FOXC1 **is required for normal cerebellar development and is a major contributor to chromosome 6p25.3 Dandy-Walker malformation**

Kimberly A. Aldinger¹, Ordan J. Lehmann⁴, Louanne Hudgins⁵, Victor V. Chizhikov², Alexander G. Bassuk⁶, Lesley C. Ades⁷, Ian D. Krantz⁸, William B. Dobyns^{2,3}, and Kathleen J. Millen¹⁻³

¹Committee on Neurobiology, ²Departments of Human Genetics and ³Neurology, The University of Chicago, Chicago, Illinois, USA; ⁴Departments of Ophthalmology and Medical Genetics, University of Alberta, Edmonton, Canada; ⁵Division of Medical Genetics, Department of Pediatrics, Stanford University, Stanford, California, USA ⁶Department of Pediatrics, Division of Neurology and the Interdisciplinary Graduate Program in Genetics, University of Iowa, Iowa City, Iowa, USA; ⁷Department of Clinical Genetics, The Children's Hospital at Westmead and Discipline of Paediatrics and Child Health, University of Sydney, New South Wales, Australia; ⁸Division of Human Genetics, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Supplementary Note regarding the main text

Penetrance, expressivity and modifying factors

 Among our patient cohort the brain phenotypes are highly penetrant but exhibit variable expressivity, recapitulating perfectly the ocular phenotypes attributable to *FOXC1*-associated disease¹. The sole example of apparent non-penetrance is the patient with ring chromosome 6, who has a more extensive genomic alteration deleting part of 6q27² and limiting comparisons with other subjects (n = 20). Interestingly, this individual, despite having normal vermis size, does exhibit some posterior fossa pathology comprising a meningeal defect with gyral herniation through the tentorial notch (**arrow in Fig. 2h**). Our results resemble *PAX6*-associated eye and brain phenotypes, which are also highly penetrant and exhibit variable expressivity 3.4 .

 Our data also shows a similar brain phenotype in patients with deletions and duplications encompassing *FOXC1*, again recapitulating the ocular phenotypes. The mechanisms by which increased or decreased *FOXC1* dosage cause comparable phenotypes are unknown. However, the effects of *FOXC1* are mediated through many downstream genes including both heat shock

proteins and FOXO1A, a key cell cycle regulator⁵. FOXO1A influences cellular homeostasis when positively or negatively regulated⁶, providing one possible explanation for how seemingly similar human disorders could arise from both increases and decreases in *FOXC1* gene dose.

Malformation of cortical development

 Analysis of the cerebral cortex in the mouse *Foxc1hith/hith* hypomorph showed defects in the basement membrane allowing inappropriate migration of neurons into the subarachnoid space and onto the surface of the brain $⁷$. This was reported to resemble the cobblestone cortical</sup> malformation seen in dystroglycanopathies in both mouse and humans, which include Fukuyama congenital muscular dystrophy, muscle-eye-brain disease, and Walker-Warburg syndrome $8-17$. A cobblestone-like cortical malformation has been demonstrated in mice 18 and in humans with homozygous mutations of *GPR56* (**Supplementary Figure 6b**). None of the brainimaging studies in our 6p25.3 CNV or *FOXC1* mutation patients demonstrated a cortical malformation (**Supplementary Figure 6c-h**). Thus, mutation of *FOXC1* in humans does not cause a visible cortical malformation and is not in any way comparable to the severe cortical malformation found in patients with mutations of *GPR56* or with any of the dystroglycanopathies.

Malformations of meningeal development

 Because our analysis of *Foxc1* expression implicated cranial mesenchyme, we specifically examined brain-imaging studies from our 6p25.3-*FOXC1* subjects for defects in the meninges, which are derived from cranial mesenchyme and neural crest. We found two distinct types of meningeal defects consisting of (1) interdigitation of right-left gyri across the midline as shown in **Supplementary Figure 6c-d** and (2) herniation of mesial posterior gyri through an enlarged tentorial notch into the posterior fossa as seen in **Figure 2d-h-j**. Overall, we observed one or both types of meningeal defects in 6/17 patients in this study. We also found enlarged posterior fossa size in 12/21 patients.

 Intracranial malformations related to defective development of the meninges have not been widely recognized, but have been reported. In our much larger (n = 5,300 as of early 2009) cohort of patients with brain malformations and related developmental disorders, we have observed similar meningeal abnormalities. For example, we have observed interdigitation of right-left gyri across the midline in several patients with total or severe partial agenesis of the corpus callosum (ACC), most often in the mesial frontal region just anterior to the genu of the corpus callosum. This implies deficiency of the falx cerebri in this region. We have observed

2

herniation of mesial posterior gyri into the posterior fossa in several patients with cerebellar hypoplasia who do not have deletion 6p25.3. This malformation has been reported in patients with enlarged parietal foramina or "Catlin marks" including several with mutations of *ALX4*, which is expressed in cranial mesenchyme and the developing skull¹⁹⁻²².

 These data lead us to hypothesize that developmental disorders of the mesenchyme may contribute to other forms of MCM and DWM, as well as to other brain malformations beyond MCM and DWM. We recommend that the presence or absence of these meningeal defects become part of the standard evaluation of brain imaging studies, certainly among individuals with developmental disorders.

White matter abnormalities

 Several of our 6p25.3 CNV and *FOXC1* mutation patients had patchy white matter signal abnormalities typical of prominent perivascular or Virchow-Robin spaces (**Supplementary Figure 6e-h**). We did not find any evidence for recent or old strokes.

Supplementary Figure 1

Supplementary Figure 1. Telomeric chromosome 6p aCGH results for patient LR08-198 show the presence of a recognized CNV polymorphism (green arrow) and an abnormal segmental deletion (red arrow). Chromosome position (NCBI Build 35) is shown along the X-axis, log2 Cy3:Cy5 ratio is shown along the Y-axis.

Supplementary Figure 2. Dorsal views of heads showing the expression of six genes important for early roof plate induction, rhombic lip specification and cerebellar anlage patterning in e12.5 WT and *Foxc1^{-/-}* littermate embryos, as assayed by ISH. Markers are indicated. Normal expression for all six genes is observed in the hindbrain of mutant embryos.

Supplementary Figure 3. Cellular populations within the e12.5 cerebellar anlage. Paramedial sagittal immunostained sections through dorsal rhombomere 1 in WT and *Foxc1–/–* littermate embryos. Markers are indicated. All cellular populations are present in the expected domains of the cerebellar anlage in the mutant embryos. c2 and c4 cells are Lhx1/5+. Ptf1a+ pc2 cells are progenitors of the Lhx1/5+ c2 cells. Lhx2/9+ cells are the first cells to leave the rhombic lip (rl) and migrate through the rostral migratory stream (rls). Lmx1a marks the rl, choroid plexus and c3 cells that are of unknown fate.

Supplementary Figure 4. Cellular populations within the e14.5 cerebellar anlage. Paramedial sagittal immunostained sections through dorsal rhombomere 1 in WT and *Foxc1–/–* littermate embryos. Markers are indicated. All cellular populations are present in the expected domains of the cerebellar anlage in the mutant embryos. Tbr1+ expression in rhombic lip (lp) derived cells within the nuclear transitory zone (ntz) is present in *Foxc1–/–* embryos. Zic1 and Pax6 label cells within the external granule cell layer (egl). Zic1+ cells also occupy the ventricular zone (vz) in WT and *Foxc1–/–* embryos. Pax6 marks Math1-derived cells from the rl, including cells in the egl. Despite the abnormal clump of cells in the egl of *Foxc1–/–* embryos, Zic1/Pax6+ expression demonstrates that these cells maintain egl progenitor identity. No discontinuity in laminin expression within the basement membrane (bm) at the pial surface of the cerebellum is observed in *Foxc1–/–* embryos.

Supplementary Figure 5. Expression of four signaling molecules secreted from mesenchyme and two molecules expressed in hindbrain neural tube in e12.5 WT and *Foxc1^{-/-}* littermate embryos, as assayed by ISH. Dorsal views of heads show all four genes secreted from mesenchyme are down-regulated in the hindbrain of mutant embryos, while the expression of the two genes expressed in the hindbrain neural tube are normal.

Supplementary Figure 6. T2-weighted (T1- in d) axial magnetic resonance images in a control subject (a), one patient with cobblestone-like cortical malformation associated with homozygous mutation of *GPR56*^{23,24} (b), four patients with deletion 6p25.3 (c-f), and two with *FOXC1* mutations (g-h). The scan from the *GPR56–/–* patient shows a thick dysplastic (cobblestone-like) cortical malformation over the frontal lobe that is not seen in any patient with a copy number variant or mutation of *FOXC1*, even though the *Gpr56–/–* and *Foxc1–/–* mouse mutants have similar cortical abnormalities. The *GPR56–/–* scan also shows a few areas of abnormal white matter signal. The first two scans from patients with small 6p25.3 deletions show mild (c) or marked (d) abnormal interdigitation of right- and left-sided gyri (arrows) indicating deficiency of the falx. The four scans in the bottom row from patients with deletion 6p25.3 (e-f) or *FOXC1* mutations (g-h) demonstrate white matter changes consistent with prominent perivascular spaces (asterisks in e-h), but we did not find any strokes. These images come from patients LR06-130 (a), LR02-097 (b), LR08-198 (c), LR07-072 (d), LR04-302 (e), LR04-313a2 (f), LR08-027a1 (g) and LR08-075 (h) as listed in **Figure 1**.

Supplementary Figure 7. Expression of the 6p25.3 DWM locus genes in control lymphoblastoid cell lines (LBLs). (a) Target amplification of 8 genes and *GAPDH* shows that most genes are expressed either at very low or undetectable levels (*FOX* genes) in LBLs from two individuals. (b) qRT-PCR confirms that *IRF4* is the only gene that shows detectable, but variable LBL expression. These results are consistent with publicly available human GeneAtlas (Affymetrix U133A) expression array data (http://biogps.gnf.org/).

Supplementary Tables

Supplementary Table 1. Classical DWM loci identified by cytogenetics.

A comprehensive review of the clinical cytogenetic literature revealed four loci for DWM throughout the genome, each with reports of multiple patients²³⁻²⁵. Among patients with DWM and cytogenetic abnormalities encompassing one of the four DWM loci, del 6p25.3 is the most frequent (38%). Among del 6p25.3 patients with MRI or CT images available, we confirmed 33% (19/58) have DWM. del, deletion; dup, duplication; pter, short arm terminus or telomere; N, number of patients; Mb, size of locus in megabases.

Supplementary Table 2. Known gene content of the 6p25.3 DWM critical region.

Supplementary Table 3. Mouse and Human Primer Sequences

Amplicon sizes for both complimentary DNA (cDNA) and genomic DNA (gDNA) are listed in basepairs for all RT-PCR primer pairs. *Primers used to genotype *Foxc1hith* mice.

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