











Three superovulation protocols for *in vivo* embryo production in Santa Inês sheep

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ABSTRACT: *There is still no consensus regarding the best protocol for in vivo embryo production in sheep despite increasing studies in this area. Moreover, there is variability in the response of ewes to superovulation (SOV). An approach to mitigate this inconsistency is to initiate gonadotropin administration under favorable ovarian conditions. The present study compared three treatments in a crossover design: a traditional SOV protocol (TRAD) and "Day 0" D0 SOV protocol with (D0+GnRH), or without Lecilerin (D0-GnRH). Fifteen Santa Inês ewes received 200 mg of FSH at six decreasing doses and PGF2 α with the fifth dose of FSH. They were naturally mated with fertile rams and subjected to surgical embryo collection. The number of viable embryos was similar among the different treatments (TRAD = 6.0 \pm 4.7; D0-GnRH = 3.8 \pm 6.4; D0+GnRH = 7.5 \pm 6.5). Regardless of the treatment method, ewes with follicles \leq 4 mm, at the first FSH dose, produced more viable embryos (9.6 \pm 6.0, $P < 0.05$) compared to ewes that had follicles $>$ 4 mm at the beginning of the SOV (2.9 \pm 3.1, viable embryos). Both the TRAD and D0+GnRH groups had fewer animals with large follicles ($>$ 4 mm) at the first FSH dose than the D0-GnRH group ($P < 0.05$). In conclusion, both the TRAD and D0+GnRH treatments induced a more favorable ovarian condition (follicles \leq 4 mm) for adequate SOV; although, all three treatments exhibited similar efficacies in Santa Inês sheep.*

Key words: day 0 protocol, ewe, follicular population, GnRH, MOET.

Três protocolos para produção *in vivo* de embriões em ovelhas Santa Inês

RESUMO: *Ainda não há consenso sobre qual é o protocolo mais apropriado para a produção in vivo de embriões em ovinos, apesar do crescente conhecimento. Uma abordagem para mitigar a variabilidade de resposta de ovelhas à superovulação (SOV) é iniciar a aplicação de gonadotrofinas em uma condição ovariana favorável. O presente estudo comparou três tratamentos em delineamento do tipo crossover: protocolo de SOV tradicional (TRAD) e "Dia 0" D0 SOV sem (D0-GnRH) ou com GnRH (D0+GnRH). Quinze ovelhas Santa Inês foram superovuladas com 200 mg de FSH em seis doses decrescentes e receberam PGF2 α na quinta dose de FSH. As ovelhas foram submetidas a monta natural com carneiros férteis e os embriões colhidos por via cirúrgica. O número de embriões viáveis não diferiu entre os tratamentos (TRAD = 6,0 \pm 4,7; D0-GnRH = 3,8 \pm 6,4; D0+GnRH = 7,5 \pm 6,5). Independentemente do tratamento, ovelhas com folículos \leq 4 mm na primeira dose de FSH produziram mais embriões viáveis (9,6 \pm 6,0; $P < 0,05$) quando comparadas aos animais que apresentavam folículos $>$ 4 mm no início da SOV (2,9 \pm 3,1 embriões viáveis). Os grupos TRAD e D0+GnRH apresentaram menor número de animais com folículos grandes ($>$ 4 mm), no momento da primeira dose de FSH, quando comparados ao grupo D0-GnRH ($P < 0,05$). Em conclusão, os protocolos TRAD e D0+GnRH induziram uma condição ovariana mais favorável (folículos \leq 4 mm) para a SOV. No entanto, os três tratamentos apresentaram eficiência semelhante em ovelhas Santa Inês.*

Palavras-chave: protocolo dia 0, ovinos, população folicular, GnRH, MOTE.

1 INTRODUCTION

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Multiple ovulation and embryo transfer (MOET) programs contribute to the sheep production industry by providing an increased number of descendants from genetically superior donors (COGNIÉ et al., 2003). The main factor limiting these techniques is the variability in ovarian responses to superovulation (SOV) and; consequently, the number

of viable embryos collected per ewe (BRUNO-GALARRAGA et al., 2015).

One approach to mitigate this variability is to initiate gonadotropin administration under favorable ovarian conditions. The ovarian follicular status at the beginning of SOV directly affects the success of the MOET programs. In sheep, the ovarian response to FSH treatment is related positively to the number of small follicles (2–3 mm), and negatively

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1 to the presence of large follicles at the beginning
2 of the SOV (GONZÁLEZ-BULNES et al., 2002).
3 Despite the data indicating better embryo output in
4 sheep without a large follicle and with higher antral
5 follicular count (AFC), protocols that do not lead
6 to this specific ovarian condition (10 to 14 days
7 progesterone treatment) at the beginning of SOV can
8 still show satisfactory results and are widely used
9 (GONZÁLEZ-BULNES et al., 2003; BARTLEWSKI
10 et al., 2008; MENCHACA et al., 2009; BERGSTEIN-
11 GALAN et al., 2019). Progesterone-based long-term
12 treatments block LH surge and allow a new cohort
13 of follicles to grow. Currently, SOV treatment can be
14 implemented to induce a supraphysiological number
15 of follicles to grow.

16 The synchronization of ovulation before
17 SOV is useful to prevent the presence of large
18 follicles, allowing the start of SOV at the emergence
19 of the first follicular wave after the induced ovulation.
20 This approach was proposed by MENCHACA et
21 al. (2009) and named as “Day 0 protocol”. These
22 authors reported a higher mean of transferable
23 embryos (7.9) in Merino sheep after Day 0 treatment
24 when compared to the animals that underwent a
25 traditional (14 days of progesterone) SOV protocol
26 (this last group producing a mean of 5.9 transferable
27 embryos). However, the same methodology could
28 not reach similar embryo outputs in Santa Inês sheep
29 (LIMA et al., 2015; SOUZA-FABJAN et al., 2017;
30 SANTOS et al., 2020).

31 Additionally, GnRH administration after
32 estrus synchronization has been shown to improve
33 ovulation synchrony and decreases the incidence of
34 dominant follicles in sheep (REYNA et al., 2007;
35 BALARO et al., 2016). When administering GnRH
36 36 h after progesterone device removal, the presence
37 of a dominant follicle (> 5 mm in diameter) was
38 reduced but still occurred in 8% of ewes (SOUZA-
39 FABJAN et al., 2017). We hypothesized that
40 the Day 0 protocol associated with early GnRH
41 administration would benefit sheep SOV. Due to
42 the inconsistent response to SOV in Santa Inês
43 ewes, the present study compared a traditional SOV
44 treatment to the Day 0 protocol with or without
45 GnRH administered at 12 h after the progesterone
46 device removal, before superovulation.

47 MATERIALS AND METHODS

48 This study was performed in Cachoeiras
49 de Macacu, Rio de Janeiro (latitude 22°27'S),
50 Brazil. A total of 15 healthy, non-pregnant Santa
51 Inês ewes, aging two to five years, weighing 46.3

± 6.2 kg and with a body condition score of 3.0 ±
0.3 (scale 1–5) were used. Ewes were maintained
in a shelter with unlimited access to pasture
(*Panicum* sp. and *Brachiaria* sp.), water and
mineralized salts. Additionally, chopped elephant
grass (*Pennisetum purpureum*) was offered twice
daily, and 300 g of concentrate (17% crude
protein) was administered daily.

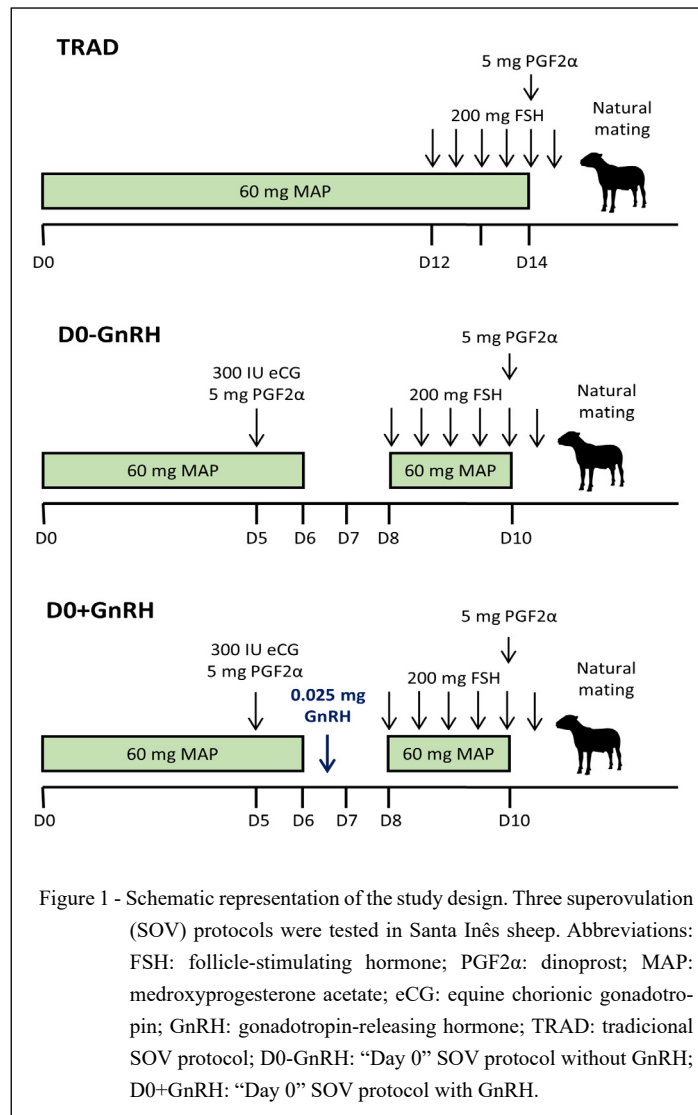
Three SOV treatments were tested
(Figure 1): a traditional protocol (TRAD) and the
Day 0 protocol with and without the use of GnRH
(D0+GnRH, D0-GnRH, respectively). The ewes
were subjected to all treatments in a crossover
design, with three treatments and three repetitions
(n = 5/group/period). A 60 days interval was
maintained between repetitions.

For TRAD, an intravaginal device
(IVD) with 60 mg of medroxyprogesterone acetate
(Progespon®, Schering Plough, São Paulo, Brazil)
was inserted (D0) and maintained for 14 days.
From D12 to D14, 200 mg of follicle-stimulating
hormone (FSH; Folltropin-V®, Bioniche Animal
Health, Ontario, Canada) was administered IM in
six decreasing doses (50/50, 30/30, and 20/20 mg)
with a 12 h interval between each dose. On D14, the
IVD was removed and 5 mg of dinoprost (Lutalyse®,
Pfizer, São Paulo, Brazil) was administered IM.

For the D0-GnRH group, at D5 (five days
after IVD insertion), 300 IU of eCG (Novormon®,
Schering Plough, São Paulo, Brazil), and 5 mg of
dinoprost were administered IM. At D6, the first IVD
was removed and at D8, a new IVD was inserted and
the same FSH treatment described for the TRAD
protocol was followed. At D10, the second IVD was
removed and 5 mg of dinoprost was administered IM.
The D0+GnRH group received the same hormonal
treatment as previously described for the D0-GnRH
group, but 0.025 mg of leirelin (Gestran Plus®,
Tecnopoc, São Paulo, Brazil) was administered IM
12 h after removal of the first IVD (D6.5).

Estrus detection was performed every 12 h
immediately after the last FSH dose with the aid of a
teaser male. Ewes showing estrus were naturally mated
with one of three adult rams previously approved by
a breeding soundness exam. The rams were rotated
between the five groups of ewes every 12 h.

Ovarian follicles were observed by real-
time transrectal ultrasonography using a portable
device equipped with a 5.0 MHz linear transducer
(Aloka SSD-500, Tokyo, Japan). Ovaries were
located, and the number, diameter, and position of
ovarian follicles were recorded every 12 h from the
first FSH dose until ovulation. First ovulation was



1 defined when at least one large follicle visualized
 2 in the last examination was no longer detected. The
 3 number of corpora lutea (CL) was determined by
 4 laparoscopy 6–7 d after natural mating. Ewes bearing
 5 ≤ 3 CLs were considered non-responsive to SOV and
 6 were not subjected to the embryo recovery procedure.

7 Embryos were recovered via longitudinal
 8 ventral laparotomy. Sedation was induced using
 9 propofol at a maximum IV dose of 4 mg/kg
 10 (Profolen[®], Balusiegel, Cotia, Brazil) and 0.1 mg/
 11 kg diazepam (diazepam 10 mg, Santisa, Bauru, São
 12 Paulo, Brazil). General anesthesia was induced and
 13 maintained by inhalation of isoflurane (Forane[®];

Abbott Laboratories, São Paulo, Brazil). Each uterine
 1 horn was flushed with 40 mL of modified Dulbecco's
 2 phosphate-buffered saline at 37 °C, using an 18-gauge
 3 IV catheter inserted near the utero-tubal junction.
 4 Embryos were recovered in a petri dish using a
 5 Foley catheter inserted at the external bifurcation of
 6 the uterine horns. During this procedure, the genital
 7 tract was constantly washed with heparinized saline
 8 solution (4 IU/ mL) (Liquemine[®], Roche, Rio de
 9 Janeiro, Brazil) at 37 °C.
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11 Embryos were morphologically evaluated
 12 under a stereomicroscope (Nikon, Tokyo, Japan) at a
 13 magnification of 20X to 40X and classified according

1 to the criteria recommended by the International
2 Society of Embryo Transfer (STRINGFELLOW &
3 SEIDEL, 1998). The number of viable and non-viable
4 (zona pellucida, degenerated, unfertilized) structures
5 were recorded.

6 The variables were tested for normality
7 using the Lilliefors test, and ANOVA, followed by
8 either Tukey or Student-Newman-Keuls test. Non-
9 parametric data were analyzed using Fisher's exact
10 test and for independent samples, the Mann-Whitney
11 test was used. Data were analyzed using the SAEG®
12 software. Statistical significance was set at $P < 0.05$.

14 RESULTS

16 After SOV, the estrus response rate was
17 similar ($P > 0.05$) in the three treatments: TRAD
18 (100%, 15/15), D0-GnRH (87%; 13/15), and
19 D0+GnRH (93%; 13/14 [one ewe lost the IVD during
20 SOV and her data was not considered]). There was
21 no significant difference ($P > 0.05$) in estrus behavior
22 parameters (average values of estrus onset, estrus
23 duration, IVD removal to first ovulation and the
24 interval from estrus onset to first ovulation). Estrus
25 onset was more concentrated in the D0+GnRH group

(Figure 2). The number of ewes that responded to
SOV (≥ 4 CL) and the number of viable and non-
viable structures recovered were similar among the
treatments (Table 1).

The follicular population could not be
determined in two of the 23 ewes that responded to
SOV because the ultrasonography examination was
interrupted due to rectal bleeding. At the first FSH
dose, 42.8% (18/42) of the ewes had follicles > 4 mm,
27.7% (5/18) from TRAD, 61.1% (11/18) from D0-
GnRH, and 11.1% (2/18) from D0+GnRH. Both the
TRAD and D0+GnRH groups had fewer animals
with large follicles at the first FSH dose than the D0-
GnRH group ($P < 0.05$). As there was no difference in
embryo yield between treatments, response to SOV
data was grouped to evaluate the impact of follicular
size on embryo quanti-qualitative yield (Figure 3).
Overall, in ewes that responded to SOV, the presence
of follicles ≤ 4 mm at the beginning of SOV improved
the number of viable embryos recovered (Figure 3).

DISCUSSION AND CONCLUSION

The number of viable embryos did
not differ significantly among groups; however,

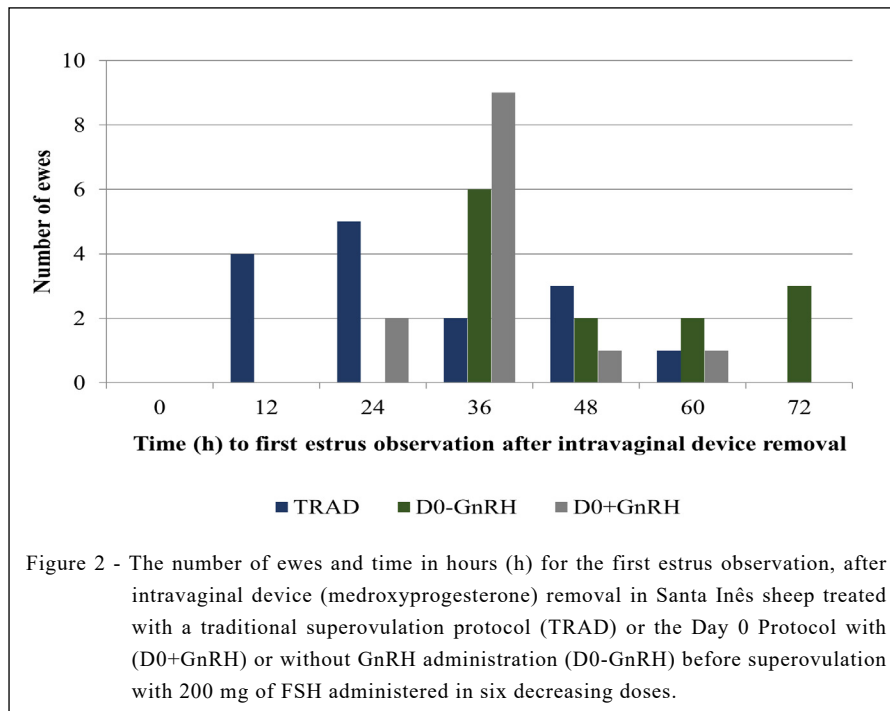


Table 1 - Data of Santa Inês ewes submitted to three different superovulation protocols (SOV) for *in vivo* embryo production. Are presented the percentage of ewes that responded to SOV (i.e., bearing ≥ 4 corpora lutea at embryo recovery) and the quantitative-qualitative yields of the recovered structures.

Endpoints	TRAD [#]	D0-GnRH [#]	D0+GnRH [#]
Responded (≥ 4 CL; %)	60.0 (9/15)	40.0 (6/15)	57.1 (8/14)
Total structures	8.4 \pm 4.4	9.5 \pm 6.3	11.7 \pm 10.3
Viable embryos	6.0 \pm 4.7	3.8 \pm 6.4	7.5 \pm 6.5
Degenerated	0.4 \pm 0.7	0.2 \pm 0.4	0.2 \pm 0.7
Unfertilized	1.9 \pm 3.2	4.0 \pm 3.2	3.9 \pm 6.1
Zona pellucida	0.1 \pm 0.3	1.5 \pm 1.9	0.1 \pm 0.3

[#]TRAD: traditional SOV treatment (14 days of progestogen); [#]D0-GnRH – SOV starting after an estrus synchronization protocol; [#]D0+GnRH: similar protocol to D0-GnRH, but with GnRH; CL – corpora lutea. Different letters within a row indicate significant differences ($P < 0.05$).

1 regardless of the treatment, ewes with follicles ≤ 4
 2 mm during the first FSH dose produced more viable
 3 embryos than ewes with follicles > 4 mm (Figure 3).
 4 D0+GnRH was very efficient in promoting follicular
 5 wave synchronization, as 85.7% of the females
 6 did not have follicles > 4 mm at the beginning of
 7 the SOV. It has been suggested that when the SOV
 8 treatment starts in the presence of a large follicle,
 9 there is a lower number of small follicles that can
 10 be recruited for growing, leading to a decrease
 11 in the number of ovulations and, consequently,
 12 lower embryo production (GONZÁLEZ-BULNES
 13 et al., 2002; MENCHACA et al., 2009). In our
 14 experiments, despite the low number of large follicles
 15 in the D0+GnRH group, no statistically significant
 16 difference was observed in SOV efficiency among the
 17 groups (Table 1).

18 The presence of a higher number of ewes
 19 with large follicles in the D0-GnRH group than in the
 20 D0+GnRH group (11 and 2, respectively), is possibly
 21 due to GnRH administration on D6.5. According to
 22 MENCHACA et al. (2010), the use of GnRH after
 23 sponge removal (during estrus synchronization before
 24 SOV) prevents the establishment of dominant follicles
 25 and increases the number of females responsive to
 26 SOV. In addition, SILVA et al. (2015), in a study
 27 on Santa Inês sheep, reported that when GnRH was
 28 applied in estrus synchronization protocols all ewes
 29 ovulated but, in protocols without GnRH 20 to 30%
 30 did not ovulate.

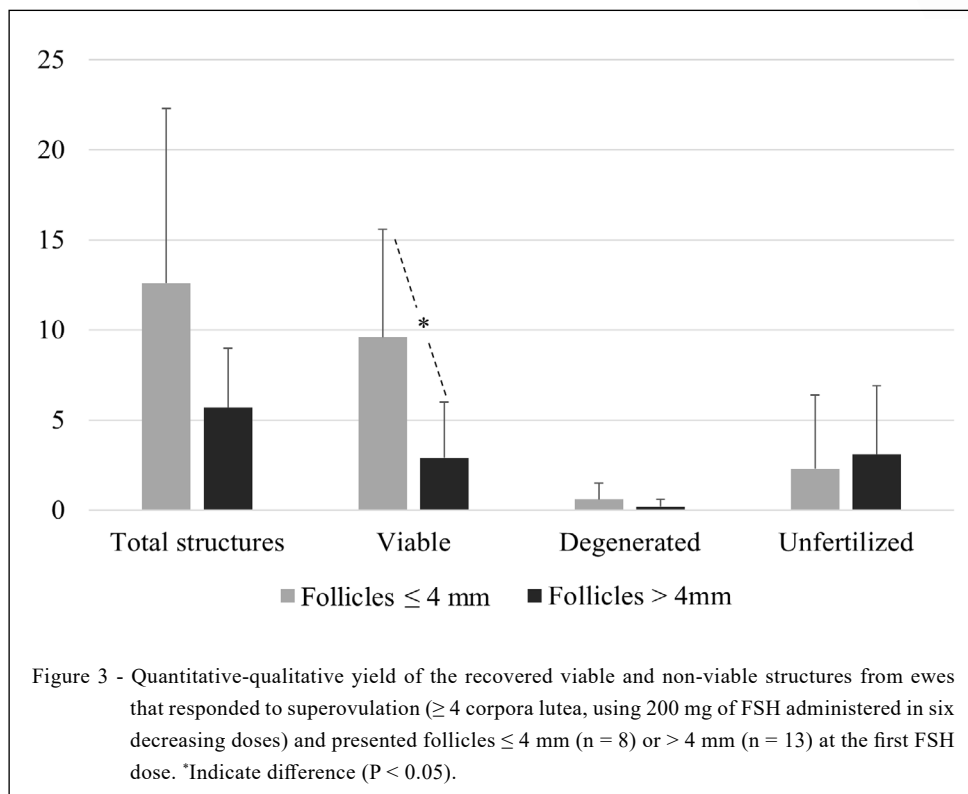
31 From three replicates of TRAD treatment,
 32 follicles with diameters > 4 mm were observed in
 33 five females. Previous studies demonstrated that in
 34 long-term treatments with progesterone devices,

1 there is a decrease in serum concentration of this
 2 hormone, which allows the maintenance of persistent
 3 follicle (VIÑALES et al., 1999; RUBIANES &
 4 MENCHACA, 2006; MENCHACA et al., 2009).
 5 This phenomenon could explain the occurrence of
 6 large follicles in the TRAD group.

7 An interesting finding of the present
 8 study was that some ewes with persistent follicles
 9 at the beginning of the SOV had a high ovulation
 10 rate and/or a high number of viable structures. It
 11 is possible that these large follicles were in atresia,
 12 which could explain why they did not interfere with
 13 the new recruitment, follicular growth, and ovulation
 14 (GONZÁLEZ-BULNES et al., 2002; VEIGA-
 15 LOPEZ et al., 2008).

16 The number of ewes that responded to SOV
 17 (≥ 4 CL) in this experiment did not differ among the
 18 groups (Table 1). When the ewes from D0-GnRH and
 19 D0+GnRH groups were subjected to a method similar
 20 to that used by MENCHACA et al. (2009) (Day 0),
 21 they showed a lower SOV response (6.1 ± 5.8 CL
 22 and 8.5 ± 5.3 CL, respectively) when compared to the
 23 SOV response reported by these authors (13.5 ± 1.4
 24 CL). According to MENCHACA et al. (2009), the use
 25 of GnRH at the end of SOV treatment is associated
 26 with a better ovulatory response. Thus, the lower
 27 response observed in our study may be due to the
 28 absence of GnRH at the end of the SOV.

29 The number of total structures recovered
 30 did not differ significantly among the groups. A
 31 wide variation among animals was observed for this
 32 parameter. This disparity in embryo production, as
 33 well as the variability of ovarian response to SOV,
 34 has been reported by several researchers and remains



1 a major limitation for MOET in sheep (COGNIÉ
2 et al., 2003; BRUNO-GALARRAGA et al., 2015).
3 Factors related to the animals (breed, age, follicular
4 count, and anti-Müllerian concentration) or external
5 factors (protocol, progesterone source and profile,
6 and gonadotropin used) are related to the variability
7 in response (NAQVI et al., 2000; GONZÁLEZ-
8 BULNES et al., 2003; GONZÁLEZ-BULNES et al.,
9 2004; PINTO et al., 2018).

10 In conclusion, under the conditions of
11 the present study, both the TRAD and D0+GnRH
12 treatments induced a more favorable ovarian condition
13 (follicles ≤ 4 mm) for adequate SOV; although, the
14 three treatments reached similar efficiency in Santa
15 Inês sheep.

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BIOETHICS AND BIOSECURITY COMMITTEE APPROVAL

All procedures described in this manuscript
were approved by the Ethical Committee for Animal Use of
the Universidade Federal Fluminense (protocol #062/08) and
followed the guidelines of the Conselho Nacional de Controle
de Experimentação Animal (CONCEA). The experiments were
conducted according to the ethical principles of the Sociedade
Brasileira de Ciência em Animais de Laboratório.

DECLARATION OF CONFLICTS OF INTEREST

We have no conflicts of interest to declare.

AUTHOR'S CONTRIBUTIONS

All authors contributed equally to the conception and
writing of this manuscript. The authors have critically revised the
manuscript and approved the final version.

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