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2 **Somite morphogenesis is required for axial blood vessel formation**
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17 **Summary statement**
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19 Retinoic acid induced somite morphogenesis generates a midline cavity that
20 accommodates migrating angioblasts, which form the axial blood vessels.

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22 **ABSTRACT**
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Angioblasts that form the major axial blood vessels of the dorsal aorta and cardinal vein
migrate towards the embryonic midline from distant lateral positions. Little is known
about what controls the precise timing of angioblast migration and their final destination
at the midline. Using zebrafish, we found that midline angioblast migration requires
neighboring tissue rearrangements generated by somite morphogenesis. The somitic
shape changes cause the adjacent notochord to separate from the underlying
endoderm, creating a ventral midline cavity that provides a physical space for the
angioblasts to migrate into. The anterior to posterior progression of midline angioblast
migration is facilitated by retinoic acid induced anterior to posterior somite maturation
and the subsequent progressive opening of the ventral midline cavity. Our work
demonstrates a critical role for somite morphogenesis in organizing surrounding tissues
to facilitate notochord positioning and angioblast migration, which is ultimately
responsible for creating a functional cardiovascular system.

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38 **Keywords: Retinoic acid, dorsal aorta, cardinal vein, somite, morphogenesis,**
39 **ventral midline cavity, notochord endoderm separation, vasculogenesis,**
40 **angioblasts, mesoderm, zebrafish**

57 **INTRODUCTION**
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Early organismal development relies on a variety of tissues that collectively organize into

a functional body plan. In the trunk of the vertebrate embryo, many tissues are

differentiating at once, and often interact with one another to influence their definitive

structure (McMillen and Holley, 2015). The axial (notochord), paraxial (somites), and

lateral (angioblasts and other tissues) mesoderm begins to be specified during

gastrulation, and new cells are added to these tissues from posteriorly localized

progenitor cells as they expand after gastrulation (Kimelman, 2016; Martin, 2016; Martin

and Kimelman, 2012; Row et al., 2016). By the end of embryogenesis, the notochord is

a prominent midline tissue of the trunk, and provides structural support to the body and

signals that pattern adjacent tissues (Balmer et al., 2016; Glickman et al., 2003; Kimmel

et al., 1995). Pairs of somites flank either side of the notochord and give rise to tissues

that include the skeletal muscle, tendons, and bone (Tani et al., 2020). Ventral to the

notochord and between the somites, the axial vasculature structures of the dorsal aorta

and posterior cardinal vein distribute blood throughout the embryo (Hogan and Bautch,

2004; Isogai et al., 2001).

During somitogenesis, newly formed somites undergo a maturation event in which they

change their morphology from a cuboidal shape to a chevron shape, and extend in the

dorsal-ventral axis (Kimmel et al., 1995; Tlili et al., 2019). Many cellular rearrangements

and mechanical stresses contribute to making the final definitive somite shape (Hollway

et al., 2007; Leal et al., 2014; Tlili et al., 2019; Yin and Solnica-Krezel, 2007; Yin et al.,

2018; Youn and Malacinski, 1981). At the same time that somites are changing shape,

endothelial progenitors called angioblasts arise in the lateral plate mesoderm and

migrate to the midline of the embryo to form the axial vasculature (Jin et al., 2005).

Interestingly, angioblast migration and new somite formation occur in an anterior to

posterior progression, with a wave of angioblast migration happening slightly after the

wave of somitogenesis (Jin et al., 2005; Kohli et al., 2013; Yabe and Takada, 2016).

Despite these two events occurring in close temporal and physical proximity to one

another, it is not clear whether they influence each other.

Loss of function mutation of the notochord specifying gene *noto* gene results in non-

autonomous migration defects of angioblasts as they move to the midline. (Fouquet et

al., 1997; Helker et al., 2015). In the absence of *noto,* the notochord adopts a somitic

fate (Fouquet et al., 1997; Talbot et al., 1995). The requirement of notochord

specification for angioblast migration suggested that the notochord may act to attract

angioblasts to the midline. This model was further explored when a notochord-derived

secreted factor named *apela* (also known as *toddler/elabela*) was discovered (Chng et

al., 2013; Freyer et al., 2017; Helker et al., 2015; Pauli et al., 2014). This small peptide is

expressed in the notochord and when mutated caused angioblast migration defects.

However, *apela* loss of function also causes defects in mesoderm and endoderm

formation prior to notochord and angioblast specification, via gastrulation defects (Freyer

et al., 2017; Norris et al., 2017; Pauli et al., 2014). Similarly, *noto* loss of function causes

morphological changes that could interfere with angioblast migration, including a broad

expansion of somite tissue near the developing blood vessels (Halpern et al., 1995).

Thus, although it appears that mutations that affect notochord development can disrupt

angioblast migration, the mechanism of this effect is not clear.

As new somites form during body axis extension, they secrete all-trans retinoic acid

(RA). RA is a metabolic derivative of vitamin A, and a series of alcohol and aldehyde

dehydrogenases convert Vitamin A into RA in specific locations of the embryo including

newly formed somites (Duester, 2008). RA acts as a morphogen with broad roles during

vertebrate embryogenesis. Some of these include the development of the limb, skeleton,

hindbrain, and heart (Emoto et al., 2005; Heine et al., 1986; Lohnes et al., 1994;

Mendelsohn et al., 1994; Niederreither et al., 2001; Sandell et al., 2007). Although

involved in many processes, RA has a particular influence over the maturation of

mesoderm and somitic tissue (Hamade et al., 2006; Janesick et al., 2018, 2014; Li et al.,

2015). While RA is notably involved in ensuring the bilateral symmetry of the somites, it

is ultimately dispensable for axis elongation in the zebrafish (Berenguer et al., 2018;

Bernheim and Meilhac, 2020; Hamade et al., 2006; Kumar and Duester, 2014). Based

on the timing of somite derived RA signaling activity relative to when angioblasts migrate

to the midline, we speculated it may be involved in midline angioblast migration.

Here we show that RA mediated somite maturation is required for the proper formation

of the axial vasculature through a non-autonomous role in inducing morphological

changes in surrounding tissues. A process we call notochord-endoderm separation

(NES) occurs prior to angioblast migration, wherein the notochord and endoderm

separate along the dorsal-ventral axis to generate a cavity we refer to as the ventral

midline cavity (VMC). The angioblasts migrate into the VMC after proper NES. The

induction of NES and the VMC is somite maturation dependent, and a delay or failure in

NES can cause systemic angioblast migration defects. This evidence places somite-

maturation as a critical event that is required for NES and the development of the axial

vasculature.

RESULTS

Retinoic acid promotes convergence of angioblasts to the midline and the

formation of the vasculature

To determine if RA signaling impacts angioblast migration, we made time-lapse movies

of *tg(kdrl:GFP)* embryos, which express GFP in angioblasts (Jin et al., 2005). Embryos

were mounted at the 10 somite-stage and their migration was observed over a 3-hour

time period. Wild type angioblasts migrated to the midline in a manner consistent with

previously described research (Figure 1A, Supplemental Movie 1) (Helker et al., 2015;

Jin et al., 2005; Kohli et al., 2013). To determine what effect the loss of RA would have

on the migrating angioblasts, we generated *aldh1a2* mutants with the *tg(kdrl:GFP)*

transgenic angioblast reporter in the background. Time-lapse imaging of these embryos

shows defects in angioblast migration to the midline (Figure 1B, Supplemental Movie 2),

which was also confirmed by in-situ hybridization (Figure S1). Three other methods of

disrupting RA signaling caused the same phenotype. Loss of RA by treatment with N,N-

diethylaminobenzaldehyde (DEAB) (an inhibitor of the Aldh family, including Aldh1a2

(Morgan et al., 2015)), the small molecule retinoic acid receptor (RAR) alpha and

gamma inhibitor (BMS453), or expression of a dominant negative RARa using the

Tg(hsp70l:EGFP-dnHsa.RARA) transgenic line (hereafter referred to as *HS:dnRAR)* all

caused midline migration defects (Skvarca et al., 2019) (Figure S1). Angioblasts in these

embryos show no clear anterior to posterior migration patterns and are often

disorganized in their directionality. Conversely, we also sought to determine if addition of

RA accelerated angioblast migration. We compared the angioblast migration patterns of

10 somite stage *tg(kdrl:GFP)* embryos treated with either DMSO (vehicle) or 0.1 µM RA

at the tailbud stage (Figure 1C,1D, respectively). Angioblasts in the DMSO treated

embryos migrate normally, but the angioblasts treated with RA reached the midline

earlier in development (Figure 1C and Figure 1D, respectively, Supplemental Movie 3).

To determine the rate at which angioblasts reach the midline, we quantified the

percentage of GFP fluorescence at the midline in relation to the total amount of

fluorescence for the both wild type, *aldh1a2* -/-, and 0.1 µM RA embryos. We defined

angioblast fluorescence as reaching the midline if they are settled beneath the

notochord. The *aldh1a2* -/- embryos show very low percentage fluorescence at the

midline, relative to total fluorescence, compared to wild type embryos 4 hours after

observation, when angioblast migration is largely complete (Figure 1E). However,

fluorescence was higher at the midline in embryos treated with RA than in DMSO treated

embryos (Figure 1E). This shows that RA is necessary and sufficient for promoting

angioblast migration to the midline. To determine at which stage RA is needed for

angioblasts to migrate to the midline, we administered DEAB at different stages of

development. Inhibition of RA at tailbud stage caused the angioblast migration defect,

but treatment at the 5 somite stage resulted in normal migration (Figure 1G and 1H,

respectively).

Figure 1.Retinoic acid is required prior to segmentation for angioblast migration.
(**A**) Dorsal view of a *tg(kdrl:eGFP)* embryo with representative images taken every 60 minutes over the course of 180 minutes, with the anterior of the embryo at the top. White arrows indicate the midline (n=12) (see Supplemental Movie 1). (**B**) Images of *tg(kdrl:eGFP), aldh1a2 -/-* embryos taken every 60 minutes over the course of 180 minutes (n=12) (see Supplemental Movie 2). (**C**) *tg(kdrl:eGFP)* embryos treated with DMSO (n=10). (**D**) *tg(kdrl:eGFP)* embryos treated with 0.1 μM RA (n=8) (see Supplemental Movie 3). (**E**) Graph of corrected fluorescence intensity as it arrives to the midline for wild type, *aldh1a2 -/-*, and 0.1 μM RA embryos. Y-axis indicates percentage of fluorescent intensity at midline relative to the fluorescence intensity of whole embryo (n=8 for all conditions). Time is measured on the X-axis. Error bars indicate standard deviation. (**F-H**) *tg(kdrl:eGFP)* embryo time-lapse images treated with either DMSO vehicle (**F**) (n=10), 20 μM DEAB treatment at the 5 somite stage (**G**) (n=6), and 20 μM DEAB at tailbud stage (**H**) (n=14). Scale bars, 50 μm.

RA depletion by pharmacological inhibition had previously shown to effect the zebrafish

vasculature, notably causing a smaller than normal dorsal aorta (Pillay et al., 2016). To

confirm this effect in the *aldh1a2 -/-* mutant, we imaged the trunk of 5 dpf *tg(kdrl:GFP)*

embryos along with *tg(kdrl:GFP), aldh1a2 -/-* siblings (Figure 2A,2B). The *tg(kdrl:GFP)*

embryos alone showed no vascular defects and normal dorsal aorta and posterior

cardinal vein (Figure 2A, white arrow and yellow arrowhead respectively). However, the

vasculature of the *aldh1a2* -/- siblings show a large reduction of the size of the dorsal

aorta (Figure 2B, white arrow). In addition, it appears that the posterior cardinal vein of

aldh1a2 -/-increased in size compared to its sibling (Figure 2B, gold arrowhead). Since it

is possible that the apparent reduced size of the DA could be the result of a collapsed

structure, we examined if the DA was properly lumenized in the embryo. We sectioned

24 hpf *tg(kdrl:GFP)* and *aldh1a2* -/- embryos, stained the sections with DAPI, and

imaged them using spinning disk confocal microscopy (Figure 2C,2D). Images show that

the dorsal aorta and posterior cardinal vein in wild type embryos are roughly equivalent

in size (Figure 2C, white arrows). However, in the *aldh1a2* -/-, the size of the dorsal aorta

is reduced but remained lumenized (Figure 2D, white arrows). In-situ hybridization of the

arterial marker *cldn5b* and the venous marker *dab2* shows similar effects (Figure S2A-D)

(Casie Chetty et al., 2017). To determine if the size change was the result of a reduced

cell number in the DA in response to RA loss, we utilized the transgenic line *tg(kdrl:nls-*

GFP), which labels the nucleus of endothelial cells to count the number of cells in each

blood vessel over a 225 μM horizontal section of a 24 hpf zebrafish embryo. Embryos

were treated with either DMSO, or with DEAB to inhibit RA. We see reduced cell number

in the DEAB treated artery versus the DMSO treated artery (Figure 2E). This

corresponds to an increase number of cells in the veins during DEAB treatment

compared to DMSO. This indicates that more endothelial cells sorted into the vein.

Figure 2. Retinoic acid loss causes changes in the definitive vasculature resulting in large veins and small arteries.
(**A**) A 5 dpf *tg(kdrl:eGFP)* embryo. White arrows indicate the dorsal aorta and yellow arrowheads indicate the cardinal vein. (**B**) 5 dpf *tg(kdrl:eGFP), aldh1a2-/-* embryo. White arrows indicate reduced size of dorsal aorta. (**C-D**) 25 hpf *tg(kdrl:eGFP).* embryo labeled with DAPI . (**C**) Wild type embryos show lumenized blood vessels and normal sized dorsal aorta. (**D**) Labeled *aldh1a2 -/-, tg(kdrl:eGFP)* sibling shows small lumenized dorsal aorta with large posterior cardinal vein. (**E**) Quantification of DMSO (n=12) or 20 µM DEAB (n=12) treated *tg(kdrl:nls-eGFP)* embryos. Nuclei were counted in each structure over a 225 µM long transverse section of the zebrafish trunk. Two-tailed *P*-values for the unpaired t-test of wild type vs 20 µM DEAB treated embryos are <.00001 and .0002 for arteries and veins, respectively. Scale bars, 50 µm.

Retinoic acid is required cell non-autonomously for angioblast migration.

To determine if RA functions cell autonomously to induce angioblast migration, we

utilized the transgenic zebrafish line *Tg(hsp70l:id3-2A-NLS-KikGR),* which carries a heat

shock inducible construct that overexpresses *id3* after a temperature shift (Row et al.,

2018). We previously showed that overexpression of *id3* from this line can cause

transplanted cells from a donor embryo to faithfully adopt an endothelial fate in a wild-

type host embryo. (Row et al., 2018). We utilized this by crossing *Tg(hsp70l:id3-2A-NLS-*

KikGR)), hereafter referred to *HS:id3,* to *HS:dnRAR,* to generate donor embryos

wherein transplanted cells would be targeted to the endothelium and express dominant

negative retinoic acid receptors (RARA). Cells positive for both transgenic constructs

were transplanted into *tg(kdrl:eGFP)* host embryos and exhibited normal migration to the

midline (Figure 3A, Supplemental Movie 4). In addition, we utilized a RA reporter line,

tg(RDBD,5XUAS:GFP), to determine which tissues were subject to RA signaling

(Mandal et al., 2013). We performed immunohistochemistry against GFP and the

transcription factor Etv2, which labels the angioblasts (Figure 3B) (Sumanas et al.,

2005). GFP expression indicates tissues that have been exposed to RA. Tissues that

received RA, which include the adaxial region of the somites, notochord, and epidermis

(Figure 3B, white arrow, white arrowhead, and gold arrow, respectively). The primitive

angioblasts, labeled with anti-Etv2 staining, do not overlap with GFP staining (Figure 3B,

red arrows). Together these results indicate that angioblasts are not receiving an RA

signal and do not require RA signaling for migration when surrounded by a wild-type

environment.

Retinoic acid is required to induce notochord-endoderm separation and generate

the ventral midline cavity.

Since RA signaling is required non-autonomously for angioblast migration, we

investigated whether inhibition of RA signaling disrupted the neighboring somites or

notochord in a manner which could account for angioblast migration defects.. We

crossed the *tg(actc1b:gfp)* and *tg(tbxta:kaede)* transgenic lines to label the somites and

> **Figure 3. Retinoic acid signaling is not present in the endothelium and is required cell non-autonomously for angioblast migration.**
> (**A**) Representative images of a time-lapse of *tg(HS:dnRAR)*, *tg(HS:id3)* cells transplanted into a wild type embryo. Cells labeled in magenta indicate migrating cells. These cells migrate along with the host angioblasts labeled by *tg(kdrl:gfp)*, indicating normal migration patterns in absence of cell-autonomous RA depletion conditions (n=3) (see Supplemental Movie 4). (**B**) DAPI stained section of 13-somite-stage *tg(RDBD,5XUAS:GFP)* embryo, immunostained for GFP and Etv2 (n=12). GFP signal is present in adaxial region of the somite, the notochord, and the epidermis (white arrow, white arrowhead, and gold arrows, respectively). The red arrows indicate areas of Etv2 staining. (**C**) GFP channel of image in (B). (**D**) Etv2 channel of image in (B). Note the lack of overlap between Etv2 staining and GFP staining. Scale bars, 50 μm.

notochord, respectively. Transgenic reporter embryos were treated with either DMSO or

DEAB and time-lapse imaged beginning at the 10-somite stage for 250'. In both DMSO

and DEAB treated embryos, the notochord begins immediately adjacent to the

endoderm (Figure 4A, 4C). After 4 hours of observation in DMSO treatmed embryos, the

notochord displaces dorsally relative to the underlying endoderm (Figure 4B,

Supplemental Movie 5). However, the notochord of *DEAB* treated embryos showed no

signs of displacement (Figure 4D, Supplemental Movie 6). Treatment with exogenous

RA had the opposite effect, with embryos showing premature displacement of the

notochord away from the endoderm (Figure 4E and 4F, Supplemental Movie 7).

Quantification of movements from the 10-somite stage embryos, over a 250' period,

confirms these observations. The *aldh1a2 -/-* mutant embryos did not have significant

dorsal movement of the notochord until 250', while wild-type embryos showed significant

dorsal movement at 150' (Figure 4G, red circles and brown squares, respectively).

Embryos treated with exogenous RA showed significant dorsal movement even at the

10-somite stage (Figure 4G, blue triangles). In order to better analyze the tissues at the

midline, we utilized *tg(hsp70l:CAAX-mCherry-2A-NLS-KikGR),* hereafter referred to as

HS:mcherry-caax, to label cellular membranes in red, and sectioned embryos at

approximately the third somite. Sections of DMSO and DEAB treated embryos at the 10-

somite stage showed identical positioning of the notochord (Figure 4H, 4K). However, at

the 13 and 15-somite-stage, the notochord in DMSO treated embryos moved dorsally,

while the notochord in DEAB treated embryos did not (Figure 4I,4J and Figure 4L,4M

respectively, white arrows). We termed this dorsal movement of the notochord away

from the endoderm the notochord-endoderm separation (NES).

Figure 4: Sections of labeled embryos show an notochord-endoderm separation that is retinoic acid dependent and the zebrafish trunk is sufficient for NES. (**A-F**) Fluorescent images of *tg(tbxta:kaede), tg(actc1b:gfp)* embryos labeling the notochord and somites, respectively. (**A,C,E**) 10-somite stage embryos at time 0' (**B,D, F**) Embryos after 120' of development. (**A-B**) *DMSO* (n=6) (**C-D**) 20 µM DEAB (n=7) (**E-F**) 0.1 µM RA (n=8). White arrows indicate position of ventral notochord. (**G**) Quantification of notochord lifting from the ventral tissue. Black lines indicate the median and interquartile range. Wild type are indicated by brown squares, while *aldh1a2 -/-* and 0.1 µM RA embryos are shown by red circles and blue triangles, respectively. At t=0, DMSO vs. RA is P<.00001. At 150', DMSO is P<.00001 and P=.005 vs. *aldh1a2 -/-* and RA treatment, respectively. At 250', DMSO is P=.0001 and .054 vs. *aldh1a2 -/-* and RA treatment, respectively. (**H-M**) Fixed *HS:mcherry-caax* embryo sections labeled with DAPI. (**H-J**) DMSO treatment. (**K-M**) 20 µM DEAB treatment. (**H,K**) 10-somite stage (**I,L**) 13-somite stage (**J,M**) 15-somite stage. White arrows indicates tissue ventral to notochord. Yellow arrows indicate the notochord. *Wild type* embryos show a change in notochord position relative the ventral embryo while DEAB treatment show little change. (**N-P**) Time-lapse image of a trunk explant from *tg(actc1b:gfp), tg(tbxta:kaede)* embryo. (**N**) 0'. (**O**) 60' (**P**) 120'. Time-lapse shows the notochord adjacent the yolk at time 0', but moved dorsally from the yolk at time 120'. Scale bars, 25 µm.

Previous work showed that as somites mature, they extend in the both the dorsal and ventral axis (Tlili et al., 2019), and based on this we hypothesized that that somite morphogenesis is responsible for causing NES. However, we wanted to rule out the effect of forces on the anterior-most and posterior-most regions of the notochord. The

notochord is a rigid structure that is anchored in the tailbud near the notochord

primordia, and extends into the head mesoderm medial to the otic vesicle (Kimmel et al.,

1995). To eliminate the contribution other tissues could have on NES, we generated

trunk explants from *tg(actc1b:gfp)* and *tg(tbxta:kaede)* embryos that contained roughly

10 somites of the embryo. The 10 somite stage embryos were sectioned near the somite

borders of the 1st and 10th somite. Live imaging of these trunk explants showed that

immature somites in the posterior were able to adopt a mature chevron shape (Figure

4N-4P, Supplemental Movie 8). In addition, the notochord was able to separate from the

endoderm during this process. This data indicates the zebrafish trunk is sufficient for

NES, and the tissues contributing to NES are restricted to that region.

Given that RA signaling promotes NES, we wanted to determine if midline migration of

angioblasts were correlated with NES. We crossed *tg(kdrl:GFP)* to *HS:mcherry-caax*

embryos and induced *mcherry-caax* at shield stage. We then fixed embryos at the 13

somite stage and stained the embryos with DAPI prior to sectioning. For drug

treatments, the embryos were treated with either DMSO or 20 µM DEAB at the tailbud

stage. In DMSO treated embryos, angioblasts migrate between the notochord and the

endoderm and occupy the space created by NES (Figure 5A, 5B, white arrows). This

space we have termed the Ventral Midline Cavity (VMC). In DEAB treated embryos,

angioblasts are located at the lateral edges of the embryo (Figure 5C, 5D, white arrows).

The notochord is pressed to the endoderm in this condition, and lack a VMC (Figure 5D,

gold arrow). To better observe angioblast migration to the midline, we used a live explant

method to monitor migrating from a transverse section view. Live *tg(kdrl:GFP)* embryos

were sectioned at the 10-somite stage at the 4th somite and mounted to observe a

transverse section of the trunk. We were able to observe angioblasts migrating to the

ventral midline in the context of embryological movement in a wild type embryo (Figure

5E, Supplemental Movie 9). Observation of the same phenomena in *tg(kdrl:GFP)*,

aldh1a2 -/- embryos showed angioblasts at lateral positions that failed to cross into the

midline, accompanied by very little notochord movement (Figure 5F, Supplemental

Movie 10).

Figure 5. Migrating angioblasts enter into the emerging ventral midline cavity as NES progresses.
(**A**) Fluorescent images of migrating *tg(kdrl:GFP)* angioblasts. *tg(kdrl:GFP)* angioblasts where white line indicates approximate sectioning area. (**B**) Section of *tg(kdrl:GFP) (green),(HS:mcherry-caax) (magenta)* embryo stained with DAPI *(blue)* (n=12). (**C**) *tg(kdrl:GFP)* angioblasts in DEAB treated embryo, where white line indicates rough sectioning area. (**D**) Section of a *tg(kdrl:GFP),(HS:mcherry-caax)* embryo treated with 20 µM DEAB (n=12). (**E**) Live image of *tg(kdrl:GFP)* explant over 85 minute period. Angioblasts are labeled in green with DIC in grey. (n=7) (**F**) Live image of *tg(kdrl:GFP), aldh1a2 -/-* explant over 85 minute period (n=6). Scale bars, 50 µm.

The somitic mesoderm is required for angioblast migration to the midline.

We next determined whether the notochord itself was required for VMC formation.

Previous studies have investigated genes linking the notochord to angioblast migration.

Mutants of the genes *noto* and *apela* were found to be notochord specific genes required

for proper angioblast migration (Cleaver and Krieg, 1998; Fouquet et al., 1997; Helker et

al., 2015). The *noto* gene induces notochord, and the notochord in turn secretes Apela

which attracts the angioblasts to the midline. However, there are also broad

morphological changes in these mutants that could contribute to the migration defect.

We decided to determine if these previously identified genes were associated with

similar defects to what is seen in RA signaling loss of function. Noto is required for the

formation of the notochord, and in the absence of Noto, the midline cells adopt a somitic

fate (Talbot et al., 1995). We injected a *noto* morpholino that faithfully phenocopies the

noto mutant into *tg(kdrl:GFP)* embryos (Ouyang et al., 2009). Control morphant embryos

show normal angioblast migration (Figure 6A), whereas *noto* morphants show slowed

angioblast migration (Figure 6B). However, midline convergence still occurs in both

conditions, albeit with unorganized structure in the *noto* morphants (Figure 6C and

Figure 6D, respectively). This implies that the notochord is ultimately dispensable for the

formation of the VMC and midline positioning of angioblasts.

Having ruled out the role of notochord tissue, we next investigated whether the somitic

mesoderm is required for NES and the formation of the VMC. Previous studies have

shown that the t-box transcription factor *tbx16* is required for proper somite formation

(Amacher et al., 2002; Goto et al., 2017; Griffin et al., 1998; Kimmel et al., 1989;

Manning and Kimelman, 2015; Row et al., 2011). In the absence of tbx16, cells that

would normally join the paraxial mesoderm fail to do so, causing a deficiency in the trunk

somitic mesoderm. We utilized *tbx16* mutants to determine whether the lack of somites

caused angioblast migration defects, similar to RA loss of function. We examined midline

angioblast migration in *tbx16* mutant embryos with the *tg(kdrl:GFP)* transgene in the

background. In wild type sibling embryos, angioblast migration progresses normally to

the midline (Figure 6E). However, in *tbx16* -/- embryos, angioblast migration does not

occur, as they remain in their positions in the lateral plate (Figure 6F). Transverse

sections of *tg(kdrl:GFP)* embryos injected with *tbx16* morpholinos that phenocopy the

mutant show that NES does not occur and the VMC is absent, and that angioblasts

adopt two blood vessel structures on either side of the notochord (Figure 6G).

Interestingly, these bifurcated angioblasts preferentially adopt a venous fate over the

arterial fate (Figure S3B-S3D). This indicates that the somitic mesoderm is required for

NES and formation of the VMC, which in turn is necessary for the angioblasts to reach

the midline.

Figure 6. Genes which affect angioblast migration also effect somitic mesoderm and ventral cavity formation.
(**A**) Time-lapse imaging of *tg(kdrl:eGFP)* embryos injected with control morpholino over a 240' period. (**B**) *tg(kdrl:eGFP)* embryos injected with *noto* morpholino over a 240' period. (**C**) Section of 24 hpf *tg(kdrl:eGFP)* embryos injected control morpholino and stained with DAPI. Blood vessels are labeled in green and nuclei labeled in grey. (**D**) Section of 24 hpf *tg(kdrl:eGFP)* embryos injected *noto* morpholino and stained with DAPI. (**E**) Timelapse imaging of wild type*, tg(kdrl:eGFP)* embryos over a 240' period. (**F**) Timelapse imaging of *tbx16 -/-, tg(kdrl:eGFP)* embryos over a 240' period (**G**) Section of 24 hpf *tg(kdrl:eGFP)* embryos injected *tbx16* morpholino. Blood vessels are labeled in green and nuclei labeled in grey. Scale bars, 50 μm.

Retinoic acid induced somite morphogenesis facilitates ventral midline cavity

formation.

Given the importance of somites for midline angioblast migration, we investigated

whether RA is required for somite shape changes that could drive NES. Mosaically

labeled cells were generated by transplanting rhodamine dextran labeled cells from a

wild type donor into a wild type host. The embryos were treated with either DMSO or

DEAB and time-lapse imaged over the course of 4 hours (Figure 7A and Figure 7B,

respectively). Cells in DMSO treated embryos showed broad movements consistent with

that of somite rotation, where cells located in the anterior of the somite will translocate to

the posterior of the somite (Hollway et al., 2007) (Figure 7A, white arrows). However,

cells in DEAB treated embryos show little intratissue displacement and cells largely

remained static (Figure 7B, white arrows). To quantify this, we utilized *HS:mcherry-caax*

embryos to observe cell movement across the entirety of the somite. Embryos were heat

shocked during shield stage and subsequently treated with either DMSO or DEAB and

their somites were time-lapse imaged for 4 hours. Using Fiji Trackmate software

(Tinevez et al., 2017), we quantified the displacement and speed of cell movements

within the 2nd somite (Figure 7C and 7D). Cells in DMSO treated embryos showed

significant amounts of displacement throughout the somite (Figure 7C). However the

DEAB cells showed less displacement over time (Figure 7C). Quantification of speed in

the same manner showed no statistically significant difference between DMSO and

DEAB treatment (Figure 7D). A sample of somite cell tracks shows little directional

movement in loss of RA conditions compared to DMSO, indicating cells are not moving

in a manner consistent with reshaping of the somite, as well as suggesting a role for RA

signaling in somite rotation (Figure 7E and 7F, Supplemental Movie 11 and 12,

respectively). The Cxcr4a/Cxcl12a signaling axis has been shown to be responsible for

controlling cell movements in the somite. In-situ hybridization for *cxcr4a* shows a loss of

expression in RA depletion conditions and gain of expression in RA addition conditions

(Hollway et al., 2007) (Figure S4D and S4E).

We speculated that the ventral expansion of the somite that occurs during somite cell

rearrangement and maturation was responsible for NES. At the 10 somite stage,

embryos have their notochord adjacent to the endoderm and level to ventral-most edge

of the somite (Figure 7G). As the embryo develops, the somite expands ventrally (black

bracket). As the ventral distance of the somite extends relative to the dorsal part of the

notochord (yellow bracket), it induces space that the angioblasts occupy (blue brackets).

Starting from the 10 somite stage, we measured the distance of ventral expansion

relative to the distance between the notochord and the endoderm. We did this every

hour for 4 hours. A simple linear regression n of the data, indicated by the black line,

shows a slope of 0.002 and y-intercept of 1.04 (Figure 7H). The flat slope indicates little

variance across time, and the y-intercept near 1 indicates that NES is roughly equivalent

to ventral expansion of the somite. The strong 1:1 correlation of ventral somite

expansion and notochord displacement, as well as the *tbx16* loss of function NES

defect, provides strong evidence that somite morphogenesis is critical for NES. Sections

of DMSO treated embryos at the 12-somite stage showed a modest NES while DEAB

treated embryos showed none (Figure 7I and Figure 7J Gold Arrows). Conversely,

embryos treated with exogenous RA showed a more robust NES (Figure 7K. Gold

Arrow). In addition to these observations, we observed an apparent somite shape

change. Somites extended more in the dorsal-ventral axis in DMSO and RA treated

embryos, while DEAB treated embryos adopt a broader medio-lateral shape consistent

with immature somites (Figure 7I, Figure 7K, and Figure 7J, respectively. White Arrows).

Figure 7. Retinoic acid controls intrasomitic cellular movements, somite shape, and NES.

Time-lapse images of transplanted rhodamine-dextran labeled cells in DMSO and DEAB embryos at 12 somite stage. (**A**) DMSO treated embryos over 180'. White arrows indicate labeled cells (**B**) 20 µM DEAB treated embryos over 180'. Scale bars, 50 µm. Retinoic acid depleted embryos show little cellular movement during somite development. (**C**) Quantification of nuclei displacement in the 2nd somite of DMSO and DEAB embryos over a 4 hour time period. Displacement is defined as the distance between the beginning location and end location of the nuclei within the somite 2. (**D**) Quantification of speed in somite 2, defined as average units over 4 hours in 10 minute increments. (**E**) Sample of tracks of DMSO embryos. (**F**) Sample tracks of DEAB embryos. Tracks sort from red to blue, with red being the highest displacement. Scale bars, 20 µm (**G**) Diagram of ventral somite expansion and notochord to endoderm separation. Ventral somite expansion is calculated by ventral somite length (black bracket) – the notochord diameter (Yellow Bracket). Notochord/endoderm separation is shown in the blue bracket. (**H**) Quantification of the ventral expansion of the somite over notochord/endoderm separation in wild type embryos. The linear regression indicated by the black line, where slope = 0.002, shows ventral somite expansion correlates with notochord/endoderm separation. (**I-K**) *(HS:mcherry-caax)* embryos in RA depletion or exogenous treatment, with RFP in grey. Somites and NES are indicated by white and yellow arrows, respectively. (**I**) DMSO. (**J**) 20 µM DEAB. (**K**) 0.1 µM RA. RA inhibition reduces NES and somite expansion (**I**), while exogenous RA increases NES and somite expansion (**J**) Scale bars, 50 µm.

DISCUSSION

Here, we established a cell nonautonomous angioblast migration model where shape

changes in the somitic mesoderm create a physical space to open for the axial

vasculature to occupy, via a process we named NES. The emergence of the VMC is a

necessary requirement for endothelial progenitors to both migrate into and develop into

functioning blood vessels. We observed a defect in somitic mesoderm development

when RA signaling is inhibited, which delayed somite maturation, intrasomite cellular

movement, and prevented NES. Conversely, we found that addition of RA accelerated

somite maturation and NES, and subsequently angioblast migration. We were able to

confirm that the somitic mesoderm was required for angioblast migration by examining

tbx16 mutants, which have a lack of somites caused by EMT defects (Goto et al., 2017;

Ho and Kane, 1990; Manning and Kimelman, 2015; Row et al., 2011). Loss of function of

tbx16 prevented angioblast migration completely and resulted in bifurcated blood vessel

formation. These changes in vascular morphology indicate that the somitic mesoderm is

a requirement for angioblast migration to the midline. It is notable that in amniotes, such

as the mouse and quail, the dorsal aorta and cardinal vein are initially bifurcated in a
similar manner to zebrafish *tbx16* mutants prior to fusion at the midline (Drake and
Fleming, 2000; Pardanaud et al., 1996, 1987). It is possible that evolutionary differences
in the somitic mesoderm between teleosts and amniotes could play a role in the
differences in vascular development.
413
Very little is known about the process of NES. Our observations indicate that its initiation
correlates very closely with angioblast migration, with angioblasts migrating into the
VMC seemingly as soon as it opens. Given that these blood vessels become lumenized,
and need to achieve a sufficient volume for blood transport, they require morphological
changes within the ventral part of the embryo to accommodate for their size. Delays in
somite maturation prevent angioblasts from reaching the midline in a normal
developmental time frame. The consequences of this migration defect results in a
malformed blood vessel structure with small arteries and larger veins. Prior work showed
that the most lateral angioblasts, which migrate later than more medial angioblasts,
preferentially adopt a venous fate over an arterial one (Kohli et al., 2013). This implies
that somite maturation is a key factor in determining the proper distribution of endothelial
progenitors to the arteries and veins, respectively.
426
We found that the formation of the VMC does not necessarily require the notochord
tissue itself. In *noto* morphants, which causes the notochord to adopt a somitic fate,
there is still a ventral cavity and angioblasts are able to arrive at the midline. This implies
that the notochord is ultimately dispensable for angioblast migration and NES, even
though its loss can produce transient migration defects (Helker et al., 2015; Sumoy et
al., 1997). It is possible that signals from the notochord, such as Hedgehog, influence
somite development which in turn facilitates angioblast migration (Blagden et al., 1997;
Hinits et al., 2009; Yin et al., 2018). While the fate of the midline tissue does not need to
be notochord for NES to occur and form the VMC, it is likely that mechanical coupling
between the somites and midline tissue is required such that somite morphogenesis
drives the separation of the midline mesoderm away from the underlying endoderm. In
noto loss of function, the somitic tissue that forms at the midline in place of notochord is
continuous with the flanking somites. In wild-type embryos, there is evidence of
mechanical interactions of the somite and notochord during convergent extension, which

are required for the remodeling of the adaxial cells, the medial most cells in the somite

(Yin and Solnica-Krezel, 2007).

The phenotypes observed in both the somites and endothelium after loss of RA signaling

are not the result of a simple deficit of mesoderm. RA signaling loss of function affects

somite maturation and morphogenesis, but does not prevent them from forming, and yet

the migration of the angioblasts is still disrupted. The direct transcriptional targets of RA

signaling that induce somite maturation are unknown, but it is clear that RA signaling

controls the timing and progress of somite shape changes as they mature. The temporal

coupling of angioblast migration and somite shape change appears to be relevant to the

overall morphology of the endothelium. While RA depleted embryos do form blood

vessels, the reduced size of the dorsal aorta and enlargement of the posterior cardinal

vein appear to be a consequence of the somite morphology change. It is possible that

the somite itself could facilitate the angioblasts movement to the midline, or simply

provide an opening through which angioblasts can reach the midline. However, the fact

that angioblasts reside adjacent to the notochord in *tbx16* mutants implies angioblasts

will migrate until they are obstructed. Additionally, *noto* morphants have additional

somitic mesoderm and still have angioblast migration defects. Together, this indicates

that somitic maturation requires tight spatial and temporal control to facilitate the

concomitant development of the endothelium.

Materials and Methods

In-situ hybridization and immunohistochemistry

Whole-mount in situ hybridization was performed as previously described (Griffin et al.,

1995). An antisense RNA probe was synthesized as previously described for *etv2*

(Sumanas et al., 2005). The *cldn5b, cxcr4a, and cxcl12a* and *dab2* DIG probes were

generated by *taq* polymerase-generated PCR fragments integrated into a pCRII vector

using the Topo-TA Cloning kit (Thermo Fisher). Immunohistochemistry was performed

by fixing embryos overnight in 4% Paraformaldehyde (Sigma) dissolved in phosphate

buffered saline containing 0.1% Tween-20 (PBST) at 4°C. Permeabilization was

performed by the placing the embryos in PBS containing 2% Triton X-100 (Sigma) for 1

hour with agitation. Embryos were washed 3x with PBST and blocked in a blocking

solution (PBST, 10% goat serum, 1% BSA) for 2 hours at room temperature. Primary

antibodies, Etv2 Rabbit Polyclonal and GFP mouse monoclonal, were diluted to 1:500 in

blocking solution and incubated overnight at 4°C. Embryos were washed 5x with PBST

for 20 mins each wash. Embryos were then incubated in blocking solution for 2 hours;

and then incubated in the secondary antibodies Alexa Fluor 488 and Alexa Fluor 568

diluted 1:1000 in blocking solution at 4°C overnight. DAPI stains were done in a 10

µg/mL dilution in PBST for at least 1 hour with agitation.

Histological analysis

Sections were fixed overnight in 4% Paraformaldehyde (Sigma) dissolved in phosphate

buffered saline containing 0.1% Tween-20 (PBST) at 4°C. Nuclei labeling was done for

whole embryos in a 10 µg/mL dilution of DAPI in PBST for at least 1 hour with agitation.

Sections, after fixation and DAPI staining, were done in PBST with a 0.15mm microknife

(Fine Science Tools), at approximately the 3rd somite for embryos up to 24 hpf. At 24

hpf or older, embryos were sectioned at approximately the 7th somite. Sections were

mounted in 1% Agarose in PBS in a in a 35mm glass bottom dish with uncoated #1.5

coverslip and 20mm glass diameter (MatTek).

Microinjections

A mix of two *tbx16* morpholinos (MO1: AGCCTGCATTATTTAGCCTTCTCTA (1.5 ng)

and MO2: GATGTCCTCTAAAAGAAAATGTCAG (0.75 ng)) were prepared as previously

reported and injected into *tg(kdrl:GFP)* embryos (Row et al., 2016). 2.5 ng of control

morpholino and *noto* morpholino were injected into *tg(kdrl:GFP)* embryos (Ouyang et al.,

2009).

Microscopy and Imaging

DIC and fluorescent time-lapse images of wild type, *noto* morphants, *aldh1a2* mutants*,*

and *tbx16* mutants were performed using a Leica DMI6000B inverted microscope with a

10× objective lens. Wild type and control embryos were siblings of the morphants and

mutants. Live embryos were mounted in 1% low-melt agarose in embryo media

containing 1x tricaine (25x stock 0.4g/l;Pentair,TRS1) in a 35mm glass bottom dish with

uncoated #1.5 coverslip and 20mm glass diameter (MatTek). In-situ hybridization

experiments were imaged using a M165FC microscope (Leica) equipped with an Infinity

3 camera (Lumenera). Embryos were mounted in either horizontal or flat mounted

configuration in 70% glycerol on glass slides.

Fluorescent images of trunk cross sections were imaged on a custom assembled

spinning disk confocal microscope consisting of an automated Zeiss frame, a Yokogawa

CSU-10 spinning disc, a Ludl stage controlled by a Ludl MAC6000 and an ASI filter

turret mated to a Photometrics Prime 95B camera. This microscope was controlled with

Metamorph microscope control software (V7.10.2.240 Molecular Devices), and laser

power levels were set in Vortran's Stradus VersaLase 8 software. Images were

processed in Fiji.

Drug treatments

RA was depleted in embryos using N,N-diethylaminobenzaldehyde (DEAB) and

BMS453. Stock concentrations of 20 mM DEAB in DMSO were diluted to working

concentrations of 20 µM in embryo media. Stock concentrations of 2 mM BMS453 in

DMSO were diluted to working concentrations of 2 µM in embryo media. Treatments

were done on shield stage embryos unless otherwise noted. All-trans RA was used to

activate the RA pathway. Stock concentrations of All-trans RA were diluted from 1 mM

stock to 0.1 µM working concentrations in embryo media. All treatments for all-trans RA

were performed in tailbud stage.

Generation of explants for imaging

Transgenic or mutant embryos were grown to the 10 somite stage and then transferred

to Modified Barth's Saline (MBS) (Sigma). In this medium, embryos were anesthetized

with 1 x Tricaine (25x stock 0.4g/l; Pentair, TRS1) and had their chorions manually

removed by forceps. The embryos were then sectioned with a 0.15mm microknife (Fine

Science Tools). Excess yolk was removed with the microknife, and the embryo was then

transferred to 35 mm glass-bottom dish (Matek) with a fire polished pipette. 1% low

gelling temperature agarose in MBS was heated to 40°C and placed over the embryo in

the proper orientation. The agarose was allowed to solidify and the explant was time-

lapsed using fluorescent and DIC microscopy.

Quantification and Statistical Analysis

When determining the fluorescence of angioblasts at the midline of the embryo, we

utilized the integrated density feature of Fiji software for image analysis. We calculated

the corrected total fluorescence of the area at the midline and of the whole embryo,

using the notochord as a reference for the midline. Corrected total fluorescence for the

midline was calculated as: (mean gray value of midline x area of midline) - (mean gray

value of background x area of midline). Corrected total fluorescence for the embryo was

calculated: (mean gray value of embryo x area of embryo) - (mean gray value of

background x area of embryo). Percentages for fluorescent intensity were calculated as

(corrected total fluorescence at the midline) / (corrected total fluorescence of the whole

embryo). Tracks for cells were made using the Trackmate plug-in for Fiji (Tinevez et al.,

2017). We utilized a Laplacian of Gaussian detector and a Simple LAP Tracker to

generate the tracks and analysis. P-values for indicated figures were generated using

two-tailed unpaired student t-tests. Graphs were generated using Graphpad Prism 8.4.2

for dot plots, and Excel for line graphs. The black lines indicate the median and

interquartile ranges, and were generated using the Prism software. Simple linear

regression was also determined using Graphpad software.

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Supplemental Figures

Figure S1. Three alternative methods of RA signaling disruption inhibit midline angioblast migration.
Angioblasts are labelled by *etv2* in-situ hybridization in 13-somite stage embryos (black arrows) after (**A**) DMSO, (**B**) BMS453, or (**C**) DEAB treatment, or after bud stage heat-shock in (**D**) wild type and (**E**) *HS:dnrar* embryos. Embryos are shown from a dorsal view with anterior to the top.

Figure S2. Effects of RA depletion on arterial and venous markers.
(A, C) *dab2* and (B, D) *cldn5b* in-situ hybridization labels the veins and arteries, respectively in (**A-B**) wild type or (**C-D**) aldh1a2 -/- embryos. Embryos are shown from a lateral view with anterior to the left.

Figure S3. Bifurcated angioblasts in *tbx16* mutants preferentially join the
venous population. (A, B) *dab2* and (C, D) *cldn5b* in-situ hybridization labels the
veins and arteries, respectively (black arrows) in (**A,C**) wild type and (**B,D**) *tbx16 -/-*
embryos. Embryos are shown from a dorsal view with anterior to the top.

Figure S4. Retinoic acid signaling affects the expression of genes associated with somitic movements.
(**A-C**) In-situ hybridization for *cxcr4a and* (**D-F**) *cxcl12a* in (**A, D**) DMSO, (**B, E**) 20 µM DEAB, or (**C, F**) 0.1 µM RA treated embryos. Embryos are shown from a dorsal view with anterior to the top.

Movie S1. Time-lapse fluorescent imaging of *tg(kdrl:eGFP)* embryo at the 10

somite-stage. *tg(kdrl:eGFP)* marks angioblasts as they migrate to the midline.

Angioblasts display the anterior posterior processivity while coalescing at the midline.

Frame rate= one image/5 min. Run time= 235 min.

Movie S2. Time-lapse fluorescent imaging of *tg(kdrl:eGFP), aldh1a2 -/- embryo at

the 10 somite-stage. *tg(kdrl:eGFP)* marks angioblasts as they migrate to the midline.

Angioblasts lose anterior to posterior processivity and show disrupted migration. Frame

rate= one image/5 min. Run time= 235 min.

Movie S3. Time-lapse fluorescent imaging of a 10 somite-stage
tg(kdrl:eGFP) embryo with addition of 0.1 µM RA at the tailbud stage. _tg(kdrl:eGFP)_
marks angioblasts as they migrate to the midline. Angioblasts accelerate their
processivity towards the midline. Frame rate= one image/5 min. Run time= 235 min.

Movie S4. Time-lapse fluorescent imaging of _HS:id3, HS;dnRAR_ cells in a
tg(kdrl:eGFP) host. Cells expressing _HS:id3, HS;dnRAR_ migrate to the midline along
with angioblasts in a _tg(kdrl:eGFP)_ host. Cells with dnRAR migrate faithfully with
angioblasts. Frame rate= one image/5 min. Run time= 180 min.

Movie S5. Time-lapse fluorescent imaging of _tg(tbxta:kaede), tg(actc1b:gfp)_
embryo trunks. _tg(tbxta:kaede)_ and _tg(actc1b:gfp)_ label the notochord and somites,
respectively. The notochord displaces dorsally with respect to the ventral-most portion of
somites. Frame rate= one image/10 min. Run time= 290 min.

Movie S6. Time-lapse fluorescent imaging of _tg(tbxta:kaede), tg(actc1b:gfp)_
embryo trunks in 20 µM DEAB. _tg(tbxta:kaede)_ and _tg(actc1b:gfp)_ label the notochord
and somites, respectively. In the absence of RA synthesis the notochord fails to displace
relative to the ventral-most portion of somites. Frame rate= one image/15 min. Run
time= 285 min.

Movie S7. Time-lapse fluorescent imaging of _tg(tbxta:kaede), tg(actc1b:gfp)_
embryo trunks in 0.1 µM RA . _tg(tbxta:kaede)_ and _tg(actc1b:gfp)_ label the notochord
and somites, respectively. Addition of RA results in the notochord displacing early
relative to the ventral-most portion of the somites. Frame rate= one image/10 min. Run
time= 290 min.

Movie S8. Time-lapse fluorescent imaging of _tg(tbxta:kaedae), tg(actc1b:gfp)_ trunk
explant. Trunk explant shows notochord displacement away from ventral-most portion of
somites. Frame rate= one image/15 min. Run time= 285 min.

Movie S9. Time-lapse fluorescent and DIC imaging of _tg(kdrl:eGFP)_ explant at the
10 somite-stage. _tg(kdrl:eGFP)_ marks angioblasts as they migrate to the midline. A

trunk explant, imaged around the 4th somite, shows normal migration of the angioblasts

to the midline. Frame rate= one image/5 min. Run time= 85 min.

Movie S10. Time-lapse fluorescent and DIC imaging of *tg(kdrl:eGFP), aldh1a2 -/-*

explant at the 10 somite-stage. *tg(kdrl:eGFP)* marks angioblasts as they migrate to the

midline. A trunk explant with mutant *aldh1a2* shows no angioblast migration and no

notochord displacement. Frame rate= one image/5 min. Run time= 85 min.

Movie S11. Time-lapse confocal fluorescent imaging of a *HS:mcherry-caax-p2a-*

***NLS-kikume* embryo in DMSO treatment.** *HS:mcherry-caax-p2a-NLS-kikume* marks

nuclei within the somite. Sample tracks ranging from red (most displacement) to blue

(least displacement) show broad movement within the somite. Frame rate= one image/5

min. Run time= 240 min.

Movie S12. Time-lapse confocal fluorescent imaging of a *HS:mcherry-caax*-p2a-

NLS-kikume **embryo in DEAB treatment.** *HS:mcherry-caax-p2a-NLS-kikume* marks

nuclei within the somite. Sample tracks ranging from red (most displacement) to blue

(least displacement) show little directional movement in 20 µM DEAB treatment

conditions. Frame rate= one image/5 min. Run time= 240 min.