Stem Cell Transplantation Rescued A Primary Open-Angle Glaucoma Mouse Model

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Abstract

Glaucoma is a leading cause of irreversible blindness. In this study, we investigated if

exogenous stem cells are able to rescue a glaucoma mouse model with transgenic

myocilin Y437H mutation and explored the possible mechanisms. Human trabecular

meshwork stem cells (TMSCs) were intracamerally transplanted which reduced

mouse intraocular pressure, increased outflow facility, protected the retinal ganglion

cells and preserved their function. TMSC transplantation also significantly increased

the TM cellularity, promoted myocilin secretion from TM cells into the aqueous humor

to reduce endoplasmic reticulum stress, repaired the TM tissue with extracellular

matrix modulation and ultrastructural restoration. Co-culturing TMSCs with myocilin

mutant TM cells in vitro promoted TMSCs differentiating into phagocytic functional TM

cells. RNA sequencing revealed that TMSCs had upregulated genes related to TM

regeneration and neuroprotection. Our results uncovered therapeutic potential of

TMSCs for curing glaucoma and elucidated possible mechanisms by which TMSCs

achieve the treatment effect.

Key Words: Trabecular meshwork, Stem cells, Transplantation, Glaucoma,

Intraocular pressure, RNAseq.

Introduction

Primary open-angle glaucoma (POAG), the most common type of glaucoma with a prevalence of 0.5-7.0% in adults, can result in damage of retinal ganglion cells (RGCs) and irreversible vision loss(Broman et al., 2008; Quigley & Broman, 2006) . The progression of POAG has been demonstrated to be correlated with elevated intraocular pressure (IOP)(Heijl et al., 2002), which is associated with reduced trabecular meshwork (TM) cellularity (Alvarado, Murphy, & Juster, 1984; Alvarado, Murphy, Polansky, & Juster, 1981), malfunction of TM phagocytosis(Buller, Johnson, & Tschumper, 1990) and abnormal deposition of extracellular matrix (ECM)(Gong H, 2016; Keller, Aga, Bradley, Kelley, & Acott, 2009). Replenishment of the TM cells with stem cells and restoration of the TM function offers a novel alternative approach to treat POAG(Abu-Hassan, Li, Ryan, Acott, & Kelley, 2015; Du et al., 2012; Du, Yun, Yang, & Schuman, 2013; Kelley et al., 2009; Yun et al., 2018; Zhou et al., 2020; Zhu et al., 2016).

Trabecular meshwork stem cells (TMSCs) have their special niche located at the anterior TM tissue beneath the Schwalbe's line(Braunger et al., 2014; Raviola, 1982; Sundaresan, Veerappan, Ramasamy, & Chidambaranathan, 2019; Yun, Zhou, Wills, & Du, 2016) and have been successfully isolated and characterized(Castro & Du, 2019; Du et al., 2012). TMSCs maintain stem cell characteristics and regenerative capacity after long-term cryopreservation (Kumar, Xu, & Du, 2020) which can be an effective source for cell-based therapy. After intracameral injection, TMSCs exhibit the preference to home to the TM region in wildtype mice (Du et al., 2013) and to laser-damaged TM tissue，which is correlated with CXCR4/SDF1 chemokine axis(Yun et al., 2018). Moreover, TMSCs can improve the outflow facility in a mouse model with laser-induced TM damage(Yun et al., 2018). However, the mechanisms for TMSCs repairing the diseased TM and restoring TM function in POAG have not yet been resolved. Intriguingly, the pathogenesis of POAG is apparently different from that of laser induced glaucoma(Liesenborghs et al., 2019). Hence, exploring the therapeutic

effect of TMSCs on models of POAG and uncovering mechanisms underlying it are
crucial steps for future clinical therapies for treating glaucoma.

Several factors, such as environment and genetics, have been found to contribute
to the occurrence and development of POAG(Janssen et al., 2013). Mutations in the
gene encoding Myoc have been confirmed to be associated with glaucoma(Tamm,
2002) which are responsible for 4% of adult-onset POAG and 10% of juvenile-onset
POAG. Although Myoc mutation glaucoma is a subtype of POAG, the pathophysiology
of POAG in common is associated with reduced TM cellularity, abnormal deposition
of ECM and increased IOP. Myoc mutations alter the structure of Myoc protein and
result in the retention of misfolded Myoc in the endoplasmic reticulum (ER) of TM cells.
The accumulated protein can then induce ER stress in TM cells, which is related to
glaucoma(Peters, Bhattacharya, Clark, & Zode, 2015). ER stress can also lead to TM
dysfunction, abnormal synthesis and turnover of ECM and loss of RGCs(Fingert,
Stone, Sheffield, & Alward, 2002). A mouse POAG model with transgenic-Myoc
Y437H mutation (Tg-MyocY437H) closely mimics the pathophysiology of human
Myoc-associated glaucoma(Zhou, Grinchuk, & Tomarev, 2008; Zode et al., 2012;
Zode et al., 2011). Here, we report that human TMSCs that are intracamerally
transplanted to the Tg-MyocY437H POAG mice, can repopulate the TM cells, repair
the abnormal TM tissue and preserve the function of RGCs. By analyzing the RNA
sequencing (RNAseq) data from three strains of human TMSCs and corneal
fibroblasts from different donors, we have identified the expression differences for
unveiling the TMSC regeneration mechanisms.

Results

TMSCs Reduce IOP and Increase Outflow Facility of the Tg-MyocY437H Mice

Human TMSCs were isolated as previously described(Yun et al., 2018) and
characterized by flow cytometry to confirm the positive expression of stem cell markers
CD73, CD90, CD105, CD166, and negative expression of CD34 and CD45 as
previously reported(Kumar et al., 2020; Yun et al., 2018). To investigate therapeutic

effect of TMSCs on POAG, human TMSCs at passage 3 or 4 were injected into the anterior chamber of the Tg-MyocY437H mice when they were at age of 4-month. Age-matched wildtype (WT) mice served as control. The baseline IOP of 4-month old Tg-MyocY437H mice was 16.5±0.44 mmHg (Figure 1A), which was significantly higher than that of WT mice (12.38±0.41 mmHg, p <0.0001). Tg-MyocY437H mice transplanted with TMSCs started to lower IOP from 1 month after stem cell transplantation, and IOP decreased to 13.30±0.42 mmHg (Tg-TMSC) at 1 month. This was close to that seen in WT mice (WT, 12.30±0.45 mmHg, p=0.4576). The IOP was significantly lower than IOP of Tg-MyocY437H mice without treatment (Tg, 15.23±0.64 mmHg, p=0.0254) and IOP of Tg-MyocY437H mice with medium only injection (Tg-Sham, 16.00±0.38 mmHg, p=0.0005). There was no statistically significant difference of IOPs between untreated (Tg, 15.23±0.64 mmHg) and sham (Tg-Sham, 16.00±0.38 mmHg, p=0.6715). Indeed, the IOP of Tg-MyocY437H mice at 2 months after TMSC transplantation mice (Tg-TMSC, 12.65±0.36 mmHg) reduced to the same level as that of WT (13.03±0.39 mmHg, p=0.9425) and was lower than untreated Tg-MyocY437H (Tg, 14.96±0.61 mmHg, p=0.0042) and sham injected mice (Tg-sham, 15.30±0.21 mmHg, p=0.0006).

Meanwhile, we measured mouse night IOP which was more obviously elevated than day-time IOP as reported before (Zode et al., 2011). In consistent with the day-time IOP, there was a significant difference of the baseline night IOP between 4-month old Tg-MyocY437H mice (Figure 1B, 17.73±2.25 mmHg) and age-matched WT mice (13.67±2.77 mmHg, P<0.0001). 2 months after TMSC transplantation, the night IOP of Tg-MyocY437H mice (11.75±2.83 mmHg) reduced to the same level as that of WT mice (11.55±2.52 mmHg, P=0.9925).

To further elucidate if TMSCs reduced IOP in Tg-MyocY437H mice via regulating the conventional outflow pathway (the TM and the Schlemm's canal), we examined the outflow facility of the eyes from all groups. As shown in Figure 1C, Tg-MyocY437H mice displayed higher outflow resistance with lower outflow facility (Tg, 0.010±0.001 μL/min/mmHg), while the WT mice showed higher outflow facility (WT, 0.017±0.001

µL/min/mmHg, p=0.0219). Tg-MyocY437H mice with TMSC transplantation for 2

months showed a significant facilitated outflow (Tg-TMSC, 0.016±0.002 µL/min/mmHg)

as compared to untreated (Tg, 0.010±0.001 µL/min/mmHg, p=0.0487) and medium

injected Tg-MyocY437H mice (Tg-Sham, 0.009±0.005 µL/min/mmHg, p=0.029). This

confirms that TMSCs reduced IOP via improvement of the TM-Schlemm's canal

conventional outflow pathway.

Since corneal thickness can affect the accuracy of IOP measurement, anterior

OCT was adopted to evaluate the thickness of the cornea, and this revealed that the

corneas had the same thickness among all groups (Figure 1D-E). Anterior synechia,

which is an important factor for assessing the efficacy and side effect of stem cell

Figure 1. Transplanted TMSCs reduce the IOP and increase the outflow facility of Tg-MyocY437H mice. (A): Day-time IOP was measured in the wildtype mice (WT, n=26), Tg-MyocY437H mice (Tg, n=26), Tg mice treated with basal medium (Tg-Sham, n=26) and Tg mice with TMSC transplantation (Tg-TMSC, n=26). **(B):** Night IOP was measured in WT mice (n=17) and Tg-MyocY437H mice (n=24) before the treatment and 2 months post treatment. Data are presented as mean ± SD. **(C):** Outflow facility was evaluated at 2-month after TMSC transplantation（n=6 eyes/group). **(D):** Representative pictures of anterior OCT show the corneal thickness and anterior chamber angle in the mice at 2 months after transplantation. **(E):** The central corneal thickness was calculated from the OCT images (n=8 eyes/group). Data are presented as mean ± SD. Two-way ANOVA (A) or one-way ANOVA (B,C,E) followed by Tukey's multiple comparisons test. *p<0.05, **p<0.01, ***p<0.001, **** p<0.0001.

transplantation, was not found by OCT examination in the mice with intracameral injection of TMSCs or sham (Figure 1D).

TMSCs Prevent the RGC Loss and Preserve the RGC Function of the Tg-MyocY437H Mice

Preservation and rescuing of RGC function is the goal for the treatment of POAG, so evaluating the function of RGCs is critical in assessing the therapeutic effect of TMSCs on POAG. We used the Celeris (Diagnosys LLC) to examine the pattern electroretinogram (PERG), an optimal approach to detect RGC function. In PERG by Celeris, the P1 amplitude represents the RGC function (Figure 2A-B). WT mice at 6-month of age had the P1 amplitude at 10.84±0.86 µV in the PERG recording, while 39.4% of the RGC function was lost in 6-mongth old Tg-MyocY437H mice as calculated with the PERG (Tg, P1=6.56±0.63 µV, p=0.0001). 2 months after TMSC transplantation, nearly 90% of the RGC function of the Tg-MyocY437H mice was preserved (Tg-TMSC, P1=9.20±0.45 µV, p=0.19; WT, P1=10.84±0.86 µV, p=0.2869) (Figure 2A-B). Furthermore, we counted the RGC numbers on 5-µm paraffin sections (Figure 2C, Supplementary Figure 1). There were 70.48±2.26 RGC cells/mm in the retina of 6-month old WT mice, and 49.22±1.79 cells/mm in that of 6-month old Tg-MyocY437H mice with RGC loss (p<0.0001). The RGCs were preserved/rescued by TMSC transplantation in Tg-MyocY437H mice with the RGC number increased to 60.60±1.25 cells/mm (p<0.0001 as compared to untreated Tg-MyocY437H mice). This confirms that TMSC transplantation prevented/rescued the RGC loss and preserved the RGC function in the Tg-MyocY437H mice.

Figure 2. TMSCs preserve the RGC function and prevent RGC loss in Tg-MyocY437H mice. The function of RGCs in the mice was evaluated by pattern electroretinogram (PERG). **(A):** Representative examples of PERG from different groups at 2-month after transplantation. **(B):** Bar graphs of averaged P1 amplitude in PERG (n=10 eyes/group). **(C):** RGC numbers counted on the retinal sections in each group (n=12-16 sections/eyes, and 4-6 eyes/group. Data are presented as mean ± SD. One-way ANOVA followed by Tukey's multiple comparisons test. Abbreviations: WT: wildtype mice, Tg: Tg-MyocY437H mice, Tg-Sham: Tg mice with medium injection, Tg-TMSC: Tg mice with TMSC injection.

TMSCs Increase the TM Cellularity of the Tg-MyocY437H Mice

To further investigate the mechanisms by which TMSCs reduced IOP and restored

outflow facility, we evaluated the TM cellular density in the mouse anterior segment

sections. TM cellular density of the Tg-MyocY437H mice has been reported to be

decreased due to apoptosis of TM cells in Tg-MyocY437H mice(Zode et al., 2011).

Collagen IV was used as a marker to define the area of the TM tissue(Zhu et al., 2016).

We combined the phase contrast black-white images with collagen IV staining to

accurately identify the TM region and count the cells within the TM region on the

paraffin sections. As shown in Figure 3A-B, the average number of the cells in the TM

region was 35.33±2.50 cells/section in 6-month old WT mice (n=10), while 42% and

51% of reduction of the TM cellularity was observed in the age-matched Tg-

MyocY437H mice (Tg, 20.33±1.11 cells/section, p<0.0001) and Tg-MyocY437H mice

with Sham injection (Tg-Sham, 17.08±1.18 cells/section, p<0.0001), respectively.

TMSC transplantation on Tg-MyocY437H mice increased the TM cell number to

28.86±1.46 cells/section (p=0.0028 vs Tg mice, p<0.0001 vs Tg-Sham).

Figure 3. TMSCs increase the TM cellularity in the Tg-MyocY437H mice. (A): Evaluation of the cellular density in the mouse TM region. Sections of the anterior segment was immunostained with collagen IV (red) and DAPI (blue). The TM region was determined by bright field (BF) image together with Collagen IV staining in the region between the two white vertical lines. Scale Bars, 50μm. (**B**): The TM cellularity was averaged (n=12-14/group) and displayed as the number of cells in the TM region per section. Data are presented as mean ± SD. One-way ANOVA followed by Tukey's multiple comparisons test. Abbreviations: C: cornea, SC: Schlemm's canal, TM: trabecular meshwork.

TMSCs Differentiate into TM Cells after Transplantation in the Tg-MyocY437H Mice.

To examine if transplanted TMSCs differentiate into functional TM cells to contribute to the TM cellularity increase and TM function restoration, we labeled TMSCs with DiO and injected the cells into the anterior chamber of Tg-MyocY437H mice. 2 months after TMSC transplantation, we detected DiO-labeled green cells at the mouse TM region (Figure 4A-C). Some of the DiO+ TMSCs expressed AQP1 and CHI3L1. Anti-AQP1 antibody detects both mouse and human AQP1 antigen while anti-CHI3L1 antibody used only detects human antigen (Figure 4A). Some of the TMSCs were positive to anti-Ki67 antibody staining (Figure 4B) indicating the transplanted TMSCs were active in proliferation 2 months after transplantation. TUNEL staining shows there were many TUNEL staining apoptotic cells in the Tg-MyocY437H mouse TM tissue while most of the injected TMSCs and mouse TM tissues were not stained with TUNEL (Figure 4C-D) indicating the injected TMSCs were alive and protective to the endogenous TM cells.

Figure 4: Transplanted TMSCs differentiate into TM cells and viable up to two months post transplantation. (A): AQP1/CHI3L1 immunofluorescent staining shows integration of transplanted TMSCs (DiO+, green) into the TM and differentiation of TMSCs into TM cells with expression of AQP1 (red) and CHI3L1 (magenta). (**B):** Ki67 staining shows part of the transplanted TMSCs (green) positive to Ki67 (red) in the TM while few of the TM cells in the Tg-Sham were Ki67+ too. (**C):** TUNEL staining shows some of the corneal cells and TM cells in the Tg mice were positive to TUNEL (apoptosis) while the transplanted TMSCs (green) in the Tg-TMSC were viable as the TMSC population was TUNEL negative**.** Scale bars, 50μm. **(D):** Quantification of TUNEL + cells in the TM region of both Tg-MYocY437H mice without treatment (Tg) and with TMSC transplantation (Tg-TMSC). Data are presented as mean ± SD. Student *t*-test. Abbreviations: TM: trabecular meshwork.

TMSCs Facilitate Myocilin Secretion and Remodel the Extracellular Matrix (ECM)

in the Tg-MYOCY437H mice

Tg-MyocY437H mouse model is characterized by the retention of misfolded Myoc

protein in the ER of the TM cells and reduced secretion of Myoc protein into the

aqueous humor(Zode et al., 2011), which are associated with the IOP elevation in this

mouse model. Immunofluorescent staining on the paraffin sections showed that Myoc

protein was not detectable in the TM region of WT mice, but it was obviously

expressed in the TM region of the untreated and sham injected Tg-MyocY437H mice

(Figure 5A).   However, Myoc expression in the TM region was reduced in the Tg-

MyocY437H mice receiving TMSC transplantation (Figure 5A). Western blotting on

the limbal tissue confirmed the immunostaining results and showed that TMSC

transplantation reduced Myoc protein accumulation in the limbus of the Tg-

MyocY437H mice (Figure 5B). In contrast, very low levels of Myoc protein could be

detected in the aqueous humor of the Tg-MyocY437H and Tg-Sham mice, but Myoc

protein was increased dramatically in the aqueous humor of WT and in TMSC

transplanted Tg-MyocY437H mice (Tg-TMSCs) (Figure 5B). This indicates that TMSC

transplantation can enhance the secretion of Myoc protein from the TM into the

aqueous humor in the Tg-MyocY437H mice.

Abnormal deposition of ECM in the TM tissue is known to contribute to IOP elevation.

Indeed, increased levels of fibronectin and elastin were found in the limbus of the Tg-

MyocY437H and Tg-Sham mice, while collagen IV remained at the similar levels as

that in the WT mice (Figure 5D). However, TMSC transplantation downregulated the

expression of fibronectin and elastin in the TMSC treated Tg-MyocY437H mice to the

levels in the WT mice (Figure 5D). This demonstrates that TMSCs could change the

ECM components in the Tg-MyocY437H mice.

Figure 5. TMSCs reduce the Myoc retention in the TM tissue, promote the Myoc secretion into the aqueous humor, and reverse the ECM expression in the Tg-MyocY437H mice. (**A**): Immunofluorescent staining shows accumulated Myoc in the TM and ciliary body of the Tg and Tg-sham mice. TMSC transplantation alleviated the aggregation of Myoc in the TM, similar to the WT mice. Scale bars, 50μm. Western blotting results show: (**B**): the representative bands of Myoc expression in the mouse limbal tissue and the relative Myoc protein levels with β-actin as internal control (n=5). (**C**): the representative bands of Myoc expression in the mouse aqueous humor and the relative Myoc protein levels with β-actin as internal control (n=5). (**D**): the representative bands of the expression of ECM components fibronectin (FN), collagen IV and elastin in the limbal tissue and the relative ECM protein levels with β-actin as internal control (n=4-6). Data are presented as mean ± SD. One-way ANOVA (B,C) or two-way ANOVA (D) followed by Tukey's multiple comparisons test. Abbreviations: C: cornea, SC: Schlemm's canal, TM: trabecular meshwork.

The Effect of TMSCs on ER Stress in the TM of Tg-MyocY437H Mice

To determine if TMSC transplantation could reduce ER stress in the TM of the Tg-

MyocY437H mice, Western blotting was employed to detect the expression of ER

stress markers in the mouse limbal tissue including the TM. The levels of CHOP and

GRP78 were significantly increased in the limbal tissue of Tg-MyocY437H and Tg-

Sham mice in comparison with the WT mice (Figure 6A). The expression of CHOP

and GRP78 in the limbal tissue with TMSC injection was not significantly reduced as

compared to the Tg-MyocY437H mice.

We further evaluated the ultrastructure of the TM tissue by transmission electron

microscopy (TEM) and measured the size of the ER and calculated as the ER area

divided by the perimeter (nm^2/nm). As shown in Figure 6B (arrows) and calculation in

Figure 6C, Tg-MyocY437H mice (24.53±2.81 nm^2/nm) and Tg-Sham mice(24.50±

3.79 nm^2/nm) presented enlarged ER lumen as compared to the WT mice (7.03±0.54

nm^2/nm). In contrast, the ER lumen of Tg-MyocY437H mice with TMSC

Figure 6. The effect of TMSCs on ER stress and ultrastructure of the TM in the Tg-Myoc Y437H mice. (A): Western blotting results show the representative bands of CHOP and GRP78 expression in the mouse limbal tissue and the relative protein levels with β-actin as internal control (n=6). **(B):** TEM results indicates the ultrastructure of mouse TM tissue (40,000x) with black arrows pointing to the ER. Scale Bar = 500nm. **(C)**: ER size quantification calculated as area (nm^2)/perimeter (nm) (n=18-23). Data are presented as mean ± SD. Two-way ANOVA (A) or one-way ANOVA (C) followed by Tukey's multiple comparisons test.

transplantation was significantly reduced to 13.78±1.02 nm^2/nm as compared to

untreated (p=0.049) and Sham treated Tg-MyocY437H mice (p=0.0111) and more

closely resembled that of WT mice (p=0.1423).

TMSCs Neither Stimulate Proliferation nor Reverse ER Stress of Mutant TM Cells

in vitro

To further explore the mechanisms behind regenerative effect of transplanted TMSCs

in vivo via increasing TM cellularity, enhancing Myoc secretion, remodeling the TM

ECM and improving ER stress in the TM, we evaluated the effects of TMSCs on

transduced MyocY437H mutant TM cells in vitro to detect the interactions between

TMSCs and TM cells. TM cells were transduced with lentivirus which co-expressed

GFP and Myoc with Y437H mutation (Supplementary Figure 2). Transfected GFP-

positive cells were then sorted using flow cytometry and further passaged as a

predominantly GFP+ population of TM cells (Figure 7A) and strongly expressed Myoc

(Figure 7B). Cultured TM cells were confirmed via Western blotting by their

responsiveness to Dex with increased expression of Myoc (Figure 7B) after 100 nM

Dex treatment for 5 days, one of the characteristics of TM cells(Keller et al., 2018).

MyocY437H expressing GFP positive TM cells were cultured alone, with TMSCs in

the Transwell inserts (Figure 7C) or in direct contact with TMSCs and further assessed.

Proliferation of the transduced TM cells was evaluated through analysis of

incorporation rates of the EdU after 2-hour incubation. Mutant Myoc transduced TM

cells showed 6.53±1.19% EdU positivity, while 6.06 ± 1.78% (p=0.8267) and

6.51±1.63% (p=0.9932) of cells were EdU positive when mutant TM cells were co-

cultured with TMSCs in a Transwell insert or in direct contact with TMSCs, respectively.

This indicated that neither co-culturing nor direct contact with TMSCs could stimulate

proliferation of mutant TM cells (Figure 7D).

Next, we evaluated whether TMSCs could reduce ER stress in the Myoc mutant

TM cells. As shown in Figure 7E-F, higher expression of Myoc and ER stress markers

GRP78 and CHOP was detected in the mutant TM cells as compared to normal TM

cells and TM cells transduced with GFP only.   Co-culturing TM cells with TMSCs in

the Transwell insert could mimic the interactions seen in vivo between homed TMSCs

and TM cells. The co-culturing had little effect on reducing ER stress or promoting

Myoc secretion in the mutant TM cells. The expression of GRP78, CHOP and Myoc

in the TM cells after co-culturing was similar to that without co-culturing (Figure 7E-F).

Figure 7. TMSCs could not reverse ER stress and stimulate proliferation of Myoc mutant TM cells in vitro. (A): The TM cells were transduced with recombinant lentivirus encoding GFP and Myoc Y437H mutation. The transduced GFP+ cells were sorted by Flow cytometry and the cultured sorted TM cells were almost 100% with GFP (green) in the cytoplasm. Scale Bars, 100µm (**B**): Transduced TM cells with Myoc Y437H mutation expressed high Myoc by Western blotting and TM cells had increased Myoc expression after 5-day Dex treatment (TM2, TM3). TM1 did not have increased Myoc expression after Dex treatment so TM1 cells were discarded. (**C**): Schematic illustration shows co-culturing of TMSCs with TM cells for detection of TM cell changes. (**D**):   Flow cytometry analysis of EdU incorporation shows neither co-culture nor direct contact with TMSCs for 4 days would affect TM cell proliferation (n=3-5). (**E**): Representative western blotting bands show the levels of ER stress markers and Myoc in the TM cells with or without TMSC co-culturing. (**F**): Relative protein levels with β-actin as internal control (n=3). Data are presented as mean ± SD. One-way ANOVA (D) or two-way ANOVA (F) followed by Tukey's multiple comparisons test.

TMSCs Differentiate into TM Cells Responsive to Dexamethasone and Gain

Phagocytic Function under the ER Stress Condition in vitro

One of the mechanisms by which stem cells induce regeneration is differentiation into

cells of desired lineage to compensate for deficient cells in the injured tissue. We

previously reported that TMSCs(Du et al., 2013; Xiong et al., 2020; Yun et al., 2018)

and ADSCs(Zhou et al., 2020) could differentiate into TM cells and express TM

markers after homing to the TM tissues.   However, the environment of the Tg-

MyocY437H mouse TM where TMSCs stayed is different. The TM tissue of Tg-

MyocY437H mice possesses ER stress with ECM changes(Kasetti, Phan, Millar, &

Zode, 2016). Understanding whether TMSCs can differentiate to TM cells under ER

stress condition could help to elucidate how TMSCs regulate IOP in the Tg-

MyocY437H mice.   We co-cultured TMSCs together with the transduced Myoc mutant

TM cells in a Transwell system (Figure 8A). CHI3L1 expression (Figure 8B) was

Figure 8. TMSCs differentiate into TM cells in vitro under ER stress environment. (A): Schematic illustration shows co-culturing of TMSCs with TM cells for detection of TMSC changes. (**B**): The expression of TM cell marker CHI3L1 was upregulated in the TMSCs after 10 days of co-culturing with normal TM cells or MyocY437H mutant TM cells (n=3)**. (C):** After co-culturing for 10 days, the co-cultured TM cells in the Transwell insert were removed, and TMSCs were further treated with Dex for another 7 days. The levels of Myoc were detected by Western blotting and quantified (n=3). (**D**): After co-culturing of TMSCs with the TM cells or Myoc Y437H mutant TM cells in the Transwell insert for 10 days, the phagocytic ability of the TMSCs was evaluated by ingestion of bioparticles shown green in the cytoplasm. Scale Bars, 50µm. (**E**): Percentage of phagocytic cells averaged from 10 different views. Data are presented as mean ± SD. One-way ANOVA followed by Tukey's multiple comparisons test.

significantly increased in the TMSCs after co-culturing with normal TM cells

(TM+TMSC) or with MyocY437H mutant TM cells (Y437H TM+TMSC), in comparison

to TMSCs without co-culture (TMSC). After another 7-day culture of the TMSCs in the

presence of 100 nM Dex, the expression of Myoc (Figure 8C) was significantly

increased in the TMSCs co-cultured with TM cells (TM+TMSC) or mutant TM cells

(Y437H TM+TMSC) while the Myoc expression was almost undetectable without co-

culture (TMSC). TMSCs co-cultured with normal and Myoc mutant TM cells gained

the phagocytic function, evidenced by ingesting fluorescent labeled bioparticles

(Figure 8D-E). Taken together, TMSCs are able to differentiate into TM cells

responsive to dexamethasone treatment and possessing the phagocytic function

under ER stress environment.

TMSCs Had Upregulated Gene Expression Related to TM ECM Maintenance and

TM Regeneration.

We analyzed the transcriptomes of three individual TMSCs and fibroblasts from

different donors. We observed an upregulation of genes related to maintenance of TM

ECM, integrity and motility like integrin subunit alpha 3 (ITGA3), CHI3L1, vitronectin

(VTN), lysyl oxidase (LOX), follistatin (FST), and collagen type IV alpha 6 chain

(COL4A6)(Liton, Luna, Challa, Epstein, & Gonzalez, 2006) in TMSCs as compared to

fibroblasts (Figure 9A, Supplementary Table 1). Top three upregulated pathways in

TMSCs related to increased TM ECM interaction were (1) focal adhesion pathway

including VTN, collagen type IV alpha 5 chain (COL4A5), myosin light chain kinase

(MYLK), platelet derived growth factor D (PDGFD), and COL4A6; (2) PI3K-Akt

signaling pathway including VTN, COL4A5, PDGFD, and COL4A6; and (3) ECM-

receptor interaction pathway including VTN, COL4A5, heparan sulfate proteoglycan

core protein (HSPG2), and COL4A6 (Supplementary Table 2). By interactome

analysis for neuroprotective property of TMSCs, we identified many genes related to

neuroprotection, including neuralized E3 ubiquitin protein ligase 1 (NEURL1)

(formation of functional synapses), neurofascin (neurite extension, axonal guidance,

synaptogenesis, myelination, and neuron-glial cell interactions), neuroligin-1/3/4X

(synapse function and synaptic signal transmission). Reactome analysis identified

proteins involved in glutamatergic, dopaminergic, GABAergic pathways activated in

TMSCs (Figure 9B). Pathway enrichment analysis identified neurotrophin signaling

pathway and PI3-Akt signaling pathway to be the major pathways related to the

neuroprotection of RGCs.

Figure 9. Transcriptome analysis of TM regeneration and neuroprotection genes among TMSC and fibroblasts. (**A**): Heatmap shows gene expression profile of TMSCs as compared to fibroblasts for genes involved in maintenance of TM extracellular matrix (ECM), TM integrity and motility, (false discover rate (FDR)<1%, p<0.01). Scale, bright red squares: highest gene expression levels, bright blue squares: lowest gene expression levels. **(B):** Interactome analysis shows activation of different neuroprotection pathways in TMSCs as obtained by RNA sequencing analysis. Interactome networks were generated using STRING v11.

Discussion

In this study we demonstrated that human TMSCs transplanted to the anterior

chamber of transgenic Myoc Y437H mutant mice differentiated to the cells expressing

TM cell markers at TM region and alleviated many of the parameters associated with

glaucoma in the validated POAG mouse model. Specifically, transplantation of TMSCs

reduced the IOP, increased the outflow facility, restored the RGC function with

significantly improved pattern ERG and preserved the RGCs. With TMSC

transplantation, the TM cellularity in the Tg-MyocY437H mice dramatically increased and the ECM components fibronectin and elastin dramatically reduced in comparison with untreated and sham injected Tg-MyocY437H mice. Although ER stress marker expression in the TM tissue was not significantly reduced after TMSC transplantation, the secreted Myoc into the aqueous humor was significantly increased, while non-secreted Myoc in the TM tissue was decreased to normal range compared to untreated and sham-treated Tg-MyocY437H mice. In vitro co-culturing study indicated that TMSCs could differentiate into Dex-responsive TM cells with phagocytic function in the presence of normal TM cells or transduced TM cells with Myoc Y437H mutation. The TMSCs did not reverse ER stress of cultured MyocY437H mutant TM cells in the co-culture platform. RNAseq analysis showing upregulation of genes related to TM regeneration including maintenance of TM integrity, motility, and ECM interaction in TMSCs as compared to fibroblasts might explain that TMSCs induce regeneration in the Tg-MyocY437H mice via modulation of ECM, promotion of TM integrity and motility, and increasing the oxidative stress defense mechanism of TM cells. In contrast, fibroblasts having much lower expression of the abovementioned genes were unable to produce any regenerative effect as we showed previously(Yun et al., 2018).

Our previous studies have shown that the response to ER stress inducers is different between TMSCs and TM cells(Wang et al., 2019), and TMSCs can differentiate into TM cells after homing in and retained in normal TM of WT mice(Du et al., 2013) and in the laser-damaged TM for regeneration(Yun et al., 2018). However, the microenvironment for the stem cells such as oxygen concentration, PH value, osmotic pressure, proteases and cytokines, all affects the maintenance, survival, and regeneration properties of stem cells (Urban, 2002; Wuertz, Godburn, Neidlinger-Wilke, Urban, & Iatridis, 2008). It was therefore crucial to confirm whether TMSCs could convert to the TM cells in the Tg-MyocY437H mice with ER stress in the TM tissue. We demonstrated that TMSCs could differentiate into TM cells expressing the TM cell marker CHI3L1 (Du et al., 2012; Kelley et al., 2009; Wang et al., 2019) and possessed phagocytic ability 10 days after co-culturing with the transduced Myoc

Y437H mutant TM cells. Phagocytic function of TM cells is responsible for ECM

turnover and maintenance of the outflow pathway by removing cell debris, which is

crucial for regulation of IOP. Moreover, the differentiated TMSCs were responsive to

dexamethasone treatment with increased expression of Myoc, one of the important

characteristics of TM cells(Keller et al., 2018). It indicates that TMSCs can

successfully differentiate to functional TM cells under ER stress condition.

The homeostasis of the TM tissue is known to be important for maintaining IOP in

the normal range(Vranka, Kelley, Acott, & Keller, 2015). Some pathological stimuli can

elevate IOP by breaking down TM ECM homeostasis, which results in the excessive

accumulation of ECM composition and insufficient degradation of ECM in the TM

tissue, thereby decreasing the outflow facility(Acott & Kelley, 2008). ER stress arising

from mutant Myoc aggregates in the ER can destroy assembly procedures of ECM

proteins in the TM cells. The ECM components, such as fibronectin, elastin, and

collagen IV were increased in the TM tissue due to abnormal ER function and

pathological cellular status in the Tg-MyocY437H mice(Kasetti et al., 2016).

Conversely, excessive ECM can aggravate ER stress in the TM cells, which can form

a negative feedback to keep the chronic ER stress existing in the Tg-MyocY437H

mice(Kasetti, Maddineni, Millar, Clark, & Zode, 2017). We found that transplantation

of TMSCs can reverse the expression of fibronectin and elastin to the normal levels in

the Tg-MyocY437H mouse TM tissue. Although the reduction of ER stress marker

expression after TMSC transplantation was not significant, the expression levels of

Myoc reduced in the TM tissue and increased in the aqueous humor, and a large

number of cells displayed normal ultrastructure without swollen ER in the TM region

of the Tg-MyocY437H mice with TMSC transplantation. These observations suggest

that differentiated healthy TM cells from TMSCs replaced the mutant TM cells and

remodeled the ECM, improved the function of the diseased TM tissue, which

increased the outflow facility and reduced IOP. A previous report(Zhu et al., 2016)

indicated that transplantation of TM cells derived for iPSCs stimulated the endogenous

TM cell to proliferate to increase the TM cellularity and reduce IOP. Although the cells

and underlying mechanisms for the treatment in their study are different from ours,
increased amount of TM cells was found in both studies. It indicates that restoration
of TM cellularity and remodeling of the TM ECM are crucial for cell-based therapy for
glaucoma.

Mesenchymal stem cells have been shown to reduce IOP in a laser-induced rat
glaucoma model(Manuguerra-Gagne et al., 2013). The activation of progenitor cells
in the ciliary body which can migrate and differentiate into TM cells in the damaged
tissue might be induced by laser photocoagulation or injected cells. Further research
is needed to elucidate whether TMSCs can recruit the endogenous stem cells to
synergistically repair the TM tissue.

Loss of RGCs is responsible for the impairment of visual field and loss of visual acuity
in POAG patients(Rolle, Dallorto, Briamonte, & Penna, 2014; Shoji et al., 2017).
Preserving the RGCs is as important as reducing IOP in treatment for glaucoma(Sena
& Lindsley, 2017; Stern et al., 2018). It is also a critical parameter to evaluate whether
stem cell-based therapy is suitable for the management of glaucoma(Pearson &
Martin, 2015). Elevation of IOP and subsequent loss of RGCs were observed in the
Tg-MyocY437H mice(Zode et al., 2011). Therefore, attention was also paid to the
therapeutic effect of TMSCs on protection of RGC function. In this study, 90% of RGC
function was found to be saved 2 months after TMSC transplantation, while only 60%
of RGC function remained in the 6-month old Tg-MyocY437H mice without treatment
as compared to age-matched WT mice. It indicates that TMSCs can prevent the RGCs
from degeneration resulted from IOP elevation. Nevertheless,10% loss of RGC
function may be attributed to the delayed effect of TMSCs on reducing IOP in this
glaucoma model, in which IOP starts to elevate from 3 months of age while TMSCs
were transplanted at 4 months and the IOP reduction was observed at 5 months.
Therefore, whether earlier intervention can achieve more RGC survival needs further
investigation.

We previously reported that TMSCs can regenerate the damaged TM tissue while
corneal fibroblasts did not repair the damaged TM tissue(Yun et al., 2018). Corneal

fibroblasts did not express stem cell markers, such as NESTIN or OCT 4, which

TMSCs were positive to and the fibroblasts did not home to and anchoring to the TM

region after intracamerally injection (Du et al., 2013; Xiong et al., 2020). All these

suggest that TMSCs and corneal fibroblasts are distinctive in biological characteristics

and behavior. Thus we compared the transcriptomes between TMSCs and corneal

fibroblasts.

Our transcriptome analysis indicates analysis indicates some ECM related genes

and genes associated with ECM modulation pathways like PI3K-Akt signaling pathway,

focal adhesion pathway, ECM-receptor interaction pathway (Villegas et al., 2013) were

highly expressed in TMSCs. Whether TMSCs directly participate in ECM remodeling

through aforementioned ECM related gene and pathways after transplantation

remains to be elucidated. Since we detected that some TMSCs differentiated into TM

cells after homing to the TM region, we speculate that both the differentiated TM cells

from TMSCs and undifferentiated TMSCs participate in the TM ECM modulation.

CHI3L1 has been involved in tissue remodeling and important for normal functioning

of TM(Kumar et al., 2020; Kumar, Xu, Yang, Wang, & Du, 2019; Yun et al., 2018; Zhou

et al., 2020). Integrins are crucial for ECM organization in the TM and help in anchoring

of stem cells to the site of injury for regeneration(Gagen, Faralli, Filla, & Peters, 2014;

Xiong et al., 2020). The upregulation of CHI3L1 and integrins in TMSCs as compared

to fibroblasts further strengthen their regenerative role in the Tg-MYOCY437H

glaucoma model, although the CHI3L1 expression in TMSCs is much lower than that

in TM cells.

Some of the genes which are upregulated in TMSCs have been shown to impart

neuroprotective functions. CACNA1A uncovered in TMSC transcriptome (involved in

dopaminergic, GBAergic, serotonergic and glutamatergic synapse) is responsible for

communication between neurons by ion exchange and mutations in the this gene

results into neurological disorder (Ophoff et al., 1996). Similarly, KCNJ5 (GIRK2) are

G-protein-gated potassium channels which are employed in control of hypothermia

induced by activation of GBAergic, muscarinic, kaapa opioid, adenosine and

serotonergic receptors(Costa, Stasko, Stoffel, & Scott-McKean, 2005). We speculate

that the preservation of RGCs and their function in Tg-MYOCY437H model by TMSCs

is mainly due to reduced IOP, but these neuroprotective proteins through paracrine

secretion by TMSCs might be also involved in the neuroprotective process. Further

study is required to uncover it.

Conclusion

Transplanted TMSCs can integrate into the TM tissue and differentiate into functional

TM cells that can repopulate the TM tissue, remodel the TM ECM, and restore the TM

homeostasis to resolve the outflow facility, eventually reducing IOP and preserving

RGCs and their function in the Tg-MyocY437H mouse model of POAG. Myoc mutation

glaucoma as a subtype of POAG contains common pathophysiology of POAG that is

reduced TM cellularity, which causes abnormal deposition of the ECM and increases

IOP and damages the RGCs. Therefore, these results open an important avenue of a

novel stem cell-based strategy to eventually treat human open-angle glaucoma.

Materials and Methods

Animals

Four-month old wildtype (WT) C57BL/6J mice were purchased from Jackson

Laboratory as the normal control, and Tg-MyocY437H mice originated from C57BL/6J

mice were kindly gifted by Dr. Gulab Zode (North Texas Eye Research Institute, Texas)

and transferred to University of Pittsburgh. All the experiments conducted on the

animals were approved by the University of Pittsburgh Institutional Animal Care and

Use Committee and complied with the ARVO Statement for the Use of Animals in

Ophthalmic and Vision Research. Both WT C57B/6J and Tg-MyocY437H C57B/6J

mice were bred in the animal facility at University of Pittsburgh. Mouse DNAs were

isolated by biopsy from mouse ears for genotyping using the primers: 5'-

GACTAAGGCAAGAAAATGAGAATC-3'   (Forward)   and   5'-

CCTCTCCACTCCTGAGATAGC-3' (Reverse). Mice with PCR product at 249 bp were

regarded as carrying the Myoc mutation. The primer pair of 5'-

ACAAAGGCAGGGTCGAGAAGACAGG-3'   (Forward)   and   5'-

TTCCCACCTCTCTCTCCCCATGAGA-3' (Reverse) generated a 610 bp product that

was used to confirm the content of mouse DNA (Supplementary Figure 2).

Intracameral Transplantation of TMSCs and IOP Measurement

Human TMSCs were isolated and passaged as previous reported (Du et al., 2012;

Wang et al., 2019). Two TMSC strains from two different donors at passage 3 or 4

were used for cell injection. TMSCs were prelabeled with DiO at 50 μg/ml for 30

minutes(Yun et al., 2018) and thoroughly washed with DMEM/F12 and resuspended

in the medium at the concentration of 1.67 x 10^7/ ml for injection. Mice were divided

into four groups: Wildtype group (WT, n=26), age-matched Tg-MyocY437H mice (Tg,

n=26), Tg mice with intracameral injection of the basal medium (Tg-Sham, n=26) and

Tg mice with TMSC transplantation (Tg-TMSC, n=26). Intracameral injection was

following previous published procedures (Du et al., 2013; Yun et al., 2018) with

modifications. In brief, mice at the age of 4 months were anesthetized with ketamine-

xylazine by intraperitoneal injection. 3μl of medium with 5×10^4 TMSCs or medium only

(sham) were injected into the mouse anterior chamber using a 33-gauge needle

connected to a 25-μl Hamilton syringe. An I-care tonometer was used to measure

mouse IOP (TonoLab; Colonial Medical Supply, Windham, NH). Day-time IOP

measurements were performed between 1:00 pm and 3:00 pm. Day-time IOP

measurement before injection served as baseline and was conducted at different time

points at week 1, week 2, month 1 and month 2 after transplantation. The night IOP

was measured between 11pm and 1am and included two time points that were pre-

transplantation as baseline and 2 months post transplantation.

Measurement of Outflow Facility

The procedure for measuring outflow facility was described previously(Lei, Overby,

Boussommier-Calleja, Stamer, & Ethier, 2011; Yun et al., 2018; Zhou et al., 2020). All

the outflow measurements on mouse eyes were finished within 6 hours after

enucleation. Eyes were irrigated with phosphate buffer saline (PBS) at constant

pressures of 4, 8, 15, and 25 mmHg and outflow was recorded at least 15 minutes at

each pressure after the pressure was stable. Twelve eyes from each group were then

perfused. Outflow facility (µL/min/mmHg) was calculated using the Goldmann

equation (Lei et al., 2011). Data were accepted when R^2 was greater than 0.95 and

data from at least 6 eyes per group were analyzed and averaged.

Transmission Electron Microscopy

Transmission electron microscopy (TEM) was used to evaluate the ultrastructure of

the TM as described previously (Yun et al., 2014). After removing the iris, the limbus

tissues (n=3) from each group were fixed in Karnovsky's fixative and divided into

quarters of each tissue. Subsequently, the tissues were dehydrated and embedded in

Epon and 65 nm Ultrathin sections were cut, stained with uranyl acetate (Electron

Microscopy Sciences) and Reynold's lead citrate (Fisher). Sections were

photographed at 80 kV on a Jeol 1011 TEM for analysis. For evaluation of ER size,

the boundary of ER on each TEM image was delineated and ER region was colored

by photoshop(Adobe). Then, the area and perimeter of the ER was calculated by

Image pro plus(Media Cybernetics) . The ER size was displayed as ER area/ER

perimeter(nm^2/nm).

Counting Retinal Ganglion Cells

The mouse eyes were enucleated and fixed in 4% formaldehyde overnight followed

by subsequently dehydration and embedding in paraffin. 5 µm sagittal sections were

stained with hematoxylin and eosin. The sections adjacent to the optic nerve were

used to capture the retina images using a 40x oil objective in a microscopy

(Olympus).The number of cells in the RGC layer was counted throughout the whole

retina on four consecutive sections from each eye, and normalized to mean nuclei per

mm.

Immunostaining and Counting of TM Cellularity

The mouse eyes were fixed in 4% paraformaldehyde overnight and embedded in

paraffin. After dewaxing, rehydration, heat-induced epitope retrieval and blocking with

10% heat-inactivated goat serum, sections were incubated with primary antibodies to

myocilin (Novus Biologicals), collagen IV(Abcam), Ki67(Abcam), AQP1(Santa Cruz)

and CHI3L1 (R&D Systems) overnight at 4°C. After 3 washes with PBS, corresponding

fluorescent secondary antibodies and 4′,6-diamidino-2-phenylindole (DAPI) were

applied to the sections for 1 hour. After 5 washes, slides were mounted and imaged

using a confocal microscope (Olympus IX81) and analyzed on FV10-ASW4.2 Viewer

(Olympus). For measuring TM cellularity, primary antibody against collagen IV,

together with phase contrast images, were used to define the TM region in the sections.

Cell nuclei stained with DAPI within the TM region were counted under FV10-ASW4.2

Viewer. Images of at least 10 fields per group were photographed, and the number of

cell nuclei per field was counted and averaged.

TUNEL Analysis

The cell death detection kit (In Situ Cell Death Detection Kit, Sigma-Aldrich) was used

to perform TUNEL analysis according to manufacturer's protocol. The cell nuclei on

the section were stained with DAPI and images were captured under a confocal

microscope (Olympus IX81). 10-14 sections from 3 eyes in each group were stained

and analyzed for TMSC viability 2 month after transplantation.

Phagocytosis Assay

Cells were incubated with opsonized Alexa 546-conjugated S. aureus bioparticles

(ThermoFisher) at a ratio of 20 bioparticles per cell at 37°C for 1 hour. After incubation,

the cells were washed with PBS, trypsinized and transferred to another 6-well plated

with coverslips at the bottom to get rid of any noningested bioparticles. After attachment, cells were fixed with 4% paraformaldehyde, permeabilized with 0.5% Triton X-100, and incubated with phalloidin conjugated with AlexFluor-647 and DAPI. Cellular phagocytosis of bioparticles which were ingested by the cells was observed within the cytoplasm and photographed under a confocal microscope (Olympus). At least 10 individual views per condition were counted and averaged. The phagocytic ability was calculated as following:

$$\% \ of \ Phagocytic \ cells = \frac{Number \ of \ phagocytosed \ cells/field}{Total \ Cell \ Number/field} \times 100$$

Construction of Recombinant Lentivirus $^{Myoc\ Y437H/GFP}$

Recombinant Lentiviral Vector encoding Myoc Y437H was constructed from plasmids pLent$^{CMV\text{-}GFP}$(Addgene 17448)(Campeau et al., 2009), p^{CAGIG2} (Addgene 111159) (Matsuda & Cepko, 2004) and pcDNA3$^{Myoc\ Y437H}$ (Zadoo, Nguyen, Zode, & Hulleman, 2016).   Briefly, pLenti $^{CMV\text{-}GFP\text{-}Puro}$ was digested with BamHI and SalI (NEB) to remove GFP cassette and served as the vector backbone, which was utilized to generate lentivirus encoding plasmid (pLenti $^{CMV\text{-}IRES\text{-}GFP}$) by insertion of IRES-EGFP cassette (obtained from p^{CAGIG2}) into it. The cDNA sequence containing Tyr437His mutation was amplified from pcDNA3$^{Myoc\ Y437H}$ by using the primers: Forward 5'-ACACCGACTCTAGAGATGAGGTTCTTCTGTGCACGT-3' and Reverse 5 '-GGCGACCGGTGGATCTCA CATCTTGGAGAGCTTGATG- 3'. It was subsequently cloned into BamHI site in the pLenti $^{CMV\text{-}IRES\text{-}GFP}$ by In-Fusion cloning kit (Clontech, 639649) to generate lentiviral packaging plasmids(pLenti$^{CMV\text{-}Y437H\text{-}IRES\text{-}GFP}$), which were co-transfected with ViraPower^R Lentiviral Packaging Mix (Invitrogen) in to 293T cells using Lipofectamine 3000 Reagent (Invitrogen, L3000015) for Lentivirus assembly. The supernatant of transfected cells taken at day 5 was then concentrated with Lenti-X Concentrator (TakKaRa, 631232) for the collection of recombinant lentivirus encoding the mutant myocilin (Supplementary Figure 3).

Cell Culture and Lentivirus Transduction

The donor human corneas containing TM tissue were obtained from the Center for Organ Recovery and Education (Pittsburgh, PA) and used for isolation of TM cells and TMSCs. The cells were cultured and passaged as previously reported (Du et al., 2012; Wang et al., 2019). Human TM cells were cultured in Dulbecco's modified Eagle's medium (DMEM)/F12 with 10% fetal bovine serum (FBS). Human TMSCs were cultured in Opti-MEM (Invitrogen) with 5% FBS and a variety of supplements(Du et al., 2012).The TMSCs and TM cells at passages 3-4 were used for the experiments in this study.

Lentivirus transduction: Primary TM cells at passage 3 and 70% confluence were transduced with lentivirus encoding both mutant Myoc and GFP protein or GFP alone as a control at a multiplicity of infection (MOI) 3. Polybrene was used at 6 µg/ml to increase transduction efficiency. GFP positive cells were sorted through Flow cytometry (BD Biosciences, San Jose, CA) 3 days after transduction and passaged for the following studies.

Co-culture of TMSCs and TM Cells: For analyzing the effect of TMSCs on reversing ER stress and relieving accumulation of mutant Myoc in transduced TM cells, $5×10^4$ TMSCs were seeded in the upper chamber of 6-well Corning Transwell inserts, while $5×10^4$ normal TM cells or transduced TM cells with MyocY437H mutation were maintained at the bottom of the plates. To determine whether TMSCs could stimulate proliferation of mutant TM cells, $5×10^4$ TMSCs were plated directly on pre-plated $5×10^4$ Myoc mutant TM cells or TMSCs were in Transwell inserts as just described and cells were cocultured for 4 days. To determine if TMSCs could differentiate into TM cells under ER stress environment, $5×10^4$ mutant MyocY437H TM cells in the inserts were cocultured with $5×10^4$ TMSCs for 10 days. Then, the upper inserts containing mutant TM cells were removed, the TMSCs in the bottom compartment were utilized for phagocytosis assay or further cultured with dexamethasone (100 nM) for another 7 days.

EdU Incorporation and Flow Cytometry Analysis

To determine whether TMSCs influence the proliferation of mutant TM cells, the MyocY437H TM cells were cultured alone, with TMSCs in the Transwell inserts, or in direct contact with TMSCs. When cells reached 70% confluence, EdU was added into the culture medium to reach 10 µM concentration and incubated for 2 hours. The cells were then trypsinized, fixed with 4% paraformaldehyde, permeabilized with 0.5% of Triton X-100 and blocked with 1% bovine serum albumin (BSA). Subsequently, a cocktail containing sodium ascorbate (10 mM), azide-fluor 545 (8 µM) and copper sulfate (1 mM) was added and incubated for 10 minutes. Cells not undergoing the staining procedure, and cells incubating with azide-fluor 545 only were used as controls. Cell samples were run on the flow cytometer to gate both GFP+ mutant TM cells and EdU+ cells. The analysis was done using FlowJo_V10 software (FlowJo, Ashland, OR) and the percentage of EdU+ cells was counted as the number of GFP+EdU+ cells divided by GFP+ cells x 100. Each group was replicated at least three times.

Western Blotting Analysis

Cultured cells, aqueous humor and mouse limbus tissue were lysed with RIPA buffer (Santa Cruz Biotechnology). BCA Protein Assay Kit (Pierce Biotechnology) was utilized for evaluating the concentration of proteins. 30 µg total protein was loaded in each well and electrophoresed on the sodium dodecyl sulfate–polyacrylamide gel (ThermoFisher) and transferred to the PVDF membrane. After blocking in the blocking buffer, the membrane was incubated overnight with following primary antibodies accordingly, anti-CHI3L1, anti-Myoc, anti-elastin (Novus), anti-Grp78, anti-fibronectin and anti-collagenIV (Abcam). After washing with 0.1% Tween 20 in Tris-buffered saline for three times, it was incubated with secondary antibodies (IRDye 680LT and IRDye 800CW, LI-COR Biosciences). Fluorescent signals were captured on an infrared imager (Odyssey; LI-COR Biosciences). ImageJ was used for the

densitometry analysis of protein expression. Each experiment was repeated three

times.

Anterior Segment Optical Coherence Tomography (OCT)

For evaluation of central corneal thickness and peripheral anterior synechia, an

anterior segment optical coherence tomography (OCT; Visante OCT MODEL 1000;

Carl Zeiss Meditec, Dublin, CA) was used. Eight eyes of each group were examined

by determining quadrant-scans along four axes (0°–180°, 45°–225°, 90°–270°, and

135°–315°) to ensure scanning through the central cornea and data along the 0° to

180° axis were used for analysis.

Pattern Electroretinography (PERG)

PERG was performed on the Celeris apparatus (Diagnosys LLC, Lowell, MA) to

evaluate the RGC function. Mice (n=10 eyes for each group) were anesthetized with

intraperitoneal injections of the mixture of ketamine and xylazine. The murine pupil

was dilated with 0.5% tropicamide and 2.5% phenylephrine eye drops. A circular

electrode centered on the cornea was placed in a plane perpendicular to the visual

axis. Pattern stimuli consisted of horizontal bars of variable spatial frequencies and

contrast that alternate at different temporal frequency. The parameters for PERG

amplitude were spatial frequency 0.155 cycles/degree, temporal frequency 2.1

reversals/sec, contrast 100% and substantial averaging (600-1800 sweeps). The data

were analyzed by the software Espion V6 (Diagnosys). The amplitude of P1 was used

to analyze the function of RGCs.

RNA Sequencing

Three strains of cultured TMSCs and corneal fibroblasts isolated and cultured as

previously described(Du et al., 2009; Yun et al., 2018) from different donors were lysed

in RLT buffer (Qiagen). RNA isolation was performed using RNeasy mini kit (Qiagen)

as per manufacturer's instructions. RNA pellet was treated with Ambion™ RNase-free

DNase in DNase 1 buffer (Invitrogen). Final RNA pellet was dissolved in RNase-free

diethyl pyrocarbonate (DEPC) water and sent to GENEWIZ, LLC. (South Plainfield,

NJ, USA) for RNA sequencing. The interactive heatmap was generated using

Clustergrammer(Fernandez et al., 2017) which is freely available

at http://amp.pharm.mssm.edu/clustergrammer/. Prior to displaying the heatmap, the

raw gene counts were normalized using the logCPM method, filtered by selecting the

genes with most variable expression, and finally transformed using the Z-score

method with false discover rate (FDR) <1%. Interactome networks were generated

using STRING v11(Szklarczyk et al., 2019).

Statistical Analysis

The results were expressed as mean ± standard deviation (SD). The statistical

differences were analyzed by one-way or two-way ANOVA followed by Tukey's

multiple comparisons test. $p < 0.05$ was considered statistically significance.

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AUTHOR CONTRIBUTIONS

S.X.: conception and design, collection of data, data analysis and interpretation,

manuscript writing, final approval of manuscript; A.K.: collection of data, data analysis

and interpretation, manuscript writing, final approval of manuscript; S.T., E.E.T.:

collection of data, data analysis and interpretation, final approval of manuscript; E.Y.:

collection of data, administrative support, final approval of manuscript; P.R.K., X.X.:

data analysis and interpretation, final approval of manuscript; Y.D.: conception and

design, financial support, administrative support, collection of data, data analysis and

interpretation, manuscript writing, final approval of manuscript.

Data Availability Statement

The data that support the findings of this study are available from the corresponding

author upon reasonable request.

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