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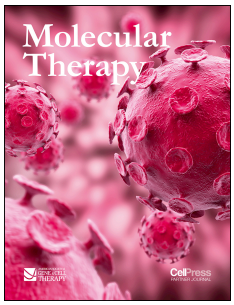

Optogenetic therapy restores retinal activity in primate for at least a year following photoreceptor ablation

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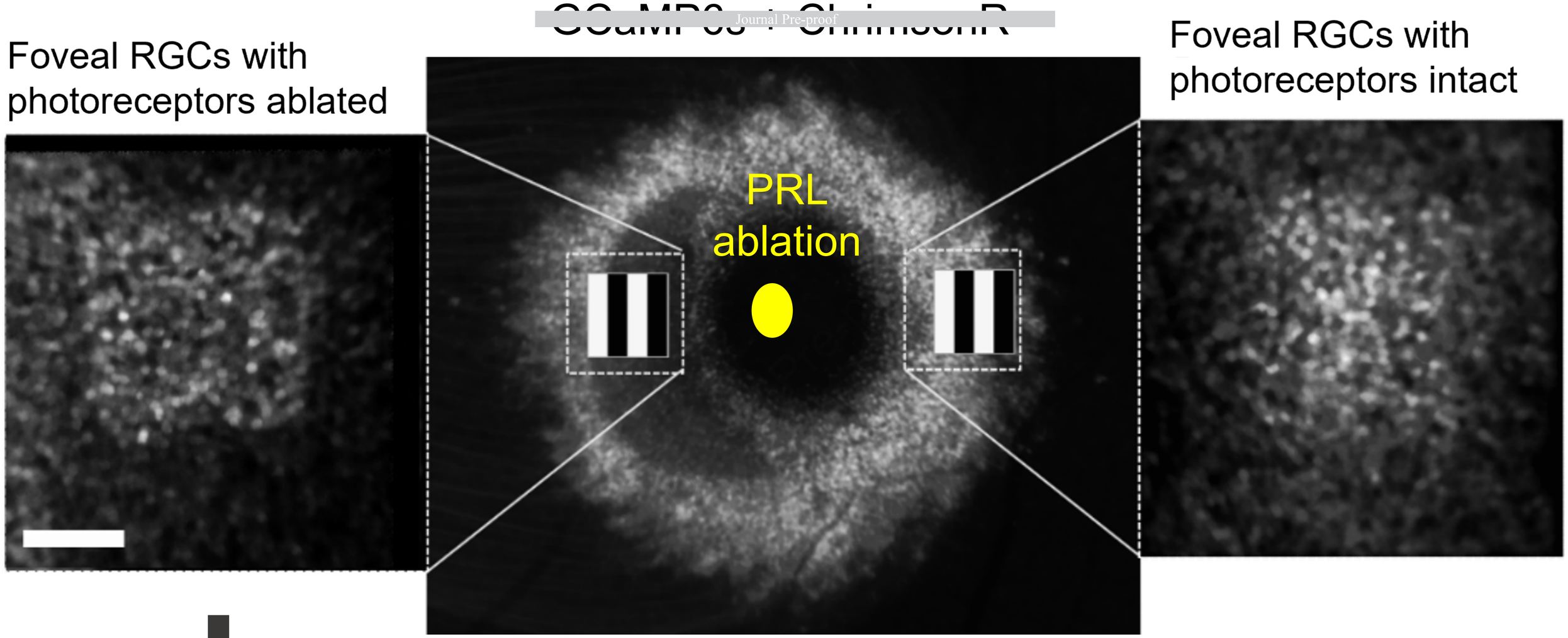

- Reduction in ChrimsonR expression weeks after PRL ablation
- Optogenetic RGC responses recorded 1 year after PRL ablation
- Gross GCL structure preserved in fovea 2 years after PRL ablation

Optogenetic therapy restores retinal activity in primate for at least a year following photoreceptor ablation

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Abstract

All retina-based vision restoration approaches rely on the assumption that photoreceptor loss does not preclude reactivation of the remaining retinal architecture. Whether extended periods of vision loss limit the efficacy of restorative therapies at the retinal level is unknown. We examined long-term changes in optogenetic responsivity of foveal retinal ganglion cells (RGCs) in non-human primates following localized photoreceptor ablation by high intensity laser exposure. By performing fluorescence adaptive optics scanning light ophthalmoscopy (AOSLO) of RGCs expressing both the calcium indicator GCaMP6s and the optogenetic actuator ChrimsonR, it was possible to track optogenetic mediated calcium responses in deafferented RGCs over time. Fluorescence fundus photography revealed a 40% reduction in ChrimsonR fluorescence in RGCs lacking photoreceptor input over the three weeks following photoreceptor ablation. Despite this, *in vivo* imaging revealed good cellular preservation of RGCs 3 months after the loss of photoreceptor input, and histology confirmed good structural preservation at 2 years. Optogenetic responses of RGCs in primate persisted for at least one year after the loss of photoreceptor input, with a sensitivity index similar to optogenetic responses recorded in intact retina. These results are promising for all potential therapeutic approaches to vision restoration that rely on preservation and reactivation of RGCs.

Introduction

The benefits of even the most successful therapeutic approaches to restoring retinal function will be limited if post-receptoral visual processing is not preserved following photoreceptor degeneration. A complete understanding of the post-receptoral sequelae of photoreceptor loss in humans is not yet available, though there is evidence that deleterious changes can occur, including retinal remodelling,[1] changes to subsequent stages of the visual pathway including white matter[2] and cortex,[3] and extensive evidence that visual function does not recover fully following long-term deprivation.[4]

A prerequisite for restoring vision at the retinal level via any therapeutic intervention is that the target cell classes remain stable in the deafferented retina. This requirement is most challenging for photoreceptor replacement therapies, sub-retinal implants and bipolar cell targeted optogenetics as there is evidence of extensive remodelling at the bipolar cell level.[5] Optogenetic therapy targeting RGCs may be advantageous as the inner retina appears to be relatively more stable after photoreceptor loss,[1] although how stable remains controversial. In rodent models variable degrees of RGC loss and structural remodelling have been reported ranging from good structural preservation,[6,7] to moderate RGC loss[8] and catastrophic RGC death and extensive inner retinal remodelling.[9] These conflicting data may reflect differences in the time point analysed, the retinal degeneration model, or the methodology used.

In human, data on RGC death and structural remodelling has been observed in moderate to late stage retinitis pigmentosa (RP) and age-related macular degeneration (AMD) patients.[10,11] One study observed a 70% loss of RGCs in RP[12] while histology in remaining RGCs showed structural indicators of organelle stress and autophagy.[1] The natural history of progression of these diseases means that photoreceptor function may have been lost many years prior to tissue examination. These data suggest that understanding the time window

over which intervention is possible may be critical for the efficacy of vision restoration therapies.

Physiologically, rodent models of retinal degeneration have also shown aberrant firing patterns in RGCs including enhanced intrinsic excitability and increased spontaneous firing, changes in membrane permeability, gene transcription and protein distribution.[8,13–15] Whether these changes take place in the adult primate and the extent to which they impair the quality of restored vision is currently unknown.

We recently developed an *in vivo* adaptive optics imaging technique that allowed us to demonstrate optogenetic restoration of RGC function in the living primate.[16] Calcium imaging adaptive optics scanning light ophthalmoscopy (AOSLO) allows us to longitudinally assess the function of individual RGCs following photoreceptor ablation, providing a way to examine whether photoreceptor loss produces retinal changes that might compromise the benefits of optogenetic vision restoration.

In this study, we use an acute photoreceptor ablation approach[17] to create a micro-scotoma in the adult primate, depriving a subset of foveal RGCs of their photoreceptor input. We use fluorescence fundus imaging, structural and functional AOSLO to follow optogenetic expression and responsivity of RGCs with and without photoreceptor input for 12 weeks following photoreceptor ablation and in a second animal demonstrate that optogenetic mediated RGC activity persists for at least 12 months after the loss of photoreceptor input. Consistent with these physiological findings, optical coherence tomography (OCT) and histological examination of the deafferented fovea 2 years after photoreceptor ablation also suggest that the GCL was well preserved.

Results

Co-expression of the fluorescently labelled optogenetic actuator ChrimsonR-tdTomato and the fluorescent calcium indicator GCaMP6s.

Long term expression of the optogenetic actuator ChrimsonR, and the calcium indicator GCaMP6s was achieved by intravitreal co-injection of AAV2-*CAG-ChrimsonR:tdTomato* and AAV2-*CAG-GCaMP6s* (Detailed in Supplementary table 2) into one female (Animal 1) and one male (Animal 2) macaque that had received immune suppression with cyclosporine prior to injection. Transgene expression was observed using fluorescence fundus and SLO imaging of GCaMP and tdTomato 2 weeks after the injection in both animals. Ocular inflammation was observed at 7 weeks (Animal 1) and 3 weeks (Animal 2) as detailed in Supplementary table 1. In both cases, this resolved following treatment with intravitreal steroid injection. I*n vivo* fundus images of ChrimsonR-tdTomato and GCaMP6s showed expression in foveal ganglion cells are shown 4.5 months (Animal 1- Figure 2 E, K) and 1 year (Animal 2 – Supplementary figure 1) after injection of the viral vectors and 12 and 4 days prior to photoreceptor ablation respectively. The ring of foveal expression in the GCL is consistent with previous studies.[18,19]

Localized high-power pulsed IR laser exposure created a localized region of deafferented RGCs in primate fovea

At the fovea, RGC somas are laterally displaced from the photoreceptors that drive them. To remove photoreceptor input to RGCs in the temporal region of the fovea, a localized, high power ultrafast IR laser exposure was delivered temporal to the central foveola (shown schematically in black in Figure 1A). OCT data taken 2 days after photoreceptor ablation in Animal 1 shows localized disruption to the photoreceptor layer

(PRL) in the foveola (Figure 1B). The structure of the retina under the ganglion cell ring on both sides of the fovea appears normal. AOSLO NIR reflectance imaging of the fovea 2 hrs after delivery of a high-power ultrashort IR exposure shows disruption to the photoreceptor layer and radial Henle fibres (Figure 1C) connecting the ablated photoreceptors to their bipolar and then RGCs, which are radially displaced at the fovea.

Photoreceptor ablation at the foveola caused an abrupt reduction in GCaMP fluorescence in RGCs in a spatial pattern consistent with the loss of photoreceptor input to these cells (Figure 1D). Fluorescent fundus images taken 2 days after photoreceptor ablation show a 71% decrease in fluorescence intensity in this region relative to the same location prior to the lesion. Similar results were obtained in a second animal (Animal 2) shown in Supplementary figure 1. The spatial displacement between the photoreceptors and the retinal ganglion cells they are connected to ensures that this change is not due to direct damage by laser exposure, but rather due to the loss of photoreceptor afferents. Low intensity, 0.45 Hz flicker drove 0.45 Hz photoreceptor mediated calcium responses in RGCs with photoreceptor afferents intact (Figure 1G) but not in RGCs at an eccentricity-matched location with receptive fields exposed to the high-power pulsed laser source (Figure 1F), confirming that photoreceptor input to RGCs had been lost.

tdTomato-ChrimsonR and GC¬MP fluorescence decreased over a 6 week period in deafferented RGCs

Adaptive optics NIR reflectance imaging focused at the photoreceptor layer 2 hrs after the exposure showed darkening consistent with a loss of waveguiding in foveal cones presumably due to cell loss, inflammation and misorientation (Figure 2A). Photoreceptors on the edge of the ablated zone appear to begin waveguiding again by day 13 and brighten further to week 3, possibly as any oedema or inflammation subsides (Figures 2B-D). Figures

2I-L show the region of reduced RGC fluorescence over time. The dimmed segment of RGCs contracts slightly between the day of the lesion and day 10, consistent with the reduction in the apparent size of the disrupted photoreceptor layer. The area of reduced fluorescence appears relatively stable from week 3 to week 12. Resting GCaMP fluorescence within the dimmed zone decreases over the 6 weeks immediately following photoreceptor ablation in the region that has lost photoreceptor input (Figure 2I).

To visualize the optogenetic actuator ChrimsonR *in vivo*, the transgene included a sequence coding for the fluorescent protein tdTomato. Fluorescent fundus imaging with filters to exclude GCaMP fluorescence were used to track ChrimsonR-tdTomato fluorescence over time following photoreceptor ablation (Figures 2J - M). In contrast to GCaMP fluorescence, levels of tdTomato fluorescence did not change abruptly after the ultrafast laser exposure. However, over the following three weeks, mean tdTomato fluorescence in deafferented RGCs was reduced by 40% relative to an eccentricity matched region with photoreceptor input intact. From week 3 onwards, tdTomato fluorescence remained relatively stable until the end of the 18 week monitoring period (Figure 2N). Barring changes in fluorescence quenching in deafferented cells, since tdTomato and ChrimsonR are expressed together, we can infer that ChrimsonR levels also reduced by 40% in the 3 weeks following photoreceptor ablation and then stabilized. A similar 40% reduction in tdTomato fluorescence was observed in deafferented RCCs of Animal 2 (Supplementary figure 1).

AOSLO imaging shows good preservation of RGC cellular structure 3 months after photoreceptor ablation

Adaptive optics imaging of both the GCaMP and tdTomato signals allowed structural observation of the RGCs lacking photoreceptor input at a cellular scale. tdTomato and

ChrimsonR are expressed in the cell membrane whereas GCaMP6s is cytosolic. Figure 3A shows an adaptive optics montage of tdTomato signal from RGCs 3 months after ablation of their receptive fields together with expanded panels showing the cellular structure in an area on the boundary of normal and deafferented RGCs (dashed box in panel A) imaged with both (B) tdTomato and (C) GCaMP selective filters. The bright region of cells in C corresponds to RGCs that have photoreceptor input intact. There are no striking changes in the cellular structure associated with the loss of photoreceptor input, rather the expression of tdTomato appeared reduced.

The sensitivity index of optogenetic driven calcium responses in deafferented RGCs is higher than in light adapted RGCs in the 6 weeks following photoreceptor ablation, but decreases to parity by week 13

By co-expressing both the optogenetic actuator ChrimsonR and a calcium indicator GCaMP6s in the same RGCs, it was possible to both optically stimulate and read out restored RGC function over time. 68 cells were segmented from images of the region of RGCs deprived of photoreceptor input by laser ablation (Figure 4 A-B), and 76 cells in an eccentricity matched region of the RGC ring with photoreceptor input intact (Figure 4B-C). RGCs were optogenetically stimulated by a 640nm, 0.45Hz drifting grating focused on the GCL (Figure 4B). In light of changing levels of GCaMP expression, the response was characterized using the sensitivity index (Figure 4D), which scales the response at 0.45Hz by the standard deviation of the noise, giving a detectability metric that is independent of absolute fluorescence.

The mean sensitivity index for both the region with photoreceptor input removed and the region with photoreceptor input intact was depressed at the first data point 2 hrs after

photoreceptor ablation (week zero), potentially a reflection of the oedema and inflammation associated with retinal trauma. For the first 6 weeks after photoreceptor loss, optogenetic responsivity, as characterized by the sensitivity index was greater in deafferented RGCs than RGCs with photoreceptors intact. This may reflect differences in calcium activity in light adapted cells with a maintained discharge versus those with no photoreceptor activity. Over the three-month observation period, mean sensitivity index decreased approximately twofold in the deafferented RGCs relative to the weeks immediately following photoreceptor ablation such that by week 13 the mean sensitivity index of deafferented and intact RGCs was similar. The sensitivity index data reported in figure 4D were computed using the Fourier component of the signal at the frequency of interest (Figure 4E) and the standard deviation of the noise in the Fourier transform (Figure 4F). The absolute signal at the optogenetic stimulation frequency decreased in deafferented RGCs over the first 6 weeks, in a similar manner to the reduction in absolute GCaMP fluorescence (F0, the first Fourier component representing the static brightness) observed in Figure 2I.

One year after photoreceptor ablation, deafferented RGCs show optogenetic responses with a similar sensitivity index to optogenetic responses in intact retina

ChrimsonR mediated responses to a 0.45 Hz drifting grating were recorded at 1 year (Figures 5A and B) and in a second animal (Animal 2) that had undergone photoreceptor ablation one year previously, (Figures 5C-G). In this case we compared cells that had lost photoreceptor input and those that had not within the same adaptive optics field of view. Despite an extended period of one year without photoreceptor activation, RGCs showed restored responses with a similar sensitivity index to those with photoreceptor input intact.

Foveal GCL is well preserved 2 years after photoreceptor ablation

To assess the impact of photoreceptor ablation on the structural integrity of the inner retina two years post-ablation, we examined the integrity of the GCL using cSLO, OCT, and histology (Figure 6). The loss of activity-dependent GCaMP fluorescence in RGCs temporal to the lesion was evident with *in vivo* cSLO, reflecting the loss of photoreceptor input to these RGCs. With OCT examination, no gross structural changes were observed in the GCL on the lesioned side of the fovea (temporal) compared to the unlesioned side (nasal, Figures 6B-D). The gross integrity of the GCL and INL and the region of photoreceptor ablation was confirmed histologically with toluidine blue-basic fuchsin staining (Fig. 6E). With fluorescence microscopy, co-expression of GCaMP and ChrimsonR (inset in Figure 6F) was still present 3 years after the intravitreal co-injection of viral vectors in this animal and ChrimsonR expression was evident in both On- and Off-RGCs (Fig. 6F). We used an antibody for cone arrestin to visualize the site of photoceptor ablation (Figure 6G). This staining revealed a ~100 μm wide lesion at the level of the photoreceptor outer and inner segments in a region just temporal to the center of the foveola. To delineate the extent of the OPL deafferented by the lesion, we immunolabeled for the vesicular glutamate transporter 1 (VGLUT1), a protein expressed in photoreceptor synaptic terminals (Figure 6H). The loss of VGLUT1 staining in the temporal OPL demarcates the region deafferented by the lesion and corresponds well with the lateral extent of the functionally-deafferented zone in Figure 6A (~440 μm). Note that the lateral displacement of the deafferented zone from the lesion site is expected from the anatomical organization of the fovea (see Figure 1A). 80% of the displacement between photoreceptors and RGCs is the Henle fibre length[20] and thus the RGCs that have lost photoreceptor input do not extend beyond the imaged field of view in Figure 6H. Finally, we used the specific RGC marker, RPBMS,[21] to compare the structural integrity of RGCs in the deafferented region (temporal, Figure I1) with those at the equivalent eccentricity on the non-lesioned side of the foveola (nasal, Figure I2) and found no

qualitative differences. These histological data, taken together with the *in vivo* imaging data show that the GCL remains structurally well-preserved two years after photoreceptor ablation.

Discussion

We have demonstrated that optogenetic reactivation of RGCs can be maintained for at least one year after photoreceptor ablation in two adult primates. This is promising for all forms of vision restoration which rely on reactivation of RGCs after photoreceptor degeneration. This result together with our AOSLO data showing normal cellular structure 3 months following deafferentation, and our finding of good histological preservation of the GCL two years after photoreceptor ablation was surprising and encouraging, given the profound disorganization of inner retina that has been reported to follow loss of photoreceptor input.[1]

Severe remodelling has been reported in very advanced stages of retinal degeneration in human patients as well as in many models of rodent retinal degeneration, results which contrast with the findings reported here. It is possible that in our laser damage model insufficient time has elapsed relative to progressive photoreceptor loss occurring in naturally occurring retinal degenerations that would ultimately lead to substantial RGC death. Rapid disorganization of inner retina (60 days) after insult was reported in a rodent study of laser lesioned retina[9] however both the model animal and the laser damage paradigm were very different, possibly explaining the differing outcomes. In our study RGC somas were not directly exposed to the high energy laser when their photoreceptor receptive fields were ablated because at the primate fovea the RGC cell bodies are laterally displaced hundreds of microns relative to the photoreceptors that drive them. This allows us to remove the possibility of any direct laser damage to the RGCs and is a unique advantage of primate

fovea. Furthermore, by using an ultrafast IR later focused through an AO system, our laser damage approach generates axially confined lesions. We have previously demonstrated that even in areas of the primate retina where photoreceptor ablation was performed under overlying RGCs, their function was not impaired[17].

In contrast to much of the remodelling literature, in the present study the therapeutic ChrimsonR was present before photoreceptor ablation and was periodically stimulated for the purposes of this study. While experimental optogenetic activation was for no more than 15 minutes during relatively infrequent imaging sessions, this could have been sufficient to preclude remodelling which might be driven in part by loss of visually driven activity in inner retina. Were this the case, we would expect to see regional differences within the segment of deafferented RGCs between the square area that was stimulated and the regions that were not. No differences of this kind were observed in the tdTomato montage in Figure 3. It is also possible that the optogenetic actuator was activated by ambient light, however this is relatively unlikely given the low sensitivity of ChrimsonR. Further studies to establish whether early optogenetic intervention does delay or reduce morphological remodelling of inner retina, might shed further light on the optimum timing for therapeutic interventions to restore vision at the retinal level.

We observed a reduction of ChrimsonR-tdTomato fluorescence in primate RGC cell membranes over a three week period following the loss of photoreceptor input to these cells. Although we cannot exclude the possibility that fluorescence was quenched differently in deafferented vs intact retina, this observation is consistent with reports in rat of reduced melanopsin expression and transport in RGCs when acute photoreceptor degeneration was induced by MNU.[14,22] We also observed a reduction in cytosolic GCaMP fluorescence over time suggesting that changes in protein expression and trafficking were not specific to the optogenetic actuator and may reflect more general alterations in cell biology e.g. increased

autophagy of proteins. The mechanism leading to reduced ChrimsonR-tdTomato fluorescence was not explored in this study, and further work is needed to understand to what extent potential changes in protein expression and trafficking occurring in adult primate RGCs in the weeks immediately after photoreceptor loss impact the quality of restored vision.

Consistent with a reduction in the numbers of GCaMP molecules in each cell, the absolute magnitude of the calcium signal evoked by optogenetic stimulation was reduced in deafferented RGCs. Interestingly, the discriminability of optogenetic responses (d primed) of deafferented RGCs was initially higher than RGCs with normal photoreceptor input. One interpretation of this rise is that the photoreceptor response to the photopic 488 nm imaging light reduces the gain in adapted RGCs with intact photoreceptor afferents. By contrast, RGCs lacking photoreceptor input are essentially dark adapted and the same magnitude of optogenetic stimulation may generate a more substantial calcium signal in these cells. Over the three months following photoreceptor ablation, we observed an approximately two-fold reduction in the sensitivity index of optogenetic mediated responses in deafferented cells resulting in the sensitivity index of responses to optogenetic stimulation in deafferented and normal RGCs being approximately equal by 3 months. Similar results were obtained at one year in this and an additional monkey. How this translates into optogenetic mediated visual performance at threshold in deafferented and intact regions of the GCL remains unexplored, but the retinal foundations for vision appear to be present.

Previous studies in mouse and rat have revealed spontaneous hyperactivity in RGCs lacking photoreceptor input.[6,13,15,23,24] One might expect that hyperactivity, if present in primate, would be observed as an increase in the noise used to compute the sensitivity index d' (shown in Figure 4F). While we do not observe this, it is possible that when the absolute noise is rescaled to account for decreasing GCaMP expression, increased spontaneous activity may be driving the reduction in optogenetic responsivity and this will be the focus of

future work. An additional consideration is that our approach has limited temporal bandwidth to capture this phenomenon. GCaMP6s has a long time constant of 0.6s, making it challenging to observe spontaneous oscillations above 1 Hz. In mouse, the beating frequency of spontaneous firing has been reported in the range 3-10 Hz depending on the age of the animal.[6] To examine changes in spontaneous activity it would be desirable to deploy a faster sensor of neuronal activity or a ratiometric indicator that would allow changes in expression to be distinguished from changes in activity occurring at frequencies above the Nyquist sampling limit. If the hyperactivity observed in rodent is triggered by a diffusive signal such as retinoic acid release from retinal pigment epithelium (RPE) after photoreceptor loss,[25] it is also possible that RGCs in this study were protected by the lateral displacement between foveal RGCs and the zone of photoreceptor ablation in the foveola.

It is important to note that the acute photoreceptor ablation model used in this study is distinct from genetic models of progressive retinal degeneration and should be viewed as complimentary rather than an attempt to mimic the complex diseased state. The laser ablation approach allows us to tease apart the impact of the loss of photoreceptor signalling from other degenerative changes like compromised metabolic function. It also permits direct comparison of deafferented RGCs with healthy retina in the same eye, at the same timepoint. It does however bring other challenges, for example inflammatory processes provoked by localized laser ablation may be different from those in naturally occurring retinal degenerations and as the underlying pathology is absent, toxic changes in the retinal microenvironment due to the accumulation of undesirable metabolites etc are less likely to occur. The timescales for acuate later ablation verses progressive photoreceptor loss that may be sporadic and evolve over decades, are also very different. Our results extend only to the one year time point in this simplified case. To date there are no widely available genetic models of retinal degeneration in primates although recent discoveries of naturally occurring retinal degenerations[26] in

primates may make these models more widely available in the future. A strength of using a laser ablation approach versus the genetic models discovered to date is that it can be performed in the adult primate when the critical period is over, a situation more similar to retinal degenerations that develop in later life such as AMD.

Independent of the impact of deafferentation we note that we were able to record optogenetic mediated calcium responses from RGCs in Animal 2 that had been expressing ChrimsonR-tdTomato and GCaMP for 2 years. This result in primate fovea is promising for optogenetic therapy as a stable treatment in patients. To generate high levels of transduction and long term expression of our transgenes we used a relatively high viral vector dose (Supplementary table 2) relative to current clinical trials and paired this with immune suppression using Cyclosporine A. Even with this immune suppression, we observed intraocular inflammation develop at 7 and 3 weeks post injection in Animal 1 and 2 respectively that was successfully treated with a single intravitreal steroid injection. A full characterization of the inflammatory response was beyond the scope of this paper but given the relatively late time point, it is possible this represents an adaptive immune response to one or both transgenes. Despite this inflammation, viable expression was maintained for the course of the study. Further work is needed to establish whether the use of neuron specific rather than ubiquitous promoters would negate the need for immune suppression with high dose viral vector injections.

Studies of GCaMP3 in mouse brain have reported that high levels of GCaMP expression can be cytotoxic to neurons[27]. In this study optogenetic responsivity of RCGs with photoreceptor input intact remained relatively constant over the 3 month study period beginning 4.5 months after intravitreal injection of the viral vector (Figure 4). This finding in Animal 1 together with the result that responses could still be obtained two years after the onset of expression in animal 2 (Figure 5) suggests that GCaMP was relatively well tolerated

in the primate eye. Histology of the GCL 2 years after injection (Figure 6) also showed relatively normal cellular structure although it is possible that subcellular signs of stress were present. To ensure that the long term impact of deafferentation could be assessed independent of any effects of long term GCaMP expression we designed the study to measure relative changes in responsivity over time between deafferented RGCs and RGCs with photoreceptor input intact in an eccentricity matched location in the same eye. This approach meant that any long term changes due to GCaMP toxicity would impact both the deafferented and control group and similarly ensured that the findings were robust to any day to day variability in AOSLO imaging performance.

These results demonstrate that one year after photoreceptor loss, deafferented RGCs can support optogenetic mediated activity at levels similar to optogenetic responses in intact retina. Although more work remains to understand the consequences of changes in protein expression, these results are promising for all vision restoration therapies that rely on preservation and reactivation of RGCs. While we used calcium activity as a proxy for RGC function at the retinal level in this study, ultimately to understand the impact of the observed changes on visual performance, psychophysical testing will be required.

Methods

Animal care

The two macaques involved in this study were pair housed in an animal facility accredited by the Assessment and Accreditation of Laboratory Animal Care committee and cared for by 4 full time veterinarians, 5 veterinary technicians and an animal behaviourist from the Department of Comparative Medicine. The macaques had access to a complete nutritious chow and water *ad libitum* and were provided with additional green vegetables, trail mix, and other treats. Animal care staff monitored each animal for signs of discomfort at least twice

every day. All animals had daily access to 2-4 pieces of manipulata such as mirrors and puzzle feeders and were frequently played music and movies. They received a weekly novel enrichment item for example treat filled bags, eggs, grass, snow, maple branches etc, together with rotating access to a larger play space with swings and elevated perches. This study was carried out in strict accordance with the Association for Research in Vision and Ophthalmology (ARVO) Statement for the Use of Animals and the recommendations in the Guide for the Care and Use of Laboratory Animals of the National Institutes of Health.

Co-expression of GCaMP6s and tdTomato labelled ChrimsonR

AAV2-*CAG-tdTomato-ChrimsonR* and AAV2-*CAG-GCaMP6s*, synthesized by the University of Pennsylvania vector core were intravitreally injected into the left of one male, and the right eye of one female *Macaca fascicularis*. The eye was sterilized with 50% diluted betadine before the vector was injected into the middle of the vitreous at a location approximately 3 mm behind the limbus using a 30-gauge needle with a tuberculin syringe. Neutralizing antibodies to AAV2 were measured in serum prior to purchase of monkeys and is expressed as the maximum serum dilution at which an antibody response is seen. For both monkeys no antibody response was seen at the minimal dilution 1:5. Both animals received daily subcutaneous cyclosporine A injections to supress the immune system prior to and after injection of the viral vectors. A starting dose of 6 mg/kg was titrated into a therapeutic range of 150–200 ng/ml by monitoring blood trough levels. Once the desired blood trough level was achieved, that dose was adopted for several months after injection of the viral vector. The duration of immune suppression, injected titres, volumes, and animal details corresponding to each eye in the study are detailed in Supplementary table 2. Signs of intraocular inflammation were monitored using slit lamp examination, fundus photography

and observation of the pupillary response. The level of inflammation in Animal 1 was graded weekly by an ophthalmologist for 8 weeks following injection of the viral vector using the modified McDonald-Hackett scale. This data is shown in Supplementary table 1. Inflammation was treated by a single intravitreal injection of 50 µl of triamcinolone acetonide in formulation as either Triesence (Animal 1) or Kenalog (Animal 2), 8 and 3 weeks after injection of the viral vector respectively, without subsequent recurrence. Immune suppression of Animal 1 was halted after 9 months due to a loss of body condition.

Photoreceptor ablation

To remove photoreceptor input to a patch of RGCs, a 0.87 × 0.79 degree retinal region close to the central fovea a was exposed for 106 ms to a scanning 55 fs pulsed 730 nm laser, with an average power of 4.48 Wcm^{-2} and a repetition rate of 80 MHz. The exposure was delivered to the photoreceptor layer using an adaptive optics scanning light ophthalmoscope [28]. This method of photoreceptor ablation offers enhanced lateral and axial confinement of the lesion and is described in detail elsewhere.[17] Because at the fovea RGCs are displaced from the photoreceptors that drive them, the lesion was also displaced and therefore the RGCs were not exposed to the directly exposed to the ultrafast laser. The delivery of high intensity pulsed IR light through an adaptive optics system has previously been used to selectively ablate the photoreceptor layer in stem cell transplant studies[29] and optogenetics.[16,29]

Fundus imaging / OCT/ cSLO imaging

Each eye in this study was imaged weekly with a conventional scanning light ophthalmoscope (Heidelberg Spectralis), OCT and a fundus camera weekly both prior to and after photoreceptor ablation. Animals were sedated with ketamine and medetomidine and a contact lens was applied to the eye. The structural impact of the exposure was assessed with OCT. SLO 488 nm imaging with the blue autofluorescence modality was used to identify a

region of reduced fluorescence providing a preliminary indication of ganglion cells that had been functionally impacted by photoreceptor damage. A fundus camera (Topcon TRC 50ex) equipped with custom filters to spectrally separate tdTomato from GCaMP6s (excitation 549/25 nm and emission 586/20 nm) were used to monitor expression levels of tdTomato-ChrimsonR independently. High resolution structural and functional testing to assess the impact of the lesion was then conducted using the AOSLO as described in the following sections. Following imaging anesthesia was reversed with an injection of antisedan.

Adaptive optics scanning laser ophthalmoscopy (AOSLO)

Animals were prepared for imaging as described previously[16]. Data was collected using an AOSLO system described in Gray et *al*.[30] Briefly, a Shack-Hartman wavefront sensor and deformable mirror were used to correct aberrations in closed loop using an 843 nm laser diode source (Thorlabs). A 796 nm superluminescent diode light source (Superlum) was focused on the photoreceptor layer and reflectance images were collected using a 2 Airy disk pinhole at a rate of 25.6 Hz. A 488 nm laser source (Qioptiq) focused on the ganglion cell layer was used to excite GCaMP6s fluorescence and detected in a 517/20 nm emission band. An 8 airy disc pinhole was used to maximize signal collection. The excitation light was presented only during the forward scan phase and filled the whole field except for experiments designed to stimulate photoreceptors where the 488 nm imaging light was confined to the region of ganglion cell bodies and foveal photoreceptors were not exposed. The 488nm imaging light intensities used were 7.6 $mWcm^{-2}$ in Figures 5F and 5G and 1.32 $mWcm^{-2}$ in all other cases.

Visual Stimulation

The visual stimuli and imaging fields were stabilized on the retina using an approach described previously[31]. To drive ChrimsonR, a spatially localized, 640 nm 0.45 Hz square

wave drifting grating stimulus was focused onto the ganglion cell layer using a laser delivered through our 25.6Hz AOSLO. Mean luminance of the stimulus was 50mW cm^{-2} in Figures 5F and 5G and 28 $mWcm^{-2}$ in all other Figures. The drifting grating stimulus was generated by modulating the intensity of the scanned laser source creating grating pattern moving at 0.45 Hz. Following a 30 s period of adaptation to the 488 nm imaging light the 640 nm optogenetic stimulus was presented for 90 s. To assess photoreceptor mediated activity a 561 nm, 1 cycle per degree, mean intensity 0.9 $mWcm^{-2}$, 0.45 Hz drifting grating was focussed onto the photoreceptor layer in the central foveola.

Experimental design

To evaluate the impact of the loss of photoreceptor input on RGC responsivity it was necessary to separate the impact of variable GCaMP expression levels over time and varying imaging parameters such as changes in fluorescence detection efficiency, slight variations in focal plane etc. To mitigate the impact of these sources of variation the response metric chosen was the sensitivity index (D primed) which measures the detectability of the signal at the frequency of interest above the noise in neighbouring frequency bands. Optogenetic stimulation and recording was performed both in the region lacking photoreceptor input and in an eccentricity-matched location on the opposite side of the RGC ring with photoreceptor input intact. In this way it was possible to examine the specific impact of the lesion verses longitudinal changes due to other factors. The optogenetic stimulation trial was repeated 4 times in each location plus two controls every week in the same order so that changing image quality over the course of the 6 hr imaging session would not impact longitudinal data. Control trials consisted of the presentation of the 488 nm imaging light only for the duration of the trial to ensure the signal recorded at the stimulation frequency was dependent on optical stimulation, and a stimulus only condition to confirm there was no detectable optical bleed through of the stimulation light into the detection channel.

Data Analysis

For each field of view the tenth infrared reflectance frame in the reflectance video was used as a reference, and frame to frame image registration of all videos for that field of view was performed using a strip based cross correlation method (3) to remove image translation due to eye motion *in vivo.* Each frame of the fluorescence videos was co-registered using the high signal-to-noise infrared reflectance video captured simultaneously. Frames were summed to create reflectance images of the region of photoreceptor ablation and fluorescence images of the GCL in the two regions of interest. RGCs were segmented by hand in each to create a mask that could be applied to all videos recorded with that field of view. To track the same group of cells across multiple weeks, a master mask was translated and rotated to match the same region in each image. The master mask was created from the week 3 data for the area lacking photoreceptor input, and from week 4 data for the RGCs with photoreceptors intact.

The frames corresponding to the 30 second adaptation period were removed from the registered fluorescence video and the segmentation mask was applied to the remaining frames. The mean of the signal within each cell mask was computed for each frame and a Hann windowing function was applied to the data. Each data sequence was temporally Fourier transformed into the frequency domain. The Fourier amplitudes were normalized by subtracting the mean and dividing by the standard deviation of the noise in the Fourier amplitudes in the ranges 0.75 Hz to 0.2 Hz, 0.7 Hz to 0.85 Hz and to avoid the optogenetic stimulation and respiration frequency and harmonics. This produced a response metric equivalent to the sensitivity index D' and allowed comparison of optogenetic response detectability over time despite changing levels of GCaMP. To estimate the level of GCaMP expression in the segmented cells a fluorescence measurement in the absence of optogenetic activity was needed. To achieve this, we Fourier transformed the last 20 seconds of the 30 second adaptation period for each trail in which no stimulus was presented. The amplitude of

the first Fourier component (F0) at 0 Hz, was used as a measure of the baseline fluorescence in the absence of stimulation.

To estimate the reduction of tdTomato fluorescence in the region of RGCs lacking photoreceptor input relative to those with photoreceptor input intact, measurements of the mean pixel intensity in fluorescent fundus images were made within the dark segment of deafferented RGCs and in an eccentricity matched location. Images were co-aligned in photoshop, converted to a stack and analysed in ImageJ[32] to compute a ratio of mean pixel values for each image.

Histology

Animal 2 was euthanized by an intravenous injection of "Euthasol" and perfused with 1 liter of heparinized saline for 23 minutes and 1 liter of 4% paraformaldehyde for 7 minutes. The right eye was enucleated, and the anterior segment was removed. The posterior segment was immersion fixed in 4% paraformaldehyde for 90 minutes. After fixation the tissue was washed twice for 5 minutes in PBS and cryoprotected in 10%, 20%, and 30% sucrose until equilibrated. Any adherent vitreous was removed from the retina. The tissue was embedded in OCT Compound and frozen in isopentane cooled in liquid nitrogen. 20µm frozen sections of retina were collected on Superfrost Plus slides and dried 60 minutes at 35ºC on a slide warmer before being stored at -80ºC. Sections within the lesion were identified with transmitted light microscopy and processed for immunofluorescence immunohistochemistry. Sections were blocked in a solution containing 10% normal horse serum, 1% Triton X-100, 0.025% NaN3 in PBS for 1 hr. Primary antibodies were diluted in 3% normal horse serum, 1% Triton X-100, 0.025% NaN3 in PBS and applied overnight at 22-23^{o}C. The following primary antibodies were used: rabbit anti-cone arrestin (LUMlf-hCAR, gift from Dr. Cheryl M. Craft, USC ROSKI Eye Institute and Keck School of Medicine of USC 31 , dilution

1:20,000), guinea pig anti-RBPMS (PhosphoSolutions, cat# 1832-RBPMS, dilution 1:500, Figure 6G, RRID: AB_2492226), rabbit anti-RBPMS (Phosphosolutions, cat# 1830-RBPMS, dilution 1:500, Figure 6F, RRID: AB_2492225), guinea pig anti-VGLUT1 (EMD Millipore, cat# AB5905, dilution 1: 5000, RRID: AB_2301751). Secondary antibodies conjugated to Alexa 488, 594 or 647 (Invitrogen) were raised in goat or donkey and diluted 1:800 in 3% normal horse serum, 0.025% NaN3 in PBS. Samples were mounted in Mowiol. Immunofluorescence samples were imaged on a laser scanning confocal microscope (Zeiss LSM 880) equipped with 488, 561, 594 and 633 laser lines using a Zeiss Plan-Apochromat 20x/1.0 N.A. water or 60x/1.4 N.A. oil immersion objective. Image resolution was 1024 x 1024 pixels and z-axis step size was 1.2-1.5 µm for 20x images. Tiled image stacks were projected and stitched together in Zen 2 software. Brightfield images of toluidine blue/basic fuchsin (Multiple Stain Solution, #08824 Polysciences, Inc.) labelled sections were acquired with a Zeiss Axiocam MR digital camera on a Zeiss Axioskop microscope with a 40x/0.75 N.A. air objective. RGB channels were acquired separately through FITC (Ex 495 nm/ Em 519 nm), Rhodamine (Ex 560 nm/Em 625) and Cy5 (Ex 650 nm/ Em 668 nm) filter sets and merged to generate RGB composite images. Overlapping image tiles were stitched together using the grid/collection stitching plugin[33] and adjusted for brightness and contrast using Image J.

Study Approval

All protocols were approved by the University Committee on Animal Resources of the University of Rochester (PHS assurance number: D16-00188(A3292-01)).

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Author Contributions

J.E.M. designed and performed the experiments, developed and performed data analysis, interpreted results, managed the project, presented data and wrote the manuscript. K.K. performed ultrafast laser exposures. Z.X. assisted with data analysis. P.J.M and T.G. assisted

with data collection and analysis. K.P developed analysis routines. J.S. provided animal support. B.A.B. performed fluorescence fundus, OCT and cSLO imaging. W.S.F. customised the fundus camera and performed OCT and cSLO. C.C. assessed intraocular inflammation. T.P. designed and performed immuno histochemistry and microscopy, interpreted results and revised the manuscript. D.R.W. secured funding, interpreted results and revised the manuscript. W.H.M. conceived the study, secured funding, interpreted results, performed intravitreal injections, revised the manuscript and supervised the project.

Declaration of Interests Statement

David Williams has received income in the form of royalties in excess of $10,000 from licenses on patents upon which he is an inventor, held by the University of Rochester. These patents have been awarded for wavefront sensing and adaptive optics technology both of which were used to carry out the research described in this paper. He has also received research support in excess of $50,000 in the prior fiscal year from a company in a health care field. The nature of this research is completely unrelated to the subject matter or methods of the present publication.

All other authors declare no conflicts of interest

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Figure Legends

Figure 1: **Creation and *in vivo* testing of micro-scotomas in primate fovea. A.** Schematic diagram of the fovea showing target location of photoreceptor ablation in foveola and displaced foveal RGCs. **B.** OCT image through the region of fovea subject to high intensity ultrafast laser exposure showing localized ablation of PRL. **C.** AOSLO NIR reflectance image of the exposed region 2hrs after exposure, note Henle fibres visible. Scale bar 100 μm. **D.** SLO image of the GCaMP fluorescence of foveal RGCs 2 days after photoreceptor ablation with dark segment representing RGCs whose photoreceptor input has been ablated (data also shown in 2E). Scale bar 100 μm **E.** Fluorescence AOSLO image of GCaMP expressing RGCs at the boundary of the dark segment 2hs after photoreceptor ablation. Scale bar 50 μm. **F**. No GCaMP response to 0.45Hz visual stimulation of the central foveal cones is observed from RGCs in the dark segment 2 weeks after photoreceptor ablation, supporting the loss of photoreceptor input to these cells. **G**. A clear 0.45 Hz response is observed from RGCs on the right of the foveal ring driven by intact foveal photoreceptors at the same time point as 1F. Data from Animal 1.

Figure 2: *In vivo* imaging of retinal changes in the weeks immediately following photoreceptor ablation. A-D. AOSLO NIR reflectance images of ablated photoreceptor

layer over time. **E**. Fluorescence fundus images of GCaMP expression in primate fovea 4.5 months after injection of the viral vector and 2 days prior to photoreceptor ablation. **F-I**. Fluorescence fundus images of GCaMP expression in primate over time following localized photoreceptor ablation close to vertical meridian. **J.** GCaMP Fluorescence in deafferented RGCs over time. **K.** Fluorescence fundus images of ChrimsonR-tdTomato expression in primate fovea 4.5 months following injection of the viral vector and 1 week prior to photoreceptor ablation. **L-O**. Fluorescence fundus images of ChrimsonR-tdTomato over time following localized photoreceptor ablation. **P.** tdTomato fluorescence in deafferented RGCs relative to an eccentricity matched location with photoreceptor afferents intact. All scale bars 100 μm. All data taken in animal 1. Data from Animal 2 shown in Supplementary figure 1.

Figure 3: Cellular scale AOSLO imaging of deafferented RGCs *in vivo* A. AOSLO montage of tdTomato-ChrimsonR 3 months after photoreceptor ablation, scale bar 100 μm. **B.** High resolution tdTomato AOSLO image taken with a 1.5 airy disc pinhole, corresponding to region in dashed box in A, scale bar as shown in **C**. C GCaMP AOSLO image of the same region shown in B recorded with an 8 airy disk pinhole, scale bar 50 μm. Data from animal 1.

Figure 4: RGC responses to optogenetic stimulation were recorded using calcium imaging AOSLO in the three months following photoreceptor ablation. **A** and **C** are AOSLO images of GCaMP expressing RGCs with photoreceptor input removed and photoreceptor input intact respectively. Scalebar 100 μm. **C.** cSLO image showing GCaMP fluorescence in the whole foveal RGC ring with AOSLO imaging locations shown. **D**. Mean sensitivity index of the responses of 68 RGCs lacking photoreceptor input and 76 RGCs with photoreceptor input intact during each 90 second optogenetic stimulation trial over a 13-week period following photoreceptor ablation in RGCs lacking photoreceptor input (red) and with photoreceptor input intact (blue). **E**. Absolute magnitude of Fourier component at the optogenetic stimulation frequency for lesioned (red) and non-lesioned (blue) RGCs shown in panel D. **F.** Absolute standard deviation of the noise in the Fourier Transform in unstimulated frequency bands under 1Hz excluding the stimulation frequency, respiration frequency and harmonics. All data taken in Animal 1.

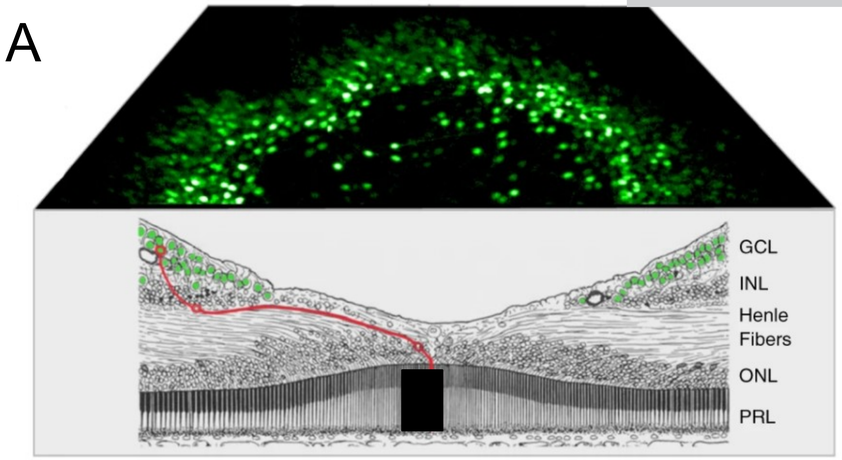
Figure 5: ChrimsonR mediated activity persists in RGCs 1 year after photoreceptor ablation. A. Optogenetic response to 0.45Hz stimulation in RGCs whose photoreceptor input was removed 1 year prior to recording (animal 1, *in vivo* imaging shown in figures 1-4). Scalebar 100 μm. **B.** Optogenetic response to 0.45 Hz stimulation in cells recorded

simultaneously in the same field of view but with photoreceptor input intact (animal 1). **C**. Reflectance image of photoreceptor mosaic at foveola one year after ablation in animal 2, scalebar 100 μm. **D**. Colorized HRA image showing region of RGCs with photoreceptor input removed (pink) in animal 2. **E**. Logarithmically scaled AOSLO GCaMP fluorescence image containing both bright RGCs with photoreceptor input intact and dim RCGs without photoreceptor input (animal 2), scalebar 100 μm. **F**. Optogenetic response to 0.45Hz stimulation in RGCs whose photoreceptor input was removed 1 year prior to recording, in animal 2. **G**. Optogenetic response to 0.45Hz stimulation in cells recorded simultaneously in the same field of view but with photoreceptor input intact in animal 2.

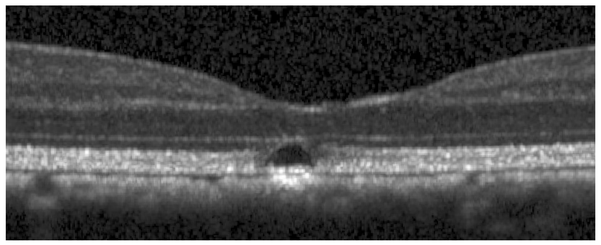
Figure 6: Structural evaluation of fovea *in vivo* and *ex-vivo* 2 years after photoreceptor ablation and 3 years after the onset of ChrimsonR-tdTomato and GCaMP expression. **A.** Blue autofluorescence cSLO image of the fovea of animal 2 with foveolar lesion 2 years after photoreceptor ablation. The loss of photoreceptor mediated RGC activity reduces the GCaMP signal temporal to the photoreceptor lesion. **B-D.** OCT images taken at locations through the fovea marked in A**.** Scale bar 150 μm. **E.** A section stained with toluidine blue/basic fuschin from the same animal in A-D showing the laser lesion site (arrow) and relative preservation of the inner retinal layers. **F**. Confocal micrograph showing GCaMP and ChrimsonR-tdTomato (tdTom) fluorescence in foveal RGCs. The rectangular ROI is shown at higher magnification (lower left inset) to show examples of RGCs co-expressing ChrimsonR-tdTomato and GCaMP (arrowheads) and ChrimsonR-tdTomato expression in both Off- and On-RGC dendrites in the IPL (arrows). **G.** The zone of photoreceptor ablation can be seen as an absence of cone arrestin labelling in the foveolar PRL (arrow). Ganglion cells in the GCL are visualized with RBPMS. **H.** Loss of VGLUT1 labelling in the OPL temporal to the lesion demarcates the inner retinal region that has been deafferented. This section is from within ~60-100 μm of the section shown in F. Note the lateral displacement of the deafferented region from the lesioned PRL due to the Henle fibres. **I.** Same section as in G showing RBPMS labelled RGCs in a region subject to deafferentation (I1) and with normal photoreceptor input (I2). Scale bar in G applies to E-G = 200 μm. H = 50 μm. in inset of F = 20 μm. Asterisks show cutting artifact.

All retina-based vision restoration therapies currently under development rely on the assumption that it is possible to reactivate remaining retinal neurons despite extended periods of blindness. In this manuscript, we demonstrate that optogenetic therapy can reactivate retinal ganglion cells in primate fovea for at least one year after photoreceptor loss.

A



B



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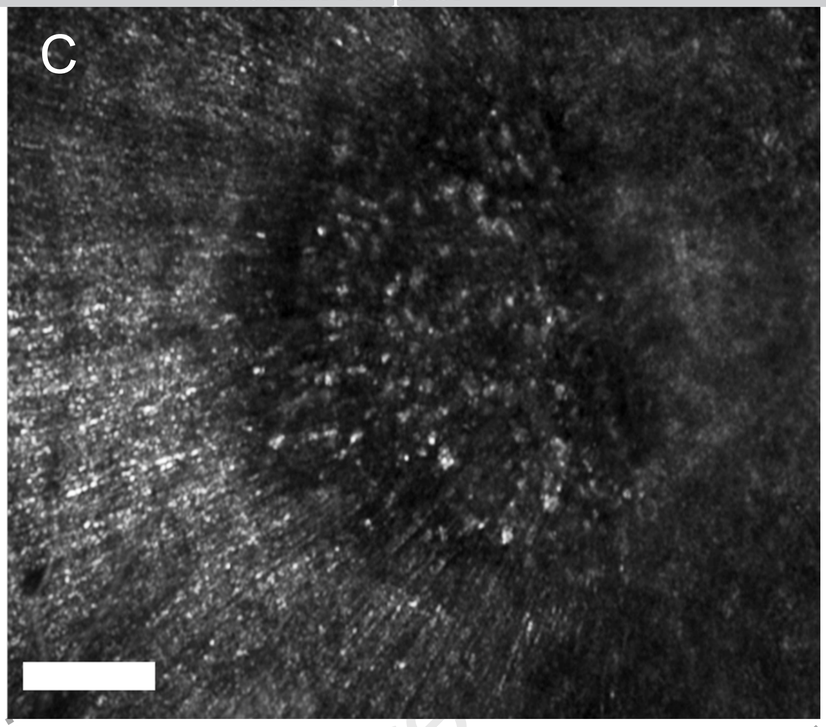
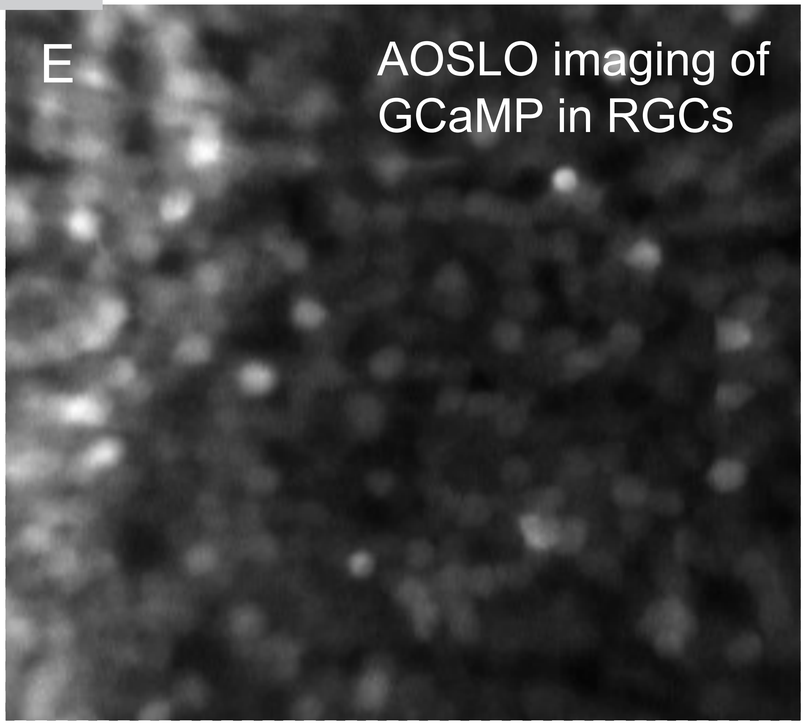
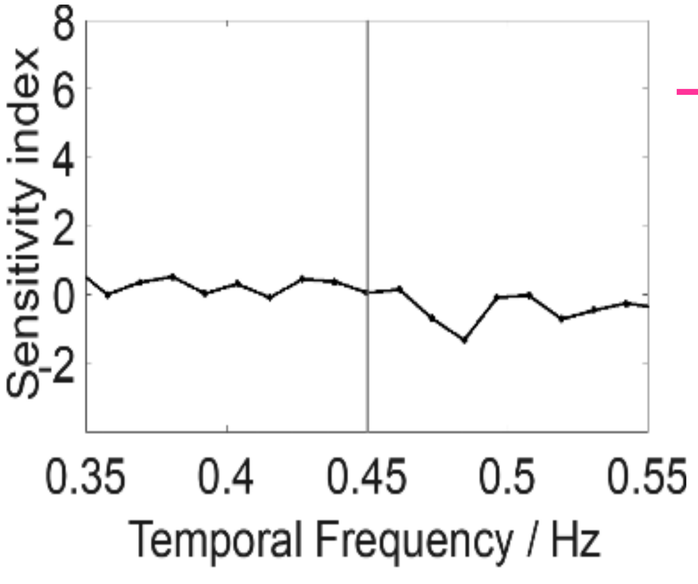


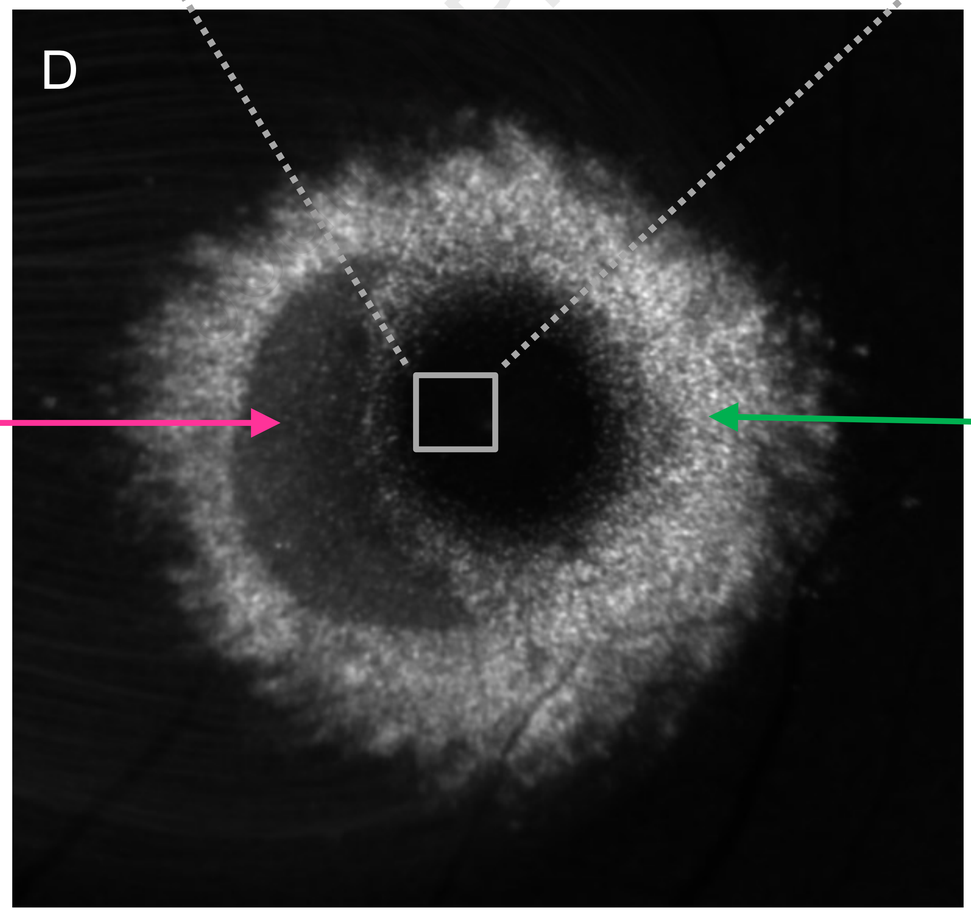
E AOSLO imaging of GCaMP in RGCs



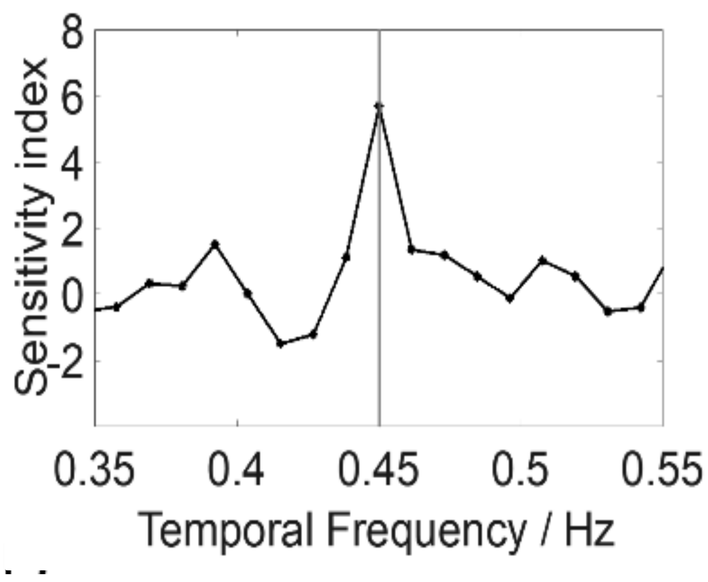
F RGCs in the dark segment do not respond to 0.45 Hz visual stimulation confirming ablation of their photoreceptor inputs



D

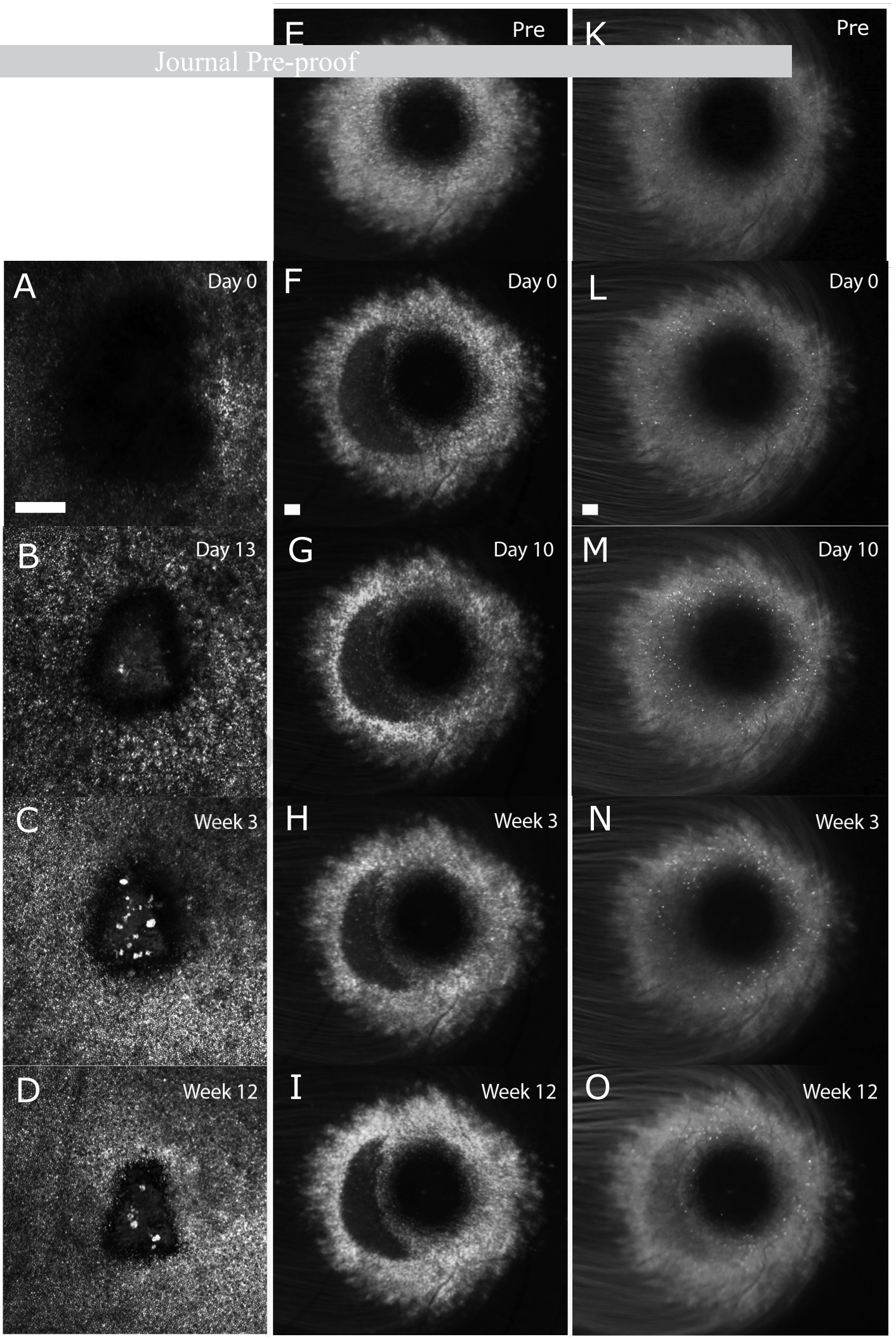


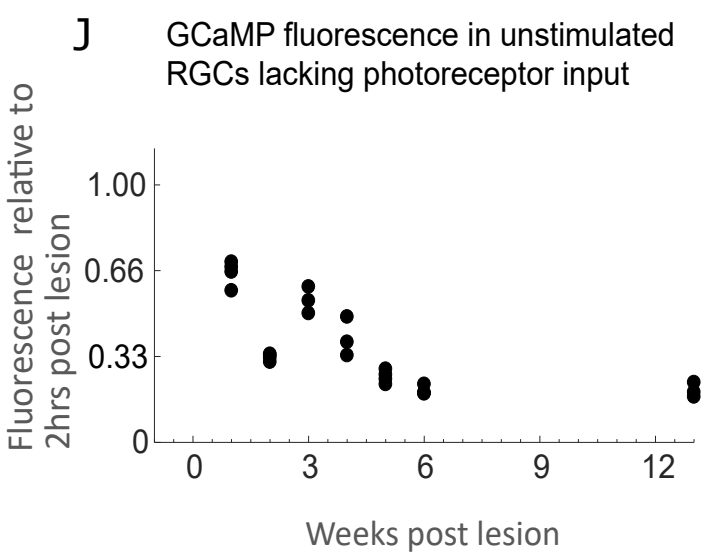
G AOSLO calcium imaging reveals RGC response to 0.45 Hz visual stimulation when photoreceptors are intact

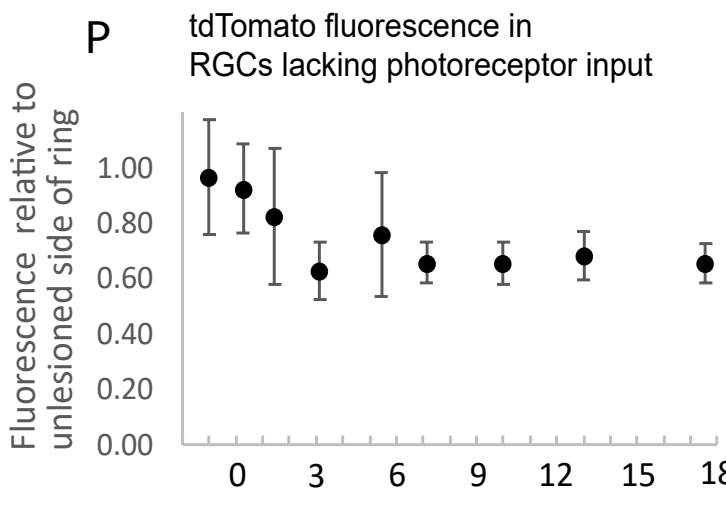


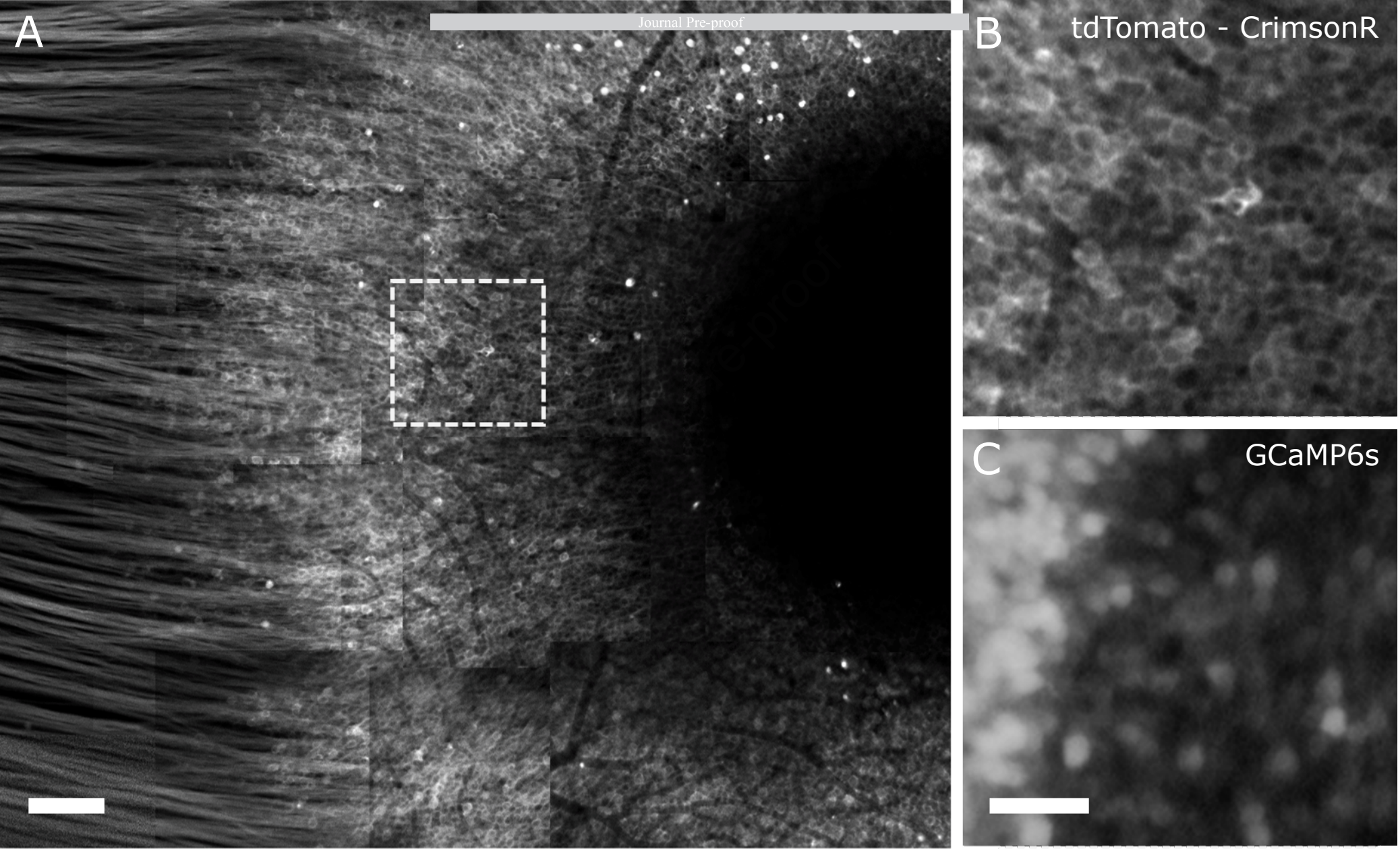
GCaMP6s

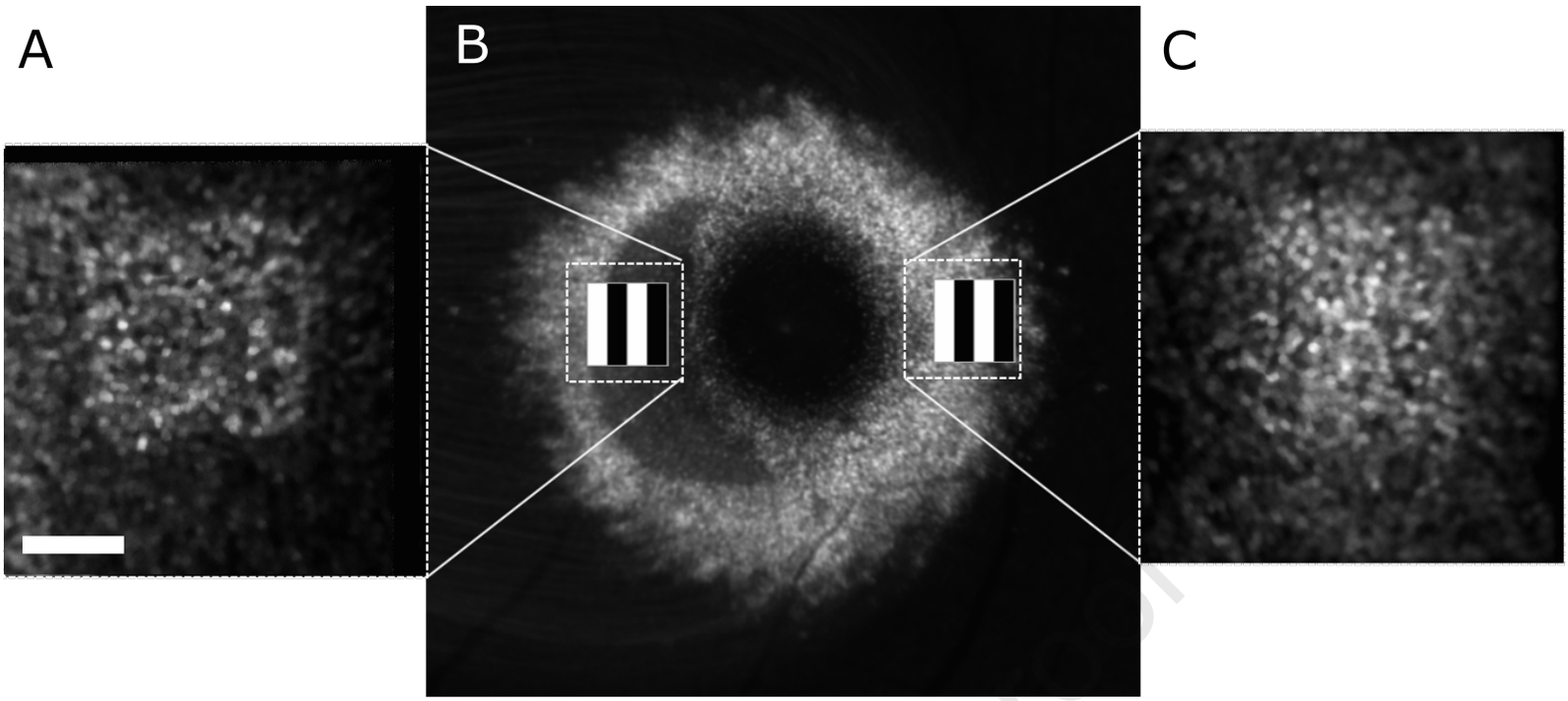
tdTomato-CrimsonR

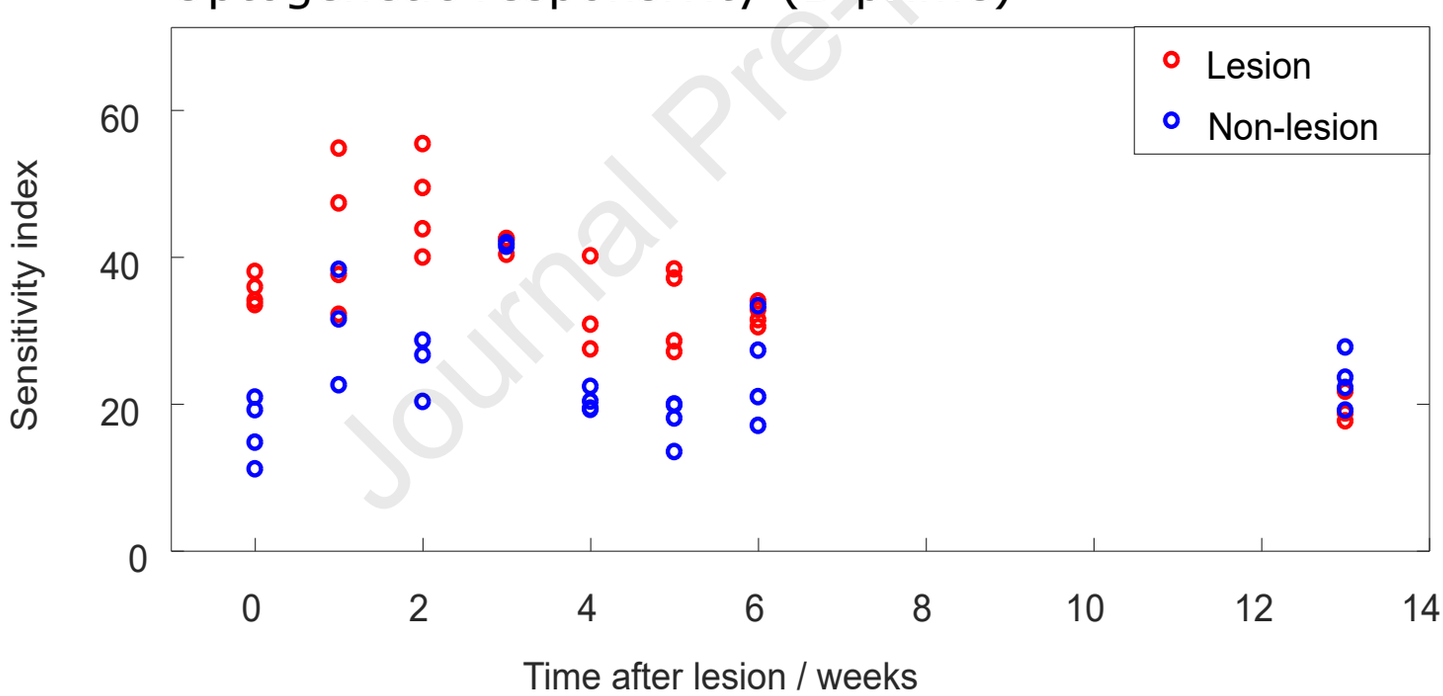


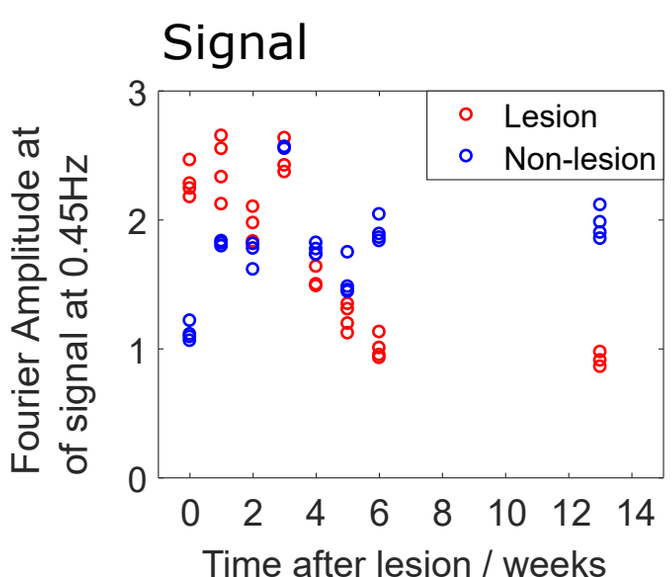


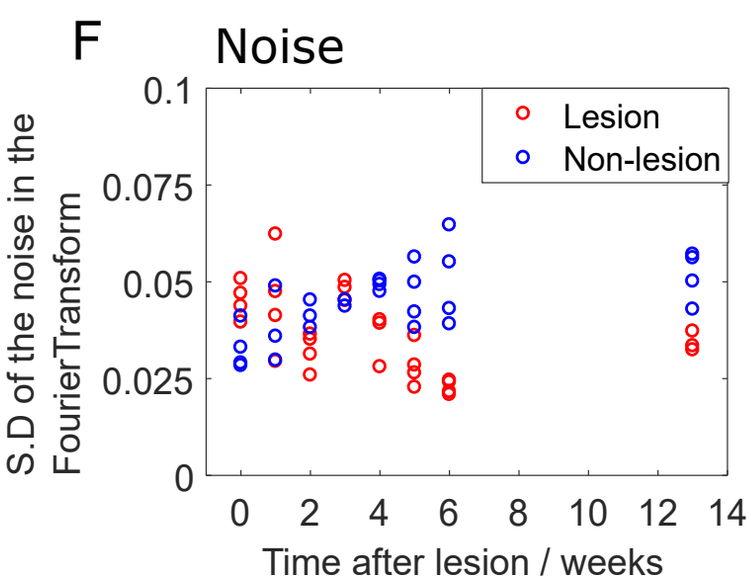


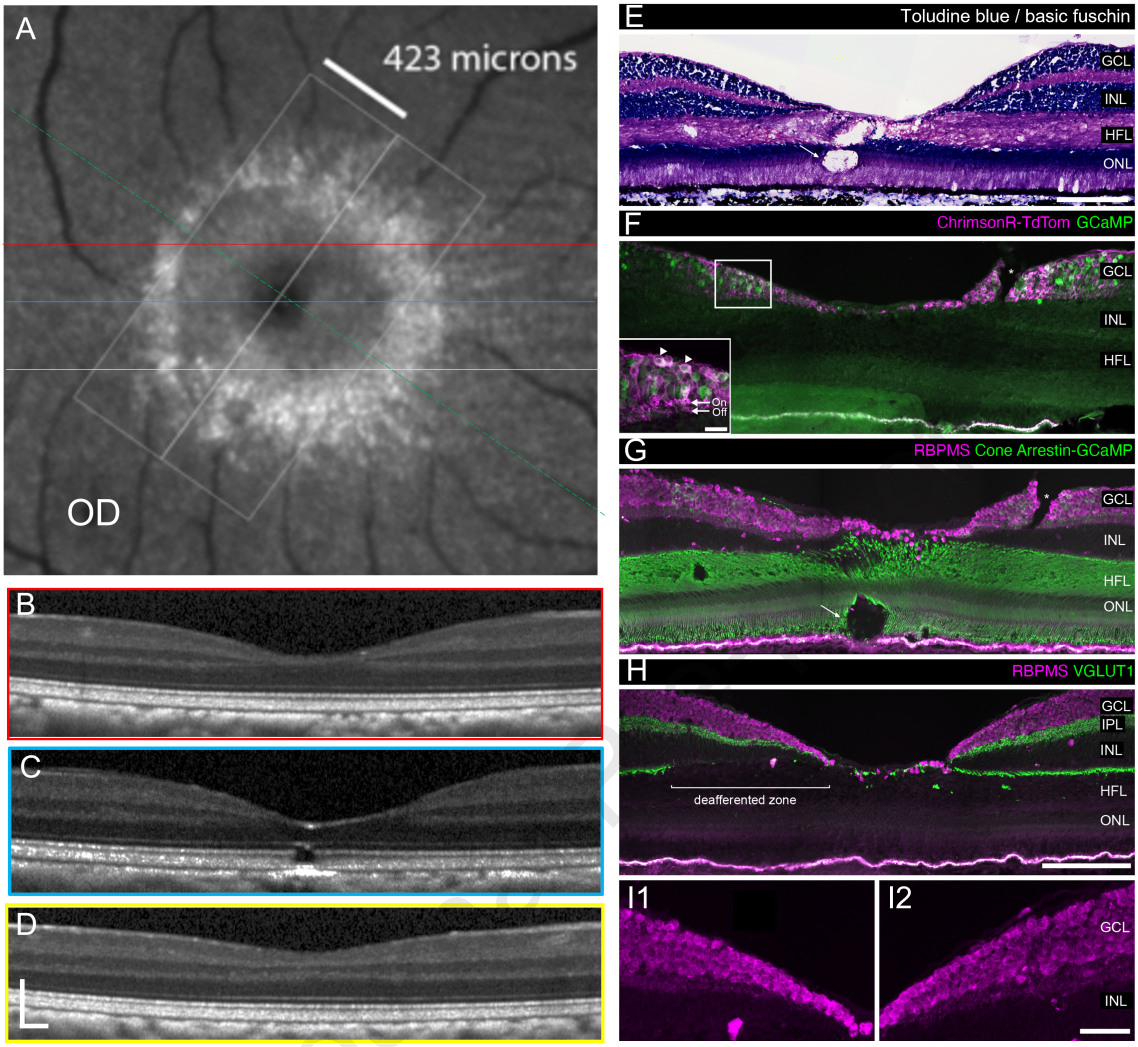











A
423 microns
OD
B
C
D
L
E
Toludine blue / basic fuschin
GCL
INL
HFL
ONL
F
ChrimsonR-TdTom GCaMP
GCL
INL
HFL
On
Off
G
RBPMS Cone Arrestin-GCaMP
GCL
INL
HFL
ONL
H
RBPMS VGLUT1
GCL
IPL
INL
HFL
ONL
deafferented zone
I1
I2
GCL
INL