

Cell crawling mediates collective cell migration to close undamaged epithelial gaps

Ester Anon^{a,b}, Xavier Serra-Picamal^b, Pascal Hersen^{a,c}, Nils C. Gauthier^c, Michael P. Sheetz^{c,d}, Xavier Trepat^{b,e,1}, and Benoît Ladoux^{a,c,1}

^aLaboratoire Matière et Systèmes Complexes, Université Paris Diderot and Unité Mixte de Recherche 7057 Centre National de la Recherche Scientifique, F-75205 Paris Cedex 13, France; ^bInstitute for Bioengineering of Catalonia, University of Barcelona and Ciber Enfermedades Respiratorias, 08036 Barcelona, Spain; ^cMechanobiology Institute, National University of Singapore, Singapore 117411; ^dDepartment of Biological Sciences, Columbia University, New York, NY 11027; and ^eInstitució Catalana de Recerca i Estudis Avançats, 08010 Barcelona, Spain

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Fundamental biological processes such as morphogenesis and wound healing involve the closure of epithelial gaps. Epithelial gap closure is commonly attributed either to the purse-string contraction of an intercellular actomyosin cable or to active cell migration, but the relative contribution of these two mechanisms remains unknown. Here we present a model experiment to systematically study epithelial closure in the absence of cell injury. We developed a pillar stencil approach to create well-defined gaps in terms of size and shape within an epithelial cell monolayer. Upon pillar removal, cells actively respond to the newly accessible free space by extending lamellipodia and migrating into the gap. The decrease of gap area over time is strikingly linear and shows two different regimes depending on the size of the gap. In large gaps, closure is dominated by lamellipodium-mediated cell migration. By contrast, closure of gaps smaller than 20 μm was affected by cell density and progressed independently of Rac, myosin light chain kinase, and Rho kinase, suggesting a passive physical mechanism. By changing the shape of the gap, we observed that low-curvature areas favored the appearance of lamellipodia, promoting faster closure. Altogether, our results reveal that the closure of epithelial gaps in the absence of cell injury is governed by the collective migration of cells through the activation of lamellipodium protrusion.

epithelial cell migration | microfabrication | wound model assay | Madin-Darby canine kidney cells

A wide variety of processes in health and disease involve the formation and closure of epithelial gaps. In embryos, naturally occurring gaps appear at different stages of development as a consequence of morphogenetic movements (1). A paradigmatic example is the well-studied process of dorsal closure in *Drosophila*, whereby epithelial sheets migrate over the amnioserosa cell layer to seal an eye-shaped opening (2). In adults, gaps in epithelial barriers result from dynamic tissue homeostasis, as clearly illustrated by epithelial turnover in the intestine (3). Moreover, epithelial gaps are commonly formed during trauma and chronic inflammatory diseases in which the epithelium is injured and often completely denuded. A rapid healing of these gaps is crucial to restore a functional epithelium and to prevent further damage.

Because of the importance of the maintenance of epithelial functions and homeostasis, many efforts have been devoted to study gap closure, and two distinct mechanisms have emerged (4–7). One mechanism is based on the assembly and contraction of a multicellular actomyosin belt lining the gap (known as purse-string) (8), which is controlled by RhoA and its direct regulators Rho kinase (ROCK) and myosin light chain kinase (MLCK) (9). With a purse-string closure, the driving force is thus provided by the contraction of the actomyosin cable around the wound (10, 11). The second mechanism is based on cell migration mediated by lamellipodial protrusion, which is mostly regulated by Rac1 GTPase (9). In such cases, the mechanics of the process seem less clear because the driving mechanism could be

the pressure exerted by surrounding cells, the pulling force from leader cells, or both (6, 7, 12).

The intricacy of the process and its regulation by the complex family of Rho-GTPases has promoted the appearance of many studies providing opposing roles for the different regulators (5, 13, 14). Cell–cell junctions play also an important role in the process, because it has been suggested that the purse-string is anchored at adherens junctions (15) or at tight junctions (16). Ample evidence now supports each of these two mechanisms, but their relative contribution to gap closure remains uncertain.

The controversy is also fostered by the variability in the experimental conditions used to create the gaps. The most commonly used methods to create gaps within cell monolayers are either the classic scratch wound assay, in which a strip of cells is mechanically removed with a pipette tip or a razor blade (17), or laser ablation, in which single cells are destroyed by a laser pulse (5). Both techniques are difficult to standardize because the final size and shape of the gap depend either on the shape and velocity of the scratching utensil or on the power and focal plane of the laser. Moreover, damage of cells during the process of wound production releases a complex and poorly characterized mixture of signaling molecules, death factors, and cell debris that influence the mechanisms of closure (18, 19).

How the actomyosin cable and/or lamellipodial protrusions are activated during epithelial gap closure is unclear but may involve secretion of soluble factors and/or mechanical tension. Up to now, most of the literature is based on the study of wound closure, whereby wounds are created by an aggressive method that releases a complex and unknown mixture of debris and death factors (20, 21). The central question of epithelial gap closure is thus still controversial and has not been addressed using well-defined physical and geometrical conditions. To overcome these limitations, we present a unique strategy to induce well-defined gaps within an epithelial monolayer and monitor the dynamics of epithelial gap closure in the absence of cell injury.

Results and Discussion

Dynamics of Epithelial Closure After Pillar Removal. By using a stencil of poly-dimethylsiloxane (PDMS) micropillars (Fig. 1), we could obtain many gaps of well-defined size and shape (Fig. 1 *G–I* and Table S1). The size and shape of the pillars were varied to obtain circular pillars of different diameters, ranging from 15 to 150 μm , and squared and ellipsoidal pillars of two different sizes

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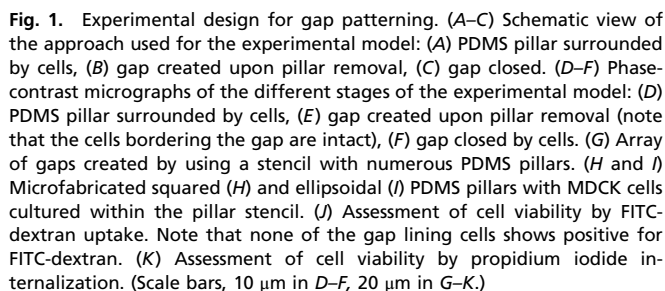
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¹To whom correspondence may be addressed. E-mail: xtrepat@ub.edu or benoit.ladoux@univ-paris-diderot.fr.

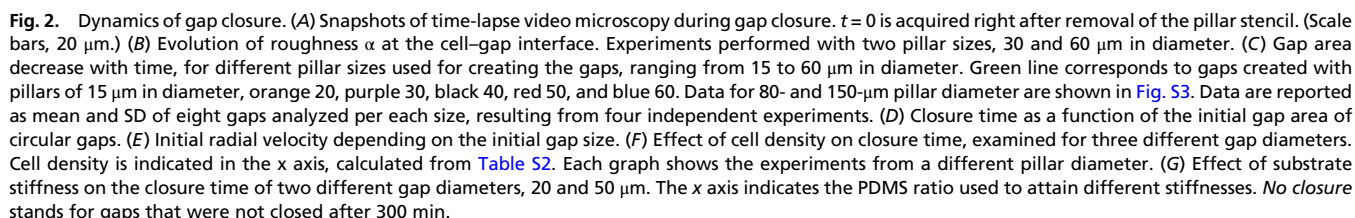
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We first analyzed the dynamics of epithelial gap closure after removal of circular pillars of different diameters. Video microscopy experiments upon pillar stencil removal revealed that cells lining the gap extended lamellipodia throughout the process of closure (Fig. 2A and [Movie S1](#)). The borders of the gap roughened considerably after the removal of the pillar, indicating the extension of cellular protrusions into the available free space. We quantitatively analyzed the variations of the contour length

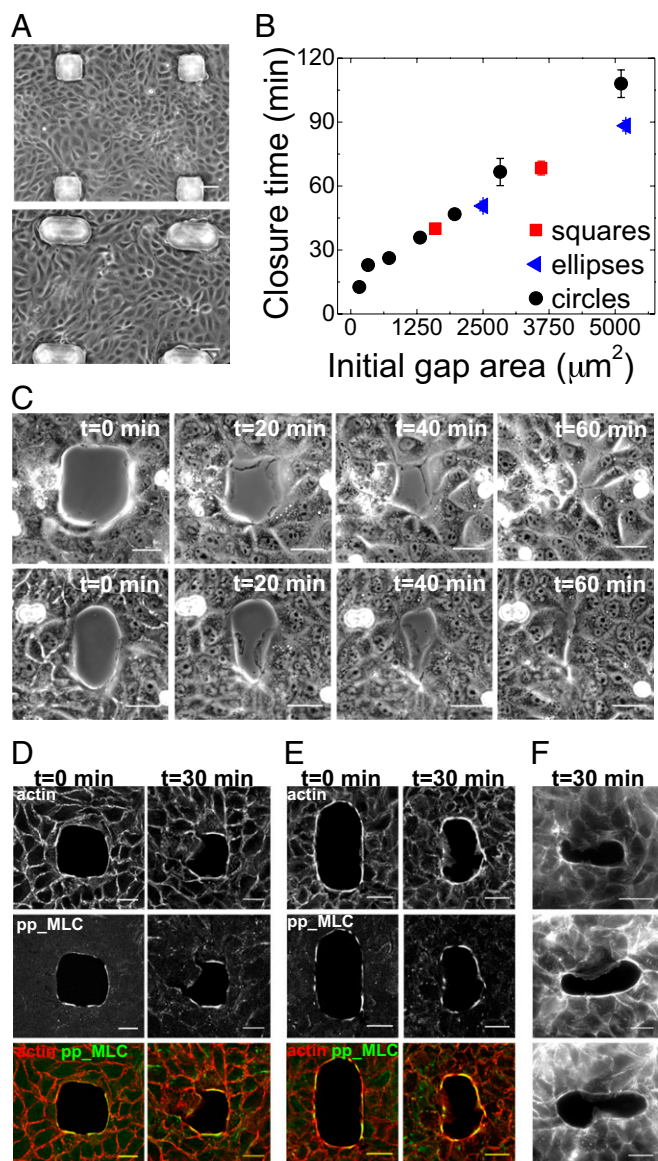
According to previous studies, it was suggested that purse-string contraction repaired small epithelial wounds (4, 5), whereas larger wounds induced also cell crawling with formation of lamellipodia (6, 7, 23). Surprisingly, the presence of lamellipodia was observed for all gap sizes tested from 15 up to 150 μm (Movies S1 and S2). The formation of lamellipodia started shortly after the release of the PDMS pillar (during the first 10 min) and were present until there was no more available space, at which point opposing or contiguous lamellipodia contacted and fused. In small gaps (15–30 μm), all cells contacting the gap extended lamellipodia. For larger gaps, the number of cells at the gap border increased, and not all of these cells extended lamellipodia (Movie S2). Despite the presence of lamellipodia, the closure of gap was roughly isotropic, implying there was not the so-called fingering activity (24). We then sought to analyze the time evolution of the gap area, $A(t)$, during epithelial closure. In all conditions tested, the decrease of the area with time was strikingly linear with time down to a complete closure (Fig. 2C and Fig. S34). The trend in the decrease of the gap area as function of time was similar for the different initial gap diameters, except for the smallest ones (for diameters of 15 and 20 μm). As shown on Fig. 2D, the closure time varied linearly with the size of the gap above a gap diameter of 20 μm . By analyzing the slope of $A(t)$, we computed the initial radial velocity (which represents the velocity at the onset of closure) as a function of the gap size and was found to be roughly constant (0.3 $\mu\text{m}/\text{min}$) for areas up to 750 μm^2 and then slightly decreased for larger gaps (Fig. 2E). Consistently, the advancement velocities of the protruding lamellipodia were found to be approximately 0.3 $\mu\text{m}/\text{min}$ during the initial stage of lamellipodia formation (computed from the kymographs like Fig. S3B). Similarly, the cell body advancement displayed the same velocity at the onset of gap closure. Altogether, these results showed that the lamellipodium extension governed the kinetics of the mechanism of gap closure and suggested the possibility of a size-dependent mechanism in the dynamics of gap closure. As a comparison, we observed that the dynamics of damage-associated gaps exhibited broader distributions due to variable initial conditions and followed exponential decay laws as a function of time (Fig. S2C). This indicates that the presence of damaged cells or debris strongly altered the dynamics of epithelial gap closure. Interestingly, the closure dynamics of these “wounds” are consistent with reported data on embryonic wound healing and adult epithelial wound closure (15, 25).

We then analyzed the influence of cell culture density on the progression of closure. MDCK cells are epithelial cells that can undergo epithelial-to-mesenchymal transition (26). One could argue, therefore, that before pillar removal cells are already in a promigratory mesenchymal-like state, thus the protrusion of lamellipodia and active cell migration observed would not be a de novo response triggered by the sudden availability of free



Force Generation on Stiff Substrates Induces Epithelial Gap Closure by Lamellipodium Activation. To verify that the activation of lamellipodium formation could be the driving force of cell migration into the gap, we tested the effects of the substrate rigidity on the dynamics of epithelial gap closure. Substrate stiffness is known to activate cell migration, to increase cell spreading and traction forces (27), and to govern lamellipodium dynamics (28). We observed MDCK cell migration after pillar removal on a PDMS substrate whose stiffness was tuned by changing the percentage of the reticulating agent (to 1:25, 1:40, and 1:60 PDMS cross-linker:base ratio; *SI Materials and Methods*), and we verified that the ECM coating was not affected within such

Universal Mechanism Drives Closure of Small Gaps. Because the movement of epithelial cell sheets during wound closure could exhibit a purse-string mechanism, lamellipodium-based crawling, or both mechanisms simultaneously or at different stages (8, 23), we explored their relative contribution in our model experiment of epithelial gap closure. We tested the role of lamellipodial protrusion by inhibiting Rac1 and the role of the contractile machinery by inhibiting ROCK, MLCK, and myosin phosphorylation (Fig. S6). For each of these treatments and cell lines, we



extension. The mere presence of free space has been proposed as the triggering mechanism for this response (7, 34).

In classic scratch-wound experiments, the purse-string mechanism has been found responsible for the closure of the wound. Purse-string has also been proposed for accounting for the extrusion of apoptotic cells (31), a process clearly related to death signaling, whereby the actomyosin cable formation is triggered through a caspase-mediated pathway (40). Thus, evidence suggests that cell damage inflicted during the process of wound production is promoting the purse-string mechanism by affecting the neighboring cells. In concordance with this hypothesis, we show here that in the absence of cell damage, purse-string is not the dominant mechanism, but the closure is mediated by a lamellipodial-driven crawling mechanism. In our model, the role of a supracellular actin belt is related to the coordination of the migrating cells toward the center of the gap, ensuring the proper directionality and persistence of their migration.

Interestingly, our results suggest that cells extending lamellipodia act as leader cells to close the gap. Indeed, it is known that protrusive lamellipodia are related to the mechanical probing of the substrate. On soft substrates, either we did not observe the formation of lamellipodia or they appear smaller and shorter in time. As a result, cells could not close the gap. The closure mechanism is thus associated with stabilization of protruding lamellipodia that help to generate stronger forces at the leading edge (28, 41). Finally, we show that squared and ellipsoidal gaps are closed faster than circular ones. Low curvature areas promote

the protrusion of broad lamellipodia, but a continuous purse-string is not formed in square nor ellipsoidal gaps. Therefore, closure of noncircular epithelial gaps also seems to be primarily driven by lamellipodial-mediated cell crawling.

Materials and Methods

PDMS micropillars of different sizes and shapes were fabricated as previously described (41). Micropillar stencils were stuck to fibronectin-coated glass-bottom dishes. MDCK cells were plated and allowed to grow between the pillars until confluence. Gap closure was monitored with live-cell microscopy upon peeling off of the stencil, and image analysis was performed in ImageJ. Further details on the fabrication of substrates, inhibitors treatments, and immunofluorescence microscopy are found in *SI Materials and Methods*.

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