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**Treatment response of ethyl pyruvate in a mouse model of chronic obstructive pulmonary disease studied by hyperpolarized <sup>129</sup>Xe MRI**

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3 **Treatment response of ethyl pyruvate in a mouse model of chronic obstructive**  
4 **pulmonary disease studied by hyperpolarized  $^{129}\text{Xe}$  MRI**  
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8 Atsuomi Kimura,\*<sup>1</sup> Yukiko Yamauchi,<sup>1</sup> Shota Hodono,<sup>1</sup> Neil James Stewart,<sup>2</sup> Osamu  
9  
10 Hosokawa,<sup>1</sup> Yu Hagiwara,<sup>1</sup> Hirohiko Imai,<sup>3</sup> and Hideaki Fujiwara<sup>1</sup>  
11  
12

13  
14 <sup>1</sup> Department of Medical Physics and Engineering, Division of Medical Technology  
15 and Science, Faculty of Health Science, Graduate School of Medicine, Osaka  
16  
17 University  
18  
19

20  
21 <sup>2</sup> Academic Unit of Radiology, University of Sheffield, Sheffield, South Yorkshire, UK  
22

23  
24 <sup>3</sup> Research and Educational Unit of Leaders for Integrated Medical System, Center for  
25 the Promotion of Interdisciplinary Education and Research, Kyoto University, Kyoto,  
26  
27 Japan  
28  
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44 \*Corresponding author: Atsuomi Kimura, PhD, Department of Medical Physics and  
45 Engineering, Division of Medical Technology and Science, Faculty of Health Science,  
46 Graduate School of Medicine, Osaka University, 1-7 Yamadaoka, Suita, Osaka  
47  
48 565-0871, Japan,  
49

50  
51 Phone: +81-6-6879-2478, E-mail: [kimura@sahs.med.osaka-u.ac.jp](mailto:kimura@sahs.med.osaka-u.ac.jp)  
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**ABSTRACT**

**Purpose:** To investigate disease progression and treatment response in a murine model of chronic obstructive pulmonary disease (COPD) using a preclinical hyperpolarized  $^{129}\text{Xe}$  (HPXe) MRI strategy.

**Methods:** COPD phenotypes were induced in 32 mice by 10 weeks of exposure to cigarette smoke (CS) and lipopolysaccharide (LPS). The efficacy of ethyl pyruvate (EP), an anti-inflammatory drug, was investigated by administering EP to 16 of the 32 mice after 6 weeks of CS and LPS exposure. HPXe MRI was performed to monitor changes in pulmonary function during disease progression and pharmacological therapy.

**Results:** HPXe metrics of fractional ventilation and gas-exchange function were significantly reduced after 6 weeks of CS and LPS exposure compared to sham-instilled mice administered with saline ( $P < 0.05$ ). After this observation, EP administration was started in 16 of the 32 mice and continued for 4 weeks. EP was found to improve HPXe MRI metrics to a similar level as in sham-instilled mice ( $P < 0.01$ ). Histological analysis showed significant alveolar tissue destruction in the COPD group, but relatively normal alveolar structure in the EP and sham-instilled groups.

**Conclusion:** This study demonstrates the potential efficacy of EP for COPD therapy, as assessed by a non-invasive, translatable  $^{129}\text{Xe}$  MRI procedure.

**Abstract word count:** 200

**Keywords:** Hyperpolarized  $^{129}\text{Xe}$  MRI, lung functional assessment, murine chronic obstructive pulmonary disease, treatment response, ethyl pyruvate

## INTRODUCTION

Chronic obstructive pulmonary disease (COPD), a heterogeneous lung disease characterized by both chronic airway inflammation and emphysematous alveolar tissue destruction, is predicted to be the third leading cause of death worldwide by 2020 (1). At present, pharmacological therapies for COPD have shown limited efficacy and thus the development of new therapeutic drugs is vital for improving patient outcomes (2). The use of appropriate animal models of COPD that adequately induce the key symptoms of the disease is indispensable for therapy development, and rodent models are especially important. In particular, preclinical studies with mice are often appropriate because a wide range of well-characterized disease models is available (3,4). As smoking and repeated lung infections are the primary causes of COPD, several murine COPD models have been developed by exposing mice to cigarette smoke. Despite certain models showing good reproducibility for inducing the two main phenotypes of COPD mentioned above, the lack of applicable methods for assessment and diagnosis of these disease models remains a limiting factor for preclinical studies. Most previous studies have relied on plethysmography and/or histology to evaluate the applicability of murine COPD models, necessitating a tracheostomy and/or mouse death for each examination (5,6) and hence making it difficult to evaluate drug efficacy repetitively and longitudinally. To help resolve this problem, non-invasive imaging techniques that allow the longitudinal assessment of disease progression and therapeutic efficacy of drugs in vivo are required.

MRI using hyperpolarized (HP) noble gases ( $^3\text{He}$  and  $^{129}\text{Xe}$ ) as contrast agents offers an attractive means to visualize and quantitatively evaluate pulmonary functional parameters such as ventilation and gas-exchange (7-9). In a number of studies in small animals and humans, pathological changes of these fundamental

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3 parameters have been investigated using HP gas MRI and quantitative measures of  
4 ventilation and gas-exchange dysfunction caused by COPD have been established  
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6 (10,11). HP  $^{129}\text{Xe}$  (HPXe) is a versatile contrast agent to evaluate drug efficacy in the  
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8 lungs because it allows not only imaging of ventilation, but also the assessment of  
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10 pulmonary gas-exchange, thanks to its solubility in pulmonary tissues and blood. To  
11  
12 this end, we have developed a continuous-flow mode polarizer for HPXe production  
13  
14 and have established non-invasive MRI procedures under spontaneous respiration for  
15  
16 the assessment of pulmonary function in mice (12,13). In this study, we apply our  
17  
18 HPXe methodology to explore the feasibility of a new drug for COPD therapy.  
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24 Ethyl pyruvate (EP), an anti-inflammatory agent, is a candidate for  
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26 pharmacological therapy of COPD. In recent years, EP has been shown to demonstrate  
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28 therapeutic efficacy in various animal models of lung diseases, such as acute lung  
29  
30 injury (ALI) and pulmonary arterial hypertension (PAH) (15-17). The therapeutic  
31  
32 efficacy of EP is attributed to its ability to regulate high-mobility group box protein-1  
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34 (HMGB1) release from innate immune cells, and to deactivate subsequent cytokine  
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36 production that would further stimulate inflammatory responses (18,19). HMGB1,  
37  
38 which is an abundant chromatin protein, may play a crucial role in pharmacological  
39  
40 therapy of COPD because it is known to not only trigger inflammatory responses but  
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42 also, paradoxically, to activate cells involved in tissue repair (20-24). HMGB1  
43  
44 functions by binding with the receptor for advanced glycation end products (RAGE)  
45  
46 and Toll-Like Receptors 2 and 4. In recent years, it has been shown that HMGB1 can  
47  
48 also initiate wound healing processes through binding with RAGE followed by  
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50 activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) signaling pathway  
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52 (23). RAGE is expressed in pulmonary tissues with relatively high basal levels (22),  
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54 and EP has been reported to activate the ERK1/2 signaling pathway (14). Thus, EP  
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3 shows considerable potential as a drug for lung tissue repair accompanied with  
4 anti-inflammatory responses through regulation of the HMGB1/RAGE pathway.  
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8 In the present study, we demonstrate the observation of disease progression in a  
9 mouse model of COPD induced by cigarette smoke (CS) exposure and  
10 lipopolysaccharide (LPS) instillation, as measured by HPXe MRI. Additionally, the  
11 efficacy of ethyl pyruvate (EP) for treatment of this COPD model is studied to assess  
12 the feasibility of this non-invasive imaging technique as a diagnostic method for early  
13 disease detection and therapy response evaluation in COPD.  
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## 23 **METHODS**

### 24 **Animal preparation**

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26 Thirty-seven male, 6-week-old, type ddY mice, weighing 30 – 35 g (Japan SLC, Inc.,  
27 Shizuoka, Japan) were included in this study. All experimental procedures and animal  
28 care standards conformed to Osaka University guidelines. Mice were divided into two  
29 groups: a sham-instilled group of N=5 mice and a CS and LPS group of N=32. The CS  
30 and LPS mice were further divided into 2 equal groups of 16 individuals. The two  
31 subgroups were separately administered with a combination of CS and LPS as follows.  
32 CS of approximately 2.1 L in volume resulting from one cigarette (Lark Milds: tar 9  
33 mg, nicotine 0.8 mg; Philip Morris International Inc., New York, USA) was collected  
34 into a Tedlar® bag (Sigma-Aldrich, St Louis, MO, USA). The mice in each subgroup  
35 were placed in a semi-sealed plastic container with a volume of 12.4 L and 9 airshafts  
36 of 5 mm inner diameter on its upper surface. CS was flowed from the Tedlar® bag into  
37 the container for 26 minutes at a rate of 40 mL/min. Following this, fresh room air was  
38 flowed into the container for 5 minutes (at 720 mL/min). This whole-body exposure  
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4 procedure was performed twice daily on five consecutive days within one week, and  
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6 repeated on a weekly basis as described below. On each fifth day, a 20  $\mu$ L solution of  
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8 LPS in saline (0.4 mg/kg, LPS in *Escherichia coli*, serotype O55:B5, Sigma-Aldrich,  
9  
10 St. Louis, MO, USA) was delivered intra-tracheally to the mice at least 2 hours prior  
11  
12 to the CS exposure. The sham-instilled mice were intra-tracheally administered with  
13  
14 20  $\mu$ L of saline on every fifth day in the same manner as the LPS administration.  
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18 Six weeks after commencing CS and LPS exposure, the two subgroups of CS and  
19  
20 LPS mice were assigned as follows: a pure CS and LPS group of N=16 mice and an  
21  
22 EP-treated group of N=16 mice. For the pure CS and LPS group, the same protocol of  
23  
24 CS and LPS administration was continued for a further 4 weeks. EP-treated mice were  
25  
26 intra-tracheally administered with a 20  $\mu$ L solution of EP in saline (1.3 mg/kg, Tokyo  
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28 Chemical Industry Ltd, Tokyo, Japan) on a daily basis for 4 weeks, in addition to the  
29  
30 continued administration of CS and LPS as detailed above. EP was always  
31  
32 administered after the CS and LPS exposure, separated by an interval of at least 2  
33  
34 hours. Therefore, in total, 10 weeks were required to completely prepare the CS and  
35  
36 LPS, and EP-treated groups. The sham-instilled mice were intra-tracheally  
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38 administered with 20  $\mu$ L of saline per day, every weekday, for this 4 week period, in  
39  
40 the same manner as the EP treatment. The survival rates of the whole 10-week  
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42 procedure were 75% for CS and LPS mice (12 out of 16 mice survived), 75% for  
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44 EP-treated mice (12 out of 16 mice survived), and 100 % for the sham-instilled group.  
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50 In all cases, prior to the instillation of saline, LPS or EP solution, mice were  
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52 anesthetized with 2% isoflurane (ISOFLU®, Dainippon Sumitomo Pharmaceutical Co.  
53  
54 Ltd, Osaka, Japan), which was administered via a nose cone using a home-built  
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56 anesthesia system connected to an isoflurane vaporizer (Isorex I-200, Shin-Ei  
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3 Industries, Inc., Tokyo, Japan). Subsequently, mice were intubated with a 22 G  
4 catheter (SURFLO® F&F, Terumo Corp., Tokyo, Japan) while positioned supine and  
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6 secured to a slanted wooden board, and then the saline, LPS or EP solution was  
7  
8 instilled.  
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12 MR measurements of sham-instilled and CS and LPS groups were performed at 0  
13 weeks (prior to the first administration) and 2, 6, 8 and 10 weeks after commencing the  
14 administration of CS and LPS. Similarly, MR measurements of the EP-treated group  
15 were performed at 0, 6, 8 and 10 weeks after commencing the administration of CS and  
16 LPS (i.e. -6, 0, 2 and 4 weeks from commencement of EP therapy). Immediately before  
17 all MR measurements, mice were anesthetized with 2% isoflurane as detailed above. A  
18 plastic mouth mask, to which three polyethylene tubes were connected (for HPXe gas  
19 delivery, O<sub>2</sub> delivery and exhaled gas exhaust), was attached to the animal prior to  
20 placement in the MR scanner. In order to synchronize image acquisitions with  
21 respiratory motion, a pulse transducer (AD Instruments Ltd., Dunedin, New Zealand)  
22 was positioned on the mouse abdomen, just inferior to the diaphragm. This sensor  
23 converted the respiratory motion into an electrical signal that was monitored in  
24 real-time using LabVIEW software (National Instruments, Austin, TX, USA). The  
25 animal's body temperature in the magnet was maintained with warm water circulating  
26 through a rubber tube placed on the abdomen. The MR imaging procedure was  
27 performed without tracheal intubation or tracheotomy and hence was entirely  
28 non-invasive.  
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### 53 <sup>129</sup>Xe Polarization and Gas Delivery

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<sup>129</sup>Xe nuclei were polarized to ~10% by Rb-<sup>129</sup>Xe spin-exchange optical pumping (25) with a home-built continuous-flow <sup>129</sup>Xe polarizer (26). A gas mixture consisting of 70% Xe (natural abundance, comprising 26% <sup>129</sup>Xe) and 30% N<sub>2</sub> was supplied from a pre-mixed cylinder (Air Liquid Japan Ltd., Tokyo, Japan) at a pressure of 0.15 atmospheres for <sup>129</sup>Xe polarization. Once polarized, HPXe was subsequently compressed to atmospheric pressure with a diaphragm pump (LABOPORT® N86 KN.18, KNF Neuberger GmbH, Freiburg, Germany) to facilitate gas delivery directly and continuously from the polarizing cell to the mouse in the magnet. The HPXe gas mixture was flowed continuously at a rate of 50 mL/min to each mouse and was mixed with O<sub>2</sub> (continuously supplied at 9 mL/min) in the mouth mask. The percentages of Xe and O<sub>2</sub> spontaneously inhaled by the mice were 59.3% and 15.3%, respectively.

### MR Imaging

All MR measurements were performed on a Agilent Unity INOVA 400 WB high-resolution NMR spectrometer system running VNMR 6.1C software (Varian Inc., Palo Alto, CA, USA). A 9.4 T vertical magnet with a bore width of 89 mm (Oxford Instruments Plc., Oxford, UK) was used. A self-shielded gradient probe was employed in combination with Litz volume RF coils of 34 mm inner diameter, tunable to the Larmor frequencies of <sup>129</sup>Xe (110.6 MHz) and <sup>1</sup>H (399.6 MHz) (Clear Bore DSI-1117, Doty Scientific, Inc., Columbia, SC, USA).

For assessment of pulmonary ventilation and gas-exchange function, HPXe gas images were acquired with a 2D multi-shot balanced steady-state free precession (bSSFP) sequence, which was programmed in-house (27). Acquisition parameters were as follows: RF pulse, 1000 μs long Gaussian-shaped pulse with a bandwidth of 2800 Hz and centered on the <sup>129</sup>Xe gas-phase resonance (0 ppm); TR/TE, 3.2/1.6 ms;

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3 receiver bandwidth, 62 kHz; one coronal slice of thickness 20 mm, covering the whole  
4 of the lungs; matrix size,  $64 \times 32$ ; field of view,  $80 \times 25.6 \text{ mm}^2$ ; number of shots  
5 (required to fill k-space), 4; flip angle,  $40^\circ$ ; number of averages of the whole  
6 acquisition, 8; centrically-ordered phase encoding.  $^{129}\text{Xe}$  images were reconstructed  
7 by a 2D fast Fourier transform after zero filling to a  $128 \times 64$  matrix using in-house  
8 MATLAB scripts (MathWorks Inc., Natick, MA, USA).  
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### 16 17 18 19 **Evaluation of ventilation function**

20 For evaluating pulmonary ventilation function, the fractional ventilation (i.e. the  
21 fraction of gas “turned over” per breathing cycle),  $r_a$ , was mapped across the lungs  
22 following a previously reported method (28,29). Briefly, after the HPXe concentration  
23 in the lungs had reached a steady-state under the continuous supply of HPXe and  $\text{O}_2$ ,  
24 two pre-saturation RF pulses were applied at the  $^{129}\text{Xe}$  gas-phase frequency to destroy  
25 any gas-phase  $^{129}\text{Xe}$  magnetization in the alveoli. The bSSFP imaging sequence was  
26 then used to acquire respiratory-synchronized  $^{129}\text{Xe}$  gas ventilation images at  
27 inspiration after  $n$  breathing cycles. The value of  $n$  was sequentially incremented from  
28 1 to 10, and then to 12, 15 and 20; thus, thirteen  $^{129}\text{Xe}$  ventilation images were  
29 acquired in total. (In Reference (28), images were acquired after 1 to 10 breaths only;  
30 the purpose of the additional acquired images here was to improve the accuracy of the  
31  $r_a$  estimate.) From the resulting image series, the fractional ventilation of each voxel  
32 was evaluated by analyzing the dependency of the  $^{129}\text{Xe}$  MR signal intensity upon the  
33 number of breaths (Equations 2 and 3, Reference (28)). The fractional ventilation,  $r_a$ ,  
34 is defined as:  
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$$55 \quad r_a = \frac{V_f}{V_o + V_f}, \quad [1]$$

where  $V_o$  and  $V_f$  denote the volumes of old and new (fresh) gas within the voxel after each breath, respectively.  $r_a$  values were determined pixel-by-pixel over the whole image to derive a  $r_a$  map, and averaged for each mouse to obtain the whole lung  $r_a$ . Finally, the whole lung  $r_a$  values were averaged for each of the sham-instilled, CS and LPS, and EP-treated groups to obtain group mean  $r_a$  values.

### Evaluation of gas-exchange function

The efficiency of HPXe gas-exchange between the alveoli (gas-phase) and the lung parenchyma and capillaries (dissolved-phase) was evaluated by the xenon polarization transfer contrast (XTC) method (30). Briefly, a XTC image was generated by acquiring bSSFP gas ventilation images at expiration, separated by the application of four frequency-selective inversion pulses (inter-pulse delay 20 ms) at the Larmor frequency of dissolved-phase  $^{129}\text{Xe}$  (197 ppm), and comparing the resulting ventilation image intensities (27). The flip angle of the inversion pulse (Gaussian-shape; 1000  $\mu\text{s}$  duration) was calibrated prior to the present study. Similarly, a “control” bSSFP image was generated by acquiring ventilation images at expiration, separated by the application of the same inversion pulses, but centered at -197 ppm instead of 197 ppm. The whole XTC measurement was repeated three times, and the three images were summed to improve image SNR. The parameter of gas-exchange function,  $f_D$ , defined as the fractional depolarization of gas-phase HPXe caused by the repeated RF inversion of dissolved-phase HPXe during continuous diffusive exchange of xenon between the two compartments, was calculated according to the ratio of the signal intensities of control and XTC images as follows:

$$f_D(\%) = \left(1 - \sqrt[N]{\frac{S_{XTC}}{S_{control}}}\right) \times 100 \quad [2]$$

where  $S_{XTC}$  and  $S_{control}$  are the signal intensities of XTC and control images,

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3 respectively, and  $N$  is the number of inversion pulses.  $f_D$  values were calculated on a  
4 pixel-by-pixel basis in order to create a whole lung  $f_D$  map. As with the  $r_a$  analysis,  
5 mean  $f_D$  values were obtained for each of the sham-instilled, CS and LPS, and  
6 EP-treated groups.  
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13 For each of the above described techniques, the existence of statistically-significant  
14 differences in mean values of derived parameters between groups was assessed by the  
15 analysis of variance (ANOVA) method with the Tukey-Kramer test, using the JMP  
16 Statistics package (SAS Institute Inc., Cary, NC, USA).  
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### 24 25 26 **Histological Analysis**

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28 After completion of the MR experiments (week 10), the mice were euthanized with a  
29 lethal dose of carbon dioxide gas. Lungs were extracted and fixed in a 10 % formalin  
30 solution, and hematoxylin and eosin (H&E) stained slides were created to analyze  
31 morphological changes to the alveoli and terminal bronchioles. Four slides per mouse  
32 were used to evaluate structural parameters including mean linear intercept (MLI) and  
33 mean bronchial wall thickness ( $h$ ), as previously described (31). Five MLI and  $h$   
34 values were calculated from each slide, corresponding to the five lobar regions of the  
35 lung (right upper lobe, right middle lobe and right lower lobe; left upper lobe and left  
36 lower lobe). Each set of five values was averaged over the four slides, and then the  
37 resulting five averaged regional MLI and  $h$  values were in turn averaged to yield a  
38 single MLI and  $h$  value for each mouse. Mean MLI and  $h$  values were calculated for  
39 each of the sham-instilled, CS and LPS, and EP-treated groups in this manner.  
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55 In order to monitor morphological changes during the 10 weeks of CS and LPS  
56 administration, one additional CS and LPS histological analysis group (N=3 mice) was  
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3 prepared after 4 weeks of administration using the same protocol as described above.  
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5 MLI and  $h$  values were evaluated for these groups as described above.  
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## 10 RESULTS

11  
12 Figures 1 and 2 show the longitudinal changes in  $r_a$  and  $f_D$  maps, respectively, after 0,  
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14 6, 8 and 10 weeks of CS and LPS administration, for one representative mouse from  
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16 each of the sham-instilled, CS and LPS, and EP-treated groups. It should be noted that  
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18 Figures 1 and 2 were additionally processed with a 2 x 2 median filter using ImageJ  
19  
20 (National Institute of Health) to reduce the prevalence of artifacts associated with  
21  
22 cardiac motion and rapid diffusion of HPXe in the major airways. These maps depict  
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24 the regional variation in pulmonary ventilation and gas-exchange functional changes  
25  
26 over time. In particular, they highlight an approximately spatially homogeneous  
27  
28 reduction of  $r_a$  in the CS and LPS mice after 10 weeks, and an overall improvement in  
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30  $r_a$  and  $f_D$  in response to EP therapy, with some regional heterogeneity.  
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36 Figures 3 and 4 display the group-mean values of  $r_a$  and  $f_D$ , respectively, after 0,  
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38 2, 6, 8 and 10 weeks of CS and LPS exposure. The mean  $r_a$  value for the CS and LPS  
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40 group was found to be significantly decreased compared to that of the sham-instilled  
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42 group after 6 weeks ( $P < 0.05$ ), and was observed to continue to decrease for the  
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44 remainder of the 10 week measurement period (after 10 weeks,  $r_{a,CS\&LPS} = 0.19 \pm 0.03$ ,  
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46 compared with  $r_{a,Sham-instilled} = 0.25 \pm 0.03$ ,  $P < 0.01$ ). The mean  $r_a$  value of the EP  
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48 group was comparable to that of the sham-instilled mice ( $r_{a,EP} = 0.25 \pm 0.03$ ) after 10  
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50 weeks, i.e. 4 weeks of EP administration. This value is also significantly larger than  
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52 that of the CS and LPS group;  $P < 0.01$ . The  $f_D$  value of the CS and LPS group  
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54 ( $f_{D,CS\&LPS} = 4.5 \pm 1.1$  %) was significantly lower ( $P < 0.01$ ) than that of the  
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56 sham-instilled group ( $f_{D,Sham-instilled} = 6.8 \pm 0.6$  %) after 10 weeks of exposure to CS  
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3 and LPS, while the  $f_D$  value of the EP group was considerably improved ( $f_{D,EP} = 6.2 \pm$   
4 0.9 %) compared with that of the CS and LPS group ( $P < 0.01$ ). The longitudinal  
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6 variation in mean  $r_a$  and  $f_D$  values from all groups was found to correlate significantly  
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8 (Pearson's  $r = 0.820$ ,  $P < 0.01$ ).  
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12 Figures 5 and 6 depict whole lung mean MLI and  $h$  values and representative  
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14 histological images obtained from mice from each of the sham-instilled, EP-treated  
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16 and CS and LPS groups at the end of the 10 week experimental protocol, and the  
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18 histological analysis group, respectively. As illustrated in these figures, an  
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20 enlargement of the alveolar airspace volume was observed at week 10 following  
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22 bronchial wall thickening; this is discussed below. The mean MLI of the CS and LPS  
23  
24 group ( $MLI_{CS\&LPS} = 44.0 \pm 3.8 \mu\text{m}$ ) was significantly larger than that of the  
25  
26 sham-instilled group ( $MLI_{Sham-instilled} = 39.7 \pm 1.8 \mu\text{m}$ ,  $P < 0.05$ ). The mean MLI of the  
27  
28 EP-treated group ( $MLI_{EP} = 38.2 \pm 2.4 \mu\text{m}$ ) was smaller than that of the CS and LPS  
29  
30 group ( $P < 0.01$ ) and similar to that of the sham-instilled group. The  $h$  value of the  
31  
32 EP-treated group ( $h_{EP} = 12.5 \pm 1.1 \mu\text{m}$ ) was smaller than that of the CS and LPS group  
33  
34 ( $h_{CS\&LPS} = 14.9 \pm 1.3 \mu\text{m}$ ,  $P < 0.01$ ), and similar to that of the sham-instilled group  
35  
36 ( $h_{Sham-instilled} = 12.3 \pm 0.6 \mu\text{m}$ ) at week 10. Meanwhile, the mean MLI and  $h$  values of  
37  
38 the histological analysis group (exposed to CS and LPS for 4 weeks) were  $MLI_{HA\_4w} =$   
39  
40  $39.8 \pm 2.5 \mu\text{m}$  and  $h_{HA\_4w} = 14.1 \pm 0.6 \mu\text{m}$ , respectively, which were comparable to  
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42 those of the sham-instilled mice.  
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49 Figure 7 shows correlation plots of individual  $r_a$ ,  $f_D$ ,  $h$  and MLI values obtained  
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51 from the sham-instilled, EP-treated and CS and LPS mice after the 10 week  
52  
53 experimental protocol. Significant positive correlations were observed between  $r_a$  and  
54  
55  $f_D$ , and MLI and  $h$ , as were significant negative correlations between  $r_a$  and  $h$ ,  $f_D$  and  $h$ ,  
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57 and  $f_D$  and MLI ( $P < 0.05$ ). The correlation between  $r_a$  and MLI was not statistically  
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3 significant ( $P > 0.05$ ).  
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## 7 8 **DISCUSSION** 9

10 In the present study, a murine model of COPD was developed by 10 weeks of exposure  
11 to CS and LPS, and the associated induced temporal changes of pulmonary ventilation  
12 and gas-exchange function were assessed noninvasively by HPXe MRI. The present  
13 COPD model was able to induce characteristic emphysematous alveolar tissue  
14 destruction, achieved by modifying previous protocols for producing airway  
15 inflammation using CS and LPS (21,32,33). The longitudinal HPXe MRI assessment of  
16 pulmonary function revealed a significant decrease in parameters of both fractional  
17 ventilation,  $r_a$ , and gas-exchange,  $f_D$ , of the CS and LPS mice after 6 weeks of CS and  
18 LPS exposure. However, for the first 2 weeks, pulmonary function in these mice was  
19 not notably different from that of sham-instilled mice. The longitudinal variation in  
20 the mean values of the two parameters was found to correlate, suggesting that the  
21 time-course of disease progression acted to simultaneously impair both ventilation and  
22 gas-exchange function. In addition, the  $r_a$  and  $f_D$  values were found to correlate  
23 significantly on a per mouse basis at week 10, although not prior to week 10, which  
24 supports the decision to end the CS and LPS administration at this time-point.  
25 Reductions in  $f_D$  and increases in the prevalence of ventilation defects have been  
26 previously observed using hyperpolarized gas MRI in human COPD patients (34,35),  
27 supporting the fact that the CS and LPS model of COPD employed here could  
28 successfully induce similar pathological effects to COPD itself. Combining  
29 whole-body CS exposure with LPS administration induced significant emphysematous  
30 pathology and bronchial wall thickening after 10 weeks of exposure, as illustrated by  
31 histology slides (Figures 5 and 6). On the other hand, exposure to only CS has been  
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3 reported to typically require  $\geq 6$  months to establish the characteristic emphysematous  
4 pathology in mice (36). While Hansbro et al. succeeded to establish a mouse model of  
5 COPD by 8 weeks of CS exposure through the nose only, this procedure required  
6 purpose-built equipment that is not readily translatable to our laboratory, and the CS  
7 dose was relatively high (2 cigarettes/mouse/day) (37). Thus, our protocol of CS and  
8 LPS exposure considerably shortened the time required to produce the two phenotypes  
9 of COPD pathology without necessitating specialist equipment. As such, this  
10 procedure may be advantageous for future investigations of COPD treatment response.  
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21 The present COPD mouse model caused significant decreases of ventilation and  
22 gas-exchange parameters: mean  $r_a$  of  $0.19 \pm 0.03$  in CS and LPS mice compared with  
23  $0.25 \pm 0.03$  in sham-instilled mice; mean  $f_D$  of  $4.5 \pm 1.0\%$  compared with  $6.8 \pm 0.6\%$ ,  
24 respectively, after 10 weeks. The decrease of  $r_a$  after 10 weeks of exposure to CS and  
25 LPS is indicative of an increase in the bronchial wall thickness, and indeed  $r_a$  showed  
26 a significant correlation with the histology-derived  $h$  value at this time-point (Figure  
27 7). However, the decrease of  $f_D$  is indicative of both a reduction in the volume of  
28 septal tissue and an increase in the bronchial wall thickness. The decrease in  $f_D$  and  $r_a$   
29 at the 6 week time-point may be attributable to the increase in bronchial wall thickness,  
30  $h$ , (see Supporting Figure S1) since it is unlikely that the volume of septal tissue  
31 decreased (as there was no significant change in MLI at the 4 week time-point). This  
32 situation may be similar to a previous study in which CS and LPS were administered to  
33 rats for 6 weeks (21). According to that report, no histological evidence of COPD (i.e.  
34 MLI change) was seen despite overexpression of HMGB1. However, it is worth noting  
35 that these observations might not exclude the possibility of early stage emphysema,  
36 because mice lack the anatomical characteristics (respiratory bronchioles) for  
37 expression of centrilobular emphysema (4). One might also expect that the decrease in  
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4  $f_D$  was caused in part by a reduction in the volume of the pulmonary capillaries,  
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6 because the  $f_D$  measurement includes a contribution related to blood volume (since  
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8 ddY-type mice exhibit only a single NMR peak from dissolved-phase  $^{129}\text{Xe}$  in lung  
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10 tissue and blood (31), and furthermore, the XTC technique as employed herein does  
11  
12 not enable the distinction of two dissolved-phase  $^{129}\text{Xe}$  compartments even if they  
13  
14 were present).  
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18 In the present study, the efficacy of EP for treatment of the CS and LPS model of  
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20 COPD was quantified by longitudinal observations of pulmonary function. The  
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22 reductions in  $r_a$  and  $f_D$  in the CS and LPS group after 6 weeks recovered to a similar  
23  
24 level as the sham-instilled group by 2 and 4 weeks of administration of EP,  
25  
26 respectively ( $P < 0.01$ , see Figures 3 and 4). Because the administration of EP was  
27  
28 only started 6 weeks after commencement of CS and LPS exposure (i.e. after some  
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30 impairment of pulmonary function was observed), EP likely exhibited a combination  
31  
32 of both preventative and therapeutic properties in the CS and LPS model of COPD. In  
33  
34 other words, EP may have acted to inhibit further emphysema development and to  
35  
36 repair the existing bronchial wall damage (Figures 5 and 6). This hypothesis is  
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38 supported by the lack of significant difference in the  $r_a$  and  $f_D$  values between 6 and 10  
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40 week time-points in the EP-treated group ( $P > 0.05$ ). However, the present study was  
41  
42 unable to clarify whether the recovery of HPXe MRI metrics might be indicative of the  
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44 reparation of tissue loss by early emphysema and/or improved pulmonary  
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46 hemodynamics. To prove whether EP can indeed act to reverse emphysematous tissue  
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48 loss, further experiments are needed in which EP administration is started after 10  
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50 weeks of CS and LPS exposure.  
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56 To the best of our knowledge, this is the first evidence of the therapeutic action  
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58 of EP in a murine COPD model, as measured by HPXe MRI. Recently, it has been  
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3 reported that intraperitoneal administration of EP can inhibit the expression of  
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5 HMGB1 (18,19). Additionally, high expression of HMGB1 has been reported to lead to  
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7 lung functional impairment, and is associated with the development and progression of  
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9 COPD (20-22). On the other hand, albeit paradoxically, the HMGB1/RAGE pathway is  
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11 also known to be associated with a series of signalling pathways for tissue repair  
12  
13 (23,24). It may be speculated that EP is effective in treating lung diseases caused by  
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15 chronic inflammation (such as the CS and LPS model of COPD) through the regulation  
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17 of HMGB1/RAGE, leading to improvement and potentially maintenance of murine  
18  
19 pulmonary function. Further studies with corresponding molecular assays are required  
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21 to substantiate this claim.  
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## 28 **CONCLUSION**

29  
30 The feasibility of HPXe MRI for longitudinal assessment of disease progression and  
31  
32 pharmacological therapy has been demonstrated in a mouse model of COPD. The  
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34 model, combining exposure to cigarette smoke and lipopolysaccharide solution,  
35  
36 induced COPD characteristics in mice in a relatively short time of 10 weeks and offers  
37  
38 potential advantages for pharmacological therapy assessment applications. HPXe  
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40 MRI-derived metrics of pulmonary function showed considerable impairment in both  
41  
42 ventilation and gas-exchange function in CS and LPS mice compared with  
43  
44 sham-instilled mice, as verified by histological analysis. Longitudinal HPXe MRI  
45  
46 assessment of the action of an anti-inflammatory agent, ethyl pyruvate, for treatment  
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48 of this COPD model revealed preliminary evidence of its efficacy, and may help to  
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50 elucidate the exact mechanisms of its therapeutic action in the future.  
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12 (2015).  
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For Peer Review

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Figure legends:

Figure 1. Example parametric maps of  $r_a$  derived from longitudinal studies of mice in each of the three groups, from top to bottom: sham-instilled; CS and LPS model of COPD; EP-treated. In all cases, the time course is shown horizontally.

Figure 2. Example parametric maps of  $f_D$  derived from longitudinal studies of mice in each of the three groups, from top to bottom: sham-instilled; CS and LPS model of COPD; EP-treated. In all cases, the time course is shown horizontally.

Figure 3. Box plots of the temporal change of mean  $r_a$  values for all mice, separated by group. Significant differences between groups are indicated by solid lines, along with the corresponding p values of significance (\* $P < 0.05$ ; \*\*  $P < 0.01$ ).

Figure 4. Box plots of the temporal change of mean  $f_D$  values for all mice, separated by group. Significant differences between groups are indicated by solid lines, along with the corresponding p values of significance (\* $P < 0.05$ ; \*\*  $P < 0.01$ ).

Figure 5. a) Box plots showing the mean MLI values obtained from mice in each of the four groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w), CS and LPS model of COPD (CS&LPS10w); EP-treated. b) Representative examples of

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4 H&E stained histology slides obtained from 5 lung regions of one mouse chosen from  
5 each of the four groups. RU, right upper lobe; RM, right middle lobe; RL, right lower  
6 lobe; LU, upper region of the left lobe; LL, lower region of the left lobe. Note: mean  
7 values in a) represent the mean of the whole group; mean values in b) represent the  
8 mean for the selected mouse from each group.  
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17 Figure 6. a) Box plots showing the mean bronchial wall thickness ( $h$ ) values obtained  
18 from mice in each of the four groups, from left to right: sham-instilled; histological  
19 analysis (CS&LPS 4w), CS and LPS model of COPD (CS&LPS10w); EP-treated after  
20 the 10 week experimental protocol. b) Representative examples of H&E stained  
21 histology slides obtained from the four groups.  
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30 Figure 7. Relationships between HPXe MRI-derived parameters of pulmonary function  
31 ( $r_a$  and  $f_D$ ), and histology-derived parameters of lung structure (MLI and  $h$ ) obtained  
32 from the sham-instilled ( $\square$ ), EP-treated ( $\circ$ ), and CS and LPS ( $\blacktriangle$ ) mice after the 10  
33 week experimental protocol. The Pearson's  $r$  value and  $P$  value of statistical  
34 significance are noted in each plot.  
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3 Supporting Figure S1. a) Box plots showing the mean bronchial wall thickness ( $h$ )  
4 values obtained from mice in each of the five groups, from left to right:  
5 sham-instilled; histological analysis (CS&LPS 4w and CS&LPS 6w), CS and LPS  
6 model of COPD (CS&LPS10w); EP-treated after the 10 week experimental protocol. b)  
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8 Representative examples of H&E stained histology slides obtained from the five  
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10 groups.  
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For Peer Review

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7 **Treatment response of ethyl pyruvate in a mouse model of chronic obstructive**  
8 **pulmonary disease studied by hyperpolarized  $^{129}\text{Xe}$  MRI**

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11 Atsuomi Kimura,\*<sup>1</sup> Yukiko Yamauchi,<sup>1</sup> Shota Hodono,<sup>1</sup> Neil James Stewart,<sup>2</sup> Osamu  
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13 Hosokawa,<sup>1</sup> Yu Hagiwara,<sup>1</sup> Hirohiko Imai,<sup>3</sup> and Hideaki Fujiwara<sup>1</sup>  
14  
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16  
17 <sup>1</sup> Department of Medical Physics and Engineering, Division of Medical Technology  
18  
19 and Science, Faculty of Health Science, Graduate School of Medicine, Osaka  
20  
21 University  
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23 <sup>2</sup> Academic Unit of Radiology, University of Sheffield, Sheffield, South Yorkshire, UK  
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25 <sup>3</sup> Research and Educational Unit of Leaders for Integrated Medical System, Center for  
26  
27 the Promotion of Interdisciplinary Education and Research, Kyoto University, Kyoto,  
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32 Running head:

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34 HPXe MRI of murine COPD model and therapy response  
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42 \*Corresponding author: Atsuomi Kimura, PhD, Department of Medical Physics and  
43  
44 Engineering, Division of Medical Technology and Science, Faculty of Health Science,  
45  
46 Graduate School of Medicine, Osaka University, 1-7 Yamadaoka, Suita, Osaka  
47  
48 565-0871, Japan,  
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50 Phone: +81-6-6879-2478, E-mail: [kimura@sahs.med.osaka-u.ac.jp](mailto:kimura@sahs.med.osaka-u.ac.jp)  
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**ABSTRACT**

**Purpose:** To investigate disease progression and treatment response in a murine model of chronic obstructive pulmonary disease (COPD) using a preclinical hyperpolarized  $^{129}\text{Xe}$  (HPXe) MRI strategy.

**Methods:** COPD phenotypes were induced in 32 mice by 10 weeks of exposure to cigarette smoke (CS) and lipopolysaccharide (LPS). The efficacy of ethyl pyruvate (EP), an anti-inflammatory drug, was investigated by administering EP to 16 of the 32 mice after 6 weeks of CS and LPS exposure. HPXe MRI was performed to monitor changes in pulmonary function during disease progression and pharmacological therapy.

**Results:** HPXe metrics of fractional ventilation and gas-exchange function were significantly reduced after 6 weeks of CS and LPS exposure compared to sham-instilled mice administered with saline ( $P < 0.05$ ). After this observation, EP administration was started in 16 of the 32 mice and continued for 4 weeks. EP was found to improve HPXe MRI metrics to a similar level as in sham-instilled mice ( $P < 0.01$ ). Histological analysis showed significant alveolar tissue destruction in the COPD group, but relatively normal alveolar structure in the EP and sham-instilled groups.

**Conclusion:** This study demonstrates the potential efficacy of EP for COPD therapy, as assessed by a non-invasive, translatable  $^{129}\text{Xe}$  MRI procedure.

**Abstract word count:** 200

**Keywords:** Hyperpolarized  $^{129}\text{Xe}$  MRI, lung functional assessment, murine chronic obstructive pulmonary disease, treatment response, ethyl pyruvate

Comment [XH1]: R1.6

Comment [XH2]: R1.7

Comment [XH3]: R1.8

Comment [XH4]: R1.9

## INTRODUCTION

Chronic obstructive pulmonary disease (COPD), a heterogeneous lung disease characterized by both chronic airway inflammation and emphysematous alveolar tissue destruction, is predicted to be the third leading cause of death worldwide by 2020 (1).

At present, pharmacological therapies for COPD have shown limited efficacy and thus the development of new therapeutic drugs is vital for improving patient outcomes (2).

The use of appropriate animal models of COPD that adequately induce the key symptoms of the disease is indispensable for therapy development, and rodent models are especially important. In particular, preclinical studies with mice are often appropriate because a wide range of well-characterized disease models are available (3,4). As smoking and repeated lung infections are the primary causes of COPD, several murine COPD models have been developed by exposing mice to cigarette smoke. Despite certain models showing good reproducibility for inducing the two main phenotypes of COPD mentioned above, the lack of applicable methods for assessment and diagnosis of these disease models remains a limiting factor for preclinical studies. Most previous studies have relied on plethysmography and/or histology to evaluate the applicability of murine COPD models, necessitating a tracheostomy and/or mouse death for each examination (5,6) and hence making it difficult to evaluate drug efficacy repetitively and longitudinally. To help resolve this problem, non-invasive imaging techniques that allow the longitudinal assessment of disease progression and therapeutic efficacy of drugs in vivo are required.

MRI using hyperpolarized (HP) noble gases ( $^3\text{He}$  and  $^{129}\text{Xe}$ ) as contrast agents offers an attractive means to visualize and quantitatively evaluate pulmonary functional parameters such as ventilation and gas-exchange (7-9). In a number of studies in small animals and humans, pathological changes of these fundamental

Comment [XH5]: R1.10

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7 parameters have been investigated using HP gas MRI and quantitative measures of  
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9 ventilation and gas-exchange dysfunction caused by COPD have been established  
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11 (10,11). HP  $^{129}\text{Xe}$  (HPXe) is a versatile contrast agent to evaluate drug efficacy in the  
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13 lungs because it allows not only imaging of ventilation, but also the assessment of  
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15 pulmonary gas-exchange, thanks to its solubility in pulmonary tissues and blood. To  
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17 this end, we have developed a continuous-flow mode polarizer for HPXe production  
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19 and have established non-invasive MRI procedures under spontaneous respiration for  
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21 the assessment of pulmonary function in mice (12,13). In this study, we apply our  
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23 HPXe methodology to explore the feasibility of a new drug for COPD therapy.

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25 Ethyl pyruvate (EP), an anti-inflammatory agent, is a candidate for  
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27 pharmacological therapy of COPD. In recent years, EP has been shown to demonstrate  
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29 therapeutic efficacy in various animal models of lung diseases, such as acute lung  
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31 injury (ALI) and pulmonary arterial hypertension (PAH) (15-17). The therapeutic  
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33 efficacy of EP is attributed to its ability to regulate high-mobility group box protein-1  
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35 (HMGB1) release from innate immune cells, and to deactivate subsequent cytokine  
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37 production that would further stimulate inflammatory responses (18,19). HMGB1,  
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39 which is an abundant chromatin protein, may play a crucial role in pharmacological  
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41 therapy of COPD because it is known to not only trigger inflammatory responses but  
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43 also, paradoxically, to activate cells involved in tissue repair (20-24). HMGB1  
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45 functions by binding with the receptor for advanced glycation end products (RAGE)  
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47 and Toll-Like Receptors 2 and 4. In recent years, it has been shown that HMGB1 can  
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49 also initiate wound healing processes through binding with RAGE followed by  
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51 activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) signaling pathway  
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53 (23). RAGE is expressed in pulmonary tissues with relatively high basal levels (22),  
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55 and EP has been reported to activate the ERK1/2 signaling pathway (14). Thus, EP



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7 shows considerable potential as a drug for lung tissue repair accompanied with  
8 anti-inflammatory responses through regulation of the HMGB1/RAGE pathway.

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11 In the present study, we demonstrate the observation of disease progression in a  
12 mouse model of COPD induced by cigarette smoke (CS) exposure and  
13 lipopolysaccharide (LPS) instillation, as measured by HPXe MRI. Additionally, the  
14 efficacy of ethyl pyruvate (EP) for treatment of this COPD model is studied to assess  
15 the feasibility of this non-invasive imaging technique as a diagnostic method for early  
16 disease detection and therapy response evaluation in COPD.  
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## 24 **METHODS**

### 25 **Animal preparation**

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29 Thirty-seven male, 6-week-old, type ddY mice, weighing 30 – 35 g (Japan SLC, Inc.,  
30 Shizuoka, Japan) were included in this study. All experimental procedures and animal  
31 care standards conformed to Osaka University guidelines. Mice were divided into two  
32 groups: a sham-instilled group of N=5 mice and a CS and LPS group of N=32. The CS  
33 and LPS mice were further divided into 2 equal groups of 16 individuals. The two  
34 subgroups were separately administered with a combination of CS and LPS as follows.  
35 CS of approximately 2.1 L in volume resulting from one cigarette (Lark Milds: tar 9  
36 mg, nicotine 0.8 mg; Philip Morris International Inc., New York, USA) was collected  
37 into a Tedlar® bag (Sigma-Aldrich, St Louis, MO, USA). The mice in each subgroup  
38 were placed in a semi-sealed plastic container with a volume of 12.4 L and 9 airshafts  
39 of 5 mm inner diameter on its upper surface. CS was flowed from the Tedlar® bag into  
40 the container for 26 minutes at a rate of 40 mL/min. Following this, fresh room air was  
41 flowed into the container for 5 minutes (at 720 mL/min). This whole-body exposure  
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7 procedure was performed twice daily on five consecutive days within one week, and  
8 repeated on a weekly basis as described below. On each fifth day, a 20  $\mu$ L solution of  
9 LPS in saline (0.4 mg/kg, LPS in *Escherichia coli*, serotype O55:B5, Sigma-Aldrich,  
10 St. Louis, MO, USA) was delivered intra-tracheally to the mice at least 2 hours prior  
11 to the CS exposure. The sham-instilled mice were intra-tracheally administered with  
12 20  $\mu$ L of saline on every fifth day in the same manner as the LPS administration.  
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19 Six weeks after commencing CS and LPS exposure, the two subgroups of CS and  
20 LPS mice were assigned as follows: a pure CS and LPS group of N=16 mice and an  
21 EP-treated group of N=16 mice. For the pure CS and LPS group, the same protocol of  
22 CS and LPS administration was continued for a further 4 weeks. EP-treated mice were  
23 intra-tracheally administered with a 20  $\mu$ L solution of EP in saline (1.3 mg/kg, Tokyo  
24 Chemical Industry Ltd, Tokyo, Japan) on a daily basis for 4 weeks, in addition to the  
25 continued administration of CS and LPS as detailed above. EP was always  
26 administered after the CS and LPS exposure, separated by an interval of at least 2  
27 hours. Therefore, in total, 10 weeks were required to completely prepare the CS and  
28 LPS, and EP-treated groups. The sham-instilled mice were intra-tracheally  
29 administered with 20  $\mu$ L of saline per day, every weekday, for this 4 week period, in  
30 the same manner as the EP treatment. The survival rates of the whole 10-week  
31 procedure were 75% for CS and LPS mice (12 out of 16 mice survived), 75% for  
32 EP-treated mice (12 out of 16 mice survived), and 100 % for the sham-instilled group.  
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47 In all cases, prior to the instillation of saline, LPS or EP solution, mice were  
48 anesthetized with 2% isoflurane (ISOFLU®, Dainippon Sumitomo Pharmaceutical Co.  
49 Ltd, Osaka, Japan), which was administered via a nose cone using a home-built  
50 anesthesia system connected to an isoflurane vaporizer (Isorex I-200, Shin-Ei  
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Industries, Inc., Tokyo, Japan). Subsequently, mice were intubated with a 22 G catheter (SURFLO® F&F, Terumo Corp., Tokyo, Japan) while positioned supine and secured to a slanted wooden board, and then the saline, LPS or EP solution was instilled.

MR measurements of sham-instilled and CS and LPS groups were performed at 0 weeks (prior to the first administration) and 2, 6, 8 and 10 weeks after commencing the administration of CS and LPS. Similarly, MR measurements of the EP-treated group were performed at 0, 6, 8 and 10 weeks after commencing the administration of CS and LPS (i.e. -6, 0, 2 and 4 weeks from commencement of EP therapy). Immediately before all MR measurements, mice were anesthetized with 2 % isoflurane as detailed above. A plastic mouth mask, to which three polyethylene tubes were connected (for HPXe gas delivery, O<sub>2</sub> delivery and exhaled gas exhaust), was attached to the animal prior to placement in the MR scanner. In order to synchronize image acquisitions with respiratory motion, a pulse transducer (AD Instruments Ltd., Dunedin, New Zealand) was positioned on the mouse abdomen, just inferior to the diaphragm. This sensor converted the respiratory motion into an electrical signal that was monitored in real-time using LabVIEW software (National Instruments, Austin, TX, USA). The animal's body temperature in the magnet was maintained with warm water circulating through a rubber tube placed on the abdomen. The MR imaging procedure was performed without tracheal intubation or tracheotomy and hence was entirely non-invasive.

### <sup>129</sup>Xe Polarization and Gas Delivery

<sup>129</sup>Xe nuclei were polarized to ~10% by Rb-<sup>129</sup>Xe spin-exchange optical pumping (25) with a home-built continuous-flow <sup>129</sup>Xe polarizer (26). A gas mixture consisting of 70% Xe (natural abundance, comprising 26% <sup>129</sup>Xe) and 30% N<sub>2</sub> was supplied from a pre-mixed cylinder (Air Liquid Japan Ltd., Tokyo, Japan) at a pressure of 0.15 atmospheres for <sup>129</sup>Xe polarization. Once polarized, HPXe was subsequently compressed to atmospheric pressure with a diaphragm pump (LABOPORT® N86 KN.18, KNF Neuberger GmbH, Freiburg, Germany) to facilitate gas delivery directly and continuously from the polarizing cell to the mouse in the magnet. The HPXe gas mixture was flowed continuously at a rate of 50 mL/min to each mouse and was mixed with O<sub>2</sub> (continuously supplied at 9 mL/min) in the mouth mask. The percentages of Xe and O<sub>2</sub> spontaneously inhaled by the mice were 59.3% and 15.3%, respectively.

### MR Imaging

All MR measurements were performed on a Varian Unity INOVA 400 WB high-resolution NMR spectrometer system running VNMR 6.1C software (Varian Inc., Palo Alto, CA, USA). A 9.4 T vertical magnet with a bore width of 89 mm (Oxford Instruments Plc., Oxford, UK) was used. A self-shielded gradient probe was employed in combination with Litz volume RF coils of 34 mm inner diameter, tunable to the Larmor frequencies of <sup>129</sup>Xe (110.6 MHz) and <sup>1</sup>H (399.6 MHz) (Clear Bore DSI-1117, Doty Scientific, Inc., Columbia, SC, USA).

For assessment of pulmonary ventilation and gas-exchange function, HPXe gas images were acquired with a 2D multi-shot balanced steady-state free precession (bSSFP) sequence, which was programmed in-house (27). Acquisition parameters were as follows: RF pulse, 1000 μs long Gaussian-shaped pulse with a bandwidth of 2800 Hz and centered on the <sup>129</sup>Xe gas-phase resonance (0 ppm); TR/TE, 3.2/1.6 ms;

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7 receiver bandwidth, 62 kHz; one coronal slice of thickness 20 mm, covering the whole  
8 of the lungs; matrix size,  $64 \times 32$ ; field of view,  $80 \times 25.6 \text{ mm}^2$ ; number of shots  
9 (required to fill k-space), 4; flip angle,  $40^\circ$ ; number of averages of the whole  
10 acquisition, 8; centrally-ordered phase encoding.  $^{129}\text{Xe}$  images were reconstructed  
11 by a 2D fast Fourier transform after zero filling to a  $128 \times 64$  matrix using in-house  
12 MATLAB scripts (MathWorks Inc., Natick, MA, USA).  
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Comment [XH8]: R1.16

### 20 Evaluation of ventilation function

21 For evaluating pulmonary ventilation function, the fractional ventilation (i.e. the  
22 fraction of gas “turned over” per breathing cycle),  $r_a$ , was mapped across the lungs  
23 following a previously reported method (28,29). Briefly, after the HPXe concentration  
24 in the lungs had reached a steady-state under the continuous supply of HPXe and  $\text{O}_2$ ,  
25 two pre-saturation RF pulses were applied at the  $^{129}\text{Xe}$  gas-phase frequency to destroy  
26 any gas-phase  $^{129}\text{Xe}$  magnetization in the alveoli. The bSSFP imaging sequence was  
27 then used to acquire respiratory-synchronized  $^{129}\text{Xe}$  gas ventilation images at  
28 inspiration after  $n$  breathing cycles. The value of  $n$  was sequentially incremented from  
29 1 to 10, and then to 12, 15 and 20; thus, thirteen  $^{129}\text{Xe}$  ventilation images were  
30 acquired in total. (In Reference (28), images were acquired after 1 to 10 breaths only;  
31 the purpose of the additional acquired images here was to improve the accuracy of the  
32  $r_a$  estimate.) From the resulting image series, the fractional ventilation of each voxel  
33 was evaluated by analyzing the dependency of the  $^{129}\text{Xe}$  MR signal intensity upon the  
34 number of breaths (Equations 2 and 3, Reference (28)). The fractional ventilation,  $r_a$ ,  
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$$r_a = \frac{V_f}{V_o + V_f}, \quad [1]$$

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where  $V_o$  and  $V_f$  denote the volumes of old and new (fresh) gas within the voxel after each breath, respectively.  $r_a$  values were determined pixel-by-pixel over the whole image to derive a  $r_a$  map, and averaged for each mouse to obtain the whole lung  $r_a$ . Finally, the whole lung  $r_a$  values were averaged for each of the sham-instilled, CS and LPS, and EP-treated groups to obtain group mean  $r_a$  values.

### Evaluation of gas-exchange function

The efficiency of HPXe gas-exchange between the alveoli (gas-phase) and the lung parenchyma and capillaries (dissolved-phase) was evaluated by the xenon polarization transfer contrast (XTC) method (30). Briefly, a XTC image was generated by acquiring bSSFP gas ventilation images at expiration, separated by the application of four frequency-selective inversion pulses (inter-pulse delay 20 ms) at the Larmor frequency of dissolved-phase  $^{129}\text{Xe}$  (197 ppm), and comparing the resulting ventilation image intensities (27). The flip angle of the inversion pulse (Gaussian-shape; 1000  $\mu\text{s}$  duration) was calibrated prior to the present study. Similarly, a “control” bSSFP image was generated by acquiring ventilation images at expiration, separated by the application of the same inversion pulses, but centered at -197 ppm instead of 197 ppm. The whole XTC measurement was repeated three times, and the three images were summed to improve image SNR. The parameter of gas-exchange function,  $f_D$ , defined as the fractional depolarization of gas-phase HPXe caused by the repeated RF inversion of dissolved-phase HPXe during continuous diffusive exchange of xenon between the two compartments, was calculated according to the ratio of the signal intensities of control and XTC images as follows:

$$f_D(\%) = \left(1 - \sqrt[N]{\frac{S_{XTC}}{S_{control}}}\right) \times 100 \quad [2]$$

where  $S_{XTC}$  and  $S_{control}$  are the signal intensities of XTC and control images,

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respectively, and  $N$  is the number of inversion pulses.  $f_D$  values were calculated on a pixel-by-pixel basis in order to create a whole lung  $f_D$  map. As with the  $r_a$  analysis, mean  $f_D$  values were obtained for each of the sham-instilled, CS and LPS, and EP-treated groups.

For each of the above described techniques, the existence of statistically-significant differences in mean values of derived parameters between groups was assessed by the analysis of variance (ANOVA) method with the Tukey-Kramer test, using the JMP Statistics package (SAS Institute Inc., Cary, NC, USA).

### Histological Analysis

After completion of the MR experiments (week 10), the mice were euthanized with a lethal dose of carbon dioxide gas. Lungs were extracted and fixed in a 10 % formalin solution, and hematoxylin and eosin (H&E) stained slides were created to analyze morphological changes to the alveoli and terminal bronchioles. Four slides per mouse were used to evaluate structural parameters including mean linear intercept (MLI) and mean bronchial wall thickness ( $h$ ), as previously described (31). Five MLI and  $h$  values were calculated from each slide, corresponding to the five lobar regions of the lung (right upper lobe, right middle lobe and right lower lobe; left upper lobe and left lower lobe). Each set of five values was averaged over the four slides, and then the resulting five averaged regional MLI and  $h$  values were in turn averaged to yield a single MLI and  $h$  value for each mouse. Mean MLI and  $h$  values were calculated for each of the sham-instilled, CS and LPS, and EP-treated groups in this manner.

In order to monitor morphological changes during the 10 weeks of CS and LPS administration, one additional CS and LPS histological analysis group (N=3 mice) was

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7 prepared after 4 weeks of administration using the same protocol as described above.

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9 MLI and  $h$  values were evaluated for these groups as described above.

## 10 11 12 13 RESULTS

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15 Figures 1 and 2 show the longitudinal changes in  $r_a$  and  $f_D$  maps, respectively, after 0,  
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17 6, 8 and 10 weeks of CS and LPS administration, for one representative mouse from  
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19 each of the sham-instilled, CS and LPS, and EP-treated groups. [It should be noted that  
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21 Figures 1 and 2 were additionally processed with a 2 x 2 median filter using ImageJ  
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23 (National Institute of Health) to reduce the prevalence of artifacts associated with  
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25 cardiac motion and rapid diffusion of HPXe in the major airways.] These maps depict  
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27 the regional variation in pulmonary ventilation and gas-exchange functional changes  
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29 over time. In particular, they highlight an approximately spatially homogeneous  
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31 reduction of  $r_a$  in the CS and LPS mice after 10 weeks, and an overall improvement in  
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33  $r_a$  and  $f_D$  in response to EP therapy, with some regional heterogeneity.

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35 Figures 3 and 4 display the group-mean values of  $r_a$  and  $f_D$ , respectively, after 0,  
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37 2, 6, 8 and 10 weeks of CS and LPS exposure. The mean  $r_a$  value for the CS and LPS  
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39 group was found to be significantly decreased compared to that of the sham-instilled  
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41 group after 6 weeks ( $P < 0.05$ ), and was observed to continue to decrease for the  
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43 remainder of the 10 week measurement period (after 10 weeks,  $r_{a,CS\&LPS} = 0.19 \pm 0.03$ ,  
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45 compared with  $r_{a,Sham-instilled} = 0.25 \pm 0.03$ ,  $P < 0.01$ ). The mean  $r_a$  value of the EP  
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47 group was comparable to that of the sham-instilled mice ( $r_{a,EP} = 0.25 \pm 0.03$ ) after 10  
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49 weeks, i.e. 4 weeks of EP administration. This value is also significantly larger than  
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51 that of the CS and LPS group;  $P < 0.01$ . The  $f_D$  value of the CS and LPS group  
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53 ( $f_{D,CS\&LPS} = 4.5 \pm 1.1$  %) was significantly lower ( $P < 0.01$ ) than that of the  
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55 sham-instilled group ( $f_{D,Sham-instilled} = 6.8 \pm 0.6$  %) after 10 weeks of exposure to CS

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and LPS, while the  $f_D$  value of the EP group was considerably improved ( $f_{D,EP} = 6.2 \pm 0.9$  %) compared with that of the CS and LPS group ( $P < 0.01$ ). The longitudinal variation in mean  $r_a$  and  $f_D$  values from all groups was found to correlate significantly (Pearson's  $r = 0.820$ ,  $P < 0.01$ ).

Figures 5 and 6 depict whole lung mean MLI and  $h$  values and representative histological images obtained from mice from each of the sham-instilled, EP-treated and CS and LPS groups at the end of the 10 week experimental protocol, and the histological analysis group, respectively. As illustrated in these figures, an enlargement of the alveolar airspace volume was observed at week 10 following bronchial wall thickening; this is discussed below. The mean MLI of the CS and LPS group ( $MLI_{CS\&LPS} = 44.0 \pm 3.8$   $\mu\text{m}$ ) was significantly larger than that of the sham-instilled group ( $MLI_{Sham-instilled} = 39.7 \pm 1.8$   $\mu\text{m}$ ,  $P < 0.05$ ). The mean MLI of the EP-treated group ( $MLI_{EP} = 38.2 \pm 2.4$   $\mu\text{m}$ ) was smaller than that of the CS and LPS group ( $P < 0.01$ ) and similar to that of the sham-instilled group. The  $h$  value of the EP-treated group ( $h_{EP} = 12.5 \pm 1.1$   $\mu\text{m}$ ) was smaller than that of the CS and LPS group ( $h_{CS\&LPS} = 14.9 \pm 1.3$   $\mu\text{m}$ ,  $P < 0.01$ ), and similar to that of the sham-instilled group ( $h_{Sham-instilled} = 12.3 \pm 0.6$   $\mu\text{m}$ ) at week 10. Meanwhile, the mean MLI and  $h$  values of the histological analysis group (exposed to CS and LPS for 4 weeks) were  $MLI_{HA\_4w} = 39.8 \pm 2.5$   $\mu\text{m}$  and  $h_{HA\_4w} = 14.1 \pm 0.6$   $\mu\text{m}$ , respectively, which were comparable to those of the sham-instilled mice.

Figure 7 shows correlation plots of individual  $r_a$ ,  $f_D$ ,  $h$  and MLI values obtained from the sham-instilled, EP-treated and CS and LPS mice after the 10 week experimental protocol. Significant positive correlations were observed between  $r_a$  and  $f_D$ , and MLI and  $h$ , as were significant negative correlations between  $r_a$  and  $h$ ,  $f_D$  and  $h$ , and  $f_D$  and MLI ( $P < 0.05$ ). The correlation between  $r_a$  and MLI was not statistically

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7 significant ( $P > 0.05$ ).  
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## 10 11 **DISCUSSION**

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13 In the present study, a murine model of COPD was developed by 10 weeks of exposure  
14 to CS and LPS, and the associated induced temporal changes of pulmonary ventilation  
15 and gas-exchange function were assessed noninvasively by HPXe MRI. The present  
16 COPD model was able to induce characteristic emphysematous alveolar tissue  
17 destruction, achieved by modifying previous protocols for producing airway  
18 inflammation using CS and LPS (21,32,33). The longitudinal HPXe MRI assessment of  
19 pulmonary function revealed a significant decrease in parameters of both fractional  
20 ventilation,  $r_a$ , and gas-exchange,  $f_D$ , of the CS and LPS mice after 6 weeks of CS and  
21 LPS exposure. However, for the first 2 weeks, pulmonary function in these mice was  
22 not notably different from that of sham-instilled mice. The longitudinal variation in  
23 the mean values of the two parameters was found to correlate, suggesting that the  
24 time-course of disease progression acted to simultaneously impair both ventilation and  
25 gas-exchange function. In addition, the  $r_a$  and  $f_D$  values were found to correlate  
26 significantly on a per mouse basis at week 10, although not prior to week 10, which  
27 supports the decision to end the CS and LPS administration at this time-point.  
28 Reductions in  $f_D$  and increases in the prevalence of ventilation defects have been  
29 previously observed using hyperpolarized gas MRI in human COPD patients (34,35),  
30 supporting the fact that the CS and LPS model of COPD employed here could  
31 successfully induce similar pathological effects to COPD itself. Combining  
32 whole-body CS exposure with LPS administration induced significant emphysematous  
33 pathology and bronchial wall thickening after 10 weeks of exposure, as illustrated by  
34 histology slides (Figures 5 and 6). On the other hand, exposure to only CS has been  
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Comment [XH16]: R2.2

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7 reported to typically require  $\geq 6$  months to establish the characteristic emphysematous  
8 pathology in mice (36). While Hansbro et al. succeeded to establish a mouse model of  
9 COPD by 8 weeks of CS exposure through the nose only, this procedure required  
10 purpose-built equipment that is not readily translatable to our laboratory, and the CS  
11 dose was relatively high (2 cigarettes/mouse/day) (37). Thus, our protocol of CS and  
12 LPS exposure considerably shortened the time required to produce the two phenotypes  
13 of COPD pathology without necessitating specialist equipment. As such, this  
14 procedure may be advantageous for future investigations of COPD treatment response.

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23 The present COPD mouse model caused significant decreases of ventilation and  
24 gas-exchange parameters: mean  $r_a$  of  $0.19 \pm 0.03$  in CS and LPS mice compared with  
25  $0.25 \pm 0.03$  in sham-instilled mice; mean  $f_D$  of  $4.5 \pm 1.0\%$  compared with  $6.8 \pm 0.6\%$ ,  
26 respectively, after 10 weeks. The decrease of  $r_a$  after 10 weeks of exposure to CS and  
27 LPS is indicative of an increase in the bronchial wall thickness, and indeed  $r_a$  showed  
28 a significant correlation with the histology-derived  $h$  value at this time-point (Figure  
29 7). However, the decrease of  $f_D$  is indicative of both a reduction in the volume of  
30 septal tissue and an increase in the bronchial wall thickness. The decrease in  $f_D$  and  $r_a$   
31 at the 6 week time-point may be attributable to the increase in bronchial wall thickness,  
32  $h$ , (see Supporting Figure S1) since it is unlikely that the volume of septal tissue  
33 decreased (as there was no significant change in MLI at the 4 week time-point). This  
34 situation may be similar to a previous study in which CS and LPS were administered to  
35 rats for 6 weeks (21). According to that report, no histological evidence of COPD (i.e.  
36 MLI change) was seen despite overexpression of HMGB1. However, it is worth noting  
37 that these observations might not exclude the possibility of early stage emphysema,  
38 because mice lack the anatomical characteristics (respiratory bronchioles) for  
39 expression of centrilobular emphysema (4). One might also expect that the decrease in  
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$f_D$  was caused in part by a reduction in the volume of the pulmonary capillaries, because the  $f_D$  measurement includes a contribution related to blood volume (since ddY-type mice exhibit only a single NMR peak from dissolved-phase  $^{129}\text{Xe}$  in lung tissue and blood (31), and furthermore, the XTC technique as employed herein does not enable the distinction of two dissolved-phase  $^{129}\text{Xe}$  compartments even if they were present).

In the present study, the efficacy of EP for treatment of the CS and LPS model of COPD was quantified by longitudinal observations of pulmonary function. The reductions in  $r_a$  and  $f_D$  in the CS and LPS group after 6 weeks recovered to a similar level as the sham-instilled group by 2 and 4 weeks of administration of EP, respectively ( $P < 0.01$ , see Figures 3 and 4). Because the administration of EP was only started 6 weeks after commencement of CS and LPS exposure (i.e. after some impairment of pulmonary function was observed), EP likely exhibited a combination of both preventative and therapeutic properties in the CS and LPS model of COPD. In other words, EP may have acted to inhibit further emphysema development and to repair the existing bronchial wall damage (Figures 5 and 6). This hypothesis is supported by the lack of significant difference in the  $r_a$  and  $f_D$  values between 6 and 10 week time-points in the EP-treated group ( $P > 0.05$ ). However, the present study was unable to clarify whether the recovery of HPXe MRI metrics might be indicative of the reparation of tissue loss by early emphysema and/or improved pulmonary hemodynamics. To prove whether EP can indeed act to reverse emphysematous tissue loss, further experiments are needed in which EP administration is started after 10 weeks of CS and LPS exposure.

To the best of our knowledge, this is the first evidence of the therapeutic action of EP in a murine COPD model, as measured by HPXe MRI. Recently, it has been

**Comment [XH22]:** Reply to

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7 reported that intraperitoneal administration of EP can inhibit the expression of  
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9 HMGB1 (18,19). Additionally, high expression of HMGB1 has been reported to lead to  
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11 lung functional impairment, and is associated with the development and progression of  
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13 COPD (20-22). On the other hand, albeit paradoxically, the HMGB1/RAGE pathway is  
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15 also known to be associated with a series of signalling pathways for tissue repair  
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17 (23,24). It may be speculated that EP is effective in treating lung diseases caused by  
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19 chronic inflammation (such as the CS and LPS model of COPD) through the regulation  
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21 of HMGB1/RAGE, leading to improvement and potentially maintenance of murine  
22  
23 pulmonary function. Further studies with corresponding molecular assays are required  
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25 to substantiate this claim.  
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## 28 **CONCLUSION**

29  
30 The feasibility of HPXe MRI for longitudinal assessment of disease progression and  
31  
32 pharmacological therapy has been demonstrated in a mouse model of COPD. The  
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34 model, combining exposure to cigarette smoke and lipopolysaccharide solution,  
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36 induced COPD characteristics in mice in a relatively short time of 10 weeks and offers  
37  
38 potential advantages for pharmacological therapy assessment applications. HPXe  
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40 MRI-derived metrics of pulmonary function showed considerable impairment in both  
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42 ventilation and gas-exchange function in CS and LPS mice compared with  
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44 sham-instilled mice, as verified by histological analysis. Longitudinal HPXe MRI  
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46 assessment of the action of an anti-inflammatory agent, ethyl pyruvate, for treatment  
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48 of this COPD model revealed preliminary evidence of its efficacy, and may help to  
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50 elucidate the exact mechanisms of its therapeutic action in the future.  
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Comment [XH27]: R2.12

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7 Acknowledgements

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9 This work was supported by the Japan Society for the Promotion of Science (JSPS)  
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11 KAKENHI grant numbers: JP24300163 and JP15H03006. NJS acknowledges funding  
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13 support from the Medical Research Council (MRC) and the JSPS summer programme  
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11 Figure 1. Example parametric maps of  $r_a$  derived from longitudinal studies of mice in  
12 each of the three groups, from top to bottom: sham-instilled; CS and LPS model of  
13 COPD; EP-treated. In all cases, the time course is shown horizontally.  
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21 Figure 2. Example parametric maps of  $f_D$  derived from longitudinal studies of mice in  
22 each of the three groups, from top to bottom: sham-instilled; CS and LPS model of  
23 COPD; EP-treated. In all cases, the time course is shown horizontally.  
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31 Figure 3. Box plots of the temporal change of mean  $r_a$  values for all mice, separated by  
32 group. Significant differences between groups are indicated by solid lines, along with  
33 the corresponding p values of significance (\* $P < 0.05$ ; \*\*  $P < 0.01$ ).  
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41 Figure 4. Box plots of the temporal change of mean  $f_D$  values for all mice, separated by  
42 group. Significant differences between groups are indicated by solid lines, along with  
43 the corresponding p values of significance (\* $P < 0.05$ ; \*\*  $P < 0.01$ ).  
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51 Figure 5. a) Box plots showing the mean MLI values obtained from mice in each of the  
52 four groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w), CS  
53 and LPS model of COPD (CS&LPS10w); EP-treated. b) Representative examples of  
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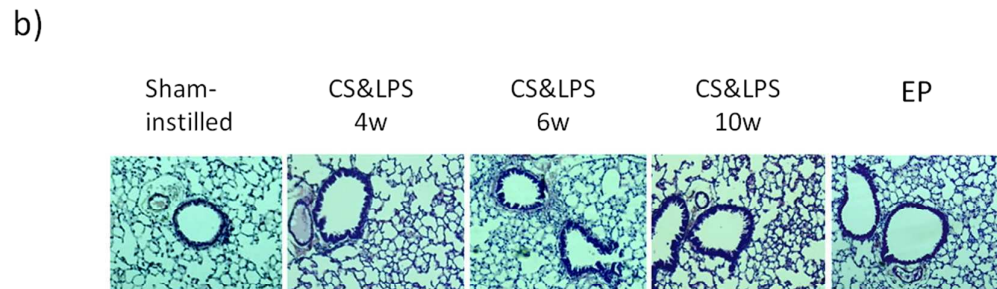
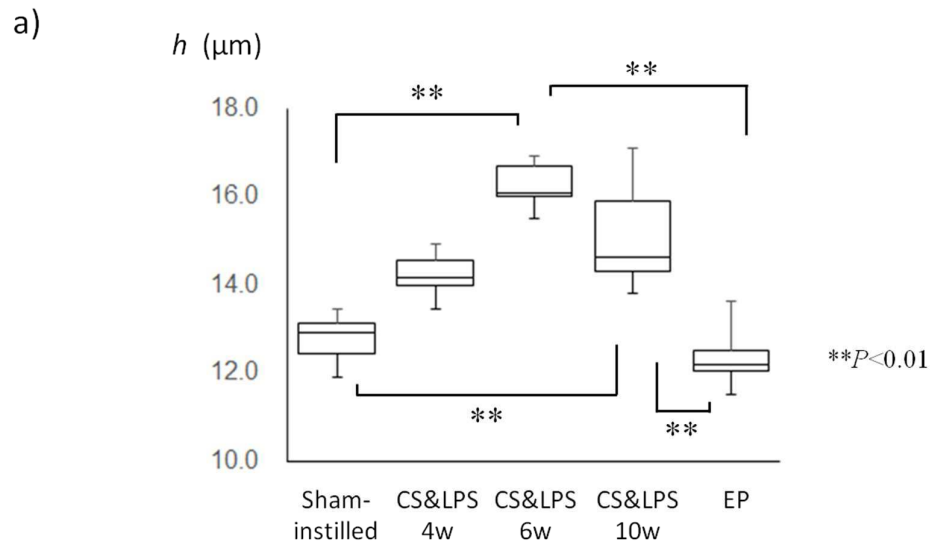
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H&E stained histology slides obtained from 5 lung regions of one mouse chosen from each of the four groups. RU, right upper lobe; RM, right middle lobe; RL, right lower lobe; LU, upper region of the left lobe; LL, lower region of the left lobe. Note: mean values in a) represent the mean of the whole group; mean values in b) represent the mean for the selected mouse from each group.

Figure 6. a) Box plots showing the mean bronchial wall thickness ( $h$ ) values obtained from mice in each of the four groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w), CS and LPS model of COPD (CS&LPS10w); EP-treated after the 10 week experimental protocol. b) Representative examples of H&E stained histology slides obtained from the four groups.

Figure 7. Relationships between HPXe MRI-derived parameters of pulmonary function ( $r_a$  and  $f_D$ ), and histology-derived parameters of lung structure (MLI and  $h$ ) obtained from the sham-instilled ( $\square$ ), EP-treated ( $\circ$ ), and CS and LPS ( $\blacktriangle$ ) mice after the 10 week experimental protocol. The Pearson's  $r$  value and  $P$  value of statistical significance are noted in each plot.

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7 Supporting Figure S1. a) Box plots showing the mean bronchial wall thickness ( $h$ )  
8 values obtained from mice in each of the five groups, from left to right:  
9 sham-instilled; histological analysis (CS&LPS 4w and CS&LPS 6w), CS and LPS  
10 model of COPD (CS&LPS10w); EP-treated after the 10 week experimental protocol. b)  
11 Representative examples of H&E stained histology slides obtained from the five  
12 groups.  
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Supporting Figure S1. a) Box plots showing the mean bronchial wall thickness ( $h$ ) values obtained from mice in each of the five groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w and CS&LPS 6w), CS and LPS model of COPD (CS&LPS10w); EP-treated after the 10 week experimental protocol. b) Representative examples of H&E stained histology slides obtained from the five groups.

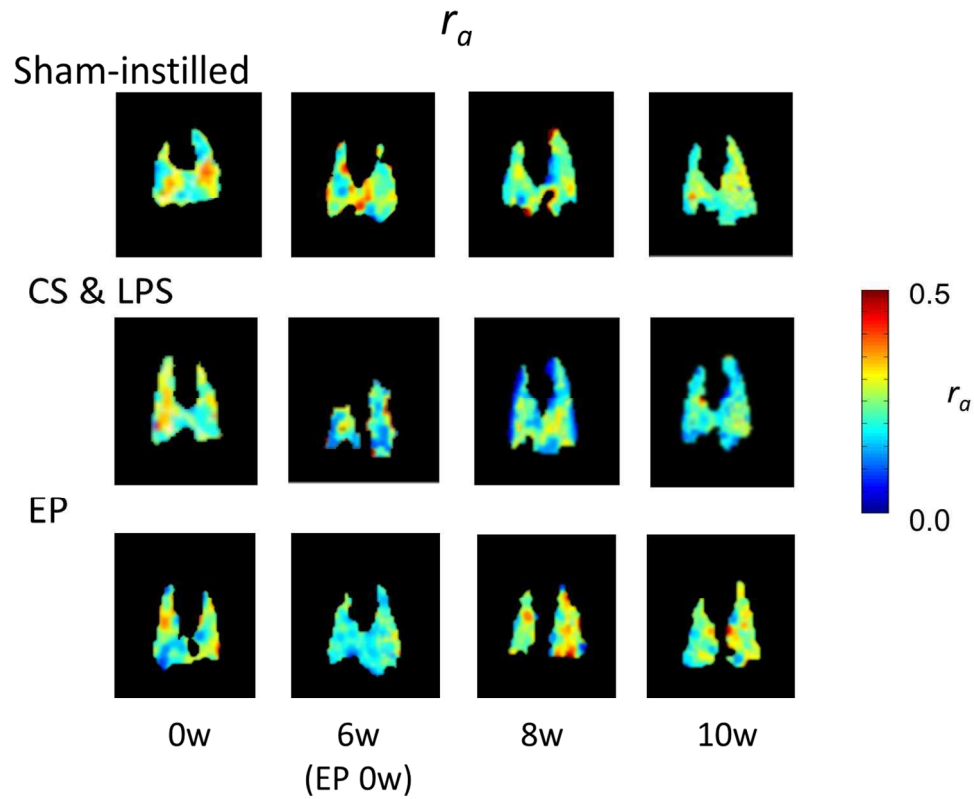


Figure 1. Example parametric maps of  $r_a$  derived from longitudinal studies of mice in each of the three groups, from top to bottom: sham-instilled; CS and LPS model of COPD; EP-treated. In all cases, the time course is shown horizontally.

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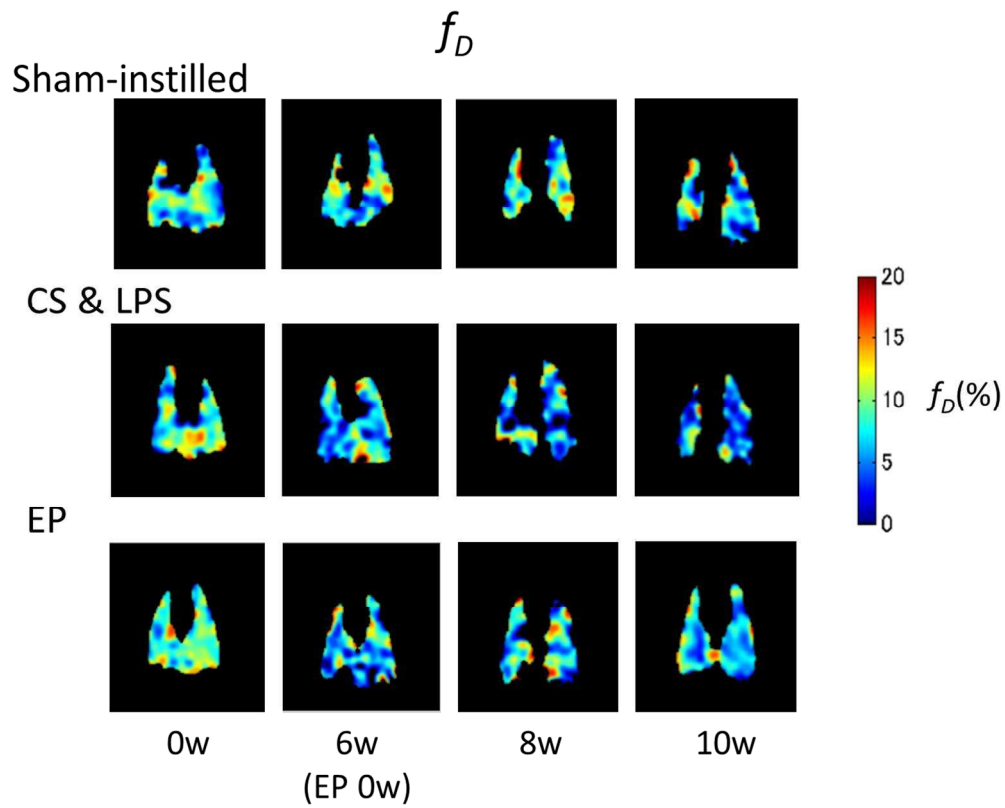


Figure 2. Example parametric maps of  $f_D$  derived from longitudinal studies of mice in each of the three groups, from top to bottom: sham-instilled; CS and LPS model of COPD; EP-treated. In all cases, the time course is shown horizontally.

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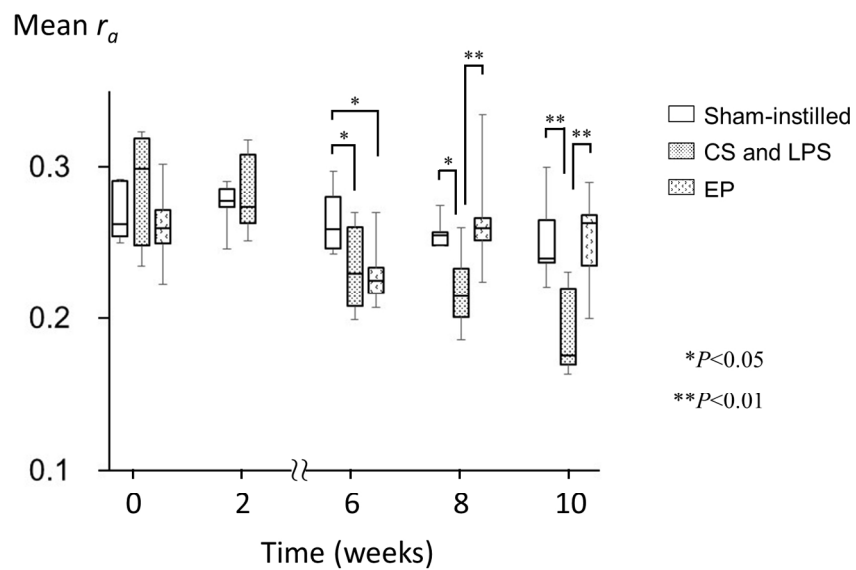


Figure 3. Box plots of the temporal change of mean  $r_a$  values for all mice, separated by group. Significant differences between groups are indicated by solid lines, along with the corresponding p values of significance (\*P < 0.05; \*\* P < 0.01).

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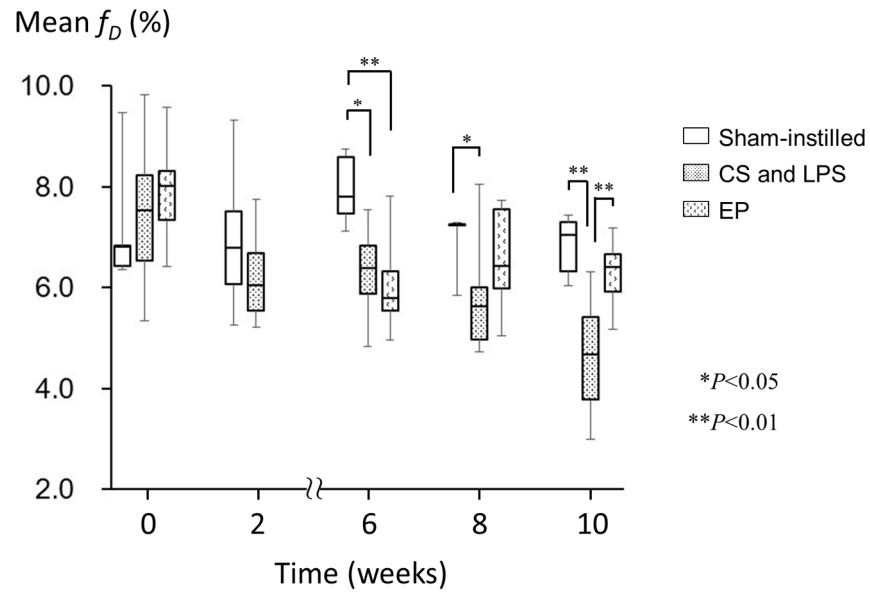


Figure 4. Box plots of the temporal change of mean  $f_D$  values for all mice, separated by group. Significant differences between groups are indicated by solid lines, along with the corresponding p values of significance (\* $P < 0.05$ ; \*\*  $P < 0.01$ ).

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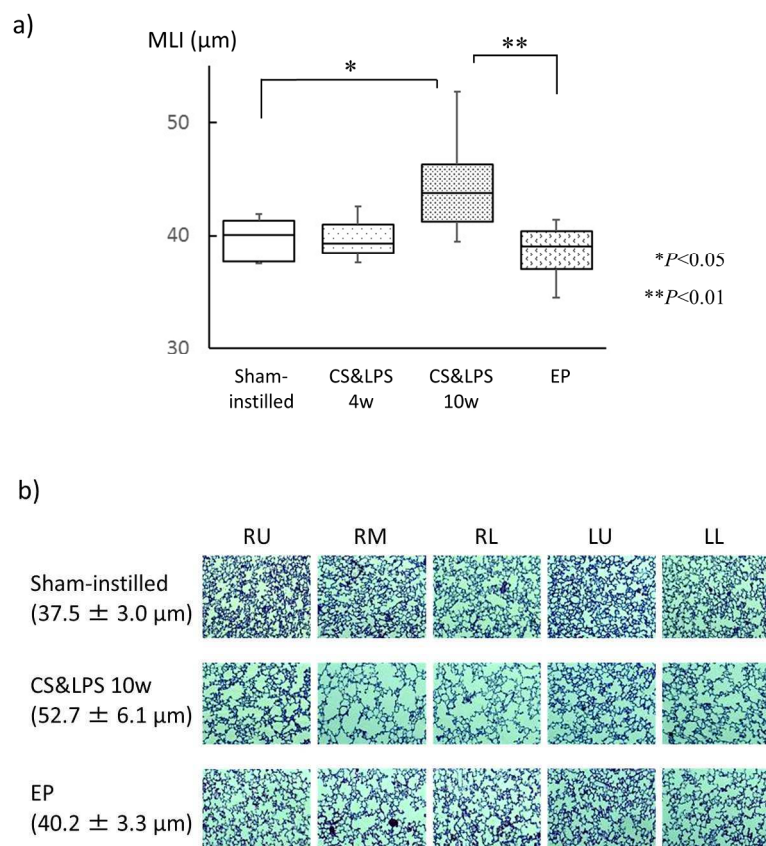


Figure 5. a) Box plots showing the mean MLI values obtained from mice in each of the four groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w), CS and LPS model of COPD (CS&LPS10w); EP-treated. b) Representative examples of H&E stained histology slides obtained from 5 lung regions of one mouse chosen from each of the four groups. RU, right upper lobe; RM, right middle lobe; RL, right lower lobe; LU, upper region of the left lobe; LL, lower region of the left lobe. Note: mean values in a) represent the mean of the whole group; mean values in b) represent the mean for the selected mouse from each group.

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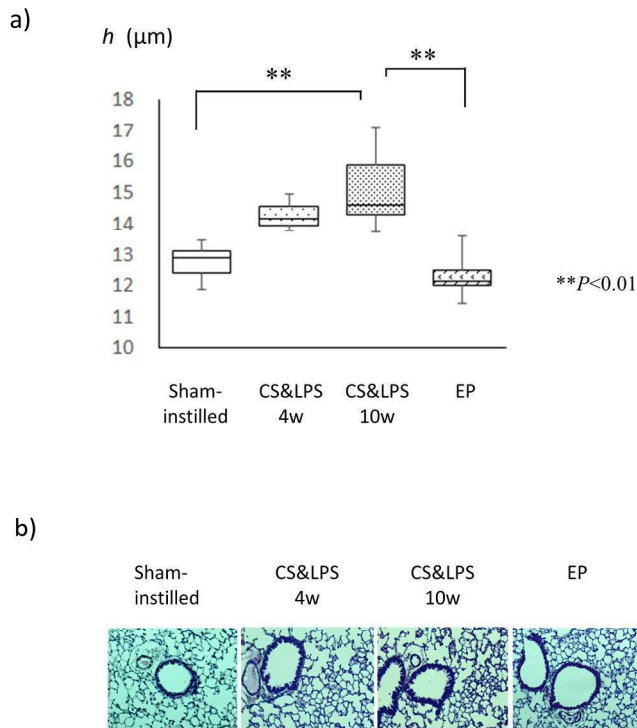


Figure 6. a) Box plots showing the mean bronchial wall thickness ( $h$ ) values obtained from mice in each of the four groups, from left to right: sham-instilled; histological analysis (CS&LPS 4w), CS and LPS model of COPD (CS&LPS10w); EP-treated after the 10 week experimental protocol. b) Representative examples of H&E stained histology slides obtained from the four groups.

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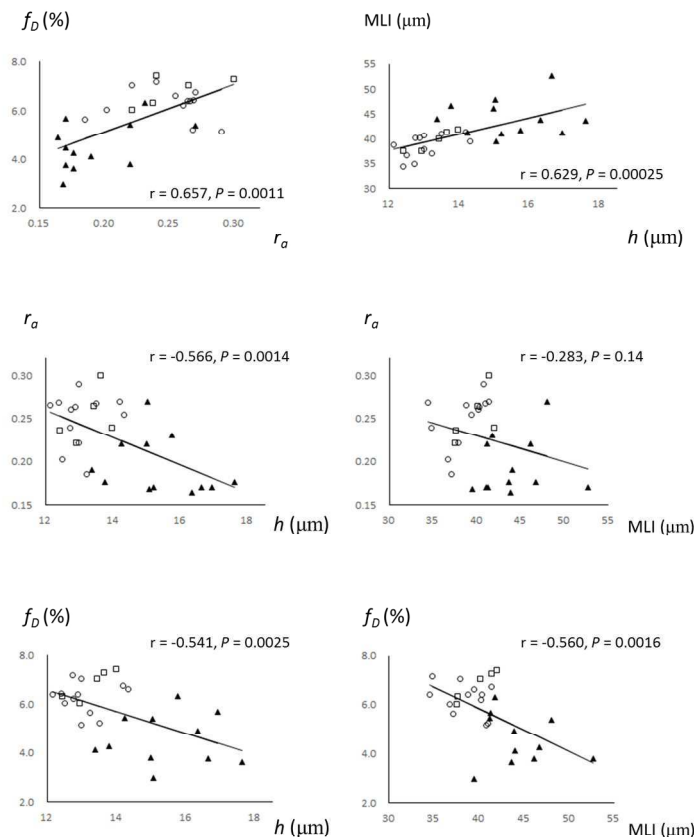


Figure 7. Relationships between HPXe MRI-derived parameters of pulmonary function ( $r_a$  and  $f_D$ ), and histology-derived parameters of lung structure (MLI and  $h$ ) obtained from the sham-instilled ( $\square$ ), EP-treated ( $\circ$ ), and CS and LPS ( $\blacktriangle$ ) mice after the 10 week experimental protocol. The Pearson's  $r$  value and  $P$  value of statistical significance are noted in each plot.

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