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## RESEARCH ARTICLE

# A *Grhl2*-dependent gene network controls trophoblast branching morphogenesis

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**ABSTRACT**

Healthy placental development is essential for reproductive success; failure of the feto-maternal interface results in pre-eclampsia and intrauterine growth retardation. We found that grainyhead-like 2 (GRHL2), a CP2-type transcription factor, is highly expressed in chorionic trophoblast cells, including basal chorionic trophoblast (BCT) cells located at the chorioallantoic interface in murine placentas. Placentas from *Grhl2*-deficient mouse embryos displayed defects in BCT cell polarity and basement membrane integrity at the chorioallantoic interface, as well as a severe disruption of labyrinth branching morphogenesis. Selective *Grhl2* inactivation only in epiblast-derived cells rescued all placental defects but phenocopied intraembryonic defects observed in global *Grhl2* deficiency, implying the importance of *Grhl2* activity in trophoblast-derived cells. ChIP-seq identified 5282 GRHL2 binding sites in placental tissue. By integrating these data with placental gene expression profiles, we identified direct and indirect *Grhl2* targets and found a marked enrichment of GRHL2 binding adjacent to genes downregulated in *Grhl2*<sup>-/-</sup> placentas, which encoded known regulators of placental development and epithelial morphogenesis. These genes included that encoding the serine protease inhibitor Kunitz type 1 (*Spint1*), which regulates BCT cell integrity and labyrinth formation. In human placenta, we found that human orthologs of murine GRHL2 and its targets displayed co-regulation and were expressed in trophoblast cells in a similar domain as in mouse placenta. Our data indicate that a conserved *Grhl2*-coordinated gene network controls trophoblast branching morphogenesis, thereby facilitating development of the site of feto-maternal exchange. This might have implications for syndromes related to placental dysfunction.

**KEY WORDS:** Placenta defects, Epithelial differentiation, Epithelial morphogenesis, *Spint1*, Basement membrane defects

**INTRODUCTION**

The placenta facilitates the exchange of metabolites between mother and fetus. Pregnancy-associated diseases, such as pre-eclampsia and fetal intrauterine growth restriction (IUGR), affect up to 10% of pregnancies. The mouse placenta is a widely used model system (Adamson et al., 2002; Georgiades et al., 2002). Fetal trophoblast-derived cells invade the maternal endometrium and form the site of feto-maternal exchange, which is referred to as the *villous tree* in humans and the *labyrinth* in mice. Both structures are formed by branching trophoblast cells accompanied by fetal blood vessels originating from the allantoic mesoderm (Cross et al., 2003b). This development facilitates a close apposition of fetal blood vessels to maternal blood sinuses and results in establishment of the feto-maternal barrier, which includes fetal endothelial cells and thin layers of trophoblast-derived syncytiotrophoblast (STB) cells. Pregnancy-associated diseases in humans commonly feature structural abnormalities of the villous tree and the feto-maternal barrier (Egbor et al., 2006).

In mice, labyrinth formation begins after chorioallantoic attachment at embryonic day (E) 8.5 through folding of the initially flat chorion and the formation of evenly distributed simple branches on the chorionic surface (Cross et al., 2003a). BCT cells initially form an epithelial-like cell layer with its basolateral surface facing the embryo. They form a basement membrane directly adjacent to the allantoic mesoderm. The BCT cell layer contains clusters of cells expressing the transcription factor GCM1, which define presumptive branch points. *Gcm1* expression is required for branching initiation and labyrinth formation, indicating that BCT cells act as central coordinators of these processes (Anson-Cartwright et al., 2000). Similar to BCT cells in mice, villous cytotrophoblasts in human placentas form a basement membrane adjacent to the extraembryonic mesoderm containing fetal blood vessels. Molecular cell type markers in mice suggest that BCT-derived cells differentiate and contribute to STB layer II (Simmons et al., 2008). Similarly, villous cytotrophoblasts are thought to differentiate into STB cells in humans. Hence, the villous cytotrophoblast layer in humans and the BCT layer in mice share functional and structural characteristics and appear to be crucial for morphogenesis and differentiation during placenta development. Homologies between human villous cytotrophoblasts and mouse BCT cells are also supported by molecular analyses. For instance, the serine protease inhibitor Kunitz type 1 (*Spint1*), an essential regulator of mouse placentation, displays high cell type-specific expression in the villous cytotrophoblasts of human placenta and in

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BCT cells of mice (Hallikas et al., 2006; Szabo et al., 2007). Comparative genomics has shown that orthologs of over 80% of the genes known to be required for proper placental development in mice are also expressed in human placenta (Cox et al., 2009). The precise molecular programs driving branching morphogenesis, invasion and trophoblast differentiation remain incompletely understood.

Grainyhead-like transcription factors regulate the development of epithelial cell types in several species. They are implicated in epithelial morphogenesis, barrier formation and wound healing processes (Bray and Kafatos, 1991; Mace et al., 2005; Tao et al., 2005; Narasimha et al., 2008; Yu et al., 2009; Han et al., 2011; Gao et al., 2013). *Grhl2* is one of three mouse homologs of *Drosophila* Grainyhead (Wilanowski et al., 2002) and is expressed in diverse embryonic epithelial tissues during development (Wilanowski et al., 2002; Auden et al., 2006). *Grhl2* and its paralog *Grhl3* play essential roles in neural tube closure in mice (Rifat et al., 2010; Werth et al., 2010; Brouns et al., 2011; Pyrgaki et al., 2011). All three members regulate the expression of epithelial junctional genes (Yu et al., 2006; Wilanowski et al., 2008; Werth et al., 2010; Pyrgaki et al., 2011; Senga et al., 2012; Varma et al., 2012). We now report that *Grhl2* controls a target gene set in placental trophoblasts and is thereby crucial to placental morphogenesis.

## RESULTS

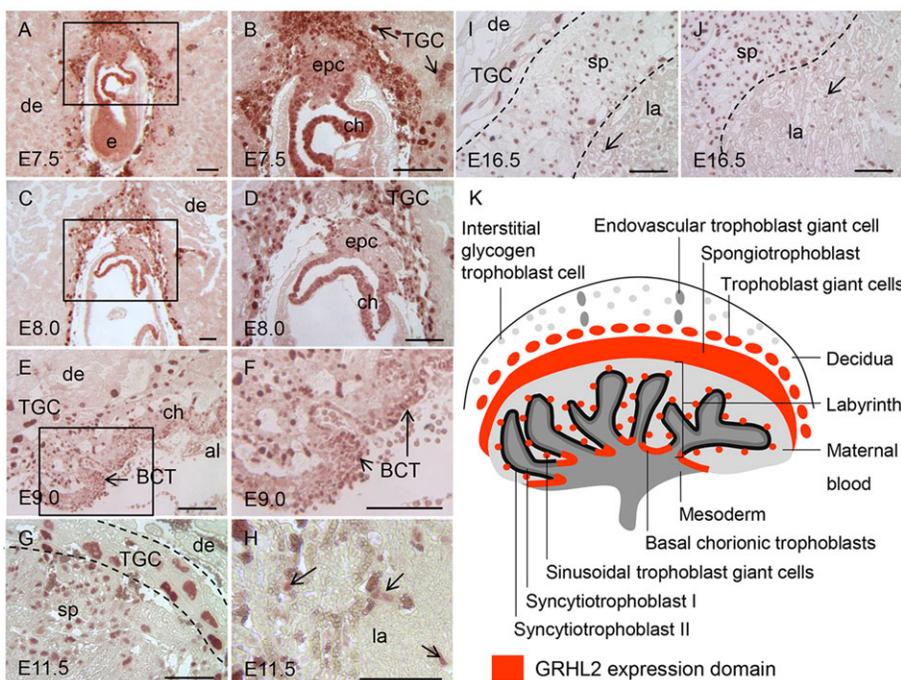
### *Grhl2* ablation in mice perturbs placental labyrinth formation

We previously reported the generation of two mouse *Grhl2* null alleles: *Grhl2<sup>lacZ1</sup>* and *Grhl2<sup>lacZ4</sup>* (Werth et al., 2010). Whereas heterozygous *Grhl2<sup>+/lacZ1</sup>* and *Grhl2<sup>+/lacZ4</sup>* mice appeared normal, no live homozygous *Grhl2<sup>lacZ1/lacZ1</sup>* and *Grhl2<sup>lacZ4/lacZ4</sup>* mutants (collectively referred to as *Grhl2<sup>-/-</sup>*) were recovered postnatally from heterozygous intercrosses (supplementary material Table S1). Until E11.5, the genotype distribution showed Mendelian ratios between *Grhl2<sup>+/+</sup>*, *Grhl2<sup>+/-</sup>* and *Grhl2<sup>-/-</sup>*. Analysis of embryos from timed heterozygous matings revealed that neural tube defects became apparent at E9.5 and IUGR at E10.5 in *Grhl2<sup>-/-</sup>* mutants. By E11.5, *Grhl2<sup>-/-</sup>* embryos were still present but had no visible

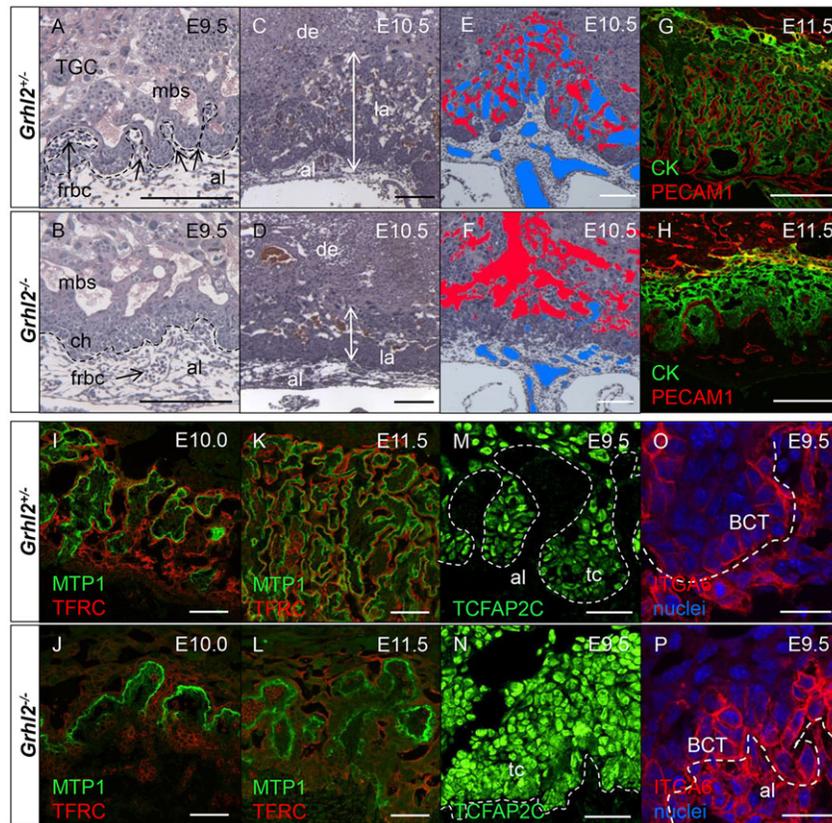
heartbeat and displayed evidence of advanced tissue decay. We found no *Grhl2<sup>-/-</sup>* mutants after E11.5, indicating that *Grhl2* is crucial for embryonic development and survival past this stage.

To test the possibility that placenta defects contribute to this phenotype, we first analyzed GRHL2 expression by immunohistochemistry, which revealed robust levels in trophoblast cells from E7.5 to E16.5 (Fig. 1). We found high expression in the chorion at E7.5 and E8.0 (Fig. 1A–D). At E9.0, GRHL2 expression in the chorion became restricted to BCT cells (Fig. 1E,F). Moreover, GRHL2 was expressed in primary and secondary trophoblast giant cells (TGCs) (Fig. 1A–G,I) and in sinusoidal TGCs (S-TGCs) (Fig. 1H–J, arrows) of the chorion-derived labyrinth. By contrast, GRHL2 expression was low in the ectoplacental cone (Fig. 1A–D), but became more prominent as this structure developed into the spongiotrophoblast (Fig. 1G,I,J). We found no GRHL2 expression in the extraembryonic and allantoic mesoderm or in the maternal decidua (for an overview of the GRHL2 expression domain see Fig. 1K). No GRHL2 staining was present in *Grhl2<sup>-/-</sup>* placentas (supplementary material Fig. S1).

Histological analysis of mutant placentas in comparison with littermate controls revealed no abnormalities at E8.0 (supplementary material Fig. S2A,B). Occlusion of the ectoplacental cavity and chorioallantoic attachment occurred normally, resulting in chorionic plates in contact with the ectoplacental cone and allantois at E9.5 (Fig. 2A,B). In control placentas at E9.5, the initially flat chorion began to undergo branching morphogenesis to form the labyrinth, and fetal blood vessels from the allantois started extending into the developing villi (Fig. 2A). By contrast, *Grhl2* mutants showed a marked disruption of chorionic branching, resulting in flat and compact chorionic plates with scant fetal blood vessel ingrowth (Fig. 2B,D) and in reduced thickness of the labyrinth at E10.5 (Fig. 2C,D, arrows). Labeling of fetal blood vessels and maternal blood sinuses in H&E-stained E10.5 sections based on the presence of nucleated (fetal) or non-nucleated (maternal) erythrocytes revealed a complex network of fetal and maternal blood spaces in controls, whereas *Grhl2<sup>-/-</sup>* placentas exhibited a marked simplification (Fig. 2E,F). Fetal vasculature, as labeled by PECAM1 staining, largely remained in the allantoic



**Fig. 1. GRHL2 expression in the wild-type mouse placenta.** (A–J) GRHL2 immunohistochemistry revealed its nuclear localization in different trophoblast cell types at E7.5 (A,B), E8.0 (C,D), E9.0 (E,F), E11.5 (G,H) and E16.5 (I,J). Arrows in H–J mark sinusoidal TGCs. al, allantois; BCT, basal chorionic trophoblast; ch, chorion; de, decidua; e, embryo; epc, ectoplacental cone; la, labyrinth; sp, spongiotrophoblast; TGC, trophoblast giant cell(s). (K) Schematic of the GRHL2 expression domain in the murine placenta. Scale bars: 100  $\mu$ m.



**Fig. 2. *Grhl2*<sup>-/-</sup> placentas show defective trophoblast branching and BCT abnormalities.** (A-F) H&E staining of *Grhl2*<sup>+/+</sup> control and *Grhl2*<sup>-/-</sup> placentas revealed a disruption of chorion branching and fetal blood vessel permeation in mutants at E9.5 (A,B). *Grhl2*<sup>-/-</sup> placentas exhibited a compact labyrinth structure with scant blood vessel spaces at E10.5 (C,D). Arrows in C and D indicate a reduced labyrinth thickness. Labeling of fetal (blue) and maternal (red) blood spaces based on the presence of fetal nucleated erythrocytes or maternal non-nucleated erythrocytes revealed defective permeation of fetal blood vessels into the trophoblast layer in E10.5 mutants (F) as compared with littermate controls (E). (G,H) Immunofluorescence staining of pan-cytokeratin (CK, green) and PECAM1 (red) confirmed reduced invasion of fetal blood vessels into the labyrinth and a reduced thickness of this layer in mutants at E11.5. (I-L) Detection of the STB layers by co-staining of the transferrin receptor (TFRC, red; STB I) and ferroportin (MTP1, green; STB II) at E10.0 (I,J) and E11.5 (K,L) revealed that trophoblast branching was initiated in *Grhl2*<sup>-/-</sup> placentas but that refinement of the feto-maternal barrier was disturbed, resulting in only a few, simplified branches (J,L) as compared with the complex STB compartment of controls (I,K). (M,N) Architectural disorganization of BCT cells in E9.5 *Grhl2*<sup>-/-</sup> placentas. Trophoblast cells were labeled by TCFAP2C immunostaining. Whereas infolding of BCT cells occurred properly in controls (M), trophoblast cells appeared disorganized in mutants (N). (O,P) Immunofluorescence analysis of integrin alpha 6 (ITGA6) localization revealed abnormal apicobasal polarity in *Grhl2*<sup>-/-</sup> BCT cells (P) as compared with *Grhl2*<sup>+/+</sup> controls (O) at E9.5. The dashed line marks the boundary between trophoblasts and allantois. frbc, fetal red blood cells; mbs, maternal blood sinuses; tc, trophoblast cells; for other labels, see Fig. 1. Scale bars: 200  $\mu$ m in A-F; 250  $\mu$ m in G,H; 75  $\mu$ m in I-L; 100  $\mu$ m in M,N; 25  $\mu$ m in O,P.

compartment and failed to permeate into the pan-cytokeratin-labeled trophoblast layer (Fig. 2G,H; supplementary material Fig. S2C,D). GRHL2 was not expressed in fetal blood vessels themselves (Fig. 1), suggesting that the reduced fetal vascularization was secondary to defective trophoblast branching. Co-immunostaining of the labyrinth markers transferrin receptor and ferroportin (SLC40A1 – Mouse Genome Informatics), which label STB layer I and II, respectively, demonstrated a progressively complex and expanding STB compartment in controls at E10.0 and E11.5, but markedly defective development in *Grhl2*<sup>-/-</sup> placentas, with scant evidence of STB differentiation in tip regions (Fig. 2I-L; supplementary material Fig. S2E,F). Although trophoblast branching morphogenesis was initiated, it failed to progress appropriately in mutants (Fig. 2J,L; supplementary material Fig. S2F). Moreover, STB layer II appeared thickened at differentiation sites, as indicated by ferroportin staining (supplementary material Fig. S2G,H). Together, these findings suggest a central role for *Grhl2* in regulating labyrinth trophoblast morphogenesis and differentiation.

We next analyzed trophoblast-specific differentiation markers to determine the presence and quantity of different cell types. To label

branch points in the chorionic layer, we stained for *Gcm1* mRNA. As previously reported, control placentas showed *Gcm1* staining in clusters at prospective branching initiation sites at E9.5 and at branch points in the labyrinth at E11.5 (supplementary material Fig. S3A-D) (Anson-Cartwright et al., 2000). In E9.5 *Grhl2*<sup>-/-</sup> placentas, *Gcm1* was expressed at the sites of branch point initiation (supplementary material Fig. S3B). Consistently, trophoblast branching was initiated in mutants, indicating that the disturbed trophoblast branching was not related to defective *Gcm1* expression. However, mutants contained markedly reduced numbers of *Gcm1*-positive branching initiation sites (supplementary material Fig. S3B,D), indicating a quantitative defect in branch point formation. The spongioroblast marker *Tpbpa* was expressed in mutants (supplementary material Fig. S3E,F). We monitored the development and differentiation of TGC types by staining for specific markers *Prl3d1*, *Prl3b1*, *Prl2c2* and *Hand1* (supplementary material Fig. S3G-N), indicating that several hallmarks of TGC differentiation were unaltered in E9.5 *Grhl2*<sup>-/-</sup> placentas.

Since these data did not identify substantial defects outside the chorionic trophoblast compartment, we next focused on BCT cells,

which express high levels of GRHL2 and are known to drive chorionic branching. During placentation, BCT cells were initially cuboid and became progressively flattened after allantoic attachment. Labeling with the trophoblast marker TCFAP2C confirmed the ordered appearance of BCT cells in wild-type placentas, but revealed disorganized and multilayered BCT cells in *Grhl2* mutants (Fig. 2M, N). To analyze cell polarity in the BCT cell layer, we stained for integrin alpha 6 (ITGA6), a marker of the basolateral membrane domain. Whereas ITGA6 showed a strictly basolateral pattern in control BCT cells, its positioning appeared randomized in *Grhl2*<sup>-/-</sup> BCT cells, with cuboid cells that failed to flatten and branch (Fig. 2O, P), indicating a disruption of apicobasal polarization and of cell orientation in mutant BCT cells. Analysis of cell proliferation in the BCT layer via Ki-67 (MKI67) immunofluorescence showed no differences between controls and mutants at E9.5 (see supplementary material Fig. S4A-E). Moreover, we found no evidence for apoptosis in *Grhl2*<sup>-/-</sup> trophoblasts by activated caspase 3 immunostaining (supplementary material Fig. S4F-M). Hence, the defects observed in *Grhl2*<sup>-/-</sup> placentas appear to be due to defective cellular morphogenesis in the BCT layer rather than to alterations in proliferation or apoptosis.

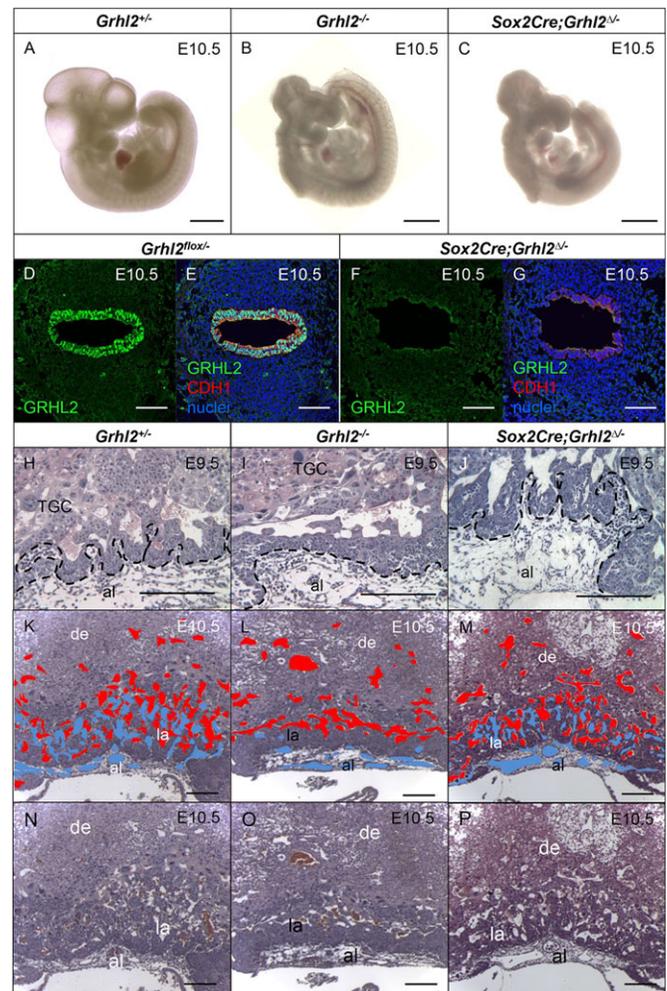
### Epiblast-specific *Grhl2* deletion rescues placenta defects

Loss of intraplacental GRHL2 could contribute to the profound embryonic phenotype of *Grhl2*<sup>-/-</sup> mice and might explain lethality after E10.5. However, the severe embryonic alterations in *Grhl2*<sup>-/-</sup> mice might also aggravate the placenta defects. Thus, we generated a conditional allele of *Grhl2* (*Grhl2*<sup>lox</sup>) allowing tissue-specific Cre-dependent *Grhl2* ablation (supplementary material Fig. S5A). *Sox2Cre* mice enable Cre-mediated recombination selectively in the epiblast-derived embryo and epiblast-derived extraembryonic membranes, including amnion, yolk sac mesoderm and allantois, as shown in previous studies at E7.5 (Hayashi et al., 2002). We confirmed the absence of *Sox2Cre*-mediated recombination in E9.5 trophoblast-derived trophoblasts by  $\beta$ -galactosidase staining in *Sox2Cre;R26R-lacZ* placenta sections, which revealed recombination only in the allantoic mesoderm (supplementary material Fig. S5B). We then crossed male *Sox2Cre;Grhl2*<sup>+/-</sup> with female *Grhl2*<sup>lox/lox</sup> mice to generate *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> embryos. These embryos were present at Mendelian ratios up to E11.5. Their phenotype was indistinguishable from that of *Grhl2*<sup>-/-</sup> embryos (Fig. 3A-C; supplementary material Fig. S5C-F) and included split face malformations, exencephaly, as well as anterior and lumbosacral spina bifida. Immunofluorescence staining confirmed the complete absence of GRHL2 protein in all intraembryonic tissues of *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> mice (Fig. 3D-G). H&E-stained E9.5 to E11.5 placenta sections of *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> embryos revealed that, in contrast to *Grhl2*<sup>-/-</sup> mice, trophoblast branching morphogenesis plus permeation and branching of fetal blood vessels occurred normally. The complex network of fetal blood vessels and maternal blood sinuses developed normally (Fig. 3H-P). Despite the rescue of placental defects, we only recovered *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> embryos up to E11.5, with evidence of IUGR and tissue decay similar to *Grhl2*<sup>-/-</sup> mice. These data indicate that *Grhl2* in epiblast-derived tissues accounted for intraembryonic defects, but not for the placenta defect, implying a crucial role for *Grhl2* in trophoblast-derived trophoblast lineages.

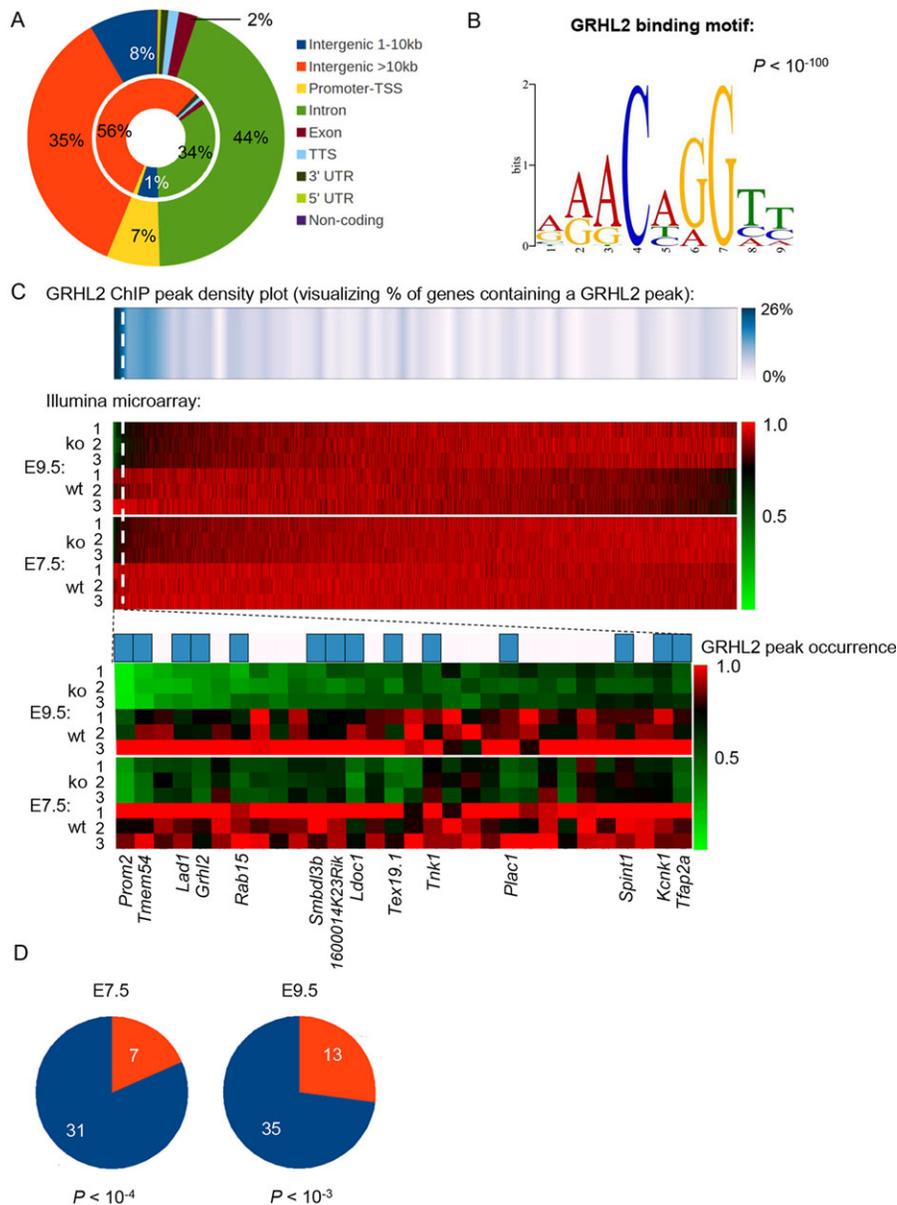
### Identification of placental GRHL2 target genes by integrated genomic analyses

To understand the molecular basis of placenta defects in *Grhl2*<sup>-/-</sup> mice, we employed ChIP-sequencing (ChIP-seq) on mouse

placenta tissue using a GRHL2 antibody that we had previously shown to be specific (Werth et al., 2010). We identified 5282 peaks ( $P < 10^{-5}$ ) of GRHL2 binding across the mouse genome using MACS (Zhang et al., 2008) (Fig. 4 and Fig. 5A). GRHL2 ChIP peaks were clustered around transcriptional units, with the majority located in upstream regulatory regions and introns (Fig. 4A). *De novo* motif discovery within the top 10% of the GRHL2-associated DNA regions (528 peaks) using MEME (Bailey and Elkan, 1994) yielded a sequence (Fig. 4B) identical to previously identified grainyhead binding motifs (Gao et al., 2013). A comparison with known vertebrate transcription factor binding sites using TOMTOM (Gupta et al., 2007) revealed high similarity



**Fig. 3. Selective *Sox2Cre*-mediated *Grhl2* inactivation in epiblast-derived tissues rescues placenta defects of *Grhl2*<sup>-/-</sup> mice.** (A-C) Whole-mount E10.5 control (*Grhl2*<sup>+/+</sup>, A), *Grhl2*<sup>-/-</sup> (B) and *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> embryos (C). (D-G) Validation of intraembryonic *Grhl2* deletion in *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> embryos. GRHL2 immunostaining on control embryo sections (*Grhl2*<sup>lox/lox-</sup>, D,E) showed high GRHL2 levels, whereas GRHL2 was absent from all intraembryonic tissues of *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> mice, as shown here for the foregut (F,G). (H-P) H&E-stained placenta sections from control (*Grhl2*<sup>+/+</sup>, H,K,N), global *Grhl2*-deficient (*Grhl2*<sup>-/-</sup>, I,L,O) and *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> (J,M,P) embryos at E9.5 (H-J) and E10.5 (K-P). The dashed lines mark the boundary between trophoblasts and allantois (al). (K-M) Blood spaces with fetal nucleated erythrocytes and maternal non-nucleated erythrocytes are labeled in blue and red, respectively, revealing a defective interaction of fetal and maternal blood in E10.5 *Grhl2*<sup>-/-</sup> placentas (L), but not in controls (K) or in *Sox2Cre;Grhl2* <sup>$\Delta$ /-</sup> placentas (M). For labels, see Fig. 1. Scale bars: 1 mm in A-C; 75  $\mu$ m in D-G; 200  $\mu$ m in H-P.



**Fig. 4. Integration of ChIP-seq and microarray data identifies a putative placental GRHL2 target gene set.** (A) Annotation of GRHL2 ChIP peaks obtained with E17.5 placenta tissue. The majority of GRHL2 peaks were clustered around transcriptional units and in upstream regulatory regions and introns (outer circle). The inner circle represents the annotation of an equal number of random peaks. TSS, transcription start site; TTS, transcription termination site; UTR, untranslated region. (B) *De novo* motif discovery from the top 10% GRHL2 ChIP peaks identified a sequence that is identical to previously published grainyhead binding motifs. *P*-value as provided by MEME. (C) Combination of GRHL2 ChIP peak and gene expression data analysis visualized by heat maps. In the center panel, heat maps are shown for all genes according to Illumina microarray analysis ordered by fold rank in E9.5 wild-type control (wt) versus *Grhl2*<sup>-/-</sup> (ko) placenta. Each numbered row represents one biological replicate. The dashed lines mark the top 150 genes. Genes at E7.5 are shown beneath in the same order. The GRHL2 peak density plot (top panel) corresponding to the genes shown in the heat maps beneath visualizes an increased frequency of GRHL2 ChIP peak occurrence in the vicinity of genes downregulated in *Grhl2*<sup>-/-</sup> placentas (linear interpolated density plot over 500 genes). The heat maps at the bottom visualize the intersection of the top 150 fold-ranked genes for E9.5 and E7.5 separately. Blue bars indicate the presence of a GRHL2 ChIP peak near the respective gene. (D) Quantifying GRHL2 peak occurrence in the top 150 downregulated (blue) and upregulated (red) genes revealed a marked enrichment in genes downregulated in mutants (*P*-values calculated using Fisher's exact test).

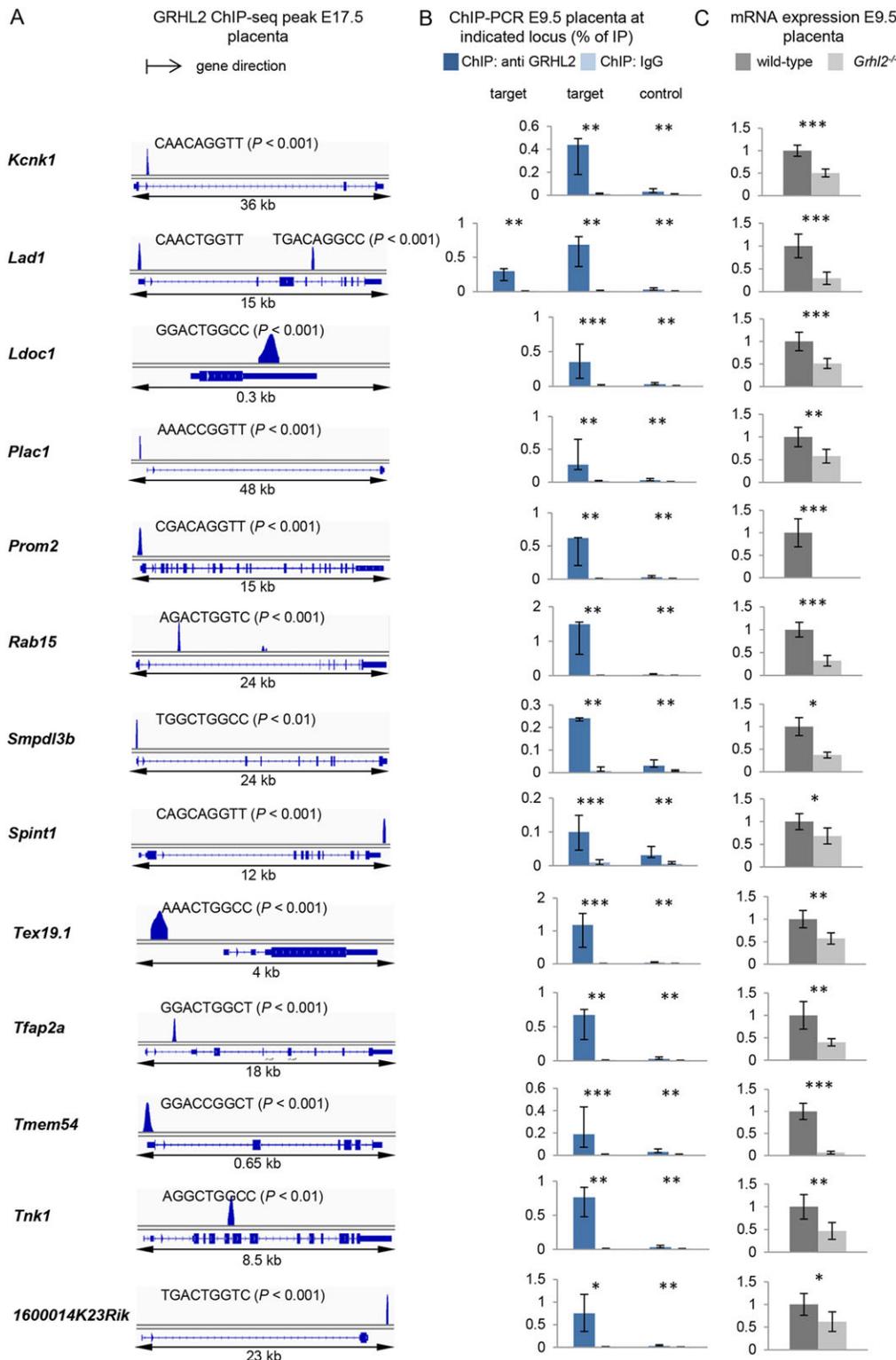
to the motif recognized by transcription factor CP2-like 1 (TFCP2L1;  $P < 0.005$ ), another member of the CP2 family (Chen et al., 2008). GRHL2 binding sites detected in kidney epithelial cells (our unpublished data) compared with our placental GRHL2 peaks showed an overlap of 41%. Moreover, 3611 out of the 5282 GRHL2 ChIP peaks determined in placenta tissue mapped to syntenic regions of the human genome, of which 592 (16.4%) overlapped with GRHL2 binding sites recently identified in lung epithelial cells (Gao et al., 2013).

Moreover, we used microarrays to compare gene expression in *Grhl2*<sup>-/-</sup> versus control E7.5 and E9.5 placentas (Fig. 4C). The intersection of the top 150 genes downregulated in *Grhl2*<sup>-/-</sup> placentas at E7.5 and E9.5 yielded 33 genes (supplementary material Table S2). Interestingly, the previously identified embryonic *Grhl2* target genes *Cldn4* and E-cadherin (*Cdh1*) (Werth et al., 2010) were absent from this gene list. This points to a marked tissue specificity of *Grhl2* functions and suggests that the target gene set of *Grhl2* in placenta differs from that in other tissues. Consistently, CLDN4 protein expression analysis by immunofluorescence staining showed high

CLDN4 levels in BCT cells compared with the overlying chorionic trophoblasts in controls, and we found no profound effect of *Grhl2* deficiency on placental *Cldn4* expression by *in situ* hybridization as well as immunostaining at E9.5 and E11.5 (supplementary material Fig. S6). As *Cldn4* expression was maintained in BCT cells deficient for *Grhl2*, this suggests that alternative pathways maintain *Cldn4* expression in these cells.

In contrast to the downregulated genes, the intersection of the top 150 genes upregulated in mutants at E7.5 and E9.5 revealed no overlap. In addition, genes downregulated in mutant placentas revealed a marked overrepresentation of GRHL2 peak occurrence in the vicinity of their genomic sequences ( $\pm 2$  kb) when compared with upregulated genes (Fig. 4C,D). These findings suggest that GRHL2 controls transactivation rather than transrepression of target genes in the mouse placenta.

To gain further functional insight, we performed gene ontology analysis using Homer (Heinz et al., 2010) to identify overrepresented functional categories within genes possessing a GRHL2 ChIP peak (within  $\pm 2$  kb around genomic sequences) and



**Fig. 5. Identification and validation of putative placental GRHL2-dependent target genes.**

(A) Depicted are all genes of the putative core target gene set (see Table 1) with a GRHL2 binding peak and showing significant downregulation in *Grhl2*<sup>-/-</sup> placentas as compared with wild-type controls based on microarray analysis ( $P < 0.05$ ). Peak occurrence and corresponding binding motifs are depicted at genomic loci of all target genes identified by GRHL2 ChIP-seq using E17.5 placenta tissue. ChIP peaks (blue) are visualized using QuEST (Valouev et al., 2008). (B) Validation of GRHL2 ChIP-seq peaks by ChIP with subsequent quantitative PCR analysis performed on E9.5 placenta tissue with normalization for total input. IgG was used as antibody control. Bars represent the median and error bars show the 25th and 75th percentile;  $n=3$  biological replicates. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$  versus IgG (Mann-Whitney  $U$  test). (C) Real-time RT-PCR confirmed significant downregulation of all GRHL2 targets in E9.5 *Grhl2*<sup>-/-</sup> placentas compared with wild-type controls identified by microarray analysis.  $\beta$ -actin was used as internal standard. Error bars represent mean  $\pm$  s.d.;  $n=6$  biological replicates. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$  versus wild-type control (Mann-Whitney  $U$  test).

within the top 150 genes downregulated in E7.5 and E9.5 *Grhl2*<sup>-/-</sup> placentas. Both analyses revealed a significant overrepresentation of genes involved in epithelial cell differentiation, epithelial morphogenesis and placenta development (supplementary material Table S3).

To determine a set of putative GRHL2 targets, we identified genes that were among the top 150 downregulated in mutant placentas at E7.5 and E9.5 and displayed a GRHL2 binding

peak within a  $\pm 2$  kb region around the gene. This yielded a module of 13 putative placental GRHL2 core targets (Fig. 4C,E, Fig. 5A, Table 1). ChIP-PCR using E9.5 placenta tissue confirmed specific enrichment at the putative GRHL2 binding areas of all 13 target genes when compared with the IgG control, and thus confirmed GRHL2 binding peaks identified by ChIP-seq (Fig. 5B). Validation of expression differences by quantitative PCR confirmed a significant downregulation of

**Table 1. Core set of GRHL2-dependent genes**

Gene	Fold change microarray		Peak location
	E7.5	E9.5	
<i>Kcnk1</i>	1.3	1.8	Intron 1
<i>Lad1</i>	1.5	2.7	TSS, intron 4
<i>Ldoc1</i>	1.9	1.8	3' UTR
<i>Plac1</i>	1.9	1.7	-1134 bp
<i>Prom2</i>	3.2	11.0	TSS
<i>Rab15</i>	1.9	2.4	Intron 1
<i>Smpdl3b</i>	1.5	1.9	TSS
<i>Spint1</i>	1.3	1.5	+63 bp
<i>Tex19.1</i>	2.0	1.8	-736 bp
<i>Tfap2a</i>	1.9	1.6	Intron 1
<i>Tmem54</i>	2.0	4.7	TSS
<i>Tnk1</i>	1.2	1.7	Intron 6
<i>1600014K23Rik</i>	1.4	1.9	+1615 bp

Intersection of the top 150 fold-ranked downregulated genes (wild-type control versus *Grhl2*<sup>-/-</sup>) at E7.5 and E9.5 with additional GRHL2 peak occurrence yielded a set of 13 potential GRHL2 core targets. Peak location (bp) is relative to gene body.

all 13 genes in E9.5 mutant placentas (Fig. 5C). A literature search revealed that homozygous knockouts for *Spint1* (Tanaka et al., 2005), *Plac1* (Jackman et al., 2012), *Tex19.1* (Tarabay et al., 2013), *Kcnk1* (Millar et al., 2006), *Tfap2a* (Schorle et al., 1996; Zhang et al., 1996) and *Prom2* (Tang et al., 2010) had been phenotypically characterized previously, with three, namely *Spint1*, *Plac1* and *Tex19.1*, displaying a placenta phenotype. Whereas *Plac1*<sup>-/-</sup> and *Tex19.1*<sup>-/-</sup> mice exhibit milder placenta defects that manifest in late pregnancy (Jackman et al., 2012; Tarabay et al., 2013), *Spint1*<sup>-/-</sup> mice have been reported to display an early placenta defect with lethality at E10.5 (Tanaka et al., 2005; Fan et al., 2007; Szabo et al., 2007), similar to the phenotype we found in *Grhl2*<sup>-/-</sup> mice.

### **Grhl2<sup>-/-</sup> placentas display phenotypic hallmarks of Spint1 deficiency**

*Spint1* encodes a cell membrane-associated Kunitz type 1 serine protease inhibitor (Shimomura et al., 1997) that is expressed in several epithelial cells and tissues, including the placenta, kidney and intestine (Kataoka et al., 2000; Yamauchi et al., 2004; Oberst et al., 2005; Szabo et al., 2007; Kawaguchi et al., 2011). Similar to *Grhl2*<sup>-/-</sup> placentas, chorionic trophoblasts of *Spint1*<sup>-/-</sup> placentas fail to establish a labyrinth, fetal vascularization is absent, and the trophoblast layer appears to be compact (Tanaka et al., 2005; Fan et al., 2007; Szabo et al., 2007). Moreover, SPINT1 is expressed at high levels in BCT cells in E9.5 placentas (Tanaka et al., 2005; Fan et al., 2007; Szabo et al., 2007). Interestingly, the *Spint1* gene featured a GRHL2 ChIP peak at the 3' end in a region that contains the grainyhead consensus motif CAGCAGGTT (Fig. 5A) and that displayed histone H3 lysine 4 monomethylation (H3K4me1) and histone H3 lysine 27 acetylation (H3K27ac) in mouse placenta, two histone modifications characteristic of active enhancers (based on mouse placenta ENCODE data, not shown).

Together, these data suggest that GRHL2 might serve to ensure high *Spint1* expression levels in BCT cells. The downregulation of *Spint1* mRNA in total placenta extracts of *Grhl2*-deficient mice was relatively mild (Fig. 5C). However, this might reflect a dilution of the cell-specific effect in BCT cells, since *Spint1* is expressed at high levels in BCT cells and at lower levels in surrounding trophoblasts. To assess the effect of *Grhl2* deletion on *Spint1* expression in BCT cells, we localized *Spint1* mRNA and protein in the placenta. *Spint1* mRNA expression, as detected by *in situ* hybridization, showed a high level of

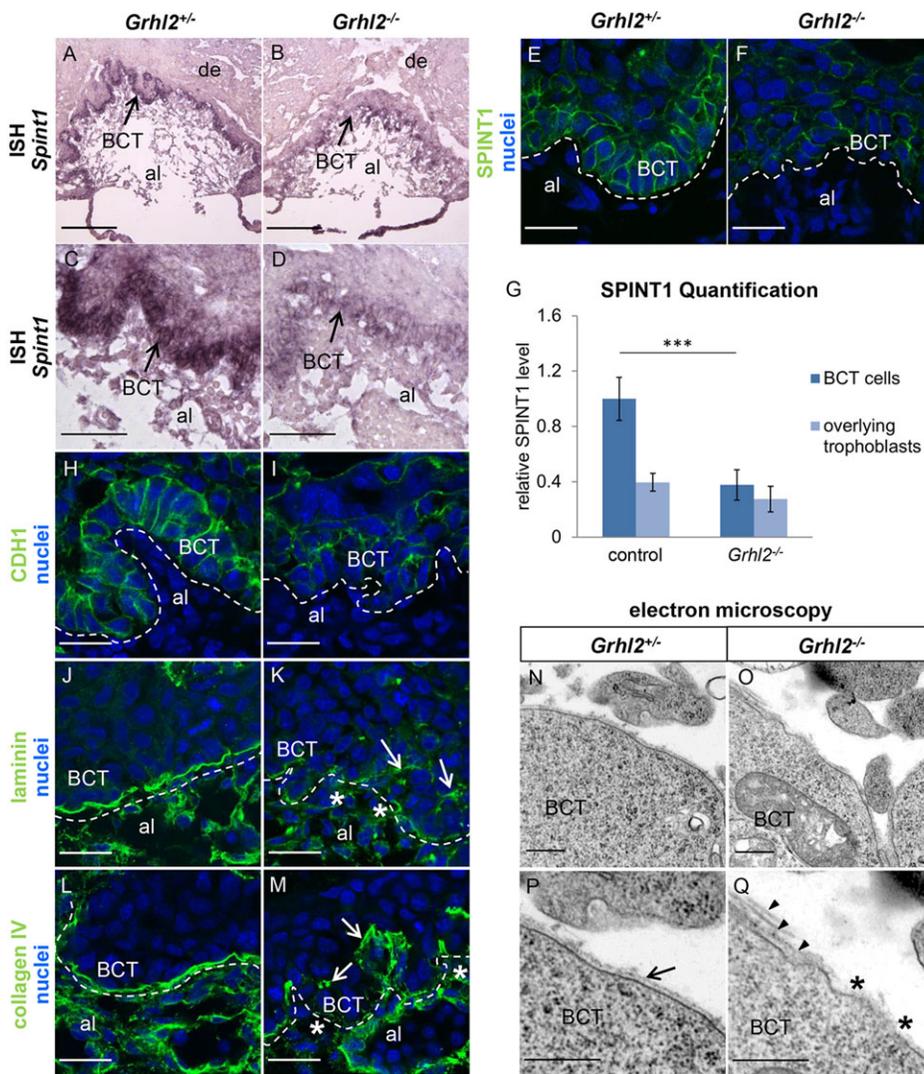
*Spint1* mRNA in BCT cells of wild-type placentas. In *Grhl2*-deleted placentas, *Spint1* mRNA was specifically reduced in BCT cells compared with controls (Fig. 6A–D). Next, we carried out immunofluorescence staining using a SPINT1 antibody, confirming high cell membrane-associated SPINT1 levels in BCT cells of control placentas with markedly lower expression in other trophoblast layers (Fig. 6E; supplementary material Fig. S7A,B). By contrast, BCT cells of *Grhl2*<sup>-/-</sup> placentas showed strongly reduced SPINT1 protein expression, which was at levels indiscernible from that in other surrounding cell types (Fig. 6F; supplementary material Fig. S7C,D). We quantitatively estimated SPINT1 immunofluorescence intensity in *Grhl2*-deficient versus control BCT cells and overlying chorionic trophoblast cells using software-assisted (ImageJ) image analysis. This revealed a specific and significant ( $P < 0.001$ ) reduction of SPINT1 immunofluorescence intensity in the BCT cells of *Grhl2*<sup>-/-</sup> placentas, which resembled the weaker staining intensity of surrounding trophoblasts (Fig. 6G). These results supported the hypothesis that GRHL2 functions to enhance *Spint1* expression levels in BCT cells.

*Spint1*<sup>-/-</sup> mice have been shown to exhibit reduced *Cdh1* expression in BCT cells as well as basement membrane defects, including fragmented laminin deposition and disrupted basement membranes at the chorioallantoic interface adjacent to the BCT layer (Fan et al., 2007; Szabo et al., 2007). We analyzed E9.5 *Grhl2*<sup>-/-</sup> placentas for these phenotypic hallmarks of *Spint1* deficiency. In wild-type placentas the BCT cells formed a single compact epithelial-like cell layer and expressed high levels of CDH1, which lined cell junctions. By contrast, in *Grhl2*-deleted BCT cells CDH1 expression was strongly reduced (Fig. 6H,I). Immunofluorescence staining for the basement membrane markers laminin and collagen IV revealed continuous basement membranes at the chorioallantoic interface lining the basal surface of BCT cells in controls (Fig. 6J,L), whereas in *Grhl2* mutants the basement membranes were fragmented and appeared at atypical positions relative to the BCT cell layer (Fig. 6K,M). Transmission electron microscopy confirmed the fragmentation and thinning of basement membranes in *Grhl2*<sup>-/-</sup> placentas (Fig. 6N–Q).

Each of these phenotypes was strongly reminiscent of that reported in *Spint1*<sup>-/-</sup> placentas, consistent with the hypothesis that they are caused by the reduction of SPINT1 expression in *Grhl2*<sup>-/-</sup> placentas. Importantly, immunostaining showed that SPINT1 (supplementary material Fig. S8A,B), CDH1 (supplementary material Fig. S8C,D) and laminin and collagen IV (supplementary material Fig. S8E–H) expression levels and distribution patterns were normal in BCT cells of *Sox2Cre;Grhl2*<sup>Δ/-</sup> placentas, excluding an effect of extraplacental GRHL2 in the above phenotypes.

### **Evidence for conserved GRHL2 expression and activity**

To determine the potential relevance of *GRHL2* and its target gene set in human placentation, we examined GRHL2 expression in human placentas by immunohistochemistry (Fig. 7A–E). GRHL2 was predominantly expressed in human villous cytotrophoblasts, but also in some STB cells of primary stem villi adjacent to the chorionic plate and in distal villi (Fig. 7A). GRHL2 expression in human villous cytotrophoblasts was reminiscent of the pattern in mouse BCT cells. Moreover, GRHL2 was present in invasive extravillous trophoblasts and in cytotrophoblast cell columns (Fig. 7B,C). During later pregnancy, GRHL2 was present at high levels also in most STB cells. No GRHL2 staining was observed in the mesenchymal cells of the villous stroma or in vascular cells (Fig. 7D,E).



**Fig. 6. GRHL2 regulates SPINT1 expression, cellular polarity and basement membrane integrity in BCT cells.** (A-F, H-M) *Spint1*/SPINT1 (A-F) and CDH1 (H, I) expression levels as well as laminin (J, K) and collagen IV (L, M) deposition are defective in BCT cells at the chorioallantoic interface (dashed lines) in placentas of *Grhl2*<sup>-/-</sup> embryos (B, D, F, I, K, M) compared with control *Grhl2*<sup>+/+</sup> placentas (A, C, E, H, J, L). (K, M) Arrows indicate atypical laminin and collagen IV deposition, and asterisks indicate basement membrane ruptures. (G) Quantification and comparison of SPINT1 fluorescence intensity of BCT cells and overlying chorionic trophoblast cells in control versus *Grhl2*<sup>-/-</sup> placentas. Relative intensities were calculated from mean gray values determined for BCT cells and overlying trophoblast cells using ImageJ. Error bars represent mean  $\pm$  s.d. \*\*\* $P$ <0.001 for control versus *Grhl2*<sup>-/-</sup> (Mann-Whitney  $U$  test). (N-Q) Transmission electron microscopy of E9.5 placentas confirmed basement membrane ruptures at the chorioallantoic interface in mutants, as indicated by areas of lower electron density (Q, asterisks) and disorganized deposits (Q, arrowheads). The arrow (P) indicates the basement membrane; for other labels, see Fig. 1. Scale bars: 75  $\mu$ m in A-D; 25  $\mu$ m in E, F, H-M; 500 nm in N-Q.

We next analyzed the placental expression domain of human homologs of the *Grhl2* target gene set using publicly available high-quality immunohistochemistry data deposited in the Human Protein Atlas Project (Uhlen et al., 2010). To avoid the detection of non-specific staining, we limited the analysis to antibodies with supportive western blot data and medium or high staining in placentas based on Protein Atlas scoring, which were available for KCNK1, RAB15, LAD1 and TFAP2A. Remarkably, each of these proteins was co-expressed with GRHL2 in villous cytotrophoblasts and STB cells (supplementary material Fig. S9).

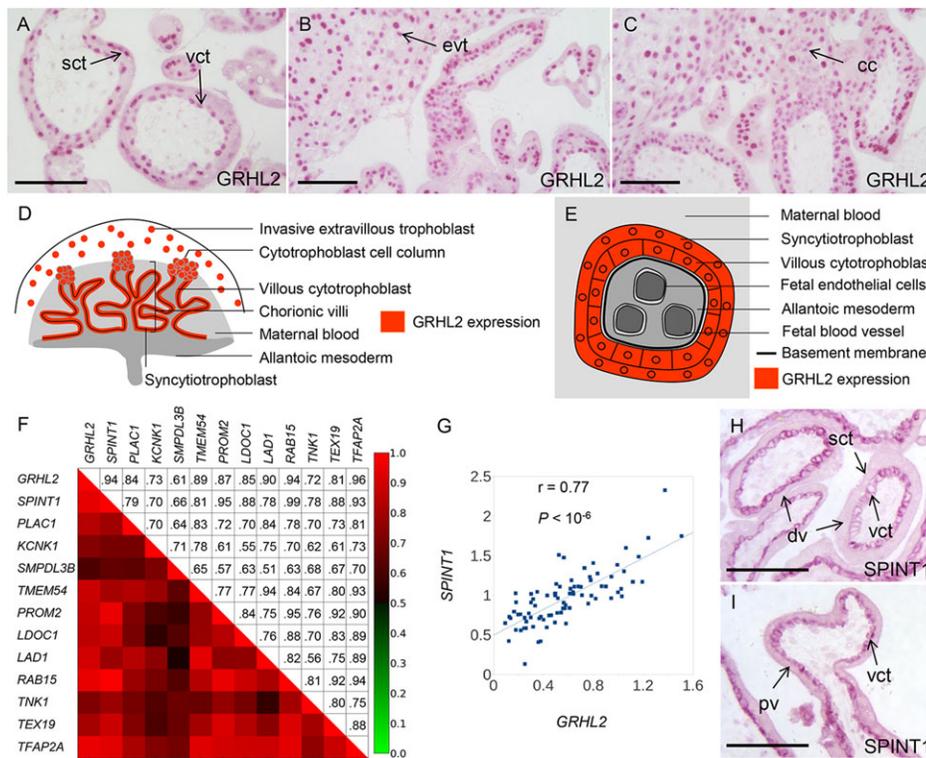
Additionally, based on publicly deposited microarray data from 34 human placenta samples (Huuskonen et al., 2008; Mikheev et al., 2008; Founds et al., 2009), human orthologs of GRHL2 and its target genes showed a statistically significant co-regulation ( $P$ <0.01; Fig. 7F). Within the target gene set, *SPINT1* expression displayed one of the highest correlations with *GRHL2* ( $r$ =0.94). To further substantiate their co-regulation, we analyzed *GRHL2* and *SPINT1* mRNA expression in 84 human villous placenta samples by quantitative PCR and found a high level of correlation across all samples ( $r$ =0.77,  $P$ <10<sup>-6</sup>; Fig. 7G). Immunohistochemistry confirmed previously reported data that SPINT1 is highly expressed in villous cytotrophoblasts of primary stem villi and more distal villi (Fig. 7H, I) (Hallikas et al., 2006). Collectively,

these data suggest that the *Grhl2*-dependent target gene set that we identified in mouse is conserved in human placentation. The findings also indicate that *GRHL2* targets a villous cytotrophoblast signature and are consistent with the notion that human villous cytotrophoblasts share functional characteristics with BCT cells in mice.

## DISCUSSION

Our findings indicate that *Grhl2* is essential for normal placental development as well as for appropriate gene regulation and differentiation of BCT cells of the placental labyrinth. GRHL2 transcriptionally activates regulators of placental development and epithelial morphogenesis, including *Spint1*, which encodes the serine protease inhibitor Kunitz type 1 that regulates BCT cell integrity and labyrinth formation. *Spint1* might mediate some of the effects of GRHL2, since *Grhl2*-deficient placentas displayed characteristic hallmarks of *Spint1* deficiency. In human placentas, orthologs of GRHL2 and its targets displayed co-regulation, suggesting conservation of the *Grhl2*-coordinated gene network and that these genes might participate in syndromes of placental dysfunction.

This is the first report to identify a role of *Grhl2* in placenta development and in branching morphogenesis in general. In



**Fig. 7. GRHL2 and its putative target gene set in human placenta.**

(A–C) In human placentas, GRHL2 is detected by immunohistochemistry in villous cytotrophoblasts (vct), syncytiotrophoblasts (sct), cytotrophoblast cell columns (cc) and invasive extravillous trophoblasts (evt). (D,E) Schematic of the human placenta (D) and a transverse section of a human chorionic villus (E) showing the GRHL2 expression domain. (F) Co-regulation of genes from the *Grhl2*-dependent target gene set in human placentas. Shown is the expression correlation matrix and a heatmap visualization for GRHL2 and twelve target gene orthologs (no human ortholog is known for 1600014K23Rik) based on publicly available microarray data of 34 human placenta samples. Pearson correlation coefficient calculations between the expression of GRHL2 and its targets revealed tight co-regulation ( $P < 0.01$ ). (G) Correlation analyses between the expression of GRHL2 and SPINT1 as determined by real-time RT-PCR in 84 normal and diseased human villous placenta samples revealed a high level of correlation across all samples ( $r = 0.77$ ,  $***P < 10^{-6}$ ). (H,I) SPINT1 is detected by immunohistochemistry in the villous cytotrophoblasts of primary (pv) and distal (dv) villi. Scale bars: 100  $\mu$ m.

addition, we identify genome-wide direct and indirect targets of *Grhl2*, which are enriched in genes encoding regulators of epithelial morphogenesis and placenta development. Our data support the hypotheses that GRHL2 acts to transactivate, rather than to transrepress, these target genes and functions to enhance SPINT1 levels in BCT cells, thereby ensuring BCT layer integrity. Moreover, our results indicate that human villous cytotrophoblasts express human orthologs of GRHL2 and several of its targets, lending further support to the concept that these cells exhibit cellular and molecular similarities with mouse BCT cells.

*Grhl2* is expressed in several trophoblast cell types, including BCT cells, spongiotrophoblasts and TGCs. In *Grhl2*<sup>-/-</sup> placentas, each of these cell types lacks *Grhl2* expression, complicating the interpretation of their relative contribution to the phenotype. Several pieces of evidence suggest that *Grhl2* deletion in BCT cells is primarily responsible for the branching phenotype observed. First, BCT cells are known to be central initiators of labyrinth branching morphogenesis, and these cells exhibit defects in cell polarity, basement membrane deposition, and *Spint1* and *Cdh1* expression following *Grhl2* deletion. It is known that the interaction of the basement membrane component laminin with cell surface integrin receptors of the adjacent epithelium is crucial in the regulation of three-dimensional epithelial morphogenesis (Klein et al., 1988; Sorokin et al., 1990; Durbejj and Ekblom, 1997). Importantly, previous studies have revealed that structural defects of basement membranes at the chorioallantoic interface of collagen IV (*Col4a1/Col4a2*)-mutant mice resulted in impaired placental labyrinth formation (Pöschl et al., 2004). Moreover, disruption of *Cdh1* expression is associated with defective labyrinth development (Stemmler and Bedzhov, 2010). Thus, the defects of BCT cells in *Grhl2* mutants reasonably explain the observed failure of labyrinth formation. By contrast, *Grhl2* mutants initially displayed normal spongiotrophoblast and TGC formation based on marker gene expression analysis. Furthermore, *Spint1* displays high expression levels only in BCT cells, but not in other trophoblast cell types, and

its expression is strongly reduced only in BCT cells of *Grhl2* mutants. Together, these results suggest that *Grhl2* activity in BCT cells is crucial for labyrinth morphogenesis. However, we cannot exclude additional defects in other trophoblast cell types that might in part be obscured by the early and severe placenta phenotype of mutants. *Grhl2* deletion in specific trophoblast cell types would be required to clarify the cell type-specific effects of *Grhl2* in more detail.

As outlined above, several pieces of evidence support the notion that *Spint1* deficiency contributes to the placental phenotype of *Grhl2*<sup>-/-</sup> mice. However, ultimate proof of a crucial role of *Spint1* downstream of *Grhl2* is lacking, as it would require a rescue of *Spint1* expression or genetic interference with the *Spint1*/prostaticin/matriptase cascade in a *Grhl2*<sup>-/-</sup> setting, for example by additionally deleting *Prss8* or *St14* (Lin et al., 1999; Szabo et al., 2007, 2012). Both, GRHL2 and SPINT1 are expressed in human villous cytotrophoblasts (Shimomura et al., 1997; Kataoka et al., 2000; Wilanowski et al., 2002; Fan et al., 2006; Hallikas et al., 2006; Szabo et al., 2007). Similar to BCT cells, the villous cytotrophoblasts are in direct contact with the basement membrane that separates them from mesodermal fetal stroma and blood vessels. Defects of trophoblast differentiation and morphogenesis are linked with pregnancy-associated diseases. Together with our finding that the expression of GRHL2 and that of its target genes (including SPINT1) are closely correlated in human placenta specimens, this raises the possibility of an involvement of GRHL2 and its target gene set in human placentation, a hypothesis that merits future detailed analyses.

A comparison of our GRHL2 ChIP-seq data with GRHL2 ChIP-seq data recently generated using primary human airway lung epithelial cells in culture (Gao et al., 2013) and kidney epithelial cells (mIMCD-3; our unpublished data) showed a peak overlap of 17.2% and 41%, respectively. Our findings suggest that GRHL2 controls a set of genes that are generally important for epithelial cell development and thus are common for different cell types or tissues,

but at the same time identify placenta-specific GRHL2 targets in mice. Consistently, ontology analysis of genes with GRHL2 binding peaks revealed a substantial overrepresentation of genes involved in epithelial cell development and morphogenesis and placenta development. Our finding that GRHL2 preferentially associates with genes that are downregulated in *Grhl2*<sup>-/-</sup> placentas, but not with those that are upregulated, provides *in vivo* evidence that GRHL2 might preferentially activate rather than repress the transcription of its direct target genes.

We have previously identified *Cdh1* as an embryonic GRHL2 target and provided evidence for a direct mechanism of regulation through association of GRHL2 with intron 2 of *Cdh1* (Werth et al., 2010). Although GRHL2 binding to *Cdh1* intron 2 has been confirmed in several studies using ChIP on epiblast-derived cell types (Werth et al., 2010; Varma et al., 2012; Gao et al., 2013), we failed to detect GRHL2 binding at the *Cdh1* locus in placenta tissues. Furthermore, a previous study has shown that *Cdh1* intron 2 sequences are dispensable for *Cdh1*-specific reporter gene expression in extraembryonic, but not intraembryonic, tissues (Stemmler et al., 2005). Together, these findings suggest that *Cdh1* expression in extraembryonic trophoblast cells occurs independently of GRHL2 association with intron 2 and instead might involve GRHL2-dependent regulation of *Spint1*. These ideas require confirmation in future studies.

The expression of *Cldn4*, as another previously identified embryonic GRHL2 target (Werth et al., 2010), was analyzed in whole placental extracts and in BCT cells. *Cldn4* was robustly expressed in BCT cells, as detected by *in situ* hybridization and immunofluorescence staining, but we found no profound effect of *Grhl2* deficiency on placental *Cldn4* expression. Consistently, *Cldn4* was not represented within the *Grhl2* core target set that we identified by integrating comparative microarray analysis of control versus *Grhl2* mutant placentas and ChIP-seq. This points to alternative pathways maintaining *Cldn4* expression in BCT cells.

Thus, neither *Cldn4* nor *Cdh1* seems to be a direct *Grhl2* target gene in BCT cells of the mouse placenta. This argues for a marked tissue specificity of *Grhl2* functions and suggests that the target gene set of *Grhl2* in the placenta differs from that in other tissues.

Placentas from globally *Grhl2*-deficient mice displayed a specific defect of labyrinth formation that was not seen in placentas from mice with an epiblast-specific deletion of *Grhl2*. However, epiblast-specific *Grhl2* deletion failed to rescue embryonic lethality, indicating that intraembryonic *Grhl2* is essential for survival past E11.5. The cause of this lethality is currently unknown. Defects of neural tube closure are normally consistent with survival to later stages of embryonic development. Mice with the mutant allele *Grhl2*<sup>1Nisw</sup> (Pyrgaki et al., 2011) have been reported to occasionally survive to E18.5 and then display heart defects, with a thinning of the ventricular walls and expansion of the ventricles. Hence, it appears possible that heart defects might have contributed to the embryonic lethality of *Sox2Cre;Grhl2*<sup>Δ/-</sup> mice, but we have not analyzed this in detail. Defects in other vascular and hematopoietic lineages could also potentially explain the embryonic lethal phenotype.

The severe placental defects in *Grhl2*-deficient mice are likely to eventually compromise embryonic development; for example, knockout of *Rbm15* or *Socs3* manifests placental defects of somewhat comparable severity to those of *Grhl2* mutants (Takahashi et al., 2003; Raffel et al., 2009). In these mice, the progressive placental defects are associated with embryonic death starting at E10.5. When placental defects are rescued, they survive to birth. Since epiblast-specific deletion of *Grhl2* rescued placental

development, but not embryonic survival, we cannot definitively prove the requirement for placental *Grhl2* in maintaining embryonic survival. This would require placenta-specific deletion of *Grhl2*. We attempted to generate *Grhl2*-deficient tetraploid blastocysts in order to carry out tetraploid complementation with wild-type embryonic stem cells. However, we were unable to achieve this because tetraploid blastocysts generated from embryos originating from intercrosses of *Grhl2*<sup>+/-</sup> mice, regardless of genotype, failed to efficiently support embryonic development.

We believe that our findings may have translational implications, as we have pursued a clinical line of investigation including human samples, and will be of relevance to placental biologists and to researchers exploring the mechanisms and consequences of placental malfunction.

## MATERIALS AND METHODS

### Animals

Generation of the *Grhl2*-deficient alleles *Grhl2*<sup>lacZ1</sup> and *Grhl2*<sup>lacZ4</sup> has been described (Werth et al., 2010). Mice with conditional *Grhl2* alleles were obtained from embryonic stem cells containing a *Grhl2* gene with exon 4 flanked by two loxP sites (supplementary material Fig. S5A). Breeding of female *Grhl2*<sup>lox/lox</sup> mice with *Grhl2*<sup>+/-</sup> males carrying the *Sox2Cre* transgene (*Sox2Cre;Grhl2*<sup>+/-</sup>) generated *Sox2Cre;Grhl2*<sup>Δ/-</sup> mice (Hayashi et al., 2002). For further details, see supplementary material methods and Tables S4 and S5.

### Human tissue samples

We included non-labored placenta samples from complicated and uncomplicated pregnancies delivered by elective Cesarean section at Oslo University Hospital, Oslo, Norway, to analyze the expression correlation of GRHL2 and *SPINT1*. Details are provided in the supplementary material methods.

### Electron microscopy

The fixation and imaging of E9.5 placentas are described in the supplementary material methods.

### Immunofluorescence staining

Tissues were fixed in PBS containing 4% paraformaldehyde for 1 h at 4°C and embedded in Tissue-Tek O.C.T. Compound (Sakura Finetek) for cryosectioning. Primary antibodies were incubated overnight at 4°C. For further details of immunofluorescence staining, including antibodies, confocal microscopy and analysis of fluorescence intensity, see the supplementary material methods.

### GRHL2 immunohistochemistry

Immunohistochemistry was performed using the EnVision System-HRP (AEC) Kit for rabbit primary antibodies (DakoCytomation). For details, see the supplementary material methods.

### In situ hybridization

*In situ* hybridization on placenta tissue sections was carried out as described in the supplementary material methods and Table S6.

### RNA extraction, cDNA synthesis and real-time PCR

Total RNA was isolated using the RNeasy Mini Kit (Qiagen) and cDNA synthesis was performed with the RevertAid First-Strand cDNA Synthesis Kit (Fermentas). Real-time PCR was performed using MESA GREEN qPCR MasterMix Plus for SYBR Assay Rox (Eurogentec) and primers at 200 nM final concentration each. For primer sequences and further details, see the supplementary material methods and Tables S7 and S8.

### Microarray analysis

Differential gene expression was examined by Illumina Mouse WG-6 v2.0 Expression Bead Chip microarray analysis. The extraembryonic trophoctoderm-derived tissues (chorion, ectoplacental cone and giant cell layer) at E7.5 and the visually identified placentas at E9.5 were separated from embryonic tissue and maternal uterus tissue.

The publicly available human placenta data were downloaded from GEO under accession numbers GSE9984, GSE12767 and GSE7434 (Huuskonen et al., 2008; Mikheev et al., 2008; Founds et al., 2009). For details of the microarray and data analysis, see the supplementary material methods.

### ChIP

Twenty-five C57BL/6 E17.5 mouse placentas were harvested, maternal uterus tissue was removed and placentas were pooled. Cross-linking was performed with 1% formaldehyde in PBS for 15 min at room temperature. Chromatin was fragmented to an average size of 300-500 bp by sonication. 100 µg chromatin and 5 µg GRHL2 antibody or isotype control antibody (rabbit IgG) as background control were used per assay using a Chromatin Immunoprecipitation Assay Kit (Upstate, Millipore) according to the manufacturer's protocol. For ChIP-PCR, nine E9.5 placentas were harvested, pooled and cross-linked with 1% formaldehyde for 20 min at room temperature. Sonication of chromatin produced DNA fragments of average size 200-300 bp. 25 µg chromatin and 6 µg GRHL2 antibody or rabbit IgG as background control were used per assay according to established protocols (Li et al., 2003; Schmidt et al., 2009).

### ChIP-seq

Complex-associated DNA fragments were de-cross-linked and subjected to a standardized ChIP-sequencing pipeline (Solexa). Libraries of 250-350 bp were prepared according to standard Illumina protocols. For details of the ChIP-seq data analysis, see the supplementary material methods. Microarray and ChIPseq data are available at GEO under the accession numbers GSE65963 (reference series), GSE65960 (microarray data) and GSE65962 (ChIPseq data).

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### Competing interests

The authors declare no competing or financial interests.

### Author contributions

K.M.S.-O. and K.W. designed the project. K.W. performed most of the experiments, with the support of E.Pö., M.W., A.A., M.B. and E.P. C.H. and C.D. performed integrated bioinformatic analyses. K.M.S.-O. and K.W. wrote the paper with inputs from C.H. E.K. provided human placenta tissue and Z.Y.Y. performed immunostaining on human tissue. B.P. performed electron microscopy. R.D., N.H. and A.C.S. provided human placenta samples and performed *Grhl2* and *Spint1* expression analysis by real-time PCR. A.Q., J.B. and M.W. helped with the generation of the conditional *Grhl2* allele. S.V., R.M. and D.W. helped with ChIP-seq data analysis and data interpretation.

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### Supplementary material

Supplementary material available online at <http://dev.biologists.org/lookup/suppl/doi:10.1242/dev.113829/-/DC1>

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