The Hippo Signaling Pathway Regulates Corneal Endothelial Regeneration

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Abstract

Corneal endothelial cells (CECs) have limited regeneration capacity in primates while display a potent restorative capability in some species such as rodents after wounding. The mechanism which determines the regenerative capability of CECs remains poorly understood. Here, we identified that the Hippo pathway was inhibited and the downstream effector YAP was activated during CEC wound healing in rabbits. Knockdown of *Yap1* and pharmacological inhibition of YAP suppressed CECs wound healing in rodents in both *in vitro* and *in vivo* models. XMU-MP-1, a specific small molecular inhibitor for Hippo pathway, could promote the corneal endothelial regeneration in rodents and corneal endothelial proliferation in cultured primate CECs, as well as *in vivo* non-human primate CEC wounding model. These findings suggest that Hippo pathway serves as a conserved signal to regulate corneal endothelial regeneration among various species, providing a novel target for non-invasive treatment of corneal endothelium decompensation.

Key words: Corneal endothelium, regeneration, Hippo, YAP

One Sentence Summary: The Hippo pathway regulates corneal endothelial regeneration across species, revealing a therapeutic strategy for corneal endothelial decompensation.

INTRODUCTION

The inner surface of cornea consists a single layer of hexagonal corneal endothelial cells (CECs) which maintain hydration and transparency of cornea through barrier function and pump function of CECs (*1, 2*). The normal density of CEC in adult humans is 2500 cells/mm^2 in average (*3*). When CEC density falls below a critical threshold around 500 cells/mm^2, the corneal endothelial function will be decompensated, with the result of corneal edema, opacity and progressive vision loss (*4, 5*), constituting one of the leading causes of corneal blindness (*6*).

Currently, surgical treatment is the major therapeutic approach for corneal endothelial decompensation, including Descemet stripping endothelial keratoplasty and Descemet's membrane endothelial keratoplasty (*7, 8*). However, it is limited by global shortage of corneal donor tissue. Several researches tried to transplant cultured human CECs (*9, 10*) and human pluripotent stem cell derived CECs (*11*) to replenish the lost CECs. A series of studies on animal models (*12-15*) and clinical trials (*16-18*) have shown that Rho-kinase inhibitors (ROCKi) could promote CEC wound healing. However, there are currently no pharmaceutical interventions clinically approved for corneal endothelial decompensation.

The regenerative capacity of CEC varies among species. Although CECs in primates exhibit limited *in vivo* proliferation capacity, CECs in rodents such as rabbit and mouse demonstrate a robust ability to regenerate (*19, 20*), while underneath mechanism is poorly understood. Over the past few years, tissues from other species possessing regenerative capability have been extensively utilized to study the molecular mechanism, contributing to identification of novel pharmaceutical targets to treat human diseases (*21-23*). Therefore, investigating the mechanism of corneal endothelial wound healing in rodents may provide insights for exploring strategies for human corneal endothelial regeneration.

The Hippo pathway has been reported to play a crucial role in tissue wound healing and organ development and regeneration (*24-27*). It function via a phosphorylation cascade involving MST1/2, LATS1/2, and MOB1A/B proteins, which subsequently

phosphorylates the downstream transcriptional cofactors YAP/TAZ for their

cytoplasmic retention. When the Hippo pathway is inactivated, unphosphorylated

YAP/TAZ translocates into the nucleus and initiates transcription of pro-proliferative

and pro-survival genes to promote cell regeneration (*28, 29*). In this study, we

investigated the role of Hippo signaling pathway on corneal endothelial wound

healing and determined whether this signaling pathway can be a regulator of corneal

endothelial regeneration in multiple species.

RESULTS

Hippo pathway is a predominant regenerative signal changed during corneal

endothelial wound healing process

To probe the mechanism of corneal endothelial wound healing in rabbits, we scraped

the central CECs and performed RNA-sequencing on CECs from central area and

peripheral area during the process of wound healing on day 7 (Fig.1A). 354 genes

were upregulated and 475 genes were downregulated in CECs from central area (D7C)

compared with that of peripheral area (D7P) (Fig.1B). Kyoto Encyclopedia of Genes

and Genomes (KEGG) enrichment analysis revealed that the differentially expressed

genes (DEGs) were predominantly associated with extracellular matrix

(ECM)-receptor interaction, focal adhesion, cell cycle, p53 pathway as well as Hippo

signaling pathway (Fig.1C). Protein-Protein Interaction Networks (PPI) showed that

the core proteins of the top 100 pairs of interactions include CDK1, BUB1, PLK2,

NDC80, CDKN1A, CCNB1, AURKB, LRGUK, BMP4 and TOP2A (Fig.1D), and the

corresponded genes were mostly cell cycle-related genes. Notably, majority of these

genes are downstream genes of Hippo-YAP pathway (*30*). KEGG enrichment for

genes related to the top 100 of PPIs also showed significant enrichment in the Hippo

signaling pathway (Fig.1E), which has been reported to regulate mitotic cell cycle in

mammals (*31-34*). Additionally, uninjured central CECs (D0C) and fully recovered

CECs (D14C) were subjected to RNA-sequencing. Downstream genes of the Hippo

pathway exhibited significant upregulation during CEC regeneration and

downregulation upon completion of wound healing in rabbit (Fig.1F).

We further investigated the function of Hippo pathway in CEC wound healing

across species using a rabbit CEC cryoinjury model, a mouse UV-induced CEC

damage model, and an *in vitro* primary monkey CEC scraping model. YAP

phosphorylation was significantly decreased on day 7 and returned to baseline level

on day 14 after CEC cryoinjury in rabbit (Fig.1, G and H). Phosphorylated MST1 and

LATS1, two key kinases in the Hippo pathway, showed similar pattern (Fig.1, G and

H). There was obvious YAP nuclear translocation on day 7 compared to day 0 (Fig.1I).

Similar finding was also detected during wound healing of UV-induced mouse CEC

damage (fig.S1, A and B) and the primary monkey CEC scraping model (fig.S1, C to

E). Collectively, these results indicated that the Hippo pathway was downregulated

and YAP was activated during CEC wound healing in different species.

Hippo pathway is a major regulator of CEC regeneration

To elucidate the role of Hippo pathway in CEC regeneration, we applied verteporfin,

a specific inhibitor of YAP which disrupts the YAP-TEAD interaction (*35*), to block

YAP function. EdU labeling and Ki67 staining showed reduced proliferation of

primary rabbit CECs under verteporfin treatment (Fig.2A). CCK8 assay showed that

verteporfin inhibited viability of primary rabbit CECs in a dose-dependent manner

(Fig.2B). Human CEC line B4G12 demonstrated similar changes after YAP inhibition

(fig.S2). Verteporfin eye drops were subsequently administrated to treat rabbits

following corneal endothelial cryoinjury, and the cornea showed reduced transparency

on day 7 and cloudy central cornea on day 13 (Fig.2, C and F). Anterior segment

optical coherence tomography (OCT) examination showed delayed recovery of

corneal edema in verteporfin treated rabbit (Fig.2, D and F). Alizarin red staining of

rabbit corneas on day 13 confirmed delayed CEC wound healing after verteporfin

application, characterized by absence of cellular structure in the central corneal

endothelium (Fig.2E). Similar results were observed in mouse with UV radiation

induced corneal endothelial damage (Fig.2, G to J). Putting together, pharmacological

YAP inhibition suppressed the regeneration of CECs in both *in vitro* and *in vivo*

models across species.

To further confirm the function of YAP in corneal endothelium, primary rabbit

CECs were transfected with a siRNA specific to *Yap1*. EdU and Ki67 positive cells

were significantly reduced after knockdown of *Yap1* (Fig.2, K, L and N). Cell

viability was also reduced after knockdown of *Yap1* as measured by CCK8 assay (Fig.

2M). Similar results were observed in B4G12 cell line (fig.S3). Next, we determined

the effect of *Yap1* knockdown on wound healing in a mouse model. The

adeno-associated virus (AAV) vector carrying *Yap1*-specific short hairpin RNA

(AAV-*Yap1*-shRNA) was injected into mouse anterior chamber and verified by

ZsGreen expression in the corneal endothelium 4 weeks after injection (Fig. 2O).

Yap1 mRNA expression was suppressed in the corneal endothelium of

AAV-*Yap1*-shRNA mice (Fig. 2P), and the mice showed a delayed recovery from

corneal opaque and stromal edema after UV radiation damage (Fig.2, Q, R and T).

Taken together, pharmacological YAP inhibition and *Yap1* knockdown significantly

suppressed corneal endothelial regeneration, supporting the function of Hippo

signaling pathway in corneal endothelial wound healing.

Pharmaceutical inhibition of Hippo pathway with XMU-MP-1 promotes CEC

regeneration

XMU-MP-1, a specific MST1/2 inhibitor (*36*), can block Hippo pathway and restrain

the phosphorylation of YAP. We applied XMU-MP-1 in primary rabbit CEC culture

and found it can reduce YAP phosphorylation and enhance YAP nuclear translocation

in rabbit CECs (fig.S4, A, C, E and F). Additionally, XMU-MP-1 increased EdU and

Ki67 positive cells in both rabbit CECs (Fig.3, A and B) and human B4G12 cell line

(fig.S5, A to D), and enhanced the cell viability (Fig.3C and fig.S5E). Cell cycle

analysis revealed a significant decrease of cells in G1-phase and increase of cells in

G2/M-phase after XMU-MP-1 application (fig.S6, A and B). XMU-MP-1 treatment

also upregulated the expression of cell cycle-related genes including E2F1, CCND1,

CCND3, CCNA2 and CCNE1 (fig.S6, C and D).

Furthermore, XMU-MP-1 was topically applied in corneal endothelial wound

models and found it expedited corneal endothelial wound healing and corneal edema

recovery in both rabbits (Fig.3, D to G) and mice (Fig.3, H to K). Immunostaining

revealed that XMU-MP-1-treated mouse corneas showed more contiguous ZO-1 (Fig.3, L and N) and increased Na^+/K^+-ATPase (Fig.3, M and O) expression. Additionally, more EdU-positive cells were found in the corneal endothelium of XMU-MP-1 treated mice (Fig.3P). These results indicated that XMU-MP-1 could promote CEC regeneration and functional restoration.

To verify whether XMU-MP-1 can penetrate the cornea, liquid chromatography-tandem mass spectrometry analysis was utilized to assay the concentration of XMU-MP-1 in the rabbit corneal endothelium 1 hour after topical application, and 2974.44 $\pm$ 17.43 ng/g of XMU-MP-1 was detected (fig.S7A). The nuclear translocation of YAP in mouse CECs was also observed following administration of XMU-MP-1 (fig.S7B).

We further evaluated the ocular manifestation after 4 weeks topical administration of XMU-MP-1 in normal mice. No corneal limbal neovascularization, corneal epithelial defect or corneal thickness changes were observed after XMU-MP-1 application (fig.S8, A and B). There was also no evidence of abnormal tissue proliferation in the conjunctiva, Meibomian glands, or lacrimal glands (fig.S8C). Additionally, there was no significant difference in tear production, intraocular pressure, axial length, or refraction (fig.S8, D to G) compared with that of the control group. There was also no abnormal retinal thickening or neovascularization detected after XMU-MP-1 application (fig.S8, H and I).

XMU-MP-1 promotes CEC regeneration in primates

To investigate the effect of XMU-MP-1 on primate CECs, we firstly treated the primary cultured human CECs (Fig.4, A and B) and monkey CECs (Fig.4, C and D) with XMU-MP-1. The results showed that EdU-positive and Ki67-positive cells in both types of CECs increased with XMU-MP-1 administration. Nuclei counting confirmed higher cell density in XMU-MP-1 treated groups despite equal seeding densities (Fig.4, A to D). Next, the XMU-MP-1 treatment was applied to an *ex vivo* monkey corneal endothelial scraping model. Trypan blue staining demonstrated that XMU-MP-1 promoted monkey CEC wound healing, with the defect area completely healed by day 4 post scraping (Fig.4, E and F).

Last, XMU-MP-1 solution was topically applied in cynomolgus monkey after cryoinjury of the central corneas. The slit lamp microscopy (Fig.4, G and J) and

anterior segment OCT examination (Fig.4, H and K) showed that the corneal
transparency and thickness restored to normal in XMU-MP-1 treated eyes at week 3,
while one control cornea remained obvious opacity and edema. CECs were observed
under in vivo confocal microscopy and regular cell morphology was observed 3
weeks after topical application of XMU-MP-1 (Fig.4I). CECs density in the central
cornea was restored to pre-injury level with XMU-MP-1 treatment, while it was about
half of pre-injury level in control eyes (Fig.4L). These findings suggest that
XMU-MP-1 effectively promotes CEC regeneration in primates.

DISCUSSION

In this study, we investigated the mechanism involved in CEC regeneration in rabbits
and identified Hippo signaling pathway as an important regulator in this process.
Hippo pathway inhibitor exhibited efficacy in promoting CEC regeneration across
mouse, rabbit and monkey corneal endothelial wounding models, indicating the
potential of its clinical application in treating corneal endothelial decompensation.

For decades, how to regenerate human CECs has remained a huge challenge.
Previous studies have demonstrated that nuclear translocation of YAP is associated
with proliferation in primary culture of human CECs (*37, 38*), exogenous YAP could
induce cell proliferation in contact-inhibited human CECs monolayers (*39*). However,
the role of the Hippo pathway in CEC regeneration in vivo remains unknown. Our
results derived in multi-species in vivo demonstrated that CECs regeneration is
regulated by the Hippo pathway. In mouse corneal endothelial wounding model,
EdU-positive cells were presented at the margin of injured region on day 3 post injury
and expanded to nearly the entire damaged region on day 8 (fig.S9A). Nevertheless,
no EdU-positive cells were observed in the peripheral corneal endothelium (fig.S9A)
and the uninjured corneal endothelium (fig.S9B), indicating the wound healing
process initiates in the CECs at the wound margin, and the cell regeneration process is
associated with the inactivation of Hippo pathway. Thus we speculate that the
inability of human CECs to regenerate may due to evolutionary loss of the capacity to
block the Hippo pathway following injury, a capacity which is retained in rodents.

Notably, YAP activation is also associated with endothelial-to-mesenchymal
transition (EndMT) (*6*), a pathological process during CEC wound healing
characterized by upregulation of fibroblast biomarkers (*40*). Our previous study has
found that rabbit CECs underwent a transient fibrotic EndMT following injury, and

reversed back to an endothelial phenotype upon completion of wound healing (*40*). In this study, YAP activation has been demonstrated to promote cell cycle progression of CECs, and the CECs morphology could be restored to relatively normal state over time, concomitant with functional recovery of the corneal endothelium (fig.S10). Therefore, EndMT may be also involved in the wound healing of CECs that regulated by YAP.

Although XMU-MP-1 has been shown to effectively promote corneal endothelial regeneration, potential side effects arising from YAP activation (*41*) should be carefully considered. Our evaluation demonstrated that XMU-MP-1 exhibited ocular safety in mice following 4 weeks of topical administration (fig.S8). Besides XMU-MP-1, TRULI and DMX-5804 are also pharmaceutical inhibitors for the Hippo pathway, which inhibit LATS1/2 (*42*) and non-canonical Hippo pathway MAPK4Ks (*43*), respectively. In our study, topical administration of TRULI and DMX-5804 also showed effects in promoting CEC proliferation in vitro and in vivo (fig.S11).

In the monkey experiments, we observed lower cell density and obviously irregular cell morphology in central corneal endothelium of the control group. Although one control cornea restored transparency 3 weeks post injury, which may be due to functional compensation of the surviving CECs, the CEC density of that control cornea did not restore to normal level. In comparison, XMU-MP-1 treatment restored both the cell density and morphology of central CECs to near normal levels, demonstrating the efficacy of XMU-MP-1 in promoting primate CECs regeneration. Based on the results obtained from the control group, it is reasonable to suspect that monkey CECs also possess a weak regenerative capacity in vivo, which is not identical to that of human. Given the difference between animal models and clinical conditions, future clinical study is necessary.

In summary, we identified the Hippo signaling pathway as a regulator for CEC regeneration. Pharmaceutical inhibition of the Hippo pathway promotes corneal endothelial proliferation in multiple corneal endothelial wounding models across species, highlighting its potential for corneal endothelial decompensation treatment.

MATERIALS AND METHODS

Study design

We designed a series of studies to determine the mechanism by which Hippo pathway

is involved in regeneration of CECs and to validate the hypothesis that targeting

Hippo pathway can effectively promote corneal endothelial regeneration. We first

performed RNA-sequencing in a rabbit model of corneal endothelial injury to identify

key genes and signaling pathway involved in regeneration of CECs during wound

healing. Next, we examined the role of Hippo pathway in corneal endothelial

regeneration in cellular and rabbit and mouse models. We then investigated

downstream mechanism to determine whether corneal endothelial regeneration was

induced by cell cycle mediated by Hippo pathway inhibition. Last, we targeted Hippo

pathway in primary culture of rabbit, monkey and human CECs and B4G12 cell line,

and in corneal endothelial injury models of rabbit, mouse and monkey to verify

whether inhibiting Hippo pathway can promote corneal endothelial regeneration.

Animals were randomly assigned to their respective treatment groups. Please refer to

the Supplementary Materials for more method details.

Preparation of compounds

The solvent for XMU-MP-1 (MCE, HY-100526) and verteporfin (MCE, HY-B0146)

consisted of 5% dimethyl sulfoxide (DMSO, MCE, HY-Y0320C), 20% polyethylene

glycol 300 (PEG300, MCE, HY-Y0873) and 75% phosphate buffered solution (PBS,

Solarbio, P1020).

Animal

All animals, regardless of gender, were housed in Xiamen University Laboratory

Animal Center and maintained under a 12-h light/dark cycle, free access to water and

food. Animals used in this study were treated in accordance with the ARVO Statement

for the Use of Animals in Ophthalmic and Vision Research. The monkey experiments

were performed according to the protocol approved by the Laboratory Animal

Management and Ethics Committee of Xiamen University (Approval No.

XMULAC20240087).

Animal examination

Corneal images were obtained using the slit-lamp microscope (TAKAGI, 700GL) and

high-definition camera (Canon, EOS 7D). Anterior segment OCT images of rabbits

and monkeys were obtained by swept-source OCT (TowardPi, Yalkaid YG-100K) and

Small Animal Retina Imaging System (Optoprobe) was used for mice. A

laser-scanning in vivo confocal microscope with a corneal imaging module (Heidelberg, HRT3-RCM) was used to observe the central CECs of monkeys, and the method of cell counting refers to our previous study (44).

Cynomolgus monkey corneal endothelial wound model

Central corneal endothelium damage was performed using transcorneal cryogenic method as previously described (45). The corneal endothelium of two cynomolgus monkeys was damaged under general anesthesia by transcorneal freezing with a 5-mm-diameter probe for 20 seconds. Before freezing, the copper probe was immersed in liquid nitrogen for 3 minutes to stabilize its temperature at approximately -196℃.

To evaluate the effect of XMU-MP-1 on CECs wound healing, XMU-MP-1 (50 μM) was topically applied to the right eye of each animal 4 times daily for 3 weeks. Solvent was applied to the lateral eye as a control. The experiments on two eyes were conducted separately to avoid affecting the monkeys in their daily activities.

Rabbit corneal endothelial wound model

The corneal endothelium of New Zealand white rabbits was damaged under general anesthesia by transcorneal freezing with a 6-mm-diameter probe for 15 seconds. XMU-MP-1 (50 μM) or verteporfin (50 μM) was topically applied to rabbit eyes 4 times daily after corneal endothelial wounding. For the control group, solvent was administrated.

Mouse corneal endothelial wound model

The UV-induced mouse corneal endothelial injury was performed as previously reported with modification (46). In brief, a UVB LED light source (Spectronics Corporation, EB-160C) with an emission peak of 312 nm light, 40 nm bandwidth and irradiance of 620 μW/cm^2 was focused to illuminate a 2-mm-diameter spot onto the mouse cornea for 7 min with the total irradiance energy of 260.4 J/cm^2. After irradiation, 2 μl of XMU-MP-1 (1 μM) or verteporfin (50 μM) was topically applied to mouse eyes 4 times daily, and solvent was applied to the control group.

AAV injection in mouse

For corneal endothelium-specific knockdown of *Yap1*, 8-week-old C57BL/6 mice were anesthetized and anterior chamber was injected with AAV Control-ZsGreen or AAV Yap1 shRNA-ZsGreen (1.3×10^{11} genome copies per eye, Hanbio) using a 34-gauge needle. ZsGreen expression was detected in vivo using stereo fluorescence

microscope (Leica, M165FC) 4 weeks after injection, then the mice were used to generate corneal endothelial wound model.

Evaluation of corneal transparency

The cornea was observed under slit-lamp microscope and the corneal transparency was evaluated with scores ranged from 0 to 4 as previously reported (*47*): 0, a normal cornea; 0.5, a slight haze visible only under a slit-lamp microscope; 1, a mild haze; 2, a moderate haze with a visible iris; 3, a severe haze with an invisible iris; and 4, a severe haze with corneal ulceration.

Ex vivo monkey corneal endothelial scraping model

Two monkey corneas were divided into 12 equal pieces. After culturing for 24 hours with the endothelial surface facing upward, CECs were scraped off within a 2 mm diameter area using a soft rubber rod. Trypan blue staining was used to visualize areas of endothelial defect. The corneal explants were cultured in Dulbecco's Modified Eagle Medium/Nutrient Mixture F-12 (DMEM/F12, Gibco, 11320033) supplemented with 5% fetal bovine serum (FBS, ABW, AB-FBS-0050), 0.5% DMSO, 2 ng/mL mouse EGF (Gibco, PMG8041), 1% Insulin-Transferrin-Selenium-Ethanolamine (ITS-X, Gibco, A4000046401), 0.5 µg/mL hydrocortisone (Yeasen, 54576ES03) and 1% penicillin/streptomycin (P/S, Gibco, 15140-122), with culture medium changed every other day.

Isolation and primary culture of monkey CECs

Monkey CECs were isolated through Descemet's stripping and digestion with 1 mg/mL collagenase A (Merck, 10103578001) for 6 h at 37℃. After 5 min in TrypLE (Thermo Fisher Scientific, 12605010) at 37°C, CECs were pelleted at 1200 rpm for 5 min and plated on fibronectin coating mix (AthenaES, 0407) treated wells. The cells were cultured in Dulbecco's Modified Eagle Medium (DMEM, Gibco, 11965092) with 10% FBS at 37°C in 5% CO_2.

Isolation and primary culture of human CECs and rabbit CECs

Human tissue was handled according to the Declaration of Helsinki. Corneoscleral tissues from human donor eyes were obtained from the Eye Bank of Xiamen Eye Center of Xiamen University immediately after the central corneal button had been used for corneal transplantation. Human CECs and rabbit CECs were isolated using our previous method (*48*), and the cells were cultured in DMEM/F12 supplemented with 5% FBS, 0.5% DMSO, 2 ng/mL mouse EGF, 1% ITS-X, 0.5 µg/mL

367 hydrocortisone and 1% P/S.

Transfection of rabbit CECs and B4G12 with siRNA

369 YAP expression was knocked down in rabbit CECs and B4G12 cell line by transfection with the YAP siRNA (Sangon Biotech) using RNATransMate (Sangon Biotech, E607402) following the manufacturer's instruction, with negative control (NC) siRNA as control.

In vitro and in vivo EdU labeling

374 For *in vitro* EdU labeling, EdU (APExBIO, B8337) was supplemented in the culture medium for a final concentration of 20 mg/ml. Cells were collected after 8 hours labeling.

377 For *in vivo* EdU labeling, mice were given an intraperitoneal injection with 50 mg/kg of EdU in sterile PBS for 8 consecutive days. After that, the animals were sacrificed and the corneas were collected for cryosection. EdU signal in corneal endothelium was detected using the Click-iT EdU Alexa Fluor 647 imaging kit (Invitrogen, C10640) according to the manufacturer's instruction.

RNA sequencing

383 After general anesthesia, rabbit central CECs with a diameter of 6 mm were scraped off. Corneal endothelium from central and peripheral area was separated for RNA extraction on day 0, day 7 and day 14. Corneal endothelia from six rabbits were pooled into one sample. Total RNA was extracted with Total RNA Extraction Reagent (Abclonal, RK30129) according to the manufacturer's protocol. RNA sequencing analysis was performed on Illumina HiSeq^{TM} 4000 system by Beijing CapitalBio Technology, China. Besides, the RNA was sheared and reverse transcribed to get cDNA used for library construction. After that, sequencing was performed on the prepared library. All the generated raw sequencing reads were filtered to get clean reads stored as FASTQ format. RSEM was used to quantify the Genes expression level (FPKM). DESeq2 package was used for comparative analysis of differences. The screening criteria for differentially expressed genes were $|log2FC| >= 1$ and p-Value $<= 0.05$. Gene Ontology (GO) and pathway annotation and enrichment analyses were based on the Gene Ontology Database (http://www.geneontology.org/) and KEGG pathway database (http://www.genome.jp/kegg/), respectively. Bioinformatic analysis was performed using Omicsmart, a dynamic real-time interactive online platform for data analysis (http://www.omicsmart.com).

CCK-8 assay

The CCK-8 solution (Vazyme, A311-01) was added to the culture medium, and the

absorbance value (450 nm) for each well was determined 2 hours later using a

microplate reader (Thermo, Multiskan GO).

Western blot analysis

Western blot analysis was performed as previously described (*49*). The equal amount

of protein was resolved by SDS-PAGE and immunoblotted with primary antibodies

for YAP1 (Abclonal, A19134), phospho-YAP1-S127 (Abcam, ab186735), LATS1/2

(Proteintech, 17049-1-AP), phospho-LATS1/2 (Thr1079) (Proteintech, 28998-1-AP),

MST1/2 (Proteintech, 22245-1-AP), phospho-MST1 (Thr183)/MST2 (Thr180)

(Proteintech, 80093-1-RR), MOB1 (Proteintech, 11669-1-AP), phospho-MOB1

(Thr12) (Proteintech, 29027-1-AP) and β-actin (Abcam, 8226). Primary antibodies

were then detected with HRP-conjugated goat anti-rabbit antibody (Abclonal, AS014),

and the band intensity was semiquantified by densitometry using ImageJ software and

normalized by β-actin levels.

Quantitative real-time polymerase chain reaction (qRT-PCR)

Total RNA was extracted using Total RNA Extraction Reagent (Abclonal, RK30129),

and cDNA was made by using the RT Master Mix for qPCR (Abclonal, RK20433).

Real-time qPCR was performed with the SYBR Green qPCR Mix with UDG

(Abclonal, RK21219), and the primer sequences are listed in Table S1. The mixture

was held at 37℃ for 2 min and then heated to 95℃ for 3 min, cycled 40 times (95℃

for 5 s, 60℃ for 30 s). Melting curves were generated by increasing the temperature

from 55℃ to 95℃ in 0.5℃ increments at 10 s intervals and then visually to ensure

that a single peak was present for each primer. Threshold amplification values (Ct)

were assigned by the LightCycler 96 analysis software (Roche).

Immunofluorescence staining on cells and corneal whole mount

Cells or corneas were fixed with 4% paraformaldehyde for 20 min and incubated with

2% bovine serum albumin for 60 min to reduce background noise. The cells or

corneas were then labeled with primary rabbit antibodies for YAP1 (Abclonal,

A19134), Ki67 (Abcam, ab16667), ZO-1 (Invitrogen, 61-7300) or Na^+-K^+ATPase

(Abcam, ab76020) overnight at 4℃. After 3 washes with PBS, the samples were

incubated with goat anti-rabbit lgG (Abclonal, AS053) for 120 min. The nuclei were

stained with DAPI (Beyotime, C1005) for 10 min. The samples were observed under

a laser scanning confocal microscopy (ZEISS, LSM880).

Alizarin Red staining

Mouse or rabbit corneas were incubated with Alizarin Red S solution (Solarbio, G1452) for 5 min. After that, the corneas were fixed with 4% paraformaldehyde for 20 min and cut into flat mount. Images were captured with a microscope (Zeiss, Axio Lab.A1).

Statistical analysis

Statistical analysis was performed using GraphPad Prism software 9.0. Data were presented as mean $\pm$ SEM and analyzed by unpaired Student's t test for two groups and ANOVA for more than two groups. $P < 0.05$ was considered statistical significant.

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Fig.1. Transcriptomic analysis implicates Hippo pathway in CEC regeneration. (A)
Diagram showing the experimental design. Rabbits central and peripheral CECs were taken
for RNA sequencing separately on day 7 after injury. (B) Volcano plot of the significant DEGs
between the central and peripheral CECs. (C) The KEGG enrichment of DEGs in (B). (D)
The core proteins of the top 100 PPIs. (E) The top 10 of KEGG enrichment for genes related
to the top 100 of PPIs in (D). (F) The heatmap of downstream genes of the Hippo pathway. (G,
H) Western blot analysis of p-YAP, YAP, p-MST1/2, MST1/2, p-LATS1/2, LATS1/2 and
β-actin, the protein levels were quantified by densitometry (n=3). (I) Representative
immunofluorescence images of YAP and the ratio of nuclear YAP to cytoplasm YAP, five cells
were randomly selected for measurement and averaged in each sample (n = 3). *P < 0.05, **P
< 0.01, ***P < 0.001, error bars, mean ± SEM. Scale bars represent 10 μm in (I). Nuc,
nucleus; Cyt, cytoplasm.

Fig.2. Pharmacological YAP inhibition and knockdown of Yap1 suppressed CEC regeneration. (A) Representative staining images of primary rabbit CECs and percentage of EdU and Ki67 positive cells and counting of DAPI (n = 3). (B) CCK-8 assay of primary rabbit CECs. (C to E) Representative slit-lamp images (C), anterior segment OCT images (D) and corneal alizarin red staining images (E) of rabbits. (F) Corneal transparency score and central corneal thickness of rabbits (n = 4). (G to J) Representative images (G to I) and corneal transparency score and central corneal thickness of mouse models (n = 5) (J). (K and L) Representative images (K) of EdU and Ki67 and percentage of EdU, Ki67 positive cells

and counting of DAPI (n = 3) (L). (M) CCK-8 assay of primary rabbit CECs. (Fold of control,
n = 6). (N) Western blot analysis of YAP in primary rabbit CECs (n = 3). (O) ZsGreen
expression in vivo and in corneal sections. (P) Relative mRNA expression of Yap1 in mice
corneal endothelium (n = 3). (Q) Representative slit-lamp images and corneal transparency
score of mice (n = 6). (R) Representative anterior segment OCT images and central corneal
thickness of mouse models (n = 6). (S) Representative corneal alizarin red staining images of
mice. *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001, error bars, mean ± SEM. Scale
bars represent 500 μm in (D), 200 μm in (E), 100 μm in (H and R), 50 μm in (A and K), 25
μm in (O), and 20 μm in (I and S). VP, verteporfin.

Fig.3. XMU-MP-1 promotes CEC regeneration in rabbit and mouse models. (A and B)
Representative staining images of primary rabbit CECs and percentage of EdU and Ki67
positive cells (n = 3). (C) CCK-8 assay of primary rabbit CECs (fold of control, n=4). (D to G)
Representative images (D to F) corneal transparency score and central corneal thickness of
rabbit models (n = 3) (G). (H to K) Representative images (H to J) and corneal transparency
score and central corneal thickness of mouse models (n = 6) (K). (L and M) EdU staining and
immunofluorescence of ZO-1 (L), Na^+-K^+ ATPase (M) of corneal endothelial whole mount.
(N and O) The intensities of ZO-1 (N) and Na^+-K^+ ATPase (O) (n = 3). (P) Quantification of
EdU positive cells and nuclei counting in (L and M) (n = 3). *P < 0.05, **P < 0.01, ***P <
0.001, ****P < 0.0001, error bars, mean ± SEM. Scale bars represent 500 μm in (G), 100 μm
in (I), 50 μm in (A), 25 μm in (L and M) and 20 μm in (F and J). X, XMU-MP-1; ip,
intraperitoneal injection.

Fig.4. XMU-MP-1 promotes CEC regeneration in non-human primate. (A) EdU and DAPI staining and immunofluorescence of Ki67, Na⁺-K⁺ATPase in primary human CECs. (B) Nuclei counting and percentage of EdU and Ki67 positive cells in (A) (n = 5). (C) EdU and DAPI staining and immunofluorescence of Ki67 and Na⁺-K⁺ ATPase in primary monkey CECs. (D) Nuclei counting and percentage of EdU and Ki67 positive cells in (C) (n = 3). (E and F) Trypan blue staining of monkey corneal endothelium explants and the healing rate quantified by stained area (n=4). (G to I) Slit-lamp images (G), anterior segment OCT images (H) and corneal endothelial in vivo confocal microscope graphs (I) of monkeys. (J to L) Corneal transparency score (J), central corneal thickness (K) and central CECs density (L) of monkeys (n=2). *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001, error bars, mean ± SEM. Scale bars represent 500 μm in (H) and 25 μm in (A and C). C, control; X, XMU-MP-1.