PTEN Regulates Myofibroblast Activation in Valvular Interstitial Cells based on

Subcellular Localization

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Abstract

Aortic valve stenosis (AVS) is characterized by altered mechanics of the valve leaflets, which disrupts blood flow through the aorta and can cause left ventricle hypotrophy. These changes in the valve tissue result in activation of resident valvular interstitial cells (VICs) into myofibroblasts, which have increased levels of αSMA in their stress fibers. The persistence of VIC myofibroblast activation is a hallmark of AVS. In recent years, the tumor suppressor gene phosphatase and tensin homolog (PTEN) has emerged as an important player in the regulation of fibrosis in various tissues (e.g., lung, skin), which motivated us to investigate PTEN as a potential protective factor against matrix-induced myofibroblast activation in VICs. In aortic valve samples from humans, we found high levels of PTEN in healthy tissue and low levels of PTEN in diseased tissue. Then, using pharmacological inducers to treat VIC cultures, we observed PTEN overexpression prevented stiffness-induced myofibroblast activation, whereas genetic and pharmacological inhibition of

PTEN further activated myofibroblasts. We also observed increased nuclear PTEN localization in

VICs cultured on stiff matrices, and nuclear PTEN also correlated with smaller nuclei, altered

expression of histones and a quiescent fibroblast phenotype. Together, these results suggest that

PTEN not only suppresses VIC activation, but functions to promote quiescence, and could serve

as a potential pharmacological target for the treatment of AVS.

<u>Introduction</u>

Aortic Valve Stenosis (AVS) is a progressive cardiovascular disease that directly affects the

aortic valve leaflet matrix composition and mechanical properties, leading to disrupted blood flow

through the aorta[1] and eventual complications associated with left ventricular pressure-overload.[2]

When aortic valve leaflets thicken and stiffen as AVS progresses, significant deficiencies in

cardiac output result, which can lead to heart failure and death. AVS affects around 2% of the

population older than 65 with higher occurrences in males compared to females.[3] Symptomatic

AVS patients suffer high mortality rates if the condition is left untreated.[4] Currently, there are no

known effective pharmacological treatments for AVS, and surgical or transcatheter valve

replacement remains the standard of care for patients with severe disease. However, many patients

are ineligible for surgery, as valve replacement has many risks including valve leaks, bleeding,

and vessel damage.[1,5] As a result, a deeper molecular and mechanistic understanding of AVS is

necessary if one hopes to identify alternative pharmaceutical treatment strategies.

Valvular interstitial cells (VICs) are the main population of cells residing in aortic valve

leaflets, and these fibroblast cells are responsible for valve maintenance and repair following

injury. Because of their key role in valve homeostasis, VICs are highly sensitive to

physicochemical changes in the matrix microenvironment.[6–8] Specifically, VICs transition from

quiescent fibroblasts to activated myofibroblasts, characterized by formation of alpha-smooth

muscle actin (αSMA) stress fibers, increased proliferation, and elevated extracellular matrix

(ECM) deposition.[9] During fibrosis, the myofibroblast phenotype persists over time, leading to a

pathogenic accumulation of ECM , stiffening of the local microenvironment, and creating a

positive feedback loop that can accelerate disease progression.[10] Investigating

mechanotransduction pathways capable of reversing this process and restoring the quiescent

fibroblast phenotype continues to be a promising avenue for potential treatments.[11–15]

Hydrogels provide highly tunable microenvironments that can be adjusted to recapitulate the

stiffness of the valve matrix at different stages of fibrosis progression and enable researchers to

study VIC mechanosensing in a controlled manner.[16] In this work, the crosslinking density of

poly(ethylene glycol) (PEG) hydrogels was tailored to control the matrix mechanical properties,[17]

while the fibronectin-derived adhesive peptide, RDGS, was used to promote VIC-matrix

interactions.[18] When cultured on soft PEG hydrogels (~1-5 kPa), VICs maintained a quiescent

fibroblast phenotype, but transitioned to an activated myofibroblast phenotype on stiffer PEG

matrices (E'~13-30kPa).[15,19–22] Thus, these biomaterial systems provided a reliable *in vitro*

platform for VIC cultures in healthy and disease scenarios.

As valvular tissue stiffens during AVS progression, signaling through mechanosensitive

pathways can reveal essential signaling hubs governing cell phenotype and potentially serve as

druggable targets. Importantly, elevated levels of phospho-AKT (p-AKT), which indicates

increased activation of phosphoinositide 3-kinase (PI3K)/AKT pathway, have been observed in

the fibroblast to myofibroblast transition (FMT).[23] In this regard, the pathway has been presented

as a master regulator of idiopathic pulmonary fibrosis.[23] Similarly, we have previously

demonstrated that PI3K/AKT signaling is increased on stiff substrates and is necessary for

substrate stiffness induced myofibroblast activation in VICs.[11,24] These findings suggest that

targeting the PI3K/AKT pathway may be a promising approach for treating fibrotic diseases.

Phosphatase and tensin homolog (PTEN), which is a negative regulator of the PI3K/AKT

pathway, has been proposed as a potential target for therapeutic intervention in fibrotic disease.[25–

27] For example, Lu *et al.* demonstrated that overexpression of PTEN in the mouse model

superPTEN protects against angiotensin II induced vascular fibrosis.[26] Further, the same group

later observed that small molecule drugs, such a 5-azacytidine and itraconazole, increase PTEN

levels and are able to ameliorate effects of increased signaling through the PI3K/AKT pathway.[26,28]

Complementary to the overexpression studies, Parapuram *et al*. demonstrated that loss of PTEN

leads to overproduction of collagen and is enough to induce fibrosis in lung and skin tissues.[27,29]

Similar studies were conducted in mammary gland tissue by Jones *et al*. and further confirmed that

PTEN regulates extracellular matrix deposition and collagen organization, steps that are essential

in fibrosis development.[30] Collectively, these findings suggest that targeting the PI3K/AKT

through PTEN may hold promise for developing novel therapies for fibrotic diseases. However,

no previous work has been conducted specifically investigating the effects of PTEN in the context

of AVS. Motivated by this, we aimed to explore the role of PTEN in VIC myofibroblast activation

and its potential as a therapeutic target for aortic valve disease.

Results herein reveal a major role of PTEN in regulating VIC fibroblast and myofibroblast

phenotypes. Initially, we observe a loss of PTEN protein in diseased human valve leaflet sections

compared to healthy ones. To test the specific role of mechanotransduction on PTEN expression

and VIC phenotype, we tailored the modulus/stiffness of PEG hydrogels to direct VICs towards

either a fibroblast (E' ~3 kPa) or a myofibroblast (E' ~13.4 kPa) majority population. Next, we

demonstrate that pharmacologically increased PTEN levels promote a more quiescent phenotype

for VICs cultured on stiff hydrogels, while chemical and genetic inhibition of PTEN increased

myofibroblast activation on soft hydrogels. Interestingly, the minority fibroblast population on

stiff matrices had higher nuclear localization of PTEN compared to the majority myofibroblast

population. In addition, the population of cells with high PTEN nuclear localization correlated

with smaller nuclei and VIC quiescence. The regulation of VIC activation by PTEN was further

verified by shRNA knockdown, as well as overexpression (nuclear localization and exclusion

signal tagged) experiments *in vitro*. Our results led us to hypothesize that nuclear PTEN may play

an additional role, beyond cytoplasmic regulation of PI3K/AKT, maintaining VIC quiescence by

regulating histone expression on stiff matrices. Overall, in this study we show that PTEN is a major

regulator of VIC fibroblast to myofibroblast transition and can serve as a future target for

pharmaceutical interventions.

Materials and Methods

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Hydrogel precursor synthesis

Poly(ethylene glycol) photodegradable diacrylate PEGdiPDA (MW approximately 3400 Da) was

synthesized and characterized according to a previous method.[31] >90% acrylate functionalization

was verified by ^{1}H NMR. The adhesive peptide, acrylamide diethylene glycol-diethylene glycol-

glycine-arginine-glycine-aspartic acid-serine-glycine (Ac-OOGRGDSG), was synthesized via 9-

fluorenylmethyloxycarbonyl (Fmoc)/1-[bis(dimethylamino)methylene]-1H-1,2,3-triazolo[4,5-b]

pyridinium 3-oxid hexafluorophosphate (HATU) coupling strategy on Rink Amide

methylbenzhydryl amine (MBHA) resin (0.500 mmol) using a Protein Technologies Tribute

automated solid-phase peptide synthesis machine and characterized using electrospray ionization

(ESI) mass spectroscopy.[31]

Formation of hydrogels

The preparation of photo-softening PEGdiPDA hydrogels was adapted from previously described

protocols.[31] PEGdiPDA was co-polymerized with poly(ethylene glycol) monoacrylate (PEGA;

$Mn\sim400$ Da; Monomer-Polymer and Dajac Laboratories) and acryl-OOGRGDSG in PBS via

redox-initiated free radical polymerization. Gel solutions were prepared with 7.0 wt% PEGdiPDA,

6.8 wt% PEGA, 5 mM acryl-OOGRGDSG, 0.2 M ammonium persulfate (APS) and 0.1 M

tetramethylethylenediamine (TEMED). Gels were formed on acrylated cover glass after the

addition of APS/TEMED, with diameters of 12, 15, or 25 mm and a thickness of 100 μm. Gels

were allowed to cure for 6 min and washed and stored in PBS before cell seeding. Soft hydrogels

were prepared by irradiating the initial hydrogels with UV light ($\lambda = 365$ nm; $I_0 = 10$ mW/cm^2) for

6 minutes.

Swollen rheological characterization

Optically thin PEGdiPDA hydrogels (thickness $= 200$ μm) were made between two sigmacoted

glass slides separated with a spacer using the formulations above and allowed to swell in PBS

overnight. A rheometer (TA Instruments DH-R3) with a parallel plate accessory was used to

measure the shear modulus of the PEGdiPDA hydrogel before and after photo-degradation. The

equilibrium storage modulus (G′) was measured using a dynamic time sweep ($\gamma = 1\%$; $\omega = 1$ rad/s),

as determined to be in the linear regime for this material. For *in situ* degradation, a quartz plate

was used, and the rheometer was equipped with a 365 nm light source ($\lambda = 365$ nm; $I_0 = 10$

mW/cm^2; Omnicure 1000, LumenDynamics). After network formation, the hydrogel was exposed

to 365 nm light for 6 minutes, and the change in G' was monitored using the same dynamic time

sweep parameters. The same dynamic time sweep measurements were used to obtain final G' as a

function of light exposure time. G' was measured and converted to Young's modulus (E) using a

Poisson's ratio of 0.5.[32]

Valvular Interstitial Cell (VIC) isolation and culture

Primary VICs were isolated from aortic valve leaflets from fresh male porcine hearts (Hormel) as

previously described.[14,20,21,24]. Briefly, aortic valve leaflets were excised from the hearts and rinsed

in Earle's Balanced Salt Solution (EBSS, Life Technologies) supplemented with 50 U/mL

penicillin and 50 µg/mL streptomycin (Thermo Fisher), and 1 µg/mL amphotericin B (Thermo

Fisher). Leaflets were incubated in a 250 U/mL type II collagenase (Worthington) solution in

EBSS for 30 min under 5% CO_2 at 37˚C with gentle shaking. Valvular endothelial cells were

removed by vortexing leaflets at maximum speed for 30 seconds. Leaflets were transferred to fresh

collagenase solution and incubated for 60 min under 5% CO_2 at 37˚C with gentle shaking. Leaflets

were vortexed again for 2 minutes to dislodge valvular interstitial cells (VICs), and the entire

solution was passed through a 100 µm cell strainer. The strained cell solution was centrifuged at

0.2g x 20 minutes. Pelleted cells were resuspended in VIC expansion media compromising of

M199 media (Life Technologies) 15% fetal bovine serum (FBS, Life Technologies), 50 U/mL

penicillin, 50 µg/mL streptomycin (Thermo Fisher), and 1µg/mL amphotericin B (Thermo Fisher).

Cells were cultured in T-75 flasks for expansion until 80% confluency was obtained. Cells were

harvested using trypsin (Life Technologies) to be frozen in 50% fetal bovine serum (FBS) (Life

Technologies), 45% M199 media (Life Technologies), and 5% DMSO (Sigma-Aldrich).

For experimental use, cells were thawed and cultured in T-75 flasks in 15% FBS

supplemented M199 media until 80% confluent. Cells were counted after harvesting using an

automated hemocytometer (Countess). A seeding density of 15,000 cells/cm^2 was used for VICs

on hydrogels, with growth media consisting of M199 media supplemented with 1% FBS,

penicillin-streptomycin, and fungizone. 12 mm hydrogels were used for immunostaining

experiments; 25 mm hydrogels were used for real-time quantitative polymerase chain reaction

(RT-qPCR) to increase the measurable RNA content.

Hydrogel Immunostaining

VICs were fixed in 4% paraformaldehyde (PFA, Electron Microscopy Sciences) in PBS for 20

minutes and rinsed twice with PBS. Cells were permeabilized with 0.1% TritonX-100 (Fisher

Scientific) in PBS for 20 minutes followed by 1 hour of blocking in 5% bovine serum albumin

(BSA, Sigma-Aldrich). Primary antibodies were diluted in 5% BSA and incubated at 4˚C overnight

at given concentrations: α-smooth muscle actin (αSMA, mouse, Cat. No. ab7817, Abcam) at 1:300

dilution, PTEN (rabbit, Cat. No. D8H1X, Cell Signaling) at 1:300 dilution. Primary antibody was

washed off the cells twice with PBST (0.5% Tween-20 in PBS), and once in PBS. Samples were

incubated in secondary antibody solution of 1:200 dilution goat anti-mouse Alexa 488 (Life

Technologies), 1:500 dilution of goat anti-rabbit Alexa 648 (Life Technologies), 1:5000 dilution

of HCS Cell Mask (Life Technologies), and 1:1000 dilution of DAPI (Life Technologies) for 1

hour before rinsing twice with PBST (0.005% Tween-20 in PBS) and once in PBS. For imaging,

hydrogels were inverted onto a glass-bottom 24-well plate (Cellvis) and visualized using an

Operetta high-content confocal microscope using a 20x air objective (Perkin Elmer).

Immunofluorescence intensity in immunostained cells was quantified using Harmony software

(Perkin Elmer). PTEN nuclear localization was quantified by dividing PTEN average nuclear

signal by PTEN average cytoplasmic signal.

Isolation of mRNA and Real-Time Quantitative Polymerase Chain Reaction (RT-qPCR)

RNA was isolated according to manufacturer's instructions using an RNeasy Micro Kit (Qiagen).

RNA concentration was quantified using ND-1000 NanoDrop Spectrophotometer (Thermo

Fischer). cDNA was produced using iScript Reverse Transcription Supermix kit (Bio-Rad) on a

Mastercycler (Eppendorf). Relative mRNA levels were measured with SYBR Green reagents on

an iCycler (Bio-Rad). Results were normalized to the housekeeping gene RPL30 (Ribosomal

protein L30). Custom primers are presented in **Table S1**.

PTEN lentiviral knockdown

Two shRNA sequences were purchased from Millipore Sigma and cloned into the pLKO.1

lentiviral vector. Virus was produced utilizing second generation packaging plasmids PSPAX2

and pnd2.g as described previously.[33] Briefly, HEK 293T cells were transfected with the packaging

plasmids and shRNA for PTEN and two viral batches were collected after 24 and 48 hours. P1

VICs were transduced with the viral constructs for 3 hours, and VICs that incorporated the virus

were selected with puromycin (1ug/ml) for 3 days. The genetically modified VICs were allowed

to proliferate on TCPS until 80% confluence and subsequently passaged on soft or stiff hydrogels

(E' ~3 kPa, E' ~13.4 kPa, respectively). The potency of shRNA PTEN knockdown was validated

though immunohistochemistry for PTEN staining and qPCR testing for PTEN mRNA, and the

most potent knockdown sequence was selected for experiments reported herein.

Transfection with NES and NLS plasmid constructs

VICs were seeded on stiff hydrogels at a density of 6000 cells / cm^2 and incubated overnight.

Transfection media was prepared the next day using lipofectamine 3000 at a dilution of 0.5ul in

50ul of Opti-MEM reduced serum media per well and vortexed. The plasmids (Addgene PTEN

NES Plasmid# 10932, Addgene PTEN NLS Plasmid# 10933) were amplified using the Qiagen^{TN}

mini prep kit and diluted in a concentration of 1ug/ul. The control condition consisted of

lipofectamine and Opti-MEM only. The growth media was removed from wells and transfection

media was added. The transfection plate was incubated for 1 hour and then washed three times

with Opti-MEM. Subsequently, growth media was added and the plate was incubated for 3 days,

after which the plate was fixed and prepared for immunohistochemical characterization.

Heart valve tissue histology

Samples of aortic healthy and diseased (AVS) valve leaflets were acquired from deceased or heart

transplant patients at the University of Colorado Anschutz Medical Campus **(Table S2)**. Tissues

were fixed in 4% paraformaldehyde for 10 minutes and embedded in Tissue Tek O.C.T. for

subsequent cryosectioning. The sections were washed 3 times with PBS and permeabilized with

0.1% TritonX for 1 hour and blocked with 5% goat serum, 5% BSA, and 0.01% TritonX for 1

hour. The sections were treated with the following primary antibodies (αSMA, mouse, Cat. No.

ab7817, Abcam at 1:300 dilution, PTEN rabbit, Cat. No. D8H1X, Cell Signaling at 1:300 dilution)

sequentially over 2 days with 2 overnight incubations with the primary antibody in blocking buffer

(dilution 1:200) and 1 hour incubation with secondary antibody (1:400). The tissues were imaged

on an Nikon A1R confocal microscope and analyzed using ImageJ.

Statistical Analysis

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Data are presented as mean ± standard deviation with a minimum of three biological and four

technical replicates for all studies unless otherwise stated. Outliers were removed using Robust

Outlier (ROUT) method (set at 1%). Significance was defined as *$P<0.05$, **$P<0.01$, ***$P<0.005$,

****P<0.001 using a t-test for comparison of two samples and one-way analysis of variance

(ANOVA) for comparison of three or more samples. Statistics were performed in GraphPad Prism.

Results

PTEN levels are lower in diseased human valve leaflets compared to healthy valves

As previous studies have demonstrated that loss of PTEN is involved in fibrosis development, we

wanted to test whether PTEN levels were changed with AVS development. To do this, we

immunostained human valve leaflet tissue sections from healthy and diseased patients for DAPI,

αSMA, and PTEN and performed histological analysis targeted towards the levels of αSMA and

PTEN. In healthy tissue, we observed high levels of PTEN and low levels of αSMA (**Figure 1 A-**

C). In diseased tissue, significantly higher levels of αSMA and minimal levels of PTEN were

observed, indicating an inverse correlation, and implicating a protective role for PTEN against

fibrosis development in valve leaflets (**Figure 1 A**). These results motivated us to investigate the

role of PTEN in VIC activation _in vitro,_ building on previous work that utilizes soft and stiff

hydrogels to recapitulate VIC myofibroblast differentiation and differential expression of αSMA,

dependent on substrate stiffness.

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<u>Figure 1</u>: PTEN and αSMA levels inversely correlate in healthy and AVS human aortic
valve tissue. A. Representative histological images of AVS and healthy human aortic valve
tissue (male) stained for DAPI (blue), PTEN (magenta) and αSMA (green) levels in valvular
interstitial cells. Scale bar = 50 μm **B.** Quantification of average αSMA intensity (normalized to
DAPI per mm^2) for healthy and diseased tissue within the marked area in A. (normalized to
DAPI per mm^2, n=5 fields of view per tissue, t-test, ***p<0.001). C. Quantification of PTEN
intensity (normalized per mm^2) for healthy and diseased tissue within the marked area. (n=5
fields of view per tissue, t-test, ***p<0.001)

277 *PTEN levels inversely correlate with αSMA levels in VIC hydrogel cultures*
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Motivated by the results from human valve samples, we wanted to test the effect of substrate

stiffness on PTEN expression levels. To do this, we initially cultured VICs on soft and stiff

hydrogels to identify conditions which promote a majority fibroblast phenotype on soft hydrogels

and a majority myofibroblast phenotype on stiff hydrogels. We synthesized PEG-acrylate

hydrogels supplemented with a fibronectin-derived peptide sequence, arginine-glycine-aspartic

acid-serine (RGDS) to allow for cell adhesion and facilitation of cell-matrix interactions. We

formulated soft (Young's modulus $(E') = \sim 2.8\,kPa$) and stiff hydrogels (Young's modulus

$(E') = \sim 13.4\,kPa$) to match the modulus of healthy and diseased valve leaflet tissue to mimic the

local microenvironmental VIC mechanosensing in AVS **(Supplementary Figure 1)**. Consistent

with previous data, we observed a quiescent fibroblast VIC phenotype on soft hydrogels and an

activated myofibroblast phenotype on stiff gels, as identified by the presence and intensity of

αSMA **(Figure 2 A,B)**. In addition to the αSMA protein produced, the VIC morphology cultured

on soft hydrogels was significantly smaller in cell and nuclear area compared to VICs cultured on

stiff hydrogels **(Supplementary Figure 1 B-C)**. Next, to determine if PTEN plays a protective

role against VIC myofibroblast activation, we examined protein levels in VICs cultured on the

same soft and stiff hydrogels. We observed that VICs displayed significantly higher PTEN levels

when cultured on soft hydrogels compared to stiff hydrogels, inversely correlating with αSMA

levels and myofibroblast activation **(Figure 2 C,D)**.

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<u>Figure 2</u>: PTEN levels inversely correlate with myofibroblast activation in VICs A.
Representative images of VICs cultured on soft and stiff hydrogels for 3 days, αSMA (green) and
cytoplasm (red). Scale bar = 100 μm **B.** Quantification of αSMA (green) intensity for A. (n>750
cells from 4 hydrogels, unpaired t test, ****p<0.001). **C.** Representative images of PTEN (gray)
levels in VICs cultured on soft and stiff hydrogels for 3 days. **D.** Quantification of PTEN intensity
for C. (n>440 cells from 3 hydrogels, unpaired t test, ****p<0.001). **E.** Quantification of αSMA
(green) intensity for F. **F.** Representative images of VICs cultured on soft and stiff hydrogels for
3 days treated with DMSO vehicle or 5 μM AKT inhibitor MK-2206, αSMA (green) and
cytoplasm(red). Scale bar = 100 μm (n>750 cells from 4 hydrogels, unpaired t test, ****p<0.001).
G. Representative images of VICs cultured on soft and stiff hydrogels for 3 days, AKT (red) and
cytoplasm (yellow). Scale bar = 100 μm **H.** Quantification of AKT (red) intensity for G. (n>920
cells from 3 hydrogels, unpaired t test). **I.** Representative images of VICs cultured on soft and stiff
hydrogels for 3 days, pAKT (green) and cytoplasm (yellow). Scale bar = 100 μm **J.** Quantification
of pAKT (green) intensity for I. (n>1000 cells from 3 hydrogels, unpaired t test, ****p<0.001).

Since PTEN is a known inhibitor of the PI3K/AKT pathway, we sought to verify its potential

role in influencing stiffness-induced PI3K/AKT activity in VICs myofibroblast cultured on soft

and stiff hydrogels. Specifically, we used a highly specific and widely used small molecule AKT

inhibitor, MK-2206, and introduced it to activated VICs cultured on stiff hydrogels.[34–36] We found

that treatment with 5µM MK-2206 significantly reduced VIC αSMA expression when cultured on

stiff hydrogels compared to untreated controls, and promoted a quiescent fibroblast population

(Figure 2 E,F, Supplementary Figure 2). Further, we observed similar levels of AKT in VICs

cultured on soft and stiff hydrogels; however, pAKT levels were significantly higher in VICs

cultured on stiff hydrogels (**Figure 2 G-J**). This observation supports the notion that PI3K/AKT

is a key mechanoregulator of VIC myofibroblast activation in stiff microenvironments.[24]

PTEN activators decrease VIC activation in stiff hydrogel microenvironments

Next, we wanted to investigate if increasing PTEN levels in VICs cultured on stiff hydrogels

would play a protective role against myofibroblast activation. To test this, we used two small

molecule PTEN activators that have been shown to increase cellular PTEN levels.[28,37] Initially, we

treated VICs cultured on TCPS with varying doses of the PTEN activators, 5-azacytidine or

itraconazole, and compared these to the DMSO vehicle control. We tested PTEN mRNA levels

using a concentration range (100 nm, 1 µM, and 10 µM) of 5-azacytidine and itraconazole and

observed that PTEN levels were significantly increased with 10 µM treatment of both 5-

azacytidine (**Figure 3A**) and itraconazole (**Supplementary Figure 3**).

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Figure 3: PTEN activators decrease myofibroblast activation in VICs A. Relative mRNA
expression levels of PTEN in VICs cultured on TCPS with treatment of vehicle or increasing
concentration of the PTEN activator, 5-azacytidine, n=4 wells, means ± SD shown, one-way
ANOVA test, *p < .05 ,**p < .01. **B.** Representative images of VICs cultured on soft and stiff
hydrogels for 3 days in the presence of vehicle or PTEN activator 5-azacytidine, αSMA (green)
and cytoplasm (red). Scale bar = 100 μm. **C.** Quantification of αSMA intensity for B (n>600 cells
from 4 hydrogels, one-way ANOVA test, ****p<0.001). **D-G.** Relative mRNA expression levels
of fibrotic genes in VICs cultured on soft or stiff hydrogels treated with vehicle or PTEN activator
5-azacytidine for 3 days, n=4 hydrogels, one-way ANOVA test, *p < .05 ,**p < .01, ***p
< .001,****p<0.001.
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After verifying that PTEN levels could be elevated using small molecule activators, we

treated VICs cultured on stiff hydrogels with either vehicle or 5-azacytidine and itraconazole with

previously determined concentrations **(Supplementary Figure 4 A-D)**. We observed that VICs

treated with PTEN activators displayed significantly lower levels of αSMA compared to the

vehicle treated stiff hydrogel culture controls at levels resembling the soft hydrogel negative

controls **(Figure 3 B,C, Supplementary Figure 5 A,B)**. In addition to having lower levels of

αSMA, VICs treated with PTEN activators also displayed a significantly smaller cell size and

nuclear area when compared to DMSO treated controls **(Supplementary Figure 6 A,B)**.

To more broadly assess the role of PTEN in myofibroblast activation, VICs were cultured

in the presence of PTEN activators or DMSO vehicle, and qPCR was performed to determine the

relative expression of myofibroblast associated genes, namely alpha-Smooth Muscle Actin

(ACTA2), Connective Tissue Growth Factor (CTGF), Serpin Peptidase Inhibitor clade E member

1 (SERPINE1), and Collagen type 1A1 (COL1A1). The expression of all four genes was

significantly decreased in VICs cultured on stiff hydrogels treated with PTEN activators compared

to the vehicle controls at levels resembling the soft hydrogel negative control conditions **(Figure**

3 D-G, Supplementary Figure 5 C,D). These results suggest that PTEN influences multiple

markers of VIC myofibroblasts and that the effects are observable after 72 hours of treatment.

Chemical and genetic PTEN inhibition increases VIC myofibroblast activation in soft hydrogel

microenvironments

To further validate the role of PTEN in myofibroblast activation, we next performed a series

of studies inhibiting PTEN activity by introducing chemical and genetic perturbations. Initially we

tested the effects of a potent PTEN phosphatase inhibitor bpV(HOpic) on VIC myofibroblast

activation, as measured by αSMA expression.[38] Quiescent VICs cultured on soft hydrogels treated

with 100 nM of bpV(HOpic) displayed significantly higher levels of αSMA protein compared to

cells treated with the DMSO control **(Figure 4 A,B)**. In addition to αSMA protein content, ACTA2

gene expression levels were also elevated with PTEN inhibitor treatment **(Figure 4 C)**. These

results suggest that inhibition of PTEN phosphatase activity alone can promote myofibroblast

activation in VICs. However, interestingly, we observed non-significant changes in mRNA levels

of COL1A1 and SERPINE 1, suggesting more than just phosphatase activity of PTEN is important

to induce these transcriptional changes (**Supplementary Figure 7**).

In addition to chemical PTEN inhibition, we utilized lentiviral shRNA knockdowns of PTEN

in transduced early passage VICs. PTEN protein levels in the knockdown VICs were significantly

reduced compared to the scrambled shRNA controls on both soft and stiff hydrogels. **(Figure 4**

D,F, Supplementary Figure 8 A,C). We cultured scrambled or PTEN knockdown VICs on both

soft and stiff hydrogels.   On soft hydrogels, consistent with our previous data, we observed

enhanced PTEN expression and low levels of VIC myofibroblast activation (**Figure 4 D**), but

PTEN knockdown on soft hydrogels resulted in increased levels of αSMA **(Figure 4 E,F)**. On stiff

hydrogels, we observed lowered levels of PTEN with higher levels of αSMA (**Supplementary**

Figure 8 A-C). However, the effect of PTEN on VICs cultured on stiff hydrogels was much lower

compared to soft hydrogel conditions, as VICs are already activated on stiff hydrogels, but the

effects observed were statistically significant **(Supplementary Figure 8 B,C)**. After confirming

that PTEN protein levels were lower with our shRNA constructs, we next quantified mRNA

expression levels of known fibrotic genes **(Figure 4 G)**. Compared to scrambled shRNA controls,

PTEN knockdown VICs displayed higher levels of ACTA2, and COL1A1 expression.

Collectively, these results further validate PTEN's role as a regulator of the fibroblast-to-

myofibroblast transition in VICs, using hydrogels as a mechano-regulator to introduce quiescence

or activating matrix signals.

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Figure 4: PTEN inhibitors increase myofibroblast activation in VICs. A. Representative
images of VICs cultured on soft and stiff hydrogels for 3 days in the presence of DMSO vehicle
or 100nM of PTEN inhibitor bpV(Hopic), αSMA (green) and cytoplasm(red). Scale bar = 100 μm.
B. Quantification of αSMA intensity for A. (n>600 cells from 4 hydrogels, one-way ANOVA test,
****p<0.001). **C.** Relative mRNA expression levels of ACTA2 in VICs cultured on soft hydrogels
with treatment of DMSO vehicle or 100nM of PTEN inhibitor bpV(Hopic), and stiff hydrogels,
n=4 wells, means ± SD shown. **D.** Representative images of scrambled and PTEN knockdown
VICs cultured on stiff hydrogels for 3 days, αSMA (green) and cytoplasm(red). Scale bar = 100
μm. **E.** Quantification of αSMA fluorescence intensity (n>30 cells, t-test ,****p<0.001) **F.**
Quantification of PTEN fluorescence intensity (n>30 cells, t-test, ****p<0.001). **G.** Relative
mRNA expression levels of various fibrotic genes in VICs treated with the scrambled or PTEN on
TCPS, n=1 vector.
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High nuclear/cytoplasmic ratio of PTEN correlates with low αSMA levels in VIC on stiff hydrogels
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In addition to the canonical role of PTEN in dephosphorylating PIP3 at the cell membrane,

additional roles of PTEN and its nuclear localization have been recently identified, namely that

PTEN is able to act as a transcription factor and alter global chromatin architecture and gene

expression levels.[39] Further, we have previously shown that matrix stiffness can influence the

persistence of VIC myofibroblast activation through epigenetic remodeling, so we next sought to

test whether nuclear PTEN is involved in this process. Specifically, we used quantitative image

analysis to investigate the subcellular localization of PTEN in VICs cultured on both soft and stiff

hydrogels.

Initially, we quantified αSMA levels of VIC cultures on soft and stiff hydrogels and separated the

population into two classes: fibroblasts and myofibroblasts based on the intensity of αSMA signal.

We observed that the quiescent VIC fibroblasts had a significantly higher nuclear to cytoplasmic

PTEN ratio compared to myofibroblasts cultured on stiff hydrogels, where PTEN remained largely

cytoplasmic **(Figure 5 A,B)**. We observed no statistically significant differences in the

nuclear/cytoplasmic PTEN ratio between fibroblasts and myofibroblasts in VICs cultured on soft

hydrogels, where VICs are quiescent. **(Figure 5 C-D).** Together, these results suggest that PTEN

may serve an additional role in the nucleus, protecting against stiffness-induced matrix activation

of myofibroblasts.

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Figure 5: High nuclear/cytoplasmic ratio of PTEN correlates with low αSMA levels on stiff
hydrogels. A. Single cell images of VICs cultured on stiff hydrogels for 3 days αSMA (green) and
PTEN (red). Scale bar = 10 μm. B. Quantification of PTEN nuclear to cytoplasmic ratio in
fibroblast and myofibroblast populations on stiff hydrogels (n>250 cells from 4 hydrogels, one-
way ANOVA test, ****p<0.001). C. Single cell images of VICs cultured on soft hydrogels for 3
days αSMA (green) and PTEN (red). Scale bar = 10 μm. D. Quantification of PTEN nuclear to
cytoplasmic ratio in fibroblast and myofibroblast populations on soft hydrogels (n>250 cells from
4 hydrogels, one-way ANOVA test, ****p<0.001). E. Quantification of nuclear area of cells with
high and low nuclear to cytoplasmic PTEN ratio on soft hydrogels (n>250 cells from 4 hydrogels).

To verify the role of PTEN localization in myofibroblast activation, we ectopically

expressed PTEN in VICs with two distinct nucleotide sequences that signal either nuclear (nuclear

localization signal-NLS) or cytoplasmic (nuclear exclusion signal-NES) localization. Both

plasmid constructs contain a hemagglutinin (HA) tag to verify transfection efficiency. VICs were

plated on stiff 2D hydrogels and transfected with either NES PTEN or NLS PTEN plasmids with

~4-7% efficiency **(Figure 6 D)**. After 3 days, we observed increased PTEN nuclear/cytoplasmic

ratio in the NLS PTEN condition compared to NES PTEN and untransfected control, indicating

that the transfected plasmid constructs localized PTEN as expected **(Figure 6 A, B)**. More

importantly, αSMA was significantly downregulated among the cells transfected with NLS PTEN,

while αSMA levels were slightly upregulated in the NES PTEN compared to untransfected control

(Figure 6 A, C), indicating that nuclear PTEN plays a protective role against myofibroblast

activation on stiff hydrogels.

As nuclear PTEN has been shown to play a role in nuclear dynamics and epigenetic

modifications, we wanted to test if there was a correlation between high nuclear PTEN and nuclear

area in VICs.[39] For VICs cultured on stiff hydrogels, we separated the cell population into two

cohorts based on their nuclear to cytoplasmic PTEN ratio. VICs with a high nuclear/cytoplasmic

PTEN ratio (nuclear/ cytoplasmic PTEN ≥ than 1.5) had significantly smaller nuclei compared to

VICs with low nuclear/cytoplasmic PTEN ratio (nuclear/ cytoplasmic PTEN < than 1.5) **(Figure**

6 E). This observation lead us to a more in depth investigation of the role of PTEN in chromatin

dynamics.

 Figure 6: Ectopic expression of NLS PTEN downregulates αSMA on stiff hydrogels. A. Single
cell images of VICs cultured on stiff hydrogels for 3 days αSMA (green), PTEN (red) and anti-
HA tag (white). Scale bar = 10 μm. **B.** Quantification of αSMA among untransfected VICs and
VICs with ectopic expression of NES and NLS PTEN on stiff hydrogels. (n=40 cells from 6
hydrogels, one-way ANOVA test, ****p<0.001) **C.** Quantification of the ratio of nuclear to
cytoplasmic PTEN among untransfected, NES and NLS VICs (n=40 cells from 6 hydrogels, one-
way ANOVA test, ****p<0.001). **D.** Quantification of the % transfection efficiency between NES
and NLS PTEN. (n=40 cells from 6 hydrogels, one-way ANOVA test, ****p<0.001) **E.**
Quantification of nuclear area of cells with high and low nuclear to cytoplasmic PTEN ratio on
stiff hydrogels (n>250 cells from 4 hydrogels).

Since the nuclear/cytoplasmic ratio of PTEN affected nuclear size in addition to αSMA

levels, we subsequently studied the effect of the localization of PTEN on VIC epigenetic

modifications. PTEN has been implicated in the regulation of histone activity in the context of

fibrosis and heart failure, thus, we were interested in the correlation between the protective role of

PTEN against αSMA upregulation and the levels of the tri-methylation of histone 3 on lysine-9

(H3K9me3) on VICs cultured for 3 days on soft and stiff hydrogels transfected with NES PTEN

**Figure 7: Nuclear localization of PTEN upregulates H3K9me3 on stiff hydrogels and protects
against myofibroblast activation. A.** Single cell immunocytochemical images of untransfected
VICs and VICs with ectopic expression of NES and NLS PTEN cultured on stiff hydrogels for 3
days stained for αSMA (green), PTEN (red) and H3K9me3 (white). Scale bar = 10 μm. **B.**
Quantification of αSMA intensity among untransfected VICs and VICs with ectopic expression of
NES and NLS PTEN on stiff hydrogels. (n=50 cells from 4 hydrogels, one-way ANOVA test,
****p<0.001) **C.** Quantification of H3K9me3 nuclear intensity. (n=50 cells from 4 hydrogels, one-
way ANOVA test, ****p<0.001) **D.** Quantification of the ratio of nuclear to cytoplasmic PTEN
among untransfected, NES and NLS VICs (n=50 cells from 4 hydrogels, one-way ANOVA test,
****p<0.001).[40–42]

or NLS PTEN. Consistent with our previous results, the high nuclear/cytoplasmic ratio of PTEN,

induced by NLS PTEN transfection, downregulated αSMA on stiff hydrogels but also upregulated

H3K9me3, increasing its nuclear levels. In the NES PTEN as well as the untransfected control

conditions, H3K9me3 levels remained significantly lower **(Figure 7A-D)**. Interestingly, on soft

hydrogels, where VICs display low αSMA levels, the increase in nuclear/cytoplasmic PTEN ratio,

similarly, resulted in increased H3K9me3 levels **(Supplementary Figure 9A-D)**. This, indicated

that the PTEN-H3K9me3 upregulation modulates αSMA levels, but their interactions are

independent of VIC myofibroblast activation.

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Figure 8: **PTEN levels correlate with H3K8me3 levels in healthy human heart valve tissue**
while inversely correlating with αSMA on diseased tissue. A. Representative histological
images of AVS and healthy human heart valve tissue (male) stained for DAPI (blue), αSMA
(green), PTEN (red) and H3K9me3 (white) levels in valvular interstitial cells. Scale bar = 40 μm
B. Quantification of average αSMA intensity (normalized to DAPI per mm^2) for healthy and
diseased tissue. (normalized to DAPI per mm^2, n=5 fields of view per tissue, 2 biological
replicates, t-test, ***p<0.001). **C.** Quantification of average H3K9me3 intensity (normalized to
DAPI per mm^2) for healthy and diseased tissue. (normalized to DAPI per mm^2, n=5 fields of view
per tissue, 2 biological replicates, t-test, ***p<0.001). **D.** Colocalization analysis of H3K9me3 and
DAPI and αSMA. Plot of the classical Pearson's coefficient. (n=5 fields of view per tissue, 2
biological replicates)
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Finally, we were interested in the translation of our *in vitro* results of the PTEN-H3K9me3

interactions on human healthy and fibrotic heart valve tissue. Interestingly, histological analysis

positively correlated the levels of PTEN with the levels of H3K9me3 in healthy tissue and

inversely correlated with αSMA levels in fibrotic tissue **(Figure 8 A-C)**. Colocalization analysis

of H3K9me3 with DAPI, confirmed its nuclear localization albeit H3K9me3 only partially

localizing with PTEN in human tissues **(Figure 8 D)**, suggesting an important but complex role of

PTEN in the regulation of αSMA in human heart valve tissue.

Discussion

Results presented herein suggest that PTEN regulates myofibroblast activation in VICs,

which is consistent with the emerging notion that PTEN plays a central protective role against

fibrosis development in numerous tissues and organ systems.[25–27,29,36] as well as myogenic

differentiation of smooth vascular smooth muscle cells[62]. In line with this, we observed decreased

levels of PTEN in diseased human valve leaflet tissues compared to healthy ones. The results

linking PTEN with aortic valve stenosis complement what has been shown in tissue samples from

patients with pulmonary fibrosis, where an inverse correlation of the expression of PTEN and

αSMA was observed.[43] Further, loss of PTEN protein and downregulation in its phosphatase

activity have both been linked to development of pulmonary fibrosis.[44–48] To further investigate

the role of PTEN, we exploited biomaterial matrices to study the cross-talk between

mechanosensing and matrix signaling, in the absence of other confounding factors, that can

influence the VIC fibroblast-to-myofibroblast transition. We focused on elucidating how

regulation of PTEN activity alters VIC activation/quiescence in both soft (healthy) and stiff

(fibrotic-like) hydrogel microenvironments. Our findings suggest that PTEN has multiple modes

of action depending on PTEN localization and matrix stiffness **(Figure 9)**. We observe total PTEN

expression levels decrease with matrix stiffness, inverse to the effects of stiffness on VIC

myofibroblast activation. However, the spatial distribution of PTEN matters, as high nuclear to

cytoplasmic ratio of PTEN on stiff hydrogels correlates with the quiescent fibroblast phenotype,

as observed in **Figure 5** and may protect against myofibroblast activation when VICs are grown

in stiff, fibrotic-like microenvironments.

Figure 9: Schematic of PTEN activity in VICs on soft and stiff hydrogels. A. VICs cultured
on soft hydrogels are quiescent due to the high PTEN activity in both the cellular cytosol and
nucleus. Cytosolic PTEN acts as an antagonist of PI3K/AKT, while nuclear PTEN is involved in
the regulation of histone expression. **B.** VICs differentiate towards myofibroblasts on stiff
hydrogels due to the downregulation of PTEN, resulting in increased levels of phosphor-
PI3K/AKT and elevated αSMA expression levels. However, when PTEN is ectopically expressed
in the nucleus, αSMA levels are downregulated through increased expression of H3K9me3,
maintaining VIC quiescence.

Further, we show that PTEN directly influences myofibroblast activation in VICs. PTEN

is a known inhibitor of the PI3K/AKT pathway, and results from our lab reported by Wang *et al.*

have shown that the phosphorylation of PI3K/AKT pathway is central to matrix stiffness induced

myofibroblast activation in VICs.[24]   We validate the involvement of AKT in myofibroblast

activation by pharmacological inhibition of phospho-AKT through MK-2206, which resulted in

decreased αSMA levels. This led us to examine the relative role of PTEN, an AKT antagonist,

abrogating the effects of mechanosensing. Namely, PTEN activators decrease, while PTEN

inhibitors increase myofibroblast activation, respectively.   Furthermore, in addition to being

regulated by matrix stiffness, PTEN levels are also epigenetically regulated. We have

demonstrated increased mRNA expression of PTEN by 5-azacytidine and itraconazole treatment

(**Figure 3**, **Supplementary Figure 5**). Epigenetic silencing of PTEN has been proposed by

methylation of the CpG islands within the promoter, which is involved in several cancers.[49–53] As

such, methyltransferase inhibitors 5-azacytidine and decitabine have been previously identified as

PTEN activators by blocking methylation of the promoter and increasing gene expression.[28,54]

Interestingly, global methylation levels are reported to increase in AVS, which suggests that DNA

methylation inhibitors might also be used to reverse this process.[55]

While relative cell PTEN levels are strong indicators of myofibroblast activation in this

study and others, subcellular localization of PTEN has also been shown to play important roles in

influencing cell phenotype.[43,56–58] We observe that high nuclear localization of PTEN correlates

with the quiescent fibroblast phenotype and smaller nuclei for VICs on stiff gels, but no

correlations were observed with VICs on soft hydrogels. This suggests high nuclear localization

of PTEN may protect against myofibroblast activation. Although loss of PTEN has been

associated with fibrosis, subcellular localization of PTEN to the nucleus has not been previously

studied in relation to fibrotic disease. To investigate the role of PTEN nuclear localization in

myofibroblast activation, we ectopically expressed NES and NLS PTEN in VICs grown on stiff

substrates, where nuclear PTEN significantly downregulated αSMA expression. A high level of

nuclear PTEN, regulating epigenetic modifications, might suggest resistance to the transient

myofibroblast state and continued protection against activation.

Complementing this observation, recent work from our lab linked histone regulation and

chromatin condensation with myofibroblast activation.[19,59] Specifically, Walker *et al.* used ATAC-

seq to show that transient myofibroblasts have a more open chromatin structure, which

subsequently condenses again to the stabilized phenotypic condition.[59,19] PTEN has been shown

to interact with chromatin by directly binding to histone H1 and controlling epigenetic

modifications[60] , while nuclear PTEN levels correlate with H3K9me3 intensity, a marker for

chromatin condensation, and depletion of H3K9me3 is observed in PTEN knockout cells.[56]

Further, our results are consistent with PTEN levels *in vivo* that correlate with H3K9me3 levels

and potentially a protective effect against αSMA upregulation and fibrosis. Mechanistically, PTEN

may reinforce the H3K9me3 suppression of the PPARγ gene, decreasing the expression of fibrotic

markers such as αSMA and COL1.[61] Taken together, we propose that nuclear PTEN promotes the

VIC quiescent fibroblast phenotype by indirectly controlling αSMA expression at an epigenetic

level. However, the mechanism that leads to the heterogeneity of nuclear PTEN observed in the

VIC population remains a topic for future investigation.

In conclusion, we have shown that PTEN and its subcellular localization play an important

role in regulating myofibroblast activation in VICs. Increased global levels of PTEN expression,

either by low matrix stiffness or by pharmacological treatment, protect against myofibroblast

activation. High levels of nuclear PTEN correlate with a H3K9me2 expression levels and the

quiescent fibroblast phenotype, even on stiff hydrogel matrices. Importantly, this correlation is

recapitulated in human healthy and fibrotic heart valve tissues, where we have observed mutually

exclusive expression of αSMA and PTEN. Thus, we demonstrated that PTEN may be a valuable

pharmacological target for non-invasive therapeutics for valve fibrosis and lead to further

understanding of the dynamics of AVS progression.

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and A.K. performed image analysis, mathematical analysis, and data 32 analysis. D.B., B.E.K.,

G.T., K.B., M.W.E. and K.S.A. contributed to writing and editing the paper.

Competing interests: The authors report no competing interests.

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624 **Supplementary Material**
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<u>**Supplementary Figure 1:**</u> **VICs display increased cellular and nuclear area on stiff hydrogels.**
A. Young's modulus for synthesized soft and stiff swollen hydrogels by shear rheology. (n = 8,
unpaired t test, ****p < .001). **B.** Quantification of cell size of VICs cultured on soft or stiff
hydrogels for 3 days (n>740 cells from 4 hydrogels, unpaired t test, ****p<0.001). **C.**
Quantification of nuclear area of VICs cultured on soft or stiff hydrogels for 3 days (n>740 cells
from 4 hydrogels, unpaired t test, ****p<0.001).
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Supplementary Figure 2: VICs display decreased myofibroblast activation with AKT inhibition A. Representative images of VICs cultured on soft and stiff hydrogels for 3 days, αSMA (green) and cytoplasm (yellow). Scale bar = 100 μm **B.** Quantification of αSMA (green) intensity for A. (n>1000 cells from 4 hydrogels, one-way ANOVA test, ****p<0.001).

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644 **Supplementary Figure 3: Itraconazole treatment increases PTEN gene expression.** Relative
645 mRNA expression levels of PTEN in VICs cultured on TCPS with treatment of vehicle or
646 increasing concentration of PTEN activator itraconazole, n=4 wells, means ± SD shown, one-way
647 ANOVA test, **p < .01.

A

C

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Supplementary Figure 4: PTEN activators decrease myofibroblast activation in VICs A.
Representative images of VICs cultured on TCPS for 3 days with indicated concentrations of
PTEN activators 5-azacytidine, αSMA (green) and nuclei(DAPI). Scale bar = 100 μm. **B.**
Quantification of myofibroblast activation for A, n=4 wells, one-way ANOVA test. **C.**
Representative images of VICs cultured on TCPS for 3 days with indicated concentrations of
PTEN activators itraconazole, αSMA (green) and nuclei(DAPI). Scale bar = 100 μm. **D.**
Quantification of myofibroblast activation for C, n=4 wells, one-way ANOVA test,
****p<0.001.

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Supplementary Figure 5: **PTEN activators decrease myofibroblast activation in VICs A.**
Representative images of VICs cultured on soft and stiff hydrogels for 3 days in the presence of
DMSO vehicle or10 µM itraconazole (PTEN activator), αSMA (green) and cytoplasm(red).
Scale bar = 100 µm. **B.** Quantification of αSMA intensity for A. (n>600 cells from 4 hydrogels,
one-way ANOVA test, *p < .05, ****p<0.001). **C-F.** Relative mRNA expression levels of
various fibrotic genes in VICs cultured on soft or stiff hydrogels treated with DMSO vehicle or
PTEN activator itraconazole (10µM), n=4 hydrogels, one-way ANOVA test, *p < .05 ,**p < .01,
p < .001,*p<0.001.

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687 **Supplementary Figure 6:** **PTEN activators decrease cellular and nuclear area of VICs**
688 **cultured on stiff hydrogels. A.** Quantification of cell size of VICs cultured on soft or stiff
689 hydrogels for 3 days (n>600 cells from 4 hydrogels, unpaired t test, ****$p<0.001$). **B.**
690 Quantification of cell size of VICs cultured on soft or stiff hydrogels for 3 days (n>600 cells from
691 4 hydrogels, unpaired t test, ****$p<0.001$).

692
693 **Supplementary Figure 7:** **PTEN phosphatase inhibition does not increase mRNA levels of**
694 **fibrotic genes A,B.** Relative mRNA expression levels of various fibrotic genes in VICs cultured
695 on soft or stiff hydrogels treated with DMSO vehicle or PTEN inhibitor bpV(Hopic) (100 nM),
696 n=3 hydrogels, one-way ANOVA test, *$p < .05$,**$p < .01$.
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699 **<u>Supplementary Figure 8:</u> PTEN knockdown increases αSMA levels in VICs cultured on stiff**
700 **hydrogels A.** Representative images of scrambled and PTEN knockdown VICs cultured on stiff
701 hydrogels for 3 days, αSMA (green) and cytoplasm(red). Scale bar = 100 μm. **B.** Quantification
702 of αSMA fluorescence intensity (n>30 cells, t-test ,****p<0.001) **C.** Quantification of PTEN
703 fluorescence intensity (n>30 cells, t-test, ****p<0.001).
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Supplementary Figure 9: Nuclear localization of PTEN upregulates H3K9me3 on soft hydrogels. A. Single cell immunocytochemical images of VICs cultured on soft hydrogels for 3 days αSMA (green), PTEN (red) and H3K9me3 (white). Scale bar = 10 μm. **B.** Quantification of αSMA intensity among untransfected VICs and VICs with ectopic expression of NES and NLS PTEN on soft hydrogels. (n=50 cells from 4 hydrogels, one-way ANOVA test, ****p<0.001) **C.** Quantification of H3K9me3 nuclear intensity. (n=50 cells from 4 hydrogels, one-way ANOVA test, ****p<0.001) **D.** Quantification of the ratio of nuclear to cytoplasmic PTEN among untransfected, NES and NLS VICs (n=50 cells from 4 hydrogels, one-way ANOVA test, ****p<0.001).

Table S1: Custom Primers used for RT-qPCR

GENE:	FW sequence 5′ to 3′	RV sequence 5′ to 3′
PTEN	GGCGGAACTTGCAATCCTCA	AACTTGTCTTCCCGTCGTGT
L30	GCTGGGGTACAAGCAGACTC	AGATTTCCTCAAGGCTGGGC
COL1A1	GGGCAAGACAGTGATTGAATACA	GGATGGAGGGAGTTTACAGGAA
CTGF	CTGGTCCAGACCACAGAGTGG	GCAGAAAGCGTTGTCATTGG
ACTA2	GCAAACAGGAATACGATGAAGCC	AACACATAGGTAACGAGTCAGAGC
SERPINE 1	ACGGCCATTATCGTCTCAGC	AAAAGGACCGTTCCTGTGGG

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Table S2: Patient Information of the tissue used

Condition	Age	Sex	Race (Ethnicity)	Diagnosis	LVEF (%)
Healthy	45	M	american indian	non-ischemic	35
Stenotic	67	M	W	ischemic	29.5

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