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## Extracellular Matrix and Traumatic Brain Injury

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### Abstract

The Brain Extracellular Matrix (ECM) plays a crucial role in both the developing and adult brain by providing structural support and mediating cell-cell interactions. In this review, we focus on the major constituents of the ECM and how they function in both normal and injured brain, and summarize the changes in the composition of the ECM as well as how these changes either promote or inhibit recovery of function following Traumatic Brain Injury (TBI). Modulation of ECM composition to facilitates neuronal survival, regeneration and axonal outgrowth is a potential therapeutic target for TBI treatment.

### Keywords

Proteoglycans; tenascin; hyaluronan; laminin; metalloprotease

## 1. Introduction

The extracellular matrix (ECM) of the brain is essential for the maintenance of proper brain function, providing both structural support and modulating intercellular communication (Frischknecht and Gundelfinger 2012). Following TBI, the breakdown of the blood brain barrier leads to infiltration of neutrophils, monocytes and other plasma components into the brain which then initiates an innate inflammatory response that involves activation of microglia and astrocytes (Lozano et al. 2015; Schnell et al. 1999). Subsequently, the release of inflammatory molecules by infiltrating immune cells, resident glial cells, cerebrovascular endothelial cells and neurons serves to amplify the immune response (Sordillo et al. 2016; Ziebell and Morganti-Kossmann 2010). Activation of both resident astrocytes and microglial cells in response to these mediators results in increased synthesis of extracellular matrix (ECM) molecules as well as the release of and activation of proteases which further remodel the ECM (Hemphill et al. 2015). These changes in the ECM can have both positive and negative consequences for recovery of function. The goal in this review is to discuss the normal constituents and functions of the ECM, how they are modified by TBI, and how

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#### CONFLICT OF INTEREST STATEMENT

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#### ROLE OF AUTHORS

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these modifications may affect recovery of function. This review is based on a literature search for each of the extracellular matrix molecules and proteases discussed in combination with the term “injury”.

Each of the cells within the brain is involved in neurovascular dysfunction following TBI, mainly through their altered secretion of cytokines which act both in an autocrine and paracrine manner to stimulate cytokine production as well as the synthesis of matrix molecules and matrix metalloproteases. A summary of the alterations in brain cell phenotypes and how they are altered by the interactions of the cytokine network is provided in Figure 1. In this scheme, the initial breach in the blood brain barrier allowing macrophage, monocyte and platelet entry initiates a cytokine cascade, altering resident astrocytes and microglia into a reactive phenotype and promoting the proliferation of oligodendrocyte progenitor cells (OPCs). These reactive cells then increase their secretion of other cytokines (Fig. 1B) and extracellular matrix. The released cytokines then promote further changes in each of the cell types (Fig. 1C). A list of the cytokines, their cellular sources and cells which respond is provided in Table 1.

The composition of the normal brain ECM is unique, comprised of a hyaluronan backbone to which are attached chondroitin sulfate proteoglycans of the lectican family, along with tenascins (Rutka et al. 1988) (Figure 1A, Inset). These molecules are produced by all the cell types found in the brain – neurons, astrocytes, oligodendrocytes and microglia. Other matrix molecules, such as heparan sulfate proteoglycans, laminins, collagen, and fibronectin, are produced by neurons and glia as well as endothelial cells and found in the basement membrane and maintain the blood brain barrier (Almutairi et al. 2016). Each of these classes of molecules is altered in response to TBI, both in terms of levels and distribution (Fig. 1C, Inset). A list of ECM molecules which are changed following TBI, their cellular sources, and how TBI alters their level or distribution, is provided in Table 2. The following sections discuss these ECM molecules and changes in their level in distribution, as well as their functional consequences, in more detail.

## 2. Proteoglycans

Proteoglycans are a heterogeneous class of glycoproteins characterized by a protein core with attached unbranched glycosaminoglycan (GAG) sugar chains (Fig. 2). These GAG chains are further modified by sulfation (Kjellen and Lindahl 1991). As major components of brain ECM, proteoglycans mediate cell-cell interactions and modulate growth factor and cytokine signaling during development as well as in response to various pathophysiological conditions in the adult (Cui et al. 2013). The signaling functions of proteoglycans in the brain are primarily due to their GAG chains (Miller and Hsieh-Wilson 2015), while the core proteins contain specific domains that determine localization and mediate interactions with cells and other matrix molecules. The major classification of proteoglycans is based on the composition of their associated GAG chains as either chondroitin sulfate proteoglycans (CSPGs), dermatan sulfate proteoglycans (DSPGs), heparan sulfate proteoglycans (HSPGs), or keratan sulfate proteoglycans (KSPGs), though some proteoglycans, such as aggrecan and agrin, can have GAG chains from more than one family (Iozzo and Schaefer 2015).

## 2.1 Chondroitin sulfate proteoglycans (CSPGs)

CSPGs are the most studied proteoglycan in the nervous system. CSPG core proteins are classified as lecticans, phosphacan, and NG2. Lecticans (neurocan, brevican, versican, and aggrecan) have a common structure including a hyaluronan-binding domain at amino terminal and a tenascin-R binding lectin domain at the carboxy-terminal. Versican has four different splice variants, three of which (V0–V2) are decorated by GAG chains (Wight 2002). Phosphacan is a splice variant of receptor protein tyrosine phosphatase- $\beta$  (RPTP- $\beta$ ), which lacks its membrane spanning domain and is expressed by mature glial cells and neurons (Garwood et al. 1999; Hayashi et al. 2005). Unlike other CSPGs, NG2 (also known as CSPG4) has a transmembrane core protein with a large extracellular domain and a single GAG chain (Iozzo and Schaefer 2015). During development, the localized expression of CSPGs influences axonal pathfinding (Carulli et al. 2005; Wilson and Snow 2000). Once development is complete, CSPGs are mainly found in dense structures known as perineuronal nets, which serve to limit synaptic plasticity (Sorg et al. 2016).

Following experimental TBI, neurocan, aggrecan and NG2 are increased in glial scars around the injury core, while there is a simultaneous loss of CSPGs in the surrounding region, primarily a loss of PNNs (Harris et al. 2009; Yi et al. 2012). In rats, a unilateral knife cut in the cerebral cortex leads to increased versican-V2 immunoreactivity around the lesion at both 7 and 14 days post injury (dpi) (Asher et al. 2002). The loss of CSPGs from PNNs may help increase synaptic plasticity, while the increase found in the glial scar may serve to isolate the damaged region, much as it does in spinal cord injury (Anderson et al. 2016). In animals and humans, injury also causes a loss of mature oligodendrocytes, followed by proliferation of oligodendrocyte progenitor cells (OPCs) which produce the NG2 CSPG (Flygt et al. 2017; Levine 1994). NG2 is also found on melanoma cells, where it appears to promote migration (Burg et al. 1998), and it may have the same function for OPCs, which are highly migratory (Almad et al. 2011). NG2 may also be protective, as NG2-knockout mice had exacerbated damage as compared to wild-type mice (Huang et al. 2016)

In addition to increased expression of core proteins, there are also changes in the composition of CSPG GAG chains after TBI. Expression of chondroitin-4-sulfotransferase, chondroitin-6-sulfotransferase, and GalNAc4S-6 sulfotransferase are all upregulated at the injury site following cortical lesions in mice and rats (Bhattacharyya et al. 2015; Karumbaiah et al. 2011; Properzi et al. 2005). This results in an altered sulfation pattern of CSPGs that persists for months after injury (Harris et al. 2009; Jones et al. 2003; Yi et al. 2012). Immunolabeling studies from our laboratory showed that in the controlled cortical impact injury model, there is an increase in 4-sulfated GAG at the injury core and in a tight band surrounding the core. These changes were observed from 7 to 28 dpi (Yi et al. 2012). These changes in GAG chain levels and composition are proposed to have functional consequences. Both 4-sulfated (Wang et al. 2008) and 4,6 sulfated GAGs (Karumbaiah et al. 2011) inhibit axonal outgrowth in culture. Most recently, studies have demonstrated that the enzyme arylsulfatase-B, which regulates the 4-sulfation on the non-reducing end of the GAG chain (the end furthest from the protein core) can improve axonal growth in the spinal cord (Yoo et al. 2013). Studies directly investigating the role of chondroitin-4-sulfotransferases in brain injury are needed, but may be difficult because there are several different 4-

sulfotransferases in brain. While 4-sulfated GAGs are inhibitory to growing axons, 6-sulfated GAG is thought to be permissive (Lin et al. 2011). In vivo, chondroitin-6-sulfotransferase-1 KO mice have fewer regenerating TH-positive axons following a lesion to the nigrostriatal tract as compared to WT mice (Lin et al. 2011).

The exact mechanism by which CSPGs affect axonal guidance is not known. CSPGs may affect neuronal growth and regeneration by inactivating neuronal integrins (Tan et al. 2011). CSPGs also interact with several transmembrane receptors, including the Class IIA receptor protein tyrosine phosphatases, RPTP $\sigma$  and the leukocyte common antigen-related receptor (LAR), and the Nogo receptors 1 and 3 (NgR1 and NgR3) (Dickendesher et al. 2012; Fisher et al. 2011; Shen et al. 2009). These interactions are dependent upon the sulfation pattern of the CS GAG chains, as only oversulfated GAGs and DS interact with these receptors (Dickendesher et al. 2012). Interestingly, 4-sulfated GAG chains, which are strongly upregulated following injury, do not interact with these receptors, suggesting that additional receptors remain to be revealed. In addition to binding to these neuronal receptors, CSPGs modulate FGF-2 (Sirko et al. 2010) and Semaphorin 5A signaling (Kantor et al. 2004).

## 2.2 Dermatan Sulfate Proteoglycans (DSPGs)

Dermatan sulfate (DS) GAG chains are derived from the epimerization of D-glucuronic acid in chondroitin sulfate to L-iduronic acid (Thelin et al. 2013). Although most of the functions of DS are related to the development and homeostasis of peripheral tissue, DS GAGs, especially oversulfated GAGs, stimulate neuritogenesis (Hikino et al. 2003; Nandini et al. 2005). In the rat brain, TBI-associated overexpression of DSPGs, including decorin and biglycan, is limited to the site of injury but lasts months (Stichel et al. 1995). DS was localized to fibrotic scar tissue following a stab-wound, and specific elimination with chondroitinase B promoted axonal growth across the scar (Li et al. 2013). Decorin is known to modulate the actions of TGF- $\beta$ , and thus it may act to reduce scar formation (Logan et al. 1999). DSPGs also bind to FGF-2 and promote cell proliferation and astrocyte reactivity around the fibrotic scar (Penc et al. 1998).

## 2.3 Heparan Sulfate Proteoglycans (HSPGs)

HSPGs have important roles as modulators of cell signaling in brain, mainly by acting as co-receptors for many different cytokines and growth factors, such as FGFs (Qiao et al. 2003), GDNF (Barnett et al. 2002), sonic hedgehog (Rubin et al. 2002), semaphorin 5A (Kantor et al. 2004), and slit (Johnson et al. 2004). In addition, HSPGs bind to both the type IIA RPTPs and NgR1 and NgR3 receptors on neurons, again mediated through the HS GAG chains, rather than the core protein (Aricescu et al. 2002; Dickendesher et al. 2012). In contrast to the CSPGs, HSPGs binding to these receptors promotes axonal growth. To date, there is no clear explanation for this dichotomy of actions.

HSPG core proteins are classified into syndecans, glypicans, perlecan, and agrins (Fig. 2). Syndecan has four isoforms (1–4) that are transmembrane proteins consisting of an extracellular domain modified with HS chains, a single transmembrane domain and a short cytoplasmic domain (Afratis et al. 2017). Out of these isoforms, syndecan-3 is abundantly expressed in brain (Kim et al. 1994) and promotes neural migration (Hienola et al. 2006) and

neurite outgrowth (Raulo et al. 1994). Syndecan-2 is localized in synapses (Hsueh and Sheng 1999) and activates of protein kinase A and subsequent phosphorylation of Ena/VASP to promote filopodia and spine formation (Lin et al. 2007). Glypicans are GPI-anchored HSPGs with six isoforms (glypican1 to 6) all carrying two to five HS chains. Glypicans are expressed in early development (Luxardi et al. 2007), where they promote neuronal cell adhesion, neurite outgrowth and synapse formation (Allen et al. 2012; Kurosawa et al. 2001). Perlecan and agrins are HSPGs consisting of two or three HS chains attached to a multi-domain core protein. In brain, endothelial cells and astrocytes express perlecan, which is localized to the basement membrane and regulates growth factor signaling and blood brain barrier function (Roberts et al. 2012; Whitelock et al. 2008). Perlecan is a modular protein with 5 identified domains, each one interacting with different ECM proteins and growth factors (Gubbiotti et al. 2016; Whitelock et al. 2008). Agrin in basement membranes of the brain microvasculature plays a key role in maintaining blood brain barrier integrity (Steiner et al. 2014) while in neurons it promotes synaptogenesis and synaptic plasticity (Daniels 2012).

The expression of several HSPGs are increased in the region surrounding experimental injuries. Following a localized stab wound, both syndecan-1 and HS 2-O-sulfotransferase are increased, with a corresponding increase in 2-O-sulfation of associated HS GAGs (Properzi et al. 2008). TGF- $\alpha$  and TGF- $\beta$ , cytokines associated with the CNS injury response, elicited the same changes in cultured astrocytes in vitro (Properzi et al. 2008). This leads to a positive feedback loop, as HS potentiates the activity of TGF- $\beta$ 1 (Lee et al. 2015a) and TGF- $\beta$  increases the synthesis of both HSPGs and CSPGs (Dodge et al. 1990; Sugimoto et al. 2014). Cryoinjury produces an upregulation of glypican mRNA (Hagino et al. 2003b), suggesting a role for glypican in the neuroimmune response, but there is no direct demonstration of a role for glypicans in TBI.

Perlecan and agrin are also significantly increased after TBI (Falo et al. 2008; Garcia de Yebenes et al. 1999). After secretion, perlecan is cleaved by metalloproteases, releasing fragments with biological activity (Gonzalez et al. 2005). Amongst these, domain V, also called endorepellin, displays specific integrins which are masked in intact perlecan and that alter the physiology of endothelial cells and inhibit angiogenesis (Mongiat et al. 2003). Agrin is also increased in synaptic terminals and reactive astrocytes after TBI, in areas of active spouting, implicating a role in synaptogenesis and plasticity (Falo et al. 2008); additional experiments directly addressing the role of perlecan and agrin in TBI would be important.

#### 2.4 Keratan Sulfate Proteoglycans (KSPGs)

KSPGs also show upregulation after CNS injury and inhibit neuronal outgrowth and regeneration (Geisert and Bidanset 1993; Geisert et al. 1996). Several CNS proteoglycans contain KS chains, the most prominent being claustrin (Cole and McCabe 1991), phosphacan (Takeda-Uchimura et al. 2015) and aggrecan (Virgintino et al. 2009). Injury-induced increased expression of KSPGs by infiltrating macrophages, microglia, and oligodendrocyte progenitor cells (OPCs) is partially responsible for the inhibition of neurite outgrowth and sprouting of neurons. KSPGs are also involved in glial scar formation by

activating microglia and OPCs (Jones and Tuszynski 2002). The effects of KSPGs are dependent on their GAG chains, as elimination of N-Acetylglucosamine 6-O-sulfotransferase-1, which eliminates 6-sulfation on KS GAGs, reduced scar-forming activity (Zhang et al. 2006) and degradation of keratan sulfate GAGs using keratanase promoted axonal regeneration and functional recovery (Ishikawa et al. 2015).

### 3. Other ECM components

TBI induces the expression of additional ECM components that are mainly expressed by developing or diseased brain. Out of these, hyaluronan, fibronectin, tenascin, laminins and osteopontin are known to have roles in TBI pathophysiology.

#### 3.1 Hyaluronan

Hyaluronan (also called hyaluronic acid: HA) is a unique GAG which is not attached to a core protein and whose sugars are not modified by sulfation or epimerization. Many of hyaluronan's physiological properties, including providing biomechanical integrity, altering tissue hydration and facilitating tissue assembly, are dependent on its size, concentration, and localization. TBI is associated with the increased expression of the HA synthases (HAS1 and HAS2) (Xing et al. 2014).

TBI induced alterations in HA affect ECM integrity and signaling. HA is anchored to the ECM by forming highly stable complexes with hyaluronan-binding proteins (hyaladherins) which help to stabilizing the ECM. Hyaladherins can be either adhesion proteins or receptors, including CD44, RHAMM, Stabilin-2, TNFIP6, Brevican, SHAP, LYVE1, TLR-2 and TLR-4 (Jiang et al. 2011). Brain link protein, a hyaladherin predominantly expressed in brain, stabilizes the interaction between lecticans and HA and thus maintains ECM assembly (Cicanic et al. 2012; Hirakawa et al. 2000), especially of PNNs (Bekku et al. 2003). TBI also leads to the increased expression of other hyaladherins including CD44 (Xing et al. 2014), brevican (Jaworski et al. 1999), and TLR-2/TLR-4 on macrophages/microglia (Zhang et al. 2012), which further modulate the brain immune response. The increased expression of CD44 suggests a potential role in T-cell recruitment (DeGrendele et al. 1997) and astrocyte migration (Bourguignon et al. 2007) and may also help in the enhanced CD44-mediated internalization and degradation of HA fragments to inhibit the inflammatory response (Culty et al. 1992; Scheibner et al. 2006).

Another role of HA in TBI pathophysiology is through the degradation of HA into small fragments by injury-associated reactive oxygen species (Soltes et al. 2006) and activation of the HA degrading enzyme hyaluronidase (Xing et al. 2014). Hyaluronan fragments are biologically active, and can modulate the immune response and promote angiogenesis (Stern et al. 2006). Binding of HA fragments to TLR-2 activates proapoptotic signaling in neurons (Tang et al. 2007), increases astrocyte reactivity (Park et al. 2008), and promotes inflammatory cytokine release (Yu and Zha 2012). HA fragments may also have a positive effect on the neuroimmune response, as exogenous delivery of the tetrasaccharide HA4, a product of HA fragmentation, significantly improved functional recovery after spinal cord injury (Wakao et al. 2011). Additional experiments addressing this issue would be important.



### 3.2 Fibronectin

Fibronectin is a large multidomain glycoprotein expressed as an ECM protein or as a soluble plasma protein. In the adult CNS, fibronectin is restricted to the vasculature and is not expressed by neurons and glia (Paetau et al. 1980). Breakdown of the blood brain barrier during TBI leads to entry of plasma-derived fibronectin (Tate et al. 2007a) and macrophages (Giulian et al. 1989) into the brain parenchyma. In turn, the fibronectin activates both resident microglia and the invading macrophages (Milner and Campbell 2003), which serve to clear debris following injury. TBI in conditional plasma fibronectin knockout mice showed an increase in lesion volume and apoptotic cell death at the site of lesion (Tate et al. 2007a), suggesting that the TBI-associated increase in fibronectin has a protective role.

### 3.3 Tenascins

Tenascin-C and tenascin-R are oligomeric multi-domain anti-adhesive proteins expressed in the CNS and are known to have roles in cell adhesion, neuronal migration, migration and differentiation of oligodendrocytes and cellular responses to growth factors (Giblin and Midwood 2015; Pesheva and Probstmeier 2000). Tenascin-C is expressed by astrocytes, oligodendrocytes and some neuronal populations (Meiners et al. 1993; Zhang et al. 1995), while tenascin-R is expressed by oligodendrocytes and neurons (Pesheva and Probstmeier 2000). They are predominantly expressed during embryonic development and then again in response to nervous system injuries in both animals and humans (Brodkey et al. 1995; Laywell et al. 1992). Tenascin-C production in astrocytes is increased by several growth factors, including FGF-2 (Meiners et al. 1993) and TGF- $\beta$  (Smith and Hale 1997). The increase in tenascin-C following experimental brain injury is eliminated by suramin, a polysulfonated naphthylurea that has been shown to inhibit the binding of many different cytokines to their cell surface receptors (Di Prospero et al. 1998), suggesting that the increase is due to the actions of cytokines and growth factors. Tenascin-C has several splice variants, due to the inclusion or exclusion of fibronectin III domains, and injury appears to specifically upregulate a variant that contains a neurite promoting domain (Dobbertin et al. 2010). Tenascin-R is known to be growth repellent to axons (Becker et al. 2004), while tenascin-C has both growth-promoting (Meiners et al. 1999) and growth inhibiting (Probstmeier and Pesheva 1999) activities. How these activities affect the pathophysiology of TBI is an open question.

### 3.4 Laminins

Laminins are heterotrimeric glycoproteins composed of  $\alpha$ -,  $\beta$ - and  $\gamma$ -subunits. To date, 14 different laminins have been identified (Plantman 2013), of which only Laminin 111 has been identified in the CNS, while multiple forms have been found in the peripheral nervous system (PNS). While laminin expression has been detected during pathway development (Letourneau et al. 1988), the major function of astrocyte-derived laminin in the adult is to maintain the blood brain barrier through actions on pericyte differentiation (Yao et al. 2014). In culture, laminins universally promote neurite outgrowth (Edgar et al. 1984), and an integrin-binding peptide (IKVAV) derived from laminin has similar actions and has been used to promote regeneration *in vivo* (Wei et al. 2007). Laminin levels are significantly increased in traumatic brain tissues, which may help in restoring the integrity of the blood

brain barrier after injury (Tao et al. 2015). Increased laminin in the brain is also considered as an indicator of neovascularization by formation of new glio-vascular connections and angiogenesis (Wappler et al. 2011).

### 3.5 Osteopontin

Osteopontin (OPN) is classified as a matrikine because it is both an adhesive protein present in the ECM as well as a soluble cytokine. Both astrocytes and microglia produce OPN (Choi et al. 2007). Injury is associated with a marked increase in the expression of OPN RNA (Cernak et al. 2011; Israelsson et al. 2008), and osteopontin (Plantman 2012). OPN undergoes post-translational modification by phosphorylation, glycosylation, sulfation that promotes diversity in its biological function by modulating interactions with many different integrins and the CD44 receptor (Sodek et al. 2000). OPN is cleaved by thrombin (Kubota et al. 1989) and MMP-9 (Takafuji et al. 2007) which produce active OPN fragments with novel integrin binding sites that promote glial mobilization, axonal clearance, synaptogenesis and cognitive recovery (Chan et al. 2014). In culture, neurite growth is promoted on an OPN substrate (Plantman 2012). *In vivo*, OPN treatment prevented neurological impairment, brain edema, and restored the blood brain barrier disruption after hemorrhage (Gliem et al. 2015; Suzuki et al. 2010). The role of OPN under various pathophysiological conditions suggests that it might have a role in the therapy of TBI as well.

## 4. Matrix Metalloproteinases (MMPs)

The role of MMPs in the brain and after TBI has been recently reviewed (Abdul-Muneer et al. 2016; Rempe et al. 2016), and thus we will address the most significant actions of MMPs on the ECM. The major secreted MMPs in the brain are MMP-3 (stromelysin), and MMP-2 and 9 (gelatinases) (Rempe et al. 2016). MMP-3 is at very low levels in the normal brain, but is increased 6h after contusion injury in the rat and reached the maximum at 5 days (Li et al. 2009). A rapid increase in MMP-3 activity has also been observed following TBI in humans (Sashindranath et al. 2012). MMP-9 is expressed in normal adult brain and is also elevated in response to TBI (Hadass et al. 2013; Hayashi et al. 2009). In humans, TBI is also associated with rapid increase of increased MMP-9 in brain parenchyma (Guilfoyle et al. 2015), cerebrospinal fluid (Liu et al. 2014), and plasma (Copin et al. 2012) and, which may be used for the prognosis of severity and outcome of injury (DeFazio et al. 2014; Vilalta et al. 2008).

The increase in MMP-9 activity promotes blood brain barrier hyperpermeability which leads to microhemorrhage, edema, neuroinflammation, and neurodegeneration (Hadass et al. 2013; Higashida et al. 2011). Furthermore, the ability of MMPs to proteolytically process inactive precursors of TNF- $\alpha$  (Gearing et al. 1994), IL-1 $\beta$  (Amantea et al. 2016) and OPN (Takafuji et al. 2007) into biologically active forms can further modulate neuroinflammation. In brain microvascular endothelial cells, TNF- $\alpha$  (Wiggins-Dohlvik et al. 2014) and IL-1 $\beta$  (Alluri et al. 2016) induced MMP-9 activation leads to the degradation of tight junctions and blood brain barrier hyperpermeability. Similarly, brain pericytes respond to TGF- $\beta$  by increasing their production of MMP-9 (Takahashi et al. 2014). Pharmacological inhibition of MMP-9 attenuates the secondary phase of TBI through reduction of lesion volume, neuronal



loss, dendritic degeneration and glial activation along with improved neurobehavioral outcomes (Hadass et al. 2013; Lee et al. 2015b). Mice with a deletion of MMP-9 showed fewer motor deficits and a smaller lesion volume after TBI than wild type mice (Wang et al. 2000). Similarly, reduction of MMP-9 activity by inhibition of poly(ADP-ribose) polymerase with 3-aminobenzamide reduced disruption of the blood brain barrier and improved neurologic function as compared to untreated rats (Lescot et al. 2010).

MMPs also may have positive effects in promoting neuronal regeneration after TBI by degrading inhibitory CSPGs accumulated by reactive astrocytes. MMP-3 degrades CSPGs including brevican, NG2, neurocan, phosphacan, and versican-V1 and versican-V2 (Muir et al. 2002). In culture, treatment of astrocyte-derived ECM with MMP-3, -7 and -8 degrades the core proteins of CSPGs and reduce their inhibitory effect on neurite outgrowth (Cua et al. 2013). MMPs have also been reported to promote neuronal survival (Wetzel et al. 2003), neurite invasiveness (Nordstrom et al. 1995), nerve cell migration (Mao et al. 2016) and remyelination (Larsen et al. 2006). However, while MMP activity may help in promoting neural regeneration after TBI, inhibition of MMP activity has provided more functional improvement.

## 5. ECM modulation as a potential therapy for TBI

There is currently no FDA-approved therapeutic strategy to promote recovery of function following TBI. PNNs, comprised of CSPGs, are greatly reduced in the pericontusional area, probably through the action of MMPs (Yi et al. 2012). As PNNs are thought to restrict synaptic plasticity, the reduction in PNNs may be a pro-regenerative response to stimulate plasticity following TBI. Because this loss is very limited, one approach may be to further stimulate plasticity by reducing PNNs with the bacterial enzyme chondroitinase ABC (chABC), which degrades CS GAG side chains from core proteins (Harris et al. 2010; Pizzorusso et al. 2002). chABC has been shown to promote recovery of function from spinal cord injury (Bradbury et al. 2002), at least in part by increasing plasticity and sprouting (Barritt et al. 2006), but primarily by reducing CSPGs in the glial scar. Chondroitinase has also been reported to reduce brain edema following TBI (Finan et al. 2016), and improve the outcome in chronic stroke (Hill et al. 2012). However, the use of chondroitinase ABC *in vivo* is restricted by its lack of stability and potential immunogenicity. Because 4-S GAGs are increased following injury, ARSB, which is approved for use in the treatment of mucopolysaccharoidosis VI in humans, could be an alternative approach. Alternately, plasticity has been promoted by activation of the MMP ADAMTS-4 (type 4 disintegrin and metalloproteinase with thrombospondin motifs), which degrades CSPGs and promoted axonal regeneration/collateral sprouting (Lemarchant et al. 2014). Inhibition of MMPs has also shown to be effective in reducing the volume of a brain lesion (Lee et al. 2015b).

As discussed above, the ECM is a complex structure with many different components, each of which may have actions to either promote or inhibit regeneration. Several different biomaterials which incorporate ECM components demonstrate efficacy in injury models. Laminin, which provides a positive cue for both neuroblast migration and process outgrowth, has been incorporated into several different biomaterials that were used as implants. After a cryoinjury, a laminin-soaked sponge was inserted into the lesion cavity and

induced the migration of neuroblasts into the sponge (Ajioka et al. 2015). Others showed that a self-assembling peptide gel which contained the neurite-promoting IKVAV sequence from laminin could support the survival and differentiation of encapsulated neural stem cells after injection into a cerebral cortical wound Cheng (Cheng et al. 2013). Injection of the HSPG glypican improved recovery in a stroke model (Hill et al. 2012). A collagen-based scaffold that incorporated the soluble Nogo receptor improved recovery in a model of penetrating brain injury (Elias and Spector 2015). Based on these results, a promising area is the potential uses of ECM and ECM-derived peptides that improve neuronal regeneration and functional recovery (Estrada et al. 2014).

## 6. Summary

Alterations in the ECM following TBI play a significant role in TBI pathophysiology by controlling inflammation, blood brain barrier function and regeneration. Proteoglycans play a significant role in this response, as evidenced by their increased expression and alterations in their sulfation patterns. Brain injury also induces the expression of other developmentally restricted ECM components which contribute to the repair and regeneration of the damaged area, such as laminin and tenascins. MMPs actively participate in the dynamic modulation of brain ECM after injury by degrading matrix components. Efforts have been made to make a more permissive environment by manipulating the ECM composition around the lesion to minimize secondary damage and to promote axonal outgrowth and synaptic plasticity. Given the prominent role of the ECM in the pathophysiology of TBI, therapeutic interventions to target the ECM may enhance neuroregeneration and functional recovery after TBI.

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**Significance Statement**

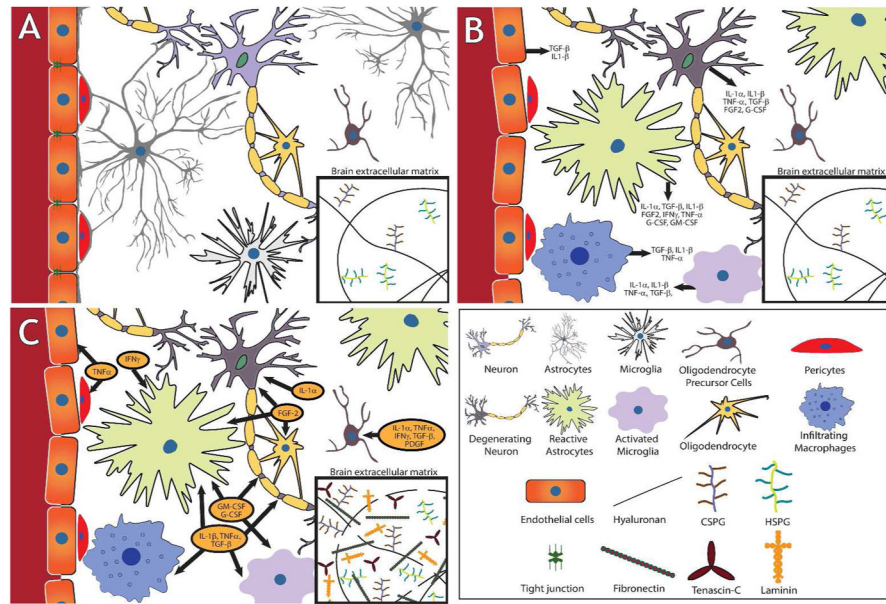
Traumatic brain injuries are a leading cause of death and are associated with long-term consequences for physical health and cognition. Despite the prevalence and associated complications, there is no effective treatment for TBI. Brain ECM plays a major role in TBI pathophysiology by modulating the inflammatory response, cell signaling and post-traumatic circuit remodeling. ECM components also limit functional recovery by inhibiting neuronal regeneration through the damaged region. Strategies to modulate brain ECM to reduce inflammation and facilitate neuroregeneration have therapeutic potential.

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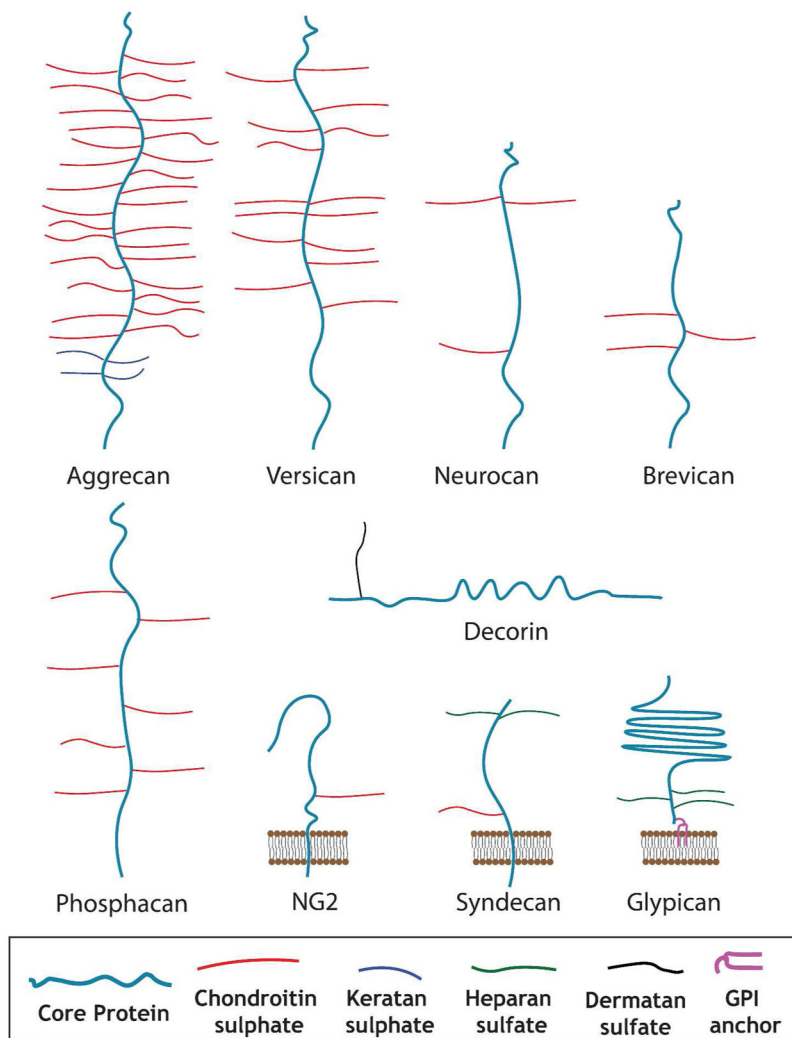
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**Figure 1.** Neurovascular unit changes following traumatic brain injury. A. Normal brain. Tight junctions between endothelial cells along with pericytes astrocytic end feet constitute the blood brain barrier. Processes of resting astrocytes and myelinating oligodendrocytes promote synaptic stability and neurotransmission. Inset: The extracellular matrix of normal brain contains CSPGs, HSPG and hyaluronan. Fibrous proteins, which are the major component of ECM in most tissues, are limited to the brain vasculature. B and C) Alterations in cellular activation soon after TBI. Injury leads to disruption of the blood brain barrier, followed by infiltration of blood components and macrophages into the brain, leading to the activation of resident glial cells. Reactive astrocytes and microglia as well as damaged neurons show morphological changes, increased metabolism, hypertrophy and release an array of cytokines. C. TBI-induced response. Cytokines released by resident and infiltrating cells affect brain inflammation and ECM remodeling. Inset: TBI leads to the degradation of hyaluronan along with the increased expression of CSPGs and HSPGs, as well as fibrous ECM proteins including fibronectin, tenascin-C and laminin.



**Figure 2.** Major brain proteoglycans. Proteoglycans consists of a protein core decorated with unbranched sulfated glycosaminoglycan sugar chains. CSPG core proteins are decorated with one or more chondroitin sulfate sugar chains. Based on the core protein they are classified into lecticans (which includes neurocan, brevican, versican, and aggrecan), phosphacan, and NG2. HSPGs are decorated with HS chains. Syndecans are transmembrane proteins, while glypicans are anchored to the cell membrane with a GPI linkage. Decorin is a secreted proteoglycan with dermatan sulfate side chains.

Table 1

Cytokines involved in ECM remodeling in the response to TBI

Cytokine	Cellular Source & Target		Role in brain extracellular matrix remodeling	Reference
	Source	Target		
<b>IL-1<math>\alpha</math></b>	Astrocytes, Microglia, Neurons			Lau and Yu 2001; Lu et al. 2005; van Dam et al. 1998
	OPCs		Increase NG2 immunoreactivity	Rhodes et al. 2006
<b>IL-1<math>\beta</math></b>	Astrocytes, Endothelial cells, Macrophages, Microglia,		Down-regulates CSPG expression Increased laminin	Acarin et al. 2000; Campbell et al. 2007; Eriksson et al. 1999; Lu et al. 2005; Sticozzi et al. 2013
	Astrocytes		Induce MMP-9 expression	Lee et al. 2015
<b>TNF-<math>\alpha</math></b>	Oligodendrocyte lineage cells		Increase versican-V2 expression	Asher et al. 2000
	Astrocytes, Macrophages, Microglia, Neurons			Acarin et al. 2000; Lau and Yu 2001
<b>IFN-<math>\gamma</math></b>	OPCs		Increase NG2 immunoreactivity	Rhodes et al. 2006
	Astrocytes		Reduced CSPG expression	Lau and Yu 2001; Smith and Strunz 2005
<b>GM-CSF</b>	Astrocytes		Reduced tenascin, laminin, and fibronectin	DiProspero et al. 1997
	Astrocytes		IFN- $\gamma$ increase NG2	Rhodes et al. 2006
<b>TGF-<math>\beta</math></b>	Astrocyte		Reduced expression of neurocan and NG2	Choi et al. 2014a; Huang et al. 2009
	Astrocytes		Reduced expression of NG2, neurocan and phosphacan	Choi et al. 2014a
<b>FGF2</b>	Astrocytes, Macrophages, Microglia, Neurons			Acarin et al. 2000; Lindholm et al. 1992
	Astrocytes		Increased production of tenascin and fibronectin	Fok-Seang et al. 1998
<b>G-CSF</b>	Oligodendrocytes		Increased brevicain	Hamel et al. 2005
	OPCs		Increased neurocan and phosphacan	Choi et al. 2014a
<b>PDGF</b>	Microglia		Increased versican-V2	Asher et al. 2000
	Pericytes		Increased NG2	Rhodes et al. 2006
<b>IL-1<math>\beta</math></b>	Astrocytes		Induced KS and CS biosynthesis in cultured microglia	Yin et al. 2009
	Astrocytes		Upregulation of MMP-2/9	Takahashi et al. 2014
<b>TGF-<math>\beta</math></b>	Astrocytes		Upregulate tenascin	Joy et al. 1997
	Astrocyte, Neurons		Increase the expression of NG2, neurocan, and phosphacan	DiProspero et al. 1997
<b>PDGF</b>	Platelets			Choi et al. 2014b
	OPCs, Pericytes		Increased NG2	Choi et al. 2014a
				Pei et al. 2017



Table 2

## Sources of ECM and changes after TBI

Matrix protein	Cellular source	Changes after TBI	Reference
CSPG			
• Lecticans			
○ Aggrecan	Neurons, astrocytes	Decreased in injury core	Domowicz et al. 2008; Harris et al. 2009; Matthews et al. 2002; Yi et al. 2012
○ Brevican	Neurons, astrocytes, oligodendrocytes	Secreted isoform is up-regulated; GPI-anchored isoform unchanged.	Beggah et al. 2005; Jaworski et al. 1999; Seidenbecher et al. 1998; Yamada et al. 1997
○ Neurocan	Neurons, astrocytes	Increased neurocan in a tight band surrounding the injury core	Asher et al. 2000; Dobbertin et al. 2003; McKeon et al. 1999; Yi et al. 2012
○ Versican-V2	Oligodendrocytes	Increased in the injury core	Asher et al. 2002; Beggah et al. 2005; Harris et al. 2009; Morgenstern et al. 2002; Yi et al. 2012
○ Phosphacan	Neurons, astrocytes, oligodendrocytes	Reduced in the glial scar	Dobbertin et al. 2003; Harris et al. 2009; Hayashi et al. 2005; McKeon et al. 1999
• NG2	Oligodendrocyte precursor cells, pericytes, microglia	Increased expression	Flygt et al. 2017; Levine et al. 1993; Ozerdem et al. 2002; Sugimoto et al. 2014
<b>HSPG</b>			
• Syndecans	Neuron, astrocytes, oligodendrocyte, oligodendrocyte precursors, microglia	Increased immunoreactivity	Iseki et al. 2002; Kaur et al. 2009; Properzi et al. 2008; Raulo et al. 1994; Winkler et al. 2002
• Glypicans	Neurons, astrocytes, oligodendrocyte, oligodendrocyte precursors	increased immunoreactivity	Hagino et al. 2003; Litwack et al. 1994; Winkler et al. 2002
• Perlecan	Endothelial cells, astrocytes, oligodendrocytes, oligodendrocyte progenitor cells, microglia	Increased immunoreactivity	Garcia de Yebenes et al. 1999; Saku and Furthmayr 1989; Winkler et al. 2002
• Agrins	Neurons, astrocytes	Increased in reactive astrocytes	Cohen et al. 1997; Falo et al. 2008
KSPG	Neurons and microglia	Increased immunoreactivity	Geisert et al. 1996; Yin et al. 2009; Zhang et al. 2006
Hyaluronan	Astrocytes, oligodendrocytes, neurons	Altered dynamics in synthesis and degradation.	Haqqani et al. 2007; Margolis and Margolis 1974; Xing et al. 2014
Fibronectin	Endothelial cells, pericytes, macrophages	Increased levels	Egan and Vijayan 1991; Tate et al. 2007a
Tenascin-C	Astrocytes, oligodendrocytes and neurons	Increased expression in animal and humans	Brodkey et al. 1995; Hausmann and Betz 2001; Laywell et al. 1992
Tenascin-R	Oligodendrocytes	Increased	Deckner et al. 2000; Pesheva et al. 1989; Probstmeier et al. 2000
Laminin	Astrocytes, endothelial cells, pericytes	Immunoreactivity increased	Gautam et al. 2016; Liesi et al. 1984; Mandarino et al. 1993; Tao et al. 2015; Tate et al. 2007b
Osteopontin	Astrocytes, microglia	Increased expression	Choi et al. 2007; Plantman 2012