IL-13 mediates collagen deposition via STAT6 and microRNA-135b: a role for epigenetics

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37 <u>Abstract</u>

Systemic sclerosis is an autoimmune connective tissue disease in which T cells play a prominent role. We and others have previously demonstrated a role for T cell-derived IL-13 in mediating the induction of collagen in dermal fibroblasts and that blockade with IL-13 antibodies attenuates this increase. In this study we want to probe the signalling that underpins IL-13 mediated matrix deposition. Isolated dermal fibroblasts were incubated with recombinant IL-13 and gene expression by qRT-PCR was performed for collagen1A1 and TGF-β1. Small interfering RNA (siRNA) was used to knock down STAT6 and a small molecule inhibitor was also used to block this pathway. MiR-135b was transfected into fibroblasts plus and minus IL-13 to see if this miR plays a role. miR-135b was measured in systemic sclerosis fibroblasts isolated from patients and also in serum. Results showed that IL-13 increased collagen expression and that this is independent from TGF- β 1. This is dependent on STAT6 as targeting this blocked induction. MiR-135b reduces collagen induction in fibroblasts and scleroderma fibroblasts have lower constitutive levels of the miR. We further demonstrate that miR135b is repressed by methylation and may include MeCP2. In conclusion we show that STAT6 and miR-135b regulate IL-13-mediated collagen production by fibroblasts.

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73 <u>Introduction</u>

Systemic sclerosis (SSc) is a polygenic, idiopathic connective tissue disease characterised by autoimmunity, vascular damage, inflammation and fibrosis. Activation of quiescent fibroblasts into myofibroblasts that express alpha-smooth muscle actin and secrete excessive extracellular matrix molecules is critical to the fibrosis that underpins the disease pathogenesis ¹ and underpins fibrosis whatever organ is affected.

79 Tissue fibrosis leads to excessive scarring that ultimately leads to loss of organ function and currently 80 there is no disease modifying drug approved for treatment and there is substantial morbidity and 81 mortality. Experimental studies show a clear link between the inflammation and fibrosis and many 82 diverse cell types are involved in the inflammation and fibrosis. It has been shown that monocytes 83 and T cells infiltrate the dermis in SSc especially prominent in early disease. T cells are particularly prominent early in the disease. Activation of T cells has been shown by the expression of T cell 84 activation markers². SSc is characterised by elevated IL-4 and IL-13 levels in serum^{3, 4} and 85 abnormalities in Th2 cells. Indeed there is a correlation between IL-13 serum levels and nailfold 86 capillaroscopy abnormalities in SSc patients ⁵. We demonstrated that T cell isolated from skin have 87 upregulated expression of Tumour Necrosis Factor- α (TNF- α) receptors and Interleukin-13 (IL-13)⁶ in 88 SSc patients. Engagement of IL-13 (or IL-4) to its receptor IL-13R and the shared receptor IL-4R α 89 90 promotes Janus Kinase (JAK) activation that in turn leads to phosphorylation of STAT6, homodimer 91 or heterodimer formation via their amino terminal domains, and translocation to the nucleus where 92 they bind DNA, influencing gene expression in many cell types. STAT6 itself is important for the 93 polarisation of naïve T cells to Th2 effector cells⁷. This activation of STAT6 leads to activation of the 94 transcription factor GATA3 which regulates the expression of Th2 cytokines such as IL-4 and IL-13 thus differentiating the T cells to a Th2 phenotype ⁸ which appears to be the dominate T cell 95 phenotype in SSc ^{3, 6}. 96

97 IL-13 and IL-4 have been shown to augment collagen gel contraction in in vitro models using 98 pulmonary fibroblasts, suggesting matrix remodelling ⁹. Furthermore, overexpression of IL-13 in the 99 lung in transgenic mice causes inflammation and lung fibrosis ¹⁰, and an IL-13 inhibitor blocks the 100 development of fibrosis in a Th2 dominant animal model in which animals are exposed to 101 shistosomiasis ¹¹. Disruption of the IL-4 gene in the Tight skin mouse (Tsk), a model of SSc in which 102 the gene for fibrIlin is mutated, reduces the fibrosis ¹². However, the mechanism by which IL-13 103 cause's fibrosis is still to be elucidated.

104 MicroRNAs are small (around 21 nucleotides long) RNA molecules that function to regulate protein 105 expression by translational inhibition or mRNA degradation through binding of the seed region with 106 a complementary match site in the 3'UTR of the target mRNA ¹³. It is now known that there are 107 many miRs in the genome and that each miR can target hundreds of genes, thus the level of 108 regulation of expression is huge. Emerging evidence suggest that miRs are involved in virtually all 109 cellular processes including growth, differentiation, apoptosis and fibrosis ¹⁴ and evidence has now 110 been accrued that they are perturbed in multiple diseases. In SSc it has been found that there are

altered expression of various miRs and one of the most important is miR-29a which regulates 111 collagen directly through binding to its 3'UTR¹⁵ and enforced overexpression of miR-29a reduces 112 collagen levels in SSc dermal fibroblasts. MiR-29a has also been identified in fibrosis of the heart 113 after myocardial infarction ¹⁶. Strategies that restore the levels of miR29a in vitro and in vivo reduce 114 fibrosis by targeting its mRNA target collagen1A1¹⁵. Thus modulation of miRs in vivo is a possible 115 therapeutic option in fibrosis. However, relatively few miRs have been described in SSc as compared 116 to other diseases such as cancer or diabetes for example. MiRS themselves can be regulated 117 118 epigenetically by methylation for instance and also histone modifications can also alter their 119 expression. Thus all the epigenetic modifications can each affect one another and underpins the 120 complexity of epigenetics. This study shows that miR-135b targets STAT6 and attenuates IL-13-121 induced collagen expression.

122 <u>Results</u>

123 IL-13 induces collagen independent of TGF-β signalling

Because we had previously demonstrated that IL-13 derived from T cells induces collagen expression 124 125 in vitro we sought to confirm this in a 'cleaner' system free from other T cell cytokines 'contaminating' the system. To confirm that IL-13 induces collagen in isolated dermal fibroblasts we 126 127 performed a dose response study. Figure 1 demonstrates that 100 ng/ml of IL-13 induced the 128 highest fold change of collagen1A1 mRNA expression peaking at 3.5 fold change in expression 129 (normalised to 18S). This elevation of collagen was also found on the protein levels with a 72% 130 increase in collagen compared to control after IL-13 treatment (100 ng/ml). There was no change in 131 the expression of the myofibroblast marker α -smooth muscle actin expression by qRT-PCR at any concentration of IL-13. It has also been suggested that IL-13 induces TGF-β1 expression and release 132 and that TGF-B1 is responsible for the collagen increase in a transgenic animal model of IL-13 133 overexpression causing lung fibrosis ¹⁷. We did not observe any significant increase in TGF-β1 134 expression after IL-13 stimulation by semi q-RT-PCR (figure 1B). Because TGF- β can also be activated 135 136 from in its latent form to a biologically active motif by the matricellular protein Thrombospondin-1 (TSP-1) ^{18, 19} we measured the levels of TSP-1 in the conditioned media. ELISA of TSP-1 levels in 137 138 conditioned media after stimulation of dermal fibroblasts revealed no increase in secreted levels of 139 TSP-1 between control or IL-13 stimulation (mean value: 440 vs 428 pg/ml, P =>0.05 Student's ttest). TGF- β 1 stimulation served as a positive control and was significantly different compared to 140 control and IL-13 treated (figure 1C). Direct measurement of TGF- β 1 also showed no significant 141 142 increase in expression (figure 1D). The target gene of TGF- β 1 CTGF was also measured by RT-PCR 143 and this was also not changed by the addition of exogenous recombinant IL-13 (data not shown). To confirm the role of TGF- β in IL-13 mediated collagen1A1 induction cells were pre treated with the 144 145 TGF- β R inhibitor SB431542 and then stimulated with IL-13. Blockade of TGF- β signalling did not significantly attenuate IL-13-mediated induction of collagen (figure 1E), thus indicating that TGF- β 146 147 signalling is independent of this effect. We further examined the expression of BMP and Activin 148 Membrane-Bound Inhibitor (BAMBI) which is part of the TGF family and is a negative regulator of 149 TGF-β1 signalling and found that this was not different after IL-13 (1 fold control versus 0.89 IL-13 150 stimulated expression).

151 IL-13 utilises STAT6 in collagen induction

To examine the role of the transcription factor Signal Transducer and Activator of Transcription-6 (STAT-6) in IL-13 mediated collagen expression we used siRNA to deplete dermal fibroblasts of STAT6. It was demonstrated that IL-13 addition (100 ng/ml) induced collagen1A1 expression, but this was reduced by pre-treatment with specific siRNA against STAT6 significantly to 1.6 fold change compared to control. Importantly, this was not reduced by the introduction of equivalent
 concentration of scrambled control siRNA indicating its specificity (figure 2A) (*P*= <0.05 ANOVA).
 Furthermore, chemical inhibition of STAT6 with the STAT6 specific inhibitor AS1517499 ²⁰ (40 nM)
 lead also to a reduction of IL-13 mediated increases in collagen expression as compared to control
 untreated cells (figure 2B). Figure 2C demonstrates the efficiency of the siRNAs against STAT6 by
 measuring STAT6 transcripts with a 60% reduction in STAT6 transcripts after transfection of the
 STAT6 siRNA and also protein expression (Student's t test) (figure 2D protein reduction).

163 miR-135b regulates IL-13-mediated collagen expression

We then used computational algorithm prediction software to identify possible miRs that target the 164 165 downstream signal molecule STAT6. These computer prediction software work on the basis of 166 putative seed pairing between the 'seed' region in the miR and the 3'UTR in its target mRNA thus 167 leading to target mRNA repression. These identified miR-135b as a miR likely to target STAT6 directly 168 through this seed region. Transfection of synthetic miR-135b mimics into dermal fibroblasts 169 attenuated the IL-13 induction of collagen1A1 expression; however the scrambled miR did not attenuate the collagen induction by IL-13 stimulation (100 ng/ml) figure 3A (Significantly different 170 171 between control vs IL-13 treated and IL-13 treated plus miR135b mimic. No significant difference between IL-13 treated vs IL-13 treated and scrambled miR mimic, ANOVA). To confirm that 172 173 transfection of miR-135b into the fibroblast was efficient in these cells we transfected a high and low 174 concentration and then measured the miR levels 24 hours later using qRT-PCR. Figure 3B 175 demonstrates the expression of miR-135b after transfection of low and high dose miR-135b. Figure 3C also demonstrates that transfection of miR-135b alone reduces STAT6 mRNA levels significantly. 176 177 However, it did not alter the levels of a similar STAT, STAT3 (figure 3D). Interestingly, miR-135b has a binding site for the 3'UTR of Monocyte Chemoattraction Protein 3/CCL7 and should target this 178 directly we therefore measured MPC-3 after transfection of miR-135b. There was a reduction after 179 180 transfection of miR-135b of MCP-3 gene expression.

181 Reduced levels of miR-135b in SSc fibroblasts and elevated STAT6

The target of miR135b is STAT6 due to the prediction software analysis and also because of the 182 183 reduction of STAT6 with synthetic miRs we measured the levels in dermal fibroblasts in SSc patients 184 and found this to be elevated (figure 4A). Because we had found that miR-135b was regulating 185 STAT6 and mediating collagen expression we examined the levels of miR-135b in SSc dermal fibroblasts. We found a reduced expression of miR-135b levels in SSc compared to control 186 187 fibroblasts, however, this did not quite reach statistical significance (figure 4B). Because TGF- β 1 is a 188 critical cytokine in fibrosis and is highly elevated in SSc we treated cells with TGF- β 1 (10 ng/ml) to 189 see if this reduced miR-135b. Unexpectedly, TGF- β 1 stimulation led to a 2 fold increase miR-135b expression compared to untreated healthy control fibroblasts (P = 0.0354 Student's t-test) (figure 190 191 4C), this was opposite to what we had hypothesised.

192 Dermal fibroblasts isolated from SSc patients were examined for IL-4R α expression as this is the receptor subunit used by IL-13 (and IL-4) upstream of STAT6 and is common receptor through which 193 194 both cytokines signal. There was no clear difference in expression of the IL-4 receptor in SSc 195 fibroblasts (figure 4D). Because reactive oxidative species has been shown to play a prominent role 196 in fibrosis in SSc we incubated healthy control dermal fibroblast cells with sub toxic concentrations 197 H202 to examine its effect on IL-4R α expression. MTT assay demonstrated that the H202 treated 198 cells were not dying. qPCR demonstrated no significant difference in IL-4R expression between H202 199 treated and non-treated cells (P=> 0.05; Student's t test).

200 Levels of serum and monocyte miR-135b

201 It has recently been discovered that miRs can also be extracellular and that these miRs are enclosed 202 within vesicles called exosomes rendering them remarkably stable. Patient and healthy control 203 serum was isolated and measured for miR-135b by qRT-PCR and this demonstrated highly 204 significantly reduced levels of miR-135b compared to healthy controls (*P* =0.0060 Student's t test) 205 (figure 5A). To elucidate this further we measured the levels of miR-135b in isolated CD14+ 206 monocytes in patients and found this was significantly lower compared to controls (figure 5B).

207 Bleomycin treated mice have lower miR-135b levels

A useful model of skin fibrosis is the bleomycin model in which instillation of the compound bleomycin into the mouse results in inflammation-driven fibrosis that recapitulates the fibrosis in SSc. We measured the levels of miR-135b in the skin of mice treated with bleomycin or vehicle control treated mice and found highly significantly reduced levels of miR-135b (*P* =0.0001; Student's t test) figure 5C). Pro- fibrotic TIMP-1 mRNA was also significantly elevated in the bleomycin mouse tissue compared to vehicle control (figure 5D).

214 Regulation of miR135b levels

215 Because the miR appears to be regulating its target STAT6 and we had demonstrated STAT6 is altering collagen levels and in SSc cells the miR was downregulated we wondered what is regulating 216 217 the repression of the miR itself? Examining the promoter sequence of the miR135b gene it could be 218 seen that it has CpG sites that could be methylated we therefore incubated healthy dermal 219 fibroblasts with the global demethylating agent 5'azaC which sequesters DNMT enzyme activity. 220 Incubation with 5'aza lead to significant upregulation of miR135b levels of 9 fold compared to 221 vehicle treated cells (figure 6A) (P= <0.001 Student's t test). However the same incubation of 5'azaC 222 did not lead to upregulation of the unrelated microRNA miR133a compared to vehicle control 223 treated cells (figure 6B). This indicates methylation is important in its regulation. In general 224 hypermethylation leads to gene repression and hypomethylation leads to enhanced gene 225 expression. Cytosine is the base that is methylated generating 5'methyl cytosine and it is now known 226 that TET enzymes are the enzymes responsible for removing this modification and appear important 227 in demethylation. We hypothesised that a reduction in the SSc dermal fibroblasts would be present 228 leading to altered demethylation. Figure 6C demonstrated no difference in TET1 levels suggesting 229 this is not a factor influencing this. We further examined the expression of the methyltransferase 230 enzyme Enhancer of Zeste Homolouge 2 (Ezh2) which is important for the transfer of methyl groups 231 and this was reduced in the SSc fibroblasts but not statistically significant (figure 6D). There was also 232 no significant difference in the methyltransferase ASH1 (figure 6D). ASH1 is part of the trithorax 233 proteins and was recently shown to regulate fibrosis by binding directly to the TIMP-1 promoter.

234 Methyl cap binding protein 2 (MeCP2) is the protein most associated with the disease Rett syndrome 235 but is ubiquitously expressed ²¹. This acts by binding to DNA to repress the DNA gene expression by 236 binding in its methyl binding domain. Because of its repressive function in DNA we examined its 237 expression. We found that MeCP2 is significantly enhanced in SSc dermal fibroblasts compared to 238 control fiboblastss (figure 6E). Furthermore in normal dermal fibroblasts exposure to TGF-β1 leads to 239 significant elevation of MeCP2 expression, but does not appear to be dose dependant (figure 6F).

240 Demethylation reduces collagen levels

241 We have shown that miR135b is regulated by methylation and that this could be mediated by the 242 repressive protein MeCP2 so we examined the effects of 5'aza'c on collagen expression in fibroblasts. Exposure to 5'aza'C reduced the levels of collagen1A1 compared to vehicle control
treated cells in healthy dermal fibroblasts (figure 7A). (*P*= <0.001 Student's t test).

Using SSc dermal fibroblasts we also found a significant reduction in collagen levels after 5'azaC treatment also (figure 7B) (Student's t test P= <0.05). However, we could see no significant difference in CTGF levels (figure 7C).

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251 Discussion

252 Extracellular Matrix (ECM) production involves responses to endogenous and exogenous factors that promote production of ECM or inhibit the breakdown of ECM. Excessive production leads to scarring 253 254 and fibrosis and is especially prominent in SSc. IL-13 is a pro fibrotic molecule that is produced by T cells that activates ECM production and is a feature of many fibrotic diseases but its molecular 255 256 mechanism is not well described. IL-13 is elevated in SSc and is associated with disease specific features such as nailfold capillary defects ⁵ and IL-13 producing T cells are found within the skin. 257 Here we demonstrate that it is STAT6-dependent and that miR-135b regulates STAT6 by targeting 258 259 mRNA and that this miR may be reduced through a methylation dependant mechanism that may 260 include MeCP2.

261 IL-13 has been demonstrated to be elevated in the bleomycin model of fibrosis and activation of the pregnane X receptor blocked the bleomycin induced fibrosis and this was not mediated directly but 262 through reducing the expulsion of IL-13 from murine T cells to activate the fibroblasts to secrete 263 ECM ²², demonstrating the critical role of T cell mediated IL-13 in fibrosis. IL-13 has also been 264 described to supress MMP-13 in isolated dermal fibroblasts thus decreasing the proteolytic 265 degradation of ECM favouring an increase in deposition ²³ and also reduce MMP-3 release by ocular 266 conjunctiva fibroblasts and in lung fibroblasts IL-13 has been shown to induce Platelet Derived 267 Growth Factor (PDGF) release ²⁴. 268

We have previously demonstrated that T cell-derived IL-13 can induce collagen transcription in 269 healthy dermal fibroblasts in culture ⁶ and it is generally accepted that SSc has a Th2 dominance with 270 increased Th2 cytokines both locally and in the sera ⁴ and these foster the release of ECM. 271 Furthermore, Fuschiotti et al using multi colour flow cytometry demonstrated that it is effector CD8+ 272 T cells that are the highest producers of IL-13 in SSc, even though CD4+ T cells also display 273 production ²⁵. They also found this CD8+ T cell production of IL-13 is associated with diffuse 274 cutaneous SSc more so than limited SSc ²⁵. This has also been verified in a recent study with isolated 275 CD8+ T cells ²⁶. It has also been shown that CD8+ T cells isolated from patients with SSc mediates 276 increased collagen1A and fibronectin expression in dermal fibroblasts in culture and that this can be 277 blocked by incubation with an anti-IL-13 antibody, but not by an anti-IL-4 antibody or isotype control 278 279 indicating this is IL-13 specific and not mediated through IL-4. The authors also show that incubation of T cell supernatants with dermal fibroblasts promotes the phosphorylation of the transcription 280 factor STAT6 assessed by flow cytometry. We had also seen a similar effect ⁶ in vitro. Indeed siRNA 281 mediated silencing of GATA3 in SSc CD8+ T cells from patients diminished high basal unstimulated 282 levels of IL-13. It has been published that IL-13-mediated increases in lung fibrosis by a transgene 283 284 expressing mouse was facilitated by TGF- β 1 and can be reduced by blocking the activation of TGF- β 17 , however we did not find any increase in TGF- β levels after IL-13 stimulation nor the TGF- β 285

286 activation protein TSP-1¹⁹. Furthermore blockade of the TGF- β R with chemical inhibition had no 287 effect on collagen induction by IL-13. We also found no change in BAMBI levels which is a negative 288 regulator of TGF- β signalling by acting as a pseudo receptor. This is in line with data in which IL-13 KO mice are protected from lung fibrosis but not IL-4 KO mice, despite the fact that they have 289 290 abundant TGF- β 1 levels. We demonstrate here that siRNA against STAT6 to silence the transcription 291 factor diminishes the collagen induction mediated by IL-13 stimulation and this was also the case using the chemical STAT6 inhibitor that has previously been reported to inhibit STAT6 effects ²⁰. 292 293 Thus, STAT6 is critical in mediating this response. However, it appears that TGF- β does not play a 294 role in this induction. IL-13 had been previously shown in lung fibroblasts to induce collagen through TGF- β in fibroblasts from asthma patients ²⁷. It has recently been demonstrated that methylation of 295 296 STAT6 determines its phosphorylation and modulates its DNA binding activity in response to exogenous stimulation ²⁸, thus adding another layer of complex regulation Because IL-13 shares its 297 298 signalling with the shared co receptor IL-4 α we measured the levels of this, we could find no increase 299 in IL-4 α in SSc fibroblasts compared to controls and this could not be modulated by oxidative stress 300 either, as ROS is important in fibrogenesis.

301 Through computer prediction software we identified miR-135b as regulating STAT6 by binding to its 3'UTR region. We confirmed this with transfection of miR-135b and the reduction of STAT6 and 302 303 augmentation of IL-13 induction of collagen expression in these cells. Therefore, reduction of miR-304 135b in SSc cells would lead to enhanced STAT6-mediated ECM induction. Interestingly we also observed reduction of MCP-3 which is predicted to be targeted by miR-135b as it has a binding site. 305 306 This confirms transfection of the miR. MCP-3 is a chemoattractant for monocytes and monocytes are 307 important in the disease and are often found in the skin of SSc patients. A study has shown that MCP-3 is elevated in SSc and the Tsk mouse model of fibrosis which has similar features to SSc. What 308 309 actually modulates the levels of miR-135b is unknown and maybe a variety of soluble factors, 310 possibly released by innate immune cells. We hypothesised that the pro fibrotic TGF- β 1 would 311 diminish miR-135b, however, it actually increased its expression. This may be part of a negative 312 feedback loop to dampen down fibrosis, however further investigations are required.

Using the bleomycin model which recapitulates features of the disease, we found also that miR135b 313 314 was significantly reduced in bleomycin treated mice. Many miRs have now been identified in mediating a role in fibrosis, however only a very few have been described in SSc. We also show 315 reduced levels of miR135b in SSc dermal fibroblasts. It is known that miR-29a is involved in SSc ¹⁵ and 316 we have also demonstrated reduced levels of miR-29a in SSc dermal fibroblasts ²⁹ and this targets 317 collagen. Others have demonstrated down regulated miR let7-a in SSc by in situ hybridisation and 318 qRT-PCR and found that this contributes to excessive collagen production ³⁰. Similarly in keloid 319 fibroblasts, which are abnormally excessive ECM type fibroblasts aberrant expression of miRs has 320 been demonstrated to mediate collagen1 expression ³¹. The finding that miR-135b regulates collagen 321 322 expression via direct targeting of STAT6 further supports the notion that dysregulated miRs play a 323 role in fibrosis.

MiRs are very stable in serum and are released enclosed within membrane bound vesicles called exosomes. These exosomes appear to protect the miR from endogenous RNAses that would otherwise degrade the miR. We demonstrate for the first time reduced serum miR135b levels in SSc patients compared to healthy controls. The significance of this is unknown but in further larger studies if this is replicated this may be a potential biomarker. Because there were differences in serum levels we sought to identify another cell type that might responsible for this, We found significantly reduced levels in CD14+ monocytes in SSc patients. The significance of this is not clear but one would expect its target STAT6 also to be elevated in the monocytes. STAT6 in monocytes isimportant in M2 differentiation and these are important in wound healing.

We sought to identify what is underlying the repression of miR135b and because it was noted that it has CpG sites that can be methylated in its promoter we hypothesised that the miR is hypermethylated. We show through the use of the hypomethylating agent 5'aza'C that the miR was elevated after treatment compared to vehicle control and furthermore an unrelated miR, miR133a was not changed, suggesting that this is a specific event rather than a global one. Because it is now known that TET1 enzyme is critical in the demethylation we examined the expression of this enzyme in healthy and SSc fibroblasts and found no significant difference between the groups.

340 MeCP2 is a methylated binding protein that binds to methylated DNA to facilitate a repressive state ²¹ and we hypothesised this may be modulated in SSc. We examined the levels of MeCP2 and found 341 342 this to be elevated in SSc fibroblasts. MeCP2 is part of a family of methyl CpG binding proteins and is the most abundantly expressed member of this family²¹. Mutations in the protein are more 343 commonly associated with Rett syndrome a rare X-linked neurodevelopmental disorder affecting 1 344 in 10000 females ³². Mutations are often found in the methyl binding domain of the protein and lead 345 to alterations in its levels in the brain, however, it precise molecular effects are unknown. We 346 347 demonstrate that elevated levels of MeCP2 may be associated with repression of miR135b and that this could be forming a complex with HDAC1. We also found large upregulation of MeCP2 in healthy 348 cells upon TGF- β 1 stimulation. It is of note that a SNP in MeCP2 is associated with SSc ³³. 349 Furthermore, MeCP2 heterozygous mice have attenuated fibrosis in the liver after carbon 350 tetrachloride instillation with much lower myofibroblasts and collagen content ³⁴. Furthermore 351 MeCP2 has been found in fibrotic hearts ³⁵. This indicates that MeCP2 is critical in fibrosis. 352 Interestingly their also appears to be some interaction in liver fibrosis between MeCP2 and the 353 methyltransferase ASH1, where the increased expression of MeCP2 either through regulation of 354 355 miRs or another mechanism appears to elevate ASH1 levels and increases ECM through direct 356 binding of the genes in their promoters. Although we saw some elevation in SSc dermal fibroblasts 357 of ASH1 this was not statistically significant. It is suggested that the repression of miR135b is due to 358 methylation as there is methylation sites in the CpG islands in the miR135b promoter and due to the 359 fact that hypomethylation led to an increase in miR levels. Although 5'Aza'c is none specific in demethylating it is suggested that it is demethylating the miR135b promoter and thus derepressing 360 361 this. This repression may be aided by MeCP2 that is binding the methylated DNA and helping to 362 repress it possibly in combination with HDAC1. In liver fibrosis this repression by MeCP2 and HDAC1 leads to repression of PPAR-y and consequent silencing of this gene, PPARy itself is a negative 363 364 regulator of fibrosis and the reduction of this releases the ECM genes to be expressed ³⁴. Also a transgenic mouse over expressing MeCP2 has exacerbated heart fibrosis and enhanced scaring in 365 response to pressure overload ³⁶. 366

Finally as well as the DNA demethylation increasing the levels of the miR it also demonstrated a reduction in collagen expression.

369 In SSc dermal fibroblasts it has been shown that 5'Aza'C reduced hypermethylation of the Wnt 370 antagonist DKK1 and Secreted Frizzled RP1 (SFRP1) and thus enhanced their expression and this was 371 associated with a blockade of pro-fibrotic Wnt signalling and in vivo 5'Aza'C ameliorated bleomycin 372 induced fibrosis ³⁷. The blockade of fibrosis in the bleomycin model by hypomethylation could also 373 have been due in part to reactivation of repressed miR135b. The fact that SSc fibroblasts in culture 374 retain a fibrotic phenotype even over many passages suggests they have some sort of intrinsic 375 'memory', this could be due to the methylation that is imprinted and retained over multiple cell 376 divisions. It has been demonstrated in cardiac fibroblasts that hypoxia induced fibrosis is driven by a

global hypermethylation ³⁸. This increased methylation is genome-wide and mediated by a hypoxia 377 inducible factor-dependant increase in DNMT3 as deletion in vitro of DNMT3 by siRNA reduced 378 methylation and also collagen and α -Sma content ³⁸. This indicates the global alteration of 379 methylation is important in the differentiation of fibroblasts to myofibroblasts. The initial event that 380 is driving the methylation in their study is hypoxia and the heart is particularly vulnerable to a 381 382 hypoxic state. In our study we do not know what is increasing methylation but it is interesting to 383 note that hypoxia is prevalent in SSc and hypoxia has been shown to increase collagen expression in 384 dermal fibroblasts³⁹. It is suggested that hypoxia maybe leading to hypermethylation and increased ECM by repression of miR135b. It is also interesting to note that mice exposed to hypoxia 385 experimentally have elevated ECM in their dermis³⁹. 386

387 Immune perturbations are common in SSc and precede the fibrosis. Here we demonstrate that the T 388 cell cytokine IL-13 mediates its effects through STAT6 and that STAT6-miR-135b are important in 389 collagen increases. Reintroduction of miR-135b may be useful in STAT6-driven fibrosis. We also 390 demonstrate the novel observation of elevated MeCP2 and that this may be important in SSc.

391 <u>Methods</u>

This study was approved by the local research ethics committee (REC no. 13/NE/0089 392 393 and 091/H0905/11) and all patients gave fully informed written consent. All methods were carried 394 out in accordance with the approved guidelines. Normal dermal fibroblasts were isolated from healthy volunteers by skin punch biopsy (6 mm³) and from clinically diagnosed limited SSc patients 395 396 from the affected skin area and the tissue was placed into a six well plate with Dulbeccos modified 397 Eagles Medium (DMEM) medium (Sigma) supplemented with 10% (vol/vol) heat-inactivated Fetal Calf Serum (FCS) (Gibco, UK) and 2 mM L-glutamine and 100U/ml penicillin/streptomycin at 37°C in 398 399 an atmosphere containing 5% CO₂. After a few days cells were confluent and passaged using 400 trypsin/EDTA (Gibco, UK) from the explant and all experiments were performed in early passaged 401 cells (p2-8). Control tissue was derived from healthy donors undergoing corrective abdominal 402 reduction (plastic) surgery N= 5. SSc patients were all female and not taking any immunosuppressive 403 therapy or chemotherapy and all had clinically diagnosed limited SSc n=5 mean age 57 years old (all female SSc) taking no medication. The STAT6 inhibitor AS1517499 ²⁰ was purchased from 404 AxonMedchem (USA) and was used at a final concentration of 40 nM in cell culture experiments. The 405 406 TGF- β inhibitor SB431542 (Tocris Biosciences, UK) was used at a final concentration of 10 μ M to 407 inhibit the TGF- β signalling system. Fibroblasts were pre-treated for 2 hours with or without 408 SB431542 after which time IL-13 was incubated 100 ng/ml with the TGF- β inhibitor still within the 409 media, 24 hours later the cells were harvested.

410 **RT-PCR**

411 After cell stimulation cells were harvested in Trizol buffer and cellular RNA isolated according to the 412 manufacturer's instructions. RNA quality was assessed by nanodrop ND100 spectrophotometer with 260/280nm readings. 1µg RNA was reverse transcribed to cDNA with superscript III (Invitrogen, UK) 413 414 with RNAse inhibitor. Prepared cDNA was subjected to quantitative PCR using SYBR green Taq ready (Sigma, UK) technology using specific primers to the genes of interest using the specific primers 415 416 (forward and reverse) below in a total volume of 25µl using the 7500 RT-PCR machine (Applied 417 Biosciences, UK). Data was normalised to endogenous housekeeping gene 18S, which was confirmed 418 to be stable across the groups and relative changes were calculated using the deltadelta Ct method 419 with the control as the comparator. Collagen1A1: forward 5'-CAAGAGGAAGGCCAAGTCGAGG-3', 420 reverse 5'-CGTTGTCGCAGACGCAGAT-3' 18S Forward: 5' CGAATGGCTCATTAAATCAGTTATGG-3' 421 Reverse 5'-TATTAGCTCTAGAATTAC CACAGTTATCC-3'. STAT6: Forward: 5'-CCTCGTCACCAGTTGCTT-3'

422 Reverse: 5'-TCCAGTGCTTTCTGCTCC-3'. STAT3: Forward: 5'-GGAGGAGTTGCAGCAAAAAG-3' Reverse:
 423 5'-TGTGTTTGTGCCCAGAATGT-3'

Absent, Small or Homeotic disc-1 (ASH1): Forward: 5'AATGATCTTTGCTGAGTGTT-3' Reverse:
 TCCCCAACCTTTTTCCTCAG-3'. Connective Tissue Growth Factor Forward: 5'-CTCGCGGCTTACCGACTG 3' Reverse: 5'-GCACTTGAACTCCACCGG-3' BMP And Activin Membrane-Bound Inhibitor (BAMBI):
 Forward: 5'-CGCCACTCCAGCTACATCTT-3' Reverse: 5'-CAGATGTCTGTCGTGCTTGC-3'.

428 Alpha muscle actin: Forward: 5'-TGAAGAGCATCCCACCCT-3' Reverse: 50-Smooth 429 ACGAAGGAATAGCCACGC-3'. MCP-3/CCL7 Forward: 5'-TGTCCTTTCTCAGAGTGGTTCT-3' Reverse: 5'-430 TGCTTCCATAGGGACATCATA-3' IL-4R Forward: 5'-CTGGAGCACAACATGAAAAGG-3' Reverse: 5'-431 AGTCAGGTTGTCTGGACTCTG-3'. MeCP2: Forward: 5'- GATCAATCCCCAGGGAAAAGC-3' Reverse: 5'-432 CCTCTCCCAGTTACCGTGAAG-3'.

433 Semi quantitative PCR for TGF-β1 was performed using primers for TGF-β1 Forward: 5'434 GGATACCAACTATTGCTTCAGCTCC-3' Reverse: 5'-AGGCTCCAAATATAGGGGCAGGGTC-3' and the
435 product ran on a 2% agarose gel containing ethidium bromide and visualised under UV light.

436 ELISA for Thrombospondin-1 (TSP-1) and TGF-β1

437 Healthy dermal fibroblasts were seeded into 24-well plates and at 80% confluence serum starved for 438 24 hours after which recombinant IL-13 100 ng/ml or 10 ng/ml Transforming Growth Factor- β (a 439 positive control) was added to serum free media and incubated for a further 24 hours. Conditioned 440 medium was then collected and measured for TSP-1 using a human TSP-1 ELISA (R&D systems, UK) in 441 accordance with the manufacturer's instructions against a standard curve of recombinant TSP-1 442 using a fluorescent plate reader (Tecan). The same supernatants were used to measure TGF- β 1 443 levels by ELISA (R&D systems, UK).

444 siRNA knockdown

For the siRNA silencing experiments cells were seeded into 24-well plates, and at 50–60% confluence 100 nM STAT6 siRNA SMARTpool (Dharmacon, UK) 100 nM of none targeting control siRNA was transfected using DharmaFECT 1 in antibiotic and serum-free DMEM media. Following 24 h of incubation, medium was replaced with fresh medium FCS free medium supplemented with recombinant endotoxin-free IL-13 100 ng/ml (R&D systems, Abingdon, UK) and after a further 24 h cells were harvested for expression.

451 Western Blotting

After transfection with specific siRNA or none targeting control siRNA (100 nM) cells were lysed in 452 453 RIPA buffer containing protease inhibitors. 25 µg of total protein was loaded in Lammeli buffer with 454 beta-mecaptoethanol and ran on a 10% Polyacrylamide denaturing gel. The gel was transferred to 455 onto nitrocellulose membrane with wet transfer, blocked for 1 hour in 5% blocking solution (non-fat milk) in TBS-tween and then hybridised overnight with anti-STAT6 antibody (Cell signal, 9362) 456 457 overnight 1:800 at 4°C, washed three times in TBS-tween and then incubated with anti-Rabbit Horse 458 Radish Peroxidase (HRP) antibody 1:4000 (Dako, UK) for 1 hour at room temperature, washed and 459 then incubated with ECL substrate (Biorad, UK) and then exposed and developed. Healthy or SSc 460 dermal fibroblast early passage were seeded and then lysed and then probed with anti-STAT6 1:800 461 or Ten Eleven Translocation-1 (TET1) (Abcam, UK) 1:700 or GAPDH (Abcam, UK) 1:8000. In some 462 experiments healthy dermal fibroblasts where treated with increasing doses of recombinant TGF-B1 463 and then lysed and then probed for MeCP2 using an MeCP2 specific antibody (Ab2828) and the 464 reprobed for β -actin (Ab8226).

465 miR Experiments

466 miR-135b was identified by prediction software to bind the 3'UTR of STAT6 (Pictar software and 467 Targetscan). Pre miR-135b (Thermo scientific, UK) was transfected into dermal fibroblasts at 75nM 468 concentration using dharmaFECT1 transfection reagent in antibiotic and FCS-free medium along with 469 control miR (75nM). The sequence of the control miR is designed to be complementary to the 470 nematode worm *C. elegans*. To confirm successful transfection the miR was measured in the cells 471 after transfection after three washes with sterile PBS (Sigma, UK) using qRT-PCR with specific 472 primers for miR-135b (Applied Biosciences).

473 **H202 treatment**

Healthy dermal fibroblasts were grown to confluence and then treated with H202 (Sigma, UK) at sub
toxic concentrations 200μM for 2 hours in FCS-free medium after 2 hours the H202 FCS-free medium
was removed and replaced with complete medium containing 10% FCS and L-glutamine. These cells
were left for 3 days after which RNA was isolated and cDNA generated and qPCR was performed for
IL-4Rα with the primers described in the section above.

479 Measurement of miR-135b

480 MiR-135b was measured in SSc dermal fibroblasts and healthy control cells using qRT-PCR and 481 normalised to let-7a levels using Tagman qPCR with primer specific reverse transcription. miR133a 482 was also measured after 5aza'c treatment also. Serum levels of miR-135 was measured by qRT-PCR 483 and also let7a after isolation with the miRNeasy RNA isolation kit (Qiagen, UK) following the 484 manufacturer's instructions. This serum miR study included larger number of patients as opposed to 485 the dermal fibroblasts study. The number of patients was 15, n=10 diffuse SSc and limited SSc 486 patients n=5. In some experiments healthy control dermal fibroblasts were treated with TGF- β 1 (10 487 ng/ml) and after 24hrs RNA was harvested and gRT-PCR was performed for miR-135b and let7a as 488 the endogenous internal control. In further experiments CD14+ monocytes where isolated from 489 whole blood by negative selection and then RNA was isolated and miR-135b was measured along 490 with let-7a.

491 **Collagen measurement**

Total soluble collagen in cell culture supernatants was quantified using the SirCol collagen assay (Biocolor, Belfast, UK) as per the manufacturer's instructions. Which is an assay based on hydroxyproline. The dermal fibroblast where treated with nothing or IL-13 (100 ng/ml) and after 24 hours the collagen protein was quantitated. Data was normalized to control which was set at 100% collagen.

497 **5'aza'2-deoxycytidine(5'aza'C) treatment**

498 Human dermal fibroblasts were treated with 10 μ M of 5'aza'C (Sigma, UK) or vehicle control DMSO 499 for up to 5 days after which the miRs were measured as above. In separate experiments healthy and 500 SSc fibroblasts were treated with 10 μ M 5'aza'C or vehicle for 5 days and qPCR was performed for 501 collagen, CTGF and 18S.

502 Bleomycin induced fibrosis

503 Wild type C57BL/6 mice were used in this study. All the mice where male and aged 8-10 weeks old 504 at commencement of the study. Mice were anesthetised with isoflurane, their backs shaved and 100 505 μ l 0.5 mg/ml bleomycin (Apollo Scientific, UK) or saline (vehicle control) administered via 506 subcutaneous injection to an area approximately 1 cm². Injections were repeated every other day 507 for 4 weeks at which point mice were sacrificed (5 mice per group; treatment or vehicle).

508 Wax embedded sample processing for miR quantification

509 Skin biopsies were taken from the vehicle treated and bleomycin treated mice placed in 10% 510 formaldehyde for 16 hours after which time they were dehydrated through graded ethanols and then placed in zylene, samples were then embedded into wax and then sectioned. 10µm sections 511 were then used to isolate RNA using the miRNeasy FFPE kit (Qiagen, UK) which includes removing 512 513 from the paraffin wax and treating with proteinase K digestion and isolation according to the 514 manufacturer's protocol. Tissue isolated RNA was measured for quality and reverse transcribed for miR135b and let7a (Applied Biosystems; Id 4427975) using qRT-PCR with taqman[™] probes. Data is 515 516 normalised to let7a and shown as fold change compared to vehicle treated mice. Sections were also 517 taken for the analysis of TIMP-1 by qPCR and normalised to 18s as the internal housekeeper. Mouse 518 TIMP-1 Primers: Forward: 5'-CAGTAAGGCCTGTAGCTGTGC-3' and 5'-CTCGTTGATTTCGGGGAAC-3'.

519 Statistical analysis

- 520 Statistical analysis was performed between groups with a Student's T test or Analysis of Variance
- 521 (ANOVA) with P values <0.05 considered statistically significant * indicates significance in graphs.
- 522

523

524 Figure legends

Figure 1 Dose response relationship of IL-13 and collagen induction. (A) Dermal fibroblasts were 525 526 incubated with increasing doses of IL-13 in vitro and collagen1A1 was measured by qRT-PCR. Data 527 shown is the fold change normalised to 18S housekeeping mRNA data is mean and standard 528 deviation n=4. (B) Representative semi-quantitative RT-PCR of TGF- β 1 after stimulation of cells 529 with IL-13 for 24 hours PCR cycling was performed for 25 cycles and amplicons were 530 electrophoresed on a 2% agarose gel with ethidium bromide incorporated within and imaged 531 under UV light. 18S was used as an internal control NT: No template control, A untreated, B: IL-13 532 (100 ng/ml) 24 hours treatment. (C) Fibroblast conditioned medium was analysed by ELISA for 533 TSP-1 after removal of FCS and stimulation with IL-13 (100 ng/ml). TGF- β 1 stimulation served as a 534 positive control, data are the mean and SD from 4 independent experiments. (D) Fibroblast conditioned media was measured for TGF-β1 after stimulation with IL-13 (E) Dermal fibroblasts 535 536 were treated with the TGF-βR blocker SB431542 or untreated and then stimulated with IL-13 (100 ng/ml) and after 24 hours collagen1A1 mRNA was quantified by qRT-PCR and normalised to 18S. 537 538 Data is the mean and SD n=4.

539 Figure 2 IL-13 mediates collagen production via STAT6 signalling. (A) Dermal fibroblasts were 540 transfected with smartpool siRNA against STAT6 or none targeting siRNA at equal concentrations 541 after 24 hours medium was replaced with serum free medium containing IL-13 (100 ng/ml) after a 542 further 24 hours in culture qRT-PCR was performed for collagen1A1. (B) Dermal fibroblasts were 543 incubated with IL-13 (100 ng/ml), the STAT6 inhibitor (40 nM) and IL-13 or AS1517499 alone after 544 24 hours qRT-PCR was performed for collagen1A1. Data is the mean and SD and is normalised to 545 18S and untreated was set to 1 n=5. (C) Significant reduction in STAT6 after transfection with 546 specific STAT6 siRNA. Data is fold change compared to scrambled none specific siRNA after transfection using DharmaFECT1 transfection. Data are the mean and SD n= 4 significant 547 difference Students t test. (D). Representative western blot of STAT6 after scrambled control 548 549 siRNA transfection or specific STAT6 siRNA after transfection using DharmaFECT1 n=4.

550 Figure 3 miR-135b targets STAT6 to reduce collagen induction. (A) Dermal fibroblasts were 551 transfected with miR135b mimics or concentration matched control miR (C. elegans) for 24 hours after which time the medium was replenished and contained 100 ng/ml recombinant IL-13 for a 552 553 further 24 hours after which time the cells were harvested and qPCR was performed for 554 collagen1A1 and normalised to 18s. Data is the mean and SD n=5 five different donors. (B) 75 nM of 135b mimic (low dose) or 150 nM (high dose) was transfected into dermal fibroblasts and after 555 556 24 hours post transfection miR135b was quantitated by qRT-PCR, data is the mean and standard 557 deviation. (C). 75nM of 135b mimic was transfected into dermal fibroblast and after 24 hours post 558 transfection STAT6 was quantified by qRT-PCR, data is normalised to 18S and compared to scrambled miR transfected n=5 from five different individual donors. (D) STAT3 levels were 559 analysed by qPCR after transfection with miR135b mimic or control miR 24 hours post 560 561 transfection. Data is the mean and SD. ns: no significant difference between groups.

Figure 4 Elevated miR135b target STAT6 SSc fibroblasts. (A) Dermal fibroblasts or SSc fibroblasts 562 563 were isolated and cultured within the first three passages the cells were lysed and a western blot was performed for STAT6. Representative western blot from 2 individual donors. GAPDH was used 564 565 as the loading control for equal loading B) Healthy and SSc fibroblasts the RNA was harvested and 566 qRT-PCR was performed for the expression of miR-135b and normalised to the expression of let7a. 567 Data is the mean and SD n=3. No significant difference. (C) Down regulation of miR-135b by TGFβ1. Dermal fibroblasts were stimulated with TGF-β1 (10 ng/ml) and after 24 hours the RNA was 568 569 harvested and qRT-PCR was performed for miR-135b and normalised to the expression of let7a.

570Data is the mean and SD n= 8. Significantly different compared to control (Student's t test). D). SSc571dermal fibroblasts express IL-4Rα chain. Fibroblasts were isolated and cultured and then RNA

572 harvested then qRT-PCR was performed for IL-4R α and normalised to 18S. Data is the mean and

573 SD n=3. ns: no-significant difference between groups.

574 Figure 5 SSc sera has reduced miR-135b levels. (A) SSc and healthy control serum was measured 575 for miR-135b and let7a by gRT-PCR. Data is the mean and SD of HC=12 and SSc =15 (P =0.006 576 Student's t-test). (B) CD14+ cells were isolated and levels of miR-135b and let7a were measured by 577 qRT-PCR. Data is the mean an SD n= 7 (P=0.03 Student's t-test). (C) Bleomycin treated fibrotic mice 578 have diminished miR-135b levels. C56/B Mice were vehicle or bleomycin treated and after fibrosis 579 established skin biopsies were taken and the levels of miR135b were measured by RT qPCR and 580 the data was normalised to let7a. Data is the mean and SD of five animals per group n= 5 (P= 581 0.0001 Student's t test). (D) TIMP-1 levels were analysed by qPCR. Data is the mean and SD of five 582 animals per group n=5 (P= 0.0001 Student's t test).

583 Figure 6 Methylation regulates miR135b. A). Healthy dermal fibroblasts were treated with vehicle 584 control (DMSO) or 10 μ M 5'Aza'c for 5 days in culture after which qPCR was performed for miR135 585 and let7a data is normalised to let7a and compared to vehicle control data is the mean and SD of 5 586 individual donors n=5 (B) MiR133a levels were measured by qPCR and normalised to let7a. Data is the mean and SD of five individual donors n=5 C). Healthy and SSc dermal fibroblasts express 587 588 similar levels of the DNA modifying enzyme TET1. Representative western blot for TET1 from two 589 individual donors with limited SSc. GAPDH is used as the loading control n= 4. (D). Healthy or SSc 590 dermal fibroblasts were analysed by qPCR for the genes Ezh2 and ASH1 and data normalised to 591 18s. The data is the mean and SD n= 4 ns: no significant difference between groups E). SSc 592 fibroblasts express higher MeCP2 levels. Heathy or SSc dermal fibroblasts were analysed by qPCR 593 for MeCP2 expression and the data normalised to 18S. The data is the mean and SD n=4 (P=<0.001 Student's t test). (F). Western blot of fibroblasts treated with increasing doses of TGF-B1 for 594 595 MeCP2 levels. B actin served as a loading control.

596 Figure 7 Treatment with the global hypomethylating compound 5'Aza'c reduced collagen levels. 597 A). Healthy dermal fibroblasts were treated with DMSO vehicle control or 5'Aza'c for four days 598 after which qPCR was performed for collagen1A1 and 18S. Data is the mean and SD of five donors 599 and was normalised to 18S n=5. B). SSc dermal fibroblasts were treated with DMSO vehicle control 600 or 5'Aza'c for four days after which qPCR was performed for collagen and 18S. Data is the mean 601 and SD normalised to 18S n=4 C). SSc dermal fibroblasts were treated with DMSO control or 602 5'Aza'c for four days after which CTGF and 18S was measured by qPCR. Data is the mean and SD 603 n=4 ns: no significant difference between groups (Student's t test).

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607 Author Contributions

SOR performed experiments and wrote the manuscript. MC performed some experiments and
 helped draft the manuscript. NF and SP performed some experiments. JvL drafted and commented
 on the manuscript and had oversight of the project.

611 **Competing financial interests**

612 The authors declare no competing financial interests.

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