1 **Stem Cell Transplantation Rescued A Primary Open-Angle Glaucoma Mouse**

2 **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 and preserved the retinal ganglion cell function. TMSC transplantation also significantly increased the TM cellularity, promoted myocilin secretion from TM cells into the aqueous humor, repaired the TM tissue with extracellular matrix modulation and ultrastructural restoration. Co-culturing TMSCs with myocilin mutation TM cells promoted TMSCs differentiating into phagocytic functional TM cells. RNA sequencing on TMSCs and fibroblasts revealed that TMSCs had upregulated genes related to TM regeneration while fibroblasts had upregulated genes associated to glaucoma. 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)(Keller, Aga, Bradley, Kelley, & Acott, 2009). Replacement of the unhealthy TM cells with healthy functioning TM cells derived from stem cells and restoration of 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; 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; Yun, Zhou, Wills, & Du, 2016) and have been successfully isolated and characterized (Du et al., 2012; Du et al., 2013; Yun et al., 2018; Yun et al., 2016). 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. TMSCs exhibit the preference to home to the TM region in wildtype mice (Du et al., 2013) and to laser-damaged TM tissue after intracameral injection，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. Liton et. al. (Liton, Luna, Challa, Epstein, & Gonzalez, 2006) described the genome wide expression profile of TM cells, and compared gene expression of human POAG and non-glaucomatous tissue where they described the upregulation of genes related to inflammation and acute-phase response of genes related to antioxidants. They also reported the genes related to TM cell regeneration(Liton et al., 2006). Liu et. al.(Liu et al., 2013) reported the genes upregulated in myocilin (Myoc) associated human POAG TM tissue. We analyzed the RNAseq data from three strains of human TMSCs and fibroblasts to identify the expression differences of genes mentioned above for unveiling the TMSC regeneration mechanisms.

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), because they can alter the structure of Myoc protein and result in the retention of misfolded Myoc protein 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.

Results

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

To investigate therapeutic effect of TMSCs on POAG, human TMSCs 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 that in Tg-MyocY437H mice without TMSC transplantation (Tg, 15.23±0.64 mmHg, p = 0.0254) and the IOP of Tg-MyocY437H mice with sham 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 injected Tg-MyocY437H mice (Tg-Sham, 16.00±0.38 mmHg, p = 0.6715). Indeed, the IOP of Tg-MyocY437H mice receiving TMSC injection reduced to the same level as WT mice at 2 months after transplantation (Tg-TMSC, 12.65±0.36 mmHg vs WT, 13.03±0.39 mmHg, p = 0.9425) and was lower than untreated (Tg, 14.96±0.61 mmHg, p = 0.0042) and sham injected Tg-MyocY437H mice (Tg-sham, 15.30±0.21 mmHg, p = 0.0006).

To further elucidate the way TMSCs reduced IOP in Tg-MyocY437H mice, we examined the outflow facility of the eyes from all groups. As shown in Figure 1B, 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 showed a significant facilitated outflow of aqueous humor (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 sham injected Tg-MyocY437H mice (Tg-Sham, 0.009±0.005 µL/min/mmHg, p = 0.029). This indicated that TMSCs reduced IOP via improvement of the conventional outflow pathway, the TM-Schlemm's canal 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 1C-D). Anterior synechia,

146 which is an important factor for assessing the efficacy and side effect of stem cell
147 transplantation were not found by OCT examination in the mice with intracameral
148 transplantation of TMSCs or sham injection (Figure 1C).

Figure 1. Transplanted TMSCs reduce the intraocular pressure (IOP) and increase outflow facility of Tg-MyocY437H mice. **(A):** IOP was measured before and after intracameral injection at different time points on wildtype mice (WT, n=26), Tg-MyocY437H mice (Tg, n=26), Tg-MyocY437H mice injected with basal medium (Tg-Sham, n=26) and Tg-MyocY437H mice transplanted with TMSC (Tg-TMSC, n=26). **(B):** Outflow facility was evaluated at 2-month after TMSC transplantation to assess the therapeutic effect of TMSCs on repairing the conventional outflow pathway in the Tg-MyocY437H mice comparing to WT, Tg and T-Sham mice（n=6 eyes/group). **(C):** The central corneal thickness was calculated from the images of anterior optical coherence tomography (OCT) to exclude the impact of corneal thickness on the IOP measurement (n=8 eyes/group). **(D):** Representative pictures of anterior OCT showing the corneal thickness and anterior chamber angle in the mice at 2-month after transplantation. *p<0.05, **p<0.01, ***p<0.001, **** p<0.0001.

149 TMSCs Preserve the RGC Function of the Tg-MyocY437H Mice

Preservation of RGC function is the goal for the treatment of POAG, so evaluating the
function of RGCs is critical in assessing the ability to reduce IOP for addressing
therapeutic effect of TMSCs on POAG. We used the Celeris to examine the pattern
electroretinogram (PERG), an optimal approach to detect RGC function (Figure 2).
WT mice showed the amplitude of P1 at 10.84 ± 0.86 µV at 6-month of age in the
PERG recording, while 40% of the RGC function lost in Tg-MyocY437H mice

calculated with the PERG (Tg, P1 = 6.56 ± 0.63 µV, p = 0.0001). With 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 vs WT, P1 = 10.84 ± 0.86 µV) (Figure 2A-B).

Figure 2. TMSCs preserve the function of retinal ganglion cells (RGCs) in Tg-Myoc Y437H mutation 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 graph of averaged P1 amplitude in PERG (n=10 eyes/group). *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001. Abbreviations: WT: wildtype mice, Tg: Tg-MyocY437H mice, Tg-Sham: Tg mice with medium injection, Tg-TMSC: Tg mice with TMSC transplantation.

TMSCs Increase the TM Cellularity in the Tg-MyocY437H Mice

To further investigate mechanisms by which TMSCS reduced IOP and restored outflow facility, we evaluated the TM cellular density in the mouse anterior segment sections. Cellular density 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 image with collagen IV staining to accurately identify the TM region and count the cells within the TM region. 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-

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

171 MyocY437H mice with Sham injection (17.08 ± 1.18 cells/section, p <0.0001),

172 respectively. TMSC transplantation on Tg-MyocY437H mice increased the TM cell

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

Figure 3. TMSCs increase TM cellularity in the Tg-MyocY437H (Tg) mice. (A): Evaluation of the cellular density in the mouse TM region. The section of anterior segment was immunostained with collagen IV (Red) and DAPI (blue). The TM region was determined by phase contrast image together with Collagen IV staining in the region between the two vertical lines. (**B**): The TM cellularity was averaged (n=12-14) and displayed as the number of cells in the TM region per section. Scale Bars, 50μm. *p<0.05, **p<0.01, **** p<0.0001. Abbreviations: **C**: cornea, **SC**: Schlemm's canal, **TM**: trabecular meshwork.

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

Tg-MYOCY437H mice

Characteristics of Tg-MyocY437H mice are the retention of misfolded Myoc protein in

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

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

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

protein was detectable in the TM region of WT mice, but expression was stronger in

the TM region of untreated and sham injected Tg-MyocY437H mice (Figure 4A).

However, Myoc expression in the TM region was reduced in the Tg-MyocY437H mice

receiving TMSC transplantation (Figure 4A). Western blotting on the limbal tissue

confirmed the immunostaining results and showed that TMSC transplantation reduced

Figure 4. TMSCs reduce the Myoc retention in the TM region, promote the Myoc secretion into the aqueous humor and reverse the extracellular matrix expression in the Tg-MyocY437H mice. (**A**): The expression of Myoc was evaluated in the mouse anterior segment by immunofluorescent staining. Accumulated Myoc was found in the TM and ciliary body in the Tg mice and Tg-sham mice. TMSC transplantation could resolve the aggregation of Myoc in the TM. (**B**): Representative bands indicating Myoc expression in the mouse limbal region by western blotting. (**C**): Relative Myoc protein levels in the limbus with β-actin as internal control (n=5). (**D**): Representative bands indicating Myoc expression in the mouse aqueous humor by western blotting. (**E**): Relative Myoc protein levels in the aqueous humor with β-actin as internal control (n=5). (**F**): Representative bands indicating the expression of ECM components fibronectin, collagen IV and elastin in the limbal region. (**G**): Relative ECM protein levels in the limbus with β-actin as internal control (**n=4-6**). Scale Bars, 50μm. *$p<0.05$, **$p<0.01$, ***$p<0.001$. Abbreviations: **C**: cornea, **SC**: Schlemm's canal, TM: trabecular meshwork.

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 4D-E). This indicates that TMSC transplantation can enhance the

secretion of Myoc protein into 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 same level as that

seen in the WT mice (Figure 4F-G). However, TMSC transplantation downregulated

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

the levels seen for WT mice (Figure 4F-G). This demonstrated that TMSCs could

change the expression pattern of ECM in the Tg-MyocY437H mice.

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

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

Tg-MyocY437H mice, immunoblotting was employed to detect the expression of ER

stress markers in mouse limbal tissue including the TM. Levels of ER stress markers

Grp 78 and Chop were significantly increased in the limbal tissue of Tg-MyocY437H

and Tg-Sham mice in comparison with the WT mice (Figure 5A-B). The expression of

Chop and Grp78 in the limbal tissue with TMSC injection was not significantly reduced

compared to the Tg-MyocY437H mice.

Further analyses by TEM revealed the ultrastructure of the TM tissue in Tg-

MyocY437H mice and Tg-Sham mice displayed enlarged ER lumen (Figure 5C,

Arrows). In contrast, TEM of the TM cells of Tg-MyocY437H mice receiving TMSC

transplantation indicated that increase in ER lumen seen in untreated and sham

treated Tg-MyocY437H mice was dramatically alleviated and more closely resembled

that of WT mice (Figure 5C, Arrows).

Figure 5. The effect of TMSCS on endoplasmic reticulum (ER) stress markers and ultrastructure of trabecular meshwork (TM) in the Tg-Myoc Y437H mice. (A): Representative bands showing the protein expression of ER stress markers, Grp78 and chop, in the mouse TM tissue by western blotting. **(B):** Relative protein levels with β-actin as internal control (n=6). **(C):** The ultrastructure of mouse TM region was examined by the transmission electron microscope (TEM) (40,000x). Black arrows point to the ER. Scale Bars, 500nm.). *$p<0.05$, **$p<0.01$, ***$p<0.001$.

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

via increased TM cellularity, enhanced Myocilin secretion, remodeling of the TM ECM

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

transduced MyocY437H mutant TM cells in vitro. TM cells were transduced with

lentivirus which co-expressed GFP and Myoc with Y437H mutation. Transfected GFP-

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

predominantly GFP+ population of TM cells (Figure 6A). MyocY437H expressing GFP

positive TM cells were cultured alone, with TMSCs in the Transwell inserts 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. Myoc mutant transduced TM cells showed $6.53 \pm 1.19\%$ EdU positivity,

while $6.06 \pm 1.78\%$ ($p = 0.8267$) and $6.51 \pm 1.63\%$ ($p = 0.9932$) 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 6B).

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

cells. As shown in Figure 6C-D, high expression of Myoc and ER stress markers

(Grp78 and Chop) was detected in mutant TM cells compared with normal TM cells

and TM cells expressing GFP and the Myoc mutant protein.   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 was similar to that without co-culturing.

Figure 6. TMSCs could not reverse ER stress and stimulate proliferation in mutant TM cells in vitro. (A): The TM cells were transduced with recombinant lentivirus encoding GFP and mutant Myoc Y437H. The transduced GFP positive cells were sorted by Flow cytometry. After sorting, almost 100% TM cells expressed GFP (green) in the cytoplasm. **(B):** Flow cytometry analysis of EdU incorporation into cellular DNA of mutant TM cells with co-culture or direct contact with TMSCs for 4 days (n=3-5). **(C):** Representative western blotting bands showing the expression of ER stress markers and Myoc in the TM cells with or without TMSC co-culturing. **(D):** Relative protein levels with β-actin as internal control **(n=3).** Scale Bars, 100μm. *p<0.05, **p<0.01, **** p<0.0001. Abbreviations: **TM:** trabecular meshwork, **Y437H TM:** TM cells transduced with Myoc Y437H mutation, **GFP TM**: TM cells transduced with GFP only, **TMSC+xxx**: xxx cells co-cultured with TMSCs.

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 could differentiate into TM cells and express TM

markers after homing to the TM tissues and being retained in normal mice(Du et al.,

2013) and in laser treated mice(Yun et al., 2018).   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. CHI3L1 expression (Figure 7A) was significantly increased in the TMSCs after co-culturing (without contact) with normal TM cells (TM+TMSC) or with MyocY437H mutant TM cells (Y437H TM+TMSC), in comparison with TMSCs without

Figure 7. TMSCs differentiate into TM cells under ER stress environment. (A): The expression of CHI3L1 as one of the TM cell markers was upregulated in the TMSCs after 10 days of co-culturing with normal TM cells or Myoc Y437H mutant TM cells, n=3**. (B):** After co-culturing for 10 days, the co-cultured TM cells in the Transwell insert were removed, and TMSCs were further treated with dexamethasone (Dex) for 7 days. The levels of Myoc in these cells were detected by western blotting, n=3. (**C**): The mutant TM cells was used to mimic the ER stress environment that TMSCs would stay after transplantation into the Tg mice. After co-culturing of TMSCs with the TM cells in the Transwell insert for 10 days, the phagocytic ability of the TMSCs were evaluated by ingestion of bioparticles shown green in the cytoplasm. (**D**): Percentage of phagocytic cells averaged from 10 different views.   Scale Bars, 50µm. **p<0.01, ***p<0.001，**** p<0.0001.

co-culture (TMSC). After another 7-day culture of the TMSCs in the presence of 100 nM dexamethasone, the expression of Myoc (Figure 7B) 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 indicated by ingesting fluorescent labeled bioparticles (Figure 7C-D). Taken together, TMSCs were able to differentiate into TM cells responsive to

260 dexamethasone treatment and possessing the phagocytic function under ER stress

261 environment.

262 TMSCs Had Upregulated Gene Expression Related to TM ECM Maintenance and

263 TM Regeneration.

Figure 8. Transcriptome analysis of TM regeneration and POAG associated genes: A. Heatmap showing comparative expression of genes related to TM-extracellular matrix (ECM) in TMSCs (n=3) as compared to fibroblasts (n=3), AOD- Antioxidant Defense, IS-Immunosuppression. **B.** Interactome showing interaction network among TMSC upregulated ECM genes, **C.** Heatmap showing comparative expression of genes which are normally upregulated during Myocilin associated primary open angle glaucoma (Myoc-POAG), between TMSCs and fibroblasts, **D.** Interactome showing interaction network among fibroblast upregulated POAG genes. Results represent three individual TMSCs and fibroblasts obtained from different human donor tissues with at least 1.5-fold expression change without p value. Heatmaps were plotted using Morpheus.

We did RNA sequencing on three different strains of TMSCs and fibroblasts and

analyzed the transcriptome. We observed an upregulation of genes related to TM

ECM maintenance (HAPLN1, VTN, FST, COL4A5, COL4A6, LGALS3BP, CHI3L1),

TM integrity and motility (LASP1, MYLK, tPM1, HSPG2, PDGFD, SLC12A2, SLC3A2),

antioxidant defense (CYB5B), and immunosuppression (IL12B)(Liton et al., 2006) in

TMSCs as compared to fibroblasts (Figure 8A, Supplementary Table 1). Top three

upregulated pathways in TMSCs related to increased TM ECM interaction were (1)

Focal adhesion pathway including Vitronectin (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 (Figure

8B, Supplementary Table 2). Genes related to Myocilin associated POAG (Liton et al.,

2006; Liu et al., 2013) such as P-selectin glycoprotein ligand-1 (SELPLG), Solute

Carrier Family 16 Member 6 (SLC16A6), Myelin basic protein (MBP), Insulin-like

growth factor 2 (IGF2) were upregulated in fibroblasts as compared to TMSCs (Figure

8C, Supplementary Table 3). We did not find correlation with any biological pathway

in these upregulated genes (Figure 8D).

Discussion

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

chamber of transgenic Myoc Y437H mutant mice alleviated many of the parameters

associated with glaucoma in a validated POAG mouse model. Specifically, TMSCs

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

significantly improved pattern ERG. 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

dramatically 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

data 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 MyocY437H cells and Tg-

MyocY437H mice via modulation of ECM, increasing of TM integrity and motility, and

increasing the oxidative stress defense mechanism of TM cells. In contrast, fibroblasts

having inherent upregulation of POAG associated genes were unable to produce any
regenerative effect.

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 extracellular matrix in 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 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 in this area(Acott &
Kelley, 2008). ER stress arising from mutant Myoc aggregates in the ER can destroy
assembly procedure 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 an negative feedback to keep the chronic ER stress existing in the Tg-

MyocY437H mice(Kasetti, Maddineni, Millar, Clark, & Zode, 2017). We found that

TMSC transplantation 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 level 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 part

of the mutant TM cells and remodeled the ECM, improved the function of the diseased

TM tissue, which increased the outflow facility and reduced IOP.

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 those progenitor cells to

synergistically repair tissues.

Loss of RGCs is the main reason of 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 paid to the

therapeutic effect of TMSCs on protection of RGC function. In this study, 90% of RGC

function was found to be saved after TMSC transplantation, while only 60% of RGC

function remained in the Tg-MyocY437H mice without treatment as compared to age-

matched WT mice. It indicated that TMSCs can prevent most of the RGCs from

degeneration resulted from IOP elevation. Nevertheless,10% of 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 reduced was observed at 5 months. Therefore,

whether earlier intervention can achieve more RGC survival needs further

investigation.

Our transcriptome analysis comparing TMSCs and fibroblasts indicates the activation

of different ECM modulation pathways like PI3K-Akt signaling pathway, Focal

adhesion pathway, ECM-receptor interaction pathway in TMSCs. These pathways are

involved in modifying ECM for regeneration(Villegas et al., 2013), associated with

stem cell migration and differentiation(Hu, Lu, Xu, Lyu, & Zhang, 2017), and cell

migration and adhesion(Bao et al., 2019). This discovery opens up future avenues to

be investigated which might improve our understanding of regeneration induced in

glaucoma by TMSCs.

Conclusion

Transplanted TMSCs can differentiate into TM cells that can repopulate the TM tissue,

remodel the TM ECM and restore the TM homeostasis to resolve outflow facility,

eventually reducing IOP and preserving RGC function in the Tg-MyocY437H mouse

model of POAG. These results open an important avenue of a novel stem cell-based

strategy to eventually treat human primary open-angle glaucoma.

Materials and Methods

Animals

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

Laboratory as the normal control, and Tg-MyocY437H 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.

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 (Supplemental Figure 1).

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. 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. 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). All IOP measurements were performed between 1:00 pm and 3:00 pm by at least two investigators with the one who measured IOP did not know what groups the mice were (. 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.

Measurement of Outflow Facility

The procedure for measuring outflow facility was described previously(Lei, Overby, Boussommier-Calleja, Stamer, & Ethier, 2011; Yun et al., 2018). 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 excluded when R^2 equaled or was less than 0.95 and accepted data from

six 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. 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.

Immunostaining and Counting of TM Cellularity

The mouse eyes were fixed in 4% formaldehyde overnight and embedded in paraffin.

After dewaxing, rehydration, Heat-Induced Epitope Retrieval (HIER) and blocking with

10% normal serum, sections were incubated with primary antibodies to myocilin

(Novus Biologicals) and collagen IV(Abcam) 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 images from phase contrast, 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.

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-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-GFP-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-IRES-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-IRES-GFP] by In-Fusion cloning kit (Clontech, 639649) to generate lentiviral packaging plasmids(pLenti[CMV-Y437H-IRES-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 (Supplemental Figure 2).

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 analysis of protein expression. Each study 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 amplitude of P1 was used to analyze the function of RGCs.

RNA sequencing:

Three strains of cultured TMSCs and fibroblasts 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 10X DNase

565 1 buffer (Invitrogen). Final RNA pellet was dissolved in RNase-free diethyl

566 pyrocarbonate (DEPC) water and sent to GENEWIZ, LLC. (South Plainfield, NJ, USA)

567 for RNA sequencing. Heatmaps were generated using morpheus, software from Broad

568 institute (https://software.broadinstitute.org/morpheus/). Interactome networks were

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

Statistical Analysis

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

573 differences were analyzed by two-way ANOVA (for Fig1A, 4G, 5B, 6D) or one-way

574 ANOVA (for all others) followed by Tukey's multiple comparisons test in GraphPad

575 Prism version 8. $p < 0.05$ 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; S.T., A.K., 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., data analysis and

interpretation, final approval of manuscript; X.X.: conception and design, data analysis

and interpretation, final approval of manuscript; Y.D.: conception and design, financial

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manuscript writing, final approval of manuscript.

Data Availability Statement

All the supporting data have been submitted.

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

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Supplemental Figures

Figure S1. Genotyping of transgenic mice by polymerase chain reaction (PCR). Tg-Myoc Y437H mice (+) displayed with PCR products of 249 bp (MyocY437H) and weak band at 610 bp (mouse DNA). The mice with only 610 bp band were transgenic negative mice (-). M: DNA markers.

Figure S2. Structure of lentiviral packaging plasmid: pLenti[CMV-Y437H-IRES-GFP]

Figure S3. Representative perfusion outflow data from each mouse group. X-axis: perfusion pressure, Y-axis: flow rate, y is the slope indicating outflow facility (µL/min/mmHg).

Supplementary Tables

	Fibro-3	Fibro-2	Fibro-1	TMSC-3	TMSC-2	TMSC-1
HAPLN1	71.06156	246.6241	6.322361	1605.664	0.921353	7.638185
VTN	39.13535	26.4968	52.68634	36.58226	207.3045	654.0196
FST	5435.695	2775.031	5324.482	47082.35	9800.434	8603.46
COL4A5	1822.884	852.9932	1141.186	7856.286	8172.403	3951.806
COL4A6	189.4975	66.24201	80.08324	4491.708	5919.694	1349.094
LGALS3BP	705.4662	709.299	813.4771	3234.069	7502.579	6285.271
CHI3L1	48.40425	351.5922	22.12826	2131.658	482.7891	1541.959
LASP1	10996	10766.87	16347.52	10484.28	6723.114	8899.44
MYLK	2636.487	2302.165	1633.277	1357.498	397.1032	4418.69
TPM1	6461.453	11601.52	10073.63	4143.682	3928.65	13622.7
HSPG2	11474.9	9403.308	17417.05	6801.333	8018.537	17596.47
PDGFD	2599.411	868.2799	2079.003	125.5661	3435.726	5045.021
SLC12A2	7948.596	12497.32	4474.124	16198.03	6235.718	4524.67
SLC3A2	6396.571	4710.316	5036.814	6493.845	10527.38	8297.933
CYB5B	3445.971	3614.775	3453.063	7048.511	5787.941	3905.022
IL12B	4.119511	1.019108	33.71926	24.71774	6.449472	27.68842

Supplementary Table-1. Table showing related fold expression increase in (>1.5-fold change) genes related to TM ECM maintenance, TM integrity and motility, antioxidant defense, and immunosuppression in three individual TMSCs as compared to fibroblasts.

Annotated Pathway (KEGG)	Associated Genes
Focal adhesion	VTN, COL4A5, MYLK, PDGFD, and COL4A6
PI3K-Akt signaling pathway	VTN, COL4A5, PDGFD, and COL4A6
ECM-receptor interaction	VTN, COL4A5, HSPG2, and COL4A6
Proteoglycans in cancer	VTN, IL12B, and HSPG2
Protein digestion and absorption	COL4A5, SLC3A2, and COL4A6
Relaxin signaling pathway	COL4A5 and COL4A6
collagen type IV trimer	COL4A5 and COL4A6

Supplementary Table-2. Table showing list of top 7 annotated KEGG pathways, present in TMSC genes involved in ECM modulation. All manually curated metabolic and signaling pathways were imported from KEGG (June 2018), except collagen type IV trimer which was imported from gene complexes annotated by the Gene Ontology Consortium, as of September 2018.

	Fibro-3	Fibro-2	Fibro-1	TMSC-3	TMSC-2	TMSC-1
SELPLG	84.44997	60.12736	73.76088	43.50322	48.83172	51.55775
SLC16A6	36.04572	7.133755	3.16118	4.943548	0.921353	14.3216
ZFP36	189.4975	177.3248	283.4525	87.99515	119.7759	130.8039
MBP	2407.854	1104.713	1195.98	312.4322	403.5527	666.4316
IGF2	60.76279	39.7452	2.107454	5.932258	0	28.64319
CDH10	119.4658	74.39487	9.483541	5.932258	0.921353	0.954773
MMP10	18.5378	57.07004	4.214907	19.77419	0.921353	1.909546
EHD3	7359.506	3822.673	2708.078	1815.271	1850.999	1407.336
HLA-DPA1	53.55364	125.3503	25.28944	87.99515	14.74165	1.909546
BGN	472.7139	993.6301	201.2618	120.6226	355.6423	113.618

Supplementary Table-3. Table showing related fold expression increase in (>1.5-fold change) genes related to POAG in three individual fibroblasts as compared to TMSCs.

Fig1A   Intraocular pressure(mmHg)

WT					
Baseline	Day 7	Day 14	Day 30	Day 60	Baseline
14	16	14	15	15	19
13	8	13	16	15	20
10	13	12	13	11	20
14	12	14	15	11	16
10	8	15	7	16	19
12	7	9	16	15	20
12	13	12	13	15	19
13	12	13	13	15	18
13	10	12	12	14	17
11	11	13	12	15	17
14	8	13	15	15	14
15	9	16	7	12	16
8	12	11	12	12	13
8	11	12	11	12	17
13	10	11	10	11	19
10	8	7	11	13	13
15	10	11	12	10	14
13	16	11	11	10	16
14	8	8	14	17	14
10	7	10	12	12	14
12	16	9	13	11	16
16	11	8	15	14	17
15	13	11	10	13	15
12	12	11	12	11	14
12	11	10	11	12	17
13	14	8	12	12	15

Fig1B   Outflow facility(µL/min/mmHg)

WT	Tg	Tg-sham	Tg-TMSC
0.0141	0.0084	0.0111	0.019
0.0189	0.0086	0.0056	0.0258
0.014	0.0114	0.0152	0.0156
0.0185	0.01	0.0115	0.0122
0.0182	0.0112	0.0073	0.014
0.0182	0.0078	0.001	0.01

Fig1C   Central corneal thickness(µm)

WT	Tg	Tg-sham	Tg-TMSC
96	91	109	102
91	109	108	103

99	95	100	92
103	91	95	89
102	93	100	101
91	110	105	113
91	91	110	97
92	93	112	105

Tg				Tg-sham		
Day 7	Day 14	Day 30	Day 60	Baseline	Day 7	Day 14
18	16	12	10	17	17	16
17	19	12	8	16	17	17
20	14	15	15	21	18	15
18	13	15	16	19	18	16
15	16	15	13	14	19	11
16	18	13	15	15	13	17
17	17	9	11	13	22	17
18	19	20	15	14	19	18
13	18	18	13	16	19	15
16	15	21	18	15	18	17
16	18	11	16	18	19	16
14	21	10	19	18	21	17
15	14	18	15	16	20	17
16	15	21	19	14	14	18
17	18	13	18	19	14	13
15	15	12	15	18	17	13
14	19	19	14	13	13	17
16	17	14	18	14	19	17
15	17	19	16	19	20	19
17	13	17	11	19	13	21
13	16	15	19	16	14	14
12	15	16	21	15	21	15
19	17	17	12	13	11	16
20	14	13	13	14	11	17
15	17	15	13	17	16	18
14	14	16	16	15	17	13

Day 30	Day 60	Tg-TMSC				
		Baseline	Day 7	Day 14	Day 30	Day 60
15	16	19	21	15	14	11
16	16	20	19	17	14	12
16	17	20	19	14	13	11
16	15	16	17	15	14	13
16	14	19	18	14	14	13
15	15	20	17	14	14	15
13	16	19	17	16	12	12
13	16	18	17	18	18	13
16	15	17	17	16	16	17
16	15	17	19	15	15	14
16	15	18	19	18	12	11
15	15	18	17	19	14	11
15	16	14	16	12	16	12
15	15	10	16	12	11	12
16	13	13	12	9	10	10
15	13	12	17	13	9	10
14	17	10	13	17	14	15
14	16	11	13	14	13	14
19	16	12	16	13	11	11
18	16	13	15	18	14	14
20	15	12	17	19	12	12
21	15	14	19	16	10	12
15	14	12	11	20	17	16
15	14	14	10	13	12	15
19	17	12	13	10	14	12
17	16	13	14	11	13	11

FIg2B   The amplitute of pattern electroretinogram (µV)

WT	Tg	Tg-sham	Tg-TMSC
10.8	4.43	7.463	8.533
4.9	3.769	4.327	9.957
10.63	5.322	7.2	11.2
8.86	6.072	8.29	9.418
12.77	5.673	5.747	8.417
15.03	7.957	5.089	6.867
10.92	8.652	6.978	9.088
9.938	5.943	4.687	9.144
13.22	10.21	7.68	7.933
11.33	7.54	3.035	11.47

Fig3B TM cellularity(Cells/section)

WT	Tg	Tg-sham	Tg-TMSC
45	17	19	32
47	19	25	22
45	20	20	34
30	21	15	31
37	20	10	20
32	25	19	31
37	19	20	32
39	22	18	39
35	29	15	30
21	21	18	22
20	15	12	28
36	16	20	31
		11	30
			22

Fig4C

WT	Tg	Tg-sham	Tg-TMSC
0.16	0.89	1.47	0.81
0.03	0.56	0.82	0.08
0.07	1.06	1.49	0.34
0.33	0.55	0.48	0.29
0.19	0.63	0.61	0.21

Fig4E

WT	Tg	Tg-sham	Tg-TMSC
1.08	0.32	0.14	0.56
0.92	0.77	0.5	0.98
0.99	0.08	0.25	0.72
1.25	0.21	0.02	0.51
0.76	0.08	0.25	0.65

FIg4G

Fibronectin				Collagen IV	
WT	Tg	Tg-sham	Tg-TMSC	WT	Tg
0.34	1.11	1.44	0.69	0.5	0.45
0.76	0.72	0.87	0.45	0.91	0.57
0.52	1.23	1.65	0.69	0.93	0.66
0.57	0.82	0.83	0.41	0.37	0.57
0.59	0.65	0.6	0.58	0.89	0.68
0.81	0.94	0.8	0.67	0.74	0.68

Elastin

Tg-sham	Tg-TMSC	WT	Tg	Tg-sham	Tg-TMSC
0.78	0.7	0.27	0.56	0.69	0.26
0.9	0.32	0.23	0.63	0.53	0.16
0.7	0.67	0.12	0.57	0.57	0.19
0.93	0.57	0.19	0.59	0.64	0.17
0.7	0.69				
0.59	0.89				

Flg5B

	Chop				Grp78	
	WT	Tg	Tg-sham	Tg-TMSC	WT	Tg
	0.24	0.93	0.72	0.51	1.08	1.48
	0.47	0.88	0.74	0.35	1.12	1.53
	0.24	0.8	1.14	0.95	1.13	1.78
	0.63	1.21	0.77	1.06	1.19	1.6
	0.6	0.65	0.53	0.5	0.57	0.89
	0.37	0.68	0.41	0.68	0.65	0.9

Tg-sham	Tg-TMSC
1.68	1.5
1.64	1.29
1.85	1.63
1.77	1.34
0.64	0.57
0.64	0.66

Fig6B

Y437H TM	Y437H TM+TMSC	Y437H TM+TMSC Contact
3.16	9.63	9.18
8.82	4.37	6.79
4.67	4.19	3.56
9.4		
6.59		

Fig6D

Grp78

TM	Y437H TM	GFP TM
0.69	1.21	0.77
0.71	1.42	0.69
0.57	1.33	0.63

Chop

TM	Y437H TM	GFP TM
0.07	0.24	0.05
0.1	0.21	0.03
0.03	0.19	0.07

Myocilin

TM	Y437H TM	GFP TM
0.1	0.91	0.04
0.12	0.89	0.11
0.09	0.97	0.02

TMSC		
TM	Y437H TM	GFP TM
0.82	1.33	0.66
0.72	1.27	0.71
0.76	1.21	0.59

TMSC		
TM	Y437H TM	GFP TM
0.02	0.13	0.05
0.04	0.37	0.13
0.07	0.21	0.03

TMSC		
TM	Y437H TM	GFP TM
0.16	1.01	0.09
0.09	0.89	0.16
0.13	0.93	0.09

Fig7A CHI3L1

TMSC	TM+TMSC	Y437H TM+TMSC
0.17	0.47	0.62
0.21	0.65	0.72
0.11	0.56	0.53

Fig7B Myocilin

TMSC	TM+TMSC	Y437H TM+TMSC
0.12	0.46	0.53
0.16	0.51	0.43
0.14	0.42	0.57

Fig7D Phagocytosis

TMSC	TM+TMSC	Y437H TM+TMSC
22	80	86
33	57	76
30	83	64
16	70	77
33	75	81
41	90	76
23	87	70
12	60	75
55	75	78
20	45	50