

“Too much of a good thing”

How TrkA+ nerves enhance or subvert tissue regeneration

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Background

TrkA⁺ sensory nerves regulate acute tendon repair — a tractable therapeutic target



High-impact training

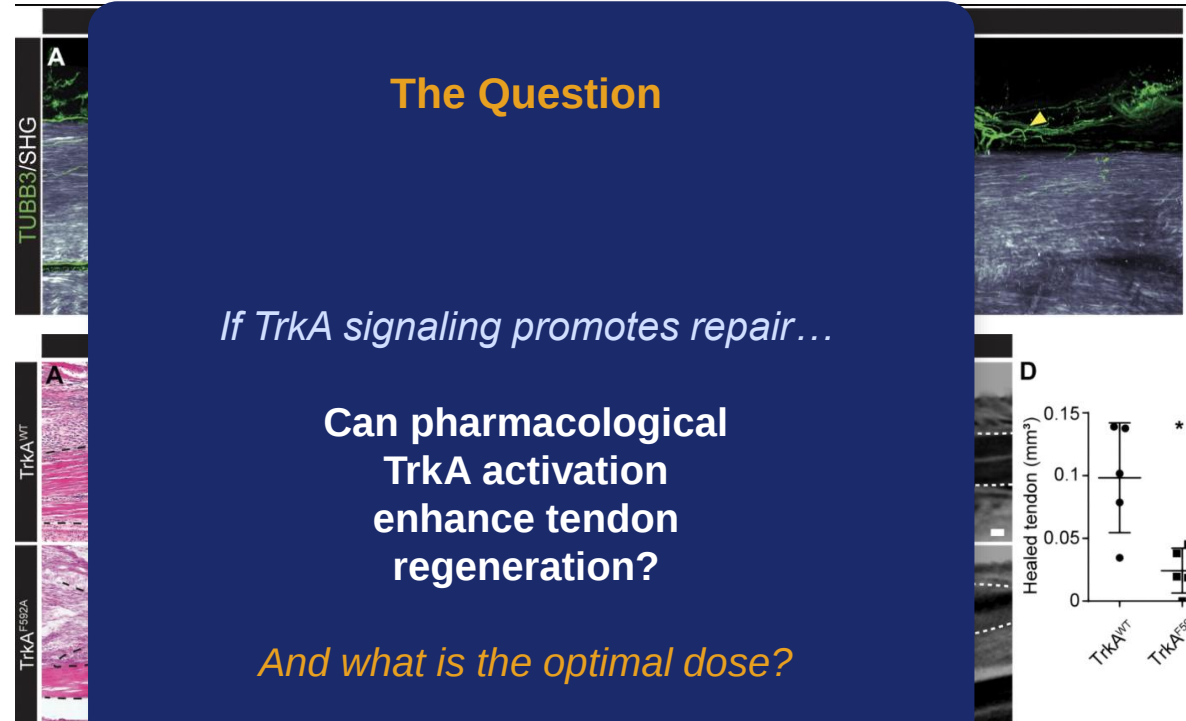
Repetitive loading and trauma often injure tendons.

Prolonged recovery

Tendon healing is slow and often produces scar-like matrix rather than native tendon.

Unmet need

Better treatments are needed to restore tendon structure and function.

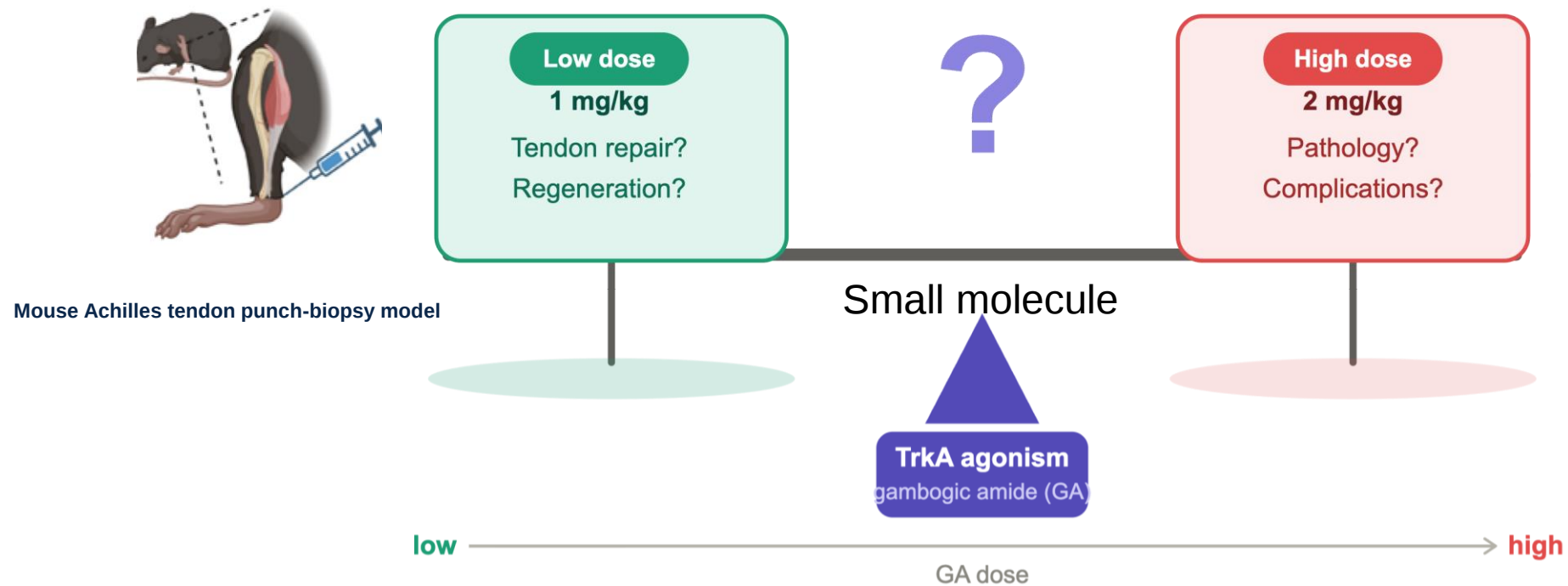


Masnsen Cherief, et.al Sci. Transl. Med.15,eade4619(2023).

Therapeutic gap: how can we harness NGF–TrkA signaling safely?

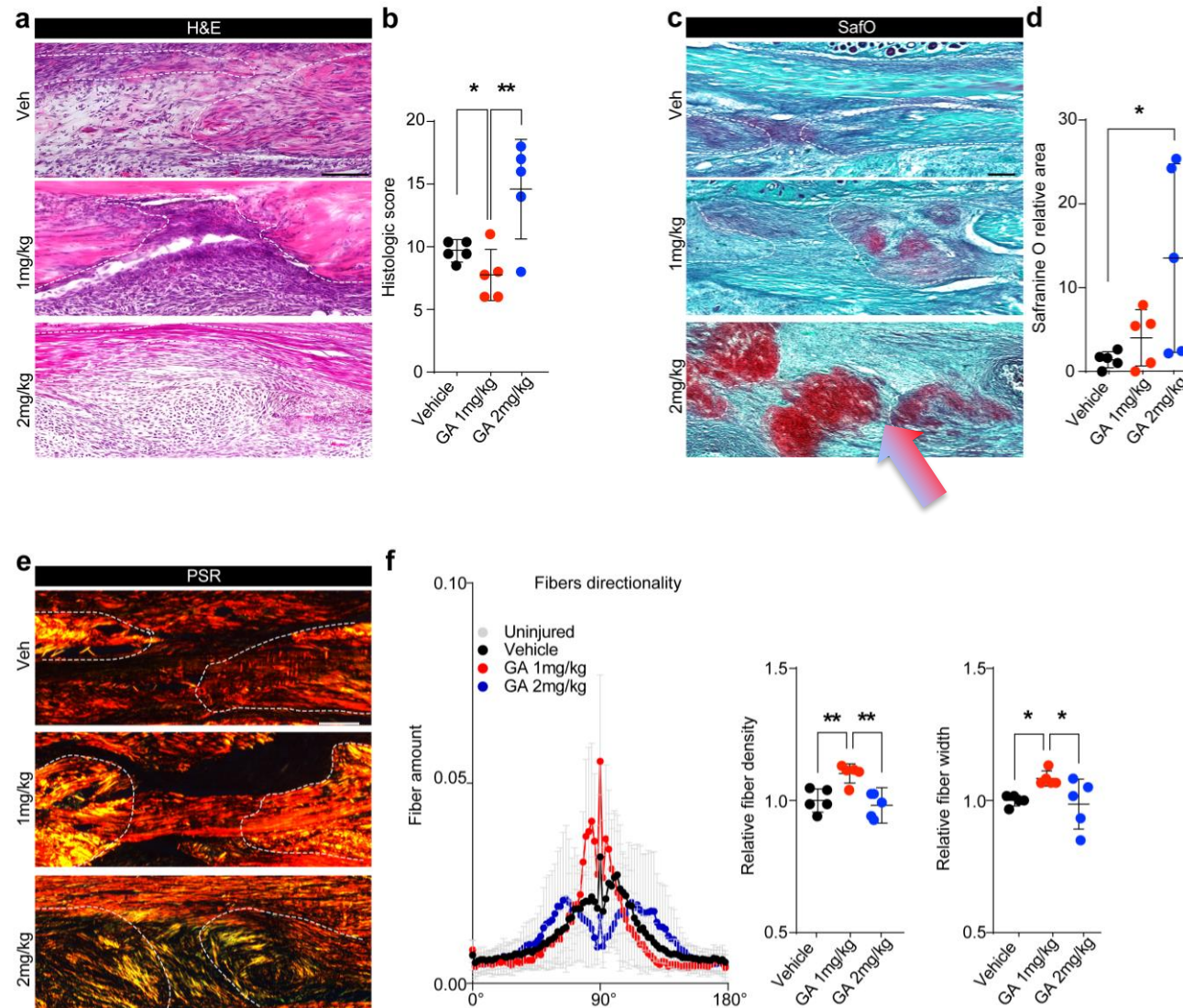
If TrkA agonism promotes repair...

does dose matter?



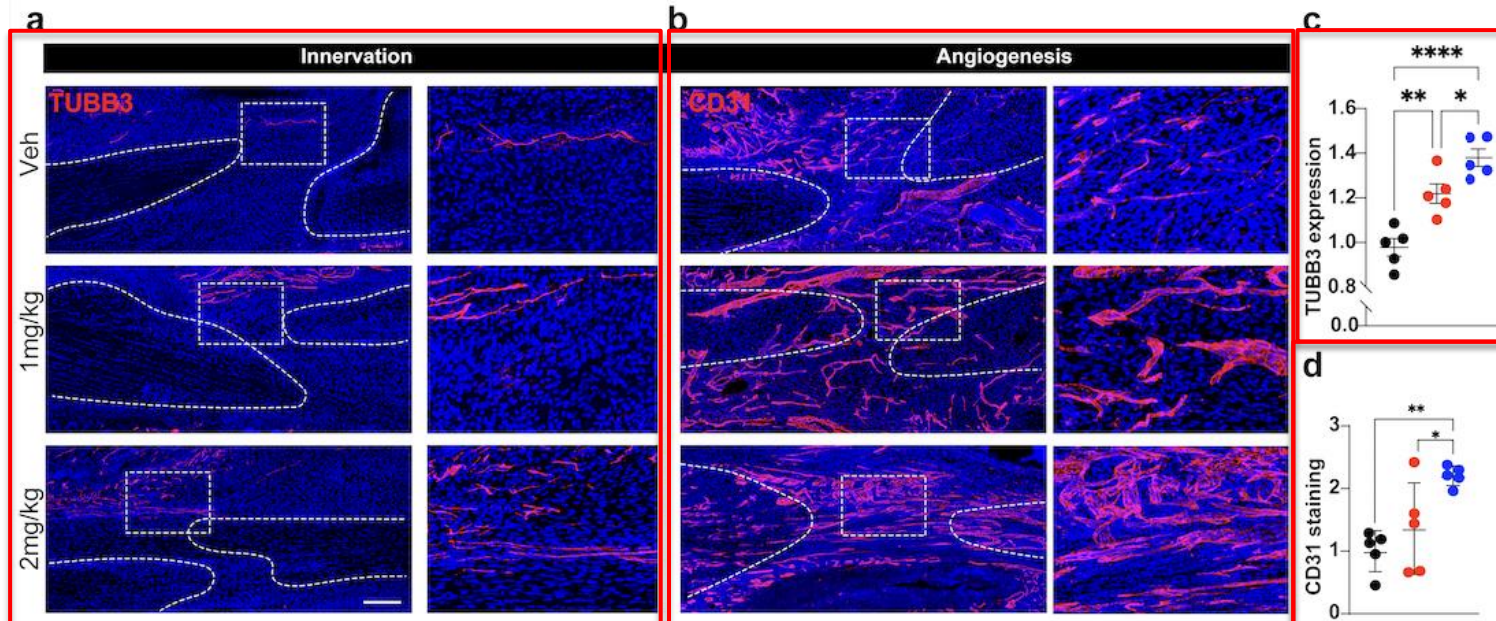
Question 1

Is there a therapeutic window for TrkA agonism?



Take-home
A narrow therapeutic window exists: too much TrkA activation is not good.

TrkA activation regulates cellular programs after tendon injury.

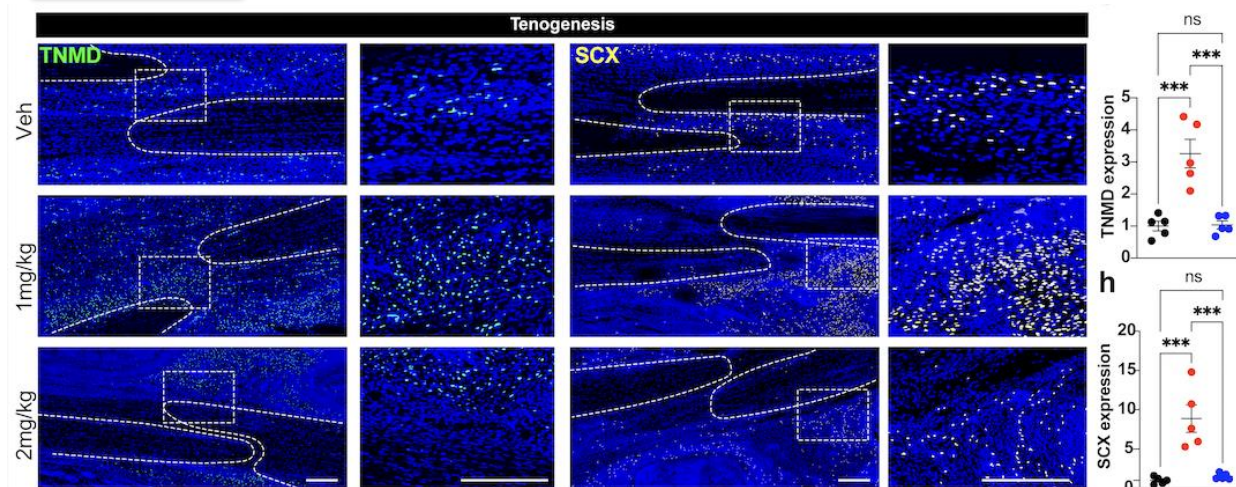


Key observation

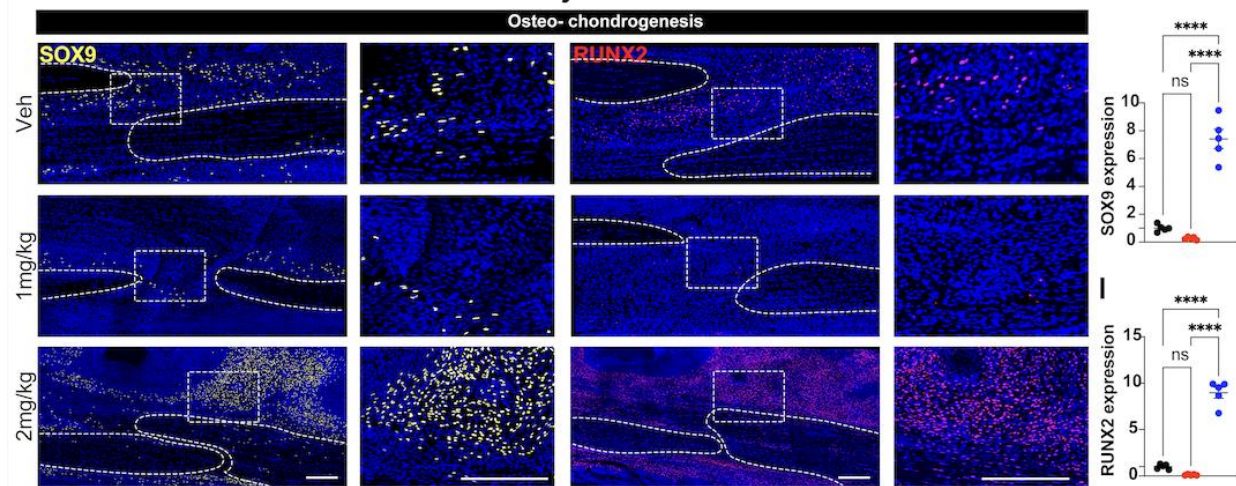
TUBB3+ innervation and CD31+ vessel density rises with GA dose.

Interpretation
Neurovascular expansion appears permissive, but excessive activation can be maladaptive.

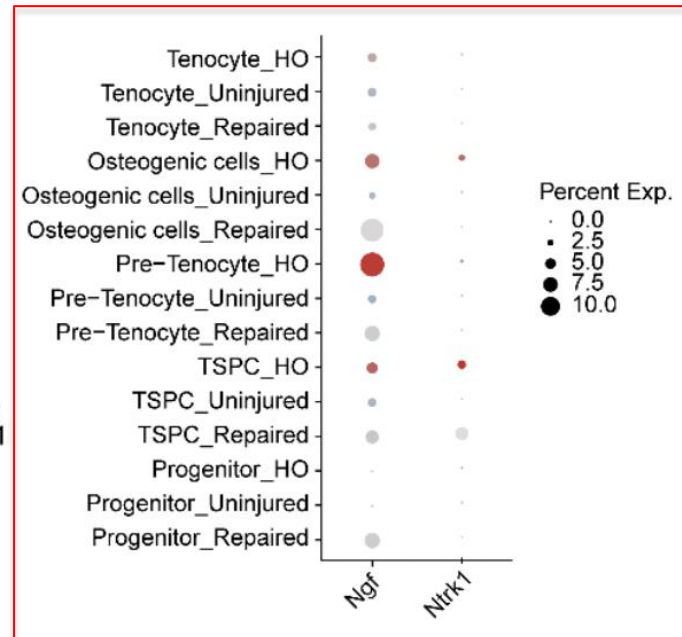
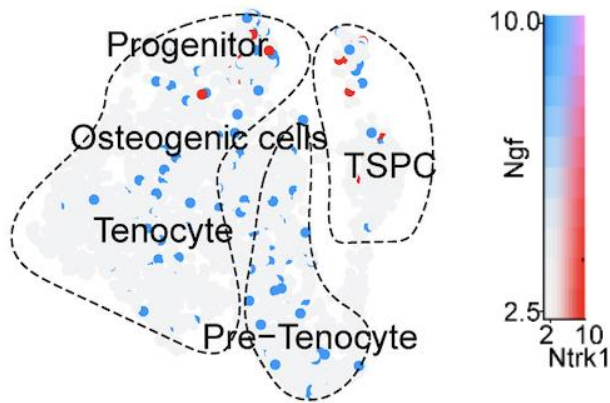
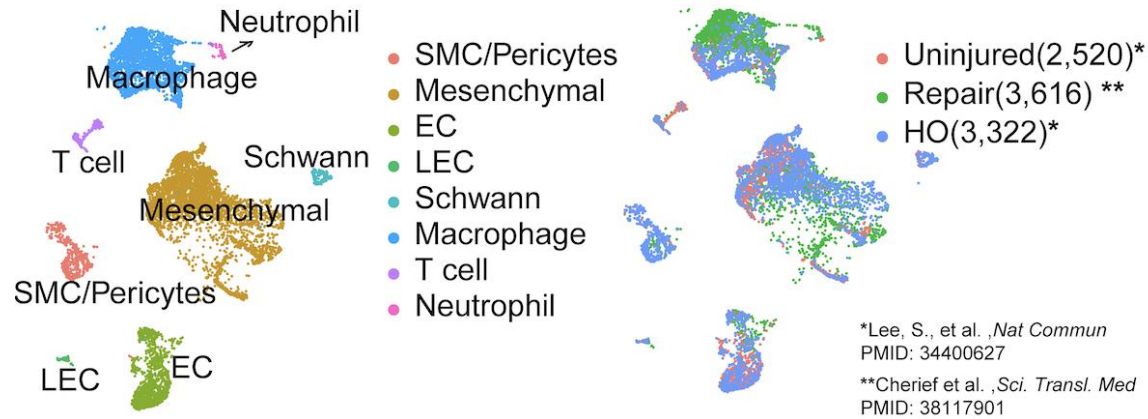
low dose supports tenogenesis, high dose triggers osteochondrogenesis



Low-dose GA
↑ TNMD and ↑ SCX, consistent with active tenogenic differentiation.



High-dose GA
↑ SOX9 and ↑ RUNX2, consistent with osteo-chondrogenesis.

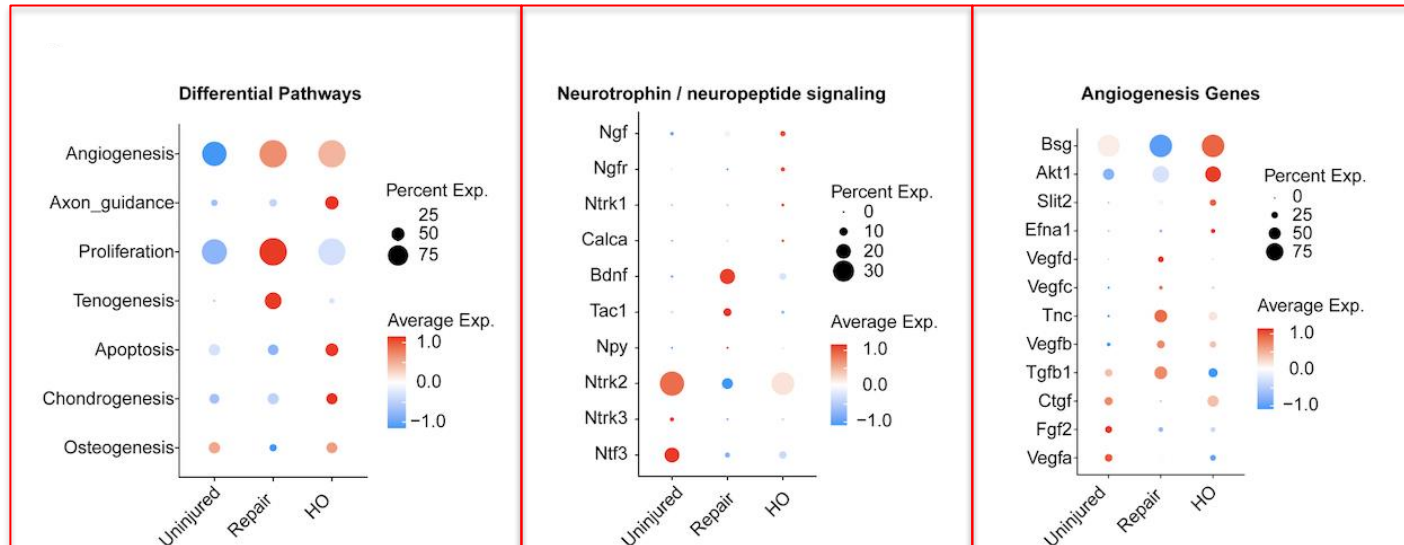
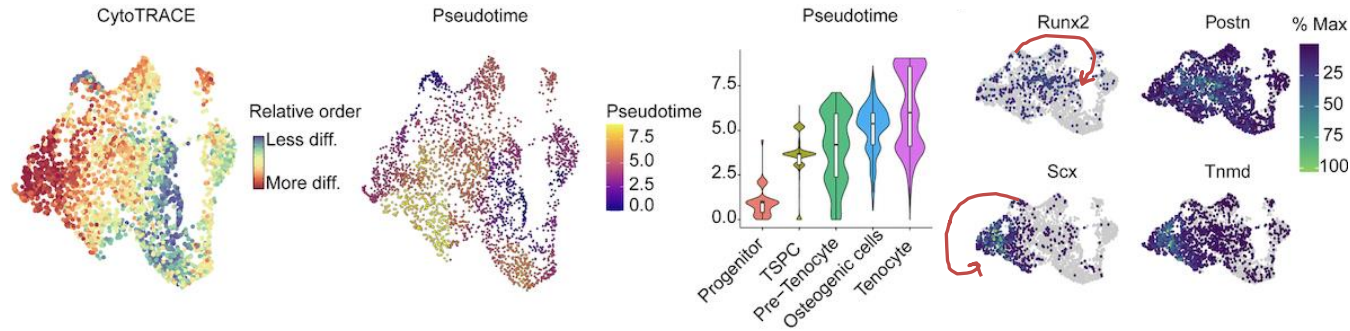


Repair : Low *Ngf* expression
HO (Heterotopic ossification): High *Ngf* expression

Question 2

How does dose change the cellular fate of tendon healing?

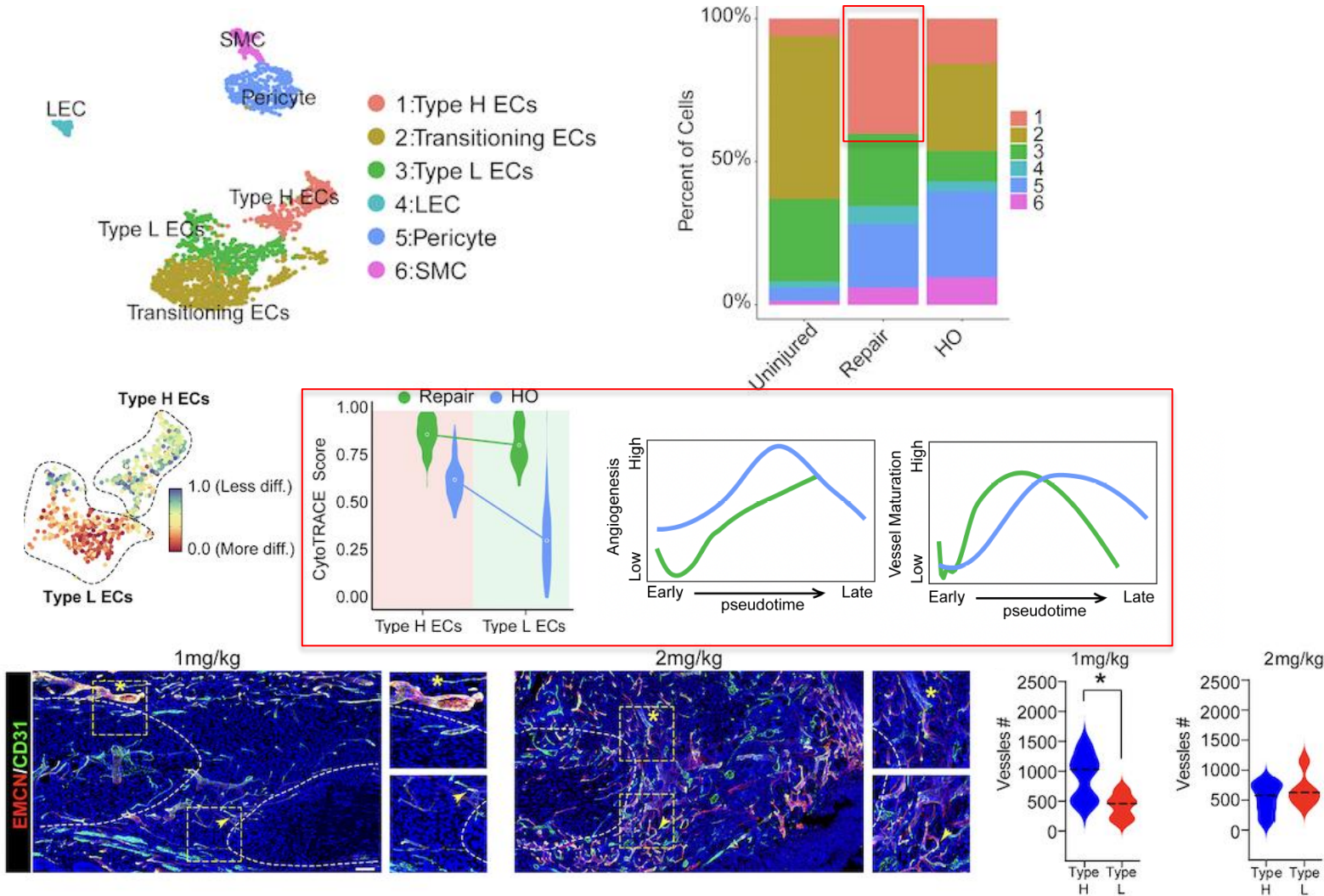
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Take-home
A coordinated shift in cell fate and signaling
may drive the transition from tendon repair to
pathological ossification.

Question 3

What endothelial state distinguishes productive repair from pathological ossification?

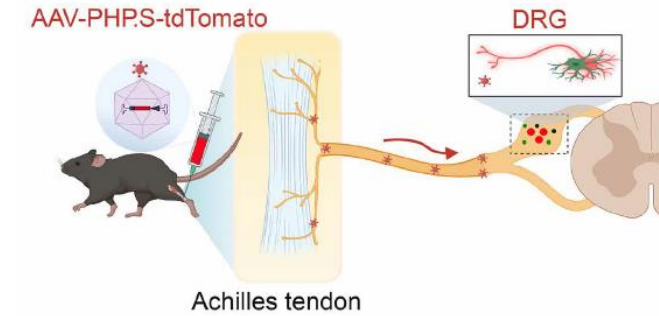


Take-home
Excessive NGF–TrkA activation may disrupt the repair-associated vascular niche and shift healing toward HO.

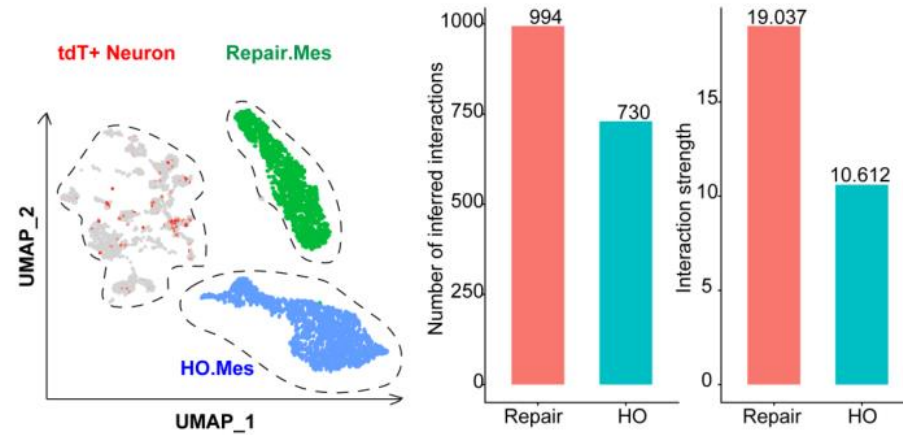
Question 4

How does neuron–mesenchymal signaling change during repair vs. HO?

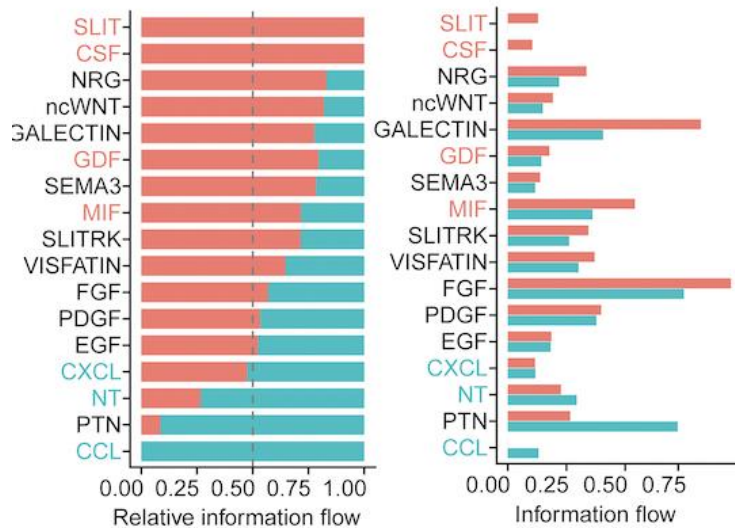
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Manyu Zhu et al., *Sci. Transl. Med.*15, eaec1380. doi: 10.1126/scitranslmed.aec1380. Epub 2026 May 13. PMID: 42127222.



Sender:tdT+Neuron
Receiver: Mes

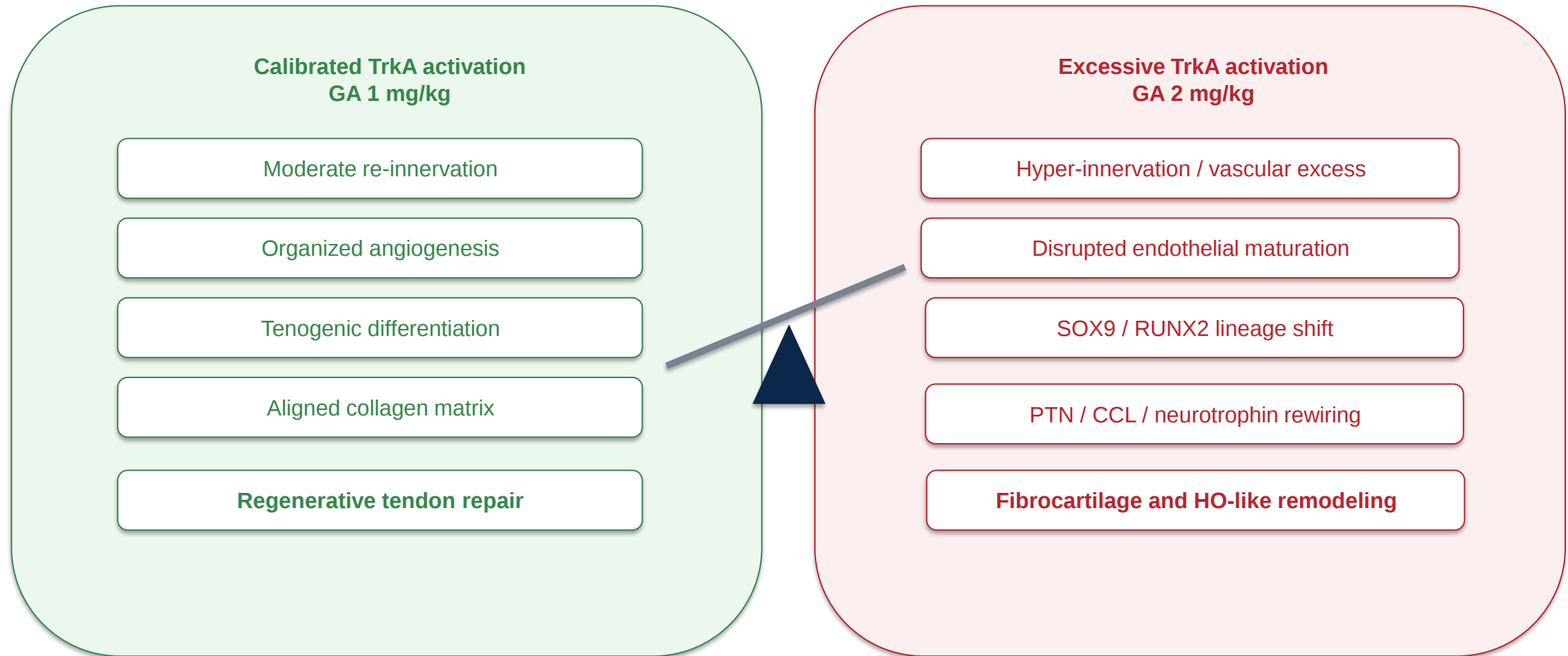


Key message

- Repair has a denser neuron→mesenchymal interaction network.
- Repair-enriched pathways include FGF / WNT / MIF-like signaling.
- HO shows stronger PTN / neurotrophin / chemokine-associated signaling toward osteogenic states.

Take-home
The transition to HO reflects rewiring of signaling programs, not simply more or less nerve input.

Integrated model: calibrated TrkA signaling promotes repair, but excessive signaling drives HO



Conclusions



Translational message
TrkA-targeted therapies may improve tendon repair in trauma settings, but only when signaling stays within the therapeutic window.

Thank you

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These authors contributed equally

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