1 Blocking chondrocyte hypertrophy in conditional *Evc* knockout mice does

2 not modify osteoarthritis progression

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33 ABSTRACT

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Background: Chondrocytes in osteoarthritic (OA) cartilage acquire a hypertrophic-like 35 phenotype, where Hedgehog (Hh) signaling is pivotal. Hh overexpression causes OA-like 36 cartilage lesions, whereas its downregulation prevents articular destruction in mouse models. 37 38 Mutations in EVC and EVC2 genes disrupt Hh signaling, and are responsible for the Ellis-van 39 Creveld syndrome skeletal dysplasia. Since Ellis-van Creveld syndrome protein (Evc) deletion is 40 expected to hamper Hh target gene expression we hypothesized that it would also prevent OA 41 progression avoiding chondrocyte hypertrophy. Our aim was to study Evc as a new therapeutic 42 target in OA, and whether Evc deletion restrains chondrocyte hypertrophy and prevents joint damage in an Evc tamoxifen induced knockout (*Evc^{cKO}*) model of OA. 43

Methods: OA was induced by surgical knee destabilization in wild-type (WT) and *Evc^{cKO}* adult mice, and healthy WT mice were used as controls (n=10 knees/group). Hypertrophic markers and Hh genes were measured by qRT-PCR, and metalloproteinases (MMP) levels assessed by western blot. Human OA chondrocytes and cartilage samples were obtained from patients undergoing knee joint replacement surgery. Cyclopamine (CPA) was used for Hh pharmacological inhibition and IL-1β as an inflammatory insult.

50 **Results:** Tamoxifen induced inactivation of *Evc* inhibited Hh overexpression and partially 51 prevented chondrocyte hypertrophy during OA, although it did not ameliorate cartilage 52 damage in DMM-*Evc*^{cKO} mice. Hh pathway inhibition did not modify the expression of 53 proinflammatory mediators induced by IL-1 beta in human OA chondrocytes in culture. 54 Hypertrophic – IHH – and inflammatory – COX-2 – markers co-localized in OA cartilage 55 samples.

56 **Conclusions:** Tamoxifen induced inactivation of *Evc* partially prevented chondrocyte 57 hypertrophy in DMM-*Evc*^{cKO} mice, but it did not ameliorate cartilage damage. Our results 58 suggest that chondrocyte hypertrophy per se is not a pathogenic event in the progression of 59 OA.

Keywords: Osteoarthritis, Hedgehog, Chondrocyte Hypertrophy, Cartilage, Ellis-van Creveld.

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66 INTRODUCTION

67 Osteoarthritis (OA) is a chronic joint disease mainly affecting articular cartilage, which 68 undergoes erosion, characterized by extracellular matrix (ECM) degradation and cell alterations(1–5). Chronic biomechanical stress is the main factor triggering cartilage 69 70 degradation(5). The resulting damage-associated molecular patterns (DAMPs) activate Toll-like 71 receptors (TLR) and innate immunity in OA chondrocytes, evoking a local chronic inflammatory 72 response with an increase in proinflammatory cytokines such as interleukin (IL)-1 or tumor 73 necrosis factor (TNF). In turn, these cytokines induce the release of active metalloproteinases 74 (MMP), aggrecanases and different proinflammatory mediators which activate the catabolic 75 program characteristic of this disease(5). Together with inflammation, regenerative 76 mechanisms are triggered by OA chondrocytes presumably as an attempt to repair the 77 damagedtissue, such as the reactivation of signalling pathways operating during endochondral 78 ossification of the growth plate, as Indian Hedgehog (IHH), WNT or NOTCH signaling(1,6,7). 79 That is the reason why OA chondrocytes with this gene expression pattern are known as 80 hypertrophic-like chondrocytes.

During limb development hypertrophic chondrocytes show a gradual increase in its cell 81 size and varying gene expression, including Runt-related transcription factor 2 (RUNX2) and 82 83 IHH, and progressively type X collagen (COL-10), MMP-13, receptor activator of nuclear factor 84 kappa-B ligand (RANKL), and osteopontin (SPP1)(1,8). This developmental process, deeply 85 coordinated by the IHH–parathyroid hormone-related protein (PTHrP) axis, drives an active ECM remodeling, until chondrocytes reach an apoptotic fate and leave a mineralized matrix for 86 87 bone formation(1,8). Therefore, IHH has an essential role during embryonic and postnatal skeletal development and bone growth. 88

The Hedgehog (Hh) family of signaling molecules mediates the development of numerous organs during embryogenesis. However, In general, this signaling is physiologically repressed in the adult stage being only reactivated during tissue repair processes after injury, such as in lung epithelium, muscle, cartilage and bone(9).

Three Hh genes have been described in vertebrates, Sonic (SHH), Desert (DHH) and IHH, whose canonical signaling anchors to the primary cilium, a cellular structure highly specialized in the reception and transduction of mechanical and biochemical stimuli into the cell(10). Upon the arrival of a Hh ligand and its binding to the PTCH1 receptor, Smoothened (SMO) is released from PTCH1-mediated repression, and it translocates to the base of the cilium, where interacts with the EVC-EVC2 complex(11,12). This interaction promotes the activator function of the gliome associated oncogene (GLI)transcription factors and thus the expression of Hh target genes, including Hh signaling components, such as PTCH1 and GLI1, and chondrocytehypertrophy related genes(2,11–13).

102 Congruently with the hypertrophic-like phenotype, both human and animal OA cartilage 103 exhibits increased levels of IHH and overexpression of components of the Hh pathway(14,15). 104 Furthermore, chondrocytes in OA cartilage have also been described as morphologically 105 hypertrophic cells with an increased size that are present in all the articular cartilage 106 zones(16). These cell alterations also correlate with the expression of IHH in the cartilage and 107 with the grade of tissue destruction(13,15,17). Experimental models have revealed that genetically modified mice with higher activation of Hh signaling (Ptch1^{+/-}, Col2a1-Gli2-108 transgenic and COL2-rtTA-Cre;Gt(ROSA)26Sor^{tm1(Smo/YFP)Amc}) show cartilage extracellular matrix 109 110 remodeling, proteoglycan loss and chondrocyte fate alterations, together with an increased 111 expression of chondrocyte hypertrophic markers, as Col10a1 and Mmp13(14), although the 112 characteristic cartilage OA lesions were not observed. On the contrary, Smo genetic downregulation (COL2-rtTA-Cre;Smo^{tm2Amc}) and conditional deletion (Rosa-CreER(T);Smo^{fl/fl}), 113 and *Ihh* conditional deletion (*Col2a1-CreER*^{T2};*Ihh*^{fl/fl}) attenuate surgically induced OA in 114 mice(14,18,19). The effect of Hh pharmacological inhibition employing SMO and GLI inhibitors, 115 116 such as cyclopamine (CPA) and GANT-61, has also been tested. The treatment with the Hh 117 inhibitor $C_{31}H_{42}N_4O_5$ prevents joint destruction in OA mice, and was associated with a decrease in OA markers, as Adamts5 and Col10a1(14). The efficacy of these inhibitors on cartilage 118 119 damage attenuation has also been tested in rodent models of severe OA, or adjuvant-induced 120 arthritis(20,21).

On the other hand, blocking of SMO function results in a robust inhibition of Hh signaling(22,23). Potent SMO and GLI antagonists are particularly valuable for effectively inhibiting Hh signaling in several types of tumors with aberrant Hh activation, such as basal cell carcinoma and medulloblastoma(24). However, the accompanying adverse reactions, such as weight loss, fatigue, muscle spasms, alopecia, and dysgeusia(25), makes it questionable to consider SMO inhibitors as a feasible therapy for a chronic joint disease like OA.

Unlike other proteins of the Hh pathway, Evc works as a modulator of Hh signaling that lacks the critical role of other mediators of the Hh pathway, as SMO. In fact, a proportion of $Evc^{-/-}$ mice in a C57BL/6J;129 mixed background were found to be able to survive for at least 18 days after birth, albeit exhibiting severe skeletal defects(26), whereas $Smo^{-/-}$ mice do not survive beyond 9.5 days of embryonic development(27). This suggests that Evc silencing may result in a partial blockade of Hh signaling, and may represent a more plausible therapeutic target for Hh inhibition and downstream gene repression in OA cartilage. Thus, we hypothesized that *Evc* deletion would prevent chondrocyte hypertrophy associated to OA. In order to test whether Evc should be considered as a new therapeutic target in OA, we used our previously reported *Evc* tamoxifen (TAM) induced conditional knockout (Evc^{cKO}) model(28) to specifically study if the blockade of Hh signaling and the entailing hypertrophy mechanisms exclusively during the adult stage could prevent the development of OA.

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141 **RESULTS**

142 Evc levels are drastically diminished in Evc^{flox/-} mice

143 Prior the study of Evc deletion on OA cartilage damage in vivo, we wanted to verify the efficacy of TAM on the deletion of *Evc* in adult *Evc^{cKO}* mice. We used RT-qPCR to study *Evc* 144 transcript levels in mice treated with TAM (Evc^{cKO}) and with vehicle (Evc^{flox/-}) as well as in WT 145 mice, which were used as the reference group for normal Evc gene expression levels in healthy 146 status. As predicted, *Evc^{cKO}* mice did not express *Evc* in lung, heart, brain, muscle or bone tissue 147 (Sup.Fig.1). Unexpectedly, Evc levels in Evc^{flox/-}mice were drastically decreased with respect to 148 WT mice, being more similar to those observed in *Evc^{cKO}* animals (Sup.Fig.1). For this reason, 149 WT mice, instead of *Evc^{flox/-}*, were selected as the control group to study the effect of *Evc* 150 151 deletion on OA cartilage damage in vivo.

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153 *Evc* deletion in DMM-*Evc*^{cKO} mice does not prevent OA-associated cartilage damage

We first studied cartilage damage in mice following 8 weeks post-surgery. Experimental OA due to knee joint destabilization evoked articular cartilage lesions in DMM-WT and DMM- Evc^{cKO} mice compared with their respective healthy controls(28). However, we found no amelioration in cartilage damage of DMM- Evc^{cKO} mice compared with DMM-WT animals, as showed by similar OARSI scores in both groups (Table 1).

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160 **Hh signaling is effectively blocked in DMM-***Evc*^{*cKO*} **mice**

Meniscal destabilization-induced OA was responsible for an induction in Hh related genes *- Ptch1, Gli1, Evc* and *lhh* – in the knees of DMM-WT mice in comparison with NO-WT healthy individuals, while the expression of these genes was decreased in DMM-*Evc*^{*cKO*} mice compared with DMM-WT (Fig.1A-D). These results indicate that *Evc* deletion prevents Hh overexpression associated to OA.

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167 *Evc* deletion does not prevent cartilage catabolism in DMM-*Evc*^{cKO} mice

We studied MMP protein profile in the mouse knees to further assess tissue damage in 168 169 the joint and to determine if Evc deletion could attenuate cartilage catabolism in DMM-Evc^{cKO} mice. MMP-13, MMP-1 and MMP-3 protein levels increased in the knee joints of DMM-WT 170 mice compared with NO-WT, while DMM-*Evc^{cKO}* mice showed similar MMP levels compared 171 172 with DMM-WT animals (Fig.2A-F). This suggests that despite Hh blockade mediated by Evc inactivation, cartilage catabolism remains strongly active in DMM-Evc^{cKO} mice. The analysis of 173 anabolic markers revealed substantial low levels of Col2a1 gene expression in DMM-Evc^{CKO} 174 175 mice, whereas Agg transcript levels were similar between groups (Fig.2G,H).

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177 Chondrocyte hypertrophy is partially inhibited in DMM-*Evc*^{cKO} mice

178 The analysis of the gene expression levels of hypertrophic markers in the knee joints 179 revealed increased levels of Ihh, Col10a1 and Alpl during OA in DMM-WT mice, which decreased in the DMM-*Evc^{cKO}* group with respect to DMM-WT animals (Fig.1D, Fig.3B,E). *Runx2* 180 and *Sp7* levels were also diminished in DMM-*Evc^{cKO}* mice compared with DMM-WT (Fig.3A,F). 181 182 *Mmp13* and *Adamts5* mRNA levels were not modified between groups (Fig.3C,D). The thickness of the femur calcified cartilage showed an increasing trend in DMM-WT animals with respect 183 to NO-WT mice, and decreased in DMM-Evc^{cKO} mice compared with the DMM-WT group 184 185 (Fig.3G,H). These results suggest a relevant role of Evc in the hypertrophy and calcification 186 process associated to OA in this model.

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188 Human OA cartilage co-expresses hypertrophic and inflammatory phenotypes

189 We suspected that the blockade of the hypertrophy response could trigger a higher inflammatory activation in OA chondrocytes. This would explain the fact that despite blocking 190 191 hypertrophy we did not see improvement in cartilage damage in DMM-*Evc^{cKO}* mice. To test this premise, we first aimed to determine whether chondrocytes polarize towards the acquisition 192 193 of a hypertrophic vs an inflammatory phenotype in OA cartilage. With this purpose we 194 analyzed the presence of IHH and COX-2 in human cartilage samples by immunofluorescence 195 (Fig.4A,B). We found that both proteins co-localized in the same cells and areas in human OA 196 cartilage (Fig.4D), suggesting that chondrocytes can express both hypertrophic and 197 inflammatory proteins at the same time. This result demonstrates the coexistence of both 198 pathological phenotypes in the same cell.

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200 Human OA chondrocytes inflammatory response is not modified by Hh inhibition

201 Once we observed that both hypertrophic and inflammatory phenotypes co-localize in the 202 same cell, we aimed to determine whether both signaling processes interact and mutually 203 regulate in OA chondrocytes. We studied if IL-1 beta-mediated inflammatory response could 204 indirectly modify the synthesis of hypertrophic differentiation inducers in human OA 205 chondrocytes. IL-1 beta insult decreased GLI1 and EVC gene expression levels in IL-1 beta-206 stimulated chondrocytes compared with control cells (Fig.5B,C), and increased IHH gene 207 expression levels (Fig.5D), while no changes were observed in PTCH1 expression (Fig.5A). 208 Then, we deepened in the inflammatory study in human OA chondrocytes to determine the 209 effect of Hh signaling blockade on the response of chondrocytes to IL-1 beta-induced 210 inflammation. We used CPA as a Hh inhibitor due to its direct antagonism by interaction with 211 SMO(29). CPA-mediated Hh inhibition did not modify the gene expression of pro-inflammatory 212 markers – IL1B, MMP13, PTGS2, PTGER2, IL6, NOS2 and CCL2 – with respect to chondrocytes 213 not treated with the SMO inhibitor (Fig.5E-K). These data indicate that Hh inhibition, and 214 therefore hypertrophy blockade, does not alter OA chondrocytes inflammatory response to IL-215 1 beta.

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217 **DISCUSSION**

Our results show that surgically-induced OA in mice induced the activation of the Hh pathway, increasing *Ptch1*, *Gli1* and *Ihh* gene expression in the OA knees, as previous studies have observed in rodent models of OA(14,30). In addition, we observed that *Evc* levels were also increased in OA mouse knee joints.

The role of EVC and its specific activation have not been previously described in OA. Since EVC positively mediates Hh signaling, and DMM induces its overexpression, we proposed EVC as a new therapeutic target for inhibiting chondrocyte hypertrophy-like phenomena that are activated in OA. In addition, the expression of *Evc* seems to be mainly limited to cartilage tissue(26,31). Thus, a selective EVC inhibition would be specifically directed to articular hyaline cartilage in comparison to different Hh inhibitors that have a widespread effect in different tissues and organs.

229 Hh signaling has an essential role in limb and neural development and is dysregulated in 230 disease states, such as in genetic (e.g. Bardet–Biedl syndrome) or neurodegenerative disorders 231 (e.g. Parkinson's and Alzheimer's disease), cancer (e.g. basal cell carcinoma (BCC) and 232 medulloblastoma), and OA(32,33). Hh function is also required for tissue repair and 233 homeostasis, in coordination with WNT and TGF-beta/BMP signaling and G protein-coupled 234 receptors actions(33), for example in lung epithelium regeneration(34), epidermal and hair 235 follicle maintenance(35), and muscle regeneration(9).

The mechanisms of Hh signaling inhibition at different levels of the pathway have been deeply studied in the context of cancer research. Different Hh pharmacological inhibitors are available for cancer treatment, mainly SMO and GLI1 inhibitors, which effectively suppress Hh
activation(36,37). These Hh-targeted drugs have shown their efficacy in the treatment of a
variety of tumors, including BCC, pancreatic or breast cancer(37). However, these Hh inhibitors,
like vismodegib and sonidegib, are associated with different adverse events such as muscle
spasms, alopecia, dysgeusia, weight loss, and fatigue(25,38).

243 The experimental use of these inhibitors in OA models has proven that SMO and GLI 244 pharmacological inhibitors strongly restrain Hh signaling and exert a protective effect against OA progression(14,39,40). OA mice treated with the SMO inhibitor $C_{31}H_{42}N_4O_5$ showed 245 246 articular cartilage recovery, as well as a downregulation of Ptch1, Gli1, and Hh interacting 247 protein (*Hhip*), together with a decrease in the hypertrophic markers *Adamts5* and 248 Col10a1(14). In rats with adjuvant-induced arthritis, CPA reduced cartilage damage and 249 inflammation, diminishing TNF-a, IL-1 beta, and IL-6 serum levels(21). Furthermore, the GLI 250 inhibitor GANT-61, in combination with a low dose of the anti-inflammatory indomethacin, 251 was found to synergistically reduce cartilage damage and inflammatory cytokines TNF-a, IL-2, 252 and IL-6 in serum, through pyroptosis inhibition in chondrocytes(20).

253 Although these Hh inhibitory molecules have been tested in experimental OA models and 254 have given promising results, the use of these compounds for the treatment of human OA does 255 not seem acceptable due to their toxicity and the above mentioned associated adverse effects. 256 Also, their long-term effects on the arthritic joint itself, and in other regenerative processes 257 such as bone fracture healing, are still undefined. Due to the less critical nature of Evc in 258 comparison to other mediators of the Hh pathway, Evc inhibition would provide a more 259 plausible target for the treatment of OA. Although half of *Evc* knockouts were reported to die 260 soon after birth, some can survive to adulthood under special heed in a C57BL/6J;129 mixed 261 genetic background. In contrast, Smo knockouts fail embryonic development and die at 262 E9.5(26,32,41). Thus, Evc blockade would display a partial inhibition of the Hh pathway in 263 comparison with the vast inhibition induced by the blockade of other mediators, such as SMO 264 or IHH.

Aside from the classical Hh activation, several pathways such as MAPK/MEK/ERK, PI3K/AKT/mTOR, TGF-beta and PKC signaling, modulate GLI1 and GLI2 transcriptional activity through non-canonical Hh activation(42). Particularly in OA, Hh signaling interacts with the NOTCH, WNT, FGF and mTOR pathways(2). Furthermore, inflammatory pathways such as TNFa/mTOR, potentiate GLI1 activity in a SMO-independent manner(43,44).Overall, signaling cascades and cellular responses triggered by Hh pathway seem to be highly contextdependent(2).

We utilized an *Evc^{cKO}* model in mice females combined with DMM, and we demonstrated 272 that *Evc^{cKO}* effectively inhibited Hh signaling overexpression during OA triggered by DMM, and 273 274 decreased chondrocyte hypertrophic markers. We employed this OA model, in which mice 275 developed mild to moderate OA alterations(45), in order to test plausible beneficial effects of 276 hypertrophy blockade. We observed a general decrease in the expression of Ihh, Runx2, Col10a1, Alpl and Sp7 in the joints of DMM-Evc^{cKO} mice in comparison to DMM-WT animals. 277 Furthermore, tamoxifen induced inactivation of Evc accounted for a substantial prevention of 278 calcified cartilage thickening in DMM-*Evc^{cKO}* mice compared to DMM-WT mice. 279

Although *Evc^{cKO}* showed a decrease in Hh induction induced by OA, together with a lower hypertrophy and calcification progression, no amelioration of cartilage damage was observed in DMM-*Evc^{cKO}* mice compared with DMM-WT. We have previously demonstrated that DMM-WT and DMM-*Evc^{cKO}* mouse joints also exhibited similar subchondral bone sclerosis associated to DMM(28).

285 Research in Evc null mice have shed light on its physiological role and demonstrated that 286 EVC localises at the base of the primary cilium and mediates Hh signaling in chondrocytes and osteoblasts(26,46). Still, the role of Evc in the cartilage seems to be restricted to skeletal 287 development and bone growth, with an unclear role in the adult tissue. Specifically in OA, 288 289 studies have been conducted investigating the function of the primary cilium in chondrocytes. An increased cilium lengthand prevalence of ciliated chondrocytes have been associated to 290 291 tissue erosion and mild to severe OA lesions in the cartilage(47,48). Also cilia orientation 292 undergoes alterations in the OA cartilage. While healthy chondrocytes orient their cilium away 293 from the cell surface, chondrocytes in OA cartilage direct their primary cilia into the core of OA 294 chondrons(48). Alterations in primary cilium structure and assembly have also been associated 295 with a Hh-mediated mechanosensitive diminished response in bovine articular 296 chondrocytes(49). Similarly, primary cilium depletion in chondrocytes is responsible for 297 impeded GLI3 processing to the repressor form of the transcription factor, thus promoting increased Hh signaling and OA markers(50). Evc^{-/-} chondrocytes do not show alterations in 298 ciliogenesis(26). Yet, Evc absence does produce chondrocyte dysfunction, as can be asserted 299 300 by the severe skeletal and growth alterations of *Evc^{-/-}*and growth plate column disarrangement in Evc^{CKO} adult mice(26,28). It still remains unknown how inactivation of Evc in Evc^{CKO} mice 301 302 might influence articular cartilage quality in the long term.

The extremely low *Col2a1* transcript levels found in DMM-*Evc^{cKO}* mice are consistent with the alteration of the genetic locus of *COL2A1* in patients with osteochondrodysplasias(51). In an Ellis–van Creveld experimental model in calf with an *EVC2* mutation, abnormal COL2A1 expression was histologically found in the physis, attributed to an accelerated COL2A1 degradation(52). In contrast, our data show a COL2A1 synthesis defect in DMM-*Evc*^{*cKO*} mice. The low *Col2a1* transcript levels, together with the relatively high MMP-associated catabolism, particularly MMP-13 and MMP-1, maintained in the knee joints of DMM-*Evc*^{*cKO*} mice, may have contributed to a more rapid progression of cartilage damage in DMM-*Evc*^{*cKO*} mice than a priori anticipated. Both findings matched histological cartilage damage in DMM-*Evc*^{*cKO*} joints and its equal OA progression to DMM-WT mice(28).

313 Both hypertrophy-like alterations and inflammation in OA chondrocytes have been 314 described as characteristic phenomena in this disease. Recent data from our laboratory 315 demonstrate that hypertrophic chondrocytes can be found in all hyaline cartilage layers, and 316 not within a specific location(16). In this work, we have demonstrated that these signals can be 317 simultaneously found in OA chondrocytes, since we were able to co-localize IHH and COX-2 in 318 human OA chondrocytes. The co-localization of both hypertrophy and inflammatory markers in 319 human OA cartilage suggests that the acquisition of the hypertrophic-like phenotype does not 320 exclude the expression of an inflammatory profile. Our data indicate the presence of a 321 complex signaling network modulating chondrocyte responses in OA.

322 In line with this data, it could be possible that IHH-signaling down-regulation observed in 323 *Evc^{cKO}* mice could exacerbate the inflammatory response in OA chondrocytes, being 324 responsible for the absence of a protective effect on cartilage degradation observed in DMM- Evc^{cKO} mice, in comparison to DMM-WT. In fact, it has been previously shown that both 325 pathways could be able to regulate each other. IL-1 beta stimulation would decrease the 326 327 activation of the Hh pathway(53), while Hh activation has been long associated with OA 328 cartilage degradation due to an increase in catabolic enzymes such as ADAMTS5 and MMP-329 13(13,14,18). However, Thompson and co-workers observed that Hh pathway activation 330 induced by recombinant-Ihh did not stimulate cartilage degradation in healthy bovine articular chondrocytes(53). On the other hand, some reports have even postulated that Hh may induce 331 332 anti-inflammatory responses(54,55). Genetic or pharmacologic Hh inhibition increased the 333 presence of inflammatory mediators, whereas Gli1 overexpression seemed to ameliorate 334 inflammatory outcomes in mouse models of colitis and acute pancreatitis through the 335 induction of the anti-inflammatory cytokine IL-10(54,55).

Thus, employing *in vitro* studies, we investigated whether Hh signaling inhibition might trigger a higher inflammatory response in human OA chondrocytes. Our data indicated that IL-1 beta accounted for an inhibition in Hh pathway in human OA chondrocytes, particularly decreasing *GLI1* and *EVC* gene expression. In contrast, we observed that human OA chondrocytes did not modify their inflammatory response to IL-1 beta under Hh pathway inhibition. 342 Overall, our results showed that Evc-mediated Hh inactivation partially prevented chondrocyte hypertrophy but did not ameliorate OA cartilage damage in DMM-*Evc^{cKO}* mice. 343 344 These data suggest that a partial blockade of the Hh pathway through tamoxifen induced 345 inactivation of Evc is not a therapeutic target for mild/incipient OA. In this OA model, we have 346 demonstrated that chondrocyte hypertrophy was associated to Hh signaling activation, but it is 347 not a pathogenic event in the development of the disease. In this sense, chondrocyte 348 hypertrophy could be a frustrated regenerative mechanism that correlates with OA 349 progression, but not a leading cause of cartilage degeneration per se.

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351 MATERIALS AND METHODS

Reagents and Tools					
Material	Supplier				
Rabbit polyclonal anti-mouse MMP-13 (1/6000; ab39012)	Abcam, Cambridge, UK				
Rabbit polyclonal anti-mouse MMP-1 (1/500; ab137332)	Abcam, Cambridge, UK				
Rabbit monoclonal anti-mouse MMP-3 (1/10000; ab52915)	Abcam, Cambridge, UK				
EZ-Blue gel staining reagent	Sigma-Aldrich, St Louis, MO, USA				
TRIzol reagent	MRC, Cincinnati, OH, USA				
TaqMan probes: <i>Ptch1</i> (Mm00436026_m1), <i>Evc</i> (Mm00469587_m1), <i>Gli1</i> (Mm00494645_m1), <i>Ihh</i> (Mm00439613_m1), <i>Runx2</i> (Mm00501584_m1), <i>Col10a1</i> (Mm00487041_m1), <i>Mmp13</i> (Mm00439491_m1), <i>Adamts5</i> (Mm00478620_m1), <i>Alpl</i> (Mm00475834_m1), <i>Sp7</i> (Mm00504574_m1), <i>Col2a1</i> (Mm01309565_m1), <i>Agg</i> (Mm00545794_m1), <i>Hprt1</i> (Mm00446968_m1), <i>PTCH1</i> (Hs00181117_m1), <i>EVC</i> (Hs00205772_m1), <i>GLI1</i> (Hs00171790_m1), <i>IHH</i> (Hs01081801_m1), <i>IL1B</i> (Hs00174097_m1), <i>MMP13</i> (), <i>PTGS2</i> (Hs00610420_m1), <i>PTGER2</i> (Hs00168754_m1), <i>IL6</i> (Hs00174131_m1), <i>NOS2</i> (Hs00167257_m1), <i>CCL2</i> (), <i>HPRT1</i> (Hs99999909_m1)	Applied Biosystems, CA, USA				
Dulbecco's Modified Eagle Medium (DMEM) 1 g/L glucose	Lonza, Basel, Switzerland				
Fetal bovine serum (FBS)	Sigma-Aldrich, St Louis, MO, USA				
L-Glutamine	Lonza, Basel, Switzerland				
Penicillin-Streptomycin	Lonza, Basel, Switzerland				
IL-1 beta	Peprotech, London, UK				

yclopamine (CPA) (C4116) Sigma-Aldrich, St Louis, MO,			
Proteinase K	Promega, Madison, WI, USA		
Triton X-100	Sigma-Aldrich, St Louis, MO, USA		
Rabbit polyclonal anti-IHH (1/100; ab39634)	Abcam, Cambridge, UK		
Mouse polyclonal anti- COX-2 (1/100; ab88522).	Abcam, Cambridge, UK		
Fluoroshield with DAPI histology mounting medium	Sigma-Aldrich, St Louis, MO, USA		
iScanCoreo Au version 3.3.3	Roche, Basel, Switzerland		
Image Viewer software	Ventana Medical Systems, USA		
Amersham Imager 600	Healthcare, Little Chalfont, Buckinghamshire, UK		
Step One Plus Detection system	Applied Biosystems, CA, USA		
G-power 3.1 software	G-power, Autenzell, Germany		
GraphPad Prism 8 for Windows	GraphPad Software, San Diego, CA, USA		

352

353 Methods and Protocols

354 Animal model of OA

Generation of *Evc^{flox/-}*; UBC-*CreERT2* mice was previously described(28). These mice were 355 maintained in a C57BL/6J;129 mixed background. Briefly, 10 weeks-old Evc^{flox/-};UBC-CreERT2^{+/-} 356 female mice received vehicle or 0.075 mg/g/day TAM administered in five intraperitoneal 357 injections. Vehicle-treated mice were named as Evc^{flox/-} and TAM-treated mice as Evc^{cKO}. 358 359 C57BL/6J;129 WT mice were used as controls due to unexpected low *Evc* levels in *Evc*^{flox/-}mice 360 (Sup.Fig.1). Mice were separated and housed in cages according to their genotype to avoid 361 tamoxifen contamination, were exposed to 12-hour light/dark cycles, and had free access to 362 water and standard chow. OA was induced at 12 weeks of age by destabilization of the medial meniscus (DMM) as previously described(28,45), and mice were assigned to groups of study 363 364 according to their genotype and randomly distributed between healthy and DMM-operated: non-operated (NO)-WT (n=8), DMM-WT (n=6)and DMM-Evc^{cKO} (n=6). After 8 weeks of OA 365 progression, mice were euthanized and tissues and joints collected for histopathological and 366 367 molecular analysis. Tissue samples from brain, lung, muscle, heart, bone and joints were immediately frozen for molecular biology studies. Animal handling and experimental 368 369 procedures for this study (PROEX 119/16) complied with the national and international 370 regulations, and the Guidelines for the Care and Use of Laboratory Animals (NIH), and were approved by the Institutional Ethics and Welfare Committees of the IIS-Fundación Jiménez Díaz

372 and Alberto Sols Biomedical Research Institute.

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374 Cartilage thickness analyses

Cartilage thickness was evaluated in knee sections stained with Hematoxylin/Eosin and
scanned with the iScanCoreo Au version 3.3.3 (Roche, Basel, Switzerland). A 500 μm line was
drawn covering the center and posterior region of the joint in the femur using the Image
Viewer software (Ventana Medical Systems, USA), and calcified cartilage area was calculated
using the Image J software.

380

381 Western blotting

382 20 µg of protein extract from knee joints were separated by SDS-PAGE and transferred to 383 nitrocellulose membranes as previously described(56,57). Membranes were incubated 384 overnight at 4°C with the following antibodies: rabbit polyclonal anti-mouse MMP-13 (1/6000; 385 ab39012; Abcam) and MMP-1 (1/500; ab137332; Abcam), and rabbit monoclonal anti-mouse 386 MMP-3 (1/10000; ab52915; Abcam). Binding signal was detected with chemiluminescence in an Amersham Imager 600 (Healthcare, Little Chalfont, Buckinghamshire, UK). EZ-Blue gel 387 388 staining reagent (Sigma) was used as loading control and densitometric measures were 389 normalized by the average value of the NO-WT and expressed as arbitrary units (A.U.)(56–58).

390

391 **RNA isolation and gene expression assays**

392 RNA was isolated from frozen knees, prior crush in liquid nitrogen, by TRIzol reagent 393 (MRC, Cincinnati, OH, USA) and retrotranscribed to cDNA as described elsewhere(56). RNA 394 from chondrocyte cultures was also isolated with TRIzol reagent. Gene expression was 395 quantified by real-time PCR using the Step One Plus Detection system (Applied Biosystems, CA, 396 USA). TagMan probes for mouse Ptch1, Evc, Gli1, Ihh, Runx2, Col10a1, Mmp13, A disintegrin 397 and metalloproteinase with thrombospondin motifs 5 (Adamts5), Alkaline phosphatase (Alpl), 398 Transcription factor SP7 (Sp7), type II collagen (Col2a1) and aggrecan (Aqq), and TaqMan 399 probes for human PTCH1, EVC, GLI1, IHH, IL1B, MMP13, prostaglandin G/H synthase 2 (PTGS2), 400 prostaglandin E2 receptor (PTGER2), IL6, inducible nitric oxide synthase (NOS2) and monocyte 401 chemoattractant protein-1 (CCL2) were purchased from Applied Biosystems. Gene expression 402 levels were determined with the comparative Ct quantitation method using Hypoxanthine-403 guanine phosphoribosyltransferase (Hprt1, HPRT1) as internal control and expressed as 404 arbitrary units (A.U.).

405

406 Human OA cartilage collection for chondrocyte isolation

407 Human OA cartilage was obtained from patients undergoing knee joint replacement 408 surgery (Fundación Jiménez Díaz Hospital), prior informed consent and approval from the 409 Institutional Ethics Committee, and following the ethical principles of the Declaration of 410 Helsinki and the Department of Health and Human Services Belmont Report. Chondrocytes 411 were isolated as previously described(59).

412

413 Culture of human chondrocytes

Human OA chondrocytes were seeded at a confluence of $2 \cdot 10^5$ cells/well in p6 plates with 414 415 Dulbecco's Modified Eagle Medium (DMEM) 1 g/L glucose, supplemented with 10% fetal 416 bovine serum (FBS)(Sigma), 2 mM glutamine (Lonza), and 100 U/ml Penicillin-Streptomycin 417 (PS) (Lonza). Experiments were performed in passage 2. Cells were FBS-depleted for 24 hours, 418 and then stimulated with 1 ng/mL IL-1 beta (Peprotech, London, UK), and 10 μ M CPA (Sigma), 419 a direct Hh antagonist(29), for 24 hours. Chondrocytes not stimulated with IL-1 beta nor CPA 420 were used as control. Each experiment was performed with chondrocytes from different 421 donors.

422

423 Immunofluorescence of human cartilage

424 Immunofluorescence was performed based on previously described protocols(60). Briefly, 425 3 µm knee joint sections were deparafinized and rehydrated. Antigen retrieval was performed 426 by incubation with 20 μg/mL proteinase K (Promega, USA) for 20 minutes. Tissue sections were 427 incubated with 0.1 M glycine for autofluorescence removal, and blocked with 3% PBS-bovine 428 serum albumin (BSA), 0.1% Triton X-100 (Sigma), 5% FBS. Then cartilage sections were 429 incubated with the corresponding primary antibodies: rabbit polyclonal anti-IHH (1/100; 430 ab39634, Abcam) and mouse polyclonal anti-Cyclooxygenase-2 (COX-2) (1/100; ab88522; 431 Abcam). Secondary FITC and TRITC respectively antibodies were used for detection of positive 432 fluorescence signal. Tissue sections were ultimately incubated with 0.1% Sudan Black in 70% 433 ethanol and mounted with Fluoroshield with DAPI histology mounting medium (Sigma). 434 Sections were photographed with a MiCom fluorescence microscope equipped with ACT-1 435 software at ×40 magnification.

436

437 Statistical analysis

An animal model previously studied(28)was used for the attainment of the present research. Each limb was analyzed as an independent sample. Due to the lack of previous studies of OA in mice with *Evc* deletion, previously published data of an OA model with *Ihh* 441 deletion was used for the calculation of the sample size(18). The sample size was determined 442 with the objective of detecting differences with respect to the articular cartilage damage score between OA and OA Col2a1-CreERT2; Ihh^{fl/fl} mice. By accepting a significance level (alpha) of 443 444 5% assuming a Bonferroni correction, and a statistical power of 80%, a pairwise t-test between 445 conditions required 6 limbs per group to demonstrate an 86% (7 vs 1 damage score with the OARSI Osteoarthritis Cartilage Histopathology Assessment System (OOCHAS) scale assuming a 446 447 standard deviation of 3 and 2 respectively. Sample size estimation was performed using the G-448 power 3.1 software (G-power, Autenzell, Germany)(61), which indicated no requirement of 449 additional animals to the study in order to detect the expected differences in cartilage damage 450 between groups.

Ordinary one-way ANOVA with Bonferroni post-hoc test was used for comparisons between groups with normal distribution of the data, based on Shapiro-Wilk normality test. Kruskal-Wallis test was used for comparisons between multiple groups where data lacked normality, followed by Dunn's post-hoc test. A P-value of less than 0.05 was considered statistically significant. Statistical analyses of data were performed using GraphPad Prism 8 for Windows (GraphPad Software, San Diego, CA, USA). Data were expressed as mean with standard error (SEM).

458

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466

467 Author contributions

468 AL, VLR-P, RL and GH-B were in charge of conceptualization, formal analysis, and interpretation 469 of data. VLR-P, GH-B and RL were responsible for the funding acquisition, provision of 470 resources and project administration. AL, PG, LC, VLR-P, AP-C and RL were in charge of in 471 charge of animal methodology design. LC, VLR-P and AP-C generated the genetically modified Evc^{cKO} model, and AL, PG, SP-N and RL performed the animal procedures. AL and PG 472 473 contributed to the acquisition of data, investigation and visualization. AL, PG, LC, VLR-P, AP-C, SP-N, AM, GH-B and RL were involved in the writing process and drafting the article and its 474 475 revision and editing, and approved the final manuscript to be published. GH-B and RL have full

- 476 access to overall data and take responsibility for the supervision, validation, integrity and
- 477 accuracy of the data analysis.
- 478

479 Conflict of interest

- 480 AL, PG, LC, VLR-P, AP-C, SP-N, AM, GH-B and RL do not have any disclosures.
- 481

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- 652

653 FIGURE LEGENDS

- Figure 1. Gene expression of Hedgehog (Hh) mediators in the OA Evc^{cκO} model and cartilage
 structure. Gene expression of Ptch1 (A), Gli1 (B), Evc (C) and Ihh (D) in the knees of NO-WT,
- 656 DMM-WT and DMM-*Evc^{cKO}* mice. Data are represented as the individual measurements of each
- joint and expressed as mean ± SEM (NO-WT n≥7; DMM-WT n≥7; DMM-*Evc*^{cKO} n≥7).
- 658
- Figure 2. Metalloproteinases (MMP) protein levels in mouse knee joints. Protein levels of MMP-13 (A), MMP-1 (B) and MMP-3 (C) in the knees of NO-WT, DMM-WT and DMM-*Evc*^{*cKO*} mice and their representative western blots (D,E,F). Gene expression of *Col2a1* (G) and *Agg* (H), in the knees of NO-WT, DMM-WT and DMM-*Evc*^{*cKO*} mice. Data are represented as the individual measurements of each joint and expressed as mean ± SEM (NO-WT n≥7; DMM-WT $n \ge 7$; DMM-*Evc*^{*cKO*} $n \ge 7$).

Figure 3. Effect of *Evc* deletion on OA-associated chondrocyte hypertrophy *in vivo*. Gene expression of chondrocyte hypertrophic markers *Runx2* (A), *Col10a1* (B), *Mmp13* (C) and *Adamts5* (D), *Alpl* (E) and *Sp7* (F) in the knees of NO-WT, DMM-WT and DMM-*Evc*^{*cKO*} mice. Representative femur cartilage sections stained with Hematoxylin/Eosin (G). Cartilage thickness in femur calcified cartilage of NO-WT, DMM-WT and DMM-*Evc*^{*cKO*} mice (H). Data are represented as the individual measurements of each joint and expressed as mean ± SEM (NO-WT n≥7; DMM-WT n≥7; DMM-*Evc*^{*cKO*} n≥7).

673

Figure 4. Co-localization of hypertrophic and inflammatory markers in human cartilage.
Immunofluorescence of IHH (A) and cyclooxygenase-2 (COX-2) (B), chondrocyte nuclei staining
with DAPI (C)and merge (D) in human OA cartilage samples.

677

678 Figure 5. Inflammatory effect of IL-1 beta on human OA chondrocytes in vitro. Gene expression of Hh signaling mediators PTCH1 (A), EVC (B), GLI1 (C) and IHH (D) and 679 680 proinflammatory mediators IL1B (E), MMP13 (F), prostaglandin G/H synthase 2 (PTGS2) (G), 681 prostaglandin E2 receptor (PTGER2) (H), IL6 (I), inducible nitric oxide synthase (NOS2) (J) and 682 monocyte chemoattractant protein-1 (CCL2) (K) in human OA chondrocytes treated with IL-1 683 beta and CPA, or vehicle (DMSO), for 24 hours. Data are normalized by chondrocytes in basal 684 conditions (no IL-1 beta, no CPA stimulation) and expressed as mean ± SEM (n=5 independent 685 experiments).

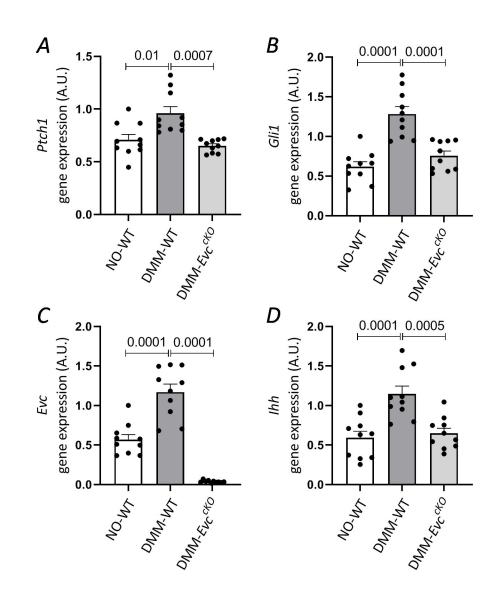
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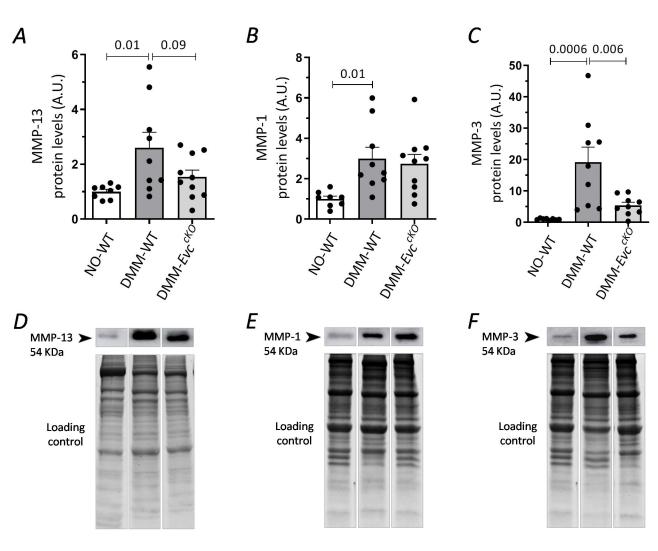
Supplementary Figure 1. *Evc* mRNA levels in tissues of WT, *Evc*^{flox/-} and *Evc*^{cKO} animals. *Evc* gene expression in lung (A), heart (B), brain (C), muscle (D) and bone (E) of WT, *Evc*^{flox/-} and *Evc*^{cKO} mice. Data are normalized with respect to *Evc* mRNA levels in WT mice and expressed as mean \pm SEM (WT n=6; *Evc*^{flox/-} n = 6; *Evc*^{cKO} n≥3 for lung, brain, muscle and heart; WT n=1; *Evc*^{flox/-} n = 1; *Evc*^{cKO} n = 1 for bone – pool of tibiae –).

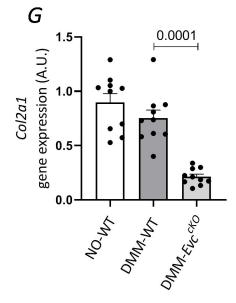
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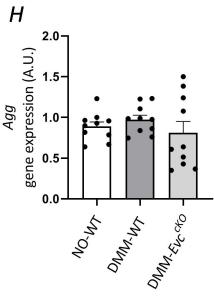
693**Table 1. Histopathological cartilage score in mouse knee joints.** OARSI score in NO-WT, DMM-694WT and DMM- Evc^{cKO} mouse knee joints. Data are expressed as mean ± SEM (NO-WT n=10;695DMM-WT n=11; DMM- Evc^{cKO} n=11).*p<0.05 vs NO-WT, *p<0.05 vs DMM-WT.</td>

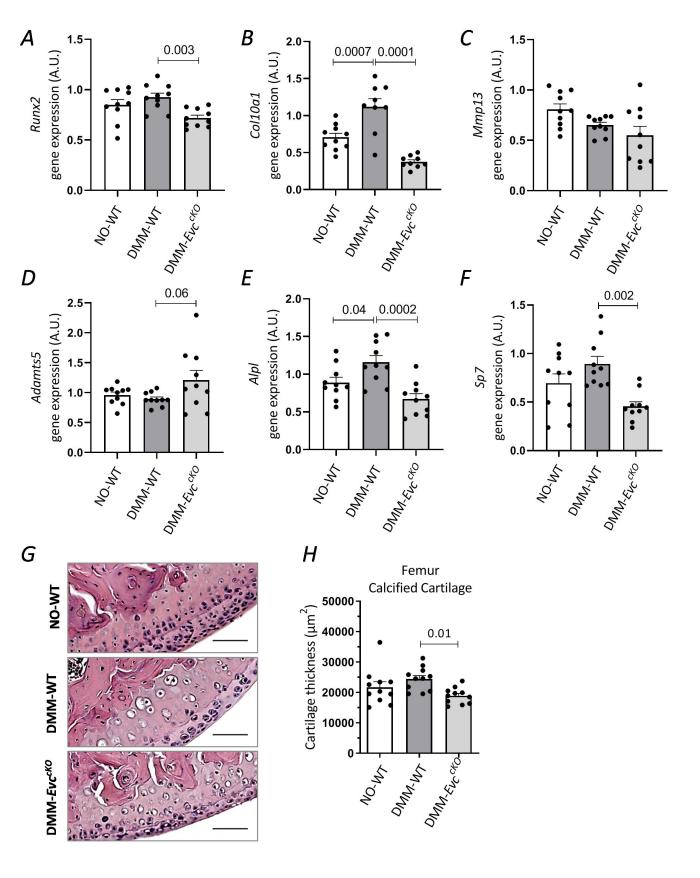
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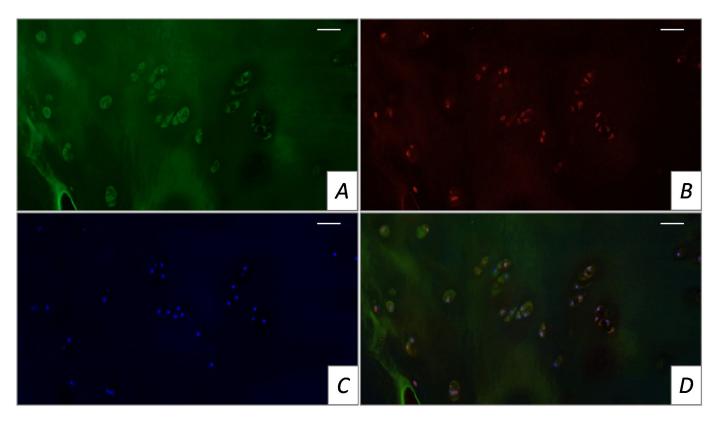
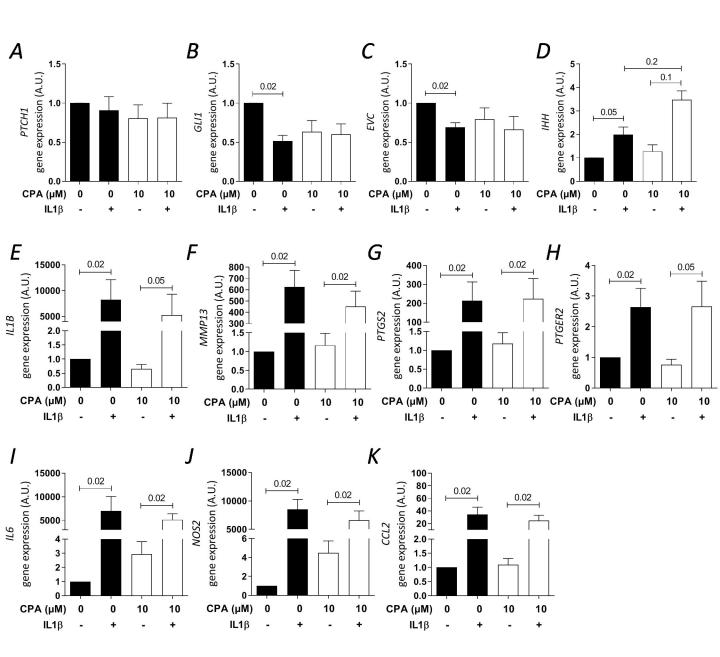


Figure 5



Supplementary Figure 1

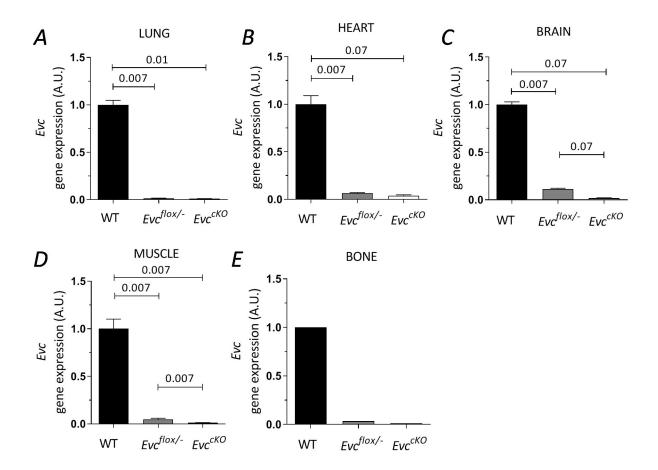


Table 1

Table 1 Histopathological score in mouse knee joints					
Group	NO-WT	DMM-WT	DMM- <i>Evc</i> ^{cKO}		
OARSI Score (SEM)	1.15 (0.198)	2.818 (0.615)*	2.727 (0.718)		