1 Integrative Omics Reveals Subtle Molecular Perturbations Following

2 Ischemic Conditioning in a Porcine Kidney Transplant Model

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- 20 <u>Running Title:</u>
- 21 Integrative Omic Profiling of a Porcine Kidney Transplant Model

22 ABSTRACT

Background: Remote Ischemic Conditioning (RIC) has been proposed as a therapeutic intervention to
circumvent the Ischemia/reperfusion injury (IRI) that is inherent to organ transplantation. Using a
porcine kidney transplant model, we aimed to decipher the subclinical molecular effects of a RIC
regime, compared to non-RIC controls.

Methods: Kidney pairs (n = 8+8) were extracted from brain dead donor pigs and transplanted in juvenile recipient pigs following a period of cold ischemia. One of the two kidney recipients in each pair was subjected to RIC prior to kidney graft reperfusion, while the other served as non-RIC control. We designed an advanced integrative Omics strategy combining transcriptomics, proteomics, and phosphoproteomics to deduce molecular signatures in kidney tissue that could be attributed to RIC.

Results: In kidney grafts taken out 10 h after transplantation we detected minimal molecular perturbations following RIC compared to non-RIC at the transcriptome level, but more pronounced effects at the proteome level. In particular, we noted that RIC resulted in suppression of tissue inflammatory profiles. Furthermore, an accumulation of muscle extracellular matrix assembly proteins in kidney tissues was detected at the protein level, which may be in response to muscle tissue damage and/or fibrosis.

38 Conclusions: Our data identifies subtle molecular phenotypes in porcine kidneys following RIC and
 39 this knowledge could potentially aid optimisation of remote ischaemia protocols in renal
 40 transplantation.

41

42 Key Words:

43 Remote Ischemic Conditioning, Kidney Transplantation, Proteomics, Transcriptomics, Integrative
44 Omics, Inflammation

46 BACKGROUND

47 Organ donation and transplantation inevitably involve periods of both warm and cold ischemia, as a 48 consequence of diminished or restricted blood flow, which deprives the donor organ tissue of the oxygen required to maintain cellular metabolism. Subsequent reperfusion at time of implantation of 49 the ischaemic graft results in tissue damage including several molecular hallmarks, such as hypoxic 50 51 stress and production of reactive oxygen species, a rapid reduction of ATP levels, intracellular acidosis, 52 and diminished nutritional supplies [1]. Combined, these insults lead to the activation of apoptotic 53 and necrotic pathways, and if uncorrected, to graft fibrosis, organ dysfunction, and eventually 54 rejection [2]. Acute kidney injury (AKI) induced by ischaemia and subsequent reperfusion is called 55 delayed graft function in the clinical transplant setting and leads to the need of dialysis as well as a 56 risk of poorer transplant outcome [3]. Remote ischaemic conditioning (RIC) has been proposed as a 57 therapeutic modality to mitigate the effects of ischaemia/reperfusion injury (IRI) in organ 58 transplantation [4, 5]. RIC is a simple procedure which involves short and repetitive cycles of non-59 damaging ischaemia, usually applied to a leg or arm, which may reduce damaging effects caused by 60 IRI in the target organ. RIC has shown various outcomes in pre-clinical studies across different organs 61 such as lung, liver, small intestine and in a variety of situations and species [6-11]. Several studies have 62 demonstrated a reduction in IRI and improved early graft function in the recipient [12-15]. Regarding 63 kidney transplantation and AKI, a protective effect of RIC in rodent renal models has been described, however the transition into the human setting has been challenging [14, 16]. Our previous work in a 64 porcine model of kidney transplantation suggested a beneficial effect of RIC on early graft perfusion 65 66 and function evidenced by a significantly improved renal plasma perfusion and glomerular filtration 67 rate (GFR) [17]. When RIC was applied to kidney transplant patients in a clinical trial (CONTEXT), no 68 clinical benefit was observed but this trial revealed distinct subclinical effects on kidney transplants at 69 the molecular level [18]. In continuation of this, we revisited our RIC study carried out in pigs showing 70 the potential positive effects of RIC that were actually the background for the CONTEXT study. Using 71 samples obtained from our original porcine RIC model [17], we sought to identify possible proteomic

and transcriptomic changes in recipient tissue using advanced quantitative mass spectrometry and
 RNA sequencing. In this study, we describe altered molecular profiles comparable to the ones
 observed in human kidneys subjected to RIC.

75

76 METHODS

77 Transplant model

78 The effects of RIC versus non-RIC controls in porcine kidney transplants were evaluated in a paired 79 randomised study, the design of which was described in detail by Soendergaard et al. [17]. Briefly, 80 eight kidney pairs were taken from eight brain-dead donor pigs (60-64 kg) and transplanted into 81 sixteen bilateral nephrectomised recipient pigs (14–16 kg), which were randomly given RIC or non-RIC within each pair. Prior to organ reperfusion, RIC was performed as indicated below. Pigs were 82 83 surveyed, under anaesthesia, for 10 h after transplantation, assessing renal function by GFR, renal 84 plasma perfusion and known renal biomarkers. The study was approved by the National Committee 85 on Animal Research Ethics no. 2008-561-1584 (Animal Experiments Inspectorate, Copenhagen, Denmark) and conducted in accordance with the "Principles of Laboratory Animal Care" (NIH 86 87 publication Vol. 25, No. 28 revised 1996).

88 Sample retrieval and ischemia regimen

Kidney retrieval, transplantation and RIC was performed by experienced transplant surgeons as described previously (**Figure 1**) [17]. Briefly, female Danish Landrace pigs were anaesthetised and placed under mechanical ventilation. Ringer's acetate was infused to maintain fluid balance and arterial pressure. Brain death was induced by increasing intracranial pressure. Kidneys were extracted, perfused and stored in 5°C cold storage solution. Two recipients were transplanted simultaneously after having their native kidneys removed. A RIC regimen was undertaken whereby the abdominal aorta was clamped above the aortic bifurcation but below the renal arteries in four cycles, with each 96 cycle consisting of 5 min of ischaemia and 5 min of reperfusion. Surgeons and investigators were
97 unblinded to the treatment during the experiments. Renal biopsies from kidneys in the RIC and non98 RIC groups were taken prior to termination after 10 hours reperfusion and snap frozen in liquid
99 nitrogen for transcriptomic and proteomic analysis.

100 Transcriptomics analysis

101 Sample preparation. Sixteen tissue samples (weighing approximately 20 mg) were lysed using a Precellys 24 homogeniser (Bertin Instruments) in 350 µL of RNeasy Mini kit RLT lysis buffer. RNA was 102 103 then extracted using RNeasy Mini kit (Qiagen, cat number: 74104) as per manufacturer's instructions. 104 Purified RNA was eluted in 40 μ L RNase-free H₂O and the approximate concentration evaluated using 105 a NanoDrop ND-1000 spectrophotometer. Approximately, 450 ng of purified RNA was converted to 106 cDNA by using high-capacity reverse transcription kit (Applied Biosystems, cat number: 4368814). For each reaction, a mix of 2 µL 10x RT buffer, 0.8 µL 25x dNPT mix, 2 µL 10x RT random primers, 1 µL 107 108 Multiscribe reverse transcriptase, 3.2 μ L nuclease free H₂O and 11 μ L of RNA (40.9 ng/ μ L) was 109 prepared. This was then primed at 25°C for 10 min, incubated at 37°C for 120 min and inactivated at 110 85°C for 5 min in a thermal cycler (VWR UNO 96). cDNA was then stored at -20°C until further use. An 111 overview of the transcriptomics workflow is given in Figure 1.

112 For the analysis of the transcriptomics data described in this study, FASTQ files were converted to 113 Binary-sequence Alignment Format (BAM) files using HISAT2 (v2.1.0) and Samtools (v1.3). 114 Subsequently, BAM files were imported into Perseus software (v1.6.0.2) and genome annotation was 115 performed using the Human Fasta cDNA database (http://www.ensembl.org). Reads per kilo per 116 million (RPKM) values were calculated by a normalization step dividing by the sum (Normalization \rightarrow Divide), followed by dividing normalized values by gene length, multiplying by 109, 117 118 and taking the log₂ values. The transcriptomics data set was deposited in ArrayExpress (AE) at EBI 119 [19].

120 *q-PCR.* For q-PCR, primers for selected genes of interest were designed using Primer BLAST (see Table 121 1 for sequences), parameters included spanning exon-exon junctions, a target size of 200 bp and a 122 maximum product size of 150. A Beta-Actin control gene was used as a reference [20]. A total of 20 123 μg of cDNA was used for each 20 μL reaction, in combination with 200 nM of each forward and reverse 124 primer (Invitrogen) and Fast SYBR Green Master Mix (Applied Biosystems, cat number: 4385612), 125 according to the manufacturer's instructions. The reaction plates were run on a Roche Lightcycler 480, 126 with an initial pre-incubation of 37°C for 30 sec, then denaturing at 95°C for 3 sec, followed by 127 annealing at 60°C for 30 sec. Denaturing and annealing was repeated for 40 runs before conducting 128 melt curve analysis. Using Roche Lightcycler analysis software, the noise band was altered to exclude 129 any background noise whilst staying within the lower third of the linear section of the curve to gain 130 initial Ct values. Average Ct values for Beta-Actin were then subtracted from average Ct values of 131 target genes to get dCt. RIC vs non-RIC groups and different time points were then compared using 132 $2^{(x-y)}$ to obtain relative expression levels and plotted on a box-dot graph.

133 Proteomics

Sample preparation. In accordance with the transcriptomics study, sixteen tissue samples (weighing 134 135 approximately 20 mg) were lysed using a Precellys 24 homogeniser (Bertin Instruments) in 30 µL RIPA 136 and 6M urea lysis buffer per 1 mg of tissue. Samples were reduced with 200 mM tris(2-137 carboxyethyl)phosphine (TCEP) at 55°C for 1 hour and alkylated with 375 mM iodoacetamide (IAA) for 138 30 min at room temperature. Following this, protein precipitation via methanol/chloroform precipitation was performed. The resulting pellet was dried and resuspended in 50 µL 139 140 triethylammonium bicarbonate (TEAB) and the protein concentration determined using a BCA assay 141 (Pierce). In total, 100 µg of protein was digested by trypsin using the SMART method (Thermo 142 Scientific). In brief, each sample was loaded into a SMART digestion tube (Thermo Fisher Scientific, 143 Cat no 60109-103) containing 150 µL of SMART digestion buffer. These were then incubated at 70°C 144 at 1400 rpm for 2 hours on a heat shaker (Eppendorf) and spun at 2500 x g for 5 min, with collection of the supernatant. Samples were de-salted using SOLAµ SPE plates (Thermo Scientific, Cat no 60109-145

103). Columns were equilibrated using 100% acetonitrile (ACN), then 0.1% trifluoroacetic acid (TFA).
The samples were then diluted with 1% TFA and pulled through the column using a vacuum pump.
They were then washed with 0.01% TFA and eluted in 100 μL 65% acetonitrile. Eluates were dried
using a vacuum concentrator (SpeedVac, Thermo Scientific) and resuspended in 100 μL of 100 mM
TEAB for Tandem Mass Tag (TMT) labelling.

151 TMT labelling and high pH fractionation. TMT 10plex reaction groups were used to label the digested 152 peptides. Groups comprised of 8 samples (4 sets of RIC and non-RIC) and two pools; one undiluted, 153 and one 5 times diluted. For labelling, 41 µL of TMT label was added to each sample and incubated for 154 1 hour at room temperature. To quench the reaction, 8 μ L of 5% hydroxylamine was added to each 155 sample and incubated at room temperature for 15 minutes. Equal volumes of each sample were then 156 pooled into 2 groups, and de-salted using Sep-Pak C18 columns. The resulting eluent was dried using 157 a vacuum concentrator (SpeedVac, Thermo Scientific) and resuspended in 120 µL of buffer A (98% 158 MilliQ-H2O, 2% acetonitrile, 0.1% TFA). The two combined TMT 10plex experiments were then pre-159 fractionated using high pH 10.0 reversed-phase liquid chromatography (HPLC) into a total of 60 160 fractions. Fractions were subsequently concatenated into a total of 20 samples and submitted for LC-161 MS/MS analysis. The proteomic sample preparation strategy is summarized in Figure 1.

Phosphoproteomics. For phosphopeptide enrichment, 50 μg of protein was removed from each of the 163 16 tissue samples, and pooled into their respective RIC and non-RIC groups. Samples were reduced, alkylated, digested with trypsin, and desalted as above. Peptides (~400 μg) were eluted from Sep-Pak cartridges in 500 μL buffer B (65% ACN, 35% MilliQ-H2O, and 0.1% TFA). Phosphopeptide enrichment was performed using an Immobilized Metal Affinity Chromatography (IMAC) column with the aid of a Bravo Automated Liquid Handling Platform (Agilent).

168 Mass Spectrometry analysis. Liquid chromatography tandem mass spectrometry (LC–MS/MS) 169 analysis was undertaken using a Dionex Ultimate 3000 nano-ultra reversed-phase HPLC system with 170 on-line coupling to a Q Exactive High Field (HF) mass spectrometer (Thermo Scientific). Samples were 171 separated on an EASY-Spray PepMap RSLC C18 column (500 mm × 75 μ m, 2 μ m particle size; Thermo 172 Fisher Scientific) over a 60 min gradient of 2–35% ACN in 5% dimethyl sulfoxide (DMSO), 0.1% FA, and 173 the flow rate was ~ 250 nL/min. The mass spectrometer was operated in data-dependent analysis 174 mode for automated switching between MS and MS/MS acquisition. Full MS survey scans were 175 acquired from 400–2000 *m/z* at a resolution of 60,000 at 200 *m/z* and the top 12 most abundant 176 precursor ions were selected for high collision energy dissociation fragmentation. MS2 fragment ion 177 resolution was set to 15,000.

Data analysis. MS raw data files were searched using Proteome Discoverer (v2.3; total proteome) and MaxQuant (v1.5.14; phosphoproteome) software packages. Search parameters included the allowance of two missed trypsin cleavages. Carbamidomethylation (C) was set as a fixed modification, while TMT6plex (N-term, K), oxidation (M), deamidation (N, Q), and phosphorylation (STY) were set as variable modifications where appropriate. The data was searched against porcine protein sequences using the *UPR_Sus scrofa* fasta file along with the corresponding decoy reverse database. Only unique and razor peptides were used for quantitation.

185 Statistical analysis. TMT 10 plex quantitation and data analysis was performed in Perseus software 186 (v1.6.0.2) which filtered out contaminant and false positive identifications (decoys). The data were 187 log₂ transformed, and replicates were grouped into RIC and non-RIC. Missing values were imputed 188 from the normal distribution and all samples were normalised by median subtraction. Hierarchical 189 cluster analysis was performed on all the proteins identified by LC–MS/MS and visualised as heat maps 190 using the Pearson correlation algorithm. Volcano plots were generated by applying parametric 191 Student's t-tests between RIC and non-RIC controls, and using a Permutation FDR based correction for 192 multiple testing. A Christmas tree plot was generated for the phosphoproteomics data where only one 193 replicate was acquired. The mass spectrometry proteomics data have been deposited to the 194 ProteomeXchange Consortium via the PRIDE [21] partner repository with the dataset identifier

PXD025273. Gene Ontology and biological pathway enrichment analysis was performed using STRING
 protein–protein interaction networks & functional enrichment analysis (https://string-db.org/).

197

198 RESULTS and DISCUSSION

199 IRI is one of the primary causes of AKI during renal transplantation, and strategies to minimise it are 200 of urgent need [2]. Despite its early pre-clinical promise, the clinical utility of RIC has so far failed to 201 live up to expectations [16]. As a result, attention has shifted to the molecular profiling of organ tissues 202 in an attempt to decipher a more discreet subclinical response that may be triggered by RIC. Current 203 clinical parameters may not be refined enough to show nuances which, if enhanced, could result in 204 better outcomes. Using a cutting-edge integrative Omics strategy of transcriptomics, proteomics, and 205 phosphoproteomics, we sought to better understand the molecular and systemic footprint that is 206 inferred upon RIC in this porcine model of kidney transplantation.

207 We first performed RNA sequencing on kidney graft tissue to quantify changes at the transcriptome 208 level (Figure 1). A total of 19,220 transcripts were successfully quantified across RIC and non-RIC 209 groups (Supplementary Table 1). The majority of transcripts were found to be unchanged between 210 groups. Nevertheless, 33 transcripts had at least a two-fold change in abundance between groups, at 211 a *p*-value of \leq 0.05 (Figure 2, Supplementary Table 2). The most notable of these included heat shock protein beta-1 (HSPB1), monocarboxylate transporter 4 (SLC16A3), C-X-C motif chemokine (CXCL13), 212 213 C-C motif chemokine 2 (CCL2), interleukin-1 receptor type 2 (IL1R2), interleukin-1 beta (IL1B), 214 leukotriene B4 receptor 1 (LTB4R), Na(+)/H(+) exchange regulatory cofactor NHE-RF4 (PDZD3), and 215 Ras-like protein family member 10A (RASL10A), all of which were significantly down-regulated 216 following RIC. Moreover, biological pathway analysis revealed a reduction in the transcripts of genes 217 associated with regulation of inflammation following RIC as compared to their non-RIC counterparts 218 (Figure 2, Supplementary Figure 1). Transcript changes were confirmed by performing qPCR on a 219 selected panel of targets which were observed to be dysregulated in RIC in either our dataset, or as described previously. We measured five genes in total in a pooled sample of each group, including IL1B, LTB4R, PDZD3, SLC16A3, and RASL10A (**Supplementary Table 3**). We observed a slight increase in RIC induced SLC16A3 transcripts, but overall, none of the genes quantified reached statistically significance between RIC and non-RIC, with all having a *p*-value of > 0.2 (**Figure 3**).

224 Following the analysis of the kidney donor biopsies at the transcriptome level, we extended the study 225 to measure changes between the kidney tissue proteomes of the respective RIC and non-RIC groups. 226 Our advanced quantitative proteomic strategy (Figure 1) successfully quantified a total of 7,546 227 proteins across all samples (Supplementary Table 4). Hierarchical clustering analysis revealed no clear 228 discrimination between RIC and non-RIC groups at the proteome level (Figure 2A). Similarly, and in 229 agreement with the transcriptomics results, the majority of proteins were found to be unchanged 230 between groups. To determine if we could identify trends in the data, we took those proteins with the 231 largest ($\geq \log_2 0.5$), albeit non-significant, fold changes forward for further analysis. In this context, 252 232 proteins were deemed to be differentially expressed between RIC and non-RIC groups 233 (Supplementary Table 5). Mirroring the transcriptomics results, a dampening of immune response 234 proteins was observed in RIC versus non-RIC tissue, whereby far the largest fold changes were 235 observed in approximately 15 lg-like domain-containing proteins (highlighted in green in Figure 2B). 236 Attenuation of proteins involved in the inflammatory response associated with IRI could be one of the 237 primary beneficial factors that could contribute to RIC renoprotection. This dampening may serve as 238 a natural defence mechanism against the destruction caused by IRI. Despite this, the inflammatory 239 response generally associated with renal transplantation, in the form of apoptotic cell death, 240 macrophage and neutrophil infiltration, and anti-inflammatory cytokine production, was found to be 241 unaffected by RIC in the pigs studied [22]. We performed pathway enrichment analysis on the 242 differentially expressed proteins. Unfortunately, the Ig-like species described above could not be 243 included due to lacking a mature porcine gene entry (Supplementary Figure 2). Mirroring the human 244 CONTEXT study [18], there was an accumulation of muscle-derived and extracellular matrix assembly 245 proteins in the renal tissue following RIC, including the collagens COL1A2, COL2A1, COL4A2, COL4A,

246 COL6A3, fibrillin and fibulin (Figure 2, Supplementary Figure 2), although no tourniquet on a limb but 247 rather clamping of the aorta was used in the present porcine study. Additionally, upregulation of 248 factors associated with innate immunity such as lysosome-associated membrane glycoprotein 1 249 (LAMP1), neutrophil cytosol factor 2 (NCF2), leucine-rich alpha-2-glycoprotein (LRG1), 250 myeloperoxidase (MPO), and properdin (CFP) were observed, suggesting the technique provoked the 251 activation of tissue remodelling cascades within the organ itself. Upregulation of these factors provide 252 a favourable environment for wound-healing and repair, and collagen scaffolds have been shown to 253 enhance survival of transplanted cardiomyoblasts and improve function in ischaemic rat hearts [23]. 254 Increased collagen production has also been associated with a response to the hypoxic or anoxic 255 conditions inherent to surgery, ultimately leading to adhesion development [24]. It is, however, 256 unclear if these proteins provide a protective mechanism in RIC, or are a consequence of tissue 257 damage which could lead to fibrosis. Furthermore, we identified an up-regulation of several 258 components of the blood coagulation cascade, including Vitamin K-dependent protein C (PROC), 259 Fibrinogen beta chain (FGB), and Plasminogen (PLG). Interestingly, SLC16A3, IL1B, LTB4R, RASL10A, 260 and CXCL13, which were found to have some of the largest changes at the transcript level, were not detected at the proteome level, while HSPB1, LTB4R, and PDZD3 transcripts were differentially 261 262 abundant, but found to be unchanged between non-RIC and RIC groups at the protein level.

To gain more insight into the signalling dynamics underlying these molecular changes in kidney tissue, we performed phosphoproteomics to compare a global pool of all 8 RIC samples to that of the 8 non-RIC controls. We identified 3,524 phosphosites across both groups, from a total of 3,626 proteins **(Supplementary Table 6)**. No substantial differences were identified in the phosphoproteome between RIC and non-RIC groups, indicating little steady-state effects of RIC on kidney tissue at the indicated time points (**Supplementary Figure 3**).

To determine if a joint analysis could reveal useful insights that could not be deciphered from individual analysis alone, we integrated the transcriptomic and proteomic datasets (**Figure 4A**). Once

271 again, the Ig-like proteins that were found to be down-regulated in RIC in the proteomics dataset alone 272 (Figure 2B) could not be included in this type of analysis due to a lack of matching cognate sequences 273 at the transcriptome level. A low correlation was observed between the two datasets, with a Pearson 274 correlation coefficient of 0.017. We subsequently performed 2D Annotation Enrichment Analysis in 275 an effort to identify pathways which were simultaneously up- or down-regulated in both datasets [25]. 276 Up-regulated pathways in RIC versus non-RIC and common to both datasets included muscle tissue 277 development/remodelling, extracellular matrix disassembly, ubiquitin-specific protease activity, and 278 steroid hormone receptor activity (Figure 4). Conversely, down-regulated pathways in RIC versus non-279 RIC and common to both included kidney development, vasodilation, epidermal growth factor 280 receptor signalling, and the regulation of myoblast differentiation.

281 A possible explanation for the absence of significant proteomic and transcriptomic changes may be 282 attributed to the condition of kidney tissue used in this study. The tissue had been through multiple 283 insults, including brain death, periods of cold and warm ischemia and reperfusion. This makes it 284 increasingly difficult to fully dissect the (perhaps comparatively minor) effect of RIC, despite a more 285 aggressive RIC regimen than that in the human setting. A limiting factor of this study concerning Omics 286 profiling is the low number of available samples, and the timepoint at which the analysed biopsies 287 were taken. The end biopsies profiled for transcriptomics and proteomics were taken at termination 288 after a 10-hour observation phase. Theoretically, this time period may be sufficient to induce a 289 measurable change in gene expression, however it's possible that gene expression returns to that 290 more similar to pre-RIC. Additionally, it may also be too early of a time point to measure a significant 291 change in protein expression, which is possibly reflected in the lack of change identified at the 292 proteomic depth achieved in this study. Ideally, there would be an observation phase of several days 293 with multiple biopsies, however, this would require a survival model which was not feasible in 294 combination with the severity of the RIC regimen.

296 CONCLUSIONS

297 In summary, RIC of the recipient before kidney graft reperfusion does not result in substantial 298 molecular perturbations in the graft compared to non-RIC controls, which was confirmed by validation 299 of selected candidates. The data did suggest, however, that the administered RIC caused tissue 300 leakage and a potentially detrimental accumulation of muscle proteins in the kidney graft tissue, but 301 also triggered an interplay between the innate and adaptive immune response, with a dampening of 302 the latter. Ultimately however, our discovery studies showed no major differences in the transcriptomes and proteomes of porcine kidney transplant tissue following RIC, despite excellent 303 304 depth of coverage in each.

305

306 LIST OF ABBREVIATIONS

- 307 AKI Acute Kidney Injury
- 308 ATP adenosine triphosphate
- 309 GFR Glomerular Filtration Rate
- 310 IRI Ischemic/Reperfusion Injury
- 311 RIC Remote Ischemic Preconditioning
- 312 TMT Tandem Mass Tag
- 313
- 314 **DECLARATIONS**

315 ETHICS APPROVAL AND CONSENT TO PARTICIPATE

- Porcine kidney donor samples were taken from the porcine RIC study [17].
- 317 CONSENT FOR PUBLICATION

All authors have read the manuscript and given their consent for publication.

319 AVAILABILITY OF DATA AND MATERIALS

- 320 The mass spectrometry raw data files have been deposited under PRIDE Submission PXD025273. The
- 321 transcriptomics data is available upon request to the authors.

322 COMPETING INTERESTS

323 The authors have no conflicts of interest to declare

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- 328 University of Oxford.

329 AUTHORS CONTRIBUTIONS

- 330 DOB, AT, HH, XY, PS, KR and NS performed the experiments. BJ, RJP and BMK conceptualised the study.
- 331 DOB, AT, BJ, RJP and BMK wrote the manuscript. DOB, AT, HH, LX, PS, KR and NS analysed the data.
- All authors read and approved the final manuscript.

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362 FIGURE LEGENDS

363 Figure 1. Overview of transcriptomic and proteomic workflows. A) For transcriptomics, tissue 364 samples were cut, weight and lysed. RNA was extracted, followed by cDNA library preparation, and 365 the difference in transcript level determined between non-RIC and RIC groups. For selected targets of 366 interest, gPCR was undertaken. B) In the proteomics arm, proteins were extracted, reduced, alkylated 367 and subjected to methanol/chloroform extraction, digested with trypsin, cleaned-up and subjected to 368 10plex TMT labelling. Labelled peptides were separated by high pH-RP, prior to analysis by LC-MS/MS. 369 The green boxes outline our sample pooling and fractionation strategy. A total of 16 tissue samples 370 (and 4 pools) were labelled across two TMT 10plex kits. Each TMT experiment was subsequently 371 separated into 100 fractions, which were then concatenated down into 20 fractions. This resulted in 372 a final total of 40 samples for injection into the mass spectrometer.

Figure 2. *Transcriptome and proteome changes by RIC* A) Hierarchical clustering analysis of RIC and non-RIC proteomes. B) Volcano plots displaying differential transcriptome expression on the left, and differential proteome expression on the right. The x-axis measures expression difference by log2(fold change), and the y-axis indicates statistical significance by -log₁₀(*p*-value). Down-regulated species are coloured blue, while their up-regulated counterparts are coloured red. C) Enriched biological processes (Gene Ontology) determined from differentially-regulated transcripts and proteins (displayed by their gene symbol).

Figure 3. *Minimal transcriptional alteration by RIC*. No statistically significant difference was
 observed for any of the selected qPCR targets (IL1B, LTB4R, PDZD3, SLC16A3, and RASL10A) between
 RIC and non-RIC groups, with all *p*-values > 0.2.

Figure 4. Integrated Omics reveals RIC induced tissue leakage and reduced inflammation. A) Scatter plot of the *Log₂-fold-change* between RIC and non-RIC groups of the proteomics on the x-axis, versus the transcriptomics on the y-axis. Species which are down-regulated in both datasets are coloured blue, while their up-regulated counterparts are coloured red. A low Pearson correlation coefficient of

0.017 was observed. B) 2D Annotation Enrichment Analysis generated using transcripts and proteins
which were commonly dysregulated across the two datasets.

389

Supplementary Figure S1. *Transcriptomic pathway enrichment analysis reveals subtle alteration of tissue inflammation by RIC*. All transcripts (n=33) which were found to be dysregulated in RIC versus non-RIC controls were searched against the *Sus scrofa* database in STRING. Only interactions of the highest confidence (scores > 0.90) were included in the analysis. Genes associated with immune regulation are highlighted, with those linked to interleukin biology coloured red, while cytokines are coloured purple.

Supplementary Figure S2. Proteomic pathway enrichment analysis uncovers RIC induced tissue leakage and altered inflammation. Proteins (n=252) which were found to have the greatest dysregulation in RIC versus non-RIC controls were searched against the *Sus scrofa* database in STRING. Only interactions of the highest confidence (scores > 0.90) were included in the analysis. Proteins/genes of interest are highlighted, with proteins associated with muscle and ECM coloured in

401 blue, blood coagulation in green, and factors associated with innate immunity coloured red.

Supplementary Figure S3. *Kidney tissue phosphoproteomics unaffected by RIC*. A) Abundance plots
 indicate no significant difference in the phosphoproteome between RIC and control groups. B) A
 Christmas tree plot, with Significance B thresholds colour coded. Minor changes were observed
 between groups.

406

407 Table 1: *List of gene names and primer sequences used to conduct qPCR*. A total of five genes were
408 selected for qPCR validation of transcriptomics results, with beta actin serving as a control.

409 Supplementary Table 1: List of transcripts identified by transcriptomics. A total of 19,220 transcripts
410 were successfully identified across groups.

411 Supplementary Table 2: Transcripts differentially expressed between RIC and Non-RIC groups.

- 412 Supplementary Table 3: qPCR validation on a panel of targets from discovery transcriptomics. IL1B,
- 413 LTB4R, PDZD3, SLC16A3, and RASL10A were quantified by qPCR. We observed a slight increase in RIC
- 414 induced SLC16A3 transcripts, but overall, none of the genes quantified reached statistically
- significance between RIC and non-RIC, with all having a *p*-value of > 0.2
- 416 Supplementary Table 4: List of proteins identified by proteomics. A total of 7,546 proteins were
- 417 successfully identified across groups.
- 418 Supplementary Table 5: Proteins differentially expressed between RIC and Non-RIC groups.
- 419 Supplementary Table 6: List of proteins and phosphosites identified by phosphoproteomics. A total
- 420 of 3,524 phosphosites were successfully identified across groups.
- 421
- 422
- 423

424 **TABLES**

Oligo Name	Forward Sequence (5' - 3')	Reverse Sequence (5' - 3')	Scale (µmole)
PDZD3	CCCTGTAAGTGCCCTGCTAT	CTCCAGGGATCAGAAGGATCG	0.025µmole
LTB4R	TGGTACTTCCTCTCTGGCTGA	CCATTGCAAGGACAGGCTTT	0.025µmole
RASL10A	TTGCATTTGGGGTAAACCTGGAA	GCCACTCCTCCAAGCTTAATTC	0.025µmole
SLC16A3	AGGTAACCTGAGACCTGGCT	TGGTTCCGCGTCCCTGG	0.025µmole
IL1B	CCAATTCAGGGACCCTACCC	GTTTTGGGTGCAGCACTTCAT	0.025µmole
Beta Actin	TGTCATGGACTCTGGGGATG	GGGCAGCTCGTAGCTCTTCT	0.025µmole

425

- 426 **Table 1: List of gene names and primer sequences used to conduct qPCR.** A total of five genes were
- 427 selected for qPCR validation of transcriptomics results, with beta actin serving as a control.

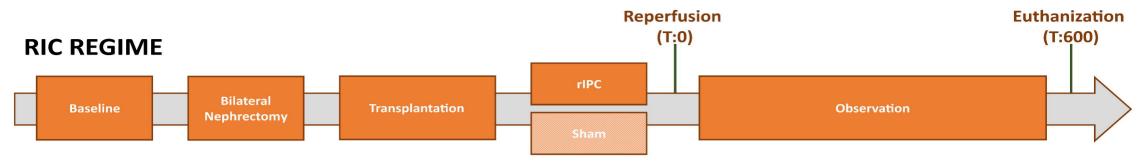
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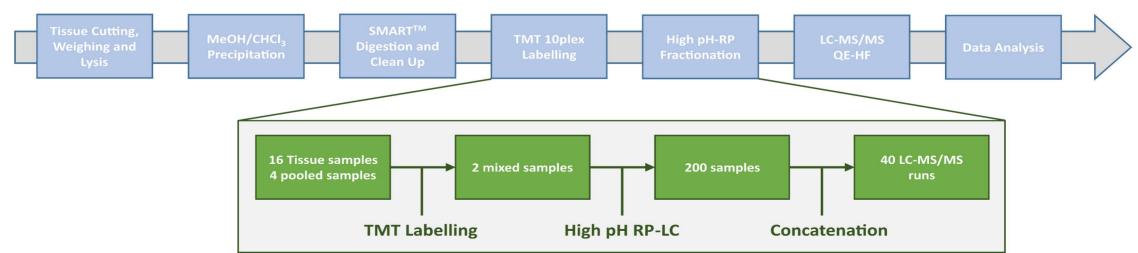
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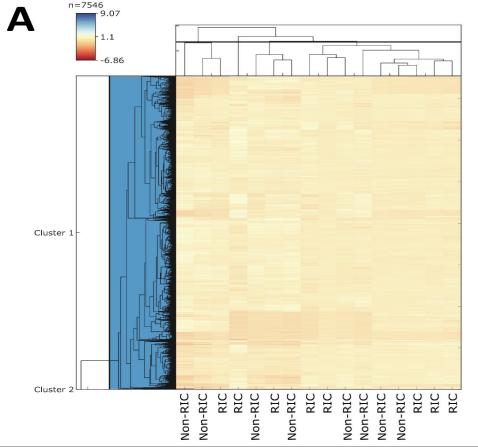


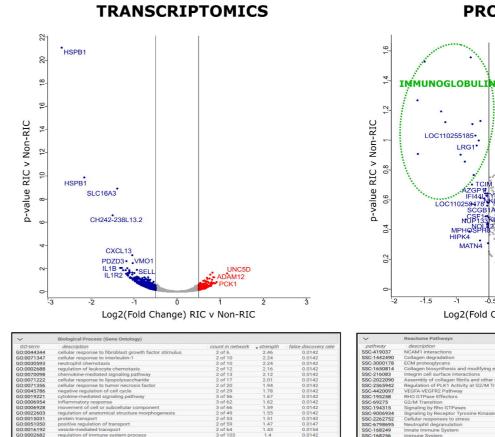
TRANSCRIPTOMICS



PROTEOMICS







3 of 103

1.4

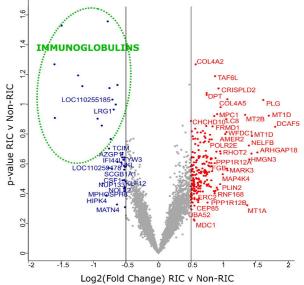
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В

GO:0002682

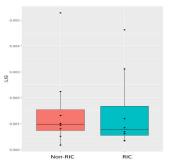
regulation of immune system process

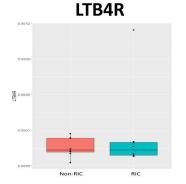
PROTEOMICS



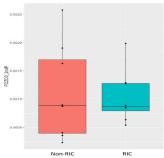
	Reactome Pathways			
athway	description	count in network	, strength	false discovery rate
C-419037	NCAM1 interactions	3 of 15	1.34	0.0244
C-1442490	Collagen degradation	4 of 38	1.06	0.0244
C-3000178	ECM proteoglycans	4 of 40	1.04	0.0244
C-1650814	Collagen biosynthesis and modifying enzymes	5 of 55	1.0	0.0212
C-216083	Integrin cell surface interactions	5 of 64	0.93	0.0244
C-2022090	Assembly of collagen fibrils and other multimeric structures	4 of 53	0.92	0.0376
C-2565942	Regulation of PLK1 Activity at G2/M Transition	5 of 69	0.9	0.0244
C-4420097	VEGFA-VEGFR2 Pathway	5 of 74	0.87	0.0244
C-195258	RHO GTPase Effectors	11 of 213	0.75	0.0014
C-69275	G2/M Transition	7 of 146	0.72	0.0244
C-194315	Signaling by Rho GTPases	14 of 331	0.67	0.0014
C-9006934	Signaling by Receptor Tyrosine Kinases	11 of 339	0.55	0.0244
C-2262752	Cellular responses to stress	9 of 279	0.55	0.0289
C-6798695	Neutrophil degranulation	12 of 382	0.54	0.0212
C-168249	Innate Immune System	18 of 707	0.45	0.0148
C-168256	Immune System	24 of 1240	0.33	0.0244

IL1B

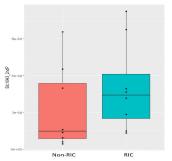




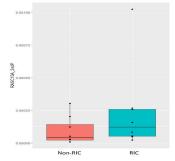




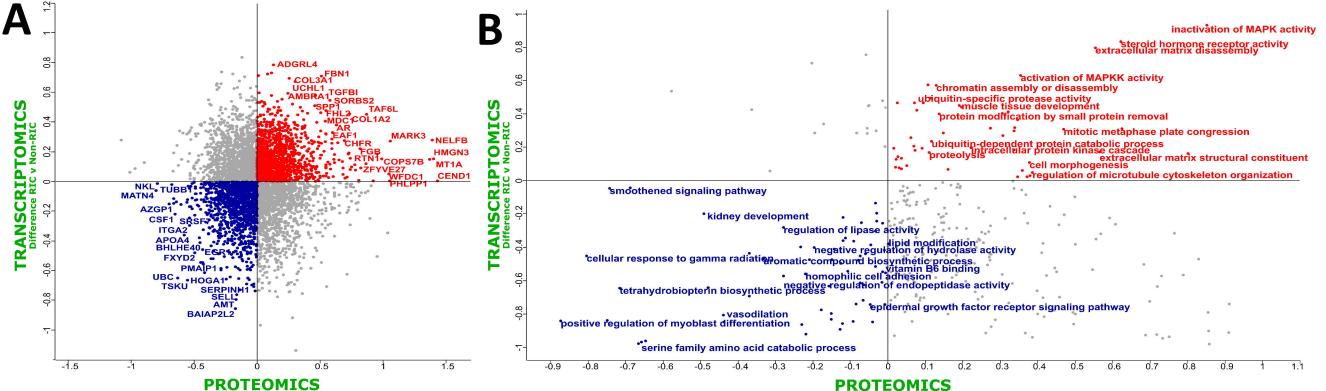
SLC16A3



RASL10A



Gene	<i>p</i> -value (RIC v Non-RIC)
IL1B	0.942122575
LTB4R	0.414858107
PDZD3	0.842717016
SLC16A3	0.207829143
RASL10A	0.284549205



Difference RIC v Non-RIC

Difference RIC v Non-RIC