## **SUPPLEMENT**

## **SUPPLEMENTARY RESULTS**

## Development and validation of decellularized intestinal tissue models

A robust model is essential to perform a relevant functional analysis of intestinal extracellular matrix (ECM), and therefore we developed, tested, and compared three different protocols for human full thickness gut tissue decellularization[1, 2, 3]. Each protocol differed based on the main detergent: sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) or peracetic acid (PAA) (Figure S1). Prespecified criteria for selection of the optimal protocol included removal of all cellular components as indicated by multiple methods, retention of key ECM molecules, and preservation of structural integrity and ability to re-adhere human intestinal myofibroblasts (HIMF). All three protocols resulted in a translucent whitish tissue that retained the structural integrity of the mucosa, submucosa and muscularis propria with no apparent difference among the protocols (Figure S2). This was confirmed by immunofluorescence (IF) staining of the major ECM components collagen I (COLI), collagen III (COLIII) and fibronectin (FN) irrespective of the decellularization methods (Figure S3). Compared to native tissue, decellularized tissues showed a marked drop in DNA and RNA content, the strongest reduction being observed with the SDC protocol for DNA and the SDC and PAA protocols for RNA (Figure S4A&B). Gene expression levels of housekeeping genes HSP90AB1, UBC, B2M, GUSB, ACTB, GAPDH, HPRT1, TFRC, PPIA, RPLP0 and RPL13A all dramatically dropped in all three protocols compared to native tissues, with the SDC protocol exhibiting undetectable levels of these genes (Figure S4C). Compared to native tissue only the SDC protocol showed complete absence of F-actin by IF

staining (Figure S4D). The cellular proteins E-cadherin, cytokeratin-19, vimentin, β-tubulin, phosphatase and tensin homolog and glyceraldehyde 3-phosphate dehydrogenase showed that all proteins were undetectable in all protocols except for  $\alpha$ -smooth muscle actin ( $\alpha$ -SMA), which was residual in the SDS and PAA but not the SDC protocol (Figure S4E). Finally, HIMF adhered to SDC- decellularized ECM, indicating that the SDC protocol generated not only a structurally but also a functional intact ECM (Figure S4F).

#### Matrisome analysis of intestinal tissues using the three tested decellularization protocols

To further understand, how the decellularization protocols differentially affect matrix protein composition and in addition to the extensive validation experiments mentioned above, we performed a pilot proteomic analysis of the three decellularization protocols using one tissue each from ulcerative colitis (UC) and non-strictured (CDns) and subjected them to liquid chromatography mass spectrometry (LC-MS) as previously described[4]. Proteins that passed quality control were interrogated. Principal component analysis (PCA) of the top 500 identified proteins revealed that the native, non-decellularized tissued largely clustered with the PAA and the SDS protocol, whereas the SDC protocol showed the strongest differences in both UC and CD (Figure S3B). To ensure that the ECM remains intact in the decellularization protocols we assessed the protein amount the top 11 distinctive ECM proteins and compared their fold change relative to the native, non-digested tissue. Overall, the relative contribution of ECM molecules to the total pool of proteins increased after decellularization, which is expected given the removal of cellular proteins in the decellularization process (Figure S3C). Of note, the strongest relative increases of the top expressed ECM molecules were observed in the SDC protocol, which together with the PCA data suggests, that in this protocol cellular proteins are removed most effectively, but ECM

composition is retained (Figure S3C). The SDC protocol was therefore selected as the optimal model based on the above results and used for matrisome analysis.

#### Effect of MFGE8 on human intestinal myofibroblasts cytokine secretion

To evaluate whether the lack of responsiveness of HIMF to MFGE8 was specific for ECM molecules or if this also applied to cytokines, we measured cytokine concentrations in the supernatants of HIMF exposed to MFGE8 or vehicle for 48h using a flow cytometry cytokine assay. We found spontaneous expression of interleukin (IL)-6, IL-8 and monocyte chemotactic protein (MCP)-1 in HIMF. Upon exposure to MFGE8 all tested HIMF lines, (NL, UC, CDns and CDs) reduced expression of IL-6. In contrast IL-8 and MCP-1 either increased or decreased upon exposure to MFGE8 within each experimental group.  $IL-1\beta$ ,  $IL-10$  and TNF were not detectable (Figure S9).

#### Next generation sequencing of HIMF points to integrin signaling of MFGE8

The lack of anti-fibrotic response of CDs HIMF to MFGE8 led us to investigate potential reasons for this observation. We therefore assessed differentially expressed genes in HIMF exposed or not to MFGE8 using next generation RNA sequencing[5] and differential statistical RNA-seq analysis using leading DGE tools such as *edgeR* and *Limma* packages[5, 6, 7].

Upon exposure to MFGE8 107 genes were up- and 44 genes were down-regulated in NL HIMF (2-fold change, p<0.01), as displayed in volcano plot (Figure 5A) and Venn diagram (Figure 5B). The top 30 up or downregulated genes were shown in Figure 5C. Pathway enrichment (gProfiler) analysis showed that 93 pathways domains were upregulated and 12 were downregulated upon exposure of NL HIMF to MFGE8 ( $p \le 0.01$ ) (Table S2). This global gene expression analysis indicates the MFGE8 was a leading regulator of ECM organization and ECM-cell interactions.

We next assessed the response of CDs HIMF to MFGE8, which revealed 6 genes (SNORD43, NBL1, HAPLN4, ZMAT1, CLMAT3, LOC100506606) were up-regulated while 4 genes (SPRY4-AS1, OSTCP1, ZDHHC11B, TAF7L) were downregulated in CDs HIMF (2-fold change, p<0.01), as displayed in the volcano plot (Figure 5A) and Venn diagram (Figure 5B). The top 30 up or downregulated genes were shown in Figure 5C. Pathway enrichment analysis indicates enrichment of TGF- $\beta$  signaling pathways and positive regulation of pathway-restricted SMAD protein phosphorylation (Table S3).

To elucidate pathways potentially involved in the observed differential response of NL and CDs we next investigated the differentially MFGE8-regulated genes in these two groups. Assessing the uniquely upregulated genes in HIMF NL in response to MFGE8 that were not regulated in HIMF CDs as the input, GO genesSet enrichment analysis revealed interferon a/b signaling, cytokinemediated signaling, and cell surface receptor signaling as the major pathways (Table S4). When focusing on ECM-cell interactions, the pathway analysis indicated induction of ECM organization (HSA-1474244), ECM-integrin interaction (HSA-216083), cell adhesion (HAS-04514), proliferation (GO:0042127) and chemotaxis (GO:0050921) (Figure 5D). Based on these observations, we evaluated the proliferation and migration of NL HIMF in response to MFGE8. Using three different doses of MFGE8, no change in either proliferation or migration of NL HIMF was noted in comparison to untreated NL HIMF (Figure S10). These results suggests that MFGE8 exerts anti-fibrotic effects in NL HIMF, through reduction in ECM production and potentially integrin pathways, but these effects are blunted or missing in CDs HIMF.

## **SUPPLEMENTARY MATERIALS AND METHODS**

# Decellularization of colonic tissue sections

After a thorough literature search, we selected three decellularization protocols based on the type of detergent used, the number of publications per protocol and applicability to intestinal resection tissues, which are based on sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) and peracetic acid (PAA) respectively. The protocols were reviewed and adapted as found applicable to our experimental set-up[1, 2, 3]. For the sake of this publication, we named the protocols after the main detergent in each procedure. Details for each protocol are depicted in Figure S1. Briefly, freshly resected human intestinal tissues (patient demographics can be found in Table S1) were harvested, rinsed in Hank's balanced salt solution (HBSS) and mucus and blood clots were removed. The mesenteric or creeping fat was separated from the intestine by sharp dissection. Each tissue was subsequently cut into three equal segments (approximately 2-5g each) and assigned to each of the three protocols. All three protocols shared similar processes on the first day pertaining to tissue harvest, cleaning and use of anti-microbials. Then, three different protocols were followed for the decellularization of the tissue. Details can be found in Figure S1.

For the protocol with SDS detergent (Sigma, St. Louis, MO, USA) [8], tissues were stored in Belzer UW Cold Storage Solution (Bridge to Life Ltd, Columbia, SC) with 2.5% 2500U penicillin, 2500μg streptomycin sulfate, 625μg amphotericin B (PSF, Loza Basel, Switzerland) overnight at 4 ℃. On the second day, they were washed in sterile phosphate-buffered saline (PBS) and then placed in 1% SDS rotating for 6 hours, followed by 10% Triton X-100 (Sigma, St. Louis, MO, USA), for 1 hour at room temperature (RT).

For the protocol with SDC (Sigma, St. Louis, MO, USA)[2] tissues were immersed in doubledistilled water (ddH2O) with 2.5% PSF rotating overnight at RT on the first day and for 3 hours at the beginning of the second day, followed by 4℃ for 5 hours after changing the solution. Next,

tissues were incubated in 4% SDC overnight at 4℃, the SDC was changed and applied for another 7 hours at room temperature.

For the protocol with PAA (Pfaltzandbauer, Waterbury, CT) [3], tissues were stored in Belzer UW Cold Storage Solution with 2.5% PSF overnight at 4 ℃ on the first day. On the second day, tissues were rotated in 0.1% PAA for 2 hours at room temperature. Then two cycles of 15 minutes' sterile PBS and ddH2O washes were applied.

#### DNA and RNA extraction from colon tissue

Up to 25 mg freshly frozen native and decellularized colon tissue were minced prior to DNA extraction using DNeasy Blood & Tissue Kit (Qiagen, Germantown, MD, USA). For RNA extraction, RNeasy Mini Kit (Qiagen, Germantown, MD, USA) was used following the dissociation of the tissue by TissueLyser LT (Qiagen, Germantown, MD, USA) with stainless steel beads (Qiagen, Germantown, MD, USA). DNA and RNA concentrations were determined using the ND-1000 UV/Vis Spectrophotometer (NanoDrop, Thermo Scientific).

### Matrisome analysis of human intestinal decellularized tissue blocks

Matrisome analysis of primary human intestinal smooth muscle cells has been previously described by us[9] and the same protocols were used for the decellularized colon tissue cubes. In total, 30mg of decellularized tissues were digested in 8M urea Tris-HCl buffer for homogenization (Sigma, St. Louis, MO, USA). The process of LC-MS was previously described[4]. The samples were filtered using a 3K Amicon Ultra 0.5 mL centrifugal filter (Millipore, UFC500396), dried in a speedvac and reconstituted in 50 μL of 6M urea buffer. The protein sample was reduced with DTT and alkylated with iodoacetamide. The sample was digested by adding Trypsin/Lys-C Mix (Promega #  $V5071$ ) to the sample at a 25:1 protein: protease ratio (w/w). The sample was mixed

and incubated for 3–4 hours at 37°C. The sample was then diluted 6-fold with 50mM Tris-HCl (pH 8) to reduce urea concentration to 1M or below. Digestion was continued overnight at  $37^{\circ}$ C. The digestion was terminated by adding trifluoroacetic acid (TFA) to a final concentration of 0.5- 1%. The sample was desalted using a PepClean C18 spin column (Thermo Fisher Scientific, Waltham, MA, USA) and resuspended in 1% acetic acid to make up a final volume of  $\sim$ 30  $\mu$ L for LC-MS analysis. The LC-MS system was a Thermo Scientific Fusion Lumos tribrid mass spectrometer system. The high-performance liquid chromatography column was a Dionex 15cm x75 μm id Acclaim Pepmap C18, 2μm, 100 Å reversed- phase capillary chromatography column. Five μL volumes of the extract were injected and the peptides eluted from the column by an acetonitrile/0.1% formic acid gradient at a flow rate of 0.3  $\mu$ L/min were introduced into the source of the mass spectrometer on-line. The microelectrospray ion source is operated at 2.5 kV. Proteomics analysis was supported by the Cleveland Clinic proteomics core[9].

The digest of the decellularized tissue cubes was analyzed using the data dependent multitask capability of the instrument acquiring full scan mass spectra to determine peptide molecular weights and product ion spectra to determine amino acid sequence in successive instrument scans. CID/HCD spectra collected in the experiment were analyzed using Sequest search program (Proteome Discoverer 2.2), and compared with the human UniProtKB database to determine protein identities (FDR set to 1%). Label free quantitation (LFQ) intensities were determined using PD2.2, and used to calculate relative protein abundance (proportion). Systems levels analyses of proteomics data were conducted using open-access statistical programming language R (version 4.0.1), and specific packages including ggplot2 to create barplots (part of tidyverse), pheatmap to create heatmap, ggord and base R for PCA, venn and RVenn for creating venn diagrams. R Package dunn.test was used to conduct pairwise multiple comparisons of mean for different datasets (Dunn's nonparametric all-pairs comparison test for Kruskal-type ranked data) with bonferroni correction of multiple P-values. For multiple comparisons, adjusted P-value < .05 was considered statistically significant.

### Dextran sodium-sulfate induced colitis

Acute and chronic dextran sodium sulfate (DSS) colitis was induced as previously described by us [5, 10]. After a dose-finding for each mouse strain used, 3.5% DSS (35–50 000 kDa; MP Biomedicals, OH, USA) in drinking water of wildtype (WT) mice (6-8 weeks of age) for 10 days was chosen as optimal for the BALB/cJ mouse strain (Jackson laboratory, Bar Harbor, ME, USA). Milk fat globule-epidermal growth factor 8 (MFGE8) (R&D, Minneapolis, MN, USA) was administered as enema at a dose of 3,600 ng in 120 µl (R&D, Minneapolis, MN, USA) via  $Argyle^{TM}$  Polyurethane Umbilical Vessel Catheter (Covidien LLC, MA, USA) every four days. PBS was used as control. We performed acute DSS colitis with increasing doses of 400ng, 1,200ng and 3,600ng per mouse. Chronic experimental fibrosis was induced by 3.5% DSS in drinking water for 10-12 days followed by a recovery period of 10-14 days with normal tap water, and this was defined as one cycle of DSS[5, 11]. The DSS cycle was repeated twice. Control mice received normal drinking water throughout. In the preventive experiment, enemas of 3,600ng recombinant mouse MFGE8 (mrMFGE8) or PBS every four days was applied from the onset of the first DSS cycle. In the therapeutic experiment, the enema was started at the end of the second DSS cycle and administered all throughout the second recovery period. Clinical disease activity was determined every other day by measuring body weight loss, stool consistency and presence of occult or overt blood in the stools as previously described  $[5, 12, 13]$ . Animals were euthanized by  $CO<sub>2</sub>$ asphyxiation followed by cervical dislocation at the end of the experiment.

For the MFGE8 knockout (KO) experiments mice were kindly provided by Dr. Kamran Atabai (UCSF). Those mice were previously described[14]. After DSS dose finding experiments, chronic experimental fibrosis was induced by 3% DSS in drinking water for 6 days followed by a recovery period of 10-14 days with normal tap water, and this was defined as one cycle of DSS[5, 11]. The DSS cycle was repeated twice. Control mice received normal drinking water throughout. In the therapeutic experiment, enemas of 3,600ng rmMFGE8 or PBS every four days was applied at the end of the second DSS cycle and administered all throughout the second recovery period. KO mice were age-matched and were co-housed with their WT littermates and per genotype to minimize influence from differences in flora composition[15].

### Trinitrobenzene sulfonic acid induced fibrosis

Chronic trinitrobenzene sulfonic acid (TNBS) induced colitis was induced as previously described [10, 16]. After a dose finding exercise, 1% TNBS (administered weekly intrarectally to wildtype (WT) mice (6-8 weeks of age) for 4 weeks was chosen as optimal for the BALB/cByJ mouse strain (Jackson laboratory, Bar Harbor, ME, USA). Milk fat globule-epidermal growth factor 8 (MFGE8) (R&D systems, MN, USA at a dose of 3,600 ng) and/or FAK-inhibitor (Y15, Sigma, St. Louis, MO; 10 mg/kg) was administered as enema in 120 µl via Argyle<sup>TM</sup> Polyurethane Umbilical Vessel Catheter (Covidien LLC, MA, USA). Control mice received 45% ethanol/PBS only intrarectally weekly. Enemas of 3,600ng recombinant mouse MFGE8 (mrMFGE8) and/or FAK inhibitor were applied every four days from the onset of the first TNBS cycle. Clinical disease activity was determined every other day by measuring body weight loss, stool consistency and presence of occult or overt blood in the stools as previously described [5, 12, 13]. Animals were euthanized by CO2 asphyxiation followed by cervical dislocation at the end of the experiment.

## Endpoints for DSS and TNBS induced colitis experiments

The endpoint and data collection of DSS and TNBS-induced colitis experiment has been previously described. Body weights, stool consistency and occult blood or the presence of gross blood per rectum were recorded every other day[5, 12]. Two investigators blinded to the protocol independently assessed the clinical score as previously described [12]. Briefly, weight loss of  $1 5\%, 5-10\%, 10-20\%,$  and  $>20\%$  was scored as 1, 2, 3, and 4, respectively. For stool consistency, 0 was scored for well-formed pellets, 2 for pasty and semiformed stools, which did not stick to the anus, and 4 for liquid stools that remained adhesive to the anus. Bleeding was scored 0 for no blood in hemoccult, 2 for positive hemoccult, and 4 for gross bleeding from the rectum. Weight, stool consistency, and bleeding sub-scores were added and divided by 3, resulting in a total clinical score ranging from 0 (healthy) to 4 (maximal activity of colitis). At the end of the experiment animals were euthanized by  $CO<sub>2</sub>$  asphyxiation followed by cervical dislocation. The entire colon was removed, cleaned, weighted and measured from the ileocaecal junction to the anus. Tissue was procured from the descending colon. Histology was performed on paraffin embedded, 3 μmthick transverse sections stained with hematoxylin and eosin, masson trichrome or Sirius red. Slides were scored by an experienced pathologist (IOG or SH) blinded to the experimental groups using one score for inflammation and one for fibrosis as previously described [5]. Briefly, inflammation scoring was performed using hematoxylin & eosin (H&E) slides based on inflammation infiltration (0-3), extent of inflammation (0-3), crypt damage (0-4) and percentage of involved area (0-4). Fibrosis scoring was evaluated using masson trichrome (MT) slides on the whole tissue rings, ranging from 0 to 3. Images were acquired using an Olympus microscope and ImagePro software. Sirius red images were quantified using ImageJ software (Bethesda, MD).

Starting with a non-diseased control slide, threshold was set using the submucosa of a no DSS or no TNBS wildtype animal and remained the same for all following slides and integrated density was measured. The thickness of the intestinal wall layers was calculated as the mean value of four different points per mouse on well oriented cross sections using ImageJ (Bethesda, MD).

### Next generation RNA sequencing analysis

RNA was extracted from normal control (NL)  $(n=4)$  and Crohn's disease strictured (CDs)  $(n=3)$ HIMFs stimulated by recombinant human MFGE8 (rhMFGE8) and PBS. Total RNA was extracted from cells using the RNeasy Mini Kit (Qiagen, Germany). RNA quality was assessed using the Agilent bioanalyzer and samples with RNA quality (RIN) score of >9.0 were used for RNAsequencing. RNA concentrations were determined using Qubit<sup>®</sup> 3.0 Fluorometer (Invitrogen, Life Technologies). RNA-sequencing libraries were generated using Illumina TruSEQ kits following the manufacturer's protocol and libraries were sequenced using an Illumina NovaSeq 6000 following Illumina reagents and protocols. Paired-ended 100 base pair reads were trimmed with Trim Galore! (v.0.4.4) and checked for quality with FastQC (v0.11.7) (http://www.bioinformatics.babraham.ac.uk/projects) before alignment to the human genome (GRCh38.p13). Reads were aligned using Rsubread package. Overall, an average of 98.0% of reads aligned uniquely. Gene counts were determined by the number of uniquely aligned, unambiguous reads (Subread: featureCounts, v1.5.2) and annotated (GRCH38, Ensembl 99 release). On average, 70% of reads in each sample were successfully assigned. Raw counts were loaded into R (v3.6.2 and 4.1.2), and subsequent analyses were performed using the packages described below. Counts were filtered to exclude transcripts that were expressed at low levels (counts per million reads mapped  $\text{[CPM]} < 1$ ) before performing differential expression (DE) analysis using R packages *DESeq2*, *edgeR* and *Limma*. Differentially expressed genes (DEGs)

were identify using different statistical RNAseq analysis workflows based on Reads Per Kilobase of transcript, per Million mapped reads (RPKM) and Fragments Per Kilobase of transcript, per Million mapped reads (FPKM) values. DEGs with Benjamini-Hochberg adjusted p-value < 0.05 was considered statistically significant. Volcano plots were created using R package *EnhancedVolcano*. Functional analysis of significant DEGs were performed using R package *clusterProfiler* (v3.14.3) to identify and plot enriched Gene Ontology terms and KEGG pathways. Enrichment plots were created using EnrichmentMap app in Cytoscape (ver 3.8.2, https://cytoscape.org/). Other plots were made using in-house R scripts (available upon request). RNA sequencing data is in the process of being deposited in Gene Expression Omnibus (GEO).

### Focal adhesion kinase pathway inhibition

In select experiments, HIMFs were seeded in 6-well or 24-well plates overnight, serum deprived and treated with 10μM focal adhesion kinase (FAK) phosphorylation small molecular inhibitor (Sigma, St. Louis, MO, USA) or vehicle for 1 hour. Subsequently, cells were stimulated with rhMFGE8 (R&D, Minneapolis, MN, USA) or vehicle.

### RNA interference

HIMFs were transfected with ITGAV (for integrin  $\alpha v$ ) and ITGB5 (for integrin  $\beta$ 5) small interfering RNA (siRNA) (Horizon Discovery, Cambridge, United Kingdom) and their respective scrambled siRNA using lipofectamine 2000 (Thermo Fisher Scientific, Waltham, MA, USA). The siRNAs are pooled nucleotides with different sequences for each target in the same solution. HIMFs were seeded in 6-well or 24-well plates and cultured overnight. Cell culture medium was removed and replaced with opti-MEM (Thermo Fisher Scientific, Waltham, MA, USA) as well as

lipofectamine 2000 and siRNA mixture per manufacturers recommendations. Subsequently, the media was replaced with HIMF culture media with no serum prior to the experiments.

#### Migration assay

Migration assays were performed in the modified 48-well Boyden chamber (Neuro Probe, Gaithersburg, MD, USA) as described previously by us[17]. A polycarbonate filter (12 μm pore size, polyvinylpyrrolidone-free; Gerbu Biotechnik, Germany) divided the chamber into an upper and a lower compartment. HIMFs were pretreated with a series of concentrations of MFGE8 (0ng/ml, 100ng/ml, 250ng/ml and 500ng/ml for overnight before the migration assay. 25ug/ml fibronectin (FN) were set up in the lower chambers. Twenty thousand HIMF per well in DMEM with 1% bovine serum albumin (BSA) were seeded into the wells of the upper compartment of the Boyden chamber and incubated at  $37^{\circ}$ C in 5 % CO2 atmosphere for 6 hours. The filter was removed from the chamber, and the non-migrated cells on the upper side of the filter were scraped off with a rubber policeman. Migrated cells on the lower side of the filter were fixed and stained with Vectashield mounting medium with DAPI (Vector Laboratories, Burlingame, CA) and automatically counted at a 100-fold magnification and quantified using ImagePro (Media Cybernetics). The total sample size for each individual experiment consisted of at least 3 replicate migration assays. Each experiment was repeated at least 3 times.

#### Cell Proliferation Assay

A total of 15,000 HIMF/well were seeded onto 24-well plates (Corning), and proliferation assays performed as previously described[18]. Briefly, cells were incubated with rhMFGE8 (100ng/ml, 250ng/ml or 500ng/ml) or PBS for 48 hours and their proliferative potential was evaluated by

measuring DNA synthesis by thymidine incorporation assay. Briefly, cells were incubated with 3H-thymidine (1 µCi/ml; Amersham, Arlington Heights, IL) for 6 hours and washed twice with 5% (vol/vol) trichloroacetic acid before fixation. DNA was precipitated using 0.5 N NaOH, and supernatants were quantified in a γ-counter using basic fibroblast growth factor (bFGF) (10 ng/ml) as positive control.

#### Quantitative reverse transcriptase polymerase chain reaction procedure

Total RNA was isolated as described previously (RNAEasy Miniprep kit, Qiagen, Germantown, MD, USA)[19], and reverse transcription and quantitative PCR performed according to manufacturer's instructions (Applied Biosystems, Foster City, CA, USA) and as described previously by us[5]. The products for all primer pairs were verified by sequencing and relative differences were calculated using the comparative threshold cycle method (ddCt) by normalizing to CT values of glyceraldehyde 3-phosphate dehydrogenase (GAPDH) (reference gene). Quantitative RT-PCR was performed on cDNA (synthesized with iScript cDNA Synthesis Kit, Biorad, Hercules, CA, USA) with iQ Sybr Green Supermix (Biorad, Hercules, CA, USA) and gene specific primers. GAPDH was used as the reference gene and the Pfaffl method was used to calculate fold changes in treated versus untreated samples[20]. The primer pairs used for gene expression analysis are summarized in Table S5.

#### Immunofluorescence

The method for immunofluorescence (IF) was adapted from a previously reported method[4]. For the staining of colon tissue, the formalin fixed paraffin embedded (FFPE) slides were deparaffinized using the following protocol: Clear Rite (Thermo Fisher Scientific, Waltham, MA,

USA) for 3 min, Clear Rite for 3 min, Flex 100 (Thermo Fisher Scientific, Waltham, MA, USA) for 1 min, Flex 100 for 2 min, Flex 95 (Thermo Fisher Scientific, Waltham, MA, USA) for 1 min and Flex 95 for 2 min. Then the slides were washed with  $ddH<sub>2</sub>O$  for 1 min before being incubated with target retrieval solution pH 6 (Dako Denmark, Glostrup, Denmark) at 95℃ water bath for 30 min. After that slides were cooled down to room temperature before blocking. For the staining of HIMFs, cells were seeded onto 3-well chamber slides (IBIDI GMBH, Martinsried, Germany). After treatment with MFGE8 or PBS for 48 hours, slides were rinsed in PBS and fixed with 4% paraformaldehyde at room temperature for 10 minutes and 0.5% Triton-X for 5 min. Both tissue and HIMF slides were blocked with 3% FBS in PBS before the application of the primary antibody. All primary and secondary antibodies were diluted in 3% FBS. The primary antibodies were collagen I (COLI) antibody (Rockland, Limerick, PA, USA), collagen III (COLIII) antibody (Rockland, Limerick, PA, USA), FN antibody (BD Biosciences, San Jose, CA, USA), MFGE8 antibody (Abcam, Cambridge, MA, USA) and integrin  $\alpha \beta$ 5 antibody (Abcam, Cambridge, MA, USA) at a dilution of 1:100. After overnight incubation with the primary antibody at 4℃, slides were rinsed three times with PBS and the AlexaFluor 488 secondary antibody (Molecular Probes, Eugene, OR, USA) was added at a dilution 1:500 for 1 hour at 37ºC. F-actin was stained by fluorescein phalloidin (Thermo Fisher Scientific, Waltham, MA, USA), which did not require the conjugation of fluorescent secondary antibody. For nuclear counterstaining Vectashield mounting medium with DAPI (Vector Laboratories, Burlingame, CA, USA) was used. After staining, the Leica DM5500B microscope (Leica, Wetzlar, Germany) or Olympus IX71 microscope (Olympus Scientific Solutions Technologies Inc, Waltham, MA, USA) were used to capture images. The secondary antibody controls for the entire publication can be found in Figure S13.

# Immunoblotting

Protein extraction was performed using a RIPA lysis buffer containing 50 mM TRIS pH 7.5, 150 mM NaCl, 1% Triton X-100, 0.1% SDS, 1% Na-deoxycholate and 1% protease and phosphatase inhibitor cocktail (Sigma, St. Louis, MO, USA) as previously described by us[4, 5]. The concentration of proteins in each lysate was measured using the Bio-Rad protein assay (Bio-Rad Laboratories, Hercules, CA, USA) according to manufacturer's recommendations. Immunoblotting was performed as previously described[5]. Equivalent amounts of proteins (10 µg) were separated using SDS-PAGE on a 10% Tris-glycine gel and transferred to a PVDF membrane (Millipore, Billerica, MA, USA). Nonspecific binding was blocked by incubation with 5% milk or BSA in 0.1% Tween 20/Tris-buffered saline (Thermo Fisher Scientific, Waltham, MA, USA) for 30 min., followed by overnight incubation at  $4^{\circ}$ C with the primary antibody(s). The following antibodies were used: GAPDH (Trevigen, Gaithersburg, MD, USA) at 1:2000,  $\alpha$ smooth muscle actin (α-SMA) (Sigma, St. Louis, MO, USA) at 1:1000, FN (BD Biosciences, San Jose, CA, USA) at 1:1000, phospho-FAK (p-FAK) (Cell Signaling, Danvers, Massachusetts, USA) at 1:500, FAK (Cell Signaling, Danvers, Massachusetts, USA) at 1:500, integrin  $\alpha v$  (Abcam, Cambridge, MA, USA) at 1:1000, integrin β5 (Abcam, Cambridge, MA, USA) at 1:1000, Ecadherin (Abcam, Cambridge, MA, USA) at 1:1000, cytokeratin-19 (Novus, Centennial, CO) at 1:1000, vimentin (Abcam, Cambridge, MA, USA) at 1:1000, β-tubulin (Cell Signaling, Danvers, Massachusetts, USA) at 1:1000 and phosphatase and tensin homolog (PTEN) (Cell Signaling, Danvers, Massachusetts, USA) at 1:1000. Membranes were washed 6 times with 0.1% Tween 20/Tris-buffered saline, incubated with the appropriate horseradish peroxidase-conjugated secondary antibody (Sigma, St. Louis, MO, USA), washed again, and incubated with the chemiluminescent substrate (Super Signal; Pierce, Rockford, IL, USA) for 5 minutes, after which they were exposed to film (Kodak).

### **Immunohistochemistry**

Immunohistochemistry (IHC) staining was performed using the Discovery ULTRA automated stainer from Roche Diagnostics (Indianapolis, IN, USA). In brief, antigen retrieval was performed using a tris/borate/ethylenediaminetetraacetic acid (EDTA) buffer (Discovery CC1, 06414575001; Roche, South San Francisco, CA, USA), pH 8.0 to 8.5. MFGE8 antibody (Abcam, Cambridge, MA, USA) at 1:300, COLI antibody (Abcam, Cambridge, MA, USA) at 1:75,  $\alpha$ SMA antibody (Sigma, St. Louis, MO, USA) at 1:100 or FN antibody (BD Biosciences, San Jose, CA, USA) at 1:100 for 0.5 to 1 hour incubation at room temperature were used. The antibodies were visualized using the OmniMap anti-rabbit or anti-mouse HRP (Roche, South San Francisco, CA, USA) in conjunction with the ChromoMap DAB detection kit (Roche, South San Francisco, CA, USA). Lastly, the slides were counterstained with hematoxylin and bluing. Antibodies were diluted with Van Gogh Yellow Diluent (BioCare Medical, Pacheco, CA, USA). The Olympus CX31 microscope (Olympus Scientific Solutions Technologies Inc, Waltham, MA, USA) was used to capture the images. For the quantification of MFGE8 expression within human intestinal tissues, the images of the slides were blindly reviewed by two independent researchers. Scores from 0-4 (0: no expression; 4: highest expression) were assigned according to the expression of MFGE8 in the epithelium and submucosa. In case of discrepancy the two researchers discussed the results jointly and if discrepancies persisted they were resolved by I.O.G. We additionally automatically quantified the expression of MFGE8, Col I, FN and  $\alpha$ SMA on IHC using QuPath for determination of the percent area positive in three regions of interest in the submucosa for each tissue section.

# HT29 stimulation experiments

HT29 cells  $(1x10^5 \text{ cells/well})$  were seeded in 12-well plate overnight. Then HT29 cells were stimulated with  $10\,\text{ng/ml}}$  IL-1 $\beta$ ,  $10\,\text{ng/ml}}$  TNF,  $10\,\text{ng/ml}}$  TGF- $\beta$ 1 (all Peprotech), or 500ng/ml LPS (Sigma) in serum-free DMEM medium for 24 hours. Supernatant were collected, centrifuged and stored at -80°C until use.

# Cytokine cytometric bead array

We analyzed cell culture supernatants with the BD Cytometric Bead Array Human Soluble Protein Master Buffer Kit (BD Biosciences, San Jose, CA, USA). This kit is able to detect IL-1 $\beta$ , IL-6, IL-8, IL-10, IL-12, TNF, MCP-1, TGF- $\beta$ 1, IFNy and RANTES and was performed following manufacturer's instructions.

# Enzyme-linked immunosorbent assay

The FN concentration in HIMF supernatant and the MFGE8 concentration in HT-29 supernatants was measured using a commercially available enzyme-linked immunosorbent assay (ELISA; Abcam or R&D Systems, respectively) according to the manufacture's protocol.

# Extracellular matrix deposition assay for human intestinal myofibroblasts

Deposition of ECM by intestinal myofibroblasts was assayed using modification of a method described previously [21, 22, 23]. Briefly, cells were plated into 96-well dark walled imaging plates (Greiner) in Dulbecco's modified Eagle medium (DMEM) supplemented with 10% fetal bovine serum (FBS) and antibiotics (described above), and allowed to grow and produce ECM for 5 days. Cells were removed using 0.25 M ammonium hydroxide in 50 mM Tris pH 7.4, and the

deposited ECM was fixed by exposure to 100% methanol at −20°C. Fixed ECM was stained with Alexa Fluor488-conjugated anti-fibronectin (EBioscience, clone FN-3, 1:500 dilution), Alexa Fluor594-conjugated (Invitrogen, 1:1000 dilution) and anti-COLI/III antibodies (EMD, Millipore Corp. 1:100 dilution). Flourescence intensities were obtained by scanning the plates with ECM using Cytation5 scanner. Fluorescence intensities of at least three replicate wells were used to determine the mean ECM levels in an experiment.

## **SUPPLEMENTARY FIGURE LEGENDS**

**Figure S1. Protocol schematic for decellularization of intestinal resection tissue using sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) or peracetic acid (PAA) based methods.** Abbreviations: Hank's balanced salt solution (HBSS); Penicillin, Streptomycin, Fungizone (PSF); Room temperature (RT); Phosphate buffered saline (PBS)

**Figure S2. Decellularization of colon tissue from inflammatory bowel disease patients and controls: Hematoxylin & Eosin (H&E) as well as Masson Trichrome (MT) staining.** Colon tissue processed by sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) or peracetic acid (PAA) based decellularization protocols compared to native tissue. Depicted are the gross appearance as well as H&E and MT staining separately for each tissue layer. All three protocols preserved the tissue architecture compared to native tissue. Scalebar  $= 50 \mu m$ . Slides representative for  $n=7$ .

**Figure S3. Decellularization of colon tissue from inflammatory bowel disease patients and controls: Extracellular matrix (ECM) protein expression.** (A) Immunofluorescent staining of colon tissues processed by sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) or peracetic acid (PAA) based decellularization protocols compared to native tissue. Immunofluorescent staining for collagen I (COLI), III and fibronectin (FN). Major ECM molecules remain in the decellularized tissue segments. Scalebar =  $100\mu$ m. Slides representative for n=8. (B) Principal component analysis (PCA) of the three decellularization protocols considering the top 500 proteins identified in an ulcerative colitis (UC) and Crohn's disease (CD) sample. Each dot in the PCA plot

represents a sample, with different colors representing the different decellularization protocols. The results reveal the strongest separation between native tissue and the decellularized samples for the SDC based protocol. (C) Fold change of the top 11 matrisome proteins in decellularized tissue compared to native tissue in the three different decellularization protocols, relative to the original untreated sample. Overall the relative contribution of ECM molecules to the total pool of proteins increased after decellularization. The strongest relative increases for the top expressed ECM molecules were noted in the SDC protocol. PPA, peracetic acid; SDC, sodium deoxycholate; SDS, sodium dodecyl sulfate.

**Figure S4. Decellularization of colon tissue from inflammatory bowel disease patients and controls: DNA and RNA amount, housekeeping gene expression, F-actin staining and reseeding.** (A-D) DNA content (A), RNA content (B), housekeeping gene expression (C), and Factin staining with phalloidin (D) in colon tissues processed by sodium dodecyl sulfate (SDS), sodium deoxycholate (SDC) or peracetic acid (PAA) based decellularization protocols compared to native tissue. (E) Immunoblot of housekeeping and typical cellular proteins in colon tissues with or without SDC, sodium dodecyl sulfate (SDS) or PAA based decellularization treatment (n=3). (F) Immunoflourescence for vimentin after re-seeding of SDC based decellularized tissue section with primary human intestinal myofibroblasts (HIMF). HIMF populated and aligned with the decellularized extracellular matrix (ECM) (representative for n=3). \*\*\*\*, p<0.0001.

**Figure S5. Milk fat globule-epidermal growth factor 8 (MFGE8) expression and secretion in intestinal epithelial cells.** (A) Immunoblot analysis of MFGE8 in normal (NL) and CD stricture (CDs) primary human intestinal epithelial washes. MFGE8 was increased in CDs epithelial cells compared to NL (n=12 technical replicates of a total of n=4 patient samples). (B) HT29 intestinal epithelial cells were exposed to interleukin  $(IL)-1\beta$ , tumor necrosis factor (TNF), transforming growth factor (TGF)- $\beta$ 1, lipopolysaccharide (LPS) or left untreated (Unt) for 24h and supernatants collected for MFGE8 detection via ELISA. IL-1 $\beta$  increased and TNF, TGF- $\beta$ 1, LPS decreased MFGE8 secretion compared to untreated. N=3 per group.  $\ast$ , p $\lt 0.05$ ;  $\ast\ast\ast\ast$ , p $\lt 0.001$ .

**Figure S6. Milk fat globule-epidermal growth factor 8 (MFGE8) expression in intestinal resection tissues from normal control (NL) and Crohn's disease stricture (CDs) tissues.**  Immunoflourescence (IF) for MFGE8 focusing on the mucosa and submucosa separately confirms epithelial cells as the major source of MFGE8 and increased expression in CDs compared to NL in mucosa and submucosa. MFGE8 was found near  $\alpha$ -SMA positive cells (myofibroblasts and vascular smooth muscle cells) as marked by white arrows. Slides are representative of n=8.

**Figure S7. Milk fat globule-epidermal growth factor 8 (MFGE8) in acute dextran sodium sulfate (DSS)-induced colitis.**  $(A - D)$  Acute DSS colitis was induced in Balb/C mice by 3.5% DSS administration. 3,600ng of recombinant mouse milk fat globule-epidermal growth factor 8 (rmMFGE8) or vehicle control was applied as enema every four days starting from the first day of DSS administration. The severity of DSS induced colitis was evaluated by measuring (A) body weight loss and (B) calculating the clinical score consisting of blood in stool, weight loss and stool consistency. MFGE8 reduced the clinical score, but not weight loss in DSS treated animals. (C) Colon length was less reduced in MFGE8 treated and DSS exposed mice compared to DSS alone. (D) Inflammation score was determined by an inflammatory bowel disease (IBD) pathologist in a blinded fashion using Hematoxylin & eosin (H&E) sections. There was no difference in DSS treated animal irrespective of exposure to MFGE8 or not. Data are presented as mean  $\pm$  SEM (n=5-9 per group from two independent experiments). \*, p<0.05, \*\*, p<0.01, \*\*\*\*, p<0.0001.

**Figure S8. Milk fat globule-epidermal growth factor 8 (MFGE8) exerts anti-fibrotic properties in chronic trinitrobenzene sulfonic acid (TNBS)-induced colitis.** (A to F) Chronic TNBS colitis was induced in Balb/C mice by weekly intrarectal administration of 1% TNBS for a total of 4 weeks. 3,600ng of recombinant mouse milk fat globule-epidermal growth factor 8 (MFGE8) and/or 10 mg/kg Y15 (focal adhesion kinase inhibitor (FAKi)) were applied as enema every four days starting from the first day of TNBS administration. The severity of TNBS induced colitis was evaluated by measuring (A) body weight loss and (B) calculating the clinical score consisting of blood in stool, weight loss and stool consistency. No significant difference was noted between the groups. (C) Colon length was less reduced in MFGE8 and/or Y15 treated TNBS exposed mice compared to TNBS alone. (D) Representative images from mouse colon sections stained with Hematoxylin & eosin (H&E), Masson's trichrome (MT), sirius red (SR), or collagen I (COLI). Slides are representative of n=8 per group. Arrows point towards the area of fibrosis. (E) Inflammation score was determined by an IBD pathologist in a blinded fashion using H&E sections. There was no difference in TNBS treated animal irrespective of exposure to MFGE8 and/or Y15 or vehicle only. Fibrosis score as determined by an IBD pathologist in a blinded fashion using MT sections or SR positive area was analyzed. MFGE8 or MFGE8&Y15 reduced the fibrosis score. SR surface area in TNBS exposed animals was reduced in MFGE8 and Y15 but not in MFGE8&Y15 treated animals compared to TNBS only. The combination of MFGE8&Y15 did not lead to less fibrosis compared to MFGE8 alone. (F) Neither MFGE8, nor Y15 reduced the thickness of the submucosa, muscularis mucosa and muscularis propria in TNBS exposed animals. Data are presented as mean  $\pm$  SEM (n=8 per group from two independent experiments).  $*, p \le 0.05$ , \*\*,  $p \le 0.01$ , \*\*\*,  $p \le 0.001$ , \*\*\*\*,  $p \le 0.0001$ .

**Figure S9. Milk fat globule-epidermal growth factor 8 (MFGE8) reduces IL-6, but not IL-8 or MCP-1 in supernatants normal control primary human intestinal myofibroblasts (NL HIMF).** NL HIMF were exposed to MFGE8 or vehicle for 48 and supernatants collected for a cytokine bead array assay (n=3 per group). (A) Absolute concentrations IL-6, IL-8 and MCP-1 are depicted. (B) Relative concentrations to untreated are depicted for IL-6, IL-8 and MCP-1.

**Figure S10. Milk fat globule-epidermal growth factor 8 (MFGE8) does not influence migration or proliferation in normal control primary human intestinal myofibroblasts (NL HIMF).** (A) NL HIMF were exposed to different concentrations of MFGE8 as the chemoattractant in the lower well of the Boyden chamber. MFGE8 did not influence the migration of NL HIMF (n=4). (B) NL HIMF were exposed to different concentrations of MFGE8 in the 3H-thymidine proliferation assay. MFGE8 did not influence proliferation of NL HMF. Basic fibroblast growth factor (bFGF) was used as a positive control  $(n=3)$ . \*,  $p<0.05$ , \*\*,  $P<0.01$ 

**Figure S11. Knockdown efficiency of small interfering RNA (siRNA) for integrin αv and β5 in normal control primary human intestinal myofibroblasts (NL HIMF).** NL HIMF were transfected with siRNA using lipofectamine 2000 and optimal conditions were determined. Immunoblot analysis indicates robust knockdown of the proteins of interest.  $N=3$ . \*\*, p<0.01, \*\*\*, p<0.001.

**Figure S12. Milk fat globule-epidermal growth factor 8 (MFGE8) does not reduce cytokine concentrations in supernatants of Crohn's disease (CD) lamina propria mononuclear cells (LPMC).** CD LMPC were freshly isolated and exposed to MFGE8 in three different concentrations or left untreated for 24 hours and supernatants collected for a cytokine bead array assay (n=4 replicates per group). (A) Absolute concentrations of the measured cytokines are depicted. There was no difference in cytokine secretion by LPMC regardless of the MFGE8 concentration used.

#### **Figure S13. Isotype controls**

To keep the main figures manageable, we added the secondary antibody isotype controls for each of the immunofluorescence images to this figure. The isotype controls are labelled per corresponding figure panel.

# **SUPPLEMENTARY TABLES**

# **Table S1. Patient demographics**



## **Table S2. Pathways enriched in primary human intestinal myofibroblasts from normal**

**tissue exposed to MFGE8, compared to untreated control** 

















## **Table S3. Pathways enriched in primary human intestinal myofibroblasts from Crohn's**

## **disease stricture tissue exposed to MFGE8, compared to untreated control**

















GO



## **Table S4. Pathways enriched in primary human intestinal myofibroblasts exposed to**

### **MFGE8 from normal tissue compared to Crohn's disease stricture tissue**

Differentially regulated genes from normal compared to Crohn's disease stricture fibroblasts

Description Category FDR.value Term.name Term Size Itersection Size Glycoprotein UniProt Keywords 1.76E-11 KW-0325 4349 87 Signal UniProt Keywords 1.30E-09 KW-0732 3233 69 Cell junction GO Cellular Component 1.08E-07 GO:0030054 2075 51 Synapse GO Cellular Component 1.08E-07 GO:0045202 1351 40 Biological adhesion GO Biological Process 1.40E-07 GO:0022610 931 34 Cell adhesion UniProt Keywords 2.44E-07 KW-0130 474 22 Cell adhesion GO Biological Process 2.69E-07 GO:0007155 925 33 Regulation of biological quality GO Biological Process 3.70E-07 | GO:0065008 | 4042 | 76 Focal adhesion KEGG Pathways 4.08E-07 hsa04510 198 15 Neuron differentiation GO Biological Process 1.51E-06 GO:0030182 1019 33 Secreted UniProt Keywords 4.89E-06 KW-0964 1818 42 Focal adhesion WikiPathways 6.06E-06 WP306 196 14 System development GO Biological Process 1.48E-05 GO:0048731 4426 76 Regulation of cellular component movement GO Biological Process | 1.48E-05 | GO:0051270 | 1009 | 31 Regulation of cell migration GO Biological Process 2.03E-05 GO:0030334 865 28 Generation of neurons GO Biological Process 2.03E-05 GO:0048699 1551 39 Cell junction UniProt Keywords 2.08E-05 KW-0965 801 25 Cell junction assembly GO Biological Process 2.15E-05 GO:0034329 280 16 Synapse organization GO Biological Process 2.23E-05 GO:0050808 283 16 Intrinsic component of plasma membrane GO Cellular Component 2.46E-05 GO:0031226 1703 40 Positive regulation of developmental process GO Biological Process 2.54E-05 GO:0051094 1389 36 Regulation of locomotion GO Biological Process 3.41E-05 GO:0040012 969 29 Regulation of developmental process GO Biological Process 3.41E-05 GO:0050793 2648 53 Regulation of localization GO Biological Process  $\begin{array}{|l} 3.44E-05 \end{array}$  GO:0032879 2740 54 Synapse assembly GO Biological Process 4.16E-05 GO:0007416 96 10 Cell junction organization GO Biological Process 4.16E-05 GO:0034330 493 20 Regulation of synapse organization GO Biological Process 4.16E-05 GO:0050807 228 14

form the basis for this analysis.

































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