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Primary cilia drive postnatal tidemark patterning in articular cartilage by coordinating

responses to Indian Hedgehog and mechanical load

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Running Title: Primary cilia are required for articular cartilage tidemark patterning

Keywords: Primary cilia, IFT88, Gdf5, Synovial joint development, Hedghog, Tidemark, Prg4

Competing Interests: None declared

ABSTRACT

Articular cartilage (AC) is essential for body movement, but is highly susceptible to degenerative

diseases and has poor self-repair capacity. To improve current subpar regenerative treatment,

developmental mechanisms of AC should be clarified and, specifically, how postnatal multi-zone

organization is acquired. Primary cilia are cell surface organelles crucial for mammalian tissue

morphogenesis and while the importance of chondrocyte primary cilia is well appreciated their

specific roles in postnatal AC morphogenesis remain unclear. To explore these mechanisms, we

used a murine conditional loss-of-function approach (*Ift88-flox*) targeting joint-lineage

progenitors (*Gdf5Cre*) and monitored postnatal knee AC development. Joint formation and

growth up to juvenile stages were largely unaffected, however mature AC (aged 2 months)

exhibited disorganized extracellular matrix, decreased aggrecan and collagen II due to reduced

gene expression (not increased catabolism), and marked reduction of AC modulus by 30-50%. In

addition, we discovered the surprising findings that tidemark patterning was severely disrupted

and accompanied alterations in hedgehog signaling that were also dependent on regional load-

bearing functions of AC. Interestingly, *Prg4* expression was also increased in those loaded sites.

Together, our data provide evidence that primary cilia orchestrate postnatal AC morphogenesis,

dictating tidemark topography, zonal matrix composition and mechanical load responses.

INTRODUCTION

Body movement requires uniquely shaped synovial joints to maximize range and type of motion based on anatomical location and load-bearing needs (Mow & Sugalski, 2001). Much has been learned about the structure and function of adult joint tissues –articular cartilage (AC), meniscus and intra joint ligaments– including the biomechanical and lubricating roles each tissue plays in sustaining motion and resilience (Longobardi et al., 2015). While it is clear that the majority of morphogenesis and terminal organization of mature AC occurs during postnatal life in coordination with growth of the skeleton (Decker, 2017; Decker et al., 2017; Kozhemyakina et al., 2015; L. Li et al., 2017), cellular mechanisms remain poorly understood. A full understanding of this morphogenetic process would be critical to inform on how joint developmental defects/diseases are established and, as importantly, how defective and damaged joint tissues could be repaired and regenerated.

In adults, fully mature AC displays a stereotypic zonal organization of cells and extracellular matrix (ECM) that contains both non-mineralized and mineralized layers. The non-mineralized hyaline cartilage includes: (i) a top superficial zone of flat cells juxtaposed with the synovial space and parallel to the surface, producing ECM components such as lubricin/*Prg4*; (ii) an intermediate zone of round chondrocytes amidst aggrecan and randomly aligned collagen II fibrils; (iii) a thick, deep zone of polarized chondrocytes oriented into columns and containing abundant ECM rich in aggrecan and with collagen II fibrils aligned perpendicular to the surface. The mineralized cartilage comprises a bottom zone with large hypertrophic-like chondrocytes that conjoins AC to the underlying subchondral bone (Hunziker et al., 2007). The tidemark represents the mineralization front demarcating the boundary between non-mineralized and mineralized cartilage. While, little is known of is developmental origins, significant evidence

exists that the tidemark advances toward the cartilage surface with age (Johnson, 1962; Lane &

Bullough, 1980; Loeser et al., 2012; Oegema et al., 1997; Radin et al., 1991) or with alterations

in mechanical load (Nomura et al., 2017; O'Connor, 1997; Tomiya et al., 2009), reducing non-

mineralized cartilage thickness. In addition, the transitioning of aquatic axolotl salamanders to

terrestrial life results in the formation of a tidemark (Cosden-Decker et al., 2012; Rux et al.,

2019), suggesting ambulation influences initial positioning. Despite these observations, no

cellular mechanisms on tidemark patterning or disease-state repositioning have been clarified.

Postnatal AC morphogenesis is complex as it needs to eventually establish a highly

structured, anisotropic tissue critical for joint mechanical function (Gannon et al., 2015;

Hunziker et al., 2007; Julkunen et al., 2009). Recent studies by our group and others have led to

a better understanding of the basic tenets of postnatal morphogenesis of AC in mouse knee joints

(Decker et al., 2017; Kozhemyakina et al., 2015; L. Li et al., 2017). At birth, nascent AC is

disorganized and contains a pool of highly proliferative progenitors which give rise to all of the

cells in adult AC. By 2-3 weeks of age, AC is matrix-rich, but still lacks a clear zonal

organization. By 8 weeks, the stereotypical zonal organization is established. Importantly, we

found that cell proliferation decreases rapidly soon after birth while the tissue continues to

thicken through matrix production/accumulation and increases in average cell size (Decker et al.,

2017). Thus, there are three stages to postnatal AC development: proliferation (neonatal), growth

(adolescent) and maturation (adult). Lineage tracing in our recent study strongly suggested that

chondrocytes establish zonal organization and vertical columns during the maturation phase

(Decker et al., 2017), but the mechanisms by which this could occur have not been elucidated.

Primary cilia are putative mechano- and morphogen-transducing cell surface organelles

present on nearly every cell in mammals and are crucial for tissue morphogenesis. Cytoskeletal

regulation, cell polarity and a number of signaling pathways (e.g., hedgehog, wnt and TGFβ) are

governed, at least in part, by the primary cilium (Goetz & Anderson, 2010; Wheway et al.,

2018). The chondrocyte primary cilium is an important regulator of cartilage function (Haycraft

et al., 2007; Serra, 2008; Yuan & Yang, 2016) and lengthening has been correlated with human

osteoarthritis (OA) (McGlashan et al., 2008). In mice, conditional loss of function in AC results

in deficits that often lead to early onset osteoarthritis (OA) (Chang et al., 2012; Coveney et al.,

2021; Irianto et al., 2014; Sheffield et al., 2018; Song et al., 2007; Yuan & Yang, 2015). It is thus

clear that primary cilia are important to AC health, but the specific mechanisms by which they

function during postnatal morphogenesis remain unclearly defined.

In an effort to identify mechanisms of postnatal AC development in mice and how cilia

function in this regard, we developed a joint-specific (*Gdf5Cre*) disruption of primary cilia

(*IFT88-flox*) and delineated AC development up to 8 weeks of age. We found that while the

disruption of primary cilia does not affect embryonic or early postnatal growth through 3 weeks

of age, it significantly altered AC maturation including ECM production and organization,

culminating in reduced AC modulus at 8 weeks of age. Surprisingly, we also found significant

disruptions in tidemark patterning that altered the organization of mineralized and non-

mineralized zones. Our mechanistic studies revealed primary deficits in hedgehog signaling

starting at 3 weeks accompanied by secondary changes to BMP and TGFβ signaling by 8 weeks.

Importantly, our data indicate that the hedgehog pathway drives tidemark patterning and location

during postnatal AC morphogenesis, being the first to identify a signaling mechanism that is

capable of regulating and altering the tidemark.

RESULTS

***Gdf5Cre* is joint specific and conditional deletion of *IFT88* results in loss of primary cilia.**

In order to target primary cilia specifically in synovial joints, we used *Gdf5Cre* in

combination with an *IFT88* conditional allele. *Gdf5* is a unique marker for the embryonic

mesenchymal progenitor cells of synovial joints called the interzone. *Gdf5Cre* faithfully marks

these cells in the embryo and lineage-traces to all of the mature tissues of synovial joints (Decker

et al., 2017; Koyama et al., 2008) (Fig. 1Aa-c) but not growth plate chondrocytes (Fig. 1Ad). In

order to study primary cilia, we combined *Gdf5Cre* with an *IFT88* conditional allele whose

product (Intraflagellar Transport Protein 88) is important in anterograde transport in cilia and

maintenance of the cilium structure. The result is loss of primary cilia in *Gdf5*-expressing

interzone cells and in adult synovial joints. We visualized primary cilia using an antibody against

acetylated tubulin and found they were present on nearly every chondrocyte in control AC (Fig.

1Ba-b) and in the growth plate (Fig. 1Bc and Bf) but a significant loss in all zones of AC in

mutant animals (Fig. 1Bd-e) confirming our model was reliable.

Joint-specific deletion of *IFT88* leads to disrupted AC tidemark patterning and inferior

biomechanical function.

Next, we evaluated histology and performed mechanical testing to assess the

consequences of loss of primary cilia during postnatal AC morphogenesis. We used safranin O

staining to visualize basic histology and proteoglycans in the ECM (Fig. 2A). At birth, nascent

AC of mutants was indistinguishable from controls (Fig. 2Aa-b, brackets). Up to 3 weeks,

immature AC developed similarly (Fig. 2Ac-d) and higher magnification images revealed no

discernible differences in cell morphology or patterning (Fig. 2Ae-h). However, at 8 weeks we

noted irregular accumulation of the interterritorial ECM (arrows) and chondrocyte size

(asterisks) in the femoral condyle (Fig. 2Ai-l) and a consistent reduction of safranin O in the

tibial plateau (Fig. 2i-j, m-n). Thus, the loss of IFT88 primarily affected the maturation phase of

postnatal AC morphogenesis. Growth plates were unaffected at all stages consistent with no

recombination from *Gdf5Cre* (Fig. S1). Next, we utilized a combination of safranin O-stained

sections and sections imaged with Differential Interference Contrast (DIC) to quantify AC

thickness, AC composition of mineralized and non-mineralized cartilage and also cell density.

These analyses revealed several notable changes. First, in healthy AC, the tidemark (Fig. 2B,

dashed yellow line) closely followed the contour of the femoral condyle surface 2-3 cell layers

below, but was relatively flat in the load-bearing region of the tibial plateau located about 5-6

cell layers from the surface (Fig. 2Ba, bracket). In mutants, the tidemark was often difficult to

visualize, but followed an irregular path in the femoral condyle and was flat, but noticeably

further from the surface in the tibial plateau (Fig. 2Bb, bracket). Quantifying AC composition as

a percent area, we found that non-mineralized cartilage constituted approximately 31% of the

femoral condyle and 51% of tibial plateau AC in control animals; this increased slightly in

mutant femoral condyle AC to 36% and significantly in tibial plateau AC to 70% (Fig. 2C). For

consistency, we measured AC height at its thickest regions in each tissue section. We found no

changes in AC thickness at 3 weeks nor in tibial plateau AC at 8 weeks, but the AC height was

significantly higher in the thickest regions of mutant femoral condyles (Fig. 2Da-b). Bisected

into mineralized and non-mineralized cartilage at 8 weeks, we found similar trends in

composition from Fig. 2C. In the femoral condyle, mutants showed a significant increase in non-

mineralized thickness, but no change mineralized thickness (Fig. 2Dc) and in the tibial plateau,

mutants showed a significant increase in non-mineralized cartilage and decrease in mineralized

cartilage (Fig. 2Dd). Thus, AC composition in tibial plateau is consistently more non-

mineralized whereas mineralization is much more variable in the femoral condyle but follows the

same trend. Interestingly, we found that cell density in non-mineralized AC was significantly

reduced in both regions of mutant AC (Fig. 2E).

To assess possible functional consequences of these morphologic changes in mature AC,

we used atomic force microscopy (AFM)-nanoindentation to measure AC stiffness. We

measured two regions on the medial tibial plateau (the edge covered by meniscus and the center

load-bearing region) and one region on the femoral condyle. In all regions of interest, the

indentation modulus (i.e. resistance to deformation) was significantly decreased in mutants (Fig.

2F). Thus, loss of IFT88 in AC results in impaired load-bearing function during tissue

maturation.

IFT88 regulates chondrocyte fate and matrix deposition in mineralized and non-

mineralized zones.

Next, we performed immunofluorescence staining for several key ECM and chondrocyte-

specific markers. Collagen II is a major structural component of cartilage ECM, responsible for

tensile strength of the tissue (Mow & Ratcliffe, 1997). In control animals, it was uniformly

dispersed in AC at 3 weeks and 8 weeks (Fig. 3Aa and Ac). In mutant animals, we noted no

changes at 3 weeks (Fig. 3Ab) and a mild reduction at 8 weeks (Fig. 3Ad). Collagen X is a

marker of hypertrophic and mineralizing chondrocytes. We found collagen X similarly localized

to cells juxtaposed to the developing secondary ossification center in control (Fig, 3Ba, c) and in

mutant AC (Fig. 3Bb, d) consistent with a lack of precocious hypertrophy closer to the AC

surface. Aggrecan is the major proteoglycan in cartilage ECM that gives it its compressive load-

bearing and energy dissipation properties. In healthy tissue, it was uniformly deposited in the

entire thickness of developing AC at 3 weeks (Fig. 3Ca) and was enriched in non-mineralized

cartilage at 8 weeks (Fig. 3Cc). A clear boundary (i.e., tidemark) could be visualized where the

aggrecan-low mineralized cartilage met the aggrecan-rich non-mineralized cartilage (Fig. 3Cc,

arrows). In IFT88 mutants, aggrecan deposition was comparable to controls in immature

cartilage at 3 weeks (Fig. 3Cb), but notable disorganization, lack of tidemark and variable

deposition (high, arrows and low, arrowheads) were all apparent in mature cartilage at 8 weeks

(Fig. 3Cd). Sox9 is considered a master transcriptional regulator of chondrocyte fate and can

directly regulate the expression of aggrecan and collagen II (Lefebvre et al., 2019). In immature

AC, Sox9 was present uniformly in articular chondrocytes of controls and mutants at 3 weeks

(Fig. 3Da-b) consistent with the uniform distribution of collagen II and aggrecan at this stage. In

mature AC, Sox9-positive cells were largely restricted to the non-mineralized cartilage (Fig.

3Dc), as visualized by DIC imaging (Fig. S2a-c), and is consistent with a recent report of Sox9

function in AC (Haseeb et al., 2021). Mutant tissues at 8 weeks continued to express Sox9

broadly in non-mineralized chondrocytes (Fig. S2d-f), but Sox9-positive cells could also be seen

in articular chondrocytes beneath the tidemark in the femoral condyle (Fig. 3Dd, arrows). Taken

together, these data show that IFT88 mutants display an altered pattern of non-mineralized

chondrocytes and coordinately disrupted ECM in mature AC, but not immature AC.

Pericellular matrix (PCM) creates a thin microenvironment surrounding chondrocytes

within the broader ECM and is considered a crucial transducer of biomechanical signals (Guilak

et al., 2006). To observe any changes to the PCM, we performed immunofluorescence staining

for perlecan, a biomarker of cartilage PCM (Kvist et al., 2008; Wilusz et al., 2012). In immature

AC at 3 weeks, perlecan was broadly distributed in both control and mutant tissues (Fig. 3Ea-b).

In mature AC 8 weeks, perlecan was localized to chondrocytes nearest to the surface in control

tissue (Fig. 3Ec) and high magnification images overlaid with DIC imaging revealed restriction

to the non-mineralized cartilage above the tidemark (Fig. 3Ed-e, arrows). The organization of

perlecan deposition was significantly disrupted in mutant AC at 8 weeks (Fig. 3Ed). In the

femoral condyle, chondrocytes with perlecan-rich PCM could be visualized far below the

tidemark (Fig. 3Eg, asterisks), and in tibial plateau AC there was an expansion of perlecan-

positive chondrocytes in the load-bearing region above the tidemark (Fig. 3Eh). Together, these

data provided strong evidence that loss of IFT88 in AC disrupts tidemark patterning and

chondrocyte fate/microenvironment during postnatal maturation.

Loss of IFT88 in AC does not increase matrix degradation.

Previous *in vitro* studies have shown that primary cilia, and IFT proteins, regulate ECM

proteases in chondrocytes (Coveney et al., 2018). To test whether this applied to our *in vivo*

model, we performed immunofluorescence staining or *in situ* hybridization for MMP13

(collagenase), Adamts4 and Adamts5 (aggrecanases) at 8 weeks. MMP13 was unchanged in

mutants and was restricted to the base of AC at the transition to subchondral bone (Fig. 4A). We

used RNAscope (FastRed detection) to perform *in situ* hybridization and took advantage of

FastRed fluorescence for imaging low-expressing genes. In AC, we found no expression of

either *adamts4* or *adamts5* in control or mutant AC at 8 weeks (Fig. 4B-C). To ensure these data

were reliable, we compared to other tissues in and around the joint. *Adamts4* (Fig. S3A) was

expressed in primary spongiosa beneath the growth plate (PS, arrowheads) and in periosteum

(PO, arrows) and *Adamts5* (Fig. S3B) was highly expressed by inner synovial fibroblasts in both

controls and mutants. These data indicate that the changes observed in aggrecan and collagen II

deposition in mutant AC (Fig. 2) were not caused by matrix degradation.

Altered ECM in mature mutant AC are the result of transcriptional changes.

229   To assess transcriptional changes of *Col2a1*, *Acan* and *Prg4*, we utilized RNAscope

(fastRed detection) imaged these high-expressing genes with brightfield. At 3 weeks, C*ol2a1* and

Acan were broadly expressed in immature AC of both mutants and controls (Fig. 5. Aa-d)

consistent with our findings from immunofluorescent staining at this stage described above (Fig.

3A and C). *Prg4* (lubricin) is important for protecting AC from OA (Chavez et al., 2019; Coles

et al., 2010; Marcelino et al., 1999; Rhee et al., 2005; Ruan et al., 2013). At 3 weeks, *Prg4* was

highly expressed in cells near the surface in control animals (Fig. 5Ae) and we found a

significant reduction in mutant AC (Fig. 5Af). In mature AC of control animals, *Col2a1* (Fig.

5Ba-b) and *Acan* (Fig. 5Be-f) transcripts were localized to layers of AC corresponding with the

domain of non-mineralized cartilage 2-3 layers deep in the femoral condyle and 5-6 layers deep

in the tibial plateau (Fig. 2Ba). In mutant AC, both *Col2a1* and *Acan* expression appeared much

more disorganized particularly in the femoral condyle (Fig. 5Bc and Bg, arrows). Higher

magnification images of mutants (Fig. 5Bd and Bh) and controls (Fig. 5Bb and Bf), highlighted

the clear disorganization of gene expression in all mutant cartilage, consistent with dysregulated

tidemark patterning, ECM deposition and deviant Sox9-positive cells outside the non-

mineralized cartilage (Fig. 2 and 3). In addition, mutants displayed broadly reduced expression

per cell of *Col2a1* and *Acan* in the load-bearing region of the tibial plateau compared to this

region in controls. Lastly, we found that *Prg4* at 8 weeks was highly expressed and uniformly

distributed in cell layers closest to the AC surface (extending a bit deeper in the tibial plateau

than in the femoral condyle) (Fig. 5Bi-j, bracket). In mutants, *Prg4* in the femoral condyle

displayed a patchy but overall decreased expression profile (Fig. 5Bl-k, arrows) and in the tibial

plateau we found a striking increase in *Prg4* in the load-bearing region (Fig. 5Bl-k, asterisk and

bracket). These data suggest that reduction/disorganization of collagen II and aggrecan

deposition in mature cartilage were due to changes at the transcriptional level and that,

surprisingly, *Prg4* expression was altered in both immature and mature cartilage of mutants.

Primary cilia impart load/location-dependent functions for key chondrogenic pathways.

Primary cilia are considered a signaling nexus that have some regulatory function in most

major signaling pathways (Anvarian et al., 2019). TGFβ (transforming growth factor β) and

BMP (bone morphogenetic protein) regulate chondrocyte fate and ECM anabolism by distinct

mechanisms via downstream SMAD-dependent mechanisms (Thielen et al., 2019). While TGFβ

largely maintains non-mineralized chondrocyte function and prevents hypertrophy (Chen et al.,

2012; Ferguson et al., 2000; Ionescu et al., 2003; Kang et al., 2005; Kim et al., 2012; Leboy et

al., 2001; T.-F. Li et al., 2010; Seo & Serra, 2007; Yang et al., 2001), BMP can influence both

non-mineralized and mineralized functions dependent on context (Bae et al., 2007; Fujii et al.,

1999; Horiki et al., 2004; Javed et al., 2008, 2009; Phimphilai et al., 2006). To assess the

involvement of these pathways, we used immunofluorescence for pSmad2 (TGFβ) or pSmad159

(BMP). In immature AC at 3 weeks, pSmad2-positive cells were broadly distributed in all layers

(Fig. 6Aa) while pSmad159-positive cells were largely present in the deepest layers of cartilage

(Fig. 6Ba). These patterns were unchanged in mutant cartilage (Fig. 6Ab and Bb). In mature AC,

pSmad2 overlapped significantly with Sox9 in controls and mutants (Fig. 6C) indicating

restriction to non-mineralized cartilage. The percentage of pSmad2-positive cells in control and

mutant non-mineralized cartilage was unchanged but the density of pSmad2-positive cells

decreased significantly in mutant tibial plateau (Fig. 6D). We performed parallel experiments for

pSmad159 and found similar overlap with Sox9 in control AC and in the mutant femoral

condyle, but a significant loss in mutant tibial plateau (Fig. 6E). Quantification showed

significant reductions in the percent pSmad159-positive cells and also cell density in this region

(Fig. 6F). These data suggest that disruption of IFT88 leads to alterations in BMP and, to a lesser

degree, TGFβ signaling in the load-bearing region of the tibial plateau simultaneously with ECM

disruptions already described.

Hedgehog signaling is a major regulator of chondrocyte function and is dependent on the

primary cilium for proper transduction through processing of Gli transcriptional effectors for

pathway activation or repression (Wheway et al., 2018). In the absence of hedgehog ligands

(Sonic, Desert or Indian), the transmembrane receptor Patched1 (Ptch1) inhibits the

transmembrane protein Smoothened (Smo) to sequester Gli factors in the cytoplasm. When

Hedgehog ligand is present, it binds Ptch1, the inhibition on Smo is relieved and Gli proteins are

processed into active forms that translocate to the nucleus for transcriptional activation. Thus,

loss of primary cilia generally results in loss of hedgehog signaling.

We sought to elucidate a possible role for hedgehog signaling in our AC model. To

visualize active signaling, we used the *Gli1-LacZ* reporter mouse in combination with whole

mount staining and imaging. Background staining was monitored using *Gli1-LacZ* negative

tissues (Fig. S4). We noted several key findings. First, hedgehog signaling was highly active in

immature AC of control animals at 3 weeks (Fig. 7A-B), and tissue sections revealed differences

in *Gli1-LacZ* patterning of the femoral condyle and loaded region of the tibial plateau, localized

to the first 3-4 cells layers of the femoral condyle (Fig. 7Aa) and to the bottom 3-4 cells layers in

the tibial plateau (Fig. 7Bb). *Gli1-LacZ* persisted in mature AC at 8 weeks (Fig. 7E and F) with

similar cell layer patterning of immature cartilage (Fig. 7Ee and Ff). *Gli1-LacZ* of immature

mutant cartilage was strongly down-regulated in both the femoral condyle (Fig. 7C and Cc) and

the tibial plateau (Fig. 7D and Dd). In mature mutant femoral condyle AC, *Gli1-LacZ* repression

was maintained from 3 weeks (Fig. 7G and Gg) but AC in the load-bearing region of the tibial

plateau exhibited very strong *Gli1-LacZ* up-regulation (Fig. 7H) including the surface zone cells

that control animals did not display (Fig. 7Hh). Taken together, the data show significant

hedgehog signal disruption before a structural AC phenotype is apparent, largely consistent with

known roles for primary cilia in hedgehog signaling. However, our data also shows hyperactive

Gli1-LacZ activity in the absence of primary cilia but in the presence of high mechanical load

during ambulation suggesting load-dependent alterations.

Hedgehog response patterning is coupled to tidemark patterning; both are disrupted in

IFT88 mutants.

Hedgehog signaling during embryonic development is tightly linked to tissue patterning

through established gradients of ligand distribution. A notable example of this is neural tube

formation where cells establish specific identities dependent on their exposure, and response, to

hedgehog ligands (Ribes & Briscoe, 2009) and fine-tuned by a number of co-

activators/antagonists (Allen et al., 2007, 2011; Holtz et al., 2013). Zonal chondrocyte

patterning of the growth plate is also dependent on hedgehog exposure in a signaling loop that

requires *Indian Hedgehog* (*Ihh*)-expressing pre-hypertophic chondrocytes and *Parathyroid*

related protein (*Pthrp*)-expressing reserve zone chondrocytes (Kronenberg, 2006; St-Jacques et

al., 1999). Hedgehog signaling patterns have not been well established in AC.

Using RNAscope, we assessed two major hedgehog response genes (*Gli1* and *Ptch1*) as

well as *Ihh* in immature and mature AC and compared these patterns to the response when IFT88

was disrupted. Once again, we used confocal microscopy to image the FastRed detection and

overlaid these results with DIC to visualize cell morphology, the tidemark (Fig. 8, dashed blue

line), and the subchondral bone (sb, solid white line). First, we established patterning in

immature AC at 3 weeks. In control AC, *Gli1* and *Ptch1* were expressed in overlapping domains

surrounding the future tidemark in the first 3-4 cell layers in the femoral condyle (Fig. 8Aa-Ab)

and 4-6 cell layers from the surface in the tibial plateau (Fig. 8Ba-Bb). Importantly, these data

were consistent with those from our *Gli-LacZ* studies (Fig. 7A-B). In both regions only cells

juxtaposed to the underlying subchondral bone expressed *Ihh* (Fig 8Ac and Bc). Two things were

particularly notable about these patterns in immature AC: 1- the location of the future tidemark

correlated strongly with *Gli1* and *Ptch1* expression, and 2- despite the *Ihh*-expressing cells being

located always nearest the subchondral bone, the responding cells were closer to the surface in

condylar cartilage than in the tibial plateau. In mutant AC at this stage, *Gli1* was significantly

reduced in both femoral condyle and tibial plateau AC (Fig. 8Ad and Bd), consistent with *Gli1-*

LacZ studies (Fig. 7C-D). *Ptch1* expression generally followed the same profile, but with some

notable groups of positive cells in the femoral condyle (Fig. 8Ae, arrows and Be). Importantly,

Ihh expression was unchanged compared to controls (Fig. 8Af and Bf). Thus, down regulation of

signaling in this context is due to lack of response rather than lack of ligand expression.

We performed identical analyses in mature AC at 8 weeks of age. Femoral condyle AC of

controls displayed *Gli1* expression in non-mineralized chondrocytes including surface zone cells

(Fig. 8Ca), *Ptch1* expression in cells at the level of the tidemark (Fig. 8Cb), and *Ihh* expression

in mineralized chondrocytes beneath the tidemark (Fig. 8Cc). Tibial plateau AC displayed

overlapping *Gli1* and *Ptch1* in a zone 2-3 cell layers thick surrounding the tidemark (Fig. 8Da-b)

and *Ihh* in mineralized chondrocytes beneath the tidemark (Fig. 8Dc). Femoral condyle cartilage

of mutants displayed generally reduced *Gli1* above the tidemark (Fig. 8Cd) consistent with *Gli1-*

LacZ studies. Interestingly, while *Ptch1* was also significantly reduced compared to control

cartilage, the random distribution of persistent *Ptch1*-expressing chondrocytes correlated with

the irregularly shaped tidemark (Fig. 8Ce, arrows). *Ihh* also persisted but was ectopically

expressing in some non-mineralized chondrocytes (Fig. 8Cf, arrows). In tibial plateau cartilage,

Gli1 and *Ptch1* expression was highly increased in the load-bearing region (Fig. 8Dd-De)

consistent with *Gli1-LacZ,* but unlike the condylar cartilage, *Ihh* remained exclusively expressed

by non-mineralized chondrocytes beneath the tidemark (Fig.8Df). Taken together, these results

provide evidence that hedgehog gradients coordinate tidemark patterning and that primary cilia

guide zonal responses to provide unique tissue structure able to withstand local mechanical load.

DISCUSSION

Our study of joint-specific loss of primary cilia function (IFT88-flox) provides new and

probing insights into AC zonal patterning during postnatal development. We find that primary

cilia are dispensable for embryonic joint formation, in line with previous *in vivo* studies (Chang

et al., 2012; Irianto et al., 2014; Sheffield et al., 2018; Song et al., 2007; Yuan & Yang, 2015),

but we have now uncovered the fact that they function primarily for AC maturation between

adolescence (3 weeks) and adulthood (8 weeks). In this postnatal period, we discovered that the

loss of primary cilia in AC reduced cell density and altered chondrocyte fate in either

mineralized or non-mineralized cartilage, leading to disrupted ECM production/organization.

Our most important and surprising finding was that loss of IFT88 alters tidemark patterning and

topography in a manner mirroring alterations to hedgehog signaling. Through these analyses we

were also able to establish, for the first time, the spatial patterning of *Ihh* responsiveness in

mature AC.

Our study provides significant evidence that primary cilia and hedgehog signaling are key

regulators of tidemark formation in mature AC. Ihh is required for joint specification during

embryonic development (Koyama et al., 2007) and while the specific roles for hedgehog

signaling in postnatal life have not been fully clarified genetic over activation of hedgehog

signaling leads to early OA symptoms (Rockel et al., 2016). We show here that the emergence

and location of the future tidemark in developing AC correlates strongly with patterning from

Ihh signals. We show by RNAscope on tissue sections that even before the tidemark emerges at

3 weeks of age, hedgehog responding cells align with the future location of the tidemark in

mature AC. Thus, our data establish a key causative link between patterning of mineralized and

non-mineralized chondrocytes in AC and hedgehog signaling responses, guided by primary cilia.

In future work, the mechanisms linking hedgehog signaling to tidemark patterning should be

tested directly. Does the tidemark move dependent on a changing hedgehog response? What is

the response in tissue integrity? Interestingly, tidemark advancement and duplication have also

been associated with OA (Johnson, 1962; Lane & Bullough, 1980; Loeser et al., 2012; Oegema

et al., 1997; Radin et al., 1991). Thus, these studies would delineate whether the movement in the

tidemark advances the disease-state as hypothesized or serves another purpose yet to be

discovered.

Our data also provide novel evidence that AC hedgehog signaling regulates *prg4*

expression. *Prg4* (lubricin) is an important regulator of AC homeostasis (Das et al., 2019) and, in

particular, prevents tissue and matrix degradation that would lead to OA (Chavez et al., 2019;

Ruan et al., 2013). Understanding its transcriptional regulation may be key to preventing disease

progression. Previous work has provided evidence of *prg4* regulation via TGFβ (Chavez et al.,

2019), Creb5 (Zhang et al., 2021), Yap/Taz (Delve et al., 2020) and load-induced Cox2 (Abusara

et al., 2013; Ogawa et al., 2014). In our present study, the decreased response to Ihh signaling

detected in the non-mineralized chondrocytes of immature mutant AC was accompanied by

reductions of *Prg4*. In mature AC *prg4/Ihh* were maintained at low levels in the femoral condyle,

but expression of both genes increased dramatically in the load-bearing region of the tibial

plateau. While most tissues follow the dogma that loss of the primary cilia leads to loss of

hedghog signaling, the over-activation of hedgehog we see in our model is consistent with

studies of embryonic limb development (Haycraft et al., 2005; Huangfu & Anderson, 2005) and

postnatal musculoskeletal tissues (Chang et al., 2012; Kopinke et al., 2017) where Gli3 repressor

plays a larger role in tissue function. Here, we provide evidence that this over-activation also has

a mechanical loading component because only the load-bearing region of mature tibial plateau

cartilage displays excessive hedgehog response. It is also plausible that reduced production of

aggrecan and collagens might further compromise the response of chondrocytes to mechanical

loading, and increase in *Prg4*. Studies designed to alter mechanical load in this model or alter

hedgehog signaling separately would clarify the possible regulatory effect of hedgehog/load on

Prg4 expression.

In addition to the patterning deficits already acknowledged, we also found significant

disruptions to the proteoglycan and collagen matrix in mutant animals. The overall mis-

patterning of *Col2a1*- and *Acan*-expressing cells in mature AC can likely be attributed to

hedgehog patterning disruptions that result in altered patterning of mineralized and non-

mineralized chondrocytes in mature AC. However, it is notable that changes to ECM gene

expression and production were not apparent in immature AC when hedgehog responsiveness

was already altered. For this reason, we explored TGFβ and BMP signaling in order to gain

further mechanistic insights into changes in ECM production in mature AC. We found that both

signaling pathways were unchanged at 3 weeks but were significantly altered at 8 weeks,

particularly in BMP signal response of the tibial plateau. Knowledge of the role(s) for BMP

signaling in postnatal AC are limited, but two studies of conditional ablation of either *Bmpr1a* or

Bmp2 in embryonic joints (*Gdf5Cre*) reported no embryonic phenotype and a progressive loss of

ECM during postnatal stages without hypertrophy or loss of Sox9 (Gamer et al., 2018; Rountree

et al., 2004). These findings are strikingly similar to those we report here, particularly in the

load-bearing region of the tibial plateau where we also observe a reduction of pSmad159 at 8

weeks of age. Possibilities for the loss of BMP responsiveness might include an altered

adaptation to mechanical load without primary cilia or negative regulation by increased

hedgehog signaling in the same location. To the latter point, hedgehog signaling is a known

negative regulator of BMP during embryonic somitogenesis by enhancing the expression of

BMP antagonists Noggin and Gremlin (Murtaugh et al., 1999; Stafford et al., 2011). Perhaps, a

similar mechanism is at play here. In the femoral condyle, no such changes to BMP (or TGFβ)

are noted and we also could not detect major changes to *Col2a1* or *Acan* gene expression. We

believe that alterations to ECM in the femoral condyle are driven by cellular patterning defects

that result in altered ECM organization while tibial plateau cartilage displays reduced ECM due

to BMP/TGFβ dysregulation.

Our current study also raises new questions regarding the degree to which the primary

cilium (and more specifically, IFT88) is required for mechanical adaptation in chondrocytes *in*

vivo. In vitro studies of chondrocytes that lack primary cilia suggested a loss of mechanical

transduction (Deren et al., 2016; Wann et al., 2012). Our present study shows a differential tissue

response of hedgehog signaling in the femoral condyle and the load-bearing region of the tibial

plateau. This altered response to ambulation load is indicative that tibial plateau chondrocytes are

capable of "feeling" some mechanical load and have adapted without primary cilia.

Underscoring this idea, recent work by Coveney et al. found that deletion of IFT88 using

AggrecanCreER in adults led to thinner tibial plateau cartilage that was restored to normal

thickness after giving animals free access to running wheels (Coveney et al., 2021). One possible

mechanism for these adaptations could be through the pericellular matrix that also plays a major

roles in articular chondrocyte mechanosensation (Guilak et al., 2006; Wilusz et al., 2012).

Indeed, in our current study, mutant AC continues to display abundant perlecan localization in

the pericellular matrix despite cellular mis-patterning. The data highlight the fact that cells are

capable of mechanosensation through multiple mechanisms not necessarily requiring primary

cilia, but that cilia may be required to coordinate for full adaptation.

On a broader level, our study underscores the differential topographical character of AC

in normal joints and the differential phenotype due to the loss of primary cilia during

development. Each joint must be uniquely fitted to the load-bearing and movement requirements

of each anatomic location, and our study provides evidence that tidemark patterning is involved

in this evolution. Specifically, we highlight differential tidemark patterning even in opposing AC

in the same joint and a differential response to the loss of primary cilia. Femoral condyle AC

showed more significant patterning disruptions, while tibial plateau AC showed more significant

ECM loss. In this context, it is interesting to note that the mutant femoral condyle still elicited a

significant reduction in mechanical stiffness. Our observations raise the important possibility that

tissue patterning plays a much more significant role in overall AC integrity than currently

appreciated. Taken into consideration and exploiting these facets of AC biology experimentally

could lead to creation of more effective strategies for cartilage regeneration and repair.

Material and Methods

Animals. All studies involving mice were reviewed by our institutional IACUC at The

Children's Hospital of Philadelphia. All animals were handled, treated and cared for according to

the approved protocols. *IFT88-flox* (Stock no. 022409) and *Rosa-TdTomato* mice (Stock no.

007914) were obtained from the Jackson Laboratory (Bar Harbor, ME, USA). *Gdf5Cre* mice

(kindly provided by Dr. D. Kingsley) were described previously (Rountree et al., 2004) and line

B was used in the present study. Wildtype littermate animals were used for controls.

AFM-based nanoindentation. AFM-nanoindentation was applied to freshly dissected femoral

condyle and tibial plateau cartilage from mice at 8 weeks of age (n = 5 animals), following the

established procedure (Doyran et al., 2017; Han et al., 2019). Immediately after euthanasia,

cartilage was dissected free of tendon and ligament tissues and glued onto AFM sample discs by

a cyanoacrylate adhesive gel (Loctite 409, Henkel Corp., Rocky Hill, CT, USA). Throughout the

procedure, tissues were immersed in PBS with protease inhibitors (Pierce 88266, Fisher

Scientific, Rockford, IL, USA) to minimize post- mortem degradation. Nano-indentation was

performed on the surfaces of cartilage on a Dimension Icon AFM (Bruker Nano, Santa Barbara,

CA, USA) using a colloidal AFM probe. The probe was custom-made by attaching a polystyrene

microsphere (R ≈ 12.5 μm, PolySciences, Warrington, PA) to a tipless cantilever (nominal k ≈

5.4 N/m, cantilever C, HQ:NSC35/tipless/Cr–Au, Nano-AndMore, Watsonville, C, USA) using

liquid epoxy glue (M-bond 610, SPI Supplies, West Chester, PA). For each sample, at least 10

random, different indentation locations were tested on each selected region of interest up to ~1

μN force at 10 μm/s AFM z-piezo displacement rate. The effective indentation modulus, E_{ind},

was calculated by fitting the entire loading portion of each indentation force delpth (F–D) curve

to the Hertz model, where R is the tip radius and ν is the Poisson's ratio (0.1 for cartilage

(Buschmann et al., 1999)).

Tissue Processing. Joints processed for frozen sectioning were injected with 4% PFA, fixed for

2 days at 4°C, decalcified in 20% EDTA for 6-10 days (depending on age), washed in PBS 3X15

minutes, equilibrated in 15% sucrose for 6-8 hours and in 30% sucrose for 16-36 hours

(depending on age) and embedded in OCT. Sections were either take at 18μm thick for normal

slide collection or 10 μm thick on Kawamoto's cryofilm (Kawamoto & Kawamoto, 2021) to

preserve tissue morphology. Joints processed for paraffin sectioning (basic histology and

immunofluorescence) were injected with 10% NBF, fixed for 2 days at 4°C, decalcified in 20%

EDTA for 6-10 days (depending on age), washed in PBS 3X15 minutes, washed in 70% ethanol

3X15min and processed to paraffin by automation overnight. Joints processed for RNAscope

(Advanced Cell Diagnostics, Inc., San Jose, CA), were also processed for paraffin sectioning

using Morse's solution for decalcification as previously described (de Charleroy et al., 2021). All

sections were cut at 6 μm thick and slides were prepared with mutant and littermate control

sections on a single slide for each probe (N = 5 per time point).

Histology/Immunofluorescence. Safranin O staining was performed using standard

protocols and imaged using a Nikon Nikon Eclipse Ci-L upright microscope with attached DS-

Fi3 camera (Nikon Corp., Tokyo, Japan). Immunofluorescence staining was carried out on

frozen or paraffin sections depending on antibody optimization. For staining on frozen section,

1X PBS + 0.1% tween was used for all washes and incubations. Sections were blocked with 5%

donkey serum and incubated overnight at 4°C against MMP13 (1:100, Abcam ab39012,

Cambridge, UK) and for 2 hours at room temperature with a Cy3-conjugated secondary (1:500,

Jackson Immunoresearch, West Grove, PA). For staining on paraffin sections antigen retrieval

was performed by either 1mg/ml trypsin (Sigma, T7168, St. Louis, MO) or 10 μg/ml Proteinase

K for 20 minutes at 37°C. For non-amplified staining, sections were blocked with 5% donkey

serum (and Mouse-on-Mouse block as necessary from Vector Laboratories, Inc., Burlingame,

CA) and incubated overnight at 4°C with an antibody against either Perlecan (1:50, Life

Technologies, MA1-06821, Carlsbad, CA), Collagen2a1 (1:50, MilliporeSigma, MAB8887,

Burlington, MA), CollagenX (1:50, MilliporeSigma, 234196), or acetylated tubulin (1:200,

MilliporeSigma, MAB8887) and for 2 hours at room temperature with Cy3- or AF488-

conjugated secondary antibodies (1:500, Jackson Immunoresearch). For amplified staining, all

incubations after antigen retrieval were performed at room temperature. 1X PBS + 0.1% triton

was used for permeabilization (20 minutes) and 1X PBS + 0.1% tween was used for all washes

and buffers. Sections were treated with 3.6% H2O2 (made from 30% stock in water), blocked

with 2.5-10% donkey serum (and Mouse-on-Mouse block as necessary from Vector

Laboratories), incubated for 90 minutes with an antibody against either Sox9 (1:2000, Novus

Biologicals, AF3075, Littleton, CO), Aggrecan (1:25, Developmental Studies Hybridoma Bank,

12/21/1-C-6, Iowa City, IA), pSmad2 (1:1500, Cell Signaling Technology, 3108S, Danvers, MA)

or pSmad159 (1:800, Cell Signaling Technologies, 13820), for 1 hour with biotin-conjugated

secondary antibodies (1:500, Jackson Immunoresearch), for 1 hour with Vectastain Elite ABC

amplification kit (Vector Laboratories, Inc.) and developed for 10 minutes with fluorescein- or

Cy3-conjugated Tyramide amplication system (Perkin Elmer, Shelton, CT). Amplified staining

for Aggrecan was performed without detergent (1X PBS only) and included the following

additional antigen retrieval steps prior to blocking: reduction with 10mM DTT for 2 hours at

37°C, alkylation with 40mM Iodoacetamide for 2 hours at room temperature, and 5 mg/ml

Hyaluronidase (in 10% serum) for 1 hour at 37°C. All sections were counterstained with DAPI

(1 mg/ml stock per manufacturer guidelines, Sigma, D9542) diluted 1:10,000 in wash buffer for

10 minutes and coverslipped using Prolong Gold (Invitrogen, P36930, Waltham, MA). A Leica

DMi8CEL Advanced inverted SP8 confocal was used to collect fluorescent and DIC images

(Leica Camera, Wetzlar, Germany). All stains were performed on at least 5 mutants and

littermate controls per time point.

Quantification from tissue sections. All quantification was carried out using ImageJ

(National Institutes of Health, Software, Bethesda, MD) with FIJI plugins. All sections were

chosen from the central region of the medial knee. For AC thickness measurements, Safranin O-

stained sections were used. For each section (3-6 per animal), the thickest region of AC was

identified and 8 lines were drawn manually and measured. An average and standard error was

calculated from all lines in all sections per region of interest. For AC composition and cell

density measurements DIC images overlaid with DAPI were used. The % composition was

calculated by manually outlining and measuring the total cartilage, non-mineralized cartilage and

mineralized cartilage area from at least 2 sections per animal. Cell density of the non-mineralized

cartilage was calculated by counting (cell counter plugin) nuclei (DAPI in that area from at least

2 sections per animal. Density and %-positive cells for pSmad2 and pSmad159 were calculated

from immunofluorescent-stained slides counterstained with DAPI and additionally imaged with

DIC. DIC was used to outline the non-mineralized cartilage region per section (at least 2 sections

per animal) and cells were counted using DAPI and pSmad staining.

RNAscope. RNAscope *in situ* hybridization was carried out using RNAscope2.5 HD Detection

reagent-RED (Advanced Cell Diagnostics, Newark, CA, USA) to visualize the spatio-temporal

expression of *Adamts4* (cat. #497161)*, Adamts5* (cat. #427621)*, Col2a1* (cat. #407221)*, Acan*

(cat. #439101)*, Prg4* (cat. #437661)*, Gli1* (cat. #311001)*, Ptch1* (cat. #402811)*, Ihh* (cat.

#413091). Briefly, sections were pretreated with a custom reagent and the probe was hybridized

for 2 hours at 40°C in a custom oven. Signal was amplified with multiple reagents as per

manufacturer's protocols and final signal was detected and visualized by reaction with Fast Red

substrate for 10-20 minutes (dependent on age) at room temperature. Companion sections were

hybridized with positive (Cat No. 313911) or negative control probes (Cat. No. 310043) to

assure signaling specificity. Sections imaged with brightfield were counterstained with

hematoxylin, dried and sealed with Permount. Sections imaged with confocal microscopy were

counterstained with Hoescht and cover slipped with Prolong Gold. A Nikon Eclipse Ci-L upright

microscope with attached DS-Fi3 camera was used to capture brightfield images. A Leica

DMi8CEL Advanced inverted SP8 confocal was used to collect fluorescent and DIC images.

Statistical Methodologies. Data were analzed using Microsoft Excel and Prism 9 (Graphpad

Software, Inc., San Diego, CA). Student's *t* tests and one-way ANOVA was used to establish

statistical significance with a threshold set at $p < 0.05$.

Acknowledgements: This study was supported by NIH grants NIH/NIAMS F32AR074227 (to

D.R.), R01AR062908 (to M.P.), R01AR074490 (to L.H.) and P30AR069619 (to Penn Center for

Musculoskeletal Disorders). **Author Contributions:** D.R. and M.P. designed and managed the

study. D.R., K.H., C.C., and E.K. performed animal experiments, data analyses, imaging, and

quantifications. B.H. and L.H. performed AFM-nanoindentation and analysed data. D.R. wrote

the manuscript with contributions and input from all authors. **Competing Interests:** The authors

declare that they have no competing interests. **Data and material availability.** All data

associated with this study are present in the paper and available from corresponding author upon

reasonable request.

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FIGURES

Figure 1. *Gdf5Cre* is joint specific and its conditional deletion of *IFT88* results in loss of

primary cilia. (**A**) *Gdf5Cre/+; Rosa-tdTomato* lineage cells are present in adult joints (a) and all

zones of AC as shown with DIC imaging to visualize the tidemark (b-c), but are absent in growth

plate (d). (**B**) Primary cilia are visualized by acetylated tubulin staining. They are present in

control AC (a-b) and growth plate chondrocytes (c); in mutants, they are absent from AC (d-e)

but still present in growth plate chondrocytes (f). sb, subchondral bone; fc, femoral condyle; tp,

tibial plateau. scale bar = 100 µm unless otherwise noted.

A

Newborn | 3 weeks | 8 weeks

SafraninO/FastGreen/Hematoxylin

B

DIC — tidemark

C % AC composition — Femoral Condyle / Tibial Plateau — mAC / tidemark / non-mAC

D

IFT88^{F/F or F/+}
Gdf5Cre; IFT88^{F/F}

Femoral Condyle | Tibial Plateau

Total AC Thickness

Mineralized vs. non-mineralized AC Thickness (8wks)

E Cell Density (non-M)

F AFM-based nanoindentation — R ≈ 12.5µm — cartilage

bird's eye view of tibial plateau

Edge measurement / Center measurement — Medial / Lateral

Indentation Modulus (MPa)

Femoral Condyle | Center / Edge — Tibial Plateau

Figure 2. Joint-specific deletion of *IFT88* results in disrupted AC tidemark patterning and

inferior biomechanical function. (**A**) Safranin O staining at birth through 8 weeks. Nascent AC

at birth is unchanged in mutant joints (a-b, brackets). Low magnification (c-d) and high

magnification images of femoral condyle (e-f) or tibial plateau (g-h) are comparable in controls

and mutants at 3 weeks. At 8 weeks, control AC (i, k, m) displays strong safranin O staining

throughout the femoral condyle (k) and tibial plateau (m). In mutant AC (j, l, n), the femoral

condyle displays aberrant ECM deposition (l, arrows) and increased cell size (l, asterisks), while

the tibial plateau displays reduced Safranin O staining (n). (**B**) DIC imaging of the tidemark

(dashed yellow line) reveals ordered patterning in control AC (a). In mutant AC, the tidemark of

the femoral condyle is highly disorganized and its distance from the surface is increased in the

tibial plateau (b, bracket). (**C**) Mineralized (mAC) and non-mineralized (non-mAC) composition

is shown as a percent area from multiple tissue sections and is significantly altered in mutant

tibial plateau. (**D**) Measurements of AC height at the thickest point among tissue sections reveals

a significant increase in mutant femoral condyle at 8 weeks (a) but no change in tibial plateau

(b). Bisected into non-mineralized (non-M) and mineralized (M) thickness (c-d), mutants display

a thicker non-mineralized zone in both locations, and a reduced mineralized zone in the tibial

plateau. (**E**) Cell density in the non-mineralized AC is decreased in all knee joint AC. (**F**)

Biomechanical function was measured by AFM-nanoindentation from 3 regions. Schematic

shows approximate location of the 2 regions of tibial plateau AC. Indentation modulus was

significantly decreased in all locations. fc, femoral condyle; tp, tibial plateau scale bar = 100 μm.

Figure 3. IFT88 regulates chondrocyte fate and matrix deposition in mineralized and non-

mineralized zones. (**A**) Collagen II immunostaining is broadly distributed in AC and

comparable at 3 weeks (a-b) and moderately reduced at 8 weeks in mutants (c-d). (**B**) Collagen X

immunostaining is restricted to chondrocytes near the subchondral bone and is comparable at 3

weeks (a-b) and 8 weeks in all samples (c-d). (**C**) Aggrecan immunostaining is broadly

distributed and comparable at 3 weeks (a-b). It is enriched in non-mineralized 8 week AC of

controls (c, white arrows point to tidemark) and is disorganized in 8 week AC of mutants (d),

with random areas of high staining (green arrows) and low staining (green arrow heads). (**D**) Sox

9 is broadly distributed and comparable in AC at 3 weeks (a-b). It is also broadly distributed in

non-mineralized AC of controls and mutants at 8 weeks (c-d, dashed line represents the

tidemark), but mutant femoral condyle AC also displays ectopic Sox9-positive cells beyond the

tidemark (d, white arrows). (**E**) Perlecan is broadly distributed in AC and comparable at 3 weeks

(a-b) and is enriched nearest the surface at 8 weeks (c, f). High magnification with DIC shows

the tidemark (d, e, g, h, white arrows). Perlecan+ cells are present below the tidemark in mutant

femoral condyle (g, asterisks) and in deeper cell layers of mutant tibial plateau (h). scale bar =

100 μm.

Figure 4. Loss of IFT88 in AC does not increase degradation at 8 weeks.

(**A**) Immunofluorescence for MMP13 is unchanged in controls and mutants and is always

restricted to subchondral bone. (**B-C**) *Adamts4* and *Adamts5* are not detectable in control or

mutant AC. scale bar = 100 μm.

Figure 5. Altered ECM in mature mutant AC are the result of transcriptional changes.

(**A**) RNAscope at 3 weeks shows *Col2a1* (a-b) and *Acan* (c-d) are comparable in controls and

mutants. *Prg4* at 3 weeks is expressed close to the surface in control AC (e) and is broadly

reduced in mutant tissues (f). (**B**) RNAscope at 8 weeks. Low magnification images of *Col2a1*

(a) and *Acan* (e) show organization of control AC and high magnification images (b, f) depict

high levels of expression of both genes. Low magnification images of *Col2a1* (c) and *Acan* (g)

show disorganization in mutant AC, particularly in the femoral condyle (arrows). High

magnification images (d, h) highlight similar levels of expression to controls (b,f) in femoral

condyle but decreased expression in tibial plateau AC. *Prg4* in control AC is highly expressed

near the surface (i-j). *Prg4* expression in mutant AC (k-l) is decreased and patchy in the femoral

condyle (arrows), while it is increased and expressed more broadly in mutant tibial plateau

compared to control (asterisk and bracket). scale bar = 100 μm.

Figure 6. Loss of IFT88 alters TGFβ and BMP signaling dependent on anatomic location.

(**A**) pSmad2 (TGFβ)-positive chondrocytes at 3 weeks are distributed throughout AC in both

controls (a) and mutants (b). (**B**) pSmad159 (BMP)-positive chondrocytes at 3 weeks are

localized in middle and bottom layers of AC in both controls (a) and mutants (b). (**C**) pSmad2 at

8 weeks overlaps significantly with Sox9 in both controls and mutants. (**D**) Quantification of

non-mineralized AC shows no change in % pSmad2-positive chondrocytes in either femoral

condyle or tibial plateau (top), but decreased pSmad2 chondrocyte density in the tibial plateau of

mutant AC (bottom). (**E**) pSmad159 at 8 weeks overlaps significantly with Sox9 in control AC

and femoral condyle of mutant AC, but not in the tibial plateau. (**F**) Quantification of non-

mineralized AC shows a significant decrease in % pSmad159-positive chondrocytes of tibial

plateau AC in mutants (top) and also in pSmad159 cell density in the same location (bottom).

scale bar = 100 μm.

Figure 7. Primary cilia impart age- and location-dependent functions for Hedgehog

signaling. *Gli1-LacZ* (active hedgehog signaling) was developed by whole mount β-gal staining.

Yellow bars on whole mount images indicate the approximate location of tissue section images.

(**A-D**) *Gli1-LacZ* at 3 weeks shows many positive cells in control AC of the femoral condyle (A)

and tibial plateau (B). Tissue sections reveal that *Gli1-LacZ*-expressing cells localized near the

surface in the femoral condyle AC (a) and near the subchondral bone in the tibial plateau AC (b).

Gli1-LacZ-expressing chondrocytes are significantly decreased in mutant AC (c-d). Tissue

sections display patchy *Gli1-LacZ* positivity in the femoral condyle (c) and virtually no

expression in the tibial plateau (d). (**E-H**) *Gli1-LacZ* at 8 weeks shows many positive cells in

control AC of the femoral condyle (E) and tibial plateau (F). Tissue sections display similar

patterning established in 3 week AC (e-f). *Gli1-lacZ-expressing* cells are still significantly

reduced in mutant femoral condyle AC (G) but with maintained patchy expression from 3 weeks

(g). In mutant tibial plateau AC, *Gli1-LacZ* is generally reduced in outer regions covered by

meniscus and highly increased in the load-bearing center regions (H). Tissue sections from the

load-bearing region reveal significantly increased *Gli1-LacZ* in all layers of cells (h). Scale bar =

100 μm.

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Figure 8. Hedgehog response patterning is coupled to tidemark patterning; both are disrupted in *IFT88* mutants. RNAscope detected by FastRed is visualized by confocal

microscopy and overlaid with DIC imaging to visualize cell morphology and tidemark

patterning. The blue dashed line in **A-B** represents the approximate level of the future tidemark

in control AC and in **C-D** it follows the tidemark visualized by DIC. (**A**) Femoral condyle AC at

3 weeks. Control AC expresses *Gli1* in multiple cell layers near the AC surface (a), *Ptch1* in 1-2

cell layers around the presumptive tidemark (b) and *Ihh* in chondrocytes adjacent to the

subchondral bone (c). Mutant AC displays decreased but patchy *Gli1* (d, arrows) and *Ptch1* (e,

arrows) expression and normal *Ihh* in chondrocytes adjacent to the subchondral bone (f). (**B**)

Tibial plateau AC at 3 weeks. Control AC expresses *Gli1* (a) and *Ptch1* (b) in similar layers

surrounding the presumptive tidemark and *Ihh* in chondrocytes adjacent to the subchondral bone

(c). Mutant AC displays decreased *Gli1* (d) and *Ptch1* (e) expression and normal *Ihh* in

chondrocytes adjacent to the subchondral bone (f). (**C**) Femoral condyle AC at 8 weeks. Control

AC expresses *Gli1* in multiple cell layers near the AC surface (a), *Ptch1* in 1-2 cell layers around

the tidemark (b) and *Ihh* in chondrocytes just beneath the tidemark (c). Mutant AC displays

decreased expression of *Gli1* (d), decreased and patchy expression of *Ptch1* that follows the

irregular tidemark (e, arrows) and ectopic *Ihh* in non-mineralized chondrocytes (f, arrows). (**D**)

Tibial plateau AC at 8 weeks. Control AC expresses *Gli1* (a) and *Ptch1* (b) in similar layers

surrounding the tidemark and *Ihh* in chondrocytes just beneath the tidemark (c). Mutant AC

displays increased and expanded expression of *Gli1* (d) and *Ptch1* (e) but normal *Ihh* just

beneath the tidemark (f). scale bar = 100 μm.

SUPPLEMENTAL FIGURES

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1027 **Figure S1. *Gdf5Cre/+; IFT88^{F/F}* mutants show no alterations in growth plate patterning**

1028 **during postnatal development.** Safranin O at 3 weeks and 8 weeks shows no change in growth

1029 plate morphology in joint-specific *IFT88* conditional mutants. scale bar = 100 μm.

1030

1031 **Figure S2. Sox9 overlaid with DIC-imaging to visualize the tidemark in controls and**

1032 **mutants.** Sox9-stained images from Figure 3Dc-d. DIC imaging is shown without (a and d) and

1033 with (b and e) a white dashed line to denote the tidemark in controls and mutants and is overlaid

1034 with Sox9 (c and f) to show ectopic Sox9-positive chondrocytes in mutant femoral condyle AC

1035 (f, arrows). scale bar = 100 μm.

1036

1037 **Figure S3. Expression of *Adamts4* and *Adamts5* outside of AC.** RNAscope on 8 week

1038 joint/skeletal tissues developed with FastRed and imaged using confocal microscopy. (**A**)

1039 *Adamts4* is expressed the primary spongiosa beneath the growth plate (PS, arrowheads) and in

1040 the periosteum (PO, arrows). (**B**) *Adamts5* is expressed in the inner synovium of control and

1041 mutant joints. scale bar = 100 μm.

1042

1043 **Figure S4. *Gli1-LacZ* negative tissues stained with β-gal.** 3 week control, *Gli1-LacZ* negative

1044 AC stained with *Gli1-LacZ* positive AC from Figure 7. scale bar = 100 μm.