Rescuing Chondrocyte Hypertrophic Differentiation Potential and Exploring Therapeutic Approaches for Enhancing Bone Formation in Mucopolysaccharidosis VII Dogs

Introduction
The mucopolysaccharidoses (MPS) are genetic, lysosomal storage diseases characterized by deficient activity of enzymes that degrade glycosaminoglycans (GAGs)\(^1\). MPS VII is characterized by mutations in the \(\beta\)-glucuronidase gene, leading to incomplete digestion and progressive accumulation of three GAG types\(^2\). MPS VII patients exhibit severe skeletal abnormalities, especially of the spine\(^3\). Persistent cartilaginous lesions are present in the vertebrae representing failed cartilage-to-bone conversion during postnatal development, which result in progressive kyphoscoliosis and spinal cord compression\(^4\)\(-\)\(^7\). Previously, using the naturally-occurring MPS VII canine model, we established that impaired hypertrophic differentiation of epiphyseal chondrocytes contributes to failed bone formation during early postnatal development\(^8\), which in turn is associated with decreased Wnt/\(\beta\)-catenin signaling\(^9\). We also showed that Wnt pathway activation resulted in normalization of chondrocyte differentiation in vitro in MPS VII epiphyseal cartilage\(^10\). GAGs perform crucial roles in controlling the distribution and availability of Wnts, which are critical positive regulators of chondrocyte differentiation during endochondral ossification. Thus, we hypothesized that aberrant GAG accumulation in MPS VII contributes directly to impaired chondrocyte function and that in the absence of abnormal GAGs, hypertrophic differentiation potential could be rescued. To test this hypothesis, we undertook in vitro studies to compare differentiation potential of MPS VII chondrocytes in the presence and absence of their GAG-rich environment. Furthermore, to explore therapeutic approaches to correct MPS VII bone disease, we undertook a preliminary in vitro study in our canine model to establish a dosing regimen and safety profile using lithium, a Wnt pathway agonist, which has been previously shown to enhance bone formation and is approved clinically for other indications\(^11\).

Methods
For this study, we used the naturally-occurring MPS VII canine model that closely mimics the skeletal phenotype of human patients\(^12\).

In Vitro Analysis of GAG Accumulation and Chondrocyte Hypertrophic Differentiation Potential
With IACUC approval, unaffected control and MPS VII dogs (\(n = 4\) for each) were euthanized at 9 days-of-age, and lumbar vertebral epiphyseal cartilage was isolated. For monolayer cultures, cartilage was digested with collagenase until cells were released from the extracellular matrix. Isolated chondrocytes were expanded in basal medium (DMEM, 10% FBS, 1% PSF) then cultured in monolayer in either basal or osteogenic media. For explant cultures, epiphyseal cartilage was cultured as whole tissue explants in basal medium. Media was collected at 3, 7, and 14 days for monolayer cultures and at 5 days for explant cultures. Total media GAG content was measured using the dimethylmethylene blue assay and normalized to total cell count. Cells from monolayer cultures and explants were harvested, RNA extracted, and mRNA expression levels of chondrocyte differentiation markers (Sox9-proliferative; Runx2-prehypertrophic; Col10-hypertrophic) were measured using qPCR. Significant differences between groups (\(p < 0.05\)) were established using unpaired t-tests.

In Vivo Lithium Treatment
To establish dosage needs of lithium, normal control dogs (\(n = 2\)) were treated with twice daily doses of 5 mg/kg of powdered lithium carbonate packaged into gelatin capsules for 1 week for acclimation, then with twice daily doses of 10 mg/kg for 2 weeks, starting at 15 days-of-age. Dogs were monitored for side effects, and serum lithium levels were measured using a commercial assay (Crystal Chem).

Results
In Vitro Analysis of GAG Accumulation and Chondrocyte Hypertrophic Differentiation
In whole explant culture, MPS VII chondrocytes secreted significantly higher amounts of GAGs into the media compared to controls over time,
while isolated chondrocytes showed no differences over 14 days of culture (Figure 1). Likewise, in whole explant culture, MPS VII chondrocytes showed impaired differentiation over time compared to controls, but both control and MPS VII chondrocytes exhibited similar propensity to differentiate over time in isolated cell culture (Figure 2).

In Vivo Lithium Treatment
After the initial 1 week acclimation period, both dogs maintained serum lithium levels within the desired therapeutic range (0.2-1.5mmol/L) over the following 2 weeks (Figure 3). Dogs exhibited a mild tremor which resolved within a few days. No significant adverse side effects from lithium treatments were observed.

Discussion
The results of this study show that MPS VII chondrocytes regain normal hypertrophic differentiation potential upon removal from their GAG-rich environment. Abnormal GAG accumulation in MPS VII epiphyseal cartilage may disrupt extracellular control of secreted growth factors, such as Wnts, which are necessary to initiate and sustain chondrocyte differentiation. We previously showed that activation of the Wnt pathway with exogenous factors can also normalize chondrocyte differentiation in vitro, and taken together, these results indicate that combinatorial therapies that normalize GAG accumulation and activate Wnt signaling may be able to rescue the differentiation potential of resident cells and ultimately normalize bone formation. As a preliminary step, we successfully treated neonatal dogs with lithium, establishing safety and optimizing an oral dosing regimen to sustain therapeutic serum levels. In ongoing in vivo studies, we are examining whether GAG reduction via exogenous enzyme replacement therapy (ERT) and Wnt/β-catenin pathway activation via lithium treatment are able to normalize chondrocyte function and bone formation in MPS VII dogs during postnatal growth.

Significance
MPS VII is associated with debilitating skeletal disease for which there is no treatment. Our results suggest that therapeutic strategies combining GAG reduction (ERT)
and inducing endochondral bone formation (lithium) may effectively treat skeletal abnormalities in MPS VII patients.

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**References:**