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1 **The commercial pig as a model of spontaneously-occurring osteoarthritis**

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25 **Abstract**

26 **Background:** Preclinical osteoarthritis models where damage occurs spontaneously
27 may better reflect the initiation and development of human osteoarthritis. The aim
28 was to assess the commercial pig as a model of spontaneous osteoarthritis
29 development by examining pain-associated behaviour, joint cartilage integrity, as
30 well as the use of porcine cartilage explants and isolated chondrocytes and
31 osteoblasts for *ex vivo* and *in vitro* studies.

32 **Methods:** Female pigs (Large white x Landrace x Duroc) were examined at different
33 ages from 6 weeks to 3-4 years old. Lameness was assessed as a marker of pain-
34 associated behaviour. Femorotibial joint cartilage integrity was determined by
35 chondropathy scoring and histological staining of proteoglycan. IL-6 production and
36 proteoglycan degradation was assessed in cartilage explants and primary porcine
37 chondrocytes by ELISA and DMMB assay. Primary porcine osteoblasts from
38 damaged and non-damaged joints, as determined by chondropathy scoring, were
39 assessed for mineralisation, proliferative and mitochondrial function as a marker of
40 metabolic capacity.

41 **Results:** Pigs aged 80 weeks and older exhibited lameness. Osteoarthritic lesions
42 in femoral condyle and tibial plateau cartilage were apparent from 40 weeks and
43 increased in severity with age up to 3-4 years old. Cartilage from damaged joints
44 exhibited proteoglycan loss, which positively correlated with chondropathy score.
45 Stimulation of porcine cartilage explants and primary chondrocytes with either IL-1 β
46 or visfatin induced IL-6 production and proteoglycan degradation. Primary porcine
47 osteoblasts from damaged joints exhibited reduced proliferative, mineralisation, and
48 metabolic capacity.

49 **Conclusion:** In conclusion, the commercial pig represents an alternative model of
50 spontaneous osteoarthritis and an excellent source of tissue for *in vitro* and *ex vivo*
51 studies.

52 **Keywords:** osteoarthritis, osteoblast, chondropathy, pig, chondrocyte

53

54 **Background**

55 Osteoarthritis (OA) is an age-related joint disorder and the most common
56 degenerative joint disorder in the World [1]. Characterised by degenerative loss of
57 the articular cartilage, joint space narrowing, synovial inflammation and bone
58 remodelling [2], it is a leading cause of disability and pain. Unfortunately, at present
59 there are no available disease modifying OA drugs (DMOADs) [2, 3]. As an ageing
60 population OA is a major health concern since it limits independence, reduces an
61 individual's quality of life and puts additional pressure on healthcare systems and
62 elderly support services [4, 5].

63 Critically, the development of DMOADs has been hampered by a lack of
64 understanding of the joint pathology in early OA. Unfortunately, investigating early
65 OA joint pathology in humans is inherently difficult. Synovial tissue and synovial joint
66 fluid can be collected from early OA patients by arthroscopy procedures. However,
67 OA diseased cartilage and bone tissue of sufficient quantity can generally only be
68 obtained from end-stage diseased patients who are undergoing elective joint
69 replacement surgery. Cartilage tissue from end-stage OA patients is often highly
70 degraded and is therefore of questionable relevance to our understanding of the
71 central pathways that underpin the initiation and development of early degenerative
72 changes in the human OA joint. Furthermore, many of the *in vivo* preclinical models
73 that are utilised are artificial models [6] where OA is experimentally induced either

74 chemically or surgically. Surgical induction of OA is achieved by destabilising the
75 joint through the surgical damage of joint ligaments, for example anterior cruciate
76 ligament tear in the dog [7] or more recently in mice through the destabilisation of
77 the medial meniscus (DMM model) [8, 9]. Although these models are effective in
78 inducing joint damage, they more likely reflect changes seen in traumatically induced
79 OA, where an injury has triggered further damage, rather than age-related OA [6, 8,
80 10].

81 For studying age-related human OA onset, animal models that spontaneously
82 develop OA are likely to be more translatable. Such translation is critical to the
83 development of new OA drugs. Indeed, the greatest reason for late-stage failure of
84 candidate drugs can be traced back to failure of preclinical target validation studies
85 to translate in the clinic [11]. In this regard, the Dunkin Hartley guinea pig is a
86 notable example [12]. These animals develop OA without surgical, chemical or
87 environmental manipulation [12, 13]. However, the quantity of joint tissue for *ex vivo*
88 and *in vitro* studies can be limiting. Spontaneous development of OA has also been
89 studied in large animals including horse [14] and dog [15]. However, the major
90 drawback with these models is the long timescale for OA development, which can
91 make studies prohibitively expensive and ultimately unfeasible. Furthermore, public
92 resistance to the use of companion animal species in biomedical research also
93 presents additional challenges.

94 In contrast to the above models, commercial pigs have been reported to develop
95 spontaneous joint pathologies at a young age, resulting in pigs often being
96 slaughtered due to lameness [16]. However, no study had previously examined
97 whether the commercial pig develops signs of OA joint damage. The aim of this
98 study was two-fold. Firstly, to assess pain-associated behaviour and femorotibial

99 joint pathology for signs of spontaneous development of OA in commercial pigs from
100 juvenile to older adult. Secondly, to assess the potential utility of porcine cartilage
101 explants and isolated porcine chondrocytes and osteoblasts for *in vitro* and *ex-vivo*
102 preclinical studies.

103

104 **Methods**

105 **Animals**

106 Female pigs (Large white x Landrace x Duroc) aged 6-10 wks (n=8, weight $37.4 \pm$
107 1.4 kg), 17 wks (n=6, weight 84.0 ± 2.2 kg), 40 wks (n=6, weight 141.2 ± 4.2 kg), 63
108 wks (n=8, weight 245.1 ± 9.0 kg), and 3-4 years (n=7, weight 230.6 ± 9.0 kg)
109 purchased from JSR Genetics Ltd (Driffield, UK) were used in this pilot study to
110 examine the incidence of the development of osteoarthritis. For comparison
111 purposes animals were characterised by age in to three groups: juvenile (age range
112 6-17 wk), adult (40-80 wk), and older adult (3-4 years). The juvenile and adult age
113 groups were all gilts (female pigs that have not been used for breeding), whilst the
114 older adults were ex-breeding sows. Ethical permission for the study was granted by
115 the University of Nottingham Animal Welfare Ethical Review Body (AWERB). Pigs
116 were group-housed under directives set by the Department of Environment, Food,
117 and Rural Affairs (DEFRA), as specified in The Welfare of Farmed Animals
118 (England) Regulations 2007, thus replicating the standards animals were housed in
119 prior to arrival at our facilities. Animals were checked daily by qualified animal
120 technicians. Pigs were provided with free access to food and water and allowed to
121 acclimatise to their surroundings upon arrival at the University facilities for a
122 minimum of 2 weeks before being slaughtered by electrical stunning followed by
123 exsanguination. The 63 wk animals were maintained for an extended period of time

124 (16-17 weeks), prior to euthanasia, to allow temporal changes in animal behaviour to
125 be assessed. In all animals, after death had been confirmed, the stifles were
126 removed for examination and tissue collection.

127

128 **Assessment of pain-associated behaviour**

129 Different aspects of pig behaviour including lameness, response to touch, willingness
130 to ambulate and vocalisation were assessed as potential markers of behavioural
131 pain in juvenile, adult and older adult pigs. Each behavioural aspect was
132 incorporated into a scoring system and assigned a value from 1-5 (Supplementary
133 Table 1) based on that used by Royal et al [17]. Behavioural assessment was carried
134 out weekly and assessment sessions typically lasted about an hour. On arrival at the
135 facility, pigs were allowed to acclimatise to the presence of the scorer for between 5-
136 10 minutes before behavioural scoring was carried out. Observation of lameness
137 was carried out during weekly weighing procedures, with animals encouraged to
138 move by the animal technicians. Similarly, the response to handling by the animal
139 technician during the weighing process was used to record the response to touch. All
140 other scoring parameters were collected on the same visit and prior to attempts to
141 weight the animals, with animals resting in their home environment.

142

143 **Chondropathy scoring**

144 Femoral condyles and tibial plateaus of juvenile, adult, and older adult porcine
145 femorotibial joints were used for chondropathy scoring. The lateral and medial
146 surfaces of the femoral condyles and tibial plateaus of the joint were scored
147 separately. Chondropathy scoring was performed using two methodologies, namely
148 Collin's grading and the revised Système Française D'Arthroscopie (SFA) scoring

149 method as described by Walsh and colleagues [18]. The Collin's grading and SFA
150 are macroscopic severity scoring systems, which are based on an assessment of OA
151 changes in the articular surface, including cartilage swelling, fibrillation and exposure
152 of bone. They have been widely validated in both mild and severe OA [18-23]. As a
153 comparison to human OA, the femoral condyles and tibial plateau were also scored
154 from end-stage knee OA patients (n=4), which were collected from the Royal
155 Orthopaedic Hospital (Birmingham) following ethical approval from the Research
156 Ethics Committee (NRES 13/NE/0222). In subsequent experiments, based on gross
157 assessment, "damaged cartilage" was defined as having evidence of fibrillation,
158 equivalent to a Collin's grade score of greater than 2, or a revised SFA score of more
159 than 20. Cartilage defined as "undamaged" had a normal, unbroken surface.

160

161 **Safranin-O staining of femoral condyle proteoglycans**

162 Femoral condyles from n=8 adult animals were snap frozen in liquid nitrogen
163 immediately following slaughter and stored at -80°C until cryostat processing.
164 Cryosections (8µm thick) were cut using a cryostat and transferred to slides to
165 facilitate subsequent safranin-O/ fast green staining. Staining was performed without
166 fixation as described previously [24].

167

168 **Culture of primary porcine chondrocytes, osteoblasts and cartilage explant**

169 Primary porcine chondrocytes were isolated from juvenile (n=6 animals) and older
170 adult (n=6 animals) femoral condyle cartilage by collagenase digestion. In brief,
171 samples of cartilage were diced with a scalpel and digested for 4 h in chondrocyte
172 cell culture media (DMEM supplemented with 10% FBS, 2mM L-glutamine, 1% non-
173 essential amino acids, 1% penicillin/streptomycin) containing 2mg/ml sterile-filtered

174 collagenase (Sigma Aldrich, Poole, UK). The digested cartilage was filtered through
175 a sterile 40 µm cell strainer, placed in T75 culture flasks with cell culture media and
176 incubated at 37°C, 5% CO₂. Media was refreshed every 3-4 days.

177 Osteoblasts were cultured out from subchondral bone chips obtained from adult
178 (n=6) and older adult (n=6) pigs, based on a protocol we have previously used for
179 human OA subchondral bone osteoblast outgrowth [25]. In brief, subchondral bone
180 chips from damaged and non-damaged porcine femoral condyles were incubated in
181 T75 culture flasks at 37°C, 5% CO₂ in osteoblast cell culture media (DMEM
182 supplemented with 10% FBS, 2mM L-glutamine, 1% non-essential amino acids, 1%
183 penicillin/streptomycin, 2mM β-glycerophosphate, 50µg/ml L-ascorbic acid, 10nM
184 dexamethasone and 1% amphotericin-B). After 7-20 days of culture, osteoblast
185 outgrowth was observed and the bone chips were removed.

186 Cartilage explants were prepared using a cork borer to cut cartilage discs (50 mm
187 diameter) from full thickness sections of damaged and non-damaged femoral
188 condyle cartilage obtained from adult animals (n=7) for sGAG analysis. Cartilage
189 explants were also prepared from older adult animals (n=5) for analysis of collagen
190 mRNA and for *in vitro* cytokine stimulation. Explant discs were placed into 96-well
191 cell culture plates in chondrocyte cell culture media and incubated at 37°C, 5% CO₂.

192

193 **1,9-dimethylmethylene blue (DMMB) proteoglycan release assay**

194 Sulphated glycosaminoglycan (sGAG) released from cartilage explant (n=7 adult
195 animals) was quantified *via* a dimethylmethylene blue (DMMB) assay, as previously
196 described [26]. In brief, cartilage explants were allowed to rest in chondrocyte media
197 for 2-3 days before being replaced with fresh chondrocyte media and incubated for
198 48 h, after which time the supernatant was collected for analysis. Shark chondroitin

199 sulphate C (Sigma, UK) was used to generate a standard curve and 40 μ L of
200 standards and samples combined with 250 μ L DMMB reagent (0.24% sodium
201 chloride, 0.3% glycine, 0.8% v/v hydrochloric acid, 0.0016% DMMB) and absorbance
202 read at 550 nm using a microplate reader (Bio-Rad 680XR).

203

204 **Quantification of mRNA expression by qRT-PCR**

205 Total RNA was extracted from primary porcine chondrocytes using an RNA isolation
206 kit (Roche High Pure Isolation Kit) according to the manufacturer's instructions. Total
207 RNA was extracted from snap-frozen porcine femoral condyle cartilage tissue using
208 ceramic beads (Roche Green Beads) and a MagnaLyser instrument in combination
209 with a fibrous tissue RNA extraction kit (Qiagen). cDNA was subsequently generated
210 from 100 ng of total RNA (ReverAid RT cDNA synthesis kit, Thermo Scientific)
211 according to manufacturer's instructions. Relative mRNA expression of the collagen
212 genes COL1A1 and COL2A1 were determined by qRT-PCR using a Roche
213 Lightcycler 480® (Roche, Burgess Hill, UK), normalised to cDNA concentration. The
214 primer sequences used were as follows: COL1A1 Forward:
215 AGAAGAAGACATCCCACCAGTCA, Reverse: CGTCATCGCACAACACATTG;
216 COL2A1 Forward: GGCAACAGCAGGTTTCACGTA, Reverse:
217 CAATCATAGTCTGGCCCCACTT. All samples were analysed in triplicate.

218

219 **Alkaline Phosphatase (ALP) Assay**

220 Cultured osteoblasts were lysed using cell lysis buffer (150mM Sodium Chloride, 1%
221 triton x-100, 50mM Tris, pH 8.0) containing protease and phosphatase inhibitor
222 cocktails (Sigma Aldrich, Poole, UK) and the protein concentration of cell extract
223 determined using the Bradford protein assay [27]. To 10 μ l osteoblast lysate, 100 μ l of

224 alkaline phosphatase substrate containing *p*-nitrophenylphosphate (pNPP) was
225 added and incubated for 15 mins at 37°C before being stopped by the addition of
226 20µl 0.1M sodium hydroxide. Standards prepared from human alkaline phosphatase
227 diluted in 1mM magnesium chloride solution were run in parallel. Absorbance was
228 measured at 405nm using a BioRad 680XR platereader.

229

230 **Alizarin Red Mineralisation Assay**

231 Mineralisation of osteoblasts was determined by Alizarin Red staining [28]. In brief,
232 upon reaching confluence osteoblasts were grown for a further 3 weeks and then
233 were stained with 0.5% alizarin red staining solution (0.5% Alizarin Red, 1%
234 ammonia solution, pH 4.0) for 10 min. The cells were then washed in PBS and
235 destained using 10% cetyl pyridium chloride (Sigma, UK) for 10 min. The
236 absorbance of the supernatant was measured at 550 nm on a BioRad 680XR
237 platereader.

238

239 **Mitochondrial assays**

240 To isolate mitochondria, osteoblasts were resuspended in 2ml Buffer (100mM
241 potassium chloride, 50mM Tris, 5mM Magnesium Chloride, 1.8mM ATP, 1mM
242 EDTA. pH 7.2) and homogenised on ice for 4 min. The sample was then centrifuged
243 at 720 x g for 1 min to pellet any cellular debris. The resultant supernatant was
244 transferred to clean pre-cooled tube and centrifuged at 10000 x g for 5 min to pellet
245 the mitochondria. The mitochondrial pellet was then resuspended in 400µl buffer
246 (225mM sucrose, 44mM potassium phosphate monobasic, 12.5mM magnesium
247 acetate, 6mM EDTA). Maximal mitochondrial ATP production was measured using
248 a 96-well bioluminescence assay. In brief, 25µl of the mitochondrial sample was

249 added to 110µl Tris-EDTA buffer, 25µl ADP and 40µl ATP reagent SL (Biothema
250 ATP Reagent SL Kit). All samples were run in triplicate and luminescence measured
251 using a FLUOstar plate reader. Mitochondrial citrate synthase activity was measured
252 based on the kinetic production of 2-nitro-5-benzoic acid measured at an absorbance
253 of 415nm using a Bio-rad 680XR microplate reader.

254

255 **Statistical Analysis**

256 Statistical analysis was carried out using Graphpad Prism software version 7.0.
257 Chondropathy scores and lameness scores were analysed using the Kruskal-Wallis
258 non-parametric test, with post-hoc tests where appropriate. Pearson's correlation
259 coefficient was used to determine the relationship between proteoglycan loss and
260 revised SFA chondropathy score. *In vitro* and *ex-vivo* expression data was analysed
261 using unpaired t-tests with 1-way ANOVA used for dose responses.

262

263 **Results**

264 **Development of lameness as a marker of pain-associated behaviour in the** 265 **commercial pig**

266 Lameness was assessed in pigs at three different age groups, (i) juvenile (n=6), (ii)
267 adult 63 week old pigs (n=6) and (iii) older adults (n=7). The adult pigs (63 week old)
268 were monitored at weekly intervals over a 16 week period and lameness assessed
269 from age 64 to 80 weeks, to allow temporal changes in pain-associated behaviour to
270 be observed. Observational scoring of lameness indicators revealed no indications of
271 lameness in the youngest age group (juvenile). However, there was a significant
272 increase ($p<0.05$) in the median lameness of both 80 week adult and older adult
273 pigs, compared to juvenile pigs (**Figure 1A**). Furthermore, there was a significant

274 (p<0.01) increase in lameness score over a timespan of 16 weeks in adult pigs from
275 age 64 to 80 weeks old (**Figure 1B**). Lameness in the older adult animals was on
276 average no greater than that observed in adult animals aged 80 wks (**Figure 1A**).
277 None of the animals responded to touch in a manner that would be associated with
278 pain or discomfort, or differed in their willingness to ambulate. Furthermore,
279 vocalisation was not related to any pain or discomfort as might be expected of other
280 animals, such as the rat [29] for which VAS scoring is more commonly used.

281

282 **The commercial pig spontaneously develops signs of osteoarthritic joint** 283 **damage**

284 Femorotibial joints from juvenile, adult, and older adult commercial pigs were
285 assessed for the presence and severity of OA lesions by chondropathy scoring using
286 Collin's grading and a revised SFA scoring system. As a comparison to human OA,
287 femoral condyles and tibial plateau from end-stage human knee OA patients (n=4)
288 were scored using the same chondropathy scoring system.

289 Chondropathy scoring showed an effect of age and joint compartment on the
290 development of joint damage in the commercial pig. Using either Collin's grading or
291 revised SFA showed a significant increase in the median joint damage score in adult
292 and older adult pigs, compared to juvenile pigs (**Figure 2A, 2B**). As expected, the
293 greatest joint damage was observed in the older adult pigs, which exhibited grade II
294 and grade III lesions in femoral condyle cartilage (**Figure 2C**). OA cartilage lesions
295 developed on both tibial plateaus and femoral condyles, and on both medial and
296 lateral sides of the joint. However, in the older adult pigs significantly greater median
297 joint damage was present on the medial side of the femoral condyles and on the
298 medial side of tibial plateau, compared to the corresponding lateral compartments

299 (p<0.05) as scored using revised SFA (**Figure 2A**). In addition to cartilage lesions,
300 the joints of all older adult pigs animals, and the majority (75%) of 80 week adult pigs
301 exhibited bony nodules, indicative of osteophyte formation (**Figure 2D**). However,
302 notably, joint damage, even in the older adult pigs was lower than that observed in
303 end-stage human knee OA (Collin's grade= 10.0 ± 1.1; SFA=106.4 ± 10.8).

304 In order to further examine the pathology of these lesions we prepared cryosections
305 of femoral condyle cartilage from n=8 adult pigs which exhibited varying degrees of
306 joint damage, and stained the cartilage proteoglycans with Safranin O. As expected,
307 proteoglycan staining was appreciably lower in the cartilage sections prepared from
308 pig joints that exhibited higher chondropathy scores (**Figure 3A**). We then assessed
309 the relationship between proteoglycan degradation and joint damage by preparing
310 cartilage explants from n=7 adult pigs with varying degrees of joint damage (femoral
311 condyle SFA= 1.4, 2.1, 3.2, 7.6, 11.2, 13.4 and 30.5) and measuring the release of
312 sGAGs, compared to non-damaged cartilage explant. Due to the requirement to
313 obtain full thickness cartilage explants of the same size (50 mm diameter) we did not
314 determine sGAG release from explants of joints with higher chondropathy scores.
315 Therefore, a limitation is that we have not assessed the relationship between
316 cartilage explant sGAG release across the full range of joint damage scores in these
317 animals. Nevertheless, the relative release of sGAGs was positively correlated with
318 both Collin's grade ($r^2=0.791$, $p<0.01$) and revised SFA score ($r^2 = 0.733$, $p<0.05$)
319 (**Figure 3B**).

320

321 **Cytokine stimulation of primary porcine chondrocytes and cartilage explant**
322 **induces IL-6 release and proteoglycan degradation**

323 Since human OA cartilage degeneration has been attributed to the hypertrophy and
324 increased proliferative activity of chondrocytes, we first examined whether
325 chondrocytes from the damaged joints of older adult pigs exhibited a greater
326 proliferative capacity. Comparing primary porcine chondrocytes isolated from older
327 adult pigs with those isolated from juvenile animals, there was no difference in
328 proliferation rate (**Figure 4A**). However, similar to primary human chondrocytes,
329 upon 2D culture porcine primary cells rapidly adopted a fibroblast-like morphology
330 (**Figure 4B**) and exhibited a significantly lower ratio of COL2A1 to COL1A1
331 expression compared to cartilage (**Figure 4C**; $p < 0.05$), suggesting that the porcine
332 chondrocyte phenotype is not maintained in culture.

333 Next in porcine femoral condyle cartilage explants and isolated porcine chondrocytes
334 obtained from older adult animals, we examined their utility as *ex-vivo* and *in vitro*
335 OA models by determining the effect of putative pro-inflammatory drivers of OA
336 cartilage degeneration on the release of the pro-inflammatory cytokine IL-6 (by
337 ELISA) and sGAG release (by DMMB assay). Stimulation for 24 h of primary
338 porcine chondrocytes with either recombinant porcine IL-1 β (0.1 ng/ml to 3 ng/ml) or
339 recombinant visfatin (500 ng/ml) significantly increased IL-6 secretion, compared to
340 unstimulated control (**Figure 4D**). Similarly, 24 h stimulation of porcine cartilage
341 explants with either recombinant IL-1 β (0.1 ng/ml to 1 ng/ml) or visfatin (500 ng/ml)
342 significantly induced IL-6 secretion (**Figure 4E**), compared to unstimulated control
343 cells. In addition, 24 h stimulation of porcine cartilage explant with IL-1 β significantly
344 induced the release of sGAGs (**Figure 4F**).

345

346 **Porcine subchondral osteoblasts from OA damaged joints exhibit reduced**
347 **proliferative and metabolic capacities and reduced ability to mineralise**

348 The presence of bony nodules in adult animals indicated the involvement of bone in
349 the development of joint problems in the pig. In human OA, the presence of
350 osteophytes and changes to the subchondral bone trabecular structure has been
351 attributed to an altered osteoblast phenotype [30] . Therefore, we next compared the
352 phenotype of osteoblasts isolated from both damaged and non-damaged joints from
353 both adult and older adult pigs.

354 The proliferative rate of osteoblasts obtained from non-damaged adult joints was
355 significantly ($p < 0.01$) greater than in osteoblasts from the older adult damaged joints
356 (**Figure 5A**). In addition, the osteoblasts from non-damaged adult joints, but not
357 osteoblasts from the damaged older adult joints, were able to form mineralised bone
358 nodules over 21 d culture as noted by positive staining of mineral with Alizarin red
359 (**Figure 5B**). Furthermore, while not statistically significant, a trend for osteoblasts
360 from damaged older adult joints to exhibit greater ALP activity than osteoblasts from
361 adult non-damaged joints was observed ($P = 0.09$; **Figure 5C**).

362 To investigate this further, we next examined mitochondrial activity by determining
363 both mitochondrial ATP production and citrate synthase activity in osteoblasts from
364 damaged and non-damaged joints collected either adult or older adult pigs. There
365 was a highly significant ($p < 0.01$) effect of joint damage on both mitochondrial ATP
366 production (**Figure 5D**) and citrate synthase activity (**Figure 5E**), with osteoblasts
367 from damaged joints exhibiting reduced mitochondrial ATP production and citrate
368 synthase activity, compared to osteoblasts from non-damaged joints, in both adult
369 and older adult pigs.

370

371 **Discussion**

372 This study is the first to report the temporal and spontaneous development of OA in
373 the femorotibial joint of the commercial pig and its association with behavioural pain.
374 Furthermore, for the first time we provide evidence of impaired proliferative,
375 metabolic and mineralisation capacity of subchondral osteoblasts from OA damaged
376 joints in the pig.

377 Examination of porcine femorotibial joints by two different chondropathy scoring
378 systems (revised SFA and Collin's grade) revealed that commercial pigs develop
379 osteoarthritic lesions in their femorotibial joints early in their lifespan. Importantly,
380 significantly greater total cartilage damage was observed on the medial side of the
381 joint compared to the lateral compartments in the older adult pigs, as often observed
382 in the development of human OA knee which has been attributed to gait [10].

383 Similarly to human OA, articular cartilage from damaged pig joints exhibited lower
384 proteoglycan content than that collected from non-damaged joints. In human OA,
385 cartilage proteoglycan matrix degradation is attributed to the proliferation and
386 hypertrophy of chondrocytes. In this study, we observed no difference in the
387 proliferative capacity of porcine primary chondrocytes isolated from juvenile joints
388 compared to chondrocytes isolated from damaged older adult pig joints. However,
389 similarly to human OA chondrocytes [31-33] porcine chondrocytes rapidly de-
390 differentiated in culture, exhibiting a fibroblast-like morphology and expressed
391 significantly lower type II collagen compared to porcine cartilage.

392 In addition to cartilage damage, the joints of adult pigs exhibited bony nodules
393 indicative of osteophyte formation and aberrant subchondral bone remodelling [34].
394 Evidence of abnormalities in the subchondral bone early in the development of joint
395 damage in the pig adds further weight to the role of bone in the initiation and

396 progression of OA [2, 35, 36]. In human OA, the appearance of bony spurs can be
397 seen on radiographs of the diseased joint, whilst MRI analysis has shown that the
398 presence of bone marrow lesions in subchondral bone are associated with the
399 progression of cartilage loss [37, 38] and pain [39, 40]. Further analysis by MicroCT
400 has shown that the subchondral bone in OA is under-mineralised but has thicker
401 trabeculae [41], suggestive of accelerated bone turnover. In addition to our findings
402 in the pig, changes to the subchondral bone have been reported during the
403 spontaneous development of OA in the Dunkin Hartley guinea pig [42], where bone
404 changes were found to occur prior to significant cartilage loss [43].

405 In this study, further evidence for the involvement of bone in the spontaneous
406 development of OA in the pig was observed upon analysis of isolated porcine
407 osteoblasts from the subchondral bone tissue of damaged joints and non-damaged
408 joints. Both proliferative and mineralisation capacity was found to be impaired in
409 osteoblasts from damaged joints of older adult animals compared to osteoblasts
410 from younger non-damaged joints. Conversely, osteoblasts from damaged joints of
411 older adult animals exhibited greater ALP activity compared to osteoblasts from
412 younger non-damaged joints. It is important to note however, that we did not
413 compare the proliferative activity of osteoblasts from damaged and non-damaged
414 joints within the same age group. We cannot therefore be certain whether this
415 impaired proliferative osteoblast phenotype is due to age or disease. However, this
416 “damaged” porcine osteoblast phenotype has similarities to the human OA
417 osteoblast phenotype. For example, human OA subchondral osteoblasts have
418 elevated ALP activity, compared to non-OA osteoblasts [44]. Furthermore, Sanchez
419 et al [45] have found that osteoblasts from regions of sclerotic subchondral bone
420 tissue exhibit greater ALP activity and reduced mineralization, compared to non-

421 sclerotic osteoblasts from OA joints. This high ALP activity but lower mineralisation
422 capacity in OA osteoblasts has been attributed to the potential accumulation of
423 pyrophosphate (PPi) activating ALP, whilst being a potent inhibitor of
424 hydroxyapatite crystal formation [45].

425 It has previously been proposed that the phenotype of elevated ALP coupled with
426 reduced mineralisation in OA osteoblasts indicates that subchondral bone
427 osteoblasts undergo incomplete differentiation in human OA [46]. Since
428 mitochondrial activity plays a critical role in osteoblast differentiation [47, 48] it is
429 notable that we found that osteoblasts from damaged pig joints exhibited significantly
430 lower mitochondrial ATP production than osteoblasts from non-damaged joints.
431 Mitochondrial activity has been implicated as a mediator of OA pathology [49, 50].
432 Indeed, reduced mitochondrial activity in OA chondrocytes has been implicated in
433 cartilage damage [51]. Currently, despite mitochondrial activity being central to
434 osteoblast differentiation, studies investigating mitochondria in OA osteoblasts are
435 lacking. However, osteoblast mitochondrial dysfunction has been identified as an
436 important factor in the pathogenesis of osteoporosis [52]. Our finding that citrate
437 synthase activity was also reduced in osteoblasts from damaged pig joints suggests
438 joint damage in the pig was associated with a reduction in subchondral osteoblast
439 mitochondrial number, rather than osteoblast mitochondrial dysfunction.

440 In addition to the spontaneous development of OA joint damage, the commercial pig
441 represents an excellent tissue source for *in vitro* and *ex-vivo* OA models. Indeed,
442 cultured osteoblasts retained a “damaged” dysfunctional phenotype *in vitro*.
443 Furthermore, although isolated chondrocytes rapidly de-differentiated upon 2D
444 culture, both chondrocytes and cartilage explants were highly responsive to
445 stimulation with pro-inflammatory putative OA drivers including IL-1 β and visfatin,

446 with a rapid quantitative secretion of IL-6, and sGAG release. Critically, such studies
447 on human cartilage most often utilise tissue from end-stage OA patients where the
448 cartilage is highly degraded. Therefore, the availability of sufficient quantity of
449 relatively healthy cartilage tissue that behaves in a similar manner may represent a
450 useful tissue source for conducting studies that better represent early OA initiation.
451 The use of the commercial pig as a spontaneous model of OA has some limitations.
452 Pigs can develop osteochondrosis (OC), which commonly occurs in fast growing
453 animals and can lead to the development of OA which is secondary [53]. Also, while
454 the Large white x Landrace x Duroc, as used in the current study, is commonly
455 utilized for commercial purposes, it is feasible that differences in the development of
456 OA could be seen between different genotypes of pig. A limitation of the current
457 study is the narrow range of recombinant proteins considered in our ex vivo assays.
458 The response of cartilage explants from the pig femorotibial joint to alternative
459 proteins implicated in the etiology of human osteoarthritis remains to be confirmed.
460 Furthermore, the cytokine stimulations of porcine chondrocytes and cartilage explant
461 were conducted in full serum culture media. This was done in order to mimic
462 previous studies in on cytokine stimulation of human cartilage and human
463 chondrocytes [54, 55]. However, it should be noted that Bian et al. showed that
464 cartilage explant cultured in full-serum exhibited 70% greater degradation over the
465 course of 2 weeks compared to cartilage in serum-free media [56]. Finally, it
466 remains to be determined whether histological examination of the subchondral bone
467 of the pig femorotibial joint will reveal similar pathophysiological changes as evident
468 in humans.

469

470 **Conclusion**

471 The commercial pig spontaneously develops behavioural pain and OA joint damage
472 in the femorotibial joint with evidence of cartilage lesions in the femoral condyles and
473 tibial plateau and metabolically dysfunctional subchondral bone osteoblasts. The
474 commercial pig may therefore provide an alternative preclinical model of OA and a
475 highly useful source of joint tissue for *in vitro* and *ex vivo* OA models.

476

477 **Abbreviations**

478 OA: osteoarthritis; DMOADs: disease modifying OA drugs; SFA: Système Française
479 D'Arthroscopie; AWERB: Animal Welfare Ethical Review Body; DMMB: 1,9-
480 dimethylmethylene blue; sGAG: Sulphated glycosaminoglycan; ALP: Alkaline
481 Phosphatase; pNNP: *p*-nitrophenylphosphate. FCL: Femoral condoyle – lateral
482 surface; FCM: Femoral condoyle – medial surface; TPL: Tibial plateau – lateral
483 surface; TPM: Tibial plateau – medial surface.

484

485 **Declarations**

486 **Ethics approval and consent to participate**

487 This study was approved by the University of Nottingham Animal Welfare Ethical
488 Review Body (AWERB). The collection and use of human OA joint tissue was
489 approved by the National Research Ethics Committee (NRES 13/NE/0222) and
490 written informed consent was obtained from patients.

491

492 **Consent to publish**

493 Not applicable

494

495 **Availability of data and materials**

496 The datasets supporting the conclusions of this article are included within the article.
497 If you wish to obtain access for the underlying material please contact the
498 corresponding author to discuss your request in detail.

499

500 **Competing interests**

501 Dr Simon Jones is a member of the Editorial Board of BMC Musculoskeletal
502 Disorders. The authors declare that they have no other competing interests

503

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508 the writing of the manuscript, or the decision to publish.

509

510 **Authors' contributions**

511 MM performed data collection, analysis of data and drafted the manuscript. ZD
512 performed data collection, analysis of data. SK performed data collection and
513 analysis of data. TP, JMB, AJM and SWJ conceived and designed the study,
514 analysed the data and wrote the manuscript. All authors approved the final
515 manuscript.

516

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520

521 **REFERENCES**

- 522 1. Murray CJ, Richards MA, Newton JN, Fenton KA, Anderson HR, Atkinson C, Bennett D,
523 Bernabe E, Blencowe H, Bourne R *et al*: UK health performance: findings of the Global
524 Burden of Disease Study 2010. *Lancet* 2013, 381(9871):997-1020.
- 525 2. Tonge DP, Pearson MJ, Jones SW: The hallmarks of osteoarthritis and the potential to
526 develop personalised disease-modifying pharmacological therapeutics. *Osteoarthritis*
527 *Cartilage* 2014, 22(5):609-621.
- 528 3. Philp AM, Davis ET, Jones SW: Developing anti-inflammatory therapeutics for patients
529 with osteoarthritis. *Rheumatology (Oxford)* 2017, 56(6):869-881.
- 530 4. Chen A, Gupte C, Akhtar K, Smith P, Cobb J: The Global Economic Cost of Osteoarthritis:
531 How the UK Compares. *Arthritis* 2012, 2012:698709.
- 532 5. Cross M, Smith E, Hoy D, Nolte S, Ackerman I, Fransen M, Bridgett L, Williams S,
533 Guillemin F, Hill CL *et al*: The global burden of hip and knee osteoarthritis: estimates
534 from the global burden of disease 2010 study. *Ann Rheum Dis* 2014, 73(7):1323-1330.
- 535 6. Thysen S, Luyten FP, Lories RJ: Targets, models and challenges in osteoarthritis
536 research. *Dis Model Mech* 2015, 8(1):17-30.
- 537 7. Brandt KD, Braunstein EM, Visco DM, O'Connor B, Heck D, Albrecht M: Anterior (cranial)
538 cruciate ligament transection in the dog: a bona fide model of osteoarthritis, not merely
539 of cartilage injury and repair. *J Rheumatol* 1991, 18(3):436-446.
- 540 8. Culley KL, Dragomir CL, Chang J, Wondimu EB, Coico J, Plumb DA, Otero M, Goldring MB:
541 Mouse models of osteoarthritis: surgical model of posttraumatic osteoarthritis induced
542 by destabilization of the medial meniscus. *Methods Mol Biol* 2015, 1226:143-173.
- 543 9. Glasson SS, Blanchet TJ, Morris EA: The surgical destabilization of the medial meniscus
544 (DMM) model of osteoarthritis in the 129/SvEv mouse. *Osteoarthritis Cartilage* 2007,
545 15(9):1061-1069.
- 546 10. Bendele AM: Animal models of osteoarthritis. *J Musculoskelet Neuronal Interact* 2001,
547 1(4):363-376.
- 548 11. Mak IWY, Evaniew N, Ghert M: Lost in translation: animal models and clinical trials in
549 cancer treatment. *Am J Transl Res* 2014, 6(2):114-118.
- 550 12. Jimenez PA, Glasson SS, Trubetskoy OV, Haimes HB: Spontaneous osteoarthritis in
551 Dunkin Hartley guinea pigs: histologic, radiologic, and biochemical changes. *Lab Anim*
552 *Sci* 1997, 47(6):598-601.
- 553 13. Tonge DP, Bardsley RG, Parr T, Maciewicz RA, Jones SW: Evidence of changes to skeletal
554 muscle contractile properties during the initiation of disease in the ageing guinea pig
555 model of osteoarthritis. *Longev Healthspan* 2013, 2(1):15.
- 556 14. McIlwraith CW, Frisbie DD, Kawcak CE: The horse as a model of naturally occurring
557 osteoarthritis. *Bone Joint Res* 2012, 1(11):297-309.
- 558 15. Liu W, Burton-Wurster N, Glant TT, Tashman S, Sumner DR, Kamath RV, Lust G, Kimura
559 JH, Cs-Szabo G: Spontaneous and experimental osteoarthritis in dog: similarities and
560 differences in proteoglycan levels. *J Orthop Res* 2003, 21(4):730-737.
- 561 16. Jorgensen B, Sorensen MT: Different rearing intensities of gilts: II. Effects on subsequent
562 leg weakness and longevity. *Livest Prod Sci* 1998, 54(2):167-171.
- 563 17. Royal JM, Settle TL, Bodo M, Lombardini E, Kent ML, Upp J, Rothwell SW: Assessment of
564 postoperative analgesia after application of ultrasound-guided regional anesthesia for
565 surgery in a swine femoral fracture model. *J Am Assoc Lab Anim Sci* 2013, 52(3):265-
566 276.
- 567 18. Walsh DA, Yousef A, McWilliams DF, Hill R, Hargin E, Wilson D: Evaluation of a
568 Photographic Chondropathy Score (PCS) for pathological samples in a study of
569 inflammation in tibiofemoral osteoarthritis. *Osteoarthritis Cartilage* 2009, 17(3):304-
570 312.
- 571 19. Hopwood B, Tsykin A, Findlay DM, Fazzalari NL: Microarray gene expression profiling of
572 osteoarthritic bone suggests altered bone remodelling, WNT and transforming growth
573 factor-beta/bone morphogenic protein signalling. *Arthritis Res Ther* 2007, 9(5):R100.

- 574 20. Kuettner KE, Cole AA: Cartilage degeneration in different human joints. *Osteoarthritis*
575 *Cartilage* 2005, 13(2):93-103.
- 576 21. Ayral X, Gueguen A, Lustrat V, Bahuaud J, Beaufils P, Beguin J, Bonvarlet JP, Boyer T,
577 Coudane H, Delaunay C *et al*: [Proposal of a simplified arthroscopic score of cartilage
578 lesions of the knee (simplified SFA score)]. *Rev Rhum Ed Fr* 1994, 61(2):97-99.
- 579 22. Dougados M, Ayral X, Lustrat V, Gueguen A, Bahuaud J, Beaufils P, Beguin JA, Bonvarlet JP,
580 Boyer T, Coudane H *et al*: The SFA system for assessing articular cartilage lesions at
581 arthroscopy of the knee. *Arthroscopy* 1994, 10(1):69-77.
- 582 23. Ravaut P, Giraudeau B, Auleley GR, Chastang C, Poiraudou S, Ayral X, Dougados M:
583 Radiographic assessment of knee osteoarthritis: reproducibility and sensitivity to
584 change. *J Rheumatol* 1996, 23(10):1756-1764.
- 585 24. Schmitz N, Laverty S, Kraus VB, Aigner T: Basic methods in histopathology of joint
586 tissues. *Osteoarthritis Cartilage* 2010, 18 Suppl 3:S113-116.
- 587 25. Chang J, Jackson SG, Wardale J, Jones SW: Hypoxia modulates the phenotype of
588 osteoblasts isolated from knee osteoarthritis patients, leading to undermineralized bone
589 nodule formation. *Arthritis Rheumatol* 2014, 66(7):1789-1799.
- 590 26. Burkhardt D, Hwa SY, Ghosh P: A novel microassay for the quantitation of the sulfated
591 glycosaminoglycan content of histological sections: its application to determine the
592 effects of Diacerhein on cartilage in an ovine model of osteoarthritis. *Osteoarthritis*
593 *Cartilage* 2001, 9(3):238-247.
- 594 27. Bradford MM: A rapid and sensitive method for the quantitation of microgram
595 quantities of protein utilizing the principle of protein-dye binding. *Anal Biochem* 1976,
596 72:248-254.
- 597 28. Gregory CA, Gunn WG, Peister A, Prockop DJ: An Alizarin red-based assay of
598 mineralization by adherent cells in culture: comparison with cetylpyridinium chloride
599 extraction. *Anal Biochem* 2004, 329(1):77-84.
- 600 29. Deuis JR, Dvorakova LS, Vetter I: Methods Used to Evaluate Pain Behaviors in Rodents.
601 *Front Mol Neurosci* 2017, 10:284.
- 602 30. Maruotti N, Corrado A, Cantatore FP: Osteoblast role in osteoarthritis pathogenesis. *J Cell*
603 *Physiol* 2017, 232(11):2957-2963.
- 604 31. Benya PD, Padilla SR, Nimni ME: Independent regulation of collagen types by
605 chondrocytes during the loss of differentiated function in culture. *Cell* 1978, 15(4):1313-
606 1321.
- 607 32. Cooke M, Pearson MJ, Williams RL, Grover LM, Jones SW: Characterisation of the
608 Biochemical and Biophysical Properties of Biomimetic Cartilage Models. *Osteoarthr*
609 *Cartilage* 2016, 24:S172-S173.
- 610 33. von der Mark K, Gauss V, von der Mark H, Muller P: Relationship between cell shape and
611 type of collagen synthesised as chondrocytes lose their cartilage phenotype in culture.
612 *Nature* 1977, 267(5611):531-532.
- 613 34. Kuyinu EL, Narayanan G, Nair LS, Laurencin CT: Animal models of osteoarthritis:
614 classification, update, and measurement of outcomes. *J Orthop Surg Res* 2016, 11:19.
- 615 35. Radin EL: Subchondral bone changes and cartilage damage. *Equine Vet J* 1999, 31(2):94-
616 95.
- 617 36. Radin EL, Abernethy PJ, Townsend PM, Rose RM: The role of bone changes in the
618 degeneration of articular cartilage in osteoarthrosis. *Acta Orthop Belg* 1978, 44(1):55-
619 63.
- 620 37. Felson DT, McLaughlin S, Goggins J, LaValley MP, Gale ME, Totterman S, Li W, Hill C, Gale
621 D: Bone marrow edema and its relation to progression of knee osteoarthritis. *Ann Intern*
622 *Med* 2003, 139(5 Pt 1):330-336.
- 623 38. Hunter DJ, Zhang Y, Niu J, Goggins J, Amin S, LaValley MP, Guermazi A, Genant H, Gale D,
624 Felson DT: Increase in bone marrow lesions associated with cartilage loss: a longitudinal
625 magnetic resonance imaging study of knee osteoarthritis. *Arthritis Rheum* 2006,
626 54(5):1529-1535.

- 627 39. Neogi T: Clinical significance of bone changes in osteoarthritis. *Ther Adv Musculoskelet*
628 *Dis* 2012, 4(4):259-267.
- 629 40. Felson DT, Chaisson CE, Hill CL, Totterman SM, Gale ME, Skinner KM, Kazis L, Gale DR:
630 The association of bone marrow lesions with pain in knee osteoarthritis. *Ann Intern Med*
631 2001, 134(7):541-549.
- 632 41. Hunter DJ, Gerstenfeld L, Bishop G, Davis AD, Mason ZD, Einhorn TA, Maciewicz RA,
633 Newham P, Foster M, Jackson S *et al*: Bone marrow lesions from osteoarthritis knees are
634 characterized by sclerotic bone that is less well mineralized. *Arthritis Res Ther* 2009,
635 11(1):R11.
- 636 42. Anderson-MacKenzie JM, Quasnichka HL, Starr RL, Lewis EJ, Billingham ME, Bailey AJ:
637 Fundamental subchondral bone changes in spontaneous knee osteoarthritis. *Int J*
638 *Biochem Cell Biol* 2005, 37(1):224-236.
- 639 43. Quasnichka HL, Anderson-MacKenzie JM, Bailey AJ: Subchondral bone and ligament
640 changes precede cartilage degradation in guinea pig osteoarthritis. *Biorheology* 2006,
641 43(3,4):389-397.
- 642 44. Hilal G, Martel-Pelletier J, Pelletier JP, Ranger P, Lajeunesse D: Osteoblast-like cells from
643 human subchondral osteoarthritic bone demonstrate an altered phenotype in vitro:
644 possible role in subchondral bone sclerosis. *Arthritis Rheum* 1998, 41(5):891-899.
- 645 45. Sanchez C, Deberg MA, Bellahcene A, Castronovo V, Msika P, Delcour JP, Crielaard JM,
646 Henrotin YE: Phenotypic characterization of osteoblasts from the sclerotic zones of
647 osteoarthritic subchondral bone. *Arthritis Rheum* 2008, 58(2):442-455.
- 648 46. Couchourel D, Aubry I, Delalandre A, Lavigne M, Martel-Pelletier J, Pelletier JP,
649 Lajeunesse D: Altered mineralization of human osteoarthritic osteoblasts is attributable
650 to abnormal type I collagen production. *Arthritis Rheum* 2009, 60(5):1438-1450.
- 651 47. Gao J, Feng Z, Wang X, Zeng M, Liu J, Han S, Xu J, Chen L, Cao K, Long J *et al*: SIRT3/SOD2
652 maintains osteoblast differentiation and bone formation by regulating mitochondrial
653 stress. *Cell Death Differ* 2018, 25(2):229-240.
- 654 48. Tejerina S, De Pauw A, Vankoningsloo S, Houbion A, Renard P, De Longueville F, Raes M,
655 Arnould T: Mild mitochondrial uncoupling induces 3T3-L1 adipocyte de-differentiation
656 by a PPARgamma-independent mechanism, whereas TNFalpha-induced de-
657 differentiation is PPARgamma dependent. *J Cell Sci* 2009, 122(Pt 1):145-155.
- 658 49. Blanco FJ, Rego I, Ruiz-Romero C: The role of mitochondria in osteoarthritis. *Nat Rev*
659 *Rheumatol* 2011, 7(3):161-169.
- 660 50. Johnson K, Jung A, Murphy A, Andreyev A, Dykens J, Terkeltaub R: Mitochondrial
661 oxidative phosphorylation is a downstream regulator of nitric oxide effects on
662 chondrocyte matrix synthesis and mineralization. *Arthritis Rheum* 2000, 43(7):1560-
663 1570.
- 664 51. Maneiro E, Martin MA, de Andres MC, Lopez-Armada MJ, Fernandez-Sueiro JL, del Hoyo
665 P, Galdo F, Arenas J, Blanco FJ: Mitochondrial respiratory activity is altered in
666 osteoarthritic human articular chondrocytes. *Arthritis Rheum* 2003, 48(3):700-708.
- 667 52. Ding G, Zhao J, Jiang D: Allicin inhibits oxidative stress-induced mitochondrial
668 dysfunction and apoptosis by promoting PI3K/AKT and CREB/ERK signaling in
669 osteoblast cells. *Exp Ther Med* 2016, 11(6):2553-2560.
- 670 53. Pascual-Garrido C, McNickle AG, Cole BJ: Surgical treatment options for osteochondritis
671 dissecans of the knee. *Sports Health* 2009, 1(4):326-334.
- 672 54. Jones SW, Brockbank SM, Clements KM, Le Good N, Campbell D, Read SJ, Needham MR,
673 Newham P: Mitogen-activated protein kinase-activated protein kinase 2 (MK2)
674 modulates key biological pathways associated with OA disease pathology. *Osteoarthritis*
675 *Cartilage* 2009, 17(1):124-131.
- 676 55. Jones SW, Brockbank SM, Mobbs ML, Le Good NJ, Soma-Haddrick S, Heuze AJ, Langham
677 CJ, Timms D, Newham P, Needham MR: The orphan G-protein coupled receptor RDC1:
678 evidence for a role in chondrocyte hypertrophy and articular cartilage matrix turnover.
679 *Osteoarthritis Cartilage* 2006, 14(6):597-608.

680 56. Bian L, Lima EG, Angione SL, Ng KW, Williams DY, Xu D, Stoker AM, Cook JL, Ateshian GA,
681 Hung CT: Mechanical and biochemical characterization of cartilage explants in serum-
682 free culture. *J Biomech* 2008, 41(6):1153-1159.

683

684

685 **Figure legends:**

686 **Figure 1. Development of lameness as a marker of behavioural pain.**

687 A scoring system was used to assess lameness as a marker of behavioural pain.

688 **(A)** Comparison of median lameness score in juvenile (n=6 animals), 80 wk adult
689 (n=6 animals) and older adult (n=7 animals) pigs. * = p < 0.05, significantly different
690 from juvenile lameness score as determined by Kruskal-Wallis non-parametric test
691 with Dunn's post-hoc test. **(B)** Median lameness score in adult pigs across an 16
692 week timespan from age 64 to 80 wk old (n= 6 animals). ** = p < 0.01, significant
693 change in median score over time as determined by Kruskal-Wallis test.

694

695 **Figure 2. Spontaneous development of joint damage in the commercial pig**

696 **(A)** Median total and joint compartment chondropathy score of femoral condyle and
697 tibial plateau joints using Collin's grading and Revised SFA in juvenile (white boxes,
698 n=6), adult (light grey boxes, n=14) and older adult (dark grey boxes, n=7) pigs. * =
699 p < 0.05; ** = p < 0.01; *** = p < 0.001 significantly different compared to juvenile
700 animals. ψ = p < 0.05 significantly different between medial and lateral compartment
701 within same age group, as determined using Kruskal-Wallis non-parametric test. **(B)**
702 Representative images of femoral condyle joints from juvenile, adult, and older adult
703 animals. **(C)** Evidence of Grade II and Grade III cartilage lesions in femoral condyles
704 of older adult pigs. **(D)** Evidence of bony nodules in adult pigs. FCM= femoral
705 condyle medial, FCL=femoral condyle lateral, TPM=tibital plateau medial, TPL=tibial
706 plateau lateral.

707

708 **Figure 3. Areas of cartilage damage exhibit proteoglycan loss.**

709 (A) Representative images (10X magnification) of Safranin O staining of
710 proteoglycan in femoral medial condyle cryosections from n=8 adult pigs with varying
711 signs of joint damage. White numbers represent SFA of the femoral condyle joint
712 (medial plus lateral). Yellow numbers represent the SFA score of the whole joint
713 (femoral condyle and tibial plateau). (B) Correlation between chondropathy scoring
714 (SFA and Collins) and sGAG release from femoral condyle cartilage explants
715 prepared from n=7 adult pig joints. sGAG release was measured by DMMB assay
716 and is expressed as the relative fold difference in damaged cartilage compared to
717 healthy undamaged control cartilage explant. r = Pearson's correlation coefficient.

718

719 **Figure 4. Characterisation of porcine chondrocytes and cartilage explant**

720 (A) Proliferation of primary porcine chondrocytes isolated from juvenile (n=6) and
721 older adult pigs (n=6). Proliferation was determined by MTS assay over a
722 timecourse of 14 days. (B) Representative light microscope image (6.3X
723 magnification) of porcine chondrocytes in 2D culture showing fibroblast-like
724 morphology. (C) mRNA expression of type I and Type II collagen in primary porcine
725 chondrocytes (n=6 animals) compared to non-damaged porcine cartilage explant
726 (n=5 animals), from older adult pigs. Expression was determined by qRT-PCR
727 normalised to total cDNA concentration. (D) Secretion of IL-6 from porcine primary
728 chondrocytes from older adult pigs (n=6) stimulated for 24 h with recombinant IL-1 β
729 (0.1-3 ng/ml) or recombinant visfatin (500 ng/ml). IL-6 in cell supernatants was
730 measured by ELISA. * = $p < 0.05$; *** = $p < 0.001$ significantly different from un-
731 stimulated control chondrocytes. Bars represent mean \pm SEM (n=6). (E) Secretion

732 of IL-6 from porcine non-damaged cartilage explants from older adult pigs stimulated
733 for 24 h with recombinant IL-1 β (0.1-10 ng/ml) or recombinant visfatin (500 mg/ml) as
734 measured by ELISA. * = p<0.05; *** = p<0.001 significantly different from un-
735 stimulated control explants. Bars represent mean \pm SEM (n=20 explants per
736 stimulant). **(F)** Detection of sulphated glycosaminoglycan (sGAG) proteoglycan side-
737 chain upon 24 h stimulation of porcine non-damaged cartilage explant from older
738 adult pigs with recombinant IL-1B. sGAG detected by DMMB assay. * = p<0.05; ***
739 = p<0.001 significantly different from un-stimulated control explants. Bars represent
740 mean \pm SEM (n=20 explants per stimulant)

741

742 **Figure 5: (A)** Proliferation of osteoblasts obtained from non-damaged adult and
743 damaged older adult pig joints measured over a 14 day time period by MTS assay.
744 Data points represent the mean cell number \pm SEM (n=3). **(B)** Representative light
745 microscope images of alizarin red stained osteoblasts isolated from non-damaged
746 adult and damaged older adult joints. **(C)** ALP activity isolated from non-damaged
747 adult (n=3 animals) and damaged older adult joints (n=3 animals). Values represent
748 mean ALP activity \pm SEM. **(D)** Maximal mitochondrial ATP production in osteoblasts
749 obtained from adult (n=3 non-damaged; n=3 damaged) and older adult (n=3 non-
750 damaged; n=3 damaged) pig joints. ** = p<0.01. Bars represent mean \pm SEM. **(E)**
751 Citrate synthase activity in osteoblasts obtained from adult (n=3 non-damaged; n=3
752 damaged) and older adult (n=3 non-damaged; n=3 damaged) pig joints. Bars
753 represent mean \pm SEM. ** = p<0.01, *** = p<0.001.

754

755 **Additional Files**

756 Supplementary Table 1: Scoring of behavioural pain aspects

757