Single-cell profiling of trabecular meshwork identifies mitochondrial dysfunction in a glaucoma

model that is protected by vitamin B3 treatment

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Abstract

Since the trabecular meshwork (TM) is central to intraocular pressure (IOP) regulation and glaucoma, a deeper understanding of its genomic landscape is needed. We present a multimodal, single-cell resolution analysis of mouse limbal cells (includes TM). In total, we sequenced 9,394 wild-type TM cell transcriptomes. We discovered three TM cell subtypes with characteristic signature genes validated by immunofluorescence on tissue sections and whole-mounts. The subtypes are robust, being detected in datasets for two diverse mouse strains and in independent data from two institutions. Results show compartmentalized enrichment of critical pathways in specific TM cell subtypes. Distinctive signatures include increased expression of genes responsible for 1) extracellular matrix structure and metabolism (TM1 subtype), 2) secreted ligand signaling to support Schlemm's canal cells (TM2), and 3) contractile and mitochondrial/metabolic activity (TM3). ATAC-sequencing data identified active transcription factors in TM cells, including LMX1B. Mutations in *LMX1B* cause high IOP and glaucoma. LMX1B is emerging as a key transcription factor for normal mitochondrial function and its expression is much higher in TM3 cells than other limbal cells. To understand the role of LMX1B in TM function and glaucoma, we single-cell sequenced limbal cells from $Lmx1b^{V265D/+}$ mutant mice (2,491 TM cells). In *V265D/+* mice, TM3 cells were uniquely affected by pronounced mitochondrial pathway changes. Mitochondria in TM cells of *V265D/+* mice are swollen with a reduced cristae area, further supporting a role for mitochondrial dysfunction in the initiation of IOP elevation in these mice. Importantly, treatment with vitamin B_3 (nicotinamide), to enhance mitochondrial function and metabolic resilience, significantly protected *Lmx1b* mutant mice from IOP elevation.

Introduction:

Aqueous humor (AH) dynamics and pressure homeostasis are important for proper ocular

inflation and vision. Elevated intraocular pressure (IOP) is a key risk factor for glaucoma, a

serious blinding disorder that affects 80 million people worldwide [1]. IOP is controlled by

continually adjusting resistance to drainage (outflow) of AH through the trabecular meshwork

(TM) and Schlemm's canal (SC), the primary route of AH outflow from the eye. AH percolates

through the TM before exiting the eye through SC and then entering the venous circulation. As

the most abundant constituent of the conventional outflow pathway, TM cells are central in

regulating AH drainage and IOP. Despite significant advances over the past few decades, a

much deeper understanding of the molecular mechanisms governing TM cell health and

function, as well as the pathological alterations responsible for increased outflow resistance,

elevated IOP, and increased glaucoma risk are still needed.

The TM is located at the inner aspect of the wall of the eye at the iridocorneal angle just anterior

to where the iris and cornea meet (i.e. the limbus). In humans, the TM is morphologically

separated into distinct zones, including the uveal, corneoscleral, and juxtacanalicular trabecular

meshwork (JCT), which lies adjacent to the SC. AH first drains through the uveal and

corneoscleral meshwork whose TM cells have endothelial-like properties [2-4]. In these regions,

the TM consists of beams and plates made of various extracellular matrix (ECM) components

including fibrillar collagens [5-9]. The beams and plates are covered with monolayers of TM

cells. AH drains through a tortuous series of intertrabecular spaces, which run between the

beams, ensuring interaction with TM cells. Next, AH flows into the less structured JCT region

before entering the SC. The JCT consists of TM cells that are fibroblast-like extending their

processes onto neighboring JCT and SC cells. JCT TM cells are embedded within a diffuse

ECM ground substance (including glycosaminoglycans) [2, 10-12], and have contractile smooth

muscle-like properties [2, 13]. Importantly, cells in the JCT region impose critical resistance to

AH outflow with a major site of resistance to outflow being located in the tissue where the JCT

and SC meet [5, 12, 14, 15].

Regulation of AH outflow resistance and IOP homeostasis by TM cells is complicated. AH

outflow is modulated by: 1) The physical properties (shape/volume and contractility) of the TM

cells. For example, some TM cells have smooth muscle-like properties that adjust outflow

resistance and thus IOP by controlling cellular contractility [16-23]. 2) The effects of different TM

cell types on both the composition and abundance of ECM in the JCT due to ECM synthesis/

metabolism and phagocytic activity. 3) The paracrine or physical effects of TM cells on SC and

possibly the vasculature just distal to SC [24-27].

Due to their importance, a more detailed molecular characterization of TM cells is still required.

The degree to which specific pathways and modulatory roles are compartmentalized or shared

by specific TM cell subtypes and how specific subtypes influence each other and the SC are not

known. In fact, the number of molecularly distinct subtypes is currently unknown as is the role of

the > 120 genes associated with elevated IOP within these subtypes [28]. Although the TM has

fewer beams and a narrower drainage path in mice, developmental, functional and anatomical

similarities between human and mouse TM make mice a valuable model for studying the

molecular characteristics, heterogeneity, subtypes and distribution of TM cells [29, 30].

Single-cell resolution transcriptomic profiling is revolutionizing the molecular characterization of

cell types and cellular heterogeneity (single-cell RNA sequencing, scRNA-seq; and single-

nucleus, snRNA-seq). Initial single-cell-level studies have characterized cell types of the ocular

anterior segment, including TM cells [24, 26, 31-33], but further depth, validation, and more

uniform molecular consensus/ naming of cell types are needed. This is especially true for TM

cells. Currently, reports differ in the naming and definition of TM cell subtypes and offer limited

validation by immunohistochemistry (IHC) or immunofluorescence (IF) on tissue sections or flat

mounts.

Here we more deeply characterized the mouse TM and validated findings by immunostaining

tissue sections and flat mounts and by in situ hybridization (ISH). We independently isolated

and sequenced limbal cells of mice at 2 institutions and characterized the same 3 TM cell

subtypes at both. Additionally, single-nucleus assay for transposase-accessible chromatin with

sequencing (snATAC-seq) identified LIM homeobox transcription factor 1 beta (LMX1B) as one

of the most active transcription factors in TM cells. Variants in *LMX1B* cause IOP elevation and

glaucoma [28, 34-38]. By analyzing *Lmx1b$^{V265D/+}$* mutant mice (develop elevated IOP and

glaucoma) [39, 40], we show that mitochondrial pathways are primarily disturbed in the TM3 cell

subtype, which most strongly expresses *Lmx1b*. Treatment with nicotinamide lessened IOP

elevation in *Lmx1b$^{V265D/+}$* mutants supporting testing of therapeutics that boost mitochondrial

health and function in human patients.

Results

Three molecularly distinct TM cell subtypes

Using scRNA-seq, we sequenced 17,914 cells from dissected limbal tissue (contains drainage

structures) of 2-month-old mice. The dataset included 13,251 cells from strain C57BL/6J (B6)

and 4,663 cells from strain 129/Sj (129). The data for both strains were integrated (S1 Fig).

Computational analysis revealed six distinct clusters of cells that were TM-containing, epithelia,

pigmented epithelia (iris and ciliary body), endothelial, immune and neuron (Fig 1A). The identity

of each of these cell clusters was based on various well-characterized marker genes (S2A-B

Fig) [24, 26, 31]. There were no major differences in the distributions of strain B6 and strain 129

cells within the relevant cell-type clusters (S3A-C Fig). Therefore, to improve statistical power,

downstream analyses used the integrated dual-strain dataset.

Cells of cluster 1 expressed various TM genes, including *Acta2* (α-SMA), *Pitx2*, *Tfap2b*, and

Myoc (S2A-B Fig) [26, 31, 41-43]. Unbiased sub-clustering of Cluster 1 revealed 10 distinct sub-

clusters (Fig 1B), which included three TM cell clusters based on signature gene expression

(Fig 1D-E). We named these clusters TM1, TM2, and TM3. Hierarchical clustering of these cell

types indicated that TM1 and TM2 are more molecularly similar to each other than to TM3 (Fig

1C). The remaining seven clusters were identified as cells from other ocular tissue including the

iris stroma, sclera, corneal keratocytes, corneal endothelium, ciliary muscle, pericytes, and

Schwann cells (S2C Fig) [32, 44-50].

Fig 1. scRNA-seq data identifies three TM cell clusters. (A) Cells from limbal tissue

dissected and sequenced at Columbia University (integrated B6 and 129/Sj datasets) are

depicted in clusters on a UMAP space. **(B)** A separate UMAP representation of the trabecular

meshwork (TM) containing cluster following subclustering. Three distinct TM cell clusters are

identified (TM1, TM2, and TM3). **(C)** Dendrogram illustrating the relationships among these

subclusters. TM1 and TM2 are more similar to each other than to TM3. **(D)** Heatmap showing

the signature genes for TM1, TM2, and TM3 cells. The scaled RNA expression indicates how

many standard deviations a given gene's expression is from the average expression across all

examined cells (positive value is greater than the expression average and negative values are

lower than expression average). **(E)** The scaled expression of select marker genes that robustly

differentiate TM cell subsets from each other are shown with a dot plot. CE: corneal

endothelium, CM: ciliary muscle, IS: iris stroma, Kera: corneal keratocytes, Scl: scleral.

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S1 Fig. Schematic of datasets and pipeline. (A) Each pool included limbal tissue from 8 eyes.

The mouse strains and lab where data were generated are shown (Columbia University, John

Lab or Duke, Stamer lab). Individual eyes were dissected to isolate strips of limbal tissue, which

are enriched for TM cells in comparison to dissecting the anterior segment as a whole. Limbal

strips were then minced and pooled for further processing. Individual cells were sequenced

using the 10X Genomics pipeline (see Methods) for sc-RNA-Seq or multiome (snRNA-seq and

scATAC-seq). Schematic created with BioRender.com. **(B)** (Left) The limbal region of the

enucleated eye is outlined with red dotted lines. The posterior portion of the eye is first removed

by making a cut along line1. After lens removal, a second cut is made through the anterior

cornea and iris along line 2, generating a limbal strip. This strip is then minced prior to

dissociation. (Right) A dissected anterior eye cup (with the lens removed) is shown to indicate

the interior surface of the limbus between lines 1 and 2. Centripetal cuts were made in the

cornea of this specimen to flatten it for ease of imaging. Although we do not flatten limbal strips

used for RNA-seq, this view provides additional context.

S2 Fig. Limbal cell cluster marker genes. (A) The expression levels of various anterior

segment cell type marker genes in the integrated B6 and 129 data are depicted on a dot plot.

These marker genes are generally accepted to be specific to individual cell types. Epithelial

cells (*Krt14*); neurons (*Rho*); endothelial cells (*Egfl7*); ciliary body and iris cells (*Tyrp1*); and

immune cells (*Cd52*). Cluster 1 expressed multiple TM marker genes including *Myoc*, *Acta2*

(encodes α-SMA), *Pitx2*, and *Tfap2b*. Although some of the neurons may be limbal, it is possible

that others are retinal contamination. **(B-C)** Heatmaps of differentially expressed genes across

all limbal tissue cell clusters (B) and across the subclusters of cluster 1 (C).

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S3 Fig. Transcriptomic similarities between strain B6 and strain 129.

187 **(A-B)** The 129/Sj (129) and C57BL/6J (B6) strains exhibit significant overlap in marker gene

188 expression. Heatmaps display the expression of the top 10 gene markers for each subcluster of

189　cluster 1. The expression patterns are very similarity across strains. **(C)** UMAP representations

190　of subclusters derived from cluster 1 separated by strain.

Next, we integrated an additional limbal tissue scRNA-seq dataset (14,912 cells, Duke

University) from 3 months old C57BL/6J mice with our initial 2 months old C57BL/6J dataset.

Due to batch effects most likely based on differences in cell isolation techniques and

environment (Columbia University vs. Duke University, see Methods), TM cells from these

datasets occupied adjacent, partially overlapping, but not identical UMAP space (S4A Fig).

Individual analysis of the Duke dataset also identified 3 TM cell subtypes with the same marker

gene expression and enriched molecular pathways compared to the Columbia University data

(S4B-E Fig, S1 Table). In datasets from previous mouse limbal scRNA-seq studies, there was

also a high degree of overlap of marker gene expression with our 3 TM cell clusters (S5A-B Fig)

[24, 31, 51]. However, some TM subtype clusters reported in previous studies expressed genes

that overlapped with both of our TM2 and scleral cell clusters (S5B-C Fig) [24, 31]. To resolve

this discrepancy, we performed IF for two of the discordantly annotated markers previously

reported to be expressed in TM cells but present in our scleral cluster (CD34 and LY6C1). This

immunolabeling showed that these markers are expressed in scleral but not TM cells (S6A-B

Fig). In addition, in previous studies, cells with markers matching TM3 (e.g. Lypd1) were named

uveal cells without IF confirmation [24, 31, 51]. IF revealed that our TM3 cells are neither

located in the uvea nor abundant in the uveal adjacent TM but primarily reside in the anterior

TM closer to the cornea (see below).

S4 Fig. An independent B6 scRNA-seq dataset corroborates TM cell clusters. (A) UMAPs

of the integrated Columbia University and Duke University datasets. Cells from the different

institutions occupy largely different but adjacent UMAP coordinates with some overlap,

indicating batch effects. The difference was largest for TM3, but the marker genes were still

conserved. Because tissue processing techniques can alter gene expression [52], the heatmap

variation between institutes likely reflects differences in processing techniques (Methods) and

suggests that TM3 cells are more susceptible to these effects than other cell types. **(B)** Analysis

of Duke University data alone independently validates our findings presented in *Figure 1* from

Columbia University, including the presence of 3 TM cell clusters. **(C)**. A heatmap comparing

the top 20 marker genes of each TM cell subcluster for the Columbia (C57BL/6J strain only) and

Duke datasets. Overall, there is strong overlap of TM cell gene expression between datasets.

Discrepancies include certain marker genes (eg. *Crym*) in the Columbia dataset that are not

detected in the Duke dataset. These differences are associated with lower sequencing depth in

the Duke data, and other technical factors/batch effects. **(D-E)** Dot plots showing similar TM

subtype marker gene expression in the two datasets.

S5 Fig. Comparison of our TM cells to published mouse datasets (A) Diagrammatic

representation of TM and scleral cell clusters across different mouse scRNA-seq datasets.

Upper panels diagrammatically represent the current study. **Lower panels** represent the

indicated studies. All diagrams based on marker gene expression in the cells that were

clustered together. Despite some naming differences, matches for the 3 TM cell types that we

identify in the current paper are evident in the previous studies. Although previous studies

named additional TM subtypes, we did not subcluster to the same degree to ensure that

subtype differences are robust. Previous studies had limited if any validation for some cell types.

Based on our current characterization and immunofluorescent localization studies (Figures 2,

S6, S8, & S9) some of the cells previously labeled TM beam cells are scleral (possibly

fibroblasts). The marker gene expression for these previously named TM beam cells is highest

in 'Fibroblasts' rather than TM cells in human scRNA-seq data, further supporting a scleral

identity. In addition, cells previously named as uveal cells are a TM cell type. The cells are

color-coded based on their molecular identities to match the current study. Current study

subcluster identity numbers are shown. **(B)** Dot plot of TM cell subtype markers identified in the

present study (left) using the dataset and cell type assignments (bottom) of Van Zyl et al. Based

on these markers, our TM subtypes match their data as follows: TM1= JCT, TM2 = Beam A and

Beam Y, and TM3 = Uveal). Scleral markers that we found are enriched in the Van Zyl Beam A

and Y cells, which appear to be a mix of different cell types. **(C)** Expression of the Van Zyl Beam

A and Y cell markers that are enriched in sclera in our combined B6 and 129 dataset (the same

expression pattern was evident in all Columbia and Duke datasets in the current study). See

Figure S6 for IF showing expression of these markers in Sclera but not TM.

S6 Fig. Immunostaining demonstrates expression of specific marker genes in sclera but

not TM. (**A**) CD34 is expressed in cells of the sclera/corneoscleral transition zone (arrows). No

CD34 staining was found in the TM (> 60 sections from 4 eyes). **(B)** LY6C1 is expressed in both

vascular (based on morphology and the vascular endothelial cell marker, VECAD, hash marks)

and nonvascular (arrow) cells in the sclera. LY6C1 is not found in the TM. The TM is

encompassed within the dashed box while the yellow dashed line marks the inner wall of SC

(see Figure S7). CD34 and LY6C1 were expressed in SC endothelial cells (yellow asterisks).

Scale bars = 50 µm.

TM subtypes differentially occupy TM zones

To further explore the sub-anatomical localization of the TM cell subtypes, we used a

combination of IF and ISH to identify subtype markers. Each TM cell subtype had a higher

percentage of cells expressing, and an increased average expression of, its respective subtype

markers (all $P < 1E-100$ compared to other TM cells, S7A Fig). To analyze the distribution of

subtypes, we first divided the TM into zones along its anterior/posterior and inner/outer axes

(S7B-E Fig). The total area of TM occupied by each individual subtype marker was assessed in

each zone on more than 150 tissue sections. This detected biases for the subtypes to be

differentially localized in specific TM zones (Fig 2A-F). For instance, TM1 cells were significantly

more frequent in the posterior and outer TM zones, while TM3 cells were overrepresented in the

anterior and inner zones (all $P < 0.01$). The different marker molecules that were assessed for

each TM cell subtype gave highly consistent results regarding zonal occupancy (S8A-B Fig, S9

Fig). In addition, we confirmed the localization biases in 3D whole mounts of the mouse limbus

(Fig 2G-H, TM1 – MYOC, TM3 – α-SMA) [25]. Collectively, these data indicate clear localization

biases that differ for the TM1 and TM3 subtypes.

To better understand the location of TM cell subtypes, we analyzed marker expression patterns

in 50-60 exceptionally high-quality sections for each marker of each TM cell subtype (see

Methods). For this analysis, the TM was divided into eight regions (S7F Fig). Not only did this

refine the localization bias of TM1 and TM3 cells, but it discovered that TM2 cells are most

concentrated in the mid-posterior two-thirds of the TM (mid regarding inner-outer axis, all $P <$

0.01, Fig 2I-K). Despite their biased distributions, some cells of each TM subtype were detected

in most TM regions.

Fig 2. Biased localization of TM cell subtypes within the TM. (A-B) Summary diagrams

showing the location of expression of TM1, TM2, and TM3 signature markers in the TM. For

quantification of marker distributions, the TM was divided in half along both anterior-posterior

(A) and inner-outer (B) axes (see Figure S7 localization of TM and SC). The area of the TM that

was positive for each marker within each region was calculated as a percentage of the total

area occupied by that marker in the entire TM on each section. The percentage of marker

localization to each region was averaged across all analyzed sections. The average localization

across all markers used for each TM cell subtype (see S8 and S9 Figs) is shown on the

diagrammatic representations of the TM using heatmaps. TM1 localization is biased towards the

posterior and outer TM, whereas TM3 is biased towards the anterior and inner TM. No clear

bias for TM2 was observed. A total of 286 sections were examined using immunofluorescence

(IF) and in situ hybridization (ISH). Between 130-160 sections were examined for each TM cell

subtype. **(C-F)** Representative sections for a subset of markers for each subtype used for

quantification. See Figure S6 for explanation of indicated tissue orientations. **(G)** En face image

of the TM in a 3D reconstruction of a tissue whole mount, clearly demonstrating the anterior vs

posterior localization bias for TM1 (posterior bias) and TM3 (anterior bias) cell types. **(H)**

Orthogonal 3D image that is cropped and oriented in the same planes as the tissue sections.

The inner bias for α-SMA (*Acta2*, TM3) compared to an outer bias for MYOC (TM1) is evident.

(I) More spatially refined analyses were subsequently conducted using extremely high-quality

sections (50-60 per marker) by dividing the TM into 8 smaller zones (S7 Fig). In this more

refined study, TM2 cells have a biased localization to a posterior and central region of TM (most

enriched in zones 2 and 5, see Figure S7). **(J-K)** The TM subtype distributions were statistically

compared across the combined zones (in parentheses) as indicated. ANOVA followed by

Tukey's honestly significant difference test. Ant: anterior TM, Pos: posterior TM, Inn: inner TM,

Out: outer TM, SC: Schlemm's canal. Grey dotted lines mark the TM zones, yellow dotted lines

mark inner wall of Schlemm's canal. All scale bars: 50 μm.

S7 Fig. Assessing zonal distribution of TM cell subtypes. (A) Violin plot showing expression

of signature genes that were used to localize TM cell subtypes. **(B-C)** Diagram of flat-mounted

anterior segment (B) and *hematoxylin and eosin-stained s*agittal section (C) indicating the X, Y

and Z axis as used throughout this paper as previously reported (Kizhatil et al., 2014)**. (D-E)**

Schlemm's canal (SC) inner wall was identified based on anatomy and the expression of *Prox-*

GFP (green) and other endothelial cell markers. The pars plana (PP) and corneal endothelium

(CE) were identified based on anatomy and DAPI staining. The posterior boundary of the TM

begins just anterior to the PP and was typically aligned with the most posterior portion of SC.

The anterior TM ends where the corneal endothelium begins. This typically aligned with the

most anterior portion of SC. The outer boundary of the TM was immediately internal to the inner

wall of SC. The inner-most TM was where the TM cells end abutting the anterior chamber.

Using these boundaries, the anterior-posterior and inner-outer axis of the TM were measured.

Based on these measurements for each eye, the TM was divided in half along both the inner-

outer and anterior-posterior axes. (**F**) For more refined analysis, the anterior-posterior distance

was then divided into thirds to generate posterior, central, and anterior regions. Each of these

regions was then equally divided into their subregions as shown. Because the anterior TM is

thinner, it was divided into two zones. These divisions generate 8 TM zones. All scale bars: 50

μm.

A. Major marker distributions

B. Additional markers (lower sampling)

S8 Fig. Distribution of TM cell subtypes by marker. (A) Schematic representation of major

marker distributions from Figure 2. **(B)** Additional markers for a given TM cell subtype had

similar patterns of localization (see Figure S9 for example staining). However, these markers

were not sampled deeply enough to perform statistical analysis. A: anterior TM, I: inner TM, O:

outer TM, P: posterior TM.

S9 Fig. Additional examples of TM subtype marker localization. Although there is variability

in expression between sections, the aggregate of all sections reveals the biased distributions of

TM cell subtypes as summarized in Figures 2. Here we focus on TM expression. However,

some of the markers are also expressed outside of the TM. For examples, *Edn3* is expressed in

vasculature, while both *Lypd1* and *Inmt* are expressed at low levels in scleral and iris cells (but

are higher in TM cells). All scale bars: 50 μm. Markers assessed by IF: MYOC, CHIL1, CRYM,

α-SMA, TFAP2B. Markers assessed by ISH: *Inmt*, *Edn3*, *Lypd1*. All scale bars: 50 μm.

Molecular comparison of TM cell subtypes

To determine the molecular functions of TM cells, we first conducted gene ontology (GO) analysis using genes that were differentially expressed genes (DEGs) in all TM cells as a group compared to other sequenced cells (S2 Table). Additionally, we used gene set enrichment analysis (GSEA) to assess whether these GO pathways are relatively enriched or underrepresented in TM cells. Compared to other cells, TM cells were enriched for pathways associated with extracellular matrix (ECM) structure and function, including signaling associated with collagens, proteases, integrins, and glycosaminoglycans (Fig 3A, S10A Fig, S3 Table). TM cells were also enriched for growth factor signaling. Conversely, underrepresented pathways in TM cells were associated with desmosomes, peroxisomes, and certain cytoskeletal and plasma membrane elements. These pathways help define TM cells relative to other cells in the region.

Next, we compared TM cell subtypes to each other (Fig 3B-D). TM1 cells were most enriched for ECM pathways, particularly structural components such as collagens, integrins, and other ECM elements (Fig 3B, S10B Fig). The expression of several ECM genes that are reported to impact IOP are heightened in TM1 cells, including Type VIII collagens, fibronectin, and *Ltbp2* [53-55]. Both TM1 and TM2 cells have enriched expression of glycosaminoglycan (GAG) genes (Fig 3B-C, S10B-C Fig). GAGs in the JCT and intertrabecular spaces form a gel-like consistency and changes in GAG abundance correlate with altered AH outflow resistance [56-58]. TM2 cells are uniquely enriched for the laminin complex, a key component of basement membranes [59]. Pathways related to clearing debris and monitoring the extracellular environment including phagocytic vesicles, antigen presentation, and lysosomal function are also enhanced in TM2 cells. In contrast, TM3 cells are underrepresented for ECM-related pathways compared to other TM cells but are enriched for pathways related to actin binding and

mitochondrial metabolism (Fig 3D, S10D Fig). The actomyosin system plays a crucial role in

maintaining TM cell contractility and in regulating outflow facility [16-20]. The enrichment of

mitochondrial metabolism pathways in TM3 cells emphasizes their energetic needs and their

expected heightened susceptibility to genetic and environmental contexts that compromise

metabolic functions. Importantly, genetic variation in mitochondrial/ metabolic pathways

contributes risk for IOP elevation and glaucoma [60-62].

We next compared growth factor signaling and ligand-target interactions between TM cells

subtypes and other cells. TM1 cells were enriched for transforming growth factor beta (TGF-β)

pathway signaling (Fig 3B). Receptor ligand activity was enriched in TM2 cells while the

membrane raft pathway (a site of signal transduction) was enriched in TM3 cells (Fig 3C-D).

Next, we used LRLoop [63], which was developed based on NicheNet [64], to predict significant

ligand-target interactions between TM cells and other local endothelial cells that are relevant to

AH drainage (Figure 4A-D). TGF-β ligands (*Tgfb1*, 2, & 3) were predominantly expressed in

TM1 cells. By contrast, TM2 cells expressed molecules critical for vascular function, such as

Angpt1, *Vegfa*, and *Edn3* (S11A-D Fig) [65-67]. These TM-secreted molecules have been

directly associated with SC maintenance and IOP [68-71].

A. **Cellular Compartments**   **Molecular Functions**

B.

C.

D.

Fig 3. Pathway analysis suggests differential involvement of TM cell subtypes in

extracellular matrix regulation, growth factor signaling, and actin-binding

(A-B) Molecular comparison of all three TM cell subtypes to all other sequenced cells using

gene ontology (GO) of differentially expressed genes (DEGs). The top five most significant

pathways as well as three additional pathways of interest are shown for each indicated

comparison (adjusted P values, X-axis was cutoff at $P < 1E\text{-}10$). GSEA analysis was also used

to assess the enrichment or underrepresentation of these GO pathways with GSEA scores color

coded on the GO charts above. Pathways significantly different by GSEA analysis are indicated

by asterisks. Overall, TM cells have over-representation of various extracellular matrix (ECM)

molecules/ pathways including collagens, glycosaminoglycans, and integrins compared to non-

TM cells. Growth factor signaling is also enriched in TM cells compared to other cell types. **(C-**

D) When comparing TM cell subtypes, TM1 cells are further enriched for ECM molecules such

as collagens, glycosaminoglycans, and integrins as well as TGF-β signaling. **(E-F)** TM2-

enriched ECM pathways include glycosaminoglycan binding and the laminin complex. TM2 cells

are also enriched for receptor-ligand signaling and insulin growth factor binding. **(G-H)** Actin-

binding and mitochondrial metabolism genes are enriched in TM3 cells. ECM = extracellular

matrix. ECS = extracellular structure. ER = endoplasmic reticulum. IMM = inner mitochondrial

membrane.

479 **S10 Fig. TM cell pathway analysis. (A-C)** Additional analyses showing the most significant

480 pathways (by gene ontology (GO) analysis. Pathways are further separated into enriched or

481 underrepresented categories based on gene set enrichment analysis (GSEA) score. Asterisks

482 indicate pathways that are significantly enriched or underrepresented based on GSEA score.

483 ECM = extracellular matrix. ECS = extracellular structure.

Fig 4. Signaling interactions directed from TM cells to Schlemm's canal and vascular endothelial cells differ across TM subtypes. (A) Circos plot showing the top predicted interactions between TM cell ligands and Schlemm's canal endothelial (SEC) target molecules. The top predicted targets in all TM cells are split by their expression across subtypes. TM1 and TM2 participate in more predicted signaling events compared to TM3. TM1-biased ligands include members of the *Tgf-β* and fibronectin signaling families. Various endothelial trophic

493   factors are predominantly expressed in TM2 including endothelin 3, vascular endothelial growth

494   factor A, and angiopoietin 1. See Table S4 for comprehensive list of ligand-target interaction

495   data. **(B-C)** TM cell ligands that signal to collector channel (CC) endothelial cells (B) or blood

496   endothelial cells (BECs, C). **(D)** The expression of all ligands predicted to have signaling

497   interactions with SECs, CCs, or BECs, are displayed across TM cell subtypes (Dot plot).

S11 Fig. TM-TM and SEC-TM signaling. (A-C) Analyses showing the top predicted

interactions between TM and Schlemm's canal endothelial (SEC) ligands and individual TM cell

target molecules (Circos plots). The three plots show target molecules in each individual TM cell

subtype respectively. **(D)** The expression of all ligands predicted to have signaling interactions

with TM cell subtypes (Dot plot).

Comparison to human TM cells

We next worked to relate our findings to human data. We compared marker genes for each of

our TM cell subtypes to sequenced human TM cells from two previous studies [31, 33]. These

previous studies differed in the number of human TM cell subtypes that they reported and in the

identities of their clusters. Van Zyl et al. identified three TM cell subtypes that they called JCT,

beam A, and beam B [31], whereas Patel et al. identified two subtypes that they called

fibroblast-like and myofibroblast-like [33]. TM1 marker genes were most enriched in Van Zyl et

al's human JCT cells (S12A Fig). Similarly, *Dcn* was expressed in mouse TM1 cells and was

localized to fibroblast-like TM cells adjacent to SC by Patel et al. TM1 cell nuclei were typically

shorter with greater sphericity than the elongated endothelial-like nuclei of TM3 cells (S13A-D

Fig). This nuclear morphology was more consistent with a JCT than beam cell identity.

Together, these data support a JCT identity for TM1 cells. TM2 cells were more closely related

to human beam A and beam B cells than to the JCT cells reported by Van Zyl et al (S12B Fig).

TM2 cells also shared expression of the *RSPO2* marker gene with the human myofibroblast-like

cells reported by Patel et al. Together, this suggests that TM2 cells are myofibroblast-like beam

cells. TM3 cells also shared marker genes with Patel et al's myofibroblast-like cells (*TAGLN* and

ACTA2), suggesting TM3 cells are also beam cells. There was relatively equal TM3 marker

gene enrichment across all human TM cell subtypes of Van Zyl et al (S12C Fig). Nuclei

immediately adjacent to TM2 and TM3 cell marker staining had an elongated, endothelial-like

shape (S13A-C Fig). This nuclear morphology was also consistent with the location of TM2 and

TM3 cells on beams and analogous to the endothelial-like morphology of human beam cells [2].

S12 Fig. Mouse TM subtype marker expression in human TM cells. (A-C) Dot plots of the

expression of the top 11 marker genes for each of our mouse TM cell subtypes that have

human orthologues expressed in the Van Zyl et al human dataset. TM1 marker genes generally

have higher expression in the human JCT cluster than in any other cluster of cells. Other than

EDN3, TM2 and TM3 marker genes do not show a strong enrichment for the annotated TM cells

compared to other cells. Among TM cells, TM2 marker genes are more enriched in beam A and

beam B cells. TM3 markers are mostly expressed in relatively equal levels across all the human

TM cells. Schwalbe's line cells are also similar to TM. The anterior insertion of the TM is near

539   Schwalbe's line, where TM stem cells are reported to reside. Therefore, the Schwalbe's line

540   cells maybe TM stem cells.

S13 Fig. Nuclear morphology of each TM subtype. (A-C) 2D section view of TM cell subtype

nuclei. TM1 nuclei adjacent to the SC appear shorter than TM2 and TM3 nuclei and lack the

typical elongated, endothelial-like morphology of beam cells. This shorter morphology gives

TM1 nuclei a more spherical appearance. All scale bars: 50 μm. **(D)** To rigorously assess

whether TM1 nuclei are more spherical, we analyzed their reconstructed 3D shapes from whole

mounts images by confocal microscopy, comparing them to TM3 nuclei using the 'Sphericity'

tool in Imaris. The data show that TM1 cells indeed have more spherical nuclei, consistent with

a JCT identity. However, some TM1 cells exhibit more elongated nuclei, especially when

located further from the SC. A higher sphericity score indicates a more rounded nucleus (with a

completely spherical shape scoring 1). We characterized 60 randomly selected nuclei for each

TM cell subtype. Groups were compared using Student's t-test.

Next, we evaluated the expression of genes implicated in elevated IOP and glaucoma by

genome-wide association studies (GWAS). TM1 and TM2 cells had similar expression levels of

GWAS genes associated with IOP elevation and primary open-angle glaucoma (POAG)

respectively (S14A Fig). TM3 cells had slightly less expression of these GWAS genes compared

to TM1 and TM2. To better understand the genes driving GWAS gene enrichment in different

TM subtypes, we studied pathways that are significantly enriched for GWAS genes (S14B-C

Fig, see Table S5 for complete list). TM1 cells were the most enriched for genes involved in

ECM organization, cell-substrate adhesion, and growth factor stimulus (S14D Fig). All 3 TM

subtypes had similar expression of GWAS genes associated with hormone stimulus, *Vegf*

signaling, and *Rho* kinase signaling. TM3 cells expressed lipid and carbohydrate mitochondrial

metabolism pathway genes at higher expression levels and in more cells than did TM1 and TM2

cells (S14E Fig). The same was true for actin binding-associated GWAS genes in TM3 cells

versus TM1 and TM2. Genetic variation in lipid and carbohydrate mitochondrial metabolism

pathways is associated with IOP elevation and glaucoma [61].

S14 Fig: GWAS gene expression in limbal cells. (A) Expression of genes implicated in risk

for IOP elevation (left) and primary open-angle glaucoma (POAG, right) in humans GWAS

plotted against mouse limbal cell type. There is similar GWAS gene expression across TM cell

subtypes and other limbal cell types. TM1 and TM2 have a slightly higher expression of GWAS

genes compared to TM3. **(B-C)** Pathway analysis (Gene ontology, GO) shows enrichment of

biological pathways for the POAG (B) or IOP (C) genes vs other expressed genes considering

all cell types (see Table S5 for full list of GWAS gene-enriched pathways). **(D)** Enriched

biological pathways among POAG GWAS genes within the indicated cell types. **(E)** Cell type

enrichment of lipid and carbohydrate metabolism pathway genes that are significantly

associated with POAG (Khawaja et al.). ECM organ. = extracellular matrix organization, cell-

sub. = cell-substrate adhesion, Hormone stimulus = cellular response to hormone stimulus,

small GTPase signal transduction = regulation of small GTPase mediated signal transduction,

Rho signaling = regulation of Rho protein signal transduction, GF stimulus = regulation of

cellular response to growth factor stimulus, *Vegf* signaling = vascular endothelial growth factor

receptor signaling pathway.

Regulation of TM cell gene expression

To better understand the overlap and differences in transcriptional control of TM cell gene

expression, we performed single-cell resolution multiome sequencing. Using limbal strip tissue

isolated from a separate cohort of mice than those used for scRNA-seq, we simultaneously

performed both single nucleus RNA sequencing (snRNA-seq) and snATAC-seq. We thus

captured both gene expression and open chromatin data throughout the genome in the same

cell. Using the snRNA-seq data, we clustered cells into various cell types. The generated

clusters and their marker genes generally agreed with our scRNA-seq analyses (Fig 5A-B,

S15A Fig). Notably, there was a significant correlation between gene expression (RNA-based

clustering) and chromatin accessibility (ATAC-based clustering) with adjusted Rand index of

0.20 ($p < 0.001$, permutation test, S15B-D Fig). This included an increase in chromatin

accessibility at the promoters of marker genes in their respective TM cell subtypes (Fig 5C-E).

To discover the key transcriptional regulators within TM cells, we examined the correlation

between the expression of each transcription factor (TF) and their chromatin accessibility at

predicted binding sites within all TM cells. Various TFs that either activated or repressed

transcriptional activity exhibited good correlations with gene expression across TM cells (Fig

5F). Such activating TFs include *Tcf21*, *Arid3b*, and *Myc*, while repressing TFs include *Meox2*,

Junb, and *Sox6*. Notably, *LMX1B*, an important gene in glaucoma GWAS [28, 34-38], is among

the most strongly activating TFs in TM cells.

Fig 5. Transcription factors dictating gene expression in TM cells (A) A schematic

representation of the pipeline used to identify open chromatin sites and active transcription

factors (TFs). Individual cells were profiled using both single nucleus (sn) RNA and ATAC

sequencing (multiome). TM cell clusters were identified using the snRNA-seq data, while

significantly open chromatin regions were identified using the snATAC-seq data. Active TFs

were determined based on the odds ratio of TF binding motifs within these open chromatin

regions. Schematic created with BioRender.com **(B)** UMAP of subclusters derived from TM cell

containing cluster (cluster 1) in the snRNA-seq data. **(C-E**) Example ATAC tracts for the

promotor regions of selected marker genes for TM1 (C), TM2 (D), and TM3 (E). Each of these

marker genes has greater promoter accessibility in the TM cell subtype in which its RNA

expression is enriched (orange box). The aligned marker gene positions are shown. Coverage =

normalized ATAC signal reads in transcription start site. CS = coverage scale. **(F)** Correlations

between RNA expression levels (snRNA-seq dataset) of each TF and the chromatin

accessibility levels (snATAC-seq dataset) of their respective predicted target binding motifs

across all TM cell subtypes (see Methods). Select TFs with strong positive (red) or negative

correlations (blue) are named.

S15 Fig. Analysis of ATAC dataset (A) Overlap of marker gene expression for each TM cell

subtype between single-cell (sc) and single-nucleus (sn) RNA sequencing (RNA-seq). Other

than the expected technical drop out of genes (no detected expression) in the snRNA-seq

dataset, there is general agreement. **(B)** Localization of significantly open chromatin regions

(snATAC-seq). **(C)** Confusion matrix of clusters identified by snRNA-seq and snATAC-seq after

separately clustering each data type using unbiased dimensional reduction. Colors indicate the

fraction of cells identified in each ATAC cluster (row) which are also identified in each RNA cell

type (columns), where darker colors represent stronger correspondence between RNA and

ATAC clusters. There is a significant correlation between gene expression (RNA-based

clustering) and chromatin accessibility (ATAC-based clustering) with adjusted Rand index of

0.20 ($p < 0.001$, permutation test). **(D)** Heatmaps comparing the open chromatin score at a

gene promoter (left panel, snATAC-seq) to the RNA expression (right panel, snRNA-seq).

Individual genes are represented on the y-axis and individual cells are plotted on the x-axis

(only TM cells included). The consistent heatmap patterns indicate a strong overlap between

promoter chromatin states and RNA expression for individual genes across cell types, validating

the quality of these multiome datasets.

Metabolism-supporting treatment lessens IOP elevation in

Lmx1b^{V265D} mice

To evaluate the utility of our new TM cell atlas, we used it to examine how *Lmx1b* mutations

affect the TM cell transcriptome and to identify potential mechanisms underlying IOP elevation.

We selected LMX1B because it causes IOP elevation and glaucoma in humans and was

identified as a highly active transcription factor in our TM cell dataset. To do this, we analyzed

scRNA-seq data generated for limbal cells from mice with a dominant mutation in *Lmx1b*

(*Lmx1b^{V265D/+}*), which included 2,491 *Lmx1b* mutant TM cells. These mutant C57BL/6J mice

develop early onset IOP elevation [39, 40, 72]. We compared gene expression in *V265D* mutant

TM cells after integration with our wild-type data (all data B6 background and postnatal day 60,

Fig 6A, S16A Fig). Results show that *Lmx1b* is minimally expressed in TM1 and TM2 but is

highly expressed in TM3 cells (Fig 6B). Next, we analyzed DEGs and pathway differences

between WT and *V265D/+* cells across each TM cell subtype. Across all TM subtypes, various

genes related to ECM function and growth factor signaling were downregulated in mutants,

including glycosaminoglycans and insulin growth factor binding proteins (Fig 6C, S6 Table for

complete list of pathways). Pathways enriched in mutant TM cells were associated with

ribosome and calcium signaling. We then examined the differential responses to the *Lmx1b*

mutation by analyzing pathways dysregulated in each TM subtype that were not common

across all TM cells (Fig 6D-F, S16B Fig). *V265D* mutant TM1 cells had a downregulation of

collagen synthesis/metabolism gene expression relative to WT cells, particularly in the

production and turnover of fibrillar collagens. TM2 cells with *Lmx1b* mutations had upregulation

of immune signaling pathways. The highly *Lmx1b* expressing TM3 cells exhibited perturbed

mitochondrial metabolism, with a downregulation of genes in complex I and ATP synthase. In

addition, mutant TM3 cells showed an upregulation of protein tagging genes. However, there is

a downregulation of the polyubiquitin precursor gene (*Ubb*, P = 4.5E-30), indicating a general

dysregulation of pathways that tag proteins for degradation. These results document altered

mitochondrial function and proteostasis in TM3 cells. Although the documented gene expression

changes strongly suggest metabolic and mitochondrial dysfunction, they do not directly prove it.

Using electron microscopy to directly evaluate mitochondria in the TM, we found a reduction in

total mitochondria number per cell in mutants (P = 0.015, Figure 6G). In addition, mitochondria

in mutants had increased area and reduced cristae (inner membrane folds) in mutants

consistent with mitochondrial swelling and metabolic dysfunction (all P < 0.001 compared to

WT, Figure 6G-H).

728
Fig 6. Differential molecular responses of TM cell subtypes to an *Lmx1b* mutation (A)

UMAPs of limbal cells from WT and *Lmx1b*^{V265D/+} (*V265D*) mutant mice (both genotypes B6

background). **(B)** *Lmx1b* expression across limbal cell types. *Lmx1b* expression is highest in

TM3 cells. **(C)** Pathways that are changed in all TM cell subtypes. **(D-F)** Top pathways that are

significantly altered when comparing each indicated TM cell subtype across genotypes. Many of

these pathways were not significantly changed when comparing all TM cell subtypes as a

group, indicating that the *V265D*-induced changes are strongest within each TM cell subtype.

V265D has a pronounced effect on mitochondrial pathways in TM3 cells but much less so in

other TM cells. ECM = extracellular matrix. ECS = extracellular structure. **(G)** Mitochondria in

V265D mutant TM cells are reduced in number per cell, have increased area, and decreased

cristae area (cristae fraction is ratio of area occupied by cristae: total area of mitochondria;

shown as bar plots with standard error). A total of 160–180 mitochondria were analyzed across

3 eyes per genotype (approximately 60 mitochondria per eye). Groups were compared using

Student's t-test. **(H)** Representative images show mitochondria defined by their outer

membranes (OM) and inner membrane folds (cristae). Asterisks indicate a subset of

representative cristae for each genotype. Mutant mitochondria exhibit increased area (space

enclosed by the OM) and disorganized cristae structure. Arrows highlight regions in mutant

mitochondria that lack cristae. Scale bar = 500 nm.

747
S16 Fig. Further pathway analyses of *Lmx1b^V265D* vs WT. (A) Heatmaps comparing marker

genes for all TM cell subtypes across genotype. **(B)** The top 10 *V265D* upregulated and

downregulated biological processes for the indicated comparisons across genotype are shown

(all scRNA-seq data, Adjusted P values, axis cut of at 1E-10). ECM = extracellular matrix. ECS

= extracellular structure.

Our findings most strongly implicate perturbed metabolism within TM3 cells as responsible for

IOP elevation in an *Lmx1b* glaucoma model. Nicotinamide (NAM) is known to boost

nicotinamide adenine dinucleotide (NAD), supporting healthy metabolism/ mitochondrial function

[73, 74]. Thus, we hypothesized that the metabolic abnormalities in TM3 cells underlie the IOP

elevation that causes glaucoma, and that NAM treatment may protect the *Lmx1b* mutant TM.

Beyond *LMX1B*, this hypothesis is relevant more commonly to POAG treatment because

metabolism-relevant genes are implicated by GWAS (and their expression is enriched in TM3

cells, S14E Fig). To test our hypothesis, we treated mice by adding NAM to their drinking water

starting at postnatal day 2 and continuing into adulthood. Results showed that NAM

supplementation significantly protected against anterior chamber deepening (ACD, a symptom

of IOP elevation, Fig 7A-B) and IOP elevation (Fig 7C-D). These results support NAM as a

treatment to prevent TM damage and IOP elevation in LMX1B-mediated glaucoma with

potential general relevance to POAG.

Figure 7: Nicotinamide treatment protects from IOP elevation in *Lmx1b* mutants. (A)

Representative photos of eyes from mice of the indicated genotypes and treatments (UNT =

untreated, NAM = nicotinamide treated, 550mg/kg/day provided in drinking water). NAM

treatment substantially lessens anterior chamber deepening (ACD), a sensitive indicator of IOP

elevation in mice. The WT and NAM-treated mutant eyes have very shallow anterior chambers

while the untreated mutant eye has an obviously deepened chamber (arrowheads). **(B)**

Distributions of anterior chamber depth based on previously defined scoring system [40].

Groups compared by Fisher's exact test. **(C-D)** Boxplots of IOP (interquartile range and median

line) in WT and mutant eyes of both NAM treated and untreated groups. NAM treatment

780   significantly lessens IOP elevation in mutants compared to untreated mutant controls. Groups

781   compared by ANOVA followed by Tukey's honestly significant difference (see Table S7 for

782   additional statistics). n ≥ 35 eyes examined in each WT group and n ≥ 40 in *V265D* mutant

783   groups. Geno = genotype.

Discussion

This study provides a comprehensive multimodal analysis of mouse limbal cells that focuses on the TM. We defined three TM cell subtypes with unique marker panels that can be used for their identification across different strains, laboratories, and processing methods. We validated key marker gene expression by IF and ISH, discovering biases for specific TM subtypes to reside in different parts of the TM. For example, TM1 cells have a location bias for the outer, posterior TM while TM3 cells are more abundant in the inner, anterior TM. Importantly, our pathway analyses suggest that the different TM subtypes have overlapping roles. All 3 TM subtypes are enriched in ECM synthesis and ECM metabolism compared to other limbal subtypes. However, there is also compartmentalized enrichment of some processes to specific subtypes. For example, ECM production and turnover, secreted ligand signaling, debris removal, immune surveillance, actin-associated cell contraction and increased metabolic gene activity (as discussed below) are enriched in specific cell-subtypes. Using ATAC-seq data, we discovered key TFs controlling gene expression in TM cells, including LMX1B. Importantly, we implicate LMX1B in metabolic control in TM cells. More specifically, we demonstrate that *Lmx1b* is the most active TM cell TF and is enriched in TM3 cells, while mutation of *Lmx1b* induces prominent mitochondrial defects in TM3 cells. Finally, we show that therapeutically targeting TM3 dysfunction with a mitochondrial/ metabolism supporting nutrient (nicotinamide) protects from IOP elevation in the *Lmx1b* glaucoma model. We also suggest that a TM3-like cell is generally relevant to metabolic pathways in human glaucoma based on enriched expression of human glaucoma GWAS gene in TM3 cells. Together these data provide a wealth of new molecular information about TM cells and suggest a new approach for preventing IOP elevation.

Mouse trabecular meshwork subtype classification

Here we provide evidence for three TM cell subtypes in mice that are robust across datasets

from different institutions, using different tissue processing and sequencing protocols. Although

others [24, 51] subdivided TM cell subtypes beyond the three defined in the present study, at

this point we decided against further subdivision (See Figure S5) for the following reasons. We

lacked confidence in the higher resolution clustering, as it was not consistent across datasets,

did not produce unique marker gene sets, and could have resulted in over-clustering due to

stochastic or stress-induced differences between subpopulations of cells. Moreover, the number

of reported mouse TM cell clusters in previous studies were inconsistent. Although three TM

subtypes were reported by Van Zyl et al. and Ujiie et al. [31, 51], the molecular features of cells

in these clusters were not the same across these studies. Differences between studies may be

due to batch effects, different computational methods and possibly over-clustering. Most

importantly, there was very limited validation by IF, IHC, or other methods in previous studies.

Only the JCT type of TM cell in these previous studies was assessed by means other than

scRNA-seq (IF and ISH) [31]. Additionally, Thompson et al. treated cells with Y27632, a ROCK

inhibitor, which could alter TM cell transcriptomes. It is also important to point out that both

Thompson et al. and Van Zyl et al. used albino mouse strains, which can impact TM cell

development and function [75]. Finally, Ujiie et al. sequenced TM cells at 3-4 weeks, which is

prior to full maturation of the TM structure [30], while our ongoing developmental studies show

substantial molecular maturation of TM cells between P21 and P60.

As Van Zyl et al's data is deposited in the Broad Institute's single-cell portal, we further

compared their data with ours. Although both Van Zyl et al. and our current paper identified 3

TM subtypes, our work does not fully agree. Some of the cells named beam A and beam Y by

Van Zyl et al. express markers present in our TM2 cell subtype, while others express markers

that are absent in TM2 cells but present in our scleral cells. Our IF studies confirm that these

discordant markers are not expressed in TM cells, but instead show that they are in fact scleral

cells. These scleral cells highly express fibroblast markers including *Mfap5*, *Clec3b*, and *Tnxb*,

suggesting they are scleral fibroblasts. Cells initially named uveal cells by Van Zyl et al. (and

subsequently by Ujiie et al. and Thompson et al.) express markers of our TM3 cells. Consistent

with our gene expression data, our IF shows that these Van Zyl markers are expressed by cells

that are primarily located in the TM region that is closer to the cornea and not in the uvea or the

TM region adjacent to the uvea. Thus, our current study resolves some previous inconsistencies

in classifying mouse TM cell subtypes. It lays a firmer foundation for continued understanding of

TM cell types and their biology. Moving ahead, sequencing cells at greater depths will enhance

TM cell characterization and improve comparisons between datasets.

846   Differential roles of specific mouse TM cell subtypes and

847   comparison to human

As a group, all TM cells share various molecular properties that distinguish them from other

ocular cells. Our analyses determine the expression of IOP, and glaucoma genes identified by

GWAS in TM cell subtypes as well as in other limbal cells. Pathways enriched across all TM cell

subtypes based on RNA-seq are largely related to ECM (including collagens, integrins, and

glycosaminoglycan pathways), cell-cell signaling, and growth factor signaling. This fits with an

essential role of the TM in both ECM synthesis/turnover and in signaling to the SC to maintain

IOP [24, 26, 27, 76, 77]. In addition, the expression of genes that we document generally agrees

with the literature. For example, the following genes and signaling molecules have been

reported in TM cells, WNT signaling [78], TGF-β signaling [79-85], integrin binding [86-88], actin

cytoskeletal networks [89], calcification genes [90, 91], and Myocillin [91-94].

Additionally, genes associated with intermediate filaments, which function in determining cell

shape and structure and can also act as mechanical stress absorbers [95], are

underrepresented in TM cells. Lower levels of intermediate filaments may enable TM cells to

alter their shape to respond to changes in IOP.

Mouse TM1 cells closely resemble sequenced human JCT cells. Like human JCT cells, the

majority of TM1 cells are located nearest to the SC inner wall, particularly adjacent to the

posterior of the mouse SC. Human JCT cells are generally accepted to be embedded in a more

diffuse ECM and to not cover the collagenous trabecular beams [2, 10, 11]. In vivo, a proportion

of TM1 cells have a shorter, more spherical nuclear morphology, consistent with JCT cell

identity. Importantly, the JCT region is critical in determining resistance to AH outflow and in

regulating IOP [5, 12, 27, 96]. JCT cells have fibroblast-like properties, including the secretion of

ECM proteins and degradation enzymes to support continuous ECM remodeling [2, 76, 97]. The

subset of TM1 cells that lie distant from SC have more beam cell-like, elongated nuclear

morphology. This suggests that either our TM1 cluster contains more than 1 TM cell subtype or

that the morphology of a single TM1 cell subtype is influenced by local environment. This needs

to be resolved by future studies. Compared to the other TM cell subtypes, TM1 cell pathways

are enriched in both ECM structural molecules, such as collagens and integrins, and TGF-β

signaling, which increases ECM production [98]. Notably, excessive TGF-β signaling and ECM

production can lead to fibrosis and elevate IOP [82, 99-102]. TGFβ2 has also been shown to

cause ocular hypertension both *in vivo* [79-81] and *ex vivo* [82, 83] and is elevated in POAG

patients [103, 104]. These data suggest that TM1 cells play an important role in the constant

remodeling of the ECM. However, dysregulation of these pathways can be pathogenic.

TM2 cells molecularly resemble previously sequenced human TM beam cells [31, 33]. This

includes overlap of expression of top TM2 signature gene expression with sequenced human

beam cells. Consistent with a beam cell identity, TM2 cells are located more towards the mid

and inner TM than most TM1 cells. TM2 cells have an elongated nuclear morphology,

consistent with the previously established beam cell morphology of cells in the regions they

occupy [2, 30, 105]. Beam cells have endothelial-like properties, such as maintaining the

patency of the AH outflow tract through the production of antithrombotic molecules. Proteases

and molecules classically known as antithrombotic and thrombolytic maintain fluid flow through

the TM by preventing build-up of protein aggregates to maintain fluid drainage [5, 27]. Such

molecules include glycosaminoglycans, like heparin, the serine protease tPA and matrix

metalloprotease that are all highly expressed in TM2 cells. Beam cells are also phagocytic and

this activity along with turnover of ECM further cleans the TM (called filtering) to enhance fluid

drainage [2]. Human Beam cells also participate in antigen presentation and modulation of

inflammation through cytokines and major histocompatibility proteins [2, 106], consistent with

TM2 cells being enriched for these immune pathways/ molecules. Additionally, our data suggest

that signaling from TM2 cells to SC endothelial cells is mediated by soluble molecules including

Vegfa, *Edn3*, and *Angpt1*, which are critical for SC maintenance and function. This links TM2

cells to ocular development and glaucoma. VEGF receptor and ANGPT signaling genes

modulate SC development/ function as well as contribute to developmental and primary open-

angle glaucoma [25, 34, 35, 68, 107-109].

TM3 cells also have a location and elongated nuclear morphology resembling beam cells with

enriched localization in the inner, anterior TM. TM3 cell-enriched processes include actin

binding, and modulation of the actomyosin system, which is known to modulate outflow

resistance and IOP [21, 22]. As such, TM3 cells express a large percentage of glaucoma-

associated genes involved in actin binding at a high level. Importantly, TM3 cells are enriched

for various mitochondrial metabolic and antioxidant pathways, including those associated with

IOP elevation and glaucoma [60, 61]. Inhibiting metabolic pathways alters AH outflow resistance

[89]. Since maintaining contractile tone is an energy-intensive process [110], this could explain

the enrichment of energy metabolism pathways in TM3 cells compared to other TM cells.

TM3 cells have a unique susceptibility to mitochondrial

dysfunction

In addition to being enriched in mitochondrial/ energy metabolism processes, TM3 cells express

Lmx1b at significantly higher levels than both the other TM cell subtypes and other limbal cells.

Importantly, in heterozygous mutant *V265D/+* mice, TM3 cells had pronounced gene expression

changes that implicate mitochondrial dysfunction, but that were absent or much lower in other

cells including TM1 and TM2. In sections of the inner TM (enriched for TM3 cells), we show that

the inner membrane folds known as cristae are disrupted or lacking in mutant mitochondria.

Cristae disruptions are well established to disrupt cellular metabolism, impair oxidative

phosphorylation, reduce ATP synthesis, alter mitochondrial membrane potential, and elevate

ROS production [111-115]. Together, these data suggest that mutation of *Lmx1b* has a primary

effect on metabolism in TM3 cells that subsequently leads to IOP elevation and then glaucoma.

Relevantly, homozygous conditional knockout of both *Lmx1b* and *Lmx1a* as well as siRNA

knockdown of *Lmx1b* alone impact mitochondrial functions in neurons and may contribute to

Parkinson's disease [116-118]. Our data extend these published findings by showing that

inheritance of a single dominant mutation in *Lmx1b* similarly affects mitochondria in TM cells.

Although our studies show a clear effect of the *Lmx1b* mutation on mitochondria, future studies

are needed to determine if LMX1B directly modulates mitochondrial genes in *V265D* mutant TM

cells.

In addition to modulating mitochondria, LMX1B was recently identified as a TF that regulates

responses to cell stress. This includes promotion of autophagy under stress conditions to

enable recycling of cellular resources to maintain cellular functions and enable survival [116].

Thus, mutation of *Lmx1b* may also result in a deficiency of the beneficial autophagic response

to stress [116]. Although further experiments are needed, dysfunctional autophagy may further

prolong and exacerbate TM cell stress, resulting in more extensive depletion of cellular

resources, exacerbated cellular dysfunction, and IOP elevation. Other consequences of the

Lmx1b mutation that were evident in the *V265D/+* cells may also contribute to IOP elevation,

including the overexpression of genes associated with ribosomes and calcium signaling, and

depletion of genes involved with ECM synthesis and metabolism. However, these processes

were not limited to TM3 cells or even to cell types that express detectable *Lmx1b*, suggesting

that they are secondary damaging processes that are subsequent to the initiating, *Lmx1b*-

induced perturbations in TM3 cells. Thus, we hypothesize that mitochondrial abnormalities in

TM3 cells are of primary importance to IOP elevation in *V265D/+* glaucomatous mice.

Nicotinamide protects against IOP elevation in *Lmx1b^{V265D}-

mutant mice

Based on our findings in TM3 cells, we tested if mitochondrial and metabolic disturbances are

important in IOP elevation by administering nicotinamide (NAM). NAM is a form of vitamin B3

that is well-established to boost NAD^{+} levels, promote mitochondrial health and energy

metabolism, relieve oxidative stress and thus promote cellular resilience [74, 119-125].

Supporting our hypothesis of primary metabolic dysfunction in TM3 cells, NAM treatment

strongly protected *V265D/+* mice from IOP elevation. Thus, treatments that support normal

metabolism may protect from IOP elevation in individuals with *LMX1B* variants including both

developmental glaucoma and POAG patients [28, 34-37, 126-129]. As NAM and other NAD$^+$

boosting treatments are also known to be directly neuroprotective in glaucoma [74, 130-133],

our current data suggest that such treatments will have a double benefit for patients. As

mitochondrial defects are becoming broadly associated with glaucoma risk and progression

[134-138], these treatments could have wide-ranging potential to complement and augment

existing IOP-lowering therapeutics through a completely distinct mechanism.

Our results provide a thorough molecular characterization of mouse TM cells, providing much

needed molecular information on subtype specializations in regulating IOP and the roles of

specific subtypes in glaucoma. This comprehensive TM atlas provides a new foundation to

guide development of new glaucoma treatments. We validate its utility by implicating metabolic

changes in a single TM cell subtype in both mouse and human glaucoma, with success of a

metabolic treatment targeting this subtype in a glaucoma model.

Materials and Methods

Animal husbandry and ethics statement

Experimental animals were either C57BL/6J (Stock# 664) or 129/Sj (unique substrain of 129)

[40] inbred mice. The $Lmx1b^{V265D}$ mutation was discovered in an N-ethyl-N-nitrosourea (ENU)

mutagenesis screen [39, 40, 139]. These mice were then backcrossed to the C57BL/6J (Stock

#000664) for at least 30 generations. All mice were treated in accordance with the Association

for Research in Vision and Ophthalmology's statement on the use of animals in ophthalmic

research. The Institutional Animal Care and Use Committee of either Columbia University or

Duke University approved all experimental protocols performed at their respective institutions.

Mice were maintained on PicoLab Rodent Diet 20 (5053, 4.5% fat) and provided with reverse

osmosis-filtered water. Mutant and control littermates were housed together in cages containing

¼-inch corn cob bedding, covered with polyester filters. The animal facility was maintained at a

constant temperature of 22°C with a 14-hour light and 10-hour dark cycle.

Genotyping of the *Lmx1b* allele

$Lmx1b^{V265D}$ and $Lmx1b^{+}$ genotypes were determined by direct Sanger sequencing of a specific

PCR product. Genomic DNA was PCR amplified with forward primer 5′-

CTTTGAGCCATCGGAGCTG-3′ and reverse primer 5′-ATCTCCGACCGCTTCCTGAT-3′ using

the following program: (1) 94 °C for 3 min; (2) 94 °C for 30 s; (3) 57 °C for 30 s; (4) 72 °C for

1 min; (5) repeat steps 2–4 35 times; and (6) 72 °C for 5 min. PCR products were purified and

sequenced by the Genewiz (Azenta Life Sciences).

Slit-lamp examination

1001

Anterior eye tissues were initially examined approximately at 2 months of age. Balanced groups

of males and females were examined. Photographs were taken with a 40× objective lens.

Phenotypic evaluation included the same disease features found in past studies of *Lmx1b*-

mutant mice [39, 40]. Anterior chamber deepening was graded based on a semiquantitative

scale of phenotype being not present, mild, moderate, or severe in presentation [40]. Groups

were compared statistically by Fisher's exact test. n > 30 eyes examined in each group.

1008

1009   **IOP measurement**

1010

IOP was measured with the microneedle method as previously described in detail [140, 141].

Prior to cannulation, mice were acclimatized to the procedure room and anesthetized via an

intraperitoneal injection of a mixture of ketamine (99 mg/kg; Ketlar, Parke-Davis, Paramus, NJ,

USA) and xylazine (9 mg/kg; Rompun, Phoenix Pharmaceutical, St Joseph, MO, USA)

immediately prior to IOP assessment, a procedure that does not alter IOP in the experimental

window [141]. IOP was measured at both 2 months and 3 months of age in WT and

$Lmx1b^{V265D/+}$ eyes. Balanced groups of males and females were examined. During each IOP

measurement period, eyes of independent WT B6 mice were assessed in parallel with

experimental mice as a methodological control to ensure proper calibration and equipment

function. $Lmx1b$ mutant groups compared by ANOVA followed by Tukey's honestly significant

difference. n ≥35 eyes examined in each WT group and n ≥ 40 in $V265D$ mutant groups.

1022

1023 **NAM administration**

1024

Nicotinamide (NAM or niacinamide; Sigma-Aldrich, St. Louis, Missouri) was dissolved in the

standard institutional drinking water to a dose of 550 mg/kg/day (low dose) based on the

average volume adult mice consume. Untreated groups received the same drinking water

without NAM. Water was changed once per week. Treatment was started at postnatal day 2 and

continued throughout the experiment. Births were checked daily between 9am-12pm to

determine the pup's age.

1031

1032 # Sequencing

1033

1034 **Preparation of ocular cells**

1035

1036   Columbia animals: Eyes were pooled from 4 animals to generate 1 sample (8 eyes total per

1037   pool). Two independent samples were processed. Mice were 2 months of age. Sex was

1038   balanced in each group.

1039

1040   Duke animals: One sample was generated from a pool of 4 animals (8 eyes total). All mice were

1041   male. Mice were 3 months of age.

1042

Dissections: After euthanizing the animals, eyes were enucleated into fresh Dulbecco's Modified

Eagle Medium (DMEM; Gibco) and subsequently dissected in DMEM. All dissection tools and

surfaces were treated with RNAse zap (Ambion). For dissections, we removed the posterior eye

by cutting between the limbus and sclera. The lens was then removed. Finally, we made a small

circular cut in the anterior cornea, removing the middle 1/3rd of the area. Only limbal tissues

were collected and all other tissues were removed. The remaining limbal tissue was minced and

prepared for digestion.

1050

1051   **Single Cell RNA Sequencing**

1052

Single-cell RNA sequencing (Columbia University): Tissues were digested enzymatically using

Papain and Deoxyribonuclease I (Worthington Biochemical Corporation, Cat. no. LK003153) for

20 min at 37°C and stopped using Earl's balanced salt solution (EBSS, Thermo Fisher

Scientific, Cat no. 24010-043). Cells were triturated using an 18-gauge needle, centrifuged at

300g at 4 °C, washed with cold DMEM, and filtered using a 100 µm Flowmi Cell Strainer

(H13680-0040, Bel-Art. Cells were resuspended in cold DMEM and placed on ice immediately.

Cells were counted using Countess II automated cell counter and processed for 10x library

preparation immediately (see below). All data will be deposited in the Gene Expression

Omnibus (GEO) database and single cell portal.

1062

Single-cell RNA sequencing (Duke University): Single cell dissociation was performed using

Collagenase IV (Worthington Biochemical Cat. no. LS004188), Dispase II (Sigma Cat. No.

D4693) and DNAse I (Roche Cat no. 50225500) for 60 min and then trypsin/EDTA for 10 min at

37°C. Cells were triturated using a 1 ml pipette tip, centrifuged at 300g at 4°C, washed with cold

DMEM containing 10% FBS, and filtered using a 70 µm cell strainer (Fisher). Cells were

resuspended in cold DMEM containing 5% FBS and placed on ice immediately and sent to

Duke Genome Core Facility. Cells were counted using Countess II automated cell counter (the

cell viability was 88%) and then immediately processed immediately (see below). All data will be

deposited in the Gene Expression Omnibus (GEO) database and single cell portal.

1072

Multiome (Columbia University): Limbal strip samples for multiome analysis were snap-frozen

on dry ice immediately following dissection and stored at -80C until processing. To isolate

nuclei, tissue was homogenized in 100 µL of chilled lysis buffer (10 mM Tris-HCl, pH 7.4, 10 mM

NaCl, 3 mM MgCl2, 0.1% NP40, 0.1% Tween20, and 0.01% digitonin – from [142]

supplemented with 1% BSA). Afterwards, samples were incubated for 5 min on ice, gently

agitated by pipetting, and incubated for an additional 10 minutes on ice. We then added 1 mL of

chilled wash buffer (10 mM Tris-HCl, pH 7.4, 10 mM NaCl, 3 mM MgCl2, 0.1% Tween 20, 1%

BSA) to the cells and centrifuged at 500 rcf for 5 min at 4°C. Cells were resuspended in chilled

Diluted Nuclei Buffer (PN-2000153, 10x Genomics) and filtered through a 40 µm Flowmi Cell

Strainer (H13680-0040, Bel-Art). Cells were resuspended in cold DMEM and placed on ice

immediately. An aliquot of nuclei suspension was stained with SYTOX green to count nuclei

using Countess II automated cell counter and processed for 10x library preparation immediately

(see below). All data will be deposited in the Gene Expression Omnibus (GEO) database and

single cell portal.

1087

Single-cell and single-nucleus RNA-seq was performed at the single-cell sequencing core in

Columbia Genome Center (Columbia University) or Duke Molecular Genomics Core (MGC,

Duke University). Single cells or nuclei were loaded into chromium microfluidic chips with v3

chemistry and barcoded with a 10x chromium controller (10x Genomics). RNA from the

barcoded cells was reverse-transcribed, and sequencing libraries were constructed with a

Chromium Single Cell v3 reagent kit (10x Genomics). Sequencing at both institutions was

performed on NovaSeq 6000 (Illumina).

1095

1096 **Sequencing data processing**

1097

Single cell and single nucleus sequencing: Raw reads were mapped to the mm10 reference

genome by 10x Genomics Cell Ranger pipeline. "Seurat" (Version 4.0.1) [143] was used to

conduct all single-cell and single-nucleus sequencing analyses. Briefly, the dataset was filtered

to contain cells with at least 200 expressed genes and genes with expression in more than three

cells. Cells were also filtered for mitochondrial gene expression (<20% for single-cell and <5%

for single-nucleus). The dataset was log-normalized and scaled. Biological incompatibility based

on gene expression was used to identify doublets. For the scRNA-seq dataset generated at

Columbia scRNA-seq, we performed unsupervised clustering followed by comparison to

previous annotations [24, 26, 31-33]. A resolution parameter of 0.03 was used to match these

data and previous annotations. Cluster 1 was then subclustered using unsupervised methods

with a resolution parameter of 0.3. All cluster identities based on a combination of known marker

genes and validation experiments. For additional datasets (Duke scRNA-seq, and Columbia

snRNA-seq), parameters were manually adjusted cluster cells based on the Columbia scRNA-

seq dataset. Marker genes were identified using Wilcoxon test implemented in Seurat using

default parameters.

1113

Multiome: Single-nucleus multiome data were quantified by 10x CellRanger and preprocessed

according to integratedSeurat v4 [143] and Signac [144]. We filtered cells which have <500 and

>80000 ATAC reads, have <500 and >25000 RNA reads, and have >10% mitochondrial reads.

RNA-seq processing was performed using the same methods as scRNA-seq (above). ATAC-

seq processing was performed using ArchR (version 1.0.2) [145], where we used default latent

semantic indexing (LSI) approach to derive low-dimensional embedding followed by single-cell

neighborhood construction and graph-based clustering using the top 50 LSI dimensions

excluding the first dimension. We assigned cell types using similar process based on marker

peak accesibility and transferred cell type labels to the ATAC data.

1123

Lmx1b^{V265D} **analysis**: Data from limbal cells with the *Lmx1b^{V265D}* mutation (C57BL/6J

background) were integrated with Wild-Type (WT) cells from the C57BL/6J strain only. Multiple

approaches were used for normalizing data for integration in Seurat, including log normalization

and SC transform. The relative number of cells in each cell cluster between WT and *V265D*

mutant cells changed based on the integration technique. Therefore, we chose not to assess

TM or other cell proportions between genotypes. Log normalization was selected for

downstream analysis based on the log-transformed integrated WT clusters being more

molecularly similar to the WT only clusters compared with the SC transform results.

1132

1133   ## Statistical data analysis

1134

1135   **Hierarchical clustering**: TM-containing cells were assessed by hierarchical clustering based

1136   on the similarity of the expression of the top 500 marker genes (ranked by P value) of each

1137   individual cluster. This analysis filtered out low-expressing genes (expressed in >10% of cells,

1138   with a logFC > 0.25 compared to other cells).

1139

1140   **GO analysis:** Gene ontology and pathway enrichment analysis were performed by comparing

1141   the differentially expressed genes in three scenarios:

1142   1) All TM cells versus all other sequenced cells.

1143   2) Each individual TM cell subtype against other TM cell subtypes.

1144   3) WT versus $Lmx1b^{V265D/+}$ TM cells.

1145

1146   For comparisons of all TM cells to all sequenced cells, pathway enrichment was compared

1147   against a background expression universe of genes expressed in any sequenced cell. For

1148   comparisons of individual TM cell subtypes, only genes expressed in trabecular meshwork cells

1149   were used as a background (P value cut-off 0.01) [146].

1150

1151   **Gene set enrichment analysis (GSEA)** was performed using the same set of differentially

1152   expressed genes from the above comparisons with the GseGO function. All pathways were

1153   assigned an enrichment score (< 0, underrepresented; > 0, enriched). Pathways that were

1154   significantly enriched or underrepresented were also analyzed (P value cut-off 0.01). The R

1155   package ClusterProfiler was used for analysis [147].

1156

1157   **Module score:** From genome-wide association studies of IOP elevation [34, 35, 37, 129, 148-

1158   154] or primary open-angle glaucoma [28, 36, 38, 155-158], we curated a list of genes

1159   associated with the disease. Seurat's AddModuleScore function was applied to assess

1160   glaucoma disease risk for each cell type, using default parameters (24 bins for aggregation with

1161   100 control features per analyzed feature).

1162

Predicted ligand-receptor interactions: Predicted ligand-target links between interacting cells

were identified using LRLoop [63], which was developed based on NicheNet [64]. Briefly, the

expression of genes in cell types is linked to a database of signaling and gene regulatory

networks curated from prior information, enabling viable predictions of potential interactions

between cell types. These interactions were calculated using target molecules from one cell

type and ligands from multiple cell types. The top interactions, regardless of the cell type origin

of the ligand, are represented in a Circos plot. Ligands were assigned to an individual TM cell

subtype/subtypes based on the following criteria:

1171

1) Exclusively assigned to a TM cell subtype if expressed > 1 transcript per ten thousand in

a given cell type and expressed on average 4X more in that subtype compared to all

other TM cell subtypes.

2) Assigned to multiple TM cell subtypes if expression is > 1 transcript per ten thousand in

multiple cell types and average ligand expression is < 4X between those TM cell

subtypes.

3) If ligand expression is low (< 1 transcript per ten thousand) across TM cell subtypes, the

ligand is assigned to all subtypes that express the ligand.

1180

Comparison to published datasets: To compare TM cell clusters across datasets, the top 10

marker genes (by P value) for TM cell subtypes in our dataset were compared to published

marker genes in other TM cell datasets [24, 31-33, 51]. Comparisons to both human and mouse

TM cell data in the Van Zyl et al. dataset were performed using the Broad Institute single-cell

browser:

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1187

ATAC: To refine ATAC-seq analysis, we applied ArchR [145] to remove any additional doublet

cells and iteratively estimated LSI embedding using 500bp peaks tiled across the genome,

followed by ArchR clustering and UMAP projection workflows to generate ATAC-seq cell

clusters and two-dimensional embeddings (same cluster resolutions as above). Using marker

gene expression, clusters were named and related to the single cell cluster identities. Using

single-cell RNA-seq data collected earlier with annotated cell types, we projected single-cell

ATAC-seq data onto the reference using ArchR's addGeneIntegrationMatrix function with

default parameters. The integrated data with RNA-seq defined clusters were used for peak

calling with MACS2, followed by marker peak identification (getMarkerFeatures) and TF

enrichment (addMotifAnnotations) using the CisBP database [159]. Finally, TF activity was

quantified using chromVAR [160] and gene-peak links were inferred using the

addPeak2GeneLinks function with default parameters. All significant TFs (VAR > 1) for each TM

cell subtype were filtered by average RNA expression within the entire cluster using the

Columbia University scRNA-seq data (better read depth than snRNA-seq). All significant TFs

with no RNA expression were removed and all TFs with expression > 0.5 counts per 10,000

were prioritized for analysis. For a schematic of the analysis workflow, see *Figure 4A*. We then

performed integrative analysis correlating the activity of each TF with its gene expression profile

(both directly measured from multiome data and integrated expression data from reference

scRNA-sequencing data). We used ArchR's correlateMatrices function, which reports Pearson

correlation of normalized counts (TF activity matrix and gene expression / gene integration

matrix) across 100 randomly subsampled neighborhoods of cells. We designated influential TFs

as those with correlation > 0.5, adjusted p-value of correlation < 0.01, and chromVAR deviation

above 75% of all TFs.

1211

1212   ATAC tracts: We chose marker genes (TM1: *Fn1*, TM2: *Gpc3*, TM3: *Acta2*) and plotted

1213   accessibility tracks. Motif footprinting analysis was performed using ArchR getFootprints

1214   function using CisBP-defined motif positions for RNA-defined cell types with default parameters.

1215

Immunofluorescence and in situ hybridization

1217

Sections with antibody staining: Enucleated adult eyes were fixed for 1 hour at 4°C in 4%

paraformaldehyde (PFA, Electron Microscopy Science, Hatfield, PA) prepared in phosphate-

buffered saline (1X PBS, 137 mM NaCl, 10 mM phosphate, 2.7 mM KCl, pH 7.4). Following

fixation, a small window was made through the optic nerve head so that eyes would not shrivel

during dehydration. Eyes were dehydrated in a 30% sucrose (Sigma-Aldrich, St. Louis,

Missouri) in 1X PBS at 4°C until eyes sunk to the bottom of a 2 ml glass vial. Once sunken,

eyes were embedded in optimal cutting temperature embedding medium (Fisher Scientific,

Waltham, MA) and flash frozen on dry ice. Eyes were cryosectioned at 10 µm thickness in the

sagittal plane. Sections were evenly spaced throughout the peripheral and central ocular

regions.

1228

Sections were washed three times with 1× PBS with 0.3% Triton X-100 for 5 min to quench

residual fixation. The sections were then incubated with 10% Donkey serum (Sigma-Aldrich, St.

Louis, Missouri) and 0.3% Triton X-100 in 1× PBS (blocking buffer) at room temperature for 1 h

to block nonspecific binding of antibody and to permeabilize the tissue. The sections were then

incubated with primary antibodies (see S8 Table) in 200 µl blocking buffer overnight at 4°C. The

sections were then washed three times for 5 m with 1× PBS with 0.3% Triton X-100. Primary

antibodies were detected with the appropriate species-specific secondary antibody (all Alexa

488, 594, or 647 at 1:1000 dilution, Life Technologies, Grand Island, NY) diluted in 1× PBS with

0.3% Triton X-100 for 2 h at room temperature. The secondary detection solution also had DAPI

at 1:1000 (Thermo Scientific, Waltham, MA) to label nuclei. The immunostained sections were

washed three times for 5 m in 1× PBS with 0.3% Triton X-100. Sections were then cover-slipped

using Flouromount (Sigma, St. Louis, MO).

1241

Tyramide signal amplification (TSA): We performed a TSA reaction for a subset of antibodies

(S8 Table). TSA was performed on slides containing serial transverse cryosections of

enucleated mouse eyes using the Akoya Biosciences TSA Plus Cyanine 3 detection kit

(NEL744001KT). Freshly cut sections were allowed to come to room temperature and were then

quenched for 10 minutes in a 1% hydrogen peroxide, 10% methanol in 0.01M phosphate

buffered saline solution (1X PBS). The slides were rinsed in 1X PBS and allowed to block for 1

hour at room temperature in a blocking solution of 10% donkey serum, 0.3% Triton-X 100 in 1X

PBS. Primaries for TSA were diluted 1:100 in blocking solution and approximately 200

microliters were added to the slides overnight at 4 degrees Celsius. The slides were then rinsed

using a 0.3% Triton-X 100 in 1X PBS solution before being blocked in Tris-NaCl-blocking (TNB)

buffer for 1 hour at room temperature. Approximately 200 microliters of Horseradish peroxidase

conjugated secondaries diluted 1:200 in TNB buffer were applied to the slides for 2 hours at

room temperature. The slides were subsequently rinsed in Tris-NaCl-Tween (TNT) buffer. TSA

Plus Working Solution was made by diluting the TSA Plus Stock Solution 1:50 in 1X

Amplification Diluent. The TSA Plus Working Solution was added at a volume of 200 microliters

for 7 minutes at room temperature. The slides were then washed in TNT buffer and

approximately 200 microliters of non-amplified primaries for counterstaining diluted 1:200 in

10% donkey serum, 0.3% Triton-X 100 in 1X PBS blocking solution was applied overnight at 4

degrees Celsius. Secondary antibody detection and mounting were performed as above.

1261

in situ **hybridization**: We used the RNAscope® Multiplex Fluorescent Reagent Kit v2-Mm

(Advanced Cell Diagnostics a Bio Techne Brand, Newark, CA). Probes for mouse *Lypd1*

(#318361-C2), *Inmt* (#486371-C2), *Edn3* (#505841-C1), *Acta2* (α-SMA) (#319531-C3), and

Myoc (#460981-C1) (also purchased from ACD Bio) were used. Fluorescent dyes Opal 690

(FP1497001KT) and Opal 620 (FP1495001KT) (Akoya Biosciences, Marlborough, MA) were

used with each of these probes. Briefly, eyes from 3-month-old C57BL/6J were enucleated and

fixed in 4% PFA for 24 h at 4°C. A window was made to the back of the eye cup, lens removed,

and the anterior cup placed in 30% sucrose overnight at 4°C. Tissue was cryopreserved in OCT

and placed at -80°C. Sections were cut at 12 µm thickness using SuperFrost Plus slides

(Fisher Scientific, Hampton, NH).. RNAscope® was performed over two days as per

manufacturer's protocol.

1273

Whole mounts: Enucleated eyes were fixed for 2 hours at 4°C in 4% paraformaldehyde (PFA,

Electron Microscopy Science, Hatfield, PA) prepared in phosphate-buffered saline (1× PBS, 137

mM NaCl, 10 mM phosphate, 2.7 mM KCl, pH 7.4). The postnatal eyes were dissected out

following fixation. The anterior part of the eye was cut just posterior to the limbus (transition

zone between cornea and sclera) as described in Kizhatil et al. [25]. Briefly, the iris, lens, ciliary

body, and thin strip of retina were carefully removed to obtain the anterior eye cup. The anterior

cup includes the cornea, limbus, and a small portion of retinal pigmented epithelium. Four

centripetal cuts were made to relax the eye-cup and facilitate eventual mounting onto a slide

after immunofluorescence.

1283

Anterior eye cups were rinsed multiple times with 1× PBS. The eye cups were incubated with

3% bovine serum albumin and 1% Triton X-100 in 1× PBS (blocking buffer) at room temperature

for 1 h in 2 ml glass vials to block nonspecific binding of antibody and to permeabilize the tissue.

The anterior cups were then incubated with primary antibodies (S8 Table) in 200 µl blocking

buffer for 2 days, with rocking, at 4°C. The anterior cups were then washed three times over a

3-h period with 1× PBS. The primary antibodies were detected with the appropriate species-

specific secondary antibody (all Alexa 488, 594, or 647 at 1:1,000 dilution, Life Technologies,

Grand Island, NY) diluted in blocking buffer, which also had DAPI to label nuclei. The

immunostained eye cups were washed three times over a 3-h period in 1× PBS. Eye cups were

then whole-mounted on slides in Fluoromount (Sigma, St. Louis, MO).

1294

Microscopy of drainage structures

1295

1296

1297 Sections: Microscopy of sectioned postnatal eye slides was performed using an LSM SP8

1298 confocal microscope (Leica) and 40×1.1 NA water immersion objective.

1299

1300 *In situ*: Images were taken using a Nikon Eclipse 90i confocal laser-scanning microscope

1301 (Melville). Z-stack images of 1 μm thickness, using the 40X objective lens, were taken of each

1302 section and converted into maximum projection images that were used for analysis.

1303

Whole mounts: Microscopy was performed using an LSM SP8 confocal microscope (Leica)

using a 63×1.4 NA glycerol immersion objective. The Mark and Find mode was used to

automate collection of images, generating a folder full of Z stacks (Z = 0.3 μm) at various

individual overlapping positions around the limbus. We examined n = 6 eyes total. We imaged a

certain distance around the ocular circumference, with an equal representation from each ocular

quadrant (1.5-2.5 mm total).

1310

Postprocessing of whole-mount images

1311

1312

3D rendering: We followed the guidelines detailed in Kizhatil et al for visualizing SC and TM in

3D. Individual confocal Z stacks (.lsm files) were processed directly using Imaris 9.5 (Oxford

Instruments, Carteret, NJ). The maximum intensity projection setting in Surpass mode of Imaris

was used for 3D rendering. Controls and experimental image sets were treated identically.

Images were oriented so that structures of interest were visible. For whole-mounted eyes,

multiposition Z stacks generated using the Mark and Find setting on the confocal microscope

were first imported into Imaris and converted into Imaris files (.ims files). The resulting Imaris

files were then stitched to generate a comprehensive Z stack encompassing the limbus using

ImarisStitcher 9.5 (BitPlane AG, Zurich, Switzerland). The stitch was exported as an Imaris file

and processed appropriately. For sections, images were taken in the Z-plane in focus. When

making figures, the snapshot feature of Imaris was used to collect images at high resolution

(1024×1024 pixels, 300 dpi).

1325

1326   **TM marker location analysis**

1327

We defined the TM as the region between the inner wall of Schlemm's canal (SC, outer TM) and

the anterior chamber (inner TM), extending from the anterior edge of the pars plana (posterior

TM) to the posterior edge of Descemet's membrane of the corneal endothelium (anterior TM).

The SC was defined using a panel of validated markers that varied to allow for different antibody

species and different secondary antibodies to be used in conjunction with the SC markers (See

Table S8 for list of antibodies) [25]. Sections were only included in the scoring analysis if they

met the following criteria:

1) Absence of obvious sectioning artifacts or abnormalities in the SC or TM region.

2) Distinguishability of all landmarks defining the TM.

3) Acceptably low background signal and absence of staining for non-specific or non-

biological entities within the section.

1339

For each section, the TM was segmented and analyzed in two separate ways. The anterior-

posterior distance was measured, and the TM was divided in half along this axis at the midway

point (S7C-D Fig). Using the surface feature in Imaris, the area of individual marker staining was

measured, and the total area in both the anterior and posterior zones was calculated. Because

markers are expressed at different levels, we normalized across markers by calculating the

percent of individual marker expression in the anterior and posterior halves within each section.

These percentage values in anterior and posterior halves were compared both within markers

and across all markers of a given TM cell subtype by Student's t-test. The same analysis was

repeated for the inner-outer halves by measuring the inner-outer TM distance at the midpoint of

the TM (anterior-posterior axis) and dividing the TM in half at this value. A total of 130-160

sections were examined for markers of each individual TM cell subtype. These sections were

from 10-12 individual eyes per cluster. All eyes were from WT mice of C57BL/6J background

and between 3-6 months of age.

1353

1354 Additional analysis was performed by selecting a subset of examined sections with staining for

1355 select markers (TM1: MYOC antibody, TM2: CRYM antibody, *Inmt in situ*, TM3: α-SMA

1356 antibody). These sections were of exceptionally high quality and had: 1) Anterior-posterior TM

1357 length between 125-200 μm. 2) Inner-outer TM distance is between 15-30 μm.

1358

With these selected sections, we subdivided the TM into eight different zones along both

inner/outer and anterior/posterior axes (Figure S7F). For each individual section, we used Imaris

to measure the anterior-posterior distance and divide the TM into three equal sectors (anterior,

central, and posterior. Within each sector, the average depth of the TM was measured in Imaris.

This calculation was used to divide the central and posterior sectors into three zones each

(inner, intermediate, and outer). Because the anterior TM depth is thinner, we divided the

anterior sector into two zones (inner and outer). In total, there were eight distinct zones.

1366

1367 The percent of total marker area was calculated for each of the eight zones for each individual

1368 section as described above. Percent of marker area in each zone was compared as shown in

1369 Figure 2 by one-way ANOVA followed by Tukey's honestly significant difference test.

1370

1371 **Scleral cell marker analysis**

1372

1373 For CD34 and LY6C1 expression, we examined greater than 60 sections from 4 eyes (CD34)

1374 and 3 eyes (LY6C1) respectively. The observed locations of these markers within the

1375 iridocorneal angle are described.

1376

1377 **Whole mount marker location analysis**

1378

1379 To analyze the expression of markers within the TM, we segmented the TM based on anatomy.

1380 Because various anatomical features including the pars plana were removed during the whole

1381 mount process, we used the SC (marked by PECAM) as the major anterior-posterior landmark.

1382 The TM was defined as the group of cells inner to the SC and not outside the anterior or

1383 posterior boundary of the SC.

1384

1385 **Nuclear morphology**

1386

Anterior segment whole-mounts were used to examine nuclear morphology in 3D (TM1: MYOC,

TM3: α-SMA, all antibodies). The TM was segmented as described above and the 'Surface'

feature in Imaris used to demarcate TM cell nuclei. Nuclei that were analyzed were immediately

adjacent to the immunolabeled TM marker and had to be well spaced from other nuclei. To

ensure accuracy we used manual inspection to exclude: 1) Nuclei that were very close to other

nuclei or groups of nuclei and 2) nuclei of cells that were labeled with a Schlemm's canal

endothelial cell marker (PECAM) and/ or that projected into the lumen of SC. The 'Sphericity'

tool was used to determine the degree of sphericity in Imaris. For each cell subtype, we

assessed a total 60 nuclei from 6 eyes, assessing the first 10 randomly selected nuclei that met

our inclusion criteria in each eye. Groups were compared by Student's t-test.

1397

Electron microscopy

Mice were euthanized, and eyes were enucleated into DBG buffer containing 1X Dulbecco's

phosphate-buffered saline with 5.5 mM D-glucose (Sigma-Aldrich). Eyes were immediately

dissected in DBG buffer to generate anterior segment eye cups, with centripetal relaxing cuts in

the cornea to allow flattening (see Figure S1). The tissue was fixed at room temperature for 30

minutes in a solution of 0.8% paraformaldehyde, 1.2% glutaraldehyde, and 0.08 M phosphate

buffer (Smith-Rudt). Following fixation, each anterior segment was mounted on a slide and

flattened under a coverslip overnight at 4 °C. A 1 g weight was placed on top of the coverslip to

aid in flattening the limbal region. The eyes were then washed three times in 1X PBS for 15

minutes each and stored in PBS under the same slide/coverslip setup to maintain flattening until

embedding. Before further processing, individual limbal strips of the four quadrants of each were

dissected from the surrounding cornea and sclera (see Figure S1). These strips were post-fixed

in 2% aqueous osmium tetroxide, rinsed in PBS, and dehydrated for epoxy resin embedding

using EMBED 812 (Electron Microscopy Sciences). Embedding was performed while preserving

the orientation of the limbal strip, with the TM (inner side) and cornea / sclera (outer side) clearly

maintained. Embedded strips were imaged using computed tomography to locate the tissue,

confirm TM orientation and flattening for *en face* sectioning, and to guide the sectioning

process. Ultrathin, 70 nm, *enface* sections of the inner side of the limbal strip were taken using a

Leica ultramicrotome (inner TM is the most superficial tissue being sectioned). Sections were

placed onto formvar coated slot grids then stained en grid using a combination of 5% Uranyl

Acetate and Reynold's lead citrate (Reynold's 1963) for 17 and 7 minutes, respectively. Large

mosaic regions of the TM were imaged at 5,000× magnification (2.18nm/px) using a JEOL

1400FLASH TEM operating at 80 kV, equipped with a Gatan OneView camera. Mosaics were

then computationally reconstructed using custom nornir-buildscripts (https://nornir.github.io/)

and initially visualized in the Software suite Viking (http://connectomes.utah.edu)

1423

From each TM section, 20 cells with sampled nucei were randomly selected from evenly spaced

regions throughout the imaged area (approximately 25,000 µm² per eye). In the perinuclear area

of each selected cell, up to 3 (typically 2-3) mitochondria were randomly selected and analyzed.

The perimeter of the mitochondrial outer membrane (area) and inner membrane (cristae) were

traced in ImageJ according to established protocols [161, 162]. The percentage of cristae area

compared to the whole mitochondrial area was calculated (cristae fraction) for each

mitochondrion. The number of mitochondria were counted in the perinuclear region of each

analyzed cell. This number was normalized to an area of 100 µm² and averaged across cells.

As each en face section sampled a large area of the TM. 3 sections from different eyes were

examined for each genotype. All mice were 14 days old. A total of 178 mitochondria from WT

eyes and 161 from *V265D* eyes were analyzed. Groups were compared by Student's t-test.

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1436 Funding

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This project was supported by National Eye Institute grant EY032507 (to S.W.M.J). Partial

support was provided by EY011721, EY032062, and EY018606 (to SWMJ), Brightfocus grants

CG2020004 (to S.W.M.J.), and G2021007 (to R.B.), startup funds at Columbia University

including the Precision Medicine Initiative, and the New York Fund for Innovation in Research

and Scientific Talent (NYFIRST; EMPIRE CU19-2660). At Duke, the work was also supported

by NEI grants EY028608, EY022359 (to WDS). Supported also came from Vision Core grants

P30EY019007 (Columbia University), P30EY005722 (Duke University), The Glaucoma

Foundation (Columbia University) and an unrestricted departmental award from Research to

Prevent Blindness (Columbia University and Duke University). The content is solely the

responsibility of the authors and does not necessarily represent the official views of the National

Institutes of Health. SWMJ is the Robert Burch III Professor of Ophthalmic Sciences.

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Acknowledgments

The authors would like to thank the members of the Simon John Laboratory for experimental

and technical assistance, Drs. Krish Kizhatil and Chi Zhang for reading and editing the

manuscript, the Institute of Comparative Medicine and Devanshi Ragha at Columbia University

for animal and veterinary care, the JP Sulzberger Columbia Genome Center and Duke

University Molecular Genomics Core for assistance with genomics studies, and the

P30EY019007 Columbia Shared Resources grant for histological experiments.

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declare no competing interests.
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Reichert outside the submitted work and from Heidelberg Engineering, the National Institutes of
Health, the US Centers for Disease Control and Prevention, and Topcon during the conduct of
the study. Drs John and Williams are inventors on a patent application filed by the Jackson
Laboratory that covers nicotinamide- and pyruvate-based therapies in glaucoma. Dr John was
employed by Howard Hughes Medical Institute during the conduct of the study. Dr Liebmann
reports support from Allergan, Carl Zeiss Meditec, Genentech, and Thea outside the submitted
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has research funding from Aerie, Abbvie and other remuneration received by Glaukos and
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