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Extracellular Matrix Stiffness in Lung Health and Disease

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Abstract

The extracellular matrix (ECM) provides structural support and imparts a wide variety of environmental cues to cells. In the past decade, a growing body of work revealed that the mechanical properties of the ECM, commonly known as matrix stiffness, regulate the fundamental cellular processes of the lung. There is growing appreciation that mechanical interplays between cells and associated ECM are essential to maintain lung homeostasis. Dysregulation of ECMderived mechanical signaling via altered mechanosensing and mechanotransduction pathways is associated with many common lung diseases. Matrix stiffening is a hallmark of lung fibrosis. The stiffened ECM is not merely a sequelae of lung fibrosis but can actively drive the progression of fibrotic lung disease. In this article, we provide a comprehensive view on the role of matrix stiffness in lung health and disease. We begin by summarizing the effects of matrix stiffness on the function and behavior of various lung cell types and on regulation of biomolecule activity and key physiological processes, including host immune response and cellular metabolism. We discuss the potential mechanisms by which cells probe matrix stiffness and convert mechanical signals to regulate gene expression. We highlight the factors that govern matrix stiffness and outline the role of matrix stiffness in lung development and the pathogenesis of pulmonary fibrosis, pulmonary hypertension, asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. We envision targeting of deleterious matrix mechanical cues for treatment of fibrotic lung disease. Advances in technologies for matrix stiffness measurements and design of stiffness-tunable matrix substrates are also explored.

Introduction

The extracellular matrix (ECM) is a cell-secreted, well-organized meshwork composed of various fibrous proteins and polysaccharides. It provides structural support to the cell and imparts crucial biochemical and mechanical cues that regulate cellular phenotype and function (63, 174). Studies in the past decade have established that the mechanical properties or stiffness of the ECM, defined as the extent to which the ECM resists deformation in

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response to mechanical stress, is of fundamental importance in lung health and disease. An optimal ECM rigidity is essential for lung development and the maintenance of proper lung function throughout adulthood (392, 450), whereas abnormal matrix stiffness is associated with many pathological conditions, including fibrosis of both the airways and parenchyma, pulmonary hypertension (PH), chronic obstructive pulmonary disease (COPD), asthma, and lung cancer (70, 370, 393, 405). Compelling evidence indicates that ECM stiffening, a hallmark of tissue fibrosis, is not merely an epiphenomenon of lung fibrosis but can actively drive dysregulation of cellular function, leading to persistent and/or progressive pulmonary fibrosis (158, 226, 451).

Cells can convert mechanical stimuli into chemical signals, a process that involves mechanosensing and mechanotransduction. Cells sense mechanical cues through transmembrane receptors and intracellular proteins that link them to the cytoskeleton. Mechanotransduction of matrix mechanical cues initiates intracellular signaling pathways, leading to the activation of gene transcription and protein production that alter the cell phenotype. Cell-based studies are routinely performed on plastic or glass surfaces that are many orders of magnitude stiffer than the native lung ECM. A variety of biocompatible materials with tunable stiffness have been developed, which has enabled the study of cellular responses to substrate stiffness. While 2D matrix substrates have provided a simple model to study the effects of matrix stiffness on cellular function, novel 3D platforms that better mimic the physiological lung environment will provide greater insights into the pathogenesis of lung diseases. Assessing the micromechanical properties of lung tissue has become possible by the advent of high-resolution techniques, such as atomic force microscopy (AFM). Ongoing development of noninvasive modalities is expected to provide experimental and clinical assessments of the efficacy of therapeutic strategies targeting lung ECM mechanics.

The goal of this article is to present an overview of the functional role of ECM stiffness in lung health and disease. We begin by summarizing the effects of matrix stiffness on cellular behavior and phenotype in various lung cell types, activities of key biomolecules (e.g., TGF- β , microRNAs, epigenetic modifiers, and chromatin), and important physiological processes (e.g., host immune response and cellular metabolism). We discuss the potential mechanisms by which cells probe matrix stiffness and transduce physical signals to chemical signals that control gene expression. We examine the factors that govern the stiffness of the ECM, focusing on enzymatic and nonenzymatic crosslinking of the ECM, specific ECM components, and cellular forces. We review the role of ECM stiffness in lung development and discuss the changes in ECM mechanics during the progression of common lung diseases, including pulmonary fibrosis, PH, asthma, COPD, and lung cancer. For investigators interested in conducting matrix stiffness studies, we describe the available technologies for properly quantifying ECM stiffness and methods for fabricating stiffnesstunable matrix substrates. Finally, we envision targeting matrix stiffness as a promising novel strategy for treating lung diseases, in particular persistent/progressive pulmonary fibrosis.

Physiological Function of Matrix Stiffness

Regulation of phenotype and behavior of various cell types

Matrix rigidity plays an important role in regulating cell phenotype and behavior. A variety of lung cell types can sense and respond to the substrate stiffness on which they are adhered to (as in 2D culture) or surrounded by (as in 3D culture). By doing so, cells can modulate their morphology, growth, differentiation, migration/invasion, metabolism, immune response, and other processes.

Fibroblasts—Fibroblasts are particularly sensitive to mechanical cues. Matrix stiffness within the pathophysiological range exerts profound effects on the key aspects of fibroblast biology. It has been shown that stiffening of the ECM promotes lung fibroblast proliferation, enhances collagen synthesis, and suppresses transcription of genes encoding matrix-degrading proteases (226), suggestive of lung fibroblast activation. Matrix stiffnessdependent fibroblast activation occurs at least in part by suppression of the endogenous COX-2/PGE2 inhibitory pathway (226). The capacity of lung fibroblasts to generate force and deform the ECM is associated with myofibroblast differentiation and the fibrogenic function. We have shown that lung fibroblasts cultured on stiff matrices express higher levels of α -smooth muscle actin (α SMA), a marker of myofibroblast differentiation, and phosphorylated myosin light chain (MLC), which regulates the contractility of actin cytoskeleton, than those cultured on soft matrices (170, 356). Taken together, these findings indicate that matrix stiffening promotes lung myofibroblast differentiation. Others have shown that both baseline and TGF-\$1-stimulated contraction of lung fibroblasts depended on matrix stiffness (251). Stiff matrix enhances lung fibroblast migration, as demonstrated by both platelet-derived growth factor (PDGF)-induced chemotaxis assay and a random walk assay (10). We have found that stiff matrix upregulates expression of α 6-integrin subunit, a major cellular receptor of laminin in the basement membrane (BM). Interactions of $\alpha 6\beta 1$ integrins with laminin bring idiopathic pulmonary fibrosis (IPF) lung fibroblasts into the close proximity to the BM, facilitating MMP-2-dependent pericellular proteolysis of collagen IV and fibroblast invasion into the BM (64). These findings provide a potential mechanism underlying stiff matrix-dependent fibrogenic fibroblast invasion into the ECM. Consistent with our findings, it has been shown that primary human fibroblasts spontaneously form invadosome-like protrusions (ILPs) in 3D soft ECM (143). Soft tissues with low levels of collagen matrix and larger pores are expected to be more permissive to cell invasion. In contrast, invasion through small pores in stiff matrices causes high nuclear stress, which can potentially disrupt nuclear lamina and increase DNA damage, leading to cell death (154).

Lung fibroblasts primed on soft matrices and subsequently transferred to stiff matrices maintained lower cell numbers, α SMA stress fiber expression, collagen production, and active TGF- β 1 compared to those cultured exclusively on stiff matrices. On the other hand, lung fibroblasts primed under pathologically stiff conditions exhibited continued high levels of α SMA expression in stress fibers, contractility, proliferation, collagen production, and active TGF- β 1 when returned to healthy soft conditions (16). These findings suggest that fibroblasts maintain a "mechanical memory" that mediates their long-term behavior.

Though, there is also evidence of IPF and normal lung fibroblasts being equally responsive to changes in matrix stiffness, as the proliferative and contractile differences between them were ablated when cultured on physiologically soft matrices (250).

Endothelial cells—Endothelial cells (ECs) lining the vessel wall control vascular permeability and homeostasis. Maintenance of endothelial barrier integrity is essential to prevent vascular leak and edema associated with acute lung injury and acute respiratory distress syndrome (ARDS) (197). Either decreasing or increasing ECM stiffness relative to normal levels has been shown to disrupt junctional integrity and increase pulmonary vascular leakage (245), indicating that ECM mechanics plays a key role in control of vascular permeability. In vitro, human pulmonary micro- and macrovascular ECs grown on soft substrates developed few actin stress fibers, whereas the amount of stress fibers increased with increasing matrix stiffness (37). ECM stiffness also modulates the localization of vascular endothelial (VE) cadherin on endothelial monolayers (43). Furthermore, pharmaceutical inhibition of focal adhesion kinase (FAK) activity prevents matrix stiffness-dependent disruption of endothelial integrity and vascular leak both in vitro and ex ovo (408), suggesting that matrix stiffness regulates endothelial barrier integrity through activation of FAK. Further, alterations of the ECM stiffness regulate EC proliferation (434). Increased ECM stiffness inhibits EC branching morphogenesis by both blocking pseudopodium initiation and retracting branches after their successful initiation (121). Endothelial response to mechanical cues of the ECM is heterogeneous, as vascular EC populations respond differentially to changes in substrate stiffness (175, 420).

Epithelial cells—Increased matrix stiffness upregulates expression of a3 laminin in rat type II alveolar epithelial cells (AT2), leading to enhanced laminin and fibronectin (Fn) assembly into fibrils (106). Matrix stiffness also regulates the organizations of focal adhesion (FA) structure and actin cytoskeleton but affects neither differentiation of AT2 into AT1 nor epithelial-mesenchymal transition (EMT) in vitro (106). Desmosomes within intercellular junctions of adjacent epithelial cells lay a crucial role in maintaining the mechanical integrity of epithelium. We have recently found that desmoplakin (DSP), the most abundant component of desmosomes, is a matrix stiffness-regulated mechanosensitive protein (313). Patients with IPF express significantly higher levels of DSP in lung tissues than healthy subjects (118). Genome-wide association studies (GWAS) identified a strong association of the DSP gene locus with the susceptibility to IPF (3, 118, 164, 254). Our findings point to a potential mechanism of DSP expression dysregulation by matrix stiffness in fibrotic conditions. Further studies are needed to understand the functional role of DSP in the pathogenesis of lung fibrosis. In epithelial cells of marsupial kidney, gene transcription and nuclear recruitment of heterogeneous nuclear ribonucleoprotein A1 (hnRNP A1), histone H3 hyperacetylation, and chromatin decondensation occurred above 50 kPa, whereas DNA replication became efficient above 200 kPa (205). These findings suggest that matrix stiffness regulates gene transcription and DNA replication in epithelial cells. Corneal epithelial cells exhibited greater and more rapid movement on substrates of 30 kPa than substrates of 8 kPa, similar to that of the corneal BM (288). These findings suggest that the rigidity of the BM plays a critical role in migration of the corneal epithelial sheet.

Macrophages—The stiffness of tissues where macrophages reside varies significantly from compliant organs such as lung (in the magnitude of <1 kPa) to extremely hard tissues such as bone (in the magnitude of MPa). Macrophages respond to the mechanical cues and adapt to the environment by adjusting their shape and function. It has been shown that stiff matrix increases the macrophage contact area with the ECM compared with soft matrix (66, 161, 298). Human peripheral blood monocyte-derived macrophages show enhanced migration on stiff matrix compared with soft matrix (1, 161). This increased ability of migration is partially regulated by both PI3K-Akt1 and Rac pathways (161). Alveolar macrophages cultured on stiff matrix have increased phagocytosis than those cultured on soft matrix (298). Phorbol 12-myristate 13-acetate (PMA)-primed THP-1 human monocytes cultured in the presence of IFN- γ and lipopolysaccharide (LPS) display a higher level of pro-inflammatory cytokine TNF-a when cultured on a stiff matrix compared with those on a soft matrix (285, 358), suggesting that matrix stiffness modulates macrophage polarization in response to soluble simulants. Whether or not matrix stiffness alone is sufficient to regulate macrophage polarization remains to be determined. A recent study showed increased arginase-1 expression in bone marrow-derived macrophages (BMDMs) cultured on stiff compared with soft matrices. In contrast, expression of inducible nitric oxide synthase (iNOS) a marker of classically activated macrophages, was reduced in BMDMs cultured on stiff versus soft matrix (188). A separate study also showed increased arginase-1 and TGF- β 1 gene expression in BMDMs cultured on stiff compared with soft matrix. Together, these findings suggest that BMDMs acquire an alternatively activated phenotype when exposed to matrix substrates with stiffness comparable to the fibrotic lungs. Furthermore, the authors showed that when hydrogels of different stiffness are implanted subcutaneously, more profibrotic CD206⁺ macrophages were recruited to the site of implantation of stiff hydrogels than soft hydrogels (188). Stiff matrix-dependent macrophage polarization is likely linked to inhibition of the NF-rb pathway. In addition to the NF-kb pathway, mechanosensitive transcriptional factor Yes-associated protein (YAP) along with epigenetic modulation of histone methylation and acetylation have been found to contribute to stiffness-induced macrophage polarization (255).

Neutrophils—Polymorphonuclear neutrophils are capable of sensing differences in substrate stiffness. Neutrophils on soft gels are less adhesive, preventing the production of traction forces, while neutrophils on stiff gels adhere firmly (277, 365). Neutrophil transmigration is an important immune process in response to acute lung injury and infection. Substrate stiffness dictates the ability and efficiency of neutrophils to migrate *in vitro* (278, 367). Neutrophils migrate more slowly but more persistently on stiffer substrates, resulting in neutrophils moving greater distances over time (277). Neutrophil response to stiffness during chemokinesis is biphasic with the optimum stiffness for motility depending on the concentration of ECM coating on the gel (365). Neutrophil extravasation requires a coordinated effort between neutrophils and endothelial cells. The fraction of transmigrating neutrophils correlates with increasing stiffness below the endothelium. Suppression of EC contraction through inhibition of myosin light-chain kinase (MLCK) decreases neutrophil transmigration on stiff substrates, while transmigration on soft substrates is unaffected (366). Neutrophil transmigration promotes EC retraction and subsequent pore formation

in endothelium on stiff substrates (366), indicating that stiffness-enhanced neutrophil transmigration causes serious endothelial damage.

Smooth muscle cells—Airway smooth muscle cells (ASMCs) are important in both regulations of airway tone and caliber under normal conditions and airway hyperresponsiveness (AHR). ASMCs cultured on collagen-conjugated polyacrylamide (PA) hydrogels stiffer than normal airway display faster proliferation, reduced reactivity to histamine, and lower VEGF secretion than those cultured at stiffness equivalent to normal airway (347, 406). The extent of ASMC spreading is proportional to the elastic modulus of matrix substrates (347). Stiffening of the vascular wall leads to increased proliferation of vascular smooth muscle cells (VSMCs) due to upregulation of platelet-derived growth factor receptor (PDGFR) signaling (49). Both FA and actin cytoskeletal assembly in VSMCs depend on the mechanical properties of the underlying ECM (110, 301). It has been found that the maximum speed of VSMC migration can be achieved by optimizing substrate stiffness (304).

Stem cells—The mechanical properties of the ECM trigger cellular responses essential for many aspects of stem cell functions. Embryonic stem cells (ESCs) differentiate and deposit the ECM early in development. As the ECM content increases during development, there is increased connection between the ESCs and matrix stiffness. *In vitro* studies have shown that the contact area and proliferation of mouse ESCs increase as a function of substrate stiffness (114). Stiff substrates downregulate expression of inner cell mass-associated genes while promoting expression of genes in the late epiblast stage, suggesting that a lower stiffness is associated with the maintenance of pluripotency (39). Matching cell and substrate stiffness to the intrinsic mouse embryonic environment promotes self-renewal and the pluripotent state of mouse ESCs (73). Culturing mouse embryonic fibroblasts (MEFs) on soft substrates promotes expression of stem cell markers and enhances expression of the transfected Yamanaka factors, Oct3/4 and Nanog, suggesting that soft matrix plays a role in the initiation of reprogramming of somatic cells into induced pluripotent stem (iPS) cells (160).

Matrix stiffness also acts as a potent regulator of adult stem cells. In a pioneer study, Engler and colleagues observed that human mesenchymal stem cells (MSCs) adapt to the stiffness of their matrix substrates by differentiating toward lineages that reflect the substrate stiffness (112). Culturing adipose-derived stem cells (ASCs) on gels with the stiffness of native adipose tissue significantly upregulates adipogenic markers in the absence of exogenous adipogenic growth factors. With increased substrate stiffness, ASCs lose their original morphology and fail to upregulate adipogenic markers (437). Unipotent muscle progenitor cells cultured on soft substrates self-renew and contribute extensively to muscle regeneration when subsequently transplanted into mice. In contrast, muscle stem cells cultured on rigid plastic dishes do not self-renew and lose "stemness," leading to diminished regenerative potential (134).

Stem cells tend to spread more and form stronger actin-myosin stress fibers on stiffer substrates (95, 96, 297). The level of matrix adhesion strength correlates with the commitment of MSCs to specific cell lineages (112). MSCs acquire a spheroid shape

on matrix resembling adipose tissue and a spindle shape on stiffer matrix mimicking the elasticity of striated muscle (412). Suppression of MSC adhesion strength on rigid substrates replicates cell behavior on soft substrates, as evidenced by expression of lineage-specific markers (95). MSCs migrate faster on soft matrix compared with stiff matrix under an identical EGF chemokine gradient, indicating that soft matrix enhances chemotaxis of MSCs (334). In contrast, MSCs seeded on hydrogels with a gradient stiffness of 1 kPa/mm in the presence of standard cell culture medium migrated toward the stiffer area. Moreover, the presence of gradient stiffness was associated with higher migration rates in the range of 1 to 100 kPa (395). In contrast, a reduction in migration speed at higher stiffness conditions has been observed on uniform hydrogels (151, 176, 233, 277).

In sum, the studies highlight the critical role of matrix stiffness in directing stem cell fate and therefore the importance of mechano-niche in stem cell biology.

Regulation of immune response

Matrix stiffness plays a significant role in regulating both innate and adaptive immune cell function. T and B cells sense the mechanical microenvironment either directly by mechanosensitive T-cell receptors (TCRs) and B-cell receptors (BCRs) or through their interactions with antigen-presenting cells (APCs) (173, 446). The stiffness of lymphoid tissues increases during immune activation (86, 159). Increasing matrix stiffness has been shown to enhance CD4⁺ T-cell migration and its binding with APCs (244). Stiff matrixconditioned CD4⁺ T cells have increased CD25 expression and production of IL-2 and IFN- γ compared with CD4⁺ T cells cultured on soft matrix (192, 244). In contrast, it has been reported that the activity of human naïve CD4⁺ and CD8⁺ cells is inversely correlated with matrix stiffness (279). In the latter study, the authors used a range of stiffness from 100 kPa to 2 MPa, which is much higher than the studies used by others. It is possible that T-cell response to matrix stiffness could be a bell-shaped normal distribution where an extremely stiff matrix might inhibit T-cell activation. Furthermore, a minimal matrix stiffness may be required to initiate immune activation as there was no difference in IL-2 secretion when CD4⁺ T cells were cultured on matrix with stiffness less than 10 kPa (192). T-cell activation requires the formation of immunological synapses (IS) between APCs and T cells. It has been found that the size of IS increases on stiff matrix by Wiskott-Aldrich syndrome protein (WASP)-dependent and lymphocyte function-associated antigen 1 (LFA-1)-independent mechanisms (244). Mechanotransduction of the stiffness signal in CD4⁺ T cell is associated with activation of zeta chain of TCR associated protein kinase 70 (ZAP70), proto-oncogene tyrosine-protein kinase Src, and YAP (192, 258). Stiffnessinduced YAP activation suppresses T-cell proliferation via metabolic reprogramming (258). The cytotoxic effects of CD8⁺ cells are enhanced on stiff matrix compared to soft matrix, and the enhanced cytotoxicity is related to stiffness-mediated perforin release (21). Increased BCR recruitment to the IS is augmented on stiff (22 kPa) than intermediate (7 kPa) or soft (2 kPa) matrix. BCR activation is related to tyrosine kinase phosphorylation but is inversely linked to PI3K activation (442). B cells' lack of FAK expression or function does not respond to different matrix stiffness (346), suggesting that mechanosensing of matrix stiffness by B cells depends on FAK.

In addition to neutrophils and macrophages described in previous sections, primary natural killer (NK) cells have a bell-shaped response to various matrix stiffness with maximal activation at 150 kPa (267). Stiffness-mediated NK cell activation appears to require the presence of biochemical signaling such as major histocompatibility complex (MHC) class I polypeptide-related sequence A (MICA). While greater stiffness increases NK cell adhesion, it has no impact on the cell contact area. Mechanistically, NK cell activation is associated with stiffness-dependent interaction between β -actin and the SH2-domain-containing protein tyrosine phosphatase-1 (SHP-1) (253). Matrix stiffness also modulates dendritic cell (DC) function. It was found that stiff matrix-conditioned bone marrow-derived DCs (BMDCs) have increased pro-inflammatory cytokine TNF-a production compared to BMDCs cultured on soft matrix (60). This stiffness-dependent pro-inflammatory status is closely related to an increment in glucose uptake and glycolysis. Stiffness activates mechanosensitive transcription factor PDZ-binding motif (TAZ) in DCs. Genetic ablation of TAZ in DCs attenuates pro-inflammatory activation even in the presence of the extracellular stiff signal. PIEZO1, a surface Ca²⁺-dependent mechanosensitive channel, also contributes activation of mouse splenic DCs and human peripheral blood monocyte-derived DCs in response to stiff matrix signals (60). DCs cultured on 12-kPa matrix substrates express lower levels of CD206, CD209, and CCR7 than DCs cultured on either 2 or 50 kPa matrix substrates (260).

Regulation of cellular metabolism

Metabolism provides energy for cell proliferation and function. Transfer of human bronchial epithelial cells from stiff to soft substrates causes a downregulation of glycolysis via proteasomal degradation of the rate-limiting glycolytic enzyme phosphofructokinase (PFK) (296). In contrast, transformed non-small cell lung cancer (NSCLC) cells maintain high glycolytic rates and retain PFK expression regardless of changing matrix stiffness. These data reveal a connection between cell metabolism and the mechanical properties of the ECM. The changes of metabolic pathways enable normal lung epithelial cells to tune energy production in variable microenvironments. Matrix stiffening upregulates expression of glutaminase (GLS1) in pulmonary arterial endothelial cells (PAECs), resulting in enhanced glutaminolysis crucial for sustained proliferation and migration of PAECs (30). Proline metabolism is important for energy production, redox balance, and protein (particularly collagen) synthesis. Increased matrix stiffness upregulates proline production, which in turn promotes proliferation and apoptosis resistance of lung cancer cells (145). Mechanical stimuli from the tumor microenvironment provide crucial molecular signals to guide both tumor cells and carcinoma-associated fibroblasts (CAFs) in capturing nutrients to support their metabolic needs. The mechanical response of lung epithelial cancer cells results in glutamate accumulation accompanied by an impaired TCA cycle and a reduced production of aspartate (31). Mechanically regulated accumulation of glutamate in CAFs leads to production of aspartate and control of actomyosin-dependent ECM remodeling and matrix stiffening. Furthermore, aspartate produced by CAFs is released within the tumor microenvironment and uptaken by the tumor cells to supply their proliferative needs (31). These results indicate that matrix stiffening coordinates cancer cell proliferation and stromal cell-dependent ECM remodeling with their energetic and biosynthetic requirements to promote metastasis.

Regulation of biomolecule activity

TGF-β1—TGF-β signaling controls tissue growth and morphogenesis during embryonic development and maintains tissue homeostasis throughout adulthood. Dysregulation of TGF- β signaling contributes to the pathogenesis of a variety of diseases including cancer, fibrosis, autoimmune, and vascular diseases. TGF- β 1 is considered the central profibrotic cytokine that causes excessive ECM production and promotes fibrogenic myofibroblast differentiation (163, 386). TGF- β 1 is synthesized as a homodimer together with a latencyassociated peptide (LAP). The association with LAP prevents the binding of TGF- β 1 to cell receptors. The majority of cell types secrete TGF- β 1 as a large latent complex (LLC), consisting of TGF- β 1, LAP, and the latent TGF- β 1-binding protein (LTBP-1). LTBP-1 is an ECM protein that binds to several other ECM components, including fibrillin-1, Fn, and vitronectin, thereby depositing latent TGF-B1 in the ECM (7, 385). Activation of TGFβ1 by its dissociation from LAP and/or the ECM-bound LLC can occur through various mechanisms, including mechanical tension-induced conformational change of the latent complex. Induced contraction of cultured lung fibroblasts activates latent TGF- β 1 from a preformed ECM (418, 449). Similar results were obtained by stimulating the contraction of epithelial and smooth muscle cells (133, 378, 426). The level of latent TGF- β 1 activated by cell contraction increases with augmented substrate stiffness (133, 418), suggesting that the efficiency of latent TGF- β 1 activation depends on the mechanical properties of the ECM. Elevated cell remodeling strain under the fibrotic conditions stiffens LTBP-1-containing ECM and thereby primes latent TGF- β 1 for subsequent activation (203). Together, stiff ECM provides mechanical resistance to allow activation of latent TGF-B1.

mRNA—Alternative polyadenylation (APA) at the 3'-end of pre-mRNAs is a widespread and important mechanism involved in the regulation of gene expression. APA considerably affects mRNA stability, cellular localization, and protein translation efficiency (381). Dysregulation of APA is associated with multiple disease states, including lung fibrosis (413). We have found that matrix stiffening downregulates expression of mammalian cleavage factor I and promotes APA in favor of the proximal poly(A) site usage in the 3'-UTRs of type I collagen (COL1A1) in primary human lung fibroblasts. Selectively targeting mRNA transcripts for 3'-UTR shortening results in increased type I collagen biogenesis, contributing to lung fibrogenesis (452). Alternative splicing of pre-mRNAs gives rise to different protein isoforms that play a crucial role in regulating cellular function. The stiffness of the microenvironment modulates intracellular splicing events. For example, stiff matrix increases the amount of extra domain-B splice variant of fibronectin (EDB-FN), a hallmark of tumor angiogenesis, in vitro and within mouse mammary tumors through mechanisms involving phosphorylation of serine/arginine-rich (SR) splicing factors, Rhoassociated protein kinase (ROCK)-mediated contractility, and activation of the PI3K/AKT pathway (42). Changes in mechanical microenvironment also instruct alternative splicing of CD44 pre-mRNA, which encodes a membrane receptor for hyaluronic acid (HA), in gastric cancer cells (46). Asymmetric localization of mRNAs contributes to the formation and maintenance of polarized cells mainly through local translation of protein factors (32). Stiff substrates promote the formation of a network of detyrosinated microtubules. This posttranslationally modified microtubule network is required to support adenomatous polyposis coli (APC)-dependent RNA localization at the leading edge and protrusions

of migrating cells (407). The findings provide a link between mechanosensitive RNA localization and cell migration.

Epigenetic modifiers—Emerging evidence indicates a key role of epigenetic mechanisms, including DNA methylation, histone modifications, and noncoding RNAdependent mechanisms, in mediating matrix mechanical signal-induced modulation of gene transcription programs and chromatin structure. We have found that stiff matrix regulates DSP, a risk allele of IPF (3, 118, 164, 254), by induction of demethylation of the DSP promoter. Targeted DNA methylation by CRISPR/dCas9/Dnmt3A-mediated epigenome editing reverses stiff matrix-dependent DSP expression and restores the epigenetic control of DSP expression (313). Lung fibroblasts cultured on stiff matrices display elevated global histone 3 lysine 9 (H3K9) methylation compared with fibroblasts cultured on physiologically soft substrates. H3K9 methylation contributes to fibroblast activation by activating profibrotic gene transcription (218). In NSCLC, stiff ECM upregulates expression of histone acetyltransferase (HAT) p300, which increases the binding of c-Myb and LEF to the DDR2 promoter and upregulates DDR2 expression. Increased DDR2 expression contributes to EMT and lung cancer cell invasion (201). In vascular SMCs, matrix stiffening induces a contractile-to-synthetic transition through downregulation of DNA methyltransferase 1 (DNMT1) and subsequent global DNA methylation (425). MicroRNAs (miRNAs) are noncoding RNAs that regulate gene expression by affecting mRNA stability and translation into protein. A recent study showed that ECM stiffening downregulates miR-7 levels in PAECs. A mechanosensitive OKI-miR-7-SRSF1 signal axis controls endothelial migration across the pulmonary vasculature (421). In PAH, vascular matrix stiffness controls mechanoactivation of transcriptional coactivators YAP and TAZ. Mechanosensitive YAP/TAZ signaling activates miR-130/301, which regulate lysyl oxidase (LOX) activity. The study identifies a feedback loop that coordinates ECM remodeling and sustains matrix stiffening in PAH (29). Fibrocytes produce miRNAs and package them into extracellular vesicles (EVs). Human circulating fibrocytes and fibrocytes in bronchoalveolar lavage fluid (BALF) express higher levels of miR-21-5p, a regulator of tissue fibrosis, on rigid substrates than soft substrates (332).

Regulation of nuclear stability, chromatin accessibility, and genomic integrity

Lamins are intermediate filament proteins found in cell nuclei. They contribute to nuclear stability, chromatin regulation, and various signaling pathways that affect gene expression. Lamins sense mechanical signals from outside and respond by reinforcing the cytoskeleton. It has been shown that the protein levels of A-type lamins (lamin A/C) are regulated by matrix stiffness, whereas expression of B-type lamins is not subject to matrix stiffness-mediated regulation. High lamin A/C levels promote osteogenic differentiation of bone marrow-derived MSCs, whereas low lamin-A levels are associated with lipogenic differentiation of MSCs (374). Soft matrix couples with myosin-II activity to promote lamin A/C phosphorylation at Ser22. Phosphorylation of lamin A/C is accompanied by decreases in lamin B receptor (LBR), which contribute to lipid biosynthesis (54). Furthermore, mammary epithelial cells cultured on stiff matrix display more accessible chromatin sites. This facilitates the binding of Sp1 transcription factor and correlates with

the regulation of tumorigenicity. In contrast, cells cultured on soft environments recapitulate the chromatin state observed *in vivo* (363). A recent study showed that matrix rigidity alters chromatin accessibility of naive lung fibroblasts. The sites with altered chromatin accessibility are in close proximity to fibroblast activation genes such as Col1A1 and Acta2 (189). Increased ECM stiffness promotes activation of histone deacetylase, resulting in fibroblast differentiation into myofibroblasts (403). Finally, low ECM stiffness activates MAP4K4/6/7 kinases, resulting in phosphorylation of ubiquitin in cells. Phosphorylated ubiquitin impairs RNF8-mediated ubiquitin signaling at DNA double-strand break (DSB) sites, leading to DSB repair deficiency and increased cellular susceptibility to genotoxic agents (91).

Mechanisms of Matrix Stiffness Sensing and Mechanotransduction

Matrix stiffness-induced changes in cell behavior generally involve two major processes, mechanosensing and mechanotransduction. Mechanosensing refers to the ability of cells to perceive mechanical stimuli from the ECM and remodel their cytoskeleton. Mechanotransduction is the ability of cells to respond to mechanical signals with changes in intracellular biochemical signals, ultimately leading to the regulation of gene expression and cellular function (see Figure 1).

Cellular mechanosensors

Cells employ a variety of mechanosensors to probe the mechanical properties of the ECM. Integrin-based FA complexes are the main cellular components responsible for detecting mechanical stimuli exerted by the ECM (95). FA-mediated cellular responses are inherently associated with the reorganization of the cytoskeleton and the initiation of complex signaling cascades (165). Mechanosensing by av integrins within the FAs is associated with the fibrotic responses in tissue remodeling (108, 336). Thy-1, a GPIanchored glycoprotein, attenuates FA sensitivity to matrix stiffness by modifying $\alpha v\beta 3$ and $\alpha\nu\beta5$ integrin interactions with the ECM (119, 449). Integrins dynamically associate with adaptor proteins including talin and vinculin (371). Talin is essential for coupling cell adhesion with integrin mechanosensing and is thus required for cells to detect tissue stiffness (13). Talin itself changes its conformation in response to mechanical tension. This conformational change exposes a cryptic domain of talin, leading to increased recruitment of actin-binding protein vinculin (89, 137, 429). The actin cytoskeleton mediates stiffness sensing at spatial scales larger than FAs, which depends on the interactions between myosin II molecular motors and actin filaments (146). A motor-clutch model has been proposed for mechanosensing mechanisms. In this model, nonmuscle myosin II acts as a cellular motor, and FAs as a clutch; myosin II pulling on FA-anchored actin filaments coordinately probes substrate stiffness and regulates actin polymerization (61). In addition to an increase in their number, actin stress fibers become aligned as substrate stiffness increases (441), suggesting that the reorganization of actin cytoskeleton could play a role in sensing matrix stiffness at a larger scale. Mechanosensing can also occur through nonintegrin membrane receptors, including mechanically activated ion channels, growth factor receptors, and Gprotein-coupled receptors (GPCRs) (214). Previous studies have shown that matrix stiffening activates transient receptor potential vanilloid 4 (TRPV4) channels in lung fibroblasts.

Inhibition of TRPV4 blocks matrix stiffness-dependent lung myofibroblast differentiation (315). The role of FAK in sensing mechanical force among other cues has been well characterized and reviewed elsewhere (377, 398).

Intracellular mechanotransduction pathways

The RhoA/Rho kinase (ROCK)/actin cytoskeleton/MKL1 pathway—Cells convert ECM-derived mechanical signals into biochemical signals through mechanotransduction signaling pathways, of which the small Rho GTPase ROCK-mediated mechanotransduction pathway has been extensively studied (283). Upon activation by matrix mechanical signals, RhoA/ROCK elicit phosphorylation of the downstream targets, many of which are associated with the regulation of FA assembly, actin cytoskeletal organization, stress fiber formation, and cell contractility. The net outcome of RhoA/ROCK signaling is the shifting of actin dynamics toward enhanced actin polymerization (319). Our previous studies have shown that matrix stiffening promotes the production and activation of RhoA in normal human lung fibroblasts, resulting in increased ROCK activity and changes in actin dynamics in favor of filamentous actin polymerization (170). Megakaryoblastic leukemia 1 protein (MKL1; also known as MRTF-A, MAL) is a serum response factor (SRF) cofactor. It binds to monomeric G-actin via the N-terminal RPEL motifs, effectively sequestering itself in the cytoplasm. Actin polymerization releases MKL1 from G-actin, resulting in its nuclear translocation, where MKL1 associates with SRF to drive gene transcription (262). We found that matrix stiffening promotes RhoA/ROCK-dependent nuclear translocation of MKL1 and activation of aSMA gene expression, a marker of myofibroblast differentiation. Mouse lung fibroblasts deficient in Mkl1 do not respond to matrix stiffening with increased aSMA expression, whereas ectopic expression of human MKL1 cDNA restores the ability of Mkl1 null lung fibroblasts to express aSMA (170). We also showed that inhibition of RhoA/ROCK not only abrogates stiff matrix-induced lung fibroblastto-myofibroblast differentiation but also promotes the existing lung myofibroblasts to undergo mitochondria-dependent intrinsic apoptosis in vitro and in vivo by downregulation of MKL1-dependent BCL-2 expression (451). These findings strongly support the role of the RhoA/ROCK/actin cytoskeleton/MKL1-mediated mechanotransduction pathway in sustained lung myofibroblast phenotype. In addition to its interaction with SRF, MKL1 also coordinates with histone H3 lysine 4 (H3K4) methylation on the MMP9 promoter to drive lung cancer cell migration and invasion (68, 382), suggesting that nuclear MKL1 can regulate gene transcription epigenetically. Furthermore, cyclic strain upregulation of tenascin-C (TNC) expression was found to occur by SAP domain-dependent, SRFindependent interactions of MKL1 with the TNC promoter (11).

The Hippo signaling/YAP/TAZ pathway—The Hippo signaling pathway is a complex network of proteins that control organ size via cellular proliferation, survival, and differentiation. The canonical Hippo pathway starts with a kinase cascade of MST1/2 and LATS1/2, which phosphorylate two effectors, YAP and its close paralog, transcriptional coactivator with PDZ-binding motif (TAZ, also known as WWTR1), at serine residues, resulting in cytoplasmic retention of YAP and TAZ. YAP/TAZ are potent transcriptional coactivators that associate with various transcription factors, predominantly members of the TEAD family. In the absence of the activation of Hippo signaling, YAP/TAZ are

imported into the nucleus where they promote TEAD-mediated gene transcription, whereas activation of the Hippo signaling inhibits YAP/TAZ activity. On stiff substrates YAP/TAZ are predominantly nuclear and become increasingly cytoplasmic on softer substrates (102), suggesting that YAP/TAZ localization and activity are controlled by the stiffness of the ECM. Earlier studies have shown that LATS activation downstream of the Hippo cascade is not required for the regulation of YAP/TAZ by mechanical signals (8, 102, 117, 388, 447), indicating that mechanoregulation of YAP/TAZ could be independent of the canonical Hippo pathway. However, more recent studies reported that deletion of LATS1 and LATS2 abrogates the cytoplasmic localization of YAP on soft substrates (75, 259). Moreover, transcriptomic analysis demonstrated that transcriptional changes in gene expression in response to altered matrix stiffness are dependent on both LATS1/2 and YAP/TAZ (259). Thus, mechanoregulation of YAP/TAZ likely involves both Hippo signaling-dependent and -independent mechanisms. Matrix stiffness-dependent nuclear accumulation of TAZ/YAP is similar to that of MKL1. It has been shown that inhibition of Rho or the cytoskeletal tension blocks YAP/TAZ transcriptional activity, whereas triggering F-actin polymerization and stress fiber formation promotes YAP/TAZ activation (102). Despite that actin cytoskeletal reorganization is a dominant regulator of YAP/TAZ, YAP and TAZ are not known to directly bind to actin. Previous studies have shown that loss of CapZ or Cofilin potently rescues YAP/TAZ nuclear localization, transcriptional activity, and cell proliferation under soft matrix conditions (8). These findings suggest that YAP/TAZ are regulated, at least in part, by F-actin-capping and -severing proteins. In human IPF lung tissues, YAP and TAZ were found to be highly expressed in spindle-shaped fibroblastic cells, with prominent nuclear localization of TAZ. In vitro studies showed that increasing matrix stiffness drives nuclear localization of YAP and TAZ, whereas knockdown of YAP/TAZ attenuates proliferation, contraction, and matrix production in human lung fibroblasts. Mechanistic studies suggested that matrix stiffness-dependent fibroblast activation is driven in part by TGF- β -independent expression of the YAP/TAZ target plasminogen activator inhibitor (PAI)-1 (225). Increased YAP/TAZ activity is found in pulmonary artery smooth muscle cells (PASMCs) derived from human pulmonary arterial hypertension (PAH) and experimental PH. Stiffness-dependent YAP/TAZ activation promotes cell growth, actin polymerization, and LOX expression via reduced COX-2 and prostaglandin activity in PASMCs (93).

Cross talk between MKL1 and YAP/TAZ—Coimmunoprecipitation analysis has shown that MKL1 associates with YAP in binding of the CCN1 (Cyr61) promoter. Knockdown of either YAP or MKL1 can block CCN1 expression by S1P-mediated activation of GPCRs. Functionally, YAP/MKL1-dependent CCN expression drives glioblastoma cell proliferation in response to S1P stimulation (438). Knockdown of either MKL1 or YAP blocks mechanical strain-induced spreading and proliferation of primary MEFs on soft matrices (82). TAZ also associates with MKL1 by a WW domain/PPxY-dependent mechanism (65). Deletion of TAZ or MKL1 increases the cytosolic-nuclear shuttling and nuclear uptake of the other factor (357), suggesting that MKL1 and TAZ reciprocally mitigate nuclear accumulation of each other. Furthermore, MKL1/SRF signaling promotes TAZ gene expression in breast cancer cells (223). Knockdown of MKL1 downregulates TAZ mRNA and protein in a kidney epithelial cell line (357). On the other hand, MKL1 and TAZ

antagonize each another on the stimulatory effect on the αSMA promoter which harbors *cis*-elements for both transcription factors in close proximity (223). Together, YAP/TAZ and MKL1 exhibit complex cross talk at the multiple levels, which may contribute to fine-tuning mechanical signals that regulate gene transcriptional programs.

Additional mechanosensitive transcription factors—While MKL1 and YAP/TAZ are the most studied mechanosensitive transcription factors, additional mechanically regulated transcription factors have been identified. Lung adenocarcinoma cells exhibit lower NF-KB activity on soft substrates than on stiff substrates. Matrix stiffness-dependent NF-kB activation requires phosphorylation of myosin regulatory light chain and actomyosin contractile activity (177). Our studies demonstrated that stiff matrix upregulates α_{6} integrin expression by ROCK-dependent phosphorylation and activation of the c-Fos/c-Jun transcription factor complex in profibrotic lung fibroblasts, which mediates fibroblast invasion into the BM (64). STAT3 is an essential mediator of lung myofibroblast activation and function. Studies have shown that STAT3 phosphorylation is constitutively active on stiff matrix in a ligand/receptor-independent and ROCK- and JAK2-dependent fashion (281). Zinc Finger Protein 416 (ZNF416) has been recently identified as a matrix stiffnessregulated transcriptional regulator that controls various lung fibroblast function, including proliferation, matrix synthesis, and contractility (189). Human lung fibroblasts cultured on stiff matrix express higher levels of phosphorylated ELK1 than cells cultured on soft matrix. Stiff matrix increases nuclear translocation of ELK1 and its binding to immobilized oligonucleotides containing the ELK1 transcription factor-binding motifs. Knockdown of ELK1 by siRNAs blocks stiff matrix-dependent expression of MDM4, an endogenous inhibitor of p53 (312). Furthermore, stiff ECM activates β -catenin in MSCs, which binds to the Wnt1 promoter region and upregulates the Wnt gene transcription (99). This finding reveals a mechanical feedforward mechanism that controls and maintains stem cell differentiation.

Modulation of Matrix Stiffness

The mechanical properties of tissues are influenced by the degree of enzymatic and/or nonenzymatic crosslinking of the ECM, specific ECM components, and cell-ECM interactions.

Enzymatic crosslinking of the ECM

Enzymatic crosslinking is typically mediated by the LOX family of enzymes. The LOX family comprises LOX and four lysyl oxidase-like proteins (LOXL1-4). LOX and LOXLs are secreted copper-dependent amine oxidases, which catalyze the oxidative deamination of primary amine groups into reactive aldehydes in collagen and elastin (345). These reactive aldehydes spontaneously condense with other aldehydes or *e*-amino groups of selected lysine and hydroxylysine residues to form covalent intra- and intermolecular crosslinks. The covalent crosslinking between telopeptides and triple-helical domains of the neighboring collagen molecules stiffens collagen fibrils by resisting intermolecular sliding (104). Highly crosslinked collagens are resistant to proteolytic degradation by matrix metalloproteinases (MMPs) (178). Previous studies found that expression of LOX, LOXL1, and LOXL2 are

increased in IPF vs. non-IPF lung tissues (12, 19, 384). Inhibition of LOX activity limits fibrillar collagen crosslinking and interferes ECM stiffening in a decellularized matrix model (384). Lox11-deficient mice have less crosslinked lung collagen and reduced lung tissue stiffness compared to the wild-type control animals (23). Pharmacological targeting of LOXL2 is efficacious in treating experimental lung fibrosis in mice (19) and reverses profibrotic markers in lung tissue samples from IPF subjects (411). In elastase-induced emphysema model, hamsters exposed to cigarette smoke show a decrease in lung LOX compared to uninjured control animals, whereas lung LOX activity is restored in recovering animals under standard atmospheric conditions (290). This study suggests that impairment of the production of LOX and the synthesis of crosslinked elastin by smoke inhalation exacerbates alveolar destruction. Dysregulation of LOXs has been found in both human idiopathic PAH and experimental PH (271). Downregulation of LOX attenuates hypoxiainduced PH in rats (424). Thus, alterations of lung matrix crosslinking can affect pulmonary vascular remodeling associated with PH. Studies have shown that higher expression of LOX is an independent predictor of poor prognosis in patients with early-stage lung adenocarcinoma (415). Metastatic lung adenocarcinomas produce a stable type of collagen crosslinks driven by high expression of lysyl hydroxylase 2 (LH2), and LH2 depletion in tumor cells leads to a reduction in tumor stiffness and metastasis (67).

The family of transglutaminases (TGs) consists of eight family members (TG1-7 and factor XIII7), of which TG2 is the most abundant and ubiquitously expressed enzyme, TG2 and most other family members are calcium-dependent enzymes that catalyze covalent crosslinking between the γ -carboxy-amine group of glutamine residues and the ε -amino group of lysine residues, generating ε -(γ -glutamyl)lysine isopeptide crosslinks (141). TG2mediated crosslinking of collagen increases ECM stiffness (123, 360). TG2 crosslinking provides a covalent linkage of fibrillin to tropoelastin, which stabilizes the elastin precursor and facilitates the elastic fiber assembly (234). TG2 crosslinking plays an essential role in the maturation of lung parenchyma during development (337). TG2 expression and TG2-generated crosslinks are increased in lung biopsy sections in human subjects with IPF compared with normal control subjects (287, 306). Inhibition of TG2, but not of LOX, activity enhances the turnover of ECM in vitro (306). TG2-deficient mice develop significantly reduced lung fibrosis compared with wild-type mice (280, 287). These data suggest a role of TG2 in both human and experimental pulmonary fibrosis. It has been found that the levels of TG2 in sputum and plasma are elevated in patients with COPD and correlated with lung function reduction (284). Furthermore, TG2 expression is upregulated in the alveolar septa of preterm infants with bronchopulmonary dysplasia (BPD) and in hyperoxia-exposed mouse pups (419), suggesting a role of perturbed TG2 activity in arrested alveolarization associated with BPD. Inhibition of TG2 activity restores normal dihydroxylysinonorleucine and hydroxylysylpiridinoline collagen crosslink abundance under hyperoxic conditions, indicating that TG2 contributes to disordered lung alveolarization by interruption of normal crosslinking of collagen (265). Finally, TG2 is overexpressed in NSCLC as compared with histologically normal lung epithelium, where TG2 expression is minimal (443). TG2 expression significantly correlates with the recurrence and shorter disease-free survival (DFS) in NSCLC (71).

Nonenzymatic crosslinking of the ECM

Long-lived structural ECM proteins, such as collagen and elastin, undergo continuous nonenzymatic glycation crosslinking during aging and in certain disease conditions such as diabetes. This abnormal protein crosslinking is mainly mediated by advanced glycation end products (AGEs). Glycation differs from the enzymatically regulated glycosylation process. It is a nonenzymatic chemical addition of the carbonyl group of free reducing sugars (primarily glucose) to reactive amino groups of proteins. This generates a reversible Schiff base. The Schiff base is then rearranged to form a more stable Amadori product. Over the time, the Amadori products dehydrate, condense, fragment, and finally form a complex array of AGE products (397). AGEs slowly accumulate in vivo during aging, and the rate and extent of accumulation are accelerated particularly in individuals with diabetes (397). In contrast to normal collagen crosslinks that occur only at two discrete sites at the N- and C-terminal ends of the molecule, AGEs can form crosslinks throughout the collagen molecule (50). Accumulation of AGEs induces abnormal matrix crosslinking that ultimately leads to a progressive increase in tissue stiffness. Lung is rich in collagen and is influenced by nonenzymatic glycation. Pentosidine, a well-characterized AGE crosslink, has been found to accumulate with aging in the lungs of humans, mice, and rats (24, 312). Accumulation of AGE crosslinks contributes to aging-associated changes in lung stiffness and function, such as loss of elastic recoil and subsequently reduced total lung capacity (312, 348). Patients with IPF and aged mice subjected to bleomycin-induced lung injury present higher levels of AGEs in the lung and/or blood than the control subjects (208, 242, 312), indicating that AGE crosslinking is increased in aged lungs and accelerates in lung fibrosis. Diabetes is identified as a risk factor of IPF (105, 113, 130, 140, 202), and hyperglycemia could further augment nonenzymatic AGE crosslinking in patients with IPF.

Specific ECM components

Collagen, elastin, and fibronectin—In normal aging or as a result of tissue injury, the elastic fibers become fragmented and discontinuous. The damaged elastic fibers are generally not regenerated because elastin expression is turned off in adult tissues. Instead, more collagen is produced to replace elastin, subsequently decreasing the amount of elastin compared to collagen. This results in a shift of the mechanical properties of the ECM to the stiffer range of collagen fibers (401). Fn is a large dimeric glycoprotein that exists in its insoluble form as a part of the ECM. Fn-null murine livers develop more extensive cirrhosis, which is accompanied by increased liver tissue stiffness and deteriorated hepatic function. Mechanistically, mutant livers show elevated TGF- β bioavailability and TGF- β -dependent LOX expression, which in turn modulate ECM remodeling and stiffening (180). These findings provide a functional link between Fn-mediated control of TGF- β bioavailability and collagen fibril stiffness regulated by LOX.

Glycosaminoglycans and proteoglycans—Glycosaminoglycans (GAGs) are long, unbranched chains of repeating disaccharide units that have important roles in retaining water in tissue (341). Removal of GAGs affects ECM fiber hydration, leading to altered tissue mechanics. GAGs also directly interact with collagen fibrils via electrostatic interaction to regulate collagen fibril spacing (340). AFM has shown that depletion of GAGs changes the stiffness of both adventitia and media of the porcine aorta (22), suggesting

that GAGs contribute to the mechanical properties of arteries. HA (also named hyaluronan) is a unique type of GAGs. HA does not contain any sulfate and is not found covalently attached to proteins. Enzymatic disruption of HA increases ECM stiffness in adult bovine cartilage (427). Targeted expression of HA synthase (HAS)-2 in VSMCs promotes HA accumulation throughout the tunica media, resulting in increased vessel stiffness in mice (59). In contrast to the matrix stiffening function of HA in vessels, increased HA content lowers the stiffness of inflamed pancreatic islets in autoimmune pancreatitis, which was attributed to the hygroscopic properties of HA (269). HA-containing soft substrates promote proliferation and migration of cardiac myocytes and glioma cells to the levels seen under the rigid matrix conditions (72, 307). These findings suggest that matrices composed of crosslinked HA may change local stiffness, or the HA-receptor signaling might be an important element in mechanical control of cell behavior.

Proteoglycans (PGs) are formed by GAGs bound to a core protein. The crosslinking of PGs to other matrix proteins such as the collagen network results in the formation of supermolecular structures that function to increase tissue stiffness. The class I small leucine-rich proteoglycans (SLRPs), decorin and biglycan, are key regulators of collagen fibrillogenesis and matrix assembly. They have overlapping functions that permit functional compensation in mice deficient of the individual PG (77). Acute ablation of both Dcn (decorin) and Bgn (biglycan) genes in mature tendons results in decreased tendon stiffness and a significant increase in percent relaxation and tissue viscosity compared to wild-type controls (320), indicating a critical role for decorin and biglycan in maintaining mechanical homeostasis of adult tendon. The class II collagen-binding SLRPs, fibromodulin, and lumican are widely distributed in interstitial connective tissues. Lumican and fibromodulin compete for the same binding site on collagen type I (100). In tissues where both PGs are present, fibromodulin is required early in collagen fibrillogenesis and stabilizes small fibril intermediates, whereas lumican is needed at a later stage and primarily limits lateral growth of fibrils (320). Fibromodulin deficiency leads to significant reduction in tendon stiffness in mice, whereas lumican deficiency does not affect tendon stiffness. Interestingly, tendon stiffness is reduced in a lumican-dependent manner on the fibromodulin-deficient background (320).

Perlecan is a large heparin sulfate (HS) PG that presents in all BMs as well as the pericellular matrix (PCM) of mature cartilage. In perlecan knockout mice, BMs are degraded in regions with increased mechanical loading (79), suggesting that perlecan contributes to the mechanical stability of the BMs. In a murine model of Schwartz-Jampel syndrome, disruption of perlecan incorporation significantly decreases the stiffness of both the interstitial matrix and chondrocytes during cartilage development (428). Heparinase III-mediated enzymatic removal of HS chains from perlecan increases PCM elastic moduli in the PCM, specifically at the interior region expressing both perlecan and type VI collagen (417). In contrast, heparinase III digestion has no effects on ECM elasticity. These findings suggest that heparinase III could be utilized to selectively manipulate the mechanical properties of perlecan-rich matrix such as the PCM.

Stiffening of the large arteries (arteriosclerosis) is associated with severe adverse hemodynamic consequences, including widening of the pulse pressure and altered shear

stress. Single-nucleotide polymorphisms (SNPs) in the genes for aggrecan (rs2882676 and rs2293087) and fibulin-1 (rs2018279 and rs2238823) predict aortic stiffness in young healthy subjects (432). Aggrecan transcription declines with age and is significantly lower in individuals with stiffer aortas. Loss and degradation of aggrecan and fibulin-1 appear to be important drivers for age-related aortic stiffening (432). However, upregulation of fibulin-1 has been linked with increased stiffness (153) and kidney disease (338). Taken together, these data suggest that aggrecan and fibulin-1 are key regulators of the arterial wall stiffness (240).

Cell contractility and other cellular factors

Physical interactions between cells and the microenvironment actively alter the mechanical properties of the ECM. Active microrheology (AMR) analysis showed that cells grown in 3D type 1 collagen gels modulate the mechanical microenvironment in a cellular contraction-dependent manner. Inhibition of cellular contractility instantaneously softens the pericellular space and reduces stiffness heterogeneity (198). Nonlinear stress inference microscopy (NSIM) demonstrated that cell contraction induces large stresses, which generate a massive stiffness gradient over an extended region in 3D matrices of collagen, fibrin, and Matrigel (152). K14 promoter-driven expression of ROCK increases actomyosin contractile activity in mouse skin. This results in increased collagen deposition and skin tissue stiffnesing (329). Together, these data suggest that cellular contractility significantly modifies the mechanical properties of the surrounding ECM.

The binding of $\alpha\nu\beta3$ integrin to matrix Fn is restrained by cell surface protein Thy-1. Augmentation of $\alpha\nu\beta3$ integrin engagement through loss of Thy-1 stiffens the provisional ECM, leading to the progression of mouse lung fibrosis in a bleomycin injury model (120). This study suggests a central role for $\alpha\nu\beta3$ integrin in physical stiffening of the fibrotic niche. Epigenetic silencing of RASSF1A, a tumor suppressor, correlates with metastatic potential and adverse prognosis of advanced lung cancer. RASSF1A promoter methylation is characterized by increased collagen deposition and stiffened ECM in NSCLC. Furthermore, changes in ECM mechanics trigger cancer stem-like programming and are associated with metastasis *in vivo* (293). α 11 Integrin subunit is overexpressed in NSCLC-associated stromal fibroblasts (453). In immune-compromised α 11-deficient mice, loss of tumor stromal α 11 expression correlates with decreased collagen crosslinking and reduced stiffness of fibrillar collagen matrices (270). These findings suggest that both RASSF1A and α 11 are crucial stiffness regulators associated with the risk of metastatic progression in lung adenocarcinoma.

Matrix Stiffness in Lung Development

Mechanical forces are involved in tissue patterning and organogenesis (207). The growth, differentiation, and morphogenesis of a developing embryo are dependent on intrinsic and extrinsic mechanical forces that drive the assembly of cells and promote growth into higher-order structures (359, 400). In *Xenopus laevis*, the head mesoderm underlying the cephalic neural crest stiffens during morphogenesis. This stiffening is necessary and sufficient to initiate an epithelial-to-mesenchymal transition of the neural crest cells and trigger their

collective migration (18). It has been observed that capillary morphogenesis is modulated by the relative magnitudes of apparent matrix stiffness and cellular traction forces *in vitro*, and this balance was implicated in regulating angiogenesis *in vivo* (349). Furthermore, a matrix stiffness gradient in the *Drosophila* egg chamber instructs tissue elongation (80). Terminal differentiation of ESCs is regulated by substrate stiffness. Increasing substrate stiffness promotes the spreading, cell proliferation, mesendodermal gene expression, and terminal differentiation of ESCs (114, 216).

The lung is formed by epithelial branching, which involves the repetitive formation of epithelial clefts and buds that invade the surrounding ECM during embryonic development. Lung branching morphogenesis requires Fn assembly at the nascent cleft (87, 327). Although FN does not appear to contribute to bulk lung stiffness, it may contribute to other mechanical aspects of tissue development by serving as a medium for force transmission (325, 448). Elastin and collagen deposition increases ECM stiffness in the neonatal lung by facilitating signaling through the endothelial lipoprotein receptor-related protein 5 (LRP5)-Tie2 pathway (231). β-Aminopropionitrile, an inhibitor of LOX crosslinking enzyme, downregulates LRP5 and TIE2 expression and softens neonatal mouse lung tissues, resulting in inhibition of the vascular and alveolar morphogenesis in neonatal mice (246). Stiffening of neonatal mouse lungs by hypoxia-induced LOX activation deregulates alveolar morphogenesis (246). These findings demonstrated a crucial role of LOX-modulated matrix stiffness in regulating postnatal lung development. Drosophila tracheal tubes undergo axial elongation through epithelial membrane growth (155). The apical ECM (aECM) of the trachea is mechanically coupled to epithelial cells. The mechanical properties of aECM play an important role to counter the tube elongation "stretching" forces originated from epithelial apical membrane growth (98).

Matrix Stiffness in the Pathogenesis of Lung Diseases

Pulmonary fibrosis

IPF is a devastating, progressive fibrosing disease with limited treatment options. It is characterized by extensive and disorganized accumulation of abnormal ECM in the lung parenchyma. IPF is thought to result from repetitive microinjuries to the lung epithelium, promoting fibroblast activation and differentiation into ECM-producing contractile myofibroblasts. The fibroblastic focus is a key histopathological component of the usual interstitial pneumonia pattern that characterizes IPF. It is a dynamic structure in which an active cellular fibrotic front of proliferating mesenchymal progenitor cells (MPCS) and activated macrophages embedded in a hyaluronan-rich ECM invades the adjacent normal alveolar interstitium. As the front advances, the progeny cells behind differentiate into a myofibroblast core synthetizing a fibrotic ECM composed of collagen, Fn, tenascin C, hyaluronan, and latent TGF- β (158). Persistent myofibroblast activation leads to progressive ECM deposition, which eventually destroys normal alveolar architecture and severely impairs lung function.

Measurements of stiffness at the local microscale level revealed that the fibrotic lesions in both human IPF lung and fibrotic mouse lung exhibit median stiffness higher than the surrounding normal lung parenchyma (41, 226). The increases in lung stiffness far exceed

the previous macroscale measurements of fibrotic stiffening of the lung (103). Changes in tissue mechanics at the organ level have been traditionally viewed as the sequelae of fibrosis. Accumulating evidence indicates that matrix stiffening at the cellular level can induce many of the same functional changes seen in IPF fibroblasts, including collagen production, proliferation, myofibroblast differentiation, apoptosis resistance, migration, and invasion (described in previous sections). Furthermore, a stiffened environment is required for mechanical tension-induced activation of latent TGF- β , a potent fibrotic cytokine (418). Thus, stiffened fibrotic ECM contributes to the progression of lung fibrosis through the formation of a pathological feedback loop.

Excessive deposition of fibrillar collagen is the hallmark of tissue fibrosis. LOX/LOXLs and TG2 crosslinking enzymes are responsible for posttranslational modifications of collagen. The crosslinking reactions are essential to stabilize the supramolecular assembly of collagen and produce stable collagen fibrils. In IPF, increased tissue stiffness is caused by dysregulated posttranslational collagen crosslinking rather than increased collagen concentration (190). Immunohistochemical analysis demonstrated strong induction of LOX and LOXL2 in bronchial and alveolar epithelium as well as fibroblastic foci in IPF versus non-IPF subjects (12). Lox11 was found to be upregulated in active fibrotic regions of bleomycin-treated mice. Genetic ablation of Lox11 prevents accumulation of insoluble crosslinked collagen and lung stiffing and protects mice from AdTGF-B1-induced pulmonary fibrosis (23). It has been reported that dual inhibition of Loxl2 and Loxl3 is sufficient to normalize collagen fibrillogenesis, reduce tissue stiffness, and improve lung function in animal models of lung fibrosis (190). Previous studies have shown that TG2 and TG2-generated crosslinks are strongly expressed in IPF lung tissues. During the fibrotic phase of injury, inhibition of TG activity attenuates collagen deposition in a bleomycin mouse model (306).

Aging is a strong risk factor and an independent prognostic factor of IPF. Aged mice develop nonresolving pulmonary fibrosis after bleomycin-induced lung injury (156). We and others have shown that aging lungs are characterized by increased formation of AGEs and enhanced glycation crosslinking, measured by pentosidine crosslinks (24, 312). Accumulation of glycation crosslinks occurs at an accelerated rate in both IPF and experimental lung fibrosis (208, 242, 312, 348). We found that inhibition of glycation crosslinking reduces stiffness in IPF lung tissue and renders IPF lung collagen more susceptible to MMP1-mediated degradation, presumably by exposure of hidden protease cryptic sites within the highly crosslinked triple helical structure. Destiffening of the fibrotic lungs by targeting AGE crosslinking promotes lung fibrosis resolution in aged mice (312).

Pulmonary hypertension

PH is associated with structural and mechanical changes in the pulmonary vascular bed, characterized by narrowing and stiffening of the proximal and distal pulmonary arteries. Increased pulmonary vascular stiffness is an important indicator of disease progression in PH and is a key component in the pathogenesis of PAH, a severe subtype of PH (129, 243). The mechanical properties of pulmonary arteries are intimately linked with the composition and structure of the ECM proteins (172). Pulmonary arterial remodeling during PH

leads to degradation of elastin and collagen accumulation, which correlates with collagenpredominant stiff mechanics (209). Various pathogenic factors can trigger pulmonary arterial remodeling and stiffening. Inflammation contributes to vascular remodeling and stiffening through induction of the breakdown of elastin, proliferation of smooth muscle cells and fibroblasts, and changes in the composition of the ECM (335). Hypoxia exposure induces a significant increase in tissue stiffness in freshly isolated proximal pulmonary arteries *ex vivo* (209). MMPs play an important role in the remodeling of ECM in pulmonary vessels in both patients and animal models of PAH (215, 414). It has been found that increased MMP activity promotes vascular stiffening (237). However, the underlying mechanisms remain to be determined. A potential mechanism contributing to PH associated with IPF is deposition of hyaluronan. Hyaluronan fragments increase stiffness of PASMCs, inhibit their migration, and stimulate their proliferation in a RhoA-dependent manner (76). Vascular calcification drives distal pulmonary vasculature stiffening through activation of a miR-204/ RUNX2/HIF-1α-dependent pathway (326).

Emerging evidence indicates that vascular stiffening can precede PH and promote pulmonary vascular remodeling (28, 224). These findings suggest a causative role of vascular stiffening in the pathogenesis of PH. Vascular stiffness-derived mechanical signals enhance proliferation and migration of vascular cells and promote excessive matrix production (30, 224). These in turn perpetuate vascular stiffness, thus giving rise to a selfsustaining loop that amplifies vascular remodeling in PH. Vascular stiffening also increases glycolysis, decreases mitochondrial oxidative phosphorylation, and enhances anaplerotic replenishment of amino acids to meet the metabolic demands of the disease state (28, 30). The results demonstrated a link between matrix mechanotransduction and vascular metabolic reprogramming in the initiation and development of PH. Understanding the molecular mechanisms by which pulmonary vascular ECM stiffens and how vascular cells sense ECM stiffening is necessary for developing novel interventions to prevent, treat, and even reverse PH.

Chronic obstructive pulmonary disease

The levels of ECM proteins are changed in subjects with mild or moderate COPD in comparison to control subjects, and these changes progress to more significant pathology in severe COPD (166). The most notable changes are reductions in expression and/or the functional organization of elastic fibers and small molecule PGs such as biglycan and decorin in the airway and parenchyma. The ECM makes an important contribution to the mechanical properties of the airway smooth muscle (ASM) and the airway wall under both healthy and diseased conditions (40). The contractile and noncontractile functions of ASM are strongly regulated by its interaction with the surrounding ECM through cell surface signaling and specific receptors (295). In patients with mild to moderate COPD, fibrosis of the small airways contributes to the stiffening of the overall airway wall and impairs the ability of ASM cells to relax in the presence of bronchodilators (34). Both increases and decreases in total amount of lung collagen have been reported in emphysema (210, 343, 361). In a porcine pancreatic elastase (PPE)-induced mouse model of emphysema, lung stiffness decreased despite an increase in lung collagen (179), suggesting that the total

amount of lung collagen may not be the primary determinant of the mechanical properties in the emphysematous state.

Asthma

Asthma is the result of chronic inflammation of the airway that leads to exaggerated airway narrowing and stiffening. Sustained inflammatory signals acting on the ASM play a central role in the development of hypercontractile airways. Airway stiffness is determined by the property and structural organization of the various elements in the airway wall. It can be divided into active and passive components (344). Active stiffness is associated with activation of ASM, which generates contractile forces that stiffen the airway. Passive stiffness is primarily derived from nonmuscle compartments of the airway wall, in particular the ECM. Collagen deposition results in an increase in matrix stiffness in asthma (9, 416). The mechano-interactions between the ASM and a stiff environment promote ASM hypercontractility (5, 308) and hyperplasia (347) and airway remodeling (45). A recent study has shown that ECM stiffening in the airway, induced by riboflavin and ultraviolet-A radiation-mediated crosslinking of collagen fibers, is sufficient to drive excessive airway constriction even in the absence of inflammatory signals (182). The finding suggests that ECM remodeling may be a core pathological change in driving airway hyperreactivity in asthma.

Lung cancer

Stromal stiffening is a cardinal feature of many malignant tumors, including lung cancer (67). Rigid matrix promotes proliferation of various lung cancer cell lines by stimulating expression of programmed death-ligand 1 (PD-L1) (264). Targeting PD-L1 has been shown effective in treating patients with NSCLC (379). Stiff matrix upregulates spindle pole body component 25 homolog (SPC25), a component of the heterotetrametric NDC80 complex, which mediates lung cancer cell proliferation (187). ECM-derived mechanical signals promote NSCLC growth by upregulation of CTGF, AREG, and survivin through a Hippo/Yap-dependent pathway (439).

Epithelial-mesenchymal transition (EMT) is a vital process in cancer dissemination and metastasis (194). Increasing matrix stiffness promotes the recruitment of c-Myb to the *DDR2* promoter, leading to activation of the *DDR2* gene in lung cancer cells. Increased DDR2 expression promotes EMT and mediates lung cancer cell invasion (201). In lung carcinoma, ubiquitin domain-containing protein 1 (UBTD1) is highly correlated with both the disease progression and patient survival. UBTD1 localization is drastically modified by the ECM stiffness. It has been found that UBTD1 accumulates at cell junctions on stiff ECM, whereas it remains mostly diffuse in the cytoplasm on soft ECM (387). Furthermore, UBTD1 controls a YAP-dependent EMT program that dramatically increases invasion and migration of lung cancer cells (387). Matrix stiffness can also regulate migration and invasion of lung cancer cells through EMT-independent mechanisms. It has been shown that stiff matrix triggers stem cell-like reprogramming by regulation of stem cell transcription factor, NANOG, which promotes lung cancer metastasis (294). It has also been found that stiff ECM-induced activation of integrin β 1 is associated with the motility of lung

cancer cells (6). Additionally, stiff matrix-dependent NF- κ B upregulation participates in lung cancer cell spreading via regulation of the actomyosin contractile apparatus (177).

Mechanical interactions between cancer-associated fibroblasts (CAFs) and the microenvironment contribute to lung tumorigenesis. Stiffened stroma promotes accumulation of CAFs in lung squamous cell carcinoma (311). CAFs influence lung cancer cell proliferation and migration through secretion of growth factors, regulation of tumor angiogenesis, and remodeling of the ECM (33). Neuropilin-1 expressed by CAFs promotes assembly of Fn fibrils, leading to matrix stiffening and lung tumor growth (431). Additionally, CAFs increase matrix stiffness by promoting integrin a 11-dependent collagen crosslinking, and stiffened matrix initiates signals to promote the growth and metastasis of lung cancer cells (270).

Measurements of Lung Matrix Stiffness

Matrix mechanical properties are typically reported as elastic modulus (E, also known as Young's modulus) or shear modulus (G). Elastic modulus and shear modulus are related to each other as a function of the material's Poisson's ratio. Elastic modulus corresponds to the slope of the uniaxial strain-stress relationship and is approximately three times the shear modulus for isotropic and incompressible materials. Several mechanical test methods have been used to test the mechanical properties of lung matrix, which are summarized in the following sections (see Table 1).

Atomic force microscopy

AFM is the most widely used technique for direct measurements of the mechanical properties of the ECM at the microscale, the same scale that cells use to sense their environment (36). AFM is based on a sample displacement by applying loads as low as few nN (even pN) through a microfabricated cantilever with a sharp tip at its end (2). The loading force compresses the surface of the sample, producing an indentation that bends the cantilever. By calibrating the stiffness of the cantilever, the force on it can be estimated by measuring the vertical deflection of the cantilever with optical techniques. From the deflection and the force, a force-distance curve is obtained. These curves carry information about the sample's mechanical properties (191, 227, 369). The unique aspects of AFM-based measurements include the ability to perform mechanical testing in a liquid environment, which is important in studying biological samples and mapping local heterogeneities in the matrix environment. In cell and tissue experiments, AFM is placed on the stage of an inverted optical microscope to visualize the sample with transmitted light, which enables accurate placement of the tip at the point of interest for measurements (see Figure 2).

AFM microindentation has been used to quantitatively measure the lung tissue elasticity on the micrometer length scale (see Table 2). Using AFM measurements, an average elastic modulus of mouse bronchus is 23.1 ± 14.0 kPa, with a broad distribution ranging from 2 to 45 kPa, indicating substantial heterogeneity across large and small airways (226, 256, 347). The fact that different sites within the lung scaffold exhibit marked geographic differences in stiffness has also been reported in healthy rat lungs (257). Regional mechanical differences

were also demonstrated in decellularized lungs using AFM (41, 238, 257). The local stiffness in fibrotic lungs increases according to the degree of the structural fibrotic lesion (226). Mice with lung fibrosis exhibit local stiffness that is approximately twofold higher than that in the control mice: from 27.2 ± 1.6 to 64.8 ± 7.1 kPa in the alveolar septa, from 56.6 ± 4.6 to 99.9 ± 11.7 kPa in the visceral pleura, from 41.1 ± 8.0 to 105.2 ± 13.6 kPa in the tunica adventitia, and from 79.3 ± 7.2 to 146.6 ± 28.8 kPa in the tunica intima (256). Native normal human lung has a mean Young's modulus of 1.96 ± 0.13 kPa (53). In contrast, IPF lung has eight-fold increase in stiffness (16.52 ± 2.25 kPa) in the area of fibrosis (41). The deposition of collagen and other matrix components in the lung structure increases with aging (169, 196, 354). An AFM-based study indeed indicates that acellular native lung stiffness in aged mice is, on average, 29% higher than that in the young animals (256).

There are some important considerations when using AFM. Cryotome of biological tissues can alter bulk ECM mechanics (38, 399). Significant differences in tissue mechanics have been observed in cryotomed versus vibratomed sections (427, 428). Measurements on cryosections likely do not reflect the true material properties and need to be avoided. Because fresh, unfixed tissue is required for AFM measurements, the time elapsed from tissue harvest to measurement should be minimized, and samples should be stored at 4°C to avoid changes in mechanical properties (227). The spring constant of cantilevers determines the sensitivity of AFM measurements; typically, cantilevers with spring constants in the range 10 to 200 pN/nm are used for biological samples (111). A standard cantilever with a 5-um diameter spherical tip is sufficient to characterize mouse lungs ranging from 100 Pa to 50 kPa (shear modulus) (227). Pyramidal tips provide smaller contact areas and thus increase spatial resolution. However, data fitting is more complex for these types of tips (15, 27, 318, 402). Indentation speeds must be carefully chosen to minimize both hysteresis and cantilever drift. The elastic modulus derived from the force-distance curve is sensitive to the postprocessing methods (373). Hence, the methods by which the mechanics of the probe-tissue contact is modeled need to be determined appropriately to increase the reproducibility among different researchers.

There are several limitations of the AFM methodology. The lung is one of the organs that are under a preexisting stress in physiological conditions. AFM measures stiffness in compression, whereas physiological lungs are under tensile prestress. If the material is nonlinear, the stiffness from the compression test can be different from that during the tensile stretch (369). AFM measurements neglect this factor, precluding the application of physiological prestress and air-liquid interface variations in stretch. AFM scans only tissue surface and is not suitable for scanning an entire lung. Consequently, the stiffness of internal lung tissues can only be accessed if the 3D organ is destroyed. Finally, the Hertz model assumes homogeneity and absolute elastic behavior of the sample, whereas biological materials including the lung typically display time-dependent viscoelastic behaviors. Nonetheless, AFM microindentation can provide valuable insights into the changes in tissue stiffness during the development of lung fibrosis and fibrosis progression.

Elastography

Elastography measures the shear wave propagation in tissues from which elastic modulus is reported. Magnetic resonance and ultrasound-based elastography have been developed to enable noninvasive visualization and quantification of tissue stiffness (88, 268, 331). Both techniques have been validated clinically for liver fibrosis and breast cancer staging (26, 351, 396, 436).

Ultrasound elastography—Ultrasound elastography is the most frequently used technique to assess tumor tissue stiffness due to its ease of use and relatively low cost. Numerous ultrasound-based shear wave elastography techniques have been described to measure the propagation speed and amplitude decay of mechanical shear waves inside tumor (25, 274, 330). In conventional ultrasound elasticity imaging (UEI), an external static load is applied to the surface of tissues to generate compression, usually via a mechanical device such as platen. A sequence of pre- and postcompression ultrasound images are processed using a cross-correlation algorithm or speckle tracking scheme to detect the displacement at each location within the sample to infer the elasticity inside the sample (35, 92, 236, 289). This technique has a particular advantage in imaging spatial variations of the mechanical properties within a tissue volume. Acoustic radiation force (ARF) elasticity imaging uses the force associated with an ultrasound beam to achieve deformation in a material body in a noncontact fashion (97). Unlike UEI, ARF is a body force produced within a material sample generated by momentum transfer from the ultrasound wave to the medium (90, 97). ARF impulse imaging has been investigated for multiple clinical applications, including changes in cardiac tissue stiffness (168).

Magnetic resonance elastography—Magnetic resonance elastography (MRE) is originally developed as a noninvasive method to measure internal organ stiffness by visualizing mechanically induced low-frequency spin motion (268). MRE is a dynamic technique that utilizes small shear displacements (~µm) to enable direct assessment of shear properties of the solid ECM (135, 249, 268). The MRE technique has three essential components: (i) generation of shear waves in the tissue evoked by the MRI system; (ii) acquisition of MR images showing the propagation of the induced shear waves; and (iii) conversion of the MRI acquired wave motion into elastic maps known as elastograms (249). MRE offers the advantage of 3D stiffness and viscosity measurements over a wide range of mechanical actuation frequencies with low variability (261). MRE is limited by (i) the fact that only accessible parts of the human body can be screened; (ii) inability to distinguish tissue stiffening between fibrosis and inflammation or altered perfusion, such as portal venous hypertension in cirrhosis (328); and (iii) substantially longer imaging times and higher costs compared to ultrasound elastography.

Fluorescent microscopy

Microscopic indentation methods have been developed for convenient and rapid measurements of the elastic modulus of hydrogels (83, 124, 233, 235). Most conventional fluorescent microscopic indentation methods consist of the following steps: (i) fluorescent beads are embedded in the hydrogel to visualize its top surface; (ii) a sphere or ball indentor is placed on the hydrogel where the indentation force from the indentor deforms the gel

surface locally; (iii) after the indentor is removed and the hydrogel is allowed to recover elastically, the fluorescent beads identified by a fluorescence microscope are tracked by raising the focal plane; and (iv) the indentation depth is measured from the displacement of the focal plane, and the E of the hydrogel is calculated using a proper indentation model (20, 211). The fluorescent microscopy method is cost-effective and does not require special equipment. Hence, this method can be widely utilized in laboratories with a conventional fluorescent microscope.

In Vitro Model Systems—Hydrogels as Engineered Stiffness-Tunable Matrix Substrates

Hydrogels are water-swollen crosslinked polymeric networks with structural similarity to native ECM (323). These polymer networks can be fabricated from various materials, including natural, synthetic, and semisynthetic/hybrid polymers (454). The transformation of the polymer network into a gel (gelation) requires the introduction of crosslinks between polymer chains (200). In general, hydrogel stiffness is controlled by adjusting the concentration of polymers and/or crosslinkers. Hydrogels are functionalized with collagen, Fn, or other ECM proteins to provide the binding sites for cell adhesion. A growing body of research suggests that cells cultured on 2D substrates differ greatly from those grown *in vivo* (44, 181, 292, 299, 409). In this regard, cell-laden hydrogels are increasingly being explored for studying the molecular basis by which ECM stiffness influences cellular function in the context of a 3D ECM.

Natural hydrogels

Naturally derived hydrogels are mainly made of ECM components, such as collagen, fibrin, HA, and Matrigel or materials derived from other biological sources, such as alginate, agarose, and pectin (17, 383). These polymers have advantages of inherent biocompatibility and are abundant in source (4, 380). Natural gel stiffness has been routinely modulated by altering the concentration or composition of the gel constituents or by varying crosslink density. However, such approaches may simultaneously alter gel pore size, fiber architecture, and/or the number or availability of adhesion sites as well (132, 321).

Collagen—Collagen is a major component of the ECM proteins in mammalian tissues. Collagen hydrogels are conventionally prepared via physical crosslinking by pH and temperature adjustments. They provide 3D fibrillar matrices recapitulating the ECM *in vivo* (193). A major disadvantage of this approach is the weak mechanical properties of collagen gels. Many chemical crosslinking methods have been developed to generate stiffer and more stable collagen hydrogels. For example, genipin, an excellent natural protein crosslinker with low cytotoxicity, was used to fabricate collagen gels with 2 to 50 kPa of compressive strength without changing the overall collagen density (252, 445). Other chemical crosslinking methods include treatments of collagen gels with glutaraldehyde, carbodiimide, or hexamethylene diisocyanate (389). These crosslinking agents target primary amines and carboxylates on the collagen backbone, which might involve specific adhesion receptor-binding sequences. Therefore, such crosslinking agents

could potentially alter cell adhesion. It has been found that addition of soluble elastin improves the mechanical properties of collagen hydrogels (101).

Hyaluronic acid—HA is a nonsulfated GAG composing of repeating disaccharide units of glucuronate and N-acetylglucosamine. The advantages of HA as a hydrogel platform include the biological relevance and the ability to be modified to present functional groups enabling a range of crosslinking chemistry (52). A standard method to make HA gels is crosslinking of thiolated HA (HA-SH) with acrylated PEG by Michael addition (109, 217). The stiffness of HA hydrogels can be readily tuned from 1 Pa to 4 kPa with magnitude increments by varying the amount of PEG crosslinker (131). This type of HA hydrogel offers a flexible biochemical composition, biomechanical compliance, and simplicity of use. However, the crosslinking schemes have major drawbacks. At physiological pH, HA gelation by Michael addition is slow, making the handling difficult (217). Additionally, thiolated HA readily oxidizes to disulfides when in solution at physiological pH, resulting in a significant loss of the crosslinker. It has been reported that HA modified with methacrylates (HA-MA) and photo-crosslinked with a radical initiator has the advantage of higher stability and fast gelation (342). To achieve spatial control of matrix stiffness precisely, a two-step crosslinking process has been developed to fabricate HA hydrogels. The initial gelation fabricates hydrogels with stiffness (E-2 kPa) mimicking that of healthy tissue. The hydrogels are then stiffened by secondary crosslinking via UV light-mediated radical polymerization, mimicking the stiffness of fibrotic tissue (E~25 kPa) (149). The two-step approach generates HA hydrogels with stiffness levels equivalent to normal and fibrotic lungs. Thus, it is beneficial for lung-related studies. High molecular weight HA crosslinked by TG has a gelling speed tunable from seconds to hours depending on the amount of enzyme added (47). Unlike thiol or (meth)acrylate derivatives, HA-TG derivative is chemically inert and resistant to oxidation and hydrolysis, guaranteeing high stability and long-term storage of HA hydrogels.

Alginate—Alginate is a brown algae-derived polysaccharide with many favorable properties, including biocompatibility, no mammalian receptors, low toxicity, low protein adsorption, and ease of gelation (213). Unlike collagen and HA, alginate must be modified with an adhesive ligand to enable cell attachment. Alginate can rapidly form stable hydrogels in the presence of divalent ions such as magnesium and calcium (455). The mechanical properties of alginate hydrogels can be fine-tuned for specific applications either using alginates with different average molecular weights or by varying the ratio of M/G blocks and the ion concentration used for crosslinking (456). Alginate gels quickly dissolve in the absence of divalent ions or in the presence of acids or other ions (e.g., phosphate), limiting their usage for long-term applications (456). Silk fibroin, a macromolecular protein derived from silk worms, has been added into alginate gels to keep them stable over long periods of time (456). The silk-alginate gels have biocompatibility characteristics, tunable mechanical and morphological properties, and fast gelation.

Agarose—Agarose forms hydrogels by physical crosslinking (128). In comparison with chemical crosslinking, physical crosslinking offers several advantages including the absence of reactive chemistry and ease of implementation. However, increasing the polymer

concentration beyond the gelation concentration in agarose gels yields only modest changes in stiffness. A method for promoting the association of agarose polymer chains in physical gelation has been developed previously (122). In this method, induction of a switch in the secondary structure from α -helix to β -sheet through carboxylation enables the agarose gel modulus to be tuned over four orders of magnitude (G' 6 Pa to 3.6 × 10⁴ Pa) independently of the polymer concentration and its molecular weight.

Pectin—Pectin is a structural polysaccharide extracted from the primary cell wall of plants. The branched polymer comprises multiple polysaccharide domains, providing a multitude of target sites for chemical modification. This feature, together with the lack of endogenous cell-adhesive and cell-proteolytic sites, allows for the precise introduction of specific biochemical moieties onto the inert polymer backbone (302).

Decellularized extracellular matrix

Decellularized ECM (dECM) has physicochemical properties more representative of the native extracellular microenvironment, thereby providing numerous benefits over other hydrogels. dECM derived from human pulmonary fibroblasts has an average Young's modulus of 105 ± 14 Pa (355). Crosslinking of this dECM by glutaraldehyde demonstrates a 67% increase in the stiffness (355). This fibroblast-derived dECM model provides a unique platform for the study of the physical and biochemical properties of cell-produced matrices as well as interactions between lung fibroblasts and their natural microenvironment. A unique lung-specific, stiffness-tunable hydrogel system has been developed recently (222). Briefly, normal pig, rat, and mouse lungs are decellularized, lyophilized, and cryomilled into powder. The dECM powder is digested by acidic pepsin digestion and neutralized to form pregel solution. Cells are suspended in the pregel solution, and gelation is induced by incubation at 37°C to achieve a 3D culture. The stiffness of lung dECM hydrogels can be tailored by addition of different concentrations of genipin. Decellularization of the whole lung scaffolds recapitulates lung-specific ECM structure and composition (41, 78, 273, 291, 303, 310, 404). Acellular normal lung matrices exhibit an elastic modulus similar to that expected in vivo, whereas IPF acellular matrices demonstrate increased but heterogeneous stiffness (41). Interestingly, despite a variation in the lung ECM stiffness observed during the decellularization process, the resistance and elastance of the lungs return to basal level at the final decellularization step (275). It has also been reported that the conventional decellularization procedures do not result in substantially different local stiffness in the acellular lung (257). The recently developed tissue-specific dECM bioink can be mechanically tailored by sequential vitamin B2-induced UVA crosslinking (183). The printable dECM bioink enables 3D fabrication of tissues that are more functionally matched than prototypic natural hydrogels.

Synthetic hydrogels

The chemical and mechanical properties of synthetic hydrogels can be more precisely controlled than those of natural hydrogels. Synthetic hydrogels allow to examine how the magnitude of matrix stiffness directs cell behavior *in vitro*. The mechanical properties of synthetic hydrogels can be modified by altering the density of crosslinks between the polymers.

Polyacrylamide—PA hydrogels are produced by reacting acrylamide monomer and bisacrylamide crosslinker in the presence of ammonium persulfate (APS) and tetramethylethylenediamine (TEMED). APS provides free radicals, while TEMED catalyzes redox radical polymerization of the PA. Stiffness ranging between 0.5 and 100 kPa, comparable to the stiffness of most tissues in nature, can be prepared by adjusting the monomer and crosslinker concentrations (394). PA hydrogels are biologically inert and require surface functionalization through coating ECM proteins or peptides. Protein conjugation to the PA hydrogel surface is achieved using a bifunctional crosslinker such as sulfosuccinimidyl 6-(4'-azido-2'-nitrophenylamino)hexanoate (sulfo-SANPAH) (139). Sulfo-SANPAH has limited stability and shows variations in crosslinking that result in heterogeneous ECM coating (195, 394). 3,4-Dihydroxy-L-phenylalanine (L-DOPA) can functionalize PA gels more stably and more homogeneously compared to sulfo-SANPAH (422). Incorporation of hydroxyl groups in acrylamide monomers overcomes the intrinsic anti-adhesive property of PA hydrogels (138). Furthermore, the presence of hydroxyl groups facilitates hydrogen-bonding interactions between PA gels and peptides, thus increasing the affinity of hydrogels and biomolecules (139). PA gels have a number of advantages, including cost-effectiveness, ease of preparation, constant surface chemistry, reproducibility, and availability in a wide range of stiffness (81, 199, 300, 394). A major limitation of PA gels is that PA hydrogels can only be used as a 2D scaffold and cannot encapsulate cells due to the cytotoxicity of soluble precursor components.

Polyethylene glycol—Polyethylene glycol (PEG) has relatively low protein adsorption and is amenable to user-defined crosslinking chemistry. The mechanical properties of PEG hydrogels can be controlled by changing the network crosslinking density, which may be tuned by changing the concentration, molecular weight, or the number of arms of PEG (115, 136). Unlike PA, unpolymerized components of PEG are cytocompatible. Therefore, PEG hydrogels can encapsulate cells and study stiffness in 3D (51, 247). The utility of PEG has been demonstrated in a diverse set of cell culture applications, including studies of stem cell differentiation, mechanobiology, and angiogenesis (14, 204, 239, 266, 305).

Polydimethylsiloxane microposts—Polydimethylsiloxane (PDMS) hydrogels can be simply prepared by mixing base and curing agent, where a platinum catalyst facilitates hydrosilylation to crosslink vinyl-terminated PDMS base polymer with methyl hydrogen siloxane units from the curing agent (433). The modulus of PDMS (from kPa to MPa) fabricated through this mechanism can be controlled by changing the base-to-curing agent mixing ratio, curing temperature, and reaction time (127, 147, 171, 390). PDMS microposts bend laterally when a cell attaches and exerts force to the substrates (127, 376). The micropost stiffness is tuned solely by the height of the post, while keeping adhesive and other material bulk and surface properties constant (127). This micropost system provides an approach to decouple the effect of the substrate stiffness from alterations in the surface chemical properties. An advantage of PDMS hydrogels is the unlimited shelf life under ambient conditions, as compared to several days or at best several weeks under refrigeration in the case of PA hydrogels.

Polyisocyanopeptide-based hydrogels—Polyisocyanopeptide (PIC) hydrogels are derived from helical oligo ethylene glycol PICs (84). These hydrogels exhibit a nonlinear stress response (stress stiffening) (206). When the stress is increased beyond a threshold value, the matrices become stiffer with increasing applied stress. PIC hydrogels provide a platform for investigating the effect of stress stiffening on cells encapsulated in a 3D microenvironment. This 3D physiological microenvironment can be tuned independently of matrix stiffness, ligand density, and matrix porosity, thereby improving the traditional synthetic matrix scaffolds.

Self-assembling peptide hydrogels—Self-assembling peptides (SAPs) are a family of 8 to 32 amino acid peptides. SAP hydrogels undergo multihierarchical self-assembly when exposed to physiological salt solutions (58, 276, 286, 444). The synthetic hydrogels exhibit many advantages of naturally derived polymers, including interactions with cells and assembly into hierarchical structures, mimicking the native proteins (410). Unlike natural hydrogels, which change architecture, pore size, and ligand density when matrix stiffness is altered, SAP gels offer a tractable system with alterations of stiffness in a dynamic range without significantly affecting any of these variables.

Hybrid hydrogels

Hybrid hydrogels are developed by combining the strengths of natural and synthetic polymers to better mimic the complex *in vivo* environments. An example of hybrid hydrogels, called the minimal matrix model of scars (MMMS), involves mixing soluble collagen I with acrylamide monomers and bis-acrylamide crosslinker and then polymerizing the mix into a hybrid hydrogel (94). Upon initiation of polymerization, collagen I fibers separate from pregelation clusters of PA to form highly branched fractal fiber bundles that segregate as islands heterogeneously entrapped at the subsurface of the hydrogel. Since collagen in the subsurface fiber bundles is not accessible for cell adhesion, a uniform overcoating of matrix ligand is provided for cell attachment. Studies indicate that MMMS is a promising system to study cellular mechanotransduction in scar/fibrosis (70).

Mechanically tunable gelatin-PEG composite hydrogels are made by conjugating thiolated gelatin to one end of PEG diacrylate (PEGDA) by Michael-type addition reaction. The hybrid hydrogels combine the benefits of natural gelatin and synthetic PEG hydrogels and can encapsulate fibroblasts *in situ* with high cell viability. The stiffness of the hydrogels is manipulated by alternating the concentration of PEGDA, ranging from 1.3 ± 0.5 kPa to 23.0 ± 1.0 kPa (57).

PIC hydrogels, as described previously, resemble both strain-stiffening response and the fibrillar structure of native ECM (184, 185). PIC composite hydrogels are constructed by combining PIC hydrogels with fibrin (semiflexible), PA (flexible), or carbon nanotubes (rigid) polymers (186). The combination of polymers with different mechanical properties into hybrid hydrogels may help the design of novel responsive materials and tunable matrix substrates for tissue engineering applications.

Layer-by-layer (LbL)-modified hydrogels consist of LbL-assembled films of native matrix proteins on top of mechanically tunable PA hydrogels to form chemically and mechanically

relevant cell culture substrates. LbL hydrogels have been utilized to demonstrate a role of matrix substrate stiffness in hepatic stellate cell myofibroblastic differentiation (333).

Gradient stiffness matrices

ECM stiffness gradients exist in physiological and perhaps more commonly in pathological conditions, such as fibrosis and cancer. Stiffness gradients of the ECM influence cellular function. Diverse technologies including physical crosslinking, photopolymerization, and microengineering structuralization have been utilized to create gradient stiffness matrix substrates (423). Cylindrical polyvinyl alcohol (PVA)/HA hydrogels produce a wide-range stiffness gradient (between ~20 and ~200 kPa) using a gradual freezing-thawing approach (282). Photopolymerization employs light or high-energy radiation to crosslink polymers. By moving a photo mask at controlled speed to progressively uncover the gel solution, it produces a linear gradient stiffness hydrogel of approximate 115 kPa/mm, extending from 1 to 240 kPa in Young's modulus (372). Soft lithography creates a wide range of stiffness values with diversified patterns through changing the geometric structure of lower layer substrates and the height and type of upper layer substrates (62, 219). Mechanically tunable 3D printed microstructures are programmable and have gradient variations in the apparent interfacial stiffness over a macroscale lateral span (322, 435).

Mechanically dynamic matrices

The ECM undergoes dynamic remodeling in normal and disease processes. While static hydrogels are unable to capture the dynamic landscape of ECM, mechanically dynamic hydrogels mimic the dynamic nature of the cellular microenvironment. Degradation through a photocleavable moiety incorporated within the gel backbone results in temporal softening of the hydrogels. For example, PA hydrogels are incorporated photocleavable 2-nitrobenzyl-derived crosslinkers. Irradiation with near-ultraviolet light (~365 nm) results in the cleavage of the linkers and dynamic softening of PA gels (125, 430). By contrast, activation of photocrosslinkable norbornene and 4-hydroxyphenylacetic acid causes dynamic crosslinking and stiffening of HA gels (148, 229). Furthermore, HA hydrogels bearing both photocleavable crosslinkers and methacrylates are able to soften on crosslinker cleavage and stiffen on methacrylate polymerization (324). Visible light-mediated radical polymerization represents a scheme of safer stiffening of hydrogels compared to UV light-initiated photocrosslinking (56). The use of near-infrared (NIR) light allows for transdermal gelation and stiffness tuning (362), providing an avenue for *in vivo* translation of this technology.

Tyrosinase-triggered postgelation crosslinking provides a platform for on-demand stiffening of cell-laden hydrogels through enzymatic reactions (228). Enzymatic stiffening of hydrogels utilizes a peptide linker with additional tyrosine residues that are susceptible to tyrosinase-mediated crosslinking. Tyrosinase catalyzes the oxidation of tyrosine residues into dihydroxyphenylalanine (DOPA) dimer. The formation of DOPA dimer promotes crosslinking and thus stiffening of cell-laden hydrogels (228). In hydrogels prepared by 8-arm PEG-norbornene (PEG8NB) and a simple peptide linker (i.e., KCYGPQGIWGQYCK) sensitive to tyrosinase-triggered dityrosine crosslinking, tyrosine residues in the primary network serve as substrates for exogenously added tyrosinase. Tyrosinase catalyzes dityrosine crosslinking and stiffness (228).

The mechanism in DNA-crosslinked hydrogels is based on DNA-powered molecular machines (440). In the DNA-crosslinked gel system, two DNA strands are covalently attached to polymer chains, and a third crosslinker DNA strand base pairs with the first two strands. By inclusion of a toehold at the end of the crosslinker DNA, one can introduce complementary strand to the crosslinkers and displace the crosslinker DNA out of the gel network, thereby reducing the crosslinking density and gel stiffness (220).

In summary, hydrogels are useful tools for understanding the fundamental mechanisms involved in matrix mechanobiology, providing essential means for the expansion and directed differentiation of various cell types in ways not possible with conventional culture. Nevertheless, it is important to note that both 2D and 3D natural hydrogels and synthetic polymers have various strengths and drawbacks (see Table 3). Natural hydrogels have low stability, relatively poor mechanical properties, and rapid degradation rate (144, 272, 368, 454). By comparison, synthetic polymers lack adhesion sites and biocompatibility (241). Decellularized ECM often has poorly defined composition and may contain many different biochemical and physical signals, making it difficult to test specific hypotheses. Under most circumstances, modulation of matrix substrate stiffness also influences other physicochemical factors which could impact cell function (263). Additional efforts will need to develop more tractable *in vitro* systems with well-matched physicochemical properties for a specific microenvironment to investigate cell-matrix interactions in the context of disease modeling and drug testing.

Mechanotherapy: A Promising Novel Strategy for the Treatment of Lung Diseases

Mechanotherapy is an emerging field focused on therapeutically targeting the mechanical cues by directly manipulating matrix stiffness or disrupting the cellular response to aberrant tissue mechanics.

Targeting ECM stiffness

Crosslinking of the ECM is the principal determinant of ECM stiffness. Targeting matrix crosslinking to decrease lung tissue stiffness represents a promising antifibrotic strategy. Increasing serum LOXL2 levels is associated with IPF severity and rapid progression (69). Given that LOX family enzymes are vital mediators of ECM crosslinking, inhibition of LOX proteins may alleviate or even halt fibrotic lung disease progression. Studies in animal models of lung fibrosis pointed to a prominent role of LOXL2 in fibrotic lung remodeling and demonstrated the therapeutic efficacy of a LOXL2-specific antibody (AB0023) in experimental lung fibrosis (19). However, a randomized, double-blinded, phase II clinical trial using the LOXL2 specific antibody Simtuzumab failed to improve progression-free survival in IPF subjects (314). This result suggests that ECM crosslinking and stiffening in IPF may involve complex mechanisms.

Plasminogen activation (PA) promotes matrix degradation *in vitro*, and enhanced PA limits the severity of lung fibrosis in several different animal models (339, 353). In a bleomycin injury model of lung fibrosis, transgenic mice overexpressing lung-specific urokinase

plasminogen activator (uPA) displayed an enhanced resolution of established lung fibrosis compared with the littermate controls. This resolution was accompanied by a reduction in lung parenchymal stiffness and an increase in fibroblast apoptosis. These findings suggest that the role of PA in fibrosis extends beyond fibrinolysis and correlates with not only the development but also the resolution of lung fibrosis (167).

In a recent study, we found that nonenzymatic AGE crosslinking is increased in aged human and mouse lungs, and it occurs at an accelerated rate in lung fibrosis. Pharmacological targeting of nonenzymatic AGE crosslinking with chebulic acid, a potent breaker and inhibitor of AGE crosslinking, destiffens fibrotic lungs and promotes lung fibrosis resolution in aged mice. Importantly, treatment of IPF lung tissue slices with chebulic acid increases MMP1-mediated degradation of lung collagen ex vivo, presumably by exposing the cryptic protease sites within the highly crosslinked triple helical structures. Mechanistic studies showed that reducing matrix stiffness activates p53 in lung myofibroblasts by suppressing mechanosensitive MDM4 (an endogenous inhibitor of p53) expression. MDM4dependent p53 activation sensitizes lung myofibroblasts to apoptosis by upregulation of Fas expression. p53 activation induces an immunogenic conversion of lung myofibroblasts which recruit macrophages to engulf apoptotic myofibroblasts, resulting in the clearance of myofibroblasts and the reversal of lung fibrosis (312). These findings suggest that targeting nonenzymatic AGE crosslinking provides a potential new therapeutic approach to treat aging-associated persistent lung fibrosis. It is noteworthy that LOX/LOXLs are copperdependent enzymes. Most of the AGE inhibitors, including chebulic acid, have chelating activities on copper-catalyzed oxidative reactions (212). Thus, AGE inhibitors may inhibit not only nonenzymatic glycation crosslinking but LOX enzyme-mediated crosslinking as well.

Mild hyperthermia generated by magnetic nanoparticles under an alternating magnetic field can reorganize collagen fibers and modulate tissue stiffness. It has been shown that magnetic carbon nanotube-generated heat stress induces a remodeling of the tumor microenvironment through local denaturation of the ECM, particularly on collagen fibers. Following photothermal therapy, the treated tumors exhibit a significant decrease in the stiffness together with volume reduction, whereas nontreated tumors show an increase in tumor rigidity, which correlates with tumor growth (248). Insights on whether stiffened fibrotic lung ECM could be modulated by hyperthermia would guide the development of novel approaches utilizing thermal energy at the nanoscale as an antifibrotic therapy.

Targeting mechanosensing and mechanotransduction pathways

Myofibroblast resistance to apoptosis is associated with nonresolving and progressive fibrosis including IPF. Using *ex vivo* and *in vivo* approaches, we have defined a mechanotransduction pathway involving Rho/ROCK, actin cytoskeleton, and a mechanosensitive transcription coactivator MKL1 that coordinately regulate myofibroblast differentiation and apoptosis resistance in response to matrix stiffening (170, 451). Fasudil is a clinically approved small-molecule inhibitor of ROCK. Disruption of the Rho/ROCK/ actin cytoskeleton/MKL1-mediated mechanotransduction pathway by fasudil promotes lung myofibroblast apoptosis by downregulation of BCL-2 and protects mice from experimental

lung fibrosis (451). Other studies have shown that small-molecule inhibitors of MKL1 prevent experimental pulmonary fibrosis *in vivo* (352). It would be interesting to see whether targeting the Rho/ROCK/actin cytoskeleton/MKL1 mechanotransduction pathway could be effective for treatment of IPF.

G protein-coupled receptors (GPCRs) that bind to G-protein α subunits (G α_s) can inhibit YAP/TAZ activity via cyclic adenosine monophosphate (cAMP). It has been shown that dihydrexidine (DHX), an agonist of G α_s -coupled dopamine receptor D1 (DRD1), selectively inhibits YAP/TAZ function in lung mesenchymal cells, shifting cell phenotype from profibrotic to fibrosis resolving. DHX reverses ECM stiffening *in vitro* and in experimental mouse lung fibrosis *in vivo* (150). Verteporfin, an α 1 β 3 integrin inhibitor, is a drug that has been used to treat certain types of eye diseases. Verteporfin inhibits YAP and ameliorates TGF- β -induced renal fibrosis (232, 375). It would be interesting to repurpose this drug for the treatment of lung fibrosis.

Stiffened ECM provides a permissive environment for activation of latent TGF- β 1. Blocking mechanical activation of latent TGF- β 1 could potentially be accomplished by inhibiting the binding of latent TGF- β complex to α v integrins (126, 157) and/or by inhibiting myofibroblast contraction using peptides that prevent the incorporation of α SMA into stress fibers (162). Targeting integrin-mediated mechanoactivation of TGF- β 1 represents a potential strategy for treatments of fibrotic lung diseases.

Airway fibrosis in orthotopic tracheal transplantation (OTT) is persistent and unresponsive to all immunomodulating agents tested to date. It has been reported that simultaneously targeting myofibroblast contractility by relaxin and ECM stiffness by LOX inhibitors reverses the established airway fibrosis in an OTT mouse model (221). This study reveals the synergistic roles of cellular contractility and tissue stiffness in propagation of airway fibrosis and suggests a novel therapeutic strategy for the treatment of chronic rejection in tracheal transplantation and airway fibrosis.

Airway stiffness is a factor that determines the degree of airway obstruction in asthmatic subjects. Active airway stiffness can be inhibited by inhibiting the ASM contractility. However, passive airway stiffness cannot be readily modulated without altering the airway wall structure. Previous studies have shown that the removal of intracellular calcium abolishes a substantial portion of passive airway stiffness. Furthermore, calcium-sensitive stiffness originates from intracellular sources and is sensitive to pharmacological ROCK inhibitor Y-27632 (316). These findings may benefit the development of new drugs that decrease airway stiffness in asthmatic subjects.

Mechanoresponsive cell system for targeted lung therapy

Systemically infused MSCs preferentially home to and integrate with tumors in primary breast tumors and lung metastases (317). This selective and active homing ability makes MSCs an appealing vector for localized delivery of therapeutics in cancer treatment. In an elegant study, MSCs are utilized to generate a mechanoresponsive cell system (MRCS) with genetically engineered YAP/TAZ stiffness-sensing promoter. The MRCS senses the mechanosignaling from breast cancer and lung metastases and deliver cytosine deaminase to

target the prodrug 5-fluorocytosine (5-FC) for local activation and tumoricidal effects (230). MRCS may serve as a platform for future therapies targeting aberrant tissue stiffness in conditions such as pulmonary fibrosis.

Conclusions and Future Perspectives

Mechanical cues from the extracellular environment regulate the phenotype and function of various lung cell types and guide both lung development and tissue repair following injury. Disruption of normal mechanical environment perturbs lung cell function and is associated with many types of lung diseases. Currently, our understanding of the mechanisms by which lung cells sense matrix stiffness and transduce matrix mechanical signals remains limited. The Rho/ROCK/actin cytoskeleton/MKL1 pathway and the Hippo/YAP/TAZ pathway are well-characterized intracellular pathways that translate matrix mechanical cues into the cellular responses. A better understanding of mechanosensing and mechanotransduction mechanisms can provide us with many opportunities to develop novel therapeutic strategies targeting altered ECM mechanics in lung diseases. The lung has the capacity to effectively resolve a significant fibrotic burden. The mechanisms underlying destiffening of the fibrotic ECM and matrix turnover during lung fibrosis resolution remain poorly understood. Matrix stiffness influences the response of many types of cancer cells to drug treatments (457). It is currently unknown whether changes in matrix stiffness could sensitize lung cells to the existing therapeutics of lung diseases. Furthermore, drug screens on regular tissue culture plates can give many false positives (116). Drug screens on hydrogel-based platforms with physiologically relevant stiffness could potentially avoid the false positives from tissue culture plate screens.

There is an increasing availability of experimental tools to investigate the mechanical properties of lung tissues. AFM allows mechanical testing of lung ECM at the microscale level, providing important insights into mechanical cross talks between cells and the ECM. The development of new imaging modalities capable of noninvasively monitoring lung tissue mechanics in vivo will benefit earlier diagnoses and potentially lead to better patient outcomes. Stiffness-tunable hydrogel systems currently available are much more complex than standard tissue culture plastic or glass. However, they are still oversimplified when compared to the dynamic in vivo cell microenvironment and, hence, need to be further improved to match the complexity of native extracellular environment. Physiological tissues and ECMs are viscoelastic, exhibiting stress relaxation or creep over time (63). Cells sense and respond to the viscoelastic properties of ECMs. Changes in matrix viscoelasticity drive broad changes in cell proliferation, gene expression, migration, and fate (107). It is likely that changes in tissue viscoelasticity are associated with many types of diseases including cancer and fibrosis (350, 364). Advances in microphysiological systems (e.g., tissue-on-chip) (74, 309) and 3D printing with viscoelastic materials (142, 391) allow tissue and organ structure and properties to be more faithfully recapitulated. Understanding lung mechanopathobiology may open the door to treatment avenues for various lung diseases.

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List of Abbreviations

| aSMA | a-smooth muscle actin |
|-------|-------------------------------------|
| 5-FC | 5-fluorocytosine |
| aECM | apical extracellular matrix |
| AFM | atomic force microscopy |
| AGEs | advanced glycation end products |
| AHR | airway responsiveness |
| AMR | active microrheology |
| APA | alternative polyadenylation |
| APC | adenomatous polyposis coli |
| APCs | antigen-presenting cells |
| APS | ammonium persulfate |
| ARAs | age-related aortic stiffening |
| ARDS | acute respiratory distress syndrome |
| ARF | acoustic radiation force |
| ASCs | adipose-derived stem cells |
| ASM | airway smooth muscle |
| ASMCs | airway smooth muscle cells |
| AT2 | type II alveolar epithelial cells |
| BALF | bronchoalveolar lavage fluid |
| BCRs | B-cell receptors |
| Bgn | biglycan |
| BMDCs | bone marrow-derived dendritic cells |
| BMDMs | bone marrow-derived macrophages |
| BPD | bronchopulmonary dysplasia |
| CAFs | cancer-associated fibroblasts |
| cAMP | cyclic adenosine monophosphate |
|--------|---|
| COL1A1 | type I collagen |
| COPD | chronic obstructive pulmonary disease |
| DC | dendritic cell |
| Dcn | decorin |
| dECM | decellularized extracellular matrix |
| DFS | disease-free survival |
| DHX | dihydrexidine |
| DOPA | dihydroxyphenylalanine |
| DRD1 | dopamine receptor D1 |
| DSB | double-strand break |
| DSP | desmoplakin |
| ECM | extracellular matrix |
| ECs | endothelial cells |
| EDB-FN | extra domain-B splice variant of fibronectin |
| EGF | epidermal growth factor |
| EMT | epithelial-mesenchymal transition |
| ESCs | embryonic stem cells |
| EVs | extracellular vesicles |
| FA | focal adhesion |
| FAK | focal adhesion kinase |
| Fn | fibronectin |
| GAGs | glycosaminoglycans |
| GLS1 | glutaminase |
| GPCRs | GTP-binding protein (G protein)-coupled receptors |
| GWAS | Genome-wide association studies |
| H3K4 | histone 3 lysine 4 |
| Н3К9 | histone 3 lysine 9 |
| НА | hyaluronic acid |

| HAS | HA synthase |
|----------|---|
| НАТ | histone acetyltransferase |
| hnRNP A1 | heterogeneous nuclear ribonucleoprotein A1 |
| HS | heparin sulfate |
| ILP | invadosome-like protrusions |
| IPF | idiopathic pulmonary fibrosis |
| iPS | induced pluripotent stem cells |
| IS | immunological synapses |
| LAP | latency associated propeptide |
| LbL | layer by layer |
| LBR | lamin B receptor |
| l-DOPA | 3,4-dihydroxy-L-phenylalanine |
| LFA-1 | lymphocyte function-associated antigen 1 |
| LH2 | lysyl hydroxylase 2 |
| LLC | large latent complex |
| LOX | lysyl oxidase |
| LOXL | lysyl oxidase-like proteins |
| LRP5 | lipoprotein receptor-related protein 5 |
| LTBP-1 | latent TGF-b1-binding protein |
| MDMD4 | mouse double minute 4 homolog |
| MEFs | mouse embryonic fibroblasts |
| МНС | major histocompatibility complex |
| MICA | major histocompatibility complex class I polypeptide- related sequence A |
| miRNAs | MicroRNAs |
| MKL1 | Megakaryoblastic leukemia 1 |
| MLC | myosin light chain |
| MLCK | myosin light-chain kinase |
| MMMS | minimal matrix model of scars |

| MMPs | matrix metalloproteinases |
|--------|---|
| MRE | magnetic resonance elastography |
| MSCs | mesenchymal stem cells |
| NIR | near-infrared |
| NK | natural killer |
| NSCLC | non-small cell lung cancer |
| NSIM | nonlinear stress inference microscopy |
| OTT | orthotopic tracheal transplantation |
| PA | polyacrylamide |
| PAECs | pulmonary arterial endothelial cells |
| РАН | pulmonary arterial hypertension |
| PAI | plasminogen activator inhibitor |
| PASMC | spulmonary artery smooth muscle cells |
| РСМ | pericellular matrix |
| PDGFR | platelet-derived growth factor receptor |
| PDL-1 | programmed death-ligand 1 |
| PDMS | polydimethylsiloxane |
| PEG | polyethylene glycol |
| PEGDA | PEG diacrylate |
| PEG8NB | 8-arm PEG-norbornene |
| PFK | phosphofructokinase |
| PGs | proteoglycans |
| РН | pulmonary hypertension |
| PIC | polyisocyanopeptide |
| РМА | phorbol 12-myristate 13-acetate |
| PPE | porcine pancreatic elastase |
| PVA | polyvinyl alcohol |
| ROCK | Rho-associated protein kinase |
| SAPs | self-assembling peptides |

| SHP-1 | SH2-domain-containing protein tyrosine phosphatase-1 |
|--------------|---|
| SJS | Schwartz-Jampel syndrome |
| SLRPs | small leucine-rich proteoglycans |
| SNPs | single-nucleotide polymorphisms |
| SPC25 | spindle pole body component 25 homolog |
| SR | serine/arginine rich |
| SRF | serum response factor |
| sulfo-SANPAH | sulfosuccinimidyl 6-(4'-azido-2'- nitrophenylamino)hexanoate |
| TAZ | PDZ-binding motif |
| TCRs | T-cell receptors |
| TEMED | tetramethylethylenediamine |
| TGs | transglutaminases |
| TNC | tenascin-C |
| TRPV4 | transient receptor potential vanilloid 4 |
| UBTD1 | ubiquitin domain-containing protein 1 |
| UEI | ultrasound elasticity imaging |
| VE-cadherin | vascular endothelial cadherin |
| VSMCs | vascular smooth muscle cells |
| WASP | Wiskott-Aldrich syndrome protein |
| YAP | Yes-associated protein |
| ZAP70 | zeta chain of T-cell receptor-associated protein kinase 70 |
| ZNF416 | Zinc Finger Protein 416 |

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Didactic Synopsis

Major teaching points

- The mechanical properties of the ECM regulate the function and behavior of various types of cells in the lung.
- The mechanisms underlying the mechanical interplays between cells and the ECM involve mechanosensing and mechanotransduction.
- Mechanointeractions of cells and the ECM are essential for the maintenance of lung homeostasis. Aberrant ECM mechanical signals are associated with the development of many common lung diseases.
- Matrix stiffness is regulated by the degree of ECM crosslinks, specific ECM components, cellular contractility, and other factors.
- An increasing availability of stiffness-tunable matrix substrates enables the study of cellular responses to matrix stiffness.
- The advent of high-resolution atomic force microscopy (AFM) allows mechanical testing of lung ECM at the microscale level. Ongoing development of noninvasive imaging modalities will benefit earlier diagnoses and potentially lead to better patient outcomes.
- Therapeutically targeting ECM stiffness is an emerging field of mechanomedicine.

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Figure 1. A scheme of matrix stiffness-mediated mechanosensing and mechanotransduction pathways.

ECM-derived mechanical cues are sensed by cell surface receptors, including integrincontaining FAs, GPCRs, and TRPV4. Mechanoactivation of RhoA and ROCK promotes G-actin polymerization into F-actin, resulting in the release of MKL1 and its nuclear translocation. RhoA/ROCK activation and the remodeling of actin cytoskeleton can also activate YAP/TAZ and promote their nuclear translocation, whereas the canonical Hippo signaling phosphorylates YAP/TAZ and inhibits their nuclear translocation. In the nucleus, MKL1 interacts with SRF to activate the transcription of target genes, including αSMA and BCL2. MKL1 binds to YAP, which regulates CCN1 gene expression. In contrast, MKL1 and TAZ appear to antagonize each other for the cytoplasmic-nuclear shuttling and the binding of gene promoter. MKL1 also regulates histone modifications through binding to H3K4 methyltransferase. Other mechanosensitive transcription factors include NF- κ B, β-catenin, c-Fos/c-Jun, STAT3, ZNF416, and ELK1. Furthermore, the contractile cytoskeleton pulling on a stiffened ECM may change the conformation of latent TGF- β complex, leading to the release or exposure of active TGF- β .

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Figure 2. Mechanical testing of normal and fibrotic mouse lung tissues by AFM microindentation.

(A) A MFP-3D-BIO atomic force microscope (Asylum Research) mounted on a Nikon eclipse Ti2 microscope. (B) A typical force-distance curve generated by AFM on mouse lung tissues. (C to E) C57BL/6 mice were administered 1.5 U/kg body weight bleomycin intratracheally to induce lung fibrosis. Control mice were given an equal volume (50 μ L) of saline. Lung tissues were harvested at 28 d. Mechanical testing of unfixed native mouse lung tissues was performed by AFM microindentation. Tissue sections were stained with a collagen-Col-F collagen-binding reagent to facilitate localization of specific lung areas (e.g., the alveolar wall and collagen-enriched fibrotic area) and positioning of the cantilever tip (C). Heat maps show the elastic moduli (Young's moduli) of the alveolar wall in the saline-treated lungs and the fibrotic area in bleomycin-treated lungs (D). Bar graphs show the distribution of stiffness in saline- and bleomycin-treated mouse lungs (E). Scale bars = 100 μ m. (Panels C-E: Reused, with permission, from Sato S, et al., 2021, 332)

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Advantages and Disadvantages of Various Techniques for Tissue Stiffness Measurements

| Method | Advantages | Disadvantages |
|---------------------------------|--|--|
| Atomic force microscopy (AFM) | High scan speed Mapping of tissue stiffness heterogeneity Minimal damage to sample Mechanical testing in a liquid environment Accurate targeting of the region of interest at the microscale level | High scan speed Limited to scan of tissue surface Neglect of viscoelastic behavior |
| Ultrasound elastography | Noninvasive technique Ease of use Low cost Identification of spatial stiffness variations in a tissue volume | Low reproducibility of measurements Relatively high measurement failure rate Lack of accurate targeting of the region of interest |
| Magnetic resonance elastography | Noninvasive technique Measurements of 3D tissue stiffness Measurements of tissue viscosity Low variability | Limited accessibility to human body parts Inability to distinguish tissue stiffening caused by fibrosis, inflammation, or altered perfusion Longer imaging time Higher cost |
| Fluorescent microscopy | Cost-effective measurements No special equipment needed | • Relatively longer operating time • User-dependent measurement |

Table 2

Lung Tissue Stiffness by Region and Health Status

| Species | Region | Status | Young's modulus by AFM (mean ± SE) | References |
|---------|-------------------|---------------------------------------|---|------------|
| Mouse | Parenchyma | Control (saline treated) | Median = $\sim 0.5 \text{ kPa}^{a}$ | (226) |
| | | Fibrosis (bleomycin treated) | Median = ~ 3 kPa ^{<i>a</i>} | |
| Mouse | Parenchyma | Control (saline treated) | 0.73 kPa | (227) |
| | | Fibrosis (bleomycin treated) | 13.39 kPa | |
| Mouse | Unspecified | Control (saline treated) | $1.96 \pm 1.21 \mathrm{~kPa}^b$ | (48) |
| | | Fibrosis (bleomycin treated) | 17.25 ± 11.06 kPa b | |
| Mouse | Airway | Normal lung | $23.1 \pm 14.0 \mathrm{kPa}^b$ | (347) |
| Mouse | Alveolar septa | Control (saline treated) | $27.2 \pm 1.6 \text{ kPa}$ | (256) |
| | Visceral pleura | | $56.6 \pm 4.6 \mathrm{kPa}$ | |
| | Tunica adventitia | | $41.1 \pm 8.0 \mathrm{kPa}$ | |
| | Tunica intima | | $79.3 \pm 7.2 \mathrm{kPa}$ | |
| | Alveolar septa | Fibrosis (bleomycin treated) | $64.8 \pm 7.1 \text{ kPa}$ | |
| | Visceral pleura | | $99.9 \pm 11.7 \text{ kPa}$ | |
| | Tunica adventitia | | $105.2 \pm 13.6 \mathrm{kPa}$ | |
| | Tunica intima | | $146.6\pm28.8~\mathrm{kPa}$ | |
| Rat | Alveolar septa | Decellularized normal lung | $16.8 \pm 2.4 \mathrm{kPa}$ | (257) |
| | Alveolar junction | | $15.6 \pm 2.5 \text{ kPa}$ | |
| | Pleura | | $34.6 \pm 2.4 \mathrm{kPa}$ | |
| | Tunica adventitia | | $30.9 \pm 2.5 \ \mathrm{kPa}$ | |
| | Tunica intima | | $59.6\pm2.5~\mathrm{kPa}$ | |
| Rat | Alveolar septa | Decellularized normal lung | $5.6\pm3.4~\mathrm{kPa}^b$ | (238) |
| | Alveolar junction | | $6.8\pm3.9~\mathrm{kPa}^b$ | |
| | Pleura | | $15.8\pm13.7~\mathrm{kPa}^b$ | |
| Human | Unspecified | Native lung, control subjects | $1.96 \pm 0.13 \text{ kPa}$ | (41) |
| | | Native lung, IPF subjects | $16.52\pm2.25~\mathrm{kPa}$ | |
| | | Decellularized lung, control subjects | $1.61\pm0.08~\mathrm{kPa}$ | |

| Species | Region | Status | Young's modulus by AFM (mean \pm SE) | References |
|-------------------------|-------------|-----------------------------------|---|------------|
| | | Decellularized lung, IPF subjects | $7.34\pm0.60~\mathrm{kPa}$ | |
| Human | Unspecified | Decellularized normal lung | $3.7\pm1.3~\mathrm{kPa}^{\mathcal{C}}$ | (85) |
| | | Decellularized IPF lung | $18.9 \pm 11.1 \text{ kPa}^{\mathcal{C}}$ | |
| | | Decellularized COPD lung | $2.9\pm0.8~\mathrm{kPa}^{\mathcal{C}}$ | |
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Table 3

Advantages and Disadvantages of Various Hydrogels

| Type | Advantages | Disadvantages |
|-------------------------------------|---|---|
| Natural hydrogels | | |
| Collagen | Biocompatibility High availability Simple gelation 3D cell culture | Weak mechanical properties |
| Hyaluronic acid | Biocompatibility User-defined crosslinking chemistry | Poor mechanical properties Rapid degradation |
| Alginate | Low toxicity Low cost Mild gelation conditions | Poor cell adhesion Limited long-term stability |
| Agarose | Simple gelation Tunable mechanical properties | • Variable pore size |
| Pectin | High availability Low cost Easy functionalization | Low stability Poor mechanical properties |
| Decellularized ECM | Structure and composition mimicking the native ECM Inherent bioactivity | Harsh chemical or mechanical treatments Incomplete decellularization Damage to the ECM's ultrastructure |
| Synthetic hydrogels | | |
| Polyacrylamide | Cost-effectiveness Easy preparation Constant surface chemistry Reproductivity Tunable mechanical properties | • Limited to 2D cell culture |
| Polyethylene glycol | Cytocompatibility User-defined crosslinking chemistry | Poor cell adhesion |
| Polydimethylsiloxane | • Easy preparation • Long-term storage | Absorption of small molecules |
| Polyisocyanopeptide-based hydrogels | Nonlinear strain-stiffening properties Easy cell recovery | • Fragileness |
| Self-assembling peptide hydrogels | Biocompatibility Structure mimicking the native ECM Tunable mechanical properties | Poor stability and consistency |
| Hybrid hydrogels | Combined strengths of both natural and synthetic hydrogels | High cost Limited mechanical properties |
| Gradient stiffness matrices | Mimicking the mechanical heterogeneity observed <i>in vivo</i> Simulation of pathological conditions such as fibrosis and cancer | Time consuming Complex methodologies |

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| Type | Advantages | Disadvantages |
|-------------------------------|---|--|
| Mechanically dynamic matrices | Mimicking the dynamic nature of the cellular microenvironment | Limited long-term stabilitySlow reaction kinetics |
| | | |

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