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NEONATAL ISLET-1+ CARDIOVASCULAR PROGENITOR CELL- DERIVED EXOSOMES AND THEIR FUNCTIONAL ABILITY TO REGULATE PROLIFERATION

Lourdes Ceja

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NEONATAL ISLET-1+ CARDIOVASCULAR PROGENITOR CELL-DERIVED
EXOSOMES AND THEIR FUNCTIONAL ABILITY TO REGULATE
PROLIFERATION

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Biology

by
Lourdes Ceja
August 2022

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Approved by:

Nicole Bournias-Vardiabasis, Ph.D., Committee Chair, Biology

Mary Kearns-Jonker, Ph.D., Committee Member

Laura Newcomb, Ph.D., Committee Member

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ABSTRACT

Heart failure affects many people around the world and can lead to disease progression and death. Consequently, new stem and exosome-based therapies are needed to address this major health issue and to provide therapeutic options that will improve outcomes for the increasing number of patients with heart disease. Stem cell-derived exosomes have captivated researchers' attention over the past couple of years based on their functional role in cellular signaling which highlights the vital component of the secretome of stem and progenitor cells. Since neonates have significantly enhanced regenerative ability, we hypothesized that exosomes isolated from Islet-1+ expressing neonatal human cardiovascular progenitors (CPCs) will induce transcriptomic changes associated with improved regenerative capability when co-cultured with CPCs derived from adult humans. In order to test this hypothesis, we isolated exosomes from human neonatal Islet-1+ cardiovascular progenitor cell clones, analyzed the exosome content using RNAseq and treated adult CPCs with exosomes derived from neonatal CPCs to assess the functional effect. Analysis of neonatal CPC-derived exosome content by RNAseq revealed that neonatal exosomes contain miRNAs that inhibit YAP1 repressors and expressed transcripts predicted to activate YAP1, the cell cycle, and GPCR signaling. In vitro, adult CPCs treated with exosomes derived from neonatal CPCs demonstrated activation of AKT signaling, which promotes survival and proliferation and several transcripts involved in proliferation and cell cycle

progression, including YAP1. YAP1 is lost after the neonatal period under normal development but can stimulate cardiac regeneration. Our results demonstrate that transcripts associated with enhanced regenerative effects can be induced in adult CPCs following treatment with neonatal CPC-derived exosomes. Our data suggests that neonatal Islet-1+ CPC exosome content can provide a stimulus that may improve functional outcomes when adult CPCs are used for cell-based cardiovascular repair.

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CHAPTER ONE

INTRODUCTION

Background

Current Limitations in Heart Repair

Heart failure is a major cause of high morbidity and mortality rates (Camps-Vilaró et al., 2020; Dagenais et al., 2020). From a global perspective, heart failure affects 64 million people (Savarese et al., 2022). Heart failure is a syndrome which presents from any structural or functional cardiac abnormality and impairs ventricular filling or ejection of blood (Yancy et al., 2013). In the adult heart, a minimal potential for regenerative capacity exists and the loss of cardiomyocytes that occurs through myocardial injury such as myocardial infarction, is irreversible (Weinberger & Eschenhagen, 2021). After myocardial infarction, cardiac remodeling occurs (Garza et al., 2015). Remodeling includes hypertrophy; an enlargement of the size of cardiomyocytes and thickening of ventricular walls following proliferation of fibroblasts and accumulation of extracellular matrix proteins. This process affects cardiomyocyte biomechanical signaling and ultimately function (Münch & Abdelilah-Seyfried, 2021; Sutton & Sharpe, 2000). As a result, myocardial injury leads to a decline in left ventricular function and immediate recovery is both rare and incomplete (Weinberger &

Eschenhagen, 2021). This is because cardiomyocytes exit the cellular cycle after birth and do not proliferate to successively replace the lost tissue (Ahuja et al., 2007; Powers & Huang, 2022). The rate of modest cardiomyocyte renewal in the human adult is about 1% turnover per year and declines to approximately 0.45% by the age of 75 (Bergmann et al., 2009, 2015). Rare proliferative events can occur within the adult myocardium, but terminally differentiated cardiomyocytes in the adult human heart would need to successfully enter the cellular cycle in sufficient numbers in order to induce cardiovascular repair (Günthel et al., 2018). Regimens which are currently used for the treatment of myocardial infarction consequently focus on targeting the resident cardiomyocyte neurohormonal physiology rather than attempting to replenish the missing cardiomyocytes (Sharma et al., 2015). Alternative approaches aimed at promoting proliferation in resident cardiac stem cells to stimulate cardiovascular regeneration after myocardial infarction would be beneficial.

Stem Cells for Heart Repair

Stem cells such as human embryonic stem cells, induced pluripotent stem cells (iPSCs), Islet-1+ expressing progenitors, and cardiac progenitor cells (CPCs) are being examined as potential sources of cells that can repair damaged tissue (Bartulos et al., n.d.; Ghazizadeh et al., 2018; reviewed in Kasai-Brunswick et al., 2021). Embryonic stem cells are equipped with pluripotency and

can be differentiated into functional cardiomyocytes (Kehat et al., 2001; Yamanaka et al., 2008). Molecular and functional properties of embryonic stem cells and iPSCs share similarity and in the case of iPSCs, the use of stem cell derivatives that are matched to the recipient eliminates the potential for rejection of cells that were introduced (Choi et al., 2015; Ortuño-Costela et al., 2019). The use of iPSCs from a histocompatible source different from the potential recipient is also possible, however these cells may contain genetic variations based on the source cell population or alterations that occur due to reprogramming and maintenance. These variations could be problematic (Deleidi et al., 2011; G. Liang & Zhang, 2013). Additionally, if a population of differentiated human embryonic stem cells or iPSCs remained undifferentiated, a possibility of teratoma formation exists *in vivo* (Hentze et al., 2009; A. S. Lee et al., 2009; M.-O. Lee et al., 2013). Using human embryonic stem cells raises ethical and safety concerns, because of their derivation and their tumorigenic potential (Deinsberger et al., 2020; Q. Sun et al., 2014). iPSC's also raise ethical and safety concerns based on the potential for undesired differentiation and tumorigenic transformation as well as issues regarding donor's privacy and intellectual property (Moradi et al., 2019; Volarevic et al., 2018). These concerns can be a limitation for future clinical applications.

Cardiovascular Progenitor Cells

Another approach would be the use of cardiac progenitor cells, which have shown promise as a therapeutic model (reviewed in Bollini et al., 2011; reviewed in Witman et al., 2020a). Cardiac progenitors are a multipotent self-renewing progenitor cell type arising from a subpopulation of mesodermal lineage precursors found at early cardiac stages of embryogenesis (Devine et al., n.d.; Mauretti et al., 2017; Witman et al., 2020b; S. M. Wu et al., 2006). Over the past few years, preclinical and clinical studies have utilized various sources of endogenous stem cells for the treatment of several cardiovascular diseases such as heart failure and myocardial infarction (reviewed in Fan et al., 2021; reviewed in Hou & Li, 2018). There are various cardiac progenitor cell populations identified that provide a better cell source for cardiovascular therapy (Le & Chong, 2016). To date, the results in patients with acute myocardial infarction and the use of cardiac stem cell-derived therapy using c-kit⁺ cells has only shown moderate improvement in therapeutic outcomes (Kasai-Brunswick et al., 2021b). Therefore, a substantial clinical need for an optimal stem-cell therapy to address heart failure remains.

Islet-1+ Expressing Progenitors as a Source for Cardiac Repair

Islet-1⁺ expressing cardiac progenitor cells isolated from patients possess a unique differentiation potential and represent the cell population studied in our

laboratory (Fuentes et al., 2013a). Cells which are Islet-1+ have been shown to be essential in the cardiac developmental process based on a study using Islet-1 deficient mice which lacked all structures derived from the second heart field (Cai et al., 2003). In another study, they observed that deletion of Islet-1 in mice leads to early embryonic lethality (Gao et al., 2019). Islet-1 expression in the early stages of cardiac development has been identified as a marker of cells of the second heart field, cardiac neural crest, and the proepicardium when co-expressed with Nkx2.5 (Le & Chong, 2016; Shouman et al., 2021). Islet-1+ cardiovascular progenitors have shown promise in cell-based cardiovascular repair models (Bartulos et al., 2016; Foo et al., 2018; Y. Li et al., 2017). In an *in vivo* study using murine Islet-1+ CPC spheroids, there was significant improvement in left ventricular function and reduction in scar size in treated mice four weeks after injury (Bartulos et al., 2016). In an *in vivo* myocardial infarction model, Islet-1+ human embryonic stem cell-derived ventricular progenitors were injected into the myocardium of mice and resulted in preservation of myocardial contractile function (Foo et al., 2018). Islet-1+ cells represent a population of unique, rare, self-renewable, multipotent cells and are able to differentiate into the three cardiac lineages; cardiomyocytes, smooth muscle cells, and endothelial cells (Laugwitz et al., 2008; Y. Li et al., 2017). Our laboratory has established Islet-1+ neonatal and adult cardiac progenitor cell clones by single cell expansion to serve as a model for cardiovascular repair (Baio et al., 2018; Fuentes et al.,

2013a). The use of single cell clones with a well-defined phenotype optimizes the safety profile and reproducibility for studies focused on the application of either stem cells or stem cell-derived exosomes as a model for cell-based cardiovascular repair.

Stem and Progenitor Cell-derived Exosomes

Stem cell-derived exosomes have served as a vital component of the secretome of stem and progenitor cells, based on their functional role in cellular signaling over the past couple of years (reviewed in Balbi & Vassalli, 2020; reviewed in Jayaraman et al., 2021). Recent studies have focused on the sole use of exosomes as a cell-free therapeutic approach in cardiovascular repair models (Barile et al., 2014; L. Chen et al., 2013; Gallet et al., 2017; Santoso et al., 2020; Yao et al., 2021a). This is because of the heterogeneous composition and their ability to transfer functional proteins, metabolites, and nucleic acids to recipient cells (Gurung et al., 2021a; Y. Zhang et al., 2020). Exosomes are nanosized vesicles that can be secreted from several cell types (Teng & Fussenegger, 2021). There are now recommended set guidelines for extracellular vesicle studies provided by ISEV. Some of them include extracellular vesicle isolation, concentration, characterization, and nomenclature (Théry et al., 2018a; Witwer & Théry, 2019). Extracellular vesicle is the general nomenclature based on recommendations from ISEV. Measurable defined

characteristics such as origin of cell type, size, density, function, molecular markers such as CD63, CD81, CD82 are used to characterize these nanoparticles (Théry et al., 2018b).

Exosomes, which are of endosomal origin, are composed of a single membrane and can range from 30 nm up to 200 nm with an average of 100 nm in diameter (Kalluri & LeBleu, 2020; Pegtel & Gould, 2019; Yi et al., 2020a). Variable exosome sizes have been identified, even when isolating vesicles from a single cell line (Pegtel & Gould, 2019). Exosomes contain variable proportions of genetic information which can be incorporated to the recipient cell (Danac et al., 2021; Narang et al., 2022). Current information on the genomic profile of exosomes derived from CPCs can be influential for determining molecular mechanisms mediating cardiac repair.

Proteomic profiling identified pregnancy-associated plasma protein A (PAPP-A) highly enriched on the exosomal membrane of human CPCs, which activates ERK1/2 and Akt pathways in cardiomyocytes, leading to reduced apoptosis and improved ventricular function after ischemia/reperfusion (Barile et al., 2018). In a recent study using gene expression qPCR array, human CPCs under physoxia showed an increase in extracellular vesicle secretion and minimal changes in cellular expression of hypoxia related genes (Dougherty et al., 2020). Physoxia is described as 5% O₂ saturation, the estimate of an *in vivo* scenario of tissue oxygenation; most tissue is 3.4% to 6.8% concentrated with O₂

(Dougherty et al., 2020). Several miRNAs which are key for cardiac repair have been identified in CPCs and other stem cell-derived exosomes. These miRNAs can regulate cell differentiation, proliferation, angiogenesis, and inhibit apoptosis and fibrosis (Gray et al., 2015; reviewed in Thej & Kishore, 2021; reviewed in Wang et al., 2019). A table summarizing important miRNAs and transcripts found within exosomes derived from stem cells is found below (Table 1)

Table 1. Differentially Expressed miRNAs and Transcripts in Exosomes Derived from Stem Cells

	Source	Content	miRNA Target or Function	Reference
Cardiovascular Progenitor Cells (CPCs)	Human CPCs	miR-210, 132	miRNA-210 targets ephrin A3 and PTP1 and inhibits apoptosis <i>in vitro</i> ; miRNA-132 targets RasGap-p120 to inhibit apoptosis and enhance tube formation <i>in vitro</i>	(Barile et al., 2014)
	Sca-1+ murine CPCs	miR-21	Anti-apoptosis of cardiomyocytes <i>in vitro</i>	(Xiao et al., 2016)
	Hypoxia cultured murine CPCs	miR-17, 210	Pro-angiogenic and contributes to improved cardiac function <i>in vivo</i>	(Gray et al., 2015)
Cardiosphere-derived cells (CDCs)	Human CDCs	miR-4488	Contributes to anti-apoptotic effects <i>in vitro</i>	(Y.-N. Lin et al., 2021)
	Hypoxia cultured human CDCs	miR-126, 130a, 210	Pro-angiogenic	(Namazi et al., 2018)
	Human CDCs	miR-181b	miR-181b targets PKC δ to mediate macrophage polarization <i>in vitro</i>	(de Couto et al., 2017)
	Human and Swine CDCs	miR-126, 132, 146a, 181b, 210, 451	Anti-fibrosis, anti-apoptosis, pro-angiogenic functions; miR-146a reduces myocardial inflammation and apoptosis	(Hirai et al., 2020)
	Human CDCs	miR-21, 146a	miR-21 can reduce myocardial apoptosis by modulation of AKT-pathways, PDCD4, and FasL. miR-146a can repress IRAK1 and TRAF6	(Vandergriff et al., 2018)
Mesenchymal Stem Cells (MSCs)	Murine MSCs	miR-182	Improves cardiac function, reduces myocardial infarction size, inflammation, and cell pyroptosis <i>in vivo</i>	(Yue et al., 2022)
	Murine MSCs	miR-29, 24	Reduces fibrosis and inflammation and improves cardiac function <i>in vivo</i>	(Shao et al., 2017)

	Hypoxia cultured murine MSCs	miR-125b	Suppresses proapoptotic genes p53 and BAK1 which contributes to anti-apoptotic function <i>in vitro and in vivo</i>	(L.-P. Zhu et al., 2018)
	Murine MSCs	miR-25	Decreases pro-apoptotic proteins and EZH2 which leads to cardiomyocyte survival and suppresses inflammation <i>in vitro and in vivo</i>	(Peng et al., 2020)
	Rat bone marrow-derived MSCs	miR-144	Targets PTEN/AKT signaling and contributes to anti-apoptotic effect on cardiomyocytes in hypoxic conditions	(Wen et al., 2020)
	Mouse bone marrow-derived MSCs	miR-181, 223, 124, 146a, 182, 125a, 103, 221, 133, 150, 21, 22	miRNAs are involved in inflammation modulation and/or cardiac repair; miR-182 in exosomes has an anti-inflammatory effect <i>in vivo</i>	(J. Zhao et al., 2019)
	Hypoxia cultured human MSCs	miR-26a	Can target and suppress GSK3 β and p- β -catenin to reduce Ischemia-reperfusion injury	(H. Park et al., 2018)
Induced Pluripotent Stem Cells (iPSCs)	Murine iPSCs	miR-17-92 cluster, 19b, 20a, 126, 130, 210, 292, 293, 294, 295, let-7, 145, 302a, VEGF-C, BMP-4, PDGF α , PDGFs, TDGF1, FGFs, IGF-2, and CTGF	Involved in angiogenesis, adaptation to hypoxic stress, regulation of cell cycle, mammalian development, aging, late developmental timing, regulation of cellular proliferation, differentiation, apoptosis, maintenance of self-renewal and pluripotency, and proteins involved in stimulating cardiomyogenesis and proliferation	(Adamiak et al., 2018)
	Human iPSC-derived CPCs	miR-92a, 24, 93, 20b, 107, 26a, 16, 130b	Regulation of inflammation	(Lima Correa, El Harane, Gomez, et al., 2021)
Other	Adult murine cardiac stem cells	Ccna2, miR-182, 183, 96, 296, 298	Positively regulates cell cycle, proliferation, and self-renewal	(Scalise et al., 2021)
	Human adipose-derived stem cells	miR-221, 222	Targets PUMA and ETS-1 proteins, decreases apoptosis and hypertrophy-related proteins <i>in vivo</i>	(Lai et al., 2020)
	Mice-derived cardiomyocyte	miR-92a	Essential for activation of cardiac myofibroblasts <i>in vitro</i> and <i>ex vivo</i>	(X. Wang et al., 2020)

Functional Studies with the Use of Stem Cell-derived Exosomes

Functional studies with the use of stem cell-derived exosomes have provided information on variable applications in cardiac repair. Exosomal proteins derived from mesenchymal stem cells reduce the infarcted area by half, inhibit the proliferation and migration of vascular smooth muscle, reduce cardiomyocyte apoptosis, promote angiogenesis, reduce ventricular remodeling, and protect cardiac function (reviewed in B. Liang et al., 2020). Cardiac-derived progenitor cells expressing the early cardiac genes MEF2C, GATA4, and Mesp1 were used to demonstrate the cardioprotective and pro-angiogenic activity of exosomes isolated from these cells (Barile et al., 2018). These CPC-derived exosomes injected intramyocardially after permanent coronary artery ligation reduced infarct scar size and improved cardiac function after four weeks. Most importantly, this study observed a functional difference in cardiac protection between CPC-derived exosomes more than bone marrow-derived mesenchymal stem/progenitor cell-derived exosomes (Barile et al., 2018). Cardiac progenitor cell-derived exosomes reduced cardiomyocyte apoptosis by 53% and were also shown to augment cardiac function after myocardial infarction (Barile et al., 2014; Mol et al., 2017). Patient-derived Sca-1+ CPC-derived exosomes significantly reduced infarct size whereas the parent CPC did not have this effect (Maring et al., 2019). A summary of the functional studies with the use of stem-cell derived extracellular vesicles for applications in cardiac repair is provided in the table below (Table 2).

Table 2. Functional Studies with The Use of Stem Cell-derived Exosomes for Cardiac Repair

	Exosome Cell source	Specific Markers	Differentiation Potential	Dosage of Exosomes	Outcome	Reference
Cardiovascular Progenitor Cells (CPCs)	Human CPCs	c-Kit, CD105, Gata4, MEF2C, and Mesp1	Cardiomyocytes (CMs) and endothelial cells (ECs)	6 x 10 ⁹ particles for neonatal rat <i>in vivo</i> model. 10 ¹¹ particles for adult rat <i>in vivo</i> model.	Stimulated adult and neonatal cardiomyocyte cycling <i>in vivo</i> , improved ejection fraction and reduced scar size in adult rat after myocardial infarction	(Balbi et al., 2021; Smith et al., 2007)
	Human CPCs	c-Kit, CD105, Gata4, MEF2C, Mesp1, CXCR4, and PPAP-A	CMs, ECs, adipogenic (AD), chondrogenic (CH), and osteogenic (OS)	2 x10 ¹¹ particles	Significantly reduced infarct size and improved left ventricle ejection fraction <i>in vivo</i>	(Ciullo et al., 2019; Smith et al., 2007)
	Human CPCs	c-Kit, CD105, Gata4, MEF2C, Mesp1, and PPAP-A	CMs, ECs, AD, CH, and OS	10 ¹¹ exosomes	Reduced scar size and improved left ventricular function <i>in vivo</i>	(Barile et al., 2018; Smith et al., 2007)
	Adult human CPCs	CD73, -90, -105, Gata4, Tbx5, Tbx18, and Mesp1	None reported	3x10 ⁷ particles/mL for <i>in vitro</i> , 1x10 ¹¹ exosomes for <i>in vivo</i> study	Inhibited apoptosis and promotes angiogenesis <i>in vitro</i> ; improved cardiac function <i>in vivo</i>	(Andriolo et al., 2018)
	Human CPCs	CD13, -90, -44, Tbx1, Tbx18, -5 MEF2C, Gata4, and Mesp1	CMs, ECs, AD, CH, and OS	3 doses of 3x10 ¹⁰ particles	<i>In vivo</i> prevention of Dox/Trz-induced myocardial fibrosis, left ventricular dysfunction, and attenuated inflammation	(Milano et al., 2020)
	Human CDCs	c-Kit, Sox2, Nanog, and MHC-I	CMs, smooth muscle cells (SMs) and ECs	16.5 x10 ¹¹ particles	Decreased scar size and improved left ventricular ejection fraction <i>in vivo</i>	(Gallet et al., 2017; T.-S. Li et al., 2010)

Cardiosphere-derived cells (CDCs)	Human CDCs	CD90 and CD105	CMs	6 x 10 ⁹ exosomes	Reduced fibrosis and scar size, increased cardiomyocyte proliferation and angiogenesis	(Tang et al., 2017; Vandergriff et al., 2018)
	Human CDCs	c-Kit and CD105	CMs, ECs	2.0 x 10 ⁹ extracellular vesicles injected weekly for four consecutive weeks	Reduced cardiac inflammation, improved cardiac function, suppressed arrhythmogenesis in an <i>in vivo</i> arrhythmogenic cardiomyopathy murine model	(Y.-N. Lin et al., 2021; Smith et al., 2007)
Mesenchymal Stem Cells (MSCs)	Murine bone marrow-derived MSCs	CD29, -44, and Sca-1	AD, CH, and OS	5.62 x 10 ⁵ exosomes	Decreased infarct size after ischemia reperfusion injury	(Luther et al., 2018)
	Murine bone marrow-derived MSCs	CD44, -105, and Sca-1	None reported	4 x 10 ⁹ particles	Inhibited inflammation, reduced cardiomyocyte apoptosis and fibrosis, enhanced vasculogenesis and restored cardiac function <i>in vivo</i>	(X. Wang et al., 2018)
	Murine bone marrow-derived MSCs	None reported	Can differentiate into muscle, fat, bone, and cartilage cells, no <i>in vitro</i> or <i>in vivo</i> data reported	5.8 x 10 ¹² particles	Reduced myocardial remodeling <i>in vivo</i> and reduced cellular apoptosis <i>in vitro</i>	(Ou et al., 2020)
	Mouse cardiac MSCs	CD44, -105, -140, Sca-1, and Gata4	SMs	1 x 10 ¹² particles	Improved cardiac function, decreased fibrosis, and increased neovasculogenesis <i>in vivo</i>	(Xuan et al., 2020)
	Wharton's Jelly-derived MSCs	CD90 and CD105	None reported	1 x 10 ¹¹ particle injections administered weekly: 6 total doses	Decrease in infarct size, improved ejection fraction, cardiac performance, afterload, contractility and lusitropy	(Bellio et al., 2022)

	MSCs	CD31, -34, -90, -105, and c-Kit	None reported	1 x10 ⁸ exosomes in a hyaluronic acid hydrogel	Reduced left ventricular chamber size and preserved wall thickness <i>in vivo</i>	(Cheng et al., 2022; Qiao et al., 2019)
Induced Pluripotent Stem Cells (iPSCs)	Human IPSC-derived CPCs	Islet-1, MEF2C, KDR, Gata4, PDGFR- α , Nkx2.5	CMs, ECs, and SMs	1 x10 ¹⁰ particles	No humoral response to <i>in vivo</i> treatment, pro-inflammatory monocytes and cytokines were decreased <i>in vivo</i>	(Drowley et al., 2016; Lima Correa, El Harane, Gomez, et al., 2021)
	Human IPSC-derived CPCs	Islet-1, MEF2C, KDR, Gata4, PDGFR- α , Nkx2.5	CMs, ECs, and SMs	1 x 10 ¹⁰ (\pm 3,000) particles	Failed to trigger cardiomyocyte proliferation but, decreased infarct size and fibrosis <i>in vivo</i>	(Lima Correa, El Harane, Desgres, et al., 2021)
	Human MSC-derived IPSC-differentiated cardiomyocytes	Nanog, Oct 3/4, Sox2	IPSCs into CMs	400 x 10 ⁸ exosomes	Enhanced cardiomyocyte survival <i>in vitro</i> and cardiac function <i>in vivo</i> and induces transcriptional changes to the peri-infarct region by impacting mTOR signaling	(Santoso et al., 2020)
	Human IPSCs and IPSC-derived cardiomyocytes	None reported	CMs	3x10 ¹⁰ extracellular vesicles	IPSC-derived cardiomyocyte extracellular vesicles reduced infarct size, hypertrophy, apoptosis and arrhythmias	(B. Liu et al., 2018)
	Human IPSC-derived CPCs	Islet-1, MEF2C, KDR, Gata4, PDGFR- α , Nkx2.5	CMs, ECs, SMs	3 x 10 ¹⁰ extracellular vesicles for <i>in vivo</i> myocardial infarction model	Significantly improved cardiac function, decreased left ventricular volumes, increased left ventricular ejection fraction, and induction of genes associated with cardiac functional improvement	(El Harane et al., 2018a)

Other	Human adipose-derived stem cells	Not reported	ECs	1.3×10^{10} particles in hindlimb Ischemia model, for myocardial infarction model two 2.2×10^7 injections, and intravenous 4.3×10^8 particle injections at 7, 14, 21 days post-surgery	Promote angiogenesis and arteriogenesis in ischemic hindlimb <i>in vivo</i> while also improving cardiac function, reducing infarct size, and promoting angiogenesis in myocardial infarction <i>in vivo</i> model	(Kang et al., 2016; D. Zhu et al., 2022)
	Murine endothelial progenitor cells	DiLDL, VEGFR2, and CD34	Can differentiate into <i>de novo</i> vasculature; no data reported	1.87×10^{11} particles/mL for <i>in vitro</i> studies, 9.33×10^{10} particles/mL for <i>in vivo</i> studies,	Proangiogenic effect in vitro, improved left ventricular contractility and structural integrity <i>in vivo</i>	(Atluri et al., 2014; Chung et al., 2020)
	Human embryonic stem cell-derived CPCs	SSEA1, Mesp1, MEF2C, Islet-1, Gata4, and Nkx2.5	CMs, ECs, and SMs	Around $485 \pm 827 \times 10^8$ particles in the normoxia group and $457 \pm 927 \times 10^8$ particles for hypoxia treatment	Hypoxia and normoxia improved cardiac function, reduced scar size, promoted angiogenesis and reduced fibrosis	(J. Wang et al., 2019; Q. Wu et al., 2020)
	Human and murine epicardial cells	Murine epicardial cells: Wt1	Murine epicardial cells can differentiate into SMs	1.58×10^8 particles for <i>ex vivo</i> , 10^8 for <i>in vivo</i>	Promote cell cycle activity <i>ex vivo</i> and increased proliferation <i>in vivo</i>	(Austin et al., 2008; del Campo et al., 2021)

CMs: Cardiomyocytes,
ECs: Endothelial cells,
SMs: Smooth muscle cells
AD: Adipogenic,
CH: Chondrogenic
OS: Osteogenic

Islet-1+ Expressing Progenitors as a Source for Cardiac Repair

Neonatal Islet-1+ cardiovascular progenitor-derived exosomes may be a more advantageous source for cardiac repair since the neonatal heart is capable of regeneration during a temporary postnatal period (Weinberger & Eschenhagen, 2021). In a study using neonatal mice, cardiac regeneration was observed after ventricular resection, but the regenerative window for mice is soon diminished after birth and measured within three to seven days (Velayutham et al., 2019). Furthermore, in an *in vivo* myocardial infarction model using pigs, the regenerative potential is observed during the first two days after birth and potential is lost a few days after (Ye et al., 2018; W. Zhu et al., 2018). This regenerative window is in part achieved due to YAP1 signaling (Mia & Singh, 2019; J. Wang et al., 2018). As the critical effector of the Hippo signaling pathway, YAP1 is sufficient to promote mitosis in cardiomyocytes and can activate surrounding tissue by means of secreted signals through downstream targets (Gong et al., 2021a; Mugahid et al., 2020a). The potential use of Islet-1+ neonatal cardiac progenitor-derived exosomes for the purpose of augmenting YAP1 expression and activating proliferation in patient-derived adult cardiac progenitors which have reduced regenerative ability is the focus of the work described in this thesis.

CHAPTER TWO

MATERIALS AND METHODS

In Vitro Exosome Isolation and Application

Isolation and Culture of Human Neonatal Islet-1+ and Adult Cardiovascular Progenitor Cells

The Institutional Review Board of Loma Linda University approved the protocol for use of tissue that was discarded during cardiovascular surgery, without identifiable private information, for this study with a waiver of informed consent. Human neonatal Islet-1+ cardiac progenitor and adult cardiac progenitor cell clones were previously isolated from discarded surgical cardiovascular tissue (Fuentes et al., 2013b) and were available for use in this study. Briefly, discarded atrial tissue from human neonates and adults was cut and digested in a collagenase solution (Roche Applied Science, Indianapolis, IN, USA). In order to isolate cardiovascular progenitors, this solution was strained through a 40 μ m cell strainer. Clonal populations of cells were established by a limiting dilution at a concentration of 0.8 cells per well which were further expanded. Human CPC clones used in the current project were cultured in growth media that included 10% fetal bovine serum (FBS) or exosome-depleted 10% FBS (Genesee Scientific, San Diego, CA, USA), Medium 199 (Thermo Fisher Scientific, Waltham, MA, USA), 100 μ g/mL Penicillin-Streptomycin (Gibco, Thermo Fisher Scientific, Waltham, MA, USA), 22% EGM-2 Endothelial Cell Growth Medium-2

BulletKit (Lonza, Basel, Switzerland), and 1.0% minimum essential medium non-essential amino acids solution (Life Technologies by Thermo Fisher Scientific, Waltham, MA, USA).

Preparation of Exosome Depleted Fetal Bovine Serum

Extracellular vesicles were removed from the serum used for cell culture, using an approach that removes approximately 95% of FBS-derived extracellular vesicles containing RNA (Shelke et al., 2014; Théry et al., 2006). Briefly, 10% fetal bovine serum (Genesee Scientific, San Diego, CA, USA) was subjected to ultracentrifugation at 100,000 x g for 18 hours at 4 °C then filtered with a .22µm filter to reduce contamination and stored in -18 °C until needed.

Collection, Isolation and Quantification of Exosomes from Neonatal Islet-1+ Cardiovascular Progenitor Conditioned Media

Neonatal Islet-1+ cardiovascular progenitor cells were cultured in 6 well 0.1% gelatin-coated plates and with exosome-depleted 10% FBS-prepared medium. Neonatal cardiovascular progenitor cells were grown in exosome-depleted media and were incubated at 37 °C with 5% CO₂ and 95% oxygen until 90% confluency in order to collect conditioned media. Conditioned media was saved in -80 °C and thawed at room temperature prior to exosome isolation based on previous recommendations (Bojmar et al., 2021; Trummer et al., 2009).

Total Exosome Isolation from Cell Culture Media

Total Exosome Isolation Reagent was used according to manufacturer's instructions (Invitrogen by Thermo Fisher Scientific, Waltham, MA, USA). Briefly, conditioned media was centrifuged at 2,000 x g for 30 minutes and suspended with 0.5 volume of the Total Exosome Isolation reagent (10mL of media: 5 mL of reagent). The solution was incubated overnight at 4°C, then subjected to a final centrifugation of 10,000 x g for 1 hour at 4 °C. The supernatant was aspirated and discarded, and the pelleted exosomes were resuspended in 200 µL of PBS (Genesee Scientific, San Diego, CA, USA). A dilution of 3:1000 was prepared for Nanosight analysis and stored at -20 °C or -80 °C for either short term or long term storage, as recommended (Bertokova et al., 2022; Bojmar et al., 2021).

Differential Ultracentrifugation of Cell Culture Media for Exosome Isolation

Differential ultracentrifugation was performed to separate particles by sedimentation dependent on size and density through sequential centrifugal speeds. The procedure was followed as previously described with slight modification (Livshits et al., 2015; Sidhom et al., 2020). Briefly, conditioned media collected from neonatal cardiovascular progenitors was subjected to a centrifugal force of 2,000 x g for 30 minutes for removal of cellular debris. The pellet was discarded, and the supernatant went through a subsequent centrifugal force of 10,000 x g for 30 minutes at 4 °C to remove apoptotic bodies and contaminating proteins. The pellet was discarded, and the supernatant was

subjected to a final centrifugation of 100,000 x g for 2 hours at 4°C. The supernatant was aspirated, and the pellet was resuspended with 203 µL of PBS (Genesee Scientific, San Diego, CA, USA). A dilution of 3:1000 was prepared for Nanosight and saved in -20 °C or -80 °C.

Exo-Quick-TC ULTRA EV Isolation Kit for Cell Culture Media

The Exo-Quick TC ULTRA EV isolation kit was used to purify exosomes from the media of neonatal cardiovascular progenitors according to manufacturer's instructions (System Biosciences, Palo Alto, CA, USA). Briefly, conditioned media was centrifuged at 3,000 x g in order to remove cellular debris. The supernatant was resuspended with the ExoQuick-TC reagent using a ratio of 5mL of conditioned media to 1mL of reagent and was incubated overnight at 4 °C. Subsequently, the solution was centrifuged for 10 minutes at a speed of 3,000 x g at room temperature. The supernatant was aspirated to leave the precipitated exosomes for further collection. The pellet was resuspended with 200 µL of Buffer B, followed by addition of 200 µL of Buffer A and resuspension. The solution was loaded onto a prepared isolation column and placed on a rotating shaker for 5 minutes at room temperature. The purified exosomes were eluted at a speed of 1,000 x g for 30 seconds, and this step was repeated. A dilution of 3:1000 was prepared for Nanosight preparation and saved in -20 °C or -80 °C.

Nanoparticle Tracking Analysis

Analyses of particle size and concentration of exosomes isolated from neonatal cardiovascular progenitor cell conditioned media was performed using Nanosight NS300 instrument (Malvern Panalytical, Malvern, UK) and Nanoparticle Tracking Analysis (NTA) software (version 3.4; Malvern Panalytical, Malvern, UK). Exosome samples diluted in PBS (3:1,000) were thawed at room temperature. Samples were vortexed and sonicated for 30-45 seconds before injection. Five videos of one sample determined mean size and concentration of particles: syringe pump speed, 30.

RNA Sequencing and Transcriptomic Analysis of Adult and Neonatal Islet-1+ CPC-derived Exosomes

RNA samples were previously extracted and purified from exosomes derived from adult and neonatal Islet-1+ cardiovascular progenitors. RNA samples were sent to the PrimBio Research Institute (Exton, PA, USA) for transcriptome analysis following the same protocol mentioned previously from our lab (Camberos et al., 2021). Briefly, rRNA was removed from total RNA samples with a rRNA removal kit from Illumina (San Diego, CA, USA). Ion Total RNA-Seq Kit v2 (Thermo Fisher Scientific, Waltham, MA, USA) was used to assemble sequencing libraries. Prior to PCR amplification, nucleic acid binding beads (Ambion, Austin, TX, USA) were used to purify the cDNA library. Agilent dsDNA High Sensitivity kit (Agilent, Santa Clara, CA, USA) was used to test

quality of libraries. Samples were enriched with a Ion OneTouch ED instrument and an Ion PI TM Hi-QTM OT2 200 Kit (Thermo Fisher Scientific, Waltham, MA, USA). Sequencing was performed with an Ion Proton sequencer (Thermo Fisher Scientific, Waltham, MA, USA) and a species-specific protocol. Sequence files were aligned to the human genome and quality of sequence files was performed using the Strand NGS program. Quantification and normalization of aligned reads were performed using the DEseq algorithm within the Strand NGS program. The Audic-Claverie test and the Benjamini-Hochberg correction test were used for statistical analysis. Significance was determined using a 2.0-fold change minimum cutoff.

miRNAs which were predicted as upregulated or downregulated and showing greater than a 2.0 fold change in neonatal CPC-derived exosomes when compared to adult CPC-derived exosomes were uploaded to DIANA-miRPath v3.0 bioinformatics software (Vlachos et al., 2015). A KEGG analysis was performed on the dataset based on predicted targets of uploaded miRNAs. Categories specific to pathways involving development, proliferation, cell-cycle, or Hippo signaling pathway and only categories with a p-value of < 0.05 were reported. Total gene transcripts that were predicted to be upregulated and showing greater than a 2.0 fold change were then uploaded onto Ingenuity Pathway Analysis (IPA) (Qiagen, Valencia, CA, USA). A core analysis was performed with a parameter of human cells only was set for the analysis. Categories specific to pathways involving exosome biogenesis, development,

proliferation, cell-cycle, or Hippo signaling pathway and with a p-value of < 0.05 were reported.

Treatment of Human Adult Cardiac Progenitor Cells with Exosomes Isolated from Neonatal Cardiovascular Progenitors

Human adult cardiovascular progenitor cells were grown on CPC growth media until exosome addition. Adult CPC clones received concentrations of $5 - 6 \times 10^{10}$ exosomes isolated from human neonatal Islet-1+ CPC clones or similar volume of exosome-depleted media as a control. Cells underwent a 72-hour incubation at 37 °C with 5% CO₂ and 95% Oxygen before subsequent experiments.

Purification of RNA and Reverse Transcriptase Quantitative PCR

Adult treated and non-treated CPCs received 700 µL of QIAzol® reagent (Qiagen, Valencia, CA, USA). Total RNA was purified by using an RNeasy mini kit (Qiagen, Valencia, CA, USA) following the manufacturer's instructions. RNA quality was validated with a gel electrophoresis using a 1% agarose gel and high mass DNA ladder (Invitrogen by Thermo Fisher Scientific, Waltham, MA, USA) (E. J. Park et al., 1996). 1 µg of RNA was used to prepare cDNA with Superscript III (Invitrogen by Thermo Fisher Scientific, Waltham, MA, USA). Reverse transcriptase quantitative PCR was performed using iTaq™ Universal SYBR® Green Supermix (Bi-Rad, Hercules, CA, USA). Bio-Rad CFX96 Touch Real-Time

PCR Detection System was used to perform all RT-qPCR experiments (Bi-Rad, Hercules, CA, USA). PCR plates were run with the following settings 94 °C for 10 minutes, 94 °C for 15 seconds, 56 – 58 °C (depending on the primer) for 60 seconds, and 72 °C for 30 seconds, repeated for 45 cycles. Primers of our genes of interest were constructed using National Center for Biotechnology Information (NCBI) Primer-BLAST and are shown in Table 3. Reverse transcriptase quantitative PCR products were visualized using a 1%-2% agarose gel electrophoresis and a low mass DNA ladder to ensure that the correctly sized transcripts were amplified (Invitrogen by Thermo Fisher Scientific, Waltham, MA, USA).

Table 3. Primer Sequences Used for RT-qPCR; (5' to 3' from left to right)

Human Primers	Sequence
bACTIN - FWD	TTT GAA TGA TGA GCC TTC GTC CCC
bACTIN - REV	GGT CTC AAG TCA GTG TAC AGG TAA GC
CCNA2 - FWD	AGG AAA GCT TCA GCT TGT GG
CCNA2 - REV	TTG AGG TAT GGG TCA GCA TC
CCND1 - FWD	TTC ACA GAG CGC CAG CCA GC
CCND1 - REV	CTT GGG AGC GGC GGC AAG AA
CREB – FWD	AGG TGT AGT TTG ACG CGG T
CREB - REV	GGA CTT GAA CTG TCT GCC CA
CTGF - FWD	CAC CCG GGT TAC CAA TGA CA

CTGF - REV	TCC GGG ACA GTT GTA ATG GC
ERBB4 - FWD	TTC AGG ATG TGG ACG TTG CC
ERBB4 - REV	GGG CAA ATG TCA GTG CAA GG
MYC – FWD	AAG ACA GCG GCA GCC CGA AC
MYC – REV	TGG GCG AGC TGC TGT CGT TG
PIK3CA - FWD	AAC AAT GCC TCC ACG ACC AT
PIK3CA - REV	TCA CGG TTG CCT ACT GGT TC
RelA - FWD	GCG AGA GGA GCA CAG ATA CC
RelA - REV	GGG GTT GTT GTT GGT CTG GA
SOX2 - FWD	AAC CAG CGC ATG GAC AGT TA
SOX2 - REV	GAC TTG ACC ACC GAA CCC AT
YAP1 - FWD	TCC CAG ATG AAC GTC ACA GC
YAP1 - REV	TCA TGG CAA AAC GAG GGT CA

Protein Purification from Human Adult CPCs after Exosome Treatment for Western Blot

Following a 72-hour neonatal Islet-1+ CPC-derived exosome treatment or control treatment, the adult CPCs were aspirated to remove any medium, washed with cold PBS (Genesee Scientific, San Diego, CA, USA) and were incubated with cold trypsin (Thermo Fisher Scientific, Waltham, MA, USA). Trypsinized cells were placed on ice until all cells became detached. Adult exosome and control samples received a protein lysis buffer solution consisting of RIPA buffer, 0.5M EDTA, protease inhibitor cocktail, sodium orthovanadate,

and sodium fluoride and were agitated for 1 hour at 4 °C. The samples were then subjected to centrifugation at 14,000 x g and aliquoted for use. Protein concentration was quantified using the Micro BCA Protein Assay Kit (ThermoFisher Scientific, Waltham, MA, USA). Simple Wes by Protein Simple (ProteinSimple, San Jose, CA, USA) is an automated gel-free western blotting system and was used following the manufacturer's instructions to analyze protein levels in adult CPCs. Antibodies used for western blot are shown in Table 4 below (Cell Signaling Technology, Danvers, MA, USA).

Table 4. Antibodies Used for Western Blot

Antibody	Species	Antibody Dilution	Size (kDa)	Sample Used	Catalog No.	Manufacturer
YAP1	Rabbit	1:200	65-78	0.4 mg/ μ L	D8H1X	Cell Signaling Technology
Phosphorylated YAP1	Rabbit	1:200	65-78	0.4 mg/ μ L	D9W2I	Cell Signaling Technology
beta-Actin	Mouse	1:50	45	0.4 mg/ μ L	8H10D10	Cell Signaling Technology

Statistical Analysis

Data was analyzed using Microsoft Excel and PRISM software programs and was reported as mean +/- standard error. Relative gene expression was calculated using the $2^{-\Delta\Delta CT}$ method and P values < 0.05 were deemed significant (Livak & Schmittgen, 2001). Actin was used to normalize genes and proteins of interest.

CHAPTER THREE

RESULTS

Transcriptomic Analysis of Neonatal Cardiovascular Progenitor Cell-derived Exosomes and Their Functional Application in Adult CPCs

The Transcriptome of Islet-1+ Neonatal Cardiac Progenitor Cell-derived

Exosomes

The transcriptome of human neonatal Islet-1+ cardiac progenitor cell-derived exosomes was compared with the transcriptome of exosomes derived from human adult CPC clones. miRNAs which were differentially expressed, showing greater than a 2.0 fold change, were uploaded into DIANA-miRPath v3.0 bioinformatics software to identify which KEGG pathways were predicted to be regulated by the exosome content of neonatal CPC.

Figure 1A, identifies the pathways predicted to be regulated by miRNAs identified in neonatal CPC-derived exosomes. The most significant pathways found were the Hippo signaling pathway and cell cycle. These two pathways are critically important for cardiac regeneration. Previous studies have shown that the Hippo signaling pathway is critical for cardiomyocyte proliferation in the postnatal heart through activation of the downstream effector YAP1 (Z. Lin & Pu, 2014). In Figure 1A, there are an estimated 117 genes targeted by about 56 miRNAs identified in the neonatal exosome cargo regulating the Hippo signaling pathway. For example, miR-31 and miR-221 are able to indirectly activate YAP1

transcriptional activity through suppression of LATS (Aguennouz et al., 2020; Mitamura et al., 2014). In addition, miR-221 is capable of targeting cyclin-dependent kinase inhibitors (CDKI) CKKN1B/p27 and CDKN1C/p57. Consequently, miR-221 can promote proliferation through modulation of cell-cycle dependent genes (Fornari et al., 2008). The manipulation of the Hippo signaling pathway can influence YAP1-mediated de-differentiation of adult cardiomyocytes (Y. Zhu et al., 2021a). De-differentiation is necessary for cell cycle re-entry, and is a key step in activating cardiac regeneration (Y. Zhu et al., 2021b). YAP1 signaling via exosomes can drive tissue repair in the infarcted heart by initiating a de-differentiation step in surrounding cardiac myocytes.

In addition to the Hippo signaling pathway, several other significantly impacted pathways listed in Figure 1A are also involved in regeneration and in development of the human heart (Hesse et al., 2018; H. Li et al., 2021; Ozhan & Weidinger, 2015; Wadugu & Kühn, 2012). These pathways include cell cycle, Wnt signaling, ERBB signaling, and Notch signaling. These pathways interact with the Hippo signaling pathway and mediate YAP1 transcriptional activity (Aharonov et al., 2020; Flinn et al., 2020; F. Zhu et al., 2021). For example, Notch and Hippo signaling pathways are able to promote the expression of neuregulin (Artap et al., 2018; K. Zhang et al., 2012). Neuregulin plays a role in ERBB signaling by interacting directly with ERBB2/ERBB4 receptors and is able to stimulate cardiomyocyte proliferation (Vujic et al., 2020). Regulation of the actin cytoskeleton, TGF-beta signaling pathway, and Focal adhesion are

pathways which are influenced by the extracellular matrix. Mechanical or signaling cues activate YAP1 transcriptional activity (Morice et al., 2020; Seo & Kim, 2018). mTOR signaling has an important role in regulation of cellular growth, metabolism, proliferation, and survival (Saxton & Sabatini, 2017). Specifically, mTOR-dependent G1-phase progression of the cellular cycle is possible through S6KI and eukaryotic translation Initiation Factor 4E (eIF4E) (Fingar et al., 2004).

DIANA miRPath is used to analyze miRNAs only. We next uploaded transcripts showing greater than a 2.0 fold change into Ingenuity Pathway Analysis. This was done to identify biological relationships between transcripts and miRNAs in the neonatal CPC exosome content. In Figure 1B, several additional signaling pathways were identified as significantly impacted, including CREB signaling. The cyclic adenosine monophosphate response element-binding protein (CREB) is able to promote the transcription of YAP1 by binding to the YAP1 promoter (Han, 2019). Several additional upstream components that have a significant impact on Hippo signaling include mechanical cues, G-protein coupled receptor signaling and oxidative stress (Luo & Yu, 2019; Meng et al., 2016). Calcium signaling, cAMP-mediated signaling, growth hormone signaling, GP6, and protein kinase A signaling are all pathways critically necessary for physiological cardiac function and repair.

Calcium signaling is required for early cardiac development and is necessary for the proliferation of cardiomyocytes in the embryonic heart

(Chernyavskaya et al., 2012; Porter Jr. et al., 2003). In addition, based on genetic analysis in early heart development, calcium signaling, paracrine communication and transcriptional signaling are major processes involved in cardiac morphogenesis (Chernyavskaya et al., 2012). cAMP utilizes PKA to activate the epidermal growth factor signaling pathway and ERK1/2 signaling to activate cellular proliferation (Kiermayer et al., 2005). Growth hormone signaling has been shown to be necessary in liver regeneration given that impaired growth hormone signaling led to reduced cellular proliferation (Chia, 2014). Other significant pathways such as SNARE signaling are involved in exosomal biogenesis and secretion (Gurung et al., 2021b). Finally, cell cycle control of chromosomal replication is also found to be a significant pathway which predicts that the cyclin-dependent kinases are activated and being transferred through exosomal platforms to nearby cells and this prediction can be extremely important for cardiac repair.

IPA allows for identification of predicted molecule activity in both upstream and downstream regulation of signaling pathways. This dataset was aligned with the Hippo signaling pathway in Figure 3A. The Molecule Activity Predictor (MAP) indicates that YAP1 is predicted to be able to translocate into the nucleus and interact with transcriptional factors involved with activation of cellular proliferation.

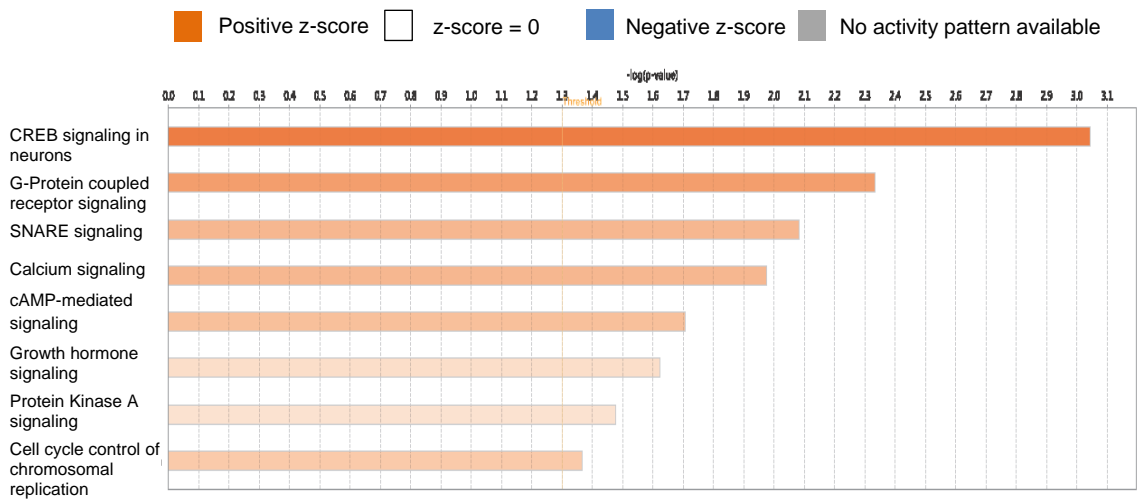
Given that the cell cycle and Hippo signaling pathways are likely to be significantly impacted according to predictions made by the software used to analyze the CPC transcriptome, further experiments were done to functionally

assess YAP1 activation and proliferation. In order to examine whether or not cellular proliferation is induced by the content of neonatal exosomes *in vitro*, we initially isolated Islet-1+ neonatal cardiac progenitor cell-derived exosomes and quantified them by Nanosight.

A

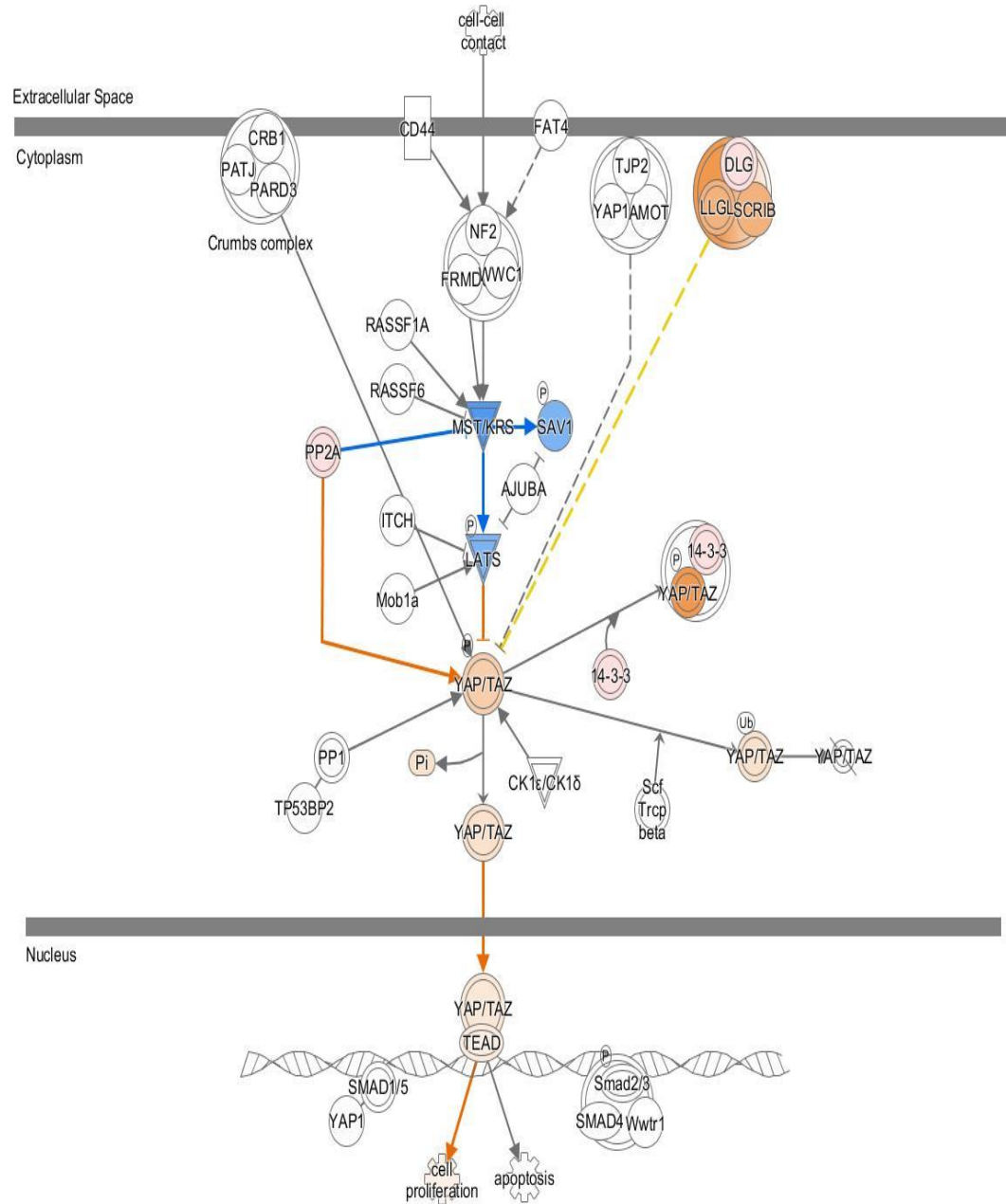
KEGG pathway	p-value	#genes	#miRNAs
Hippo signaling pathway	1.68032939729E-08	117	56
Cell cycle	1.13003361222E-07	100	57
TGF-beta signaling pathway	3.60169051971E-06	64	57
p53 signaling pathway	7.64410236146E-06	60	52
mTOR signaling pathway	9.36969660104E-05	51	50
Signaling pathways regulating pluripotency of stem cells	9.64620797651E-05	104	59
Wnt signaling pathway	0.000402401	100	54
Regulation of actin cytoskeleton	0.001527586	149	54
Focal adhesion	0.001567503	149	59
FoxO signaling pathway	0.001747196	101	58
VEGF signaling pathway	0.002937814	49	44
ErbB signaling pathway	0.004527734	66	49
Apoptosis	0.015545555	65	45
MAPK signaling pathway	0.017086699	173	59
Notch signaling pathway	0.03396616	37	47

B



C

HIPPO signaling



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Figure 1. Transcriptomic Analysis Reveals the Predicted Activation of YAP1 and Cell Proliferation by Neonatal Cardiovascular Progenitor Cell-derived Exosomes

(A) KEGG analysis of miRNAs identified by RNA sequencing of Isl-1+ neonatal versus adult CPC-derived exosomes (B) Canonical Pathways significantly impacted by upregulated miRNAs and transcripts in the Isl-1+ neonatal CPC exosome content (C) The Molecule Activity Predictor tool was used on IPA to predict the biological relationships between upregulated miRNAs and transcripts in relation to the Hippo signaling pathway. The z-score indicates the observed increase in the activation states of biological functions which are impacted by several signaling pathways. Orange z-score describes predicted activation while blue z-score indicates predicted inhibition. A $-\log(p\text{-value})$ of 1.3 is considered statistically significant.

Purification of Neonatal Islet-1+ Cardiac Progenitor Cell-derived Exosomes

Exosomes capture an important part of the secretome that mediate functional alternations in recipient cells. Several methods have been used to obtain exosomes with an optimal size range of 30-150 nanometers and up to 200 nanometers in size (Brennan et al., 2020; Xu et al., 2022). Purity, size, and concentration can be influenced by differential isolation methods and culture conditions (Ludwig et al., 2019). Successful isolation of purified functional exosomes would aid in the application of exosomes for cardiac therapy.

No optimal method of exosome isolation exists. Ultracentrifugation utilizes high centrifugal force to extract exosomes from biological fluids based on differential sedimentation rates (H. T. Hu et al., 2021). The limitation of this approach is that ultracentrifugation can negatively impact purity and lacks high exosome yield (Ayala-Mar et al., 2019; Serrano-Pertierra et al., 2019). Moreover, the repeated subjection of nanoparticles to high centrifugal force can damage

exosomal membranes and alter their biological function (Butreddy et al., 2021; J. Chen et al., 2022). We compared ultracentrifugation to commercially available isolation kits to assess functional efficacy and to identify the optimal isolation methods for our proposed study.

Commercial kits contain a precipitation reagent (hydrophilic polymer) which allows for the separation of exosomes from the cell culture medium. Precipitation-based methods preserve biological function but result in low purity after exosome isolation (Ayala-Mar et al., 2019). The ExoQuick-TC ULTRA EV Isolation Kit for Tissue Culture Medium differs from the Total Exosome Isolation kit based on the inclusion of a subsequent purification step after exosome precipitation. The kit provides a “purification column” and has significantly decreased the presence of contaminating proteins such as IgG and albumin in previous studies (Coughlan et al., 2020).

Comparison of different isolation techniques using supernatant isolated from neonatal cardiac progenitor cells allowed us to determine the purity and size distribution of exosomes isolated from Islet-1+ progenitor cell conditioned media. The concentration of exosomes in our samples was performed using Nanosight instrument. Nanosight measures particle size distribution by nanoparticle tracking analysis. Briefly, Nanoparticle tracking analysis uses a specially aligned laser beam to illuminate particles in liquid suspension. The light scattered by each particle is focused onto a microscope and recorded onto a camera (Gardiner et al., 2013). Nanoparticle tracking analysis software tracks the particles moving in

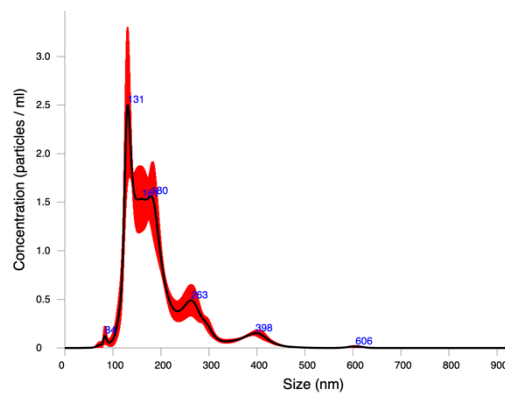
Brownian motion to calculate particle size using the Stokes-Einstein equation (Comfort et al., 2021). Size distribution was determined by five video records for each sample, n=5. Concentration measurements represent mean +/- standard error.

In Figure 2A, Nanoparticle tracking analysis of particles which were isolated by differential ultracentrifugation of the cell culture supernatant of Islet-1+ neonatal cardiovascular progenitor cells revealed a mean particle size of 193 nm and concentrations of $1.32 \times 10^{10} \pm 4.7 \times 10^9$ with a mode of 131 nm. Figure 2B demonstrates the outcome when Nanoparticle tracking analysis was applied to a sample of isolated particles from this same neonatal cardiovascular progenitor cell clone using the Total Exosome Isolation kit. The results revealed a mean particle size of 180 nm and concentrations of $1.97 \times 10^{10} \pm 1.12 \times 10^9$ with a mode of 141 nm using this isolation kit. As shown in Figure 2C, the ExoQuick-TC ULTRA-EV Isolation Kit resulted in isolation of particles found with a mean particle size of 176 nm and concentrations of $2.13 \times 10^{10} \pm 2.57 \times 10^{10}$ with a mode of 137 nm.

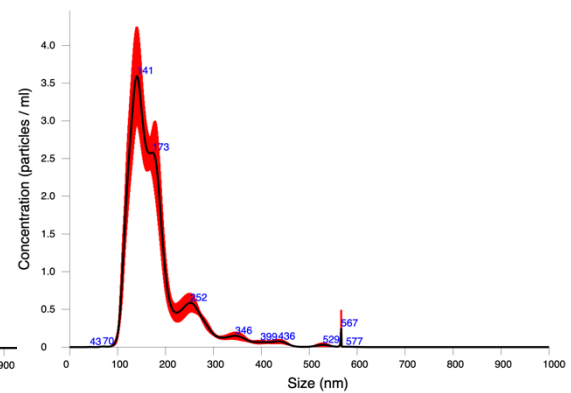
We chose to use the ExoQuick-TC method going forward because the mean and mode particle sizes found within our sample remained under the threshold of exosome characterization, (< 200nm) (Yi et al., 2020b). Additionally, the ExoQuick-TC isolation method had the same starting volume as other exosome isolation methods and resulted in a 10-fold higher yield of exosomes. Given these results, including the extra purification step, we decided to continue

with the ExoQuick-TC method for downstream applications. Now that we had optimized the exosome isolation process for our proposed study, we next examined whether or not exosomes derived from neonatal cardiac progenitor cells can alter the transcriptome of adult cardiac progenitor cells and potentiate a proliferative state.

A



B



C

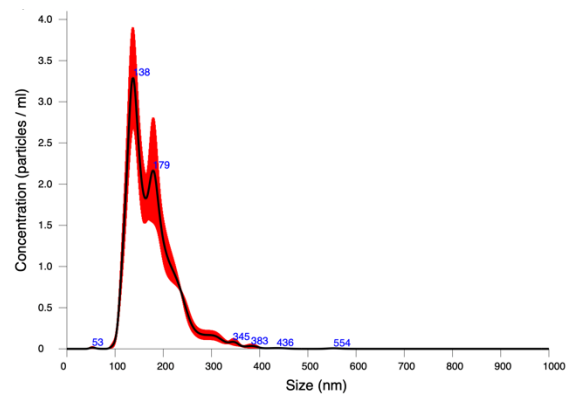


Figure 2. Nanosight Analysis of Exosome Size Using Three Different Methods of Isolation

Nanosight was used to identify the size of extracellular vesicles isolated from neonatal Islet-1+ cardiac progenitor cell clones. Representative graphs of size distribution profile data, n=5 from one sample. **(A)** Nanoparticle tracking analysis of extracellular vesicles isolated using differential ultracentrifugation **(B)** Extracellular vesicles isolated by a precipitation-based Total Exosome Isolation kit by Invitrogen **(C)** Extracellular vesicle isolation and purification by a precipitation and column-based approach using ExoQuick-TC ULTRA-EV Isolation Kit for Tissue Culture Media

YAP1 RNA and Protein Expression is Elevated in Adult Cardiac Progenitor Cell Clones Following a 72-hour Treatment with Islet-1+ Neonatal Cardiac Progenitor Cell-derived Exosomes

We treated adult cardiovascular progenitors with exosomes derived from neonatal Islet-1+ cardiac progenitor cells in order to functionally assess YAP1 activation in the adult CPC. Adult cardiac progenitor cell clones received concentrations of $5 - 6 \times 10^{10}$ exosomes isolated from human neonatal Islet-1+ CPC clones or similar volume of exosome depleted media as a control. RNA was extracted from adult cardiovascular progenitor cells after a 72-hour treatment of neonatal Islet-1+ cardiovascular progenitor cell derived-exosomes. In a different set of samples, protein was collected and isolated from adult CPCs after a 72-hour treatment of neonatal Islet-1+ cardiovascular progenitor cell derived-exosomes. We assessed RNA and protein isolated from the adult CPCs by RT-qPCR and Western Blot analysis, respectively.

In Figure 3A, statistical analysis revealed significantly elevated levels of YAP1 RNA (1.53 ± 0.25 FC, * $p = 0.0286$) after a 72-hour treatment of neonatal cardiovascular derived exosomes. In Figure 3B, we confirmed the transcript size of the RT-qPCR amplified product, YAP1, by gel electrophoresis (187 bp). Since we saw a significant increase of YAP1 transcripts after neonatal exosome treatment, we quantified the protein levels of YAP1 before and after exosome treatment. We observed a significant increase in YAP1 protein (1.77 ± 0.09 FC, **** $p < 0.0001$) as a result of exosome treatment as shown in Figure 3C.

Quantification and visualization of YAP1 protein is shown in Figure 3D.

We observed a significant increase in the ratio of phosphorylated YAP1 relative to the non-phosphorylated YAP1 protein (1.11 ± 0.13 FC, * $p = 0.0426$) as shown in Figure 3E. Quantification and visualization of phosphorylated YAP1 and Actin protein is shown in Figure 3F. Based on several studies, depending on the phosphorylation site such as S127, phosphorylated YAP1 is still able to accumulate in the nucleus (reviewed in Piccolo et al., 2014a). This finding is consistent with the phosphorylated YAP1 antibody used in this experiment. The accumulation of YAP1 in the nucleus can lead to the interaction of transcription factors and subsequent activation of transcripts involved with proliferation which is necessary for cardiac repair.

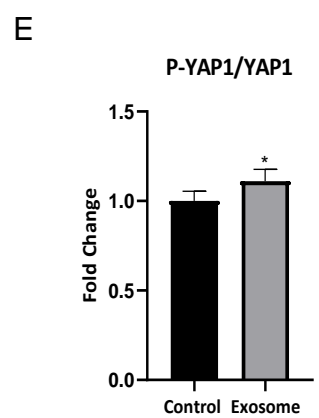
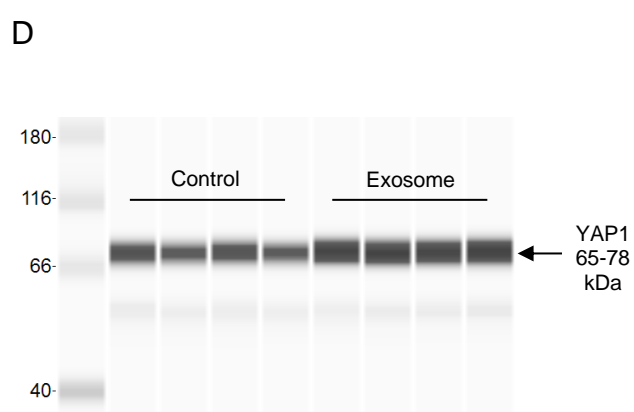
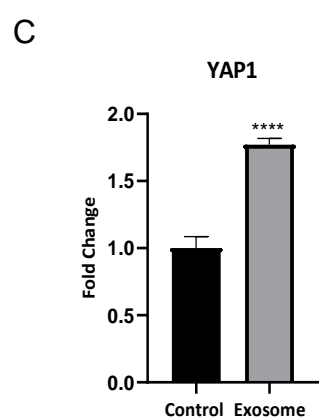
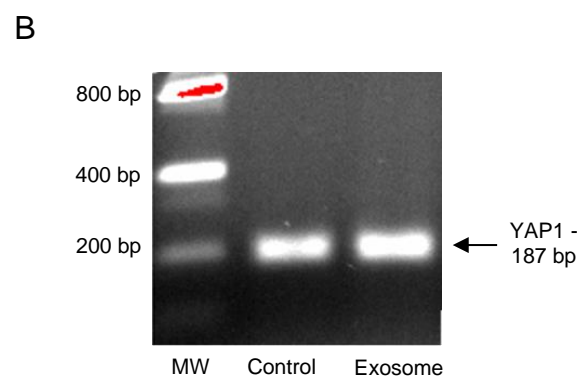
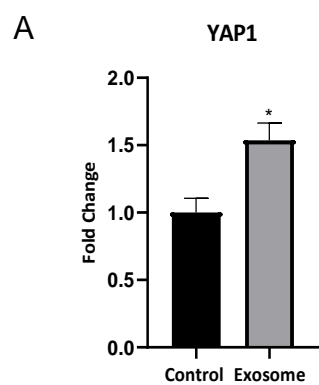


Figure 3. Neonatal Cardiovascular Progenitor Cell-derived Exosome Treatment in Adult CPCs Results in Increased YAP1 Transcript and Protein Levels

(A) YAP1 transcript is significantly elevated in the adult CPC following a 72-hour treatment with exosomes isolated from Islet-1+ neonatal cardiovascular progenitor cells as shown by RT-qPCR. **(B)** Gel electrophoresis of the RT-qPCR product YAP1, amplifies a product of the correct size (187 bp). Quantification of protein levels was performed with Protein SimpleWes automated gel-free western systems. **(C)** Analysis of YAP1 protein in the adult CPC following a 72-hour treatment with exosomes isolated from Islet-1+ neonatal cardiovascular progenitor cells. **(D)** Corresponding visualization of YAP1 protein. **(E)** Analysis of phosphorylated YAP1/YAP1 ratio. **(F)** Quantification of Phosphorylated YAP1 and β -Actin protein levels in the adult CPC following exosome treatment. Fold changes are shown as the mean \pm SEM. All samples were run in quadruplicate and normalized to a housekeeping gene, Actin.

YAP1-associated Transcripts Involved in Proliferation are Elevated in Adult Cardiac Progenitor Cell Clones Following a 72-hour Treatment with Islet-1+ Neonatal Cardiac Progenitor Cell-derived Exosomes

YAP1 is able to interact with β -catenin in order to regulate levels of SOX2, a transcript that supports cardiomyocyte proliferation (Lopez-Hernandez et al., 2021). Following a 72-hour co-culture of neonatal cardiac progenitor cell-derived exosomes with adult cardiac progenitor cells, we observed a significant increase in transcripts encoding SOX2 (2.45 ± 0.40 FC, **** $p < 0.0001$) as shown in Figure 4A, 4B. Intranuclear YAP1 translocation also upregulates CCNA2, a transcript present during the G₂/M phase transition of the cell cycle (Z. Lin et al., 2015a; Zanconato et al., 2015). CCNA2 transcripts were elevated (1.24 ± 0.12 FC, * $p = 0.0462$) in the adult CPC following a 72-hour treatment with exosomes as

shown in Figure 4C. DNA-binding transcription factors such as ERBB4 interact with YAP1 and are associated with proliferation (Haskins et al., 2014a). The YAP1-ERBB4 complex regulates organ and tissue growth (M.-K. Kim et al., 2018). ERBB4 transcripts were found to be significantly increased (7.27 ± 5.24 FC, * $p=0.0230$) in the adult CPC after exosome treatment, as shown in Figure 4D. Collectively, we identified several transcripts that are associated with proliferation, and which were induced in adult cardiovascular progenitor cell clones following a short-term exposure to neonatal cardiovascular progenitor cell-derived exosomes. We next addressed the influence of exosomes on the AKT signaling pathway due to the well-documented crosstalk with AKT and YAP1 in proliferative, pro-survival networks (Z. Lin et al., 2015b).

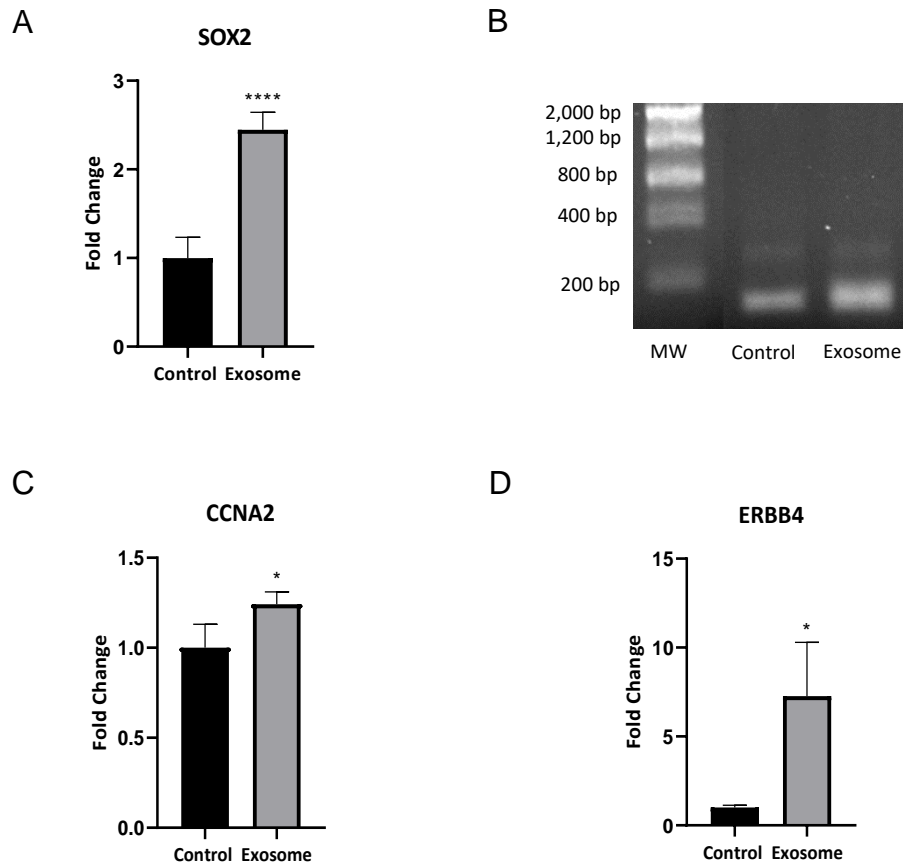


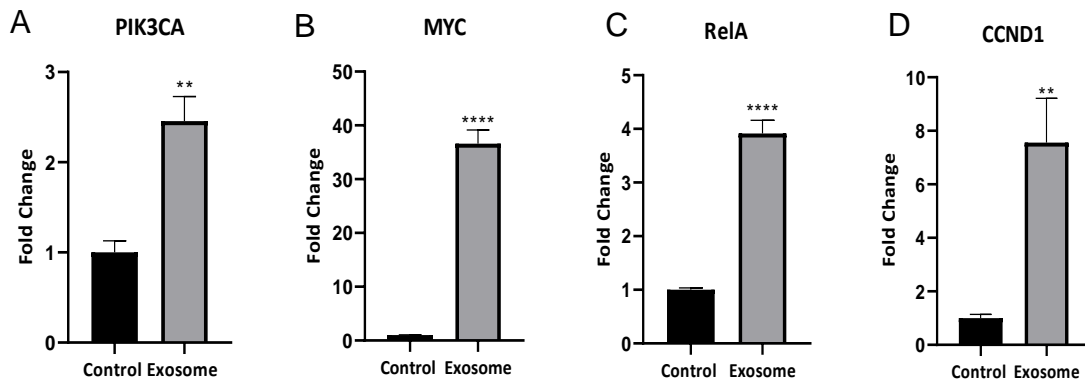
Figure 4. YAP1-associated Transcripts Involved in Proliferation are Elevated in Adult Cardiac Progenitor Cell Clones After Exosome Treatment

(A) SOX2 is significantly elevated in adult CPCs following a 72-hour treatment with exosomes isolated from Islet-1+ neonatal cardiovascular progenitor cells as shown by RT-qPCR. **(B)** Gel electrophoresis of the RT-qPCR product SOX2, amplifies products of the correct size. **(C)** CCNA2 which is present during the G₂/M phase transition of the cell cycle, is significantly elevated in the adult CPC following a 72-hour treatment with exosomes isolated from Islet-1+ neonatal cardiovascular progenitor cells as confirmed by RT-qPCR. **(D)** ERBB4 transcript levels are significantly elevated in the adult CPC following a 72-hour treatment with exosomes as shown by RT-qPCR. Samples were run in quadruplicate **(A)** or triplicate **(C, D)**. All transcripts were normalized to the housekeeping gene, Actin. Fold changes are shown as the mean \pm SEM.

Transcripts Associated with the AKT Signaling Pathway are Elevated in the Adult CPC Following a 72-hour Treatment with Exosomes Derived from Neonatal Islet-1+ Cardiac Progenitor Cells

The AKT signaling pathway can modulate cellular functions important in regeneration such as; cell cycle progression, cellular proliferation, motility, differentiation, angiogenesis, metabolism and cellular survival (Akinleye et al., 2013; Long et al., 2021; Song et al., 2018; Xue & Hemmings, 2013). Transcripts associated with the AKT signaling pathway in adult CPCs were elevated as demonstrated by RT-qPCR after treatment with exosomes derived from neonatal cardiovascular progenitors for 72-hours. Since expression of YAP1 activation results in elevated expression of genes in the AKT signaling pathway such as *Pik3ca* and *Pik3cb* (Z. Lin et al., 2015b), we examined PIK3CA transcripts. PIK3CA is able to activate AKT via the PI3K-AKT signaling pathway (P. Liu et al., 2009). We observed a significant increase in PIK3CA expression (2.46 ± 0.47 FC, ** $p=0.0011$) in adult CPCs after exosome treatment, as shown in Figure 5A, 5E. Increased transcription of pro-proliferative genes in this pathway, such as MYC, occurs through downstream targeting of PI3K-AKT and intranuclear YAP1 transcriptional activation (Abeyrathna & Su, 2015; Borreguero-Muñoz et al., 2019a; Monroe et al., 2019). MYC positively regulates G1/S phase cell cycle progression by regulation of cyclin E and CDK2 (Santoni-Rugiu et al., 2000) and accordingly, MYC transcripts were elevated (36.59 ± 4.39 FC, **** $p<0.0001$) in adult CPCs after co-culture with neonatal CPC exosomes as shown in Figure 5B,

5E. AKT stimulates the transcription factor NF- κ B; a heterodimer composed of subunits p50 and RelA/p65 (Uzdensky et al., 2013). RelA/p65 can induce YAP1 nuclear localization and inhibit its degradation (T. Zhao et al., 2022). Both NF- κ B and YAP1 influence cell-cycle control and proliferation by regulating the transcription of CCND1 (Hinz et al., 1999; Mizuno et al., 2012; Uzdensky et al., 2013; Yamaguchi & Taouk, 2020). As a result of exosome treatment, RelA (3.92 ± 0.42 FC, **** $p < 0.0001$) and CCND1 (7.56 ± 2.86 FC, ** $p = 0.0024$) transcripts were significantly increased in adult CPCs as shown in Figure 5C, 5D, 5E.



E

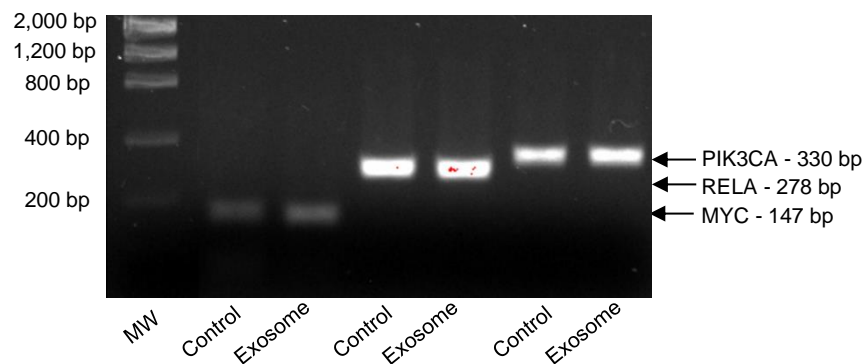


Figure 5. Transcripts Associated with the AKT Signaling Pathway are Elevated in Adult CPCs after Neonatal Exosome Treatment

Quantitative RT-PCR data demonstrating transcripts associated with the AKT signaling pathway such as **(A)** PIK3CA **(B)** MYC **(C)** RelA and **(D)** CCND1 which were found to be significantly elevated in adult CPCs following a 72-hour co-culture with exosomes isolated from Islet-1+ neonatal cardiovascular progenitor cells. **(E)** Gel electrophoresis of the RT-qPCR products MYC, RelA, and PIK3CA showing amplified products of the correct sizes (left to right): 147bp, 278bp, and 330bp. All samples were run in triplicate and all transcripts were normalized to the housekeeping gene, Actin. Fold changes are shown as the mean \pm SEM.

Proposed Signaling Pathway by Which Adult Cardiac Progenitor Cells are Induced to Proliferate after Neonatal CPC-derived Exosome Treatment

It is known that exosomes can mediate downstream signaling events through ligand-receptor interactions or through fusion and release of exosome contents into the cytosol. This subsequently alters physiological properties of the recipient cell (Adamiak & Sahoo, 2018; Gurung et al., 2021c; Urbanelli et al., 2013). In the context of influencing cellular proliferation, PI3K-AKT and Hippo signaling interaction has been illustrated mainly through receptor tyrosine kinases (Azad et al., 2020). Upon stimulation of these ligand-receptor interactions, the phosphorylation of PIK3CA/p110 α , PIK3CB/p110 β , or p110 δ /PIK3CD and a p85 regulatory subunit will drive further activation of downstream signaling in the PI3K-AKT signaling pathway (Gangoda et al., 2015; Mazlouni Gavgani et al., 2018). Activation of PI3K-AKT signaling was observed in Figure 5A, 5E by an increase in PIK3CA expression (2.46 ± 0.47 FC, ** $p=0.0011$). AKT phosphorylates MST1/2 and the downstream effects can lead to nuclear YAP1 activity (Borreguero-Muñoz et al., 2019b; Ibar & Irvine, 2020; D.

Kim et al., 2010). YAP1 activation leads to transcription of downstream targets such as CTGF (Emmanouilidi & Falasca, 2017; R. Fan et al., 2013). We found an increase in CTGF transcript levels (1.62 ± 0.33 FC, *** $p < 0.0004$) in adult CPCs after co-culture of neonatal CPC-derived exosomes, as shown in Figure 6B. CTGF has been shown to provoke cell cycle activity by significantly stimulating DNA synthesis in neonatal mammals (O'Meara et al., 2015a).

Active AKT can also phosphorylate the IKK complex which leads to the enhancement of NF- κ B transcriptional activity (Bai et al., 2009; Dan et al., 2008). NF- κ B contains a family of transcriptional factors that function in inflammation, immunity, cellular proliferation, differentiation and survival (Oeckinghaus & Ghosh, 2009). Some of these targets include MYC and CCND1 (Hariri et al., 2013). AKT phosphorylates CREB which leads to transcription of downstream genes involved in cellular proliferation and survival such as BCL-2, CCND1 and Cyclin A (CCNA2) (H. Wang et al., 2018a). CREB can also activate expression of YAP1 through AKT signaling (Yu et al., 2019), which was found to be elevated in adult CPCs (2.16 ± 0.329 FC, **** $p < 0.0001$) after neonatal CPC exosome treatment, as shown in Figure 6A. Both CREB and YAP1 can facilitate transcription of downstream genes involved in cellular cycle such as CCND1 and CCNA2 (Rozengurt et al., 2018; H. Wang et al., 2018b). However, YAP1 has only been shown to transcriptionally induce SOX2 transcripts by occupying the promoter region of this gene (Bora-Singhal et al., 2015).

ERBB4 transcripts which are present in cardiovascular progenitor cell-derived exosomes can further activate YAP1 nuclear transcriptional activity (Haskins et al., 2014b). Collectively, ERBB4, AKT-associated, and YAP1 transcripts which are elevated by exosome treatment, lead to proliferation and cell cycle activity as shown in Figure 6C.

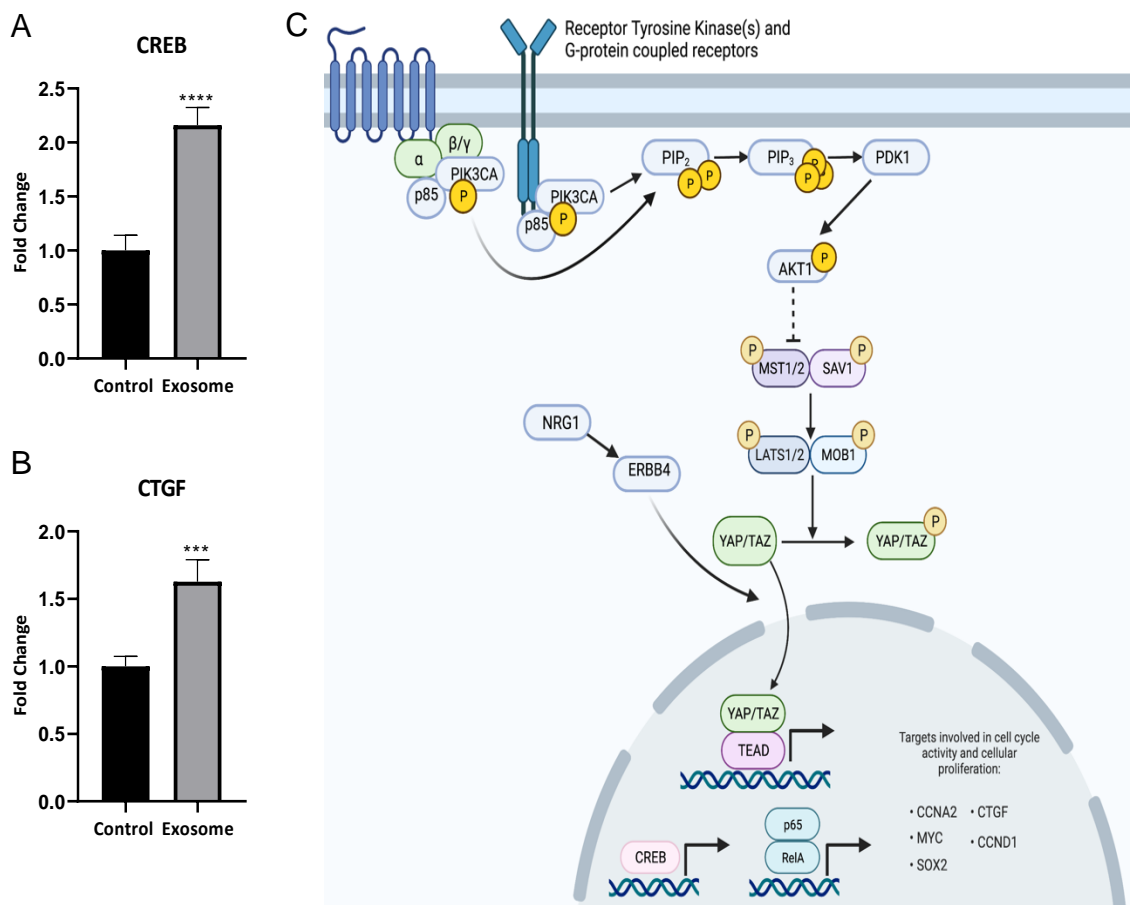


Figure 6. A Proposed Signaling Mechanism in Adult Cardiovascular Progenitors After Neonatal Cardiac Progenitor Cell-derived Exosome Treatment

(A) CREB transcripts were found to be significantly elevated in adult CPCs after neonatal CPC exosome treatment **(B)** CTGF, a known downstream transcript of the Hippo signaling pathway, was increased in adult CPCs after co-culture with exosomes isolated from neonatal cardiovascular progenitors, as shown by RT-qPCR **(C)** Proposed signaling mechanism in adult CPCs upon co-culture of exosomes isolated from neonatal Islet-1+ cardiac progenitor cells. Image created in BioRender.com. All samples were run in quadruplicate and normalized to the housekeeping gene, Actin. Fold changes are shown as the mean \pm SEM.

CHAPTER FOUR

DISCUSSION

Over the past couple of years, stem and progenitor cells and their exosomes have gained noteworthy recognition as a therapeutic approach for the purpose of cardiac regeneration and repair (reviewed in Mehanna et al., 2022). A robust regenerative response has been observed in the neonatal heart after being able to withstand apical resection in order to sufficiently stimulate functionality to the damaged myocardium (Lam & Sadek, 2018; Porrello et al., 2011). This is due to the ability of the neonatal heart to proliferate in the early stages of the neonatal period. This unique feature subsequently deteriorates following birth (Bongiovanni et al., 2021). It is also well known that the adult mammalian heart has a limited capacity for repair given that the resident cardiomyocytes have exited the cellular cycle (Bongiovanni et al., 2021). Therefore, a therapeutic strategy to allow for proliferation to occur and for resident myocytes to enter the cell cycle in the adult myocardium after injury is necessary for regeneration.

To our knowledge, current therapies with the use of stem-derived exosomes to attenuate the injured heart by cardiac regeneration are still being extensively studied in pre-clinical phases. This is due to need for standard exosome isolation and characterization protocols, optimal yield, targeted delivery, and the importance of identifying the optimal parent cell (Kwon, 2022; J. Zhang et

al., 2021). None of these studies have utilized exosomes derived from human neonatal cardiovascular progenitors with early-stage markers such as Isl1+.

In this study, we have co-cultured neonatal Isl1+ CPC-derived exosomes with adult cardiovascular progenitors to test the hypothesis that adult cardiovascular progenitors will have improved transcriptomic changes associated with improved regenerative capabilities *in vitro* when co-cultured with exosomes isolated from neonatal CPCs. The findings of this study present the benefits of the secretome of early-stage Isl1+ neonatal cardiovascular progenitors when applied to adult cardiovascular progenitors.

We have identified an optimal method of exosome isolation and we have characterized the size of the isolated particles which we found to be similar to well-characterized exosomes (Yi et al., 2020b). We found that $5 - 6 \times 10^{10}$ exosomes were needed in order to identify a functional increase in cellular proliferation, similar to the concentration noted as necessary to achieve beneficial functional outcomes in other settings (El Harane et al., 2018b; J. Sun et al., 2020; Yao et al., 2021b).

Within the neonatal CPC exosome content we have reported several miRNAs that contribute to signaling pathways that are important in cardiac development and regeneration (Hesse et al., 2018; H. Li et al., 2021; Ozhan & Weidinger, 2015; Wadugu & Kühn, 2012). Differentially expressed miRNAs in neonatal CPC-derived exosomes which were identified by DIANA-miRPath v3.0 bioinformatics software included: cell cycle, Wnt signaling, ERBB signaling, and

Notch signaling. This data suggests that the use of exosomes derived from neonatal cardiovascular progenitors could potentially impact these pathways to drive regenerative-like processes. We also reported several other miRNAs and transcripts in the neonatal CPC exosome content that significantly contributed to pathways which connect to the Hippo signaling pathway such as TGF-beta, Focal adhesion, CREB signaling, ERBB signaling, and G-protein coupled (GPCR) signaling (Han, 2019; Haskins et al., 2014a; Luo & Yu, 2019; Morice et al., 2020; 2018).

Upon close investigation into the transcriptomics data associated with GPCR signaling, we found that YAP1 activation was predicted in the pathway, leading to downstream transcriptional activity that results in proliferation of cells and AKT-mediated activation of NF- κ B. We also found that intranuclear YAP1 was predicted by transcriptomic analysis of the exosome content in neonatal CPCs. *In vitro* validation experiments demonstrate the activation of transcripts encoding YAP1 and RelA (subunit of NF- κ B) in adult CPCs after exosome treatment in Figures 3A, 3B, 5C, 5E. This shows that the transcripts found within the exosomes of neonatal cardiovascular progenitors provide a translational function when applied to adult CPCs *in vitro*.

We identified several miRNAs in the neonatal cardiovascular progenitors that are exclusively different from the adult CPC secretome such as miR-31 and miR-221. These miRNAs are all capable of targeting LATS and subsequently activating YAP1 transcriptional activity (Aguennouz et al., 2020; Mitamura et al.,

2014), which is necessary for targeting cardiac repair. Overexpression of miR-31 in cells has been shown to lead to YAP1 translocation, where it promoted the transcription of CCND1 (Mitamura et al., 2014). This finding is comparable with the increased transcription of CCND1 and YAP1 protein in this study. More importantly, miR-221 has been shown to be important in a miRNA cocktail which significantly improved functional recovery by regulating cell survival and apoptosis in a murine myocardial infarction model (S. Hu et al., 2011).

We also reported that miRNA-221 can function in promoting proliferation by modulation of cell-cycle genes, an essential process that could be harnessed for cardiac repair and therapy (Fornari et al., 2008). We observed another important miRNA, miR-133a1 which was found to be expressed in neonatal CPC exosomes. This miRNA has been shown to enhance the protective capacity of cardiovascular progenitors in a myocardial infarction model by targeting genes related to cell death, hypertrophy, fibrosis, and apoptosis all which lead to *in vitro* contractile functional effects in the heart (Izarra et al., 2014).

During myocardial infarction, extensive cardiomyocyte death, inflammation and fibrosis can occur which leads to fibrotic scar tissue replacement (Thomas & Grisanti, 2020). We have identified miRNAs in the neonatal exosome content which target fibrosis and inflammation. We identified miR-133a1 in our neonatal CPC exosome content which has been shown to have anti-fibrotic properties when applied by transfection *in vivo* (Y. Chen et al., 2017). We have also identified a miRNA from the miR-181 family, miR-181a, expressed in neonatal

CPC exosomes (X. Sun et al., 2014). This miRNA has been previously shown to inhibit the proinflammatory transcription factor c-FOS to repress pro-inflammatory responses upon transfection (C. Wu et al., 2012). Our data suggests that the secretome of the Islet-1+ neonatal cardiovascular progenitors has beneficial miRNAs and transcripts that promote cell cycle activity, can play a part in heart repair processes, and can contribute to pathways associated with proliferation such as Hippo signaling which leads to YAP1 activation. This content contributes to their functional benefits when applied to the adult CPC in vitro.

YAP1 has been shown to induce cardiomyocytes to re-enter the cellular cycle and proliferate. In addition, activation of YAP1 can trigger surrounding cells through secreted factors to promote tissue repair (Gong et al., 2021b; Mugahid et al., 2020b). YAP1 can facilitate the regenerative potential of the adult heart (Xin et al., 2013a). These findings support the concept that YAP1 is a critical component of cardiac repair mechanisms. We have demonstrated that the addition of early-stage Islet-1+ neonatal progenitor-derived exosomes significantly altered transcript and protein levels of YAP1, which suggests YAP1 activation and nuclear translocation (Fig 3 A, B, C, and D). We also observe a significant increase in the ratio of phosphorylated YAP1 relative to the non-phosphorylated YAP1 protein (Fig 3F). Some studies have suggested that YAP1 phosphorylated at Serine 127 is still able to accumulate into the nucleus (Piccolo et al., 2014b). Our model identifies Serine 127 phosphorylation of YAP1 during protein visualization by the Protein Simple Western blot system. Consistent with

this finding, we still observed activation of downstream transcripts such as CTGF (B. Zhao et al., 2008), in the adult CPC after neonatal cardiovascular progenitor cell-derived exosome treatment. CTGF triggers cell cycle activity in neonatal mammals, cellular proliferation, cellular migration and adhesion, angiogenesis and early wound healing and repair (O'Meara et al., 2015b; Shome et al., 2020). ERBB4 was identified in neonatal exosomes by transcriptomics and similarly activates YAP1 to promote downstream transcriptional activity (Haskins et al., 2014c). CREB was also elevated in adult treated cells and can induce YAP1 transcriptional function (J. Wang et al., 2013). YAP1 is a powerful driver of organ growth and progenitor proliferation (Barry et al., 2013).

Modification of adult CPCs by exosome treatment resulting in elevated YAP1 transcription could improve cardiovascular repair outcomes. YAP1 administration in a myocardial infarction model stimulates adult cardiomyocyte proliferation via IGF-1 and AKT signaling (Xin et al., 2013b). Our findings show that transcripts involved with the PI3K-AKT signaling pathway are activated in our model and include elevated levels of PI3KCA, c-MYC, RELA, and CCND1.

CCND1 plays a critical role in promoting G1-S phase, while CCNA2 has a role in G1-S and G2-M transitions of the cellular cycle (Q. Wang et al., 2018; Xing et al., 2021). CCNA2 is a key player in the process of DNA replication since it combines with CDK2 in order to progress to mitosis (Kanakkanthara et al., 2016). Neonatal cardiovascular progenitor cell-derived exosomes contain transcripts that promote the cell cycle and the cell cycle control of chromosomal

replication. The exosomes activate cell cycle transcripts CCND1 and CCNA2 after co-culture with adult CPCs. This data supports the hypothesis that neonatal CPC-derived exosomes can alter the transcriptome of the adult cardiac progenitor cells and achieve a proliferative-like state by activating cell cycle transcripts. We have shown that several components contribute to YAP1 activation in the adult CPC by neonatal cardiovascular progenitor cell exosome treatment after 72 hours and this leads to activation of transcripts involved in cellular cycle and proliferation which are necessary for cardiac repair.

Conclusion

Our findings provide evidence that neonatal cardiovascular progenitor cell-derived exosomes contain valuable molecules that enhance the proliferative ability of adult cardiovascular progenitor cells upon co-culture *in vitro*. The neonatal cardiovascular progenitor cells contain miRNAs and transcripts that induce YAP1 transcription and activate the cell cycle in adult CPCs. This was assessed by observation of 1) Elevated levels of YAP1 transcript and protein levels 2) Elevated levels of transcripts important in PI3K-AKT signaling such as PI3K and RelA and some that have function in cell cycle-progression and proliferation such as c-MYC and CCND1 3) Elevation of transcripts involved G1-S and G2-M progression in the cellular cycle such as CCNA2. YAP1 activation and transcriptional alteration in adult CPCs by neonatal cardiovascular progenitor cell-derived exosomes could have clinical benefit in cardiovascular repair through

potential activation of signaling in the recipient and potentially in the surrounding cell types when applied as a cell-based treatment.

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