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Mesodermal Nkx2.5 is necessary and sufficient for early second heart field development



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ABSTRACT

The vertebrate heart develops from mesoderm and requires inductive signals secreted from early endoderm. During embryogenesis, Nkx2.5 acts as a key transcription factor and plays essential roles for heart formation from *Drosophila* to human. In mice, Nkx2.5 is expressed in the early first heart field, second heart field pharyngeal mesoderm, as well as pharyngeal endodermal cells underlying the second heart field. Currently, the specific requirements for Nkx2.5 in the endoderm versus mesoderm with regard to early heart formation are incompletely understood. Here, we performed tissue-specific deletion in mice to dissect the roles of Nkx2.5 in the pharyngeal endoderm and mesoderm. We found that heart development appeared normal after endodermal deletion of *Nkx2.5* whereas mesodermal deletion engendered cardiac defects almost identical to those observed on *Nkx2.5* null embryos (*Nkx2.5*^{-/-}). Furthermore, re-expression of *Nkx2.5* in the mesoderm rescued *Nkx2.5*^{-/-} heart defects. Our findings reveal that Nkx2.5 in the mesoderm is essential while endodermal expression is dispensable for early heart formation in mammals.

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Introduction

The induction and development of the early embryonic heart is a dynamic process in vertebrates and require inductive signals secreted from the endoderm. During gastrulation, the cardiac precursors reside in the anterior region of the primitive streak. They migrate anterolaterally and form the lateral plate mesoderm that divides into somatic and splanchnic mesoderm (Buckingham et al., 2005; Abu-Issa and Kirby, 2007; Nakajima et al., 2009). As embryo folding occurs, the splanchnic mesoderm cells fuse at the midline to form a cardiac crescent. Subsequently, the first heart field (FHF) precursors in the cardiac crescent further fuse to form a linear heart tube that develops to the left ventricle (Buckingham et al., 2005; Abu-Issa and Kirby, 2007; Nakajima et al., 2009). The second heart field (SHF) is a subpopulation of cells located in the pharyngeal mesoderm. It contains precursors that give rise to the outflow tract, right ventricle, and atria (Abu-Issa and Kirby, 2007; Kelly et al., 2001; Cai et al., 2003; Mjaatvedt et al., 2001; Waldo et al., 2001).

The lateral plate and cardiac crescent mesoderm lie sub-adjacently to the endoderm. Studies from amphibians, birds and mice suggested that early endoderm elaborates heart-inducing factors (e.g., Bmps, Fgfs, and Wnt inhibitors) that induce nascent mesoderm toward cardiac fates (Nascone and Mercola, 1995; Schultheiss et al., 1995; Alsan and Schultheiss, 2002; Schneider and Mercola, 2001; Marvin et al., 2001; Tzahor and Lassar 2001; Brand, 2003; Lough and Sugi, 2000; Madabhushi and Lacy, 2011). During SHF development, endoderm-derived signals continue to play essential roles to govern SHF formation and deployment in a non-cell autonomous fashion. In mice, sonic hedgehog (Shh) is expressed in the pharyngeal endoderm (E7.5–10.5). Ablation of *Shh* in the endoderm or its receptor smoothened (*Smo*) in the SHF leads to aortic arch and outflow tract malformations (Lin et al., 2006; Goddeeris et al., 2007). Shh is required for SHF cell proliferation and survival, and regulates migration of hedgehog-responsive cells from SHF into atrial septum and pulmonary trunk (Dyer and Kirby, 2009; Hoffmann et al., 2009). It is largely unknown, however, whether and how the other pharyngeal endodermal signals contribute to heart formation during SHF development. This is an important and intriguing question given that several genes critical for SHF development are expressed in both pharyngeal mesoderm and endoderm (e.g., *Fgf8* and *Tbx1*), and their endodermal expression is essential for proper SHF formation

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(Macatee et al., 2003; Park et al., 2006; Arnold et al., 2006; Ilagan et al., 2006; Zhang et al., 2006).

Nkx2.5 is a homeobox transcription factor and plays fundamental roles for early heart formation and function from *Drosophila* to human (Harvey et al., 2002). Mice lacking *Nkx2.5* (*Nkx2.5*^{-/-}) die at E9.5–10.5 with severely underdeveloped heart (Lyons et al., 1995; Tanaka et al., 1999). Haploinsufficiency for *NKX2.5* in humans also causes congenital heart defects with a variety of malformations including atrial septal defect (ASD), double-outlet right ventricle (DORV) and tetralogy of Fallot (Schott et al., 1998; Prall et al., 2007). During early embryogenesis, *Nkx2.5* is expressed in the FHF, SHF pharyngeal mesoderm and its adjacent endodermal cells. In this study, we performed genetic analysis and attempted to determine specific requirements of *Nkx2.5* in the endoderm and mesoderm with regard to early SHF development.

Material and methods

Animal models

Foxa2^{MerCreMer} (denoted as *Foxa2*^{MerCreMer/+}) (Park et al., 2008), *Mesp1*^{Cre} (denoted as *Mesp1*^{Cre/+}) (Saga et al., 1999), *Nkx2.5*^{flx/flx} (denoted as *Nkx2.5*^{flf}) (Pashmforoush et al., 2004) and *Rosa26*^{LacZ} reporter (denoted as *R26R*^{LacZ/LacZ}) (Soriano, 1999) mouse lines were described previously. To generate a conditional *Nkx2.5* expression mouse model, a floxed *H2B-GFP-4XpolyA* cassette followed by 3XFLAG was targeted into *Nkx2.5* start codon in mice. 3XFLAG sequence is fused in frame with *Nkx2.5* 1st exon (Fig. 7). Tamoxifen (Sigma, T5648) was administered to the pregnant mice through oral gavage (Park et al., 2008). Mouse husbandry was carried out according to an approved IACUC protocol at the Icahn School of Medicine at Mount Sinai.

Whole mount RNA *in situ* hybridization, histology and immunohistochemistry

Whole mount RNA *in situ* hybridization of mouse embryos was carried out according to Wilkinson's protocol (Wilkinson, 1992). For histology, whole mount mouse embryos were fixed in 4% paraformaldehyde, dehydrated through graded methanol and embedded in paraffin. Paraffin sections were cut at 8- μ m thickness with a Leica RM 2255 microtome. Immunostaining of anti-*Nkx2.5* antibody (Abcam ab35842, 1:50) was carried out on 8- μ m paraffin sections with citrate-based antigen retrieval procedure (10 mM sodium citrate, pH 6.0).

X-gal staining

Mouse embryos were fixed in 4% paraformaldehyde for 30 min. After permeabilization (0.02% Na deoxycholate, 0.01% NP-40 in PBS), embryos were stained in X-gal solution (5 mM K-ferricyanide, 5 mM K-ferrocyanide, 2 mM MgCl₂, and 1 mg/ml X-gal in PBS) for 12 h.

Scanning Electron Microscopy (SEM) analysis

A standard SEM sample preparation procedure was applied to process mouse embryos (Cai et al., 2003). In brief, embryos were primarily fixed with 3% glutaraldehyde with a 0.2 M Na cacodylate buffer followed by fixation in 1% osmium tetroxide for 2 h, dehydrated in graded steps of ethanol and then critical point dried, sputter coated with gold-palladium and observed with a Hitachi S13300 scanning electron microscope at Mount Sinai.

Results and discussion

Nkx2.5 is expressed in the early pharyngeal endoderm during mouse embryogenesis

We performed whole mount RNA *in situ* hybridization to detect *Nkx2.5* transcripts on E7.5–9.0 mouse embryos. As previously described (Searcy et al., 1998; Komuro and Izumo, 1993; Lints et al., 1993; Kasahara et al., 1998), *Nkx2.5* is expressed in the early cardiac crescent at E7.5–7.75 (unnotched arrowheads in Fig. 1A1, B1). As development proceeds, the cardiac crescent cells fuse at the midline to form a linear heart tube, and then loops with addition of cells from the SHF (Fig. 1C,D,F). *Nkx2.5* expression encompasses all the cardiac regions, including primitive left ventricle (asterisks in Fig. 1C1,D2,F2/4), SHF-derived outflow tract and right ventricle, as well as atria and sinus venosus (Fig. 1E–G). *Nkx2.5* is also detected in the pharyngeal region adjacent to the heart (arrows in Fig. 1C1,D2,F1/4). Transverse sections of E7.75–9.0 embryos revealed that *Nkx2.5*⁺ cells are located in the pharyngeal mesoderm (notched arrows in Fig. 1C2,E,G) and its adjacent endoderm (unnotched arrows in Fig. 1C2,E,G) and ectoderm cells (brackets in Fig. 1B3,C2,E1/2). We examined a series of E7.5–8.0 embryos and found that *Nkx2.5* is first detected in the pharyngeal endoderm at ~E7.75 (unnotched arrows in Fig. 1B2/3,A3). In addition, its pharyngeal expression is detected in the anterior but not in the posterior regions on E8.0–9.0 embryos (arrows in Fig. 1E,G).

Morphogenetic defects of *Nkx2.5*^{-/-} hearts are apparent as early as E8.5 (Lyons et al., 1995; Tanaka et al., 1999). Given that *Nkx2.5* is dynamically expressed in the pharyngeal endoderm and mesoderm (cardiac mesoderm and pharyngeal mesoderm), we investigated whether it has functions in both tissue layers during early cardiac development.

Elimination of *Nkx2.5* in the pharyngeal endoderm does not affect heart formation

To determine potential roles for *Nkx2.5* in the pharyngeal endodermal during heart development, we crossed *Nkx2.5*^{flf}; *R26R*^{LacZ/LacZ} mice to *Foxa2*^{MerCreMer/+}; *Nkx2.5*^{flf} mice. In this genetic cross, 50% embryos are anticipated to be mutants (*Foxa2*^{MerCreMer/+}; *Nkx2.5*^{flf}; *R26R*^{LacZ/+}), and the remaining 50% are controls (*Nkx2.5*^{flf}; *R26R*^{LacZ/+}). The *Foxa2*^{MerCreMer} allele has been shown to confer rapid, robust Cre activity in the pharyngeal endoderm, notochord, and floorplate after tamoxifen administration (Park et al., 2008). The *R26R*^{LacZ} reporter allele was used to document Cre efficiency.

To ensure complete Cre excision, we administered tamoxifen daily to the pregnant dams for three consecutive days from E6.5 (0.12 mg/g body weight, oral gavage) (Park et al., 2008), and harvested the embryos at E9.5–13.5 (Fig. 2A). Robust and uniform X-gal staining was detected in the pharyngeal endoderm and other *Foxa2*-expressing cells (e.g., notochord and floorplate) in mouse embryos at E9.5 (Figs. 2B,H and S1). We further performed *Nkx2.5* immunostaining on mutant embryos at E9.0 and E8.0, and found that its expression was specifically removed in the pharyngeal endoderm, but not the heart or pharyngeal mesoderm (Fig. 3). These results indicate that *Foxa2*^{MerCreMer} indeed mediates effective Cre recombination in the pharyngeal endoderm of *Foxa2*^{MerCreMer/+}; *Nkx2.5*^{flf}; *R26R*^{LacZ/+} mice as early as E8.0.

We injected a total of 26 pregnant female mice and collected 73 E9.5 (17 litters), 10 E10.5 (2 litters), 8 E11.5 (2 litters), 13 E12.5 (2 litters) and 13 E13.5 (3 litters) mutant embryos. Interestingly, the mutant mice exhibited normal heart formation at all embryonic stages assayed (Fig. 2B,D,F), and they can survive to birth (even to adulthood). Cardiac shape of the mutant embryos was indistinguishable from their

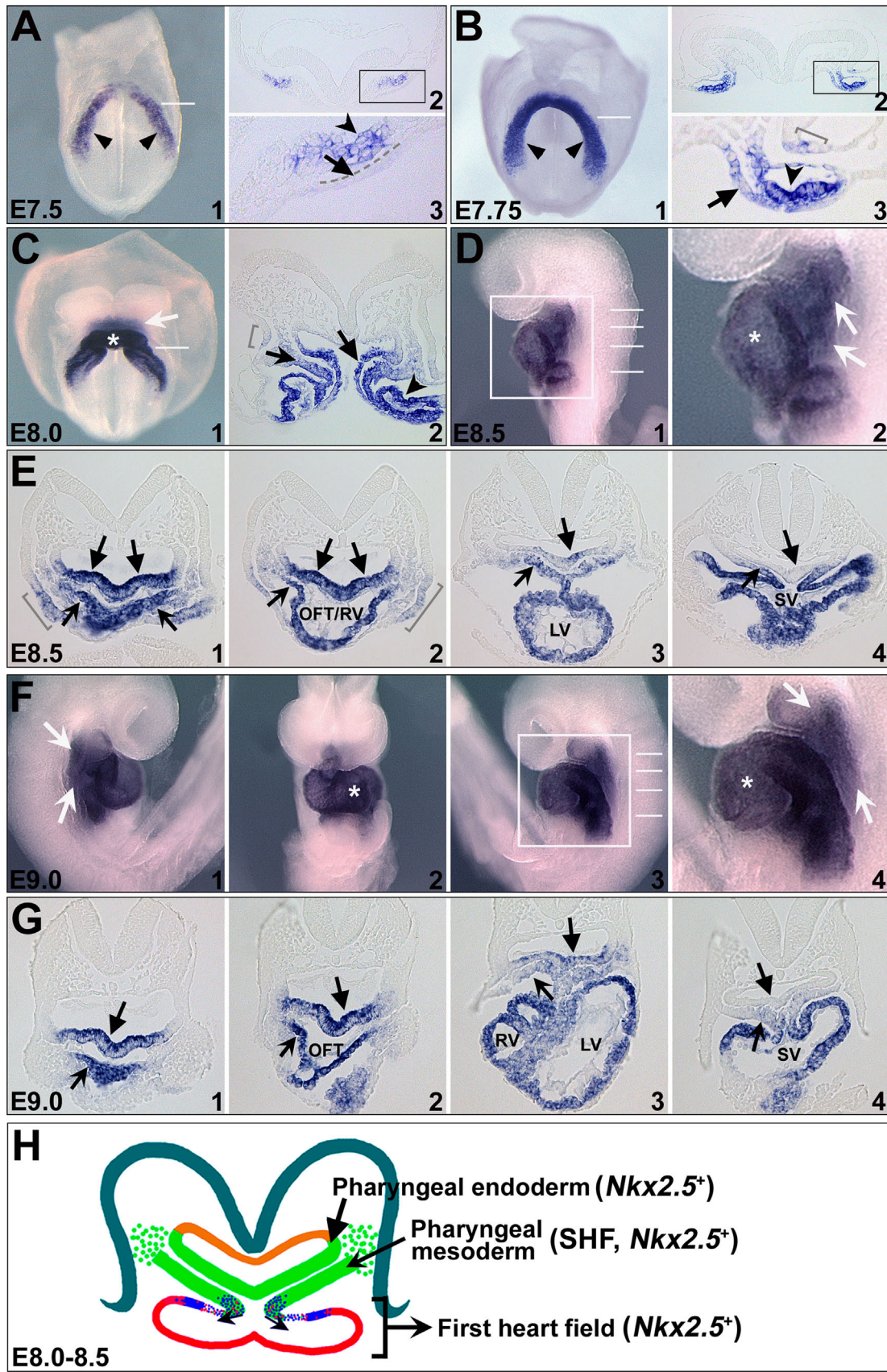


Fig. 1. Expression of *Nkx2.5* in the FHF, SHF and pharyngeal endoderm during early mouse embryogenesis. (A–G) Whole-mount RNA *in situ* hybridization of *Nkx2.5* expression in E7.5–E9.0 mouse embryos. A1/B1/C1 are frontal views and D1 is a left lateral view of mouse embryos at corresponding stages. F1/2/3 are right lateral, frontal and left lateral views of E9.0 embryo. A2/B2/C2/E1–5/G1–5 are transverse sections of embryos with approximate positions shown by white lines in A1/B1/C1/D1/F3. A3/B3/D2/F4 are high magnification images of A2/B2/D1/F3 in the square areas, respectively. Unnotched arrowheads in A1/B1 indicate cardiac crescent. Unnotched arrows in A3/B3 indicate splanchnic endoderm. Notched arrowheads in A3/B3 indicate cardiogenic mesoderm. Arrows in C/D/F indicate *Nkx2.5* expression in the pharyngeal regions, including pharyngeal mesoderm (notched arrows in C2/E/G) and endoderm (unnotched arrows in C2/E/G) and ectoderm (brackets in B3,C2,E1/2). Asterisks in C/D/F indicate FHF cells. (H) Schematic of *Nkx2.5* expression in E8.0–E8.5 mouse embryos with transverse section in the pharyngeal region. *Nkx2.5* is expressed in both the FHF-derived linear heart tube (red) and pharyngeal mesoderm SHF (green, notched arrow), as well as pharyngeal endoderm (green, unnotched arrow). OFT, outflow tract; RV, right ventricle; LV, left ventricle.

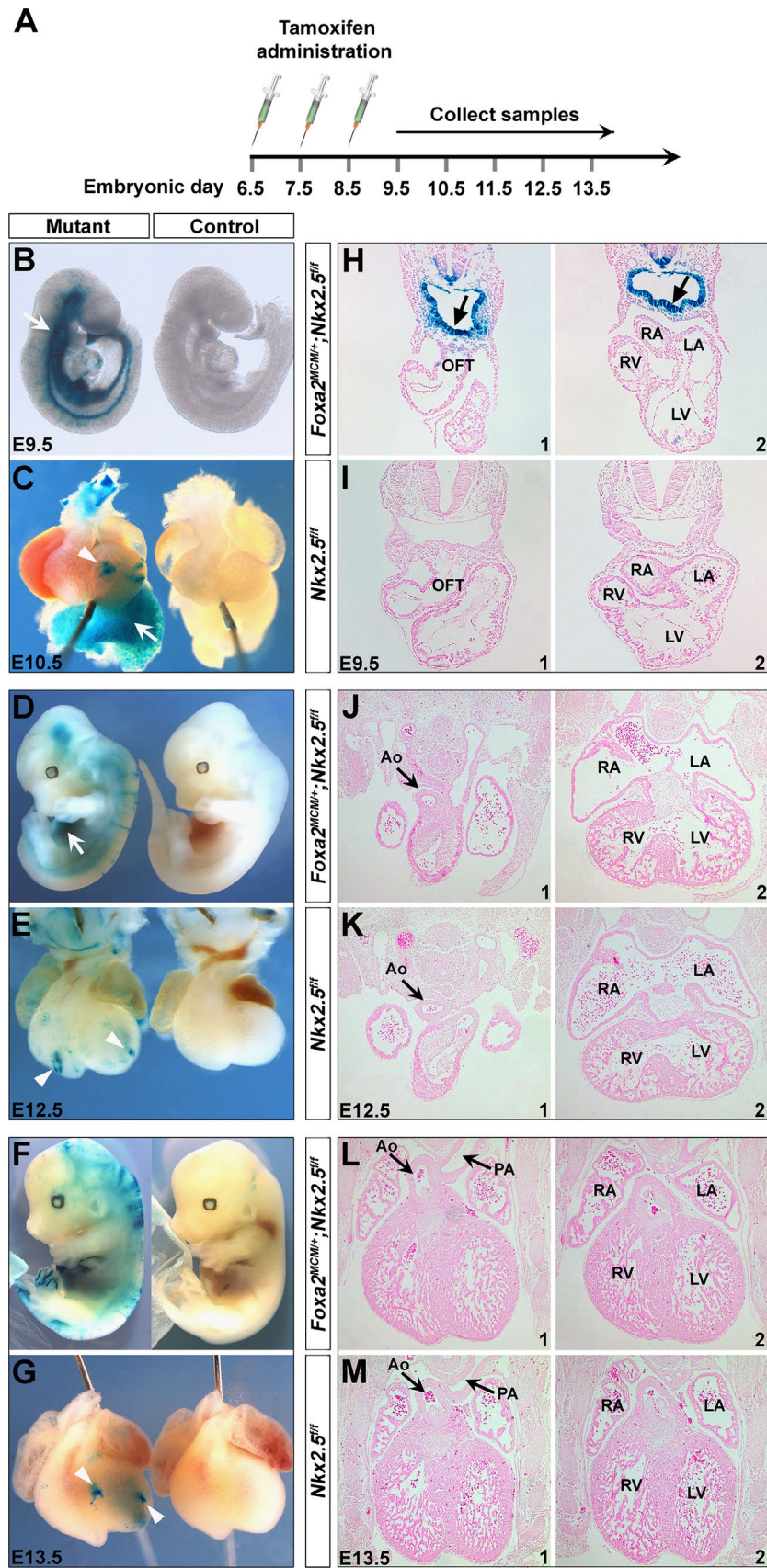


Fig. 2. Disruption of *Nkx2.5* in the pharyngeal endoderm with *Foxa2^{MerCreMer}*. (A) Diagram of the time course of tamoxifen administration to pregnant females at E6.5, E7.5 and E8.5. Embryos were harvested at E9.5 (B), E10.5 (C), E12.5 (D) and E13.5 (F). (B–G) X-gal⁺ cells were detected in the pharyngeal endoderm (arrows in B and H) and endoderm-derived liver tissues (arrows in C and D) of mutant embryos (*Foxa2^{MerCreMer}+/+*; *Nkx2.5^{fl/fl}*; *R26R^{LacZ}/+*). Control littermates (*Nkx2.5^{fl/fl}*; *R26R^{LacZ}/+*) were negative for X-gal staining (B–G). Scattered X-gal⁺ cells were detected in the mutant hearts (arrowheads in C, E and G) (Park et al., 2008). (H–M) Transverse sections of the embryos. Mutant hearts displayed indistinguishable morphology from their littermates. RA, right atrium; LA, left atrium; Ao, aorta; PA, pulmonary artery.

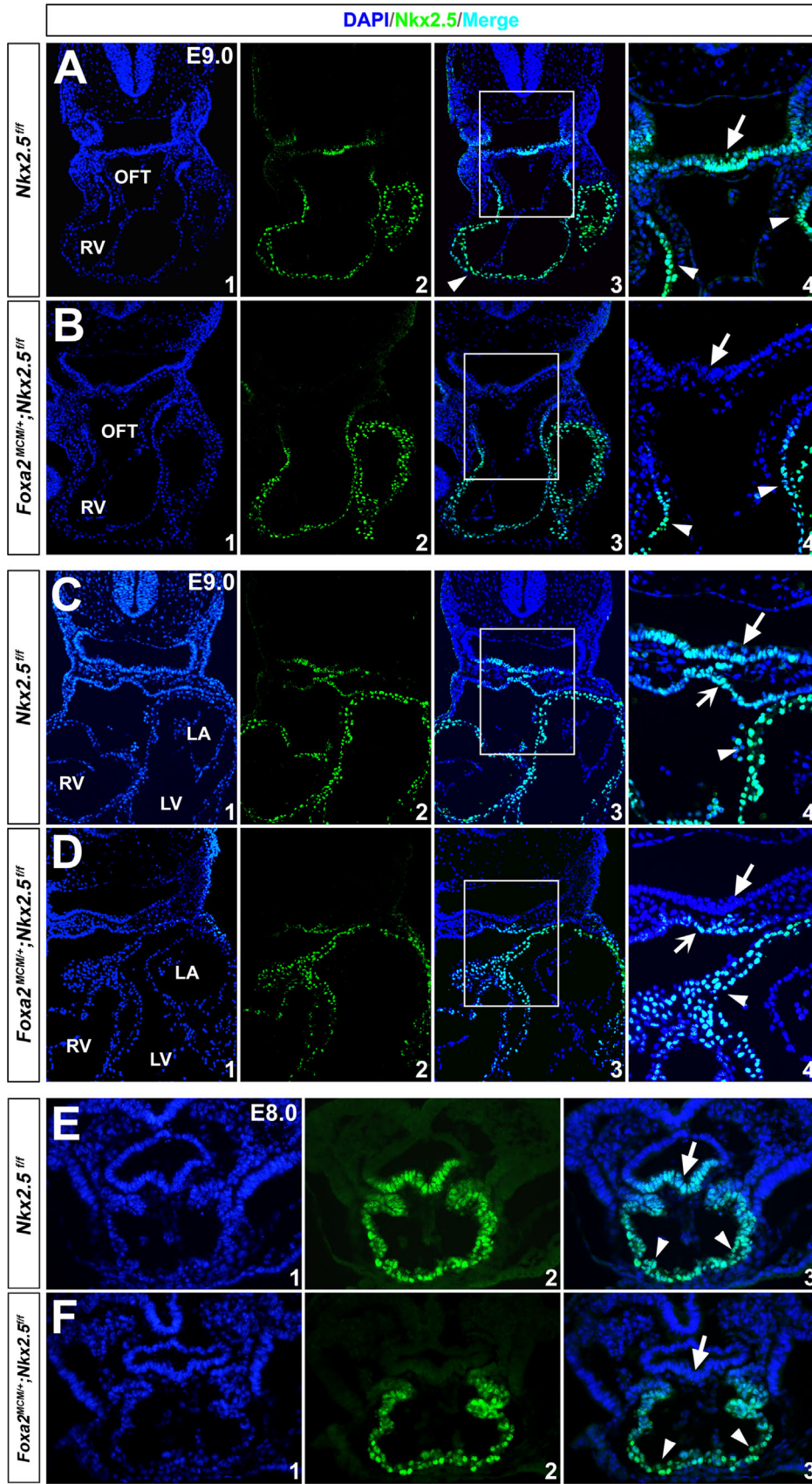


Fig. 3. Nkx2.5 protein is eliminated in the pharyngeal endoderm by *Foxa2*^{MerCreMer} with tamoxifen induction. Immunostaining of Nkx2.5 on transverse sections of mutant (*Foxa2*^{MerCreMer/+}; *Nkx2.5*^{fl/fl}; *R26R*^{LacZ/+}, B/D,F) and control embryos (*Nkx2.5*^{fl/fl}; *R26R*^{LacZ/+}, A/C,E) at E9.0 and E8.0. A/B, C/D and E/F are comparable sections of the control and mutant embryos at corresponding stages. (A,C,E) Consistent with RNA *in situ* hybridization, Nkx2.5 protein was detected in the myocardial wall (arrowheads), pharyngeal mesoderm (notched arrows) and underlying endodermal cells (unnotched arrows). (B,D,F) In the mutants, Nkx2.5 immunoreactivity was eliminated in the pharyngeal endoderm (unnotched arrows), but persisted normally in the heart tube (arrowheads) and pharyngeal mesoderm (notched arrows). A4/B4/C4/D4 are high magnification images for A3/B3/C3/D3 in the square areas, respectively.

littermate controls (Fig. 2C,E,G). Further histological analysis of the mutant hearts also supported these initial observations: no abnormalities were detected in outflow tract or right ventricle formation (Fig. 2H,I), aorta or pulmonary artery division (Fig. 2J–M), or chamber septation (Fig. 2L,M). These cardiac components are derived from, and regulated by, the SHF (Cai et al., 2003; Lin et al., 2006; Goddeeris et al., 2007; Dyer and Kirby, 2009; Hoffmann et al., 2009; Macatee et al., 2003; Park et al., 2006; Arnold et al., 2006; Ilagan et al., 2006; Zhang

et al., 2006). As reported previously (Park et al., 2008), we detected a few scattered X-gal⁺ cells in the mutant hearts (arrowheads in Fig. 2C, E,G). This may be due to transient *Foxa2* expression in the anterior mesoderm at the late streak and early bud stage (Park et al., 2008; Tam and Steiner, 1999). These scattered recombination events had no detectable effect on the cardiac development of mutant embryos.

To address *Nkx2.5* function at the molecular level in *Foxa2^{MerCreMer}+*;*Nkx2.5^{flf}* mutants, we examined expression of

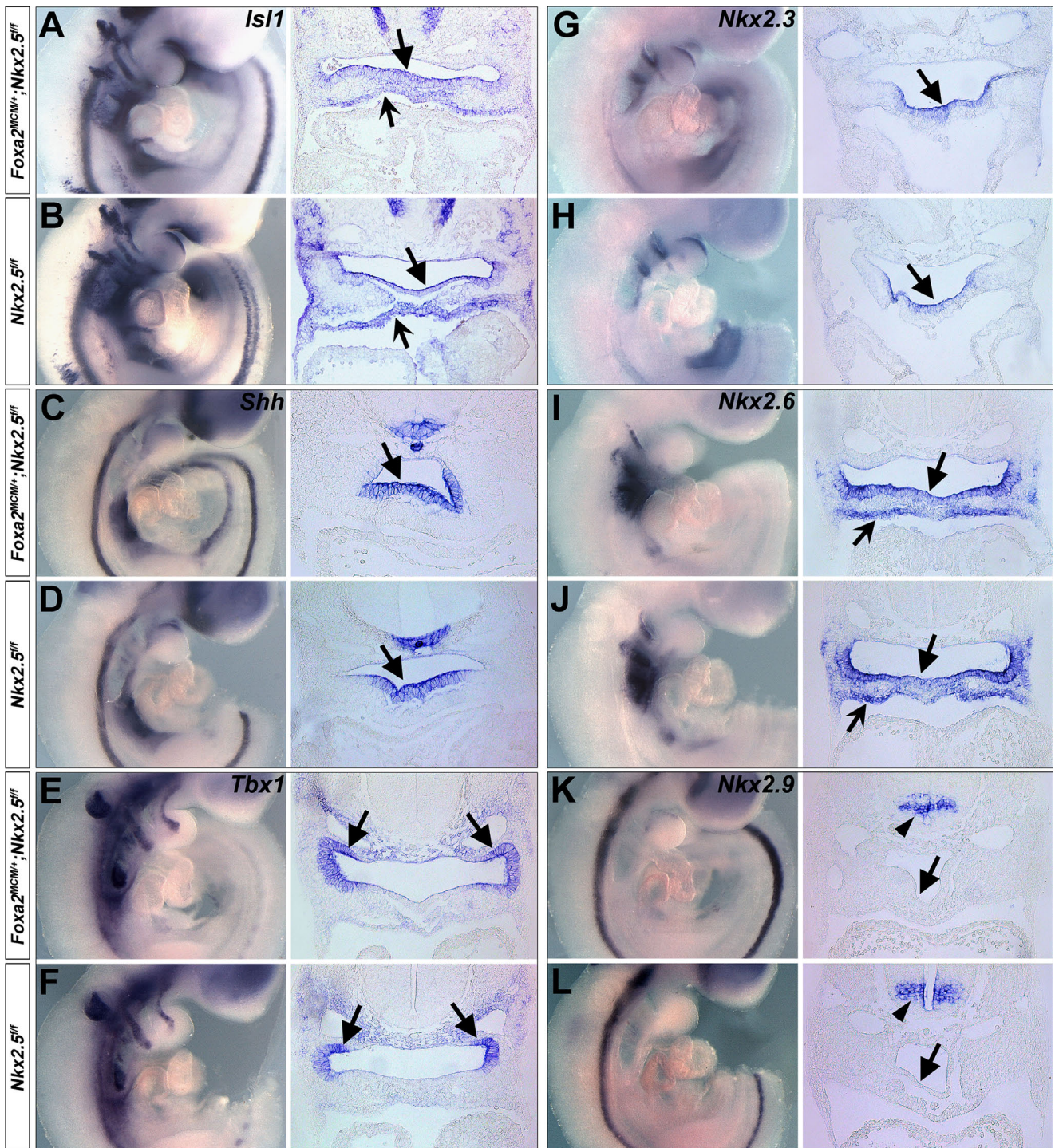


Fig. 4. Endodermal deletion of *Nkx2.5* has little impact on gene expressions in the pharyngeal endoderm and mesoderm. (A–F) *Isl1*, *Shh* and *Tbx1* are expressed in the pharyngeal endoderm (unnotched arrows) and/or mesoderm (notched arrows) (A,C,E), and their expression is unchanged in *Foxa2^{MerCreMer}+*;*Nkx2.5^{flf}* embryos (B,D,F). (G–L) *Nkx2.3* is expressed in the pharyngeal endoderm (G, unnotched arrows) and *Nkx2.6* is expressed in both pharyngeal endoderm (I, unnotched arrows) and mesoderm (notched arrows). *Nkx2.9* is expressed in the neural tube but not in the pharyngeal endoderm (K, unnotched arrows). Expression of these *Nk-2* genes is normal in *Foxa2^{MerCreMer}+*;*Nkx2.5^{flf}* embryos. H/J/L are corresponding controls.

genes in the pharyngeal endoderm and/or mesoderm with critical roles for SHF development, including *Isl1* (Cai et al., 2003), *Shh* (Lin et al., 2006; Goddeeris et al., 2007; Dyer and Kirby, 2009; Hoffmann et al., 2009), *Tbx1* (Arnold et al., 2006; Zhang et al., 2006, 2005), *Fgf4/8/10* (Cai et al., 2003; Macatee et al., 2003; Park et al., 2006; Ilagan et al., 2006; Kelly and Buckingham, 2002; Golzio et al., 2012; Watanabe et al., 2010, 2012), *Bmp4/7* (Cai et al., 2003; Wang et al., 2010; Kim et al., 2001) and *Foxa2/c1/c2/h1* (Harrelson et al., 2012; Seo and Kume, 2006; von Both et al., 2004) at E9.5. RNA *in situ* hybridization revealed expression of these

genes was in general unchanged in the mutants (Figs. 4A–F and S2, data not shown for *Foxc1/c2/h1*).

Mesodermal deletion of Nkx2.5 engenders similar cardiac defects to Nkx2.5 null mice

We next deleted *Nkx2.5* function using *Mesp1^{Cre}* which is specifically expressed in nascent mesoderm during gastrulation (Saga et al., 1999, 2000). *Mesp1^{Cre}* progeny includes all the cells in the heart and the pharyngeal mesoderm, but no cells in the

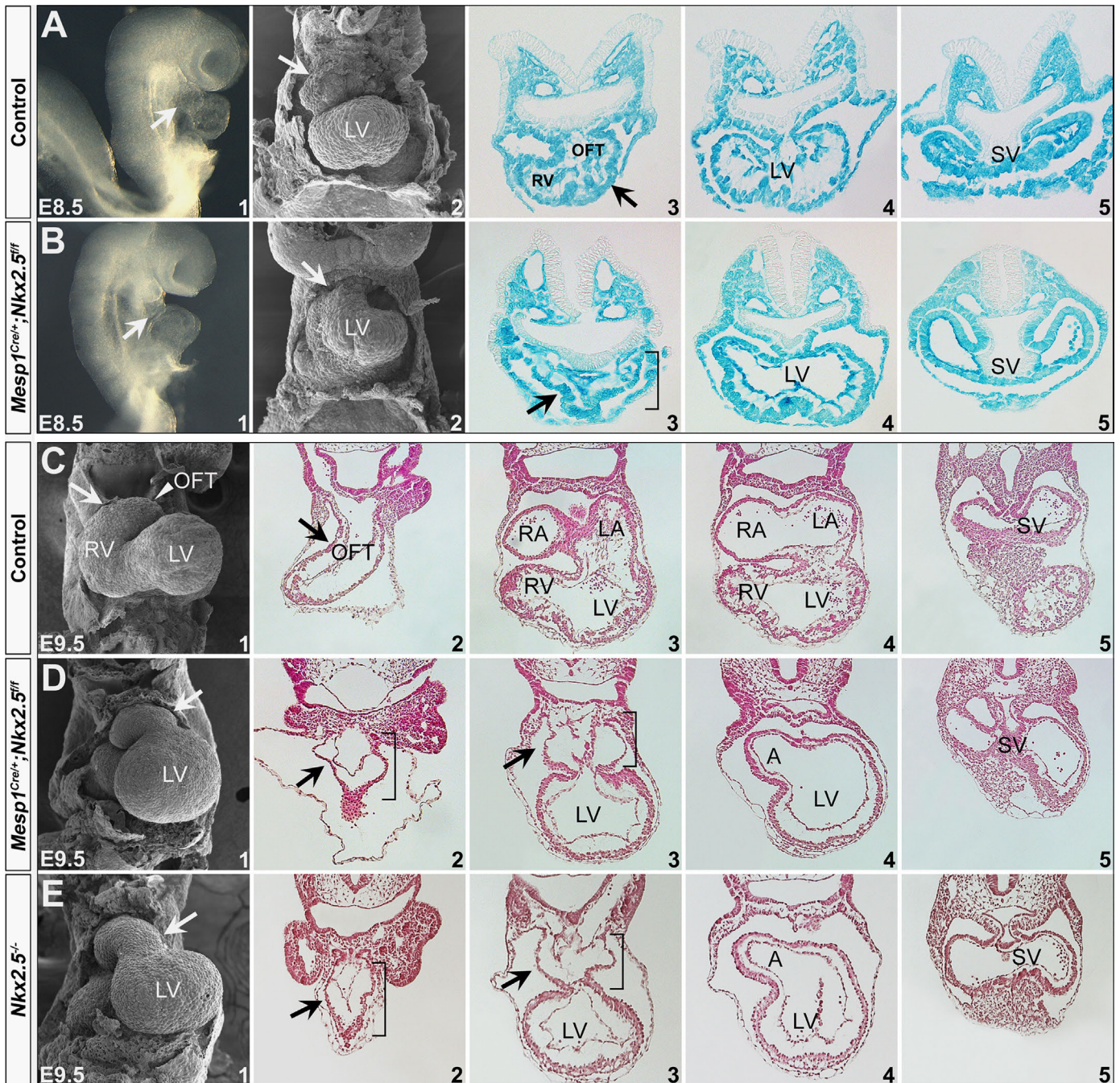


Fig. 5. Disruption of *Nkx2.5* in the mesoderm with *Mesp1^{Cre}*. (A,B) Mouse embryos with mesoderm-specific deletion of *Nkx2.5* have cardiac malformations at E8.5. A1/B1 are right lateral views and A2/B2 are frontal views with SEM. Cardiac OFT and RV were severely underdeveloped in the mutants (arrows in B1,2). Transverse sections of control (*Mesp1^{Cre}/+; Nkx2.5^{fl/fl}; R26R^{LacZ/+}*) and mutant (*Mesp1^{Cre}/+; Nkx2.5^{fl/fl}; R26R^{LacZ/+}*) stained with X-gal indicate *Mesp1^{Cre}* lineage includes mesoderm tissues (heart and pharyngeal mesoderm), but not ectoderm or endoderm (A3–5 and B3–5, and Fig. S3). OFT and RV defects were shown by transverse sections (arrow and bracket in A3/B3). (C–E) At E9.5, mutant hearts are unlooped and the OFT and RV are hypoplastic (D1). The general morphology of the mutant hearts is similar to that of *Nkx2.5^{-/-}* hearts at E9.5 (E1). C2–5, D2–5 and E2–5 are transverse sections of the hearts. Brackets in D/E indicate hypoplastic OFT and RV.

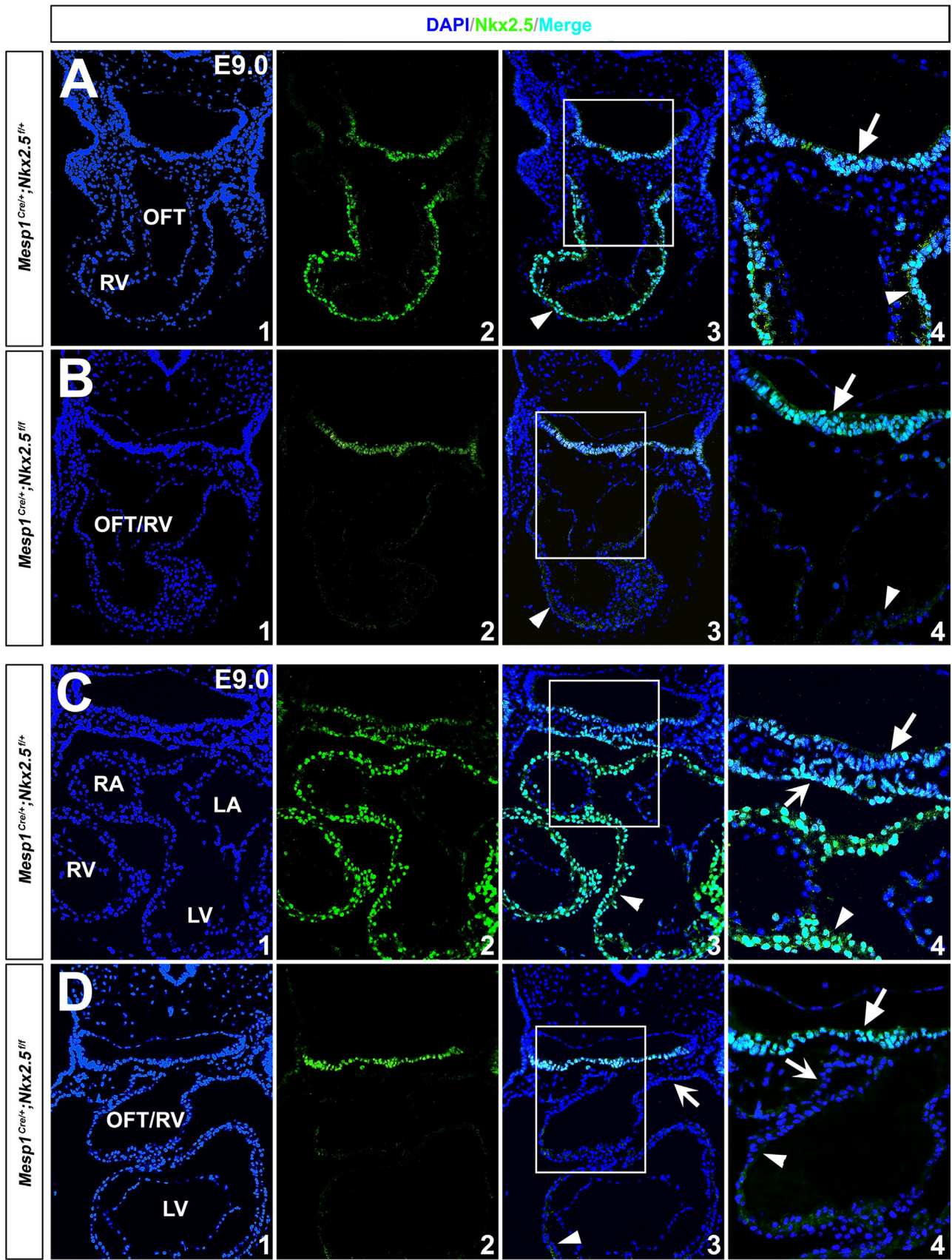


Fig. 6. Nkx2.5 expression is eliminated in the mesoderm by *Mesp1*^{Cre}. Nkx2.5 immunostaining on mutants (*Mesp1*^{Cre/+};*Nkx2.5*^{fl/fl};*R26R*^{LacZ/+}) and littermate controls (*Mesp1*^{Cre/+};*Nkx2.5*^{fl/+};*R26R*^{LacZ/+}) at E9.0. (A,C) In controls, Nkx2.5 expression was detected in the myocardial wall (arrowheads), pharyngeal mesoderm (notched arrows) and endoderm cells (unnotched arrows). (B,D) In the mutants, Nkx2.5 expression was unaffected in the pharyngeal endoderm (unnotched arrows), but was absent in the heart tube (arrowheads) and pharyngeal mesoderm (notched arrows). A4/B4/C4/D4 are high magnification images for A3/B3/C3/D3 in the square areas, respectively.

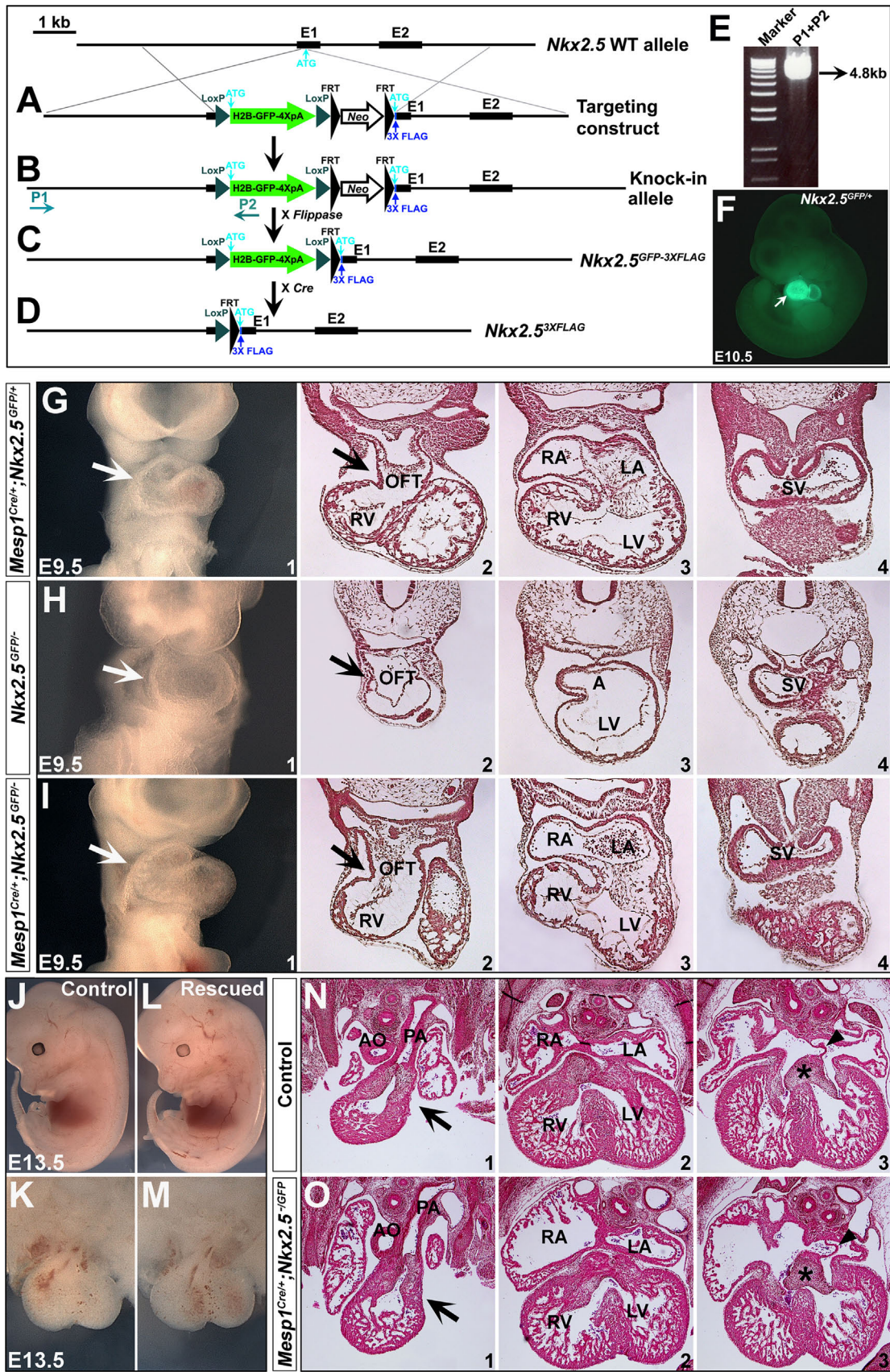


Fig. 7. Normal SHF development in the *Nkx2.5* null mice after re-expressing of *Nkx2.5* in the mesoderm. (A–F) Generation of *Nkx2.5^{H2B-GFP-3XFLAG}* knock-in mice. An *H2B-GFP-Neo-3XFLAG* cassette (*loxP-H2B-GFP-4XpA-loxP-FRT-Neo-FRT-3XFLAG*) was inserted into *Nkx2.5* exon 1 (6 bp upstream of ATG, *Neo* cassette is flanked by two *FRT* sites). *3XFLAG* has a Kozak sequence at the 5' end. Long-range PCR was performed to screen ES cells with a primer external to 5' targeting construct arm (P1) and a reverse primer within *H2B-GFP* cassette (P2) (A,B). Targeted ES clones were identified with a recombinant band of 4.8 kb further confirmed by DNA sequencing (E). *Nkx2.5^{H2B-GFP-Neo-3XFLAG/+}* mice derived from the positive ES cells were crossed to *Flippase* (Rodriguez et al., 2000) to remove *Neo* (C, *Nkx2.5^{H2B-GFP-3XFLAG/+}*, also denoted as *Nkx2.5^{GFP/+}*). These mice were further crossed to Protamine-Cre to obtain *Nkx2.5^{3XFLAG/+}* animals (D). GFP expression in *Nkx2.5^{GFP/+}* embryo mirrors *Nkx2.5* expression in the heart at E10.5 (arrow in F). (G,J,K,N) At E9.5 and E13.5, control mice (*Mesp1^{Cre/+};Nkx2.5^{GFP/+}*) displayed normal heart development. (H) *Nkx2.5^{GFP/-}* is null for *Nkx2.5*. (I,L,M,O) *Mesp1^{Cre/+};Nkx2.5^{GFP/-}* mouse hearts developed normally at E9.5 and E13.5. G1/H1/I1 are frontal views (E9.5) and G2–4/H2–4/I2–4 are transverse sections of the embryos at comparable locations. (H) *Nkx2.5^{GFP/-}* mouse hearts developed normally at E9.5 and E13.5. G1/H1/I1 are frontal views (E9.5) and G2–4/H2–4/I2–4 are transverse sections of the embryos at comparable locations. (H) *Nkx2.5^{GFP/-}* mouse hearts developed normally at E9.5 and E13.5. J/L are embryos at E13.5 in left lateral view. K/M are front views of hearts from J/L, respectively. N1–3/O1–3 are transverse sections of hearts (K/M) at comparable locations.

endoderm or ectoderm (Fig. S3 and Ref. Saga et al. (1999)). We crossed $Mesp1^{Cre/+};Nkx2.5^{fl/+}$ mice to $Nkx2.5^{fl/fl};R26R^{LacZ/LacZ}$ and found all of the mutant embryos ($Mesp1^{Cre/+};Nkx2.5^{fl/fl};R26R^{LacZ/+}$) had severely misshaped hearts as early as E8.5 (Fig. 5A1,B1). We examined the mutant hearts with SEM which revealed perturbation of outflow tract and right ventricle formation at E8.5 (arrows in Fig. 5A2,B2). Transverse sections of the mutant embryos also showed underdeveloped, shortened outflow tracts and right ventricles (Fig. 5A3–5,B3–5 and bracket in B3). X-gal staining indicated mesoderm-specific deletion in both controls and mutants (Fig. 5A3–5,B3–5). We further performed immunostaining and found Nkx2.5 protein was specifically eliminated in the mesoderm (heart, pharyngeal mesoderm), but was normal in the pharyngeal endoderm in the mutants at E9.0 (Fig. 6).

We compared the general morphology of mesoderm mutants ($Mesp1^{Cre/+};Nkx2.5^{fl/fl}$) to $Nkx2.5^{-/-}$ embryos at E9.5. Both mutant

classes had hearts that did not loop with indistinguishable malformed shape in outflow tract and right ventricle (Fig. 5D,E). Compared with controls (Fig. 5C), $Nkx2.5^{-/-}$ and $Mesp1^{Cre/+};Nkx2.5^{fl/fl}$ embryos had a hypoplastic outflow tract and right ventricle, indicating perturbed SHF formation. Moreover, $Mesp1^{Cre/+};Nkx2.5^{fl/fl}$ mice did not survive beyond E10.5, as seen in $Nkx2.5^{-/-}$ embryos (Lyons et al., 1995; Tanaka et al., 1999). These observations suggest a pivotal and decisive role of mesodermal Nkx2.5 for early heart development.

Re-expression of Nkx2.5 in the mesoderm rescues Nkx2.5 null SHF defects

To test whether Nkx2.5 expression in the pharyngeal mesoderm is sufficient for early SHF development, we generated a conditional Nkx2.5-expressing mouse model $Nkx2.5^{H2B-GFP-3XFLAG}$ (denoted as $Nkx2.5^{GFP/+}$) by inserting a $loxP$ -H2B-GFP-4XpolyA- $loxP$ -3XFLAG

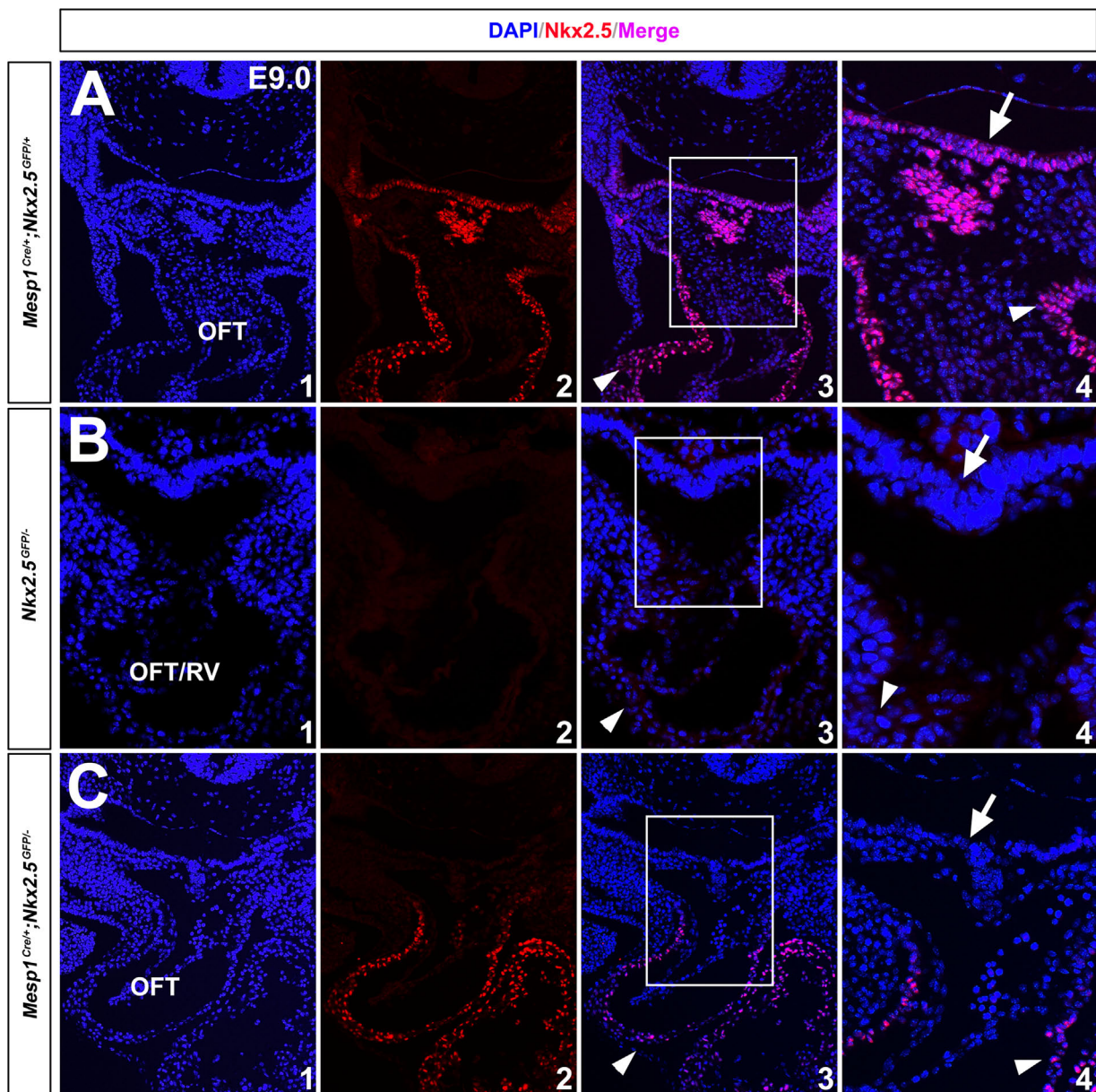


Fig. 8. Re-expression of Nkx2.5 in the mesoderm of $Mesp1^{Cre/+};Nkx2.5^{GFP/-}$ mice. (A) Normal expression of Nkx2.5 in the pharyngeal endoderm (unnotched arrows) and mesoderm/heart (arrowheads) on the control mice ($Mesp1^{Cre/+};Nkx2.5^{GFP/+}$) at E9.0. (B) Nkx2.5 was not detected in $Nkx2.5^{GFP/-}$ embryos. (C) Nkx2.5 is produced in the mesoderm/heart (arrowheads), but not endoderm (unnotched arrows), on $Mesp1^{Cre/+};Nkx2.5^{GFP/-}$ mice. A4/B4/C4 are high magnification images for A3/B3/C3 in the square areas, respectively.

cassette into the start codon of *Nkx2.5* through gene targeting (Fig. 7A–C). The 3XFLAG codons are in frame with *Nkx2.5* cDNA sequences. In mice bearing this allele, GFP expression is under control of endogenous *Nkx2.5* regulatory elements (Fig. 7F). The 3XFLAG-*Nkx2.5* fusion protein is produced when the *H2B-GFP-4X polyA* cassette is removed (by Cre excision, Fig. 7D). We crossed *Nkx2.5^{GFP/+}* to Protamine-Cre mice and *Nkx2.5^{3XFLAG/+}* animals were obtained. Further intercross of *Nkx2.5^{3XFLAG/+}* showed that *Nkx2.5^{3XFLAG/3XFLAG}* homozygous mice were viable and normal as their wild-type littermates from embryonic stages to adulthood (data not shown), suggesting 3XFLAG-*Nkx2.5* fusion protein retains *Nkx2.5* activity.

We crossed *Mesp1^{Cre/+};Nkx2.5^{+/-}* mice to *Nkx2.5^{GFP/+}* mice and *Nkx2.5^{GFP/-}* embryos were obtained (Fig. 7H). They displayed malformed hearts as *Nkx2.5^{-/-}* at E9.5 (Fig. 5E), indicating *Nkx2.5^{GFP}* is a functional null allele of *Nkx2.5*. *Mesp1^{Cre/+};Nkx2.5^{GFP/+}* hearts developed normally. As discussed above, the *Nkx2.5^{GFP}* allele in *Mesp1^{Cre/+};Nkx2.5^{GFP/-}* mice will generate 3XFLAG-*Nkx2.5* fusion protein competent to wild-type *Nkx2.5* in the mesoderm. Intriguingly, *Mesp1^{Cre/+};Nkx2.5^{GFP/-}* mice restored normal development in the heart at E9.5–E13.5 (Fig. 7I,L,M). Immunostaining confirmed *Nkx2.5* was only detected in the mesodermal lineages (Fig. 8C, arrowhead), but not in the pharyngeal endoderm (Fig. 8C4, unnotched arrow) of these embryos. Of note, mice with genotype *Mesp1^{Cre/+};Nkx2.5^{GFP/GFP}* can survive to birth with normal morphology (data not shown). These results indicate that mesodermal *Nkx2.5* expression is sufficient for early SHF development.

Based on these results, we reason that *Nkx2.5*-regulated paracrine signals from the pharyngeal endoderm, if any, have minimal or no effect on the development of SHF. Mesodermal deletion of *Nkx2.5* caused virtually identical cardiac phenotypes to *Nkx2.5^{-/-}* hearts, and that re-expression of *Nkx2.5* in the mesoderm rescued *Nkx2.5^{GFP/-}* cardiac defects, conclusively demonstrated that mesodermal, but not endodermal, *Nkx2.5* expression provides the requisite signals for regulating early SHF development.

Nkx2.5 is a homolog of *Drosophila* tinman and belongs to Nk-2 class of homeobox genes (Harvey, 1996). In vertebrates, several Nk-2 homologs, including *Nkx2.3* (Lee et al., 1996), *Nkx2.6/2.8* (Brand et al., 1997; Boettger et al., 1997; Reecy et al., 1997; Biben et al., 1998), *Nkx2.7* (Lee et al., 1996), and *Nkx2.9* (Pabst et al., 1998; Newman and Krieg, 1998) are expressed in the pharyngeal endoderm and mesoderm, with a pattern that overlaps both temporally and spatially with *Nkx2.5* during early cardiogenesis. In *Xenopus*, *Nkx2.5* and *Nkx2.3* regulate heart formation in a functionally redundant manner (Fu et al., 1998). Zebrafish *Nkx2.5* and *Nkx2.7* also function redundantly to control cardiac morphogenesis (Tu et al., 2009; Targoff et al., 2013). In mice, *Nkx2.5^{-/-};Nkx2.6^{-/-}* double mutant has severely disrupted pharyngeal endoderm formation (Tanaka et al., 2001), whereas *Nkx2.5^{-/-}* or *Nkx2.6^{-/-}* single mutation displayed normal pharynx development (Tanaka et al., 2001, 2000). Our observation that endodermal deletion of *Nkx2.5* permitted normal cardiac formation may indicate a redundant activity of *Nkx2.5* with other Nk-2 family members in the pharyngeal endoderm for SHF development. In examining *Foxa2^{MerCreMer}+/+;Nkx2.5^{fl/fl}* embryos, we detected normal *Nkx2.3* and *Nkx2.6* pharyngeal endodermal expression (Fig. 4G–J). *Nkx2.7* ortholog was not present in mice, and *Nkx2.9* was only expressed in the neural tube (Fig. 4K,L). We speculate the overlapping endodermal expression of *Nkx2.3* and *Nkx2.6* may compensate *Nkx2.5* loss in the pharyngeal endoderm in *Foxa2^{MerCreMer}+/+;Nkx2.5^{fl/fl}* embryos. In the future, it will be of interest to investigate the compound mutations of *Nkx2.5* with other Nk-2 genes in the pharyngeal endoderm, to understand whether Nk-2 family genes act redundantly to regulate SHF formation through the endoderm.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at <http://dx.doi.org/10.1016/j.ydbio.2014.02.023>.

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