Chemokine receptors CCR1 and ACKR2 coordinate mammary gland development

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Abstract

Macrophages are key regulators of developmental processes. We previously demonstrated

that the scavenging atypical chemokine receptor, ACKR2 has profound effects on branching

morphogenesis, by regulating macrophage dynamics during pubertal mammary gland

development. ACKR2 is a non-signalling receptor, which mediates effects through

collaboration with inflammatory chemokine receptors. Here we reveal that the inflammatory

chemokine receptor CCR1, is the reciprocal receptor controlling branching morphogenesis in

the mammary gland. Delayed development, with decreased area of the ductal epithelial

network and CD206+ macrophages, was observed in the glands of pubertal CCR1-/- mice.

This is an inverse phenotype to that observed in ACKR2-/- mice. Subcutaneous

administration of CCL7, a shared ligand between CCR1 and ACKR2, is sufficient to drive

increased numbers of CD206+ macrophages and branching morphogenesis. In addition,

estrogen, which is essential for ductal elongation during puberty, upregulates CCR1

expression on the surface of pubertal mammary gland macrophages. These data

demonstrate that ACKR2 and CCR1 co-ordinately regulate the rate of branching

morphogenesis in the pubertal mammary gland, whereby stromal ACKR2 modulates levels

of CCL7 to control the movement of macrophages expressing CCR1 to the ductal

epithelium. The age at which girls develop breasts is steadily decreasing, which increases

the risk of many diseases including breast cancer. This study presents a previously unknown

immunological mechanism underpinning the rate of development during puberty which could

reveal novel therapeutic targets.

Introduction

Breast development (thelarche) is the first visible sign of puberty in females, and typically

occurs between the ages of 8 and 13[1]. Globally, the age at pubertal onset is falling[2]. Early

puberty is associated with an increased risk of disease in later life, including type II diabetes

heart disease, and cancer[3]. Importantly, girls who develop breasts before the age of 10 are

20% more likely to develop breast cancer[4]. Therefore, understanding the molecular

mechanisms and immunological processes underlying this acceleration is of key importance.

Tissue remodelling by branching morphogenesis is a central developmental process. In most

organs this occurs during embryogenesis or soon after birth. Uniquely, the majority of

mammary gland development occurs postnatally, throughout the female reproductive

lifetime. During murine embryonic development, an epithelial placode forms, and a

rudimentary structure is present at birth. In the mouse, puberty begins at around 3 weeks[5],

when ovarian hormones are released and terminal end buds (TEBs) form at the end of

epithelial ducts. TEBs are highly proliferative structures which grow invasively through the fat

pad, generating the ductal tree, until adulthood when they regress. By 8 weeks, the mouse is

considered adult[5]. During pregnancy, proliferation of epithelial cells within ductal branches

generates the lobuloalveoli (LAL) necessary to produce milk during lactation. Upon weaning,

the epithelium undergoes involution, where an extensive programme of cell death remodels

the gland to its pre-pregnancy condition[6].

The murine mammary gland consists of an epithelial network within the fat pad and a

stromal population containing fibroblasts, extracellular matrix (ECM), adipocytes and

immune cells[6]. Macrophages are found in all tissues within the body and are required for

immunological and developmental processes[7]. Mammary gland development is severely

impaired in mice which lack the main macrophage growth factor, colony stimulating factor 1

(CSF-1), with TEB formation, ductal elongation, branching during puberty and LAL

development in pregnancy all affected[8,9]. Macrophages are found surrounding TEBs,

produce proteinases and growth factors, and promote collagen fibrillogenesis[9,10].

Chemokines and their receptors play fundamental roles in controlling macrophage migration

and in regulating macrophage dynamics during tissue remodelling[11,12].

Atypical chemokine receptors (ACKRs) are a small family of 7-transmembrane-

spanning receptors that lack the DRYLAIV motif characteristic of conventional chemokine

receptors[13,14] and which do not directly support cellular migration. They are characteristically

expressed on stromal cells and, with the exception of ACKR1, internalise and degrade their

cognate ligands. They therefore function as chemokine scavenging receptors and thus

regulate chemokine availability within tissues. ACKR2 is a member of this family, which

internalises and degrades all 11 inflammatory CC-chemokines[14]. In so doing, ACKR2

mediates the resolution of inflammation in infection, autoimmunity and cancer [15–17]. In

development, ACKR2 is an essential regulator of macrophage dynamics controlling

branching morphogenesis in both the developing lymphatic system of embryonic skin, and

the pubertal mammary gland[11,12]. ACKR2-/- mice showed accelerated pubertal mammary

gland development as evidenced by increased branching and TEB number. Deficient

scavenging of macrophage attracting chemokines in ACKR2-/- mice, led to elevated

numbers of macrophages and a precocious developmental phenotype. This study provided

the first evidence of chemokine receptor involvement in postnatal development[11].

Through regulation of inflammatory CC chemokine availability, ACKR2 modulates

cell recruitment and migratory responses mediated by the conventional inflammatory

chemikine receptors with which it shares ligands[13,14]. Here we identify CCR1 as the

inflammatory chemokine receptor (iCCR) working in collaboration with ACKR2 to control

branching morphogenesis in the developing mammary gland. CCR1 is a conventional

chemokine receptor, which senses extracellular chemokines and signals to change the

behaviour of the cell[18]. CCR1-/- mice show delayed pubertal development, with decreased

TEBs, smaller area of the ductal epithelial network and a reduction in CD206+ (Mannose

Receptor) macrophages. This phenotype is opposite to that observed in ACKR2-/- mice.

Subcutaneous administration of CCL7, a ligand shared between CCR1 and ACKR2,

increased numbers of CD206+ macrophages and branching morphogenesis and in the

mammary gland. In addition, Estrogen, which is essential for ductal elongation during

puberty[19], upregulates CCR1 expression on the surface of pubertal mammary gland

macrophages. We also demonstrate that stromal ACKR2 modulates levels of CCL7, to

control the movement of macrophages expressing CCR1 to the ductal epithelium. This co-

ordination regulates the rate of branching morphogenesis in the mammary gland.

Collectively, this study reveals a previously unknown immunological mechanism, and sheds

important light on the regulation of macrophage dynamics during virgin mammary gland

development.

Results

Branching morphogenesis in the pubertal mammary gland is regulated by CCR1.

We previously showed that CCR2-/- mice displayed only minor alterations in branch

morphology, with no effect on ductal elongation or branched area, suggesting the key

macrophage population in the mammary gland migrates independently of CCR2. ACKR2

also shares ligands with other iCCRs, including CCR1, CCR3, CCR4 and CCR5. CCR4 is

not expressed by macrophages and so our analysis has concentrated on CCR1, CCR3 and

CCR5[11]. These receptors have overlapping but distinct receptor ligand interactions with

ACKR2, summarised in Figure 1a[13,14]. To investigate if an iCCR collaborates with ACKR2 to

regulate branching morphogenesis during puberty, carmine alum whole mounts of mammary

glands were obtained from 7 weeks old WT and CCR1-/-, CCR3-/- and CCR5-/- deficient

mice (Fig. 1b i-iii). The individual receptor deficient mice are on different genetic

backgrounds, therefore each strain has been compared to their specific WT[20]. CCR1-/- mice

exhibit delayed mammary gland development with decreased area of branching at 7 and 8

weeks, decreased number and size of TEBs and reduced ductal elongation at 7 weeks (Fig.

1c i-iii). In addition, CCR1-/- mice have thinner branches at 8 weeks (Fig. 1c v). This

phenotype was previously observed in CCR2-/- but not ACKR2-/- mice[11]. Branched area,

TEB number and ductal elongation were unaffected in CCR3-/- and CCR5-/- mice (Fig. 1b ii-

iii, Supplementary Fig. 1). Previously we showed that ACKR2-/- mice had an increased area

of branching and numbers of TEBs at 6.5 and 8 weeks, and increased ductal elongation at 8

weeks[11]. This inverse phenotype in CCR1-/- mice suggests that CCR1 is the reciprocal

receptor for ACKR2, controlling the extent of branching, TEB number and ductal elongation.

As observed in ACKR2-/- mice, by 12 weeks, when TEBs have regressed and ductal

outgrowth is completed, branch area and ductal elongation is unaltered between WT and

CCR1 -/- mice (Fig. 1c).

Of note, in contrast to ACKR2-/- mice, no difference was observed in the density of,

or distance between, branches, measured within a 5 x field of view (F.O.V.) between WT

and CCR1-/- mice at any of the time points investigated (Supplementary Fig. 2). This reveals

that CCR1 does not regulate the density, but the spread of the network. CCR3-/- mice

display reduced distance between branches at 7 weeks, suggesting that ACKR2 and CCR3

may regulate the proximity of branches within mammary gland. Considerable data support

potential redundancy in roles for iCCRs in vivo. Therefore, to assess redundant and

combinatorial effects of multiple chemokine receptors, whole mounts were obtained from

iCCR-/- mice which have a compound deletion of the entire iCCR locus encoding CCR1,

CCR2, CCR3, CCR5 [20]. As observed in the absence of CCR1, iCCR-/- mice display delayed

development at 7 weeks with reduced TEB number (Supplementary Fig. 1). No additional

combinatorial effects were observed.

Chemokine levels are altered in the absence of ACKR2 and CCR1

To investigate the involvement of chemokines in regulating mammary gland development

through ACKR2 and CCR1, multiplex protein analysis of mammary gland lysates was carried

out. In the absence of scavenging by ACKR2, inflammatory chemokines accumulate, and

can recruit immune cells. Previously we showed that ACKR2 limits the levels of inflammatory

chemokine ligands CCL7, CCL11 and CCL12 in the mammary gland at 6.5 weeks[11]. Here

we extend these observations and reveal that, in addition to CCL7, CCL11 and CCL12, the

ACKR2 ligands, CCL3, CCL19 and CCL22 are also elevated in the ACKR2 -/- mammary

gland at 7 weeks (Fig. 2a). In CCR1-/- mice, the levels of CCL7, CCL11 and CCL12 are

unchanged, indicating that ACKR2 is functional in these mice and able to scavenge

chemokines normally. As shown previously[11], CCL2, which is the key chemokine controlling

lymphatic development in embryonic skin, and CCL5 are unchanged in the ACKR2-/-

mammary gland (Fig. 2a). In ACKR2-/- and CCR1-/- mice, the levels of CCL3, CCL19 and

CCL22 are higher and lower respectively, which could reflect altered numbers of chemokine

expressing immune or epithelial cells. Similarly, the chemokines CXCL1 and CXCL12 are

increased in ACKR2-/- mice and decreased in CCR1-/- mice (Fig. 2b), and as these are not

ACKR2 ligands, this likely reflects the altered extent of branching morphogenesis.

Bioinformatic interrogation of publicly available mammary gland epithelial single cell RNAseq

data revealed that CXCL1 and CXCL12 are produced by basal and myoepithelial cells

(Supplementary Fig. 3)[21]. Importantly, there were no significant differences in the level of

chemokines in lysates obtained from male WT and ACKR2-/- fat pads, indicating that the

changes observed in the female lysates are specifically associated with the mammary gland

(Supplementary Fig. 4). Overall, chemokine levels are significantly altered in the absence of

both ACKR2 and CCR1 in the mammary gland.

ACKR2 and CCR1 are expressed surrounding epithelium in the mammary gland

Previously, we showed that ACKR2 is expressed by stromal fibroblasts in the developing

virgin mammary gland, and is markedly upregulated during late puberty at 6.5 weeks[11]. To

identify the cell type(s) expressing CCR1, mammary glands were obtained from 7 weeks old

WT and CCR1-/- mice, enzymatically digested and analysed by flow cytometry. Antibodies

against chemokine receptors often exhibit cross reactivity, therefore CCR1-/- cells were

included as a control. CCR1 is expressed by mammary gland macrophages, defined as

CD45+SiglecF-CD11b+F4/80+ cells, as the mean fluorescence intensity (MFI) of CCR1 was

significantly higher in WT than CCR1-/- cells (Fig. 3a). This is consistent with our previous

data which showed high levels of CCR1 transcription by isolated F4/80+ mammary gland

cells[11]. In addition, CCR1 expression by both human and mouse macrophages has been

well described[22–24]. Stromal and epithelial (CD45-) cells and eosinophils (CD45+ SiglecF+)

do not express CCR1 (Fig. 3a).

To further validate expression, and to identify the location of ACKR2+ and CCR1+ cells

within the mammary gland, RNAscope® in situ hybridisation was carried out, which detects

target RNA within intact cells. As shown in Fig. 3b, clear in situ hybridisation signals for both

CCR1 and ACKR2 were seen associated with ductal epithelium in WT but not CCR1-/- or

ACKR2-/- glands. Therefore, in situ hybridisation confirms stromal expression of ACKR2

surrounding the TEB, and CCR1 in close proximity to ductal epithelium, in the mammary

gland.

Estrogen levels increase in late puberty and induce CCR1 expression on macrophages.

ACKR2 expression in the mammary gland peaks at the defined time point of 6.5 weeks[11]. In ACKR2-/- mice, branching begins to accelerate at that time point. One key change that occurs around 6 weeks is the onset of sexual maturity[25]. To investigate whether there were changes in the sex hormone estrogen at this time point, plasma levels of the main estrogen estradiol were measured by ELISA. In WT mice, estradiol levels increase between 6.5 and 7 weeks (Fig. 4a). Notably, there is no difference between the levels of estradiol in WT and ACKR2-/- mice, suggesting that the accelerated branching in ACKR2-/- is not directly caused by increased levels of estrogen.

A previous study described upregulation of CCR1 on T cells in response to 17β-estradiol[26]. To investigate if estrogen alters CCR1 expression on macrophages, cells obtained from enzymatically digested mammary glands were exposed to DMSO (vehicle control) or 17β-estradiol for 1h at 37°C and analyzed by flow cytometry. CCR1 expression on CD45+ CD11b+F4/80+ macrophages increased in response to 17β-estradiol (Fig. 4b). There was no significant difference between the level of CCR1 expression on WT and ACKR2-/- after exposure, indicating that ACKR2 is not required for this process. To determine whether another cell type present in the mammary gland was required for this process, CD11b+F4/80+ cells were isolated by FACS. In the absence of other cell types, CCR1 expression was increased after exposure to 17β-estradiol indicating that this is a macrophage intrinsic mechanism (Supplementary Fig. 5c).

Notably, upregulation of CCR1 in response to estradiol is age dependent, as there is no difference in CCR1 expression in mice older than 8 weeks (Supplementary Fig. 5a). In addition, 17β-estradiol has no effect on macrophages isolated from the male fat pad or the peritoneum of pubertal female mice (Supplementary Fig. 5a-b). Taken together, this suggests that the effect of estrogen on CCR1 expression is restricted to pubertal mammary gland macrophages.

Macrophage dynamics are coordinated by CCR1 and ACKR2.

ACKR2 is a key regulator of macrophage dynamics in both the developing lymphatic system of embryonic skin, and the pubertal mammary gland[11,12]. To investigate the effect of CCR1 deficiency on macrophage levels in the mammary gland, flow cytometry of enzymatically digested 6.5 weeks old WT and CCR1-/- glands was carried out. The gating strategy employed is described in Supplementary Fig. 6. Unlike ACKR2, CCR1 deficiency had no significant effect on the bulk macrophage population (CD45+CD11b+F4/80+) (Fig. 5a-b i), however there was a significant decrease in the percentage of a small population of CD206+ macrophages (CD45+SiglecF-F4/80+CD206+) in CCR1-/- mice (Fig. 5a-c ii). The opposite is observed in ACKR2-/- mice, with an increased percentage of CD206+ macrophages. Within the CD11b+F4/80+ gate there is considerable heterogeneity, including a population of CD11b+F4/80+SiglecF+ cells which are increased in ACKR2-/- glands but unaltered in the absence of CCR1. The percentage of SiglecF+ eosinophils are unchanged between WT and ACKR2-/- or CCR1-/- glands (Fig. 1a-c iii-iv). This indicates that the increase observed in the bulk CD11b+ F4/80+ population previously reported in ACKR2-/- mice is unlikely to be key for ACKR2 and CCR1 controlled mammary gland regulation. Instead, a small population of CD206+ macrophages are co-ordinately regulated by ACKR2 and CCR1. Recently, CD206+ mammary gland macrophages which are derived in the foetus, have been identified and are thought to promote branching morphogenesis[27]. In *plvap-/-* mice which have reduced numbers of foetal liver-derived macrophages, including CD206+ macrophages, branching is severely impaired[27]. We propose that ACKR2 and CCR1 reciprocally control this population to coordinate branching morphogenesis in the pubertal mammary gland. CCR1 expression was also increased on the surface of CD206+ macrophages in response to both 17β-estradiol and the Estrogen mimic Bisphenol A (BPA) (Fig. 4b ii).

CCL7 controls CD206+ macrophages and branching morphogenesis.

As CCL7 is a shared ligand between CCR1 and ACKR2 (Fig. 1a), which is elevated at both 6.5 and 7 weeks in the mammary gland (Fig. 2a)[11], we investigated its expression and function. Using flow cytometry, intracellular staining revealed that CCL7 is produced by immune cells, including SiglecF+ eosinophils, SiglecF- F4/80+ macrophages, and SiglecF- Ly6C+ monocytes (Fig. 6a i). For each cell type, a markedly higher percentage of cells produced CCL7 in female mammary gland, than male fat pad cells. In particular, around 60% of female SiglecF+ cells produced CCL7. In addition, qRT-PCR analysis of purified F4/80 cells showed that CCL7 is transcribed at high levels (Fig. 6a ii). CCL7 is also produced by CD45- epithelial cells: mature (EpCAM+ CD49f-) and progenitor luminal (EpCAM+ CD49f+), and basal (EpCAM - CD49f+) cells (Fig. 6a iii). Further, bioinformatic analysis revealed that CCL7 is produced by epithelial cells, including basal luminal and myoepithelial cells (Supplementary Fig. 3). The percentage of CCL7+ immune and epithelial cells was unaffected in the absence of ACKR2 (Fig. 6a i, iii).

To investigate the effect of elevated chemokine levels in vivo, either PBS or 2µg of CCL7 was administered subcutaneously at the site of the mammary fat pad at the key time point of 6 weeks. After 3 days, mammary glands were harvested for cellular analysis by flow cytometry and carmine alum whole mount analysis. CCL7 administration alone was sufficient to increase the percentage of CD206+ macrophages, and the area of branching within the mammary gland (Fig. 6 b). This confirms that elevated levels of CCL7, as observed in ACKR2-/- mice, leads to increased numbers of CD206+ macrophages in the mammary gland and accelerated branching.

Thus, we propose that ACKR2 and CCR1 co-ordinately regulate the rate of branching morphogenesis in the pubertal mammary gland, whereby estrogen increases CCR1 expression on macrophages, and stromal ACKR2 modulates levels of CCL7 to control the movement of CCR1+ macrophages to the ductal epithelium. This proposed mechanism is outlined as a schematic in Fig. 7.

Discussion

The importance of macrophages in controlling developmental processes is well known[7]. The role of chemokines and their receptors, which provide molecular cues to guide and position macrophages during development, is an emerging area of research[11,12]. Previously, we revealed that the scavenging atypical chemokine receptor, ACKR2 controlled macrophages in the mammary gland through a CCR2 independent mechanism[11]. This was unexpected, as ACKR2 control of embryonic lymphatic development is dependent on CCR2+ macrophages sensing levels of their shared ligand, CCL2[12]. Here we have revealed a previously unknown immunological mechanism whereby, ACKR2 and the inflammatory chemokine receptor CCR1, signal through their shared ligand CCL7 to coordinate the levels of a CD206+ macrophage population, and thus, the extent of branching morphogenesis in the pubertal mammary gland. Importantly, administration of CCL7 alone was able to increase the percentage of CD206+ macrophages within the pubertal mammary gland and drive accelerated branching morphogenesis. This adds further evidence to support our hypothesis that elevated levels of CCL7 in ACKR2-/- glands leads to increased macrophage recruitment. We propose that in CCR1-/- mice, although CCL7 levels are unaltered, macrophages are unable to sense and respond to the ligand without the cognate receptor, leading to delayed branching (Fig. 7).

Previously, transcriptional analysis of mammary gland macrophages demonstrated high expression of CCR1, CCR2 and CCR5, and low level expression of CCR3[11]. Interactions between inflammatory CC-chemokines and their receptors are known to be highly complex, with the potential for redundancy[13,14] (Fig. 1a). This suggested that macrophages could use a variety of chemokines and cognate receptors for movement into, and within, the mammary gland. Instead, we describe here a highly specific interaction between the scavenging atypical chemokine receptor ACKR2, inflammatory chemokine receptor CCR1 and their shared ligand CCL7. These key chemokine receptors are located

on a tight chromosomal locus[28]. Compound chemokine receptor-null (iCCR-/-) mice have

recently been generated which target this locus[29]. Branching morphogenesis was analysed

in these mice and did not reveal any additional combinatorial effects, indicating that CCR1

deficiency, specifically, is responsible for delayed puberty.

Previously, it was thought that all mammary gland macrophages, at rest, and in

pathology, were derived from the bone marrow[30]. In our previous study, we showed that

branching was unaltered in the absence of CCR2, indicating that the macrophage population

responsible for promoting branching morphogenesis was unlikely to be bone marrow

derived[11]. Recently, a novel CD206+ macrophage population has been identified in the

mammary gland, which is unaffected in the absence of CCR2, but reduced in *plvap*-/- mice,

which have reduced numbers of foetal liver-derived macrophages[27]. Branching is severely

impaired in these mice suggesting that foetal derived macrophages play a key role in

promoting branching morphogenesis[27]. We believe that the macrophage population

identified in our study may be derived from the embryonic population described by Jappinen

et al, 2019[27].

CCR1 is an inflammatory chemokine receptor which is expressed by immune cells,

and has been shown to be important in a number of pathologies, including: sepsis, viral

infection, cancer and autoimmune disease[23,31–33]. To our knowledge, this is the first

description of a key role for CCR1 in normal development. Of note, in the placenta, CCR1

has been shown to be expressed by human trophoblasts as they switch to an invasive

phenotype[34]. ACKR2 is highly expressed by placental trophoblasts, preventing excess levels

of inflammatory chemokines from entering the foetus, from the mother's circulation, by a

process of chemokine compartmentalisation[35,36]. As CCR1 expression has also been

described in placental development, there could be wider applications of the ACKR2 and

CCR1 interaction described here.

In this study, we reveal the location of ACKR2+ cells beside the TEB. CCR1+

macrophages were identified by flow cytometry and the location of CCR1+ cells, tightly

associated with the ductal epithelium, was revealed. This suggests that CCR1+

macrophages directly interact with the ductal epithelium. Cross talk between immune cells,

the stroma and epithelium is highly important In the mammary gland, as disruption leads to

disordered development[37]. We reveal further information on detailed communication

between ACKR2+ stromal fibroblasts, CCR1+ macrophages and CCL7 producing epithelial

cells, through chemokine and receptor interactions.

ACKR2 expression in the mammary gland specifically peaks at 6.5 weeks[11]. In

ACKR2-/- mice, branching begins to accelerate at that time point. One significant event that

occurs around 6 weeks is the onset of sexual maturity[25]. We investigated whether there were

changes in the sex hormone estrogen at this key time point, and showed that estradiol levels

in mouse plasma are markedly increased between 6.5 and 7 weeks. Plasma estrogen levels

are not altered in WT or ACKR2-/- mice, indicating that increased estrogen does not explain

the acceleration of branching. However, estrogen does increase CCR1 expression on

macrophages. This upregulation in response to 17β-estradiol is restricted to pubertal

mammary gland macrophages, as older females, males and peritoneal macrophages do not

respond. In addition to 17β-estradiol, the estrogen mimic, Bisphenol A also increased CCR1

expression on CD206+ macrophages. This may be of concern as BPAs are widely found in

the environment and could potentially alter the immune response and the extent of

branching of the developing mammary gland, in children during puberty. Previously CCR1

expression on T cells was shown to be regulated by 17β-estradiol[26]. This is the first

description of estrogen controlled CCR1 expression on macrophages. This observation

could have implications for our understanding of diseases where females are more

susceptible than men. One such example is rheumatoid arthritis, where CCR1 is also

associated with pathology[8].

Understanding the molecular signals which guide the rate of branching

morphogenesis in the mammary gland is highly important. Precocious puberty is a condition

where puberty begins before the age of 8, with some girls developing breasts as early as

age 4. This results from early activation of the gonadotropic axis, leading to accelerated

growth and bone maturation, but ultimately reduced stature[38]. Potential causative factors

include exposure to endocrine disrupters, obesity, stress and ethnicity[39–42]. As puberty is

delayed in mice in the absence of CCR1, this could represent a novel therapeutic target to

treat precocious puberty. Several CCR1 antagonists are available and have been used in a

number of clinical trials[43]. Strikingly, bioinformatically interrogation of the precocious puberty

(CTD Gene-Disease Associations) dataset, using Harmonizome[44], revealed that CCL7 and

ACKR2 are both associated with precocious puberty in children, with standardized values of

1.25588 (p=0.09) and 1.02634 (p=0.011) respectively. In addition, early breast development

leads to higher risks of breast cancer in later life[4], and women with dense breasts are more

likely to develop breast cancer[45]. This can be related to poor detection by mammography as

the branches mask the cancer, but may also be caused by genetic factors, parity and

alterations in the breast stroma. Both ACKR2 and CCR1 have been shown to be important in

the progression of breast cancer, therefore understanding early interactions between these

receptors could reveal key insights, which drive later pathology[23,29,46].

In this study, we have uncovered a novel immunological mechanism by which estradiol

upregulates CCR1 expression by pubertal mammary gland macrophages, and stromal

ACKR2 modulates levels of CCL7, to control the movement of CCR1+ macrophages to the

ductal epithelium and drive branching morphogenesis.

Methods

Animals

Animal experiments were carried out under the auspices of a UK Home Office Project

Licence and conformed to the animal care and welfare protocols approved by the University

of Glasgow. C57BL/6 mice, ACKR2-/-[47], CCR1-/-, CCR3-/-, CCR5-/- and iCCR-/-[29] mice

were bred at the specific pathogen-free facility of the Beatson Institute for Cancer Research.

Carmine Alum Whole Mount

Carmine alum whole mounts were carried out as described previously[11]. Briefly, fourth inguinal mammary glands were fixed overnight in 10% neutral buffered formalin (NBF) (Leica) at 4°C. Glands were dehydrated for 1 h in distilled water, followed by 70% ethanol and 100% ethanol before overnight incubation in xylene (VWR international). Tissue was rehydrated by 1 h incubation in 100% ethanol, 70% ethanol and distilled water, before staining in Carmine Alum solution overnight at room temperature (0.2% (w/v) carmine and 10 mM aluminium potassium sulphate (Sigma)). Tissue was dehydrated again before overnight incubation in xylene. Finally, glands were mounted with DPX (Leica) and stitched bright-field images at 10× magnification were taken using an EVOS FL auto2 microscope (Thermofisher). Ductal elongation, and branched area from the lymph node, were measured using ImageJ 1.52a[48]. 5 x brightfield images were obtained using the Zeiss Axioimager M2 with Zen 2012 software. The numbers of branches, average distance between branches and branch thickness were counted as the average from 3 measurements from 6 individual fields of view (F.O.V.) from each whole mount. TEBs were counted as the average from at least 2 F.O.V. from each whole mount. All samples were blinded before measurements were taken.

RNAscope ® In situ hybridisation

Mammary glands were fixed in 10% neutral buffered formalin at room temperature for 24-36 hours before being dehydrated using rising concentrations of ethanol and xylene, and paraffin embedded (Shandon citadel 1000 (Thermo Shandon). Tissue was sectioned onto Superfrost plus slides (VWR) at 6 μm using a Microtome (Shandon Finesse 325 Microtome, Thermo). Slides were baked at 60°C for 1 h before pre-treatment. Slides were deparaffinised with xylene (5 mins x 2) and dehydrated with ethanol (1 min x 2). Tissues were incubated with Hydrogen peroxide for 10 mins at RT, then boiled in antigen retrieval buffer for 15 mins. Slides were treated with protease plus for 30 mins at 40°C. Slides were then hybridised using the RNAScope® 2.5 Red Manual Assay (Advanced cell diagnostics) according to the

399   manufacturer's instructions using the Mm-Ccr1 and Mm-ACKR2 probes. Slides were

400   mounted in DPX (Sigma Aldrich) and imaged on an EVOS FL Auto2microscope.

Mammary gland digestion

The inguinal lymph node was removed from the fourth inguinal mammary gland, tissue was

chopped, and enzymatic digestion was carried out in a 37°C shaking incubator at 200 rpm

for 1 h, with 3 mg/ml (w/v) collagenase type 1 (Sigma) and 1.5 mg/ml (w/v) trypsin (Sigma) in

2 ml Leibovitz L-15 medium (Sigma). The suspension was shaken for 10 s before addition of

5 ml of L-15 medium supplemented with 10% foetal calf serum (Invitrogen) and

centrifugation at 350g for 5 min. Red blood cells were lysed using Red Blood Cell Lysing

Buffer Hybri-Max (Sigma) for 1 min and washed in PBS. Cells were washed in PBS with 5

mM EDTA, resuspended in 2 ml 0.25% Trypsin-EDTA (Sigma) and incubated at 37°C for 2

min before addition of 5 ml of serum-free L-15 containing 1 μg/ml DNase1 (Sigma) for 5 min

at 37°C. L-15/10% FCS was added to stop the reaction and cells were filtered through a 40

μm cell strainer before a final wash in FACS buffer (PBS containing 1% FCS and 5 mM

EDTA).

Flow cytometry

Antibodies were obtained from BioLegend and used at a dilution of 1:200: CD45 (30-F11),

CD11b (M1/70), F4/80 (BM8), SiglecF (S17007L), Ly6C (HK1.4), EpCAM (G8.8),

CD49f(GoH3), CCR1 (S10450E), and CD206 (C068C2) for 30 min at 4°C. Dead cells were

excluded using Fixable Viability Dye eFluor 506 (Thermo Fisher). Intracellular staining for

CCL7 was carried out using 1 in 100 biotinylated CCL7 antibody (R&D Systems) and

Strepdavidin BV605 (BioLegend) and eBioscience intracellular fixation and permeabilization

buffer. Flow cytometry was performed using an LSRII or Fortessa, (BDBiosciences) and

analysed using FlowJo V10.

Proteomic analysis

The inguinal lymph node was removed from the fourth inguinal mammary gland, tissue was

chopped, frozen in liquid nitrogen, crushed with a mortar and pestle, and resuspended in

dH2O containing protease inhibitors (Pierce). Protein levels were determined using a custom

designed Magnetic Luminex Multiplex assay (R&D Systems), as described in the

manufacturer's instructions, and read with a Bio-Rad Luminex-100 machine. Data was

normalised to the protein concentration of tissue samples, determined by a BCA assay

(Pierce).

Subcutaneous administration of CCL7

2µg of CCL7 in 200 µl PBS (R&D Systems) was injected subcutaneously into mice at 6

weeks of age. After 3 days, mice were culled and mammary glands were excised and

processed for whole mount and cellular analysis.

17β-estradiol assays

Fourth inguinal mammary glands were digested to obtain single cell suspensions. Cells were

plated at $0.5-1 \times 10^5$ cells in a 96 well plate in L-15 media containing 5% FCS, and exposed

to DMSO (vehicle control) or 50 ug/ml 17-β estradiol or Bis-phenol A (Sigma) for 1 h at 37°C,

5% CO_2. The level of 17-β estradiol in plasma samples was determined using the Estradiol

parameter kit (R&D Systems) as described in the manufacturer's instructions.

Bioinformatic analysis

Chemokine expression by epithelial cells was determined by searching the data repository

from Bach et al, 2017 [21]at: https://marionilab.cruk.cam.ac.uk/mammaryGland/.

Statistical analysis

Data were analysed using GraphPad Prism 8.1.2. Normality was assessed using Shapiro Wilk and Kolmogorov–Smirnov tests. For data with normal distribution, two-tailed, unpaired t-tests were used. Where data was not normally distributed, Mann–Whitney tests were used. Significance was defined as $p < 0.05$ *. Error bars indicate standard error of the mean (S.E.M.).

Acknowledgements

We thank the University of Glasgow's animal facility staff for the care of our animals and flow cytometry facility staff for technical assistance. The study was supported by a Programme Grant from the Medical Research Council (MR/M019764/1). Work in GJG's laboratory is also funded by a Wellcome Trust Investigator Award. GJG is a recipient of a Wolfson Royal Society Merit award.

Competing Interests

The authors declare no competing interests

Author Contributions

GJW conceived the study, performed experiments, analysed data and wrote the paper. AF performed experiments and analysed data. SRL, JK, MP and AJH performed experiments. GJG conceived the study and wrote the paper.

Figure 1: CCR1 controls mammary gland branching morphogenesis during puberty. a)

ACKR2 shares ligands with inflammatory chemokine receptors. Data compiled from

Bachelerie, F. *et al.,* 2014 and Nibbs, R. J. B. & Graham, G. J., 2013. **b)** Representative

carmine alum whole mount images of late pubertal (7 week old) virgin mammary glands from

i) wild-type and CCR1-/-, ii) CCR3-/- and iii) CCR5-/- mice. Scale bars: 5 mm. **c)** Branching

morphogenesis was quantified in 7 (WT n=4, CCR1-/- n= 5), 8 (WT n=10, CCR1-/- n= 7)and

12 (WT n=4, CCR1-/- n= 7) week mammary glands using ImageJ, by measuring: **i)** the area

of branching from the inguinal lymph node, and **ii)** ductal elongation, measured from the

middle of the inguinal lymph node to the furthest edge of ductal outgrowth. **iii)** The number of

TEBs, was determined as the average number from at least 2 individual fields of view (FOV)

(5×) per gland. **iv)** The average width of all TEBs was determined from at least 2 F.O.V (5x)

per gland. **v)** Branch thickness was determined as the average of 6 measurements from 3

F.O.V (5x) per gland. Error bars represent S.E.M.

Figure 2: Chemokine levels are altered in the absence of ACKR2 and CCR1 Multiplex

measurement of protein concentration of **a)** inflammatory chemokines; i) CCL2, ii) CCL3, iii)

CCL5, iv) CCL7, v) CCL11, vi) CCL12, vii) CCL19 and viii) CCL22, and; **b)** homeostatic

chemokines i) CXCL1, ii) CXCL10 iii) CXCL12 and iii) CXCL16 in whole mammary gland

homogenates. WT (CCR1) n=11, CCR1-/- n=11, WT (ACKR2) n=6, and ACKR2-/- n=4.

Significantly different results are indicated. Error bars represent S.E.M.

a)

b)

Figure 3: CCR1 and ACKR2 are expressed in the mammary gland. a) Flow cytometry
analysis of CCR1 expression by enzymatically digested WT (black bars, n=6) and CCR1-/-
(white bars, n=4) mammary gland cells: CD45-, CD45+ SiglecF+, and CD45+SiglecF-
CD11b+F480+. **b)** RNAscope® in situ hybridization of ACKR2 and CCR1 in the developing
virgin mammary gland of WT, CCR1-/- and ACKR2-/- mice. Significantly different results are
indicated. Error bars represent S.E.M.

Figure 4: Estrogen levels increase in late puberty and induce CCR1 expression on macrophages. a) Estradiol levels in plasma from 5.5 weeks WT (n=5), 6.5 weeks WT (n=5), 7 weeks WT (n=5), and 6.5 weeks ACKR2-/- (n=4). **b)** CCR1 expression by CD11b+F4/80+ cells in response to DMSO and 50 µg/ml estradiol in WT (n=5), CCR1-/- (n=4),and ACKR2-/- (n=3), **c)** CCR1 expression by SiglecF- F4/80+ CD206+ cells in response to DMSO and 50

μg/ml 17β-estradiol and Bisphenol A; female WT and CCR1-/- and male WT (n=3).

Significantly different results are indicated. Error bars represent S.E.M.

Figure 5: Macrophage dynamics are coordinated by CCR1 and ACKR2. a) Flow

cytometry was used to determine the percentage of i) CD11b+F4/80+ and ii) SiglecF-

F4/80+ CD206+ macrophages, iii) SiglecF+ and CD11b+F4/80+ SiglecF+ cells within the

CD45+ compartment of the 6.5 weeks old developing mammary gland. Flow cytometry of **b)**

WT (n=8) and ACKR2-/- (n=5) and **c)** WT (n=6) and CCR1-/- (n=9) was carried out.

Significantly different results are indicated. Error bars represent S.E.M.

Figure 6: CCL7 controls CD206+ macrophages and branching morphogenesis. a)

CCL7 is produced in the mammary gland by i) immune cells; including SiglecF+, SiglecF-

F4/80+ and SiglecF-Ly6C+, male WT (n=7) and female WT (n=6) and ACKR2-/- (n=4). ii)

Transcription of inflammatory chemokines by purified F4/80+ cells (n=3) and iii) CCL7

production by epithelial cells, Mature Luminal (ML, EpCAM+ CD49f-), progenitor luminal

(EpCAM+ CD49f+), and basal (EpCAM- CD49f+), female WT (n=6) and ACKR2-/- (n=4). **b)**

3 days after subcutaneous administration of PBS or 2 µg CCL7 at 6 weeks, i) the percentage

of SiglecF-F4/80+CD206+ cells was measured by flow cytometry. (PBS, n=11, CCL7, n=13)

and ii) the area of branching was measured using Image J (PBS, n=10, CCL7, n=7). iii)

Representative images of whole mounts from PBS and CCL7 injected mice. Significantly

different results are indicated. Error bars represent S.E.M.

Figure 7: Proposed mechanism by which chemokine receptors CCR1 and ACKR2

coordinate mammary gland development. Estrogen increases CCR1 expression on

macrophages (purple) during puberty, and stromal fibroblast (green) expressed ACKR2

modulates levels of CCL7 (grey circles) to control the movement of CCR1+ macrophages to

the ductal epithelium (orange). Schematic image was created with BioRender.

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