The PIDDosome controls cardiomyocyte polyploidization during postnatal heart development

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Running Title: The PIDDosome controls cardiomyocyte ploidy

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Abstract

The mammalian adult heart is a post-mitotic organ characterized by mainly polyploid

cardiomyocytes (CMs). The post-mitotic status of polyploid adult CMs poses a clear limit to

heart regeneration. Thus, understanding how CMs acquire this polyploid status is relevant to

heart regeneration therapies. Here, we aim to unveil that the PIDDosome, a multi-protein

complex known to limit scheduled and accidental polyploidization events by activating p53,

implements a CM-specific genetic program that controls polyploidization during postnatal heart

development in mice. Flow cytometric DNA content analysis coupled with image-based 3D

volumetric measurements of CM nuclei showed that PIDDosome knockout animals harbor

significantly more polyploid CM nuclei compared to WT controls. Remarkably, the increased

CM ploidy levels do not interfere with cardiac structure or functional output and is implemented

in a cell-autonomous manner. During early heart development, ploidy analyses revealed that

the PIDDosome starts to shape CM ploidy at postnatal day 7 (P7), reaching a plateau of activity

on postnatal day P14. In line with observations made in the hepatocytes, PIDDosome activation

in CMs is dependent on PIDD1 localization to extra centrosomes in cells that fail cytokinesis

via the distal appendage protein ANKRD26. Interestingly, but in contrast to prior observations

in hepatocytes, the PIDDosome limits CM polyploidization in a p53-independent manner but

still involves the CDK-inhibitor, *p21/Cdkn1a*, a notion supported by nuclear RNA sequencing

and genetic analyses. Together these results provide a new mechanism how proliferation of

polyploid CMs is restricted during development, adding new mechanistic insight into the tightly

regulated program of terminal differentiation events occurring in the postnatal heart.

Keywords: PIDDosome, Centrosomes, Cardiomyocyte polyploidization, Heart development

1. Introduction

Ischemic heart disease (IHD) is one of the leading causes of mortality worldwide with nearly 9 million deaths documented in 2017[1]. The primary cause of a reduced heart function is the initial loss of cardiomyocytes (CMs) and the inability of humans to compensate it[2,3]. In order to reverse this loss, induction of proliferation in pre-existing CMs appears to be a promising approach but is still not applicable due to a clear gap of knowledge of the terminal differentiation process. This terminal differentiation program is activated postnatally and is characterized by several tightly regulated steps in order to generate mature and functional CMs. After birth, CMs undergo a decrease in cell cycle activity, which is coupled with a change of metabolism from glycolysis to fatty acid oxidation, and an increased maturation status of the sarcomere apparatus[4,5]. In rodents, within the first postnatal week, the majority of CMs fail cytokinesis during mitosis resulting in binucleated CMs[2,6]. At the same time, CMs lose centrosome integrity leading to centriole disengagement, fragmentation of the pericentriolar matrix (PCM), and the translocation of the major microtubule organizing center (MTOC) function from the centrosome to the nuclear envelope[7]. In the second to third postnatal week, a last wave of DNA synthesis occurs in a small subpopulation of binucleated CMs resulting in increased nuclear ploidy in a fraction of cells[8]. Consequently, the adult mouse and rat heart consist of ~80 to 90% binucleated CMs, while the adult human heart contains an estimated ~25% binucleated and ~25 to 40% polyploid mononucleated CMs[2,9–11]

Recent studies showed that the number of polyploid CMs limits cardiac regeneration by reducing the proliferation capacity of CMs[12,13]. However, why polyploid CMs are unable to re-enter the cell cycle is still unknown. Therefore, a better understanding of mechanisms controlling CM polyploidization is of great interest to uncover new avenues for the treatment of heart disease based on the induction of CM proliferation.

A common feature of mononucleated and binucleated polyploid cells is the presence of supernumerary centrosomes[14]. Centrosomes act as the major microtubule organizing center (MTOC) in most animal cells and form the mitotic spindle poles[15]. Thus, tight control of centrosome copy number is critical for faithful chromosome segregation. A diploid cell contains exactly one centrosome that is duplicated once per cell cycle. In contrast, polyploid cells accumulate centrosomes with each round of incomplete cell division. The centrosome is formed by two centrioles, the mother and the daughter centriole, which are surrounded by the pericentriolar matrix. The mother centriole differs from the daughter centriole as it bears distal and subdistal appendages, including the distal appendage proteins ODF2, CEP83, SCLT1 and ANKRD26[16]. The presence of supernumerary centrosomes, as found in polyploid cells, can

alter bipolar spindle organization and metaphase plate formation by acquiring ectopic MTOC

activity and thus, creating extra spindle poles[17,18]. This can result in mitotic delays and even

chromosome missegregation and thus aneuploidy, which may lead to cell death or

senescence[19,20] . To avoid multipolar spindle formation, cells can cluster the extra centrosomes

to form a pseudo-bipolar spindle, which can improve but not fully rescue mitotic fidelity[20 21].

Postnatal binucleated CMs show extra centrosomes. In fact, ~ 65% of P3 binucleated CMs

contain 4 centrioles, while ~ 27% have 3 centrioles, with 2 mother centrioles[22]. Moreover, once

stimulated with pro-proliferative factors in vitro, P3 binucleated CM can re-enter the cell cycle

resulting in either a binucleated cell or a mononucleated cell[22]. In both situations, the nuclear

ploidy of the resulting daughter CM is believed to increase. This shows that polyploid CMs

have the intrinsic capability to cycle but efforts to induce this process in adults have largely

failed.

Polyploid cells with extra centrosomes undergo a p53-dependent cell cycle arrest or cell death

response [23,24]. This is initially mediated by the "PIDDosome"[25]. The PIDDosome is a

multiprotein complex formed by the auto-processed form of PIDD1 (P53-Induced death domain

protein 1), termed PIDD1-CC, which recruits the bipartite adapter RAIDD/CRADD (RIP-

Associated ICH1/CED3-homologous protein with Death Domain), and the pro-form of

Caspase-2, a member of the family of cysteine-driven proteases known to control cell death and

inflammation[26]. PIDD1 localizes to the mother centrioles via the distal appendage protein

ANKRD26. The presence and clustering of supernumerary mother centrioles result in the

activation of this signaling complex, leading to Caspase-2 activation[27,28]. Active Caspase-2

proteolytically inactivates MDM2, the master regulator of cellular p53 levels, and thereby

stabilizes p53 protein to promotes a p21-dependent cell cycle arrest[25].

Although first described in cancer cells forced to fail cytokinesis[25], absence of either Caspase-

2, RAIDD, or PIDD1, similar to p53 loss itself, increases ploidy in murine primary hepatocytes

as part of a physiological polyploidization program during liver organogenesis. Interestingly,

the same study has shown that this function of the PIDDosome is preserved also during liver

regeneration, and likely also in humans[29]. Altogether, this supports the notion that the

PIDDosome is the key player in limiting scheduled as well as accidental polyploidization events

via p53 in (non)-cancerous cultured epithelial cells as well as in hepatocytes during liver

organogenesis and regeneration[29]. These findings raise the question of whether the PIDDosome

is also involved in controlling the scheduled polyploidization of CMs during postnatal heart

development, opening new perspectives on heart regeneration therapies based on the induction

of CM proliferation by targeting the PIDDosome.

2. Methods

Animals

The generation and genotyping of $Casp2^{-/-}$, $Casp2^{fl/fl}$, $Raidd^{-/-}$, $Pidd1^{-/-}mT/mG$, $p53^{-/-}$ and $p21^{-/-}$ mice was previously described[30–36]. $XMLC2$-Cre ($XMLC2^+$) mice were a kind gift from Prof. Felix Engel[37]. In order to generate $XMLC2^+Casp2^{fl/fl}$mice, $XMLC2^+$ mice were crossed with the $Casp2^{fl/fl}$ mouse line and bred for more than 10 generations. $XMLC2^+$mice were crossed with a switchable Tomato and GFP reporter allele (mT/mG) in the Rosa26 locus, allowing expression of membrane bound versions of both fluorescent proteins. The mice used were backcrossed onto C57BL/6N backgrounds for at least 12 generations and handled at the Medical University of Innsbruck Animal Facility. $Ankrd26^{-/-}$ mice were generated, maintained and genotyped as previously described[38] and heart tissues were kindly provided by Prof. Andrew J. Holland. In all experiments, age-matched animals were used indiscriminate of sex.

Adult and postnatal cardiomyocyte isolation

Adult hearts from 3-month-old animals of the indicated genotypes were sacrificed by $CO2$ asphyxiation and cervical dislocation according the governmental and international guidelines on animal experimentation. Adult cardiomyocytes were isolated by following the protocol of a Langendorff-free method published by Ackers-Johnson and colleagues[39] with minor changes. To the Collagenase buffer, 30 µM $CaCl_2$ was freshly added to optimize the digestion step. In order to have a final concentration of 0.5 mg/ml, Collagenase II (255 units/mg, 17101-015, Life Technologies, USA) and Collagenase IV (310 units/mg, 17104-019, Life Technologies) were used at 16.52 mg and 16.81 mg, respectively, as the unit concentrations of these enzymes were different from the original protocol. Moreover, the freshly made collagenase buffer, was pre-warmed on a heating magnetic stirrer at 37°C just before being injected in the left ventricle (LV). As first step, 7 ml of EDTA buffer was injected into the apex of the right ventricle with 1ml/min speed as described in the original protocol. Then, 20 ml EDTA buffer was injected into the LV over 10 minutes, and subsequently 3 ml of Perfusion buffer was injected into the LV with 1 ml/min speed. 40 ml of Collagenase buffer was finally injected into the LV over 13 minutes. However, after 8 minutes the heart was examined to see whether it has lost its color and structure and if it appeared over-digested. If this was the case, the digestion step was stopped at 8 minutes. After heart digestion and creating ~1 mm^3 pieces, the tissue trituration was done by gently pipetting for 4 minutes, followed by the addition of Stop buffer and further gentle pipetting for another 4 minutes. Adult cardiomyocyte vitality was checked after each isolation via Trypan blue staining. In order to assess cellular ploidy, cells were then centrifuged

for 2 min at 100 x g, fixed in 4%PFA diluted in PBS for 20 mins at RT and then washed 3 times

with PBS.

Hearts from postnatal day 1 (P1), P7 and P10 mice from the C57BL/6N mouse strain were

dissected upon decapitation with operating scissors (RS-6845, ROBOZ, USA), the atria were

removed, and the remaining ventricles were minced. For the isolation of postnatal

cardiomyocytes, mouse hearts were isolated and digested utilizing the gentleMACS

Dissociation kit (130-098-373, Milteny Biotech GmbH, Germany) according to the

manufacturer's instructions. For cardiomyocyte enrichment, cells were pre-plated in DMEM-

F12/Glutamax TM-I (10565, Life Technologies)/10% fetal bovine serum (FBS, F0804, Sigma-

Aldrich, USA)/penicillin (100 U/ml)/streptomycin (100 µg/ml) (Pen/Strep, P0781, Sigma-

Aldrich). After 1.5 h, non-attached cells, enriched in cardiomyocytes, were collected,

centrifuged for 10 min at 300 x g, resuspended in DMEM-F12, Glutamax TM-I containing 3

mM Na-pyruvate, 0.2% BSA, 0.1 mM ascorbic acid, 0.5% Insulin-Transferrin-Selenium (100x,

41400045, Life Technologies), 1% FBS, penicillin/streptomycin (100 U/mg/ml) and counted.

Postnatal cardiomyocytes were washed once with PBS (14190169, Thermo Fisher Scientific,

USA) and the cell pellet was snap-frozen in liquid nitrogen to preserve RNAs.

Cardiomyocyte nuclei isolation and flow cytometric analyses

The isolation of CM nuclei was performed by following the previously described protocol[40,41]

with minor changes. Snap-frozen ventricles from selected genotypes were cut in 1 mm^3 pieces

and transferred into a falcon containing 15 ml of lysis buffer and then, homogenized with a TP

18/10 Ultra-Turrax probe homogenizer (IKA, Germany) at 20 000 rpm for 20s. In order to

isolate the CM nuclei, the 15 ml lysis buffer solution with the homogenized tissues was passed

8 times up-and -down through a 20 ml syringe with a 20 G needle. The crude nuclei isolate was

filtered using at first, a 100 µm cell strainer, and subsequently, a 70 µm cell strainer. After

centrifugation for 10 min at 700 x g at 4°C, the nuclei pellet was dissolved in 5 ml sucrose

buffer and then, topped up to 20 ml total solution. 10 ml sucrose buffer was added into a 1%

BSA/PBS pre-coated ultra-centrifuge tube and was overlayed by the 20 ml nuclei suspension

before spinning for 60 min at 13 000 x g at 4°C. After centrifugation over sucrose, buffer was

quickly removed and the nuclei were resuspended in 700 µl of nuclei storage buffer. Next, 600

µl of nuclei solution was incubated with a rabbit anti-PCM1 antibody (1:300, HPA023370, lot.

number: 000007967, Sigma-Aldrich,) overnight at 4°C with constant shaking. 100 µl of the

nuclei solution was used for the negative control of the staining. On the next day, both nuclei

samples were washed by adding 2 ml of PBS, centrifuged for 10 min at 700 x g at 4°C and then,

the nuclei pellets were incubated with goat anti-rabbit Alexa 647-conjugated antibodies (1:500,

Life Technologies) for 60 min at 4°C. After 1 hour, the samples were washed with PBS and incubated with Propidium Iodide (1:25 of a 1 mg/ml solution). The gating strategy for ploidy analysis is shown in Suppl. Figure 1A, nuclear DNA content was measured on a flow cytometer (LSR-Fortessa, BD Biosystems, USA) and data were analyzed quantitatively, excluding doublets, using FlowJo (FlowJo X, LLC).

Immunohistology

In order to have cardiomyocytes in a relax status (diastole), hearts were injected with a cardioplegic solution (25 mmol/L KCl) in the LV. Once the hearts stopped beating, they were cut from the aorta branch and placed in 4% PFA diluted in PBS overnight at RT. On the next day the fixed hearts were dehydrated and paraffinized. For hematoxylin and eosin staining, 4 μm frontal heart sections were deparaffinized and rehydrated by repeated xylol and ethanol incubation steps and stained. At least 6 different hearts per genotype were analyzed. After the staining, sections were mounted and images acquired on NanoZoomer S210 Digital slide scanner (C13239-01, Hamamatsu photonics, Japan).

Cryosections

Hearts from mentioned genotypes were pre-fixed in 4% PFA overnight at 4°C and on the next day, washed 3 times with PBS and incubated in 15% sucrose diluted in MilliQ water for 4 hat 4°. After the 15% Sucrose solution, hearts were submerged in 30% sucrose diluted in MilliQ water overnight at 4°C. Afterwards, hearts were embedded in Tissue-Tek O.C.T. compound tissue-freezing medium (4583, Sekura, Germany), frozen in liquid nitrogen, and sectioned with a Microm HM550 (Thermo Fischer Scientific) (10 μm). Once the tissues were cut, the sections were left to better adhere on the slide for 30 min at RT.

Immunofluorescence analyses

Immunostainings were performed as previously described[42], with an additional centrifugation step for 2 min at 100 x g at RT. Before antibody incubation, freshly isolated and PFA-fixed CMs were permeabilized with 0.5% Triton X-100/PBS for 10 min at RT. Primary antibodies: rabbit anti-Pan cadherin (1:100, C3678, Sigma-Aldrich,), mouse anti-sarcomeric-μ-actinin (1:200, ab9465, Abcam). After overnight incubation, primary antibodies were detected by using Alexa Fluor™ 488 , Alexa Fluor™ 594 or Alexa Fluor™ 647 conjugated antibodies (1:500, Life Technologies, USA). DNA was visualized with SYTOX™ Green Nucleic Acid Stain (1:200,000 in PBS with 0.1% triton and 10% horse serum, S7020, Thermo Fisher Scientific). Samples were diluted in PBS in order to acquire pictures. Confocal images were captured on a spinning disk confocal laser scanning microscope (Cell Voyager CV1000, Yokogawa, Tokyo, Japan).

FFPE heart sections were boiled in antigen retrieval buffer (1 mM EDTA, pH 8.0) for 8 min

in a microwave (700W). After the antigen retrieval step, slides were kept for 30 min at RT and

rinsed 3 times in PBS. Next, the slides were incubated in WGA (1:100 diluted in PBS, W11261,

Thermo Fisher Scientific,) for 10 min at RT and then, washed 2 times with PBS. After this step,

immunostainings were performed as previously described (29522098). As primary antibody a

goat anti-Troponin I (1:500, ab56357, Abcam) was used, which was detected by an Alexa

Fluor™ 594 conjugated antibody (1:500, Life Technologies, USA). DNA was visualized with

0.5 µg/ml DAPI (4′,6′-diamidino-2-phenylindole) (Sigma Aldrich). Samples were mounted

with Fluoromount-G™ (Thermo Fisher Scientific). Images were captured on a Zeiss Axiovert

200 M microscope using the VisiView 4.1.0.3 (Visitron Systems) acquisition software.

Immunostainings of pre-fixed heart cryosections were permeabilized with 0.5% Triton in PBS

for 10 min at RT. Subsequently, the above-mentioned immunostaining protocol[42] was used with

a minor modification of the time of secondary antibody incubation, set to 1h at RT. High

resolution images were captured on a LSM980 confocal laser scanning microscope (ZEISS,

Germany).

RNA isolation and qRT-PCR

Postnatal CM pellets were processed in order to extract total RNA using TRIzol TM Reagent

(15596018, Invitrogen, USA) according to the manufacturer. 1µg of total RNA was used for

generation of cDNA (iScript cDNA synthesis kit, 170–8891, BioRad, USA). For quantitative

real-time PCR (RT-qPCR) experiments 140 ng of cDNA per each reaction was used. RT-qPCR

assays were performed in experimental triplicates for each biological replicate using Luna®

Universal Probe One-Step RT-qPCR Kit (E3006, New England biolabs, USA) in a StepOne

Plus real time PCR system (Applied Biosystems, USA). Relative gene expression was

calculated based on ΔCt values using *mGapdh* as housekeeping gene.

Bulk nuclear RNA sequencing (RNAseq) analysis

For extraction of nuclear CM RNA, postnatal cardiomyocyte nuclei were isolated and stained

using anti-PCM1, as described above. Subsequently, cardiomyocyte nuclei were sorted based

on their PCM1 staining by using a BD FACSAria™ III Cell Sorter (648282, BD Bioscience).

Importantly, in order to obtain enough RNA material from the isolated cardiomyocyte nuclei,

several hearts from the same postnatal days were pooled together per biological replicate (P1:

15 hearts, P7: 6 hearts, P14: 2 hearts). Afterwards, the low-binding Eppendorf tubes containing

the sorted cardiomyocyte nuclei were centrifuged for 10 min at 700 x g at 4°C. The resulting

nuclei pellets were processed for RNA extraction by utilizing the Quick-RNA MicroPrep Kit

(R1050, Zymo Research, USA) following the manufacturer's protocol. RNA-sequencing

library were prepared by Lexogen NGS Services (Vienna, Austria) using the QuantSeq 3′
mRNA-Seq Library Prep Kit FWD for Illumina and following the low-input protocol.
Sequencing was preformed on an Illumina NextSeq 2000 at Lexogen NGS Services to produce
100bp single-end reads for each sample. Raw RNA sequencing reads were quality-controlled
with FastQC (v0.11.8)[43] and preprocessed with cutadapt (v4.0)[44] to trim poly-G stretches
resembling sequencing artefacts, trim low-quality bases from the 3'end, trim adapter and poly-
A sequences introduced by the sequencing strategy, remove low-quality reads (more than 1
expected error and/or more than 30% N-bases) and remove short reads (less than 20
nucleotides). Processed reads were aligned against the mouse reference genome GRCm39 from
Ensembl (v108)[45] using STAR (v2.6.1e)[46]. All following analyses were performed within R v.
4.2.1. The number of reads per gene (considering the full gene, i.e. both exonic and intronic
sequences) was counted with HTSeq (v2.0.3)[47]. Gene count normalization and differential gene
expression analysis were performed with the R package limma (v. 3.52.4)[48]. Genes were
considered as significantly differentially expressed with an adjusted p-value < 0.05 and an
absolute log2 fold change > 1. Gene set enrichment analysis was carried out using the R package
gage (v. 2.46.1)[49], based on a selection of gene sets retrieved with the R package msigdbr (v.
7.5.1)[50] (included gene set collections: hallmark, canonical pathways excluding WikiPathways,
transcription factor targets, Gene Ontology). Gene sets were considered as differentially
expressed when presenting with a plain p-value < 0.05.

Bulk ncRNA sequencing data pre-processing and analysis

Before gene count normalization, differential gene expression analysis, and all subsequent
analysis steps were performed as described above. Three samples (P1 *XMLC2⁻Casp2^{fl/fl}*
replicate 1, P14 *XMLC2⁻Casp2^{fl/fl}* replicate 3, P14 *XMLC⁺Casp2^{fl/fl}* replicate 1) were excluded
due to low quality. The number of detected genes (at least one read count) was particularly low
for P14 *XMLC2⁻Casp2^{fl/fl}* replicate 3 (1676 genes) and P14 *XMLC⁺Casp2^{fl/fl}* replicate 1 (3893
genes) compared to the other samples (between 7223 and 17057 genes) (data not shown). P1
XMLC2⁻Casp2^{fl/fl} replicate 1 clustered particularly far away in a PCA of all samples (PCA
calculated with R package labdsv v2.1-0[51] (Suppl. Figure 3A). A fuzzy clustering of all samples
showed clusters of genes (clusters 6 and 7) with high expression level in P1 *XMLC2⁻Casp2^{fl/fl}*
replicate 1 compared to replicates 2, 3, and 4 (fuzzy clustering performed with R package Mfuzz
v2.56.0[52] (Suppl. Figure 4). The clustering was calculated on the gene log2 fold changes with
respect to the average gene counts of the four P1 *XMLC2⁻Casp2^{fl/fl}* replicates, after each
sample's raw counts were normalized with the average count of its interquartile range count
values. Subsequent functional enrichment analysis of gene cluster 6 and cluster 7 returned

significantly enriched gene sets (adjusted p-value < 0.05) associated with mitochondria,

ribosomes and translation (Suppl. Figure 3B). Functional enrichment was calculated with

Fisher's exact test, based on the same gene set collection as described above. As these results

are indicative of a cytoplasmic contamination of P1 *XMLC2⁻Casp2^{fl/fl}* replicate 1, this sample

was not considered for further analysis.

Imaris image analysis

Nuclear and cellular ploidy measurements were performed by following the indications

published by Bensley and colleagues[11]. More in detail, firstly, reconstituting the individual

nuclei by the 3D volume module ("3D View" in Imaris) was accomplished and then, analyzing

the mean intensity of the Sytox Green was achieved by using the "surface" Imaris software

package. Importantly, since signal intensity is fundamental for accurate ploidy measurement,

the same setting of laser power, voltage, offset, and pinhole across the board was kept constant

for all the experiments. Single nuclei from binucleated CMs were taken as reference for diploid

nuclei in this analysis. For nuclear and cellular ploidy analysis, images were captured on a

spinning disk confocal microscope, CV1000 Cell voyager (Yokogawa, Japan).

Statistical analysis

323 Data are expressed as the mean ± standard deviation (SD) or standard error of the mean (SEM)

324 of at least three independent experiments if not stated otherwise. Statistical significance of

325 differences was evaluated by either Student's t test, or 1way or 2way ANOVA followed by

326 Bonferroni's post-hoc test, Sidak's or Tukey's multiple comparisons test (GraphPad Prism 9.0).

327 $p < 0.05$ was considered as statistically significant.

3. Results

The PIDDosome controls cardiomyocyte ploidy

In order to decipher the role of the PIDDosome during CM polyploidization, we quantified the nuclear ploidy of freshly-isolated CMs from 3-month-old mice lacking individual PIDDosome components (Figure 1A). The ploidy of single CM nuclei was assessed by 3D volumetric analysis of Sytox Green fluorescence intensity and correlated with the cellular ploidy status. Moreover, the nuclear staining intensity of single nuclei from binucleated CMs, representing the majority of cells isolated from WT hearts, was used to define 2N ploidy[11]. This analysis revealed that CM nuclei of binucleated cells from all three different PIDDosome knockout strains contain a higher percentage of nuclei with increased DNA staining intensity, compared to nuclei from binucleated CMs from WT hearts. This suggests that binucleated CMs in *Pidd1, Raidd* and *Casp2 deficient* animals harbor an increased number of nuclei with > 2N DNA content (Figure 1B). To determine the exact nuclear ploidy of single CM nuclei from PIDDosome-mutant animals, we used a flow cytometry-based strategy. To discriminate CM nuclei from non-myocyte nuclei, we exploited the translocation of the pericentriolar matrix protein PCM1 from the centrosome to the nuclear envelope during terminal CM differentiation[7] (Suppl. Figure 1A). Intriguingly, PIDDosome-mutant animals showed a more than two-fold increase in the percentage of tetraploid (4n) CM nuclei, compared to those isolated from WT animals (Figure 1C). Quantification of the cellular ploidy status of CMs showed that absence of the PIDDosome also causes a significant increase in multinucleated CMs (Figure 1D). Together, these results indicate that abrogation of the PIDDosome induces a pronounced increase in nuclear as well as cellular polyploidization of CM. This suggests that in the absence of the PIDDosome, tetraploid binucleated CMs enter another round of cell cycle, characterized by cytokinesis failure generating either octoploid binucleated CMs or multinucleated CMs with diploid single CM nuclei.

To test if this phenotype is independent of external parameters, e.g., non-myocytes influencing postnatal CM polyploidization, we generated a mouse mutant harboring a cardiac specific deletion of *Casp2* exploiting a floxed *Caspase-2* allele and a *XLMC2-Cre* transgene (*XMLC2⁺Casp2*^fl/fl^) (Suppl. Figure 1B). To test if cardiac CRE expression alters CM polyploidization and to ensure its cardiac-specificity, *XMLC2-Cre* mice were first crossed with a fluorescence reporter line, carrying a switchable Tomato and GFP reporter allele (*mT/mG*) in the Rosa26 locus allowing expression of membrane bound versions of both fluorescent proteins. In the *mT/mG* model, all cells initially express the Tomato reporter prior to CRE recombination, but not GFP. CRE protein expression leads to excision of both the Tomato cassette and the

STOP signal, allowing expression of membrane-bound GFP (Suppl. Figure 1C). Consistently, upon *XMLC2*-driven CRE activation, CM membranes in heart cryo-sections were GFP-positive, while non-CM membranes retained dTomato positivity. Staining with α-sarcomeric actinin and DAPI was performed in addition to define cell identity and nuclear morphology (Figure 1E). CRE expression under control of the *XMLC2* promoter did not affect CM nuclear ploidy (Suppl. Figure 1D). Similar to full body *Casp2*$^{-/-}$ mice, 3D volumetric analysis of Sytox Green staining intensity, as well as flow cytometric analysis using DAPI revealed that cardiac-specific Caspase-2 deletion *in XMLC2*$^+$*Casp2*$^{fl/fl}$ mice significantly increased the percentage of polyploid CM nuclei, when compared to *Casp2*$^{fl/fl}$ control mice lacking CRE expression (*XMLC2*$^-$*Casp2*$^{fl/fl}$) (Figure 1F,G). In addition, the cellular ploidy of *XMLC2*$^+$*Casp2*$^{fl/fl}$ CMs increased to a similar degree as for the full body *Casp2*$^{-/-}$ animals (Figure 1H).

Taken together, these data indicate that the PIDDosome controls CM polyploidization, limiting not only their nuclear but also cellular ploidy in a cell autonomous manner.

Increased CM ploidy does not affect cardiac structure or function

Since PIDDosome loss causes an increase of polyploid CMs in adulthood, we wondered whether this might affect the heart structure and thus, cardiac function. The heart ultra-structure of the different genotypes was analyzed by hematoxylin and eosin (H&E) staining on frontal sections of formalin-fixed and paraffin-embedded (FFPE) hearts. No obvious differences were observed in *Casp2*$^{-/-}$, *Raidd*$^{-/-}$ or *Pidd1*$^{-/-}$ hearts compared to WT hearts (Figure 2A), as well as in *XMLC2*$^+$ *Casp2*$^{fl/fl}$ *vs. XMLC2*$^-$ *Casp2*$^{fl/fl}$ (Suppl. Figure 1E). Likewise, echocardiography of 7-10-week old mice lacking *Pidd1* confirmed that the observed increases in the polyploid CM population did not affect the cardiac function. In fact, there were no significant differences in ejection fraction (EF) and fractional shortening (FS) between *Pidd1*$^{-/-}$ and WT mice (Figure 2B-C).

Polyploid cells harbor multiple copies of the DNA content, and they are usually larger than their diploid counterparts[53]. Since ablation of PIDDosome components causes an increase in polyploid CM, we wanted to investigate whether this ploidy increase was associated with an increase of CM area. For this reason, frontal sections of (FFPE) hearts from *Casp2*$^{-/-}$, *Raidd*$^{-/-}$, *Pidd1*$^{-/-}$ and WT mice were stained for a membrane marker, Wheat germ agglutinin (WGA), a cardiac marker, Troponin I and DAPI. Quantification of the cross-sectional area of CMs revealed no differences across genotypes, (Figure 2 D), suggesting that increases of ploidy are not associated with an increase in CM size, even though contrasting findings were made in the liver[54].

398   Collectively, these data show that PIDDosome deletion and the subsequent increases in
399   the number of polyploid CM do not alter the tissue architecture of the heart and more
400   importantly, cardiac function in steady state.
401
The PIDDosome restricts cardiomyocyte ploidy in early postnatal development
Cardiomyocytes fail to undergo cytokinesis, thus becoming binucleated during the first week
after birth[3,10]. As described by Alkass and colleagues[8], a second wave of polyploidization
occurs between the second and the third postnatal week. To define when the PIDDosome may
be engaged during cardiomyocyte development, we first evaluated postnatal mRNA expression
of the individual PIDDosome components by qRT-PCR. All PIDDosome components showed
low expression levels at P1, while at P7 mRNA levels of all components were found strongly
increased. Interestingly, decreasing expression of these genes already at P10 suggest that the
PIDDosome components are under tight transcriptional control during heart development
(Figure 3A). Next, we examined the exact time-point of PIDDosome-mediated CM-specific
ploidy control, hearts from WT, *Casp2*^{-/-}, *Raidd*^{-/-} and *Pidd1*^{-/-} mice were isolated on P1, P7,
P14 and P21, and CM nuclear ploidy was assessed by flow cytometry. As expected, on P1 no
significant difference in the fraction of tetraploid CM nuclei was observed across genotypes
(Figure 3B), consistent with diploid mononucleated CMs dominating at this developmental
stage[3]. However, at P7 the population of tetraploid CM nuclei in PIDDosome mutant mice
increased compared to the same population in WT mice (Figure 3C). This coincides with the
formation of binucleated CM at this time point during heart development, as previously
reported[3]. Interestingly, the percentage of tetraploid CM nuclei reached a plateau at P14 as no
further increases were noted on P21 (Figure 3D-E), matching numbers were seen in adult mice
(Fig. 1C). Flow cytometric ploidy analysis of *XMLC2*^{+}*Casp2*^{fl/fl} mice confirmed that this is a
cell-autnonomous effect (Figure 3F).
Collectively, these data show that the PIDDosome controls CM polyploidization as
early as P7.
425
Ploidy control in CM depends on extra centrosomes
PIDDosome activation depends on PIDD1 binding to extra mother centrioles via the centriolar
distal appendage protein ANKRD26 in cancer cells[55], as well as in primary hepatocytes[38].
Notably, previous work has shown that ~ 65% of binucleated CMs on postnatal day 3 (P3)
contain 4 centrioles with extra mother centrioles, while ~ 27% have 3 centrioles[22]. To evaluate
the relationship of PIDDosome activation and centrosomes, we quantified the CM nuclear

ploidy in 3-month-old *Ankrd26* knockout hearts. Indeed, the percentage of tetraploid nuclei in

Ankrd26^{-/-} mice was increased by two-fold, similar to what was observed in the PIDDosome

knockout mice (Figure 4A). This strongly suggests that the PIDDosome regulates CM

polyploidization based on centrosome number via PIDD1 localization to the centriolar distal

appendage protein ANKRD26.

Caspase-2-deficient CMs show enhanced expression signatures related to proliferation

In order to elucidate the biological processes through which the PIDDosome executes its

ploidy-regulating function in CMs, CM nuclei of P1, P7 and P14 from *XMLC2^{-}Casp2^{fl/fl}*

(control mice) and *XMLC2^{+}Casp2^{fl/fl}* mice were sorted based on PCM1 staining to perform bulk

RNAseq (Suppl. Figure 2A). Gene set enrichment analysis results of control CMs supported

the previously described developmental changes between P1, P7 and P14[56,57] . In fact, different

ion channels were upregulated in P14 compared to P7 in gene-set enrichment analysis, which

is a known feature of cardiomyocyte maturation[58,59]. In addition, gene sets associated with cell

adhesion were upregulated in P1 compared to P7 CMs, as previously published[57]. Gene sets of

RNA splicing, aerobic respiration and oxidative phosphorylation were abundant in P7 CMs in

both comparisons, P14 *vs.* P7 and P7 *vs.* P1, as a sign of cardiomyocyte maturation[60].

Interestingly, when comparing nuclear transcriptomes of CMs isolated from P7 *vs.* P1, gene

sets such as mitochondrial protein-containing complexes, as well as mitochondrion

organization_ were upregulated, indicating that P7 CMs have a more mature mitochondria

structure or organization compared to P1 CMs, as previously shown[59,61] (Suppl. Figure 2B-C).

In addition, a tendency towards the expression of genes, which play a role in sarcomere structure

and regulation, previously associated with cardiomyocyte developmental maturation[57,59], was

also noted between P1 and P7 CMs (Suppl. Figure 2D). Since the PIDDosome starts to control

CM ploidy status during the first week postnatally (Figure 3), we investigated the differentially

expressed genes of Casp2-depleted CMs (*XMLC2^{+}Casp2^{fl/fl}* mice) compared to CMs from

control animals (*XMLC2^{-}Casp2^{fl/fl}* mice) at P7 (Figure 4B). Interestingly, genes related to CM

proliferation (*Foxm1[62–64]*, *Gas5[65,66]*, *Sqle[67]*, *Dusp8[68]*, cell cycle regulation (*Cdkn1a[69]*, *Hes1[70]*,

Trim39[71], *Lin37[72]*, *Kif18a[73,74]*), ploidy control (*E2F8[75]*, *MAD2L1[76]*) and T-Tubule maturation

(*Bin1[77]*) were found statistically and significantly altered between genotypes (Figure 4C).

Further, gene set enrichment analysis highlighted that GO terms related to chromosome

separation, mitotic spindle checkpoint, PLK1 pathway, resolution of sister-chromatid cohesion

and microtubule-based processes, were upregulated in *Casp2*-depleted CMs *vs.* CMs from

control mice on P7, suggesting that Caspase-2-depleted CMs, which are more polyploid

compared to their P7 control counterparts (Figure 1), might experience mitotic errors and delays

due to their increased DNA content. Importantly, downregulated GO terms in P7 Casp2-depleted CMs *vs.* P7 control CMs were associated with a reduction in fatty acid metabolism and muscle differentiation as well as sarcomere organization (Figure 4C), proposing that CMs lacking Caspase-2 might delay the naturally occurring terminal differentiation program, containing more immature and cycling CMs compared to control mice at that developmental stage.

CM ploidy control does not require p53 pathway activity

Mechanistically, the PIDDosome regulates ploidy by the activation of the protease activity of Caspase-2 and subsequent MDM2 cleavage and its key-components are negatively regulated by E2F8, consistent with hits in our bulk nuclear (nc)RNAseq analysis. As this axis is conserved across several cell types[25,29], we investigated whether it is also at play in CM polyploidization. To this end, we analyzed CM ploidy in 3-month-old *p53*^{-/-} mice. Surprisingly, the percentage of tetraploid CM nuclei in mice lacking this key ploidy regulator was not significantly different compared to WT animals. In the liver, p53 promotes a p21 induced cell cycle arrest in polyploid hepatocytes[29]. Intriguingly, *p21*^{-/-} mice showed a significant increase in ploidy, compared over WT animals. Curiously, the percentage of 4N nuclei in *p21*^{-/-} mice was still lower compared to that seen the PIDDosome knockout mice (~16 % *vs.* ~28%, respectively), suggesting that PIDDosome controls CM ploidy through another route than the canonical MDM2-p53-p21 axis or that p21 and the PIDDosome may act in separate pathways (Figure 4D). However, comparing CM nuclei from *Caspase-2* mutant mice with those from *Caspase-2/p21* double-knockout animals did not reveal an additional ploidy increase, suggesting that p21 acts downstream of the PIDDosome.

Taken together, these data indicate that the PIDDosome exerts its CM ploidy controlling function depending on extra centrosomes but independently of p53 stabilization, yet engaging p21 in a yet to be defined manner. The transcriptomic profiles of Casp2-depleted CMs suggest that the PIDDosome influences not only the CM cell cycle directly by modulating CM-specific and general cell cycle/ploidy genes, but also indirectly by altering other biological processes, such as lipid metabolism and CM differentiation, which are known to regulate CM proliferation[57,59,78]. As such, we propose that the PIDDosome represents an attractive target to modulate CM differentiation and possibly regeneration.

4. Discussion

During early postnatal development, cardiomyocytes lose their proliferative capacity and become polyploid, which is an established barrier to heart regeneration. To date, little is known about why polyploid cardiomyocytes cannot re-enter the cell cycle. Here, we show that the PIDDosome multiprotein complex is critical for regulating cardiomyocyte polyploidization. In fact, mice lacking individual PIDDosome components exhibit an increased nuclear and cellular ploidy status of cardiomyocytes, which does not alter cardiac functionality and structure in steady-state. This PIDDosome-mediated cardiomyocyte-specific ploidy control is restricted to the first weeks after birth. Importantly, our data suggest that this pathway is activated in polyploid CMs by "counting" supernumerary centrioles via the localization of PIDD1 with ANKRD26. Interestingly, in CMs the PIDDosome limits polyploidy independently of p53 stabilization, but still involves p21. As Casp2/p21 double-mutant animals show no additional ploidy increase, we conclude that p21 is epistatic downstream of Caspase-2. How Caspase-2 can engage p21 in the absence of p53 is unclear. P73 has been implicated in regulating CM proliferation and is also regulated by MDM2 and may compensate for p53 during postnatal heart development[79,80], Moreover, stabilizing effects of Caspase-2 on p21 mRNA translation have also been reported[81]). Regardless of mechanism, these data together with the increased level of 4N cardiomyocyte nuclei in *p21* knockout animals suggest that the PIDDosome might exert its function not exclusively via p21, as the increase in 4N cardiomyocyte nuclei in *p21* knockout mice is consistently slightly lower than in PIDDosome-deficient CMs. These findings are in line with previous studies which have shown that postnatal cardiomyocyte proliferation depends on p21[82] but not on p53, as a *p53* knockout is insufficient to induce cardiomyocyte proliferation[83].

E2F8 is known to be a fundamental regulator of hepatocyte ploidy during liver development[75] where it transcriptionally targets *Casp2* and *Pidd1*[29]. Recently, it was reported that cardiomyocyte-specific double knockout of E2F8 and E2F7 mice have an increased percentage of mononucleated diploid cardiomyocytes, which had no effect on cardiac function in steady state but also failed to improve heart regeneration after infarction[84]. Our bulk RNAseq data has shown that cardiac-specific deletion of Caspase-2 correlates with an upregulation of *E2f8,* which could explain the increased level of polyploid cardiomyocyte in these mice, as E2F8 mediated suppression of cytokinesis genes may be more effective. In addition, it seems that the limited change of cardiomyocyte ploidy observed both in *E2f7/8* and PIDDosome knockout mice, does not cause alteration in cardiac function suggests a rather broad range of CM ploidy is compatible with the maintenance of heart function and regeneration. The reported association

of lower CM ploidy and increased regenerative capacity across a large range of genetic

backgrounds in mice[13] needs to be explored further.

Finally, heart regeneration therapies based on cardiomyocyte proliferation face many obstacles

in clinical studies and hence it seems worth-while to explore if induction of polyploid

cardiomyocyte proliferation is a possible strategy, and if this can be achieved by PIDDosome

inhibition. Of notice, small molecules targeting Caspase-2 have been reported[85–87] and thus,

their validation in preclinical studies is of great interest.

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Conflict of Interest

None declared.

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 Figure legends

Figure 1. The PIDDosome regulates nuclear and cellular polyploidization of
cardiomyocytes

(**A-B**) Ploidy measurements of single CM nuclei by 3D volumetric analysis of Sytox-green
fluorescence intensity in correlation with the cellular ploidy status. (**A**) Representative pictures
of freshly-isolated 3-month-old CMs from different genotypes. CMs were stained for the
cardiac marker, α-sarcomeric actinin (purple), and a nuclear marker, Sytox-green. Scale bars:
10 μm. (**B**) Scatter blots of the fluorescence intensity quantification as in A. n: 4 hearts per
genotype; 100 CMs per heart. Data are mean ± SEM; One-way ANOVA with Dunnett's
multiple comparisons test. (**C**) Representative histograms (left) and quantification (right) of the
CM nuclear ploidy measured by flow cytometry in 3-month-old hearts from the indicated
genotypes. n: 7 (WT), n:4 ($Pidd1^{-/-}$), n:4 ($Raidd^{-/-}$), n:5 ($Casp2^{-/-}$). Data (mean ± SD) were
analyzed by Two-way ANOVA with Bonferroni post-hoc test. (**D**) Bar graphs showing the CM
cellular ploidy at the age of 3 months of the indicated genotypes. n: 4 hearts per genotype. 150
CMs per heart were quantified. Data are mean ± SEM; Two-way ANOVA followed by
Dunnett's multiple comparisons test. Statistical analysis between the multinucleated group from
the different genotypes is shown in the graph. (**E**) Validation of the cardio-specificity of the
XMLC2 promoter. Confocal pictures of cryosections of pre-fixed hearts stained for α-
sarcomeric-actinin (purple) and DAPI (grey). Scale bars: 40 μm. (**F**) Quantification of CM
nuclear ploidy by 3D volumetric analysis of Sytox-green fluorescence intensity. n: 3 hearts per
genotype. 100 CM nuclei per heart were analyzed. Data are mean ± SEM and analyzed by Two-
tailed Student's t test. (**G**) Quantification of CM nuclear ploidy by flow-cytometry of 3-month-
old mice of the indicated genotypes. n: 4 (*XMLC2*⁻ Casp2^{fl/fl}), n: 8 (*XMLC2*⁺ Casp2^{fl/fl}). Data
are mean ± SD; Two-way ANOVA with Bonferroni post-hoc test. (**H**) Bar graphs showing the
CM cellular ploidy of the indicated genotypes at the age of 3 months. n: 3 hearts per genotype;
150 CM nuclei per hearts were analyzed. Data are mean ± SEM analyzed by two-way ANOVA
followed by Sidak's multiple comparisons test. * $p < 0.05$, **$p < 0.01$, ***$p < 0.001$ ****: $p <$
0.0001, n.s.: not significant.

Figure 2. Loss of PIDDosome-dependent CM ploidy regulation does not impact heart
structure and functionality.

(**A**) Representative images of hematoxylin and eosin (H&E) stained FFPE heart sections of 3-
month-old mice of the indicated genotypes. Scale bars: 1mm. (**B-C**) Quantification of the
cardiac functions ejection fraction (B) and fractional shortening (C) measured by

echocardiography in 3-month-old mice. n: 21 (WT), n: 18 (*Piddl$^{-/-}$*). Statistical significance was

assessed with Student's t test. (**D**) Representative pictures (left) and cross-sectional area

quantifications (right) of FFPE hearts from WT, *Piddl$^{-/-}$*, *Raidd$^{-/-}$* or *Casp2$^{-/-}$* mice stained for

the membrane marker WGA (green), the cardiac marker Troponin I (red) and DAPI (blue) to

visualize nuclei. Scale Bars: 50µm. n: 5 (WT, *Piddl$^{-/-}$*, *Raidd$^{-/-}$*, *Casp2$^{-/-}$*, ~ 2100 CMs per heart

were quantified). Data are mean ± SD, two-way ANOVA with Bonferroni post-hoc test. n.s.:

not significant.

Figure 3. The PIDDosome controls CM ploidy levels starting on day P7 during heart

development.

(**A**) Bar graph showing PIDDosome mRNA levels were determined by qRT-PCR in CMs from

WT mice isolated at P1, P7 and P10. Data are mean ± SEM analyzed by two-way ANOVA

with Bonferroni post-hoc test. n: 3 litters with pooled isolations per postnatal timepoint with 3-

5 pooled hearts analyzed. (**B-E**) Quantification of the CM nuclear ploidy measured by flow

cytometry of P1 (B), P7 (C), P14 (D) and P21(E) CM nuclei from the indicated genotypes. n:

3-5 for P1 (5 hearts of each genotype per n), n: 5 for P7 (3 hearts of each genotype per n), n: 3

for P14 (2 hearts of each genotype per n), n: 4-6 for P21 (2 hearts of each genotype per n). Data

are mean ± SD analyzed by two-way ANOVA with Bonferroni post-hoc test. (**F**) Quantification

of the CM nuclear ploidy as in (B-E) in *XMLC2$^-$Casp2$^{fl/fl}$* and *XMLC2$^+$Casp2$^{fl/fl}$* mice at P7. n:

4 (*XMLC2$^-$Casp2$^{fl/fl}$*), n: 5 (*XMLC2$^+$Casp2$^{fl/fl}$*) (n: 3 hearts of each genotype per n). Data are

mean ± SD analyzed by two-way ANOVA with Bonferroni post-hoc test. Data are mean ± SD.

**p < 0.01, ***p < 0.001, ****p < 0.0001, n.s.: not significant.

Figure 4. PIDDosome-mediated CM ploidy control is downstream of extra centrosomes

but independent of p53 stabilization

(**A**) Quantification of CM nuclear ploidy of 3-month-old *Ankrd26$^{-/-}$* and WT (C57BL/6J) mice

measured by flow cytometry. n: 4 per genotype. Data are mean ± SD analyzed by two-way

ANOVA with Bonferroni post-hoc test. (**B**) Bar graph showing the CM nuclear ploidy of the

indicated genotypes as in (A). n: 10 (WT), n:7 (*p21$^{-/-}$*), n:5 (*p53$^{-/-}$*). Data are mean ± SD analyzed

by two-way ANOVA with Bonferroni multiple comparison test. ****p < 0.0001, n.s.: not

significant. (**C**) Volcano plot showing the differential gene expression analysis comparing

XMLC2$^+$Casp2$^{fl/fl}$ to *XMLC2$^-$Casp2$^{fl/fl}$* samples at P7. Dashed lines indicate an adj. p-value of

0.05 and a log2FC of -1 and 1. Numbers of up- or downregulated differentially expressed genes

are indicated in the graph. (**D**) Selected significantly deregulated gene sets of the gene set

enrichment analysis results comparing $XMLC^{+} \, Casp2^{fl/fl}$ to. $XMLC2^{-}Casp2^{fl/fl}$ samples at P7.

Dashed lines represent a plain p-value of 0.05.

Supplemental Figure 1. CRE expression under control of the *XMLC2* promoter does not

affect CM nuclear ploidy.

(**A**) Representative dot plots of the flow cytometry gating strategy used to assess CM nuclear

ploidy. Nuclei were isolated from frozen 12 weeks old hearts and CM nuclei were identified as

PCM1^{+}. The DNA content of CM nuclei was measured by PI staining. (**B-C**) Schematic

illustrations showing the generation of cardiomyocyte-specific deletion of *Casp2* (B) and

cardiomyocyte-specific membrane labelling (mT/mG; C) driven by *XMLC2*-dependent Cre

activation. (**D**) Bar graph showing the quantification of CM nuclear ploidy measured by flow

cytometry of the indicated genotypes. n: 3 (*XMLC2*$^{-}$), 4 (*XMLC2*$^{+}$). Data are mean ± SD

analyzed by two-way ANOVA with Sidak post-hoc test; n.s.: not significant. (**E**) Representative

H&E stained FFPE heart sections of 3 months old mice of the indicated genotypes. Scale bars:

1mm.

Supplemental Figure 2. Gene set enrichment analysis results of control CMs supports

the previously described developmental changes between P1, P7 and P14 CMs.

(**A**) RLDF (regularized linear discriminant functions) representation of the CM RNAseq

samples, based on the centered, log2-transformed counts-per-million (log2CPM) (note: before

count normalization with limma). The sample groups as indicated in the legend were defined

as RLDF training groups. RDLF was performed with the function 'plotRLDF' of the R package

limma (v. 3.52.4). (**B-C**) Graphs show selected significantly deregulated gene sets of the gene

set enrichment analysis results comparing developmental days in control mice (*XMLC2*$^{-}$

Casp2$^{fl/fl}$). Dashed lines represent a plain p-value of 0.05. (**D**) Heatmap of selected genes

involved in sarcomere structure and regulation. The Z-scores of normalized gene expression

calculated across P1 and P7 control samples are shown.

Supplemental Figure 3. Bulk RNA sequencing sample exclusion

(**A**) Principal component analysis (PCA) of the CM RNAseq samples, based on the centered,

log2-transformed counts-per-million (log2CPM) (note: before count normalization with

limma). The samples are labelled with their respective group and replicate number; for

improved readability of the labels, '*XMLC2*$^{-}$ *Casp2*$^{fl/fl}$' was replaced with 'minus' and '*XMLC*$^{+}$

Casp2$^{fl/fl}$' was replaced with 'plus'. (**B**) Top 20 enriched gene sets (by adjusted p-value) of

fuzzy clusters 6 and 7 genes determined by functional enrichment analysis.

Supplemental Figure 4. Fuzzy clustering of all samples

Fuzzy clustering of all CM RNAseq samples. Clustering was performed on the gene log2 fold

changes with respect to the average gene counts of the four P1 *XMLC2$^-$ Casp2$^{fl/fl}$* replicates,

after each sample's raw counts were normalized with the average count of its interquartile

range count values.