Supplementary Information for

FAM3A reshapes VSMC fate specification in abdominal aortic aneurysm by regulating KLF4 ubiquitination

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This PDF file includes:

- \bullet Supplementary Figs. 1 to 12;
- l Supplementary Tables 1-7 (animals, cells, and reagent major resources are included in Tables 4-7);
- \bullet Supplementary References

Supplementary Figures

Supplementary Fig. 1 FAM3A expression in vivo and in vitro. a Public transcript microarray datasets from the GEO database with AAA patients and normal control subjects were analyzed, and the FAM3A mRNA levels are shown. **b** Quantification of plasma FAM3A protein levels (n=25 biologically independent samples) and mRNA levels in aortas is shown from AAA patients or normal control subjects (n=10 biologically independent samples). **c**

Quantification of plasma FAM3A protein levels (n=10 biologically independent samples) and mRNA levels in aortas (n=10 biologically independent samples) is shown from AngII-ApoE^{-/-} murine AAA models and control models. **d, e** The cell-specific FAM3A mRNA level in aortas were analyzed from single-cell RNA sequencing transcript profiles in AngII-ApoE-/ murine AAA models (n=9,338 cells) versus control models (n=7,914 cells) (GSA, under the code PRJCA006049, d) and in C57BL/6-Cacl2 murie AAA models (n=1,620 cells) versus control models (n=2,801 cells) (GEO, under the code GSE164678, e). The quantification of FAM3A expression levels corresponding to individual cell is shown (left, d and e). The quantification of FAM3A expression levels corresponding to each cell type is shown (the size of circles denotes the contribution fraction of this cell type to the total FAM3A expression in aortas; the color gradation denotes the average FAM3A expression level of individual cell by quantifying the total FAM3A expression within this cell type divided by cell number within the same type; right, d and e). **f, g** The quantification of FAM3A protein levels in the whole cell lysates (f) and in the culture medium (g) in primary human vascular smooth muscle cell (VSMC), endothelial cell (EC), fibroblast (FB), or macrophage (Mφ), respectively, treated with pathological stimuli as indicated in the chart (PDGF-BB, 10 ng/mL for 24 hours; TNFα, 25 ng/mL for 6 hours; each value of FAM3A protein level in the culture medium was normalized to its corresponding cell number in the culture plate, $n=6$ biologically independent experiments in f, g). Quantitative comparisons between samples were run on the same gel (f). Data are presented as median (+Max, −Min; a) and mean±SEM (b, c, f, g). Statistical significance was calculated with moderated t-test (a), two-tailed independent t test (b, c) and two-way ANOVA followed by Tukey post hoc test (f, g) and *P* values are indicated (^{ns}P≥0. 05, **P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, ****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 2 FAM3A overexpression attenuates AAA formation in Elastase-C57BL/6 murine AAA models. a Gross specimen of whole aortas and HE staining of aortic cross section from Elastase-C57BL/6 murine AAA models and control models. (Representative images of n=9 or 13 biologically independent animals in Ad-sham or Ad-FAM3A, respectively). Scale bar: 200 μm, insets: 10 μm. **b** Quantification of aortic diameter (n=9 or 13 biologically independent animals in Ad-sham or Ad-FAM3A, respectively) and inflammatory cell infiltration in aortic tissues is shown (n=5 biologically independent animals). **c** Quantification of the levels of plasma IL1β, IL6, and TNF α in saline-C57BL/6 mice and Elastase-C57BL/6 murine AAA models treated with or without FAM3A overexpression by adenovirus is shown $(n=7, 8, 7, or 8)$ biologically independent animals in Saline control, Elastase control, Elastase Ad-sham, or Elastase Ad-FAM3A,

respectively for IL1β; n=6, 8, 8, or 8 biologically independent animals in Saline control, Elastase control, Elastase Ad-sham, or Elastase Ad-FAM3A, respectively for IL6; n=7, 8, 8, or 8 biologically independent animals in Saline control, Elastase control, Elastase Ad-sham, or Elastase Ad-FAM3A, respectively for TNFα). **d** Representative western blot images and quantification of VSMC contractile marker proteins in aortas are shown from mice treated as in a (n=6 biologically independent animals; quantitative comparisons between samples were run on the same gel). **e** Quantification of proinflammatory cytokines in aorta from indicated murine AAA models treated with adenovirus-mediated FAM3A overexpression or recombinant FAM3A is shown (n=6 biologically independent animals). Data are presented as mean±SEM (b-e). Statistical significance was calculated with two-tailed independent *t* test (b, d, e) and one-way ANOVA followed by Tukey post hoc test (c) and *P* values are indicated (ns*P*≥0. 05, **P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 3 Protective roles of recombinant FAM3A in female AngII-ApoE-/ murine AAA models. a Gross specimen images of aortas from female AngII-ApoE^{-/-} murine AAA models treated with or without recombinant FAM3A (Representative images of n=12 biologically independent animals). **b** Quantification of diameters of abdominal aortas and the survival probabilities by Kaplan-Meier curve and log-rank test is shown from mice treated as in a (n=12 biologically independent animals). **c** ELISAs were performed to evaluate the plasma inflammatory factors from mice treated as in a (n=5 biologically independent animals).

d Representative western blot images and quantification of MMPs and VSMC contractile marker proteins are shown in aortas from mice treated as in a (n=5 biologically independent animals; quantitative comparisons between samples were run on the same gel). Data are presented as mean±SEM (Diameter of aorta in b, c, d) and mean±95% CI (Probability of survival in b). Statistical significance was calculated with two-tailed independent *t* test (Diamer of aorta in b, c, d) and Kaplan-Meier analysis and log-rank test (Probability of survival in b) . and *P* values are indicated (* P <0.05, ** $P \le 0.01$, ** $P \le 0.001$, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 4 The influence of exogenous FAM3A in mice. a The cell-specific FAM3A location is shown by monitoring flag with immunefluorescence staining in aortas from AngII-ApoE^{-/-} murine AAA models treated with or without FAM3A overexpression by adenovirus at 72-hour time point after tail vein injection (green indicates flag-FAM3A, red indicates αSMA: VSMCs, CD31: endothelial cells, vimentin: fibroblasts, or CD68: macrophages, respectively, and orange indicates $flag^+aSMA^+$, $flag^+CD31^+$, $flag^+vimentin^+$, or

flag⁺CD68⁺, respectively; Representative images of n=4 biologically independent animals). Scale bar: 100 μm (DAPI, αSMA, CD31, vimentin) and 20 μm (CD68). **b** The organ FAM3A location is shown by monitoring flag with histochemistry staining in mice treated as in a (brown indicates flag-FAM3A; Representative images of n=3 biologically independent animals). Scale bar: 1000 μm, insets: 50 μm. **c** The cell-specific FAM3A location is shown by monitoring c-myc with immunefluorescence staining in aortas from AngII-Apo $E^{-/-}$ murine AAA models treated with or without recombinant FAM3A at 48-hour time point after tail vein injection (green indicates c-myc-FAM3A, red indicates αSMA: VSMCs, CD31: endothelial cells, vimentin: fibroblasts, or CD68: macrophages, respectively, and orange indicates c-myc⁺ α SMA⁺, c-myc⁺CD31⁺, c-myc⁺vimentin⁺, or c-myc⁺CD68⁺, respectively; Representative images of n=4 biologically independent animals). Scale bar: 100 μm (DAPI, αSMA, CD31, vimentin) and 20 μm (CD68). **d** The organ FAM3A location is shown by monitoring c-myc with histochemistry staining in mice treated as in c (brown indicates c-myc-FAM3A; Representative images of n=3 biologically independent animals). Scale bar: 1000 μm, insets: 50 μm. **e** The organ toxicity was determined by the indicated parameters in normal Apo $E^{-/-}$ mice treated with or without recombinant FAM3A (n=5 biologically independent animals). **f** The cytotoxicity was determined by LDH release in normal cultured primary human vascular smooth muscle cell (VSMC), endothelial cell (EC), fibroblast (FB), and macrophage (M φ) treated with or without recombinant FAM3A for 48 hours (n=3 biologically independent experiments). **g** The VSMCs were cultured and treated with recombinant FAM3A, and then FAM3A levels in medium were determined by ELISAs at the indicated time points (left, n=3 biologically independent experiments). The plasma FAM3A levels in ApoE^{-/-} mice treated with recombinant FAM3A were determined by ELISAs at the indicated time points (right, n=3 biologically independent animals). **h** The survival fraction of VSMCs treated with or without recombinant FAM3A was determined by colony formation assays (n=4 biologically independent experiments). Data are presented as mean \pm SEM (e, f, g, h). Statistical significance was calculated with two-tailed independent *t* test (e, f) and one-way ANOVA followed by Tukey post hoc test (h) and *P* values are indicated (^{ns} $P\geq 0.05$, ***P*≤0. 01). Source data are provided as a Source Data file.

Supplementary Fig. 5 FAM3A maintains the contractile phenotype of VSMCs in vitro. VSMCs were treated with PDGF-BB (10 ng/mL) or cholesterol (10 ug/mL) for 48 hours, and meanwhile stimulated with recombinant FAM3A at indicated concentrations. **a** Representative western blot images and quantification of VSMC contractile marker proteins are shown (n=4 biologically independent experiments; quantitative comparisons between samples were run on the same gel). **b** VSMC contractility was quantified and shown (n=6 biologically independent experiments; **P*<0.05, ***P*<0.01 vs. parallel time control group). **c** Cellular ROS level was determined by MitoSOX™ Red mitochondrial superoxide indicator, and quantificatioin is shown (n=6 biologically independent experiments). Scale bar: 50 μm. Data are presented as mean±SEM (a-c). Statistical significance was calculated with a one-way ANOVA followed by Tukey post hoc test (a, c) and two-tailed independent *t* test (b) and *P* values are indicated (**P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 6 FAM3A ablation in VSMCs induces lower expression of contractile markers. a, b VSMCs were transfected with FAM3A siRNA or scramble control for 24 hours, and then treated with PDGF-BB (5 ng/mL or 10 ng/mL, a), or cholesterol (5 ug/mL or 10 ug/mL, b) for 48 hours. Representative western blot images and quantification of VSMC contractile marker proteins are shown (n=4 or 5 biologically independent experiments

for FAM3A or contractile marker proteins, respectively in a; n=4 biologically independent experiments in b; quantitative comparisons between samples were run on the same gel). Data are presented as mean±SEM (a, b). Statistical significance was calculated with one-way ANOVA followed by Tukey post hoc test (a, b) and *P* values are indicated (**P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 7 Recombinant FAM3A inhibits VSMC transdifferentiation toward intermediate cell types. a Representative western blot images and quantification of markers of macrophages (CD68 and ARG1), chondrocytes (Aggrecan), osteogenic cells (OPN), adipocytes (ADIPQ), mesenchymal cells (CD34), and fibroblasts (LUM) are shown in aortas from AngII-ApoE^{-/-} murine AAA models supplemented with or without recombinant FAM3A (n=6 biologically independent animals). **b** VSMCs were treated with PDGF-BB (10 ng/mL) for 48 hours, and meanwhile stimulated with FAM3A at indicated concentrations. Representative western blot images and quantification of markers of macrophages (CD68, ARG1, and MAC2), chondrocytes (Aggrecan), osteogenic cells (RUNX2 and OPN), adipocytes (ADIPQ), mesenchymal cells (CD34), and fibroblasts (LUM) are shown (n=4 biologically independent experiments). Quantitative comparisons between samples were run on the same gel (a, b). Data are presented as mean±SEM (a, b). Statistical significance was calculated with two-tailed independent *t* test (a) and one-way ANOVA followed by Tukey post hoc test (b) and *P* values are indicated (**P*<0.05, ***P*≤0.01, ****P*≤0.001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 8 The KLF4 expression in murine AAA models. a Representative western blot images and quantification of KLF2 and Zfp148 in aortas from AngII-ApoE^{-/-} murine AAA models treated with or without FAM3A overexpression by adenovirus (n=6 biologically independent animals). **b, c** Representative western blot images and quantification of KLF4 protein and mRNA levels in aortic specimens harvested at indicated time points from AngII-ApoE^{-/-} and Elastase-C57BL/6 murine AAA models treated with or without FAM3A overexpression by adenovirus (n=6 biologically independent animals). Quantitative comparisons between samples were run on the same gel (a-c). Data are presented as mean \pm SEM (a-c). Statistical significance was calculated with two-tailed independent *t* test (a) and two-way ANOVA followed by Tukey post hoc test (b, c) and *P* values are indicated (ns*P*≥0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 9 KLF4 signaling is involved in FAM3A biological function. a VSMCs were transfected with FAM3A siRNA and then treated with PDGF with or without KLF4 inhibitor (Kenpaullone). The cellular ROS level were detected and quantified (n=6 biologically independent experiments). Scale bar: 50 μm. **b, c** VSMCs were transfected with FAM3A siRNA and further transfected KLF4 siRNA or inhibitor (Ken). Representative western blot images and quantification of VSMC contractile and transdifferentiation markers are shown (n=4 biologically independent experiments). **d**, VSMCs were pretreated with KLF4 inducer APTO-253 (10 uM), and then stimulated with recombinant FAM3A (100 ng/mL) for

24 hours. Representative western blot images and quantification of KLF4, CD68, RUNX2, and OPN are shown (n=5 biologically independent experiments). Quantitative comparisons between samples were run on the same gel (b-d). Data are presented as mean±SEM (a-d). Statistical significance was calculated with one-way ANOVA followed by Tukey post hoc test (a-d) and *P* values are indicated (**P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 10 The TGFβ and KLF4 signaling is involved in the regulatory roles of FAM3A in VSMC phenotypes in vivo. a, b The quantification of the western blotting images in Fig. 8b (n=5 biologically independent animals, a) and 8c (n=5 biologically independent animals, b) is shown. Quantitative comparisons between samples were run on the same gel (a, b). Data are presented as mean±SEM (a, b). Statistical significance was calculated with one-way ANOVA followed by Tukey post hoc test (a, b) and *P* values are indicated (**P*<0. 05, ***P*≤0. 01, ****P*≤0. 001, *****P*≤0. 0001). Source data are provided as a Source Data file.

Supplementary Fig. 11 a Highly genetical conservation of FAM3A among mammalian species is shown (being computed at http://genome.ucsc.edu/). **b, c** Gating strategy to assess the percentage of transdifferentiated VSMCs. Flow cytometry of single cell suspension from saline or AngII treated ApoE^{-/-} mouse aortas to screen out the transdifferentiated VSMCs.

Gating strategy includes: Forward vs Side Scatter to gate out debris and aggregates, α -SMA⁺ gating, α -SMA⁺ CD68⁺ (representative experiment, n = 5). Other transdifferentiation markers (RUNX2, CD34, LUM, ADIPQ) were detected through the same gating strategy with slightly different gating determination threshold in the final gating. Sample load of single cell suspension ranged from 10,000 to 20,000 cells in each aorta. Cells were run on a CytoFLEX machine and analyzed with CytExpert (b). Fluorescence-minus-one (FMO) controls for transdifferentiated VSMC marker panel. All negative gates contain >99.5% of the cellular population (c).

Supplementary Fig. 12 Schematic summary of FAM3A function in AAA. In the microenvironment of abdominal aortic aneurysm (AAA), FAM3A activates AKT, ERK1/2, and TGFβ/SMAD3 pathways. Through activation of TGFβ pathway, FAM3A suppresses KLF4 phosphorylation, elevates KLF4 ubiquitination and degradation, and decreases KLF4 protein expression and nuclear localization. Through suppressing KLF4 stability, FAM3A maintains well-differentiated status of VSMCs against loss-of-function phenotype (such as decreased MYH11, TAGLN, CNN1,2, SRF, MYOCD etc.), and protects VSMCs against transforming towards macrophage-like (markers such as CD68, ARG1, MAC2), chondrocyte-like (markers such as Aggrecan), osteoblast-like (markers such as OPN, RUNX2), mesenchymal-like (markers such as CD34), as well as fibroblast-like (markers such as LUM) cell subpopulations. However, FAM3A promotes an adipocyte-like (markers such as ADIPQ) transformation of VSMCs. Therefore, FAM3A is a regulator to reshape VSMC fate specification in the AAA microenvironment.

Suppiemental y Table T. Chincal chalacteristics of AAA patients and normal control			
Terms	Control $(n=6)$	AAA patients $(n=6)$	P value ^{&}
Sex: Male, n $%$	5(83.3)	5(83.3)	
Age, years (mean \pm SEM)	55.3 ± 14.4	65.8 ± 6.5	0.15
Hypertension, n (%)	1(16.7)	3(50.0)	0.55
Diabetes mellitus, n (%)	2(33.3)	2(33.3)	
Hyperlipidemia, n (%)	0(0)	5(83.3)	$0.015*$
Smoking, n $(\%)$	3(50.0)	4(66.7)	
Alcohol, n $(\%)$	1(16.7)	3(50.0)	0.55
$CAD^{\#}$, n $(\%)$	1(16.7)	1(16.7)	
Stroke, n $(\%)$	0(0)	2(33.3)	0.46
Atherosclerosis in aorta, n $(\%)$	0(0)	0(0)	
Atherosclerosis, n (%)	3(50.0)	4(66.7)	

Supplementary Tables Supplementary Table 1. Clinical characteristics of AAA patients and normal control

CAD: coronary artery disease; &: Statistical significance of Age was calculated with two-tailed independent *t* test and others were derived from Fisher's exact test, and *P* values were presented. * marked significant difference with *P*<0. 05.

Markers	Cell type	
MYH11	Contractile $vSMC^{1-3}$	
CNN1	Contractile $vSMC^{1-3}$	
CNN ₂	Developingandcontractile vSMC4,5	
TAGLN	Contractile $vSMC^{1-3}$	
MYOCD	Contractile vSMC (transcription factor) ^{6,7}	
SRF	Contractile vSMC (transcription factor) $6,7$	
Galectin 3/Mac 2	Macrophage-like vSMC ^{8,9}	
CD ₆₈	Macrophage-like $vSMC^{10}$	
Arginase 1	Macrophage-like $vSMC^{11}$	
Aggrecan	Chondrogenic-like $vSMC^{12}$	
RUNX2	Osteogenic-like vSMC ^{13,14}	
Osteopontin	Osteogenic-like vSMC ^{15,16}	
Adiponectin	Adipocyte-like $vSMC^{17}$	
CD34	Mesenchymal-like vSMC ^{18,19}	
LUM	Fibroblast-like vSMC ^{3,20}	

Supplementary Table 2. Markers used to identify the type of VSMC differentiation.

Supplementary Table 3. PCR Primers for Quantitative RT-PCR

cnn1 M TCTGCACATTTTAACCGAGGTC TCTGTTGCTGCCCATTTGAAG *tagln* M CGGCGTCACCTCTATGATCCCA GCCAGCTTGTTCTTTACTTCAGC

Major Resources Information

Supplementary Table 4. Experimental animals

Supplementary Table 5. Cultured Cells and related reagents

WB: western blot; IF: immunofluorescence; IHC: immunohistochemistry; FC: flow cytometry.

Supplementary References

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