

1 **Effect of aglepristone (RU534) administration during follicular phase on progesterone,**  
2 **estradiol-17 $\beta$ , and LH serum concentrations in bitches**

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19

20 **Abstract**

21 Aglepristone was administered in bitches during the follicular phase to evaluate its effects on  
22 progesterone, estradiol-17 $\beta$  and LH serum concentrations. Ten German Shepherds were  
23 divided into two groups (treated n = 5; control n =5). Treated bitches received 10 mg/kg BW  
24 of aglepristone subcutaneously during the early follicular phase, 24 hours after and then 7 days  
25 later. The control group was injected, at the same time periods, with saline solution (0.3 ml/kg  
26 BW). For the steroid evaluations, blood was collected daily from the onset of proestrus until  
27 the first day of cytological diestrus. For LH base-line serum determination, blood was also  
28 collected every 20 min for 2 hours at the onset of proestrus. For LH surge identification, blood  
29 was collected daily (every 6 hours) starting from the day of the first administration of  
30 aglepristone or saline solution until the first day of diestrus. All animals ovulated but the treated  
31 group presented longer ovulation-diestrus intervals than the control group ( $5.2 \pm 2.2$  days  $p <$   
32  $0.05$ ). Serum concentrations of the evaluated hormones were similar between experimental  
33 animals except for serum LH. Indeed, no LH peaks were detected in the treated group while  
34 LH surges were clearly observed in the control group ( $9 \pm 1$  days after the beginning of  
35 proestrus. In particular, the area under the curve for LH was significantly lower in treated than  
36 control animals ( $12 \pm 4$  ng/ml x Day;  $p = 0.01$ ). In conclusion, administrations of aglepristone  
37 during the follicular phase of the bitch does not affect the steroid hormone patterns but does  
38 prevent the occurrence of a LH surge. This work raises significant questions and opens  
39 perspectives concerning the mechanisms of ovulation in bitches.

41

## 42 **1. Introduction**

43 The estrous cycle of the female dog is characterized by many specificities that make it unique.  
44 While most species have a short follicular phase typically starting during the previous cycle,  
45 bitches show a long estrous phase (Senger, 2015) that initiates during the previous anestrus  
46 with progressive and slow pulsatile changes of FSH and LH basal concentrations (Concannon,  
47 2011; Verstegen et al., 1997). These late anestrus changes control, in turn, gonadal control  
48 function, maturation of follicles, and production of estradiol. In mammals, ovulation is initiated  
49 by an LH surge secreted by the pituitary, the so-called pre-ovulatory gonadotropin surge, that  
50 superimposes upon or temporarily replaces the pulsatile LH secretion pattern of low intensity  
51 and variable frequency (Knobil, 1995). The LH surge, characterized by high intensity and long  
52 duration, stimulates the pre-ovulatory follicles to produce local mediators that coordinate  
53 complex intra- and extra-cellular events leading to ovulation (Choi et al., 2017). In humans and  
54 ewes, estradiol exerts continuous positive feedback on the pre-ovulatory LH surge that usually  
55 begins when the plasma estradiol concentrations are still at their maximum (Liu and Yen, 1983;  
56 Karsch et al., 1997; Evans et al., 1997). In bitches, in contrast, Onclin et al. (2002) reported  
57 that the plasma estradiol concentration reached a maximum 24–48 hours before the pre-  
58 ovulatory LH surge and the following decrease is associated with a significant increase in  
59 plasma progesterone concentrations over basal values (Concannon et al., 1975). Significant  
60 progesterone changes over 0.5 ng/ml are observed as early as 48 hours in some bitches (Onclin  
61 et al. 2002) or concomitantly with the LH surge initiation in other dogs (Kooistra and Okkens,  
62 2001). At the time of the LH surge, circulating progesterone is significantly higher than in any  
63 other species with values over 1 to 3 ng/ml and concentration over 5 ng/ml at ovulation. For  
64 these reasons, the exact initiators of ovulation are still not yet clear even if, for Concannon and  
65 others, the change in the serum estradiol/progesterone ratio initiates the pre-ovulatory LH surge

66 (Concannon et al., 1975; Kooistra and Okkens, 2001; Concannon, 2009; Smith and McDonald,  
67 1974 ; Olson et al., 1982). Progesterone receptor antagonists, like aglepristone, are known to  
68 bind specifically with high affinity to progesterone receptors (PR) without inducing any  
69 progesterone-like activities (Cadepond et al., 1997; Manothaiudom et al., 1995; Hoffman and  
70 Schuler, 2000). These molecules, if administered after the LH surge when the corpus luteum  
71 (CL) is fully active, will prevent uterine and/or embryonic progesterone effects and induce  
72 embryonic resorption, abortion or premature parturition when given in early, mid or late  
73 pregnancy, respectively (Gogny and Fieni, 2016). However, the CL, being relatively  
74 independent, is not affected and will continue to produce progesterone for an extended period  
75 (Polisca et al., 2010). When aglepristone was administered during the follicular phase in dogs  
76 no effects on ovulation were observed in a study by Raynaud et al. (2015). However, they  
77 observed delayed oocyte maturation, and reduced intra-uterine and intra-oviductal transit of  
78 spermatozoa. These findings differ from what was observed in primates where administrations  
79 of PR antagonist during the follicular phase inhibit follicular development with a consequent  
80 delay or inhibition of the LH surge and ovulation (Chang and Jaffe, 1978; Liu et al., 1987;  
81 Batista et al., 1992; Ledger et al., 1992; Spitz et al., 1994). To our knowledge, the effects of  
82 aglepristone administrations to the bitch during the follicular phase on gonadotrophin secretion  
83 and estrus have never been evaluated *in vivo*. Therefore, the aim of this present work is to  
84 evaluate the effects of aglepristone administered in the early follicular phase on follicular and  
85 CL development and on plasma progesterone, estradiol, and LH dynamics.

86

## 87 **2. Materials and Method**

88 *2.1. Animals* Ten healthy female German Shepherd dogs, aged from 3 to 6 years and weighing  
89  $29.1 \pm 1.02$  kg (mean  $\pm$  SEM), were included in the study. The privately-owned dogs were

90 followed by the service of Obstetrics and Gynecology of the Veterinary Teaching Hospital of  
91 the University of Perugia (Italy) as described below. The study was approved by the  
92 Institutional Animal Care and Use Committee of the University of Perugia and performed with  
93 owner consent in accordance with Italian laws and EU directives.

#### 94 *2.2. Experimental procedure*

95 The animals were randomly divided into two groups of 5 animals each. From the first  
96 appearance of vulvar serous sanguineous discharges (onset of proestrus) until the first day of  
97 cytological diestrus, sexual behavior was observed, and vaginal smears were performed daily.  
98 The first day of cytological diestrus was defined as the day where vaginal smears presented all  
99 types of epithelial cells (from basal to superficial), numerous WBC, and typical foam or  
100 metestrus cells (Johnston et al., 2001).

101 The treated group received subcutaneous administrations of aglepristone (Alizin®, Virbac  
102 Laboratories, Carros, France). Treated bitches received the first injection (10 mg/kg BW)  
103 during the follicular phase when progesterone serum concentration was still below 1 ng/ml,  
104 and vaginal cytology presented about 30% of superficial cells and an abundance of RBC (early  
105 to mid-proestrus). The next injections were performed at 24 hours and at 7 days later. The  
106 control group (n = 5) was injected subcutaneously, at the same periods, with saline solution  
107 (0.3 ml/kg BW).

#### 108 *2.3. Blood sampling*

109 At every time point, 2 ml of blood were collected by venipuncture of the radial vein. The  
110 samples, drawn into tubes without anticoagulant, were centrifuged (3000 X g for 15 min)  
111 within 30 min of collection and sera stored at -20 °C until hormonal assay. For the steroid  
112 evaluations, blood was collected daily from the first appearance of vulvar serous sanguineous  
113 discharges (onset of proestrus) until the first day of cytological diestrus, as assessed by vaginal

114 smears. Individual dog results are all evaluated centered on the day of ovulation as identified  
115 by sonography. For LH base-line serum determination blood was collected every 20 min for 2  
116 hours at the first day of proestrus in addition to the above blood samples. For the LH surge  
117 identification, blood was collected every 6 hours, starting from the day of the first  
118 administration of aglepristone or saline solution until the first day of diestrus. Only the samples  
119 collected 4 days before and 1 day post ovulation, identified retrospectively when the  
120 progesterone values were greater than 10 ng/ml, were evaluated

#### 121 *2.4. Ultrasound scanning*

122 Ultrasonographic examinations were performed daily using a My Lab 30 Gold ultrasound  
123 scanner (Esaote, Genoa, Italy) equipped with a 5.5 to 7.5 MHz micro-convex probe for B-  
124 mode. The bilateral scans were performed as described by Polisca et al. (2013). Ovulation or  
125 follicular disappearance (day 0) was determined when a clear transformation of the ovaries  
126 image was recorded compared to the last ultrasound scanning and at least some of the follicular  
127 image was lost to be replaced by an increasingly echogenic structure. . Corpora lutea appeared  
128 as structures with hypoechoic lumen, surrounded by thick walls and protruding from the  
129 surface of the ovaries. Day 0 was subjectively defined as the day when typical density and  
130 structure changes were observed with sonography and progesterone values increased over 5  
131 ng/ml (Polisca et al., 2013).

#### 132 *2.5. Measurements of serum progesterone, estradiol-17 $\beta$ and LH concentrations*

133 Serum progesterone concentrations were determined by RIA using a specific antibody (Sigma-  
134 Aldrich, St Louis, MO, USA) according to the procedure reported by Boiti et al. (2004).  
135 Progesterone was extracted from corresponding 0.5 ml plasma samples with ethyl ether and  
136 each sample was assayed in duplicate. The assay sensitivity and intra- and inter-assay  
137 coefficients were 10 pg/ml, 6%, and 11%. The highest point of the calibration curve used for

138 the calculation of the progesterone results was 36.00 ng/ml. Estradiol-17 $\beta$  concentrations were  
139 assayed by RIA as previously reported (Gobetti et al., 1992). Estradiol-17 $\beta$  was extracted from  
140 corresponding samples with ethyl ether and each sample was assayed in duplicate. Intra- and  
141 inter-assay coefficients of variation and minimum detectable doses were 8.2%, 12.7%, and 12  
142 pg/ml respectively. Serum LH concentrations were determined by ELISA using the validated  
143 canine LH ELISA kit (Abnova – Walnut, CA, USA Catalog Number KA2292  
144 [http://www.abnova.com/products/products\\_detail.asp?catalog\\_id=KA2292](http://www.abnova.com/products/products_detail.asp?catalog_id=KA2292)). The minimal  
145 detectable concentration of LH was 1 ng/ml. For each bitch, a LH peak was identified when,  
146 at minimum, 3 consecutive values significantly over the maximum value observed during the  
147 proestrus were detected.

#### 148 *2.6. Statistical analysis*

149 Progesterone and estradiol17- $\beta$  concentrations were analyzed by the linear mixed model  
150 procedure where bitches were treated as random effects while group (2 levels: control and  
151 treated), day from ovulation (repeated measure, 20 levels: from -10 to +10 days from day 0),  
152 and interaction represented fixed effects. Pairwise comparisons using Bonferroni correction  
153 were performed. Diagnostic graphics were used for testing assumptions and logarithmic  
154 transformations were used both for progesterone and estradiol-17 $\beta$  data. Results were  
155 expressed as estimated marginal means  $\pm$  standard error (SE). Logarithms were back  
156 transformed but raw data are presented in the figures. The LH AUC (area under the curve),  
157 calculated by trapezoid method using GraphPad Prism version 5.01 software (Inc., San Diego,  
158 CA, USA) (Menchetti et al., 2018) was identified for each animal based upon LH values at  
159 each sampling time point from day -4 to 9 +1 from ovulation. Duration of the estrous phases  
160 and LH AUC between groups were compared using independent t-test checking for  
161 homogeneity of variance by the Levene's test. These results were expressed as means  $\pm$  SE.

162 Statistical analyses were performed with SPSS Statistics version 23 (IBM, SPSS Inc., Chicago,  
163 IL, USA) with  $p \leq 0.05$  considered as significant.

### 164 **3. Results**

165 There were no differences between groups in the number of days from the onset of proestrus  
166 to ovulation ( $9.8 \pm 1.1$  and  $9.6 \pm 0.5$  days for control and treated groups, respectively;  $p > 0.05$ ).  
167 However, compared to controls, treated animals showed a longer ovulation to cytological  
168 diestrus interval ( $9.2 \pm 0.5$  and  $14.4 \pm 2$  for the control and treated groups respectively;  $p <$   
169  $0.01$ ) characterized by prolonged bleeding while progesterone was already increasing.

#### 170 *3.1. Progesterone and estradiol-17 $\beta$ concentrations during the periovulatory period*

171 Mean progesterone increased from day -7 before ovulation ( $P < 0.05$ ) when compared to day -  
172 10, but all values remained below 5.0 ng/mL until the day of ovulation (day 0). Later,  
173 progesterone concentrations continued to increase to reach the upper limit of the RIA (36.0  
174 ng/mL) in early cytological diestrus for the control group, while treated animals were still in  
175 cytological estrus (Fig. 1). Progesterone concentrations were not affected by group ( $P=0.136$ )  
176 or interaction between group and day ( $P=0.366$ ). Estradiol-17 $\beta$  concentrations were affected  
177 only by day ( $P<0.001$ ) but not by treatments ( $P=0.941$ ) or interaction between group and day  
178 ( $P=0.919$ ). Mean concentrations progressively increased from day -10 peaking at day -6 ( $P <$   
179  $0.001$ ); then, it progressively decreased until 5 days post-ovulation where it returned to basal  
180 values ( $P < 0.001$ ; Fig. 2) without significant differences between groups.

#### 181 *3.2. LH peak*

182 No LH peaks were detected in the treated group (Fig.3 Panel 1-5 for each treated dog  
183 respectively), while long-lasting LH surges (ranging from 1 to 3 days with minimum of 3 to 5  
184 consecutive over basal values) were clearly identified for all animals of the control group  
185 (Fig.4). In these control bitches, the LH peaks were observed on average  $9 \pm 1$  days after the



186 beginning of proestrus or 0.8 to 2.4 days before ovulation. At the beginning of the LH surge  
187 (first significant positive value over basal values), the average progesterone serum  
188 concentration in the control group was  $2.6 \pm 0.7$  ng/mL. The maximum serum LH  
189 concentrations were higher in control than treated group ( $P < 0.001$ ; Table 1SM). The LH AUC  
190 was significantly lower in the treated than in the control group ( $15.4 \pm 4.8$  ng/mL x d and  $3.3 \pm 2.9$   
191 ng/mL x d in Control and Treated groups, respectively;  $P < 0.01$ ).

### 192 *3.3. Ultrasound scanning*

193 During proestrus, the ovaries had smooth regular margins and the follicles were clearly  
194 identified as anechoic spherical structures which grew progressively to reach an average size  
195 of  $0.89 \pm 0.06$  cm (mean  $\pm$  SE) the day before ovulation. The thickness of the follicle walls  
196 increased progressively to reach around 1 mm in width the day before ovulation without any  
197 differences between groups ( $p > 0.05$ ). No differences in developing CL were noticed.

## 198 **4. Discussion**

199 Our results indicate that when aglepristone is administered during the proestrus phase in  
200 bitches, it inhibits LH secretion from the pituitary. Ultrasound evidence of any abnormality in  
201 follicular development and ovulation, in accordance with other authors (Renton et al., 1992;  
202 Davidson and Baker 2009) and the increase in serum plasma progesterone concentration can  
203 only suggest that ovulation has occurred. Thereafter, as we have neither collected the oocytes  
204 nor carried out artificial insemination or natural mating, we do not have the certainty that  
205 aglepristone administered during the follicular phase in bitches likely does not interfere with  
206 the ovulation process. However, our results may be the reason for some reflections related to  
207 endocrinological control of the estrus cycle in bitches. In mammals, progesterone is an essential  
208 hormone during the whole estrous cycle and is involved in the maintenance of pregnancy,  
209 lactation, and sexual behavior (Reynaud et al., 2015). Progesterone is also involved in the

210 hypothalamic feedback regulating gonadotrophin secretion (Micevych et al., 2008). In bitches,  
211 plasma progesterone significantly increases as early as 2-3 days before the LH surge and  
212 reaches concentrations over 5 ng/mL at the time of ovulation (Manothaiudom et al., 1995).  
213 Concannon et al. (2009) suggested that this progesterone rise associated with the decrease in  
214 estradiol had a significant role in the induction of the LH surge and ovulation. In women and  
215 monkeys, based on similar experiments done in rodents, it was initially believed that the  
216 preovulatory LH surge is initiated by a similar rise in circulating progesterone (De Geyter et  
217 al., 2002). However, the very first descriptions of progesterone time changes in the human  
218 menstrual cycle made this notion difficult to accept as, opposite to dogs, progesterone is largely  
219 undetectable in blood until after the surge initiation (Rothchild, 1996). In those species,  
220 progesterone remains essentially intra-follicular and does not cause any significant (< 1 ng/ml)  
221 and early (3-12 hours before LH surge) changes in circulating concentrations (De Geyter et al.,  
222 2002; Rothchild, 1996; Abraham et al., 1974; Wu and Minassian, 1997; Dirnfeld et al., 1993;  
223 Sunderland et al., 1994). It is, essentially, the preovulatory rise in estradiol that acts on the  
224 hypothalamo-hypophysal system to initiate the LH surge under the permissive action of GnRH  
225 (Chappell and Levine, 2000; Chappell et al., 1999; Levine, 1997). Estrogens enhance  
226 neuroprogesterone synthesis in the hypothalamic astrocytes (Micevych et al., 2003) and this  
227 locally produced progesterone facilitates the switch of the estrogen action from negative to  
228 positive (Akison and Robker, 2012). It then mediates the hypothalamic-pituitary induced  
229 ovulation. The changes in estrogens are also responsible for the increased expression of  
230 progesterone receptors in the hypothalamus (Kazem et al., 1996). The hormone receptor  
231 antagonists are significant pharmacological tools used in therapy, biotechnology, and  
232 endocrine research to prevent reproductive hormonal effects. Once bound to the receptor before  
233 denaturation, they prevent progesterone receptor activation and consequently block the  
234 biological cascade that normally happens. After treatment of beagle dogs with aglepristone

235 during the follicular phase, Reynaud et al. (2015) did not observe any changes in progesterone  
236 profiles in treated versus untreated animals but observed delayed resumption of meiosis while  
237 *in vitro* progression and fertilization were prevented. Reynaud et al. (2015), who used a  
238 different experimental model (aglepristone administration at the end of the proestrus and 24  
239 hours later), did not record significant changes in progesterone profiles between treated and  
240 control animals but observed, *in vitro*, a delayed resumption of oocyte meiosis and the  
241 inhibition of their progression and fertilization.

242 In a similar way, in our study, the aglepristone administration during follicular phase, did not  
243 alter the progesterone dynamic. However, we observed both an inhibition of the expected LH  
244 pre-ovulatory surges and a prolonged behavioral estrus. In none of the treated animals was a  
245 LH surge observed contrary to what was found in all control dogs where ovulation was always  
246 preceded by a LH surge of at least 36 hours (Onklin et al., 2002). Furthermore, the estrous  
247 phase was significantly prolonged as also reported by Bladowska et al (2018). In particular the  
248 prolongation of this phase could be due to a lack of action of progesterone, in the control of  
249 sexual behavior suggested by other authors (Concannon et al. 1979 a, b; Bladowska et al. 2018).  
250 The extended estrus that we observed could be due to the absence of progesterone effect on  
251 sexual behavior and/or absence of estrogen effect antagonism allowing the latter to continue  
252 their physiological and behavioral actions for an extended period.

253 Moreover the exact contribution of progesterone to the estrus signs in the bitch remains still to  
254 be clarified.

255 The LH assay used in this study was validated for canines (Abnova – Walnut, CA, USA Catalog  
256 Number KA2292; [http://www.abnova.com/products/products\\_detail.asp?catalog\\_id=KA2292](http://www.abnova.com/products/products_detail.asp?catalog_id=KA2292)).

257 While we cannot exclude that eventual low amplitude and/or short duration (< 6 hours) LH  
258 surges were not detected, we doubt this happened as the LH surges were identified in all control  
259 dogs. In the control group, maximum LH concentrations at peak values were significantly over

260 20 ng/ml and in all dogs at least 3 consecutive positive samples (significantly different from  
261 basal values) were always observed. In treated dogs, however, maximum values were  
262 significantly lower and 3 consecutive positive values, needed to define a peak, were observed  
263 only in one animal. In the other treated dogs, only scattered single high values were observed.  
264 The LH profile of treated dogs was clearly different and much lower than that of control dogs  
265 in this and previous studies. Concannon reported in a personal communication (2009) that, in  
266 some beagle dogs, ovulation occurred without a LH surge; however, it is possible that the LH  
267 peak was eventually not detected due to the poor assay specificity and sensitivity and to the  
268 reduced frequency of blood sampling (2 times a day vs. 4 times a day in the present work).

269 As shown in this study, aglepristone treatment during the periovulatory period did not affect  
270 progesterone secretion suggesting that the hormonal transition from the granulosa to theca cell  
271 phenotypes may be regulated independently from LH. In dogs, as in non-human primates,  
272 progesterone may enhance its own synthesis in the CL by promoting luteinization (Rothchild,  
273 1996). However, some other mechanisms may also come into play as aglepristone blocks PR.  
274 Corpus luteum independency and autonomous secretion of progesterone before the actual LH  
275 surge and ovulation may play a role in the overall fertility mechanism and fertilization. These  
276 observations suggest that aglepristone administration during the follicular phase inhibits the  
277 LH surge possibly by blocking hypothalamic progesterone receptors and affecting GnRH  
278 pulses but without interfering with ovarian progesterone production.

279 If, in our study we may suppose, only based on clinical data, that ovulation can occur in the  
280 absence of the LH surge, it is possible to hypothesize the role of other local and/or systemic  
281 factors (i.e. EGF-like factors involved in prostaglandin synthase release associated with  
282 ovulation) but further studies would be needed to confirm our hypothesis.

283

284 **Acknowledgment**

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287 Alexander Stevens for the revision of the manuscript.

288

289 **Declaration of interest**

290 The Authors declare no conflict of interest.

291 **Data Availability Statement**

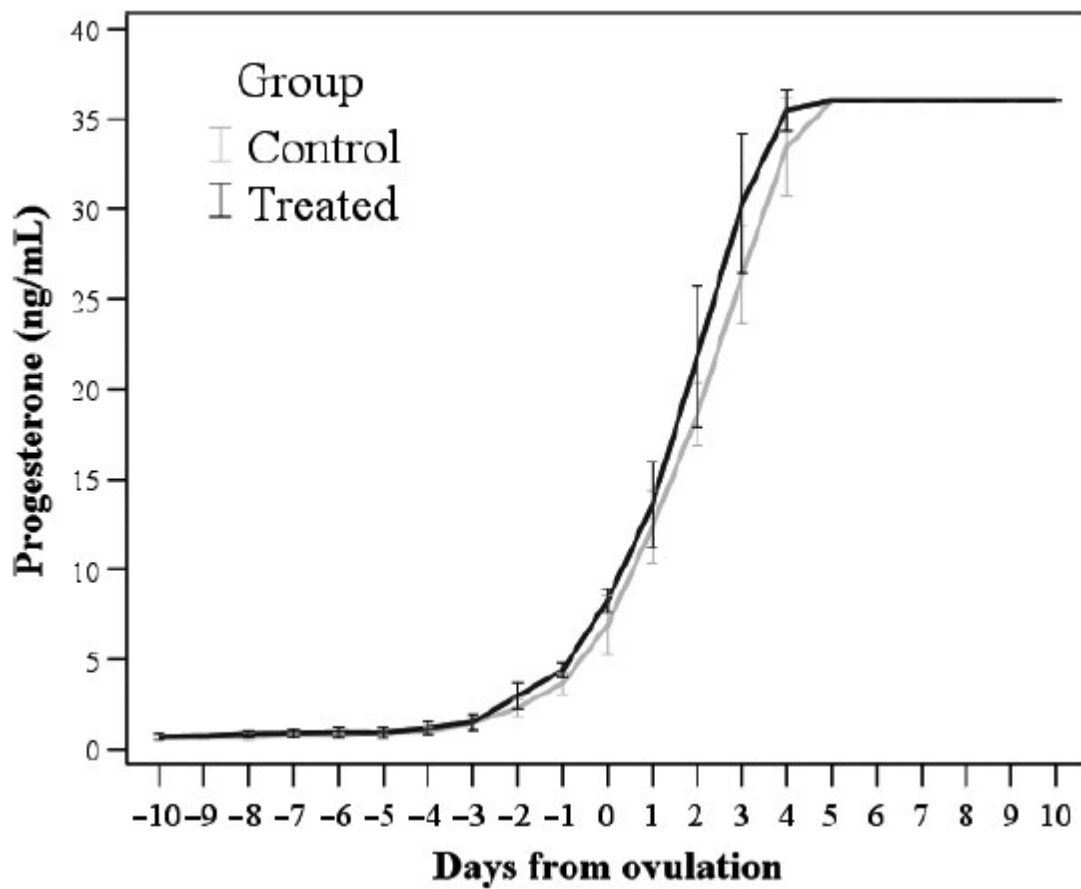
292 The data that supports the findings of this study are available from the corresponding author  
293 upon reasonable request.

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296 Figures and legends

297 Fig. 1. Serum progesterone concentrations (ng/ml) in treated (n =5, black line) and control (n=  
298 5, gray line) bitches during the peri-ovulatory period, from days -10 before to 10 after the  
299 estimated ovulation (day 0). Individual progesterone curves are centered on day 0 based on  
300 sonographic evaluations and ovulation detection. Results are expressed as means  $\pm$  standard  
301 error (SE).



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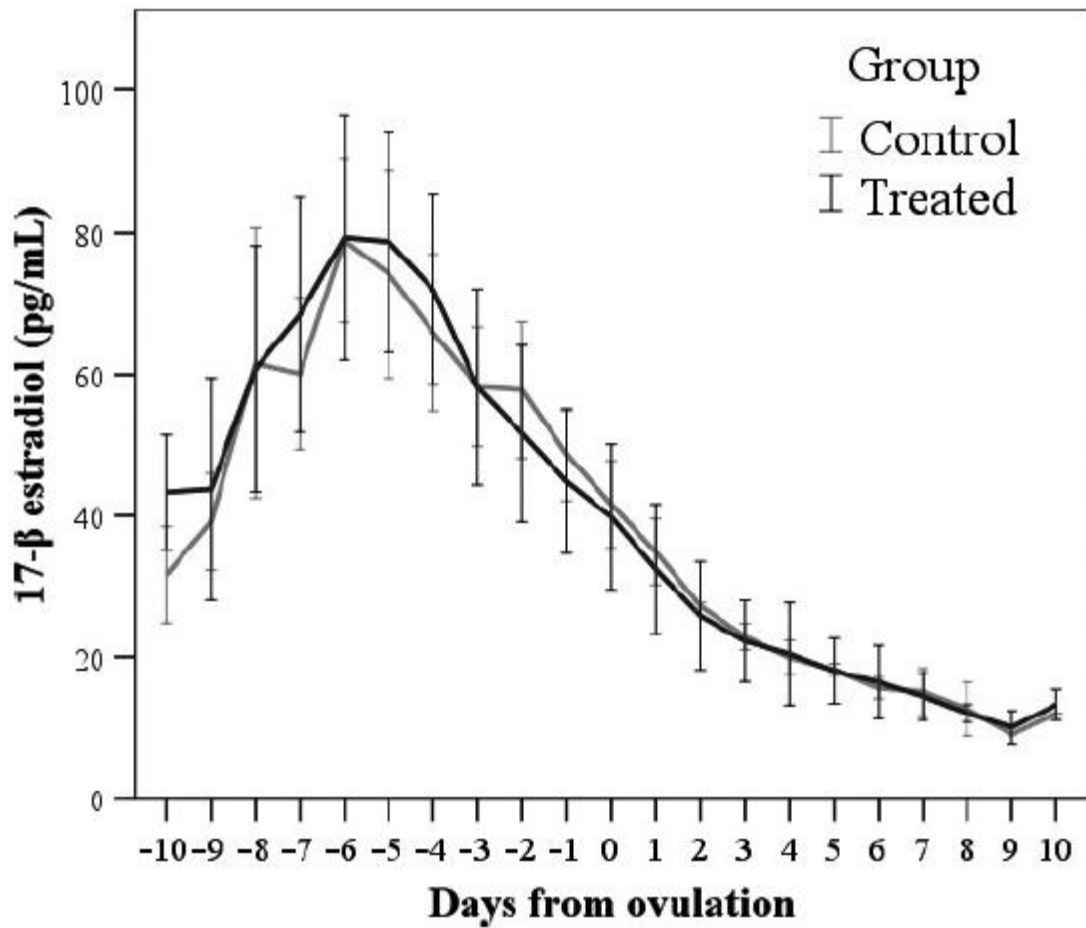
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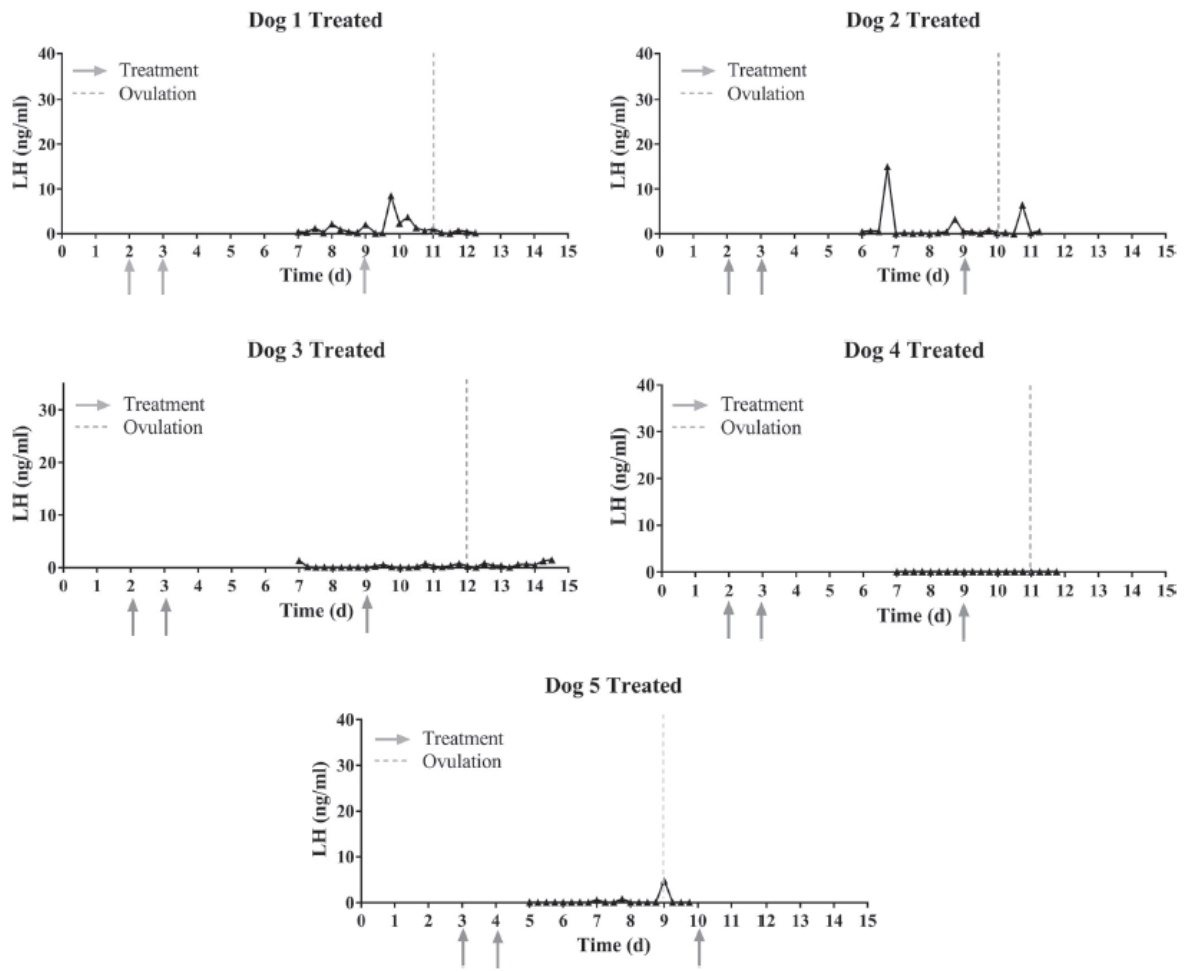
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308 Fig. 2. Estradiol-17 serum concentrations (pg/ml) in treated (n = 5, black line) and control (n =  
309 5, gray line) bitches during the peri-ovulatory period, from days -10 before to day 10 after the  
310 estimated ovulation (day 0). Individual curves are centered on day 0 based on sonographic  
311 evaluation and ovulation detection. Results are expressed as means  $\pm$  standard error (SE).



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318 Fig. 3. Serum LH profiles (ng/ml) in treated bitches (panel 1-5). Arrows indicate the days of  
319 treatment; the dashed gray line shows the estimated day of ovulation as identified by  
320 sonography in individual bitch.



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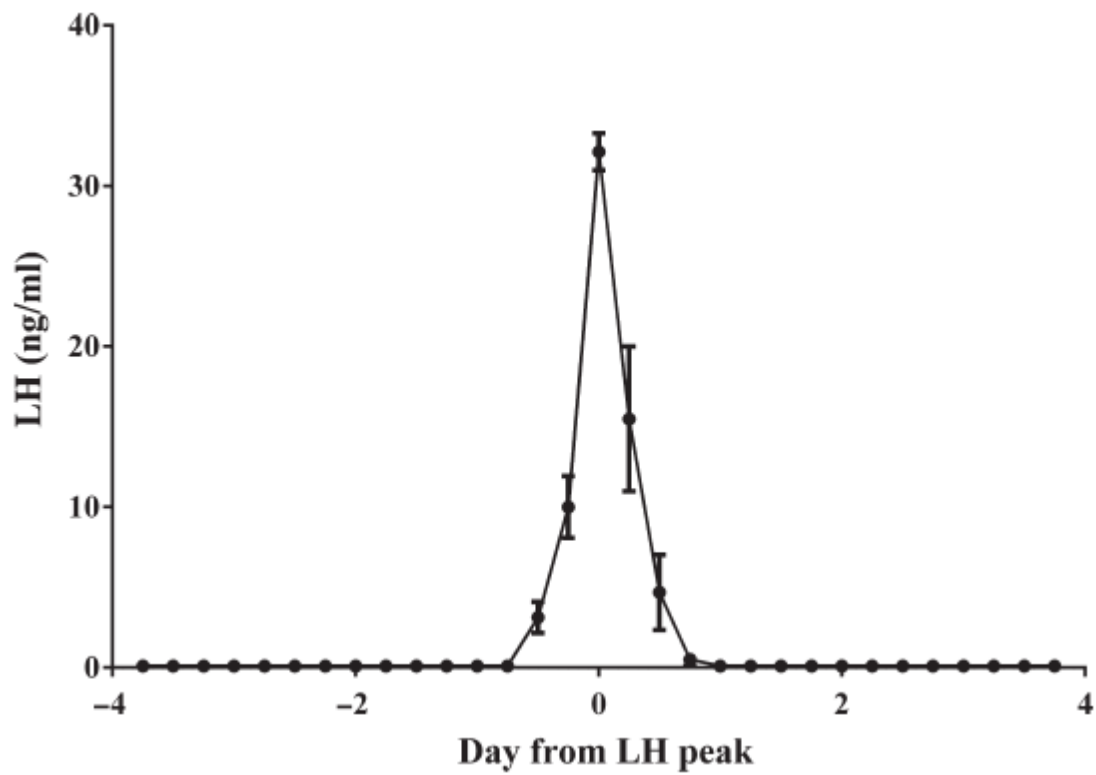
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327 Fig. 4. Means  $\pm$  SEM of serum LH concentrations (ng/ml) in control bitches (n = 5). Individual  
 328 curves are centered on day 0 based on LH evaluation.



329

330

331 Table 1 SM. Maximum serum LH concentrations (ng/mL) in control and treated bitches

332

Bitch ID	Group	
	Control	Treated
1	30.0	8.5
2	34.2	15.0
3	34.5	0.9
4	33.1	0.1
5	28.8	4.8
<b>Mean <math>\pm</math>SEM</b>	<b>32.1<math>\pm</math>1.15</b>	<b>5.9<math>\pm</math>2.73</b>

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