Respiratory Airway Secretory Cells act as Immune Sentinels in Human Distal

Airways

Jiaqi Sun[1,2], Hui Sun[1,2], Shisheng Jiang[1,2], Xiaoxiao Xie[1,2], Dong Wang[5], Hongjie

Yao[1], Weijie Guan[1,3], Jincun Zhao[1,3]*, Wei Kevin Zhang[1,4]*, Tao Xu[1,2]*, Huisheng

Liu[1,2]*

1 Guangzhou National Laboratory, Guangzhou, Guangdong, China

2 School of Biomedical Engineering, Guangzhou Medical University, Guangzhou,

Guangdong, China

3 State Key Laboratory of Respiratory Disease, National Clinical Research Center for

Respiratory Disease, Guangzhou Institute of Respiratory Health, The First Affiliated

Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China

4 School of Pharmaceutical Sciences, Guangzhou Medical University, Guangzhou,

Guangdong, China

5 GMU-GIBH Joint School of Life Sciences, Guangzhou Medical University,

Guangzhou, Guangdong, China

* Corresponding author. Email: liu_huisheng@gzlab.ac.cn; xu_tao@gzlab.ac.cn;

zhaojincun@gird.cn; zhang_wei@gzlab.ac.cn

Abstract

Pulmonary immunity is essential for maintaining lung function by protecting

against infection and injury[1,2]. As the distal respiratory airways (also termed

terminal and respiratory bronchioles) are structures unique to humans and other

large mammals, the cellular mediators of immunoregulation in this region remain elusive. Here, using human pluripotent stem cell-derived lung organoids and clinical specimens, we reveal previously unrecognized innate immune defense in human distal airways mediated by respiratory airway secretory (RAS) cells. Lineage tracing identified RAS cells as descendants of SOX9^{bright}NKX2-1^{bright} progenitors. Single-cell transcriptomics elucidated that RAS cells exhibited a distinct immune-competent phenotype, characterized by enrichment of genes associated with viral host entry and pattern recognition receptor signaling. Functionally, RAS cells exhibited enhanced antiviral activity against respiratory syncytial virus by upregulating interferon-stimulated genes. Furthermore, upon stimulation with bacterial flagellin or *Pseudomonas aeruginosa* (PAO1), RAS cells initiated robust immune responses through TLR5 activation, resulting in CXCL8 release to recruit and activate neutrophils[3], which was markedly suppressed by a selective TLR5 inhibitor. Notably, RAS cells from chronic obstructive pulmonary disease patients with PAO1 infection showed significant secretion of chemokines, including CXCL8 and CXCL10, directly linking these cells to disease-associated inflammation. Collectively, our findings establish RAS cells as critical immune sentinels in the human distal respiratory airways, filling a gap in understanding human distal lung immunity and its role in maintaining lung function and chronic lung diseases.

Main

The human respiratory tract orchestrates air exchange while defending against pathogens through specialized epithelial cells. Unlike mice, humans possess respiratory airways or terminal and respiratory bronchioles (RA or TRBs)—transitional structures within the distal airways that are critical for efficient respiration in large mammals[4,5]. Many respiratory diseases, such as chronic obstructive pulmonary disease (COPD)[6,7], pulmonary fibrosis[8,9], and viral infections[10,11], disrupt these bronchioles through inflammation and remodeling, which impairs respiratory function by increasing airflow resistance and reducing clearance mechanisms. Despite their clinical importance, the immunological mechanisms protecting these structures remain poorly understood, partly due to the lack of models recapitulating human-specific biology.

Recent breakthroughs have identified unique SCGB3A2-expressing secretory cell populations within the human distal airways[12]. Respiratory airway secretory (RAS) cells serve as progenitors for alveolar type 2 (AT2) cells[13]. TRB-secretory cells (TRB-SCs) and alveolar type 1 (AT1) cells differentiate from AT2 cells via an intermediate AT0 state[14]. However, the immunological role of these secretory cells remains unexplored.

Here, we integrate human pluripotent stem cell (hPSC)-derived lung organoids—a model recapitulating human-specific distal airway development—with single-cell transcriptomics and clinical specimens to establish RAS cells as innate immune sentinels. We demonstrate that RAS cells mount robust antiviral defenses against respiratory syncytial virus (RSV) and exhibit high TLR5 expression, which drives

robust immune responses to flagellated bacteria. Strikingly, RAS cells from COPD

patients with PAO1 infection amplify chemokine secretion, mirroring disease-

associated immune dysregulation. Together, our findings reveal a novel epithelial innate

immune defense functions mediated by RAS cells within the human distal respiratory

airways.

Robust Generation of Distal Lung Organoids

Human lung development relies on spatially distinct progenitor populations:

SOX2[bright]NKX2-1[dim] proximal lung progenitor cells (p-LPC) drive airway

differentiation, while SOX9^{bright}NKX2-1[bright] distal lung progenitor cells (d-LPC) are

critical for branching morphogenesis and alveologenesis (Fig. 1a)[15-19]. To generate

SOX9[bright]NKX2-1[bright] distal lung progenitors from hPSCs, we utilized and modified

previously reported protocols for definitive endoderm (DE) and 3D anterior foregut

endoderm (AFE) spheroid induction (Extended Data Fig. 1a)[20]. Inspired by successful

colon organoid systems that dissociate hindgut endoderm into Matrigel[21], we

dissociated AFE spheroids into single cells and embedded them in 3D Matrigel droplets

(Fig. 1b). This dissociation step dramatically increased organoid yield (>4-fold) and

uniformity (Extended Data Fig. 1b–e).

Transcript analysis of lung progenitor markers (*SOX2*, *SOX9*, *NKX2-1*) revealed

that dissociation significantly upregulated *NKX2-1* expression (10- to 100-fold), with

minimal changes in *SOX9* and *SOX2* levels (Fig. 1d, Extended Data Fig. 1i). Triple

immunostaining confirmed enrichment of SOX9^{bright}NKX2-1^{bright} cells in dissociation-

treated cultures, whereas SOX2^{bright}NKX2-1^{dim} populations dominated untreated

conditions (Fig. 1c). Flow cytometry further validated elevated NKX2-1 protein levels

in dissociated organoids (Extended Data Fig. 1f–h). Aligning with embryonic lung gene

expression patterns[15], we designated organoids from untreated conditions as proximal

lung organoids (p-LOs) and those from dissociated cultures as distal lung organoids (d-

LOs). The protocol consistently generated d-LOs across multiple hPSC lines,

underscoring its robustness and broad applicability (Extended Data Fig. 1i).

Characterization of d-LOs

To validate the distal identity of d-LOs, we performed single-cell RNA sequencing

(scRNA-seq) on 10,815 cells from p-LOs and d-LOs at day 8. Our analysis identified

three cellular compartments: epithelial, mesenchymal, and neural cells (Extended Data

Fig. 2a, b). We then extracted and reclustered the epithelial cells for a more detailed

investigation (Fig. 1e, f and Extended Data Fig. 2c). Six cell clusters were annotated

based on their distinct molecular features: d-LPC, p-LPC, cycling, neuroendocrine,

hindgut, and an unknown population. Notably, d-LPC cluster was abundantly generated

in d-LOs (43.01% in d-LOs and 0.71% in p-LOs; Fig. 1g), while p-LPC was enriched

in p-LOs (12.33% in d-LOs and 37.29% in p-LOs; Fig. 1g), corroborating gene/protein

data.

Benchmarking against human fetal lung datasets[15] further confirmed proximal-

distal divergence (Fig. 1h and Extended Data Fig. 2f): p-LPC in p-LOs expressed

proximal markers (e.g., *SOX2*, *DMD*, *SEMA3C*, *KREMEN1*, and *MIR99AHG*), while

d-LPC in d-LOs upregulated distal regulators (e.g., *SOX9*, *ETV1*, *SOX6*, and *GATA*).

Notably, ETV1 and SOX6 are human development-specific transcription factors

involved in distal lung patterning[15]. Gene Ontology analysis of differentially expressed

genes (DEGs) within the p-LPC and d-LPC clusters reinforced their proximal and distal

identities (Extended Data Fig. 2d-e). Specifically, p-LPC genes are involved in cilium

organization and assembly, while d-LPCs are enriched for genes associated with

epithelial tube morphogenesis and branching morphogenesis, with high gene-

expression levels of *NKX2-1*, *SOX9*, *WNT7B* and low *SFTPC*, mirroring 7–8 post-

conception weeks (pcw) fetal lung bud tips[19]. Collectively, these data strongly suggest

that the d-LPC population in d-LO closely recapitulates the transcriptional profile and

functional characteristics of early human lung bud tip cells.

Differentiation potential of d-LOs

While existing lung organoids model proximal airways or alveoli[22], respiratory

bronchioles—a human-specific transitional zone—remain scarce. To assess the fate

potential of d-LOs in our system, we cultured p-LOs and d-Los either in airway

(DCIK)[23] or in alveolar (DCIK+CSB) media[24] (Extended Data Fig. 3a). We found that

p-LO-derived airway organoids (p-AWO) expressed higher levels of proximal airway

genes like *TP63* and *MUC5AC*, while d-LO-derived airway organoids (d-AWO)

showed elevated expression of distal airway lineage genes, including *SCGB3A2* (a

distal club cell marker), and alveolar lineage markers (*SFTPB*, *AGER*, *PDPN*, and

LAMP3) (Extended Data Fig. 3b). For alveolar induction, only d-LOs cultured in

DCIK+CSB media (d-ALO) exhibited robust alveolar differentiation, marked by high

levels of *SFTPB*, *SFTPC*, *NKX2-1*, and *LAMP3*, consistent with the requirement of

NKX2-1 for distal lung development. Notably, *SCGB3A2* was modestly expressed in

d-ALO. Immunostaining further confirmed that d-LOs readily differentiate into distal

airway and alveolar organoids, with abundant SCGB3A2 and SFTPB co-expressing

cells, which are absent in p-AWO (Extended Data Fig. 3c). Collectively, these findings

suggest that p-LOs predominantly generates proximal airway organoids, while d-LOs

uniquely models human distal airway and alveoli (Extended Data Fig. 3d).

Additionally, d-LO-derived organoids demonstrated functional properties,

including CFTR-dependent forskolin swelling (Extended Data Fig. 4a-b) and BODIPY-

labeled phosphatidylcholine uptake and secretion (Extended Data Fig. 4e-f). Beating

cilia were visible (Supplementary Video 1) in apical-out d-AWO released from

Matrigel[25] (Extended Data Fig. 4c). Transmission electron microscopy (TEM) analysis

of d-ALOs revealed lamellar body-like organelles (Extended Data Fig. 4d). In summary,

these results indicate that d-LOs can efficiently generate distal airway and alveolar

organoids with functional and structural features characteristic of mature lung tissue.

RAS cells in d-LO-derived organoids

To further investigate the unique cell type in d-LO-derived organoids, we performed

scRNA-seq on p-AWO (D35), d-AWO (D35 and D90) and d-ALO (D35 and D90)

(Extended Data Fig. 3a, 5a-b). Cell populations were annotated using differentially

expressed genes and correlated with established cell signatures from prior studies[26]

(Extended Data Fig. 5c-d). Both p-AWO and d-AWO showed abundant basal and

proximal secretory cells, alongside smaller populations of club cells, ciliated cells, and

pulmonary neuroendocrine cells (PNECs). AT2 cells were abundant in d-ALO (D90)

(Fig. 2a-c). Notably, we identified a distinct population of SCGB3A2$^+$SFTPB$^+$SFTPC$^-$

cells, which we termed respiratory airway secretory cells (RAS cells), in d-LO-derived

organoids, confirming their resemblance to human distal respiratory airways. This

unique cluster, positioned between the d-LPC, proximal secretory, PNEC, and AT2

clusters on the UMAP embedding (Fig. 2a and Extended Data Fig. 5c), exhibited a

specific gene expression profile, including markers such as *MUC1*, *CFTR*, *CEACAM6*,

SLC4A4, and *STEAP4* (Extended Data Fig. 5e), with MUC1 and CEACAM6 serving

as cell surface markers for these specialized secretory cells[13,27].

Additionally, when transplanted under the kidney capsule of immunodeficient

NSG mice, d-ALOs formed growths containing both tubular and sac structures after 4

weeks (Extended Data Fig. 4g-i). The tubular structures were lined by NKX2-

1$^+$SCGB3A2$^+$ epithelium, which also expressed SFTPB (Fig. 2d), mirroring the distal

characteristics of human fetal lung tissue at 19-20 pcw[14]. Collectively, these findings

underscore the unique differentiation potential and functional relevance of d-LO-

derived organoids in modeling human respiratory airways.

A d-LPC–RAS cell relationship

Research shows that SCGB3A2-expressing cells emerge as early as 5 pcw in fetal

lungs[28]. To explore the developmental trajectory of RAS cells, we integrated scRNA-

seq data from d-LOs and d-LO-derived organoids (Extended Data Fig. 6a-c). Trajectory

inference analysis using Monocle3 revealed a strong cell trajectory originating from the

d-LPC cluster into RAS cell cluster (Fig. 2e-g). The gene expression changes along the

d-LPC–RAS cell trajectory highlighted several genes known to be involved in secretory

and alveolar differentiation, including *SCGB3A2*, *SFTPB* and *HOPX* (Extended Data

Fig. 5f-g). Additionally, transcription factors like *AHR*, *GRHL1*, and *SOX2*, identified

through pseudotime analysis, showed strong correlations with primary distal airway

secretory cells[14].

Further analysis of the integrated dataset demonstrated pseudotemporal

relationships between RAS cells and basal, PNEC, and AT2 cells (Fig. 2e-f, Extended

Data Fig. 6d-g), indicating that RAS cells may function as progenitors for human distal

lung development and regeneration. Trajectory inference also indicated a

developmental link between p-LPC and ciliated cells (Extended Data Fig. 6h). Together,

these in silico predictions suggest that d-LPC acts as a putative progenitor for the RAS

cell lineage, which can subsequently give rise to basal, PNEC, and AT2 cells.

RAS cells exhibit immune functions

Transcriptomic profiling of the differentiation trajectory from d-LPC to RAS cell

identified dynamic expression changes in genes associated with immune regulation,

including *RUNX1*, *CD55*, *MUC1*, *SCGB3A2*, *TXNIP*, *CEBPD*, *S100A6*, and *S100A10*.

Differential gene expression (DGE) analysis between d-LPCs and RAS cells further

demonstrated elevated expression of immune-related transcripts in RAS cells, including

mucins (*MUC1*, *MUC4*), surfactant proteins (*SFTPB*, *SFTPD*), cytokines (*CXCL8*,

CCL20), and cell adhesion molecules (*ICAM5*, *ITGB6*) (Fig. 2h). Gene set enrichment

analysis (GSEA) of the DEGs revealed significant enrichment of immune-associated

pathways, such as antibacterial responses, regulation of viral entry into host cells, and

positive regulation of pattern recognition receptor (PRR) signaling. These findings

align with recent reports describing the immunomodulatory functions of TRB-SCs from

the human distal airways[14]. Together, these results establish a broad spectrum of

immune-related transcriptional activity in RAS cells, emphasizing their pivotal role in

respiratory immune defense.

RAS cells show antiviral responses upon RSV infection

Considering the clinical relevance of RSV infections in distal airways in vulnerable

individuals—a primary cause of bronchiolitis and pneumonia[29], we thus evaluated RSV

susceptibility using our distal organoid model.

RSV exhibited robust replication kinetics at a low multiplicity of infection (MOI

= 0.1), as quantified in both supernatant and cell lysates (Fig. 3a). Morphological

analysis of infected d-ALOs revealed significant epithelial malformations, including

cytoskeletal reorganization and syncytia formation, mirroring clinical hallmarks of

RSV infection[30] (Fig. 3b). Notably, SCGB3A2-positive cells were extensively targeted

by RSV, as confirmed by co-staining for SCGB3A2 and RSV-F. Furthermore, RSV-

infected organoids showed significant upregulation of pro-inflammatory cytokines

(*CXCL8*, *CXCL10*, *TNF-α*, *IL-6*) relative to mock-infected controls (Extended Data Fig.

7a). To further explore the cellular response to infection, we performed scRNA-seq on

mock- and RSV-infected organoids. The scRNA-seq data revealed a high infection rate,

with viral transcripts detected in nearly all cells (Fig. 3c). However, viral gene

expression was unevenly distributed, with most cells showing low levels of viral

transcripts and a smaller subset (two distinct clusters) exhibiting significantly higher

levels—one within RAS cells and the other among non-epithelial cells.

To identify RAS cell-specific molecular changes induced by RSV infection,

differential gene expression analysis was performed between highly infected RAS cells

(RAS cell^{high}) and other infected clusters, as well as between low-infected RAS cells

(RAS cell^{low}) and their mock-treated counterparts. Gene Ontology analysis of DEGs

revealed consistent upregulation of terms such as "response to virus" and "viral life

cycle" across all analyzed clusters (Extended Data Fig. 7b-e). Significant overlap was

observed among DEGs from multiple comparisons, with strong enrichment for

immune-related functions, including "defense response to virus", "antiviral innate

immune response", "NF-kappa B signaling pathway", and "antigen presentation" (Fig.

3d, f). Furthermore, we observed broad induction of interferon-stimulated genes (ISGs)

(Fig. 3e), including viral entry inhibitors (*MX1*, *MX2*, *IFITM1*, *TRIM22*) and the egress

suppressor *RSAD2*, indicative of a potent interferon-mediated antiviral state in RAS

cells. These findings collectively establish that RAS cells mount a markedly enhanced,

cell type-specific antiviral response upon viral challenge.

RAS cells display inflammatory responses via activation of TLR5

GSEA revealed significant enrichment of Toll-like receptor (TLR) signaling pathway

genes in RAS cells (Fig. 2i), a pathway central to respiratory tract host defense[31].

Notably, TLR5—a flagellin sensor—was specifically upregulated in RAS cells (Fig.

4a-b), aligning with scRNA-seq data from early human fetal lung tissue identifying a

SCGB3A2$^+$SFTPB$^+$CFTR$^+$ subpopulation co-expressing TLR5[32]. Immunostaining

further validated robust TLR5 protein expression in RAS cells within organoids (Fig.

4c, e).

To assess the functional role of TLR5 activation in RAS cells during defense

against flagellated bacteria, we utilized D90 d-ALOs due to its simpler cell

composition. Stimulation with PAO1-derived flagellin (FLA-PA) induced significant

upregulation of inflammatory mediators, including IL-6, CXCL8, CXCL10, and TNF-

α (Extended Data Fig. 7f). This response was substantially attenuated by the TLR5-

specific inhibitor TH1020 (Fig. 4d). To confirm that this response was specific to RAS

cells but not AT2 cells, we sorted AT2 cells using the HT2-280 antibody and found no

immune response to FLA-PA (Extended Data Fig. 7g-i). Furthermore, transplanted d-

ALOs demonstrated a TLR5-dependent inflammatory response to PAO1 infection (Fig.

4f). Taken together, these results establish that RAS cells orchestrate a robust TLR5

receptor-dependent inflammatory response to PAO1.

Clinical evidence highlights the pathological relevance of PAO1 lung colonization

in COPD[33]. To evaluate cytokine/chemokine secretion by RAS cells in human PAO1-

infected lungs, we analyzed tissue sections from COPD patients with PAO1 infection

(Fig. 4g). Immunostaining revealed increased co-expression of SFTPB, SCGB3A2, and

TLR5 in infected tissues compared to controls. Notably, CXCL8 and CXCL10 were

predominantly localized around RAS cells in infected lungs, implicating these cells in

driving localized inflammation. Together, these results indicate that RAS cells drive

immune responsiveness through TLR5 signaling both *in vitro* and *in vivo*.

Discussion

The distal respiratory airways have long eluded functional investigation due to their

anatomical inaccessibility and the inability of traditional rodent models to recapitulate

their biology. By establishing a hPSC-derived distal lung organoid system, we

overcome this challenge and uncover RAS cells as key immunoregulatory sentinels.

Single-cell transcriptomic profiling mapped the differentiation trajectory of RAS cells

from SOX9^{bright}NKX2-1^{bright} progenitors, demonstrating their multipotent capacity to

generate basal cells, PNECs, and AT2 cells. During RSV infection, RAS cells initiate

robust antiviral responses. Significantly, RAS cells display an extremely high

expression level of TLR5, and TLR5 activation triggers immune responses mirroring

pathological processes observed in COPD patients with PAO1 infection. Together, these

findings unveil a novel immunological role for RAS cells, endowing human distal

respiratory airways with unique defense mechanisms.

The evolutionary divergence between murine and human distal lung development

significantly limits our understanding of specialized cellular niches, as the human distal

lung contains far more branching generations and greater structural complexity of

airways than its murine counterparts[34,35]. Our work demonstrates that RAS cells derive

from SOX9^{bright}NKX2-1[bright] bud tip progenitors and differentiate into AT2, basal, and

PNEC subtypes, marking them as key distal airway progenitors. Diseases such as

congenital pulmonary airway malformations (CPAM)[36] and bronchopulmonary

dysplasia (BPD)[37], which arise from developmental defects in small airway structures,

may stem from aberrant differentiation trajectories of these progenitors. Furthermore,

the plasticity of RAS cells evolved to support the structural repair and regeneration of

human distal respiratory airways[38,39]—initial site for gas exchange, which is enhanced

by an 8,000-fold greater surface area in humans compared to mice[35].

Acute viral and bacterial infections in the lower respiratory tract—extending from

respiratory bronchioles through alveolar ducts to alveolar sacs and alveoli—represent

major contributors to global morbidity and mortality[40]. Elucidating innate immune

mechanisms in the lower respiratory tract is critical for advancing our comprehension

of pulmonary infection pathogenesis and developing novel therapeutic interventions.

The distinctive cuboidal epithelium of human distal airways—characterized by absent

goblet cells and reduced ciliation—necessitates specialized defense mechanisms

divergent from proximal mucociliary clearance[41]. Our findings demonstrate that RAS

cells execute essential immune surveillance through dual antiviral and antibacterial

mechanisms. When challenged with RSV, the predominant etiological agent of infantile

bronchiolitis[42], RAS cells exhibit a remarkable antiviral response. This response

features significant upregulation of ISGs, effectively constraining viral replication and

dissemination through cell-autonomous immunity[43]. On the antibacterial front, RAS

cells display an intriguing characteristic—a uniquely high expression of TLR5. TLR5

is a key player in the innate immune system, as it recognizes bacterial flagellin, a protein found in many pathogenic bacteria. The high expression of TLR5 in RAS cells allows them to mount a potent immune response upon encountering flagellated bacteria such as PAO1. Emerging research has established that mal-differentiation of SCGB3A2[+] secretory cell population in distal airways correlates with chronic pulmonary pathologies including COPD and idiopathic pulmonary fibrosis (IPF)[13,14,44]. Importantly, our investigations reveal that RAS cells in COPD patients infected with PAO1 displayed elevated chemokines secretion, providing valuable insights into the pathophysiology of COPD and potentially opening new avenues for treatment. Furthermore, comprehensive transcriptomic analysis identifies constitutive expression of multifunctional host-defense effectors—including MUC1, SFTPB, and S100A6—in resting RAS cells, underscoring their central role in maintaining pulmonary homeostasis through integrated immunological functions.

Our study reveals a novel defense mechanism that has evolved to adapt to the unique structure of the human respiratory airways. We provide a framework for interpreting distal airway immune mechanisms by elucidating the origin, plasticity, and defense functions of RAS cells. Further research should aim to unravel the role of RAS cell immune function in the pathogenesis and progression of lung diseases, as well as the corresponding therapeutic strategies targeting RAS cells.

References

1   Hewitt, R. J. & Lloyd, C. M. Regulation of immune responses by the airway epithelial cell landscape. *Nat Rev Immunol* **21**, 347-362, doi:10.1038/s41577-020-00477-9 (2021).

2 Mettelman, R. C., Allen, E. K. & Thomas, P. G. Mucosal immune responses to
infection and vaccination in the respiratory tract. *Immunity* **55**, 749-780,
doi:10.1016/j.immuni.2022.04.013 (2022).
3 Sadikot, R. T., Blackwell, T. S., Christman, J. W. & Prince, A. S. Pathogen-host
interactions in Pseudomonas aeruginosa pneumonia. *Am J Respir Crit Care Med* **171**,
1209-1223, doi:10.1164/rccm.200408-1044SO (2005).
4 Weibel, E. R., Sapoval, B. & Filoche, M. Design of peripheral airways for efficient
gas exchange. *Respir Physiol Neurobiol* **148**, 3-21, doi:10.1016/j.resp.2005.03.005
(2005).
5 Weibel, E. R. & Gomez, D. M. Architecture of the human lung. Use of quantitative
methods establishes fundamental relations between size and number of lung
structures. *Science* **137**, 577-585, doi:10.1126/science.137.3530.577 (1962).
6 Burgel, P. R. *et al.* Update on the roles of distal airways in COPD. *Eur Respir Rev* **20**,
7-22, doi:10.1183/09059180.10010610 (2011).
7 Booth, S. *et al.* A Single-Cell Atlas of Small Airway Disease in Chronic Obstructive
Pulmonary Disease: A Cross-Sectional Study. *Am J Respir Crit Care Med* **208**, 472-
486, doi:10.1164/rccm.202303-0534OC (2023).
8 Vannan, A. *et al.* Spatial transcriptomics identifies molecular niche dysregulation
associated with distal lung remodeling in pulmonary fibrosis. *Nat Genet*,
doi:10.1038/s41588-025-02080-x (2025).
9 Stancil, I. T. *et al.* Pulmonary fibrosis distal airway epithelia are dynamically and
structurally dysfunctional. *Nat Commun* **12**, 4566, doi:10.1038/s41467-021-24853-8
(2021).
10 Rendeiro, A. F. *et al.* The spatial landscape of lung pathology during COVID-19
progression. *Nature* **593**, 564-569, doi:10.1038/s41586-021-03475-6 (2021).
11 Flerlage, T., Boyd, D. F., Meliopoulos, V., Thomas, P. G. & Schultz-Cherry, S.
Influenza virus and SARS-CoV-2: pathogenesis and host responses in the respiratory
tract. *Nat Rev Microbiol* **19**, 425-441, doi:10.1038/s41579-021-00542-7 (2021).
12 Sikkema, L. *et al.* An integrated cell atlas of the lung in health and disease. *Nat Med*
29, 1563-1577, doi:10.1038/s41591-023-02327-2 (2023).
13 Basil, M. C. *et al.* Human distal airways contain a multipotent secretory cell that can
regenerate alveoli. *Nature* **604**, 120-126, doi:10.1038/s41586-022-04552-0 (2022).
14 Kadur Lakshminarasimha Murthy, P. *et al.* Human distal lung maps and lineage
hierarchies reveal a bipotent progenitor. *Nature* **604**, 111-119, doi:10.1038/s41586-
022-04541-3 (2022).
15 Cao, S. *et al.* Single-cell RNA sequencing reveals the developmental program
underlying proximal-distal patterning of the human lung at the embryonic stage. *Cell*
Res **33**, 421-433, doi:10.1038/s41422-023-00802-6 (2023).
16 Morrisey, E. E. & Hogan, B. L. Preparing for the first breath: genetic and cellular
mechanisms in lung development. *Dev Cell* **18**, 8-23,
doi:10.1016/j.devcel.2009.12.010 (2010).
17 Minoo, P., Su, G., Drum, H., Bringas, P. & Kimura, S. Defects in tracheoesophageal
and lung morphogenesis in Nkx2.1(-/-) mouse embryos. *Dev Biol* **209**, 60-71,
doi:10.1006/dbio.1999.9234 (1999).

18   Kelly, S. E., Bachurski, C. J., Burhans, M. S. & Glasser, S. W. Transcription of the
lung-specific surfactant protein C gene is mediated by thyroid transcription factor 1. *J*
Biol Chem **271**, 6881-6888, doi:10.1074/jbc.271.12.6881 (1996).

19   Lim, K. *et al.* Organoid modeling of human fetal lung alveolar development reveals
mechanisms of cell fate patterning and neonatal respiratory disease. *Cell Stem Cell*
30, 20-37 e29, doi:10.1016/j.stem.2022.11.013 (2023).

20   Miller, A. J. *et al.* Generation of lung organoids from human pluripotent stem cells in
vitro. *Nat Protoc* **14**, 518-540, doi:10.1038/s41596-018-0104-8 (2019).

21   Crespo, M. *et al.* Colonic organoids derived from human induced pluripotent stem
cells for modeling colorectal cancer and drug testing. *Nat Med* **23**, 878-884,
doi:10.1038/nm.4355 (2017).

22   Vazquez-Armendariz, A. I. & Tata, P. R. Recent advances in lung organoid
development and applications in disease modeling. *J Clin Invest* **133**,
doi:10.1172/JCI170500 (2023).

23   McCauley, K. B. *et al.* Efficient Derivation of Functional Human Airway Epithelium
from Pluripotent Stem Cells via Temporal Regulation of Wnt Signaling. *Cell Stem*
Cell **20**, 844-857 e846, doi:10.1016/j.stem.2017.03.001 (2017).

24   Yamamoto, Y. *et al.* Long-term expansion of alveolar stem cells derived from human
iPS cells in organoids. *Nat Methods* **14**, 1097-1106, doi:10.1038/nmeth.4448 (2017).

25   Co, J. Y. *et al.* Controlling Epithelial Polarity: A Human Enteroid Model for Host-
Pathogen Interactions. *Cell Rep* **26**, 2509-2520 e2504,
doi:10.1016/j.celrep.2019.01.108 (2019).

26   Travaglini, K. J. *et al.* A molecular cell atlas of the human lung from single-cell RNA
sequencing. *Nature* **587**, 619-625, doi:10.1038/s41586-020-2922-4 (2020).

27   Conchola, A. S. *et al.* Regionally distinct progenitor cells in the lower airway give
rise to neuroendocrine and multiciliated cells in the developing human lung. *Proc*
Natl Acad Sci U S A **120**, e2210113120, doi:10.1073/pnas.2210113120 (2023).

28   Sountoulidis, A. *et al.* A topographic atlas defines developmental origins of cell
heterogeneity in the human embryonic lung. *Nat Cell Biol* **25**, 351-365,
doi:10.1038/s41556-022-01064-x (2023).

29   Pickles, R. J. & DeVincenzo, J. P. Respiratory syncytial virus (RSV) and its
propensity for causing bronchiolitis. *J Pathol* **235**, 266-276, doi:10.1002/path.4462
(2015).

30   Liesman, R. M. *et al.* RSV-encoded NS2 promotes epithelial cell shedding and distal
airway obstruction. *J Clin Invest* **124**, 2219-2233, doi:10.1172/JCI72948 (2014).

31   Kovach, M. A. & Standiford, T. J. Toll like receptors in diseases of the lung. *Int*
Immunopharmacol **11**, 1399-1406, doi:10.1016/j.intimp.2011.05.013 (2011).

32   Quach, H. *et al.* Early human fetal lung atlas reveals the temporal dynamics of
epithelial cell plasticity. *Nat Commun* **15**, 5898, doi:10.1038/s41467-024-50281-5
(2024).

33   Qin, S. *et al.* Pseudomonas aeruginosa: pathogenesis, virulence factors, antibiotic
resistance, interaction with host, technology advances and emerging therapeutics.
Signal Transduct Target Ther **7**, 199, doi:10.1038/s41392-022-01056-1 (2022).

34   Pan, H., Deutsch, G. H., Wert, S. E., Ontology, S. & Consortium, N. M. A. o. L. D. P.

Comprehensive anatomic ontologies for lung development: A comparison of alveolar formation and maturation within mouse and human lung. *J Biomed Semantics* **10**, 18, doi:10.1186/s13326-019-0209-1 (2019).

Basil, M. C. & Morrisey, E. E. Lung regeneration: a tale of mice and men. *Semin Cell Dev Biol* **100**, 88-100, doi:10.1016/j.semcdb.2019.11.006 (2020).

Jiang, Y. *et al.* Alteration of cystic airway mesenchyme in congenital pulmonary airway malformation. *Sci Rep* **9**, 5296, doi:10.1038/s41598-019-41777-y (2019).

Bhandari, A. & McGrath-Morrow, S. Long-term pulmonary outcomes of patients with bronchopulmonary dysplasia. *Semin Perinatol* **37**, 132-137, doi:10.1053/j.semperi.2013.01.010 (2013).

Beers, M. F. & Morrisey, E. E. The three R's of lung health and disease: repair, remodeling, and regeneration. *J Clin Invest* **121**, 2065-2073, doi:10.1172/JCI45961 (2011).

Hogan, B. L. *et al.* Repair and regeneration of the respiratory system: complexity, plasticity, and mechanisms of lung stem cell function. *Cell Stem Cell* **15**, 123-138, doi:10.1016/j.stem.2014.07.012 (2014).

Lipscomb, M. F., Hutt, J., Lovchik, J., Wu, T. & Lyons, C. R. The pathogenesis of acute pulmonary viral and bacterial infections: investigations in animal models. *Annu Rev Pathol* **5**, 223-252, doi:10.1146/annurev-pathol-121808-102153 (2010).

Hoytema van Konijnenburg, D. P., Nigrovic, P. A. & Zanoni, I. Regional specialization within the mammalian respiratory immune system. *Trends Immunol* **45**, 871-891, doi:10.1016/j.it.2024.09.011 (2024).

Florin, T. A., Plint, A. C. & Zorc, J. J. Viral bronchiolitis. *Lancet* **389**, 211-224, doi:10.1016/S0140-6736(16)30951-5 (2017).

Schneider, W. M., Chevillotte, M. D. & Rice, C. M. Interferon-stimulated genes: a complex web of host defenses. *Annu Rev Immunol* **32**, 513-545, doi:10.1146/annurev-immunol-032713-120231 (2014).

Pezet, M. G. *et al.* Human respiratory airway progenitors derived from pluripotent cells generate alveolar epithelial cells and model pulmonary fibrosis. *Nat Biotechnol*, doi:10.1038/s41587-025-02569-0 (2025).

Chen, L. *et al.* Directed differentiation of pancreatic delta cells from human pluripotent stem cells. *Nat Commun* **15**, 6344, doi:10.1038/s41467-024-50611-7 (2024).

Meng, H. *et al.* FGF7 enhances the expression of ACE2 in human islet organoids aggravating SARS-CoV-2 infection. *Signal Transduct Target Ther* **9**, 104, doi:10.1038/s41392-024-01790-8 (2024).

Stokes, K. L. *et al.* Differential pathogenesis of respiratory syncytial virus clinical isolates in BALB/c mice. *J Virol* **85**, 5782-5793, doi:10.1128/JVI.01693-10 (2011).

Moore, M. L. *et al.* A chimeric A2 strain of respiratory syncytial virus (RSV) with the fusion protein of RSV strain line 19 exhibits enhanced viral load, mucus, and airway dysfunction. *J Virol* **83**, 4185-4194, doi:10.1128/JVI.01853-08 (2009).

Sun, J. *et al.* Transplantation of hPSC-derived pericyte-like cells promotes functional recovery in ischemic stroke mice. *Nat Commun* **11**, 5196, doi:10.1038/s41467-020-19042-y (2020).

Methods

Human Pluripotent Stem Cell Culture

The H1 and H9 human embryonic stem cell lines (hESC) and UE005 human induced pluripotent stem cell line (hiPSC) were maintained on Matrigel-coated 6-well plates (Corning, 354277) in mTeSR1 medium (StemCell Technologies, 85850). Cells were cultured under mycoplasma-free conditions, with daily medium replacement. At ~80% confluency (typically every 4–5 days), cells were passaged as small clusters using 0.5 mM EDTA.

Differentiation of Lung Progenitors from hPSCs

For differentiation, human pluripotent stem cells were dissociated into single cells using Accutase (StemCell Technologies, 07920), resuspended in mTeSR1 medium supplemented with 10 μM Y27632 (MCE, HY-10071), and counted using an automated cell counter (HUAPO AP-CFcount300) with Trypan blue (Gibco; 1:1 ratio) for viability assessment. Single cells were seeded at 1×10^5 cells/well on Matrigel-coated 24-well plates and maintained in mTeSR1 medium with Y27632. After 24 hours, medium was replaced with ncTarget medium (nuwacell, RP01020) without Y27632. Daily medium changes were performed until differentiation initiation at ~70% confluency (normally 48 hours post-seeding). Definitive endoderm differentiation (day 0) followed established protocols [45,46]. Cells were treated with 100 ng/ml activin A (MCE, HY-P70311) in MCDB131 medium (Reprocell, PM151210) and stepwise reductions of CHIR99021 (MCE, HY-10182; 3 μM on day 0, 0.3 μM on day 1, none on day 2). After DE specification, cells were cultured for 5 days in Advanced DMEM/F12 (Gibco,

12634028) containing 1× GlutaMax (Gibco, 35050061), 10 mM HEPES (Thermo

Fisher, 15630080) and Penicillin/Streptomycin (Gibco, 15070063), 1× B27 supplement

(Gibco, 17504044), 1× N2 supplement (Gibco, 17502048), 500 ng/ml FGF4 (MCE,

HY-P7014), 200 ng/ml noggin (MCE, HY-P7051A), 2 μM CHIR99021, 10 μM

SB431542 (MCE, HY-10431) and 1 μM SAG (MCE, HY-12848). Detached anterior

foregut spheroids (days 5–7) were split into two groups:

1. p-LO: Spheroids were embedded in growth factor-reduced Matrigel (Corning,

354230) and cultured in LPC medium (20 ng/ml BMP4 [MCE, HY-P7007], 10 ng/ml

FGF7/KGF [MCE, HY-P70597], 10 ng/ml FGF10 [MCE, HY-P70695], 3 μM

CHIR99021, 20 μM DAPT [MCE, HY-13027], and 50 nM retinoic acid [Sigma,

R2625]).

2. d-LO: Spheroids were washed with PBS, dissociated into single cells with

Accutase, pelleted (300 × g, 5 min), and resuspended in growth factor-reduced Matrigel.

After solidification (37°C, 15 min), cultures were maintained in LPC medium with 10

μM Y27632.

Medium from both groups was refreshed every 48 hr for 7 days to induce lung

progenitor differentiation.

Airway and Alveolar Differentiation

Human Lung Organoid (HLO) Differentiation Medium

HLO differentiation basal medium comprised Advanced DMEM/F12 supplemented

with 2.5% BSA (Proliant, 69760), 100 U/ml penicillin-streptomycin, 1× GlutaMax, 1×

B27, and ITS-X (Reprocell, pb180431).

Airway Differentiation

Lung organoids were cultured in airway (DCIK) differentiation medium (HLO differentiation basal medium supplemented with 50 nM dexamethasone [MCE, HY-14648], 100 nM 8-bromo-cAMP [MCE, HY-12306], 100 nM 3-Isobutyl-1-methylxanthine [IBMX; MCE, HY-12318] and 10 ng/ml KGF) with medium changes every 48 hr.

Alveolar Differentiation

Lung organoids were cultured in alveolar (DCIK+CSB) differentiation medium (HLO differentiation basal medium supplemented with DCIK, 3 μM CHIR99021 and 10 μM SB431542) with medium changes every 48 hr.

Histology and immunostainings

Formalin-fixed, paraffin-embedded human distal lung tissue sections (obtained from resections at the First Affiliated Hospital of Guangzhou Medical University, China) were dewaxed, rehydrated, and subjected to antigen retrieval using Improved Citrate Antigen Retrieval Solution (Beyotime, P0083) in a 95°C water bath for 15 min. Sections were washed with PBS, permeabilized and blocked using QuickBlock™ Blocking Buffer for Immunol Staining (Beyotime, P0260) for at least 15 min at room temperature (RT), followed by incubation with primary antibodies at 4 °C overnight. Sections were washed with 0.1% Triton X-100 in PBS (PBST), incubated with species-matched Alexa Fluor-conjugated secondary antibodies (1:1,000; Thermo Fisher Scientific) for 2 hr at RT, counterstained with Hoechst 33342 (1:1,000, Thermo Scientific, 62249), and mounted with fluorescence mounting medium (DAKO, S3023).

Images were acquired using a Zeiss LSM980 confocal microscope.

For whole-mount staining, organoids were extracted from Matrigel using Cell

Recovery Solution (Corning, 354253), fixed in 4% paraformaldehyde (PFA) for 2 hr at

4°C, permeabilized, and stained as above. Primary antibodies used were rabbit anti-

NKX2-1 (1:300, Abcam, ab76013), goat anti-SOX2 (1:300, Abcam, ab239218), mouse

anti-SOX9 (1:500, Abcam, ab76997), mouse anti-Ac-Tub (1:1000, Sigma-Aldrich,

T7451), rabbit anti-TP63 (1:200, Abcam, ab124762), mouse anti-VIM (1:100, Santa

Cruz Biotechnology, sc-6260), mouse anti-SFTPB (1:200, Santa Cruz Biotechnology,

sc-133143), goat anti-SCGB3A2 (1:500, Invitrogen, M801), mouse anti-MUC5AC

(1:500, Abcam, ab3649), rabbit anti-SFTPC (1:200, Seven Hills Bioreagents, WRAB-

9337), goat anti-AGER (1:200, R&D Systems, AF1145), rabbit anti-TLR5 (1:500,

abcam, ab300038), mouse anti-HUNU (1:300, Abcam, ab191181), rabbit anti-CXCL10

(1:100, Invitrogen, MA532674), mouse anti-CXCL8 (1:500, Invitrogen, M801), rabbit

anti-RSV-F (1:200, Sino Biological, 11049-R302). Organoids were incubated with

Alexa Fluor 647 phalloidin (1:1000, Thermo Fisher Scientific, A22287), with the

corresponding secondary antibodies Alexa Fluor 488 Donkey anti-Rabbit (Thermo

Fisher Scientific, A21206), Alexa Fluor 546 Donkey anti-Rabbit (Thermo Fisher

Scientific, A10040), Alexa Fluor 488 Donkey anti-Mouse (Thermo Fisher Scientific,

A21202), Alexa Fluor 546 Donkey anti-Mouse (Thermo Fisher Scientific, A10036),

Alexa Fluor 405 Donkey anti-Goat (Thermo Fisher Scientific, A48259), Alexa Fluor

647 Donkey anti-Goat (Thermo Fisher Scientific, A21447) in blocking buffer

containing Hoechst 33342 solution (20 mM) (1:1,000). Organoids were transferred to

a confocal dish, and images were acquired using the Zeiss LSM980 confocal microscope.

RSV Infection of Organoids

RSV strain Long was propagated as described [47,48]. d-ALOs were infected at a multiplicity of infection (MOI) of 0.1 for 2 hours at 37°C. Organoids were washed three times with DPBS (Hyclone, AH30017338) and cultured in fresh alveolar medium for 24–72 hours. Organoids and supernatants were collected at designated time points for downstream analysis.

Assessment of Cytokine Production

To evaluate cytokine secretion, d-ALOs were treated with varying concentrations of FLA-PA (InvivoGen, tlrl-pafla). Supernatants were collected at designated timepoints, aliquoted, and stored at −80°C until batch analysis. Cytokine levels were quantified using a magnetic Luminex® multiplex assay (R&D Systems, LXSAHM-08) according to the manufacturer's instructions. Briefly, serial dilutions of cytokine standards were prepared. Antibody magnetic bead mix was dispensed into a 96-well plate, followed by the addition of standards and experimental samples. The plate was incubated overnight at 4°C with shaking. After three washes, detection antibodies were introduced and incubated at RT for 30 minutes with shaking. The plate was washed three times. Streptavidin-PE was subsequently added and incubated under identical conditions. Following a final wash cycle, 100 μl of wash buffer was dispensed into each well. Fluorescence intensity was measured using a Luminex X-200 system, and acquired data were processed with Milliplex Analyst software (v5.1).

Mouse Kidney Capsule Transplantation

All animal procedures were approved by the Institutional Animal Care and Use Committee of Guangzhou National Laboratory and conducted in accordance with institutional guidelines. NOD.Cg-*Prkdc*^{scid}*Il2rg*^{em1}/Smoc (NSG) mice (8-10 weeks old; Shanghai Model Organisms Center, NM-NSG-001) were housed under specific pathogen-free conditions. d-ALO cells mixed with 5 μL Matrigel were implanted beneath the right kidney capsule under anesthesia. At 4 weeks post-transplantation, grafts were excised, fixed in 4% PFA overnight, dehydrated in 30% sucrose overnight, and embedded in Optimal Cutting Temperature (OCT) compound or paraffin for immunofluorescence or hematoxylin and eosin (H&E) staining, respectively.

For bacterial infection, PAO1 (MiaoLingBio, T0133) was cultured overnight in LB medium at 37°C with shaking. The bacterial suspension was centrifuged, washed three times with PBS, and resuspended in sterile saline to an optical density OD600 of 1.0, corresponding to 1×10^9 colony-forming units (CFU) per mL. For experimental use, the suspension was diluted to 1×10^6 CFU/mL, pelleted by centrifugation (10,000 $\times$ g, 5 min, 4°C), and subjected to four freeze-thaw cycles to achieve bacterial lysis. At 4 weeks post-transplantation, mice were anesthetized and a posterior left incision was made to expose the engrafted d-ALO. A 50 μL aliquot of PAO1 lysate was injected into the d-ALO lumen using a sterile 0.5-mL insulin syringe. The d-ALO was repositioned into the peritoneal cavity, and the incision was closed via a two-layer suturing technique. For pain control, mice were given an injection with carprofen subcutaneously (4 mg/kg, Zoetis). At 48 hours post-injection, mice were euthanized.

Engrafted d-ALO tissues and adjacent kidney samples were harvested for subsequent

analysis.

RNA Isolation and qPCR

Total RNA was extracted using the RNeasy Kit (Qiagen, 74106) following the

manufacturer's instructions. qPCR was performed using Bio-Rad CFX384 Real-Time

PCR Detection System, with primers listed in Supplementary Table 1. Biological and

technical replicates were analyzed as previously described[49].

Flow Cytometry

Lung organoids were dissociated into single cells using TrypLE (Gibco, 12605028) at

37°C. For AT2 sorting, cells were stained 30 mins with primary antibody (mouse anti-

HTII-280 [1:150, TerraceBiotech, TB-27AHT2-280]) at 4°C, followed by secondary

antibody incubation (45 minutes, RT). Cells were sorted using Sony MA900 Cell Sorter.

For NKX2-1 assessment, after dissociation, cells were fixed in 1% PFA for 15 minutes

at 4°C, and permeabilized with $1\times$ Perm/Wash Buffer (BD Biosciences, 554723) for

20 minutes at RT. Cells were stained under identical condition using anti-NKX2-1

antibody (1:300, Abcam, ab76013) and analyzed by Beckman CytoFLEX S flow

cytometer. Data were analyzed using FlowJo v10.6.2. or CytExpert.

Forskolin-Induced Organoid Swelling

d-AWOs at day 35–45 were used for swelling assays. Prior to treatment, organoids were

passaged into 3 μL growth factor-reduced Matrigel droplets and cultured in the absence

of 8-bromo-cAMP and IBMX for at least one day. For swelling analysis, organoids

were incubated with 10 mM forskolin (Aladdin Scientific, F127328-500mg) in fresh

medium for 5–24 hours at 37°C under 5% CO_2. Brightfield images of entire droplets

were captured at 0, 5, 7, and 24 hours post-treatment using a High-Content Imaging

System (PerkinElmer, Operetta CLS) and stitched with Harmony software. Swelling

area ratios (post-treatment area / baseline area) were quantified in ImageJ from replicate

wells, with the initial area (t = 0) normalized to 1. Statistical analyses included 20

organoids per experimental replicate.

Transmission Electron microscopy

d-ALOs were fixed in 2.5% glutaraldehyde for 30 minutes at RT, washed with 0.1 M

phosphate buffer (pH 7.4), and postfixed in 1% osmium tetroxide for 1.5 hours at RT.

After repeated phosphate buffer washes, samples were dehydrated in a graded ethanol

series (50%, 70%, 80%, 90%, 100%) at RT. Tissues were infiltrated with propylene

oxide, followed by a 1:1 propylene oxide/Epon mixture (2–4 hours, RT), then pure

Epon resin (1 hour, RT). Samples were embedded in Epon resin, polymerized at 40°C

(24 hours) and 60°C (12 hours), and sectioned (70–90 nm). Ultrathin sections were

stained with uranyl acetate and lead citrate and imaged on a FEI Tecnai Transmission

Electron Microscope.

Live-Cell Imaging of Lamellar Bodies

d-ALOs were incubated with β-BODIPY FL C12-HPC (1 μM; Life Technologies,

D3792) in alveolar differentiation medium for 24 hours at 37°C/5% CO_2. Organoids

were washed and stained with LysoTracker Red DND-99 (100 nM; Life Technologies,

L7528) for 30 min at RT, followed by two washes. Live imaging was performed at 37°C

using a Zeiss LSM980 confocal microscope.

Organoid scRNA-seq

Sample Preparation and Library Construction

Single-cell suspensions were generated from lung organoids, and viability was assessed using a Luna Dual Fluorescence Cell Counter. Libraries were prepared with the Chromium Single Cell 3′ Library and Gel Bead Kit v3 (10x Genomics) following the manufacturer's protocol. Briefly, single-cell suspensions were loaded into a Chromium Controller to produce Gel Bead-in-Emulsions (GEMs). Following reverse transcription, cDNA amplification, and library construction, sequencing was performed on an Illumina NovaSeq 6000 platform (PE150; Annoroad Gene Technology).

Data Preprocessing

Raw sequencing data were processed via the Cell Ranger pipeline (v4.0.0). Reads were aligned to the GRCh38 human genome, and gene expression matrices were generated. Low-quality cells (fewer than 500 detected genes or >10% mitochondrial genes) were excluded. Doublets were identified and removed using DoubletFinder (v2.0.4).

Data Analysis with Seurat

The filtered gene expression matrix was analyzed using the Seurat (v5.1.0). After quality control, the datasets were merged independently using the 'Seurat::merge()' function. Data normalization was performed using the "NormalizeData" function with a scale factor of 10,000. Highly variable genes were identified using the "FindVariableFeatures" function, and the data were scaled using the "ScaleData" function. Principal Component Analysis (PCA) was conducted to reduce dimensionality. Batch effects were then corrected by integrating the data using the "Harmony" method.

Cells were clustered using the "FindNeighbors" and "FindClusters" functions. The clusters were visualized using Uniform Manifold Approximation and Projection (UMAP) with the "RunUMAP" function. Marker genes for each cluster were identified using the "FindAllMarkers" function with a log-fold change threshold of 0.25.

Cell-Type Annotation

Cell type annotation was performed by identifying cluster-specific genes using the "FindAllMarkers" function. The resulting cluster markers were then cross-referenced with a curated list of known cell type markers to assign cell identities accurately.

Differential Expression and Pathway Analysis

Differentially expressed genes (DEGs) between clusters were identified using the "FindMarkers" function, calculating fold change and performing Wilcoxon Rank Sum tests. Gene Ontology (GO) and pathway enrichment analyses were performed using clusterProfiler (v4.14.4) to interpret the biological significance of the identified markers.

Trajectory Inference Analysis

Trajectory analysis was conducted using Monocle3 (v1.3.7). The UMAP coordinates obtained from Seurat were utilized as the input for Monocle3 to construct the trajectory. Cells were ordered along the pseudotime trajectory based on the learned principal graph, allowing for the identification of dynamic gene expression changes across different stages of the trajectory.

Statistical analysis

Statistical tests (one-way ANOVA, two-way ANOVA, unpaired Student's t-test) were performed in GraphPad Prism (v8.0.2). Data represent biologically independent

replicates (≥3 experiments, except scRNA-seq). Results are expressed as mean ± SEM.

All tests were two-sided ($\alpha = 0.05$).

Data availability

Organoid and primary tissue scRNA-seq data that support the findings of this study

were deposited in the Gene Expression Omnibus under accession code GSE292679,

and are publicly available.

Code availability

Custom code and scripts used to analyse the data and produce the figures are available

in a public GitHub repository (https://github.com/jiangjasson/lung-organoids-analysis).

Acknowledgements This work was supported by grants from the National Natural

Science Foundation of China (82171419), the National Key Research and Development

Program of China (2021YFA1101304, 2020YFA0908200)

Author contributions J.S. conceptualized and supervised the project, designed and

performed experiments, interpreted the results and wrote the paper. H.S. performed

experiments and analysis. S.J. performed scRNA-seq analysis. X.X. performed mouse

kidney capsule transplantation. D.W. performed RSV infection experiments. H.Y. and

W.G. provided constructs. J.Z. supervised and supported RSV infection experiments.

W.K.Z. supervised scRNA-seq work and analysis. H.L. and T.X. supervised the

research. H.L. edited the paper.

Competing interests The authors declare no competing interests.

Correspondence and requests for materials should be addressed to Huisheng Liu.

Figures

Fig. 1 Robust induction of distal lung progenitor cells through AFE spheroid

dissociation. a, Schematic of proximal-distal patterning in developing human lung with

representative lineage markers. **b**, Differentiation protocol workflow from human

pluripotent stem cells (hPSCs) to distal lung organoids (d-LOs) via anterior foregut

endoderm (AFE) spheroids dissociation. **c**, Immunofluorescence staining of NKX2-1,

SOX2 and SOX9 in proximal (p-LO) and distal (d-LO) lung organoids at day 8. White

arrows denote SOX2^{bright}NKX2-1^{dim} cells; arrowheads indicate SOX9^{bright}NKX2-1^{bright}

cells. Scale bars, 20 μm. Representative images from three biologically independent

experiments. **d**, Quantitative PCR analysis of *NKX2-1*, *SOX9* and *SOX2* expression in

AFE spheroids, d-LOs and p-LOs. Data presented as mean ± s.e.m. (n=3 biological

replicates). *P*-values were calculated using two-tailed Student's *t*-test with Welch's

correction. **e**, UMAP with annotations of different cell types from epithelial cell

subclusters. **f**, Individual conditions of epithelial subclusters shown in (**e**). **g**,

Proportional distribution of cell types between d-LO and p-LO. **h**, Violin plots showing

expression levels of proximal and distal markers in p-LPC and d-LPC cell populations

from d-LO and p-LO.

Fig. 2 Developmental trajectories and functional characterization of RAS cells. a,b,

Single-cell RNA sequencing analysis of p-LO- and d-LO-derived organoids. UMAP

embeddings colored by annotated cell types (**a**) or differentiation time/media conditions

(**b**). **c**, Proportional cell type composition in d-LO- and p-LO-derived organoids. **d**,

Immunofluorescence imaging of transplanted d-ALOs at 4 weeks post-engraftment.

Triple staining for SCGB3A2 (red), EGFP (green), and NKX2-1 (grey) (left); SFTPB

(red), EGFP (green), and SCGB3A2 (grey) (right). Scale bars, 100 μm (wide-field

images), 50 μm (magnified images). Representative images from three biologically

independent experiments. **e**, Pseudotemporal trajectory reconstruction of epithelial

subtypes using Monocle3. **f**, Schematic summarizing developmental lineages inferred

from (**e**). **g**, Differentiation trajectory connecting d-LPCs to RAS cells. **h**, Volcano plot

of differentially expressed genes (DEGs) between d-LPCs and RAS cells. **i**, Gene set

enrichment analysis (GSEA) of DEGs from (**h**), ranked by normalized enrichment score

(NES).

Fig. 3 Enhanced antiviral activity of RAS cells during RSV infection. a, RSV

replication kinetics in d-ALOs quantified by RT–qPCR of viral RNA in supernatants

(left) and cell lysates (right) at indicated time points. Each dot is a well. n = 3 biological

replicates. **b,** Morphological changes in d-ALOs post-RSV infection. Left: overview;

right: magnified regions showing cytopathic effects. Scale bars, 50 μm (overview), 10

μm (magnified images). Representative of three independent experiments. **c**, UMAP

projection of single-cell transcriptomes colored by percentage of viral transcripts per

cell. **d**, Venn diagram comparing differentially expressed genes (DEGs) between RAS

cells with high infection (RAS cell[high]) versus the other clusters, and RAS cells with

low infection (RAS cell[low]) versus the same cluster in mock. **e**, Heatmap of 126

common DE genes across RSV-infected d-ALOs. **f**, Gene Ontology (GO) enrichment

analysis of shared DE genes, highlighting "defense response to virus" as the top

pathway. The full name of the term marked by an asterisk is 'Antigen Presentation:

Folding, assembly and peptide loading of class I MHC'.

Fig. 4 TLR5 activation mediates microbial-induced inflammatory responses in RAS cells. a, Expression of Toll-like receptors (TLRs) across all cell clusters (Extended Data Fig. 5c). **b**, Violin plots comparing *TLR5* expression in RAS cells under indicated experimental conditions. **c**, Whole-mount immunofluorescence of TLR5 (green) in

RAS cells (SFTPB, red and SCGB3A2, grey) in d-ALO. Nuclei counterstained with

Hoechst (blue). Scale bars, 20 μm. Representative of three independent experiments. **d**,

Cytokine/chemokine secretion (CXCL8, CXCL10, IL-6, IL-1β, TNF-α) from d-ALOs

stimulated with 1 μg/ml FLA-PA protein ± 1 μM TLR5 inhibitor TH1020 (72 h). **e**,

Co-staining of TLR5 (red), SCGB3A2 (blue), and human nuclear antigen (HUNU,

white) in transplanted d-ALOs 4 weeks post-engraftment in NSG mice. Scale bars, 50

μm (low-magnification images), 20 μm (magnified images). Representative of two

independent transplants. **f**, Quantitative PCR analysis of inflammatory mediators in

PAO1 lysate-stimulated transplanted d-ALOs with or without 1 μM TH1020 (48 h). **g**,

Immunofluorescence of SCGB3A2 (green), CXCL8/CXCL10 (red), SFTPB/TLR5

(white), and DAPI (blue) in human lung sections from control and *Pseudomonas*

aeruginosa-infected COPD patients. White boxed area is expanded. Scale bars, 50 μm.

Representative of two patients per condition. **d,f**, Data are presented as mean

values ± s.e.m. *P*-values were calculated by one-way ANOVA and Tukey's multiple

comparison test. n=3 biological replicates.

Extended Data figures

Extended Data Fig. 1 Characterization of proximal and distal lung organoid

differentiation. a, Differentiation protocol workflow for generating proximal lung

organoids (p-LOs) from hPSCs. **b**, Bright-field images comparing organoid

morphology under untreated versus dissociation conditions during lung progenitor cell

(LPC) induction. Scale bars, 500 μm (far left and middle two panels), 200 μm (right

panels). Representative of three biologically independent experiments. **c**, Phase-

contrast images of day 8 p-LOs and d-LOs counterstained with Hoechst. Scale bars,

500 μm. **d**, Organoid yield quantification (number per Matrigel droplet). **e**, Organoid

diameter measurements. **f**, Representative flow cytometry analysis of NKX2-1

expression in p-LOs versus d-LOs. n = 3 independent experiments. **g,h**, Percentage (**g**)

and mean fluorescence intensity (MFI) (**h**) of NKX2-1$^+$ cells. **i**, qPCR analysis of lung-

specific and endodermal lineage markers in p-LOs and d-LOs derived from hESC lines

(H1, H9) and induced pluripotent stem cells (hiPSCs). **d,e,g,h,i**, Data are presented as

mean ± s.e.m. (n=3 biological replicates). *P*-values calculated using two-tailed

Student's *t*-test.

Extended Data Fig. 2 Cellular characterization of lung organoids through single-cell transcriptomics. a, Integrated UMAP projection of p-LOs and d-LOs colored by annotated major cell types (left) and experimental conditions (right). **b**, Dot plot displaying canonical lineage markers for epithelial, mesenchymal, and neural cell populations. **c**, Epithelial subcluster marker expression distinguishing d-LPC, p-LPC, neuroendocrine cells, cycling cells, and hindgut-like cells. **d,e**, Gene Ontology (GO) enrichment analysis of biological processes enriched in p-LPC (**d**) and d-LPC (**e**)

853   clusters. **f**, Expression patterns of proximal and distal lineage markers from fetal lung[15]

854   in p-LPC and d-LPC clusters.

Extended Data Fig. 3 d-LOs generate distal airway and alveolar lineages

containing RAS cells. a, Differentiation timeline for generating airway and alveolar

organoids from proximal (p-LO) and distal (d-LO) lung organoids. Arrows indicate

time points for qPCR and scRNA-seq analyses. **b**, qPCR quantification of lung lineage

markers in p-LO- and d-LO-derived organoids. Lung epithelial marker: *NKX2-1*;

Airway markers: *SCGB3A2*, *TP63*, *MUC5AC*, *SCGB1A1*, *FOXJ1*; alveolar markers:

SFTPB, *AGER*, *PDPN*, *SFTPC*, *LAMP3*. Data are presented as mean ± s.e.m. (n=3).

P-values calculated by one-way ANOVA with Tukey's multiple comparison test. **c**,

Immunofluorescence co-staining of lineage markers in organoids: basal (TP63), distal

secretory (SCGB3A2, SFTPB), multiciliated (Ac-Tub), mesenchymal (VIM), goblet

(MUC5AC), AT2 (SFTPB, SFTPC, NKX2-1), and AT1 (AGER). Insets on select

images highlight protein expression in specific cells. Scale bars, 50 μm (low-

magnification images), 20 μm (expanded insets). Representative of three independent

experiments. **d**, Schematic of regional lineage specification from proximal airway and

distal airway/alveolar organoids.

Extended Data Fig. 4 Functional validation of distal lung organoid derivatives. a,

Time-lapse phase-contrast imaging of forskolin-induced swelling in distal airway

organoids (d-AWO) derived from d-LOs. Scale bars, 1 mm (upper panel), 500 μm

(lower panel). **b**, Quantification of normalized luminal swelling area in d-AWOs over

24 hours. Bars represent mean ± s.e.m. (n=20 organoids). *P*-values calculated using

two-tailed Student's *t*-test. **c**, Schematic of apical-out (AO) polarity model (left) and

representative microscopy showing cilia in AO-d-AWO. Scale bar, 10 μm. **d**,

Transmission electron microscopy (TEM) of d-ALOs showing lamellar body-like

structures. Scale bar, 500 nm. **e,f**, BODIPY-labeled phosphatidylcholine uptake in

Matrigel-embedded (**e**) and apical-out (**f**) d-ALOs. Scale bars, 20 μm. Representative

of three independent experiments. **g**, Workflow for subrenal capsule transplantation of

d-ALOs into NSG mice. **h**, Macroscopic images of transplanted d-ALOs (green) at 4

weeks post-engraftment. Arrows indicate vasculature. Scale bar, 1 mm. **i**, Hematoxylin

and eosin (H&E) staining of d-ALO grafts at 4 weeks post-transplantation. Scale bar,

400 μm.

Extended Data Fig. 5 Characterization of cell populations in differentiating lung

organoids from proximal and distal lineages using single-cell RNA sequencing. a,b,

UMAP projections of single-cell RNA sequencing data from d-LOs and organoids

under differentiation conditions, colored by all (**a**) or individual differentiation

time/media conditions (**b**). **c**, Annotated UMAP distinguishing major cell types across

differentiation conditions. **d**, Dot plot of canonical markers defining cell clusters in (**c**).

e, Violin plots illustrating the expression of *NKX2-1*, *SCGB3A2*, *CFTR*, *CEACAM6*,

SFTPB, *MUC1*, *SLC4A4*, and *STEAP4* within the RAS cell cluster across different

time/media conditions. **f**, Heatmap of gene expression dynamics along the

pseudotemporal trajectory from d-LPCs to RAS cells (pseudotime scale above). **g**,

Smoothed expression patterns of select lineage-associated genes during d-LPC-to-RAS

cell differentiation.

Extended Data Fig. 6 Lineage potential of RAS cells in d-LO-derived organoids.

a,b, UMAP projections of single-cell transcriptomes from d-LOs and their derivatives.

Cells colored by experimental conditions (**a**) or annotated cell types (**b**). **c**, Proportional

distribution of cell types in d-LOs versus d-LO-derived organoids. **d**, Schematic

919   showing trajectory analysis identifying four differentiation paths from RAS cells to

920   PNEC, basal, and AT2 lineages as well as from p-LPC to ciliated cell. **e-h**, UMAP

921   projections depicting four cellular trajectories with color indicating progression (top)

922   and heatmaps of trajectory-defining gene expression (bottom) across pseudotime for

923   each lineage relationship.

Extended Data Fig. 7 Immune defense capacity of RAS cells in d-LO derived

organoids. a, qPCR analysis of *CXCL8*, *CXCL10*, *IL-6*, and *TNF-α* expression in d-

ALOs infected with RSV (MOI 0.1) at 24 and72 hours post-infection (hpi). **b-e**, GO

enrichment analysis of RAS cell^high versus the other clusters in infected organoids and

RAS cell^low versus mock. **f**, Cytokine/chemokine secretion (CXCL8, CXCL10, IL-6,

IL-1β, TNF-α) from d-ALOs stimulated with increasing concentrations of FLA-PA

protein (1–50 μg/ml) over 6–72 hours. Data are presented as mean ± s.e.m. (n=3

biological replicates). **g**, Flow cytometry gating strategy for AT2 cell isolation using

HTII-280 surface marker. **h**, qPCR validation of *TLR5*, *SFTPC*, *SFTPB*, and *SCGB3A2*

expression in sorted HTII-280+ AT2 cells, confirming high alveolar (*SFTPC*) and low

immune (*TLR5*) signatures. **i**, Comparative RT-PCR analysis of *CXCL8* and *IL-6* in

942   whole d-ALOs versus sorted HTII-280$^+$ AT2-enriched organoids after 72 h FLA-PA

943   stimulation (1 µg/ml). **a,f,h,i**, Data are presented as mean ± s.e.m. (n=3). *P*-values

944   calculated using two-way ANOVA (**f**) or two-tailed Student's *t*-test (**a,h,i**).

946