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Onset of estrus and periovulatory events in sheep exposed to 5- and 14-days of CIDR treatment with and without eCG

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3 **1 Onset of estrus and periovulatory events in sheep exposed to 5- and 14-**
4 **2 days of CIDR treatment with and without eCG**
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43 **18 Contents**
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48 The present study supports that 5-days short-term CIDR treatments without administration
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50 of eCG are equally effective for inducing estrus behavior, preovulatory LH discharge and
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52 ovulation in sheep than classical protocols based on 14-days treatments plus eCG at CIDR
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54 withdrawal. However, the implementation of a 5-days protocol without eCG for fixed-time
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56 artificial insemination would be adapted to a later timing of ovulation ($p < 0.05$).
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1. INTRODUCTION

Protocols for induction and synchronization of estrus and ovulation in sheep are traditionally based on the insertion of intravaginal devices with progesterone or progestagens for 12-14 days plus the administration of a single eCG dose at device removal for inducing and synchronizing ovulations among animals (Abecia et al., 2012). Currently, both the progesterone protocol and the use of eCG are under revision.

Short-term protocols (5-7 days of progesterone insertion) are increasingly used since they are equally as effective as long-term protocols for inducing ovulation and fully functional corpora lutea (Martinez-Ros et al., 2018a), with lower incidence of vaginal infections (Martinez-Ros et al., 2018b) and higher fertility yields (Swellum et al., 2015, Menchaca et al., 2018).

The future use of eCG is currently compromised by a highly active animal-right movement since it is obtained from pregnant mares. Consequently, the development of alternative protocols for induction and synchronization of estrus and ovulation without eCG is absolutely necessary. A recent study of our group found that 5-days of CIDR (Controlled Internal Drug Releasing device) treatment without eCG may allow similar reproductive yields to 14-days with eCG (Martinez-Ros et al., 2019) after natural mating.

However, modifications of the classical procedure based on 12-14 days of progesterone treatment with eCG may prejudice the yields obtained after fixed-term artificial insemination, by varying timing of preovulatory LH surge and later ovulation and mismatching them with timing of insemination. Hence, we developed a comparative study on the timings of estrus behavior, preovulatory LH peak and ovulation in sheep treated with either short- (5-days) or long-term protocols (14-days) progesterone-loaded CIDRs combined or not with eCG at device withdrawal. Such data may give substantial information for adapting protocols of artificial insemination and reaching maximal fertility.

51 2. MATERIAL AND METHODS

52 The experiment was approved by the Universidad CEU-Cardenal Herrera Committee of
53 Ethics in Animal Research (report CEEA17/019) and involved 22 ewes, 2-4 years-old and
54 mean body-score of 3.4 ± 0.2 , from the experimental farm of the University at Naquera
55 (Valencia, Spain; latitude 39°N).

56 Sheep were divided in four groups which, during the reproductive season (March),
57 were treated with one intravaginal CIDR device (CIDR® Ovis, Zoetis, Madrid, Spain) for
58 either five (groups G5) or fourteen days (groups G14) with or without the administration
59 (groups eCG and C, respectively) of 400 IU of eCG (Foligon®, MSD Animal Health,
60 Madrid, Spain) at CIDR removal. Sheep in the groups G5 also received one i.m. dose of 5
61 mg of prostaglandin $F_{2\alpha}$ at CIDR withdrawal (Dinolytic®, Zoetis, Madrid, Spain). Hence,
62 four groups were studied: G5eCG (n = 5), G5C (n = 5), G14eCG (n = 6) and G14C (n = 6).

63 The variables evaluated were timing of onset of estrus behavior (determined with
64 trained rams every 4h from 12 to 60h after CIDR withdrawal), timing of onset and
65 characteristics of the preovulatory LH surge (determined in jugular blood samples obtained
66 every 4h from 32 to 84h after CIDR withdrawal), timing of ovulation (determined by
67 transrectal ultrasonography every 4h from 48 to 84h after CIDR withdrawal) and ovulation
68 rate (determined at Day 11 of the induced estrous cycle). The characteristics of the
69 preovulatory LH surge were evaluated by using a commercial enzimoimmunoassay kit
70 (LH Detect®, INRA, Tours, France; sensitivity of 0.01ng/mL and inter- and intra-assay
71 variation coefficients of 7.4% and 8.5%, respectively). Timing of ovulation and number of
72 corpora lutea were determined by transrectal ultrasonography (Aloka SSD500 with a 7.5
73 MHz linear-array probe, Aloka Co. Ltd., Tokyo, Japan). Statistical analysis was performed
74 using chi square test (SPSS® 22.0, IBM Corporation, New York NY, USA). All the results
75 were expressed as mean \pm S.E.M. and statistical significance was accepted from $p < 0.05$.

76 3. RESULTS

77 All the sheep showed estrus behavior and subsequent preovulatory LH surges and
78 ovulation in response to the treatment (Table 1). However, timings of these events were
79 affected by the duration of CIDR insertion and the administration or not of eCG (Figure 1
80 and Table 1).

81 In brief, when eCG was not injected, a shorter duration of the CIDR treatment was
82 related with later timings for estrus onset and maximum LH concentration within the
83 preovulatory surge ($p = 0.02$ and $p = 0.04$, respectively), a trend for later end of such
84 preovulatory surge ($p = 0.06$) and a later timing of ovulation ($p = 0.04$). However, the
85 intervals estrus-LH surge and LH surge-ovulation were not affected.

86 Administration of eCG did not induce significant effects excepting an increase in the
87 interval LH peak-ovulation in short-term treatments ($p = 0.02$) and a trend for a shorter
88 interval estrus-LH surge ($p = 0.08$). Hence, although eCG diminishes the differences
89 between short- and long-term treatments and, although occurrence of the different events
90 were still later in the 5-days treatments, these differences only reached significance when
91 considering time of ovulation ($p = 0.03$).

92 The maximal differences were found when comparing the classical treatment
93 (G14eCG) with the proposed alternative (G5C), since G5C showed a longer interval
94 estrus-LH ($p = 0.02$), a trend for later beginning of the preovulatory LH peak ($p = 0.08$)
95 and significantly later timing of maximum LH concentration ($p = 0.03$) and end of the
96 surge ($p = 0.03$) and a later timing of ovulation ($p = 0.04$).

97 Conversely, there were no significant differences among groups in the maximum
98 concentration and the AUC of the preovulatory LH surge, in spite of numerically higher
99 values in sheep without eCG, or in the ovulation rate obtained in response to the treatment.

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101 **4. DISCUSSION**

102 The present study supports that 5-days short-term CIDR treatments without administration
103 of eCG are equally effective for inducing estrus behavior, preovulatory LH discharge and
104 ovulation in sheep than classical protocols based on 14-days treatments plus eCG at CIDR
105 withdrawal. Previous studies of our group have shown that fertility after natural mating is
106 also similar between these treatments (Martinez-Ros et al., 2019). However, current results
107 indicate that both the short-term CIDR treatment and the absence of eCG caused a delay in
108 the appearance and length of the LH surge and onset of ovulation, in around 16 hours when
109 G14eCG and G5C were compared.

110 Hence, for optimizing the fertility yields, timing of fixed-time artificial insemination
111 after protocols of 5-days of CIDR treatment without eCG should be adapted for adjusting it
112 to the timing of ovulation.

113 These results are in agreement with a recent study comparing characteristics of the
114 preovulatory LH surge in response to short- and long-term CIDR treatments (Soriano et al.
115 2018). However, such study remarks that these differences only occur during the breeding
116 season, which may be related to differences in the endogenous LH secretion between
117 anestrus and reproductive season (Joseph et al. 1992). Therefore, there is a necessity of
118 further studies for evaluating effectiveness and timing of preovulatory events in non-
119 breeding season, when LH secretion and ovulation are depressed (Joseph et al. 1992).

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123 care and handling.

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3 125 **CONFLICT OF INTEREST**
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5 126 All authors declare no competing interests for publication in this Journal.
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10 128 **AUTHOR CONTRIBUTIONS**
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12 129 MU, designing and performing the study and writing the article; TE, designing the study
13 and performing the data analysis and final revision of the article; ARA, collection of
14 130 animal data and final revision of the article; AGB, designing the study and writing the
15 131 article; PMR, designing the study and writing the article.
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163 **Table 1.** Percentage, timing of occurrence and characteristics of the preovulatory events in
 164 sheep treated with Controlled Internal Drug Release (CIDR) for five and fourteen days
 165 (groups G5 and G14, respectively), with or without equine chorionic gonadotrophin
 166 (groups eCG and C, respectively).

	G14C (n=6)	G14eCG (n=6)	G5eCG (n=5)	G5C (n=5)
Estrus behavior				
Occurrence (%)	100%	100%	100%	100%
Onset (h)	33.7 ± 3.0 ¹	34.0 ± 5.0	39.2 ± 4.0	44.4 ± 2.8 ²
Preovulatory LH surge				
Occurrence (%)	100%	100%	100%	100%
Onset (h)	42.7 ± 3.8	38.0 ± 5.2	46.4 ± 4.8	51.2 ± 4.3
Interval estrus – LH peak (h)	16.3 ± 2.1	10.7 ± 2.0 [□]	13.6 ± 3.8	18.8 ± 2.1 [†]
Timing of maximum LH levels (h)	50.0 ± 4.6 ¹	44.7 ± 6.0 [□]	52.8 ± 5.1	63.2 ± 2.7 ^{2†}
End (h)	61.3 ± 3.0	56.0 ± 4.5 [□]	61.6 ± 4.5	70.4 ± 2.7 [†]
Duration (h)	18.7 ± 2.2	18.0 ± 2.3	14.4 ± 1.6	19.2 ± 2.7
Maximum LH concentrations (ng/mL)	19.1 ± 4.3	10.2 ± 2.3	16.5 ± 5.3	22.4 ± 6.7
AUC (ng x h/mL)	129.4 ± 30.0	81.8 ± 19.7	94.9 ± 27.5	149.5 ± 36.7
Ovulation				
Occurrence (%)	100%	100%	100%	100%
Onset (h)	64.7 ± 3.2 ¹	58.0 ± 3.7 ^{1□}	72.0 ± 3.6 ²	74.8 ± 2.6 ^{2†}
Interval LH peak – ovulation (h)	14.7 ± 1.4	13.3 ± 2.7	19.2 ± 2.4 ^a	11.6 ± 0.7 ^b
Ovulation rate	1.7 ± 0.2	1.7 ± 0.3	1.8 ± 0.2	1.4 ± 0.2

167 *Different superscripts indicate significant differences among treatments with different length*
 168 *(numbers; 1≠2: p < 0.05), with or without eCG (letters; a≠b: p < 0.05) and between the*
 169 *classical treatment (G14eCG) and the proposed alternative (G5C) (symbols; □≠†; p<0.05)*

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3 171 Figure 1. Schematic representation of timing (hours after CIDR withdrawal) and
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5 172 characteristics of the preovulatory events in sheep treated with Controlled Internal Drug
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7 173 Release (CIDR) for five and fourteen days (groups G5 and G14, respectively), with or
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9 174 without equine chorionic gonadotrophin (groups eCG and C, respectively).
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