Amputation Triggers Long-Range Epidermal Permeability Changes in Evolutionarily Distant Regenerative Organisms

Short Title: Skin Permeability in Regenerative Organisms

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ABSTRACT

Previous studies have reported that amputation invokes body-wide responses in regenerative organisms, but most have not examined the implications of these changes beyond the region of tissue regrowth. Specifically, long-range epidermal responses to amputation are largely uncharacterized, with research on amputation-induced epidermal responses in regenerative organisms traditionally being restricted to the wound site. Here, we investigate the effect of amputation on long-range epidermal permeability in two evolutionarily distant, regenerative organisms: axolotls and planarians. We find that amputation triggers a long-range increase in epidermal permeability in axolotls, accompanied by a long-range epidermal downregulation in MAPK signaling. Additionally, we provide functional evidence that pharmacologically inhibiting MAPK signaling in regenerating planarians increases long-range epidermal permeability. These findings advance our knowledge of body-wide changes due to amputation in regenerative organisms and warrant further study on whether epidermal permeability dysregulation in the context of amputation may lead to pathology in both regenerative and non-regenerative organisms.

GRAPHICAL ABSTRACT

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INTRODUCTION

Limb amputation is a common treatment for life-threatening complications of vascular disease, diabetes, and trauma, with 150,000 Americans per year undergoing a major amputation (Dillingham et al. 2005; Ziegler-Graham et al. 2008). Amputees often experience poor postoperative life expectancies (reviewed in Qaarie 2023), which may stem from dysregulated body-wide responses to amputation. For example, amputation-induced stress signaling is thought to accelerate pathological features of diabetes and cardiovascular disease (Modan et al. 1998; Peles et al. 1995). Wound healing in amputees is a complex process with frequent dermatologic complications such as infection, which can become systemic (Berger et al. 2023; Heim et al. 2003; reviewed in Pascale and Potter 2014). As such, investigating the whole-body consequences of amputation is clinically important for addressing morbidity among amputees.

Indeed, in animal models, mounting evidence indicates that amputation triggers body-wide responses that extend beyond the wound site (reviewed in Ricci and Srivastava 2018; Sun and Poss 2023). Planarian and acoel worm amputation (Baguñà 1976; Fan et al. 2023; Saló and Baguñà 1984; Srivastava et al. 2014; Wenemoser and Reddien 2010), sea star arm amputation (Hernroth et al. 2010), and mouse injury (Rodgers et al. 2017; Rodgers et al. 2014) all trigger long-range responses to injury. In axolotls (*Ambystoma mexicanum*), amputation induces a body-wide cell cycle reentry (Johnson et al. 2018; Payzin-Dogru et al. 2024 preprint), termed "systemic activation," which primes the animal for faster future regeneration: the remaining limbs of previously amputated, systemically activated animals regenerate faster than the limbs of animals naïve to amputation (Payzin-Dogru et al. 2024 preprint), and the systemic activation response leads to body-wide transcriptional changes in tissues, including the epidermis (Payzin-Dogru et al. 2024 preprint).

In salamanders, the epidermis has traditionally been studied at the amputation plane in the context of epimorphic regeneration. A first step of amphibian regeneration is the formation of a specialized wound epidermis—a proliferative layer of keratinocyte progenitors—over the injury site (reviewed in Han et al. 2005; Satoh et al. 2008). The wound closure phase is rapid, featuring the migration of epidermal cells across the amputation plane (Ferris et al. 2010), with full wound closure by 6 to 8 hours after the initial injury (Lévesque et al. 2010; Satoh et al. 2008). In contrast, mammalian re-epithelialization and wound healing occur over multiple days (reviewed in Han et al. 2005), a process characterized by scar tissue deposition (reviewed in Takeo et al. 2015). The salamander wound epidermis is transcriptionally distinct from homeostatic epidermis (Knapp et al. 2013), and the subsequent coalescence of progenitor cells into a visible blastema—a zone of proliferating cells that differentiate into a regenerated limb— requires this specialized wound epidermis (Goss 1956; reviewed in McCusker et al. 2015; Mescher 1976). Salamander skin regeneration after excisional injury also features rapid wound closure and avoids fibrosis (Seifert et al. 2012).

Planarians are evolutionarily distant to vertebrates, but also exhibit robust regeneration responses (reviewed in Sánchez Alvarado 2012), during which the wound epidermis is thought to play a role in regulating blastema formation (Scimone et al. 2022). Re-epithelialization at the injury site features rapid migration of and structural changes in epidermal cells, with coverage of the injury site by 24 hours post injury (Morita and Best 1974; Pedersen 1976). Planarian regeneration is driven by the proliferation of pluripotent cells called neoblasts (reviewed in Ge et al. 2022; Newmark and Sánchez Alvarado 2000; Wagner et al. 2011), which give rise to new epidermal cells (Morita and Best 1974; Pedersen 1976; Wurtzel et al. 2017) at defined differentiation stages (Tu et al. 2015; van Wolfswinkel et al. 2014; Wurtzel et al. 2017).

While the regulatory roles of the wound epidermis have been widely studied during
regeneration, long-range epidermal responses to amputation beyond the wound site, specifically
those that lead to functional changes, are largely uncharacterized. Here, we investigate
epidermal tissues distant to the amputation plane in axolotls and planarians and find distinct
changes in epidermal permeability after amputation in these organisms. We report that
amputation triggers a long-range increase in epidermal permeability in axolotls, accompanied by
a long-range epidermal downregulation of MAPK signaling. Additionally, pharmacologically
inhibiting MAPK signaling in regenerating planarians increases long-range epidermal
permeability. These findings suggest evolutionarily-conserved, body-wide epidermal responses
to amputation, highlighting the importance of examining long-range epidermal permeability and
barrier dysregulation, which may lead to pathology, in the context of amputation and multi-tissue
injury.
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RESULTS
Epidermis in limbs contralateral to amputation is more permeable than that of
homeostatic and regenerating limbs
Previous studies report body-wide changes in the axolotl epidermis after amputation, including
increased cell cycle reentry in epidermal cells (Johnson et al. 2018; Payzin-Dogru et al. 2024
preprint) and robust transcriptional changes in skin-resident epidermal and small secretory cell
populations (Payzin-Dogru et al. 2024 preprint). Here, we investigate whether there is a
functional difference between the epidermis of homeostatic (naïve) and regenerating axolotls,
examining how amputation alters the ability of the epidermis to act as a barrier.
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To test this, we performed a toluidine blue stain—a technique used to assess epidermal
permeability in mice (Cameron et al. 2007; Hardman et al. 1998; Indra and Leid 2011; Koch et
al. 2000; Nakajima et al. 2007; reviewed in Schmitz et al. 2015) and leaf cuticles (Tanaka et al.
2003; Zhao et al. 2019)—on homeostatic limbs, limbs contralateral to the originally amputated
limb (contralateral limbs), and regenerating limbs in axolotls (Fig. 1A-B). We found that
contralateral limbs were significantly darker than homeostatic limbs at 14 days post amputation
(dpa) (p adj = 0.0001), 21 dpa (p adj = 0.0073), and 70 dpa (p adj < 0.00001), indicating an
increase in epidermal permeability in contralateral limbs at these time points (Fig. 1C). We also
found significant differences between contralateral limbs at different time points during
regeneration, with contralateral limbs displaying a general increase in permeability over the 70-
day regeneration period (Fig. S1A).
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Our assay indicated no significant differences in epidermal permeability between homeostatic
and regenerating limbs at any time point during regeneration. However, a general increase in
epidermal permeability was observed during regeneration (Fig. 1D, S1B). We observed the
most rapid increase in permeability during the late stages of blastema formation and
proliferation (7-14 dpa, Fig. S1B). These results suggest an overall increase in epidermal
permeability in regenerating limbs starting at 3 dpa and continuing throughout the entire 70-day
regeneration period (Fig. S1B).
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When we compared contralateral to regenerating limbs, we found that contralateral limbs were
significantly darker than regenerating limbs at multiple time points—1 dpa (p adj = 0.0076), 7
dpa (p adj = 0.0093), 14 dpa (p adj = 0.0076), and 21 dpa (p adj = 0.0280)—observing that
contralateral limbs are initially more permeable than regenerating limbs, but this difference is
absent at full regeneration (Fig. 1E). Regrowth (defined in Fig. 1G) in regenerating limbs was
significantly darker than stump tissue proximal to the amputation plane at 3 dpa (p adj = 0.0058,

Fig. 1F). However, stump tissue (defined in Fig. 1G) was significantly darker than regrowth in
regenerating limbs at 70 dpa (p adj = 0.0159, Fig. 1F).
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Homeostatic and contralateral epidermis do not differ in nuclear density or thickness
Migrating epidermal cells at the wound surface of adult eastern newts (*Notophthalmus*
viridescens) are known to differ in shape and exhibit increased intercellular separation
compared to homeostatic epidermal cells (Repesh and Oberpriller 1980); however, long-range
morphological changes in the epidermis after amputation are unknown. We assessed whether
there were gross morphological changes in the epidermis of contralateral limbs in axolotls,
which might be driving amputation-induced, long-range increases in epidermal permeability.
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We performed hematoxylin and eosin (H&E) staining to visualize epidermal morphology in
homeostatic epidermis compared to contralateral epidermis at 1, 3, 7, 14, and 21 dpa (Fig. 2A),
and found no significant differences in either epidermal thickness or nuclear density between
groups, averaged across three epidermal regions (defined as radial, carpal, and digit epidermis,
Fig. 2B-D). Region-specific (Fig. 2B) comparisons also yielded no significant differences in
epidermal thickness or nuclear density between homeostatic and contralateral epidermis at the
given time points (Fig. 2E-F).
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Claudin 1 and collagen IV protein expression is consistent between homeostatic and
contralateral epidermis
Since the dysregulation of epidermal tight junctions and the basement membrane can both
cause epidermal barrier dysfunction in other contexts, such as mammalian species (reviewed in
Breitkreutz et al. 2013; Furuse et al. 2002), we assessed the expression of two structural
proteins in homeostatic and contralateral axolotl epidermis: (1) claudin 1, a principal component
of epidermal tight junctions, and (2) collagen IV, a protein expressed in the epidermal basement
membrane.
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When comparing homeostatic and contralateral epidermis at 3 and 7 dpa, we found no
significant differences in claudin 1 expression (Fig. 3A-D). We also found no significant
differences in collagen IV expression between homeostatic and 10 dpa contralateral epidermis
(Fig. 3E-H). Region-specific (radial, carpal, and digit regions, Fig. 3B, F) comparisons between
homeostatic and contralateral epidermis similarly yielded no significant differences in either
claudin 1 or collagen IV expression (Fig. 3D, H).
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MAPK signaling is downregulated in contralateral epidermis
Dysregulated mitogen-activated protein kinase (MAPK) signaling impairs epidermal barrier
repair in mouse and human skin models (Kanemaru et al. 2017; Koehler et al. 2011), prompting
us to investigate whether regulation of MAPK signaling is linked to increased epidermal
permeability in axolotls. MAPK signaling is upregulated in the growth zone at early stages of
axolotl tissue regeneration (Franklin et al. 2017; Ohashi et al. 2021; Rao et al. 2009; Sabin et al.
2015; Sader et al. 2019; reviewed in Sader and Roy 2022; Yun et al. 2014); however, MAPK
signaling responses in tissues distant from the amputation plane have yet to be characterized.
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We found that the epidermis of contralateral limbs exhibits a robust downregulation in MAPK
signaling compared to the epidermis of homeostatic limbs naïve to amputation. Western blot
analysis indicated significant decreases in extracellular signal-regulated kinase (ERK)
phosphorylation in contralateral epidermis at 1 dpa (p adj = 0.0028), 3 dpa (p adj = 0.0012), and

7 dpa (p adj = 0.0015), each compared to homeostatic epidermis (Fig. 4A-B). We also observed
significant decreases in Jun N-terminal kinase (JNK) phosphorylation in contralateral epidermis
at 1, 3, and 7 dpa (all p adj < 0.0001, Fig. 4E-F). Although differences in p38 phosphorylation
between homeostatic and contralateral epidermis were insignificant, contralateral epidermis at 3
dpa (p adj = 0.0718) and 7 dpa (p adj = 0.0845) exhibited a strong trend of decreased p38
phosphorylation, compared to homeostatic epidermis (Fig. 4C-D).
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Western blot analysis of underlying, non-epidermal tissues in homeostatic vs. contralateral limbs
indicated significantly decreased p38 phosphorylation in contralateral underlying tissues at 7
dpa compared to homeostatic non-epidermal tissues (p adj = 0.0276, Fig. 4I-J). The
contralateral decrease in JNK phosphorylation was less pronounced in non-epidermal tissues,
compared to the previously described epidermal comparisons, with solely the 7 dpa
contralateral vs. homeostatic comparison retaining significance (p adj = 0.0345, Fig. 4K-L).
Interestingly, the contralateral decrease in ERK phosphorylation that was present in epidermal
comparisons was not present in non-epidermal tissue comparisons (Fig. 4G-H). These results
indicate that the long-range decrease in ERK phosphorylation induced by amputation is specific
to the epidermis.
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Modification of MAPK signaling induces opposite changes in planarian epidermal
permeability in homeostatic and amputation contexts
After observing that long-range epidermal permeability increases were associated with
downregulated MAPK signaling in axolotls, we tested whether similar relationships were
conserved between evolutionarily distant regenerative organisms. Specifically, we tested the
effect of MAPK inhibition and activation on epidermal permeability in planarians, a commonly
used model of regeneration (reviewed in Ivankovic et al., 2019; Sánchez Alvarado, 2012).
226
In DMSO-treated groups—where MAPK signaling was not manipulated—we found that
amputated planarians unexpectedly exhibited a decrease in epidermal permeability, compared
to homeostatic planarians (p adj = 0.0105, 0.0074, Fig. 5E, I). Amputation-induced decreases in
planarian epidermal permeability were also recapitulated in DMSO-absent planarian water, with
the effect persisting throughout the full 14-day regeneration period (all p adj < 0.0001, Fig.
S2C).
233
We quantified epidermal permeability in the head of homeostatic planarians to match the tissue
region used for analyzing "long-range" epidermal permeability in regenerating planarians.
Among non-amputated, homeostatic animals, we found that the epidermis of ERK-inhibited (p
adj = 0.0032) and full-MAPK-inhibited (p adj < 0.0001) planarians was significantly less
permeable than that of control animals (DMSO vehicle), where full-MAPK-inhibited planarians
were simultaneously administered a combination of ERK, p38, and JNK inhibitors (Fig. 5C).
Conversely, the epidermis of uninjured planarians with activated MAPK signaling was
significantly more permeable than that of DMSO control animals (p adj = 0.0054, Fig. 5C).
These results indicate that in homeostatic uninjured planarians, inhibition of MAPK signaling is
sufficient and necessary to decrease epidermal permeability (Fig. 5B-C).
244
However, when we looked at epidermal permeability in regenerating, as opposed to uninjured
planarians, we found the opposite effect. The "long-range" epidermis (defined as the epidermis
of the head, distant from the tail amputation plane) of ERK-inhibited (p adj = 0.0405), p38-
inhibited (p adj = 0.016), and full-MAPK-inhibited (p adj = 0.0227) regenerating planarians was
significantly more permeable than that of control regenerating planarians (DMSO vehicle, Fig.
5D), mirroring the link between decreased MAPK signaling and increased long-range epidermal

permeability shown in regenerating axolotls. We found no significant difference in epidermal
permeability between MAPK-activated and DMSO control regenerating planarians (Fig. 5B, D),
possibly due to the intrinsic activation of MAPK signaling at baseline during planarian
regeneration (Tasaki et al. 2011a; Tasaki et al. 2011b). These results indicate that the injury
state of planarians—namely whether or not the animal is actively regenerating—modulates the
effect of MAPK signaling on epidermal permeability.
257
Full-body analysis of epidermal permeability in planarians indicated similar, but less
pronounced, trends as long-range epidermal analyses. The epidermis throughout the body of
uninjured, full-MAPK-inhibited animals (p adj = 0.0026, Fig. 5G) was significantly less
permeable than control animals (DMSO vehicle). Conversely, in regenerating planarians, the
full-body epidermis of full-MAPK-inhibited animals was significantly more permeable than that of
DMSO control planarians (p adj = 0.0277, Fig. 5H). Both long-range and full-body analyses
highlighted that planarian amputation triggers contrasting changes in epidermal permeability,
depending on levels of MAPK signaling (Fig. 5E, I).
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268 **DISCUSSION**
269 The findings of this study demonstrate a novel framework by which the combination of
270 amputation and decreased MAPK signaling triggers an increase in epidermal permeability in
271 areas distant from the wound site. We report epidermal permeability changes induced by
272 amputation in two evolutionarily distant regenerative species, planarians and axolotls (Fig. 6).
273
In planarian regeneration, MAPK signaling mediates both localized and whole-body responses
to amputation. ERK and JNK signaling regulate neoblast differentiation during blastema
formation (Tasaki et al. 2011a; Tasaki et al. 2011b). Recently, ERK signaling was reported to
mediate rapid transduction of whole-body, pro-regenerative signaling through planarian muscle
tissue, highlighting the role of MAPK signaling in regulating systemic responses to amputation in
planarians (Fan et al. 2023). MAPK signaling also promotes vertebrate regeneration (reviewed
in Wen et al. 2022). ERK signaling, in particular, mediates wound healing after tail amputation in
Xenopus laevis tadpoles (Sato et al. 2018), limb blastema formation in *X. laevis* froglets (Suzuki
et al. 2007), antler regeneration in deer (Li et al. 2012), and fin and scale regeneration in
zebrafish (De Simone et al. 2021; Owlarn et al. 2017).
284
Our results suggest that, beyond regeneration itself, regulation of MAPK signaling after
amputation may also mediate epidermal barrier function. Indeed, MAPK signaling has been
shown to play a role in epidermal function and structure in species other than axolotls and
planarians. JNK1 deficiency has also been shown to impair barrier repair and wound healing in
mice (Koehler et al. 2011), and p38 inhibition results in reduced expression of proteins involved
in epidermal differentiation of human keratinocytes during homeostasis (Meng et al. 2018).
Furthermore, MAPK inhibition decreases filaggrin—a structural protein important for epidermal
barrier maintenance—expression in human keratinocytes (Meng et al. 2018; reviewed in
Sandilands et al. 2009). Given the shared utilization of MAPK signaling in maintaining epidermal
barrier function, our findings in axolotls and planarians may indeed apply to non-regenerative
models, including mammals, although further investigation of these questions is needed.
296
There are several possible explanations for the long-range downregulation of MAPK signaling
during regeneration and its effects on epidermal permeability. In tissues distant from the zone of
regeneration, pro-regenerative MAPK signaling may be decreased to prevent ectopic
regeneration. While amputation induces body-wide cell cycle reentry in both axolotls and
planarians (Johnson et al. 2018; Payzin-Dogru et al. 2024 preprint; Wenemoser and Reddien

2010), it is possible that blocking MAPK signaling in tissues distant from the amputation plane,
prevents these primed cells from aberrantly converting to a full regeneration response. In this
framework, a long-range increase in epidermal permeability may be a side effect, and possibly a
vulnerability, of downregulating MAPK signaling in tissues distant from the zone of regeneration.
306
Conversely, there could be benefits to increasing epidermal permeability during regeneration in
aquatic organisms like axolotls, most notably to promote respiration. One study reported that
over half of the oxygen intake in the spotted salamander (*Ambystoma maculatum*) occurs
through the epidermis (Whitford and Hutchison 1963), illustrating its importance for respiration.
Metabolic state influences regeneration efficiency in the Iberian ribbed newt (*Pleurodeles waltl*)
(Peng et al. 2021), and thus whole-body responses to increase oxygen consumption might be
harnessed by salamanders to promote regeneration. There is also evidence that increased
epidermal water permeability can be utilized in frog tadpoles as an anti-predator defense (Mori
et al. 2009). These links suggest that in highly regenerative animals, changes in epidermal
permeability could function to promote responses that maximize survival odds during vulnerable
periods after amputation injury. Future assessment of the potential evolutionary functions of
MAPK-signaling-regulated epidermal permeability changes is warranted to understand whether
this phenomenon directly translates to mammals.
320
In mammals, dysregulation of MAPK signaling is known to recapitulate structural defects in
inflammatory skin disorders like psoriasis and atopic dermatitis (Kanemaru et al. 2017).
Additionally, epidermal barrier dysfunction is relevant in amputation-related pathologies,
including diabetes (Man et al. 2022). Amputees often experience dermatological side effects in
the stump like contact dermatitis and infection (Koc et al. 2008; Levy 1980; reviewed in Lyon et
al. 2000)—but systemic exacerbation or development of conditions like psoriasis beyond the
wound site after amputation have also been reported, a progression possibly induced by whole-
body stress responses to amputation (Heim et al. 2003). As such, investigating the relationship
between MAPK signaling and epidermal barrier function, specifically in the context of
amputation or multi-tissue injury, is clinically relevant.
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Our study expands on a growing body of literature on the body-wide effects of amputation in
regenerative organisms. We highlight previously uncharacterized functional changes in the
epidermis during regeneration, by which amputation triggers long-range changes in epidermal
permeability in both axolotls and planarians. Further study is needed to fully unravel the body-
wide, evolutionarily-conserved consequences of amputation in the epidermis, which may guide
approaches to therapeutics for amputation-related pathologies in humans.
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MATERIALS AND METHODS
<u>Animals</u>
Axolotls
All animal experimentation was approved by and conducted in accordance with Harvard
University's Institutional Animal Care and Use Committee (Protocol #19-02-346). Age and size-
matched leucistic axolotls (*Ambystoma mexicanum*) were used for all axolotl experiments.
Axolotls were housed in 40% Holtfreter's Solution buffered to a salinity of 3000 microSiemens
and pH of 7.6 and fed a diet of *Artemia*, rotifers, and/or Rangen soft-moist pellets depending on
size. Axolotls were anesthetized in 0.1% tricaine prior to all experiments and allowed to recover
overnight in 0.5% sulfamerazine after all surgical procedures.
350
351   ***Planarians***

352 Planarians (*Dugesia dorotocephala*) were kept in water made with 0.5 g of instant ocean per
353 500 mL of deionized water. Planarians were fed 1 mL of *Artemia* per 30 animals once a week
354 and water changed 5 and 24 hours after feeding. Planarians were fasted >7 days before
355 amputation and were not fed during experimentation.
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MAPK inhibition and activation
Planarians
Planarians were kept in 10 µM mirdametinib (ERK inhibitor), 25 µM adezmapimod (p38
inhibitor), 25 µM SP600125 (JNK inhibitor), a combination of the three inhibitors (1 µM
mirdametinib, 3 µM adezmapimod, 3 µM SP600125), 25 µM anisomycin (MAPK activator), or
vehicle control (dimethyl sulfoxide, DMSO) water for 24 hours, based on established dosages
(Bohr et al.; Tasaki et al. 2011a; Tasaki et al. 2011b; Xiong et al. 2006; Yuan et al. 2021).
Inhibitors were dissolved in 0.25% DMSO in planarian water by volume. After this treatment
period, half of the planarians underwent a tail amputation at a distance of 1/4 of the total length
from the tip of the tail. All animals were kept in their respective inhibitor, activator, or control
treatment for a further 48 hours, then stained and imaged. Inhibitor details are listed in Table
S1.
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Toluidine blue staining, quantification, and analysis
Axolotl limbs
Initial forelimb amputations were performed mid-zeugopod and the bone was trimmed back from
the amputation plane. Amputations of collected limbs were performed mid-stylopod. Samples
were dehydrated immediately after amputation for 2 minutes each in 25%, 50%, 75%, then
100% methanol at 4°C. Samples were then immediately rehydrated for 2 minutes each in 75%,
50%, 25% methanol and distilled water at 4°C then rinsed in 1X PBS for 2 minutes. Prepped
samples were fully immersed in 0.1% toluidine blue solution (Sigma-Aldrich #89640-5G) for 2
minutes then de-stained in 1X PBS for 2 days at room temperature. Stained limbs were then
imaged using a Leica M165 FC equipped with Leica DFC310 FX camera, and the mean gray
value of each limb was quantified using a custom macro in ImageJ. For both axolotl and
planarian quantifications, mean gray values were inverted using the formula $Y' = Y_{max} + Y_{min} - Y$
for ease of data interpretation on graphs. This transformation did not alter statistical findings.
385
For Fig. 1C, all groups were normal and had equal variances. One significant outlier was
identified but included in the data as its inclusion did not change statistical findings; as such,
statistical significance was determined using one-way ANOVA with Tukey's HSD. For Fig. 1D,
all groups had equal variances. Two groups within the data set (1 dpa and 70 dpa) were not
normal; as such, statistical significance was determined using a non-parametric Kruskal-Wallis
test with Dunn's test of multiple comparisons. For Fig. 1E, all groups had equal variances. Two
groups (1 dpa and 70 dpa) were not normal; as such, statistical significance was determined
using non-parametric Mann-Whitney U tests with Holm correction.
394
395 For Fig. 1F, the segmenting methodology for regrowth vs. stump tissue is illustrated in Fig. 1G.
396 All groups met normality, equal variance, and outlier assumptions; as such, statistical
397 significance was determined using paired two-way ANOVA with Sidak correction.
398
Planarians
The same staining procedure was applied to planarians with two changes—planarians were
dyed in 0.01% instead of 0.1% toluidine blue solution and de-stained in 1X PBS for one day at
room temperature instead of two. Stained planarians were imaged using a Leica M165 FC

equipped with Leica DF310 FX camera and selections for mean gray value calculations for each
planarian were made manually.
405
406   For long-range measurements, planarian heads were quantified to measure epidermal
407   permeability in tissues distant from the amputation plane. Full-body planarian selections were
408   also quantified to measure body-wide changes in epidermal permeability.
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For Fig. 5C, 5G, and 5H, groups met normality and equal variance assumptions; as such,
statistical significance was determined using ordinary one-way ANOVA with Dunnett correction.
For Fig. 5D, due to non-normality, statistical significance was determined using non-parametric
Kruskal-Wallis ANOVA with Dunn's correction. For Fig. 5E, due to non-normality, statistical
significance was determined using non-parametric Mann-Whitney U tests with Bonferroni-Dunn
correction. Groups in Fig. 5I met normality, equal variance, and outlier assumptions; as such,
statistical significance was determined using two-way ANOVA with Sidak correction.
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Cryosectioning & limb preparation
After amputation, limbs were soaked in 4% paraformaldehyde-PBS for one hour at room
temperature. They were then kept overnight in a 30% sucrose solution at 4°C. Following the
overnight soak, limbs were embedded in optimal cutting temperature (OCT) compound and
stored at -80°C until sectioning. Limbs were sectioned at a thickness of 16 µm on a Leica CM
1950 cryotome.
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Hematoxylin & eosin (H&E) staining
Staining
Slides were stained using the following protocol from Harvard University Department of Stem
Cell and Regenerative Biology's Histology Core:
Slides were soaked in water for 2 minutes, then Harris Hematoxylin (Sigma #HHS-128) for 3
minutes, water for 2 minutes, quickly dipped twice in acid alcohol (5 mL HCl, 368 mL 95%
ethanol, 127 mL water), then soaked in water for 1 minute. Slides were then stained in Scott's
Bluing (2 g potassium bicarbonate, 20 g magnesium sulfate in distilled water), soaked in water
for 1 minute, stained in eosin (Fisher #23-314631) for 1 minute, then rinsed in 95% ethanol for 2
x 1 min, 100% ethanol for 3 x 1 min, and Histoclear for 3 x 1 min. Slides were then covered with
a coverslip and imaged on a Zeiss Axio Scan.Z1 automated slide scanner.
438
Quantification
For each biological replicate, two 800 µm-long epidermal segments were selected and averaged
from both anterior and posterior sides of the radial, carpal, and digit regions of the most
representative full limb sections for quantification. Epidermal thickness was calculated via Fiji
ImageJ and nuclear density was calculated via CellProfiler. For Fig. 2C and 2D, all groups met
normality and equal variance assumptions; as such, statistical significance was determined
using ordinary one-way ANOVA with Tukey correction. For Fig. 2E, all groups met normality,
equal variance, and outlier assumptions; as such, statistical significance was determined using
a paired two-way ANOVA with Sidak correction. For Fig. 2F, due to non-normality, statistical
significance was determined using non-parametric Kruskal-Wallis ANOVA with Dunn's
correction.
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Immunofluorescence
Staining

For antibody staining, frozen sections were rehydrated with PBS at room temperature. Sections
were blocked and permeabilized for 30 minutes at room temperature with 0.1% Triton X-100 in
either 10% goat serum-PBS or 10% donkey serum-PBS, depending on the host of the
secondary antibody. Sections were incubated with primary antibody overnight at 4°C. The
following day, slides were washed with PBS for five minutes three times, after which sections
were incubated with the appropriate secondary antibody for 2.5 hours at room temperature.
Sections were washed with PBS, incubated with DAPI, and washed with PBS once more before
mounting. Slides were imaged on a Zeiss Axio Scan.Z1 automated slide scanner. Parameters
for primary and secondary antibodies are listed in Table S1.
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Claudin 1 and collagen IV quantification
Epidermal segments were selected from radial, carpal, and digit regions of full limb sections for
quantification of mean fluorescence intensity. For claudin 1, these segments were defined as
800 µm-long with full epidermal thickness. Leydig cells were masked out of each selection by
nuclear size and DAPI intensity thresholds. For collagen IV, these segments were defined as
300 µm-long and 30 µm-thick, with the basement membrane positioned centrally in each
segment. Mean fluorescence intensity was calculated via CellProfiler by dividing the total
intensity of each image selection by the area of tissue in each selection. For Fig. 3C, groups
met normality, equal variance, and outlier assumptions; as such, statistical significance was
determined using ordinary one-way ANOVA with Tukey correction. For Fig. 3D and 3H, groups
met normality, equal variance, and outlier assumptions; as such, statistical significance was
determined using a paired two-way ANOVA with Sidak correction. For 3G, both groups were
normal; as such, statistical significance was determined using a two-tailed paired t-test.
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Western Blots
Protocol
Protein isolation and Western blotting were performed as previously described (Sousounis et al.
2020). One µg of protein per well was used for ERK blots and 2 ug of protein were used for JNK
and p38 blots. PVDF 0.2 µm membranes (Bio Rad #1620177) were used instead of
nitrocellulose membranes. After imaging non-loading-control targets, membranes were
subsequently stripped with Restore PLUS stripping buffer (Thermo Scientific #PI46430) for 10
minutes, followed by loading control incubation and imaging, using the same protocol. Primary
and secondary antibody parameters are listed in Table S1.
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Quantification
Films were scanned at 600 dpi, with brightness and contrast adjusted equally across biological
replicates within each row. Area under curve (AUC) values were quantified in Fiji ImageJ. AUC
values were normalized within each row. Subsequently, AUC values for each protein target of
interest were normalized to their respective AUC values for alpha tubulin loading control. For
ERK and p38 blots, band intensity was then generated from the ratio of normalized
phosphorylated to total protein AUC values. Due to non-specific total JNK signal, band intensity
was generated from solely phosphorylated JNK to alpha-tubulin. For Fig. 4B, 4D, 4F, 4H, and
4L, all groups passed normality and equal variance assumptions; as such, statistical
significance was determined using ordinary one-way ANOVA with Dunnett correction. For Fig.
4J, due to non-normality, statistical significance was determined using non-parametric Kruskal-
Wallis ANOVA with Dunn's correction.
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503 **DATA AVAILABILITY STATEMENT**
504 Data and code will be made available upon request.

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CONFLICT OF INTEREST
J.L.W. is a co-founder of Matice Biosciences. Other authors declare no conflicts of interest.
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FIGURES

Fig. 1

Fig. 1. Epidermis in limbs contralateral to amputation is more permeable than that of homeostatic and regenerating limbs. (A) Experimental set-up. (B) Representative images of stained limbs. Scale bars are 1 cm. (C-F) Quantification of epidermal permeability, as measured by inverted mean gray values, with higher inverted mean gray values indicating darker limbs and increased epidermal permeability. Quantification of (C) homeostatic vs. contralateral, (D) homeostatic vs. regenerating, and (E) regenerating vs. contralateral limb stains. (F) Quantification of the regrown vs. original (stump) areas of regenerating limbs, with (G) region specification. All data points represent biological replicates. Data is shown as mean ± standard error. Statistical significance was determined using one-way ANOVA with Tukey's HSD (C), Kruskal-Wallis ANOVA with Dunn's test of multiple comparisons (D), Mann-Whitney U tests with Holm correction (E), and paired two-way ANOVA with Sidak correction (F).

768   **Fig. 2**
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Fig. 2. Homeostatic and contralateral epidermis do not differ in nuclear density or
thickness. (A) Representative images of hematoxylin and eosin stains of homeostatic and
contralateral limbs at 1 to 21 dpa. (B) Segmenting methodology for quantification, whereby 800
μm segments of radial, carpal, and digit epidermis were selected for quantification. (C-D)
Quantification of (C) epidermal thickness and (D) nuclear density, averaged across all three
regions. (E-F) Quantification of (E) epidermal thickness and (F) nuclear density, separated by
region. Scale bars are (A) 100 μm or (B) 1 mm. All data points represent biological replicates.
Statistical significance was determined using ordinary one-way ANOVA with Tukey correction
(C, D), paired two-way ANOVA with Sidak correction (E), or Kruskal-Wallis ANOVA with Dunn's
correction (F).
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Fig. 3

Fig. 3. Claudin 1 and collagen IV protein expression is consistent between homeostatic
and contralateral epidermis. (A) Representative images of epidermal claudin 1
immunofluorescence including negative control. (B) 800 µm segmenting methodology for radial,
carpal, and digit epidermal quantification. (C-D) Claudin 1 quantification, (C) averaged across all
three regions, and (D) separated by region. (E) Representative images of epidermal collagen IV
immunofluorescence, including negative control. Arrowheads highlight the basement
membrane. (F) 300 µm segmenting methodology for radial, carpal, and digit epidermal
quantification. (G-H) Collagen IV quantification, (G) averaged across all three regions, and (H)
separated by region. Scales bars are (A, E) 100 µm or (B, F) 1 mm. All data points represent
biological replicates. Statistical significance was determined using ordinary one-way ANOVA
with Tukey correction (C), paired two-way ANOVA with Sidak correction (D, H), or two-tailed
paired t-test (G).
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Fig. 4

Epidermis only

Non-epidermal, underlying tissue

Fig. 4. MAPK signaling is downregulated in contralateral epidermis. (A, C, E, G, I, K)
Western blots assessing ERK, p38, and JNK phosphorylation in (A, C, E) epidermal and (G, I,
K) underlying non-epidermal tissue from homeostatic and contralateral limbs, with (B, D, F, H, J,
L) quantifications. Band intensity was generated from the ratio of phosphorylated to total protein,
measured by area under curve (AUC) values, normalized within groups and to alpha-tubulin
AUC values. (F, L) Due to non-specific total JNK signal, band intensity was generated from
solely normalized phosphorylated JNK to normalized alpha-tubulin. All lanes and data points
represent biological replicates. Data is shown as mean ± standard error. Statistical significance
was determined using one-way ANOVA with Dunnett correction (B, D, F, H, L) or Kruskal-Wallis
tests with Dunn's correction (J).
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Fig. 5

Fig. 5. Modification of MAPK signaling induces opposite changes in planarian epidermal
permeability in homeostatic and amputation contexts. (A) Experimental setup. (B)
Representative images of stained planarian heads. (C-E) Quantification of long-range epidermal
permeability in head tissue in (C) homeostatic and (D) amputation contexts, with (E) MAPK-
dependent comparisons. (F) Representative images of stained whole planarians. (G-I)
Quantification of whole-body epidermal permeability in (G) homeostatic and (H) amputation
contexts, with (I) MAPK-dependent comparisons. Scale bars are (B) 0.5 mm or (F) 2 mm.
Higher data points indicate darker blue staining and increased epidermal permeability. All data
points represent biological replicates. Data is shown as mean ± standard error. Statistical
significance was determined using Kruskal-Wallis ANOVA with Dunn's correction (D), ordinary
one-way ANOVA with Dunnett correction (C, G, H), Mann-Whitney U tests with Bonferroni-Dunn
correction (E), or two-way ANOVA with Sidak correction (I).
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832 **Fig. 6**

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Fig. 6. Summary of findings. An overview of the major findings of this study: (A) in axolotls,
amputation triggers a long-range increase in epidermal permeability, accompanied by the
downregulation of MAPK signaling in contralateral limbs; (B) in planarians, amputation triggers a
long-range decrease in epidermal permeability; (C) in homeostatic planarians, full-body
inhibition of MAPK signaling decreases epidermal permeability; and (D) in regenerating
planarians, full-body inhibition of MAPK signaling increases long-range epidermal permeability.
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    Fig. S1

848   Same data points as Fig. 1C-D, displaying within-group contralateral and regenerating comparisons
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Fig. S1. Epidermal permeability changes over time in contralateral and regenerating
axolotl limbs. (A) Quantification of inverted mean gray values of homeostatic and contralateral
limbs. Data points shown are the same as Fig. 1C, displaying inter-time point comparisons
between contralateral groups. (B) Quantification of inverted mean gray values of homeostatic
and regenerating limbs. Data points shown are the same as Fig. 1D, displaying inter-time point
comparisons between regenerating groups. In both graphs, data is shown as mean ± standard
error. Statistical significance was determined using one-way ANOVA with Tukey's HSD (A) and
Kruskal-Wallis ANOVA with Dunn's test of multiple comparisons (B).

Fig. S2

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Fig. S2. Amputation triggers decreased epidermal permeability in planarians that persist
throughout regeneration. (A) Experimental set-up. (B) Representative images of stained
planarians. Bars are 1 mm. (C) Quantification of inverted mean gray values. Higher inverted
mean gray values indicate darker planarians. Data is shown as mean ± standard error.
Statistical significance was determined using Kruskal-Wallis ANOVA with Dunn's test of multiple
comparisons.

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872 **Table S1. Key resources**

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Primary antibodies		
Rabbit anti-phospho-ERK1/2, Thr202/Tyr204 (WB 1:500)	Cell Signaling	Cat#: 4370
Rabbit anti-ERK1/2 (WB 1:500)	Cell Signaling	Cat#: 9102
Rabbit anti-phospho-SAPK/JNK, Thr183/Tyr185 (WB 1:250)	Cell Signaling	Cat#: 9251
Rabbit anti-SAPK/JNK (WB 1:250)	Cell Signaling	Cat#: 9252
Rabbit anti-phospho-p38 MAPK, Thr180/Tyr182 (WB 1:250)	Cell Signaling	Cat#: 9211
Rabbit anti-p38 MAPK (WB 1:250)	Cell Signaling	Cat#: 9212
Rabbit anti-claudin 1 (IF 1:100)	Thermo Fisher	Cat#: 71-7800
Rabbit anti-collagen IV (IF 1:100)	Abcam	Cat#: ab6586
Secondary antibodies		
Goat anti-rabbit HRP (WB 1:5000)	Bio-Rad	Cat#: 1721019
Goat anti-mouse HRP (WB 1:5000)	Jackson ImmunoResearch	Cat#: 115-035-003
Donkey anti-rabbit 488 (IF 1:100)	Jackson ImmunoResearch	Cat#: 711-545-152
Goat anti-rabbit Cy3 (IF 1:500)	Jackson ImmunoResearch	Cat#: 111-165-003
Chemicals		
Mirdametinib/PD0325901 (ERK inhibitor)	MedChemExpress	Cat#: HY-10254
Adezmapimod/SB203580 (p38 inhibitor)	Selleck Chemicals	Cat#: S1076
SP600125 (JNK inhibitor)	MedChemExpress	Cat#: HY-12041
Anisomycin (MAPK activator)	MedChem Express	Cat#: HY-18982

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