

1 Apoptosis of corneal stromal cells induced by telopeptides: An *in vitro* study

2 ABSTRACT

3 **Background:** Uncontrolled collagen degradation is the characteristics of keratoconus.
4 Degradation of type 1 collagen releases telopeptides. The role of telopeptides on the apoptosis of
5 corneal stromal cells have not been studied so far.

6 **Methods:** Human primary corneal stromal cells was cultivated and treated with varying
7 concentrations of synthetic telopeptides (3.012 µg, 6.125 µg, 12.25 µg, 12.25 µg, 23.5 µg, 47 µg
8 and 94µg) and incubated for 24 hours, 48 hours and 72 hours. MTT and TUNEL assay was
9 performed following incubation. The difference between the number of viable cells present in
10 the treated and untreated cells were considered for the analysis.

11 **Results:** Primary corneal stromal cells treated with varying concentrations of synthetic
12 telopeptide at 24 hours and 48 hours had no morphological or apoptotic changes, the viability
13 remained 100%. The percentage viability was altered after 72 hours of incubation with the
14 synthetic telopeptide. 47 µg/ml, 94µg/ml concentrations of telopeptide showed considerable
15 decrease in the cell viability ($p < 0.05$, *t test*).

16 **Conclusion:** The current study aims to evaluate the effect of telopeptides on primary corneal
17 stromal cells *in vitro* and results revealed that the synthetic telopeptide had apoptotic effect.
18 Similar phenomenon can be exhibited in keratoconus stromal cells.

19 KEYWORDS:

20 Keratoconus

21 Keratocytes

22 Apoptosis

23 Telopeptides

24 Collagen

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Introduction:

Chronic keratocyte apoptosis is associated with pathogenesis of keratoconus. Alteration of keratocyte morphology and reduction of keratocyte density is evident in keratoconus corneas.^[1,2] The etiology of stromal thinning may be due to the loss of keratocytes which may be due to the degradation of the extracellular matrix by collagenolytic enzymes or by anoikis mediated cell death in which cells loose their anchorage due to extracellular matrix (ECM) degradation^[3]. The effect of degradation of extracellular matrix is being studied in detail^[5] but the effect of the degradation products of the stromal collagen is not been studied.

The specialized tissue cornea constitutes three functionally distinct layers. The epithelium, endothelium, and the collagenous stroma. The cornea is morphologically supported by the collagen composition of the stroma. The homogeneity of the collagen type varies from layer to layer yet 75% of the cornea is composed of type 1 collagen. Type 1 collagen is composed of two $\alpha 1$ chains and one $\alpha 2$ chain, forming a continuous triple helical structure with non- helical telopeptides at both the N-terminal and the C-terminal. C-telopeptides corresponds to the C-terminus region of the alpha-1 chain of type 1 collagen^[4]. Degradation of collagen during physiological turnover or during excess proteolytic activity leads to the release of telopeptides into the plasma^[5,6]. Presence of C-telopeptide indicates the collagen degradation and it is also used as biomarker in heart diseases. Abalain *et al* confers C- terminal telopeptides in tear of keratoconus patients as biomarker for the follow up of progressive keratoconus patients^[7]. Thus the current study was designed with a hypothesis that the released telopeptides can contribute to the apoptosis of stromal cells which may eventually lead to stromal thinning.

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53 **Material and methods:**

54 **Primary corneal stromal cells:**

55 Primary culture of stromal cells were established from donor corneas obtained from CU Shah
56 Eye Bank (Sankara Nethralaya, India) and managed according to the guidelines in the
57 Declaration of Helsinki for research involving human tissue. In brief, a whole globe was
58 obtained from 27 years male expired of road accident. The cornea was removed from the whole
59 globe and quatered and rinsed with Dulbecco's modified Eagle's medium (DMEM)/F-12
60 (Gibco, Grand Island, NY) containing antibiotics. Manual scraping of epithelium was avoided to
61 reduce the chance of apoptosis of the keratocytes. The central cornea was digested with 3.3
62 mg/ml Collagenase Type 1 at 37 °C under for 45 min to remove the epithelium and the
63 endothelium. Then the stromal explants were placed on to the 6 well plate. Supplemented with
64 Dulbecco's Modified Eagle Medium: Nutrient Mixture F-12 (DMEM/F-12) with Penicillin
65 (150units/ml), Streptomycin (0.75%), Ciprofloxacin (0.1%) in 5% -10% CO₂, at 37°C. The
66 medium was replaced twice weekly for routine maintains.

67 **Synthetic telopeptide:**

68 The sequence of C-terminal telopeptide was obtained from protein database UniProt. The
69 synthetic octapeptide EKAHDGGR (Accession No: P02452) was synthesized by GeneScript,
70 USA.

71 **Induction of Apoptosis by C-terminal telopeptide:**

72 The established primary culture of stromal cells were seeded into 96-well plates in DMEM/F12
73 containing 10% FCS for 24 hours. After the removal of medium, cells were washed with
74 phosphate-buffered Saline (PBS). The synthetic peptide was reconstituted in water at a stock

concentration of 9.4mg/ml. the cells were treated with diluted synthetic peptide at a final concentration of 3.012 µg, 6.125 µg, 12.25 µg, 12.5 µg, 23.5 µg, 47 µg and 94µg in 1% FBS. Control assays were performed with untreated cells. The percentage viability of cells were determined using MTT 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide assay and the percentage of cells undergoing apoptosis was determined by Terminal deoxynucleotidyl transferase dUTP nick end labeling (TUNEL) assay TiterTACS™ Colorimetric Apoptosis Detection Kit (Trevigen Inc. Gaithersburg, Catalog No: 4822-96-K) and TACS® 2 TdT Fluorescein Kit (Trevigen Inc. Gaithersburg Catalog No: 4812-30-K).

Data Analysis:

All experimental data are expressed as mean with +/- standard error of the mean (SEM). Experiments were performed three times. Experimental and control conditions significance was determined with Student's *t* test. The level of significance was set at $p < 0.05$.

Results:

Primary of stromal cells culture established from whole globe obtained from a single donor cornea (Figure 1) was subjected to the experiment. Telopeptide treatment was performed on early passages (P1). Percentage viability of telopeptide treated cells were detected by MTT assay.

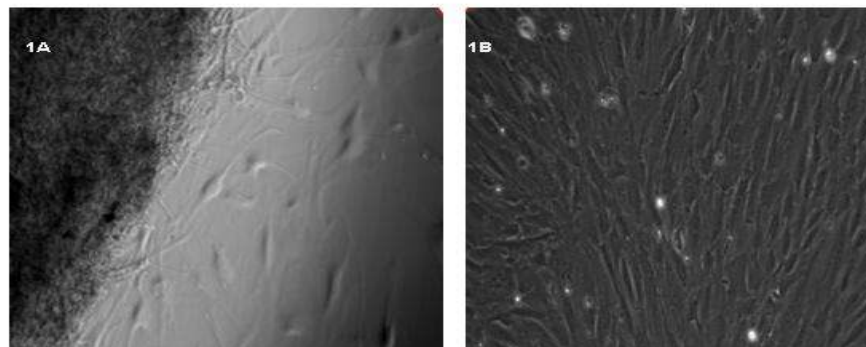


Fig 1: Primary culture of primary corneal stromal cells.

- A. Out growth of stromal cells from the explant after 48hours,
 B. Confluent monolayer of primary corneal stromal cells after 14 days of incubation.

Telopeptide of varying concentrations namely 3.012 µg/ml, 6.125 µg/ml, 12.25 µg/ml, 23.5 µg/ml, 47 µg/ml, 94µg/ml in 1% FBS was used to treat the primary corneal stromal cells at three time points. No significant effect of telopeptide was observed at 24h and 48 h of incubation. The percentage of cell viability decreased considerably at 72h of incubation with 94µg/ml, 47 µg/ml of telopeptide (Figure 2) concentrations. To validate the results obtained from the MTT assay fluorescent TUNEL assay and microscopy based TUNEL assay was performed.

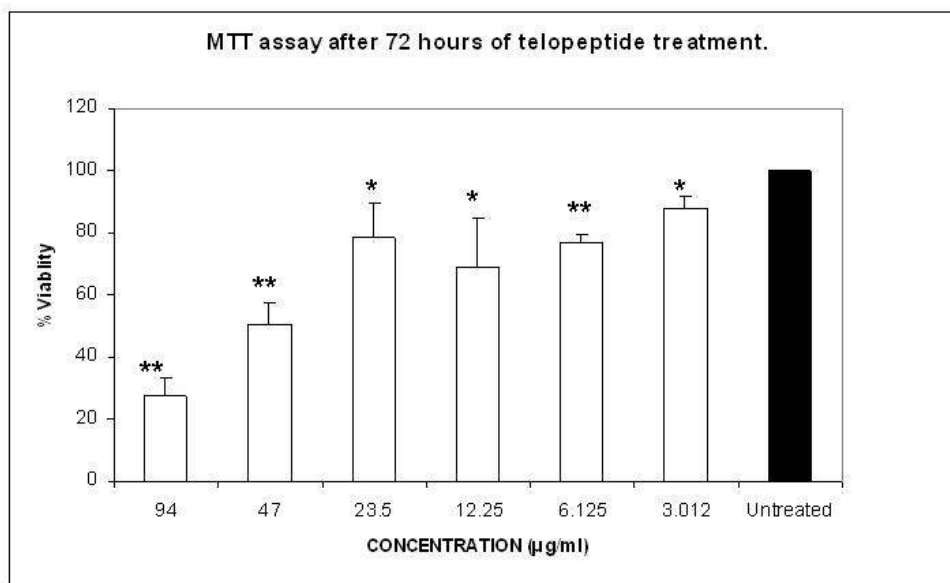
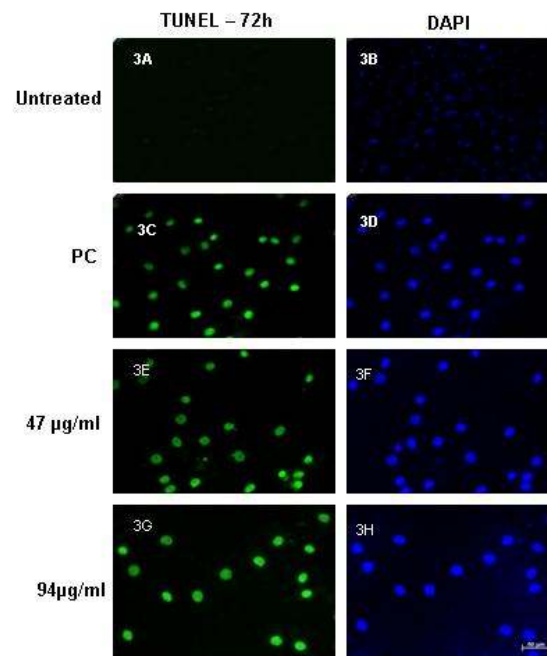


Fig 2: Dose dependent effect of telopeptide on primary corneal stromal cells viability. Human primary corneal stromal cells were incubated with telopeptide 72 hours with varying concentrations of telopeptide. Shown are the percentages of viable cells determined by MTT assay. *p<0.05, **p<0.005.

109 In fluorescent based TUNEL assay the untreated primary corneal stromal cells served as control.
 110 Nuclease treated cells served as the positive control. Apoptotic nuclei were only observed in the
 111 cells treated with 94 μ g/ml, 47 μ g/ml of telopeptide after 72 hours of treatment.
 112 (Figure 3). Colorimetric TUNEL assay quantified the apoptotic cells on telopeptide treatment.
 113 Concordant results were observed in the colorimetric TUNEL assay. A dose-effect relationship
 114 could be obtained between the telopeptide concentration and the apoptotic cells (Figure 4).



115

116 **Fig 3:** TUNEL assay performed after 72 h on treatment with telopeptides.

117 a. Untreated- **negative control (NC)** , b. DAPI counter stain of NC, c. Nuclease treated
 118 **positive control (PC)**, c. DAPI counter stain of PC, e. Apoptotic cells on treatment with
 119 47 μ g/ml telopeptide. f. DAPI counter stain, g. Apoptotic cells on treatment with 94
 120 μ g/ml telopeptide. h. DAPI counter stain.

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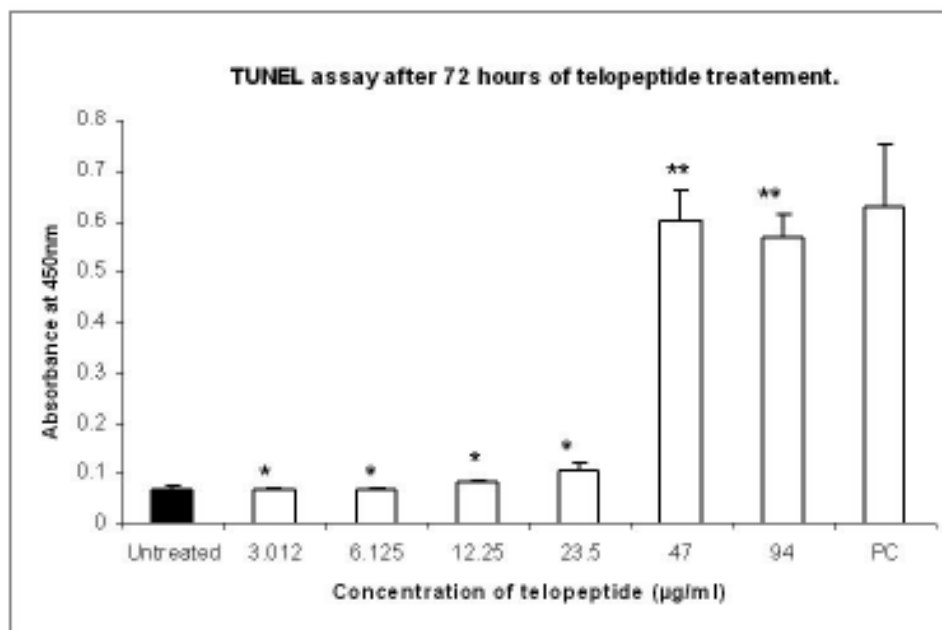


Fig 4: Dose dependent effect of telopeptide on primary corneal stromal cells viability using TUNEL assay. Human primary corneal stromal cells were incubated with telopeptide 72 hours with varying concentrations of telopeptide. * $p < 0.05$, ** $p < 0.005$.

Discussion:

In the current preliminary study, the apoptotic effect of the collagen degradation product – telopeptide *invitro* was experimented. Pathogenicity of keratoconus is of unknown etiology. Recent studies have suggested that the proinflammatory marker like IL-6, TNF- α and the matrix met alloproteinase (MMP)-9 plays a major role in the pathogenicity of keratoconus^[8] The stroma is mainly composed of keratocytes and these cells manufactures and maintains the protein and the collagen content of the corneal stroma. Apoptosis of keratocytes contributes to the alteration in the density of stroma^[9, 10]. Studies on keratoconus cornea emphasize the uncontrolled process of collagen degradation by the collagenolytic enzymes leading to stromal thinning^[11]. The

degradation of collagen results in the production of telopeptides. C-telopeptides are carboxy terminal peptides of type 1 collagen.

Study by Abalain *et al* has quantified the amount of telopeptides present in the tear of keratoconus and normal eyes. The tear film of keratoconus eye showed 2.5 fold increase of telopeptide concentration when compared to the tear film of normal eyes ^[7]. The current study was designed to elucidate the effect of the telopeptides on primary Corneal stroma cells.

Though the quantification of telopeptides in the stroma of keratoconus patients will be a supporting data to the current study this was not included due to the unavailability of corneal buttons as the treatment modalities like Deep anterior lamellar keratoplasty (DALK) and penetrating keratoplasty are replaced by collagen crosslinking procedure ^[12]. Telopeptides are used as biomarker used to measure the rate of bone turnover. The effect of telopeptides on the organ system are not studied. Yet the effect of collagen degradation has been studied by von Wnuck *et al* where in the degraded collagen rapidly activates and leads to the apoptosis of human vascular smooth muscle cells^[13].

Primary Corneal stroma cells were established and was treated with various concentrations of C-telopeptides for 24hours, 48 hours, and 72 hours. Morphological changes or apoptosis was not observed in the primary corneal stromal cells when treated with the synthetic telopeptide for 24 hours and 48 hours. Apoptosis of primary corneal stromal cells were observed at 72 hours of telopeptide treatment, at concentrations 94µg, 47 µg. Based on the study by Abalain *et al* normal tears showed 3.10 ± 0.37 µg/µg of telopeptide and tears of keratoconus patients showed 8.11 ± 1.52 µg/µg of telopeptides. *Invitro* treatment with physiological concentrations of

telopeptide quantified by the above study did not show any effect of telopeptides on primary corneal stromal cells. It can also be hypothesized that all the telopeptides synthesized by collagen degradation in keratoconus cornea need not be released into the tear. Thus the quantified physiological concentration of C-terminal telopeptide may be low. This could be the reason why the physiological concentration of telopeptides of keratoconus patients did not match the results of the current study.

Conclusion:

The present *in vitro* study evaluates the effect of telopeptide on corneal stromal cells. Similarly, the C- terminal telopeptides released in the tear film can potentially induce apoptosis of the corneal stromal cells and can play a significant role in the pathogenic mechanism and progression of keratoconus *in vivo*.

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