#### 1 A Single Trophoblast Layer Acts as the Gatekeeper at the Endothelial-Hematopoietic

#### 2 Crossroad in the Placenta

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#### 19 Abstract

20 During embryonic development the placental vasculature acts as a major hematopoietic niche, 21 where endothelial to hematopoietic transition ensures emergence of hematopoietic stem cells 22 (HSCs). However, the molecular mechanisms that regulate the placental hematoendothelial 23 niche are poorly understood. Using a parietal trophoblast giant cell (TGC)-specific knockout 24 mouse model and single-cell RNA-sequencing, we show that the paracrine factors secreted by the TGCs are critical in the development of this niche. Disruptions in the TGC-specific 25 26 paracrine signaling leads to the loss of HSC population and the concomitant expansion of a 27 KDR+/DLL4+/PROM1+ hematoendothelial cell-population in the placenta. Combining singlecell transcriptomics and receptor-ligand pair analyses, we also define the parietal TGC-28 29 dependent paracrine signaling network and identify Integrin signaling as a fundamental 30 regulator of this process. Our study elucidates novel mechanisms by which non-autonomous 31 signaling from the primary parietal TGCs maintain the delicate placental hematopoieticangiogenic balance and ensures embryonic and extraembryonic development. 32

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#### 34 Introduction

35 Trophoblast cells of the placenta establish a vascular connection between the mother and the 36 fetus and express hormones that are essential for the successful progression of pregnancy. Placenta also acts as one of the major organs for hematopoietic stem cell generation, and the 37 mid-gestation mouse placenta plays a significant role in the HSC development where it 38 provides a temporary niche for definitive HSC pool <sup>1-3</sup>. Defective development of placental 39 hematopoiesis and vasculogenesis leads to serious pathological conditions such as 40 preeclampsia and intra uterine growth restriction (IUGR)/ fetal growth restriction (FGR). These 41 42 disorders result in pregnancy-related complications, maternal, prenatal and neonatal mortality, 43 and affect  $\sim 2-8\%$  of pregnant women worldwide <sup>4</sup>. The pathogenesis in preeclamptic patients is believed to be a response of vasculature to abnormal placentation <sup>5</sup>. Thus, to define 44

45 therapeutic modalities against these pregnancy-associated disorders, it is crucial to 46 understand the molecular mechanisms that are associated with the proper development of 47 placental hematopoiesis and vasculogenesis.

Trophoblast cell differentiation in the placenta involves mechanisms by which secreted 48 49 paracrine factors within the placenta, and from the fetus and the mother regulate embryonic and extraembryonic development <sup>6</sup>. Embryonic hematopoietic sites are characterized by the 50 51 interlinked developments of the vascular and hematopoietic systems. Several studies have 52 shown that the hemangioblasts and hemogenic endothelium act as the presumptive precursors to emerging hematopoietic cells <sup>7</sup>. It has been indicated that the definitive hematopoiesis is 53 autonomously initiated in the placenta, which subsequently generates HSCs from hemogenic 54 endothelium and provides a niche for expansion of aorta-derived HSCs <sup>3,8</sup>. Moreover, secreted 55 pro-angiogenic factor, like Placental Growth Factor (PLGF), a member of the Vascular 56 57 Endothelial Growth Factor (VEGF) family, and anti-angiogenic factors, like soluble Vascular Endothelial Growth Factor receptor-1 (sFLT1) and Endoglin (ENG), are expressed in the mouse 58 placenta, implying autocrine or paracrine actions 9,10. How these signaling mechanisms 59 influence the development of the maternal-fetal interface are poorly understood. 60

61 Several studies have implicated GATA family of transcription factors in the development of HSCs in other organs, and previously we have shown that GATA2 and GATA3 are involved in 62 the trophoblast development and differentiation <sup>11-15</sup>. They are implicated in the regulation of the 63 expression of several trophoblast-specific genes, including prolactin hormone Placental 64 65 lactogen I (Prl3d1, also known as Pl1) and the pro-angiogenic factor Proliferin (Prl2c2, also known as Plf) <sup>16-18</sup>. Recently we demonstrated that placenta-specific redundant functions 66 of Gata2 and Gata3 are important in trophoblast lineage development <sup>19</sup>. The simultaneous 67 68 knockout of Gata2 and Gata3 resulted in significant developmental defects in the placenta as 69 well as the embryo proper, leading to very early embryonic lethality <sup>19</sup>. These developmental defects were accompanied by severe blood loss in the placenta, yolk sac, and the embryo 70

proper. Moreover, we established dual conditional *Gata2* and *Gata3* knockout trophoblast stem cells and used ChIP-Seq and RNA-Seq analyses to define independent and shared global targets of GATA2 and GATA3. We found that several pathways associated with the embryonic hematopoiesis and angiogenesis are targets for both transcription factors<sup>19</sup>. However, very little is known about how these two master regulators operate in a spatiotemporal manner within the mature trophoblast during placental development and dictate placental hematopoiesis and angiogenesis.

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In a mouse conceptus, parietal trophoblast giant cells (parietal TGCs), which line the border of 79 the growing placenta and the maternal decidua, is thought to be a major source of endocrine 80 and paracrine signals during mouse placentation <sup>20,21</sup>. Parietal TGCs are initially developed from 81 82 the trophoectoderm (primary parietal TGCs) and subsequently from the secondary 83 differentiation of precursors in the ectoplacental cone (secondary parietal TGCs). Gene expression analyses reveled that both the primary and secondary parietal-TGCs specifically 84 express prolactin 3d1 gene (Prl3d1), also known as placental lactogen 1 (PL-1). Therefore, to 85 understand how GATA2/GATA3 functions could dictate endocrine and paracrine functions in a 86 87 developing placenta, we specifically deleted both Gata2 and Gata3 in the parietal TGC using *Prl3d1tm1(cre)Gle (Pl1-Cre)* mouse line <sup>20,22,23</sup> that drive Cre expression specifically within the 88 parietal TGCs. We noticed in-utero death of Gata2/3 conditional double knockout 89 Gata2<sup>ff</sup>;Gata3<sup>ff</sup>;PI1<sup>Cre/wt</sup> (GATA-PI1 KO) embryos starting from embryonic day 12.5 (e12.5). A 90 91 fraction of the GATA-PI1 KO embryos survived to birth. However, majority of the surviving GATA-PI1 KO pups showed severe growth restriction. Remarkably, we noticed that along with 92 93 defect in trophoblast development, the delicate balance between hematopoietic vs angiogenic 94 differentiation is lost in the developing GATA-PI1 KO placentas. The GATA-PI1 KO placentas 95 showed severe defect in hematopoiesis due to reduced hematopoitic stem and progenitor cells and disorganized placental vasculature due to defective differentiation of endothelial 96

progenitors. Thus, our study highlight the importance of a GATA-mediated transcriptional
program within a single trophoblast subtypes that fine-tunes the hematopoietic and endothelial
development during placentation.

- 100
- 101 Results

# GATA deletion in the trophoblast giant cell layer in mouse embryos display embryonic and extraembryonic hematopoietic defects

Our previous studies have shown that the loss of GATA factors in the trophoblast lineage cells 104 105 results in the gross phenotypic abnormality in the placenta and the embryo proper in a mouse 106 model <sup>19</sup>. The placenta contains distinct layers of differentiated trophoblast cells, each having 107 specialized functions to support a pregnancy. These include TGCs, spongiotrophoblasts (SpT), alvcogen trophoblasts, and labyrinthine trophoblasts. Each subclass is characterized by their 108 unique gene expression signatures <sup>24</sup>. Thus, it is imperative to analyze how GATA factors act in 109 different subclasses of trophoblast cells in the context of placental development and function. As 110 TGCs have been reported to express both GATA2 and GATA3, we chose to delete Gata2 and 111 Gata3 together in the TGCs <sup>16</sup>. Placental TGCs are marked by the expression of three prolactin 112 family of proteins Prl2c2 (PLF), Prl3b1 (PL2), Prl3d1 (PL1) and Cathepsin Q (CTSQ)<sup>20</sup>. Out of 113 114 these four genes, PL1 expression is restricted to the parietal TGCs only. Thus, to restrict GATA deletion exclusively to the parietal TGCs, we used a previously established Prl3d1<sup>tm1(cre)Gle</sup> 115 (PI1<sup>Cre</sup>) mouse model <sup>22</sup>, where Cre recombinase is selectively expressed in the PI1 expressing 116 cells (Fig. S1A). We validated the Pl1-specific Cre expression in this mouse model by LacZ 117 118 staining (Fig. S1B). We also developed a murine model in which the parietal trophoblast giant cell layers were fluorescently labeled. We used Gt(ROSA)26Sor<sup>tm4(ACTB-tdTomato,-EGFP)Luo</sup>/J, (also 119 known as mT/mG) mice, which possess loxP flanked membrane-targeted tdTomato (mT) 120 cassette and express strong red fluorescence in all tissues <sup>25</sup>. Upon breeding with the *Pl1*-Cre 121 recombinase expressing mice, the resulting offsprings have the mT cassette deleted in the Cre 122

expressing cells(s), allowing expression of the membrane-targeted EGFP (mG) cassette located in-frame immediately downstream. Microscopic analyses of the conceptuses and their cryosections from a cross between  $Pl1^{Cre}$  male and mT/mG female confirmed the selective EGFP fluorescence only in the parietal TGC layers (**Fig. S1C**, **Fig. 1A**, **B**). This expression of Pl1-Cre is consistant with the recent publication which clearly illuminates the PL1 protein expression exclusively in the P-TGCs <sup>23</sup>.

129 Using Gata2<sup>f/f</sup>; Gata3<sup>f/f</sup> mouse model reported in an earlier study from our laboratory, we established a conditional GATA knockout mouse model Gata2<sup>iff</sup>:Gata3<sup>iff</sup>:PI1<sup>Cre/wt</sup> (GATA-PI1 KO) 130 <sup>19</sup>. Although a significant number of GATA-PI1 KO embryos showed lethality and abnormal 131 embryonic and extraembryonic phenotypes, a small percentage of them were viable. However, 132 almost all of them showed visible growth restriction at birth (Fig. S2). These viable growth 133 134 restricted pups were fertile and were chosen to function as breeders. For the embryo analyses, 135 we used these males for mating with non-Cre females to restrict the effect of GATA deletion exclusively to the placental tissue. These mice were used to selectively knockout both Gata2 136 and Gata3 in the parietal trophoblast giant cells. PCR with Gata2 and Gata3 deletion specific 137 primers confirmed the gene deletions specifically in the placenta in the GATA-PI1 KO and not in 138 139 the embryos (Fig. S3A). In addition, using laser captured microdissection (LCM) we excised GFP-positive pTGCs from *Gata2<sup>f/f</sup>;Gata3<sup>f/f</sup>;PI1<sup>Cre/wt</sup> mT/mG* placental sections. Again, PCR with 140 Gata2 and Gata3 deletion specific primers confirmed efficient deletion of the Gata2 and Gata3 141 in these cells compared to the cells excised from adjacent labyrinth zone (Fig. S3B). Thus, we 142 validated that Gata2 and Gata3 could be efficiently deleted in a highly pTGC-specific manner in 143 the *Gata2<sup>f/f</sup>;Gata3<sup>f/f</sup>;PI1<sup>Cre/wt</sup>* mouse model. 144

Previous studies have shown that the major expansion of the hematopoietic stem cell (HSC) population in the mouse placenta takes place between E11.5 and E13.5<sup>1</sup>. Thus *Gata2<sup>t/f</sup>;Gata3<sup>t/f</sup>; Pl1<sup>Cre /wt</sup>* males were crossed to *Gata2<sup>t/f</sup>;Gata3<sup>t/f</sup>* females and the embryos were analyzed between E10.5 and E13.5 (**Fig. 1C**). Resulting phenotypic abnormalities were

observed mostly at E12.5 and E13.5. For all subsequent analyses, E12.5 and E13.5conceptuses were chosen.

Two major groups of embryos with distinct phenotypic abnormalities were observed in the PI1<sup>Cre</sup> 151 positive embryos (Fig. 1D, E). One group showed very early embryonic death and was 152 153 associated with extremely small fetal (necrotic) and placental tissues (Fig. 1E, F). The other group showed significant growth restriction, developmental defects, and blood loss in the 154 embryo proper, while their placentae showed significant anomalies in size and weight and were 155 associated with apparent blood loss (Fig. 1E, G, H). These placentae showed appernt loss of 156 157 vasculature (Fig. 1G). These defects were most prominent at E12.5 and E13.5 (Fig. S2). Non-Cre embryos from the same littermates were treated as controls (Fig. 1E, G). Along with these 158 gross abnormalities, significant alterations in the placental architecture were observed in the 159 160 GATA-PI1 KO samples. A marked increase in the junctional zone (marked by the 161 spongiotrophoblast/ glycogen trophoblast marker *Tpbpa*) was observed compared to the control (Fig. 1I-J). 162

163 Interestingly, the fetal liver in the GATA-PI1 KO embryos showed blood loss (**Fig. 1G**), which is 164 consistent with the hypotheses that along with the hematopoietic stem and progenitor cells 165 (HSPCs) from the yolk sac, the placental HSCs migrate to and seeds fetal liver for 166 hematopoiesis <sup>26</sup>.

167 Thus, our study showed that the GATA factor-loss in the parietal TGCs of the placenta was 168 sufficient to significantly impair embryonic and extraembryonic growth and also result in blood 169 loss and vasculature defects.

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GATA factor functions in parietal trophoblast giant cells regulate trophoblast progenitor
 developments

Some of the critical tasks of TGCs are the secretion of autocrine and paracrine factors that are
involved in the trophoblast outgrowth and placental development process <sup>27,28</sup>. Genetic knockout

175 models targeting TGC specific genes have been shown to affect lineage-specific trophoblast 176 differentiation and thereby results in abnormal development of the placenta <sup>22,27,29,30</sup>. As midgestation mouse placenta contains numerous cell types, including several different trophoblast 177 subtypes, endothelial cells, hematopoietic cells (both HSCs, multi-lineage cells, and terminally 178 179 differentiated cells), stromal cells, it is challenging to analyze the effect of a trophoblast-specific gene knockout on placental cell subpopulations. To analyze the effect of GATA deletion in the 180 181 TGCs, we performed Single-cell RNA-Sequencing (scRNA-seq) analyses of E13.5 placenta from a pregnant Gata2<sup>t/f</sup>; Gata3<sup>t/f</sup> female crossed with Gata2<sup>t/f</sup>; Gata3<sup>t/f</sup>; Pl1<sup>Cre/wt</sup> male. Two 182 individual GATA-PI1 KO placentae and two individual control littermate placentae were used for 183 the sequencing. The genotypes were confirmed by PCR using tissue from the embryo 184 proper(genotype for GATA PI1-KO sample 1 is shown in Fig. S3A). The knockout placentae 185 186 where the apparent growth defects and blood loss phenotypes were most severe were chosen 187 for the scRNA-seq analysis (Fig. 1G).

T-distributed Stochastic Neighbor Embedding (t-SNE) plot of the aggregated hierarchical 188 clustering of the four samples revealed 33 distinct clusters (Fig. 2A). The clustering of both the 189 190 control samples showed significant similarity to each other, while significant clustering similarities were observed in both the knockout samples, indicating a high degree of homology 191 between the placentae of the same genotypes (Fig. S4). To categorize the clusters, we 192 identified the top upregulated genes from each cluster (Dataset 1). Alongwith that, we used 193 "single-cell Mouse Cell Atlas (scMCA) analysis" pipeline previously described in a single-cell 194 RNAseg study on murine embryonic and extraembryonic tissues at E14.5<sup>31</sup>. We individually 195 fed digital gene expression (DGE) matrix for each cluster to scMCA which in turn used a 196 previously defined set of gene signatures <sup>31</sup> and predicted nature of that cluster with a 197 198 probability score. Alongwith that, it also listed top markers associated with that cluster. Finally, 199 we cross-matched the scMCA top markers from **Dataset 2** with the top markers we derived earlier (Dataset 1). In this way we broadly identified five different cluster types in our samples. 200

201 They include trophoblast cells (clusters 1, 6, 7, 8, 9, 11, 16, 20, 21, 22, 24, 26, 33), 202 hematopoietic cells (cluster 2, 4, 5, 10, 12, 14, 17, 18, 28, 30, 31, 32), endothelial cells (clusters 203 15, 19, 29), endodermal cells (clusters 13, 27), and stromal cells (clusters 23, 25) (Fig. 2B, 204 **Dataset 2**). As scMCA could not predict the cell type for cluster 3, we looked at the top marker 205 expression for this cluster. It showed significant enrichment of several mitochondrial genes 206 (Dataset 1). Although contributions for the cluster 3 population came almost entirely from the 207 GATA PI1-KO samples (Fig. 2C, S4), the high level of mitochondrial gene enrichment in this 208 cluster implied dead cells captured during the library preparation for scRNA-seq. Thus Cluster 3 209 was excluded for subsequent analyses. However, we can not exclude the possibility of cluster 3 being a yet unknown. Aggregates of two control samples and GATA-PI1 KO placentae are used 210 and represented as Control and GATA-PI1 KO henceforth. Major alterations and rearrangement 211 212 of the trophoblast cell populations, which was associated with significant loss of the 213 hematopoietic cell populations, were evident in the GATA-PI1 KO placentae compared to the control (Fig. 2C). 214

215 We also examined the enrichment of different trophoblast markers in individual trophoblast-216 clusters based on their log2-fold expression ratio of normalized mean gene UMI counts with a pvalue < 0.05 ( Dataset 2, 3). Based on this analysis, we detected considerable gain in the 217 spongiotrophoblast population, including invasive spongiotrophoblasts, clusters 1, 7, 9, and 11, 218 219 which further validates our in situ hybridization observation above in Fig. 1I-J (Fig. 2D). We also observed a significant increase in the spiral artery-associated TGCs, clusters 8, 20, and 26 (Fig. 220 221 **2D**). This was accompanied by a significant loss in the high level of *Gib3* expressing trophoblast progenitor population, clusters 6 and 24 (Fig. 2D). Cluster 16, which showed strong expression 222 of syncytiotrophoblast markers DIx3, Tfeb, Hsd11b2, gap junction protein Gjb2, PDGF receptor 223 224 α (*Pdgfa*), *Pparg*, *Slc16a1*, did not show significant changes in the GATA-PI1 KO placentae.

Although the scMCA analyses predicted cluster 33 to be of mixed nature including invasive spongiotrophoblasts, spiral artery trophoblast giant cells and progenitor trophoblasts (**Dataset** 

227 2), we observed enrichment of several trophoblast giant cell associated genes in that cluster 228 (Dataset 1). They include pregnancy specific glycoproteins (Psg23, Psg18, Psg19, ), several prolactin family members (Prl8a9, Prl7d1, Prl3b1), Trophoblast-specific protein alpha (Tpbpa), 229 230 Endothelial protein C receptor (*Procr*), LIF receptor alpha (*Lifr*), Fibronectin 1 (*Fn1*). Moreover, 231 along with strong Tpbpa expression, cluster 33 also contained cells positive for Prl3d1, Prl2c2, Hand1, Prl3b1, all markers for parietal trophoblast giant cells, spiral artery-associated 232 233 trophoblast giant cells, canal trophoblast giant cells, and sinusoidal trophoblast giant cells<sup>32</sup> (Fig. 2E). Thus we identified cluster 33 as the TGC-cluster. Significantly, out of all the 33 234 clusters, only this cluster showed increased coexpression of Prl3d1, Gata2 and Gata3 (Fig. 235 **S5).** Interestingly, the loss of *Gata2* and *Gata3* in these cells did not seem to negatively affect 236 the parietal TGC population (Fig. 2E, F). 237

A comparison between the control sample and the knockout sample populations showed a significant increase in the Trophoblast-specific protein alpha (*Tpbpa*) expressing cell population (**Fig. 2E, F**). These cells were also found to be positive for Prolactin family member *Prl3b1*. On the other hand labyrinth trophoblast progenitor cells marked by the expression of *Ly6a* (*Sca1*) and high levels of Epcam (*Epcam*<sup>Hi</sup>) <sup>33</sup> and *Hand1* expressing cell population did not show any significant alterations (**Fig. 2E, F**).

We also noticed defective syncytiotrophoblast (SynT) development in GATA-PI1 KO placentae. 244 245 The mouse labyrinth contains two layers of SynTs, namely SynT-I and SynT-II. which express two distinct moncarboxylate transporters (MCTs). The SynT-I expresses MCT1 [also known as 246 247 Solute Carrier Family 16, Member 1 (SLC16A1)] and the SynT-II expresses MCT4 [also known as Solute Carrier Family 16, Member 3 (SLC16A3)]. Recent studies revealed that the labyrinth 248 of a developing mouse placenta contains distinct progenitors for SynT-I and SynT-II layers<sup>15,23</sup>. 249 250 The progenitors for SynT-I can be identified from the mRNA expression of *Glis1*, *Snap91*, *Stra6*, 251 Tfrc, Epha4 and Slc16a1, whereas the progenitors of SynT-II can be identified from the mRNA expression of lgf1r, Egfr and Slc16a3. From our scRNA-seq analyses, we noticed that the 252

253 relative abundance of The SynT-I progenitors were not altered in E12.5 GATA-PI1 KO 254 placentae (Fig. S6A). However, a significant increase in SynT-II progeniors was noticed in 255 GATA-PI1 KO placentae. We also noticed increased number of *Gcm1* expression is gradually suppressed in SynTs after E9.5 and by E12.5 only a few SynT-II cells express Gcm1 (Fig. 256 257 **S6B**). Thus, increased abundance of SynT-II precursors and *Gcm1* expressing cells indicate an skewed SynT differentiation program in GATA-PI1 KO placentae. Together, these findings 258 259 revealed that the parietal TGC-specific loss of GATA factors skews the trophoblast differentiation process and thereby alters the distribution of trophoblast subpopulations in the 260 developing placenta and affects gross placental architecture. Remarkably, these data also 261 indicate a novel mechanism whereby the parietal TGC-specific paracrine signaling dictates the 262 differentiation of the different trophoblast progenitors and regulates the development of distinct 263 placental layers. 264

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# Loss of GATA factors disrupts hematopoietic-endothelial cell lineage segregation and affects fetal hematopoiesis

268 The placenta is one of the major sites for *de novo* hematopoiesis in an embryo <sup>1</sup>. It not only 269 supports the expansion of the nascent HSC population but also protects the HSCs from premature differentiation cues. Several studies have implicated primary and secondary 270 trophoblast giant cells in secreting paracrine and endocrine factors <sup>34</sup>, which are thought to 271 regulate placental hematopoiesis. These include prolactin/ placental lactogen class of hormones 272 <sup>35</sup>, interferon <sup>28</sup>, vasodilators <sup>36</sup>, anticoagulants <sup>37</sup> and several angiogenic factors <sup>29,38,39</sup>. In order 273 274 to analyze the effect of PL1-specific GATA factor loss on the placental hematopoietic cell development, we used our scRNA-seg data. Ingenuity Pathway Analysis (IPA) was performed 275 276 to compare the physiological functions of the Prl3d1+ cells between the control and the KO 277 samples. Our results indicated that major physiological functions related to the hematopoiesis and angiogenesis were downregulated in the Prl3d1+ cells in the GATA-Pl1 KO samples (Fig. 278

279 **S7**).

We identified major hematopoietic subpopulations in our samples that include B-cells, T-cells, 280 Granulocytes, Macrophages, Erythroblasts, Dendritic cells, Basophils, Megakaryocytes, 281 Macrophages, and Natural Killer cells (Fig. 3A, Dataset 2). Placental HSCs are localized in the 282 labyrinth, and umbilical blood vessels <sup>40</sup> and have been shown to express surface markers KIT, 283 CD34, and Ly6A<sup>2</sup>. We found two major clusters which harbored Kit<sup>+</sup> Cd34<sup>+</sup> Ly6a<sup>+</sup> cells, cluster 284 285 15 and cluster 17 (Fig. 3A, B). We calculated the relative percentages of cluster 15 and 17 cells 286 with respect to the total cell numbers per sample. While cells in the cluster 17 show gross reduction in the GATA PI1-KO, cluster 15 displayed opposite trend. Almost all cells in cluster 15 287 were the contribution from the GATA PI1-KO placentae (Fig. 3C). Moreover, when we 288 calculated the relative percentages of the Kit+ Cd34+ Ly6a+ HSC population, we found marked 289 290 reduction of these cells in the GATA PI1-KO compared to the control (Fig. 3D). Interestingly, 291 unlike 17, cluster 15 is marked by high level of expression of vascular endothelial growth factor receptor- 2 (Vgfr2/Kdr) (Fig. 3E). 292

293 A hallmark of fetal hematopoiesis is the interrelated development of vascular and hematopoietic 294 systems where hemogenic endothelium and hemangioblasts serve as the precursors to the 295 hematopoietic stem cell populations <sup>41</sup>. Multiple studies have shown that the embryonic hematopoiesis is intricately connected to the vascular development where hemogenic 296 endothelium, a part of the vascular endothelial cells, gives rise to the definitive hematopoietic 297 precursors during mammalian development <sup>42-44</sup>. Thus, the genetic signature of the cells in 298 cluster 15, which is unique to the knockout samples, indicates a hematoendothelial cell 299 population that still retains the HSC lineage markers. This cell population was also found to 300 express hematoendothelial markers Cdh5, Icam2, Cd40, confirming the bipotent nature of these 301 302 cells <sup>45-47</sup> (Fig. S8). As a high expression of the arterial-specific marker Delta-like, 4 (Dll4) is essential for the segregation of the endothelial lineage from the hematopoietic lineage <sup>48,49</sup>, we 303 looked at the DII4 expression in this subset, and found that this cluster expresses a high level of 304

305 *Dll4* (**Fig. 3E**). Curiously, cells in cluster 15 also showed expression of a recently identified 306 placental hemogenic endothelium marker *Prom1* <sup>50,51</sup>, further confirming the hematoendothelial 307 nature of cluster 15 (**Fig. 3E-F**).

We further looked at the hematoendothelial population by further subjecting the placental cell 308 309 suspension to flow analysis. We screened single-cell suspension from control and GATA-PI1 310 KO placentae and filtered them against other hematopoietic lineage cells using antibody specific for CD45, a pan-hematopoietic surface marker that appears on the more mature HSCs 311 <sup>52</sup>, and a cocktail of hematopoietic lineage marker antibodies (Lin). These cells were further 312 313 screened for cells expressing CD34 and KDR simultaneously (Fig. S9). The percentage of this hematoendothelial Lin<sup>-</sup> CD45<sup>-</sup> CD34<sup>+</sup> KDR<sup>+</sup> population showed significant increase in the GATA-314 PI1 KO sample than the controls (Fig. 3F, G). 315

The result from the flow analysis mirrors the data from the scRNA-seq experiments (**Fig. 3C**) and further confirms that the loss of GATA factors in the parietal TGCs skews the hematopoietic-endothelial lineage specification in a developing placenta and leads to the arrest of hematoendothelial progenitor population compared to the control.

320 In the next step, we used the three surface markers CD34, KIT (c-KIT), and Ly6A (SCA-1), 321 which together define the placental HSCs, as the determinant for the long-term reconstituting (LTR) HSC population. Again, the cells were selected for CD45<sup>-</sup> and Lin<sup>-</sup> markers. These cells 322 were further subjected to flow analysis and were selected for KIT<sup>+</sup> CD34<sup>+</sup> Ly6A/E<sup>+</sup> cells. In the 323 GATA-PI1 KO placental samples, the Lin<sup>-</sup> CD45<sup>-</sup> KIT<sup>+</sup> CD34<sup>+</sup> Ly6A/E<sup>+</sup> cell population was 324 325 significantly reduced compared to the control (Fig. 4A). In comparison to the total number of cells, the percentage of the HSC population in the KO placenta was significantly lower than that 326 in the control population (Fig. 4B) which resembles the results from the scRNA-seq analyses 327 328 (Fig. 3D).

Next, we evaluated the differentiation potential of the GATA-PI1 KO placental HSCs by using the colony-forming assay. Placental single-cell suspension from the control and GATA-PI1 KO

placentae were plated on methylcellulose medium containing a cocktail of Stem Cell Factor
 (SCF), IL-3, IL-6, and Erythropoietin. The placental samples gave rise to mostly granulocyte and
 mixed lineage erythroid, macrophage colonies. We observed a significant reduction in the
 number of colonies generated from the GATA-Pl1 KO placentae compared to the control (Fig.
 4C, D).

It is speculated that the placental HSCs migrate and seed fetal liver along with the HSCs (Lin-Ly6A/E<sup>+</sup> KIT<sup>+</sup> (LSK)) from the aorta-gonad-mesonephros (AGM) <sup>1,26,53,54</sup>. In order to analyze the fetal liver HSC population, we performed FACS analysis of the E13.5 fetal liver of the GATA PI1-KO embryos and compared them to the control. We found significant depletion of the LSK population in the GATA PI1-KO fetal livers compared to the controls (**Fig. S10**), which validated our observation that the GATA PI1-KO embryos show blood loss in their fetal liver (**Fig. 1G**).

Collectively these data prove that the GATA factor KO in the trophoblast giant cells negatively affects hematopoiesis in the placenta and fetal liver and results in the apparent blood loss phenotype. The loss of the HSC population was also accompanied by the incomplete segregation of the hematopoietic and endothelial lineage, indicating a loss of signaling network that balances and fine-tunes the hematopoietic versus endothelial cell lineage development in the placenta.

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#### 349 TGC-specific loss of GATA factors affects placental vasculature development

Embryonic hematopoiesis and angiogenesis are tightly linked. Hemogenic endothelium in the vascular labyrinth gives rise to both the endothelial cell population as well as the hematopoietic cell population. As our study revealed a defective hematopoietic and endothelial lineage segregation due to TGC-specific GATA factor loss, we used our GATA-PI1 KO placentae model to test placental angiogenesis. Anti-CD31 (PECAM-1) antibody, which marks early and mature endothelial cells, was used to stain the vasculature in the placental sections at E13.5. Compared to the control samples, the KO placentae showed gross disruption of the blood

vessel architecture in the labyrinth (Fig. 5A, B)

358 Embryonic angiogenesis relies on a delicate balance of several key pro-angiogenic and anti-359 angiogenic factors <sup>55,56</sup>. Among them anti-angiogenic factor soluble Vascular Endothelial Growth Factor (VEGF) receptor FLT1 (sFLT1) has been shown to play essential roles in the placental 360 361 vascularization and angiogenesis <sup>57,58</sup>. Our results showed upregulation of *Flt1* in the GATA-Pl1 KO placentae compared to the control (Fig. 5C). The sc-RNAseq data also showed that the 362 highest upregulation of *Flt1* in the GATA PI1-KO placentae was associated with cluster 33, 363 previously identified in this study as the TGC cluster (Fig. 5D, E). Other prominent sources of 364 Flt1 expression were the hematoendothelial cells (cluster 15), spongiotrophoblast cells in 365 clusters 1, 9, 11, and spiral artery associated TGCs in cluster 26 (Fig. 5D). 366

To functionally test the increase in the *Flt1* level, we performed matrigel based vascular tube 367 formation assays using Human Uterine Microvascular Endothelial Cells (HUtMEC). As 368 369 differentiated trophoblast stem cells express antiangiogenic sFLT1, we harvested conditioned 370 media from the differentiated Gata2/Gata3 double knockout (GATA DKO) trophoblast stem cells and differentiated control trophoblast stem cells described in our earlier study <sup>19</sup>. These 371 372 conditioned media were added to the assays individually. Interestingly, HUtMECs in the 373 presence of the conditioned media from the control trophoblast stem cells readily formed tubular structure while they failed to do so in the presence of conditioned media from GATA DKO 374 trophoblast stem cells (Fig. 5F). 375

These findings indicate that the loss of GATA factors in the TGC layer results in the disruption of the delicate balance between the secreted angiogenic and anti-angiogenic factors by direct upregulation of *Flt1* expression in the TGC cells and by increasing the numbers of *Flt1* expressing trophoblast cells. This overall rise in the FLT1 level, in turn prevents proper development of the labyrinth vasculature in the placenta.

381

#### 382 GATA loss alters trophoblast giant cell-mediated paracrine signaling

383 TGCs are known to be a major source of autocrine and paracrine factors in the placenta <sup>32,59</sup>. 384 These factors, in turn, influence the development of the placenta as well as regulate numerous placental functions. In order to analyze the TGC-mediated signaling mechanism that regulates 385 the development of placental trophoblast subpopulations and dictate hematoendothelial 386 387 differentiation, we employed a recently reported bioinformatic tool PyMINEr <sup>60</sup>. PyMINEr 388 identifies receptor-receptor and ligand-receptor pairs by filtering out cell type-enriched receptors 389 or secreted ligand genes. It then builds up a network of protein level interactions within and 390 across all cell types by cross-referencing gene-gene pairs for physical protein-protein 391 interactions. Finally, PyMINEr uses pathway analyses to identify the autocrine or paracrine signaling mechanism for these cell types. We used all the 33 clusters as input to PyMINEr to 392 ensure correlation with the rest of our analyses. We identified several cross-cluster ligand-393 394 receptor pairs across our identified clusters. As we were interested in the paracrine signaling 395 emanating from *Prl3d1*+ cluster 33, we evaluated all extracellular ligand pairs for corresponding 396 receptor matches in other clusters. PyMINER analysis indicated the HSCs and HSPCs (cluster 397 17), and the hematoendothelial population (cluster 15), among the major paracrine signaling 398 targets for extracellular factors expressed by the *Prl3d1*+ cluster 33 (Fig. 6A). This analysis also suggested laminin subunits Lamb1, Lamb2, Lamc3, Lama5, Collagen type IV alpha 1 (Col4a1), 399 400 Fibronectin 1 (Fn1), and Ccl27a as possible major paracrine regulators acting on cluster 17 401 (Dataset 4). Similarly, our data suggested Lamb1, Lamb2, Lamc3, Lama5, Collagen type IV alpha 1 (*Col4a1*), Fibronectin 1 (*Fn1*), Lymphocyte antigen 96 (*Ly96*) and *Wnt11* to be the major 402 403 potential paracrine factors acting on the hematoendothelial cluster 15 (Fig. 6A). When these genes were subjected to PANTHER pathway analysis, we observed significant enrichment of 404 the Integrin signaling pathway in both the cases (Fig. S11A). The integrin signaling pathway has 405 406 been implicated in both mouse and human placental development <sup>61</sup>.

Interestingly, it has been shown that knocking out Integrin Subunit Alpha 5 (*Itga5*) in mice
 results in embryonic lethality for a large number of the embryos and shows poor development of

the placental labyrinth and poor interdigitation of fetal and maternal vessels <sup>62</sup>. Also, knocking
out Integrin Subunit Alpha 7 (*Itga7*) in mice results in defective placental structures, including
infiltration of the spongiotrophoblast layer into the placental labyrinth <sup>63</sup>.

Moreover, our data pointed to two trophoblast clusters, progenitor trophoblasts (cluster 6), and labyrinthine trophoblasts (cluster 16) as the potential targets for 28 paracrine factors expressed by cluster 33 (**Fig. 6A**). These groups of paracrine factors included the Integrin signaling pathway members identified above, along with 16 prolactin family of hormones and Inhibin beta B (*Inhbb*) (**Dataset 4**). While the Prolactin family of genes has been studied extensively in the context of placental development and function <sup>64,65</sup>, *Inhbb* has been implicated in preeclampsia

We analyzed these genes for GATA factor occupancy using our previously published data <sup>19</sup>.
Interestingly, we found about half of these genes (*Col4a1*, *Col4a2*, *Fn1*, *Inhbb*, *Lama5*, *Lamb1*, *Lamb2*, *Lamc3*, *Ly96*, *Prl2a1*, *Prl7d1*, *Wnt11*) to be putative GATA targets (Fig. S11B-C).
Further analysis with the *Prl3d1*-positive cells in the cluster 33 showed upregulation of *Col4a1*, *Col4a2*, *Fn1*, *Inhbb*, *Lama5*, *Lamb1*, *Lamb2*, *Lamc3*, while downregulation of *Prl2a1*, *Prl2c2*, *Prl2c5*, *Prl4a1*, *Prl7d1* (Fig. 6B).

Among the suggested paracrine factors associated with the pTGCs in the GATA PI1-KO placentae, we tested the expression level of LAMB1 and LAMB2. Immunostaining revealed increased expression levels of these two factors in the KO samples compared to the controls (**Fig. 6C**).

Collectively, these results suggest that inhibition of the Integrin signaling pathway in the parietal TGCs might be critical for hematoendothelial differentiation and maintaining hematopoieticangiogenic balance in the developing mouse placenta. Our data also indicated that repression of the integrin signaling pathway along with the activation of the prolactin signaling might play a crucial part in the trophoblast lineage differentiation and helps maintain the proper ratio of placental trophoblast subtypes (**Fig. 7**).

435

#### 436 Discussion

GATA factor function in trophoblast differentiation and function has been subjected to numerous studies. Previously, we showed how GATA2 and GATA3 have overlapping functions during placental development, where the simultaneous loss of both the factors in all trophoblast cells leads to early embryonic death and placental defect with impaired hematopoiesis <sup>14,19</sup>. It also revealed the loss of placenta layers, including the labyrinth region. Interestingly, the pantrophoblast-specific knockout did not show significant change in the trophoblast giant cell numbers at the junctional zone.

As the placenta is a complex tissue consisting of diverse trophoblast subtypes as well as 444 hematopoietic and endothelial cell populations, it is of utmost importance to categorize these 445 446 cellular subtypes and define cell-cell interactions at the single-cell resolution. A recent study in 447 mouse placenta employed single-nuclei RNAseg to highlight labyrinth development, but left out the role of the parietal TGCs <sup>67</sup>. Although due to the inherent technical limitations of the 10X 448 aenomics sc-RNAsea platform we could only capture a small fraction of the 449 450 syncytiotrophoblasts and TGCs, our analyses successfully identified the TGC cluster and the 451 syncytial layers. Our sc-RNASeg data not only predicted the genetic signatures of the major trophoblast subtypes but also showed how the pTGC-specific transcriptional program governs 452 453 the differentiation of the progenitor population and thereby altered the distribution of cells at different placental layers. Data from our Gata2<sup>f/f</sup>; Gata3<sup>f/f</sup>; Pl1<sup>Cre/wt</sup> mouse models showed that the 454 loss of the GATA factors in the parietal TGC population severely reduced the placental size and 455 also led to fetal growth restriction with significant phenotypic abnormality between E12.5 and 456 E13.5. Importantly, we observed significant structural changes in the GATA-PI1 KO placentae 457 458 compared to the control. Molecular and morphological analyses revealed gross redistribution of different trophoblast progenitor cells, including Prl2c2 expressing giant cells, Tpbpa expressing 459 spongiotrophoblast progenitor, Prl3b1 expressing secondary giant cell progenitors. While the 460

461 number of *Epcam* expressing labyrinth progenitor cells showed a marked increase, we did not 462 observe any significant enlargement of the labyrinth regions in the GATA-PI1 KO placentae 463 when normalized against the total placental area. In total, these findings reveal how different 464 layers of trophoblast cells interact during placental development and influence the differentiation 465 of trophoblast progenitors.

TGCs in the placenta secrete a lot of cytokines and hormones, which are not only crucial for 466 trophoblast differentiation and placental development but are also critical for placental 467 angiogenesis and hematopoiesis. Our study predicted possible mechanisms through which 468 TGC-specific GATA factors dictate TGC-specific paracrine signaling and, in turn, regulate 469 placental hematoendothelial niche. Curiously, the loss of TGC-specific GATA factors resulted in 470 a unique cell population marked by the expression of Kdr, as well as Kit, Cd34, and Ly6A. The 471 expression of both the endothelial gene and hematopoietic stem cell markers indicated towards 472 473 the emergence of a hematoendothelial cell cluster. The complete absence of this cell population in the control placentae also indicated differentiation of these cells in the absence of TGC-474 specific GATA factors. 475

The GATA-PI1 KO placentae were further characterized by the lack of proper angiogenic reoganization in the labyrinth. Our observation about the increased level of *Flt1* gives us a possible explanation about the angiogenic defect. The concomitant expansion of the *Tpbpa* expressing spongiotrophoblast in the GATA-PI1 KO could also contribute to the impairment of the labyrinth development. We speculate that this loss in the surface area of exchange may result in the reduction of the nutrient supply and finally result in fetal growth restriction.

The integrin signaling pathway has been extensively studied in relation to the placental development as well as angiogenesis in both rodents and humans. Our novel finding suggests potential mechanisms by which inhibition of the integrin signaling pathway promotes placental hematoendothelial differentiation. This brings a new insight into how a small number of parietal trophoblast giant cells at the maternal-fetal interface can dictate the hematopoietic and

487 angiogenic development in the placenta and thereby can affect fetal development.

Mouse embryogenesis involves vascularization on both the placental side as well as the decidual side. TGCs secrete a lot of angiogenic and anti-angiogenic paracrine factors, and in turn, regulate the decidual vascularization. However, how these factors dictate decidual vascularization, is poorly understood. It would be interesting to study how TGC-specific loss of GATA factors affect decidualization and associated vascular development. In this aspect, our TGC-specific GATA knockout mouse model holds great promise to help investigate the paracrine signaling from the TGC layers involved in the decidual angiogenesis.

495 GATA2 and GATA3 are evolutionarily conserved among mammals, and they are expressed in the human placenta. However, unlike the mouse placenta, human placental layers do not have 496 trophoblast giant cells. In the absence of defined TGC subtypes, it is impossible to analyze the 497 role of GATA factors in the placental development in humans. Moreover, ethical and logistical 498 499 issues make it impossible to examine the role of GATA factors in human placental development in vivo. Nonetheless, the recent establishment of a human trophoblast cell line <sup>68</sup> has presented 500 501 us with a new tool to examine the role of GATA factors in human placental development. As 502 these cells can be readily differentiated in vitro to extravillous trophoblast and 503 syncytiotrophoblast subtypes, they open the possibility of serving as models to study the role of 504 GATA factors in the context of human placental development.

505 GATA2 and GATA3 are evolutionarily conserved among mammals, and they are expressed in the human placenta<sup>19,69</sup>. Although a human placenta does not have a Junctional zone, the TGC 506 507 population resembles with the extravillous trophoblast cells (EVTs) of a human placenta. EVTs arise at the anchoring villi (which anchor the placenta with the uterine tissue) within a 508 developing human placenta and invades into the uterine compartment<sup>69</sup>. A subset of EVT 509 510 population migrates deeply into the uterus and upto the first third of the myometrium, where they differentiate to a giant cell population <sup>70,71</sup>, which undergo endoreduplication, similar to the 511 mouse parietal TGCs. These human invasive EVT-derived giant cells also mediate paracrine 512

signaling to modulate the uterine microenviroment <sup>71</sup>. Intriguingly both GATA2 and GATA3 are higly expressed in invasive EVTs at the human maternal-fetal interface. Thus, it will be interesting to find out how GATA2 and GATA3 regulate gene expression dynamics in human EVTs. Successful establishment of bona-fide human trophoblast stem cell lines <sup>68</sup> has presented us with a new tool to examine this aspect and opens up the possibility of serving as models to better understand the role of GATA factors in the context of human placental development.

#### 520 Materials and methods

#### 521 Generation of conditional knockout mice strains

All procedures were performed after obtaining IACUC approvals at the Univ. of Kansas Medical 522 Center. Female Gata2flox/flox (Gata2<sup>f/f</sup>) mice <sup>72</sup> were mated with Prl3d1tm1(cre)Gle (Pl1<sup>Cre</sup>) 523 male in order to generate Gata2<sup>f/+</sup>; PI1<sup>Cre/wt</sup>. In the next step, Gata2<sup>f/+</sup>; PI1<sup>Cre/wt</sup> female mice were 524 bred with Gata2<sup>f/+</sup>; PI1<sup>Cre/wt</sup> males to generate Gata2<sup>f/f</sup>; PI1<sup>Cre/wt</sup>. Similarly female Gata3flox/flox 525 (Gata3<sup>t/f</sup>) mice <sup>73</sup> were used to generate Gata3<sup>t/f</sup>; Pl1<sup>Cre/wt</sup>. In the next step, Gata2<sup>t/f</sup>; Pl1<sup>Cre/wt</sup> and 526 Gata3<sup>f/f</sup>; *PI1<sup>Cre/wt</sup>* mice were crossed to generate Gata2<sup>f/+</sup>; *Gata3<sup>f/+</sup>*; *PI1<sup>Cre/wt</sup>*. Later 527 528 Gata2<sup>f/+</sup>: Gata3<sup>f/+</sup>: PI1<sup>Cre/wt</sup> males and females were crossed to generate Gata2<sup>f/+</sup>: Gata3<sup>f/+</sup>: PI1<sup>Cre/wt</sup> strain. Further crosses with Gt(ROSA)26Sortm4(ACTB-tdTomato,-EGFP)Luo/J, (also known as 529 mT/mG) mouse strain was used to establish *Gata2<sup>iff</sup>;Gata3<sup>tff</sup>;mT/mG* mouse line. 530

#### 531 Embryo harvest and tissue isolation

Animals were euthanized on desired day points, as indicated in the main text. Uterine horns and conceptuses were photographed. Conceptuses were dissected to isolate embryos, yolk sacs, and placentae. All embryos and placentae were photographed at equal magnification for comparison purposes.

536 Uteri containing placentation sites were dissected from pregnant female mice on E12.5 and 537 E13.5 and frozen in dry ice-cooled heptane and stored at -80°C until used for histological 538 analysis. Tissues were subsequently embedded in optimum cutting temperature (OCT) (Tissue-

Tek) and were cryosectioned (10μm thick) for immunohistochemistry (IHC) studies using Leica
 CM-3050-S cryostat.

Placenta samples were carefully isolated, ensuring the decidual layer was peeled off. Individual samples were briefly digested in the presence of collagenase and were made into single-cell suspensions by passing them through a 40µm filter. These cell suspensions were further used for Flow analysis or FACS. Corresponding embryonic tissues were used to confirm genotypes. For scRNA-seq, these samples were further processed using Debris Removal Solution and

546 Dead Cell Removal Kit (Miltenyi Biotec). Red blood cell depletion from the placental 547 suspensions were carried out using anti-Mouse Ter-119 antibody (BD Biosciences) was used.

#### 548 Single Cell RNA-Sequencing and analysis

549 The transcriptomic profiles of mouse placental samples from two control (biological replicates) 550 and two Gata2/Gata3 double knockout (biological replicate) specimens were obtained using the 10x Genomics Chromium Single Cell Gene Expression Solution (10xgenomics.com). The 551 primary analysis of the scRNA-seq data was performed using the 10x Genomics Cell Ranger 552 553 pipeline (version 3.1.0). This pipeline performs sample de-multiplexing, barcode processing, and 554 single-cell 3' gene counting. The quality of the sequenced data was assessed using the FastQC software <sup>74</sup>. Sequenced reads were mapped to the mouse reference genome (mm10) using the 555 STAR software <sup>75</sup>. Individual samples were aggregated using the "cellranger aggr" tool in Cell 556 557 Ranger to produce a single feature-barcode matrix containing all the sample data. This process 558 normalizes read counts from each sample, by subsampling, to have the same effective sequencing depth. The Cell Ranger software was used to perform two-dimensional PCA and t-559 560 SNE projections of cells, and k-means clustering. The 10x Genomics Loupe Cell Browser 561 software (v 4.1.0) was used to find significant genes, cell types, and substructure within the 562 single-cell data.

Digital Gene Expression matrices for each clusters identified using Cell Ranger, were individually fed into the scMCA pipeline (http://bis.zju.edu.cn/MCA/blast.html). scMCA output consisted of top markers for each clusters, predicted probabilities for the clusters alongwith their p-values. Clusters were identified using the smallest p-value. Where multiple equal probabilities existed, we calculated the abundance of the top markers in the respective clusters and also looked at the rest of the genes expressed in that cluster to attribute cell types in that cluster.

Using Ingenuity Pathway Analysis (Qiagen) software, we performed a core analysis of the significantly ( $p \le 0.05$ ) upregulated transcripts in the *Prl3d1*+ cell clusters from the control and the GATA Pl1-KO scRNA-seq transcriptomes. The core analyses results were then compared and filtered for physiological functions related to hematopoiesis and angiogenesis to generate the heatmap.

574 PyMINEr analysis was performed using methods described by Tyler *et al.* <sup>60</sup>. Clusters defined 575 by the Cell Ranger were used as input. The receptor-ligand pairs were sorted on a PyMINER 576 score. Pairs with a score more than 800 were retained to introduce high stringency. PANTHER 577 pathway analysis was done using the predicted paracrine secreted ligands from cluster 33. 578 Corresponding gene list were supplied as input.

#### 579 Cell culture and reagents

Mouse trophoblast stem cells (TSCs) were cultured with FGF4, Heparin, and MEF-conditioned medium (CM) according to protocol <sup>76</sup>. *Gata2* and *Gata3* floxed alleles were efficiently excised from *Gata2<sup>t/f</sup>;Gata3<sup>t/f</sup>;UBC-cre/ERT2* (GATA DKO) TSCs by culturing the cells in absence of FGF4 and MEF-conditioned media and in the presence of tamoxifen (1 μg/ml) <sup>19</sup>. Conditioned media was harvested upon removal of tamoxifen and was used for subsequent experiments.

#### 585 Flow analysis and sorting

586 For analyzing HSC population, placental single-cell suspensions were stained with APC-587 conjugated anti-mouse CD117 (c-Kit) (BioLegend), PerCP/Cy5.5-conjugated anti-mouse CD34 588 (BioLegend), PE-conjugated anti-mouse Ly-6A/E (Sca-1) (BioLegend), PE/Cy7 anti-mouse

589 CD45 (BioLegend) and Pacific Blue-conjugated anti-mouse Lineage cocktail (BioLegend) 590 monoclonal antibodies. Unstained, isotype and single-color controls were used for optimal 591 gating strategy. Samples were run on either an LSRII flow cytometer or an LSRFortessa (BD 592 Biosciences), and the data were analyzed using FACSDiva software.

593 Similarly, E13.5 fetal liver cells were also stained with APC-conjugated anti-mouse CD117 (c-

594 Kit) (BioLegend), PE-conjugated anti-mouse Ly-6A/E (SCA-1) (BioLegend), and Pacific Blue-

595 conjugated anti-mouse Lineage cocktail (BioLegend) monoclonal antibodies.

#### 596 Colony Formation Assay

597 Placenta cell suspensions were suspended in Iscove's MDM with 2% fetal bovine serum and 598 cultured using a MethoCult GF M3434 Optimum kit (STEMCELL Technologies). 10,000 cells 599 from each sample were plated in 35-mm culture dishes (STEMCELL Technologies) and 600 incubated at 37°C in a humidified, 5% CO2 environment for 14 days. Colonies were observed 601 and counted using an inverted microscope.

#### 602 In-Vitro Endothelial Network Assembly Assay on Matrigel

603 Endothelial network assembly was assayed by the formation of capillary-like structures by 604 HUtMECs on Matrigel (BD Biosciences). Matrigel was diluted 1:1 with a supplement-free M200 605 medium, poured in 12-well plates, and allowed to solidify at 37 °C. Sub confluent HUtMECs were harvested and preincubated for 1 hour in growth supplement-free M200 medium in 606 607 microcentrifuge tubes. An equal volume of M200 medium containing FGF2/EGF was added. In addition, conditioned medium from differentiated Gata2<sup>ff</sup>; Gata3<sup>ff</sup>; UBC<sup>CreERT2</sup> trophoblast stem 608 cells cultured in the presence (control) and absence of tamoxifen (GATA DKO) were added. The 609 cells were plated on Matrigel (1.5 × 105 cells/well) and incubated at 37 °C and photographed at 610 611 different time intervals.

612 Quantitative RT-PCR

Total RNA from cells was extracted with the RNeasy Mini Kit (Qiagen). Samples isolated using FACS were further processed using the PicoPure RNA Isolation kit. cDNA samples were prepared and analyzed by gRT-PCR following procedures described earlier <sup>14</sup>.

616 Genotyping

Genomic DNA samples were prepared using tail tissues or embryonic tissues from the mice using the REDExtract-N-Amp Tissue PCR kit (Sigma-Aldrich). Genotyping was done using REDExtract-N-Amp PCR ReadyMix (Sigma-Aldrich) and respective primers. Respective primers are listed in the materials and methods section.

#### 621 Immunofluorescence

For immunostaining with mouse tissues, slides containing cryosections were dried, fixed with 4% PFA followed by permeabilization with 0.25% Triton X-100 and blocking with 10% fetal bovine serum and 0.1% Triton X-100 in PBS. Sections were incubated with primary antibodies overnight at 4 °C, washed in 0.1% Triton X-100 in PBS. After incubation (1:400, one hour, room temperature) with conjugated secondary antibodies, sections were washed, mounted using an anti-fade mounting medium (Thermo Fisher Scientific) containing DAPI and visualized using Nikon Eclipse 80i fluorescent microscope.

629 *mT/mG* positive embryos and cryosections were imaged directly under a Nikon Eclipse 80i 630 fluorescent microscope.

#### 631 In situ hybridization

E13.5 whole conceptus cryosections were subjected to staining using RNAscope 2.5 HD Detection Kit (ACD Bio, Newark, CA). RNAscope probe for *Tpbpa* was used to detect the junctional zone of the mouse placenta, while hematoxylin was used as the counterstain.

#### 635 Statistical analyses

Independent data sets were analyzed using GraphPad Prism software. Two-tailed Student's t tests were performed for significabce and the data are presented as mean±s.e.m.

638

# 639 Primer List

## 640 Primers used for genotyping

Gata2-		
floxed		
and	GCCTGCGTCCTCCAACACCTCTAA	TCCGTGGGACCTGTTTCCTTAC
Gata2-		
null		
Gata3-	CAGICICICGETATICATCICCTTCTT	
flox		
Gata3-		
null		
Cre	AAAATTTGCCTGCATTACCG	ATTCTCCCACCGTCAGTACG

## 641

# 642 Antibody list

## 643 Immunostaining

Primary antibodies	Species	Vendor	Catalog	Dilutions
	raised in		number	used
anti-mouse CD31	Rat	BD Pharmingen	553369	1:100
anti-Laminin beta 1 [LT3]	Rat	Abcam	ab44941	1:100
Anti-Laminin beta 2	Mouse	Developmental Studies	C4	1:1
		Hybridoma Bank		
Secondary antibodies	Species	Vendor	Catalog	Dilutions
-	raised in		number	used
Alexa Fluor 488 anti-	Donkey	Abcam	ab150105	1:400
mouse	-			

lgG				
Alexa Fluor 568 anti-rat IgG	Donkey	Abcam	ab175475	1:400
Antibodies used in	Species	Vendor	Catalog number	
FACS	raised in			
APC anti-mouse CD117 (c-kit)	Rat	BioLegend	105	812
PerCP/Cy5.5 anti-mouse CD34	American Hamster	BioLegend	128	607
PE anti-mouse Ly-6A/E (Sca-1)	Rat	BioLegend	108	108
PE/Cy7 anti-mouse CD45	Rat	BioLegend	103	113
Pacific Blue anti-mouse Lineage Cocktail	Rat	BioLegend	133	310
Alexa Fluor 488 anti- mouse CD309 (VEGFR2, Flk-1)	Rat	BioLegend	121	908

644

# 645 Data availability

646 Processed data can be accessed from the NCBI Gene Expression Omnibus database647 (accession number GSE163286).

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  Histology Core facility, and the Bioinformatics Core of the University of Kansas Medical Center.
- 651

#### 652 **Conflict of interest**

- 653 The authors declare no competing interests.
- 654

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662

#### 663 Data availability

All the sequencing data are available and will be uploaded in a public database upon

665 acceptance of this manuscript.

666

#### 667 **Contribution**

- 668 R.P.K. and S.P. conceived, designed and performed the initial study. P.H., RPK and A. Ghosh,
- performed the main experiments. P.H., A. Ghosh., R.P.K., and S.R. analyzed data. S.G., P.H.
- and R. K analyzed genomics data. P.H. wrote the manuscript. PH and RPK Revised the
- 671 manuscript. S.P. edited the final manuscript.

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933	Figure legends
934	Fig. 1: Trophoblast giant cell-specific GATA deletion leads to embryonic lethality and
935	developmental defects. (A) Mating strategy to identify the Prl3d1 positive parietal giant cell

936 layer. (B) Cryosections of the *mT/mG Pl1<sup>Cre</sup>* conceptus show exclusive EGFP expression in the 937 parietal TGCs, indicating the specific nature of the *Pl1<sup>Cre</sup>* expression. (C) Mating strategy to 938 define the importance of GATA factors in the trophoblast giant cells. (D) E12.5 uterine horn 939 harvested from the above mating contains apparent embryonic resorption sites. (E) Isolated 940 conceptuses associated with GATA Pl1-KO embryos show severe developmental defects (\*) 941 and size differences (\*, \*) compared to the control (\*). (F) Embryos isolated from one of the

extremely small conceptuses (\*) reveal gross developmental defects and embryonic death 942 943 accompanied by small and thin placental tissue. Scale bar 2 mm. (G) Comparison between a 944 GATA PI1-KO embryo (\*) and non-PI1<sup>Cre</sup> littermate (\*) indicates fetal growth reduction and 945 apparent blood loss, and defective vasculature in both the embryo proper and the placenta. Fetal liver (marked by red arrow) of the GATA PI1-KO embryo also showed reduced 946 hematopoiesis compared to the control. Scale bar 2 mm. (H) GATA PI1-KO placentae shown in 947 G (\*) were of significantly smaller weight compared to the controls (\*) (Mean±s.em., n=21 for 948 the control, n=18 for the KO, \*\*P≤0.01, analyzed by two-tailed Student's t-test). (I) RNAScope 949 950 labeling of implantation sites using the *Tpbpa* probe marks the spongiotrophoblast layers. Scale 951 bar 1 mm (J) Quantitative comparison of the relative ratio of Tpbpa+ junctional zone area and 952 labyrinth area between the control and GATA PI1-KO implantation sites (Mean±s.em., n=5 for each samples, \*\*\*P≤0.001, analyzed by two-tailed Student's t-test). 953

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955 Fig. 2: Single Cell RNA-Seg analyses of the TGC-specific GATA factor loss show altered 956 placental trophoblast subpopulation. (A) A t-SNE plot of the aggregate of the hierarchical clustering of 2 control and 2 GATA PI1-KO placental samples shows 33 distinct clusters. (B) t-957 958 SNE plots of the aggregate samples show major cell types. (C) Individual t-SNE plots of the 959 control (aggregate of two control samples) and the KO (aggregate of two KO samples) samples 960 show differences in the major cell subtypes. (D) Individual clusters representing trophoblast subtypes show major differences between the control and the KO placentae. Cluster 3, 961 identified as dead cells/ unidentified cell type, were excluded. (E) Comparative t-SNE plot of 962 963 cells marked by the expression (log 2-fold expression > 0, p-value < 0.05) of trophoblast lineage 964 markers Prl3d1, Prl2c2, Tpbpa, Prl3b1, Hand1 in the control (green box) vs GATA Pl1-KO (red box) placentae. Expression in only the trophoblast cells are represented. (F) Quantitative 965 analyses of the relative cell percentages for the Prl3d1, Prl2c2, Tpbpa, Prl3b1, Hand1, Ly6a, 966

and  $Epcam^{Hi}$  positive cells. For all markers except  $Epcam^{Hi}$ , log 2-fold expression > 0; for *Epcam^{Hi}* log 2-fold expression > 3. All cell numbers were normalized using total trophoblast cell numbers corresponding to the sample. (Mean±s.em., n=2 for each sample type, \*\*\*\*P≤0.0001, analyzed by two-tailed Student's t-test).

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Fig. 3. TGC-specific GATA factor function is essential for the differentiation of the 972 973 hematoendothelial niche. (A) Comparative t-SNE plots representing the hematopoietic (orange) and endothelial (purple) cell populations in control vs. GATA PI1-KO placentae are 974 shown. Further cluster distribution of these two populations are shown with the orange box 975 (hematopoietic cells) and the purple box (endothelial cells). These subclusters are described in 976 Fig. 2. (B, C) scRNA-seq analyses show cluster 15 and 17 to harbor the Kit+ Cd34+ Ly6A+ 977 population of HSCs. The t-SNE plots show a marked reduction in the overall cell numbers in 978 979 cluster 17 and huge increase in the cluster 15 of the GATA PI1-KO placentae compared to the 980 control (Mean±s.e.m., n=2 for each sample type, \*\*P≤0.01, analyzed by unpaired Student's ttest, Two-stage step-up (Benjamini, Krieger, and Yekutieli)). (D) Quantification of the HSC 981 982 population in cluster 17 of the control vs. GATA PI1-KO placentae. The total number of cells in each sample type were used to calculate the percentage ((Mean±s.e.m., n=2 for each sample 983 type). (E) Endothelial marker Kdr is highly expressed in cluster 15, unlike cluster 17, indicating 984 hematoendothelial nature of the cells belonging to cluster 15. This cluster also harbors cells 985 positive for Arterial-specific marker Dll4 and placental hemogenic endothelium marker Prom1. 986 (F) Flow cytometry analyses of Lin<sup>-</sup> CD45<sup>-</sup> CD34<sup>+</sup> KDR<sup>+</sup> cells show significant increase in the 987 absence of pTGC-sepcific GATA factors. (G) Box plot of the flow analysis in the panel F. The 988 percentages were calculated against total number of viable cells per sample (Mean±s.em., n=19 989 990 for the control and n=18 for the GATA PI1-KO, \*\*P≤0.01, analyzed by two-tailed Student's t-991 test).

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#### 993 Fig. 4: GATA factor loss in the TGCs results in the loss of the hematopoietic progenitor

994 population. (A) Flow analysis data shows a significant reduction in the HSC population in the 995 knockout placenta. E12.5 placental samples from GATA PI1-KO and control littermate placentae 996 were subjected to flow analysis. Samples were gated for viable cells, followed by gating for single cells. This was followed by selecting cells negative for lineage markers (Lin-) and 997 subjecting them to CD45 negative selection. The Lin<sup>-</sup> CD45<sup>-</sup> population were further gated for 998 999 CD34<sup>+</sup> and Ly6A/E<sup>+</sup> fraction. Finally these Lin<sup>-</sup> CD45<sup>-</sup> CD34<sup>+</sup> Ly6A/E<sup>+</sup> cells were gated for KIT<sup>+</sup> 1000 population. The sample gating schematics are depicted using cell numbers representative of the 1001 respective panels. Black arrows show the flow of the steps. (B) Quantitation of the Lin<sup>-</sup> CD45<sup>-</sup> 1002 CD34<sup>+</sup> KIT<sup>+</sup> Ly6A/E<sup>+</sup> population reveals significant loss of the HSC population in the KO sample. The counts are normalized against the number of viable cells and are presented as percentages 1003 1004 (Mean±s.e.m., n=26 for the control and n=24 for the KO, \*\*P≤0.01, analyzed by two-tailed 1005 Student's t-test). (C) Micrographs show the formation of hematopoietic cell colonies on a 1006 methylcellulose plate. Colonies included were of CFU-G/M, BFU-E, and CFU-GEMM in nature. 1007 (D) Quantitation of the number of colonies in the control vs. GATA PI1-KO samples. The counts 1008 are normalized against the number of cells plated for each sample (10,000 cells) (Mean±s.e.m., 1009 n=7 for each sample type, \*P<0.05, analyzed by two-tailed Student's t-test).

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1011 Fig. 5: GATA factor-functions in the trophoblast giant cells are essential for the vasculature development at the maternal-fetal interface. (A-B) Immunostaining of the control 1012 1013 and GATA PI1-KO placenta with the endothelial cell marker CD31 shows abnormal vasculature 1014 development in the GATA PI1-KO in the TGC layer (Scale Bar 200µm). (C) Violin plot shows 1015 Flt1 expression increases in the GATA PI1-KO placentae compared to the control. The plot (log2 expression) and the values are derived from the scRNA-seg data and calculated using 1016 Loupe Browser (v 4.1.0) (10x Genomics). For the control, mean=1.63, median=1; for the KO 1017 mean=2.16, median=1.58. n=2 for both sample types. (D) t-SNE plots for Flt1 expression 1018

1019 across the clusters show marked increase in the number of *Flt1* expressing cells in the GATA 1020 PI1-KO placentae than control. Some of the major source of *Flt1* expression appears to be the 1021 TGC cluster 33, spiral artery associated TGC cluster 26, hematoendothelial cluster 15 and 1022 spongiotrophoblast trophoblast clsuters. (E) Heatmap of cluster-specific Flt1 expression shows 1023 that the largest change in the Flt1 expression occurs in the TGC cluster 33 (n=2 for each 1024 sample type). (F) In the presence of conditioned medium from GATA2/GATA3 double knockout 1025 (GATA DKO) trophoblast stem cells, HUtMECs fail to form vascular ring-like structures in a 1026 matrigel based vascular tube formation assays unlike when treated with conditioned medium 1027 from control trophoblast stem cells (n=3, Scale Bar 200µm).

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1029 Fig. 6: The GATA factors regulate parietal TGC-specific paracrine factors and help maintain hematopoietic-angiogenic balance. (A) PyMINEr based prediction of the enriched 1030 paracrine ligands expressed by cells in cluster 33 shows receptor matched targets in four major 1031 1032 clusters that include HSPC/ HSC containing cluster 33, hematoendothelial cluster 15, 1033 trophoblast progenitor cluster 6 and labyrinthine trophoblast cluster 16. Major signaling 1034 pathways involved Integrin signaling pathway members lamin and collagen group 4 of proteins 1035 and prolactin family of hormones. (B) Prl3d1 expressing cells in cluster 33 were further analyzed 1036 for the level of paracrine factors expression. While almost all the Integrin pathway members 1037 were upregulated, all the prolactin family members showed downregulation in the GATA PI1-KO 1038 samples compared to the control. Average log2 fold change expression values are plotted. (C) 1039 Immunostaining of E13.5 placental sections with LAMBI and LAMB2 antibodies show increased 1040 expression for both the proteins in the pTGCs of the KO samples than controls (Scale Bar 1041 100µm).

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Fig. 7: TGC-specific Integrin signaling and Prolactin signaling govern placental 1043 hematoendothelial differentiation and placental development. Schematic representation 1044 mid-gestation mouse placenta shows GATA factors regulate parietal-TGC-specific Integrin and 1045 1046 Prolactin signaling. Repression of Integrin signaling and activation of Prolactin signaling by the 1047 GATA factors are achieved in the TGCs, which in turn helps angiogenic development, HSC development, and proper trophoblast differentiation in a control mouse placenta. In the absence 1048 1049 of the GATA factors, an increase in the Integrin signaling and repression of the Prolactin signaling trigger loss of angiogenic branching and HSC population. This is accompanied by 1050 1051 abnormal trophoblast differentiation and trophoblast subtype distribution.

# Home\_Fig. 1



Home\_Fig. 2





# Home\_Fig. 5





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**GATA PI1-KO** 

31-33-

Control

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# Home\_Fig. 6









# Home\_Fig. 7

