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TAK1: a potential therapeutic target for retinal neovascularization

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ABSTRACT

Retinal neovascularization, or pathological angiogenesis in the retina, is a leading cause of blindness in developed countries. Pathological angiogenesis occurs through the complex activation of pro-inflammatory and pro-angiogenic pathways. Transforming growth factor-β-activated kinase 1 (TAK1) is a mitogen-activated protein kinase kinase kinase (MAPKKK) activated by TGF-β1 and other pro-inflammatory cytokines such as tumor necrosis factor α (TNFα) and interleukin-1 (IL-1). TAK1 is a key mediator of inflammation, innate immune responses, apoptosis and tissue homeostasis and plays an important role in physiological angiogenesis. Its role in pathological angiogenesis, particularly in retinal neovascularization, remains unclear. We investigated the regulatory role of TAK1 in pathological angiogenesis in the retina. Transcriptome analysis of human retina featuring retinal neovascularization revealed enrichment of known TAK1-mediated signaling pathways. Genetic or pharmacological inhibition of TAK1 activation in human endothelial cells induced by TNFα or IL-1 stimulation led to inhibition of phosphorylation of major kinases, including nuclear factor kappa B (NFκB) and mitogen-activated protein kinase (MAPK) signaling pathways. Suppression of this signaling, in turn, decreased expression of downstream genes associated with inflammation and angiogenesis, suggesting that TAK1 is required for these pathological processes. Transcriptome analysis of endothelial cells revealed that TAK1 knockout prevented inflammatory and immune responses induced by TNFα stimulation, mainly via cytokine and chemokine activity. Selective inhibition of TAK1 by 5Z-7-oxozeaenol *in vitro* ameliorated pro-angiogenic activity, including endothelial cell proliferation, migration and tube formation. Moreover, 5Z-7-oxozeaenol attenuated aberrant retinal angiogenesis in rats following oxygen-induced retinopathy. Our finding shows that TAK1 plays a key role in pathological angiogenesis in the retina. Selective inhibition of TAK1 prevents pathological angiogenesis, suggesting that TAK1 could be a potential therapeutic target for retinal neovascularization.

GRAPHICAL ABSTRACT

INTRODUCTION

Retinal neovascularization is a severe complication of several ocular diseases, often resulting in permanent damage to the neurosensory retina and irreversible vision loss (*1*). Retinal neovascularization shares similar characteristics to pathological angiogenesis elsewhere in the body, exhibiting features including endothelial proliferation and migration, elevated vascular permeability and inflammation; all processes in which vascular endothelial growth factor (VEGF) plays a crucial role (*2*). Recently, the advent of ocular anti-VEGF therapies has been a significant advance in mitigating the risk of vison loss associated with retinal neovascularization. Despite this success, there is increasing evidence that some patients do not respond well to anti-VEGF treatments (*3*). Therefore, it is necessary to seek other therapeutic targets.

The common pathways shared between inflammation and angiogenesis play critical roles in retinal neovascularization (*4*). Several studies have reported increased expression of various pro-inflammatory cytokines, chemokines, pro-angiogenic factors and adhesion molecules in patients with retinal neovascularization, such as tumor necrosis factor α (TNFα), interleukin-1 (IL-1), chemokine (C-X-C motif) ligand 8 (CXCL8; known as IL-8), vascular endothelial growth factor (VEGF), as well as intercellular adhesion molecule 1 (ICAM-1) (*5-9*). TNFα was found to suppress the expression of tight junction proteins and is required for VEGF-mediated hyperpermeability in endothelial cells and the breakdown of the blood-retinal barrier in patients with diabetic retinopathy (DR) (*10, 11*). Interleukins are also primary mediators of inflammation that can promote angiogenesis via induction of proangiogenic factors such as VEGF (*4*). Moreover, TNFα and IL-1 stimulates expression of ICAM-1, CXCL8 and VEGF in endothelial cells and microglia cells, both of which promote progression of retinal neovascularization (*12, 13*). A key role for inflammatory mediators is highlighted by their growing use as prognostic markers of the severity of proliferative diabetic retinopathy (PDR) (*4*).

Transforming growth factor-β-activated kinase 1 (TAK1), a member of the mitogen-activated protein kinase (MAPK) family, is a critical serine/threonine kinase in several cellular signaling pathways. Such pathways can be activated by diverse pro-inflammatory stimuli including TNFα, IL-1, transforming growth factor beta (TGF-β), or toll-like receptor (TLR) ligands. The engagement of TAK1 in turn activates downstream signaling pathways, including nuclear factor kappa B (NFκB) and MAPK p38, extracellular signal-regulated kinase (ERK), and c-Jun kinase (JNK) signaling, modulating inflammatory responses and cell survival (*14-16*). TAK1 inhibition has been shown to reduce TNFα and CXCL8 secretion in leukocytes (*17*) and to suppress prostaglandin-endoperoxide synthase 2 (PTGS2; known as cyclooxygenase-2, COX-2), ICAM-1, and VEGF expression in cancer cells through NFκB signaling pathway (*18*). Expression of TAK1 provides protection for endothelial cells against TNFα-induced apoptosis under inflammatory conditions (*19*). Indeed, TAK1 deletion

causes embryonic lethality as the capacity to prevent TNFα-induced endothelial cell death and vessel

regression is lost. Moreover, TAK1 is also important for supporting TNFα-independent vascular

formation and endothelial migration. These broad roles for TAK1 suggests that endothelial TAK1

inhibition may be a useful alternate anti-angiogenesis target in retinal disease (*19, 20*).

We hypothesized that TAK1 plays a crucial role in pathological angiogenesis and TAK1 inhibition

can suppress retinal neovascularization. Our findings indicate that TAK1 is an important regulator of

inflammatory and angiogenesis-related pathways that contribute to retinal neovascularization.

Pharmacological inhibition of TAK1 alleviated aberrant retinal angiogenesis by modulating pro-

inflammatory and pro-angiogenic signaling in a rat model of ischemia-induced retinopathy.

RESULTS

TAK1 is expressed in human retina and is positively associated with retinal neovascularization

To understand TAK1 expression profiles in the human retina, we first analyzed published of single

nuclei RNAseq (snRNAseq, GSE135133) data to examine TAK1 expression in different retinal cells.

Analysis of 121,799 individual cells from human retina revealed that both *TAK1* (*MAP3K7*) and its

binding protein, *TAB1-3,* are expressed moderately in most neural and non-neural retinalcells (**Fig. 1A**

and S1). Notably, among the retinal cells examined, TAK1 is highly enriched in endothelial cells.

Immunostaining suggests that TAK1 is expressed in various layers of the human retina in both neural

and non-neural cells, such as mural cells including smooth muscle cells (**Fig. 1B**) in larger vessels

(diameter of artery or vein ranging from 0.6 - 16 mm) (*21*). We also found that co-localization of

TAK1 and endothelial cell marker CD31 was more likely to be found in the microvasculature,

including arterioles or venules (20 - 25 μm) and capillaries (9 μm).

To identify the key molecular signaling or biological pathways relevant to the angiogenic process

in patients with retinal neovascularization, a transcriptome dataset from humans with proliferative

diabetic retinopathy (PDR) was interrogated by taking advantage of Gene Set Enrichment Analysis

(GSEA), a knowledge-based approach for interpreting genome-wide expression profiles (*22*).

Compared with controls those with retinal neovascularization showed enrichment of known TAK1

upstream signaling pathways, including IL1, TNF, TGF-β, TLR, T-cell receptor (TCR) and B-cell

receptor (BCR) (**Fig. 1C, S2 and S3A**). Pathways related directly to TAK1 were enriched, such as

"TAK1 activation of NFκB by phosphorylation and activation of inhibitor of κB (IκB) kinase (IKK)

complex", and "activated TAK1 mediated p38 MAPK activation" (**Fig. 1C and S3B**). There was

general upregulation of genes associated with the TAK1 activates NFκB by phosphorylation pathway

and activation of IKK complex pathway in patients with retinal neovascularization compared with

controls (**Fig. 1D and 1E**). There was negative enrichment of genes associated with several biological

pathways in relation to visual phototransduction and neuronal systems (**Fig 1C**).

TAK1 is required for activation of NFκB signaling in the endothelial response to inflammatory insults

Previous studies have indicated that TAK1 is activated in response to various pro-inflammatory stimuli

such as TNFα, IL-1β, TGF-β, or TLR ligand: these stimulate mediators downstream of TAK1, such as

inflammatory cytokines - CXCL8 and PTGS2 or antiapoptotic proteins-inhibitor of apoptosis (IAPs)

family, through both NFκB and MAPK pathways (*16, 23*). To evaluate what signaling regulates TAK1

in the endothelial response to inflammation, we generated TAK1-knockout (KO) human telomerase-

immortalized microvascular endothelial (TIME) cells (TAK1-KO) using CRISPR/Cas9 (**Fig. 2A-2D**).

To explore the role of TAK1 in endothelial cells, we generated a transcriptome through RNA

sequencing (RNA-seq) of wild type TIME cells (WT) and TAK1-KO TIME cells (TAK1-KO). We

found that 2178 genes were differentially expressed [false discovery rate (FDR), <0.05] following

TAK1-KO (**Fig. S4A and S4B**). GSEA results suggested that TAK1 knockout negatively affected

pathways related to immune responses and inflammation, such as interferon signaling (**Fig. S4C**).

Since TNFα is strongly correlated with progression of retinal neovascularization and it is a major

activator of TAK1 signaling (*10*), we used TNFα as the stimulus for *in vitro* studies. Treatment with

TNFα significantly increased TAK1 phosphorylation in wild-type cells, an effect not observed in

TAK1-KO cells (**Fig. 2E and 2F**). IκB degradation and NFκB p65 phosphorylation are key events in

NFκB signaling (*24*). TNFα significantly induced NFκB p65 phosphorylation and IκB degradation in

wild-type cells, while no such changes occurred in TAK1-KO cells (**Fig. 2E and 2G**). Likewise,

phosphorylation of JNK, p38, and ERK in MAPK signaling was not increased in TNFα-treated TAK1-

KO cells compared to TNFα-treated wild-type cells (**Fig. 2E and 2H**). Collectively, these data indicate

that TAK1 is required for phosphorylation of the key mediators of NFκB and MAPK signaling in

human microvascular endothelial cells.

To explore the effects of TAK1-KO in TIME cells upon TNFα stimulation, we generated two

more transcriptomes by RNA sequencing TNFα-treated wild type (WT) TIME cells and TNFα-treated

TAK1-KO TIME cells. We found that 462 and 263 genes were differentially expressed (FDR<0.05

and Log2FoldChange >1 or <-1) in wild type cells upon TNFα treatment (WT vs WT TNFα; hereafter

referred to as the WT TNFα set) and TAK1-KO cells upon TNFα treatment (TAK1-KO vs TAK1-KO

TNFα; hereafter referred to as the TAK1-KO TNFα set), respectively. The principal components

analysis of our dataset revealed a complete separation of four groups of samples (n=4 in each group,

Fig. S5A-5C). In keeping with the notion that TNFα induces TAK1-related signaling, we next sought

genes that are differentially expressed between WT TNFα and TAK1-KO TNFα sets. We observed

that 246 and 110 genes were exclusively up-regulated and down-regulated in WT TNFα set and not

the TAK1-KO TNFα set, suggesting these dysregulated genes were not induced by TNFα due to

TAK1-KO (**Fig. 3A and 3B**). Gene Ontology (GO) enrichment analysis of the 246 exclusively up-

regulated genes in the WT TNFα set suggested that TNFα stimulated inflammatory and immune

responses (**Fig. S6A**), mainly via cytokine and chemokine activity (**Fig. S6B**) while such TNF

responses did not occur in TAK1-KO TIME cells.

To further explore the biological significance of our differential expression findings, we

undertook GSEA of WT TNFα and TAK1-KO TNFα sets. This demonstrated a marked inflammatory

response via the NFκB pathway in cells stimulated by TNFα; however, activation of the NFκB

pathway was significantly reduced in TAK1-KO cells (**Fig. 3C**), confirming TNFα-induced

inflammation is mainly dependent on NFκB activation through TAK1. In keeping with the notion that

NFκB is the main regulator of immune responses and inflammation, and is also involved in cellular

apoptosis and cell cycle regulation (*25*), we selected five major biological functions regulated by NFκB

from a NFκB target gene database (*26*) to investigate the differential expression of included genes in

each function category between WT TNFα set and TAK1-KO TNFα set (**Table 1**). These functions

include cytokines/chemokines and their modulators, cell adhesion molecules, stress response, growth

factors, ligands and their modulators, and regulators of apoptosis. The results showed that most genes

in each functional category were significantly expressed in the WT TNFα set but were remarkably

suppressed in the TAK1-KO TNFα set (**Fig. S7-S11**), indicating all these functions induced by TNFα

were negatively affected in cells due to TAK1-KO. Expression of the most significant genes (those

also shown to be involved in retinal neovascularization) from each functional category in each group

was also validated using qRT-PCR (**Fig. 3D**). Upon TNFα stimulation, the expression level of *ICAM-*

1, *PTGS2*, *CXCL8* and *VEGF-A* were substantially elevated in wild-type cells, while no TNFα induced

change was observed in TAK-1 KO cells (**Fig. 3D**). Similar results were found in IL1β-treated wild-

type cells but not in IL1β-treated, TAK1-KO cells (**Fig. S12**). Likewise, TAK1 knockdown using

TAK1 siRNA (siTAK1) resulted in a significant anti-inflammatory effect in both TIMEs (**Fig. S13A,**

S13B and S13E) and human retinal microvascular endothelial cells (HRMECs) (**Fig. S13C and S13F**).

Interestingly, TAK1 knockdown only decreased expression of *ICAM-1* in Müller cells upon TNFα

treatment, but the siRNA increased expression of *PTGS2* and *CXCL8* and had no effects on *VEGF-A*

(**Fig. S13D and S13G**). These data further confirmed that TAK1 regulates a range of cellular functions

depending on the retinal cell type.

Pharmacological inhibition of TAK1 suppresses inflammation-mediated angiogenic signaling and pro-angiogenic activities *in vitro*

5Z-7-oxozeaenol, a resorcylic acid lactone derived from a fungus, is a selective inhibitor of TAK1 (*27*). We tested the effects of 5Z-7-oxozeaenol in human microvascular endothelial cells stimulated with TNFα. Similar to TAK1-KO, 5Z-7-oxozeaenol significantly suppressed TNFα induced phosphorylation of NFκB p65 (**Fig. 4A and 4B**), JNK, p38, and ERK (**Fig. S14**), indicating that 5Z-7-oxozeaenol inhibits NFκB and MAPKs signaling in a dose-dependent manner. Consistent with the anti-inflammatory effects observed in TAK1 knockout endothelial cells, 5Z-7-oxozeaenol inhibited TNFα-induced expression of pro-inflammatory or pro-angiogenic genes, *PTGS2*, *CXCL8* and *ICAM-1* as well as *VEGF-A* expression (**Fig. 4C**). This inhibitory effect of 5Z-7-oxozeaenol was also found in HRMECs stimulated with TNFα (**Fig. 4D**). We also observed similar inhibitory effects of 5Z-7-oxozeaenol stimulated with IL1β in HRMECs (**Fig. S15**).

In addition to examining the pro-angiogenic signals mediated by TAK1 in response to inflammatory insult, we further investigated the involvement of TAK1 in various endothelial functions related to angiogenesis through *ex vivo* and *in vitro* assays. We first used an *ex vivo* aortic ring sprouting assay to test the anti-angiogenic effects of pharmacological TAK1 inhibition by 5Z-7-oxozeaenol. We found that vascular sprouting was significantly suppressed 3 days (45.9%) or 9 days (45.8%) after 5Z-7-oxozeaenol treatment compared with vehicle treatment (**Fig. 5A**). We next performed a range of *in vitro* angiogenesis assays including cell viability, scratch migration, and tube formation assay to test anti-angiogenic effects of 5Z-7-oxozeaenol in TIMEs and HRMECs. Since TAK1 was found to protect endothelial cells from TNFα-induced apoptosis under inflammatory conditions (*19*), we also evaluated the effect of 5Z-7-oxozeaenol on *in vitro* angiogenesis activity in the presence or absence of TNFα. MTT assays revealed that TNFα alone did not affect the cell viability. However, a profound reduction of cell viability was observed with cells treated with 5Z-7-oxozeaenol or 5Z-7-oxozeaenol in the presence of TNFα stimulation compared with the control groups in TIMEs and HRMECs, respectively. (**Fig. 5B and 5C**). Moreover, TNFα significantly reduced endothelial migration by 20% (**Fig. 5D**). Cells treated with 5Z-7-oxozeaenol or TNFα/5Z-7-oxozeaenol showed greater reductions in TIME migration of around 50% (**Fig. 5D**). Interestingly, TNFα alone did not affect endothelial migration in HRMECs (**Fig. 5E**). 5Z-7-oxozeaenol resulted in a 20% reduction in HRMEC migration both in the presence or absence of TNFα stimulation (**Fig. 5E**). Furthermore, 5Z-7-oxozeaenol was effective at reducing TNFα-driven tube formation activity in TIMEs (**Fig. 5F**) and HRMECs (**Fig. 5G**). No changes in tube formation activity were observed in 5Z-7-oxozeaenol-treated TIMEs and HRMECs. Collectively, our data reveal that pharmacological inhibition of TAK1

229 significantly suppresses inflammation-mediated angiogenic signaling and reduces endothelial cell
230 angiogenic activity.

Inhibition of TAK1 attenuates retinal neovascularization *in vivo*

To investigate the role of TAK1 in pathological neovascularization in the retina, we used a rat model
of oxygen-induced retinopathy (OIR) which yields ischemic avascular zones and preretinal
neovascularization similar to that observed clinically in PDR and retinopathy of prematurity. Neonatal
rats were subjected to daily cycles of 80% oxygen for 21 hours and ambient air for 3 hours from
postnatal day 0 (P0) to P14 to induce vaso-obliteration. At P14 rats were returned to room air, where
maximal preretinal neovascularization occured by P18, which was followed by a phase of vascular
regression (**Fig. 6A**). A significant increase in TAK1 expression at both RNA and protein levels was
observed in OIR retinae at P18 compared with controls (**Fig. 6B and 6C**). Examination of the retinal
distribution of TAK1 expression revealed that TAK1 expression was uniquely expressed in areas of
active neovascularization (**Fig. 6D**). To gain further insight into the role of TAK1 activation at the
peak of retinal neovascularization (P18), we then performed transcriptome analyses using bulk-RNA
sequencing. GSEA-based analysis revealed a positive enrichment of several TAK1 upstream pathways,
including IL1, TNF, TCR, BCR and TLR (**Fig. 6E and S16**), which is consistent with our findings in
patients with retinal neovascularization due to PDR. Similar to findings in humans, there was a
negative enrichment of genes associated with phototransduction and neuronal systems at P18 in the
rats. Of note, certain canonical pathways and biological processes related to angiogenesis were
positively enriched in the OIR model, such as VEGF-A/VEGFR2, PDGF pathway, the cellular
response to hypoxia, angiogenesis and inflammation (**Fig. 6E and S16**). Overall, our data implicates
active involvement of TAK1 in retinal neovascularization.

To assess whether intraocular application of a TAK1 inhibitor could be used to reduce retinal
neovascularization, 5Z-7-oxozeaenol was administered intravitreally to the OIR rats at P14 (**Fig. 7A**).
Four days after drug administration, retinal neovascularization was significantly suppressed by 51.3%
and 57.1% in OIR rats that had received low (18 ng) and high doses (90 ng) of 5Z-7-oxozeaenol,
respectively, compared to OIR rats that had vehicle only (**Fig. 7B and S17**). No significant difference
in retinal vaso-obliteration was found among these groups (**Fig. 7C**). We also examined the
development of deep capillary beds to assess the effects of TAK1 inhibition in physiological vessel
growth (*28*). Normal control rats developed a complete deep layer vasculature, while such
development was severely disrupted in OIR rats (**Fig. 7D**). We found that 5Z-7-oxozeaenol treatment
did not improve or damage the formation of deep capillary beds in OIR retina, which is likely attributed
to suppression of proliferative vessels by TAK1 inhibition. In addition to ICAM-1-related leukocyte

infiltration, microglia, the central nervous system resident immune cells, are also emerging as key mediators or modulators of retinal inflammatory responses (*29*). Co-immunostaining of IB4 and Iba1 (marker of microglia) illustrated that 5Z-7-oxozeaenol treatment at both low and high doses significantly attenuated the microglial adhesion to the vascular surface (**Fig. 8A and 8B**). Our data also confirmed that TAK1 inhibition attenuated the expression of inflammatory and angiogenic signals, TNFα, VEGFA and ICAM-1, in OIR retina (**Fig. 8C**).

Finally, we performed safety evaluations to test whether pharmacological TAK1 inhibition by 5Z-7-oxozeaenol adversely affects rodent retinae. The retinal whole mount results did not show any abnormalities in the vasculature of P18 rats receiving vehicle or low or high dose of 5Z-7-oxozeaenol under normoxic conditions (**Fig. S18**). Furthermore, electroretinography (ERG) and optical coherence tomography (OCT) were performed to look for any retinal functional or structural changes in rats 28 days post intravitreal injection of high dose of 5Z-7-oxozeaenol. No difference in function was observed for photoreceptors, bipolar cells or ganglion cells between vehicle- or 5Z-7-oxozeaenol-treated eyes (**Fig. S19A-S19F**). No significant difference was observed in total retinal thickness or thickness of various retinal layers including the nerve fiber layer (NFL) and outer retina layer (ORL) between 5Z-7-oxozeaenol- and vehicle-treated eyes (**Fig. S19G and S19H**). Together, these results suggested that intravitreal injection of 5Z-7-oxozeaenol does not result in adverse or toxic effects on retinal function and structure up to 28 days post-injection.

DISCUSSION

TAK1 is a key modulator involved in a range of cellular functions including the immune response (*14*), cell survival and death (*16*), angiogenesis (*20*), fibrosis (*30*) and tumor metastasis (*31*). TAK1 is activated in response to various stimuli such as pro-inflammatory cytokines, hypoxia, oxidative stress, metabolism, DNA damage, Wnt and osmotic shock (*14, 32-34*). Whether TAK1 is involved in angiogenesis or inflammatory signaling in the retina, much less the molecular mechanisms by which this occurs, has not been studied. Here, we show that TAK1 plays a central role in regulating inflammatory and angiogenic signaling in the rat retina, and that the same signaling appears to be involved in human diabetic retinopathy.

NFκB and MAPK are critical regulators of stress responses, immunity, inflammation and angiogenesis. A variety of proinflammatory cytokines such as TNFα and IL1β activate these signaling pathways through a common upstream kinase TAK1 (*35*). For instance, TNFα binds to its receptor 1 (TNFR1) upon inflammatory stimuli, triggering TAK1 that in complex with TAB1-3 phosphorylate

IKK at Ser^{177} and Ser^{181}, which in turn leads to rapid proteasome-mediated degradation of the IκB

subunit. Subsequently, NFκB (p50/p65) is activated and translocated to the nucleus to promote gene

transcription (*17*). In addition, the TAK1 complex phosphorylates MAPKs to activate the JNK

pathway and the p38 MAPK pathways (both mediated by MKK4 and MKK7) as well as ERK by an

IKK2/tumor progression locus 2 (TPL2)-dependent pathway (*36*). Phosphorylation of p38 affects F-

actin polymerization in vascular endothelial cells and endothelial migration (*37*). Activation of JNK

and ERK subsequent to p21-activated kinase 1 stimulation promotes endothelial migration through

enhancement of cell motility (*38*). In particular, ERK is involved in VEGF-induced endothelial

proliferation, migration (via actin polymerization, lamellipodia and filopodia formation and myosin

contraction), morphogenesis (tube formation) and extracellular matrix degradation during

angiogenesis (*38*). In fact, deletion of TAK1 leads to the inactivation of both JNK and NFκB signaling,

as well as downregulation of expression of pro-survival genes in mice (*39*). Hence, deletion of TAK1

causes bone marrow and liver failure in mice due to the massive apoptotic death of hematopoietic cells

and hepatocytes, ultimately resulting in death within a few days. Moreover, endothelial-specific TAK1

knockout mice demonstrated intestinal and liver hemorrhage secondary to apoptosis of endothelial

cells and damaged vessels, resulting in rapid death (*19*). These data suggest that TAK1 protects

endothelial cells and maintains vascular integrity and homeostasis under inflammatory conditions.

Here, we provide the first evidence that both genetic and pharmacological inhibition of TAK1

activity in human endothelial cells prevents inflammatory stimuli from inducing sequential

phosphorylation of upstream kinases in both NFκB (p65) and MAPK (JNK, p38 and ERK) pathways

and suppressed expression of downstream genes that drive inflammation and angiogenesis, including

ICAM-1, *PTGS2*, *CXCL8* and *VEGF-A*. GSEA results confirmed that TAK1 knockout prevented TNFα

induced chemokine and cytokine activation predominantly through the NFκB pathway, which

attenuated inflammation and immune responses. Of note, GSEA did not identify significant changes

in the MAPK pathway in either wild type or TAK1-KO cells treated with TNFα, potentially because

the MAPK pathway activates more genes than the NFκB pathway (*40*) and fewer genes in MAPK

pathway showed significant changes compared to NFκB pathway. In addition, TAK1 inhibition by 5Z-

7-oxozeaenol significantly reduced endothelial cell angiogenic activities including migration,

proliferation and tube formation. These data together suggest a significant role for TAK1 in mediating

crosstalk between inflammatory and angiogenic pathways, both of which are crucial in pathological

angiogenesis.

TAK1 is thus a central regulator of cell survival and death (*16*). 5Z-7-oxozeaenol, a resorcylic

acid lactone derived from a fungus, acts as a potent and selective inhibitor of TAK1, which displays

more than 33- and 62-fold selectivity for TAK1 over binding of MEKK1 and MEKK4, respectively (*27*). It forms a covalent complex with TAK1 and impedes both the kinase and ATPase activity of TAK1 following bi-phase kinetics (*41*). We demonstrated that TAK1 inhibition by 5Z-7-oxozeaenol directly reduced endothelial cell viability. This effect is more likely attributable to the suppression of cell proliferation (such as cell cycle arrest, data not shown) rather than inducing cell apoptosis for we did not observe any obvious morphologic changes associated with apoptosis in endothelial cells, such as a decline in cell volume or aberrant cell nuclei (*42*). Intravitreal injection of 5Z-7-oxozeaenol suppressed retinal neovascularization, and modulated elevated TNFα expression in the retina of OIR rats, without causing degeneration of the normal vasculature. These data suggest that TAK1 inhibition by 5Z-7-oxozeaenol may more specifically attenuate active angiogenesis with less risk of damage to normal endothelial cells. However, further studies are required to understand the effects of repeated 5Z-7-oxozeaenol treatment. Moreover, TAK1 Inhibition by 5Z-7-oxozeaenol is known to block pro-inflammatory signaling by selectively inhibiting TAK1 MAPKKK (*27*). In an animal model of early brain injury, 5Z-7-oxozeaenol was shown to inhibit subarachnoid hemorrhage-induced phosphorylation of p38 and JNK, the nuclear translocation of NFκB p65 and degradation of IκB, ultimately reducing neuronal apoptosis and early brain injury (*43*). Similarly, another study demonstrated that 5Z-7-oxozeaenol alleviated experimental autoimmune encephalomyelitis by reducing the levels of pro-inflammatory cytokines in splenocytes and the central nervous system, thus reducing the number of activated microglia and blocking p38 MAPK, JNK, and ERK signaling pathways (*44*). Overactive microglia can damage surrounding cells, via a range of detrimental effects including release of pro-inflammatory cytokines, reactive nitrogen species, reactive oxygen, and proteolytic enzymes (*45*). We also observed diminished adhesion of microglia to endothelial cells in OIR rats receiving 5Z-7-oxozeaenol treatment, suggesting that 5Z-7-oxozeaenol alleviates inflammation in the retina, in part by reducing activation of microglia. Altogether, our results indicate that TAK1 inhibition by 5Z-7-oxozeaenol suppresses ocular inflammation and neovascularization by inhibiting cellular proliferation and microglia activation through NFκB and MAPK pathways.

5Z-7-oxozeaenol has been previously examined in a number of animal studies focusing on brain injury (*46-48*). One study demonstrated that 5Z-7-oxozeaenol has neuroprotective function in a mouse model of stroke (*46*). However, others suggest long-term TAK1 inhibition may not be protective in neurodegenerative disorders (*49*). Chronic TAK1 inhibition resulted in apoptosis of a number of normal cells, including keratinocytes, hepatocytes, and hematopoietic cells, raising safety concerns (*39, 50, 51*). We demonstrated that TAK1 inhibition was capable of simultaneously reducing pro-inflammatory cytokines and pro-angiogenic chemokines and growth factors in the retina of OIR rats.

In our studies, no adverse effects of intravitreal injection of the TAK1 inhibitor on retinal function or

structure were apparent up to 28 days post-injection. Specifically, TAK1 inhibition by intravitreal

injection of 5Z-7-oxozeaenol did not affect the scotopic threshold response, a highly sensitive

electroretinography measure of retinal ganglion cell activity (*52*). Another study has shown that

systemic TAK1 inhibition by 5Z-7-oxozeaenol preserved β cell function, thus improving overall health

condition in the animal with autoimmune diabetes (*53*). It is worth noting that 5Z-7-oxozeaenol may

have off-target effects, potentially stemming from cross-reactivity with other human kinases that

possess an analogous cysteine (*54*). Whilst encouraging, further studies with chronic dosing of 5Z-7-

oxozeaenol are clearly needed to confirm safety.

In summary, the present study identifies TAK1 as a mediator of inflammatory and angiogenic

signaling pathways, with a central role in retinal neovascularization. We demonstrated elevated TAK1

expression in both human and rat retinae associated with neovascularization. We showed that reducing

TAK1 suppressed angiogenic activities *in vitro* through NFκB signaling pathway. Using 5Z-7-

oxozeaenol, a well-studied selective TAK1 inhibitor, we demonstrated that pharmacological inhibition

of TAK1 can effectively suppress angiogenesis in both *ex vivo* and *in vivo* models in rats. These

findings provide new insights into the molecular and cellular mechanisms by which TAK1 modulates

inflammation and angiogenesis, thus highlighting a potential alternative approach to anti-VEGF

treatment to prevent pathological retinal neovascularization.

MATERIALS AND METHODS

Data accession

To assess TAK1 expression in human retinal cells, we utilized data single cell transcriptomes from

human retina, from the Gene Expression Omnibus

(https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE135133) (accessed on September 20,

2020).

To access gene expression in retinas from patients with retinal neovascularization due to

proliferative diabetic retinopathy, we obtained the RNA-seq raw counts and TPM matrices from the

Gene Expression Omnibus (https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE102485)

(accessed on September 27, 2020). We specifically compared samples from patients with retinal

neovascular proliferative membranes due to type II diabetes (GSM2739349, GSM2739350 and

GSM2739351) and those from normal controls (GSM2739364, GSM2739365 and GSM2739366).

scRNA-seq data analysis

scRNA-seq data were retrieved from a public dataset (GSE135133) and analyzed in R (v3.6.3) using

Seurat (v3.2) (*55, 56*) with customized scripts. In brief, cell identity was assigned according to the

assignment labels kindly provided by the authors after we normalized and scaled all human samples.

We assigned ganglion cells, horizontal cells, bipolar cells, amacrine cells, cones and rods as the neural

cells while immune cells, basal cells, red cells, pericytes, endothelial cells, astrocytes and Müller cells

were regarded as non-neural cells. Dot plots were utilized for visualization of gene expression levels

and percentage difference for various cell types.

RNA isolation

Total cells or tissue RNA was isolated using Zymo Quick-RNA MiniPrep kit (R1055; Zymo Research,

Irvine, CA) according to the manufacturer's instructions. The quantity of RNA was evaluated with a

NanoDrop ND-1000 spectrophotometer (NanoDrop Technologies, Wilmington, DE).

RNA-seq analysis

Analysis was undertaken in triplicate on total RNAs (1 µg) from normoxic and OIR rats at P14,

prepared as per the manufacturers' instructions. cDNA libraries were sequenced by using an Illumina

Hiseq-2500 RNA-seq platform as 50 bp single end chemistry at the Australian Genome Research

Facility (AGRF, Melbourne, VIC, Australia). The raw fastq files of single-end reads were removed

the adapter sequences and the low-quality reads were dropped by Trimgalore 0.4.4 (Babraham

Bioinformatics). Filtering parameter were set as follow: -q 25 --length 50 -e 0.1 --stringency 5. The

trimmed reads were subjected to alignment with default setting using STAR 2.5.3. The reference

genomes for human and rat were hg38 and rn6, respectively. Aligned RNA-seq data was counted over

gene exon using feature Counts (subread 1.6.4). Genes were annotated as per the Gencode Version 33

annotation file.

Gene set enrichment analysis (GSEA)

GSEA was run on the human dataset of protein-coding genes in PDR versus controls and on the rodent

dataset of protein-coding genes in OIR versus controls, against canonical pathway genesets collection

(c2.cp.v7.2, Broad Institute) by using 1000 genesets permutations. Only genesets with FDR < 0.05

were considered. Readcount values were loaded into R (v3.6.3) for statistical analysis and the heatmap

function was used to perform hierarchical clustering analysis and for data representation.

Quantitative polymerase chain reaction (qPCR)

Total RNAs (100 ng) was reverse transcribed to cDNA using a High-Capacity cDNA Reverse

Transcription kit (4368814; Life Technologies, Carlsbad, CA). Quantitative PCR was performed using

TaqMan fast advanced master mix (4444553; Applied Biosystems, Foster City, CA) and gene TaqMan

probe sets to detect gene expression (**Table S1**). The expression levels of target genes were normalized

to the levels of rat beta-actin (Rn00821065_g1) or human GAPDH (Hs99999905_m1). Subsequently,

the ΔΔCt method was used to evaluate relative expression level (fold change) in each condition versus

the corresponding control condition.

Cell culture

Telomerase-immortalized human microvascular endothelial cell (TIME; CRL-4025™) and primary

human retinal microvascular endothelial cell (HRMEC; ACBRI 181V) were purchased from American

Type Culture Collection (ATCC; Manassas, VA) and Cell Systems (Kirkland, WA). Endothelial cells

were cultured in EBM^{TM} Plus Basal Medium supplied with EGM^{TM} Plus SingleQuots^{TM} supplements

(CC-5035; Lonza, Basel, Switzerland). All cell lines were maintained in a humidified incubator at

37°C and 5% CO_2. Cell lines were mycoplasma free tested by MycoAlert™ Mycoplasma Detection

Kit (LT07; Lonza).

Western blotting

A standard immunoblotting protocol was used. Briefly, protein was extracted from cells or retinas with

Pierce RIPA buffer (89900; Life Technologies) supplied with protease inhibitor cocktail

(11697498001; Roche Diagnostics, Basel, Switzerland). Equal amounts of cell lysates from different

groups were subjected to Western blotting analysis with specific antibodies against IκB, phospho-

NFκB p65, NFκB p65, phospho-p44/42 MAPK (Erk1/2), p44/42 MAPK (Erk1/2), phospho-TAK1,

TAK1, phospho-SAPK/JNK, SAPK/JNK, phospho-p38 MAPK, p38 MAPK (4814, 3033, 4764, 9101,

4695, 9339, 4505, 9255, 9252, 9211, 8690, respectively; Cell Signaling), and β-actin (MAB1501;

Merck Millipore, Burlington, MA). The quantitative densitometry was analyzed using Image Pro Plus

software (Media Cybernetics, Rockville, MA).

Aortic ring assay

The aortic ring assay was performed as previously described (*57*). Briefly, aortae were removed from

euthanized C57BL/6 mice and immediately transferred to a culture dish containing ice-cold

EBM™ Plus Basal Medium supplied with EGM™ Plus SingleQuots™ supplements (Lonza).

Peripheral fibroadipose tissue was carefully removed. Aortae were sectioned into rings ~1 mm in width.

Each aortic ring was placed in an individual well covered with 120 µl Matrigel™ Basement Membrane

Matrix and immersed in 200 µl complete medium with or without 5Z-7-oxozeaenol (1 µM, Tocris

Bioscience, Bristol, UK) for 9 days in a 48-well plate. The medium was refreshed and 5Z-7-oxozeaenol

was replenished every 3 days. Images of individual explants were taken from day 0 to day 9.

Neovascular sprouting area was quantified with Adobe Photoshop Elements 13.

Cell viability assay

Cell viability was measured by colorimetric 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-2H-tetrazolium

bromide (MTT) (M2128; Sigma-Aldrich, St Louis, MI) assay. Briefly, TIMEs or HRMECs were

seeded into 96-well plates at a density of 5×10^3 per well. Cells were treated with 5Z-7-oxozeaenol (1

µM) in the presence or absence of TNF-α (10 ng/ml) for 48 hours on the following day. Cells were

then treated with 10 µl MTT (5.5 mg/ml) and incubated for 1 hour. After removal of the medium, cells

were lysed in 100 µl DMSO (D8418; Sigma-Aldrich) and absorbance values were measured using a

Spark® Multimode Microplate Reader at 550 nm (Tecan; Männedorf, Switzerland).

Cell migration assay

TIMEs or HRMECs were seeded at a density of 4×10^4/well in a 96-well plate. A wound to the cell

monolayer was made using an Incucyte® 96-well WoundMaker Tool (4563; Incucyte, Ann Arbor, MI),

creating an incision-like gap. After removing debris-containing medium, cells were washed with 100

µl PBS. Cells were then exposed to 5Z-7-oxozeaenol (1 µM) with or without TNF-α (10 ng/ml) in 100

µl serum/growth factor-free medium containing VEGF (20ng/ml) (293-VE-010; R&D Systems,

Minneapolis, MN). The scratch area was photographed using an Incucyte® Live-Cell Imaging and

Analysis System (Incucyte) immediately after wounding (0 hour) and 16 hours post-wounding. The

scratch area was quantified using ImageJ version 1.48 software (http://imagej.nih.gov/ij/). Cell

migration was expressed as a percentage of closure of the scratch area: (scratch area at 0 hour - scratch

area at 16 hour) / scratch area at 0 hour × 100%.

Endothelial tube formation assay

Endothelial tube formation was quantified as previously described (*58*). In brief, TIMEs or HRMECs

were seeded at a density of 2×10^5/well in a 6-well plate. Cells were then pre-treated with 5Z-7-

oxozeaenol (1 µM) for 0.5 hours followed by TNF-α (10 ng/ml) treatment for 24 hours. A 96-well

plate was pre-coated with 50 µl Matrigel™ Basement Membrane Matrix (356234; Corning) and

incubated at 37°C for at least 15 minutes to allow Matrigel polymerization. Conditioned endothelial

cells were trypsinized and seeded at a density of 3×10^4 in pre-coated 96-well plates in 100 µl

serum/growth factor-free medium containing VEGF (20ng/ml). Each condition was tested with three

replicates. Images were photographed using an Incucyte® Live-Cell Imaging and Analysis System at

defined time points. Endothelial mesh numbers were quantified by the ImageJ (version 1.48) installed

with Angiogenesis Analyzer Plugin.

Animals

Pregnant Sprague-Dawley rats (female, 12-14 weeks old) and Brown Norway rats (male, 12 weeks

old) were supplied by the Animal Resources Centre (Murdoch, WA, Australia) and Cambridge Farm

Facility of the University of Tasmania (Cambridge, TAS, Australia). Animals were housed in standard

cages with a temperature/humidity-controlled and a 12-hour light (50 lux illumination)/12-hour dark

(<10 lux illumination) cycle environment. Food and water were available *ad libitum*. All animal

experiments were conducted in accordance with guidelines of the ARVO Statement for the Use of

Animals in Ophthalmic and Vision Research and were approved by the Animal Ethics Committees of

St Vincent's Hospital (004/16), the University of Melbourne (13-044UM), and the University of

Tasmania (A0017311). Rats were randomly allocated to treatment groups such that littermates were

distributed equally between groups.

Rat model of oxygen-induced retinopathy and intravitreal injection of 5Z-7-oxozeaenol

The oxygen-induced retinopathy model was induced in rats as previously described (*59*). Briefly,

Sprague-Dawley litters (within 12 hours of birth; P0) and their nursing mothers were exposed to daily

cycles of 80% O_2 for 21 hours and room air for 3 hours in a custom-built and humidity-controlled (<

80%) chamber until P14. At P14 animals were returned to room air until P16 or P18, when they were

sacrificed to harvest retinae. An ProOx 110 oxygen controller (BioSpherix; Parish, NY) was used to

regulate and monitor the oxygen level. At P14, intravitreal injections were performed to administer

5Z-7-oxozeaenol visualizing with a microsurgical microscope. Under surface anesthesia, a puncture

in the superior temporal quadrant of the limbus was made by a 30-gauge needle. A hand-pulled glass

micropipette (Bio-Strategy, Australia) connected to a 10 µl Hamilton syringe (Hamilton Company,

Reno, NV) was inserted into the vitreous cavity, and one microliter of balanced salt solution containing

1% DMSO (as vehicle), low (18 ng) or high dose (90 ng) of 5Z-7-oxozeaenol was intravitreally

injected into the eye. For safety evaluation, Brown Norway rats were intravitreally injected with 1 µl

high dose (90 ng) of 5Z-7-oxozeaenol or vehicle. Eyes were excluded from the study if large backflow

after injection or severe hemorrhage were occurred. Electroretinography and optical coherence

tomography imaging evaluation was undertaken 28 days post-intravitreal injection in anesthetized

animals as previously described (*60*).

Immunohistochemistry and vessel quantification

Collection of donor samples was approved by the Human Research Ethics Committee of the Royal

Victorian Eye and Ear Hospital (HREC13/1151H) and carried out in accordance with the approved

guidelines. Post-mortem eye globes were obtained via the Lions Eye Donation Service (Royal

Victorian Eye and Ear Hospital, East Melbourne, VIC, Australia) and processed for paraffin

embedding and sectioning following standard histological procedures. Briefly, donated eyes were

isolated, fixed, and permeabilized. The cross sections were stained with anti-TAK1 (1:100; NBP1-

87819, Novus Biologicals, Littleton, CO) and anti-CD31 (1:25; M0823, DAKO, Jena, Germany)

primary antibody and then with the appropriate secondary antibodies. Images were digitized using a

confocal laser scanning microscope (FV3000; Olympus, Tokyo, Japan).

The rat retinal flat-mount were collected at P18 followed by retina dissection, staining overnight

with isolectin GS-IB$_4$ Alexa Fluor™ 488 conjugate (5 µg/mL; I21411, Life Technologies), anti-TAK1

(1:100; NBP1-87819, Novus Biologicals), or anti-Iba1 (1:300; 019-19741, FUJIFILM Wako

Chemicals, Richmond, VA), and then incubated with the appropriate secondary antibodies. The images

were captured by FV3000 confocal laser scanning microscope. The avascular (vaso-obliteration) and

neovascularized areas were quantified by two blinded assessors using Adobe Photoshop (San Jose,

CA) (*61*). Deep vessel area was analyzed by AngioTool software (National Institutes of Health,

Bethesda, MA) (*62*).

Statistical analysis

All data are expressed as mean ± SEM. Statistical analyses were performed with Graphpad Prism 7

(GraphPad, San Diego, CA) using student t-test for unpaired data, one-way or two-way ANOVA

wherever appropriate followed by Tukey's or Bonferroni's multiple comparisons test. *P* values < 0.05

were considered statistically significant.

Data and resource availability statement

The main datasets generated or analyzed during this study are included here in the article. Retinal RNA

profiles of OIR and control rats have been deposited in Gene Expression Omnibus and are accessible

through GEO Series accession number GSE104588

(https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc= GSE104588). The original Western Blot

images and the details of statistical analysis for this study are available in the supplementary

information. Other original datasets will also be available to the research community upon reasonable

request.

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COMPETING INTERESTS

The authors have declared that no competing interest exists.

AUTHOR CONTRIBUTIONS

Conceptualization- F-L.L., J-H.W., P.vW., G.J.D., G-S.L. Methodology- F-L.L., C.M., J-H.W., B.V.B., P.vW., G-S.L. Formal Analysis- F-L.L., J-H.W., J.C., R.C.B.W., B.V.B., G-S.L. Investigation- F-L.L., J-H.W., J.C., L.Z., Y-F.C., L.T., C.M., S.L., D.L., C-L.T., B.V.B. Resources- R.C.B.W., A.W.H., C-L.T., G.J.D., P-Y.W., G-S.L. Data Curation- F-L.L., J-H.W., J.C., G-S.L. Writing (Original Draft)- F-L.L., J-H.W., G-S.L. Writing (Review & Editing)- J.C., C.M., R.C.B.W., B.V.B., P.vW., G.J.D., P-Y.W. Project Administration- F-L.L., J-H.W., G-S.L. Funding Acquisition- L.T., G.J.D., P-Y.W., G-S.L. Project Supervision- G.S.L.

589 **TABLE**

590 **Table 1** Effects on selected major biological functions and genes mediated by NFκB signaling in TAK1-KO/TNFα data set compared to TIME

591 WT/TNFα or human proliferative diabetic retinopathy data set.

GENE NAME	WT vs WT TNFα (TIME)		TAK1-KO vs TAK1-KO TNFα (TIME)		Control vs PDR (human)	
	log2FoldChange	FDR	log2FoldChange	FDR	log2FoldChange	FDR
Cytokines/chemokines and their modulators						
IL32	2.885075068	8.07E-24	2.43768644	2.60E-08	7.337923821	5.45E-09
EBI3	6.198904072	7.52E-14	3.007982959	0.023249158	NS	NA
IL1B	4.356722201	3.94E-11	ND	NA	6.951689055	0.001062874
CXCL1	1.837107209	7.24E-11	1.706754297	0.023249158	7.247441268	2.79E-08
IL1A	3.298057395	5.17E-10	1.666059481	6.69E-05	NS	NA
IL4I1	4.274123628	1.64E-08	1.97340997	1.70E-05	NS	NA
CCL2	4.79431389	2.35E-08	4.47501059	0.001053927	4.701240948	6.98E-05
CCL5	6.50100412	1.47E-07	0.575490181	NS	6.831728049	3.77E-07
CXCL2	2.68971782	8.93E-07	1.355595731	0.036825723	8.145999314	8.23E-08
CXCL6	3.200455586	1.13E-05	ND	NA	NS	NA
CXCL8	3.400950627	2.62E-05	2.170922901	0.00249688	10.82611594	2.20E-10
CXCL10	9.884759997	6.15E-05	ND	NA	9.751163405	7.68E-08
CXCL11	8.862329366	0.000107195	ND	NA	NS	NA
IL12RB1	2.384477086	0.000159695	2.519724934	0.003026935	NS	NA
IFNGR2	1.067233203	0.000220676	-0.010609023	NS	3.704272794	2.17E-06
CX3CL1	4.934119032	0.000299947	ND	NA	NS	NA
CCL20	5.98071708	0.000308261	ND	NA	NS	NA
LTB	5.023062961	0.000803449	ND	NA	3.438844059	2.36E-05

IL15RA	0.950048019	0.001276256	0.315621103	NS	NS	NA
IL12A	1.681737512	0.030734062	ND	NA	NS	NA
IL15	0.850427352	0.031624223	0.510248295	NS	3.131434431	0.006648566
Cell adhesion molecules						
ICAM1	3.581426072	4.18E-07	1.309385377	0.031159341	8.875807897	3.85E-05
VCAM1	10.39066838	6.70E-07	ND	NA	3.587214659	0.002361912
TNC	1.727069145	5.30E-05	0.434407509	NS	6.13710052	1.36E-06
CD44	0.583552057	1.02E-02	1.03652987	5.69E-07	4.438643898	6.11E-16
NEXN	-1.099912175	1.33E-02	-0.227113467	NS	NS	NA
Stress response						
MX1	3.669808687	5.89E-08	1.314998701	NS	3.098000727	0.000335443
SOD2	3.408334795	0.000224549	0.479507031	NS	2.298829823	0.015254884
PTGS2	1.768472879	0.006173644	0.547609304	NS	7.44888707	1.59E-07
Growth factors, ligands and their modulators						
FSTL3	1.179795988	9.17E-10	0.928605483	1.72E-09	4.291636096	0.002125552
VEGFC	1.727333267	1.06E-09	0.840157924	NS	3.212454719	0.018991682
PDGFB	1.054284963	2.71E-06	0.020068321	NS	5.289508792	0.002421184
SPP1	-1.764501485	3.64E-06	-1.674569805	0.009011623	-2.761477405	0.000452176
CSF1	1.540479441	9.12E-05	0.325643321	NS	4.612793613	0.000377798
VEGFA	0.978149971	0.000290817	0.495025602	0.003932897	NS	NA
BDNF	-0.796191579	0.002934927	-0.746511425	0.016139526	NS	NA
BMP2	1.542956691	0.003265102	0.592970121	NS	2.427699141	0.00010727
TGFBR1	0.700409513	0.021957163	0.313969523	0.035887655	3.884136817	0.000675247
PDGFA	0.705182729	0.045217876	0.310168524	0.018563222	NS	NA
Regulators of apoptosis						

TNFAIP3	2.287391903	3.76E-07	1.956586566	0.001122203	2.58343034	0.020845273
CASP1	1.338748263	0.000195795	0.115336995	NS	5.958734923	6.10E-09
XAF1	8.669201677	0.000965032	ND	NA	NS	NA
TNFAIP8	1.208463108	0.008518801	0.576531682	0.037959056	4.362835999	9.89E-05
BID	0.724938967	0.017590667	0.263745692	0.017317211	3.002199987	3.21E-07
NUAK2	2.334300335	0.022201413	1.522911528	0.000103276	NS	NA

594 NA: Not Available, ND: Not Detected, NS: Not Significant, PDR: Proliferative Diabetic Retinopathy, FDR: False Discovery Rate.

Fig. 1 Characterization of TAK1 expression in patients with retinal neovascularization associated with proliferative diabetic retinopathy in humans.

(A) Single nuclei RNAseq (snRNAseq) characterization of TAK1 (MAP3K7) expression in normal human retina. TAK1 and TAK1-associated proteins (TAB1-3) were expressed in most neural (red) and non-neural (blue) cells in the retina, including cell associated with the retinal vasculature. (B) Characterization of TAK1 expression in the normal human retina. Endothelial cells were labelled with CD31 (red) and counterstained with TAK1 (green) in retinal section. Apart from neural cells, TAK1 expression was also found in vascular endothelial cells, especially in retinal capillaries (3 and 4). Scale bar: 100 µm. (C) Gene-set enrichment analysis (GSEA) indicated that TAK1 upstream pathways including IL1, TNF, TCR, BCR, TLR, TNFR, or TGFβ signaling (Reactome Pathway Database) were positively enriched in retinal samples from patients with retinal neovascularization due to proliferative diabetic retinopathy. Engagement of TAK1-activated NFκB and p38 MAPK pathways and negative impact of on retinal neural functions were also identified. (D) Heatmap illustration of genes involved in TAK1-NFκB and TAK1-p38 MAPK pathways in the retina of eyes with proliferative diabetic retinopathy. GCL: ganglion cell layer; INL: inner nuclear layer; ONL: outer nuclear layer; RPE: retinal pigment epithelium.

Fig. 2 CRISPR/Cas9-mediated TAK1 knockout impaired NFκB and MAPK pathways and downstream pro-inflammatory/pro-angiogenesis gene expressions in human endothelial cells.
(A) Genome of TAK1 (MAP3K7). A sgRNA was designed to target exon 2 of the TAK1 gene. (B) As compared with wild type (WT) TIMEs, genomic DNA sequences revealed a heterogeneous MAP3K7 knockout (KO) (M) and a single homogenous MAP3K7 KO (S) TIMEs were established after CRISPR editing. (C) Sanger sequencing confirmed that MAP3K7 KO (M) TIMEs had mixed indel profiles, and

MAP3K7 KO (S) TIMEs was a single nucleotide insertion, which created as premature Stop Condon

in TAK1 exon 2 region. (D) Western blot characterization of TAK1 knockout in MAP3K7 KO (M)

and MAP3K7 KO (S) TIMEs. (E) Wild type (WT) and TAK1 knockout (TAK1-KO) TIME cells were

stimulated by TNFα (10 ng/ml) for 10 minutes. Activation of TAK1, NFκB p65, IκB, JNK, p38, and

ERK assessed using western blot (n = 3-4). Genetic TAK1 deletion reduced TAK1 expression and

impaired (G) NFκB (NFκB p65 and IκB) and (H) MAPK (p38, JNK, and ERK) signaling in TIME

cells treated with TNFα. All data were expressed as means ± SEM. Statistical analysis was undertaken

with one-way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$,

****$P < 0.0001$.

Fig. 3 TAK1 knockout prevents TNFα-induced inflammatory cascade through the NFκB
pathway in human endothelial cells.

(A) Volcano plots show genes that were significantly changed in both wild type and TAK1-KO TIME
cells when stimulated by TNFα. Red dots refer to genes showing a log2|fold change| > 1 and FDR <
0.05. Labels indicate significantly up-regulated genes in each data set. (B) The Venn diagrams shows
altered genes in WT TNFα (WT TNFα set) and TAK1-KO TNFα transcriptomes (TAK1-KO TNFα
set). The 246 and 110 genes were exclusively up-regulated and down-regulated in WT TNFα set and
not in the TAK1-KO TNFα set. (C) GSEA results showed inflammation-related pathways, such as
NFκB, TNF and IL1 signaling, were positively enriched in cells stimulated by TNFα, while TAK1-
KO suppressed those pathways. (D) TAK1 knockout significantly inhibited expression of *ICAM-1*,
PTGS2, *CXCL8*, and *VEGFA* in cells stimulated by TNFα for 24 hours. Data are shown as means ±
SEM. Statistical analysis was undertaken with one-way ANOVA and Tukey's multiple comparison
test; ***$P < 0.001$, ****$P < 0.0001$.

Fig. 4 Pharmacological inhibition of TAK1 by 5Z-7-oxozeaenol suppressed the NFκB pathway

and expression of related pro-inflammatory/pro-angiogenic genes in human endothelial cells.

(A) TIME cells were pretreated with 5Z-7-oxozeaenol (Oxo) (40, 200 or 1000 nM) for 30 minutes,

followed by TNFα stimulation (10 ng/ml) for 10 minutes. Activation of NFκB signals was detected

using western blot (n = 3). (B) Western blot showed that pharmacological inhibition of TAK1 impairs

the activation of NFκB p65 and degradation of IκB in TIMEs. TIMEs (C) and HRMECs (D) were

pretreated with 5Z-7-oxozeaenol (oxo; 200 or 1000 nM) for 30 minutes, followed by exposure to TNFα

(10 ng/ml) for 24 hours to stimulate proinflammatory/pro-angiogenesis gene expression. qPCR

revealed that inhibition of TAK1 suppressed TNFα induced *ICAM-1*, *PTGS2* and *CXCL8* (but not

VEGFA) expressions in a dose-dependent manner (n = 3-5; technical duplicate from each biological

repeat was shown as separated dot plot). All data are shown as means ± SEM. Statistical analysis was

undertaken with one-way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **$P < 0.01$, ***P

< 0.001, ****$P < 0.0001$.

Fig. 5 TAK1 inhibition by 5Z-7-oxozeaenol attenuated angiogenesis in mouse tissues *ex vivo* and human endothelial cells *in vitro*.

(A) Endothelial cell sprouting assay performed in the presence or absence of the TAK1 inhibitor 5Z-7-oxozeaenol (Oxo) and the corresponding quantification of sprouting area at day 3 and day 9. Representative images were taken at day 9. Statistical analysis was undertaken with two-way ANOVA and Bonferroni's multiple comparisons test. (B-C) After pre-treatment with 5Z-7-oxozeaenol (oxo; 1 µM) in the presence or absence of TNFα (10 ng/ml) for 48 hours, MTT assay was performed to quantify cell viability. TAK1 inhibition by 5Z-7-oxozeaenol reduced cell viability in (B) TIMEs and (C) HRMECs (n = 3). Technical triplicate from each biological repeat was shown as separated dot plot. (D) After exposure to 5Z-7-oxozeaenol (1 µM) with or without TNFα (10 ng/ml), a wound healing assay was performed to evaluate migration activity in TIMEs. Representative images were taken after wounding (or scraping cells, 0 hr) and at 16 hours (16 hr) post-wounding. Quantitative analysis of cell

migration assay was characterized by wound closure (n = 5). (E) With same pre-treatment as Fig. 5D,

migration assay was performed in HRMECs (n = 4). (F) After exposing to 5Z-7-oxozeaenol (1 μM)

with or without TNFα (10 ng/ml) for 24 hours, tube formation assay was performed (n = 5).

Representative images were taken 6 hours post tube formation. Quantitative analysis was characterized

by mesh number. (G) With same pre-treatment as Fig. 5F, tube formation assay was performed in

HRMECs (n = 5). Group data are shown as means ± SEM. Statistical analysis was undertaken with

one-way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$, ****P

< 0.0001.

Fig. 6 Involvement of TAK1 in pathological retinal angiogenesis in a rat model of retinopathy.
(A) Schematic diagram of the Sprague-Dawley rat model of oxygen-induced retinopathy (OIR).
Neonatal rats were exposed to 80% of oxygen for 21 hours each day from postnatal day 0 (P0) to P14.
Rats were returned to room air from P14 to P18. Vessel loss was induced during oxygen exposure and
retinal angiogenesis could be induced after rats returned to room air. (B) qPCR analysis of *TAK1*
expression in OIR at P18 as compared with the normoxia group (n = 6-7). (C) Western blot analysis
of TAK1 expression in OIR at P18 compared with normoxia group (n = 10-12). Representative
immunoblotting from 4 independent samples were shown for normoxia (lanes 1-4) and OIR group
(lanes 5-8). (D) Immunobiological staining indicated expression of TAK1 in the pathological vessel.
Vasculature were visualized by IB4 labelling (green) and counterstained with TAK1 (red) in retinal
whole mount. Scale bar: 100 μm. (E) GSEA indicated that most of TAK1 upstream pathways including
TNF, IL1, TCR, BCR, TLR, and VEGF pathways (from Reactome Pathway Database) were positively
enriched in OIR at P18. Group data are shown as means ± SEM. Statistical analysis was undertaken
with two-tailed unpaired t-test; ***$P < 0.001$, ****$P < 0.0001$.

Fig. 7 TAK1 Inhibition by 5Z-7-oxozeaenol suppressed retinal angiogenesis in OIR rats.

(A) Experimental protocol for 5Z-7-oxozeaenol treatment in the OIR rat model. A single intravitreal

injection of vehicle, low (18 ng) or high (90 ng) dose of 5Z-7-oxozeaenol was given to Sprague-

Dawley OIR rats at P14, followed by quantitative analysis of retinal neovascularization of flat mounted

retinae at P18. (B) Retinal neovascularization is highlighted in white, and insets show selected areas

at high magnification. Arrowheads indicated vessel tufts. Retinal neovascularization was quantified

from 10 individual retinas per group. Scale bar: 500 μm. (C) Vaso-obliteration was simultaneously

evaluated with the same samples analyzed in Fig. 7B. The white areas represent the avascular area in

the retina. No significant difference was observed between groups (n = 10). Scale bar: 1 mm. (D)

Vessel area of superficial and deep vascular layers was quantified in P18 control (n = 4) and OIR rats

following a single intravitreal injection of vehicle, low or high dose of 5Z-7-oxozeaenol at P14 (n = 5

each group). Scale bar: 100 μm. Group data are shown as means ± SEM. Statistical analysis was

undertaken with one-way ANOVA and Tukey's multiple comparison test; ****$P < 0.0001$.

Fig. 8 TAK1 inhibition by 5Z-7-oxozeaenol inhibited the adhesion of microglia to vessels and

inflammatory gene expression in OIR.

(A) Representative images of microglial adhesion to the vascular surface in a retina from a P18 control

rat and P18 OIR rats that had a single intravitreal injection of vehicle, low or high dose of 5Z-7-

oxozeaenol (Oxo) at P14. Vessels were visualized with IB4 staining (green), and distribution of

microglia was immunolabeled with Iba-1 (red). Scale bar: 50 μm. (B) Quantitative analysis of

microglial number relative to retinal vessel area in vehicle or 5Z-7-oxozeaenol treated OIR rats at

726   P18. (C) Intravitreal injection of 5Z-7-oxozeaenol in OIR rats at P14 inhibited proinflammatory (*TNFα*
727   and *ICAM-1*) and pro-angiogenesis (*VEGFA*) gene expression at P16 (n = 5-7). Group data are shown
728   as means ± SEM. Statistical analysis was undertaken with one-way ANOVA and Tukey's multiple
729   comparison test; *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$, ****$P < 0.0001$.
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     SUPPLEMENTARY MATERIALS

917   **SUPPLEMENTARY TABLE**

918   **Table S1. Key Resources table**

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
IκBα (L35A5) mouse mAb	Cell Signaling Technology	4814
Phospho-NFκB p65 (Ser536) (93H1) rabbit mAb	Cell Signaling Technology	3033
NFκB p65 (C22B4) rabbit mAb	Cell Signaling Technology	4764
Phospho-p44/42 MAPK (Erk1/2) (Thr202/Tyr204) rabbit pAb	Cell Signaling Technology	9101
p44/42 MAPK (Erk1/2) (137F5) rabbit mAb	Cell Signaling Technology	4695
Phospho-TAK1 (Ser412) rabbit pAb	Cell Signaling Technology	9339
TAK1 rabbit pAb	Cell Signaling Technology	4505
Phospho-SAPK/JNK (Thr183/Tyr185) (G9) mouse mAb	Cell Signaling Technology	9255
SAPK/JNK rabbit pAb	Cell Signaling Technology	9252
Phospho-p38 MAPK (Thr180/Tyr182) rabbit pAb	Cell Signaling Technology	9211
p38 MAPK (D13E1) XP® rabbit mAb	Cell Signaling Technology	8690
Actin (clone C4) mouse mAb	Merck Millipore	MAB1501
TAK1 rabbit pAb	Novus Biologicals	NBP1-87819
Human CD31 mouse mAb	DAKO	M0823
Iba1 rabbit pAb	FUJIFILM Wako Chemicals	019-19741
Isolectin GS-IB4 from Griffonia simplicifolia, Alexa Fluor™ 488 conjugate	Life Technologies Australia	I21411
Goat anti-mouse IgG HRP-conjugated secondary Ab	Merck Millipore	12-349

Goat anti-rabbit Alexa Fluor 488 plus secondary Ab	Invitrogen	A32731
Goat anti-mouse Alexa Fluor 594 plus secondary Ab	Invitrogen	A32742
NucBlue™ Reagent (Hoechst 33342)	Life Technologies Australia	R37605
Chemicals		
5Z-7-oxozeaenol	Tocris Bioscience	3604/1
3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-2H-tetrazolium bromide (MTT)	Sigma-Aldrich	M2128
DMSO	Sigma-Aldrich	D8418
Sodium citrate dihydrate	Sigma-Aldrich	W302600
Triton X100	Sigma-Aldrich	T8787
Ampicillin	Sigma-Aldrich	A0166
Polybrene	Sigma-Aldrich	H9268
Puromycin	Sigma-Aldrich	P8833
Agarose	Sigma-Aldrich	A6361
Critical Commercial Assays		
Pierce™ BCA assay kit	Life Technologies Australia	23227
Amersham ECL Prime Western Blotting Detection Kit	GE Healthcare	RPN2232
Q5 Hot Start High-Fidelity 2X Master Mix	New England Biolabs	M0494
High-capacity cDNA reverse transcription Kit	Life Technologies Australia	4368814
TaqMan™ Fast Advanced Master Mix	Life Technologies Australia	4444553
Quick-RNA MiniPrep kit	Zymo Research	R1055
Agencourt CleanSeq Kit	Beckman Coulter	A29151
ZymoPURE Plasmid Miniprep Kit	Zymo Research	D4210
Quick-DNA Microprep Kit	Zymo Research	D3021
Experimental Models: Cell Lines		
Telomerase-immortalized human microvascular endothelial cells (TIMEs)	American Type Culture Collection	ATCC® CRL-4025™
Human retinal microvascular endothelial cells (HRMECs)	Cell Systems	ACBRI 181 V

Human embryonic kidney 293A	Life Technologies Australia	R70507
Human Müller glia cells (MIO-M1)	Institute of Ophthalmology, UCL	n/a
Experimental Models: Organisms/Strains		
Sprague-Dawley rat and C57BL/6 mouse	St Vincent's Hospital	004/16
Brown Norway rat	University of Melbourne	13-044UM
Sprague-Dawley rat	University of Tasmania	A0017311
Oligonucleotides		
TAK1 sgRNA#1 Forward	Integrated DNA Technologies	CACCGTAGACCAACAACGAGTCATC
TAK1 sgRNA#1 Reverse	Integrated DNA Technologies	AAACGATGACTCGTTGTTGGTCTAC
TAK1 sgRNA#2 Forward	Integrated DNA Technologies	CACCGGAGTTGTTTGCAAAGCTAAG
TAK1 sgRNA#2 Reverse	Integrated DNA Technologies	AAACCTTAGCTTTGCAAACAACTCC
TAK1 sgRNA#3 Forward	Integrated DNA Technologies	CACCGGAGGAAAGCGTTTATTGTAG
TAK1 sgRNA#3 Reverse	Integrated DNA Technologies	AAACCTACAATAAACGCTTTCCTCC
TAK1 sgRNA cassettes PCR Forward	Integrated DNA Technologies	TGAGTATTACGGCATGTGAGGGC
TAK1 sgRNA cassettes PCR Reverse	Integrated DNA Technologies	TCAATGTATCTTATCATGTCTGCTCGA
Human MAP3K7 siRNA (Smartpool)	Dharmacon	n/a
Human Control siRNA	Dharmacon	n/a
qPCR Probes		
Rat Map3k7 TaqMan probe	Applied Biosystems	Rn01437015_m1
Rat Tnf alpha TaqMan probe	Applied Biosystems	Rn01525859_g1
Rat Vegf-a TaqMan probe	Applied Biosystems	Rn01511602_m1
Rat Icam-1 TaqMan probe	Applied Biosystems	Rn00564227
Rat Ptgs2 TaqMan probe	Applied Biosystems	Rn01483828_m1
Rat beta actin TaqMan probe	Applied Biosystems	Rn00821065_g1
Human MAP3K7 TaqMan probe	Applied Biosystems	Hs00177373_m1
Human VEGF-A TaqMan probe	Applied Biosystems	Hs00900055_m1

Human ICAM-1 TaqMan probe	Applied Biosystems	Hs00164932_m1
Human VCAM-1 TaqMan probe	Applied Biosystems	Hs01003372_m1
Human CXCL8 TaqMan probe	Applied Biosystems	Hs00174103_m1
Human PTGS2 TaqMan probe	Applied Biosystems	Hs00153133_m1
Human GAPDH TaqMan probe	Applied Biosystems	Hs99999905_m1
Software and Algorithms		
Image Pro Plus	Media Cybernetics	n/a
Incucyte® Live-Cell Imaging and Analysis System	Sartorius	n/a
ImageJ version 1.48	Schneider et al., 2012 https://imagej.nih.gov/ij	n/a
Adobe Photoshop	Adobe. Connor et al., 2009	n/a
AngioTool Software	NIH. Zudaire et al., 2011	n/a
FIJI software	https://fiji.sc/	n/a
Prism 7	GraphPad Software	n/a
R (v4.0.2)	Bioconductor	n/a
Trimgalore (0.4.4)	Babraham Institute	n/a
STAR (2.5.3)	Alexander Dobin	n/a
FeatureCounts (subread 1.6.4)	Liao Y, Smyth GK and Shi W., 2014	n/a
Other		
Pierce RIPA buffer	Life Technologies Australia	89900
Protease inhibitor cocktail	Roche Diagnostics	11697498001
Recombinant Human TNF-α protein	Gibco™	PHC3015
Bolt™ 4-12% Bis-Tris Plus Gel	Invitrogen	NW04120BOX
Immun-Blot® PVDF Membrane	Bio-Rad Laboratories	1620177
Human VEGF protein	R&D Systems	293-VE-010
Matrigel™ Basement Membrane Matrix	Corning	356234
Normal donkey serum	Sigma-Aldrich	D9663
PBS	Gibco™	14190-144
Antibody Diluent	DAKO	S0809
Fluorescence Mounting Medium	DAKO	S3023
BsmBI	New England Biolabs	R0580S

lentiCRISPRv2 plasmid	Addgene	52961
NEB Stable Competent E. coli cells	New England Biolabs	C3040I
pCMV-dR8.91 (plasmid)	RNAiCore; Academia Sinica, Taipei, Taiwan	n/a
pMD2.G (plamid)	Addgene	12259
Lipofectamine 2000	Life Technologies Australia	11668019
0.45μm PDVF syringe filter	Merck Millipore	SLHV033RS
5x PEG-it	System Biosciences	LV810A-1
Opti-MEM	Life Technologies Australia	31985070
EBMTM Plus Basal Medium supplied with EGMTM Plus SingleQuotsTM supplements	Lonza	CC-5035
MycoAlert™ Mycoplasma Detection Kit	Lonza	LT07
Dulbecco's modified Eagle's medium	Life Technologies Australia	11965092
Glutamine	Life Technologies Australia	2503008
Penicillin-streptomycin	Life Technologies Australia	15070063
Fetal bovine serum	Sigma-Aldrich	F9423
TrypLE Express Enzyme (1X)	Life Technologies Australia	12605028

SUPPLEMENTARY METHODS

Generation of TAK1-KO TIME cell line

Three sgRNAs targeting the exonic regions of the human TAK1 gene (**Table S1**) were designed on CHOPCHOP (https://chopchop.cbu.uib.no). The annealed oligos ordered from the Integrated DNA Technologies (IDT; Coralville, Iowa, USA) representing the various sgRNAs were cloned into the BsmBI sites (R0580S; New England Biolabs) of the lentiCRISPRv2 plasmid (52961; Addgene). The plasmid was validated by Sanger sequencing with 3500 Series Genetic Analyzers (Thermo Fisher Scientific; Waltham, MA). HEK293FT cells (R70007; Life Technologies) were plated at 1×10^7 cells per T75 flask one day prior to transfection. Lentivirus was made by co-transfecting lentiCRISPRv2 (15µg), pCMV Δ8.91 (15µg) and pMDG plasmids (1.5µg) (RNAiCore; Academia Sinica, Taipei, Taiwan) in HEK293FT cells using Lipofectamine 2000 (11668019; Life Technologies). Media was changed 5 hours post transfection. The virus-containing media was harvested and filtered through a 0.45 µm PDVF syringe filter (SLHV033RS; Merck Millipore) to remove cell debris 48 hours post transfection. Lentivirus aliquots were precipitated by 5x PEG-it (LV810A-1; System Biosciences) at 4°C overnight and centrifugated at 1500g at 4°C for 30 minutes. After discarding the supernatant, the lentivirus were resuspend within opti-MEM ready for use. Wild type TIME cells (7.5×10^5) were plated at T75 flask before transduction. When grow to 50% confluence, cells were transduced by TAK1 sgRNA lentiCRISPRv2 lentivirus with polybrene (8µg/mL) (H9268; Sigma-Aldrich) for 72 hours. Medium containing 0.5 µg/mL puromycin (P8833; Sigma-Aldrich) was then replaced for another 72 hours to select stable clones which were subsequently cultured as the stable TAK1 KO cell lines.

Single colony selection of TAK1-KO cell line

Once the selected TAK1 KO cell lines reached 80% confluence, cells were trypsinized from the stable cell pool using TrypLE Express Enzyme (1X) (12605028; Life Technologies) to break up any clumps into individual cells. TAK1-KO cells were then diluted to a density of 5 cells/mL and resuspended with 100 ul placed in each well in 96-well plate. After expanding for 7-14 days, colonies of single cells were subsequently cultured as the single colony selected TAK1-KO cell line in culture dishes by trypsinization.

Identification of TAK1 indels in TAK1-KO line

Genomic DNA was isolated from wild type and TAK1-KO TIME cell lines using Quick-DNA Microprep Kit (D3021; Zymo Research) according to the manual. Extracted genomic DNA was used as a PCR template to amplify the target of the TAK1 sgRNA using sequence specific primers (**Table S1**). Briefly, PCR reactions were made up to 25 µL comprising 12.5 µL Q5 Hot Start High-Fidelity

2X Master Mix (M0494; New England Biolabs), 1.25 µL of forward and reverse primers and the

diluted gDNA, under thermocycling conditions of 98°C initial denaturation for 30 seconds, and 30

cycles of 98°C denaturation for 10 seconds, 65°C annealing for 30 seconds, and 72°C extension for 30

seconds with a 72°C final extension for 2 minutes. The PCR amplification product was validated using

electrophoresis using 1% agarose gel (A6361; Sigma-Aldrich). The gDNA was then cleaned by using

a Quick-DNA Microprep Kit (D3021; Zymo Research). Following the first-round of PCR

amplification, a second round of sequencing PCR was performed. The second-round PCR products

were subsequently purified using Agencourt CleanSeq Kit (A29151; Beckman Coulter). The PCR

samples were denatured at 98°C for 5 minutes and sequenced by Sanger sequencing.

Electroretinography (ERG) in rat

Rats were dark-adapted overnight prior to the ERG assessment under fully dark-adapted conditions.

Details for functional assessment are as previously described (*63*). Briefly, a pair of custom-made

chloride silver active and ring-shaped reference electrodes (99.9%, A&E Metal Merchants, Sydney,

NSW, AU), connected to platinum leads (F-E-30, Grass Telefactor, West Warwick, RI), was place on

the central cornea and around the sclera, respectively. A stainless-steel needle electrode (F-E2-30,

Grass Telefactor) was inserted subcutaneously into the tail of the animal to act as the ground.

Measurements were recorded simultaneously for both eyes. ERG analysis was undertaken as

previously described to return measures for three major waveforms, which are known to reflects the

function of key retinal cells, specifically photoreceptors (a-wave), bipolar cells (b-wave), and ganglion

cells (scotopic threshold response, STR).

Spectral-domain optical coherence tomography (OCT) in rat

Following ERG measurement, rat eyes were imaged using Envisu R2200 VHR spectral domain-OCT

(Bioptigen, Inc., Morrisville, NC, USA). Volume scans consisting of 1000 A-scans per 100 B-scans

(100 horizontal B-scans evenly spaced in the 1.4 mm vertical dimension) centered on the optic nerve

head (ONH; 1.4 × 1.4 × 1.57 mm) were obtained from both eyes. Four B-scans that crossed the ONH

were analyzed using FIJI software (https://fiji.sc/). In each B-scan the inner limiting membrane, retinal

nerve fiber layer, inner plexiform layer and Bruch's membrane were manually segmented by a masked

observer as previously described (*63*). Total retinal thickness was measured from the inner limiting to

Bruch's membrane. Retinal nerve fiber layer thickness was measured from the inner limiting

membrane to the inner aspect of the inner plexiform layer. Outer retinal thickness was measured from

Bruch's membrane to the outer plexiform layer.

SUPPLEMENTARY FIGURES

Fig. S1 Uniform Manifold Approximation and Projection (UMAP) clustering of the integrated datasets

from snRNA-seq data (A) representing the expressions of TAK1 (MAP3K7) and TAK1-associated

proteins (TAB1-3) in identified retinal and non-retinal cellular clusters (B).

Fig. S2 Gene set enrichment analysis (GSEA) revealed positive enrichment of TAK1 upstream pathways in retinae from patients with retinal neovascularization due to proliferative diabetic retinopathy. Gene set database includes Biocarta, Pathway Interaction Database (PID), Kyoto Encyclopedia of Genes and Genomes (KEGG) and WikiPathways (WP).

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1003 **Fig. S3** (A) Readcounts of selected genes related to TAK1 in retinae from normal control and patients

1004 with retinal neovascularization due to diabetic retinopathy. (B) Positively enriched gene sets identified

1005 by the GSEA in the gene sets collection for canonical pathways. False discovery rate (FDR) was set at

1006 a q value <0.05.

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1010　**Fig. S4** (A) Volcano plots showing genes were significantly different between wild type and TAK1-

1011　KO TIME cells. Red dots refer to genes showing a log2|fold change| > 1 and FDR < 0.05. Labels

1012　indicate the significantly up-regulated genes in each data set. (B) Heat map showing all the genes that

1013　were different between wild type (WT) and TAK1-KO TIME cells (n=4). (C) GSEA revealed that

1014　TAK1-KO led to deficient immune response in TIME cells.

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1016   **Fig. S5** (A) Principal components analysis of RNA-seq data of wild type cells, wild type cells treated

1017   with TNFα, TAK1-KO cells, and TAK1-KO cells treated with TNFα. Each dot represents an

1018   experimental replicate. (B) Heat map showing all differentially expressed genes between wild type

1019   TIME cells and wild type (WT) TIME cells treated with TNFα. (C) Heat map showed all differentially

1020   expressed genes between TAK1-KO TIME cells and TAK1-KO TIME cells treated with TNFα.

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1022 **Fig. S6** (A) Gene Ontology revealed biological processes affected by TAK1-KO in TIME cells

1023 stimulated by TNFα treatment. (B) Gene Ontology revealed molecular functions affected by TAK1-

1024 KO in TIME cells stimulated by TNFα treatment.

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1026 **Fig. S7** Heat map generated from unsupervised clustering of cytokines/chemokines genes and their

1027 modulators, a function category of NFκB targets (FDR < 0.05).

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Growth factors, ligands, and their modulators

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1031   **Fig. S8** Heat map generated from unsupervised clustering of genes in the growth factors, ligands, and

1032   their modulators, a functional category of NFκB targets (FDR < 0.05).

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1036   **Fig. S9** Heat map generated from unsupervised clustering of genes in the cell adhesion molecules, a

1037   functional category of NFκB targets (FDR < 0.05).

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1041 **Fig. S10** Heat map generated from unsupervised clustering of genes in the stress response, a functional

1042 category of NFκB targets (FDR < 0.05).

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1046 **Fig. S11** Heat map generated from unsupervised clustering of genes in the regulators of apoptosis, a

1047 functional category of NFκB targets (FDR < 0.05).

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1051 **Fig. S12** qPCR results showing that TAK1-KO suppressed *ICAM-1*, *PTGS2* and *CXCL8* but *VEGFA*

1052 expression in TIME cells driven by IL1β stimulation for 24 hours (n=4; technical duplicate from each

1053 biological repeat was shown as separated dot plot). All data are shown as means ± SEM. Statistical

1054 analysis was undertaken with one-way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **P

1055 < 0.01, ***$P < 0.001$, ****$P < 0.0001$.

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Fig. S13 *TAK1* knockdown by siRNA reduced the expression of proinflammatory and pro-angiogenic genes in human endothelial cells but not human Muller cells. (A) *TAK1* expression was compared in wild type, TAK1 knockdown by siRNA targeting TAK1 (siTAK1) TIME cells and those cells treated with TNFα, using qPCR (each dot represents a biological repeat). (B) Western blot analysis of TAK1 knockdown by siTAK1 in TIMEs. (C-D) Under the same treatment conditions as Fig. S13A, *TAK1* expression was compared in HRMEC and Müller cells using qPCR. (E-G) Expression of *ICAM-1, PTGS2, CXCL8 and VEGF* was compared in TIMEs, HRMECs and Müller cells. All data are shown as means ± SEM. Statistical analysis was undertaken with one-way ANOVA and Tukey's multiple comparison test; $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $****P < 0.0001$.

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Fig. S14 Pharmacological inhibition of TAK1 by 5Z-7-oxozeaenol (Oxo) suppressed MAPK pathways

in TIMEs. (A) TIME cells were pretreated with 5Z-7-oxozeaenol (Oxo) (40, 200 or 1000 nM) for 30

minutes, followed by TNFα stimulation (10 ng/ml) for 10 minutes. Activation of ERK, JNK, and p38

was assessed by western blot (n = 3). (B-D) Western blot showed that pharmacological inhibition of

MAPK (ERK, JNK and p38) activation in TIMEs. All data are shown as means ± SEM. Statistical

analysis was undertaken with one-way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **P

< 0.01, ***$P < 0.001$, ****$P < 0.0001$.

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1081   **Fig. S15** qPCR results revealed that Pharmacological inhibition of TAK1 by 5Z-7-oxozeaenol (Oxo)

1082   suppressed *ICAM-1*, *PTGS2*, *CXCL8* and *VEGFA* in HRMECs stimulated with IL1β in a dose-

1083   dependent manner. All data are shown as means ± SEM. Statistical analysis was undertaken with one-

1084   way ANOVA and Tukey's multiple comparison test; *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$, ****$P <$

1085   0.0001.

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Fig. S16 Gene-set enrichment analysis from multiple databases indicated the positive impact of TAK1

upstream pathways in rat OIR retinas. Genome-wide transcriptional analysis of rat OIR retina samples

indicated the differential gene expression associated with positive impact in TAK1 upstream pathways.

Biocarta, Pathway Interaction Database (PID), Kyoto Encyclopedia of Genes and Genomes (KEGG),

and WikiPathways (WP) gene sets were used in GSEA.

Neovascular area

Fig. S17 Uncropped retinal flat mounts. The region indicated by the dashed line was used to show retinal neovascularization (highlighted in white) in Fig. 7C. Oxo: 5Z-7-oxozeaenol. Scale bar: 1 mm.

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1102 **Fig. S18** Inhibition of TAK1 did not cause retinal vessel remodeling. Retinal flat mount was labelled

1103 with IB4 28 days after a single intravitreal injection of vehicle, low (18 ng) or high (90 ng) dose of 5Z-

1104 7-oxozeaenol (Oxo) in normoxic rats to examine drug effects on normal retinal vasculature. Scale bar:

1105 1 mm.

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Fig. S19 Effect of 5Z-7-oxozeaenol (Oxo) on *in vivo* retinal structure and function. ERG and OCT were performed 28 days after intravitreal injection of 5Z-7-oxozeaenol (90 ng) in normoxia Brown Norway rats. No difference was observed between the vehicle- (black traces) and 5Z-7-oxozeaenol-injected (red traces) eyes in terms of the average amacrine cell oscillatory potentials (A) photoreceptoral and bipolar cell responses (B) or ganglion cell responses (C) in 5Z-7-oxozeaenol-

injected eyes (n=11, red traces) and corresponding vehicle-injected eyes (n=12, black traces). Group average (± SEM) photoreceptor (D. P=0.71) bipolar cell (E. $P = 0.63$) and ganglion cell (F, P=0.41). Response amplitude were not different between 5Z-7-oxozeaenol-injected eyes and corresponding vehicle-injected eyes. (G) Representative OCT images from a 5Z-7-oxozeaenol- and vehicle-injected eye. (H) Total retinal thickness (TRT), outer retina, and retinal nerve fiber layer (RNFL) thickness were not different between groups (P=0.0639 of TRT, P=0.0502 of outer retina, P=0.064 of RNFL). All data are shown expressed as means ± SEM. Statistical analysis was undertaken with two-tailed Student's t-test.