Mutation in the rat interleukin 34 gene impacts macrophage development, homeostasis and

inflammation in the brain and periphery

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Abstract

Interleukin-34 (IL34) and colony stimulating factor 1 (CSF1) signal through a shared receptor (CSF1R)

to control macrophage survival, differentiation and function. Here we describe the impact of loss of

function mutation in the rat *Il34* gene. *Il34*$^{-/-}$ rats showed a partial reduction in macrophages within

squamous epithelia (Langerhans-like cells) and in the testis. In the brain, microglia and brain-

associated macrophages were selectively depleted in grey matter. A gradient of microglial density in

Il34$^{-/-}$ cortex suggests that CSF1 can diffuse outwards from the corpus callosum. The reduced density

of microglia was not associated with detectable neuropathology or behavioural alterations. In RNA-

seq analysis of cortex, hippocampus and thalamus the only change is selective and uniform loss of the

microglial signature. In the periphery, increased *Il34* expression has been associated with epithelial

injury. In the adenine diet model of renal interstitial fibrosis both *Il34* and *Csf1* were induced. The

absence of IL34 led to a significant reduction in macrophage recruitment compared to controls, but

pathology assessed histologically or by detection of damage-associated mRNA signature was

unaffected. We suggest that IL34 and CSF1 provide redundant signals to sustain microglia and to direct

macrophage recruitment and repair tissue injury in the periphery.

Introduction

The mononuclear phagocyte system (MPS) is family of cells that includes committed hematopoietic progenitors, blood monocytes and tissue resident macrophages that populate every organ in the body (1-5). The proliferation, differentiation, function and survival of cells of the MPS is regulated by signals from the macrophage colony-stimulating factor receptor (CSF1R). CSF1R expression is entirely restricted to MPS cells and a knock-in transgenic reporter in mice highlights their abundance, location and regular distribution in every organ (6). Homozygous loss of function mutations in the *CSF1R* locus in mice, rats and humans are associated with depletion of MPS cells in most organs, including microglia in the brain and bone-resorbing osteoclasts, and consequent severe pleiotropic impacts on postnatal growth and development including osteopetrosis (7, 8). Resident tissue macrophages remain CSF1R-dependent in adults and can be depleted by treatment with a blocking anti-CSF1R antibody (9).

CSF1R has two alternative ligands, CSF1 and IL34. Null mutations in the *Csf1* gene in mice and rats are associated with tissue macrophage deficiency and osteopetrosis (10, 11). The existence of a second CSF1R ligand was inferred from the age-dependent recovery of osteoclast function in CSF1-deficient mice and the more severe phenotype observed in *Csf1r*^{-/-} mice (12). Human IL34 was identified in 2008 (13). Subsequent studies revealed the functional conservation and co-evolution of the two CSF1R ligands in birds (14, 15) and fish (16-19) and defined the molecular basis of binding of the two ligands to the receptor (20). Although there have been several studies claiming differences in signalling outcome in response to the two factors *in vitro* (21), they appear functionally equivalent *in vivo.* Transgenic expression of IL34 from the *Csf1* promoter was sufficient to rescue all macrophage-associated phenotypes in CSF1-deficient mice (22). In adult mice, *Il34* mRNA is expressed primarily in the brain and epidermis and *Il34*^{-/-} mice have a selective loss of microglia and Langerhans cells (23, 24). IL34 has also been shown to regulate microglial colonisation of the brain in zebrafish (16, 18, 19). The two ligands exhibit cell-specific and spatially-restricted expression in mouse brain (25); accordingly administration of anti-IL34 antibody depleted microglia in grey matter whereas anti-CSF1 antibody affected white matter microglia (26). Based upon conditional deletion of *Csf1* using nestin-cre, Kana

et al. (27) suggested that CSF1 was required specifically to maintain cerebellar microglia which were

required to regulate cerebellar development. Aside from CSF1R, IL34 has been shown to bind at least

3 additional putative receptors, PTPRZ1 (28), SYNDECAN1 (29) and TREM2 (30). However, at this time

no non-redundant biological activity of IL34 *in vivo* has been demonstrated to occur through receptors

other than CSF1R.

Increased expression of IL34 has been detected in a wide range of inflammatory diseases and

malignancies in patients (21, 31-43) but it remains unclear whether expression exacerbates or

mitigates pathology. One group has proposed that IL34 produced by regulatory T cells has a role in

transplant tolerance (44, 45). IL34 in mice has been implicated as an inducible mediator of tissue

damage in acute kidney injury (46) and in a lupus nephritis model (47). Conversely, rat models of renal

injury have emphasised inducible expression of CSF1 as a mediator (48, 49). Although these studies

have highlighted CSF1R as an anti-inflammatory drug target, CSF1 treatment actually promoted tissue

repair in kidney Ischaemia-reperfusion injury (50).

Rats have many advantages over mice as a model of human physiology and pathology (51). In terms

of CSF1R biology, there are clear differences in the impact of *Csf1* mutations between species. Unlike

Csf1$^{op/op}$ mice, *Csf1*$^{tl/tl}$ rats have an unremitting osteoclast deficiency and osteopetrosis but somatic

growth and male fertility is not affected (Reviewed in (51)). By contrast, homozygous mutation of the

rat *Csf1r* gene has a severe impact on postnatal growth and development (52, 53). These observations

suggested to us that the precise regulation and function of IL34 in control of MPS development,

homeostasis and immunopathology may differ between mammalian species. To investigate this

hypothesis, we created a null mutation in the *Il34* gene in the rat germ line. Analysis of the brain of

Il34$^{-/-}$ rats confirmed the selective loss of grey matter microglia observed with anti-IL34 treatment in

mice and provided evidence of haploinsufficiency. Gene expression profiling of multiple brain regions

indicated that there is little distinction between grey and white matter microglia, or selective gene

regulation by IL34. Based upon reported roles of IL34 in kidney inflammation in mice we compared

the response of wild-type and *Il34*$^{-/-}$ rats in a model of chronic renal injury. We conclude that IL34

exerts partly redundant control over recruited macrophages, but the absence of IL34 had no

detectable effect on either initial injury or repair. We conclude that IL34 is unlikely to be a target for

anti-inflammatory therapy.

Results

Transcriptional regulation of Il34 in rats and humans

Homozygous mutation of *Il34* in mice leads to selective depletion of microglia in the brain and

Langerhans cells in the epidermis (23, 24). Consistent with this pattern, amongst mouse tissues, *Il34*

is most highly-expressed in the brain and skin (see BioGPS.org). Genome-scale 5'RACE by the

FANTOM5 consortium revealed that expression in these two locations is driven by alternative tissue-

specific promoters (54). *Il34* mRNA is more widely-and uniformly expressed in human tissues (see

consensus data on www.proteinatlas.org) again involving separate transcription start sites (54). In

humans, a third TSS is utilised by a wide range of mesenchymal cell types. *Il34* mRNA is detected in

spleen in both humans and mice but not in lymphocytes in any state of activation (54). We recently

generated a transcriptional atlas for the rat by integrating 6700 RNA-seq datasets in the public domain

(55). We also generated a large RNA-seq dataset comparing gene expression in juvenile WT and

Csf1rko rats (56). As in humans, *Il34* mRNA is detected at comparable levels in most tissues in both

rat datasets; Figure S1A). To determine whether alternative promoter use was conserved, we mapped

RNA-seq reads from the entire rat atlas dataset to the rat genome as shown in Figure 1A**.** This analysis

indicated that as in mouse and human, neuronal tissues initiate transcription immediately 5' of the

first coding exon (CDS exon 1). In common with human, there is an alternative transcriptional start

site (TSS) associated with mesenchymal tissues. Skin tissue was poorly represented in the rat atlas but

transcripts were also detected coincident with the skin-specific 5' non-coding exon. This exon is

annotated on Ensembl and the sequence of the mouse skin-specific *Il34* promoter is conserved in rat

as well as human genomes.

Phenotypic analysis of Il34-/- rats

Since we commenced this project, Freuchet et al. (57) reported analysis of homozygous *Il34* frame-

shift mutation in exon 3 on an outbred Sprague-Dawley background. Their focus was on the proposed

function of IL34 in control of autoimmunity. They reported normal postnatal growth, reduced

microglia in the hippocampus, evidence of minor liver injury (marginal increase in circulating ALT, but

not AST or alkaline phosphatase), the presence of detectable auto-antibodies and increased

circulating CSF1. They also reported a selective reduction in CD8^{+} T cells in the spleen.

The *Il34*^{-/-} rats on the inbred Fischer 344 background were generated by deletion of the 134bp second

coding exon using CRISPR-Cas9 (Figure S1F**)**. This deletion removes 35 amino acids of the active IL34

protein and introduces an in-frame stop codon at the start of the next exon. *Il34*^{-/-} rats were born at

the expected Mendelian ratios. Although *Il34* mRNA is highly expressed by osteoblasts (55), as

reported previously (57) there was no significant impact of the *Il34* mutation on bone density

detectable by micro-computed tomography (μCT) (Figure 1B), by contrast to the severe unremitting

osteopetrosis observed in *Csf1*[tl/tl] rats (11). Unlike *Csf1r*^{-/-} (52) and *Csf1*^{-/-} (11) rats, postnatal somatic

growth was not affected in *Il34*^{-/-} rats (Figure 1C), male-specific growth advantage post sexual maturity

was preserved and both males and females were fertile. *Csf1r*^{-/-} rats have a partial loss of red pulp

macrophages in the spleen and complete absence of marginal zone (CD169^{+}) and marginal metallophil

(CD209B^{+}) populations, which are CSF1-dependent in mice (53). In the *Csf1r*^{-/-} liver, Kupffer cells are

reduced by around 70% and the pericapsular macrophage population is absent (52). We found no

significant impact of IL34 deficiency on either liver population. In contrast to mouse, *Il34* mRNA is

highly-expressed in rat spleen (55). Splenic white matter topology and the location and abundance of

IBA1^{+} and CD209b^{+} macrophage populations was unaffected by the lack of IL34 **(**Figure 1D&E**)**. Given

the widespread expression of *Il34* mRNA we considered whether the absence might influence CSF1

homeostasis. Circulating CSF1 is regulated primarily by receptor-mediated endocytosis and

degradation by macrophages and is elevated in *Csf1r*^{-/-} rats (52). However, serum CSF1 levels were

not altered in *Il34*^{-/-} rats (Figure 1F).

Analysis of bone marrow, blood and spleen by Flow Cytometry revealed no significant differences in

the relative frequency of T cell, B cells, blood monocytes or granulocytes (Figure 1G, Figures S1B) in

Il34^{-/-} rats compared to WT. In contrast to Freuchet et al, *Il34*^{-/-} rats had a normal distribution of B cells,

CD4 and CD8 T cells in lymphoid organs, including spleen, thymus and cervical lymph node (Figure

S1C-E). These data indicate that the hematopoietic phenotype seen in the rat *Csf1r* mutation (52) is

also primarily due to loss of CSF1 rather than IL34 signalling.

To assess the effect of the IL34 knockout on tissue macrophage populations we crossed the mutation

to the *Csf1r*-mApple transgenic reporter line, which is expressed in all tissue macrophages and at lower

levels in granulocytes and B cells (58, 59). No gross differences in the distribution of tissue

macrophages were observed by wholemount imaging in any organ, including those in which *Il34*

mRNA is highly-expressed such as connective tissue, gut, muscle and thymus (55) (Figure 1H, Figure

S1F). By contrast to the reported loss of Langerhans cells in *Il34*$^{-/-}$ mice(23, 60), in *Il34*$^{-/-}$ rats there was

only partial reduction in the apparent density of Langerhans cells in stratified epithelia of the ear,

tongue, oesophagus and foot in adult and *Il34*$^{-/-}$ rats and the morphology was unaffected (Figure 2A).

Aside from the brain (see below), the only other location where we detected a clear loss of a

macrophage subpopulation was the testis, which contains three topologically-distinct populations,

interstitial and peritubular macrophages as described in the mouse (61-63) and a distinct

surface/subcapsular population. The surface and peritubular populations were relatively depleted in

Il34$^{-/-}$ rats (Figure 2B). Their loss is more readily appreciated through visualisation of 3 dimensional Z

stacks (Supplemental video files 1-2).

The effect of Il34 mutation on microglial density, location and gene expression

The brain contains two distinct populations of mononuclear phagocytes, classical microglia and brain-

associated macrophages (64) that line the vasculature and brain surfaces. Flow cytometry analysis of

leukocyte populations in disaggregated brain revealed that microglia (CD45^{low}/Cd11b/c^{high}) and brain-

associated macrophages (CD45^{high}/CD11b/c^{low}) were both significantly reduced in the *Il34*$^{-/-}$ brain

(Figure 2C). The relative abundance of both populations was reduced to a similar extent in

heterozygotes (*Il34*$^{+/-}$) indicating a lack of dosage compensation.

We next performed immunofluorescent staining on free floating sections to assess the morphology

and precise location of microglia in specific brain subregions. Figure 3A/Figure S2A show

representative images and Figure 3B/Figure S2B show quantitative analysis of IBA1$^+$ cells in WT, *Il34*$^{+/-}$

and *Il34*^{-/-} brains. There is clear depletion of classical highly-ramified microglia in defined grey matter

regions in IL34-deficient brain. The remaining microglia have a distinct morphology, apparently

aligned along the fibre tracts. This is particularly evident in the striatum. Interestingly, although the

global impact of IL34 deficiency in the cerebellum and brain stem is less obvious, ramified microglia

were clearly reduced. Consistent with the analysis in Figure 2, Figure 3 shows that microglial density

in multiple brain regions of *Il34*^{+/-} rats was intermediate between wild-type and *Il34*^{-/-.} animals. The

microglia in this case remained evenly spaced but at a lower density. Figure 4A shows the density of

microglia in the multiple layers of the cortex from the corpus callosum to the meninges in the three

genotypes. In the *Il34*^{-/-} brain, we noted an apparent outward gradient of microglial and perivascular

macrophage loss.

To confirm the conclusion from the Flow Cytometry profile that microglia and brain-associated

macrophages (BAM) were equally affected by the loss of IL34, we located the BAM marker CD163 (65)

on sections of cortex from wild type and *Il34*^{-/-} brain. Figure 4B-F shows the selective loss of CD163⁺

cells from the grey matter regions where microglia were also reduced but not from the meninges.

Taken together, the data demonstrate that IL34 and CSF1 are only partly compartmentalised within

the brain, each contributing to the local sustainable CSF1R-dependent mononuclear phagocyte

population.

To analyse the molecular consequences of microglial deficiency we profiled gene expression in the

cortex, hippocampus and thalamus of WT and *Il34*^{-/-} rats at 10 weeks of age. The data are provided in

Table S1**.** Surprisingly, *Il34* mRNA is still detectable, reduced by around 50% in the mutant rats.

Mapping of the primary RNA-seq data to the rat genome confirmed the removal of the second coding

exon and generation of a spliced non-coding transcript that presumably does not undergo nonsense-

mediated decay.

Consistent with the loss of IBA1 staining in sections, *Aif1* mRNA was reduced by 40% in hippocampus

and thalamus and 60% in cortex. As in previous analysis of brain regions in *Csf1r*^{-/-} rats (66) the

complete dataset was subjected to network analysis using *Graphia* to identify clusters of co-expressed

transcripts (Table S1). The only cluster clearly associated with IL34 genotype, Cluster 18, contains 80

transcripts including *Aif1* and *Csf1r* and overlaps with the microglial signature identified previously in

comparison of WT and *Csf1r*^{-/-} rats (66). Figure 5A shows the average expression of genes within this

cluster, reduced by 40-60% in each brain region, which parallels the loss of *Aif1* and IBA1. We did not

detect expression of markers of damage-associated microglia (e.g *Clec7a*) or the loss of homeostatic

markers reported in *Il34*^{-/-} mice (27, 67). Figure 5B shows the detection of individual transcripts,

confirming that homeostatic markers such as *P2ry12* and *Tmem119* were reduced to the same extent

as *Aif1, Csf1r, C1qa* and *Itgam.* Colocalisation of IBA1 and TMEM119 in cortex confirmed that the level

of expression in individual microglia is unchanged in the *Il34*^{-/-} brain. (Figure 5C). Cluster 18 includes

three transcription factor genes, *Spi1, Irf5* and *Irf8,* but excludes *Sall1*, which is required for microglial

lineage identity (68, 69) (Figure 5D**).** Analysis of *Csf1r*^{-/-} rat brains indicated that *Sall1* is not microglia-

restricted (66). Markers of brain-associated macrophages are more difficult to detect in total RNA-seq

data, but *Cd74* and *Cd68* were also reduced in *Il34*^{-/-} brains. Separate sheets in Table S1 show

transcripts ranked based on IL34KO/WT ratio with known CSF1R-dependent microglia or macrophage-

associated transcripts highlighted.

In overview, the data demonstrate that the transcriptomic profiles of IL34-independent (i.e. CSF1-

dependent) microglial and BAM populations do not differ significantly from those of IL34-dependent

populations located mainly in grey matter.

The effect of microglia deficiency on brain development and behaviour

Dominant or recessive *CSF1R* mutations in humans are associated with microglial deficiency and

consequent neuropathology (70). By contrast to *Csf1r*^{-/-} rat brains, the *Il34*^{-/-} brains showed no

evidence of ventricular enlargement and the transcriptomic profiles did not include the induction of

stress response genes (e.g. *Rbm3, Mt1/2*) reported in the brains of juvenile *Csf1r*^{-/-} rats (66) (Figure

S3A). In the hippocampus of *Csf1r*^{-/-} rats we observed disorganised maturation of neuronal progenitors

stained with the marker doublecortin (DCX) but considered that this might be a consequence of stress

due to ventricular enlargement (66). Although microglia are depleted in the vicinity of the dentate

gyrus in *Il34*^{-/-} brains, DCX staining did not distinguish wild type and mutant animals (Figure S3B, S3C).

Furthermore, in common with previous analysis of *Csf1r*^{-/-} rat brains, the expression profiling did not

reveal any effect of the loss of grey matter microglia on astrocytes. The expression of *Gfap* mRNA and

the density, distribution and morphology of GFAP[+] astrocytes was not affected by microglia deficiency

(Figure S3D&E).

One advantage of the rat is the wide range of human-relevant behaviour and functional tests

compared to mice (71). We subjected WT, *Il34*^{+/-} and *Il34*^{-/-} male and female rats to a battery of tests

between 4 and 6 months of age. We found no significant differences in performance in the sucrose

preference, O maze, open field and novel object recognition tests (Figure S4).

To look for age-dependent pathology resembling human leukodystrophy or neurodegeneration, we

analysed the same cohort at 18 months of age. Quantification of IBA1^{+} cells demonstrated that the

selective loss of microglia in cortex, hippocampus and thalamus in *Il34*^{-/-} and partial depletion in *Il34*^{+/-}

rats was still present at 18 months (Figure S5A&B). Astrocytosis detectable by GFAP staining can be a

sensitive indicator of neuropathology, accelerated in microglia-deficient mice (72, 73). However, the

density and morphology of GFAP[+] astrocytes remain unchanged in any brain region in the aged animals

(Figure S5C&D). In the cluster analysis, as a consequence of sample-to-sample variation in myelination,

oligodendrocyte-specific transcripts (e.g. *Olig1, Mbp*) form part of a single cluster, Cluster 6, that is

not correlated with *Il34* genotype. Diffusion tensor imaging revealed no significant effect of the lack

of IL34 on any white matter structure or the overall volume of any brain region (Figure S3F, Table S2).

Notably, there was no ventricular enlargement and no detectable flares in the thalamus suggestive of

calcification at this age. In addition, we assessed [^{18}F]DPA714 uptake by PET/MR to measure

neuroinflammation (74). This radioligand binds specifically to TSPO, a mitochondrial membrane

protein, and is used to detect neuroinflammation in human patients (74-79). We focussed analysis on

the hippocampus, thalamus, pituitary and different cortex regions. We detected differences in uptake

between male and female animals consistent with previous reports (80) and a male specific increase

in uptake with age. However, there was no detectable difference in uptake between genotypes (Table

S3).

Recent studies have highlighted the relationship between microglial dyshomeostasis and the loss of

perineuronal nets (PNN) associated with cortical parvalbumin interneurons (81, 82). Proteoglycans

within these extracellular matrix structures can be detected by staining with *Wisteria floribunda*

agglutinin (WFA) and we localized parvalbumin (PV) neurons in the cortex. We found no significant

difference in WFA or PV staining between WT and IL34$^{-/-}$ rats (Figure S5E&F). Microglia-deficiency in

mice leads to reactive astrocytosis and extensive calcification in the thalamus detectable by 3-6

months of age and progressing in severity (83, 84). Consistent with the lack of detectable astrocytosis

in the thalamus of aged *Il34*$^{-/-}$ rats there was no calcification detectable by labelled risedronate staining

(**Data not shown**). In summary, the only significant difference detected between WT and *Il34*$^{-/-}$ brains

at any age examined is the selective loss of microglia in grey matter and associated reduction in

detectable microglia-specific transcripts.

The role of IL34 in chronic inflammation in the kidney

Network analysis of individual tissues with multiple region or state-specific RNA-seq data revealed a

strong correlation between *Il34* mRNA and a macrophage-specific signature in the kidney (55)

suggesting that IL34 does contribute to control of resident macrophage abundance in this organ. To

determine the role of IL34 in chronic renal inflammation, we established the rat adenine diet model

(85, 86), which leads to slowly progressive kidney damage with many features of chronic kidney

disease in humans including tubular atrophy, interstitial fibrosis and glomerulosclerosis. We exposed

cohorts of equal numbers of male and female WT and *Il34*$^{-/-}$ rats to an 0.2% adenine diet or normal

chow for 6 weeks. Both WT and *Il34*$^{-/-}$ rats had normal growth when placed on the adenine diet (Figure

6A). At a cage level, increased water consumption was evident by two weeks and by 5 weeks was more

than doubled for both male and female cages (Figure 6B&C). As reported previously (86) the effect of

the diet on renal function was gender-dependent. In males we detected increased serum creatinine

and blood urea nitrogen, whereas serum metabolites were not affected in females. These changes

were not significantly reduced in the *Il34*$^{-/-}$ males (Figure 6D&E).

A feature of the pathology in this model is the deposition of adenine crystals in the cortex, which

appeared reduced in females regardless of genotype, thickening of Bowman's capsule and mesangium

in glomeruli, loss of tubular brush borders; tubular atrophy and dilatation, expansion of interstitial

mononuclear cell populations and extensive fibrosis detected with Sirius Red (Figure 6F&G & Figure

S6). Glomerular pathology appeared male-specific perhaps associated with the observed gender

difference in clearance function. Quantitative analysis did not reveal any significant effects of the *Il34*

mutation, notably including the extensive interstitial fibrosis (Figure 6F&G).

We next asked whether the loss of IL34 had any effect on renal macrophage populations. Renal

macrophages can be detected by staining for IBA1 and IBA1$^+$ cells are completely absent in the kidneys

of *Csf1r*$^{-/-}$ rats (52). There was a massive expansion of IBA1$^+$ macrophage populations in the cortex and

medulla of rats on the adenine diet (Figure 7A&7B). Within the limits of quantification, the density of

renal IBA1$^+$ cells in control animals was not significantly affected by the loss of IL34 but the response

to the adenine diet was reduced by around 50% (Figure 7D&7E). The presence of macrophages

expressing the haptoglobin receptor, CD163, has been associated with kidney injury in both animal

models and human disease and is commonly considered a marker of an anti-inflammatory phenotype

(87). In the adenine model, we detected expansion of a CD163$^+$ cell population in the medulla only

which was significantly reduced in *Il34*$^{-/-}$ rats (Figure 7C&7F).

To further analyse the effect of the IL34 knockout on renal pathology, we performed total RNA-Seq

analysis of kidneys from wild-type and *Il34*$^{-/-}$ male control and adenine-fed rats. The complete dataset

is provided in Table S4. Separate Tabs show ranked lists of average expression comparing control

versus adenine-fed for each genotype and wild-type versus *Il34*$^{-/-}$ for the adenine-fed and control

animals. Table S4 also includes a highlights tab showing the data for selected adenine-regulated genes

in different functional groups that provide markers of pathology and an indication of the impact of the

Il34 mutation. *Csf1* and *Il34* mRNA were each detectable in control kidney and increased >2 fold in

response to the adenine diet. Consistent with the reduced detection of IBA1$^+$ cells *in situ*, the detection

of *Aif1* mRNA was increased ~6.5 fold in the kidneys of adenine-treated rats and this increase was

reduced significantly in the *Il34*$^{-/-}$ rats. Network analysis of the complete dataset is also shown in Table

S4**.** This analysis revealed a large cluster of 5879 transcripts (**Cluster 1**) with a shared pattern of up-

regulation in response to the adenine diet regardless of genotype, with a trend toward lower

expression in the *Il34*$^{-/-}$ rats. We recently identified the kidney resident macrophage signature by

comparing the transcriptional profiles of kidney from wild-type and *Csf1r*$^{-/-}$ rats (56). 158/166 CSF1R-

dependent transcripts identified by that analysis are contained within **Cluster 1** and are highlighted in

Red in Table S4**.** These transcripts were increased 4-40 fold in the kidney on the adenine diet and

reduced in *Il34*$^{-/-}$ rats compared to wild-type (ratio 0.27-0.68; mean 0.46). The individual data for

selected macrophage genes *Aif1, Adgre1, Csf1r, Clec10a, Mrc1 a*nd *C1qa* are shown in Figure S7A*.* One

other feature evident in Cluster 1 is the transcriptional signature of the cell division cycle. The cluster

contains 267/496 genes with known functions in the cell cycle (88) including *Mki67*. The overall

pattern indicates that the response to adenine involves expansion of macrophage populations with a

resident transcriptomic profile and that this expansion depends in part on induction of IL34. *Csf1* and

Il34 are not the only inducible transcripts encoding myeloid growth factors in the injured kidney. *Ftl3lg*

mRNA was detected at a similar level and increased in response to adenine, likely driving expansion

of FLT3-expresssing classical dendritic cells (cDC1) and increased detection of markers *Flt3, Ccr7, Xcr1,*

Itgae and *Clec9a* (89) (Figure S7B). Although macrophages appear to be the dominant inflammatory

cell population, **Cluster 1** also includes numerous chemokines and signature genes indicating

recruitment of monocytes (*Cd14, Cyba*), T cells (*Cd3e/d/g*), and granulocytes (*S100a8/9*), each also

reduced in the *Il34*$^{-/-}$.

The tubular pathology and interstitial fibrosis observed in tissue sections is associated with markedly

increased detection of markers of epithelial injury including cytokeratins (*Krt7/8/18/19* (90)), *Havcr1*

(aka Kidney Injury Marker 1), *Spp1* (osteopontin) and *Mmp7* (91) and of myofibroblasts (e.g. *Acta2,*

Col4a1, Mgp). Cytokines *Il19* and *Il24,* implicated in epithelial injury and fibrosis in human kidney

disease and in mouse models (92, 93) were almost undetectable in control and strongly-expressed in

diseased kidney. Consistent with evidence of inflammasome activation in crystal-induced

nephropathy (94), *Il1b* and *Il18* were each increased. Epithelial loss or dysfunction is indicated by

reduced detection of tubule markers such as *Umod, Slc12a1* and *Slc21a4* defined in the rat

transcriptomic atlas (55). Within the constraints of inter-individual variation, there was no significant

difference in detection of any of these markers of pathology between the wild-type and *Il34*^{-/-} rats on

the adenine diet (Table S4).

The histopathology and RNA-seq analysis indicate that IL34-dependent expansion of resident

macrophages is not a driver of tubular damage or fibrosis. The alternative possibility is that it is a

response to injury and associated with repair. To address this possibility, we looked at recovery from

the adenine diet. Wild type and *Il34*^{-/-} rats were fed the diet for 6 weeks then transferred to normal

chow for 4 weeks. Following transfer to normal chow, both groups continued to grow normally. Serum

creatinine and BUN trended downwards towards control levels but remained elevated independent

of genotype (Figure S8A&B). The expression of *Cd163* mRNA in wild-type animals returned to baseline

and fibrosis scores based upon Sirius red staining also showed evidence of recovery but there was no

difference between wild-type and *Il34*^{-/-} rats (Figure S8C&D). In summary, the adenine-induced renal

pathology was slowly reversed following removal of the diet but reversal was not altered by the

absence of IL34.

Discussion

A previous analysis of the phenotype of an *Il34* mutation in rats (57) was focussed on the putative expression of IL34 by regulatory T cells (Treg) and a role in autoimmunity (44, 45). The expression of *IL34* mRNA reported in rat and human T cells was detected by qRT-PCR and in humans by Flow Cytometry. The conclusion that IL34 is a T cell lymphokine is not supported by other evidence. *IL34* mRNA is not detectable in human Treg in bulk (54, 95) or single cell RNA-seq data (96) and was not detected in either CD4 or CD8 rat Treg isolated using a *Foxp3*-EGFP reporter by the same group (97). We were not able to reproduce the apparent loss of CD8 T cells reported in *Il34*^{-/-} rats (57). Indeed, we found no detectable effect on leukocyte populations in the steady state. Similarly, no change in relative abundance of T cell populations was detected in *Il34*^{-/-} mice (24).

In mice, *Il34* mRNA is expressed selectively in epidermis and brain, whereas *Csf1* is expressed in mesenchymal cells and undetectable in epidermis (biogps.org). By contrast, in rats *Il34* mRNA is widely expressed. In the rat skin *Il34* and *Csf1* mRNA are expressed at similar levels (biogps.org/ratatlas) although the separation of dermis and epidermis has not been reported. In the mouse, Langerhans cells in the epidermis of the ear were almost entirely IL34-dependent (23, 24). Other squamous epithelia were not examined. In the *Il34*^{-/-} rat, intraepithelial Langerhans-like cells in squamous epithelia were only partly depleted compared to WT (Figure 2A).

The main location where the loss of IL34 impacted resident tissue MPS populations is the brain. A detailed analysis of microglial location and morphology in mice (98) indicated the relatively low density of F4/80^{+} cells in white matter and fibre tracts, and the unique morphology aligned along the fibres. In common with humans (99), microglia in rat brain are equally abundant in white and grey matter, but in white matter they have the same elongated morphology described in mice. Consistent with the reported effect of anti-IL34 and anti-CSF1 treatment in adult mice (26), we observed selective loss of microglia in grey matter in *Il34*^{-/-} rats but the effect was subtle. Within the grey matter regions, CD163^{+} perivascular macrophages were also depleted but the remaining IBA1^{+} cells occupied a distinct location. Because of their relative abundance, the retention of morphologically distinct microglia,

elongated along the fibre tracts, is obvious in the rat especially in the striatum. In comparison to rats,

the *Il34* mutation in mice had a greater overall impact on microglial density, including a reduced

density in the corpus callosum, and the residual microglia were not morphologically distinct (23, 24).

Kana *et al.* (27) reported the impact of conditional *Csf1* deletion in mouse brain which produced

selective microglial depletion in the cerebellum. Although *Csf1* is more highly-expressed in the rat

cerebellum than *Il34,* there was also selective loss of microglia within grey matter in this region and in

the brain stem in the *Il34$^{-/-}$* rats (Figure 3). This was not detected in *Il34$^{-/-}$* mice (23, 24). Finally, we

report for the first time that IL34 deficiency is not dosage compensated and *Il34$^{+/-}$* rats have a partial

loss of grey matter microglia. In common with the reduced density of microglia in mice with a

heterozygous dominant-negative *Csf1r* mutation (100) the residual microglia in the *Il34$^{-/-}$* rat brain are

evenly spaced. The regular distribution of macrophages in tissues has been attributed to competition

for growth factors and mutual repulsion, so that macrophages (including microglia) are autonomous

and occupy a territory rather than a precise niche (2). The strict compartmentalisation of IL34 and

CSF1 implied from analysis of *Il34$^{-/-}$* mice (23, 24) is clearly not the case in the rat. The gradient of

microglial loss observed in the cortex (Figure 4A) suggests that CSF1 produced in corpus callosum is

able to diffuse outward to partly compensate for the loss of IL34 (101).

The expression profiling of the brain of *Il34$^{-/-}$* rats revealed the coordinated partial loss of microglia-

associated signature transcripts previously identified as CSF1R-dependent from analysis of multiple

brain regions in *Csf1r$^{-/-}$* rats (66). The thalamus was included because of recent evidence that the loss

of microglia in mice leads to calcification of this brain region (83, 84). Aside from the loss of the

microglial signature, we did not detect significant changes in expression of any transcripts that would

indicate either a neurodevelopmental defect or pathology. This observation provides evidence against

a CSF1R-independent function of IL34 mediated through binding to PTPRZ1, which is expressed

specifically by neurons (28). The absence of microglia in mice with a hypomorphic *Csf1r* mutation also

leads to progressive demyelination, which has been analysed as a model for leukodystrophy

associated with human *CSF1R* mutation (83, 102). Not surprisingly, since white matter microglia are

largely spared, we did not detect changes in myelin in the *Il34*^{-/-} rat. Whilst it is difficult to prove the

absence of an effect, *Il34*^{-/-} rats were not distinguishable from wild-type littermates in brain imaging

and in a wide range of behavioural tests. Similarly, the density of perineuronal nets, a morphological

surrogate for neuronal plasticity in the cortex that is regulated by microglia in mice (81, 103) was not

altered in *Il34*^{-/-} rats. In overview, the analysis supports the view that microglial functions in

neurodevelopment are redundant (66, 104). Their clear essential function in mice is in the mitigation

of neuropathology (23, 24, 72, 73, 83, 102, 105). Interestingly, a relatively common stop-gain mutation

in human *IL34* (Y213Ter, minor allele frequency ca. 0.1) has been associated with an increased relative

risk of developing Alzheimer's disease (106). This variant lies downstream of the active IL34 peptide,

so the functional impact on active IL34 generation is not known. IL34 amino acid sequence is highly

conserved in mammals and birds (15) but available human exome sequences

(https://gnomad.broadinstitute.org/) highlight multiple coding variants within the active peptide in

human populations. The lack of dosage compensation and partial loss of microglia in *Il34*^{+/-} rats

indicates that heterozygous loss of function *IL34* mutation could impact microglia in humans. Equally,

since homozygous mutants are viable, long-lived and fertile, homozygous loss of function in humans

may be tolerated. The *Il34*^{-/-} rat provides a model in which to dissect the specific functions of microglia

that more closely approximates human biology.

The emerging literature on IL34 views it as a pro-inflammatory cytokine and therefore a potential

target in inflammatory disease (21, 42). Whilst there is clear evidence of an association between

increased detection of IL34 and disease severity in a range of human inflammatory diseases, evidence

of function is more equivocal and almost entirely based on mouse models. For example, Baek *et al.*

(46) reported that IL34 generated by tubular epithelial cells (TECs) promoted macrophage-mediated

acute epithelial injury in a kidney ischemia reperfusion model and exacerbated subsequent chronic

fibrotic disease. This report is difficult to reconcile with the trophic effects of the alternative CSF1R

ligand, CSF1, in the same model (50). Our comparative analysis of chronic renal injury in the wild-type

and *Il34*^{-/-} rats does not support the view that IL34 is an essential mediator of tissue injury. In wild-

type rats in the adenine model we detected induction of both *Il34* and *Csf1* mRNA, increased

abundance of interstitial macrophages, and increased detection of numerous transcripts expressed

specifically by resident kidney macrophage populations. Previous studies have demonstrated that

inducible expression of CSF1 drives local macrophage proliferation in response to renal injury in rats

(48, 49). The relative density of IBA1^{+} cells, and detection of resident macrophage-associated

transcripts, was approximately halved in the *Il34*^{-/-} rats. The simplest explanation is that the two

inducible CSF1R agonists are partly redundant. FLT3-ligand may also contribute to expansion of

interstitial mononuclear phagocyte populations. We observed increased expression of *Flt3lg* mRNA

and of transcripts associated with classical dendritic cells in response to the adenine diet (Table S4)

There has been significant debate in the literature as to whether to classify renal interstitial myeloid

populations as macrophages or DC based on surface markers (89, 107). Interestingly, expression

profiling of kidneys of *Csf1r*^{-/-} rats revealed 80% loss of *Flt3* mRNA suggesting that renal interstitial

myeloid cells may be unique in expressing both FLT3 and CSF1R (56).

Whereas the absence of IL34 compromised interstitial macrophage expansion in the injured kidney

(Figure 7), it had no significant impact on any aspect of pathology, including clearance functions, overt

pathology or the expression of damage-associated transcripts (Table S4). Furthermore, the slow

recovery following removal of the adenine diet was neither prevented nor accelerated. CSF1 and IL34

are also both induced following epithelial injury in the intestine, including in human ulcerative colitis

(43). In both rats and mice, IL34 deficiency caused a moderate increase in pathology in the dextran

sodium sulphate colitis model (43, 57, 108). Taking all of the evidence together, we suggest that

increased expression of CSF1R ligands is a consequence rather than a cause of pathology associated

with chronic tissue injury that serves to promote resolution. That conclusion would imply that

treatment with antagonists of either ligand or the receptor is unlikely to be therapeutic in

inflammatory disease and may actually exacerbate or prolong the injury.

Methods and Materials

Sex as a biological variable

Both male and female animals were used unless otherwise stated.

Animals

IL34 knockout rats were generated under contract by Taconic Biosciences (Germantown, NY, US) through CRISPR mediated recombination with guide RNAs flanking exon 2 of the *Il34* gene (Figure S1G). Animals carrying the knockout allele were imported to Australia, rederived into a specified pathogen-free (SPF) facility and maintained on the F344/DuCRL background. Deletion of exon 2 was confirmed by PCR using flanking primers (5'TTTAGCATCTCAGAGCCATCAG (forward), 5'GCAGCTTGACAACAGACAGG (reverse) giving products of 1541bp (WT) and 353bp (Mut). The same primers were used for genotyping.

There are no gross morphological differences in the IL34 homozygous or heterozygous animals and both male and female animals are fertile. Rats between 8-10 weeks of age were used to characterize distribution and morphology of macrophages unless stated otherwise. Rats for behavioural tests were 4 months of age at the time of behavioural testing and 6 months of age for PET/MR scanning. A cohort of animals were aged a minimum of 18 months (18-26 months) and also underwent PET/MR scanning. For whole mount imaging, *Il34$^{-/-}$* rats were crossed with the *Csf1r*-mApple transgenic reporter line (58). F1 progeny were interbred and F2 animals 8-10 weeks of age were used for analysis.

All animals were housed in ventilated cages at 21°C at a relative humidity of 76% and provided standard chow and water *Ad libitum*. All animal procedures were performed at The University of Queensland under protocols approved by the Institutional Animal Ethics Unit (UQ AE2022/000676, AE2021/000337, AE2022/00066, and AE2022/000191).

Adenine induced chronic kidney injury model

Rats were 6 weeks of age at the beginning of the adenine diet. Adenine treated rats received R&M 0.2% Adenine Normal Feed (SF14-139, Specialty Feeds, Glen Forrest, WA) and water *Ad libitum* for 6

weeks while control animals were kept on standard chow. The recovery cohort also received adenine

for 6 weeks and then were given standard chow for4 weeks.

Animal behaviour studies

Sucrose preference test

Animals were housed individually for 1 week prior to testing. A two bottle paradigm was set up for

each cage with one bottle containing standard water and the second containing a 5% sucrose solution

diluted in the standard drinking water. Bottles were weighed prior to testing and after removal.

Animals began testing at 6pm each evening and bottles were replaced with standard water the

following morning at 6am and animals were tested again between 6pm-6am with bottle positions

swapped.

Open field test

Animals were placed in the centre of a 56cm square arena and allowed to explore for 10 minutes. A

border 10cm from the edge was considered the border boundary and the remaining space within the

square was considered the central area. Time spent within the central area was quantified when the

centre of the animal's body occupied this space.

Novel object recognition

Novel object recognition assays were performed in a 112x56cm arena. Two pyramidal objects were

placed 26cm from the edges of the arena for the learning phase which occurred over 2 days. Animals

were placed in the centre of the arena and allowed to explore for 10 minutes. On the third day one

object was replaced with an ellipsoid-shaped object and animals were placed in the centre and

allowed to explore for 10 minutes. Time interacting with objects was quantified when the nose of the

animal was within the boundaries of each object.

Elevated O-maze

The platform is a circular disc approximately 120cm in diameter. The platform width was

approximately 10cm and elevated 60cm above the ground. The closed arms of the O-maze consisted

of walls that were 30cm tall. Animals were placed in the centre of the open arms and allowed to

explore for 10 minutes. Total animal movement and time spent in the open arms were quantified.

MicroCT analysis of bone

Whole right hind limbs were fixed in 4%PFA/PBS for 6 days at 4°C and then transferred into PBS and

scanned using Bruker SkyScan 1272. All x-ray projections were reconstructed in a blinded manner

using a modified back-projection reconstruction algorithm (NRecon 1.7.3.1 software (SkyScan; Bruker

µCT) to create cross-sectional images, and 3-dimensional (3D) reconstructions were viewed using

CTvox 3.3.0 (Bruker µCT). Reconstructed images were then analyzed using CTAn 1.19 software

(Bruker), which has inherent 2D and 3D analysis tools (109).

Flow cytometry and haematology

Blood was collected via cardiac puncture into EDTA coated minicollect tubes (Greiner, #450532) for

haematology or serum separator vacuette tubes (Greiner, #456010) for sera analysis. 100uL of blood

was treated with 1ml of red blood cell lysis buffer (0.15M NH4Cl, 10mM NaHCO3) for 2 minutes at

room temperature then washed in 10mL of PBS. Lysed preparations were then spun at 500g 5min 4C,

washed in 10mL of PBS and then resuspended in FACS buffer. Thymus, cervical lymph nodes (cLN),

spleen and bone marrow were collected in FACS buffer (2%FCS/PBS) and filtered through a 40 µM

filter to produce single cell suspension. Splenic cell preparations were treated with red blood cell lysis

buffer. All single cell preparations were enumerated and $1x10^6$ cells were stained for 30min at 4°C.

Brain tissue for flow cytometry was collected from one hemisphere by performing a sagittal incision

down the midline of the brain. This tissue was then minced with a scalpel in a petri dish, resuspended

in HBSS containing collagenase type IV (1mg/mL), dispase (0.1mg/mL), and DNase1 (19mg/mL), and

incubated on a rocking platform for 45 min at 37°C. The tissue was then passed through a 70µm filter,

washed in 25mL PBS and centrifuged (at 400g and 4°C for 5 min). Supernatant was removed and the

pellet resuspended in 12.5mL isotonic Percoll (2.44mL Percoll (Cytiva, MA, USA), 0.47mL 10x PBS,

7.815mL 1x PBS). The suspension was centrifuged at 800g for 45 min (no brake) at 4°C. The

supernatant containing the top myelin layer was aspirated, and the pellet was washed twice with PBS,

and finally resuspended in flow cytometry (FC) buffer (PBS/2% FCS).

The following antibody panel was used across tissue preparations:

	Panel 1	Panel 2
Antibodies	CD32	CD32
	HIS48-FITC	CD3- FITC
	CD11B/C-BV510	CD4-APC/Cy7
	CD45R-BV785	CD8-APC
	CD172-BV421	CD45R-BV785
	CD45-PE/Cy7	7AAD
	CD43-AF647	
	CD4-APC/Cy7	
	7AAD	
Tissues profiled	Brain, Bone marrow, Spleen and Blood	Cervical lymph nodes and Thymus

Flow cytometry data was acquired on an Fortessa X20 Cytometer (BD Biosciences, NJ, USA), and data

was analysed using FlowJo v10 Software (BD Life Sciences, NJ, USA). Live single cells were gated and

subsequent populations defined by the gating strategy illustrated in Figure S9.

Histochemical staining and immunolocalisation

Spleens, livers and kidneys were collected and washed in PBS before fixing in 4%PFA for 24 hours at

room temperature then processed and embedded into paraffin using routine methods. 4μM and

10μM sections were deparaffinised and rehydrated with standard methods; xylene followed by

descending ethanol series. 4μM sections were used for Sirius red and Hematoxylin and Eosin (H&E)

staining and 10μM sections for immunohistochemical staining as previously described (56, 110).

Briefly, sections were stained with Gill's No. 2 haematoxylin for 30 seconds and eosin for 40 seconds

for H&E staining and for Sirius red staining, sections were stained in Picric-Sirius Red solution

(Australian Biostain P/L, VIC, Australia) for 1hr. Heat-induced epitope retrieval was performed in 10

mM Sodium Citrate Buffer (pH6.0) followed by staining with rabbit anti-IBA1 (FUJIFILM, WAKO

chemicals, Richmond, Virginia, USA, 019-19741, 1:1000). 10mM EDTA buffer (pH 9.0) was used for

antigen retrieval for rabbit anti-CD163 (Abcam, ab182422, ERP19518, 1:500) and CD209B (Abcam,

ab308457,1:2000). Detection was performed with DAKO Envision Anti-rabbit HRP detection reagent

(Agilent). Sections were dehydrated in increasing ethanol series, cleared in xylene and coverslips

mounted with DPX mountant (Sigma). Whole slide digital scanning was performed on the VS120 or

VS200 at 40x objective magnification.

Free-floating sections of brain were generated and immunolocalisation of markers was performed as

described previously (66). For the older animals (>18 months), tissues were fixed by transcardial

perfusion with 4% paraformaldehyde in PBS and post fixed for 24hours at room temperature in

4%PFA/PBS. For analysis of young adult brains, sections were stained and imaged on Olympus FV3000

microscope as confocal images on either on the 40x or 60x oil objective with z stacks using solid state

lasers (405, 488 and 647 nm) for each brain region as follows:

Protein marker	Antibody details	Cell identification	Objective used	Stacks
IBA1	Wako Cat # 01-1874	Microglia	40× air	12
GFAP	Invitrogen Cat # PA1-10004	Astroglia	40× air	20
DCX	Cell signalling 4604s	Immature neurons	40× air and 60× oil	20 and 30
CD163	Abcam ab182422	Perivascular macrophages	40× air	12
TMEM119	Synaptic system 400-004	Microglia	20× air	20

564   For analysis of aged animals (>18 months) sections were stained and imaged on Olympus FV3000

565   microscope as confocal images on either on the 4x, 10x or 20x oil objective with z stacks using solid

566   state lasers (405, 488 and 647 nm) for each brain region as follows:

Protein marker	Antibody details	Cell identification	Objective used	Stacks
IBA1	Novachem Cat # 019-19741	Microglia	10x air	30
GFAP	Invitrogen Cat # PA1-10004	Astroglia	4x air	40
WFA	VectorLabs Cat # ZH0824	Perineuronal nets	20x air	30
PV	Synaptic Systems Cat # 195004	Parvalbumin neurons	20x air	30
Risedronate	BioVinc LLC Cat # BV500101	Fluorescent bisphosphonate analogue	4x air	40

Image analysis

Images were taken as a z-stack of 1 µm thickness and converted to Z-project on Image J with FIJI

software (version 1.54f). A minimum of 4 images per brain section were analysed for either number

of positive cells (IBA1, PV) or percentage area (GFAP, WFA) as follows: Images were Z-projected and

converted to RGB image and colour thresholding was performed using either default method (Iba1,

GFAP) or MaxEntropy method (WFA, PV) with the same settings across genotypes. Raw data was

collected using the measure tool and values were plotted on GraphPad Prism (version 10.3.1).

Diffusion Tensor imaging and analysis

Fixed brains were washed in 0.1 M PBS for >1 week for scanning using a 16.4 T vertical bore MR microimaging system (Bruker Biospin, rheinstetten, Germany; Paravision v6.01), equipped with a Micro2.5 imaging gradient using a 20 mm linear surface acoustic wave coil (M2M, Brisbane, Australia). 3D T1/T2*-weighted multi gradient echo (MGE) images were acquired with TR = 70 ms, bandwidth = 100 KHz, FOV = 27 × 18 × 15 mm and matrix size = 216 × 144 × 120, resulting in 120 µm 3D isotropic image resolution, with the acquisition time of 40 mins. The MGE data contained fifteen TEs (= 4, 8,12, … 60 ms) for Quantitative Susceptibility Mapping. Subsequently, samples were washed in 0.1 M PBS with 0.2% v/v Magnevist (Bayer) for >1 week. 3D DWI data were acquired using a Stejskal-Tanner DWI spin-echo sequence with TR = 200 ms, TE = 21 ms, δ/Δ = 2.5/12 ms, bandwidth = 50 KHz, FOV = 27 × 18 × 15 mm and matrix size = 180 × 120 × 100, image resolution = 150 µm, 30 direction diffusion encoding with b-value = 5000 s/mm2, three b = 0 images, with the acquisition time of 15 h 42 min.

Quantitative susceptibility maps (QSM) and T2* relaxation maps of the rat brains were calculated using the program (QSMxT) (111). The anatomical images were constructed by combining multi-echo images to enhance image contrast. Images were registered into the Waxholm Space MRI/DTI template for the Sprague Dawley rat brain, using ANTs diffeomorphic image registration (112-114). The model-based segmentation of brain regions was performed on each sample and their image volumes and intensities were measured using ITK-SNAP.

The FID of DWI datasets were zero-filled by a factor of 1.5 in all dimensions prior to Fourier transform to improve fibre tracking. DWI data were bias corrected using ANTs N4BiasFieldCorrection and processed using MRtrix3 software (www.mrtrix.org). Fiber orientation distribution (FOD) was reconstructed using constrained spherical deconvolution (CSD) method, and probabilistic tractography was performed using iFOD2 algorithm. Tractography was performed for specific major white matter (WM) tracts. Firstly, the seeding regions of interest (ROIs) were manually drawn in the midsagittal and coronal sections of the colour vector map, and fibretracks were generated for the corpus callosum (CC), hippocampal commissure (HC), internal capsule (IC) and anterior commissure

(AC) at 100 seeds per voxel. The volumes of the white matter tracts were measured from Tract Density

Intensity maps (TDI) with the intensity threshold set at 20% to remove background noise from

probabilistic tracking (112, 115).

PET/MR imaging of DPA714 uptake

DPA714-F18 was synthesized as previously described (78). Anesthesized rats, with a cannulated tail

vein (with a 0.020" ×0.060" OD Tygon microbore tubing, 45 cm long and a 25 gauge needle) were

placed in a combined MRI/PET system, comprising a Bruker AV4 70/30 BioSpec MRI including a 7T,

300 mm bore magnet with B-GA20S HP gradients and operating with Paravision 360 V3.5. The PET

images are acquired on a 3-ring PET insert with an axial FOV of 150mm, transaxial FOV of 80 mm. A

40 mm ID rat head MRI rf coil inside the PET ring was used to acquire head images simultaneously

with the PET acquisition. A 60 min PET and dynamic GE images with 200 repetitions were started

simultaneously. After approximately 2 min of scanning the rats were injected with approximately 30

MBq of PET tracer solution, 300 μl Gadovist and saline/10% ethanol to give a total volume of 400μl.

This volume was injected manually via the catheter inserted into the tail vein in a slow bolus injection.

Following 12 min of dynamic GE scanning, the following MR scanning was performed during the PET

acquisition:

PET reconstruction was performed using OSEM 0.5 with iterations = 1, Scatter correction, Randoms

correction, Decay correction, Partial volume correction, point spread function correction, attenuation

correction generated from the 3D FISP 250 μm coronal sequence and partitioning of 10 x 60 sec and

10 x 300 sec time frames. The dynamic PET series were then geometrically registered to the T2

turboRARE transverse image set and the 3D FISP 250 μm image set. PET/MR data were analysed using

the PMOD software. PET and MR data for each animal were matched, registered onto the Schiffer rat

brain atlas and segmented (116). SUV/BW values were calculated after normalizing for decay and

bodyweight of each animal scanned.

Molecular profiling and RNAseq of brain regions and Kidney

Brain tissue from one hemisphere was minced and snap frozen. RNA was extracted using TRIzol

reagent using standard manufacturer's protocol. 1μg of RNA was used to synthesize cDNA according

to manufacturer's protocol (Meridian bioscience). qRT-PCR was performed with 2x SYBR green

reagent (Thermofisher) with the primer sequences (56). Cortex, hippocampus, and thalamus were

sampled using a biopsy punch (1mm diameter) and placed directly into TRIzol and RNA extracted.

Whole kidneys were snap frozen at collection and RNA extracted using TRIzol reagent.

Library preparation and sequencing was performed at the University of Queensland Sequencing

Facility (University of Queensland, Brisbane, Australia). Bar-coded RNA-Sequencing (RNA-Seq)

libraries were generated using the Illumina Stranded mRNA Library Prep Ligation kit (Illumina, CA,

USA) and IDT for Illumina RNA UD Indexes (Illumina, CA, USA). The bar coded RNA libraries were

pooled in equimolar ratios prior to sequencing using the Illumina NovaSeq 6000 (Illumina, CA, USA).

Paired-end 102 bp reads were generated using either a NovaSeq S2 reagent kit v1.5 (200 cycles)

(Illumina, CA, USA). After sequencing, fastq files were created using bcl2fastq2 (v2.20.0.422). Raw

sequencing data (in the form of .fastq files) was provided by the sequencing facility for further analysis.

Raw reads were pre-processed using fastp v0.23.2 using previously described parameters (52, 117)

FastQC was used on pre and post-trimmed reads to ensure adequate sequence quality, GC content,

and removal of adapter sequences (118).

The reference transcriptome used in this study was created by combining the unique protein-coding

transcripts from the Ensembl and NCBI RefSeq databases of the Rnor6.0 annotation, as previously

described (55). After pre-processing, transcript expression level was quantified as transcripts per

million using Kallisto (v0.46.0).(119) Kallisto expression files were imported into RStudio (R version

4.2.1) using the tximport package (v1.24.0) to collate transcript-level TPM generated by Kallisto into

gene-level TPMs for use by downstream tools.

All network cluster analysis was based on gene-level expression and was conducted using Graphia

(https://graphia.app) (120). Only genes expressed at ≥ 1 TPM in at least 2 samples were retained for

analysis. A network graph was then created where nodes (genes) were connected by edges

(representing correlation coefficients). Relationships where $r \geq 0.85$ were included. Samples which

exhibited similar patterns of gene expression across tissues were placed close together in the network

graph. Gene expression patterns were further characterised using the Markov Cluster Algorithm (MCL)

with an inflation value of 2.0 to identify clusters of transcripts with similar expression patterns.

Statistics

All data are presented as mean ± standard deviation and analysed with Graphpad Prism (9.0 or 10.0).

Statistical testing was performed using an ANOVA with Tukey post-hoc analysis or t-test for pairwise

comparisons. P values <0.05 are considered significant.

Data availability

All data are provided in supplemental file. Sequencing data can be accessed through accession number

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 Legends to Figures

Figure 1*. Il34* is widely-expressed in rat tissues but is not required for normal growth and

development.

(A) The image shows mapping of RNA-seq reads from the rat atlas to the *Il34* locus. Each dot

represents read count from an individual tissue/library, colour coded based upon system as indicated.

The location on Chr19 (mRatBN7.2 assembly) is shown on the x axis*; Il34* is transcribed on the reverse

strand; the first coding exon at 38.729Mb is detected in libraries from all tissues (CDS exon 1). An

alternative non-coding exon at ca. 38.753Mb is detected primarily in libraries from mesenchymal

tissues (respiratory, cardiovascular, renal). The most distal 5' non-coding exon, at 38.764Mb, is

detected at low levels in multiple tissues. To the right of the image, reads are mapped to exons of the

upstream *Sf3b3* locus.

(B) Tibial bone density was measured by microCT in male and female rats at 8 weeks of age (BV/TV;

Bone volume fraction, Tb.Th; trabecular thickness, Tb.N; trabecular number, TV; Total volume, Cort.

Th; Cortical Thickness). Each dot represents an individual animal (n≥4).

(C) Body weight gain. WT (blue) and *Il34*^{-/-} (grey) rats were weighed when ear-notched (P12/P14), at

weaning (P20/P21) and at P56. Each dot represents an independent animal.

(D&E) Representative images of spleen morphology and distribution of macrophages in *Il34*^{+/+} (upper

panels) and *Il34*^{-/-} (lower panels) rats. IBA1 staining (left) highlights the macrophages of the red pulp;

and CD209b (right) the marginal zone macrophages.

(F) Serum CSF1 was measured by ELISA. Each dot represents an individual animal.

(G) Flow cytometric analysis of CD45R^{+} B and CD3^{+} T cells, granulocytes, HIS48[+](classical) and

CD43[+](non-classical) monocytes from bone marrow, blood and spleen in 8 week old rats (n≥6). **(H)** *Ex*

vivo imaging of diaphragm muscle and central tendon and the thymus isolated from *Il34*^{+/+} and *Il34*^{-/-}

animals carrying the *Csf1r*-mApple transgene. Tissues were directly imaged on an Olympus FV3000

confocal microscope with a 10x objective and scalebar represents 100 μM.

Figure 2. Loss of IL34 reduces tissue resident macrophages in squamous epithelia and brain.

(A) Whole mount imaging of the epithelial layer of the ear, tongue, proximal oesophagus and foot

from $Il34^{+/+}$ and $Il34^{-/-}$ animals carrying the $Csf1r$-mApple transgene. **(B)** Whole mount imaging of the

mesothelium (surface), peritubular and interstitial regions of the testes. Tissues were directly imaged

on an Olympus FV3000 confocal microscope with a 10x objective and scalebar represents 100 μM. **(C)**

Half brains from $Il34^{+/+}$, $Il34^{+/-}$ and $Il34^{-/-}$ animals with the $Csf1r$-mApple reporter were homogenized

into single cell suspension and analysed by flow cytometry. Total cells were enumerated after

extraction and total numbers of microglia (CD45^{low}/Cd11b/c^{high}) and brain associated macrophages

(BAM; CD45^{high}/CD11b/c^{low}) were calculated from proportions derived from flow cytometry.

Representative plots from each genotype are shown and quantified, each dot represents an

independent animal (n≥12).

Figure 3. Loss of IL34 leads to selective reduction of microglia in grey matter regions

(A) Representative images of brain sections stained for IBA1 (Green or Red) and DAPI (Blue) Images

were captured on the Olympus FV3000 confocal microscope. Grey matter in cerebellum is demarcated

by white dashed line. **(B)** Microglial density for each brain region (specifically grey matter in

cerebellum) was quantified as described in Materials and Methods. Each point represents data from

an individual animal. Statistical analysis was performed using a One-way ANOVA.

Figure 4. A gradient of microglial density and selective depletion of perivascular macrophages in

grey matter of IL34-deficient rats

(A) Free floating sections of cortex from $Il34^{+/+}$, $Il34^{+/-}$ and $Il34^{-/-}$ brains stained with IBA1 (green) and

DAPI (magenta). Panels show representative high resolution scans of the cortical layers from the

meninges and cortical layer 1 (at top), through layer II-VI to the corpus callosum (CC) at bottom. Note

the reduced density of IBA1$^+$ cells in the CC (demarcated by white dotted line) and apparent gradient

through the cortical layers. **(B-F)** CD163 (green) was used to identify perivascular macrophages (PVM).

Representative images of thalamus and cerebellum grey matter (GM) from wildtype and $Il34^{-/-}$ **(B&C)**

and whole cortical scans **(E)** are shown. White dashed lines demarcate the meninges and arrows

indicate direction towards CC. Data are presented as percentage area stained with CD163 in different

brain regions with each dot representing an independent animal and scalebars representing 100 µm.

Statistical analysis was performed using a One-way ANOVA followed by Tukey's test.

Figure 5. Selective loss of the microglial gene signature in multiple brain regions in *Il34^{-/-} rats.**

mRNA was isolated from cortex, hippocampus (hipp) and thalamus (thal) of 12 week old *Il34*$^{+/+}$ and

Il34$^{-/-}$ rats (N=4/genotype) and gene expression was quantified by RNA-seq as described in Materials

and Methods. Network analysis to identify co-expressed gene clusters was performed using Graphia.

The complete dataset and cluster analysis in provided in Table S1. Cluster 18 is the only cluster showing

a relationship with *Il34* genotype. **(A)** The average tag per million (TPM) count of all genes from cluster

18 identified by network analysis is represented as a bar for each sample sequenced. **(B)** Each panel

shows expression of individual genes from cluster 18; each dot represents an independent sample

(n=4). **(C)** Representative images of cortex from adult *Il34*$^{+/+}$, *Il34*$^{+/-}$ and *Il34*$^{-/-}$ brains (n=3/genotype)

stained with IBA1 (red) and TMEM119 (green). **(D)** Expression of genes encoding microglial

transcription factors (*Pu.1, Irf5, Irf8* and *Sall1*) and macrophage markers (*Cd74 and Cd68*).

Figure 6. Loss of IL34 does not affect pathology in the adenine-diet induced model of chronic kidney

disease.

Cohorts of male and female rats were fed normal chow or a diet containing 0.2% adenine for 6 weeks.

(A) Animal body weights were measured over the period of the adenine diet. **(B)** Water consumption

by cage was quantified by comparing the difference in the weights of the bottle to the prior day, each

line represents a single cage tracked longitudinally and "F" denotes female cages. **(C)** Water

consumption at the cage level for the 5th week of the diet, each dot represents an independent cage

black dots are male cages and brown dots are female cages(n≥4). **(D&E)** Serum Creatinine and urea

were measured from serum collected through cardiac puncture. **(F)** The number of crystals in each

kidney was quantified by calculating the area of the crystal across the entire kidney and normalized to

the size of the kidney section quantified. **(G)** Sirius red staining was quantified as total stained area

over the entire area of the kidney section quantified.

Figure 7. IL34-dependent macrophage expansion during chronic kidney injury

Cohorts of male and female rats were fed normal chow or a diet containing 0.2% adenine were stained for IBA1 and CD163. **(A-C)** Representative images for IBA1 in the medulla and cortex **(A&B)** and CD163 in the medulla **(C)** are shown. **(D&E)** Medulla and cortex from IBA1 stained kidneys were quantified as percentage of area stained. **(F)** CD163 was only detected and quantified in the medulla. Slides were scanned on an Olympus slide scanner (VS120 or VS200) with a 40x objective and images captured with the Olyvia software. Scale bars represent 50μM.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7