CSF1R+ macrophage and osteoclast depletion impairs neural crest proliferation and craniofacial morphogenesis

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SUMMARY

Despite a wealth of knowledge on the mechanisms underlying craniofacial morphogenesis during gestation, the roles of fetal macrophages and osteoclasts during this process remain less well characterized. Here, we used the pharmacological inhibitor PLX5622 to disrupt colony stimulating factor-1 receptor (CSF1R) signaling, which is essential for macrophage and osteoclast proliferation, differentiation, and survival. Prenatal PLX5622 exposure resulted in ~50% depletion of CSF1R+ macrophages, with complete loss of osteoclasts. While there were no notable changes in craniofacial nerve or muscle development, prenatal exposure to PLX5622 resulted in skull doming and cranial suture impairments, in addition to disruptions to development of the premaxilla, mandible, ear ossicles, palate, and cranial base. In response to PLX5622 exposure, cytokine and chemokine signaling was altered and neural crest proliferation was impaired. Our data also highlight sex- and strain-specific differences in PLX5622

phenotypes and together demonstrate that CSF1R+ macrophages and osteoclasts are essential for

craniofacial morphogenesis.

KEYWORDS

macrophage, osteoclast, neural crest, nerve, muscle, cartilage, bone, embryogenesis, craniofacial

morphogenesis, colony stimulating factor-1 receptor (CSF1R)

INTRODUCTION

Colony stimulating factor-1 receptor (CSF1R) is expressed in cells of the mononuclear

phagocyte lineage—namely microglia, macrophages, and osteoclasts—and is required for their

proliferation, survival, and differentiation[1-6]. CSF1R binds to two ligands, colony stimulating

factor-1 (CSF1) and interleukin-34 (IL-34), which stimulate proliferative and differentiating

signals via STAT, AKT, and ERK1/2 pathways[2,3,7]. CSF1R is essential for phagocytic and bone

resorptive functions in macrophages and osteoclasts, respectively[6,8]. Deficient CSF1R signaling

in rodents has been shown to cause an osteopetrotic phenotype, where a lack of CSF1R+ cells

leads to disruption of bone marrow cavities, loss of bone marrow hematopoiesis, and increased

bone density[9-12]. The *osteopetrotic* (*op*) phenotype has been characterized in $Csf1^{op/op}$ ligand

mutant mice and *Csf1r* knockout (KO) mice[9,10,13,14]. These mice have reduced litter sizes and

early postnatal lethality (up to 100%) depending on the strain[9,10,14]. Phenotypes observed in both

Csf1/Csf1r-disrupted mouse models also include a domed skull, shortened snout, and

toothlessness, while an osteosclerotic otic capsule, incus, and stapes have only been observed in

$Csf1^{op/op}$ mice[10,15,16]. At the cellular level, these mice are deficient in blood monocytes and

macrophages in most tissues; microglia are depleted in the receptor knockout but unaffected in

the ligand mutant[9,14,17-19]. The *Csf1 toothless* (*tl*) rat and *Csf1r* KO rat closely replicate the mouse

phenotypes, including osteopetrosis, doming of the skull, a shortened snout, toothlessness, and

microglia and macrophage depletion across most tissues[11,12]. Interestingly, *Csf1r* KO rats also

present with additional phenotypes such as hypomineralization of the calvaria, impairment of the

cranial sutures, bulging eyes, and sclerosis of the cranial base[11,20-22]. Viability is markedly

improved in rat models, with only 23% of males dying postnatally and all females surviving

beyond weaning[11]. In humans, bi-allelic *CSF1R* mutations can cause bone phenotypes such as

osteosclerosis of the cranial vault and cranial base, in addition to narrowing of the optic

canal[23,24].

To study the role of CSF1R+ cells in mediating the above-mentioned phenotypes, we previously

reported a pharmacological inhibition model for disrupting these cells in a temporally-controlled

manner, focusing on embryogenesis[25,26]. The CSF1R inhibitor PLX5622 was fed via chow to

pregnant CD1 mice from embryonic day 3.5 (E3.5) onwards to expose mouse embryos to the

inhibitor[25]. Indeed, like the severe depletion of microglia in the *Csf1r* KO mouse, treatment with

PLX5622 depleted ~99% of microglia in the hypothalamus by E15.5, demonstrating excellent

oral bioavailability, penetrance, and efficacy of this model[25]. Outside of the brain, PLX5622

exposure was found to cause a noticeable reduction in CSF1R+ cells throughout craniofacial

tissues at E18.5[26]. As in the mutant mouse models described, PLX5622 treatment also reduced

litter sizes and increased postnatal lethality (~23%)[25]. These CD1 mice also presented with

domed skulls in addition to morphological disruptions to the incisors and molars; although, the

continuous eruption of incisors did not appear to be inhibited[25]. Using Geometric Morphometric

(GM) analyses, craniofacial and mandibular shape and size were shown to be significantly

changed and decreased, respectively, by PLX5622 exposure[26]. Interestingly, a recent study

showed that intragastric administration of PLX5622 to pregnant ICR mice between E14.5-17.5

reduced osteoclasts and resulted in an enlarged cartilaginous zone in the midpalatal suture[27].

However, previous studies did not fully characterize the depletion of CSF1R+ cells outside of the

brain or across embryogenesis, nor did they thoroughly describe all craniofacial phenotypes or

identify the underlying morphogenetic disruptions leading to the phenotypes observed using this

pharmacological inhibition model.

In this study, we used our previously established pharmacological inhibition model to study the

impact of prenatal PLX5622 exposure on craniofacial nerve, muscle, cartilage, and bone

development across embryogenesis in two strains (CD1 & C57BL/6) and both sexes (males &

females). Exposure to PLX5622 resulted in a continuous and stable depletion of CSF1R+

macrophages to ~50% across gestation, in addition to the complete loss of osteoclasts. Although

we did not observe overt changes in craniofacial nerve or muscle development across

embryogenesis, disrupted bone phenotypes in craniofacial tissue of PLX5622-exposed animals

could be observed as early as E15.5, with notable abnormalities in skull shape, cranial sutures,

ear ossicles, premaxilla, mandible, palate, and cranial base observed by birth. We identified

significant alterations in the secretion of 18 cytokine and chemokines from cultured craniofacial

tissues in response to prenatal PLX5622 exposure and validated that several such secreted factors

are indeed expressed by CSF1R+ macrophages. At the cellular level, exposure to PLX5622

across gestation decreased neural crest cell (NCC) proliferation both *in vitro* in a sphere assay

and *in vivo* in embryonic craniofacial tissue cryosections, resulting in fewer NCCs in tissues

impacted by PLX5622 exposure. Together, these data demonstrate that CSF1R+ macrophages

and osteoclasts are required for craniofacial morphogenesis during the embryonic period, and

suggest that altered signaling to NCCs may underlie the phenotypes observed in PLX5622

offspring.

RESULTS

Embryonic Exposure to the CSF1R Inhibitor PLX5622 Depletes CSF1R+ Macrophages and

Osteoclasts

As gestational exposure to the CSF1R inhibitor PLX5622 dramatically reduces embryonic

microglial populations by ~99%[25], and CSF1R function is essential for macrophage and

osteoclast proliferation, differentiation, and survival[5,6], we tested the impact of PLX5622 on

reducing macrophage and osteoclast populations in craniofacial tissues across embryogenesis. As

previously described[25], pregnant dams were fed control or PLX5622 diet starting at E3.5 to avoid

disrupting embryo implantation, which is regulated by endometrial macrophages[28,29].

Craniofacial tissues were collected for flow cytometry from E11.5, 13.5, 15.5, and 17.5 male and

female $Csf1r^{EGFP}$ transgenic embryos exposed to control or PLX5622 diet (Figures 1A-1B).

Quantification of $Csf1r^{EGFP+}$ cells revealed a significant decrease by E11.5, with only 42.7% of

$Csf1r^{EGFP+}$ cells remaining in PLX5622 embryos compared to controls (Figure 1B; p=0.0003).

Similarly, by E13.5, $Csf1r^{EGFP+}$ cells were noticeably depleted in PLX5622 craniofacial tissues

compared to controls, with only 65.1% of $Csf1r^{EGFP+}$ cells remaining (Figure 1B; p<0.0001).

$Csf1r^{EGFP+}$ cells depletion was sustained across E15.5 and E17.5, with only 61.8% and 45.2% of

$Csf1r^{EGFP+}$ cells, respectively, remaining in PLX5622 craniofacial tissues compared to control

(Figure 1B; E15.5 p<0.0001, E17.5 p<0.0001). Administering PLX5622 gestationally did not

significantly impact embryonic litter size (Table S1; CD1 p=0.0698, C57BL/6 p=0.5683), the

number of embryo resorptions per litter (Table S1; CD1 p=0.6110, C57BL/6 p=0.4176), or

embryo sex ratios (Table S1; CD1 p=0.5676, C57BL/6 p=0.4612) in CD1 or C57BL/6 mice.

To visualize and quantify tissue-specific depletion of CSF1R-expressing cells within the embryo,

craniofacial tissue cryosections were collected from E15.5 male and female $Csf1r^{EGFP}$ transgenic

embryos and stained with a CSF1R antibody. $Csf1r^{EGFP}$ fluorescence and CSF1R staining

revealed a noticeable decrease in the number of CSF1R-expressing cells in and around several

developing craniofacial structures of E15.5 PLX5622 embryos as compared to controls (Figures

1C–1W). Specifically, CSF1R-expressing cells were significantly depleted in and around

developing cartilaginous and/or bony structures of PLX5622 embryos, with only 53.1% of

$Csf1r^{EGFP+}$ and 32.3% of CSF1R+ cells remaining around the nasal septum (Figures 1C–1E,

arrows; $Csf1r^{EGFP}$ p=0.0003, CSF1R p=0.0001), 36.5% of $Csf1r^{EGFP+}$ and 23.9% of CSF1R+

cells remaining around Meckel's cartilage (Figures 1F–1H, arrows; $Csf1r^{EGFP}$ p<0.0001; CSF1R

p<0.0001), and 31.9% of $Csf1r^{EGFP+}$ and 21.7% of CSF1R+ cells remaining in the ear (Figures

1I–1K, arrows; $Csf1r^{EGFP}$ p<0.0001, CSF1R p<0.0001). The maxillary incisor was an exception,

where no significant difference was observed between E15.5 controls and PLX5622 embryos

(Figures 1L–1N, arrows; $Csf1r^{EGFP}$ p=0.0698, CSF1R p=0.0707). CSF1R-expressing cells were

also significantly reduced in craniofacial nervous tissue of PLX5622 embryos, with only 39.7%

of $Csf1r^{EGFP+}$ and 21.7% of CSF1R+ cells remaining in the eye (Figures 1O–1Q, arrows;

$Csf1r^{EGFP}$ p=0.0002, CSF1R p=0.0001), and 56.7% of $Csf1r^{EGFP+}$ and 43.1% of CSF1R+ cells

remaining in the trigeminal (Figures 1R–1T, arrows; $Csf1r^{EGFP}$ p=0.0005, CSF1R p=0.0013).

Moreover, CSF1R-expressing cells were also significantly reduced in muscle tissue, with only

48.9% of $Csf1r^{EGFP+}$ and 27.4% of CSF1R+ cells remaining in the tongue of E15.5 PLX5622

embryos as compared to controls (Figures 1U–1W, arrows; $Csf1r^{EGFP}$ p=0.0002, CSF1R

p<0.0001).

While visualizing E15.5 male and female $Csf1r^{EGFP}$ craniofacial tissue sections using high-

resolution confocal microscopy, we observed multinucleated $Csf1r^{EGFP+}$ cells within several

craniofacial bones such as the premaxilla, maxilla, and mandible (Figures 2A-2F', arrows). To

quantify osteoclast-specific depletion following gestational exposure to PLX5622, we labelled

osteoclasts with a Cathepsin K (CTSK) antibody. Intriguingly, exposure to PLX5622 completely

depleted CTSK+/$Csf1r^{EGFP+}$ double-positive multinucleated osteoclasts in the E15.5 mandible

(Figures 2E–2I, arrows; p=0.0007). Moreover, there was a complete loss of all single-positive

$Csf1r^{EGFP+}$ multinucleated cells in the E15.5 PLX5622 mandible as compared to control (Figures

2E–2I; p<0.0001). As embryonic osteoclasts appeared to be absent in the E15.5 mandible of

PLX5622 embryos when compared to controls, we then looked to determine whether this led to

loss of bone resorptive function across the embryonic head. Tartrate-resistant acid phosphatase

(TRAP) staining of E15.5 craniofacial tissues revealed loss of osteoclastic activity surrounding

developing craniofacial bones, including the mandible, maxilla, frontal, basioccipital, and

exoccipital bones (Figures 2J–2S', arrows). Together, the data demonstrate that exposure to the

CSF1R inhibitor PLX5622 during gestation significantly depletes CSF1R-expressing cells across

embryogenesis and disrupts osteoclast development and activity. These findings were observed

in both male and female embryos.

CSF1R+ Cell Depletion Results in Tissue-Specific Changes in Apoptosis in the Developing

Embryo

Considering that one of the main functions of macrophages is to phagocytose apoptotic cells and

cellular debris[30,31], and apoptosis is an essential process in embryonic craniofacial

development[32-35], craniofacial tissue cryosections collected from E15.5 male and female

$Csf1r^{EGFP}$ transgenic embryos were stained with an active cleaved Caspase 3 (CC3) antibody to

visualize whether apoptotic cells accumulated following CSF1R+ cell depletion. We were also

interested in whether we would observe CC3+/$Csf1r^{EGFP+}$ double-positive cells, as the reduction

in CSF1R+ cells should be mediated in part by cell death. Interestingly, no changes in CC3+

single-positive or CC3+/$Csf1r^{EGFP+}$ double-positive cells were observed surrounding the E15.5

nasal septum (Figures S1A–S1C, arrows; CC3 p=0.0956, CC3/$Csf1r^{EGFP}$ p=0.3654) or Meckel's

cartilage (Figures S1D–S1F, arrows; CC3 p=0.8888, CC3/$Csf1r^{EGFP}$ p=0.1774) when comparing

PLX5622 to control. In contrast, there was a significant increase in CC3+ single- and

CC3+/$Csf1r^{EGFP+}$ double-positive cells in the E15.5 PLX5622 ear (Figures S1G–S1I, arrows;

CC3 p=0.0317, CC3/$Csf1r^{EGFP}$ p=0.0145). No change in CC3+ single-positive cells was found

surrounding the E15.5 maxillary incisor (Figures S1J–S1L, arrows; CC3 p=0.6109); moreover,

no CC3+/$Csf1r^{EGFP+}$ double-positive cells could be observed surrounding the maxillary incisor

in either control or PLX5622 embryos (Figures S1J–S1L). Outside of developing

cartilaginous/bony structures, CC3+ single-positive cells accumulated in nervous and muscle

tissues following PLX5622 exposure, particularly in the eye (Figures S1M–S1O, arrows; CC3

p=0.0065), trigeminal (Figures S1P–S1R, arrows; CC3 p=0.0025), and tongue (Figures S1S–

S1U, arrows; CC3 p<0.0001). However, a significant increase in the number of CC3+/$Csf1r^{EGFP+}$

double-positive cells was only observed in the eye of E15.5 PLX5622 embryos (Figure S1O;

CC3/$Csf1r^{EGFP}$ p=0.0208), with no change observed in the trigeminal (Figure S1R;

CC3/$Csf1r^{EGFP}$ p=0.2959) or tongue (Figure S1U; CC3/$Csf1r^{EGFP}$ p=0.5995). Collectively, the

data suggests that depleting CSF1R+ cells during embryogenesis leads to an accumulation of

apoptotic cells in both male and female craniofacial tissues. Increases in cell death were

predominantly observed in nervous and muscular structures, but not in or around developing

cartilaginous/bony structures, except for the ear.

Embryonic Exposure to the CSF1R Inhibitor PLX5622 Does Not Impact Craniofacial Nerve

or Muscle Development

In this study, we sought to thoroughly characterize the craniofacial phenotypes resulting from

embryonic PLX5622 exposure, especially as embryonic soft tissues were previously unexplored

in *Csf1*/*Csf1r*-disrupted genetic models[9-12,14,15,21] and our own pharmacological model using

PLX5622[25,26]. Accordingly, we first examined craniofacial nerve development from E11.5 to

E13.5 using a Neurofilament antibody (2H3) and whole-mount immunostaining (Figure S2).

Neurofilament staining in the trigeminal and facial nerves, including the zygomatic, buccal, and

marginal branches of the trigeminal, were comparable between E11.5 control and PLX5622 male

and female CD1 (Figures S2A-S2D) and C57BL/6 (data not shown) embryos. Similarly,

neurofilament staining in the facial nerve, auriculotemporal nerve, and great auricular nerve were

comparable between E12.5 control and PLX5622 male and female CD1 (Figures S2E-S2H) and

C57BL/6 (data not shown) embryos. Moreover, craniofacial nerve development continued to be

comparable at E13.5, whereby the great auricular nerve, auriculotemporal nerve, zygomatic

branch of the trigeminal, superior buccolabial nerve, inferior buccolabial nerve, and marginal

mandibular nerve appeared similar between control and PLX5622 male and female CD1 (Figures

S2I-S2L) and C57BL/6 (data not shown) embryos.

Next, we examined craniofacial muscle development from E11.5 to E13.5 using a Myosin Heavy

Chain antibody (MF 20) and whole-mount immunostaining (Figure S3). Muscle staining in the

masseter, auricularis, buccinator, and zygomaticomandibularis, appeared comparable across

E11.5 to E13.5 in control and PLX5622 male and female CD1 embryos (Figures S3A-S3L). To

assess the development of muscles deeper in the tissues, immunofluorescence staining was

performed on E15.5 craniofacial tissue cryosections using the MF20 antibody (Figure S4).

Muscle fiber diameter and density appeared comparable in the buccinator, deep masseter and

zygomaticomandibularis, superficial masseter, temporalis and pterygoid, tongue, and extraocular

muscles, including the superior oblique, inferior oblique, superior rectus, medial rectus, inferior

rectus, and retractor bulbi between E15.5 control and PLX5622 male and female C57BL/6

embryos (Figures S4A-S4L'). As a whole, the data suggests that depleting CSF1R+ cells during

embryogenesis does not noticeably impact the gross morphology of craniofacial nerves or

muscles in male or female CD1 or C57BL/6 embryos.

Embryonic Exposure to the CSF1R Inhibitor PLX5622 Drives Sex, Strain, and Time-

Dependent Disruptions to Craniofacial Bone Morphogenesis

Previously, we reported doming of the cranial vault, mandibular disruptions, and dental

phenotypes in P21 and P28 CD1 mice exposed to PLX5622 embryonically[25,26]. However, our

prior analyses did not fully characterize all of the cartilaginous and/or bony phenotypes present

in PLX5622 offspring. Moreover, the *Csf1*/*Csf1r*-disrupted genetic models and our own

pharmacological PLX5622 studies failed to examine craniofacial morphogenesis during the

embryonic period[9-12,15,16,21,25,26]. As we observed a loss of osteoclasts and bone resorptive activity

in E15.5 PLX5622 embryos in the current study (see Figure 2), we utilized E15.5 craniofacial

tissue cryosections to visualize the impact of PLX5622 exposure on osteoblasts and bone

formation during embryogenesis. To start, immunofluorescence staining with an Sp7 antibody

was performed to label osteoblasts. Disrupted patterning in the premaxilla and mandible (Figures

3A–3D', arrows) was observed in E15.5 male and female PLX5622 embryos, while other

craniofacial bones such as the maxilla, frontal bone, and basioccipital bone (Figures 3E-3J')

displayed comparable Sp7 staining between E15.5 control and PLX5622 male and female

embryos.

Next, we evaluated cartilage and bone development using Alcian blue and von Kossa staining,

respectively. Craniofacial cartilage development appeared unimpacted, as Alcian blue staining

was comparable between E15.5 control and PLX5622 male and female embryos (Figures 3K-

3T'). In contrast, increased bone density in the premaxilla and mandible (Figures 3K–3N',

arrows) was observed in E15.5 male and female PLX5622 embryos, which complemented the

altered osteoblast patterning observed in these bones. Moreover, consistent with Sp7 osteoblast

staining, bone density in other craniofacial bones such as the maxilla, frontal bone, and

basioccipital bone (Figures 3O-3T') appeared comparable between E15.5 control and PLX5622

male and female embryos.

To investigate if the changes in osteoblast/bone development in PLX5622 embryos begin prior to

E15.5, micromass cultures of mesenchymal cells collected from the frontonasal mass (gives rise

to premaxilla)[36-38] and mandible of E12.5 control and PLX5622 male and female embryos were

stained for alkaline phosphatase activity as a readout for bone mineralization. Relative to total

micromass area, which was stained with hematoxylin, control and PLX5622 frontonasal mass-

derived micromass cultures did not show a significant difference in alkaline phosphatase staining

(Figures 4A–4F; p=0.7043), while mandible-derived micromass cultures showed a non-

significant increase in alkaline phosphatase staining upon PLX5622 exposure (Figures 4G–4L;

p=0.0680).

Although our findings suggest a possible increase in osteoblast differentiation and/or osteogenic

potential in the premaxilla and mandible of PLX5622 embryos between E12.5 and E15.5, we

were interested in whether other cartilage and/or bony phenotypes would arise late in

embryogenesis. Accordingly, to visualize any phenotypes that develop late in embryogenesis, we

stained P1 CD1 and C57BL/6 male and female skulls with Alcian blue and Alizarin red to label

cartilage and bone, respectively. Consistent with previous P21 and P28 findings[25], doming of the

cranial vault was observed in all P1 PLX5622 CD1 male and female pups, with overt changes to

calvarial bone size and density, including impairments to sagittal and coronal suture

development (Figures 5A–5D'). Moreover, skull length was found to significantly decrease in P1

PLX5622 CD1 male and female pups as compared to control (Figure 5E; $p<0.0001$). Similar, but

milder, doming of the cranial vault was observed in P1 PLX5622 C57BL/6 male and female

pups (Figures S5A–S5B', arrows). However, disruption to calvarial bone size and density,

including impairments to sagittal and interfrontal sutures (Figures S5C–S5D'), were still

prominent in P1 PLX5622 C57BL/6 male and female pups as compared to control. In contrast,

skull length was not significantly impacted by PLX5622 exposure (Figure S5E; p=0.6869).

When focusing on the Pl CD1 mandible (Figures 5F-G'), we began to observe notable sex

differences in mandible length (Figure 5H; significant effect of diet $F_{(1,20)}=17.88$, p=0.0004 and

diet x sex interaction $F_{(1,20)}=4.717$, $p=0.0421$) and height (Figure 5I; significant effect of diet

$F_{(1,20)}=151.6$, $p<0.0001$ and sex $F_{(1,20)}=8.754$, $p=0.0078$) in response to embryonic PLX5622

exposure. Indeed, only P1 PLX5622 CD1 female pups had shorter mandibles (Figure 5H; female

$p=0.0011$), while P1 CD1 control and PLX5622 male mandibles presented with comparable

lengths (Figure 5H; male $p=0.4821$). While P1 PLX5622 CD1 mandible height significantly

decreased in both sexes (Figure 5I; male $p<0.0001$, female $p<0.0001$), a greater disruption was

observed in P1 PLX5622 CD1 female pups (Figure 5I; PLX5622 diet male vs. female $p=0.0313$).

In contrast, P1 control and PLX5633 C57BL/6 male and female mandible length was comparable

(Figures S5F–S5H; $p=0.6283$), while mandible height was significantly decreased in both P1

PLX5622 C57BL/6 males and females alike (Figure S5I; $p<0.0001$).

In assessing the P1 CD1 ear, we observed notable abnormalities to the ear ossicles, including an

absence of the incus in PLX5622 male and female pups as compared to controls, and prominent

disruptions to the malleus and stapes (Figures 5J–5K'). Bone density was disrupted in the otic

capsule and tympanic ring (Figures 5J–5K'), which was also found to be significantly shorter in

PLX5622 CD1 males and females alike (Figure 5L; $p<0.0001$). Interestingly, we observed sex

differences with respect to tympanic ring thickness (Figure 5M; significant effect of diet

$F_{(1,20)}=43.62$, $p<0.0001$ and sex $F_{(1,20)}=11.42$, $p=0.0030$). While the P1 PLX5622 CD1 tympanic

ring was significantly thicker in both sexes (Figure 5M; male $p<0.0001$, female $p=0.0090$), a

larger disruption was observed in P1 PLX5622 CD1 male pups (Figure 5M; PLX5622 diet male

vs. female $p=0.0120$). Interestingly, the P1 control C57BL/6 ear appeared less developed than

what was observed at P1 in CD1 pups (compare Figures 5J-K' to Figures S5J–S5K'), as the

incus was absent. However, both the P1 C57BL/6 male and female malleus and stapes were

similarly underdeveloped after embryonic exposure to PLX5622 (Figures S5J-5K', arrows).

Similar to the incus, the otic capsule appeared underdeveloped in the P1 control C57BL/6 ear as

compared to what was observed in CD1 pups (compare Figures 5J-K' to Figures S5J–S5K'); yet

otic capsule mineralization was found to be disrupted in P1 PLX5622 C57BL/6 male and female

pups when compared to control (Figures S5J–S5K', triangles). Surprisingly, analysis of tympanic

ring length (Figures S5J–S5K', arrowheads) showed sex differences (Figure S5L; significant

effect of diet $F_{(1,20)}$=19.06, p=0.0003 and diet x sex interaction $F_{(1,20)}$=4.939, p=0.0380), whereby

P1 control C57BL/6 female tympanic ring length was found to be significantly different from P1

control C57BL/6 male pups (Figure S5L; p=0.0490), and PLX5622 exposure was only found to

impact tympanic ring length in P1 PLX5622 C57BL/6 male pups (Figure S5L; male p=0.0008,

female p=0.4474). In contrast, tympanic ring thickness was significantly increased in both P1

PLX5622 C57BL/6 males and females alike (Figure S5M; $p<0.0001$).

Intriguingly, P1 PLX5622 CD1 male and female pups also presented with disruptions to the

palate, palatine sutures, and premaxilla when compared to controls (Figures 5N-5O').

Abnormalities in P1 PLX5622 CD1 male and female pup cranial base development, including

smaller basisphenoid and palatine bones, wider spheno-occipital and intersphenoid

synchondroses, and morphological alterations to the palatine-basisphenoid sutures, could also be

observed (Figures 5P-5Q'). Disruptions to the palate, palatine processes, and premaxilla

appeared milder in Pl PLX5622 C57BL/6 male and female pups (Figures S5N–S5O'). Similarly,

subtle abnormalities were observed in the cranial base of Pl PLX5622 C57BL/6 male and female

pups, including a smaller basisphenoid bone and wider spheno-occipital and intersphenoid

synchondroses, while the palatine bones and palatine sutures did not appear to be impacted

(Figures S5P-S5Q'). Taken together, these data suggest that CSF1R+ cells play important and

widespread roles in craniofacial bone morphogenesis. Notably, we also observed sex differences,

with male-specific phenotypes in the ear and a female-specific phenotype in the mandible, in

addition to strain-dependent effects, with C57BL/6 pups presenting milder phenotypes overall.

Skull Doming in PLX5622 Pups is Not Caused by Craniosynostosis

As doming of the cranial vault is often associated with midface hypoplasia and a shortened

cranial base[39-44], the cranial base of P1 control and PLX5622 CD1 male and female pups were

also evaluated by micro-computed tomography (μCT; Figures S6A–S6D). No disruptions to

posterior cranial base length (Figure S6E; p=0.1447) or anterior frontal complex length (Figure

S6F; p=0.6624) were observed between P1 control and PLX5622 CD1 male and female pups.

Similarly, no significant differences were observed in the lengths of the basioccipital (Figure

S6G; p=0.0569) or basisphenoid (Figure S6H; p=0.3632) bones when comparing P1 control and

PLX5622 CD1 male and female pups; however, the presphenoid bone was significantly shorter

in P1 PLX5622 CD1 male and female pups (Figure S6I; p=0.0002). While the spheno-occipital

synchrondrosis was comparable between P1 control and PLX5622 CD1 male and female pups

(Figure S6J; p=0.0713), P1 PLX5622 CD1 male and female pups presented with wider inter-

sphenoid synchrondroses (Figure S6K; p=0.0005).

As hydrocephalus could also be contributing to skull doming[45-50], contrast enhanced μCT was

used to examine the gross morphology of P1 control and PLX5622 CD1 male and female pup

brains (Figures S6L–S6S). Ventriculomegaly of the lateral and third ventricles, in addition to

bilateral cavitary lesions at the cortico-striato-amygdalar boundary, could be observed both

rostrally (Figures S6L-O, arrows) and caudally (Figures S6P-S6S, arrows) when comparing P1

PLX5622 CD1 male and female pups to controls. Overall, while our data suggests that PLX5622

pups do not display craniosynostosis, exposure to PLX5622 during embryogenesis does drive

disruptions to the cranial base and structural changes to the gross morphology of the brain.

Gestational Exposure to PLX5622 Alters Cytokine and Chemokine Secretion from CSF1R+

Cells

Given that macrophages are known to secrete cytokines and chemokines, which are capable of

stimulating tissue growth postnatally[21,51] and during wound healing[52,53], we next investigated

whether PLX5622 exposure disrupts CSF1R+ cell-derived secreted factors to contribute to the

reported craniofacial phenotypes. Luminex analysis of cytokines and chemokines secreted from

cultured E13.5 control and PLX5622 male and female C57BL/6 craniofacial tissues (Figure 6A)

showed a significant downregulation of TNFα, G-CSF, IL-16, CCL2, CCL3, CCL4, CCL12,

CCL22, CXCL1, CXCL2, and CXCL10 (Figures 6B–6L; CXCL1 $p=0.0020$, all others

$p<0.0001$) upon PLX5622 exposure. Interestingly, we observed sex differences in IFNβ-1

(Figure 6M; main effect of diet $F_{(1,32)}=12.44$, $p=0.0013$), IL-6 (Figure 6N; main effect of diet

$F_{(1,32)}=21.86$, $p<0.0001$), CCL5 (Figure 6O; main effect of diet $F_{(1,32)}=15.73$, $p=0.0004$), and

CX3CL1 (Figure 6P; main effect of diet $F_{(1,32)}=26.64$, $p<0.0001$) levels. Specifically, IFNβ-1

(Figure 6M; male $p=0.3686$, female $p=0.0108$), IL-6 (Figure 6N; male $p=0.0561$, female

$p=0.0021$), and CCL5 (Figure 6O; male $p=0.3778$, female $p=0.0020$) were only found to be

significantly downregulated in E13.5 PLX5622 female craniofacial tissue cultures. In contrast,

CX3CL1 was only significantly upregulated in E13.5 PLX5622 male craniofacial tissue cultures

(Figure 6P; male $p=0.0003$, female $p=0.0532$). Although 33 other cytokines and chemokines

were assessed in our analyses, these secreted factors were either lowly expressed, not

significantly changed, or below the level of detection (Table S2).

To confirm that these cytokines and chemokines could indeed be derived from CSF1R+ cells in

craniofacial tissues, we analyzed publicly available single-cell RNA sequencing datasets from

E12.5 and E13.5 FVB/NJ and C57BL/6J craniofacial mesenchyme[54,55]. *Csf1r*-expressing cells

extracted from these datasets formed three distinct clusters, with clusters 1 and 2 upregulating

macrophage markers such as *Ptprc* and *Lyve1*, while cluster 3 expressed the osteoclast-specific

marker *Ctsk* (Figure S7A). Cluster 1 was found to express *Ccl2, Ccl3, Ccl4,* and *Ccl12*, while

cluster 2 only upregulated *Ccl12* (Figure S7A). Other cytokines and chemokines, such as *Cxcl2*,

Cxcl10, *IL16*, *Tnf*, etc., were not found to be upregulated in any of the clusters (Figure S7A).

Importantly, assessment of mRNA expression in the E15.5 mandible, maxilla, and ear (Figures

S7B–S7D) using fluorescent *in situ* hybridization revealed the presence of *Csf1r*/*Ccl4* double-

positive cells in each craniofacial tissue examined (Figures S7E-S7G). Moreover,

immunofluorescence staining of E15.5 craniofacial tissue cryosections also confirmed the

presence of CCL3 and CCL4 in *Csf1r*$^{EGFP+}$ cells in each of the craniofacial tissues assessed

(Figures S7H–S7S). Combined, these data suggest that embryonic exposure to PLX5622

significantly disrupts cytokine and chemokine levels in craniofacial tissues, with these changes

likely being primarily driven by CSF1R+ cells.

CSF1R+ Cell Depletion Disrupts Neural Crest Proliferation

To test whether the depletion of CSF1R+ cells and altered cytokine/chemokine signaling impact

surrounding cells to influence craniofacial morphogenesis, we focused on NCCs as many of the

craniofacial structures disrupted by PLX5622 exposure are derived from this lineage. To start, we

employed a neural crest-derived sphere assay to examine the impact of PLX5622 exposure on

NCCs (Figure 7A). Briefly, neural crest-derived cells were isolated from E12.5

Wnt1[Cre];*Rosa26[tdTomato]* control and PLX5622 male and female embryos and cultured in 24-well

plates for 10 days to allow for sphere formation[56]. Primary spheres were then dissociated and

cells were cultured for an additional 10 days to form secondary spheres. Primary and secondary

neural crest-derived spheres retained *Wnt1[Cre]*-driven tdTomato+ signal and also expressed NCC

markers such as PDGFRα[57], SOX2[58,59], and SOX10[60,61], regardless of whether spheres were

derived from E12.5 control or PLX5622 embryos (Figures 7B–7M). Intriguingly, gestational

exposure to PLX5622 resulted in a significant decrease in the number of primary neural crest-

derived spheres (Figure 7N; p=0.0004), suggesting a reduced proliferative capacity of NCCs.

To validate that embryonic NCC proliferation was indeed decreased in response to gestational

PLX5622 exposure, we performed immunofluorescence staining on E15.5 *Wnt1[Cre]*;*Rosa26[tdTomato]*

craniofacial tissue cryosections to quantify tdTomato+ cell numbers and proliferation using a

Ki67 antibody. *Wnt1[Cre]*-driven tdTomato+ signal was found to be highly expressed within

mineralizing regions of craniofacial bones—particularly, in regions where we had previously

identified abnormal embryonic osteoblast staining/mineralization in response to PLX5622

exposure. Accordingly, we focused our analyses on the E15.5 premaxilla and mandible.

Quantification of *Wnt1[Cre]*-driven tdTomato+ and Ki67+ cells (Figures 7O-S', arrows) in the

E15.5 male and female premaxilla showed a significant decrease in both tdTomato+ neural crest-

derived cells (Figure 7Q; p<0.0001) and Ki67+ proliferating cells (Figure 7T; p<0.0001) in

PLX5622 embryos as compared to control. Similarly, quantification of *Wnt1[Cre]*-driven

tdTomato+ and Ki67+ cells (Figures 7U-Y', arrows) in the E15.5 male and female mandible

showed a significant decrease in tdTomato+ cells (Figure 7W; p=0.0004) and Ki67+ cells (Figure

7Z; p<0.0001) in PLX5622 embryos as compared to control. Taken together, these data suggest

that the proliferative capacity of cranial NCCs decreases in response to PLX5622 exposure.

DISCUSSION

This study is the first to provide an in-depth characterization of CSF1R+ macrophage and

osteoclast depletion in craniofacial tissues across embryogenesis in response to PLX5622

exposure[25-27,62-66]—a pharmacological tool that allows for temporal control and transient

depletion of CSF1R-expressing cells. Exposure to PLX5622 during gestation significantly

depleted CSF1R+ cells across embryogenesis, and either halts or significantly delays

osteoclastogenesis, leading to a loss of bone resorptive activity throughout the developing

craniofacial bones in the embryo. To our surprise, depleting CSF1R+ cells using PLX5622 does

not impact the gross morphology of craniofacial nerves or muscles in male or female CD1 or

C57BL/6 embryos. In contrast, craniofacial defects in the premaxilla and mandible appear as

early as E15.5, while abnormalities in skull shape, cranial sutures, ear ossicles, palate, and

cranial base development appear to arise later in embryogenesis, between E15.5 and birth.

Although our data suggest that craniosynostosis does not account for the skull doming in P1

PLX5622 pups, disruptions to the cranial base and/or structural changes to the gross morphology

of the brain could impact skull development and contribute to skull doming. Notably, we

observed sex differences in P1 PLX5622 pups, whereby males presented with more prominent

ear phenotypes and females displayed greater disruptions to the mandible. We also observed

strain-dependent effects, with overall stronger phenotypes being observed in CD1 pups than in

C57BL/6 pups. Interestingly, embryonic exposure to PLX5622 also significantly altered cytokine

and chemokine levels in craniofacial tissues, with these changes likely being primarily driven by

CSF1R+ cells—namely macrophages. These changes in signaling within craniofacial tissues

have the potential to alter CSF1R+ cell dynamics and interactions with neighbouring cells, which

could explain the observed decrease in proliferative capacity of NCCs in response to PLX5622

exposure. Altogether, a reduction in NCC proliferation in craniofacial tissues could contribute to

alterations in differentiation and osteogenic potential, resulting in the phenotypic disruptions in

the premaxilla and mandible, and likely the many other bony abnormalities seen in PLX5622

offspring.

In response to PLX5622 exposure from E3.5 onwards, CSF1R+ cell depletion was observed in

all tissues examined and remained relatively stable (~50%) across embryogenesis; however,

apoptotic cells accumulated predominantly in nervous and muscular structures and not in or

around developing cartilaginous/bony tissues, except for the ear. Indeed, programmed cell death

of mesenchyme at the retina-lens interface at E10 in C57BL/6J mice is essential for normal eye

development[67]; while, caspase-3 deficient C57BL/6 mice present with inner ear disruptions in

the cochlea and vestibule and severe auditory dysfunction, demonstrating that caspase-3-

dependent apoptosis is critical for normal inner ear development and function[68]. Moreover,

neuronal death has also been observed in normal trigeminal development in CD1 mice[69]. It is

interesting to note that eye defects were previously reported in some PLX5622-exposed mice,

where one eye could not be opened until later in adulthood[25]. Therefore, increased apoptosis

resulting from PLX5622 exposure could perturb normal apoptotic programs and disrupt

craniofacial morphogenesis, resulting in nerve and/or muscle phenotypes that could appear after

E15.5—especially since bone disruptions exist across nearly the entire PLX5622 head and

changes in the shape of mineralized tissue can directly impact craniofacial nerve and muscle

development[70-76]. For example, the shape of the temporalis muscle can change upon deformation

of the mandibular condyle, and the size of neurovascular bundles can be reduced upon removal

of teeth from the mandible[70,71]. Accordingly, craniofacial nerve and muscle development in

PLX5622-exposed offspring should be studied postnatally to confirm whether phenotypes in

these tissues eventually develop.

As *Csf1/Csf1r*-disrupted genetic models and the PLX5622 pharmacological depletion model both

display domed skulls[9-11,15,25,26,77-79], and skull doming can be caused by midface hypoplasia and

inhibited cranial base expansion[39-44], we thoroughly assessed the cranial base. Although cranial

base length was unaffected by PLX5622 exposure, suggesting that craniosynostosis and/or

cranial base hypoplasia is likely not responsible for the skull doming seen in PLX5622 pups, the

smaller cranial base bones and widened synchondroses observed in PLX5622 mice could

contribute to the skull phenotype. We also noted enlarged lateral and third ventricles in PLX5622

pups, suggesting that mild hydrocephalus could contribute to skull doming, which has been seen

in other animal models[45-50]. Moreover, we also observed brain lesions at the cortico-striato-

amygdalar boundary in PLX5622 pups—an area susceptible to physiological morphogenetic

stress that is essential for fetal brain morphogenesis[80]. Given that microglia play critical roles in

maintaining structural integrity at this boundary[80], the loss of microglia upon PLX5622 exposure

could disrupt normal maintenance and repair mechanisms, resulting in mechanical pressures on

the cranial vault and skull doming. However, it is also possible that insufficient mineralization

compromises the integrity of the calvaria such that it bulges outward in response to normal

mechanical forces of the developing brain. Interestingly, the morphological disruptions observed

in the brain and cranial base of PLX5622 mice are reminiscent of the brain abnormalities and

cranial base sclerosis observed in brain abnormalities, neurodegeneration, and dysosteosclerosis

(BANDDOS) patients—a human disorder caused by bi-allelic mutation in *CSF1R*[23,24,81-87]. The

skull doming, cranial suture impairments, and cranial base disruptions seen in PLX5622 mice

could be a useful model for studying the cranial vault malformations observed in

BANDDOS[23,24,81,83]; especially considering the titratable nature of PLX5622, as CSF1R

inhibition could more accurately reflect hypomorphic *CSF1R* mutations which account for 8/11

identified mutations causing BANDDOS[88].

Although the phenotypes seen in *Csf1r/CSF1R*-disrupted rodents and humans are of an

osteosclerotic nature[9,15,21,23,24,77,81,83,89,90], likely due to a lack of osteoclasts, we observed

decreased bone formation in the calvaria of PLX5622 pups and a reduction in the size of the

premaxilla, mandible, ear bones, palate, and cranial base. These phenotypes are unlikely to result

solely from a loss of bone resorption by osteoclasts. Instead, prenatal exposure to PLX5622

could disrupt signaling from CSF1R+ macrophages that are required for bone formation and

growth[21,91-96]. Intriguingly, these osteogenic pathways may also respond to PLX5622 differently

between sexes given the sex-specific mandible and ear phenotypes observed and sex-dependent

changes in several cytokines/chemokines. For example, IL-6 mediates bone loss due to estrogen

deficiency in ovariectomized female mice[97,98] and we observed a significant decrease in IL-6

uniquely in PLX5622 females, suggesting sex hormones may influence signaling to drive sex-

specific phenotypes. CSF1R+ osteoclasts are also more abundant and active in long bones of

female mice compared to males, resulting in decreased bone mass[99-101], and ovariectomy-induced

estrogen deficiency increases CSF1 production[102-104], which together further suggest a potential

for sex hormone-dependent responses to CSF1R+ cell depletion following PLX5622 exposure. It

is also interesting to note that we observed basal sex differences that were independent of

PLX5622 exposure, which are in line with sex differences observed in craniofacial bones that

can be observed at birth in humans[105], and highlight the importance of studying both sexes in

craniofacial research.

It is also valuable to study strain differences, as $Tcof1^{+/-}$ mice—a classic model of Treacher

Collins Syndrome—have phenotypes that are highly dependent on genetic background, with

CBA/Ca and C57BL/6 mice showing severe neural crest hypoplasia and craniofacial defects,

C3H/HEN mice displaying slightly milder impacts, and BALB/c and DBA/1 presenting near-

normal development[106]. To avoid embryonic lethality on the C57BL/6J background,

$Fgfr2c^{C342Y/+}$ Crouzon syndrome mice are maintained on a CD1 background[107]. These mice show

similarities to $Fgfr2^{+/S252W}$ Apert syndrome mice on the C57BL/6 background, exhibiting skull

and brain phenotypes due to craniosynostosis[107,108]. Other genetic deletion mutant models also

report increased penetrance of craniofacial defects in the C57BL/6 inbred background when

compared to mixed or CD1 outbred background[109-112]. In contrast, in the current study, CD1 mice

exhibited more severe craniofacial bone phenotypes than C57BL/6 mice in response to PLX5622

exposure. Perhaps genotypic differences result in divergent expression patterns of signaling

factors during craniofacial morphogenesis, for example, $Meox-2$ and $Fgfr1$ patterning differences

during palatal development between inbred C57BL/6 and outbred Swiss Webster and Black

Swiss strains[113]. Strain differences in timing of morphogenetic events could also interact with the

kinetics of CSF1R+ cell depletion to mediate the difference in craniofacial phenotypes. The use

of PLX5622 in further inbred/outbred mouse models and the analysis of signaling changes in

each strain could deepen our understanding of how genetic background impacts CSF1R-

expressing cells in craniofacial development.

Interestingly, the impact of PLX5622 exposure on osteogenesis appears to be independent of

whether the bone is formed by intramembranous (calvaria) or endochondral ossification

(auditory ossicles)[114-122]. This suggests that signaling alterations may act on a common

progenitor, which is supported by our findings as PLX5622 exposure alters cytokine/chemokine

levels and NCCs give rise to the majority of the craniofacial bones found to be disrupted in

PLX5622 mice[123-128]. Accordingly, decreases in NCC proliferation and total numbers in

PLX5622 embryos could be an underlying factor that contributes to the smaller bone sizes seen

in PLX5622 pups. As mentioned above, the *Tcof1*^{+/-} mouse presents with multiple craniofacial

malformations that result from NCC deficiency[106,129-133]. Similar to PLX5622 mice, *Tcof1*^{+/-} mice

exhibit hypoplasia of the calvaria, premaxilla, mandible, and otic capsule. However, *Tcof1*^{+/-}

mice also present with incomplete midline fusion, cleft palate, and lack of a nasal septum—

phenotypes driven by increased apoptosis and decreased proliferation of NCCs[106,129,131-133]. Since

PLX5622 exposure did not increase apoptosis in most tissues, especially in and around cartilage

and bones, a milder NCC deficiency due to reduced proliferation alone may explain why only a

subset of craniofacial phenotypes are shared between *Tcof1*^{+/-} and PLX5622 mice. Although

craniofacial nerves arise from NCCs[134,135], they appear unimpacted by PLX5622 exposure during

embryogenesis, which could suggest that unique signals—such as those identified herein—

influence NCC differentiation differently depending on the surrounding environment and tissue.

Indeed, NCCs do respond to several of the cytokines/chemokines disrupted by PLX5622,

including CCL2 which induces NCC migration into the mouse heart[136], and CXCL1 and IL-6

which mediate NCC differentiation into osteoblasts during intramembranous ossification in a

mouse calvarial defect model[137]. CCL2 and CXCL1 are also chemoattractants for osteoclast

precursors and osteoclastogenesis[138-143]; while altering the secretion of any number of the other

cytokines/chemokines found to change in our study, including CCL3, CCL4, CCL5, CCL12,

CCL22, CXCL2, CXCL10, G-CSF, IFNβ-1 and/or TNFα, could impact osteoclast function and

bone remodeling[144-162]. Uniquely, IL-6 has been shown to be a critical regulator of bone

remodeling by negatively regulating osteoblasts and modulating osteoclast numbers and

resorption[97,163-166]. The downregulation of these signals in PLX5622-exposed mice could impact

recruitment and differentiation of osteoblast and osteoclast precursors and disrupt bone

remodeling processes necessary for normal craniofacial bone morphogenesis. Specifically, the

decreases in bone size could be caused by reduced NCC proliferation and subsequent NCC

deficiency, while the increased bone density observed from E15.5 onwards may be driven by

decreased bone resorption and remodeling[167-171]. Alternatively, increased osteogenesis could

reflect premature NCC differentiation into osteoblasts—possibly in response to altered CXCL1

and IL-6 signaling[137], resulting in NCC progenitor deficiencies[172-174]. Although it is unclear how

the disruptions to NCCs and osteoclast precursors/osteoclastogenesis culminate in the phenotypic

disruptions seen in PLX5622 offspring, our findings suggest that CSF1R+ macrophages are a

likely source for the many cytokines/chemokines found to be altered in response to PLX5622

exposure and may mediate NCC and/or osteoclast deficiencies.

Intriguingly, CSF1R+ macrophages have also been shown to directly touch and physically

interact with NCCs to impact their differentiation programs[175]. Indeed, P2RY12+ microglia-like

macrophages in the human embryo epidermis regulate NCC differentiation into melanocytes, as

PLX5622 exposure in *ex vivo* cultures can deplete these macrophages and reduce melanocytic

NCC differentiation[175]—a finding similar to the neural crest-derived melanophore defects seen in

macrophage-ablated zebrafish[176]. Macrophages have also been shown to be essential for

mediating NCC reduction in nonylphenol-exposed rat colon and in limiting excessive neural

crest-derived auditory glial cell numbers in CD11b$^{DTR/EGFP}$ mice[177,178]. Therefore, it is possible

that direct contact between craniofacial macrophages and NCCs could impact NCC proliferation

and/or differentiation programs to influence craniofacial morphogenesis and drive the phenotypic

disruptions observed in PLX5622 mice. Although there is a lack of understanding of how

macrophages regulate NCC development, especially in the context of craniofacial

morphogenesis, we show that CSF1R+ macrophage depletion results in decreased NCC

proliferation and widespread craniofacial bone defects.

By exploring the impact of CSF1R+ macrophage and osteoclast depletion on craniofacial

morphogenesis in the embryo, we demonstrated that CSF1R-expressing cells are required for

normal development of the skull, cranial sutures, premaxilla, mandible, ear ossicles, palate, and

cranial base. Additionally, we showed that embryonic exposure to the CSF1R inhibitor PLX5622

drives sex, strain, and time-dependent disruptions in craniofacial bone development. Taken

together, these data highlight an underappreciated role for CSF1R+ macrophages and osteoclasts

in craniofacial morphogenesis during the embryonic period and suggest that altered interactions

with and/or signaling to NCCs may underlie the phenotypes observed in PLX5622 offspring.

RESOURCE AVAILABILITY

Lead contact

Requests for further information and resources and reagents should be directed to and will be fulfilled by the lead contact, Dr. Jessica M. Rosin (jessica.rosin@ubc.ca).

Materials availability

This study did not generate new unique reagents.

Data and code availability

- This paper analyzes existing, publicly available data, accessible at the NCBI GEO database: GSM5324643, GSM6146223, and GSM7508877.

- All data reported in this paper will be shared by the lead contact upon request.

- This paper does not report original code.

- Seurat codes used for analysis of publicly available datasets deposited on GEO are available upon request.

- Any additional information required to reanalyze the data reported in this paper is available from the lead contact upon request.

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AUTHOR CONTRIBUTIONS

Conceptualization, F.M. and J.M.R.; data curation, F.M., M.R., and R.O.; formal analysis, F.M.,

R.O., and J.M.R.; funding acquisition, J.M.R.; investigation, F.M., R.R.J.Z., M.R., I.Z., S.O.,

R.O., V.B.W., and J.M.R.; methodology, F.M., M.R., R.O., and J.M.R.; project administration,

J.M.R.; resources, F.M., M.R., and J.M.R.; software, F.M. and R.O.; supervision, J.M.R.;

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original draft, F.M. and J.M.R.; writing—review & editing, F.M., M.R., and J.M.R.

DECLARATION OF INTERESTS

650   The authors declare no competing interests.

SUPPLEMENTAL INFORMATION

653   **Document S1. Figures S1–S7, Tables S1–S3, and supplemental references**

Figure 1. Gestational Exposure to PLX5622 Significantly Depletes CSF1R-Expressing Cells. (A) Schematic illustrating collection of $Csf1r^{EGFP+}$ cells from craniofacial tissues for flow cytometry. (B) Quantification of EGFP+ cells from $Csf1r^{EGFP}$ craniofacial tissues using flow cytometry (N=9-15 embryos per treatment/time-point from 2-4 dams). (C-W) Immunofluorescent images and quantification of CSF1R+ and $Csf1r^{EGFP+}$ cells in and around the E15.5 nasal septum (n.s.; C-E), Meckel's cartilage (m.c.; F-H), ear (I-K), maxillary incisor (L-N), eye (ey; O-Q), trigeminal (R-T), and tongue (tg; U-W). Arrows mark CSF1R and $Csf1r^{EGFP}$ double-positive cells in control and PLX5622 embryos (N=3 embryos per sex/treatment from 2-3 dams). Abbreviations: c.d., cochlear duct; d.p., dental papilla; e.k., enamel knot; l.s.c., lateral semicircular canal; s.r., stellate reticulum; ut, utricle. Blue dots represent male and pink dots represent female. Counts represent mean ± SEM and were analyzed by a two-tailed unpaired t-test.

Figure 2. Prenatal Exposure to PLX5622 Disrupts Osteoclast Development and Function. (A-D') Multinucleated $Csf1r^{EGFP+}$ osteoclasts (arrows) in the E15.5 premaxilla (A-B') and maxilla (C-D'). (E-I) Immunofluorescent images (E-H) and quantification (I) of multinucleated CTSK/$Csf1r^{EGFP}$ double-positive osteoclasts (arrows, left graph) and $Csf1r^{EGFP+}$ single-positive osteoclasts (right graph) in the E15.5 control and PLX5622 mandible. (J-S') TRAP staining (arrows) in E15.5 control and PLX5622 mandible (md; J-K'), maxilla (mx; L-M'), frontal (fr; N-O'), basioccipital (bo; P-Q'), and exoccipital (eo; R-S') bones. N=3 embryos per sex/treatment from 2-3 dams. Abbreviations: m.c, Meckel's cartilage; pmx, premaxilla. Blue dots represent

male and pink dots represent female. Counts represent mean ± SEM and were analyzed by a two-

tailed unpaired t-test.

Figure 3. Exposure to PLX5622 During Embryogenesis Increases Bone Density in the

Premaxilla and Mandible. (A-J') E15.5 Sp7 osteoblast staining in the premaxilla (pmx; A-B')

mandible (md; C-D'), maxilla (mx; E-F'), frontal (fr; G-H'), and basioccipital (bo; I-J') bones of

control and PLX5622 CD1 embryos. (K-T') E15.5 von Kossa and Alcian blue staining in the

premaxilla (K-L'), mandible (M-N') maxilla (O-P'), frontal (Q-R'), and basioccipital (S-T')

bones of control and PLX5622 CD1 embryos. Arrows highlight changes in bone density (A-D',

K-N'). N=3 embryos per sex/treatment from 2-3 dams. Abbreviations: m.c, Meckel's cartilage.

Figure 4. Gestational Exposure to PLX5622 Increases Osteogenesis in Embryonic Facial

Micromass Cultures. (A and G) Schematic illustrating micro-dissected area for collecting

mesenchymal cells from the E12.5 CD1 frontonasal mass (A) and mandible (G) for micromass

culture. (B-F, H-L) Alkaline phosphatase (Alk. phos. or ALP), Alcian blue, and hematoxylin

staining and quantification of E12.5 micromass cultures collected from the frontonasal mass (B-

F) and mandible (H-L) of control and PLX5622 embryos. N=12-14 cultures per treatment from 3

dams. Blue dots represent male, pink dots represent female, and black dots represent pooled

cultures with mixed sexes. Counts represent mean ± SEM and were analyzed by a two-tailed

unpaired t-test.

Figure 5. Prenatal Exposure to PLX5622 Disrupts Craniofacial Bone Morphogenesis.

(A-B') Lateral view of P1 CD1 cranial vault (arrows) in control and PLX5622 pups. (C-D')

Dorsal view of P1 CD1 skulls highlights sagittal (arrows) and coronal (arrowheads) sutures in

control and PLX5622 pups. (E) Quantification of skull length in P1 control and PLX5622 CD1

pups. (F-I) Lateral view of P1 CD1 mandibles (F-G') and quantification of mandible length (H;

horizontal arrows) and height (I; vertical arrows) in control and PLX5622 pups. (J-M) Lateral

view of the P1 CD1 ear (J-K') and quantification of tympanic ring (t.r.) length (L) and thickness

(M) in control and PLX5622 pups. Arrows mark disrupted ossicle development of the incus (in;

absent in PLX5622 pups, asterisks), malleus (ma), and stapes (st). Triangles mark the otic

capsule and arrowheads mark the tympanic ring. (N-O') Ventral views of the P1 CD1 palate

highlight the hard palate (arrowheads), premaxilla (pmx; double-headed arrows), and palatine

sutures (arrows) in controls and PLX5622 pups. (P-Q') Ventral view of the P1 CD1 cranial base

shows (arrows) the basisphenoid (bs) and palatine bone (p.b.), the spheno-occipital and

intersphenoid synchondroses (asterisks), and palatine-basisphenoid sutures (arrowheads) in

control and PLX5622 pups. N=6 pups per sex/treatment from 3-4 dams. Abbreviations: bo,

basioccipital; fr, frontal bone; ip, interparietal bone; mx, maxilla; na, nasal bone; oc, occipital

bone; pa, parietal bone; p.p.mx., palatine process of the maxilla; p.p.p., palatine process of the

palatine; pt, pterygoid process. Blue dots represent male and pink dots represent female.

Measurements represent mean ± SEM and were analyzed by a two-tailed unpaired t-test or a

two-way ANOVA with Tukey's post hoc test.

Figure 6. Exposure to PLX5622 During Embryogenesis Disrupts Cytokine and Chemokine Secretion in Craniofacial Tissue Cultures. (A) Schematic illustrating E13.5 C57BL/6 craniofacial tissue culture and Luminex multiplex analysis of secreted cytokines and chemokines in culture media. (B-P) Cytokine/chemokine analysis of E13.5 craniofacial tissue culture media collected from control and PLX5622 embryos that were significantly downregulated in both sexes (B-L); while IFNβ-1 (M), IL-6 (N), CCL5 (O), and CX3CL1 (P) were only statistically significant in one sex. N=9 per sex/treatment from 3 dams. Blue dots represent male and pink dots represent female. Quantifications represent mean ± SEM and were analyzed by a two-tailed unpaired t-test or a two-way ANOVA with Tukey's post hoc test.

Figure 7. Gestational Exposure to PLX5622 Decreases Neural Crest Proliferation. (A) Schematic illustrating the neural crest-derived sphere assay. (B-M) E12.5 $Wnt1^{Cre}; Rosa26^{tdTomato}$ control (B-G) and PLX5622 (H-M) primary (B, D, F, H, J, L) and secondary (C, E, G, I, K, M) neural crest-derived spheres retain tdTomato+ signal and express PDGFRα (B, C, H, I), SOX2 (D, E, J, K), and SOX10 (F, G, L, M). (N) Primary sphere quantification of neural crest-derived spheres from control and PLX5622 embryos (N=9-14 embryos per treatment from 2-3 dams). (O-Z) Immunofluorescent images of E15.5 $Wnt1^{Cre}$-driven tdTomato+ signal (O-P', U-V') and Ki67 staining (R-S', X-Y') in the premaxilla (pmx; O-T) and mandible (U-Z). (Q, T, W, Z) Quantification of tdTomato+ (Q, W) and Ki67+ (T, Z) cells in control and PLX5622 embryos. White lines mark the tissue regions used for quantifications (N=3 embryos per sex/treatment from 3 dams). Abbreviations: DIV, days *in vitro*; m.c., Meckel's cartilage. Blue dots represent

739   male and pink dots represent female. Counts represent mean ± SEM and were analyzed by a two-

740   tailed unpaired t-test.

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1491 **STAR★METHODS**

1492 **KEY RESOURCES TABLE**

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
Sheep polyclonal anti-CSF1R	R&D Systems	Cat#AF3818; RRID: AB_884158
Rabbit polyclonal anti-Cathepsin K	Abcam	Cat#ab19027; RRID: AB_2261274
Rabbit monoclonal anti-Sp7 (clone EPR21034)	Abcam	Cat#ab209484; RRID: AB_2892207
Rabbit monoclonal anti-Active Caspase 3 (clone C92-605)	BD Pharmingen	Cat#559565; RRID: AB_397274
Mouse monoclonal 2H3 (concentrate)	Developmental Studies Hybridoma Bank	Cat#2H3; RRID: AB_531793
Mouse monoclonal MF20 (concentrate)	Developmental Studies Hybridoma Bank	Cat#MF 20; RRID: AB_2147781
Goat polyclonal anti-CCL3	R&D Systems	Cat#AF-450-NA; RRID: AB_354492
Goat polyclonal anti-CCL4	R&D Systems	Cat#AF-451-NA; RRID: AB_2071055
Goat polyclonal anti-PDGFRα	R&D Systems	Cat#AF1062; RRID: AB_2236897
Rabbit polyclonal anti-SOX2	Millipore	Cat#AB5603; RRID: AB_2286686
Mouse monoclonal anti-SOX10 (clone 20B7)	R&D Systems	Cat#MAB2864; RRID: AB_2195180
Mouse monoclonal anti-Ki67 (clone B56)	BD Pharmingen	Cat#556003; RRID: AB_396287
Chemicals, peptides, and recombinant proteins		
Alizarin Red	Sigma-Aldrich	Cat#A5533; CAS: 130-22-3

Alcian Blue	Sigma-Aldrich	Cat#05500; CAS: 33864-99-2
3,3′-Diaminobenzidine tetrahydrochloride (DAB)	Sigma-Aldrich	Cat#D5905; CAS: 7411-49-6
L-(+)-Tartaric acid	Sigma-Aldrich	Cat#T109; CAS: 87-69-4
Naphthol AS-MX phosphate	Sigma-Aldrich	Cat#N4875; CAS: 1596-56-1
Fast Red Violet LB Salt	Sigma-Aldrich	Cat#F3381; CAS: 32348-81-5
Silver nitrate	Sigma-Aldrich	Cat#209139; CAS: 7761-88-8
Ascorbic acid	Thermo Fisher Scientific	Cat#850-3080IM; CAS: 50-81-7
10 mM β-glycerol phosphate	Sigma-Aldrich	Cat#G9422; CAS: 154804-51-0
Shandon's Instant Hematoxylin	Thermo Fisher Scientific	Cat#6765015
Hoechst 33342	Invitrogen	Cat#H3570; CAS: 23491-52-3
Proteinase K	New England Biolabs	Cat#P8107S; UniProtKB: P06873
OneTaq® Quick-Load® 2X Master Mix with Standard Buffer	New England Biolabs	Cat#M0486S
SmartGlow Pre-stain for nucleic acid gels	Accuris Instruments	Cat#E4500-PS
GeneRuler Ready-to-Use 100BP DNA Ladder	Thermo Fisher Scientific	Cat#SM0243
Human Recombinant Epidermal Growth Factor	STEMCELL Technologies	Cat#78006.1
Human Recombinant Basic Fibroblast Growth Factor	STEMCELL Technologies	Cat#78003.1
Critical commercial assays		
MILLIPLEX® Mouse Cytokine/Chemokine Magnetic Bead Panel - Immunology Multiplex Assay	Millipore	Cat#MCYTOMAG-70K
MILLIPLEX® Mouse Cytokine/Chemokine Magnetic Bead Panel II	Millipore	Cat#MECY2MAG-73K
RNAscope™ Multiplex Fluorescent Reagent Kit v2	Advanced Cell Diagnostics	Cat#323100
TSA Vivid™ fluorophore 520	Advanced Cell Diagnostics	Cat#323271
TSA Vivid™ fluorophore 570	Advanced Cell Diagnostics	Cat#323272

RNAscope™ Probe - Mm-Csf1r-C3	Advanced Cell Diagnostics	Cat#428191-C3
RNAscope™ Probe - Mm-Ccl4	Advanced Cell Diagnostics	Cat#421071
Deposited data		
E12.5 WT mouse cranial tissue single cell RNA sequencing dataset	Angelozzi et al.[54]	GEO: GSM6146223
E13.5 WT mouse cranial tissue single cell RNA sequencing dataset	Angelozzi et al.[54]	GEO: GSM5324643
E12.5 mouse face tissue single cell RNA sequencing dataset	Rajderkar et al.[55]	GEO: GSM7508877
Experimental models: Organisms/strains		
CD1 mice (Crl:CD1(ICR))	Charles River	CR: 022; RRID: IMSR_CRL:022
C57BL/6 mice (C57BL/6NJ)	The Jackson Laboratory	JAX: 005304; RRID: IMSR_JAX:005304
$Csf1r^{EGFP}$ mice (B6.Cg-Tg(Csf1r-EGFP)1Hume/J)	The Jackson Laboratory	JAX: 018549; RRID: IMSR_JAX:018549
$Wnt1^{Cre}$ mice (B6.Cg-$E2f1^{Tg(Wnt1-cre)2Sor}$/J)	The Jackson Laboratory	JAX: 022501; RRID: IMSR_JAX:022501
$Rosa26^{tdTomato}$ mice (B6.Cg-$Gt(ROSA)26Sor^{tm14(CAG-tdTomato)Hze}$/J)	The Jackson Laboratory	JAX: 007914; RRID: IMSR_JAX:007914
Oligonucleotides		
Primers for genotyping. See Table S4 for primer sequences.	McFarlane et al.[179], Tiscornia et al.[180], The Jackson Laboratory[181,182]	N/A
Software and algorithms		
RStudio	Posit team[183]	RRID:SCR_000432; https://posit.co/download/rstudio-desktop/

R Project for Statistical Computing	R Core Team[184]	RRID:SCR_001905; https://cran.r-project.org/
Seurat	Hao et al.[185], Hao et al.[186], Stuart et al.[187], Butler et al.[188], Satija et al.[189]	RRID:SCR_016341; https://cran.r-project.org/web/packages/Seurat/
Fiji	Schindelin et al.[190]	RRID:SCR_002285; https://imagej.net/software/fiji/
ImageJ	Schneider et al.[191]	RRID:SCR_003070; https://imagej.net/software/imagej/
GraphPad Prism	GraphPad Software[192]	RRID:SCR_002798; https://www.graphpad.com/
Adobe Photoshop	Adobe Inc.[193]	RRID:SCR_014199; https://www.adobe.com/products/photoshop.html
ZEISS ZEN Microscopy Software	ZEISS Microscopy[194]	RRID:SCR_013672; https://www.zeiss.com/microscopy/en/products/software/zeiss-zen.html
CytExpert Software	Beckman Coulter Life Sciences[195]	RRID:SCR_017217; https://www.mybeckman.ca/flow-cytometry/research-flow-cytometers/cytoflex/software

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EXPERIMENTAL MODEL AND STUDY PARTICIPANT DETAILS

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Animal work was carried out in accordance with guidelines and regulations of the Canadian

Council of Animal Care and received prior approval from the University of British Columbia's

Animal Care Committee (protocols A21-0170 and A21-0171). CD1 and C57BL/6 embryos and

postnatal day 1 (P1) pups were utilized across the study, as described. $Csf1r^{EGFP}$ mice were

crossed to C57BL/6 mice to generate heterozygous embryos for flow cytometry and

immunofluorescence experiments. $Wnt1^{Cre}$ mice were crossed to $Rosa26^{tdTomato}$ mice to generate

embryos for neural crest-derived sphere culture and for immunofluorescence experiments. Timed

pregnancies were used to collect embryonic samples. For embryonic staging, female mice were

plug-checked in the morning and those with a vaginal plug were assigned embryonic day 0.5

(E0.5). Female mice continued to receive standard chow (LabDiet PicoLab Rodent Diet 20) and

water ad libitum during pregnancy, unless otherwise specified. For embryo collection, pregnant

female mice were anaesthetized with isoflurane and immediately euthanized by cervical

dislocation followed by decapitation. For postnatal staging (i.e., skeletal preparations, µCT

scanning), the day of birth was assigned P0. All mouse embryos and pups were genotyped for

sex and results were reported for both sexes.

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METHOD DETAILS

Mouse handling

Depletion of CSF1R+ cells was achieved by administering the Plexxikon CSF1R inhibitor

PLX5622 (1200 PPM added to chow AIN-76A, Research Diets) to pregnant female mice starting

at E3.5. Control dams received control diet (AIN-76A, Research Diets). Pregnant female mice

were exposed to either control diet or PLX5622 diet from E3.5 until sample collection.

Following birth, female mice were placed on our standard chow (LabDiet PicoLab Rodent Diet

20) from P0 to P1.

1519

Genotyping

Tails were collected from all mouse embryos/pups and incubated in extraction buffer (100 mM

NaCl, 50 mM Tris, 100 mM EDTA, 1% SDS) with proteinase K (8 units, ~0.4 mg/mL) overnight

at 56°C. DNA was extracted from digested tails by precipitation with saturated NaCl solution

(~6M), followed by centrifugation at 20,000 g for 10 min. DNA was precipitated from the

supernatant with isopropanol, and pellets were collected by centrifugation at 20,000 g for 5 min.

Pellets were washed with 70% ethanol and dried at 37°C. Dried DNA was dissolved in 200 µL of

Tris-EDTA buffer (10 mM Tris, 1 mM EDTA, pH 8) for 1 h at 68°C, and 1.6 µL of DNA was

subsequently added to OneTaq® Quick-Load® 2X Master Mix with Standard Buffer (New

England Biolabs) along with 1 µM each of primers for SX (*Sly & Xlr*), *GFP*, *Wnt1^{Cre}*, or

Rosa26^{tdTomato}. PCR reactions were run on a Applied Biosystems™ MiniAmp™ Thermal Cycler

(Applied Biosystems) as follows: 95°C for 3 min, 35 cycles of denaturation at 95°C for 30 sec,

annealing at 60°C (57°C for SX primers) 30 sec, and extension at 72°C for 30 sec, followed by

final extension at 72°C for 5 min. Amplified fragments were run on a 1.5% agarose gel in TAE

buffer (0.4 M Tris, 0.2 M acetic acid, 10 mM EDTA, pH 8) and visualized using SmartGlow Pre-

stain for nucleic acid gels (Accuris Instruments) on a Fisherbrand™ Real Time Electrophoresis

System (Fisher Scientific). DNA fragments were sized according to GeneRuler Ready-to-Use

100bp DNA Ladder (Thermo Fisher Scientific).

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Flow cytometry

Flow cytometry methods were adapted from Rosin et al[25]. E11.5, 13.5, 15.5, and 17.5 mouse

embryo heads were collected from control and PLX5622-exposed *Csf1r^{EGFP}* mice in PBS on ice.

Craniofacial tissues were then micro-dissected away from the whole head while in PBS on ice.

The micro-dissected craniofacial tissues were cut/dissociated into smaller pieces using a blade

while in culture media on ice containing (v/v): 65.3% DMEM (GIBCO 11965-092, Thermo

Fisher Scientific), 32.7% F-12 (GIBCO 11765-054, Thermo Fisher Scientific), and 2% B-27

supplement (GIBCO 17504-044, Thermo Fisher Scientific). The resulting dissociated tissue was

filtered through a 35 μm strainer (Falcon 352235), placed in a chilled 1.5 mL tube and

centrifuged at 300 g for 5 min at room temperature (RT). The resulting cell pellets were re-

suspended in 500 μL cold HBSS with 5% FBS and filtered through a 35 μm strainer before flow

cytometry. The resulting cell suspensions were analyzed by the University of British Columbia's

Flow Core Facility using a Beckman Coulter Life Sciences CytoFLEX LX machine and

analyzed using Beckman Coulter CytExpert software.

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Tissue section immunohistochemistry

E15.5 *Csf1r^{EGFP}*, *Wnt1^{Cre}*;*Rosa26^{tdTomato}*, and CD1 mouse embryo heads were collected in ice-

cold PBS and fixed in 4% paraformaldehyde (PFA) overnight at 4°C. The tissues were then

washed in PBS and equilibrated in 20% sucrose/PBS overnight at 4°C. Heads were embedded in

Clear Frozen Section Compound (VWR, 95057-838) and cryosectioned (14 μm sections) on a

Leica CM1950 cryostat (Nussloch, Germany). Cryosections were rehydrated in PBS, washed 4 ×

10 min with PBT (PBS with 0.1% Triton X-100), permeabilized for 30 min with 1% Triton X-

100 in PBS, blocked using 5% normal donkey serum (NDS, Sigma) in PBT for 1 h at RT, and

exposed to sheep anti-CSF1R (1:200), rabbit anti-Cathepsin K (1:200), rabbit anti-Active

Caspase 3 (1:500), rabbit anti-Sp7 (1:500), mouse 2H3 (1:200), mouse MF20 (1:100), and/or

mouse anti-Ki67 (1:200) at 4°C overnight. Slides were then washed 4 × 10 min with PBT and

exposed to secondary antibody (1:200, Alexa 488 or Alexa 594 donkey anti-sheep IgG, donkey

anti-rabbit IgG, or donkey anti-mouse IgG, Invitrogen) for 2 h at RT. Nuclei were stained with

1:1000 Hoechst 33342 (Invitrogen) in PBS for 5 min at RT and washed 3 × 5 min with PBT.

Sections were mounted using Aqua Poly/Mount (Polysciences Inc.). Fluorescent images were

captured on a ZEISS Axioplan fluorescent microscope with ZEISS Axiocam HRm camera or a

ZEISS LSM900 confocal microscope and further processed using LSM+. Brightness and/or

contrast of the entire image was adjusted using ZEISS ZEN 3.9 and/or Adobe Photoshop CC if

deemed appropriate.

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Tartrate-resistant acid phosphatase staining

E15.5 *Csf1r^{EGFP}* mouse embryo head cryosections (described above) were rehydrated in distilled

water and incubated for 30 min at 37°C in pre-warmed TRAP staining solution consisting of 0.1

mg/mL naphthol AS-MX phosphate, 0.6 mg/mL Fast Red Violet LB Salt, 11.4 mg/mL L-(+)

Tartaric Acid, and 9.2 mg/mL sodium acetate anhydrous (Sigma) in 0.28% glacial acetic acid,

with pH adjusted to 4.7–5.0 with 5M sodium hydroxide (Sigma). Slides were then washed with

distilled water, and sections were mounted using Aqua Poly/Mount (Polysciences Inc.). Light

microscope images were captured on a ZEISS Axiocam 208 color camera mounted on a ZEISS

Stemi 508 microscope. Brightness and/or contrast of the entire image was adjusted using Adobe

Photoshop CC if deemed appropriate.

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Whole-mount immunohistochemistry

Whole-mount staining methods were adapted from Rosin et al[196]. Antibodies recognizing

neurofilament (2H3) and muscle myosin (MF20) were used to visualize embryonic nerves and

muscles. E11.5, 12.5, and 13.5 whole CD1 and C57BL/6 mouse embryos were fixed overnight in

Dent's fixative (4:1, Methanol:DMSO) at 4°C. Embryos were bleached overnight in 5:1 Dent's

fixative:30% H_2O_2 at RT, then rehydrated with successive 30-minute washes in 50%/15%/0%

Methanol in PBS–0.5% Tween 20 (PBST). Embryos were blocked two times for 1 h in PBST/1%

DMSO/2% skim milk powder (PBSTMD) at RT then incubated overnight at 4°C with primary

antibody diluted 1:130–1:150 in PBSTMD to achieve a final concentration of 2 μg/mL. Embryos

were then washed four times for 1 h with PBST, blocked with PBSTMD, and incubated

overnight at 4°C with peroxidase-conjugated goat anti-mouse IgG (Sigma A-9169) diluted 1:300

in PBSTMD, then washed four times for 1 h with PBST, stained with 0.5 mg/mL DAB

(diaminobenzidine) and 0.3% H_2O_2 in PBST, dehydrated to 100% methanol, and cleared in

BABB (1:2, benzyl alcohol:benzyl benzoate). Light microscope images were captured on a

ZEISS Axiocam 208 color camera mounted on a ZEISS Stemi 508 microscope. Brightness

and/or contrast of the entire image was adjusted using Adobe Photoshop CC if deemed

appropriate.

1602

Von Kossa staining

Von Kossa staining was adapted from Tosun et al[197]. E15.5 CD1 mouse embryo head

cryosections (described above) were rehydrated in distilled water and incubated in 0.45 μm-

filtered 2% silver-nitrate solution under direct light exposure (14 W, 1500 lumen bulb) for 1 hour,

washed with 1% acetic acid, and subsequently stained for 20 minutes in 0.02% Alcian blue in

70% ethanol and 30% acetic acid. Sections were counterstained in 0.1% Nuclear Fast Red

Solution for 10 minutes and rinsed in distilled water before mounting with Aqua Poly/Mount

(Polysciences Inc.). Slides were imaged on a ZEISS Axiocam 208 color camera mounted on a

ZEISS Stemi 508 microscope.

1612

Micromass culture

Micromass culture methods were adapted from Tophkhane et al, Ralphs, and Ueharu et al[198-200].

E12.5 CD1 mouse embryo heads were collected and the frontonasal mass and mandible were

dissected in cold Hank's balanced saline solution (HBSS, without calcium and magnesium;

Thermo Fisher Scientific, #14185052) with 10% FBS and 1% Penicillin/Streptomycin. Dissected

craniofacial tissues were individually incubated in 2% trypsin (Gibco) on ice for 1 h. HBSS with

10% FBS and 1% Penicillin/Streptomycin was added to inhibit the enzymatic activity of trypsin,

pipetting up and down to dissociate the ectoderm and mesenchyme. The cell solution was then

centrifuged at 1000 g for 5 min. The supernatant was removed, and the cells were resuspended in

HBSS with 10% FBS and 1% Penicillin/Streptomycin. The resulting suspension was filtered

through a 35 μm strainer. The mesenchymal cells were counted using a Countess II automated

cell counter (Thermo Fisher Scientific) and were resuspended to 2×10^7 cells/mL in chondrogenic

medium containing 40% DMEM (GIBCO 11995-065, Thermo Fisher Scientific) and 60% F12

(GIBCO 11765-054, Thermo Fisher Scientific) supplemented with 10% FBS, GlutaMAX

(Gibco), 50 μg/mL ascorbic acid (Thermo Fisher Scientific), 10 mM β-glycerol phosphate

(Sigma-Aldrich) and 1% Penicillin/Streptomycin. Cells were dropped into Nunc cell culture-

treated 24-well plates (Thermo Fisher Scientific, Cat#142475) in 10 μL drops at 2×10^5 cells/well

in the center of the well and incubated at 37°C and 5% CO_2 for 90 min to allow cells to attach

and then flooded with 1 mL/well of chondrogenic medium. The culture medium was changed

every other day (days 3, 5, and 7) until day 8. On day 8, cultures were fixed in 4% PFA for 30

min at RT and stored at 4°C in 100 mM Tris (pH 8.3) until staining. Fixed cultures were

incubated at RT in 0.6 mg/mL Fast red violet LB salt and 0.1 mg/mL naphthol AS-MX phosphate

in 100 mM Tris (pH 8.3) for 60 min to stain for alkaline phosphatase activity. The cultures were

then stained with 1% Alcian blue in 3% acetic acid and 1% HCl to detect the area occupied by

cartilage. All cultures were counterstained with 50% Shandon's Instant Hematoxylin (Thermo

Fisher Scientific) and stored in 100% glycerol. Stained cultures were visualized on a ZEISS

Stemi 508 light microscope, and images were captured on a ZEISS Axiocam 208 color camera.

1640

Bone and cartilage skeletal staining

P1 CD1 and C57BL/6 mouse pups were collected and sacrificed by decapitation. Eyes were

removed from skinned heads, and heads were then fixed in ethanol with 1% glacial acetic acid

for at least 24 h and placed in 0.45 μm-filtered Alcian blue solution (1 mg/mL Alcian blue 8GX

in 80% ethanol and 20% glacial acetic acid) overnight to stain cartilage. After washing with

ethanol for two 1 h washes, mouse heads were transferred to 1.5% KOH solution for 3.5 h, then

stained with Alizarin Red S solution (0.15 mg/mL Alizarin red S in 0.5% KOH) for 3 h to stain

bone. Skulls were cleared by incubation in 0.5% KOH with 20% glycerol two times for 2–3 days

and stored in a 40% glycerol mixture. Light microscope images were captured on a ZEISS

Axiocam 208 color camera mounted on a ZEISS Stemi 508 microscope. Brightness and/or

contrast of the entire image was adjusted using Adobe Photoshop CC if deemed appropriate.

1652

Micro-computed tomography (CT)

P1 CD1 mouse pups were collected and sacrificed by decapitation. Heads were frozen at -20°C

in 15 mL Falcon tubes. For contrast enhanced micro-CT scanning, P1 heads were fixed via

overnight incubation with 4% PFA at 4°C. The samples were then dehydrated through serial

incubations with increasing methanol concentrations (30%, 50% and 70%) in PBS.

Subsequently, samples were incubated in a 1% phosphotungstic acid (PTA)/90% methanol

solution for 2 weeks, ending with rehydration through serial incubations with decreasing

methanol concentrations (70%, 50% and 30%). Incubation with each methanol concentration at

both the dehydration and rehydration steps was done for 2 days. Micro-CT scans were performed

with the Scanco Medical μCT100 scanner at 55 kVp and 200 μA in the Centre for High-

Throughput Phenogenomics at the University of British Columbia. PTA-stained specimens were

scanned at 7 μm resolution while embedded in 1% agarose. Additionally, unstained heads were

micro-CT scanned after thawing at RT for 1 hour, at 15 μm resolution while embedded in 1%

agarose. All outputs were exported as DICOM files.

1667

Craniofacial tissue culture for cytokine and chemokine analysis

Methods for tissue culture for cytokine/chemokine analysis were adapted from Rosin et al[201].

E13.5 C57BL/6 mouse embryo heads were collected in PBS at RT. Craniofacial tissues were

then micro-dissected away from the whole head and placed in a cell culture dish with 400 μL of

37°C culture media containing (v/v): 65.3% DMEM, 32.7% F-12, and 2% B27 supplement.

Craniofacial tissues were cultured in a humid incubator with ambient oxygen and 5% CO_2 at

37 °C for 6 h. Culture media was collected and spun down at 3000 g for 10 min at RT, then

supernatant was collected into a new tube, flash frozen, and stored at -75°C until sent for

multiplexed quantification of 45 mouse cytokines, chemokines, and growth factors using

Luminex xMAP technology with MILLIPLEX® Mouse Cytokine/Chemokine Magnetic Bead

Panel and MILLIPLEX® Mouse Cytokine/Chemokine Magnetic Bead Panel II (Millipore),

according to the manufacturer's protocol. The analytes were evaluated on the Luminex™ 200

system (Luminex, Austin, TX, USA) by Eve Technologies Corp. (Calgary, AB, Canada).

1681

Single-cell RNA sequencing data analysis

Publicly available single-cell RNA sequencing datasets of wild-type E12.5 and E13.5 C57BL/6J

and FVB/NJ mouse craniofacial mesenchyme were downloaded from the NCBI GEO

database[54,55]. Accession numbers GSM5324643 (E13.5 C57BL/6J), GSM6146223 (E12.5

C57BL/6J), and GSM7508877 (E12.5 FVB/NJ) were imported into Seurat v5 for analysis. Low

quality cells (>20,000 counts, >6,000 genes detected, or >20% mitochondrial genes for

GSM6146223; >35,000 counts, >7,000 genes detected, or >15% mitochondrial genes for

GSM5324643; <1,500 or >7,500 genes detected for GSM7508877) were filtered from

downstream analysis as they may have arisen from damaged cells, multiplets, or other processing

artifacts. Counts were normalized and datasets were filtered to leave only cells with non-zero

Csf1r expression. *Csf1r*-expressing cell clusters were identified using graph-based clustering

with the *FindClusters* function, based on variable features and similar cells identified by

FindNeighbors function. The *clustree* package was used to assist in determining 0.2 as the

appropriate resolution for clustering, and proper clustering was then verified by manual

inspection of marker genes. Uniform Manifold Approximation and Projections (UMAP) were

visualized using *DimPlot* and gene signatures were visualized using *Vlnplot*. A cluster of

hemoglobin-enriched cells did not express any markers of monocytes, microglia, macrophages,

or osteoclasts except *Csf1r*; this cluster was excluded in the final analysis.

1700

Fluorescence *in situ* hybridization

E15.5 CD1 mouse embryo head cryosections (described above) were rehydrated in PBS and

stained according to manufacturer's protocol. Briefly, sections were post-fixed for 15 min at 4°C

in 4% PFA. Slides were then incubated in hydrogen peroxide for 10 min, washed with water, and

incubated in boiling target retrieval buffer for 5 min. Sections were washed with water and

dehydrated in 100% ethanol for 3 min and treated with protease 3 for 30 min at 40°C in a ACD

HybEZ™ II Hybridization System (Advanced Cell Diagnostics). Slides were washed with water

and probes for *Csf1r* (Advanced Cell Diagnostics, Cat#428191-C3) and *Ccl4* (Advanced Cell

Diagnostics, Cat#421071) were hybridized to tissue for 2h at 40°C, followed by incubation in

amplification reagents and TSA Vivid fluorophores, with washes in wash buffer between

incubations. Nuclei were stained with DAPI for 30 seconds and slides were mounted using Aqua

Poly/Mount (Polysciences Inc.). High-resolution images were captured on a ZEISS LSM900

confocal microscope and were further processed using LSM+. Brightness and/or contrast of the

entire image was adjusted using ZEISS ZEN 3.9 and/or Adobe Photoshop CC if deemed

appropriate.

1716

Neural crest cell sphere culture

NCC sphere culture methods were adapted from Rosin et al. and Hagiwara et al[201,202]. E12.5

mouse heads were collected (*Wnt1^Cre^* mice crossed to *Rosa26^tdTomato^* mice to label neural crest-

derived cells with tdTomato) in 37°C PBS containing 1% Penicillin/Streptomycin. Craniofacial

tissues were then micro-dissected away from the whole head while in PBS containing 1%

Penicillin/Streptomycin. Micro-dissected craniofacial tissues were cut/dissociated into smaller

pieces using a sterile blade. The resulting dissociated tissue was filtered through a 35 μm strainer,

placed in a 1.5 mL tube, and centrifuged at 300 g for 10 min at RT. The resulting cell pellets were

re-suspended in 500 μL of 37 °C warmed culture media containing (v/v): 98% DMEM/F-12 (no

phenol red; GIBCO 21041-025, Thermo Fisher Scientific) and 2% B-27 supplement, with

20 ng/mL each of human recombinant epidermal growth factor and fibroblast growth factor

(STEMCELL Technologies) added. The resulting cell suspensions were filtered through a 35 μm

strainer before fluorescence-activated cell sorting (FACS) by the University of British

Columbia's Flow Core Facility using a Beckman Coulter MoFlo Astrios EQ cell sorter.

tdTomato+ neural crest-derived cells were collected in 500 μL of culture media. Cells were

plated at 12,500 cells/mL per well in 24-well plates and were incubated for 10 days at 37°C with

5% CO_2, with 50% media replenishment at day 5. At day 10, primary spheres were counted and

imaged, dissociated in sterile media, counted, and replated at 1,000 cells/mL and cultured again

for 10 days as above for secondary sphere formation.

1736

Neural crest sphere immunohistochemistry

Cultured neural crest-derived spheres (described above) were fixed in 4% PFA for 30 min at RT

and stored in PBS at 4°C until staining. Spheres were washed with PBT (PBS with 0.1% Triton

X-100), blocked using 5% NDS (Sigma) for 1 h at RT, and exposed to goat anti-PDGFRα

(1:150), rabbit anti-SOX2 (1:500) or mouse anti-SOX10 (1:500) at 4°C overnight. Spheres were

then washed with PBT and exposed to secondary antibody (1:200, Alexa 488 donkey anti-goat

IgG, donkey anti-rabbit IgG or donkey anti-mouse IgG, Invitrogen) for 2 h at RT. Nuclei were

stained with Hoechst 33342 (Invitrogen) for 5 min at RT. Spheres were aspirated with a wide

bore pipette tip and deposited onto a glass microscope slide, and were subsequently mounted

using Aqua Poly/Mount (Polysciences Inc.). High-resolution images were captured on a ZEISS

LSM900 with confocal microscope and were further processed using LSM+. Brightness and/or

contrast of the entire image was adjusted using ZEISS ZEN 3.9 and/or Adobe Photoshop CC if

deemed appropriate.

1750

QUANTIFICATION AND STATISTICAL ANALYSIS

E15.5 craniofacial tissue sections were obtained by cryosectioning PFA-fixed frozen embryo

heads on a Leica CM1950 cryostat (Nussloch, Germany). Tissue was sectioned coronally starting

from the nose, and 14 μm serial tissue sections were captured across 10 slide sets, with 21

embryonic head sections placed on each slide, and each set comprised of 2 slides. A single set (2

slides) of serial sectioned slides was used for each staining experiment described above. Every

14 μm section containing the craniofacial structure of interest was used for cell counts of cells

with positive expression of $Csf1r^{EGFP}$, CSF1R, cathepsin K, cleaved caspase 3,

$Wnt1^{Cre};Rosa26^{tdTomato}$, and Ki67 (N=3 per sex/treatment from 2-3 dams). For CSF1R, $Csf1r^{EGFP}$,

cathepsin K, and cleaved caspase 3 counts, positive cells were counted within the ear, eye,

trigeminal, tongue, and mandible. A 5-cell radius was used for counting cells surrounding the

nasal septum, Meckel's cartilage, and maxillary incisor. For $Wnt1^{Cre};Rosa26^{tdTomato}$ counts, the

mineralizing region of the premaxilla and mandible were outlined and cells within this area were

counted. For Ki67 counts, mineralizing areas of the premaxilla and mandible were outlined

comparably to the $Wnt1^{Cre};Rosa26^{tdTomato}$ outlines, and Ki67-positive cells within this area were

counted. For micromass alkaline phosphatase staining analysis, images were adjusted by Fiji

v2.16 with ImageJ v1.54 with the *Color Threshold* function using *red, green, and blue (RGB)*

color space[190,191,203]. The mask created by the threshold color was set to *black and white (B&W)*.

The image was converted to binary by setting *Image Type* to *8-bit*. The stained area was first

delineated by the *Freehand selections* tool, and the *Edit Clear Outside* function was used to

eliminate pixels outside of the selected area. *Analyze Particles* was used to measure the total

stained area. The process was repeated for hematoxylin-stained images to obtain the total

micromass culture area. For neural crest-derived sphere analysis, each well was quantified by

visualization on a ZEISS Axiovert 25 at 10x magnification, and a minimum cell cluster diameter

of 40 µm was used as a cut-off to qualify as a counted sphere. Quantitative results (N=3-6 mouse

embryos from 2-4 dams, unless otherwise mentioned in the Results and/or Figure Legends) for

all counts and measurements are represented by mean ± SEM and were either analyzed by a two-

tailed unpaired t test or a two-way ANOVA with Tukey's post hoc analysis in GraphPad Prism 9

(GraphPad Software). Both sexes were analyzed together by t-test if a sex difference was not

identified. If a sex difference was identified, sexes were analyzed in separate groups by two-way

ANOVA. Statistical significance was defined as $p < 0.05$.

1782

1783

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7