Perturbation of ATP6V0A1 as a Driver and Druggable Target for Renal Proximal Tubular

Cellular Injury in Nephropathic Cystinosis

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Abstract

Understanding the unique susceptibility of the human kidney to pH dysfunction and injury in cystinosis is paramount to develop new therapies to preserve renal function. Renal proximal tubular epithelial cells (RPTECs) and fibroblasts, isolated from patients with cystinosis were transcriptionally profiled. Lysosomal fractionation, immunoblotting, confocal microscopy, intracellular pH, TEM, mitochondrial stress test, and membrane integrity assays were performed for validation. CRISPR, $CTNS^{-/-}$ RPTECs were generated. A new compound, Astaxanthin (ATX), was evaluated for rescue of the $CTNS^{-/-}$ phenotype. Alterations in cell stress, pH, autophagic turnover, and mitochondrial energetics, highlighted key changes in the vacuolar (V)-ATPases in patient derived and $CTNS^{-/-}$ RPTECs. ATP6V0A1 was significantly downregulated in cystinosis and highly co-regulated with loss of $CTNS$. Overexpression of ATP6V0A1 rescued cell stress and mitochondrial function. Treatment of $CTNS^{-/-}$ RPTECs with ATX, induced ATP6V0A1 expression and the resulting rescue of the RPTE cell and mitochondrial injury.

In conclusion, our exploratory transcriptional and in vitro cellular and functional studies confirm that loss of cystinosin in RPTEC, results in a reduction in ATP6V0A1 expression, with changes in intracellular pH, mitochondrial integrity, mitochondrial function, and autophagosome-lysosome clearance. ATX can rescue the cystinotic RPTEC injury, at least partially mediated by upregulating ATP6V0A1 expression. The availability of ATX as a well-tolerated oral supplement, offers its further clinical evaluation as a potential novel therapeutic to limit renal tubular injury in cystinosis, independent of cysteine depletion alone.

INTRODUCTION

Lysosomal storage diseases (LSD) form a significant subgroup of inherited metabolic disorders (1-4), with an incidence of more than 1:5,000 live births (3). Cystinosis is a rare autosomal recessive LSD, caused by mutations in the *CTNS* gene, encoding lysosomal membrane transporter cystinosin (5). Deficiency of cystinosin results in lysosomal cystine accumulation and cystine crystal formation in virtually all tissues and organs (6). The kidney is the first organ affected functionally, despite lysosomal cystine loading in multiple tissues and organ systems. Based on severity and age at onset of renal injury, cystinosis is phenotypically classified into nephropathic/infantile (OMIM219800)(7), juvenile (OMIM 219900)(8) and ocular (OMIM 219750)(9). The most severe form is nephropathic/infantile cystinosis, characterized by the development of renal Fanconi syndrome and glomerular dysfunction, resulting in end-stage renal disease (ESRD) by 10 years of age, extendable to the second decade of life with cystine depletion therapy (10, 11). Nevertheless, persistent Fanconi and progressive renal failure remains a reality for these patients, despite robust adherence with cystine depletion therapies (12). These observations suggest that cystinosin or other key molecular perturbations impact renal tubular integrity and function besides cystine transport (13).

Though associative functional roles for cystinosin have been identified, including mammalian target of rapamycin (mTOR) signaling (14-16), defective autophagy, flawed clearance of damaged mitochondria by disrupted mitophagy (17, 18), lysosomal biogenesis (19), abnormal tight junction-associated signaling (17), vesicular transport defects, and increased endoplasmic reticulum (ER) stress (20), the underlying drivers for these injuries have not been well identified, resulting in a paucity of new therapies to improve outcomes in nephropathic cystinosis. Furthermore, we and others have shown that renal biopsies from patients with nephropathic cystinosis reveal morphologically abnormal mitochondria and mitophagy with autophagic vacuoles, reduced mitochondrial numbers (18, 21), increased ROS production (17) and reduced lysosomal enzyme activity (22).

We hypothesized that defective lysosomal clearance may be a pivotal cause of the altered function of

renal proximal tubular epithelial cells (RPTECs). Given lysosomes ubiquitous presence in all tissues and

organ-systems, we hypothesized that a comparison of transcriptional profiles of renal and extra-renal

tissues from patients with nephropathic cystinosis would shed light on the unique lysosomal changes in

the human kidney responsible for both the renal tubular injury in Fanconi and the progressive renal

tubular injury resulting in ESRD. With this in mind, we investigated whole-genome expression profiles in

paired RPTECs (21, 23) (isolated from patient urine samples) and fibroblasts (21) (isolated from the same

patient skin biopsies) from cystinosis patients and healthy age- and gender-matched controls. We

identified dysregulation of the V-ATPase multigene family, specifically ATP6V0A1, only in cystinotic

RPTECs and not normal RPTECs and fibroblasts or cystinotic fibroblasts. To further study the structural

and functional consequences of ATP6V0A1 deficiency, a CRISPR-mediated CTNS-knock-out (CTNS$^{-/-}$

) immortalized RPTEC line was generated as an *in-vitro* model that mimicked structural and functional

changes seen in patient-derived RPTECs. The CTNS$^{-/-}$ RPTECs also demonstrated

ATP6V0A1 downregulation, resulting in significant functional (loss of acidic lysosomal pH, decreased

autophagic flux, compromised mitochondrial ATP-production) and structural consequences (increased

vacuolization, lack of mitochondrial cristae, reduced number of mitochondria, ER-stress and intracellular

lipid droplet (LD) formation). Further, overexpression of ATP6V0A1 in CTNS$^{-/-}$ RPTECs and treatment

with novel drug ATX that increases production of cellular ATP6V0A1, identified from a custom FDA-

drug database generated by our group, partially rescued the nephropathic RPTEC phenotype (24). ATX is

a xanthophyll carotenoid occurring in a wide variety of organisms. ATX is reported to have the highest

known antioxidant activity (25), and has proven to have various anti-inflammatory, anti-tumoral,

immunomodulatory, anti-cancer, and cytoprotective activities both *in vivo* and *in vitro* (26-29). For the

first time, we utilized ATX to evaluate its potential protective effect against cystinosis-induced lysosomal

and mitochondrial dysfunction. Our findings lead us to believe that ATP6V0A1 not only presents as a

candidate target for therapy, but that ATX has the potential to be repurposed as a treatment for

the renal pathology in nephropathic cystinosis that persists despite current cystine depletion therapies.

RESULTS

Global Transcriptional Changes in Cystinotic RPTEC Affect Lysosomal and Mitochondrial Pathways

Performed genome wide transcriptional profiling of normal and cystinotic RPTECs and skin fibroblasts

with and without CDME (**Figure 2**). The genetic anomaly in cystinosis (mutation of the cystine:proton

transporter) is quite heterogeneous with more than 140 mutations found (13). This heterogeneity affects

the phenotype of the disease quite significantly. With this in mind all 8 patients from whom the cells were

obtained had the same 57kb mutation (30). Normal CDME loaded RPTECs and fibroblasts did not

transcriptionally mimic the cystinotic phenotype suggesting that CDME loading is a poor surrogate *in*

vitro model to study cystinosis tissue injury despite much of earlier research in cystinosis using CDME

loading as an in vitro mimic of RPTEC cystinosis in vivo disease **(Fig. 2B-C). Figure 2B and 2E**

highlight marked transcriptional differences between cystinotic RPTECs and fibroblasts from the same

individual, showing that most of the transcriptional changes, as expected, were tissue specific.

Nevertheless, some overlapping genes are significantly dysregulated in both cystinotic RPTECs (n=1,926;

FDR<0.05) and fibroblasts (n=745; FDR<0.05), with 219 overlapping genes associated with DNA

integrity loss and damage. Further analysis identified that certain molecular pathway were highly enriched

(31) only in the kidney, and 11 significant pathway modules were found to be unique

to cystinotic RPTECs alone (**Figure 2D, 2E**). **Figure 2E** shows cystinotic RPTEC specific pathways,

inclusive of significantly reduced clusterin expression, reported previously by our group (23), and

alterations in nuclear-encoded mitochondrial genes, and multiple V-ATPase genes involved in lysosomal

acidification (32-35) ((hypergeometric enrichment P<0.001). Nine lysosomal v-ATPases were

significantly downregulated in cystinotic RPTECs, some of which play important roles in proximal tubule

(PT) H^+ secretion to support reabsorption of luminal HCO_3^-, apical endocytosis (36, 37) and may cause

PT acidosis (38). The most significant member of the V-ATPase gene family was ATP6V0A1 (**Figure**

2E), hence further attention was focused on this particular gene.

CRISPR-Cas9 Mediated Immortalized CTNS$^{-/-}$ RPTECs

Given that CDME loading of RPTECs was observed to not be a replicative model of diseased RPTECs

cultured from cystinosis patients, we generated and validated a CRIPR based *CTNS* gene knockout *in-*

vitro model of RPTEC injury. CRISPR-Cas9 technology was adapted to generate a complete knockout of

CTNS gene (CTNS$^{-/-}$) in human immortalized (HuIm) RPTECs (**Figure 3)** with 95% efficiency.

Validation by HPLC-MS/MS showed a significant increase in cystine accumulation in CTNS$^{-/-}$ RPTECs

(Figure 3C), similar to intracellular cystine accumulation found in cystinosis patients (5-6 nmol/mg

protein).

Loss of Cystinosin and ATP6V0A1 Expression and Loss of Acidic pH

Compared to controls, ATP6V0A1 protein expression was significantly decreased in both

primary cystinotic and CTNS$^{-/-}$ cells with an eight-fold reduction in isolated lysosomal fractions (**Figure**

4A-C). Confocal imaging showed reduced immunopositivity for both LAMP2 (lysosomal marker) and

ATP6V0A1 in cystinotic RPTECs (**Figure 4E**), with clear expression of both in normal lysosomes. V-

ATPases are highly conserved, ubiquitously expressed, and required for organelle acidification and ATP-

driven proton transport. **Figure 4F-G** shows a significant reduction in intracellular acidic pH in cystinotic

(pH=5 vs normal RPTEC pH of 4.2) and CTNS$^{-/-}$ RPTEC (pH=6.6 vs control human immortalized

RPTECs pH of 5.8). An increase of ~0.8 pH units in cystinotic RPTEC translates into a 6.3 fold

difference in hydrogen ions, large enough to disturb normal RPTECs cellular function.

Lack of Cystinosin and ATP6V0A1 Reduced Autophagosome Turnover and mTORC1 Activity

In prior studies (18, 21) we showed increased autophagy or reduced autophagosome turnover in cystinotic

cells. **Figure 5A** illustrates enhanced formation of LC3B-positive puncta in cystinotic RPTECs. LC3B-

puncta are a hallmark of compromised V-ATPase function in autophagosome clearance, often induced by

treating cells with V-ATPase inhibitor Bafilomycin. We additionally observed reduced immunopositivity

towards phosphorylated-p70S6 kinase protein, a direct downstream substrate of mTORC1 (**Figure 5B**)

and common marker of mTOR activity.

Lack of Cystinosin and ATP6V0A1 Compromised Mitochondrial Function

The cell mito-stress test with Agilent Seahorse XFe instrument assessed Mitochondrial function in CTNS^{-}

$^{/-}$ and cystinotic RPTECs. Both cystinotic and CTNS$^{-/-}$ RPTECs exhibited similar patterns of compromised

mitochondrial function (**Figure 6**), with significantly decreased basal and maximal respiration and ATP

production compared to controls. The OCR linked to proton leak and cells spare respiratory capacity was

significantly lost in cystinotic cells. However, non-mitochondrial oxygen consumption did not

significantly change in cystinotic or CTNS$^{-/-}$ RPTECs. There was a substantial increase in OCR linked to

proton leak in normal cells, indicating that normal cells when injected with inhibitors have higher proton

leak than the diseased cells with inhibitors. This observation indicates damaged mitochondrial inner

membrane in cystinotic cells to begin with, as injecting inhibitors did not make much difference to

already compromised mitochondria. The findings suggest that decline in total ATP production can be

largely attributed to decreased mitochondrial ATP production.

ATP6V0A1 Overexpression Improved Autophagosome Turnover and Mitochondrial Function

Since most genes crucial for mitochondrial ATP-generation were downregulated in cystinotic RPTEC, we

hypothesized that even without functional cystinosin, overexpressing ATP6V0A1 would positively affect

mitochondrial function and autophagosome turnover. We overexpressed ATP6V0A1 in CTNS$^{-/-}$ RPTECs

and observed reduced LC3-II accumulation (**Figure 7A**) indicating either reduced autophagy or increased

autophagosome turnover. In addition, study of mitochondrial function (seahorse) revealed increased

mitochondrial basal respiration, indicating an increased energy demand, and a trend of increased

respiratory capacity and mitochondrial ATP-production with ATP6V0A1 overexpression (**Figure 7B**).

These results suggest that vacuolar pH is indeed an important determinant in cystinosis pathophysiology,

but further work is needed to fully elucidate how these changes also improve mitochondrial oxidative

phosphorylation. Importantly, preventing the decline in vacuolar acidity, through ATP6V0A1

overexpression, was sufficient for improving autophagosome turnover.

Overexpression of ATP6V0A1 Rescued Morphologic Alterations

TEM characterized cellular morphologic aberrations in cystinotic, CTNS$^{-/-}$, and CTNS$^{-/-}$+ATP6V0A1

overexpressed RPTECs (**Figure 7C).** We observed a significant increase in autophagic vacuoles (AV),

decrease in mitochondrial number with few or no cristae, swollen ER and LD presence within CTNS$^{-/-}$

RPTECs, similar to cystinotic RPTEC. Similar to control RPTECs, ATP6V0A1 overexpression

significantly reduced AV (**Figure 7D-F**) and increased mitochondria number with well-preserved cristae.

Nevertheless, overexpression did not affect intracellular LD accumulation.

ATX Increases ATP6V0A1 Expression Improving Autophagosome Turnover and Mitochondrial

Dysfunction

To evaluate whether ATX affects cystinosis dysregulated pathways, we initially investigated our target

gene of interest, ATP6V0A1. Interestingly, ATX pretreatment increased ATP6V0A1 protein expression

in CTNS$^{-/-}$ RPTECs **(Figure 8B)**. To evaluate whether ATX could improve autophagic clearance via

upregulating ATP6V0A1, LC3-II levels were measured and showed significant reduction of LC3-II with

ATX **(Figure 8B)**. Similar findings between ATP6V0A1 overexpression and ATX treatment suggest

ATX may ameliorate the impaired autophagy phenotype occurring in cystinotic RPTEC via regulating

ATP6V0A1 expression.

Using the JC-1 probe, we measured $\Delta\Psi m$ since its decrease is a quintessential event in the early stages of

apoptosis. Compared to control, CTNS$^{-/-}$ RPTEC had a significant decrease (p<0.04) in the JC-1 ratio of

aggregates (590nm) to monomers (530nm) indicating a significant loss in $\Delta\Psi m$, whereas ATX treatment

rescued $\Delta\Psi m$ **(Figure 8A)**, suggesting ATX's protective role in maintaining mitochondrial integrity in

CTNS$^{-/-}$ RPTEC. Western blot analysis of pro-apoptotic, p53, demonstrated significantly increased

expression in CTNS$^{-/-}$ RPTECs which was significantly reduced with ATX pretreatment (**Figure 8B**).

MitoSox, a mitochondrial selective ROS detector, was used to measure mitochondrial-mediated ROS

production and WST-1 was used to normalize cell viability. **Figure 8C** shows significantly increased

ROS production in CTNS$^{-/-}$ RPTEC (p<0.0001) which was rescued with ATX treatment, suggesting

ATX's potent antioxidant capacity and ability to improve mitochondrial function.

Figure 8D shows a schematic overview delineating processes occurring in cystinotic RPTECs

with/without ATP6V0A1 overexpression and ATX treatment. Based on our findings, we propose that

cystinosin loss downregulates ATP6V0A1, resulting in acidic lysosomal pH loss and adversely modulated

mitochondrial function and lifespan in cystinotic RPTECs (**Figure 1B**).

DISCUSSION

Despite whole body cystine loading, cystinosis predominantly affects the human kidney, causing the renal

Fanconi syndrome soon after birth, followed by progressive renal damage, slowed but not avoided by

cystine depleting therapies (10, 39). In this study, we identify key and unique disruptions in lysosomal

pathways in RPTECs harvested from patients with nephropathic cystinosis, not observed in normal

RPTECs nor paired skin fibroblasts from the same cystinosis patients. To assess and cross-validate the

structural and functional impact of these unique lysosomal changes in human cystinotic RPTECs, we

generated a CTNS$^{-/-}$ *in vitro* HuIm RPTEC cystinosis model to establish a key link between *CTNS* and

lysosomal *ATP6V0A1,* to explain for the first time, a potential connection between the early occurrence of

a lysosomal acidification defect in renal Fanconi syndrome and progressive structural and functional loss

of renal reserve and function. We also utilized our transcriptional data to identify drugs with strong anti-

oxidant potential using inferred drug-design using a collated FDA-drug functional database that was

originally created to study pre-term birth (24), but preliminary studies (data not shown) with some of

these compounds did not reveal in phenotype rescue of RPTECs. ATX was selected from the literature

based on its known strong anti-oxidant properties, and was the only agent that provided recovery of the

specific RPTEC injury phenotype in cystinosis, over and above any changes related to cystine depletion

alone.

Transcriptional microarray analysis identified that the majority of the genes affected in cystinosis belong

to one large cluster, crucial for normal lysosomal and mitochondrial function. We identified ATP6V0A1

as the topmost gene downregulated in cystinotic RPTECs, which was also found to have a role in multiple

cystinosis-related dysregulated pathways in our dataset. Our data indicates that absence of functional

cystinosin downregulates ATP6V0A1 resulting in – loss of acidic pH, decreased autophagy flux,

increased autophagosome accumulation, loss of mTORC1 activity, and compromised mitochondrial

structure and function, collectively suggesting a possible mechanistic explanation for the progression of

PT dysfunction in cystinosis. Interestingly, all these pathophysiologies are known to be compromised in

cystinotic RPTECs and are not recovered by cysteamine. Partial recovery of the cystinotic phenotype was

observed by overexpressing ATP6V0A1. However, a notable finding in our study is that ATX treatment

of CTNS$^{-/-}$ RPTEC rescued ATP6V0A1 levels, enhanced autophagosomal turnover, improved cystinosis-

induced mitochondrial dysfunction and rescued mitochondrial membrane potential. The rescue pattern of

ATX in CTNS$^{-/-}$ RPTECs is similar to the outcome observed when we overexpressed ATP6V0A1 in these

cells. This suggests the ability of ATX to improve on cystinosis-associated pathophysiology in RPTECs

may be in part due to its ability to increase ATP6V0A1 expression and in turn improve autophagy

turnover and mitochondrial function, which are compromised in CTNS$^{-/-}$ RPTECs. In experimental

models of disease, ATX has been shown to regulate autophagy by regulating signaling pathways,

including the mitogen-activated protein kinase (MAPK) (40), AMP-activated protein kinase (AMPK)

(41), and cellular homolog of murine thymoma virus akt8 oncogene (Akt) (42-46). ATX activates AMPK

signaling to promote autophagy by inhibiting mTOR pathway (41). ATX reduces apoptotic cell death by

upregulating phosphorylated (p)-Phosphoinositide 3-kinases (PI3K) and p-Akt, resulting in increased cell

proliferation and improved cell potency (42-46). ATX inhibits pro-apoptotic and pro-autophagic proteins,

by inhibiting cerulein mediated increased LC3 expression. In addition, ATX can inhibit inflammation and

autophagy by inhibiting the JAK/STAT3 pathway (47). Cytoprotective effects of ATX under stressors are

mediated via MAPKs, particularly, by the inhibition of JNK1/2 activation (48). By blocking p38

activation, ATX suppresses apoptosis and ameliorates oxidative stress, ER stress, and mitochondrial

dysfunction (49-52). In MIN6 β-cells, ATX inhibits JNK1/2 activation and reduces inflammatory ER

stress (53, 54). Cumulatively, these studies establishes ATX as a promising therapeutic agent for the

treatment of a wide variety of diseases by regulating autophagy. ATX aids in enhanced insulin-stimulated

GLUT4 translocation to the plasma membrane by positively affecting the actin-cytoskeleton re-modeling

(55, 56). Based on the research, one may speculate that ATX may have similar role in translocating V-

ATPase transporter protein to the lysosomal/organelle surface, regulating the pH and autophagy in CTNS[-]

[/-] RPTECs. However, further studies are warranted to understand the protective mechanism of ATX in

CTNS^{-/-} RPTECs.

V-ATPases plays a critical role in acidification of organelles within the endocytic, lysosomal, and

secretory pathways and are required for ATP-driven proton transport across membranes (57, 58). In yeast

and humans, lack of lysosomal acidic pH impaired lysosomal degradation, resulting in autophagosome-

filled lysosomes (59, 60). An elevation by 0.2-0.3 pH units in lysosome was linked to a reduction in the

pH-dependent cleavage, and chronic changes in autophagy and degradation, whereas re-acidification of

the lysosomes with cAMP reversed these changes (59). Our study revealed that absence of functional

cystinosin downregulates ATP6V0A1 resulting in less acidic lysosomal pH in cystinotic RPTECs. We are

the first to show that absence of cystinosin affects V-ATPase expression and the acidic pH in the

endolysosomal system.

There are a few limitations of these studies, inherent mostly to the nature of human studies, where

experimental controls cannot be tightly imposed. The fact that cysteamine treatment does not reverse

Fanconi syndrome could also mean that lysosomal cystine caused irreversible tubular cell damage or

death prior to a year of age when cysteamine treatment generally begins. There is a report of preservation

of some renal tubular function when cysteamine was initiated just after birth due to early diagnosis based

upon an affected sibling, but even this patient went into ESRD in the second decade of life (61, 62). We

also acknowledge that our RPTECs were exposed to CDME for only 30 minutes, after which they began

to lose cystine from their lysosomes because of their normal contingent of cystinosin (63). Regardless of

how long after loading the cells were harvested, the exposure of the loaded cells to increased lysosomal

cystine could not be comparable to longstanding exposure of the knock-out cells to lysosomal cystine.

This also explains the very different transcriptional profiles of these cells in this study. We also noted the

loss of some epithelial markers in the patient derived RPTECs, which may have occurred with time but is

less relevant to this paper as we are looking at a focused pathway in nephropathic cystinosis. We

recognized the need for other cell lines that closely mimics the cystinosis-mediated renal pathology;

hence, we created the CRISPR-mediated CTNS^{-/-} RPTECs. Nevertheless, we believe that urine RPTECs

harvested from patients and the CTNS^{-/-} model system provide closer mimics of the human disease

phenotype, and hence adjusts for this limitation of understanding the molecular injury pathways in

cystinotic RPTECs. We also acknowledge that despite proposed mechanisms of ATP6V0A1 in this study,

it is not possible to conclusively tell if cystinosin deficiency causes lysosomal cystine storage that

changes autophagosome morphology and results in cellular expression changes that include

downregulation of ATP6V0A1 (RNA and protein) in this study. Additional studies are underway to

evaluate the transcriptional regulation of ATP6V0A1 in cystinosis and if any further changes to

ATP6V0A1 expression will occur when the CTNS^{-/-} cells are chronically cysteamine treated. A major

finding in this paper is that these abnormalities are present in RPTEC cells, but not fibroblasts, and we

believe that some of this difference is due to the unique changes in many V-ATPases, many of which are

tissue specific in expression This study was not designed to study other tissues which can also display

significant injuries, e.g. retina, esophagus, skeletal muscle, CNS, endocrine tissues, and it is possibly that

minor and slower onset of functional perturbations in these other organs largely relate to the intra-cellular

cysteine accumulation in lysosomes of these organelles, while the specific V-ATPase changes seen in

kidney, and not seen in fibroblasts, are also not seen in these other organ systems. Nevertheless, this is

purely hypothetical at this time. Similarly, further work is underway to understand how the slow

evolution of the disease (~10 years for native renal failure) is fully explained when the major flaw in

lysosomal acidification and aberrant autophagy and energy production is present from birth. It is possible

there is failure of compensatory mechanisms in the kidney over time, that preserve renal function, until

greater loss of functional renal reserve over time.

In yeast, decline of lysosomal acidity reduces pH-dependent amino acid storage in the vacuolar lumen

causing mitochondrial dysfunction followed by fragmentation and aggregation (60). We also recognize

that as the pH of the lysosomes is increased with loss of cystinosin, it would influence lysosomal

degradation of proteins. We are currently planning additional experiments to study lysosomal

degradation, and how this can be impacted further by treatment with ATX.

V-ATPases are needed for ATP-driven proton transport across membranes (57), which explains

significant downregulation of several amino acid and metabolite transporters, including SLC17A1,

SLC17A3, SLC17A5, SLC3A1 and SLC7A7 (**Supplemental Figure 1**) in cystinotic RPTECs. These

findings were a little surprising as there is no clear explanation why sialic acid transporters would be

affected and the clinical impact of this perturbation, which requires additional study. We conducted a

real-time study on live mitochondria and showed that lack of cystinosin induced damaged morphology

while also decreasing number, basal, maximal, and spare respiratory capacity, and ATP production in the

diseased cells. This can also be due to inactive mTORC1 that may inhibit mitochondrial biogenesis in

cystinotic cells **(64)**. Overexpression of ATP6V0A1 in CTNS^{-/-} cells partially rescued this cystinotic

phenotype.

Alterations in mitochondrial function likely also result in ER stress or vice versa; ER stress was

previously demonstrated in nephropathic cystinosis. Our study revealed increased ER wrapping of

mitochondria in CTNS^{-/-} RPTECs. ER–mitochondria connection called mitochondria-ER associated

membranes (MAMs) occur when ER is stressed (65). MAMs mediate apoptosis, which is known to be

higher in nephropathic cystinosis. However, it's interesting to note that ATP6V0A1 overexpression did

not rescue ER-wrapping of mitochondria, or intracellular LDs in CTNS^{-/-} RPTECs. LDs are known to be

induced by inflammation and ROS, and have been linked with neurodegenerative disorders (66). LDs

were never previously associated with cystinosis, thus further studies are needed to understand LD's role

in cystinosis.

Interestingly, similar to the overexpression of ATP6V0A1, ATX treatment rescued the cystinosis

phenotype in CTNS^{-/-} RPTECs by – enhancing ATP6V0A1 expression, improving autophagosome

turnover, and improving mitochondrial structure and function. ATX also increased p53 levels, suggesting

a possible association between p53 and mitochondrial dysfunction. Previous studies demonstrated that

p53 overexpression led to an increase in superoxide and elevated $\Delta\Psi$m (67) and some believe p53 may

act directly on mitochondria to release ROS and induce apoptosis (68). Further studies are needed to

clarify the role of ATX-induced p53 expression and mitochondrial function in CTNS^{-/-} RPTECs. The

novel findings of this study are ATP6V0A1's role in cystinosis pathology, and that ATX can rescue

cystinotic RPTECs potentially by upregulating ATP6V0A1, offering a potential novel therapeutic for

limiting renal injury in nephropathic cystinosis. Although this is only a pilot study, our finding that ATX

in-vitro can ameliorate cystinosis-associated dysfunctional pathways is of paramount importance and

requires further study in cystinotic animal models and in combination with cysteamine to clarify its utility

in clinical settings.

METHODS

Study design and Samples:

Human RPTECs and fibroblasts were isolated from 8 unique individuals with a biochemically, clinically

and genetically confirmed diagnosis of nephropathic cystinosis (provided by Dr. Gahl) (21, 23); in

addition, similar cell types, RPTEC (Cambrex Biosciences, East Rutherford, NJ) and fibroblast

(Coriell Cell Repositories, Camden, NJ) cell lines were commercially obtained as normal control cells.

The patient derived RPTECs has its limitations, which are highlighted in the discussion section. Both

normal RPTECs and fibroblasts were treated with cysteine dimethyl ester (CDME) to artificially load

lysosomes with cystine, as this method has been used previously as a disease model for cystine RPTEC

loading, though it is unclear how accurate this model is for functional analysis of molecular changes in

cystinosis patient derived RPTECs (63, 69). In addition, we utilized an human immortalized (HuIm)

RPTEC line (Clone TH1, passage 8, Cat No. ECH001, Kerafast, Boston, MA), as control, and used

CRISPR-Cas9 to generate a CTNS$^{-/-}$ knock out HuIm RPTECs that was then structurally and functionally

characterized to evaluate it as an in vitro model system to study human cystinosis RPTEC injury. This

purchased HuIm RPTECs are derived from primary human renal proximal tubule epithelial cells

(RPTECs) immortalized by two lentiviral vectors carrying the human telomerase and the SV40 T antigen.

Details of the study design and its findings are shown in **Figure 1**.

All RPTECs were cultured in renal epithelial growth medium (REGM) (Lonza, Bend, OR); fibroblast

cells were cultured in Minimum Essential Media (MEM) with Earl's salts, supplemented with 15% FBS,

2mM L- glutamine, 2X conc. of non-essential AA, 100 μg/ml Penicillin, 100 U/ml Streptomycin and

0.5 μg/ml Fungizone (Invitrogen Corporation, Carlsbad, CA) at 37°C in a 5% CO2 atmosphere. The

medium was changed every alternate day, and cultured cells were harvested with 0.05% Trypsin/EDTA

(Lonza, Bend, OR) and passaged. All cells were cultured in a 95% air/5% CO2 Thermo Forma incubator

(Thermo Scientific, Waltham, MA) at 37°C. All the experiments were performed between passage

numbers 2-5. For CDME loading, cells were treated with 1mM CDME (Sigma-Aldrich, St. Louis, MO)

for 30 min. For ATX treatment, cells were pretreated with 10uM and 20uM ATX (Cat. No SML0982,

Millipore Sigma, Burlington, MA) for 48hr.

Since variation in genetic background and characteristics of patient and normal RPTECs can result in

experimental variations, independent of the *CTNS* mutation, immortalized healthy RPTEC cell lines

(Kerafast, Boston, MA) were used to generate isogenic CTNS$^{-/-}$ cell lines. CRISPR-Cas9

ribonucleoproteins (crRNPs) were synthesized in vitro by the incubation of CTNS-specific guide RNA,

trans-activating crRNA (tracrRNA), and Cas9 protein (Dharmacon, Lafayette, CO). These preformed

complexes were then delivered to immortalized RPTECs by nucleofection for editing. We used benchling

to design the guide RNA to specifically cut at exon 3 (70). Though this is not a known cystinosis-causing

mutation but such a knockout causes complete inactivation of cystinosin, which is the common output of

all the known mutations associated with nephropathic cystinosis. Since efficiency of gene-knockout

varies from one cell to other, we sorted single cells by FACS, amplified over the cut-site using touch-

down PCR amplification, and then submitted the PCR products for Sanger sequencing using both the

forward and reverse TIDE oligos originally used for amplification. Once the chromatograms were

returned, we chose to populate and use cells with at least 95% allelic editing, which provided a rough

estimate of knock-out percentages (**Figure 3**).

To detect the phenotype of these newly developed CTNS$^{-/-}$ cell lines, we performed a functional assay

measuring intracellular cystine levels using an HPLC-MS/MS method (UCSD Biochemical Genetics, San

Diego) and high levels of intracellular cystine in the generated CTNS$^{-/-}$ cell line compared to control cells.

The level of intracellular cystine accumulation in CTNS$^{-/-}$ cell lines were comparable to cystine levels in

cystinosis patients (**Figure 3C**).

RNA Isolation

Cells were grown until 70-80% confluence and processed for total RNA extraction using RNeasy Midi

Kit® (Qiagen Inc., Germantown, MD). Total RNA concentration was measured by NanoDrop® ND-1000

(NanoDrop Technologies, Wilmington, DE) and the integrity of the extracted total RNA was assessed

with the Agilent 2100 Bioanalyzer using RNA Nano Chips (Agilent Technologies, Santa Clara, CA).

Total RNA was stored at -80°C until preparation for the microarray experiments.

Microarray Experiments to Characterize RPTEC and Fibroblast Transcriptional Profiles in

Nephropathic Cystinosis

Hybridization of samples was conducted on Agilent Whole Human Genome 4×44-k 60-mer

oligonucleotide arrays (G4112F, Agilent Technologies, Santa Clara, CA), using 150ng of total RNA as

template/sample. The arrays were scanned on an Agilent scanner and further processed using Agilent

Feature Extraction Software (Agilent Technologies, Santa Clara, CA).

Lysosomal Fractionation

Lysosomal fractions were isolated from cultured cells by density gradient separation using the lysosome

enrichment kit (Pierce Biotechnology, Waltham, MA) for both tissue and cultured cells, following the

protocol provided by Pierce. Fraction purity was assessed by western blot using lysosome-specific

antibody against LAMP2.

Western Blot

Whole cells and lysosomal extracts were prepared, and an equal amount of protein (15ug) was subjected

to SDS-PAGE. All primary antibody incubations were done in PBS supplemented with 0.1% Tween-20

(vol/vol) and 5% milk (wt/vol) overnight followed by washing with PBS-Tween (PBS supplemented with

0.1% Tween). The primary antibodies used were: ATP6V0A1 (Cat. No. 109002, Synaptic Systems,

Goettingen, Germany), LAMP2 (Cat. No. sc18822, Santa Cruz Biotechnology, Santa Cruz, CA), LC3B

(Cat. No. 3868, Cell Signaling, Danvers, MA), phospho-p70 S6 Kinase (Thr389) (Cat. No. MAB S82,

Millipore Sigma, Burlington, MA) GAPDH (Cat. No. 97166S, Cell Signaling, Danvers, MA), beta-

tubulin (Cat. No. 2128S, Cell Signaling, Danvers, MA), and p53 (Cat. No. A5761, Abclonal, Woburn,

MA). The Peroxidase-conjugated secondary antibodies were diluted 1:2000 in PBS-Tween, incubated

with the blot for a minimum of 1 hour at room temperature, and then washed with PBS-Tween and

developed using Amersham ECL Plus Detection Reagent (RPN2124, Millipore Sigma, Burlington, MA).

Loading levels were normalized using 1:2000 anti-GAPDH or beta-tubulin and anti-LAMP2 Abs. Band

quantification was performed using the ImageLab software (National Institutes of Health).

Measurement of pH

The conversion of non-fluorescent 2',7'-bis-(2-carboxyethyl)-5-(and-6)-carboxyfluorescein

acetoxymethyl ester (BCECF AM) (Invitrogen, Waltham, MA) into a pH sensitive fluorescent indicator

by the intracellular esterase was used to measure the pH within the cell. We seeded a fixed number of cells

in a clear-bottom black 96-well plate, incubated overnight in a CO_2 incubator, and then

measured pH. The fluorescence ratio was acquired using the SpectraMax iD3 plate reader (Molecular

Devices, San Jose, CA) (excitation = 490, 440 nm; emission = 535 nm). The ratio of BCECF fluorescence

at 490/440 nm is a function of pH.

Measurement of mitochondrial oxygen consumption rate

The Agilent Seahorse XFe analyzer allows for real-time measurements of cellular metabolic function in

cultured cells. The oxygen consumption rate (OCR) was measured by the extracellular flux analyzer XF24

(Seahorse Bioscience, Santa Clara, CA) following optimization of cell number per well. RPTECs were

plated at 4 x 10^5 cells/well in a Seahorse 24-well V7 microplate (Seahorse Bioscience, Santa Clara, CA)

and cultured in complete renal epithelial growth medium for 16-18 h in a 5% CO_2 incubator at 37°C. Prior

to the assay, the cells were washed and incubated with assay media (Agilent Technologies, Santa Clara,

CA) supplemented with 1 mM glucose (Agilent Technologies, Santa Clara, CA), 1 mM pyruvate (Agilent

Technologies), and 2 mM glutamine (Agilent Technologies, Santa Clara, CA) at 37°C without CO_2 for 45

min. Mitochondrial function was measured using Seahorse XF Cell Mito Stress test (Agilent

Technologies, Santa Clara, CA). Mitochondrial complex inhibitors (oligomycin, FCCP, rotenone and

antimycin A) were freshly prepared in XF assay media prior to each experiment.

OCR following serial injection of various probes was used as an indicator of mitochondrial

function. Oligomycin, an ATP synthase inhibitor, was utilized as a probe for ATP-linked oxygen

consumption; carbonyl cyanide-4-(trifluoromethoxy)phenylhydrazone (FCCP), an oxidative

phosphorylation uncoupling agent, was used to induce maximum oxygen consumption and the resultant

OCR was used to calculate spare respiratory capacity. A mixture of rotenone and antimycin-A inhibited

complex I and complex III was used to result in complete inhibition of mitochondrial respiration and

determination of non-mitochondrial oxygen consumption. We compared the pattern observed after

injection of each inhibitor in cystinotic RPTECs.

Overexpression of ATP6V0A1

For ATP6V0A1 overexpression, Myc-DDK-tagged ATP6V0A1 expression plasmid (RC226206,

Origene, Rockville, MD) for ATP6V0A1 induction and pCMV6-Entry, mammalian vector with C-

terminal Myc-DDK Tag (PS100001, Origene, Rockville, MD) for control were used. Briefly, 3×10^5

CTNS$^{-/-}$ and control RPTECs were seeded in six-well plates and incubated for 24 hours prior to

transfection. TurboFectin 8.0 Transfection Reagent (F81001, Origene, Rockville, MD) was used at a final

concentration of 4ug/ml for transduction. The overexpression of ATP6V0A1 was verified with western

blotting analysis.

Confocal Microscopy

For immunofluorescence, RPTECs were plated in 4-well Chamber Slide with removable wells

(ThermoFisher, Waltham, MA), fixed in 100% chilled methanol (5 minutes), permeabilized with PBS

containing 0.25% Triton X-100 (10 minutes), and washed three times in PBS. Cells were incubated in

10% normal goat serum blocking solution (Invitrogen, Waltham, MA) for 1 hour followed by overnight

primary antibody incubation in a 4°C humidified chamber. For co-immunostaining, we added both

primary antibodies raised in different host species, at the same time. Next day, slides were washed three

times in PBS and followed by secondary antibody incubation in 1% BSA for 1 h at room temperature in

the dark. After washing with PBS, the cells were counterstained with DAPI for 5 min and then washed.

The 1.5mm thick coverslip was then mounted with a drop of ProLong Glass Antifade Mountant

(ThermoFisher, Waltham, MA). Primary antibodies used were: LAMP2 (Santa Cruz Biotechnology,

Santa Cruz, CA), ATP6V1B2 (Abcam, Cambridge, United Kingdom), ATP6V0A1 (Synaptic Systems,

Goettingen, Germany), LC3B (Cell Signaling Technology, Danvers, MA), phosphor-p70S6 Kinase

(Thr398) (Millipore Sigma-Aldrich, St. Louis, MO). Secondary antibodies, donkey anti-Rabbit IgG Alexa

Fluor 488 and goat anti-Mouse IgG Alexa Fluor 555 (ThermoFisher, Waltham, MA) were used to detect

bound primary antibody. Slides were viewed using a Leica SP5 Confocal Laser Scanning Microscope,

and the images were analyzed by Leica Confocal software.

Transmission Electron Microscopy (TEM)

3×10^5 RPTECs were seeded in each well of a six well plate and maintained for 24 h. On the day of the

experiment, fresh 2% glutaraldehyde was generated from an 8% stock glutaraldehyde in complete REGM

culture media and was added to each well so that cells were fully covered with fixative. After 15 min, the

fixed cells were scrapped gently and transferred to a microcentrifuge tube. The samples were centrifuged

and the supernatant was discarded followed by the quick addition of 1ml fresh fixative (2%

glutaraldehyde in 0.1M Cacodylate buffer pH 7.2). At this stage, the cells were stored at 4°C and were

then handed over to the Electron Microscope Laboratory (EML) imaging core at the University of

California, Berkeley for sectioning and imaging. Sections were cut at 80 nm, stained with lead citrate and

uranyl acetate, and examined under an FEI Tecnai12 electron microscope (FEI). The electron micrographs

obtained from multiple distinct low-powered fields were used to count the number of mitochondria and

autophagic vacuoles per cell in at least eight different view fields for each cell culture sample, and the

average number of mitochondria or autophagic vacuole per cell culture was calculated.

Mitochondrial Membrane Potential Assay

The mitochondrial membrane potential ($\Delta\Psi$m) was measured with the JC-1 mitochondrial membrane

potential assay kit (ab113580, Abcam, Cambridge, United Kingdom) according to manufacturer's

instructions. Briefly, RPTEC were seeded at 12,000 cells/well and allowed to adhere overnight in a black

clear-bottom 96 well plate. Cells were treated with or without 10 or 20uM ATX for 48hr and then washed

once with 1X dilution buffer prior to incubation with 20uM JC-1 dye for 10 min at 37°C. Following

incubation, cells were washed twice with 1X dilution buffer and fluorescence intensity was determined

for red aggregates (excitation = 535 nm)/emission = 590 nm) and green monomers (excitation =

475 nm/emission = 530 nm) with the SpectraMax iD3 plate reader (Molecular Devices, San Jose, CA).

The ratio of JC-1 aggregates (590nm) to JC-1 monomers (530nm) was calculated. A decrease in

aggregate fluorescent count is indicative of depolarization whereas an increase is indicative of

hyperpolarization.

Mitochondrial ROS Production and Cell Viability

Mitochondrial ROS production was assessed using MitoSox Red superoxide indicator (ThermoFisher,

Waltham, MA). Briefly, cells plated at 10,000 cells/well in 96-well plates were washed with Hanks

balanced salt solution (HBSS) (ThermoFisher, Waltham, MA) and treated with 5uM MitoSOX for 15 min

at 37C and 5% CO2, protected from light. After staining, cells were washed twice with HBSS to remove

background fluorescence. Fluorescence was read (excitation= 510nm, emission= 580nm) with the

SpectraMax iD3 plate reader (Molecular Devices, San Jose, CA). Following MitoSox assay, cells were

washed with HBSS and WST-1 (Abcam, Cambridge, United Kingdom) was added to plate and incubated

for 30min at 37°C and 5% CO_2 to measure the cell viability. Absorbance was read at 440nm to assess cell

viability. Mitochondrial ROS production was normalized to cell viability.

Statistics

Agilent array data were processed and normalized using LOWESS in Gene Spring GX7.3 (Agilent

Technologies). The LOWESS normalized data were further analyzed using significance analysis of

microarrays (SAM) for two-class unpaired data to detect expression differences based on q-values

(<5%)(71). The input for SAM was gene expression measurements from a set of microarray experiments,

as well as a response variable from each experiment. SAM used simple median centering of the arrays is

an unbiased statistical technique for finding significant genes in a set of microarray experiments. SAM

uses repeated permutations of the data to determine whether the expression of each gene is significantly

related to the response. Significance levels were set at a q-value of 5%. We used a cutoff of the absolute

value of $\log_2$ red channel/green channel >0.5. Data were analyzed using GraphPad Prism software. P-

values were calculated using Student's t-test or One-way ANOVA and Tukey' test. Results were

expressed as mean ± SD (number of experiments) and considered to be statistically significant when P <

0.05.

MATERIALS AVAILABILITY

We did not use human or animal models but we have used human cells for this study. Cystinosis RPTE and fibroblast cells are gifts from Dr. Gahl and Dr. Racusen. In addition, the cell lines are commercially purchased. CRISPR-edited renal cell line is available in Sarwal Lab. Please email: Minnie.sarwal@ucsf.edu or Swastika.sur@ucsf.edu. The study was controlled by institutional review board approvals from the National Institute of Health, Stanford University and the Regents, University of California.

DATA AVAILABILITY

The transcriptomic data was submitted to GEO. The GEO Accession number is GSE190500.

AUTHOR CONTRIBUTIONS

S.S. and M.S. designed the study; S.S., M.K. and P.S. carried out the experiments; S.S., M.K., S.P., M.S. analyzed the data; S.S. and M.K. made the figures; S.S., M.K., T.K.S., M.S. drafted and revised the paper; all authors approved the final version of the manuscript.

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FIGURES

Fig. 1: Overall study design, workflow, and schematic overview. (**A**) Transcriptome profiling with

gene microarray performed on cystinotic, normal, and CDME-treated RPTECs and fibroblasts (Step 1).

Bioinformatic analysis allowed the identification of genes that are differentially regulated in cystinosis

versus normal in both the cell types. Pathway analysis was performed with all the significantly regulated

genes, and 11 pathways were found to be significantly affected in cystinotic RPTECs. Most of these

pathways and the genes in these pathways are crucial for lysosomal acidic pH and mitochondrial ATP

production. Dysfunctional mitochondria and compromised lysosomal pH were validated in step 2. Our

CRISPR-mediated CTNS$^{-/-}$ immortalized renal cell line mimicked cystinosis patient primary cells isolated

from their urine. Further, we rescued (Step 3) the disease phenotype of the cell by over-expressing

ATP6V0A1, the most significantly downregulated gene among other V-ATPases. RNP,

Ribonucleoprotein; V-ATPase, vacuolar ATPase; RPTEC, renal proximal tubular epithelial cells. (**B**) A

schematic overview of normal and cystinotic RPTECs. We previously showed that loss of function of

cystinosin in cystinotic cells inactivates the mTORC pathway, and induces autophagy, mitophagy, and

clusterin protein expression. In this study, we show that downregulation of CTNS gene also

downregulates V-ATPase expression resulting in the loss of lysosomal acidity (pH). The basic lysosomal

pH thus blocks its clearance after autophagosome-lysosome fusion. Inhibited autophagy flux due to

lysosomal acidity loss may explain why cystinotic cells have increased LC3B-II expression. Loss of

acidic lysosomal pH also impairs proton-dependent import of amino acids and other metabolites (noted in

our microarray data) into the lysosome lumen, and inhibits conversion of these imported large

heterodimeric amino acids into usable form. This increases the presence of metabolites in the cytoplasm

that may compromise mitochondrial function and increase ROS production through an unspecified

mechanism.

Fig. 2: Microarray study design and transcriptional changes for cystinotic, normal, and CDME-treated RPTECs or fibroblasts. (**A**) Study design: Two types of cells were used- RPTECs and

fibroblasts. For each cell type there were three groups – normal that serves as control, cystinotic, and

CDME-treated cells. (**B**) Microarray data from both cell types are represented as a

correlation heatmap. Cystinotic RPTECs showed markedly different expression profiles from both the

normal and CDME loaded normal RPTEC, which was more similar to normal than diseased. Gene

expression patterns in normal, cystinotic, and CDME-treated fibroblasts were found to be similar to each

other. (**C**) PCA plot further highlights the unique injury mediated gene profile in cystinotic RPTEC

versus normal. Gene expression patterns of cystinotic RPTECs and fibroblasts were found to have no

commonality, with cystinostic fibroblasts similar to normal. Gene expression patterns in cystinotic

RPTECs are distinct and negatively correlated with normal RPTECs. Whereas gene expression in normal

RPTECs laden with CDME are similar to the normal rather than disease phenotype, and hence have a

positive correlation with each other. (**D**) Pathway analysis was performed with all the significantly

regulated genes, and 11 pathways were found to be significantly affected in cystinotic RPTECs. (**E**)

Using K-mean clustering on the genes in these significantly enriched pathways, we identified 2 distinct

clusters. One, is enriched in nucleus-encoded mitochondrial genes, and the other is enriched in v-ATPases

family, which are crucial for lysosomes and kidney tubular acid secretion. ATP6V0A1, the topmost v-

ATPase in our cystinotic transcriptome dataset is highlighted in cyan.

Fig. 3: **Experimental overview for the development of immortalized *CTNS*⁻/⁻ RPTECs using**

CRISPR-Cas9 RNPs. (**A**) Briefly, The CTNS gene is located on chromosome 17p13.3 and consists of 12

exons, of which the first 2 are non-coding. Therefore, our guide RNA was targeted towards exon 3 to

completely knockout the functional *CTNS* gene. CRISPR-Cas9 ribonucleoproteins (crRNPs) were

synthesized in vitro to knockout CTNS gene and delivered to immortalized RPTECs by nucleofection.

These cells were expanded for molecular validation of gene editing and downstream functional assays.

(**B**) The guide RNA target sequence and associated PAM are highlighted on the right. The TIDE output

calculating percent indels from chromatograms is depicted below. (**C**) Validation of CTNS knockout in

immortalized RPTEC. Increased intracellular accumulation of cystine is shown by HPLC-MS/MS method

in control and *CTNS*⁻/⁻ RPTECs.

Fig. 4: **Vacuolar-ATPase, ATP6V0A1, is downregulated in both, cystinotic and *CTNS*^{-/-} RPTECs,**

confirming that our *in vitro* model behaves similarly to primary cystinotic renal cells. This highlights

that in addition to the loss of lysosomal cystinosin there are also other key biological changes in the

lysosomes in nephropathic cystinosis. (**A-B**) Immunoblot analysis of the expression of ATP6V0A1 in

cystinotic (p=0.003) and *CTNS*^{-/-} RPTECs (p=0.0001) with their respective controls. (**C**) Immunoblot

showing high expression of lysosome marker LAMP2 and decreased GAPDH expression, collectively

represents successful isolation of lysosomes from RPTECs. (**D**) Immunoblot analysis of the expression of

ATP6V0A1 in lysosomal fraction isolated from control (HuIm RPTEC) and *CTNS*^{-/-} (HuIm) RPTECs.

Results are represented as mean ± SD. The statistically significant differences between the two groups are

indicated in the figure. Student's t-test (* $P \le 0.05$; **$P \le 0.01$; ***$P \le 0.001$). (**E**) Immunofluorescence and

confocal microscopy showing endogenous LAMP1 and ATP6V0A1 distribution in normal (control) and

cystinotic (diseased) RPTECs. Colocalization of ATP6V0A1 and LAMP2 is shown in the right panel.

Results are representative of at least 3 separate experiments. Cystinotic and *CTNS*$^{-/-}$ RPTECs have an

intracellular basic pH compared to their respective controls. Cells were stained with BCECF-AM and

measured with a microplate fluorimeter in triplicate wells. The pH-dependent spectral shifts exhibited by

BCECF allow calibration of the pH response in terms of the ratio of fluorescence intensities measured at

two different excitation wavelengths (490, 440 nm). (**F**) RPTECs isolated from cystinosis patient urine

had a more basic pH than normal individuals ((p=0.004). (G) Similarly to the primary cells, our in vitro

cellular model, *CTNS*$^{-/-}$ RPTEC, also had a more basic pH than control p=0.0005. The unpaired *t*-test

indicated significant differences between control and diseased cells. Data are representative of three

biological replicates. Values represent mean ±SD for three independent experiments.

Fig. 5: Increased immunopositivity to LC3B-II, or autophagy, and decreased immunopositivity to phospho-p70S6 kinase, or mTORC1 activity. (**A**) Immunofluorescence and confocal microscopy showing endogenous LC3B and LAMP2 distribution in normal and cystinotic RPTECs. Colocalization of LC3B and LAMP2 is shown in the right panel. (**B**) Immunofluorescence and confocal microscopy showing endogenous LC3B and phospho-p70S6 kinase (marker of mTOR activity) distribution in normal and cystinotic RPTECs. Since mTORC1 plays a central role in cell growth, proliferation, survival, and autophagy inhibition via AMPK, the presence of lower activity of mTORC1 in cystinosis supports the observations of increased cell death and autophagy as shown by increased LC3B puncta. Colocalization of LC3B and phosphor-p70S6 kinase is shown in the right panel. Results are representative of at least 3 separate experiments (biological replicates). (C) Immunoblots showing reduced immunopositivity towards phosphorylated-p70S6 kinase protein, a direct downstream substrate

675   of mTORC1 and common marker of mTOR activity. Since there is a change in total p70S6K expression

676   in with and without the CTNS, we normalized both, the phosphorylated and total protein, to GAPDH.

Fig. 6: The Agilent Seahorse Mitochondria Stress Test detected mitochondrial defects in primary

cystinotic and *CTNS*^{-/-} RPTECs compared to their respective controls. Top Center) XF Cell Mito

Stress Test assay design and standard output parameters. (**A**) XF Cell Mito Stress Test shows that primary

cystinotic RPTECs with specific inhibitors display diminished basal and maximal respiration, ATP

production, spare respiratory capacity, non-mitochondrial oxygen consumption, and proton leak

compared with its control (normal RPTEC). (**B**) Similar to the primary diseased cells, the *CTNS*^{-/-} also

demonstrated diminished mitochondrial activity. Both cystinotic and CTNS^{-/-} RPTECs exhibited similar

patterns of compromised mitochondrial function, with significantly (Normal vs. Cystinosis: $p<0.025$,

$p<0.0019$, $p<0.023$; human immortalized RPTEC (HuIm) vs. CTNS^{-/-}: $p=0.006$, $p=0.001$, $p=0.0002$,

respectively) decreased basal and maximal respiration and ATP production compared to controls. The

OCR linked to proton leak and cells spare respiratory capacity was significantly (Normal vs. Cystinosis:

700      $p < 0.007$, $p < 0.0007$; HuIm vs. CTNS$^{-/-}$: $p < 0.0001$, $p = 0.002$ respectively) lost in cystinotic cells. Non-

701   mitochondrial oxygen consumption did not significantly change in cystinotic or CTNS$^{-/-}$ RPTECs. There

702   was a substantial (Normal vs. Cystinosis: $p < 0.007$; HuIm vs. CTNS$^{-/-}$: $p < 0.0001$) increase in OCR linked

703   to proton leak. Values represent mean ± SD for three independent experiments (* $P \leq 0.05$; **$P \leq 0.01$;

704   ***$P \leq 0.001$). OCR, oxygen consumption rate.

Fig. 7: Overexpression of ATP6V0A1, by transfecting the CTNS$^{-/-}$ RPTECs with a Myc-DDK-tagged human ATP6V0A1-plasmid, partially rescued the disease cell phenotype. (**A**) Immunoblot showing successful overexpression of ATP6V0A1 protein in the CTNS$^{-/-}$ cells. Values represent mean ± SD for three independent experiments (* $P≤0.05$; **$P≤0.01$; ***$P≤0.001$). Overexpression of ATP6V0A1 significantly reduced the LC3-II protein expression. Values represent mean ± SD for three independent experiments (* $P≤0.05$; **$P≤0.01$; ***$P≤0.001$). (**B**) The XF Cell Mito Stress Test shows that overexpression of ATP6V0A1 in CTNS$^{-/-}$ cells significantly improved basal respiration, and increased maximal respiration and ATP production. Overall, ATP6V0A1 overexpression in CTNS$^{-/-}$ cells most closely resemble the normal human immortalized (HuIm) RPTECs compared to CTNS$^{-/-}$ or CTNS$^{-/-}$ with control plasmid. Values represent mean ± SD for three independent experiments (* $P≤0.05$; **$P≤0.01$;

***$P \leq 0.001$). Electron microscopic evaluation of CTNS$^{-/-}$ RPTECs, and its partial recovery by

overexpressing ATP6V0A1. (**C**) TEM of control, CTNS$^{-/-}$, and ATP6V0A1 overexpressed CTNS$^{-/-}$

(CTNS$^{-/-}$+V0A1) RPTECs at low magnification. Asterisks indicate autophagic vacuoles (AV). Number of

AV per cell from 8 different sections of each sample was counted and depicted as a bar graph. Significant

increase in AV (p=0.006) is observed in CTNS$^{-/-}$ compared to that of RPTECs and CTNS$^{-/-}$+V0A1

groups. (**D**) TEM of control, CTNS$^{-/-}$, and CTNS$^{-/-}$+V0A1 RPTECs at low magnification. Asterisks

indicate mitochondria. Number of mitochondria per cell from 8 different sections of each sample was

counted and depicted as a bar graph. Significant decrease (p=0.0005) in mitochondria is observed in

CTNS$^{-/-}$ compared to that of RPTECs and CTNS$^{-/-}$+V0A1 groups. Both figures A and B indicates rescue

of the diseased phenotype by the overexpression of ATP6V0A1 (p=0.019; p=0.02, respectively). (**E**)

Structurally abnormal ER-wrapped mitochondria with lesser cristae was observed in CTNS$^{-/-}$ compared to

that of RPTECs. Though, structurally normal mitochondria with cristae was observed in CTNS$^{-/-}$+V0A1

group, but majority of the mitochondria are wrapped by ER. Scale = 0.5um. (**F**) Intracellular LD was

observed in more number of cells in CTNS$^{-/-}$ and CTNS$^{-/-}$+V0A1 samples than control RPTECs. LDs

have a unique structure, which is delimited by a monolayer of phospholipids differing from the classical

bilayer structural organization. Arrows indicate endoplasmic reticulum (ER). Scale = 0.2um.

Fig. 8: ATX improved autophago-lysosomal turnover and mitochondrial health in cystinosis

RPTEC phenotype. (**A**) Immunoblot showing that 100uM of cysteamine treatment for 24 hours did not

increase the expression of ATP6V0A1 in CTNS$^{-/-}$ RPTECs. ATX improved mitochondrial membrane

potential (p=0.002, p<0.0001 at both 10uM and 20uM, respectively) in CTNS$^{-/-}$ as shown by the JC1 ratio.

(**B**) Immunoblot showing ATX upregulates ATP6V0A1, reduced the LC3-II (p=0.04) and p53 (p<0.0001)

protein expression. Values represent mean ± SD for three independent experiments (* $P \leq 0.05$; **$P \leq 0.01$;

***$P \leq 0.001$). (**C**) ATX reduced (p=0.0002) mitochondrial ROS normalized to cell viability measured by

WST-1. (**D**) ATX improved mitochondrial membrane potential (p=0.002, p<0.0001 at both 10uM and

20uM, respectively) in CTNS$^{-/-}$ as shown by the JC1 ratio. (**E**) Model of partial rescue from the cystinosis

phenotype by ATP6V0A1 overexpression. In cystinotic cells, cystinosin downregulation (**step 1**)

accumulates cystine in the lysosome and also downregulates V-ATPase expression, resulting in loss of

lysosomal acidity (**step 2**). The basic lysosomal pH thus inhibits the autophagosome-lysosomal

degradation and import of amino acids and other metabolites into the vacuole lumen (**step 3**). The

increased presence of metabolites in the cytoplasm compromises mitochondrial function through an

unspecified mechanism (**step 4**). Overexpression of ATP6V0A1, the most significantly downregulated V-

ATPase in our data set, significantly increased autophagosome turnover by removing the buildup of LC3-

II and partially improved the mitochondrial function.

Supp. Fig 1] Amino acids & Sialic acid transporters

799   **Supplementary Material**

801   **Supplementary Figure 1: Amino Acids & Sialic Acid Transporters**. Microarray identified additional

802   transcriptional changes in amino acid and sialic acid transporters in cystinotic RPTEC. Significant

803   downregulation of SLC17A1, SLC17A3, SLC17A5, SLC3A1, and SLC7A7. (* $P{\leq}0.05$; **$P{\leq}0.01$;

804   ***$P{\leq}0.001$).

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