Enhanced mitochondrial biogenesis promotes neuroprotection in human stem cell derived

retinal ganglion cells of the central nervous system

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Mitochondrial dysfunctions are widely afflicted in central nervous system (CNS) disorders with

minimal understanding on how to improve mitochondrial homeostasis to promote neuroprotection.

Here we used human stem cell differentiated retinal ganglion cells (hRGCs) of the CNS, which

are highly sensitive towards mitochondrial dysfunctions due to their unique structure and function,

to identify mechanisms for improving mitochondrial quality control (MQC). We found that hRGCs

are efficient in maintaining mitochondrial homeostasis through rapid degradation and biogenesis

of mitochondria under acute damage. Using a glaucomatous Optineurin mutant (E50K) stem cell

lines, we saw that at basal level mutant hRGCs possess less mitochondrial mass and suffer

mitochondrial swelling due to excess ATP production load. Activation of mitochondrial biogenesis

through pharmacological inhibition of the Tank binding kinase 1 (TBK1) restored energy

homeostasis, mitigated mitochondrial swelling with neuroprotection against acute mitochondrial

damage for glaucomatous *E50K* hRGCs, revealing a novel neuroprotection mechanism.

Introduction

Neurons require an increased supply of ATP compared to other cells in order to establish

membrane potential for neurotransmission and synaptic activity[1]. Oxidative phosphorylation

(OXPHOS) in mitochondria is the primary source of cellular ATP, thus mitochondrial dysfunction

often associates with the neurodegenerative diseases such as mitochondrial optic neuropathies

(MONs)[2], Parkinson's disease (PD)[3] and amyotrophic lateral sclerosis (ALS)[4]. Among central

nervous system (CNS) neurons, retinal ganglion cells (RGCs) of the optic nerve require a steady

source of ATP for their varying action potential (AP) firing frequency requirements and due to the

existence of long partially unmyelinated axons. Axons of human RGCs remain unmyelinated after

leaving the cell body in the retinal layer as they travel through the optic nerve head, until they

reach the posterior end of lamina cribrosa[5]. APs through the unmyelinated axons propagate

slowly and require more ATP[6]. Thus, human RGCs are the most sensitive towards mitochondrial

dysfunctions. As such, inherited mutations in the complex I subunit of electron transport chain

(ETC) cause Leber's hereditary optic neuropathy (LHON)[7], OPA1 mutations of the mitochondrial

outer membrane protein required for mitochondrial fusion cause dominant optic atrophy (DOA)[8];

together these diseases are known as MONs[7].

Increased intraocular pressure (IOP) has been the major risk factor for glaucoma, however

there are glaucoma patients with normal IOP, often referred to as normal-tension glaucoma

(NTG)[9]. NTG patients are particularly challenging to treat as sufficient lowering of IOP is not

always possible and a RGC protection strategy is yet to be discovered. Mutations in the

mitochondrial homeostasis pathways are highly prevalent among NTG patients which includes

the dominant Optineurin (*OPTN^{E50K}*) mutation. OPTN is a critical player for mitophagy and the

E50K mutation is the most prevalent (~17%) among NTG patients[10,11]. Intriguingly, these inherited

mitochondrial mutations, though present in every cell of a patient's body, only cause death to

RGCs, leading to optic neuropathies. Thus, RGCs serve as a great neuronal model for

investigating mechanisms of improving mitochondrial homeostasis for developing

neuroprotection, which may be applicable to other CNS neurons. MQC involves biogenesis of

healthy mitochondria, fusion, fission, and degradation of damaged mitochondria (mitophagy)[8,9].

Thus, reduced mitochondrial homeostasis is expected in the E50K RGCs. However, to date we

have a very limited understanding on how to improve MQC to enhance RGC viability. RGCs

spontaneously degenerate at a slow rate during aging, however this degeneration is exacerbated

during optic neuropathies[5]. Thus, identification of mechanisms that will improve RGC survival

could provide therapy for optic neuropathies as well as for age related ganglion cell loss.

AMP-activated protein kinase (AMPK) is the master energy sensor in cells[12]. Decline in

energy homeostasis are associated with aging[13], obesity[14] and neurodegenerative conditions[15].

Thus, it is expected that a decline in mitochondrial homeostasis could lead to energy stress in

these disease conditions. Energy stress activates AMPK which activates proliferator-activated

receptor gamma co-activator 1α (PGC1α)[16], which is the master regulator of mitochondrial

biogenesis. Under normal conditions TBK1 phosphorylates the inhibitory site of AMPK[17] limiting

energy expenditure, which becomes counterproductive during aging and obesity. Conversely,

TBK1 inhibition has been found to increase energy expenditure, reduce obesity and insulin

resistance in mice[14]. It remains unexplored if targeting TBK1 could activate biogenesis of healthy

mitochondria leading to restoration of energy homeostasis and enhanced RGC survival under

disease conditions.

Here, we used a robust and well characterized human stem cell differentiated RGC

(hRGC) model to investigate if improving energy homeostasis through TBK1-AMPK pathway

could promote MQC and neuronal survival. It is critical to identify mechanisms for improving MQC

in human RGCs as mice RGCs are very different from human both anatomically and by genetic

makeup[18]. Differentiated hRGCs used here are well characterized and show the hallmark of

human RGCs, as characterized by their morphological features, gene-expression pattern, and

electrophysiological properties such as spontaneous generation of action potentials[19,20] and ability

to graft in the mice retina[21]. We have shown here that under acute mitochondrial damage hRGCs

activate the mitochondrial biogenesis pathway to maintain mitochondrial homeostasis.

Furthermore, we harnessed the biogenesis activation pathway by pharmacological inhibition of

TBK1 mediated activation of AMPK-PGC-1α biogenesis axis in hRGCs. Remarkably, activation

of mitochondrial biogenesis reduced metabolic burden in the glaucomatous E50K hRGCs leading

to recovery of mitochondrial swelling and pro-survival responses as an indication for

neuroprotection.

Results

RGCs are highly efficient at degrading damaged mitochondria and producing

healthy mitochondria to maintain homeostasis under stress. To investigate mitochondrial

homeostasis mechanisms in human RGCs we have used human stem cell differentiated RGCs

(hRGCs) following a robust method[19,22] where cells express RGC specific marker RBPMS and

neuronal marker Tubulin β3 (**Supplementary Fig. 1a, b**). Here, we have developed a "disease in

a dish" model for glaucoma using CRISPR engineered human embryonic stem cells with

glaucomatous *OPTN^E50K* mutation (H7-ESCs-E50K) (**Supplementary Fig. 1c**), patient derived

induced pluripotent stem cells with the E50K mutation (iPSCs-E50K)[23] and corresponding H7-

ESC and iPSC-E50K corrected (iPSC-E50Kcorr)[24] reporter lines for isogenic controls.[24] As RGCs

rely on a high ATP supply, it is likely that RGCs will be vulnerable towards mitochondrial damage

since they are the primary source for cellular ATP. We asked if hRGCs can maintain mitochondrial

homeostasis under acute damage. Carbonyl cyanide *m*-chlorophenylhydrazone (CCCP) has

been widely used in literature at 5-20 μM concentrations to induce mitochondrial damage[25,26]. This

has been shown, 10 μM of CCCP is effective in changing mitochondrial morphology within few

seconds in cultured cells[26]. We have previously performed a dose response and showed 10 μM

CCCP as minimum dose to have maximum mitochondrial degradation in hRGCs[22]. Here, we used

10 μM CCCP to cause acute mitochondrial damage for investigating how hRGCs restore

mitochondrial homeostasis under stress. We tested whether hRGCs maintain the same total

mitochondrial mass during CCCP damage by immunofluorescence against the mitochondria

specific protein Tom20 and by direct measurement of mitochondrial DNA copy number.

Interestingly, we found that the total mitochondrial mass fluctuates around DMSO control

condition during the course of CCCP treatment for both the WT and E50K hRGCs (**Fig. 1a-d).**

We further validated this observation by qPCR-based measurement of mitochondrial DNA copy

number relative to nuclear DNA and found WT hRGCs maintained mitochondrial mass similar to

the control condition while glaucomatous E50K hRGCs showed moderate reduction at the longer

CCCP treatment **(Fig. 1e, f).** These data suggest hRGCs possess stringent MQC mechanisms

for maintaining total mitochondrial mass even with acute damage. However, in these experiments

we measured total mitochondrial mass which cannot distinguish between the CCCP damaged

degrading mitochondria versus the newly synthesized population.

While hRGCs maintained total mitochondrial mass under acute CCCP damage, they

potentially have positive feedback where cells degrade damaged mitochondria, which activates

the biogenesis pathway to compensate the loss for maintaining energy homeostasis. Measuring

total mitochondrial mass in a cell will not resolve the newly synthesized versus the degrading

population. To directly measure mitochondrial degradation and biogenesis, we used a

mitochondria specific live cell dye MitoTracker Deep Red (MTDR) followed by flow cytometry-

based measurements, a protocol previously developed by us[22] but with modifications as explained

in Fig. 1g. The flow cytometry gating strategy is explained in **Supplementary Fig. 2**. MTDR

passively diffuses inside the mitochondria and retained based on active membrane potential, then

the dye covalently binds to the thiol groups of cysteine residue containing proteins[27]. Hence, once

labelled, any changes in the MTDR intensity should reflect the change in mitochondrial mass

independent of mitochondrial membrane polarity. For measuring CCCP induced mitochondrial

degradation, we first labelled existing mitochondria in hRGCs with MTDR followed by a wash step

and CCCP addition, and then flow cytometry-based measurements of mitochondrial mass in

single cells at different time points (**Fig. 1g**). In this study design, we measured MTDR labelled

mitochondrial mass in independent samples after different CCCP treatment timepoints. This

allowed us to track degradation of the labeled population while excluding any newly synthesized

mitochondria, as there was no dye in the media for new mitochondria to incorporate.

Quantification of MTDR intensity among the WT and E50K hRGCs showed a prompt (within 5

min) degradation of mitochondria upon CCCP treatment **(Fig. 1h).** Damaged mitochondria are

degraded by lysosomes via LC3B autophagic flux, a process known as mitophagy[28]. The hallmark

for activation of the mitophagy pathway is an increase in lipidated LC3B. Mitophagy complex

formation on mitochondria depends on the LC3B-I (non-lipidated, 16 kDa) to LC3B-II conversion

(lipidated, 14 kDa), which migrates faster during gel electrophoresis and enrichment of the second

band in western blot is a classic measurement of the induction of mitophagy[29]. We hypothesized

that induction of mitochondrial damage would lead to mitophagy by increasing LC3B lipidation.

Indeed, we observed rapid induction of mitophagy within 5 min of CCCP treatment as shown by

increased lipidated LC3B form in both WT (**Fig. 1i, j**) and E50K hRGCs (**Fig. 1k, l**). Of note, we

had previously shown lysosome dependent mitochondrial degradation in hRGCs is essential for

its viability[22]. This has also been shown that 10 μM of CCCP treatment for 5min induces

mitochondrial fragmentation for mitophagy in cultured HeLa cells and in mouse embryonic

fibroblasts (MEFs) further supporting our observations[26]. Since total mitochondrial mass

fluctuated close to the control condition under CCCP damage and above data identified

mitochondrial degradation under CCCP treatment by mitophagy, we asked if this mitochondrial

loss was compensated for by the biogenesis of new mitochondria.

For measuring mitochondrial biogenesis, we have modified the flow cytometry

experimental design to detect newly synthesized mitochondria. In this experimental design, we

first labelled mitochondria with MTDR, then treated cells with CCCP to cause mitochondrial

damage followed by a wash and media exchange containing MTDR but no CCCP, and then took

mitochondrial mass measurements at different timepoints (**Fig. 1g**). Here, after CCCP wash, the

newly synthesized mitochondria will incorporate MTDR, and we expect to see a gradual increase

in MTDR labelled mitochondrial mass over time. We found compared to DMSO control, 15min

after the CCCP wash there is a significant loss of labelled mitochondrial population, indicative of

degradation. Please note, mitochondria synthesized during the CCCP treatment are unlikely to

be detected by MTDR as CCCP depolarizes mitochondrial membrane potential and MTDR

retention requires intact membrane potential. However, after CCCP wash MTDR should bind to

the newly synthesized mitochondria, and indeed we observed hRGCs gradually increased

mitochondrial mass post CCCP wash and reached levels similar to the control condition after 24h

(**Fig. 1m).** These data suggest hRGCs possess highly efficient MQC mechanisms where they

efficiently degrade damaged mitochondria and produce healthy mitochondria to compensate the

loss, presumably maintaining their energy homeostasis.

To visualize the biogenesis and degradation events, we monitored mitochondrial turnover

using live cell JC1 dye which fluoresces green (monomers) when bound to damaged

(depolarized) and red (J aggregates) when bound to healthy (polarized) mitochondria[30]. We

expect, under biogenesis activation hRGCs will appear with more JC1 red mitochondria, and

under mitochondrial damage cells will have more JC1 green mitochondria. To visualize polarized

versus depolarized mitochondrial distribution at the basal level, we labelled mitochondria with the

JC1 dye and acquired live cell images, then added CCCP in the presence of the dye, to monitor

change in respective populations **(Fig. 2a)**. We observed at the basal level (before CCCP)

significant amounts of both JC1 labelled red and green mitochondria (**Fig. 2b**) indicating a

polarized and depolarized mitochondrial distribution. This observation is supported by cultured

healthy brain neurons that showed mitochondrial distribution with significant amounts of

depolarized (JC1 green) and polarized (JC1 red) membranes[31]. Interestingly, we observed an

increase in JC1 red intensity, but a more fragmented network and decrease in JC1 green

mitochondria for both the WT and E50K hRGCs upon CCCP damage (**Fig. 2b**) leading to

increased red-to-green ratio (**Fig. 2c**). This data is counterintuitive as we expected CCCP damage

will increase JC1 green mitochondria with a reduction of healthy mitochondria (red). However,

this observation could be supported if hRGCs efficiently clear CCCP damaged mitochondria and

simultaneously produce more to compensate the loss. Conversely, if we wash CCCP and allow

cells to recover, hRGCs should restore their depolarized to polarized mitochondrial distribution

like the basal level. To test this, we have performed a recovery experiment where we first treated

both WT and E50K hRGCs with CCCP or DMSO (control). Next, we washed CCCP and incubated

with JC1 media for recovery, then exchanged media without JC1 dye and acquired live cell

imaging to measure polarized to depolarized mitochondrial distribution (**Fig. 2d**). Indeed, we

observed WT hRGCs restored the mitochondrial distribution post CCCP wash similar to the

control (DMSO) condition (**Fig. 2e, f**). Although, at the basal level WT and E50K hRGCs possess

similar healthy to damaged mitochondrial ratio (**Fig. 2e, f**), after recovery from the CCCP damage,

E50K hRGCs showed reduced healthy mitochondrial mass compared to its control condition (**Fig.**

2e, f). This suggests that WT hRGCs possess a distribution of healthy and damaged mitochondria

at the basal level and are highly efficient in clearing acutely damaged mitochondria while

producing new to compensate the loss. This balance between the degradation and biogenesis

pathways helps hRGCs to regain mitochondrial homeostasis, however glaucomatous E50K

hRGCs struggle to restore homeostasis after acute damage.

hRGCs activate the biogenesis signaling pathway under mitochondrial damage.

Mitochondrial biogenesis has been shown to induce muscle growth after exercise[32] and synaptic

plasticity in neurons[33]. However, it is unknown if mitochondrial damage triggers activation of the

mitobiogenesis pathway in CNS neurons. AMP-activated protein kinase (AMPK) is a key regulator

of energy sensing and responds by increasing mitochondrial biogenesis[34]. AMPK is a

heterotrimeric protein activated by the phosphorylation of Thr172 in the AMPKα subunit[35] which

in turn activates PGC1α[14] at Ser571. PGC1α is the master regulator of mitochondrial biogenesis[36]

and is a transcriptional co-activator of nuclear respiratory factor 2 (NRF2) and NRF1 which

activate transcription factor A, mitochondrial (TFAM) for mitochondrial DNA (mtDNA) gene

expressions[37]. The biogenesis pathway can also be activated by the transcriptional co-activators

PGC1β and PGC1 related co-activator (PRC)[38]. We asked if mitochondrial damage leads to

activation of the AMPKα - PGC-1α axis for mitochondrial biogenesis in hRGCs. We induced

mitochondrial damage in hRGCs with CCCP and measured gene expressions of the biogenesis

pathway players such as PGC1α, PGC1β, NRF2, NRF1 and PRC. Indeed, we observed

significant increases of these gene expressions in both the WT and E50K hRGCs upon CCCP

mediated mitochondrial damage (**Fig. 3 a-d**). Next, we measured the biochemical activation of

the AMPKα and PGC1α proteins by immunoblotting against phosphorylated Thr172 and Ser571

for respective proteins under CCCP induced damage. We found at early CCCP exposure times

for both the WT and E50K hRGCs, a significant increase in the AMPKα activation which reduced

to the basal level during longer treatment (**Fig. 3e-g**). Furthermore, we observed a moderate

activation of the AMPKα effector PGC1α in the WT hRGCs but more significant increase in the

E50K hRGCs under CCCP treatments (**Fig. 3e, h, i**). These suggest mitochondrial damage

activates the energy sensor AMPKα in hRGCs which leads to the activation of the mito-biogenesis

master regulator PGC1α. The stronger PGC1α activation in E50K hRGCs suggests the need for

more healthy mitochondria, which is supported by our data showing E50K hRGCs struggle to

restore mitochondrial homeostasis after acute CCCP damage (**Fig. 2f**).

TBK1 inhibition promotes mitochondrial biogenesis in hRGCs. It has been reported

that TBK1 inhibits AMPKα in adipose tissue, and AMPK activation promotes mitochondrial

biogenesis through PGC-1α[14]. Hence, we asked if TBK1 inhibition will lead to the AMPK activation

which will promote mitochondrial biogenesis in hRGCs. BX795 drug is a potent TBK1 inhibitor[39]

that has been shown to resist the nerve fiber layer thinning of the glaucomatous E50K transgenic

mice retina[40]. We treated both WT and E50K hRGCs with BX795 and measured mitochondrial

mass by immunofluorescence against the mitochondria specific Tom20 protein. Surprisingly, we

observed at the basal level (DMSO control) E50K hRGCs possess significantly lower

mitochondrial mass compared to the WT (**Fig. 4a, b**). To validate that this observation is not due

to the indirect effect of DMSO vehicle control[41], we measured mitochondrial mass in untreated

WT and E50K hRGCs by Tom20 immunofluorescence. Our results further confirmed a

significantly lower mitochondrial mass in E50K hRGCs compared to the WT (**Supplementary**

Fig. 3a, b). However, TBK1 inhibition by BX795 showed a robust increase in mitochondrial mass

at early and longer treatments for the WT and during longer treatments (18h, 24h) for E50K

hRGCs (**Fig. 4a, b**). We further confirmed the increase in mitochondrial mass by evaluating the

mitochondrial DNA copy number under BX795 treatment for both the WT and E50K hRGCs (**Fig.**

4c, d)[41]. To investigate whether BX795 increased mitochondrial mass by upregulating the

AMPKα-PGC1α axis, we measured the activation status of these proteins by immunoblotting

against respective activation site phosphorylation. Interestingly, we observed increased

activations of the AMPKα at longer BX795 treatment (24h) (**Fig. 4e, f**) and gradual activation of

PGC1α for WT hRGCs (**Fig. 4e, h**). However, such activation for AMPKα (**Fig. 4e, g**) and PGC1α

(**Fig. 4e, i**) were not observed for the E50K hRGCs under BX795 mediated TBK1 inhibition. Apart

from the AMPKα-PGC-1α axis, PGC1β is also known to activate mitochondrial biogenesis in cells

by activating its target NRF1[42]. Hence, we evaluated PGC1β protein expression in both WT and

E50K hRGCs, at different BX795 treatment time points. Interestingly, we observed a significant

increase in PGC1β level for WT at 18h while for E50K hRGCs the response was quick, and it

remained high during 1h to 18h BX795 treatment and returned back to the basal level at 24h of

treatment (**Supplementary Fig. 4 a-c)**. These data suggest pharmacological inhibition of TBK1

promotes mitobiogenesis in hRGCs, however, for the glaucomatous E50K mutation such

activation could be independent of the AMPKα-PGC1α pathway.

Mitochondrial ultrastructure reveals TBK1 inhibition improves mitochondrial

coverage and swelling in E50K hRGCs. Our data showed that E50K hRGCs possess less

mitochondrial mass than the WT neurons (**Fig. 4a, b; Supplementary Fig. 3**). However, RGCs

are highly metabolically active, so it is possible that in E50K hRGCs each mitochondrion needs

to produce more ATP to meet the metabolic need. Studies have shown that a mild increase of the

mitochondrial matrix volume (swelling) can help expand the inner mitochondrial membrane (IMM),

which in turn stimulates the electron transport chain activity and helps increase production of

ATP[43–45]. Such mitochondrial swelling could be physiological and achieved through the prolonged

opening of the permeability transition pores (PTP) in the IMM[46]. We asked if such a mechanism

is in place for the E50K hRGCs and performed transmission electron microscopy (TEM) to resolve

mitochondrial ultrastructure. As a validation to lower mitochondrial mass in E50K hRGCs by

immunofluorescence we also observed reduced mitochondrial coverage (mitochondrial section

area per unit area of cytoplasm) in glaucomatous E50K hRGCs compared to WT hRGCs (**Fig. 5**

a, b). Interestingly, we observed significantly higher perimeter, major and minor axis lengths for

the E50K hRGCs in the basal condition (**Fig. 5 c-e**) indicative of swelling which potentially helps

mitochondrion to produce more ATP. In support of BX795 mediated activation of mitochondrial

biogenesis, TEM analysis further revealed increased mitochondrial coverage in both the WT and

E50K hRGCs under BX795 treatment (**Fig. 5 a, b**). We asked if increased mitochondrial mass by

BX795 could reduce ATP production load and hence mitigates swelling in the E50K hRGCs.

Indeed, we observed a significant reduction in the mitochondrial perimeter (**Fig. 5c**), major axis

length (**Fig. 5d**) and moderate reduction of the minor axis length (**Fig. 5e**) for E50K but not for

WT hRGCs in presence of BX795.

TBK1 inhibition restores energy homeostasis and provides neuroprotection for

E50K hRGCs. Our data shows that TBK1 inhibition enhances mitochondrial biogenesis and

mitigates mitochondria swelling in E50K hRGCs. We asked if these improvements are due to the

reduced metabolic burden on mitochondria. To test this, we measured cellular metabolisms

corresponding to mitochondrial OXPHOS and glycolysis in both WT and glaucomatous E50K

hRGCs using the Seahorse analyzer under control and BX795 treatments. To measure cellular

ATP production rate at the basal level, we performed ATP rate assay and surprisingly identified

E50K hRGCs both under control (DMSO) and in presence of BX795 showed higher oxygen

consumption rate (OCR) than that of WT; however, BX795 treatment itself did not change OCR

(**Fig. 6a**). Correspondingly, we observed increased total and mitoATP production rates in E50K

hRGCs compared to the WT under control and BX795 treatments (**Fig. 6b**). It has been reported

that cellular stress could activate oxidative phosphorylation and increase OCR[47], suggesting

increased cellular stress in the glaucomatous E50K hRGCs. Interestingly, we also observed

increased glycoATP production rate in the E50K hRGCs compared to WT under BX795 treatment

(**Fig. 6b**), presumably due to the high OCR and activation of aerobic glycolysis which is often

observed in a variety of cell types[48]. BX795 increased mitochondrial mass in the WT and E50K

hRGCs, but it did not alter OCR compared to the DMSO control (**Fig. 6a**). This observation could

be supported if the consumed oxygen (OCR) is distributed among an increased number of

mitochondria, which will lead to reduced mitoOCR under BX795 treatment to maintain energy

homeostasis. To test this, we performed glycolytic rate assay where serial inhibition of

mitochondrial activity by rotenone plus antimycin A results in decreased OCR (**Fig. 6c**) and

glycolysis inhibition by glucose analogue 2-deoxy-d-glucose (2-DG) results in reduced proton

efflux rate (PER) (**Fig. 6d**). These parameters are used to extract mitoOCR and glycoPER for

their respective contributions. In support of the higher mitoATP production rate in ATP rate assay

(**Fig. 6b**) we also observed increased mitoOCR/glycoPER in the E50K hRGCs compared to the

WT cells at the basal level (**Fig. 6e**). Furthermore, we also observed reduced mitoOCR/glycoPER

in the E50K hRGCs under BX795 treatment (**Fig. 6e**). This supports the notion that increased

mitochondrial mass lowers mitoOCR to maintain energy homeostasis. This data is further

supported by the observation that in E50K hRGCs mitochondrial swelling got reduced under

BX795 treatment (**Fig. 5c-e**), presumably due to the lower ATP production load per

mitochondrion. We next performed a Mito Stress Test to study if increased mitochondrial mass

under BX795 treatment helps to combat degenerative conditions as an indication for

neuroprotection. In agreement to above results, at the basal level BX795 treatment maintained

similar OCR for both the WT (**Fig. 6f**) and E50K hRGCs (**Fig. 6g**). However, under FCCP induced

maximum respiration, we observed increased OCR under BX795 treatment for both the WT and

E50K hRGCs (**Fig. 6f, g**). This led to an increased spare respiratory capacity (difference between

maximal and basal respiration) for both WT and glaucomatous hRGCs when treated with BX795

(**Fig. 6h**). An increase in spare respiratory capacity reflects cells' ability to produce additional ATP

by OXPHOS to combat degenerative conditions[49]. This suggests TBK1 inhibition mediated

activation of mitochondrial biogenesis could confer neuroprotection to the ganglion cells.

RGCs are progressively degenerating neurons which exacerbates during aging and under

disease conditions[5]. Apoptotic RGC death is the hallmark for glaucoma irrespective of the causal

factors[50]. To test if BX795 promotes a pro-survival effect, we measured apoptosis master

regulator Caspase-3/7 activity in the WT and E50K hRGCs under basal and CCCP induced

damage. Remarkably, we observed 24h of BX795 treatment reduced Caspase activity for the WT

and E50K hRGCs both under basal and CCCP damage (**Fig. 6i, k**). We did not observe any

increase in Caspase activity for the WT hRGCs even after 48h of CCCP treatment with no

additional effect of BX795 (**Fig. 6j**) presumably due to the existence of stringent MQC

mechanisms. However, glaucomatous E50K hRGCs showed strong increase in caspase activity

post 48h of CCCP treatment which is mitigated by the BX795 treatment (**Fig. 6l**) as evidence for

neuroprotection. Furthermore, 48h of BX795 also reduced basal Caspase activity in E50K hRGCs

as an indication for sustained neuroprotection under glaucomatous condition.

Neurodegenerative diseases are often associated with the protein aggregation[51] and it has been

reported that in cultured HEK293 cells OPTN^{E50K} protein forms insoluble aggregates which were

dissolved by BX795 drug[52]. Crystal structure analysis revealed the OPTN[E50K] protein forms tight

electrostatic interactions with the E698 residue of TBK1 protein resulting in insoluble

aggregates[53,54]. However, the mechanism of BX795 mediated OPTN[E50K] aggregate dissolution is

yet to be discovered. We asked if OPTN[E50K] forms these insoluble aggregates in hRGCs, and if

they could be dissolved by inhibiting TBK1 with BX795. Indeed, by confocal immunofluorescence

we observed larger OPTN aggregates in the E50K-hRGCs compared to WT cells, which were

then dissolved by TBK1 inhibition using BX795 (**Supplementary Fig. 5a, b**). Thus, our finding of

reduced cellular apoptosis in the E50K hRGCs under BX795 treatment may be a combined effect

of restoring energy homeostasis and aggregate dissolution.

Discussion

In this study, we have identified mitochondrial biogenesis as a critical step of MQC which

can be activated to promote cell survival for both the WT and glaucomatous E50K RGCs. RGCs

are highly sensitive towards mitochondrial damage as they need a steady source of ATP for

spontaneous action potential firing[55]. Mitochondrial damage potentially disrupts ATP supply and

triggers an energy sensing pathway through AMPK[34]. We have shown here acute damage to

mitochondria activates mitochondrial biogenesis in RGCs with robust clearance of damaged

mitochondria to maintain mitochondrial homeostasis and energy supply. Activation of this

biogenesis occurs through the AMPK-PGC-1α biogenesis axis. Previously, it was reported that

the mitochondrial biogenesis activation could be pro-survival as it associates with exercise

induced muscle growth[32] and synaptic plasiticity[33]. In support to this notion, we found a robust

increase of mitochondrial biogenesis in RGCs with minimal cell death under mitochondrial stress

as we previously reported[22].

Degradation of damaged mitochondria and biogenesis of healthy organelle are central to

the maintenance of energy homeostasis, which is critical for neuronal health. AMPK functions as

an energy sensor and responds to energy stress by activating mitochondrial biogenesis[34,56,57]. It

has been shown in mice adipose tissue that TBK1 inhibits AMPK activity causing suppression of

energy expenditure, obesity, and inflammation[14]. TBK1 is also a key effector for cellular

inflammation in response to pro-inflammatory stimuli, and TBK1 inhibition leads to reduced

obesity, inflammation, insulin resistance and more energy expenditure in mice in response to a

high-fat diet[14]. There are several AMPK activators currently under clinical trials for metabolic

diseases[58]. Among them metformin is widely used for type 2 diabetes, however the drug functions

through inhibiting mitochondrial complex I which reduces ATP production[58]. Our study provides

an indirect activation mechanism of AMPK by targeting TBK1 without compromising mitochondrial

function. Thus, TBK1 provides a very interesting target for developing neuroprotection through

restoring energy homeostasis which remains unexplored for CNS disorders. We have shown here

that TBK1 inhibition by BX795 leads to increased mitochondrial biogenesis in both the WT and

glaucomatous (E50K) hRGCs. Interestingly, in WT hRGCs, but not in E50K hRGCs, above

treatment activated the AMPKα -PGC1α mito-biogenesis signaling axis. However, PGC1β protein

level increased in both the WT and E50K hRGCs under BX795 treatment suggesting existence

of PGC1α independent biogenesis activation pathway. It has also been reported that mito-

biogenesis could be activated independent of AMPK and PGC1α[59,60], however further studies will

be required to delineate the mechanisms of TBK1 inhibition mediated activation of mitochondrial

biogenesis in the E50K hRGCs. Increased mitochondrial mass by BX795 restored energy

homeostasis, reduced mitochondrial swelling, and enhanced spare respiratory capacity in the

E50K hRGCs as an indication for neuroprotection. Remarkably, BX795 treatment not only

reduced cellular apoptosis at the basal level but also under CCCP induced apoptosis in the E50K

hRGCs, making it a strong candidate for OPTN associated glaucoma neuroprotection therapy. It

is intriguing to see that BX795 treatment to the WT hRGCs also increased spare respiratory

capacity and reduced cellular apoptosis both under basal and CCCP induced acute mitochondrial

damage. Activation of pro-survival pathways under basal conditions in the WT hRGCs in response

to TBK1 inhibition suggests these neurons are not in a homeostatic condition. However, it is

known RGCs are spontaneously degenerating neurons with reduced mitochondrial function[5,61].

Thus, these findings become more important particularly for developing RGC protection for optic

neuropathies where no obvious genetic disorders are associated, such as during aging and in

high intra-ocular pressure induced glaucoma. Of note, TBK1 copy number increase mutations are

found among the normal-tension glaucoma patients[62]. This may lead to reduced mitochondrial

biogenesis and disrupted energy homeostasis related RGC death. Our study provides a

therapeutic strategy where TBK1 inhibition could promote mitochondrial homeostasis mediated

RGC neuroprotection for the above glaucoma conditions.

Conflicting evidence suggest TBK1 inhibition could activate[14,63] or inhibit[64] cellular

inflammation and activation of inflammation can lead to cell death. As TBK1 inhibition resulted in

increased RGC survival, it is unlikely to activate inflammation. TBK1 activity is also critical for

activating the mitophagy proteins such as OPTN, NDP52, TAX1BP1 and P62 for successful

mitophagy[65] and defects in mitophagy could lead to neurodegeneration[66]. However, it has also

been reported that activation of the above mitophagy proteins could occur independent of TBK1,

but through ULK1 kinase[67]. Thus, the neuroprotective effect of TBK1 inhibition is unlikely to cause

mitophagy defects.

Mitochondrial dysfunction is the root cause for optic neuropathies such as LHON, DOA[2]

and some cases of glaucoma[9]. Our study provides a neuroprotection strategy for a broad range

of optic neuropathies irrespective of the genetic disorders. Severe mitochondrial abnormality has

been reported for dopaminergic neurons[3] and motor neurons[4] in PD and ALS respectively. Our

study could be applied to test if TBK1 inhibition leads to increased mitochondrial homeostasis and

neuroprotection for these CNS disorders.

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Author contributions

A.D. conceived and supervised the project. A.D., M.S., K.A., S. D., L.J.O. designed and performed

experiments and analyzed data. K.C.H., and J.M. developed the E50K reporter lines and

contributed to experimental designs. M.S., K.A. and A.D wrote the manuscript.

Competing interests

The Authors declare no competing interests.

Additional information

Supplementary information is available online.

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Methods

Reagents and resources: All the reagents including qPCR primers, antibodies and software

used are listed in the Supplementary table 1

ESC maintenance:

Human embryonic stem cell (H7-hESCs; WiCell, Madison, WI, https://www. wicell.org) reporter

line with CRISPR engineered multicistronic BRN3B-P2A-tdTomato-P2A-Thy1.2 construct into the

endogenous RGC specific BRN3B locus was used for isogenic control. CRISPR mutated H7-

hESC reporter with OPTN[E50K-homozygous] mutation (H7-E50K) was done as explained previously[24].

Patient derived induced pluripotent stem cells (iPSCs) with E50K mutation[23] (iPSC-E50K), E50K

mutation corrected to WT by CRISPR in the patient derived iPSC (iPSC-E50Kcorr)[24] with

BRN3B::tdTomato reporter were obtained from the Jason Meyer lab. All the above cell lines were

grown in mTeSR1 media (mT) at 37°C in 5% CO_2 incubator on matrigel (MG) coated plates. These

cells were maintained by clump passaging using Gentle Cell Dissociation Reagent (GD) after 70-

80% confluency. Media was aspirated and GD was added to cells followed by incubation at 37°C

in 5% CO_2 incubator for 5 minutes. Next, mT was used to break up the colonies into small clumps

by repeated pipetting and then seeded onto new MG plates.

hRGC differentiation and immunopurification:

For differentiation, stem cells were dissociated to single cells using accutase for 10 min and then

quenched with twice the volume of mT with 5 µM blebbistatin (blebb). The cells were centrifuged

at 150 G for 6 minutes and resuspended in mT with 5 µM blebb. 100,000 cells were seeded per

well of a 24-well MG coated plate. The next day, media was replaced with mT without blebb. After

24 hours, media was replaced with differentiation media (iNS) and further small molecule-based

differentiation was carried out with iNS media as elucidated previously[22]. hRGC differentiation

was monitored by tdTomato expression and cells were purified during days 45-55 using THY1.2

microbeads and magnetic activated cell sorting system (MACS, Miltenyi Biotec) as explained

before[19,22]. hRGCs were resuspended in iNS media, counted using a hemocytometer and seeded

on MG coated plates, coverslips, or MatTek dishes for experiments.

Flow Cytometry

Purified hRGCs were seeded at 30,000 cells per well of a 96-well MG coated plate and maintained

for 3 days. For measuring mitochondrial mass, hRGCs were labeled with mitochondria specific

MTDR dye. To measure mitochondrial degradation, hRGCs were labeled with 10 nM MTDR dye

for 1 hour, washed, and then treated with 10 µM CCCP for a time course. To measure

mitochondrial biogenesis, hRGCs were labeled with MTDR first, then treated with 10 µM CCCP

or equal amount of DMSO for 3 hours, then washed and incubated with fresh media with MTDR

for the time course. After treatments, hRGCs were dissociated to single cell suspension using

accutase and analyzed using Attune NxT flow cytometer (Thermo Fisher).

Western Blot:

Purified hRGCs were seeded at 500,000 cells per well of 24-well MG coated plates and

maintained for 3 days. The cells were then treated (10 µM CCCP, 1 µg/ml BX795 or equivalent

volume of DMSO) for the designated durations. DMSO was used as the control as the small

molecules were dissolved in DMSO. The cells were lysed and collected in 100 µl of M-PER

extraction buffer with 5 mM EDTA and protease inhibitors. Protein quantification was done using

a BSA standard following the DC Protein Assay Kit II (Bio-Rad) and read on microplate reader.

Loading samples were prepared with heat denaturation at 95°C for 5 minutes with laemmli sample

buffer (1X). 10-20 µg protein per sample were run on Bio-Rad Mini-PROTEAN TGX precast gels,

in running buffer (Tris-Glycine-SDS buffer; Bio-Rad) at 100V until the dye front reached to the

bottom. The transfer sandwich was made using PVDF membrane (activated in methanol) in Tris-

Glycine transfer buffer (Bio-Rad) with 20% methanol and transferred for 2 hours at 30V, 4°C. For

the visualization of proteins, the membranes were blocked in 5% skim milk in TBST (TBS buffer

with 20% Tween20) for 2 hours at room temperature and incubated overnight at 4°C in 1:1000

dilution of primary antibodies for PGC1α (Abcam), Phospho-PGC1α^{Ser571} (R&D Systems), PGC1β

(Abcam), AMPKα (Cell Signaling Technologies, CST), Phospho-AMPKα^{Thr172} (CST), LC3B

(Sigma), GAPDH (CST), or ACTIN (CST). Membranes were then washed 3 times for 5 minutes

each in TBST, followed by 2 hours of incubation in 5% milk in TBST containing anti-rabbit HRP

linked secondary antibody (CST) at 1:10,000 dilution. The membrane was again washed 3 times

with TBST and then placed in Clarity Max Western ECL (Bio-Rad) substrate for 5 minutes. The

membranes were imaged in a Bio-Rad ChemiDoc Gel Imager, and the raw integrated density for

each band was measured and normalized with respect to the corresponding GAPDH or actin

loading control using image J. Treatment conditions were further normalized to the corresponding

DMSO control for each experiment. Complete blots of the representative western blot images,

with protein molecular weight marker (Thermo Scientific), are provided in **Supplementary fig. 6.**

Protein bands corresponding to the appropriate size were quantified following product datasheets

and published literature.

Immunofluorescence and Confocal imaging:

Purified hRGCs were seeded on MG coated coverslips (1.5 thickness) at a density of 30,000 -

40,000 cells per coverslip and grown for 3 days. hRGCs were then treated (10 µM CCCP, 1 µg/ml

BX795 or equivalent volume of vehicle control DMSO), for the indicated time points. After

treatment the media was aspirated, the cells were washed with 1X PBS, and then fixed with 4%

Paraformaldehyde for 15 min at 37°C. Fixed cells were permeabilized with 0.5% Triton-X100 in

PBS for 5 min and then washed with washing buffer (1% donkey serum, 0.05% Triton-X100 in

PBS) 3 times for 5 minutes each. Cells were blocked with blocking buffer (5% donkey serum,

0.2% Triton-X100 in PBS) for 1 hour. After blocking, antibodies against Tom20 (Mouse, Santa

Cruz) and Optineurin (Rabbit, Cayman Chemicals) were added (1:200 in blocking buffer) and the

coverslips were incubated overnight at 4$^\mathrm{o}$C. Next, coverslips were washed with washing buffer 3

times for 5 minutes each and incubated for 2 hours at room temperature in the dark with

secondary antibodies, donkey anti-mouse Alexa-488 (Invitrogen) and anti-rabbit Alexa-647

(Invitrogen) (1:500). The coverslips were washed with washing buffer 3 times for 5 minutes each,

with 1.43 µM DAPI added to the second wash. The coverslips were then mounted onto slides with

DAKO. Visualization of mitochondria and optineurin (OPTN) aggregates was done by confocal

immunofluorescence. Z-stacks of cells were taken using Zeiss LSM700 with 63x/1.4 oil objective.

Analysis was carried out using ImageJ with maximum projections of DAPI channel (number of

nuclei) and sum projections of TOM20 and OPTN channels. For OPTN aggregate size, we

analyzed particles from 0.02 a.u. to infinity to account for the small and big aggregates.

qPCR:

Purified hRGCs were seeded at 300,000 cells per well of 24-well MG coated plates and

maintained for 3 days. Cells were then treated (10 µM CCCP, 1 µg/ml BX795 or equivalent volume

of DMSO) for the designated durations. Media was aspirated and cells were incubated in 200 µl

accutase for 10 min and then quenched with 400 µl iNS media. Cells were centrifuged at 150 G

for 6 min, media aspirated, and the cell pellets were stored at -20°C. RNA was extracted from cell

pellets following the kit protocol (Qiagen 74104). The RNA concentration was measured using

Nanodrop 2000c (Thermo) and 6 µl of RNA was used to prepare cDNA following the kit protocol

(Abm #G492). qPCR primers were designed as detailed in Table S1. qPCR was performed using

BlasTaq qPCR MasterMix with 100 ng total cDNA in a 20 µl reaction mixture using QuantStudio6

Flex RT PCR system (Applied Biosystems). GAPDH or actin was used as a housekeeping gene

in every plate to calculate the ΔCt values. The ΔΔCt was calculated with respect to (w.r.t) the

average ΔCt of the control sample. All conditions were measured by averaging 3 technical repeats

for each biological repeat with total 3 biological replicates.

Mitochondrial DNA measurements by qPCR

Purified hRGCs were seeded at 50,000-75,000 cells per well of 96-well MG coated plates and

maintained for 3 days. Cells were then treated (10 μM CCCP, 1 μg/ml BX795 or equivalent volume

of DMSO) for the designated durations. Media was aspirated and cells were incubated in 30 µl

accutase for 10 min and then quenched with 100 µl iNS media. Cells were centrifuged at 150 G

for 6 min, media aspirated, and the cell pellets were stored at -20°C. DNA was extracted using

DNeasy Blood & Tissue Kit (Qiagen) and eluted with 30 µl elution buffer. DNA concentration was

measured using Nanodrop 2000c (Thermo). 10 ng of DNA was used to measure both

mitochondrial ND1 gene and internal control, human nuclear RNase P gene copy numbers, as

done previously[22].

JC1 imaging:

hRGCs were seeded in MG coated MatTek dishes at 40,000 cells per dish and maintained for 3

days. For the first experiment (Fig. 2 a-c), cells were incubated with 250 μl of JC1 media (1:100

in iNS) for 30 min in the incubator, then an additional 1.75 ml of dilute JC1 (1:1000 in iNS) was

added to the dish. The dish was then transferred to the live cell chamber (5% CO^2, 37°C, Tokai

Hit) and confocal images were acquired prior to (before) and 10 minutes after CCCP (10 μM)

treatment using Zeiss LSM700 with 63x/1.4 oil objective. The second experiment (Fig 2 d-f) cells

were treated with 10 μM CCCP or equivalent DMSO for 30 minutes. Media with treatment was

removed, cells were washed, and then incubated with 250 ul of JC1 media (1:100 in iNS) for 30

min in the incubator. The JC1 media was then removed, cells were washed again, and 2 ml of

new iNS was added to the dish. The dish was then transferred to the live cell chamber and

imaged. Analysis was carried out using ImageJ with sum projections of red and green channels.

The red fluorescence from the tdTomato expressed by the hRGCs was much less intense than

the JC1 red staining of mitochondria, thus the red fluorescence measured from the cytoplasm

was considered background and subtracted out of the measurements. For the green

fluorescence, background was measured from outside the cell. Red:Green ratio was calculated

by dividing the red intensity by green intensity; these values were then normalized to the control,

H7WT-before (Fig 2 a-c) or average DMSO ratio at that timepoint for each cell line (Fig 2 d-f).

Seahorse analysis:

The 96-well seahorse plate was coated with MG and hRGCs were seeded at 250,000 cells per

well and maintained for 2 days. 24 hours before measurements, media was exchanged with 100

µl iNS with 1 µg/ml BX795 or equivalent vehicle control DMSO. A day prior to the assay, the

sensor cartridge was fully submerged with 200 µl of sterile water to hydrate it overnight in a non-

CO_2, 37°C incubator. The next day, sterile water was replaced with pre-warmed XF calibrant

buffer and the sensors were again submerged and incubated in the non-CO_2, 37°C incubator for

45-60 minutes. Seahorse media was made by adding stock solutions to seahorse media (XF

DMEM) to have final concentrations of 21.25 mM glucose, 0.36 mM sodium pyruvate, and 1.25

mM L-glutamine (Agilent), with pH adjusted to 7.38-7.42. Depending upon the assay, 20 µM

Oligomycin (Oligo), 20 µM FCCP, 2.5 µg/ml Rotenone plus 5 µM Antimycin A (Rot/AA), and/or

175 mM 2-Deoxy-D-glucose (2-DG) solutions were then prepared in Seahorse media. In the

hRGC seahorse plate, iNS media was carefully exchanged to seahorse media by removing, 60

µl iNS from all wells and adding 140 µl of Seahorse media. Next, 140 µl of the mixed media was

removed by pipette and then an additional 140 µl seahorse media was added to each well to have

a final volume of 180 µl. 180 µl of Seahorse media was then added to any empty wells. The plate

was placed in Incucyte S3 (Sartorius) and one image of each well was taken for cell area

normalization using brightfield and red fluorescence (tdTomato) channels. The hRGC seahorse

plate was then placed into a non-CO_2, 37°C incubator for at least 45 min. The reagents were

added into their respective ports in the cartridge with the final concentrations in the wells; for ATP

rate assay of 2.0 µM Oligo and 0.25 µg/ml Rotenone plus 0.5 µM Antimycin A; for the glycolytic

rate assay of 0.25 µg/ml Rotenone plus 0.5 µM Antimycin A and 17.5 mM 2-DG; and for the Mito

stress test of 2.0 µM Oligo, 2.0 µM FCCP (optimal concentration from FCCP titration), and 0.25

µg/ml Rotenone plus 0.5 µM Antimycin A. After loading all ports, the cartridge was placed into a

non-CO_2, 37°C incubator while the experiment was setup in WAVE software (Agilent). The

cartridge was then placed into the XFe96 analyzer (Agilent) and run for calibration. After the

machine calibrations were successful, the hRGC seahorse plate was placed into the machine and

the assay was run (ATP rate assay, glycolytic rate assay, or Mito stress test). Cell area from

incucyte images were measured using image J and extrapolated for the total cell area in each

well for normalization. The assay results were then exported into the appropriate excel macro

using Seahorse Wave Desktop software (Agilent) for analysis.

Caspase activity:

hRGCs were seeded at 25,000 cells per well of a 96-well clear bottom black walled plate and

maintained for 3 days. The cells were then treated with 1 µg/ml BX795 or equivalent volume of

DMSO vehicle control for 24 hours. The caspase activity was measured using the ApoTox-Glo

Triplex assay kit (Promega). Assay buffer, GF-AFC substrate and bis-AAF-R110 substrate were

thawed at 37°C and 10µl of GF-AFC substrate and bis-AAF-R110 substrate were added into 2.0

ml of assay buffer and vortexed until dissolved to make the viability-cytotoxicity reagent. 20µl of

viability-cytotoxicity reagent was added to all wells, and briefly mixed. The plate was incubated at

37°C for 30 minutes before measuring the fluorescence at 400nm/505nm (Ex/Em) for viability.

Next, 100 µl of Caspase-Glo® 3/7 reagent was added to all wells and incubated for 30 minutes

at room temperature before measuring luminescence (Caspase). Measurements were

normalized to DMSO control.

Electron Microscopy:

hRGCs were seeded at 250,000 cells per well on MG coated 6-well plates and maintained for 3

days. The cells were then treated with 1 μg/ml BX795 or equivalent DMSO for 24 hours. Media

was aspirated, 500 μl of fixative solution (3% Glutaraldehyde, 0.1 M Cacodylate) was added, and

the cells were incubated for 15 minutes. hRGCs were then scraped and pelleted by centrifugation

at 10,000 G for 20 minutes. The pellets were fixed overnight at 4°C, then rinsed the next day in

0.1 M cacodylate buffer, followed by post fixation with 1% osmium tetroxide, 0.1 M cacodylate

buffer for 1 hour. After rinsing again with 0.1 M cacodylate buffer, the cell pellets were dehydrated

through a series of graded ethyl alcohols from 70 to 100%, and 2 changes of 100% acetone. The

cell pellets were then infiltrated with a 50:50 mixture of acetone and embedding resin (Embed

812, Electron Microscopy Sciences, Hatfield, PA) for 72 hours. Specimen vial lids were then

removed, and acetone allowed to evaporate off for 3 hours. Then the pellets were embedded in

a fresh change of 100% embedding resin. Following polymerization overnight at 60°C the blocks

were then ready for sectioning. All procedures were done in centrifuge tubes including the final

embedding. Sections with cut at 85nm, placed on copper grids, stained with saturated uranyl

acetate, viewed, and imaged on a Tecnai Spirit (ThermoFisher, Hillsboro, OR) equipped with an

AMT CCD camera (Advanced Microscopy Techniques, Danvers, MA). 49000X images were

analyzed using Image J to measure mitochondrial characteristics and then normalized to

cytoplasmic area (mitochondrial number and area) or ratio of major to minor axis for aspect ratio.

Quantification and Statistical analysis:

Samples were treated with CCCP or BX795 at different time points as independent biological

samples. Statistical tests between two independent datasets were done by Student's *t-test*, each

data point within a dataset is from an independent culture well (Fig.1c-f, 1h, 1m; 1j, 1l, 2c, 2f, 3a-

d, 3f-i, 4b-d, 4f-i, 5b, 6b, 6e, 6h-l, Supp Fig. 3b, 4b-c). We used *t-test* rather than ANOVA because

we did not want to assume that each group has the same variance. For non-normal data

distribution, we performed Mann Whitney U test to compare between two independent data sets

(Fig. 5c-e, Supp Fig. 5b). Graphs were made using GraphPad Prism 9.0 software.

Data availability

All cell lines and data used during the current study are available from the corresponding author

upon reasonable request.

Code availability

Data analyzed using commercially available software, no code has been developed for the current

study.

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832

Figure 1

Figure 1. hRGCs maintain mitochondrial mass by simultaneous degradation and biogenesis of mitochondria under damage. (a, b) Representative confocal immunofluorescence images of H7-hRGCs against mitochondrial Tom20, tdTomato, and DAPI after indicated 10 μM CCCP treatment timepoints. Scale bars are 5 μm. **(c, d)** Quantification of Tom20 intensity per cell area from sum projections of confocal z-stacks, normalized to corresponding DMSO. n=14-42 cells per condition. **(e, f)** Mitochondrial DNA copy number analyzed by qPCR for mitochondrial ND1 gene relative to nuclear RNase P. Results shown as ΔΔCt fold changes relative to DMSO control for different times points of 10 μM CCCP treatment. n=3, 3 technical repeats averaged for each biological repeat. **(g)** Schematic of MTDR flow experiments for tracking degrading versus newly synthesized mitochondria. **(h, m), (h)** Mitochondrial mass in single cells at different CCCP treatment time points for degradation or **(m)** different timepoints post CCCP wash for biogenesis were measured by flow cytometer, and the average fluorescent intensity normalized to DMSO was plotted. n=3. **(i, k)** Representative western blot images of LC3B and actin from **(i)** hRGC^{WT} and **(k)** hRGC^{E50K} treated with CCCP for the indicated timepoints. **(j, l)** Quantification of the ratio of LC3B-II to corresponding LC3B-I for each condition. n = 3. ∗ p-value < 0.05, ∗∗ p-value < 0.01, ∗∗∗ p-value < 0.001, ∗∗∗∗ p-value < 0.0001. Unpaired student's *t-test* between independent datasets. Error bars are SEM.

Figure 2

Figure 2. Under acute damage hRGCs possess efficient mitochondrial turnover mechanisms. **(a)** Schematic of JC1 experiment to monitor mitochondrial degradation and biogenesis under CCCP stress. **(b)** Representative confocal images of JC1 labelled mitochondria in hRGCs before and after 10 min CCCP treatment. JC1 dye was added 30min before CCCP and was present during treatments. Scale bars are 5 μm. **(c)** Quantification of the red-to-green fluorescence intensity ratios from the sum projections of confocal z-stacks, normalized to the corresponding before treatment values. n = 17-42 hRGCs. **(d)** Schematic of JC1 experimental design to study restoration of

mitochondrial homeostasis after CCCP washout. **(e)** Representative confocal images of JC1 labelled mitochondria in hRGCs treated with DMSO or CCCP for 30 minutes, washed, labelled with JC1 dye, washed again, and then imaged without JC1 dye present. **(f)** Quantification of the red-to-green fluorescence intensity ratios from sum projections, normalized to respective DMSO control. n=32-43 hRGCs. * p-value < 0.05, ** p-value < 0.01, **** p-value < 0.0001. Unpaired student's *t-test* between independent datasets. Error bars are SEM.

Figure 3

Figure 3. Mitochondrial damage activates AMPKα-PGC1α biogenesis axis in hRGCs.
Mitochondrial biogenesis gene expressions in **(a)** H7-hRGC[WT], **(b)** H7-hRGC[E50K] **(c)** iPSC-hRGC[E50K-corr], and **(d)** iPSC-hRGC[E50K] derived hRGCs after 24h CCCP (10 μM) treatment. ΔΔCt fold changes were measured relative to GAPDH, and then DMSO. Error bars are SEM. n=3, 3 technical repeats averaged for each biological repeat. **(e)** Representative western blot images of H7-hRGCs treated with 10 μM CCCP for the indicated timepoints. **(f-i)** For each protein, quantification of band intensities relative to actin, then normalized to the corresponding DMSO control, **(f, g)** ratio between p-AMPKα[Thr172] to AMPKα, and **(h, i)** ratio between p-PGC1α[Ser571] to PGC1α. n=3. Unpaired student's *t-test* between DMSO and the individual CCCP timepoints. ∗ p-value < 0.05, ∗∗ p-value < 0.01, ∗∗∗ p-value < 0.001.

Figure 4

Figure 4. TBK1 inhibition activates mitochondrial biogenesis in hRGCs. (a) Representative confocal immunofluorescence images of mitochondria (Tom20) and DAPI after 1 μg/ml BX795 or equivalent DMSO treatment for the indicated time. Scale bars are 10 μm. **(b)** Quantification of Tom20 intensity per cell area from the sum projections of confocal z-stacks. n=10 cells per condition. **(c, d)** Mitochondrial DNA copy number analyzed by qPCR for mitochondrial ND1 gene normalized to nuclear RNase P gene. Results shown as ΔΔCt fold change normalized to DMSO control for different times points of 1 μg/ml BX795 treatment. n=3, 3 technical repeats averaged for each biological repeat. **(e)** Representative western blot images of H7-hRGCs treated with 1 μg/ml BX795 for indicated timepoints. **(f-i)** For each protein, quantification of band intensities relative to GAPDH, then normalized to the corresponding DMSO control, **(f, g)** ratio between p-AMPKα^{Thr172} to AMPKα, and **(h, i)** ratio between p-PGC1α^{Ser571} to PGC1α. n=3-4. * p-value < 0.05, ** p-value < 0.01, *** p-value < 0.001, **** p-value < 0.0001. Unpaired student's *t-test* between DMSO and the individual BX timepoints. Error bars are SEM.

Figure 5

a

H7-hRGC^WT   H7-hRGC^E50K

DMSO

BX795

200 nm

b Mitochondrial Coverage (Mitochondrial area/cytoplasm area)

*
p = 0.08
****
BX795
- + - +
H7WT H7E50K

c Perimeter length (nm) (x100)

****
**
BX795
- + - +
H7WT H7E50K

d Major axis length (nm) (x100)

****
*
BX795
- + - +
H7WT H7E50K

e Minor axis length (nm) (x100)

****
BX795
- + - +
H7WT H7E50K

Figure 5. TBK1 inhibition improves mitochondrial coverage and mitigates swelling in E50K hRGCs. (a) TEM images of H7-hRGC^{WT} and H7-hRGC^{E50K} after 24h DMSO or BX795 treatment, at 49000X magnification. Asterisk represents mitochondria. Scale bar = 200nm. Quantification of **(b)** mitochondrial coverage (mitochondrial area/cytoplasm area), **(c)** perimeter length, **(d)** major axis length, and **(e)** minor axis length. Unpaired student's *t-test* **(b)** or Mann Whitney U test **(c-e)** between independent datasets, * p-value <0.05, ** p-value <0.01, **** p-value <0.0001, n=15-24.

Figure 6

Figure 6. BX795 mediated TBK1 inhibition restores energy homeostasis and neuroprotection in glaucomatous hRGCs. (a) Measurements of cell area normalized OCR from the ATP rate assay of hRGCs treated with DMSO or 1 µg/ml BX795 for 24h. **(b)** Calculated total-, mito-, and glyco-ATP production rates from the ATP rate assay. n=3. **(c, d)** Measurements of cell area normalized **(c)** OCR and **(d)** PER from the glycolytic rate assay. **(e)** Calculated mitoOCR/glycoPER from the glycolytic rate assay. n=3 **(f, g)** Measurements of cell area normalized OCR from the Mito Stress Test of **(f)** H7-hRGC^{WT} and **(g)** H7-hRGC^{E50K}, and **(h)** spare respiratory capacity after 24h treatment with 1µg/ml BX795. n=6. **(i-l)** Caspase-3/7 activity was measured using ApoToxGlo-Triplex assay kit in hRGCs after 16h pretreatment with BX795 and then 24h or 48h treatment with DMSO, 1 µg/ml BX, 10 µM CCCP, or BX795 and CCCP treatments. Treatment conditions were normalized to the DMSO control for respective hRGC type. ∗ p-value < 0.05, ∗∗ p-value < 0.01, ∗∗∗ p-value < 0.001. Unpaired student's *t-test* between independent datasets.