Disrupted endosomal trafficking of the Vangl-Celsr polarity complex underlies congenital anomalies in trachea-esophageal morphogenesis

Nicole A. Edwards[1*], Scott A. Rankin[1], Adhish Kashyap[1], Alissa Warren[1], Zachary N. Agricola[1,2], Alan P. Kenny[2], Matthew J. Kofron[1], Yufeng Shen[4,5], Wendy K. Chung[6,7], Aaron M. Zorn[1,3,8*]

[1]Center for Stem Cell and Organoid Medicine (CuSTOM), Perinatal Institute, Division of Developmental Biology, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, 45208 USA

[2]Perinatal Institute, Division of Neonatology, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, 45208 USA

[3]University of Cincinnati, College of Medicine, Cincinnati, OH, USA

[4]Department of Systems Biology, Columbia University Irving Medical Center, New York, NY, 10032 USA

[5]Department of Biomedical Informatics, Columbia University Irving Medical Center, New York, NY, 10032 USA

[6]Department of Pediatrics, Boston Children's Hospital, Harvard Medical School, Boston, MA, 02115 USA

[7]Departments of Pediatrics and Medicine, Columbia University Irving Medical Center, New York, NY

[8]Lead contact

*Correspondence: aaron.zorn@cchmc.org, nicole.edwards@cchmc.org

<u>Summary</u>

Disruptions in foregut morphogenesis can result in life-threatening conditions where the trachea

and esophagus fail to separate properly, such as esophageal atresia (EA) and

tracheoesophageal fistulas (TEF). The developmental basis of these congenital anomalies is

poorly understood, but recent genome sequencing reveals that *de novo* variants in intracellular

trafficking genes are enriched in EA/TEF patients. Here, we confirm that mutation of orthologous

genes in *Xenopus* disrupts trachea-esophageal separation similar to EA/TEF patients. We show

that the Rab11a recycling endosome pathway is required to localize Vangl-Celsr polarity

complexes at the luminal cell surface where opposite sides of the foregut tube fuse. Partial loss

of endosome trafficking or Vangl-Celsr complexes disrupts epithelial polarity and mutant cells

accumulate at the fusion point, fail to downregulate Cadherin, and do not separate into distinct

trachea and esophagus. These data provide insights into the mechanisms of congenital

anomalies and general paradigms of tissue fusion during organogenesis.

<u>Introduction</u>

Esophageal atresia (EA) and tracheoesophageal fistulas (TEF), which affect approximately 1 in

3000 newborns, are life-threatening congenital anomalies that arise when the embryonic foregut

does not separate correctly into distinct trachea and esophageal tubes[1-4]. This results in

esophageal discontinuity (EA) and/or a pathological connection between the trachea and

esophagus (TEF). Rarer are laryngeal-tracheal-esophageal-clefts where, in some extreme

cases, the foregut fails to separate along its entire length, essentially resulting in a complete

TEF[5]. Roughly half of EA/TEF patients also have variably penetrant co-occurring anomalies in

other organs, including gastrointestinal, pulmonary, cardiovascular, renal, and central nervous

system, suggesting undefined syndromes[6,7]. The genetic etiology of tracheoesophageal

anomalies is poorly understood and is associated with spontaneous *de novo* nucleotide

variants, chromosomal rearrangements, copy number variation and indels in affected

newborns[1,8]. Known variants only account for 10-15% of cases worldwide with the remaining

having no identified risk gene. Even when the causative variants are known, why they result in

tracheoesophageal anomalies is unclear since the cellular mechanisms governing foregut

morphogenesis are poorly understood.

Tracheoesophageal morphogenesis begins when the foregut endoderm is patterned along the

dorsal-ventral axis by an evolutionarily conserved Hedgehog-Wnt-BMP signaling network,

resulting in dorsal Sox2+ esophageal progenitors and ventral Nkx2-1+ respiratory progenitors[9-

12]. After patterning, the foregut constricts at the midline, and a population of epithelial cells on

either side of the foregut tube that express both dorsal and ventral markers (Sox2/Nkx2-1/Islet1)

come together and adhere, forming a transient epithelial bilayer[13,14]. Epithelial cells at the fusion

point then progressively lose adhesion to one another and integrate into either the ventral or

dorsal foregut as the surrounding Foxf1+ splanchnic mesoderm invades between the nascent

trachea and esophagus[14]. Thus, the single foregut epithelial tube fuses, reorganizes its cellular

junctions, and then undergoes fission with coordinated cell rearrangements to reconnect the

epithelia into two separate tubes. How cell signaling and transcription factors regulate the

cellular processes of tracheoesophageal morphogenesis is unclear.

Similar epithelial fusion and fission events are crucial for the morphogenesis of many tissues,

including the heart, oral palate, eyes, inner ear, urogenital sinus, and neural tube; organ

systems that can also be disrupted in complex EA/TEF patients, suggesting shared biological

mechanisms[15]. Such tissue fusion and fission events involve dynamic and coordinated changes

in cell adhesion and polarity[15,16]. For instance, studies of vertebrate neural tube closure and

Drosophila retina morphogenesis indicate that the precise spatial and temporal coordination of

cell adhesion and cell polarity across different epithelial populations is essential for proper tissue

fusion. Less is known about how epithelial polarity and adhesion, likely downstream of

Hedgehog and BMP signaling[17], are regulated in tissue fission events like urogenital sinus-

hindgut separation. A remaining challenge in the field is understanding how the proteins involved

in cell adhesion, cell polarity, and cell junctions are orchestrated to regulate epithelial

remodeling during morphogenesis[18-21].

We recently found in *Xenopus* that Rab11+ recycling endosomes somehow regulate

tracheoesophageal morphogenesis downstream of Hedgehog signaling[14]. Rab11 is a small

GTPase required for the intracellular recycling of endosomal vesicles that cells use to transport

newly synthesized proteins from the Golgi to the plasma membrane and to change the

composition of specific plasma membrane domains by internalizing receptors and other cell

surface proteins[22]. How recycling endosomes regulate epithelial remodeling in the foregut was

unknown. However, recent whole-genome sequencing of EA/TEF patients who exhibit complex

multi-organ phenotypes revealed an enrichment of potentially damaging *de novo* variants in

genes involved in endocytosis and intracellular trafficking[23]. This finding and our previous

observations prompted us to test the hypothesis that endosome trafficking represents a critical

morphogenetic bottleneck in tracheoesophageal separation and to explore the underlying

cellular mechanisms.

Here we demonstrate that the recycling endosome pathway is required upstream of the

Vangl-Celsr cell polarity complex for proper fission of the foregut tube. Mechanistically, Rab11a

localizes the transmembrane protein Vangl2 to the midline luminal cell surface where

juxtaposing apical sides of the foregut touch, localize Cadherin, and adhere to one another to

form the transient epithelial bilayer. Rab11a and Vangl-Celsr complexes at the contact surface

appear to confer an "apical memory" essential for maintaining the cellular organization of

transient bilayer and its subsequent resolution. A partial loss of 1) core endosome trafficking

components, 2) orthologs of EA/TEF patient risk genes, or 3) the Vangl-Celsr proteins disrupt

cell polarity and the orientation of cell division in the transient bilayer. Mutant cells accumulate in

a disorganized septum, fail to internalize E-cadherin (Cdh1) from the rounding cell surfaces, and

the foregut does not separate into trachea and esophagus, resulting in an extended

tracheoesophageal fistula. This unexpected Vangl-Celsr activity is distinct from their well-known

roles in planar cell polarity (PCP) which orients cells within the plane of the epithelium. Together,

these results indicate that failure to maintain localized endosome-mediated epithelial polarity

during foregut morphogenesis may be a common disease mechanism underlying EA/TEF in

many patients and may have broad implications for tissue fusion-fission events in the

morphogenesis of other organs.

Results

Mutation of endosome pathway genes implicated from EA/TEF patients cause TEF in
Xenopus

Recent genome sequencing of complex EA/TEF patients revealed a significant enrichment of

potentially damaging and missense *de novo* heterozygous variants in genes involved in

intracellular trafficking and endocytosis[23]. This was intriguing considering our discovery that the

recycling endosome pathway was somehow involved in tracheoesophageal morphogenesis

downstream of Hedgehog signaling[14]. A meta-analysis of experimentally validated protein-

protein interactions from the STRING database[24] confirmed that many proteins encoded by

patient genes interact with core recycling endosome components (Figure 1A).

To systematically test the role of endosome trafficking in EA/TEF and determine if the patient

variants were likely to be causative risk alleles, we mutated orthologous genes in *Xenopus*

tropicalis using F0 CRISPR-Cas9 gene editing. We compared the resulting phenotypes to those

caused by mutations in core endosome pathway genes. We designed guide RNAs (gRNAs) to

create indel mutations early in the coding sequence that were predicted to disrupt protein

function by creating a premature stop codon or missense mutations leading to nonsense-

mediated decay[25,26]. Cas9-gRNA complexes were injected at the one-cell stage, and after three

Figure 1. Mutating EA/TEF patient endosome trafficking genes causes TEDs in *Xenopus*. A) STRING Database interactome of endosome-related proteins with potentially pathogenic variants identified in and a curated list of core endosome pathway proteins and putative protein cargo. B) Experimental design of F0 CRISPR-Cas9 *X. tropicalis* mutagenesis screen to validate candidate risk genes. C) Confocal images of CRISPR-Cas9 *X. tropicalis* F0 mutants at NF44 stained for Sox2 (green), Foxf1 (red), and Nkx2-1 (purple). Hashed yellow lines indicate the trachea (t) and esophageal (e) lumens. Arrows indicate TEFs. Asterisks indicate dysmorphic or occluded esophagus or trachea. Numbers indicate the proportion of mutant tadpoles with TEF compared to the total mutants screened. Scale bars are 50 µm.

days of development, individual embryos were genotyped, and tracheoesophageal

morphogenesis was assayed by immunostaining and confocal microscopy (Figure 1B). Guide

RNAs that reproducibly caused EA/TEF-like phenotypes with a significant penetrance compared

to controls would support the patient's variant being involved in EA/TEF. In contrast, genes that

did not reproducibly cause EA/TEF when mutated in *Xenopus* were likely not disease-causing in

EA/TEF patients.

Confirming the result of 10 genes previously screened[23] as well as testing 15 new genes, we

found that mutations in 13 out of 25 orthologs of endosome-related patient risk genes result in

significant variably penetrant tracheoesophageal anomalies in *Xenopus* (Figure 1C and Table

S1; $p<0.05$). In each case, the foregut was correctly patterned into a ventral Nkx2-1+ tracheal

domain and a dorsal Sox2+ esophageal domain with surrounding Foxf1+ mesenchyme, and the

foregut underwent initial constriction at the midline. However, in many embryos, the foregut

failed to separate into distinct tubes and exhibited a persistent fistula (Figure 1C, arrows). These

phenotypes were similar to those caused by mutations in the known EA/TEF risk gene *sox2*[23],

and mutations in genes encoding key GTPases in endosome trafficking: *dynamin-2* (*dnm2)*,

which regulates endocytosis at the cell surface, *rab5a*, which regulates early endosome vesicle

trafficking, and *rab11a*[14] that regulates recycling endosomes (Table S1). Most of the mutants

that caused in TEF also exhibited a low penetrance (~20%) of dysmorphic esophagus or

trachea ranging from stenosis to a thick multilayered epithelium with multiple or occluded

esophageal lumens full of cells (Figure 1C, asterisks; Table S1).

Genotyping demonstrated an 80% average indel mutation rate (% alleles mutated per embryo)

across all gRNAs with a range of 58-90% (Table S1 and Figure S1A). Most gRNAs that

reproducibly cause TEF had a mutation burden exceeding 75%. Sequencing analysis revealed

that a given gRNA often produced a reproducible pattern of 1-3 different mutations (Figure S1B,

source data in Table S2; see STAR methods for details on the genotype-phenotype analysis).

Thus, while different cells in an embryo could have different indels, most cells likely had

heterozygous or biallelic mutations. In cases when we had effective antibodies (Dnm2, Rab5a,

and Rab11a), western blotting of foregut explants showed a dramatic loss of protein, and

immunostaining of unilaterally injected embryos demonstrated that most of the cells (>90%) on

the injected side had reduced target protein abundance (Figure S1C-D). Together, these data

indicate that the F0 CRISPR strategy results in most embryos being more damaged than

heterozygous but not complete nulls, with little cellular mosaicism.

Interestingly, in some mutants, we observed phenotypes in other tissues, including craniofacial,
heart, eye, body axis, and gut coiling defects, organ systems that are also disrupted in many
EA/TEF patients. However, we found no evidence of a generalized developmental delay based
on developmental milestones such as melanocyte pigmentation and tail fin formation. As
expected for genes in essential cellular pathways, some embryos with a very high mutation
burden (>80%) exhibited gastrulation arrest and lethality before foregut morphogenesis.
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184 Taken together, these results confirm that endosome trafficking is critical for tracheoesophageal
185 morphogenesis in *Xenopus* and support the likelihood that variants in endosome-related genes
186 may have caused EA/TEF in some patients.
187
188 **Dynamic endosome localization and epithelial remodeling during foregut morphogenesis**
189 To better understand the cellular mechanisms by which endosome trafficking regulates *Xenopus*
190 foregut morphogenesis, we performed a detailed immunostaining analysis of Dnm2, Rab5a, and
191 Rab11a over 24 hours (at room temperature) when the foregut separates into distinct
192 esophageal and tracheal tubes (Figure 2).
193
As previously reported in Nasr et al., 2019[14], just before the foregut midline fuses at NF37, the
endodermal tube is a typical pseudostratified columnar epithelium, with Cdh1 localized to the
basal-lateral cell borders and in adherens junctions. Apical polarity proteins like aPKC and Par3
are localized to the luminal cell surface, whilst Laminin (Lama1) lines the basal surface,
contacting the surrounding mesoderm (Figure 2A and Figure S2A-C). As the foregut constricts,
apical proteins aPKC and Par3 are downregulated at the midline, where the opposing epithelia
touch and Tjp1+ tight junctions are lost (Figure 2B and Figure S2D-G). This is coincident with
the localization of Cdh1 to the luminal contact surface (Figure 2B, quantification in Figure 2Q),
which presumably helps mediate the adhesion of the two sides and the formation of a transient,
columnar epithelial bilayer by NF39 (Figure S2J). Throughout this fusion process all foregut
epithelial cells (dorsal, ventral, and midline) have Dnm2 detectable at the apical-lateral
membrane and subapical Rab5a+ early endosome vesicles (Figure 2C-F, quantification in
Figure S2H-I). In contrast, Rab11a+ puncta are detectable at the apical membrane of epithelial
cells in the foregut with higher intensity levels in the midline epithelial cells that are coming into
contact (Figure G-H, quantification in 2Q).
209
210 Twelve hours later, at NF41-42, cell surface Dnm2 and Rab5a+ puncta were observed
211 throughout the epithelial bilayer, as well as in the trachea and esophageal epithelia and the
212 surrounding mesenchyme (Figure 2K,M). At this point, Rab11a colocalized with Cdh1 at the

Figure 2. Dynamic endosome localization and epithelial remodeling during tracheoesophageal morphogenesis. A-B, I-J) Immunostaining of aPKC, Laminin (Lama1), and Cdh1 dynamics in the Xenopus foregut during trachea-esophageal morphogenesis. C-H, K-P) Immunostaining of Dnm2, Rab5a, and Rab11a in the Xenopus foregut during trachea-esophageal morphogenesis. Scale bar = 50 μm. Diagrams depict the temporal-spatial dynamics of Cdh1 and Rab11a subcellular localization during tracheoesophageal morphogenesis. Q) Quantification of Rab11a immunostaining intensity during foregut fusion and separation (mean ± min/max, 2W-ANOVA, ****p<0.0001, n=4-6 embryos analyzed). R) Cdh1-Rab11a co-localization at the epithelial interface (Mean Pearson colocalization coefficient ± SEM, *** p<0.001, **** p<0.0001 1W-ANOVA, n=5-13 cells per embryo, N=6-8 embryos per stage). S) A model of how endosome trafficking may mediate Cdh1 re-localization during epithelial fusion.

adhesion surface between the two epithelial sides in the bilayer (Figure 2O-R). As the transient bilayer began to resolve, we observed a downregulation of Rab11a and an increase in large Rab5a+ vesicles in the epithelium, consistent with elevated early endosome activity (Figure

2L,N,P). This coincided with a loss of Cdh1 signal on cells rounding up and losing attachment to

their neighbors as the mesenchyme invaded to complete separation of the foregut (Figure S2K-

L).

Asymmetric relocalization of Cdh1 is required for trachea-esophageal separation.

Our results suggested that a localized reduction in Cdh1, possibly mediated by Rab5-dependent

endocytic internalization, facilitates foregut separation. To quantitatively assess Cdh1 dynamics

and cell-cell contacts, we measured Cdh1 immunostaining intensity normalized to a ubiquitously

expressed membrane-GFP transgene in 3D renderings of the contact surfaces between

epithelial cells in the bilayer as it was separating. We found that the contact surface area

between epithelial cells where the bilayer was separating was significantly smaller, with lower

Cdh1 levels, compared to the larger adherent surfaces of the same cells that were still in contact

with adjacent esophageal and tracheal epithelium (Figure 3A, B). This suggests that asymmetric

relocalization of Cdh1 from the rounding cell surface membrane facilitates the separation of the

epithelial bilayer.

To test whether endocytic removal of Cdh1 from the cell surface was required for resolution of

the bilayer, we expressed a Cdh1 mutant (ΔLL-Cdh1) that cannot be internalized by clathrin-

dependent endocytosis[27] using *Xenopus* F0 transgenics (Figure 3C). The bipartite transgene

Tg(hhex:trTA;TRE:ΔLL-Cdh1-GFP) specifically expresses the mutant ΔLL-Cdh1 or a control

wildtype (WT)-Cdh1 in the foregut upon administration of doxycycline (DOX). Compared to non-

induced and WT-Cdh1 controls, approximately 70% of ΔLL-Cdh1 DOX treated transgenic

embryos exhibited a TEF, with a significantly longer segment of unseparated epithelial bilayer

(Fig 3D,E). This demonstrates that endocytosis of Cdh1 is required for epithelial bilayer to

undergo fission and separate the trachea and esophagus.

Endosome trafficking is required for maintenance and resolution of the epithelial bilayer
during tracheoesophageal morphogenesis

Next, we determined which epithelial remodeling events driving tracheoesophageal

morphogenesis require endosome trafficking. Surprisingly, initial foregut constriction and

epithelial fusion, with downregulation of aPKC and increased localization of Cdh1 at the contact

surface, occurred normally in *dnm2*, *rab5a*, and *rab11a* mutant embryos (Figure 4A). The earliest

cellular phenotype we observed was a disorganized septum 4-6 cells wide, with cells in the

middle being round rather than the stereotypical columnar epithelial bilayer at NF41 (Figure 4B,

Figure 3. Endocytosis of Cdh1 is required for trachea-esophageal separation. A) 3D cell-surface rendering of the resolving septum; esophageal cells (green), septum cells (yellow), tracheal cells (purple). Septum cells significantly decrease surface contact area with each other compared to the contact between tracheal and esophageal cells (mean ± min/max, *** p<0.001 1W-ANOVA, n=6 cells per embryo, N=9 embryos). B) Diagrams of the separating foregut at i) the intact bilayer and ii) at the point where the bilayer is separating. The graph quantifies Cdh1/mbGFP intensity at cell surfaces in the bilayer, and the adherent versus separating side of the cells are losing contact (mean ± min/max, ** p<0.01 1W-ANOVA, n=5 cells per embryo, N=6 embryos). C) Structure of wild-type (WT) and the ΔLL → AA Cdh1 mutant that cannot be internalized by endocytosis[27]. D) Quantification of the TEF phenotype in ΔLL-Cdh1 mutants compared to WT-Cdh1 and no DOX control embryos (mean ± SEM, ****p<0.0001 1W-ANOVA, n=10-35 embryos, N=3 transgenesis experiments). E) Cdh1 immunostaining and confocal microscopy of NF44 transgenic embryos and controls. Scale bars = 50 μm.

quantified in Figure 4E). Moreover, at NF42, when the septum in control embryos is separating,
the mutant septum did not downregulate Cdh1 and resolve into the distinct trachea and
esophageal tubes. Rather, a disorganized epithelial mass persisted, resulting in a blind-ended
fistula (Figure 4C-D, Table S1). We frequently observed blisters in the mutant septa at NF42.
Interestingly, the blisters exhibited asymmetric reductions in Cdh1 on the luminal surface,
suggesting that some cells in the tissue try to separate from one another, but other cell-cell
contacts prevent complete septation (Figure 4D). These results indicate that endosome
trafficking is required to maintain an organized epithelial bilayer and suggest that the
accumulation of too many cells with persistent Cdh1 at epithelial-epithelial interfaces disrupts
the resolution into distinct trachea and esophageal tubes.
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To determine if the accumulation of cells was due to elevated cell proliferation, we quantified
confocal Z-stacks of the entire foregut region. We found that neither the total number of cells in
the trachea-esophageal septum nor the rate of proliferation (as measured by phosphorylated
histone H3 staining) was significantly increased in endosomal mutants compared to controls
(Figure 4F-G). Three-dimensional reconstructions demonstrated that the mutant septa were
wider (x-axis) and shorter in the rostral-caudal axis (z-axis) compared to controls but were
similar in the dorsal-ventral axis (y-axis) (Figure S4). This indicates that mutant cells somehow
accumulate across the width of the epithelia septum at the expense of fewer cells along the
rostral-caudal extension of the separating trachea and esophagus.
298
Endosome trafficking controls cell polarity and orientation of division in the epithelial
bilayer
The earliest cellular phenotype we observed in endosome CRISPR mutants was the significant
accumulation of cells inside the epithelial bilayer after foregut fusion. Since cells in
pseudostratified and columnar epithelia are known to divide into the plane of the tissue to
maintain appropriate organization, we considered the possibility that in mutant embryos, cells
might aberrantly divide into the middle of the septum and be unable to reintegrate back into the
epithelial bilayer contributing to the cell build-up (Figure 5A). To assess the plane of cell division,
we measured the angle of the mitotic spindle relative to the basal membrane in the septum of
endosomal mutants and controls. While cells in the epithelial bilayer of control embryos divided
into the plane of the epithelia as expected, with an average spindle orientation of 0-15°, *dnm2*,
rab5a, and *rab11a* mutants exhibited a more random distribution of mitotic spindle angles
(Figure 5B,C). This defect was primarily localized to the septum, as the mitotic spindle angles in
the trachea and esophagus were not significantly different between mutants and controls
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Figure 4. Endosome trafficking is required for resolution of the epithelial bilayer. A) At NF37, the
septum in *dnm2*, *rab5a*, and *rab11a* CRISPR mutants undergoes epithelial fusion similar to controls. B) At
NF41 the epithelial bilayer in endosome mutants is disorganized compared to controls. C) *dnm2*, *rab5a*,
and *rab11a* CRISPR mutants exhibit TEF and blisters in the TE septum (asterisks). Scale bars are 50 μm.
D) Quantification of Cdh1/mbGFP intensity in the adherent, separating, and luminal cell surfaces, in
control septum, and endosome mutant blisters (mean ± min/max, 1W-ANOVA, different letters indicate
p<0.05 between groups, n=7-40 cells, N=3-5 embryos) E) The NF41 mutant septa have more cells across
the width compared to controls (mean ± SEM, * p<0.05 1W-ANOVA, ** p<0.01, N=6-11 embryos). F)
There are no significant (n. s.) differences in proliferation (pHH3+/total) or G) total cells in the septum of
mutant embryos compared to controls (mean ± min/max, 1W-ANOVA, n=46 embryos).

(Figure S4). Thus, loss of endosomal trafficking causes aberrant cell division into the center of

the epithelial bilayer, and possibly a defect in epithelial reintegration into the tissue after cell

division due to altered apical-basal cell polarity.

To test whether apical-basal cell polarity was disrupted, we performed immunostaining for

laminin, which is secreted from the basal side of epithelia into the extracellular matrix. Indeed,

mutant embryos exhibited ectopic laminin deposition in the center of the disorganized septum

surrounding the round central cells and in the lumens of blisters within the tissue (Figure 5D-G).

These observations are consistent with disrupted endosome trafficking leading to loss of apical-

basal polarity in the transient epithelial bilayer, randomized cell division, and cells accumulating

in the mutant tracheoesophageal septum.

Endosome trafficking localizes Vangl2 to maintain apical memory in the epithelial bilayer

During foregut morphogenesis, when the apical epithelial cell surfaces from either side touch

one another, they lose apical markers (aPKC, Par3) and gain Cdh1 (typically basal-lateral) as

they adhere and form the transient bilayer. Despite this apparent loss of apical identity, the cells

must somehow retain some apical-basal cues to maintain an organized bilayer and undergo cell

division in the plane of the epithelium – a process that we found requires endosome trafficking.

One candidate pathway that might regulate this process is the Vangl-Celsr polarity complex. In

addition to their well-known role in the Wnt/PCP pathway where heterotypic cell-cell interactions

between transmembrane Vangl, Celsr, and Frizzled proteins govern cell orientation in the plane

of the epithelia[28], Vangl and Celsr are also involved in specifying apical-basal polarity in epithelia

by recruiting apical Par3 and aPKC whilst restricting Scrib to the basolateral domain[18,29,30].

Furthermore, apical Vangl-Celsr complexes are reported to be internalized by endosomes

during polarized cell divisions of the fetal mouse epidermis[31], suggesting a potential mechanistic

link in the foregut.

To assess whether Vangl-Celsr complexes are involved in endosome-dependent epithelial

remodeling in the foregut, we performed Vangl2 and Celsr1 immunostaining in combination with

Rab11a (antibodies are not available for *Xenopus* Celsr2 and Vangl1). Before foregut fusion,

diffuse Vangl2 was observed throughout the foregut epithelia with no apparent difference

between apical and basolateral cell domains (Figure 6A,F). However, as the midline epithelia

touched, Vangl2 became progressively co-localized with Rab11a puncta at the luminal/apical

contact point and subsequent adherent interface of the bilayer (Figure 6, Figure S6). Super-

resolution microscopy demonstrated that approximately 40% of Rab11a and Vangl2 puncta at

Figure 5. Endosome trafficking controls the polarity of epithelial cell division. A) A model of altered cell division orientation in endosome mutants causing cells to accumulate in the epithelial septum. B) Immunostaining of the mitotic spindle (Tuba4a and phospho-histone H3) was using to measure the angle of cell division at NF41. C) Distribution of mitotic spindle angles is random in endosome mutant epithelial cells compared to controls, which consistently divide between 0-15° (n=3-15 spindles per embryo, Kolmogorov-Smirnov test, N=4-6 embryos. D-G) Endosome mutants have ectopic Laminin deposits (asterisks) inside the blistered disorganized epithelia. Scale bars are 50 µm.

the adherent interface of the bilayer were within 500 nM of each other, consistent with the size of a recycling endosome vesicle[32,33]. In contrast to this dynamic Vangl2 subcellular localization, Celsr1 remained around the entire juxta-membrane region of the epithelial bilayer cells throughout tracheoesophageal morphogenesis (Figure S6E-H).

Considering that endosomes are reported to internalize cell surface Vangl2 in the fetal mouse epidermis[26], this suggested that Vangl2 might be a cargo of the Rab11+ recycling endosomes, transporting it to the cell surface where the epithelia fuse. To test this possibility, we examined Vangl2 localization in the endosome mutants. Vangl2-Rab11a co-localization at the epithelia contact was lost in the disorganized multilayer septum of *dnm2*, *rab5a* and *rab11a* mutants (Figure 6J-N, Figure S6D). However, Celsr1 localization and apical Vangl2 in the esophagus and trachea were unaffected (Figure 6K-M, asterisks, Figure S6I-M), indicating that recycling endosomes are required to localize Vangl2 at the midline apical interface.

Figure 6. Recycling endosomes localize Vangl2 to maintain apical memory in the transient trachea-esophageal septum. A-D) Time course of Vangl2-Rab11a immunostaining during *Xenopus* tracheoesophageal separation. E) Dynamic Vangl2-Rab11a co-localization at the epithelial interface (Mean Pearson colocalization coefficient ± SEM, *** p<0.001, **** p<0.0001 1W-ANOVA, n=6 cells per embryo, N=5 embryos per stage). F-I) Diagrams of Vangl2-Rab11a localization during foregut separation. J-M) Vangl2 is mis-localized in septum epithelial cells of endosome mutants. N) Endosome mutant septa have significantly lower Vangl2-Rab11a colocalization relative to controls (mean ± SEM, **** p <0.0001 1W-ANOVA, n=5 cells per embryo, N=4-6 embryos per condition). O-R) CRISPR F0 mutation of patient variant orthologous genes in *Xenopus* (*ap3d1, itsn1, arhgap21*, and *atp6v1b1)* disrupts Vangl2 localization in the TE septum. Scale bars are 50 µm (20µm in insets).

Mutation of EA/TEF patient-like genes in *Xenopus* disrupts Rab11-Vangl2 localization

We next assessed whether a similar mechanism was involved in the TEF observed when we

mutated the *Xenopus* orthologs of endosome pathway risk genes from patients. We tested

AP3D1, *ARHGAP21*, and *ITSN1* which encode adaptors and CDC42-GEFs respectively during
endocytic vesicle formation, as well as *ATP6V1B1*, which encodes a vacuolar ATPase subunit
required for acidification of endosomal vesicles[34-38]. As predicted, F0 CRISPR mutants of *ap3d1*,
arhgap21, *atp6v1b1* and *itsn1* all exhibited a loss of apical Vangl2 localization and a
disorganized persistent septum (Figure 6O-R), consistent with these proteins functioning in the
recycling endosome pathway.
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Together these results indicate that during tracheoesophageal morphogenesis, dynamic
recycling endosome activity is required to localize Vangl2 at the cell surface where the opposing
midline epithelia adhere to one another. Vangl2 appears to define an "apical memory" in the
epithelial bilayer cells which have lost aPKC and upregulate Cadherin, a membrane
configuration more typical of adherent basal-lateral cell-cell contacts. This unexpected behavior
is distinct from the typical roles for Vangl2 in apical-basal and planar cell polarity.
413
Loss of Vangl or Celsr disrupts tracheoesophageal morphogenesis resulting in TEF
The results above imply that Vangl-Celsr is required for tracheoesophageal morphogenesis.
Interestingly, one patient from our EA/TEF cohort had a heterozygous *de novo* damaging
missense variant in *CELSR2* predicted to alter an amino acid (N953S) in an N-terminal cadherin
domain[23,39]. Moreover, a rare *de novo* variant in *CELSR1* (V1452I) was previously reported in
another EA/TEF patient[40]. Together with our observations that cell polarity is disrupted in
endosome mutants, this led us to test whether Vangl-Celsr were required for trachea-
esophageal morphogenesis in *Xenopus*.
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Loss of function CRISPR-Cas9 F0 *Xenopus* mutants for *celsr2*, *celsr1,* or *vangl2* all resulted in
variably penetrant TEF in 25-30% of the embryos at NF44 (Table 1). Examination of the mutant
foreguts at NF40 revealed a disorganized, thicker septum with round cells in the middle and
frequent blisters, phenocopying the endosome mutants (Figure 7A-D). Moreover, the *celsr1 and*
celsr2 mutants exhibited reduced Vangl2 immunostaining, consistent with previous reports that
Celsr1 forms a heterotypic cell-cell complex with Vangl2[28]. Interestingly, in *vangl2* and *celsr1/2*
mutants Rab11a was still localized to the middle of the bilayer (Figure 7E-H), indicating that
Vangl-Celsr complexes are required for tracheoesophageal morphogenesis downstream of
recycling endosomes. Together, these results suggest that an unexpected but evolutionarily
conserved endosome-cell polarity pathway controls tracheoesophageal morphogenesis and that
disruptions to this process might contribute to EA/TEF in many patients (Figure 7I).
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Fig. 7. Loss of Vangl or Celsr disrupts tracheoesophageal morphogenesis, resulting in TEF. (A-D) Cdh1 immunostaining in *celsr2*, *vangl2*, and *celsr1* mutants with TEF (E-H) disorganized epithelial septa that fail to co-localize Vangl2-Rab11a. Scale bars are 50 μm. I) Model of how endosome trafficking of Vangl2 maintains apical-basal polarity information and the proper tissue organization required for tracheoesophageal morphogenesis.

Discussion

In this study, we demonstrate that an endosome-cell polarity pathway is required for the

epithelial remodeling that drives *Xenopus* tracheoesophageal morphogenesis. We discovered

that Rab11+ recycling endosomes localize the transmembrane polarity protein Vangl2 to the

contact surface where foregut epithelia fuse. This appears to confer an "apical memory" which is

essential to maintain an organized transient epithelial bilayer and its subsequent fission into

distinct trachea and esophagus (Figure 7I). This unexpected Rab11-Vangl2 activity is distinct

from its typical roles in planar cell polarity and apical basal polarity, and may represent a general

paradigm for epithelial fusion and fission during morphogenesis.

Our study provides new insight into how cell and tissue polarity is regulated during tissue fusion

and fission through endosome-mediated dynamic relocation of polarity and cell adhesion

proteins. Previous work suggests that the hierarchy of endosome trafficking and cell polarity in

development is context dependent. In the fetal mouse epidermis, endosomes internalize Vangl,

Celsr, and Fzd proteins organized along the proximal-distal axis in typical PCP fashion, which

are later relocated back to the appropriate cell surface after cell division to maintain epithelial

organization[31]. In contrast, Vangl2 functions upstream of Rab11 in classical Wnt/PCP and

apical-basal polarity roles to regulate convergent extension, planar cell polarization and apical

constriction during Xenopus gastrulation and neural tube morphogenesis[41-43]. We show in the

foregut that Rab11a is upstream of Vangl2, as Rab11a is still localized properly in vangl/celsr F0

CRISPR mutants. We propose that Vangl2 confers "apical memory" to cells that have otherwise

lost apical character. The Vangl-Vangl interface is unexpected since in most other reports,

Vangl-Celsr interactions are heterotypic, with Vangl+ cells binding to Celsr+ / Vangl- cells. In

addition, we find no evidence of Vangl-mediated PCP activity during tracheoesophageal

morphogenesis. Another distinction between what we have described in the foregut and these

other examples of Vangl-regulated epithelial morphogenesis is that in the foregut the epithelia

first fuses (like the neural tube and palate) but then undergo fission. Other tissues that

experience this type of dynamic fusion-fission morphogenesis include separation of anorectal

tubes in the hindgut and semicircular canals in the ear[44-46]. We predict that similar Rab11a-

Vangl2 mechanisms may act in those tissues.

We also show a role for Vangl2 that is distinct from its typical functions in apical-basal polarity.

Our observation that Vangl2 and Rab11a colocalize coincident with a loss of Par3 and aPKC in

the foregut bilayer epithelium was unexpected since Vangl2 is typically thought to help recruit

these proteins to the apical surface in a polarized epithelium. There is precedence for Vangl2

activity independent of its classical polarity roles. In the developing mouse pancreas, apical

restriction of Vangl2 maintains epithelial integrity independent of apical-basal cell polarity[47].

Vangl2 also has cell shape and polarity functions in the developing mouse lung mesenchyme

during branching morphogenesis independent of its PCP or apical-basal polarity roles[48,49].

Neither the *looptail* mutation (dominant-negative) nor conditional knockout of Vangl2 using

ShhCre impairs trachea-esophageal separation. We postulate that a different Cre driver with

earlier recombination in the foregut might lead to separation anomalies. The observation that

endosomal mutants have a TEF penetrance of ~60% while Vangl-Celsr F0 mutants only have a

30% penetrance suggests there may be genetic redundancy (Rab11a vs Rab11b) and Vangl

family members (Vangl1 vs Vangl2). Redundancy between Rab11a/b was shown in the

developing mouse pancreas, as knockout of both Rab11a and Rab11b was required to see

epithelial defects[50]. Another possibility is that in addition to Vangl2, other endosome cargo

proteins participate in foregut morphogenesis.

Cadherin is a candidate cargo of recycling endosomes in the foregut. Unlike Vangl2, Cdh1 can

still localize to the midline of the fused epithelial bilayer in endosome mutants. However, we

show that Cdh1 needs to be internalized by endocytosis at the separating epithelial cell surface

for fission of the bilayer into the trachea and esophagus. We postulate that other endosomal

cargo may include Integrins that facilitate tissue adhesion and Laminins that mediate interaction

with the adjacent mesoderm at the basal surface. Consistent with this possibility, we note that

EA/TEF patients were identified with potentially damaging variants in *ITGB4* and *LAMB4*[23].

Another candidate pathway that might regulate endosome-mediated loss of adhesion is the

Eph/Ephrin pathway. Eph/Ephrin are known to regulate tissue separation and cell sorting in

many contexts[51] and *Efnb2* was recently shown to be required for trachea-esophageal

separation downstream of Nkx2-1[52,53]. In the future we will test the intriguing possibility that

Ephrin-Cadherin-endosome-Vangl interactions mediate tissue adhesion and separation in the

developing foregut.

Endosome trafficking is a ubiquitous cell pathway required for homeostasis and many basic

cellular functions. Several pleiotropic diseases are associated with variants in endosome

trafficking genes[22], but interestingly many of these are rather specific to certain tissues. Not

surprisingly, total loss of endosome activity leads to early embryonic lethality in germline mutant

mice[54,55] and in *Xenopus* embryos results in gastrulation and neurulation defects[41]. Our F0

CRISPR mutagenesis on the other hand results in 58-90% indel mutations, more damaged than

a heterozygote but not complete nulls. Indeed, in our experiments, endosome mutant embryos

have a significantly higher frequency of gastrulation and neurulation defects compared to

controls where the pigmentation gene *tyr* was mutated. In our experiments we selected those

embryos that survived to later stages. The fact that later embryos with partial loss of endosome

activity show specific defects suggests that developing organs and tissue undergoing dynamic

epithelial remodeling, like tracheoesophageal separation, represent developmental bottlenecks

that are particularly sensitive to disruptions in endosomal trafficking. This may partially explain

why EA/TEF patients frequently present with variants predicted to have partial loss of function or

hypomorphic variants in endosome and polarity pathway genes.

Our results are consistent with the "saddle rising" model of trachea-esophageal separation

proposed by Que and colleagues[4] and provide a cellular basis for the saddle as the point of

epithelial fusion-fission and mesenchymal invasion. We note differences between *Xenopus* and

mouse TE morphology and anatomy – in mice, the epithelial fusion event is more transient and

only 3-4 cells in length, while in *Xenopus*, the epithelial fusion event is more prolonged, forming

a bilayer septum tissue over 10 cells in length[14]. In mammals the foregut tissue significantly

grows in the longitudinal plane as the trachea and esophagus separate resulting in an apparent

"rising" of the saddle compared to *Xenopus*. Our study uses *Xenopus* as a model to perform

rapid disease causality screening and cellular analysis to minimize the confounding issue of

tissue growth.

The EA/TEF risk genes validated in this study are involved in various stages of endosome

trafficking, including vesicle formation (ITSN1, AP1G2), cytoskeletal transport (ARHGAP21,

ABRA, RASAL2, RAPGEF3), vesicle acidification (ATP6V1B1) [23,40]. Interestingly the patients

enriched in endosome variants frequently had co-morbidities similar to those observed in

patients with VANGL1/2 mutations [28] such as neural tube anomalies[56,57], renal anomalies[58,59],

congenital heart anomalies[60,61], and lung diseases[62]. While further studies are required to test a

causal link between endosome and polarity proteins in patients, it is tempting to speculate that

complex EA/TEF patients tend to have comorbidities in organs that experience tissue fusion-

fission during fetal development[23]. This suggests the provocative possibility of an

"endosomeopathy" syndrome, similar to ciliopathies. Further comparative analysis of patient

genetics and animal models will deepen our understanding of tissue fusion and fission events

during development, aiding the care and treatment of patients.

Limitations of the study

The F0 CRISPR-Cas9 gene editing strategy used in our study is inherently variable compared to

analyzing germline mutants. We took advantage of rapid *Xenopus* embryonic development to

efficiently screen patient risk genes generating simple indels that produced loss of function

mutations. However, it is possible that variants in EA/TEF patients result in missense gain of

function or hypomorphic proteins. Moreover, the available evidence suggests that EA/TEF risk is

polygenic and our approach does not account for this. Indeed, we found that some of the gene

mutations resulted in a low penetrance TEF, which was not significant over controls, but might

indicate a contribute to the phenotyope in a polygenic state. Future studies should model the
patient's variants and consider multiple genes acting together.

We also do not rule out the possibility that endosome trafficking is required in the surrounding
mesenchyme. This might include polarized secretion of matrix metalloproteases for basement
membrane degradation or PCP-mediated directional mesenchyme migration across the midline
during trachea-esophageal separation. Follow up studies using tissue-specific manipulations will
be necessary to address this possibility.

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Conceptualization: NAE, AMZ. Formal analysis: NAE, AK, AMZ. Funding acquisition: YS, WKC,
AMZ. Investigation: NAE, SAR, AK, AW, ZA, APK. Methodology: NAE, SAR, MJK. Project
administration: NAE, AMZ. Supervision: NAE, AMZ. Validation: NAE. Visualization: NAE, AMZ.
Writing – original draft: NAE, AMZ. Writing – review & editing: all authors.

Declaration of interests
The authors declare no competing interests.

Methods
Experimental models
Xenopus experiments were performed using Cincinnati Children's Hospital Medical Center
(CCHMC) Institutional Animal Care and Use Committee (IACUC 2022-0026) approved
guidelines. Wild type adult *Xenopus tropicalis* and *Xenopus laevis* frogs were purchased from

NASCO and Xenopus1 (USA) and housed in the CCHMC vivarium under standard housing

conditions. *Xenopus* embryos were obtained by *in vitro* fertilization according to standard

procedures[64]. Transgenic membrane GFP *Xenopus laevis*

(*Xla.Tg(CMV:memGFP;cryga:mCherry)*[NXR]) were purchased from the National Xenopus

Resource (RRID:NXR_0012). *Sox2* germline mutant embryos were generated at the National

Xenopus Resource according to standard procedures (RRID:SCR_013731).

CRISPR-Cas9 gene editing and Xenopus embryo culture

Guide RNAs and genotyping primers were designed using CRISPRScan, InDelphi, and

CRISPOR predictive algorithms[65] and synthesized as altR-cRNA by IDT (sequences in

Resources Table and Table S3). Guide RNA sequences that maximized predictive efficiency

(CRISPRScan) and high percentage of predicted out of frame indel mutations (InDelphi) were

selected. After annealing with tracrRNA to create a single gRNA, gRNAs were combined with

recombinant Cas9 protein (PNA Biosciences) and injected into 1-2 cell stage *Xenopus* embryos

at a final concentration of 500-700pg gRNA and 1-1.5ng Cas9p. *Xenopus tropicalis* embryos

were raised at 25°C in 0.1X Modified Barth's solution (MBS) for three days post fertilization

before being anesthetized and fixed at NF44 in MEMFA (3.7% formaldehyde, 0.1M MOPS, 2mM

EGTA, 1mM MgSO$_4$) for 1hr at room temperature, then in Dent's solution (80% methanol, 20%

DMSO) for long term storage at -20°C. *Xenopus laevis* embryos were raised between 15-21°C

in 0.1X MBS for 3-5 days post fertilization (to stages NF37-44), then anesthetized and fixed in

MEMFA or 2% trichloroacetic acid (for endosome proteins and Vangl2 immunostaining) for 30-

40 mins at room temperature. Embryos were immunostained and imaged by confocal

microscopy as outlined below prior to genotyping.

Genotype-phenotype scoring

Genotyping for CRISPR-Cas9 editing efficiency in individual CRISPR-edited embryos was

performed as described in Zhong et al., 2022[23] using the primer sequences in Resources Table

and Table S3. PCR amplified products from individual embryos were sent for Sanger

sequencing at the DNA Sequencing Facility at CCHMC. Sanger sequences were deconvoluted

using Inference of CRISPR Edits (Synthego, USA) or Tracking of Indels by Decomposition,

TIDE, Brinkman et al., 2014[66]) to determine percent indel efficiency (percent of mutations in

each embryo) and mosaicism (different types of indel mutations in a given embryo) (Figure S1).

Only embryos with >40% indel efficiency were considered in genotype-phenotype analysis, as if

the mutation burden was less than this, we concluded that the gene was not sufficiently mutated

to test its function. A minimum of 20 individual mutant embryos from 3 independent editing

experiments were analyzed to identify a statistically significant frequency of trachea-esophageal

anomalies by Student's t-test from the 2% baseline detected in controls. Individual genotype-
phenotype scoring and mutation efficiency are provided in Table S2.
628
E-Cadherin site-directed mutagenesis and *Xenopus* transgenesis
pCS2+ *Xenopus* E-cadherin-3xGFP was a gift from Ann Miller (University of Michigan) and
described in Higashi et al 2016[67]. A dileucine motif (LL) in the evolutionarily conserved juxta-
membrane cytoplasmic domain of E-cadherin is required for E-cadherin endocytosis[27]. Site-
directed mutagenesis was performed with the GeneArt Mutagenesis kit (ThermoFisher A13282
with Accuprime Taq Polymerase, ThermoFisher12339016) using the following primers (mutant
sequence bold, underlined; wt sequence TTA CTA encodes LL, mutation GCA GCG encodes AA
to mutate these two leucines (LL) at positions 732, 733 into alanines (AA) of Xenopus E-
cadherin.

Forward mutagenic primer:
5'- GTG GTA AAA GAG CCT **GCA GCG** CCT CCA GAA GGC GAC -3'
Reverse Mutagenic primer:
3'- CAC CAT TTT CTC GGA **CGT CGC** GGA GGT CTT CCG CTG -5'
642
643 Mutagenesis was confirmed with the following sequencing primers:
644 Forward sequencing primer: 5' GAG CTG GAG ATT GGT CAA TAC G 3' ;
645 Reverse sequencing primer: 5' GAG CCA CTG CCT TCA TAA TCG 3'.
646
Following confirmation of mutagenesis, both the Cdh1-GFP wild type and mutant (LL>AA) were
cloned into the pCR8-Gateway TOPO vector (ThermoFisher K250020) according to
manufacturer's instructions. Gateway LR Clonase II Plus (Thermo Scientific #12538120) was
then used in standard recombination reactions according to manufacturer's instructions to
transfer the *EcadGFP wild type and mutant (LL>AA)* into the pDXTRE transgenesis
responder plasmid[68], which enables Dox-dependent expression.
653
Transgenic embryos were generated as follows: 250pg of pDXTP-*hhex* promoter:rtTA (Nasr et
al., 2019[14]) and 500pg of pDXTR-EcadGFP (wt or LL>AA mutant) were incubated in a 25uL
reaction containing 2.5µL of I-SceI meganuclease enzyme (New England Biolabs #R0694S) in
0.5X I-SceI buffer. The reaction was incubated at 37°C for 40 minutes and then 5nL of this
reaction mix was immediately injected into 1-cell embryos on either side of the sperm entry point
within the first 60-75 minutes after fertilization. Embryos were cultured at 13-15°C for the first two
to three hours after injection and subsequently at 18°C to 23°C degrees thereafter. Transgenic

embryos were selected based on GFP fluorescence in the eye, which becomes visible during

early tailbud stages[68]. Transgenes were activated by the addition of doxycycline (Sigma #D9891)

at a final concentration of 50µg/mL to the embryo culture buffer (0.1X MBS). Culturing of un-

injected embryos in this dose of Dox has no noticeable effect on embryonic development nor

tracheal-esophageal separation. Transgenic efficiency (embryos with GFP+ eyes at tailbud

stages NF33-35) ranged from approximately 8% to 16%, consistent with previous transgenic

studies[14,68].

Whole mount immunostaining and confocal microscopy

Whole mount immunostaining on *Xenopus* tissue was performed as described in Nasr et al.,

2019[14] and Zhong et al., 2022[23] with the following modifications for imaging endosome and

polarity proteins: fixed embryos were rehydrated in PBS, embedded in 2% low melt agarose in

PBS, and sectioned with a Vibratome VT1000S (Leica) to obtain 200 µm tissue slices containing

the trachea and esophagus. Slices were permeabilized with 0.1% Triton X-100 in PBS (0.3%

Triton X-100 for anti-Vangl2), blocked in 5% normal donkey serum in PBS, then incubated in

primary antibody (1:100) in blocking solution overnight at 4°C. Slices were incubated in Alexa

fluor-conjugated secondary antibody (1:500) in blocking solution for 2 hours at room

temperature, then dehydrated in 100% methanol. For confocal microscopy, slices were cleared

in BABB and imaged on a Nikon A1 inverted laser scanning confocal microscope with a 10X,

20X water immersion, or 40X oil immersion objective (Nikon USA). For super resolution

microscopy, slices were cleared in BABB and imaged on a Nikon AXR confocal microscope with

spatial array detector (NSPARC, Nikon, USA) in super resolution mode with a 40X and 100X oil

immersion objective.

Image analyses

Signal intensity quantification: Signal intensity quantification was performed in ImageJ (NIH).

Regions of interest (ROI) were drawn around the apical and basal membranes, then mean gray

value was measured and plotted as mean intensity ± max/min normalized to the fluorescence

intensity of memGFP signal. At least five cells were measured per embryo in a minimum of five

embryos per condition for quantification and statistical analysis by 2W-ANOVA.

Prolate ellipticity, surface contact area, and 3D quantification of Cdh1: Prolate ellipticity and

surface contact area measurements were performed in Imaris (Bitplane). 3D cell volumes were

rendered based on E-Cadherin staining and surface models were generated. Prolate ellipticity

was measured from rendered surfaces of epithelial cells and plotted as mean ± max/min. Values

approaching 1 have elongated shapes while values approaching 0 have spherical shapes.

Surface-surface contact area between the esophagus and trachea-esophageal septum, within

the trachea-esophageal septum, and between the trachea and trachea-esophageal septum was

measured from rendered surfaces of epithelial cells using the Surface-Surface Contact Area

XTension and plotted as the mean ± max/min. Mean Cdh1 intensity was measured on the

rendered surface. At least five cells were measured per embryo in a minimum of five embryos

per condition for quantification and statistical analysis by unpaired Student's t-test (prolate

ellipticity) and 1W-ANOVA (surface contact area).

Three-dimensional measurements of axes in the foregut: Three dimensional lengths of x

(medial), y (dorsal-ventral), and z (rostral-caudal) axes were performed in Imaris (Bitplane). 3D

cell volumes were rendered based on E-Cadherin staining and surface models were generated.

Lengths were measured from rendered surfaces of epithelial cells and plotted as the mean

length of each axis ± standard error of the mean. At least five embryos were measured for

quantification and statistical analysis by unpaired Student's t-test.

Mitotic spindle orientation: Mitotic spindle orientation angles were obtained in ImageJ (NIH) as

described in Franco and Carmena, 2019[69]. Only images with z-sections through the axial axis of

Xenopus embryos containing clearly identifiable mitotic spindles stained with anti-α-tubulin were

analyzed for spindle angles. One line of the angle was drawn through linking both centrosomes,

and the second line of the angle was drawn parallel to the basement membrane of the epithelial

cell. Measurements were collected and wind rose plots were generated in Excel. At least three

mitotic spindles were measured in a minimum of 5 embryos for quantification and statistical

analysis was performed by Kolmogorov-Smirnov tests.

Colocalization and nearest neighbor analysis (super resolution): Pearson colocalization

coefficients between Vangl2/Rab11a, Cdh1/Rab11a, and Celsr1/Rab11a immunostaining signals

were calculated in Nikon Elements (Nikon USA). ROIs were drawn around an entire cell, and

the Pearson colocalization coefficient was determined. A coefficient of 1 indicates two channels

whose fluorescence intensities are perfectly linearly related. For super resolution imaging

quantification, Rab11a and Vangl2 spots were detected and rendered in Imaris (Bitplane USA).

Distances between Rab11a-Vangl2 spots were measured and graphed as a histogram. Vangl2

spots within 500nm of Rab11a spots were considered to be within the Rab11a+ recycling

endosome compartment[32,33]. At least six cells were measured in a minimum of 5 embryos for

quantification and statistical analyses by 1W-ANOVA.

Immunoblotting

Whole Xenopus embryos or microdissected anterior foregut tissue (from pharynx to stomach) were pooled and lysed in Triton X-100 lysis buffer (0.5% Triton X-100, 0.1M HEPES, 150 mM NaCl, 2mM EDTA pH 8.0, 2mM EGTA) containing protease inhibitors (ThermoFisher). Protein lysates were combined with 2X Laemmli buffer and 0.1M DTT, boiled, and separated by 4-12% Bis-Tris gel electrophoresis (ThermoFisher). For HRP detection, membranes were blocked in 5% BSA, then incubated in primary antibody (1:1000) overnight in blocking solution at 4°C. Membranes were incubated in HRP-conjugated secondary antibody (1:5000) in blocking solution for 1 hour at room temperature, then visualized by addition of ECL substrate (Amersham, GE) and imaged using a ChemiDoc (BioRad). Western blot quantification was performed in ImageLab (BioRad).

Resources

Antibodies		
Rabbit anti-PKC zeta	Abcam	ab59364; RRID:AB_944858
Mouse anti-Cdh1	Developmental Studies Hybridoma Bank	5D3 (deposited to the DSHB by Gumbiner, B.M.); RRID:AB_528116
Rabbit anti-Dnm2	Abcam	Ab65556; RRID:AB_1603781
Rabbit anti-Rab5a	Cell Signaling Technology	3547; RRID:AB_2300649
Rabbit anti-Rab11a	Thermo Fisher Scientific	700184; RRID:AB_2532295
Mouse anti-Rab11a	BD Biosciences	610657; RRID:AB_397984
Rabbit anti-Tjp1 (ZO-1)	Thermo Fisher Scientific	61-7300; RRID:AB_138452
Rabbit anti-Par3	Millipore	07-330; RRID:AB_2101325
Mouse anti-Tuba4b	Sigma	T9026; RRID:AB_477593
Rabbit anti-Lama1	Sigma	L9393; RRID:AB_477163
Rabbit anti-pHH3 (Ser10)	Cell Signaling Technology	9701; RRID:AB_331535
Rabbit anti-Vangl2	S. Sokol lab	RRID:AB_2744499
Rabbit anti-Celsr1	BiCell Scientific	50801
Mouse anti-Sox2	Abcam	ab79351; RRID:AB_10710406
Rabbit anti-Nkx2-1	Santa Cruz	sc-13040; RRID:AB_793532
Goat anti-Foxf1	R&D Systems	AF4798; RRID:AB_2105588
Rabbit anti-Itsn1	Millipore	ABS984
Donkey anti-mouse AF488	ThermoFisher Scientific	A-21202
Donkey anti-goat AF568	ThermoFisher Scientific	A-11057

Donkey anti-rabbit AF647	ThermoFisher Scientific	A-31573
Donkey anti-rabbit AF568	ThermoFisher Scientific	A10042
Donkey anti-mouse AF647	ThermoFisher Scientific	A-31571
Chemicals		
Cas9 protein	PNA Biosciences	CP01-50
Doxycycline hyclate	Sigma	D9891
GeneArt Mutagenesis Kit	ThermoFisher Scientific	A13282
Accuprime Taq	ThermoFisher Scientific	12339016
pCR8-Gateway TOPO vector	ThermoFisher Scientific	K250020
Gateway LR Clonase II Plus	ThermoFisher Scientific	12538120
I-SceI	New England Biolabs	R0694S
Normal donkey serum	Jackson Immuno Research Laboratories	017-000-121
Experimental models: organisms/strains		
Xenopus laevis females	NASCO	LM00531
Xenopus laevis males	NASCO	LM00715
Xenopus tropicalis females	Xenopus1	
Xenopus tropicalis males	Xenopus1	
Xenopus laevis: Xla.Tg(CMV:memGFP;cryga:mCherry)[NXR]	National Xenopus Resource	NXR_0012
Xenopus tropicalis sox2 mutant embryos	National Xenopus Resource	NXR_3051; Xtr.sox2[tmHorb]
Oligonucleotides *(See Table S3 for all sequences)*		
Rab11a.S gRNA GAGATTACTCTTCCCCACAC	IDT	Nasr et al., 2019[14]
Rab5a gRNA CGACTGCAGATTCTCCTAAA	IDT	This study
Dnm2 gRNA CGGAGACCGAGTGCAGCCAT	IDT	This study
Slc45a2 gRNA GGTTACATAGGCTGCCTCCA	IDT	Delay et al., 2018[70]
Genotyping, Rab11a.S forward primer	IDT	This study

ACAGTGTGCATAGAATTTGGCG		
Genotyping, Rab11a.S reverse primer CGTGTGTTGCCTAGAGGGAC	IDT	This study
Genotyping, Dnm2.S forward primer GGAGCCAGCGAGAAACACTTA	IDT	This study
Genotyping, Dnm2.S reverse primer GCGACAATATCAACCCACCAA	IDT	This study
Genotyping, Dnm2.L forward primer AGGGAAACACTTACCGGCCTA	IDT	This study
Genotyping, Dnm2.L reverse primer GAAACACAACCAATCACAATCCCT	IDT	This study
Genotyping, Rab5a.S forward primer ACCCTGGCAAACTTTGTGGT	IDT	This study
Genotyping, Rab5a.L forward primer GAGCATCCAACCCACCCTTT		This study
Genotyping, Rab5a reverse primer ACTGTCCCTTTACGAAGCGA	IDT	This study
Software and online tools		
NIS Elements	Nikon	RRID:SCR_014329
ImageJ	NIH	RRID:SCR_003070
IMARIS	Oxford Instruments	RRID:SCR_007370
Surface-Surface Contact Area XTension	Oxford Instruments	https://imaris.oxinst.com/open/view/surface-surface-contact-area
Prism 9	GraphPad	RRID:SCR_002798
Inference of CRISPR edits (ICE)	Synthego	http://www.ice.synthego.com
Tracking of Indels by Decomposition (TIDE)	Van Steensel Lab (Netherlands Cancer Institute)	https://tide.nki.nl
InDelphi	Gifford Lab (MIT)	https://indelphi.giffordlab.mit.edu
CRISPRScan	Giraldez Lab (Yale)	https://www.crisprscan.org
CRISPOR		https://crispor.gi.ucsc.edu
ImageLab	BioRad	RRID:SCR_014210

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Supplemental Figure 1 (Related to Figure 1) F0 CRISPR-Cas9 editing strategy generates highly edited embryos. A) Left: Graph demonstrating correlation between editing efficiency (% alleles with indels) and phenotype penetrance in embryos with mutations in patient risk genes. Right: Graph shows the correlation between editing efficiency, embryonic lethality, and phenotype penetrance in embryos with mutations in endosome and polarity genes. B) Heat map displaying the frequency and types of indel mutations generated by the indicated gRNA in F0 embryo, mean of n=5-15 individual embryo Sanger sequencing analysis per gRNA. C) Immunostaining and confocal microscopy of unilaterally-injected tadpoles at the 2-cell stage with dnm2, rab5a, or rab11a CRISPR reagents and quantification of reduced number of protein-expressing cells and protein abundance on the injected side of the tadpole compared to the control, non-injected side. Graphs are mean ± SEM, ***p<0.001, ****p<0.0001 Students' t-test, numbers above dot plots are the mean. D) Immunoblotting of foreguts dissected from Xenopus CRISPR mutants compared to controls. Relative protein abundance indicated by numbers above immunoblots, with control protein abundance normalized to 1.

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Supplemental Figure 2 (Related to Figure 2) Dynamic cell shape and polarity changes during trachea-esophageal separation. A-C) Before fusion the foregut is a pseudostratified epithelium with apical tight junctions (Tjp1) and Par3. D-F) After apical fusion, epithelial cells remodel to localize E-Cadherin (Cdh1) apically and downregulate Tjp1 and Par3. G) Quantification of aPKC downregulation after epithelial fusion (mean ± min/max, ****$p<0.00001$, 2W-ANOVA, n=6 cells per embryo, N=5 embryos). H) Quantification of Dnm2 intensity after epithelial fusion (mean ± min/max, 2W-ANOVA, n=6 cells per embryo, N=5 embryos). I) Quantification of Rab5a intensity after epithelial fusion (mean ± min/max, 2W-ANOVA, n=6 cells per embryo, N=5 embryos). J) Before resolution of the septum, the foregut epithelium remodels to a bilayered columnar epithelium with basally positioned nuclei. K) The septum resolves after downregulation of E-Cadherin and integration of septum cells into either the trachea or esophagus. L) Prolate ellipticity is significantly decreased in cells actively resolving in the septum (mean ± min/max, *$p<0.05$, Student's t-test, n=6 cells per embryo, N=5 embryos). M) Quantification of Dnm2 intensity before and after resolution (mean ± min/max, Student's t-test, n=6 cells per embryo, N=5 embryos) N) Quantification of Rab5a intensity before and after resolution (mean ± min/max, *$p<0.05$, Student's t-test, n=6 cells per embryo, N=5 embryos).

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1020 **Supplemental Figure 4 (Related to Figure 4) 3D surface renderings** and measurements of
1021 the epithelial septum showing that mutants are significantly wider (x axis) and shorter in the
1022 rostral-caudal (z axis) axis compared to controls (mean length ± SEM, Student's t-test compared
1023 to control lengths, *p<0.05, **p<0.01, n=4-6 embryos per condition). Scale bars are 30 µm.

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Supplemental Figure 5 (Related to Figure 5). Mitotic spindle angles are not significantly
changed compared to controls in the trachea and esophageal epithelia of endosome
mutants. A) Control embryo trachea and esophagus epithelia most frequently divide between 0-
15°C relative to the plane of the tissue. B-D) Endosome mutant trachea and esophagus epithelia
division angles are not significantly altered, but trend to be more variable than control trachea and
esophageal epithelia (Kolmogorov-Smirnov test, n.s. p>0.05, 3-5 cells measured per embryo, 5
embryos measured per condition).
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Supplemental Figure 6 (Related to Figure 6) Celsr1 is localized to the periphery of cells
during tracheoesophageal separation. A) Super-resolution confocal of Rab11a-Vangl2
immunostaining in representative control and Rab5a CRISPR mutant embryos. B) Quantification
of distance between Vangl2-Rab11a spots binned and plotted as relative frequency histograms.
Inset: mean percentage of Vangl2 spots within 500nm of Rab11a spots (area under curve in gray
box) mean ± SEM, N=3-7 embryos, *p<0.05. ***p<0.001 C) Immunostaining of Vangl2 in the
trachea and esophageal epithelium. Vangl2 is localized apically in the lumen-facing esophageal
epithelia but not in the more basal cell layers and is localized around the membrane periphery in
the single cell tracheal epithelium (insets). D) Vangl2 intensity at the apical membrane is
decreased in dnm2, rab5a, and rab11a CRISPR mutants, while Rab11a remains localized to the
apical membranes (mean ± min/max, 2W-ANOVA, ****p<0.0001, ***p<0.001, **p<0.01, n=3-5
cells per embryo, 5 embryos analyzed). E-H) Time course of Celsr1 immunostaining during
Xenopus trachea-esophageal morphogenesis. Diagrams depict Celsr1/Rab11a localization
during foregut separation. I-M) Celsr1:Rab11a colocalization is significantly decreased in *rab5a*
Xenopus mutants, but Celsr1 cellular localization is not significantly altered in *dnm2*, *rab5a*, *and*
rab11a Xenopus mutants (mean ± min/max, 1W-ANOVA, **p<0.01. n=3-5 cells, 5 embryos
analyzed).

Xenopus ortholog of patient gene	Protein Function	% Indel mutations (mean ± SD)	Mean frequency of trachea-esophageal defect (±SEM, n, N, p value)	Xenopus Phenotype
sox2	Transcription factor	100% -germline null	100% (±0, 14, 2, p<0.0001)***	TEF – 14/14
sox2	Transcription factor	90%± 8.6	61% (±10, 18, 3, p<0.0001)***	TEF – 11/18
atp6v1b1	Intracellular transport	82%±11.5	40% (±19,30, 2, p=0.0024)**	TEF – 4/30 Occluded lumens – 9/30
abra^	Rho-actin regulation	90%±6.1	41% (±8, 29, 4, p=0.0009)**	TEF – 10/29 Occluded lumens – 4/29
itsn1^	Endocytosis, Cdc42 GEF	87%±8.2	42% (±13, 26, 3, p=0.0038)**	TEF – 6/26 Occluded lumens – 5/26
arhgap21^	Rho family GTPase	85%±12.0	39% (±7, 23, 4, p=0.0006)**	TEF – 5/23 Occluded lumens – 8/23
itgb4^	Integrin adhesion, putative cargo	72%±14.5	26% (±8, 43, 5, p=0.0063)**	TEF – 9/43 Occluded lumens – 4/43
lamb4	Laminin subunit	71%±17.5	28% (±19, 32, 3, p=0.0121)*	TEF - 9/32 Occluded lumens – 1/32
celsr2^	Cell polarity, putative cargo	72%±16	24% (±5, 33, 2, p=0.0041)**	TEF - 6/33 Occluded lumens – 2/33
rasal2	Ras GTPase-like	81%±11.9	34% (±2, 32, 3, p=0.0005)***	TEF - 5/32 Occluded lumens – 5/32
rnf152	E3 ubiquitin ligase	85% ±11.3	32% (±2, 25, 3, p=0.0002)***	TEF – 7/25 Occluded lumens – 2/25
chmp7	Late endosomes	84%±10	26% (±7, 25 ,3 p=0.0061)**	TEF - 6/25 Occluded lumens - 1/25
ap1g2^	Endocytosis	76%±22.1	23% (±3, 47, 5, p=0.0038)**	TEF – 7/47
cog3	ER-Golgi transport	79%±14.5	18% (±6, 47, 3 p=0.037)*	TEF - 9/47 Occluded lumens - 3/47
rapgef3^	Ras signaling	86%±13	15% (±3, 34, 3, p=0.0360)*	TEF – 4/34 Occluded lumens – 2/34
grip1	Scaffold protein	95%±4.5	17% (±8, 44, 3, p=0.0712)	
ap3d1	Intracellular transport	85%±13.8	15% (±7, 20, 2, p=0.0808)	-
cldn10	Tight junctions	78%±11.3	14% (±7, 34, 3, p=0.1106)	-
pcdh1^	Cell adhesion, putative cargo	72%±14	13% (±7,34, 3, p=0.1361)	-
golga2	Golgi transport	87%±10	12% (±3, 38, 3, p=0.0606)	
itpr1	Inositol triphosphate receptor	79%±17.5	8% (±14, 27, 3, p=0.4262)	-
wdfy3	Autophagy	90%±4	9% (±5, 31, 3, p=0.2680)	

		% Indel mutations (mean ± SD)	Mean frequency of trachea-esophageal defect (±SEM, n, N, p value)	Xenopus Phenotype
rasa2	Ras GTPase	85%±11	9% (±8, 38, 4, p=0.1950)	-
add1	Cytoskeleton	87%±9.3	5% (±5, 39, 3, p=0.6608)	-
*rab3gap2^*	Endocytosis	88%±14.2	5% (±6, 34, 3, p=0.5948)	-
*arhgap17^*	Rho signaling	75%±16	4% (±4, 39, 5, p=0.7341)	-
akap13	Rho guanine exchange factor	58%±14.5	6% (±6, 29, 3 p=0.5165)	-
tyr (control)	Pigmentation	n/d	2% (±2, 36, 6)	-
Endosome/polarity genes	**Protein Function**	**% Indel mutations (mean ± SD)**	**Mean frequency of trachea-esophageal defect (±SEM, n, N, p value)**	**Xenopus Phenotype**
dnm2	Endocytosis	82%±17	70% (±6, 65, 16, p=0.0002)***	TEF – 45/65 Occluded lumens – 14/65
rab5a	Early endosome GTPase	79%±9	63% (±6, 78, 16, p=0.0004)***	TEF – 41/78 Occluded lumens – 9/78
rab11a	Recycling endosome GTPase	86%±18	60% (±7, 46, 18, p=0.0039)**	TEF – 23/46 Occluded lumens – 5/46
vangl2	Cell polarity, putative cargo	69%±18	34% (±14, 25, 3, p=0.0141)*	TEF – 7/25 Occluded lumens – 1/25
celsr1	Cell polarity, putative cargo	80%±10	33% (±4, 20, 3, p=0.0008)***	TEF - 6/20 Occluded lumens – 1/20
slc45a2 (control)	Pigmentation	82%±14.8	2% (±3, 26, 3)	-

Table S1.

^Genes reported in Zhong et al., HGG Advances 2022 (n=10)
New genes reported in this study (n=15)
TEF – trachea-esophageal fistula
SEM – standard error of the mean, n=number of embryos assayed, N=number of independent experiments p value determined by unpaired Student's t-test compared to *tyr* controls. p<0.05 indicates a significant frequency of TEF over controls.