Aging affects reprogramming of murine pulmonary capillary endothelial cells after lung injury

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ABSTRACT

Aging increases the risk of developing fibrotic diseases by hampering tissue regeneration after

injury. Using longitudinal single-cell RNA-seq and spatial transcriptomics, here we compare

the transcriptome of bleomycin-induced fibrotic lungs of young and aged mice, at 3 time points

corresponding to the peak of fibrosis, regeneration and resolution. We find that lung injury

shifts the transcriptomic profiles of three pulmonary capillary endothelial cells (PCEC)

subpopulations. The associated signatures are linked to pro-angiogenic signaling with strong

Lrg1 expression and do not progress similarly throughout the resolution process between

young and old animals. Moreover, part of this set of resolution-associated markers is also

detected in PCEC from samples of patients with idiopathic pulmonary fibrosis. Finally, we find

that aging also alters the transcriptome of PCEC which display typical pro-fibrotic and pro-

inflammatory features. We propose that age-associated alterations in specific PCEC

subpopulations may interfere with the process of lung progenitor differentiation, thus

contributing to the persistent fibrotic process typical of human pathology.

INTRODUCTION

Gas exchanges between the external environment and the cardiovascular system take place in the lung alveoli through the thin membrane separating alveolar epithelial cells (AEC) and the capillary plexus formed by pulmonary capillary endothelial cells (PCEC), supported by mesenchymal cells. This alveolar niche, whose homeostasis is constantly threatened by external aggressions, deploys high regeneration abilities through various mechanisms[1]. Inadequate responses can lead to the development of chronic diseases such as idiopathic pulmonary fibrosis (IPF), an age-related pathology characterized by the accumulation of collagen-producing mesenchymal cells (myofibroblasts) resulting in the remodeling of the alveolar environment and accumulation of extracellular matrix (ECM), leading to progressive destruction of the parenchyma[2]. IPF is the prototypical progressive interstitial lung disease (ILD) associated with progressive decline in lung function and a median survival time of less than five years after diagnosis. Although two treatments are available to manage the disease (ie: nintedanib and perfenidone) and several new therapeutic options are under investigation, there is no curative treatment for IPF to date[3]. The pathogenesis of IPF is complex and largely unknown. Current hypotheses suggest that repetitive microinjuries of unknown origin to AEC in the aging lung results in ineffective repair with excessive wound healing, chronic inflammation, apoptosis of AEC and endothelial cells (EC), activation of fibrogenic effector cells, formation of myofibroblasts foci, and finally excessive deposition of ECM resulting in the destruction of the lung architecture and the loss of lung functions[4]. Mechanisms linking aging to the development of pulmonary fibrosis are not fully understood and involve numerous cell-intrinsic and cell-extrinsic alterations. Among them, it has been proposed that genetic and epigenetic changes, loss of proteostasis, cellular senescence, metabolic dysfunction as well as stem cell exhaustion may contribute to the initiation and progression of fibrosis[5-7].

Following lung injury, the restoration of parenchymal tissue integrity depends in particular on the proliferative capacities of PCEC[8]. Recent studies showed that, in physiological conditions, PCEC are functionally heterogeneous, with two distinct cell types conserved in multiple mammal species[9]. Aerocytes (aCap), are specialized in gas exchanges with type 1 AEC (AEC1), whereas general capillaries (gCap) act as progenitor-like cells able to self-renew and to differentiate into aCap to maintain the homeostasis of the microvascular endothelium. Multiple studies also report various EC subpopulations emerging after lung injury in mouse models[10-12] or in the context of IPF[13]. In particular, a population of peri-bronchial venous ECs expressing COL15A1, and referred as "systemic venous" (SV EC), have been shown to expand in areas of bronchiolization and fibrosis in IPF patient while this EC subtype was restricted to the bronchial vasculature in healthy lungs[13, 14]. A recent study[15] further characterized these COL15A1[pos] systemic ECs in lungs from lethal COVID-19 and IPF patients and identified a second subpopulation lacking expression of venous marker genes while

expressing markers commonly detected in gCap, referred as systemic capillary ECs (sCap).

Nevertheless, the precise contribution of the physiological state-associated cell types in the

formation of these pathological subpopulations is not fully known. Moreover, as the

regenerative functions of EC decline with aging[16, 17], the impact of aging on the dynamic of EC

subpopulations associated with alveolar niche regeneration after injury-induced fibrosis

remains largely unaddressed[18].

The murine single intratracheal bleomycin instillation model is considered as the best-

characterized animal model available for the preclinical assessment of potential therapies for

pulmonary fibrosis[19]. After the acute inflammatory phase has subsided, bleomycin-instilled

mice display AEC remodeling and fibrosis, but unlike patients with IPF, fibrosis progressively

resolves, allowing to study the cellular and molecular mechanisms associated with alveolar

repair and regeneration. Furthermore, studies assessing the response of older mice to

bleomycin have revealed a more pronounced fibrosis, with mechanisms more reminiscent of

IPF[20-22]. It has been notably suggested that fibrosis resolution or tissue regeneration is

impaired in aged mice[23-26] indicating that age-associated processes contribute to the persistent

fibrosis that is observed in IPF.

In this context, the aim of the present study was to compare the fate of different cell populations

present in the lungs after bleomycin-induced injury in young and aged animals, from the fibrotic

response peak (14 days) until partial (28 days) and complete (60 days) resolution.

RESULTS

Aging is associated with a delay in the resolution of lung fibrosis

Lungs of young (7 weeks) and old (18 months) mice were collected 14, 28 or 60 days after

bleomycin challenge (**Fig. 1A**). We noticed a shift of fibrosis resolution between young and

aged mice, as visualized by total hydroxyproline assay (**Fig. 1B**), histological analyses (**Fig.**

1C) and Sirius red assay (**Supplemental Fig. S1A**) with a peak of fibrosis at day 14 in young

mice followed by a progressive reduction of fibrosis at D28 while a strong fibrotic pattern was

still detected at D28 in old mice. In both young and old animals, fibrosis resolution was almost

complete at D60, with only a few limited fibrotic areas. We then performed a spatial

transcriptomics experiment with the 10x Genomics Visium platform on lung sections from

young or old mice taken 14 or 28 days after bleomycin instillation to compare the fibrotic and

resolution stages between the two age groups (**Fig. 1D**). After filtering the genes and the low-

quality spots, we processed the data, corresponding to a corpus of 2479 genes x 10813 spots

count matrix and the associated spatial coordinates, using a deconvolution tool leveraging only

on spatial gene expression profiles[27]. We identified 14 unique topics, *i.e.* modules of covarying

genes proportionally represented in each spot and annotated them according to their

differentially expressed genes (**Supplemental Fig. S1B-C and Supplementary table S1**).

Canonical pathway enrichment (**Fig. 1E**) and correlation analysis (**Supplemental Fig. S1D**)
revealed similarity between topics, with topics related to fibrotic tissue (topics 1, 13-14),
regenerative or normal alveoli (4-6) or immune cells extravasation, immunoglobin and antigen
presentation signaling (8 and 12). We then compared the average proportion of each topic in
all spots of each lung section, indicating at day 14 large areas of fibrosis, enriched in fibroblast
and macrophage markers (topics 1, 13-14) in lungs from both young and aged mice (**Fig. 1F**).
At D28, lungs from young mice and, to a lesser extent, from aged mice, showed a reduced
representation of topics related to fibrotic tissue compared to D14 while the areas
corresponding to regenerative or normal alveoli (4-6) showed an opposite trend. Lung sections
of old mice were also specifically enriched for the topic 8 (antigen presentation signaling),
suggesting that infiltration of immune cells such as plasma cells, known to form aggregates in
both IPF and the bleomycin model[28, 29], is exacerbated by aging during fibrosis resolution.
Overall, using various approaches, our data indicated that fibrosis resolution is delayed in lungs
from aged mice.
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Time-resolved scRNA-seq captures cellular heterogeneity of bleomycin-injured lungs
from young and aged mice.
We reproduced the same experiment and performed scRNA-seq (10x Genomics Chromium
platform) on whole lungs of young (7 weeks) and aged (18 months) mice (n=3) collected 14,
28 or 60 days after bleomycin challenge or PBS (**Fig. 2A**). The samples of both conditions
from each time point were multiplexed using cell hashing[30] to mitigate batch effects. The count
matrices from the 36 sequenced samples were integrated to obtain a single dataset of 44,541
cells (**Supplemental Fig. S2A-B**). Based on their transcriptomic profile, cells were clustered
and manually annotated based on the expression of specific gene markers (**Fig. 2B,**
Supplemental Fig. S2C and Supplementary table S2). We identified 41 populations
recapitulating the cellular heterogeneity of the mouse lung, of which 29 were immune cells
from lymphoid or myeloid lineage, such as alveolar macrophages (AMs). We also detected
mesenchymal cells, including fibroblasts, pericytes, mesothelial cells as well as epithelial
populations such as AT1, AT2 and bronchial multiciliated cells. We finally identified 6 EC
populations: proliferating EC (Prolif. EC), gCap, aCap, pulmonary-venous EC (PV EC), arterial
EC and lymphatic EC. As expected, we observed a shift in several populations following
bleomycin injury (**Fig. 2C and Supplementary table S3**). This was particularly the case for
macrophages, as previously described [31-33], with a rapid influx of recruited monocyte-derived
macrophages (Mo-AMs) AM3 populations along with a drop of the tissue-resident (TR-AMs)
AM1 (**Supplemental Fig. S2D**). We evaluated the impact of age on the frequency of each AMs
subpopulation relatively to the total number of cells analyzed in each mouse treated with PBS
or BLM (**Supplemental Fig. S2E-F**). Overall, bleomycin treatment induced a very similar

dynamics of macrophage subsets in young and old animals from the peak of fibrosis to complete resolution indicating that none of these specific subpopulations are associated with the delayed resolution in aged animals. Remarkably, bleomycin injury also induced major alterations in pulmonary EC types, especially gCap, PV EC and aCap (**Fig. 2C**), suggesting underlying cellular heterogeneity in bleomycin-treated mice.

Lung injury shifts PCEC towards Lrg1^{pos} subpopulations

The subclustering of PCEC and macrovascular subsets revealed the emergence of four new subpopulations in bleomycin-injured lungs from both young and aged mice (**Fig. 2D**). Among these subclusters, two new subpopulations of gCap and aCap cells emerged in fibrotic lungs with recognizable signatures particularly characterized by the overexpression of Leucine-rich α-2 glycoprotein 1 (*Lrg1*) and mostly found at day 14 and day 28 following bleomycin treatment (**Fig. 2E-F, Supplemental Fig. S3A and Table 1**). The third population matched a cluster of proliferating PCEC (Prolif. EC), which was only found at day 14 and to a lesser extent at day 28 following bleomycin treatment (**Fig. 2E** and **Supplementary table S2**). A fourth population expressed the "SV EC" marker Col15a1, an ectopic population, recently found widespread in fibrotic areas of IPF patients[13]. In order to establish a link between the endothelial remodeling induced after lung injury in the mouse model and human IPF, we re-analyzed the pulmonary endothelial subset from the Habermann dataset [34] (IPF Cell atlas), confirming the increase of the *COL15A1*-positive systemic EC (previously annotated as "SV EC") proportion at the expense of others cell types in lungs from transplanted patients with IPF compared to healthy donors (**Fig. 2G-I**). The *Col15a1*^{pos} murine population shared, to some extent, the expression of others markers found in human systemic EC, such as *Hspg2, Nrp2, Gja1, Vwa1, Lamb1, Spry1, Filip1, Ndrg1, Nr5a2, Galnt15* and *Meox1* (**Fig. 2J-K and Supplementary table S4**). However, this population, described as being of macrovascular origin, doesn't express macrovascular markers such as *Vwf* or *Vcam1* and also lacks expression of venous markers (Ackr1). Instead, the Col15a1^{pos} murine population shares several gCap markers such as *Aplnr* or *Sox11* (**Fig. 2F** and **Table 1**), confirming in mouse the identification of a systemic capillary ECs (sCap) recently characterized in lungs from lethal COVID-19 and IPF patients[15]. *In situ* hybridization confirmed the induction of *Col15a1* in BLM-treated mice (**Fig. 2L**), with a pattern similar as that observed in fibrotic areas of lung IPF sections (**Fig. 2M**). We hence considered these *Col15a1*^{pos} sCap as a distinct PCEC subpopulation for the rest of the study. On the other hand, we observed a low expression of *LRG1* in systemic EC from IPF samples (Habermann dataset[34]). We did not detect *LRG1* either in gCap or aCap from IPF samples, but decreased *EDNRB* was observed in aCap, as in aCap from bleomycin-treated mice **(Fig. 2F-I)**.

We then analyzed the profile of *Lrg1* expression in lung cell types in both basal condition or after BLM treatment in young and aged mice. In physiological condition, *Lrg1* expression is

restricted to the macrovascular *Col15a1*-negative pulmonary-venous (PV EC), neutrophils, LCM, and to a lesser extent to AT2, gCap and Lymphatic EC **(Supplementary table S2** and **supplemental Fig. S3B).** At the peak of fibrosis, *Lrg1* expression was dramatically increased in all EC subpopulations as well as in alveolar macrophages subsets **(Supplemental Fig. S3B)**. We confirmed this increase of *Lrg1* in bleomycin-treated lungs by *in situ* hybridization **(Supplemental Fig. S3C)**. The kinetics of *Lrg1* expression in old versus young mice treated with BLM was similar in most subpopulations, apart for gCap, aCap and Arterial EC, for which *Lrg1* expression was time-shifted at day 28 **(Supplemental Fig. S3D).** Finally, overexpression of *Lrg1* in gCap and aCap was validated on an independent scRNA-seq dataset[35] in which lungs of adult mice treated with bleomycin were collected at a shorter time interval **(Supplemental Fig. S3E).**

Lrg1[pos] PCEC signaling is associated with vascular remodeling and alveolar regeneration.

LRG1 is a gene coding for a pro-inflammatory glycoprotein, which can notably promote angiogenesis by switching TGF-β signaling from SMAD2/3 angiostatic signaling to SMAD1/5 angiogenic signaling[36]. To confirm this hypothesis, we generated a HMEC1 human endothelial cell line constitutively overexpressing LRG1. Control and LRG1 vector transduced cells were stimulated or not with TGF-β1 at 2 different concentrations (3 or 10 ng/ml). While in control cells, TGF-β1 mostly induced phosphorylation of SMAD2/3, LRG1 expression preferentially promoted SMAD1/5 phosphorylation at both low and high TGF-β1 concentrations (**Supplemental Fig. S4A-D**). This switch was also accompanied with a significant increase of *VEGF* transcript (**Supplemental Fig. S4E**), indicating that Lrg1^{pos}PCEC signaling may participate in alveolar regeneration through induction of angiogenesis.

Ingenuity Pathway Analysis[TM] performed on *Lrg1^{pos}* PCEC markers indicated an activation of mTOR, TGF-β, integrin-linked kinase and wound healing pathways in all 3 PCEC subpopulations (**Fig. 3A**). Enriched functions pointed to activation of angiogenesis or vasculogenesis, EC migration and proliferation in all 3 PCEC subpopulations, which is lacking or to a lesser extent in PV EC (**Fig. 3B**). We also noted elevated expression of hypoxia-regulated genes with *Lrg1^{pos}* aCap showing the strongest signature (**Fig. 3C**). Expression of markers associated with angiogenesis was shared by all three *Lrg1^{pos}* PCEC subpopulations, in particular genes coding for ECM-associated proteins, transcription factors/regulators, cytokines/growth factors and receptors. RNAscope[TM] FISH confirmed the expression of HIF1α mRNA in *Lrg1^{pos}* cells in fibrotic areas, as well as increased expression of *Vegfa* and *Sox17* in gCaps at the peak of fibrosis (**Fig. 3E**). suggesting a central role for *Lrg1^{pos}* PCEC in endothelial regeneration processes via intense signaling within the alveolar niche (**Fig. 3D**).

To follow up this hypothesis, we used NicheNet[37] to infer ligand-receptor interactions

potentially associated with the expression of genes related to the pro-angiogenic signature of

Lrg1[pos] PCEC. We selected the top ligands with the highest probability to induce these pro-

angiogenic signatures in each Lrg1^{pos} PCEC subpopulation. Most of the selected ligands were

commonly prioritized in the 3 subpopulations and were known pro-angiogenic factors, such as

Fgf2, *Vegfa*, *Il1b*, *Tgfb1*, *Apoe*, *Bmp4*, *Adam17* or *Cxcl12* (**Supplemental Fig. S5A).** We next

looked at the expression of the selected ligands as well as the downstream genes most likely

to be regulated by these ligands in the different lung cell populations. Notably, *Vegfa* and

Cxcl12 ligands were among the top predicted ligands as well as the top predicted downstream-

regulated genes, suggesting autocrine signaling within *Lrg1*^{pos} PCEC (**Supplemental Fig.**

S5A). We finally checked the expression of genes encoding *bona fide* receptors of the selected

ligands in the 3 *Lrg1*^{pos} PCEC subpopulations (**Fig. 3F)**. Overall, their transcripts were

equivalently detected in the 3 *Lrg1*^{pos} EC subpopulations, with the exception of Fgf2 receptors

Fgfr1 and Fgfr3 which are more specific to the *Lrg1*^{pos} aCap. We have summarized these

interactions inferences in a circos plot, linking the selected ligands grouped by expression in

specific cell populations to their top receptors expressed in *Lrg1*^{pos} PCEC subpopulations (**Fig.**

3G). We represented potential paracrine and autocrine signaling involving ligands expressed

by mast cells (*Hgf*), neutrophils (*Il1b*), macrophages (*Il1a*, *Adam17*, *Tnf* and *Apoe*) as well as

ligands expressed in multiple cell types such as *Tgfb1* and *Gpl1*. We also found potential

interactions between ligands of neighboring cell types within the alveolar niche and *Lrg1*^{pos}

PCEC receptors, such as the *Bmp4 / Bmpr2* pair involving alveolar epithelial cells and the

Tgfb3 / Tgfbr2 pair with mesenchymal cells. Based on the hypothesis that a receptor

differentially expressed between physiological and fibrotic conditions likely indicates a

modulation of the associated signaling pathway, we then compared receptor expression levels

between gCap from bleomycin- versus PBS-treated mice. We observed that *Ackr3*, *Il1r1*, *Itgb1*,

Nrp2, *Scarb1*, *Sdc4* and *Tgfbr2* were all upregulated while *Bmpr2* and *Tgfbr3* were

downregulated in bleomycin-treated compared to control gCap (**Supplemental Fig. S5B)**.

These observations appear consistent in the context of capillary endothelial remodeling. For

example, the autocrine signaling pathway involving *Cxcl12* and *Ackr3* in PCEC has been

shown to drive AEC expansion and neo-alveolarization by releasing Mmp14 following lung

injury[38]. Our analysis indeed validated the upregulation of *Mmp14* in bleomycin-treated gCap

at the single cell transcriptomic level (**Supplemental Fig. S5C)**. Finally, other genes driving

key signal transduction proteins in EC, such as Eng, Id1 and several Smad family members,

were also differentially expressed between both conditions in gCap (**Supplemental Fig. S5C)**.

In particular, we found that *Smad6* was significantly downregulated in bleomycin-treated gCap.

Coupled with the repression of *Bmpr2* and a similar trend for other BMP9 signaling pathway-

associated genes (*Acvrl1*, *Eng*, and *Id1),* we hypothesized that this pathway responsible for

EC quiescence may be inhibited in gCap following lung injury to promote angiogenesis[39].
Taken together, these results converge towards pro-angiogenic signaling in *Lrg1*^{pos} PCEC
which, by releasing angiocrine factors, could thus contribute to the regeneration of the
pulmonary alveolar niche.
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Bleomycin-induced endothelial remodeling echo pathological signatures found in
human IPF
Using again the Habermann dataset[34], we then systematically compared the mouse fibrotic
signature induced by bleomycin with the IPF signature in systemic EC, PV EC, gCap, and
aCap (**Fig. 3H and Supplementary table S6**). The most conserved pathological signature in
both models was found for systemic EC, with a common modulation of 218 genes that includes
most of the pro-angiogenic signature enriched in mouse *Lrg1*^{pos} PCEC (**Table 2**). Moreover,
we observed a conserved upregulation of several signaling-associated genes*,* transcription
factors and ECM-associated genes*.* With regard to conserved downregulated genes, we also
observed a common inhibition of multiple transcription factors, including FOXF1, SMAD6 and
GATA2 as documented recently[40] as well as genes -associated with signaling, notably the
BMP9 signaling genes (**Table 2**). These findings show that the pulmonary endothelial
remodeling observed after bleomycin-induced lung injury in mice mimics at least in part the
recruitment of systemic EC occurring in IPF, with a conserved signature associated with
angiogenesis, ECM organization and cell adhesion.
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***Lrg1*^{pos} PCEC dynamics are delayed in fibrotic aged mouse lungs.**
We then compared the dynamics of pulmonary EC after injury and during resolution between
young and old mice (**Fig. 4A**), leveraging on their relative proportions found in each mice of
the Chromium scRNA-seq dataset. The proportion of sCap, which were weakly detected in the
control lungs, increased after bleomycin instillation and progressed during the resolution
phase, suggesting that their recruitment is sustained over time independently of aging, even
though the emergence of these cells appears to be more prominent in young mice at the peak
of fibrosis. The presence of Col15a1^{pos} cells was confirmed by RNAscope[TM] FISH in lungs from
both BLM-challenged young and aged mice, from the peak of fibrosis up to D60 **(Fig. 4B)**. We
observed a similar profile between *Lrg1*^{pos} gCap and *Lrg1*^{pos} aCap, which sharply increased at
d14 post bleomycin instillation and then diminishes upon resolution in young mice, while these
increases were weaker and rather peaked at D28 in old animals. The simultaneous detection
of Prolif. EC and conservation of the pool of physiological gCap and aCap supported that lung
injury induces neovascularization of capillary EC. However, this regenerative response was
stronger and shorter in young animals and also affected venous vessels.

We confirmed these observations at the gene-level by calculating a score based on the expression of upregulated genes following bleomycin-induced lung injury, which we compared between cells grouped by age and time point (**Fig. 4C** and **Supplemental Fig. S6A-D**).

We also validated this delayed dynamic in an independent cohort of mice using *in situ* hybridization assay, showing that in young mice, *Lrg1^{pos}* cells peaked at day 14 following bleomycin treatment and progressively decreased to reach their basal level at day 60, whereas a strong percentage was still maintained at day 28 and day 60 in old mice. Similarly, we observed the same evolution pattern with *Lrg1^{pos} Aplnr^{pos}* cells and *Lrg1^{pos} Ednrb^{pos}* cells, corresponding to *Lrg1^{pos}* gCap and *Lrg1^{pos}* aCap, respectively (**Fig. 4D**).

Finally, we returned to the spatial transcriptomic data to look for evidence of physiological and pathological PCEC signatures in spatial topics potentially associated with Lrg1 expression. Topic 6, highly represented in the young lung section at d28, was enriched in physiological gCap and aCap markers (*Sema3c, Hpgd, Thbd, Cldn5*, and *Car4*), as well as AT1 markers (*Ager, Hopx, Cldn18*), suggesting successful restoration of alveolar functions (**Fig. 1F, Supplemental Fig. S1B-C**). *Lrg1* was found in topics 1 and 4, where it was associated with fibroblast markers rather than endothelial markers. Interestingly, it was also enriched in topic 13, which displayed a clear inflammatory signature (**Fig. 1E**), notably carried by cytokines, complement and MHC components. This topic persisted at D28 in both lung sections from old mice (representing 6% and 10% of deconvoluted spots respectively), whereas it tended to be cleared (2% of deconvoluted spots) in the section from young mice at the same time point.

Taken together, our results showed that the dynamics of Lrg1^{pos} PCEC cells are delayed in lungs from aged mice, paralleling the retarded resolution of lung fibrosis observed in aged animals.

Aged mouse lung gCap exhibit pro-inflammatory and injury-activated phenotype

We next performed differential expression analyses between old and young gCap in fibrotic or control conditions. In fibrotic conditions, we observed an enriched pro-inflammatory signature in old gCap, mainly characterized by the overexpression of genes encoding for MHC class II molecules, *Cd74*, *Cd52* and the interferon-induced protein Gbp4 (**Fig. 5A-B and Supplementary table S4**). The expression of *Cd74*, the receptor of Macrophage migration Inhibitory Factor (MIF), a critical upstream regulator of the immune response[41] was validated by RNAScope™ ISH, showing a stronger signal of *Cd74* in lungs from BLM-treated aged mice as well as partial co-localization of *Cd74* and *Lrg1* (**Fig. 5C**). Conversely, we found in young gCap an enrichment of transcription factors associated with vascular homeostasis and repair such as *Klf2, Klf10 and Peg3*[42-44] (**Fig. 5B and Supplementary table S4**). In PBS-treated mice, comparison between old and young gCap revealed even more gene modulations (**Fig.**

5D-E), which were associated with multiple functions, including an increase of inflammatory and immune responses, but also ECM organization and IPF signaling pathway in aged mice (**Fig. 5F and Supplementary table S5**). Indeed, this aging signature contained 21 genes significantly deregulated in gCap following bleomycin challenge, including the top *Lrg1*^{pos} PCEC markers *Lrg1*, *Col15a1*, *Nrtk2*, *Ndrg1* and *Ankrd37* (**Fig. 5G**), indicating that old gCap in physiological condition already express a pro-inflammatory and injury-activated signature. We also observed that old gCap overexpressed *Vwf*, *Slc6a2*, *Prss23 and Plat* (**Fig. 5D-E**), which are normally restricted to macrovascular EC **(Supplemental Fig. S3A).** These cells also show a decrease in *Aplnr* expression compared to young gCap, in line with a predicted decrease in the Apelin signaling pathway in old gCap (**Fig. 5F**), strongly suggesting a potential change in their intrinsic functions.

Trajectory inference indicates a transition between *Col15a1*[pos] sCap, *Lrg1*^{pos} gCap and physiological gCap following alveolar injury.

The parallel kinetic profile between the *Lrg1*^{pos} PCECs populations after BLM treatment as well as their transcriptomic proximity and delayed appearance in aged animals, correlating with a delayed resolution, suggest that a dynamic process links these different PCEC subpopulations or cell states during alveolar niche regeneration. To model a potential trajectory in an unbiased way, we used the generalized RNA velocity approach[45], leveraging on the splicing dynamics estimated in young bleomycin and PBS-treated mice samples at day 14. Latent time ordering indicated that *Col15a1*[pos] sCap could initiate a differentiation process, transiting through *Lrg1*^{pos} gCap before ending up to physiological gCap **(Fig. 6A)**. Of note, the same trajectory was proposed in the same configuration in the old mice 28 days after instillation (**Fig. 6B**). This inferred trajectory was supported by genes displaying a dynamic expression profile according to latent time, either progressively decreasing (*Smad1, Sparc, Col4a1, Ndrg1, Igfbp7*), transiently upregulated (*Ackr3, Emp1, Cmah, Vwf, Smad7*), or progressively increasing (*Npr3, Hpgd, Clec1a, Bmp6, Itga1*) (**Fig. 6C-D and Supplemental Fig. S7A**). These data suggest that in the bleomycin reversible fibrosis model, sCap are recruited to contribute to gCap replenishment and to the regeneration of the lung capillary endothelium integrity (**Supplemental Fig. S7B).**

DISCUSSION

In this work, we used scRNA-seq combined with spatial transcriptomics to follow the transcriptomic modifications of lung cell populations during fibrosis formation and resolution in a mouse model of lung fibrosis. We specifically focused on the transcriptomic alterations correlated with a delayed fibrosis resolution in aged mice and identified several aging-associated changes in some PCEC subpopulations, including aCap and gCap, shifting towards

a pro-angiogenic phenotype expressing *Lrg1* and associated with alveolar niche regeneration.
We also found that aging altered the transcriptome of gCap in control mice, with a signature
suggestive of a pro-fibrotic and injury-activated state. Because PCEC are intimately connected
to alveolar epithelial cells and fibroblasts in the alveolus, age-associated defects in the PCEC
differentiation may likely participate in the dysfunction of other cells in the alveolar niche and
impede alveolar regeneration.

Our study presents a whole picture of cell dynamic changes in lung from young and aged
animals during fibrosis formation and resolution at 3 time points. Using several approaches,
we confirmed previous works showing that aged mice exhibit impaired resolution after
bleomycin injury[23-25], further proposing using spatial transcriptomics that infiltration of immune
cells such as plasma cells, known in IPF to form aggregates and bronchus-associated
lymphoid tissue (BALT)[29], contribute to this delayed resolution in aged mice. We also confirmed
by scRNA-seq that many cell populations are affected by bleomycin, including AEC,
fibroblasts, macrophages and PCEC[26, 32, 33, 46], providing a useful dataset to analyze the
transcriptomic dynamic of these populations and compared it to the kinetic of the resolution
process measured with histology, collagen production and spatial transcriptomic.

One of the most affected cell type by the bleomycin challenge in our dataset corresponded to
EC, with several main subpopulations that were only apparent in bleomycin-injured lungs. First,
we identified a homologous Col15a1-positive systemic EC population, previously described in
lungs from IPF patients[13]. We also found that this population, described originally as being of
venous macrovascular origin, doesn't express clear macrovascular and venous markers and
likely corresponded to a systemic capillary ECs (sCap) in agreement with a recent study in
COVID-19 patients[15]. Secondly, we found two new subpopulations of gCap and aCap cells in
fibrotic lungs sharing a partial common gene signature characterized by the overexpression of
Lrg1. Interestingly, among these distinct populations, only *Lrg1*^{pos} gCap and *Lrg1*^{pos} aCap cells
displayed a different kinetic profile following bleomycin challenge in young and aged mice.
While they both peaked at day 14 in young mice lungs, their dynamic was strongly shifted in
the lungs of aged mice, peaking at day 28. Overall, our findings demonstrate that bleomycin
injury induces PCEC remodeling marked by the upregulation of *Lrg1* and the emergence of
distinct capillary activated cell states that are delayed in aged mice.

Lrg1 codes for a secreted member of the family of leucine-rich repeat proteins, that often
served as pattern recognition motifs for the innate immune system[47]. It is a multifunctional
signaling molecule initially associated with pathological angiogenesis[36] that can notably
modulate the TGF-β pathway in a highly context-dependent manner. The physiological
function of *Lrg1* remains poorly understood, with knockout mice showing no obvious
phenotypic defects. Several studies indicate that it promotes physiological wound healing and
maintain tissue homeostasis[48, 49], although abnormal expression levels has been found to

disturb effective would healing and contribute to fibrosis in several tissues including lung[50].

These data suggest that *Lrg1* expression must be finely regulated during the repair process

and that abnormal levels may disrupt effective wound healing and contribute to fibrogenesis.

One of the most compelling examples of LRG1 function in promoting diseased vessels is

commonly described as the "TGF-β angiogenic switch", which switches TGF-β signaling to a

proliferative pathway in a variety of pathological settings, including age-related macular

degeneration and cancer[36]. While binding of TGF-β to endothelial TGF-β type II receptor

(TGFβRII) normally initiates signaling through the tyrosine kinase receptor ALK5 coupled to

SMAD2/3, preserving cell quiescence, high levels of LRG1 can redirect TGF-β to form a

transduction complex with ALK1 and the accessory receptor endoglin (ENG), activating the

pro-angiogenic SMAD1/5/8 pathway and promoting EC proliferation, migration and

tubulogenesis as well as the expression of several pro-angiogenic factors such as VEGFA.

Our in vitro experiments confirmed this molecular mechanism, which likely explains our data

showing inhibition of endothelial quiescence in gCap *Lrg1*^{pos} as well as strong induction of

markers associated with EC proliferation and migration after lung injury to promote

angiogenesis and sprouting. During the preparation of this manuscript, Zhao et al. indeed

demonstrated that *Lrg1* was able to counterbalance the canonical angiostatic TGFβRII

signaling to promote lung vascular repair following viral injury[51]. While this *Lrg1*-associated

pro-angiogenic activity appears to be necessary to promote alveolar vascular repair, it is likely

that delayed expression of *Lrg1* in aged mice could slow down the formation of a new mature

capillary network thus causing a delay in the regeneration of the alveolar niche.

The *Lrg1*-associated gene signature found in our study also contains *Sox17*, a member of the

Sry-related high mobility group domain family F (Sox F) transcription factors, a key

developmental regulator of EC lineage. Previous work indicated that induction of *Sox17*

expression through the activation of HIF-1α in EC plays an essential role in regenerating EC

following endotoxin-induced EC injury, notably by transcribing Cyclin E1 and stimulating

proliferation of EC[52]. Of note, both *SOX17* and *HIF1A* were also detected in PCEC in lungs

from IPF patients, indicative of a pro-angiogenic activity. Overexpression of these two genes

were validated in fibrotic areas of lung mice, with co-localization with *Aplnr* or *Lrg1*,

respectively. The activation of a hypoxic response was also particularly visible in *Lrg1*^{pos} aCap

and *Lrg1*^{pos} gCap with several markers associated with glycolysis and hypoxia, in agreement

with studies indicating that transient activation of hypoxia-mediated signaling pathways

contributed to angiogenesis and vascular repair[53]. In addition to hypoxia, our analysis revealed

transcriptomic modulations of mTOR, TGF-β, IL-8 and integrin-linked kinase signaling and

related notably to vasculogenesis, sprouting, cell-cell contact, cell migration and inflammation.

The identification of multiple cytokines/growth factors and receptors in activated PCEC

suggested extensive heterotypic interactions within the alveolar niche. Our ligand-receptor

interaction predictions propose a complex network of interactions involving ligands expressed

by activated PCEC and neighboring cell types within the alveolar niche, including AT1, AT2,

mesenchymal cells as well as mast cells, neutrophils and macrophages that likely influence

alveolar repair. Remarkably, some of these predictions are in agreement with previous studies

highlighting in particular the importance of the signaling pathway involving *Cxcl12* (also known

as SDF-1) and *Ackr3* (*Cxrc7*) in PCEC, leading to neo-alveolarization[38]. Further work is needed

to analyze the functional importance of this predicted network and to characterize their central

regulators with the goal to potentially target specific signaling pathways within the vascular

niche for regenerative therapies.

We also found additional aging-related transcriptomic differences in PCEC subpopulations in

physiological or pathological conditions. We focused on gCap population that functions as

progenitor cell for aCap in capillary homeostasis and repair[9]. We found that in lungs from aged

bleomycin-challenged mice, gCap expressed an enriched pro-inflammatory and immune

signature, as well as decreased expression levels of several transcription factors associated

with vascular homeostasis, repair and the anti-inflammatory response (*Klf2, Peg3, Klf10*)[42-44],

indicating that the bleomycin response was exacerbated in gCap from aged mice. In addition,

we also found an aging-related signature in gCap from healthy control lungs. Part of this

signature (21 genes), corresponding mostly to genes associated with angiogenesis, migration

and sprouting, was correlated with the bleomycin-induced signature, suggesting a pre-

inflammatory and injury-activated cell state in old gCap.

Our study has limitations, in particular because of some technical biases during the single-cell

and spatial transcriptomic workflow. First, our dissociation protocol, combined with the cell

Hashing protocol[30], requiring additional cell labeling and washes has led to a depletion of

fibroblasts and epithelial cells, which did not allow us to perform a complete cell state analysis

for these cell types. Secondly, while the Visium spatial technology skips the dissociation step,

its resolution did not allow to perform a single-cell characterization of the multiple cell lineages

composing the alveolar niche, despite the use of a deconvolution tool. Moreover, although this

approach was intended to highlight some spatial information explaining the resolution delay in

aged mice, it will need to be supplemented by a larger number of replicates to improve these

observations. Finally, the bleomycin mouse model may not accurately recapitulate the vascular

alterations observed in IPF patients. The comparison of our data with a public dataset from the

IPF cell atlas[34] indicated that *LRG1* transcript was expressed at a low level in *COL15A1*[pos]

systemic EC, questioning the relevance of this mouse model. Nevertheless, several

conclusions could be drawn from this analysis, including a large conserved pathological

signature of 218 genes between the *Col15a1*[pos] sCap from fibrotic mouse and IPF lungs,

confirming their close functional state and a common pro-angiogenic signature between

PCECs from mouse fibrotic lungs and human IPF systemic EC, suggesting that the pulmonary

endothelial remodeling observed after bleomycin-induced lung injury in mice mimics the
recruitment of systemic EC occurring in IPF. In contrast, the aCap *Lrg1*pos and gCap *Lrg1*pos
populations were not clearly detected in IPF samples and only a small fraction of genes
appeared to be commonly modulated in aCap/gCap populations from fibrotic lungs in humans
and mice. The characterization of EC heterogeneity in IPF is still in its infancy. In particular, it
is not known whether the ectopic presence of *COL15A1*pos systemic EC in the IPF-associated
distal parenchyma, play a role in the pathogenesis of IPF. In order to gain information on their
potential function, we used our scRNA-seq dataset on young PCEC at day 14 to investigate
the potential relationship between sCap and gCap using the RNA velocity approach[45]. Our
results indicate that following lung injury, sCap are recruited and may function as progenitor
cells that can initiate a differentiation process, transiting through Lrg1pos gCap before reaching
the physiological gCap cell state. The same differentiation scheme was also found in the old
mice but with a delayed kinetic (28 days). Overall, these data suggest that in a reversible
fibrosis model (mouse), sCap are recruited and can act as progenitor cells to reconstitute the
gCap pool and regenerate the integrity of the alveolar endothelial capillaries while aging
appears to delay this resolution process. It is therefore tempting to hypothesize that in the
context of the human pathology, systemic EC might be deficient in this differentiation process
and accumulate in the injured tissue. Interestingly, a recent article, using an *ex vivo* human
precision-cut lung slice (hPCLS) model of lung fibrogenesis, also described a transcriptomic
proximity between alveolar PCEC and a systemic venous EC state[54]. In this case, the authors
presented a differentiation trajectory in the opposite direction, proposing that PCEC in injured
alveoli give rise to a *VWA1*pos/*PLVAP*pos ectopic EC state with transcriptional similarities to the
systemic vasculature. Additional analyses are thus needed to better characterize this ectopic
EC state versus the *COL15A1*pos systemic EC and distinguish between these two hypotheses.
During the revision of this manuscript, a study by Raslan et al. also investigated the bleomycin-
induced lung injury response in young and aged mice at single-cell resolution[55]. Interestingly,
they also isolated a sub-population of gCap EC marked by the expression of *Ntrk2/TrkB*
(Tropomyosin Receptor Kinase B) that appeared in bleomycin-injured lungs and associated
with aberrant YAP/TAZ signaling, mitochondrial dysfunction, and hypoxia. These cells
exhibited a similar gene expression signature as those we present here, including the
upregulation of *Lrg1*. However, their conclusions, stating that this population is dysfunctional
and accumulates with aging, differ from ours. One explanation for this discrepancy could be
that they studied only a single time point (day 30), without considering the dynamic of
appearance and disappearance of this population at earlier and later times. Further functional
investigations aimed at depleting these *Lrg1*pos sub-populations *in vivo* will be required in order
to clarify these two contrasting hypotheses.

Altogether, our findings shed new light into the molecular mechanisms associated with alveolar
endothelial capillaries resolution in a mouse model of reversible lung fibrosis and how aging
influences specific PCEC to delay this resolution process. In particular, they raise new
hypotheses regarding the functional importance of these specific PCEC populations in lung
repair, which may lead to new therapeutic strategies for the treatment of IPF.
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METHODS

Reagents and antibodies

Bleomycin was obtained from Sigma Aldrich (B1141000). The following antibodies were used in immunofluorescence experiments: Mouse Anti-Human CD31 (MA5-13188 Thermofisher), Rabbit Anti-Human COL15A1 (53667 Invitrogen), Purified Mouse Anti- αSMA–FITC (F3777 Sigma-Aldrich), donkey DyLight 594 Anti-Rabbit IgG (A32754 Life Technologies), donkey DyLight 647 Anti-Mouse IgG (A31571 Life Technologies). The following antibodies were used in western blot experiments: Rabbit anti-Human pSmad2 (18338, Cell signaling), Rabbit anti-Human Smad2 (5339, Cell signaling), Rabbit anti-Human pSmad1/5 (9516, Cell signaling),Rabbit anti-Human Smad5 (9517, Cell signaling), Rabbit anti-Human LRG1 (PA5-96832, Thermofisher), Rabbit anti-Human HSP90 (4877, Cell signaling) and Goat anti-rabbit HRP (P0448, Dako).

Experimental design and animal treatment.

All animal care and experimental protocols were conducted according to European, national and institutional regulations (Protocol numbers: 00236.03 and APAFIS#31298, IPMC approval E0615252; Protocol Number APAFIS#12540, University of Lille; approval 00236.03 CNRS). Personnel from the laboratory performed all experimental protocols under strict guidelines to ensure careful and consistent handling of the mice. Seven-week ("young") and 18-month ("old")-old C57BL/6 male mice (Charles River) were divided randomly into two groups: (A) saline-only (PBS, n=3), or (B) bleomycin (BLM, n=3). To induce fibrotic changes, 50-µl bleomycin (1 U/kg) or PBS was aerosolized in mouse lungs using a MicroSprayer Aerosolizer (Penn-Century, Inc.) as previously described [56]. Mice were sacrificed at designated time points (days 14, 28 and 60) after instillation.

IPF lung tissue sections.

Lung tissue sections were obtained from the UGMLC Giessen Biobank affiliated to the European IPF Registry as well as from the Nice Hospital-Integrated Biobank (transfer authorization from the French ministry of research n° AC-2021-4655).

Histopathology.

Lungs were fixed overnight with neutral buffered formalin and then embedded in paraffin. 5-micrometer-thick sections were mounted and stained with hematoxylin and eosin (HE) as well as Sirius Red to assess the degree of fibrosis. HE sections were scanned using Axio Scan Z1 scanner (Zeiss) at x10 magnification. Data are processed using the Zen blue imaging software

(Zeiss). Hematoxylin and eosin zoomed in pictures were performed using Axiophot 2 light

microscope.

Hydroxyproline quantification of mouse lungs.

Lung hydroxyproline content was assayed as previously described [56]. Briefly, lungs were

disrupted in liquid nitrogen and 10 mg were homogenized in 100 μl of water. Samples were

hydrolysed for 3 hours at 120°C in a temperature-controlled heating block after adding 100 μl

of HCl 12M and then dried. Hydroxyproline quantification was finally performed in microplate

as described by the manufacturer (Sigma).

Visium^TM spatial transcriptomics protocol

Tissue preparation. Tissue preparation and slides processing were performed according to

the Visium Tissue Preparation Guide (CG000238 Rev A; CG000239 Rev A; CG000240 Rev

A, 10× Genomics). Briefly, lungs of bleomycin-challenged mice (Young.D14/D28;

Old.D14/D28, n=2 for a total of 8 samples) were inflated with diluted Optimal Cutting

Temperature (OCT), gently removed from mice and then embedded in OCT on dry ice and

stored at -80°C. OCT blocks were cryosectioned at 10μm thickness on capture areas of Visium

10 Genomics slide. Before performing the complete protocol, Visium Spatial Tissue

Optimization was performed according to manufacturer's procedure and using the Axioscan 7

scanner (Zeiss). Thirty minutes was selected as optimal permeabilization time. The

experimental samples were fixed, stained with H&E and imaged using Axioscan 7 scanner at

5x magnification.

Generation of spatial transcriptomic libraries. Library preparation was performed according

to the Visium Spatial Gene Expression User Guide. Libraries were loaded and sequenced on

a NextSeq2000 System (Illumina) as paired-end-dual-indexed, at a sequencing depth of

approximately 25 M read-pairs per capture area.

Analysis of spatial transcriptomics data. The 8 space ranger pipeline outputs containing

both the spot-level gene counts and the histological image of the tissue slice were read as

seurat objects. After a quick overview of each one, 2 of them (Young.D14_#2 and

Young.D28_#2) appeared unusable because of a very low level of detected molecules per

spot (<800 detected genes). The remaining 6 samples (Young.D14, Old.D14.a, Old.D14.b,

Young.D28, Old.D28.a, Old.D28.b) were jointly processed using the SpatialExperiment[57]

(v1.10.0) and STDeconvolve[27] (v1.3.1) R packages. Firstly, the genes x spots count matrices

of the 6 samples were stripped of mitochondrial, ribosomal, unannotated non-coding and

hemoglobin subunit coding genes. The preprocess() function was run a first time on each

sample to identify overdispersed genes, using the following arguments: nTopGenes = 5,

removeAbove = 0.95, min.reads = 10, min.lib.size = 1, min.detected = 1, ODgenes = TRUE,

od.genes.alpha = 0.05, gam.k = 5, nTopOD = 1000. We took the union of the 6 lists of

overdispersed genes, representing 2482 unique genes. The preprocess() function was run a

second time on the concatenated count matrix of those 2482 genes in all spots, specifying to

discard spots containing less than 200 UMIs, and genes detected in less than 10 spots,

resulting in a corpus of 2479 genes x 10813 spots count matrix and the associated spatial

coordinates. The fitLDA() function was run on the count matrix in order to help selecting an

optimal number K of predicted topics. Following the recommendations of the authors, we chose

a value of K=14, i.e. the value that produces the smallest perplexity without exceeding 5 topics

with an average proportion of less than 5%. The topics proportions across spots (theta) and

topics gene probabilities (beta) matrices from the optimal fitted LDA model were obtained with

the getBetaTheta() function with a betaScale factor = 1000 to scale the predicted topics gene

expression profiles. To annotate each of the 14 topics, the log2FC of all expressed genes were

calculated by dividing the expression in the topic versus the average expression in the rest of

the topics. Genes with a log2FC > 0.4 were used to perform a canonical pathway enrichment

in each topic using Ingenuity Pathway Analysis (Ingenuity® Systems, www.ingenuity.com).

Chromium^{TM} single-cell transcriptomics protocol

Lung dissociation and cell preparation. Lung single cell suspensions were generated as

previously described[58]. Briefly, after euthanasia, lung tissue was perfused with sterile saline

through the heart and were inflated through the trachea with dissociation cocktail containing

dispase (50 caseinolytic U/ml), collagenase A (2 mg/ml), elastase (1 mg/ml), and DNase (30

µg/ml). Lungs were immediately removed, minced to small pieces ~1mm3), and transferred for

mild enzymatic digestion for 20–30 min at 37 °C in 4 ml of the dissociation cocktail. Enzymatic

activity was inhibited by adding 5 mL of PBS supplemented with 10% fetal calf serum (FCS).

Single cells suspensions were passed through a 40-micron mesh, and then harvested by

centrifugation at 300 g for 5 min (4°C). Reb blood cell lysis was performed using RBC lysis

buffer (Thermo fisher) for 2 min at 4°C and stopped using PBS 10% FCS. After another

centrifugation at 300g for 5 min (4°C) cells were counted and critically assessed for single cell

separation and overall cell viability using the Countess 3 FL (Fisher Scientific). Samples were

then stained for multiplexing using cell hashing [3], using the Cell Hashing Total-Seq-ATM

protocol (Biolegend) following the protocol provided by the supplier, using 6 distinct Hash Tag

Oligonucleotides-conjugated mAbs (3 PBS and 3 Bleo). Briefly 1.10^6 cells were resuspended

in 100µl of PBS, 2% BSA, 0.01% Tween and incubated with 10µl Fc Blocking reagent for 10

min 4°C then stained with 0.5µg of cell hashing antibody for 20 minutes at 4°C. After washing

with PBS, 2% BSA, 0.01% Tween samples were counted and merged at the same proportion,

spun 5 minutes 350 x g at 4°C, resuspended in PBS supplemented with 0.04% of bovine serum

albumin at final concentration of 500 cells/µl and pooled sample were immediately loaded on
Chromium.

Generation of single cell librairies, 10X Genomics scRNA-seq and data processing.
Single-cell capture was performed using the 10X Genomics Chromium device (3′ V3). Single-
cell libraries were sequenced on the Illumina NextSeq 500. Alignment of reads from the single
cell RNA-seq libraries and unique molecular identifiers (UMIs) counting were performed with
10X Genomics Cell Ranger tool (v3.0.2). Reads of oligonucleotides tags (HTOs) used for Cell
Hashing were counted with CITE-seq-Count (v1.4.2). Counts matrices of total RNA and HTOs
were thus obtained for the 6 sequencing run, respectively named YoungD14, YoungD28,
YoungD60, OldD14, OldD28 and OldD60.

Single cell data secondary analysis. All downstream analyses were carried out with Seurat
R package (v4.1.0).

HTOs demultiplexing. For each 6 sequencing run, RNA and HTOs counts matrices were
integrated into a Seurat object. HTOs counts were demultiplexed with HTODemux function to
assign mice-of-origin for each cell (3 PBS-treated and 3 Bleomycin-treated). Only the cells
identified as "Singlet" and passing quality control metrics (more than 200 detected genes, less
than 0.25% of mitochondrial content) were kept for each Seurat object. The 6 seurat objects
containing the raw counts of filtered cells and their metadata (age, day of lung collection post
injection, treatment, mice-of-origin) were merged.

Samples integration. The computational integration of the different samples was performed
using reciprocal PCA, as described in the dedicated vignette from Satija lab website
(https://satijalab.org/seurat/articles/integration_rpca.html). Briefly, a "detailed samples"
metadata column was created by aggregating age, day of lung collection post injection and
treatment (ex: Young.D14.Bleo, Young.D14.PBS, etc). According to this "detailed samples"
metadata, cells were split into 12 seurat objects. For each of 12 datasets, raw counts were
normalized using SCTransform with Gamma-Poisson generalized linear model to estimate
regression parameters. 3000 features were selected for being repeatedly variable across the
12 datasets. The sctransform residuals corresponding to the selected 3000 features were
computed if they were missing in a particular object. Principal Component Analysis (PCA) was
run individually for each object on the sctransform normalized counts of the 3000 selected
features. A set of common anchors was found among the selected features, in dimensionally
reduced data by reciprocal PCA, using FindIntegrationAnchors function with the following
arguments: normalization.method = "SCT", dims = 1:50, k.anchor = 5. This set of anchors was
used to create a combined object containing integrated data using 50 dimensions for the
anchor weighting procedure.

Clustering and annotation. First, PCA was run on the integrated data. UMAP and kNN
clustering were computed on the first 80 computed principal components (PCs). Clusters

corresponding to aggregates of cells sharing a low-UMIs content were discarded. The entire
integration and clustering processes were rerun on the cleared dataset, following the exact
steps described above. The finally obtained clusters were annotated on the basis of the
expression of their specific markers listed in the output of the FindAllMarkers function. Cell
type–specific marker genes were established using the Wilcoxon rank sum test with P values
adjusted for multiple comparisons using the Bonferroni method. Adjusted P values <0.05 were
considered significant.

Differential expression analyses between fibrotic and PBS conditions in all cell populations.
Differential expression analyses between cells from bleomycin and PBS treated mice were
carried out with DESeq2. First, all counts of each cell population from the same mice were
aggregated to create a pseudobulk sample. For the PBS condition, we thus systematically
obtain 18 pseudobulks samples corresponding to the 3 young and 3 old PBS-treated lungs
collected at day 14, at day 28 and at day 60. For the fibrotic condition, we excluded the samples
from bleomycin-treated lungs collected at day 60, which correspond to an almost complete
fibrosis resolution. We thus obtained 12 pseudobulks corresponding to the 3 young and 3 old
bleomycin-treated lungs collected at day 14 and at day 28. For the alveolar macrophages
pseudobulks, all counts from the 3 subpopulations (AM1, AM2, AM3) were aggregated. For
gCap and aCap pseudobulks, all counts of gCap plus Lrg1^{pos} gCap or aCap plus Lrg1^{pos} aCap
were aggregated. Genes considered as differentially expressed were selected according to an
adjusted p-value threshold of 0.05, obtained with the Wald test and the Benjamini-Hochberg
method for multiple tests correction implemented in DESeq2.

Detailed analysis of endothelial cells (EC).

Identification of EC subpopulations. The clusters corresponding to general capillary cells
(gCap) and aerocytes (aCap) were extracted and subclustered using the 80 PCs already
computed from the integrated assay of the complete dataset. Clusters corresponding to Lrg1^{pos}
aCap, Lrg1^{pos} gCap and sCap subpopulations were added to the annotation and UMAP was
rerun on the subset of cells corresponding to gCap, aCap, proliferating EC, Lrg1^{pos} aCap,
Lrg1^{pos} gCap, sCap, PV EC and Arterial EC using the same number of dimensions. The original
raw counts were finally log-normalized with NormalizeData for all data exploration and
visualization.

Relative subpopulations frequencies. All PBS-treated mice with the same age and sacrificed
at D14, D28 or D60 were considered as replicates (n=9), while Bleomycin-treated mice were
separated according to age and time of sacrifice (n=3 for each time point). The relative
subpopulations frequencies at the 4 time points (PBS, D14, D28, D60) were obtained by
calculating the ratio between the number of cells in each subpopulation and the total number
of cells in each mouse replicate, either mixing or distinguishing young and old mice. Differential
abundance analyses were carried out using edgeR (v3.32.1) to model overdispersed numbers

of cells per group with the NB GLM method and then to test for differences in abundance between sample groups with the glmQLFTest function, which performs empirical Bayes quasi-likelihood F-tests and FDR controlling.

Bleomycin-induced fibrosis score. To compute a bleomycin-induced fibrosis score in gCap, aCap and PVEC, only the most significant upregulated genes from the differential expression analyses described above were selected according to adjusted p-value (<0.05), log2FoldChange (>0.5) and base mean expression (>10 for gCap, >5 for aCap and PV EC). Lists of selected genes were used to compute a score at the single cell level using the AddModuleScore function. Scores were finally compared between the 4 time points (PBS, D14, D28, D60) and between young or old animals, using the Wilcoxon rank sum test implemented in the FindMarker function.

Comparison between old vs young gCap in fibrotic and physiological conditions. To compare the transcriptomic profiles of gCap from old and young mice in fibrotic condition, counts from bleomycin-treated gCap and $Lrg1^{pos}$gCap were aggregated within the same mouse for day 14 and day 28 time points, in order to obtain 6 young and 6 old pseudobulks samples. The same process has been applied to build pseudobulk samples of physiological gCap but including day 60 samples, resulting in 9 pseudobulks for either young of old groups. Differential analysis between old and young pseudobulks samples were carried out with DESeq2. DEGs were selected according to adjusted p-value (<0.05), absolute log2FoldChange (>0.5) and base mean expression (>5).

Systemic EC transcriptomic signature in fibrotic condition. As systemic EC from control samples were poorly detected either in mouse or human data, systemic EC from fibrotic conditions were compared to control systemic EC plus control PV EC using the pseudobulk-based approach.

Ingenuity Pathway Analysis. To investigate the enriched pathways and functions associated to DEGs either in the fibrotic versus control comparison or old versus young comparison, we used the core analysis of the Ingenuity Pathway Analysis tool (Ingenuity® Systems, www.ingenuity.com) using the results of the treatment (bleomycin)- or aging-perturbed genes obtained by DGE testing (see above) as input.

RNA velocity analyses. The RNA velocity analyses were carried out following the kallisto | bus (https://bustools.github.io/BUS_notebooks_R/velocity.html) and scVelo workflows (https://scvelo.readthedocs.io/).

Generation of spliced and unspliced matrices. Intronic sequences of the mouse genome assembly GRCm38 were first identified using the get_velocity_files function of the BUSpaRse R package (v1.5.2) and the gencode annotation (v.M25). In order to allow the pseudoalignment of reads on both cDNA and identified intronic sequences, indexes for both cDNA and intronic sequences were built using kallisto (v0.46.2). The spliced and unpliced matrices were then

generated for each sequencing run using the wrapper combining kallisto and bustools
(v0.39.2) functions, typically with the following command line: kb count -i
mm_cDNA_introns_index.idx -g tr2g.tsv -x 10xv3 -o kb \
-c1 cDNA_tx_to_capture.txt -c2 introns_tx_to_capture.txt --workflow lamanno \
sample_x_L001_R1_001.fastq.gz sample_x_L001_R2_001.fastq.gz \
sample_x_L002_R1_001.fastq.gz sample_x_L002_R2_001.fastq.gz \
sample_x_L003_R1_001.fastq.gz sample_x_L003_R2_001.fastq.gz \
sample_x_L004_R1_001.fastq.gz sample_x_L004_R2_001.fastq.gz

Preprocessing. Generated spliced and unspliced matrices of each sequencing run were then
preprocessed to filtered out empty droplets, to remove undetected genes and to replace
ensembl IDs by gene symbols. Spliced and unspliced matrices corresponding to barcodes of
subset of cells of interest, for example sCap EC, Lrg1^{pos} gCap and gCap from Bleomycin and
PBS-treated mice at day 14, were integrated in a seurat object. The spliced raw counts were
normalized using SCTransform from seurat R package, and PCA was run on these normalized
data, as well as UMAP with the first 30 PCs. The seurat object was then converted to .h5ad
file, keeping only the two raw spliced and unspliced assays.

RNA velocity using scVelo. The .h5ad file was read to an AnnData object using scVelo python
package (v0.2.4). Again, data were preprocessed: the counts of the 3000 most variable genes
with at list 20 reads were log-normalized using the filter_and_normalize function. PCA and
nearest neighbours were computed before the estimation of velocity. The full transcriptional
dynamics of splicing kinetics was resolved using the generalized dynamical model and
represented as latent time in each cell.

NicheNet analysis. We used the nichenet R package (v1.0.0) [37] to infer ligand-receptor
interaction candidates able to induce the expression of pro-angiogenic genes in sCap, Lrg1^{pos}
gCap and Lrg1^{pos} aCap cells. For each of these 3 subpopulations, alternatively considered as
receiver cells, we computed the activities of ligand sent by all the detected populations of the
whole dataset. As genesets, we alternatively used the pro-angiogenic genes expressed in at
least one third of cells with an average expression above 1 in the particular subpopulation. For
each ligand activities computed for each subpopulation, we selected the top 14 most likely to
induce the geneset of interest by ranking them according to Pearson's correlation coefficient.
The union of the 3 lists of prioritized ligands resulted in the 17 ligands used for the visualization.
The selected receptors of those 17 ligands were only those considered as "*bona fide*", i.e.
those whose interaction with their ligand is not only predicted *in silico*. The only exception is
for Apoe which didn't have a *bona fide* receptor according to the NicheNet model, for which its
best predicted receptor Scarb1 was added. The circos plot linking prioritized ligands and their
receptors was realized following the steps described in the dedicated nichenet's vignette
(https://github.com/saeyslab/nichenetr/blob/master/vignettes/circos.md).

RNA-FISH. RNAscope probes against mmu-Lrg1 (ID: 423381), mmu-Aplnr (ID: 436171),mmu-Ednrb (ID: 473801), mmu-Col15a1 (1092391), mmu-Hif1a1 (313821), mmu-Cd74 (437501), mmu-Sox17 (433151), mmu-Vegfa (405131) were prepared and obtained from Advance Cell Diagnostics. FISH assays were performed on FFPE lung sections, as previously described [1] using Multiplex Fluorescent Reagent Kit V2 (Advanced cell Diagnostics) and TSA Plus Cyanine 3 and Cyanine 5 (Perkin Elmer) as fluorophores according to manufacturer's recommendations. Acquisition was performed using an inverted confocal microscope LSM 710 (Zeiss) and a 40x oil immersion lens.

Immunohistochemistry and Immunofluorescence microscopy.

Five-μm paraffin-embedded sections were deparaffinized/rehydrated and H&E stained as previously described[56]. After washing, the sections were antigen-retrieved using citrate buffer (pH 6.0; Sigma-Aldrich). Autofluorescence was quenched for 20-30 minutes in NH4Cl buffer (0.1M) and passed in Photobleacher for 1h30. Slides were incubated with the primary antibodies (anti-CD31 (1:50), anti-COL15A1 (1:100), Anti-SMA–FITC (1:500)) diluted in a blocking solution BSA (1%) over night at 4°C. After washing in PBS-T (0.05%), slides were incubated for 1h with secondary antibodies (1:400) at room temperature. Nuclei were counterstained with DAPI (1:5000, D1306 Life Technologies). Slides were mounted using Immu-Mount (9990414 Fisher scientific). Representative regions of stained slices were digitalized on an epifluorescent Zeiss microscope and analyzed using the software FIJI.

Western blot

Cells were lysed with RIPA cell lysis buffer (Thermofisher) containing phosphatase and protease inhibitors (Invitrogen). Proteins were separated on commercial gradient (4-12%) acrylamide gels and transferred onto PVDF membranes. Proteins were detected by overnight incubation at 4°C with the indicated primary antibodies followed by 1h incubation at room temperature with horseradish peroxidase-coupled secondary antibody and enhanced chemiluminescent substrate (PerkinElmer, Waltham, USA) using a LasImager (GE HealthCare, Chicago, Illinois, USA). Blots were run on parallel gels when proteins of similar molecular weight were analyzed. The western blot quantification was performed with the help of the ImageJ software.

Taqman Real time PCR

Total HMEC1 RNA was isolated using trizol (Thermo Fisher Scientific) according to the manufacturer's instructions. RNAs (1 μg) were reverse-transcribed with High capacity cDNA reverse transcription kit (Thermo Fisher Scientific), and PCR was performed using Taqman Real time PCR technology (Applied Biosciences). All reactions were done using Real-Time

PCR system (Thermo Fisher Scientific), and expression levels calculated using comparative
CT method (2 DDCT). Gene expression levels were normalized to RPLP0 level. The following
probes from Taqman (Applied Bioscience) were used: Hs-RPLP0 (99999902-m1), Hs-VEGFA
(00900055-m1) and Hs-SMAD2 (00183425-m1).

Re-analysis of public scRNA-seq datasets.
Human lung fibrosis [34] and mouse lung public datasets [35] were re-analyzed using reciprocal
PCA, in order to integrate samples from different patients or different mice. To reduce the
complexity of the human lung fibrosis dataset, we only kept cells coming from either IPF-
diagnosed or normal samples and we randomly sampled 10000 immune cells and 5000
epithelial cells to reduce the dataset dimensionality. Adding the total number of endothelial and
mesenchymal cells, we obtained a dataset of 25816 cells. Differential expression and
differential abundance analyses were carried out on this dataset in the same way as for our
bleomycin dataset as described above.

Statistical Analysis.
Statistical analyses were performed using GraphPad Prism and R studio (v.4.1.2). Boxplots
are given as median ±quartile. Histogram and scatter plot are given as mean ±SD. Two-tailed
Mann–Whitney test or multiple paired t test were used for single comparisons; Two-way
ANOVA test followed by a multiple comparisons test with Holm-Šídák correction was used for
multiple comparisons. P-value <0.05 was considered statistically significant.

DATA AVAILABILITY
The scRNA-seq and spatial transcriptomic data sets have been deposited in the Gene
Expression Omnibus SuperSerie GSE234199.

CODE AVAILABILITY
The scripts used for the analysis of scRNA-seq and spatial transcriptomic data are available
on github : https://github.com/marintruchi/Aging_affects_reprogramming_of_PCEC.

REFERENCES

1. Zepp, J.A. & Morrisey, E.E. Cellular crosstalk in the development and regeneration of the respiratory system. *Nat Rev Mol Cell Biol* **20**, 551-566 (2019).

2. Wijsenbeek, M. & Cottin, V. Spectrum of Fibrotic Lung Diseases. *N Engl J Med* **383**, 958-968 (2020).

3. Spagnolo, P. *et al.* Idiopathic pulmonary fibrosis: Disease mechanisms and drug development. *Pharmacol Ther* **222**, 107798 (2021).

4. Wolters, P.J., Collard, H.R. & Jones, K.D. Pathogenesis of idiopathic pulmonary fibrosis. *Annu Rev Pathol* **9**, 157-179 (2014).

5. Mora, A.L., Bueno, M. & Rojas, M. Mitochondria in the spotlight of aging and idiopathic pulmonary fibrosis. *J Clin Invest* **127**, 405-414 (2017).

6. Cho, S.J. & Stout-Delgado, H.W. Aging and Lung Disease. *Annu Rev Physiol* **82**, 433-459 (2020).

7. Venosa, A. Senescence in Pulmonary Fibrosis: Between Aging and Exposure. *Front Med (Lausanne)* **7**, 606462 (2020).

8. Alvarez, D.F. *et al.* Lung microvascular endothelium is enriched with progenitor cells that exhibit vasculogenic capacity. *Am J Physiol Lung Cell Mol Physiol* **294**, L419-430 (2008).

9. Gillich, A. *et al.* Capillary cell-type specialization in the alveolus. *Nature* **586**, 785-789 (2020).

10. Ding, B.S. *et al.* Endothelial-derived angiocrine signals induce and sustain regenerative lung alveolarization. *Cell* **147**, 539-553 (2011).

11. Vila Ellis, L. *et al.* Epithelial Vegfa Specifies a Distinct Endothelial Population in the Mouse Lung. *Dev Cell* **52**, 617-630 e616 (2020).

12. Niethamer, T.K. *et al.* Defining the role of pulmonary endothelial cell heterogeneity in the response to acute lung injury. *Elife* **9** (2020).

13. Adams, T.S. *et al.* Single-cell RNA-seq reveals ectopic and aberrant lung-resident cell populations in idiopathic pulmonary fibrosis. *Sci Adv* **6**, eaba1983 (2020).

14. Schupp, J.C. *et al.* Integrated Single-Cell Atlas of Endothelial Cells of the Human Lung. *Circulation* **144**, 286-302 (2021).

15. de Rooij, L. *et al.* The pulmonary vasculature in lethal COVID-19 and idiopathic pulmonary fibrosis at single-cell resolution. *Cardiovasc Res* **119**, 520-535 (2023).

16. Ungvari, Z., Tarantini, S., Donato, A.J., Galvan, V. & Csiszar, A. Mechanisms of Vascular Aging. *Circ Res* **123**, 849-867 (2018).

17.   Xu, X. *et al.* Age-related Impairment of Vascular Structure and Functions. *Aging Dis* **8**,
590-610 (2017).

18.   Caporarello, N. *et al.* Dysfunctional ERG signaling drives pulmonary vascular aging
and persistent fibrosis. *Nat Commun* **13**, 4170 (2022).

19.   Jenkins, R.G. *et al.* An Official American Thoracic Society Workshop Report: Use of
Animal Models for the Preclinical Assessment of Potential Therapies for Pulmonary
Fibrosis. *Am J Respir Cell Mol Biol* **56**, 667-679 (2017).

20.   Redente, E.F. *et al.* Age and sex dimorphisms contribute to the severity of bleomycin-
induced lung injury and fibrosis. *Am J Physiol Lung Cell Mol Physiol* **301**, L510-518
(2011).

21.   Stout-Delgado, H.W. *et al.* Age-Dependent Susceptibility to Pulmonary Fibrosis Is
Associated with NLRP3 Inflammasome Activation. *Am J Respir Cell Mol Biol* **55**, 252-
263 (2016).

22.   Sueblinvong, V. *et al.* Aging promotes pro-fibrotic matrix production and increases
fibrocyte recruitment during acute lung injury. *Adv Biosci Biotechnol* **5**, 19-30 (2014).

23.   Hecker, L. *et al.* Reversal of persistent fibrosis in aging by targeting Nox4-Nrf2 redox
imbalance. *Sci Transl Med* **6**, 231ra247 (2014).

24.   Caporarello, N. *et al.* Vascular dysfunction in aged mice contributes to persistent lung
fibrosis. *Aging Cell* **19**, e13196 (2020).

25.   Rehan, M. *et al.* Restoration of SIRT3 gene expression by airway delivery resolves
age-associated persistent lung fibrosis in mice. *Nat Aging* **1**, 205-217 (2021).

26.   Liang, J. *et al.* Reciprocal interactions between alveolar progenitor dysfunction and
aging promote lung fibrosis. *Elife* **12** (2023).

27.   Miller, B.F., Huang, F., Atta, L., Sahoo, A. & Fan, J. Reference-free cell type
deconvolution of multi-cellular pixel-resolution spatially resolved transcriptomics data.
Nat Commun **13**, 2339 (2022).

28.   Goodwin, A.T., Noble, P.W. & Tatler, A.L. Plasma cells: a feasible therapeutic target in
pulmonary fibrosis? *Eur Respir J* **60** (2022).

29.   Kamiya, M. *et al.* Immune mechanisms in fibrotic interstitial lung disease. *Cell* **187**,
3506-3530 (2024).

30.   Stoeckius, M. *et al.* Cell Hashing with barcoded antibodies enables multiplexing and
doublet detection for single cell genomics. *Genome Biol* **19**, 224 (2018).

31.   Joshi, N. *et al.* A spatially restricted fibrotic niche in pulmonary fibrosis is sustained by
M-CSF/M-CSFR signalling in monocyte-derived alveolar macrophages. *Eur Respir J*
55 (2020).

32.   Aran, D. *et al.* Reference-based analysis of lung single-cell sequencing reveals a
transitional profibrotic macrophage. *Nat Immunol* **20**, 163-172 (2019).

33.   Misharin, A.V. *et al.* Monocyte-derived alveolar macrophages drive lung fibrosis and
930   persist in the lung over the life span. *J Exp Med* **214**, 2387-2404 (2017).

931   34.   Habermann, A.C. *et al.* Single-cell RNA sequencing reveals profibrotic roles of distinct
932   epithelial and mesenchymal lineages in pulmonary fibrosis. *Sci Adv* **6**, eaba1972
933   (2020).

934   35.   Strunz, M. *et al.* Alveolar regeneration through a Krt8+ transitional stem cell state that
935   persists in human lung fibrosis. *Nat Commun* **11**, 3559 (2020).

936   36.   Wang, X. *et al.* LRG1 promotes angiogenesis by modulating endothelial TGF-beta
937   signalling. *Nature* **499**, 306-311 (2013).

938   37.   Browaeys, R., Saelens, W. & Saeys, Y. NicheNet: modeling intercellular
939   communication by linking ligands to target genes. *Nat Methods* **17**, 159-162 (2020).

940   38.   Rafii, S., Butler, J.M. & Ding, B.S. Angiocrine functions of organ-specific endothelial
941   cells. *Nature* **529**, 316-325 (2016).

942   39.   Ricard, N., Bailly, S., Guignabert, C. & Simons, M. The quiescent endothelium:
943   signalling pathways regulating organ-specific endothelial normalcy. *Nat Rev Cardiol*
944   **18**, 565-580 (2021).

945   40.   Bian, F. *et al.* Lung endothelial cells regulate pulmonary fibrosis through FOXF1/R-Ras
946   signaling. *Nat Commun* **14**, 2560 (2023).

947   41.   Sauler, M., Bucala, R. & Lee, P.J. Role of macrophage migration inhibitory factor in
948   age-related lung disease. *Am J Physiol Lung Cell Mol Physiol* **309**, L1-10 (2015).

949   42.   Xu, S. *et al.* The zinc finger transcription factor, KLF2, protects against COVID-19
950   associated endothelial dysfunction. *Signal Transduct Target Ther* **6**, 266 (2021).

951   43.   Huang, L.T. *et al.* Klf10 deficiency in mice exacerbates pulmonary inflammation by
952   increasing expression of the proinflammatory molecule NPRA. *Int J Biochem Cell Biol*
953   **79**, 231-238 (2016).

954   44.   Malinverno, M. *et al.* Peg3/PW1 Is a Marker of a Subset of Vessel Associated
955   Endothelial Progenitors. *Stem Cells* **35**, 1328-1340 (2017).

956   45.   Bergen, V., Lange, M., Peidli, S., Wolf, F.A. & Theis, F.J. Generalizing RNA velocity to
957   transient cell states through dynamical modeling. *Nat Biotechnol* **38**, 1408-1414 (2020).

958   46.   Tsukui, T. *et al.* Collagen-producing lung cell atlas identifies multiple subsets with
959   distinct localization and relevance to fibrosis. *Nat Commun* **11**, 1920 (2020).

960   47.   Camilli, C., Hoeh, A.E., De Rossi, G., Moss, S.E. & Greenwood, J. LRG1: an emerging
961   player in disease pathogenesis. *J Biomed Sci* **29**, 6 (2022).

962   48.   Liu, C. *et al.* Collaborative Regulation of LRG1 by TGF-beta1 and PPAR-beta/delta
963   Modulates Chronic Pressure Overload-Induced Cardiac Fibrosis. *Circ Heart Fail* **12**,
964   e005962 (2019).

965   49. Sng, M.K. *et al.* Selective deletion of PPARbeta/delta in fibroblasts causes dermal
966   fibrosis by attenuated LRG1 expression. *Cell Discov* **4**, 15 (2018).

967   50. Honda, H. *et al.* Leucine-rich alpha-2 glycoprotein promotes lung fibrosis by modulating
968   TGF-beta signaling in fibroblasts. *Physiol Rep* **5** (2017).

969   51. Zhao, G. *et al.* TGF-betaR2 signaling coordinates pulmonary vascular repair after viral
970   injury in mice and human tissue. *Sci Transl Med* **16**, eadg6229 (2024).

971   52. Liu, M. *et al.* Sox17 is required for endothelial regeneration following inflammation-
972   induced vascular injury. *Nat Commun* **10**, 2126 (2019).

973   53. Marsboom, G. & Rehman, J. Hypoxia Signaling in Vascular Homeostasis. *Physiology*
974   *(Bethesda)* **33**, 328-337 (2018).

975   54. Lang, N.J. *et al.* Ex vivo tissue perturbations coupled to single-cell RNA-seq reveal
976   multilineage cell circuit dynamics in human lung fibrogenesis. *Sci Transl Med* **15**,
977   eadh0908 (2023).

978   55. Raslan, A.A. *et al.* Lung injury-induced activated endothelial cell states persist in aging-
979   associated progressive fibrosis. *Nat Commun* **15**, 5449 (2024).

980   56. Savary, G. *et al.* The Long Non-Coding RNA DNM3OS is a Reservoir of FibromiRs with
981   Major Functions in Lung Fibroblast Response to TGF-beta and Pulmonary Fibrosis.
982   *Am J Respir Crit Care Med* (2019).

983   57. Righelli, D. *et al.* SpatialExperiment: infrastructure for spatially-resolved transcriptomics
984   data in R using Bioconductor. *Bioinformatics* **38**, 3128-3131 (2022).

985   58. Angelidis, I. *et al.* An atlas of the aging lung mapped by single cell transcriptomics and
986   deep tissue proteomics. *Nat Commun* **10**, 963 (2019).

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Author contributions.

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Competing interests.

None declared

1020 **Table 1. Main markers of Lrg1^{pos} PCEC subpopulations.**

Subpopulation	marker	description
sCap	Ccnd1	cyclin D1
	Cd34	CD34 antigen
	Col15a1	collagen, type XV, alpha 1
	F2r	coagulation factor II (thrombin) receptor
	Fscn1	fascin actin-bundling protein 1
	Hspg2	perlecan (heparan sulfate proteoglycan 2)
	Igfbp7	insulin-like growth factor binding protein 7
	Ivns1abp	influenza virus NS1A binding protein
	Nrp2	neuropilin 2
	Plxnd1	plexin D1
	Rflnb	refilin B
	Rgcc	regulator of cell cycle
	Trp53i11	transformation related protein 53 inducible protein 11
sCap, Lrg1^{pos} gCap	Sparcl1	SPARC-like 1
Lrg1^{pos} gCap	Ackr3	atypical chemokine receptor 3
	Atp8b1	ATPase, class I, type 8B, member 1
	Cmah	cytidine monophospho-N-acetylneuraminic acid hydroxylase
	Gadd45g	growth arrest and DNA-damage-inducible 45 gamma
	Mctp1	multiple C2 domains, transmembrane 1
	Ntrk2	neurotrophic tyrosine kinase, receptor, type 2
	Plac8	placenta-specific 8
	Scarb1	scavenger receptor class B, member 1
	Scn3b	sodium channel, voltage-gated, type III, beta
	Sparcl1	SPARC-like 1
	Tiam1	T cell lymphoma invasion and metastasis 1
	Tmem252	transmembrane protein 252
Lrg1^{pos} gCap, Lrg1^{pos} aCap	Ankrd37	ankyrin repeat domain 37
	Lrg1	leucine-rich alpha-2-glycoprotein 1
Lrg1^{pos} aCap	Adora2a	adenosine A2a receptor
	Apln	apelin
	Bdkrb2	bradykinin receptor, beta 2
	Bnip3	BCL2/adenovirus E1B interacting protein 3
	Ccdc184	coiled-coil domain containing 184
	Chst1	carbohydrate sulfotransferase 1
	Dnah11	dynein, axonemal, heavy chain 11
	F2r	coagulation factor II (thrombin) receptor
	Fgfr1	fibroblast growth factor receptor 1
	Meox1	mesenchyme homeobox 1
	Ncam1	neural cell adhesion molecule 1
	Serpine1	serine (or cysteine) peptidase inhibitor, clade E, member 1
	Tnfrsf11b	tumor necrosis factor receptor superfamily, member 11b

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Table 2. Commonly regulated genes in systemic EC from IPF samples and from bleomycin model.

gene symbol (hsa)	description	function	expression_in_fibrosis
ACVRL1	activin A receptor like type 1	Angiogenesis	downregulated
APLN	apelin	Angiogenesis	upregulated
APLNR	apelin receptor	Angiogenesis	upregulated
BMPR2	bone morphogenetic protein receptor type 2	Angiogenesis	downregulated
FLT4	fms related receptor tyrosine kinase 4	Angiogenesis	upregulated
KDR	kinase insert domain receptor	Angiogenesis	upregulated
TEK	TEK receptor tyrosine kinase	Angiogenesis	downregulated
THBS1	thrombospondin 1	Angiogenesis	upregulated
TMEM100	transmembrane protein 100	Angiogenesis	downregulated
VEGFC	vascular endothelial growth factor C	Angiogenesis	downregulated
SRGN	serglycin	Apoptosis	downregulated
TNFRSF10B	TNF receptor superfamily member 10b	Apoptosis	upregulated
THBD	thrombomodulin	Blood coagulation	downregulated
CD34	CD34 molecule	Cell adhesion	upregulated
IGFBP7	insulin like growth factor binding protein 7	Cell adhesion	upregulated
LAMA4	laminin subunit alpha 4	Cell adhesion	upregulated
LAMB1	laminin subunit beta 1	Cell adhesion	upregulated
LAMC1	laminin subunit gamma 1	Cell adhesion	upregulated
STXBP6	syntaxin binding protein 6	Cell adhesion	downregulated
VWF	von Willebrand factor	Cell adhesion, Blood coagulation	downregulated
SORBS1	sorbin and SH3 domain containing 1	Cell adhesion, Cell signaling	downregulated
CCND1	cyclin D1	Cell cycle	upregulated
RASSF2	Ras association domain family member 2	Cell cycle	upregulated
RGCC	regulator of cell cycle	Cell cycle	upregulated
DUSP1	dual specificity phosphatase 1	Cell cycle, Stress response	downregulated
FGFR3	fibroblast growth factor receptor 3	Cell proliferation	downregulated
INHBB	inhibin subunit beta B	Cell signaling	upregulated
GJA1	gap junction protein alpha 1	Cell-cell communication	upregulated
ENPP2	ectonucleotide pyrophosphatase/phosphodiesterase 2	Chemotaxis, Lipid metabolism	upregulated
CXCL12	C-X-C motif chemokine ligand 12	Cytokine	upregulated
INMT	indolethylamine N-methyltransferase	Detoxification	downregulated
ABI3BP	ABI family member 3 binding protein	ECM organisation	downregulated
ADGRG6	adhesion G protein-coupled receptor G6	ECM organisation	downregulated
COL15A1	collagen type XV alpha 1 chain	ECM organisation	upregulated
COL4A1	collagen type IV alpha 1 chain	ECM organisation	upregulated
COL4A2	collagen type IV alpha 2 chain	ECM organisation	upregulated
ELN	elastin	ECM organisation	downregulated
SPARC	secreted protein acidic and cysteine rich	ECM organisation	upregulated
VWA1	von Willebrand factor A domain containing 1	ECM organisation	upregulated

PDGFB	platelet derived growth factor subunit B	Growth factor	upregulated
TGFB2	transforming growth factor beta 2	Growth factor	downregulated
ARL4D	ADP ribosylation factor like GTPase 4D	Intracellular trafficking	downregulated
MGLL	monoglyceride lipase	Lipid metabolism	upregulated
PTGIS	prostaglandin I2 synthase	Lipid metabolism	downregulated
PTGS1	prostaglandin-endoperoxide synthase 1	Lipid metabolism	downregulated
TIMP3	TIMP metallopeptidase inhibitor 3	Metalloprotease inhibitor	downregulated
ANXA3	annexin A3	Phospholipase A2 inhibitor	downregulated
SPRY1	sprouty RTK signaling antagonist 1	Regulation of growth factor	upregulated
ANKRD44	ankyrin repeat domain 44	regulation of PP6 complex	downregulated
LTBP1	latent TGFB binding protein 1	Regulation of TGF-B	downregulated
NREP	neuronal regeneration related protein	Regulation of TGF-B	upregulated
CRYAB	crystallin alpha B	Stress response	downregulated
PDLIM1	PDZ and LIM domain 1	Stress response	upregulated
CEBPD	CCAAT enhancer binding protein delta	Transcription regulation	downregulated
EBF1	EBF transcription factor 1	Transcription regulation	upregulated
FOXF1	forkhead box F1	Transcription regulation	downregulated
GATA2	GATA binding protein 2	Transcription regulation	downregulated
GATA6	GATA binding protein 6	Transcription regulation	downregulated
HDAC9	histone deacetylase 9	Transcription regulation	downregulated
HES1	hes family bHLH transcription factor 1	Transcription regulation	downregulated
HIF1A	hypoxia inducible factor 1 subunit alpha	Transcription regulation	upregulated
KLF2	KLF transcription factor 2	Transcription regulation	downregulated
KLF4	KLF transcription factor 4	Transcription regulation	downregulated
KLF9	KLF transcription factor 9	Transcription regulation	downregulated
MEOX1	mesenchyme homeobox 1	Transcription regulation	upregulated
PRDM1	PR/SET domain 1	Transcription regulation	upregulated
SMAD1	SMAD family member 1	Transcription regulation	upregulated
SMAD6	SMAD family member 6	Transcription regulation	downregulated
SMAD7	SMAD family member 7	Transcription regulation	downregulated
SOX17	SRY-box transcription factor 17	Transcription regulation	upregulated
SOX4	SRY-box transcription factor 4	Transcription regulation	upregulated
EMP3	epithelial membrane protein 3	Transmembrane signaling	downregulated
FAM13C	family with sequence similarity 13 member C	Unknown	upregulated
SAMD5	sterile alpha motif domain containing 5	Unknown	downregulated
TM6SF1	transmembrane 6 superfamily member 1	Unknown	downregulated

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Figure 1. Analyses of fibrotic parameters in bleomycin-injured lungs from young and old mice. (A) Experimental design. Young (7 weeks) or old (18 months) mice were treated either with bleomycin (BLM) or PBS. Their lungs were collected at the bleomycin-induced fibrotic peak at day 14 and during lung regeneration (day 28) and fibrosis resolution (day 60). **(B)** Hydroxyproline quantification on BLM or PBS treated young or old mouse samples at indicated time points (n=4-10/group). * P<0.05. ** P<0.01. P values were calculated by two-way ANOVA test followed by a multiple comparisons test with Holm-Šídák correction. **(C)** Histological sections of control and fibrotic lungs from young and old mice using H&E at indicated time points (representative images, n=3). (**D**) Experimental design of spatial transcriptomics data from histological sections (H&E) of lungs from young (n=1) and old (n=2) mice challenged with bleomycin and collected at fibrotic peak (day 14, D14) and during regeneration (day 28, D28). Spots captured corresponding to tissue area were deconvoluted through ST deconvolve package in topics (n=14). (**E**) Functional annotations of topics by Ingenuity pathway. (**F**) Average proportion of each topic across deconvoluted spots in each slice.

Figure 2. Time-resolved scRNA-seq captures pulmonary cell populations heterogeneity in bleomycin-injured lungs from young and old mice. (A) scRNA-seq experimental design (n=3, for each experimental condition at each time point). (B) UMAP of the integrated dataset of the 45311 sequenced cells. Cells are colored according to the annotated clusters. Prolif. AM = proliferating macrophages; AM = alveolar macrophages; IM = interstitial macrophages; LCM = large-cavity macrophages; Prolif. DC = proliferating dendritic cells; cDC = conventional dendritic cell; Mature DC = mature dendritic cells; pDC = plasmacytoid dendritic cells; cMonocytes/ncMonocytes = conventional/non-conventional monocytes; Prolif. T cells = proliferating T cells; Reg T cells = regulatory T cells; ILC2 = type 2 innate lymphoid cells; NKT = natural killer T cells; NK cells = natural killer; AT1/2 = Alveolar Type 1/2 cells. (C) Differentially expressed genes (DEGs) between Bleomycin and PBS treated cells for indicated populations. The number of DEGs is limited to 1500 for the bar plot. (D) UMAP of pulmonary EC subpopulations. gCap = general capillaries cells, aCap = aerocytes capillary endothelial cells, sCap = systemic capillary endothelial cells, PV EC = pulmonary-venous endothelial cells. (E) Relative proportions of PCEC subpopulations across time points. (F) Normalized expression of *Col15a1, Lrg1, Aplnr, Vwa1, Ackr1* and *Ednrb*. (G) UMAP of EC subpopulations from Habermann et al. dataset. (H) Relative proportion of EC subpopulations from Habermann et al. dataset. (I) Normalized expression of *LRG1, COL15A1, VWA1, ACKR1, APLNR* and *EDNRB* in EC subpopulations from control (blue) and IPF (light red) samples from Habermann et al. dataset. (J-K) Systemic EC markers comparison between mice (J) and human (K) fibrosis. (L) *In situ* hybridization of *Col15a1* mRNA in BLM or PBS conditions. (M) Expression of COL15A1 in lung sections from normal or IPF tissues by Immunofluorescence. Representative immunofluorescent images of COL15A1 (in red) with the pan EC marker CD31 (white) and αSMA (green). Nuclei are counterstained with DAPI. (n=5).

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Figure 3. Lung injury shift pulmonary endothelial cells towards *Lrg1*ᵖᵒˢ subpopulations associated with lung alveolar niche regeneration. (A) Selection of top activated canonical pathways in *Lrg1*ᵖᵒˢ PCEC subpopulations. **(B)** Selection of top activated functions in *Lrg1*ᵖᵒˢ PCEC subpopulations. **(C-D)** Level and percentage of expression of hypoxia-regulated (C) and pro-angiogenic (D) genes in *Lrg1*ᵖᵒˢ PCEC subpopulations. **(E)** RNA FISH acquisition for *Hif1a1* (black, top), *Sox17* (black, middle), *Vegfa* (black, down), *Aplnr* (green) and *Lrg1* (red) mRNA in PBS or D14 in young mice. Scale bars =20µm. **(F)** Interaction potential between the prioritized ligands and their *bona fide* receptors (left); Level and percentage of expression of each receptor in *Lrg1*ᵖᵒˢ PCEC subpopulations (right) **(G)** Circos plot of ligands-receptors interactions predicted by NicheNet analysis. Ligands are colored according to their specific expression. **(H)** Comparison of human and mouse pulmonary fibrosis signatures in Systemic EC, PV EC, gCap and aCap. Log2FC of similarly modulated genes in murine sCap and human systemic EC are displayed in the heatmap.

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Figure 4. *Lrg1*pos PCEC dynamics are delayed in old mice. (A) Pulmonary endothelial subpopulations relative frequencies in young and old mice across time points. **(B)** *In situ* hybridization of *Col15a1* mRNA at indicated time points in young and old mice. Scale bars = 20µm. **(C)** Bleomycin (BLM)-induced signature score (see material and methods section) in gCap (top) and aCap (bottom) in young and old mice across time points. **(D)** *In situ* hybridization of *Lrg1* mRNA with gCap marker *Aplnr* mRNA or aCap marker *Ednrb* mRNA at indicated time points in young and old mice. (n=3 independent mice, 3 counted microscopic fields / mouse, scale bars =20µm). Quantification was performed in three different fields for each mouse. * P<0.05, ** P<0.01, *** P<0.001, **** P<0.0001. P values were calculated by a Two-way ANOVA test followed by a multiple comparisons test with Holm-Sidak correction.

Figure 5. Aged mouse lung gCap exhibit pro-inflammatory and injury-activated phenotype. (A) Differentially expressed
genes (DEGs) between old and young gCap in fibrotic condition. **(B)** Expression of several genes dysregulated in age-related in
gCap under BLM conditions (*Cd74, Gbp4, H2-Ab1, Klf2, Klf10* and *Peg3*). Boxplot of relative expression, each point corresponds
to a mice (● for D14, ▲ for D28 and ■ for D60). **(C)** *In situ* hybridization of *Cd74* mRNA in BLM or Day 14 after bleomycin induction
in young and old mice. Scale bars = 20μm. **(D)** DEGs between old and young gCap in physiological condition. **(E)** Expression of
several genes dysregulated in age-related in gCap under PBS conditions (*Aplnr, Col15a1, Lrg1, Slc6a2, Ntrk2, Plat, Prss23* and
Vwf). Boxplot of relative expression, each point corresponds to a mice (● for D14, ▲ for D28 and ■ for D60). **(F)** Function
enrichment analysis on DEGs between old and young physiological gCap. (**G**) Expression of several age-
related dysregulated genes in gCap under BLM/PBS conditions.

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Figure 6. RNA velocity analysis reveals transcriptional dynamics of PCEC during alveolar regeneration. (A-B) Diffusion map computed on Young D14 **(A)** or old D28 **(B)** mouse spliced RNA data (3 Bleomycin and 3 PBS-treated mice), with cells colored according to PCEC subpopulation (up) and RNA velocity latent time (bottom). **(C-D)** Heatmap of the top contributing genes to the transcriptional dynamic, with cells ordered by latent time in young D14 **(C)** or old D28 **(D)** mice.

Supplementary information

Correspondence of supplementary tables:

Supplementary table S1. Differential expression analysis between topics deconvoluted from spatial transcriptomic data.

Supplementary table S2. Differential expression analysis (Seurat) between annotated subpopulations of single cell RNA-seq data.

Supplementary table S3. Differential expression analysis (DESeq2) between lung cell types from bleomycin-treated and PBS-treated mice.

Supplementary table S4. Differential expression analysis (DESeq2) between IPF patients and healthy control for aCap, gCap, systemic EC and PV EC, from the Habermann et al. Dataset[34].

Supplementary table S5. Differential expression analysis (DESeq2) between old and young aCap, gCap and PVEC cells in fibrotic condition.

Supplementary table S6. Differential expression analysis (DESeq2) between old and young aCap, gCap and PVEC cells in physiological condition.

Correspondence of supplemental Figures:

Supplemental Figure S1. Histological and spatial transcriptomics data integration of injured lung slices from young and old mice.

Supplemental Figure S2. scRNA-seq analysis of young and aged mouse lungs following BLM challenge at 3 time points.

Supplemental Figure S3. Lrg1 expression in lung cell populations.

Supplemental Figure S4. LRG1 affects the TGF-β signalling towards a pro-angiogenic response.

Supplemental Figure S5. Bleomycin-induced PCEC subpopulations are associated with pro-angiogenic signaling.

Supplemental Figure S6. Expression of bleomycin-associated signatures in PCEC from young and aged mouse lungs.

Supplemental Figure S7. Expression of selected genes according to RNA Velocity latent time analysis of PVEC subpopulations.