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# Journal of Trace Elements in Medicine and Biology

## Renal adaptive response to exposure to low doses of uranyl nitrate and sodium fluoride in mice --Manuscript Draft--

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Abstract:             | BACKGROUND: Despite their differences in physicochemical properties, both uranium (U) and fluoride (F) are nephrotoxics at high doses but their adverse effects at low doses are still the subject of debate. METHODS: This study aims to improve the knowledge of the biological mechanisms involved through an adaptive response model of C57BL/6J mice chronically exposed to low priming doses of U (0, 10, 20 and 40 mg/L) or F (0, 15, 30 and 50 mg/L) and then challenged with acute exposure of 5 mg/kg U or 7.5 mg/kg NaF. RESULTS: We showed that an adaptive response occurred with priming exposures to 20 mg/L U and 50 mg/L F, with decreased levels of the biomarkers KIM-1 and CLU compared to those in animals that received the challenge dose only (positive control). The adaptive mechanisms involved a decrease in caspase 3/7 activities in animals exposed to 20 mg/L U and a decrease in in situ VCAM expression in mice exposed to 50 mg/L F. However, autophagy and the UPR were induced independently of priming exposure to U or F and could not be identified as adaptive mechanisms to U or F. CONCLUSION: Taken together, these results allow us to identify renal adaptive responses to U and F at doses of 20 and 50 mg/L, probably through decrease apoptosis and inflammatory cell recruitment. |
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|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Response to Reviewers: |                                                                                                                                                                                                    |

Highlights :

- Uranium and fluoride induce an adaptive response in mice exposed chronically
- Apoptosis regulation is involved in uranium-induced adaptive response
- Inflammatory control is involved in fluoride-induced adaptive response
- Uranium induces UPR and autophagy in the kidney
- Fluoride induces UPR in the kidney

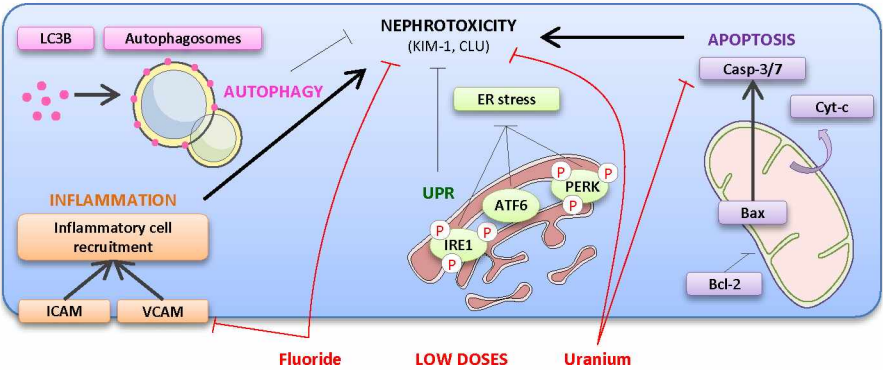


Figure 1

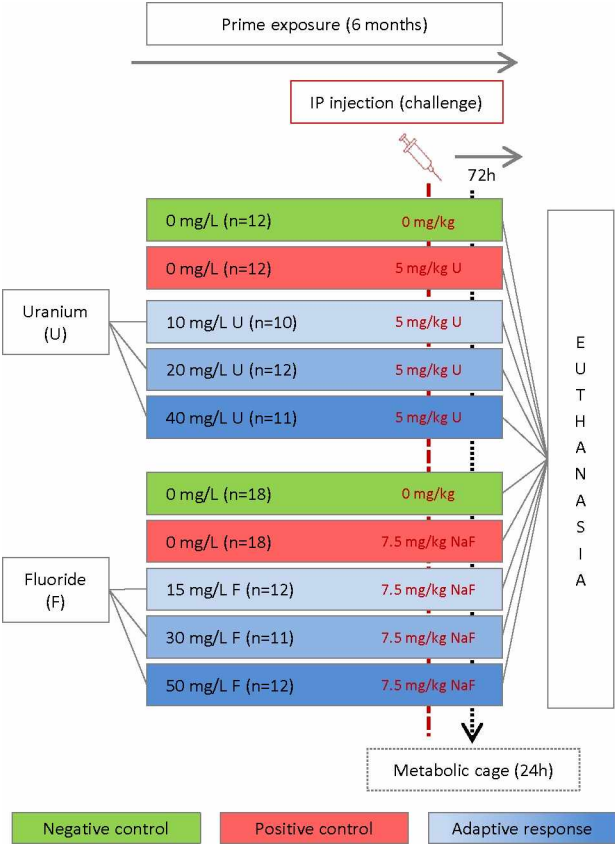


Figure 2

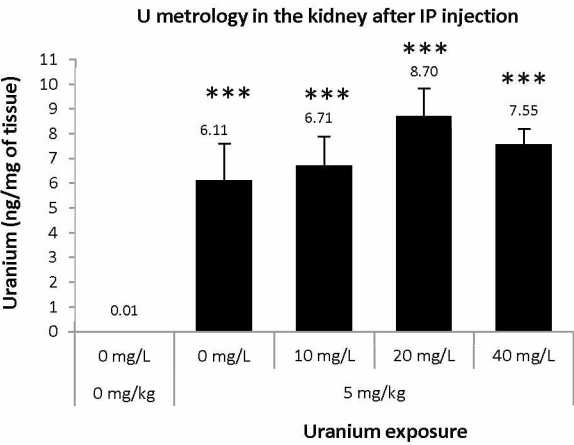


Figure 3





Figure 4

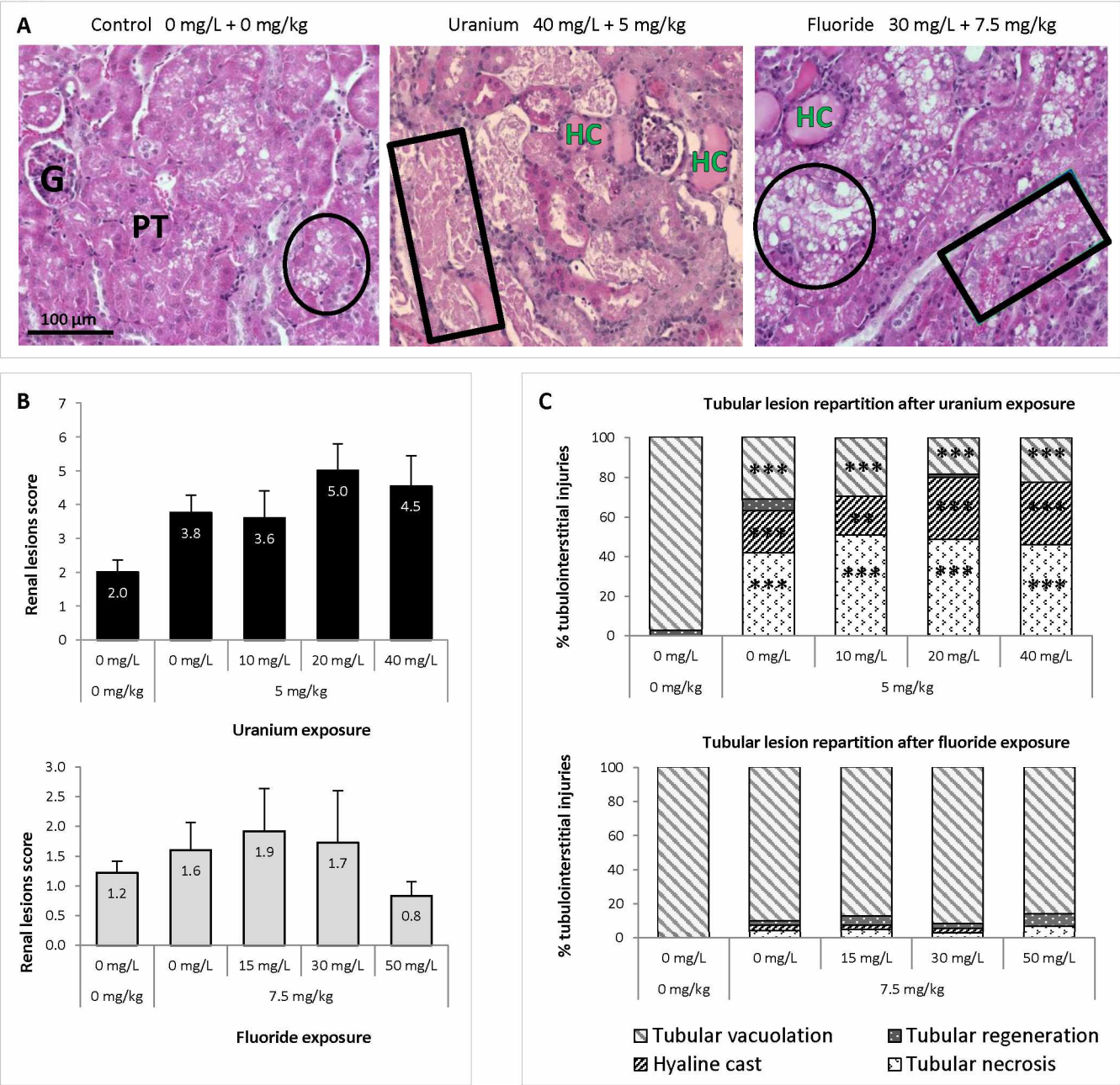


Figure 5

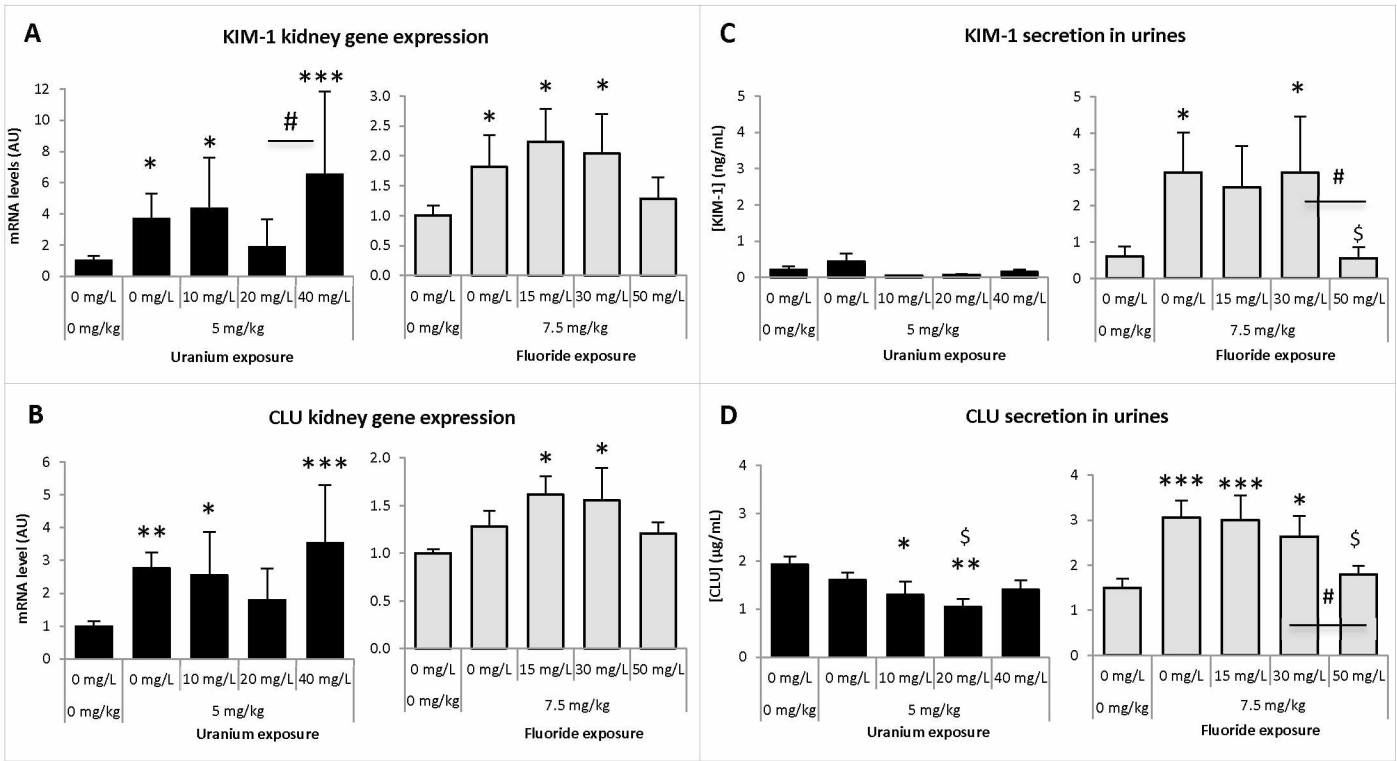


Figure 6

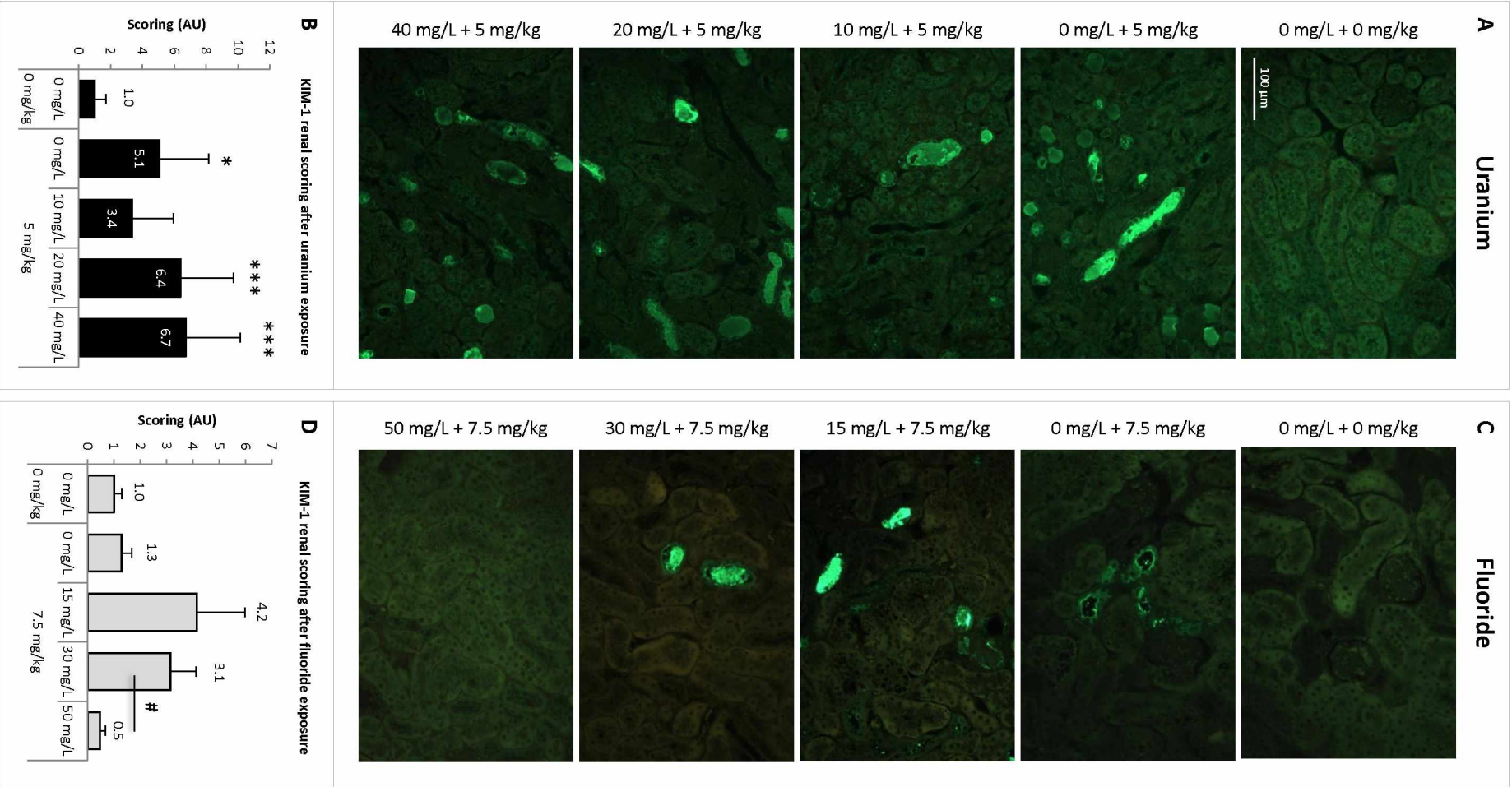


Figure 7

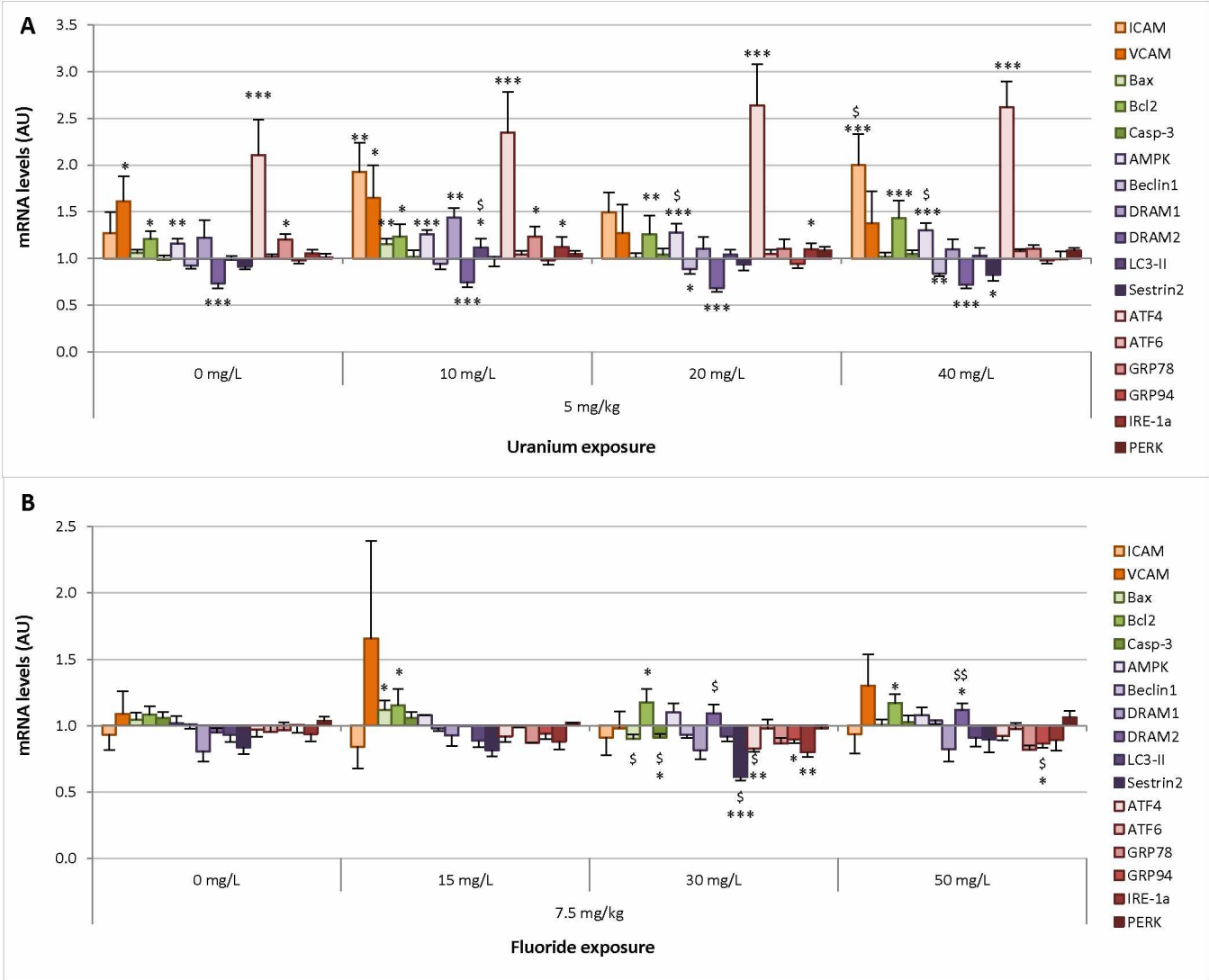


Figure 8

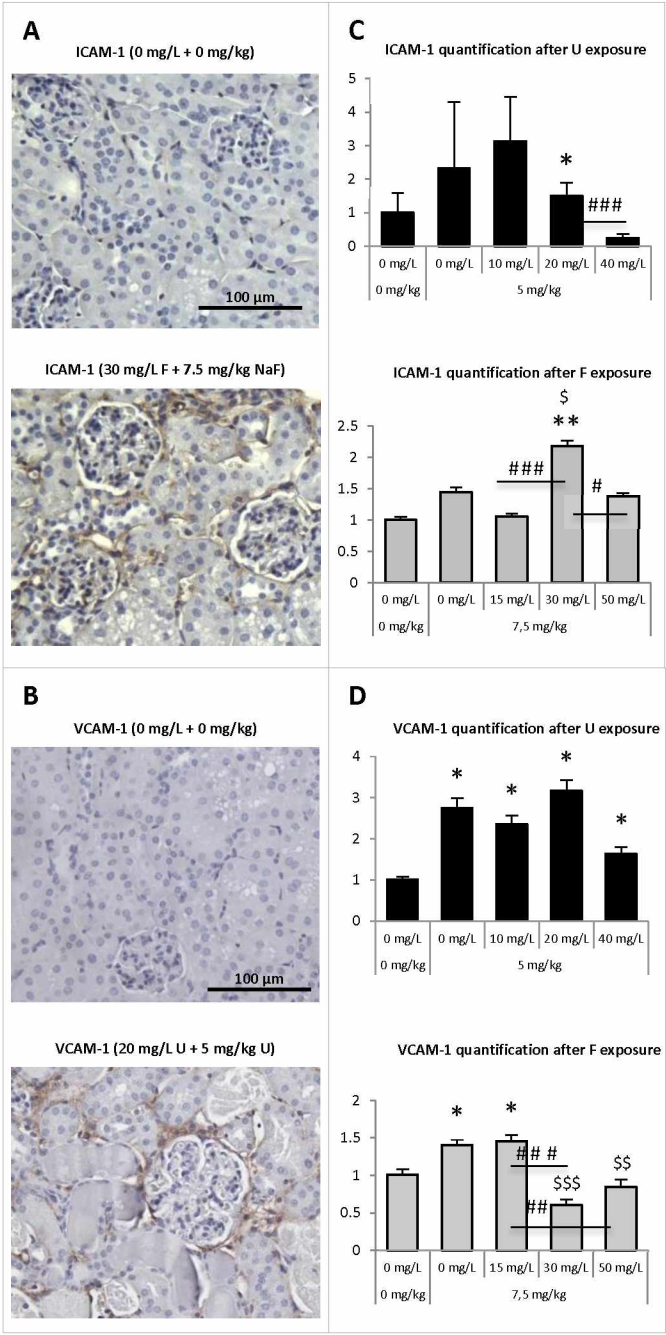


Figure 9

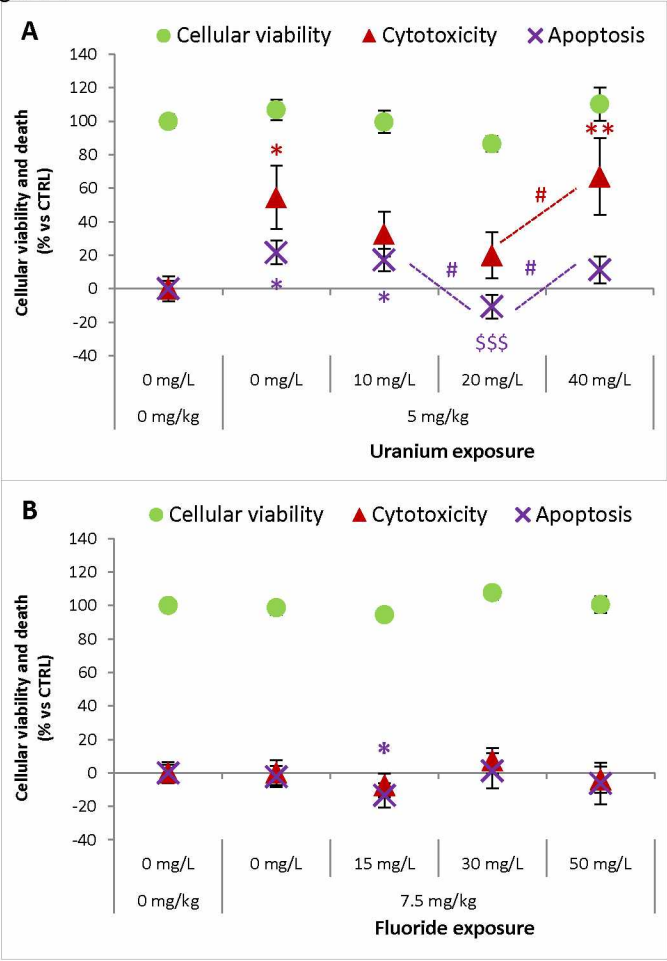




Figure 10

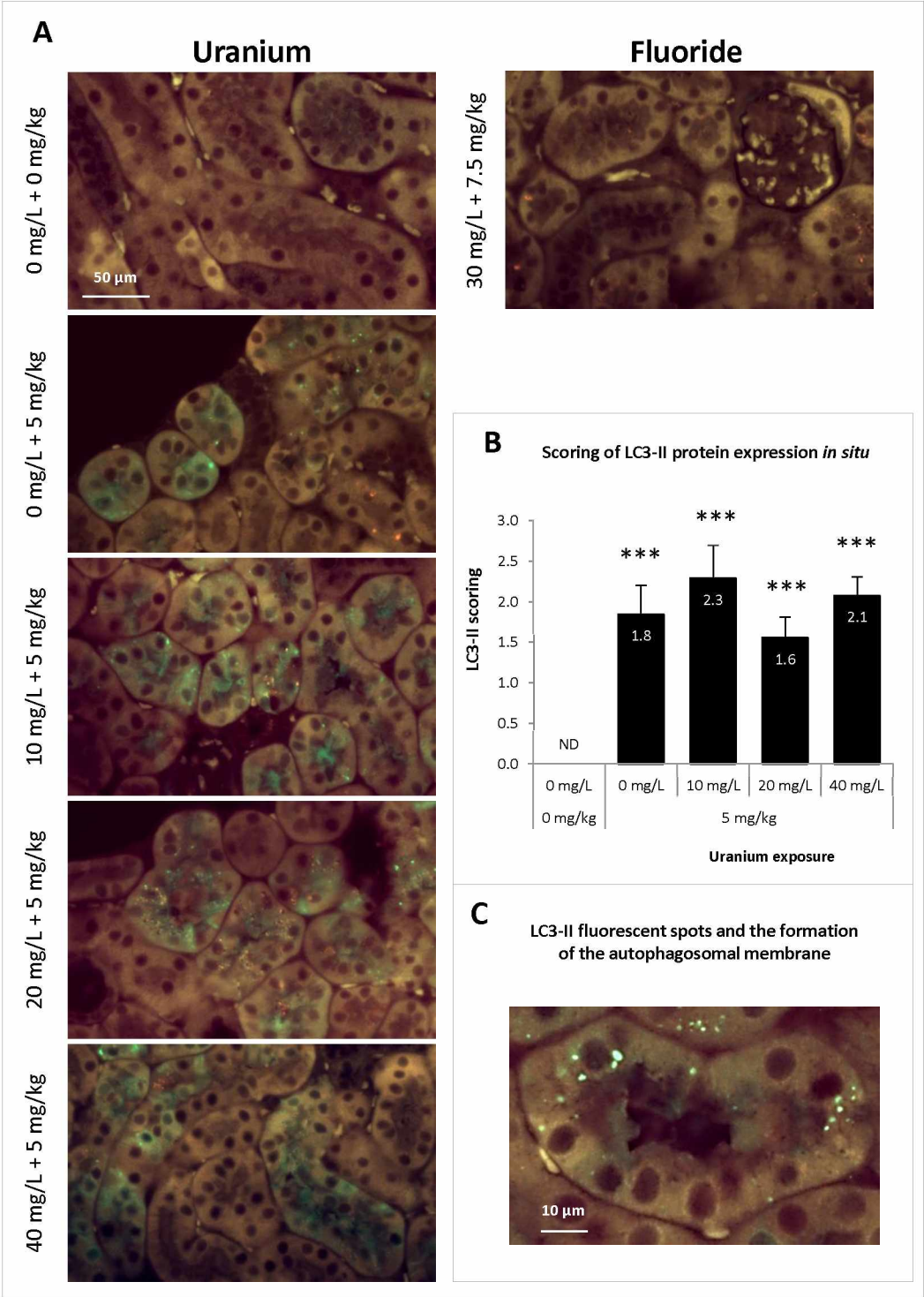
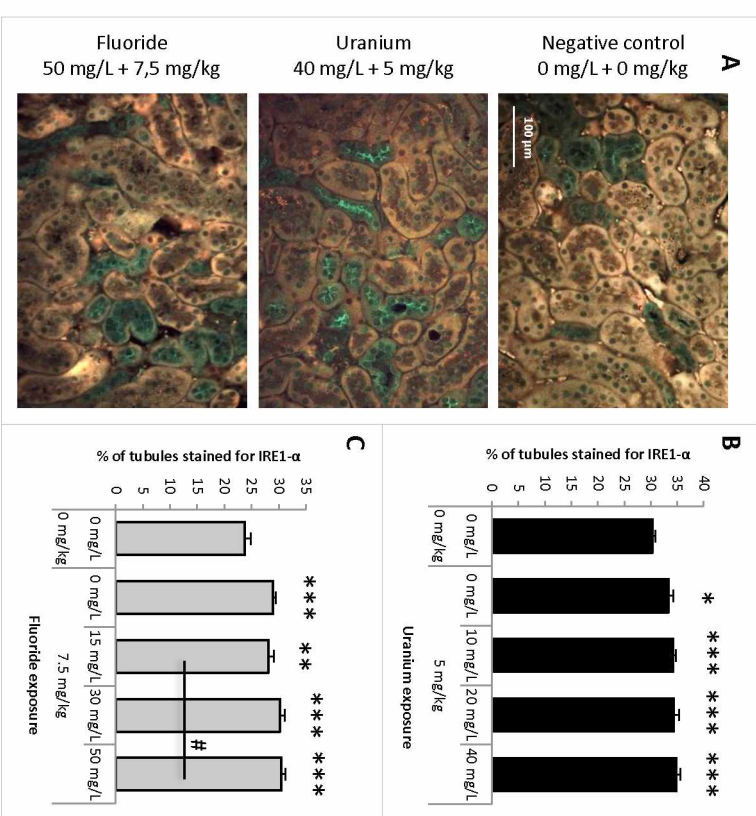


Figure 11





## **Author contributions**

A.B. and Y.G. proposed the concept of the manuscript and designed the experimental study. A.B., Y.G. applied for research ethics approval. A.B., L.C., C.E., V.M., C.G., D.K. and Y.G. performed the experiments and collected data. All authors contributed to data analyses and interpretation. A.B. and Y.G. wrote the manuscript with intellectual input from L.R. and O.B. All authors read and provided input in finalizing the manuscript. Supervision and project administration was done by Y.G.

# **Renal adaptive response to exposure to low doses of uranyl nitrate and sodium fluoride in mice**

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Abbreviations:

CLU, clusterin; F, fluoride; KIM-1, kidney injury molecule-1; U, uranium; UN, uranyl nitrate; UPR, unfolded protein response; NMDR, non-monotonic dose-response

**Abstract:**

**BACKGROUND:** Despite their differences in physicochemical properties, both uranium (U) and fluoride (F) are nephrotoxics at high doses but their adverse effects at low doses are still the subject of debate. **METHODS:** This study aims to improve the knowledge of the biological mechanisms involved through an adaptive response model of C57BL/6J mice chronically exposed to low priming doses of U (0, 10, 20 and 40 mg/L) or F (0, 15, 30 and 50 mg/L) and then challenged with acute exposure of 5 mg/kg U or 7.5 mg/kg NaF. **RESULTS:** We showed that an adaptive response occurred with priming exposures to 20 mg/L U and 50 mg/L F, with decreased levels of the biomarkers KIM-1 and CLU compared to those in animals that received the challenge dose only (positive control). The adaptive mechanisms involved a decrease in caspase 3/7 activities in animals exposed to 20 mg/L U and a decrease in *in situ* VCAM expression in mice exposed to 50 mg/L F. However, autophagy and the UPR were induced independently of priming exposure to U or F and could not be identified as adaptive mechanisms to U or F. **CONCLUSION:** Taken together, these results allow us to identify renal adaptive responses to U and F at doses of 20 and 50 mg/L, probably through decrease apoptosis and inflammatory cell recruitment.

**Keywords:** uranyl; fluoride; kidney; adaptation; apoptosis; inflammation

## Introduction

Both uranium (U) and fluoride (F) are environmental and anthropogenic contaminants due to mining, or the use of pesticides in agriculture fields, for example. U and F concentrations can vary greatly from one place to another throughout the world. As an example, high water concentrations of fluoride are found in the northeastern region of Niger, where the concentration reaches 2.07 mg/L in surface waters and 2.42 mg/L in groundwaters [1]. The highest concentrations found in drinking water are 20 mg/L for U in well water of the south of Finland [2, 3] and 30 to 50 mg/L for F in water contaminated by geological sources [4], whereas the world health organization (WHO) recommends maximal concentrations of 30 µg/L U, and 1.5 mg/L F [5, 6].

Once ingested, U and F mainly accumulate in the kidney [7-12], which is the most sensitive organ to U and F because of the nephron's functions of filtration, transport and reabsorption [4, 8, 13, 14]. After high-dose exposure in animals, U- and F-induced kidney lesions are mainly localized in the cortical and juxtaglomerular regions of the kidney, where the proximal convoluted tubules are located [15-19] but the effects of low doses are controversial in epidemiological [10, 20-27] or experimental studies [28-36]. A previous study by our laboratory, showed that chronic exposure to different doses of U, from 1 to 600 mg/L U in drinking water, did not induce any nephrotoxicity in rats despite renal accumulation at a level known to be nephrotoxic when induced acutely ( $> 3\mu\text{g/g}$  of kidney tissue) [18]. In this study, Poisson et al. (2014) showed that U even induced antioxidative mechanisms, such as glutathione overexpression, which suggests that renal adaptation occurs in response to chronic exposure to low doses, as also hypothesized in other *in vivo* and *in vitro* studies [37-39]. Chronic exposure to F, from 15 ppm to 100 ppm in rats, induces specific biomarkers of nephrotoxicity [40-43] but it can reduce the nephrotoxicity induced by a second exposure to high dose of

gentamicin in rats [44]. The authors demonstrated that F induces cytoprotective factors such as heat shock protein 72, also suggesting a potential adaptive response.

The non-linear relation or the nonmonotonic dose-response (NMDR) model, stipulates that below a certain level, low doses of radiations or chemicals could be consider beneficial for the organism [45-48]. The adaptive response that can explain this NMDR and the ability of a biological system to exhibit fewer detrimental effects in response to exposure to high dose of a toxicant when it has been pre-exposed to a small priming stress [49]. To study this potential renal adaptation to U and F and improve our understanding of health risks at low levels, an animal model of exposure was used. Chronic priming exposures to low doses of U or F were followed by a challenge treatment, delivered acutely and at moderate nephrotoxic doses. This strategy allowed us to detect the effects triggered by priming exposures to low doses of U and F and to identify some underlying mechanisms.

## **Materials and Methods**

### *2.1. Animals*

The study was performed in 8-week-old male C57BL/6J mice weighing  $25 \pm 5$  g at the beginning of the study provided by Charles River (Saint Germain Nuelles, France). Animals were housed in groups of three under controlled conditions. Three weeks of acclimatization was provided before the beginning of the study. Water and food were supplied *ad libitum*. Body weight was monitored once a week and did not show differences between groups (data not shown). The animals were housed for a 24-h period in metabolic cages every month. The study was approved by the IRSN Animal Care Committee #81 and conducted in accordance with French legislation on the protection of animals used for experimental purposes (EC Directive 2010/63/EU and French Decret 2013-118). All experiments were approved by the Ethics

Committee #81 and authorized by the French Ministry of Research under the reference APAFIS#9324-2017031613376362 v1 (internal project number P16-05), delivered on 4 July 2017.

## *2.2. Chronic exposure to and acute exposure with U or F and urine collection*

U was obtained as uranyl nitrate (UN) (Merck-Prolabo, Fontenay-sous-bois, France), which had a specific activity of  $14 \times 10^3$  Bq/g and was composed of 99.74%  $^{238}\text{U}$ , 0.26%  $^{235}\text{U}$ , and 0.001%  $^{234}\text{U}$ . F was obtained as sodium fluoride from Sigma (Saint-Quentin Fallavier, France). Ketamine (Imalgène 1000) and Xylazine (5% Rompun) solutions were obtained from Centravet (Dinan, France). Volvic® mineral water (Volvic) was used for exposure of animals through drinking water due to its low minerals concentration to avoid precipitation. Fluoride level (0.2 mg/L) and uranium level (0.28 µg/L) were measured in Volvic mineral water.

The mice were divided into different groups (n=10 to 18 per group), as shown in Figure 1, and were chronically exposed with either U (10, 20, or 40 mg/L) or F (15, 30, or 50 mg/L) in Volvic drinking water for 6 months and then injected acutely with 5 mg/kg UN ( $\text{UO}_2(\text{NO}_3)_2$ ) or 7.5 mg/kg F (corresponding to 16.6 mg/kg NaF). There was a negative control group, which drank Volvic water during the chronic contamination period and received an ip injection of NaCl, and a positive control group, which drank Volvic water during the chronic contamination period and received an injection of either 5 mg/kg UN or 7.5 mg/kg NaF. For chronic contamination, UN and NaF were diluted in Volvic water, and the drinking solutions were mixed with a magnetic agitator. During the contamination period, water consumption was monitored weekly and do not show differences between groups (data not shown). For the acute injections, UN and NaF were diluted in a NaCl solution and filtered the day of the injection. The animals were then euthanized 72 hours later by exsanguination under anesthesia. The challenge doses and the delay before euthanasia were based on our previous results [28] and on the literature. Previous experiments showed a peak of renal effects 72 hours post-injection of U

and toxicity at the dose chosen [15, 30, 31, 34, 50, 51]. The experimental design and the animal grouping are presented in Figure 1.

Every month during the chronic contamination period and immediately after the acute injection, the animals were housed individually in metabolic cages (Tecniplast, Decines Charpieu, France) for a 24-hour period to collect urine samples at room temperature without food or water contamination. After collection, the urine samples were subsequently centrifuged at 3000 x g for 2 min at 4°C, and the supernatants were isolated and stored at -80°C.

### *2.3. Euthanasia and kidney collection*

Seventy-two hours after injection, the animals were anaesthetized by an ip injection of 100 mg/kg ketamine and 10 mg/kg xylazine and euthanized by exsanguination. Both kidneys were collected, weighed wet and sagittally cut. No differences in kidney weight were found between groups (data not shown). Half of the right kidney was placed in 4% formaldehyde for histopathological analysis, and the other half was used for U or F quantification. The entire left kidney was designated for biomolecular analysis after being flash-frozen in liquid nitrogen and stored at -80°C.

### *2.4. U and F measurements in the urine and kidney tissues*

U was quantified in the kidney by inductively-coupled plasma mass spectrometry (ICP-MS) (ICP-MS, PQ, Excell, Thermo Electron, Villebon-sur-Yvette, France), as previously described [18, 28]. The half-kidney was digested in nitric acid and hydrogen peroxide, and the samples were then evaporated and dissolved in nitric acid. After the appropriate dilution, the U content was measured using bismuth as an internal control and a U calibration curve. The detection limit of U was determined by ICP-MS: 0.5 ng/L for <sup>238</sup>U and 0.01 ng/L for <sup>235</sup>U. After dilution, F was quantified in the urine by a potentiometric method using an ion selective electrode (Thermo Scientific Orion, Villebon-sur-Yvette, France).



## 2.5. Histopathology and immunostaining

After 24 hours in 4% formaldehyde, the preserved half-kidney was dehydrated before being embedded in paraffin and cut into 5  $\mu$ m slices with a microtome. Hematoxylin, eosin, and saffron (HES) staining was conducted, and the slides were sent blinded to an outside laboratory of pathologists for anatomopathological analyses (Biodoxis Laboratories, Romainville, France). Glomerular damage was defined by the presence of glomerulosclerosis and glomerular cystic dilatation, whereas tubular lesions were defined by the following: (1) necrosis; (2) regeneration and dilatation of the tubules; (3) interstitial inflammation; and (4) fibrosis. The different types of lesions were scored from 0 to 4 for each animal. The total sum of the scores of all lesions corresponded to the global score, and the percentage of each lesion among the tubulointerstitial lesions was then calculated as previously described [28, 52]. Paraffin-embedded slices were deparaffinized and hydrated in descending gradations of ethanol and in 3% H<sub>2</sub>O<sub>2</sub> diluted in PBS to block endogenous peroxidase activity. For kidney injury molecule-1 (KIM-1) staining, antigen retrieval was achieved with citrate buffer at pH=6. Sections were then incubated overnight with anti-KIM-1 (Abcam, Paris, France, ab47635) at a 200-fold dilution at 4°C in a moist chamber. After washing, the slices were incubated with an Alexa Fluor-conjugated goat anti-rabbit secondary antibody (1/1 000, Abcam, ab150061). Finally, the nuclei were stained with Vectashield antifade mounting medium containing DAPI for fluorescence visualization. Ten photomicrographs per animal were collected with a LEICA DM 4000B fluorescence microscope, and semiquantification of fluorescent labeling was performed with Histolab Software (version 8.12, Microvision Instruments, Lisses, France). For intercellular adhesion molecule and vascular cell adhesion molecule (VCAM) staining, antigen retrieval was achieved with Tris/EDTA buffer at pH=9. Sections were then incubated for 1 hour with anti-ICAM-1 (Abcam, ab119871) diluted 250-fold or with anti-VCAM-1 (Abcam, ab134047) diluted 1000-fold at room temperature in a moist chamber. After washing, the slices

were incubated with anti-rat and anti-rabbit secondary antibodies and finally developed using a DAB revelation kit (MMFrance, Brignais, France). Counterstaining with hematoxylin was performed to identify renal structures. For Microtubule-associated protein 1A/1B-light chain 3B (LC3-II) and Endoribonuclease/protein kinase IRE1-like protein (IRE1- $\alpha$ ), antigen retrieval was achieved respectively with Tris/EDTA buffer at pH=9 or citrate buffer at pH=6. Sections were then incubated respectively for 1 or 2 hours with anti-LC3-II (Abcam, ab192890) diluted 1500-fold or with anti-IRE-1 $\alpha$  (Novus Biologicals, NB100-2323) diluted 250-fold at room temperature in a moist chamber. After washing, the slices were incubated with an Alexa Fluor-conjugated goat anti-rabbit secondary antibody (1/1 000, Abcam, ab150061). Finally, the nuclei were stained with Vectashield antifade mounting medium containing DAPI for fluorescence visualization. Ten photomicrographs per animal were collected with a LEICA DM 4000B fluorescence microscope.

## *2.6. KIM-1 and CLU detection in the urine*

KIM-1 and clusterin (CLU) were measured in urine samples using ELISA kits according to the manufacturer's instructions (R&D Systems, Lille, France). To comply with the concentration intervals of the assay, the urine samples were diluted 1:100 for the CLU assay and 1:10 to 1:100 for the KIM-1 assay.

## *2.7. Real-time RT-PCR*

Total RNA was extracted from the renal cortex, dissected under binocular microscope, by following the manufacturer's instructions (Total RNA Isolation Kit, Qiagen, Les Ulis, France) and was reverse-transcribed into cDNA with a High-capacity cDNA Reverse Transcription Kit (Applied Biosystems Life Technologies, Courtabœuf, France). Real-time polymerase chain reactions (RT-PCR) was performed using two methods, namely, SYBR Green and Taqman, with 10  $\mu$ L of 1 ng/ $\mu$ L cDNA per well and 2.5% v/v primers (Fisher Scientific, Illkirch, France), 83% v/v SYBR Green (Fisher Scientific, Illkirch, France), and 14.5% v/v sterile water. Table

1 shows the accession number and primer sequences of each gene used in this study for the SYBR Green method, whereas Table 2 shows the accession number of the Taqman genes used to analyze the mRNA levels of proteins involved in nephrotoxicity, inflammation, apoptosis, autophagy and the unfolded protein response (UPR). QuantStudio 12K Flex (Applied Biosystems Life Technologies, Courtabœuf, France) was used to detect the real-time RT-PCR products. The comparative  $\Delta\Delta C_t$  method was used to determine the relative quantification of each gene expression in comparison with the geometric average of the  $C_t$  values of the housekeeping genes  $\beta$ -actin (ACTB), hypoxanthine-guanine phosphoribosyltransferase (HPRT) and glyceraldehyde-3-phosphate dehydrogenase (GAPDH). Finally, the fold induction for each treated group was calculated relative to the control group (NaCl).

**Table 1.** Primer sequences of the genes analyzed by real-time RT-PCR with SYBR Green.

| Gene   | Accession Number | Forward                 | Reverse                  |
|--------|------------------|-------------------------|--------------------------|
| BAX    | NM_007527        | CCCCCGAGAGGTCTTCTT      | GCGGCCCCAGTTGAAGT        |
| BCL2   | NM_009741        | TGGGATGCCTTTGTGGAAGT    | CAGAGACAGCCAGGAGAAATCAA  |
| CASP3  | NM_001284409     | CTGGACTGTGGCATTGAGACA   | GCCTCCACCGGTATCTTCTG     |
| CLU    | AF182509         | TCGGGCATCTGGCATCA       | AAGCTCACGGGCGAAGAAC      |
| GAPDH  | GU214026         | TCCACTCACGGCAAATTC AACG | TAGACTCCACGACATACTCAGC   |
| HPRT   | NM_013556        | TGCTGCGTCCCCAGACTTTTG   | AGATAAGCGACAATCTACCAGAGG |
| ICAM-1 | NM_010493        | CACCCCAAGGACCCCAAGGAGAT | CGACGCCGCTCAGAAGAACCAC   |
| KIM-1  | BC053400         | TTTCAGGCCTCATACTGCTTCTC | TGACCCACCACCCCTTT        |
| VCAM-1 | BC029823         | TCGCGGTCTTGGGAGCCTCA    | TGACCGTGACCGGCTTCCCA     |

**Table 2.** Accession numbers of the Taqman genes used to analyze autophagy and the UPR.

| Gene  | Accession Number | Taqman gene reference |
|-------|------------------|-----------------------|
| ACTB  | NM_007393.5      | Mm02619580_g1         |
| HPRT  | NM_013556.2      | Mm03024075_m1         |
| GAPDH | NM_001289726.1   | Mm99999915_g1         |

|          |                |               |
|----------|----------------|---------------|
| AMPK     | NM_001013367.3 | Mm01296700_m1 |
| ATF4     | NM_001287180.1 | Mm00515325_g1 |
| ATF6     | NM_001081304.1 | Mm01295319_m1 |
| BECLIN1  | NM_019584.3    | Mm01265461_m1 |
| DRAM1    | NM_027878.2    | Mm00503627_m1 |
| DRAM2    | NM_001025582.2 | Mm00509019_m1 |
| GRP78    | NM_001163434.1 | Mm00517691_m1 |
| GRP94    | NM_011631.1    | Mm00441926_m1 |
| IRE1-A   | NM_023913.2    | Mm00470233_m1 |
| LC3-II   | NM_026160.4    | Mm00782868_sH |
| PERK     | NM_010121.2    | Mm00438700_m1 |
| SESTRIN2 | NM_144907.1    | Mm00460679_m1 |

201

## 202 2.8. Cellular viability and cellular death measurements

203 Pieces of the renal cortex (25 mg) were placed into 1.5 mL Eppendorf tubes with 250  $\mu$ L  
204 hypotonic buffer containing 25 mM HEPES, 5 mM  $MgCl_2$ , 1 mM EDTA, 1 mM Pefabloc,  
205 1  $\mu$ g/mL pepstatin, 1  $\mu$ g/mL leupeptin, and 1  $\mu$ g/mL trypsin inhibitor. Then, the pieces were  
206 ground with micropestles and centrifuged at 13,000 rpm for 15 min at 4°C. The supernatants  
207 were collected and diluted 50-fold, and the protein concentrations of the supernatants were  
208 determined by the Bradford test. Then, the concentrations of the samples were adjusted to  
209 1 mg/mL before the determination of cellular viability, cytotoxicity and caspase activity with a  
210 detection kit (Promega “ApoTox-Glo™ Triplex Assay”, Charbonnières-les-Bains, France,  
211 G6320). The cleavage of the peptide GF-AFC substrate generated a fluorescent signal, which  
212 was used to measure live-cell protease activity in the kidneys. Another fluorogenic peptide  
213 substrate, called bis-AAF-R110 substrate, was used to measure dead-cell protease activity  
214 released during the loss of the cellular membrane integrity. Caspase 3/7 activity was determined

by measuring the release of luciferin after the cleavage of the luminogenic DEVD-peptide substrate by caspases 3 and 7.

## *2.9. Statistical analyses*

Statistical analyses were performed using SigmaPlot 11.0 software (Systat Software, Inc., Erkrath, Germany), except for the semiquantification of the immunostainings, for which Histolab Software (Microvision Instruments) was used as described previously [28]. One-way analysis of variance (ANOVA) was used to compare each group, and the Holm-Sidak method was applied for multiple comparisons. For the semiquantification of immunostainings, a general estimating equation (GEE) was calculated using R 3.4.4 (version 3.4.4, R Core Team, Boston, MA, USA) and RStudio software packages (version 1.1.423, RStudio Inc., Boston, MA, USA). The level of significance was set at  $p < 0.05$ .

## **3. Results**

### *3.1. U and F measurements*

U content was measured in the mouse kidneys, 72 hours after ip treatment (Figure 2), whereas F content was measured in the urine 24 hours after ip treatment (Figure 3). The basal content of U in the kidneys of negative controls was very low (9.3 ng/g of tissue  $\pm$  0.3), corresponding to previously described natural U concentrations [18, 28]. For all treated groups a significantly increased U content was observed ( $p < 0.001$ ), reaching a maximum of 8.70 ng/mg of tissue (Figure 2). The level of U in the kidneys did not differ between groups regardless of the dose of U in the drinking water (10 to 40 mg/L) and it was similar to the level measured in the positive control group.

F could only be measured in the urine, as the tissue content of F in the control and treated animals was too low to show any difference by potentiometry (data not shown) [28]. Urine was

collected during two 24-hour periods, one before ip injection and another immediately after. Before acute ip treatment, only the F level of the 50 mg/L F group, with a concentration of 36.2  $\mu\text{g F}/24\text{h}$ , was significantly increased compared to that of the control group ( $p<0.05$ ) (data not shown), whereas after ip treatment a significant dose-dependent increase of F in the urine was observed (Figure 3). The negative control mice showed a basal level of 5.0  $\mu\text{g F}/24$  hours, whereas the positive controls excreted 94.3  $\mu\text{g}$  of F in the urine 24 hours after ip treatment. The highest priming dose of 50 mg/L F induced an increase in F excretion ( $155.6 \mu\text{g}/24$  hours  $\pm$  14.4) that was significantly different from that in the 15- and 30-mg/L F-exposed groups ( $p<0.001$  and  $p<0.05$ , respectively), confirming that the increases in these measurements were dependent on the dose of F chronic exposure.

### *3.2. Histopathological scoring in the kidney after U and F exposure*

Seventy-two hours after challenge, HES staining (Figure 4A) allowed us to determine global scoring of damage induced in the kidney by U and F (Figure 4B). In addition, the extent of these damages (hyaline cast appearance, tubular vacuolization, necrosis and regeneration) was quantified for each experimental group (Figure 4C) as previously done in our studies [28, 52].

The extent of renal lesion was detected in a limited number of animals, and there was no significant increase between the scores of the exposed and control groups (Figure 4B). All animals in the negative control group showed tubular vacuolization in their kidneys, but with low severity ( $p>0.05$ ). Global scores were increased after U exposure, but not significantly, probably because of the basal damage in the negative control animals. However, U significantly induced the formation of hyaline casts, tubular vacuolization and necrosis in all treated animals compared to the negative control animals ( $p<0.005$  for hyaline casts in 10 mg/L U-treated animals, and  $p<0.001$  for all other lesions) (Figure 4C). Non-exposed animals presented tubular vacuolization, whereas hyaline cast formation and tubular necrosis were specifically induced

after U exposure. However, no significant differences between pre-exposed animals and positive control animals were observed under our experimental conditions, and no significant differences were observed between the groups of animals exposed to U or F through drinking water. The HES scores of the F groups were similar but lower. Nevertheless, hyaline cast formation, tubular regeneration and necrosis appeared in some animals exposed to F.

The histopathologic analysis revealed that neither U nor F induced glomerular damage in the kidneys.

### *3.3. Biomarkers of U- and F-induced nephrotoxicity: KIM-1 and CLU mRNA, urinary secretion and in situ detection*

CLU and KIM-1 are proteins considered early biomarkers for a wide variety of acute and chronic renal impairments [53-56].

As shown in Figure 5A, the gene expression of KIM-1 was 3.7- and 1.8-fold increased by U and F challenge treatment, respectively ( $p<0.05$ ). Similarly, the gene expression of CLU was induced in the kidneys by acute treatment with U, increasing 2.8-fold ( $p<0.005$ ) (Figure 5B), but not after F acute exposure. Interestingly, for both U and F, all groups exposed to the priming doses through drinking water, except for the 20 mg/L U and the 50 mg/L F prime-exposed groups, had significantly induced KIM-1 and CLU gene expression. Indeed, the KIM-1 and CLU expression levels were not significantly different from those of the negative control group at these concentrations, indicating a possible decrease in nephrotoxicity and a potential adaptive response to these doses.

When looking at the urinary secretion of these proteins in Figures 5C and 5D, we can see that the levels of both proteins were significantly augmented in the urine of animals from the positive F control group, showing 4.8- and 2.1-fold increases in KIM-1 and CLU, respectively. Interestingly, the groups previously exposed to 15 and 30 mg/L F and then challenged with 7.5 mg/kg F injection, but not the group exposed to the priming dose of 50 mg/L, exhibited

increased urinary secretion of KIM-1 and CLU. Indeed, under these conditions (50 mg/L + 7.5 mg/kg), the KIM-1 and CLU urinary levels were not significantly different than those of the negative control group. Their urinary levels were also significantly lower than those of the positive control group (0 mg/L + 7.5 mg/kg) ( $p<0.05$ ), confirming the hypothesis of reduced nephrotoxicity and a potential adaptive response after pre-exposure to 50 mg/L F. In the case of U, treatment with the challenge dose alone did not induce KIM-1 or CLU 24 hours after ip injection. On the other hand, a priming exposure to 10 or 20 mg/L U induced 1.5- and 1.8-fold decreases, respectively, in the basal level of CLU secretion in the urine ( $p<0.05$  and  $p<0.005$ ). These differences between urinary and mRNA levels could be explained by the difference in the timing of the analysis (24 and 72 hours after ip injection) and suggested that U-induced nephrotoxicity cannot be detected 24 hours after ip treatment but can only be detected after a longer period (48 or 72 hours).

The *in situ* detection of KIM-1 is shown in Figure 6. This protein was detected in the proximal tubules of some control animals, revealing a basal level of renal impairment, and in all U- and F-exposed mice (Figures 6A and 6C). In the group exposed to 50 mg/L F, only a few animals showed *in situ* KIM-1 expression in the kidneys. *In situ* KIM-1 expression was analyzed relative to that in the control group (fixed at 1.0), and the analysis revealed that acute treatment with U alone significantly induced a 5.1-fold increase in protein expression in the kidneys ( $p<0.05$ ), whereas F did not, as shown in Figures 6B and 6D. A significant increase in KIM-1 was detected in all groups that underwent priming exposure to U ( $p<0.001$ ), except those that were exposed to a dose of 10 mg/L. For F, *in situ* KIM-1 expression in the kidneys was not significantly induced in any group, even though increasing tendencies, specifically 4.2- and 3.1-fold increases were observed in mice contaminated with 15 and 30 mg/L F, respectively before challenge. Interestingly, chronic priming exposure to 50 mg/L F led to a level of KIM-1 that appeared to be lower than the level in negative controls (50% of the basal expression).



Nevertheless, these results are in accordance with the gene expression of KIM-1 and its urinary secretion and consolidate the hypothesis of an adaptive response for the group exposed to a priming concentration of 50 mg/L F.

#### *3.4. Gene expression of factors involved in the potential adaptive mechanisms of U and F*

The mRNA expression of the genes shown in Figure 7 allows us to provide general guidance on the mechanisms potentially implicated in the renal adaptive response to U and F. The fold induction of each group was calculated relative to the control group which was fixed at an mRNA level of 1.0 (group not shown in the figure).

ICAM and VCAM are both proteins involved in the recruitment of inflammatory cells and therefore are good markers of the potential inflammation induced by U and F. The mRNA level of ICAM was not induced in positive controls, whereas it was induced 1.9- and 2.0-fold in the kidney of mice that received the priming doses of 10 and 40 mg/L U ( $p<0.005$  and  $p<0.001$ , respectively). The overexpression of VCAM was slightly induced in animals from the positive control group and the group pre-exposed to 10 mg/L, ( $p<0.05$ ). No induction of either ICAM or VCAM was observed at the priming concentration of 20 mg/L, suggesting that no inflammation was induced at this concentration (Figure 7A). In contrast, no induction of either ICAM or VCAM mRNA expression was observed after F exposure under our conditions (Figure 7B).

Bax and Bcl2 are known to be pro- and anti-apoptotic proteins, whereas the gene Casp-3 encodes the effector apoptotic protein caspase 3. Under our conditions, all groups of mice that received the challenge dose of U showed a slightly increased expression of the anti-apoptotic protein Bcl2, not exceeding a 1.4-fold increase ( $p<0.05$  to  $p<0.001$ ) (Figure 7A). In contrast, the gene expression of the pro-apoptotic protein Bax was increased only after a priming exposure to 10 mg/L U ( $p<0.005$ ), but showed a low 1.2-fold increase. No induction of Casp-3 was observed after U exposure under our conditions. In contrast with the induction observed

339 with U, no induction of Bcl2, Bax or Casp-2 gene expression was induced with the challenge  
340 dose of F (Figure 7B). However, a slight 1.2-fold induction of Bcl2 mRNA was observed in  
341 all groups of mice exposed to the priming concentrations of F ( $p<0.05$ ), whereas the gene  
342 expression of Bax was increased only after a priming exposure to 15 mg/L F ( $p<0.05$ ). Bax and  
343 Casp-3 gene expression was significantly reduced compared to that in the positive control group  
344 after a priming exposure to 30 mg/L F.

345 Beclin1 and LC3-II are both genes coding for proteins involved in autophagy, whereas  
346 Sestrin2, AMPK and DRAMs are genes known to be induced by autophagy. In the case of U,  
347 as shown in Figure 7A, the gene expression of AMPK was slightly increased (1.2-fold increase)  
348 in positive controls ( $p<0.005$ ), whereas the same treatment significantly reduced the gene  
349 expression of DRAM2 ( $p<0.001$ ). Mice previously contaminated with the priming doses of U  
350 also showed increased mRNA levels of AMPK but showed a low 1.3-fold induction ( $p<0.001$ ).  
351 Interestingly, the groups that received the priming doses of 20 and 40 mg/L presented  
352 significantly higher AMPK gene expression than that presented by the positive control group  
353 ( $p<0.05$ ). In contrast, all groups exposed to the priming doses of U showed significantly reduced  
354 gene expression of DRAM2 ( $p<0.001$ ), similar to the positive control group, whereas the  
355 priming dose of 10 mg/L U increased the mRNA expression of DRAM1 ( $p<0.005$ ). At the same  
356 priming dose of 10 mg/L U, mice presented a small increase in the mRNA expression of LC3-  
357 II ( $p<0.05$ ), a protein known to be involved in autophagosome formation and therefore in the  
358 last step of autophagy. As shown in Figure 7B, the F challenge dose did not induce any of the  
359 genes implicated in autophagy we investigated. However, F induced DRAM2 gene expression  
360 in the group exposed to 50 mg/L and then treated with the challenge dose of 7.5 mg/kg NaF  
361 when compared to the negative and positive controls ( $p<0.05$  and  $p<0.005$ , respectively).  
362 Moreover, at the priming dose of 30 mg/L F the mRNA expression of SESTRIN2 was

significantly decreased compared to that in the negative and positive control groups ( $p < 0.001$  and  $p < 0.05$ , respectively).

PERK, ATF6, IRE1- $\alpha$ , and ATF4 are involved in the three pathways of the UPR and GRP78 and GRP94 are both genes induced by this biological response. Interestingly, ATF4 gene expression was induced in all groups treated with U (Figure 7A) regardless of whether they experienced a priming exposure before being challenged ( $p < 0.001$ ). Nevertheless, only the animals pre-exposed to 10 and 20 mg/L U showed an increased IRE1- $\alpha$  mRNA level compared to that in the negative control group ( $p < 0.05$ ), and GRP78 gene expression was also increased after the priming exposure of 10 mg/L followed by the challenge dose ( $p < 0.05$ ). In contrast, there was no induction of the genes involved in the UPR after F treatment, as shown in Figure 7B.

In summary, Figures 7A and 7B show that U challenge treatment induced the expression of genes involved in inflammatory cell recruitment, apoptosis, autophagy and the UPR, whereas none of these genes were induced after F challenge in mice. It seems that U priming exposure slightly induced genes involved in all these mechanisms, whereas only genes implicated in apoptosis and autophagy were slightly modulated by F priming exposure. To further explore the implication of these mechanisms, we observed specific markers, through enzymatic activity measurements and *in situ* immunochemistry.

### 3.5. *In situ ICAM-1 and VCAM-1 expression in the kidney*

To determine whether either U or F can induce the recruitment of inflammatory cells in the kidney, the quantification of *in situ* ICAM-1 and VCAM-1 expression was performed. A basal level of CAM proteins was detected (Figure 8A and 8B), and *in situ* ICAM and VCAM expression was quantified relative to that in the negative control group (fixed at 1.0). Mice did not show any significant induction of ICAM-1 in the kidney after U challenge treatment (Figure 8C), but U did induce VCAM-1 expression in the kidney of mice challenged with 5 mg/kg,

regardless of whether they received priming exposure ( $p<0.05$ ) (Figure 8D). It seems that a priming exposure to 20 mg/L U induced the level of ICAM-1 significantly, eliciting a 1.5-fold induction compared to that in the control group ( $p<0.05$ ). When challenged with F, mice did not show any significant induction of ICAM-1 in the kidney (Figure 8C) but showed a 1.4-fold induction of *in situ* VCAM-1 expression ( $p<0.05$ ) (Figure 8D). A priming exposure to 30 mg/L F followed by a challenge injection of F, induced the *in situ* level of ICAM-1 significantly, eliciting a 2.2-fold induction compared to that in the negative control group ( $p<0.005$ ). On the other hand, the groups exposed to the priming doses of 30 and 50 mg/L F showed significantly lower expression levels of VCAM-1 compared to those in the positive control group ( $p<0.001$  and  $p<0.005$ , respectively) but did not show any significant difference compared to the nonexposed animals.

### 3.6. Viability and cell death measurements in the kidneys

Cell viability and death were studied by measuring enzymatic activities in tissue homogenates prepared from the renal cortex (Figure 9). A challenge treatment of 5 mg/kg U induced cytotoxicity and apoptosis to 155% and 122% of the control basal level, respectively ( $p<0.05$ ). Under our conditions, priming exposure to 10 or 20 mg/L U abolished the cytotoxicity induced by the U challenge dose alone. Moreover, contamination with 20 mg/L U through drinking water also abolished the apoptosis induced challenge with ip U injection. Indeed, this group did not present significant differences compared with the negative control group, and its caspase 3/7 activity was significantly lower than that of the positive control group ( $p<0.001$ ). All F-treated groups, except for the 15 mg/L F pre-exposed mice, which presented a small decrease in caspase 3/7 activity to 87% of the basal level, presented similar rates of cell viability and death compared to those in the negative control group ( $p<0.05$ ). In conclusion, F did not modulate cell viability or death at our working concentrations, but a renal adaptive response to cytotoxicity and apoptosis induced by chronic exposure to 20 mg/L U in mice was suggested.

### 3.6. *In situ LC3-II measurement in the kidneys and the induction of autophagy*

LC3-II is the form of microtubule-associated protein 1A/1B-light chain 3 (LC3), that is conjugated to phosphatidylethanolamine and recruited to the autophagosomal membranes [57]. Therefore, the induction of autophagy in kidney cells has been studied through the immunodetection of the LC3-II protein *in situ* (Figure 10).

In negative control animals, no LC3-II was detected, as shown in Figure 10A. U induced LC3-II in the kidneys of challenged mice regardless of whether the animals were pre-exposed to priming doses of U, with scores ranging from 1.6 to 2.3 ( $p < 0.001$ ) (Figures 10A and 10B). Indeed, the scattered staining observed in the positive control and 10 mg/L U and 20 mg/L U-pre-exposed groups, indicated the formation of LC3-II from the cytosolic protein LC3-I, whereas LC3-II puncta, particularly noticeable in the magnified image of a 40 mg/L U-pre-exposed mouse, indicated the recruitment of the protein to the autophagosomal membranes. In addition, regardless of the type of exposure (challenged animals with or without priming exposures), F did not induce *in situ* LC3-II expression.

### 3.7. *In situ IRE1- $\alpha$ measurement in the kidneys and the induction of the UPR*

The IRE1- $\alpha$  protein is mainly involved in one of the three known pathways of UPR induction. Therefore, its overexpression in the cell cytosol was a good marker for the study of UPR induction after contamination.

In the negative groups, there was a basal level of tubule staining (approximately 24-30 %), as observed in Figure 11A. Animals challenged with U showed a significant increase in *in situ* IRE1- $\alpha$  expression compared to that in the negative control group ( $p < 0.05$ ), as the animals previously exposed to priming doses of U showed a staining rate of tubules up to 35% ( $p < 0.001$ ) (Figure 11B). The F positive control group showed the induction of IRE1- $\alpha$  *in situ* compared to that in the negative control group ( $p < 0.001$ ) (Figure 11C), similar to the priming exposed groups to 15, 30 and 50 mg/L ( $p < 0.005$ ,  $p < 0.001$  and  $p < 0.001$ , respectively). Interestingly, the

animals exposed to 50 mg/L F through drinking water presented overexpression of the *in situ* protein compared to that in the group pre-exposed to 15 mg/L ( $p < 0.05$ ). Moreover, this group presented a higher expression of IRE1- $\alpha$  than the positive control group, but this difference was not statistically significant ( $p = 0.068$ ).

#### 4. Discussion

The adaptive response is a process that can occur at exposures to low doses of chemicals or radiation stress [47, 49, 58]. The most frequently described protocol for inducing the adaptive response is challenge following a previous priming exposure to a low dose [38, 48, 59]. It is known that U and F are both nephrotoxic after acute exposures [15, 28-32, 50, 60, 61], but previous studies including ours have shown that U and F may trigger a renal adaptive response after chronic low-dose exposures [18, 37, 38, 44, 62]. This work allowed us to identify the mechanisms of this adaptive response to exposures to chronic low doses of U and F through a chronic priming chronic exposure to low doses of U or F followed by challenge treatment delivered acutely and at nephrotoxic doses to mice. The challenge dose was previously selected from our recent study of U and F acute treatments [28].

In this study, we have shown that the adaptive response is induced after priming exposure to 20 mg/L for U and 50 mg/L for F. A pre-exposure to 20 mg/L U decreased the overexpression of CLU and KIM-1 mRNA triggered by the challenge dose of 5 mg/kg U without inducing any difference relative to the negative control (Figures 5A and 5B). On the other hand, U induced *in situ* KIM-1 expression in all groups (challenge or prime + challenge) except in the 10 mg/L U-pre-exposed group. Thus, the renal adaptive response to U observed under our conditions mainly occurred at a dose of 20 mg/L. Our previous studies performed in rodents showed that a 9-month exposure to 40 mg/L U does not induce renal histopathological lesions, nephrotoxic biomarkers [39, 52], or glomerular filtration rate changes [18, 63]. Moreover, renoprotective mechanisms such as the induction of glutathione are induced dose-dependently [18]. Previous

studies have shown that UN is not nephrotoxic when delivered chronically to rodents at concentrations ranging from 1 to 600 mg/L UN [18, 39, 52, 63], despite one study showing the appearance of tubular lesions without dose-dependent increases in severity, after a 28- or 91-day exposure to doses ranging from 0.96 to 600 mg/L [36]. The renal adaptive response triggered by U in drinking water has not yet been identified, but it was previously described that U is able to induce a renoprotective response *in vivo* after a single acute subtoxic dose of UN [38, 62]. Our study is the first to clearly demonstrate that U induces a renal adaptive response *in vivo* after chronic exposure to low doses of U in drinking water. Analyses of both the mRNA levels and the urinary protein secretion of CLU and KIM-1 revealed an adaptive response to F at 50 mg/L (Figure 5). Indeed, the KIM-1 and CLU levels in this group were not significantly different from those in the negative control group, whereas the mRNA expression and urinary secretion of these proteins were significantly decreased compared to those in the positive control group. Interestingly, chronic exposure to 50 mg/L F for 40 days induces nephrotoxic biomarkers such as the KIM-1, CLU or OPN genes and urinary protein levels in rats [40], but a 60-day period of exposure does not induce any histological damage [64]. However, rats treated with a priming exposure of the same dose before nephrotoxic treatment with gentamicin, compared to animals treated with gentamicin only, exhibit a decrease in F-induced nephrotoxicity, gene expression and protein secretion of KIM-1 and CLU [44]. Our findings are in accordance with this study and confirm the adaptive response observed at 50 mg/L F.

The mechanisms involved in this adaptive response have been studied to attain a better comprehension of the toxicological effects of low-dose exposure to U or F. Several mechanisms have been described in the literature as being involved in the adaptive response to chemicals or irradiation [49]. Among them, apoptosis, autophagy, the inflammatory response and the UPR have been reported to be induced by U and F [40, 44, 65-68] and could be involved in the U

and F adaptive response. It was previously shown that autophagy is able to reduce the toxic effects induced by U in organs other than the kidneys [66, 69] and those induced by other chemicals in the kidneys [70]. However, to our knowledge, we are the first to demonstrate that autophagy is induced by U in the kidneys, *in vivo*. Indeed, through gene expression analysis (Figure 7), we observed that the 20 mg/L U and 40 mg/L U-treated groups showed an adaptive increase in AMPK gene expression and that the priming dose of 10 mg/L induced LC3-II and DRAM1, genes known to be induced by autophagy. Moreover, animals pre-exposed to 10 and 20 mg/L U had an increased IRE1- $\alpha$  mRNA level, whereas the challenge dose alone did not induce IRE1- $\alpha$  gene expression. Interestingly, our results showed the induction of autophagy and the UPR after U challenge, regardless of whether there was a priming exposure (Figures 10 and 11). The UPR was also induced by F in the positive control group, as in the animals that received the priming doses. This was the first study to show that U or F induces the UPR in the kidneys *in vivo*. Nevertheless, our results do not identify autophagy and the UPR as mechanisms involved in the adaptive response observed under our conditions. However, we cannot exclude these mechanisms, as it is possible that autophagy and/or the UPR are induced during priming exposure or after a recovery period between the priming and challenge doses. Further studies will be necessary to investigate the induction of these mechanisms at other periods of exposure at similar doses.

The gene expression analysis shown in Figure 7 indicates that inflammation and the modulation of CAM mRNA expression could be mechanisms involved in the adaptive response to U and F. Interestingly, in the case of F, *in situ* VCAM-1 levels were induced in the kidneys by the challenge dose alone but not when mice were exposed to the priming doses of 30 and 50 mg/L F. This decrease in *in situ* VCAM-1 expression could partly explain the adaptive response to F observed at 50 mg/L, under our conditions. As ICAM-1 is overexpressed in the kidneys of animals pre-exposed to 30 mg/L F, the potential recruitment of inflammatory cells in the group



of mice that received this priming exposure needs further investigation (Figure 8A). It has been shown that inflammation is modulated in the intestine after the chronic ingestion of U in rodents [63, 71], but our results showed that U induced VCAM-1 in the kidneys of challenged mice (Figure 8B) regardless of whether the mice received priming exposures. Therefore, similar to autophagy and the UPR, the modulation of inflammatory cell recruitment cannot be identified as a mechanism of the adaptive response to U.

Apoptosis, another mechanism studied, was identified as a mechanism involved in adaptive response to U under our conditions, whereas no changes were observed after F exposures (Figure 9). Indeed, both groups of animals with priming exposures to 20 and 40 mg/L U had similar caspase 3/7 levels as those of the negative control group. Moreover, a priming exposure to 20 mg/L U significantly reduced the caspase 3/7 activity induced by the challenge dose alone, showing that apoptosis is at least partly involved in the adaptive response to U. In comparison, other metals such as cadmium have been shown to reduce oxidative stress and induce less apoptosis after chronic exposure compared to acute exposure [72, 73]. In contrast, apoptosis and autophagy are induced in mouse hepatocytes after chronic exposure to 50 mg/L NaF for 150 days [74]; this difference can be explained by a tissue-specific response or the duration of the exposure.

Our data demonstrate the existence of a renal adaptive response to chronic exposure to low doses of U and F involving the induction of adaptive mechanisms including apoptosis and inflammatory regulation in mice. Our results allowed us to identify molecular targets partly responsible for these adaptive mechanisms: downregulation of the activities of the effector caspases 3/7 and a decrease in *in situ* VCAM expression. Moreover, KIM-1 protein is cytoprotective because of its role in the phagocytosis of cellular debris produced by the apoptosis of tubular cells [75, 76] and its overexpression in our study may have been cytoprotective and played a role in the adaptive response observed in the group pre-exposed to

20 mg/L U. Overall, these results allow a better understanding of the effects of chronic exposure to low doses of U and F on an organism and provide new knowledge for the (radio)protection of individuals. They raise the question of a higher or lower risk window - in certain ranges of doses where the adaptive response is induced - and of their applications in humans. Indeed, the use of fine and specific biomarkers of renal impairment in humans could allow better assessment of renal function during exposures to low doses of U or F.

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#### **Conflict of interest statement**

The authors report no conflict of interest.

## Figures captions

**Figure 1.** General scheme of the distribution of mice into uranium- and fluoride-treated groups (n=10-18 per group) and the doses administered.

**Figure 2.** Measurement of U in the kidneys of mice that drank contaminated water (0, 10, 20, 40 mg/L U) for 6 months and were acutely injected with 5 mg/kg U or NaCl (n=10-12 per group). The results are presented as the mean  $\pm$  standard error of the mean. The asterisk represents a significant difference compared with the negative control group (\*\* $p < 0.001$ ).

**Figure 3.** Measurement of F in the urine of mice that drank contaminated water (0, 15, 30, 50 mg/L F) for 6 months and were acutely injected with 7.5 mg/kg NaF or NaCl (n=11-18 per group). The results are presented as the mean  $\pm$  standard error of the mean. The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg), and the dollar symbol represents a significant difference compared with the positive control group (0 mg/L + 7.5 mg/kg). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p < 0.05$ ,  $p < 0.005$ , and  $p < 0.001$ ).

**Figure 4.** Representative photomicrographs (A) (200 $\times$ ) of noticeable renal lesions after HES staining in control mice, U-contaminated (40 mg/L and 5 mg/kg U) mice and F-contaminated (30 mg/L F and 7.5 mg/kg NaF) mice. The letters G, PT, and HC indicate glomeruli, proximal tubules, and hyaline casts, respectively. Tubular vacuolization is indicated by black circles, whereas tubular necrosis is indicated by black rectangles. The renal lesion scores (B) are presented as the mean  $\pm$  standard error of the mean (n=10-18 per group) were done blinded. The percentage of tubular and interstitial injuries (basophilic tubules, tubular necrosis, vacuolization and hyaline casts) in kidneys 72 hours after ip injection (C) is presented as the mean. The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg) (two-way ANOVA with Holm-Sidak correction, \* $p < 0.05$ , \*\* $p < 0.005$ , and \*\*\* $p < 0.001$ ).

**Figure 5.** Gene expression levels of the sensitive nephrotoxicity markers KIM-1 and CLU in the renal cortex 72 hours after ip injection (A-B) and their urinary protein levels directly after IP injection

[77]. Mice were chronically exposed for 6 months by drinking contaminated water (0, 10, 20, 40 mg/L U or 0, 15, 30, 50 mg/L F) and then acutely injected with either NaCl, 5 mg/kg U or 7.5 mg/kg NaF. The results are presented as the mean  $\pm$  standard error of the mean (n=10-18 per group for mRNA and n=10-12 for protein). The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg), and the dollar symbol represents a significant difference compared with the positive control group (0 mg/L + 5 mg/kg for U and 0 mg/L + 7.5 mg/kg for F). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p<0.05$ ,  $p<0.005$ , and  $p<0.001$ ).

**Figure 6.** Representative photomicrographs (200x) of the *in situ* renal expression of the protein KIM-1 (in green) in mice chronically exposed for 6 months by drinking contaminated water (0, 10, 20, 40 mg/L U or 0, 15, 30, 50 mg/L F) and then acutely injected with either NaCl, 5 mg/kg U or 7.5 mg/kg NaF (**A; C**) (n=10-18 per group). The results of the semiquantification of KIM-1 scoring (**B; D**) are presented as the mean  $\pm$  standard error of the mean (n=10-18 per group). The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p<0.05$ ,  $p<0.005$ , and  $p<0.001$ ) (general estimating equation for normal regression).

**Figure 7.** Gene expression of molecules involved in inflammation (in orange), apoptosis (in green), autophagy (in purple), and the UPR (in red) in the renal cortex 72 hours after the ip injection of mice chronically exposed to U (**A**) and F (**B**). Mice were exposed for 6 months by drinking contaminated water (0, 10, 20, 40 mg/L U or 0, 15, 30, 50 mg/L F) and then acutely injected with either NaCl, 5 mg/kg U or 7.5 mg/kg NaF. The results are presented as the mean  $\pm$  standard error of the mean relative to the control group (n=10-18 per group). The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg), and the dollar symbol represents a significant difference compared with the positive control group (0 mg/L + 5 mg/kg for U and 0 mg/L + 7.5 mg/kg for F). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p<0.05$ ,  $p<0.005$ , and  $p<0.001$ ).

**Figure 8.** Representative photomicrographs (200x) of the *in situ* renal expression of the proteins ICAM-1 (**A**) and VCAM-1 (**B**) in non-exposed and chronically exposed mice (0 and 30 mg/L F or 0 and

20 mg/L U) before challenge injection (0 and 7.5 mg/kg NaF or 0 and 5 mg/kg U). The results of the semiautomatic quantification of ICAM-1 (C) and VCAM-1 (D) are presented as the mean  $\pm$  standard error of the mean (n=10-18 per group). The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg), and the dollar symbol represents a significant difference compared with the positive control group (0 mg/L + 5 mg/kg for U and 0 mg/L + 7.5 mg/kg for F). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p<0.05$ ,  $p<0.005$ , and  $p<0.001$ ) (general estimating equation for normal regression).

**Figure 9.** Cell viability, cytotoxicity and caspase 3/7 activity in the renal cortex of mice 72 hours after ip U and F injections. Mice were chronically exposed for 6 months by drinking contaminated water (0, 10, 20, 40 mg/L U or 0, 15, 30, 50 mg/L F) and then acutely injected with either NaCl, 5 mg/kg U or 7.5 mg/kg NaF. The results are presented as the mean percentage relative to the negative control group  $\pm$  standard error of the mean (n=10-18 per group). The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg), and the dollar symbol represents a significant difference compared with the positive control group (0 mg/L + 5 mg/kg for U and 0 mg/L + 7.5 mg/kg for F). The number of symbols (1, 2, or 3) corresponds to the level of significance ( $p<0.05$ ,  $p<0.005$ , and  $p<0.001$ ).

**Figure 10.** Representative photomicrographs (400x) of the protein *in situ* renal expression of LC3-II (in green) in mice chronically exposed for 6 months, by drinking contaminated water (0, 10, 20, 40 mg/L U or 30 mg/L F) and then acutely injected with either NaCl, 5 mg/kg U or 7.5 mg/kg NaF (A) (n=10-12 per group). The results of the semiquantification of LC3B scoring after U exposure (B) are presented as the mean  $\pm$  standard error of the mean. The asterisk represents a significant difference compared with the negative control group (0 mg/L + 0 mg/kg) (general estimating equation for normal regression, \*\*\* $p<0.001$ ). An enlarged image (C) after exposure to 40 mg/L and 5 mg/kg U to show the green puncta of LC3-II, which represent protein recruitment to autophagosome membranes, is presented.

**Figure 11.** Representative photomicrographs (200x) of the *in situ* renal expression of the protein IRE1- $\alpha$  (in green) in control mice and mice exposed over a 6-month period to either 50 mg/L F or 40

634 mg/L U in drinking water and then acutely injected with 7.5 mg/kg F or 5 mg/kg U, respectively (A)  
635 (n=10-12 per group). The number of IRE1- $\alpha$ -positive tubules after U (B) or F exposure (C) is presented  
636 as the mean  $\pm$  standard error of the mean. The asterisk represents a significant difference compared with  
637 the negative control group (0 mg/L + 0 mg/kg) (\* $p$ <0.05, \*\* $p$ <0.005, and \*\*\* $p$ <0.001) (general  
638 estimating equation for normal regression).

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