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The Elephant in the Lung: Integrating lineage-tracing, molecular markers, and single cell sequencing data to identify distinct fibroblast populations during lung development and regeneration.

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Abstract

During lung development, the mesenchyme and epithelium are dependent on each other for instructive morphogenic cues that direct proliferation, cellular differentiation and organogenesis. Specification of epithelial and mesenchymal cell lineages occur in parallel, forming cellular subtypes that guide the formation of both transitional developmental structures and the permanent architecture of the adult lung. While epithelial cell types and lineages have been relatively well defined in recent years, the definition of mesenchymal cell types and lineage relationships has been more challenging. Transgenic mouse lines with permanent and inducible lineage tracers have been instrumental in identifying lineage relationships among epithelial progenitor cells and their differentiation into distinct airway and alveolar epithelial cells. Lineage tracing with reporter mice used to identify fibroblast progenitors and their lineage trajectories have been limited by the number of cell specific genes and the developmental timepoint when the lineage trace was activated. In this review, we discuss major developmental mesenchymal lineages, focusing on time of origin, major cell type, and other lineage derivatives, as well as the transgenic tools used to find and define them. We describe lung fibroblasts using function, location, and molecular markers in order to compare and contrast cells with similar functions. The temporal and cell-type specific expression of thirteen “fibroblast lineage” genes were identified in single-cell RNA-sequencing data from LungMAP in the LGEA database. Using these lineage signature genes as guides, we clustered murine lung fibroblast populations from embryonic day 16.5 to postnatal day 28 (E16.5-

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PN28) and generated heatmaps to illustrate expression of transcription factors, signaling receptors and ligands in a temporal and population specific manner.

Introduction:

Recombination experiments with fetal lung and tracheal cells in the early 1990s revealed that inductive signals from distal lung mesenchyme specified distal epithelial differentiation and proximal mesenchyme specified proximal epithelial differentiation; a process which was independent of whether the epithelium was of proximal or distal origin. These studies demonstrated that lung mesenchyme directed proximal and distal epithelial specification rather than a process intrinsic to or regulated by the epithelium [1]. Developmental studies identified that splanchnic mesenchyme signals to the epithelium through Fgf, WNT, BMP, RA, and TGF β in a temporal and spatial context-dependent manner to direct endoderm specification towards pulmonary epithelium [2–12]. While mesenchymal cells play a critical role in programming the epithelial cell fate, the mesenchyme is a homogenous and poorly defined group of cells with poor functional and structural annotations. The idea of a cell “lineage” is widely used for hematopoietic and epithelial populations and some attempts have been made to extend “lineage” to lung mesenchyme. However, sorting mesenchymal cells into “lineage” or cell populations has been difficult due to overlapping markers, spatial separation of similar functional roles and the understanding of cellular plasticity of mesenchymal populations. The goal of this review is to summarize current knowledge of the diverse pulmonary mesenchymal cell types and to facilitate comparison of fibroblast subpopulations and functions in normal and diseased tissue. We will limit the use of lineage, where lineage tracing experiments have been used to define cells and their progeny and use the term population or cell stage for studies without lineage trace.

Mesenchymal lineages and other classifications of activation

Early lung lineage labeling experiments took advantage of epithelial cell type specific reporter genes and demonstrated that proximal and distal lung epithelial lineages are specified before E10.5 [13]. Subsequent lineage tracing experiments identified proximal and distal progenitor cells and their cell type specific progenies [14–16]. The role of lung epithelial progenitor cells and their potential to regenerate lung epithelium after injury is an area of active study, using cell specific markers identified by single cell-seq analysis to “predict” small progenitor populations in the adult lung [16–18]. Transgenic tools for lineage labeling in the epithelium take advantage of epithelial specific gene expression. For example, the Surfactant protein C locus is used to drive gene expression in alveolar type 2 (AT2) cells, and key transcription factors that regulate differentiation of very specific epithelial differentiation programs like NKX2.1, SPDEF, or Foxj1 are used to target their respective cell types. Three major factors have made lineage tracing experiments in lung fibroblasts more difficult than in the epithelium: 1) There are very few cell type specific markers that label mesenchymal progenitor cells rather than terminally differentiated cells (eg. Sm22 for differentiated smooth muscle [19]), 2) Key transcription factors that govern fibroblast differentiation programs often label spatially unrelated cells (proximal-distal, peribronchiolar, perivascular) at different times during mesenchymal maturation (eg. TBX4

driving smooth muscle maturation [20]), and 3) Key ligands and receptors of major pathways like Pdgfrs, Glis, Wnts, and Fgfs used to trace lineage in the mesenchyme are unreliable because of their context and time dependent activation. Cells that are neither spatially nor temporally related activate these common signaling pathways multiple times during lung development, injury and repair, and may function as very distinct lineages. Thus, the timing of activation of the lineage trace plays an important role in identifying progenitors and determining their lineage trajectory.

The diverse populations of the pulmonary mesenchyme

The lung mesenchyme can be separated into distinct spatial and functional populations, each with their own developmental lineage histories. Peribronchiolar and perivascular smooth muscle cells; pericytes associated with vessels; parenchymal myo-, matrix -, and lipofibroblasts; a newly defined alveolar niche cell, suited for supporting epithelial proliferation and differentiation, after injury; mesothelial cells lining the lung pleura; and mesenchymal stem cells (MSC) a rare poorly described progenitor populations that has proliferative potential after injury and can differentiate into multiple mesenchymal cell types. We will discuss each of these populations in further detail, with a focus on their developmental lineages using both genetic lineage labeling experiments and scRNA-seq time course analysis. Recent single cell analyses of normal and diseased lungs have identified a plethora of “new” cell populations with cell type specific functions, but again have complicated the definition of lung stromal cell populations by introducing the concept of an activation state in response to developmental or injury stimuli [21]. At the end of this review we will briefly discuss the potential of single cell seq data analysis and spatial integration to categorize and “name” lung fibroblasts in the future.

Early lung mesenchyme and tracheal patterning:

The embryonic trachea and esophagus share a common lumen until a longitudinal tracheoesophageal septum divides them into two distinct tubes. As the trachea and esophagus grow apart, they are surrounded by independently organized populations of mesenchymal cells. The cellular and molecular processes mediating morphogenesis of tracheal cartilage and smooth muscle development has been recently reviewed and will not be further discussed [22, 23] During embryonic development in the mouse, the foregut endoderm buds ventrally and the lung buds elongate into the splanchnic mesoderm before E8–9. At this time the splanchnic mesoderm adjacent to the ventral foregut contains multipotent cardiopulmonary $Gli1^{+}Wnt2^{+}Isl1^{+}$ progenitors that form the myocardium, pulmonary airway, vascular smooth muscle, pericytes, and proximal endothelium in the lung [24]. Thereafter, mesenchymal cell subtype differentiation depends on their location along the cephalo-caudal axis, association with pulmonary structures, and functional phenotypes. Peribronchiolar smooth muscle, perivascular smooth muscle, pericyte, mesothelium, alveolar myofibroblast and alveolar lipofibroblast have been identified decades ago and described by their function and location. However, matrix fibroblasts, adult mesenchymal stem cells and alveolar niche cells have been discovered more recently and are the focus of many regeneration studies. Research on early mesoderm differentiation and functional differentiation of mesenchymal subtypes identified about 16 fibroblast markers that define

fibroblast populations [25–38]. For this review we summarized current literature about these fibroblast markers and presumptive lineages with respect to spatio-temporal location and functional phenotype (Table 1)(Fig.1).

The TBX4 Lineage traced cells- Cells at the right place and the right time:

T-box gene 4 (*Tbx4*) is a mesenchyme-specific transcription factor that plays an important role in airway morphogenesis and is expressed in the early splanchnic mesoderm that surrounds the lung buds as early as E9.5 [39]. Using a *Tbx4-rtTA/tetOCre* and doxycycline activation from E6.5 to E10.5 targets almost all splanchnic mesoderm surrounding the lung buds at E10.5, the same region where the $Gli1^+Wnt2^+Isl1^+$ cardiopulmonary progenitors reside [25]. Activating *Tbx4-rtTA* lineage trace before E11.5 and E15.5 traces pulmonary endothelial cells and vascular smooth muscle, while other undefined fibroblasts, smooth muscle cells, and pericytes are labeled throughout embryonic development [25]. The constitutive *Tbx4LME-Cre; R26^{tdT/tdT}*, lineage tracer tracks *Tbx4* expressing cells starting as early as E9.5. These *Tbx4* traced cells give rise to embryonic (at E15.5) and adult-stage (PN56) fibroblasts along blood vessels, underneath the bronchioles, and within the distal alveolar (interstitial) mesenchyme [20]. Multiple groups showed that *Tbx4* expressing cells give rise to nearly all mesenchymal cell types, including mesothelium, vascular and bronchiolar smooth muscle, pericytes, endothelium, lipofibroblasts, matrix fibroblasts, and myofibroblasts [20, 25, 40]. Combining the constitutive *Tbx4*-lineage trace with a smooth muscle cell reporter (*ACTA2-GFP*) and a collagen producing fibroblast reporter (*COL1 α 1-GFP*) revealed *Tbx4* lineage contribution to smooth muscle cells and collagen producing cells by flow cytometry before and after bleomycin injury [20]. In uninjured mice, 90.6% of the α Sma-GFP+ cells and 87% of all *COL1 α 1-GFP* cells were *Tbx4* derived. After bleomycin injury 97.6% of the α Sma-GFP+ cells and 95% of all *COL1 α 1-GFP* cells were *Tbx4* derived. These data demonstrate that the vast majority of fibroblasts activated during repair are derived from resident *Tbx4* lineage-labeled fibroblasts or fibroblasts that activated *Tbx4* during injury/repair. Conditionally ablating *Tbx4*-expressing cells in adults did not disturb lung homeostasis. Inactivation of *Tbx4* gene expression in *COL1A2-* or *ACTA2-* expressing cells attenuated lung fibrosis after bleomycin-induced injury, demonstrating that fibrotic fibroblast activation is dependent on *Tbx4*-mediated gene activation [20]. *TBX4* is thus a critical transcription factor for mesenchymal differentiation during development and injury response, as it most likely induces expression of genes associated with smooth muscle contraction and mesenchymal cell structure. To compare *TBX4* expression within the mesenchymal cells over time please refer to the “lineage marker” and “Transcription factor” Heatmap (Fig 2, Fig.3).

Gli1 Lineage-traced cells: Vote early and often:

During embryonic lung growth, paracrine Shh signal from the epithelium regulates proliferation and differentiation of the responding *Gli1* expressing mesenchyme. Lineage tracing of the $Gli1^+$ cells at E8–9 shows that the cardiac progenitors give rise to pulmonary vasculature and subsets of cells in the lung mesenchyme [24]. Labeling $Gli1^+$ cells during E10.5–11.5 gives rise to mesothelial cells, interstitial myofibroblast, perivascular and peribronchiolar smooth muscle in post-natal day 14 lungs, but not lipofibroblasts [41]. From PN5–7, the *Gli1* reporter labels myofibroblasts at the septal tips where these hedgehog-

responsive fibroblasts play a critical role in alveolar septation [41, 42]. At PN11, PN5-PN7 lineage traced Gli⁺ fibroblasts differentiate into myofibroblasts but not to lipofibroblasts [41]. These data support a clear lineage distinction between interstitial myo- and lipofibroblasts, in which alveolar myofibroblasts are responsive to Shh and alveolar lipofibroblasts are modulators of other major signaling pathways, such as FGF [29, 43]. PDGFA signaling is also essential for alveolar septation and alveolar myofibroblast differentiation [27, 44–48]. At the end of the saccular phase (E18.5) 60% of the Gli1⁺ lineage cells expressed *Pdgfra*, whereas 97% of the Gli1⁺ lineage cells expressed *Pdgfra* toward the end of alveolarization at PN14, supporting the concept that myofibroblasts in the Gli1 lineage activate *Pdgfra* expression during alveolar septation.

Gli1-LacZ-labeled perivascular pericytes and peribronchiolar SMCs are responsive to hedgehog well into adulthood [42]. The number of alveolar interstitial *Gli1*-expressing cells is decreased by PN14 consistent with reduced Shh signaling and slowing of alveologenesis. Approximately 30% of alveolar PN1 labeled Gli1⁺ cells give rise to PN6 crest myofibroblasts that co-express α Sma. Approximately 20–25% of peribronchial and 10–15% of alveolar Gli1⁺ cells co-express *Pdgfra* these dual positive cells are located at the septal tips, increase in number during alveolarization and undergo apoptosis during septal wall thinning after PN10. Genetic loss of hedgehog signaling in the epithelium decreases the number of septal tips and inhibits lineage traced Gli1⁺ cell proliferation and differentiation into myofibroblasts by P7 [42]. Since elastin expression is unchanged when Gli1⁺ myofibroblasts are lost, it is assumed that there is a population of cells that undergo *Gli1*-independent matrix fibroblast differentiation. Very few Gli1⁺ cells remain in the adult lung and are mainly found in perivascular mesenchyme, functioning as progenitor cells during injury repair [26]. During lung fibrosis both *Gli1* lineage traced cells and cells actively expressing *Gli1* expand and contribute significantly to the pool of myofibroblasts in fibrotic areas [49] and have a significant paracrine function in promoting epithelial differentiation in IPF [50]. Gli1⁺ mesenchymal stromal cells (MSCs) integrate hedgehog signaling, upregulate BMP antagonist expression in response, and promote metaplastic differentiation of airway progenitors into KRT5⁺ basal cells. If bypassed by exogenously upregulating BMP signaling with recombinant hBMP2, this effect is blunted, and proper alveolarization occurs. These data demonstrate that the Gli1 population is a myofibroblast that integrates epithelial shh signaling and reciprocally induces epithelial differentiation. To compare *Gli* expression within the stromal cells during development please refer to the “Transcription factor” Heatmap (Fig.3).

Pdgfra lineage traced cells and Pdgfra expressing populations: Jack of all trades, master of none

Platelet-derived growth factor-A (PDGFA) and its receptor, platelet-derived growth factor receptor-alpha (*Pdgfra*), are required for formation of the secondary alveolar septa in mice [27, 44–48]. *Pdgfra*⁺ cells are distinct from *Pdgfrb*⁺ pericytes [44, 51]. A transgenic reporter mouse with a green fluorescent protein (GFP) knocked into the *Pdgfra* gene locus *Pdgfra*-GFP⁺ (*Pdgfra*^{tm11(EGFP)Sor} [52]) has widely been used to track real-time expression of *Pdgfra* during both lung development and alveolar regeneration [44, 53–62]. Three

populations of fibroblasts were identified on the basis of absent, dim, or bright Pdgfra-GFP expression. During alveolarization bright GFP⁺ cells were more proliferative at PN4 and non-proliferative by PN12. These GFP bright Pdgfra⁺ fibroblasts are primarily located in the alveolar entry ring where alpha smooth muscle actin (aSMA) and elastin fibers accumulate [53]. In contrast, Pdgfra-expression is not associated with neutral lipid accumulation in lipofibroblasts, which are located at the alveolar base [53–55]. During alveolar regeneration Pdgfra-GFP⁺ dim cells give rise to interstitial myofibroblast. Inhibition of Fgfr2 inhibited myofibroblast differentiation and realveolarization but increased the number of Pdgfra-GFP⁺ bright cells. Loss of aSma expression and “brighter” Pdgfra-GFP expression was accompanied with increased *Wnt2a* and *BMP4* RNA in Pdgfra⁺ fibroblasts [56, 58]. Two GFP reporter mice (*Pdgfra^{tm11(EGFP)Sor}* and *Pdgfra-CreERT2* BAC transgenic line), were used to track expression and permanent lineage traced Pdgfra cells. Pdgfra-GFP⁺ cells were primarily located around the proximal airways during the pseudoglandular period of development and more distally within the peripheral airways in the canalicular stage. Upon lineage tracing, neither of these cells contributed to alveolar Pdgfra⁺ fibroblasts. In contrast, E18.5 Pdgfra-GFP labeled fibroblasts contributed to myo and lipofibroblasts located postnatally in the primary septae during alveolarization and to a sparse set of fibroblasts in the adult lung [60]. These data demonstrate that lineage traced Pdgfra fibroblasts are associated with conducting airways, do not migrate into the alveolar saccules, and are a distinct cell population from other distal fibroblasts. At E18.5 fibroblasts that are associated with peripheral lung saccules express Pdgfra *de novo*, which was an underappreciated finding in the early studies that suggested migration of proximal fibroblasts to the distal saccules [27, 44–48]. In contrast to the *Pdgfra-Cre^{ERT2}* BAC transgenic line which labels lipofibroblast progenitors, the *Pdgfra^{trTA}* knockin mice labels (E9.5-PN7) progenitor cells that give rise to ~95% of myofibroblasts and not lipofibroblasts [63]. These different transgenic mouse lines may target overlapping but non-identical cell populations which should always be considered when interpreting results obtained from different transgenic mouse lines [15]. To compare *Pdgfra* RNA expression within various mesenchymal cells during development please refer to the “Receptor” Heatmap (Fig.4).

In adult lungs, bright and dim Pdgfra-GFP expressing fibroblasts are located in the alveolar interstitium, and therefore called interstitial resident fibroblasts (iReFs). To distinguish them from circulating mesenchymal stem cells or other mesenchymal stromal cells (MSC) we profiled the bright and dim Pdgfra-GFP⁺ cells during alveolar regeneration after partial pneumectomy by flow cytometry and by gene expression microarrays [59]. We identified that dim Pdgfra-GFP fibroblasts express CD29 (integrin beta 1) and aSma during septal regeneration and are characterized by a “contractile” gene signature (myo-iReF). Bright Pdgfra-GFP fibroblasts express CD34, a stem cell associated marker, and are characterized by a “matrix remodeling” gene signature (matrix/lipo-iReF). Other known fibroblast and MSC surface markers (SCA-1, Thy1 (CD90), CD44, and CD49, and CD40) were not selectively expressed in GFP-bright or GFP-dim fibroblasts, nor were they changed during alveolar regeneration [59]. The spatial and temporal location of Pdgfra-GFP expressing cells was mapped throughout lung development, and is available in the [LungMap](#) database. In the saccular and canalicular phase, peribronchiolar Pdgfra-GFP⁺ smooth muscle cells are localized in close proximity to Sox2 bronchiolar epithelial cells. Pdgfra-GFP⁺/ aSma^{neg}

fibroblasts are located near HOPX-positive cells in the bronchiolar-alveolar transition zone. *Pdgfra*-GFP⁺ cells were never found in close proximity to Sox9-positive alveolar epithelial progenitor cells. Gene expression profiling was performed on key developmental stages in *Pdgfra* expressing fibroblasts, isolated with the CD140 (*Pdgfra*) antibody. *Pdgfra* (CD140) cells dynamically change gene expression between the four developmental timepoints that were measured [44, 57]. This gene expression data can be accessed and interrogated on the Lung Gene Expression Analysis open source [Web Portal](#) [64]

These studies support that *Pdgfra* expressing fibroblasts are neither a single homogenous population nor a distinct lineage, but are a diverse range of fibroblastic subtypes, including myo, matrix and lipo interstitial resident fibroblasts. During alveolar septation, the contribution of myo, matrix and lipo fibroblasts to the *Pdgfra* expressing fibroblast pool changes dynamically, reflecting the functional changes fibroblasts have to undergo to support 1) elongating septal tips (myo-FB), 2) building structural support (matrix-FB), and 3) supporting alveolar epithelial cells (lipo-FB).

The role of *Pdgfra*-GFP⁺ lung fibroblasts in alveolar development was assessed in organoid culture with primary lung epithelial cells. A mixed population of dim and bright *Pdgfra*-GFP⁺ fibroblasts support alveolar organoid formation and epithelial differentiation, while *Pdgfra*^{neg} lung fibroblasts supported bronchiolar organoids and epithelial differentiation [65]. These findings may help explain unresolved pathologies in neonatal diseases where alveolarization is disturbed. Premature birth and perinatal ventilation causes an arrest and/or delay of alveologensis, resulting in bronchopulmonary dysplasia (BPD)[66]. *PDGFRA* expression is reduced in BPD patients in whole lung homogenate and isolated mesenchyme [44, 67]. Expectedly, In a neonatal murine hyperoxia model of BPD, *Pdgfra* lineage-derived cells decreased and did not substantially contribute to pathological myofibroblasts [63]. Alternatively, in adult mouse models of lung injury, *Pdgfra* lineage labeled cells contribute to pathological myofibroblasts and fibrotic scars after bleomycin injury [31, 36, 63]. The role of *Pdgfr* signaling in various fibrotic lung disease is currently being investigated by several groups, and we expect to learn more about the role of this fibroblast population in lung disease in the near future.

Bronchiolar and alveolar niche cells: The way the “WNT” blows

Recent studies using genetic lineage tracing, single-cell RNA sequencing, and organoid culture approaches defined bronchiolar and alveolar niche fibroblasts and their role in regeneration [35, 36].

Lgr5/Lgr6:

Leucine Rich Repeat Containing G Protein-Coupled Receptor 5 and 6 (Lgr5, Lgr6) are well known markers of epithelial stem cells in other organs but have otherwise not been described to have any function in mesenchymal cell development or maintenance [68]. Lgr5 and 6 bind R-spondin, allowing for b-catenin to be released from the membrane, enter the nucleus, and activate Wnt responsive genes [69]. In adult lungs, Wnt-responsive Lgr5 lineage-labeled cells are mostly aSma^{neg} and constitute only 1.24% ± 0.42% of resident alveolar fibroblasts [35]. Combining FACS isolated Lgr5 lung fibroblasts with primary murine lung epithelium

directs differentiation of alveolar organoids through secretion of Wnt3a [35]. However, *Lgr5* is not exclusive to adult alveolar fibroblasts. Based on single-cell RNA-seq datasets from developing murine lungs, *Lgr5* is expressed in many cell types during early lung development and only highly expressed in transient myofibroblasts at PN7. *Lgr5* expression levels go undetected by PN28, with the exception of expression in macrophages. Bulk RNA-seq on sorted mesenchyme shows peak expression of *Lgr5* at E18.5, which remains higher than in other cell types after birth [64]. In adult lungs, Wnt-responsive *Lgr6* lineage-labeled cells are bronchiolar smooth muscle cells that underlie SCGB1A1⁺ Club cells [35]. Combining FACS isolated *Lgr6* lung fibroblasts with primary murine lung epithelium directs differentiation of bronchiolar epithelium through secretion of Wnt7b [35]. During lung development *Lgr6* is expressed in myofibroblasts and SMC progenitors at E16.5, is turned off by E18.5, and expression peaks in myofibroblasts postnatally [64]. These *Lgr6* bronchiolar fibroblasts very likely are the same “niche cells” that support bronchiolar club cell regeneration after naphthalene injury via reactivation of a Wnt/Fgf10 embryonic signaling cascade [70]. To compare *Lgr5* and *Lgr6* expression within the stromal cells over time please refer to the “ligand” Heatmap (Fig.4).

MANCs and AMPs:

Two other populations of adult alveolar niche cells, mesenchymal alveolar niche cells (MANCs) and axin2⁺ myofibrogenic progenitor (AMPs), were identified using single-cell RNA-seq, signaling lineage reporters and organoid cultures [36]. MANCs support alveolar growth and regeneration, and AMPs contribute to peribronchiolar smooth muscle and pathological myofibroblast response after injury. An *Axin2*^{CreERT2:tdT} reporter line [71], a *Wnt2*^{CreERT2} line [24], and the *Pdgfra-GFP* reporter line [52] were used to lineage label and FACS isolate these specific cell populations. Wnt-responsive Axin2⁺ fibroblasts were located in the alveolar regions, and surrounding the conducting airways and blood vessels. Axin2 lineage-traced cells around airways primarily expressed *Pdgfrb*, identifying them as pericytes. In the alveolar cells *Pdgfra-GFP* was co-expressed in 74% of the Axin2 lineage-traced and 90% of the Wnt2 lineage-traced cells. Based on these studies, the previously described iRefs can be subdivided into three subpopulations: Axin2⁺/*Pdgfra-GFP*⁺, Wnt2⁺/*Pdgfra-GFP*⁺ and *Pdgfra-GFP*⁺. Each of these lineage traced fibroblast populations were isolated by flow cytometry and were bulk and scRNA-sequenced. The Axin2⁺ single positive peribronchiolar cells expressed genes associated with “smooth muscle”, “myofibroblast” or “pericyte-like cells”, but not “contractile” proteins, suggesting that these cells are primed but not yet committed to these differentiated lineages. In contrast, Axin2⁺/*Pdgfra-GFP*⁺, Wnt2⁺ and *Pdgfra-GFP*⁺ cells expressed genes associated with a matrix fibroblast phenotype.

When combined with alveolar epithelial cells the Axin2⁺/*Pdgfra-GFP*⁺ fibroblasts generated the most and largest organoids, which also contained the highest AT1/AT2 ratio. To identify which of the fibroblast populations contribute to fibrosis, *Axin2*^{CreERT2:tdT}, *Pdgfra*^{CreERT2} and *Wnt2*^{CreERT2} were crossed to *R26R^{EYFP}* and lineage labeled prior to bleomycin injury. All three lineages generated α Sma⁺ cells; the *Axin2* lineage contributed 50% of the myofibroblasts, and less than 20% were derived from either the *Wnt2* or *Pdgfra* lineages. Many myofibroblasts maintained expression of *Axin2* but expressed little or no *Pdgfra*.

After naphthalene injury and repair, 50% of peribronchial Axin2⁺ cells acquired α Sma expression. These data demonstrate that the Axin2⁺/Pdgfra-GFP⁺ cells support the alveolar niche and transcriptionally overlap with the Lgr5⁺ population, and the Axin2⁺ peribronchiolar cells contain smooth muscle progenitors that contribute to pathological injury repair and overlap with the Lgr6⁺ population. A similar bleomycine injury study associated additional markers of the canonical Wnt signaling with these fibroblasts [33].

While these studies provided evidence for the alveolar niche cell and various functional fibroblast stages, they did not give insight into the developmental origin of these cells. Crossing multiple inducible driver lines Fgf10^{CreERT2}, Wt1^{CreERT2}, Gli1^{CreERT2}, with a tdTomato^{fllox} reporter line lineage revealed that Fgf10⁺ and WT1⁺ cells show a minor contribution to the smooth muscle cells, while GLI1⁺ and AXIN2⁺ cells significantly contribute to smooth muscle cells and interstitial myofibroblasts [43]. Taken together, Wnt-responsive cells labeled during development or in the adult contribute to smooth muscle populations that support the bronchiolar epithelial niche, and resident interstitial fibroblasts that support the alveolar epithelial niche.

Lipofibroblasts:

Lipofibroblasts are a specific subtype of mesenchymal cells that contain lipid vesicles and support the alveolar epithelium during development, regeneration, and homeostasis [65, 72–74]. Expression of adipose differentiation-related protein (ADRP, encoded by *Plin2*) enables fibroblasts to take up, store, and subsequently transfer Triglycerides to neighboring alveolar type 2 cells to be incorporated into surfactant phospholipids [75, 76]. The previously discussed alveolar niche cells do not necessarily have these lipid inclusions [17, 36]. Activation of peroxisome proliferator-activated receptor- γ (*PPAR* γ) by rosiglitazone and metformin [77, 78] or stimulation by Fgf2 [34] induced lipofibroblast differentiation. The lineage origin of lipofibroblasts is still poorly defined, as only common adipocyte genes were used to label and trace them, these markers include *Pparg*, *Plin2*, *Fabp1*, *Fabp4*, *Fabp5*, *Lpl*, and *Lipa*, [28, 29, 79, 80].

Thy1 expression and lipofibroblasts in fibrosis

Thymocyte differentiation antigen-1 (THY1), also known as CD90, expressing fibroblasts were characterized as 1) having increased expression of α Sma and Collagen, 2) responding differently to cytokines and growth factors, and 3) showing increased migration patterns compared to other pulmonary mesenchymal cells [28, 81–85]. Loss of Thy1 impairs postnatal alveolar septation [86]. Further phenotyping revealed that Thy-1⁺ fibroblasts cells express Adrp, produce lipid vesicles, and are located next to AT2 cells. Moreover, transfection of *Thy-1* into Thy-1^{neg} fibroblasts induced expression of the transcription factor *PPAR* γ , which directly induces lipofibroblast differentiation, inhibits collagen matrix contraction, and reduces cell survival [28, 87]. scRNA-seq confirmed that Thy-1 is expressed in lipofibroblasts during alveolarization, but lost in adult lipofibroblasts [33].

FACS analysis revealed that Thy-1⁺ and Thy-1^{neg} fibroblasts exist as stable populations in the adult rat lung [87]. Thy-1^{neg} cells have significantly higher myofibroblast and myogenic

regulatory factor gene and protein expression compared with Thy-1⁺ cells [87]. Thy-1^{neg} myofibroblasts accumulate in lungs with idiopathic pulmonary fibrosis (IPF) and expand in bleomycin-induced lung injury [83, 85]. Therefore, the absence of Thy1 was associated with a higher susceptibility for lung fibrosis [83]. However, after bleomycin injury, chimeric Thy1^{-/-} mice with Thy-1⁺ lymphocytes and Thy-1^{neg} myofibroblasts showed fibrosis similar to wild-type mice, but decreased inflammation [83]. These data demonstrate that inflammation is not essential for evolution of fibrosis and lack of Thy-1 in fibroblasts is not protective [83]. However, regions of active fibrosis in IPF lose expression of Thy-1 [83]. Thy 1 was determined to be the control of mechanotransduction, via inactivating $\alpha_v\beta_3$ integrin, controlling cell contraction and force-induced Rho signaling [88, 89]. Targeting this integrin with a soluble Thy-1 recombinant protein is sufficient to halt initiation of fibrosis [85]. These data suggest that adult Thy-1⁺ cells may be better described as mechanosensory niche cells, as their role in IPF progression suggests [83, 85, 88, 89]

FGF signaling and fibroblasts

Fibroblast growth factor 10 (*Fgf10*) is expressed in the early splanchnic mesoderm surrounding the foregut around E9.5 when the primary lung buds start to emerge. The splanchnic mesoderm expresses the transcription factor *Tbx4* and also contains the multipotent cardiopulmonary progenitors Gli1⁺Wnt2⁺Isl1⁺ [24, 90, 91]. The *Fgf10* expressing fibroblasts are critical for maintaining epithelial progenitor cell proliferation during pseudoglandular and canalicular stages (E9.5-E16.5), as *Fgf10* knockout phenocopies *Fgfr2b* KO, halting lung development entirely [92–94]. *Fgf10* remains expressed in the distal tip mesenchyme, initiating proliferation and halting lineage commitment in the distal-most epithelium [95]. During homeostasis, *Fgf10* is expressed in mesenchymal stromal niches, between cartilage rings in the upper conducting airway, driving submucosal gland (SMG) and basal cell development and maintenance [29, 95–98]. *Fgf10*⁺ fibroblasts give rise to and coordinate formation of peribronchiolar and perivascular smooth muscle. Later in development, they give rise to alveolar myofibroblasts and lipofibroblasts [29, 43, 94, 99]. Alveolar fibroblasts that express *Fgf10* are a heterogenous mixture of *Pdgfra*⁺ and *Gli1*⁺ cells, but most *Fgf10*⁺ fibroblasts are lipofibroblasts adjacent to AT2 cells [29, 100]. These cells support AT2 self-renewal in homeostasis and injury, and may overlap with the MANCs and *Lgr5*⁺ niche cells [17, 35, 36]. Lineage-labeled *Fgf10*⁺ lipofibroblasts differentiate into myofibroblasts and upregulate *Fgf10* during injury, and then de-differentiate back into lipofibroblasts during resolution. These data propose that *Fgf10* fibroblasts can switch both ways between myo- and lipo- phenotypes, and support the concept that *Fgf10*⁺ fibroblasts are niche-specific cells that provide a proper paracrine environment to the epithelium during injury and repair [78, 101]. *Fgf10* expression is reduced in biopsies from BPD patients [102], and in a hyperoxia model of BPD in mice, expression of dn*Fgfr2* during repair inhibited epithelial repair [103, 104]. During realveolarization after perinatal dexamethasone exposure or partial pneumonectomy, and in the context of RA-induced repair, expression of dn*Fgfr2* inhibited myofibroblast differentiation and increased expression of *Pdgfra* [56, 58].

Global or mesenchyme-specific knockouts of FGFR3/4 during alveolarization lead to extensive alveolar simplification [105–107], and FGF18 is specifically upregulated during rat and human alveologenesis [108–110]. In a recent study, labeling FGF18-expressing cells

from PN5 to PN8 in the lung using an FGF18^{CreERT2} mouse revealed that 14% of alveolar myofibroblasts express FGF18 during alveologenesis (PN9) [111, 112]. Amongst this population, ~72% also expressed α SMA and PDGFR α . By scRNA-seq, high FGF18 expression is correlated with high ACTA2-expression in myofibroblasts. At the end of alveolarization at P21, ~88% of these myofibroblasts are lost. Some fluorescent particles were found in immune cells, suggesting that myofibroblasts are cleared by immune-mediated phagocytosis. Notably, ~23% of HOPX⁺ AT1 cells and 65% of WT1⁺ mesothelial cells were labeled with FGF18 at PN9, suggesting the FGF18 expression is not exclusive in interstitial lung fibroblasts.

A combination of GLI1-LacZ with FGF18^{CreERT2} and lineage labeling from PN5–8 revealed that the majority (77%) of PFGF18-labeled cells co-expressed Gli-LacZ, indicating that these populations largely overlap. However, lineage tracing using Gli1^{CreERT2} revealed that less Gli1 cells than FGF18 cells were lost by PN21, and many that the remaining Gli1 cells were alveolar lipofibroblasts. These data suggest that lipofibroblasts labeled early in development are more permanent than previously believed and demonstrate an active role of myofibroblast-directed FGF18 signaling. Important basic developmental experiments determining the autocrine vs. paracrine effects of FGF18 on the various cells involved in alveologenesis remains as an exciting future direction [111].

Taken together Fgf signaling in combination with wnt, gli and pdgfra signaling is very context dependent and critical for proper differentiation and proliferation of both myofibroblasts and lipofibroblasts during development, disease, injury and repair.

Tcf21 lineage: lipofibroblast or matrix? (the squeaky wheel gets the grease)

Transcription Factor 21 (*Tcf21*) is expressed in the early embryonic lung, and embryonic *Tcf21* gene inactivation results in hypoplastic lungs [113]. Genetic lineage tracing using *Tcf21*^{mCre/+}; *R26*^{dT/tD} transgenic mice during the embryonic phase at E11.5 in *Tcf21*^{mCre/+}; *R26*^{dT/tD} mice revealed labeled lineage-traced progenies (at E18.5) in peribronchiolar and perivascular smooth muscle, Pdgfra⁺ fibroblasts and LipidTOX⁺ fibroblasts [30]. Tracing *Tcf21* expressing cells during the pseudoglandular stage at E15.5 traced less than 1% α Sma⁺ but 89.4% Adrp⁺ distal fibroblasts, suggesting that lipofibroblast specification occurs during the saccular phase in TCF21 expressing cells, and these cells are no longer precursors to myofibroblasts or smooth muscle cells. In adult lungs, *Tcf21* expression is detected in Pdgfra⁺ lipofibroblasts [114]. *Pdgfra* expressing cells were analyzed to determine the overlap lipofibroblasts and myofibroblasts within the *Tcf21* expressing population during development. Tracing *Tcf21* expressing cells during the pseudoglandular stage at E15.5 showed that in 25% of the Tcf21⁺ traced cells express Pdgfra-GFP⁺ and that 30% of the Pdgfra-GFP⁺ expressing cells were traced by Tcf21⁺ [30]. These data demonstrate that at E18.5 there are three non-overlapping types of cells Tcf21/*Pdgfra*-GFP, Tcf21 and *Pdgfra*-GFP. As the majority of progeny of the Tcf21 cells expressed the lipofibroblast marker ADRP, these progenitor cells captured at E15.5 give rise to lipofibroblasts. These data predict that the Pdgfra-GFP⁺/Tcf21^{neg} cells are the progenitors for the interstitial myofibroblasts, which has not been tested. Nonetheless, this clearly

demonstrates that some Tcf21⁺ cells become a fibroblast population distinct from smooth muscle and *Pdgfra* expressing cells.

Recent single cell transcriptome analysis suggest that active *Tcf21* expression is strongly associated with *Col13a1* expression in the adult lung [33]. Tcf21^{neg} lineage lipofibroblasts but not Tcf21⁺ lipofibroblast expressed high levels of *Col13a1* at PN7. However, using a Ribotag mouse to isolate ribosomal-associated transcripts from the Tcf21 lineage, they demonstrated that *Col13a1* and *Plin2* were enriched in perinatal and adult Tcf21 lineages, while *Fgf10* and *Zfp423* were only enriched perinatally and *Thy1* and *desmin* were only enriched in postnatal fibroblasts. These data suggest that the prenatal (E15.5) and postnatal (PN2) Tcf21-labeled cells are progenitor cells of two distinct lipofibroblasts, one with a more matrix function than the other. To compare *Tcf21* expression within the stromal cells over time please refer to the “Transcription factor” Heatmap (Fig.3).

Heterogeneity of fibroblasts in bleomycin induced fibrosis was assessed and two distinct matrix fibroblast populations were characterized based on gene signatures associated with ECM and adhesion and discerned by *Col13a1* and *Col14a1* expression [33]. The *Col13a1* matrix fibroblasts also expressed *Itga8*, *Cxcl14*, *Npnt*, and *Tcf21*, bringing them in close relationship to lipofibroblasts. As lipofibroblasts are associated with alveolar maintenance and repair [35, 36], the increase in *Col13a1*⁺ fibroblasts during bleomycin injury and repair may represent a regenerative population that is present 21 days after injury. Developmental studies on P7 murine lungs validated expression of *Col13A1* in the lipofibroblast population, in both lineage traced TCF21 progeny and cells that co-expressed TCF21 [30]. At PN7, the peak of alveolarization is a timepoint when fibroblast would have to switch to a matrix phenotype to lay down the scaffold in the newly forming septae [30]. Developmentally, *Col13a1*⁺ and *Col14a1*⁺ matrix fibroblasts have yet to be further defined, but according to the LGEA scRNA-seq dataset, they are expressed in distinct subsets of fibroblasts from E16.5-P28.

Matrix Fibroblasts:

Until recently, matrix fibroblasts have not gained much attention and were always grouped in with myofibroblasts and “activated”-pathological fibroblasts. Recent single cell seq analysis clearly identified several lung matrix fibroblasts, but their developmental and/org regenerative role and spatial location still remain elusive [33, 63, 64, 115–117]. During lung development, matrix producing and modulating cells are important to create the gracile scaffold that holds up the lung parenchyma, like poles and beams hold up the circus tent or Renaissance-age dome structures. Based on transcriptional profiles, matrix fibroblasts are more specialized to form and modulate the ECM during development and repair, while myofibroblasts still produce matrix but also contract and provide tensile strength to the alveolus [33, 59]. PDGFRa-GFP transgenic mice have been used to characterize determine interstitial myo, lipo and matrix fibroblasts all of which express PDGFRa-GFP but whether these are independent cell populations cell stages of the same populations remains to be determined [55, 59, 114, 118–121]. Intensity of the GFP signal has been used to distinguish different populations [43, 44, 56, 58, 59]. Developmental studies demonstrate that the GFP-dim cells become myofibroblast during active septation [55, 114, 118–121]. However,

PDGFRa-GFP⁺ bright fibroblasts from adult mice expressed a matrix remodeling and matrix synthesizing gene expression profile, while PDGFRa-GFP⁺ dim fibroblasts expressed a contractile and smooth muscle phenotype [58, 59]. Further analysis of the dataset revealed that Pdgfra⁺/CD29⁺ dual positive cells were myofibroblasts, while Pdgfra⁺/CD34⁺ dual positive cells were matrix fibroblasts [59]. The same study showed, that increased Pdgfra kinase activity promotes the matrix fibroblast phenotype. In IPF, PDGFRa-bright matrix fibroblasts are lost, and when returned to recombinant mouse-human organoids, can direct regeneration of aged epithelium into healthy epithelium [122]. Thus, the difference between a myofibroblast and a matrix fibroblast during lung regeneration might be a cell stage regulated by the amount of Pdgfra signaling input on the fibroblast.

Pericytes: Free hugs, nothing is free

Pericytes are vascular smooth muscle (VSMC) related mesenchymal cells that lie within the capillary basement membrane and closely neighbor endothelial cells [51, 123]. In the lung, pericytes adhere to the basement membrane and tightly to the endothelium through gap, tight, and adherence junctions, correlating closely with the strong barrier and low turnover rate of pulmonary endothelium [124]. Pericytes are generally defined by surface expression of Pdgfrb, Pdgfra, CD146, ABCG2, Ng2, α Sma, Collagen1a1, vimentin, and desmin; the most specific marker is Pdgfrb [31, 32, 124–127]. Multiple reports suggest that NG2⁺ pericytes arise from a transient mesenchymal pool present in the distal lung buds from E9.5 TBX4⁺ progenitors [25] or E11-E13, expressing transcription factor FoxD1 [32]. Lineage tracing using *Tbx4*, by either labeling throughout embryogenesis or only after embryonic day 15.5, gave rise to Ng2⁺ α Sma^{neg} pericytes, smooth muscle cells, rare endothelial cells, myofibroblasts, and alveolar lipofibroblasts [20]. Less than 60% of pericytes express NG2 [32]. Approximately 80% of the FoxD1-traced cells did not express *Colla1* or α Sma, but fit the definition of pericytes: stellate-shaped with long cell processes, attached to endothelial cells, separated from the airways, and expressing *Pdgfr-b* [32, 51]. Also, a Pdgfr β ⁺/Ng2⁺ α Sma^{neg} perivascular population arose from NG2-traced cells [31]. Foxd1-expressing progenitors also labeled Ng2⁺ α Sma^{neg} pericyte. Pdgfra-GFP tracing identified two Pdgfra-GFP expressing “pericyte” populations, which are located perivascular or peribronchiolar and co-express *Pdgfr β* but not *Ng2* (CSPG4) and stained variably for α Sma [44]. Lineage-traced Gli1⁺ perivascular fibroblasts express Pdgfr β but not Ng2, and can contribute to fibrotic myofibroblasts and Ng2⁺ cells (pericytes) after injury [26].

Mesenchymal Stem Cells, Mesenchymal Stromal Cells, Mesenchymal progenitor cells: More of the Same?

Stem cells antigen 1 (Sca-1) is expressed on many different cell types in the lung. Excluding CD45⁺, CD31⁺, and CD326⁺ cells the role of Sca1- positive fibroblasts in lung development and regeneration was assessed [128–130]. Multiple groups reported that CD45^{neg}CD31^{neg}Sca-1⁺ cells had mesenchymal characteristics in the adult lung but their origin and function remained unclear [131, 132]. A systematic analysis of the cellular identity and composition of CD45^{neg}CD31^{neg}Sca-1⁺CD34⁺ cells in neonatal and adult lungs supported that these postnatally-arriving cells were MSCs [34]. The CD45^{neg}CD31^{neg}Sca-1⁺

fraction uniformly expressed *Pdgfra* and *CD34*, while a portion of these cells expressed *Thy-1*. Isolated and plated *CD45^{neg}CD31^{neg}Sca-1⁺Thy-1^{high}* cells preferentially differentiated into lipofibroblasts, while *CD45^{neg}CD31^{neg}Sca-1⁺Thy-1^{low}* cells differentiated into microtubule-forming non-lipofibroblasts. During alveolar regeneration no changes of proliferation, differentiation or expression of *CD34* or *CD29* was detected in the *Sca-1* populations [58, 59]. In the adult a portion of *Fgf10⁺* cells are *Sca-1⁺*, suggesting that MSCs fit the descriptions of a lipofibroblast [29]. *SCA-1* immunoreactivity in the distal lung is predominantly restricted to endothelial and perivascular cells.

A “mesenchymal progenitor cell” (MPC), labeled by *ABCG2* in adult lungs falls into the MSC category due to its bipotency in pulmonary angiogenesis [127]. These cells contributed to vascular homeostasis, and when challenged with fibrosis-inducing bleomycin or depletion of BMP/stabilization of β catenin (both increasing WNT signaling input), these cells proliferated and improperly differentiated. Bleomycin caused the cells to upregulate *aSMA* and differentiate into a perivascular myofibroblast. Increased WNT caused the cells to downregulate *aSMA* and proliferate, expanding into immature pericytes that contributed to vascular leak and reduced vascular contractility. *ABCG2⁺* cells did not directly contribute to fibrotic lesions, but contributed to abnormally stiff, aberrant vessels nearby. These results suggest that *ABCG2⁺* cells have, bipotency, and contribute to proper perivascular maintenance [127]. Further studies are required to determine if these cells overlap with the aforementioned *Gli1⁺* perivascular stem cells and *Sca-1* stem cells [26, 133].

Mesothelium; the thin lining

Wilm’s Tumor 1 (*wil1*) is a tumor suppressor gene that, when mutated, contributes to the development of Wilm’s Tumor disease progression in the kidney of children [134]. *Wt1* is highly expressed in the mesothelium lining the lung pleurae, peritoneum, and pericardium, and increases in mesothelioma [135]. During development, *Wt1* regulates the development of the mesothelium. The mesothelium releases *Fgf9*, stimulating *Fgf10* expression in the mesenchyme and subsequent epithelial proliferation and lung branching [10, 136]. Deletion of *Fgf9* in the *Wt1* lineage resulted in loss of *Wnt2a* expression in the mesenchyme and decreased airway branching [137]. Lineage tracing using a *Wt1-Cre; LacZ* revealed that mesothelial *WT1⁺* cells contribute to smooth muscle and other undefined fibroblasts surrounding pulmonary vasculature [38]. In IPF, sub-pleural fibrosis is an early indication of disease progression, and studies have shown that both *WT1⁺* mesothelial cells and *WT1⁻* mesenchyme contribute to lesions [138, 139]. Recent scRNA-seq and validating RNA in-situ hybridization studies demonstrate that *HAS1^{hi}* fibroblasts (hyaluronan synthase) exist in the subpleural regions of the lung, and express *WT1*. [140]. In IPF these *HAS1^{hi}* fibroblasts also express *COL1A1*, and markers of epithelial mesenchymal transition (*TWIST*, *SNAI1*) and are immune responsive (*IL4/IL13* signaling). It remains to be seen if *HAS1^{hi}* cells arose from lineage-negative or lineage-positive *WT1* cells, and whether the *WT1* transcription factor regulates expression of *HAS1*. Future lineage tracing and genetic epistasis studies could reveal how these subpleural and mesothelial cell subsets contribute to IPF.

Smooth Muscle Cells

In the lung, smooth muscle cells (SMC) form circular peribronchiolar structures and mesh like perivascular structures, reflecting different mechanical requirements in the lumen of the bronchioles and vessels [44, 57, 141, 142]. During lung development, airway SMCs form adjacent to the proximal Sox2 positive epithelial cells but not next to Hopx⁺ epithelium in the bronchio-alveolar transition zone [44, 57, 143, 144]. Airway smooth muscle progenitors map exclusively to mesenchyme ahead of budding airways. Progenitors recruited from these tip pools differentiate into SMC around airway stalks. Mesenchyme flanking the bronchiolar stalk can be induced to form SMC by focal Wnt signal from epithelial lung tips and lateral buds [40]. The earliest lineage labels of SMCs are TCF21 and PDGFR α at E9.5 [30, 60, 101]; Gli1, WT1, FGF10, and TBX4 at E10.5 [38, 40, 41, 99]; and FGF10 and PDGFR β at E11.5 [29, 37], suggesting that SMCs are committed early during development. Later developmental lineage traces show that SMCs arise from E18.5 SCA-1 cells [34] and P1–6 Gli1 cells [41, 42]. In the adult lung, the smooth muscle layer contains the Axin2⁺ peribronchiolar AMPs and PDGFR β ⁺ Lgr6 cells, which are still Wnt responsive and can contribute to pathological repair after injury [35, 36]. However, Wnt2 is not required for the differentiation of early mesenchyme into vascular SMCs, supporting lineage restrictions in SMC differentiation early in lung development [5].

The Predictive Power of Single Cell Sequencing in Lung Lineage

The field of lung fibroblast biology has benefited greatly from classical lineage tracing experiments but is now on the cusp of a new era of lineage information supplied by scRNA sequencing. Gene expression data from fibroblast populations inherently contain more noise than data sets from epithelial populations [64, 115, 145, 146]. Lung epithelial cells make fate decisions early and can be grouped by hallmark gene expression into relatively non-overlapping subpopulations, thus incredibly amenable to scRNA-seq analysis [64, 115, 145, 146]. Fibroblasts respond dynamically to environmental cues such as ECM stiffness, paracrine ligands, and pH, directly altering gene expression and function. Thus, fibroblasts exist more on a spectrum of gene expression rather than in individual populations, and are therefore perfectly situated for trajectory inference algorithms like pseudo time analysis [116]. Pseudo time analyses use scRNA-seq datasets to reconstruct continuous or branching cell-state transitions from cells that have similar gene expression profiles. Thus, variations in gene expression relating to gene-ontological-categorized cellular processes can be utilized to predict a cell population's lineage. Some of these programs include Monocle 1, Waterfall, Wanderlust, and TSCAN [147]. More advanced programs like Monocle 2, Wishbone, DPT, SLICE, SLINGSHOT, and DPT can predict multiple branch points [147]. These advanced algorithms can only predict lineage relationships which still need to be validated by genetic lineage labeling studies. Moreover, identifying the spatial and also temporal location of these predicted populations will give valuable insight in their function and role in development, repair and fibrosis. Thus, we are not ready to leave behind lineage tracing and histology, but rather expand our toolbox and incorporate sequencing technology and prediction algorithms to better understand the elusive lung fibroblast.

Bring on the heat:

In order to compare and contrast lineages and identify potential overlap due to expression of the same lineage markers at different time points, we subset a single cell dataset from LungMAP with fourteen “lineage tracer” genes as guides. The resulting heatmap visualizes the dynamic expression patterns of presumable lineage markers all through developmental timepoints (E16.5-PN28) and demonstrate the overlap of gene expression between fibroblast populations and expression in non-mesenchymal celltypes. We re-clustered all stromal cells by gene expression and sorted for expression of transcription factors, signaling pathway ligands and receptors (Fig. 2–5). These heatmaps, “lineage”, “transcription factor”, “sender/ligand” and “receiver/receptor” provide a resourceful list to correlate one’s own experimental data with fibroblast lineages and to identify any lineage’s temporal lineage mark, transcriptional activators and how they receive and respond in their microenvironmental niche. The whole dataset can be interactively interrogated in the “toppcell” suite using this hyperlink: <https://toppcell.cchmc.org/biosystems/go/index3/shred/LungMap/Output%20by%20Lineage%20by%20Class%20by%20Age%20group%20by%20Age>

Conclusion

Fibroblasts are much more plastic than epithelial cells. Epithelial cells tend to make a fate decision and then go either forward or backwards on that track, whereas the fibroblast continuously senses the environment and adapts its role, function, and activation status accordingly. Being in a functional stage and not a defined lineage probably allows the fibroblast to quickly adapt to dynamically changing signals from the environment (paracrine signals, mechanical tension, loss of epithelial cells, stress of epithelial cells, inflammation). Epithelial cells for the most part have a well-defined role in their niche and fibroblasts support that niche. During epithelial stress or injury, fibroblasts become activated to support the epithelial regeneration [148, 149]. This activation for the most part is an augmentation of their function rather than a trans differentiation [21, 117, 150]. It is well accepted in the field that fibroblast activation is characterized by increase of proliferation, migration, α Sma expression, matrix degradation and matrix synthesis [151–153]. Fibroblasts lose some of their plasticity with chronic stress, repeated injury and advanced age and become shunted toward myofibroblast differentiation and excessive ECM producing cells [82, 122, 154, 155]. This loss of the plasticity results in maladaptive repair and regeneration [82, 122, 156, 157]. A recently published single cell RNAseq dataset from normal and bleomycin injured lung fibroblast identified that bleomycin induced fibrosis activated fibroblasts by augmenting a signature found in normal lung fibroblasts and not inducing a new “fibrosis” signature [21]. These data imply that activated fibroblasts are more proliferative, migratory, invading, contractile, express more matrix, or store more lipid. A recent single cell RNAseq analysis from normal, IPF and COPD lungs the origins of the activated IPF myofibroblast was inferred to be the extreme pole of a continuum of a contractile fibroblast found in a normal lung [117]. So, the question remains: “Is there a fibroblast lineage?” The answer is that some lineages exist, but most of what we see is a functional stage with variable degree of plasticity.

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Highlights

- lung fibroblast populations and lineages
- temporal gene expression profile in fibroblast population

Stromal Cells in the Lung Parenchyma

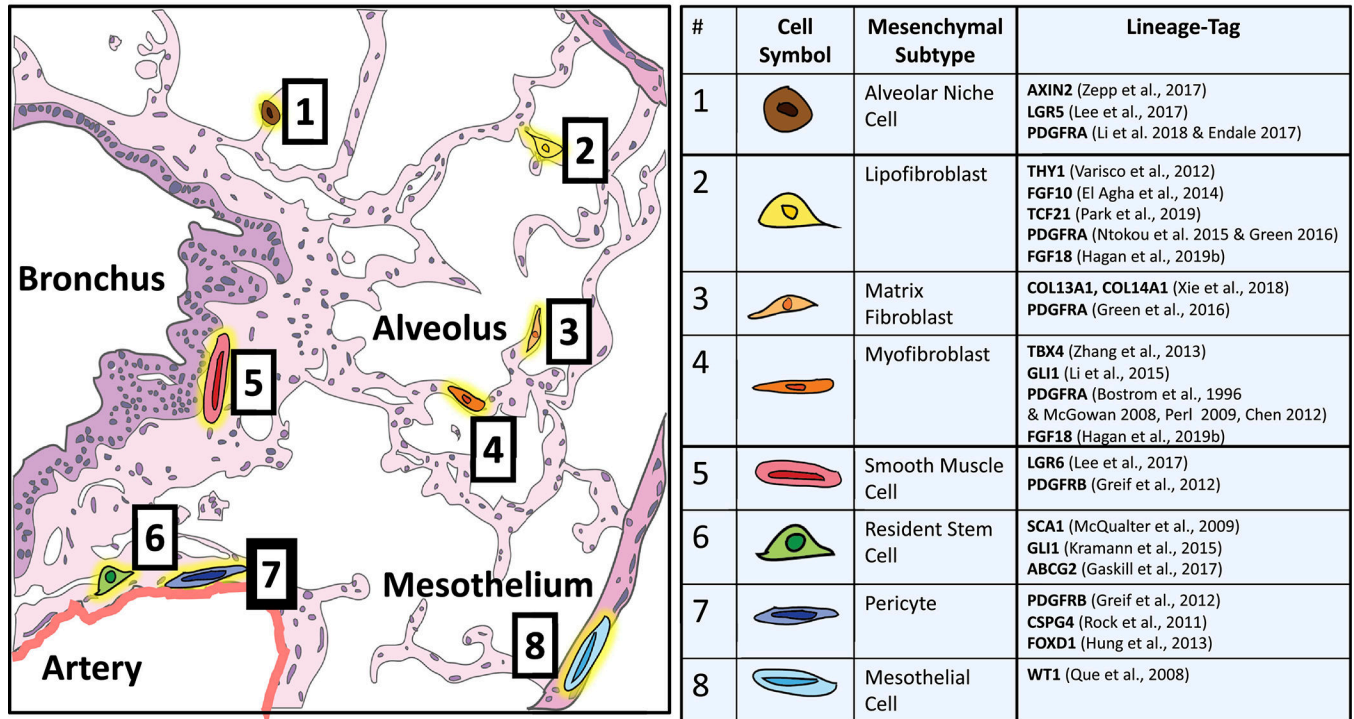


Figure 1- Location, Location, Location

Representational drawing of an adult donor lung histology section. Each of the eight functional mesenchymal subtypes found in the adult lung are located to their niche based on their lineage definition in the literature. The table includes accepted lineage labels currently available in the field.

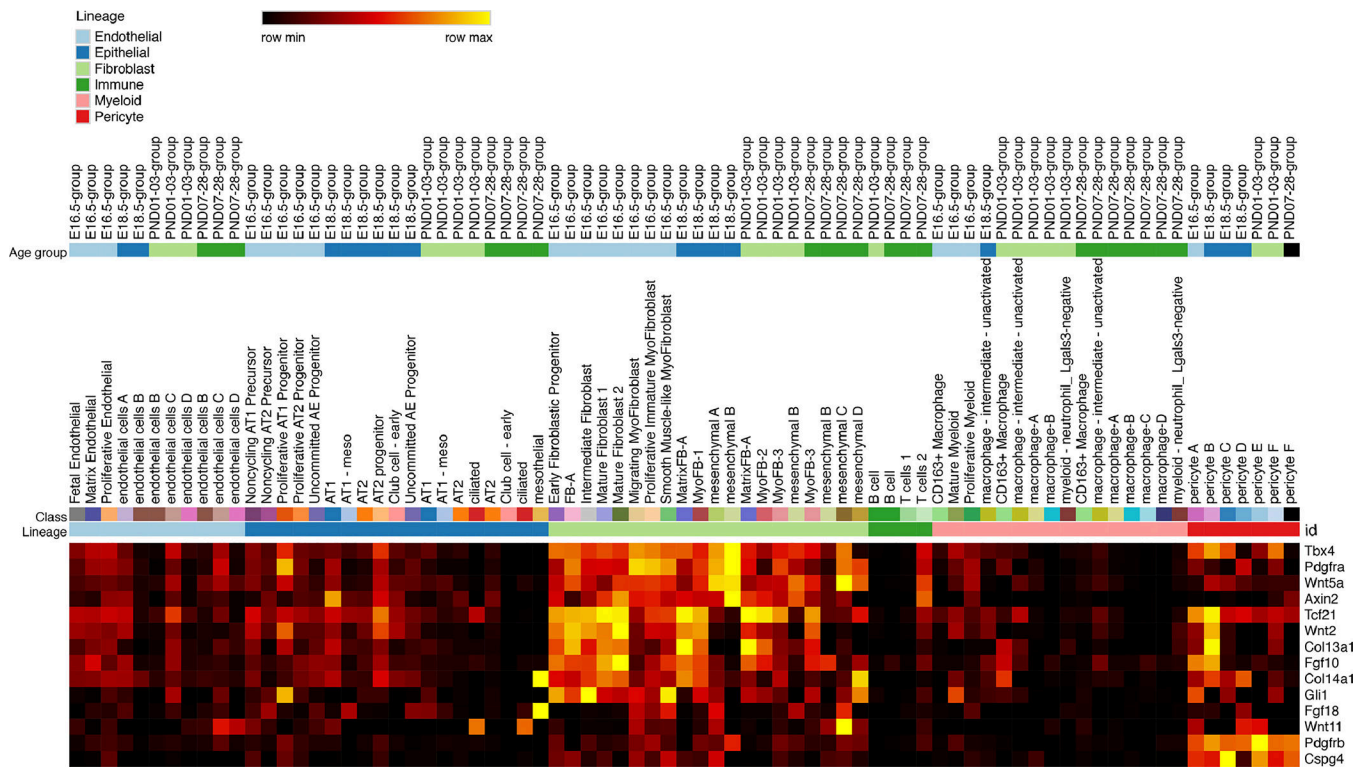


Figure 2. Heatmap “Lineage Markers”: Expression of established lineage markers in mesenchymal populations identified by single cell RNA-Seq heatmap: 14 of the 16 lineage markers were identified in the scRNA-seq dataset and displayed in a heatmap (Wt1, Ng2, Thy1, Lgr5 and Lgr6 were expressed at very low levels). The x-axis was arranged by cell type, cell subtype, and age group, respectively. Yellow represents high expression and black represents little to no expression.

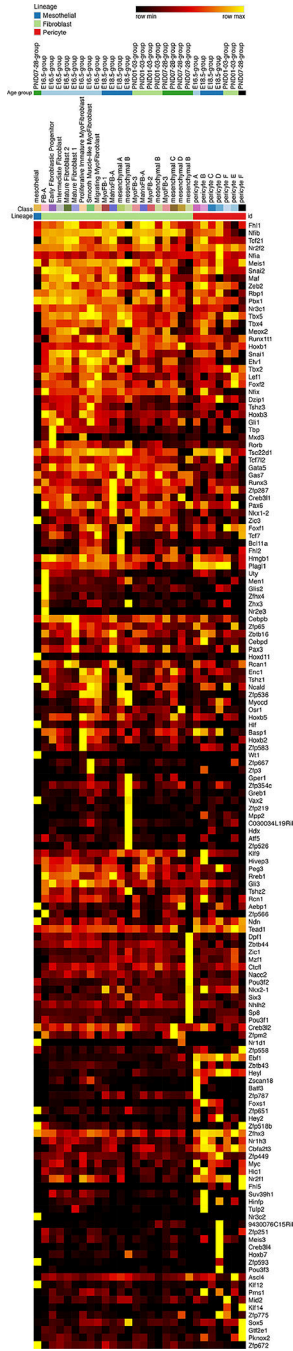


Figure 3: Heatmap “Transcription factors”

Expression of transcription factors in mesenchymal populations identified by single cell RNA-Seq heatmap. These transcription factors are the highest expressed (TPM>2.5) and most specifically expressed within the mesenchymal population. Transcription factors were placed on the y-axis of a single cell RNA-seq heatmap. The x-axis was arranged by cell type, cell subtype, and age group, respectively. Yellow represents highest expression.

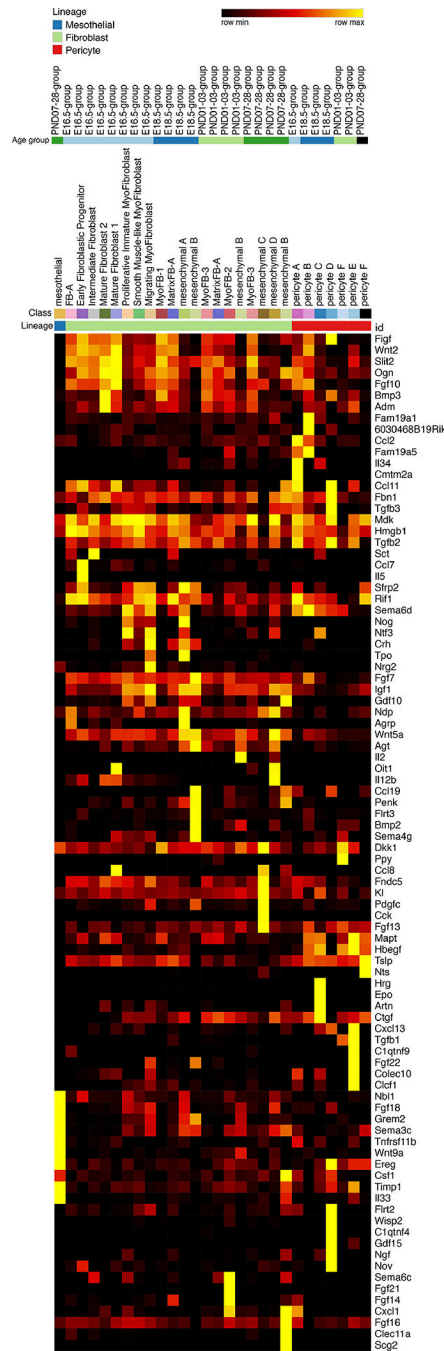


Figure 4: Heatmap “Sender-Ligands”

Expression of signaling pathway ligands in mesenchymal populations identified by single cell RNA-Seq heatmap: These ligands are the highest and most specifically expressed in the mesenchyme compared to all other cell types. Ligands were placed on the y-axis of a single cell RNA-seq heatmap. The x-axis was arranged by cell type, cell subtype, and age group, respectively. Yellow represents highest expression.

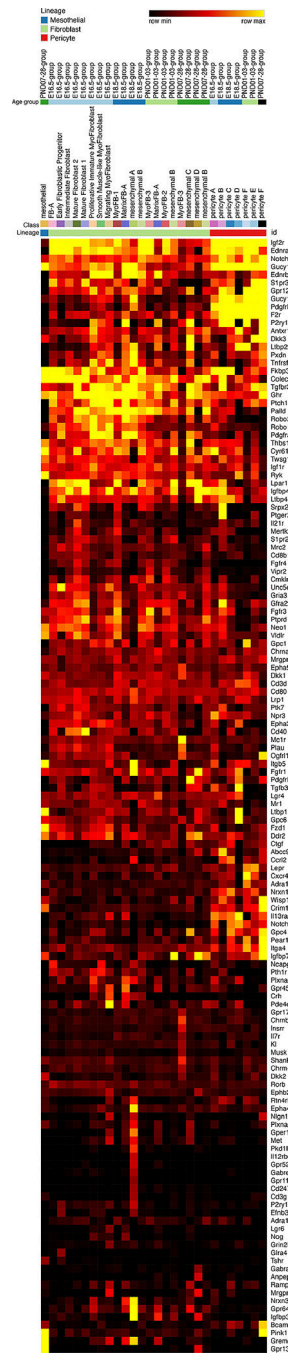


Figure 5: Heatmap “receiver-Receptors”

Expression of signaling pathway receptor in mesenchymal populations identified by single cell RNA-Seq heatmap: These receptors are the highest and most specifically expressed in the mesenchyme compared to all other cell types. Signaling pathway receptors were placed on the y-axis of a scRNA-seq heatmap. The x-axis was arranged by cell type, cell subtype, and age group, respectively. Yellow represents highest expression.

Table 1:**“What happened?”**

Summary of transgenic tools used to lineage trace lung fibroblasts, combined with literature references and brief description of the finding. List of major mesenchymal lineages during lung development, repair, and homeostasis. Reports of similar and overlapping populations are grouped by lineage, transgenic tool and publication. A short description of when cells were labeled, and progenies documented.

Lineage	Cell Type	Transgenic Mouse	Reference	Start	End
TBX4	Myofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2016) (Kumar et al., 2014) (Zhang et al., 2013)	E9.25	E15.5
	Smooth Muscle Cell	Tbx4 ^{LME} -CreER JAX # N/A (Kumar et al., 2014)	(Kumar et al., 2014)	E10.5	E13.5
	Pericyte	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2016)	E9.25	E15.5
	Endothelium	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012) Tbx4-rtTA/TetO-Cre JAX # N/A (Zhang et al., 2013)	(Xie et al., 2016) (Zhang et al., 2013)	E9.25	E15.5
			(Zhang et al., 2013)	E11.5	E15.5
	Mesothelium	Tbx4 ^{LME} -CreER JAX # N/A (Kumar et al., 2014)	(Kumar et al., 2014)	E10.5	E13.5
Lipofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2016)	E9.25	E15.5	
GLI1	Myofibroblast	Gli1-CreER ² JAX #007913 (Ahn and Joyner, 2004)	(Li et al., 2015)	E10.5–11.5	E18.5
				P5–6	P11 P14
			(Kugler et al., 2017)	P1	P6, P10
	Mesenchymal Stem Cell	Gli1-CreER ² JAX #007913 (Ahn and Joyner, 2004)	(Kramann et al., 2015)	8-Week-	Two days
	Pericyte	Gli1-CreER ² JAX #007913 (Ahn and Joyner, 2004)	(Li et al., 2015)	P5–6	Adult
				E10.5–11.5	E12.5, P11
			(Li et al., 2015)	P5–6	P11
	Smooth Muscle Cell	Gli1-CreER ² JAX #007913 (Ahn and Joyner, 2004)	(Kugler et al., 2017)	P1	P6 P10
				E10.5–11.5	E12.5, P11
			(Li et al., 2015)	P5–6	P11 P14
Mesothelium	Gli1-CreER ² JAX #007913 (Ahn and Joyner, 2004)	(Li et al., 2015)	E10.5–11.5	P11 P14	
		(Li et al., 2015)	P5–6	P11 P14	
		(Kugler et al., 2017)	P1	P6, P10	
PDGFRa	Myofibroblast	C57/BL6	(Bostrom et al., 2002; Bostrom et al., 1996)	N/A	E15.5
		Pdgfra ^{rtTA} ;tetO-cre JAX # N/A (Li et al., 2018)	(Li et al., 2018)	E9.5–P7	P7
				P0–P7	P7
				P1–P20	P40
	Pdgfra-creER TM JAX # 018280 (De Biase et al., 2011)	(Ntokou et al., 2015)	E9.5	E18.5, P5 P7	

Lineage	Cell Type	Transgenic Mouse	Reference	Start	End
				P2 P5	P7 P9 P14
		PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Endale et al., 2017)	N/A	E16.5 E18.5 P7
	Matrix fibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	Adult
		PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Endale et al., 2017) (Green et al., 2016)	PNX	Adult
	Lipofibroblast	<i>Pdgfra</i> ^{TA} ;tetO-cre JAX # N/A (Li et al., 2018)	(Li et al., 2018)	E9.5–P7	P7
				P0–P7	P7
				P1–P20	P40
		<i>Pdgfra</i> -creER TM JAX # 018280 (De Biase et al., 2011)	(Ntokou et al., 2015)	E9.5 P2 P5	E18.5 P5 P7 P7 to P14
	Smooth muscle cell	PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Ntokou et al., 2015) (El Agha et al., 2017)	E9.5	E14.5 to P3
FGF18	Myofibroblast	FGF18 ^{CreERT2} JAX # N/A (Hagan et al., 2019a) Gli1 ^{LacZ} JAX # 008211 (Bai et al., 2002) Gli1 ^{CreERT2} JAX # 007913 (Ahn and Joyner, 2004)	(Hagan et al., 2019b)	PN5–8	PN9, PN21
		Gli1 ^{CreERT2} JAX # 007913 (Ahn and Joyner, 2004) Gli1 ^{LacZ} JAX # 008211 (Bai et al., 2002)	(Hagan et al., 2019b)	PN1	PN2, PN7, PN21
				PN5–8	PN9, PN21
	Lipofibroblast	FGF18 ^{CreERT2} JAX # N/A (Hagan et al., 2019a) Gli1 ^{LacZ} JAX # 008211 (Bai et al., 2002) Gli1 ^{CreERT2} JAX # 007913 (Ahn and Joyner, 2004)	(Hagan et al., 2019b)	PN5–8	PN9, PN21
		Gli1 ^{CreERT2} JAX # 007913 (Ahn and Joyner, 2004) Gli1 ^{LacZ} JAX # 008211 (Bai et al., 2002)	(Hagan et al., 2019b)	PN1	PN2, PN7, PN21
				PN5–8	PN9, PN21
	Mesothelium	FGF18 ^{CreERT2} JAX # N/A (Hagan et al., 2019a) Gli1 ^{LacZ} JAX # 008211 (Bai et al., 2002)	(Hagan et al., 2019b)	PN5–8	PN9, PN21
THY1	Lipofibroblast	C57/B6; Thy1 ^{-/-} JAX # N/A (Dr. Koger Morris, King's College, London, UK)	(Varisco et al., 2012)	N/A	E18.5 to Adult
	Mesenchymal Stem Cell	C57BL/6	(McQualter et al., 2009)	Adult	Adult
FGF10	Lipofibroblast	Fgf10 ^{iCre} JAX # 033807 (El Agha et al., 2012)	(El Agha et al., 2014)	E11.5 E15.5	E15.5 E18.5
	Myofibroblast	Fgf10 ^{iCre} JAX # 033807 (El Agha et al., 2012)	(El Agha et al., 2017)	Bleo Injury	Adult
	Smooth Muscle Cell	Fgf10 ^{iCre} JAX # 033807 (El Agha et al., 2012) (<i>Fgf10</i>)-lacZ MGI:3629660 (Kelly et al., 2001)	(El Agha et al., 2014)	E11.5	E13.5 to E18.5
			(Mailleux et al., 2005)	E10.5	E11.5 to E14.5
	Mesenchymal Stem Cell	Fgf10 ^{iCre} JAX # 033807 (El Agha et al., 2012)	(El Agha et al., 2014)	E11.5	P30 Adult
TCF21	Lipofibroblast	TCF21-cre ^{ERT2} JAX # N/A (Park et al., 2019)	(Park et al., 2019)	E9.5 11.5 15.5	E18.5
	Matrix Fibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	Adult

Lineage	Cell Type	Transgenic Mouse	Reference	Start	End
	Myofibroblast	TCF21-cre ^{ERT2} JAX # N/A (Park et al., 2019)	(Park et al., 2019)	P2	P7
	Smooth Muscle Cell	TCF21-cre ^{ERT2} JAX # N/A (Park et al., 2019)	(Park et al., 2019)	E9.5 E11.5	E18.5
PDGFKb	Pericyte	PDGFKb ^{-/-} JAX # 007846 (Soriano, 1994)	(Greif et al., 2012; Hellstrom et al., 1999)	E11.5	E13.5, E18.5
	Smooth Muscle Cell	<i>PDGFR-β-Cre</i> JAX # N/A (Foo et al., 2006)	(Greif et al., 2012)	E11.5	E13.5, E18.5
	Lipofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	Adult	Adult After Injury
	Myofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	Adult After Injury
(Henderson et al., 2013)			Adult	Adult After Injury	
NG2 (CSPG4)	Pericyte	NG2-CreE ^K ™ JAX # 008538 (Zhu et al., 2011)	(Rock et al., 2011)	Adult	Adult after injury
	Myofibroblast	NG2-CreE ^K ™ JAX # 008538 (Zhu et al., 2011)	(Rock et al., 2011)	Adult	Adult after injury
	Lipofibroblast	NG2-CreE ^K ™ JAX # 008538 (Zhu et al., 2011)	(Rock et al., 2011)	Adult	Adult after injury
FOXD1	Pericyte	<i>Foxd1</i> ^{+/+} <i>GFPCreER</i> JAX # 012464 (Humphreys et al., 2010)	(Hung et al., 2013)	E11.5	E14.5, Adult
	Myofibroblast	<i>Foxd1</i> ^{+/+} <i>GFPCreER</i> JAX # 012464 (Humphreys et al., 2010)	(Hung et al., 2013)	Adult	Adult 7 days after injury
	Lipofibroblast	<i>Foxd1-Cre</i> JAX # 012463 (Humphreys et al., 2010)	(Hung et al., 2013)	E11.5	Adult
COL13A1	Matrix Fibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
	Myofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
	Lipofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
COL14A1	Matrix Fibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
	Myofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
	Lipofibroblast	Tbx4 ^{LME} -Cre JAX # 033331 (Greif et al., 2012)	(Xie et al., 2018)	E9.25	E16.5- Adult
SCA-1	Mesenchymal Stem Cell	Ly6a ^{Cre} (Sca-1 ^{Cre}) JAX #032621 (Vagnozzi et al., 2018)	(McQualter et al., 2009)	E18.5	Adult
	Myofibroblast	C57/BL6	(Cao et al., 2018)	Adult	In Vitro After Injury
	Lipofibroblast	Ly6a ^{Cre} (Sca-1 ^{Cre}) JAX #032621 (Vagnozzi et al., 2018)	(McQualter et al., 2009)	E18.5	Adult
(Xie et al., 2018)			Adult	Adult	

Lineage	Cell Type	Transgenic Mouse	Reference	Start	End
	Matrix Fibroblast	PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Green et al., 2016)	Adult	Adult after PNX
			(Xie et al., 2018)	Adult	Adult
	Pericyte	Ly6a ^{Cre} (Sca-1 ^{Cre}) JAX #032621 (Vagnozzi et al., 2018)	(McQualter et al., 2009)	E18.5	Adult
	Smooth Muscle Cell	Ly6a ^{Cre} (Sca-1 ^{Cre}) JAX #032621 (Vagnozzi et al., 2018)	(McQualter et al., 2009)	E18.5	Adult
ABCG2	Mesenchymal Stem Cell	Abcg2 ^{CreERT2} JAX # 021961 (Fatima et al., 2012)	(Gaskill et al., 2017)	Adult	Adult
	Pericyte	Abcg2 ^{CreERT2} JAX # 021961 (Fatima et al., 2012)	(Gaskill et al., 2017)	Adult	Adult, Adult after injury
LGR5	Alveolar Niche Cell	Lgr5 ^{EGFP-IRES-creERT2} JAX # 008875 (Barker et al., 2007)	(Lee et al., 2017)	Adult	Adult
	Myofibroblast	Lgr5 ^{EGFP-IRES-creERT2} JAX # 008875 (Barker et al., 2007)	(Lee et al., 2017)	Adult	Adult, Adult After Injury
AXIN2/ WNT2	Alveolar Niche Cell	Axin2 ^{CreERT2} JAX # 018867 (van Amerongen et al., 2012) Wnt2 ^{CreERT2} JAX # N/A (Peng et al., 2013) PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Zepp et al., 2017)	Adult	Adult
	Myofibroblast	Axin2 ^{CreERT2} JAX # 018867 (van Amerongen et al., 2012) Wnt2 ^{CreERT2} JAX # N/A (Peng et al., 2013) PDGFR α ^{EGFP} JAX # 007669 (Hamilton et al., 2003)	(Zepp et al., 2017)	Adult	Adult, Adult after injury
LGR6	Smooth Muscle Cell	Lgr6 ^{GFP-ires-CreERT2} JAX #016934 (Snippert et al., 2010)	(Lee et al., 2017)	Adult	Adult
	Myofibroblast	Lgr6 ^{GFP-ires-CreERT2} JAX # 016934 (Snippert et al., 2010)	(Lee et al., 2017)	Adult	Adult
WT1	Mesothelium	Wt1 ^{CreERT2} JAX # 010912 (Zhou et al., 2008)	(Que et al., 2008) (Colvin et al., 2001)	E10.5	E11.5, E15.5, P10
	Smooth Muscle Cell	Wt1 ^{CreERT2} JAX # 010912 (Zhou et al., 2008)	(Que et al., 2008)	E10.5	E15.5, P10
	Myofibroblast	Wt1 ^{CreERT2} JAX # 010912 (Zhou et al., 2008)	(Que et al., 2008)	E10.5	E15.5, P10

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