

Intra-Articular TAT-Cre-Mediated Deletion of *Lats1/2* Induces Joint Pain and Synovial Dysfunction

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Introduction: The synovium is a bilayer membrane, composed primarily of fibroblasts and macrophages, that lines the joint capsule and produces synovial fluid.¹ During age-related and injury-induced osteoarthritis (OA) the synovium becomes fibrotic and stiffens. In response to this altered microenvironment, synovial cells become mechanoactivated:² fibroblasts transition to a myofibroblast-like phenotype, expressing fibrotic markers, and decreasing production of joint-lubricating factors,³ while macrophages adopt a pro-inflammatory phenotype that exacerbates synovial dysfunction.⁴ Although synovitis is known to correlate with pain and disease progression in OA,⁵ the contribution of synovial pathology, and specifically that of mechanoactivated synovial cells, in the absence of cartilage damage or a destabilizing injury, remains unclear. To address this question, we focused on the Hippo pathway kinases, LATS1 and LATS2, which reduce nuclear translocation of the mechanoresponsive transcriptional co-activators YAP and TAZ. When present in the nucleus, YAP/TAZ can initiate fibrotic and inflammatory programs in synovial fibroblasts and macrophages, respectively.³ Here, we delete LATS1/2 in the joint space via intra-articular injection of a membrane-permeable Cre recombinase to determine how YAP/TAZ gain-of-function affects synovial fibrosis, inflammation, and other joint pathologies, independent of an instigating injury.

Methods: All animal work was IACUC approved. **Assessment of intra-articular recombination efficiency:** *Prg4*^{CreERT2};R26R-tdTomato reporter mice received 1 intra-articular injection of PBS (n=3) or the recombinant, membrane-permeable (TAT-modified) Cre recombinase (TAT-Cre) (n=3). After 7 days, hind limbs were sectioned and analyzed for tdTomato signal. **Intra-articular *Lats1/2* deletion:** *Lats1*^{fl/fl}; *Lats2*^{fl/fl} (n=3) and WT (n=3) mice received 2 intra-articular TAT-Cre injections 48 hours apart. Only male mice were used as males develop more severe OA in surgical models.⁶ **Pain assessment:** Mice were tested for joint hyperalgesia using a pressure application measurement device before TAT-Cre injection and weekly for 4 weeks post-injection. **Micro-CT:** At 4 weeks, joints were harvested and bone morphology was evaluated by micro-CT. **Histological scoring:** Synovial scoring⁷ was performed on coronal H&E-stained cryosections. OARSI scoring⁸ was performed on coronal Saf O/Fast Green-stained cryosections. **Immunofluorescence:** Joints were stained for alpha smooth muscle actin (α SMA), fibroblast activation protein (FAP), F4/80 (macrophage marker), and endomucin (EMCN, vessel marker). Fibrosis and macrophage infiltration were assessed by measuring average fluorescence intensity of α SMA, FAP, and F4/80. Vascularity was measured by counting EMCN-positive vessels per synovial gutter. **Statistics:** Outcomes were compared using t-tests.

Results: Intra-articular *Lats1/2* ablation alters joint architecture and induces pain. Through intra-articular injections of TAT-Cre recombinase, we achieved precise local recombination in the synovium (Fig 1A). H&E staining of WT and *Lats1*^{fl/fl}; *Lats2*^{fl/fl} knees 4 weeks after injection, revealed marked changes in joint architecture, particularly in the synovium and adjacent muscle (Fig 1B). By 2 weeks, *Lats1*^{fl/fl}; *Lats2*^{fl/fl} mice had reduced withdrawal thresholds and this joint hyperalgesia increased at 3 and 4 weeks (Fig 1C). ***Lats1/2* ablation drives synovial hyperplasia and fibrosis.** 4 weeks after TAT-Cre injection, *Lats1*^{fl/fl}; *Lats2*^{fl/fl} mice displayed marked increases in lining hyperplasia, sublining cellularity, and synovial fibrosis (Fig 2A,B). IF revealed the accumulation of α SMA⁺ fibroblasts and increased angiogenesis (EMCN⁺ vascular structures) in the synovium (Fig 2C,D). ***Lats1/2* ablation increases subchondral bone resorption and promotes fibrotic remodeling of adjacent tissues.** Micro-CT showed decreased bone volume and BV/TV in *Lats1*^{fl/fl}; *Lats2*^{fl/fl} mice, while the cartilage was unaffected (Fig 3A-D). Histology of muscle showed centrally nucleated fibers and infiltration of macrophages and α SMA⁺ fibroblasts (Fig 3E-G).

Discussion: We found that targeted intra-articular depletion of LATS1/2, suppressors of YAP/TAZ activation, induces synovitis and synovial fibrosis, as well as pathological alterations in the subchondral bone and adjacent muscle, in the absence of joint injury. We hypothesize *Lats1/2* ablation mimics synovial mechanoactivation by increasing nuclear translocation of YAP/TAZ, as has been shown previously in nephron progenitor cells.⁹ Our findings suggest mechanoactivation of synovial cells as a driver of joint pathology, even in the absence of joint damage. Intriguingly, the cartilage remained unaffected by *Lats1/2* deletion, despite extensive changes in surrounding tissues; this may suggest that synovial dysfunction precedes cartilage erosion in the absence of an instigating injury. Future studies will include analyses of disease progression, tissue mechanics, and fibroblast-immune cell transcriptional signatures and crosstalk, defining how aberrant Hippo-YAP/TAZ signaling drives synovial fibrosis to impact joint health. **Significance/Clinical Relevance:** Intra-articular Cre-mediated recombination revealed a profound impact of *Lats1/2* knockout on joint pain and structure. This study establishes a role for Hippo-YAP/TAZ in synovial fibrosis and inflammation and supports the hypothesis that synovial pathology is an active contributor to disease progression in OA.

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References: 1. Scanzello, *Springer*, 2022; 2. Lemmon, *OAC*, 2024; 3. Bonnevie, *OAC*, 2024; 4. Knab, *Front Med*, 2022; 5. Mathiessen, *Arthritis Res Ther*, 2017; 6. Ma, *OAC*, 2007; 7. Obeidat, *OAC*, 2024; 8. Glasson, *OAC*, 2010; 9. McNeill, *JASN*, 2017.

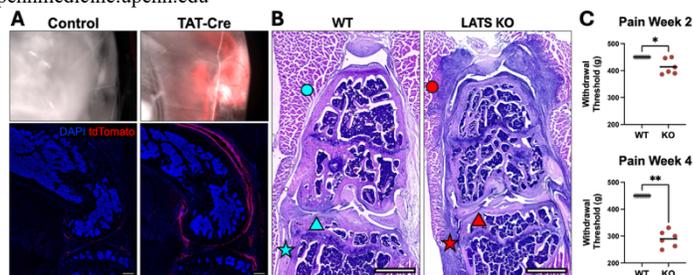


Figure 1. (A) Whole mount fluorescence and sections of *Prg4*^{CreERT2};R26R-tdTomato reporter knees 1 week after PBS or TAT-Cre injection. SB: 500 μ m. (B) WT and LATS1/2 KO knees at 4 weeks (H&E). Shapes indicate locations in Figs. 2-3. SB: 5mm. (C) Knee hyperalgesia at 2 and 4 weeks. **p*<0.05, ***p*<0.01.

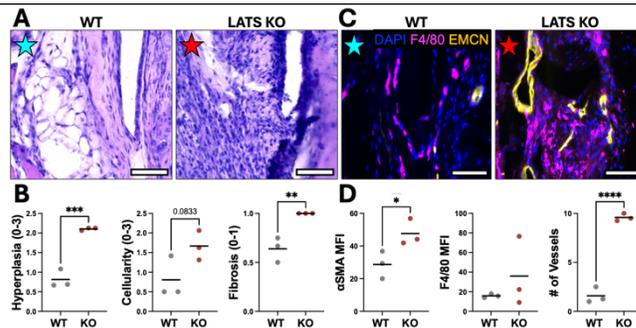


Figure 2. (A) H&E staining of synovium at 4 weeks. SB: 50 μ m. (B) Synovial scoring. (C) IF of synovium. SB: 50 μ m. (D) Quantification of α SMA and F4/80 staining intensity and vessel number. Stars indicate joint location from Figure 1. **p*<0.05, ***p*<0.01, ****p*<0.001, *****p*<0.0001.

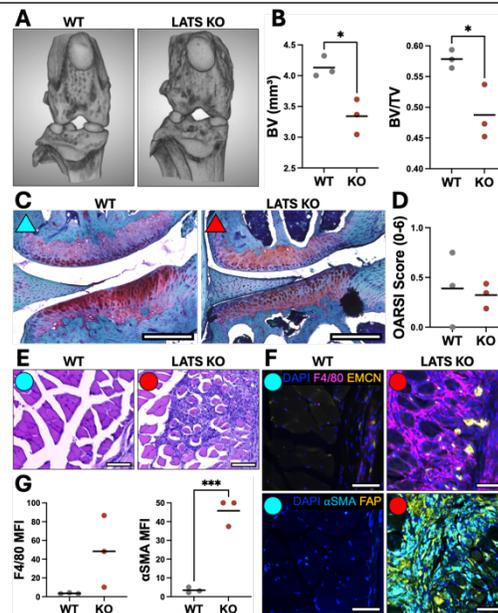


Figure 3. (A) Micro-CT. (B) Bone volume and density. (C) Cartilage staining (Saf O/Fast Green). SB: 250 μ m. (D) OARSI scoring. (E) H&E and (F) IF of muscle adjacent to the joint capsule. SB: 50 μ m. (G) Quantification of α SMA and F4/80 staining intensity. Triangles and circles indicate joint location from Figure 1. **p*<0.05, ****p*<0.001.