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 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.

Changes in actin cytoskeleton, 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 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 [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 human SC (HSC)

cells cultured atop the acellular ECM hydrogel. Additionally, we examined whether

pharmacologic YAP/TAZ inhibition would alleviate TGFβ2-induced HSC 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 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 2-3 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
*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 (VE-CAD), respectively. To rule

out the contamination of HTM cells, dexamethasone (DEX; Fisher Scientific)-induced myocilin

(MYOC) expression was assessed in HSC cells. Briefly, confluent HSC cells were treated with

100 nM DEX 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).

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 for 3 d: TGFβ2 (2.5 ng/ml; R&D

Systems, Minneapolis, MN, USA), the ROCK inhibitor Y27632 (10 μM; Sigma-Aldrich), 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).

Immunoblot analysis

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

Thermo Fisher Scientific), from HSC cell lysates in lysis buffer (CelLytic™ M, Sigma-Aldrich)

or from concentrated HSC cell culture supernatants ± DEX at 7 d 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 PVDF membranes (Sigma; Thermo

Fisher Scientific). 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 various primary antibodies followed by incubation with HRP-conjugated secondary

antibodies 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 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 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 image background subtraction

using FIJI software. Given the lack of defined αSMA fibers in untreated controls, we measured

the percent of αSMA-positive cells using FIJI software. At least 150 cells were analyzed in 30

images from 3 HSC cell strains with 3 replicates per HSC cell strain.

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 a

validated reference strain (HSC78). 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) [44]. Our results show that all HSC cell strains highly expressed fibulin-2 (**Fig.**

1B) and VE-CAD (**Fig. 1C**), comparable to the reference strain. In culture, HTM cells upregulate

MYOC expression following challenge with the corticosteroid DEX [45], whereas this does not occur

in HSC cells. We observed that none of the HSC cell strains expressed MYOC in response to DEX

treatment (**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, 44] to faithfully identify them as normal HSC

cells, comparable to a confirmed reference standard.

Fig. 1. HSC cell characterization. (A) Representative phase contrast micrographs of reference
HSC, HSC01, HSC02, HSC03, and HSC09 cell strains. Scale bar, 200 μm. (B) Representative
immunofluorescence micrographs of fibulin-2. Scale bar, 100 μm. (C) Immunoblot of VE-
Cadherin (VE-CAD). (D) Immunoblot of secreted myocilin (MYOC) at 7 d (= negative marker).
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 Effects of TGFβ2 in the absence or presence of ROCK inhibition or Lat B on actin cytoskeleton

in HSC cells.

F-actin levels are higher in SC cells isolated from POAG eyes compared to normal SC cells [15].

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 fibers in HSC cells treated with TGFβ2 compared to

controls, which was significantly prevented by co-treatment with Y27632 or Lat B co-treatment;

with acute Lat B treatment 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, 46]. 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 expression 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**).

Collectively, these data demonstrate that TGFβ2 upregulates F-actin fibers in HSC cells, which

is decreased by either actin cytoskeleton relaxation or depolymerization. Furthermore, TGFβ2

induces αSMA expression, which is prevented by ROCK inhibition, whereas short-term actin

depolymerization does not influence aberrant αSMA stress fiber formation independent on the cell

strain used.

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 (shared significance indicator letters represent non-significant difference (p>0.05), distinct letters represent significant difference (p<0.05)).

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. 3A,B**), TAZ N/C ratio (**Fig. 3C,D**), and

expression of their putative downstream effector TGM2 (**Fig. 3E,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, 47], 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. 3A-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. 3. 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). Scale bar, 20 μm; arrows indicate YAP/TAZ nuclear localization. (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 (shared significance indicator letters represent non-significant difference (p>0.05), distinct letters represent significant difference (p<0.05)).

YAP/TAZ mediate ECM remodeling and actomyosin cell cytoskeleton

It has been shown that HSC cells isolated from glaucomatous eyes exhibit increased F-actin levels 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 (VP), which disrupts nuclear YAP/TAZ-TEAD interactions thereby inhibiting

transcriptional activity [48]. Co-treatment of VP with TGFβ2 significantly decreased N/C ratios of

YAP and TAZ in HSC cells compared to TGFβ2 alone, approximating baseline levels (**Suppl. Fig.**

1A-D). Similarly, VP significantly decreased TGFβ2-stimulated TGM2 expression; yet, levels

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

We observed that exposure to VP significantly reduced TGFβ2-induced fibronectin deposition

approximating untreated controls (**Fig. 4A,B**). Importantly, we demonstrated that TGFβ2-induced

αSMA expression (**Fig. 4C,D**), F-actin fibers (**Fig. 4E,F**), and phospho-myosin light chain (p-

MLC) levels (**Fig. 4G,H**) were significantly decreased by VP 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 independent of the cell strain

used.

Fig. 4. Effects of 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 + VP (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).

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]. To that end, we observed that HSC cell-laden hydrogels were markedly more

contractile than comparable HTM cell-encapsulated hydrogels, 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 encapsulated HSC cells in ECM hydrogels - a

method developed in our laboratory to characterize HTM cell behavior [26, 30, 43] - and treated the

constructs with TGFβ2, either alone or in combination with VP, 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. 5A,B**), consistent with our previous studies using

HTM cells [26, 30, 43]. Co-treatment with VP significantly decreased pathologic HSC hydrogel

contraction (81.56% of controls) compared to TGFβ2-treated samples (**Fig. 5A,B**), but it did not

fully restore baseline levels. Of note, the influence of VP on HSC cell-laden hydrogel contraction

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

consistent with normal donor-to-donor variability (**Fig. 4A,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. 5C**).

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. 5. 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 + VP (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 (****$p<0.0001$).

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, 46].

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 exhibit higher levels of F-actin compared to

normal cells [15]. Consistent with this observation, we found that TGFβ2 significantly increased F-

actin fibers in HSC cells (**Fig. 2B,C**). 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 [49-52]. Yet, we did not observe TGFβ2-induced CLANs in HSC cells. A

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

modulate CLAN formation in HTM cells [53]. 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.

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 activity in HSC cells, which was potently

attenuated by actin cytoskeleton relaxation using Y27632 or actin depolymerization using Lat B

(**Fig. 3**). This suggests that actin integrity is required for YAP/TAZ activation in HSC cells.

Moreover, we found that a 30 min treatment of Lat B – necessary to preserve HSC cell viability -

was more effective than a 3 d treatment of Y27632 on inducing YAP/TAZ cytoplasmic

translocation. 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 [54]. 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 [55, 56]. TGFβ has been shown to induce EndMT, which can contribute to various fibrotic

diseases and cancers [56-59]. 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 [60]. Consistent with this, we showed that

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

by increased expression of αSMA and fibronectin (**Fig. 2D,E, Fig. 4A-D**). Importantly, we found

that TGFβ2-induced EndMT was partially blocked by pharmacologic YAP/TAZ inhibition with

VP treatment (**Fig. 4A-D**). Moreover, TAP/TAZ inhibition decreased TGFβ2-induced expression

of TGM2 (**Suppl. Fig. 1E,F**), which crosslinks fibronectin and thereby stiffens the ECM [61]. 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.

HSC cells are highly contractile [3]. In fact, we found that HSC cells were even more contractile

than HTM cells using our ECM hydrogel system (**Fig. 5A**). Actomyosin, the actin-myosin

complex, regulates cell contractility in various cell types [62]. HSC cells in absence of any treatment

exhibited qualitatively lower levels of 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

[63]. Myosin II activity is primarily regulated by phosphorylation of MLC; this process is mediated

by myosin light chain kinase (MLCK) and myosin phosphatase [64]. Importantly, MLCK inhibition

has been shown to decrease IOP in rabbit eyes [65]. Blebbistatin, a pharmacologic inhibitor of myosin

II adenosine triphosphatase activity, increases outflow facility via blocking the binding of myosin

to actin [66]. 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. 4C-H, Fig. 5B-D**). Previous

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

correlated with their contractility status [14, 67]. 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

The authors report no conflicts of interest.

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