1	Waterpipe Smoke Inhalation Induces Lung Injury and Aortic Endothelial dysfunction in
2	Mice
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#### 19 Summary

Waterpipe tobacco smoking (WPS) inhalation has been shown to trigger endothelial 20 dysfunction and atherosclerosis. However, the mechanisms underlying these effects are still 21 unknown. Here, we assessed the impact and underlying mechanism of WPS exposure for one 22 month on endothelial dysfunction using aortic tissue of mice. The duration of the session was 23 24 30 min/day and 5 days/week. Control mice were exposed to air. Inhalation of WPS induced an increase in the number of macrophages and neutrophils and the concentrations of protein, 25 tumor necrosis factor  $\alpha$  (TNF  $\alpha$ ), interleukin (IL)- 1 $\beta$ , and glutathione in bronchoalveolar lavage 26 27 fluid. Moreover, the concentrations of proinflammatory cytokines (TNF  $\alpha$ , IL-6 and IL-1 $\beta$ ), adhesion molecules (intercellular adhesion molecule-1, vascular cell adhesion molecule-1, E-28 selectin and P-selectin) and markers of oxidative stress (lipid peroxidation, glutathione, 29 superoxide dismutase and nitric oxide) in aortic homogenates of mice exposed to WPS were 30 significantly augmented compared with air-exposed mice. Likewise, the concentration of 31 galectin-3 was significantly increased in the aortic homogenates of mice exposed to WPS 32 compared with control group. WPS inhalation induced vascular DNA damage assessed by 33 34 comet assay and apoptosis characterized by a significant increase in cleaved caspase-3. While the aortic expression of phosphorylated nuclear factor KB (NFKB) was significantly increased 35 36 following WPS inhalation, the concentration of sirtiun 1 (SIRT1) was significantly decreased in WPS group compared with air-exposed group. In conclusion, our study provided evidence that 37 WPS inhalation triggers lung injury and endothelial inflammation, oxidative stress and 38 39 apoptosis which were associated with nuclear factor-kB activation and SIRT1 down-regulation. 40 **Keywords**: Waterpipe smoking; aorta; inflammation; oxidative stress; apoptosis

#### 41 Introduction

Clinical and experimental studies have reported that acute exposure to waterpipe smoke 42 (WPS) causes alteration in lung function and increase systolic blood pressure, heart rate, 43 carboxyhaemoglobin and thrombotic events [1-4]. Furthermore, chronic epidemiological 44 investigations have established a strong relationship between WPS and chronic obstructive 45 46 pulmonary disease (COPD) after correcting for probable confounders such as cigarette smoking and age [1-4]. We have also provided experimental evidence that long-term exposure 47 to WPS in mice causes alveolar enlargement, increase in airway resistance, inflammation and 48 49 oxidative stress [5, 6].

It is well-established that tobacco smoking aggravates the risk of cardiovascular morbidity and mortality [7-10]. In fact, the percentage of mortality due to cardiovascular events in COPD can reach as much as 50%, and thus, the assessment of the pathophysiological mechanisms linking COPD to cardiovascular is important and highly relevant [11]. In this context, WPS has been associated with hypertension, hyperglycaemia, hyperlipidaemia, atherosclerotic lesions in the coronary arteries and the aorta, along with a greater incidence of thrombosis in sudden cardiac death [4, 12].

57 Vascular endothelial cell dysfunction is the early stage of atherosclerosis [13-15]. A key initial step in the build-up of atherosclerosis encompasses circulating monocyte trafficking to 58 59 the arterial endothelium following inflammation [13, 16]. The latter includes upregulation of endothelial cell adhesion molecules such as E- and P-selectins, intercellular adhesion 60 molecule-1 (ICAM-1), and vascular cell adhesion molecule-1 (VCAM-1) in areas prone to 61 injury [13, 16, 17]. Experimental and clinical studies have reported that exposure to WPS 62 elevates plasma concentration of adhesion molecules, and augments vascular damage and 63 thrombosis [18, 19]. However, the mechanisms underlying these effects are not well 64

65 understood. Vascular dysfunction may progress to systemic vascular damage, that is classified as macrovascular disease encompassing aortic atherosclerosis and 66 microangiopathy. In the current work, we used mouse aorta which, given its size, can be 67 conveniently collected. We assessed the mechanisms of toxicity of WPS inhalation at 68 macrovascular level which included the expression of adhesion molecules, inflammation, 69 oxidative and nitrosative stress, DNA damage, apoptosis, and the expression of nuclear 70 factor-kB (NF-kB) and sirtiun 1 (SIRT1). Along with the aforementioned endpoints, we have 71 also collected bronchoalveolar lavage fluid to assess the cellularity, epithelial cell integrity, 72 73 inflammation, and oxidative stress following WPS inhalation. 74

#### 76 Material and Methods

### 77 Animals and treatments

This research work was appraised and approved by the United Arab Emirates University (UAEU) Animal Ethics Review Committee, and experiments were executed in concordance with protocols endorsed by the Committee.

81 Animals

82 BALB/c mice (Animal facility of the College of Medicine and Health Sciences, UAEU) of both gender (6 to 8 weeks old) were maintained in a conventional animal house and kept on 83 cycles of 12h light and 12h dark (lights switched on at 6AM). The animals were sustained in 84 plastic cages and given water and pelleted food *ad libitum*. Following five days of adaptation, 85 animals were randomly separated into two groups, WPS-exposed and control (air-exposed) 86 87 groups. Except for the DNA damage analysis, for all the parameters measured, we used n=8 for air-exposed control group and n=8 for WPS group. For the DNA damage assessment, as the 88 experiments can only be done on freshly collected aortas, we used a separate set of mice, i.e. 89 n=5 for control group and n=5 for WPS-exposed mice. Thus, for the entire study, we have used 90 91 a total number of 26 mice.

## 92 WPS exposure

We used a nose-only exposure system. Mice were put in soft restraints which were inserted to the exposure tower attached to a waterpipe smoking device (InExpose System, Scireq, Canada) [20, 21]. They were exposed to either air or apple-flavoured tobacco WPS by inhalation through their noses. The latter was obtained commercially from Al Fakher Tobacco Trading, UAE. It comprised tobacco, glycerin, molasses and natural flavor with nicotine (0.5%). An instant light charcoal disk was utilized set light the tobacco. Similar to smoking waterpipe in in humans, the aspirated smoke from the waterpipe passes through the water and then 100 reach the WPS exposure tower. To monitor the WPS exposure procedure, a computer-based 101 system was utilized (InExpose System, Scireq, Canada). A computer-controlled puff was generated every 60s producing first a WPS puff time of 2s and then fresh air exposure for 58s. 102 Each exposure session lasted 30 min/day. The same protocol was used to expose control 103 104 animals to fresh air-only during the exposure session. The exposure procedure and time 105 applied in the present study is comparable to protocols described by previous clinical and 106 experimental reports investigating the impact of WPS inhalation [20-23]. In the present 107 experimental work, animals were exposed daily to either WPS or air for a duration of a month. Collection and analysis of bronchoalveolar lavage fluid (BALF) 108

The collection and analysis of BALF has been carried out as per a method reported 109 before [24, 25]. In short, after WPS or air exposure, the animals were euthanized with an 110 111 overdose of sodium pentobarbital. The trachea was cannulated and the lungs were lavaged 3 times with 0.7 ml (a total volume of 2.1 ml) of sterile NaCl 0.9%. The collected fluid samples 112 were pooled. No variation in the volume of recovered fluid was seen in the two studied groups. 113 BALF was spun at a speed of 1,000g for 10 min at 4°C. Cells were first counted and then 114 115 differentials were accomplished with a microscope on cytocentrifuge preparations fixed in 116 methanol and stained with Diff Quick (Dade, Brussels, Belgium). The supernatant was kept at - 80 °C pending analysis. 117

Measurement of the concentrations of protein, tumour necrosis factor α (TNFα), interleukin
 (IL)-16 and glutathione (GSH) in BALF

The total protein concentration in cell-free BALF was quantified using the Bradford
 method. The concentrations of TNFα and IL1β were measured using commercially available

ELISA kits purchased from R & D systems (Minneapolis, MN, USA) and GSH was quantified with
a kit bought from Sigma-Aldrich Co (St Louis, MO, USA).

124 Sample Collection and Biochemical Analysis

After anesthesia and opening of the chest, the thoracic aorta (arch to bifurcation) was swiftly removed and maintained in PBS (pH 7.4) at 4°C. After that, blood, connective tissue and fat were detached from each vessel, and the aorta was cut into 3–4 mm rings which were weighed and homogenized for biochemical studies [26, 27].

129 The preparation of aortic tissue homogenates was carried out as previously reported [26, 27]. Homogenates were centrifugated at 3000 g for 10 min at 4<sup>o</sup>C to remove the cellular 130 debris, and the supernatants were stored at -80°C to await analysis [21]. Bradford's method 131 was used to quantify the protein content. The concentrations TNFa, IL-6 and IL-1B were 132 measured using commercially available Elisa Kits from R & D systems (Minneapolis, MN, USA). 133 134 The NADPH-dependent membrane lipid peroxidation (LPO) was measured in aortic homogenate with a colorimetric method that quantifies the thiobarbituric acid reactive 135 substances [20]. Superoxide dismutase (SOD) activity was carried out by means of a kit 136 purchased from Cayman Chemical Company (Ann Arbor, MI, USA). The measurement of NO 137 was performed with a colorimetric method that quantifies the total NO which determines the 138 more stable NO metabolites NO<sub>2</sub><sup>-</sup> and NO<sub>3</sub><sup>-</sup> [28]. The aortic homogenate concentrations of P-139 140 selectin, E-selectin, ICAM-1 and VCAM-1 were measured using commercially available ELISA kits from R&D systems (Duo Set, Minneapolis, MN, USA). The concentrations of galectin-3, 141 cleaved-caspase-3, phosphorylated NF-κB, SIRT-1 were measured in aortic homogenates of 142 143 mice exposed to either WPS or air by means of commercially available ELISA kits from R&D systems (Duo Set, Minneapolis, MN, USA). 144

The assessment of DNA damage by COMET assay was carried out in separate groups of mice, immediately after sacrifice of mice. Their aortas were collected and handled for the evaluation of DNA damage by COMET technique as previously described [26, 29]. The assessment of DNA migration that includes the nucleus diameter and migrated DNA was determined using image analysis Axiovision 3.1 software (Carl Zeiss, Toronto, ON, Canada) as reported before [26, 29].

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152 Statistics

Statistical analyses were performed using GraphPad Prism Software version 7. To assess whether parameters were normally distributed, the Shapiro–Wilk normality test was applied. Normally distributed data were analysed using the unpaired t-test for differences between the two groups. Non-normally distributed data (neutrophil numbers) were analysed using the Mann–Whitney test for differences between groups. Data were reported as mean ± SEM. P values < 0.05 are considered significant.

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### 165 Results

166 Cellularity, and protein, TNFα, IL-16 and GSH concentrations in BALF

Figure 1A-1B shows that, compared with air group, the exposure to WPS for one month induced a significant increase in BALF cellularity. The latter included a substantial increase in macrophage (P<0.05) and neutrophil numbers (P<0.05). Likewise, the protein concentration in BALF (Figure 1C), a marker of epithelial and cell membrane integrity, was significantly increased in WPS-exposed group compared with control group (P<0.001).

TNF $\alpha$  and IL-1 $\beta$  concentrations in BALF were significantly increased (P<0.01) in mice exposed to WPS compared with those exposed to air (Figure 1D-1E). On the other hand, compared with air group, the concentration of the antioxidant GSH in BALF of mice exposed to WPS was significantly reduced indicating the occurrence of oxidative stress (P=0.0001; Figure 1F).

177 TNFα, IL-6, IL-16, LPO, SOD and NO levels in aortic tissue homogenate

Figure 2 illustrates the effect of inhalation of WPS or air on proinflammatory cytokines concentrations in aortic tissue homogenate. WPS exposure caused a significant increase in TNF $\alpha$  (P<0.001; Figure 2A), IL-6 (P<0.0001; Figure 2B) and IL-1  $\beta$  (P<0.0001; Figure 2C) in aortic tissue homogenate compared with air exposed group.

The measurement of markers of oxidative and nitrosative stress in aortic tissue homogenate revealed a significant increase of LPO (P<0.0001; Figure 2D), SOD (P<0.0001; Figure 2E) and NO (P<0.05; Figure 2F) in mice exposed to WPS compared with those exposed to air.

186 VCAM-1, ICAM-1, P-selectin and E-selectin concentrations in aortic tissue homogenate

Figure 3 shows that compared with the control group, inhalation of WPS caused a substantial augmentation of markers of endothelial dysfunction comprising VCAM-1 (P<0.05; Figure 3A), ICAM-1 (P<0.001; Figure 3B), P-selectin (P<0.0001; Figure 3C) and E-selectin</li>
 (P<0.0001; Figure 3D).</li>

191 Galectin-3 concentration in aortic tissue homogenate

192 Compared with air-exposed group, WPS inhalation for one month induced a significant

increase in the concentration of galectin-3 in aortic tissue homogenate (Figure 4).

194 DNA damage and apoptosis in aortic tissue homogenate

Figure 5 illustrates the effect of inhalation of WPS or air on DNA damage assessed by Comet assay, and on cleaved caspase-3 concentration, a marker of apoptosis in aortic tissue homogenate. Figure 5A shows that exposure to WPS produced a significant increase in DNA migration indicating DNA injury (P<0.0001). Likewise, the concentration of cleaved caspase-3 was significantly augmented in WPS-exposed group versus the group exposed to air (P<0.0001; Figure 5B).

201 Phopho-NF-κB and sirtiun-1 levels in aortic tissue homogenate

202Figure 6A shows that compared with air-exposed group, WPS inhalation induced a203significant elevation of the levels of phopho-NF-κB in aortic tissue homogenate (P=0.0001).

Compared with control group, the exposure to WPS for one month induced a significant decrease in the concentration of SIRT1 in aortic tissue homogenate (P<0.01; Figure 6B). 207 Discussion

In this study, we provide experimental evidence that WPS inhalation triggers lung injury and aortic inflammation, oxidative and nitrosative stress and apoptosis which were associated with nuclear factor-κB activation and SIRT1 down-regulation.

Previous epidemiological studies have shown that smokers are at high risk to develop subclinical atherosclerosis and coronary heart disease [30]. Tobacco smoking has been proven to lead to higher atherosclerotic lesions in the coronary arteries and the aorta [31, 32]. Even though the cardiovascular co-morbidities are the major source of death in COPD, the detrimental effects of tobacco smoking and its accompanying inflammation and oxidative stress on the systemic vasculature is still not fully known [33].

A possible interpretation linking the observed associations between COPD and its 217 systemic and cardiovascular manifestations is the systemic "spill-over" of the inflammatory 218 and oxidative stress events taking place in the lungs of patients with COPD which, in turn, 219 affect the systemic vasculature [34]. It has been reported that WPS inhalation causes lung 220 injury and vascular dysfunction including upregulation of adhesion molecules and 221 222 coagulation events [18, 19, 35]. However, as far as we are aware, no study has investigated 223 the pathophysiological effects of WPS on both lung injury and its association with aortic tissue expression of adhesion molecules, inflammation, oxidative stress, DNA damage, 224 225 apoptosis and expression of NF-κB and SIRT1.

In the present study, we wanted to study the impact of WPS inhalation on lung injury and its consequences on aortic tissue. Thus, we first showed that exposure to WPS caused pulmonary inflammation characterized by an influx of neutrophils and macrophage and increase in total protein in BALF which indicates alveolar protein leakage and epithelial damage [36]. These actions were associated with a significant increase in TNFα and IL-1β, and a decrease in the antioxidant GSH, suggesting that this antioxidant has been consumed as a result of oxidative stress [37, 38]. These findings corroborate previous clinical and experimental studies which have reported that WPS inhalation causes lung inflammation and oxidative stress [5, 23, 39-41].

While it is well-established that inhaled WPS exerts various adverse health effects at 235 236 distant extrapulmonary sites, no study has so far explored, as far as we know, the 237 pathophysiological effects of WPS on aortic tissue and the mechanisms underpinning them. In the present study, we found that exposure to WPS induced a significant increase of 238 proinflammatory cytokines including TNFα, IL-6 and IL-1β and several markers of oxidative 239 240 and nitrosative stress, comprising lipid peroxidation and the antioxidant SOD, and the free radical scavenger NO. The increase of these indices in aortic tissue homogenates points to 241 242 the occurrence of oxidative and nitrosative stress, with an existing compensatory process aiming to offset the potentially detrimental effects of reactive oxygen and nitrogenous 243 species caused by WPS [40, 42-44]. Cigarette smoke (CS) exposure in rats has been shown to 244 trigger aortic oxidative stress and increase in the concentrations of IL-1 $\beta$  and TNF $\alpha$ , and that 245 pomegranate supplementation prevented these effects [45]. Additionally, we found a 246 significant increase in the concentration of cell adhesion molecules VCAM-1, ICAM-1, P-247 selectin and E-selectin in aortic tissue homogenates. The latter cell surface proteins are 248 249 markers of endothelial dysfunction and are considered as independent risk factors for 250 cardiovascular disease and smoking [7, 13, 46, 47]. Clinical and experimental studies have shown that systemic markers of inflammation, oxidative stress and endothelial dysfunction 251 252 have been reported to increase following WPS exposure [7, 8, 19, 48]. It has been demonstrated that exposure to particulate air pollution and cerium oxide nanoparticles 253 induces inflammation and oxidative stress in aortic tissue [26, 49]. Moreover, it has been 254

255 shown that exposure to CS induces inflammation and oxidative stress in the lung and endothelial dysfunction in the thoracic aorta which was ascribed to a down-regulation of 256 eNOS expression and increased vascular oxidative stress and, that the ebselen, an 257 organoselenium GSH peroxidase mimetic, abolished these effects [50]. Galectin-3, a β-258 galactosidase-binding lectin, has been reported to play a central role in the regulation 259 260 apoptosis, angiogenesis, and inflammation [51]. High levels of galectin-3 have been related 261 with various cardiovascular disorders [51]. Our present data also show a significant increase in the concentration of galectin-3 in the aortic tissue homogenate. It has been reported that 262 inhibition of galectin-3 expression mitigates CS extract-induced autophagy and dysfunction 263 in endothelial progenitor cells [52]. However, a clinical study reported that there was no 264 significant change observed in concentration of galectin-3 among waterpipe, cigarette and 265 266 dual tobacco smokers compared to non-smokers [7]. Further clinical and experimental studies are needed to clarify the role and the mechanism of action of galectin-3 in the 267 pathophysiology of WPS. 268

To assess aortic DNA damage, we have used Comet assay technique [44]. It has been 269 270 previously reported that WPS exposure induce DNA damage in peripheral blood leukocytes 271 and in buccal cells of healthy subjects and in various organs (lung, heart and kidney) of experimental animals [1, 53, 54]. Our data reveal, probably for the first time, that WPS 272 273 inhalation induced DNA damage in the aorta. DNA alterations have been reported in rats 274 exposed to CS [55]. It is well established that DNA injury impedes the normal function of DNA such as transcription and DNA replication which is able to trigger apoptosis which plays a 275 276 crucial role as a major route of cell inactivation to remove damaged cells from the dividing pool [56]. Furthermore, we found in this work a significant increase in cleaved caspase-3. 277 Caspase-3 enzyme is a member of the family of endoproteases that regulate inflammation and 278

279 apoptosis signalling pathways. Owing to its role in the coordination of the destruction of cellular structures such as DNA fragmentation or degradation of cytoskeletal proteins, 280 caspase-3 has been identified as a key executioner caspase in the cascade of events leading to 281 cell death by apoptosis [57]. Our data corroborate previous findings which showed that CS 282 283 activates caspase-3 to trigger apoptosis in human umbilical venous endothelial cells [58]. 284 Exaggerated endothelial apoptosis can promote CS-induced endothelial dysfunction [58]. The 285 aortic DNA damage and apoptosis observed in the present work could be ascribed to the observed oxidative and nitrosative stress which can cause damages of cell membranes and 286 other structures including proteins, lipids, lipoproteins, and DNA leading to apoptosis [59]. 287

In order to further delineate the mechanisms underlying the toxicity of WPS, we have 288 measured the levels NF-KB in aortic tissue. The transcription factor NF-KB is an essential 289 290 mediator of inflammation with multiple associations in the pathophysiology of several diseases affecting the vasculature [60]. The endothelial cells respond to inflammation and the 291 activation of NF-KB by the induction of adhesion molecules promoting the binding and 292 transmigration of white blood cells and the elevation of their thrombogenicity [60]. Our data 293 294 show an augmentation in the expression of NF-κB in aortic tissue. This could explain the 295 increase in the concentration of proinflammatory cytokines (TNF $\alpha$ , IL-1 $\beta$  and IL-6) seen in the present study, leading to inflammation and oxidative stress [60]. It has been recently reported 296 297 that antioxidant treatments in rats (with selegiline) or mice (with acacia gum) exposed to tobacco smoke reduces the pulmonary and cardiac elevation of pro-inflammatory cytokines 298 and markers of oxidative stress induced by NF-kB activation [61, 62]. SIRT1 is highly expressed 299 300 in vascular endothelial cells and plays a substantial role in the regulation endothelial function 301 [63]. An in vitro study using endothelial cells has revealed that both CS and oxidative stress 302 downregulate SIRT1 levels, and that pre-treatment with resveratrol mitigated this effect [64]. Our present results show that WPS inhalation for one month induced a significant reduction
in the expression of SIRT1 in aortic tissue. The latter effect could be related NF-κB activation.
In fact, it has been demonstrated that NF-κB down-regulates SIRT1 activity through the
expression of reactive oxygen species [63, 65].

Taken together, this study provides original experimental evidence that WPS inhalation
 induces lung injury and aortic endothelial dysfunction, inflammation, oxidative and nitrosative
 stress and apoptosis which were associated with nuclear factor-κB activation and SIRT1 down regulation. Additional studies are needed to assess the mitigating effects of antioxidant agents
 thereon, and the molecular mechanisms underlying them.

## 312 Conflict of Interest

- 313 There is no conflict of interest.
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# 503 Figure legends



**Figure 1.** Number of macrophages (A) and neutrophils (B), and concentrations of protein (C) tumor necrosis factor  $\alpha$  (TNF $\alpha$ , D), interleukin-1 $\beta$  (IL-1 $\beta$ , E), and glutathione (GSH, F) in bronchoalveolar lavage fluid (BALF) after a one-month exposure period to air (control) or waterpipe smoke (WPS). Data are means ± SEM (n = 8).

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518 **Figure 2.** Tumor necrosis factor  $\alpha$  (TNF $\alpha$ , A), interleukin-6 (IL-6, B), interleukin-1 $\beta$  (IL-1 $\beta$ , C),

- 519 lipid peroxidation (LPO, D), superoxide dismutase (SOD, E) and total nitric oxide (NO, F) levels
- 520 in aortic tissue homogenates after a one-month exposure period to air (control) or
- 521 waterpipe smoke (WPS). Data are means ± SEM (n = 8).



Figure 3. Vascular cell adhesion molecule-1 (VCAM-1, A), intercellular adhesion molecule-1
(ICAM-1, B), P-selectin (C) and E-selectin (D) concentrations in aortic tissue homogenates
after a one-month exposure period to air (control) or waterpipe smoke (WPS). Data are
means ± SEM (n = 7-8).



**Figure 4.** Galectin-3 concentration in aortic tissue homogenates after a one-month exposure

534 period to air (control) or waterpipe smoke (WPS). Data are means ± SEM (n = 8).



Figure 5. DNA migration (mm) assessed by Comet assay (A) and cleaved caspase-3
concentration (B) in aortic tissue homogenates after a one-month exposure period to air
(control) or waterpipe smoke (WPS). Data are means ± SEM (n = 5 for DNA migration and
n=8 for cleaved caspase-3 concentration). Images illustrating the quantification of DNA
migration by the Comet assay under alkaline conditions in air and WPS-exposed groups.



547 **Figure 6.** Phosphorylated nuclear factor kappa-B (phospho-NF-κB, A) and sirtiun-1 (B) levels

- 548 in aortic tissue homogenates after a one-month exposure period to air (control) or
- 549 waterpipe smoke (WPS). Data are means ± SEM (n = 8).