







## RESEARCH ARTICLE

# REVISSED Functional and proteomic analysis of a full thickness filaggrin-deficient skin organoid model [version 2; peer review: 3 approved]

Previously titled: Proteomic analysis of a filaggrin-deficient skin organoid model shows evidence of increased transcriptional-translational activity, keratinocyte-immune crosstalk and disordered axon guidance

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**v2** First published: 09 Sep 2019, 4:134 (<https://doi.org/10.12688/wellcomeopenres.15405.1>)  
 Latest published: 26 Nov 2019, 4:134 (<https://doi.org/10.12688/wellcomeopenres.15405.2>)

## Abstract





**Background:** Atopic eczema is an itchy inflammatory disorder characterised by skin barrier dysfunction. Loss-of-function mutations in the gene encoding filaggrin (*FLG*) are a major risk factor, but the mechanisms by which filaggrin haploinsufficiency leads to atopic inflammation remain incompletely understood. Skin as an organ that can be modelled using primary cells *in vitro* provides the opportunity for selected genetic effects to be investigated in detail.


**Methods:** Primary human keratinocytes and donor-matched primary fibroblasts from healthy individuals were used to create skin organoid models with and without siRNA-mediated knockdown of *FLG*. Biological replicate sets of organoids were assessed using histological, functional and biochemical measurements.

**Results:** *FLG* knockdown leads to subtle changes in histology and ultrastructure including a reduction in thickness of the stratum corneum and smaller, less numerous keratohyalin granules. Immature organoids showed some limited evidence of barrier impairment with *FLG* knockdown, but the mature organoids showed no difference in transepidermal water loss, water content or dye penetration. There was no difference in epidermal ceramide content. Mass spectrometry proteomic analysis detected >8000 proteins per sample. Gene ontology and pathway analyses identified an increase in transcriptional and translational activity but a reduction in proteins contributing to terminal differentiation, including caspase 14, dermokinase, AKT1 and TGF-beta-1. Aspects of innate and adaptive immunity were

## Open Peer Review

Reviewer Status 

	Invited Reviewers		
	1	2	3
<b>version 2</b> published 26 Nov 2019	 report		
<b>version 1</b> published 09 Sep 2019	 report	 report	 report

- Sabine Werner**, ETH Zurich (Swiss Federal Institute of Technology Zürich), Zürich, Switzerland
- Ulrich auf dem Keller**, Technical University of Denmark, Kongens Lyngby, Denmark
- Neil Rajan** , Newcastle University, Newcastle upon Tyne, UK
- Sanja Kezic**, University of Amsterdam, Amsterdam, The Netherlands

represented in both the up-regulated and down-regulated protein groups, as was the term 'axon guidance'.

**Conclusions:** This work provides further evidence for keratinocyte-specific mechanisms contributing to immune and neurological, as well as structural, aspects of skin barrier dysfunction. Individuals with filaggrin deficiency may derive benefit from future therapies targeting keratinocyte-immune crosstalk and neurogenic pruritus.

### Keywords

Axon guidance, atopic dermatitis, eczema, filaggrin, gene ontology, keratinocyte-immune crosstalk, organoid, proteomics

Any reports and responses or comments on the article can be found at the end of the article.

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**Competing interests:** No competing interests were disclosed.

**Grant information:** This work was supported by the Wellcome Trust [106865], a Senior Research Fellowship in Clinical Science awarded to SJB; the Brown laboratory has also received financial support from the Manknell Charitable Trust, the Tayside Dermatology Research Charity and the British Skin Foundation. The mass spectrometry proteomic analysis was supported by grants to AIL from the Wellcome Trust [105024]. Dundee Imaging Facility is supported by a Wellcome Trust Technology Platform award [097945]. UHI Lipidomics Research Facility acknowledges the support of European Regional Development Fund, Scottish Funding Council and Highlands and Islands Enterprise.

*The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.*

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**How to cite this article:** Elias MS, Wright SC, Nicholson WV *et al.* **Functional and proteomic analysis of a full thickness filaggrin-deficient skin organoid model [version 2; peer review: 3 approved]** Wellcome Open Research 2019, 4:134 (<https://doi.org/10.12688/wellcomeopenres.15405.2>)

**First published:** 09 Sep 2019, 4:134 (<https://doi.org/10.12688/wellcomeopenres.15405.1>)

**REVISED Amendments from Version 1**

The main aim of this publication is to facilitate sharing of the global mass spectrometry data generated from the skin organoid models with *FLG* knockdown (described in detail) and functional analyses (described and reported); this main aim has been clarified.

In response to the interest from Reviewers 1 and 3, we have provided an explanation as to why knockdown of *FLG* at mRNA level is demonstrated to a lesser degree than the knockdown at protein level, reflecting the prolonged duration (10 days) of organoid culture.

We have emphasised that increased dye penetration was observed in some but not all of the immature organoids, as requested by Reviewer 1.

Additional details have been provided to explain how the protein false discovery rate was determined for the removal of false positives, as requested by Reviewer 1.

We have included a fuller explanation of the analysis approach, in which we focus on consistent differences observed across the biological replicate experiments and use thresholds for increased and decreased expression to include roughly equal numbers of proteins.

We have corrected the use of the terms 'ratio' and 'fold-change' where necessary.

A new Figure 10 is provided, following advice from reviewer 2. The colour-coding has been removed and we have labelled selected data points. During revision of this figure we discovered an error in the plotting of this figure; this detail has been corrected in the revised Methods section and in the re-drawn volcano plot.

The title has been modified to include the term 'full thickness', to clarify the complexity of our model (as recommended by reviewer 2). The list of main findings has now been removed from the title because it had become too long.

Minor typos have been corrected, including two references numbered incorrectly in the previous manuscript.

**Any further responses from the reviewers can be found at the end of the article**

## Introduction

Atopic eczema (also termed atopic dermatitis or eczema<sup>1,2</sup>) is an itchy inflammatory skin disorder with complex and multifactorial aetiology<sup>3</sup>. The phenotype is heterogeneous and pathogenic mechanisms vary between affected individuals<sup>4</sup>. The pathogenesis may include differential contributions of: immune activation and skin barrier dysfunction; local and systemic effects; multiple genetic and environmental factors<sup>5</sup>. Loss-of-function mutations in *FLG*, encoding filaggrin, cause the common Mendelian disorder of keratinization, ichthyosis vulgaris (OMIM # 146700). *FLG* null mutations are also strongly associated with increased risk of atopic eczema<sup>6,7</sup> and multiple other atopic traits<sup>8–10</sup>.

Skin is an organ that can be modelled *in vitro* to effectively recapitulate the multi-layered structure and gene expression patterns of human skin *in vivo*<sup>11</sup>. This offers the opportunity for selected molecular mechanisms to be investigated in relative isolation from a complex disease state, using relevant primary cells. Replicate experiments can be performed using primary cells with the same genetic background or cells from different donors<sup>12</sup>. Detailed functional and biochemical analyses may then be applied to define potential therapeutic targets<sup>12,13</sup>.

Filaggrin is a marker of keratinocyte differentiation; it is expressed in the granular layer of the upper epidermis as a polymer – profilaggrin – which undergoes post-translational modification and stepwise proteolysis to release monomeric filaggrin<sup>14</sup>. Profilaggrin and filaggrin have multiple functions, each of which have been described as contributing to the mechanical, biochemical, immunological and microbiological aspects of skin barrier function<sup>15</sup>. Clinical studies have shown that filaggrin haploinsufficiency is associated with xerosis and ichthyosis (dry and scaly skin), keratosis pilaris (increased keratin within skin follicles), palmar hyperlinearity<sup>16</sup> and increased transepidermal water loss<sup>17</sup>. Transcriptomic analysis of full thickness skin biopsies have shown evidence of an abnormal defence response in *FLG* haploinsufficient atopic skin<sup>18</sup>; proteomic analysis to assess the effect of *FLG* knockdown in an epidermal organoid has also shown features of inflammation and stress protease activity<sup>19</sup>. However, *in vitro* studies have not shown consistent histological or functional effects of filaggrin deficiency in the various different skin organoid models published to date<sup>20</sup> and the multiple mechanisms by which filaggrin deficiency contributes to atopic disease remain incompletely understood<sup>5</sup>.

We have optimised a skin organoid model, with dermal and epidermal compartments cultured using donor-matched primary cells, for functional assessments and global mass spectrometry proteomic analysis. The work aims to investigate in more detail the effect of *FLG* siRNA-mediated knockdown on one cell type - the keratinocyte - to increase understanding of the filaggrin-deficient phenotype and to further define molecular mechanisms predisposing to atopic skin inflammation.

## Methods

### Source of primary human cells

Primary keratinocytes and primary fibroblasts were isolated from human skin tissue samples obtained, with written informed consent and Ethical Committee approval (East of Scotland Research Ethics Service reference 17/ES/0130 renewal 12/ES/0083) under governance of the Tayside Biorepository. Surgical surplus samples of clinically normal skin from four adult donors (all females aged 29–65 years; one abdominal and three breast skin reductions) were used for the organoid cultures. Similar samples (n=5) were used for independent biological replicates to test for reproducibility of the functional effects of *FLG* knockdown.

### Organoid culture methods

Primary keratinocytes and dermal fibroblasts were isolated from human skin by sequential trypsin EDTA and collagenase D digestion<sup>21</sup>. Using our previously reported methods<sup>12</sup>, the keratinocytes were co-cultured with mitomycin C inactivated 3T3 feeder cells in RM media (3:1 DMEM : Hams F12, 10% FCS, 0.4µg/ml hydrocortisone, 5µg/ml insulin, 10ng/ml EGF, 5µg/ml transferrin, 8.4ng/ml cholera toxin and 13ng/ml liothyronine) (Sigma Aldrich, Gillingham, Dorset, UK)<sup>22</sup>. Epidermal growth factor (EGF) was omitted for the first day of culture. The fibroblasts were cultured in DMEM supplemented with 10% FCS under standard conditions.

Fibrin gel dermal equivalents<sup>12</sup> were prepared using 0.5ml fibrinogen (35 mg/ml in NaCl) (Sigma Aldrich, Gillingham,

Dorset, UK) and 0.5ml thrombin (3U/ml in 2 mM CaCl<sub>2</sub> / 1.1% NaCl) (Sigma Aldrich, Gillingham, Dorset, UK) combined on ice, with 200,000 fibroblasts and aprotinin (0.1 U/ml) (Sigma Aldrich, Gillingham, Dorset, UK) then transferred to a 12-well plate. After 30 minutes incubation at 37°C, the gels were covered in medium (DMEM, 10% FCS, 0.1 U/ml Aprotinin) and cultured overnight (day 1). On day 2, the medium was replaced with RM excluding EGF, 0.1U/ml aprotinin and 2 × 10<sup>6</sup> suspended keratinocytes. Culture medium was refreshed daily on days 3 and 4 using RM containing 0.1ng/ml EGF and 0.1U/ml aprotinin. On day 5 the gels were carefully removed from wells and lifted onto custom-made steel grids lined with nylon gauze (Millipore, Livingston, Scotland, UK). RM medium supplemented with 0.1ng/ml EGF and 0.1U/ml aprotinin was added up to the base of the dermal equivalent so that the epidermis

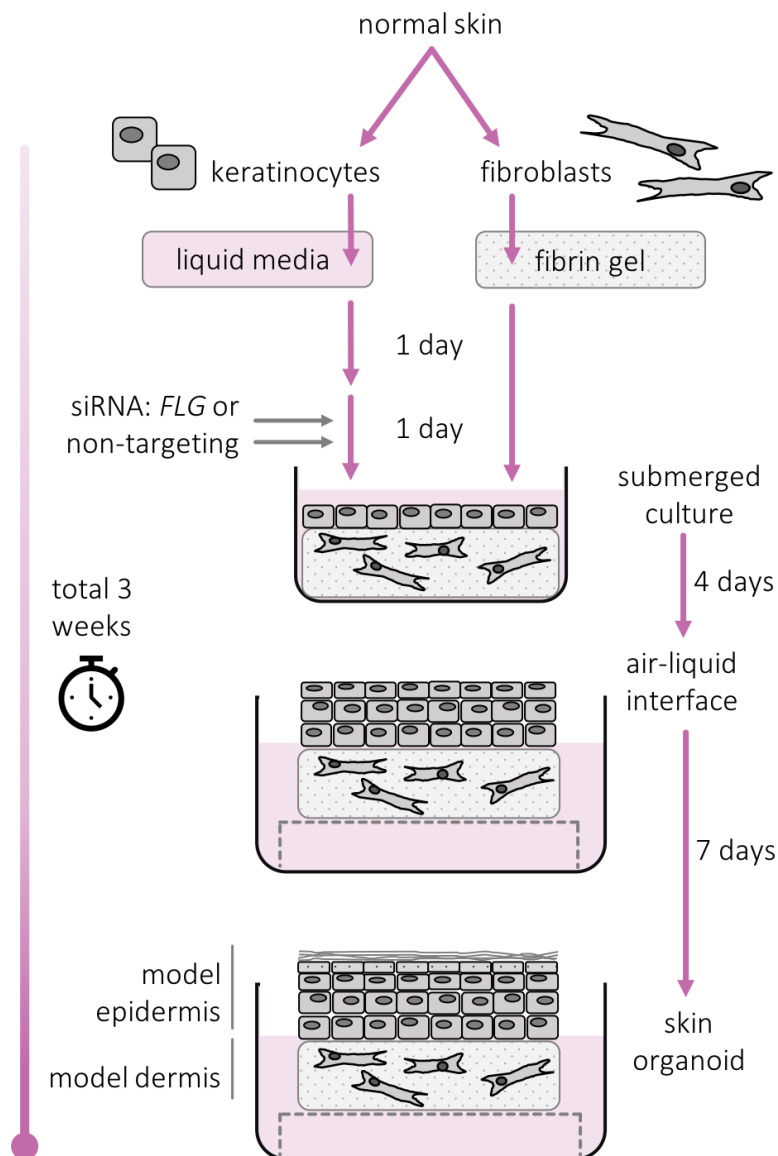
remained at the air-liquid interface. Medium was refreshed on alternate days and the cultures were used for analysis up to day 12 (representing three, five and seven days after lifting to the air-liquid interface).

A diagrammatic summary of the process of skin organoid culture is shown in [Figure 1](#).

Epidermis was separated from the fibrin gel using hypertonic saline-induced split (4 hours, 1M NaCl, 4°C) to obtain a keratinocyte-only tissue sample for biochemical analyses.

#### FLG genotyping

DNA was extracted from donor skin samples using standard techniques and genotyping was performed for the four



**Figure 1. Diagrammatic summary of skin organoid culture.** Dermal and epidermal equivalents produced using our published methodology optimised for skin barrier assessment<sup>12</sup>.

most prevalent loss-of-function mutations in *FLG* in this white European population (R501X, 2282del4, R2447X and S3247X)<sup>23</sup> using validated KASP™ technology (LGC Genomics, Hoddesdon, Hertfordshire, UK), as previously reported<sup>4,24</sup>. Briefly, KASP™ SNP genotyping consists of two competitive, allele-specific forward primers and one common reverse primer. Each forward primer incorporates an additional tail sequence that corresponds with one of two universal FRET (fluorescent resonance energy transfer) cassettes (FAM and HEX). ROX™ passive reference dye, Taq polymerase, free nucleotides and MgCl<sub>2</sub> in an optimised buffer solution make up the reaction master mix.

#### siRNA mediated knockdown

Keratinocytes were reverse transfected immediately prior to inclusion in the organoid cultures using RNAiMax transfection reagent (Life Technologies, Carlsbad, California, USA) according to manufacturer's instructions. Briefly, siRNA complexes were formed in OPTIMEM medium (20μM siRNA, 5μl RNAiMAX) and following 20 minutes incubation, combined with  $2 \times 10^6$  suspended normal human keratinocytes and transferred to the pre-prepared dermal substrate. A pool of four siRNA duplexes was used [FLG: LQ-021718-00-0002, Control: ON-TARGETplus non-targeting siRNA #4 D.001810-04-20] (Dharmacon, Lafayette, Colorado, USA).

#### Quantitative PCR

RNA was extracted from organoid epidermis using the Direct-zol RNA kit (R2071, Zymo Research, Irvine, California, USA) following homogenisation in RNA-Bee (CS-104B, Amsbio, Abingdon, Oxfordshire, UK) using the TissueLyser LT (Qiagen, Manchester, UK) 5 mins at 50 Hz. cDNA was prepared from 1μg total RNA using random priming (2.5μM final) (Integrated DNA Technologies, Coralville, Iowa, USA) in combination with Moloney murine leukemia virus (MMLV) enzyme (100 units) and buffer systems (28025013, Life Technologies, Carlsbad, California, USA). qPCR reactions were performed using exon spanning probe-based assays (*FLG*: HS.PT.58.24292320FAM, *EF1A*: HS.PT.58.24345862FAM) [Integrated DNA Technologies, California, USA] with TaqMan gene expression Mastermix (4369016, Life Technologies, Carlsbad, California, USA). Reactions were prepared and run using the Qiagility robot in combination with the Rotor-Gene Q (Qiagen, Manchester, UK). *EF1A* was used as a reference gene. PCR cycling conditions were: 95°C for 10 mins, [95°C for 15 seconds, 60°C for 60 seconds] × 40 cycles. Fold changes were derived via the  $2^{-(\Delta\Delta C[T])}$  method.

#### Western blotting

Organoid epidermis was homogenized in RIPA buffer (Cell Signalling Technologies, London, UK) using the TissueLyser LT (Qiagen, Manchester, UK) 5 mins at 50 Hz. Protein lysates were normalized by Pierce BCA assay (23225, Thermo Fisher, Waltham, Massachusetts, USA) and resolved under reducing conditions using the NuPage® gel electrophoresis system (Life Technologies, Carlsbad, California, USA). Primary antibodies (monoclonal mouse filaggrin [RRID: AB\_1122916, catalogue # sc66192, Santa Cruz Biotechnology, Texas, USA] and monoclonal mouse GAPDH [RRID: AB\_2756824, catalogue # 97166,

Cell Signalling Technologies, Boston, USA]) were prepared in 5% bovine serum albumin (BSA) and incubated overnight at 4°C with agitation. Immunoblots were developed using either goat anti rabbit (P0448, RRID: AB\_2617138) or goat anti mouse (P0447, RRID: AB\_2617137) peroxidase conjugated secondary antibodies (DAKO, Glostrup, Denmark, 1:5000) in combination with chemiluminescent HRP substrate (Immobilon, Millipore, Billerica, Massachusetts, USA) onto photographic film. Densitometry was performed using Fuji ImageJ (May 2017).

#### Structural assessments

##### (i) Histology

Formalin-fixed, paraffin embedded full thickness organoids were sectioned and stained using haematoxylin and eosin and imaged using Visiscope LT384P (VWR International, Lutterworth, UK).

##### (ii) Transmission electron microscopy (TEM)

Organoid skin samples were fixed in 4% paraformaldehyde, 2.5% glutaraldehyde in 0.1M sodium cacodylate buffer (pH 7.2) for one hour then cut into small pieces, washed in buffer and post-fixed in 1% osmium tetroxide in cacodylate buffer for one hour or 1% ruthenium tetroxide in cacodylate buffer for one hour. The pieces were dehydrated through alcohol series, into propylene oxide and embedded in Durcupan resin. Ultrathin sections were stained with 3% aqueous uranyl acetate and Reynold's lead citrate and examined on a JEOL 1200EX electron microscope. TEM images were collected on a SIS Megaview III camera.

#### Functional assessments

##### (i) Trans-epidermal water loss (TEWL)

Organoid cultures were equilibrated at room temperature and atmospheric conditions for 30 minutes before TEWL was measured at two locations on the epidermal surface using an Aquaflux AF200 instrument (Biox Systems Ltd, London, UK) with a closed chamber and a custom (5mm diameter) probe head. TEWL measurements were taken every second for a minimum of 60 seconds until a stable reading, as determined by the software, was obtained. TEWL directly measures water evaporation from the skin surface but it may be considered as a measurement of 'inside-outside' barrier function<sup>25</sup>.

##### (ii) Capacitance

To inform the interpretation of TEWL, we measured electrical capacitance; this is directly proportional to water content of the uppermost 10–20μm of tissue. Organoid cultures were equilibrated at room temperature and atmospheric conditions for 30 minutes prior to measurement of epidermal surface capacitance, using a Corneometer™ and multiprobe adapter (CM825 and MPA2, Courage and Khazaka, Cologne, Germany). Three measurements were recorded from each organoid and the mean was calculated.

##### (iii) Fluorescent dye penetration

50μl of 1mM lucifer yellow dye (Sigma Aldrich) was added to the epidermal surface of the organoid and incubated at

37°C for 4 hours. Metal cloning rings were used to control uniform dosing on the epidermal surface. The lucifer yellow was removed and the organoids washed in PBS before formalin fix-paraffin embedding under standard conditions. 4µm sections were deparaffinized, counterstained with DAPI (1µg/ml for 10 mins) (Life Technologies, Carlsbad, California, USA) and imaged by confocal Zeiss LSM710 microscope. Quantification of dye penetration in the upper dermis (average intensity in upper 40µm) was performed using Zeiss Zen Blue lite version 2.3 software and compared using paired t-tests. Dye penetration represents a measurement of the 'outside-inside' barrier function.

### Mass spectrometry proteomic analysis

Frozen organoid epidermal samples were ground on dry ice, solubilized in 200µl of Cellular and Organelle Membrane Solubilizing Reagent (C0356-4BTL, also called Protein Extraction Reagent Type 4, Sigma-Aldrich, Gillingham, Dorset, UK), 7.0 M urea, 2.0 M thiourea, 40 mM Trizma® base (Sigma Aldrich, Gillingham, Dorset, UK) and 1.0% C7BzO, pH 10.4 buffer with protease inhibitors. The lysate was acetone precipitated for 1 hour at -20°C and spun for 20 mins at 2°C at 15,000 rpm. The pellet was re-suspended in 200µl of 50mM ammonium bicarbonate. 100µl was taken for in-solution digest. 22µl of dithiothreitol was added and samples heated to 50°C for 15mins. 24µl of iodoacetamide was added and the samples incubated at 22°C for 30 mins. 1µl of RapiGest™ (186001860, Waters, Herts, UK) was added, followed by 2.5µl of trypsin, for a 12-hour digest. A further 1µl trypsin was added for an additional 4-hour digest. The peptide samples were fractionated into 24 fractions with high pH Reversed Phase C18 chromatography, run on a Q Exactive Classic or Plus for 160 mins and the top 15 ions selected for sequencing. Mass spectrometry resolution was 70,000 and tandem mass spectrometry (MS/MS) resolution 17,500. Data were processed using MaxQuant (v1.6.0.13) and Human UniProt Database (Dec 2017) with a protein and peptide false discovery rate of 0.01.

Proteins identified as contaminants (trypsin and other lab originating proteins) and contained within the [MaxQuant database](#) were removed. To account for the possibility of keratin as a contaminant, we analysed the blank runs for keratin peptide intensity and subtracted this from the measured keratin intensities. A reversed database was used to identify false positives. The peptide and protein false discovery rate was set at 1%, and these were removed from further analysis.

Total intensities of the samples were normalized to total protein abundance, with adjustment to the lowest total protein yield. All samples were run in quadruplicate and reproducibility was assessed by Pearson correlation.

### Mass spectrometry lipidomic analysis

Organoid samples were sonicated in phosphate buffered saline (pH7.4) and then extracted according to the method of Folch *et al.*<sup>26</sup>. The samples were analysed by liquid chromatography-mass spectrometry (LC-MS) on a Thermo Exactive Orbitrap mass spectrometer (Thermo Scientific, Hemel Hempstead, UK)

coupled to a Thermo Accela 1250 ultra high pressure liquid chromatography (UHPLC) system. Samples were injected on to C18 column (Thermo Hypersil Gold, 2.1 mm x 100 mm, 1.9 µm) and separated using a water/acetonitrile/isopropanol gradient<sup>27</sup>. Ceramide 17:0 (Avanti Polar Lipids, Alabaster, AL, USA) was included as an internal standard. Ion signals corresponding to individual ceramide molecular species were extracted from raw LC-MS data sets. Concentration of ceramide was expressed as pmol/mg after normalisation to mg of wet weight tissue.

### Data analysis of qPCR, immunoblotting and functional assessments

Measurements were compared between non-targeting control-treated organoid models and *FLG*-siRNA-treated models, using paired t-test.

Histological sections of 10 replicate skin organoid experiments were measured using a standardized technique to minimize bias, as follows: three points were measured on each slide, at the right side, middle and left of each sample, across viable cell layers and stratum corneum; measurements were generated using Fuji ImageJ (May 2017) and the mean of the three measurements calculated.

### Proteomic data analysis

The total intensities of the samples were normalised to total protein abundance, with adjustment to the lowest total protein yield. Log<sub>2</sub> ratio of protein expression (log<sub>2</sub> *FLG* knockdown – log<sub>2</sub> NT control) was visualised as a volcano plot, using GraphPad Prism (version 5) for human proteins detected in (three or all four) of the replicate experiments. P values were calculated by paired t-test applied to log<sub>10</sub> transformed data. Because of the burden of multiple testing in this large dataset, rather than defining arbitrary thresholds for 'statistical significance', our analyses focussed on changes that showed consistency across the biological replicate experiments. Approximately 1000 of the >8000 proteins were selected as showing consistently increased or decreased abundance, defined as follows:

Proteins were considered to be reduced in abundance if they showed a reduction in all four biological replicate experiments comparing *FLG*-knockdown organoid samples to matched non-targeting controls and ratio ≤0.5 in three or four out of four of the replicates and reduced to undetectable levels of protein in a maximum of two replicates. Proteins were considered to be increased in abundance if they showed an increase in all four biological replicate experiments comparing *FLG*-knockdown organoid samples to matched controls treated with non-targeting controls and ratio ≥1.2 in three or four out of four of the replicates. These magnitudes of change were used to define roughly equal proportions of up- and down-regulated proteins for pathway analysis. The groups were then assessed using gene ontology and network analysis in [STRING](#), version 11<sup>28</sup> and pathway prediction using the [Reactome Knowledge-base](#), version 68<sup>29</sup>. This analysis, based on consistency of findings across multiple biological replicate experiments was used in preference to a defined threshold of statistical significance,

with the aim to identify proteins and pathways of importance in the context of a common complex but heterogenous trait.

### Lipidomic data analysis

The ratio of ceramide and omega-hydroxy ceramide species were compared between the *FLG* knockdown organoids and matched control samples in five biological replicate experiments.

### Results

All samples are wild-type for the prevalent *FLG* null mutations and filaggrin shows knockdown at mRNA and protein level

Genotyping of DNA from tissue samples from the four skin donors did not detect any of the prevalent *FLG* null mutations<sup>30</sup>; this does not, however, exclude the possibility of rare (<0.01 allele frequency) null mutations.

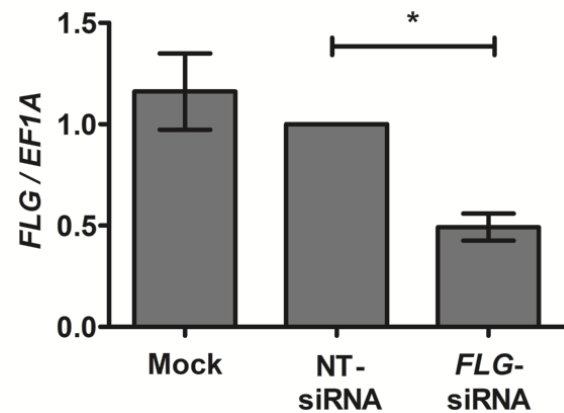
*FLG* knockdown in the skin organoids persisted to day 10 after siRNA transfection, as demonstrated by qPCR (Figure 2) and western blotting (Figure 3). We note the greater magnitude of knockdown quantified at mRNA than protein level in the organoid epidermis 10-days after transfection. This is likely to reflect the inherent differences in mRNA and protein stabilities: *FLG* mRNA has a half-life of ~2.2 hours<sup>31</sup> whereas the half-lives of profilaggrin and filaggrin are approximately 6 and 24 hours respectively<sup>32</sup>.

*FLG* knockdown results in morphological changes in the epidermis

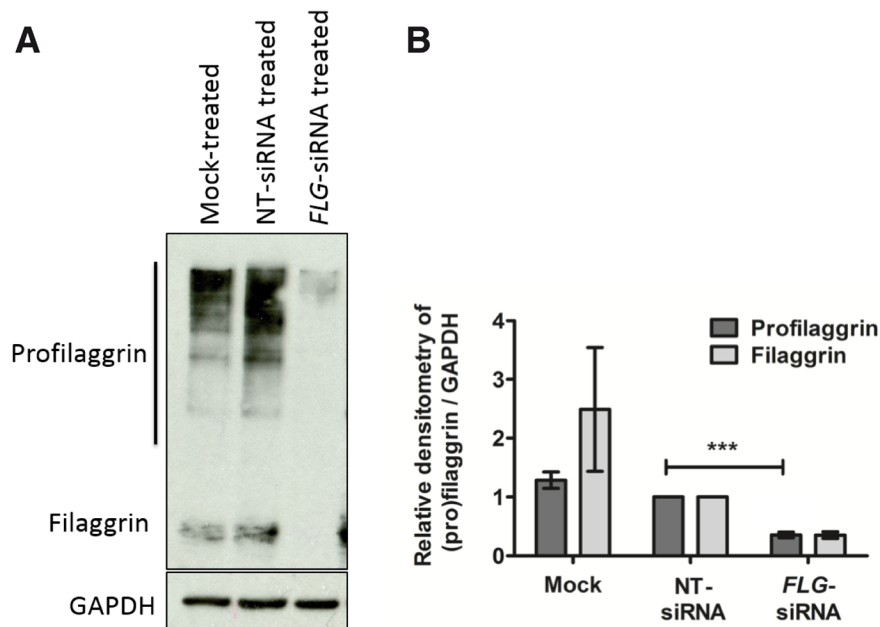
Histological examination confirmed a reduction of the granular layer, in keeping with a reduction in profilaggrin (Figure 4A). There was also a slight reduction in thickness

of the stratum corneum (ratio 0.83 +/- 0.05 (mean +/- SEM), but no difference in thickness of the keratinocyte cell layers (Figure 4B).

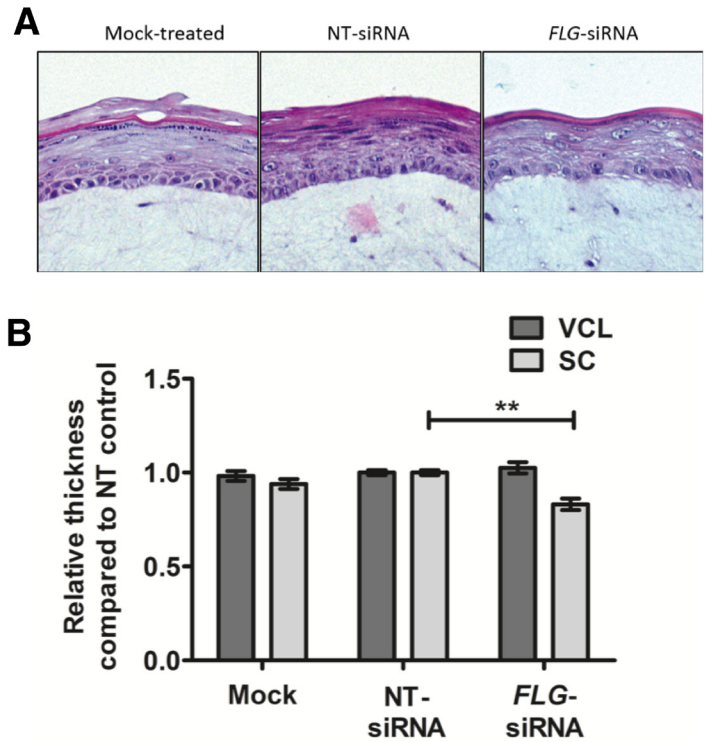
Transmission electron microscopy (TEM) of the skin organoid model shows an effective recapitulation of the physiological layers of keratinocyte differentiation within skin, including a mature, multi-layered stratum corneum with corneodesmosomes and a granular layer with keratohyalin granules and desmosomes (Figure 5A). TEM of the *FLG*-knockdown organoid shows a similarly mature epidermis, but the stratum corneum has fewer layers and the granular layer contains keratohyalin



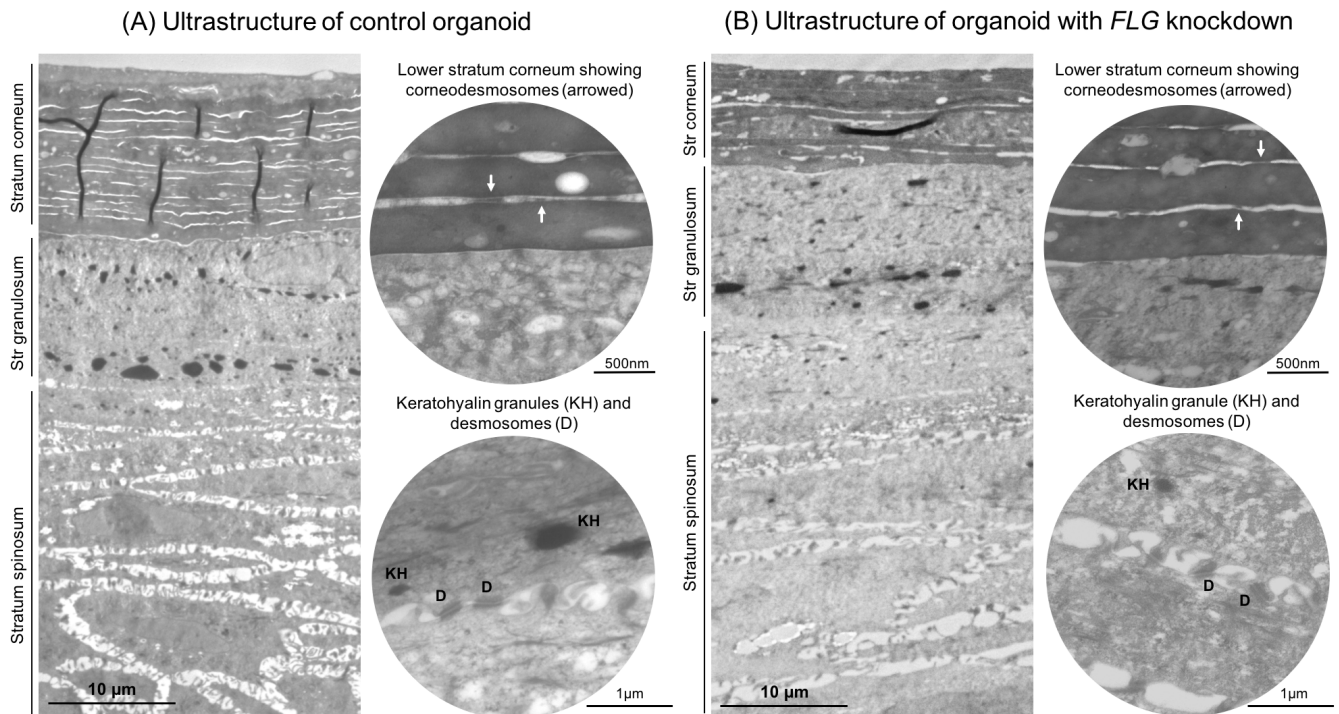
**Figure 2.** qPCR analysis of epidermis from skin organoids with and without *FLG* siRNA-mediated knockdown. Probes and primers are listed in Methods; n=8 biological replicates; error bars show SEM; \*paired t-test p<0.05.



**Figure 3.** Quantification of filaggrin in organoid epidermis. (A) Representative western blot. (B) Approximated quantification by densitometry. NT, non-targeting; n=7; \*\*\*p<0.0005 compared to non-targeting control.



**Figure 4. Structural changes in organoid models.** (A) Histological examination (representative images from 8 biological replicates). NT, non-targeting. (B) Measurement of relative thickness of epidermal layers: VCL, viable cell layer and SC, stratum corneum; n=8; compared using paired t-test; \*\*p<0.005.



**Figure 5. Ultrastructural features of control and FLG knockdown organoids.** (A) Control organoid sample, showing elements of normal human skin structure including stratified differentiation. (B) Organoid with FLG siRNA-mediated knockdown, showing thinner stratum corneum, reduced prominence of the corneodesmosomes and desmosomes, and smaller keratohyalin granules (organelles containing profilaggrin).

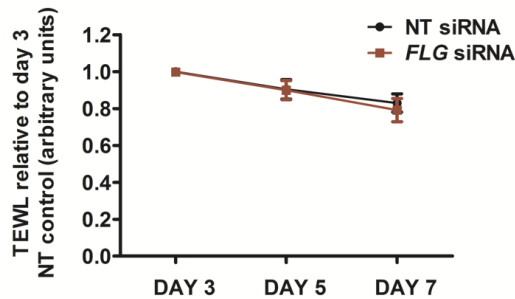


granules that are generally smaller and less numerous than in the control organoid (Figure 5B).

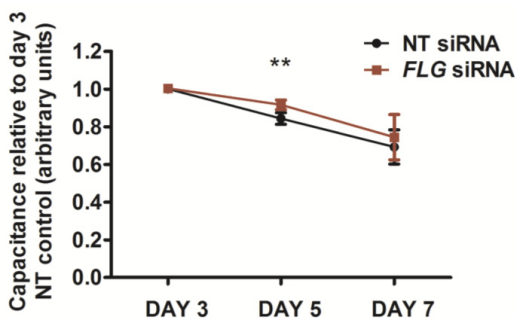
*FLG* knockdown shows some evidence of a barrier defect in the immature organoids but no functional effect on skin barrier in the mature organoid model

The organoid model described here shows progressive development of skin barrier function after lifting to the air-liquid interface: there is a progressive reduction in TEWL (Figure 6), progressive reduction in capacitance (Figure 7) and the hydrophilic dye, lucifer yellow, is excluded from the epidermis by day 7 in both the control and *FLG*-knockdown organoids (Figure 8).

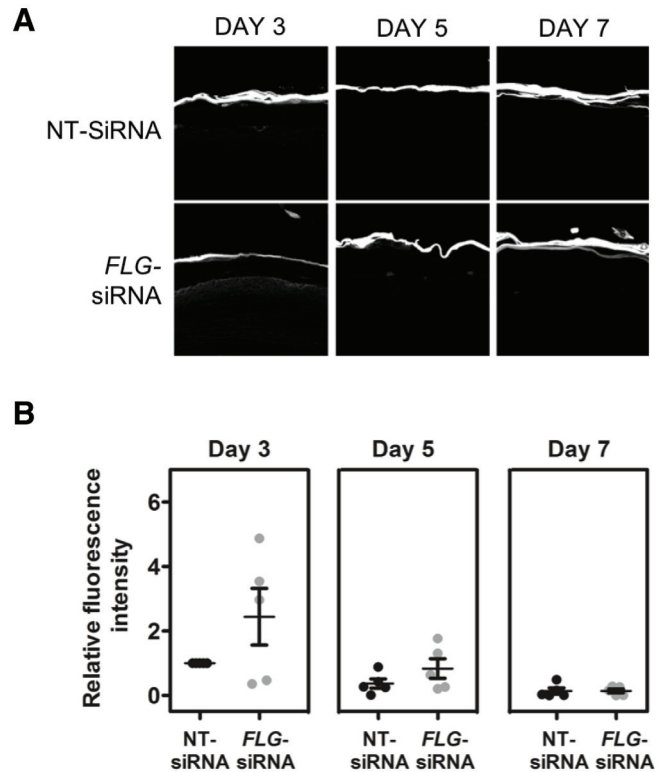
Results from five biological replicate experiments showed there was no difference in the mean TEWL (Figure 6), or mean capacitance measurements (Figure 7) between the mature organoid models with *FLG* knockdown and donor-matched non-targeting siRNA-treated controls. Capacitance was increased in the immature



**Figure 6. Transepidermal water loss (TEWL) measurements.** TEWL measured under standard conditions at days 3, 5 and 7 after the organoid is lifted to the air-liquid interface, using an Aquaflux AF200 instrument (Biox Systems Ltd, London, UK) with a 5mm diameter probe head. NT, non-targeting; N=5; error bars show SEM.



**Figure 7. Epidermal capacitance measurements.** Electrical capacitance, directly proportional to water content of the uppermost 10–20µm of tissue, was measured under standard conditions at days 3, 5 and 7 after the organoid is lifted to the air-liquid interface, using a Corneometer™ (Courage and Khazaka, Cologne, Germany); the mean of three measurements is recorded. NT, non-targeting; N=5; error bars show SEM; paired t test \*\*p<0.005.

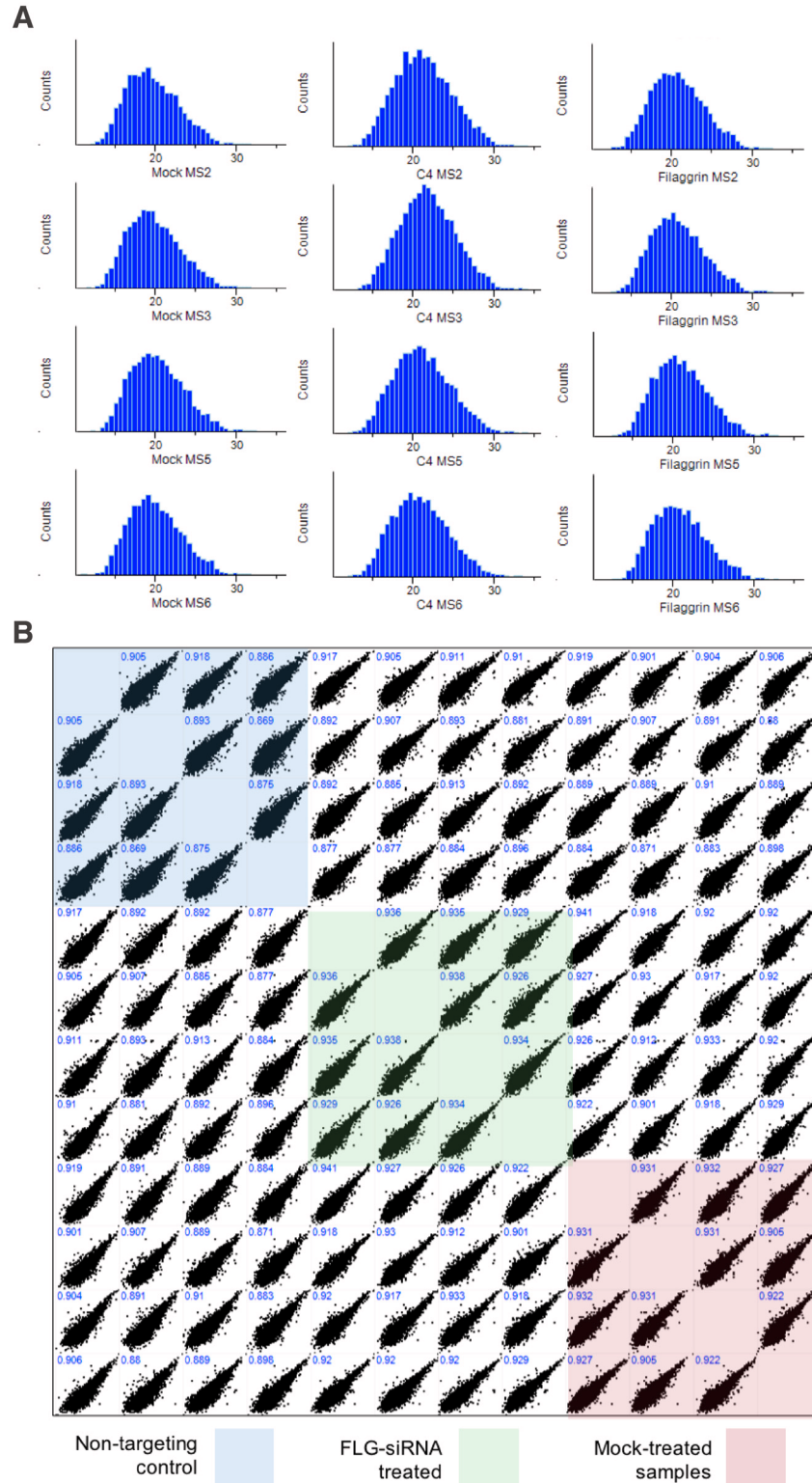


**Figure 8. Lucifer yellow dye penetration of organoid samples.** The hydrophilic lucifer yellow dye (Sigma Aldrich) was added to the epidermal surface of the organoid and incubated at 37°C for 4 hours before sectioning for microscopic examination. (A) Representative image from three of the five biological replicate experiments showing delayed maturation of barrier function. (B) Dot-plot of densitometry data from all five biological replicates. NT, non-targeting.

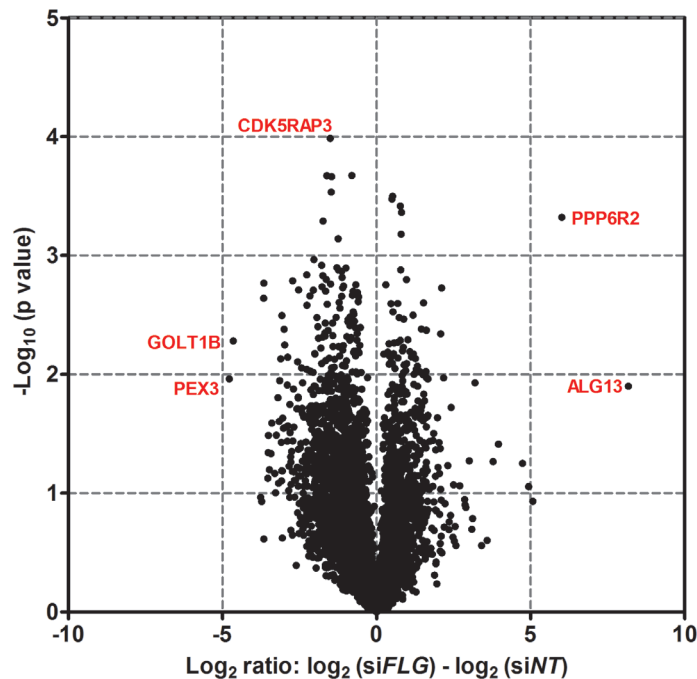
*FLG*-knockdown model (day 5 after air-exposure, Figure 7) and lucifer yellow dye was not fully excluded by the stratum corneum in some of the the *FLG*-knockdown replicate experiments until day 7 (Figure 8). However, this delay in maturation of the ‘outside-to-inside’ barrier function was not consistently demonstrated in all biological replicates.

Mass spectrometry proteomic analysis identifies over 8000 protein species per sample

After removal of contaminants and false positive results, >8000 proteins were identified in each epidermal sample. The proteomic data have been deposited to the ProteomeXchange Consortium via the PRIDE<sup>33</sup> partner repository with dataset identifier PXD014875. Quality control analysis confirmed that similar distributions of proteins were identified in each experiment (Figure 9A); protein extracts were analysed in quadruplicate to test for technical reproducibility and the Pearson correlations were 0.869-0.938 (Figure 9B). The protein expression changes were visualised using a volcano plot (Figure 10).



**Figure 9. Mass spectrometry proteomic analysis quality control assessments. (A)** Histograms showing the distribution of proteins quantified in each experiment. Bins on the x-axis contain the log<sub>2</sub> intensity-based absolute quantification (iBAQ, sum of intensities of tryptic peptides); normalised counts of the proteins in each bin are shown on the y-axis; MS2, MS3, MS5 and MS6 are biological replicate experiments from different human donors; mock, untreated control organotypic; C4, non-targeting control treated organotypic; Filaggrin, FLG si-RNA treated organotypic. **(B)** Correlation of protein abundance from replicate analyses. x and y axes show iBAQ intensities of samples mapped against replicate analysis; biological replicates are highly correlated (Pearson correlation coefficient  $\geq 0.86$ ).



**Figure 10. Volcano plot to visualise changes in protein expression between control and FLG siRNA-treated organoids.** Adjusted protein intensity data were filtered to include only human proteins detected in three or four replicate experiments. The log<sub>2</sub> ratio (log<sub>2</sub> FLG knockdown – log<sub>2</sub> NT control) for each donor was calculated and averaged; p-values from paired t-test were derived from log<sub>10</sub> transformed data and are unadjusted. Selected data-points with more extreme values are labelled using the abbreviated protein name. NT, non-targeting.

#### 648 proteins show a consistent reduction in expression in skin organoids with FLG knockdown

648 human proteins showed a reduction in expression in all four of the replicates and ratio  $\leq 0.5$  in three out of four replicates. This list is available as *Underlying data*, uploaded to Figshare<sup>30</sup>.

645 of the proteins are identified in STRING and this group showed significant enrichment for interactions ( $p < 1.0 \times 10^{-16}$ ) computed by combining the probabilities from the different evidence channels and corrected for the probability of randomly observing an interaction<sup>21</sup>. Gene ontology (GO) analysis in STRING showed evidence for functional enrichment of GO-terms including RNA processing (false discovery rate (FDR)  $4.40 \times 10^{-11}$ ), catalytic activity (FDR  $8.59 \times 10^{-8}$ ) and intracellular component (FDR  $3.88 \times 10^{-26}$ ). A list of the 10 most significant GO analysis results in each of the GO domains is shown in Table 1 (see *Underlying data*)<sup>34</sup>.

#### Pathway analysis of down-regulated proteins identifies themes including RNA metabolism, adaptive immunity and axon guidance

Reactome detected 39 pathways in this set of proteins (Table 2, *Underlying data*)<sup>35</sup>. Descriptions include: metabolism of RNA (including 67 out of the 652 genes in this pathway, FDR  $3.36 \times 10^{-12}$ ); class I MHC mediated antigen processing and presentation (30/365 genes in pathway, FDR 0.0031); and axon guidance (34/541 genes, FDR 0.0207).

#### Down-regulated proteins indicate molecular mechanisms of relevance to atopic eczema

Manual searching of the list of down-regulated proteins identified several of specific interest based on *a priori* knowledge of eczema pathomechanisms. These highlight several putative therapeutic targets: the aryl hydrocarbon receptor plays a role in signalling pathways for skin barrier repair<sup>22</sup> and has been proposed as a therapeutic target for the treatment of skin inflammation<sup>36</sup>; caspase 14 plays a role in filaggrin processing<sup>37</sup> and is required for epidermal protection against water loss and UVB-induced damage<sup>38</sup>; dermatokine is a soluble regulator of keratinocyte differentiation<sup>39</sup>; sequence similarity to a murine protein (UniProtKB:Q8R1R3) indicates that StAR-related lipid transfer protein 7 may play a role in protecting mucosal tissues from exaggerated allergic responses; a reduction in the cytokine TGF-beta 1 may predispose to atopic eczema<sup>40</sup>; and loss-of-function mutations in *CYP4F22* cause lamellar ichthyosis<sup>41</sup>, suggesting that a reduction in *CYP4F22* protein expression may contribute to the ichthyotic phenotype observed in ichthyosis vulgaris and atopic skin.

#### 376 proteins show a consistent increase in expression in organoids with FLG knockdown

376 human proteins showed an increase in expression in all four of the replicates and ratio  $\geq 1.2$  in three or four out of the four replicates. This list is available as *Underlying data*, uploaded to Figshare<sup>30</sup>.

374 proteins are identified in STRING and the group showed significant enrichment for interactions ( $p < 1.0e-16$ ). GO analysis revealed enrichment of terms including translation (FDR 4.12e-19), RNA binding (FDR 9.77e-12) and cytoplasmic part (FDR 9.64e-36). A list of the 10 most significant GO analysis results in each of the GO domains is shown in Table 3 (see *Underlying data*)<sup>42</sup>.

#### Pathway analysis of up-regulated proteins identifies themes including translation, innate and adaptive immunity and axon guidance

Reactome detected 113 pathways in this set of proteins with FDR  $p < 0.05$  (Table 4, *Underlying data*)<sup>43</sup>. Descriptions include: Translation (including 44 out of the 288 genes in this pathway, FDR 1.17e-21); innate immune system (47/1012 genes in pathway, FDR 9.90e-7); cytokine signalling in immune system (32/654 genes in pathway, FDR 5.16e-05); and axon guidance (40/541, FDR 4.69e-11).

#### Up-regulated proteins indicate molecular mechanisms of relevance to atopic eczema

Manual searching of the list of up-regulated proteins identified several of relevance to atopic eczema, including: STAT1, an intracellular signalling molecule that shows increased expression in atopic eczema, and as part of the JAK-STAT pathway is targeted by several traditional herbal remedies<sup>44</sup> as well as novel small molecule therapies<sup>45</sup>; carbonic anhydrase 2, which is increased in skin in a variety of forms of eczema<sup>46</sup>; and FK binding protein, which binds to tacrolimus, an established topical treatment for atopic eczema.

The type I keratins 10, 16 and 17 each show increased expression in the *FLG*-siRNA-treated organoid models with mean ratio 1.7, 1.3 and 1.3, respectively. Keratin 10 is an intermediate filament protein of structural importance in the skin; keratin 16 is an epidermis-specific keratin that plays a role in innate immunity in response to skin barrier breach<sup>47</sup>; keratin 17 is expressed in epidermal appendages, including the hair follicle.

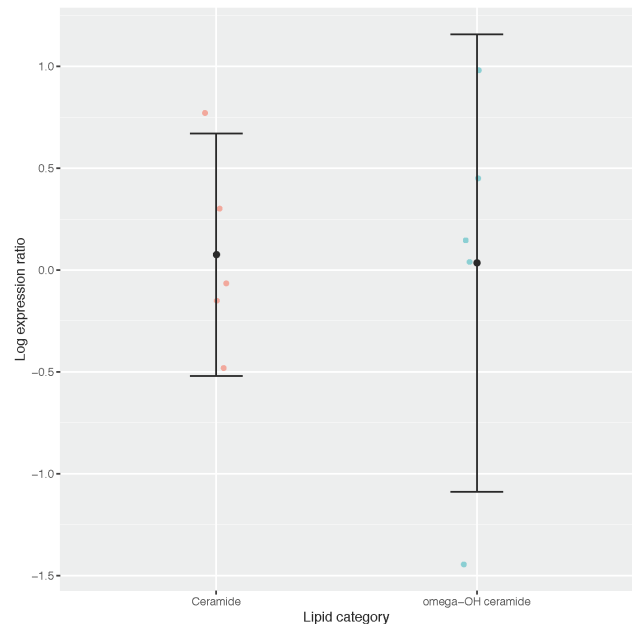
Finally, it is noteworthy that GAPDH, which is often considered to be a stable 'housekeeping' gene, is in the dataset of consistently up-regulated proteins. However, in the context of this work, filaggrin knockdown is clearly apparent at a greater magnitude than the more subtle change in GAPDH (Figure 3).

#### Epidermal ceramide content shows no significant difference in *FLG*-knockdown organoids compared with controls

Ceramide and omega-hydroxy ceramide species in five biological replicate experiments showed no consistent difference between the *FLG* knockdown organoids and matched control samples (Figure 11).

### Discussion

The functional and biochemical analyses of a filaggrin-deficient skin model have provided findings that are consistent with our and others' previous analyses *in vitro*<sup>19</sup> and *in vivo*<sup>48</sup>. We have



**Figure 11. Ratio of ceramides and omega-hydroxy ceramides in organoid epidermis.** Dots represent values for five individual experiments; bars show 95% confidence interval.

included both epidermal and dermal compartments in this model (to allow for dermal-epidermal cross-talk<sup>49,50</sup>) and our more detailed proteomic analysis has revealed additional evidence of molecular mechanisms with relevance to atopic skin. These datasets are shared as a resource for the research community.

Analysis of the immature organoid identified a delay in epidermal maturation following *FLG* knockdown, but the lack of a replicable functional effect in our model, when mature, reflects previous reports in which epidermal equivalents created from *FLG*-null keratinocytes do not show impairment in barrier function<sup>20</sup>. This is in keeping with the observation that *FLG*-null mutations are not fully penetrant with respect to ichthyosis vulgaris or atopic eczema<sup>16,51</sup>.

Because of the nature of our data, generated using biological replicate samples, and the focus on modelling a common complex trait with considerable inter-individual variation, we elected to use the criterion of consistency across the biological replicates to define proteins of interest, followed by network and pathway analyses. We recognise that other, more complex data analytical approaches may be applied, and/or more focussed interrogation of specific pathways; we share the proteomics data and welcome such further analysis.

Our analysis has highlighted aspects of keratinocyte-immune signalling. This is an important component of the immunological barrier that may be overlooked in tissue with multiple different cell types. The predicted pathways entitled 'innate immunity' and 'adaptive immunity' included proteins showing

both increased and decreased expression (Table 2 and Table 4, *Underlying data*)<sup>35,43</sup>. This immune dysregulation is likely to contribute to the predisposition to infection and inflammation observed in filaggrin-deficient skin *in vivo*: filaggrin-deficient patients show increased viral infection of the skin<sup>52</sup> and increased incidence of irritant<sup>53,54</sup> and allergic contact dermatitis<sup>55</sup>. The regulation of innate and adaptive immune pathways within keratinocytes (in addition to cells of the haematopoietic lineage) may therefore represent a worthwhile target for future therapeutic interventions.

The lack of effect of *FLG* knockdown on the ceramide content in the model epidermis is also consistent with previously reported findings *in vitro*<sup>56,57</sup> and *in vivo*<sup>58</sup>. We did not analyse in detail the other epidermal lipids and therefore we cannot comment on whether there were relevant changes. Differences in lamellar body structure<sup>59</sup> have been reported in *FLG*-mutant skin biopsies but this was not clearly observed in the organoid model. However, ultrastructural examination of the model stratum corneum did reveal abnormalities in the lamellar bilayer structure and less prominent corneodesmosomes (Figure 5), as previously reported *in vivo*<sup>59</sup>. It is also noteworthy that pathway analysis in Reactome identified the terms ‘metabolism of lipids’ and ‘phospholipid metabolism’ from the group of consistently down-regulated proteins (Table 4, *Underlying data*)<sup>43</sup>.

The most significant themes identified in the groups of proteins showing increased expression upon *FLG* knockdown relate to RNA binding and translation; this is in contrast to RNA metabolism and RNA processing, which are demonstrated in the proteins showing decreased expression. The functional significance of this increase in transcriptional and translational activity cannot be determined from the gene ontology and pathway analysis. We may hypothesise that it reflects the increased ‘stress’ response, as we have previously observed in *FLG* genotype-stratified transcriptome analysis of atopic skin biopsies<sup>18</sup> and/or the activation of innate and adaptive immune mechanisms.

It is tempting to speculate that the increased expression of keratins 10 and 16 may contribute to palmar hyperlinearity and keratin 17 may contribute to keratosis pilaris. These are characteristic features of ichthyosis vulgaris but their pathogenesis has not yet been explained as a direct result of filaggrin haploinsufficiency<sup>16,60</sup>.

Several of the proteins showing reduced expression relate to aspects of differentiation, including filaggrin itself, and caspase 14 which plays a role in the terminal degradation of filaggrin<sup>37</sup>. The aryl hydrocarbon receptor (AhR) is a ligand-activated transcription factor that responds to multiple different environmental and metabolic stimuli to control transcriptional pathways of relevance to atopic eczema, including immunity and differentiation<sup>61</sup>. Activation of AhR reduces skin inflammation<sup>62</sup> and enhances barrier repair<sup>63</sup>; therefore, a reduction in AhR expression in the *FLG* knockdown organoid would be anticipated to increase the eczema diathesis by opposing these effects. AKT1 activity is known to be reduced in atopic skin, leading

to an alteration in protease expression and reduced filaggrin expression and processing<sup>64</sup>. This mechanism may further exacerbate the filaggrin deficiency in our *FLG* knockdown organoid. Dermokine acts as a soluble regulator of keratinocyte differentiation and mice deficient in the epidermal dermokines (beta and gamma isoforms) show defective cornification<sup>65</sup>. Transforming growth factor (TGF) beta-1 is a multifunctional protein: it regulates the growth and differentiation of multiple cell types, including keratinocytes and it can promote either Th17 or T-regulatory cell lineage differentiation in a concentration-dependent manner; it appears to have an immunosuppressive effect in atopic disease since a genetically-determined lower production of TGF-beta-1 is associated with increased risk of atopic dermatitis<sup>40</sup>.

The Reactome term ‘axon guidance’ was detected in proteins showing increased and decreased expression. It has long been recognised that there is an increase in the density of sensory neurons in eczematous skin<sup>66</sup> and nerve growth factor expression is upregulated in the keratinocytes of patients with atopic eczema<sup>67</sup>. Therefore, dysregulation of axon guidance may be of relevance to the pruritus that is so characteristic of atopic eczema and contributes substantially to the morbidity of this condition<sup>3</sup>. Antagonists of transient receptor potential vanilloid subfamily member 1 (TRPV1), expressed on sensory nerves and keratinocytes, are now being investigated for the control of pruritus<sup>68,69</sup>.

Taken together, our data demonstrate that filaggrin haploinsufficiency leads to abnormalities in both structural and immune features within the keratinocyte compartment of the epidermis. Keratinocytes display immune activity, producing multiple cytokines and chemokines in addition to their roles in innate immunity<sup>70,71</sup>. Together with the evidence of dysregulation in axon guidance, these findings indicate that patients with filaggrin deficiency – either haploinsufficiency or a reduction in filaggrin expression that occurs secondary to atopic inflammation<sup>72</sup> – may derive clinical benefit from future therapies targeting keratinocyte-immune crosstalk mechanisms and neurogenic pruritus.

The skin organoid model described here represents a valuable opportunity to study genetic effects on keratinocytes in relative isolation. However, the lack of other cell types (notably T cells, B cells, dermal dendritic cells and innate lymphoid cells), the absence of complex dermal structures (including neurons and blood vessels) and skin appendages (for example hair follicles, sweat and sebaceous glands) is also a limitation in that it precludes assessment of the complex interactions that are likely to occur between different tissue compartments in skin.

In conclusion, we share these experimental results in detailed form, because of the additional insight provided by this *in vitro* analysis of filaggrin deficiency in a skin organoid model; our findings compliment and extend previous work *in vitro* and *in vivo*. Our analyses have re-emphasised the role of keratinocyte-specific mechanisms in contributing to immune and

neurological as well as structural aspects of skin barrier function and offer new insight into molecular mechanisms for the ichthyosis vulgaris phenotype.

## Data availability

### Underlying data

Mass spectrometry proteomics data deposited in the ProteomeXchange Consortium via the PRIDE partner repository<sup>33</sup>, Accession number PXD014875: <https://identifiers.org/pride.project:PXD014875>

Figshare: Proteomic analysis of *FLG* knockdown in skin organoid. <https://doi.org/10.6084/m9.figshare.c.4606052.v3><sup>30</sup>.

This project contains the following underlying data:

- TEM images (zip file containing raw, unedited TEM images in .tif format)
- TEWL and corneometer readings (raw readings in .xlsx format)
- Western blots (zip file containing unedited western blot scans, plus an annotated composite image with labels in .tif format)
- Lucifer yellow dye penetration quantification.xlsx
- Lucifer yellow dye penetration (zip file containing raw, unedited microscopy images for five replicates in .czi format)
- Histology quantification (raw histology quantification data in .xlsx format)
- H&E images (raw, unedited histology images for replicates 1-11 in .bmp and .tif format)
- Filaggrin densitometry (densitometry measurements for seven replicate experiments in .xlsx format)

- *FLG* qPCR data (raw qPCR data in .xlsx format)
- *FLG* genotyping results (raw genotyping results in .xlsx format)
- Consistently down-regulated proteins in *FLG* kd organoids. xlsx
- Consistently up-regulated proteins in *FLG* kd organoids. xlsx

Figshare: Table 1. Gene Ontology (GO) analysis of proteins showing a consistent reduction in expression with *FLG* knockdown. <https://doi.org/10.6084/m9.figshare.9710585.v1><sup>34</sup>.

Figshare: Table 2. Reactome pathway analysis of down-regulated proteins. <https://doi.org/10.6084/m9.figshare.9710666.v1><sup>35</sup>.

Figshare: Table 3. Gene Ontology (GO) analysis of proteins showing a consistent increase in expression with *FLG* knockdown. <https://doi.org/10.6084/m9.figshare.9710738.v1><sup>42</sup>.

Figshare: Table 4. Reactome pathway analysis of up-regulated proteins. <https://doi.org/10.6084/m9.figshare.9710783.v1><sup>43</sup>.

Data are available under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/) (CC-BY 4.0).

## Acknowledgements

We are very grateful to the anonymous skin donors who gave consent for their samples to be accessed for research and the governance of the NHS Research Scotland Biorepository Tayside in collecting these samples. We thank Dr Andrew South, Dr Celine Pourreyyon, Dr Michael Mildner and Prof Erwin Tschachler for expert advice on skin organoid culture methods; Dr Paul Appleton for technical expertise and advice on microscopy; and Mr Seshu Tammireddy for his technical work in lipid analysis.

## References

1. Johansson SG, Bieber T, Dahl R, *et al.*: **Revised nomenclature for allergy for global use: Report of the Nomenclature Review Committee of the World Allergy Organization, October 2003.** *J Allergy Clin Immunol.* 2004; 113(5): 832–6. [PubMed Abstract](#) | [Publisher Full Text](#)
2. Silverberg JI, Thyssen JP, Paller AS, *et al.*: **What's in a name? Atopic dermatitis or atopic eczema, but not eczema alone.** *Allergy.* 2017; 72(12): 2026–2030. [PubMed Abstract](#) | [Publisher Full Text](#)
3. Weidinger S, Novak N: **Atopic dermatitis.** *Lancet.* 2016; 387(10023): 1109–1122. [PubMed Abstract](#) | [Publisher Full Text](#)
4. Paternoster L, Savenije OEM, Heron J, *et al.*: **Identification of atopic dermatitis subgroups in children from 2 longitudinal birth cohorts.** *J Allergy Clin Immunol.* 2018; 141(3): 964–971. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
5. Brown SJ: **Molecular mechanisms in atopic eczema: insights gained from genetic studies.** *J Pathol.* 2017; 241(2): 140–145. [PubMed Abstract](#) | [Publisher Full Text](#)
6. Rodriguez E, Baurecht H, Herberich E, *et al.*: **Meta-analysis of filaggrin polymorphisms in eczema and asthma: robust risk factors in atopic disease.** *J Allergy Clin Immunol.* 2009; 123(6): 1361–70.e7. [PubMed Abstract](#) | [Publisher Full Text](#)
7. Palmer CN, Irvine AD, Terron-Kwiatkowski A, *et al.*: **Common loss-of-function variants of the epidermal barrier protein filaggrin are a major predisposing factor for atopic dermatitis.** *Nat Genet.* 2006; 38(4): 441–6. [PubMed Abstract](#) | [Publisher Full Text](#)
8. Ferreira MA, Vonk JM, Baurecht H, *et al.*: **Shared genetic origin of asthma, hay fever and eczema elucidates allergic disease biology.** *Nat Genet.* 2017; 49(12): 1752–1757. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
9. Zhu Z, Lee PH, Chaffin MD, *et al.*: **A genome-wide cross-trait analysis from UK Biobank highlights the shared genetic architecture of asthma and allergic diseases.** *Nat Genet.* 2018; 50(6): 857–864. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
10. Brown SJ, Asai Y, Cordell HJ, *et al.*: **Loss-of-function variants in the filaggrin gene are a significant risk factor for peanut allergy.** *J Allergy Clin Immunol.* 2011; 127(3): 661–7. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
11. Kretz M, Siprashvili Z, Chu C, *et al.*: **Control of somatic tissue differentiation by the long non-coding RNA TINCR.** *Nature.* 2013; 493(7431): 231–5. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
12. Elias MS, Wright SC, Remenyi J, *et al.*: **EMSY expression affects multiple**

- components of the skin barrier with relevance to atopic dermatitis. *J Allergy Clin Immunol*. 2019; **144**(2): 470–481.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
13. Finan C, Gaulton A, Kruger FA, *et al.*: **The druggable genome and support for target identification and validation in drug development.** *Sci Transl Med*. 2017; **9**(383): pii: eaag1166.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  14. Sandilands A, Sutherland C, Irvine AD, *et al.*: **Filaggrin in the frontline: role in skin barrier function and disease.** *J Cell Sci*. 2009; **122**(Pt 9): 1285–94.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  15. Brown SJ, McLean WH: **One remarkable molecule: filaggrin.** *J Invest Dermatol*. 2012; **132**(3 Pt 2): 751–62.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  16. Brown SJ, Relton CL, Liao H, *et al.*: **Filaggrin haploinsufficiency is highly penetrant and is associated with increased severity of eczema: further delineation of the skin phenotype in a prospective epidemiological study of 792 school children.** *Br J Dermatol*. 2009; **161**(4): 884–9.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  17. Flohr C, England K, Radulovic S, *et al.*: **Filaggrin loss-of-function mutations are associated with early-onset eczema, eczema severity and transepidermal water loss at 3 months of age.** *Br J Dermatol*. 2010; **163**(6): 1333–6.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  18. Cole C, Kroboth K, Schurch NJ, *et al.*: **Filaggrin-stratified transcriptomic analysis of pediatric skin identifies mechanistic pathways in patients with atopic dermatitis.** *J Allergy Clin Immunol*. 2014; **134**(1): 82–91.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  19. Elias MS, Long HA, Newman CF, *et al.*: **Proteomic analysis of filaggrin deficiency identifies molecular signatures characteristic of atopic eczema.** *J Allergy Clin Immunol*. 2017; **140**(5): 1299–1309.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  20. Niehues H, Schalkwijk J, van Vlijmen-Willems IMJJ, *et al.*: **Epidermal equivalents of filaggrin null keratinocytes do not show impaired skin barrier function.** *J Allergy Clin Immunol*. 2017; **139**(6): 1979–1981.e13.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  21. Purdie KJ, Pourreyron C, South AP: **Isolation and culture of squamous cell carcinoma lines.** *Methods Mol Biol*. 2011; **731**: 151–159.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  22. Rheinwald JG, Green H: **Serial cultivation of strains of human epidermal keratinocytes: the formation of keratinizing colonies from single cells.** *Cell*. 1975; **6**(3): 331–343.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  23. Sandilands A, Terron-Kwiatkowski A, Hull PR, *et al.*: **Comprehensive analysis of the gene encoding filaggrin uncovers prevalent and rare mutations in ichthyosis vulgaris and atopic eczema.** *Nat Genet*. 2007; **39**(5): 650–4.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  24. He C, Holme J, Anthony J: **SNP genotyping: the KASP assay.** *Methods Mol Biol*. 2014; **1145**: 75–86.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  25. Alexander H, Brown S, Danby S, *et al.*: **Research Techniques Made Simple: Transepidermal Water Loss Measurement as a Research Tool.** *J Invest Dermatol*. 2018; **138**(11): 2295–2300.e1.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  26. Folch J, Lees M, Sloane Stanley GH: **A simple method for the isolation and purification of total lipides from animal tissues.** *J Biol Chem*. 1957; **226**(1): 497–509.  
[PubMed Abstract](#)
  27. Mollroy GD, Tammireddy SR, Maskrey BH, *et al.*: **Fenretinide mediated retinoic acid receptor signalling and inhibition of ceramide biosynthesis regulates adipogenesis, lipid accumulation, mitochondrial function and nutrient stress signalling in adipocytes and adipose tissue.** *Biochem Pharmacol*. 2016; **100**: 86–97.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  28. Szklarczyk D, Franceschini A, Wyder S, *et al.*: **STRING v10: protein-protein interaction networks, integrated over the tree of life.** *Nucleic Acids Res*. 2015; **43**(Database issue): D447–52.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  29. Fabregat A, Jupe S, Matthews L, *et al.*: **The Reactome Pathway Knowledgebase.** *Nucleic Acids Res*. 2018; **46**(D1): D649–D655.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  30. Brown S: **Proteomic analysis of FLG knockdown in skin organoid.** 2019.  
<http://www.doi.org/10.6084/m9.figshare.c.4606052.v3>
  31. Nirunsuksiri W, Zhang SH, Fleckman P: **Reduced stability and bi-allelic, coequal expression of profilaggrin mRNA in keratinocytes cultured from subjects with ichthyosis vulgaris.** *J Invest Dermatol*. 1998; **110**(6): 854–61.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  32. Markova NG, Marekov LN, Chipev CC, *et al.*: **Profilaggrin is a major epidermal calcium-binding protein.** *Mol Cell Biol*. 1993; **13**(1): 613–25.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  33. Perez-Riverol Y, Csordas A, Bai J, *et al.*: **The PRIDE database and related tools and resources in 2019: improving support for quantification data.** *Nucleic Acids Res*. 2019; **47**(D1): D442–D450.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  34. Brown S: **Table 1. Gene Ontology (GO) analysis of proteins showing a consistent reduction in expression with FLG knockdown.** 2019.  
<http://www.doi.org/10.6084/m9.figshare.9710585.v1>
  35. Brown S: **Table 2. Reactome pathway analysis of down-regulated proteins.** 2019.  
<http://www.doi.org/10.6084/m9.figshare.9710666.v1>
  36. Smith SH, Jayawickreme C, Rickard DJ, *et al.*: **Tapinarof Is a Natural AhR Agonist that Resolves Skin Inflammation in Mice and Humans.** *J Invest Dermatol*. 2017; **137**(10): 2110–2119.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  37. Hoste E, Kemperman P, Devos M, *et al.*: **Caspase-14 is required for filaggrin degradation to natural moisturizing factors in the skin.** *J Invest Dermatol*. 2011; **131**(11): 2233–41.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  38. Denecker G, Hoste E, Gilbert B, *et al.*: **Caspase-14 protects against epidermal UVB photodamage and water loss.** *Nat Cell Biol*. 2007; **9**(6): 666–74.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  39. Matsui T, Hayashi-Kisumi F, Kinoshita Y, *et al.*: **Identification of novel keratinocyte-secreted peptides dermokine-alpha-beta and a new stratified epithelium-secreted protein gene complex on human chromosome 19q13.1.** *Genomics*. 2004; **84**(2): 384–97.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  40. Arkwright PD, Chase JM, Babbage S, *et al.*: **Atopic dermatitis is associated with a low-producer transforming growth factor beta(1) cytokine genotype.** *J Allergy Clin Immunol*. 2001; **108**(2): 281–4.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  41. Lefèvre C, Bouadjar B, Ferrand V, *et al.*: **Mutations in a new cytochrome P450 gene in lamellar ichthyosis type 3.** *Hum Mol Genet*. 2006; **15**(5): 767–76.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  42. Brown S: **Table 3. Gene Ontology (GO) analysis of proteins showing a consistent increase in expression with FLG knockdown.** 2019.  
<http://www.doi.org/10.6084/m9.figshare.9710738.v1>
  43. Brown S: **Table 4. Reactome pathway analysis of up-regulated proteins.** 2019.  
<http://www.doi.org/10.6084/m9.figshare.9710783.v1>
  44. Gil TY, Kang YM, Eom YJ, *et al.*: **Anti-Atopic Dermatitis Effect of Seaweed *Fulvescens* Extract via Inhibiting the STAT1 Pathway.** *Mediators Inflamm*. 2019; **2019**: 3760934.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  45. Damsky W, King BA: **JAK inhibitors in dermatology: The promise of a new drug class.** *J Am Acad Dermatol*. 2017; **76**(4): 736–744.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  46. Kamsteeg M, Jansen PA, van Vlijmen-Willems IM, *et al.*: **Molecular diagnostics of psoriasis, atopic dermatitis, allergic contact dermatitis and irritant contact dermatitis.** *Br J Dermatol*. 2010; **162**(3): 568–78.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  47. Elango T, Sun J, Zhu C, *et al.*: **Mutational analysis of epidermal and hyperproliferative type I keratins in mild and moderate psoriasis vulgaris patients: a possible role in the pathogenesis of psoriasis along with disease severity.** *Hum Genomics*. 2018; **12**(1): 27.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  48. Cole C, *et al.*: **Transcriptome analysis of atopic skin characterises filaggrin-dependent differences in the extracellular space and response to viral infection.** *Manuscript in preparation*. 2013.
  49. Mateu R, Živicová V, Krejčí ED, *et al.*: **Functional differences between neonatal and adult fibroblasts and keratinocytes: Donor age affects epithelial-mesenchymal crosstalk *in vitro*.** *Int J Mol Med*. 2016; **38**(4): 1063–74.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  50. Hausmann C, Zoschke C, Wolff C, *et al.*: **Fibroblast origin shapes tissue homeostasis, epidermal differentiation, and drug uptake.** *Sci Rep*. 2019; **9**(1): 2913.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  51. Smith FJ, Irvine AD, Terron-Kwiatkowski A, *et al.*: **Loss-of-function mutations in the gene encoding filaggrin cause ichthyosis vulgaris.** *Nat Genet*. 2006; **38**(3): 337–42.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  52. Gao PS, Rafaels NM, Hand T, *et al.*: **Filaggrin mutations that confer risk of atopic dermatitis confer greater risk for eczema herpeticum.** *J Allergy Clin Immunol*. 2009; **124**(3): 507–13, 513.e1–7.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  53. Timmerman JG, Heederik D, Spee T, *et al.*: **Contact dermatitis in the construction industry: the role of filaggrin loss-of-function mutations.** *Br J Dermatol*. 2016; **174**(2): 348–55.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  54. Visser MJ, Landeck L, Campbell LE, *et al.*: **Impact of atopic dermatitis and loss-of-function mutations in the filaggrin gene on the development of occupational irritant contact dermatitis.** *Br J Dermatol*. 2013; **168**(2): 326–32.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
  55. Novak N, Baurecht H, Schäfer T, *et al.*: **Loss-of-function mutations in the filaggrin gene and allergic contact sensitization to nickel.** *J Invest Dermatol*. 2008; **128**(6): 1430–5.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  56. van Drongelen V, Alloul-Ramdhani M, Danso MO, *et al.*: **Knock-down of filaggrin does not affect lipid organization and composition in stratum corneum of reconstructed human skin equivalents.** *Exp Dermatol*. 2013; **22**(12): 807–12.  
[PubMed Abstract](#) | [Publisher Full Text](#)
  57. Vávrová K, Henkes D, Strüver K, *et al.*: **Filaggrin deficiency leads to impaired lipid profile and altered acidification pathways in a 3D skin construct.** *J Invest*

- Dermatol.* 2014; **134**(3): 746–753.  
[PubMed Abstract](#) | [Publisher Full Text](#)
58. Baurecht H, Rühlemann MC, Rodríguez E, *et al.*: **Epidermal lipid composition, barrier integrity, and eczematous inflammation are associated with skin microbiome configuration.** *J Allergy Clin Immunol.* 2018; **141**(5): 1668–1676.e16.  
[PubMed Abstract](#) | [Publisher Full Text](#)
59. Gruber R, Elias PM, Crumrine D, *et al.*: **Filaggrin genotype in ichthyosis vulgaris predicts abnormalities in epidermal structure and function.** *Am J Pathol.* 2011; **178**(5): 2252–63.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
60. Gruber R, Sugarman JL, Crumrine D, *et al.*: **Sebaceous gland, hair shaft, and epidermal barrier abnormalities in keratosis pilaris with and without filaggrin deficiency.** *Am J Pathol.* 2015; **185**(4): 1012–21.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
61. Rothhammer V, Quintana FJ: **The aryl hydrocarbon receptor: an environmental sensor integrating immune responses in health and disease.** *Nat Rev Immunol.* 2019; **19**(3): 184–197.  
[PubMed Abstract](#) | [Publisher Full Text](#)
62. Di Meglio P, Duarte JH, Ahlfors H, *et al.*: **Activation of the aryl hydrocarbon receptor dampens the severity of inflammatory skin conditions.** *Immunity.* 2014; **40**(6): 989–1001.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
63. van den Bogaard EH, Bergboer JG, Vonk-Bergers M, *et al.*: **Coal tar induces AHR-dependent skin barrier repair in atopic dermatitis.** *J Clin Invest.* 2013; **123**(2): 917–27.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
64. Naeem AS, Tommasi C, Cole C, *et al.*: **A mechanistic target of rapamycin complex 1/2 (mTORC1)/V-Akt murine thymoma viral oncogene homolog 1 (AKT1)/cathepsin H axis controls filaggrin expression and processing in skin, a novel mechanism for skin barrier disruption in patients with atopic dermatitis.** *J Allergy Clin Immunol.* 2017; **139**(4): 1228–1241.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
65. Leclerc EA, Huchenoq A, Kezic S, *et al.*: **Mice deficient for the epidermal dermokine  $\beta$  and  $\gamma$  isoforms display transient cornification defects.** *J Cell Sci.* 2014; **127**(Pt 13): 2862–72.  
[PubMed Abstract](#) | [Publisher Full Text](#)
66. Tobin D, Nabarro G, Baart de la Faille H, *et al.*: **Increased number of immunoreactive nerve fibers in atopic dermatitis.** *J Allergy Clin Immunol.* 1992; **90**(4 Pt 1): 613–22.  
[PubMed Abstract](#) | [Publisher Full Text](#)
67. Dou YC, Hagströmer L, Emtestam L, *et al.*: **Increased nerve growth factor and its receptors in atopic dermatitis: an immunohistochemical study.** *Arch Dermatol Res.* 2006; **298**(1): 31–7.  
[PubMed Abstract](#) | [Publisher Full Text](#)
68. Xie Z, Hu H: **TRP Channels as Drug Targets to Relieve Itch.** *Pharmaceuticals (Basel).* 2018; **11**(4): pii: E100.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
69. Lee YW, Won CH, Jung K, *et al.*: **Efficacy and safety of PAC-14028 cream - a novel, topical, nonsteroidal, selective TRPV1 antagonist in patients with mild-to-moderate atopic dermatitis: a phase IIb randomized trial.** *Br J Dermatol.* 2019; **180**(5): 1030–1038.  
[PubMed Abstract](#) | [Publisher Full Text](#)
70. Bergboer JGM, Zeeuwen PLJM, Schalkwijk J: **Genetics of psoriasis: evidence for epistatic interaction between skin barrier abnormalities and immune deviation.** *J Invest Dermatol.* 2012; **132**(10): 2320–2331.  
[PubMed Abstract](#) | [Publisher Full Text](#)
71. Han H, Roan F, Ziegler SF: **The atopic march: current insights into skin barrier dysfunction and epithelial cell-derived cytokines.** *Immunol Rev.* 2017; **278**(1): 116–130.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
72. Kim BE, Howell MD, Guttman-Yassky E, *et al.*: **TNF- $\alpha$  downregulates filaggrin and loricrin through c-Jun N-terminal kinase: role for TNF- $\alpha$  antagonists to improve skin barrier.** *J Invest Dermatol.* 2011; **131**(6): 1272–9.  
[PubMed Abstract](#) | [Publisher Full Text](#)



# Open Peer Review

Current Peer Review Status:   

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## Version 2

Reviewer Report 26 November 2019

<https://doi.org/10.21956/wellcomeopenres.17095.r37163>

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### Ulrich auf dem Keller

Technical University of Denmark, Kongens Lyngby, Denmark

### Sabine Werner

Institute for Molecular Health Sciences, Department of Biology, ETH Zurich (Swiss Federal Institute of Technology Zürich), Zürich, Switzerland

The authors have appropriately responded to the comments of the reviewers and the manuscript is further improved. The purpose of the publication has been further clarified and I understand that the authors prefer not to include validations into this article.

In general, this is a very valuable dataset that will be of interest to researchers in the field of inflammatory skin diseases.

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Skin Biology, Inflammatory Skin Disease, Wound Healing, Tissue Repair

**We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.**

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## Version 1

Reviewer Report 09 October 2019

<https://doi.org/10.21956/wellcomeopenres.16840.r36479>

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**Sanja Kezic**

Amsterdam UMC, Coronal Institute of Occupational Health, Amsterdam Public Health research institute, University of Amsterdam, Amsterdam, The Netherlands

Elias *et al.* investigated the effect of filaggrin deficiency in an optimized skin organoid model. Next to the inside/out and outside/in barrier function assessed respectively by TEWL and penetration of a hydrophilic dye, a global mass proteomic analysis has been done. As discussed by authors, the used model has important advantage that the changes related to filaggrin deficiency could be studied in specific cells (keratinocytes) and both epidermal and epidermal compartments were present. On the other side, the model misses other relevant cell types. The study is well designed and presented.

**Specific points****1. Skin barrier function assessment**

Although Lucifer yellow is a commonly used model penetrant it has to be realized that owing to its hydrophilicity and a large molar mass (444 Da) it has quite low penetration rate and a long lag time. The incubation time of 4 hours before microscopic examination is likely too short to detect penetration across the SC unless the barrier damage is substantial. In general, it would be good to include in functional studies both, hydrophilic and lipophilic penetrants and measure their penetration at different time points. This might provide more detailed insight into alterations in the structure and composition of the SC and relate them to the structural changes. As noted by the authors, the Flg-knock down “reveal various abnormalities: in the lamellar bilayer structure and less prominent corneodesmosomes” and furthermore down-regulation of proteins involved in metabolism of lipids’ and ‘phospholipid metabolism” and thinner stratum corneum. Though, no changes in either TEWL or dye penetration have been found. This model would be of great value to further study functional consequences of filaggrin deficiency, including previous damage of the skin e.g. by skin irritants.

**2. Other points**

The authors note that “FLG knockdown in the skin organoids persisted to day 10 after siRNA transfection, as demonstrated by qPCR (Figure 2) and western blotting (Figure 3)”. In Fig. 2 it is obvious that the knock-down at the RNA level was not complete and lower than achieved in similar studies (van Dongelen *et al.*, 2013<sup>1</sup>, Wang *et al.*, 2017<sup>2</sup>). On which day was the mRNA expression measured and what might be reason for quite a low knock-down efficiency?

Ceramide analysis has been carried out in the model epidermis. Performing ceramide analysis in the isolated stratum corneum might have been more relevant.

**References**

1. van Drongelen V, Alloul-Ramdhani M, Danso MO, Mieremet A, Mulder A, van Smeden J, Bouwstra JA, El Ghalbzouri A: Knock-down of filaggrin does not affect lipid organization and composition in stratum corneum of reconstructed human skin equivalents. *Exp Dermatol.* 2013; **22** (12): 807-12 [PubMed Abstract](#) | [Publisher Full Text](#)
2. Wang XW, Wang JJ, Gutowska-Owsiak D, Salimi M, Selvakumar TA, Gwela A, Chen LY, Wang YJ, Giannoulatou E, Ogg G: Deficiency of filaggrin regulates endogenous cysteine protease activity, leading to impaired skin barrier function. *Clin Exp Dermatol.* 2017; **42** (6): 622-631 [PubMed Abstract](#) | [Publisher Full Text](#)

**Is the work clearly and accurately presented and does it cite the current literature?**

Yes

**Is the study design appropriate and is the work technically sound?**

Yes

**Are sufficient details of methods and analysis provided to allow replication by others?**

Yes

**If applicable, is the statistical analysis and its interpretation appropriate?**

I cannot comment. A qualified statistician is required.

**Are all the source data underlying the results available to ensure full reproducibility?**

Yes

**Are the conclusions drawn adequately supported by the results?**

Yes

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Skin barrier in inflammatory skin diseases, dermatotoxicology.

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.**

Author Response 19 Nov 2019

**Sara J. Brown**, Ninewells Hospital, Dundee, UK

Specific points

*1. Skin barrier function assessment*

We agree that Lucifer yellow has a slow penetration rate hence our long incubation (4 hours, compared to some other publications reporting 1 hour or less). We will, in future work, consider use of a hydrophobic dye as an additional, complimentary assessment - thank you for this useful suggestion.

*2. Other points*

The mRNA quantification was carried out 10 days after siRNA transfection and we agree it is interesting to note this decay in knockdown at transcriptome level, whilst the protein knockdown persists to a greater degree. This is likely to reflect the different half-lives of *FLG* mRNA (approximately 2.2 hours<sup>1</sup>) whereas the half-lives of profilaggrin and filaggrin are approximately 6 and 24 hours respectively.<sup>2</sup> We have added this additional explanation to the updated manuscript.

Thank you for the knowledgeable advice about ceramide analysis. We agree that the stratum corneum is the most relevant tissue layer in which to perform lipidomic analysis, but an accurate separation of the whole stratum corneum (without upper epidermal cells) proved to be technically

challenging in the organoid model. We therefore chose to analyse full thickness epidermis to ensure consistency between the replicate experiments.

### References

1. Nirunsuksiri, W., Zhang, S.H. & Fleckman, P. Reduced stability and bi-allelic, coequal expression of profilaggrin mRNA in keratinocytes cultured from subjects with ichthyosis vulgaris. *J Invest Dermatol* **110**, 854-61 (1998).
2. Markova, N.G. *et al.* Profilaggrin is a major epidermal calcium-binding protein. *Mol Cell Biol* **13**, 613-25 (1993).

**Competing Interests:** No competing interests were disclosed.

Reviewer Report 01 October 2019

<https://doi.org/10.21956/wellcomeopenres.16840.r36429>

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**Neil Rajan** 

Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, UK

Elias *et al.* present data on a manuscript titled "Proteomic analysis of a filaggrin-deficient skin organoid model shows evidence of increased transcriptional-translational activity, keratinocyte-immune crosstalk and disordered axon guidance".

In this study, primary keratinocytes from 4 female filaggrin wild-type genotyped individuals were subject to siRNA *FLG* kd and a nontargeting siRNA control. These were grown in a skin equivalent model with matched donor fibroblasts, and then keratinocytes alone were harvested after the model had been in at the air liquid interface for 7 days. This was used to carry out proteomic and lipidomic analysis. Additional samples were used for validation work.

The work has been meticulously described in the methods and is an exemplar for human primary keratinocyte research. Filaggrin knockdown was demonstrated at the transcriptomic and protein level, and is evident in the mass spec data across all samples. A phenotype is seen on TEM and is elegantly presented Fig 5. Barrier function as assessed by TEWL and dye penetration is not impaired following *FLG* knockdown at Day 7, which is consistent with prior reports using skin equivalent models.

The key findings are the differentially expressed proteins in this novel model, and unlike prior skin equivalent papers, here dermal fibroblasts are used, allowing for better modelling of human skin where cross talk happens. Notably, lipidomic studies did not show a difference in epidermal ceramides.

Comments:

1. The authors highlight the proteins that have relevance to the known pathogenetic mechanisms of eczema. It would be helpful to emphasise the novel findings detected in this model compared to

the prior proteomic analysis published on filaggrin knockdown keratinocytes (Elias *et al.*, 2017<sup>1</sup>), as that model did not include matched donor fibroblasts.

2. Table 2 presents Reactome data and highlights Axon guidance, and it would be helpful to see this in the context of the other pathways described. I would favour this being included in the PDF, rather than Fig 9, which may be moved to supplementary data.
3. The volcano plot (Fig 10) is of interest, but more data could be presented here, for example, the 7 points which are log<sub>2</sub> fold change >+5 could be identified to make this more informative for the reader. I am uncertain if the colour scheme with p value cut offs is helpful; the authors carefully justify using selected fold change thresholds in the methods section over arbitrary thresholds that are p-value driven and this depiction is at odds with this.
4. Could the title be improved to reflect the more complete nature of this skin equivalent model that incorporates fibroblasts? Also, how were the three elements "increased transcriptional-translational activity, keratinocyte-immune crosstalk and disordered axon guidance" selected or prioritised from the list of Reactome findings?

There is a minor typographical error on page 3. "Medium was refreshed on alternate day and the cultures were used for analysis up to day 12 (representing three, five and seven days after lifting to the air-liquid interface)".

#### References

1. Elias MS, Long HA, Newman CF, Wilson PA, West A, McGill PJ, Wu KC, Donaldson MJ, Reynolds NJ: Proteomic analysis of filaggrin deficiency identifies molecular signatures characteristic of atopic eczema. *J Allergy Clin Immunol.* 2017; **140** (5): 1299-1309 [PubMed Abstract](#) | [Publisher Full Text](#)

**Is the work clearly and accurately presented and does it cite the current literature?**

Yes

**Is the study design appropriate and is the work technically sound?**

Yes

**Are sufficient details of methods and analysis provided to allow replication by others?**

Yes

**If applicable, is the statistical analysis and its interpretation appropriate?**

Yes

**Are all the source data underlying the results available to ensure full reproducibility?**

Yes

**Are the conclusions drawn adequately supported by the results?**

Yes

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Dermatology, Genetics, Primary cell culture models.

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.**

Author Response 19 Nov 2019

**Sara J. Brown**, Ninewells Hospital, Dundee, UK

Comments:

*The authors highlight the proteins that have relevance to the known pathogenetic mechanisms of eczema. It would be helpful to emphasise the novel findings detected in this model compared to the prior proteomic analysis published on filaggrin knockdown keratinocytes (Elias et al., 2017), as that model did not include matched donor fibroblasts.*

Thank you for this insightful comment. The current work differs in several ways from the previous work (performed by the same first author in different research institutions):

- (i) The current work used FLG wild-type primary keratinocytes isolated from female breast skin and co-cultured with 3T3 feeder cells in the presence of serum, whereas the previous publication used keratinocytes isolated from foreskin donors and cultured in serum-free conditions.
- (ii) The current work used a full-thickness skin organoid model ((Keratinocytes seeded on top of donor matched fibroblasts embedded in a fibrin dermal matrix) whereas the previous work was anepidermal equivalent model (Keratinocytes grown in a transwell) .
- (iii) The current work benefited from advancements in proteomic technology and generated a more extensive, detailed proteomic dataset.

The previous work provided, for the first time, evidence that filaggrin deficiency can alter the expression levels of proteins relevant to the pathogenesis of AE, even without an external inflammatory stimulus and the current work supports this.

Mechanistic themes emerging from this study, including inflammatory, proteolytic and cytoskeletal pathways, broadly overlap with findings from this previous work. However, novel findings detected in the current model compared to the prior proteomic analysis (Elias et al., 2017) may be summarised as follows:

- Evidence that filaggrin-deficient keratinocytes are a source of immune signalling.
- Filaggrin deficiency leads to an increase in transcriptional and translational activity but a reduction in multiple markers of terminal differentiation.
- There is a dysregulation of axon guidance (with elements of this pathway represented in both the up- and down-regulated protein sets).

*Table 2 presents Reactome data and highlights Axon guidance, and it would be helpful to see this in the context of the other pathways described. I would favour this being included in the PDF, rather than Fig 9, which may be moved to supplementary data.*

Thank you for this suggestion. We agree that Table 2 is a valuable summary of the findings from Reactome, but it is too large (including detailed lists of protein IDs, which we are keen to include) to fit into the .pdf. We hope that readers will easily access the full table via the direct link provided to FigShare. We have considered alternative methods to present our Reactome pathway analyses, but the visualisation of pathways within a global over-view does not lend itself to our data where relatively small numbers of pathways (39 and 113) show significant dysregulation.

*The volcano plot (Fig 10) is of interest, but more data could be presented here, for example, the 7 points which are log2 fold change >+5 could be identified to make this more informative for the reader. I am uncertain if the colour scheme with p value cut offs is helpful; the authors carefully justify using selected fold change thresholds in the methods section over arbitrary thresholds that are p-value driven and this depiction is at odds with this.*

Thank you for this advice. On further consideration we agree that the colour-coding is not helpful and the addition of labels to the most extreme data points is informative for readers. These changes have been made in a corrected version of Fig 10 in the updated manuscript.

*Could the title be improved to reflect the more complete nature of this skin equivalent model that incorporates fibroblasts? Also, how were the three elements "increased transcriptional-translational activity, keratinocyte-immune crosstalk and disordered axon guidance" selected or prioritised from the list of Reactome findings?*

In response to your helpful suggestion we have added the words 'full thickness' to the title to emphasise the nature of our model. Because the title was already very long we have truncated it, since the main findings ('increased transcriptional-translational activity, keratinocyte-immune crosstalk and disordered axon guidance') are clearly stated in the abstract.

These three elements were prioritised as noteworthy findings based on a combination of GO and pathway analyses as follows:

- (a) Aspects of transcriptional and translational activity are represented in all 10 of the most significant GO terms for Biological process in the consistently down-regulated (Table 1) and up-regulated (Table 3) proteins; 'Metabolism of RNA' is the top Reactome term in the down-regulated protein dataset (Table 2) and the Reactome term 'Translation' is top in the upregulated proteins (Table 4).
- (b) Keratinocyte-immune crosstalk is highlighted to emphasise that these experiments, in which epidermal keratinocytes are isolated from other cells of the immune system, still generate signals classified within the terms 'innate' and 'acquired immunity'. In the Reactome analyses of consistently down-regulated proteins 7/39 enriched pathways are related to the immune or antiviral systems and 15/113 enriched pathways in the up-regulated proteins relate to immune systems or antiviral systems.
- (c) Disordered axon guidance was represented by only one Reactome term in each of the up- and down-regulated protein groups, but together these account for 74/541 (14%) of the proteins in this pathway. This was prioritised as a novel signal of interest, likely to be relevant to AD pathophysiology but not currently targeted for therapy.

*There is a minor typographical error on page 3. "Medium was refreshed on alternate day sand the cultures were used for analysis up to day 12 (representing three, five and seven days after lifting to the air-liquid interface)".*

Thank you, we have corrected this typo in the updated version of our manuscript.

**Competing Interests:** No competing interests were disclosed.

Reviewer Report 01 October 2019

<https://doi.org/10.21956/wellcomeopenres.16840.r36427>

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### Sabine Werner

Institute for Molecular Health Sciences, Department of Biology, ETH Zurich (Swiss Federal Institute of Technology Zürich), Zürich, Switzerland

The authors generated and characterized 3D organotypic cultures using keratinocytes with filaggrin knock-down or control keratinocytes. Although such cultures had been generated before, they had not been used for proteomics studies. The proteomics analysis provides some insight into the molecular mechanisms underlying the effect of filaggrin on keratinocyte function. The advantage of this system is the focus on the keratinocyte phenotype. The disadvantage is the lack of the influence of other cell types that are important for Atopic Dermatitis pathogenesis. Overall, this is an interesting study, although there is no functional follow-up of any of the differentially expressed proteins. In addition, the statistical analysis requires improvement.

#### Specific comments:

1. The filaggrin knock-down at the RNA level was only approximately 50%, whereas the knock-down at the protein levels seems more robust. How do the authors explain this inconsistency? Why are there no error bars in Fig. 2 NT-siRNA? The data should be confirmed by immunostaining of the cultures for filaggrin. Staining of the cultures for loricrin would be helpful to confirm abnormalities in the granular layer.
2. It is impossible to see obvious differences in Lucifer yellow penetration and there is also no statistically significant difference. This should be expressed more carefully.
3. The proteomics data provide a very important resource. It would have been helpful to show the validation of some of the data using independent samples and another method, e.g. Western blot and/or immunohistochemistry. This would be easy for selected proteins, such as the different keratins.
4. A comparison of the data with available transcriptomics data from AD patients would be interesting.
5. For the proteomics analyses, it is not clear how the false discovery rate was exactly determined (scrambled or reversed database?) and how false positives were removed. This requires clarification.
6. Statistical analysis to identify proteins with differential abundance between conditions lacks stringency and appears asymmetric with regard to positive and negative effect sizes. Lack of statistically significant hits upon multiple testing correction is a common problem with proteomics datasets. Which multiple testing correction algorithm was applied? Bonferroni or



Benjamini-Hochberg? Did the authors try e.g. a limma moderated t-test that has proven useful for proteomics data? Even without multiple testing correction, a statistical test appears more suitable than selecting differentially abundant proteins only based on consistency between comparisons/experiments. Moreover, the authors apply a cut-off of 2-fold (0.5) to identify proteins with lower abundance upon filaggrin knockdown and of 1.2-fold (1.2) for those with higher abundance in this condition. It appears this skewed effect size has been selected aiming at equalizing hit numbers for pathway enrichment. This should be reconsidered. The terms 'ratio' and 'fold-change' are not used properly, since the authors report actual ratios as fold-changes, e.g. a ratio of 0.5 would correspond to a fold-change of -2 and of 2 to a fold change of +2. Since identifying proteins with statistically significantly differential abundance between conditions is crucial, also for follow-up data analysis, the authors should re-evaluate this part of the study with help of an expert in proteomics statistics.

**Is the work clearly and accurately presented and does it cite the current literature?**

Yes

**Is the study design appropriate and is the work technically sound?**

Yes

**Are sufficient details of methods and analysis provided to allow replication by others?**

Yes

**If applicable, is the statistical analysis and its interpretation appropriate?**

Partly

**Are all the source data underlying the results available to ensure full reproducibility?**

Yes

**Are the conclusions drawn adequately supported by the results?**

Yes

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Skin Biology, Inflammatory Skin Disease, Wound Healing, Tissue Repair

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.**

Author Response 19 Nov 2019

**Sara J. Brown**, Ninewells Hospital, Dundee, UK

Thank you for your interest in the skin organoid model and our analyses. We believe that a focus on the keratinocyte phenotype is valuable, particularly in AD where the keratinocyte's contribution to barrier function is of particular interest. Whilst we agree that there are many other cell types contributing to AD pathogenesis, we consider that the isolation of keratinocytes may be viewed as an advantage in this experimental system because it provides an opportunity to investigate the specific contribution of keratinocyte biology to features of atopic inflammation and other pathomechanisms in this highly complex trait.

We agree that functional follow-up may be an important step and we have conducted extensive validation in other applications of the skin organoid and a simpler epidermal model.<sup>1,2</sup> The detailed dataset and our analyses reported here in *Wellcome Open Research* are shared as a resource for the community, to allow others to review the differentially expressed proteins and follow up selected candidates as indicated. We have further clarified this as the principle aim of our publication in Version 2.

Specific comments:

*The filaggrin knock-down at the RNA level was only approximately 50%, whereas the knock-down at the protein levels seems more robust. How do the authors explain this inconsistency?*

We agree, there was a 0.5-fold reduction in *FLG* mRNA compared to 0.36- and 0.25-fold reduction in pro-filaggrin and filaggrin proteins respectively. These differing levels of reduction in expression reflect the use of siRNA which creates a transient knockdown. siRNA is our preferred methodology because we aim to maintain the primary cells at low passage and to minimise non-physiological experimental influences. The different degrees of knockdown reflect the long experimental time points (10 days post transfection for a mature organoid) and the inherent differences in mRNA and protein stabilities. *FLG* mRNA has a reported half-life of ~2.2 hours<sup>3</sup> whereas the half-lives of profilaggrin and filaggrin are approximately 6 and 24 hours respectively.<sup>4</sup> We have added this additional explanation to the updated manuscript. Since our main experimental aim was to reduce filaggrin at the protein level, we are satisfied that knockdown of the functional monomer is maintained for the duration of our experiment and this degree of reduction is in keeping with the reduction in expression observed in *FLG*-null heterozygotes or atopic skin.

*Why are there no error bars in Fig. 2 NT-siRNA?*

The filaggrin expression presented in Figure 2 has been calculated in a pair-wise manner (*FLG*-siRNA versus *NT*-siRNA control) for each independent biological donor (N=8) and the replicate data were then combined for statistical analysis. Since only one technical replicate was performed per donor, the *NT*-siRNA condition is calculated as 1 in each biological replicate and hence displays no error in the combined dataset. This internally controlled method of analysis accounts for differences in baseline filaggrin expression and technical variations between replicate experiments.

*The data should be confirmed by immunostaining of the cultures for filaggrin.*

Thank you for this suggestion. We agree that immunostaining can represent a valuable confirmatory approach, however the H&E stained section show a clear reduction in the granular layer and the filaggrin knockdown at protein level was confirmed by mass spec proteomics (mean 0.27-fold, N=4) which is likely to be more sensitive for the detection of quantitative differences than immunostaining.

*Staining of the cultures for loricrin would be helpful to confirm abnormalities in the granular layer.*

The electron microscopy (Figure 5) shows the granular layer in some detail, with a clear reduction in the number and size of granules. We therefore did not elect to stain the organoid cultures for loricrin specifically.

*It is impossible to see obvious differences in Lucifer yellow penetration and there is also no statistically significant difference. This should be expressed more carefully.*

Thank you for bringing this to our attention. We did observe a difference in Lucifer yellow dye penetration in 3/5 of the biological replicates at day 3 but we agree this is not apparent in the mature model at day 7 (example images shown in Figure 8A). We aimed to explain that our quantification (in Figure 8B) shows all of the individual data points and, whilst some experiments showed an increase in dye penetration in the immature organoid, we state “However, this delay in maturation of the ‘outside-to-inside’ barrier function was not consistently demonstrated in all biological replicates.” In light of your comment we have added further clarification to the text.

*The proteomics data provide a very important resource. It would have been helpful to show the validation of some of the data using independent samples and another method, e.g. Western blot and/or immunohistochemistry. This would be easy for selected proteins, such as the different keratins.*

Thank you, we agree the proteomics data are a valuable resource and we are delighted to share this resource. We also agree it will be relatively easy for other groups to validate proteins of interest in their work; therefore, rather than carrying out validation ourselves for selected keratins (or multiple different proteins as we have for our parallel proteomics analyses, recently published<sup>1</sup>) we prefer to share the data for further independent validation.

*A comparison of the data with available transcriptomics data from AD patients would be interesting.*

We agree that this would be a very interesting analysis; it is not within the remit of this study but we or others may pursue this in the future.

*For the proteomics analyses, it is not clear how the false discovery rate was exactly determined (scrambled or reversed database?) and how false positives were removed. This requires clarification.*

We apologise for the lack of clarity in this description. The false discovery rate was determined using a reversed database. The peptide and protein false discovery rate was set at 1%, and these identified peptides were denoted with REV\_ and removed from further analysis. These details have been added to the revised manuscript.

*Statistical analysis to identify proteins with differential abundance between conditions lacks stringency and appears asymmetric with regard to positive and negative effect sizes. Lack of statistically significant hits upon multiple testing correction is a common problem with proteomics datasets. Which multiple testing correction algorithm was applied? Bonferroni or Benjamini-Hochberg? Did the authors try e.g. a limma moderated t-test that has proven useful for proteomics data? Even without multiple testing correction, a statistical test appears more suitable than selecting differentially abundant proteins only based on consistency between comparisons/experiments.*

We appreciate that there are no clear guidelines on methodology for the analysis of large proteomics datasets (or indeed many other large datasets) and different expert opinions exist regarding the most appropriate tools and thresholds to define ‘significance’. We have benefited

from the considerable expertise within our multidisciplinary collaboration, leading to the rather simple data analysis that we have performed, whilst providing the full dataset for others to analyse as they may wish.

A full Bonferroni correction does not identify any differentially expressed proteins because of the large number detected in this global analysis. Because of the nature of our data, generated using biological replicate samples (primary cells from 4 separate human donors), and the focus on a common complex trait, we prefer to use the criterion of \*consistency\* across the biological replicates, with filtering for fold change to provide similar numbers of up- and down- regulated proteins, followed by network and pathway analyses.

*Moreover, the authors apply a cut-off of 2-fold (0.5) to identify proteins with lower abundance upon filaggrin knockdown and of 1.2-fold (1.2) for those with higher abundance in this condition. It appears this skewed effect size has been selected aiming at equalizing hit numbers for pathway enrichment. This should be reconsidered.*

Thank you for highlighting this question. We have stated clearly and openly that we *did* select these cut-offs aiming to equalize protein numbers in this right-skewed dataset. Using the thresholds of  $\leq 0.5$  and  $\geq 1.2$  defines 1422 (~25%) and 1871 (~34%) of the total number of proteins. This is an established approach in proteomic analysis; we appreciate other valid approaches can be applied and we welcome further interrogation of our experimental data. We have further clarified this in the discussion.

*The terms 'ratio' and 'fold-change' are not used properly, since the authors report actual ratios as fold-changes, e.g. a ratio of 0.5 would correspond to a fold-change of -2 and of 2 to a fold change of +2.*

We apologise for the inconsistency in this terminology and we have corrected this detail throughout the manuscript.

### References

1. Elias, M.S. *et al.* EMSY expression affects multiple components of the skin barrier with relevance to atopic dermatitis. *J Allergy Clin Immunol* **144**, 470-481 (2019).
2. Elias, M.S. *et al.* Proteomic analysis of filaggrin deficiency identifies molecular signatures characteristic of atopic eczema. *J Allergy Clin Immunol* **140**, 1299-1309 (2017).
3. Nirunskisiri, W., Zhang, S.H. & Fleckman, P. Reduced stability and bi-allelic, coequal expression of profilaggrin mRNA in keratinocytes cultured from subjects with ichthyosis vulgaris. *J Invest Dermatol* **110**, 854-61 (1998).
4. Markova, N.G. *et al.* Profilaggrin is a major epidermal calcium-binding protein. *Mol Cell Biol* **13**, 613-25 (1993).

**Competing Interests:** No competing interests were disclosed.