Dynamic adult tracheal plasticity drives stem cell adaptation to changes in intestinal

homeostasis.

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Tight coordination of stem cell function by local and systemic signals is

essential to preserve adult tissue homeostasis and organismal health. The vasculature

is a prominent component of various stem cell niches [1-5]. However, its role in intestinal

homeostasis is largely unknown. Here, we uncover a previously unrecognised

crosstalk between intestinal stem cells (ISCs) of the adult *Drosophila* midgut and the

vasculature-like tracheal system[6], which is essential for regeneration of the injured

intestine. Following local damage to the intestinal epithelium, gut-derived reactive

oxygen species (ROS) and FGF ligand lead to reversible remodelling of gut-associated

terminal tracheal cells through HIF-1α/FGFR signaling activation. Reciprocally, the

provision of oxygen and FGF by the trachea drive ISC proliferation following damage.

Strikingly, we find that adult tracheal plasticity involves downregulation of key

developmental tracheal specification genes and upregulation of the highly conserved

pro-neuronal remodelling IGF2 mRNA-binding protein (IGF2BP2/Imp). Altogether, our

results reveal a novel intestinal/vasculature inter-organ communication program,

which is essential to adapt stem cells' response to the proliferative demands of the

intestinal epithelium.

The *Drosophila* tracheal system is an oxygen-delivering interconnected tubular

network, functionally analogous to the mammalian vascular and respiratory systems[6].

Following specification from epidermal cells and the formation of a tracheal sac in the embryo,

tracheal cells undergo extensive cell rearrangements and cell shape changes leading to the

formation of multicellular tubes that ramify into progressively thinner branches, culminating

with a terminal tracheal cell[6]. Terminal tracheal cells (TTCs) extend prominent cytoplasmic

projections, which supply oxygen to surrounding tissues[6-8]. Mimicking the highly vascular

nature of the mammalian intestine, the adult *Drosophila melanogaster* midgut is extensively

covered by TTCs labelled with a *GAL4* reporter driven under the control of the *Drosophila*

homologue of Serum Response Factor (dSRF)[9] (*dSRF>GFP*) (Fig.1a). Transmission electron

microscopy of posterior midguts denoted intimate contact between TTCs, enterocytes (ECs)

(Fig.1b) and ISCs (Fig.1c). Oxygen and nutrient availability are two recognised determinants

of TTC plasticity[10, 11]. However, we noticed that local damage to the adult *Drosophila* intestinal

epithelium caused by ingestion of the pathogenic bacteria *Pseudomonas entomophila* (*Pe*),

the DNA-damaging agent Bleomycin or the pro-inflammatory agent Dextran Sulfate Sodium

(DSS) caused a significant increase in TTC coverage within the posterior midgut, which was

most noticeable in areas displaying high ISC proliferation (Fig.1d, e and Extended data Fig.1a,

b). Similarly, damage to the mouse intestinal epithelium induced by whole body irradiation

revealed a significant increase of CD31[+ve] endothelial cells in areas surrounding the

regenerating crypts (Fig.1f), suggesting a conserved nature of damage-induced

vasculature/tracheal plasticity in the intestine. Importantly, increased TTC coverage of the

Drosophila midgut upon damage is independent of gut resizing (Extended Data Fig.1c-e) and

does not involve TTC proliferation (Fig.1g and Extended Data Fig.1f). Collectively, these data

suggest an extensive cellular remodelling of TTCs in response to intestinal epithelial injury.

This is further supported by the increased number of secondary and tertiary tracheal branches

and total tracheal length in individual TTCs (Fig.1h-j). A time course assessment of posterior

midguts over a 16 hrs period of oral bacterial infection (Damage phase) followed by 32 hrs of

normal diet feeding (Recovery phase) revealed direct correlation between tracheal coverage

and ISC proliferation (Fig.1k, l and Extended Data Fig.1g, h). These results strongly suggest that the observed adult gut-associated-tracheal remodelling is a highly dynamic and reversible process that accompanies changes in intestinal homeostasis.

We next asked whether tracheal cells had a functional role in the regeneration of the midgut following damage, which is characterised by a robust increase in ISC proliferation[12-14] (Fig.1d). To address this question, we ablated TTC in the adult by expressing the pro-apoptotic gene *bax* (*UAS-bax*) using a temperature sensitive *dSRF-Gal4* (*dSRF^ts*: *dSRF-Gal4*; *tubulin-gal80^ts*) (Fig.2a, b). Adult TTC ablation led to a significantly impaired regenerative response of the intestine to multiple damages, with an approximate 50% decrease in ISC proliferation (Fig.2c). Therefore, TTCs are required to achieve full levels of ISC proliferation during regeneration of the adult midgut following damage. TTCs are best known for their role facilitating gas exchange with their target tissues[6]. Thus, poor intestinal regeneration following tracheal ablation might be due to the lack of oxygen. To test this, we subjected animals to high and prolonged hypoxic environmental conditions, which were effective to induce expression of a transgenic reporter of *Drosophila* Hypoxia-inducible factor-1α (HIF-1α/Sima) activity[15] (Extended Data Fig.2a, b) and TTC remodelling (Extended Data Fig.2a, c). We observed that, while hypoxia clearly impaired damage induced ISC proliferation in the midgut (Fig.2d), it did so by only 24% of the values observed in normoxia, which was significantly lower than the 50% reduction observed upon TTC ablation (Fig.2c). This could be due to a compensatory effect of the increased tracheal coverage induced by hypoxia (Extended Data Fig.2a, c) or gut-associated trachea providing factors in addition to oxygen to the intestinal epithelium[16].

Given that tracheal remodelling and ISC proliferation show almost the exact same dynamics (Fig.1k, l), it is unclear whether these events are part of a feedforward mechanism or if one precedes the other. To address this, we assessed tracheal remodelling following damage while blocking ISC proliferation in the adult midgut by expressing a *UAS-myc RNAi* (*myc-IR*)[17] using *escargot-GAL4; tubulin-gal80^ts* (*esg^ts>GFP*) (Fig.2e, f). As we need to use the *GAL4/UAS* system to genetically manipulate gut cells, we established a scoring method

for assessing tracheal coverage through the use of light microscopy (Extended Data Fig.2d

and Methods). Our results show that gut-associated trachea was still able to remodel in *myc-*

IR midguts following *Pe* damage, in spite of the almost complete absence of ISC proliferation

(Fig.2f). Given that TTCs are necessary for ISC proliferation (Fig.2c), we conclude that

tracheal remodelling precedes midgut ISCs proliferation following damage. We therefore

hypothesise that signals activated by damage upstream of ISC proliferation might induce gut-

tracheal remodelling.

Epithelial stress caused by intestinal damage triggers a strong oxidative burst and

production of reactive oxygen species (ROS) within the midgut coming from enterocytes (ECs)

and ISCs/EBs[18, 19]. Thus, we hypothesise that ROS could be an important determinant of

tracheal remodelling in the regenerating intestine. Feeding animals with the antioxidant N-

acetyl cysteine (NAC) or genetically blocking ROS production in ECs by overexpressing the

enzyme *catalase*[18] using *NP1-GAL4; tubulin-gal80*[ts] (*NP1*[ts]*>GFP*) significantly impaired

damage-induced tracheal remodelling (Fig.2h, i and Extended Data Fig.2e, f) in addition to the

expected reduction in regenerative ISC proliferation (Fig. 2j and Extended Data Fig.2g)[18]. Of

note, the effect of NAC treatment on tracheal remodelling was stronger than what resulting

from blocking ROS production in ECs, which is consistent with the latter being only one of the

sources of ROS in the damaged midgut[19].

Exogenous H_2O_2 can stabilize HIF-1α —a key conserved driver of hypoxia-induced

tracheal/vascular remodelling[20-22]— in normoxia[23]. Remarkably, Sima/HIF-1α activity as per

the *ldh-lacZ* reporter was significantly increased within gut-associated TTCs following midgut

damage (Fig.2k, m). Conversely, *ldh-lacZ* became undetectable following NAC treatment

(Fig.2l, m). Altogether, these results suggest that ROS are important determinants of gut-

tracheal remodelling and HIF1-α/Sima pathway activation following intestinal damage. We

next assessed the functional role of HIF1-α/Sima in intestinal regeneration. Midguts from

sima^{-/-} whole mutant animals or subject to adult specific *sima* knockdown (*sima-IR*) within

TTCs showed significantly impaired tracheal remodelling and ISC proliferation following

damage (Fig.3a-f). *Drosophila* fibroblast growth factor receptor (FGFR), Breathless (Btl), is a

well-known transcriptional target of HIF-1α[24, 25]. Consistently, a transgenic reporter of

breathless (btl) gene expression was significantly upregulated within TTCs in response to

intestinal damage (Fig.3g, h). TTC specific knockdown of *btl* using independent RNAi lines

(*btl-IR*) inhibited tracheal remodelling and ISC proliferation following damage (Fig.3i-k).

Therefore, activation of HIF-1α/FGFR signaling within TTCs following gut-damage is essential

for tracheal remodelling and regenerative ISC proliferation in the adult midgut.

During development or in hypoxia, the *FGF*-like ligand Branchless (Bnl) produced by

target tissues drives tracheal remodelling via FGFR/Breathless activation within the trachea[10,

26, 27]. Surprisingly, using a *bnl* reporter we observed that, while *bnl* was observed in a small

number of cells within the adult midgut following damage (Fig.4a), ligand expression was also

significantly upregulated in TTCs (Fig.4b-c). Consistently, qPCR from whole-midguts—

including gut-associated trachea— revealed up-regulation of *bnl* expression in damaged

versus control tissues (Fig.4d). We next used targeted RNAi knockdown to assess the

functional role of individual sources of FGF/Bnl in our system. Our results showed that, while

redundant for tracheal remodelling, *bnl* from TTCs is necessary for complete ISC proliferation

following damage of the adult midgut (Fig.4e-g). Complementary knockdown of the receptor

btl in ISCs/EBs strongly impaired ISC proliferation without affecting TTC remodelling upon

damage (Fig.4h-j), suggesting that ISC proliferation depends on intestinal Btl, partly activated

by Bnl from TTCs. We next assessed the functional role of gut derived Bnl. Individual ligand

knockdown in ISCs/EBs or ECs was sufficient to reduce ISC proliferation following damage

but did not impair tracheal remodelling (Extended Data Fig.4a-f). However, concomitant *bnl*

knockdown in ECs and ISCs/EBs resulted in significant impairment of both, ISC proliferation

and TTC remodelling (Fig.4k-m). Altogether, these results indicate that gut intrinsic

FGF/FGFR signaling can influence ISC proliferation in the gut, independently of TTCs

(Extended Data Fig.4a-f). Furthermore, consistent with the high sensitivity of the regenerative

intestine to small fluctuations in signaling activity[17, 28], thresholds of FGFR activity needed to

maintain complete ISC proliferation upon damage are higher than those required for full

tracheal remodelling. Hence, while sufficient to impact ISC proliferation, small variations in Bnl

amounts do not affect tracheal remodelling (Fig.4e-g and Extended data Fig.4a-f).

Consistently, knock down of multiple sources of gut-derived FGF/Bnl is needed to impact

tracheal FGFR/Btl signaling and subsequent TTC remodelling during intestinal regeneration

(Fig.4k-m). Importantly, we identify TTCs as an unexpected damage-inducible source of

FGF/Bnl, which contributes to FGFR/Btl activation within ISCs to induce their regenerative

proliferation (Fig.4, c, g).

We next used Targeted DamID (TaDa) for cell specific profiling of RNA Pol II chromatin

binding[29] to identify TTC intrinsic transcriptional changes following intestinal damage (Fig.5a).

TaDa is particularly advantageous in our system due to inherent difficulties to physically

separate tracheal tissue from the midgut. We identified 1747 genes significantly bound by

RNA Pol II in TTCs from control midguts (TableS2). Gene ontology (GO) analysis revealed an

overall enrichment in components of the tracheal system, and molecules involved in epithelial

tube morphogenesis, and respiratory/tracheal system development (Fig. 5b). We identified

359 genes upregulated, and 522 genes downregulated in TTCs, following midgut damage by

oral infection with *Pe* (Table S2). Consistent with our reporter expression data and functional

work (Fig.4b, c), this unbiased analysis identified *bnl/FGF* as a gene with significantly

increased RNA Pol II binding following *Pe* infection (TableS3) (Extended Data Fig.5a).

Interestingly, genes associated with neuronal differentiation and morphogenesis where

upregulated in TTCs following intestinal damage (Extended Data Fig.5b). Amongst the TTC

expressed genes with increased RNA Pol II binding upon gut damage, was the highly

conserved mRNA-binding protein Imp/IGF2BP (Fig.5c), which has been previously

characterised as a key regulator of axonal remodelling[30,31]. qRT-PCR confirmed *Imp*

upregulation in midgut and associated tracheal tissue upon damage (Extended Data Fig.5c).

Consistently, expression of two independent *Imp* RNAi lines (*Imp-IR*) within TTCs resulted in

significant impairment of tracheal remodelling and ISC proliferation following intestinal

epithelial damage (Fig.5d-f).

Unexpectedly, genes whose function is linked to epithelial tube morphogenesis and

respiratory tracheal system development appeared significantly decreased in TTCs following

midgut damage (Extended Data Fig.5d). *Tracheless* (*trh*) is expressed in all tracheal cells

from the onset of embryonic development through adulthood[25, 32, 33]. Loss of *trh* during

development prevents tracheal cell specification from precursor cells and tracheal tube

morphogenesis[32, 33]. However, in line with our GO term analysis of down-regulated genes

(Extended Data Fig.5d), *trh* and *ventral veinless* (*vvl*)— also required for tracheal

development[34]—displayed a strong decrease in RNA Pol II binding following gut damage

(Fig.5g and Extended Data Fig.5e) (Table S2). A transgenic reporter of *trh* expression (*trh-*

lacZ) was significantly downregulated in TTCs upon gut damage (Fig.5h, i). Remarkably, gene

reporter signal was restored following 32 hrs of damage removal (Fig.5h, i). Consistently, *trh*

overexpression in TTCs significantly impaired tracheal remodelling and ISC proliferation

during intestinal regeneration (Fig.5j-l). These results suggest that tracheal specification

genes need to be suppressed to allow gut-associated TTC plasticity and a robust intestinal

regenerative response in the adult.

As a determinant of tracheal specification, *trh* regulates multiple tracheal genes

including *btl*[32-34]. Indeed, TaDa indicates a suppression of RNA Pol II binding to *btl* in TTCs

following intestinal damage (Extended Data Fig.5f). However, our reporter data and functional

work show increased transcription and a positive role of *btl* during tracheal remodelling

following damage (Fig.3g-k), which is consistent with the role of Sima/ HIF-1α as an activator

of *btl* transcription[10] in the system (Fig.3a-f). Therefore, in the case of *btl*, RNA pol II occupancy

does not directly reflect on the gene transcriptional status at the time of our analysis. This

apparent discrepancy could be due to pausing of the polymerase or temporally dynamic *btl*

transcription influenced by low *trh* and increased Sima/ HIF-1α activity induced upon intestinal

damage, which may not be captured through TaDa.

Our results reveal a novel inter-organ communication program in *Drosophila,* involving

the adult tracheal system and the midgut, which drives reciprocal adaptation of both tissues

to sustain a robust regenerative response of the intestine to environmental challenges

(Fig.5m). Mechanistically, gut-derived ROS and FGF induce tracheal remodelling following

intestinal damage through paracrine activation of HIF-1α/FGFR signaling within TTCs.

Reciprocally, tracheal and gut FGF drives intestinal regeneration through FGFR signaling

activation within ISCs.   Furthermore, cell specific transcriptional profiling and genetic

experiments show that adult TTC intrinsic changes conferring tracheal plasticity upon gut

damage involve the activation of a neuronal growth-like program and suppression of tracheal

cell fate. Our results may represent a general mechanism driving vasculature/stem cell

interactions in the mammalian intestine and other self-renewing tissues.

 Methods

Fly stocks and rearing. A complete list of fly stocks and full genotypes used in this study can

be found in Table S1. In experiments using *GAL4*/*GAL80^ts* flies were bred and F1s reared and

kept at 18°C for 5 days after eclosion. Animals were then transferred to 29°C for 3-5 days to

allow transgene activation prior to phenotypic analysis. Otherwise, crosses and offspring were

kept at 25°C. Animals of the desired phenotype were used in experiments after 10 days of

adult eclosion. Additional information on animal age is provided in each figure legend. Adult

flies were maintained in vials at low densities (10-15 flies per vial) and were transferred to

fresh food vials every 2 days. Only adult posterior midguts from mated females were analysed

in this study.

Damage induced intestinal regeneration. Oral administration of *Pe*, Bleomycin, DSS was

performed as previously described[12, 35, 36] with minor modifications. Briefly, 5-7-day-old female

flies of the desired genotypes were starved in empty vials for 2hrs followed by feeding with a

5% sucrose solution only (Sucrose), or containing either *Pe* at OD 100, 25 g/ml Bleomycin

(Sigma-Aldrich, Cat#B2434), or 3% DSS (Sigma-Aldrich, Cat#42867) applied on filter paper

discs (Whatman). *Pe* infection was carried out for 16hrs, Bleomycin feeding was done for 1-

day and DSS feeding lasted for 2-days with fresh media applied each day.

NAC treatment. Flies were placed in empty vials with a filter paper soaked with a 5% sucrose

solution containing 20mM NAC (Sigma-Aldrich, Cat#A7250) for 24hrs. Animals were then fed

with either 5% sucrose + NAC or 5% sucrose + NAC + *Pe* (OD 100) for an additional period

of 24hrs.

Mouse intestinal regeneration and IHC. Mice were subject to whole body 10 Gy gamma-

irradiation and the intestines were analysed 72h post-irradiation. Small intestines were

isolated and flushed with tap water. 10× 1cm portions of small intestine were bound together

with surgical tape and fixed in 4% neutral buffered formalin. Intestines from 3 mice per

condition were used. 4 μm sections of formalin–fixed paraffin–embedded (FFPE) tissues were

cut, mounted onto adhesive slides and incubated at 60°C overnight. Prior to staining, sections

were dewaxed for 5 minutes in xylene followed by rehydration through decreasing

concentrations of alcohol and final washing with H2O for 5 minutes. FFPE sections underwent

heat–induced epitope retrieval in a Dako pre-treatment module. Sections were heated in

Target Retrieval Solution High pH (Dako, K8004) for 20 minutes at 97°C before cooling to

65°C. Slides were removed and washed in Tris Buffered Saline with Tween (TbT) (Dako,

K8000) and loaded onto a Dako autostainer link48 platform where they were stained with anti-

CD31 antibody 1:75 (Abcam, ab28364) following standard IHC procedures. All animal work

has been approved by a University of Glasgow internal ethics committee and performed in

accordance with institutional guidelines under personal and project licenses granted by the

UK Home Office (PPL PCD3046BA).

Hypoxic treatment. Adult flies were grown at 25°C or 29°C in 21% O_2 (Normoxia) at a density

of 15-20 flies per vial. Then, animals were transferred overnight to 3% O_2 (Hypoxia) in a

Whitley Scientific H35 hypoxystation incubator.

Drosophila **immunohistochemistry.** Immunohistochemistry was carried out as described

previously[17]. The following antibodies were used: chicken anti-GFP 1:200 (Abcam, ab13970),

mouse anti-PH3 1:100 (Cell Signaling, 9706), rabbit anti- gal 1:1000 (MP Biochemicals

#559761), rabbit anti-DsRed 1:1000 (Clontech, #632496), CBP 1:100 gift from Marta

Llimargas. Alexa Fluor 488, 546 and 647 (Invitrogen) were used for secondary antibodies at

1:200 and 1:100 respectively. Guts were mounted in Vectashield anti-fade mounting medium

for fluorescence with DAPI (Vector Laboratories, Inc) to visualize all nuclei.

Image acquisition.

Transmission Electron Microscopy. Guts were dissected under Schneider's insect medium and were subsequently fixed in 2.5% glutaraldehyde in 0.1 M cacodylate buffer (pH 7.4) for 1hr RT. Samples were rinsed repeatedly in 0.1M sodium cacodylate buffer, before post fixation treatment in 1% Osmium Tetroxide/buffer for 1hr and washing with dH20 for 30mins. Samples were then stained in 0.5% Uranyl Acetate/dH20 for 1hr (in dark) and dehydrated by incubation in a graded series of Ethanol. Samples were subject to three subsequent incubations in Propylene Oxide followed by Epon 812 resin/ Propylene Oxide (50:50) mix and left on a rotator overnight, followed by several incubations in pure Epon resin. Samples were then embedded into blocks and oven incubated at 60°C for 48hrs. Ultrathin sections (50-70nm thickness) were cut using a Leica Ultracut UCT. The sections produced were collected on Formvar coated 100 mesh copper grids and subsequently contrast stained in 2% Methanolic Uranyl Acetate for 5mins followed by Reynolds Lead Citrate for 5mins. Gut samples were viewed using a JEOL 1200 EX TEM and Images captured using a Cantega 2K x 2K camera and Olympus ITEM Software.

Confocal microscopy Zeiss LSM 780. Each image represents half-volume of the full posterior midgut (area comprised between hindgut and Copper Cell Region) and were acquired with 20x or 40x oil immersion lenses using identical acquisition conditions for all samples from a given experiment. Images were collected using Zen 2012 SP1 Release version 8.1 software. Images represent maximal intensity projection of a stable number of Z-Stacks and were processed with ImageJ to adjust brightness and contrast.

Light microscopy Axio observer Zeiss. Adult guts were dissected in PBS, mounted in 100% glycerol and image immediately. Up to three pictures per posterior midgut were taken to cover most of the area. Images were taken at their most apical plane to best detect TTCs with a 20x lens. Images were collected using Zen 2 software. Mouse intestines (Fig. 1f) were acquired using this microscope with a 20x lens.

Quantifications in the adult posterior midgut.

Quantification of ISC proliferation. Antibodies against Phosphorylated Histone H3 (PH3) were

used to detect ISC proliferation in the posterior midgut. Total number of PH3^{+ve} cells per

posterior midgut was quantified using an Olympus BX51 microscope. Number of midguts

analysed (n) for each experiment are indicated in the figures.

Quantification of tracheal coverage from immunofluorescence images. Confocal images of

dSRF>GFP expressing midguts were used. Full posterior midguts were individually processed

on ImageJ as follows: 1) maximum projection Z stacks were produced; 2) area of interest was

cropped to eliminate Malpighian tubules, hindgut and copper cell region; 3) "threshold" was

adjusted for ensuring the detection of most terminal tracheal branches; 4) function

"skeletonize" was applied to generate a skeleton of the tracheal network; 5) the mean intensity

of this skeleton was measured. Number of midguts analysed (n) for each experiment are

indicated in the figures.

Quantification of tracheal branching form light-microscopy images. Acquired images were

blindly scored using a 1 to 5 scaling system (Extended Data Fig.2d). The custom ImageJ

macro   used   for   tracheal   blind   scoring   is   available   at

https://github.com/emltwc/TracheaProject/blob/master/Blind_scoring.ijm. Number of midguts

analysed (n) for each experiment are indicated in the figures.

Quantification of number of TTC ramifications. Maximum intensity projection from confocal

imaging Z stacks were used. The number of primary, secondary and tertiary branches derived

from a single TTC body was assessed. Levels of tracheal branching were assigned as

indicated in Fig.1h. Number of TTC analysed (n) and midguts analysed for each condition are

indicated in the corresponding figure and figure legend.

Quantification total tracheal length. We used the plugin "NeuronJ" from ImageJ to quantify the

total length of all the branches emerging from a single TTC. maximum projection Z stacks.

Number of TTC analysed (n) and midguts analysed for each condition is indicated in the

corresponding figure and figure legend.

Quantification of TTC nuclei. Confocal images of posterior midguts from animals expressing

dSRF>RedStinger to label TTC nuclei were used. The custom ImageJ macro used for

quantifying the number of TTC nuclei is available at

https://github.com/emltwc/TracheaProject/blob/master/dSrf_pH3_overlap_for%20Jessica.ijm

. Number of midguts analysed (n) for each condition is indicated in the corresponding figure.

Quantification of posterior midgut area. Midgut tissue was visualized by Dapi staining and the

posterior midgut area (length x width) was measured with ImageJ. Number of midguts

analysed (n) for each condition is indicated in the corresponding figure.

Quantification of lacZ reporters. Antibodies against -galactosidase were used to detect

lactate dehydrogenase-, *breathless-*, *branchless-* and *trachealess-lacZ* reporters. Pictures

were taken with confocal microscopy and staining was quantified using ImageJ. The mean

intensity of the gut area without staining was subtracted from the total -galactosidase signal

mean intensity detected in TTCs. The difference was then divided by the mean intensity of the

gut area without staining to normalize data. Number of TTC analysed (n) and midguts

analysed for each condition is indicated in the figures.

Statistical analysis. Graph Pad Prism 6 version 6.07 software was used for statistical

analyses. Information on sample size and statistical tests used for each experiment are

indicated in the figure legends. All experiments represent a minimun of 2 independent

biological replicates. Measurements were taken from distinct samples.

qRT-PCR.

Trizol (Invitrogen) was used to extract total RNA from 30 midguts per biological replicate.

cDNA synthesis was performed using the High-Capacity cDNA Reverse Transcription Kit

(Applied Biosystems). QuantiNova SYBR Green (Qiagen) was used for qPCR. Data were

extracted and analysed using QuantStudio and Prism 6.0. Data from 3 biological replicates

are presented as the mean fold change with standard error.

Primers used for qRT-PCR were:

Rpl32_F TGCCCACCGGATTCAAGAAG

Rpl32_R TCGACAATCTCCTTGCGCTT

bnl_F CAAGTTCCGAGGCCCAAGG

bnl_R TGGGGATCTTGGTTGCACTG

Imp_F GGTGGGCCGTATCATTGG [37]

Imp_R TCACGCGCTGCAATTCC [37]

Targeted DamID (TaDa), library preparation, sequencing and data analysis. *dSRF-*

GAL4^{ts} flies were crossed with to *UAS-LT3-DAM* or *UAS-LT3-Dam-Pol II* flies at 18°C.

Progeny were collected every 48hrs and aged for a further 7 days at 18°C before transferring

to 29°C to induce Dam protein expression for 24hrs. During the last 16hrs at 29°C, flies were

fed on Sucrose only or on Sucrose + *Pe* solution. 60 midguts per condition were dissected in

cold PBS and stored at -80°C. Methylated DNA fragments were isolated and next generation

sequencing libraries were prepared as described previously[38]. Sequencing data from TaDa

experiments were processed using a previously described pipeline[39] and mapped to release

6.03 of the *Drosophila* genome. Transcribed genes were annotated for Pol II binding data

using   a   custom   Perl   script[38]   (available   at   https://github.com/tonysouthall/Dam-

RNA_POLII_analysis) using release 6.11 of the annotated *Drosophila* genome. Transcribed

genes were identified based on meeting a threshold of 1% FDR and > 0.2 log2 ratios. To

define differentially Pol II bound genes, log2 ratios for each GATC fragment were subtracted

to produce comparison files on which the same analysis was repeated. Significantly Pol II

bound genes appearing in both original and comparison files were selected to distinguish from

false positives arising from the presence of negative log2 values in the data. Gene Ontology

(GO) term analysis was performed using the R package ClusterProfiler[40] to search for

enriched GO terms in each condition.

Data availability.

Sequencing data related to Figure 5 are available through the Universtiy of Glasgow institutional repositories *DOI: 10.5525/gla.researchdata.994 (2020)*. The entire set of raw data supporting this study will be made accessible through the same repository prior to publication.

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Author contributions.

J.P designed and carried out all the experiments and analysed and interpreted the data. Writing – original draft: J.P. G.A and T.S analysed the TaDa data. J.B.C conceived the project,

407   designed experiments, analysed the data and supervised the study. J.P and J.B.C wrote the

408   paper.

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Fig. 1 – Adult terminal tracheal cell plasticity in response to intestinal injury. **a**, Representative confocal image of terminal tracheal cells (TTCs) (green) surrounding the adult digestive tract of *Drosophila*. Scale bar, 500 m. **b**, **c**, Transmission electron microscopy of a posterior midgut cross-section highlighting the close interaction between a TTC (green pseudo coloured) and an enterocyte (EC) (b) or an intestinal stem cell (ISC) (c; red pseudo coloured), VM: visceral muscle, Scale bars, 5 m. **d**, Confocal images of TTC coverage (green) and ISC proliferation (PH3; red) in control (Sucrose) or damaged (*Pe* infected) adult posterior midguts. Dotted boxes in left panels indicate the area showed magnified in the right panels. Scale bars: 100 m in main figure and 50 m in close up view. **e,** Quantification of tracheal coverage in posterior midguts as in (d) and from animals treated with Bleomycin or DSS as in (Extended Data Fig.1b). Statistics: Student's t test; n= number of posterior midguts quantified; error bars ± SEM. **f**, Immunohistochemical analysis of gut associated vasculature in control and regenerating small mouse intestines using anti-CD31 endothelial cell antibody. Nuclei are stained in blue with Hematoxylin. Scale bars: 100 m in main figure and 50 m in close up view. **g,** Quantification of the number of TTC nuclei in posterior midguts from control or *Pe* infected adult posterior midguts. Statistics: Student's t test; n= number of posterior midguts quantified; error bars ± SEM. **h**, Representative confocal image of one terminal tracheal body cell and its pseudo coloured primary (I^R), secondary (II^R) and tertiary (III^R) branches. Scale bar, 50 m. **i**, Quantification of number of branches per TTC from control or *Pe* infected adult posterior midguts. Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of TTC quantified from 6 posterior midguts per condition; error bars ±SEM. **j**, Quantification of total tracheal length per TTC (see Methods). Student's t test; n= number of TTCs quantified from 6 posterior midguts per condition; error bars ± SEM. **k**, **l**, Quantification of tracheal coverage and PH3$^+$ ISCs in posterior midguts during a 16 hrs period of *Pe* induced intestinal damage followed by 32 hrs incubation in standard food. Statistics: Student's t test was used to compare each timepoint within the damage and recovery stage against the 0 hrs and 16 hrs, respectively. n= number posterior midgut quantified; error bars ±SEM. Where indicated, *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$ ****$p < 0.0001$. See also Extended Data Fig.1.

Extended data Fig. 1 – Characterization and quantification of tracheal remodelling following intestinal damage. a, Representative confocal image of adult TTCs (green) associated to a posterior midgut. Illustration of the different steps followed for the quantification of gut tracheal coverage as explained in Methods. Scale bar, 100 m. Box in top panel highlights the area shown in the bottom panels **b,** Representative confocal images of TTCs (green) associated to posterior midguts from control animals (Suc) or animals fed with Bleomycin or DSS. Scale bar, 50 m. **c**, Representative confocal images of control (Suc) or damaged (*Pe*) adult posterior midguts (orange). Scale bar, 100 m. **d**, **e**, Quantification of posterior midgut area (d) and ratio of tracheal coverage over adult posterior midgut area (e). Statistics: Student's t test; n= number of posterior midguts quantified; error bars ±SEM. ****p< 0.0001. **f**, Confocal images of adult TTCs (green) from control (Suc) or *Pe* damaged posterior midguts stained with anti-PH3 to label proliferating ISCs (red). Bottom panels represent orthogonal views of the midguts shown in the top panels. Scale bar, 50 m. **g**, Confocal images of adult TTCs assessed at the indicated time points during and after intestinal damage. White lines trace an individual TTCs in each time point and condition. Scale bar, 50 m. **h**, Correlation graph between TTCs gut coverage and ISC proliferation for each of the time points and conditions presented in (g). Statistics: Pearson's correlation coefficient (r)=0.9660 and 0.9962; **p=0.0075 and 0.0038 in damage and recovery phases, respectively.

Fig. 2 – Tracheal remodelling induced by midgut-derived ROS upon damage is required for intestinal regeneration. a, Confocal images of adult posterior midgut from control animals or upon adult-specific *bax*-driven TTC ablation (green). Scale bar, 100 m. **b**, Quantification of tracheal coverage in posterior midguts as in (a). Statistics: Student's t test; n= number of posterior midguts quantified; error bars ±SEM. **c-d**, Quantification of PH3$^+$ ISCs in posterior midguts of the genotypes and conditions indicated. Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified; error bars

±SEM. **e**, Representative brightfield images of adult posterior midguts from Sucrose fed and *Pe* infected animals without (control) or with adult-specific expression of *myc* RNAi within ISCs/EBs (*esg^{ts}*>). Scale bar, 50 m. **f**, **g**, Quantification of PH3$^+$ ISCs (f) and blindly scored tracheal branching (g) in posterior midguts of genotypes and conditions as in (e). Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified, error bars ±SEM. **h**, Representative confocal images of control and *Pe* treated adult posterior midguts in the presence or absence of the antioxidant NAC. Scale bar, 100 m. **i**, **j**, Quantification of tracheal coverage (i) and PH3$^+$ ISCs (j) in posterior midguts in (h). Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified; error bars ±SEM. **k,l,** Confocal images of the HIF-1α /Sima activity reporter *ldh-lacZ* (grey) in control or *Pe* infected adult posterior midguts without or with NAC (k, l , respectively). Scale bar, 50 m. **m**, Quantification of the average *ldh-lacZ* staining intensity in TTC within a defined region of the posterior midgut as in (k, l). Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of TTC quantified from 9 to 10 posterior midguts/condition; error bars ±SEM. Where indicated, *p < 0.05, **p < 0.01, ***p < 0.001 ****p< 0.0001. See also Extended Data Fig.2.

Extended data Fig. 2 – Gut associated TTCs are responsive to environmental oxygen levels and gut produced ROS. a, Representative confocal images of HIF-1α/Sima activity reporter *ldh-lacZ* (grey) in adult posterior midguts from animals in normoxia (21% O_2) or subjected to 24 hrs of hypoxia (3% O_2). Scale bar, 50 m. **b**, Quantification of the average *ldh-lacZ* staining intensity within TTC in posterior midguts as in (a). Statistics: Student's t test; n= number of TTC quantified from 9 posterior midguts/condition; error bars ±SEM. **c**, Quantification of tracheal coverage in adult posterior midgut as in (a). Statistics: Student's t test; n= number of posterior midguts quantified; error bars ±SEM. **d**, Examples of tracheal branching levels assigned to each of the scores used for blind scoring of tracheal coverage from light microscopy images. **e**, Representative brightfield images from control (Suc) or *Pe*

damaged posterior midguts from wild type animals or upon adult-specific *catalase*

overexpression within ECs. Scale bar, 50 m. **e**, **f**, Blind scoring of tracheal branching (f) and

quantification of PH3 $^+$ ISCs (g) in posterior midguts as in (e). <u>Statistics</u>: Two-way ANOVA

followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified, error

bars ±SEM. Where indicated, *p < 0.05, **p < 0.01, ***p < 0.001 ****p< 0.0001.

Fig. 3 – Activation of HIF-1α/FGFR signaling in TTCs is required for tracheal remodelling

and intestinal regeneration following damage. a, Representative confocal images of

control (Sucrose) or *Pe* infected adult posterior midguts from wild type or *Sima$^{-/-}$* whole mutant

animals. Scale bar, 100 m. **b**, **c**, Quantification of tracheal coverage (b) and PH3 $^+$ ISCs (c)

in posterior midguts as in (a). <u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple

comparisons test; n= number of posterior midguts quantified, error bars ±SEM. **d**, Confocal

images of control (Sucrose) or *Pe* infected adult posterior midguts from wild type animals or

animals subject to adult-specific *sima* RNAi overexpression (*sima-IR*) within TTC

(*dSRF^{ts}>GFP*). Scale bar, 100 m. **e**, **f**, Quantification of tracheal coverage (e) and PH3 $^+$ ISCs

in posterior midguts as in (d). <u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple

comparisons test; n= number of posterior midguts quantified, error bars ± SEM. **g**,

Representative confocal images of a *btl* expression reporter *btl-lacZ* (grey) in control (Sucrose)

and damaged (*Pe*) adult posterior midguts. Scale bar, 50 m. **h**, Quantification of the average

btl-lacZ staining intensity in TTC within a defined region of posterior midguts as in (g).

<u>Statistics</u>: Student's t test; n= number of TTC quantified from 5 to 7 posterior midguts/

condition; error bars, ±SEM. **i**, Confocal images of control (Sucrose) and damaged (*Pe*) adult

posterior midguts from wild type animals or following *RNAi*-driven adult-specific *btl* knockdown

(*btl-IR*) within TTCs. Scale bar, 100 m. **j**, **k**, Quantification of tracheal coverage (j) and PH3 $^+$

ISCs in posterior midguts as in (i). <u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple

comparisons test; n= number of posterior midguts quantified, error bars ±SEM. Where

indicated, *p < 0.05, **p < 0.01, ***p < 0.001 ****p< 0.0001.

Fig. 4 – Reciprocal midgut/TTC activation of FGF/FGFR signaling drives tracheal remodelling and ISC proliferation following intestinal damage. a, b, Representative confocal images of *FGF/bnl* expression reporter *bnl>GFPnlacZ* (green) in control (Sucrose) and regenerating (*Pe*) adult posterior midguts stained with CBP (Chitin Binding Protein) to visualise all tracheal tissue (magenta). Arrowheads indicate reporter signal within midgut cells. Arrows indicate signal within TTC. Dotted boxes in panels in (b) indicate the area showed magnified in the right panels. Scale bar, 50 m (a) and 100 m (b). **c,** Quantification of the average *bnl>GFPnlacZ* staining intensity within TTCs in posterior midguts as in (b). Statistics: Student's t test; n= number of TTC quantified from 12 posterior midguts/condition; error bars, ±SEM. **d**, qRT-PCR for *bnl* from control (Sucrose) or *Pe* infected whole midguts, including associated tracheal tissue. Data are represented as mean ± SEM. **e**, representative confocal images of control (Sucrose) or regenerating (*Pe*) adult posterior midguts from wild type animals or upon RNAi-driven adult-specific *bnl* knockdown (*bnl-IR*) within TTC. Scale bar, 50 m. **f**, **g**, Quantification of tracheal coverage (f) and PH3 $^+$ ISCs (g) in posterior midguts as in (e). Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified, error bars ± SEM. **h**, representative brightfield images of control (Sucrose) or regenerating (*Pe*) adult posterior midguts from wild type animals or upon RNAi-driven adult-specific *btl* knockdown (*btl-IR*) within ISCs/EBs. Scale bar, 50 m. **i**, **j**, Quantification of blindly scored tracheal branching (i) and PH3 $^+$ ISCs (j) in posterior midguts as in (h). Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified, error bars ±SEM. **k**, Representative brightfield images of control (Sucrose) or regenerating (*Pe*) adult posterior midguts from wild type animals or upon RNAi-driven adult-specific *bnl* knockdown (*bnl-IR*) ISCs/EBs and ECs (*NP1>, esg^{ts}>GFP*). Scale bar, 50 m. **l**, **m**, Quantification of blindly scored tracheal branching (l) and PH3 $^+$ ISCs (m) in posterior midguts as in (k). Statistics: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of posterior midguts quantified, error bars ± SEM.

Where indicated, *p < 0.05, **p < 0.01, ***p < 0.001 ****p< 0.0001. See also Extended Data

Fig.4.

Extended data Fig. 4 – Individual sources of gut-derived Bnl are redundant for TTC

remodelling but required for damage induced ISC proliferation. a, Representative

brightfield images from control (Suc) or *Pe* damaged posterior midguts from wild type animals

or following RNAi-driven adult-specific *bnl* knockdown (*bnl-IR*) within ISCs/EBs. Scale bar,

50 m. **b**, **c**, Quantification of blindly scored tracheal branching (b) and PH3 $^+$ ISCs (c) in

posterior midguts as in (a). <u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple

comparisons test; n= number of posterior midguts quantified ± SEM. **d**, Representative

brightfield images from control (Suc) or *Pe* damaged posterior midguts from wild type animals

or upon adult-specific *bnl* knockdown (*bnl-IR*) within ECs. Scale bar, 50 m. **e**, **f**, Quantification

of blindly scored tracheal branching (e) and PH3 $^+$ ISCs (f) in posterior midguts as in (d).

<u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple comparisons test; n= number of

posterior midguts quantified, error bars ± SEM. Where indicated, *p < 0.05, **p < 0.01, ***p <

0.001 ****p< 0.0001.

Fig.5 – Transcriptional profiling of TTCs by targeted DamID revealed novel regulators

of tracheal remodelling and intestinal regeneration. a, Schematic representation of TaDa

approach used to identify tracheal transcriptional programs responsive to intestinal damage.

b, Gene Ontology term analysis from control midguts (Sucrose). **c**, Profile of RNA Pol II

binding to *Imp* in TTCs from control (Suc) and regenerating (*Pe* damaged) midguts. Boxes

highlight areas with most prominent differences in RNA Pol binding. **d**, Representative

confocal images of control (Suc) or regenerating (*Pe*) adult posterior midguts from wild type

animals or upon RNAi-driven adult-specific *Imp* knockdown (*Imp-IR*) within TTCs (green).

Scale bar, 100 m. **e**, **f**, Quantification of tracheal coverage (e) and PH3 $^+$ ISCs (f) in posterior

midguts as in (d). <u>Statistics</u>: Two-way ANOVA followed by Sidak's multiple comparisons test;

n= number of posterior midguts quantified, error bars ±SEM. **g**, Profile of RNA Pol II binding

to *trh* within TTCs for control (Suc) and regenerating (*Pe*) midguts. **h**, Representative confocal

images of *trh* expression reporter *trh-lacZ* (grey) in control midguts (Sucrose), midguts after

16 hrs of *Pe* infection (damage), and midguts from animals returned to standard feeding

conditions for 32 hrs post-infection (recovery). Scale bar, 50 m. **i**, Quantification of the

average *trh-lacZ* staining intensity within TTCs within a defined compartment of posterior

midguts as in (h). <u>Statistics</u>: Student's t test; n= number of TTCs quantified from 4 to 11

posterior midguts/condition; error bars, ±SEM. **j**, Representative confocal images control (Suc)

or regenerating (*Pe*) adult posterior midguts from wild type animals or upon adult-specific *trh*

overexpression within TTCs (green). Scale bar, 100 m. **k**, **l**, Quantification of tracheal

coverage (k) and PH3 [+] ISCs (l) in posterior midguts as in (j). <u>Statistics</u>: Two-way ANOVA is

shown, followed by Sidak's multiple comparisons test; n= number of posterior midguts

quantified, error bars ±SEM. **m**, Working model. Where indicated, *$p < 0.05$, **$p < 0.01$, ***p

< 0.001 ****$p < 0.0001$. See also Extended Data Fig.5.

Extended data Fig. 5 – Transcriptome profiling in TTC by targeted DamID. **a**, RNA Pol II

binding profile to *bnl* in TTC from control (Suc) and damaged (*Pe*) adult midguts. **b**, Gene

Ontology term analysis of up-regulated genes. **c**, qRT-PCR for *Imp* from control (Suc) or *Pe*

infected whole midguts, including associated tracheal tissue. Data are represented as mean

± SEM. **d**, Gene Ontology term analysis of down-regulated genes. **e**, **f**, RNA Pol II binding

profile to *vvl* and *btl* in TTC from control (Suc) and damaged (*Pe*) adult midguts.

bnl^{ts}>GFPnlacZ

a Dapi/β-gal/ CBP&PH3

b Dapi/β-gal/CBP&PH3

Sucrose

Pe

c Mean intensity of *GFPnlacZ* signal per TTC (AU)

****

Suc   Pe

n=   36   36

dSRF^{ts}> GFP

d Relative expression *bnl/Rpl32*

Suc
Pe

*

bnl

dSRF^{ts}>GFP

e Control   *bnl^{-IR1}*

Dapi GFP

Sucrose

Pe

f Tracheal coverage per post.midgut (AU)

Suc
Pe

****   ****   ****

control   bnl-IR1   bnl-IR2

n=   21/29   17/19   15/12

g PH3+ cells per post.midgut

Suc
Pe

****   ****   ****

****   ****

control   bnl-IR1   bnl-IR2

n=   21/29   17/19   15/12

esg^{ts}> GFP

h Control   *btl^{-IR1}*

Sucrose

Pe

i Scoring amount of TT branching per post.midgut

Suc
Pe

****   ****
3.6   3.6
2.3   2.7

control   btl-IR1

n=   9/12   12/16

j PH3+ cells per post.midgut

Suc
Pe

****
****   ****

control   btl-IR1

n=   15/17   13/19

NP1>, esg^{ts}> GFP

k Control   *bnl^{-IR1}*

Sucrose

Pe

l Scoring amount of TT branching per post.midgut

Suc
Pe

****
****   ****
3.6   2.9
2.4   2.1

control   bnl-IR1

n=   5/9   8/9

m PH3+ cells per post.midgut

Suc
Pe

**
****   ****

control   bnl-IR1

n=   13/24   9/19

dSRF > GFP; ldh-lacZ

a Normoxia 21% O$_2$ Hypoxia 3% O$_2$

GFP — Dapi / GFP

ldh-lacZ — β-gal

b Mean intensity of *ldh-lacZ* signal per TTC (AU) — Nor / Hyp — ****

n= 27 27

c Tracheal coverage per post.midgut (AU) — Nor / Hyp — ***

n= 24 17

d Score 1 Score 2 Score 3 Score 4

Sucrose phenotype **Pe phenotype**

NP1^{ts}> GFP

e Control *catalase*

Sucrose

Pe

f Scoring amount of TT branching per post.midgut — Suc / Pe — ****

2.4 3.7 2.5 3.0

control catalase

n= 14/17 17/18

g PH3+ cells per post.midgut — Suc / Pe — ****

control catalase

n= 24/25 14/25

a Control   *bnl^{-IR1}*

Sucrose

Pe

b Scoring amount of TT branching per post.midgut

Suc
Pe

2.3   3.6   ****   1.9   3.4   ****

control   bnl-IR1

n=   9/12   9/15

c PH3+ cells per post.midgut

Suc
Pe

****   ****   ****

control   bnl-IR1

n=   10/11   7/10

NP1^{ts}> GFP

d Control   *bnl^{-IR1}*

Sucrose

Pe

e Scoring amount of TT branching per post.midgut

Suc
Pe

2.3   3.4   ****   2.0   3.6   ****

control   bnl-IR1

n=   13/18   15/14

f PH3+ cells per post.midgut

Suc
Pe

****   ****   ****

control   bnl-IR1

n=   15/15   15/17

a

b

GO term analysis for up-regulated genes

c

d

GO term analysis for down-regulated genes

e

f