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1 The circadian clock and extracellular matrix homeostasis in ageing and age-related

2 diseases

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8 Abstract: The extracellular matrix (ECM) is the non-cellular scaffolding component present within all 9 tissues and organs. It provides crucial biochemical and biomechanical cues to instruct cellular 10 behaviour and has been shown to be under circadian clock regulation, a highly conserved cell-11 intrinsic time keeping mechanism that has evolved with the 24-hour rhythmic environment. Ageing 12 is a major risk factor for many diseases, including cancer, fibrosis and neurodegenerative disorders. 13 Both ageing and our modern 24/7 society disrupt circadian rhythms, which could contribute to 14 altered ECM homeostasis. Understanding the daily dynamics of ECM and how this mechanism 15 changes with age will have profound impact on tissue health, disease prevention and improving 16 treatments. Maintaining rhythmic oscillations has been proposed as a hallmark of health. On the 17 other hand, many hallmarks of ageing turn out to be key regulators of circadian timekeeping 18 mechanisms. In this review, we summarise new work linking the ECM with circadian clocks and 19 tissue ageing. We discuss how the changes in the biomechanical and biochemical properties of ECM 20 during ageing may contribute to circadian clock dysregulation. We also consider how dampening of 21 clocks with age could compromise daily dynamic regulation of ECM homeostasis in matrix rich 22 tissues. This review aims to encourage new concepts and testable hypotheses about the two-way 23 interactions between circadian clocks and ECM in the context of ageing.

24

25 The extracellular matrix and ageing

26 The evolution of multi-cellular organisms from single cell organisms was one of the most significant transitions in the evolution of life on Earth. This evolutionary step was critical to enabling organisms 27 28 to escape predation, colonize new environments and store and share oxygen and food. A key 29 mediator of metazoan multi-cellularity is the extracellular matrix (ECM), which is required to bridge 30 between cells to form specialised functional tissues and organs, for communication, and to support 31 cell survival and differentiation (1, 2). The ECM is an intricate network of multi-domain 32 macromolecules forming a biochemical and biomechanical local cellular microenvironment for cells 33 to function within. Broadly speaking, animals have two types of ECM: the specialised basement 34 membrane for epithelial tissues, and the interstitial matrix. Major components of the ECM are 35 collagens, elastin, proteoglycans and cell-binding glycoproteins. The composition, structure and 36 mechanical properties of the ECM maintain the size, shape and function of tissues and organs (3). In 37 addition to being important structural components, the ECM also contains a reservoir of growth 38 factors and bioactive molecules that are critical regulators of cell signalling. Through direct 39 interactions between cells and matrix components and through the effects of adhesion signalling 40 receptors, the ECM is critical for physiological tissue functioning. The ECM is a highly dynamic entity 41 and vital to control the most fundamental behaviours of cells, instructing cells how to orient themselves (adhesion and polarity), whether and when to divide (proliferation), move (migration) 42 43 and die (apoptosis), where to deposit molecules (secretion), what cells to develop into 44 (differentiation) and how to respond to external cues. Abnormal functioning of the ECM underpins

45 many of the pathologies associated with advancing age and therefore represents a promising 46 therapeutic avenue for the treatment of fibrosis, cancer and wound healing (4–9).

47

48 During ageing, the integrity of the ECM declines through the accumulation of fragmented collagens, 49 oxidation, glycation, and protein aggregates, resulting in the deterioration of ECM dynamics and 50 subsequent tissue fibrosis (10–14). ECM stiffness increases with age due to the progressive increase of enzymatic and stochastic non-enzymatic intra-intermolecular covalent bonds (crosslinks) between 51 52 molecules with slow rates of turnover, such as fibrillar collagens and elastin (15). Interestingly, dual 53 inhibition of crosslinking enzymes lysyl oxidase like 2 and 3 (LOXL2 and LOXL3) was sufficient to 54 normalise collagen fibrillogenesis, reducing tissue stiffness. Thus, inhibition of collagen crosslinking 55 can maintain mechano-homeostasis to limit the self-sustaining effects of ECM on progressive fibrosis 56 and aging (16). Of note, while increased ECM stiffness might drive the senescent phenotype in aging 57 and chronic fibrotic diseases, ECM derived from young human fibroblasts induces a youthful state in 58 aged senescent cells (17, 18). The fibrotic process is promoted by excessive secretion of 59 transforming growth factor beta (TGF β) and nuclear translocation of the transcription factor yes-60 associated protein 1 (YAP1) and its paralog WW domain-containing transcription regulator protein 1 61 (TAZ) with an increase of matrix stiffness (19). The YAP/TAZ molecules act as mechano-transducers 62 and trigger the expression of pro-fibrotic genes such as transglutaminase-2 and lysyl oxidases (17). 63 However, the link between ageing and the YAP/TAZ signalling is not as straightforward and may be 64 dependent on tissue context as genetic inactivation of YAP/TAZ in stromal cells causes accelerated 65 aging, while sustaining YAP function rejuvenates old cells and prevents the emergence of aging 66 features by controlling "inflammaging" (20)

67

68 Circadian biology

69 Circadian ('circa', about; 'dia', day) clocks are molecular mechanisms that allow organisms to 70 synchronize their internal biological processes with the external day-night cycles of their 71 environment. These clocks are evolutionarily conserved and found in virtually all organisms, ranging 72 from bacteria, fungi, plants to mammals including humans. The circadian clocks operate through a 73 cell-intrinsic and permissive biochemical mechanism that enable the adaptation and anticipation of 74 environmental changes (21). The circadian system is composed of a network of central and 75 peripheral clocks, which respond to rhythmic input pathways (zeitgeber, or time cue) and control 76 diverse targets by rhythmic regulation of clock-controlled genes (CCGs). Peripheral clocks are 77 synchronized by a master clock located in the suprachiasmatic nuclei (SCN) of the hypothalamus, 78 which receives light input from the retina. The peripheral clocks in various tissues and organs also 79 receive input from other cues such as food, body temperature, and hormones. The output from the 80 circadian clocks is complex and tissue-specific, regulating a wide range of physiological processes 81 including metabolism, hormone secretion, and immune function (22, 23). The circadian clock is 82 comprised of a transcriptional-translational feedback loop (Figure 1). This loop involves a set of core clock genes, including Period (Per), Cryptochrome (Cry), Clock and Bmal1. These genes form a 83 84 regulatory network that oscillates over a 24-hour period and drives the expression of CCGs. The 85 transcriptional-translational feedback loop is tightly regulated by post-translational modifications, 86 including phosphorylation, acetylation, and ubiquitination (24–27).

87

88

89 Circadian clock and ageing, reciprocal regulation

Ageing is associated with a number of changes in the circadian clock system. Phase advance and 90 91 amplitude dampening are well-established changes during human ageing, which can be observed in 92 melatonin secretion, body temperature, and fibroblast rhythms (28). Studies in animals have also 93 demonstrated a decline in the robustness of behavioural rhythmicity, dampening of the amplitude 94 and changes in circadian phase of various tissue clocks with age (29–32). This age-related decline in 95 circadian rhythm leads to impaired sleep, altered metabolic processes and increased susceptibility to 96 disease (28). Ageing also leads to a profound reprogramming of the circadian targets in skin and 97 muscle stem cells to cope with the different needs of aged cells. In aged mice, epidermal and muscle 98 stem cells retain a robustly rhythmic core circadian machinery, but the rhythmic transcriptome is 99 extensively reprogrammed, switching from genes involved in homeostasis to those involved in 100 tissue-specific stresses, such as DNA damage or inefficient autophagy (33). Similarly, liver from aged 101 mice also showed genome-wide reprogramming, which was proposed to contribute to the 102 progression of age-related diseases, such as cancer and neurodegeneration (33-35). Several well-103 established hallmarks of ageing (36) are known to regulate the circadian clock and are themselves 104 under circadian clock control, forming feedback loops. For instance, the enzyme sirtuin 1 (Sirt1) has 105 been implicated in regulating the circadian clock through deacetylation of key clock proteins (24, 106 37), while nicotinamide phosphoribosyl transferase (NAMPT), the rate-limiting enzyme for NAD+ 107 salvage pathway, is a rhythmically expressed protein under clock transcriptional control (38). The 108 protein complex mechanistic target of rapamycin complex 1 (mTORC1) regulates the circadian clock 109 through phosphorylation of BMAL1 by its effector kinase S6K1, while its activity is also affected by 110 circadian clock dampening in aging (39, 40). The nutrient sensing/AMPK pathway has been shown to 111 affect the circadian clock through degradation of PERs and CRYs (41, 42). The circadian clock 112 undergoes significant alterations in both cell-intrinsic mechanisms such as senescence, autophagy, 113 and the unfolded protein response, as well as systemic changes in hormone levels, temperature 114 regulation, and neuroendocrine signalling (28, 43).

115 Studies in various clock knockout and mutant models have demonstrated accelerated tissue ageing 116 and reduced lifespan. Most notably, Bmal1 knock-out mice are extremely short lived and display 117 conditions related to ageing, e.g., sarcopenia, cataracts, cornea inflammation, osteoporosis, ectopic 118 calcification of joints and premature hair loss (44). Mice with mutations in Clock, Per1 and Per2 also 119 show reduced lifespan and age-related diseases such as cataracts, hypoinsulinaemia and diabetes, 120 early decline in fertility, kyphosis and increased tumour incidence (45–47). Disruptions to circadian 121 clocks in mice have also been associated with fibrotic diseases in tissues such as lung, kidney, heart 122 and adipose (48-51). Rotating shift work (and by extension chronic jet lag) that disrupts circadian 123 rhythms has been proposed as risk factors for a wide range of human conditions (52–54). Most 124 notably, epidemiological studies of shift workers revealed increased prevalence of breast cancer, 125 metabolic syndrome, cardiovascular disease, osteoporosis, and bone fractures (55–59). This effect is 126 recapitulated in animal experiments by prolonged environmental disruption of the circadian rhythm 127 through frequent shifting of the light/dark phases or misalignment of feeding with normal activity 128 phase. Animals with rhythm disruptions showed increased incidences of metabolic syndrome, 129 premature cellular ageing, immune senescence, shortened lifespan, increased cancer risk and 130 osteoarthritis (60-64). In humans, even short experimental protocols of circadian misalignment 131 result in decreased leptin, increased arterial mean pressure and glucose level and post-prandial 132 response resembling pre-diabetic state (65). While chronic misalignment caused by exposure to 133 artificial light at night or residency in polar regions was also found to be deleterious to human health 134 (66, 67). On the other hand, circadian clock disruption may be part of the disease process. For 135 example, disrupted circadian rhythms and sleep are an early warning sign for a range of age-related

136 neurodegenerative diseases, such as Alzheimer's, Parkinson's and Huntington's (68). Expression of 137 circadian clock genes was found to be dysregulated in mouse model of induced osteoarthritis and in 138 human cartilage from osteoarthritis patients undergoing joint replacement (69–71). Severity of 139 human intervertebral disc degeneration is correlated with downregulation of clock genes, while 140 experimental approaches suggest that abnormal mechanical load negatively affects the clock which 141 may contribute to loss of tissue homeostasis (72, 73). A range of pulmonary diseases, including age 142 related pulmonary fibrosis, show time of day dependent symptoms, response to treatment and a 143 striking correlation with dysregulated clock gene expression (74). However, it is still challenging to 144 disentangle the cause and effect relationship between circadian clock disruption and age-related 145 diseases.

146

147 Circadian control of ECM homeostasis in matrix-rich tissues

148 As an integral temporal regulator of tissue physiology throughout the 24-hour day, the circadian 149 regulation of ECM homeostasis is especially salient in matrix-rich tissues (Figure 2). In the skin, 150 cutaneous circadian clocks have been shown to control cell migration and proliferation, stem cell differentiation and susceptibility to oxidative stress or UV damage (75). Of note, dermal fibroblasts, 151 152 the main ECM-synthesising cell type in the skin, have been widely used as a model of peripheral 153 circadian clocks (76). The cell-autonomous clock in fibroblasts was shown to drive a temporal 154 proteomic program that imposed rhythmic regulation upon the actin cytoskeleton, such as 155 cytoskeletal regulators, such as cofilin 2 and RhoA (76). Critically, the fibroblast circadian clock 156 modulates the efficiency of actin-dependent processes, including cell migration and adhesion, 157 leading to a time-of-day dependent wound healing response in cells, skin explants and in patients 158 with burns (76). In collagen-rich tendon tissue, the circadian clock was shown to control endoplasmic 159 reticulum-to-plasma membrane procollagen transport by the sequential rhythmic expression of 160 SEC61, TANGO1, PDE4D and VPS33B. In addition, collagen degradation also appears to be rhythmic, 161 attributed to the rhythmic levels of the enzyme cathepsin K (77). It was proposed that the daily 162 homeostasis of persistent collagen network in tendon is maintained by a rhythmic sacrificial pool of 163 dynamic and newly synthesized collagen I (77). Moreover, tendon-derived fibroblasts exhibit a 164 circadian rhythm in composition of released extracellular vesicles with notable circadian control of 165 matrix metalloproteinase 14 (MT1-MMP) (78).

166 Articular cartilage is a highly specialised connective tissue that lines the surface of long bones in the 167 joints. It consists of a dense ECM and sparsely populated chondrocytes. The circadian rhythm in 168 articular cartilage acts to temporally segregate the activities of ECM-related anabolic and catabolic 169 molecules to optimal times of the day, as revealed by time series transcriptomics profiling (31, 70). 170 Most rhythmic genes peaked during subjective daytime (resting phase in mice), including processes 171 related to extracellular matrix and proteolysis e.g., Mmp14 and Adamts4 proteinases, Timp4 172 proteinase inhibitor, key chondrocyte transcription factor Sox9, and genes encoding two major 173 cartilage structural components Acan (the proteoglycan aggrecan) and Col2a1 (collagen type II alpha 174 I), among others). At protein level, time-resolved proteomics revealed a circadian rhythm in 175 adhesion related molecules and matrisome proteins such as growth factors CTGF and CYR61 which 176 are essential in cartilage homeostasis, SERPINE1 (a protease involved in regulation of inflammatory 177 response), as well as enzymes PLOD1 and PLOD2 (responsible for hydroxylation of lysine during 178 collagen synthesis) (79). These findings are consistent with circadian control of ECM molecules in 179 human chondrocytes, where knocking down of BMAL1 led to an increase in the expression of 180 catabolic genes (such as MMP1, MMP3, MMP13, ADAMTS5 proteinase genes) and dysregulated 181 TGFB signalling (71, 80–82). Interestingly, environmental disruption or chondrocyte-specific genetic deletion of the circadian clock mechanism resulted in impaired cartilage homeostasis, disorganisation of the matrix structure and progressive degeneration (31, 63). Similar findings were also reported in another ECM-rich tissue of the skeletal system, the intervertebral disc (IVD), with rhythmic regulation of genes relating to ECM turnover (e.g. Adamts1, Timp4, Itgb1) and ER stress (e.g. Pak1, Atf6) (30). Col2a1-*Bmal1* knockout mice show age-related ECM phenotypes in the IVD, including collagen fibril thinning, disorganisation and ossification (83).

188

189 ECM regulation of circadian clocks

190 Recent studies have shown that biochemical and biomechanical cues from the ECM can regulate 191 circadian clocks in a manner specific to cell and tissue type, and that these cues may contribute to 192 tissue ageing and age-related diseases (Figure 2). Biochemical matrix-derived signalling pathways, 193 such as those mediated by TGFβ, have been implicated as peripheral coupling factors that mediate 194 paracrine phase adjustment of molecular clocks through transcriptional regulation of core-clock 195 genes (84). Disruption of TGFβ signalling leads to desynchronization of oscillator networks among 196 cells, with reduced amplitude and increased sensitivity toward external time cues (84).

197 Biomechanical regulation of circadian clocks is an emerging area of research that has potential 198 implications for understanding tissue ageing (Figure 2). Recent studies have shown that the 199 biomechanical properties of the ECM can influence circadian pacemaking of cells in a tissue and cell 200 type specific manner. The circadian clock and the mechanical properties of the microenvironment 201 both play critical roles in mammary gland ageing. Aged mammary gland was shown to have a less 202 robust circadian clock and a stiffer mechano-microenvironment, as measured by atomic force 203 microscopy. Mammary epithelial cells cultured in a soft environment had a stronger circadian 204 rhythm in expression of clock genes compared to those in stiffer, while stromal fibroblasts from the 205 same tissue showed an inverse response (32). This inverse relationship between epithelial and 206 stromal cells was also demonstrated in other tissues such as lung and skin (32). Thus, it appears that 207 cell-intrinsic clocks are regulated through the biophysics of the cellular microenvironment and local 208 cell-matrix interactions. The stiffness of the cellular microenvironment seems to have a much bigger 209 impact on circadian clock activity than the composition of the ECM (32). The effect of matrix stiffness on the clock is largely mediated by the cytoskeleton. Vinculin knockdown, disruption of the 210 211 cytoskeleton, and Rho/ROCK-mediated activation of actomyosin contractility all influenced core 212 clock transcription factors. A ROCK inhibitor improved the circadian rhythm amplitude in mammary 213 epithelial cells cultured within a stiff environment in a dose-dependent manner, and increased clock 214 amplitude in older mammary tissue (32, 85). Actin polymerization in response to external signals 215 released MRTF from G-actin sequester, which activated SRF-mediated transcription of clock genes 216 Per1, Per2, Nr1d1 and Nfil3. By altering actin dynamics using Cytochalasin D and Latrunculin B 217 (inhibitors of actin polymerization) or Jasplakinolide (actin stabilizer), or by blockade of integrin 218 (which provides anchoring of the cells to the ECM and transmits stiffness information to the 219 cytoskeleton), it was possible to modulate the expression of clock genes and regulate the circadian 220 clock (86). These findings suggest that the mechanical properties of the ECM may play an important 221 role in regulating circadian clocks, dysregulation of which could contribute to age-related disease.

222

223 Conclusions and future directions

The 24-hour rest/activity rhythm puts time-of-day dependent demands on most organs, tissues, cells, all the way down to cellular organelles and molecular pathways in the body. As a result, many

metabolic processes are controlled by the circadian clock and temporally separated allowing segregation of often opposing biochemical reactions. Considering the dynamic nature of ECM remodelling, it is reasonable to predict that some of the involved processes will be separated in circadian time. This may be the case particularly in tissues which are subject to diurnal mechanical loading, and where the ECM comprises a large proportion of the volume of the tissue, such as in cartilage, IVD or tendons. For these ECM-rich tissues, separating clean-up of damaged matrix from assembly and deposition of new matrix could be beneficial.

233 Disruptions of clock mechanisms are linked to an increased risk of diseases, especially those 234 associated with ageing. In light of these findings, it is highly likely that chronic circadian disruption as 235 experienced by long term rotating shift work or in ageing could contribute to loss of ECM structural 236 integrity and homeostasis, accelerate ageing and predispose to disease. Despite prominent circadian 237 regulation, the roles of the microenvironments in which cells reside have been largely neglected in 238 mammalian circadian biology, partly attributable to the common practice of culturing cells on stiff 239 plastics which have limited physiological relevance. The recent discovery of ECM-dependent clocks 240 highlights the need to consider the niche and cell type-dependent circadian functions. The 241 biomechanical properties of different tissues range from soft (brain, bone marrow and adipose 242 tissue) to stiff tissues (tendon, cartilage and bone) (87). One intriguing question that remains is 243 whether the clock mechanism has evolved to adapt to their specific microenvironment. When the 244 tissue stiffness starts changing, for instance during ageing, fibrosis or cancer, the circadian clock 245 system may lose precision and compromise its rhythmic regulation, further exacerbating the 246 diseases. The cell-specific regulation of circadian timing mechanism by the ECM also highlights the 247 need to investigate clocks in a cell-specific manner and not to generalise findings. Future work 248 should aim to address the scale and extent of ECM-dependent circadian clocks in other tissues and 249 cell types and their implications for disease. The ECM is a dynamic and constantly remodelling 250 structure, and the fragmentation of ECM proteins can result in the release of peptide cytokines, or 251 matrikines, that can have diverse effects on cellular function. These matrikines have been implicated 252 in regulating inflammation, tissue remodelling, and wound healing. However, their potential effects 253 on the circadian clock have not been extensively studied (88). Given age-related changes in ECM 254 composition and remodelling, further research is necessary to test whether matrikines could 255 influence circadian clock functions, a new effector of ECM signalling that could contribute to age-256 related disease.

257 Delineating the complexities of how the biophysical and biochemical properties of the ECM influence 258 cellular clocks and the underlying intracellular molecular mechanisms are clearly warranted and will 259 aid our understanding of how disrupted clocks contribute to disease processes and ageing. In 260 addition to rhythmic changes in gene and protein expression, future work should aim to better 261 characterise diurnal changes in ECM physiology at tissue level. Although many rhythmic matrix genes 262 and proteins have been found (by time-resolved RNA-seq and mass spectrometry proteomics 263 experiments, respectively), the correlation between the two is limited, suggesting post-264 transcriptional or even post-translational circadian control. Indeed, as mentioned earlier, collagen I 265 synthesis and secretion is under circadian control, so is the composition of extracellular vesicles, 266 suggesting multiple levels of rhythmic control over ECM homeostasis. Importantly, recent work has 267 suggested that post-transcriptional and post-translational mechanisms of regulating protein levels 268 are abrogated in ageing and senescent cells (89, 90). Pulse-chase heavy-isotope labelled mass 269 spectrometry experiments could help accurately quantify rates of accumulation and degradation of 270 proteins according to circadian time (91). Moreover, zymography and degradomic studies utilising N-271 terminal labelling of proteins before tryptic digest, which distinguishes peptides cleaved by 272 proteases in situ from tryptic peptides, performed as a circadian time-series experiments could 273 reveal the dynamics of ECM proteases. Inclusion of tissue specific circadian clock knockout samples 274 may help determine the extent to which the local circadian clock mechanism is involved in daily 275 maintenance of the tissues and how much tissue physiology revolves around the diurnal rest/activity 276 cycle. Live imaging approaches of fluorescently-tagged individual ECM molecules could shine light on 277 circadian processes within the matrix. There is also opportunity to investigate whether clock 278 targeting using small molecules could be a new way of modulating the ECM dynamics. Finally, it is 279 imperative to take into account the time-of-day for experimental design and standardization of 280 biomarker detections that involves ECM (e.g., matrikines). Answering these questions will not only 281 reveal new aspects of ECM tissue biology, but also help us understand how disrupted clocks 282 contribute to illness and to ageing. It is the intention of the authors to stimulate efforts to address 283 these new ideas, which will provide new avenues of research into the crossover between 284 extracellular microenvironment and intracellular time-keeping mechanisms throughout the life 285 course.

286

287 Figure legends:

Figure 1. The molecular mechanism driving the circadian clock. The circadian clock mechanism is 288 289 composed of a transcriptional-translational negative feedback loop (TTFL). BMAL1 and CLOCK 290 constitute the positive arm of the clock. The BMAL1/CLOCK complex bind to E-box sequences in 291 promoter regions of target genes to drive rhythmic expression of other clock components (e.g., Pers 292 and Crys). PERs and CRYs form the negative arm of the feedback loop. After being synthesised in the 293 cytoplasm, they form a heterodimer and translocate back to the nucleus at night to suppress the 294 transcriptional activity of BMAL1/CLOCK. The cellular localisation and stability of PERs and CRYs are 295 controlled by post-translational modifications via CK1 δ/ϵ , GSK-3 β and AMPK kinases. Among the 296 clock target genes, RORs and REV-ERBs regulate the transcription of *Bmal1* gene by competing for 297 ROR Response Elements (RRE) to make the oscillator more robust. RORs are transcriptional 298 activators, while REV-ERBs are transcriptional repressors. PERs and CRYs are subsequently 299 ubiquitinated and degraded by the 26S proteasome, allowing the new cycle to start again. The whole 300 process takes roughly 24 hours to complete.

301 Figure 2. Processes involved in reciprocal regulation between the circadian clock and the ECM are 302 affected by aging. The circadian clock controls aspects of matrix homeostasis including rhythmic 303 secretion and degradation of collagen, expression of signalling molecules, proteases and their 304 inhibitors. Conversely, the biochemical and biomechanical properties of the ECM influence the 305 strength of circadian rhythm in a cell type specific manner. During aging, the ECM properties are 306 altered and the circadian clocks are dampened, leading to irregular sleep/wake cycle, dampening 307 and misalignment of circadian rhythms in body temperature and hormone levels. On the molecular 308 level, ageing reprograms global rhythmic gene expression patterns to cope with changing needs. This 309 will inevitably affect expression of ECM genes and further propel degenerative changes in ECM 310 composition.

311

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Fibrosis

Matrix-dependent clocks

Biomechanical signalling (stiffness-RhoA/ROCK, F/G-actin, MRTF/SRF, Yap/Taz) Biochemical signalling (e.g., TGFβ) Dampening of clock amplitude
 Misalignment of circadian phase
 Reprogramming of rhythmic transcriptome

Clock control of matrix homeostasis

Collagen secretion and degradation CTGF, CYR61 and SERPINE1 Extracellular vesicles MMPs and TIMPs



Ageing

