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1 **The n-3 docosapentaenoic acid (DPA): a new player in the n-3** 2 **long chain polyunsaturated fatty acid family**

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22 **Abbreviations:** ALA: α -linolenic acid, COX: cyclooxygenase, DHA: docosahexaenoic acid, EFOX: oxo
23 derivatives, EPA: eicosapentaenoic acid, LCPUFA, long-chain polyunsaturated fatty acid(s), LOX, lipoxygenase,
24 n-3 DPA: n-3 docosapentaenoic acid, RBC: red blood cells.

25

26 **Keywords:** docosahexaenoic acid DHA, eicosapentaenoic acid EPA, polyunsaturated fatty acid (PUFA)
27 metabolism, specialized pro-resolving mediator SPM,

28

29

30 ***Abstract***

31 The n-3 docosapentaenoic acid (n-3 DPA) is **less studied** n-3 long-chain polyunsaturated fatty acid (LCPUFA),
32 compared to its counterparts eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Present in food
33 sources in non-negligible quantities, as well as in human milk, dietary n-3 DPA is of current interest both for its
34 ability to increase EPA and DHA tissue status and for its specific or shared biological effects. Indeed, some
35 evidence showed that dietary n-3 DPA is a source of EPA and slightly DHA in the major metabolic organs. n-3
36 DPA is also the precursor of a large panel of lipid mediators (protectins, resolvins, maresins, isoprostanes)
37 principally implicated in the pro-resolution of the inflammation with specific effects compared to the other n-3
38 LCPUFA. Recent results showed that n-3 DPA is implied in the improvement of cardiovascular and metabolic
39 disease risk markers, especially plasma lipid parameters, platelet aggregation, insulin sensitivity and cellular
40 plasticity. Moreover, n-3 DPA is the most abundant n-3 LCPUFA in the brain after DHA and it could be
41 specifically beneficial for elderly neuroprotection, and early-life development. These results led to the development
42 of two drugs specifically containing n-3 DPA. This review summarizes the different knowledge about n-3 DPA
43 direct and indirect sources, availability and purification methods, focusing thereafter on the recent findings showing
44 n-3 DPA relationship with fatty acid metabolism, lipid mediators, Finally, the n-3 DPA biological and
45 pharmacological effects are described.

46

47 ***Highlights***

- 48 • n-3 DPA could be considered like a dietary source of EPA tissue content
- 49 • No evidence showed that dietary n-3 DPA increased brain DHA
- 50 • Hydroxy-metabolites from n-3 DPA are involved in the pro-resolution of inflammation
- 51 • More and more evidences about the n-3 DPA specific effects to decrease lipid parameters
- 52 • n-3 DPA purification methods will allow its accessibility for further *in vivo* studies

53

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76 **1. Introduction**

77 The n-3 long-chain polyunsaturated fatty acids (LCPUFA) have been widely studied and contribute to numerous
78 beneficial effects, mainly associated with cardiovascular prevention [1], neurodevelopment, but also with the
79 reduction of the risk of neurodegenerative diseases. [2]. Indeed, these n-3 LCPUFA are involved in many processes
80 such as the increase of membrane plasticity, the synthesis of oxygenated metabolites and the resolution of
81 inflammation or the regulation of genes [3].

82 The majority of the n-3 LCPUFA studies were conducted using fish oils, composed of a mixture of three major n-3
83 LCPUFA: docosahexaenoic acid (DHA), eicosapentaenoic acid (EPA) and n-3 docosapentaenoic acid (n-3 DPA).
84 Most of the beneficial effects of fish oils have been attributed to DHA and then to EPA, for which there is growing
85 interest in the independent and shared functions. On the other hand, the literature concerning the potential
86 protective effects of n-3 DPA is brief because n-3 DPA represents less than one-third of each EPA and DHA in fish
87 oils. In addition, n-3 DPA is not commercially available in sufficient quantity, with high purity (> 98%) and at an
88 affordable price to set up *in vivo* nutritional supplementation studies [4].

89 Studies about n-3 DPA have however begun to grow in recent years. n-3 DPA is indeed the second n-3 LCPUFA
90 found in the brain (w/w), although its cerebral concentration is about 70 times lower than DHA. Moreover, the
91 level of n-3 DPA in human milk is higher than that of EPA, similar to that of DHA and its level is more stable [5],
92 implying a potential impact of n-3 DPA during pregnancy and development, which is the subject of a recent review
93 [6]. While obtaining optimal tissue status in n-3 LCPUFA is one of the current public health challenges, n-3 DPA is
94 also the only intermediate between EPA and DHA in the n-3 LCPUFA conversion pathway from α -linolenic acid
95 (ALA) present in significant quantities in the diet. Therefore, could n-3 DPA serve as a dietary source or biological
96 reservoir of DHA and EPA?

97 This paper reviews and summarizes the different knowledge about n-3 DPA and focus on the most recent findings
98 synthesized in Table 1. To more thorough review concerning specific knowledges, the reader is encouraged to read
99 another reviews specific about n-3 DPA or including it, as mentioned in adequate sections below [2,4,6–12].

100

101 **2. Dietary sources and availability of n-3 DPA**

102 **2.1. Commercial availability**

103 Suppliers who offer n-3 DPA > 98-99% purity cannot provide on demand enough quantities of n-3 DPA for *in vivo*
104 studies at prices that are affordable for most research laboratories (supplier communications, 2017). Thus, studies
105 focusing on n-3 DPA are often association studies in humans or *in vitro* studies. Most *in vivo* studies thus used n-3
106 DPA with a purity level <98% which therefore also contains mainly DHA, EPA and n-6 DPA, limiting the
107 interpretation of these findings [8,9,13]. In addition, only one supplier offers radiolabelled ¹⁴C- n-3 DPA (ARC,
108 10 μ Ci), which is also very expensive and inaccessible for n-3 DPA metabolism monitoring studies, although two
109 studies have reported its use *in vivo* [14,15]. A n-3 DPA-based dietary supplement has also recently appeared on
110 the market and contains 15% n-3 DPA in proportion to n-3 LCPUFAs (Super n-3 DPA Fish Oil®, Swanson, USA,
111 2018).

113 2.2.Purification and synthesis

114 To alleviate this problem of commercial availability as well as to study n-3 DPA in various dietary lipid forms,
115 some teams have been interested in the synthesis or in the purification of n-3 DPA from natural sources. Foremost,
116 a five-step synthesis of n-3 DPA from EPA has been described in 30% overall yield for making multi-milligram
117 quantities of n-3 DPA [16]. Concerning n-3 DPA purification, historically, a Japanese study first focused on the
118 industrial scale purification of n-3 DPA in ethyl ester form from *Schizochytrium sp.* algae oil by industrial high-
119 performance liquid chromatography (HPLC) using two reverse phase columns. They obtained n-3 DPA (and DHA)
120 > 99% purities with a production of 70 g/hour of n-3 DPA [17]. A Chinese team then focused on purifying n-3
121 DPA in the laboratory from tuna oil, firstly by crystallization of the fatty acids complexed with urea, then by
122 purification by liquid chromatography (LC) on a silver nitrate silica column. [18]. They obtained n-3 DPA at 22.3%
123 purity with a purification efficiency of 70.7%. Very recently, the same team managed to purify n-3 DPA from
124 16.4% to 28.1% of the total fatty acids in the form of diacylglycerol by crystallization (6h, -80 ° C) from the
125 *Schizochytrium sp* oil [19]. Various patents have also been filed to produce, extract and purify n-3 DPA (and DHA)
126 as fatty acid methyl esters from *ulkenia* [20–22]. In addition, n-3 DPA monoglycerides have been synthesized
127 through esterification at the *sn*-1 position of the glycerol backbone by using n-3 DPA ethyl esters as starting
128 materials [23]. The self-assembly of this compound has been structurally characterized [24], which could give it a
129 better bioavailability than n-3 DPA ethyl ester and triglyceride forms, as shown previously for EPA
130 monoglycerides [25]. More recently, we have purified tens of grams of n-3 DPA > 99% by flash and preparative LC
131 from commercial fish oils enriched with n-3 LCPUFA [26,27]. The purification involved seven successive
132 purification cycles with a purification efficiency > 70% and allowed to purify 8g of n-3 DPA/week [26] as well as
133 EPA and DHA > 99% [27].

134 The advance of these methods could quickly allow access to the amounts of n-3 DPA needed for clinical studies in
135 humans, requiring several hundred grams of pure n-3 DPA. n-3 DPA-enriched dietary supplements could be a good
136 source for the purification of n-3 DPA by LC compared to fish or algae oils, as well as the combination of LC
137 purification methods, crystallization and distillation [28] or the use of drug under development enriched with n-3
138 DPA [25,29].

139

140 2.3.Dietary sources and consumption

141 The major source of n-3 DPA is obviously seafood, including fish from the *Clupeidae* family that gave the n-3
142 DPA its common name: clupanodonic acid (USDA, 2014). Seal meat and fats appear to be the richest in n-3 DPA,
143 containing 5.6% of n-3 DPA [30], which would amount to a daily consumption between 1.7 and 4.0 g of n-3 DPA
144 per day for the Inuit population [31]. Among the most common consumer products in Western society, salmon
145 contains 393 mg of n-3 DPA per 100g serving, Atlantic mackerel 200 mg, and other oily fish between 100 and
146 200mg (USDA, 2014). Beef liver and lamb are the richest land-based sources of n-3 DPA but are also highly
147 variable in terms of provenances [4]. Thus, they contain about 140 mg of n-3 DPA/100 g in New Zealand, but only
148 20-30mg in the United Kingdom, while American beef does not contain any, surely associated with differences in

149 pasture production and quality [32–34]. Indeed, the quantities of n-3 DPA in organic meat are around 50% greater
150 than in conventional meat [35]. While the dominant sources of EPA and DHA are seafood products that contain
151 less n-3 DPA, n-3 DPA is the most prevalent n-3 LCPUFA in meat [36], thus varying the sources and amounts
152 consumed of n-3 DPA according to eating habits. In another hand, the ruminal biohydrogenation of n-3 DPA was
153 similar to that of EPA and appears complete without the formation of intermediate derivatives expected after
154 biohydrogenation of DHA [37]. Food supplements made from fish oils enriched with n-3 LCPUFA may also
155 provide a n-3 DPA intake, with mackerel oils containing about 4.9% n-3 DPA, compared with 3.0% for salmon or
156 2% for sardine.

157 The main dietary sources of n-3 DPA in pregnant and lactating women are seafood (59%), poultry (14%), meat
158 products (11%) and dairy products (9%) [4]. About two-thirds of seafood-derived n-3 DPA intake in these women
159 was attributed to salmon consumption [38]. In Australian children, intake of EPA and DHA is strongly correlated
160 with consumption of fish and seafood, while intake of n-3 DPA is moderately correlated with meat consumption
161 [39]. The main contributor to n-3 DPA consumption among these children was meat, poultry and wildfowl (56%),
162 fish and seafood (23%), cereal products and dishes (5.7%), dairy products (5.6%) and finally egg products (3.6%)
163 [39,40]. In Europe, the average daily intake of n-3 DPA in adults is between 25 mg/day (Belgium, women aged 18-
164 39) and 75 mg/day (France, male > 45 years), with quartile intakes of 12 to 80 mg/day. In France, the maximum
165 intake, estimated by the **five** highest percentiles of the population, is 129 mg / day of n-3 DPA [38]. There is no
166 database of young children for n-3 DPA (0-3 years old) and adolescents (13-19 years old). Swedish, Norwegian
167 and German consumption data indicate that the average daily intake of n-3 DPA in 4-year-old children is 30
168 mg/day, 40 mg/day for 8-12 years and 120 mg/day for 8-12 years old [38,40]. Thus, n-3 DPA could contribute up
169 to 30% of the intake of n-3 LCPUFA in the diet of these populations [41] but there are important disparity of
170 consumption beyond populations and ethnicity [42].

171 Dietary sources of n-3 DPA can also be indirect, either by providing the precursors of the n-3 LCPUFA conversion
172 pathway, or by providing lipid mixture to increase the conversion from ALA to n-3 DPA. Several studies have
173 shown that n-3 DPA can be increased in the blood compartment in human as well as in tissues in animals after a
174 diet rich in ALA or EPA [43]. More recently, the addition of *echium* oil rich in stearidonic acid in the diet of rats
175 increased the tissue n-3 DPA status, showing that stearidonic acid could also be a source of n-3 DPA, in addition to
176 a source of EPA for which it is mainly described [44,45]. While human milk contains n-3 DPA and cerebral
177 accumulation of n-3 LCPUFA occurs mainly during the first years of life [5], some studies have shown that the
178 addition of milk lipids in the diet of young people, whose fatty acid composition are closer to breast milk than a
179 mixture of vegetable oils, also increased tissue n-3 DPA status. First, in a monocentric, double-blind controlled and
180 randomized trial, healthy newborns fed formula containing a mixture of dairy lipids and plant oils from birth to 4
181 month-old increased their n-3 DPA content in red blood cells (RBC) compared to newborns fed with a formula
182 composed with plant oils only [46]. Moreover, this increase in RBC n-3 DPA was more important than in breastfed
183 newborns. In healthy post-weaning Sprague Dawley rats, a partial incorporation of dairy lipids in the diet with
184 vegetable oils (50% w/w) during 6 weeks increased the n-3 DPA status in the RBC, brain, liver and principally in
185 the heart, compared to 100% vegetable oil diets [47]. Thus, dairy lipids could be a potential indirect help to
186 increase the n-3 DPA status in early life. Surprisingly, it has been shown that n-3 DPA supplementation (0.5% of
187 total fatty acids, 10% lipid w/w) and the partial incorporation of dairy lipids in the diet (50% w/w) had a

188 complementary effect to increase the n-3 LCPUFA status in tissues of Sprague Dawley rats fed from weaning for 6
189 weeks, especially EPA and n-3 DPA tissue contents [26].

190

191 **2.4. Markers of food consumption**

192 The n-3 DPA composition of the RBC membranes and the different lipid classes of plasma in humans are
193 positively correlated with dietary intake of n-3 LCPUFA, as for EPA and DHA. This increase, however, tends to be
194 relatively limited compared to that of EPA and DHA [48]. In addition, n-3 DPA is present in whole blood in lower
195 amounts than EPA and DHA and the proportion of n-3 DPA decreases less than EPA or DHA as the proportion of
196 n-6 PUFA increases in the blood [49]. This suggests that n-3 DPA present in other blood compartments than RBC
197 (plasma, platelets, peripheral blood mononuclear cells) may have a different metabolism than EPA and DHA and
198 that the n-3 DPA blood level would be preserved [50].

199 n-3 DPA is for now not considered in the calculation of the Omega-3 index (EPA + DHA of the RBC membranes),
200 which is used as a marker of consumption but also as a risk marker for total mortality, sudden cardiac death or
201 other cardiovascular risks in epidemiological studies [51]. Although the inclusion of n-3 DPA in the Omega-3
202 index was more precise to estimate n-3 LCPUFA contents in whole blood [50], it did not improve the prediction of
203 the risks associated with the existing Omega-3 index [11].

204

205 **2.5. Nutritional recommendations**

206 The different health national agencies agreed that the data about n-3 DPA were insufficient to produce specific
207 recommendations for this n-3 LCPUFA. Nevertheless, England [52], Australia and New Zealand [53] as well as the
208 Netherlands [54] included the n-3 DPA in the sum of the recommended n-3 LCPUFA (EPA + n-3 DPA + DHA).

209

210 **3. Products derived from n-3 DPA**

211 **3.1. A reservoir of EPA and DHA**

212 n-3 DPA is the **direct** intermediate between EPA and DHA, in the conversion pathway from ALA, to be present in
213 significant amounts in the human diet compared to the C24:5 n-3 and C24:6 n-3 derivatives [39]. This conversion
214 pathway is well known and involves a sequence of desaturase enzymes adding one double bond to the carbon chain
215 and elongase enzymes extending the carbon-chain of two carbons (Figure 1). The n-3 LCPUFA conversion
216 pathway is parallel to that of n-6 LCPUFA using the same sequence and enzymes. Thus, the two pathways are in
217 competition for substrates with each other. In the n-3 LCPUFA conversion pathway, the n-3 DPA is elongated to
218 the C24:5 n-3 derivative by the elongase-5 and weaker elongase-2 enzymes, then desaturated to the C24:6 n-3 by
219 the action of the Δ 6-desaturase, and finally converted to DHA by a peroxisomal β -oxidation step [55]. The Δ 6-
220 desaturase and more recently elongase-2 are considered as the limiting enzymes in this conversion pathway to
221 DHA [56]. Thus, it has been hypothesized that dietary n-3 DPA could be a better precursor of DHA than dietary

222 EPA, bypassing the conversion of EPA to n-3 DPA using elongase-2 and elongase-5 as well [26,27]. One $\Delta 4$ -
223 desaturase activity has also been described *in vitro* in humans to convert n-3 DPA directly to DHA but these results
224 need to be confirmed [57]. Some authors have also hypothesized that n-3 DPA could not only serve as a reservoir
225 of DHA but also of EPA in humans, in farm animals and potentially in other mammals [58].

226 The ability of dietary n-3 DPA to increase tissue status in DHA remains however controversial and seems tissue-
227 dependent. In humans, a 7-day supplementation with a single daily dose of pure n-3 DPA resulted in an increase in
228 plasma DHA in triglycerides only [58]. Gavage of rats for 7 days with 50 mg of n-3 DPA/day in the form of free
229 fatty acid led to an increase in DHA in the liver only compared to ALA control [59]. In the miniature poodle,
230 intravitreal injection of 1-¹⁴C-n-3 DPA showed an increase in radiolabeled DHA in the retina [15]. Conversely, in
231 the C57BL/KsJ-db/db obese mouse supplemented for 4 weeks with tri-n-3 DPA, no increase in DHA was found in
232 studied tissues [60], as in the C57BL/6J mouse fed a high-fat diet and force-fed with 50mg of n-3 DPA daily for 6
233 weeks [13]. In these mice, n-3 DPA supplementation tended to impact tissue fatty acid composition more like DHA
234 than EPA supplementations [13]. While brain tissue composition is known to remain highly stable, oral
235 administration of n-3 DPA to rats resulted in the increase of cerebral n-3 DPA and DHA, regardless of animal age
236 [61]. However, these both studies used n-3 DPA nearby 70% purity containing DHA and is not easy to interpret.
237 The addition of n-3 DPA in endothelial cell cultures of aorta [62,63], rat hepatocyte line (FaO) [64], primary rat
238 hepatocytes [65] or human hepatocyte line (HepG2) [66] caused an increase in EPA in cells and media, as well as
239 DHA in media, but DHA was conversely not increased in human intestine (Caco-2) or monocyte (THP-1) cell lines
240 [66].

241 Dietary n-3 DPA could also be used as a source of EPA. The EPA produced from n-3 DPA certainly comes from
242 the retroconversion of n-3 DPA, implicating, as for DHA, the acyl-CoA oxidase and one peroxisomal β -oxidation
243 step. This pathway was demonstrated in acyl-CoA oxidase deficient fibroblasts which do not led to n-3 LCPUFA
244 [67]. In Sprague Dawley rats, we showed that the overall tissue fatty acid change following a dietary n-3 DPA
245 supplementation was more similar to EPA supplementation than DHA supplementation [27]. In this study, the
246 apparent retroconversion of n-3 DPA into EPA was particularly important in the kidney (68%), the liver (38%) and
247 the spleen (20%). These results are confirmed by another study showing a higher apparent retroconversion of n-3
248 DPA in the kidney than in the liver in rats (50 mg/day by oral gavage) [68] (Figure 1). Finally, the apparent
249 retroconversion of n-3 DPA to EPA was shown in humans [58], Sprague-Dawley rat [59], C57BL/6J-db/db mouse
250 [60], C57BL/6J mouse (high-fat diet) [13] and miniature poodle [15]. However, this retroconversion is still
251 estimated relative to control without dietary n-3 DPA and there is a lack of labeled n-3 DPA monitoring studies to
252 really quantify the importance of this pathway.

253 We recently investigated for the first time the tissue distribution of n-3 LCPUFA in 18 tissues, following a 3 week
254 nutritional pure n-3 DPA supplementation (0.5% of the total fatty acids included in the diet) of healthy Sprague
255 Dawley rats in post weaning [26]. The n-3 DPA content increased in half of the studied tissues and mostly in the
256 spleen, lung, heart, liver and bone marrow from +50% to +110% compared to the control group. n-3 DPA was
257 mostly retroconverted into EPA, especially in the liver (35%) and the kidney (46%) and slightly converted into
258 DHA, showing an increased content of these two LCPUFA in affected tissues. Moreover, the n-3 DPA
259 supplementation decreased total n-6 PUFA in affected tissues and especially n-6 DPA and adrenic acid (C22:4 n-6)

260 [26]. In organs most affected by its supplementation, another study showed that dietary n-3 DPA was mainly
261 incorporated into the phospholipid fractions, (phosphatidylethanolamines and phosphatidylcholines) [68].

262 To conclude, dietary n-3 DPA is mainly incorporated in major metabolic organs and esterified into the same lipid
263 species than EPA and DHA. It is mainly retroconverted into EPA and slightly converted to DHA. It could therefore
264 be considered as a source of EPA but also DHA to a lesser extent, implying potential physiological effects
265 associated within these tissues.

266

267 **3.2. Bioavailability**

268 Only one study investigated the bioavailability (efficiency with which dietary n-3 DPA is used systematically
269 through normal metabolic pathways) of dietary n-3 DPA. After oral administration of 2.5 μCi of $1\text{-}^{14}\text{C}$ -n-3 DPA, $1\text{-}^{14}\text{C}$ -
270 ^{14}C -EPA or $1\text{-}^{14}\text{C}$ -DHA in the rat housed in metabolic cage for 6h, $1\text{-}^{14}\text{C}$ -n-3 DPA was catabolized to $^{14}\text{CO}_2$ in the
271 same proportion as the $1\text{-}^{14}\text{C}$ -DHA (about 7% of the ingested dose) and less than the $1\text{-}^{14}\text{C}$ -EPA (about 18%). In
272 addition, the percentage of the ingested radioactivity measured in the heart and muscle was similar from $1\text{-}^{14}\text{C}$ -n-3
273 DPA and $1\text{-}^{14}\text{C}$ -DHA and higher from $1\text{-}^{14}\text{C}$ -EPA. Conversely, the radioactivity found in liver, brain and kidney
274 was similar from $1\text{-}^{14}\text{C}$ -n-3 DPA and $1\text{-}^{14}\text{C}$ -EPA but less than from $1\text{-}^{14}\text{C}$ -DHA [14].

275 The digestibility (difference between intake and excretion) of dietary n-3 DPA in ethyl ester form (96.6%) was
276 similar than DHA (96.9%) and lower than EPA (98.3%) in post weaning Sprague Dawley healthy rats [27]. In
277 another study, the excretion of n-3 DPA was 4.6 times greater than that of EPA after ingestion of 250 mg/day of n-
278 3 DPA or EPA as free fatty acids for 3 days in rats [69]. n-3 DPA was also preferentially hydrolyzed by porcine
279 pancreatic lipase *in vitro* compared to EPA and DHA, suggesting a faster absorption [70].

280 Thus, the n-3 DPA seems slightly less absorbed than the other n-3 LCPUFA. Nevertheless, its digestibility remains
281 greater than 95% regardless of its form of intake. More studies are needed to better address the n-3 DPA
282 bioavailability compared to other n-3 LCPUFA.

283

284 **3.3. Precursor of lipid mediators**

285 Like DHA, n-3 DPA is a precursor of docosanoids whose physiological effects are however poorly known. Several
286 metabolites of n-3 DPA are indeed discovered each year in different tissues, [10,71–75]. The multiple lipid
287 mediators identified from n-3 DPA and their deduced biosynthesis pathways are summarized in Figure 2.

288 The **17S-hydroperoxy**-n-3 DPA is first synthesized by the action of the 15-lipoxygenase (15-LOX). It can thereafter
289 be converted either into **16S,17S-epoxy-7Z, 10Z, 12E, 14E, 19Z-n-3 DPA** which will be converted by **enzymatic**
290 **hydrolysis** into the family of Protectins $_{n-3 \text{ DPA}}$: Protectin $1_{n-3 \text{ DPA}}$ (10R,17S-dihydroxy-7Z,11E,13E,15Z,19Z-n-3
291 **DPA**) and Protectin $2_{n-3 \text{ DPA}}$ (16,17R-dihydroxy-7Z,10,13,14,19Z-n-3 DPA)[76,77]; or into 7,17S-dihydroperoxy-
292 n-3 DPA by the 5-LOX to give the family of Resolvins $_{n-3 \text{ DPA}}$: Resolvin $\text{D1}_{n-3 \text{ DPA}}$ (7,8,17S-trihydroxy-
293 **9,11,13,15E,19Z-n-3 DPA**), Resolvin $\text{D2}_{n-3 \text{ DPA}}$ (7,16,17-trihydroxy-8,10,12,14E,19Z-n-3 DPA) and Resolvin D5_{n-3}
294 **DPA** (7S,17S-dihydroxydocosa-8E,10Z,13Z,15E,19Z-n-3 DPA) [75]. The maresins derived from n-3 DPA come

295 from the action of the 12-LOX followed by the reduction of 14S-hydroperoxy-7Z,10Z,12E,16Z,19Z-n-3 DPA to
296 13,14S-epoxy n-3 DPA, itself enzymatically hydrolyzed to give the family of Maresins_{n-3 DPA}: Maresin 1_{n-3 DPA}
297 (7S,14S-dihydroxy-8E,10E,12Z,16Z,19Z-n-3 DPA), Maresin 2_{n-3 DPA} (13,14-dihydroxy-7Z,9,11, 16Z,19Z-n-3
298 DPA) and Maresin 3_{n-3 DPA} (14, 21-dihydroxy-7Z,10Z,12E,16Z,19Z-n-3 DPA). The 5-LOX can also produce mono-
299 and di-hydroxylated derivatives from n-3 DPA. The 15-LOX pathway is the most efficient, converting 85% of the
300 n-3 DPA to its 17S-hydro(peroxy) n-3 DPA derivative *in tubo*, compared to only 10% for 12-LOX and 5-LOX
301 [78]. Some of these mono-hydroxylated metabolites as well as Resolvin D5_{n-3 DPA} and Maresin 1_{n-3 DPA} were
302 detected in human serum after n-3 DPA supplementation for 7 days [79].

303 n-3 DPA can additionally undergo the induced action of cyclooxygenase-2 (COX-2), to form the 13R-hydroxy-
304 7Z,10Z,13R,14E,16Z,19Z-n-3 DPA which will be able, as for derivatives from DHA, to be reduced to 13-oxo
305 derivatives (EFOX). The 17-EFOX-D5 was for instance produced when aspirin was added to the culture medium
306 of macrophages, as for EFOX derivatives from DHA [80]. The 13-series resolvins from 13R-hydroxy-
307 7Z,10Z,13R,14E,16Z,19Z-n-3 DPA (RvT1: 7,13R,20-tri hydroxy-n-3 DPA, RvT2: 7,12,13R-tri hydroxy- n-3 DPA,
308 RvT3: 7,8,13R-trihydroxy-n-3 DPA, RvT4: 7,13R-dihydroxy-n-3 DPA) have been identified in co-incubations of
309 neutrophils and endothelial cells [81]. These derivatives are formed by COX-2 then by S-nitrosylation. The
310 cytochrome P450 can also metabolize n-3 DPA, but to a lesser extent than other n-3 LCPUFAs, although this result
311 must be confirmed [82,83]. Isoprostanes resulting from the peroxidation of n-3 DPA are not yet known.
312 Nevertheless, a series of isoprostanes derived from n-3 DPA have recently been described from the n-6 isomer of
313 n-3 DPA [84]. Very few studies report on the overall distribution and action of oxygenated metabolites from n-3
314 DPA because of their very recent discovery and the lack of synthetic standards [85]. More information on the
315 chemical synthesis, availability and biological effects of n-3 DPA-derived metabolites can be found in these
316 reviews [10].

317

318 **4. Biological and pharmacological effects of n-3 DPA**

319 **4.1. Inflammation and cancer**

320 The decrease in inflammation associated with n-3 DPA seems to come mainly from these lipid mediators, and
321 mainly the specialized pro-resolving mediator (SPM) (maresins, protectins, resolvins). Indeed, incubation of human
322 macrophages with Protectin D1_{n-3 DPA} increased the monocyte differentiation, the phagocytic activity of
323 macrophages and the apoptosis of neutrophils, which are key factors in the resolution of inflammation [71,76].
324 Moreover, the incubation of n-3 DPA-derived Maresin1_{n-3 DPA} also stimulated macrophage phagocytosis and
325 clearance of human apoptotic neutrophils in a similar manner to DHA-derived Maresin1 [72]. In human
326 inflammatory bowel disease colon biopsies, the Protectin D1_{n-3 DPA} and Resolvin D5_{n-3 DPA} increased [86]. These
327 lipid mediators protected against colitis and intestinal inflammation in mice and decreased the extent of leukocyte
328 adhesion and emigration post-stimulation. Contrary, the inhibition to their metabolic pathway (15-LOX) led to
329 increased intestinal inflammation [86]. In a series of other studies, 13-series resolvins from n-3 DPA accelerated
330 the resolution of inflammation and increased survival by 60% in *Escherichia coli*-infected mice [72,81,87]. The
331 independent effects of each 13-series resolvins from n-3 DPA were well described previously (supp. data) [87]. In

332 LPS-activated murine macrophage like RAW264.7 cells incubated with n-3 DPA, EPA or DHA, n-3 DPA
333 increased EPA and DHA cell contents, down-regulated mRNA expression of pro-inflammatory factors (IL-6, IL-
334 1 β , iNOS, COX-2), and especially decreased IL-6 mRNA expression dose-dependently more than EPA and
335 similarly than DHA [88]. Interestingly, the down-regulation of IL-6 and IL-1 β mRNAs were similar when cells
336 were incubated with an inhibitor of the delta-6 desaturase, demonstrating that n-3 DPA exhibited anti-inflammatory
337 effects independent of DHA conversion [88].

338 Several studies from the same research team have shown that n-3 DPA-monoacylglyceride had greater anti-
339 inflammatory, anti-proliferative and pro-apoptotic effects than EPA- or DHA- monoacylglycerides [25], in a model
340 of colorectal cancer [89], in a model of rheumatoid arthritis [34], and in pulmonary hypertension where n-3 DPA
341 reduced the markers of inflammation and remodeled vascular pattern [90]. As a consequence, a prescription drug
342 containing monoglyceride n-3 DPA is in the final stages of development by SCF Pharma for its anti-inflammatory
343 and anti-proliferative properties and has been patented [91]. In healthy adult men, a high level of n-3 DPA was
344 correlated with a lower inflammation score, mainly associated with decrease in C-reactive protein (CRP) and TNF-
345 α scores [92]. In another study, n-3 DPA reduced the expression of genes involved in the inflammation of blood
346 vessel membranes [93]. Treatment of aortic endothelial cells with n-3 DPA strongly inhibited angiogenesis,
347 implicated in tumor growth, inflammation, and microangiopathies [94]. A prospective study associated dietary n-3
348 DPA with a reduction of breast cancer risk (like EPA and DHA intake) [95].

349 On the other hand, n-3 DPA anti-inflammatory properties could benefit adults with comprised pulmonary health. n-
350 3 DPA was positively associated with forced expiratory volume in the first second (FIV₁), forced vital capacity
351 (FEV) and FEV₁/FVC, modified by smoking and sex, in meta-analyses across seven cohorts (n=16,134) [96]. A
352 recent epidemiological study has shown that the consumed n-3 DPA was the most fatty acid associated with a
353 better average FEV₁ and slower FEV₁ decline in the smoking patient [42]. Interestingly, the FEV₁ decline from the
354 adverse effect of continuous current smoking was completely negated with high n-3 DPA intake in the Lovelace
355 Smokers cohort [42]. In human bronchus and guinea pig trachea preparations treated with n-3 DPA-
356 monoacylglyceride, the higher concentration of n-3 DPA reduced the TNF- α /NF κ B pathway, suppressed COX-2
357 expression, decreased the Ca²⁺ sensitivity of bronchial explants and reversed the induced contractile reactivity [97].

358

359 **4.2. Cardiovascular and metabolic diseases**

360 The effect of n-3 DPA on the lipid parameters associated with the prevention of cardiovascular diseases is the most
361 documented topic (anti-inflammatory properties, inhibition of cytokine synthesis, decrease in thrombosis, decrease
362 in plasma lipids, inhibition of atherosclerosis...). Studies on the potential effect of n-3 DPA in the prevention of
363 cardiovascular diseases in humans are usually association studies and concern the blood compartment. It has been
364 shown that a high level of n-3 DPA in the red blood cell membranes in men and in women is associated with a
365 lower risk of developing metabolic syndrome in Chinese adults [98]. In addition, a high plasma n-3 DPA (and
366 DHA) level would also be the most correlated with a reduction of the risk of cardiovascular disease with plasma
367 DHA level [51,99–102]. Moreover, in a pool of 19 cohort studies, n-3 DPA (in plasma and adipose tissue) was the
368 only n-3 LCPUFA associated with a lower risk of total coronary heart disease, while all n-3 LCPUFA were
369 associated with a lower risk of fatal coronary heart disease [103]. In addition, a cross-sectional study found that

370 decrease in RBC n-3 DPA concentrations (3.0% vs. 3.9%) was associated with an increased incidence in
371 cardiovascular diseases [104]. Plasma n-3 DPA was also inversely correlated with arterial obstruction and stroke.
372 n-3 DPA was the only fatty acid whose plasma level is inversely correlated with arterial obstruction in smokers
373 [42,105]. In addition, a cross-sectional study of carotid ultrasonography showed an association between n-3 DPA
374 consumption and carotid wall thickness reduction [106]. Serum n-3 DPA (1st vs 3rd tertile) was the only n-3
375 LCPUFA inversely associated with the risk of orthostatic hypotension [107]. However, the association of n-3 DPA
376 with the reduction of cardiovascular risk was moderate (but significant) [108] and these results remain
377 controversial because some studies didn't show any impact of n-3 DPA intake on these factors [11].

378 In another hand, in children, the highest RBC levels of n-3 DPA have also been associated with a decreased risk of
379 pancreatic islet autoimmunity in children with type I diabetes [109]. Moreover, plasma n-3 DPA and DHA were
380 strongly and positively associated with insulin sensitivity using a global lipidomic approach in rats fed high-fat or
381 high-fructose diets [110]. Serum n-3 DPA was influenced by lifestyle: in obese adolescent with cardiometabolic
382 syndrome following a 1-year interdisciplinary therapy, changes in n-3 DPA were negatively associated with leptin
383 and leptin/adiponectin ratio and positively with adiponectin [111]. Moreover, high-fat diets supplemented with n-3
384 DPA decreased serum adiponectin level in mice [13].

385 Some *in vitro* and *in vivo* studies, mainly in the rodent model, tried to decrypt the mechanisms by which n-3 DPA
386 could help improving cardiovascular diseases risk markers. Compared with ALA, EPA or DHA contents, the rate
387 of n-3 DPA in RBC was inversely and dose-dependently the most correlated with fasting plasma triglycerides in
388 humans, after a 5 month supplementation with EPA + DHA [112]. Thus, several studies in animals have shown that
389 n-3 DPA improved the lipid profile of plasma like EPA and DHA. In healthy rats fed 0.1% n-3 DPA (in energy) for
390 6 weeks, plasma total cholesterol, non-HDL cholesterol and cholesterol esters decreased compared to control group
391 [26]. Compared to EPA and DHA supplementations in ethyl ester forms, n-3 DPA-fed rats (7.6 mg/day/kg.bw)
392 were the only one with lower plasma triglycerides, total cholesterol, non-HDL cholesterol, total cholesterol/ HDL
393 cholesterol ratio and cholesterol esters concentrations [27]. The n-3 DPA-supplemented group also increased its
394 plasma total antioxidant status and superoxide dismutase activity like EPA and DHA fed-rats, with no change in
395 complete blood count, white blood cell and splenocytes subpopulations [27]. In hamster fed high-cholesterol diets,
396 supplementation with n-3 DPA (50 mg/day) reduced plasma total cholesterol and non-HDL cholesterol, associated
397 with inhibition of SREBP2 mRNA, resulting in a decrease in the transcription of the HMG-CoA Reductase
398 involved in cholesterol synthesis [113]. Mice supplemented with dietary n-3 DPA showed a decrease in the activity
399 of Fatty Acid Synthase (FAS), plasma total cholesterol and triglyceride concentrations [114]. A very interesting
400 recent study in C57BL/6J mice fed high-fat diets (23% w/w) and supplemented with n-3 DPA (72% purity), pure
401 EPA or pure DHA for 6 weeks showed that only n-3 DPA improved insulin resistance (HOMA) [13]. In this study,
402 both n-3 DPA and DHA prevented the increase in serum alanine aminotransferase (ALT) levels, probably
403 associated with inhibition of the TLR-4/NFκB signaling pathway and decreased liver lipogenesis. Another study
404 showed that C57BL/KsJ-db/db mice receiving purified tri-n-3 DPA or DHA decreased their hepatic triglyceride
405 levels significantly more than mice treated with EPA [60]. In a human liver cell culture model (HepG2), the
406 decrease in triglyceride synthesis after supplementation with n-3 LCPUFA in the medium was associated with a
407 decrease in FAS mRNA expression and was classified as depending on the supplementations as follow: C24:6 n-3>
408 DHA> n-3 DPA> EPA [114]. In a rat hepatocyte cell line model (FAO) treated with 50 μM EPA, n-3 DPA or

409 DHA, n-3 DPA decreased most strongly the expression of HMG-CoA reductase, FAS, acetyl-CoA carboxylase 1
410 (ACC-1), SREBP1-c and ChREBP [64]. On the other hand, the concentration of postprandial plasma chylomicrons
411 decreased in healthy women after a breakfast supplemented with n-3 DPA, compared to supplementation with EPA
412 or olive oil [58]. Finally, it appears that the n-3 DPA is transported mainly in the triglyceride part of the
413 chylomicrons and not in the PL after the evaluation period of 5 hours in humans [115].

414 Based on these studies, Matinas BioPharma has patented and placed on the market a prescription-only drug
415 containing a mixture of n-3 DPA and EPA in the form of ethyl ester and containing only traces of DHA for the
416 treatment of severe hypertriglyceridemia [29]. Compared to the ingestion of EPA ethyl esters in humans with
417 severe hypertriglyceridemia (200-400 mg of triglycerides/dL plasma), this drug (MAT9001) helped reducing the
418 plasma triglycerides, total cholesterol, non-HDL cholesterol and VLDL concentrations more significantly [29]. The
419 lack of comparison with the ethyl ester of DHA nevertheless reduces the scope of these findings.

420 n-3 DPA can also decrease platelet aggregation more significantly than EPA and DHA. n-3 DPA indeed inhibited
421 collagen or ARA-stimulated platelet aggregation in a dose-dependent manner using rabbit platelets [116] or human
422 platelets, but this regulation appears sex-dependent in humans because only platelet aggregation in women were
423 inhibited [117,118]. n-3 DPA also increased the LOX pathway and may act as a strong inhibitor of COX-1 and
424 COX-2 activities leading to decreased platelet aggregation and active aortic tension [113,116]. n-3 DPA also
425 stimulated the migration of endothelial cells, whose migration and proliferation are processes involved in the
426 control of the healing response of blood vessels [63]. In addition, the treatment of aortic endothelial cells with n-3
427 DPA inhibited their migratory activity due to the stimulation of vascular endothelial growth factor (VEGF) [63].
428 The supplementation of Sprague Dawley rats with *echium* oil, rich in stearidonic acid and potential source of n-3
429 DPA, showed an anti-arrhythmic action comparable to that obtained by supplementation with fish oils rich in DHA
430 and was associated with tissue augmentation. of the n-3 DPA [119].

431 The association between n-3 DPA blood status and prevention of cardiovascular and metabolic risks remains
432 uncertain. Nevertheless, an even greater level of evidence is accumulating in favor of a specific effect of n-3 DPA
433 on the improvement of risk factors associated with metabolic diseases, including improvements in blood lipid
434 parameters, in platelet aggregation, in pro-resolution of inflammation, improvement of insulin sensitivity or
435 modulation of adiponectin. On the other hand, these effects and their mechanisms remain to be elucidated in
436 humans.

437 **4.3.Neuroprotection and development**

438 n-3 DPA is the most abundant n-3 LCPUFA in the brain after DHA and it could be specifically beneficial for
439 neuroprotection and for depression prevention [2]. In a mouse model of epilepsy, Frigerio *et al.* interestingly
440 showed that in the hippocampus of 72 post-status epilepticus mice, IL1 β and TNF α transcripts (neuroinflammation
441 markers) as well as 5-LOX and 15-LOX transcripts (key enzymes in pro-resolving mediator biosynthesis) were
442 upregulated supporting the hypothesis that neuroinflammation in epileptogenesis could result from a failure to
443 engage pro-resolving mechanisms. The authors then showed that some lipid mediator production derived from n-3
444 DPA were downregulated in the hippocampi of epileptogenic mice (Resolvin D2_{n-3 DPA}, Resolvin D5_{n-3 DPA}), while
445 Protectin D1_{n-3 DPA} was upregulated [120]. Moreover, the intracerebroventricular administration of Protectin D1_{n-3}
446 DPA in methylester form (20-200ng) during epileptogenesis dose-dependently controlled the onset and the

447 propagation of neuroinflammation during epileptogenesis in the hippocampus. Providing new leads for treatment,
448 the authors also showed that the injection of Protectin D1_{n-3 DPA} improved weight recovery, decreased cognitive
449 deficit, the frequency (- 2-fold) and the average duration (- 40%) of spontaneous seizures [120].

450 Elderly rats (20-22 months) supplemented with n-3 DPA, EPA, or purified monounsaturated fatty acids for 56 days
451 had neuro-restorative benefits associated with decrease in microglial activation and oxidative stress in the
452 hippocampus, two mechanisms involved in the loss of synaptic functions and therefore related to cognitive decline
453 [61]. Moreover, n-3 DPA (and n-6 DPA) inhibited sphingosylphosphorylcholine-induced Ca²⁺-sensitization of
454 vascular smooth muscle contraction by inhibiting Rho-kinase activation and translocation to the cell membrane, a
455 major cause of cerebrovascular vasospasm [121]. Some authors also hypothesized that RBC n-3 DPA content could
456 be one of the diagnostic marker of Alzheimer's disease and one therapeutic target because RBC n-3 DPA decreased
457 in cognitively normal elderly participants with high neocortical β -amyloid load [122]. Conversely, no association
458 was found between serum n-3 DPA and performance on neuropsychological tests in an older population [123].
459 While n-3 LCPUFA are well-known to decrease the risk of age-related macular degeneration, plasma level of n-3
460 DPA was the only n-3 LCPUFA associated with higher macular pigment optical density in subjects with family
461 history of age-related macular degeneration [124].

462 Concerning depression, purified n-3 DPA supplementation at 150 mg/kg/day for 6 days in rats resulted in a
463 reduction of symptoms associated with depression and increased levels of cerebral n-3 DPA [125]. In a prospective
464 cohort study in aged subjects, the third quartile of n-3 DPA intake was also correlated with a reduced risk of major
465 depressive disorder as well as EPA and fish intake. However, only n-3 DPA and fish intake remained significant
466 when odd ratios were adjusted for cancer, myocardial infarction, stroke and diabetes [126]. RBC n-3 DPA (and
467 both ALA and DHA) levels were also negatively associated with depression of postmenopausal women only if they
468 used hormone therapy, suggesting an interaction between n-3 DPA and hormones on depression [127].

469 n-3 DPA is also present in non-negligible quantities in human and mammalian milk, so it could be involved in
470 fertility [128], pregnancy [129] and early-life development. Indeed, high n-3 DPA intake by lactating mothers was
471 linked to better neuro-development and bone health of children [6]. Moreover, n-3 DPA blood levels in mothers
472 were associated with lower allergic diseases in children and mothers. These findings were recently well reviewed
473 [6] and are not detailed here.

474 ***5. Conclusion and prospects***

475 An increasing number of association studies support the hypothesis that n-3 DPA is a bioactive fatty acid beneficial
476 to human health. The suggested mechanisms involve the importance of n-3 DPA-derived lipid metabolites in the
477 pro-resolution of inflammation in various models and mainly the importance of **protectin D1 and resolvin D5** found
478 in humans. Many other n-3 DPA-derived metabolites have also recently been identified and their potential
479 physiological effects are not yet known. Likewise, in vivo and in vitro studies suggest that n-3 DPA is implied in
480 the improvement of cardiovascular and metabolic disease risk markers, especially plasma lipid parameters, platelet
481 aggregation, insulin sensitivity and cellular plasticity. Moreover, n-3 DPA is the most abundant n-3 LCPUFA in the
482 brain after DHA and it could be specifically beneficial for elderly neuroprotection, and early-life development.
483 Nevertheless, there is still a lack of clinical intervention studies in humans to elucidate the specific biological
484 effects of n-3 DPA and its underlying mechanisms and no studies are currently underway (search on

485 ClinicalTrials.gov, September 21, 2018). The increase in commercial n-3 DPA availability as well as the efficiency
486 and diversity of n-3 DPA purification methods should facilitate the implementation of new studies in the coming
487 years.

488 While the effects associated with n-3 LCPUFA are studied independently, it remains difficult to differentiate the
489 effects specific to n-3 DPA itself compared to those of EPA and DHA as they are biologically interconverted. For
490 this, labeled-n-3 DPA monitoring studies are necessary to better understand the independent effects of n-3 DPA
491 compared to other n-3 LCPUFA. In contrast, dietary n-3 DPA appears to be a good source of EPA and a low source
492 of DHA in major metabolic organs, in addition to being well assimilated. The n-3 DPA could thus contribute to
493 increasing the omega-3 status. Indeed, n-3 DPA is more present in meat than EPA or DHA and while the sources of
494 fatty fish are limited, its food consumption is not negligible and n-3 DPA should surely be considered as well as
495 DHA and EPA within the next nutritional recommendations. While food sources most often contain a mix of
496 different n-3 LCPUFAs, they are studied independently, and it would be interesting to see if the impact of dietary
497 n-3 DPA alone on omega-3 status is of nutritional interest. compared to a mixture of n-3 LCPUFA representative of
498 human consumption.

499

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504

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Ref	Year	Model	Main findings
Sources			
[35]	2016	Meta-analysis (meat)	n-3 DPA content was 47% greater in organic meat than in conventional meat
[45]	2016	Humans	Echium oil diet increased n-3 DPA level in plasma, RBC and PBMC compared to linseed oil diet.
[47]	2018	Sprague Dawley rats	A partial incorporation of dairy lipids in the diet increased n-3 DPA status in tissues (RBC, liver, heart, brain)
[46]	2018	Newborns (0-4 month)	Infant fed with dairy lipids containing formula increased RBC n-3 DPA status compared to plant oils formula and breastfeeding
[24]	2018	<i>In tubo</i>	Structural characterization of self-assemblies of n-3 DPA monoglycerides
[19]	2018	Algae	n-3 DPA diglyceride production from <i>Schizochytrium sp.</i> (16.4% oil purity) and crystallization purification (28% purity)
[11]	2018	Review	Current scientific evidence does not support including n-3 DPA into the Omega-3 index
Metabolism			
[26]	2018	Sprague Dawley rats	Dietary n-3 DPA was assimilated in major tissues and mainly retroconverted in EPA (18 tissues). Dietary dairy lipids and n-3 DPA had complementary positive effect on n-3 LCPUFA status.
[66]	2016	Human cell lines	n-3 DPA was converted to DHA in HepG2 but not in Caco-2 and THP-1 cells. n-3 DPA was retroconverted into EPA in all cell lines and a greater increase of EPA was found in phospholipid than in neutral lipid fraction
[79]	2016	Humans	7-day n-3 DPA supplementation increased plasma specialized pro-resolving mediators derived from n-3 DPA
[77]	2017	Human neutrophils	Elucidation of stereocontrolled total synthesis of the intermediate 16(S),17(S)-epoxy-protectin n-3 DPA, its role in PD1 biosynthesis by human neutrophils and its regulation of the formation of the potent neutrophil chemoattractant LTB4
[37]	2017	Cannulated cows and ewes	n-3 DPA ruminal biohydrogenation was complete and like that of EPA, contrary to DHA forming intermediate derivatives
[128]	2017	Rabbit	n-3 DPA-enriched semen did not affect semen characteristics but had a negative impact on the lipid peroxidation and DNA integrity of the spermatozoa
Inflammation and cancer			
[96]	2018	Meta-analysis (human)	n-3 DPA is positively associated with spirometric measures of pulmonary function tests in meta-analyses
[97]	2016	Airway models	n-3 DPA monoglyceride mediated anti-inflammatory effects in stimulated human bronchi or guinea pig trachea by increasing the resolution of inflammation, while resetting Ca ²⁺ sensitivity and contractile reactivity
[42]	2017	Epidemiological	n-3 DPA intake is the most potent n-3 LCPUFA associated with slower forced expiratory volume decline in smokers
[88]	2017	Mouse macrophage cell line	n-3 DPA increased EPA, n-3 DPA and DHA contents in activated RAW264.7 cells, down-regulated mRNA expression of pro-inflammatory factors in a dose-dependent manner similarly than DHA supplementation and independently of DHA conversion from n-3 DPA.
[76]	2018	Human monocytes	Protectins n-3 DPA positively regulated monocyte differentiation and macrophage efferocytosis and phagocytosis
[86]	2017	Mice	ProtectinD1 and resolvin D5 n-3 DPA protected against colitis and intestinal inflammation and cell adhesion
[95]	2016	Cohort	Dietary n-3 DPA was inversely associated with breast cancer risk, as well as dietary EPA and DHA
[74]	2017	Review	An overview of recent knowledge about ProtectinD1 n-3 DPA
[10]	2017	Review	Update in biosynthesis and chemistry of specialized pro-resolving mediators from n-3 DPA
[25]	2016	Review	Anti-inflammatory and anti-proliferative effects of n-3 LCPUFA monoacylglycerides
Metabolic diseases			
[27]	2018	Sprague Dawley rats	n-3 DPA (>99% obtained by liquid chromatography) was the only n-3 LCPUFA improving lipid parameters. Fatty acid tissue changes were similar with dietary n-3 DPA and EPA but not with dietary DHA.
[12]	2018	Review	DPA and cardiometabolic health.
[13]	2017	C57BL/6J mice	Following High-fat diet, only n-3 DPA (not DHA and EPA) improved insulin resistance. n-3 DPA- and DHA-supplementations acted similarly on the decrease in serum adiponectin, ALT and liver lipogenesis.
[51]	2016	Cohort	Only n-3 DPA tissue contents were associated with a lower risk of total coronary heart diseases (CHD), and as well as the others n-3 LCPUFA with fatal CHD in a pool of 19 cohort studies.
[110]	2016	Sprague Dawley rats	Plasma n-3 DPA was strongly and positively associated with insulin sensitivity index in rats fed high-fat or high-fructose diets
[111]	2016	Association	In obese adolescent with cardiometabolic syndrome following a 1-year interdisciplinary therapy, changes in n-3 DPA were negatively associated with leptin and leptin/adiponectin ratio and positively with adiponectin.
[107]	2016	Association	Serum n-3 DPA was the only n-3 LCPUFA inversely associated with the risk of orthostatic hypotension
[102]	2016	Association	Plasma n-3 DPA was negatively associated (less than EPA) with all-cause mortality in men but not in women
Neuro-visual protection			
[120]	2018	Mice	Protectin D1 n-3 DPA promotes resolution of neuroinflammation and arrests epileptogenesis
[126]	2017	Cohort	n-3 DPA intake was the only n-3 LCPUFA independently associated with reduced risk of major depressive disorder in aged Japanese individuals
[127]	2016	Humans	Negative association between RBC n-3 DPA and depression in postmenopausal women using hormone therapy
[122]	2017	Humans	n-3 DPA decreased in RBC of cognitively normal elderly participants with high neocortical β -amyloid load and could be an early potential marker of Alzheimer's disease
[121]	2017	Human CASMC cells	n-3 DPA (and n-6 DPA) inhibited sphingosylphosphorylcholine-induced Ca ²⁺ -sensitization of coronary artery smooth muscle cell (CASMC) contraction by inhibiting Rho-kinase activation and translocation to the cell membrane
[123]	2016	Cohort	No association was found between serum n-3 DPA and with performance on neuropsychological tests in an older population
[124]	2017	Humans	n-3 DPA plasma level was the only one associated with higher macular pigment optical density
[6]	2016	Review	Links between n-3 DPA intake and blood level in pregnant and lactating mothers with better neural and bone

developments and fewer allergy diseases.

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899 EPA, eicosapentaenoic acid; DHA, docosahexaenoic acid; n-3 DPA, docosapentaenoic acid; LCPUFA, long-chain polyunsaturated fatty
900 acid(s); PBMC, peripheral blood mononuclear cells; RBC, red blood cells.

901

902 **Figure 1 –Bioconversion pathways of n-3 and n-6 polyunsaturated fatty acid families**

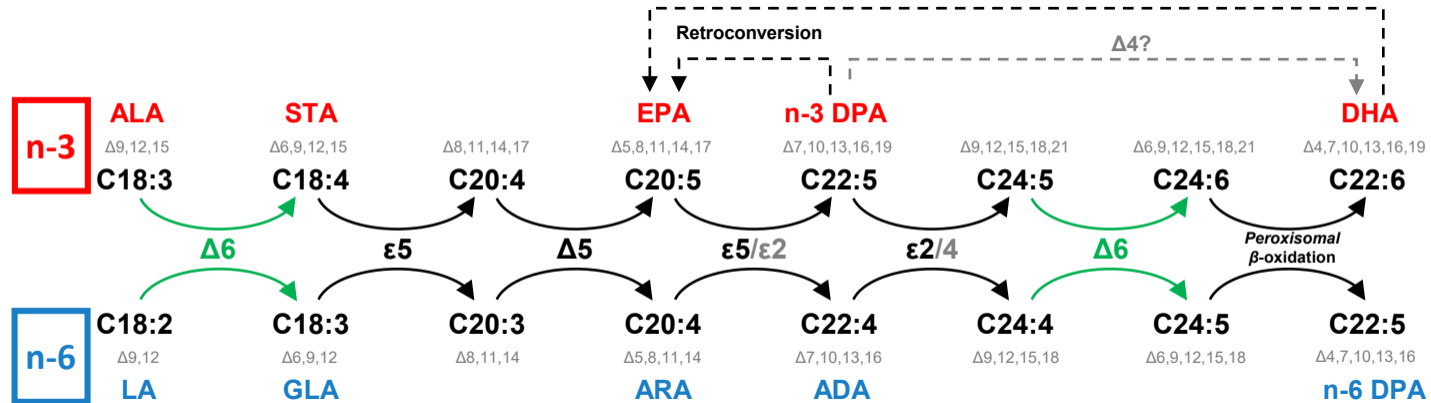
903 Δ : desaturase, ϵ : elongase, ALA: α -linolenic acid, ADA: adrenic acid, ARA: arachidonic acid, EPA:
904 eicosapentaenoic acid, GLA: γ -linolenic acid, DHA: docosahexaenoic acid, n-3 DPA: n-3 docosapentaenoic acid,
905 LA: linoleic acid, STA: stearidonic acid.

906

907 **Figure 2 – Biosynthesis pathway of n-3 docosapentaenoic acid-derived metabolites**

908 COX: cyclooxygenase, DPA: docosapentaenoic acid, EFOX: oxo derivative, isoP: isoprostane, LOX: lipoxygenase,
909 HDPA: hydroxy-DPA, H(p)-DPA: hydro(peroxy)-DPA

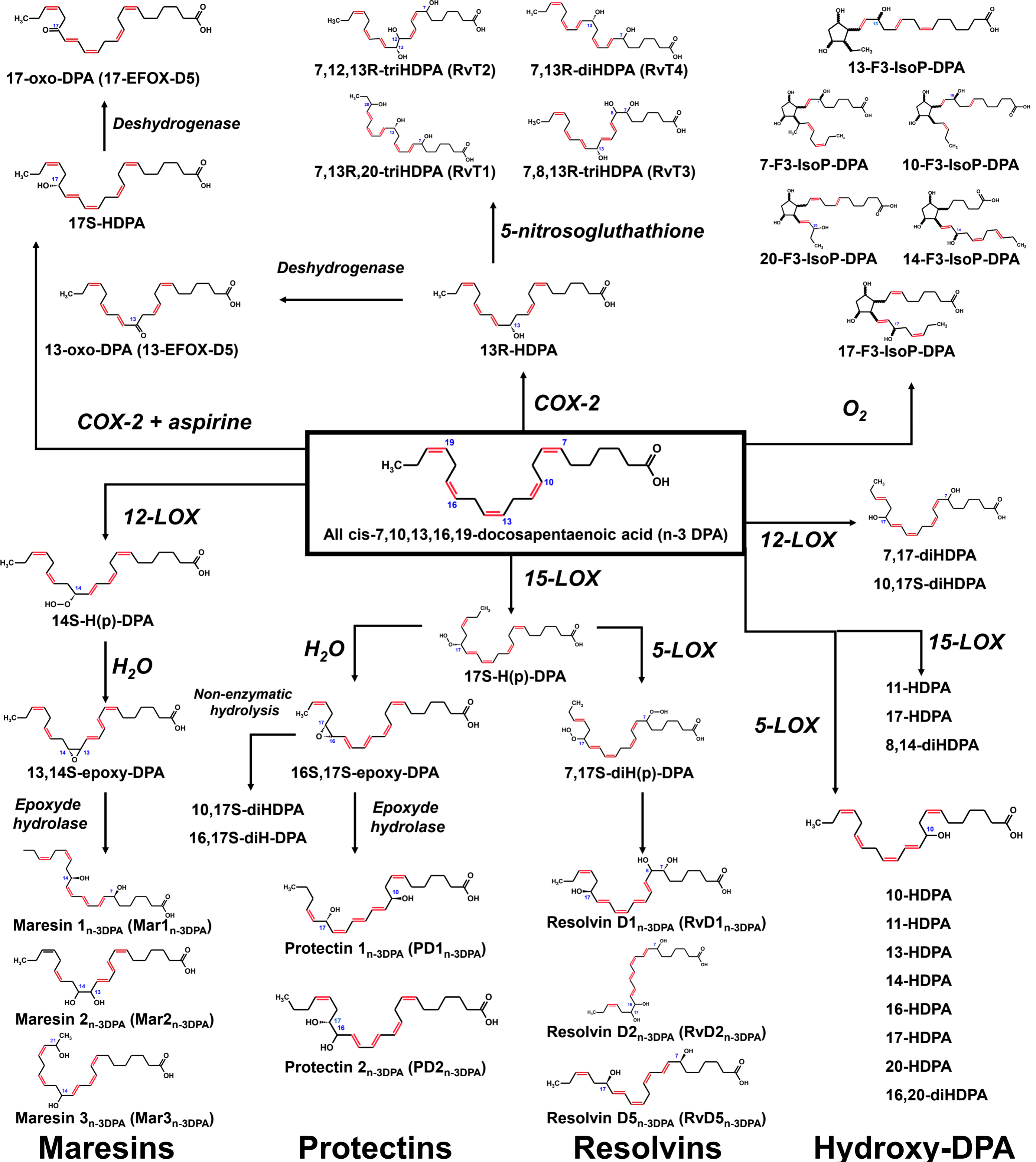
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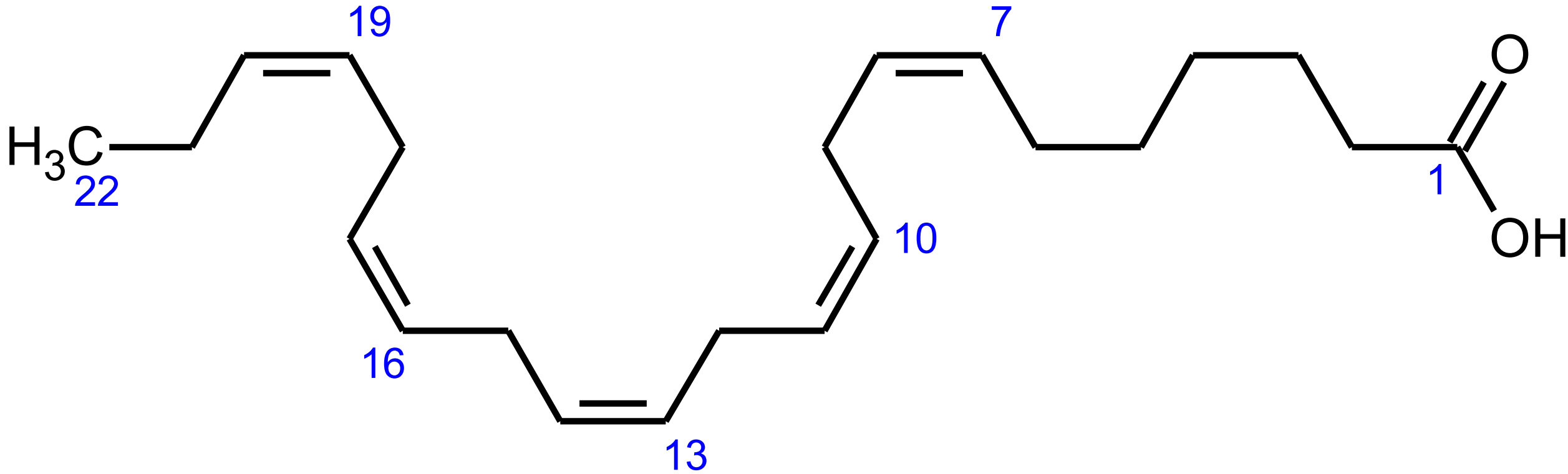


EFOX

Resolvins (13-series)

Isoprostanes





n-3 docosapentaenoic acid