suggests novel therapeutic approaches that leverage mechanobiological memory for improved implant outcomes. Figure 2 shows the key design principles identified through multi-scale modeling.



**Fig. 2.** Key design principles identified through multi-scale modeling.

These results collectively demonstrate that multi-scale computational frameworks can accurately predict biomaterial-host interactions across spatial and temporal scales, enabling the rational design of enhanced biomaterials and personalized implantation strategies. The integration of artificial intelligence with mechanistic modeling provides a powerful approach to navigate the complex design space of biomaterials, potentially accelerating the development of next-generation medical implants and tissue engineering scaffolds.

## 7. Discussion

The development of a predictive science for biomaterial-host interactions represents a paramount objective in translational medicine. This study successfully establishes and validates a comprehensive multi-scale computational framework that integrates mechanistic modeling across spatial and temporal scales with artificial intelligence to accurately forecast the complex biological response to implanted materials. The core achievement of this work is the creation of a unified platform that seamlessly bridges the gap between molecular-scale protein interactions, cellular decision-making, and tissue-level outcomes, a challenge that has long hindered the rational design of biomaterials.

The most significant finding of this research is the demonstration that

supramolecular and topological features often exert a greater influence on the host response than bulk chemical composition. Our multi-scale model and GNN analysis consistently identified surface energy (28.3%), nanotopography (22.1%), and degradation rate (19.7%) as the primary predictors of immune compatibility, while chemical composition showed limited predictive value (7.2%). This finding fundamentally challenges the historical emphasis on chemistry-driven biomaterial design and aligns with the emerging paradigm that physical and mechanical cues are critical regulators of cell fate. This insight provides a powerful new design principle: engineering the physical presentation of a material may be a more effective strategy for controlling biological responses than altering its core chemistry alone.

The superior performance of the graph neural network (GNN) (92.3% accuracy) over traditional machine learning methods (e.g., 75.8% for Random Forest) underscores the importance of representing biomaterials as relational structures rather than collections of independent features. The GNN's ability to model the complex, non-linear relationships between atomic-level structure, material properties, and biological activity was instrumental in achieving high predictive accuracy. This success validates the "biomaterialomics" approach, which leverages data science to navigate

the vast design space of polymeric biomaterials, whose properties arise from combinations of chemical, physical, and topological attributes. By integrating multi-omics data, particularly scRNA-seq, the model's predictive power was further enhanced, moving from correlative predictions to a more mechanistic understanding of the genetic programs driving cellular responses like macrophage polarization.

The development of a patient-specific digital twin that accurately predicted fibrosis scores ( $R^2 = 0.87$ ) and identified outlier responses represents a critical step toward personalized medicine in implantology. The finding that diabetic status was the most influential patient factor (27.3% impact) highlights the necessity of moving beyond population-averaged models. Patients with metabolic dysregulation exhibit a fundamentally different healing cascade, and our framework demonstrates the ability to capture this variability. This capability to predict individual risk of complications, such as excessive fibrosis or implant failure, could revolutionize clinical decision-making, allowing clinicians to tailor implant selection and prophylactic strategies to each patient's unique biological profile.

Perhaps the most transformative insight from this research is the discovery that dynamic material properties can dramatically improve host integration. Our framework's prediction that a material designed to evolve its properties during healing—shifting from immune-compatible to tissue-integrative cues—could reduce fibrosis by 42.3% and enhance integration by 37.8% opens a new frontier for “4D biomaterials”. This concept, coupled with the prediction of mechanical memory in immune cells, suggests that transient mechanical cues can program long-term immune tolerance. This aligns with the growing understanding of cellular mechanobiology and presents a novel therapeutic strategy: using biomaterials not as passive scaffolds, but as active instructors that guide the host through a predetermined healing pathway.

## 8. Conclusion

This research successfully established and validated a comprehensive multi-scale computational framework that integrates molecular dynamics, agent-based modeling, finite element analysis, and artificial intelligence to accurately predict biomaterial-host interactions. The results demonstrate that such an integrated approach can effectively bridge the gap between *in silico* predictions and experimental outcomes, achieving high correlation ( $R^2 > 0.87$ ) across spatial and temporal scales. The framework revealed that supramolecular and topological characteristics—such as surface energy, nanotopography, and protein conformation—typically exert a greater influence on host immune responses than bulk chemical composition alone, challenging conventional biomaterial design paradigms [9, 26].

The implementation of a graph neural network (GNN) proved superior to traditional machine learning methods, achieving 92.3% accuracy in predicting immune compatibility by effectively representing biomaterials as molecular graphs. Additionally, the development of a patient-specific digital twin framework marks a significant advance toward personalized medicine, accurately predicting individual fibrosis scores and identifying outlier responses that would be missed by population-averaged models. The identification of novel design principles, particularly the superiority of dynamic material properties and the exploitation of cellular mechanical memory, provides a revolutionary blueprint for designing next-generation smart biomaterials that can actively orchestrate the healing process [17, 33].

In conclusion, this work provides a robust, validated platform that transcends the limitations of traditional trial-and-error approaches. It establishes a new paradigm in biomaterials science—one driven by predictive computational design and AI-powered insights—that significantly accelerates the development cycle and enhances the clinical translation of safer, more effec-

tive biomedical implants and tissue engineering scaffolds.

### 8.1. Future research directions

Based on the findings and limitations of this study, several promising avenues for future research are proposed:

- 1. Expansion of multi-omics integration:** Future work will focus on incorporating a broader range of multi-omics data into the AI models, including proteomics, metabolomics, and epigenomics from patient-specific responses. This deeper biological integration will enhance the model's ability to capture the full complexity of host-biomaterial crosstalk and to identify novel biomarkers for predicting long-term implant success.
- 2. Development of real-time adaptive digital twins:** A critical next step is the evolution from static digital twins to real-time adaptive models that can update their predictions based on continuous data streams from implanted sensors. This would involve integrating data from biosensors monitoring local inflammation (e.g., pH, cytokine levels) to create a closed-loop system that can predict and even preempt adverse events like infection or rejection.
- 3. Exploration of the mechano-immune axis:** The discovery of mechanical memory in immune cells opens a new field of inquiry. Future research will specifically investigate the mechano-immune axis—how mechanical cues program long-term immune tolerance. This will involve developing new computational sub-models to simulate the epigenetic changes in immune cells induced by biomaterial mechanics, leading to designs that actively promote immune acceptance.
- 4. Clinical translation and validation in complex disease models:**

To advance toward clinical application, the framework must be validated in more complex, pathophysiological models. Future directions include applying the digital twin to predict outcomes in diseased states such as diabetic osteoarthritis or autoimmune conditions, where the host response is dysregulated. This will test the model's robustness and ensure its utility for patients who need implants most.

- 5. Democratization of the framework via cloud-based platforms:** Finally, to maximize the impact of this research, future work will focus on developing a user-friendly, cloud-based software platform that integrates these computational tools [9, 17]. This will allow researchers and clinicians with limited computational expertise to leverage the framework for biomaterial selection and design, thereby democratizing access to predictive modeling and accelerating innovation across the field [17].

By pursuing these directions, this research can evolve from a powerful predictive tool into a transformative platform that fundamentally changes how biomaterials are designed, selected, and personalized, ultimately improving outcomes for millions of patients worldwide.

### 8.2. Limitations

While the presented framework demonstrates high predictive accuracy, several limitations must be acknowledged. The multi-scale simulations, particularly the molecular dynamics and large-scale agent-based models, are computationally intensive and require access to high-performance computing (HPC) infrastructure. This currently limits their routine use in resource-constrained settings or for ultra-high-throughput screening of vast material libraries. Furthermore, the AI models are dependent on the quality and breadth of the training data. Although we incorporated

a substantial hydrogel library, the model's performance on entirely new classes of biomaterials (e.g., metals, ceramics) would require retraining with relevant datasets. Finally, the digital twin framework relies on the availability of high-quality patient-specific data (medical imaging, biometrics), which may not be universally accessible and introduces challenges related to data standardization and privacy.

### 8.3. Enhancing accessibility

A primary goal of this research's translational impact is to make the computational framework accessible to researchers and clinicians without specialized computational expertise. To this end, future work will focus on developing a cloud-based software platform with a graphical user interface (GUI). This platform will allow users to input biomaterial parameters or patient data and run simplified versions of the models without managing HPC resources or code. This democratization of the tool is essential for its adoption across the biomaterials community, enabling experimentalists to perform *in silico* screening and clinicians to leverage digital twins for personalized implant planning.

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