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Glucocorticoid action in human corneal epithelial cells establishes roles for corticosteroids in wound healing and barrier function of the eye

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Abstract

Glucocorticoids play diverse roles in almost all physiological systems of the body, including both anti-inflammatory and immunosuppressive roles. Synthetic glucocorticoids are one of the most widely prescribed drugs and are used in the treatment of conditions such as autoimmune diseases, allergies, ocular disorders and certain types of cancers. In the interest of investigating glucocorticoid actions in the cornea of the eye, we established that multiple cell types in mouse corneas express functional glucocorticoid receptor (GR) with corneal epithelial cells having robust expression. To define glucocorticoid actions in a cell type-specific manner, we employed immortalized human corneal epithelial (HCE) cell line to define the glucocorticoid transcriptome and elucidated its functions in corneal epithelial cells. Over 4000 genes were significantly regulated within 6 hours of dexamethasone treatment, and genes associated with cell movement, cytoskeletal remodeling and permeability were highly regulated. Real-time in vitro wound healing assays revealed that glucocorticoids delay wound healing by attenuating cell migration. These functional alterations were associated with cytoskeletal remodeling at the wounded edge of a scratch-wounded monolayer. However, glucocorticoid treatment improved the organization of tight-junction proteins and enhanced the epithelial barrier function. Our results demonstrate that glucocorticoids profoundly alter corneal epithelial gene expression and many of these changes likely impact both wound healing and epithelial cell barrier function.

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Keywords

Cornea; glucocorticoids; gene expression; wound healing; migration; cytoskeleton; epithelial integrity

1. Introduction

Glucocorticoids are steroid hormones that have a critical role in regulating stress response in the body. Endogenous glucocorticoids in humans are necessary for life and they are synthesized by the adrenal cortex in a tight regulation by the hypothalamic-pituitary-adrenal axis. Both endogenous glucocorticoids and their synthetic derivatives used in patient treatment signal through their canonical receptor, the glucocorticoid receptor (gene name NR3C1) that belongs to the super family of nuclear receptors. Glucocorticoid actions span a wide range of cellular and systemic effects including cell cycle, cell movement, glucose homeostasis and fluid regulation. They are most known for their anti-inflammatory and immunosuppressive roles. Due to their potent immunosuppressive property, glucocorticoids have been exploited pharmacologically and they have become one of the largest selling class of drugs in the world today. The nearly ubiquitous expression of the glucocorticoid receptor suggests a role for glucocorticoid signaling in every cell type, which is further supported by studies establishing that glucocorticoid signaling is indeed cell type-specific. For example, glucocorticoids exert an anti-apoptotic role in cardiomyocytes (1) while exerting a proapoptotic role in lymphocytes (2). Cell type specificity of glucocorticoid signaling diversifies the actions of glucocorticoids and therefore, there is a need to understand the role of glucocorticoids in a cell/tissue-specific manner.

The cornea is the clear part of the eye that covers the iris, pupil and the anterior chamber. By providing a physical barrier, the cornea protects the interior of the eye from external agents such as bacteria, viruses and debris. By refracting light through the lens and onto the retina where the light signal converts into vision, the cornea also plays an important role in maintaining vision. Synthetic glucocorticoids have been widely used to successfully treat several ocular disorders, however, the functions of glucocorticoid receptor signaling in the eye, particularly in the cornea are largely under studied. Corticosteroids are also used in transplant surgeries such as in lens transplantation and keratoplasty, to minimize graft rejection. Corticosteroids are used in treating sight-threatening conditions of the cornea such as corneal inflammation and corneal neovascularization (3). Despite the fact that glucocorticoids have numerous benefits in treating ocular conditions, some patients receiving chronic glucocorticoid treatment are susceptible to increase in intraocular pressure that could develop into steroid-induced glaucoma and eventually loss of vision (4). Opacification of the lens or cataract formation are also adverse events seen in sustained corticosteroid use. Glucocorticoids have also been reported to be synthesized in the human ocular surface and they have the ability to regulate corneal immune response (5-7). In the cornea, glucocorticoids have been shown to regulate their circadian rhythm (8,9), inhibit blood and lymphatic vessel growth (10,11), curb inflammation (12-15), and increase epithelial integrity under a hypoxic challenge (16), as well as retard wound healing in rabbits (17). Although it has been established that corticosteroids are effective in treating diseases of

the cornea, the molecular functions in specific cell types where they occur have not been fully characterized.

In the current investigation, we establish that mouse corneas express functional GR with strong expression of GR by the corneal epithelial cells. Subsequently, we employed immortalized corneal epithelial cell line derived from human cornea to understand glucocorticoid signaling in a single cell type. Here we demonstrate that glucocorticoids can profoundly alter the gene expression profile of human corneal epithelial cells. Ingenuity pathway analysis (IPA) of the glucocorticoid transcriptome revealed that glucocorticoid signaling in corneal epithelial cells was enriched for genes involved in pathways associated with inflammatory diseases and organismal growth and development. Additionally, Ingenuity Pathway Analysis indicated that glucocorticoid signaling in corneal epithelial cells may regulate cellular functions, such as cell movement and cell growth, by altering the expression of a large cohort of genes. Since cornea is at the interface with the environment and prone to injuries, we focused our further analysis of glucocorticoid signaling in corneal epithelial cells on wound healing which included processes such as cell migration, cytoskeletal remodeling and epithelial permeability. Real time in vitro wound healing assays demonstrated that glucocorticoid treatment delayed wound healing of HCE cell monolayer by altering their cytoskeleton. Interestingly, the distribution of tight junction proteins and paracellular permeability in response to glucocorticoid treatment indicated that glucocorticoids enhance barrier function in corneal epithelial cells. The study presented here provides a new understanding of the diversity of glucocorticoid actions on corneal epithelial cell wound healing and barrier function.

2. Materials and methods

2.1 Animals

Wild type C57BL/6 female mice aged 2-months old purchased from Charles River Laboratories were used for all animal experiments. For dexamethasone treatment studies, mice were adrenalectomized at Charles River Laboratories to remove endogenous glucocorticoids and were rested for a week after the surgery before being shipped to the National Institute of Environmental Health Sciences (NIEHS). Upon arrival at NIEHS, the animals were rested for 7-10 days before being treated. For dexamethasone treatment experiment, each mouse was treated with vehicle in the left eye and dexamethasone in the right eye. Dexamethasone was purchased from Steraloids and was prepared in Refresh artificial tears manufactured by Allergan, Irvine, CA. For each animal, one eye received 3 microliters of vehicle (Refresh artificial tears) or dexamethasone prepared at a concentration of 1mg/ml. Six hours after the treatment, mice were euthanized by cervical dislocation and eyes were enucleated and corneas were dissected immediately and stored in RNA later (Qiagen) at 4°C overnight. Six corneas were pooled to generate one sample of RNA, therefore, requiring 24 corneas/treatment to generate an n of 4. RNA was extracted using Trizol and chloroform and purified using RNeasy Micro kit and Dnase digested (Qiagen). For immunofluorescence studies, mice were euthanized by cervical dislocation and eyes were enucleated from euthanized animals. Eyes were fresh frozen in Optimal Cutting Temperature (O.C.T.) Compound (VWR, Pennsylvania) and six-micron sections were

prepared. Sections were stained at 4°C overnight wi th antibodies to glucocorticoid receptor (Cell Signaling, cat#3660, 1:300). Hoechst 33342 and Alexa Fluor 488 Phalloidin (both from Life Technologies, New York) were used to visualize nuclei and actin filaments, respectively. Z-stack images were taken using the Zeiss LSM710 and Zen 2012 software and Image J software were used to process the images.

2.2 Cell culture and treatment

A widely studied immortalized human corneal epithelial cell line (HCE) obtained from RIKEN was used (18). HCE cells were cultured in DMEM/F12 medium supplemented with 5% fetal bovine serum, 5ug/ml insulin, 10ng/ml human epidermal growth factor, 0.5% dimethyl sulfoxide and antibiotics. Anti-glucocorticoid-RU486 (mifepristone) were purchased from Steraloids. Cells were incubated in DMEM/F12 medium containing 5% charcoal stripped fetal bovine serum for 18-24hours before being treated with vehicle or dexamethasone or RU486.

2.3 RNA Isolation and Quantitative RT-PCR Analysis

Total RNA was isolated using the RNeasy Kit (micro kit for Trizol/Chloroform extracted mouse corneal RNA and mini kit for human cells) and DNase digested using the RNase-Free DNase Kit (Qiagen) according to the manufacturer's protocol. The abundance of individual mRNAs was determined using a Taqman one-step RT-PCR method on a 7900HT sequence detection system (Applied Biosystems). Pre-developed Taqman primer probe sets for GILZ (Hs00608272_m1, Mm00726417_s1), FKBP5 (Mm00487406_m1), TNFRSF11b (Hs00900358_m1), BDNF (Hs00380947_m1), EREG (Hs00154995_m1), NGF (Hs00171458_m1) and PPIB (Hs00168719_m1, Mm00478295_m1) were purchased from Life Technologies, Grand Island, NY. Target gene expression was normalized to the housekeeping gene PPIB, which is not regulated by glucocorticoids.

2.4 SDS-PAGE and Immunoblot Analyses

Cells were washed with ice-cold phosphate buffered saline and lysed in SDS sample buffer (Life Technologies) supplemented with B-mercaptoethanol (final concentration 2.5%). Samples were sonicated on ice for 5 seconds and boiled for 5 mins and 104° centigrade. Equal amounts of protein was loaded and run on precast 10% Tris Mini Protean TGX gels (Bio-Rad) and transferred to nitrocellulose. The membranes were blocked for an hour in LI-COR Blocking buffer at room temperature and then incubated overnight at 4C with primary antibody to GR(19) (1:1000 dilution) or B-actin (Millipore, 1:20,000 dilution). Blots were washed and incubated with goat anti-rabbit IRDye 680-conjugated secondary antibody and/or goat anti-mouse IRDye800-conjugated secondary antibody (Rockland Immunochemicals) for one hour at room temperature. LICOR Odyssey scanner was used to visualize the western blot.

2.5 Microarray and data analysis

Global gene expression analysis was performed on RNA isolated from cells treated with vehicle or Dexamethasone (100nM) for 6 hours ($n = 4$ biological replicates/treatment). Specifically, gene expression analysis was conducted using Agilent Whole Human Genome

4×44 multiplex format oligo arrays (014850) (Agilent Technologies) following the Agilent 1-color microarray-based gene expression analysis protocol. Starting with 400ng of total RNA, Cy3 labeled cRNA was produced according to manufacturer's protocol. For each sample, 1.65ug of Cy3 labeled cRNAs were fragmented and hybridized for 17 hours in a rotating hybridization oven. Slides were washed and then scanned with an Agilent Scanner. Data was obtained using the Agilent Feature Extraction software (v9.5), using the 1-color defaults for all parameters. The Agilent Feature Extraction Software performed error modeling, adjusting for additive and multiplicative noise.

Differential gene expression was examined using the Partek Genomics Suite V 6.6 (Partek, Inc., St. Louis, MO, USA). To identify differentially expressed probe sets, analysis of variance (ANOVA) was performed and significant changes in gene expression were defined on the basis of p-value ($p < 0.01$). Partek Genomics Suite was further used to generate heat maps for visual analyses and to support generation of hierarchical clustering dendrograms. Lists of significant probe sets were further analyzed using Ingenuity Pathway Analysis (IPA, Content version 27216297) (Ingenuity Systems, Redwood City, CA). Enrichment or overlap was determined by IPA using Fisher's exact test ($p < 0.05$). Pathdesigner feature of IPA was used to build pathways of glucocorticoid-regulated genes. Gene network of genes involved in Cell Movement was extracted from STRING (Version10, http://string-db.org/) and Visualized using Gephi (Version 0.9.1).

2.6 In vitro wound healing assay

HCE cells were grown to 90% confluence in 12-well plates in DMEM/F12 medium containing 5% charcoal stripped bovine serum and antibiotics. The cells were then treated with vehicle or dexamethasone or RU486 or both in the same medium containing charcoal stripped fetal bovine serum. After treatment for 24hours, a scratch was made using a sterile 200ul yellow pipette tip in the middle of the confluent monolayer. The wells were washed with the respective treatment media to remove detached and dead cells. The wells were replaced with fresh medium containing the respective treatments. Three to five bright-field images were taken along the scratch area every thirty minutes for up to 30 hours (until the scratch wound is healed) using an incubator setup with a Zeiss LSM 710 confocal microscope using a low-magnification objective of 5X to cover a large area of the healing monolayer. Images were taken only in X and Y planes. Area of wound closure was measured using the following formula:

Percent wound closed $=$ ((Area of wound at 0hr- area of wound at 18hr) / area of wound at 0hr 100 .

2.7 Lamellipodia and Filopodia Visualization and Quantification

HCE cells were grown to 90% confluence in glass-bottom dishes and in DMEM/F12 medium containing 5% charcoal stripped bovine serum and antibiotics. The cells were then treated with vehicle or dexamethasone (1000nM) in the same medium containing charcoal stripped medium. After treatment for 24hours, a scratch was made using a sterile 10ul pipette tip in the middle of the confluent monolayer. The wells were replaced with fresh medium containing the respective treatments. The media was discarded and the plates were

washed with the respective treatment media to remove detached and dead cells. To visualize the cell membrane with lamellipodia and filopodia, CellMask™ Deep Red Plasma membrane Stain (Catalog # C10046) was added to the plates at 0.1% concentration in HCE culture medium immediately after creating a scratch wound in the monolayer and imaging at high-magnification (40X oil-immersion objective) was initiated within 10 minutes of making the scratch. Zeiss LSM 780 confocal microscope equipped with an incubator set at 37 degrees centigrade and 5% carbon dioxide was used. Z-stack images scanning a total depth of 6-10 microns (0.75 micron per Z-section) were taken continuously for an hour to visualize the dynamic lamellipodia and filopodia at the healing edge. Maximum intensity projection of a Z-stack of images was made to count the number of filopodia in each image. The number of filopodia on each of the three to five fields (each field had a scratched edge of 250 microns) were manually counted at different time-points starting from 10 minutes to 1 hour after creating a scratch wound and the average number of filopodia were represented.

2.8 Permeability Assays

HCE cells were plated grown to confluence in 12-well transwell plates (Corning Costar Transwell, 0.4uM pore size). Twenty-four hours prior to treatment, the medium was replaced with DMEM/F12 containing 5% charcoal stripped fetal bovine serum. Cells were treated with either vehicle or 100nM dexamethasone for 24 hours. At the end of incubation, FITC Dextran -10kD at a final concentration of 1mg/ml final concentration (purchased from Sigma) was carefully added to the medium in the insert and the plates were returned back to the incubator. After an hour of incubation, media was collected from the bottom wells and the relative units of fluorescence of FITC dextran diffused through the monolayer in the inserts were measured using a fluorescent plate reader.

2.9 Proliferation Assays

For proliferation assays, HCE cells were plated at a density of 8×10^5 cells per well in 6-well cell culture plates. Twenty-four hours after plating, cells were treated with vehicle or dexamethasone (100nM or 1000nM) in DMEM/F12 medium containing charcoal stripped serum. Trypsinized cells and dead floating cells in the supernatant from each well at all time-points (24, 48, and 72 hours post treatment) were counted with Countess Automated Cell Counter (Invitrogen) using chamber slides with a 1:1 dilution of cells to Trypan blue stain 0.4% (Invitrogen). Each sample was counted in duplicate. Average number of viable and dead cells were calculated from 4 independent experiments.

2.10 Flow Cytometric Analysis

Cell proliferation was assessed by flow cytometry. HCE cells were grown in 6-well cell culture plates and treated with vehicle or dexamethasone (100nM or 1000nM) for 24, 48 and 72 hours. After treatment, cells (including floating cells) were collected by trypsinization and propidium iodide was added to identify dead cells. Cells were excited using a 488-nm argon laser and emission was detected at 585 nm. Analysis was carried out using a Becton Dickinson FACSort flow cytometer (Franklin Lakes, NJ, USA) and CELLQuest software (Becton Dickinson Immunocytometry Systems, San Jose, CA, USA).

2.11 Statistical Analysis

The data are represented as mean+/− standard error of the mean. Unless indicated otherwise, a student's t-test was performed to determine statistical significance of results. A p value of < 0.01 (**) or < 0.05 (*) was considered statistically significant.

3. RESULTS

3.1 Glucocorticoid receptors in the mouse cornea

To determine if the glucocorticoid receptor is present in the adult mouse cornea, glucocorticoid receptor expression was examined in 2 month-old wild type female mice by immunofluorescence. Nuclei in all layers of the cornea- the corneal epithelium, the stroma and the endothelium are stained positive for the glucocorticoid receptor (Figure 1). This data suggests that the glucocorticoid receptor may play a role in regulating the function of the adult cornea. Particularly interesting was the robust expression of the glucocorticoid receptor in all the cells of the corneal epithelium. To establish the functionality of GR in the mouse cornea, adult wild type female mice were treated with vehicle or dexamethasone eye drops and 6 hours later Glucocorticoid-Induced Leucine Zipper (Gilz) and FK506 Binding protein 5 (Fkbp5), the two classical target genes of glucocorticoid receptor signaling were quantified by RT-PCR. Glucocorticoid treatment induced the expression of Gilz (Fig1B) and Fkbp5 (Fig1C) demonstrating the presence of an active glucocorticoid signaling system in the mouse cornea. In order to evaluate the function of the glucocorticoid receptor in the corneal epithelium, an immortalized human corneal epithelial cell line was utilized for subsequent studies.

3.2 Human corneal epithelial cells express a functional glucocorticoid receptor signaling system

Glucocorticoid effects on human corneal epithelial cells have been previously reported for a few target genes (16,20,21), however, the genome wide actions of glucocorticoids have not been established. To address this issue, we performed western blotting in immortalized human corneal epithelial cell line to first determine if glucocorticoid receptor is expressed (18). Our studies demonstrate that glucocorticoid receptors are expressed by human corneal epithelial cells (Figure 2A). Subsequently, we elucidated the ability of the glucocorticoid receptor to undergo translocation to the nucleus following ligand binding. HCE cells treated either with vehicle or 100nM dexamethasone for an hour were fixed and immunofluorescence was performed. Glucocorticoid treatment resulted in translocation of glucocorticoid receptor to the nucleus, which was otherwise mostly cytoplasmic in location (Figure 2B). In order to establish the functionality of GR in these cells, we treated HCE cells with different doses of dexamethasone (0, 1, 10, 100 and 1000nM) for 6 hours, followed by RT-PCR for the expression of GLZ mRNA. Glucocorticoid treatment resulted in a dosedependent induction of GILZ expression (Figure 2C). Glucocorticoid-induced upregulation of GILZ is mediated via the glucocorticoid receptor, because GILZ induction was inhibited in the presence of RU486- a glucocorticoid receptor antagonist (Figure 2D). These data indicate that transcriptionally active glucocorticoid receptor is expressed by HCE cells.

3.3 Global gene expression changes induced by glucocorticoid treatment in HCE cells

Glucocorticoids are known to regulate numerous genes in a variety of tissues and cell types from rodents and humans (22-24), but very little is known about their genome wide actions in specific corneal cell types. For example, Liu et al have prepared primary corneal fibroblasts from male human donors and they found that very long-term dexamethasone treatment (16 hours) greatly altered both the gene and microRNA profiles in human corneal fibroblasts (25). To our knowledge, no such global gene expression studies have been performed on human corneal epithelial cells. Since cornea is a mixture of different cell types and because glucocorticoid regulation is known to work in a cell-type specific manner, we focused our studies on the human corneal epithelial cells. We performed whole-genome microarray on human corneal epithelial cells. HCE cells were treated with 100nM dexamethasone for only 6 hours. Glucocorticoids significantly altered the expression of 4439 genes expressed in HCE cells (Figure 3A). Of the significantly regulated genes, 2046 genes (about 46.1%) were upregulated, while 2393 genes (about 53.9%) were downregulated by glucocorticoid treatment (Figure 3B). Ingenuity Pathway Analysis software was used to elucidate the biological significance of the genetic signature elicited by dexamethasone-treatment of HCE cells. The predicted top-ranked biological functions regulated by glucocorticoids are cell movement (679 genes), cell growth and proliferation (1135 genes), cell development (1002 genes), cell death and survival (918 genes) and cell morphology (685 genes) (Figure 3C). These data suggest that glucocorticoid treatment alters expression of genes involved in migration, growth and trauma. Since injuries affecting the corneal epithelium are the most common types of eye injuries reported (26), and because glucocorticoids are commonly prescribed to suppress inflammation in an injured cornea, we focused our functional analysis on the repair process involved in wound healing. Analysis of the 679 cell movement associated genes indicates that 294 genes (43.3%) were up-regulated and 385 genes (56.7%) were downregulated by dexamethasone (Figure 3D and Table1). Based on the literature, a network of all the 679 genes encompasses different nodes of genes regulating diverse cellular functions related to cell movement.

During the process of wound healing, cells at the wounded edge remodel their cytoskeleton to form polarized membrane protrusions such as lamellipodia and filopodia and move towards closing the wound (27,28). The effect of dexamethasone on corneal cell lamellipodia and filopodia has not been clearly defined. Ingenuity Pathway Analysis identified that 45 genes associated with lamellipodia were regulated by dexamethasone treatment (Figure 3E and S.Table1). Out of these 45 genes, dexamethasone treatment upregulated 19 genes (42.2%) and 26 genes (57.8%) were repressed. Lamellipodia gene network generated using Ingenuity Pathway Analysis suggested Epidermal Growth Factor Receptor (EGFR) as the most important regulator of lamellipodia formation in the presence of glucocorticoids. Cell surface glycoprotein CD44 and a guanine-nucleotide-exchange factor VAV1 are also suggested to be playing an important role in glucocorticoid-mediated changes to lamellipodia. In addition, we also found that 55 genes associated with filopodia were regulated by dexamethasone treatment (Figure 3F and S.Table2). Of these 55 genes, dexamethasone treatment upregulated 21 genes (38.2%) and 34 genes (61.8%) were repressed. Filopodia gene network suggested that several growth factors such as Vascular Endothelial Growth Factor (VEGF), Fibroblast Growth Factor 2 (FGF2) and Connective

Tissue Growth Factor (CTGF) played a role in glucocorticoid-mediated changes to the filopodia. Also a part of wound healing is reestablishing epithelial integrity to maintain corneal epithelial barrier function. Therefore, we searched for genes involved in permeability using Ingenuity Pathway Analysis. Fifty genes involved in diseases and functions associated with permeability were regulated by dexamethasone (Figure 3G and S.Table3). Of these 50 genes, 16 genes were upregulated (32%) and 34 genes (68%) were repressed by dexamethasone. According to the Permeability Gene Network, the glucocorticoid receptor appears to be serving as the most active hub in regulating a large cohort of genes involved in permeability. Thus, glucocorticoid signaling is critical in regulating the genes associated in cell migration, cytoskeletal remodeling and permeability in human corneal epithelial cells.

3.4 Independent Validation of genes from the microarray

To independently validate the changes in gene expression observed by microarray, we measured glucocorticoid-regulated expression of four genes- Tumor necrosis factor receptor super family 11b (TNFRSF11b), Brain derived neurotropic factor (BDNF), Epiregulin (EREG) and Nerve Growth Factor (NGF) by real-time RT-PCR from HCE RNA samples that came from experiments independent from those employed in the microarray studies. For this purpose, HCE cells were treated for 6 hours with vehicle, dexamethasone (100nM) and/or RU486 (1000nM) (Figure 4). IPA identified these four genes to be involved in cell movement (Figure 3D). NGF was identified to be playing a role not only in migration of cells but also in regulating cytoskeleton and epithelial integrity (Figure 3 D-G). Consistent with the microarray results, *TNFRSF11b, BDNF, EREG and NGF were* repressed by glucocorticoids and this repression was blunted upon treating the cells with a combination of glucocorticoids and RU486 or with RU486 alone. These findings illustrate some of the ways by which glucocorticoids regulate corneal wound healing is by repressing the expression of genes involved in regulating cell movement, cytoskeleton rearrangement and maintenance of epithelial integrity.

3.5 Glucocorticoids delay in vitro wound healing in HCE cells

To determine if the biological processes identified to be regulated by glucocorticoid by microarray analysis are functions involved in wound healing of HCE cells, we performed real-time wound healing scratch assays. Confluent monolayers of HCE cells were treated overnight with vehicle, dexamethasone (1000nM) or RU486 (10uM) or a combination of dexamethasone and RU486. Treated cells were scratched and images of the healing edges were taken every 30 mins for up to 30 hours. Wound closure was delayed with dexamethasone treatment (Figure 5A and Supplemental movie). Treatment with RU486 not only inhibited glucocorticoid-mediated delay, but also accelerated wound closure (Figure 5A and Supplemental movie). All treatment conditions, except dexamethasone revealed complete wound closure, which is represented in the images showing time-projection over 18 hours (Figure 5B). Quantification of the distance migrated by the wounded monolayer revealed that dexamethasone-treated monolayer migrated the least distance when compared to the other treatment conditions (Figure 5C). Consistently, the percent of the area of wound closure was decreased in dexamethasone treated HCE monolayer at the end of 18 hours (Figure 5D). Interestingly, proliferation and viability of HCE cells were not affected by

glucocorticoid treatment (Supplemental Figure 1). These observations are consistent with the IPA analysis and demonstrate that glucocorticoid treatment indeed delays in vitro wound healing of HCE cell monolayer. Our findings indicate that this effect of delayed migration is mediated by the glucocorticoid receptor since this function can be rescued by treatment with glucocorticoid receptor antagonist RU486.

3.6 Glucocorticoid treatment of HCE monolayer alters lamellipodia and filopodia formation

To understand if glucocorticoid-mediated regulation of cytoskeleton of HCE cells is contributing to the delay in migration of dexamethasone-treated cells, we evaluated the activity of lamellipodia along the wounded monolayer by quantifying the change in lamellipodia area in response to dexamethasone treatment. The data demonstrate that dexamethasone treatment decreases the activity of lamellipodia as seen by decrease in the change in lamellipodia area (less region in red in Figure 5E) compared to the vehicle treated cells (Figure 5 E and F). Additionally, quantification of the number of filopodia generated by "leader cells" along the wounded monolayer of HCE cells treated with glucocorticoids revealed fewer filopodia compared to the vehicle-treated cells (arrows in Figure 5E, and Figure 5G). These changes observed in the cytoskeleton of glucocorticoid-pre-treated cells within minutes after creating a scratch wound are indicative of a slowly migrating monolayer.

3.7 Glucocorticoids improve tight-junction protein organization and enhance barrier function

Based on the effects of glucocorticoids on migration of HCE cells, we wished to determine the role of GR on basal epithelial permeability and barrier function. We treated subconfluent cultures of HCE cells with vehicle or 100nM dexamethasone for either 6 hours or 24 hours and stained fixed cells for zonula occludens 1 (ZO-1), a protein that associates with the tight junctions on epithelial cells. Glucocorticoid treatment for as little as 6 hours had a strong recruitment of ZO-1 along the plasma membrane compared to the vehicle-treated cells. Subsequently, 24hour treatment of subconfluent cultures with dexamethasone resulted in greater ZO-1 distribution along the plasma membrane, compared to the vehicle treatment but not as robust as seen in cells treated with dexamethasone for 6 hours. The explanation for this observation is possibly due to the subconfluent culture continuing to establish cell-tocell connections by reorganizing junctional proteins while growing to reach maximum confluency. A representative plasma membrane profile of ZO-1 staining intensity shows a peak in the intensity in the dexamethasone treated cells at both 6hr and 24hr treatment conditions (Figure 6A). Consistent with glucocorticoids influencing ZO-1 localization to the plasma membrane to form organized tight-junctions, the results from the permeability assay indicated that dexamethasone-treated cells formed a tighter epithelial barrier, thus allowing significantly lower amount of FITC dextran to permeate through the monolayer than the vehicle-treated cells (Figure 6B). These data indicate that glucocorticoids regulate epithelial tight junction proteins in subconfluent as well as confluent cultures to enhance epithelial barrier function.

4. DISCUSSION

Corticosteroids are widely used by ophthalmologists to treat various conditions of the cornea, but very little is known about their cell type specific actions in this tissue. In this study, we determined the expression pattern of the glucocorticoid receptor expression in an adult mouse cornea and we characterized the glucocorticoid receptor system using a human corneal epithelial cell line. Whole genome array results reveal an intricate dialogue between dexamethasone and HCE cells. We provide comprehensive analyses of the cellular and biological processes in corneal epithelial cells mediated by glucocorticoid treatment. The glucocorticoid transcriptome in HCE cells can serve as an important resource to the research community where it can be used to identify the targets to maximize the benefits and minimize the adverse affects of corticosteroid therapy. It is very important to note that our results were obtained using an immortalized human corneal epithelial cell line, which has been a tool widely used in ophthalmology for many years. However, recent studies have raised concerns regarding the differences between these immortalized HCE cells and primary human corneal epithelial cells in factors including inflammatory response (29), expression of atypical cytokeratins (30), purity of cell population (31), and the genomic content (31,32). Therefore, results from our in vitro studies may not precisely reflect the actions of glucocorticoids in primary human corneal epithelial cells.

Several of the genes altered in the microarray dataset have not been previously known to regulate cell movement in the various cell types of ocular tissues. For example, TSC22D3 or GILZ is one of the most upregulated genes in the microarray dataset that have been previously reported to inhibit migration of leukocytes (33). GILZ gene expression has been shown to be induced by dexamethasone in the whole eye of a mouse (34), and in cultured primary human lens epithelial cells (35), but its expression or its role in the cornea has not been explored. Tumor necrosis factor receptor superfamily, member 11b (TNFRSF11b), a promoter of migration (36), is one of the most-repressed genes in this microarray dataset, which was reported to be expressed in corneal stroma (37), however its regulation by glucocorticoids in the cornea has never been reported. Comparison of the number of upregulated genes versus the downregulated genes from the microarray dataset suggested that glucocorticoid regulation of wound healing skewed towards downregulation of genes involved in promoting migration. An analysis using HCE cells to validate microarray results independent from the cells used for the global gene expression studies reveals that mRNA of TNFRSF11b, BDNF, EREG and NGF were indeed repressed by glucocorticoids and this repression was abolished by antagonism of the glucocorticoid receptor by the GR antagonist-RU486. TNFRSF11b (also known as Osteoprotegerin), a member of the TNF receptor super family is a secreted decoy receptor that has been associated with increase in bone density as a result of decrease in osteoclast-mediated bone resorption (38). Brain derived neurotropic factor (BDNF) is a member of the neurotrophin gene family with established roles in neuronal development and survival (39). Although BDNF's role in neurogenesis and cell survival has been well characterized (40), there are only a few studies investigating the function of BDNF in the cornea. For example, the presence of BDNF mRNA in the human cornea is potentially associated with proliferation of corneal epithelial cells, suggesting an important role for BDNF in corneal function (41). Repression of BDNF

gene expression is perhaps a novel mechanism exerted by glucocorticoids to regulate cell migration. Epiregulin (EREG) is a recently identified member of the epidermal growth factor family of ligands with functions in inflammation and wound healing (42). In mice, EREG is also known to play a critical role in corneal wound healing (43). A potential therapeutic strategy of co-administering glucocorticoids and epiregulin might offer a beneficial outcome in cases of corneal injury. Nerve growth factor (NGF) is the firstdiscovered member of the neurotrophin gene family, which is involved in the growth and survival of nerves (44). NGF in the cornea has been thought to play a role in promoting corneal nerve regeneration (45). In the context of wound healing, NGF is known to accelerate wound healing by promoting cell cycle progression and by increasing cell migration (46,47). A more recent study reports that NGF may have a negative impact on wound recovery by inhibiting regression of corneal lymphatic vessels and increasing the nerve density, thereby increasing sensitivity to pain (48). Glucocorticoids suppressing NGF during corneal wound healing could lead to be a better recovery of the wound, and with less pain. Interestingly, IPA identified NGF to be playing a role in cell movement, cytoskeletal reorganization and maintenance of epithelial barrier suggesting that glucocorticoids can modulate multiple biological processes driving wound healing by altering the expression of a single gene.

Corneal injuries are the most common cases of eye injury. Corneal wound healing is a complex physiological process that is modulated by a number of signaling pathways. Maintaining a protective barrier is one of the crucial functions of the corneal epithelium. We have investigated the effect of glucocorticoids on corneal wound healing in an in vitro model. This study demonstrates that glucocorticoids inhibit wound healing of human corneal epithelial cells by altering the activity of membrane lamellipodia and filopodia, together blunting the rate of migration. We also demonstrate that glucocorticoids enhance epithelial integrity by altering tight-junction protein distribution. Our data indicate that glucocorticoidinduced improvement of barrier function in subconfluent cultures can be relevant to the remodeling of a wounded epithelium. The results suggest that wound healing in the presence of glucocorticoids may result in a wound that heals at a slower rate, with improved epithelial integrity. Because epithelial integrity is an essential function in maintaining corneal homeostasis, delayed wound healing as an adverse outcome of glucocorticoid therapy does not seem entirely adverse since glucocorticoids promote improved tight junction integrity and thereby the enhanced epithelial barrier function.

Supplementary Material

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HIGHLIGHTS

- **•** Functional glucocorticoid receptors are expressed in mouse corneas.
	- **•** Glucocorticoids regulated over 4000 genes in human corneal epithelial cells.
- **•** Glucocorticoids enriched genes associated in wound healing processes.
- **•** Glucocorticoids decreased cell migration rate but enhanced epithelial integrity.

Figure 1.

Glucocorticoid Receptor signaling in the adult mouse cornea. A) Immunofluorescence of wild type adult female mouse cornea showing glucocorticoid receptor expression (red) in all the layers of the corneal epithelium, in the corneal stromal cells and in the corneal endothelial cells. Phalloidin and Hoechst were used to visualize actin (green) and nuclei (blue), respectively. A merge of all three channels is presented in the fourth panel. Scale bar: 20μ m. B) & C) Adrenalectomized wild type mice were treated for 6 hours with vehicle or dexamethasone eye drops and *GILZ* mRNA (B) and *FKBP5* mRNA (C) were evaluated by quantitative RT-PCR. Results were normalized to PPIB gene expression (housekeeping gene). Data represent mean ± standard error of mean from four biological replicates. Student's t-test was used to determine statistical significance compared to the vehicle-treated cells; *** p<0.001.

Figure 2.

Corneal epithelial cells express functional glucocorticoid receptors. A) Glucocorticoid receptor protein level expressed by immortalized human corneal epithelial (HCE) cells evaluated by immunoblot. Actin was used as the loading control. B) Nuclear translocation of glucocorticoid receptor by immunofluorescence in HCE cells treated with 100nM dexamethasone for 1 hour at 37 degrees centigrade. Glucocorticoid receptor expression is in red and Hoechst staining of the nuclei is in blue. C) HCE cells were treated with vehicle or four different concentrations of dexamethasone for 6hrs and GILZ mRNA was measure by quantitative RT-PCR. D) HCE cells were treated for 6 hours with vehicle, dexamethasone (100nM), RU486- an antagonist of glucocorticoid receptor (1000nM), or both and GILZ mRNA was evaluated by quantitative RT-PCR. Results were normalized to PPIB gene expression (housekeeping gene). Data represent mean ± standard error of mean from three or four independent experiments. Student's t-test was used to determine statistical significance compared to the vehicle-treated cells; * $p<0.05$ and ** $p<0.01$.

c.

Legend

D. Cell Movement gene network

E. Lamellipodia gene network

F. Filopodia gene network

G. Permeability gene network

Figure 3.

Genome-wide regulation by glucocorticoids in HCE cells. HCE cells were treated with vehicle or 100nM dexamethasone (Dex). RNA was isolated and gene expression was analyzed using whole mouse genome 4×44 multiplex format Aglient oligo array. A) Heat map of genes regulated significantly by 100nM dexamethasone in 6 hours (ANOVA p<0.01); Red represents upregulated genes and blue represents downregulated genes in each of the 4 replicates/group. B) Bar-graph is representing glucocorticoid-regulated genes in red (upregulated) and in green (downregulated). C) Glucocorticoid-regulated gene list from HCE cells obtained by microarray were analyzed using Ingenuity Pathway Analysis (IPA) software. IPA predicted glucocorticoid treatment to regulate several molecular and cellular

functions, of which the top 5 are listed in the table; Cell movement was ranked as the top most molecular and cellular function regulated by glucocorticoids in HCE cells. D) Gene network of Cell Movement genes identifying different nodes of genes regulating various cellular functions associated with cellular movement; Bar-graph is representing glucocorticoid-regulated cell movement genes in red (upregulated, 294 genes) and in green (downregulated, 385 genes). E-G) Glucocorticoid-regulated genes associated in diseases and functions involving lamellipodia (E), filopodia (F) and permeability (G). Green indicates repression and red indicates upregulation of gene expression; A family of genes with some members upregulated and some members downregulated are indicated in both green and red. The black lines/arrows indicate direct interaction either at the gene/protein level as indicated by Ingenuity Pathway Analysis.

Figure 4.

Validation of microarray results by RT-PCR. TNFRSF11b, BDNF, EREG and NGF mRNA levels measured by RT-PCR and normalized to PPIB mRNA level in HCE cells treated with vehicle (white bars) or 100 nM dexamethasone (light grey bars) or a combination of 100nM dexamethasone and 1000nM RU486 (dark grey bars) or 1000nM RU486 (black bars). $n = 3$ or 4 biological replicates; *p<0.05.

Figure 5.

Glucocorticoids delay in vitro wound healing of HCE cells. Scratch assay was performed on confluent monolayers of cells pre-treated overnight alone or in combination with vehicle, DEX (1000nM), or RU486 (10uM) in charcoal-stripped serum containing medium. Realtime analysis of cell migration was performed by imaging the every 30 minutes for 18 hours post-scratch. A) Representative images of wound healing kinetics in all the 4 conditionsvehicle, dexamethasone (1000nM), combination of dexamethasone (1000nM) and RU486 (10uM) and RU 486 (10uM) alone. Scratch width and time are on the X- and Y- axes, respectively. Yellow dots indicate the edge of the scratched monolayer. B) Representative images showing the time-projection of wound healing over a period of 18 hours in all four conditions. Time-projection is indicated with t0 in white and t18hrs in red. C) Quantification of the extent of wound healing measured from time-lapse images taken over a period of 30 hours. Average of four individual experiments is represented here (*p<0.001). D) Average area of wound closure in 18 hours represented in percentage from four individual experiments (*p<0.05). E) Representative images showing the net change in the area of the lamellipodia in vehicle and dexamethasone (1000nM) treated cells at 30 minutes after scratching the monolayer. Red represents lamellipodia that are moving forward to close the wound, green represents retraction of the lamellipodia and yellow represents no change in net movement of the lamellipodia over a period of approximately 6 minutes. Arrows are pointing to the filopodia. F) Average of the change in the area of the lamellipodia per minute in 10 minutes after creating a scratch wound in the monolayer in HCE cells treated overnight with either vehicle or 1000nM dexamethasone. Results from three experiments were averaged and are shown here. G) Average number of filopodia formed at the wounded

monolayer between 10-65 minutes of wound healing. An average of three individual experiments is represented here.

Figure 6.

Glucocorticoids regulate ZO-1 distribution and epithelial permeability. A) Immunofluorescence of subconfluent cultures of HCE cells exhibiting ZO-1 distribution in vehicle or 1uM dexamethasone for either 6 hours or 24 hours. Asterisks indicate site of disorganized ZO-1 staining. Images are maximum intensity projections of Z-stacks imaged through the entire depth of the cell membrane. Images are a merge of Hoechst staining (blue) and ZO-1 staining (green). A representative plasma membrane profile of ZO-1 staining intensity shows a peak in the intensity in the dexamethasone treated cells (black line) at both 6hr and 24hr treatment conditions. B) Relative changes in permeability were determined by measuring the fluorescence unit of FITC dextran that permeated through the epithelial monolayer in cells treated for 24hours either with vehicle or 100nM dexamethasone. An average of three independent experiments is represented here. **p value $< 0.01.$

Table 1

Dexamethasone regulation of genes associated in cell movement

Up regulated genes

Down regulated genes

