



**PRÓ-REITORIA DE PÓS-GRADUAÇÃO E PESQUISA
MESTRADO EM CIÊNCIA ANIMAL**

TALITA RIZO PEREIRA

**INFLUÊNCIA DA SUPLEMENTAÇÃO COM L-ARGININA NA REMODELAÇÃO
CARDÍACA DE RATOS SUBMETIDOS AO 5-FLUOROURACIL**

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Dissertação apresentada Pró-Reitoria de Pesquisa e Pós-Graduação, Universidade do Oeste Paulista, como parte dos requisitos para obtenção do título de Mestre – Área de concentração: Ciência Animal-Fisiopatologia Animal

Orientadora: Prof. Dra. Francis Lopes Pacagnelli

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Presidente Prudente, 26 de Março de 2021.

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DEDICATÓRIA

Poderia dedicar aos mortos, já que tenho dois deles expressos e grafados em minha memória e coração exatamente todos os dias ao levantar e ao me deitar como se ainda estivessem nesta dimensão e a qualquer momento pudessem me chamar ou ligar...

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“Não tentes ser bem sucedido, tenta antes ser um homem de valor.”
Albert Einsten

RESUMO

Influência da suplementação com L-arginina na remodelação cardíaca de ratos submetidos ao 5-fluorouracil

A remodelação cardíaca (REM) é uma condição que afeta os cardiomiócitos, vasos sanguíneos e a matriz extracelular (ECM), podendo ser resultante de inúmeros fatores como, cardiomiopatias e drogas antineoplásicas. O 5-fluorouracil (5-FU) é uma destas drogas, utilizado no tratamento de cânceres de mama, cabeça, pescoço e esôfago, é um quimioterápico antimetabólito que está relacionado a cardiotoxicidade por promover isquemia. A L-arginina (ARG), um aminoácido semi-essencial sintetizado no intestino delgado e nos rins, tem sido empregado como suplemento e cooperativo na presença de doenças que afetam o sistema cardiovascular e poderia ser um recurso terapêutico cardioprotetor aplicado nesta condição. Portanto, o objetivo deste trabalho foi avaliar o efeito de baixas doses de suplemento de L-arginina na REM de ratos *Wistar* submetidos à quimioterapia com 5-FU. Foram utilizados 48 ratos machos com 40 dias de idade, peso corporal médio de 140 ± 10 g, divididos em 4 grupos, n= 12 cada grupo: controle (CT): tratados com soro fisiológico, grupo 5-FU (1 dose de 200 mg), grupo ARG: tratados preventivamente com ARG (100mg) em água filtrada e 5-fluorouracil + L-arginina (5-FU+ARG). Após a eutanásia, 72 horas da introdução do quimioterápico, o coração foi pesado, dissecado e processado para análise histológica e de expressão gênica. Os ratos tratados com 5-FU, ARG e ARG+FU apresentaram redução do peso corporal e nenhum grupo apresentou hipertrofia. Houve uma redução da fractabilidade e melhora da organização celular no grupo ARG+5-FU e o grupo tratado apenas com ARG apresentou fibrose. A expressão gênica dos colágenos (*Col*) 1a1, 1a2 e 3, do marcador de vasodilatação (*Nos* 3) e do fator induzível de hipóxia (*Hif1- α*) apresentaram redução nos ratos submetidos ao quimioterápico. A associação 5-FU+ARG não alterou essa diminuição. Concluímos que apenas uma sessão de 5-fluorouracil promoveu uma expressão gênica cardíaca alterada e que sua associação com L-arginina não reverteu a diminuição dos colágenos, do óxido nítrico e do fator induzível de hipóxia.

Palavras-chave: agente antineoplásico; suplementação; miócitos; colágenos fibrilares; remodelação ventricular.

ABSTRACT

Influence of L-arginine supplementation on cardiac remodeling in rats discovered with 5-Fluorouracil

Cardiac remodeling (REM) is a condition that affects cardiomyocytes, blood vessels and the extracellular matrix (ECM), and may be the result of numerous factors such as cardiomyopathies and antineoplastic drugs. 5-fluorouracil (5-FU) is one of these drugs, used to treat cancers of the breast, head, neck and esophagus, it is an antimetabolite chemotherapy that is related to cardiotoxicity by promoting ischemia. L-arginine (ARG), a semi-essential amino acid synthesized in the small intestine and kidneys, has been used as a supplement and cooperative in the presence of diseases that affect the cardiovascular system and could be a cardioprotective therapeutic resource applied in this condition. Therefore, the objective of this work was to evaluate the effect of low doses of L-arginine supplement on REM in *Wistar* rats submitted to chemotherapy with 5-FU. 48 male rats with 40 days of age, average body weight of 140 ± 10 g were used, divided into 4 groups, n = 12 each group: control (CT): treated with saline, group 5-FU (1 dose of 200 mg), ARG group: preventively treated with ARG (100mg) in filtered water and 5-fluorouracil + L-arginine (5-FU + ARG). After euthanasia, 72 hours after the introduction of chemotherapy, the heart was weighed, dissected and processed for histological analysis and gene expression. The rats treated with 5-FU, ARG and ARG + FU showed a reduction in body weight and none of the groups presented hypertrophy. There was a reduction in fractability and improvement in cell organization in the ARG + 5-FU group and the group treated only with ARG showed fibrosis. The gene expression of collagens (*Col*) 1a1, 1a2 and 3, of the vasodilation marker (*Nos* 3) and of the inducible hypoxia factor (*Hif1- α*) showed a reduction in rats submitted to chemotherapy. The association 5- FU + ARG did not alter this decrease. We concluded that only one session of 5-fluorouracil promoted altered cardiac gene expression and that its association with L-arginine did not reverse the decrease in collagen, nitric oxide and the inducible hypoxia factor.

Keywords: antineoplastic agent; dietary supplements; myocytes; fibrillar collagens; ventricular remodeling.

LISTA DE SIGLAS

ANOVA	– Analysis of Variance
ARG	– L-arginine
AT	– Atria
BH4	– Tetrahydrobiopterin cofactor
BW	– Body weight
BWF	– Final body weight
CT	– Control
ECM	– Extracellular Matrix
FD	– Fractal dimension
FBW	– Final body weight
<i>Gapdh</i>	– Glyceraldehyde-3-phosphate dehydrogenase
HE	– Hematoxylin-Eosin
<i>Hif-1α</i>	– Hypoxia-inducible factor 1 alpha
LV	– Left ventricles
NO	– Nitric oxide
<i>Nos2</i>	– Inducible nitric oxide synthase
<i>Nos3</i>	– Endothelial nitric oxide synthase
PSR	– Picrosirius red
REM	– Heart Remodeling
ROS	– Reactive oxygen species
RV	– Right ventricles
<i>TBP</i>	– TATA-Box Binding Protein
5-FU	– 5- Fluorouracil

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1 **1 ARTIGO- CAN L-ARGININE ATTENUATE 5-FLUOROURACIL-INDUCED**
2 **CARDIOTOXICITY IN RATS?**

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4
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37 **Abstract**

38 **Objective:** The aim of this study was to evaluate the effects of low dose L-arginine
39 (ARG) supplements on myocardial structures and the gene expression of vasodilator
40 and hypoxia markers of *Wistar* rats submitted to 5-fluorouracil (5-FU) chemotherapy.

41 **Methods:** Forty-eight male *Wistar* rats (40 days old, weights of 140g \pm 10g) were
42 allocated to four groups (12 rats per group): the control group (CT) received a 0.9%
43 physiological solution to simulate the 5-FU application of the other groups; the 5-FU
44 group received a 200mg dose of 5-FU; the ARG group received 100mg of ARG/day
45 (added to drinking water) for 11 days; and the 5- fluorouracil+L-arginine (5-FU+ARG)
46 group received a dose of 5-FU supplemented with 100 mg of ARG (drinking water).

47 **Results:** None of the rats presented cardiac hypertrophy. The ARG group showed
48 fibrosis. The 5-FU+ARG group demonstrated reductions of fractal dimensions and
49 improvements to cellular organization. The 5-FU group exhibited less gene
50 expression of collagen type 1, alpha1 (*Col1a1*), collagen type 1, alpha2 (*Col1a2*),
51 collagen type 3 (*Col3*), nitric oxide synthase 3 (*Nos3*), and hypoxia-inducible factor 1
52 alpha (*Hif-1 α*).

53 **Conclusion:** Acute application of 5-FU promoted alterations in protein-encoding
54 genes related to collagen, hypoxia, and vasodilator response. In the 5-FU+ARG
55 group, the ARG supplement did not reverse decreases in collagen or *Hif-1 α* . ARG
56 also did not stimulate a vasodilator response to the 5-FU-provoked reduction in nitric
57 oxide (*Nos3*) gene expression.

58

59 **Keywords:** Antineoplastic Agent; Dietary Supplements; Myocytes; Fibrillar
60 Collagens; Ventricular Remodeling

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73 Introduction

74 With the surge of neoplasm cases around the world, the use of antineoplastic
75 drugs has increased [1]. In 1957, Duschinsky and collaborators developed 5-FU as
76 an alternative to treat cancers. It is currently the third most commonly used
77 chemotherapeutic agent in the treatment of solid malignancies. It is frequently used
78 in the treatment of several types of cancers, such as colorectal carcinoma, breast
79 and aerodigestive tract tumors, and breast, head, neck, and pancreas cancers [2-4].
80 5-FU antimetabolite chemotherapy acts by interfering with the synthesis of DNA and
81 RNA and inhibiting thymine synthesis [5]. However, 5-FU has low specificity for
82 neoplastic cells and causes genotoxic effects on normal cells and side effects that
83 include mucositis, immunosuppression, myelosuppression, and cardiotoxicity [6].

84 Cardiotoxicity is the second most common effect induced by 5-FU [7]. In the
85 heart, toxicity from 5-FU can provoke coronary artery spasms (vasoconstriction,
86 ischemia and hypoxia), angina during exertion or rest, and acute coronary
87 syndromes (e.g., myocardial infarctions) autoimmune myocardial damage,
88 thrombogenic effects, increased myocardial oxygen consumption, arrhythmias, and
89 sudden death [2,3,8]. 5-Ischemia caused by 5-FU can alter the extracellular matrix
90 (ECM), which disrupts proper cardiac function [9].

91 ARG, a semi-essential amino acid to the human body, is used to combat
92 ischemia. Among its various functions, ARG acts as a substrate for the enzymatic
93 production of nitric oxide (NO), a cardiac vasodilator [10]. Considering the importance
94 of NO bioavailability in cardiovascular and metabolic disease treatments, the
95 therapeutic potential of ARG supplements to normalize cellular NO levels and
96 promote vasodilation has been discussed [4,11,12].

97 However, high doses of ARG for long periods can cause excessive
98 production of the nitric oxide vasodilator, leading to cardiotoxicity [6]. In addition, the
99 optimal ARG dose is still unknown and likely varies according to the attributes of the
100 patient and target organ. Several studies have reported 1.5 g/day to 4.2 g/day as
101 appropriate ARG doses for administration in humans [6].

102 The effects of ARG supplements on structural and molecular mechanisms
103 are still largely unknown. 5-FU chemotherapy can lead to structural changes, cardiac
104 ischemia, and hypoxia from coronary vasospasm; thus, examining the potential of
105 ARG to inhibit these alterations is of great clinical importance for the development of

106 new treatment strategies. The aim of this study was to evaluate the effects of low
107 doses of ARG supplements on myocardial structures and the gene expression of
108 vasodilator and hypoxia markers in *Wistar* rats submitted to 5-FU chemotherapy.

109

110 **Methods**

111

112 **Experimental groups**

113 The experimental protocol was approved by the Ethical Committee on Animal
114 Use of the University of Western São Paulo, Presidente Prudente, Sao Paulo, Brazil
115 (protocol number 5832).

116 We used 48 male *Wistar* rats. They were 40 days old and had mean body
117 weights (BW) of 140 ± 10 g. The rats were kept in a controlled environment
118 (temperatures: $23^{\circ}\text{C} \pm 2^{\circ}\text{C}$; 12/12 h photoperiods) and had access to commercial rat
119 feed (Supralab, Alisul, Brazil) *ad libitum* [6]. Rats were randomly distributed into four
120 experimental groups (12 rats per group). Experimental groups were divided into three
121 boxes (four rats per box). The control group (CT) received a 0.9% physiological
122 solution to simulate the 5-FU application of the other groups; the 5-FU group
123 received a 200mg dose of 5-FU; the ARG group received 100mg of ARG/day
124 (drinking water) for 11 days; and the 5-FU+ARG group received a dose of 5-FU
125 supplemented with 100 mg of ARG (drinking water) [6,13].

126 For ARG supplements, we used effervescent arginine aspartate tablets
127 (Tagifor®, Sanofi-Aventis) dissolved in drinking water. The concentrations of ARG
128 used in the experiment were allometrically extrapolated to the rats from the
129 recommended dose of 1.5 g/d of ARG for humans [6]. The allometric scale calculates
130 dose changes based on body surface area comparisons, with appropriate
131 considerations to differences in anatomical, physiological, biochemical, and
132 pharmacokinetic processes between two species [14]. However, no standards of
133 dosing and application exist for ARG in the treatment of cardiovascular conditions
134 [12,15,16].

135 We controlled ARG consumption by measuring the volume in water before
136 and after placement in the water dispenser. Every 24 hours, we subtracted the final
137 volume (surplus) from the initial volume. To obtain the mean consumption of
138 water/ARG per rat, we divided the resulting volume by the number of rats per box [6].

139 We considered the first seven days of the experiment as the adaptation
140 period; in this period, the rats adapted to the experimental conditions (e.g.,
141 environment, water, food, ARG supplement standardization). Day zero of the
142 experiment occurred when the rats started 5-FU and ARG treatments (after the
143 adaptation period). The rats were euthanized after 72 h of 5-FU application [6].

144

145 **Evaluation of anatomical parameters**

146 The rats were euthanized (barbiturate overdose: 100 mg/Kg, thiopental) after
147 their final body weights (FBW) were measured [6]. Hearts were removed and
148 dissected to separate the atria (AT), right ventricle (RV), and left ventricle (LV). These
149 parts were then weighed. Anatomical parameters were normalized (AT/FBW,
150 RV/FBW, and LV/FBW) and used as the hypertrophy index [17].

151

152 **Histology and fractal analysis**

153 Cardiac tissue samples were fixed in 10% buffered formalin solution for a
154 period of 48 h. After fixation, the tissues were stored in paraffin blocks, which
155 enabled coronal histological analysis of the 4- μ m sections. The histological sections
156 were stained with hematoxylin-eosin (HE) solution for measurement of cardiomyocyte
157 cross-sectional areas, according to the standard laboratory histological protocol [18].
158 We selected 15 histological fields from each rat. To make the cardiomyocyte sets
159 from different groups as uniform as possible, we selected 50 rounded and central-
160 core cardiomyocytes in the subendocardial layer of the left ventricular muscle wall
161 (cross-sectional view). We used the average values of sectional areas obtained from
162 each group as cell size indicators [18].

163 The histological sections were also stained with picosirius red (PSR),
164 according to standard laboratory histological protocols [18]. For histological slide
165 analysis, images were captured using a LEICA DMLS microscope (DM750, Leica
166 Microsystems, Wetzlar, Germany) with 400 x magnification. We used LV sections
167 stained with PSR to quantify ECM. Analyzes were performed using Image J software,
168 following the software instructions for collagen quantification [18,19].

169 We used LV sections stained with PSR to assess tissue fractal dimension
170 (FD). For FD analysis, the photographs were binarized for reading, and FD was
171 estimated by the box-counting method using Image J software. The software

172 considered the box-counting in two dimensions; this method enables pixel distribution
173 quantification even without image texture. With this method, two images with the
174 same pixel distribution (binarized image, gray level image) express the same FD. The
175 analysis of the fractal histological slides was based on the relation between the
176 resolution and the evaluated scale, and the result was quantitatively expressed as
177 the FD of the object, that is $FD = \frac{1}{4} (\log N_r / \log r_{-1})$; N_r , being the quantity of equal
178 elements needed to fill the original object, was scale applied to the object). FD was
179 calculated using ImageJ software set between 0 and 2, without consideration to
180 different textures [19].

181

182 **RNA extraction and target gene expression**

183

184 The mRNA relative abundance of collagen genes collagen type 1- alpha1
185 (*Col 1a1*), collagen type 1 - alpha2 (*Col1a2*), collagen type 3 (*Col3*), inducible nitric
186 oxide synthase and endothelial nitric oxide syntase (*Nos2*) and (*Nos3*), hypoxia-
187 inducible factor 1 alpha (*HIF-1 α*), and reference genes glyceraldehyde-3-phosphate
188 dehydrogenase (*Gapdh*) and TATA-Box Binding Protein (*TBP*) were analyzed by RT-
189 PCR according to a previously described method [20]. Total RNA was extracted from
190 LV myocardiums with Trizol Reagent (Invitrogen Life Technologies, Carlsbad, CA,
191 USA) and treated with DNase I (Invitrogen Life Technologies). One microgram of
192 RNA was reverse transcribed using High Capacity cDNA Reverse Transcription Kit,
193 according to standard methods (Applied Biosystems, Foster City, CA, USA). Aliquots
194 of cDNA were then submitted to a real-time PCR reaction using a customized assay
195 containing sense and antisense primers and Taqman (Applied Biosystems, Foster
196 City, CA, USA) probes specific to each gene: *Col1a1* (Rn01463848_m1), *Col1a2*
197 (Rn01526720_m1), *Col3* (Rn01437664_g1), *Nos2* (Rn00561646_m1), *Nos3*
198 (Rn07312037_g1), and *Hif-1 α* (Rn01472828_m1) [20,21].

199 Amplification and analysis were performed using Step One Plus™ Real-Time
200 PCR System (Applied Biosystems, Foster City, CA, USA). Expression data were
201 normalized to reference gene expressions: *Gapdh* (Rn01775763_g1) and *TBP*
202 (Rn01455648_m1). Reactions were performed in duplicate, and expression levels
203 were calculated using the CT comparative method ($2^{-\Delta\Delta CT}$) [20,21].

204

205 **Statistical analysis**

206 We used the Shapiro–Wilk test for normality analysis. Data are expressed as
 207 mean \pm standard deviation or median and 25th and 75th percentile. For comparison
 208 between groups, the nonparametric Kruskal–Wallis test was used followed by Dunn’s
 209 post hoc test. For parametric data, we used the ANOVA test (one-way), followed by
 210 Tukey’s post test. A $P < 0.05$ value was considered significant. GraphPad Prism
 211 Version 5.00 (Graph-Pad Software, La Jolla, CA, USA) software was used [18].

212

213 Results

214

215 Food and water intake

216 Before and after chemotherapy, rats from the control, 5-FU, ARG, and 5-
 217 FU+ARG groups had similar food intake ($P > 0.05$; Table 1). Before and after
 218 chemotherapy, ARG group rats consumed more water than CT group rats ($P < 0.05$;
 219 Table 1).

220

221 **Table 1.** Food and water intake (mean \pm SD) in Wistar rats subjected to 5-FU
 222 treatment and dietary L-arginine supplementation.

Experimental groups	Food intake (g/day)		Water intake (mL/day)	
	Before 5-FU treatment	After 5-FU treatment	Before 5-FU treatment	After 5-FU treatment
CT	29.20 \pm 2.0	27.3 \pm 2.1	39.25 \pm 4.0	41.7 \pm 3.0
5-FU	28.30 \pm 6.1	25.7 \pm 4.7	36.0 \pm 6.6	39.12 \pm 3.5
ARG	30.20 \pm 5.6	23.3 \pm 9.8	51.14 \pm 17.5*	49.87 \pm 5.4#
5-FU+ARG	37.7 \pm 16.1	33.9 \pm 5.9	36.81 \pm 14.1	34.54 \pm 18.1

223

224 CT: control, 5-FU: 5-fluorouracil, ARG: arginine, 5-FU+ARG: 5-fluorouracil+ arginine, Values are
 225 means \pm SD, g/day: grams/day, ml/day: milliliters day, Statistical difference: *ARG before 5-FU
 226 treatment vs. CT before 5-FU treatment; # ARG after 5-FU treatment vs. CT after 5-FU treatment,
 227 ANOVA and Tukey tests.

228

229 Evaluation of anatomical parameters

230 We observed significant statistical differences between the groups in FBW.
 231 The 5-FU group weighed less than the CT; the 5-FU+ARG group weighed less than
 232 the ARG group; and the FU+ARG group weighed less than the CT (Table 2).

233

234 **Table 2.** Anatomical data in Wistar rats subjected to 5-FU treatment and dietary L-
 235 arginine supplementation.

236

Parameters	Experimental Groups			
	CT (n= 12)	5- FU (n= 12)	ARG (n= 12)	FU+ARG (n= 12)
BWF (g)	414.4 ± 11.95	368.6 ± 16.47*	404.2 ± 35.05	356.8 ± 17.17*#
AT (g)	0.07 (0.06 -0.09)	0.06 (0.06 - 0.08)	0.07 (0.07 - 0.08)	0.07 (0.06- 0.07)
AT/BWF (mg/g)	0.29 (0.26 - 0.30)	0.23 (0.22 - 0.26)	0.25 (0.23 - 0.28)	0.25 (0.21 - 0.28)
RV (g)	0.96 ± 0.06	0.91 ± 0.09	0.97 ± 0.11	0.87 ± 0.04
RV/BWF (mg/g)	0.17 (0.15- 0.21)	0.17 (0.16 - 0.21)	0.19 (0.18 - 0.21)	0.19 (0.18 - 0.20)
LV (g)	0.69 (0.61 -0.74)	0.65 (0.60 - 0.72)	0.64 (0.58 - 0.69)	0.71 (0.59 - 0.79)
LV/BWF (mg/g)	2.32 ± 0.12	2.48 ± 0.23	2.42 ± 0.16	2.46 ± 0.14

237

238 CT: control, ARG: L-arginine, 5-FU: 5-fluorouracil, FU+ARG: 5-fluorouracil+ L-arginine. Data are
 239 expressed as mean ± standard deviation or median and 25th and 75th percentile. N: number of
 240 animals, BWF: body weight final, AT: atria weight, LV: left ventricle, RV: right ventricle. Statistical
 241 difference: *p< 0,05 vs CT; # p < 0.05 vs. ARG. ANOVA and Tukey or Kruskal–Wallis and Dunn.

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243 **Cardiomyocyte area analysis**

244 Left ventricular myocyte areas did not differ between groups (Figure 1).

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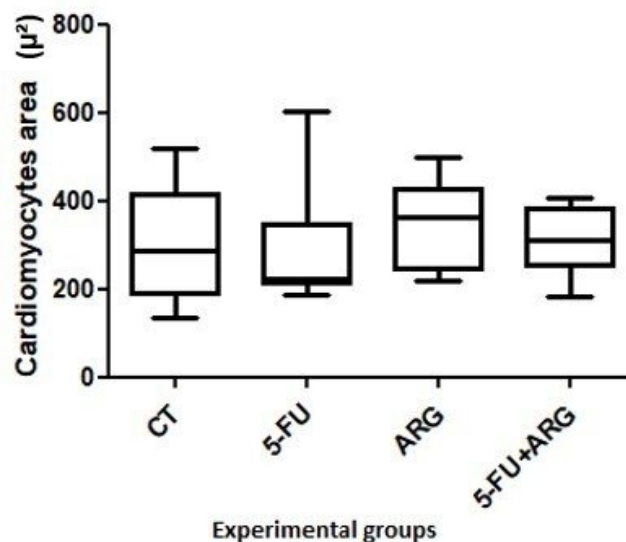
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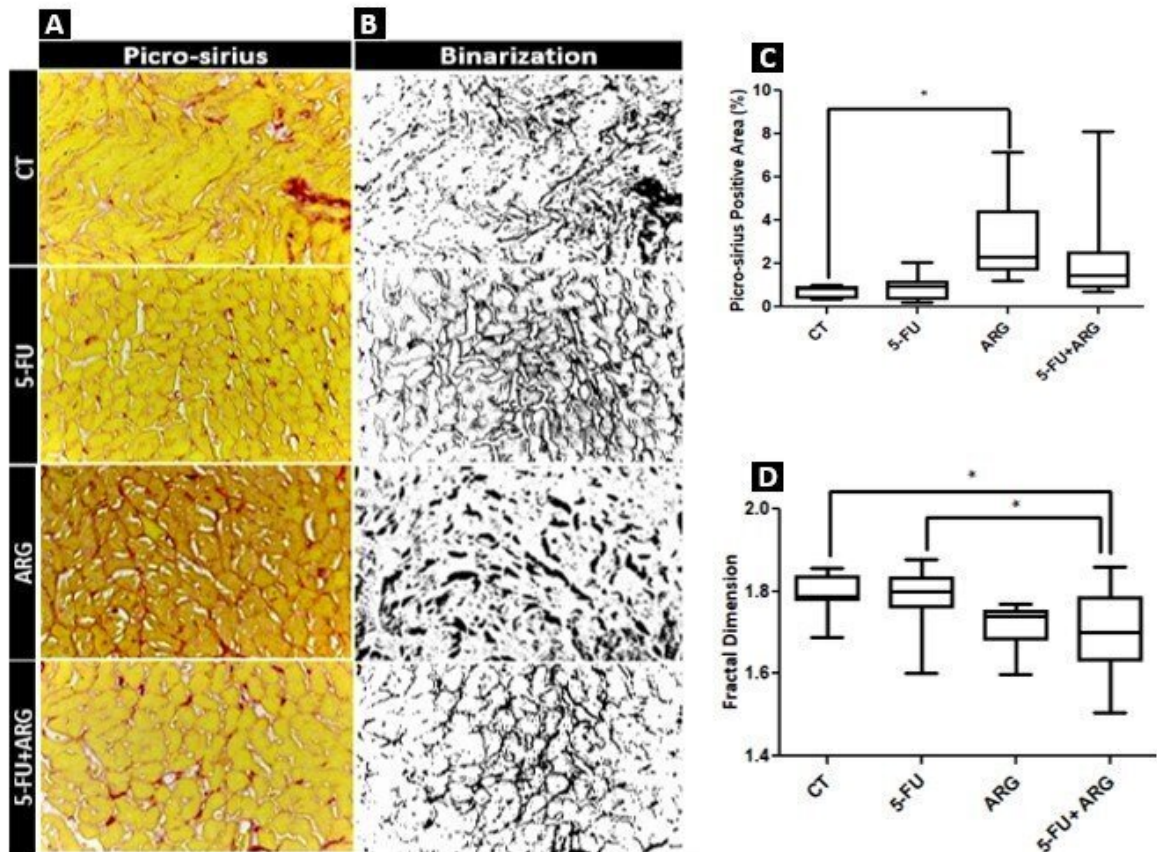
256 **Figure 1.** Histomorphometric analysis. CT: control, ARG: L-arginine, 5-FU: 5-fluorouracil, FU+ARG:
 257 5-fluorouracil+ L-arginine. Kruskal-Wallis test followed by Dunn's post-test.

258



259 Fibrosis measurement and fractal analysis

260 Cross-sectional analyzes of left ventricles stained by PSR showed significant
 261 increases in the area of collagen content (fibrosis) in the ARG group when compared
 262 to the CT group ($p = 0.0009$) (Figure 4). The FD of collagen fibers stained in PSR was
 263 lower in the 5-FU+ARG group than in the 5-FU group ($p = 0.012$) (Figure 2).
 264



265
 266 **Figure 2.** Histological sections of the left ventricle stained with Picrosirius Red (A). Analysis of the
 267 fractal dimension after the binarization process, collagen fibers are black and the rest of the cell is
 268 white (B). $\times 400$ magnification. PSR-stained area (C). Collagen fibers organization (D). CT: control,
 269 ARG: L-arginine, 5-FU: 5-fluorouracil, FU+ARG: 5-fluorouracil+ L-arginine. Kruskal-Wallis and Dunn's
 270 post-test. * $p < 0.05$.

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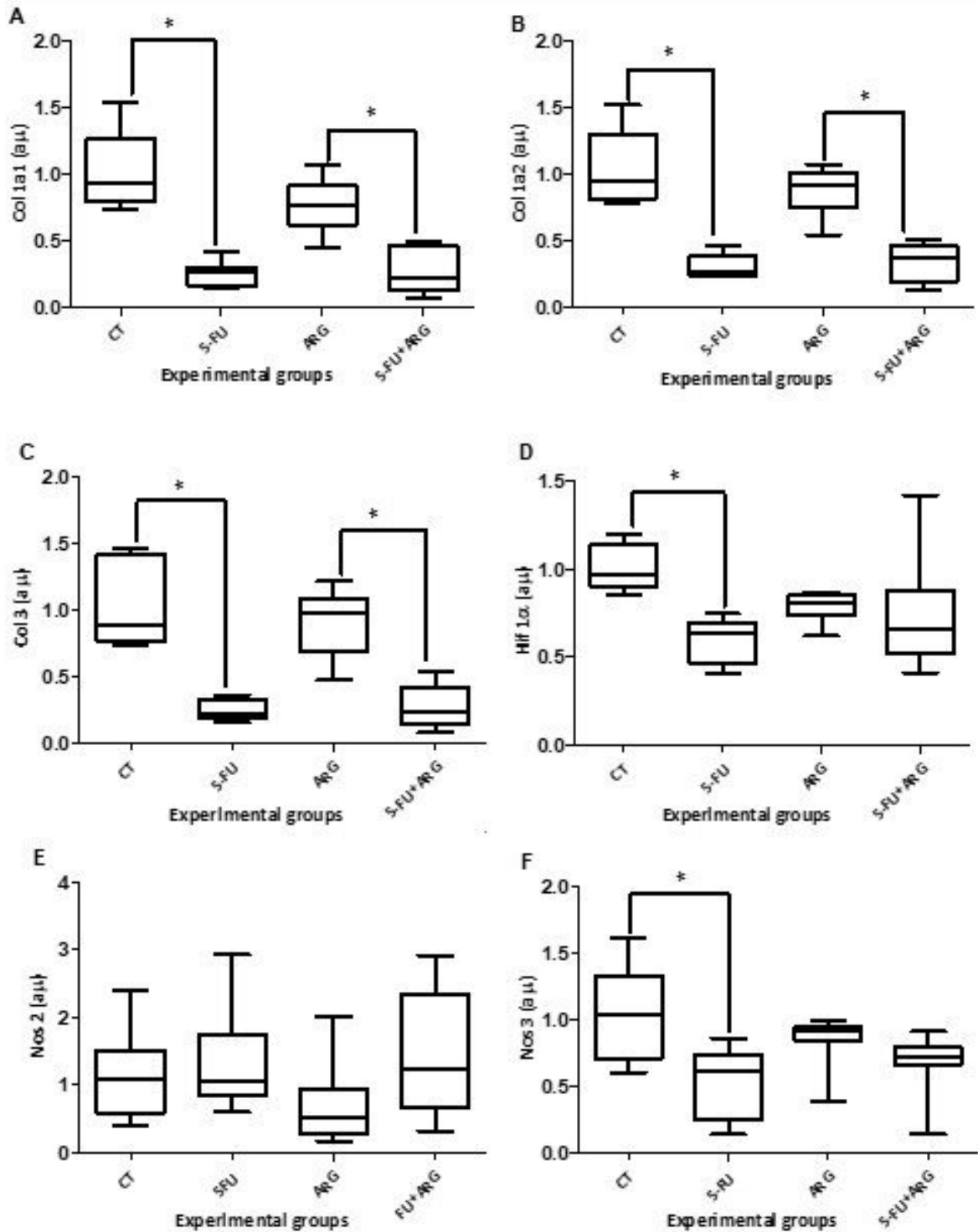
272 Expression of target genes

273 When we evaluated the profiles of gene-encoding proteins related to cardiac
 274 ECM remodeling, we found a lower abundance of *Col1a1*, *Col1a2*, and *Col3* in the 5-
 275 FU group than in the CT group. This was also the case for the 5-FU+ARG group
 276 when compared to the ARG group ($p < 0.001$) (Figures 3A, 3B, 3C).

277 The 5-FU group showed a significant reduction in cardiac hypoxia marker
 278 *Hif-1 α* gene expression when compared to the CT group ($p < 0.001$) (Figure 3D). The
 279 5-FU group also showed significantly less gene expression of cardiac vasodilation
 280 marker *Nos3* when compared to the CT group ($p < 0.007$) (Figures 3E and 3F).

281

282



283

284 **Figure 3.** Expression of target genes. Col1a1- collagen type 1, alpha1 (A); Col1a2- collagen type 1,
285 alpha2 (B); Col3- alpha 1 collagen type 3 (C); Hlf1 α - hypoxia 1-alpha inducible factor (D); Nos2- nitric
286 oxide synthase 2 (E); Nos3- nitric oxide synthase 3 (F). * $p < 0,001$. μ - arbitrary unity. ANOVA and
287 Tukey or Kruskal- Wallis and Dunn's testes.

288

289 Discussion

290 Considering the widespread use of 5-FU for patients with cancer, treatments
291 that attenuate its cardiotoxic effects are urgent. ARG promotes vasodilation,
292 improving perfusion and the supply of nutrients and oxygen to various organs. It is
293 also cheap and readily available [10]. Our study demonstrated that only one 5-FU
294 treatment session resulted in cardiotoxic effects. However, we could not find
295 evidence that ARG supplements counteract 5-FU cytotoxicity in rats.

296 Various studies have reported beneficial effects from ARG dietary
297 supplements. However, the effects of ARG on the structure and function of
298 pathologically-altered hearts undergoing treatment with 5-FU have not yet been
299 thoroughly examined.

300 We observed that 5-FU reduced body weight both with and without ARG
301 supplements. Song et al. 2013 [22] also demonstrated in mice that 5-FU caused a
302 significant reduction in body weights that was accompanied by diarrhea. The authors
303 suggested that 5-FU administration acutely affects animal weight, possibly due to the
304 activation of inflammatory responses followed by gastrointestinal malfunction [22].

305 In our study, ARG group rats (ingested ARG without 5-FU) consumed more
306 water than rats in other groups, which resulted in better hydration. Araújo [23]
307 showed that this behavior is a result of the palatability of ARG; when ARG is added
308 to water, its taste is pleasant for rats.

309 We observed an absence of left cardiac hypertrophy in analysis of
310 anatomical parameters and cardiomyocytes; this effect may be due to an acute factor
311 in the chemotherapy. Pahlavani et al. [12] identified right ventricular hypertrophy
312 promoted by chronic ARG supplementation; the supplement (45 days/ARG) seemed
313 to induce physiological hypertrophy, as no signs of myocardial fibrosis were observed
314 [12].

315 In our study, we observed an increase in fibrosis in the hearts of rats
316 supplemented with ARG. However, we identified no changes in the expression of the
317 genes that encode collagen 1 and 3 related proteins. The fibrosis may have been

318 provoked by a synthesis of collagen types IV, V, and VI (not investigated in the study)
319 or minimal degradation due to low metalloproteinase activation [24]. To achieve a
320 better understanding of these effects, future studies need to elucidate post
321 translational factors involved in different types of collagen and functional mechanisms
322 [9].

323 We observed reductions in FD in the 5-FU+ARG group, which suggests
324 organization of the extracellular matrix. Through histological slides, we can use
325 fractal dimensions to identify structural alterations, characterize irregular structures,
326 and quantify existing alterations [18,25]. Fractal dimensions have been used to
327 evaluate left ventricles during human heart transplants, neoplasms, and cardiac
328 variables [18,25]. FD also enables the quantification of differences between
329 reparative fibrosis and reactive fibrosis. Both fibrosis forms manifest in the
330 myocardium extracellular matrix. Reparative fibrosis is characterized by the
331 disorderly filling of collagen in empty spaces (due to myocyte loss). Reactive fibrosis
332 is characterized by increased orderly deposition of collagen and lack of collagen
333 filling (due to minimal myocyte loss) [25].

334 The expression of collagen-related genes was lower in groups submitted to
335 chemotherapy; ARG did not seem have an effect on expression. The selective and
336 specific reduction of collagen gene expression was one of the most significant
337 cellular effects of 5-FU on fibroblasts and likely caused alterations in the balance of
338 enzymes involved in the extracellular collagen decomposition. After secretion,
339 collagens likely join other ECM components and are degraded by a family of zinc
340 endopeptidases. Low metalloproteinase activation in these scenarios [26] decreases
341 collagen gene expression and may contribute to cardiotoxicity and impaired
342 functional performance of cardiac cells in chemotherapy [24]. However, post-
343 transcriptional and functional evaluations are needed to assess the repercussions of
344 this reduction.

345 In our study, rats treated with only one dose of 5-FU presented a significant
346 reduction in the gene expression of cardiac vasodilation marker Nos3; this may
347 indicate oxidative stress [7,26]. Reductions to NO production and bioavailability are
348 often combined with an increase in reactive oxygen species (ROS). Inflammation and
349 endothelial pathophysiology frequently occur in such cases [27]. This occurred
350 through reactions with ROS and led to the following: reduction of NO bioavailability;

351 formation of peroxynitrite; and oxidation of the Nos3 BH4 cofactor, which uncoupled
352 this enzyme and generated further oxidative stress [28].

353 ARG was expected to cause a vasodilatory response by acting on the
354 increase of *Nos2* and *3*. ARG is the main substrate in the production of nitric oxide
355 synthases, which are expressed as stimuli and smooth muscle vasodilation. ARG has
356 shown significant positive effects when used as a supplement to treat hypertension in
357 humans and animal models. In rat models, ARG supplements seem to regulate
358 hemodynamics and restore renovascular homeostasis [29]. However, factors such as
359 the form of administration, dose, and evaluated tissue can justify the differences in
360 the results.

361 Although we observed a reduction in *Nos3* expression, we did not record an
362 increase in the hypoxia biomarker. On the contrary, we observed that 5-FU
363 decreased *Hif-1 α* ; this effect was not altered by ARG in the 5-FU+ARG group [30].
364 Study reported that high levels of ROS activation leads to degradation and low
365 expression of *Hif-1 α* [30].

366 We used mRNA encoding protein analysis in the heart to gain insights into
367 the molecular events underpinning the effects of ARG supplements on structural and
368 molecular parameters of rats submitted to 5-FU chemotherapy. Gene expression,
369 due to its specificity and sensitivity, has been increasingly used in diagnostics.
370 Although the functionality of individual mRNAs is measurable, this measure is
371 intricately linked to protein expression and activity. Our study does not elucidate the
372 possible effects of ARG supplements on mRNA alterations or modulations of
373 transcription and post-transcription factors that amplify the changes caused by 5-FU.

374

375 **Conclusion**

376 In our study, just one 5-FU chemotherapy session downregulated the
377 transcription of collagens, vasodilators (*Nos2* and *Nos3*), and *Hif-1 α* target genes.
378 Low dose of ARG supplements combined with 5-FU did not reverse the cardiotoxicity
379 caused by chemotherapy.

380

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384

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ANEXO A- PARECER FINAL- COMISSÃO ÉTICA EM USO DE ANIMAIS

01/2021 Certificado

UNOESTE - Universidade do Oeste Paulista

PRÓ-REITORIA DE PESQUISA E PÓS-GRADUAÇÃO

PPG - Programa de Pesquisa de Pós-Graduação
PEIC - Programa Especial de Iniciação Científica

Parecer Final

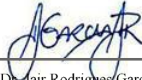
Declaramos para os devidos fins que o Projeto de Pesquisa intitulado "AVALIAÇÃO DO REMODELAMENTO CARDÍACO DE RATOS SUBMETIDOS À QUIMIOTERAPIA COM 5-FLUOROURACIL E TRATADOS COM L-ARGININA", cadastrado na Coordenadoria de Pesquisa, Desenvolvimento e Inovação (CPDI) sob o número nº 5832 e tendo como participante(s) TALITA RIZO PEREIRA (discente), MARIA VITORIA DA SILVA CARVALHO (discente), ANDRESSA PAOLA PEREGO NUNES (discente), FABIO PIEMONTE LOPES (discente), INES CRISTINA GIOMETTI CEDA (docente), LUIS SOUZA LIMA DE SOUZA REIS (docente), FRANCIS LOPES PACAGNELLI (orientador responsável), foi avaliado e APR. COM RECOMENDAÇÃO pelo COMITÊ ASSESSOR DE PESQUISA INSTITUCIONAL (CAPI) e COMISSÃO DE ÉTICA USO DE ANIMAIS (CEUA) da Universidade do Oeste Paulista - UNOESTE de Presidente Prudente/SP.

Este Projeto de Pesquisa, que envolve a produção, manutenção e/ou utilização de animais pertencentes ao filo Chordata, subfilo Vertebrata (exceto o homem), para fins de pesquisa científica, encontra-se de acordo com os preceitos da Lei nº 11.794, de 8 de Outubro de 2008, do Decreto nº 6.899, de 15 de Julho de 2009, e com as normas editadas pelo Conselho Nacional de Controle da Experimentação Animal (CONCEA), tendo sido APR. COM RECOMENDAÇÃO em reunião realizada em 13/11/2019.

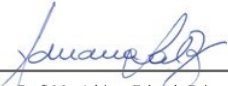
MATERIAL ARMAZENADO/DOADO

Protocolo(s)	Data Aprovação	Armazenado (local)	É doação	Detalhes armazenamento
4075	19/12/2017	UNOESTE	SIM	no laboratório de Anatomia Patológica

Presidente Prudente, 13 de Dezembro de 2019.



Prof. Dr. Jair Rodrigues Garcia Jr.
Coordenador Científico da CPDI



Prof. Ms. Adriana Falco de Brito
Coordenadora da CEUA - UNOESTE

Coordenadoria de Pesquisa, Desenvolvimento e Inovação – CPDI – 18 3229-2079 – cpdi@unoeste.br
Comitê de Ética em Pesquisa – CEP – 18 3229-2079 – cep@unoeste.br
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ANEXO B- INSTRUÇÕES PARA AUTORES DA REVISTA NUTRITION

Nutrition provides an international forum for professionals interested in the applied and basic biomedical nutritional sciences, and publishes papers both of clinical interest and of scientific import. Investigators are encouraged to submit papers in the disciplines of nutritionally related biochemistry, genetics, immunology, metabolism, molecular and cell biology, neurobiology, physiology, and pharmacology. Papers on nutrition-related plant or animal sciences which are not of direct relevance to man, whereas occasionally of interest are not the main focus of the Journal.

Nutrition publishes a wide range of articles, which includes original investigations, review articles, rapid communications, research letters, case reports and special category manuscripts. Manuscripts must be prepared in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (N Engl J Med 1991;324:424-428). All submissions are peer reviewed.

Manuscript:

Word doc or similar required. PDF is not suitable for review and production.

Include keywords.

Has been spell-checked and grammar checked.

Has been edited by professional, preferably native-English-speaking editor.

Tables:

Include titles, description, footnotes.

Create tables in the document rather than inserting image files, so that changes can be made.

Figures:

High quality and good resolution.

Provide separate image files as well as in-manuscript.

Include relevant captions.

Indicate clearly if color should be used for any figures in print.

Ensure all figure and table citations in the text match the files provided.

If applicable include as separate files:

Graphical abstracts

Highlights (3-5, document file)

Supplemental files

References:

All references mentioned in the Reference List are cited in the text, and vice versa.

Make sure reference style is consistent throughout.

Further considerations:

Permission has been obtained for use of copyrighted material from other sources (including the Internet).

Relevant declarations of interest have been made.

Journal policies detailed in this guide have been reviewed.

Referee suggestions and contact details provided, based on journal requirements.

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We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

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Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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All material submitted to Nutrition, for any section of the journal, is considered for publication on the understanding that authors (including all coauthors) agree to Nutrition's publication policies as stated in this section of the Guidelines to Authors.

In the event of non-compliance with these conditions of publication, including issues that surface after a contribution is published, Nutrition's rights include: sending a notice of failure to comply to authors' employers and funding agencies; and/or informing readers via a published correction/retraction; the latter is linked to the original contribution via electronic indexing and becomes part of the formal published record.

Research/publication misconduct is a serious breach of ethics. Such misconduct includes:

- i) Redundant or duplicate publication by same author(s),
- ii) Publication in another source by the same author(s) without acknowledgement or permission from the publisher, or
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- iv) Fabrication of data, not substantiable via review of research records.

Should such publications occur, editorial action would be taken. In certain cases, secondary publication is justifiable and even beneficial; however, such circumstances should be prospectively discussed with and agreed upon by the Editor-In-Chief.

Nutrition will not accept a submission of work previously reported in large part in a published article (duplicate) or that is contained in another paper submitted or accepted for publication in Nutrition or elsewhere.

Informed consent and patient details

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