Modeling corticotroph deficiency with pituitary organoids supports the

functional role of *NFKB2* in human pituitary differentiation

Authors

Thi Thom Mac[1, 2], Teddy Fauquier[1], Nicolas Jullien[3], Pauline Romanet[1, 4], Heather C.

Etchevers[1], Anne Barlier[1, 4, 5], Frederic Castinetti[1, 5], Thierry Brue[1, 5]*

(1) Aix Marseille Univ, INSERM, UMR1251, Marseille Medical Genetics, Institut

MarMaRa, Marseille, France

(2) Endocrinology Department, Hanoi Medical University Hospital, Hanoi, Vietnam

(3) Aix Marseille Univ, CNRS, UMR7051, Institut de NeuroPhysiopathologie, Marseille,

France

(4) Aix Marseille Univ, APHM, INSERM, MMG, Laboratory of Molecular Biology, La

Conception Hospital, Institut MarMaRa, Marseille, France

(5) Aix Marseille Univ, APHM, INSERM, MMG, Department of Endocrinology, La

Conception Hospital, Institut MarMaRa, Marseille, France

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* Corresponding author

Prof. Thierry Brue, La Conception Hospital, Department of Endocrinology, 147

boulevard Baille, 13005 Marseille, France; thierry.brue@ap-hm.fr

Abstract

Background: Deficient Anterior pituitary with common Variable Immune Deficiency

(DAVID) syndrome is a rare condition characterized by the association of

adrenocorticotropic hormone deficiency (ACTHD) and primary

hypogammaglobulinemia, caused by *NFKB2* heterozygous mutations. Nuclear factor

kappa B (NFKB) signaling is a key regulator of the immune system; however, the

underlying mechanism of its association with endocrine symptoms remains unknown.

Two main hypotheses explain the effects of mutant NFKB2 on the pituitary gland: an

autoimmune hypophysitis, preferentially affecting corticotroph function, or a primary

developmental defect. The role of NFKB2 in the development of the human pituitary

was called into question by *Nfkb2*-deficient *Lym1* mice, which have normal pituitary

functions.

Purpose: The aim of this study was to create a human disease model to define the role

of *NFKB2* in human pituitary development.

Methods: We established pituitary organoids in three dimensions (3D) culture after

directed differentiation from CRISPR/Cas9-edited human induced pluripotent stem

cells (hiPSC). First, we conducted a proof-of-concept study, introducing a homozygous

$TBX19^{K146R/K146R}$ missense pathogenic variant in hiPSC, an allele found in patients with

congenital isolated ACTHD. Then, we used the same method to produce $NFKB2^{D865G/D865G}$

mutant organoids, harboring the pathogenic missense variant previously identified in

DAVID patients. This mutation causes a failure of NFKB2 p100 phosphorylation that

blocks processing to form active NFKB2 p52. We then characterized pituitary organoid

development by transcriptomics using bulk RNA sequencing and quantitative RT-PCR,

and by immunofluorescence in section and whole-mount.

Results: Analysis of wild-type (WT) organoids demonstrated that this *in vitro* model

recapitulates corticotroph cell differentiation. $TBX19^{K146R/K146R}$ organoids conserved

early expression of *HESX1*, but had significantly decreased *PITX1*, *TBX19*, *LHX3,* and

POMC transcription*. $NFKB2^{D865G/D865G}$* organoids also had dramatically reduced

corticotrophs. Furthermore, $NFKB2^{D865G/D865G}$ perturbs the normal expression of 66

genes known to contribute to pituitary development, among which 21 transcription

factors.

Conclusions: We used a combination of CRISPR/Cas9 editing and refinement of a 3D

organoid culture protocol to model human ACTHD due to *TBX19* or *NFKB2* mutations.

The *NFKB2* variant studied induced a significant decrease in corticotroph

differentiation, demonstrating for the first time a direct functional role of NFKB2 in

human pituitary development. Signaling through NFKB2 is thus a valid new candidate

pathway in the pathogenesis of isolated or syndromic ACTHD.

Introduction

Adrenocorticotropic hormone deficiency (ACTHD) is defined by an insufficient production of ACTH by the pituitary, followed by low adrenal cortisol production. Proper diagnosis and management of ACTHD is crucial, as it is a life-threatening condition in the neonatal period, characterized by hypoglycemia, cholestatic jaundice and seizures[1]. Constitutional ACTHD, which is diagnosed at birth or during the first years of life, can be isolated or associated with deficiencies in other pituitary hormones such as growth hormone (GH) or thyrotropin-stimulating hormone (TSH) and termed combined pituitary hormone deficiency (CPHD). ACTHD is genetically heterogeneous, due to mutations in genes coding mostly for transcription factors responsible for pituitary ontogenesis or their regulation. Responsible genes identified to date include the T-box transcription factor *TBX19* (also known as *TPIT*), *NFKB2, LHX3, LHX4, PROP1, HESX1, SOX2, SOX3, OTX2* and *FGF8*.

Mutations of *TBX19* account for approximately two-thirds of neonatal-onset complete isolated ACTHD[1]. TBX19 is a T-box transcription factor restricted to pituitary pro-opiomelanocortin (POMC)-expressing cells in mice and humans. It is essential for *POMC* gene transcription and terminal differentiation of POMC-expressing cells in the anterior pituitary (also known as the adenohypophysis)[2]. POMC is cleaved to produce ACTH in corticotroph cells. *TBX19*-deficient mice have only a few pituitary *POMC*-expressing cells, with very low ACTH and undetectable corticosterone levels[3]. In humans with isolated ACTH deficiency, *TBX19* mutations lead to loss-of-function by different mechanisms, such as the K146R (exon 2, c.437 A>G) pathogenic variant located in the T-box region, which results in a loss of DNA-binding ability[1].

Thanks to GENHYPOPIT[4–6], an international network aimed at identifying new genetic etiologies of combined pituitary hormone deficiency, we described the first

cases of DAVID (Deficient Anterior pituitary with common Variable Immune Deficiency)

syndrome, a rare association of hypopituitarism (mainly ACTHD) and immune

deficiency (hypogammaglobulinemia) [7]. DAVID syndrome is associated with variants in

the nuclear factor kappa-B subunit 2 (*NFKB2*) gene[8,9]. In particular, we reported that a

pathogenic, heterozygous D865G (exon 23, c.2594 A>G) *NFKB2* variant was found in a

patient presenting with severe recurrent infections from 2 years of age, who at the age

of 5 was diagnosed with ACTHD[7]. Mutations in the C-terminal region of NFKB2 lead to

the disruption of both non-canonical and canonical pathways[10–12].

Full-length NFKB2 (p100) protein has 2 critical serines, S866 and S870, in the C-

terminal domain. Phosphorylation of these sites yields the transcriptionally active form

of NFKB2 (p52) by enabling the proteasomal processing of the larger p100 protein. The

D865G mutation, located adjacent to the critical S866 phosphorylation site, protects

mutant protein from proteasomal degradation, causes defective processing of p100 to

p52, and results in reduced translocation of p52 to the nucleus[8,11,12]. *NFKB2[D865G/+]*

resulted in half of the normal level of processing to p52, whereas *NFKB2[D865G/D865G]*

exhibited near-absence of p52[12]. The nuclear factor kappa B (NFKB) signaling pathway

is a key regulator of the immune system[12–14], which likely explains the immune

phenotype of patients with DAVID syndrome, including susceptibility to infections and

auto-immune disorders[15]. In contrast, the underlying mechanism causing pituitary

disorders remains unknown, with two predominating hypotheses: an indirect

autoimmune hypophysitis, preferentially affecting corticotroph function, or a primary

developmental defect supported by the expression of *NFKB2* in the human fetal

pituitary[16]. However, a developmental role for NFKB2 was not confirmed in the *Lym1*

mouse model, carrying a heterozygous or homozygous nonsense variant Y868*, which

presented apparently normal pituitary development and function although impairing

immunity[9]. Although the mouse continues to be a relevant model for many aspects of

pituitary organ development, we sought a higher-throughput method to assess

pathogenic effects of new candidate genes or variants on human pituitary

differentiation.

Human induced pluripotent stem cell (hiPSC)-derived organoids have emerged

as promising models to study many developmental mechanisms and their perturbation

in disease[17]. Pioneering work on human embryonic stem cells and later, hiPSC,

established that 3D organoid models can replicate aspects of pituitary development[18–20],

and could thus be of major interest in modeling pituitary disorders[18,21,22]. In the present

study, we applied recent progress in genome editing using CRISPR/Cas9[23] to a refined

protocol to derive 3D organoids from hiPSC in order to model ACTHD. We validated the

recapitulation of corticotroph cell differentiation *in vitro* by introducing a *TBX19*

mutation known to induce isolated human ACTHD and documenting the subsequent

deficiencies in corticotroph development. When used to characterize the D865G *NFKB2*

variant found in patients with DAVID syndrome, hiPSC-derived pituitary organoids

displayed dramatically altered corticotroph differentiation in the absence of immune

cells, demonstrating for the first time a direct and incontrovertible role for NFKB2 in

human pituitary development.

Materials and methods

Culture and maintenance of hiPSC lines

The 10742L hiPSC line, derived from a healthy individual, was used in the study as the

WT control (characterized and provided by the Cell Reprogramming and Differentiation

Facility [MaSC], Marseille Medical Genetics, Marseille, France). Further information

about this line is indicated in **Suppl Table S1**. Two mutant lines carrying

TBX19^{K146R/K146R} and *NFKB2^{D865G/D865G}* were subsequently generated from 10742L using

CRISPR/Cas9 editing as described below. All hiPSC lines were cultured on six-well

plates (Corning, #3335, New York, USA) coated with Synthemax II-SC Substrate

(working concentration at 0.025 mg/mL, Corning, New York, USA) and maintained

undifferentiated in a chemically defined growth medium (StemMACs hiPSC-Brew XF ;

MACS Miltenyi Biotec, Paris, France)[24]. hiPSC lines were maintained in a humidified

incubator under conditions of 37°C, 5% CO_2, with a daily change of medium, and

passaged when cells reached 60-80 % confluency using enzyme-free ReleSR, according

to manufacturer recommendations (StemCell Technologies, Canada, #05872).

CRISPR/Cas9 mediated genome editing of hiPSC

CRISPR/Cas9 gene editing was used to introduce the *TBX19^{K146R/K146R}* and the

NFKB2^{D865G/D865G} mutations using a previously described method[25]. The *TBX19^{K146R/K146R}*

line harbored the c.437A>G, p.Lys146Arg *TBX19* (NM_005149) pathogenic missense

variant. The *NFKB2^{D865G/D865G}* line harbored the c.2594A>G, p.Asp865Gly *NFKB2*

(NM_001322934) pathogenic missense variant.

Preparation of the CRISPR/Cas9 sgRNA plasmid

For each targeted gene, a sgRNA plasmid was prepared as previously described[26].

Briefly, we designed a sgRNA sequence within 20 nucleotides of the target site, selected

with the open-source CRISPOR tool (http://crispor.tefor.net/)[27].

The sgRNA sequence used to generate *TBX19^{K146R}* was (5'>3'):

AAGCTGACCAACAAGCTCAA (see also Table S2).

The sgRNA sequence used to generate *NFKB2^{D865G}* was (5'>3'):

GTGAAGGAAGACAGTGCGTA (see also Table S3).

We used the cAB03 (also known as pX459-pEF1alpha) vector as previously described[25].

In this, the pSpCas9 (BB)-2A-Puro (PX459) V2.0 (Addgene plasmid # 62988, Addgene,

Teddington, UK) was modified by an EF1alpha promoter[25]. The chosen sgRNA was

cloned into the cAB03 open plasmid vector as previously described by Arnaud et al[25].

The final vector expressed the corresponding sgRNA under the control of the U6

promoter, as well as *Cas9* under the control of the EF-1alpha promoter, and a

puromycin resistance gene.

Single-stranded oligo DNA nucleotides (ssODN) design

We also designed donor sequences to generate *TBX19^{K146R}* and *NFKB2^{D865G}* missense

mutations. A donor sequence is used for homology-directed repair, allowing the

introduction ("knock-in", KI) of single nucleotide variations with low efficiency. To

optimize the efficiency of KI editing, the donor sequences were designed as single-

stranded oligo DNA nucleotides (ssODN), carrying the mutation of interest, and also

included a silent (or blocking) mutation that mutates the protospacer-adjacent motif

(PAM) or disrupts the sgRNA binding region to prevent re-cutting by Cas9 after

successful editing[28,29,25,30]. The ssODN contained 100 nucleotides with homology arms

on each side of the target region. The ssODN sequences were as follows (see also **Suppl**

Tables S2 – Table S3):

For *TBX19^{K146R}* (5'-3'):

TGGATGAAAGCTCCCATCTCCTTCAGCAAAGTGAGGCTGACCAACAAGTTAAATGGAGGCGG

GCAGGTACGAATGAGGCGGGCAGGCCTGGCCACCCGCT

For *NFKB2^{D865G}* (5'-3'):

TCCCATTCCTGTCCCCATTTACCCCCAGCAGAGGTGAAGGAAGGCAGTGCCTACGGGAGCCAG

TCAGTGGAGCAGGAGGCAGAGAAGCTGGGCCCACCCC.

ssODN were synthesized by Integrated DNA Technologies (Coralville, Iowa, US) at

Ultramer™ quality.

Electroporation

hiPSC were transfected with constructed sgRNA/Cas9 vectors by electroporation using

the Neon Transfection System 100 µL kit (Invitrogen). A summary of the procedure is

described in **Suppl. Figure S1**.

Clone isolation and screening

On day 3 post-transfection, we used the cleaved amplified polymorphic sequences

(CAPS) assay to estimate the efficacy of CRISPR/Cas9 in bulk transfected hiPSC

populations and to choose a number of colonies to be picked for further amplification[31].

A restriction enzyme recognition site was included in each donor template (BseI for

TBX19 and MseI for *NFKB2*). CAPS primers and restriction enzymes were chosen

assisted by AmplifX software (version 2.0.0b3; https://inp.univ-amu.fr/en/amplifx-

manage-test-and-design-your-primers-for-pcr). CAPS primers are listed in **Suppl Table**

S4. The PCR reaction was performed using the PCR condition reported in **Suppl Table**

S5 – Suppl Table S6. The CAPS products were separated and visualized by

electrophoresis on a 2% agarose gel and analyzed for densitometry with ImageJ[25,30].

After 10 days, the CAPS assay was also used to screen and identify possible knock-in

(KI) clones. KI clones were then confirmed by Sanger sequencing (Genewiz, Leipzig,

Germany). Analyses of Sanger traces were made using Sequencher DNA sequence

analysis software (version 5.4.6, Gene Codes Corporation, Ann Arbor, MI USA,

http://www.genecodes.com) to align sequences of KI clones with WT sequence to

confirm the successful edition. Sanger sequencing primers are described in **Suppl Table**

S4. KI clones were amplified and then cryopreserved.

***In vitro* pituitary organoids differentiated from hiPSC**

Pituitary organoids were produced in parallel using the same protocol for WT and

edited hiPSC lines. Two batches of differentiation with two hundred organoids for each

hiPSC line were generated, respectively WT versus *TBX19$^{K146R/K146R}$* organoids or WT

versus *NFKB2$^{D865G/D865G}$* organoids.

Differentiation was based on a protocol from Matsumoto et al. with some

modifications[20,22]. hiPSCs were first dissociated into single cells using Accutase. Ten

thousand cells per organoid were plated in 20 μL hanging drops under the lid of a 127.8

x 85,5mm single-well plate (Greiner bio-one) in growth factor-free, chemically defined

medium (gfCDM) supplemented with 10% (vol/vol) Knockout Serum Replacement

(KSR; Thermo Fisher Scientific, #10828-010) and 20 μM Y-27632 (Sigma-Aldrich, #

SCM75). The lid was inverted over the bottom chamber (filled with 10 mL of sterile

water to avoid the evaporation of droplets) and incubated at 37°C/5% CO_2 for 2 days.

Once aggregates formed, organoids were transferred to non-adhesive 100x20mm

culture dishes (Corning) containing 10 mL of gfCDM medium supplemented with 10%

KSR without Y-27632 and incubated at 37°C and 5% CO_2 until day 6. From days 6 to

days 17, the medium was supplemented with 10% KSR, 5 nM recombinant human bone

morphogenetic protein 4 (BMP4; Peprotech, # AF-120-05ET, USA) and 2 μM

Smoothened agonist (SAG; Sigma-Aldrich/Merck, # SML 1314). Half of the medium was

renewed every 2 - 3 days.

From day 18, BMP4 was withdrawn and half of the medium was renewed every 2 - 3

days. At this point, organoids were maintained under high-O_2 conditions (40%) and 5%

CO_2 in an MCO-5M incubator (Panasonic). From day 30, gfCDM medium supplemented

with 20% knockout serum replacement was used, and all medium was renewed every

2-3 days until at least day 105. Induction into pituitary progenitor cells (defined as

LHX3+) and into pituitary hormone-producing cells was evaluated by qRT-PCR (on days

0, 6, 18, 27, 48, 75, 105) and immunofluorescence (on days 48 and 105) (see below).

Validating *TBX19^{K146R}* targeting and assessing off-target mutations by whole

genome sequencing (WGS)

For *TBX19^{K146R}*, we used whole genome sequencing (WGS) to assess on-target and off-

target mutations, because the edited site is far from the cut site (15 bases). DNA

extracted from control and *TBX19^{K146R/K146R}* (5 organoids each) was submitted for WGS

(Integragen Genomics platform). PCR-free libraries were prepared with the NEBNext

Ultra™ II DNA Library Prep Kits (New England BioLabs) according to supplier

recommendations. Specific double-strand gDNA quantification and a fragmentation

(300 ng of input with high-molecular-weight gDNA) sonication method were used to

obtain approximately 400 bp fragments. Finally, paired-end adaptor oligonucleotides

(xGen TS-LT Adapter Duplexes from Integrated DNA Technologies) were ligated and re-

paired. Tailed fragments were purified for direct sequencing without a PCR step. DNA

PCR free libraries were sequenced on paired-end 150 pb runs on the NovaSeq6000

(Illumina) apparatus. Image analysis and base calling were performed using Illumina

Real Time Analysis (RTA) Pipeline with default parameters. Sequence reads were

mapped on the Human Genome Build (GRCh38) using the Burrows-Wheeler Aligner

(BWA)[32]. Variant calling was performed via the GATK Haplotype Caller GVCF tool (GATK

3.8.1, Broad Institute)[33]. Mutation enrichment was determined using Fisher's Exact

Test. Variants were annotated with Ensembl's Variant Effect Predictor, VEP) by

Integragen Genomics[34]. These NGS analyses confirmed the presence of on-target

mutation and the absence of off-target mutation in the top four predicted off-target

sites.

259 Validating *NFKB2^D865G* targeting, assessing off-target mutations and differential

260 expression analysis by bulk RNA sequencing (RNA-seq)

For *NFKB2^D865G*, we used bulk RNA sequencing (RNA-seq) for analysis of differential

RNA expression, and to assess on-target and off-target mutations, because the target

site is close to the cleavage site (6 bases). A total of 500 ng of total RNA was extracted

from 10 individual organoids (5 *NFKB2^D865G/D865G* and 5 control organoids). RNA-seq

libraries were generated using the KAPA mRNA HyperPrep kit (Roche). The quality and

profile of the libraries were visualized on a Bioanalyzer using the High Sensitivity DNA

assay (Agilent) and-quantified on a Qubit using the dsDNA High Sensibility Kit (Thermo

Fisher Scientific). Finally, we performed 2x 76-bp paired-end sequencing on a

NextSeq500 (Illumina). After quality control using FastQC (Braham Institute), reads

were aligned on the GRCh38 human reference genome using STAR (version 2.7.2b)[35].

BAM files were ordered and indexed using Samtools[36]. Read counts on genes were

determined using StringTie[37]. Genes differentially expressed between conditions were

identified using the R package DESeq2 (version 1.34.0)[38]. Genes with an adjusted P-

value < 0.05 found by DESeq2 were assigned as differentially expressed. We assessed

the presence of desired *NFKB2* edits according to the CRISPR sgRNA design by direct

visualization of the BAM files and the absence of off-target coding variations by the

GATK Haplotype Caller GVCF tool[33].

Total RNA isolation and quantitative real-time PCR (qRT-PCR) analysis for assessment of mRNA expression of pituitary organoids development

Organoids were harvested, placed on ice and stored dry at -80°C until RNA extraction. The total RNA was extracted from WT, *TBX19^{K146R/K146R}* and *NFKB2^{D865G/D865G}* organoids using the NucleoSpin RNA Plus XS kit (Macherey-Nagel), and measured on a NanoDrop TM 1000 Spectrophotometer (Thermo Fisher Scientific). Organoid RNAs were extracted on days 0, 6 and 18 from 7 or 8 organoids, or on days 27, 48, 75 and 105 from single organoids (3-8 organoids per group for each time point). cDNA was synthesized from 200 ng total RNA using a mix of M-MLV reverse transcriptase (Invitrogen, UK, #28025013), dNTP 10mM (Invitrogen, #10297018), RNAseOut Inhibitor (Invitrogen, #10777019) and random primers (Invitrogen, UK, #48190011). Quantitative PCR was performed using iTaq Universal SYBR Green Supermix (Bio-Rad Laboratories), on a QuantStudio™ 5 Real-time PCR system (Thermo Fisher Scientific) and analysed using QuantStudio™ 5 Design & Analysis Software. The thermal cycling profiles were as follows: initial denaturation at 95°C for 20 seconds, followed by 40 cycles of denaturation at 95°C (3 sec), annealing at 60°C (45 sec) and extension at 72°C (45 sec). All samples were assayed in duplicate. The beta-actin (*ACTB*), glyceraldehyde-3-phosphate dehydrogenase (*GAPDH*) and beta-tubulin (*TUBB)* transcripts expressions were used as three endogenous reference controls. Target gene expressions were normalized relative to the mean of the housekeeping genes using the delta Ct method, and then normalized relative to the highest mean values of WT during the 105 days using the comparative $2^{-\Delta\Delta Ct}$ method[39]. Primer sequences used in the experiments are shown in **Suppl Table S7**.

Immunofluorescence labeling experiments

At days 48 and 105, ten each of WT and mutant organoids were fixed using 4% buffered

paraformaldehyde in standard phosphate-buffered saline (PBS) for an hour at RT before

rinsing in PBS. After overnight incubation in 30% sucrose/PBS (w/v) at 4°C, organoids

were embedded in Surgipath medium (Leica,# 3801480) and snap frozen. Organoids

were cryosectioned at 16 μm. After blocking with 0.01% Triton X100 (Sigma-Aldrich,

#329830772), 10% normal donkey serum (Millipore, USA, #S30-100 ML) and 1% fish

skin gelatin (Sigma-Aldrich, Canada, #G7765-250 ML) in PBS with 5 ng/mL 4',6-

diamidino-2-phénylindole (DAPI) for an hour at RT, slides were incubated with primary

antibody diluted in antibody solution (PBS, Triton as above, 1% normal donkey serum

and 0.1% fish skin gelatin) overnight at 4°C, washed and incubated and a 1/500 dilution

of secondary antibody in PBS for 2 hours at RT. The primary antibodies and dilutions

used in this study are summarized in **Suppl Table S8**. Secondary antibodies were

species-specific conjugates to Alexa Fluor 488, 555 or 647 (Thermo Fisher Scientific).

Fluorescence images were obtained using LSM 800 confocal microscopy (Zeiss).

3D imaging of pituitary organoids

We used a whole-mount immunostaining and clearing protocol adapted from Belle et al

[40]. 4-8 organoids of each genotype (WT, $TBX19^{K146R/K146R}$ or $NFKB2^{D865G/D865G}$) were fixed

by immersion in 4 % buffered paraformaldehyde (PFA) in PBS overnight at 4°C. All

steps were carried out on a slowly rotating (70 rpm) agitator. After washing in PBS,

organoids were either stored at 4°C or blocked and permeabilized with 5 mL PBSGT for

2 days at RT (PBSGT: 0.2% fish skin gelatin, 0.5% Triton X100 in PBS, NaN_3 0.01%).

Organoids were incubated with primary antibodies in 3 mL PBSGT (at concentrations

used on sections) over 5 days at 37°C to increase penetration. Organoids were then

washed 6 times in an excess of PBSGT at RT, before incubation with secondary

antibodies in 3 ml PBSGT at RT overnight. The wash step was repeated. Organoids were

then embedded in 1% low-melting temperature agarose in 1X TAE after it had cooled to

about 45°C.

As adapted from the iDISCO+ protocol[41], organoids in agarose blocks were

progressively dehydrated to 100% methanol (VWR, #20847.360) with 1h at each

graded step. After overnight incubation in two parts dichloromethane (DCM, Sigma-

Aldrich, #270997) to one part 100% methanol, organoids were immersed in 100% DCM

for 30 minutes before changing to 100% dibenzyl ether (DBE; Sigma-Aldrich, #108014)

for transparization over two hours. Samples were maintained in DBE at RT and

protected from light in an amber glass vial. Just before imaging, they were transferred to

room-temperature ethyl cinnamate (Sigma-Aldrich, #112372). Light-sheet fluorescence

microscopy (Miltenyi Biotec UltraMicroscope Blaze™) was used to acquire z-stacks of

optical sections of pituitary organoids at 4 μm intervals. After 3D reconstruction with

Imaris software (version 9.6, Bitplane), the number of corticotrophs in each organoid

was defined by counting individualized cell-sized (7 μm) objects positive for ACTH

immunoreactivity with the Spots automatic classifier after setting parameters in a

region of interest containing positively labeled WT cells, then applied to all organoids.

Using the Surfaces tool of the Imaris software, the volume of organoids was determined

separately, based on thresholds corresponding to their respective fluorescence

intensities.

Statistical analysis

Statistical analyses were performed and visualized with GraphPad Prism 9.5.0 software

(GraphPad Software, Inc). Data are expressed as means ± SEM. Comparisons between

the two groups (mutant versus WT) were performed by unpaired two-tailed t-tests

(non-parametric Mann-Whitney test). n refers to the number of samples for each

experiment outlined in the figure legends. p values of < 0.05 (*), < 0.01 (**), and < 0.001

(***) were considered statistically significant differences.

Results

Corticotroph deficiency can be modeled by directed differentiation of *TBX19*-mutant hiPSC in 3D culture

To first validate the pituitary organoid model and determine whether the *TBX19* mutant can affect corticotroph differentiation, we generated a homozygous *TBX19*$^{K146R/K146R}$ hiPSC line from the isogenic control line using CRISPR/Cas9 (**Figures 1A-1D; Suppl. Figure S1**). One KI clone carrying *TBX19*$^{K146R/K146R}$ was obtained after screening 100 clones by CAPS and confirmed by Sanger sequencing (**Suppl Figure S2**). This mutant clone was then amplified and differentiated into pituitary organoids, in parallel with the control line.

The ability of the *TBX19*$^{K146R/K146R}$ line to differentiate into a hypothalamic-pituitary structure was compared to its control line (200 organoids for each line) using a 3D culture method, in which pituitary-like and hypothalamus-like tissues simultaneously developed (**Figures 1E, 2A, Suppl Figure S3A-B**). Inside of such organoids, hiPSC differentiate into hypothalamic progenitors, while the outer layer differentiates into an epithelium sharing properties with the oral ectoderm that develops into Rathke's pouch and then the anterior pituitary (**Figure 2A**, **Suppl Figure S3**). The expression of several key markers of pituitary development and differentiation was followed in mutant *TBX19*$^{K146R/K146R}$ organoids matched to control WT organoids over time, using qRT-PCR (d0, d6, d18, d27, d48, d75, d105) and immunofluorescence (d48 and d105) (**Figure 2A)**. Organoids grew from 0.4 mm on day 6 to 1.9 mm in their largest 2D dimension by day 105 (**Figure 2B**).

Successful differentiation was validated in WT organoids by qRT-PCR, at early stages with the expression of a set of pituitary transcription factors, including *HESX1*, *PITX1* and *LHX3*, and at the latest stage by the expression of corticotroph cell markers *TBX19*

and *POMC* (**Figures 2A, 2C-2G**). HESX1 is the first specific transcription factor of the

prospective pituitary and its expression is vital for the early determination of the gland.

In WT organoids, *HESX1* was expressed on day 6 and rapidly downregulated as of day

18 (**Figure 2C**). Expression of *PITX1* (a Rathke's pouch marker) and *LHX3* (a pituitary

progenitor marker) was high as of day 27, then reached stable levels from d48 onwards

(**Figures 2D-2E**). Importantly, immunofluorescence demonstrated effective generation

of pituitary progenitors in WT organoids with the appearance of LHX3+ cells in the oral

ectoderm-like epithelium by day 48 (**Figure 3A, Suppl Figure S3A**). This epithelium

also expressed PITX1 and E-cadherin (**Suppl Figure S3C**). Hypothalamus progenitors

expressed NKX2.1 (**Suppl Figure S3B**). By day 105, we observed that WT organoids

contained many differentiated corticotroph cells, co-expressing TBX19 protein in the

nucleus and ACTH in the cytoplasm as seen in confocal microscopy, a critical feature for

the rest of our investigations (n=8, **Figure 3B, Suppl Figure S3D**). Consistent with

these images, qRT-PCR results confirmed the highest levels of *TBX19* and *POMC*

transcription at day 105 in WT organoids (**Figures 2F-2G**). Taken together, these data

showed that pituitary organoids in 3D culture mimic important aspects of human

pituitary ontogenesis, and were characterized by the ability to differentiate into

pituitary progenitors by day 48 and then to corticotroph cells by day 105.

We then tested whether *TBX19*-mutant organoids could be used to model ACTHD. To

this end, pituitary organoids carrying *TBX19$^{K146R/K146R}$* were cultured in parallel with

WT organoids and analyzed using qRT-PCR and immunofluorescence for the pituitary

ontogenesis markers as described above. Our data showed that there was no significant

difference in the expression of *HESX1* (**Figure 2C**). However, *PITX1* expression was

significantly decreased by days 48 (p= 0.0022) and 75 (p= 0.0159) in mutant organoids

(**Figure 2D**). There were significantly lower levels of *LHX3* expression (p= 0.004 on day

27, p= 0.0022 on day 48 and p= 0.0079 on day 75 (**Figure 2E**), although there was no

significant change in the expression of the *TBX19* transcript itself (p= 0.195 on day 75,

Figure 2F). Importantly, *POMC* expression was significantly decreased in the

TBX19$^{K146R/K146R}$ organoids by days 48 (p= 0.026), 75 (p= 0.0159) and 105 (p= 0.0317)

(**Figure 2G**).

Next, we checked several pituitary markers by immunofluorescence (**Figures 3A-3D**).

In line with the qRT-PCR results, *TBX19*$^{K146R/K146R}$ organoids immunostaining on day 48

showed that LHX3 protein expression was decreased, in contrast to WT organoids (n=

10 organoids for each group, **Figures 3A, 3C**). By day 105, we observed that there were

fewer corticotroph cells expressing ACTH and TBX19 protein in *TBX19*$^{K146R/K146R}$

organoids (n= 10 organoids for each group, **Figures 3B, 3D**).

Finally, in order to take into account the possibility of regionalized sampling or damage

in the process of histological section, we also confirmed that ACTH production was

nearly abolished in *TBX19*$^{K146R/K146R}$ organoids overall on day 105 as compared to

control organoids. To make this assessment, whole organoids were rendered

completely transparent using a previously validated clearing protocol and imaged by

light-sheet microscopy for quantitative analyses (**Figures 4A-4B** and **Suppl Movies 1-**

2). Indeed, differentiation into corticotroph cells was not uniform throughout the

organoids but was concentrated in one or multiple buds. These data demonstrate that

the *TBX19*$^{K146R/K146R}$ genotype leads to a significant decrease in ACTH+ corticotroph cell

numbers by day 105 as compared to control organoids (p= 0.0159, WT n=4, mutant

n=5, **Figure 4C**).

Together, this first set of experiments demonstrated that genome editing of hiPSC

bearing a homozygous pathogenic variant of *TBX19* prevented their differentiation into

ACTH-producing corticotrophs.

NFKB2 signaling is vital for corticotroph development

After validating this organoid model for the study of ACTHD with a known *TBX19* missense mutation, we used the same approach to investigate the potential role of NFKB2 during hypothalamic-pituitary development. The *NFKB2^D865G^* homozygous mutation was chosen because it was shown to severely affect NFKB2 p52 processing[12]. To do so, we first established a *NFKB2^D865G/D865G^* mutant hiPSC line using CRISPR/Cas9 (**Figure 5**) from the same isogenic control line. Two homozygous KI clones carrying *NFKB2^D865G/D865G^* were obtained after screening by CAPS and confirmation by Sanger sequencing (**Suppl Figure S4**). RNA-seq analyses confirmed the absence of mutation in the top four predicted off-target sites. We then selected one homozygous missense mutation *NFKB2^D865G/D865G^* clone (#7) to amplify and generate 200 mutant organoids in parallel with 200 WT organoids in 3D culture.

Next, we compared the development and differentiation of the *NFKB2^D865G/D865G^* versus WT organoids during culture by qRT-PCR and immunofluorescence as described above. *HESX1* showed no significant difference in expression over time (**Figure 6A**). In contrast, *PITX1* and *LHX3* were significantly decreased in *NFKB2^D865G/D865G^* organoids on days 27 and 48 (**Figures 6B-6C**). Surprisingly, at the latest stage of differentiation (day 105), we observed a significant increase in *TBX19* expression in the mutant group (p= 0.0095, WT n=4, mutant n=6, **Figure 6D**). In contrast, *POMC* expression levels were significantly lower in *NFKB2^D865G/D865G^* organoids compared to WT (p= 0.019, **Figure 6E**). Of note, as MRI has revealed pituitary hypoplasia in 43% of patients with DAVID syndrome[42], we asked whether mutant organoids might be smaller than WT organoids. However, after calculating the volume of organoids on day 105 using Imaris software, these were not significantly different (p= 0.6, WT n=7, mutant n= 8, **Figure 6F**). Concordant with qRT-PCR results, immunostaining showed less LHX3 expression in

NFKB2^{D865G/D865G} organoids on day 48 compared to WT (**Figures 7A-7B**). Similar results

were obtained from ten individual organoids for each line. NFKB2 was co-expressed in

LHX3+ pituitary progenitors on day 48 (**Figure 7A**). Unexpectedly, NFKB2 was

markedly less expressed in *NFKB2^{D865G/D865G}* organoids than in WT organoids (**Figures**

7A-7B). On day 105, immunostaining demonstrated fewer ACTH+ cells; in addition,

some TBX19+ cells expressed no simultaneous ACTH signal in *NFKB2^{D865G/D865G}*

organoids (**Figures 7C-7D)**.

Three-dimensional reconstruction of whole organoids highlighted this significantly

decreased ACTH expression in *NFKB2^{D865G/D865G}* organoids on day 105 as compared to

WT in both qualitative (**Figures 8A-8B** and **Suppl Movies 3-4**) and quantitative

(p=0.0007, WT n=6, mutant n=8 **Figure 8C**) assessments. In the absence of an immune

system, this is strong evidence in support of a direct role for NFKB2 signaling in

pituitary differentiation.

To investigate downstream pathways altered in *NFKB2^{D865G/D865G}* pituitary organoids,

we performed bulk RNA-seq of five distinct *NFKB2^{D865G/D865G}* organoids versus five

organoids derived from its isogenic hiPSC control line on day 48. Differential expression

(DE) gene analysis identified 2,829 significantly upregulated and 2,586 significantly

downregulated genes at adjusted p (pAdj) < 0.05. The global results are depicted as a

heatmap to show the similarities across organoids sharing genotypes (**Figure 9A**) and a

volcano plot to highlight the magnitudes of DE between the two groups (**Figure 9B**).

Global NFKB signaling was not affected in *NFKB2^{D865G/D865G}* organoids, as most genes

assigned to that pathway had fold-change values between -0.5 and 0.5, when they were

significant (**Suppl Figure S5**). However, among a list of 143 genes known to have a

functional influence on pituitary-hypothalamic development curated from the published

literature and also expressed in our model, 66 of these were found to be DE in

$NFKB2^{D865G/D865G}$ organoids (pAdj < 0.05; **Figure 9B, and Table 1**). 42 genes had

transcript level changes of two-fold or more and 21 of these were transcription factors

(**Figure 9C**). Expression of most of these transcription factors was downregulated, with

a marked decrease in expression of anterior pituitary progenitor markers such as *PITX1*

and *LHX3,* as well as lineage precursor markers *PROP1* and *POU1F1* (**Figure 9C and**

Table 1). In contrast, the earliest Rathke's pouch marker, *HESX1,* showed a 2-fold

increased expression in $NFKB2^{D865G/D865G}$ organoids, suggesting an impaired progression

of pituitary progenitors towards more differentiated stages, with increased expression

of epithelial markers *CDH1*, *KRT8* and *CLDN6* and decreased transcription of

mesenchymal markers *CDH2* and *VIM* supporting that hypothesis (**Figure 9C and Table**

1).

The transcription factor *RAX* also showed a moderate but significant decrease in its

expression (fold change = -0.6, padj < 0.05) in $NFKB2^{D865G/D865G}$ organoids (**Figure 9C**

and Table 1), suggesting that the phenotype could be due, at least partially, to a

hypothalamic defect. Indeed, among the factors known to mediate the interaction

between the hypothalamus and oral ectoderm during pituitary development, *BMP4* and

FGF10 had significant fold-changes of 4.35 and 0.26 in $NFKB2^{D865G/D865G}$ organoids

respectively, whereas *SHH*, *WNT5A* and *FGF8* expression levels were not modified

(**Table 1**). Finally, a 2.4-fold increase in *FST* expression, a gene recently identified as a

marker of differentiating corticotrophs[16], and concomitantly decreased levels of mature

corticotroph markers *AR*, *NR4A2*, *PCSK1* and *POMC* (0.63, 0.4, 0.35 and 0.43-fold

changes respectively) (**Table 1**), corroborate the hypothesis that TBX19-positive

precursors fail to achieve terminal differentiation in $NFKB2^{D865G/D865G}$ organoids.

Taken together, our data identify NFKB2-mediated signaling as an important factor

acting on pituitary development at multiple levels during its maturation.

Discussion

After describing the rare combination of an anterior pituitary deficit, mostly ACTHD, with common variable immunodeficiency in DAVID syndrome, we and others found that affected patients carry *NFKB2* gene mutations affecting specific C-terminal residues of the NFKB2 protein known to play important roles in immunity [7,8,9]. As the spontaneous mouse knockout mutant of the orthologous gene lacks an endocrine phenotype, yet *NFKB2* is transcribed in the prenatal human pituitary gland, we wanted to investigate the mechanisms of ACTHD in a human disease model.

The available *in vitro* models to study ACTHD and CPHD had strong limitations. For instance, studies based on transfections and luciferase-coupled hormone promoters can only give indirect evidence of the effect of a variant of unknown significance on the activity of a given transcription factor, as they are based on non-physiological amounts of DNA and promoter constructs[5]. Murine models only partially replicate human CPHD, as already shown for *PROP1* mutations in ACTHD (absent in mice but present in 40% of humans)[43]. However, reprogramming differentiated adult cells into induced pluripotent stem cells and advances in genome editing technologies using CRISPR/Cas9 broadened possibilities for modeling novel aspects of human disease *ex vivo*[44]. Organoid culture has allowed the modeling of otherwise inaccessible congenital human disorders affecting the brain[25], intestine[45], kidney[46], liver[47], pancreas[48], ovary[49], and lung[50]. In the present study, we established a human *in vitro* model of congenital ACTHD using 3D pituitary organoids differentiated from *TBX19*$^{K146R/K146R}$ and *NFKB2*$^{D865G/D865G}$ hiPSC generated by CRISPR/Cas9 genome editing, in order to compare them with their isogenic WT equivalents. After confirming that this model could recapitulate relevant aspects of pituitary development, we then determined whether it could also replicate a disease, namely ACTHD.

As the $TBX19^{K146R}$ homozygous variant is known to cause ACTHD in humans, we

designed a human organoid model derived from $TBX19^{K146R/K146R}$ hiPSC as a proof of

principle. In line with the $Tbx19^{-/-}$ mouse model[3], $TBX19^{K146R/K146R}$ organoids displayed

markedly defective corticotroph differentiation, as compared to WT organoids, thereby

validating the methodological approach. Interestingly, in organoids carrying a

$TBX19^{K146R/K146R}$ missense mutation that affects DNA binding, a few corticotroph cells

were still present, suggesting either a role for TBX19 independent of its DNA binding

activity or persistence of residual DNA binding activity with this mutation.

Using this same approach with $NFKB2^{D865G/D865G}$ organoids generated by CRISPR/Cas9-

edited hiPSC, we demonstrated for the first time a role for NFKB2 in pituitary

development. Heterozygous mutations in the C-terminal region of $NFKB2$, such as

D865G, were reported in DAVID syndrome, leading to the disruption of both non-

canonical and canonical pathways[8,11–13,51,52]. Although $NFKB2^{D865G}$ has been identified in

a heterozygous state in patients with ACTHD, we decided to generate a homozygous

model of $NFKB2^{D865G/D865G}$ to determine first whether NFKB2 was involved in human

pituitary development at all and could explain the defect in ACTH production in DAVID

syndrome (OMIM#, 615577) [7,8,53]. Indeed, while concomitant common variable immune

deficiency (CVID) can be explained by the key roles of NFKB signaling in the immune

system, the mechanism of the endocrine deficits caused by $NFKB2$ mutations was

unknown. In mouse models, deletion of $Nfkb2$ causes abnormal germinal center B-cell

formation and differentiation[14]. However, the spontaneous $Lym1$ mouse model, which

carries a truncating variant Y868* in the $Nfkb2$ orthologue that prevents its cleavage

into a transcriptionally active form, had apparently normal corticotroph function and

ACTH expression in the pituitary in both heterozygotes and homozygotes[9]. Mutant

$Nfkb2$ homozygotes do display reduced fertility and more severe immune abnormalities

than their heterozygous counterparts [54]. Using pituitary organoids differentiated from a

NFKB2[D865G/D865G] hiPSC line in comparison with its unmutated control and in the absence

of an immune response, we have demonstrated that human corticotroph development

is directly disrupted by the same missense mutation found in DAVID syndrome.

The precise molecular mechanisms by which NFKB2 impairs corticotroph development

remain to be determined. However, our results suggest both early and late effects on

corticotroph differentiation. First, NFKB2 may be involved in the early steps of pituitary

development. RNA-seq data on day 48 of *NFKB2[D865G/D865G]* organoid development

showed increased *HESX1* and *BMP4* transcription, which may reflect blockade in an

undifferentiated state evocative of the Rathke's pouch epithelial primordium: indeed,

down-regulation of HESX1 is necessary for proper pituitary development[55]. This is also

supported by RNA-seq results showing downregulation of *PITX1, HES1, LHX3* and *FGF10*

in mutant organoids, as their expression is known to be necessary for progression to a

later progenitor state[56,57]. Finally, concordant with the hypothesis of a differentiation

blockade, upregulation of epithelial markers such as E-cadherin and keratin-8 was

observed in mutant *NFKB2[D865G/D865G]* organoids on day 48 while in contrast, there were

no changes in Wnt and hedgehog signaling pathways. Second, NFKB2 could also be

involved in the final steps of corticotroph differentiation. While qRT-PCR showed

increased levels of *TBX19* mRNA in mutant organoids, this did not lead to the expected

increase in *POMC* mRNA transcripts. Similarly, some *NFKB2* mutants had TBX19+ cells

without simultaneous ACTH expression. This suggests that NFKB2 is necessary for

POMC synthesis in TBX19-specified cells, which *NFKB2[D865G]* may prevent. This could be

due to abnormal DNA binding of the NFKB heterodimer to the *POMC* promoter[58,59]

and/or regulation of *PCSK1*, the gene coding for the enzyme necessary to convert POMC

to ACTH. Alternatively, *NFKB2[D865G]* could also block TBX19+ cells in a pre-differentiated

corticotroph state through its derepression of chromatin remodeling factors such as

EZH2[60].

The organoid model described in this paper presents several advantages over other

approaches. It is a true human model of ACTHD, emphasizing the limits of mouse

models as exemplified by the *Lym1* model, which showed that Nfkb2 was dispensable

for murine pituitary development. Despite some technical constraints, CRISPR/Cas9-

based genome editing of hiPSC is a powerful approach to elucidate gene function in

congenital pituitary deficiency patients, as shown for the role of hypothalamic OTX2

regulation of pituitary progenitor cells in congenital pituitary hypoplasia[20]. While the

prevalence of pathogenic variants of known genes in primary hypopituitarism is

currently estimated to be below 10%[6], exome and whole-genome sequencing regularly

identify new genes and variants, for which pathogenicity remains uncertain[35]. This

model or refinements thereof could thus become the gold standard to confirm

involvement of a given gene in human anterior pituitary development, or to classify new

variants of unknown significance as likely benign or pathogenic. Finally, pituitary

organoids derived from human embryonic stem cells have been transplanted

subcutaneously into mice with hypopituitarism; grafted cells were able to secrete ACTH

and respond to corticotropin-releasing hormone stimulation[61]. The near future may

therefore promise patients with hypopituitarism innovative substitutive treatments

with their own reprogrammed cells.

In conclusion, we have designed and validated a model replicating human constitutive

ACTHD using a combination of CRISPR/Cas9 and directed differentiation of hiPSC into

3D hypothalamic-pituitary organoids. Not only has this proof-of-concept reproduced

the known prerequisite for the TBX19 transcription factor in human corticotroph

differentiation, it has also allowed a new classification of a *NFKB2* variant of previously

unknown clinical significance as pathogenic in pituitary development. From a clinical

viewpoint, our organoid model can provide evidence for the pathogenic role of new

candidate genes or variants investigated in patients where none other is available,

especially in a rare disease affecting a poorly accessible organ like the pituitary gland.

From a physiological viewpoint, modeling corticotroph deficiency using hiPSC allows to

support the functional role of NFKB2 in human pituitary differentiation.

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Declaration of interests

The authors declare no competing interests.

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A *TBX19* gene

TBX19^{K146R} (AaG > AgG)

TBX19 protein

DNA-binding domain

41   222   448

K146R

B WT

Target site   Cut site

TGG ATG AAA GCT CCC ATC TCC TTC AGC AAA GTG AaG CTG ACC AAC AAG CTC AAT GGA GGC GGG CAG GTACGAATGAGGCGGGCAGGCCTGGCCACCCGCT

W   M   K   A   P   I   S   F   S   K   V   K   L   T   N   K   L   N   G   G   Q

sgRNA   PAM

C ssODN

KI mutation   Blocking mutation

TGG ATG AAA GCT CCC ATC TCC TTC AGC AAA GTG AgG CTG ACC AAC AAG TTA AAT GGA GGC GGG CAG GTACGAATGAGGCGGGCAGGCCTGGCCACCCGCT

W   M   K   A   P   I   S   F   S   K   V   R   L   T   N   K   L   N   G   G   Q

R

D

KI Mutation   Blocking mutation

MseI site

E

WT hiPSC   Knock-in hiPSC

Step 1

Crispr/Cas9

Step 2
3D culture

WT pituitary organoid   Mutant pituitary organoid

Figure 1: Design of sgRNA and ssODN to edit *TBX19*^{K146R} mutation

A, Illustration of the *TBX19* gene (HGNC: 11596; NCBI: NG_008244.1; Ensembl: ENSG00000143178; Human GRCh38) and TBX19 protein.

B, Wild-type (WT) sequence containing target site, cut site, target and PAM sequences.

C, ssODN design to edit in a missense K146R mutant of *TBX19* using CRISPR/Cas9.

D, Sequence analysis of a *TBX19*^{K146R/K146R} hiPSC clone 63 obtained by Sanger sequencing after screening by CAPS. This clone was subsequently used in this work to differentiate into pituitary organoids (see below).

E, Summary of our strategy procedure:

Step 1: Production of the knock-in hiPSC lines by CRISPR/Cas9 genome editing.

Step 2: Differentiation into the pituitary organoids from mutant hiPSC lines in parallel with WT line using 3D culture, then comparison of the development of organoids between the two groups.

CAPS: cleaved amplified polymorphic sequences; hiPSC: human induced pluripotent stem cells; KI: knock-in; PAM: protospacer-adjacent motif; sgRNA: single guide RNA; ssODN: single-stranded oligo DNA nucleotides; WT: wildtype; 3D: three dimensions.

Figure 2: **Time course of organoid growth and gene expression in WT and** *TBX19$^{K146R/K146R}$* **organoids**

A, Culture protocol and schematic to generate pituitary organoids in three-dimensional (3D) culture from hiPSC. Organoids were collected at days (d) 0, 6, 18, 27, 48, 75, and 105 during differentiation to analyze.

B, Bright-field microscopy views of WT organoid examples at different time points throughout differentiation. Scale bars are indicated in each image.

C-G, Relative quantification (RQ) mRNA expression analysis for key markers of pituitary organoids during differentiation: WT (in black line) and *TBX19$^{K146R/K146R}$* organoids (in green line). Data show means ± standard error of the mean (SEM); n=1 on day (d)0, n=3 samples per group (8 organoids per sample) at the time points d6 and d18, n=4-8 organoids per group at each subsequent time point (d27, d48, d75 and d105). Mann-Whitney t-test (unpaired, two-tailed, nonparametric). $p < 0.05$ (*), $p < 0.01$ (**).

C, Relative quantification expression of *HESX1*, one of the earliest pituitary placode markers. The expression of *HESX1* was not significantly different in *TBX19$^{K146R/K146R}$* organoids vs. WT.

D, Relative quantification expression of *PITX1*, an anterior pituitary progenitor marker in the ectodermal primordium. *PITX1* was significantly downregulated in *TBX19$^{K146R/K146R}$* organoids by d48 (** $p = 0.0022$) and d75 (* $p = 0.0159$).

E, Relative quantification expression of *LHX3*, a pituitary progenitor transcription factor. *LHX3* was significantly lower in *TBX19$^{K146R/K146R}$* organoids as compared to WT on d27 (** $p = 0.004$), d48 (** $p = 0.0022$) and d75 (** $p = 0.0079$).

F, Relative quantification expression of *TBX19*, a corticotroph lineage marker. There was no significant difference in *TBX19* expression between the two groups ($p = 0.195$, d75).

G, Relative quantification expression of *POMC*, a differentiated corticotroph marker. *POMC* was significantly downregulated in *TBX19$^{K146R/K146R}$* organoids by d48 (* $p = 0.026$) and thereafter (* $p = 0.0159$ on d75; * $p = 0.0317$ on d105).

Figure 3: Impairment of corticotroph development in *TBX19^{K146R/K146R}* organoids as compared with control

A, C, Immunostaining of LHX3 and CDH1 (E-cadherin) expression in epithelial cells, typical of Rathke's pouch ectoderm in early pituitary primordia, was reduced in *TBX19^{K146R/K146R}* organoids vs wild-type on day 48 (n=10 organoids for each group). Scale bars : 10 μm.

B, D, Immunostaining showed that ACTH and TBX19 expression was reduced in *TBX19^{K146R/K146R}* organoids vs wild-type on day 105 (n=10 organoids for each group). Scale bars: 10 μm.

A WT organoid d105

ACTH

200 µm

B *TBX19^{K146R/K146R}* organoid d105

ACTH

200 µm

C

Figure 4: **3D reconstruction of whole Wild type (WT) and *TBX19$^{K146R/K146R}$* organoids on day 105**

A, A representative image of whole-mount immunostaining against ACTH in a cleared WT organoid on d105 using light-sheet microscopy. Scale bar: 200 μm.

B, A representative image of whole-mount immunostaining against ACTH in a cleared *TBX19$^{K146R/K146R}$* organoid on d105 as above, showing impaired corticotroph differentiation. Scale bar: 200 μm.

C, The number of corticotroph cells per mm^3 was significantly decreased in *TBX19$^{K146R/K146R}$* organoids (* p= 0.0159). Means ± *SEM* for n=4 WT, n=5 *TBX19$^{K146R/K146R}$* organoids. Mann-Whitney test (unpaired, two-tailed, nonparametric).

A *NFKB2* gene

NFKB2^D865G (GaC > GgC)

| 1 - 22 | 23 |

NFKB2 protein

C-terminal domain
850   872

D865G

B WT

Target site   Cut site

TCCCATTCCTGTCCCCATTTACCCCCAGCAGAG GTG AAG GAA GCAC AGT GCG TAC GGG AGC CAG TCA GTG GAG CAG GAG GCA GAG AAG CTG GGC CCA CCC C
                        ▸ V   K   E   D   S   A   Y   G   S   Q   S   V   E   Q   E   A   E   K   L   G   P   P   I
                                  ▸ D
                                sgRNA   PAM

C ssODN

KI mutation   Blocking mutation

TCCCATTCCTGTCCCCATTTACCCCCAGCAGAG GTG AAG GAA GgC AGT GCC TAC GGG AGC CAG TCA GTG GAG CAG GAG GCA GAG AAG CTG GGC CCA CCC C
                        ▸ V   K   E   G   S   A   Y   G   S   Q   S   V   E   Q   E   A   E   K   L   G   P
                                  ▸ G

D

KI mutation   Blocking mutation

BtsI site

C C A T T T A C C C C C A G C A G A G G T G A A G G A A G G C A G T G C C T A C G G G A G C C A G T C A G T G G A G

Figure 5: Design of sgRNA and ssODN to introduce a *NFKB2*[D865G] mutation

A, Illustration of *NFKB2* gene (HGNC: 7795; Ensembl: ENSG00000077150; Human GRCh38) and NFKB2 protein.

B, WT sequence containing target site, cut site, target and PAM sequence.

C, ssODN design to introduce the missense mutation D865G into *NFKB2* using CRISPR/Cas9.

D, Sequence analysis of a representative *NFKB2*[D865G/D865G] hiPSC clone 7 obtained by Sanger sequencing after screening by CAPS. This clone was subsequently used in this work to differentiate into pituitary organoids (see below).

CAPS: cleaved amplified polymorphic sequences; hiPSC: human induced pluripotent stem cells; KI: knock-in; PAM: protospacer-adjacent motif; sgRNA: single guide RNA; ssODN: single-stranded oligo DNA nucleotides; WT: wildtype.

Figure 6: **Time course of organoid growth and gene expression in WT and** *NFKB2$^{D865G/D865G}$* **organoids**

A-E, Relative quantification (RQ) mRNA expression analysis for key markers of pituitary organoids during differentiation: WT (in black line) and *NFKB2$^{D865G/D865G}$* organoids (in green line). Data show means $\pm$ standard error of the mean (SEM); n=1 on day (d)0, n=3 samples per group (8 organoids per sample) at the time points d6 and d18, n=4-6 organoids per group at each following time point (d27, d48, d75 and d105). Mann-Whitney t-test (unpaired, two-tailed, nonparametric). $p < 0.05$ (*), $p < 0.01$ (**).

A, Relative quantification expression of *HESX1*. The expression of *HESX1* was not significantly different in *NFKB2$^{D865G/D865G}$* organoids vs. WT.

B, *PITX1* was significantly downregulated in *NFKB2$^{D865G/D865G}$* organoids by d27 (** p= 0.0022) and d48 (* p= 0.0022).

C, *LHX3* was significantly lower in *NFKB2$^{D865G/D865G}$* organoids as compared to WT on d27 (** p= 0.0087), and d48 (** p= 0.0087).

D, *TBX19* was significantly increased in *NFKB2$^{D865G/D865G}$* organoids by d48 (* p= 0.026) and d105 (p= 0.0095).

E, *POMC* was significantly downregulated in *NFKB2$^{D865G/D865G}$* organoids by d105 (* p= 0.019).

F, There was no significant difference in volume between WT and *NFKB2$^{D865G/D865G}$* organoids (p= 0.6126). Data show means $\pm$ *SEM*; n=7 in the WT group, n=8 in the mutant group. Mann-Whitney test (unpaired, two-tailed).

Figure 7: Impairment of pituitary development in *NFKB2^D865G/D865G* organoids

A, B, Immunostaining of LHX3 and NFKB2 expression in the early pituitary-type epithelium was reduced in *NFKB2^D865G/D865G* organoids vs WT on day 48 (n=10 organoids for each group). Scale bars: 10 μm

C, D, Immunostaining showed that by day 105, there was complete absence of corticotroph cells co-expressing ACTH and TBX19 in *NFKB2^D865G/D865G* organoids versus WT organoids on day 105 (n=10 organoids for each group). Note the population of cells expressing TBX19 without ACTH in the mutant example. Scale bars: 10 μm

A WT d105

ACTH

200 μm

B *NFKB2^{D865G/D865G}* d105

ACTH

100 μm

C

Figure 8: **3D reconstruction of whole *NFKB2^D865G/D865G* or WT organoids on day 105**

A, A representative image of whole-mount immunostaining against ACTH in a cleared WT organoid on d105 using light-sheet microscopy. Scale bar: 200 μm.

B, A representative image of whole-mount immunostaining against ACTH in a cleared *NFKB2^D865G/D865G* organoid on d105 as above, showing impaired corticotroph differentiation. Scale bar: 100 μm.

C, The number of corticotroph cells per mm^3 was significantly decreased in *NFKB2^D865G/D865G* organoids (* p= 0.0007). Means ± *SEM* for n=6 WT organoids, n=8 *NFKB2^D865G/D865G* organoids. Mann-Whitney test (unpaired, two-tailed, nonparametric).

Figure 9: **Whole transcriptome profiles of WT vs *NFKB2^D865G/D865G^* organoids on day 48**

A, Heat map showing global differential gene expression between WT and *NFKB2^D865G/D865G^* organoids (n=5 for each group).

B, Volcano plot of genes showing differential gene expression between WT and *NFKB2^D865G/D865G^* organoids. Red dots in the left panel indicate 143 genes involved in pituitary-hypothalamic development. Grey dots indicate all other genes detected in RNA-seq.

C, Volcano plot of genes showing differential gene expression between WT vs *NFKB2^D865G/D865G^* organoids. Green dots indicate genes coding for 21 key transcription factors (TF) whose expression is significantly changed (fold change < 0.5 or > 2, padj < 0.05). Red dots indicate fold change in expression between 0.5 and 2. Grey dots indicate all other genes detected in RNA-seq.

Pit-Hpt: pituitary-hypothalamic; KI: knock-in; TF: transcription factors

gene_name	FoldChange	padj	gene_name	FoldChange	padj	gene_name	FoldChange	padj
ADCYAP1	0,447	0,007888035	GNRHR	0,453	8,31212E-05	POLR3A	1,014	0,907184037
AIP	0,898	0,534416537	GNRHR2	0,698	0,239376773	POMC	0,434	0,003599837
ALDH1A2	0,152	4,59754E-05	GPR101	1,209	0,830451145	POU1F1	0,039	0,000715204
ALDH1A3	0,182	2,61E-13	GREB1	1,007	0,977843175	POU3F1	1,374	0,420928494
AR	0,634	0,001676979	GSX1	0,659	0,450115297	POU3F2	0,266	1,36281E-05
ARNT2	0,534	0,000269934	HES1	0,663	0,028047242	POU5F1	3,573	0,170177475
ASCL1	0,345	1,44E-06	HESX1	2,193	0,031209258	PROKR2	1,056	0,973652742
AXIN2	1,296	0,058892068	HEY1	0,804	0,130459101	PROP1	0,054	0,000712172
BMP2	0,750	0,342780888	HMGA2	0,775	0,194708366	RAX	0,599	0,026972637
BMP4	4,357	2,4368E-05	INHBB	0,458	0,039744399	RBPJ	0,814	0,046649215
BMPR1A	1,019	0,919913721	ISL1	1,097	0,758119581	S100B	0,304	2,15503E-05
BRAF	0,892	0,481826746	KDM1A	1,021	0,903369765	SALL1	1,106	0,761223759
CDH1	1,626	0,008999389	KRT8	2,617	1,99E-06	SHH	0,786	0,511785531
CGA	12,756	0,042344376	LATS1	0,857	0,019968707	SIX1	0,219	8,42E-06
CREB1	0,850	0,129014692	LATS2	1,460	0,016632236	SIX2	0,161	8,97E-09
CRH	4,347	0,004688935	LHX2	0,622	0,006247085	SIX3	0,859	0,699762446
CRHR1	0,156	0,051309993	LHX3	0,064	2,39E-06	SIX6	0,467	0,005859008
CRHR2	0,823	0,736016163	LHX4	0,557	0,003977929	SLC15A2	0,624	0,001635121
CTNNB1	1,009	0,955419302	MEN1	1,030	0,803086498	SLC6A3	2,215	0,157967352
CYP11A1	6,086	0,001655774	MSX1	0,904	0,909088208	SMO	0,957	0,7040106
DIO2	1,114	0,718852455	NANOG	6,301	0,004723205	SMOC2	4,163	0,034876305
DISP1	1,142	0,477079028	NEUROD1	0,883	0,509660164	SOX11	0,736	0,127568673
DLK1	0,594	0,019880505	NEUROD2	1,137	0,841778563	SOX2	0,815	0,421505197
DMRTA2	0,144	3,58E-11	NEUROD4	0,320	1,72108E-05	SOX3	0,787	0,501517696
DRD2	2,753	2,04541E-05	NEUROG1	0,493	0,192091391	SOX9	0,557	0,002135493
DUOX2	2,595	0,019613055	NEUROG2	0,208	0,031653158	SRD5A1	0,961	0,79794316
DZIP1	0,818	0,042643465	NFKB2	1,236	0,161439179	SST	0,994	0,992100441
EGR1	1,784	0,157681046	NKX2-1	0,707	0,15517589	SSTR1	0,509	0,090081721
ETS1	3,947	4,82E-13	NKX2-2	1,569	0,373223947	SSTR2	0,769	0,435993359
EYA1	0,514	0,039620927	NOG	1,376	0,318972037	TAZ	0,967	0,853180694
FGF10	0,267	3,49E-09	NOTCH1	1,006	0,98289259	TBX19	0,663	0,012939434
FGF2	1,224	0,182371108	NOTCH2	0,937	0,606914403	TBX3	0,997	0,989105106
FGF3	0,611	0,084446193	NR0B1	1,062	0,928929659	TCF4	1,015	0,957689002
FGF8	0,506	0,048269157	NR3C1	0,846	0,302794383	TCF7L2	1,178	0,588438732
FOLR1	2,729	0,034433598	NR4A1	1,227	0,621258008	TFAP2A	2,887	0,001732632
FOXA1	0,550	0,02192538	NR4A2	0,407	0,000780424	TGIF1	1,422	0,002776353
FOXC1	1,619	0,118175086	NR5A1	0,834	0,613961749	THRA	0,714	0,007115882
FOXJ1	0,424	0,001168862	NUPR1	1,384	0,347695524	THRB	2,260	0,000249134
FOXO1	1,494	0,007821304	OLFM1	0,830	0,291658503	TIPRL	0,810	0,003930719
FST	2,384	9,05E-06	OTP	0,663	0,193485664	TLE5	0,695	0,005015424
GATA2	5,579	9,69E-11	OTX1	0,863	0,722257262	TSHR	0,998	0,997529133
GATA3	4,758	0,004829173	OTX2	0,976	0,94712869	USP39	1,035	0,790802941
GHRH	0,712	0,650531144	PAX3	0,362	0,119629185	WNT4	0,712	0,116649738
GHRHR	0,672	0,485122167	PAX6	0,294	0,000592101	WNT5A	1,442	0,295426855
GLI1	1,050	0,841041925	PAX7	0,570	0,188199017	YAP1	1,091	0,565853991
GLI2	1,328	0,159304929	PCSK1	0,354	0,000327177	ZBTB20	0,354	5,29E-10
GLI3	1,279	0,10094389	PITX1	0,299	6,27E-07	ZEB2	1,378	0,010775016
GNAS	1,058	0,395187491	PITX2	1,072	0,86688154			

Table 1: RNA-seq expression data for a list of 143 genes known to have a functional influence on pituitary-hypothalamic development. Differentially expressed genes (padj < 0.05) in *NFKB2^D865G/D865G^* organoids are highlighted in green.