Endocardial HDAC3 is required for myocardial trabeculation

Running title: HDAC3 is required for myocardial trabeculation

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Abstract

Background

Trabeculation, a key process in early heart development, is the formation of myocardial

trabecular meshwork. The failure of trabeculation often leads to embryonic lethality.

Support from endocardial cells, including the secretion of extracellular matrix (ECM) and

growth factors is critical for trabeculation; however, it is unknown how the secretion of

ECM and growth factors is initiated and regulated by endocardial cells.

Methods

Various cellular and mouse models in conjunction with biochemical and molecular tools

were employed to study the role of histone deacetylase 3 (HDAC3) in the developing

endocardium.

Results

We found that genetic deletion of *Hdac3* in endocardial cells in mice resulted in early

embryo lethality presenting as a hypotrabeculation cardiac phenotype. Single cell RNA

sequencing identified several ECM components including collagens that were

significantly downregulated in *Hdac3* knockout (KO) endocardial cells. When cultured with

supernatant from *Hdac3* KO mouse cardiac endothelial cells (MCECs), wild-type mouse

embryonic cardiomyocytes showed decreased proliferation, suggesting that growth

signaling from *Hdac3* KO MCECs is disrupted. Subsequent transcriptomic analysis

revealed that transforming growth factor ß3 (TGFß3) was significantly downregulated in

Hdac3 KO MCECs and *Hdac3* cardiac endothelial KO hearts. Mechanistically, we

identified that microRNA (miR)-129-5p was significantly upregulated in *Hdac3* KO MCECs

and *Hdac3* cardiac endothelial KO hearts. Overexpression of miR-129-5p repressed

Tgfß3 expression in wild-type MCECs, whereas knockdown of miR-129-5p restored

Tgfß3 expression in *Hdac3* KO MCECs.

Conclusion

Our findings reveal a critical signaling pathway in which endocardial HDAC3 promotes

trabecular myocardium growth by stimulating TGFß signaling through repressing miR-

129-5p, providing novel insights into the etiology of congenital heart disease and

conceptual strategies to promote myocardial regeneration.

Key Words

Hdac3; epigenetics; endocardium; cardiomyocyte; heart development; trabeculation

Non-Standard Abbreviations and Acronyms

Hdac3, histone deacetylase 3

CEC, cardiac endothelial cell

MCEC. mouse cardiac endothelial cell

ECM, extracellular matrix

CM, cardiomyocyte

TGFß, transforming growth factor ß

miR, microRNA

GFP, green fluorescent protein

IHC, immunohistochemistry

GAPDH, Glyceraldehyde 3-phosphate Dehydrogenase

Introduction

Congenital heart disease (CHD) is the most common congenital disorder, and the leading cause of mortality from birth defects[1]. Defective myocardial growth is either the primary manifestation or associated with many forms of CHD[2, 3]. In the early primitive heart (mouse embryonic day 8-10), inner cardiac endothelial cells (CECs), also called endocardial cells, and outer cardiomyocytes (CMs), which are separated by extracellular matrix (ECM), co-contribute to early myocardial trabeculation (i.e., formation of myocardial meshwork extending to cardiac chamber)[4-6]. CECs juxtapose myocardial trabeculae and lead myocardial trabeculation by secretion of growth factors such as Neuregulin 1 (NRG1) and transforming growth factor ß (TGFß)[2, 3, 5]. Meanwhile, CECs support trabeculation by secreting ECM (e.g., various collagens, versican) that facilitate the travelling of CEC secreted growth factors to trabecular myocardium and support trabecular CM proliferation[4, 7]. Surprisingly, disruption of ECM components alone (e.g., hyaluronan synthase-2, versican) prevents the proper formation of trabeculae in mice[8, 9]. Although CECs play such important roles during ventricular trabeculation, it remains poorly understood how these ECM proteins and growth factors are regulated in the developing CECs.

TGFß signaling pathway is involved in many fundamental cellular processes in both adults and developing embryos including cell proliferation, differentiation, migration, and apoptosis[10, 11]. The TGFß superfamily includes many different ligands (e.g., Bone morphogenetic proteins, Growth and differentiation factors, Activin, Nodal, TGFß). These ligands bind to their specific type II receptors, which triggers phosphorylation of type I receptor, eventually leads to phosphor-Smad2/3 localized to the nucleus and drives a

variety of downstream target gene expression, which is the canonical TGFß signaling

pathway[12]. In addition, the binding of ligands to receptors can also directly activate

multiple non-Smad mediated intracellular signaling pathways such as MAP kinase

pathways and phosphatidylinositol-3-kinase/AKT pathways[13, 14]. These non-Smad

(noncanonical) TGFß signaling pathways are equally critical for driving some specific

cellular processes (e.g., cell proliferation, cell survival, endothelial/epithelial

mesenchymal transition)[13, 14]. During cardiovascular development, unsurprisingly, TGFß

signaling is implicated in most morphological events including cardiac lineage

specification, cardiac looping, valvogenesis, and cardiomyogenesis[15]. The TGFß family

includes TGFß1, TGFß2, and TGFß3. Although TGFß1, TGFß2 and TGFß3 are

abundantly expressed in the developing endocardium and epicardium, it appears that

they do not perform redundant functions: individual knockout results in different

phenotypes[15]. For instance, global knockout of either *Tgfß2* or *Tgfß3* result in early

perinatal lethality, presenting hypoplastic hearts with thin myocardium[15-17], suggesting

that they play critical roles for myocardial growth. In contrast, global knockout of *Tgfß1*

lead to partial embryonic lethality with survivors appearing phenotypically normal in first

the two weeks of life[18]. Nonetheless, it is poorly understood how the expression of TGFß

ligands are regulated in the early developing heart.

Epigenetic modulators such as histone deacetylases (HDACs) are critical for early heart

development as key regulators of regulating gene expresison[19]. There are 18 known

human HDACs, which can be subdivided into four classes based on their function and

DNA sequence similarity. Class I HDACs include HDAC1, HDAC2, HDAC3, and HDAC8,

and are predominantly nuclear and ubiquitously expressed[20, 21]. Although class I HDACs

have high degree of homology, global knockout of each causes early embryonic lethality[19],

suggesting distinct roles during early heart development. Global deletion of *Hdac3* leads

to early embryonic lethality at gastrulation[22]. In the developing heart, lack of *Hdac3* in

cardiac progenitors disrupts secondary heart field development[23], lymphovenous valve

morphogenesis[24], and CM lineage specification[25]. Recently, we reported that HDAC3 in

the developing epicardium plays a critical role in supporting compact myocardial wall

expansion[26]. It is unclear whether or how HDAC3 in the developing endocardium impacts

myocardial trabeculation.

In the current study, we investigated the role of HDAC3 in the developing endocardium

during early heart development.

Materials and Methods

Mice

Hdac3$^{flox/+}$, *Tie2-Cre*, *Nfatc1$^{Cre/+}$*, *R26^{eYFP}* and *Tnnt2$^{nGFP/+}$* mice were previously described[27-31]. B6.Cg-Tg(*Tek-cre*)12Flv/J (abbreviated as *Tie2-Cre* in this manuscript), *Hdac3$^{flox/+}$*, and *R26^{eYFP}* mice are available at the Jackson Laboratory (Stock numbers: #004128, #024119 and #006148, respectively). All animal protocols were approved by the Nationwide Children's Institutional Animal Care and Use Committee (IACUC).

Histology and immunofluorescence staining

All embryo specimens were fixed in 4% paraformaldehyde overnight, dehydrated through an ethanol series, paraffin embedded, and sectioned (6-7μm). Primary antibodies (Major Resources Table) were incubated at 4°C overnight and secondary antibodies (Alexa 488 or Alexa 555, Thermo Fisher Scientific, Waltham, MA) were incubated at room temperature for one hour. Stained slides were imaged on a Zeiss LSM 710 confocal Microscope or a Leica DM6 fluorescence microscope. Epifluorescence and gross images of embryos were imaged on a Leica M205 FCA stereo fluorescence microscope. The number of phosphor-Histone 3 (p-H3)+ cells, Bromodeoxyuridine (BrdU)+ cells, and TUNEL+ cells was quantified using ImageJ software.

Cell culture, transient transfection, lentiviral infection, and luciferase assay

Mouse cardiac endothelial cells (MCECs) were purchased from Cedarlane Labs (Catalogue #CLU510, Burlington, NC). MCECs were cultured in 10% fetal bovine serum (FBS) supplemented DMEM at 37°C in a humidified incubator with 5% CO_2. To generate

stable *Hdac3* KO MCECs, as previously described[26], we cloned *Hdac3* sgRNA into

lentiCRISPR v2 vector (Addgene #52961; Watertown, MA). Seventy-percent confluent

Lenti-X^{TM} 293T cells (Takara Bio USA, Inc., Mountain View, CA) were transfected with

Hdac3 lentiviral plasmids (*Hdac3* KO or empty vector control [EV]), PsPAX2 (Addgene

#12260) and PMD2G (Addgene #12259). Seventy-two hours after transfection,

supernatants containing lentivirus were collected and filtered through a 40µm cell strainer.

MiR-129-5p mimics and scramble control mimics were custom-ordered from Dharmacon

(Lafayette, CO). MCECs were transfected with miR-129-5p mimics or control mimics (30

pmol) using Lipofectamine RNAiMAX (Thermo Fisher Scientific, Waltham, MA). 72 hours

after miR mimics treatment, supernatants were collected. miRZip anti-miR precursor

constructs for miRZip-129-5p and pGreenPuro Scramble Hairpin control constructs were

purchased from System Biosciences (Palo Alto, CA), and lentiviruses were generated

according to the manufacturer's protocol.

RNA isolation, quantitative real-time PCR (qRT-PCR), and bulk RNA-Seq

MCECs and embryonic day (E) 11.5 hearts were used for RNA isolation. E11.5 hearts

were microdissected in cold PBS and snap frozen in liquid nitrogen. The RNeasy Plus

Mini Kit (QIAGEN, Germantown, MD) was used to extract total RNA, and cDNAs were

generated using the Superscript III kit (Thermo Fisher Scientific, Waltham, MA). To detect

mRNA, SYBR Green qRT-PCR was performed. PCR primers for genes of interest are

listed in Major Resources Table. To perform mature microRNA expression analyses,

purified total RNAs were converted to cDNAs using TaqMan^{TM} MicroRNA Reverse

Transcription Kit (Catalogue #4366596, Thermo Fisher Scientific). qRT-PCR reactions

were run on StepOne Plus Real-Time PCR System (Applied Biosystems, Waltham, MA).

The probe sequences for mmu-miR-129-5p and U6 snRNA were purchased from Thermo

Fisher Scientific. For bulk RNA and miRNA-Sequencing, samples were prepared

following the provider's guidelines (Novogene Corporation Inc, Sacramento, CA) and

sequenced on an Illumina NextSeq500 (San Diego, CA). Sequencing reads were aligned

to the UCSC mm10 reference genome using tophat2 and bowtie2 in R. Differential

expression of transcripts was calculated using the cufflinks suite in R analyses.

Single cell RNA-Sequencing (scRNA-seq)

E11.5 heart tissues were dissected in cold PBS and digested with 0.25% trypsin at 37°C

for 15 minutes. Digested cardiac cells were filtered with 70 μm cell strainers to remove

remaining clumps. Subsequently, 10,000 live cells were captured with Chromium Next

GEM Single Cell 3' Reagent Kits v3.1 (10X Genomics, Pleasanton, CA) following

manufacturer's instructions. Briefly, single cells were partitioned into nanoliter-scale Gel

Beads-in-emulsion (GEMs) using Chromium Next GEM Chip G in the chromium controller.

Immediately following GEM generation, the Gel Bead was dissolved, primers were

released, and co-partitioned cell was lysed, and its mRNA were reverse transcribed into

barcoded cDNA. After further cleanup and amplification, the cDNA was enzymatically

fragmented and amplified via PCR to generate sufficient mass for library construction.

After end repair, A-tailing, adaptor ligation and sample index PCR, the library comprised

constructs containing the sample index, UMI sequences, barcode sequences, and

Illumina standard sequencing primers P5 and P7 at both ends. The library was sequenced

with Illumina NextSeq S4 platform to a sequencing depth of 140-270 million reads per

sample. Reads were aligned to the Ensembl 104 mouse reference genome including the

sequence for eYFP as a separate contig using STARsolo (version 2.7.10b)[32]. The

resulting count tables (cells x genes) were converted into Annotated Data (anndata)

format for analysis in Python. For quality control, all cells with less than 1500 or more than

9000 genes expressed were excluded. Additionally, cell doublets were filtered out using

the Scrublet method[33]. Gene counts were normalized per cell to a total target sum and

transformed using log1p. Highly variable genes were identified using the Seurat method[34]

and these genes were utilized for dimension reduction with PCA. Finally, cell embedding

was performed with the UMAP algorithm (umap-learn version 0.5.3) and cells were

clustered using leiden (leidenalg version 0.9.1) with resolution 0.2. Scoring of trabecular

and compact CM subtypes was performed using 'score_genes' and differentially

expressed genes between groups were obtained using 'rank_genes_groups', both

methods from the SCANPY package[35].

Western blotting

Cell or tissue lysates were prepared in lysis buffer (20 mM Tris-HCl [pH 7.5], 15 mM NaCl,

1 mM Na_2EDTA, 1 mM EGTA, 1% Triton X-100, 1 µg/ml leupeptin, 2.5 mM sodium

pyrophosphate, 1 mM Na_3VO_4, and 1 mM β-glycerophosphate) with protease inhibitor

cocktail (Roche, Indianapolis, IN) and 1 mM phenylmethylsulfonyl fluoride. Protein

samples were resolved on 4–12% SDS-PAGE acrylamide gels before transferring to

polyvinylidene fluoride membranes. Primary antibodies were visualized by

chemiluminescence using HRP-conjugated secondary antibodies. Antibodies are listed

in Major Resources Table. Western blots were normalized to loading controls and

densitometric analysis was performed using Image J software.

Statistical analysis

All experiments were independently repeated at least three times, and the number of

samples (n) is stated in figure legends. Results are reported as the mean ± SD. For

statistical analyses, normal distribution of data was assessed by Shapiro-Wilk's test

(when n≥6). For data with small sample size (n<6), non-parametric tests were applied.

For parametric data with normal distribution, the statistical significance of the difference

between means was assessed using the unpaired two tailed Student's t-test between two

groups and the Tukey or Dunnett post hoc test for one-way ANOVA. For non-parametric

data or data with small sample size (n<6), the Mann-Whitney U test and Kruskal-Wallis

test for one-way ANOVA followed by the Dunn post hoc test were performed for

comparisons between two groups. Specific statistical tests are stated in figure legends.

RNA-seq data were background-corrected, variance-stabilized, normalized, and count

matrix extracted through quality control using lumi package for the R programming

language (http://bioconductor.org/packages/release/bioc/html/lumi.html). Differential

expression analysis was performed using DESeq2 R package

(https://bioconductor.org/packages/release/bioc/html/DESeq2. html). The resulting *p*-

values were adjusted using the Benjamini and Hochberg's approach for controlling the

False Discovery Rate (FDR)[36]. Genes or miRs with an adjusted *p*-value<0.05 found by

DESeq2 were assigned as differentially expressed. Gene ontology (GO) enrichment

analyses were performed using the Database for Annotation, Visualization and Integrated

Discovery (DAVID) bioinformatics resources (https://david.ncifcrf.gov/). For relative gene

expression analysis of qRT-PCR data, the expression of a gene of interest relative to an

internal loading control gene was calculated using the comparative CT method (-$\Delta\Delta$CT)[37].

The relative protein expression on western blots was quantified by densitometry, Fold

changes for relative gene or protein expression were derived through division of values

in the experimental group by the mean values from the control group. *P*-value<0.05 was

considered statistically significant. All statistical analyses were performed using

GraphPad Prism 8 (GraphPad Prism software, Inc). The images with the value closest to

the mean value were selected as representative images.

Results

Endothelial/Endocardial cell specific deletion of *Hdac3* results in embryonic

lethality and hypotrabeculation.

To study the role of HDAC3 in the cardiac endothelium during early heart development,

Hdac3 was specifically deleted in the endothelial cells using *Tie2-Cre*[28], while its

expression in other cells including CMs remains intact (Supplemental Figure 1). Note:

since *Tie2-Cre* is transiently expressed in oocytes[38], the mating scheme was always

Hdac3^{f/+}; Tie2-Cre/+ (♂) and *Hdac3^{f/f}* (♀). By recovering the progenies at a series of

embryonic and postnatal stages, we identified that *Hdac3* KO in the developing

endothelium resulted in early embryonic lethality starting at E12.5 (Supplemental Table

1). To investigate the potential cause of early embryonic lethality, we performed

histological analyses. Interestingly, in Tie2 endothelial *Hdac3* KO embryos (*Hdac3^{tko}*),

there was no noticeable phenotype in the various endothelial cell derived tissue where

the Tie2-lineage contributes, such as endocardium (Figure 1, Supplemental Figure 2) and

blood vessels (Supplemental Figure 3), given that *Tie2-Cre* is active in all endothelial cells

in the body[39]. In contrast, there were myocardial defects in *Hdac3^{tko}* embryos starting at

E11.5: *Hdac3^{tko}* trabeculae appeared to be significantly sparser and shorter as compared

to the thick and long webbing like trabecular network in littermate control hearts

(Supplemental Figure 2). This cardiac phenotype in *Hdac3^{tko}* mice was more prominent

at E12.5 (Figure 1A). The compact layer was thinner (not significant) in *Hdac3^{tko}* hearts.

To further validate the myocardial trabecular phenotype in endothelial *Hdac3* deleted

hearts, we specifically deleted *Hdac3* in the endocardium using *Nfatc1^{Cre/+}*, endocardial

specific Cre[29], which also resulted in embryonic lethality (Supplemental Table 2).

Hdac3^{nko} (*Hdac3^{f/f}; Nfatc1^{Cre/+}*) hearts presented a similar cardiac phenotype, albeit at a

later stage (E14.5): smaller and sparser trabeculae, thinner compact wall (Supplemental

Figure 4). This is consistent with the achievement of late deletion of *Hdac3* in the

endocardium by *Nfatc1^{Cre/+}* (Supplemental Figure 4). Nonetheless, these results confirm

that the cardiac phenotypes resulting from *Tie2* endothelial *Hdac3* deletion are primarily

from the endocardium, and not secondary to another endothelium (e.g., vascular).

Hdac3^{tko} embryos were used for all subsequent mechanistic studies.

Endothelial *Hdac3* knockout hearts display decreased trabecular CM proliferation.

Next, we investigated whether altered cell proliferation and/or apoptosis contribute to the

hypotrabeculation phenotypes in *Hdac3^{tko}* hearts. At E11.5, the percentage of p-H3+ CMs

is significantly lower in *Hdac3^{tko}* myocardium as compared to littermate control hearts

(Figure 1B). This finding is consistent with the hypoplastic cardiac phenotypes seen in

Hdac3^{tko} hearts (Figure 1A). In contrast, there was no significant difference in cell

apoptosis between *Hdac3^{tko}* hearts and littermate control hearts (Supplemental Figure 5).

Decreased CM proliferation of *Hdac3^{tko}* hearts may result from disrupted communication

from the endocardium to the trabecular myocardium. We performed single cell RNA-

sequencing (scRNA-seq) on E11.5 *Hdac3^{tko}* hearts and littermate control hearts (Figure

2A). We obtained high-quality scRNA-seq profiles for 23,468 and 25,547 cells from 4

Hdac3^{tko} (*Hdac3^{f/f}; Tie2-Cre/+; R26^{eYFP/+}*) and 4 control (3 of *Hdac3^{f/+}; Tie2-Cre/+;*

R26^{eYFP/+} and 1 of *Hdac3^{f/+}; Tie2-Cre/+*) heart single cell suspensions, respectively.

Unsupervised clustering successfully separated 6 distinct clusters including endocardial

cells and CMs in these samples (Figure 2B). Referring to a recent transcriptome profiling

methodology for clustering embryonic CMs[40], we re-clustered CMs into "trabecular" and

"compact" clusters based on the overall scores after applying a few known trabecular and

compact markers (trabecular: *Bmp10*, *Nppa* and *Thbs4*; compact: *Hey2*, *Mycn* and *Tnnt1*)

(Supplemental Figure 7 and Figure 2C). Among them, *Bmp10+* CMs nicely represent the

trabecular cluster (Figure 2C), and thus we focused on this population for subsequent

analyses since *Hdac3^{tko}* hearts display hypotrabeculation phenotypes (Figure 1). Overall,

the total number of trabecular CMs were not significantly different between *Hdac3^{tko}* and

littermate control hearts (Supplemental Figure 6A). Note: 10,000 cells/sample was

sequenced. Next, we performed differential gene expression (DGE) analyses on *Hdac3^{tko}*

and littermate control trabecular clusters. We found that the expression of eukaryotic

translation elongation factor 1 alpha 2 (*Eef1a2*) and early growth response-1 (*Egr-1*) are

significantly down regulated in *Hdac3^{tko}* trabeculae as compared to control trabeculae

(Figure 2D). *Eef1a2* and *Egr1* are known to be critical for cell growth[41-43]. These findings

are consistent with reduced proliferation index seen in *Hdac3^{tko}* hearts (Figure 1B),

suggesting myocardial growth retardation account for the hypotrabeculation phenotypes

in *Hdac3^{tko}* hearts.

Endothelial HDAC3 induces ECM gene expression.

Among all scRNA-seq samples, 7 of them carried *R26^{eYFP/+}* reporters (3 CTL and 4

Hdac3^{tko}). This enabled us to perform a lineage specific analysis. In the single cell

suspension, 8.6% cells in CTL hearts and 11.2% cells in *Hdac3^{tko}* hearts were YFP+

(Supplemental Figure 6B). During early heart development, endothelial progenitors can

also give rise to fibroblasts/mesenchymal cells through endothelial to mesenchymal

transition[6, 44]. As expected, YFP+ cells (Tie2 lineage) were primarily CECs with a minority

of fibroblasts (Figure 2E). Also, as expected, *Hdac3* expression was absent in *Hdac3*[tko]

YFP+ cells. Subsequent DGE analysis did not reveal significant gene expression

differences between *Hdac3*[tko] and control fibroblasts (Figure 2E). Instead, in CEC clusters,

we found that the expression of genes regulating cellular component organization was

highly enriched in the control YFP+ CEC cluster (Figure 2F). In particular, the expression

of ECM associated genes, including *Col13a1, Col1a2, Tgfbi, Timp2, Col26a1, Col3a1,*

Col4a5, *Timp3*, and *P4ha3*, was significantly reduced in *Hdac3*[tko] YFP+ CEC cluster as

compared to control YFP+ CEC cluster (Figure 2G). *Col1a1, Col1a2, Col2a1*, and *Col3a1*

and *P4ha3* DGE was further validated in *Hdac3*[tko] and control heart lysates by qRT-PCR

(Figure 2H). These results suggest that cardiac endothelial HDAC3 induces the

expression of ECM associated genes, which are critical for CM proliferation and

trabeculation growth (Figure 2I).

Cardiac endothelial HDAC3 induces *Tgfβ3* in driving CM proliferation.

Trabeculation and ECM remodeling are coordinated during early heart development, and

both processes are regulated by growth signaling[45]. To better identify potential growth

signaling pathways regulated by HDAC3 in the endocardium, we used a mouse cardiac

endothelial cell (MCEC) line[46]. Using CRISPR-Cas9 gene editing technology and the

same set of gRNAs we have recently used[26], we successfully knocked out *Hdac3* in the

MCECs (Figure 3A). *Hdac3* KO MCECs grew slower than *Hdac3* empty vector (EV)

control MCECs. To determine whether the secretome from *Hdac3* KO endothelial cells is

competent to induce CM proliferation, we treated cultured primary embryonic CMs

isolated from E13.5 $Tnnt2^{nGFP/+31}$ hearts with supernatant from either *Hdac3* KO MCECs

or *Hdac3* EV MCECs, respectively. *Hdac3* KO supernatant treatment resulted in

significant decrease of the percentage of p-H3+ CMs and the total number of CMs, as

compared to *Hdac3* EV supernatant treatment (Figure 3B). These results suggest that

growth signals derived from CECs required to support CM proliferation may be

inadequate/deficient in *Hdac3* KO MCECs. To unbiasedly search for such growth signals,

we performed bulk RNA-Seq analyses on *Hdac3* KO and EV MCECs; we identified 484

downregulated and 239 upregulated genes. Gene ontology pathway analyses revealed

that a number of endocardium-initiated signaling pathways were significantly

downregulated in *Hdac3* KO MCECs (Supplemental Figure 8A). Through DGE analysis,

we found that growth factors including *Igf1, Tgfβ3, Tgfβ2, Tgfβ1, Igf1, Cxcl12, Nrg1 and*

Vegfβ were significantly downregulated in *Hdac3* KO MCECs (Supplemental Figure 8B).

We attempted to validate these results at the protein level by western blot. Surprisingly,

we found that only TGFβ3 protein expression was significantly decreased in *Hdac3* KO

MCECs as compared to *Hdac3* EV MCECs (Supplemental Figure 8C), and thus we chose

TGFβ3 to pursue further. Interestingly, TGFβ3 was also significantly decreased when the

deacetylase activity of HDAC3 was inhibited by RGFP966 (a HDAC3 selective inhibitor)

treatment (Figure 3C and Supplemental Figure 9D). TGFβ3 was also significantly

downregulated in E11.5 $Hdac3^{tko}$ hearts compared to littermate CTL hearts (Figure 3D).

Next, we determined whether TGFβ3 deficiency in *Hdac3* KO MCECs contributed to the

CM proliferation deficit following *Hdac3* KO supernatant treatment. First, we quantified

TGFβ3 and showed that it was significantly decreased in the supernatants from *Hdac3*

KO MCECs compared to that from *Hdac3* EV MCECs (Figure 3E). Next, we evaluated

CM proliferation after we supplemented *Hdac3* KO supernatants with recombinant mouse

TGFβ3 protein. Strikingly, TGFβ3 supplementation successfully rescued CM proliferation

defects by *Hdac3* KO supernatant treatment (Figure 3F). These results suggest that

cardiac endothelial HDAC3 supports CM proliferation by inducing *Tgfβ3* expression.

Cardiac endothelial HDAC3 induces *Tgfβ3* expression through repressing

microRNA (miR)-129-5p.

Recently, we reported that HDAC3 regulates growth factors by modulating the miR

pathway in the developing epicardium[26]. To identify the potential HDAC3 downstream

miR targets in CECs, we performed miR sequencing in *Hdac3* KO and EV MCECs.

Through DGE analyses, we found that 5 miRs were significantly upregulated in *Hdac3*

KO MCECs (Figure 4A) (cutoff threshold: Log2 fold change greater than 1.5 and adjusted

P<0.01). To identify which miR(s) may regulate *Tgfβ3* expression, we treated MCECs

with mimics of each of the 5 miRs and found that treatment with miR-129-5p mimics

significantly inhibited the expression of *Tgfβ3* (Figure 4B). This finding was validated by

western blot (Figure 4C). We further validated the upregulation of miR-129-5p in both

Hdac3 KO MCECs and E11.5 *Hdac3^{tko}* hearts (Figure 4D and 4E). Interestingly, miR-

129-5p was similarly significantly upregulated when the deacetylase activity of HDAC3 is

inhibited by RGFP966 treatment (Figure 4F), suggesting the inhibition of miR-129-5p

expression by HDAC3 is deacetylase dependent. Lastly, to determine whether HDAC3

induces *Tgfβ3* expression through repressing miR-129-5p, we knocked down miR-129-

5p by miRZip lentivirus in *Hdac3* KO MCECs. Remarkably, miR-129-5p knockdown

significantly restored the *Tgfβ3* expression in *Hdac3* KO MCECs (Figure 4G). These

results suggest that HDAC3 promotes the expression of TGFβ3 through repressing miR-

129 in supporting trabecular CM proliferation (Figure 4H).

Discussion

Discussion

Myocardial growth/expansion, one of the most critical cardiac developmental events, is

accompanied by two separate but closely associated processes: compaction and

trabeculation. Many forms of congenital heart disease are associated with abnormal

cardiac trabeculation and compaction[2, 3]. For proper myocardial development, besides

cardiomyocytes, the surrounding non-cardiomyocytes including endocardial cells can

influence myocardial growth by sending growth signals to the neighboring myocardia[47],

as well as secreting ECM proteins that serve as signal transmission media[2, 48]

Epigenetic regulation can define a tissue-specific and developmental stage-specific

transcription network during early heart development[49, 50], mainly achieved by

posttranslational modifications of histones, around which DNA winds. There are several

different types of histone modifications (e.g., methylation/demethylation,

acetylation/deacetylation, phosphorylation/dephosphorylation, ubiquitination/

deubiquitination). By alternating between any of these states, the associated genes can

be dynamically poised to be transcriptionally active/repressed. Histone deacetylases

(HDACs) are family of enzymes that remove acetyl groups from a lysine residue on a

histone, allowing the histones to wrap the DNA more tightly to repress gene expression.

Class I HDACs, includes HDAC3, are widely expressed, but play specific roles during

early embryogenesis and organogenesis[19]. Mesodermal or global knockout of *Hdac3*

results in myogenic defects and early embryonic lethality[22, 51]. Interestingly, specific

deletion of *Hdac3* in the myocardium does not generate cardiac morphogenic phenotypes

during early heart development, but rather compromises cardiac function at later

postnatal stages[51, 52]. These early findings suggest that the function of HDAC3 in

nonmyocyte compartments may be critical for early cardiac morphogenesis and

myocardial development. Our recent work demonstrated that epicardial HDAC3 is critical

for driving myocardial compact wall expansion[26]. Our current study suggests that

endocardial HDAC3 is important for myocardial trabeculation: endothelial/endocardial

deletion of *Hdac3* resulted in hypotrabeculation (Figure 1 and Supplemental Figure 4).

We note that *Tie2-Cre* turns on around E8.0-8.5 in all endothelial cells[39], whereas

Nfatc1[Cre/+] is active around E9.5 only in endocardial cells[29] and only achieves efficient

Hdac3 deletion by E14.5 likely due to inefficient IRES-mediated Cre transcription[53]

(Supplemental Figure 4). Nonetheless, these two deletion models generated similar

cardiac phenotypes of hypotrabeculation, although we did observe differences in the

severity of the myocardial phenotypes and time of lethality, which we attribute to the

different temporal and spatial activities and/or efficiencies of these two Cres. An earlier

report of conditional deletion of *Hdac3* in endothelial cells using a different Tie2-Cre driver

primarily targeting hemogenic endothelial cells[28] resulted in mid-gestational lethality

(E14.5) presenting predominantly a lymphovenous and lymphatic valve malformation

phenotype[54]. However, it is unknown what phenotypes were present in the myocardium

in that study as none were reported. Nonetheless, we deemed it inapplicable to evaluate

potential lymphatic valve phenotypes in our pan-endothelial *Hdac3* KO embryos since

these mice died around E12.5 (Supplemental Table 1), while lymphovenous and

lymphatic valve formation starts at E13.5[55]. However, it is interesting to note that the role

of HDAC1 and HDAC2 in the developing endocardium appears to be dispensable, as

deletion of either *Hdac1* or *Hdac2* by Tie2-Cre do not elicit apparent cardiac phenotypes[24].

These results suggest that HDAC3 plays distinctive roles from HDAC1 and HDAC2,

although they share high homology and are grouped in the same HDAC subfamily[19].

TGFß signaling is involved in many processes during early heart development such as

ECM production, endothelial to mesenchymal transition, and myogenesis[11, 56-58].

Specifically, TGFß signaling plays an instrumental role in trabeculation[59-62]. For instance,

knockout of either TGFß2 or TGFß3 results in hypoplastic ventricular myocardium[15]. We

found that TGFß3 expression was significantly decreased in *Hdac3* deleted endocardium

(Figure 3). Interestingly, inhibition of deacetylase activity of HDAC3 alone significantly

decreased TGFß3 expression. Further, supplementation of TGFß3 to cardiac endothelial

Hdac3 KO secretome significantly rescued cardiomyocyte proliferation defect (Figure 3F),

suggesting that cardiac endothelial HDAC3 supports trabeculation through inducing

TGFß3 in a deacetylase dependent manner. Interestingly, HDAC3 is also reported to

inhibit TGFß1 expression in the second heart field development in a deacetylase

independent manner[23], whereas HDAC3 deteriorates colorectal cancer progression by

inducing TGFß1 through inhibiting miR-296[63]. These divergent findings illustrate that

HDAC3 can either promote or inhibit TGFß signaling pathway through different molecular

mechanisms in a tissue/cell dependent manner.

Besides functioning as growth signals to cardiomyocytes, TGFß signaling is

predominantly known for its induction on ECMs[57, 64]. During early heart development,

ECM is mainly secreted from endocardium and mediates signal transduction from

endocardium to myocardium supporting trabeculation[63]. Our scRNA-Seq data revealed

that ECM is significantly down regulated in *Hdac3* endothelial KO hearts (Figure 2).

P4ha3, a major enzyme for collagen synthesis[65, 66] and a TGFß downstream target[67], was

also significantly decreased in *Hdac3* endothelial knockout hearts (Figure 2). These

results suggest that ECM downregulation may be secondary to decreased TGFß

signaling to contribute to the hypotrabeculation phenotypes in *Hdac3*

endothelial/endocardial knockout hearts.

We identified that HDAC3 suppresses miR-129-5p in inducing TGFß3 (Figure 4). miR-

129-5p plays important roles in cancer by either promoting or inhibiting tumorigenesis

through regulating a variety of downstream targets and pathways[68, 69]. Several studies

have shown that miR-129-5p protects adult hearts from ischemia/reperfusion injuries[70,

71], while another study demonstrated that treating cultured H9c2 cardiomyocytes with

HDAC pan-inhibitor Trichostatin A results in decreased cardiomyocyte proliferation with

enhanced miR-129-5p epression[72]. This is consistent with our current findings in the

developing endocardium (Figure 4). In our recent study, we found that HDAC3 induces

the expression of IGF2 and FGF9 by suppressing miR-322/503 in the developing

epicardium[26]. Again, these findings altogether suggest that HDAC3 can induce different

sets of growth signals by switching their downstream miR targets in a tissue/cell context

dependent manner.

In summary, our current study demonstrates that endocardial HDAC3 promotes

myocardial trabeculation by inducing TGFß signaling through repressing miR-129-5p

during early heart development. This finding, along with others, exemplifies the

importance of endocardial signaling for driving myocardial morphogenesis, and thus

provides new insights on the pathogenesis of congenital heart disease. The dual

epigenetic inhibition mechanism may be leveraged in some other contexts such as adult

heart repair/regeneration.

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Disclosure

None.

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    Figures and Figure legends

Figure 1. Endothelial specific deletion of *Hdac3* results in hypotrabeculation.

(A) Hematoxylin and eosin staining on cross sections of an E12.5 *Hdac3^{tko}* embryo (*Hdac3^{f/f}; Tie2-Cre/+*) and a littermate control (CTL) embryo (*Hdac3^{f/f}*). Arrows mark endocardium and arrowheads point to trabeculae. Quantifications are shown on the bottom (n=6 in each group). Scale bars, 200 μm (main panels) and 25 μm (insets). **(B)** Decreased cardiomyocyte (CM) proliferation in E11.5 *Hdac3^{tko}* hearts. Immunofluorescence staining of Bromodeoxyuridine / 5-bromo-2'-deoxyuridine (BrdU) and phospho-Histone H3 (p-H3) staining. Scale bars, 200 μm. Quantification are shown on the bottom. BrdU (CTL: n=8, *Hdac3^{tko}*: n=7); p-H3 (n=6 in each group). *P*-values were determined by unpaired two tailed Student's *t*-test.

Figure 2. Single-cell RNA sequencing reveals decreased expression of ECM genes

in *Hdac3^{tko}* hearts.

(A) Schematic workflow of scRNA-Seq experimental design. Representative micrographs

of GFP immunofluorescence staining of E11.5 *Hdac3^{tko}* embryo (*Hdac3^{f/f}; Tie2-Cre/+;*

R26R^{eYFP/+}) and a littermate control (CTL) embryo (*Hdac3^{f/+}; Tie2-Cre/+; R26R^{eYFP/+}*).

Scale bars, 250 µm. **(B)** UMAP visualization of cell populations in an E11.5 control heart.

(C) Trabecular and compact cardiomyocyte (CM) score were calculated within *Tnni*+ CM

population. Left UMAP showed CMs split into a lower cluster that has a high trabecular

score, and an upper cluster that has a high compact score. Right UMAP shows the

expression level of *Bmp10*+ per cell. **(D)** Dot plots of differentially expressed genes in

Hdac3^{tko} and CTL trabecular clusters. Violin plots of expression of *Egr1* and *Eef1a2* in

Hdac3^{tko} and CTL trabecular clusters. **(E)** The UMAP on the left shows that YFP+ cells

are distributed in cardiac endothelial cell (CEC, *Cdh*+), fibroblast cell 1 (FC1, *Pdgfra*+),

and fibroblast cell 2 (FC2, *Dcn*+) clusters. The overlapping UMAPs of *Hdac3^{tko}* and CTL

YFP+ cells are shown on the right. **(F)** Gene Ontology pathway analysis of top marker

genes in CTL-specific YFP+ CEC cluster (Cut off value: -log (FDR)>5). **(G)** Heatmap of

extracellular matrix (ECM) associated genes in E11.5 *Hdac3^{tko}* and CTL hearts. Data

were extracted from YFP+ CEC clusters in the scRNA-Seq dataset. **(H)** qRT-PCR

analysis of *Col1a1*, *Col1a2*, *Col2a1* and *Col3a1* and *P4ha3* in E11.5 *Hdac3^{tko}* heart as

compared to CTL hearts (n=8 in each group). *P*-values were determined by unpaired two

tailed Student's *t*-test. **(I)** Illustration of decreased expression of proliferation related

genes in trabecular CMs and ECM-associated genes in CECs of *Hdac3^{tko}* hearts.

Figure 3. Cardiac endothelial *Hdac3* knockout results in downregulation of TGFβ3 and decreased cardiomyocyte proliferation.

(A) Generation of *Hdac3* knockout (KO) and empty vector control (EV) mouse cardiac endothelial cells (MCECs) by CRISPR/Cas9. Deletion of *Hdac3* was verified by western blot. Quantification is shown below (n=6 in each group). **(B)** The effects of MCEC

supernatants on E13.5 $Tnnt2^{nGFP/+}$ cardiomyocytes (CM) proliferation. Representative

immunofluorescence micrographs are shown. Scale bar, 275 μm. Percentage of

phosphor-Histone 3 (p-H3)+ CMs and total number of GFP+ CMs were quantitated (n=4

in each group). **(C)** Quantification of *Tgfβ3* expression in *Hdac3* KO MCECs, or

RGFP966-treated MCECs (10 uM) by qRT-PCR. *Gapdh* was used as cDNA loading

control (n=4 in each group). **(D)** Quantification of *Tgfβ3* expression in E11.5 $Hdac3^{tko}$

hearts by qRT-PCR. *Gapdh* was used as cDNA loading control (n=4 in each group). **(E)**

Secretion of TGFβ3 from *Hdac3* KO and EV MCECs. Coomassie brilliant blue staining of

total extracted proteins from supernatants served as protein loading controls. TGFβ3 in

the MCEC supernatants were detected by western blot. Quantifications are shown on the

right (n=4 in each group). **(F)** Rescue of CM proliferation defect by *Hdac3* KO MCECs

supernatant supplemented with recombinant TGFβ3 (working concentration: 250 ng/ml).

Representative immunofluorescence micrographs are shown. Scale bar, 200 μm.

Percentage of p-H3+ CMs and total number of GFP+ CMs were quantitated (n=7 in each

group). *P*-values were determined by unpaired two tailed Student's *t*-test for **(A)**, Mann-

Whitney U test for **(C)**, **(D)** and **(E)** and one-way ANOVA followed by the Tukey post hoc

test for **(B)** and **(F)**.

Figure 4. HDAC3 induces Tgfβ3 by repressing miR-129-5p.

(A) Heatmap of microRNA (miR) sequencing of *Hdac3* knockout (KO) and empty vector

control (EV) mouse cardiac endothelial cells (MCECs). MiRs with reads less than 100

were discarded and miRNA expression levels were normalized by TPM (transcript per

million) values (TPM = [miRNA total reads/total clean reads] × 10^6). Log$_2$ fold changes

were calculated by TPM per miR in the KO group divided by the mean TPM per miR in

the EV group then followed by calculation of Log (fold change, 2). Significantly

downregulated miRs are shown in blue, and significantly up-regulated miRs are shown in

red. Cut-off criteria: Log2>1.5 and adjusted *P*-value<0.01. **(B)** Quantification of *Tgfβ3*

expression in MCECs after miR mimics treatment (final concentration 10 nM) by qRT-

PCR. *Gapdh* was used as a cDNA loading control (n=6 in each group). Fold changes

were compared to the miR scrambles (SCR) group. **(C)** Quantification of the expression

of TGFβ3 after miR-129-5p mimics treatment by western blot (n=8 in each group). **(D)**

Quantification of the expression of *Tgfβ3* in *Hdac3* KO and EV MCECs (n=4 in each

group). **(E)** Quantification of the expression of *Tgfβ3* in *Hdac3^{tko}* heart lysates (n=9 in

each group). **(F)** Quantification of the expression of *Tgfβ3* in 10 μM RGFP966-treated

MCECs (n=4 in each group). **(G)** Quantification of miR-129-5p and *Tgfβ3* after *Hdac3* KO

or EV MECs were transfected with LentimiRa-GFP-miRZip (miR-129-5p) or pGreenPuro

Scramble Hairpin control lentivirus (SCR) by qRT-PCR (n=4 in each group). *P*-values

were determined by unpaired two tailed Student's *t*-test for **(B), (C)** and **(E)**, the Mann-

Whitney U test for **(D)** and **(F)** and the one-way ANOVA followed by Tukey post hoc test

for **(G)**. **(H)** Working model: in the developing endocardium, HDAC3 represses the

expression of miR-129-5p to release their suppression on the expression of TGFβ3.

When *Hdac3* is deleted, the expression of miR-129-5p is increased, which subsequently

suppresses the expression of TGFβ3 to a stronger extent, and the decrease of TGFβ3,

together with decreased ECM, leads to hypotrabeculation.

781   **Supplemental Materials**

782

783   **Supplemental Figure 1. Restrictive ablation of *Hdac3* in the developing cardiac**

784   **endothelial cells.**

785   Immunofluorescence staining shows specific deletion of HDAC3 in the cardiac endothelial

786   cells (eNOS+, arrows) in E10.5 *Hdac3*^{tko} (*Hdac3*$^{f/f}$; *Tie2-Cre/+*) heart as compared to the

787   littermate control (*Hdac3*$^{f/f}$) heart (a). Scale bars, a and c, 100µm; b and d, 25 µm.

Supplemental Figure 2. Histological analyses of cardiac phenotypes of *Hdac3^{tko}*

hearts at early embryonic stages.

Hematoxylin and eosin staining on cross sections of E9.5-E11.5 *Hdac3^{tko}* embryos (*Hdac3^{f/f}; Tie2-Cre/+*) and littermate control (CTL) embryos (*Hdac3^{f/f}*). Arrows mark endocardium and arrowheads point to trabeculae. Quantifications are shown on the right. For E9.5, CTL: n=5, *Hdac3^{tko}*: n=5; For E10.5, CTL: n=6, *Hdac3^{tko}*: n=6; For E11.5, CTL: n=9, *Hdac3^{tko}*: n=8. Scale bars, 100 μm and 25 μm (in insets). *P*-values were determined by the Mann-Whitney U test for E9.5 embryos, and unpaired two tailed Student's *t*-test for E10.5 and E11.5 embryos.

Supplemental Figure 3. Normal vasculature in *Hdac3^{tko}* embryos.

a and b, gross morphology of an E11.5 *Hdac3^{tko}* (*Hdac3^{f/f}; Tie2-Cre/+*) embryo (b) and an

E11.5 littermate control (CTL, *Hdac3^{f/f}*) embryo (a). b and d, immunofluorescence staining

of CD31. There were no apparent differences in either gross appearance or vasculature

between *Hdac3^{tko}* and CTL embryos. A, anterior cardinal vein; D, dorsal aorta. Scale bars,

a&b, 500um; c&d, 200um.

Supplemental Figure 4. Endocardial specific deletion of *Hdac3* results in ventricular hypoplasia.

(A) Deletion of *Hdac3* by *Nfatc1^{Cre/+}* in the developing endocardium (E12.5 and E14.5). Immunofluorescence staining for HDAC3 and eNOS was performed. White arrows point

to endocardial cells that express HDAC3, whereas red arrows point to endocardial cells

in which HDAC3 is absent. Scale bars, 20 µm. **(B)** Cardiac phenotypes of E14.5 *Hdac3*

endocardial knockout (*Hdac3^{nko}*, *Hdac3$^{f/f}$; Nfatc1$^{Cre/+}$*) embryos. Arrowheads point to

trabeculae. Scale bars, 500 µm (main panels) and 100 µm (insets). Quantifications are

shown on the right. CTL: n=9, *Hdac3^{nko}*: n=8. *P*-values were determined by unpaired two

tailed Student's *t*-test.

Supplemental Figure 5. Apoptosis assessment in E11.5 *Hdac3^tko* (*Hdac3^f/f*; *Tie2-*

Cre/+*) and littermate control (CTL, *Hdac3^f/f*) hearts by TUNEL staining.

Scale bars, 100 µm. Quantitation is shown on the right (n=4 in each group). *P*-values

were determined by the Mann-Whitney U test.

Supplemental Figure 6. Percentage of cell number of *Bmp10*+ and YFP+ cell in

E11.5 *Hdac3^{tko}* and littermate control (CTL) hearts from the scRNA-Seq dataset.

(A) Percentage of *Bmp10* + trabecular CMs. CTL: n=4, *Hdac3^{tko}*: n=4. **(B)** Percentage of

YFP+ cells. CTL: n=3, *Hdac3^{tko}*: n=4.

Supplemental Figure 7. UMAP plots depicting the score of trabecular and compact CMs.

Within the *Tnni3*+ E11.5 CMs, UMAP plots demonstrate the expression of trabecular CM marker genes including *Nppa*, *Bmp10* and *Thbs4*, and compact CM marker genes including *Hey2*, *Mycn* and *Tnnt1*. The calculated trabecular score and compact score are shown on the right.

Supplemental Figure 8. HDAC3 induces the expression of Tgfß3 dependent on its

deacetylase activity.

(A) Gene Ontology (GO) pathway analyses of RNA Seq in *Hdac3* KO and EV MCECs.

n=4 in each group. Cut-off criteria: adjusted *P*-value<0.01. **(B)** Heatmap of growth factors

(*Tgfβ1*, *Vegfβ*, *Igf1*, *Tgfβ2*, *Nrg1*, *Tgfβ3* and *Cxcl12*) in in *Hdac3* KO and CTL MCECs.

Data were extracted from the bulk RNA-sequencing data. **(C)** Quantification of TGFβ1,

VEGFβ, IGF1, TGFβ2, NRG1, TGFβ3 and CXCL12 in *Hdac3* KO MCECs by western blot.

GAPDH was used as protein loading control. n=4 in each group. **(D)** Reduced TGFβ3

protein expression after RGFP966 (a selective HDAC3 inhibitor) treatment. MCEC were

treated with 10 uM RGFP966 or vehicle for 24 hours. n=9 in each group. *P*-values were

determined by the Mann-Whitney U test for **(C)** and unpaired two tailed Student's *t*-test

for **(D)**.

Supplemental Table 1. Genotype distribution of *Hdac3^{tko}* embryos and offspring

(♂: *Hdac3^{f/+}; Tie2-Cre* X ♀: *Hdac3^{f/f}*)

	Others (*Hdac3^{f/f}, Hdac3^{f/+}, Tie2-Cre; Hdac3^{f/+}*) [expected: 75%]	*Hdac3^{tko}* (*Tie2-Cre; Hdac3^{f/f}*) [expected: 25%]	*p*-value
E9.5 [n (%)]	140 (72.9%)	52 (27.1%)	0.505
E10.5 [n (%)]	168 (78.6%)	46 (21.4%)	0.2364
E11.5 [n (%)]	370 (78.6%)	101 (21.4%)	0.0747
E12.5 [n (%)]	91 (87.5%)	13 (12.5%)	0.0032*
E14.5 [n (%)]	114 (99.1%)	1 (0.9%)	<0.00001*
P0	336 (100%)	0	<0.00001*

849　The *p*-value was calculated by the comparison of genotype distribution and expected

850　Mendelian Ratio.

851 **Supplemental Table 2. Genotype distribution of *Hdac3^{nko}* embryos and offspring**

852 **(♂: *Hdac3^{f/+}; Nfatc1^{Cre/+}* X ♀: *Hdac3^{f/f}*)**

	Others (*Hdac3^{f/f}, Hdac3^{f/+}, Nfatc1^{Cre/+}; Hdac3^{f/+}*) [expected: 75%]	*Hdac3^{nko}* (*Nfatc1^{Cre/+}; Hdac3^{f/f}*) [expected: 25%]	*p*-value
E14.5 [n (%)]	66 (82.5%)	14 (17.5%)	0.1213
P0	209 (100%)	0	<0.00001*

854 The *p*-value was calculated by the comparison of genotype distribution and expected

855 Mendelian Ratio.