Species variations in tenocytes' response to inflammation require careful selection of animal
 models for tendon research

Author list: Gil Lola Oreff¹⁺, Michele Fenu¹⁺, Claus Vogl², Iris Ribitsch¹, Florien Jenner^{1*} University of Veterinary Medicine Vienna, Department of Companion Animals and Horses, Equine Surgery Unit, VETERM, Veterinaerplatz 1, 1210 Vienna, Austria University of Veterinary Medicine Vienna, Department of Biomedical Sciences, Institute of Animal Breeding and Genetics, Veterinaerplatz 1, 1210 Vienna, Austria ⁺ shared first author * corresponding author: F. Jenner: Florien.Jenner@vetmeduni.ac.at

18 Abstract

19 For research on tendon injury, many different animal models are utilized; however, the extent

- 20 to which these species simulate the clinical condition and disease pathophysiology has not yet
- 21 been critically evaluated. Considering the importance of inflammation in tendon disease, this
- study compared the cellular and molecular features of inflammation in tenocytes of humans
- and four common model species (mouse, rat, sheep, and horse). While mouse and rat
- 24 tenocytes most closely equalled human tenocytes' low proliferation capacity and the negligible
- 25 effect of inflammation on proliferation, the wound closure speed of humans was best
- 26 approximated by rats and horses. The overall gene expression of human tenocytes was most
- 27 similar to mice under healthy, to horses under transient and to sheep under constant
- 28 inflammatory conditions. Humans were best matched by mice and horses in their tendon
- 29 marker and collagen expression, by horses in extracellular matrix remodelling genes, and by
- 30 rats in inflammatory mediators. As no single animal model perfectly replicates the clinical
- 31 condition and sufficiently emulates human tenocytes, fit-for-purpose selection of the model
- 32 species for each specific research question and combination of data from multiple species will
- 33 be essential to optimize translational predictive validity.

35 Introduction

36 Animal models are cornerstones of biomedical and translational medicine research. They are

- 37 used when it is unethical or impractical to study the target species to explore basic
- 38 pathophysiological mechanisms, to evaluate safety and efficacy of new treatment approaches,
- 39 and to decide whether novel therapeutic candidates warrant the economic and moral costs of
- 40 clinical development.¹⁻⁷ For 90% of new treatment strategies, however, translation from basic
- 41 science to the clinic fails, mainly because clinical trials show them to be inefficient (52%) or
- 42 unsafe (24%) during phases II and III.^{4,5,8} Such translational failures cost animal lives, strain
- 43 clinical trial volunteers, and burden biomedical research, the pharmaceutical industry and
- 44 health care systems. So far, attempts to optimize translational success have mainly focused on
- 45 internal validity flaws such as methodological shortcomings in animal and clinical trials,
- 46 publication bias, or overoptimistic conclusions about efficacy. Yet another key factor, the
- 47 external validity, or generalizability, of animal models has received little attention.^{4,5,8-13}
- 48 Common problems of external validity include species differences in disease pathophysiology,
- 49 common confounding comorbidities and the selection of outcome measures.⁵ An animal model
- 50 should sufficiently emulate aetiology, pathophysiology, symptomatology and response to
- 51 therapeutic interventions of the target species to allow extrapolation.^{5,11} As no single animal
- 52 model perfectly recapitulates the clinical realm, fit-for-purpose validation and selection of the
- 53 most appropriate model species is essential.¹⁰⁻¹³ Unfortunately, for musculoskeletal disorders,
- 54 such as tendinopathy, in depth validation studies of animal models beyond structural and
- 55 biomechanical similarities are largely lacking.

56 Tendinopathy, a disabling overuse injury, is the most common musculoskeletal complaint for which patients seek medical attention.¹⁴ It is prevalent in both occupational and athletic 57 58 settings, afflicting 25% of the adult population, and accounting for 30–50% of all sport 59 injuries.¹⁵⁻¹⁸ Major tendons experiencing high loads are most commonly affected, especially the weight-bearing and energy-storing Achilles tendon, which routinely experiences loads of up to 60 12.5 times the weight of the individual.^{6,19} Many intrinsic and extrinsic factors, including age, 61 body weight and physical loading, influence the aetiopathogenesis of tendinopathy. Overload 62 and repetitive strain lead to accumulation of microdamage and concurrent inflammatory, 63 64 dysregulated reparative and degenerative processes, causing clinical symptoms, e.g., activity-65 related pain, focal tendon tenderness and swelling, and functional limitations. Overt clinical 66 symptoms such as pain are preceded by tendinous matrix remodelling, an inflammatory cellular process mediated in part by metalloproteinase enzymes.^{20,21} Due to its low cellularity, 67 68 vascularity and metabolic rate, a tendon's response to injury is inefficient, requiring lengthy periods of recuperation and often resulting in a fibrovascular scar. Scar tissue has significantly 69 inferior biomechanical properties than the original tendon tissue and is prone to re-injury.^{16,22-24} 70 71 Current treatment options are mostly palliative and fail to restore the functional properties of injured tendons.^{16,22-24} Tendinopathy thus has a significant adverse impact on guality of life and 72 costs individuals and the society an estimated annual expense of \$30 billion.^{25,26} This is driving 73 74 research efforts into unravelling the molecular mechanisms of tendinopathy and developing 75 targeted regenerative therapies. Of particular interest in this context are the cellular and 76 molecular processes orchestrating inflammation in tendinopathy and the mechanisms

77 governing the development of chronic inflammation that fails to resolve in persistently

78 symptomatic patients.²⁷

79 Tendon injury induces a local inflammatory response, characterized by immune cell infiltration

- 80 and the expression of pro-inflammatory mediators, which in turn reduce collagen production
- 81 and induce vasodilation, angiogenesis, and matrix metalloproteinase (MMPs) expression.²⁸⁻³¹
- 82 Furthermore, the inflammatory milieu can modify tenocyte physiology by increasing metabolic
- 83 activity and inducing an activated, proinflammatory phenotype with inflammation memory and
- 84 the capacity for endogenous production of cytokines such as TNF- α , IL-1 β , IL-6, IL-10, VEGF and
- 85 TGF- β .^{29,30,32} While the initial inflammatory response is essential to start the healing process,
- 86 sustained inflammatory conditions contribute to dysregulated matrix remodelling and
- 87 fibrovascular scarring during healing.^{18,31} Chronic inflammation thus drives tendon
- 88 degeneration before tearing or any other clinical signs of tendinopathy, impairs healing after
- 89 injury and promotes the development of tendinopathy.¹⁴
- 90
- 91 While human tendon tissue can typically be procured only from individuals with advanced
- 92 pathology, animal models provide the opportunity to obtain tissue during all stages of
- 93 tendinopathy to study organ, cellular and molecular changes over the entire course of the
- 94 disease. In animal models, consistent and repeatable injuries can be induced, evaluated and
- 95 treated, while controlling for potential confounding influences.^{23,33,34} Since no species has been
- 96 established as the gold standard for tendinopathy research, many induced and spontaneous
- 97 animal models ranging from small rodents (mice, rats) to large animals (sheep, horses) are
- 98 utilized.^{19,35-43} While the biomechanical properties of the various species are well established,
- 99 their ability to simulate the pathophysiology of human tendon disease, including the molecular
- 100 behaviour of key genes and pathways, has not been critically evaluated yet and detailed
- 101 analyses of species- specific differences in cytokine expression and regulation as well as of
- 102 tenocytes susceptibility to cytokines are still lacking.⁴⁴
- 103 Considering the importance of inflammation in tendon disease,^{29,33,45,46} this study compares the
- 104 cellular and molecular features of inflammation in tenocytes of humans and four common
- 105 model species (mouse, rat, sheep, and horse) to aid in the evidence-based selection of fit-for-
- 106 purpose translational animal models for tendon research. Mice and rats are included due to
- 107 their prevalent use as laboratory animals and availability of species-specific molecular tools.^{6,47}
- 108 Larger animals are used increasingly as translational models due to their more comparable
- 109 tendon dimensions and biomechanics.^{23,48-50} Horses present an attractive model of human
- 110 tendinopathy since their superficial digital flexor tendon is a weight-bearing and energy-storing
- 111 tendon analogous to the human Achilles tendon, which is similarly prone to naturally occuring
- 112 tendon disease with high recurrence rates.^{9,51,52} Furthermore equine ageing proceeds similarly
- to humans.^{39,51,52} Sheep are included because features of clinical tendinopathy of horses could
- be emulated also in ovine induced models.^{51,53-57} In particular, the ovine intra-synovial tendon
- 115 lesion model mimics the clinical intra-synovial tendon disease of humans and horses more
- accurately than small animal extra-synovial models, e.g., with respect to histology and gene
- expression, to similarities in the biomechanical environment and to failure of lesions to
 heal.^{51,53-57}

119

120 Results

121 Morphology

- 122 Tenocytes from all five species shared common characteristics with a fusiform appearance,
- adherence to the flask and similar dimensions (fig. 1): human tenocytes measured 177.8 ± 40.1
- 124 μ m (mean ± s.d.) in length and 20.2 ± 4.4 μ m in width, mouse 163.7 μ m (±23.6) x 19.4 μ m
- 125 (±3.3), rat 182.5 (±26.6) x 24.2 (±8.0), sheep 206.3 (±45.5) x 28.9 (±8.5) and horse 193.2 (±8.4) x
- 126 15.4 (±1.4). In high confluency, tenocytes from human, sheep and horse showed similar
- 127 morphology, creating cell bundles arranged in a storiform pattern (fig. 1A), while tenocytes
- 128 from mouse and rat had a more scattered appearance with a random orientation.
- 129
- 130 Proliferation assay
- 131 Proliferation, migration and gene expression of tenocytes of all five species were compared
- 132 under standard culture conditions (healthy control) as well as under transient (24 h) and
- 133 constant exposure to inflammatory stimuli (fig. 2). Under healthy conditions (fig. 3, table 1),
- 134 equine tenocytes had the highest proliferation rates while murine cells had the lowest. Human
- 135 tenocytes exhibited the second lowest proliferation capacity with an inability to double the cell
- amount over the 48h observation period. Sheep and rat tenocytes were in the middle. From fig.
- 137 3, it can be seen that slopes are quite variable among species, but within species variation is
- low. Therefore, the slopes of tendon cells of all four model species are significantly different
- 139 from those of humans (p<0.001; to correct for multiple testing using Bonferroni with four
- 140 comparisons, the nominal significance levels, 0.05, 0.01, and 0.001, are set to the corrected
- 141 levels: 0.0125, 0.002, 0.0002, respectively), even for only three biological replicates per species.
- 142 Under constant exposure to inflammatory stimulation (10 ng/ml IL1 β and 10 ng/ml TNF α), the
- proliferation of sheep tenocytes decreased significantly and fell to about human levels, i.e., the
- difference in the proliferation slopes between healthy and constantly inflamed sheep
- decreased significantly (p<0.01). All other differences in slopes between healthy, constantly and
- transiently (only 24h inflammatory stimulation) inflamed conditions were not significant.
- 147
- 148 <u>Wound healing (scratch) assay</u>
- 149 Gap closure was significantly different (in all cases p<0.001) between all conditions, fastest for
- 150 healthy and slowest for constantly inflamed cells of all species (fig. 3, table 1). Murine tenocytes
- 151 showed the slowest wound healing for all conditions. There was no statistically significant
- 152 difference in migration speed between healthy and transient inflammatory conditions in
- 153 tenocytes of any species and between healthy and continuously inflamed conditions only for
- 154 mouse and rat cells (p< 0.05).
- 155 Under healthy conditions, gap closure of tenocytes from all species except rats was significantly
- different (in all cases p< 0.003) from humans with cells from rats showing the fastest wound
- 157 healing (gap closure at 48h mean 90.08% ± 8.01% s.d.), closely followed by humans (gap closure
- at 48h mean 86.25% ± 2.47% s.d.) and cells from mice the slowest (gap closure at 48h mean
- 159 51.49% ± 10.23% s.d.). Under transient inflammation rat tenocytes again were fastest (gap
- 160 closure at 48h mean 64.81% ± 7.84% s.d.), with ovine (gap closure at 48h mean 58% ± 11.17%
- 161 s.d.), human (gap closure at 48h mean 56.06% ± 25.27% s.d.) and equine tenocytes (gap closure
- at 48h mean 55.71% ± 9.6% s.d.) following with similar wound healing rates, while murine

- tendon cells again were slowest (gap closure at 48h mean 29.46% ± 4.36% s.d.). Under constant
- 164 inflammation, equine tenocytes were fastest (gap closure at 48h mean 35.23% ± 8.98% s.d.)
- followed closely by human tendon cells (gap closure at 48h mean 34.99% ± 19.12% s.d.). The
- 166 change in migration speed compared to healthy was significantly different from human
- 167 tenocytes for ovine tendon cells under transient and equine and murine tenocytes under
- 168 constant inflammation (table 1).
- 169

170 Quantitative PCR

- 171 The species show variable approximations of human expression levels among functional gene
- groups and conditions (table 2 and 3, fig. 4 and 5, suppl. fig. 1 and 2, suppl. table 1).⁵⁸ A
- 173 univariate Analysis of Variance (ANOVA) demonstrated significant differences between each
- species and humans in many genes relevant for tendon function and inflammatory response
- 175 (table 2). Remarkably, healthy tenocytes of all four species show significant differences to
- 176 humans in their expression of Col1, the main tendon matrix component, of collagenase MMP13
- and of the key inflammatory mediator COX2. Similarly, significant differences from humans in
- the COX2 expression of transiently inflamed tenocytes are evident for all four species and in IL6
- expression for all species except rats. In contrast, no significant differences to humans were
- 180 seen in MMP1 expression for any species and the osteogenic marker ALP was only significantly

181 different in healthy murine tenocytes. NFkB expression exhibited a significant difference only in

- 182 healthy horse tendon cells and p53 in healthy horse and rat tenocytes.
- 183 To condense the information from the univariate ANOVA results to overall measures of
- 184 similarity between the different animals and humans we calculated the multivariate
- 185 Mahalanobis distances of the four species to humans. The Mahalanobis distance is a non-
- dimensional measure of dissimilarity, where between group distances are weighted by the
- 187 inverses of within group variability, much like the test statistic of a t-test for one variable.
- 188 Similar to its use in graphically detecting outliers in multiple dimensions, we use it to show
- 189 multivariate dissimilarity in gene expression among species. In supplementary figure 1, we
- summarize conditions within a gene. From figure 4, it is evident that Cox2 is rather variable
- among species (especially human healthy cells differ from all animals, least so from mice) while showing relatively little variation within species under all conditions. Hence the Mahalanobis
- 193 distances to humans are comparatively large with mice being closest to humans (suppl. fig. 1).
- 194 The second immune gene, II6, shows also relatively little within species variation (fig. 4), but
- 195 comparatively less between species variation; especially rats and sheep are similar to humans,
- 196 while mice and horses are slightly further away (fig. 4, suppl. fig. 1). The Mahalanobis distances
- 197 (table 3) of the immune genes are relatively large compared to the other gene combinations
- due to low within species variability. The overall distance of the immune genes is a compromise
- between the two genes, such that rats are slightly more similar to humans than mice, with
- sheep and horses further away. When different functional groups of genes are analysed,
- variable Mahalanobis distances of the four model species from humans are found (table 3).
- 202 While mice and horses are closest to humans in their tendon marker and collagen expression,
- 203 horses appear to be by far the best model for MMPs (table 3). For the overall gene expression
- 204 of healthy tenocytes, Mahalanobis distances from human tenocytes are large and similar
- among species, with mouse tendon cells appearing least and rat tenocytes most distant from
- 206 human. For transient inflammation, Mahalanobis distances to humans are generally lower, but

207 the spread of differences widens, with horses, sheep and mice relatively close and rats clearly

208 furthest. For constant inflammation, the pattern is qualitatively similar to that under transient

209 inflammation. Overall, the pattern of multivariate dissimilarity of species varies widely and

210 unpredictably among species pairs with no single species most similar to humans.

211

212

213 Principal Component Analysis (PCA) is an exploratory technique for reducing the complexity of

214 data. We used expression data from all genes and plot the results for the different species x

condition combinations (fig. 5, suppl. fig. 2). The plot of PC1 vs. PC3 is easier to interpret than of

other combinations of PCs. (fig 5). With the exception of humans and mice, species are
 generally not well-separated. Within all species, the different conditions are spread along an

218 oblique line with healthy to the upper left and inflamed to the lower right. Within mice, healthy

is also separated from inflamed, while in sheep the pattern is less clear. Pairwise plots of other

220 PCs show similar but less clear patterns (suppl. fig. 2).

221

222 Discussion

223 Choice of the most appropriate animal model is the most essential and challenging element of 224 animal-based research, and also an important aspect of the 3Rs (i.e., replace, reduce, refine) to 225 ensure the best use of animals.⁵⁹⁻⁶¹ Unfortunately, the choice of animal models frequently is 226 based more on convention, financial and practical considerations, such as housing and 227 husbandry requirements or the availability of reagents and biochemical tests, than compelling

scientific evidence of the fit to human diseases and clinical contexts.^{4,5,9,62-64} The lack of formal

requirements for animal models is due to the traditional assumption that genetic homology

230 derived from a common evolutionary origin also implies functional similarities of gene

regulation, signalling pathways and developmental systems between species (the "unity in

232 diversity" concept).⁷ Species may, however, differ in critical aspects and rarely have assumed

similarities been empirically demonstrated.⁷ The diversity of human patients and symptoms is

thus unlikely fully represented in highly inbred rodents.^{65,66} Even humanized models, which

have contributed significantly to research by facilitating functional studies in vivo, cannot

- replicate the complexity of human disease.⁶⁷
- 237

238 Both the European Medicines Agency (EMA) and the USA Federal Food and Drug Administration 239 require the use of fit-for-purpose animal models to evaluate efficacy, durability, dose-response, 240 degradation and safety of new therapeutics for market approval. Recently, these regulatory 241 authorities published guidelines identifying requirements to demonstrate the relevance of 242 animal models for investigational new product testing by cross-species comparison of the 243 structural homology of the target, its distribution, signal transduction pathways and pharmacodynamics.^{68,69} Furthermore, several voluntary initiatives have established criteria to 244 encourage the evidence-based selection of animal models for stroke and schizophrenia.^{11,70,71} 245 To this end, both the model species and disease-induction protocols, need to be validated by 246 247 comparing the animal model with the gold standard or the target species.¹¹ As no gold standard 248 for tendon research is available, this study compared tenocyte morphology, proliferation rate, 249 wound healing speed, and gene expression of two small animals (mouse and rat) and two large 250 animals (sheep and horse) to human under healthy as well as "diseased" (transiently and

continuously inflamed) conditions to determine similarities and differences among species. It

- can serve as the foundation for a rational, evidence-based choice of optimal animal models forspecific aspects of human tendinopathy.
- 254

255 Tendon injury induces a local inflammatory response, which initiates the healing process. 256 Tendon healing occurs in three chronologic phases: inflammation (0-7 days), proliferation (1-6 weeks), and remodeling (6 weeks – 6 months). While these stages overlap, they are 257 258 characterized by temporally and functionally distinct cytokine profiles and cellular processes.⁷² 259 The initial inflammatory phase is characterized by influx of inflammatory cells, which release 260 chemotactic and proinflammatory cytokines and growth factors that lead to recruitment and 261 proliferation of macrophages and resident tendon fibroblasts.^{44,72-83} In addition, tenocytes produce also several endogenous cytokines and growth factors which contribute to the healing 262 process in an auto- and paracrine manner.^{44,75} During the proliferative stage tenocytes 263 proliferate and produce an immature neomatrix with a predominance of type III rather than 264 type I collagen.^{44,72,80-82,84} Lastly, in the course of the remodeling phase, the cellularity 265 decreases, matrix synthesis is reduced and collagen fibrils and tenocytes align linearly with the 266 direction of tension.^{44,72-79,81-83} However, in both man and horse suffering from naturally 267 268 occurring tendon disease, the normal architecture, composition and function of the tendon are never completely restored, predisposing them to recurring injury and tendinopathy.^{44,72-79,81-83} 269 270

271

272 Given the importance of inflammation in tendon injury and repair, with pro-inflammatory

273 cytokines acting as a regulatory link between several catabolic and anabolic systems and as a

- double-edged sword both promoting and impeding tendon repair,^{44,83,85-88} this study focused on
- the comparative response to inflammation.

276 We used IL-1 β and TNF- α , two hallmark cytokines of inflammation in tendons, which are

associated with tendon injury and tendinopathy in vivo and in vitro, to induce disease-relevant
 inflammation.^{28,30,33,45,89-97} IL-1 activates the NF-κB pathway in tenocytes, induces the
 production of inflammatory mediators including COX2 and IL6, and matrix remodelling factors

- such as MMP1, MMP3 and MMP13.^{28,30,89-91} It can even cause loss of the tenocyte phenotype,
- which is associated with decreased expression of tendon-related genes, e.g. COL1, SCX and
- 282 TNMD.^{28,30,89-91} Similarly TNF- α can strongly activate tenocytes, stimulating them to produce
- 283 more cytokines, including IL-1 β , TNF- α , IL- 6.^{28,30,92-94,96} Accordingly, we used tendon-specific
- markers (SCX, TNC, TNMD, COL1, COL3, COL5), matrix remodelling proteinases (MMP1, MMP3,
- 285 MMP13) and inflammatory factors (COX2, IL6, NF-κB, p53) in addition to proliferation and
- wound healing speed as read-outs to evaluate the response to IL-1 β /TNF- α induced
- 287 inflammation.
- 288

289 Interestingly, while mouse and rat tenocytes most closely matched human tenocytes' low

- 290 proliferation capacity and minimal effect of inflammation on proliferation, the human wound
- 291 closure speed was best approximated by rats and horses. Tenocyte migration to the injured
- tissue and proliferation are essential processes in tendon healing.^{98,99} Accordingly,
- 293 inflammatory stimulation, e.g. with IL-1 β , has been shown to increase tenocyte migration and
- proliferation, the capacity for which decreases with age.^{80,83,87,88,100-106} In this study, we

295 observed a decrease in tenocyte migration and proliferation following inflammatory stimulation

in all species (statistically significant for sheep tenocyte proliferation as well as rat and mouse

tendon cell migration under constant inflammation) except rats (non-significant trend toward

increased proliferation), which may be due to our use of tenocytes from individuals in disease-relevant age groups.

300

301 The overall gene expression of human tenocytes was most similar to murine under healthy,

302 equine under transient and ovine under constant inflammatory conditions. The species

difference between human and the four animal models was particularly evident in the

304 expression of the main tendon matrix component COL1. Healthy tenocytes of all four model

species exhibited significant differences to human in their expression of COL1. Col1 typically
 amounts to appr. 95% of total tendon collagen or 50-80% of tendon dry weight,¹⁰⁷ but

307 cytokines, such as IL-1 β and TNF- α , suppress COL1 synthesis, which leads to reduced

308 stiffness.^{28,44,84,108} In this study the decrease in COL1 synthesis following inflammatory

309 stimulation could be observed in all species and was most pronounced in rat and mice, least in

310 sheep and most similar to humans in horses.

311 The expression of the transcription factor SCX, a specific marker of the tendon/ligament

312 lineage,¹⁰⁹ while low in all species under healthy conditions, only increased in humans upon

313 constant inflammation. SCX is a transcription factor that regulates tendon genes, including Col1

and Tnmd, and is required for normal tendon development^{110,111} and adult tendon repair in

315 mice.^{112,113} An increase in its expression is likely to result in changes in the expression of its

downstream genes and to be beneficial to tendon healing post injury.¹¹³ The essential

317 contribution of SCX was also shown in SCX-null mice, which fail to convert from producing

318 primarily COL3 to synthesizing mainly COL1 during tendon repair, supporting the hypothesis

that the transcriptional control of collagen type I is mediated by SCX.¹¹³ Overall for the six

320 tenogenic factors, rat tenocytes showed the largest difference to humans in the Mahalanobis

distance, while tendon cells from mice and horses most closely equaled humans, indicating that
 these species might be most suitable for studies evaluating ECM production and tendon

323 healing.

324 For matrix remodelling proteinases, the species differences were most prevalent for healthy

325 tenocytes: tendon cells of all model species differed from humans for MMP13 and all but

horses for MMP3. MMPs are key players in physiological and pathological tendon ECM

327 remodeling, contributing to the degradation of tendon ECM and hence the loss of the

328 biomechanical resistance and durability of tendon.^{44,114-116} An increase in MMP expression has

329 also been implicated in the pathogenesis of tendinopathy.^{44,116} MMP13 specifically was

330 upregulated in rotator cuff tendon tears and flexor tendon injury.¹¹⁷⁻¹¹⁹ In this study,

331 inflammatory stimulation increased MMP13 expression in tenocytes of all species, only

minimally in mice and horses but 4-8-fold in rats, sheep and humans. In contrast, all species

333 showed similarly increased MMP1 expression following inflammatory stimulation; no significant

differences were observed in MMP1 expression in any species in any condition compared to

humans. This corresponds well with other studies showing upregulation of MMP1 in ruptured

tendons suggesting a high level of collagen degradation by this enzyme.¹²⁰ In total, for the

functional group of ECM remodelling genes, horses again provided the best and rats the worst

338 match to humans as shown in the Mahalanobis distance analysis.

339 For the expression of inflammatory mediators, the Mahalanobis distances of all species were 340 larger than for the other functional gene groups. Although the immunophysiology of larger 341 animal species has traditionally been presumed to be closer to humans than rodents,^{47,121} rat tenocytes most closely approximated human tendon cells in this category. Additionally, in 342 343 healthy condition, mice presented the lowest distance from all animals, rising again the 344 question if larger animals truly are more similar to human. Remarkably, healthy and transiently 345 inflamed tenocytes of all four model species, as well as constantly inflamed ovine and equine 346 tenocytes, showed significant differences to human in their expression of COX2. Following 347 inflammatory stimulation, COX2 was only significantly upregulated in humans, mice and rats. 348 Upregulation of COX2 plays an important, multifaceted role in the inflammatory cascade in 349 injured tendons through the synthesis of prostaglandins.¹²⁵ COX2 is essential in the early injury response as evidenced by impaired tendon repair following administration of selective COX2 350 inhibitors in the early repair phase.¹²² The lacking upregulation of sheep and horses therefore 351 invites further investigation into the early tendon healing response in the different species in 352 353 vivo.

Correspondingly, IL6, a cytokine with strong association with inflammation in tendon disease,^{58,123,124} displayed significantly different expression in transiently inflamed tenocytes of all species except rats. Statistically significant differences in IL6 expression compared to human were also evident under constant inflammatory conditions for mice and horses. IL6 plays an essential role in tendon healing as repair processes in IL6 knock-out mice are impaired.³⁸ It tenocytes in two ways: i) IL6 stimulates tenocyte proliferation and survival and ii) it inhibits their tenogenic differentiation via the Janus tyrosine kinases/Stat3 signaling pathway.^{44,125}

361

362 Cell properties may be influenced not only by species and interdonor differences but also by cell isolation and processing methods.^{126,127} In the present study, two isolation methods, 363 enzymatic digestion and cell migration out of tendon explants, have been used depending on 364 365 the available sample size. Enzymatic digestion was used for smaller sample sizes as higher cell 366 yields are achieved with this method, while the explant technique is less invasive and requires 367 less manipulation and labour. As both methods were used for all species and alterations in experimental conditions have been shown to be of minor importance to cell behaviour 368 compared to cell source and interdonor variability,¹²⁶ the isolation method is unlikely to have 369 370 significantly influenced the species-specific gene expression profiles observed in this study. 371

In summary, the results of our study show that all four model species approximate some 372 373 aspects of the behaviour of human tenocytes well and others poorly. No animal model 374 sufficiently emulates human tenocytes' cellular and molecular features and response to 375 inflammation to be considered the gold-standard for tendon research. Translational medicine 376 will need to continue to rely on a fit-for-purpose selection of animal models to approximate the human condition, based on the essential characteristics that must be mimicked for a particular 377 378 research question.¹⁹ Peculiarities, strengths, and weaknesses of the model species need to be accounted for in the study design, analysis and interpretation.^{19,128,129} Data from multiple 379 380 animal models should be combined to optimize translational predictive validity. 381

382 Materials and Methods

383 Tenocytes of four mammalian species (mouse, rat, sheep, horse) were compared with human

tenocytes (n = 3 donors, i.e., biological replicates, per species). All methods and experimental

385 protocols in this study were carried out in accordance and compliance with relevant

institutional and national guidelines and regulations.

387

388 <u>Tenocyte isolation from animals</u>

- 389 All animals were euthanized for reasons unrelated to this study. Based on the "Good Scientific
- 390 Practice. Ethics in Science und Research" regulation implemented at the University of
- 391 Veterinary Medicine Vienna, the Institutional Ethics Committee ("Ethics and Animal Welfare
- 392 Committee") of the University of Veterinary Medicine Vienna does not require approval of in
- 393 vitro cell culture studies, if the cells were isolated from tissue, which was obtained either solely
- for diagnostic or therapeutic purposes or in the course of institutionally and nationally
- 395 approved experiments.
- 396 Species-specific, energy-storing, weight-bearing tendons were harvested from skeletally mature
- 397 animals immediately following euthanasia: Achilles tendons from sheep (Merino-cross breed,
- female, aged 2-5 years), rats (Fischer344 breed, female, aged 3-4 months) and mice (c57bl/6
- 399 breed, female, aged 8-12 weeks); superficial digital flexor tendons from the front limb of horses
- 400 (7-15 years, geldings). Under sterile conditions, the paratenon was removed and the tendons
- 401 were sectioned into small pieces ($<0.5 \times 0.5 \times 0.5$ cm). Isolation of cells was performed either by
- 402 enzymatic digestion using 3 mg/ml collagenase type II (Gibco Life technologies, Vienna, Austria)
- 403 for 6-8 hours or migration from explants (explants were removed after 7-10 days) or a
- 404 combination of both. Cells were expanded until 80 90% confluency before passaging.
- 405

406 <u>Human tenocytes</u>

- 407 Human tenocytes obtained with ethical approval and informed consent from the Achilles
- 408 tendon of three male human donors (aged 60-90 years) in accordance with relevant guidelines
- 409 and regulations (Declaration of Helsinki) were purchased in cryopreserved condition in passage
- 410 two from two different providers (Pelo Biotech GmbH, Germany and Zen-Bio, North Carolina,
- 411 USA with review of the protocols and consent forms by an independent review board
- 412 (Institutional Review Board, Pearl Pathways, LLC) which is accredited by the Association for the
- 413 Accreditation of Human Research Protection Program Inc.).
- 414

415 <u>Cell culture</u>

- 416 The culture medium was identical for all species: minimal essential medium (α-MEM, Sigma-
- 417 Aldrich, Vienna, Austria) supplemented with 10% fetal bovine serum (FBS-12A, Capricon,
- 418 Ebsdorfergrund, Germany), 1% L-Glutamine (L-Alanyl L-Glutamine 200Mm, Biochrom), 100
- 419 units mL⁻¹penicillin and 0.1mg mL⁻¹streptomycin (P/S, Sigma-Aldrich, Vienna, Austria).
- 420 Cells were cultured at 37^oC, 5% CO2 until the desired passage and number of cells was
- 421 obtained. Experiments were performed with cells either in passage 3 or 4.
- 422

423 <u>Morphology</u>

- 424 Cells were imaged both at low and high confluency using the EVOS FL Auto imaging system in
- 425 phase contrast with a 40x and 400x objective (ThermoFisher Scientific, AMEP4680). Cell

- 426 phenotypes and cell sheet patterns were characterised for all species and compared to human
- 427 cells. Tenocyte dimensions (length and width) were measured for each of the five species.
- 428
- 429 Inflammatory stimulation
- 430 Gene expression, proliferation and migration of tenocytes of all five species were compared
- 431 under standard culture conditions (healthy control) as well as under transient (24 h) and
- 432 constant exposure to inflammatory stimuli (10 ng/ml IL1β (Immuno Tools, Friesoythe,
- 433 Germany) and 10 ng/ml TNFα (Immuno Tools, Friesoythe, Germany)).^{Dakin:2018bi 96} After 24-hour
- 434 exposure to inflammation, the transient inflammation group received fresh culture medium,
- 435 while for the constant inflammation group fresh medium was again supplemented with
- 436 inflammatory factors (fig. 2).
- 437
- 438 <u>Proliferation assay</u>
- 439 Tenocytes were plated in 96-well plates (3000 cells/well in technical triplicates) and cultured
- 440 under control (healthy), transient and constant inflammatory conditions. The cell number per
- 441 plate was quantified via DNA fluorescence using the CyQuant assay (Invitrogen) according to
- the manufacturer's recommendations on day 0, 1, 2, and 3 (fig. 2). As cell proliferation sets in
- 443 after a lag time of about 24 h and relative proliferation rates decrease steadily, we used log(cell
- 444 nr) as the target variable and log(time in hours minus 23) as regression variable for the
- 445 parametric statistical analysis.
- 446

447 Wound healing (scratch) assay

- 448 Migration of tenocytes was evaluated in a wound healing model using a magnetic scratch
- device to create standardized cell-free gaps of 1.5 mm width in confluent sheets of
- 450 tenocytes.¹³⁰ Cells were seeded in 12-well plates (100,000 cells/well in technical triplicates) and
- 451 left to adhere overnight. Inflammatory stimuli were added to the transient and constant
- 452 inflammation groups and scratches were created 48 hours after seeding under control
- 453 (healthy), transient and constant inflammatory conditions (fig. 2). The cell-free area was imaged
- 454 at 24h intervals (0, 24, 48, 72, 96 hours, fig. 2) in phase contrast using the EVOS FL Auto imaging
- 455 system with a 4x fluorite objective using coordinate recovery function. The gap size was
- 456 measured using the MRI Wound healing Tool (<u>http://dev.mri.cnrs.fr/projects/imagej-</u>
- 457 macros/wiki/Wound Healing Tool) in ImageJ (https://imagej.nih.gov/ij/, version 2.0.0-rc-
- 458 43/1.50e). As gap closure approached 100% in the fastest group, healthy rat tenocytes, at 48h,
- this time point was chosen as cut-off for slope calculations and comparison of conditions. For
- the parametric analysis, we used the untransformed gap area [mm²] as target variable and the
- 461 untransformed time between 0 hours and 48 hours (before the gap closed in any of the
- 462 samples) as regression variable.
- 463
- 464 Quantitative PCR
- 465 Tenocytes were seeded in 12-well plates (100,000 cells/well in technical triplicates) and
- 466 cultured under control (healthy), transient and constant inflammatory conditions. Cells
- 467 were harvested for RNA isolation using RNA isolation reagent (Trizol, ThermoFisher Scientific,
- 468 MA, USA) 48 hours after initiation of inflammation, as previously described.¹³¹ The 48 hours

time point was chosen as it allows assessment of the response to inflammation as well as toremoval of inflammatory stimuli.

- 471 Briefly, a solution of Trizol and Chloroform (Sigma-Aldrich) in a ratio of 5 to 1 was used. Total
- 472 RNA was recovered by the addition of isopropyl alcohol (Sigma-Aldrich) and glycerol (Thermo
- 473 Scientific). The mixture was incubated on ice and centrifuged for 45 minutes at 13,000 rpm. The
- 474 total RNA pellet was washed with 75% ethanol and solubilized in RNase-free water. Genomic
- 475 DNA was removed by a DNA removal kit (Life Technologies, Carlsbad, California, USA). Two
- 476 nanograms of RNA from each sample was used for the qPCR reaction (qPCR One-Step Eva
- 477 Green kit, Bio&Sell, Feucht, Germany).
- 478 We measured gene expression of tendon markers (TNC, TNDM, SCX), collagens (COL1, COL3,
- 479 COL5), matrix-metalloproteinases (MMP1, MMP3, MMP13), inflammatory factors (IL6, COX2,
- 480 NFkB, p53), a marker for aberrant tenocyte differentiation (ALP) and for focal adhesion and
- 481 migration (FAK) in the four model species and humans under healthy, transiently and constantly
- inflamed conditions. All primers were designed using the Primer3 software. Primer sequences
- are shown in supplementary table 2. The transcript level for the 15 genes of interest was
- 484 normalized to the transcript level of the housekeeping gene glyceraldehyde-3-phosphate
- dehydrogenase (GAPDH) and presented as ratio to GAPDH.⁵⁸ The ratio between COL 1 and COL
- 486 3 was also evaluated for further matrix remodelling characterization, with a higher COL1:COL3
- 487 ratio indicating a stronger tenogenic phenotype.^{132,133} For the parametric analysis, we used the
- 488 log₂ transformed ratios of the target gene to GAPDH as target variable.
- 489
- 490 <u>Statistical analysis</u>
- 491 For statistical analyses, the R statistical programming language¹³⁴ and GraphPad (version 8.4.2)
- 492 were used. Target and regression variables (where appropriate) are given in the respective
- 493 subsections. Data are presented descriptively as mean and standard deviation. Generally, linear
- 494 models (analyses of variance and covariances, ANCOVA) were used, e.g., for wound healing the
- 495 untransformed area was the target variable, *time* a regression variable, and *species* and
- 496 *condition* factors; as interactions of two explanatory variables *time*species, time*condition,*
- 497 condition*species, and biological replicate nested within species were included; furthermore,
- the three-way interaction *time*species*condition* was also included. Note that all terms with
- 499 *time* are to be interpreted as slopes or differences in slopes. The Tukey's HSD (honestly
- 500 significant difference) test was used to account for multiple testing, where appropriate.
- 501 Confidence intervals of parameter estimates were calculated.
- 502
- 503 Note that many different target variables are available, i.e., data are multidimensional. With
- 504 qPCR alone, 15 genes of interest were measured under three conditions. For each gene
- 505 separately, an ANOVA with species and condition was calculated. Furthermore, we condensed
- 506 information by calculating the multivariate (Mahalanobis) distance of the log₂-transformed
- 507 mRNA concentrations, for the three conditions of each gene, and report the distance of each of
- 508 the four mammalian species from the human values. For a single condition, all 15 genes of 509 interest could be used for calculating the multivariate distance. Additionally, we grouped genes
- 510 into classes, e.g., all collagens or all matrix-metalloproteinases and calculated multivariate
- 511 distances for the classes separately, this time jointly for the different conditions. We also
- 512 calculated a principal component analysis (PCA) of the log₂-transformed qPCR data for all gene,

513 treatment, and species combinations together. The proportions of the variance explained by

- 514 the different PC's are reported and the rotated data for the different treatment and species
- 515 combinations are shown in graphs for the most important components.
- 516

517 References

- 518
- Wendler, A. & Wehling, M. The translatability of animal models for clinical development:
 biomarkers and disease models. *Current Opinion in Pharmacology* **10**, 601–606 (2010).
- Wendler, A. & Wehling, M. Translatability score revisited: differentiation for distinct
 disease areas. *Journal of Translational Medicine* 15, 226 (2017).
- Henderson, V. C., Kimmelman, J., Fergusson, D., Grimshaw, J. M. & Hackam, D. G. Threats
 to Validity in the Design and Conduct of Preclinical Efficacy Studies: A Systematic Review
 of Guidelines for In Vivo Animal Experiments. *PLoS Med* 10, e1001489 (2013).
- Pandora Pound, M. R.-H. Is it possible to overcome issues of external validity in preclinical animal research? Why most animal models are bound to fail. *Journal of Translational Medicine* 16, 203 (2018).
- 5. van der Worp, H. B. *et al.* Can Animal Models of Disease Reliably Inform Human Studies?
 530 *PLoS Med* 7, e1000245 (2010).
- 531 6. Bottagisio, M. & Lovati, A. B. A review on animal models and treatments for the 532 reconstruction of Achilles and flexor tendons. *J Mater Sci: Mater Med* **28**, 45 (2017).
- 533 7. Wall, R. J. & Shani, M. Are animal models as good as we think? *THE* **69**, 2–9 (2008).
- Harrison, R. K. Phase II and phase III failures: 2013–2015. *Nature Reviews Drug Discovery* **15**, 817–818 (2016).
- 536 9. Kimmelman, J., Mogil, J. S. & Dirnagl, U. Distinguishing between Exploratory and
 537 Confirmatory Preclinical Research Will Improve Translation. *Plos Biol* 12, e1001863
 538 (2014).
- Ireson, C. R., Alavijeh, M. S., Palmer, A. M., Fowler, E. R. & Jones, H. J. The role of mouse
 tumour models in the discovery and development of anticancer drugs. *Br J Cancer* 121,
 101–108 (2019).
- 542 11. Varga, O. E., Hansen, A. K., Sandøe, P. & Olsson, I. A. S. Validating Animal Models for
 543 Preclinical Research: A Scientific and Ethical Discussion. *Alternatives to Laboratory*544 *Animals* 38, 245–248 (2019).
- 545 12. Sams-Dodd, F. Strategies to optimize the validity of disease models in the drug discovery
 546 process. *Drug Discovery Today* 11, 355–363 (2006).
- 54713.Denayer, T., Stöhr, T. & Van Roy, M. Animal models in translational medicine: Validation548and prediction. New Horizons in Translational Medicine **2**, 5–11 (2014).
- 549 14. Abraham, A. C. *et al.* Targeting the NF-κB signaling pathway in chronic tendon disease.
 550 *Science Translational Medicine* **11**, eaav4319 (2019).
- 551 15. Docheva, D., Müller, S. A., Majewski, M. & Evans, C. H. Biologics for tendon repair.
 552 Advanced Drug Delivery Reviews 84, 222–239 (2015).
- 55316.Walden, G. *et al.* A Clinical, Biological, and Biomaterials Perspective into Tendon Injuries554and Regeneration. *Tissue Engineering Part B: Reviews* **23**, 44–58 (2017).

Abat, F. *et al.* Current trends in tendinopathy: consensus of the ESSKA basic science
committee. Part I: biology, biomechanics, anatomy and an exercise-based approach. *Journal of Experimental Orthopaedics* 4, 1–11 (2017).

- Standard State
 18. Crowe, L. A. N. *et al.* S100A8 & S100A9: Alarmin mediated inflammation in tendinopathy.
 Scientific Reports **9**, 1528 (2019).
- Hast, M. W., Zuskov, A. & Soslowsky, L. J. The role of animal models in tendon research. *Bone & Joint Research* 3, 193–202 (2014).
- Huisman, E., Thornton, G., Roberts, C. & Scott, A. Identification of biomarkers for early
 tendon degeneration using an in-vivo rabbit model. *Br J Sports Med* 47, e2.53–e2 (2013).
- Kaux, J. F., Forthomme, B., Le Goff, C. & Crielaard, J. M. Current opinions on tendinopathy.
 J Sports Sci Med (2011).
- Riley, G. P. Gene expression and matrix turnover in overused and damaged tendons. *Scand J Med Sci Sports* 15, 241–251 (2005).
- Bruns, J., Kampen, J., Kahrs, J. & Plitz, W. Achilles tendon rupture: experimental results on
 spontaneous repair in a sheep-model. *Knee surgery, sports traumatology, arthroscopy :*official journal of the ESSKA 8, 364–369 (2000).
- 571 24. Gajhede-Knudsen, M., Ekstrand, J., Magnusson, H. & Maffulli, N. Recurrence of Achilles
 572 tendon injuries in elite male football players is more common after early return to play:
 573 an 11-year follow-up of the UEFA Champions League injury study. *British Journal of Sports*574 *Medicine* 47, 763–768 (2013).
- 575 25. Barboni, B. *et al.* Indirect Co-Culture with Tendons or Tenocytes Can Program Amniotic
 576 Epithelial Cells towards Stepwise Tenogenic Differentiation. *PLoS ONE* 7, e30974 (2012).
- 577 26. Butler, D. L. *et al.* Functional tissue engineering for tendon repair: A multidisciplinary
 578 strategy using mesenchymal stem cells, bioscaffolds, and mechanical stimulation. *J.*579 *Orthop. Res.* 26, 1–9 (2008).
- 580 27. Dakin, S. G. *et al.* Chronic inflammation is a feature of Achilles tendinopathy and rupture.
 581 *Br J Sports Med* 52, 359–367 (2018).
- John, T. *et al.* Effect of pro-inflammatory and immunoregulatory cytokines on human
 tenocytes. *J. Orthop. Res.* 28, 1071–1077 (2010).
- 584 29. Dakin, S. G. *et al.* Inflammation activation and resolution in human tendon disease.
 585 *Science Translational Medicine* **7**, 311ra173–311ra173 (2015).
- Tang, C. *et al.* The roles of inflammatory mediators and immunocytes in tendinopathy. *Journal of Orthopaedic Translation* 14, 23–33 (2018).
- 58831.Tarafder, S. *et al.* Tendon stem/progenitor cells regulate inflammation in tendon healing589via JNK and STAT3 signaling. *The FASEB journal* **31,** 3991–3998 (2017).
- Rees, J. D., Stride, M. & Scott, A. Tendons time to revisit inflammation. *British Journal of Sports Medicine* 48, 1553–1557 (2013).
- 59233.Millar, N. L., Murrell, G. A. C. & McInnes, I. B. Inflammatory mechanisms in tendinopathy593- towards translation. Nature Reviews Rheumatology 13, 110–122 (2017).
- Thorpe, C. T., Clegg, P. D. & Birch, H. L. A review of tendon injury: why is the equine
 superficial digital flexor tendon most at risk? *Equine Veterinary Journal* 42, 174–180
 (2010).

35. Barsby, T., Bavin, E. P. & Guest, D. J. Three-Dimensional Culture and Transforming Growth
Factor Beta3 Synergistically Promote Tenogenic Differentiation of Equine Embryo-Derived
Stem Cells. *Tissue Eng Part A* 20, 2604–2613 (2014).

- Beredjiklian, P. K. *et al.* Regenerative versus reparative healing in tendon: a study of
 biomechanical and histological properties in fetal sheep. *Ann Biomed Eng* **31**, 1143–1152
 (2003).
- 603 37. Chhabra, A. *et al.* GDF-5 deficiency in mice delays Achilles tendon healing. *Journal of*604 *orthopaedic research* 21, 826–835 (2003).
- 60538.Lin, T. W., Cardenas, L., Glaser, D. L. & Soslowsky, L. J. Tendon healing in interleukin-4 and606interleukin-6 knockout mice. Journal of Biomechanics **39**, 61–69 (2006).
- Lui, P. P. Y., Maffulli, N., Rolf, C. & Smith, R. K. W. What are the validated animal models
 for tendinopathy? *Scandinavian Journal of Medicine & amp; Science in Sports* **21**, 3–17
 (2011).
- 40. Warden, S. J. Animal models for the study of tendinopathy. *British Journal of Sports Medicine* 41, 232–240 (2007).
- 612 41. Carpenter, J. E. & Hankenson, K. D. Animal models of tendon and ligament injuries for
 613 tissue engineering applications. 25, 1715–1722 (2004).
- 42. Lake, S. P., Ansorge, H. L. & Soslowsky, L. J. Animal models of tendinopathy. *Disabil Rehabil* **30**, 1530–1541 (2008).
- 616 43. Cadby, J. A. *et al.* Further characterisation of an experimental model of tendinopathy in
 617 the horse. *Equine Veterinary Journal* 45, 642–648 (2013).
- 618 44. Schulze-Tanzil, G. *et al.* The role of pro-inflammatory and immunoregulatory cytokines in
 619 tendon healing and rupture: new insights. *Scand J Med Sci Sports* **21**, 337–351 (2011).
- 45. Millar, N. L. *et al.* Inflammation is present in early human tendinopathy. *The American journal of sports medicine* **38**, 2085–2091 (2010).
- 46. Dakin, S. G. *et al.* Macrophage sub-populations and the lipoxin A4 receptor implicate
 active inflammation during equine tendon repair. *PLoS ONE* 7, e32333 (2012).
- 624 47. Cibelli, J. *et al.* Strategies for Improving Animal Models for Regenerative Medicine. *Cell*625 *Stem Cell* **12**, 271–274 (2013).
- 48. Virchenko, O., Fahlgren, A., Rundgren, M. & Aspenberg, P. Early Achilles tendon healing in
 sheep. Arch Orthop Trauma Surg 128, 1001–1006 (2008).
- 49. Barboni, B. *et al.* Achilles Tendon Regeneration Can Be Improved by Amniotic Epithelial
 629 Cell Allotransplantation. *cell transplant* **21**, 2377–2395 (2012).
- 50. Huri, G. *et al.* A novel repair method for the treatment of acute Achilles tendon rupture
 with minimally invasive approach using button implant: a biomechanical study. *Foot and Ankle Surgery* 19, 261–266 (2013).
- 51. Dudhia, J. *et al.* Aging enhances a mechanically-induced reduction in tendon strength by
 an active process involving matrix metalloproteinase activity. *Aging Cell* 6, 547–556
 (2007).
- 52. Dakin, S. G., Dudhia, J. & Smith, R. K. W. Resolving an inflammatory concept: The
 importance of inflammation and resolution in tendinopathy. *Veterinary Immunology and Immunopathology* 158, 121–127 (2014).
- 53. Tsang, A. S. *et al.* Effects of tendon injury on uninjured regional tendons in the distal limb:
 An in-vivo study using an ovine tendinopathy model. *PLoS ONE* 14, e0215830 (2019).

54. Khan, M. R. *et al.* Evaluation of the Effects of Synovial Multipotent Cells on Deep Digital
Flexor Tendon Repair in a Large Animal Model of Intra-Synovial Tendinopathy. *Journal of orthopaedic research* 38, 128–138 (2019).

- 55. Smith, M. M. *et al.* Modulation of aggrecan and ADAMTS expression in ovine tendinopathy induced by altered strain. *Arthritis & Rheumatism* **58**, 1055–1066 (2008).
- 646 56. Biasutti, S. *et al.* Spatiotemporal variations in gene expression, histology and
- biomechanics in an ovine model of tendinopathy. *PLoS ONE* **12**, e0185282 (2017).
- 57. Jacobsen, E. *et al.* Focal Experimental Injury Leads to Widespread Gene Expression and
 Histologic Changes in Equine Flexor Tendons. *PLoS ONE* **10**, e0122220 (2015).
- Legerlotz, K., Jones, E. R., Screen, H. R. C. & Riley, G. P. Increased expression of IL-6 family
 members in tendon pathology. *Rheumatology* 51, 1161–1165 (2012).
- Ferreira, G. S. *et al.* A standardised framework to identify optimal animal models for
 efficacy assessment in drug development. *PLoS ONE* 14, e0218014 (2019).
- 654 60. Wood, M. W. & Hart, L. A. Selecting appropriate animal models and strains: making the 655 best use of research, information and outreach. *AATEX* **14**, 303–306 (2007).
- 656 61. Swearengen, J. R. Choosing the right animal model for infectious disease research. *Animal* 657 *Models and Experimental Medicine* 1, 100–108 (2018).
- 658 62. Singh, V. P. *et al.* Critical evaluation of challenges and future use of animals in
 659 experimentation for biomedical research:. *Int J Immunopathol Pharmacol* 29, 551–561
 660 (2016).
- 63. de Vries, R. B. M., Buma, P., Leenaars, M., Ritskes-Hoitinga, M. & Gordijn, B. Reducing the
 Number of Laboratory Animals Used in Tissue Engineering Research by Restricting the
 Variety of Animal Models. Articular Cartilage Tissue Engineering as a Case Study. *Tissue Engineering Part B: Reviews* 18, 427–435 (2012).
- 665 64. de Vries, R. B. M. *et al.* The Usefulness of Systematic Reviews of Animal Experiments for 666 the Design of Preclinical and Clinical Studies. *ILAR Journal* **55**, 427–437 (2014).
- 667 65. Bolker, J. There's more to life than rats and flies. *Nature* **491**, 31–33 (2012).
- 668 66. Mestas, J. & Hughes, C. C. W. Of Mice and Not Men: Differences between Mouse and
 669 Human Immunology. *Journal of immunology* **172**, 2731–2738 (2004).
- 670 67. Laudanski, K. *et al.* Potential Pitfalls of the Humanized Mice in Modeling Sepsis.
 671 *International Journal of Inflammation* **2018**, 1–9 (2018).
- 672 68. US Food and Drug Administration Center for Drug Evaluation and Research. *Product*673 *development under the animal rule: guidance for industry*. (2015).
- 674 69. European Medicines Agency. *Guideline on strategies to identify and mitigate risks for first-*675 *in-human and early clinical trials with investigational medicinal products.* (2017).
- Regenberg, A. *et al.* The Role of Animal Models in Evaluating Reasonable Safety and
 Efficacy for Human Trials of Cell-Based Interventions for Neurologic Conditions. *J. Cereb. Blood Flow Metab.* 29, 1–9 (2008).
- Markou, A., Chiamulera, C., Geyer, M. A., Tricklebank, M. & Steckler, T. Removing
 Obstacles in Neuroscience Drug Discovery: The Future Path for Animal Models. *Neuropsychopharmacol* 34, 74–89 (2008).
- Leong, N. L. *et al.* Tendon and Ligament Healing and Current Approaches to Tendon and
 Ligament Regeneration. *J. Orthop. Res.* 38, 7–12 (2020).

684 73. Chang, J. *et al.* Gene Expression of Transforming Growth Factor Beta-1 in Rabbit Zone II
685 Flexor Tendon Wound Healing: Evidence for Dual Mechanisms of Repair. *Plastic and*686 *Reconstructive Surgery* **100**, 937–944 (1997).
687 74. Chan, B. P. *et al.* Effects of basic fibroblast growth factor (bFGF) on early stages of tendon
688 healing: a rat patellar tendon model. *Acta orthopaedica Scandinavica* **71**, 513–518 (2000).
689 75. Chbinou, N. & Frenette, J. Insulin-dependent diabetes impairs the inflammatory response

- 639 73. Choined, N. & Frenette, J. Insum-dependent diabetes impairs the infaminatory response
 690 and delays angiogenesis following Achilles tendon injury. *Am. J. Physiol. Regul. Integr.* 691 *Comp. Physiol.* **286,** R952–7 (2004).
- 692 76. Sharma, P. & Maffulli, N. Basic biology of tendon injury and healing. *The Surgeon* 3, 309–
 693 316 (2005).
- 694 77. Sharma, P. & Maffulli, N. Biology of tendon injury: healing, modeling and remodeling.
 695 *Journal of musculoskeletal & neuronal interactions* 6, 181–190 (2006).
- Tohyama, H., Yasuda, K., Uchida, H. & Nishihira, J. The responses of extrinsic fibroblasts
 infiltrating the devitalised patellar tendon to IL-1β are different from those of normal
 tendon fibroblasts. *The Journal of bone and joint surgery. British volume* 89-B, 1261–1267
 (2007).
- 700 79. Chen, C. H. *et al.* Tendon Healing In Vivo: Gene Expression and Production of Multiple
 701 Growth Factors in Early Tendon Healing Period. *YJHSU* 33, 1834–1842 (2008).
- 80. Chang, H. N. *et al.* The effect of aging on migration, proliferation, and collagen expression
 of tenocytes in response to ciprofloxacin. *J. Orthop. Res.* **30**, 764–768 (2012).
- 81. Loiselle, A. E. *et al.* Remodeling of murine intrasynovial tendon adhesions following injury:
 MMP and neotendon gene expression. *J. Orthop. Res.* 27, 833–840 (2009).
- 706 82. Thomopoulos, S., Parks, W. C., Rifkin, D. B. & Derwin, K. A. Mechanisms of tendon injury
 707 and repair. *J. Orthop. Res.* 33, 832–839 (2015).
- Paterson, Y. Z. *et al.* Genome-wide transcriptome analysis reveals equine embryonic stem
 cell-derived tenocytes resemble fetal, not adult tenocytes. *Stem Cell Res Ther* **11**, 53
 (2020).
- 84. Maffulli, N., Ewen, S. W. B., Waterston, S. W., Reaper, J. & Barrass, V. Tenocytes from
 Ruptured and Tendinopathic Achilles Tendons Produce Greater Quantities of Type III
 Collagen than Tenocytes from Normal Achilles Tendons. *The American journal of sports medicine* (2016). doi:10.1177/03635465000280040901
- 85. Eming, S. A., Hammerschmidt, M., Krieg, T. & Roers, A. Interrelation of immunity and
 tissue repair or regeneration. *Seminars in Cell & Developmental Biology* 20, 517–527
 (2009).
- 71886.Manning, C. N. *et al.* The early inflammatory response after flexor tendon healing: a gene719expression and histological analysis. *J. Orthop. Res.* **32**, 645–652 (2014).
- Wang, Y. *et al.* Aspirin inhibits inflammation and scar formation in the injury tendon
 healing through regulating JNK/STAT-3 signalling pathway. *Cell Proliferation* 52, 1397
 (2019).
- Adam, B. *et al.* Oral Ibuprofen Interferes with Cellular Healing Responses in a Murine
 Model of Achilles Tendinopathy. *J Musculoskelet Disord Treat* 4, (2018).
- 725 89. Zhang, K., Asai, S., Yu, B. & Enomoto-Iwamoto, M. IL-1β irreversibly inhibits tenogenic
 726 differentiation and alters metabolism in injured tendon-derived progenitor cells in vitro.
 727 *Biochemical and Biophysical Research Communications* 463, 667–672 (2015).

728 90. Tsuzaki, M. *et al.* IL-1β induces COX2, MMP-1, -3 and -13, ADAMTS-4, IL-1β and IL-6 in
 729 human tendon cells. *J. Orthop. Res.* 21, 256–264 (2006).

- Yang, G., Im, H.-J. & Wang, J. H.-C. Repetitive mechanical stretching modulates IL-1beta
 induced COX-2, MMP-1 expression, and PGE2 production in human patellar tendon
 fibroblasts. *Gene* 363, 166–172 (2005).
- Machner, A. *et al.* Higher susceptibility to Fas ligand induced apoptosis and altered
 modulation of cell death by tumor necrosis factor-α in periarticular tenocytes from
 patients with knee joint osteoarthritis. *Arthritis Res Ther* **5**, R253 (2003).
- 93. Hosaka, Y., Kirisawa, R., Ueda, H., Yamaguchi, M. & Takehana, K. Differences in tumor
 necrosis factor (TNF)alpha and TNF receptor-1-mediated intracellular signaling factors in
 normal, inflamed and scar-formed horse tendons. *The Journal of veterinary medical science / the Japanese Society of Veterinary Science* 67, 985–991 (2005).
- P4. D'Addona, A., Maffulli, N., Formisano, S. & Rosa, D. Inflammation in tendinopathy. *The*Surgeon 15, 297–302 (2017).
- Stolk, M. *et al.* New insights into tenocyte-immune cell interplay in an in vitro model of
 inflammation. *Scientific Reports* 7, 9801 (2017).
- Gaida, J. E. *et al.* Evidence of the TNF-α system in the human Achilles tendon: expression
 of TNF-α and TNF receptor at both protein and mRNA levels in the tenocytes. *Cells Tissues Organs* 196, 339–352 (2012).
- 747 97. Kimmerling, K. A., McQuilling, J. P., Staples, M. C. & Mowry, K. C. Tenocyte cell density,
 748 migration, and extracellular matrix deposition with amniotic suspension allograft. *J.*749 *Orthop. Res.* **37**, 412–420 (2019).
- 750 98. Tsai, W.-C. *et al.* Effects of celecoxib on migration, proliferation and collagen expression
 751 of tendon cells. *Connective Tissue Research* 48, 46–51 (2007).
- P32 99. Larson, B. J., Longaker, M. T. & Lorenz, H. P. Scarless fetal wound healing: a basic science
 review. *Plastic and Reconstructive Surgery* 126, 1172–1180 (2010).
- Tsai, W.-C. *et al.* Decreased proliferation of aging tenocytes is associated with down regulation of cellular senescence-inhibited gene and up-regulation of p27. *J. Orthop. Res.* **29**, 1598–1603 (2011).
- 757 101. Klatte-Schulz, F. *et al.* Influence of age on the cell biological characteristics and the
 758 stimulation potential of male human tenocyte-like cells. *European cells & materials* 24,
 759 74–89 (2012).
- 102. Lee, Y. W. *et al.* Effects of Redox Modulation on Cell Proliferation, Viability, and Migration
 in Cultured Rat and Human Tendon Progenitor Cells. *Oxidative Medicine and Cellular Longevity* 2017, 8785042 (2017).
- Jackson, J. E., Kopecki, Z., Anderson, P. J. & Cowin, A. J. In vitro analysis of the effect of
 Flightless I on murine tenocyte cellular functions. *J Orthop Surg Res* 15, 1–14 (2020).
- 104. Lui, P. P. Y. & Wong, C. M. Biology of Tendon Stem Cells and Tendon in Aging. *Frontiers in Genetics* 10, 2716 (2020).
- 767 105. Kohler, J. *et al.* Uncovering the cellular and molecular changes in tendon stem/progenitor
 768 cells attributed to tendon aging and degeneration. *Aging Cell* **12**, 988–999 (2013).
- Jiang, D. *et al.* Effect of Young Extrinsic Environment Stimulated by Hypoxia on the
 Function of Aged Tendon Stem Cell. *Cell Biochem Biophys* **70**, 967–973 (2014).

771 107. Riley, G. P. et al. Tendon degeneration and chronic shoulder pain: changes in the collagen 772 composition of the human rotator cuff tendons in rotator cuff tendinitis. Annals of the 773 *Rheumatic Diseases* **53**, 359–366 (1994). 774 108. Qi, J. et al. Interleukin-1beta increases elasticity of human bioartificial tendons. Tissue 775 Engineering 12, 2913–2925 (2006). 776 109. Liu, Y., Suen, C.-W., Zhang, J.-F. & Li, G. Current concepts on tenogenic differentiation and 777 clinical applications. Journal of Orthopaedic Translation 9, 28–42 (2017). 778 110. Shukunami, C. et al. Scleraxis is a transcriptional activator that regulates the expression of 779 Tenomodulin, a marker of mature tenocytes and ligamentocytes. Scientific Reports 8, 780 3155 (2018). 781 111. Léjard, V. et al. Scleraxis and NFATc Regulate the Expression of the Pro-α1(I) Collagen 782 Gene in Tendon Fibroblasts. The Journal of biological chemistry 282, 17665–17675 (2007). 783 112. Sakabe, T. et al. Transcription factor scleraxis vitally contributes to progenitor lineage 784 direction in wound healing of adult tendon in mice. Journal of Biological Chemistry 293, 785 5766-5780 (2018). 113. McClellan, A. et al. A novel mechanism for the protection of embryonic stem cell derived 786 tenocytes from inflammatory cytokine interleukin 1 beta. Scientific Reports 9, 53 (2019). 787 788 114. Archambault, J. M., Elfervig-Wall, M. K., Tsuzaki, M., Herzog, W. & Banes, A. J. Rabbit 789 tendon cells produce MMP-3 in response to fluid flow without significant calcium 790 transients. Journal of Biomechanics 35, 303–309 (2002). 791 115. Archambault, J., Tsuzaki, M., Herzog, W. & Banes, A. J. Stretch and interleukin-1beta 792 induce matrix metalloproteinases in rabbit tendon cells in vitro. Journal of orthopaedic 793 research 20, 36–39 (2002). 794 116. Arnoczky, S. P., LAVAGNINO, M., Egerbacher, M., Caballero, O. & Gardner, K. Matrix 795 Metalloproteinase Inhibitors Prevent a Decrease in the Mechanical Properties of Stress-796 Deprived Tendons: An In Vitro Experimental Study. American Journal of Sports Medicine 797 **35,** 763–769 (2007). 798 117. Berglund, M., Hart, D. A. & Wiig, M. The inflammatory response and hyaluronan 799 synthases in the rabbit flexor tendon and tendon sheath following injury. J Hand Surg Eur 800 Vol 32, 581–587 (2007). 801 118. Lo, I. K. Y., Marchuk, L. L., Hollinshead, R., Hart, D. A. & Frank, C. B. Matrix 802 Metalloproteinase and Tissue Inhibitor of Matrix Metalloproteinase mRNA Levels are 803 Specifically Altered in Torn Rotator Cuff Tendons. American Journal of Sports Medicine 32, 804 1223-1229 (2017). 805 119. Sun, H. B. et al. Coordinate Regulation of IL-1β and MMP-13 in Rat Tendons Following 806 Subrupture Fatigue Damage. Clin Orthop Relat Res 466, 1555–1561 (2008). 807 120. Jones, G. C. et al. Expression profiling of metalloproteinases and tissue inhibitors of 808 metalloproteinases in normal and degenerate human achilles tendon. Arthritis & 809 Rheumatism 54, 832-842 (2006). 810 121. Seok, J. et al. Genomic responses in mouse models poorly mimic human inflammatory 811 diseases. Proceedings of the National Academy of Sciences of the United States of America 812 110, 3507-3512 (2013).

813 122. Sauerschnig, M. *et al.* Effect of COX-2 inhibition on tendon-to-bone healing and PGE2
814 concentration after anterior cruciate ligament reconstruction. *Eur. J. Med. Res.* 23, 276
815 (2018).

- 816 123. Morita, W., Dakin, S. G., Snelling, S. J. B. & Carr, A. J. Cytokines in tendon disease: A
 817 Systematic Review. *Bone & Joint Research* 6, 656–664 (2017).
- Radovanović, G., Wolfarth, B. & Legerlotz, K. Interleukin-6 levels drop after a 12 week
 long physiotherapeutic intervention in patients with Achilles tendinopathy—a pilot study. *Translational Sports Medicine* 2, 233–239 (2019).
- 125. Chen, S. *et al.* Interleukin-6 Promotes Proliferation but Inhibits Tenogenic Differentiation
 via the Janus Kinase/Signal Transducers and Activators of Transcription 3 (JAK/STAT3)
 Pathway in Tendon-Derived Stem Cells. *Med Sci Monit* 24, 1567–1573 (2018).
- 824 126. Gittel, C. *et al.* Isolation of equine multipotent mesenchymal stromal cells by enzymatic
 825 tissue digestion or explant technique: comparison of cellular properties. *BMC Veterinary*826 *Research* 9, 221 (2013).
- 127. Wagenhäuser, M. U. *et al.* Collagen type I and decorin expression in tenocytes depend on
 the cell isolation method. *BMC Musculoskelet Disord* 13, 140 (2012).
- Wehling, M. Assessing the translatability of drug projects: what needs to be scored to
 predict success? *Nature Reviews Drug Discovery* 8, 541–546 (2009).
- Bavidson, M. K., Lindsey, J. R. & Davis, J. K. Requirements and selection of an animal
 model. *Isr. J. Med. Sci.* 23, 551–555 (1987).
- 833 130. Fenu, M. Evaluation and quantification of novel scratch assay to mimic wound healing
 834 model. (2018).
- Haltmayer, E. *et al.* Co-culture of osteochondral explants and synovial membrane as in
 vitro model for osteoarthritis. *PLoS ONE* 14, e0214709 (2019).
- 132. Yao, L., Bestwick, C. S., Bestwick, L. A., Maffulli, N. & Aspden, R. M. Phenotypic drift in
 human tenocyte culture. *Tissue Engineering* 12, 1843–1849 (2006).
- 133. Costa-Almeida, R., Calejo, I., Reis, R. L. & Gomes, M. E. Crosstalk between adipose stem
 cells and tendon cells reveals a temporal regulation of tenogenesis by matrix deposition
 and remodeling. *J. Cell. Physiol.* 233, 5383–5395 (2017).
- 842 134. R Core Team. *R: A language and environment for statistical computing*. (R Foundation for
 843 Statistical Computing, 2017).
- 844
- 845
- 846
- 847

848 Acknowledgements

- 849 The authors acknowledge Sinan Gültekin for his technical and John Breteler for his graphical 850 support. This research was supported by the Austrian Research Promotion agency (grant
- number 7269695) and the University of Vienna tandem PhD programme.
- 852

853 Conflict of Interest:

854 The authors have no competing interests to declare.

855 Figure Legends

856

Figure 1: Micrographs of tenocytes derived from the Achilles tendon in the mouse, rat, sheep
and human or the superficial digital flexor tendon in the horse. Figure 1A shows the tenocytes
at a magnification of 40x (scale bar: 1000µm), while figure 1B was taken at a 400x magnification
(scale bar: 100µm).

- 861
- 862

Figure 2: Study timeline detailing the experimental protocol. Gene expression, proliferation and
migration of tenocytes of all five species (human, mouse, rat, sheep, horse) were compared
under standard culture conditions (healthy control) as well as under transient (24 h) and
constant exposure to inflammatory stimuli (10 ng/ml IL1β and 10 ng/ml TNFα). After 24-hour
exposure to inflammation, the transient inflammation group received fresh culture medium,
while for the constant inflammation group fresh medium was again supplemented with

- 869 inflammatory factors.
- 870
- 871

872 Figure 3 : The proliferation capacity (A-C) of tenocytes from 5 different mammalian species

- 873 (mouse, rat, sheep, horse, and human) under healthy (Ctr/A), transient (TI/B) and constant
- 874 (CI/C) inflammatory condition is illustrated as fold increase over the course of 2 days (indicated
- as mean ± SEM calculated from three biological replicates). For pairwise comparisons and
 significance values see table 1.
- A wound healing assay (D-F) was used to determine the migratory capacity of tenocytes from
- 878 five different mammalian species under healthy (D), transient (E) and constant (F) inflammatory 879 conditions (indicated as mean ± SEM calculated from three biological replicates). For pairwise
- 880 comparisons and significance values see table 1.
- 881
- 882

Figure 4: Scatter dot plots showing COL1, SCX, MMP1, MMP13, COX2 and IL6 gene expression
(presented as log2) of healthy tenocytes and tenocytes exposed to inflammatory stimuli for 24h
(transient inflammation) or continuously (constant inflammation) in different species (the black
lines indicate the respective means). Gene expression in the inflammatory conditions is shown
relative to the healthy tenocytes. Each dot represents a different biological replicate.

- B88 Differences were evaluated using ANOVA with Tukey HSD test, *p<0,05; **p<0,01; ***p<0,001 889
- 890

Figure 5: Plot of PC1 (explaining 36% of the variance) vs. PC3 (explaining 14% of the variance) of
a Principal Component Analysis of gene expression values. Species are colour coded, conditions
(healthy, transiently inflamed, and continuously inflamed) are differentiated by symbols. Each
dot represents a different biological replicate.

- 895
- 896
- 897
- 898

899 Tables

900

901 Table 1: The first column corresponds to the healthy situation, the second and third to

902 transiently and constantly inflamed, respectively. First rows (human) correspond to tests for

903 non-zero slopes of the proliferation and migration curves in humans, i.e., either non-zero

904 proliferation or non-zero gap closure in humans. Second to fifth rows (different animal species)

905 correspond to tests of differences of the animal models to humans in the slopes of the

906 proliferation and migration curves of tenocytes. Calculations used an ANCOVA. Means,

907 standard errors and p-values are reported. To correct for multiple testing with four

908 comparisons using Bonferroni, the nominal significance levels (0.05, 0.01, and 0.001) are set to

909 the corrected levels (0.0125, 0.002, 0.0002, respectively). P-values are marked with stars from *

910 (significant) to *** (highly significant) using this correction.

bioRxiv preprint doi: https://doi.org/10.1101/2021.05.09.443263; this version posted May 10, 2021. The copyright holder for this preprint (which was not certified by peer review) is the author/funder. All rights reserved. No reuse allowed without permission.

		HE	Y		ANSIE AMMA		CONSTANT INFLAMMATION				
SF	PECIES	prolif. slope	Std. error	p-value	slope: diff. to Std. healthy		p-value	slope: diff. to healthy	Std. error	p-value	
	Human	0.1027	0.0168	1.75e- 09 ***	-0.0167	0.0237	0.4801	0.0089	0.0237	0.7074	
rion		slope: diff. to human	St. error	p-value	slope: diff. to human	St. error	p-value	slope: diff. to human	St. error	p-value	
ERA	Mouse	-0.1250	0.0237	1.95e- 07 *** 0.0508 0.0		0.0335	0.1301	-0.0301	0.0335	335 0.3691	
PROLIFERATION	Rat	0.0933	0.0237	9.35e- 05 ***	-0.0038	0.0335	0.9103	0.0420	0.0335	0.2103	
đ	Sheep	0.1169	0.0237	1.10e- 06 ***	0.0585	0.0335	0.0815	-0.0878	0.0335	0.00900 *	
	Horse	0.3000	0.0237	< 2e-16 ***	0.0233	0.0335	0.4868	-0.0640	0.0335	0.0568	
		migration slope	Std. Error	p-value	slope: diff. to healthy	St. error	p-value	slope: diff. to healthy	St. error	p-value	
	Human	_ 0.0792257	0.0032	< 2e-16 ***	0.0277	0.0045	2.76e- 09 ***	0.0475	0.0045	< 2e-16 ***	
N		slope: diff. to human	Std. Error	p-value	slope: diff. to human	St. error	p-value	slope: diff. to human	St. error	p-value	
MIGRATIO	Mouse	0.0311503	0.0045	3.07e- 11 ***	-0.0075	0.0064	0.2452	-0.0156	0.0064	0.0154	
MIGF	Rat	0.0001854	0.0046	0.9155	-0.0063	0.0064	0.3287	0.0035	0.0065	0.5938	
	Sheep	0.0185550	0.0045	5.46e- 05 ***	-0.0188	0.0064	0.00374 *	-0.0112	0.0064	0.0811	
	Horse	0.0132563	0.0045	0.00375 **	-0.0123	0.0064	0.0567	-0.0140	0.0064	0.0302	

917 Table 2: Mean difference to human and p-values of the gene expression calculated with ANOVA

of healthy, transiently inflamed and constantly inflamed tenocytes of the four animal model

919 species. Significant p-values (Tukey HSD correction) and the matching mean differences in gene

920 expression to humans are indicated in bold.

bioRxiv preprint doi: https://doi.org/10.1101/2021.05.09.443263; this version posted May 10, 2021. The copyright holder for this preprint (which was not certified by peer review) is the author/funder. All rights reserved. No reuse allowed without permission.

			SC X	TN C	TN M	COL 1	COL 3	COL 5	MMP 1	MMP 3	MMP 13	IL6	COX 2	NFK B	P5 3	AL P	FA K
Healthy	se	diff	2.65	- 0.74	- 1.05	-3.03	2.54	-2.17	-9.34	9.45	8.50	4.65	9.40	-0.20	- 0.30	3.14	- 0.25
	mouse	adj p	0.23 0	0.81 1	0.95 1	0.038	0.122	0.609	0.064	0.002	0.000	0.00 5	0.000	0.999	0.96 1	0.03 2	0.99 5
		diff	5.28	2.84	- 1.37	3.95	3.80	4.62	-2.97	10.24	5.24	0.54	11.30	3.00	4.47	1.85	4.72
	rat	adj p	0.00 8	0.01 4	0.88 2	0.008	0.015	0.067	0.851	0.001	0.013	0.97 8	0.000	0.053	0.00 0	0.28 7	0.00 0
	de	diff	2.39	3.79	- 3.52	-7.91	-0.50	0.41	-4.71	9.12	9.47	- 0.16	13.61	-0.72	- 0.36	- 0.14	3.95
	sheep	adj p	0.31 3	0.00 2	0.20 1	0.000	0.981	0.998	0.539	0.003	0.000	1.00 0	0.000	0.931	0.92 7	1.00 0	0.00 1
	se	diff	1.49	- 0.24	- 3.11	-4.72	0.41	1.71	-2.93	1.94	5.37	- 3.67	15.65	3.79	3.52	- 1.11	2.11
	horse	adj p	0.71 1	0.99 6	0.29 6	0.002	0.991	0.780	0.857	0.793	0.012	0.02 2	0.000	0.014	0.00 0	0.72 0	0.05 5
Transient inflammation	se	diff	- 1.22	- 0.69	- 2.59	-2.62	-3.06	-3.07	1.23	-5.08	-4.96	- 4.02	-4.15	-1.24	- 0.59	0.46	- 0.46
	mouse	adj p	0.51 5	0.87 0	0.04 8	0.177	0.017	0.010	0.984	0.011	0.001	0.00 1	0.000	0.180	0.80 3	0.99 0	0.96 3
	t	diff	- 2.94	- 1.42	- 2.85	-2.93	-4.43	-3.57	-0.66	-3.22	-1.56	- 0.98	-4.84	-0.01	- 0.34	- 1.54	- 1.48
	rat	adj p	0.01 9	0.34 2	0.02 9	0.114	0.001	0.004	0.999	0.124	0.412	0.53 7	0.000	1.000	0.96 7	0.56 3	0.29 9
ent inf	ep	diff	- 0.59	- 0.20	0.59	-0.12	-1.84	-1.49	0.39	-6.54	-4.19	- 2.83	-6.20	-0.52	0.16	1.38	1.31
Transi	sheep	adj p	0.93 0	0.99 8	0.93 7	1.000	0.189	0.291	1.000	0.002	0.004	0.00 7	0.000	0.841	0.99 8	0.65 1	0.40 4
	se	diff	- 0.77	1.44	- 0.34	1.40	-0.36	-0.95	3.97	-0.32	0.15	3.25	-6.63	-0.16	1.38	2.22	0.98
	horse	adj p	0.84 0	0.33 0	0.99 2	0.691	0.989	0.671	0.498	0.999	1.000	0.00 3	0.000	0.997	0.15 2	0.24 9	0.65 8
Constant inflammation	ast	diff	- 1.23	- 0.51	- 3.33	-1.89	-3.30	-2.52	1.64	-4.82	-3.41	- 4.54	-3.96	-1.33	- 0.09	2.83	0.22
	mouse	adj p	0.91 1	0.94 9	0.16 6	0.361	0.003	0.501	0.977	0.014	0.209	0.02 1	0.094	0.586	1.00 0	0.09 3	0.99 8
		diff	- 3.27	- 1.76	- 4.86	-3.80	-7.16	-5.29	4.75	-1.96	3.26	1.13	-1.71	0.13	0.18	- 1.09	- 1.35
	rat	adj p	0.23 8	0.17 7	0.02 8	0.020	0.000	0.039	0.509	0.490	0.241	0.86 6	0.727	1.000	0.99 9	0.79 7	0.41 2
	ep	diff	- 2.01	- 0.63	- 1.41	0.56	-1.81	-2.94	1.51	-6.73	-2.93	- 0.42	-7.68	-0.18	0.19	1.24	1.48
	sheep	adj p	0.65 3	0.90 0	0.82 2	0.975	0.111	0.366	0.983	0.001	0.328	0.99 6	0.002	1.000	0.99 9	0.71 9	0.33 3
	se	diff	- 3.10	2.28	- 1.74	1.37	-0.39	-2.04	3.59	-0.24	1.49	5.53	-8.36	-0.63	0.95	3.18	0.58
	horse	adj p	0.28 0	0.05 9	0.69 3	0.637	0.972	0.679	0.733	1.000	0.839	0.00 6	0.001	0.949	0.67 8	0.05 4	0.93 2

922 Table 3: Mahalanobis distances of the four model species to humans for all genes combined

923 under healthy, transiently and constantly inflamed conditions as well as for the different

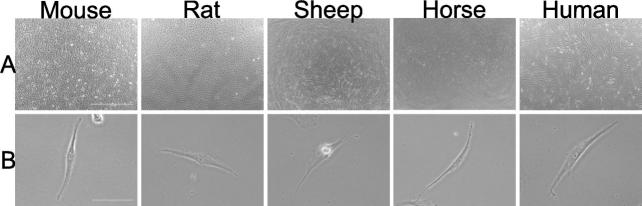
924 functional gene groups: tenogenic markers, collagens, MMPS and inflammatory mediators.

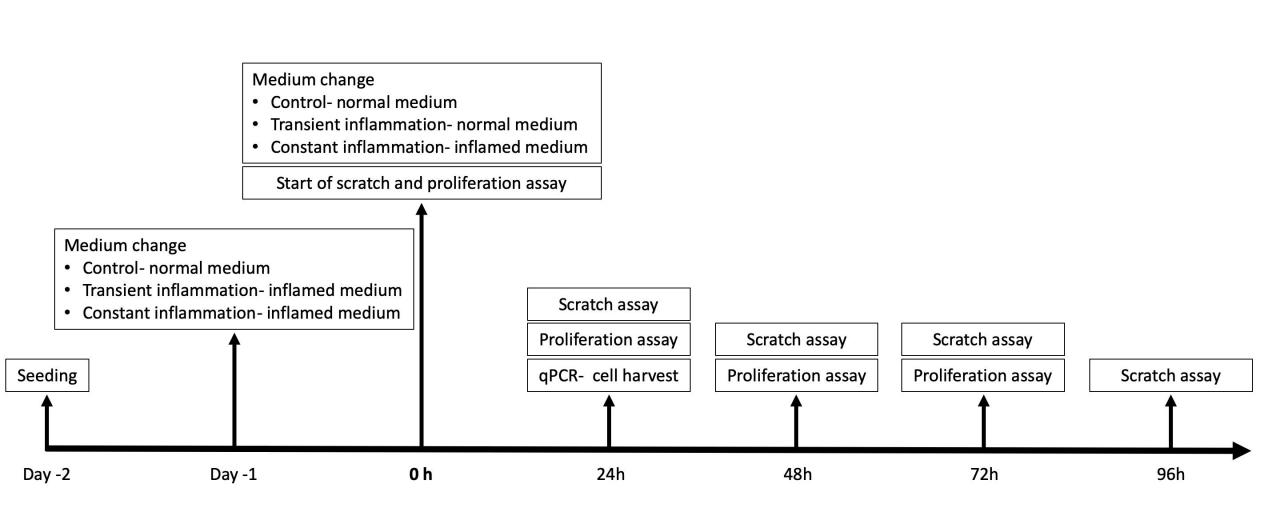
925

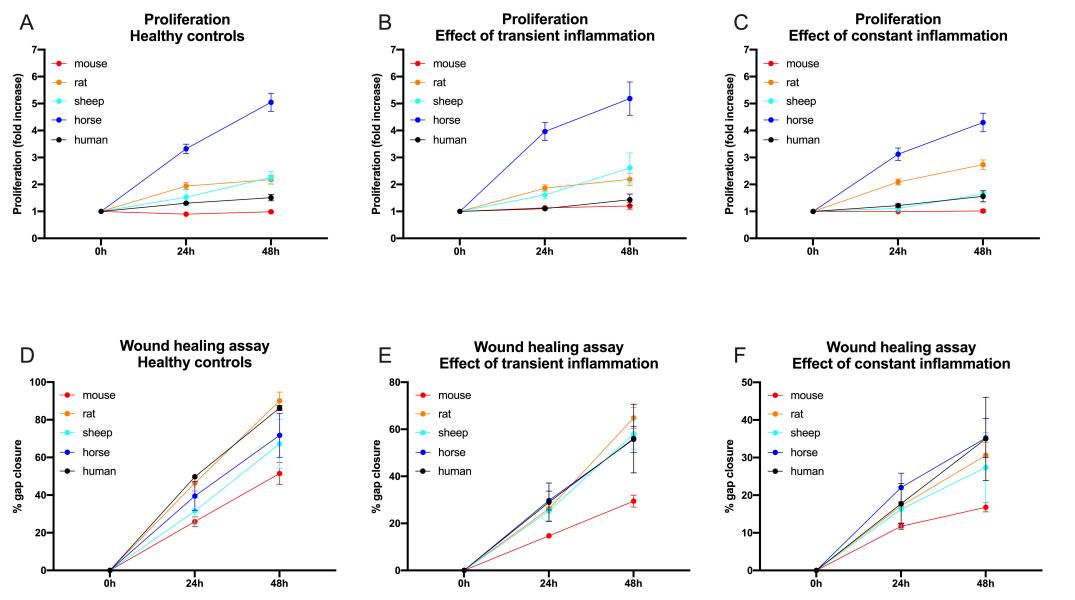
	Mouse	Rat	Sheep	Horse						
Mahalanobis distances all genes per condition										
Healthy 20.01 27.44 24.78 23.										
Transient Inflammation	13.49	18.66	10.62	9.59						
Constant Inflammation	10.50	17.45	8.94	12.97						
Mahalanobis distances all conditions per group of genes										
SCX, TNC, TNMD 5.45 12.21 10.54										
COL1, COL3, COL5	8.28	13.73	12.88	8.45						
MMP1, MMP3, MMP13	8.53	11.27	8.60	4.65						
COX2, IL6,	15.82	14.25	18.51	17.77						

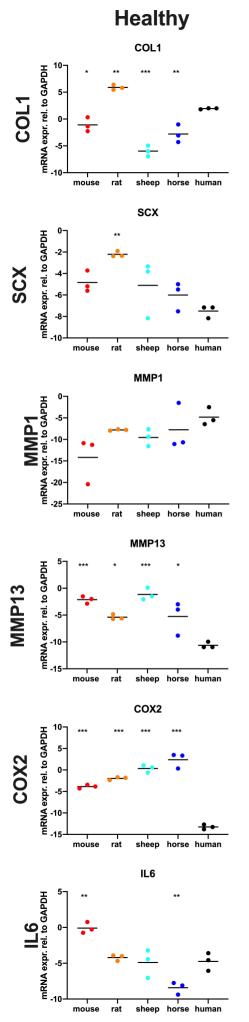
926

927









Transient Inflammation Constant Inflammation

