1   # YAP/TAZ mediate TGFβ2-induced Schlemm's canal cell dysfunction
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Abstract

Purpose: Elevated transforming growth factor beta2 (TGFβ2) levels in the aqueous humor have

been linked to glaucomatous outflow tissue dysfunction. Potential mediators of dysfunction are

the transcriptional co-activators, Yes-associated protein (YAP) and transcriptional coactivator

with PDZ binding motif (TAZ). However, the molecular underpinnings of YAP/TAZ modulation

in Schlemm's Canal (SC) cells under glaucomatous conditions are not well understood. Here, we

investigate how TGFβ2 regulates YAP/TAZ activity in human SC (HSC) cells using biomimetic

extracellular matrix (ECM) hydrogels, and examine whether pharmacologic YAP/TAZ inhibition

would attenuate TGFβ2-induced HSC cell dysfunction.

Methods: Primary HSC cells were seeded atop photocrosslinked ECM hydrogels, made of

collagen type I, elastin-like polypeptide and hyaluronic acid, or encapsulated within the hydrogels.

HSC cells were induced with TGFβ2 in the absence or presence of concurrent actin destabilization

or pharmacologic YAP/TAZ inhibition. Changes in actin cytoskeletal organization, YAP/TAZ

activity, ECM production, phospho-myosin light chain levels, and hydrogel contraction were

assessed.

Results: TGFβ2 significantly increased YAP/TAZ nuclear localization in HSC cells, which was

prevented by either filamentous (F)-actin relaxation or depolymerization. Pharmacologic

YAP/TAZ inhibition using verteporfin without light stimulation decreased fibronectin expression

and reduced actomyosin cytoskeletal rearrangement in HSC cells induced by TGFβ2. Similarly,

verteporfin significantly attenuated TGFβ2-induced HSC cell-encapsulated hydrogel contraction.

Conclusions: Our data provide evidence for a pathologic role of aberrant YAP/TAZ signaling in

HSC cells under simulated glaucomatous conditions, and suggest that pharmacologic YAP/TAZ

inhibition has promising potential to improve outflow tissue dysfunction.

Introduction

The Schlemm's canal (SC) is a continuous vessel that encircles the anterior chamber at the iridocorneal angle; its lumen is lined with a single non-fenestrated layer of endothelial cells having both blood and lymphatic characteristics [1-5]. Situated in close apposition to the trabecular meshwork (TM), the SC is divided into the inner and outer wall [2]. The SC inner wall experiences a basal-to-apical pressure gradient (intraocular versus episcleral venous pressures) that drives aqueous humor into the SC lumen, which is then drained into the collector channels and aqueous veins [6]. Most of the resistance to aqueous humor outflow is generated at, or close to the SC inner wall in a region called the juxtacanalicular tissue (JCT) of the TM [7-9]. Importantly, increased outflow resistance in the JCT leads to elevated intraocular pressure (IOP), the only modifiable risk factor for primary open-angle glaucoma (POAG) [8,10-13].

Previous studies have demonstrated that glaucomatous SC cells isolated from POAG eyes exhibited higher levels of filamentous (F)-actin, α-smooth muscle actin (αSMA), and fibronectin, as well as increased cell stiffness compared to normal SC cells [14,15]. The ocular hypertension-causing steroid dexamethasone was shown to increase F-actin fibers, while the IOP-lowering Rho-associated kinase (ROCK) inhibitor Y27632 decreased F-actin levels [16,17]; F-actin is thought to mediate SC cell contractility and stiffness to negatively affect aqueous humor outflow and IOP [18]. Thus, SC cell dysfunction is thought to be a significant contributor to the increased outflow resistance in POAG; however, the mechanistic underpinnings of SC cell pathobiology remain incompletely understood.

Transforming growth factor beta 2 (TGFβ2), the predominant TGFβ isoform in the eye and aqueous humor, is a major player in contributing to the pathologic changes in POAG [10,19-23]. It has been shown that levels of TGFβ2 are elevated in eyes of glaucoma patients compared to age-

matched normal eyes [21,22,24,25]. In culture, TM and SC cells isolated from donor eyes with POAG

secrete more active TGFβ2 protein compared to normal cells [15,26]. Accordingly, perfusion of

TGFβ2 in human anterior segments increases resistance in the conventional outflow pathway [27].

At the cellular level, TGFβ2 increases actin stress fibers and phospho-myosin light chain (p-MLC)

to drive pathologic TM cell contraction [28-30]. Moreover, exposure of TM cells to TGFβ2 induces

the expression/deposition of extracellular matrix (ECM) proteins such as collagen types I and IV,

and fibronectin [28,31-33]. Despite the progress made in uncovering the role of TGFβ2 in TM cell

dysfunction, the contributions of TGFβ2 to SC cell pathobiology are less well understood.

Yes-associated protein (YAP) and transcriptional coactivator with PDZ-binding motif (TAZ)

are powerful regulators of cell proliferation and differentiation, with an established link to tissue

fibrosis [34-38]. Upon nuclear translocation, YAP/TAZ interact with TEA domain (TEAD)

transcription factors to drive the expression of known (CTGF, CYR61, ANKRD1) and glaucoma-

related putative downstream effectors of active YAP/TAZ signaling (e.g., transglutaminase-2

(TGM2)) [39]. To that end, *YAP1* was recently identified among a group of previously unknown

POAG risk loci across European, Asian, and African ancestries, suggesting a potential causal

association with outflow dysfunction [40]. YAP/TAZ can be activated by multiple stimuli, such as

stiffened ECM, increased mechanical stress, and exposure to growth factors [41,42]. Recently, we

demonstrated that both ECM stiffening and TGFβ2 increase YAP/TAZ activity in human TM cells,

which was linked to pathologic cell contractility and ECM remodeling that may exacerbate

glaucoma pathology [26].

The physiological substrate of the SC inner wall endothelial cells is its discontinuous basal

lamina, which is in direct contact with the JCT of the TM [3,6]. Recently, we developed a

bioengineered hydrogel composed of ECM biopolymers found in the native JCT region

encapsulated with human TM (HTM) cells, and demonstrated its utility for studying cell-ECM

interactions under normal and simulated glaucomatous conditions in a relevant tissue-mimetic 3D

microenvironment [26,30,43]. Here, we investigated the effects of TGFβ2 on regulating YAP/TAZ

activity in primary human SC cells cultured atop the acellular ECM hydrogel. Additionally, we

examined whether pharmacologic YAP/TAZ inhibition would alleviate TGFβ2-induced cell

dysfunction.

Materials and Methods

HSC cell isolation and culture

Experiments using human donor eye tissue were approved by the SUNY Upstate Medical

University Institutional Review Board (protocol #1211036), and were performed in accordance

with the tenets of the Declaration of Helsinki for the use of human tissue. Primary human SC (HSC)

cells were isolated from healthy donor corneal rims discarded after transplant surgery and cultured

according to established protocols [5]. Briefly, the corneal rims were cut into wedges and placed into

a 100 mm dish containing low-glucose Dulbecco's Modified Eagle's Medium (DMEM; Gibco;

Thermo Fisher Scientific, Waltham, MA, USA) with 10% fetal bovine serum (FBS; Atlanta

Biologicals, Flowery Branch, GA, USA) and 1% penicillin/streptomycin/glutamine (PSG; Gibco).

Using an SMZ1270 stereomicroscope (Nikon Instruments, Melville, NY, USA), a 2% gelatin-

coated (Sigma-Aldrich) 6-0 nylon monofilament sterile suture (eSutures, Mokena, IL, USA) was

inserted into the SC lumen of each wedge with fine-tipped forceps (Fine Science Tools, Foster

City, CA, USA), and these wedges were cultured in DMEM with 10% FBS and 1% PSG, and

maintained at 37°C in a humidified atmosphere with 5% CO_2 for 3 weeks. Next, curvilinear

incisions were made parallel to Schwalbe's line (alongside the suture) into the TM, which

produced a TM flap. After lifting the TM, the sutures were gently removed, and a ~2 mm long

piece was cut from each end of the suture to prevent fibrotic cell contamination. Next, the sutures

were washed with Dulbecco's Phosphate Buffered Saline (DPBS; Gibco), placed into a single well

of gelatin-coated (Sigma-Aldrich) 6-well culture plates (Corning; Thermo Fisher Scientific), and

digested for 2 min with 0.25% trypsin/0.5 mM EDTA (Gibco). Subsequently, 5 ml DMEM with

10% FBS and 1% PSG were added, and the sutures were moved to another gelatin-coated well.

The digests and sutures were cultured in DMEM with 10% FBS and 1% PSG, and maintained at

37°C in a humidified atmosphere with 5% CO_2. Fresh media was supplied every 2-3 days. Once

confluent, HSC cells were lifted with 0.25% trypsin/0.5 mM EDTA and sub-cultured in DMEM

with 10% FBS and 1% PSG. All studies were conducted using cells passage 3-6. Four HSC cell

strains (HSC01, HSC02, HSC03, HSC09) were characterized and used for the experiments herein;

the reference cell strain HSC78 was isolated and characterized at Duke University by K.M.P. and

W.D.S. (**Table 1**). Different combinations of 3 HSC cell strains were used per experiment,

depending on cell availability.

Table 1: HSC cell strain information.

ID	Sex	Age
HSC01	Male	33
HSC02	Male	46
HSC03	Female	46
HSC09	Female	69
Reference HSC78*	Male	77
Reference HSC88*	Female	67
*obtained from W.D.S. at Duke University		

HSC cell characterization

HSC cells were seeded at 1×10^4 cells/cm^2 in 6-well culture plates or on sterilized glass

coverslips in 24-well culture plates, and cultured in DMEM with 10% FBS and 1% PSG. HSC cell

morphology and growth characteristics were monitored by phase contrast microscopy using an

LMI-3000 Series Routine Inverted Microscope (Laxco; Thermo Fisher Scientific). Once confluent,

monolayers of HSC cells were processed for immunocytochemistry and immunoblot analyses to

assess expression of fibulin-2 and vascular endothelial-cadherin, respectively, with human

umbilical vein endothelial cells (ATCC, Manassas, VA, USA) serving as a positive control and

previously validated HTM cells (HTM01 or HTM19) [43] serving as negative controls. To rule out

the contamination of HTM cells, dexamethasone (Fisher Scientific)-induced myocilin expression

was assessed in HSC cells. Briefly, confluent HSC cells were treated with 100 nM dexamethasone

or vehicle control (0.1% (v/v) ethanol) in DMEM with 1% FBS and 1% PSG for 4 d, and serum-

and phenol red-free DMEM for 3 d. The HSC cell culture supernatants were collected and

concentrated using Amicon® Ultra Centrifugal Filters (Millipore Sigma, Burlington, MA, USA)

for immunoblot analysis.

Preparation of ECM thin-film hydrogels

Hydrogel precursors methacrylate-conjugated bovine collagen type I (MA-COL, Advanced

BioMatrix, Carlsbad, CA, USA; 3.6 mg/ml [all final concentrations]), thiol-conjugated hyaluronic

acid (SH-HA, Glycosil®, Advanced BioMatrix; 0.5 mg/ml, 0.025% (w/v) photoinitiator Irgacure®

2959; Sigma-Aldrich, St. Louis, MO, USA) and in-house expressed elastin-like polypeptide (SH-

ELP, thiol via KCTS flanks [43]; 2.5 mg/ml) were thoroughly mixed. Thirty microliters of the

hydrogel solution were pipetted onto a Surfasil (Fisher Scientific)-coated 18×18-mm square glass

coverslip followed by placing a regular 12-mm round glass coverslip onto the hydrogels.

Constructs were crosslinked by exposure to UV light (OmniCure S1500 UV Spot Curing System;

Excelitas Technologies, Mississauga, Ontario, Canada) at 320-500 nm, 2.2 W/cm^2 for 5 s, as

previously described [26,30,43]. The hydrogel-adhered coverslips were removed with fine-tipped

tweezers and placed in 24-well culture plates (Corning; Thermo Fisher Scientific). The elastic

modulus of the ECM hydrogel was previously measured at ~0.2 kPa [26].

HSC cell treatments

HSC cells were seeded at 2×10^4 cells/cm^2 atop premade ECM hydrogels and cultured in

DMEM with 10% FBS and 1% PSG for 1 or 2 days. Then, HSC cells were cultured in serum-free

DMEM with 1% PSG and subjected to the different treatments: TGFβ2 (2.5 ng/ml; R&D Systems,

Minneapolis, MN, USA; for 3 d), the ROCK inhibitor Y27632 (10 µM; Sigma-Aldrich; for 3 d or

30 min only), the actin depolymerizer latrunculin B (10 µM; for 30 min only to preserve cell

viability; Tocris Bioscience; Thermo Fisher Scientific), or the YAP inhibitor verteporfin (0.5 µM;

Sigma-Aldrich; for 3 d).

Immunoblot analysis

Equal protein amounts (10 or 40 µg), determined by standard bicinchoninic acid assay (Pierce;

Thermo Fisher Scientific), from concentrated HSC cell culture supernatants ± dexamethasone at 7

d or from HSC cell lysates in lysis buffer (radioimmunoprecipitation assay (RIPA) buffer: 150

mM sodium chloride, 1.0% Triton™ X-100, 0.5% sodium deoxycholate, 0.1% sodium dodecyl

sulfate, 50 mM Tris, pH 8.0; all from Thermo Fisher Scientific) supplemented with Halt™

protease/phosphatase inhibitor cocktail (Thermo Fisher Scientific) in 4× loading buffer (Invitrogen;

Thermo Fisher Scientific) with 5% beta-mercaptoethanol (Fisher Scientific) were boiled for 5 min,

subjected to SDS-PAGE using NuPAGE™ 4-12% Bis-Tris Gels (Invitrogen; Thermo Fisher

Scientific) at 120V for 80 min, and transferred to 0.45 μm polyvinylidene difluoride (Sigma;

Thermo Fisher Scientific) or 0.2 μm nitrocellulose membranes (Bio-Rad, Hercules, CA, USA).

Membranes were blocked with 5% bovine serum albumin (Thermo Fisher Scientific) in tris-

buffered saline with 0.2% Tween®20 (Thermo Fisher Scientific), and probed with primary

antibodies followed by incubation with HRP-conjugated or fluorescent secondary antibodies (LI-

COR, Lincoln, NE, USA). Bound antibodies were visualized with the enhanced chemiluminescent

detection system (Pierce) on autoradiography film (Thermo Fisher Scientific) or Odyssey® CLx

imager (LI-COR). A list of all antibodies and their working dilutions can be found in

Supplementary Table 1.

Immunocytochemistry analysis

HSC cells atop ECM hydrogels subjected to the different treatments for 3 d were fixed with 4%

paraformaldehyde (Thermo Fisher Scientific) at room temperature for 20 min, permeabilized with

0.5% Triton™ X-100 (Thermo Fisher Scientific), blocked with blocking buffer (BioGeneX), and

incubated with primary antibodies, followed by incubation with fluorescent secondary antibodies;

nuclei were counterstained with 4′,6′-diamidino-2-phenylindole (DAPI; Abcam). Similarly, cells

were stained with Phalloidin-iFluor 488 (Invitrogen) or 594 (Abcam)/DAPI according to the

manufacturer's instructions. Coverslips were mounted with ProLong™ Gold Antifade (Invitrogen)

on Superfrost™ microscope slides (Fisher Scientific), and fluorescent images were acquired with

an Eclipse N*i* microscope (Nikon Instruments, Melville, NY, USA). A list of all antibodies and

their working dilutions can be found in **Supplementary Table 1**.

Image analysis

All image analyses were performed using FIJI software (National Institutes of Health (NIH),

Bethesda, MD, USA). Briefly, the cytoplasmic YAP/TAZ intensity was measured by subtracting

the spatially overlapping nuclear (DAPI) intensity from the total YAP/TAZ intensity. The nuclear

YAP/TAZ intensity was recorded as the proportion of total YAP/TAZ intensity that spatially

overlapped with the nucleus (DAPI). YAP/TAZ nuclear/cytoplasmic (N/C) ratio was calculated as

follows: N/C ratio = (nuclear YAP/TAZ signal/area of nucleus)/(cytoplasmic signal/area of

cytoplasm). Fluorescence intensity of F-actin, FN, TGM2, and p-MLC were measured in at least

30 images from 3 HSC cell strains with 3 replicates per HSC cell strain with standardized image

background subtraction (using species-matched IgG negative controls) using FIJI software. Given

the lack of defined αSMA fibers in untreated controls, we quantified the number of cells exhibiting

αSMA signal/fibers (i.e., yes/no decision) per image after standardized background correction and

calculated % of αSMA-positive cells according to a previous report [44]. At least 150 cells were

analyzed in 30 images from 3 HSC cell strains with 3 replicates per HSC cell strain. For each

experiment, care was taken to include an equivalent number of cells across groups.

HSC hydrogel contraction analysis.

HSC cell-laden hydrogels were prepared by mixing HSC cells (1.0×10^6 cells/ml) with MA-

COL (3.6 mg/ml), SH-HA (0.5 mg/ml, 0.025% (w/v) photoinitiator) and SH-ELP (2.5 mg/ml) on

ice, followed by pipetting 10 µl droplets of the HSC cell-laden hydrogel precursor solution onto

polydimethylsiloxane (PDMS; Sylgard 184; Dow Corning)-coated 24-well culture plates.

Constructs were crosslinked as described above (320-500 nm, 2.2 W/cm^2, 5 s). HSC cell-laden

hydrogels were cultured in DMEM with 10% FBS and 1% PSG in presence of the different

treatments. Longitudinal brightfield images were acquired at 0 d and 5 d with an Eclipse T*i*

microscope (Nikon). Construct area from N = 12 hydrogels per group from 3 HSC cell strains with

4 replicates per cell strain was measured using FIJI software and normalized to 0 d followed by

normalization to controls.

HSC hydrogel cell viability analysis

Cell viability was measured with the CellTiter 96® Aqueous Non-Radioactive Cell

Proliferation Assay (Promega) following the manufacturer's protocol. HSC hydrogels cultured in

DMEM with 10% FBS and 1% PSG in presence of the different treatments for 5 d were incubated

with the staining solution (38 µl MTS, 2 µl PMS solution, 200 µl DMEM) at 37ºC for 1.5 h.

Absorbance at 490 nm was recorded using a spectrophotometer plate reader (BioTek, Winooski,

VT, USA). Blank-subtracted absorbance values served as a direct measure of HSC cell viability

from N = 12 hydrogels per group from 3 HSC cell strains with 4 replicates per cell strain.

Statistical analysis

Individual sample sizes are specified in each figure caption. Comparisons between groups were

assessed by two-way analysis of variance (ANOVA) with Tukey's multiple comparisons *post hoc*

tests, as appropriate. The significance level was set at $p < 0.05$ or lower. GraphPad Prism software

v9.2 (GraphPad Software, La Jolla, CA, USA) was used for all analyses.

Results

HSC cell characterization

Four HSC cell strains (HSC01, HSC02, HSC03, and HSC09) were used and compared to validated reference strains (HSC78 and HSC88). All of our HSC cell strains exhibited typical spindle-like elongated cell morphology comparable to the reference standard (**Fig. 1A**). A reliable feature of HSC cells *in vitro* is expression of two positive markers, fibulin-2 and vascular endothelial-cadherin (VE-Cad) [45]. Our results showed that all HSC cell strains robustly expressed fibulin-2 (**Fig. 1B**) and VE-Cad (**Fig. 1C**), comparable to reference HSC cells, with HTM controls being negative for both markers [45]. In culture, HTM cells upregulate myocilin expression following challenge with the corticosteroid dexamethasone [46], whereas this does not occur in HSC cells. We observed that none of the HSC cell strains expressed myocilin regardless of the presence or absence of dexamethasone (**Fig. 1D**), suggesting pure HSC cell preparations devoid of HTM cell contamination.

Together, these data suggest that HSC01, HSC02, HSC03, and HSC09 exhibit required key characteristics according to previous publications [5,45] to faithfully identify them as normal HSC cells, comparable to confirmed reference standards.

Fig. 1. HSC cell characterization. (A) Representative phase contrast micrographs of reference HSC, HSC01, HSC02, HSC03 and HSC09 cell strains, with HTM controls. Scale bar, 200 μm. (B) Representative immunofluorescence micrographs of fibulin-2. Scale bar, 100 μm. (C) Immunoblot of VE-Cadherin (VE-Cad), with human umbilical vein endothelial (HUVEC) cells serving as positive control. (D) Immunoblot of secreted myocilin (MYOC) without or with dexamethasone (DEX) stimulation at 7 d (= negative marker). Reference HSC cells were provided by K.M.P./W.D.S.. Control HTM cells were previously characterized in ref [43].

Effects of TGFβ2 in the absence or presence of ROCK inhibition or Lat B on actin cytoskeleton

in HSC cells.

F-actin stress fibers are found in higher numbers in SC cells isolated from POAG eyes compared to normal SC cells [15]. Moreover, it has been shown that glaucomatous SC cells

occasionally exhibit disorganized or "tangled" F-actin fibers; these abnormal cytoskeletal

structures often appear as dense groups of actin bundles with multidirectional orientation and

overlaps [47]. To investigate the effects of TGFβ2 on actin cytoskeleton remodeling, HSC cells were

cultured atop premade ECM hydrogels and treated with TGFβ2 alone or co-treated with ROCK

inhibitor Y27632 or latrunculin B (Lat B), a compound that inhibits actin polymerization (**Fig.**

2A). We observed significantly increased F-actin stress fibers/overall intensity and qualitatively

more disorganized F-actin filaments in HSC cells treated with TGFβ2 compared to controls, which

was significantly prevented by co-treatment with Y27632 or Lat B, with short Lat B treatment for

only 30 min showing a stronger effect (**Fig. 2B,C**). Of note, both types of actin destabilizers failed

to fully block TGFβ2-induced F-actin assembly. We observed a range of responsiveness to the

TGFβ2 challenge ± treatments among the HSC cell strains, indicating normal donor-to-donor

viability.

We, and others, have shown that the fibrotic marker α-smooth muscle actin (αSMA) is

upregulated in HTM cells by TGFβ2 exposure [28-30,48]. Here, we demonstrated that TGFβ2 induced

expression of αSMA in 45.87% of HSC cells compared to only ~3.16% in controls. Similar to

results with F-actin, Y27632 prevented αSMA stress fiber formation induced by TGFβ2, with only

13.98% αSMA$^+$ cells. Interestingly, short-term Lat B treatment failed to block TGFβ2-induced

αSMA expression (% of αSMA$^+$ cells: 41.95%) (**Fig. 2D,E**).

Fig. 2. Effects of TGFβ2 in the absence or presence of a ROCK inhibitor or Lat B on F-actin and αSMA stress fibers in HSC cells. (A) Schematic showing time course of the different treatments. (B) Representative fluorescence micrographs of F-actin in HSC cells on ECM hydrogel substrates subjected to control, TGFβ2 (3 d; 2.5 ng/mL), TGFβ2 + Y27632 (3 d; 10 μM), TGFβ2 (3 d) + Lat B (30 min; 2 μM). Scale bar, 20 μm. (C) Analysis of F-actin intensity (N = 30 images per group from 3 HSC cell strains with 3 replicates per HSC cell strain). (D) Representative immunofluorescence micrographs of αSMA in HSC cells on ECM hydrogel substrates subjected to the different treatments. Scale bar, 20 μm. (E) Analysis of percentage of αSMA+ cells (N = 30 images per group from 3 HSC cell strains with 3 experimental replicates per HSC cell strain; more than 150 cells were analyzed per cell strain). Symbols with different colors represent different cell strains. The bars and error bars indicate Mean ± SD. Significance was determined by two-way ANOVA using multiple comparisons tests (**p<0.01, ****p < 0.0001. ns = non-significant).

To ascertain that the results seen with concurrent exposure to TGFβ2 + Y27632 were not

affected by waning inhibitor activity over the 3-day period, HSC cells were treated with TGFβ2

for 3 d followed by supplementation of Y27632 for only 30 min (**Fig. 3A**) to match the Lat B

treatment regimen. We observed that HSC cells undergoing short-term ROCK inhibition with

Y27632 fully blocked TGFβ2-induced F-actin stress fiber formation, restoring control levels (**Fig.**

3B,C). As such, ROCK inhibition for only 30 min appeared comparatively more potent than 3 d

co-treatment (**Fig. 2B,C**). We also found that short-term supplementation of Y27632 significantly

decreased expression of αSMA induced by TGFβ2 (**Fig. 3D,E**), consistent with the 3 d co-

treatment data (**Fig. 2B,C**); yet, intensity levels remained significantly higher than controls.

Collectively, these data demonstrate that TGFβ2 promotes F-actin stress fiber formation in

HSC cells, which is decreased by either actin cytoskeleton relaxation or depolymerization.

Furthermore, TGFβ2 induces αSMA expression, which is prevented by ROCK inhibition, even as

short as 30 min, whereas short-term actin depolymerization does not influence aberrant αSMA

stress fiber formation across different HSC cell strains.

Fig. 3. Effects of short-term ROCK inhibition on TGFβ2-induced F-actin and αSMA stress fibers in HSC cells. (A) Schematic showing time course of short-term ROCK inhibition. (B) Representative fluorescence micrographs of F-actin in HSC cells on ECM hydrogel substrates subjected to control, TGFβ2 (3 d; 2.5 ng/mL), TGFβ2 (3 d) + Y27632 (30 min; 10 μM). Scale bar, 20 μm. (C) Analysis of F-actin intensity (N = 30 images per group from 3 HSC cell strains with 3 replicates per HSC cell strain). (D) Representative immunofluorescence micrographs of αSMA in HSC cells on ECM hydrogel substrates subjected to the different treatments. Scale bar, 20 μm. (E) Analysis of percentage of αSMA+ cells (N = 30 images per group from 3 HSC cell strains with 3 experimental replicates per HSC cell strain; more than 150 cells were analyzed per cell strain). Symbols with different colors represent different cell strains. The bars and error bars indicate Mean ± SD. Significance was determined by two-way ANOVA using multiple comparisons tests (****p < 0.0001, ns = non-significant).

TGFβ2 stabilizes actin cytoskeleton to upregulate YAP/TAZ activity

Recently, we demonstrated that TGFβ2 increases nuclear YAP and TAZ, a readout for active

YAP/TAZ signaling, in HTM cells cultured atop or within ECM hydrogels [26]. To assess the effect

of TGFβ2 on YAP/TAZ subcellular localization in HSC cells subjected to the different treatments,

we evaluated both YAP and TAZ nuclear-to-cytoplasmic (N/C) ratios. We observed that exposure

to TGFβ2 significantly increased YAP N/C ratio (**Fig. 4A,B**), TAZ N/C ratio (**Fig. 4C,D**) and

expression of their putative downstream effector TGM2 (**Fig. 4E,F**) compared to controls,

suggesting that TGFβ2 enhanced YAP/TAZ transcriptional activity. Given that actin cytoskeletal

integrity is required for proper YAP/TAZ regulation in a variety of cells [41,49], we investigated

whether TGFβ2-induced YAP/TAZ activation in HSC cells depended on an intact actin

cytoskeleton. Our results revealed that HSC cells co-treated with Y27632 or Lat B significantly

decreased TGFβ2-induced YAP/TAZ nuclear localization and TGM2 expression. Consistent with

our observation on F-actin fibers in response to the different treatments, Lat B was more effective

in decreasing YAP/TAZ activity in HSC cells (i.e., below control levels) compared to Y27632

(**Fig. 4A-F**).

Together, these data show that TGFβ2 increases nuclear YAP/TAZ and TGM2 expression in

HSC cells from multiple donors, which is potently attenuated by either actin cytoskeleton

relaxation or depolymerization.

Fig. 4. Effects of TGFβ2 in the absence or presence of a ROCK inhibitor or Lat B on YAP/TAZ activity in HSC cells. (A and B) Representative immunofluorescence micrographs of YAP and TAZ in HSC cells on ECM hydrogel substrates subjected to control, TGFβ2 (3 d; 2.5 ng/mL), TGFβ2 + Y27632 (3 d; 10 µM), TGFβ2 (3 d) + Lat B (30 min; 2 µM). Arrows indicate YAP/TAZ nuclear localization. Scale bar, 20 µm. (C and D) Analysis of YAP/TAZ nuclear/cytoplasmic ratio (N = 30 images from 3 HSC cell strains with 3 experimental replicates per cell strain). (E) Representative fluorescence micrographs of TGM2 in HSC cells on ECM hydrogel substrates subjected to the different treatments. Scale bar, 20 µm. (F) Analysis of TGM2 intensity (N = 30 images from 3 HSC cell strains with 3 replicates per cell strain). Symbols with different colors represent different cell strains. The bars and error bars indicate Mean ± SD. Significance was determined by two-way ANOVA using multiple comparisons tests (*p<0.05, ****p < 0.0001, ns = non-significant).

YAP/TAZ mediate ECM remodeling and actomyosin cell cytoskeleton

It has been shown that HSC cells isolated from glaucomatous eyes exhibit increased F-actin

stress fibers and expression of ECM proteins including fibronectin [15]; in this study, our results

suggest that TGFβ2 also increases actin cytoskeleton remodeling. Both abnormal ECM deposition

and actin remodeling may be part of a pathologic signature in HSC cells. Therefore, we next tested

whether pharmacologic YAP/TAZ inhibition could rescue TGFβ2-induced HSC cell dysfunction.

To do so, HSC cells atop ECM hydrogels were treated with TGFβ2 alone or co-treated with

verteporfin (without light stimulation), which disrupts nuclear YAP/TAZ-TEAD interactions

thereby inhibiting transcriptional activity [50]. Co-treatment with TGFβ2 + verteporfin significantly

decreased N/C ratios of YAP and TAZ in HSC cells compared to TGFβ2 alone, approximating

baseline levels, in agreement with our recent data using HTM cells [51] (**Suppl. Fig. 1A-D**).

Similarly, verteporfin significantly decreased TGFβ2-stimulated TGM2 expression; yet, levels

remained significantly higher compared to controls (**Suppl. Fig. 1E,F**).

We observed that exposure to verteporfin significantly reduced TGFβ2-induced fibronectin

deposition approximating untreated controls (**Fig. 5A,B**). Importantly, we demonstrated that

TGFβ2-induced αSMA expression (**Fig. 5C,D**), F-actin stress fiber formation (**Fig. 5E,F**), and

phospho-myosin light chain (p-MLC) levels (**Fig. 5G,H**) were significantly decreased by

verteporfin co-treatment, but again did not reach baseline levels.

In sum, these data suggest that pharmacologic YAP/TAZ inhibition reduces the expression of

fibronectin and decreases actomyosin cytoskeletal rearrangement across different HSC cell strains.

Fig. 5. Effects of pharmacologic YAP/TAZ inhibition on ECM remodeling and actomyosin cytoskeleton in HSC cells. (A) Representative immunofluorescence micrographs of fibronectin (FN) in HSC cells on ECM hydrogel substrates subjected to control, TGFβ2 (3 d; 2.5 ng/mL), TGFβ2 + verteporfin (3 d; 0.5 µM). Scale bar, 100 µm. (B) Analysis of fibronectin intensity (N = 30 images per group from 3 HSC cell strains with 3 experimental replicates per HSC cell strain). (C) Representative immunofluorescence micrographs of αSMA in HSC cells on ECM hydrogel substrates subjected to the different treatments. Scale bar, 20 µm. (D) Analysis of percentage of

αSMA^{+} cells (N = 3 HSC cells strains, more than 150 cells were analyzed per cell strain). (E and
G) Representative fluorescence micrographs of F-actin and p-MLC in HSC cells on ECM hydrogel
substrates subjected to the different treatments. Scale bar, 20 μm. (F and H) Analysis of F-actin
and p-MLC intensity (N = 30 images from 3 HSC cell strains with 3 experimental replicates per
cell strain). Symbols with different colors represent different cell strains. The bars and error bars
indicate Mean ± SD. Significance was determined by two-way ANOVA using multiple
comparisons tests (*$p<0.05$, ***$p<0.001$, ****$p < 0.0001$, ns = non-significant).
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YAP/TAZ mediate TGFβ2-induced HSC cell contractility

It has been shown that perfusing *ex vivo* human anterior segments with TGFβ2 reduced the

length of the SC inner wall [27], suggestive of tissue contraction. HSC cells are known to be highly

contractile [3]. In support of this notion, we observed that HSC cell-laden hydrogels - an

experimental tool developed in our laboratory to characterize HTM cell behavior [26,30,43] - in

absence of any treatment significantly contracted over time, reaching ~35-42% of their original

size by 5 d with normal donor-to-donor variability (**Suppl. Fig.2**).

Our data so far showed that YAP/TAZ inhibition reduced pathologic actomyosin cytoskeleton

remodeling. Therefore, we hypothesized that TGFβ2 may increase HSC cell contractility, which

could be reduced by YAP/TAZ inhibition. To test this hypothesis, we again encapsulated HSC

cells in ECM hydrogels and treated the constructs with TGFβ2, either alone or in combination with

verteporfin (without light stimulation), to assess the level of hydrogel contraction at 5 d. TGFβ2-

treated HSC hydrogels exhibited significantly greater contraction compared to controls (62.79%

of controls; **Fig. 6A,B**), consistent with our previous studies using HTM cells [26,30,43]. Co-treatment

with verteporfin significantly decreased pathologic HSC hydrogel contraction (81.56% of

controls) compared to TGFβ2-treated samples (**Fig. 6A,B**), but it did not fully restore baseline

levels. Of note, the influence of verteporfin on HSC cell-laden hydrogel contraction differed

between HSC cell strains, showing a stronger effect on HSC02 than HSC03 and HSC09 in line

with normal donor-to-donor variability (**Fig. 5A,B**). To rule out that hydrogel contractility was

influenced by the cell number, we assessed HSC cell viability in constructs subjected to the

different treatments. No differences were observed for HSC cell-laden hydrogels across groups

(**Fig. 6C**).

Together, these data demonstrate that TGFβ2 robustly induces HSC cell contractility in a 3D

ECM microenvironment across multiple cell strains, and that pharmacologic YAP/TAZ inhibition

potently decreases pathologic HSC cell contraction.

Fig. 6. Effects of TGFβ2 in the absence or presence of YAP/TAZ inhibition on HSC hydrogel
contractility. (A) Representative brightfield images of HSC hydrogels subjected to control,
TGFβ2 (3 d; 2.5 ng/mL), TGFβ2 + verteporfin (3 d; 0.5 μM) at 5 d. Dashed lines outline original
size of constructs at 0 d. Scale bar, 1 mm. (B) Construct size quantification of HSC hydrogels
subjected to the different treatments at 5 d (N = 12 hydrogels per group from 3 HSC cell strains
with 4 experimental replicates per HSC cell strain). (C) Cell viability quantification of HSC
hydrogels subjected to the different treatments at 5 d (N = 12 hydrogels per group from 3 HSC cell

strains with 4 experimental replicates per HTM cell strain). Symbols with different colors represent
different cell strains. The bars and error bars indicate Mean ± SD. Significance was determined by
two-way ANOVA using multiple comparisons tests (****$p<0.0001$, ns = non-significant).

Discussion

The profibrotic cytokine TGFβ2 is a key contributor to outflow tissue dysfunction in POAG

[10,19]. TGFβ2 has been shown to increase the deposition of ECM material in the JCT-TM beneath

the SC inner wall endothelium and contract the SC [26,27,30]. Most *in vitro* studies to date

investigating the effects of TGFβ2 on outflow cell dysfunction have focused on TM cells [26,30,48].

In contrast, the contributions of TGFβ2 to SC cell pathobiology are considerably less well

understood. A recent multi-ethnic genome wide meta-analysis identified *YAP1* as a potential

genetic risk factor for POAG, implicating that YAP (and perhaps TAZ by association) may play a

critical role in glaucoma pathogenesis [40]. We have shown that TGFβ2 upregulates YAP/TAZ

activity in HTM cells cultured atop or within ECM hydrogels [26]. Here, our aim was to elucidate

mechanisms governing YAP/TAZ modulation in HSC cells in response to TGFβ2 by culturing

cells on a tissue-mimetic ECM substrate.

Glaucomatous SC cells isolated from POAG eyes have been shown to exhibit more F-actin

stress fibers with an overall higher degree of disorganization compared to normal cells [15].

Consistent with this observation, we found that TGFβ2 significantly increased F-actin stress fiber

formation in HSC cells with qualitatively more disorganized filaments (**Fig. 2B,C**). Concurrent

actin destabilization with Y27632 or Lat B potently decreased TGFβ2-induced actin stress fibers,

with short-term Lat B exposure (30 min; necessary to preserve HSC cell viability) showing a

stronger effect compared to ROCK inhibitor co-treatment for the full 3 days. When Y27632 was

supplemented for only 30 min (i.e., matching the Lat B regimen) to allow for a more accurate side-

by-side comparison of the two compounds, an even greater inhibitory effect on pathologic F-actin

stress fiber formation was observed (30 min: ~80.94%; 3 d: ~49.55% vs. TGFβ2; **Fig. 2B,C** and

Fig. 3B,C). These data raise the possibility that by day 3, Y27632 may have lost some of its

potency; this would be in line with the reported Y27632 half-life of ~12-16 h [52]. Nevertheless, it

is important to note that despite potentially weakened ROCK inhibitory activity, co-treatment of

TGFβ2 + Y27632 significantly decreased pathologic F-actin disorganization in HSC cells. It has

been extensively reported that the glaucoma-associated stressors dexamethasone and TGFβ2

stimulate the formation of cross-linked actin networks (CLANs) in HTM cells [53-56]. In this study,

we did not observe any such structures in HSC cells independent of the treatment applied. A

number of signaling pathways including Smad, Wnt, ROCK and ERK have been shown to

modulate CLAN formation in HTM cells [57]. Further research will be necessary to investigate the

specific contribution of these important signaling pathways in HSC cell pathobiology in the

context of cytoskeletal homeostasis and remodeling.

The transcriptional coactivators YAP and TAZ play important roles in mechanotransduction

and POAG pathogenesis [40,41]. Recently, we showed that activity of YAP/TAZ is upregulated in

HTM cells under diverse simulated glaucomatous conditions [26]. However, the mechanisms

underlying YAP/TAZ signaling in HSC cells influenced by TGFβ2 remain to be elucidated. We

here demonstrated that TGFβ2 increased YAP/TAZ nuclear localization and activity in HSC cells,

which was potently attenuated by actin cytoskeleton relaxation using Y27632 or actin

depolymerization using Lat B (**Fig. 4**). This suggests that actin integrity is required for YAP/TAZ

activation in HSC cells. We found that Lat B treatment was more effective in blocking TGFβ2-

induced YAP/TAZ nuclear accumulation (i.e., more cytoplasmic YAP/TAZ) than ROCK

inhibition with Y27632, consistent with the F-actin stress fiber data. A previous study showed that

HTM cells can recover to their initial state after removal of Lat B treatment in a short period of

time [58]. It would be worthwhile to further investigate whether Y27632/Lat B-reduced YAP/TAZ

activity could be reversed with the treatments withheld.

Endothelial-to-mesenchymal transition (EndMT) is a process whereby endothelial cells

undergo a series of molecular events, such as increased expression of αSMA, fibronectin,

vimentin, and collagen types I and III, that lead to a change in phenotype toward mesenchymal-

like cells [59,60]. TGFβ has been shown to induce EndMT, which can contribute to various fibrotic

diseases and cancers [60-63]. In a previous study, it was shown that TGFβ2 stimulated EndMT of

HSC cells cultured on top of a synthetic biomaterial; downregulation of endothelial cell markers

and upregulation of mesenchymal makers were noted [64]. Consistent with this, we showed that

TGFβ2 enhanced EndMT of HSC cells cultured atop tissue-mimetic ECM hydrogels, as indicated

by increased formation of fibronectin and αSMA (**Fig. 2D,E, Fig. 3D,E, Fig. 5A-D**). The TGFβ2-

induced αSMA stress fibers were potently disrupted by short-term exposure to Y27632. We

measured a ~71.84% decrease in αSMA-positive cells with only 30-min of ROCK inhibition

compared to TGFβ2-treated HSC cells, nearly identical to the full 3 d co-treatment (~69.52%). By

contrast, Lat B-mediated actin depolymerization failed to reduce αSMA-positive cells.

Importantly, we found that TGFβ2-induced EndMT in HSC cells was potently blocked by

pharmacologic YAP/TAZ inhibition with verteporfin in absence of light stimulation consistent

with previous reports in non-ocular [65-67] and ocular cells [51,68,69]; significantly decreased fibronectin

and actin stress fibers were noted (**Fig. 5A-D**). Moreover, TAP/TAZ inhibition decreased TGFβ2-

induced expression of TGM2 (**Suppl. Fig. 1E,F**), which crosslinks fibronectin and thereby stiffens

the ECM [70]. This suggests that YAP/TAZ inhibition may decrease ECM stiffness to improve

aqueous humor outflow. Therefore, targeting YAP/TAZ signaling in the SC endothelium to inhibit

EndMT is an intriguing strategy for managing ocular hypertension.

Actomyosin, the actin-myosin complex, regulates cell contractility in various cell types [71]

including HSC cells [3]. To that end, HSC cells in absence of any treatment exhibited qualitatively

fewer F-actin fibers compared to HTM cells when cultured atop our ECM hydrogels. Therefore,

we speculate that the higher degree of HSC cell contractility could stem from upregulated activity

of myosin II, which is responsible for producing contraction force [72]. Myosin II activity is primarily

regulated by phosphorylation of MLC; this process is mediated by myosin light chain kinase

(MLCK) and myosin phosphatase [73]. Importantly, MLCK inhibition has been shown to decrease

IOP in rabbit eyes [74]. Blebbistatin, a pharmacologic inhibitor of myosin II adenosine triphosphatase

activity, increases outflow facility via blocking the binding of myosin to actin [75]. Futures studies

would be necessary to investigate in greater detail the role of myosin II activity and myosin-actin

interactions in HSC cell biology.

Consistent with our observation on HTM cells, TGFβ2-treated HSC cells exhibited elevated

levels of cell contractility-related molecules (i.e., αSMA, F-actin and p-MLC), which correlated

with increased HSC hydrogel contraction. Importantly, this TGFβ2-induced pathologic process

was potently attenuated by pharmacologic YAP/TAZ inhibition (**Fig. 5C-H, Fig. 6B-D**). Previous

studies showed that outflow resistance is modulated by SC cell stiffness, which is directly

correlated with their contractility status [14,76]. It would be worthwhile to further investigate the

effects of YAP/TAZ inhibition on HSC cell stiffness.

In conclusion, by culturing HSC cells on tissue-mimetic ECM hydrogels, we demonstrated that

TGFβ2 drives actin stress fiber formation to upregulate YAP/TAZ activity, and that YAP/TAZ

inhibition reduces HSC cell contractility, which may positively affect cell stiffness and outflow

resistance. Our findings provide new evidence for a pathologic role of YAP/TAZ hyperactivation

in HSC cell pathobiology in glaucoma, and suggest that pharmacologic YAP/TAZ inhibition has

promising potential to improve outflow tissue dysfunction.

Disclosure

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the data. K.M.P. and W.D.S. provided the HSC reference cells. H.L. and S.H. wrote the

manuscript. All authors commented on and approved the final manuscript. P.S.G. and S.H.

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Additional data related to this paper may be requested from the authors.

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