

Repetitive bleomycin installations promote persistent progressive lung fibrosis in a spirometry-confirmed mouse model of IPF

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Background & Aim

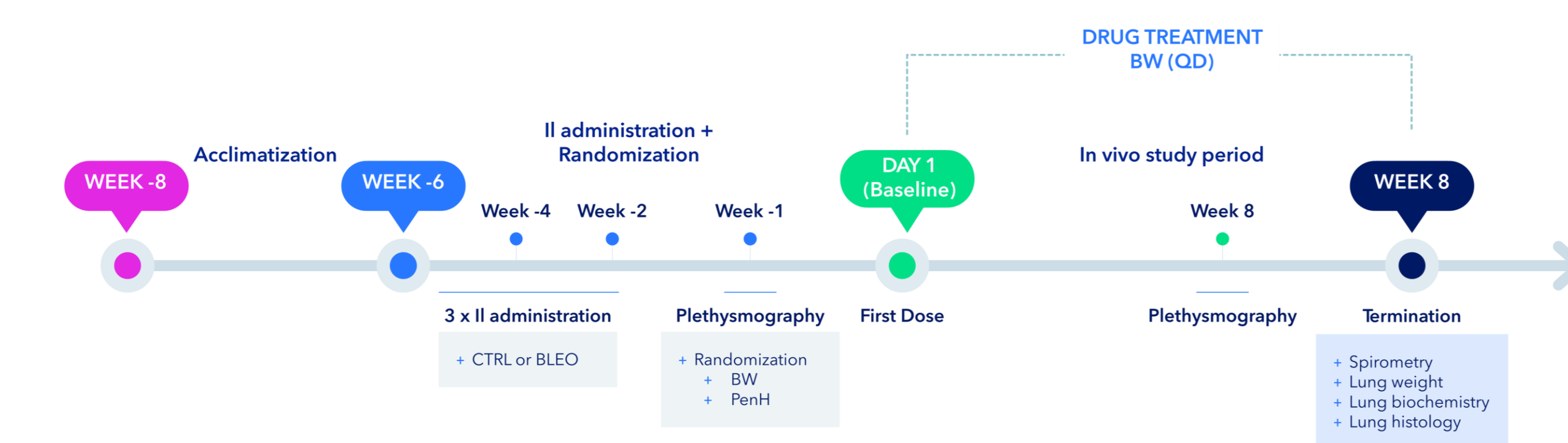
The bleomycin (BLEO) mouse model of pulmonary fibrosis is extensively used in preclinical drug discovery for idiopathic pulmonary fibrosis (IPF). A major limitation of the single-dose BLEO-IPF model is spontaneous resolution of lung fibrosis.

The aim of the present study was to establish a novel BLEO-IPF mouse model with persistent progressive pulmonary fibrosis using repetitive bleomycin instillations.

Methods

12-week-old C57BL/6JRj male mice received bi-weekly intratracheal instillations of either bleomycin (1.75 mg/kg, 50 μ L) or saline (control, 50 μ L) for a total of six weeks. After the bleomycin instillation lead-in period, a BLEO-IPF baseline group was terminated (BLEO-IPF Baseline). Other BLEO-IPF (BLEO-IPF W8) and control mice (CTRL) were administered saline (BID, PO) for additional 8 weeks. Body weight was monitored daily, and enhanced pause (PenH) was measured by whole-body plethysmography at baseline for randomization, and termination at week 8. Terminal pulmonary endpoints included spirometry, hydroxyproline (HP), severity of fibrosis using Ashcroft score, quantitative histological markers of inflammation (Gal-3), fibrogenesis (α -SMA) and fibrosis (PSR, Col1a1, Col3).

1 Study outline



Group	Animal	Group	Gender	Number of animals	Treatment	Administration route	Dosing Frequency	Dosing volume
1	CTRL	W8	Male	10	Saline	PO	BID	5 mL/kg
2	BLEO-IPF	Baseline	Male	13	NA	NA	NA	NA
3	BLEO-IPF	W8	Male	17	Saline	PO	BID	5 mL/kg

2 Metabolic and biochemical parameters

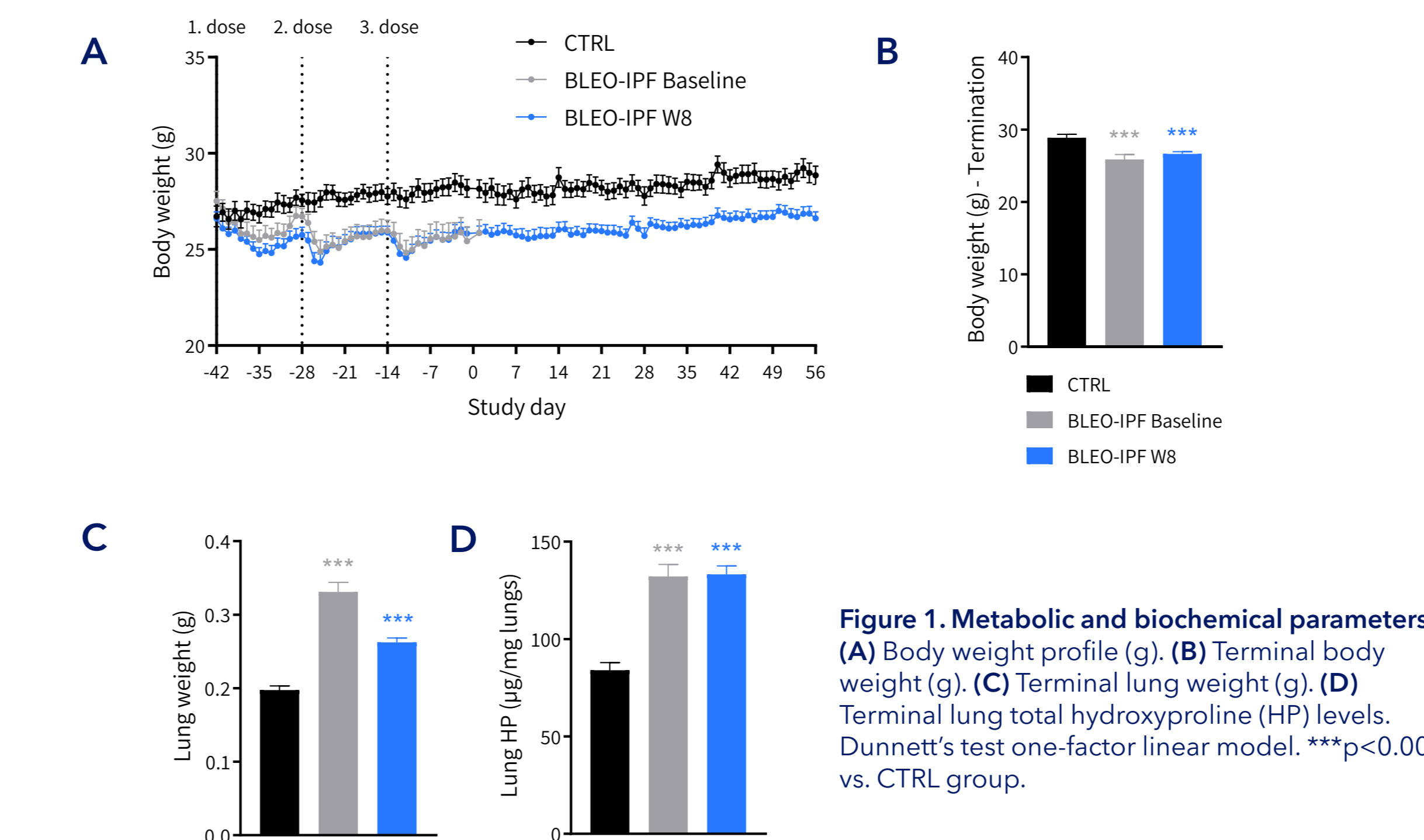


Figure 1. Metabolic and biochemical parameters. (A) Body weight profile (g). (B) Terminal body weight (g). (C) Terminal lung weight (g). (D) Terminal lung total hydroxyproline (HP) levels. Dunnett's test one-factor linear model. ***p<0.001 vs. CTRL group.

3 Pulmonary function

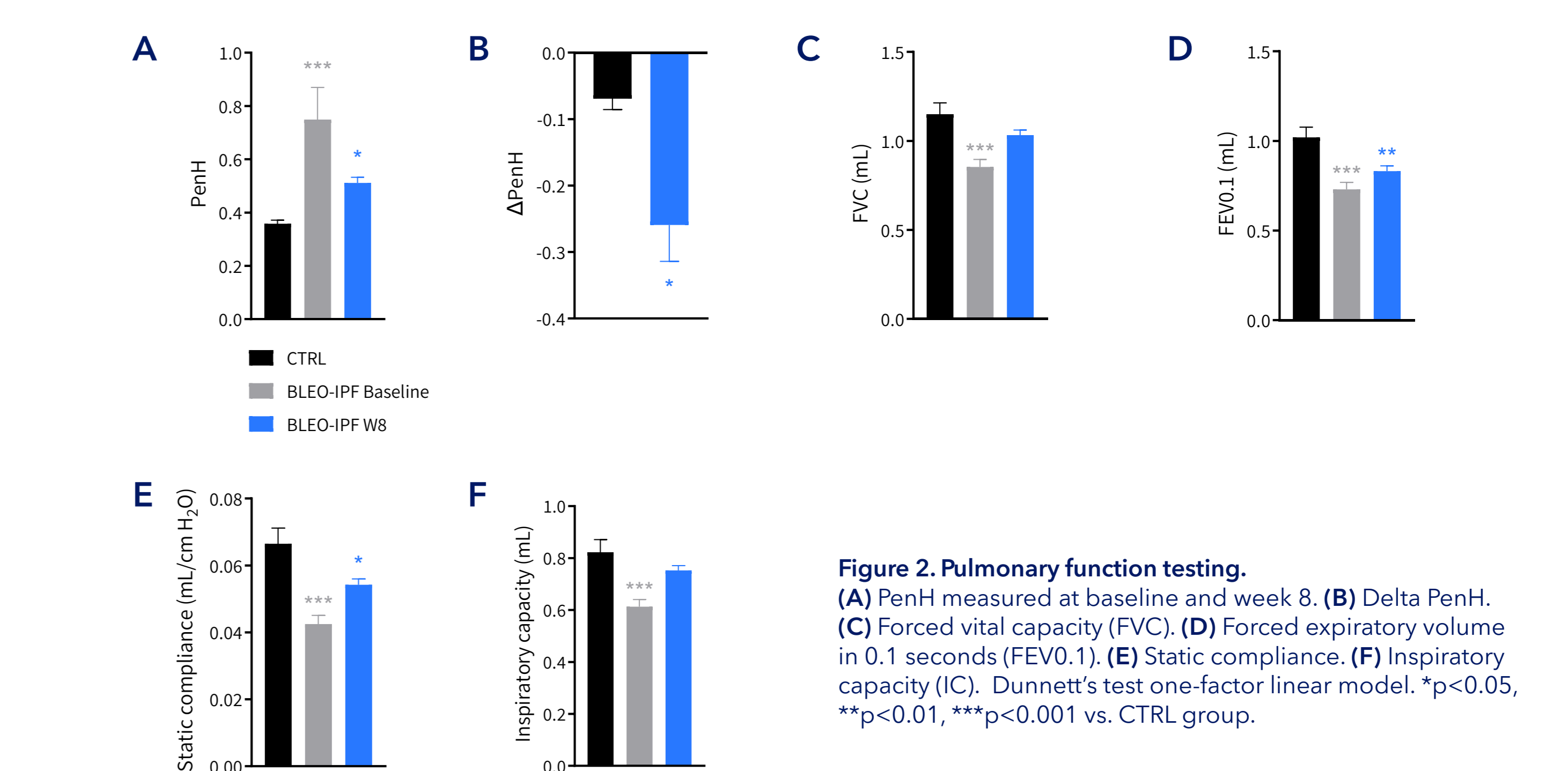
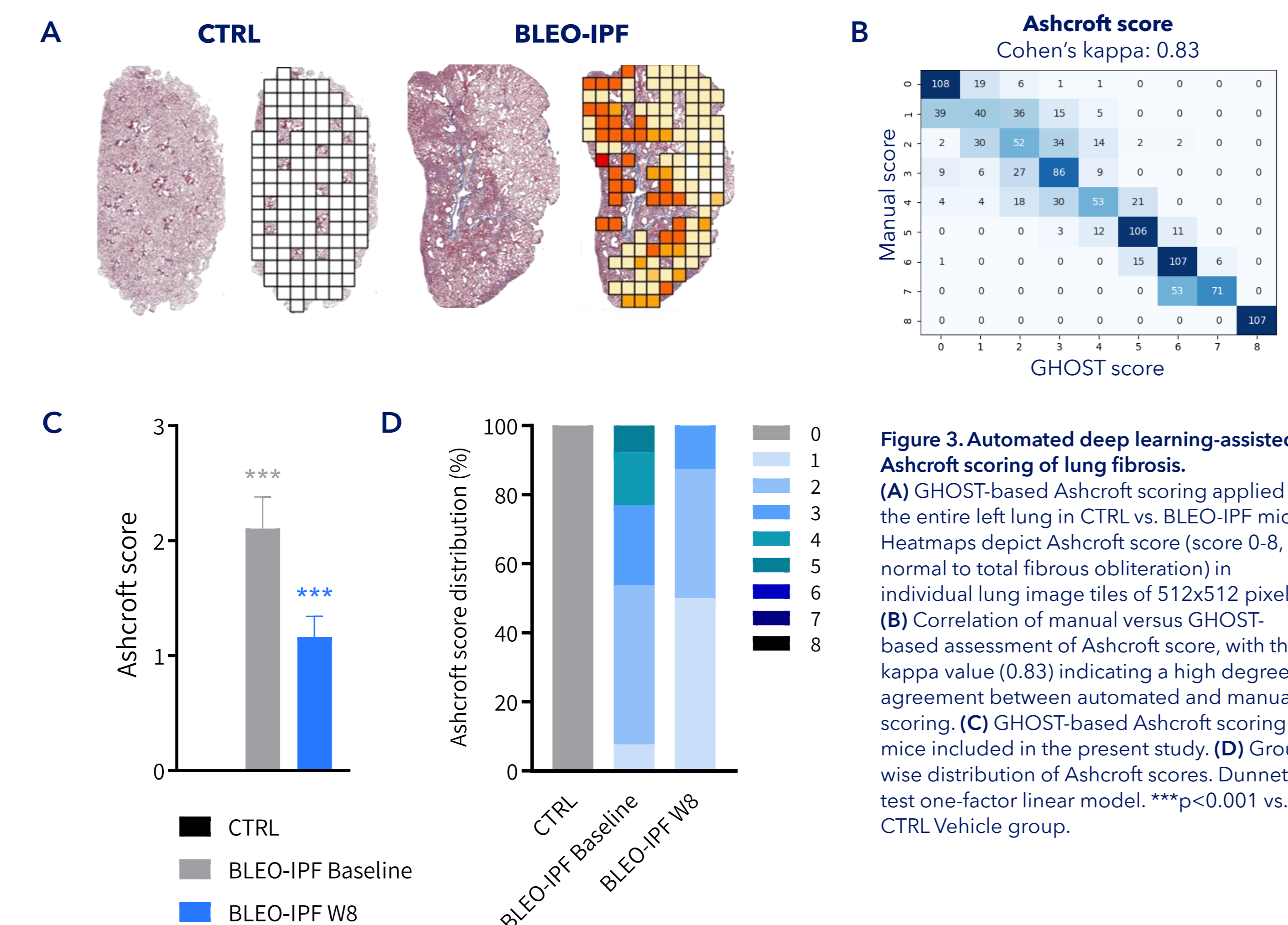


Figure 2. Pulmonary function testing. (A) PenH measured at baseline and week 8. (B) Delta PenH. (C) Forced vital capacity (FVC). (D) Forced expiratory volume in 0.1 seconds (FEV0.1). (E) Static compliance. (F) Inspiratory capacity (IC). Dunnett's test one-factor linear model. *p<0.05, **p<0.01, ***p<0.001 vs. CTRL group.

4 Histopathological Ashcroft scoring



5 Histological markers of inflammation, fibrosis and fibrogenesis

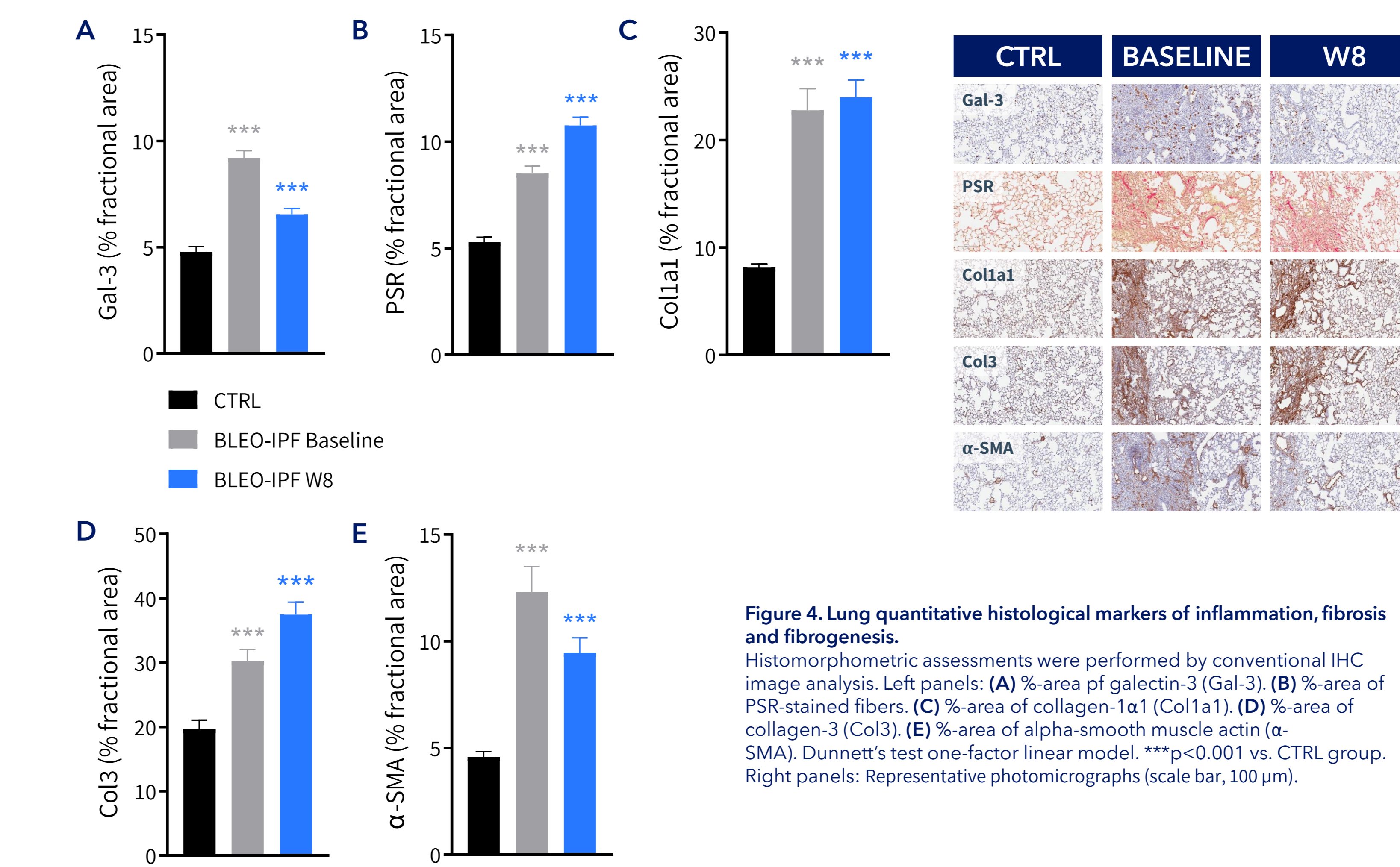


Figure 4. Lung quantitative histological markers of inflammation, fibrosis and fibrogenesis. Histomorphometric assessments were performed by conventional IHC image analysis. Left panels: (A) %area of galectin-3 (Gal-3). (B) %area of PSR-stained fibers. (C) %area of collagen-1 α 1 (Col1a1). (D) %area of collagen-3 (Col3). (E) %area of alpha-smooth muscle actin (α -SMA). Dunnett's test one-factor linear model. ***p<0.001 vs. CTRL group. Right panels: Representative photomicrographs (scale bar, 100 μ m).

Conclusion

Repetitive bleomycin installations promote:

- + Persistent increases in lung weight and pulmonary inflammation (Gal-3)
- + Persistent lung functional impairment (PenH, FEV0.1, static compliance)
- + Persistent (HP, Col1a1) and progressive (PSR, Col3) pulmonary fibrosis

The chronic BLEO-IPF mouse model is suitable for testing novel IPF-targeted drug therapies

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