



Motile cilia genetics and cell biology: big results from little mice

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Abstract

Our understanding of motile cilia and their role in disease has increased tremendously over the last two decades, with critical information and insight coming from the analysis of mouse models. Motile cilia form on specific epithelial cell types and typically beat in a coordinated, whip-like manner to facilitate the flow and clearance of fluids along the cell surface. Defects in formation and function of motile cilia result in primary ciliary dyskinesia (PCD), a genetically heterogeneous disorder with a well-characterized phenotype but no effective treatment. A number of model systems, ranging from unicellular eukaryotes to mammals, have provided information about the genetics, biochemistry, and structure of motile cilia. However, with remarkable resources available for genetic manipulation and developmental, pathological, and physiological analysis of phenotype, the mouse has risen to the forefront of understanding mammalian motile cilia and modeling PCD. This is evidenced by a large number of relevant mouse lines and an extensive body of genetic and phenotypic data. More recently, application of innovative cell biological techniques to these models has enabled substantial advancement in elucidating the molecular and cellular mechanisms underlying the biogenesis and function of mammalian motile cilia. In this article, we will review genetic and cell biological studies of motile cilia in mouse models and their contributions to our understanding of motile cilia and PCD pathogenesis.

Keywords Cilia · Motile cilia · Primary ciliary dyskinesia · PCD · Mouse · Mucociliary clearance

Introduction

For more than a century, the mouse has been an indispensable tool for studying basic biological processes and modeling human disease [1–5]. Compared to other mammalian models, the mouse is an economic system with a small body size, a relatively short gestation period, and relatively large litters. In addition, the mouse is a particularly powerful genetic model with an impressive toolkit. With fully sequenced inbred strains and highly effective technologies for genetic manipulation, there is a remarkable capability to generate and study a wide array of genetic alleles

and modifiers of complex traits, including specific mutations identified in patients with human disease. Extensive repositories exist worldwide with a wide range of mouse models and tools available for biomedical research. Many of these models have already been employed for elucidating genetic, epigenetic, molecular, and cellular mechanisms underlying diverse human diseases and developmental processes. Mouse models have also been used successfully for pre-clinical testing of drug efficacy and safety, leading to clinical trials and FDA-approved disease therapeutics for several human disorders [6–9]. While the mouse is not without limitations as a model, it is a mammalian system that has been studied in depth and recapitulates many biological processes and human diseases well.

Dysfunction of motile cilia results in the rare disease primary ciliary dyskinesia (PCD) [10–15]. Multiple motile cilia form on the surface of epithelial cells lining the respiratory tract, oviduct, and ventricles of the brain, where they play a critical role in flow or clearance of fluids and particles through coordinated, whip-like beating. Single motile cilia form on nodal cells in the early embryo and regulate the directional flow of signals required for the establishment of

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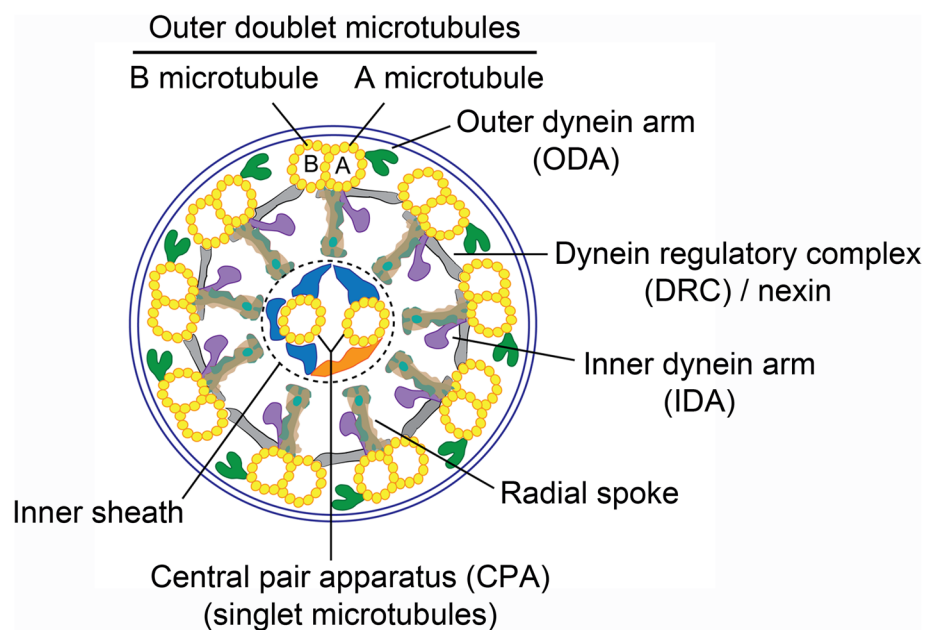
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left–right patterning, while the structurally related sperm flagella are responsible for cell motility. The highly conserved ciliary structure, or axoneme, is composed of nine microtubule doublets surrounding a central pair apparatus of two single microtubules in a “9 + 2” arrangement (Fig. 1) [13, 16]. The inner dynein arms (IDAs) and outer dynein arms (ODAs) are comprised of dynein motor proteins that enable the ciliary beating and are regulated by the nexin–dynein regulatory complex (N-DRC) and radial spokes. The axoneme is divided into a series of repeating 96 nm units along the length of the cilium, a consequence of the periodic organization of the main axonemal components. PCD is a genetically heterogeneous disorder that is typically inherited in an autosomal recessive manner, although rare cases of X-linked recessive and autosomal dominant inheritance have been described [11, 12, 17–20]. Defects in motile ciliary formation or function often result in chronic rhinosinusitis, otitis media, bronchiectasis, and neonatal respiratory distress. In addition, reduced fertility, heterotaxy and related congenital heart defects, and sporadic hydrocephalus are associated with PCD. There is currently no effective treatment for PCD. In contrast to the “9 + 2” motile cilia, many other cell types possess a primary cilium with a “9 + 0” microtubule ultrastructure and a mechanosensory function [15, 21–23]. Defects in primary cilia result in a class of related ciliopathies [15, 21–23], which will not be discussed here.

Current understanding of motile cilia comes from work performed in a variety of model systems, including mouse and other organisms [24]. Perhaps most notable among lower eukaryotes is the flagellated alga *Chlamydomonas reinhardtii*, a particularly tractable model system that has enabled detailed genetic, biochemical, and structural

analysis of flagella [16, 25–28]. While non-mammalian organisms, such as *C. reinhardtii*, zebrafish, and frogs, remain essential resources, there is significant value in utilizing and further developing a readily available mammalian system. Mammalian motile cilia form on terminally differentiated cell types, including epithelial cells differentiating from airway progenitors, ependymal cells differentiating from radial glia, and nodal cells in the developing embryo [29–31]. Motile cilia are spatially oriented, and their motility is tightly coordinated within and between cells to effectively enable fluid clearance and flow [14, 31]. In addition, defects in ciliary biogenesis and motility result in organ dysfunction or developmental defects, including loss of host defense and lung function in the airway, tissue damage and hydrocephalus in the brain, and laterality defects in the developing embryo [10–15]. Finally, while the basic axonemal structure is well conserved across species, there are differences in structure, protein composition, and function between mammalian motile cilia and *C. reinhardtii* flagella [32–36]. Unlike lower vertebrate models, the mouse is a mammalian system whose anatomy and physiology are closer to human, and mouse models phenocopy PCD remarkably well. The only exception is the association of hydrocephalus, which is more common in mouse models than human patients, possibly due to anatomical differences in the brain ventricles and additional genetic modifiers that segregate in certain inbred mouse strains [37–39]. Understanding the mechanisms underlying mammalian motile cilia formation, regulation, and function, as well as the pathogenic process caused by defective cilia, will enable the development of specific PCD therapies. Further, as evidenced by studies of other diseases,

Fig. 1 Schematic diagram of the motile ciliary axoneme. Modified with permission from Bustamante-Marin and Ostrowski, 2017 [14]



mice can ultimately serve as a suitable pre-clinical model to test the efficacy of those therapeutics.

The mouse is not without its limitations as a model for studying motile cilia. Historically, *C. reinhardtii* and other ciliated or flagellated unicellular organisms have enabled advancements in ciliary structure and protein biochemistry that have been difficult to accomplish in a mammalian system [25, 40]. Zebrafish and frogs have been particularly useful for developmental studies, as these organisms develop *ex utero* and are transparent during embryonic development [24, 41]. In addition, mutagenesis and gene knockdown are typically more rapid in these non-mammalian species. There are also anatomical and physiological differences between mouse and human, most notably regarding the development of the brain ventricular system [37]. Finally, cell biological applications using mouse models typically rely on the culture of primary tracheal epithelial or brain ependymal cells, which necessitate highly specific growth conditions and require viral transduction for exogenous gene expression [42–44]. Despite these limitations, extensive genetic resources and an emerging cell biology toolkit are helping to overcome many of the historical challenges and making the mouse a particularly powerful model for understanding motile cilia and ciliary disease.

This review will discuss advancements in genetics and cell biology of motile cilia obtained using mouse models. Models of PCD have generated extensive information about multiciliated cell differentiation, ciliogenesis, ciliary function, and disease pathogenesis, as well as identified novel genes involved in ciliary mechanisms. Cell biological advancements are emerging in areas such as imaging, transcriptomics, and pharmacological modulation of motile cilia that can be applied to cultured ciliated cells or mouse tissues to answer new questions about the biology of cilia and multiciliated cells. When combined, genetic and cell biological applications in mice have the power to uncover the molecular and cellular mechanisms underlying mammalian motile cilia function and PCD pathogenesis.

Genetic models of cilia dysfunction and PCD

Over the last two decades, mouse models have provided an enormous amount of information about the genes, genetic mechanisms, and patterns of inheritance underlying PCD and motile ciliary function. Both forward and reverse genetic approaches have been used to study ciliary genetics, and a wide spectrum of genetic models has been reported, including spontaneous mutations, transgenic and gene-targeted knockout alleles, CRISPR/Cas9-edited alleles, gene-trapped alleles, and knock-in mice. In addition, large-scale N-ethyl-N-nitrosourea (ENU) mutagenesis screens have generated a large number of new models and unique alleles, particularly

when screening for congenital heart defects and other laterality defects [45, 46]. As with human PCD patients, the mouse models display genetic and phenotypic heterogeneity, with most exhibiting a combination of some PCD-associated phenotypes, including mucus accumulation in the sinus cavity, otitis media, male infertility, female infertility, hydrocephalus, and heterotaxy or congenital heart defects. Each type of genetic model brings its own benefits to advance the field, which has enabled detailed histopathological analysis of phenotype and comprehensive evaluation of cilia structure and function in multiple cell types. These models have also validated PCD genes identified in human patients, identified new genes required for motile cilia function, and uncovered the effects of a large number of alleles on disease pathogenesis, multiciliated cell differentiation, and ciliary structure and function.

Dynein assembly and function

Ciliary beating is driven by the inner and outer dynein arms (Fig. 1), protein complexes comprised of heavy, intermediate, and light dynein chains that are tightly regulated to generate normal motility (reviewed in detail in King, 2016 and Viswanadha et al. 2017) [26, 47]. ODAs generate the motor force and regulate beat frequency, while the IDAs are believed to regulate ciliary bend. The dynein arm complexes undergo substantial cytoplasmic pre-assembly prior to transport into the cilium and docking with the doublet microtubules. A number of genes encoding dynein heavy and intermediate chains have been evaluated in mouse models, as well as axonemal and cytoplasmic proteins required for assembly of dynein arm components. Table 1 shows mouse models with mutations in IDA and ODA genes, demonstrating that mutations in each gene result in PCD-associated phenotypes and defects in ciliary motility or flow.

Mouse models have been reported with mutations in three ODA genes: *Dnah5*, *Dnaic1/Dnai1*, and *Dnah11*. *Dynein axonemal heavy chain 5 (DNAH5)* is commonly mutated in PCD patients [11, 12, 48]. Two mouse models, one with a targeted null mutation and one with an ENU-induced allele, show an absence of ODAs by transmission electron microscopy (TEM) analysis [49–51]. Cilia-driven flow was assessed *ex vivo* via analysis of fluorescent particles over brain slices from the knockout mouse [50], an effective and highly employed high-speed video microscopic technique that has enabled analysis of ciliary physiology on multiple cell types and tissue samples. A reduction in ciliary beat frequency (CBF) and mucus transport were also assessed in a second ENU mutant, named *Dakshi*, through use of micro-optical coherence tomography (μ OTC) analysis *ex vivo* [52]. Loss of ODAs is also associated with mutations in *Dynein axonemal intermediate chain 1 (DNAI1)*, the first PCD gene identified in human patients [53]. The phenotype

Table 1 Mouse models of dynein genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|---------------|-----------------------|-------------------|----------------------|-----------------------------|------------------------------------|
| <i>DNAH1</i> | KO | MI | Defects not detected | Reduced CBF | Neesen [64] |
| | ENU (<i>ferf1</i>) | MI | N/A | N/A | Hu [65] |
| <i>DNAH5</i> | KO | HC, HT, OM, sinus | No ODA | Decreased flow | Ibanez-Tallon [49, 50] |
| | ENU | HT | No ODA | N/A | Tan [51] |
| | ENU (<i>Dakshi</i>) | N/A | N/A | Reduced CBF, decreased flow | Solomon [52] |
| <i>DNAH11</i> | Sp (<i>iv</i>) | HT, OM, sinus | Defects not detected | Immotile | Layton [56], Supp [57], Lucas [60] |
| | ENU (<i>lrm3</i>) | HT | Defects not detected | Immotile | Ermakov [45], Lucas [60] |
| | ENU (<i>lrm5</i>) | HT | N/A | N/A | Ermakov [45] |
| | ENU (<i>avc4</i>) | HT | N/A | N/A | Burnicka-Turek [58] |
| | KO | HT | N/A | Immotile | Supp [59] |
| <i>DNAI1</i> | Inducible KO | Sinus | No ODA | Decreased flow | Ostrowski [55] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), OM otitis media, N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis), Sp spontaneous

was confirmed through detailed airway analysis in an adult mouse, which was enabled by crossing a conditional targeted allele of the mouse homolog *Dnaic1* to a tamoxifen-inducible CreER line [54]. Importantly, infection of mutant mouse tracheal epithelial cells (mTECs), which are cultured and differentiated into multiciliated cells at an air–liquid interface, with a lentivirus expressing wild type *Dnaic1* in vitro rescues the ciliary phenotype [55], demonstrating the potential for gene therapy treatment of PCD. Mouse models with mutations in *Dynein axonemal heavy chain 11* (*Dnah11*), originally referred to as *left/right-dynein*, were initially identified by their prominent laterality phenotypes. The spontaneous, heritable mutant *inversus viscerum* (*iv*), a targeted knockout, and three models identified in ENU screens for heterotaxy and congenital heart defects (*lrm3*, *lrm5*, and *avc4*) all have laterality defects, with a full PCD phenotype reported for the *iv* mutant [45, 56–59]. Immotile cilia without structural defects detected by TEM are common in these models [59, 60], although TEM tomography

detected subtle ODA defects in human PCD patients with *DNAH11* mutations [61–63]. In addition to the ODA genes, *Dynein axonemal heavy chain 1* (*DNAH1*) or mouse *Mdhc7*, is the only IDA gene reported in a mouse model to date. Its importance was first uncovered in a knockout mouse exhibiting male infertility and having tracheal epithelial cilia with a reduced CBF [64]. The infertility was confirmed in the ENU mutant *ferf1* [65]. *DNAH1* mutations have been reported in human patients diagnosed with PCD [66], as well as patients diagnosed only with multiple morphological abnormalities of the sperm flagella (MMAF) [67], a milder phenotype consistent with the mouse models.

Several genes encoding axonemal proteins involved in dynein assembly and docking have been studied in mouse models. Table 2 shows that mutations in four genes required for proper ODA attachment, *Armc4*, *Ccdc151*, *Mns1*, and *Ttc25*, result in PCD phenotypes with absent ODAs. The novel Armadillo repeat-containing 4 (ARMC4), which is not found in lower organisms like *C. reinhardtii*, has been

Table 2 Mouse models of dynein docking genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|----------------|-------------------------|----------------|-----------------|-----------------------------|------------------------------|
| <i>ARMC4</i> | ENU (<i>Aotea</i>) | HC, HT | No ODAs | N/A | Hjeij [68], Onoufriadis [69] |
| <i>CCDC39</i> | ENU | HC, HT | N/A | Reduced CBF, decreased flow | Solomon [52] |
| | ENU (<i>prh</i>) | HC | No IDAs | Reduced CBF, decreased flow | Abdelhamed [76] |
| <i>CCDC40</i> | ENU (<i>links</i>) | HT | N/A | N/A | Becker-Heck [79] |
| <i>CCDC151</i> | ENU (<i>snowball</i>) | HT | No ODAs | N/A | Hjeij [70] |
| | Inducible KO | HC, HT, MI | N/A | N/A | Chiani [71] |
| <i>MNS1</i> | KO | HC, HT, MI | No ODAs | N/A | Zhou [72] |
| <i>TTC25</i> | CRISPR | HT | No ODAs | N/A | Wallmeier [74] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), N/A not reported

implicated in PCD in human patients and the ENU mouse model *Aotea* and is believed to play a role in the docking of ODA components [68, 69]. Mutations in *Coiled coil domain containing 151 (CCDC151)* result in absence of ODAs in PCD patients [70]. The phenotype was confirmed in the ENU mutant *snowball (snbl)* and a tamoxifen-inducible targeted knockout, although only laterality defects were reported for *snbl* mutants [70, 71]. The knockout model replaces exons 2 and 3 with a *LacZ* reporter gene, which enabled microcomputed tomography (microCT) X-ray analysis of *LacZ* staining in heterozygous brains to detect *Ccdc151* expression throughout the ventricular system [71]. The importance of Meiosis-specific nuclear structural protein 1 (MNS1), which encodes a cytoplasmic and axonemal protein involved in the ODA docking complex assembly, was identified in a targeted knockout model and confirmed in patients with PCD phenotypes [72, 73]. Similarly, Tetratricopeptide repeat domain 25 (TTC25), which is also believed to play a role in ODA docking complex assembly, was evaluated in a null allele generated through CRISPR/Cas9 gene editing [74]. Mutants were only reported to have situs inversus, but the absence of ODAs was observed in cilia from mutant mice and PCD patients with *TTC25* mutations [74]. In addition, IDA and N-DRC docking are dependent on and determined by *CCDC39* and *CCDC40*, which were shown in *C. reinhardtii* to interact to form the molecular ruler that determines the 96 nm axonemal repeat unit [75]. *CCDC39* is required for proper IDA and N-DRC structure in human patients, and two ENU-induced mouse models exhibit PCD, reduced CBF, and perturbed ciliary clearance [52, 76–78]. Analysis of brains from the ENU mutant *progressive hydrocephalus (prh)* demonstrated increased gliosis and disrupted cerebrospinal fluid (CSF) flow in vivo [76]. Mutations in *CCDC40* have also been identified in human PCD patients and the ENU allele *lnks* [79]. Homozygous *lnks* mutants have shortened nodal cilia, indicating a defect

in cilia assembly, and randomized expression of left–right patterning in the gastrulating embryo [79, 80].

Several additional proteins typically referred to as dynein axonemal assembly factors localize exclusively to the cytoplasm and function in pre-assembly of dynein arm components. Mouse models have been reported with PCD phenotypes and absence of inner and outer dynein arms due to mutations in genes encoding *DNAAF1/LRRC50*, *DNAAF2/KTU*, *DNAAF4/DYX1C1*, *LRRC6*, *RUVBL1/PONTIN*, *DNAAF6/PIHD3*, and *DNAAF7/ZMYND10* (Table 3). Dynein axonemal assembly factor 1 (*DNAAF1*), also known as Leucine-rich repeat containing 50 (*LRRC50*), is required for dynein arm assembly in *C. reinhardtii* [81]. *DNAAF1* mutations were also identified in PCD patients, patients with congenital heart disease, and fetuses with neural tube defects and hydrocephalus [82–85], as well as an ENU mutant mouse with immunofluorescence (IF) analysis showing partial ODA assembly [86]. Mutations in *DNAAF2*, also known as *Kintoun (Ktu)*, were identified in human PCD patients [87]. Ependymal cells in a traditional targeted knockout showed abnormal basal foot orientation and rotational polarity [88]. *DNAAF2* expression was observed prior to ciliogenesis in mTECs, confirming an early role in cilia assembly. Interestingly, a second targeted allele reported by Cheong et al. has a severe developmental phenotype characterized by a morphologically abnormal node and left–right patterning defects during gastrulation [89]. Although both models removed exons at the 5' end of the gene, the model reported by Cheong et al. is a congenic line on the *C57BL/6NJ* genetic background compared to the mixed genetic background reported for the earlier model by Matsuo et al., suggesting that genetic modifiers may influence the developmental phenotype.

Loss of *DNAAF4*, also known as *Dyslexia susceptibility candidate 1 (DYX1C1)*, results in PCD with dynein arm defects in human patients, a phenotype that was confirmed

Table 3 Mouse models of dynein pre-assembly genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|-----------------------|------------------------|----------------|------------------|----------------|------------------------|
| <i>DNAAF1/LRRC50</i> | ENU | HC, HT, sinus | N/A | N/A | Ha [86] |
| <i>DNAAF2/KTU</i> | KO | HC, HT | No IDAs, no ODAs | N/A | Matsuo [88] |
| | KO | HT | N/A | N/A | Cheong [89] |
| <i>DNAAF4/DYX1C1</i> | KO | HC, HT | No IDAs, no ODAs | N/A | Tarkar [90] |
| | ENU (<i>sharpei</i>) | HT | N/A | N/A | Tarkar [90] |
| <i>LRRC6</i> | KO | HC, HT | No ODAs | Reduced CBF | Inaba [93] |
| <i>DNAAF6/PIHD3</i> | KO | MI | N/A | N/A | Dong [96] |
| <i>RUVBL1/PONTIN</i> | Conditional KO | HC, MI | No IDAs, no ODAs | N/A | Dafinger [95], Li [94] |
| <i>DNAAF7/ZMYND10</i> | KO | HC, sinus | No IDAs, no ODAs | N/A | Cho [99] |
| | CRISPR | HC, HT, sinus | No IDAs, no ODAs | Reduced CBF | Mali [100] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis)

in mice with a traditional targeted allele and the ENU allele *Sharpei* [90]. The role of the novel *Leucine-rich repeat containing 6 (LRR6)* in ODA assembly and cilia motility was identified in PCD patients and a traditional knockout mouse [91–93]. RuvB-like AAA ATPase (RUVBL1), also known as PONTIN, is an ATPase believed to function as a chaperone in cytoplasmic dynein arm pre-assembly [94]. Conditional knockout in cells assembling motile cilia using a tamoxifen-inducible *Foxj1-CreER* mouse line results in hydrocephalus and mislocalization of dynein proteins in ependymal cells [95], while conditional knockout in testis using a *Stra8-Cre* line results in immotile sperm with ODA defects [94]. A targeted mouse model lacking the cytoplasmic DNAAF6, also known as PIH1 domain-containing 3 (PIH1D3), was reported to have spermatogenesis defects with a loss of flagellar dynein arms, suggesting a role in pre-assembly of axonemal dynein arms [96]. *PIH1D3* mutations in human PCD patients represent rare cases of X-linked recessive inheritance of PCD [17, 18]. Finally, a role for the novel *DNAAF7*, also known as *Zinc finger MYND-type containing 10 (ZMYND10)* was identified in PCD patients and confirmed in knockout mouse models generated by traditional gene targeting and CRISPR/Cas9 gene editing [97–100]. Co-immunoprecipitation (co-IP) in cultured mTECs and IP/mass spectrometry analysis in mouse testis showed that ZMYND10 interacts with several proteins involved in the cytoplasmic chaperone system required for

dynein pre-assembly and maintenance of dynein stability [99, 100]. Taken together, models with mutations in genes encoding dynein arm proteins and assembly factors underscore the importance and complexity of the axonemal dynein system.

Central pair apparatus structure and assembly

The dynein motor force and ciliary waveform are believed to be regulated by the central pair apparatus (CPA) (Fig. 1), an intricate structure consisting of C1 and C2 singlet microtubules and an array of associated protein projections (C1a-f, C2a-e) (reviewed in detail in Loreng and Smith 2016 and Teves et al. 2016) [25, 101]. Several proteins associated with the CPA or required for CPA assembly have been studied in genetic mouse models of PCD, many of which have CPA structural defects and reduced CBF (Table 4). Because nodal cilia do not possess a CPA, laterality defects are never associated with the PCD phenotypes in these models. The spontaneous *hy3* mouse was first identified in the 1940s because of its severe hydrocephalus, although a nasal discharge was also observed in homozygous mutants [102–106]. The *hy3* phenotype was later found to result from a mutation in the gene encoding C2b projection protein Hydrocephalus-inducing (HYDIN), with mutant mouse cilia lacking the C2b projection and exhibiting abnormal ciliary bending and fluid flow [107–109]. Another hydrocephalic model, *ove459*, was

Table 4 Mouse models of central pair apparatus (CPA) structure and assembly genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|-----------------------|--------------------------------|---------------------|----------------------|-----------------------------|---|
| <i>CFAP54</i> | Gene trapped | HC, MI, sinus | CPA defects | Reduced CBF, decreased flow | McKenzie [136] |
| <i>CFAP221/PCDP1</i> | Sp (<i>nm1054</i>) | HC, MI, sinus | Defects not detected | Reduced CBF | Lee [134] |
| <i>HYDIN</i> | Sp (<i>hy3</i>) | HC, sinus | CPA defects | Reduced CBF, decreased flow | Berry [103], Gruneberg [102], Lawson [105], McLone [106], Raimondi [104], Davy [110], Lechtreck [108] |
| | Tg insertion (<i>ove459</i>) | HC | N/A | N/A | Davy [110] |
| <i>SPAG6</i> | KO | HC, MI, OM | CPA defects | Reduced CBF | Li [113], Sapiro [112], Teves [114] |
| <i>SPAG16</i> | KO (<i>SPAG16L</i>) | MI | N/A | N/A | Zhang [115] |
| <i>SPAG6; SPAG16L</i> | Double KO | HC, lung | Defects not detected | N/A | Zhang [118] |
| <i>SPAG17</i> | Conditional KO | HC, MI, lung, sinus | CPA defects | N/A | Teves [121], Kazarian [122] |
| <i>SPEF2/KPL2</i> | Sp (<i>bgh</i>) | HC, MI, sinus | Defects not detected | Reduced CBF | Sironen [127] |
| | Conditional KO | HC, MI | Defects not detected | N/A | Lehti [128, 129] |
| <i>STK36/FUSED</i> | KO | HC, MI, OM, sinus | N/A | N/A | Merchant [137] |
| | KO | HC, MI, OM, sinus | N/A | N/A | Vogel [138] |
| | KO | None | CPA defects | Reduced CBF | Chen [140], Nozawa [141], Wilson [254] |

HC hydrocephalus, KO knockout, *Lung* lung abnormalities (including bronchitis and bronchiectasis), MI male infertility (including spermatogenesis and sperm motility defects), OM otitis media, N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis), Sp spontaneous, Tg transgene

reported to result from a transgene insertion that disrupted the *Hydin* gene [110]. *HYDIN* mutations were confirmed in human PCD patients with CPA defects [109].

A targeted mutation in *Sperm associated antigen 6* (*Spag6*), which encodes a C1 microtubule-associated protein required for C1 stability in *C. reinhardtii*, results in a PCD phenotype with CPA structural defects, disorganized basal feet, and abnormal ciliary polarity [111–114]. Scanning electron microscopy (SEM) revealed reduced numbers of motile cilia on tracheal epithelial and ependymal cells, suggesting a potential role for SPAG6 in ciliogenesis [114]. Targeted loss of the flagellar long form of SPAG16 (*SPAG16L*), which interacts with SPAG6 and localizes to the CPA microtubule bridge in *C. reinhardtii*, results in spermatogenesis defects [115–117]. Crossing the *Spag16l* and *Spag6* knockout lines result in a severe PCD phenotype in double mutants, demonstrating a genetic interaction between the two CPA genes [118].

SPAG17 localizes to the C1a projection in *C. reinhardtii* and is required for proper C1a assembly [119, 120]. Crossing a conditional *Spag17* knockout with a ubiquitous *CMV-Cre* line produces a PCD phenotype with CPA assembly defects [121], and crossing to a *Sox2-Cre* line to ensure loss in germ cells demonstrated severe defects in spermatogenesis [122]. These phenotypes were confirmed by identification of *SPAG17* mutations in PCD patients and patients with asthenozoospermia [123, 124]. Loss of *Sperm flagellar 2* (*Spef2*), also known as *Kpl2*, which encodes a C1b projection protein in *C. reinhardtii*, results in PCD phenotypes without ciliary axonemal defects detected by TEM in the spontaneous mouse line *big giant head* (*bgh*) and a targeted knockout [125–129]. Confirming its role, *SPEF2* mutations were recently identified in human PCD patients and MMAF patients without PCD [130–132]. Similarly, PCD without apparent axonemal defects in the spontaneous mouse model *nm1054* results from the deletion of *Cilia and flagella associated protein 221* (*Cfap221*), also known as *Primary ciliary*

dyskinesia protein 1 (*Pcdp1*), which encodes a C1d projection protein in *C. reinhardtii* [133, 134]. *CFAP221* mutations were also recently identified in human PCD patients [135]. Another member of the C1d projection complex, *CFAP54*, was studied in a mouse model with a gene-trapped allele that results in a similar phenotype but with a detected loss of the C1d projection by TEM [133, 136]. Finally, two separate targeted knockout mouse models lacking *Ser/Thr kinase 36* (*Stk36*), also known as *Fused*, showed a PCD phenotype [137, 138], and a third targeted allele was reported to have motile cilia lacking a CPA [139–141]. Although the precise localization of STK36 in the CPA is unknown, mouse models and PCD patients with *STK36* mutations demonstrate an important role in CPA assembly [142]. Taken together, mouse models with mutations in CPA genes highlight the striking complexity of this critical ciliary structure.

Radial spoke structure and assembly

The radial spokes connect the outer A microtubule to the CPA, with the stalk attached to the microtubule and the spoke head associating with the CPA (Fig. 1) (reviewed in detail in Zhu et al. 2017) [28]. Along with the CPA, the radial spokes play a pivotal role in regulating ciliary beat frequency and waveform. Mouse models with mutations in the radial spoke genes exhibit PCD phenotypes and axonemal assembly defects that often lead to a rotational ciliary waveform rather than planar beating (Table 5). Radial spoke head component 1 (*RSPH1*), a spoke head protein implicated in a relatively mild human PCD phenotype with CPA and spoke head defects, was studied in a traditional targeted mouse with CPA and waveform defects preventing proper mucociliary clearance [35, 143–146]. Similarly, traditional TEM and high-resolution cryo-electron tomographic analyses in a targeted knockout mouse lacking another radial spoke head gene, *Rsph4a*, showed spoke head defects, and CPA defects were observed in PCD patients with *RSPH4A* mutations

Table 5 Mouse models of radial spoke structure and assembly genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|----------------|-----------------------------------|----------------|-----------------|-------------------------------------|-----------------------------|
| <i>CFAP206</i> | KO | HC, MI, sinus | N/A | Increased CBF | Beckers [156] |
| <i>DNAJB13</i> | CRISPR | HC | N/A | N/A | Oji [153] |
| | Chimeric with biallelic mutations | MI | N/A | N/A | Oji [153] |
| <i>NME5</i> | KO | HC, MI, sinus | N/A | N/A | Vogel [138] |
| <i>RSPH1</i> | KO | HC, sinus | CPA defects | Rotational waveform, decreased flow | Yin [146] |
| <i>RSPH4</i> | KO | HC | RS defects | Rotational waveform | Shinohara [149], Yoke [150] |

HC hydrocephalus, KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis)

[147–150]. Mutations in *Non-metastatic 5 (Nme5)*, which encodes a nucleoside diphosphate kinase that localizes to the radial spoke stalk in *C. reinhardtii*, result in a PCD phenotype in mice with a traditional targeted allele and human patients with radial spoke and CPA defects [138, 151, 152]. DnaJ heat shock protein family member B13 (DNAJB13), a heat shock protein 40 (HSP40) co-chaperone that localizes to the radial spoke, was studied in a CRISPR/Cas9 gene-edited mouse model that exhibits severe hydrocephalus and early mortality, while chimeric mice with bi-allelic mutations have male infertility due to spermatogenic defects [153, 154]. Human mutations result in PCD with CPA defects [155]. Finally, a traditional targeted allele of *Cfap206*, which is required for radial spoke and dynein docking in *Tetrahymena*, results in PCD with increased ciliary motility [156, 157]. These models support the hypothesis of an important functional link between the radial spokes and CPA, as well as demonstrate the critical role of both structures in regulating ciliary waveform.

The nexin-dynein regulatory complex

The N-DRC is a large complex associated with the outer microtubule doublets that regulates doublet alignment and sliding during axonemal bending, as well as other protein complexes within the 96 nm repeat unit (Fig. 1) [158, 159]. Genetic manipulation of two genes resulting in PCD has shed light on this structure (Table 6). The novel ciliary protein Growth arrest-specific 8 (GAS8), also known as Dynein regulatory complex 4 (DRC4), is required for N-DRC assembly and structural integrity in *C. reinhardtii*, and human mutations result in PCD with N-DRC assembly defects [160–163]. Mice with a gene-trapped allele have disorganized microtubule doublets resulting in abnormal ciliary waveform and reduced motility [163]. Crossing these null mice to a knock-in line with a missense mutation found in human patients resulted in compound heterozygotes displaying only mild hydrocephalus and lacking significant ciliary motility defects, suggesting that the compound heterozygous mouse is a hypomorph [163]. In addition, a PCD phenotype results from an ENU-induced missense mutation in *LRRC48*, also known as *DRC3*, which encodes an N-DRC protein that

regulates *C. reinhardtii* flagella [86, 164]. Although it has been less studied in mouse models than other ciliary constituents, mutations affecting the N-DRC highlight its importance in regulating ciliary function.

Multiciliated cell differentiation

Differentiation of multiciliated cells from epithelial progenitors is a complex process initiated by inactivation of Notch signaling, which drives expression of a cascade of transcription factors that include GEMC1, E2F, MCIDAS, TAp73, and ultimately, the direct regulators of the ciliary transcriptome FOXJ1 and multiple RFX family transcription factors (reviewed in detail in Boutin and Kodjabachian 2019 and Spassky and Meunier 2017) [30, 31]. This pathway drives proper cell polarity, formation and apical localization of basal bodies derived from centrioles, and ciliogenesis on the apical surface of the cell. Formation of motile cilia is driven by the intraflagellar transport (IFT) machinery that carries ciliary cargo to the tip for assembly and recycles cargo for continued ciliary growth [165]. Table 7 shows that mouse models with mutations in genes driving multiciliated cell differentiation typically have PCD phenotypes and loss of motile cilia.

Forkhead box J1 (Foxj1), also known as *Hepatocyte nuclear factor 3 forkhead homolog 4 (Hfh4)*, encodes a winged-helix transcription factor expressed only in cells assembling motile cilia and, in 1998, was the first gene required for motile cilia formation or function to be studied in a knockout mouse model [166, 167]. Two separate targeted alleles showed an absence of motile cilia on the airway epithelial surface and loss of ependymal differentiation from radial glia in the brain [167–169]. While the presence of basal bodies in both models indicates a commitment to the ciliated cell fate upstream of FOXJ1, the basal bodies are disorganized and not properly localized to the apical surface [170, 171]. Gene expression studies demonstrated a direct role for FOXJ1 in driving the ciliary transcriptome. Microarray analysis of the rostral forebrain identified a number of ciliary genes that are down-regulated in knockout mice, identifying FOXJ1 as a master regulator of ciliogenesis [169]. *FOXJ1* mutations were recently identified in PCD

Table 6 Mouse models of nexin-dynein regulatory complex (N-DRC) genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|--------------------|-------------------------------|----------------|---------------------|--|-------------|
| <i>GAS8/DRC4</i> | Gene trapped | HC, HT | Microtubule defects | Abnormal waveform, reduced CBF, decreased flow | Lewis [163] |
| | Gene trapped; CRISPR knock-in | HC | N/A | Normal | Lewis [163] |
| <i>LRRC48/DRC3</i> | ENU | HC, HT, sinus | N/A | N/A | Ha [86] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis)

Table 7 Mouse models of multiciliated cell differentiation genes

| Gene | Allele | PCD phenotypes | Cell structure | Cilia function | References |
|-------------------|----------------|----------------|--|----------------|---|
| <i>CCNO</i> | KO | HC, sinus | Fewer cilia, centriole defects | N/A | Funk [188] |
| | KO | HC, MI, FI | No cilia | N/A | Nunez-Olle [189] |
| <i>FOXJ1/HFH4</i> | KO | HC, HT | No cilia, basal body defects | N/A | Chen [167], Gomperts [171], You [170] |
| | KO | HC, HT | No cilia, basal body defects | N/A | Brody [168], Gomperts [171], You [170] |
| <i>GEMC1</i> | Conditional KO | HC | No cilia | N/A | Arbi [182], Lalioti [183] |
| | KO | HC, MI, FI | No cilia | N/A | Terre [184, 185] |
| <i>MCIDAS</i> | CRISPR | N/A | Fewer cilia, basal body defects | N/A | Lu [181] |
| <i>MT1-MMP</i> | KO | HC | Fewer cilia, shorter cilia, basal body defects | Decreased flow | Jiang [195] |
| <i>RFX2</i> | Gene trapped | MI | N/A | N/A | Shawlot [172] |
| | KO | MI | N/A | N/A | Kistler [173] |
| | KO | MI | N/A | N/A | Wu [174] |
| <i>RFX3</i> | KO | HC, HT | Fewer cilia, shorter cilia | Reduced CBF | Baas [176], Bonnafé [175], El Zein [177] |
| <i>RFX4</i> | Conditional KO | HC | Fewer cilia | N/A | Xu [178] |
| | ENU | None | N/A | N/A | Ashique [179] |
| <i>SNX27</i> | KO | HC | Fewer cilia | N/A | Wang [196] |
| <i>TAp73</i> | KO | HC, sinus | No cilia | N/A | Gonzalez-Cano [191], Nemajerova [192], Yang [190] |
| | KO | N/A | No cilia | N/A | Marshall [193] |
| | Conditional KO | HC | N/A | N/A | Fujitani [194] |
| | Knock-in | HC | N/A | N/A | Fujitani [194] |
| <i>ULK4</i> | KO | HC, sinus | N/A | N/A | Vogel [138] |
| | KO | HC | Microtubule defects | Decreased flow | Liu [200] |
| <i>VPS35</i> | Conditional KO | HC | Fewer cilia | N/A | Wu [199] |

FI female infertility, *HC* hydrocephalus, *HT* heterotaxy (including situs inversus and congenital heart defects), *KO* knockout, *MI* male infertility (including spermatogenesis and sperm motility defects), *N/A* not reported, *Sinus* sinus abnormalities (including mucus accumulation and sinusitis)

patients and, unlike the mouse models, represent the only known example of autosomal dominant PCD [20].

Several members of the Regulatory factor X (RFX) transcription factor family play varied roles in regulating multiciliated cell differentiation. *Rfx2*, which is expressed in both motile and primary ciliated cells, has been studied in two targeted knockout mouse models and one gene-trapped allele, all of which have spermatogenic defects but no other PCD phenotypes [172–174]. Quantitative RT PCR, RNA sequencing (RNA-seq), and ChIP-sequencing (ChIP-seq) analyses in testis from both knockout models identified a large number of ciliary genes that are regulated by RFX2 [173, 174]. Mice with a targeted allele of *Rfx3* have shortened cilia that are also fewer in number and have a reduced CBF [175–177]. Quantitative RT PCR and ChIP experiments showed regulation of ciliary genes, including *Foxj1*, in mutant ependymal cells [177]. Finally, family member *Rfx4* has been studied in a conditional targeted knockout and an ENU allele [178, 179]. Breeding the conditional knockout to a *Sox2-Cre* mouse line removed *Rfx4* during development and resulted in a severe phenotype of hydrocephalus and holoprosencephaly, accompanied by a reduced number of

ependymal cilia [178]. The missense mutation in the ENU mutant prevents proper nuclear localization of RFX4 and similarly results in severe brain developmental defects and early post-natal mortality [179]. Gene expression studies in brains from wild type and the knockout mouse showed that RFX4 is also a direct regulator of *Foxj1* expression [178].

Mutations in the gene encoding transcription factor Multiciliate differentiation and DNA synthesis associated cell cycle protein (MCIDAS), also known as Multicilin, result in human PCD with a reduced number of cilia assembled on respiratory epithelial cells [180]. A mouse model lacking MCIDAS through CRISPR/Cas9 gene editing has airway epithelial cells with defects in basal body formation and ciliogenesis [181]. A role for transcription factor Geminin coiled-coil domain containing 1 (*Gemc1*) was uncovered in traditional and conditional knockout models lacking multiciliated cells [182–185]. Microarray analyses of mutant trachea and oviduct showed down-regulation of several ciliary genes, including *Mcidas* and *Foxj1* [184], indicating that GEMC1 acts upstream of these factors to regulate differentiation. Experiments involving electroporation of *Gemc1* or *Mcidas* into E14.5 mouse

apical progenitor cells or radial glia showed that expression of either gene drives differentiation into ependymal cells [186]. A *GEMC1* mutation was identified in a patient with congenital hydrocephalus [183]. Cell cycle regulator Cyclin O (CCNO), which is regulated by the GEMC1 cascade, has been implicated in human PCD and studied in two targeted knockout models with loss of motile cilia [187–189]. Mutant mice have structurally abnormal centrioles, indicating that CCNO plays a role in centriole maturation [188]. Similarly, mutations in the gene encoding transcription factor Tumor-associated protein 73 (TAp73), also known as p73, have been reported in two traditional knockout mice and one conditional targeted allele crossed to an inducible *Foxj1-CreERT2* line, all of which lack multiciliated cells [190–194]. Applications of RNA-seq, ChIP, ChIP-seq, and luciferase experiments in mTECs showed direct regulation of several cilia-related genes, including *Foxj1*, *Rfx2*, and *Rfx3* [192, 193]. Consistent with the knockout lines, an additional *TAp73* knock-in mouse with the *TAp73* gene disrupted by insertion of a LacZ/neomycin cassette was also reported to have severe hydrocephalus [194].

A traditional targeted allele of *Membrane type 1 matrix metalloproteinase (MT1-MMP)* results in early mortality and hydrocephalus due to impaired ependymal cell differentiation and abnormal basal body polarity [195]. Mutant ependymal cells assemble fewer and shorter cilia with reduced motility, and treatment of brains with a Notch inhibitor *ex vivo* rescued the ciliogenesis defects, suggesting that MT1-MMP drives ependymal differentiation through inhibition of Notch signaling. A similar phenotype of hydrocephalus and perturbed ependymal differentiation was reported for a traditional knockout mouse lacking endosomal trafficking protein Sorting nexin 27 (SNX27) [196]. The hydrocephalus was ameliorated by injection of Notch signaling inhibitors into E14.5 embryos in utero, suggesting that SNX27 also regulates differentiation of ciliated ependymal cells through Notch inhibition. Vacuolar protein sorting-associated protein 35 (VPS35), a component of the retromer complex involved in transmembrane protein recycling, was initially implicated in late-onset Parkinson's Disease [197, 198]. However, crossing a conditional knockout mouse to the *Foxj1-CreER* and *GFAP-CreER* mouse lines to assess loss in ependyma resulted in hydrocephalus and defects in ciliated ependymal cell differentiation [199]. A role for serine/threonine kinase Unc-51 like kinase 4 (ULK4) was identified in two targeted knockout mice with PCD phenotypes [138, 200]. Ependymal cilia have microtubule defects that reduce CSF flow, and RNA-seq analysis showed that *Foxj1* expression is perturbed in the mutant cerebral cortex [200]. Overall, mouse models have been instrumental in understanding multiciliated cell differentiation and elucidating the molecular cascade driving these critical cellular changes.

Ciliogenesis and IFT

The IFT process responsible for the formation of both motile and primary cilia involves the assembly of IFT-A and IFT-B complexes into multi-unit IFT trains that carry cargo to the tip (anterograde transport) via the kinesin-2 motor protein and multi-unit IFT trains that recycle (retrograde transport) via the cytoplasmic dynein-2 motor protein (reviewed in detail in Ishikawa and Marshall 2017, Nakayama and Katoh 2020, and Prevo et al. 2017) [165, 201, 202]. A more detailed understanding of motile ciliogenesis has come from mouse models with mutations in genes involved in basal body formation, intracellular trafficking, and intraflagellar transport, as well as genes encoding several novel proteins. Table 8 shows that these models exhibit a wide range of PCD-related phenotypes but commonly display basal body defects and a reduced number of motile cilia. While additional mouse models lacking IFT proteins exhibit defects in primary cilia or sperm flagella, only those with aberrations in or a direct connection to motile cilia are discussed here.

Mice with a targeted allele of *Centrosomal protein 164 (Cep164)* have a variety of developmental defects consistent with a primary ciliopathy, but conditional loss using a *Foxj1-Cre* mouse line shows a role in motile ciliogenesis with fewer cilia, defects in vesicle trafficking to the basal bodies, and abnormal localization of basal body proteins in mTECs [203]. The basal body protein CHIBBY (CBY) was revealed through a targeted mouse allele to play a pivotal role in ciliogenesis, with mutants having an altered ciliary structure, abnormally positioned basal bodies, a reduced number of ciliary vesicles, and defects in the recruitment of the CEP164 complex to the basal body [204–207]. A traditional knockout mouse lacking the Retinitis pigmentosa GTPase regulator (RPGR), which is thought to play a role in photoreceptor connecting cilium transport and localizes to the motile ciliary transition zone between the basal body and axoneme, showed an X-linked retinitis pigmentosa phenotype [208, 209]. A subsequent model with transgenic overexpression of *Rpgr* showed an absence of sperm flagella in the mutant testis [210], indicating that dysregulation of *Rpgr* perturbs spermatogenesis. A requirement in motile cilia was confirmed in human patients, where *RPGR* mutations result in X-linked PCD with associated retinitis pigmentosa, as well as defects in airway ciliary orientation and motility [19, 211]. The requirement of IFT-B complex member IFT88, also known as Polaris, in motile and primary ciliogenesis has been uncovered in a mouse line with a transgene insertion disrupting *Ift88 (orpk)* and a conditional knockout [212–214]. Mutant motile cilia are fewer in number, abnormally shaped, and have a reduced CBF [212–214]. In addition, WDR69 was identified in *C. reinhardtii* as an adaptor protein involved in the transport of ODA components [215,

Table 8 Mouse models of ciliogenesis and IFT genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|----------------------|------------------------------|----------------|--|-----------------------------------|--|
| <i>CBY</i> | KO | Sinus | Fewer cilia, microtubule and basal body defects | N/A | Love [205], Siller [206], Voronina [207] |
| <i>CEP164</i> | Conditional KO | HC | Fewer cilia, basal body trafficking defects | N/A | Siller [203] |
| <i>CFAP157</i> | KO | MI | N/A | N/A | Weidemann [218] |
| <i>CYLD</i> | KO | MI | Fewer cilia, shorter cilia, microtubule and basal body defects | N/A | Yang [217] |
| <i>IFT88/Polaris</i> | Tg insertion (<i>orpk</i>) | HC, HT | Fewer cilia, abnormal shape | Reduced CBF | Taulman [212], Banizs [213] |
| | Conditional KO | Lung | Fewer cilia | Reduced CBF | Gilley [214] |
| <i>JHY</i> | Enhancer trapped | HC | Fewer cilia, microtubule and basal foot defects | Decreased flow | Appelbe [222], Muniz-Talavera [223] |
| <i>NHERF1</i> | KO | HC | Fewer cilia, abnormal orientation | Decreased flow | Treat [224] |
| <i>ODF2</i> | Gene trapped | MI | N/A | N/A | Tarnasky [221] |
| | KO | HC, OM, sinus | Fewer cilia, basal body and basal foot defects | Abnormal waveform, decreased flow | Kunimoto [220] |
| <i>RPGR</i> | KO | N/A | N/A | N/A | Hong [208, 209] |
| | Tg over-expression | MI | N/A | N/A | Brunner [210] |
| <i>WDR69</i> | ENU | HC, HT | No ODAs | Dyskinetic cilia | Solomon [52] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, Lung lung abnormalities (including bronchitis and bronchiectasis), MI male infertility (including spermatogenesis and sperm motility defects), OM otitis media, N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis), Tg transgene

216]. An ENU-induced allele of *Wdr69* was shown to have dyskinetic cilia using μ OTC analysis [52].

Novel roles for *CYLD*, *CFAP157*, *ODF2*, *JHY*, and *NHERF1* in ciliogenesis have also been revealed through mouse models. A traditional targeted allele of *CYLD lysine 63 deubiquitinase (Cylid)*, which is thought to be required for de-ubiquitination and proper localization of centrosomal proteins, has defects in both motile and primary ciliogenesis, including abnormal axonemal structures and shortened motile cilia [217]. The novel *CFAP157* localizes to the basal bodies of motile and primary ciliated cells, and male mice with a traditional targeted allele have reduced fertility due to flagellar axonemal defects [218]. A targeted knockout of the gene encoding centrosomal and basal body protein Outer dense fiber 2 (*ODF2*), also known as *Cenexin 1*, results in PCD with impaired ciliary waveform due to improper basal body polarization [219, 220]. High percentage chimeric male mice with a gene-trapped allele were also reported to have spermatogenic defects [221]. Loss of the novel Juvenile hydrocephalus (*Jhy*) in mice with an enhancer-trapped allele results in severe hydrocephalus with delayed differentiation of ependymal cells, microtubule defects and abnormal positioning of the basal feet in ependymal cilia, and abnormal directional flow [222, 223]. A severe hydrocephalus phenotype and abnormal ciliary orientation were also observed in mice with a traditional targeted allele of the gene encoding the cytoskeletal-associated Na⁺/H⁺ exchanger regulatory

factor 1 (*NHERF1*) [224]. Immunofluorescence analysis of mutant brain sections showed mislocalization of planar cell polarity (PCP) proteins, suggesting that *NHERF1* regulation of ciliary orientation and biogenesis is dependent on the non-canonical Wnt signaling pathway.

One report has implicated microRNAs (miRNAs) in a mouse model with perturbed motile ciliogenesis. The *mir-34/449* miRNA family spans three genomic loci, and a triple knockout mouse has a PCD phenotype due to loss of multiciliated cells and mature sperm [225]. Tracheal epithelial cells showed a defect in basal body docking and decreased cilia-driven flow. Interestingly, mutant tracheae have an increase in expression of *CEP110* [225], which plays a role in suppressing ciliogenesis [226], suggesting that the *mir-34/449* miRNAs promote ciliogenesis by inhibiting *CEP110* expression. Although there is also an extensive body of information about ciliogenesis and IFT in primary cilia [23], these mouse models have effectively uncovered a number of important proteins and their role in motile cilia biogenesis.

Microtubule assembly and modification

The ciliary axoneme is highly dependent on the assembly of tubulin into the 9 + 2 microtubule structure. Post-translational modification of tubulin, including detyrosination, glutamylation, and glycylation, is critical for proper microtubule assembly and function in motile cilia (reviewed in

detail in Wloga et al. 2017) [227]. Several genes encoding proteins involved in post-translational modification and polymerization of microtubules have been studied in mouse models, with loss often producing a PCD phenotype due to a wide variety of ciliary defects (Table 9). Loss of heat shock transcription factor 1 (HSF1) in a traditional knockout results in axonemal microtubule defects, as well as reduced CBF and perturbed flow [228, 229]. Expression of several heat shock proteins is decreased in the mutant cilia, and CHIP analysis identified that HSF1 directly binds the promoter of HSP90, a chaperone involved in tubulin polymerization and pre-assembly of dynein arms [228–230], indicating that HSF1 is a regulator of heat shock protein-dependent axonemal assembly. TEKTIN-t, a member of the cytoskeletal tektin protein family that plays a role in stabilizing microtubules and regulating ciliary assembly, was studied in a mouse model with a gene-trapped allele that results in loss of IDAs in cilia and flagella, indicating a role in IDA stabilization [231, 232]. Similarly, traditional knockout and gene-trapped alleles of *tubulin tyrosine ligase-like 1 (Tll1)*, which is responsible for tubulin glutamylation, produce a PCD phenotype, including a persistent cough detected in the knockout model [233–235]. Knockout cilia are abnormally shaped and exhibit an altered waveform, increased CBF, and decreased flow [235]. The kinesin motor protein Kinesin family member 19A (KIF19A) localizes to the ciliary tip and promotes microtubule depolymerization, and a traditional knockout has elongated cilia with an abnormal waveform [236, 237], indicating an important role for polymerization and depolymerization of microtubules in proper ciliary assembly. Loss of KIF27,

another kinesin family member with a microtubule-binding domain, also produces a PCD phenotype in a mouse model with a gene-trapped allele [138]. A gene-trapped allele of *Calmodulin regulated spectrin associated protein 3 (Camsap3)*, a microtubule-binding protein involved in microtubule assembly, polarity, and stability in a variety of cell types, results in longer and abnormally curved motile cilia with CPA microtubule defects and reduced CBF, indicating an important role in axonemal microtubule assembly [238–240]. Loss of the novel galectin GAL3 in a traditional targeted knockout results in a reduced number of ependymal cilia and abnormally oriented tracheal epithelial cilia with microtubule defects and abnormal directional flow [241, 242]. Immunoelectron microscopy demonstrated that GAL3 localizes to the basal foot and ciliary rootlet, and EM tomography showed a disrupted association between the basal foot and the ciliary rootlet microtubules in knockout mice [241], indicating that GAL3 is required for proper microtubule assembly and interaction. Finally, mutations in *Growth arrest specific 2 like 2 (GAS2L2)*, which encodes a ciliary base protein involved in actin-microtubule interaction, were found to cause PCD in human patients with hyperkinetic cilia, and a conditional knockout mouse crossed to the tamoxifen-inducible *Foxj1-CreERT2::GFP* line for inducible loss in motile ciliated cells showed abnormal ciliary orientation, increased CBF, and reduced nasal clearance of radioactive particles in vivo [243, 244]. Mouse models disrupting microtubule assembly and modification underscore the important role for these varied proteins in proper ciliary assembly, integrity, and function.

Table 9 Mouse models of microtubule modification genes

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|-----------------|----------------|-------------------|---|--|------------------------|
| <i>CAMSAP3</i> | Gene trapped | HC, FI, MI, sinus | Longer cilia, abnormal curvature, CPA microtubule defects | Reduced CBF | Robinson [238] |
| <i>GAL3</i> | KO | None | Abnormal orientation, microtubule and basal foot defects | Decreased flow | Clare [241] |
| <i>GAS2L2</i> | Conditional KO | HT, sinus | Abnormal orientation | Increased CBF, decreased flow | Bustamante-Marin [243] |
| <i>HSF1</i> | KO | HC, sinus | Microtubule defects | Reduced CBF, decreased flow | Takaki [228, 229] |
| <i>KIF19A</i> | KO | HC, FI | Longer cilia | Abnormal waveform | Niwa [237] |
| <i>KIF27</i> | Gene trapped | HC, OM, sinus | N/A | N/A | Vogel [138] |
| <i>TEKTIN-t</i> | Gene trapped | MI | No IDA | N/A | Tanaka [232] |
| <i>TLL1</i> | KO | MI, sinus | Abnormal curvature | Increased CBF, abnormal waveform, decreased flow | Ikegami [235] |
| | Gene trapped | MI, sinus | N/A | N/A | Vogel [233] |

FI female infertility, HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), OM otitis media, N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis)

Genes with miscellaneous or unknown functions

A variety of mouse models have revealed previously unknown ciliary roles for proteins or implicated uncharacterized, novel genes in mammalian motile cilia. Although information about these genes is often limited, reported mouse models with a PCD phenotype and ciliary defects have uncovered their importance for motile cilia (Table 10). Protein disulfide isomerase Anterior gradient 3 (AGR3) localizes to the endoplasmic reticulum of motile ciliated cells, and a traditional targeted allele was reported to result in reduced CBF and abnormal cilia-driven flow despite an absence of PCD phenotypes or ciliary structural defects detected by TEM [245]. Two mouse models with mutations in the gene encoding adenylate kinase 7 (AK7), one gene-trapped allele and one with a transgene insertion disrupting the *Ak7* locus that results in cilia with microtubule abnormalities, have demonstrated a role for AK7 in motile cilia [138, 246, 247]. Consistent with these phenotypes, AK7 mutations have been identified in human PCD patients and MMAF patients [247, 248]. Mice with a targeted allele of the gene encoding centrosomal protein ADP ribosylation factor like GTPase 2 binding protein (ARL2BP) were found to exhibit phenotypes associated with both primary and motile cilia, with tracheal epithelial cilia showing impaired motility, and *ARL2BP* mutations have been identified in patients with motile and primary ciliopathy phenotypes [249–251]. A gene-trapped allele of the microtubule-binding nucleoside diphosphate kinase gene *Nme7* results in a PCD phenotype [138, 252], and an *NME7* mutation was identified in a human family with

heritable situs inversus but no detected defects in nasal epithelial cilia [253].

The spontaneous mutant mouse line *quaking^{viable}* uncovered a ciliary role for the *Parkin co-regulated gene (Pacrg)*, which is regulated with the Parkinson's disease gene *parkin* through a bi-directional promoter and encodes a protein in *C. reinhardtii* that localizes to the inner junction of the outer doublet microtubules [254–258]. Deletion of the *Pacrg* gene in this model results in reduced ciliary motility [257]. A targeted allele of *EF-hand calcium binding domain 1 (Efcab1)*, also known as *Calaxin*, results in altered ciliary motility, waveform, and flow [259]. Situs inversus was reported in a human patient and a traditional targeted mouse model lacking axonemal calcium channel interacting protein Enkurin (ENKUR) [260]. Mutations in the gene encoding novel axonemal protein CFAP43 were identified in human MMAF patients and a family with normal-pressure hydrocephalus [261–264], and traditional and CRISPR/Cas9 gene-edited knockout mouse models were reported to have PCD phenotypes with increased CBF, decreased fluid flow, and CPA and radial spoke defects [263, 264]. A PCD phenotype with absent IDAs was reported for a mouse model with a traditional targeted allele of the gene encoding DNA polymerase λ (POLL) [265], although a subsequent report identified that the novel gene *Deleted in primary ciliary dyskinesia (Dpcd)* is transcribed in the opposite direction and is also likely disrupted by the mutation [266]. A mouse model with a gene-trapped allele disrupting both genes was also reported to have PCD [138, 252]. Unlike *Poll*, *Dpcd* expression is increased during differentiation of cultured ciliated human bronchial epithelial cells, and mice with a

Table 10 Mouse models of genes with miscellaneous or unknown function

| Gene | Allele | PCD phenotypes | Cilia structure | Cilia function | References |
|-----------------------|------------------------------|---------------------|----------------------|--|---------------------------------------|
| <i>AGR3</i> | KO | None | Defects not detected | Reduced CBF, decreased flow | Bonser [245] |
| <i>AK7</i> | Tg insertion | HC, MI, sinus, lung | Microtubule defects | Reduced CBF | Fernandez-Gonzalez [246], Lores [247] |
| | Gene trapped | HC, MI, sinus | N/A | N/A | Vogel [138] |
| <i>ARL2BP</i> | KO | HC, HT, MI | N/A | Reduced CBF | Moye [249, 250] |
| <i>CFAP43</i> | CRISPR | HC, MI | Microtubule defects | N/A | Morimoto [264] |
| | KO | HC, MI, sinus | Defects not detected | Increased CBF, decreased flow | Rachev [263] |
| <i>DPCD/POLL</i> | KO | HC, HT, MI, sinus | No IDA | N/A | Kobayashi [265] |
| | Gene trapped | HC, HT, MI, sinus | N/A | N/A | Vogel [252] |
| <i>EFCABI/Calaxin</i> | KO | HC, HT | Defects not detected | Reduced CBF, abnormal waveform, decreased flow | Sasaki [259] |
| <i>ENKUR</i> | KO | HT | N/A | Normal CBF | Sigg [260] |
| <i>NME7</i> | Gene trapped | HC, HT, sinus | N/A | N/A | Vogel [252], Vogel [138] |
| <i>PACRG</i> | Sp (<i>quaking viable</i>) | HC, MI | Defects not detected | Reduced CBF | Wilson [257], Li [258] |
| <i>PK2</i> | KO | None | Membrane bulges | Decreased flow | Tao [268] |

HC hydrocephalus, HT heterotaxy (including situs inversus and congenital heart defects), Lung lung abnormalities (including bronchitis and bronchiectasis), KO knockout, MI male infertility (including spermatogenesis and sperm motility defects), N/A not reported, Sinus sinus abnormalities (including mucus accumulation and sinusitis), Sp spontaneous, Tg transgene

homozygous deletion of the *Poll* catalytic domain are viable and fertile, suggesting that disruption of *Dpcd* is responsible for the PCD phenotype [266, 267]. Finally, while the loss of Prickle planar cell polarity protein 2 (PK2) was initially shown to result in a seizure phenotype in a traditional targeted knockout and human patients [268], motile cilia from mutant mice have abnormal bulges protruding from the membrane and tip that perturb ciliary clearance [269, 270], although the connection between these defects and the seizure phenotype remains unclear. While the roles and phenotypes of these models are highly variable, they further underscore the complexity of mammalian motile cilia and the value of mouse models in understanding the effects of ciliary dysfunction on disease pathogenesis.

Novel genetic tools

In addition to the spectrum of mouse models with genetic mutations resulting in ciliary dysfunction and PCD, several mouse lines have been generated to serve as powerful tools for labeling, identifying, or manipulating ciliated cells. Recombination of a conditional allele in motile ciliated cells has been enabled by a *Foxj1-Cre* mouse line and a tamoxifen-inducible *Foxj1-CreERT2* line, each expressing a transgenic Cre recombinase under the *Foxj1* promoter [271, 272]. Alternatively, a knock-in line with a tamoxifen-inducible *CreERT2::GFP* in the *Foxj1* locus enables inducible Cre expression under the endogenous *Foxj1* promoter and GFP labeling in the same cells [273]. A mouse line expressing a *GFP* transgene under the *Foxj1* promoter allows GFP labeling of all motile ciliated cells [274]. In addition to enabling the study of conditional genetic knockouts, these mouse lines have been used effectively for lineage tracing experiments that monitor ciliated cell differentiation and turn-over in the airways and developing nervous system [272, 273, 275, 276]. In addition, the *CiliaGFP* transgenic line expressing the ciliary protein somatostatin receptor 3 (SSTR3) fused to GFP and a Cre-inducible line with ciliary protein ARL13B fused to RFP and knocked into the HPRT locus both enable labeling of motile and primary ciliated cell types [277, 278]. These novel genetic tools serve as a highly valuable resource that can be bred to PCD models to assess disease pathogenesis or used for downstream cell biological and biochemical analysis of ciliated cells.

Cell biological approaches to studying cilia in mouse models

In addition to the substantial amount of genetic information provided by mouse models, recent years have seen an increase in the application of cutting-edge cell biological techniques to mouse models and their tissues and primary

cells. While cell biological advances in the motile cilia field have historically come from lower eukaryotes such as *C. reinhardtii*, recent progress has enabled the use of mouse models in innovative ways. This is resulting in a much deeper understanding of the molecular and cellular mechanisms regulating mammalian motile cilia and multiciliated cell differentiation. Advancements in the areas of genetic, pharmacological, and toxicological manipulation of ciliated cells; transcriptomic and large-scale gene expression techniques; and in vivo, ex vivo, and ciliary imaging are enabling substantial progress in the mammalian motile cilia field.

Genetic manipulation of ciliated cells

The primary culture of ciliated epithelia, particularly mTECs, at an air–liquid interface (ALI) has become a critical system for cell biological analysis of mammalian motile cilia [279]. Cells can be cultured from wild type or mutant mice and can be manipulated genetically through lentiviral transduction, enabling either exogenous over-expression or short hairpin RNA (shRNA) and small interfering RNA (siRNA) gene knockdown approaches to investigate cellular and biochemical processes. Notable examples include over-expression of transcription factors GEMC1, MCIDAS, and TAP73 and ChIP experiments in mTECs to demonstrate the molecular cascade required for differentiation into multiciliated cells and induction of ciliogenesis [182, 192, 193, 280], as well as knockdown experiments that shed light on the mechanisms underlying centriole assembly and basal body formation [281]. Over-expressing mutant forms of genes have been shown to alter mTEC differentiation. Expression of a dominant-negative *Mcidas* blocks differentiation and perturbs PCP signaling [280, 282], while a dominant-negative cyclin-dependent kinase *Cdk2* was shown to block cilia formation and identified a relationship between motile ciliogenesis and the cell cycle [283]. Expression of exogenous proteins also enables protein–protein interaction studies in ciliated mTECs, such as co-IP experiments demonstrating interactions between GST-tagged ZMYND10 and cytoplasmic dynein assembly factors [99].

Cultured mouse ependymal cells have also gained in prominence and have been used for similar applications, including several notable siRNA and shRNA gene knockdown studies. Knockdown of radial spoke gene *Rsph9*, which was implicated in human PCD, confirmed radial spoke and CPA defects and rotational ciliary beating [284]. Knocking down transcription factor genes *Gemc1* or *Mcidas* in cultured radial glial cells prevented differentiation into ependyma and *Foxj1* expression [186], validating their role in driving multiciliated cell differentiation. Systematic knockdown of several members of the diverse tubulin tyrosine ligase-like (TLL) family identified which members were required for multiciliated cell differentiation and ciliary

motility [285]. Finally, knockdown of several novel genes, including *Cfap70*, *Wdr78*, and *Spef1* has resulted in perturbations of ciliary assembly, beat frequency, or waveform, thereby uncovering key roles for these genes in ependymal cilia [286–288].

In addition to culturing and differentiating progenitor epithelial cells from the trachea or the brain, cultured embryonic stem cells have also been differentiated into motile ciliated cells expressing *Foxj1* and other ciliated cell markers through the inhibition of BMP signaling [289]. Mouse induced pluripotent stem (iPS) cells have also been successfully driven toward an epithelial cell fate under serum-free and ALI conditions, exhibiting formation of motile cilia and expression of *Foxj1* but not markers of other airway epithelial cell types [290]. These cell types expand the platforms available for cell biological analysis using wild type or genetically modified mouse models.

Pharmacological manipulation of ciliated cells

In addition to genetic manipulation, mouse tissues and cultured cells have been used in recent years for pharmacological modulation of signaling pathways and cellular processes underlying ciliogenesis and cilia function. Notable examples include the treatment of cultured embryonic mouse lungs with a Notch inhibitor to drive differentiation of ciliated cells and reduce the number of non-ciliated Club cells [291], establishing the critical importance of Notch signaling in airway epithelial cell fate. Treatment of mouse tracheal rings or brain slices with adenosine A2B receptor agonists stimulates CBF and protein kinase A (PKA) activity [292, 293], demonstrating regulation of ciliary motility in a cAMP-dependent manner. Treatment of mouse tracheal rings with an inhibitor of heat shock protein HSP90 impaired ciliary assembly and motility [229], and treatment of dissected mouse fallopian tube with a progesterone agonist decreases CBF, while a progesterone antagonist has the opposite effect [294].

Similar to mouse tissues, cultured cells have also enabled pharmacological studies. For example, basal body alignment was disrupted in mTECs treated with the microtubule depolymerizing agent nocodazole, resembling defects observed in mTECs from *Odf2* knockout mice [295]. Cultured mTECs exposed to the endotoxin lipopolysaccharide (LPS) show an increase in intracellular calcium concentration that is blocked by treatment with an inhibitor of cation channel TRPV4 [296], uncovering an important role for TRPV4 channels in providing an extracellular calcium source to ciliated cells. Cultured cells have also been used effectively for small molecule screens. Cultured ependymal cells were used for a screen of small molecules that promote proper ependymal differentiation and *Foxj1* expression [297], and treatment of mTECs with small molecule inhibitors

of cyclin-dependent kinases showed centriolar defects and impaired ciliogenesis, confirming the relationship to the cell cycle identified through over-expression of a dominant-negative *Cdk2* mutant [283]. Not only does pharmacological modulation of cultured ciliated cells enable elucidation of fundamental cellular and molecular processes, but cells cultured from the wide spectrum of PCD models or manipulated by the genetic approaches described above could also serve as a highly useful system for testing the effect of pharmacological PCD therapies on mammalian cilia function.

Toxicological manipulation of ciliated cells

Ciliated mouse cells have also served as a system for studying the effects of several environmental factors on ciliary function. Cultured mTECs have been used to study the effects of alcohol on ciliary motility and its regulatory pathways [298–300], as well as the effect of hypoxic conditions on gene transcription during multiciliated cell differentiation [301]. Protective response to bacteria was assessed in mTECs incubated with *E. coli* prior to culturing under ALI conditions [296], and effect of mechanical pressure on ciliary stimulation was assessed by treating ALI mTECs with an air puff at the apical surface [302]. These studies have utilized cells from wild type and genetically modified mouse models, which enables identifying the effect of genetic mutations on response to environmental stimuli and identifies the molecular mechanisms underlying those responses.

Transcriptomic and gene expression techniques

Cutting-edge gene expression and transcriptome analysis techniques applied to ciliated cells and tissues have uncovered key mechanisms underlying multiciliated cell differentiation. Microarray and RNA-seq have been used effectively to identify differentially expressed genes in cells from genetically modified mouse models or at different stages of ciliogenesis. Notable experiments include the use of microarray analysis of flow-sorted mTECs from the *Foxj1-GFP* mouse described above to identify novel genes expressed at different stages of cell differentiation and ciliogenesis [274, 303, 304]. A microarray approach has also been used to identify ciliary genes differentially expressed in mTECs from mice lacking matrix metalloproteinase 7 (MMP7) [305], identify differentially expressed genes in hydrocephalic brains from mice lacking CPA protein CFAP221 on distinct genetic backgrounds [39], and evaluate gene expression changes in cultured radial glial cells following a screen for small molecules that promote ependymal differentiation [297]. Applications of the next-generation sequencing-based approach RNA-seq have included identification of differentially expressed ciliary genes in *TAp73* knockout mTECs or in subventricular zone (SVZ) cells from the brains of mice lacking

transcription factor PRDM16 [192, 193, 306]. Single-cell RNA-seq was applied to labeled SVZ ependymal cells and neural stem cells to identify ciliary genes expressed only in the ependymal population [307]. ChIP-seq, an approach that combines traditional ChIP with next-generation sequencing to identify interactions between proteins and promoter sequences, has identified ciliary genes directly regulated by key transcription factors, including TAp73 and RFX2 [173, 193]. These studies highlight the ability of large-scale transcriptomic techniques to uncover a wealth of gene expression data underlying key molecular mechanisms.

In vivo and ex vivo animal imaging

Advances in in vivo and ex vivo applications of imaging have enabled a detailed assessment of ciliary physiology and fluid clearance. Examples of in vivo imaging applications in live mice include gamma scintigraphy to detect radioactive particle clearance in the nasal cavity [243, 308], two-photon microscopic analysis of fluorescent bead clearance in the trachea following oropharyngeal instillation delivery [309], synchrotron phase-contrast X-ray imaging to analyze the rate of lead dust particle clearance in trachea [310], and functional optical coherence tomography (fOCT) with high-resolution and tissue penetration depth to achieve detailed mapping of cilia length and beat frequency in the mouse oviduct [311]. In addition to the relatively common applications of high-speed video microscopy to analyze CBF and live imaging of fluorescent bead flow over ciliated cells, both of which were discussed above for analysis of genetic models, several advanced ex vivo imaging approaches have been described. High-resolution live imaging of ventricular walls from wild type mouse brains enabled the identification of three distinct classes of ependymal cells in the third ventricle based on distribution, ciliary angle, and beat frequency [312]. Micro-optical coherence tomography (μ OCT) was used for high-resolution imaging of ciliary motility in tracheal explants from several PCD models [52]. Spectral-domain optical coherence phase microscopy (SD-OCPM), which combines the depth of OCT and resolution of confocal microscopy, was used for a high-resolution, high-speed analysis of mouse tracheal morphology and ciliary dynamics [313]. These imaging approaches have distinct capabilities and advantages, but taken together have a substantially advanced analysis of mouse models.

Cilia microscopy techniques

Innovative microscopy techniques have also been applied to cultured cells and have enabled a more detailed analysis of ciliary structure and function. Super-resolution microscopy applications have been employed for fine analysis of protein localization in mTECs, including mapping the

region of CBY localization in the centriole [314]. When combined with ultra-high-voltage electron tomography, super-resolution microscopy has enabled analysis of the distribution of apical actin filaments, intermediate filaments, and microtubules in the mTEC basal bodies [295]. Super-resolution structural illumination microscopy (SIM) has been used for high-resolution analyses of deuterosome assembly and centriole amplification in mTECs [315, 316], as well as detailed protein localization in undifferentiated and differentiated cultured ependymal cells [288]. Three-dimensional, two-color stochastic optical reconstruction microscopy (STORM) has been used for detailed analysis of mTEC transition zone protein distribution [317]. Continued application of high-resolution imaging to cultured mouse cells will enable a much more detailed and high-resolution analysis of intraciliary mechanisms and dynamics.

Conclusions

Advancements in genetic manipulation and phenotypic analysis of mouse models, along with the application of innovative cell biological techniques, have led to considerable progress in understanding mammalian motile cilia and PCD pathogenesis. The wide spectrum of genetic models has validated the importance of many ciliary genes and uncovered new roles for numerous novel genes involved in cilia function. In addition, the emergence of cutting-edge cell biological techniques and their application to mouse models has enabled a much deeper investigation of the molecular and cellular mechanisms regulating multiciliated cell differentiation and mammalian motile cilia function. Because our understanding of these mechanisms is still far from complete, continued innovation in cell biological strategies and their application to the murine system is necessary. As advancements progress, mouse models can also serve as a powerful pre-clinical platform for identifying, developing, and testing the efficacy of potential PCD therapeutics.

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Compliance with ethical standards

Conflicts of interest The authors declare no conflicts.

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