Functional impact of pathogenic Runt domain mutations in *Runx2* on skeletal and dental development in cleidocranial dysplasia

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Abstract

Runt-related transcription factor 2 (RUNX2) is essential for skeletogenesis, and mutations in its gene cause cleidocranial dysplasia (CCD), an autosomal dominant skeletal disorder. The evolutionarily conserved 128-amino acid Runt homology domain (RHD) of human RUNX2 is essential for DNA binding and heterodimerization, and serves as a mutation hotspot associated with severe CCD phenotypes. To elucidate the functional impact of pathogenic RHD mutations *in vivo*, we generated two novel mouse lines: one carrying a missense mutation, c.695G>A (p.R232Q) (*Runx2$^{m/+}$*), corresponding to the human *RUNX2* c.674G>A (p.R225Q), and the other harboring a frameshift mutation, c.697_698delGA (p.E233TfsTer9) (*Runx2$^{\Delta2/+}$*), causing a premature stop codon. Homozygous *Runx2$^{m/m}$* and *Runx2$^{\Delta2/\Delta2}$* mice lacked membranous ossification, whereas heterozygous *Runx2$^{m/+}$* and *Runx2$^{\Delta2/+}$* mice displayed typical CCD-like skeletal features, including an open anterior fontanelle and clavicle hypoplasia. Unexpectedly, heterozygotes carrying pathogenic mutations in RHD developed an accessory root-like protrusion at the furcation of three-rooted maxillary first molars, representing a previously unrecognized dental phenotype during root development. Dual luciferase assays revealed impaired transactivation of the p.R232Q mutant Runx2 on the osteocalcin enhancer/promoter. Wild-type Runx2 was robustly expressed in osteoblasts and hypertrophic chondrocytes during bone formation, but the mutant Runx2 exhibited reduced expression in hypertrophic chondrocytes and partially impaired nuclear localization, resulting in arrested osteoblast and chondrocyte maturation. Our mutant mouse model provides a valuable *in vivo* platform to study CCD pathogenesis, mechanisms of tooth root furcation, and therapeutic interventions targeting dysfunctional RHD.

Introduction

Cleidocranial dysplasia (CCD; OMIM #119600) is a rare autosomal dominant skeletal and dental disorder caused by haploinsufficiency of the *Runt-related transcription factor 2* (*RUNX2*)[1,2]. CCD affects one in a million people worldwide, with no gender or ethnic differences, although mild cases may be underdiagnosed[3]. Clinical features include clavicular hypoplasia or aplasia, midfacial hypoplasia, delayed closure of cranial sutures, Wormian bones, and a persistent anterior fontanelle closure, often with short stature and dental anomalies[1]. Prolonged retention of deciduous teeth and multiple unerupted supernumerary permanent teeth are frequently encountered in dental clinics[3,4], requiring long-term multidisciplinary care, including oral and maxillofacial surgery and orthodontics, to manage function, aesthetics, and patient burden.

The human *RUNX2* and mouse *Runx2* genes comprise 8 exons, spanning approximately 218 kb (hg38, NM_001024630.4) and 206 kb. (mm39, NM001271627.2), respectively[5,6]. Homozygous *Runx2*-deficient mice die shortly after birth from respiratory failure, exhibiting a complete lack of ossification and arrested embryonic tooth development, while heterozygous mice exhibit persistent open anterior fontanelle, clavicle hypoplasia, and other skeletal abnormalities resembling human CCD[2,7]. RUNX2/Runx2 is a key transcription factor in skeletal development, regulating mesenchymal commitment to the osteoblastic lineage, proliferation and maturation of chondrocytes and osteoblasts, and transdifferentiation of hypertrophic chondrocytes into osteoblasts[8]. Intramembranous ossification strongly depends on *Runx2* and requires higher levels of its expression compared to endochondral ossification[5]. In $Runx2^{+/-}$ mice, as in human CCD, delayed eruption of incisors and maxillary first molars occurs due to impaired osteoclast recruitment in the alveolar bone, although neither impacted nor supernumerary teeth are present[9].

RUNX2 contains several functional domains, including a glutamine alanine-rich domain

(QA), a highly conserved Runt homology domain (RHD), which is also referred to as the Runt

domain, a proline serine threonine domain (PST), and a C-terminal VWRPY motif, and harbors

a nuclear transition signal (NLS) at the C-terminus of the RHD and a nuclear matrix targeting

signal (NMTS)[10]. More than 200 *RUNX2* mutations have been reported in CCD patients,

including frameshift, missense, nonsense, and splice-site variants[6,11]. While nonsense and

frameshift mutations are distributed throughout the gene, most missense mutations cluster

within the 128-amino acid RHD, which is critical for DNA binding and heterodimerization with

core-binding factor subunit β (Cbfb)[6,12,13]. Many pathogenic mutations associated with CCD,

especially those linked to severe dental anomalies, are missense or nonsense mutations affecting

the RHD[6]. However, the mechanisms by which these mutations cause severe CCD have long

remained unclear, owing to the absence of *in vivo* models with RHD-specific mutations and the

limitations of cellular systems that cannot fully recapitulate the disease complexity.

Recently, several disease-specific induced pluripotent stem (iPS) cell lines carrying

mutations such as p.R225Q, p.S124W, p.R391X, and p.Q67X have been established from

patients[14-16]. iPS cells harboring nonsense mutations p.Q67X in the QA domain and p.R391X

in the NTMS domain exhibit reduced osteogenic differentiation capacity[14]. Transplantation of

osteoblasts induced from p.Q67X iPS cells into rat calvarial defects led to limited bone

regeneration, which was rescued by genetic correction of the *RUNX2* mutation[14]. While

disease-specific iPS cells are useful for modeling altered differentiation potential and cellular

behavior *in vitro* but fail to recapitulate morphogenetic processes during development.

Furthermore, iPS cells from CCD patients with heterozygous *RUNX2* mutations do not allow

comprehensive evaluation of mutant protein function. Despite extensive studies on RUNX2

and CCD, the *in vivo* impact of RHD mutations is still not well characterized.

In this study, we generated two novel mouse models carrying RHD mutations: a missense

mutation (c.695G>A; p.R232Q) and a frameshift mutation (c.697_698delGA; p.E233TfsTer9).

These models serve as a robust platform for investigating CCD pathogenesis and uncover

previously unrecognized abnormalities in tooth root furcation. By enabling detailed functional

analysis of RHD mutations in a disease-relevant context, they provide new insights into CCD

pathogenesis and may contribute to the development of targeted therapies.

Materials and methods

Animals

C57BL/6 mice were purchased from CLEA Japan, Inc. (Tokyo, Japan) and bred for experiments.

Homozygous $Runx2^{m/m}$ and $Runx2^{\Delta2/\Delta2}$ mice exhibited perinatal lethality, which was

expected[7,12], and no intervention was undertaken as it was unpreventable. Mice were

maintained under a 12-hour light/dark cycle (lights on from 8:00 to 20:00) at 23 ± 3 ˚C and 50

$\pm 10\%$ humidity. Animals were provided γ-irradiated MF chow (Oriental Yeast Co., Ltd., Tokyo,

Japan) and autoclaved water ad libitum. All procedures were approved by the Animal Care

Committee of the Institute for Frontier Life and Medical Sciences, Kyoto University, as well as

the Committee of Animal Experimentation and the Recombinant DNA Committee of

Hiroshima University.

Generation of TALEN-mediated $Runx2$ mutant mouse lines

TALEN plasmids targeting mouse $Runx2$ were constructed using the Platinum Gate TALEN

Kit (Addgene, Watertown, MA) as previously described[17]. After linearization of TALEN

plasmids for $Runx2$-$TALEN$-R and -L with SmaI, mRNAs were synthesized using the

mMESSAGE mMACHINE T7 ULTRA Kit (Thermo Fisher Scientific, Waltham, MA) and

purified with the MEGAclear kit (Thermo Fisher Scientific). The TALEN mRNAs and an

ssODN carrying the p.R232Q and a silent ApaI site were microinjected into C57BL/6 oocytes.

Injected eggs were transferred into pseudopregnant ICR females. Genotyping was performed

by PCR on genomic DNA extracted from earpieces using specific primers (Table S3). The

products were digested with SmaI and ApaI, and confirmed by direct sequencing using the

BigDye Terminator Cycle Sequencing kit and an ABI 3100 Genetic Analyzer (Applied

Biosystems, Thermo Fisher Scientific). Fragments were analyzed by agarose gel

electrophoresis or a microchip electrophoresis system for DNA/RNA analysis (MultiNA,

SHIMADZU, Kyoto, Japan).

Skeletal preparation

Whole-mount skeletal staining was performed as previously described[18]. Embryos or mice

were skinned, fixed in ethanol, stained with Alcian blue 8GX (Sigma-Aldrich, Merck KGaA,

Darmstadt, Germany), washed with ethanol, and cleared in 1% KOH. Samples were then

stained with 0.05% Alizarin Red S (Sigma-Aldrich) in 1% KOH, followed by additional

clearing in 1% KOH. Images were acquired using a MZ16 FA stereomicroscope equipped with

a DFC7000 T camera (Leica Microsystems (Leica), Wetzlar, Germany).

Tissue sections

For frozen sections, embryos were fixed in 4% paraformaldehyde (PFA) in phosphate buffered

saline (PFA/PBS), infiltrated with 20% sucrose/PBS, embedded in Tissue Tek O.C.T compound

(Sakura Finetek, Tokyo, Japan), sectioned at 4-6 μm. For paraffin sections, embryos were fixed

in 4% PFA/PBS, decalcified with Morse's solution[19], dehydrated, immersed in methyl

benzoate (Nacalai Tesque, Kyoto, Japan), embedded in paraffin (Thermo Fisher Scientific),

sectioned at 6 μm.

Histological staining

Frozen sections were stained with ALP substrate solution of TRAP/ALP Stain Kit (FUJIFILM

Wako Pure Chemical Corporation (FUJIFILM Wako), Osaka, Japan), or stained with 1%

alizarin red (Muto Pure Chemicals, Tokyo, Japan). For toluidine blue staining, deparaffinized

and hydrated sections were stained with 0.05% toluidine blue solution (pH 4.1; Muto Pure

Chemicals).

In situ hybridization

Digoxygenin (DIG)- labelled RNA probes for *Col2a1*[20], *Acan*[20], *Ihh*, *Col10a1*[21], *Runx2*[22],

Spp1[23] and *Col1a1*[24] were synthesized using a DIG RNA labelling kit (F. Hoffmann-La Roche

Ltd. (Roche), Basel, Switzerland). Mouse *Col2a1* and *Ihh* cDNA were amplified by RT-PCR

using the following primers (Table S3). Paraffin sections were deparaffinized, rehydrated and

treated with 10 μg/mL Proteinase K (Roche), followed by post-fixation with 4% PFA/PBS for

10 min. Sections were hybridized with DIG-labeled RNA probes at 65°C for 16 h, washed, and

incubated with anti-DIG Fab fragment conjugated with alkaline phosphatase (anti-DIG-AP;

Roche) and BM purple (Roche). Counterstaining was performed with eosin (Sakura Finetek).

μCT imaging

Mice were anesthetized with a combination of medetomidine, midazolam, and butorphanol (0.1

mL per 10 g body weight). Calvaria and clavicle were scanned with SkyScan1176 (Bruker,

Antwerp, Belgium; 17.5 μm resolution, 50 kV and 500 μA), and teeth were scanned with

CosmoScan GXIII (Rigaku Holdings Corporation, Tokyo, Japan; 12.9 μm resolution, 100 kV

and 120 μA). 3D rendering was performed using Amira software (Thermo Fisher Scientific,

version 2021.1).

Plasmid construction

Mouse Runx2 cDNA was amplified from *pSG5-mRunx2* and cloned into the EcoRI site of

pcDNA-FLAG[20] to generate *pcDNA3 Runx2 WT* using primers. Mutant vectors carrying the

p.R232Q, p.R232W, or p.R200X mutations (*pcDNA3 Runx2 RQ*, *RW*, and *RX*, respectively)

were generated by inverse-PCR with KOD Plus DNA polymerase (TOYOBO, Osaka, Japan)

using *pcDNA3 Runx2 WT* as the template. See Table S2 for primers.

Dual luciferase reporter assay

HEK293T cells (Takara Bio Inc., Shiga, Japan) were cultured in Dulbecco's modified Eagle's

medium with high glucose (Sigma-Aldrich) supplemented with 10% heat-inactivated-FBS

(Hana-Nesco Bio Corp., Osaka, Japan), 2 mM L-glutamine (FUJIFILM Wako), and 50 mg/mL

kanamycin (Sigma-Aldrich) at 37°C in 5% CO_2. Cells were transiently transfected with

p6OSE2-luc[25] and *pGL4.10[luc2]*, *pGL4.74[hRluc/TK]* (Promega, Madison, WI), and

pcDNA3 Runx2 WT or mutant vectors. Transfection was performed using Lipofectamine LTX

Reagent or Lipofectamine 3000 Reagent (Thermo Fisher Scientific). After 48 h, luciferase

activities were measured using the PicaGene Dual Sea Pansy Luminescence Kit (Toyo ink,

Tokyo, Japan) and Centro XS[3] LB 960 (Berthold Technologies, Bad Wildbad, Germany).

Western blotting

Forelimbs were frozen in liquid nitrogen, crashed using SK mill (SK-200, Tokken,Inc, Chiba,

Japan), and lysed in 8 M urea extraction buffer [8 M urea, 50 mM Tris-HCl (pH 8.0), 1 mM

DTT and 1 mM EDTA]. HEK293T cells were transfected with WT or mutant Runx2 vector

using Lipofectamine 3000 Reagent (Thermo Fisher Scientific), and lysed in 8 M urea extraction

buffer. Protein concentrations were determined using BCA Protein Assay Kit (Thermo Fisher

Scientific), and samples were mixed with 6x SDS sample buffer (Nacalai tesque, Inc., Kyoto,

Japan), boiled, and loaded onto a 10% SDS-polyacrylamide gels (e-PAGEL, ATTO, Tokyo,

Japan). Samples were separated by SDS-PAGE and transferred to PVDF membranes using

iBlot3 (Invitrogen). Membrane were blocked with 3% skim milk (FUJIFILM Wako) in Tris-

buffered saline with 0.05% Tween 20 (TBS-T), incubated with rabbit anti-Runx2 monoclonal

antibody (1:1250, Cell Signalling Technology, Danvers, MA) and mouse anti-β-actin

monoclonal antibody (1:1250, FUJIFILM Wako) overnight, then with IRDye 680RD Goat anti-

Rabbit IgG and IRDye 800CW Goat anti-Mouse IgG (1:15000, LI-COR, Lincoln, NE). Bands

were visualized using Odyssey CLx (LI-COR).

Immunostaining

Frozen sections were subjected to antigen retrieval in sodium citrate buffer (pH6.0) by

microwave heating, followed by permeabilization with 0.2% TritonX-100 (Sigma-Aldrich).

After blocking with 2% skim milk/PBS, sections were incubated with rabbit anti-Runx2

monoclonal antibody (1:1600, Cell Signaling Technology) or rabbit anti-Collagen X

monoclonal antibody (1:500, Abcam, Cambridge, UK) overnight, washed with PBS, and

incubated with Goat anti-Rabbit IgG (H+L) Highly Cross-Adsorbed Secondary antibody

conjugated with Alexa Fluor Plus 594 (1:500, Thermo Fisher Scientific). Nuclei were

counterstained with 4',6-diamidino-2-phenylindole (DAPI) (Sigma-Aldrich). Stained sections

were mounted using VECTASHIELD Hard-Set Mounting Medium (Vector Laboratories, Inc.,

Newark, CA). Images were acquired using DMRXA microscope with DFC310 FX Camera and

Stellaris 5 confocal laser scanning microscope (Leica).

Image analysis

To analyze Runx2 nuclear localization, maximum projection images were generated from

confocal images using LAS X software (Leica). Cells in the Col10$^+$ hypertrophic cartilage layer

were analyzed with ImageJ software (National Institutes of Health, Bethesda, MD). Regions of

interest (ROIs) for whole-cell Runx2 [ROIs(r)] were defined from Runx2 signals using

thresholding based on the Huang algorithm[26]. Nuclear regions of interest [ROIs(d)] were

defined from DAPI images with thresholds set using the Default (IsoData) algorithm[27],

excluding ROIs smaller than 50 pixels. ROIs(r) and ROIs(d) were overlayed on Runx2 images,

and the respective Runx2 intensities in whole cells and nuclei were measured using Integrated

Density. Nuclear localization was calculated as: %Nuclear = (Runx2 intensity in nucleus/Runx2

intensity in the whole cell) ×100. Only cells with overlapping ROI(r) and ROI(d), confirmed

by visual inspection, were included. Multiple ROI(d) within one ROI(r) were summed.

Statistical analysis

Statistical significance between two groups was determined using Student's t-test or Mann-

Whitney U test. Comparisons among multiple groups were performed by one-way analysis of

variance (ANOVA) followed by Tukey's multiple comparison test. Graphpad Prism 10

(Dotmatics, Boston, MA, version 10. 2. 3) was used.

Results

Establishment of CCD mouse models harboring *Runx2* missense or frameshift mutations

The mouse *Runx2* gene, located on chromosome 17 and composed of 8 exons, is transcribed from two distinct promoters: distal P1 and proximal P2, generating isoforms with different N-terminal amino acid sequences[6] (Fig. 1A, Fig. S1A). The 128-amino-acid RHD crucial for DNA binding, is encoded by exons 2 to 4, and the NLS by exons 4 and 5 (Fig. 1B). CCD patients with a heterozygous p.R225Q mutation in human *RUNX2* show multiple supernumerary teeth and membranous bone dysplasia[15,28-30]. In mouse *Runx2*, this mutation corresponds to p.R232Q owing to seven additional amino acids at the N-terminus. We introduced the c.695G>A (p.R232Q) mutation into the RHD of *Runx2*. To introduce the mutation via homology-directed repair (HDR), we used Platinum TALENs and a single-stranded oligodeoxynucleotide (ssODN) containing the c.695G>A substitution and a silent ApaI site for genotyping (Fig. 1a). Microinjection of Platinum TALEN mRNAs and a designed ssODN into fertilized eggs generated 51 mice, including 14 with non-homologous end joining induced indels and 2 carried the HDR-mediated knock-in allele (Table S1). Lines carrying the missense (*m*) or the double-nucleotide deletion (*Δ2*) mutation were established from founder mice (Fig. 1C, Fig. S1A, B). In *Δ2* mutants, deletion of nucleotides 697G and 698A caused a frameshift mutation, generating a premature stop codon at 241 (Fig. S1B, Fig. 1C). For genotyping, SmaI digestion yielded 115 bp and 80 bp fragments for the wild-type allele, while mutant alleles produced an undigested 195 bp fragment, and ApaI digestion generated 113 bp and 82 bp fragments specific to the missense mutant allele (Fig. S2). Direct sequencing confirmed that *Runx2^{m/+}* carried both the c.690T>G silent andc.695G>A missense mutations, while *Runx2^{Δ2/+}* harbored a two-nucleotide deletion causing a premature stop codon. (Fig. 1D). Thus, we successfully established two distinct CCD model mice: one with a clinically relevant

RHD missense mutation associated with severe CCD and another with a frameshift mutation.

Defective bone formation in homologous *Runx2* RHD-mutant mice

Homozygous *Runx2$^{m/m}$* and *Runx2$^{Δ2/Δ2}$* mice exhibited perinatal lethality, likely due to

respiratory failure caused by severe skeletal abnormalities, which was predictable based on

previous studies of *Runx2* knockout mice[7,12]. At embryonic day 18.5 (E18.5), *Runx2$^{+/+}$*,

Runx2$^{m/+}$, and *Runx2$^{Δ2/+}$* embryos were similar in size and morphology, while *Runx2$^{m/m}$* and

Runx2$^{Δ2/Δ2}$ embryos were smaller with limb shortening, facial underdevelopment, and calvarial

defects (Fig. S3A-E). Skeletal development at E18.5 was compared among wild-type,

heterozygous, and homozygous *Runx2* RHD mutants (Fig. 2A-J). In *Runx2$^{+/+}$* embryos,

intramembranous ossification progressed in the calvaria and clavicles, and endochondral

ossification in the axial and appendicular skeletons (Fig. 2A, F, G). In *Runx2$^{m/+}$* or *Runx2$^{Δ2/+}$*

embryos, intramembranous ossification occurred but was impaired, causing clavicle hypoplasia

and delayed fontanelle closure (Fig. 2B, C, H, I). In *Runx2$^{m/m}$* or *Runx2$^{Δ2/Δ2}$* embryos,

intramembranous ossification was absent, causing skull and clavicle defects, and endochondral

ossification was impaired, with long bones remaining mostly cartilaginous and mineralization

limited to the forearms and the lower legs (Fig. 2D, E, J). Forelimb calcification was more

delayed in *Runx2$^{m/m}$* than in *Runx2$^{Δ2/Δ2}$* embryos (Fig. 2D, E).

Histological sections of the forearm from *Runx2$^{+/+}$*, *Runx2$^{m/+}$*, *Runx2$^{m/m}$* and *Runx2$^{Δ2/Δ2}$*

embryos at E18.5 were stained with toluidine blue (TB), alkaline phosphatase (ALP), and

Alizarin Red (AR) (Fig. 3A-C). In *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos, primary ossification

canters formed in the diaphysis, with metachromatic cartilage present in the metaphysis and

epiphysis. In *Runx2$^{m/m}$* and *Runx2$^{Δ2/Δ2}$* embryos, the entire bone primordium consisted

exclusively of cartilage (Fig. 3A). ALP activity was high from the diaphysis to the metaphysis

in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos, but was restricted to the hypertrophic/calcified cartilage in

the center of the ulna and radius of *Runx2$^{m/m}$* and *Runx2$^{Δ2/Δ2}$* embryos (Fig. 3B). Although the

calcified area was smaller than the ALP$^+$ area in all genotypes, in *Runx2$^{m/m}$* and *Runx2$^{Δ2/Δ2}$*

embryos, both regions were markedly smaller than those in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos

and were confined to the central diaphysis where hypertrophic chondrocytes were present (Fig.

3C). Notably, calcified cartilage was smaller in *Runx2$^{m/m}$* than in *Runx2$^{Δ2/Δ2}$* embryos,

suggesting delayed cartilage maturation (Fig. 3A-C).

To assess chondrogenic and osteogenic marker expression, the forearm of *Runx2$^{+/+}$*,

Runx2$^{m/+}$ and *Runx2$^{m/m}$* embryos at E18.5 were analyzed by *in situ* hybridization (Fig. 3D-J).

Early chondrogenic markers *Col2a1* and *Acan* were expressed in proliferating and mature

chondrocytes in *Runx2$^{+/+}$*, *Runx2$^{m/+}$,* and *Runx2$^{m/m}$* embryos (Fig. 3D, E). *Ihh* was expressed in

prehypertrophic chondrocytes in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos, whereas its expression was

only faintly detected in the central diaphysis of *Runx2$^{m/m}$* embryos (Fig. 3F). *Col10a1* was

expressed in hypertrophic chondrocytes of the metaphysis in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos,

but only weakly detected in hypertrophic chondrocytes in the central diaphysis in *Runx2$^{m/m}$*

embryos (Fig. 3G). In *Runx2$^{+/+}$* and *Runx2$^{m/+}$* embryos, *Runx2* and *Spp1* were expressed in

osteoblasts, osteocytes, and chondrocytes (Fig. 3H, I). In *Runx2$^{m/m}$* embryos, *Runx2* was faintly

expressed in chondrocytes and perichondrial cells, while *Spp1* was detected in a small

population of hypertrophic chondrocytes in the diaphysis (Fig. 3H, I). *Col1a1* was detected in

osteoblasts, osteocytes, cells of the periosteum and perichondrium in *Runx2$^{+/+}$* and *Runx2$^{m/+}$*

embryos, but only faintly in the perichondrium of *Runx2$^{m/m}$* embryos (Fig. 3J).

These findings demonstrate that RHD mutations disrupt both intramembranous and

endochondral ossification, emphasizing the essential role of the RHD in skeletal development.

Functional impairment of Runx2 caused by the p.R232Q mutation in the RHD

Wild-type and p.R232Q mutant Runx2 proteins were analyzed by Western blotting using

whole-cell extracts from HEK293T cells transfected with each construct (Fig. 4A).

Immunoblotting with an anti-RUNX2 antibody recognizing a peptide around Arg (R) at 267 of

human RUNX2 confirmed the expression of both wild-type and mutant Runx2, with no

apparent differences, although a sight size shift was observed due to the FLAG tag (Fig. 4A,

Fig. S4A). Next, Western blotting with the same anti-RUNX2 antibody was performed on

forelimb extracts from $Runx2^{+/+}$, $Runx2^{m/+}$, and $Runx2^{m/m}$ embryos at E18.5 to assess Runx2

expression (Fig. 4B, Fig. S4B). The reported molecular weights are approximately 57 kDa for

isoform 1 (MASNS) and 56 kDa for isoform 2 (MRIPV)[31]. Both wild-type and p.R232Q

mutant Runx2 showed similar sizes in HEK293T whole-cell extracts transfected with each

construct (Fig. 4A, Fig. S4A) and in tissue extracts from $Runx2^{+/+}$, $Runx2^{m/+}$ and $Runx2^{m/m}$

embryos, although the expression level was markedly reduced in $Runx2^{m/m}$ embryos compared

to $Runx2^{+/+}$ embryos (Fig 4B, Fig. S4Bb).

The $p6OSE2$-luc vector contains six tandem repeats of osteoblast-specific element 2 (OSE2,

AACCACA) from the mouse osteocalcin promoter, a Runx2 binding site, followed by a

minimal promoter driving firefly luciferase expression, allowing quantification of Runx2-

dependent transcription[25]. To evaluate the effect of RHD mutations, HEK293T cells were

transfected with wild-type or mutant Runx2 (p.R232Q, p.R232W, or p.R200X) (Table S2),

along with $p6OSE2$-luc and the $pGL4.74[hRlux/TK]$ internal control, and dual luciferase assays

were performed (Fig. 4C). Wild-type Runx2 showed a 6.7-fold increase in transcriptional

activity compared to the empty vector, whereas the p.R232Q, p.R232W, or p.R200X mutants

exhibited activity comparable to the empty vector, indicating that missense and nonsense

mutations in the RHD abolish Runx2-mediated activation via OSE2 (Fig. 4C).

The p.R232Q mutation lies near the NLS in the C-terminal region of the RHD[32], potentially

affecting Runx2 nuclear translocation. To examine the impact of the mutation on intracellular

localizations, immunostaining was performed on sections of the ulna sections from *Runx2$^{+/+}$*

and *Runx2$^{m/m}$* embryo at E18.5 using anti-Col10 and anti-Runx2 antibodies (Fig. 5A-D).

Consistent with the results of *in situ* hybridization (Fig. 3G, H), In *Runx2$^{+/+}$* embryos, Col10

accumulated abundantly in the metaphysis and in cartilage remnants of the primary spongiosa

(Fig. 5A), while Runx2^{+} cells were distributed from the metaphysis to the diaphysis (Fig. 5B).

In *Runx2$^{m/m}$* mice, Col10^{+} hypertrophic chondrocytes were confined to the central diaphysis

(Fig. 5C), and Runx2^{+} cells were more widely distributed but with markedly weaker signal

intensity (Fig. 5D). In hypertrophic chondrocytes of *Runx2$^{+/+}$* embryos, Runx2 was

predominantly localized in the nucleus (Fig. 5E, F). In contrast, many cells in *Runx2$^{m/m}$* embryos

exhibited partial nuclear translocation, but cytoplasmic localization was also observed, and

overall nuclear localization of Runx2 was significantly reduced (Fig. 5G, H). Quantification of

the nuclear-to-total Runx2 fluorescence intensity ratio revealed a significant decrease in

Runx2$^{m/m}$ embryos compared to *Runx2$^{+/+}$* embryos (Fig. 5I, Fig. S5).

These results indicate that the p.R232Q mutation in the RHD impairs Runx2 function in

skeletal development by reducing its expression, transcriptional activation capacity, and nuclear

localization.

Postnatal bone abnormalities recapitulating human CCD in *Runx2$^{m/+}$* mice

Runx2$^{m/+}$ mice showed smaller body size and length at 1 month of (Fig. 6A) and 18.3% lower

body weight at 4 months compared to *Runx2$^{+/+}$* mice (Fig. 6B). Three-dimensional (3D)

rendering images from micro-CT (μCT) scans revealed significantly smaller clavicles in

Runx2$^{m/+}$ mice (Fig. 6C), and skeletal preparations at 3 months confirmed markedly hypoplastic

clavicles and scapulae compared to $Runx2^{+/+}$ mice (Fig. 6D).

To investigate postnatal changes in cranial sutures over time, skulls of $Runx2^{+/+}$ and

$Runx2^{m/+}$ mice were analyzed at 1, 2, and 3 months of age using µCT, and 3D rendered images

were examined (Fig. 6E). At 1 month, while cranial sutures of $Runx2^{+/+}$ mice were nearly closed,

those in $Runx2^{m/+}$ mice remained open, showing delayed closure and Wormian bones at the

lambdoid suture (Fig. 6E). At 2 and 3 months, the sutures in $Runx2^{m/+}$ mice remained open with

persistent closure defects and Wormian bones, indicating impaired cranial ossification (Fig. 6E).

Consistently, skeletal preparations at 6 months showed that $Runx2^{m/+}$ mice had an open anterior

fontanelle, impaired suture closure, a short nasal apex, and zygomatic arch dysplasia, whereas

$Runx2^{+/+}$ mice had fully closed cranial sutures (Fig. 6F).

Taken together, these findings demonstrate that $Runx2^{m/+}$ mice carrying a clinically relevant

RHD missense mutation develop postnatal features of severe CCD.

Formation of accessory root-like protrusions in $Runx2^{m/+}$ mice

CCD patients often exhibit delayed eruption and supernumerary teeth[1], whereas

supernumerary teeth are absent in heterozygous $Runx2$-deficient mice[12]. Similarly, no

supernumerary teeth were observed in $Runx2^{m/+}$ mice; however, 3D rendering of µCT images

revealed a previously unreported accessory root-like protrusion between the three roots of the

maxillary first molars (Fig. 7A-D).

In mice, the maxillary first molars develop two buccal roots (mesial and distal) and one

palatal root, with root development coordinated through the independent growth of each root

from the furcation area via Hartwig's epithelial root sheath (HERS)[33]. The furcation process

of the mouse maxillary first molar begins with the formation of the distal buccal and palatal

root, followed by separation of the mesial buccal root and palatal roots, mediated through the

fusion of epithelial tongue-like processes formed by HERS[33]. To examine the development of

the small root-like protrusion, 3D μCT images of the maxillary first molars of $Runx2^{m/+}$ mice

were analyzed at 2, 3, 4, and 8 weeks (Fig. 7E-I). At 2 weeks, crown formation was complete,

but calcification at the root furcation area was incomplete, and three roots were not yet fully

separated (Fig. 7E, F). By 4 weeks, roots were clearly separated and elongated rapidly, with a

small protrusion forming near the furcation between the distal buccal and palatal roots (Fig.

7G-J). At 8 weeks, root elongation continued, but the protrusion size remained unchanged (Fig.

7 K, L). Figure 7M illustrates the phenotype observed in this study alongside previous findings

in wild-type mice[33-35], and shows that in $Runx2^{m/+}$ mice, the epithelial processes fail to close

properly during root furcation, causing a small protrusion.

Hence, these results identify a previously unrecognized dental phenotype associated with

$Runx2$ haploinsufficiency and provide new insights into the molecular mechanism underlying

root furcation.

Discussion

This study presents the first *in vivo* functional analysis of pathological $Runx2$ RHD mutations

using novel mouse lines carrying either a missense or a frameshift-induced dysfunctional RHD.

Clinically relevant $Runx2^{m/+}$ mice harboring p.R232Q corresponding human RUNX2 p.R225Q,

exhibited skeletal abnormalities characteristic of classic CCD. Notably, this is the first *in vivo*

evidence that homozygous RHD mutations alone can completely abolish bone formation,

resulting in a skeleton composed entirely of cartilage. Although supernumerary teeth were

absent in heterozygous mutants, 3D μCT imaging revealed a novel accessory root-like

protrusion in the maxillary first molar during furcation. These findings demonstrate the

importance of modeling specific RHD mutations and provide new insights into the skeletal and

dental pathology of CCD beyond previous studies of *Runx2*-deficient mice.

Missense substitutions account for nearly half of all mutations reported in the Human

Gene Mutation Database[36]. Missense mutation p.R225Q is one of the most frequent across

diverse populations worldwide[12,15,28,37,38]. Arginine (R) residues, such as R225 in human

RUNX2 is crucial for protein stability through hydrogen bonds and salt bridges. Substitutions

of these residues can disrupt interactions with charged molecules like DNA and other proteins,

leading to pathogenic effects[39]. *In silico* analysis predicts that R225, a highly conserved

residue across species, forms two hydrogen bonds with E226, which are lost in mutant

RUNX2[38]. Consistently, the equivalent mouse mutation p.R232Q abolishes osteocalcin

promoter activation due to loss of RHD function. In homozygous mice, expression of

Col10a1[22], a direct Runx2 target, was markedly reduced. The p.R232Q Runx2 failed to sustain

Runx2 expression in hypertrophic chondrocytes, causing maturational arrest. In *Runx2$^{\Delta 2/\Delta 2}$* mice,

the lack of bone formation results from loss of function, most likely due to nonsense-mediated

decay triggered by the frameshift mutation, consistent with previous reports that nonsense or

frameshift mutations also cause classic CCD[5,40,41].

Two *Runx2* knockout mouse lines have been previously reported: one generated by

disrupting the Q/A repeat domain with an *IRES-lacZ-pA* cassette[12], and another by deleting an

exon containing 41 amino acids of the RHD using a *PGK-neo* cassette[7]. In the latter line

carrying a LacZ reporter, X-gal staining showed persistent activity of the endogenous *Runx2*

promoter even in homozygotes, with blue staining in bone-forming regions[12]. However, the

prolonged half-life of LacZ hampers accurate tracking of the temporal dynamics of mutant

Runx2 expression during skeletogenesis. Indeed, *Runx2$^{m/m}$* embryos exhibited markedly

reduced mutant Runx2 expression, suggesting that loss of functional Runx2 impairs either the

maintenance of its transcription or protein stability. These findings shed light on the *in vivo*

regulation and dynamics of Runx2 expression that are not captured by reporter-based

approaches.

The classical NLS typically comprises 5-20 amino acids rich in basic amino acid residues

like lysine (K) and arginine (R)[42]. Runx2 contains a Myc-related 9 amino acid NLS

(PRRHRQKLD) at the RHD-PST junction, essential for its nuclear localization[32]. Previous

studies using NIH-3T3, U2OS, C3H10T1/2, and HEK293T cells showed that wild-type

RUNX2 localizes to the nucleus, whereas p.R225Q or p.R225W mutants exhibited impaired

nuclear translocation[37,43]. Fusion proteins carrying p.R225Q or p.R225W mutation fail to

efficiently accumulate in the nucleus[37], unlike the wild-type. RUNX2 carrying either the

p.K218N or p.K220I mutation (previously described as K204N and T206I, respectively), both

located near the NLS, fails to translocate to the nucleus. In contrast, the p.R225Q mutant

(previously described as R211Q) shows approximately equal distribution between the nucleus

and cytoplasm in about half of the cells[43]. Although R232 in mouse Runx2 is located near the

NLS, its mutation caused only a partial defect in nuclear localization, with approximately 70%

of the mutant Runx2 detected in the nuclei of hypertrophic chondrocytes in $Runx2^{m/m}$ mice.

Thus, reduced function and expression due to RHD dysfunction, rather than impaired nuclear

localization, is likely the primary contributor to the skeletal phenotype. A missense mutation in

the RHD has been reported to exert a dominant-negative effect[44], which may explain the

observation that the mineralized area is smaller in missense mutant compared to the frameshift

mutant.

In CCD patients, supernumerary teeth most commonly develop in the incisors and

premolars[45]. In contrast, mice have a monomorphic dentition with one continuously growing

incisor and three molars, separated by a toothless diastema, lacking canines or premolars[46].

Unlike the dimorphic dentition of humans, tooth eruption in $Runx2$-deficient mice is only

slightly delayed or not significantly affected[9,47], similar to the normal eruption of deciduous

teeth in CCD patients[2,48]. These species-specific differences in dental architecture may explain

why the dental phenotype in mice is less pronounced than the skeletal phenotype.

We identified an accessory root-like protrusion in the maxillary first molars of $Runx2^{m/+}$

mice, representing a novel dental phenotype distinct from previously reported abnormalities

such as short roots or taurodontism[49]. In normal maxillary molars, horizontal differential

growth of HERS forms three tongue-like interradicular processes that fuse to divide the single

cervical opening into three parts, initiating multi-root formation[33,50]. The accessory roots likely

result from impaired fusion of these processes at the leading edge of HERS, caused by $Runx2$

haploinsufficiency (Fig. 7M). As Runx2 is critical for epithelial-mesenchymal interactions

during root development, reduced expression may disrupt spatiotemporal regulation of HERS

fusion during furcation, leading to protrusion formation. Notably, this protrusion was much

smaller than normal roots, suggesting incomplete root elongation, possibly due to aberrant

odontoblast differentiation. Given that maxillary first molars normally have three roots and the

most complex furcation among molars, their intricate morphology and spongy maxillary bone

structure may underlie susceptibility to furcation abnormalities in $Runx2^{m/+}$ mice.

In conclusion, our $Runx2$ mutant mice replicate key skeletal features of CCD and uncover

a novel dental phenotype characterized by accessory roots, likely resulting from impaired root

furcation. Although unconfirmed in humans, homozygous mutants in mice exhibited a complete

lack of bone formation. These findings highlight the critical role of the RHD in both skeletal

and multi-root development, providing new insights into CCD pathogenesis.

Data availability

All data associated with this study are available upon request.

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Competing interests

The authors declare no competing or financial interests.

Author contributions

C.S. designed the research; S.Ogawa, S.H., Y.Y., M.H., C.S., A.H., H.W., T.S., K.H., S.Ogata, K.F., and G.K. performed the experiments; C.S., S.Ogawa, S.H., Y.Y., A.H., S.M., and T.S. analyzed data; C.S., S.Ogawa, S.H., and Y.Y. wrote the paper; C.S., S.M., K.U., T.O., K.T., T.K., and D.D. provided feedback and guidance; S.M., A.H., T.S., K.F., T.O., T.Y., R.K., Y.S., and D.D. reviewed and edited the manuscript.

References

1. Mundlos S. Cleidocranial dysplasia: clinical and molecular genetics. J Med Genet. 1999;36(3):177-82.

2. Mundlos S, Otto F, Mundlos C, et al. Mutations involving the transcription factor CBFA1 cause cleidocranial dysplasia. Cell. 1997;89(5):773-9. https://doi.org/10.1016/s0092-8674(00)80260-3

3. Cooper SC, Flaitz CM, Johnston DA, et al. A natural history of cleidocranial dysplasia. Am J Med Genet. 2001;104(1):1-6. https://doi.org/10.1002/ajmg.10024

4. Kreiborg S, Jensen BL. Tooth formation and eruption - lessons learnt from cleidocranial dysplasia. Eur J Oral Sci. 2018;126 Suppl 1:72-80. https://doi.org/10.1111/eos.12418

5. Lou Y, Javed A, Hussain S, et al. A Runx2 threshold for the cleidocranial dysplasia phenotype. Human Molecular Genetics. 2009;18(3). https://doi.org/10.1093/hmg/ddn383

6. Jaruga A, Hordyjewska E, Kandzierski G, et al. Cleidocranial dysplasia and RUNX2-clinical phenotype-genotype correlation. Clin Genet. 2016;90(5):393-402. https://doi.org/10.1111/cge.12812

7. Komori T, Yagi H, Nomura S, et al. Targeted disruption of Cbfa1 results in a complete lack of bone formation owing to maturational arrest of osteoblasts. Cell. 1997;89(5). https://doi.org/10.1016/S0092-8674(00)80258-5

8. Komori T. Whole Aspect of Runx2 Functions in Skeletal Development. Int J Mol Sci. 2022;23(10). https://doi.org/10.3390/ijms23105776

9.   Yoda S, Suda N, Kitahara Y, et al. Delayed tooth eruption and suppressed osteoclast

number in the eruption pathway of heterozygous Runx2/Cbfa1 knockout mice. Archives

of Oral Biology. 2004;49(6). https://doi.org/10.1016/j.archoralbio.2004.01.010

10. Bruderer M, Richards RG, Alini M, et al. Role and regulation of RUNX2 in osteogenesis.

Eur Cell Mater. 2014;28:269-86. https://doi.org/10.22203/ecm.v028a19

11. Yang L, Lu G, Shen W, et al. Whole-exome sequencing of a novel initiation codon

mutation in RUNX2 in a Chinese family with cleidocranial dysplasia. Medicine

(Baltimore). 2021;100(45):e27746. https://doi.org/10.1097/MD.0000000000027746

12. Otto F, Thornell AP, Crompton T, et al. Cbfa1, a candidate gene for cleidocranial

dysplasia syndrome, is essential for osteoblast differentiation and bone development.

Cell. 1997;89(5). https://doi.org/10.1016/S0092-8674(00)80259-7

13. Yoshida T, Kanegane H, Osato M, et al. Functional analysis of RUNX2 mutations in

cleidocranial dysplasia: novel insights into genotype-phenotype correlations. Blood

Cells Mol Dis. 2003;30(2):184-93. https://doi.org/10.1016/s1079-9796(03)00020-2

14. Saito A, Ooki A, Nakamura T, et al. Targeted reversion of induced pluripotent stem cells

from patients with human cleidocranial dysplasia improves bone regeneration in a rat

calvarial   bone   defect   model.   Stem   Cell   Res   Ther.   2018;9(1):12.

https://doi.org/10.1186/s13287-017-0754-4

15. Yamasaki S, Hamada A, Akagi E, et al. Generation of cleidocranial dysplasia-specific

human induced pluripotent stem cells in completely serum-, feeder-, and integration-

free culture. In Vitro Cellular and Developmental Biology - Animal. 2016;52(2).

https://doi.org/10.1007/s11626-015-9968-x

16.   Hamada A, Mukasa H, Taguchi Y, et al. Identification of a familial cleidocranial

dysplasia with a novel RUNX2 mutation and establishment of patient-derived induced

pluripotent stem cells. Odontology. 2022;110(3):444-51.

https://doi.org/10.1007/s10266-021-00674-5

17.   Sakuma T, Ochiai H, Kaneko T, et al. Repeating pattern of non-RVD variations in DNA-

binding modules enhances TALEN activity. Sci Rep. 2013;3:3379.

https://doi.org/10.1038/srep03379

18.   Rigueur D, Lyons KM. Whole-mount skeletal staining. Methods Mol Biol.

2014;1130:113-21. https://doi.org/10.1007/978-1-62703-989-5_9

19.   Shibata Y, Fujita S, Takahashi H, et al. Assessment of decalcifying protocols for

detection of specific RNA by non-radioactive in situ hybridization in calcified tissues.

Histochem Cell Biol. 2000;113(3):153-9. https://doi.org/10.1007/s004180050434

20.   Takimoto A, Kokubu C, Watanabe H, et al. Differential transactivation of the upstream

aggrecan enhancer regulated by PAX1/9 depends on SOX9-driven transactivation. Sci

Rep. 2019;9(1):4605. https://doi.org/10.1038/s41598-019-40810-4

21.   Apte SS, Seldin MF, Hayashi M, et al. Cloning of the human and mouse type X collagen

genes and mapping of the mouse type X collagen gene to chromosome 10. Eur J

Biochem. 1992;206(1):217-24. https://doi.org/10.1111/j.1432-1033.1992.tb16919.x

22.   Inada M, Yasui T, Nomura S, et al. Maturational disturbance of chondrocytes in Cbfa1-

deficient mice. Dev Dyn. 1999;214(4):279-90. https://doi.org/10.1002/(SICI)1097-

0177(199904)214:4<279::AID-AJA1>3.0.CO;2-W

23.   Bastepe M, Weinstein LS, Ogata N, et al. Stimulatory G protein directly regulates

hypertrophic differentiation of growth plate cartilage in vivo. Proc Natl Acad Sci U S

A. 2004;101(41):14794-9. https://doi.org/10.1073/pnas.0405091101

24.   Yoshimoto Y, Takimoto A, Watanabe H, et al. Scleraxis is required for maturation of

tissue domains for proper integration of the musculoskeletal system. Scientific Reports.

2017.

25.   Ducy P, Zhang R, Geoffroy V, et al. Osf2/Cbfa1: a transcriptional activator of osteoblast

differentiation. Cell. 1997;89(5):747-54. https://doi.org/10.1016/s0092-

8674(00)80257-3

26.   Huang L-K, Wnag M-JJ. Image thresholding by minimizing the measures of fuzziness.

Pattern Recognition. 1995;28(1):41-51. https://doi.org/10.1016/0031-3203(94)E0043-

K

27.   Ridler TW, Calvard S. Picture Thresholding using an iterative selection method. IEEE

Transactions on Systems, Man, and Cybernetics. 1978;8(8):630-2.

https://doi.org/10.1109/TSMC.1978.4310039

28.   Wu LZ, Su WQ, Liu YF, et al. Role of the RUNX2 p.R225Q mutation in cleidocranial

dysplasia: A rare presentation and an analysis of the RUNX2 protein structure. Genetics

and Molecular Research. 2014;13(1). https://doi.org/10.4238/2014.February.27.3

29.   Lee KE, Seymen F, Ko J, et al. RUNX2 mutations in cleidocranial dysplasia. Genet Mol

Res. 2013;12(4):4567-74. https://doi.org/10.4238/2013.October.15.5

30.   Suda N, Hattori M, Kosaki K, et al. Correlation between genotype and supernumerary

tooth formation in cleidocranial dysplasia. Orthod Craniofac Res. 2010;13(4):197-202.

https://doi.org/10.1111/j.1601-6343.2010.01495.x

31. Brubaker KD, Vessella RL, Brown LG, et al. Prostate cancer expression of runt-domain

transcription factor Runx2, a key regulator of osteoblast differentiation and function.

Prostate. 2003;56(1):13-22. https://doi.org/10.1002/pros.10233

32. Thirunavukkarasu K, Mahajan M, McLarren KW, et al. Two domains unique to

osteoblast-specific transcription factor Osf2/Cbfa1 contribute to its transactivation

function and its inability to heterodimerize with Cbfbeta. Mol Cell Biol.

1998;18(7):4197-208. https://doi.org/10.1128/MCB.18.7.4197

33. Li J, Parada C, Chai Y. Cellular and molecular mechanisms of tooth root development.

Development. 2017;144(3):374-84. https://doi.org/10.1242/dev.137216

34. Fujita Y. Formation of subpulpal wall in mouse maxillary first molar. Jpn J Oral Biol.

1978;20:221-8. (in Japanease)

35. Seo H, Kim J, Hwang JJ, et al. Regulation of root patterns in mammalian teeth. Sci Rep.

2017;7(1):12714. https://doi.org/10.1038/s41598-017-12745-1

36. Stenson PD, Mort M, Ball EV, et al. The Human Gene Mutation Database: towards a

comprehensive repository of inherited mutation data for medical research, genetic

diagnosis and next-generation sequencing studies. Hum Genet. 2017;136(6):665-77.

https://doi.org/10.1007/s00439-017-1779-6

37. Quack I, Vonderstrass B, Stock M, et al. Mutation analysis of core binding factor A1 in

patients with cleidocranial dysplasia. Am J Hum Genet. 1999;65(5):1268-78.

https://doi.org/10.1086/302622

38. López JT, Martinez SG, Rivera Vega MdR, et al. New Genetic Variants of RUNX2 in

Mexican Families Cause Cleidocranial Dysplasia. Biology. 2024;13.

39. Pandey P, Alexov E. Most Monogenic Disorders Are Caused by Mutations Altering

Protein Folding Free Energy. Int J Mol Sci. 2024;25(4).

https://doi.org/10.3390/ijms25041963

40. Xuan D, Sun X, Yan Y, et al. Effect of cleidocranial dysplasia-related novel mutation of

RUNX2 on characteristics of dental pulp cells and tooth development. J Cell Biochem.

2010;111(6):1473-81. https://doi.org/10.1002/jcb.22875

41. Huang Y, Song Y, Zhang C, et al. Novel RUNX2 frameshift mutations in Chinese

patients with cleidocranial dysplasia. Eur J Oral Sci. 2013;121(3 Pt 1):142-7.

https://doi.org/10.1111/eos.12048

42. Dingwall C, Laskey RA. Nuclear targeting sequences--a consensus? Trends Biochem

Sci. 1991;16(12):478-81. https://doi.org/10.1016/0968-0004(91)90184-w

43. Yoshida T, Kanegane H, Osato M, et al. Functional analysis of RUNX2 mutations in

Japanese patients with cleidocranial dysplasia demonstrates novel genotype-phenotype

correlations. Am J Hum Genet. 2002;71(4):724-38. https://doi.org/10.1086/342717

44. Puppin C, Pellizzari L, Fabbro D, et al. Functional analysis of a novel RUNX2 missense

mutation found in a family with cleidocranial dysplasia. J Hum Genet.

2005;50(12):679-83. https://doi.org/10.1007/s10038-005-0311-3

45. Lu Y, Wang J, Li L, et al. Three-dimensional evaluation of dental characteristics in

patients with Cleidocranial dysplasia. BMC Oral Health. 2024;24(1):572.

https://doi.org/10.1186/s12903-024-04353-z

46. Peterkova R, Lesot H, Peterka M. Phylogenetic memory of developing mammalian

dentition. J Exp Zool B Mol Dev Evol. 2006;306(3):234-50.

658   https://doi.org/10.1002/jez.b.21093

659 47. Zou SJ, D'Souza RN, Ahlberg T, et al. Tooth eruption and cementum formation in the

660   Runx2/Cbfa1 heterozygous mouse. Arch Oral Biol. 2003;48(9):673-7.

661   https://doi.org/10.1016/s0003-9969(03)00135-3

662 48. Jensen BL, Kreiborg S. Development of the dentition in cleidocranial dysplasia. J Oral

663   Pathol Med. 1990;19(2):89-93. https://doi.org/10.1111/j.1600-0714.1990.tb00803.x

664 49. Wang J, Feng JQ. Signaling Pathways Critical for Tooth Root Formation. J Dent Res.

665   2017;96(11):1221-8. https://doi.org/10.1177/0022034517717478

666 50. Kumar GS. Development and grwoth of Teeth. In: Kumar GS, editor. Orban's Oral

667   Histology and Embryology. Haryana, India: Elsevier; 2019.

 Figure legends

Fig. 1. Generation of *Runx2* mutant mice using Platinum TALENs.

(A) Schematic representation of the mouse *Runx2* gene with eight exons (labeled E1-E8 below),

distal (P1) and proximal (P2) promoters for Type II (MASNSL) and Type I (MRIVD) isoforms,

and target sites of Platinum TALENs (*mRunx2-TALEN-L* and *-R*). A 10 kb scale bar is shown.

The SmaI site (red box) includes G695 (underlined). The ssODN contains target sites (green),

a T>G silent mutation at 690 creating an ApaI site (blue box), and a G>A mutation at 695

disrupting the SmaI site. (B) Domain structure of the mRunx2 Type II protein (528 aa) and its

corresponding exons. The protein comprises a QA repeat domain, RHD, NLS, PST-rich domain,

NMTS, and a C-terminal VWRPY motif. Amino acid positions are indicated above, and the

corresponding exons (E1-E8) are shown below. (C) Nucleotide sequences are shown for the

wild-type (*Wt*, 670-725), missense mutant (*m*, c.695G>A; p.R232Q, 670-725), and two-base

deletion (*Δ2*, c.697_698delGA; p.E233TfsTer9, 670-723) alleles. *Wt* is on top, *m* in the middle,

and *Δ2* at the bottom. (D) Representative electropherograms of the targeted *Runx2* region in

Runx2^{+/+}, *Runx2^{m/+}*, and *Runx2^{Δ2/+}* mice. A black arrow marks T at 690 in *Runx2^{+/+}* and

Runx2^{m/+} mice. A blue arrow indicates overlapping T and A peaks at 690 in *Runx2^{m/+}* mice, and

a red arrow shows overlapping A and G peaks at position 695 in *Runx2^{m/+}* mice.

Fig. 2. Skeletal phenotypes of *Runx2* mutant mice.

(A-J) Skeletal preparations of *Runx2^{+/+}* (A, F, G), *Runx2^{m/+}* (B, H, I), *Runx2^{Δ2/+}* (C), *Runx2^{m/m}*

(D, J), and *Runx2^{Δ2/Δ2}* (E) mice at E18.5. Lateral views of embryos (A-E), clavicles (G, I) and

dorsal views of the calvaria (F, H, J) are presented. A white arrow indicates weak calcification.

Scale bars, 2 mm.

Fig. 3. Histology and *in situ* hybridization of forearms in wild-type and *Runx2* mutant mice.

(A-C) TB, ALP, and AR staining of forearms prepared from $Runx2^{+/+}$, $Runx2^{m/+}$, $Runx2^{m/m}$ and

$Runx2^{\Delta2/\Delta2}$ embryos at E18.5. (D-J) Expression of *Col2a1* (D), *Acan* (E), *Ihh* (F), *Col10a1* (G),

Runx2 (H), *Spp1* (I), and *Col1a1* (J) in the forearm of $Runx2^{+/+}$, $Runx2^{m/+}$, or $Runx2^{m/m}$ embryos

at E18.5. Blue arrowheads in (F), (G), and (I) mark prehypertrophic/hypertrophic chondrocytes.

A red arrowhead in (H) indicates the perichondrium. Scale bars, 500 μm.

Fig. 4. Expression and transcriptional activity of wild-type and mutant Runx2.

(A) Expression of wild-type and missense mutant Runx2 in HEK293T cells. Cells were

transfected with an empty vector as the control, wild-type *Runx2,* or the *Runx2 RQ* mutant

construct, all using the pcDNA3 vector. (B) Expression of Runx2 in forelimb extracts from

$Runx2^{+/+}$, $Runx2^{m/+}$ and $Runx2^{m/m}$ mice at E18.5. β-Actin was used as a loading control in both

(A) and (B). (C) Dual luciferase assay in HEK293T cells co-transfected with the *p6OSE2-luc*

reporter vector and either empty vector, *Runx2 WT, Runx2 RQ, RW, or RX* mutant constructs

using the *pcDNA3 vector*. *pGL4.74[hRluc/TK]* was also co-transfected for normalization.

Values for each of five wells were normalized to *pGL4.74[hRluc/TK]* and are shown as fold

induction relative to the empty vector. Data present one of ≧3 independent experiments (mean

± SD, n = 3). *****P < 0.0001 vs. Runx2 WT.*

Fig. 5. Altered expression and subcellular localization of mutant Runx2 in chondrocytes.

(A-D) Immunostaining of Col10 (A, C) and Runx2 (B, D) proteins in the ulna of $Runx2^{+/+}$ and

$Runx2^{m/m}$ embryos at E18.5. Nuclei are counterstained with DAPI. Yellow boxes in (A) and (**C**)

indicate the $Col10^{+}$ prehypertrophic/hypertrophic cartilage zone. The corresponding regions to

them are shown in the semi-serial sections in (B) and (D). The number of cells in the yellow

boxes of (A) and (C) indicating Col10$^+$ region differs between *Runx2$^{+/+}$* and *Runx2$^{m/m}$*. (E-H)

Confocal images of wild-type and mutant Runx2 (red) and nuclei (blue) in

prehypertrophic/hypertrophic chondrocytes. Representative localization patterns of wild-type

(E, F) and mutant (G, H) Runx2 are highlighted by rectangles and shown in insets. (I) Nuclear

localization rate of Runx2 in chondrocytes of the ulna in *Runx2$^{+/+}$* and *Runx2$^{m/m}$* embryos.

Runx2 signal intensities in the whole-cell (dashed regions in f and h) and those in nucleus were

quantified using imageJ. Data are means ± SD (*Runx2$^{+/+}$*, n = 88 cells; *Runx2$^{m/m}$*, n = 45 cells).

*****P < 0.0001* (Mann-Whitney *U*-test). Scale bars, 200 μm (A-D), 50 μm (E-H).

Fig. 6. Postnatal skeletal development in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice.

(A) Gross appearance of *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice at P30. (B) Body weight of *Runx2$^{+/+}$* and

Runx2$^{m/+}$ mice at 16 weeks (n = 3). **P < 0.05 vs. Runx2$^{+/+}$* (unpaired Student's *t*-test). (C) μCT-

based 3D reconstruction images of the axial and appendicular skeleton in the upper body of 3-

month-old *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice. (D) Skeletal preparations of the pectoral girdle and

upper limb in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice at 6 months. € μCT-based 3D reconstruction images

of the calvaria in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice at 1, 2, and 3 months. (F) Skeletal preparations

of the skull from *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice at 6 months. Abbreviations: sc, scapula; cl,

clavicle; hu, humerus; f, frontal bone; p, parietal bone; ip, interparietal bone; o, occipital bone.

Scale bars, 5 mm.

Fig. 7. Dental phenotypes of postnatal *Runx2* missense mice.

(A-D) 3D μCT images of the maxilla and mandible in *Runx2$^{+/+}$* and *Runx2$^{m/+}$* mice at 3 months.

Panels (A) and (C) show whole jaw views. Panels (B) and (D) show slice images with overlayed

3D reconstructions of the maxillary first molar. Insets display enlarged views of the molars. A

red arrow in (D) indicates an additional root-like structure. Scale bars, 2 mm. (E-L) 3D µCT

images of the right maxillary first molars in $Runx2^{m/+}$ mice at 2, 3, 4, and 8 weeks. Axial (E, G,

I, K) and corresponding sagittal (F, H, J, L) views from the same individuals are shown. Orange

lines in axial panels indicate the sagittal section planes. Directional arrows indicate the palatal

(p), buccal (b), apical (a), occlusal (o), distal (d) and mesial (m) directions. Images are from the

same individuals (n = 3). (M) Schematic illustration of root furcation in $Runx2^{+/+}$ and $Runx2^{m/+}$

mice. Horizontal (top) and sagittal (bottom) views are shown, with orange lines in (E-K)

indicating the sagittal section planes. Tissue types are presented by pattern-filled squares. The

green panel shows the fusion of three epithelial processes (two buccal and one palatal) at P9,

P11, and P12. The blue and pink panels depict the progression of root furcation at 2, 3, and 4

weeks in $Runx2^{+/+}$ and $Runx2^{m/+}$ mice, respectively.

Figure 1

Figure 2

Runx2+/+   *Runx2m/+*   *Runx2Δ2/+*   *Runx2+/+*

A   **B**   **C**   **F**

G

Runx2m/m   *Runx2Δ2/Δ2*

D   **E**

Runx2m/+

H

I

Runx2m/m

J

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Runx2+/+

A   B

Runx2m/+

C   D

2 w   3 w   4 w   8 w

axial
E   G   I   K

p
b

sagittal
F   H   J   L

a
o

d ←→ m   d ←→ m   d ←→ m   d ←→ m

M

Calcified region
Dentin process
Epithelial process

Enamel/Cementum
Epithelium
Dentin
Dental pulp

Runx2+/+
2 w   3 w   4 w

P9   P11   P12

2 w   3 w   4 w
Runx2m/+