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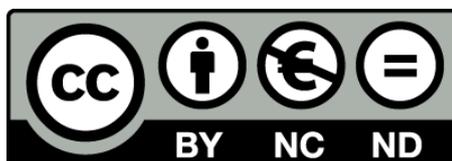
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Ovarian dysfunction associated with zona pellucida-based immunocontraceptive vaccines

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Abstract

Despite more than forty years of research into zona pellucida (ZP)-based vaccines, relatively little is known about their mechanism of action. Early research demonstrated precipitation of ZP glycoproteins by anti-ovarian antiserum, rendering oocytes resistant to sperm binding *in vitro*. Subsequent work showed significantly decreased fertilization rates following passive immunization, sparking interest in anti-ZP immunocontraception for human and animal use. The primary mechanism of action of ZP vaccines is generally considered to be an antibody mediated interference with sperm-oocyte binding and, or fertilization. However, this mechanism of action excludes the potential for ovarian dysfunction associated with anti-ZP treatment in some species. A review of relevant literature in pertinent model, domestic and wildlife species reveals a variety of previous and current hypotheses for ovarian effects following ZP-based immunization. Ovarian dysfunction has been suggested to be a species-specific response. In addition, cytotoxic T-lymphocytes and the use of Freund's adjuvants have been suggested to play a role. Finally, the

27 type and extent of glycosylation of ZP antigens have been proposed to influence ovarian effects.
28 The validity of these hypotheses is re-examined in the light of current knowledge. Further
29 investigation of ovarian function in species believed to be resistant to the ovarian effects of anti-
30 ZP vaccines is warranted. To this end, anti-Müllerian hormone may provide a novel tool for the
31 assessment of ovarian function during ZP-based immunocontraception, particularly in wildlife
32 species not amenable to frequent clinical examination.

33

34 **Keywords:** porcine zona pellucida, contraception, anestrus, oophoritis, Freund's adjuvants,
35 cytotoxic T-lymphocyte, glycosylation

36

37 **1. Introduction**

38

39 The zona pellucida (ZP) is a complex glycoprotein matrix surrounding the mammalian oocyte and
40 early conceptus. Comprised of either three or four glycoproteins, the ZP plays a pivotal role in the
41 union of oocyte and spermatozoon during mammalian fertilization, arguably the most important
42 joining event in biology. In addition, the ZP functions in the induction of the acrosome reaction,
43 the prevention of polyspermy and protection of the early embryo [1]. Furthermore, the ZP is
44 intimately involved in communication between the oocyte and its surrounding granulosa cells in
45 the developing follicle [2]. These critical functions of the ZP in reproduction and its tissue-specific
46 nature have encouraged research into its role as an immunocontraceptive for over 40 years [3].

47

48 Porcine zona pellucida (pZP) with added adjuvant remains the most common native form of the
49 vaccine due both to the homology between the ZP proteins of many mammalian species and its
50 availability in relatively large quantities [4, 5]. Approximately 80 zoo and wildlife species have
51 been successfully contracepted using pZP [6]. Despite this widespread application, relatively little
52 is reported describing the vaccine's mechanism of action. In research aimed at humans, initial

53 enthusiasm for ZP-based immunocontraception waned sharply following reports of ovarian
54 dysfunction in rabbits and non-human primates [7, 8]. A number of hypotheses regarding the
55 causes of ovarian dysfunction during ZP-based immunocontraception have since evolved.

56

57 This review re-visits initial studies describing ovarian tissue, oocytes or ZP as immunological
58 agents, upon which our current understanding of pZP's mechanism of action is based. In addition,
59 several hypotheses advanced to explain ovarian dysfunction observed during ZP-based
60 immunocontraception are re-evaluated based on relevant literature reporting on common
61 laboratory and domestic animal species, as well as the feral horse, deer and African elephant.

62

63 **2. Early work on ZP antigens and antisera: a journey down memory lane**

64

65 Interest in immunological methods of fertility control dates back to the late 1890's with an initial
66 focus aimed primarily at testes and spermatozoa as immunizing agents, reviewed by Tyler [9].

67 Reports of antisera to ovarian homogenates blocking fertilisation processes in the sea urchin [10]
68 and frog [11] encouraged interest in the mammalian oocyte and ovary as putative anti-fertility
69 antigens. Initial studies demonstrated the existence of organ-specific antigens in the guinea pig
70 ovary and testis [12, 13]. Early immunofluorescence studies further localised common antigens to
71 the ZP, atretic follicles and the acrosome of spermatozoa [14].

72

73 Ownby et al. [15] injected golden hamster ovarian homogenates combined with Freund's
74 complete adjuvant (FCA) into rabbits. Boosters, consisting of ovary homogenates with Freund's
75 incomplete adjuvant (FIA), were followed by weekly serum sampling. The antisera produced
76 included antibodies to at least one antigen unique to the ovary, demonstrated using agar-gel
77 diffusion plates. Super-ovulated hamster eggs exposed to rabbit anti-ovary antisera formed a
78 precipitate in the ZP that was visible under light and phase contrast microscopy. The precipitated

79 ZP was found to be resistant to digestion by trypsin. Similar findings were reported by Sacco et al.
80 [16].

81

82 Anti-ovarian antiserum, added to hamster ova prior to exposure to homologous spermatozoa *in*
83 *vitro*, interfered with sperm-oocyte binding. None of 170 pre-treated oocytes was penetrated by
84 spermatozoa, in comparison to nearly half of 58 control oocytes [17]. The use of homogenised
85 oocytes rather than the whole ovary as an immunogen produced similar results [18]. Despite ZP-
86 based immunocontraception being in its infancy, researchers noted the potential advantages of
87 this method of fertility control, including reversibility and the absence of somatic side effects due
88 to the specificity of anti-ZP antibodies [17].

89

90 Jilek et al. [3], using mice passively pre-immunized with rabbit anti-mouse ovary antisera,
91 demonstrated via immunofluorescence the presence of anti-ZP antibodies bound to oocytes
92 aspirated from antral follicles, as well as ovulated oocytes. This showed that anti-ZP antibodies
93 were capable of reaching the ZP *in situ* within the follicle. In addition, passive immunization was
94 found to decrease fertilization rates from over 91% to below 1%. The authors concluded that the
95 effect on fertility *in vivo* “seems to be a block to sperm penetration through the ZP, on which
96 antibodies were actually detected within the follicles”.

97

98 Further study of aspirated oocytes and early embryos flushed from the uterus or uterine tubes of
99 untreated hamsters showed that anti-hamster ovary antiserum precipitated the ZP of pre-
100 ovulatory oocytes as well as early embryonic stages *in vitro*. In addition, precipitation of the ZP
101 following fertilization was thought to inhibit the attachment of transferred embryos to the
102 endometrium [19], possibly as a result of interference with embryonic hatching [20]. In a similar
103 study in mice, anti-oocyte and anti-ZP antisera had no effect on the development of early
104 embryos to the blastocyst stage *in vitro*, although a small effect on zona shedding was noted [21].

105 A later study in the same species found that pre-incubation with anti-ZP antiserum had no effect
106 on early embryonic development and zona hatching *in vitro*, nor implantation and further
107 development of pre-treated embryos transferred to pseudopregnant recipients, despite visible
108 precipitation of the zonae [22]. Similarly, mice passively immunized with anti-ZP antiserum two
109 days after mating showed no adverse effects on fertility or fecundity, and anti-ZP antisera had no
110 effect on early embryonic development *in vitro* [23].

111

112 From these initial studies and those that followed, hypotheses regarding ZP vaccines' mechanism
113 of action evolved as a primarily antibody-based interference with one or more of the following
114 processes: sperm-oocyte binding, the acrosome reaction, sperm movement through the ZP,
115 oocyte activation and, or the zona block; thus, at the level of the peri-ovulatory oocyte. If so,
116 oestrous cyclicity and reproductive behaviours should remain unaffected following vaccination.
117 This feature of pZP immunocontraception has been an important, though occasionally
118 controversial, rationale supporting its application in species with complex social hierarchies, such
119 as the African elephant and feral horse [24-28]. The detection, however, of ovarian dysfunction
120 subsequent to treatment with ZP-based vaccines in some species has provided a challenge to
121 researchers hoping to overcome this potentially undesirable outcome. During this process, a
122 number of hypotheses regarding the cause of ovarian dysfunction have developed.

123

124

125 **3. Hypotheses explaining ovarian dysfunction during ZP-based immunocontraception**

126

127 **3.1. "Glycosylation causes oophoritis"**

128

129 Glycosylation refers to the pattern of binding of distinct carbohydrate moieties to amino acids,
130 giving rise to the glycoprotein structure of the ZP. The diverse nature of ZP glycosylation across

131 species may play a role in the species-specificity of sperm-zona binding [29]. Chemical de-
132 glycosylation of pZP3 was found to decrease its antigenicity and immunogenicity; precipitation of
133 ZP *in vitro* by the relevant antisera was more superficial than precipitation produced using
134 antisera to glycosylated pZP3 [30]. Consequently early workers in the field considered the de-
135 glycosylation of ZP antigens in order to negate pZP's oophoritogenic effects. In rabbits, the
136 degree of glycosylation of pZP was found to correlate directly with the degree of interference
137 with folliculogenesis, ovulation and oestrous cyclicity [31, 32]. Researchers hoped that qualitative,
138 rather than purely quantitative, differences in the immune response to de-glycosylated versus
139 glycosylated ZP antigens were responsible for the differences in oophoritogenic effect [32].
140 Subsequent trials in marmoset monkeys [33] and baboons [34] found that immunization with de-
141 glycosylated pZP3 did indeed result in lower levels of ovarian dysfunction compared to
142 glycosylated pZP3; a result that correlated to poorer antibody responses. In addition, antisera to
143 de-glycosylated ZP antigens provided poorer contraceptive efficacy *in vitro* [33]. Although now
144 abandoned as a possible means of preventing oophoritis, glycosylation remains a factor to
145 consider when designing synthetic vaccines. For example, Hardy et al. [35] investigated the use of
146 mammalian versus insect expression systems in the production of a recombinant murine ZP3
147 antigen. Recombinant ZP3 produced in a mammalian expression system caused a transient
148 antifertility effect. However, recombinant ZP3 produced in an insect expression system had no
149 anti-fertility effect despite evidence of an antibody response, possibly as a result of differences in
150 glycosylation of the protein product. Furthermore, differences in glycosylation may contribute to
151 the reduced immunogenicity associated with some synthetic vaccines, where multiple boosters
152 have been required to maintain adequate antibody titres [36-38].

153

154 **3.2. "Contamination with non-ZP ovarian proteins causes ovarian dysfunction"**

155

156 An early study investigating pZP immunocontraception in cynomolgus monkeys suggested that
157 contamination may have been responsible for the ovarian dysfunction detected, as a result of
158 immune responses directed towards extra-ZP ovarian epitopes [8]. This hypothesis currently
159 remains a commonly advanced argument [39].

160

161 Specific binding of anti-ZP antibodies within the developing ovarian follicle, primarily within the
162 ZP, occasionally involving adjacent oolemma or granulosa cells, has been demonstrated in the
163 rabbit [40] cat, dog, horse and African elephant [41, 42]. Similar findings have been demonstrated
164 using immunofluorescence in both primates [43, 44] and rabbits [45].

165

166 In addition, recombinant and synthetic peptide ZP antigens exclude the possibility of
167 contamination by non-ZP ovarian proteins [46]. A review of the literature describing the use of
168 these vaccines across a number of species includes multiple studies in which synthetic vaccines,
169 including antigens delivered within a virus or as a DNA plasmid vaccine, are nevertheless
170 associated with abnormalities on ovarian histology, including cellular inflammatory infiltration
171 and, or decreased follicle numbers [38, 40, 45, 47-57]. Although these findings do not completely
172 exclude the possibility of contamination of pZP vaccines as a cause of ovarian dysfunction, these
173 reports suggest that oophoritis or interference with folliculogenesis may be an inherent feature of
174 ZP-based vaccines.

175

176 In addition, attempts at purification of pZP to avert ovarian dysfunction has shown limited
177 success in primates [34, 58, 59]. In the bitch, purified pZP failed to prevent ovarian pathology,
178 although the observed pathology was milder and seen in association with lower antibody titres
179 than that induced by a crude pZP preparation [60, 61].

180

181 **3.3. “Freund’s adjuvants are linked to ovarian dysfunction”**

182

183 Freund's complete adjuvant (FCA) consists of a water-in-oil emulsion, incorporating non-
184 metabolizable oils (paraffin oil and mannide monooleate) and heat-killed *Mycobacterium*
185 *tuberculosis* cells. Freund's incomplete adjuvant (FIA), generally preferred for booster
186 vaccinations, consists of a similar water-in-oil emulsion without mycobacterial cells. Since its
187 initial description nearly eighty years ago, initially incorporating only paraffin oil and
188 mycobacteria (reviewed in [62]), FCA has enjoyed widespread application in immunological
189 research due to its marked efficacy as an adjuvant. However, side effects associated with FCA,
190 particularly granulomatous injection site reactions, have discouraged its commercial use [63].

191

192 Concerns regarding false positive results to tuberculosis testing following the use of FCA led to
193 the development of Freund's modified complete adjuvant (FMCA), incorporating *M. butyricum*
194 instead of *M. tuberculosis*. While most ZP-based research involving Freund's adjuvants has
195 employed FCA, recent research in horses and African elephants has made use of FMCA. In horses,
196 pZP with FMCA was found to induce antibody titres consistently higher than, although statistically
197 no different to pZP with FCA [64]. Although most researchers likely refer to FCA when discussing
198 Freund's adjuvants, the following discussion encompasses both FCA and FMCA.

199

200 A third hypothesis within ZP-based immunocontraceptive research implicates the use of Freund's
201 adjuvants in the pathogenesis of ovarian dysfunction. Early studies in primates detected
202 disturbances of ovarian function in control groups administered Freund's adjuvant alone [59, 65].
203 These findings were later contradicted by investigators who reported an absence of ovarian
204 pathology in adjuvant control groups [33, 66]. A similar lack of ovarian effects was found in
205 rabbits administered Freund's adjuvant only, in comparison to saline-treated controls [31, 32, 67].

206

207 In two studies reporting a direct comparison between Freund's and alternative adjuvants in
208 combination with pZP, only the inclusion of Freund's adjuvant was associated with ovarian
209 pathology in two monkey species [66, 68]. However, the alternative adjuvants induced antibody
210 titres that were lower, and, or diminished faster than antibody titres induced by Freund's
211 adjuvants.

212

213 Furthermore, ovarian dysfunction or oophoritis is clearly not limited to the use of Freund's
214 adjuvants, having been reported in association with a number of non-Freund's adjuvants,
215 including alum [8, 61]; muramyl dipeptide (MDP) [34, 49, 69]; MDP with Morris adjuvant [36, 70];
216 squalene with Arlacel-A (and SPLS; primary vaccination) [38, 71]; MDP with squalene and Arlacel-
217 A [52]; and CP20,961 [60, 72].

218

219 **3.4. "Cytotoxic T-cells cause oophoritis and ovarian dysfunction"**

220

221 The adaptive immune system is mediated largely by T-helper and T-cytotoxic lymphocytes. T-
222 helper (CD4⁺) cells recognise soluble and particulate antigens presented by professional antigen
223 presenting cells, in association with major histocompatibility class (MHC) II molecules. In the
224 classical endogenous pathway, intracellular-derived antigens presented in association with MHC
225 class I molecules are recognised by cytotoxic T-lymphocytes (CD8⁺; CTL). An alternative pathway
226 has been suggested, whereby dendritic cells present extracellular antigens, which could include
227 ZP antigens, via MHC I [73]. While T-helper cells play a role in the production of antibody by B-
228 lymphocytes, CTL produce a direct cytotoxic effect. Other cells capable of cytotoxicity include
229 members of the innate immune system such as macrophages and natural killer cells.

230

231 Various authors have suggested that a CTL response may be involved in the development of
232 oophoritis during pZP immunocontraception [1, 74-77], often citing Rhim et al. [47], Lou et al. [78]

233 and Lou et al. [79] despite no reference to CTL within the cited studies. Few studies have actively
234 attempted to identify CTL responses during ZP-based immunocontraception. In mice, the
235 infiltration of CD4⁺ and CD8⁺ T-lymphocytes was demonstrated in ovarian sections using
236 immunohistochemistry, following infection by a murine cytomegalovirus expressing mZP3 [56].
237 However, the presentation of the antigen by a virus provides a direct link to the classical MHC I T-
238 cell pathway, likely contributing to the CD8⁺ response. Further work classifying the immune
239 response to ZP vaccines, including the potential role of CTL in the pathogenesis of ovarian
240 dysfunction, is warranted.

241

242 What does seem clear is the link between ovarian pathology, a helper (CD4⁺) T-cell mediated
243 immune response and an antibody response. Rhim et al [47] showed that the adoptive transfer of
244 CD4⁺ T-cells induced an oophoritis despite the absence of any detectable antibody response. This
245 oophoritis was described as interstitial, excluding developing follicles, and did not appear to
246 interfere with ovarian function in mice [50]. In a subsequent study, Lou et al. [51] reported that
247 the presence of anti-ZP antibodies redirected the cell-mediated inflammatory response from the
248 ovarian interstitium to the developing follicles, resulting in profound interference with ovarian
249 function [51].

250

251 Furthermore, Lloyd et al. [57] found that immunoglobulin-deficient mice, incapable of mounting
252 an antibody response but otherwise capable of normal adaptive immune responses, showed
253 neither decreased fertility nor abnormalities on electron microscopy of ovarian sections following
254 infection by a recombinant murine cytomegalovirus expressing murine ZP3 [57].

255 Immunocompetent mice infected with the same virus showed decreased fertility and fecundity,
256 and evidence of abnormal ZP formation and vacuolisation of oocytes on electron microscopy of
257 ovarian sections. Although it could be argued that a recombinant ZP-expressing virus would be
258 expected to show differences in immune response mechanisms to the conventional pZP vaccine,

259 this study suggested a pivotal role for antibodies in the development of oophoritis during anti-ZP
260 immunocontraception.

261

262 Taken together, these studies demonstrate the roles of both CD4⁺ T-lymphocytes and antibodies,
263 in unison, in ZP vaccine-induced interference with ovarian function in mice. Whether or not a
264 similar dynamic plays a role in ovarian dysfunction in other species warrants further research.

265

266 **3.5. “Ovarian dysfunction is species-specific”**

267

268 Finally, ovarian dysfunction during ZP-based immunocontraception, characterised as a cellular
269 oophoritis and, or interference with folliculogenesis, has been described as a species-specific
270 complication. Antibody responses to ZP-based vaccines show some variation between individuals
271 within a species, and likely represent variation in the overall immune response to vaccination.
272 Reasons for individual variation in immune response include factors influencing the physiological
273 status of the individual during or after vaccine administration, including physiological stress,
274 nutritional status, and the presence of concurrent systemic conditions. In addition, genetic
275 differences in immune response to immunocontraceptive vaccines have been suggested to play a
276 role [80].

277

278 Significant species differences in terms of the endurance of antibody titres have also been well
279 documented. To illustrate this, Dall sheep maintained significant antibody titres for over three
280 years following an initial pZP vaccination regime (primary plus booster) [81], whereas Muntjac
281 deer required bi-annual boosters to maintain antibody levels [82].

282

283 A review of nine species groups (mice, rabbits, non-human primates, dogs, cats, sheep, deer,
284 horses and African elephants), arguably the most studied species to date in terms of ZP-based

285 immunocontraception, revealed evidence of abnormal cyclicity in each one of these species
286 following treatment, with the notable exception of the cat and African elephant (Table 1). Cats
287 are refractory to pZP, showing neither cyclic disturbances nor any effect on fertility [83, 84]. One
288 study examining oestrous cyclicity during pZP immunocontraception (two to three years after the
289 start of treatment) in African elephants included evidence of anoestrus in a proportion of treated
290 cows [85]. Although this effect was possibly ascribable to seasonal effects, the lack of controls
291 complicates any definitive conclusions.

292

293 In horses, ovarian inactivity following pZP treatment, certainly in the short term, appears to have
294 been undetected for over twenty years. An initial study of pZP in horses found no significant
295 evidence of abnormal ovarian function following short-term treatment [86]. Similarly, Powell et
296 al. [87] found no differences in oestrous cycle characteristics between pZP-treated and untreated
297 mares. Although researchers noted depressed excretory steroid levels and slower reversal of
298 infertility following prolonged (≥ 3 years) treatment [88, 89], the mechanism of action of pZP
299 immunocontraception in mares as an antibody-based interference with conception at the level of
300 the oocyte remained until recently the generally-accepted dogma in this species. Bechert et al.
301 [90] compared two long-acting pZP vaccine formulations in mares. Treated mares demonstrated
302 lower serum progesterone levels, smaller ovaries and fewer follicles than control mares; 93% of
303 treated mares ceased oestrous cyclicity within four months of treatment. Similarly, six of seven
304 mares treated with two doses of the conventional pZP vaccine demonstrated periods of
305 anoestrus post-treatment, characterised by baseline serum progesterone levels and a lack of
306 follicular development [39]. In part, the discrepancy between the latter two studies and other,
307 earlier studies might be explained by differences in antigen dose rates (100 μg [39] and 200 μg of
308 a single administered formulation [90], compared to 65 μg [91]). In addition, most trials observed
309 feral horses with associated constraints on clinical monitoring [27].

310

311 In white-tailed deer, ongoing oestrous behaviours during pZP immunocontraception has been
312 reported by a number of studies [92-94]. Yet, a study showing depressed progesterone levels
313 following pZP treatment suggests that ovarian inactivity may nevertheless be a feature of pZP
314 immunocontraception in this species [95]. The dose of pZP administered in the latter study (300
315 to 500 µg) was higher than that reported in other deer studies (65µg; [92, 93, 96]). This, however,
316 suggests that ovarian suppression is dose-dependent, rather than species-dependent. In a later
317 study, fewer normal secondary follicles were detected in recently re-vaccinated does in
318 comparison to controls and does vaccinated two years previously, although sample sizes were
319 low [97]. A third study anticipated observing increased mating behaviour in pZP-treated does but
320 found no differences in behaviours, including oestrus and dominance behaviours, between
321 treated and untreated groups of fallow deer [98]. Given the similar difficulties in oestrus
322 detection between feral horses and deer, further study of the ovarian effects of pZP in deer is
323 warranted.

324

325 In summary, ovarian suppression may be an inherent feature of effective ZP-based
326 immunocontraception, associated with the generation of elevated antibody titres over a
327 prolonged period of time and contributing to the vaccine's contraceptive effect, rather than a
328 species-specific response. However, further research to confirm this hypothesis is indicated.

329

330 **4. The link between antibody titres, contraceptive efficacy and ovarian dysfunction**

331

332 Although not an absolute rule, a recurring theme throughout the literature is the apparent link
333 between the immunogenicity of a ZP vaccine with the antifertility capabilities of the vaccine and
334 the presence of ovarian dysfunction. In the dog [60], sheep [99] and rabbit [7, 32, 67], ovarian
335 pathology and contraceptive efficacy showed a direct correlation when comparing two or more
336 alternative formulations. Similarly, in primates, significant antifertility efficacy is associated with

337 evidence of ovarian dysfunction [70, 71, 100]; with the converse also demonstrated (poor
338 antifertility effect with no evidence of ovarian effects) [101, 102]. Finally, in the cat, the absence
339 of contraceptive efficacy accompanies a consistent lack of ovarian effects [83, 84, 103].

340

341 These observations support the hypothesis that ovarian dysfunction is an inherent feature, or at
342 least a component, of the mechanism of action of ZP-based vaccines [46, 60]. To the best of the
343 authors' knowledge, no vaccine formulation, whether native or synthetic, has yet achieved near
344 complete contraceptive efficacy without some evidence of ovarian effects following further
345 study. Attempts at vaccine design, aimed at the inclusion of B-cell epitopes while excluding
346 putative oophoritogenic T-cell epitopes, have indeed shown decreased ovarian effects but, again,
347 limited contraceptive success [70, 79, 104-106]. To further complicate matters, ovarian effects
348 may inadvertently be missed. Periods of ovarian dysfunction may be transient and their detection
349 consequently dependant on the timing of sampling interventions for ovarian histology in relation
350 to vaccine administration [61]. In addition, the difficulty associated with the detection of cellular
351 inflammatory infiltrates in ovarian tissue sections under light microscopy has been demonstrated.
352 In an initial study, no inflammatory infiltrate was detected in ovaries observed under light
353 microscopy [107]. However, in a follow-up study using the same population and methodology,
354 lymphocytic infiltration of the ovary was detected using immunohistochemistry [56]. The value of
355 immunohistochemistry over conventional histopathology in detecting oophoritis was confirmed
356 by Bagavant et al. [52].

357

358 Possible causes of interrupted folliculogenesis, leading to ovarian atrophy and anoestrous,
359 include immune-mediated follicular destruction and interference with normal follicle
360 development [60]. Destruction of oocytes and follicles could occur as a result of antibody-
361 mediated complement activation. Few studies have investigated the role of complement in ZP-
362 based immunocontraception. In an early study, mice were treated with solubilized hamster ZP

363 followed by superovulation and the flushing of oocytes from the oviducts. Antibody and
364 complement binding to oocytes was assessed using fluorescein-conjugated rabbit anti-mouse IgG,
365 and rabbit anti-mouse complement C3 followed by fluorescein conjugated goat anti-rabbit IgG,
366 respectively. In both tests, bright immunofluorescence was detected on oocytes from immunised
367 animals, with no immunofluorescence detected on control oocytes [108]. In contrast, no
368 complement binding was visualised in ovarian sections from immunocontracepted dogs, however
369 the small sample size and the lack of a positive control for the complement-binding assay were
370 major limitations to the study [61].

371

372 Alternatively, or additionally, the immune response might alter ZP structure and function in
373 developing follicles, affecting communication between the growing oocyte and its surrounding
374 granulosa cells [109]. This scenario is mimicked in mice lacking the functional gene for connexin
375 37, one of a family of proteins involved in intercellular communication between oocytes and
376 granulosa cells. Folliculogenesis is inhibited in connexin 37-deficient mice. In addition, ovaries
377 show abnormal accumulations of luteinised tissue [110], possibly resembling that described in ZP-
378 treated mice [111], rabbits [40, 45, 67] and primates [8, 36]. This mechanism may be particularly
379 plausible in the dog, where pZP treatment caused the formation of ovarian cysts associated with
380 prolonged oestrogen secretion [61].

381

382 **5. Concluding remarks**

383

384 The advantages of ZP-based immunocontraception include its efficacy as a contraceptive agent in
385 many species, safety during pregnancy, reversibility (at least in the short term) and freedom from
386 major side effects [112]. Apart from ovarian senescence, extensive macroscopic and microscopic
387 post mortem examinations of the major organ systems in pZP-treated mares failed to reveal any
388 pathology that could be linked solely to pZP [90]. The vaccine can be remotely delivered,

389 important for use in feral species [113]. Furthermore, the protein nature of the vaccine precludes
390 its entry into the food chain [29]. Permanent sterility, if indeed this could be induced by pZP
391 vaccination with a degree of reliability, may be a desirable side effect in certain so-called pest
392 species [46]. Importantly, pZP vaccination appears to show minimal adverse effects on animal
393 welfare, particularly when compared to alternative means of population control such as culling
394 [28]. No adverse behavioural or social effects were detected in a long-term study of pZP
395 immunocontraception in elephants [114]. In the feral horse, pZP immunocontraception has been
396 associated with both enhanced longevity and body condition [115]. Furthermore, the vaccine
397 showed few significant effects on social behaviours and time budgets in horses [116, 117]; one
398 study reported an increased frequency of reproductive behaviours and a lengthening of the
399 breeding season, which should be considered during the management of immunocontracepted
400 herds [118]. Further studies to confirm the lack of effects on behaviour and welfare are
401 warranted.

402

403 In most species studied, annual and sometimes biennial boosters are required if the
404 contraceptive effect is to be maintained. From a practical point of view, particularly in free-
405 ranging species like the African elephant, this requires considerable time and resource
406 investment. A long-acting pZP formulation which induces antibodies titres that are maintained for
407 two years or longer after a single treatment would be a major advantage. A series of studies
408 investigated the use of lactide-glycolide polymers to form pellets incorporating pZP. The release
409 delay, depending on the ratios of lactide and glycolide in the pellets, was either one, three or 12
410 months. Hand-injected pellets in combination with a conventional primary dose of pZP resulted in
411 antibody titres that were sustained at contraceptive levels for 21 to 22 months. The contraceptive
412 effect was evident for two years; a result which was promising [119]. An entirely different
413 approach to achieve long-lasting antibody titres and thus contraception has been the use of a
414 liposomal formulation consisting of lecithin and cholesterol and emulsified with FMCA, or

415 lyophilised and then reconstituted with FCMA [90]. Both formulations produced sustained
416 antibody titres in mares (monitored for 22 weeks) and induced cyclic changes alluded to earlier.
417 Moreover, the latter formulation maintained antibody titres for at least seven years in African
418 elephant cows [120]. The emulsified formulation has previously been tested in grey seals [121]
419 and deer [122], both producing infertility that was maintained over three years or longer. Bechert
420 et al. [90] proposed a number of possible mechanisms that may be responsible individually or,
421 more likely, collectively for the sustained antibody titres. These were sustained release of antigen
422 from the injection site, increased production of long-lived plasma cells in the bone marrow and
423 mobilisation of follicular dendritic cells within draining lymph nodes. Self-boosting by zona
424 capsules in developing follicles was also mentioned but, in the absence of local adjuvant, seemed
425 unlikely and would also apply to other pZP formulations. While these results are extremely
426 encouraging, the longer term effects on ovarian function have not been investigated
427 satisfactorily. Reversibility and thus lack of long-term ovarian effects in species like the African
428 elephant is an extremely important feature of this treatment.

429

430 The commercial availability of serum anti-Müllerian hormone (AMH) assays may provide access to
431 a novel method of monitoring the ovarian effects of immunocontraception in females. This
432 hormone, secreted by the granulosa cells of, primarily, preantral and early antral follicles, has
433 been correlated to antral follicle counts and ovarian reserve in mice [123], cattle [124] and
434 women [125]. Recently, AMH levels measured in mares during the course of one year of their
435 immunocontraception with either pZP or GnRH vaccines were compared. While the GnRH vaccine
436 had little effect on AMH levels, pZP suppressed serum AMH in the short term (Joonè et. al., *in*
437 *preparation*). Given the proposed link between low AMH levels and ovarian suppression in these
438 mares, AMH may prove useful in species not amenable to direct clinical examinations of their
439 reproductive organs. Likewise, pZP vaccination may provide an exciting tool for the study of AMH
440 and its relationship to follicular dynamics and the ovarian reserve.

441

442 In conclusion, this review suggests a re-evaluation of dogmas that have emerged within the field
443 of ZP-based immunocontraception, regarding these vaccines' ovarian effects. The suggestion that
444 ovarian suppression could be an inherent feature of effective ZP-based immunocontraception,
445 across all species, requires further investigation. Nevertheless, pZP remains a valuable, practical
446 and humane means of population management with application in a number of mammalian
447 species.

448

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756

757 **Table 1**

758 Overview of the literature reporting on ovarian dysfunction during zona pellucida-based immunocontraception.

Species	No evidence of ovarian dysfunction detected ^a	Evidence of ovarian dysfunction detected ^a	Inconclusive evidence of ovarian dysfunction detected	Fertility rates ^b reported for the relevant vaccine formulation, within the cited studies
Mice	[74, 104-106]			9% to 100%
		[48, 50, 53, 55-57, 107, 111]		0% to 100%
Rabbits	[7, 54]			100%
		[7, 31, 32, 40, 45, 54, 109]		0 – 30%
Non-human primates	[36, 37, 49, 68, 70, 100-102]			25 – 100%
		[8, 33, 34, 36, 49, 52, 58, 59, 68-71, 100]		0 – 50%
Cats	[83, 84, 103]			16 ^c - 100%
Dogs	[38, 60, 72]			100%
		[60, 61, 72]		0 – 34%
Sheep	[99]			100%

		[99]	0%
White-tailed deer	[92-94, 97]		0 – 95%
		[95]	11%
Horses	[39, 86, 87]		0 – 57%
		[39, 88-90]	0 – 8%
African elephants		[85]	0%

759

760 ^aEvidence of ovarian dysfunction includes histological evidence of oophoritis or decreased follicle numbers, or behavioural or hormonal evidence of
761 abnormal oestrous or menstrual cyclicity

762 ^bExpressed as a proportion of the control group, where control groups are available

763 ^cNot statistically significant

764