BONE MORPHOGENETIC PROTEIN SIGNALING PATHWAYS DURING MOUSE HEART DEVELOPMENT: ROLES FOR CHD7 AND MYCN

by

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A DISSERTATION

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Bone Morphogenetic Protein (BMP) signaling pathways are imperative for proper heart development. BMP ligands bind serine threonine kinase receptors, which activate intracellular receptor-regulated SMAD proteins. SMAD1, SMAD5, and SMAD8 transduce BMP signals from the cytoplasm to the nucleus, where they regulate transcription. We have investigated two aspects of BMP signaling during mouse cardiogenesis: identifying SMAD1-interacting proteins and exploring the roles of a known BMP target, *Mycn*, in the developing myocardium.

Chromodomain helicase DNA binding protein 7 (CHD7) is a highly conserved transcription factor that promotes protein synthesis, proliferation, and differentiation. Haploinsufficiency for *CHD7* causes CHARGE syndrome, a developmental disorder characterized by diverse heart defects. CHD7 was identified as a SMAD1-interacting protein in a yeast two-hybrid screen. The interaction was confirmed with glutathione S-transferase (GST) pull-down assays in mammalian cells and *in vitro*. Future studies are needed to verify the functional significance of the SMAD1-CHD7 interaction and to delineate *Chd7*'s roles during mouse heart development with conditional gene inactivation.

*MYCN* is a conserved transcription factor with roles in development and disease. Mutations in *MYCN* are associated with Feingold syndrome, a disorder associated with
congenital heart defects. To uncover the roles of *Mycn* in the developing mouse myocardium, we used a novel transgenic mouse model with *Mycn* deleted from the myocardium. Conditional deletion of *Mycn* from the myocardium resulted in embryonic lethality at E12.5. Histological examination of mutant embryos revealed a thin ventricular myocardial wall defect, which likely reduced contractility and resulted in cardioinsufficiency. Mutants had hypocellular myocardial walls with significantly decreased cardiomyocyte proliferation within the ventricles, but no detectable changes in apoptosis. Expression of cell cycle regulators and MYCN targets, CCND1, CCND2, and ID2 was reduced within the mutant ventricles. Depletion of MYCN from the myocardium also caused a significant reduction in ventricular cardiomyocyte size along with reduced expression of p70(S6K), a key regulator of ribosome biogenesis and protein synthesis. MYCN was also necessary for the proper expression of a subset of myofilament proteins that are important for cardiomyocyte structure and function. These results reveal that *Mycn* is a critical mediator of cardiomyocyte proliferation, size, and gene expression.
DEDICATION

To my parents who unfailingly provide love, support, and perspective.
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<td>ASD</td>
<td>atrial septal defect</td>
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<tr>
<td>AVC</td>
<td>atrioventricular canal</td>
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<tr>
<td>AVN</td>
<td>atrioventricular node</td>
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<td>BMP</td>
<td>bone morphogenetic protein</td>
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<td>CHD</td>
<td>congenital heart disease</td>
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<td>CHD7</td>
<td>chromodomain helicase DNA binding protein 7</td>
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<tr>
<td>CNCC</td>
<td>cardiac neural crest cells</td>
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<tr>
<td>DORV</td>
<td>double outlet right ventricle</td>
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<td>ECM</td>
<td>extracellular matrix</td>
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<td>EMT</td>
<td>epithelial to mesenchymal transition</td>
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<td>FHF</td>
<td>first heart field</td>
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<td>FS</td>
<td>Feingold syndrome</td>
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<tr>
<td>IFT</td>
<td>inflow tract</td>
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<td>HAT</td>
<td>histone acetyltransferases</td>
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<td>PE</td>
<td>proepicardium</td>
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<tr>
<td>OFT</td>
<td>outflow tract</td>
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<tr>
<td>R-SMAD</td>
<td>receptor-regulated SMAD protein</td>
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<tr>
<td>SHF</td>
<td>second heart field</td>
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<tr>
<td>TGFβ</td>
<td>transforming growth factor beta</td>
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<td>VSD</td>
<td>ventricular septal defect</td>
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INTRODUCTION

The heart is the first organ to develop and, as form follows function, its proper formation is requisite for survival of the embryo. Heart development relies on exquisitely controlled signaling cascades that together weave the temporal and spatial cardiac gene expression patterns required for normal morphogenesis and function. Aberrations in cardiogenic signaling pathways or in cardiac gene expression patterns can result in congenital heart defects (CHDs), the most common type of birth defect worldwide and the leading noninfectious cause of infant morbidity and mortality in the Western world. This review provides evidence from multiple experimental models that demonstrates the conserved, critical roles of Bone Morphogenetic Protein (BMP) signaling pathways throughout heart development, from induction of the cardiac mesoderm to the formation of the four-chambered heart.

Heart Development

During gastrulation, cardiac progenitors within the lateral plate mesoderm migrate in bilateral sheets of cells to the anterior of the embryo. There are two populations of mesodermal cells that contribute to the developing heart in distinct temporal-spatial manners: the first and second heart fields (FHF and SHF, respectively). At embryonic day 7.5 (E7.5) in mice, the cells of the FHF connect at the midline to form the cardiac
crescent (Figure 1). The initial stages of cardiac differentiation occur in the cells of the cardiac crescent, with expression of genes encoding cardiac transcription factors and structural proteins. The second population of cardiac cells, the SHF, is medial and anterior to the FHF. As the embryo folds, at mouse E8.0, the cardiac crescent fuses along the midline and forms the heart tube while the SHF moves dorsally. The heart tube consists of an outer myocardial layer and an inner endocardial layer, separated by an extracellular matrix (ECM) called the cardiac jelly. SHF cells migrate through the pharyngeal mesoderm to populate the anterior and posterior regions of the heart tube.

Starting from E8.5 in the mouse, the heart undergoes rightward looping to position the atria above the ventricles. Regional proliferation along the myocardium of the outer curvature of the heart tube demarcates the future atrial and ventricular chambers. The myocardium of the inflow tract (IFT), outflow tract (OFT), atrioventricular canal (AVC), and inner curvature of the heart tube is characteristically non-proliferative. The FHF contributes primarily to the left ventricle as well as to part of the atria, and the SHF contributes to the right ventricle, atria, and OFT. The endocardial cells, meanwhile, respond to signals from the myocardium and undergo epithelial to mesenchymal transition (EMT) to form the cushions, the primordial valve structures. Cushions form at the atrioventricular junction at about E9.5, and in the OFT slightly later. Around E10.0, another population of cells called the cardiac neural crest cells (CNCC) migrates from dorsal neural tube and contributes to the developing OFT. By E11.5, the proepicardial cells have migrated around and enveloped the heart, forming the epicardium. Finally, development of the septa and valves results in the four-chambered heart with right, pulmonary, and left, systemic, halves by mouse E14.5. ⁶⁻¹⁹
Figure 1. Overview of heart development. (Top) Oblique views of embryos, (middle) frontal views of cardiac development, and (bottom) human and mouse developmental stages. A. The first heart field (FHF) forms the cardiac crescent in the anterior of the embryo. The second heart field (SHF) is anterior and medial to the FHF. B. The cardiac crescent coalesces, forming the linear heart tube. The SHF migrates into the heart tube (arrows) and contributes to the right ventricle, conotruncus (the common outflow tract), and the atria. C. After looping, the cardiac neural crest cells contribute to the outflow tract. D. Septation results in the formation of the four-chambered heart. A, atria; RA, right atria; LA, left atria; V, ventricle; RV, right ventricle; LV, left ventricle; CT, conotruncus; AVV, atrioventricular valves; VI, IV, and VI are aortic arches; AS, aortic sac; Ao, aorta; PA, pulmonary artery; RSCA, right subclavian artery; LSCA, left subclavian artery; RCA, right carotid artery; LCA, left carotid artery; DA, ductus arteriosus.

NOTE: Adapted from “Making or Breaking the Heart: From Lineage Determination to Morphogenesis” by D. Srivastava, 2006, Cell, 126(6), p. 1037. Copyright 2006 by Elsevier. Adapted with permission.
BMP Signaling Pathways

BMP ligands are conserved growth factors that belong in the Transforming Growth Factor-β (TGFβ) superfamily. More than twenty BMPs have been identified that have a myriad of functions during development. BMP precursor proteins are activated via endoproteolytic cleavage, glycosylated, and secreted as homo- or hetero-dimers. 20, 21 Once processed and secreted, BMP ligands relay their signal to the nucleus through signaling cascades that utilize unique combinations of serine threonine kinase receptors which respond to specific ligand combinations (Figure 2). There are three type I receptors (out of seven) and three type II receptors (out of five) that transduce the BMP signals. The type I receptors are ALK2 (ACVRI, ACTRI), ALK3 (BMPRIA/BRK-1), and ALK6 (BMPRIB, BRK-2). 22-24 The type II receptors are BMPR2 (BMPRII, BRK-3), ACVR2A (ACTRIIA), and ACVR2B (ACTRIIB). 25-28 The BMP dimer binds a type II receptor, which recruits and phosphorylates a type I receptor in its intracellular kinase domain. 25 The type I receptor then phosphorylates an intracellular receptor-regulated SMAD protein (R-SMAD). SMAD1, SMAD5, and SMAD8 are regulated specifically by BMP signals. 29-33 After phosphorylation, activated R-Smads form a heterotrimeric complex with another R-SMAD and the common SMAD, SMAD4. 34 The R-SMAD-SMAD4 complex translocates to the nucleus, where it cooperates with other cofactors to regulate gene transcription. 20, 35 BMP signaling can occur in non-canonical pathways, independent of SMAD proteins. For instance, BMP signaling can activate MAP kinase pathways, resulting in activation of p38 MAPK, PIK3, ERK and JNK with downstream effects on cell proliferation and differentiation. 35-41
Figure 2. BMP signaling pathways. BMP ligands bind type I and type II BMP receptors. The type II receptor phosphorylates the Type I receptor, which activates SMAD1, SMAD5, or SMAD8. The activated SMAD forms a complex with the common SMAD4 and translocates to the nucleus where it interacts with cofactors to regulate gene transcription. Noncanonical BMP signaling occurs independently of SMAD proteins. BMP cytokines can signal through RAS, MAPK, and PIK3 pathways. BMP signaling can be regulated extracellularly by secreted inhibitors such as NOG (noggin), CHRD (chordin), GREM (gremlin), and FST (follistatin). BAMBI inhibits BMP signaling at the membrane by binding to the BMP receptor and disrupting the downstream signaling, as it lacks the intracellular domain needed to propagate the BMP signal. Intracellularly, BMP signaling is inhibited by SMAD6 or SMURF.

It has recently been demonstrated that BMP signaling can regulate microRNA (miRNA). miRNA are short non-coding RNA that target messenger RNA (mRNA) in a sequence-specific manner for post-transcriptional degradation. miRNA are transcribed as primary miRNA (pri-miRNA), which are processed by the Drosha complex within the nucleus. pri-miRNA processing results in a shorter product called pre-miRNA, which is exported from the nucleus to the cytoplasm where it is cleaved into its mature miRNA structure by Dicer.\(^{42-44}\) One example is the upregulation of \(miR-21\) by BMP signaling in damaged cardiovascular tissue.\(^ {45}\) BMP signaling increases the processing of pri-miRNA to pre-miRNA through an interaction between an activated R-SMAD and a subunit of microprocessor Drosha complex, the RNA helicase p68.\(^ {46-48}\) R-SMADs can also directly bind \(pri-miR-21\) through a RNA SMAD-binding-sequence, which is necessary and sufficient for pri-miRNA processing.\(^ {49}\) The direct interaction between the R-SMAD and pri-miRNA may enhance miRNA processing and/or it may recruit the Drosha complex to the pri-miRNA.\(^ {49}\)

The timing, duration, and gradient of BMP ligands affect the outcomes and add to the complexity of BMP signaling pathways. After BMP processing and secretion, access to the BMP receptors and retention in the ECM are inhibited by extracellular factors such as noggin, chordin, gremlin, and follistatin.\(^ {50-55}\) These inhibitors bind BMP ligands and interfere with ligand-receptor interaction. An example of a BMP inhibitor that acts at the membrane level is the pseudo-receptor BAMBI (BMP and activin membrane bound inhibitor). BAMBI lacks the intracellular domain needed for signal transduction and, upon binding BMP receptors, it inhibits the formation of an active BMP receptor complex.\(^ {21,56,57}\) Transmembrane tyrosine kinases and cytoplasmic serine-threonine
kinases such as TRKC and ROR2 also bind to BMP receptors and inhibit downstream signaling. Alternatively, BMP signaling can be enhanced at the membrane level by modulators such as DRAGON, which acts as a co-receptor and presents BMPs to the receptors. Another example is endoglin, a transmembrane protein that binds to BMP ligands and enhances BMP signaling. Intracellularly, BMP signaling can be downregulated by SMURF, an E3 ubiquitin ligase that promotes R-SMAD degradation, receptor turnover, and inhibition by the inhibitory SMADs, SMAD6 and SMAD7. SMAD6 and SMAD7 inhibit BMP signaling cascades through binding active type I receptors and preventing R-SMAD activation, and by competing with SMAD4 for R-SMADs. Lastly, cross-talk between signaling pathways affects R-SMAD phosphorylation, activity, turnover, and nuclear accumulation.

Cardiac Specification and Heart Tube Formation

BMP ligands. Initial insight into the roles of BMP signaling pathways in cardiac specification came from studying the BMP2/4 ortholog, Dpp, in D. melanogaster. Dpp-deficient larva did not form the precursor cells for the heart organ, the dorsal vessel, while ectopic Dpp protein caused ectopic formation of the dorsal vessel precursor cells. In chicken embryos, the endoderm expresses BMP2 and 5, and the ectoderm expresses BMP4 and BMP7. In vivo and in vitro experiments using chicken embryos reveal that both the FHF and the SHF pre-cardiac mesodermal cells differentiate in response to BMP signals. In mice, BMP2, BMP4, BMP5, and BMP7 are expressed in the anterior mesoderm. Regardless of the differences in BMP expression patterns
between species; it has been well-established that BMP signaling pathways induce precardiac mesoderm to undergo cardiac differentiation.\textsuperscript{83-85} Bmp2 deletion in mice causes embryonic lethality between E7.5-E9.0.\textsuperscript{80} Some mutant embryos lack hearts altogether and others develop ectopic heart tubes in the exocoelomic cavity.\textsuperscript{80} Bmp4 deletion in mice results in embryonic death from E6.5-E9.5 due to aberrant gastrulation and mesodermal differentiation.\textsuperscript{86} These data suggest critical roles for BMP signaling pathways in gastrulation, mesoderm formation, and subsequent heart development.

BMP signaling pathways induce cardiac differentiation through upregulation of cardiogenic genes. Expression of the transcription factors Nkx2.5 and Gata4 is initiated by BMP signaling.\textsuperscript{74, 76, 87-94} The Nkx2.5 promoter region contains evolutionary conserved BMP-response elements that are required for its expression in the cardiac crescent.\textsuperscript{90, 92, 95} BMP signaling also activates the expression of myocardin, a transcriptional cofactor for a regulator of cardiac differentiation called serum response factor (SRF).\textsuperscript{96-98} SMAD1, a BMP R-SMAD, is also a cofactor for myocardin.\textsuperscript{98} Autoregulatory mechanisms in BMP signaling pathways have roles in cardiac differentiation as well. The promoters of Bmp genes and the BMP inhibitor Smad6 have BMP-responsive elements.\textsuperscript{92, 99} Ectopic delivery of BMP initiates heart development and increases the expression domain of Smad6, as well as Nkx2.5 and Gata4-6.\textsuperscript{76, 100}

**BMP receptors.** The BMP type I receptor ALK3 is widely expressed in mouse embryos and Alk3 deletion causes embryonic lethality at E8.0 with no mesoderm formation.\textsuperscript{101, 102} ALK2, another type I receptor, is expressed in Hensen’s node and in the primitive streak. Deleting Alk2 in mouse embryos results in embryonic lethality by E9.5 with gastrulation defects.\textsuperscript{103, 104} The third type I receptor, ALK6, is not expressed during
early heart development and disrupting its function does not affect mouse cardiogenesis or viability.\textsuperscript{102,105} Knockout of the type II receptor, BMPR2, which is widely expressed in chicken embryos and during mouse cardiomyogenesis, causes embryonic lethality at gastrulation.\textsuperscript{106-109} In mice, ACVR2A is expressed after cardiomyocyte formation at E9.5 and ACVR2B is ubiquitously expressed during cardiomyogenesis.\textsuperscript{108,109} Disruption of Acvr2a alone does not cause heart defects and disruption of Acvr2b causes defects later in development.\textsuperscript{110,111} However, deletion of both Acvr2a and Acvr2b results in embryonic death at gastrulation, suggesting functional redundancy of these type II receptors.\textsuperscript{112}

SMADs. In chicken embryos, SMAD1, SMAD5, and SMAD8, are enriched in the heart forming region.\textsuperscript{113} In mice, Smad1 and Smad5 mRNA are expressed in the mesoderm during cardiomyocyte formation.\textsuperscript{114} Smad1 disruption in mice results in embryonic lethality at E10.5 from failure of umbilical-placental connections to form.\textsuperscript{114} Germline deletion of Smad5 results in defective left-right symmetry with a heart looping abnormality and defective angiogenesis.\textsuperscript{115,116} Deletion of Smad4, the gene encoding the common SMAD, causes death before E7.5 with reduced size and failure to gastrulate.\textsuperscript{117} Conditional deletion of Smad4 from the epiblast causes embryonic lethality by E8.5, but the heart tube forms and Nkx2.5 is expressed.\textsuperscript{118} Heart tube formation and cardiac gene expression may occur in these mice because the Cre did not completely remove Smad4 from the epiblast, or because canonical BMP signaling occurs before Cre-mediated recombination.

BMP inhibitors. Inhibition of BMP during gastrulation restricts the heart forming fields to discrete territories. BMP inhibitors are downregulated in the anterior of the embryo to allow for BMP induction of lateral plate mesoderm. Due to the location of the
SHF dorsal and medial to the FHF, it is effectively hidden from high levels of ventral BMP signaling and is exposed to inhibitory signals from the neural tube. The cells of the SHF therefore undergo differentiation later than the cells of the FHF. 11,119

Pre-cardiac mesoderm is initially exposed to canonical WNT signaling from the primitive streak and then from the neural tube. In the anterior region of the embryo, WNT signaling is antagonized by crescent, allowing BMP induction of the cardiac gene program. 76,120-123 Non-canonical WNT signaling by WNT11 has positive roles in cardiac induction, in part by suppressing canonical WNT signaling. 124,125 In chickens and mice, Wnt11 mRNA is detected in the mesoderm and endoderm. 126,127 The Xenopus and zebrafish Wnt11 ortholog is able to induce cardiomyocyte formation even though it is normally expressed after myocardial differentiation and is not necessary for cardiac specification during development. 124,128-130

Noggin, chordin, and follistatin are secreted from the notochord and bind BMP ligands to prevent receptor activation. The responsiveness of pre-cardiac mesoderm to inhibitory signals from the notochord is developmentally regulated. Ectopic application of noggin to stage 4 chick mesendoderm prevents the initiation of the cardiac gene expression and development of the contracting cardiomyocytes. 76,88 If noggin is applied to explants a stage later, the cardiac gene expression is initiated without spontaneous contraction of myocytes. If noggin is applied at stage 6, differentiate occurs normally. 131 In mice, deletion of noggin or follistatin individually does not cause heart defects, but deletion of both reverses heart looping. 51-53 Deleting chordin causes defects phenocopying those in DiGeorge syndrome. 51,53,132
Cardiogenesis after Heart Tube Formation

**Myocardial wall morphogenesis.** During early heart development, myocardial walls expand through cardiomyocyte proliferation and differentiation. The chamber myocardium develops a latticework of muscular projections on the subendocardial surface called trabeculae. Trabecular myocardium generates contractile force, coordinates intraventricular conduction, and helps diffuse nutrients to the cardiomyocytes within the expanding heart wall prior to vascularization. Later in heart development, the trabecular myocardium undergoes remodeling and is incorporated into the compact myocardium, the interventricular septum, and the papillary muscles of the atrioventricular valves. Proper formation of the myocardial walls is essential for embryo viability and adult cardiac function. For instance, abnormalities in myocardial wall morphogenesis can result in left ventricular noncompaction, an adult cardiomyopathy.

BMP10 is initially expressed in the looping mouse heart within regions destined to be the atrial and ventricular chambers, and its expression is maintained in the chamber myocardium during heart development. Also, Bmp10 is upregulated in mouse models of hypertrabeculation. Myocardial expression of BMP10 during chamber formation relies on endocardial expression of notch. Deleting Bmp10 in mice causes embryonic lethality at E9.0 with decreased cardiomyocyte proliferation, downregulation of cardiac genes Nkx2.5 and Mef2c, and loss of trabecular myocardium. Removing both Bmp6 and Bmp7 in mice causes embryonic lethality at midgestation with hypoplastic ventricles and reduced trabeculations. Mice with conditional deletion of the BMP receptor Alk3 from the myocardium die during embryogenesis and display underdeveloped myocardial walls and ventricle septal defects (VSD). Specific
inactivation of the common Smad, \textit{Smad4}, from the myocardium likewise causes embryonic lethality at midgestation and disrupts myocardial wall formation and ventricle septation.\textsuperscript{143-146} Myocardial deletion of \textit{Smad4} causes downregulation of genes encoding cell cycle regulators, cardiac structural proteins, and transcription factors.\textsuperscript{143-146} Together, these studies provide multiple lines of evidence that show BMP signaling is required for ventricular myocardial wall morphogenesis through regulation of cardiomyocyte proliferation, differentiation, and gene expression.

\textbf{Conduction system development.} In vertebrates, regional differentiation of the myocardium allows for development of slow-conducting, nonchamber myocardium (IFT, AVC, and OFT) and fast-conducting chamber myocardium (atria and ventricles).\textsuperscript{147, 148} Proper formation of the AVC is important for establishment of the primary conduction system. The primary conduction system includes the atrioventricular node (AVN) and its associated structures. In mice, AVN precursor cells are observed in the AVC at E9.5.\textsuperscript{149-151} The AVN subsequently extends into the left ventricle and connects with the trabecular myocardium and the interventricular septum.\textsuperscript{150} It carries the electrical impulse from the atria, across the AVC to the ventricles.\textsuperscript{152-154} Having a slower conduction rate than the atria, the AVC delays the atrial-ventricular electrical impulse.\textsuperscript{152}

BMP2 is necessary for AVC specification and expression of \textit{Tbx2}.\textsuperscript{155, 156} TBX2 is a transcriptional repressor of chamber-specific genes and is specifically expressed in nonchamber myocardium of the IFT and the AVC.\textsuperscript{155, 157-160} In the AVC, BMP2 activates \textit{Tbx2} transcription to suppress proliferation and inhibit the expression of chamber-specific genes \textit{Nppa}, \textit{Cx40}, \textit{Cx43}, and \textit{Chisel}.\textsuperscript{156, 159, 161} BMP2 can directly regulate \textit{Tbx2} through a SMAD-dependent enhancer upstream of its transcription start site.\textsuperscript{162} BMP
signaling also indirectly promotes Tbx2 transcription through SMAD1 inhibition of TBX20, a Tbx2 repressor.\textsuperscript{162} The BMP2-TBX2 pathway is restricted to the AVC region by notch/HEY signaling in the developing heart chambers.\textsuperscript{163, 164}

Deletion of Bmp2 from mouse myocardium decreases Tbx2 expression and results in the expansion of chamber myocardium into the AVC region.\textsuperscript{156} Inactivation of the BMP receptor Alk3 specifically in the AVC myocardium disrupts AV valve development and AVN morphogenesis, resulting in ventricular pre-excitation.\textsuperscript{165, 166} Lastly, removal of myocardial Tbx2 results in abnormal AVC patterning and ventricular pre-excitation.\textsuperscript{167} Taken together, these data suggest that BMP2 regulation of Tbx2 expression and AVC myocardial patterning is important for development of the AVN and proper atrial-ventricular conduction. Indeed, the phenotype resulting from AVC-depletion of Alk3 in mice resembles Wolff-Parkinson-White syndrome (WPWS, OMIM 224700), a pre-excitation syndrome that can present as tachydardia due to an abnormal connection between the atria and ventricles.\textsuperscript{165} A heterozygous microdeletion was recently identified in a chromosomal region encompassing BMP2, 20p12.3, that predisposes people to WPWS.\textsuperscript{168}

**Development of the septal-valvulo structures.** Atrial and ventricular septa are formed by myocardial outgrowth and fusion. The AVC and OFT are septated by endocardial cushion maturation into valvulo-septal structures. Primordial valve structures called cushions develop in the AVC and OFT through the expansion of the ECM. Induction of cushion formation occurs within the looped heart, when the myocardium signals through the cardiac jelly to the endocardium. Endocardial cells then delaminate and invade the cardiac jelly to form the mesenchymal cells of the endocardial cushions.
Cell fate mapping in mouse studies have confirmed the endocardial origin of the mesenchymal cells within the AVC and proximal OFT cushions. The morphogenesis of the AVC and OFT cushions are not identical. The AVC cushions form earlier and are invaded by epicardial cells. They develop into the mitral (left) and tricuspid (right) valves at the junction of the atria and ventricles. The OFT cushions, but not the AVC cushions, have a CNCC contribution. The cushions in the OFT develop into the semilunar valves in the aorta (left) and pulmonary artery (right). Congenital defects in valve formation and septation comprise the most common CHDs, while defects involving the OFT are found in 4 per 10,000 live births and are often lethal. Pathological mutations in the BMP receptor ALK2 have been found in patients with congenital defects in atrioventricular septum development, providing evidence for the importance of BMP signaling pathways in human heart development.

At E9.5 in mice, BMP2 has weak expression in OFT myocardium which disappears by E10.5. But, BMP2 is strongly and persistently expressed in AVC and atrial myocardium at E10.5. It is also expressed in the cushion mesenchyme during valve remodeling and in adult mouse valves. In mice, BMP2 enhances cardiac jelly formation, endocardial EMT, and AVC myocardial patterning. BMP2 upregulates Twist1, an inducer of EMT, and Has2, a component of the cardiac jelly necessary for EMT. Myocardial deletion of Bmp2 decreases ECM in the AVC cushions, however the OFT cushions develop normally. This suggests a compensatory mechanism in the OFT such as BMP4 signaling. Data suggests that BMP2 signaling interacts with notch1 and TGFβ signaling pathways to coordinate EMT.
BMP4 is expressed in AVC myocardium in mice at E9.5, but at E10.5 its expression is restricted to the myocardium of the OFT. It is also expressed in the chicken OFT. BMP4 is 92% identical in the C-terminus to BMP2, and they have overlapping functions. Conditional deletion of Bmp4 from mouse myocardium causes atrioventricular septation defects and double outlet right ventricle (DORV, both arteries are connected to the right ventricle), and aortic arch patterning anomalies. Mouse models with myocardial-specific deletion of Bmp4 or with hypomorphic Bmp4 alleles have impaired AVC cushion mesenchymal cell proliferation. Mice compound heterozygous for Bmp2-null and Bmp4-null or -hypomorphic alleles have VSD. Decreased expression of myocardial BMP4 does not affect OFT development, but it increases BMP7 expression. On a Bmp7-null background, decreased BMP4 causes a shortened OFT with hypoplastic cushions, revealing dose-dependence and functional redundancy of BMP signaling in OFT morphogenesis.

Despite being expressed during early heart development, single gene deletions of Bmp5, Bmp6, or Bmp7 do not cause heart defects, likely due to redundancy of the BMP family members. BMP5 is expressed throughout the heart tube myocardium and later becomes restricted to the myocardium of the AVC and OFT in mouse and chicken embryos. In mice, BMP6 is expressed in OFT endocardium and myocardium, and within the OFT and AVC mesenchyme. BMP6 is not expressed in the developing chicken heart. BMP7 is robustly expressed throughout the myocardium of the developing hearts of mice and chickens. Combinations of gene deletions in mouse models reveal essential roles in chamber formation and septal-valvulogenesis. Bmp5 and Bmp7 double deletion causes embryonic lethality at
E10.5, with delayed heart development, no endocardial cushion formation or chamber septation, and abnormal pericardium. Removal of Bmp6 and Bmp7 results in defects in OFT cushion development, chamber septation, and myocardial wall formation. Deletion of Bmp5 and Bmp6 does not cause heart defects.

Deletion of Alk3 from the myocardium or the endocardium disrupts endocardial cushion formation. Myocardial deletion of Alk3 causes VSD and hypoplastic AVC cushions, with decreased TGFβ in the AVC myocardium. Endocardial deletion of Alk3 causes hypoplastic cushions with fewer mesenchymal cells. Endocardial deletion of Alk2 causes failure of EMT in AVC cushions along with decreased expression of EMT proteins MSX1 and SMAD2, an intracellular modulator of TGFβ signaling. The role of ALK2 in cushion formation appears to be specific to the endocardium, as conditional deletion of Alk2 from the myocardium has no effect on cushion development. Ectopic expression of active ALK2 in the chicken ventricle endocardium induces EMT. CNCC-depletion of Alk3 or Alk2 disrupts CNCC invasion, resulting in a shortened OFT with defective proximal septation. Hypomorphic Bmpr2 alleles cause defects in proximal OFT septation and loss of semilunar valve formation, while AVC cushions form normally. However, completely abrogating Bmpr2 in mouse hearts causes an array of CHDs, such as DORV, VSD, and AVC cushion defects. Disruption of Acrv2b causes postnatal death with abnormal cardiac septation. Deletion of Smad4 from the myocardium affects OFT positioning, with a DORV phenotype. Conditional deletion of Smad4 in CNCC reduced the contribution of CNCC to OFT, causing defects in OFT cushion formation, septation, elongation, and
Deletion of Smad8 does not affect viability or heart development, but mice display defects in pulmonary vascular remodeling.\textsuperscript{210}

BMP signaling regulates SHF myocardialization and OFT morphogenesis in part by promoting \textit{miR-17-92} cluster transcription.\textsuperscript{211} The \textit{miR-17-92} cluster has roles in lung and heart development.\textsuperscript{212,213} It is expressed as a primary transcript that encodes six miRNA (\textit{miR-17}, -18a, -19a, -20a, -19b-1, and -92a-1). BMP regulates the transcription of \textit{miR-17-92} through SMAD binding sites in the 5' region.\textsuperscript{211} In turn, \textit{miR-17-92} targets \textit{Isla} and Tbx1 transcripts for degradation.\textsuperscript{211} Deleting BMP reduces \textit{miR-17-92}, causes misexpression of \textit{Isla} and Tbx1, and leads to defects in proximal OFT septation.\textsuperscript{211}

Inhibition of BMP signaling is also critical for normal septal-valvulogenesis. For example, Nkx2.5 is required for OFT development, in part by repressing BMP signaling. Deleting Nkx2.5 results in expansion of SHF specification due to increased BMP expression, decreased proliferation, and failed OFT truncation. Disrupting the misregulated BMP signaling in the Nkx2.5 mutants by deleting \textit{Smad1} effectively rescues the proliferation and the OFT defects.\textsuperscript{214} Mutations in the BMP-inhibitor \textit{Smad6} cause hyperplasia of cardiac valves and OFT septation defects, due to unregulated BMP signaling.\textsuperscript{215} Noggin blocks EMT in mouse explants and overexpression of noggin in chicken embryos causes OFT septation defects.\textsuperscript{181,216} Mutations in chordin cause abnormal OFT septation, resembling syndromes associated with loss of CNCC and phenocopying DiGeorge syndrome.\textsuperscript{132}

**Epicardium formation.** The proepicardium (PE) is a transient structure derived from pericardial coelomic mesothelium at the venous pole of the heart.\textsuperscript{217,218} BMP,
TBX5, and FGF activities are required for PE specification. PE cells migrate toward and attach to the looped heart, forming an epithelial cover called the epicardium that envelops the embryonic heart. Some epicardial cells invade the heart and contribute to cardiac fibroblasts, coronary smooth muscle cells, myocardium, and AVC cushions. Myocardial BMP signaling promotes PE protrusion toward and attachment to the looping heart tube. Ectopic BMP induces ectopic attachment, while noggin decreases PE attachment in chickens.

**Significance: BMP Signaling Pathways and Human CHDs**

CHDs are the most common type of birth defect worldwide, occurring in nearly 1% of live newborns and in over 5% of fetuses that do not survive to term in the Western world. Furthermore, advances in medical care have resulted in a growing number of children and adults living with CHDs who require lifelong healthcare. BMP signaling pathways have evolutionarily conserved roles in cardiac specification from the mesoderm, myocardial wall formation, valve development, chamber septation, and OFT morphogenesis. Mutations in genes encoding components of the BMP signaling pathways have been identified in humans. Due to the conservation of BMP signaling pathways in heart development, information gleaned from a variety of model systems, from fruit flies to mice, provides valuable insight into human heart development and CHDs. In the future, this insight into the molecular mechanisms of heart development and the underlying causes of CHDs may help develop diagnostic tests and therapeutic options for people with CHDs.
INTERACTION BETWEEN THE BMP SIGNAL TRANSDUCTION MOLECULE, SMAD1, AND THE CHROMODOMAIN HELICASE DNA BINDING PROTEIN 7 (CHD7)

by

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1. Introduction

Bone Morphogenetic Protein (BMP) signaling pathways are imperative for proper heart development. BMP ligand dimers bind serine threonine kinase receptors, which relay the signal intracellularly through activation of receptor-regulated SMAD proteins (R-SMADs). R-SMADs transduce the signals from the cytoplasm to the nucleus, where they cooperate with other cofactors to regulate gene expression. The R-SMADs SMAD1, SMAD5, and SMAD8 relay BMP signals. The BMP signaling pathway can be regulated extracellularly, within the cytoplasm, and within the nucleus by a multitude of effectors that modulate the outcomes of the signaling cascade. Throughout heart development, BMP signaling pathways are thus fine-tuned in complex temporal-spatial manners to ensure proper cardiac gene expression. Aberrations in BMP signaling cascades result in congenital heart defects in humans and in animal models. Due to the complexity of BMP signaling regulation, the effectors have not been completely delineated. The goal of this project was to identify and characterize novel intracellular modulators of the BMP signaling pathway during mouse cardiogenesis.

In this study, Chromodomain helicase DNA binding protein 7 (CHD7) was identified as a SMAD1-interacting protein. CHD7 belongs to a family of nine conserved proteins (CHD1-9) that have roles in development and disease. They regulate transcription by altering nucleosome structure through ATP hydrolysis. CHD7 is a member of a subfamily of chromodomain helicase DNA binding proteins that includes CHD6-9. The members of this subfamily are characterized by the presence of three C-terminal domains: one SANT domain and two BRK domains. The molecular functions of CHD6-9 are not well-defined, but CHD7 can promote protein synthesis, proliferation,
and differentiation. Haploinsufficiency for CHD7 is the major cause of CHARGE syndrome, which is characterized by coloboma of the eye, heart defects, atresia of the choanae, retarded growth and development, genital abnormalities, and ear anomalies (OMIM 608892). It affects approximately 1 in 10,000 newborns in North America. Approximately 77% of people with CHARGE syndrome have cardiovascular defects.

The heart defects are diverse and include Tetralogy of Fallot (characterized by defects in ventricle septation, narrowing of the pulmonary outflow tract, misalignment of the aorta, and right ventricle hypertrophy; OMIM 187500), interrupted aortic arch, double-outlet right ventricle (DORV, wherein both the pulmonary artery and the aorta arise from the right ventricle), truncus arteriosus (a single blood vessel arises from right and left ventricles due to outflow tract septation defects), atrioventricular canal (AVC) defects (poorly formed or absent chamber walls), atrial septal defects (ASD), and ventricle septal defects (VSD).

CHD7 is evolutionarily conserved and animal models have provided insight into its cardiogenic functions. In mice, Chd7 expression is strong in the embryonic stem cells and subsequently becomes restricted to the heart, brain, kidney, inner ear, eye, and olfactory epithelium. Within the embryonic mouse heart, Chd7 is expressed in the atrial and ventricular myocardium, and in the outflow tract. Mice homozygous for a gene-targeted Chd7 allele (Chd7^Gt/Gt) died between embryonic day (E) 10.5 and E11.5, with reduced embryo size. The Chd7^Gt allele disrupted the N-terminal portion of the gene and transcripts contained only the last two exons, exons 37-38, which do not encode any known functional domains. Mice heterozygous for the gene-targeted Chd7^Gt allele (Chd7^Wt/Gt) had about half the survival rate and displayed abnormal behavior such as
head-bobbing and hyperactivity. Unfortunately the hearts of $Chd7^{Gt/Gt}$ and $Chd7^{Wt/Gt}$ mice were not characterized. In another study, a mutant mouse called Whirligig ($Chd7^{Whl}$) was generated with ENU mutagenesis. The $Chd7^{Whl}$ allele had a G>A mutation in exon 11 that was predicted to result in a truncated protein lacking the C-terminal SANT and BRK domains. $Chd7^{Whl/Whl}$ homozygotes were developmentally delayed and did not survive past E11.5. The heart tube had formed and looped by E9.5, however later stages of heart development were not characterized. Heterozygosity for the Whirligig mutation ($Chd7^{Wt/Whl}$) resulted in early postnatal lethality, thought to be secondary to a VSD. A third mouse model demonstrated that haploinsufficiency for $Chd7$ ($Chd7^{Wt/-}$) caused defective aortic arch morphogenesis at E10.5. Disruption of $Chd7$ in Xenopus caused aberrant neural crest cell (NCC) gene expression and migration, resulting in abnormal outflow tract positioning. While the molecular functions and tissue-specific requirements of CHD7 are not completely understood, it appears to have roles in multiple aspects of heart morphogenesis.

We first identified the SMAD1-CHD7 interaction in a yeast two-hybrid screen using a cDNA library isolated from embryonic mouse hearts. The interaction was confirmed with glutathione S-transferase (GST) pull-down assays in mammalian cells and in vitro. Future studies will verify the functional significance of this interaction and conditional inactivation of $Chd7$ in transgenic mouse models will help delineate its roles during heart development.
2. Materials and Methods

2.1 Yeast Two-Hybrid Screen

A yeast two-hybrid screening was performed using Matchmaker Yeast Two-Hybrid System (Clontech). Mouse Smad1 and Smad2 were cloned into GAL4 DNA binding domain (pGBD, leucine selection) vector to create the bait constructs (Smad1-pGBD and Smad2-pGBD, respectively). cDNA was previously isolated from E9.5-E11.5 mouse hearts and cloned into the GAL4 DNA activation domain (pGAD) vector to generate the prey constructs (prey-pGAD, tryptophan selection). Negative controls in the yeast two-hybrid experiments were AH109 haploid yeast cells transformed with (1) either Smad1-pGBD or Smad2-pGBD + pGAD vector, (2) prey-pGAD + pGBD vector, (3) pGAD vector + pGBD vector, (4) denatured carrier DNA, and (5) nothing. After transformation, AH109 cells were plated on plates lacking tryptophan and leucine (-TRP/-LEU) to select for proper transformation and incubated at 30 °C 2-3 days to allow growth. They were then replica-plated onto plates lacking tryptophan, leucine, adenine, and histidine (-TRP/-LEU/-ADE/-HIS) to select for protein-protein interaction through expression of reporter genes that express the essential amino acids ADE and HIS upon prey and bait interaction.

For transformation experiments, a lithium acetate yeast transformation protocol was followed. To culture AH109 cells, 100-300 ml of media was inoculated at 1:5 media:flask volume ratio and incubated overnight, 30 °C, shaking 200 rpm. Alternatively, a 5 ml starter culture of AH109 cells were incubated overnight in YPD media, shaking 200 rpm at 30 °C, and the following morning 1 ml of inoculated media was transferred to
50 ml YPD and incubated 4-6 hour, shaking 200 rpm at 30 °C. Inoculated media was divided between 15 ml conical tubes and centrifuged 5,000 rpm, 5 minutes at room temperature. YPD media was aspirated and cells were resuspended in 10 ml total volume of sterile water, and then spun down as before. The supernatant was aspirated and cells were resuspended in 5 ml 1XLiAcTE. Cells were centrifuged again, as before, and the supernatant was aspirated. Cells were resuspended in 2 ml 1XLiAcTE. The single stranded carrier DNA (salmon sperm) was denatured for 10 minutes at 95 °C and then placed on ice for 2 minutes. In a 1.5 ml eppendorf tube, 200 µl yeast cells in 1XLiAcTE suspension were combined with 5 µl denatured carrier DNA and X µl DNA (10 µl from Qiagen miniprep). The cells were transformed with 1.5 µg pGBD, 9 µg Smad1-pGBD, or 9 µg Smad2-pGBD. The solution was mixed and 1 ml PLATE (8 ml 50% PEG/1 ml 1MLiAC/ 1 ml 10XTE) was added. Cells were incubated at 30 °C for 30-60 minutes, followed by 42 °C incubation for 15 minutes. Then the cells were put on ice for 2 minutes, followed by centrifugation in short pulses, removing the supernatant, washing with 1 ml sterile water, and then aspirating most of the supernatant but leaving about 200 µl to plate. Plates were stored at 30 °C for 2 days.

For the initial yeast two-hybrid screen, AH109 cells were first transformed with Smad1-pGBD. Two 500 ml cultures of AH109[Smad1-pGBD] in -TRP media were incubated overnight, shaking 250 rpm at 30 °C. Subsequently, the two 500 ml volumes of AH109[Smad1-pGBD] cells were co-transformed with 2.5 µg prey-pGAD. The co-transformed AH109 cells were collected in PLATE, and serial dilutions were made in sterile water to a final dilution of 1/100,000. Cells were plated on -TRP/-LEU plates to select for efficient transformation of both vectors. Plates were incubated at 30 °C for 2-3
days to allow for growth, and subsequently replica-plated onto +4 mM 3AT (3-amin-1,2,4-triazole, to increase stringency of HIS reporter gene expression) -TRP/-LEU/-ADE/-HIS. Over 300 individual colonies were transferred with sterile toothpicks to 4 -TRP/-LEU/-ADE/-HIS master plates, grown two days at 30°C, and then sealed and stored at 4 °C.

2.2 Candidate DNA Isolation

To isolate DNA from yeast cells, a phenol:chloroform DNA extraction protocol was followed. 5 ml cultures were inoculated with a colony and grown to saturation overnight (~10^9 cells total) in 15 ml conical tubes at 30 °C, shaking 200 rpm. Cultures were centrifuged for 5 minutes at room temperature in a fixed speed table top centrifuge. The supernatant was aspirated and the pellets were resuspended in 0.4 ml sterile water, and then transferred to 1.5 ml eppendorf tubes. Cells were spun briefly, for about 5 sec, and supernatant was decanted. Samples were vortexed briefly, 0.2 ml lysis solution (2% Triton/ 1%SDS/ 0.1M NaCl/ 1XTE) was added along with 0.3 g of acid washed, sterile glass beads (about 100 µl, baked for 2 hours at 180 °C). 0.2 ml phenol:chloroform was added and the solution was vortexed for 10 minutes at maximum speed. 0.2 ml 1XTE was added and the samples were centrifuged for 5 minutes at 13,000 rpm. The aqueous layer was transferred to a new tube. 1 ml ice-cold 95% ethanol was added and the sample was inverted to mix, then stored at -80 °C for at least 30 minutes. Then, the samples were centrifuged, 13,000 rpm at 4 °C, the ethanol was aspirated, the pellet was washed with cold 70% ethanol, and centrifuged again at 13,000 rpm for 5 minutes at 4 °C. The pellet was allowed to air dry, then resuspended in 100 µl elution buffer (Qiagen) with 10 µl 10X RNase. Samples were incubated at 37 °C for 15 minutes. DNA was
precipitated with an ice-cold solution of 40 µl 3M NaAc in 1 ml cold 95% ethanol, mixed by inversion, and stored at -20 °C overnight. Samples were centrifuged for 10 minutes, 13,000 rpm, at 4 °C. The pellet was air-dried and resuspended in 50 µl 1XTE. 10 µl was used to determine concentration of DNA and 3 µl was used for PCR analyses.

2.3 PCR Analyses of Candidates in pGAD vector

PCR was performed using Advantage 2 PCR System (Clontech). The PCR mixture was: 17 µl H2O, 2.5 µl 10X Advantage 2 Buffer, 1 µl 10 µM primer mix, 1 µl dNTP, 0.5 µl Advantage 2 Taq, 3 µl DNA, for a total volume of 25 µl. The primers for the pGADT7 vector multiple cloning site were:

5’CTATTTCGATGATGAAGATACCCCACCAAACCC and

3’, AGTGAACCTTGCAGGGGTTTTTCAGTATCTACGAT. The PCR program was: 1) 94 °C, 5 min; 2) 94 °C, 30 sec; 3) 68 °C, 30 sec; 4) 72 °C, 45 sec; 5) Go to 2, 1X; 6) 94 °C, 30 sec; 7) 65 °C, 30 sec; 8) 72°C, 45 sec; 9) Go to 6, 2X; 10) 94 °C, 30 sec; 11) 63 °C, 30 sec; 12) 72 °C, 45 sec; 13) Go to 10, 2X; 14) 94 °C, 30 sec; 15) 60 °C, 30 sec; 16) 72 °C, 45 sec; 17) Go to 14, 2X; 18) 94 °C, 30 sec; 19) 58 °C, 30 sec; 20) 72 °C, 45 sec; 21) Go to 18, 2X; 22) 94 °C, 30 sec; 23) 55 °C, 30 sec; 24) 72 °C, 45 sec; 25) Go to 22, 39X; 26) 72 °C, 4 min; 27) End. Results were run on 1.2% agarose gels at 100V.

2.4 Sequence Analyses of Candidates

Competent DH5α E.coli cells were transformed with candidate DNA from yeast cells for DNA isolation and sequence analyses. 5 µl yeast DNA (from the phenol-chloroform extraction described above) was added to the E.coli cells. Samples were gently tapped to mix and kept on ice for 30 minutes. Samples were incubated in a 42 °C water bath for 90
sec, and then placed on ice for 2 minutes. 1 ml LB media was added to the samples and they were incubated at 37 °C for 1 hour. Cells were plated on LB plates with selection and incubated at 37 °C overnight. Transformants were cultured in 2 ml LB with antibiotic selection overnight, shaking, 37 °C. DNA was isolated using Minipreps (Qiagen) according to the manufacturer’s protocol. 2 µl of the Miniprep DNA was used to measure DNA concentration and 2 µl was analyzed on a 0.7% agarose gel, run at 100V. Sequencing was performed using T7 sequencing primer. Sequence alignment and verification of correct reading frame was performed using DNA Star sequence analysis software, BLASTN (http://www.ncbi.nlm.nih.gov/blast/Blast.cgi?CMD=Web&PAGE_TYPE =BlastHome), and CLUSTALW2 (http://www.ebi.ac.uk/Tools/msa/clustalw2/). The CHD7 protein schematic was created with Prosite MyDomains (http://us.expasy.org/tools/mydomains/).

2.5 GST Pull-down Experiments

The Chd7 clone was inserted into the GST vector to create a GST-CHD7 fusion construct. COSM6 cells were transfected with 1 ug constitutively active ALK6 BMP receptor, 1 ug HA-SMAD1, 1.4 ug GST or 6 ug GST-CHD7 using Lipofectamine 2000 (Invitrogen) per manufacturer’s protocol. The afternoon before transfection, 1.2x10^6 cells were plated in 100 mm cell culture dishes in 0.2M HEPES DMEM media without antibiotic. The media was refreshed the morning of the experiment, again without antibiotic. DNA and Lipofectamine 2000 were combined at a ratio of 1 µg DNA: 2 µl Lipofectamine 2000 in Opti-MEM (Invitrogen). The media was refreshed 4-6 hours after the transfection and again the next morning, without antibiotic.
For the GST pull-down assay, glutathione sepharose beads were hydrated in autoclaved water rotating at room temperature for 30 minutes, or overnight at 4 °C. For 8 samples, 10 mg beads were hydrated in 15 ml water. Beads were centrifuged in a fixed speed centrifuge for 1 minute at room temperature, the water was aspirated off, and hydrated beads were resuspended in 5 ml Lysis Solution (0.05 M TrisHCl, pH 7.4/ 0.5% TritonX/0.5% NP40/ 0.004 M EDTA/ 10.4% glycerol, no salt, no protease inhibitor). Beads were spun again, as before, and the Lysis Solution was aspirated. 10 mg of hydrated beads resulted in about 200 µl volume. An equal volume of Lysis Solution (200 µl) was added to the beads (no salt, no protease inhibitor), and stored at 4 °C for up to 2 weeks. Blocking: 50 µl beads were aliquoted for each pull-down sample, using a large tip pipette, and blocked with 0.5% BSA (filter-sterilized) rotating at 4 °C at least 1 minute. Beads were then centrifuged at room temperature, 5,000 rpm for 3 minutes. The supernatant was aspirated and an equal volume of fresh lysis solution was added, with or without salt, and the bead slurry was kept on ice.

Two days after the transfection experiments, cells were gently washed with 1XPBS and then, while on ice, 200 µl Lysis Solution was applied to the cells (see recipe above, with or without 100 mM NaCl and with Complete EDTA-free Protease Inhibitor Cocktail Tablets, Roche, per manufacturer’s instructions). On ice, cells were scraped, transferred to 1.5 ml eppendorf tubes, aspirated with a 25 G needle 15 times, rotated at 4 °C for 30 minutes, and then centrifuged at 13,000 rpm for 15 minutes at 4 °C. Keeping samples on ice, the supernatant was transferred to a new eppendorf tube. For total protein lysate, 100 µl of each sample was placed in a separate eppendorf tube, combined with 50 µl of 5X loading buffer, incubated at 70 °C for 5 minutes, and then stored at -80°C. For the GST
pull-down experiments, the samples were incubated with 50 µl beads (as prepared above), rotating for 2.5 hours at 4 °C. The pull-down samples were centrifuged at 5,000 rpm for 2 minutes at room temperature and the supernatant was carefully aspirated. The pull-down samples were then washed 3 times in 1 ml Lysis Solution (recipe above, with or without salt, with protease inhibitor), rotating for 2 minutes at 4 °C for each wash and spinning down as before. Finally, 100 µl 2X loading buffer was added to the bead pellet, resuspended by flicking, and denatured at 70 °C for 5 minutes. Samples were placed on ice for 2 minutes, centrifuged at 13,000 rpm for 3 minutes at room temperature. The supernatant was transferred to a new tube and stored at -80 °C. 20 µl was loaded into each lane for Western blot analyses. Primary antibody was 1:1000, Secondary 1:1500.

2.6 In vitro Radio-labeled CHD7 Pull-Down

CHD7 was radio-labeled with S methionine using TNT Promega kit, according to manufacturer’s protocol. Reagents were mixed, incubated at 30 ºC for 2 hour, and stored at -80 ºC overnight. B2L1 cells (characterized by having a mutated protease) were transformed with GST-SMAD1: 1 µl DNA was added to cells, samples were placed on ice for 30 minutes, followed by a heat shock incubation in a 42 ºC water bath for 90 sec, then ice for 2 minutes. 1 ml LB media was added and the sample was incubated at 37ºC for 1 hour. 50 µl was plated and incubated at 37 ºC overnight. Inoculated media was treated with 300 ul IPTG to induce the expression of the insert (GST-SMAD1) and cultured for 4 hours before it was collected. The pellet was resuspended in TT Buffer, pH 8.0, to a total volume of 15 ml.
3. Results

3.1 Over 300 Candidates Obtained from the Yeast Two-Hybrid Screen

To identify protein-protein interactions with the BMP specific R-SMAD, SMAD1, an embryonic mouse heart cDNA library was screened in a yeast two-hybrid experiment. The bait, SMAD1, was fused to the GAL4 DNA binding domain (Smad1-pGBD). The prey, cDNA obtained from E9.5-E11.5 mouse hearts, was fused to the GAL4 DNA activation domain (prey-pGAD). Over 300 individual clones were obtained from the yeast two-hybrid screen. PCR analyses using primers 5’ and 3’ of the pGAD vector multiple cloning site (MCS) confirmed the presence of 329 candidate genes ranging from about 700 base pairs (bp) to over 1,500 bp in length (Figure 1A). Sequence analyses validated 73 candidate genes, from 298 clones (Figure 1B, Table 1). Several of these are known SMAD-interacting proteins, such as SMAD4, SMURF1, SMURF2, STUB1, and ZFYVE9. Candidates were prioritized for further analyses based on experimental evidence of their roles in heart development, associations with human disease, and their functions as transcription regulators. For high priority candidates, a second yeast two-hybrid screen was performed to confirm the interaction with SMAD1 and to test for an interaction with Transforming Growth Factor-β (TGFβ)-specific SMAD2 (Figure 2 and Figure 3). CCAR1, CHAF1A, CHD7, EPS15, and TAX1BP1 interacted with SMAD1 and SMAD2, suggesting that they can participate in both BMP and TGFβ signaling pathways. HBPI interacted only with SMAD1 and not with SMAD2, indicating that it functions specifically in the BMP signaling pathway. COMMD1, however, interacted with the pGBD vector and was therefore a false positive.
3.2 CHD7 Interacts with SMAD1

CHD7 is implicated in several aspects of heart development in animal models, is associated with human congenital heart defects, and functions as a transcriptional regulator, so we decided to further explore its interaction with SMAD1. Two identical clones of Chd7 were obtained from the yeast two-hybrid screen (Figure 4A and 4B). Sequence analyses revealed that the clones aligned with mouse Chd7 mRNA from nucleotides (nt) 7230-8266, which includes exons 32-35. The clone contained 8 nt of intronic sequence at the 5’ end and 51 nt of intronic sequence at the 3’ end that introduced a stop codon, resulting in a 1,096 nt transcript. The Chd7 clone contained the two C-terminal BRK domains that are characteristic of the CHD6-9 subfamily (Figure 4C). Due to the unique sequences flanking the clone, it may represent a heart-specific Chd7 transcript.

The interaction of the CHD7 clone with SMAD1 was confirmed with a GST pull-down experiment performed in mammalian cells. The Chd7 clone was inserted into a GST vector, creating a GST-CHD7 fusion protein. COSM6 cells were transfected with constitutively active BMP receptor, GST or GST-CHD7, and HA-SMAD1. While there was non-specific interaction between HA-SMAD1 and GST, HA-SMAD1 interacted more strongly with GST-CHD7 and this interaction was more specific under 100 mM salt conditions (Figure 5A). Lastly, an in vitro pull-down experiment further confirmed that the CHD7 clone can interact with SMAD1 (Figure 5B).
4. Discussion

To identify novel effectors of the BMP signaling pathway during heart development, we screened an embryonic mouse heart cDNA library. The cDNA library was isolated from over 600 hearts between the stages E9.5-E11.5, a dynamic developmental period. During this time, the once seemingly quiescent linear heart tube undergoes tremendous morphological changes. At E9.5, the looping heart tube consists of an outer myocardial layer and an inner endocardial layer of cells, separated by an extracellular matrix called the cardiac jelly. The cardiac jelly enables crosstalk between the myocardium and endocardium, resulting in regional cardiomyocyte proliferation and demarcation of the future atrial and ventricular chambers. At E10.0-E10.5, chamber formation continues with septation, valve development, and myocardial wall morphogenesis. Outflow tract development is concurrently taking place, with contributions from the cardiac NCC population. By E11.5, the pro-epicardial cells have migrated around and enveloped the heart, forming the epicardium. The epicardium regulates myocardial wall development, contributes to endocardial cushion morphogenesis, and later in development it coordinates the formation of the coronary vasculature with the development of the myocardium. Therefore, the cDNA library potentially contains candidates from different cardiac cell populations with functions in multiple aspects of early heart development.

We have identified an interaction between CHD7 and SMAD1, an intracellular transducer of BMP signaling pathways. The interaction with SMAD1 was confirmed in mammalian cells with GST pull-down experiments and in vitro pull-down assays. CHD7 interacted with SMAD2 in the yeast two-hybrid and may therefore have roles
downstream of the TGFβ signaling pathway as well, although this needs to be confirmed with future experiments. The CHD7-SMAD1 interaction likely has implications for transcription regulation as both proteins bind DNA in cooperation with other cofactors to regulate gene expression. 1,12-18

Two identical clones of Chd7 were obtained from the yeast two-hybrid screen. The CHD7 clones aligned with the C-terminal end of the mouse Chd7 transcript. However, the clones had intronic sequences at the 5’ and 3’ ends. Therefore, they may be representative of a new CHD7 isoform with unique expression and function in the developing mouse heart. The CHD7 clones contained the BRK domains characteristic of chromodomain helicase DNA binding proteins 6-9.19,20 BRK domains are conserved in CHD7 homologs from Drosophila to humans, suggesting that they are important for CHD7 biological functions. 43,44 BRK domains are also found in the BRG1 family of chromatin remodeling enzymes and are thought to have protein-protein binding activities as well as chromodomain helicase activities. 43,45,46 Full length CHD7 binds DNA at thousands of sites, including many enhancer sites, and shares binding sites with several cofactors including SMAD1, SOX2, and BRG1. 47,48 It was recently reported that CHD7 interacts with CHD8, which is part of a large protein complex that includes H3K4 methyltransferase and CHD9. 12,49-51 Taken together, these data suggest that CHD7 interacts via its BRK domain with SMAD1 to regulate gene transcription by (1) changing accessibility to target genes via chromatin unwinding, (2) bringing enhancer and promoter elements together, and/or (3) participating in developmentally regulated multi-protein complexes. 47
Animal models have provided insight into CHD7’s conserved cardiogenic roles. The cardiac phenotypes of Chd7-null mouse embryos were not characterized in detail, however, deletion of Chd7 in mice did not appear to affect cardiac induction or looping. Mice heterozygous for a loss-of-function Chd7 mutation had defects in septation, aortic arch morphogenesis, and outflow tract development. In Xenopus, loss of Chd7 disrupted NCC gene expression and migration, ultimately causing misalignment of the outflow tract. Haploinsufficiency for CHD7 in humans causes similar congenital heart anomalies. The defects in aortic arch patterning and outflow tract development associated with mutations in CHD7 strongly suggest that it is required for these processes. However, it is unclear if CHD7 has direct roles in the cardiac NCC population that contributes to the aortic arches and outflow tract, or if is instead important in the pharyngeal ectoderm which signals to the migratory cardiac NCC. In the mouse, CHD7 is expressed in the developing myocardium, outflow tract, NCC, and pharyngeal ectoderm. Future studies using conditional inactivation of Chd7 in specific cardiac cell types will help delineate its roles during cardiogenesis.

The roles of CHD7 and its BRK domains during heart development remain to be determined. Mutations associated with CHARGE syndrome occur indiscriminately throughout CHD7. Pathologic allelic variants in CHD7 include nonsense, frameshift, and missense mutations, as well as deletions. Less common are chromosomal abnormalities detected in karyotypes that disrupt CHD7. These include balanced chromosomal translocations t(6;8)(6p8p;6q8q) and t(8;13)(q11.2;q22), and an interstitial deletion of 8q11.2-q13. The mutations are generally predicted to result in mRNA that is targeted for nonsense-mediated decay, removing the entire message.
genotype-phenotype correlation has been identified in CHARGE patients and it is not uncommon for patients with the same mutation to have different phenotypes.\(^\text{28, 31, 54, 56, 61}\) For example, three unrelated individuals with diverse clinical phenotypes had identical mutations in the second BRK domain that introduced a stop codon.\(^\text{31}\) The phenotypic variability in CHARGE patients may be due to mosaicism of \(CHD7\) mutations and the tissue-specific roles of \(CHD7\), the type of mutation, and the diversity of genetic backgrounds which could result in the presence of different modifier genes.

\(CHD7\) is one of three known causative genes in syndromic tracheal-esophageal malformations, the other two genes are \(SOX2\) and \(MYCN\).\(^\text{62, 63}\) Like \(CHD7\), \(SOX2\) and \(MYCN\) encode proteins that can regulate transcription.\(^\text{19, 20, 64, 65}\) Loss-of-function mutations in \(CHD7\), \(SOX2\), or \(MYCN\) cause developmental disorders with overlapping phenotypes including abnormal formation of the trachea and esophagus, as well as mental retardation.\(^\text{62, 64, 66}\) Recently, it was discovered that \(CHD7\) and \(SOX2\) are both highly expressed during mouse embryogenesis and can directly interact with each other to regulate common gene targets, including \(Mycn\).\(^\text{64}\) Furthermore, \(CHD7\), \(SOX2\), and \(SMAD1\) share binding sites in enhancer elements throughout the mouse genome.\(^\text{47}\) Taken together with our results showing a direct interaction between \(CHD7\) and \(SMAD1\), these data suggest that \(CHD7\), \(SOX2\), and \(SMAD1\) are part of a transcription regulatory complex with roles in regulating \(Mycn\) expression during development. This newly discovered \(CHD7\)-\(SOX2\)-\(MYCN\) axis has implications for cardiogenesis. While \(Sox2\) is not a known regulator of heart formation, other \(Sox\) genes are important for several aspects of cardiogenesis, including valve and outflow tract formation.\(^\text{67-73}\) Likewise, \(CHD7\) and \(MYCN\) have roles in septal-valvulogenesis and outflow tract morphogenesis.
CHD7 mutations are associated with more severe heart defects than mutations in MYCN, which is consistent with CHD7 being an upstream regulator of MYCN. Mycn has also been identified as a direct transcriptional target of BMP signaling pathways in the developing mouse myocardium. Both CHD7 and MYCN are implicated in several aspects of heart development and their roles during cardiogenesis warrant further investigation. The next chapter will explore the roles of myocardial Mycn during mouse heart development.
References


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Figure 1. Analyses of candidates. A. Example of PCR analyses on DNA isolated from clones, confirming the presence of candidate genes inserted into pGAD expression vector. PCR analyses were performed using primers 5’ and 3’ of the pGAD multiple cloning site and results were run on a 1.2% agarose gel. Candidate gene sizes ranged from about 700 base pairs (bp) to over 1,500 bp. B. Sequence analyses of 329 clones validated 298 candidates, representing 73 genes. Other inserts were eliminated because they represented genomic contamination (Genomic Sequence, n=3), were undefined sequences (Riken cDNA, n=5; Predicted cDNA, n=2; Expressed Sequence, n=2), were not in the correct reading frames (n=16), or could not be sequenced (n=3).

Figure 2. Confirming the SMAD1 interaction in yeast. Growth on media lacking the amino acids tryptophan, leucine, adenine, and histidine (-TRP/-LEU/-ADE/-HIS) indicates a positive interaction with SMAD1, which is specific to the BMP signaling pathway, and with SMAD2 which is specific to the TGFβ signaling pathway. CCAR1, CHAF1A, EPS15, and TAX1BP1 interacted with both SMAD1 and SMAD2. HBP1 interacted only with SMAD1. COMMD1 was a false positive, as it interacted with SMAD1, SMAD2, and with the pGBD vector alone.
Figure 3. CHD7 interacts with SMAD1 in yeast. A yeast two-hybrid screen confirmed the interaction of CHD7 with SMAD1, and revealed an interaction with SMAD2. Growth on media lacking tryptophan and leucine (-TRP/-LEU) confirms co-transformation (left). Colonies were replica-plated onto media lacking tryptophan, leucine, adenine, and histidine (-TRP/-LEU/-ADE/-HIS) (right). Growth on this media revealed a positive interaction. CHD7 interacted with SMAD1 and SMAD2, suggesting it has a role in both BMP and TGFβ signaling pathways, respectively. CHD7 did not interact with the pGBD vector alone, nor did pGBD vector interact with the pGAD vector.
Figure 4. Chd7 clone. A. Two identical clones of Chd7 were obtained from the yeast two-hybrid screen. The Chd7 clones aligned with the mouse Chd7 transcript (mChd7) from nucleotides (nt) 7230-8266. The 5’ end of the clone had 8 nt of intronic sequence, and the 3’ end had intronic sequence that introduced a stop codon (TAG) after 51 nt. Intronic sequences are highlighted in red. B. In the mouse Chd7 transcript, the ATG start codon is at 329 nt and the TAA stop codon is at 9,289nt. The Chd7 clones, represented by the shorter schematic below, were 100% identical to the mouse transcript from 7230-8266 nt, which includes exons 32-35. The intronic sequences are depicted in red. The resulting transcript was 1,096 nt. The unique sequence of the clone may be representative of a new Chd7 transcript. C. Schematic of the mouse CHD7 protein. Mouse CHD7 is 2,986 amino acids (aa). CHD7 has two Chromodomains (Chromo, 790-857 and 872-937 aa) that condense chromatin. The SNF2 ATPase domain (961-1,246 aa) and Helicase domain (1,284-1,454 aa) are involved in chromatin unwinding. On the C-terminal end of the protein are the SANT and BRK domains. The SANT domain (1,952-2,011 aa) is thought to bind histone tails. The BRK domains (2,553-2,602 and 2,631-2,675 aa) are thought to have helicase and protein-protein binding functions. The clone isolated from the yeast two-hybrid screen aligned with CHD7 from 2,410-2,755 aa, a region containing the BRK domains indicated by the green bar above the protein cartoon.

Figure 5. CHD7-SMAD1 interaction in mammalian cells and in vitro. A. CHD7-SMAD1 interaction in COSM6 cells. Lanes 1-4 are total protein lysates, Lanes 5-6 are pull-down lysates, + = with 100 mM NaCl. HA-SMAD1 interacts with GST-CHD7 without NaCl (Total Protein Lanes 1 and 2, Pull-down lanes 5 and 6) but the fusion proteins interact more specifically when pulled down with 100 mM NaCl (Total Protein Lanes 3 and 4, Pull-down lanes 7 and 8). B. In vitro pull-down assay with GST-SMAD1 and radiolabeled CHD7. An 18 hour exposure showed that radio-labeled CHD7 interacted only with GST-SMAD1 (Lane 2) and not with GST (Lane 1). Lane 3 is 1/10th of probe input.
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BMP, Bone Morphogenetic Protein; FGFR, Fibroblast growth factor receptor; TGFβ, Transforming growth factor beta; VEGFR, Vascular endothelial growth factor receptor; pJK, plasmid designation for lab use.
MYOCARDIAL MYCN IS ESSENTIAL FOR MOUSE VENTRICULAR WALL MORPHOGENESIS

by

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Format adapted for dissertation
1. Introduction

The heart is the first organ to develop and function during embryogenesis. In order to sustain the growing embryo, heart muscle must rapidly expand through cardiomyocyte proliferation and differentiation. The relatively unproliferative nonchamber myocardium along the inner curvature of the heart includes the atrioventricular canal (AVC), the outflow tract, and the inflow tract. Atrial and ventricular chamber myocardium is characterized by highly proliferative cardiomyocytes. After rightward looping, proliferating cardiomyocytes increase chamber mass and volume by contributing to the thickening myocardial wall and to the trabecular myocardium on the luminal side of the ventricles (Supplemental Figure 1). Trabecular myocardium consists of subendocardial muscular projections created by organized layers of differentiated cardiomyocytes. It has multiple roles during early heart development including coordinating conduction and enhancing contractile force to support continuing embryonic development. Later in development, the trabecular myocardium is incorporated into the compact myocardium, papillary muscles, and the interventricular septum (IVS). Abnormalities in ventricular myocardial wall morphogenesis cause embryonic lethality in mice and adult cardiomyopathies in humans.

MYCN is a member of the conserved MYC family of basic transcription factors involved in development and disease. There are four closely related MYC genes in mammals: CMYC, MYCN, MYCL, and MYCS. CMYC and MYCN, perhaps the best characterized of the MYC proteins, are broadly expressed in complementary temporal-spatial patterns. MYCN has an N-terminal transcription activating domain and a C-terminal DNA-binding domain (Supplemental Figure 2). It interacts with MAX proteins to activate
transcription and with MIZ-1 to repress transcription. Multiple developmental signaling pathways converge on MYC proteins and, depending on the cellular context, they can promote proliferation and growth, inhibit differentiation, and regulate apoptosis. Haploinsufficiency for MYCN is associated with Feingold syndrome (FS, OMIM 164280), a rare developmental disorder characterized in part by congenital heart defects (CHDs). Heart anomalies are variable and include ventricle septal defect (VSD), abnormal valvulogenesis, outflow tract septation defects and aberrant development of the aortic arch. Pathogenic mutations disrupt the MYCN DNA binding domain and include frameshift mutations, missense mutations, and deletions that result in nonsense-mediated decay of the transcript or a truncated protein.

Mouse models have provided insight into Mycn’s conserved roles in development and disease. Global deletion or severe reduction of MYCN in mice causes phenotypes that are similar to but more severe than those associated with FS. Mycn-depletion results in embryonic lethality between E10.5 and E12.5 due to defective organogenesis. Tissue-specific deletion or overexpression of Mycn revealed that it has roles in the growth, morphogenesis, and patterning of the limbs, lungs, inner ears, and brain. Mycn is a positive regulator of proliferation, but it regulates cell survival and differentiation in a tissue-specific manner. Conditional removal of Mycn from the developing limbs causes reduced apoptosis, while increased apoptosis was seen in the Mycn-depleted lungs and liver. Cell differentiation was sensitive to MYCN levels in the developing limbs, lungs, and brain, but not in the inner ears. Mycn-depletion disrupts normal heart development and, consistent with its role in human heart development, the cardiac phenotypes observed in Mycn-depleted mouse models are
complex and variable. Mice null for *Mycn* or with reduced MYCN protein to 15% of normal had heart defects such as delayed development with no septa-valvulogenesis, lack of IVS formation, and underdeveloped ventricular myocardial walls. These studies provided evidence that *Mycn* potentially has roles in several key cardiogenic processes, yet the mutant hearts were not characterized in detail. It remains unclear if the reported heart defects were caused by grossly abnormal embryo development. Moreover, global removal of *Mycn* from the developing embryo precludes investigation of its functions within specific cardiac tissues during heart development.

Our lab and others have identified *Mycn* as a transcriptional target of Bone Morphogenetic Protein (BMP) signaling in the developing mouse myocardium. BMP cytokines are necessary for cardiomyocyte induction, proliferation, and survival during chamber morphogenesis. BMP signaling is also important for AVC valvuloseptal development. In the current study, we tested the hypothesis that myocardial *Mycn* encodes an essential regulator of cardiomyocyte proliferation, survival, size, and differentiation, using a novel mouse model with *Mycn* specifically removed from the myocardium.
2. Methods

2.1 Mice

This study conforms to the Guide for the Care and Use of Laboratory Animals published by the US National Institutes of Health (NIH Publication no. 85–23, revised 1996). All protocols were approved by the Institutional Animal Care and Use Committee at the University of Alabama at Birmingham.

The cTnt-Cre and Mycn\textsuperscript{loxp} transgenic mouse lines have been described elsewhere. Mycn\textsuperscript{loxp} mice were provided by R. Eisenman, Fred Hutchinson Cancer Research Center. Male cTnt-Cre;Mycn\textsuperscript{loxp/wt} mice were mated with Mycn\textsuperscript{loxp/loxp} females to conditionally delete Mycn from the developing mouse heart. Upon cTnt-Cre mediated recombination, the entire coding region of Mycn is deleted within the myocardium between embryonic day E9.5 and E10.5. The day of the plug was considered E0.5. Embryos were dissected in 1XPBS and processed for further experiments. Living embryos were defined by beating hearts. Hemorrhage, edema, and dilation of hearts were phenotypes indicative of cardiovascular insufficiency. Controls in all experiments were cTnt-Cre negative littermates. Only living embryos were used for experiments.

2.2 Antibodies and reagents

Monoclonal antibodies for MYCN (ab16898, Western blotting (WB), 1 μg/ml), alpha MHC (ab50967, WB 1:1,000), beta MHC (ab11083, WB, 1:75,000; IHC 1:5,000), and MLC1V (ab680, WB, 1:20,000), cardiac Troponin I (ab19615, WB, 1:2,000) were purchased from Abcam. Polyclonal anti-phospho-Histone H3 antibody (06-570, Immunofluorescence (IF), 1:300) was obtained from Upstate Cell Signaling Solutions.
Monoclonal cyclin D1 antibody (556470, WB, 1:2,500; IHC, 1:300) was purchased from BD Biosciences. Polyclonal antibodies for cyclin D2 (sc-593, WB, 1:10,000; IHC, 1:20,000) and myosin light chain 2v (sc-34490, WB, 1:2,500) were from Santa Cruz Biotechnology. Monoclonal antibodies for cardiac actin (A9357, WB, 1:5,000; IHC 1:3,000) and smooth muscle actin (A2547, WB, 1:10,000; IHC 1:3,000), and polyclonal antibody for ID2 (HPA027612, WB 1:500; IHC 1:8,000) were from Sigma. Monoclonal antibodies for cardiac troponin T (WB, 1:2,000; IF 1:200) and beta tubulin (WB, 1:50,000) were provided by the Developmental Studies Hybridoma Bank at the University of Iowa. Anti-p70 S6 kinase polyclonal antibody (9202, WB, 1:2,000; IHC 1:200) was supplied by Cell Signaling. Polyclonal skeletal muscle actin (NBP1-35265, WB, 1:5,000; IHC 1:20,000) antibody was from Novus Biologicals. The myosin light chain 2a antibody (WB, 1:15,000) was from S. Kubalak at the University of South Carolina. Fluorescent wheat germ agglutinin conjugate Oregon Green 488 (IF, 10 μg/ml) was purchased from Invitrogen.

2.3 DNA analyses

Genotyping was performed on tissue from the yolk sac or tail. Tissue samples were incubated with 20mg/ml Proteinase K (PK) in 50mM Tris/ 100 mM EDTA overnight at 55 °C. The cTnt-Cre primer pair sequences are: forward primer, 5’-GGCGCGGGCAACA CCATTTTT-3’, and reverse primer, 5’-TCCGGGCTGCCACGACCAA-3’. The PCR program used to amplify the cTnt-Cre product was: 94 °C for 3 min (1 cycle); 94 °C for 30 sec, 64 °C for 30 sec, 72 °C 30 sec (30 cycles); 72 °C 4 min. The primer pair used to distinguish the floxed versus wild type Mycn alleles was: forward primer, 5’-GTCGCG
GCTAGTAAGAGCTGAGATC-3’, and reverse primer, 5’- CACAGCTCTGGAA
GGTGGGAGAAAGTTGAGCTCC-3. The PCR program was: 94 ºC for 3 min (1
cycle); 94 ºC for 30 sec, 68 ºC for 30 sec, 72 ºC for 45 sec (2 cycles); 94 ºC for 30 sec, 65
ºC for 30 sec, 72 ºC for 45 sec (2 cycles); 94 ºC for 30 sec, 63 ºC for 30 sec, 72 ºC for 45
ºC for 30 sec, 72 ºC for 45 sec (2 cycles); 94 ºC for 30 sec, 60 ºC for 30 sec, 72 ºC for 45 sec (2 cycles); 94 ºC for 30 sec, 58 ºC for 30 sec, 72 ºC for 45 sec (2 cycles); 94 ºC for 30 sec, 55 ºC for 30 sec, 72 ºC
for 45 sec (39 cycles); 72 ºC for 4 min. The wild type allele product is 217 base pairs (bp)
and the floxed allele product is 260 bp. The distribution of genotypes of living embryos
was compared with the expected Mendelian ratio and a chi-square test was performed for
statistical analysis, with P<0.05 considered significant. At least 5 litters were examined
for each stage.

Semiquantitative PCR analyses was performed on genomic DNA isolated from pooled
embryonic heart ventricles and whole bodies from Mycn$^{loxP/loxP}$ and cTnt-Cre;Mycn$^{loxP/loxP}$
littermates. To extract DNA from PK-digested tissues, an equal volume of
phenol:chloroform (1:1) was added to the sample, vortexed for 10 sec, centrifuged at
13,000 rpm for 5 min, and the aqueous layer was kept. DNA was precipitated with 3
volumes of ice-cold 95% ethanol/ 0.12M NaAc, pH 4.8, at -20 ºC overnight. The next
day, the sample was centrifuged at 13,000 rpm for 15 min at 4 ºC, washed in 70%
ethanol, air-dried and then resuspended in 50 μl elution buffer (Qiagen). Recombination
of the Mycn$^{loxP}$ conditional allele was detected using the forward primer, 5’-GTCGCGCT
AGTAAGAGCTGAGATC-3’, and the reverse primers 5’-GGCACACACCTATA
ATCCCAAGCTAG-3’ and 5’-CACAGCTCTGGGAAGGTGGGAGAAGTTGAGC
GTCTCC-3 to detect the 350 bp product from the recombined allele or the 260 bp
product from the unrecombined allele. The conditions for the Mycn PCR are 95 °C for 2 min (1 cycle); 95 °C for 30 sec, 70 °C for 30 sec, 72 °C for 35 sec (28 cycles); 72 °C for 5 min. Primers used to detect Smad4 were 5’-AAGAGCCACAGGTCAGCAG-3’ and 5’-GGGCAGCGTAGCATATAAGA-3’. The Smad4 PCR program is: 95 °C for 2 min; 95 °C for 30 sec, 60.5°C for 1 min, 72 °C for 1 min (37 cycles); 72 °C for 5 min.

2.4 Western blot

Embryonic heart ventricles were dissected in PBS and stored at -80 °C. Samples of the same genotype and embryonic stage were pooled and homogenized in laemmlı lysis buffer supplemented with protease inhibitor (Roche). Protein samples were quantified with Biorad DC™ Protein Assay according to manufacturer’s instructions. Lysates were resolved by SDS-polyacrylamide gel electrophoresis (PAGE) on 10% tris-glycine gels and transferred to PVDF membranes. Membranes were blocked with 5% non-fat dry milk w/v in 0.1% Tween-20/TBS (TBST) and incubated overnight with primary antibodies at 4 °C. After three washes in TBST, membranes were incubated with secondary, HRP-conjugated antibodies for one hour at room temperature. Western blots were analyzed with ImageJ, public domain NIH Image program, developed at the U.S. National Institutes of Health and available on the Internet http://imagej.nih.gov/ij/.

2.5 Hematoxylin and Eosin staining

After dissection, embryos were fixed in 4% paraformaldehyde/PBS overnight at 4 °C, washed three times in 1XPBS solution, and dehydrated in ethanol washes: 70% for 1 hour at room temperature, 90% for 1 hour at room temperature, 95% overnight at 4 °C.
The following day, embryos were washed twice in 100% ethanol for a total of two hours at room temperature, cleared with Histo-Clear (National Diagnostics), incubated in a 50:50 Histo-Clear:paraffin wax (McCormick Scientific) solution for one hour at 70 °C, and put through a series of 3 one-hour washes in paraffin wax at 70 °C. Embedded embryos were sectioned 6.5-7 um on a Leica microtome and set onto Superfrost glass slides (Fisher). Slides were cleared in two 5 minute washes of Histo-Clear, and rehydrated in a series of ethanol washes (100% minutes x2, 95%, 90%, 70%, 50%) followed by a 3 minute wash in distilled water.

After rehydration, slides were placed in Mayer’s Hematoxylin staining solution for 1 min, rinsed under running tap water for 10 min, incubated in Eosin B staining solution for 2 min, and then dehydrated in 95% and 100% ethanol washes. Slides were cleared in three Histo-Clear washes (1 min, 2 min and 3 min) and mounted with Permount (Fisher).

2.6 Immunohistochemistry (IHC) and immunofluorescence (IF) experiments.

After hydration, slides were put into pre-heated Antigen Retrieval Buffer (10mM citrate buffer, pH 6.0) in a 95 °C water bath for 25 min, and then allowed to cool to room temperature. IHC experiments were performed using Dako EnVision™+ System HRP (DAB) according to manufacturer’s protocol. Slides were counterstained with Hematoxylin QS (Vector labs), washed in water, and dehydrated in 95% and 100% ethanol washes followed by three Histo-Clear washes. Slides were mounted with Permount (Fisher). A light microscope (Zeiss AxioCam MRc) with a Zeiss Axio Imager.A1 digital camera and AxioVision AC software were used for imaging. Images were processed with Adobe Photoshop.
For IF experiments, slides were rinsed with 1XTBS after antigen retrieval, permeabilized with TBST for 10 min, rinsed with 1XTBS and blocked in 5% FBS/TBST for 1 hour at room temperature, and then incubated with primary antibody overnight in a humidity chamber at 4°C. The next day, slides were washed with TBST, incubated with fluorescent secondary antibody in the dark for 1 hour at room temperature, washed with TBST in the dark, mounted with DAPI media (Vectashield) and sealed. Slides were protected from light and stored at 4°C until visualization with a Leica HC microscope and Metamorph 6.3R2 software. Images were processed with Adobe Photoshop.

2.7 Detection and quantification of proliferative cardiomyocytes in paraffin-embedded tissues

Cell proliferation experiments were performed on sagittal sections of paraffin-embedded E9.5 embryos using antibodies against phospho-Histone H3 (Upstate) to identify mitotic cells and DAPI to identify nuclei. Proliferation was calculated as total phospho-Histone H3 positive nuclei divided by total nuclei, and the result was expressed as the mean percentage of phospho-Histone H3 positive nuclei/ total number of nuclei. Cells were counted within 4 regions of the heart: the atrial myocardium, atrioventricular canal myocardium, cushion mesenchyme, and ventricular myocardium. Three embryos were analyzed from three different litters, and at least three sections were analyzed for each embryo. A two-tailed, unpaired student’s t test was used to calculate P value, with P<0.05 considered significant.

2.8 Detection and quantification of apoptotic cardiomyocytes in paraffin-embedded tissues with TUNEL assays
To visualize apoptotic cells, sagittal sections of paraffin-embedded embryos were subjected to terminal transferase-mediated dUTP-biotin nick end labeling (TUNEL) experiments with DeadEnd™ Fluorometric TUNEL System (Promega), per manufacturer’s protocol. Apoptosis was calculated as the number of positive cells divided by total cell number, and the result was expressed as the mean percentage of apoptotic cells/total number of cells. Cells were counted within 4 regions of the heart: the atrial myocardium, atrioventricular canal myocardium, cushion mesenchymal cells, and ventricular myocardium. Three embryos were analyzed from three different litters, and at least three sections were analyzed for each embryo. A two-tailed, unpaired student’s t test was used to calculate P value, with P<0.05 considered significant.

2.9 Cardiomyocyte width measurement

Cardiomyocyte width was measured as previously described. Briefly, immunostaining experiments were performed on sagittal sections of paraffin-embedded embryos using Wheat Germ Agglutinin Conjugate (WGA, Oregon Green 488, Invitrogen) to outline cells, primary antibodies for cardiac troponin T to distinguish cardiomyocytes, and DAPI mounting media to identify nuclei. Images from comparable regions of the ventricle wall were analyzed for each embryo. To measure cardiomyocyte width, we identified cross sections of cardiomyocytes that cut through the nuclei and measured width as the shortest axis through the middle of the nucleus. For each embryonic stage, 3 embryos were analyzed from 3 different litters, and at least three sections were analyzed for each embryo. A two-tailed, unpaired student’s t test was used to calculate P value, with P<0.05 considered significant. Results are expressed as mean +/- standard error.
3. Results

3.1 Conditional deletion of Mycn in the developing mouse myocardium causes embryonic lethality

To investigate the specific role of myocardial Mycn during heart development, Mycn was deleted from the myocardium by crossing male cTnt-Cre;Mycn^loxp/wt mice with Mycn^loxp/loxp females (Supplemental Figure 3).\(^\text{18}\) cTnt-Cre efficiently deletes target genes within the cardiomyocyte lineage between embryonic day 9.5 (E9.5) and E10.5.\(^\text{44, 54, 66-69}\)

Deletion of Mycn was confirmed with PCR analyses on genomic DNA from E10.5 embryos (Figure 1A and 1B, Supplemental Figure 4). The unrecombined Mycn^loxp allele was reduced in cTnt-Cre;Mycn^loxp/loxp mutant hearts to approximately 25% of the controls (Mycn^loxp/loxp). The recombined Mycn^loxp allele was only detected in mutant hearts.

MYCN reduction was confirmed at the protein level with Western blot experiments on proteins extracted from E10.5 and E11.5 ventricles (Figure 1C).

Embryos heterozygous for myocardial Mycn (cTnt-Cre;Mycn^loxp/wt) developed normally and were viable in adulthood. cTnt-Cre;Mycn^loxp/loxp mutants were recovered at the expected Mendelian frequency until E12.5, at which point they were no longer isolated alive (Figure 1C, Supplemental Table 1). Living embryos were defined by beating hearts. At E12.5, mutants had delayed development and internal hemorrhaging (Figure 1D). This result strongly suggests that deletion of Mycn from the myocardium disrupts mouse cardiogenesis, resulting in embryonic lethality due to cardioinsufficiency.
3.2 Myocardial *Mycn* is necessary for ventricular wall morphogenesis

Only living embryos were used for all following experiments. To examine cardiac defects, we performed detailed histological examination on E9.5-E11.5 embryos. Mutants displayed a thin-walled ventricle phenotype at E9.5, which progressively became more pronounced until E11.5, the latest stage of survival, when mutant ventricles were extremely thin and almost completely devoid of trabeculae (Figure 2A through 2F). Atrial myocardium was also noticeably thinner in mutant hearts at E10.5 and E11.5. Development of the cushions and outflow tract appeared to occur normally. Myocardial wall thickening and trabecular layer formation are necessary for proper ventricle contractility and embryo survival. Impaired myocardial wall morphogenesis due to myocardial *Mycn*-depletion likely caused cardiovascular insufficiency, resulting in embryonic lethality.

3.3 Reduced cardiomyocyte proliferation contributes to hypocellular myocardial wall in mutant ventricles

*MYCN* regulates gene expression programs in a tissue-specific manner to control cellular processes such as proliferation, survival, growth, and differentiation. To determine if loss of myocardial *MYCN* altered proliferation, cardiomyocyte number and proliferation were measured at E9.5. A significant reduction in cardiomyocyte number was found in mutant ventricles (p=0.001, Figure 3A). Cardiomyocyte proliferation was measured using IF assays with antibodies for phospho-Histone H3, a marker for mitotic cells. Mutants had significantly reduced cardiomyocyte proliferation within the ventricles (p=0.02, Figure 3B through 3D).
To test if *Mycn* was necessary for cardiomyocyte survival during cardiogenesis, apoptosis was measured using TUNEL assays. No changes in apoptosis were detected in the mutant hearts from E9.5-E11.5 (Supplemental Figure 5). Therefore, decreased cardiomyocyte proliferation, but not increased apoptosis, contributed to the hypocellular myocardial wall phenotype in mutant ventricles.

3.4 *Mycn* is required for expression of cell cycle regulators CCND1, CCND2, and ID2 in the ventricular myocardium

MYC proteins are important activators of proliferation through their ability to upregulate cell cycle regulatory genes. 16,17 To better understand the mechanism whereby MYCN regulates cardiomyocyte proliferation during heart development, we measured the levels of MYCN targets cyclin D1 (CCND1), cyclin D2 (CCND2), and inhibitor of DNA binding 2 (ID2). 27,70-73 Proteins were extracted from embryonic ventricles and analyzed with Western blot experiments. All three proteins were significantly decreased in mutant ventricles from E10.5-E11.5 (p<0.001, Figure 4A). These results were confirmed with IHC experiments (Figure 4B through 4G). These data indicate that MYCN promotes cardiomyocyte proliferation at least in part through regulation of *Ccnd1*, *Ccnd2*, and *Id2*.

3.5 Mutant hearts have smaller cardiomyocytes and decreased levels of p70(S6K), a regulator of cell growth

Through its regulation of the cell cycle, ribosome synthesis, and protein translation, MYCN ultimately enhances cell growth. 16,17 To investigate if *Mycn* was required for
cardiomyocyte growth, we measured cardiomyocyte width in cross-sections of control and mutant ventricle walls. Cardiomyocytes were stained with anti-cardiac troponin T (TNNT2, red) and cell membranes were labeled with anti-WGA (green, Figure 5A and 5B). At E9.5 there was no measurable difference between control and mutant cardiomyocytes, but at E10.5 and E11.5 mutant cardiomyocytes were significantly smaller (Figure 5C). To further elucidate how MYCN mediates cardiomyocyte growth, we examined expression of ribosomal protein S6 kinase I (p70 S6K), a regulator of ribosome biogenesis and cell growth. Western blot experiments on E10.5-E11.5 ventricle proteins revealed that mutants had a noticeable reduction of p70(S6K) (Figure 5D). This was confirmed with IHC assays showing decreased p70(S6K) in E10.5 ventricular myocardium (Figure 5E and 5F). These data suggest that p70S6K is a regulatory target of MYCN in controlling cardiomyocyte size.

3.6 Aberrant cardiac myofilament gene expression in Mycn-depleted ventricles
During development, MYCN is necessary for maintaining certain cell types in a proliferative, undifferentiated state. To determine if MYCN-depletion causes premature cardiomyocyte differentiation, we examined myofilament proteins that have unique expression patterns in embryonic, less differentiated myocardium versus adult, differentiated myocardium. There were no changes in embryonic proteins β-myosin heavy chain (β-MHC), α-smooth muscle actin (α-ACTA2), or α-skeletal actin (α-ACTA1) (Figure 6A). Likewise, mutants did not have increased expression of adult myocardial proteins, α-myosin heavy chain (α-MHC) or α-cardiac actin (α-ACTC1)
While MYCN is necessary for cardiomyocyte proliferation, our results suggest that it is not necessary to maintain cardiomyocytes in an undifferentiated state.

We next analyzed the expression of myofilament proteins necessary for proper cardiomyocyte structure and function. Western blot experiments showed that E10.5-E11.5 mutant ventricles had significantly abnormal expression of myosin light chain 2A (MLC2A, p<0.05), myosin light chain 2v (MLC2V, p<0.001), and cardiac troponin I (TNNI3, p<0.001) (Figure 6B). Loss of normal cardiac structural proteins may contribute to the abnormal myocardial wall formation in mutant hearts.

4. Discussion

MYCN has been established as an important cardiac transcription factor, yet its precise cardiogenic functions are unknown. Haploinsufficiency for MYCN causes Feingold syndrome, which is characterized in part by CHDs. Previous reports have shown that global loss of MYCN or severe reduction in MYCN during mouse embryogenesis causes varying and complex CHDs. In this study, we demonstrated that myocardial Mycn has fundamental roles during ventricle wall morphogenesis, including regulation of cardiomyocyte proliferation, size, and cardiac gene expression.

Myocardial-specific deletion of Mycn definitively established that the developing myocardium requires MYCN. Mutants invariably manifested hypocellular ventricle chambers with thin myocardial walls and disrupted trabeculation. Embryonic lethality occurred at E12.5, roughly the same time as global knockout mouse models and earlier than the hypomorphic mice. This result strongly suggests that defective
cardiogenesis due to loss of *Mycn* within the myocardium was the cause of lethality in earlier models.

In the present study, the mutant phenotype was restricted to myocardial wall morphogenesis. Other aspects of cardiac morphogenesis such as AVC cushion development and IVS initiation occurred normally, indicating that myocardial *Mycn* is not necessary for those aspects of cardiogenesis. Interestingly, *Mycn*-null mice displayed abnormal septal-valvulogenesis. Based on the results from our current study, we speculate that endocardial, but not myocardial, MYCN is required for proper cushion formation. This idea is substantiated by recent work showing that *Mycn* is a downstream target of BMP2-induced TBX20 regulation in chicken endocardial cushion culture systems.

Ventricle wall morphogenesis relies heavily on tight regulation of cardiomyocyte proliferation (see Introduction). We found that *Mycn* is essential for maintaining normal cardiomyocyte number and proliferation within the ventricular myocardium as early as E9.5. Concomitant with decreased proliferation, the expression of cell cycle regulators *Ccnd1*, *Ccnd2*, and *Id2* was downregulated. TUNEL experiments revealed that apoptosis did not contribute to the hypocellular wall. This suggests that disrupted cardiomyocyte proliferation was the major cause of hypocellular ventricles in mutant hearts.

BMP10 is a critical regulator of cardiomyocyte proliferation during heart development. Since *Mycn* is a transcriptional target of BMP signaling in the heart we found it particularly interesting that *cTnt-Cre;Mycnlox/lox* embryos and *BMP10*-null embryos had similar heart phenotypes. *BMP10*-null hearts also had thin ventricular walls with
reduced trabeculation, decreased cardiomyocyte proliferation, and no change in apoptosis. These data further support the idea that BMP signaling regulates cardiomyocyte proliferation via Mycn during myocardial wall morphogenesis.

Cell proliferation and growth are tightly coupled during development. Since MYC proteins can promote cell growth we wanted to determine if loss of Mycn stunted cardiomyocyte growth in addition to reducing proliferation. Indeed, loss of myocardial Mycn caused a significant size reduction in ventricular cardiomyocytes. This result is consistent with a previous study showing that ectopic expression of cMyc led to hypertrophy in adult hearts. We further showed that MYCN mediates cardiomyocyte growth in part by maintaining proper expression of p70(S6K) within the ventricles. p70(S6K) is a well-known regulator of cell growth during development and in adult diseases such as cardiac hypertrophy. Given that CMYC is activated by hypertrophic stimuli, our results provide novel insight into a potential MYC-p70(S6K) mechanism during cardiac hypertrophy.

As ventricle development ensues, changes in morphogenesis are accompanied by alterations in cardiac gene expression. Since myocardial wall development was disrupted in cTnt-Cre;Mycnlox/lox mutant ventricles, we investigated the possibility that loss of myocardial Mycn altered normal cardiac structural gene expression. MYCN has been described as a “molecular switch” that serves to keep cells in a proliferative, undifferentiated state. Normally, embryonic cardiomyocytes express β-Mhc, α-Acta1, and α-Acta2. As cardiomyocytes differentiate, embryonic gene expression is
downregulated while adult genes like α-Mhc and Actc1 are upregulated. Loss of Mycn did not result in decreased embryonic proteins or increased expression of adult proteins, revealing that it was not required to prevent premature terminal differentiation of embryonic cardiomyocytes. Indeed, mutant ventricles had decreased α-MHC, a protein that is normally enriched in more differentiated, working myocardium. Additionally, mutant ventricles had consistent reductions in chamber-specific sarcomere proteins MLC1V, MLC2A, and MLC2V, and increased levels of TNNI3. These results indicate that Mycn is required for proper expression of a subset of cardiac genes during ventricular myocardial wall morphogenesis.

In summary, deletion of myocardial Mycn resulted in hypoplastic ventricle walls and embryonic lethality at midgestation, likely due to cardioinsufficiency. Mycn is necessary for myocardial wall morphogenesis through its regulation of cardiomyocyte proliferation, growth, and cardiac structural gene expression.
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We thank R. Eisenman, Fred Hutchinson Cancer Research Center, for providing the Mycn\textsuperscript{loxP} mice. MLC2A antibody was kindly provided by S. Kubalak at the University of South Carolina. The TNNT2 and β-tubulin antibodies developed by J. Jung-Ching Lin and M. Klymkowksy, respectively, were obtained from the Developmental Studies Hybridoma Bank developed under the auspices of the NICHD and maintained by The University of Iowa, Department of Biology, Iowa City, IA 52242. We thank members of the Jiao lab for insightful discussions, technical advice, and overall support of this project.

Conflict of Interest: None declared.
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Figure 1. Conditional deletion of *Mycn* from the myocardium caused embryonic lethality.
A, PCR analyses on genomic DNA from embryo yolk sacs with primers for Cre and unrecombined *Mycn*\(^{loxp}\). B, Genomic DNA from control (*Mycn*\(^{loxp/loxp}\)) and mutant (*cTnt-Cre;Mycn*\(^{loxp/loxp}\)) hearts was analyzed with semiquantitative PCR using primers for unrecombined *Mycn*\(^{loxp}\) (top). Lanes 1-4 are control samples with 100, 50, 25 and 12.5 ng of input DNA. Lane 5 is mutant sample with 100 ng of input DNA. The unrecombined *Mycn*\(^{loxp}\) allele was reduced in mutant hearts to roughly 25% of the control. *Smad4* primers were used as a loading control (middle). Bottom, heart DNA was analyzed with PCR using primers for the recombined *Mycn*\(^{loxp}\) allele, which was only in mutant hearts. C, Western blot analyses on ventricle proteins confirmed loss of MYCN. Samples were pooled from at least five embryos for each experiment. β-tubulin was the loading control. D, No living mutants were recovered after E11.5. At least nine litters were collected at each stage. E, A dead mutant embryo at E12.5 (left) was underdeveloped and displayed hemorrhaging, compared to a littermate control (right). Ctrl, control; Cko, conditional knockout.
Figure 2. Histological analyses of cTnt-Cre;Mycn<sup>loxp/loxp</sup> hearts revealed thin myocardial walls. A-F, Hematoxylin/eosin-stained sagittal sections of embryos from E9.5 (A-B<sup>1</sup>), E10.5 (C-D<sup>1</sup>), and E11.5 (E-F<sup>1</sup>). A<sup>1</sup>-F<sup>1</sup> correspond to boxed regions of A-F, respectively. Open arrows point to ventricular myocardial wall. Closed arrows point to trabeculae. Ctrl, control; Cko, conditional knockout; A, atria; V, ventricle.
Figure 3. Analyses of cardiomyocyte number and proliferation at E9.5. A, Sagittal sections were stained with DAPI and total nuclei were counted within cushion mesenchyme and myocardium of the atria, AVC, and ventricles. Three embryos were analyzed from three litters, and at least three sections were analyzed per embryo. Mutant ventricles had a significant decrease in cardiomyocyte number (Student’s t test, p=0.001). B, Proliferation experiments were performed with phospho-Histone H3 (pH3) antibodies to identify mitotic cells and DAPI to identify nuclei. Cells were counted within cushion mesenchyme and myocardium of the atria, AVC, and ventricles. Proliferation was calculated as total pH3-positive nuclei/total nuclei. Data were shown as mean ± Standard Error. Three embryos were analyzed from three litters, and at least three sections were analyzed for each embryo. Cardiomyocyte proliferation was significantly decreased in mutant ventricles (Student’s t test, p<0.02). C-D, Representative images from immunostaining on control (C-C1) and mutant (D-D1) embryos. C1 and D1 correspond to boxed regions of C and D. Arrows point to examples of pH3-positive cardiomyocytes (green). Nuclei were stained with DAPI (blue). Ctrl, control; Cko, conditional knockout; A, atria; AVC, atrioventricular canal; Cush, endocardial cushion; V or Vent, ventricle; *, statistically significant.
Figure 4. Mutant ventricular myocardium had reduced expression of CCND1, CCND2, and ID2. A, Western blot experiments on E10.5-E11.5 ventricle proteins showed significantly decreased expression of cell cycle regulators (Student’s t test, p<0.001). β-tubulin was the loading control. Proteins were pooled from at least five ventricles per experiment. Experiments were repeated at least three times. B-G, Immunohistochemistry for CCND1, CCND2, and ID2 on controls (B, D, F) and mutants (C, E, G) confirmed decreased expression within the mutant ventricular myocardium. Red arrowheads point to examples of CCND1-, CCD2-, or ID2-positive cardiomyocytes, black arrows point to examples of CCND1-positive endocardial cells, and black arrowheads point to examples of positive epicardial cells. CCND1 expression was also reduced in mutant endocardium; this is likely secondary to the myocardial defect, as cTnt-Cre specifically inactivates target genes in myocardial cells. Epicardial expression of CCND1 and CCND2 was not altered. Ctrl, control; Cko, conditional knockout; V, ventricle; *, statistically significant.
Figure 5. Measurement of cardiomyocyte size. A-B, Representative sections of E10.5 control (A-A¹) and mutant (B-B¹) ventricle myocardium. A¹ and B¹ correspond to boxed regions of A and B. Cardiomyocytes were labeled with anti-TNNT2 (red), cell membranes were labeled with WGA (green), and nuclei were labeled with DAPI (blue). Bar=10µm. C, Cardiomyocyte width, the shortest axis through the middle of the nucleus, was measured in comparable regions of E9.5-E11.5 ventricle myocardium. Mutant
cardiomyocytes were significantly smaller at E10.5 and E11.5 (Student’s t test, p<0.001.) For each stage, three embryos were analyzed from three different litters, and at least three sections were analyzed per embryo. Results are expressed as mean +/- standard error. D. Western blot assays on E10.5-E11.5 ventricle proteins revealed a decrease in p70(S6K). Protein samples were pooled from at least five ventricles. β-tubulin was the loading control. E-F, Loss of p70(S6K) was confirmed with immunohistochemistry on E10.5 control (E-E¹) and mutant (F-F¹) ventricles. E¹ and F¹ correspond to boxed areas of E and F. Arrows point to examples of p70(S6K)-negative cardiomyocytes. Ctrl, control; Cko, conditional knockout; V, ventricle.

Figure 6. Examination of myofilament proteins. A, Western blot analyses on E10.5-E11.5 ventricle proteins showed that mutant cardiomyocytes did not prematurely differentiate. Loading control was β-tubulin. Ventricle proteins were pooled from at least five embryos. B, Western blot experiments on E10.5-E11.5 ventricle proteins showed that mutants had aberrant expression of MLC1V, MLC2A, MLC2V, and TNNI3. β-tubulin was the loading control. Proteins were pooled from at least five ventricles per experiment. C, Quantification of Western blot results revealed significant changes in α-MHC (p<0.005), MLC2A (p<0.05), MLC2V (p<0.001) and TNNI3 (p<0.001). Reduction of MLC1V also occurred, but it did not reach statistical significance (p=0.07). Ctrl, control; Cko, conditional knockout; *, statistically significant.
Supplemental Figure 1. Myocardial wall formation. A. Left: cardiomyocytes on the outer edge of the ventricular chamber (red) are highly proliferative. They contribute to the expanding myocardial wall. Cardiomyocytes on the luminal aspect of the ventricle (pink) lose their proliferative capacity and differentiate. The myocardium is separated from the endocardium (green) by the extracellular matrix (ECM) called the cardiac jelly. Right: differentiated cardiomyocytes form muscular projections call trabeculae, which provide contractile force for the developing heart. The epicardium (purple) envelops the heart. B. Example of an E10.5 wild type mouse heart. On the left is a hematoxylin/eosin stained sagittal section. The boxed region corresponds to the magnified region shown on the right. A, atria; V, ventricle; filled arrowheads point to trabecular myocardium; arrowheads point to endocardium; open arrows point to epicardium.
Supplemental Figure 2. The mouse MYCN protein. MYCN is 462 amino acids (aa). The N-terminal contains conserved MYC BOXES (MBI, 44-63aa, and MBII, 110-123aa) that are involved in MYCN turnover and transcription regulation activities. MYCN recruits cofactors involved in chromatin modification through MBII such as TRRAP, a component of complexes that have histone acetyltransferase activity. MBII is also necessary for interactions with TIP48 and TIP49, which are components of ATP-dependent chromatin remodeling complexes. The exon 2 and exon 3 boundary (Ex2/3) is at 262-278 aa. A nuclear localization signal (NLS) is located at 345 aa. The C-terminal region of the MYCN protein contains the basic helix-loop-helix leucine zipper (bHLH-LZ) domain from 384-436 aa. This domain mediates MYCN and MAX interactions in the HLH-LZ region. Formation of the MYCN-MAX heterodimer is required for MYCN transcription activation, and the MYCN-MIZ1 interaction is associated with transcription repression. MYCN binds DNA with the basic amino acids immediately N-terminal to the HLH-LZ domains. It preferentially binds the E-box sequence CACGTG in vitro, but can bind other sequences. Additionally, the C-terminal region binds with cofactors as well. Histone acetyltransferases cAMP-response-element-binding protein (CBP) and p300 interact with MYCN’s C-terminus.\textsuperscript{16,17,93} Protein interacting regions are shown with a green bar. MB, MYC boxes; Ex2/3, boundary of exons 2 and 3; NLS, nuclear localization signal; bHLH-LZ, basic helix-loop-helix leucine zipper; TRRAP, Transformation/transcription domain-associated protein; TIP48 and 49, TATA box-binding protein interacting proteins. The MYCN protein schematic was created using Prosite MyDomains (http://us.expasy.org/tools/mydomains/).
Supplemental Figure 3. Breeding strategy. To generate \( cTnt-Cre^{+/+};Mycn^{loxp/loxp} \) mice, male \( cTnt-Cre^{+/+} \) and female \( Mycn^{loxp/loxp} \) mice were crossed. Male \( cTnt-Cre^{+/+};Mycn^{loxp/wt} \) mice generated from the first cross were mated with female \( Mycn^{loxp/loxp} \) mice. Mutant embryos have the \( Cre \) recombinase gene and are heterozygous or homozygous for \( Mycn^{loxp/loxp} \) allele. \( cTnt-Cre^{+/+};Mycn^{loxp/loxp} \) and \( cTnt-Cre^{+/+};Mycn^{loxp/wt} \) embryos are controls. \( cTnt \), cardiac troponin T; \( loxp \), floxed allele; \( wt \), wild type allele.

Supplemental Figure 4. \( Mycn \) allele and primer design. \( Mycn \) has three exons. The translational initiation codon of \( Mycn \) is in the second exon. The floxed \( Mycn \) allele has \( loxp \) sites inserted 5’ of exon 2 and 3’ of exon 3, targeting the entire coding region for deletion by \( Cre \) recombinase. Primers are indicated by arrows above gene schematic. Primers 1 and 2 were used to detect the wildtype (WT) and Floxed (Flox) alleles. Primers 1 and 3 were used to detect recombined allele (\( \Delta \)). The WT product is 217 base pairs (bp), the Flox product is 260 bp, and the recombined (\( \Delta \)) product is 350 bp.\(^{18}\)
Supplemental Figure 5. Representative image of TUNEL staining on sagittal sections of control and mutant embryos at E11.5. No change in cardiomyocyte survival was detected in E11.5 mutant hearts (similar results for E9.5-E10.5, data not shown). Apoptosis was calculated as the number of positive cells (green) divided by total cell number (DAPI, blue), and the result was expressed as the mean percentage of apoptotic cells/ total number of cells. Cells were counted within 4 heart areas: atrial myocardium, atrioventricular canal myocardium, cushion mesenchyme, and ventricular myocardium. Three embryos were analyzed from three different litters, and at least three sections were analyzed for each embryo. Ctrl, control; Cko, conditional knockout; V, ventricle; A, atria. Arrows show examples of pH3-positive nuclei.

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Genotypes of embryos recovered from E9.5-E12.5. The number of recovered living embryos for each genotype is shown at each corresponding stage, along with the expected Mendelian frequency in parenthesis. Chi square test was used to determine p value.
SUMMARY AND FUTURE DIRECTIONS

Heart development is tightly regulated by cardiogenic signaling pathways. The BMP signaling pathway regulates multiple aspects of heart development through regulation of downstream gene targets. BMP signals are transduced from the cell membrane to the nucleus by SMAD1, SMAD5, and SMAD8. The outcomes of the BMP signaling pathway can be modulated by intracellular protein interactions with SMAD proteins. We have investigated two aspects of BMP signaling by identifying SMAD1-interacting proteins during mouse cardiogenesis and exploring the functions of a known BMP transcriptional target, Mycn, in the developing myocardium.

**Chromodomain Helicase DNA Binding Protein 7 (CHD7) Interacts with SMAD1**

Our first goal was to identify novel SMAD1-interacting proteins during mouse cardiogenesis. We screened a cDNA library obtained from embryonic day (E) 9.5-11.5 mouse hearts with SMAD1 as bait in a yeast two-hybrid experiment. Over three hundred possible candidates were initially isolated and then narrowed down to 73 valid candidate genes. Of these, two were identical *Chd7* sequences that appear to encode a novel isoform. The *Chd7* isoform contained a portion of the C-terminal CHD7 mRNA, flanked by intronic sequences. The CHD7 clone had two BRK domains thought to have protein-protein binding functions and chromodomain helicase activities. The
interaction between the CHD7 isoform and SMAD1 was confirmed with GST pull-down and \textit{in vitro} pull-down experiments. SMAD1 likely interacts with CHD7’s BRK domains, but future experiments are needed to confirm the SMAD1-interacting region. The CHD7 isoform was also able to interact with SMAD2, which is specific to the TGFβ signaling pathway. However, the interaction with SMAD2 needs to be confirmed in other cell types and \textit{in vitro} with pull-down experiments. Both TGFβ and BMP signaling pathways are essential for multiple aspects of heart development. The roles of CHD7 in BMP- or TGFβ- mediated cardiogenic processes are unclear.

\textbf{Future Directions: Roles of CHD7 during Heart Development}

The biological significance of the CHD7 isoform needs to be determined. It would be interesting to perform the following experiments with both the CHD7 isoform and full length CHD7, or the C-terminal end of CHD7 as full-length CHD7 is a large protein (330 kDa). That way, if the CHD7 isoform cannot be validated, we could still investigate full-length CHD7 and its interaction with SMAD1. First, I would like to validate the CHD7 isoform and perhaps identify other heart-specific CHD7 isoforms. To do this, immunoprecipitation (IP) experiments could be performed on embryonic mouse heart protein lysate, followed by mass spectrometry analyses. Next, the temporal and spatial expression patterns of \textit{Chd7} during mouse heart development could be examined in detail using immunohistochemistry and \textit{in situ} hybridization experiments. The expression patterns would provide clues about the roles of CHD7 in different aspects of heart development, such as valve development, myocardial wall formation, and outflow
tract (OFT) morphogenesis. Finally, overexpression and knockdown experiments using primary cardiomyocyte cultures or the immortalized NkL-TAg cardiomyocyte cell line could determine if the CHD7 isoform influences proliferation, survival, differentiation, and gene expression. 235

The functional relevancy of the CHD7-SMAD1 interaction could be studied by verifying a functional output, identifying DNA binding sites, and discovering DNA binding cofactors. Since CHD7 and SMAD1 both regulate transcription in cooperation with other cofactors, their interaction likely has implications for transcription regulation. 236-243 This could be tested with luciferase reporter assays. Second, considering that CHD7 and SMAD1 share DNA binding sites and that we have shown a direct CHD7-SMAD1 interaction in our study, it is likely that we could confirm co-localization at common gene targets during mouse cardiogenesis with chromatin immunoprecipitation (ChIP)-seq experiments. 233, 234 Furthermore, a recent report showed that CHD7 interacts with its family member CHD8, which is part of a large protein-protein complex that modifies chromatin structure and gene regulation. 236, 244-246 SMAD1 may participate in the CHD7-CHD8 complex as a linker protein and/or as a DNA binding cofactor. To explore this possibility and to identify other cofactors, IP experiments could be performed followed by mass spectrometry to identify proteins that bind to CHD7.

The molecular functions and tissue-specific requirements of CHD7 are not completely understood, but it appears to have roles in multiple aspects of heart morphogenesis. Haploinsufficiency for CHD7 is associated with CHARGE syndrome (OMIM 608892). The heart defects caused by CHD7 haploinsufficiency are variable and include OFT septation and alignment defects, atrioventricular canal (AVC) defects
(poorly formed or absent septation between chambers), atrial septal defects (ASD), and ventricular septal defects (VSD). The hearts of mouse models heterozygous for loss of function mutations in *Chd7* were not characterized in detail, but were reported to have VSD and defects in OFT development. Disruption of *Chd7* in *Xenopus* caused aberrant cardiac neural crest cell (CNCC) gene expression and migration, resulting in abnormal OFT positioning. Taken together, these data strongly suggest that *Chd7* has functions in OFT morphogenesis and in myocardium formation. Conditional gene inactivation in transgenic mouse models could be used define *Chd7*’s roles in different cardiac cell populations. To investigate CHD7 functions in OFT morphogenesis, it could be conditionally removed from CNCC, which contribute to the developing OFT, using *Wnt1-Cre*, or from the pharyngeal endoderm, which signals to the CNCC, with *Tbx1-Cre or Foxg1-Cre*. Likewise, to understand the role of CHD7 in the myocardium, it could be conditionally deleted from the developing myocardium using *Nkx2.5-Cre or cTnt-Cre*.

**Roles of MYCN in the Developing Mouse Myocardium**

The second goal was to explore the role of myocardial *Mycn* using a transgenic mouse model with *Mycn* deleted specifically from the myocardium. Myocardial *Mycn*-depletion resulted in embryonic lethality, likely due to the thin-walled phenotype in mutant mice. The results of this study reveal that *Mycn* is a critical mediator of myocardial wall formation as a regulator of cardiomyocyte proliferation, size, and cardiac gene expression. The phenotype of the *cTnt-Cre;Mycn<sup>loxp/loxp</sup>* hearts can likely be
attributed to the cumulative effect of multiple, small changes in gene expression resulting in aberrations in critical cellular processes. Contrary to previous studies reporting that MYCN has roles in preventing premature terminal differentiation, our data strongly suggest that MYCN does not regulate cardiomyocyte maturation.

**Myocardial wall morphogenesis: E7.5-E9.5.** MYCN’s role as a regulator of numerous cellular processes such as proliferation, differentiation, and metabolism, make it well-suited to govern the development of the myocardial wall. While we have provided evidence that this is indeed the case, MYCN’s niche during myocardial wall morphogenesis has not yet been exhaustively explored. For instance, the cTnt-Cre; Mycn<sup>loxp/loxp</sup> hearts were not analyzed at the initial stages of ventricle chamber specification, between E8.0-E8.5. cTnt-Cre induces recombination at E7.5 in the cardiomyocyte lineage, efficiently deleting target genes between E9.5-E10.5. We have shown that cTnt-Cre;Mycn<sup>loxp/loxp</sup> ventricular MYCN is reduced to approximately 25% of normal at E10.5. However, the cTnt-Cre;Mycn<sup>loxp/loxp</sup> mice displayed noticeably thin myocardial walls as early as E9.5. Therefore, by E9.5, MYCN protein levels were already below the threshold needed for normal myocardial wall development. Two important avenues of investigation could be followed to help fully characterize cTnt-Cre;Mycn<sup>loxp/loxp</sup> hearts. First, it would be interesting to delineate the initial stages of the mutant phenotype. Myocardial MYCN may be depleted sufficiently between E8.0-E9.0 to disrupt the initial stages of chamber specification within the linear heart tube. Morphology of E8.0-E9.0 cTnt-Cre;Mycn<sup>loxp/loxp</sup> hearts could be analyzed with hematoxylin/eosin staining on paraffin-embedded embryos. Secondly, in hand with the morphological studies, future experiments can more thoroughly measure the sensitivity of
the myocardium to MYCN-depletion. *Mycn* mRNA could be measured with quantitative real-time PCR (qRT-PCR) on RNA isolated from *cTnt-Cre;Mycn<sup>loxp/loxp</sup>* and control hearts, and with whole mount *in situ* hybridization experiments on E7.5-E9.5 embryos. These experiments would provide a more thorough time course of events leading to embryonic lethality in the *cTnt-Cre;Mycn<sup>loxp/loxp</sup>* mice.

**Myocardial wall morphogenesis: E9.5-E11.5.** Chamber morphogenesis relies on regionally controlled cardiomyocyte proliferation and differentiation. Myocardium can be classified as nonchamber myocardium and working, chamber myocardium. Nonchamber myocardium of the inner curvature, OFT, AVC, and conduction system is relatively nonproliferative. Chamber myocardium, on the other hand, is highly proliferative beginning around E9.5 in mouse embryos. Cardiomyocytes on the outer curvature of the ventricle chambers proliferate rapidly and contribute to the expanding wall. On the luminal side of the ventricles, cardiomyocytes lose their proliferative capacity and become more differentiated. They develop into sub-endocardial muscular projections called trabeculae that generate contractile force and coordinate the intraventricular conduction. 18, 133, 256

The signaling cascades that regulate myocardial wall formation are complex and are not completely defined. They involve crosstalk between the myocardium, endocardium, and epicardium. Three of the major signaling pathways include the Neuregulin 1 (NRG1), BMP10, and retinoid acid (RA) signaling pathways. 139, 258-267 It has been established that BMP signaling regulates *Mycn* expression, but it is possible that MYCN’s role in myocardial wall morphogenesis is not restricted to the BMP signaling pathway. 144, 268 MYCN may regulate the expression of proteins involved in NRG1 or RA
signaling pathways. Additionally, MYCN may regulate BMP10 through a feedback mechanism. Future experiments could examine the expression of signaling components such as NRG1 and its receptors ERBB2/4, RA receptors, or BMP10 in cTnt-Cre; Mycn\textsuperscript{loxp/loxp} hearts using \textit{in situ} hybridization and immunohistochemistry assays. Furthermore, \textit{Mycn} may be a transcriptional target of signaling pathways other than myocardial BMP. To determine this, MYCN expression could be measured in transgenic mice with disrupted NRG1 or RA signaling using \textit{in situ} hybridization, immunostaining, and Western blot experiments.\textsuperscript{258-261, 263, 264, 266, 267} Alternatively, \textit{in vitro} experiments could be performed to determine if MYCN expression changes in response to alterations in NRG1 or RA signaling. In these experiments, cultured primary cardiomyocytes or cultured embryonic hearts could be treated with either agonists (NRG1 or RA stimulation) or antagonists (ERBB2/4 or RA receptor inhibitors) and MYCN expression could be analyzed using Western blot and qRT PCR assays.

**Cardiomyocyte maturation and ventricle chamber formation.** MYCN maintains some cell types in a proliferative, undifferentiated embryonic state.\textsuperscript{269, 270} If MYCN has such a function during heart development, then loss of myocardial MYCN would have resulted in premature cardiomyocyte differentiation and loss of proliferation. This would have accounted for the thin-walled mutant phenotype in cTnt-Cre; Mycn\textsuperscript{loxp/loxp} hearts because, if the cardiomyocytes had prematurely matured and could no longer proliferate, the myocardial wall would have lost its source of cells and would not be able to expand. We had already determined that myocardial MYCN-depletion resulted in significantly decreased cardiomyocyte proliferation. To investigate MYCN’s role in cardiomyocyte maturation, we examined the expression of myofilament proteins that
have unique expression patterns in the embryonic and adult myocardium. We expected to see a reduction in embryonic markers and an increase in adult markers. However, there were no changes in embryonic proteins, β-myosin heavy chain (β-MHC), α-smooth muscle actin (α-ACTA2), or α-skeletal actin (α-ACTA1). Adult myofilament proteins, α-myosin heavy chain (α-MHC) and α-cardiac actin (α-ACTC1), were not increased. Indeed, α-MHC expression was decreased in cTnt-Cre;Mycn\textsuperscript{loxp/loxp} ventricles. This could be due to loss of the trabecular myocardium in which α-MHC is enriched during development. Thus, our data strongly suggest that MYCN is not required for maintaining cardiomyocytes in their embryonic state.

Loss of myocardial MYCN disrupts the expression of a subset of genes within the ventricles whose expression is important for cardiomyocyte structure and function. Myosin light chain 2A (MLC2A) and myosin light chain 2v (MLC2V,) were significantly decreased, while cardiac troponin I (TNI3) was significantly increased. So it appears that MYCN is required for a subset of the cardiac gene expression, but MYCN’s roles in ventricular myocardial wall development require further investigation. First, it remains unknown if these genes are direct or indirectly regulated by MYCN. Future experiments using luciferase reporter assays, EMSA, and CHIP-Seq could clarify this issue. Second, the changes in expression patterns were not examined in detail. To better understand the altered gene expression in mutant hearts, \textit{in situ} hybridization or immunohistochemistry experiments could be performed on frontal sections. This would help determine if MYCN has regional regulatory roles on cardiac gene expression during heart development. Third, future experiments could investigate other informative markers involved in myocardial regionalization and specialization. These include, but are not
limited to, markers such as \textit{Nkx2.5}, \textit{Tbx20}, \textit{Tbx2}, \textit{Hand1/2}, \textit{Irx4}, \textit{Cited1}, \textit{Nppa (Anf)}, \textit{Cx40/43}, and \textit{Smpx (Chisel)}.\textsuperscript{18, 158, 159, 162, 256, 261, 268, 275} As mentioned above, \textit{in situ} hybridization on frontal sections would determine if and how these markers are altered in \textit{cTnt-Cre;Mycn}^{loxp/loxp} hearts. Fourth, to prioritize MYCN targets during heart wall formation and to obtain an overview of the major cardiogenic pathways affected by myocardial MYCN, microarray experiments could be performed on RNA from \textit{cTnt-Cre;Mycn}^{loxp/loxp} and control ventricular tissue. These analyses would provide more comprehensive understanding of the MYCN-mediated cardiac gene network during myocardial wall formation.

\textbf{Future Directions: MYCN and Epigenetic Regulation}

\textbf{Acetylation and methylation.} Chromatin is responsive to cues that alter its structure and affect gene expression.\textsuperscript{276} MYCN provides such cues. It binds thousands of DNA sequences transiently, but it is thought to have longer-lasting and more widespread effects via chromatin structure modification of expansive genomic regions.\textsuperscript{255, 277} MYCN can promote gene transcription by keeping chromatin in an active configuration, called euchromatin. As discussed in Chapter 3, MYCN interacts with histone acetyltransferases (HATs), which add acetyl groups to histones and are associated with active chromatin configuration.\textsuperscript{255, 276, 278} MYCN likely interacts with histone lysine methyltransferases as well, since MYCN initiates and maintains both histone acetylation at lysine 9 (AcK9) and trimethylation of lysine 4 (tri-MeK4).\textsuperscript{277} Also, MYCN-depletion in neural stem cells caused nuclear condensation, thought to be due to tightly packed
chromatin, or heterochromatin. Conversely, CMYC can repress transcription by recruiting DNA-methyltransferase 3α (DNMT3α) which results in DNA hypermethylation. Based on the conservation of CMYC and MYCN, and the association of MYCN binding sites with hypermethylated DNA, it is quite possible that MYCN can also interact with methyltransferases. As with MYCN’s other roles, it may regulate chromatin modification in stage-specific patterns that depend on the cell context. In the future, changes in acetylation and methylation patterns could be examined in cTnt-Cre;Mycn<sup>loxp/loxp</sup> ventricles compared to controls. Experiments that would enable this investigation include ChIP-chip experiments, using antibodies for MYCN, AcK9 and triMeK4. DNA methylation patterns could be examined with methylation-dependent immunoprecipitation (meDIP) followed by hybridization to an array or high-throughput sequencing.

**microRNA.** microRNA (miRNA) are short, non-coding RNA that regulate many cellular processes through post-transcriptional silencing of mRNA. miRNA are about 21-25 nucleotides in length and they interact with the 3’ untranslated region (UTR) of mRNA in a sequence-specific manner to promote their degradation. During heart development, miRNA have roles in the regulating cardiomyocyte proliferation, differentiation, and conduction. Studies have revealed that MYCN upregulates miRNA and, in turn, Mycn is a miRNA target. Future experiments could determine if myocardial MYCN regulates gene expression indirectly through miRNA-mediated degradation during heart development. RNA isolated from cTnt-Cre;Mycn<sup>loxp/loxp</sup> and control ventricles could be analyzed with miRNA microarrays and real time PCR (RT-PCR) to see if loss of Mycn in the myocardium results in altered miRNA
expression. Also, it would be interesting to determine if *Mycn* expression is changed in mouse models with altered miRNA. For example, overexpression of *microRNA-1-1* in the developing mouse heart causes hypoplastic ventricles and reduced cardiomyocyte proliferation, similar to the *cTnt-Cre;Mycn*<sup>loxp/loxp</sup> mutant phenotype. The similar phenotypes suggest that *Mycn* mRNA is a critical target of *microRNA-1-1*.

**Future Directions: MYCN in Other Cardiogenic Processes**

In our study, the phenotype of *cTnt-Cre;Mycn*<sup>loxp/loxp</sup> hearts was restricted to the myocardium. However, there is evidence that suggests that MYCN has roles in other aspects of heart development. For instance, MYCN may have roles in the development of the cushions, the primordial valve structures. In mice, global deletion of *Mycn* halted the initial steps of cushion formation. Additionally, studies using chicken tissue culture systems have shown that a BMP-TBX20-MYCN axis mediates proliferation and gene expression required for proper cushion development. Also, defective valvulogenesis has been reported in people with Feingold syndrome (FS), for example missing or malformed tricuspid valves. Thus, it appears that endocardial MYCN is important for the induction of cushion formation and/or for later steps in cushion morphogenesis.

MYCN may also have roles in OFT development. MYCN is expressed in mouse and chicken CNCC, a population of cells that contributes to the developing OFT. FS patients have defects in OFT septation and aortic arch development. Together, these data strongly suggest that MYCN has roles in the cardiac CNCC.
Lastly, our results suggest that myocardial MYCN does not have roles specific to the first or second heart fields (FHF or SHF, respectively). As discussed in the first chapter, the FHF contributes primarily to the left ventricle and the SHF contributes to the right ventricle. As we did not observe any obvious differences between left or right ventricle morphology in cTnt-Cre;Mycn$^{loxp/loxp}$ hearts, it appears that MYCN is uniformly required for ventricle myocardial wall morphogenesis. To confirm that MYCN does not have heart field-specific roles, future experiments could analyze the expression of FHF markers Hand1 and Tbx5, and SHF markers Fgf10 and Isl1 in cTnt-Cre;Mycn$^{loxp/loxp}$ hearts using in situ hybridization and immunohistochemistry on frontal sections.

Future studies using transgenic mouse models could be used to conditionally delete Mycn from specific cell populations. Mycn could be removed from the endocardium using Tie2-Cre to investigate its roles in cushion development and from the CNCC using Wnt1-Cre to explore its functions in OFT morphogenesis. To delineate its potential roles in the FHF and SHF, Mycn can be removed from the FHF progenitors with Nkx2.5-Cre, although Nkx2.5 has roles in the SHF as well, and from SHF progenitors with Mef2c-Cre or Isl1-Cre.

**Future Directions: MYCN in Adult Heart Disease**

MYCN enhances cell growth through regulation of the cell cycle, ribosome synthesis, and protein translation. In our study, loss of myocardial Mycn caused a significant reduction in ventricular cardiomyocyte size and decreased expression of
p70(S6K), a regulator of cell growth. Future studies using luciferase reporter, ChIP, and EMSA experiments are needed to establish if MYCN directly or indirectly regulates p70(s6k). Nonetheless, cardiomyocyte size and p70(S6K) expression are sensitive to loss of MYCN. While, Mycn is not normally expressed in the adult heart, P70(S6K) has roles in cardiac hypertrophy. It is therefore tempting to speculate that aberrant expression of MYCN in the adult myocardium has roles in cardiac hypertrophy. This idea could be explored using transgenic mouse models with overexpression of MYCN in adult myocardium. Future experiments could also explore the possibility that p70(s6k) is downstream of CMYC in cardiac hypertrophy. CMYC has roles in cardiac hypertrophy in the adult myocardium, is activated by hypertrophic stimuli, and is highly homologous to MYCN. Thus, it is plausible that our results provide insight into a novel CMYC-p70(s6k) mechanism during cardiac hypertrophy. This could be tested with luciferase reporter assays and by measuring p70(S6K) expression in an existing model of CMYC overexpression in the myocardium.

**Summary and Significance**

CHDs are the most prevalent birth defect in the United States and they are the leading noninfectious cause of infant death. Elucidating the molecular mechanisms of heart development will help uncover the underlying causes of CHDs and may have future benefits in diagnosis and treatment of CHDs. Chd7 and Mycn are both highly conserved genes with roles in heart development and disease. As players in cardiogenic BMP signaling pathways, Chd7 and Mycn are implicated in multiple heart developmental
processes. However, their roles in the BMP signaling pathway and independent of BMP signaling are not completely understood. I believe these follow-up studies are necessary to obtain a more complete understanding of the roles of Chd7 and Mycn during heart development. Furthermore, these and other studies will shed light into the pathology of human disease caused by mutations in CHD7 and MYCN.
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NOTICE OF APPROVAL

DATE: September 27, 2010

TO: Jiao, Kai
KAUL-768 0024
998-4196

FROM: Judith A. Kapp, Ph.D., Chair
Institutional Animal Care and Use Committee

SUBJECT: Title: Functions of Tgf-Bmp Signaling During Cardiogenesis in Mouse Embryos
Sponsor: Internal Animal Project Number: 100907589

On September 27, 2010, the University of Alabama at Birmingham Institutional Animal Care and Use Committee (IACUC) reviewed the animal use proposed in the above referenced application. It approved the use of the following species and numbers of animals:

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<thead>
<tr>
<th>Species</th>
<th>Use Category</th>
<th>Number in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mice</td>
<td>A</td>
<td>242</td>
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</tbody>
</table>

Animal use is scheduled for review one year from September 2010. Approval from the IACUC must be obtained before implementing any changes or modifications in the approved animal use.

Please keep this record for your files, and forward the attached letter to the appropriate granting agency.

Refer to Animal Protocol Number (APN) 100907589 when ordering animals or in any correspondence with the IACUC or Animal Resources Program (ARP) offices regarding this study. If you have concerns or questions regarding this notice, please call the IACUC office at 934-7892.