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Comparison and Evaluation of Seven Animal Models of Ischemic Skin Wound: A Review Article

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Authors' contributions

This work was carried out in collaboration between both authors. Author MB collected the papers and wrote the first draft of the manuscript. Author SC edited it scientifically. Author MB submitted it to the journal. Both authors read and approved the final manuscript.

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Review Article

ABSTRACT

Focusing on pathophysiology, prevention, and treatment of ischemic wounds is apriority for medical and basic scientists in order to develop new clinical approaches. However it is not always easy for researchers to choose optimal animal models for their particular assessments. This review provides concise information on all currently available ischemic animal models, including rabbits' ear ischemic models, axial skin flaps (axial pattern flaps), burns, ischemic limbs, localized ischemic wounds, pressure ulcers, and skin flaps, along with their citations as a measure of their acceptance among other researchers. We searched the numerous databases consisting of PubMed, Scopus, Science Direct, and Google Scholar. Key words included ischemic wound, skin, and animals alone or in combination. Some important features of the seven types of ischemia as well as their results are presented in Tables 1 -7. Table eight presents the results of entire groups of ischemic animal models, with their number of papers, number of wounds, and total and average Google Scholar

citations, and web of science citations. We found that rabbits' ear ischemic models, localized ischemic wounds, and pressure ulcers have the highest total and average citations amongst the studied groups. It was concluded that the rabbits' ear ischemic model, rat pressure ulcer models, and localized ischemic wound models, have made the greatest contribution to our understanding of the pathophysiology of the ischemic wounds and increased production of new therapeutic protocols based on the citations reported by Google scholar and the web of science databases between 1977 and 2017.

Keywords: Skin ulcer; wound healing; wound and injuries; pressure ulcer.

1. INTRODUCTION

1.1 Why are Tissue Ischemia and Skin Repairs Important?

When the normal repair is disrupted, chronic wounds develop. Ischemia is one of the most common causes of chronic wounds [1] which fail to heal in a ''normal'' period of time. Clinical observations suggest that persistent tissue ischemia in the vicinity of the wound is an important underlying feature of chronic wounds. Ischemia severely impairs the healing process by causing wound repair dysregulation, ultimately threatening limb and life [2]. Long term ischemia leaves wounds vulnerable to infection, inflammation, and necrosis and is an important factor in repair hindrance in many diseases [3]. Chronic wounds are heterogeneous, and are clinically challenging because they strictly damage tissue repair [4-7]. In the USA, 6.5 million people suffer from chronic wounds including ischemic wounds costing in excess of \$25 billion each year in the management of chronic wounds [8].

1.2 Normal Skin Repair (Wound Healing Process)

Understanding normal skin repair is necessary for effective prevention and treatment. Skin repair happens on a time continuum with steps including hemostasis, inflammation, proliferation, and remodeling [9]. Each step is vital to achieve complete wound healing, and any alteration from the normal state can be associated with postponed or abnormal skin repair [9].

1.3 Ischemic Skin Repair

At first we should describe some important terms. Hypoxia refers to low organ oxygen tension, ischemia applied when blood flow to a tissue or organ is limited, leading to low oxygen and nutrition levels [10], and an ischemic ulcer (wound) is an ulcer caused by diminished blood flow through an artery [11].

Low oxygen levels reduce neutrophils' and fibroblasts' functions, decrease collagen synthesis, and increase wound infection [12-14].

1.4 The Need for Animal Models

Animal models are crucial to increase our knowledge [15], and serve as surrogates of the human condition in order to translate experimental findings into clinical use. The most critical factor is the requirement to mimic the clinical environment of the ischemic condition [16]. Previous studies have shown that although more than 100 factors could be involved in nonhealing wounds, one critical pathophysiology is associated with a deficient blood supply. Ischemia may not be the initiating factor for many chronic wounds, as most ulcers start from a combination of neuropathy, pressure loading, infection, and/or trauma. Tissue ischemia is the main cause that hinders healing—wounds do not heal in tissue that does not bleed, whereas they always heal in tissue that bleeds extensively. Currently, the most common animal models of ischemia include: Rabbit ear ischemic model (REIM), axial skin flap (or axial pattern flaps) (ASF), burn, ischemic limb (IL), localized ischemic dermal repair (LIDR), pressure ulcer (PU), and different models of random patterns of blood vessels in skin flaps (SF).

1.5 Available Animal Models of Ischemic Wounds

1.5.1 Rabbits' ear ischemic model (REIM)

The REIM model was initially created using a microsurgical technique [17]. Recently an improved version of this ischemic wound model that does not require microsurgery instruments has been reported [18].

1.5.1.1 Technique

The technique creates incisions at the ear base, and the central and cranial arteries along with their accompanying nerves are severed and ligated, leaving the central vein and the caudal bundle intact. The subcutaneous tissues and muscles are also cut to reduce collateral formation. For wound study, two to four circular full-thickness wounds are created on the ventral side of each ear [18]. their accompanying nerves are se
ligated, leaving the central vein and
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muscles are also cut to reduce
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full-thickness wounds are created on

1.5.2 Axial skin flap (axial pattern flaps) (ASF)

This model is based on a direct cutaneous artery and veins providing a piece of skin. They provide a versatile option for big injury closure [19,20]. This model requires good surgical technique and careful attention to detail when inducing the [19,20]. This model is based on a direct cutaneous artery
and veins providing a piece of skin. They provide
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1.5.2.1 Technique

The technique creates anterior abdominal skin flaps, based solely on the epigastric artery and vein, in the rat model. A unilateral axial pattern skin flap is elevated under direct microscopic vision. The flap is re-sutured into place and observed for a period of 3 to 4 days [20].

1.5.3 Burn

Cutaneous burns are dynamic injuries with a central zone of necrosis surrounded by a zone of ischemia [21]. Acute tissue destruction occurs at the site of burn injuries by direct thermal energy. In addition, a delayed loss of tissue occurs in the surrounding, uninjured skin as a consequence of progressive ischemia [22]. The technique creates anterior abdominal skin
flaps, based solely on the epigastric artery and
vein, in the rat model. A unilateral axial pattern
skin flap is elevated under direct microscopic
vision. The flap is re-suture

1.5.3.1 Technique

One common technique is the induction of a full thickness burn by hot metal. Two burns are created on each animal's dorsum using a brass comb with four bars preheated in boiling water and used for 30 seconds, resulting in 4 fullthickness burns separated by 3 unburned interspaces (zone of ischemia) [21].

1.5.4 Ischemic Limb (IL)

Critical IL refers to the clinical state of advanced arterial occlusive disease, placing an extremity at arterial occlusive disease, placing an extremity at
risk of gangrene and limb loss [23]. This is associated with significant morbidity including chronic wounds, infections, mortality, and health care resource utilization [24,25,1].

1.5.4.1 Technique

The technique involves a transient ligation of the femoral artery and vein, and collateral vessels in femoral artery and vein, and collateral vessels in
rabbits using a microvascular clip. After a 2-hour period of ischemia, the clips are removed to allow reperfusion for 4 hours [26].

1.5.5 LIDR

Localized tissue ischemia is a key factor in the period of ischemia, the clips are removed to
allow reperfusion for 4 hours [26].
1.5.5 LIDR
Localized tissue ischemia is a key factor in the
development and poor prognosis of chronic wounds [27]. This ischemic wound model is reliable, relatively inexpensive, easy to perform, and reproducible [27].

1.5.5.1 Technique:

A dorsal, bipedicle skin flap was raised in the craniocaudal direction deep into the skin muscle (panniculus carnosus). Two adjacent excisional ischemic wounds were created in the center of the flap. Precut and sterilized non-reinforced medical grade sheeting is then placed underneath the flap. The skin flaps and silicone sheet are sutured to the adjacent skin edges. The silicone sheet inhibits wound contraction and internally controlled, non ischemic full-thickness wounds are created (Fig. 1) [27]. The excisional wounds provide sufficient tissue for laboratory tests, and are amenable to the evaluation of topical and systemic therapies that may induce angiogenesis or improve ischemic wound healing [27]. inexpensive, easy to perform,
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Fig. 1. A schematic localized ischemic wound model; A: ischemic wound; B: non ischemic schematic ischemic A: ischemic Fig. was drawn by authors localized control wound. Fig

1.5.6 PU

PUs develop as a result of a localized injury caused to the skin and/or underlying tissue, or both, resulting from prolonged pressure on the skin. The ulcers usually arise over a bony prominence, and are recognized as a common medical problem affecting people confined to a bed or wheelchair for long periods of time [28].

1.5.6.1 Technique

One approach is to gently pull up the dorsal skin of mice and trap it between two round ferrite magnetic plates for 12 hours. Once the plates are removed the mice develop two round ulcers separated by a bridge of normal skin [29].

1.5.7 Skin Flaps (SFs)

This technique has been considered an important procedure in plastic and reconstructive surgery in order to cover defects. Flap necrosis due to failure of blood circulation results in severe complications [30]. SFs provide cutaneous coverage, and may be local, pedicled, or free [31]. Nakajima and colleagues classified SFs into cutaneous, fasciocutaneous, adipofascial, septocutaneous, and musculocutaneous [32]. Random blood vessel pattern skin flaps (RSF) provide the greatest adaptability in reconstructive surgery [32].

1.5.7.1 Technique

In this technique, a random skin flap, including the entire thickness of the skin and panniculus carnosus is made. The base of the RSF is located on a horizontal line between the crest of the iliac bones. The dimensions of the flaps are 20×70 mm. After elevation, the flaps are immediately replaced. The surface area of the flap is measured immediately and seven days after surgery [33]. It is noted that all skin wounds in this review article were full thickness.

1.6 Necessity for the Current Review Study

A total of 6.5 million American patients suffer from chronic and ischemic wounds and would benefit from improvements in wound treatment. To achieve this goal, scientists and physicians would benefit from appropriate and accurate animal models to study ischemic wounds [1]. There are currently a limited number of review articles about animal models of chronic and ischemic wounds. Schäffer et al presented a limited review on SF, PU, and LIDR ischemic models in 2002, and concluded that animal model of ischemia are useful in developing information, although extending the application of these models into the human condition is an excessively lengthy and complex process [1]. Salcido et al provided an outline of techniques used to induce PU in animal models in 2007 [15]. They concluded that the mechanism of healthy tissue or organs progressing to PU remains unknown [15]. Nunan et al (2014) classified all chronic wounds into one of three major categories: leg ulcers, diabetic foot ulcers, and PU. Nunan et al concluded that it should be possible to optimize animal models so that they better recapitulate the medical hallmarks of this situation and permit researchers to better understand its pathological mechanisms [10]. McCafferty et al. described the development of ischemic conditioning strategies from lab to patient, and highlighted where transition into patient investigations has been less successful compared to animal models [16].

Studies focusing on pathophysiology, prevention, and treatment of ischemic wounds remain a priority for medical and basic scientists in order to develop new clinical approaches. However it is not always easy for researchers to choose the optimal animal models for their particular assessments.

The present review article provides concise information about all available studies on ischemic animal models using REIM, ASF, burn, IL, LIDR, PU, and SF, along with presenting their citations in order to determine their acceptance among other researchers, an area that has not been studied completely in the literature to date.

An exhaustive literature review was done on the articles available in the databases such as PubMed, Scopus, Science Direct, Google Scholar and other published manuscripts related to our study using the keywords "ischemic wounds, skin, and animals (Rat, Mice, Rabbit, Pig, Mini pig, Horse)" alone or together. Besides presenting technical notes of the studies, our results also indicate the reliability of these techniques among peer review panels, and editors of journals based on the number of published papers in each item, and their citations in Google scholar and web of sciences.

2. METHODS

2.1 Search Strategy

We first searched Pub Med, Medline, Scopus, Science Direct, Google Scholar and other published manuscripts related to our study using ischemic wound, skin and animals key words alone or together. Then, in order to prevent any probable bias, the titles and abstracts of all the selected studies (published in the English language) were evaluated by another scientist who was not the co-author of this work, and did not have any conflict of interest. He downloaded the full text of these papers and blocked authors' names and affiliations. After that we categorized entire animal models of ischemic wounds into REIM, ASF, burn, IL, LIDR, PU, and SF categories. Finally, article citations issued in Google Scholar and web of sciences were recorded and total citations were calculated. Since citations of papers were reported automatically by Google scholar, and web of sciences, there was no bias in this step.

2.2 Study Selection

All the full text published papers using the key words ischemic wound and skin and animals in their titles and abstracts were incorporated. We found and selected 240 published articles between 1977 and 2017. Next we considered some inclusion criteria for the selected papers in the review. Inclusion criteria prevented any further bias.

Inclusion criteria

- 1. The full text of the paper should be available.
- 2. The language of the paper should be English.

3 Ischemia should be noted in the abstract. 4. Ischemia should be evaluated in skin.

5. The research should be performed in an *in*

vivo model.

Exclusion Criteria

- 1. Studies on ischemia involving human beings.
- 2. Study protocols, book chapters, supplements, or editor comments.
- 3. The papers on animals which full text were not available.
- 4. Language was not English.

We got the number of citations for each paper by reviewing the selected papers in Google Scholar and Web of Sciences websites.

3. RESULTS

Method and steps of the research was shown in flow chart no one.

Some important data of the seven types of animal ischemic models (REIM, ASF, Burns, ischemic limb, localized ischemic wound healing, PU, skin flaps) as well as their results are presented in Tables 1 -7. In table eight for each of animal ischemic models, the number of studies, number of wounds, and total and average Google Scholar citations, and Web of Science citations are included. Accordingly we have found 16 papers related to rabbits' ear ischemic models, 18 papers related to axial skin flaps, 18 papers related to burn models, 9 papers related to ischemic limb models, 16 papers related to localized ischemic wound healing, 11 papers related to pressure sores, and 29 papers related to skin flaps. In total, there were 107 papers.

Files identified through PubMed, Medline,	Additional files identified through other databases
Scopus, Science Direct, and Google Scholar	$(n = 0)$
(240)	
Files after duplicates deleted	
(n = 140	
Files screened	Files excluded
$(n = 107)$	$(n = 0)$
Full-text papers assessed for eligibility	Full-text papers excluded, with reasons
$(n = 107)$	$(n = 0)$
Studies included in qualitative synthesis	
(n =107	

Flow Chart 1. Flow chart of method and steps of the research

Table 1. Specifications of rabbits' ear ischemic model in the reviewed papers; abbreviations: Proadrenomedullin N- terminal 20 peptide (PAMP), stromal progenitor cell (SPC) , Platelet-derived growth factor(PDGF), high-performance liquid chromatography (HPLC), human telomerase reverse transcriptase (hTERT), Keratinocyte growth factor-2 (KGF-2), recombinant human Macrophage colonystimulating factor (rh M-CSF), Reverse transcription - polymerase chain reaction (RT-PCR), rh basic fibroblast growth factor (bFGF)

Table 2. Specifications of axial skin flaps in the reviewed papers; abbreviations, ischemia-reperfusion (I/R), platelet rich plasma (PRP), Axial skin flap (ASF), human umbilical cord matrix stem (HUCMS) cells, vascular endothelial growth factor (VEGF), basic fibroblast growth factor (bFGF), transforming growth factor-beta (TGF-beta) and extracorporeal shock waves (ESW)

Table 3. Specifications of burn models in the reviewed papers; abbreviations: recombinant human erythropoietin (rhEPO), topical lidocaine/prilocaine cream (EMLA), D-myo-inositol-1,2,6-trisphosphate (IP3)

Table 4. Specifications of ischemic limb models in the reviewed papers; Abbreviations: remote ischemic preconditioning (RIPC) , the heme oxygenase-1 (HO-1), histone deacetylase inhibitors (DIs) , bone marrow platelet rich plasma (bm-PRP), peripheral blood platelet rich plasma (pb-PRP), E-twenty six (ETS) factor Ets variant 2 (ETV2), poly-D,L-lactide-co-glycolide (PLGA), nitric oxide (NO), thrombospondin 2 (TSP2), bone marrow-derived endothelial progenitor cells (BMD EPCs), Duchenne muscular dystrophy (DMD)

Table 5. Specifications of localized ischemic wound healing in the reviewed papers; abbreviations: mu opioid receptor (MOPr), kappa opioid receptor knockout (KO), hyperbaric oxygen (HBO), hypoxia-inducible factor-1alpha (HIF-1alpha), glycyl-L-histidyl-L-lysine tripeptide-copper complex (TCC), tumor necrosis factor alpha (TNF-alpha), matrix metalloproteinases (MMP), vascular endothelium growth factor (VEGF)

Table 6. Specifications of pressure ulcers in the reviewed papers; abbreviations: Cyclooxygenase-2 (COX-2), Ischemia-reperfusion (I/R), pressure ulcer (PU), laser speckle flowgraphy (LSFG), Erythropoietin (EPO)

Table 7. Specifications of flap skins in the reviewed papers; abbreviations: hepatocyte growth factor (HGF), random skin flaps (RSF), Propionyl-Lcarnitine (PLC) , L-arginine (LA), Kaurenoic acid (KA), 17β-estradiol (E2), nitric oxide (NO), fibroblast growth factor-2 (FGF-2 or bFGF) and erythropoietin (EPO), polydeoxyribonucleotide (PDRN), plasmid DNA encoding VEGF(165) (pVEGF), pentoxifylline (PTX), cerebrospinal (CSF), erythropoietin(EPO) nuclear magnetic resonance (NMR), xanthine oxidase (XO)

4. DISCUSSION

We found that the ischemic wound in the rabbits' ear ischemic, PU, and localized ischemic wound models have obtained the highest Google Scholar and Web of Science citations among the seven animal models of ischemia. Additionally we should note that pressure sore models as well as burn models are not quite the same thing as excisional wounds in ischemic tissues, as the former are surrounded by well visualized healthy tissue.

Finding an appropriate animal model for ischemic wound study has been a major challenge to scientists as well as clinicians [15,18,40]. The choice of animal models to mimic the human condition is based on a compromise of cost, ease of use, reproducibility, and reliability of the data [25].

The ischemic wound in the rabbits' ear ischemic model has many characteristics of the ideal ulcer model: ischemic enough to affect wound healing significantly, reproducible, quantifiable both in term of epithelialization and granulation tissue formation, associated with minimal contraction, viable without necrosis, comparable to reliable control, and analogous to clinical situations [18,40]. This model is potentially useful to evaluate new therapeutic agents to promote healing such as growth factors [37,39,18,40,41,42,44], and stem cell therapy [31,32,34].

A McFarlane - or bipedicled - skin flap on the dorsum of mice or rats is frequently used as an ischemic cutaneous wound model [126,131]. However, the amount of ischemia to each model differs with the extent and length of the flap, with new blood vessel progression occurring rapidly within a short time, and blood perfusion proceeding to normal within nearly 14 days [3,147]. The ischemic rabbit ear wound model is a better but not a perfect model, because in three weeks even the healthy control wounds are healed [18,40]. However dermal repair times in old and diabetic animals were extended, particularly when diabetic time was more than one year [18,40].

The modified minimally invasive procedure of rabbits' ear ischemic model [17,33,36,18,40] which was recently reported by Chien et al has several advantages, such as less skin damage, simpler procedure, a higher success rate, and more flexibility [40]. Salcido et al at 2007 found that murine models were relevant models for understanding the causal factors as well as the wound healing elements of PUs. However Salcido et al concluded that no single method of induction and exploring PU in animals can address all the aspects of the pathology of PUs. Each model has its particular strengths and weaknesses [15]. In the current review, animal models of PUs have gained a second score in Google Scholar and Web of Science citations among seven animal models of ischemic wound tissue. It shows the importance of PU morbidity and mortality among basic scientists. Animal models that allow wounded tissue to be reperfused with blood following hypoxia might better recapitulate human PUs in which perfusion has been restored [15]. Although the reperfusion of ischemic tissue is crucial for survival, is known to cause secondary tissue damage through inflammatory mediators and the release of free oxygen radicals [15]. Hypoxic-ischemic injury with I/R is an important mechanism in PU development that epidermal, dermal, and muscle damage occurs within several hours. However, the mechanisms of I/R injury are probably multifactorial and the actions of free radicals may be more complicated in the early stages of PU development in humans as compared to the rat model [15,113].

In the current review, localized ischemic wound healing has gained a third score in Google Scholar and Web of Science citations among seven animal models of ischemic wound tissue. However there are few differences with PU ischemic wound models. Both the PU ischemic wounds and localized ischemic wound models achieved equal scoring in Web of Science citations.

The localized ischemic wound model is easy to perform, reliable to reproduce tissue ischemia, and is amenable to study therapeutic modalities. The ischemic rabbit ear dermal ulcer model, while elegant in design, requires use of an operating microscope in some models [32,43,44]. This model depends on the large rabbit ear and has not been successfully adapted to either rats or mice [43,44]. Furthermore, rabbits impose more housing and handling difficulties than small animals such as rats and mice, and are consequently more expensive. The localized ischemic wound model is a longitudinally oriented, dorsal, bipedicle flap model that addresses these criteria and will prove to be a valuable model for studying tissue ischemia [35,148]. The rat model has the advantages of

ease of use, low cost, small size, and easy attainability [148]. However, wound healing in rats has been subjected to scrutiny because of their ability to heal infected wounds and the high rate of inter animal variability [25]. This rat skin wound model has a molecular profile similar to that of chronic human wounds [109]. It has been reported that the 2.5 cm flap without silicone is not ischemic compared with controls, but does have a slower rate of healing. The addition of an intervening silicone sheet decreases tissue oxygen slightly, but does not impact upon other parameters of wound healing. By further narrowing the flap to 2.0 cm, Gould et al have provided some biochemical and mechanical evidence that correlates with tissue ischemia [25]. Recently Gould et al have made some changes in their procedure to make 10.5×3-3.5 cm ischemic wounds in F344 rats [97,96].The laboratory ASF model was reported in 1965 by McFarlane et al. [149].

The most popular is an H-shaped cutaneous flap model developed by Quirinia et al [150]. The technique has been modified numerous times since then and is still commonly used for ischemic wound studies not only in rats but also in other animals [151,152,153]. Several problems have been reported for this model. McFarlane et al. pointed out in their original study that the occurrence of skin-flap necrosis was unpredictable and might occur in more than 90% of rats [154]. Schaffer et al. [1] and Martson et al. [155] pointed out the existence of natural craniocaudal differences in granulation tissue formation in small animals like mice or rats, which added to the complexity in making comparisons. Dunn and Mancoll pointed out that there are major differences in skin blood flow patterns between "loose-skin" and "tight-skin" species such as the rat and human, respectively [154], and this difference also contributes to higher skin contractions in small animals. Gould et al. also pointed out that rats have a higher ability to heal infected wounds and a higher rate of inter animal variability [27]. The major problem is the short period that the flap can maintain ischemic. Studies by Nakajima indicated that although perfusion to the flap was immediately reduced, new vascular channels were present around the entire wound margin and also developed from the recipient bed within 2-3 days [156]. Blood perfusion increases in a linear fashion to normal at postoperative days 14-16 [2]. The rapidity of perfusion recovery precludes extended testing of potential vulnerary agents [157].

Finally we should note that pressure sore models as well as burn models are not quite the same thing as excisional wounds in ischemic tissues, as the former are surrounded by well visualized healthy tissue.

In order to prevent any probable biases we did consider and obey three rules in the method section: 1, the titles and abstracts of all selected studies (published in English) were evaluated by another scientist who was not a co-author of this work and did not have any conflicts of interest; he downloaded the full text of papers and blocked authors' names and affiliations. 2, We Considered inclusion and exclusion criteria for selecting papers that prevented any further bias. 3, Since citations of papers were reported automatically by Google scholar, and web of sciences, there were no bias existing in this step.

5. CONCLUSION

It was concluded that the rabbits' ear ischemic model and rat PU models, and localized ischemic wound models, have made the greatest contribution to our enhanced understanding of the pathophysiology of the ischemic wounds and increased production of new therapeutic protocols based on the citations reported by Google scholar and the web of science database between 1977 and 2017. Authors believe that the information presented here will help researchers in selecting the right animal model in order to study ischemic wound healing.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

ACKNOWLEDGMENT

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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