# A cholinergic spinal pathway for the adaptive control of breathing

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## Abstract

The ability to amplify motor neuron (MN) output is essential for generating high intensity motor actions. This is critical for breathing that must be rapidly adjusted to accommodate changing metabolic demands. While brainstem circuits generate the breathing rhythm, the pathways that directly augment respiratory MN output are not well understood. Here, we mapped first-order inputs to phrenic motor neurons (PMNs), a key respiratory MN population that initiates diaphragm contraction to drive breathing. We identified a predominant spinal input from a distinct subset of genetically-defined $V0_C$ cholinergic interneurons. We found that these interneurons receive phasic excitation from brainstem respiratory centers, augment phrenic output through M2 muscarinic receptors, and are highly activated under a hypercapnia challenge. Specifically silencing cholinergic interneuron neurotransmission impairs the breathing response to hypercapnia. Collectively, our findings identify a novel spinal pathway that amplifies breathing, presenting a potential target for promoting recovery of breathing following spinal cord injury.

Motor circuits of the nervous system must operate over a dynamic range to adapt their output and generate behaviors of varying intensities in response to environmental challenges. This is especially critical for breathing, a motor behavior essential for maintaining blood gases required to sustain the metabolism of vital organs, including the brain, heart, and kidneys[1]. To meet metabolic demands during physiological challenges such as exercise or the changing environmental conditions associated with altitude, the neuronal network that controls breathing must operate over a large dynamic range. Specialized circuits have evolved to support robust, yet adaptable breathing in terrestrial vertebrates. While a network located in the brainstem is largely responsible for generating the rhythm and pattern of breathing[2-4], motor neurons (MNs) projecting to muscles in the periphery are the final output of respiratory circuits. In mammals, phrenic motor neurons (PMNs) located in the cervical spinal cord innervate the diaphragm, the major inspiratory muscle that drives airflow into the lungs. The strength of diaphragmatic contraction determines the volume of each breath. Thus, precise regulation of PMN activity is vital for aligning breathing with metabolic needs and ensuring appropriate responses to environmental challenges.

Both central and peripheral chemoreflexes safeguard $CO_2$/pH homeostasis by mediating rapid ventilatory responses to atmospheric gas fluctuations and changes in metabolic demands[5]. Inputs from diverse sources, including central and peripheral $CO_2$ and $O_2$ chemoreceptors, are integrated by brainstem networks to generate multidimensional changes in ventilation[6-13]. Elevated brain $CO_2$ (hypercapnia), for example, leads to a significant increase in both the respiratory frequency and amplitude of diaphragm contractions. While increases in frequency are mediated by projections from chemoreceptor neurons to key rhythmogenic regions confined to the brainstem[9,14], mechanisms for increasing breathing intensity likely involve direct modulation of PMN activity and increased drive to PMNs from distinct pre-motor populations.

While the brainstem circuits that underlie the generation and modulation of the breathing rhythm have been well defined[2-4,15-18], much less is known about the topography, molecular identity, and function of downstream neurons that directly project to PMNs. Antidromic stimulation and retrograde tracing has revealed monosynaptic connections to PMNs, primarily from the excitatory rostral ventral respiratory group (rVRG) in the brainstem, which drive PMN activation during inspiration[19-25]. Although direct PMN inputs from spinal interneurons have been identified[20,23,26-28], the degree of connectivity between PMNs and local interneurons is unclear. Recent rabies virus tracing experiments in neonatal mice suggested that the number of direct PMN inputs that originate in the spinal cord is minor[25]; however, tracing experiments with polysynaptic pseudorabies viruses (PRV) in adult rats, cats, and ferrets reveal more extensive spinal respiratory circuits[20,21,23]. Multielectrode array recordings from the cervical spinal cord also identified interneurons with respiratory-related activity that are synaptically coupled to PMNs[29,30], and excitatory interneurons at cervical and thoracic levels are able to sustain breathing after spinal cord injury (SCI)[31-33]. Despite their roles in promoting respiratory recovery following SCI, we know little about the functions of spinal interneurons, including genetically-defined subsets, in the control of breathing[34-37]. One possibility is that local spinal circuits may be important for controlling breathing intensity through direct modulation of respiratory MN output. We therefore hypothesized that distinct classes of spinal interneurons may regulate PMN activity, providing a hierarchically arranged gain control system for breathing that is spatially segregated from the brainstem-derived rhythm generator.

Here, we combined a genetic strategy with rabies virus-mediated tracing to label neurons with monosynaptic inputs to PMNs. We identified a morphologically and topographically distinct population of Pitx2+ $V0_C$ interneurons, largely localized in the cervical spinal cord, with substantial direct projections to PMNs. We find that these interneurons are functionally

85    integrated into respiratory circuits, can modify PMN output through M2 muscarinic receptors,
86    and are activated in response to $CO_2$ exposure. Finally, we show that inhibiting cholinergic
87    neurotransmission from Pitx2+ interneurons impairs the response to hypercapnia. We propose
88    that spinal cholinergic interneurons provide a novel node for breathing gain control that is
89    spatially segregated from the brainstem and can be recruited to amplify breathing under high
90    metabolic demands and intense respiratory challenges. These interneurons represent an
91    accessible therapeutic target for conditions in which respiratory function is compromised, such
92    as SCI or Amyotrophic Lateral Sclerosis (ALS).

93    **Results**

94    **PMNs receive substantial monosynaptic inputs from the spinal cord**

95    To investigate the contribution of spinal networks to PMN activity, we combined a
96    genetic strategy with rabies-based monosynaptic retrograde tracing to map inputs to PMNs. We
97    utilized a modified glycoprotein (G protein)-deleted mCherry-tagged rabies virus (RabiesΔG-
98    mCherry). Typically, the rabies virus requires G protein for transsynaptic transport, which is not
99    endogenously expressed in mammalian cells. Therefore, G protein deletion from the rabies
100    virus ensures that transsynaptic transport is not possible from the virus itself in wildtype
101    mammalian neurons. To activate the transsynaptic transport mechanism and enable
102    monosynaptic labeling specifically from MNs, we crossed *RphiGT* mice, which express G
103    protein after Cre-mediated recombination, to *Choline acetyltransferase* (*ChAT::Cre* mice
104    (*ChAT::Cre; RphiGT*) to induce G protein expression only in cholinergic neurons, which include
105    MNs (Extended Data Fig. 1A)[38]. We validated the expression of G protein in *ChAT::Cre; RphiGT*
106    mice by *in situ* hybridization at postnatal day (P)4. Notably, despite the existence of cholinergic
107    interneurons in the spinal cord, the expression of G protein was only detectable in MNs at P4
108    (Extended Data Fig. 1B). We injected RabiesΔG-mCherry unilaterally into the diaphragm, which
109    is solely innervated by PMNs, of *ChAT::Cre; RphiGT* mice at P4 to label PMNs and trace their
110    synaptic inputs (Fig. 1A). Our viral injections specifically targeted PMNs, as seen by the
111    absence of labeled ventral roots and MNs at thoracic and lumbar levels of the spinal cord
112    (Extended Data Fig. 1C). Each injection labeled 1-5 starter PMNs (Extended Data Fig. 2A and
113    B).

114    Next, we quantified the distribution of direct PMN inputs throughout the brain and spinal
115    cord. All mCherry+ cells were located in either the brainstem or spinal cord and no mCherry+
116    cells were found in the cortex or cerebellum (data not shown). In agreement with a previous
117    study[25], we found that the majority (~60%) of inputs to PMNs originated from the brainstem,
118    mainly from the rostral ventral respiratory group (rVRG), consistent with rVRG being the major
119    driver of PMN activation (Fig. 1B). In the brainstem, inputs were evenly distributed across the
120    ipsilateral (to the injection site, 49.6%) and contralateral (50.4%) sides (Extended Data Fig. 2C).
121    In addition, we also observed substantial (~40%) PMN inputs originating from the spinal cord
122    (Fig. 1B, C, G, and L, Extended Data Fig. 2F and G, Extended Data Video 1). Among spinal
123    cord inputs, the large majority (~80%) were located at cervical levels (C1-5). We also observed
124    a small number of ascending interneurons from the brachial (C6-C8, ~10%) and thoracic
125    (~10%) spinal cord (Fig. 1D). Most spinal cord input neurons (80%) were ipsilateral to the
126    injection site (Fig. 1E) and distributed across the ventral (42.1%, Extended Data Fig. 2F),
127    intermediate (48.5%), and dorsal (9.4%, Fig. 1F, Extended Data Fig. 2G) spinal cord. We
128    calculated the PMN connectivity index (number of mCherry+ neurons/starter cell) and found that
129    a single PMN can receive input from tens of neurons, ranging from a dozen to over a hundred.
130    However, regardless of the number of total inputs one PMN receives, input neurons show a
131    similar distribution throughout the brainstem and spinal cord (Extended Data Fig. 2D). Overall,
132    we found that spinal interneurons are a major source of monosynaptic inputs to PMNs.

133    To further investigate the identity of spinal monosynaptic inputs to PMNs, we examined
134    the neurotransmitter profile of mCherry+ interneurons. We found that cholinergic interneurons
135    (ChAT+ INs), usually located around the central canal of the intermediate spinal cord (Fig. 1G
136    and L), contributed around 10% of total inputs (25% of spinal inputs) to PMNs (Fig. 1I). The
137    connectivity index for ChAT+ INs for individual injections was invariably ~1/10$^{th}$ of the total input,
138    indicating that distinct neuronal populations provide a consistent proportion of PMN
139    monosynaptic inputs (Extended Data Fig. 2D and E). While ChAT+ INs accounted for ~50% of
140    inputs from the intermediate spinal cord, inputs from both the dorsal and ventral spinal cord
141    were derived exclusively from ChAT- INs (Extended Data Fig. 2F-H). Similar to the distribution
142    of other spinal inputs, 77% of PMN-projecting ChAT+ INs were from the ipsilateral side (Fig. 1J),
143    while 77.6% were located in the cervical C1-C5 spinal cord, largely overlapping with the
144    rostrocaudal distribution of PMNs, and consistent with the overall distribution of total spinal
145    inputs (Fig. 1H and K). We also observed a small subset of ascending ChAT+ INs at brachial
146    and thoracic levels (Fig. 1H, K, and L), suggesting that these interneurons may mediate
147    communication with other respiratory and non-respiratory MNs. Along the rostrocaudal extent of
148    the spinal cord, ChAT+ INs accounted for 25%, 5% and 33% of inputs from the cervical,
149    brachial and thoracic spinal cord, respectively (Extended Data Fig. 2I). Taken together, our
150    rabies tracing experiments demonstrate that spinal ChAT+ INs provide significant input to
151    PMNs.

**PMN-projecting spinal ChAT+ INs are morphologically and topographically distinct**

153    Our tracing experiments revealed that ~10% of PMN inputs correspond to a subset of
154    ChAT+ INs in the cervical spinal cord (Fig. 1). This contrasts limb-innervating MNs (LMNs),
155    which receive extensive input from multiple populations of excitatory and inhibitory spinal
156    interneurons, with only about 2% of their inputs originating from ChAT+ INs[39,40]. This biased
157    connectivity suggests that ChAT+ INs likely have important modulatory roles in respiratory
158    behaviors. To investigate whether distinct spinal ChAT+ INs project to different MN subtypes,
159    we injected RabiesΔG-mCherry virus into a representative limb muscle, the biceps, to label
160    ChAT+ INs that project to LMNs and compared their distribution and morphology to PMN-
161    projecting ChAT+ INs (Fig. 2A-D). To analyze the topographical distribution of ChAT+ INs, each
162    mCherry+ ChAT+ IN was assigned a cartesian coordinate, with the midpoint of the spinal cord
163    midline defined as (0,0). Interestingly, we found that PMN-projecting ChAT+ INs were located
164    closer to the central canal on average, compared to LMN-projecting ChAT+ INs (Fig. 2E-F).

165    Next, we used Imaris software to reconstruct and examine the dendritic morphology of
166    pre-motor ChAT+ INs by filament analysis (Extended Data Fig. 3A, Fig. 2G-H). First, to
167    investigate whether there is diversity within PMN-projecting ChAT+ INs, we traced both
168    contralateral and ipsilateral populations and compared their dendritic morphology. While all
169    PMN-projecting ChAT+ INs had comparable dendritic length, dendritic area, and maximum
170    dendritic branch level and depth, contralateral ones branched more at proximal dendritic levels
171    and had a higher number of maximum Sholl intersections (Extended Data Fig. 3B-G). In
172    addition, diverse dendritic orientation patterns were observed within PMN-projecting ChAT+ INs
173    (Fig. 2G), suggesting that some morphological diversity exists even among ChAT+ INs targeting
174    the same MN population.

175    We next compared the morphologies of ChAT+ INs projecting either to PMNs or LMNs.
176    We found that PMN-projecting ChAT+ INs had more Sholl intersections, especially at proximal
177    dendrites, and a higher number of maximum Sholl intersections (Fig. 2I-J). Moreover, ChAT+
178    INs targeting PMNs had a higher maximum branch level and depth, greater filament length (i.e.
179    overall dendritic length), and covered a larger area (Fig. 2K-N), indicating that ChAT+ INs
180    projecting to PMNs have a more complex dendritic morphology than ChAT+ INs targeting
181    LMNs. Collectively, our findings suggest that ChAT+ INs that project to PMNs are

182  topographically and morphologically distinct and may thus be integrated into respiratory, rather
183  than locomotor, circuits.

**Pitx2+ V0$_C$ neurons are the source of cholinergic synapses on PMNs**

185  Large cholinergic synapses localized on the cell body and proximal dendrites of MNs are
186  known as C-boutons[41]. To define whether cholinergic inputs on PMNs are analogous to the C-
187  boutons observed on other MN subtypes, we investigated the distribution of cholinergic
188  synapses on PMNs. Individual PMNs were traced by unilateral injection of RabiesΔG-mCherry
189  virus into the diaphragm of control mice which lack G-protein expression, and therefore allowed
190  RabiesΔG-mCherry virus to function as a retrograde tracer of only PMNs (i.e., no transsynaptic
191  labeling). Cholinergic inputs on a single PMN were identified by immunostaining for vesicular
192  Acetylcholine transporter (VAChT). We found that the majority of cholinergic synapses were
193  located on the PMN soma (~30%) and proximal dendrites (~60%), with < 10% found on PMN
194  distal dendrites (Extended Data Fig. 4), similar to the distribution of C-boutons on other MNs
195  and consistent with ultrastructural studies[42]. The number of putative C-boutons on PMN cell
196  bodies increased over time during early postnatal stages, but remained fairly unchanged from
197  P4 to adulthood, indicating that PMNs receive consistent cholinergic input (Extended Data Fig.
198  5C).

199  Cholinergic V0 interneurons (V0$_C$) that are derived from the Dbx1+ p0 progenitor domain
200  and express Pitx2 post-mitotically, are the sole source of C-boutons on MNs[43]. To investigate
201  whether cholinergic inputs to PMNs are also derived from V0$_C$ interneurons, we genetically
202  labeled Pitx2+ interneurons using *Pitx2::Cre; loxP-STOP-loxP-tdTomato* (*Pitx2$^{tdTom}$*) mice. We
203  found that over 90% of the immunoreactive Pitx2+ cells were tdTomato+ at e16.5, indicating
204  robust recombination in *Pitx2$^{tdTom}$* mice (Extended Data Fig. 5A-B). We labeled PMNs by
205  intrapleural injection of cholera toxin subunit B (CTB) in adult *Pitx2$^{tdTom}$* mice (Fig. 3A-B)[44] and
206  found that VAChT+ C-boutons on individual PMNs were colocalized with tdTomato (Fig. 3C-D),
207  indicating that Pitx2+ V0$_C$ interneurons are the source of cholinergic synapses on PMNs. To test
208  whether all PMN C-bouton inputs are derived from Pitx2+ interneurons, we quantified the
209  overlap between VAChT and tdTomato in *Pitx2$^{tdTom}$* mice. We found that by P4 over 90% of C-
210  boutons on PMN cell bodies were *Pitx2$^{tdTom}$*+, and this was maintained into adulthood (P60)
211  (Fig. 3E-N, Extended Data Fig. 5D). Collectively, our data show that Pitx2+ V0$_C$ neurons are the
212  source of PMN C-boutons largely localized on cell bodies and proximal dendrites.

**A subset of cervical Pitx2+ interneurons are integrated within respiratory circuits**

214  Having revealed that a subset of Pitx2+ V0$_C$ neurons near the central canal is
215  anatomically connected to PMNs, we next addressed whether Pitx2+ interneurons are
216  functionally integrated within respiratory circuits. This was first investigated by assessing
217  whether their synaptic inputs and action potential output are correlated with respiratory network
218  activity. We performed whole-cell patch clamp recordings from Pitx2+ interneurons located near
219  the central canal, identified by tdTomato expression in *Pitx2$^{tdTom}$* mice, in combination with
220  extracellular recordings of C3/4 ventral roots in mid-sagittal-hemisected brainstem spinal cord
221  preparations obtained from neonatal (P3-4) *Pitx2$^{tdTom}$* mice (n = 5 preparations; Fig. 4A).
222  Analysis of synaptic inputs recorded in voltage-clamp mode demonstrated that a subset of
223  Pitx2+ interneurons within C3-4 (50%, n = 8, Fig. 4B) receive synaptic inputs (Frequency = 43 ±
224  21 Hz; Amplitude = 122 ± 142 pA) that are phase-locked with the respiratory motor output
225  recorded from ventral roots (Fig. 4C; phase = 2.25 ± 0.9 degrees). There was no difference in
226  the passive properties of Pitx2+ interneurons that received respiratory inputs compared to those
227  that did not (Extended Data Table 1). Current-clamp recordings revealed that respiratory-related
228  Pitx2+ interneurons exhibited either a depolarization of the membrane potential (n = 2;
229  Amplitude = 7.14 mV) or bursts of action potential firing (n = 2, Frequency = 9.7 Hz) that were

230 also phase-locked with respiratory-related ventral root output (Fig. 4D; Phase: 2.6 ± 0.7
231 degrees). These results indicate that at least a proportion of Pitx2+ interneurons located within
232 the C3-4 cervical segments receive respiratory-related inputs and produce respiratory-related
233 output. Interestingly, we did not find any respiratory-related Pitx2+ interneurons in more caudal
234 cervical segments (C5-7, n = 10, Fig. 4B), suggesting that Pitx2+ interneurons in the region of
235 PMNs are more likely to be integrated within respiratory circuitry, consistent with the distribution
236 of PMN-projecting ChAT+ INs (Fig. 1H). Overall, these results confirm that spinal Pitx2+
237 interneurons are not only anatomically connected to PMNs but also functionally integrated within
238 respiratory circuits.

**Spinal ChAT+ INs modulate respiratory motor output**

240       We next assessed the role of cervical Pitx2+ interneurons in modulating respiratory-
241 related PMN output. This was achieved by pharmacologically blocking transmission at C-bouton
242 synapses and measuring any subsequent effects on respiratory network output recorded from
243 the C3/4 ventral roots of isolated brainstem spinal cord preparations obtained from neonatal
244 (P2-4) mice (Fig. 5A). We utilized the M2 muscarinic receptor antagonist, methoctramine,
245 because M2 receptors are the primary postsynaptic target for acetylcholine released at C-
246 bouton synapses[45]. In line with C-boutons playing a role in facilitating motor output, we found
247 that blocking M2 receptors with methoctramine (10 μM; n = 7 preparations; Fig. 5B) reversibly
248 reduced the amplitude of respiratory-related activity (19 ± 9 % reduction, p = 0.0100; Fig. 5C).
249 This reduction in amplitude was paralleled by an increase in the frequency of bursting (55 ± 34
250 % increase, p = 0.0107; Fig. 5D).

251       Since our experiments involved blockade of M2 receptors throughout the brainstem and
252 spinal cord, we next wanted to delineate the specific contribution of spinal cord interneurons to
253 cholinergic modulation of respiratory motor output. This was achieved by using a "split bath"
254 preparation in which the brainstem and spinal cord compartments were perfused separately
255 (Fig. 5E). This enabled us to block M2 receptors in the spinal cord only. We hypothesized that
256 the reduction in the amplitude of respiratory-related output when methoctramine was applied to
257 whole preparations could be explained, at least in part, by blockade of M2 receptors at C-bouton
258 synapses on PMNs. In line with our hypothesis, application of methoctramine (10 μM; n =10
259 preparations; Fig. 5F) to the spinal compartment of split bath preparations only led to a
260 reversible reduction in the amplitude of respiratory-related output recorded from ventral roots
261 (20 ± 18 % reduction, p = 0.0120; Fig. 5G), with no change in the frequency of bursting (12 ± 14
262 % increase, p = 0.1221; Fig. 5H).

263       Given that our in vitro experiments relied on isolated brainstem spinal cord preparations
264 that are only viable when obtained from neonatal animals, we next extended our analysis to the
265 working heart-brainstem preparation, which can be obtained from adult rodents (Fig. 5I). In
266 preparations obtained from adult rats, we recorded respiratory-related output from the phrenic
267 nerve with extracellular electrodes whilst methoctramine (10 μM, n = 9 preparations; Fig. 5J)
268 was applied to the perfusate. Consistent with our recordings from neonatal tissue, we again
269 found that methoctramine caused a reversible reduction in the amplitude of respiratory-related
270 output recorded from the phrenic nerve (57 ± 15 % reduction; p = 0.0294; Fig. 5K). We did not
271 observe any change in the frequency of phrenic nerve discharge upon methoctramine
272 administration (2 ± 16 % increase; p = 0.6432; Fig. 5L). Interestingly, we found that
273 methoctramine also elicited a reduction in the amplitude of respiratory-related activity recorded
274 from external intercostal muscles via electromyography (44 ± 16 % reduction; p = 0.007, data
275 not shown).

276       Taken together, these results confirm the existence of a spinal cholinergic pathway,
277 acting via M2 receptors, that modulates the amplitude of PMN output in both neonatal and adult

278 mice. These data are consistent with modulation of respiratory motor output by local Pitx2+
279 interneurons and their C-bouton contacts with PMNs.

**Spinal cholinergic interneurons are activated under hypercapnia**

281      Given the functional integration of Pitx2+ interneurons into respiratory circuits and their
282 ability to alter PMN output in both in vitro neonatal isolated brainstem-spinal cord preparations
283 and in situ adult working heart-brainstem preparations, we next investigated whether Pitx2+ $V0_C$
284 neuron activity can modulate respiratory behaviors in vivo. In order to visualize $V0_C$ activation,
285 we utilized *ChAT::eGFP* mice, in which both ChAT+ INs and PMNs are labeled by GFP, but can
286 be distinguished by their locations. While PMNs are clustered and located in the ventral horn of
287 the cervical spinal cord, ChAT+ INs are scattered throughout the spinal cord, with the distinct
288 PMN-projecting Pitx2+ $V0_C$ subset localized near the central canal (Fig. 6A).

289      In locomotor circuits, Pitx2+ $V0_C$ interneurons increase MN excitability to ensure that a
290 sufficient motor output is generated during demanding tasks, such as swimming[43,46]. We
291 therefore hypothesized that cervical $V0_C$ interneurons may contribute to increasing respiratory
292 output during environmental or behavioral conditions that are associated with increased
293 metabolic demand. To measure neuronal activation under a respiratory challenge, we exposed
294 *ChAT::eGFP* mice to hypercapnic conditions in a plethysmography chamber to simulate
295 increased metabolic demand. Under atmospheric air conditions (79% $N_2$, 21% $O_2$), only 30% of
296 PMNs were activated, as indicated by the expression of the early immediate gene c-Fos. In
297 contrast, more than 60% of PMNs were activated under either intense (10% $CO_2$ for either 1 hr
298 or 15 min) or moderate (5% $CO_2$ for 15 min) hypercapnic conditions (Fig. 6B, E, G and I).
299 Moreover, the c-Fos mean intensity of PMNs was significantly increased after exposure to 10%
300 $CO_2$ (Extended Data Fig. 6B-C), indicating that both the number of recruited PMNs and single
301 PMN activity are increased under an intense hypercapnic challenge, as previously
302 described[47,48]. $CO_2$ exposure does not lead to broad non-specific activation of spinal cord
303 neurons, as we found that the number of c-Fos+ cells at cervical levels of the spinal cord,
304 excluding MNs, was comparable to baseline levels (i.e. air exposure) after a 10% $CO_2$
305 hypercapnic challenge for 1 hour (Extended Data Fig. 6A).

306      Since PMNs are highly activated under hypercapnia, a hypercapnic gas challenge can
307 serve as a powerful paradigm to examine whether spinal interneurons modulate PMN activation
308 under an environmental challenge. We found that ChAT+ INs were highly activated under an
309 intense (15 min or 1 hr of 10% $CO_2$; Fig. 6C, F, and H), but not under a moderate (15 min of 5%
310 $CO_2$) hypercapnic challenge (Fig. 6J), suggesting that ChAT+ IN activation and recruitment is
311 dependent on the intensity level of the stimulus. c-Fos+ ChAT+ INs were located in close
312 proximity to the central canal at cervical levels of the spinal cord, and thus are likely to directly
313 project to PMNs and correspond to the Pitx2+ interneurons with respiratory-related activity in
314 our in vitro recordings. While the number of activated ChAT+ INs recruited under an intense
315 hypercapnic challenge increased, the c-Fos mean intensity of ChAT+ INs did not change
316 significantly, unlike PMNs (Extended Data Fig. 6B-E), suggesting that recruitment of additional
317 ChAT+ INs may contribute to increased PMN activation. Consistent with this idea, we found that
318 the number of activated ChAT+ INs was positively correlated to the percentage of activated
319 PMNs (Fig. 6D).

**Cholinergic interneuron silencing impairs the response to hypercapnia**

321      Next, we set out to determine the contribution of ChAT+ INs to increased breathing in
322 response to hypercapnia. To address this, we utilized a 2-chamber whole body
323 plethysmography system to measure the breathing patterns in mice in which cholinergic
324 neurotransmission has been removed from spinal ChAT+ INs using Cre/lox genetic strategies
325 (Extended Data Fig. 7A). We initially utilized *ChAT^{flox/flox}*; *Dbx1::Cre* (*Dbx1^{ΔChAT}*) mice to ensure

326   early and efficient *ChAT* deletion, as *Dbx1::Cre* targets p0 progenitors that give rise to Pitx2+
327   $V0_C$ interneurons. We validated $Dbx1^{\Delta ChAT}$ mice by examining the expression of ChAT in
328   VAChT+ puncta on PMNs in adult (P120) mice. We found that over 95% of VAChT+ terminals
329   on PMNs were devoid of ChAT expression in $Dbx1^{\Delta ChAT}$ mice, indicating that cholinergic
330   transmission from $V0_C$ neurons to PMNs was largely eliminated in these mice (Extended Data
331   Fig. 7B-D). We did not observe any changes in the number of VAChT+ synapses on PMN
332   somas in adult $Dbx1^{\Delta ChAT}$ mice (Extended Data Fig. 7E).

333        We then performed plethysmography experiments in adult $Dbx1^{\Delta ChAT}$ mice and their
334   paired control littermates ($ChAT^{flox/flox}$ or $ChAT^{flox/+}$). Each pair of mice was subjected to 45
335   minutes of normal air (79% $N_2$, 21% $O_2$) followed by 15 minutes of either 10% $CO_2$ (10% $CO_2$,
336   69% $N_2$, 21% $O_2$) or 5% $CO_2$ (5% $CO_2$, 74% $N_2$, 21% $O_2$) (Fig. 7A). When exposed to a
337   hypercapnia challenge, control mice increase both their respiratory frequency and depth.
338   Consistent with this, we found a significant increase in both frequency and tidal volume (the
339   amount of air inhaled during a normal breath), resulting in a ~3-fold increase in minute
340   ventilation (the volume of air inhaled per minute) in control mice after exposure to a 10% $CO_2$
341   hypercapnic challenge (Extended Data Fig. 8A-H). When comparing $Dbx1^{\Delta ChAT}$ mice and their
342   control littermates, we found that they exhibited similar breathing behaviors under normal air
343   conditions. All breathing parameters, including frequency, minute ventilation, tidal volume, and
344   peak inspiratory and expiratory flow showed similar distribution in $Dbx1^{\Delta ChAT}$ and control mice
345   (Extended Data Fig. 8C, E, G, I, K). However, after exposure to a 10% $CO_2$ hypercapnic
346   challenge, the distribution peaks for all respiratory parameters, excluding frequency, were
347   shifted to a lower value in $Dbx1^{\Delta ChAT}$ mice, indicating that these mice had a compromised
348   response to hypercapnia (Extended Data Fig. 8D, F, H, J, L). After normalization to their paired
349   control littermates, $Dbx1^{\Delta ChAT}$ mice had significantly decreased tidal volume (~11% reduction, p
350   = 0.0291), minute ventilation (~13% reduction, p = 0.0150), peak inspiratory flow (PIF, ~15%
351   reduction, p = 0.0035) and peak expiratory flow (PEF, ~11% reduction, p = 0.0281) compared to
352   control mice during the hypercapnia challenge (Extended Data Fig. 8F, H, J, L), consistent with
353   the altered distribution of respiratory parameters we observed.

354        Since Dbx1 is broadly expressed at early embryonic stages, we wanted to further restrict
355   our manipulations to $V0_C$ postmitotic interneurons. Therefore, we repeated our plethysmography
356   experiments in $ChAT^{flox/flox}$; *Pitx2::Cre* ($Pitx2^{\Delta ChAT}$) mice, which restricted *ChAT* deletion to Pitx2+
357   interneurons. Similar to $Dbx1^{\Delta ChAT}$ mice, over 95% of VAChT+ terminals on PMNs did not
358   express ChAT in adult $Pitx2^{\Delta ChAT}$ mice, indicating efficient ChAT deletion from $V0_C$ neurons
359   (Extended Data Fig. 7F-H). We did not observe a decrease in VAChT+ terminals on PMNs in
360   these mice (Extended Data Fig. 7I). We exposed $ChAT^{Pitx2\Delta}$ mice and their control littermates to
361   both normal air and hypercapnic conditions (Fig. 7A). Since we found that the activation of
362   ChAT+ INs was intensity-dependent (Fig. 6), we first investigated how blocking cholinergic
363   neurotransmission from $V0_C$ interneurons might impact breathing under a moderate hypercapnic
364   challenge. Interestingly, when we exposed $Pitx2^{\Delta ChAT}$ mice to either normal air or 5% $CO_2$, their
365   breathing patterns were indistinguishable from their control littermates, suggesting that PMN
366   cholinergic modulation might be increasingly important under more intense hypercapnic
367   challenges (Fig. 7D-E, H-I, L-M, P-Q, Extended Data Fig. 9).

368        Consistent with our observations in $Dbx1^{\Delta ChAT}$ mice, the tidal volume, minute ventilation,
369   PIF, and PEF distributions were all shifted toward lower values (i.e. more breaths having a lower
370   value) under 10% $CO_2$ hypercapnia, but not under normal air conditions, in $Pitx2^{\Delta ChAT}$ mice (Fig.
371   7B-D, F, H, J, L, N, P, R, Extended Data Fig. 8M-N). In addition, the tidal volume (~8%
372   reduction, p = 0.0033), minute ventilation (~8% reduction, p = 0.0011), PIF (~9% reduction, p =
373   0.0007), and PEF (~7% reduction, p = 0.0104), but not the breathing frequency (< 1%), were
374   significantly decreased in $Pitx2^{\Delta ChAT}$ mice under 10% $CO_2$ (Fig. 7E, G, I, K, M, O, Q, S,

375    Extended Data Fig. 8N). Taken together, our findings indicate that cholinergic modulation of
376    PMNs, through direct C-bouton contacts from spinal Pitx2+ V0$_C$ interneurons, increases PMN
377    output under a hypercapnia challenge. Collectively, our data reveal a novel function for spinal
378    cholinergic interneurons in the adaptive control of breathing.

## Discussion

380        Phrenic motor neurons (PMNs) generate the final output of respiratory motor circuits and
381    have traditionally been thought to eschew inputs from the spinal cord and act as executioners of
382    brainstem motor commands. Here, we combined mouse genetics, rabies-mediated viral tracing,
383    electrophysiology, and behavioral experiments to demonstrate a novel role for a subset of spinal
384    cholinergic interneurons in the facilitation of PMN output and increase in tidal volume in
385    response to hypercapnia. Our data suggest that, far from being a static relay station for
386    brainstem motor commands, PMNs integrate a range of modulatory inputs to match motor
387    output to environmental or metabolic demands. Below, we discuss our findings in the context of
388    PMN modulation, respiratory circuits, spinal interneuron diversity, and potential roles in
389    promoting recovery following spinal cord injury.

390        While spinal interneurons with projections to PMNs have been anatomically and
391    electrophysiologically described in multiple species, the contribution of genetically-defined
392    classes of spinal interneurons to distinct aspects of breathing remains unclear. Previous
393    mapping of PMN inputs through transsynaptic viral approaches has revealed varying amounts
394    of spinal interneuron inputs, ranging from substantial in adult rats to negligible in neonatal
395    mice[20,23,25,26]. In addition to potential species differences, other potential sources of variability
396    may be the tropism of the different viruses used (e.g. PRV vs Rabies) or the age of the injected
397    animals (neonatal vs adult), suggesting temporally dynamic inputs to PMNs that may be
398    developmentally gained or lost. In addition to anatomical studies, microelectrode and
399    multielectrode array recordings from the cervical spinal cord have identified a number of
400    interneurons with both inspiratory and expiratory related activity, indicating that complex spinal
401    circuits may be involved in PMN modulation downstream of brainstem circuits[29,30,49-53]. However,
402    unlike well-described functions for cardinal interneuron classes in locomotion, mapping
403    respiratory functions to these populations has been elusive. For example, Renshaw cells that
404    respond to PMN stimulation and are spontaneously active during inspiration have been
405    identified but appear to be rare[54-56]. Ablation or inhibition of V2a neurons changes the breathing
406    frequency, but these effects are mediated primarily through the brainstem rhythm-generating
407    pre-Botzinger Complex and accessory respiratory muscles rather than PMN modulation[57,58]. We
408    find that Pitx2+ interneurons at cervical levels of the spinal cord directly project to PMNs,
409    produce respiratory-related output, and modulate breathing amplitude under an environmental
410    challenge, providing both anatomical and functional evidence for a respiratory role for V0$_C$
411    interneurons. To our knowledge, this is the first time a genetically-defined spinal cord
412    interneuron population has been implicated in PMN modulation and the adaptive control of
413    breathing in healthy animals.

414        What are the inputs to spinal respiratory cholinergic interneurons, and how do they fit
415    into the broad respiratory network? Putative limb MN-projecting cholinergic interneurons in the
416    lumbar spinal cord increase the excitability of MNs involved in locomotion to ensure robust firing
417    and sufficient MN output during demanding tasks such as swimming[43,46,59]. These interneurons
418    receive input from corticospinal neurons, locomotor central pattern generator circuits,
419    descending serotonergic inputs and polysynaptic inputs from sensory afferents to adjust their
420    activity[43,60]. While respiratory V0$_C$ neurons may also receive synaptic inputs from these sources,
421    their activation by elevated $CO_2$ levels in the absence of locomotor activity suggests alternative
422    or additional inputs. One possibility is that they receive inputs from chemosensitive areas in the
423    brainstem such as the retrotrapezoid nucleus (RTN) or serotonergic neurons that stimulate

424    breathing in response to elevated $CO_2$[5,61]; in fact, we do observe serotonergic axons in close
425    proximity to mCherry+ ChAT+ INs in our rabies tracing experiments. In addition, respiratory $V0_C$
426    neurons may receive inputs from pre-phrenic respiratory areas such as the rVRG; since
427    cholinergic interneurons augment PMN output, the two populations might share common inputs.
428    Previous studies have detected rVRG axons around cervical pre-phrenic interneurons[23,62], and
429    our recordings, which show synaptic currents phase locked with respiratory output, support this
430    hypothesis. Respiratory $V0_C$ interneurons may also receive inputs from areas that modulate
431    breathing in response to different arousal states, such as the locus coeruleus[63]. In addition to
432    cholinergic Pitx2+ $V0_C$ interneurons, we also identified a number of excitatory and inhibitory
433    PMN-projecting interneurons (Extended Data Fig. 2F and G) mostly localized in the cervical
434    spinal cord, although it is worth noting that these are much less numerous than spinal cord
435    interneurons projecting to limb MNs (compare Fig. 2B-C to 2D)[39,40,64]. Mapping the inputs to
436    cholinergic, and all spinal respiratory interneurons broadly, will begin to dissect the regulatory
437    influence of distinct respiratory populations on PMN excitability and function and provide
438    insights into the circuits that modulate and enhance breathing behaviors. Altogether, our data
439    suggests a more prominent contribution of spinal cord interneurons to the regulation of
440    breathing than previously suggested.

441        While c-Fos experiments have limitations in detecting activation patterns with fine
442    temporal resolution, we find that the hypercapnia challenge increases both the number of c-Fos
443    expressing PMNs and the intensity of c-Fos expression, presumably corresponding to increases
444    in both MN recruitment and firing rate. Conversely, only the number of c-Fos expressing ChAT+
445    INs changed, suggesting that $V0_C$ recruitment is the predominant modality for increasing PMN
446    gain and diaphragm output, similar to the recruitment of V2a interneuron subtypes to generate
447    high speed movements[65,66]. Both rabies virus tracing and C-bouton quantification at PMN cell
448    bodies reveal that there might be some variability in the number of $V0_C$ inputs to each PMN.
449    Although we did not attempt to correlate C-bouton number to cell body size, one possibility is
450    that large, fast-fatigable PMNs receive more C-bouton inputs. Fast MNs have been shown to
451    have a higher density of C-boutons and we have previously found greater effects of muscarine
452    on fast MN output[59,67,68]. In addition to the hypercapnia response, $V0_C$ recruitment and PMN
453    modulation might become increasingly important for augmenting PMN output during expulsive
454    behaviors, like coughing and sneezing, and exercise, when even greater PMN activation is
455    required[69].

456        While comprising a relatively small subset of interneurons within the spinal cord, $V0_C$
457    interneurons exhibit remarkable molecular and anatomical diversity, and extensively innervate
458    spinal MNs. Despite their extensive projections to MNs, there seems to be some selectivity in
459    their targeting. For example, ocular and cremaster MNs lack cholinergic inputs, while MNs
460    innervating large proximal muscles receive greater numbers of inputs than those innervating
461    small distal muscles[67,68,70,71]. In addition, postsynaptic clustering of certain ion channels differs
462    among cholinergic synapses on different MN subtypes[72]. Within locomotor circuits, there are at
463    least two populations of $V0_C$ neurons, one of which projects exclusively to ipsilateral targets
464    while another projects either contralaterally or bilaterally, indicating that distinct programs
465    underlie their connectivity[39,43]. Recent single nucleus (sn)RNA-seq analysis of cholinergic
466    interneurons in adult mice identified eight transcriptionally distinct cholinergic interneuron
467    clusters, two of which expressed Pitx2, further supporting the idea that there is significant
468    diversity within this interneuron population, despite their common developmental origin from
469    Dbx1-expressing progenitors[73]. Therefore, it is likely that distinct cholinergic interneurons
470    innervate specific MN subtypes to mediate unique functions. We now show that $V0_C$
471    interneurons participate in diverse behavioral responses, modulating MN output to control limb
472    movements as well as breathing.

473        While our data clearly point to the existence of a subset of respiratory-related $V0_C$
474  neurons, we cannot definitively determine whether these interneurons exclusively project to
475  PMNs or also target limb MNs. Dually-projecting cholinergic interneurons have been observed
476  in adult rats[74], and even within the phrenic-projecting $V0_C$ population we observe considerable
477  diversity in dendritic orientation and rostrocaudal distribution, indicating that smaller
478  subdivisions, with distinct inputs and outputs, might exist even within this subset. For example,
479  $V0_C$ neurons at thoracic levels may project to both phrenic and intercostal MNs to coordinately
480  increase respiratory output. Interestingly, we found that in adult perfused preparations,
481  methoctramine also elicited a reduction in the amplitude of respiratory-related activity in external
482  intercostal muscles, although we did not identify the source of this modulation. Mapping the
483  synaptic inputs and outputs of individual $V0_C$ neurons will reveal the extent of common $V0_C$
484  inputs onto different MNs.

485        Despite well-defined morphogen gradients and transcriptional programs that specify
486  cardinal classes of interneurons, how these major classes are subdivided into smaller, distinct
487  subsets with discrete projections and functions is just beginning to emerge[75,76]. The heavily
488  biased cervical-level distribution of respiratory $V0_C$ interneurons suggests that perhaps genetic
489  programs involved in rostrocaudal patterning might shape their identity. For example, Hox
490  transcription factors control MN diversity along the rostrocaudal axis of the spinal cord and play
491  critical roles in the specification of MN subtypes, including PMNs[77-79]. Recent evidence suggests
492  that Hox proteins may also have broad roles in the specification and connectivity of spatially-
493  segregated interneuron subtypes[80]. The integration of cholinergic interneurons into respiratory
494  or locomotor circuits suggests that a developmental logic may dictate their selective targeting,
495  both to specific MNs and from distinct pre-synaptic partners. Whether this selective connectivity
496  is explicitly linked to early genetic programs that also define their topography and morphology,
497  or shaped by activity-dependent mechanisms, remains to be determined.

498        While the role of spinal interneurons in the canonical control of breathing has remained
499  somewhat elusive, recent studies have highlighted their critical function in respiratory plasticity
500  and recovery after spinal cord injury (SCI). For instance, animal studies have demonstrated that
501  changes in the function or connectivity of propriospinal neurons are crucial for improving
502  breathing function during both acute and chronic stages of injury[31-33,36,37]. Excitatory
503  interneurons are particularly important for recovery, as evidenced by models of non-traumatic
504  cervical myelopathy[32] and C2 hemisection SCI[31]. Specifically, in C2 hemisection SCI, increased
505  connectivity between V2a interneurons and PMNs has been linked to the spontaneous recovery
506  of breathing[81,82]. Activation of V2a interneurons can restore function in the paralyzed
507  hemidiaphragm following a C2 hemisection injury, while silencing these neurons significantly
508  hinders recovery[33]. Although the role of ChAT+ INs in recovering breathing function after SCI
509  remains to be elucidated, their importance in neurodegenerative conditions is suggested by
510  studies of $V0_C$ neurons in locomotor circuits in ALS[83-85]. Given our findings supporting a role for
511  $V0_C$ interneurons in facilitating diaphragm activation during hypercapnia, they represent a
512  promising neuronal population that can be coopted to counteract the reduced hypercapnic drive
513  response seen in cervical SCI patients[86] and enhance recovery after injury.

514

**Methods**

**Animals**

515     *RphiGT* (JAX# 024708)[38], *ROSA26Sor^tm9(CAG-tdTomato)* (Ai9, JAX# 007909)[87], *ChAT::eGFP*
518 (JAX# 030250)[88], *ChAT^flox/flox* (JAX# 016920)[89], *ChAT::Cre*[90], *Dbx1::Cre*[91], and *Pitx2::Cre*[92] lines
519 were generated as previously described and maintained on a mixed background. No more than
520 five adult mice were housed in a microisolator cage at one time under a 12-hr light/dark cycle.
521 Procedures and mouse maintenance performed in the United States were executed in
522 accordance with protocols approved by the Institutional Animal Care Use Committee of Case
523 Western Reserve University (assurance number: A-3145-01, protocol number: 2015-0180).
524 Procedures performed in the United Kingdom were conducted in accordance with the UK
525 Animals (Scientific Procedures) Act 1986, were approved by the University of St Andrews
526 Animal Welfare Ethics Committee and were covered under Project Licences (P6F7B721E and
527 PP8253850) approved by the Home Office. Experiments carried out in Canada were approved
528 by the Animal Care Committee at the University of Calgary (AC19-0037).

**Rabies-based monosynaptic tracing**

530     RabiesΔG-mCherry virus production and monosynaptic tracing were performed as
531 previously described[93,94]. Briefly, rabies injection solution was made by mixing RabiesΔG-
532 mCherry virus (titer of around $1^{10}$ TU/ml) with silk fibroin (Sigma# 5154)[95] at a 2:1 ratio. 1-1.5 µl
533 of rabies injection solution was unilaterally injected into the diaphragm or biceps muscle of
534 *ChAT::Cre; RphiGT* mice at P4 using a nano-injector (Drummond). Mice were sacrificed 7 days
535 post-injection (P11). Specificity of the unilateral injection of the diaphragm/PMN infection was
536 confirmed by checking the mCherry fluorescent signal in the diaphragm and spinal cord (from
537 cervical to lumbar levels, Extended Data Fig.1C). Fluorescent signal at the ventral roots was
538 used as an indicator of starter MN labeling. No signal at ventral roots outside the C3-C5 spinal
539 cord was detected in animals with phrenic-specific labeling. 100 µm-thick consecutive sections
540 from the cerebrum to the spinal cord were harvested by Leica VT1000S vibratome. Sectioning
541 was stopped if no mCherry+ cells were observed in more than 20 consecutive sections (2 mm).
542 The connectivity index was calculated by dividing the number of mCherry+ labeled cells by the
543 number of starter PMNs in individual animals.

**Immunohistochemistry**

545     Mice aged older than P12 were anesthetized with either a Ketamine/Xylazine cocktail or
546 Pentobarbital and underwent transcardial perfusion with ice-cold phosphate buffered saline
547 (PBS; pH 7.4 without $Ca^{2+}$ or $Mg^{2+}$) to remove the blood, followed by ice-cold 4%
548 paraformaldehyde (PFA). Neonatal mice were dissected acutely after being anesthetized with
549 Ketamine/Xylazine cocktail. The spinal cord was dissected and then incubated in PFA overnight
550 at 4 °C. Spinal cords were then washed in PBS and incubated in 30% sucrose for
551 cryosectioning. When the spinal cords had sunk in the sucrose solution, they were embedded in
552 Optimal Cutting Temperature (OCT) compound and frozen at -80 °C.

553     Transverse cryosections (16 or 30 µm) of the cervical spinal cord were obtained using a
554 CM3050S Leica cryostat. For identification and characterization of monosynaptic cholinergic
555 interneurons, 100 µm thick sections were harvested with a Leica VT1000S vibratome. Sections
556 were incubated in PBS containing 1% bovine serum albumin (BSA) and 0.1-0.5% Triton X100
557 for 2 hours at room temperature. After blocking/permeabilization, tissue was incubated with
558 primary antibodies for overnight to 72 hours. After primary incubation, slides were washed 3
559 times with PBS, followed by incubation with secondary antibodies for 2 hours to overnight at
560 room temperature. Finally, slides were washed a further 3 times with PBS, mounted sequentially
561 on Superfrost plus gold glass slides (Thermo Scientific) and let dry before applying the

562    Vectashield Vibrance mounting medium (Vector Laboratories) and cover glasses (VWR).

563    The following primary antibodies were used in this study: goat anti-ChAT (Sigma, RRID:
564    AB_2079751, 1:300), goat anti-VAChT (Millipore, RRID: AB_2630394, 1:1000), rabbit anti-
565    VAChT (Synaptic Systems, RRID: AB_10893979, 1:500), chicken anti-RFP (Rockland,
566    600901379, 1:500), rabbit anti-DsRed (Takara Bio, RRID: AB_10013483, 1:1000), rabbit anti-c-
567    Fos (Synaptic Systems, RRID: AB_2905595, 1:1000), goat anti-Scip (Santa Cruz
568    Biotechnology, RRID:AB_2268536, 1:5000), rabbit anti-Pitx2 (1:16000)[43] and rabbit anti-CTB
569    (Novus Biologicals, NB100-63067, 1:500). Fluorophore-coupled secondary antibodies used
570    were: donkey anti-chicken Alexa Fluor 594 (Sigma, SAB4600094), donkey anti-goat Alexa Fluor
571    405 (Invitrogen, AB_2890272), donkey anti-goat Alexa Fluor 488 (Invitrogen, A11055), donkey
572    anti-goat Alexa Fluor 647 (Jackson ImmunoResearch, AB_2340437), donkey anti-rabbit Alexa
573    Fluor 488 (Abcam, ab150073), and donkey anti-rabbit Alexa Fluor 555 (Invitrogen, A31572).

**Confocal Microscopy and Image Processing**

575    Confocal microscopy images were captured using a Zeiss LSM800 laser scanning
576    confocal microscope, based on an Axio 'Observer 7' inverted microscope, equipped with a 20x
577    0.8 NA apochromatic objective lens. ZEN (blue edition) software was used for image
578    acquisition. Illumination was provided by 405, 488, 555/561, 647 nm laser lines. Unidirectional
579    laser scanning was performed on each channel and images were captured with 8-bit resolution
580    with Gallium Arsenide Phosphid (GaAsP) PMT detectors. Images of PMNs, identified using
581    CTB, were captured from serial Z-stacks with 0.2 µm interval and XYZ voxel dimensions of 312
582    x 312 x 600 nm, from which resultant 2D images were produced by summating the intensity
583    across 2 µm thick z-stacks passing from the center of the neurons. Images were visualized and
584    processed using FIJI[96].

***In situ* hybridization**

586    *In situ* hybridization was performed as previously described[97]. Briefly, a T7 polymerase
587    promoter sequence was added to the 5' end of the reverse primer of the PCR primers for rabies
588    virus G protein (Forward: AAAGCATTTCCGCCCAACAC, Reverse:
589    TAATACGACTCACTATAGGGCCTCGTCACCGTCCTTGAAA) and DNA was amplified from a
590    plasmid expressing rabies virus G protein (Addgene #26197). Next, RNA probe was generated
591    using T7 polymerase and digoxigenin (DIG) labeling mix. 16 µm-thick cryostat sections from P4
592    *ChAT::Cre; RphiGT* mice were used for hybridization. Anti-DIG antibody (Roche, RRID:
593    AB_514497) was applied to visualize the signal from the RNA probe.

**Three-dimensional (3D) monosynaptic mapping reconstruction**

595    Images of sections from the brainstem to the spinal cord were organized in sequential
596    order in a folder and imported in Imaris (Oxford Instruments), which automatically generates a
597    3D brainstem-spinal cord model based on imported sequential images. The contour of the
598    brainstem to spinal cord was outlined by the "Surface" function in Imaris. mCherry+
599    monosynaptic inputs (magenta) and starter PMNs (turquoise) were identified by the "Spot"
600    function in Imaris and their colors were assigned based on their identities. Starter PMNs are
601    located within clustered ChAT+ MNs in the ventral spinal cord (Extended Data Video 1).

**Filament and VAChT+ synapse analysis**

603    Dendritic morphology of ChAT+ INs was reconstructed and analyzed using the 'Filament'
604    function in Imaris. Definitions of the statistics used for filament analysis can be found in the
605    Imaris V 6.3.1 Reference Manual
606    (http://www.bitplane.com/download/manuals/ReferenceManual6_3_1.pdf).

607        For VAChT+ puncta quantification on the retrogradely traced mCherry+ PMNs, VAChT+
608   puncta were counted by the 'Spot' function in Imaris. Traced mCherry+ PMNs were
609   reconstructed by the 'Filament' function in Imaris. Only the VAChT+ puncta that were on the
610   PMNs were included (filtered by the intensity of mCherry+ signal). To categorize subcellular
611   location of the VAChT+ puncta, the cell body of the PMNs was delineated by the 'Surface'
612   function in Imaris. VAChT+ puncta that are outside a 100μm radius of the center of the cell body
613   were considered to be on the distal dendrites.

614        For quantification of puncta colocalization, both VAChT+ and $Pitx2^{tdTom}$+ puncta on
615   PMNs were identified by the 'Spot' function in Imaris. VAChT+ puncta on the PMNs were then
616   classified as $Pitx2^{tdTom}$+ or $Pitx2^{tdTom}$- based on the intensity of tdTomato signal in the 'Spot'
617   function. The total number of PMNs was counted to calculate the average number of VAChT+
618   puncta per PMN.

**Topographical analysis**

620        To plot the topographical distribution of mCherry+ ChAT+ INs, the X and Y coordinates
621   of ChAT+ INs, the spinal cord outline, the central canal and MNs were identified in Imaris using
622   the 'Spot' function. XY coordinates are rotated and standardized to a spinal cord coordinate
623   map where the central canal is the origin (0, 0). The sizes of the standardized coordinate map
624   are determined by averaging the size of the spinal cord. Since the shape of the spinal cord
625   changes along the rostrocaudal axis and LMNs are located slightly caudal to PMNs, the
626   standardized dimensions of the spinal cord for the ChAT+ INs → PMNs are 2000 μm in the
627   horizontal and 1500 μm in the vertical direction (± 1000 for X axis and ± 750 for Y axis), while
628   the standardized dimensions of the spinal cord for the ChAT+ INs → LMNs are 2000 μm
629   (horizontal) and 1250 μm (vertical) (± 1000 for X axis and ± 625 for Y axis). The absolute values
630   of the X coordinates of these ChAT+ INs were used as their distance to the central canal.

631        For rostral to caudal distribution of ChAT+ INs that project to PMNs, sections from
632   different animals were aligned based on the spinal cord atlas[98] and each section was assigned
633   a rostro-caudal position ID. Their XY positions in the spinal cord were determined as described
634   above.

***In vitro* Isolated Brainstem Spinal Cord Preparation**

636        17 C57/BJ6 neonatal mice (P2-P4) of both sexes were used for *in vitro* electrophysiology
637   experiments. Animals were deeply anesthetized with 4% isoflurane in 100% oxygen before
638   being decerebrated, eviscerated and pinned ventral side down in a dissecting chamber lined
639   with Sylgard silicone elastomer (Dow) that was filled with carbogen-bubbled (95% oxygen, 5%
640   carbon dioxide) artificial cerebrospinal fluid (aCSF, containing 120 mM NaCl, 3 mM KCl, 1.25
641   mM $NaH_2PO_4$, 1 mM $CaCl_2$, 2 mM $MgSO_4$, 26 mM $NaHCO_3$ and 20 mM D-glucose) at 4 °C. The
642   brainstem and spinal cord were exposed and dissected as previously described[99], and the
643   brainstem was transected at the pontomedullary junction. Preparations were then transferred to
644   a recording chamber perfused with recirculating, recording aCSF warmed to 25-28 °C and given
645   1-hour recovery time prior to the initiation of baseline measurements. Extracellular neurograms
646   were obtained using tight fitting suction electrodes attached to the ventral root of the third or
647   fourth cervical spinal segment (C3/4). For split-bath experiments, the recording chamber was
648   divided into two compartments with the use of a plastic wall and by applying Vaseline around
649   the preparation. To confirm successful splitting of the compartments, food coloring was applied
650   sequentially in both compartments at the end of each experiment. Experiments in which any
651   leak of dye was observed from one compartment to the other were excluded from analyses.
652   Signals were amplified 1000 times, and bandpass filtered (10-1000 Hz) using a differential AC
653   amplifier (Model 1700, A-M Systems), digitized at 5 kHz using a Digidata 1440 (Molecular
654   Devices), acquired using Axoscope software (Molecular Devices) and stored on a computer for

655 offline analysis. Signals were analyzed using the Dataview software (courtesy of Dr. W.J.
656 Heitler, University of St Andrews).

## Whole-cell patch clamp electrophysiology

658 Whole-cell patch clamp recordings were obtained from 22 tdTomato+ interneurons on
659 brainstem-spinal cord preparations obtained from 5 *Pitx2$^{tdTom}$* neonatal mice (P3-P4) of both
660 sexes. Access was gained to Pitx2+ interneurons located near the central canal by performing a
661 mid-sagittal hemisection of the spinal cord using an insect pin. Preparations were stabilized in a
662 recording chamber by pinning them to an agar block and visualized with a 40x objective using
663 infrared illumination and differential interference contrast (DIC) microscopy. Cells were
664 visualized and whole-cell recordings obtained under DIC using pipettes (L: 100 mm, OD: 1.5
665 mm, ID: 0.84 mm; World Precision Instruments) pulled on a Flaming Brown micropipette puller
666 (Sutter Instruments Model P97) to a resistance of 2.5-3.5 MΩ. Pipettes were back-filled with
667 intracellular solution (containing 140 mM KMeSO4, 10 mM NaCl, 1 mM CaCl2, 10 mM HEPES,
668 1 mM EGTA, 3 mM Mg-ATP and 0.4 mM GTP-Na2; pH 7.2-7.3, adjusted with KOH). Signals
669 were amplified and filtered (6 kHz low pass Bessel filter) with a Multiclamp 700B amplifier,
670 acquired at 20 kHz using a Digidata 1440A digitizer with pClamp Version 10.7 software
671 (Molecular Devices) and stored on a computer for offline analysis.

672 All interneuron intrinsic properties were studied by applying a bias current to maintain
673 the membrane potential at -60 mV. Values reported are not liquid junction potential corrected to
674 facilitate comparisons with previously published data[43,45]. Cells were excluded from analysis if
675 access resistance was greater than 20 MΩ, changed by more than 5 MΩ over the duration of
676 the recording, or if spike amplitude was less than 60 mV when measured from threshold
677 (described below).

678 Basal passive properties including capacitance (C), membrane time constant (tau), and
679 input resistance (Ri) were measured during a hyperpolarizing current pulse that brought the
680 membrane potential from -60 to -70mV. Input resistance was measured from the initial voltage
681 trough to minimize the impact of active conductances with slow kinetics (eg. Ih, sag). The time
682 constant was measured as the time it took to reach 2/3 of the peak voltage change.
683 Capacitance was calculated by dividing the time constant by the input resistance (C = tau/Rin).
684 Resting membrane potential was measured, from the MultiClamp Commander, 10 minutes after
685 obtaining a whole-cell configuration.

686 Rheobase was measured using short (10 ms) depolarizing current steps and determined
687 as the first current step in a series of three steps to elicit an action potential. The voltage
688 threshold of the first action potential was defined as the voltage at which the change in voltage
689 reached 10 mV/ms. The amplitude of synaptic currents and the frequency of current amplitude
690 and action potentials were measured during respiratory bursting using a threshold-based event
691 detection in Clampfit (Molecular Devices).

## Adult Perfused Preparation

693 9 prepubescent male Sprague Dawley rats (age: 4-6 weeks; 80-180g) were deeply
694 anesthetized with 5% isoflurane in air before being bathed in ice-chilled physiologic saline
695 solution (115 mM NaCl, 4 mM KCl, 1 mM NaHCO3, 1.25 mM NaH2PO4, 2 mM CaCl2, 10 mM
696 D-glucose, and 12 mM sucrose), decerebrated at approximately the mid collicular level, and
697 spinally transected near the thoracolumbar junction. Rats were eviscerated and vagotomised,
698 and then perfused via the descending aorta with physiologic saline solution equilibrated to 40
699 mmHg PCO2 and balance oxygen, pressure held above 90 mmHg, and the temperature at 32-
700 33 °C. Extracellular neurograms were obtained from the phrenic nerve using silver wire hook
701 electrodes and electromyograms recorded from muscles of the 5th intercostal muscles. Signals

702  were acquired at 5 kHz, amplified 1000 times, and bandpass filtered from 0.1 to 1 kHz
703  (Axoscope 9.0). Pharmacological manipulations of M2 receptors were performed by delivering
704  10 µM methoctramine (Sigma-Aldrich, M105) through the perfusate.

**Whole body plethysmography**

706  Freely-moving mice were placed in a chamber for whole body plethysmography (emka,
707  Fig. 7A). The air flow was maintained at 0.75 L/min per chamber for all gas mixtures. Breathing
708  measurements were obtained from pairs of adult mice (P60-120), with each pair consisting of
709  one control and its sex-matched mutant littermate. Normal air was given for 45 minutes,
710  followed by 5% or 10% $CO_2$ for 15 minutes (Fig. 7A). All breaths were collected initially and
711  plotted for overview. Since breathing patterns can greatly vary under normal air depending on
712  the activity level of the animal, we selected breaths during which the animal was resting (not
713  moving, sniffing or grooming, accompanied by a consistent pattern of low frequency breaths) to
714  represent breathing under normal air conditions. When switching from normal air to hypercapnic
715  conditions, a response curve was observed due to the gas exchange in the chamber being a
716  gradual process. We selected breaths after maximum breathing frequency was reached after
717  the switch to represent breaths under hypercapnic conditions. For each animal, at least 3 trials
718  were performed, and all the trials were included in the analysis. For $Dbx1^{\Delta ChAT}$ mice and their
719  control littermates, 8697-30757 breaths under air and 11793-68143 breaths under 10% $CO_2$ for
720  each animal were included for analysis. For $Pitx2^{\Delta ChAT}$ mice and their control littermates, 997-
721  28228 breaths under air, 6727-48128 breaths under 10% $CO_2$ and 2787-22118 breaths under
722  5% $CO_2$ for each animal were included for analysis. All qualifying breaths were used to
723  characterize their distribution. The mean values from all qualifying breaths collected were used
724  to represent individual animals for group comparisons. Normalization was presented as fold
725  control, where the control was the matched littermate that was recorded at the same time.

**Hypercapnic challenge and c-Fos expression analysis**

727  P20 *ChAT::eGFP* mice were placed in whole body plethysmography chambers for
728  normal air or hypercapnic gas challenge. Either normal air (79% $N_2$, 21% $O_2$), 5% $CO_2$ (with
729  74% $N_2$ and 21% $O_2$), or 10% $CO_2$ (with 69% $N_2$ and 21% $O_2$) were given for either 1 hour or for
730  15 minutes. The 15-minute trials were followed by 45 minutes of normal air. Mice were
731  euthanized by intraperitoneal injection of a ketamine/xylazine cocktail solution and dissected
732  immediately after the gas challenge. Continuous spinal cord sections were mounted on 10
733  individual slides (10 replicates). One set of the spinal cord sections was used for c-Fos
734  immunostaining and quantification. The numbers shown in Fig. 6 and Extended Data Fig. 6 are
735  total numbers from one set of spinal cord sections and correspond to one tenth of the overall
736  PMN/ChAT+ IN numbers in one animal. c-Fos+ and ChAT+ cells were identified separately by
737  using the 'Spot' function in Imaris. c-Fos+ cells in the white matter of the spinal cord were rare
738  and were not included in our study. Based on their location in the spinal cord, neurons were
739  divided into MN and non-MN groups. To define c-Fos/ChAT colocalization and count c-Fos+
740  ChAT+ INs, a filter named "shortest distance to ChAT+ non-MN spots" was applied to c-Fos+
741  non-MN spots.

**Experimental design and statistical analysis**

743  For rigor and reproducibility, both male and female mice were used for all reported
744  results. Data were presented as box plots or bar plots with each dot representing data from an
745  individual mouse. Violin plots were used for the morphological comparison of ChAT+
746  interneurons for better demonstration of the distribution. For violin plots, solid lines indicate the
747  mean and dashed lines indicate 25th and 75th percentile. Two-factor repeated measures ANOVA
748  were conducted to test the effect of pharmacological agents on intrinsic properties and currents,
749  with MN subtype and drug as factors. Appropriate and equivalent nonparametric tests (Mann-

750 Whitney or Kruskal-Wallis) were conducted when data failed tests of normality or equal variance
751 with Shapiro Wilk and Brown-Forsythe tests, respectively. Paired or unpaired t-tests were
752 performed on data with two variables. One sample t-test (hypothetical value = 1) was used for
753 data after normalization. Individual data points for all recorded $Pitx2^{Tdtom}$+ cells are presented in
754 figures along with mean ± SD, and were reported in Extended Data Table 1. Statistical analyses
755 were performed using Graph Pad Version 9.0 (Prism, San Diego, CA, USA). $p < 0.05$ was
756 considered to be statistically significant, where $*p < 0.05$, $**p < 0.01$, $***p < 0.001$, and $****p <$
757 $0.0001$.

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1039

1040

**Figure Legends**

**Figure 1. Distribution of monosynaptic inputs to phrenic motor neurons (PMNs)**

(A)     Tracing strategy for mapping monosynaptic PMN inputs.

(B)     Examples of mCherry-labeled brainstem (rVRG) and spinal cord interneurons projecting to PMNs. moXII: hypoglossal motor nucleus, NA: Nucleus Ambiguus, cc: central canal. Scale bar = 200 µm.

(C)     Distribution of PMN inputs in the brainstem and spinal cord (n = 7).

(D)     Quantification of the rostrocaudal distribution of spinal inputs to PMNs.

(E)     Spinal cord PMN inputs are largely localized to the ipsilateral side.

(F)     Dorsoventral distribution of PMN inputs in the spinal cord.

(G)     Cholinergic interneurons (ChAT+ INs) around the central canal (cc) in the cervical spinal cord directly project to PMNs. Scale bar = 200 µm (top) and 50 µm (bottom).

(H)     Rostrocaudal distribution of ChAT+ INs projecting to PMNs (ChAT+ INs → PMNs).

(I)     ChAT+ INs comprise ~10% of total PMN inputs.

(J)     Quantification of contralateral and ipsilateral ChAT+ INs projecting to PMNs.

(K)     Quantification of the rostrocaudal distribution of ChAT+ INs projecting to PMNs.

(L)     ChAT+ INs from the brachial and thoracic spinal cord directly project to PMNs. Scale bar = 200 µm (top) and 50 µm (bottom).


**Figure 2. ChAT+ INs that project to PMNs are morphologically and topographically distinct.**

(A) Transsynaptic retrograde labeling of ChAT+ INs projecting to PMNs (ChAT+ INs → PMNs) and limb (biceps)-innervating MNs (ChAT+ INs → LMNs).

(B-C) Representative images of contralateral (B) and ipsilateral (C) ChAT+ INs → PMNs. Scale bar = 100 µm.

(D) Representative image of ChAT+ INs → LMNs. Scale bar = 100 µm.

(E) Topographical distribution of ChAT+ INs → PMNs (n = 86 cells from 7 mice) and ChAT+ INs → LMNs (n = 69 cells from 5 mice). Rectangular region is enlarged to the right.

(F)  Quantification of ChAT+ INs → PMNs and ChAT+ INs → LMNs horizontal distance to the central canal.

(G-H) Reconstruction of ChAT+ INs → PMNs (G) and ChAT+ INs → LMNs (H) morphology. Scale bar = 50 µm.

(I) Sholl analysis of ChAT+ INs → PMNs (n = 36 cells) and ChAT+ INs → LMNs (n = 35 cells).

1074 (J-N) ChAT+ INs → PMNs have higher maximum Sholl intersections (J), greater overall
1075 dendritic length (K), cover a larger area (L), and have higher maximum branch level (M) and
1076 greater maximum branch depth (N) compared to ChAT+ INs → LMNs.

1077 ** $p < 0.01$, **** $p < 0.0001$

1078

1079 **Figure 3. Pitx2-derived cholinergic synapses on PMNs.**

1080 (A) Transverse section of the cervical spinal cord showing retrograde CTB labeling (green) in
1081 PMNs (squared region). Scale bar = 100 μm.

1082 (B) Enlargement of CTB-labeled PMNs (green) shown in (A). Square region indicates a PMN
1083 shown in (C). Scale bar = 20 μm.

1084 (C) Enlargement of a single CTB-labeled PMN (CTB, green) shown in (B) from a $Pitx2^{tdTom}$ adult
1085 mouse with synapses derived from $Pitx2^{Tdtom}$+ interneurons (red) and cholinergic synapses
1086 (VAChT, blue). Numbers indicate labeled synapses on the PMN soma. Scale bar = 5 μm

1087 (D) Magnification of numbered synapses from (C) showing colocalization of tdTomato and
1088 VAChT. Scale bar = 1 μm.

1089 (E-F) Representative images of VAChT+ puncta on PMNs in P4 $Pitx2^{tdTom}$ mice. Square region
1090 in (E) is enlarged in (F). Scale bar = 100 μm (E) and 20 μm (F).

1091 (G) Enlargement of the square region in (F). Numbers indicate examples of synapses on the
1092 PMN soma. Scale bar = 5 μm.

1093 (H) Magnification of numbered synapses from (G). Scale bar = 1 μm.

1094 (I) Percentage of VAChT+ puncta that are $Pitx2^{tdTom}$+ on PMN somas at P4.

1095 (J-K) Representative images of VAChT+ puncta on PMNs in adult (P60) $Pitx2^{tdTom}$ mice. Square
1096 region in (J) is enlarged in (K). Scale bar = 100 μm (J) and 20 μm (K).

1097 (L) Enlargement of the square region in (K). Numbers indicate examples of synapses on the
1098 PMN soma. Scale bar = 5 μm.

1099 (M) Magnification of numbered synapses from (L). Scale bar = 1 μm.

1100 (N) Percentage of VAChT+ puncta that are $Pitx2^{tdTom}$+ on PMN somas at P60.

1101

1102 **Figure 4. A subset of cervical Pitx2+ interneurons are integrated within respiratory**
1103 **circuits.**

1104 (A) Schematic of the experimental setup showing extracellular ventral root recordings and
1105 intracellular whole-cell patch clamp recordings from individual $Pitx2^{tdTom}$+ interneurons (red) in
1106 hemisected brainstem-spinal cord preparations from $Pitx2^{tdTom}$ neonatal mice.

1107 (B) Pie charts showing the relative proportion of respiratory-related (red) and non-respiratory-
1108 related (gray) Pitx2+ interneurons within and below the C3-4 spinal segments.

1109  (C) Example trace of voltage-clamp recording from a respiratory-related Pitx2+ interneuron (top)
1110  during ongoing respiratory burst (bottom). Red dotted box showing zoomed-in traces during a
1111  respiratory burst.

1112  (D) as in (C) but regarding current-clamp recording.

1113

1114  **Figure 5. Effect of methoctramine on the respiratory motor output.**

1115  (A) Brainstem-spinal cord preparation from neonatal mice.

1116  (B) Raw (top) and integrated/rectified (bottom) traces from the C4 ventral root during baseline,
1117  methoctramine (10 μM) and washout. a-c boxes indicate 40 seconds of recording at the end of
1118  each condition (black = baseline; red = methoctramine; grey = washout), expanded at the
1119  bottom.

1120  (C) Average respiratory-burst amplitude over the last 10 minutes during baseline (black), 10 μM
1121  methoctramine (red), and washout (grey); black lines show mean and SD (n = 7).

1122  (D) as in (C) but showing respiratory-burst frequency.

1123  (E) Experimental design to block M2 receptors at spinal levels only in the brainstem-spinal cord
1124  preparation from neonatal mice.

1125  (F) as in (B) but showing the effect of methoctramine at spinal level only.

1126  (G) and (H) as in (C) and (D) but showing the effect of methoctramine at spinal level only (n =
1127  10).

1128  (I) Working heart-brainstem preparation from adult rats. (J) as (B) and (F) but showing the
1129  phrenic neurogram trace from the working heart-brainstem preparation. Square boxes indicate 7
1130  seconds of recording at the end of each condition (black = baseline; red = methoctramine; grey
1131  = washout), expanded at the bottom. (K) and (L) as in (C) and (D) but showing the effects of
1132  methoctramine in the adult preparation.

1133  Data analyzed with mixed-effect model and Holm-Šídák's multiple comparisons test. *p < 0.05,
1134  **p < 0.001

1135

1136  **Figure 6. ChAT+ INs are highly activated under a hypercapnic gas challenge**

1137  (A) ChAT+ MNs and INs are labeled by GFP in *ChAT::eGFP* mice. Regions including PMNs and
1138  ChAT+ INs around the central canal are shown in (B) and (C), respectively.

1139  (B-C) Both PMNs (B) and ChAT+ INs (C) are highly activated, as indicated by high c-Fos
1140  expression (red), after exposure to 10% $CO_2$. White arrows indicate c-Fos+ ChAT+ INs. Scale
1141  bar = 40 μm.

1142  (D) PMN activation is positively correlated to ChAT+ IN activation.

1143  (E, G, and I) Percentage of c-Fos+ PMNs after 10% $CO_2$ for 1 hour (E), 10% $CO_2$ for 15 minutes
1144  (G), and 5% $CO_2$ for 15 minutes (I).

1145　(F, H, and J) Number of c-Fos+ ChAT INs after 10% $CO_2$ for 1 hour (F), 10% $CO_2$ for 15
1146　minutes (H), and 5% $CO_2$ for 15 minutes (J).

1147　* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

1148

1149　**Figure 7. Cholinergic interneuron silencing impairs the response to hypercapnia**

1150　(A) Experimental design for whole body plethysmography and schematic of a representative
1151　breath. A $Pitx2^{\Delta ChAT}$ or $Dbx1^{\Delta ChAT}$ mouse was paired with a sex-matched control littermate and
1152　the mice were exposed to normal air conditions (21% $O_2$, 79% $N_2$) for 45 minutes, followed by
1153　15 minutes of hypercapnia (5% $CO_2$, 21% $O_2$, 74% $N_2$ or 10% $CO_2$, 21% $O_2$, 69% $N_2$).

1154　(B-C) Examples of breath traces under normal air and 10% $CO_2$ in $Pitx2^{\Delta ChAT}$ mice and their
1155　control littermates. A single breath was enlarged in (C).

1156　(D, H, L, and P) Breath frequency (D), minute ventilation (H), tidal volume (L), and PIF (P)
1157　distribution under normal air in $Pitx2^{\Delta ChAT}$ and control mice (n = 14-17 per group).

1158　(E, I, M, and Q) Mean and normalized frequency (E), minute ventilation (I), tidal volume (M), and
1159　PIF (Q) under normal air in $Pitx2^{\Delta ChAT}$ and control mice.

1160　(F, J, N, and R) Breath frequency (F), minute ventilation (J), tidal volume (N), and PIF (R)
1161　distribution under 10% $CO_2$ in $Pitx2^{\Delta ChAT}$ and control mice (n = 14-17 per group).

1162　(G, K, O, and S) Mean and normalized frequency (G), minute ventilation (K), tidal volume (O),
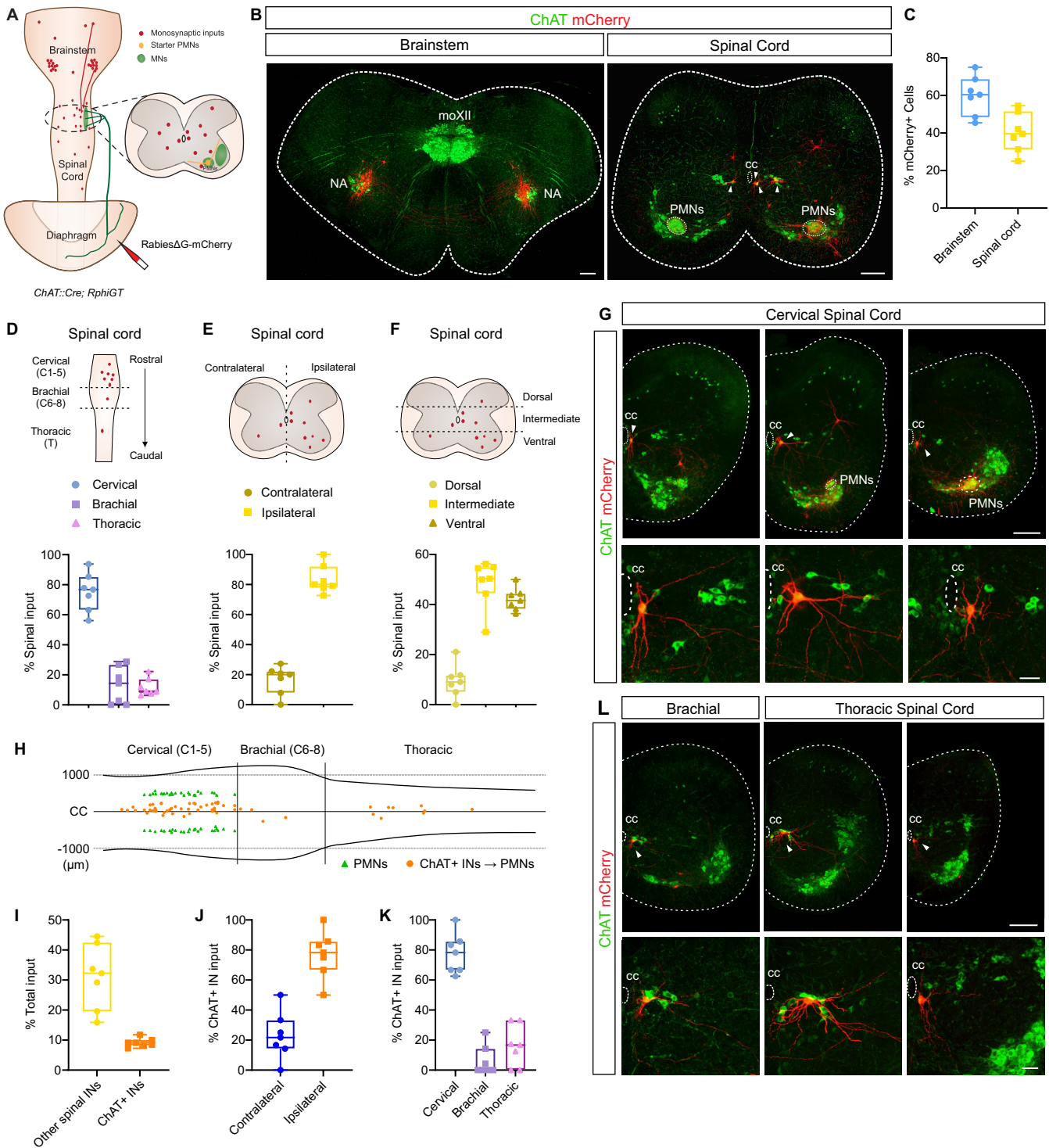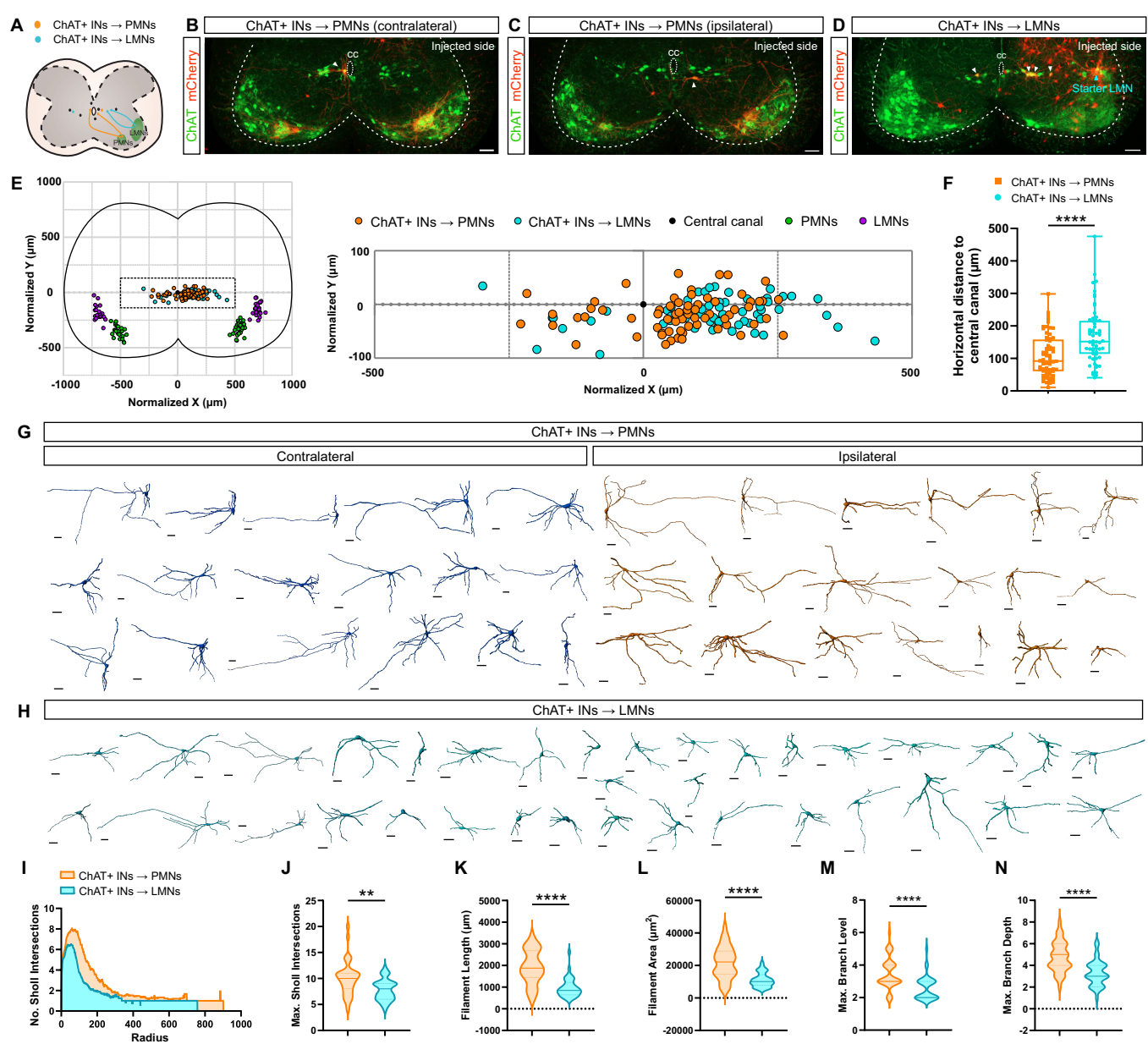1163　and PIF (S) under 10% $CO_2$ in $Pitx2^{\Delta ChAT}$ and control mice.
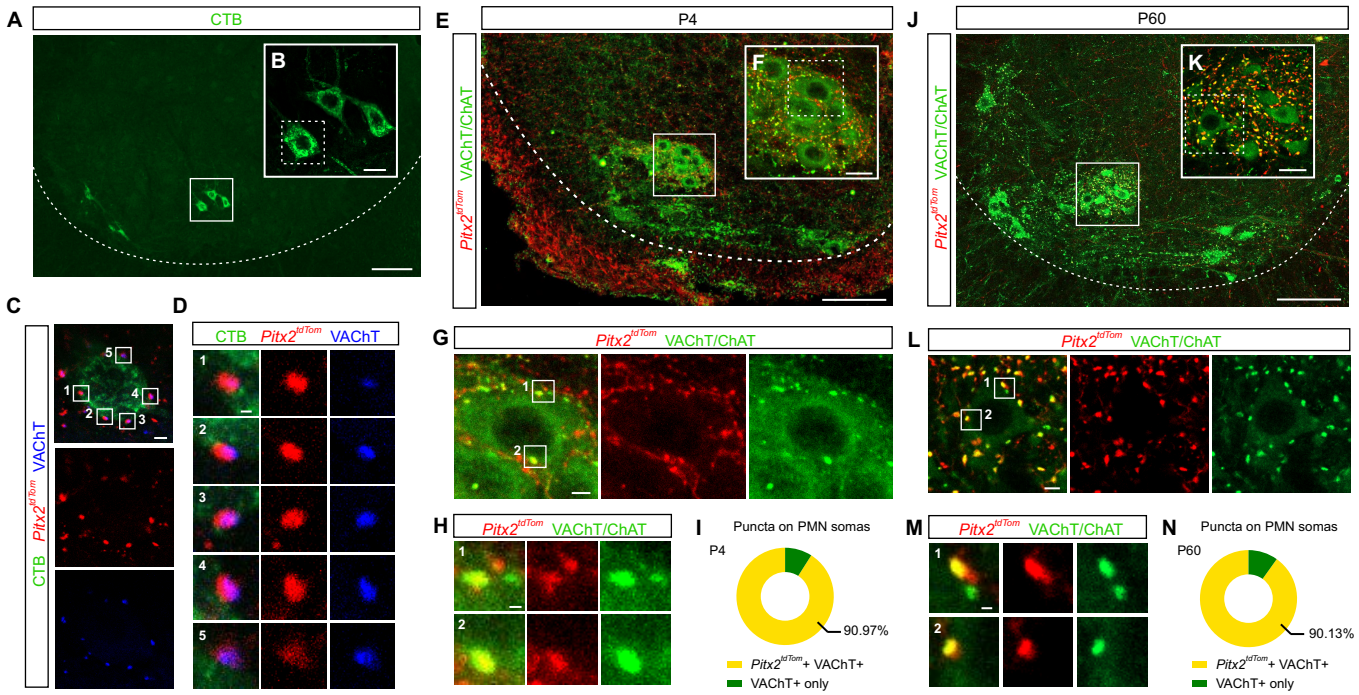
Figure 1

Figure 2

**A** CTB

**B**

**C** CTB *Pitx2^tdTom* VAChT

**D** CTB | *Pitx2^tdTom* | VAChT
1
2
3
4
5

**E** P4 — *Pitx2^tdTom* VAChT/ChAT

**F**

**G** *Pitx2^tdTom* VAChT/ChAT
1
2

**H** *Pitx2^tdTom* VAChT/ChAT
1
2

**I** Puncta on PMN somas
P4
90.97%
*Pitx2^tdTom*+ VAChT+
VAChT+ only

**J** P60 — *Pitx2^tdTom* VAChT/ChAT

**K**

**L** *Pitx2^tdTom* VAChT/ChAT
1
2

**M** *Pitx2^tdTom* VAChT/ChAT
1
2

**N** Puncta on PMN somas
P60
90.13%
*Pitx2^tdTom*+ VAChT+
VAChT+ only

Figure 3

**A** *Pitx2^{tdTom}*

Extracellular Recording

Intracellular Recording

Ventral Roots

**B**

C3-4    C5-7

Respiratory Related    Non-Respiratory Related

**C** *Pitx2^{tdTom}*+ IN - Voltage Clamp

V hold = -60 mV

50 pA

50 pA

Raw C4

10 s    100 ms

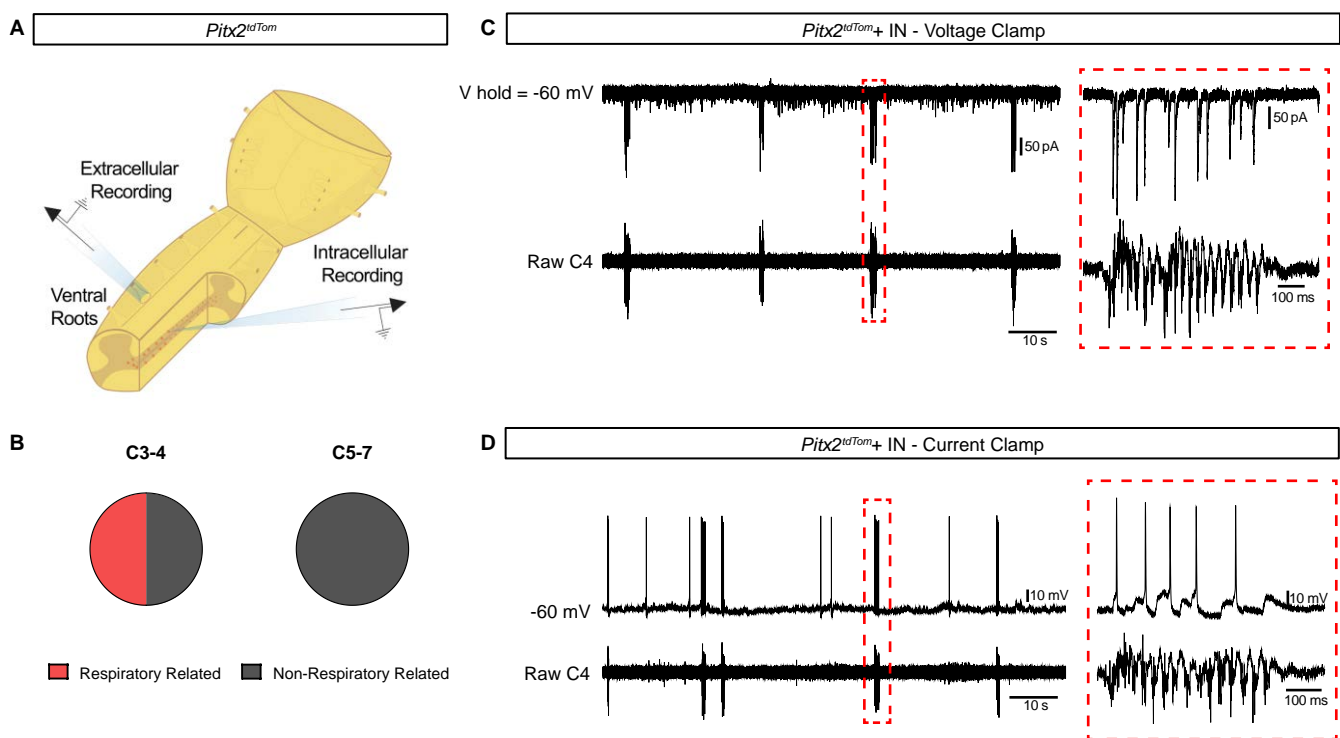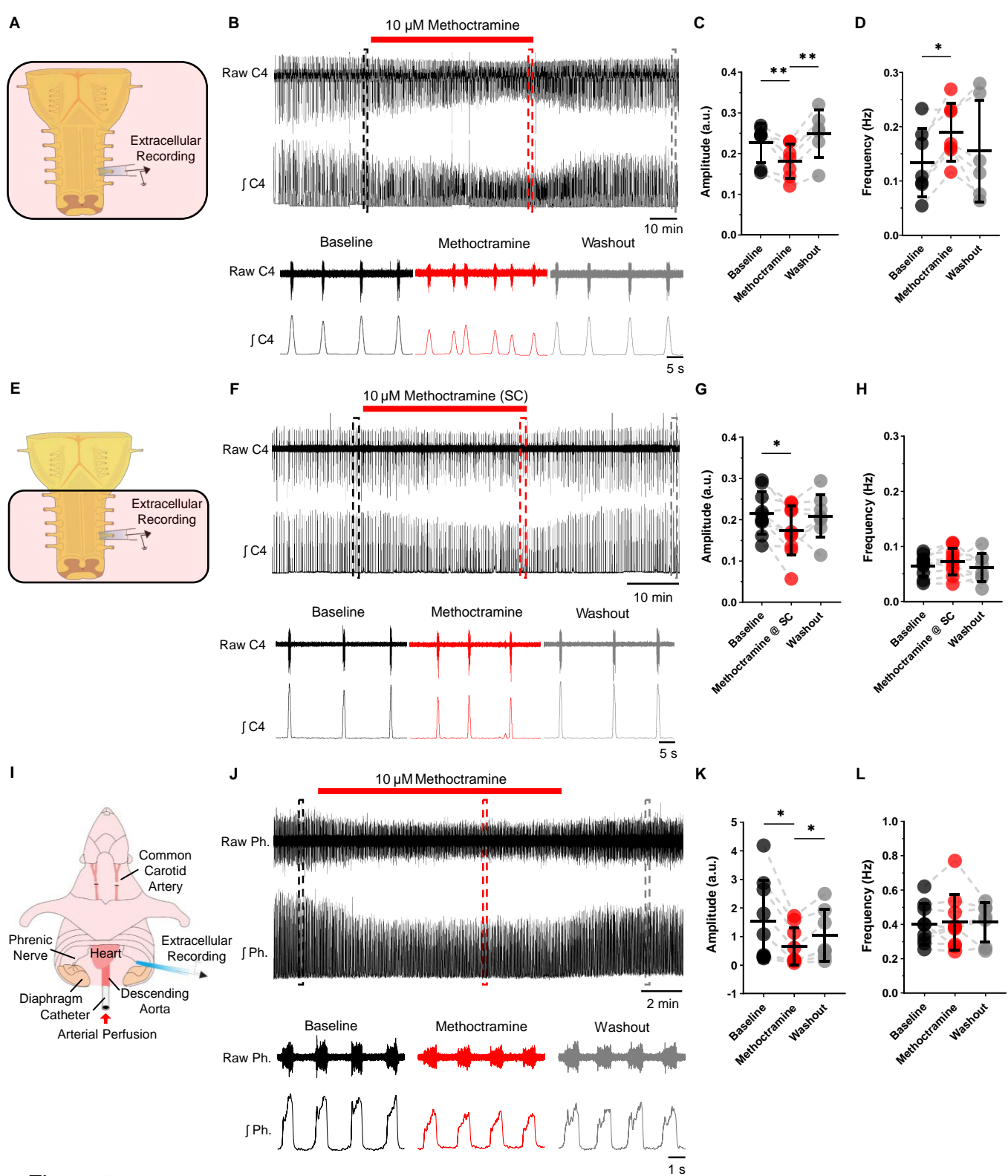**D** *Pitx2^{tdTom}*+ IN - Current Clamp

-60 mV

10 mV    10 mV

Raw C4

10 s    100 ms

Figure 4

Figure 5

Figure 6

Figure 7