Quantification of age dependent molecular changes in guinea pig OA model using T1p MRI

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Background:

Osteoarthritis (OA) is a degenerative joint disease, which causes severe pain and is associated with compromised quality of life and imparts heavy toll on the health care system. Knee and hip OA are especially important because they are primarily the OA cases contributing to chronic disability amongst the elderly population (More than 50% of U.S. residents over 65 years of age experience pain and limitation in mobility due to knee OA⁽²⁾. Currently there is no cure for the disease and therapeutic interventions are primarily targeted to symptomatic relief. Various animals have been shown to develop OA (3) either spontaneously or through surgical methods. Age dependent biochemical analysis of the Dunkin-Hartley guinea pig stifle has been studied extensively demonstrating spontaneous OA progression (4). The purpose of this study was to demonstrate the efficacy of T_{10} MRI in quantifying age-dependent, spontaneous osteoarthritic changes in the Dunkin-Hartley guinea pig model over a period of 10 months and correlate these data with histopathology.

Materials and Methods:

All experiments were performed with approval from the Institutional Animal Care and Use Committee. Images were obtained from the guinea pig left stifle joint using a four-shot T1p prepared 3D balanced gradient echo sequence (bGRE) on a 9.4T horizontal bore animal scanner (Varian). Three female cohorts were selected (3-4 month {N=8}, 5-6 month {N=6}, 9-10 month {N=5}) for this study. Animals were euthanized immediately after imaging and were not used for further age cohorts. T1p MRI was performed with the following parameters: Slab: 30 mm \times 30 mm \times 8 mm, Matrix: 512 \times 256 \times 16, Interpolated resolution: 58 μ m \times 58 μm × 500 μm, flip angle: 20°, TE: 4.7 ms, TR: 9.2 ms, centric k-space encoding, Averages: 6 per shot. A four-shot acquisition was used to mitigate loss of T1p-contrast as a steady-state magnetization was reached.



At the time of this abstract, complete biochemical analysis of all joint tissues have not been completed. Tests measuring cartilage content and damage by



with masks overlaid (B)



Figure 2 - Representative mid-coronal images with T1p maps and associated T1p histogram - 3 month (A-D) 5 month (B-E) and 9 month (C-F). Color bar in ms. Horizontal: T1p value, Vertical: pixel count

histology, metachromatic dyes, and immunohistochemistry will be performed. Each stifle imaged will be dissected, decalcified, and processed for paraffin embedding. Assessments will be made for overall integrity of the cartilage using sections stained for proteoglycan content (Alcian blue and Safranin-O) and overall ECM characteristics (Masson's Trichrome). Grading will be performed using the Mankin score and quantification of specific stains

for proteoglycan will be made using image analysis software (Image-Pro Plus, MediaCybernetics, Bethesda, MD). Values for proteoglycan content measured will be tested for correlations with T1p data. **Results:**

Figure 1 shows a typical high-resolution bGRE image (1A) used for segmentation with overlaid segmented masks (1B). Figure 2 shows representative T1p maps from a 3-4 month (2A), 5-6 month (2B), and 9-10 month (2C) old guinea pigs. A one-tailed Student's t-test was performed to determine differences in T1p values between age cohorts. In the analysis, data was averaged for all four zones for each sample. A P value <0.00001 was found between the 3-4 month cohort and 5-6 month cohort. A P value <0.001 was found between the 3-4 month and 9-10 month cohorts. A non-significant P value (0.27) was found between the 5-6 and 9-10 month old cohorts. Significant cartilage damage and thinning was observed in 9-10 month old animals compared the younger cohorts. Analysis of the skewness of the T1p distribution shows a P value <0.0005 between the 3-4 month



Figure 3 – Representative 3 month old stained with Safranin specific for proteoglycan (red).

cohort and the 5-6 month cohort and between the 3-4 month cohort and the 9-10 month cohort. Routine histology (Safranin O) to detect proteoglycan content was performed on select guinea pigs and representative histological section of a 3-4 month old stifle is shown in Figure 3. These results are consistent with those reported (4). Discussion:

There is a 39% increase in mean T1p values between the 3-4 month and 5-6 month old cohorts and a 45% increase between 3-4 month and 9-10 month old cohorts. Between 5 and 9 month old animals, the lack of significant difference of T1p values indicates that significant cartilage matrix molecular degradation has already occurred by month 5-6. In 9-10 month old cohort, while the T₁₀ values are higher than those in younger cohorts, visible cartilage damage, fibrillation, and thinning has occurred. Additionally, T1p distribution becomes significantly skewed towards high T1p values in the two older cohorts. The histological characterization, assessments of cartilage integrity, and the quantification of changes in proteoglycan composition in the cartilage of all animals, will determine when OA can be detected ahead of late stage morphological changes. Collectively, this will provide the needed data to support the use of this sensitive imaging method to measure biochemical changes in articular cartilage during the early stages of joint diseases such as OA and provide a non-invasive and non-destructive method to rapidly evaluate the efficacy of potential disease modifying therapies in animal models.

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References

(1) Moskowitz, RW. Osteoarthritis: Diagnosis and Medical/Surgical Management. 2001, pp: 674-676 , (2) Felson, DT, Arthritis Rheum. 1995; 38:1500-1505

(3) Pritzker, KP. Ann. Rheum. Dis. 1994; 53:406-420, (4) McDougall, JJ, Pain 2009; 141:222-232, (5) Witschey, WRT, J. Magn. Reson. Imaging, 2008; 28:744 -754