Cooperation between proximate cell layers drives large-scale wound closure prior to whole-body

regeneration

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KEYWORDS

ABSTRACT

Wound healing is a fundamental property of animal life, but the extent to which large injuries can be

endogenously repaired varies across phyla. In vertebrates, minor wounds can re-epithelialize on their

own, but major wounds often result in imperfect re-epithelialization and fibrotic scarring. In contrast, more

regenerative species are capable of both scarless healing and subsequent replacement of missing

structures. Due to limitations in many animals' ability to recover from large, multi-tissue injuries, much of

our understanding of wound closure comes from experiments studying gaps in epithelial monolayers. In

comparison, the mechanisms by which animals can heal large wounds have been characterized primarily

at the histological level, usually in non-model species that undergo substantial regeneration after wound

healing. Here, we investigate the cellular dynamics of large-scale wound healing in the acoel *Hofstenia*

miamia, an invertebrate worm capable of whole-body regeneration. *H. miamia* lack a traditional basement

membrane and epidermal cells are not separated from underlying muscle by an organized layer of

extracellular matrix - making the system incompatible with canonical mechanisms of crawling-based

wound healing and raising the possibility that novel mechanisms may be driving closure. By labeling

injured animals with an actin dye, we found that *H. miamia* epidermal cells extend long, actin-rich

cytoplasmic protrusions across the wound edge until they reach the nearest epithelial layer and establish

cell-cell contact. This process is dependent on muscle contraction; when animals are anesthetized and

immobile, they are unable to form these cellular bridges, and epidermal cells cannot migrate

independently. At injury sites that lack underlying muscle connecting the wound edge, wounds heal

through the formation of organism-wide contractile purse strings. Together, this work identifies

mechanisms by which multiple tissue types work together to close large wounds *in vivo*, indicating a deep

conservation of proximate epithelial-mesenchymal interactions in morphogenetic processes.

RESULTS

Epidermal cells in *H. miamia* have an atypical morphology

The acoel *Hofstenia miamia* is an early-diverging marine invertebrate that has emerged as a new

research organism for regenerative biology due to its ability to undergo whole-body regeneration and its

amenability to mechanistic study[1,2] (Figure 1A-B). *H. miamia* can recover from virtually any injury

throughout its lifespan, scarlessly healing wounds and rebuilding lost tissues. Wound healing in epithelial

tissues has been studied extensively in traditional model systems, identifying three major and often

overlapping modes of wound closure: actomyosin 'purse string' formation, protrusion-based cell crawling,

and contraction of underlying cells[3] (Figure 1C). The relative contribution of each cellular process varies

significantly between wounding conditions, with factors such as wound size, geometry, tissue type,

extracellular matrix composition, and life stage of the animal all influencing the mechanism of closure[3–9].

Most epithelia contain cells sitting atop a basement membrane, an organized layer of extracellular matrix

that acts as both an adhesive substrate for the cells and as a physical barrier between epithelia and

underlying mesenchymal cells[10–12]. Large injuries typically involve damage to the basement membrane,

leading to either wound closure through the formation of actomyosin purse strings, which do not require

an intact substrate, and/or the deposition of a transient matrix that provides a substrate for epithelial cell

crawling[4,13–16]. These large injuries also require coordination between layers of cells, often relying on

contraction of mesenchymal cells underneath the epithelium to drive closure[17–19]. These morphogenetic

mechanisms of re-epithelialization are highly evolutionarily conserved and are found in clades across the

animal tree of life[13,14,20–22]. The epidermis of *H. miamia*, however, possesses atypical structural

characteristics that led us to inquire whether new cellular processes could be at play in this species.

Apart from a basic morphological description and the identification of cell type-specific genes[23–26],

the epidermis of *H. miamia* has not been studied in depth. The apical side of *H. miamia* epidermal cells

resembles epithelia in other systems, with the cells organized in a polygonal pattern on the surface of the

animal (Figure 1D). The basal side of the epidermis, however, differs from typical columnar epithelial cells

in two significant ways. First, these cells possess cytoplasmic protrusions that extend into the body of the

worm (Figure 1E). These protrusions can be visualized through both transgenic labeling (*EpiA:RFP*

animals with mosaic labeling of epidermal cells[25]) and the use of actin dyes (Figure 1E-F). Although the

protrusions are irregularly spaced and heterogeneous in number between cells, they generally range from

20-35um in length. Second, *H. miamia* lacks a visible basement membrane, and electron-dense

structures have not been observed through electron microscopy in any acoel[27]. Instead of resting atop a

basement membrane, the basal protrusions end in close proximity to underlying muscle and other

mesenchymal tissues[25,27] (Figure 1G). It is unclear whether cell-cell junctions form at the tips of these

projections or whether they adhere to an atypical substrate, but there appears to be very little space

between cells and these thin protrusions form a dense network of membranes within the animal.

Wound closure is driven by the formation of long cellular protrusions that extend over the wound

edge and connect epithelial tissues

Wound closure is a key aspect of successful regeneration given that it is often the first morphogenetic

event that precedes other cellular events. Notably, despite heavy investment in studying whole-body

regeneration in many invertebrate systems, the precise cellular mechanisms through which these

organisms heal their wounds are not well-studied. Because basement membranes are a conserved

element of epithelia, all established models of *in vivo* wound closure (e.g., mouse, zebrafish, fly,

nematode, jellyfish) rely on them as key mechanistic components in the healing process[10,28] The atypical

morphology of *H. miamia* epidermal cells and lack of basement membrane therefore prompted us to ask

how these tissues were able to close after injury. Prior work has revealed that wounds typically heal

within the first 24 hours post-amputation (hpa)[1,2]; therefore, to visualize the process of re-epithelialization,

we amputated juvenile worms sagittally and stained fragments at intermediate time points with the

cytoskeletal dye SiR-actin. Sagittal amputations cut the animal in half, resulting in open epidermal edges

around the body as well as through the pharyngeal epithelium (Figure 2A). After amputation, epidermal

cells at the periphery formed long extensions across the wound edge, stretching to make contact with the

pharyngeal epithelium (Figure 2B-D). We confirmed that these cells were epidermal in nature by use of

the *EpiA:RFP* transgenic line; after amputation, labeled cells in the outer epidermis and the pharyngeal

epithelium formed protrusions and connected across the wound edge (Supplementary Figure 1A-B).

These protrusions appeared in transverse amputations as well, suggesting a shared cellular mechanism

across injury orientations (Supplementary Figure 1C). Notably, we did not observe lamellipodia or purse

strings, indicating that wound closure in *H. miamia* occurs via processes distinct from those reported in

currently studied systems. Amputating the animals in the sagittal plane both maximized the wound edge

surface area and allowed for the most reproducible imaging, thus we chose this amputation for all follow-

up experiments.

Sagittal amputations in *H. miamia* heal through a two-step process: the outer epidermis first

connects to the pharyngeal epithelium to close off the open wound (primary closure), then the animal

rounds itself up to re-form its cylindrical shape (secondary closure) (Figure 2E, Supplementary Figure

1D). Epidermal cells showed signs of actin polarization within the first 3 hours post-amputation (hpa), with

small protrusions (~5-20 um) appearing in the outer epidermis oriented towards the wound edge (Figure

2B, 2D). Long extensions (~50-80 um) began appearing around 6 hpa, forming more robustly by 10 hpa

and connecting to the pharyngeal epithelium (Figure 2C, 2D). These protrusions were primarily detectable

in the outer epidermis, but some extensions also originated from pharyngeal epithelial cells (Figure 2D,

Supplementary Figure 1E). After the initial bridges formed, neighboring epithelial cells closed the wound

through what is likely collective migration. The primary closure takes approximately 30 hours, closing the

wound in the anterior half of the animal, and the secondary closure seems to occur as the posterior half of

the animal is closing, up to 50 hours post-amputation (Figure 2E, Supplementary Figure 1D).

Although less commonly seen than lamellipodia, filopodia have been observed in wound closure

in other systems[3,13,29]; however, these protrusions are small and only able to extend across the wound

edge after a significant reduction in the wound size. The length of the bridges we observed in *H. miamia*

is more similar to those of cytonemes, long protrusions that function as mediators of long-range

signaling[30,31]. We do not yet know whether *H. miamia* epidermal bridges play a role in cell signaling, but

their structural importance in wound closure suggests that these bridges are likely distinct from

cytonemes. To the best of our knowledge, the formation of epithelial bridges seen in *H. miamia* appears

to be a unique mode of wound closure. We therefore sought to understand the molecular mechanisms

driving this phenomenon.

Despite an atypical cellular presentation, wound closure in *H. miamia* requires conserved

actomyosin pathways

To investigate the mechanisms behind these epithelial bridges, we first turned to conserved pathways of

actomyosin contractility. Wound closure through cell crawling is facilitated through the formation of actin-

based membrane protrusions (such as lamellipodia or filopodia) in cells at the periphery of a wound that

drive migration into the gap[9,32,33]. Actomyosin contractility is essential in this crawling mechanism for both

retraction at the rear of migrating cells and in the formation of tension between adhesion points[6,13,34].

Purse string closure is similarly driven by actin contractility; cells around the wound form a supracellular

cable, contracting and bringing the edges of cells inwards to pinch off the gap[32,35,36]. Both mechanisms

require dynamic actin and enable the edges of existing cells to meet across the open wound, restoring

the integrity of the epithelial sheet through the reestablishment of cell junctions[9]. Although wound closure

in *H. miamia* doesn't present as typical lamellipodia or purse strings, we asked whether the same

underlying molecular pathways were being used.

The SiR-actin dye labeling showed an anisotropic enrichment of actin towards the wound edge,

implicating actin dynamics in the formation of these extensions (Figure 2). We therefore used

phamacological inhibition to assess the role of actomyosin contractility in *H. miamia* wound closure

(Figure 2A). We first identified the complement of cytoskeletal components encoded in the *H. miamia*

genome (see Methods). *H. miamia* expresses putative homologs of all major components associated with

cell contractility (e.g., myosin), adhesion (e.g., cadherins, integrins), and general cytoskeletal activity (e.g.,

actin, Rho family GTPases), suggesting that conserved molecular pathways might be driving different

cellular behaviors (Supplementary File 1).

To test the role of these cytoskeletal pathways, we first treated the animals with the inhibitor

cytochalasin D to block actin polymerization[6,37]. As anticipated, cytochalasin D treatment prevented

wound closure, with animals unable to form any epidermal protrusions between 0-30 hours (Figure 3B-C).

The small GTPase Rho drives cell contractility through signaling to the downstream proteins Rho kinase

(ROCK) and myosin light chain (MLC), leading to the accumulation and contraction of actin and myosin at

cell membranes[29]. To perturb this pathway, we treated animals with the small molecule compounds Y-

27632 (which inhibits ROCK) and blebbistatin (which inhibits MLC). Animals treated with both inhibitors

showed a significant reduction in wound closure at 30 hpa (Figure 3B-C). Epidermal cells in blebbistatin-

treated animals extended short protrusions, but they were unable to bridge the gap and merge the two

epithelial sheets to properly heal (Figure 3D). These data demonstrate that the Rho/ROCK/MLC pathway

of actomyosin contractility is still required for wound closure, even in the absence of canonical cellular

phenotypes.

Wound closure through epidermal protrusions is dependent on proximate muscle contraction

Despite the functional importance of conserved contractility pathways across the whole animal, the

epidermal protrusions we observed in *H. miamia* didn't appear to be forming purse string-based

structures during wound closure. This suggested that the contractile force driving closure might involve

cell layers other than the epidermis. Contraction of proximate muscle is an essential component of wound

closure in both vertebrates and invertebrates[15,18,38,39], and we therefore asked whether muscle contraction

was similarly involved in wound closure in *H. miamia*. *H. miamia* have an extensive network of muscle

throughout their bodies, comprising four broad populations: peripheral muscle, body wall muscle,

parenchymal muscle, and pharynx muscle (Figure 4A)[25]. Immediately after both sagittal and transverse

amputation, we stained fragments with an antibody recognizing tropomyosin[40] and noted the presence of

underlying parenchymal muscle between the outer epidermis and the pharyngeal epithelium prior to any

wound closure. This muscle was orientated in the same direction as the bridges we observed during

epithelial wound closure (Figure 4B, Supplementary Figure 1C, Supplementary Figure 2A), leading us to

hypothesize that contraction of these parenchymal muscle fibers might facilitate the formation or

maintenance of these extensions (Figure 4C). We performed live imaging of amputated animals and saw

that fragments undergo substantial, repeated muscle contraction immediately after injury, then continue

contracting throughout the process of wound closure. As hypothesized, the major plane of contraction

mirrors the directionality of wound closure after sagittal amputation (Video 1). We observed the same

trend when animals were transversely amputated; muscle contraction appeared to be bringing the outer

epidermis in closer proximity to the pharyngeal epithelium (Video 1). To test the functional role of muscle

contraction, we anesthetized animals in 0.1% tricaine, which slows muscle contraction (Video 2). In the

presence of tricaine, wound closure is completely blocked (Figure 4D-E). Despite the failure of wound

closure, epidermal cells formed ample filopodia - indicating that actin is able to become polarized within

the epidermis, but that bridges cannot form without muscle contraction (Figure 4F).

The lack of wound closure could be explained by several potential mechanisms that are not

mutually exclusive and have all been observed in other systems: (1) muscle contraction is directly

bringing the wound edges together, serving as the driving force behind re-epithelialization[38], (2) muscle

contraction is stimulating remodeling of the ECM, either by triggering release of matrix remodelers or by

reorienting ECM proteins themselves[17], or (3) muscle contraction is triggering essential signaling

pathways through mechanotransduction[41]. It takes at least 6 hours for bridges to form, suggesting that

there is likely a series of cellular events occurring in the first 6-10 hours post amputation that enable the

initiation of wound closure. To determine if there is a temporal role for muscle contraction, we performed

treatments with tricaine at different time windows during healing. Animals were either: 1) treated with

tricaine for 10 hours following amputation, then placed into fresh sea water for 20 hours, or 2) kept in sea

water for 10 hours, then treated with tricaine for 20 hours (Supplementary Figure 2B). Animals kept in

tricaine for the first 10 hours recovered and were able to close their wounds at comparable rates to

control animals. In contrast, animals placed in tricaine after the first 10 hours were unable to undergo

wound closure, similar to animals kept in tricaine for all 30 hours (Supplementary Figure 2C-D).

Mechanotransduction and ECM remodeling cannot be ruled out at this time, but these data suggest that

muscle contraction is functioning primarily as a physical driver of wound closure, helping bridge the gap

between epithelial sheets.

To confirm the importance of underlying muscle orientation in wound closure, we asked what

might occur after an injury that forced the fragment to contract in a different direction. We reasoned that

cutting animals transversely below the pharynx would remove the pharyngeal muscle and parenchymal

muscle that connects the pharynx and outer epidermis, leaving behind primarily peripheral muscle and

body wall muscle and likely altering the ability of muscle contraction to directly bring the wound edges

together (Figure 4G). Indeed, the injured epidermis in animals cut in this manner did not form epidermal

bridges; instead, wounds gradually closed via the formation of purse string-like structures (Figure 4H-I).

Peripheral and body wall muscle underlying the epidermis was brought closer together during this

process of wound closure but was never seen bridging the wound edges together, suggesting a switch in

closure mechanism (Figure 4H). Together, these data demonstrate a mechanism by which proximate

tissue interactions drive large-scale wound healing in a regenerative invertebrate.

DISCUSSION

Here, we examined the mechanism of wound closure in the acoel *Hofstenia miamia* and found a

new cellular mechanism in which epithelial cells extend long, finger-like protrusions across a large wound

gap that allow the animal to 'suture' itself back together prior to whole-body regeneration. Despite lacking

cellular and morphological similarities to previously reported processes of wound closure, this process is

dependent on conserved molecular pathways of cytoskeletal dynamics and cell contractility. Analogous to

the process of mammalian wound healing, the mechanical force driving these epidermal extensions

comes from contraction of underlying muscle[3,38,42]. Without muscle contraction, epidermal cells polarize

their actin cytoskeletons and form filopodia, but they cannot breach the wound gap to re-epithelialize.

Previous work on wound closure has focused on a handful of model systems, and our work highlights the

power of broadened taxonomic sampling to identify new biological mechanisms.

Although the mechanism of wound closure in *H. miamia* appears morphologically distinct from

wound healing in other species, it shares similarities with other morphogenetic processes that require the

fusion of epithelial sheets. Thorax closure during *Drosophila melanogaster* development is dependent on

contraction of the underlying epidermal layer, although this contraction is driven by the delamination and

apoptosis of epidermal cells rather than muscle contraction[43]. The extension of filopodial protrusions as a

mechanism of connecting epithelial sheets has been observed in systems such as *D. melanogaster*

dorsal closure[44,45] and cardiogenesis[46], as well as mammalian lens morphogenesis[47], neurogenesis[48],

and neural tube closure[49]. Future work establishing *H. miamia* as a model system for cell biology will shed

light on how evolutionarily conserved mechanisms could drive morphogenetic processes in repair and

regeneration.

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MATERIALS AND METHODS

H. miamia strains and husbandry

Adult worms were housed in artificial sea water (ASW) (37 ppt, pH 7.70-8.00) in plastic boxes within 21°C

incubators. Embryos were collected from adult boxes and placed into petri dishes for development. Once

hatched, juvenile worms were transferred to tanks for post-embryonic growth. All animals were fed twice a

week; adult worms were fed brine shrimp (Artemia, Brine Shrimp Direct) and juvenile hatchlings were fed

rotifers (*Brachionus plicatilis*, Reed Mariculture). *EpiA:RFP* worms were generated as previously

described[25].

Amputations and sample preparation

Juvenile worms were isolated and starved for 1-2 weeks prior to use to minimize autofluorescence of

ingested food. For regeneration experiments, animals were placed in 1mg/mL ethyl 3-aminobenzoate,

methanesulfonic acid ("tricaine", stock solution 5mg/mL of ASW) (Thermo Fisher, AC118000100) in ASW

in a petri dish for 3-5 minutes until they stopped swimming, then amputated using a scalpel. After

amputation, fragments were transferred to a dish containing fresh ASW until their designated time point.

For fixation, animals were placed in 4% paraformaldehyde (PFA) (Thomas Scientific, C993M31) in ASW

for 1 hour at room temperature. The PFA was removed and animals were washed with PBST (PBS +

0.1% Triton-X-100) three times prior to staining for immunofluorescence staining. For transverse cuts,

animals were cut once transversely and transferred to fresh ASW until their designated time point.

Animals were cut transversely once again, right above the previous cut. These fragments were then

immediately fixed in 4% PFA in ASW as described previously.

Small molecule inhibitors and treatment with anesthetics

For small molecule inhibitor experiments, animals were first amputated as described above, then flushed

with ASW to remove tricaine prior to incubation in designated inhibitors. Animals were left in inhibitor for

10-30 hours, depending on the experiment. Cytochalasin D (Sigma-Aldrich, C8273) and blebbistatin

(Sigma-Aldrich, B0560) were dissolved in DMSO per manufacturer instructions, then diluted in ASW for

use at 1μg/mL and 25μM, respectively. Y-27632 (Stem Cell Technologies, 72307) was dissolved in water

per manufacturer instructions, then diluted in ASW for use at 10μM. For tricaine time point experiments,

animals were left in 0.5mg/mL tricaine for 10-30 hours.

Immunostaining

For antibody staining, all steps were carried out using an orbital shaker. Fixed animals were washed in

PBST for 3x5 minutes, then placed in blocking solution (PBST + 10% goat serum (Thermo Fisher,

16210072)) for one hour at room temperature. Animals were then placed in primary antibody in block

solution for two nights at 4°C. Primary antibody was washed out with PBST, 6x20 minutes. Animals were

then blocked once again for one hour at room temperature, then incubated with secondary antibody

(1:800) (Thermo Fisher, A-11011) in blocking solution overnight at 4°C. The next day, secondary antibody

was washed out using PBST, 6x20 minutes. Finally, animals were incubated in PBST with Hoechst

(1:500) (Invitrogen, H3570) and SiR-actin (1:1000) (Cytoskeleton, CY-SC001) for 90 minutes at room

temperature prior to mounting. All samples were mounted on double cover slips using Prolong Glass

Antifade Mountant (Thermo Fisher, P36980). If animals were only stained with SiR-actin, they were

placed in SiR-actin and Hoechst in PBST for 90 minutes at room temperature, then mounted immediately.

The custom *H. miamia* Tropomyosin anitbody[40] (Rabbit IgG) was used at 1μg/mL.

Microscopy and image processing

All images were collected using 10x/0.25x (dry), 20x/0.75x (dry), or 63x/1.40 (oil) fluorescent objectives

on a Leica DMI SP8 inverted confocal microscope, equipped with Leica Application Suite software.

Quantification of wound closure

To quantify wound closure after sagittal cuts, images of SiR-actin-stained fragments were imported into

FIJI. Because of mounting imperfections, only one side of each animal was measured, choosing the side

with the clearest signal for the most accurate quantification. 6-12 animals were quantified per time point

and condition. Within FIJI, the Measure function was used to quantify: 1) the length of the pharynx and 2)

the cumulative distance of connected tissue between the epidermis and the pharyngeal epithelium. The

percentage of wound closure was determined by dividing the closed distance by the total pharynx length.

For quantification of wound closure in transverse cuts, images were taken of both the wound edge and

the open edge of each sample, using FIJI to measure the open area of each side. The percentage of

wound closure was determined by dividing the open area of the wound edge by the total open area, then

subtracting that from 1.

Statistical analyses

Data with two or more factors were analyzed using two-way ANOVA with Dunnett's multiple comparisons

test. Data comparing changes in one condition over different time points were analyzed by one-way

ANOVA with Dunnett's multiple comparisons test. A two-tailed unpaired *t*-test with Welch's correction was

used to compare data between two independent groups. All statistical tests are stated in figure legends. *P*

values were obtained using GraphPad PRISM and used to determine the level of varying significance

between experimental groups; groups were considered different when *P*<0.05.

Gene identification and phylogenetic analysis

To identify putative homologs of contractility-associated genes, we used BLAST to query known genes

from *D. rerio, D. melanogaster, H. vulgaris,* or *N. vectensis* against the *H. miamia* transcriptome[26]. Protein

sequences were obtained from GenBank, and accession numbers are provided in Supplementary File 1.

Genes were considered putative homologs based on a combination of sequence similarity, E Value, and

reverse BLAST hits.

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AUTHOR CONTRIBUTIONS

Conceptualization: A.P.K. and M.S., Data curation: A.P.K., Formal analysis: A.P.K., Funding acquisition: A.P.K. and M.S., Investigation: A.P.K., Methodology: A.P.K. and M.S., Project administration: A.P.K. and M.S., Resources: M.S., Supervision: M.S., Validation: A.P.K., Visualization: A.P.K., Writing – original draft: A.P.K., Writing – review & editing: A.P.K. and M.S.

COMPETING INTERESTS

None declared.

FIGURES AND FIGURE LEGENDS

Figure 1. *Hofstenia miamia* epidermal cells have an atypical morphology.

(A) A juvenile *Hofstenia miamia.* (B) A simplified phylogenetic tree showing the position of *Hofstenia miamia* (red, Xenoacoelomorpha) relative to other clades as the likely sister group to bilaterians (solid line) or sister to Ambulacraria (dotted line). mya = million years ago. (C) Schematics of the three main mechanisms involved in wound closure: purse string formation (top), lamellipodia crawling (middle), and the combination of cell crawling with contraction of the proximal layer (bottom). (D) Organization of the *H. miamia* epidermis, showing polygonal organization at the apical ends of cells. (E) Morphology of individual epidermal cells, visualized by *EpiA:RFP* transgenic labeling. A: apical, B: basal. (F) Apicobasal lateral view of the epidermis through either *EpiA:RFP* transgenic labeling (top) or staining with SiR-actin (bottom). (G) Confocal images showing the proximity of muscle (visualized through immunofluorescence staining for tropomyosin) to the epidermis (labeled with SiR-actin). Scale bars: 50 μm (A), 20μm (D), 5μm (E), 25μm (F-G).

Figure 2. Epidermal cells use long cytoplasmic extensions to facilitate wound closure.

(A) Schematic showing orientation of *H. miamia* following sagittal amputation. (B-C) Representative images of wound closure following sagittal amputation at early (B, 0-6hpa) and late (C, 10-50hpa) time points. The outer epidermis is pseudocolored in red and the edge of the pharynx is outlined with a black dashed line for clarity. (D) High-magnification images of epidermal protrusions extending across the wound edge between 3-10hpa. The pharynx is outlined with a black dashed line for clarity. Asterisks indicate protrusions originating from the pharyngeal epithelium. (E) Schematic of wound closure in *H. miamia*. Scale bars: 50μm (B-C), 10μm (D). hpa = hours post-amputation.

Figure 3. Conserved pathways of actomyosin contractility are essential for re-epithelialization.

(A) Simplified schematic of Rho/ROCK/MLC pathway driving actomyosin contractility and the small molecules used in this figure. (B-C) Representative images (B) and quantification (C) of wound closure in control (DMSO), cytochalasin D, Y-27632, and blebbistatin conditions at 10 and 30hpa. The outer epidermis is pseudocolored in red (DMSO), yellow (cytochalasin D), blue (Y-27632), or green

(blebbistatin) the edge of the pharynx is outlined with a dashed line for clarity. (D) High-magnification

image showing the presence of cytoplasmic extensions in blebbistatin-treated animals at 30hpa. Data

represent n=10 worms per condition and show mean ± s.e.m. Comparisons by two-way ANOVA with

Dunnett's multiple comparisons test; ns=not significant. Scale bars: 50μm (B), 10μm (D). hpa = hours

post-amputation.

Figure 4. Contraction and organization of underlying muscle drives wound closure.

(A) Schematic showing the organization of four main types of muscle in *H. miamia*. (B) Images showing

the organization of parenchymal muscle in sagittally- and transversely-cut animals, visualized by

immunofluorescence staining for tropomyosin. (C) Schematic showing the correlation between orientation

of parenchymal muscle (blue) and the direction of protrusions that drive wound closure (red). (D-E)

Representative images (D) and quantification (E) of wound closure in control and tricaine-treated animals

at 10 and 30hpa. The outer epidermis is pseudocolored in red (control) or purple (tricaine) and the edge

of the pharynx is outlined with a dashed line for clarity. (F) High-magnification image showing the

presence of filopodia (red arrowheads) in epidermal cells in the presence of tricaine. (G) Schematic

showing the remaining muscle types after transverse amputation below the pharynx. (H-I) Representative

images (H) and quantification (I) of wound closure at 3, 6, and 10hpa after transverse amputation below

the pharynx. Red asterisk indicates the base of the pharynx, visible in open wounds. Red arrowheads

indicate rings of actin density similar to those of traditional purse strings. Data represent n=8-10 worms

per time point and show mean ± s.e.m. Comparisons by unpaired t test with Welch's correction (D) or

one-way ANOVA with Dunnett's multiple comparisons test (H); ns=not significant. Scale bars: 50μm

(B,D,H), 10μm (F). hpa = hours post amputation.

SUPPLEMENTARY FIGURES AND TABLES

Supplementary Figure 1. Wound closure in *H. miamia* is driven by epidermal cells in both transverse and sagittal cuts.

(A-B) *EpiA:RFP* transgenic animals cut sagittally have mosaic expression of RFP in both the epidermis and the pharyngeal epithelium (A), and these cells are part of the SiR-actin-labeled population that is forming protrusions during wound closure (B). (C) Amputation through the transverse plane shows the formation of protrusions between the pharyngeal epithelium and the outer epidermis. (D) Time course of wound closure showing primary (20-30hpa) and secondary (40-50hpa) closure. (E) High-magnification image showing protrusions originating from the pharyngeal epithelium (red asterisks). Scale bars: 50µm (A,C,D), 20µm (B,E). hpa = hours post-amputation.

Supplementary Figure 2. Muscle contraction drives wound closure.

(A) Time course of wound closure showing the reorganization of muscle through immunofluorescence for tropomyosin. (B) Schematic of tricaine timing experiment. (C) Representative images showing wound closure in control, tricaine, 10h tricaine (+ 20h ASW), or 10h ASW (+ 20h tricaine) conditions. (D) Quantification of wound closure across tricaine conditions. Data represent n=8 worms per condition and show mean ± s.e.m. Comparisons by one-way ANOVA with Dunnett's multiple comparisons test; ns=not significant. Scale bars: 50um.

Supplementary File 1. Putative *Hofstenia miamia* homologs for major components of cell contractility, adhesion, and migration.

Supplementary Video 1. The directionality of wound closure mirrors the major plane of contraction after amputation.

Video shows animals cut in the sagittal (L) and transverse (R) planes.

Supplementary Video 2. Tricaine slows muscle contraction in *H. miamia*.

Animals are anesthetized in 1mg/mL tricaine in ASW.

Figure 1

A

B

500 mya

Metazoa

Ecdysozoa
(e.g., fruit fly)

Spiralia
(e.g., nematode)

Chordata
(e.g., mouse, zebrafish)

Ambulacraria
(e.g., sea star)

Xenacoelomorpha
(e.g., acoel)

Cnidaria
(e.g., jellyfish)

Porifera
(e.g., sponge)

Choanoflagellata

C

purse string formation

lamellipodial crawling

**lamellipodial crawling &
contraction of proximal layer**

D   Apical surface

SiR-actin

E   Individual cells

EpiA:RFP

A

B

A

B

F   Lateral view

EpiA:RFP

SiR-actin

G   Epidermis-muscle proximity

SiR-actin
Tropomyosin

SiR-actin

Tropomyosin

Figure 2

Figure 3

Figure 4

A

Peripheral (Pe)
Body wall (Bw)
Parenchymal (Pa)
Pharynx (Ph)

Pe
Ph
Pa
Bw

B Tropomyosin

Sagittal cut

Transverse cut

Epidermis
Pharynx

C

D

10 hpa

30 hpa

Control

Tricaine

E

% wound closure

Control
Tricaine

<0.0001

<0.0001

10 hpa   30 hpa
Time point

F Tricaine

G

H Transverse cut (below pharynx)

3 hpa   6 hpa   10 hpa

SiR-actin

Tropomyosin

I

% wound closure

0.0030

0.0464

3 hpa   6 hpa   10 hpa
Time point