



**HAL**  
open science

# Cranial neural crest cells contribution to craniofacial bone development and regeneration

Piera Smeriglio, Zalc Antoine

► **To cite this version:**

Piera Smeriglio, Zalc Antoine. Cranial neural crest cells contribution to craniofacial bone development and regeneration. *Current Osteoporosis Reports*, 2023. hal-04166947

**HAL Id: hal-04166947**

**<https://hal.sorbonne-universite.fr/hal-04166947>**

Submitted on 20 Jul 2023

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

[Click here to view linked References](#)

## **Cranial neural crest cells contribution to craniofacial bone development and regeneration**

Piera Smeriglio<sup>1</sup> and Antoine Zalc<sup>2</sup>

<sup>1</sup>Sorbonne Université, INSERM, Institut de Myologie, Centre de Recherche en Myologie, F-75013 Paris, France

<sup>2</sup> Université Paris Cité, CNRS, INSERM, Institut Cochin, F-75014 Paris, France

### **Compliance with Ethical Standards**

#### **Conflict of Interest**

Piera Smeriglio and Antoine Zalc declare no conflict of interest.

### **Human and Animal Rights and Informed Consent**

This article does not contain any studies with human or animal subjects performed by any of the authors.

## **Introduction**

1 The craniofacial skeleton is a crucial component of vertebrate development. It is the structure  
2 that protects the brain, and it is essential for respiration, food intake and communication.  
3 Additionally, the craniofacial skeleton shapes our face, which is one major definition of our very  
4 self. Given its essential functions, congenital craniofacial syndromes – which represent a third  
5 of all congenital malformations within the human population (Gilbert-Barnes, 2010) – or  
6 traumatic injuries to the head skeleton – can have a profound impact on our health and quality  
7 of life. When available, treatments of such syndromes or trauma require heavy maxillo-facial  
8 surgeries and reconstruction. Regenerative medicine has made tremendous progress in  
9 developing treatments and procedures to enhance craniofacial tissue repair in patients. Most  
10 commonly used procedures include autologous bone transplantation (Ho-Shui-Ling et al.,  
11 2018; Neovius and Engstrand, 2010), bone tissue engineering techniques (Aghali, 2017; Dang  
12 et al., 2018) including bone distraction – whereby new bone is generated by applying stress  
13 (stretching) to the endogenous bone tissue (McCarthy et al., 2001) – and more recently stem  
14 cell-based therapies (Dupont et al., 2010; Jeon et al., 2016). However, these techniques  
15 present the risk of generating unsuitable structures (with ectopic bone formation), relatively  
16 poor integration of the new graft or cells within the existing bone and the surrounding soft  
17 tissues and they are limited by the size of tissue to replace. Stem cell-based therapy bears an  
18 additional risk of genetic and epigenetic mutations which can promote tumor formation  
19 (Glaeser et al., 2021; Luo et al., 2014; Zhang et al., 2013).

20 The repair of severely damaged or missing bones should ideally occur through the induction  
21 of an endogenous regenerative response, alleviating the need to harvest tissue from the  
22 patient or a donor, and avoiding additional issues such as rejection of the tissue transplant.  
23 Moreover, endogenous regeneration results in the formation of a structure (i) similar in pattern  
24 to the original anatomy and (ii) better integrated within the native tissues including the  
25 surrounding muscles, nerves, and vasculature. Data from regenerative species show that  
26 controlled cell dedifferentiation is an essential determinant to insure an adequate endogenous  
27 regenerative response (Gerber et al., 2018; McCusker et al., 2015; Vieira and McCusker,  
28 2018). Understanding how cell plasticity is regulated is then crucial to enhance tissue resident  
29 stem cells mobilization and expansion, reduce the tumorigenic risks and altogether promote  
30 an efficient endogenous regeneration.

31 The majority of craniofacial bones derive from cranial neural crest cells (CNCC) – a transient  
32 stem cell-like population arising in the most rostral part of the embryo soon after gastrulation  
33 (Le Douarin and Kalcheim, 1999; Noden and Trainor, 2005). Within the ectoderm lineage, at  
34 the border between the neural plate and the surface ectoderm, CNCC are induced as an  
35 epithelial cell type (Simões-Costa and Bronner, 2015; Theveneau and Mayor, 2012), that  
36 subsequently undergoes an epithelial-to-mesenchymal transition (EMT). CNCC then  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 delaminate from the dorsal epithelium and migrate dorso-ventrally through the embryo to  
2 populate various locations in the craniofacial complex where they differentiate into diverse cell  
3 types (Simões-Costa and Bronner, 2015; Soldatov et al., 2019). CNCC present an  
4 extraordinary differentiation potential since they generate not only ectoderm derivatives, such  
5 as neurons, glia and melanocytes, but also give rise to cells canonically associated with the  
6 mesoderm such as bones, cartilage and smooth muscles – also referred to as  
7 ectomesenchyme (Le Douarin et al., 2004; Simões-Costa and Bronner, 2015). Thus, CNCC  
8 “break” the rules set during gastrulation as they generate derivatives that extend beyond the  
9 potential of their germ layer of origin (Perera and Kerosuo, 2021). This unique differentiation  
10 potential can be explained by the fact that CNCC express pluripotency programs at the onset  
11 of their development (Buitrago-Delgado et al., 2015; Lignell et al., 2017). Furthermore, it was  
12 recently shown that CNCC are able to reactivate *Oct4* and the associated pluripotency  
13 programs (Scerbo and Monsoro-Burq, 2020; Zalc et al., 2021) during their formation. Together,  
14 these studies suggest that a deeper understanding of how CNCC regulate the expression of  
15 pluripotency programs could unveil new strategies to stimulate cell plasticity *in vivo* during  
16 post-natal tissue repair. Future regenerative therapies will need to recapitulate these  
17 processes to enhance endogenous regeneration and ameliorate craniofacial tissue repair.

18 In this review we will briefly summarize how CNCC contribute to craniofacial bone development  
19 and highlight the newest findings regarding gene regulation of ossification. We will focus on  
20 the recent discovery on the origin of CNCC remarkable plasticity and finally, we will question  
21 how this plasticity could be used to enhance craniofacial bone regeneration and discuss on  
22 the latest procedures enhancing craniofacial bone healing.

23 Given the limitation of words, we will only focus on the cranial neural crest, even though  
24 accumulating evidence suggest that the trunk neural crest could also have a skeletogenic  
25 capacity *in vivo* (reviewed in Rodrigues-Da-Silva et al., 2022).

### 26 **Neural crest contribution to the craniofacial skeleton**

27 During embryogenesis bone can either form via the endochondral ossification process, where  
28 mesenchymal progenitors form a cartilaginous template that is gradually replaced by bone  
29 tissue, or intramembranous ossification, during which mesenchymal cells directly differentiate  
30 into osteoblasts, with no cartilaginous intermediate. Intramembranous bones are predominant  
31 in the head forming the cranial vault together with most bones of the face. The  
32 intramembranous ossification process starts *in utero* and ends at different postnatal times  
33 depending on the type of bone. For example, the clavicles are not fully ossified at birth allowing  
34 the postnatal growth and development of the brain. Although most of the bone originates from  
35 mesodermal precursor, some facial bones, as well as the endocranium, are derived from  
36 CNCC (Noden and Trainor, 2005). Development of the craniofacial skeleton requires the  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 precise differentiation of CNCC into osteoblasts or chondrocytes. Following CNCC migration  
2 and colonization of the facial prominences and branchial arches, CNCC aggregate, condense,  
3 and differentiate into a common osteochondral progenitor and then into more differentiated  
4 chondrocytes or osteoblasts (Bhatt et al., 2013). The molecular regulations orchestrating  
5 craniofacial ossification were recently reviewed in great details (Dash and Trainor, 2020).  
6 Harmonious craniofacial ossification requires the precise action of CNCC intrinsic transcription  
7 factors such as SOX9, RUNX2 and MSX1/2 in association with extrinsic inputs that include  
8 fibroblast growth factor (FGF), Wntless-related integration site (WNT) and Transforming  
9 growth factor/Bone morphogenetic protein (TGF $\beta$ /BMP) signaling pathways. Thus, gene  
10 expression and signaling pathways must be specifically activated and terminated in the correct  
11 location at the proper developmental time to ensure a *bona fide* craniofacial development.  
12 Recent studies further exemplified that inaccurate regulation of gene expression in CNCC  
13 leads to severe craniofacial defect. A mouse model constitutively activating the activin A  
14 receptor type I (ACVR1) to enhance BMP signaling in CNCC results in ectopic cartilage  
15 formation in the craniofacial region (Yang et al., 2021). The study further showed that the  
16 increased BMP signaling inhibits autophagy via the mTORC1 pathway and blocks the  
17 autophagic degradation of  $\beta$ -catenin, causing CNCC to adopt a chondrogenic identity. This  
18 phenotype was then rescued by inhibiting mTORC1 signaling to reactivate the Wnt/ $\beta$ -catenin  
19 signaling pathway (Yang et al., 2021). mTORC1 was also shown to mediate the function of the  
20 acetyltransferase GCN5 – a highly conserved enzyme and potent activator of chondrocyte  
21 maturation – during craniofacial development (Pezoa et al., 2020). Interestingly in this context,  
22 GCN5 is not acting as an epigenetic regulator but probably via direct activation of mTORC1  
23 pathway (Pezoa et al., 2020). Epigenetic regulation also plays a role in the CNCC ossification.  
24 In fact, inhibition of KMT2D function – a histone methylase which mutations are associated  
25 with Kabuki syndrome congenital craniofacial disorder – in the neural crest lineage alters  
26 osteochondral progenitor differentiation and results in craniofacial hypoplasia (Shpargel et al.,  
27 2020). We have also demonstrated a link between the epigenetic modulator Ten eleven  
28 translocation enzyme 1 (TET1) and chondrogenic differentiation (Smeriglio et al., 2020). Loss  
29 of TET1 expression impairs chondrogenesis via tissue-specific changes in 5-  
30 hydroxymethylcytosine (5hmC) landscape and reduces the expression of cartilage markers. It  
31 remains to be established if this mechanism has a direct impact on CNCC. A recent  
32 breakthrough study found that in the neural crest lineage, mutation of the tumor suppressor  
33 *Brca1* resulted in neonatal death of the mutant animals which presented with a cleft palate and  
34 reduced skull due to the reduction in size of craniofacial bones. The reduction in bones size  
35 was not due to osteogenic differentiation but by a strong defect in osteogenic proliferation and  
36 survival due to an increased DNA damage in skeletogenic precursor cells as demonstrated by  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 the inhibition of p53 which is sufficient to rescue the *Brca1* mutant phenotype *in vivo* (Kitami et  
2 al., 2018).

3 Balance between osteogenesis and chondrogenesis is essential for correct development of  
4 the craniofacial skeleton. Using mice deficient for Yap and Taz in the neural crest lineage it  
5 was demonstrated this pathway promotes osteogenic genes expression while repressing  
6 chondrogenic fate via the action of the Wnt/ $\beta$ -catenin pathway. The Yap/Taz signaling pathway  
7 is thus involved in regulating this equilibrium and resulting mutants presented with cranial bone  
8 defects and ectopic cartilage formation (Zhao et al., 2022). Gene regulatory networks  
9 orchestrating bone and cartilage formation and differentiation have been and are still being  
10 dissected and characterized in great details (Liao et al., 2022) which represent a great resource  
11 to find potential new strategies to stimulate osteo- and chondrogenesis during bone repair.  
12 Nevertheless, the mechanisms conferring CNCC its remarkable plasticity – with their capacity  
13 to generate cell types that extend beyond their ectoderm germ layer origin – was only recently  
14 uncovered and needs to be explored in more depth.  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

### 25 **Origin of CNCC cellular plasticity**

26 CNCC have a much broader differentiation potential than their ectodermal lineage of origin and  
27 have been challenging the three-germ layer theory for almost a century (history of neural crest  
28 biology has recently been reviewed in Kelsh et al., 2021). Several pieces of evidence have  
29 demonstrated and confirmed the contribution of CNCC in the formation of the cranial cartilage  
30 and bone, but many key questions are still open, primarily concerning the mechanisms through  
31 which these cells reach their final skeletogenic fate.  
32  
33  
34  
35

36 Pioneer studies using fluorescent intracellular dye to label single pre-migratory neural crest  
37 cells to follow their fate after migration in early embryos demonstrated CNCC plasticity *in vivo*  
38 (Bronner-Fraser and Fraser, 1988; Collazo et al., 1993; Serbedzija et al., 1992, 1994). These  
39 experiments also revealed that pre-migratory neural crest cells are composed of a mixture of  
40 multipotent and more restricted subpopulations. More recently, studies performed in avian and  
41 *Xenopus* embryos showed a subpopulation of pre-migratory CNCC expresses pluripotency  
42 factor genes such as *Nanog*, *Klf4*, and *Oct4* supporting the notion of CNCC exceptional  
43 potency (Lignell et al., 2017). *In situ* hybridization performed in *Xenopus* embryos showed  
44 neural crest specifier genes are co-expressed with pluripotency markers (Buitrago-Delgado  
45 et al., 2015), suggesting pluripotency program is retained from the blastula stage into the  
46 CNCC lineage. Moreover, when derived from blastula-stage embryos, animal pole-derived  
47 explants could generate all three germ layers under defined culture conditions. Yet, this  
48 potential was lost when explants were taken later during development as gastrula-stage cells  
49 have already undergone lineage commitment. However, when converting gastrula-derived  
50 explants to neural plate border identity (through the over-expression of *Pax3* and *Zic1*),  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 explants reacquired the capacity to form ectoderm, mesoderm as well as endoderm – even  
2 though neural crest cells do not endogenously form endodermal derivatives (Buitrago-Delgado  
3 et al., 2015).

4 In contrast, a single-cell RNA-sequencing (scRNA-seq) study investigating 136,966 single-cell  
5 transcriptomes obtained from 10 early *Xenopus* developmental stages failed to uncover a  
6 cluster of cells with enriched expression of pluripotency markers (Briggs et al., 2018). Though  
7 one can argue that the sequencing technique used for the experiment was not sensitive  
8 enough to detect the retention of a pluripotency programs in neural plate border cells at low  
9 transcriptional levels. Alternatively, this approach does not detect non-transcriptional  
10 regulation, such as epigenetic modifications of enhancers regulating the expression of genes  
11 responsible for the increase in CNCC differentiation potential. Along the same line, a recent  
12 study identified miR-302 as a post-transcriptional regulator of CNCC plasticity. This miRNA  
13 appears to maintain chromatin accessibility, to directly target *Sox9* and expand the period of  
14 ectomesenchyme specification and enlarge CNCC developmental potential (Keuls et al.,  
15 2023). Recent data obtained in *Xenopus* and mouse embryos showed pluripotency programs  
16 are in fact reactivated during CNCC formation (Scerbo and Monsoro-Burq, 2020; Zalc et al.,  
17 2021). Careful analysis of *Oct4* spatiotemporal expression in mouse embryos revealed that –  
18 in late neurula embryo – *Oct4* is not expressed in the developing head fold. Yet, it is reactivated  
19 later, in the most anterior part of the embryo following somitogenesis, demonstrating that rather  
20 than being maintained from the epiblast, pluripotency programs are transiently reactivated in  
21 the prospective CNCC following head-folds formation. Moreover, this transient re-expression  
22 of pluripotency programs was shown to be essential for CNCC to expand their differentiation  
23 potential as inhibition of *Oct4* reactivation at the onset on CNCC induction severely impairs  
24 facial ectomesenchyme specification and survival, directly linking the reactivation of  
25 pluripotency programs with CNCC cellular potential expansion (Zalc et al., 2021). In addition,  
26 analysis of *Oct4*<sup>+</sup> CNCC open chromatin landscape confirmed that regulatory elements  
27 controlling expression of mesenchymal genes such as *Pdgfra* or *Mef2c* are already accessible  
28 in pre-migratory CNCC – 8 to 12 hours before any transcripts coding for these mesenchymal  
29 specification genes are being detected in migratory CNCC – confirming previous epigenetics  
30 profiling experiments that identified regulatory elements contribute to neural crest cell fate  
31 decisions (Rada-Iglesias et al., 2011; Minoux et al., 2017; Williams et al., 2019; Zalc et al.,  
32 2021). Furthermore, the transcription factor TFAP2 $\alpha$  was shown to physically interacts with the  
33 OCT4-SOX2 dimer to modify its chromatin binding from pluripotency to CNCC enhancers and  
34 thus regulate developmental potential of this population (Hovland et al., 2022). Together, these  
35 studies suggest that CNCC differentiation programs are already primed before EMT, allowing  
36 CNCC to adapt to future environmental cues they may encounter during and after their  
37 migration to issue a correct craniofacial development.

## Neural crest cells and bone regeneration

In mammals, bone tissue has an excellent repair capacity, however its ability to heal large defects remains limited (Kiernan et al., 2018). Thus, stimulating endogenous regeneration is necessary to treat severe craniofacial tissue injuries to alleviate the need of tissue transplantation from the patient or a donor and avoid additional complications such as transplant or scaffold rejection.

Skeletal stem cells (SSC) are the common tissue-resident progenitor cells giving rise to bone, cartilage, and stromal elements during bone regeneration (Robey et al., 2007; Chan et al., 2015, 2018). Accumulating evidence suggest that bone regeneration relies on SSC recapitulating developmental programs to ensure the repair process. For example, following femoral fracture, SSC are mobilized and display increased proliferation, viability, and enhanced osteogenic function. Moreover, a recent report shows that enriched 3D-hydrogel transplantation induces expansion of the *Msx1*<sup>+</sup> skeletal stem cells and enhanced bone regeneration in a model of calvaria injury (Zhang et al., 2022). Transcriptome analysis of the injury-responsive mouse SSC showed a striking overlap between molecular programs active during long bone development and regeneration, such as *BMP* and Hedgehog signaling (Marecic et al., 2015). However, one can argue these signals are pivotal hubs that are used in various tissue and contexts. Similarly, SSC were shown to play a significant role in mandibular repair during distraction osteogenesis – a procedure consisting in cutting and separating bone, to allow bone repair process to fill in the gap (Fang et al., 2004). Moreover, it has been shown that, during the repair process, SSC reactivate neural crest transcriptional programs which enhances bone formation and tissue repair (Ransom et al., 2018). While both long and craniofacial bone regeneration rely on the reactivation of developmental programs for efficient repair, CNCC-derived bones regenerate better compared to mesoderm-derived long bones (Leucht et al., 2008; Wang et al., 2009). However, it is still unclear whether this is due to the lack of expression of the *Hox* genes in anterior craniofacial bones (Leucht et al., 2008; Wang et al., 2009) or to the ability of the craniofacial SSC to more efficiently reactivate developmental programs than long bone SSC is still unclear.

Deeper understanding of the molecular mechanisms mobilizing SSC and stimulating cell potency could then be translated to ameliorate craniofacial endogenous regenerative responses, tissue repair and healing. Up to date, the ability of adjuvant therapies to enhance endogenous bone repair has been studied using various animal models. During mandibular distraction, treatment with deferoxamine was shown to accelerate bone consolidation in rats (Donneys et al., 2013) by chelating iron, which results in the stimulation of the hypoxia inducible factor 1- $\alpha$  (HIF-1 $\alpha$ ) pathway – a master regulator of cellular response to hypoxia (Wang et al., 1995; Iyer et al., 1998). Using a rat model of mandibular distraction osteogenesis, another



1 study demonstrated that activating the stromal cell–derived factor-1 (SDF1)/chemokine  
2 receptor-4 (CXCR4) pathway promoted migration of endogenous mesenchymal stem cells to  
3 the distraction site (Cao et al., 2013). However, this study did not determine the contribution of  
4 the recruited mesenchymal stem cells to the distraction regeneration but still represent a  
5 promising avenue to explore since the SDF1 signaling is also involved in CNCC migration  
6 (Theveneau et al., 2010) during embryogenesis.  
7

8  
9 Homologous and heterologous bone transplantation are one of the most common surgical  
10 procedures utilized for damaged bone repair. However, many limitations and challenging post-  
11 operative complications can occur with this procedure, such as site infection or immunologic  
12 reaction. Thus, alternative treatments for repair and regeneration need to be explored. For  
13 example, chondrocytes from other sources could be harvested and expanded *in vitro*  
14 (Smeriglio et al., 2015a) alone or in combination with bioengineering tools such as biomimetic  
15 hydrogels (Smeriglio et al., 2015b). These cells can be then grafted on the site of bone  
16 regeneration to contribute to bone repair. Another possible strategy focuses on nasal cartilage  
17 biopsies that can be harvested under local anesthesia, with minimal donor site morbidity (Lan  
18 et al., 2017). Such biopsies have been shown to be a good source of nasal chondrocytes that  
19 display a better proliferation and chondrogenic capacity than articular chondrocytes *ex vitro*  
20 and *in vivo* (Rotter et al., 2002; Wolf et al., 2008) and have a superior ability to integrate the  
21 surrounding tissue when implanted to repair cartilage defects (reviewed in Li et al., 2020).  
22 These represent a source of easily accessible material in relatively abundant quantity and are  
23 promising avenue to further explore in the future.  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35

### 36 **Conclusion**

37  
38 The craniofacial skeleton represents one major derivative of the cranial neural crest (Jiang  
39 et al., 2002; Noden and Trainor, 2005). Because of the crucial functions of this structure,  
40 any defects, either injury or disease-associated, have an enormous impact on quality of  
41 life. While bone is a tissue with very efficient regenerative capacities, about 10% of bone  
42 fractures are unable to self-repair (Sheen and Garla, 2022) and will require transplantation  
43 or stem-cell therapies. Regenerative medicine has made tremendous progresses in  
44 developing treatments and procedures to increase tissue repair in patients. Nevertheless,  
45 it is essential to find new ways to stimulate endogenous regeneration to overcome the  
46 limitations of autologous and heterologous transplantations, including graft rejection.  
47 Stimulating the endogenous repair also results in the formation of a better integrated  
48 structure within surrounding tissues and similar in pattern to the original. Several studies  
49 of SSC contribution to bone repair demonstrated the importance of recapitulating  
50 developmental processes in post-natal bone repair processes. Characterizing the gene  
51 regulatory networks governing bone development and the mechanisms controlling SSC  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

potential within their niche represent fundamental goals in the fields of developmental biology, stem cell research and regenerative medicine. Furthermore, understanding the molecular regulations of cell plasticity during development will be essential to enhance SSC expansion, stimulate tissue resident stem cells and reduce the tumorigenic risks of stem cell transplantation. This knowledge will be essential to establish prototype procedures aiming at enhancing endogenous regenerative responses during tissue repair. It will likely lead to protocols increasing the viability and adaptability of stem-cell or tissue transplants, which will ameliorate autograft integration and overall repair process. Translating this knowledge will allow to engineer better regenerative therapies for humans suffering traumatic injuries or congenital syndromes.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

## References

- 1  
2 Aghali, A.M., 2017. Poly(ethylene glycol) and Co-polymer Based-Hydrogels for Craniofacial  
3 Bone Tissue Engineering, in: Li, B., Webster, T. (Eds.), *Orthopedic Biomaterials: Advances*  
4 *and Applications*. Springer International Publishing, Cham, pp. 225–246.  
5 [https://doi.org/10.1007/978-3-319-73664-8\\_9](https://doi.org/10.1007/978-3-319-73664-8_9)  
6  
7 Bhatt, S., Diaz, R., Trainor, P.A., 2013. Signals and switches in mammalian neural crest cell  
8 differentiation. *Cold Spring Harb. Perspect. Biol.* 5.  
9 <https://doi.org/10.1101/cshperspect.a008326>  
10  
11 Briggs, J.A., Weinreb, C., Wagner, D.E., Megason, S., Peshkin, L., Kirschner, M.W., Klein,  
12 A.M., 2018. The dynamics of gene expression in vertebrate embryogenesis at single-cell  
13 resolution. *Science* 360. <https://doi.org/10.1126/science.aar5780>  
14  
15 Bronner-Fraser, M., Fraser, S.E., 1988. Cell lineage analysis reveals multipotency of some  
16 avian neural crest cells. *Nature* 335, 161–164. <https://doi.org/10.1038/335161a0>  
17  
18 Buitrago-Delgado, E., Nordin, K., Rao, A., Geary, L., LaBonne, C., 2015.  
19 NEURODEVELOPMENT. Shared regulatory programs suggest retention of blastula-stage  
20 potential in neural crest cells. *Science* 348, 1332–1335.  
21 <https://doi.org/10.1126/science.aaa3655>  
22  
23 Cao, J., Wang, L., Du, Z., Liu, P., Zhang, Y., Sui, J., Liu, Y., Lei, D., 2013. Recruitment of  
24 exogenous mesenchymal stem cells in mandibular distraction osteogenesis by the stromal cell-  
25 derived factor-1/chemokine receptor-4 pathway in rats. *Br. J. Oral Maxillofac. Surg.* 51, 937–  
26 941. <https://doi.org/10.1016/j.bjoms.2013.05.003>  
27  
28 Chan, C.K.F., Gulati, G.S., Sinha, R., Tompkins, J.V., Lopez, M., Carter, A.C., Ransom, R.C.,  
29 Reinisch, A., Wearda, T., Murphy, M., Brewer, R.E., Koepke, L.S., Marecic, O., Manjunath,  
30 A., Seo, E.Y., Leavitt, T., Lu, W.-J., Nguyen, A., Conley, S.D., Salhotra, A., Ambrosi, T.H.,  
31 Borrelli, M.R., Siebel, T., Chan, K., Schallmoser, K., Seita, J., Sahoo, D., Goodnough, H.,  
32 Bishop, J., Gardner, M., Majeti, R., Wan, D.C., Goodman, S., Weissman, I.L., Chang, H.Y.,  
33 Longaker, M.T., 2018. Identification of the Human Skeletal Stem Cell. *Cell* 175, 43-56.e21.  
34 <https://doi.org/10.1016/j.cell.2018.07.029>  
35  
36 Chan, C.K.F., Seo, E.Y., Chen, J.Y., Lo, D., McArdle, A., Sinha, R., Tevlin, R., Seita, J.,  
37 Vincent-Tompkins, J., Wearda, T., Lu, W.-J., Senarath-Yapa, K., Chung, M.T., Marecic, O.,  
38 Tran, M., Yan, K.S., Upton, R., Walmsley, G.G., Lee, A.S., Sahoo, D., Kuo, C.J., Weissman,  
39 I.L., Longaker, M.T., 2015. Identification and specification of the mouse skeletal stem cell. *Cell*  
40 160, 285–298. <https://doi.org/10.1016/j.cell.2014.12.002>  
41  
42 Collazo, A., Bronner-Fraser, M., Fraser, S.E., 1993. Vital dye labelling of *Xenopus laevis* trunk  
43 neural crest reveals multipotency and novel pathways of migration. *Development* 118, 363–  
44 376. <https://doi.org/10.1242/dev.118.2.363>  
45  
46 Dang, M., Saunders, L., Niu, X., Fan, Y., Ma, P.X., 2018. Biomimetic delivery of signals for  
47 bone tissue engineering. *Bone Res.* 6, 25. <https://doi.org/10.1038/s41413-018-0025-8>  
48  
49 Dash, S., Trainor, P.A., 2020. The development, patterning and evolution of neural crest cell  
50 differentiation into cartilage and bone. *Bone* 137, 115409.  
51 <https://doi.org/10.1016/j.bone.2020.115409>  
52  
53 Donneys, A., Deshpande, S.S., Tchanque-Fossuo, C.N., Johnson, K.L., Blough, J.T., Perosky,  
54 J.E., Kozloff, K.M., Felice, P.A., Nelson, N.S., Farberg, A.S., Levi, B., Buchman, S.R., 2013.  
55 Deferoxamine expedites consolidation during mandibular distraction osteogenesis. *Bone* 55,  
56 384–390. <https://doi.org/10.1016/j.bone.2013.04.005>  
57  
58 Dupont, K.M., Sharma, K., Stevens, H.Y., Boerckel, J.D., García, A.J., Guldberg, R.E., 2010.  
59 Human stem cell delivery for treatment of large segmental bone defects. *Proc. Natl. Acad. Sci.*  
60 U. S. A. 107, 3305–3310. <https://doi.org/10.1073/pnas.0905444107>  
61  
62 Fang, T.D., Nacamuli, R.P., Song, H.J.M., Fong, K.D., Warren, S.M., Salim, A., Carano,

1 R.A.D., Filvaroff, E.H., Longaker, M.T., 2004. Creation and characterization of a mouse model  
2 of mandibular distraction osteogenesis. *Bone* 34, 1004–1012.  
3 <https://doi.org/10.1016/j.bone.2004.02.011>  
4 Gerber, T., Murawala, P., Knapp, D., Masselink, W., Schuez, M., Hermann, S., Gac-Santel, M.,  
5 Nowoshilow, S., Kageyama, J., Khattak, S., Currie, J.D., Camp, J.G., Tanaka, E.M., Treutlein,  
6 B., 2018. Single-cell analysis uncovers convergence of cell identities during axolotl limb  
7 regeneration. *Science* 362, :eaq0681. <https://doi.org/10.1126/science.aq0681>  
8 Gilbert-Barnes, E., 2010. Teratogenic causes of malformations. *Ann. Clin. Lab. Sci.*  
9 Glaeser, J.D., Behrens, P., Stefanovic, T., Salehi, K., Papalamprou, A., Tawackoli, W.,  
10 Metzger, M.F., Eberlein, S., Nelson, T., Arabi, Y., Kim, K., Baloh, R.H., Ben-David, S., Cohn-  
11 Schwartz, D., Ryu, R., Bae, H.W., Gazit, Z., Sheyn, D., 2021. Neural crest-derived  
12 mesenchymal progenitor cells enhance cranial allograft integration. *Stem Cells Transl. Med.*  
13 10, 797–809. <https://doi.org/10.1002/sctm.20-0364>  
14 Ho-Shui-Ling, A., Bolander, J., Rustom, L.E., Johnson, A.W., Luyten, F.P., Picart, C., 2018.  
15 Bone regeneration strategies: Engineered scaffolds, bioactive molecules and stem cells current  
16 stage and future perspectives. *Biomaterials* 180, 143–162.  
17 <https://doi.org/10.1016/j.biomaterials.2018.07.017>  
18 Hovland, A.S., Bhattacharya, D., Azambuja, A.P., Pramio, D., Copeland, J., Rothstein, M.,  
19 Simoes-Costa, M., 2022. Pluripotency factors are repurposed to shape the epigenomic  
20 landscape of neural crest cells. *Dev. Cell* S1534580722006360.  
21 <https://doi.org/10.1016/j.devcel.2022.09.006>  
22 Iyer, N.V., Kotch, L.E., Agani, F., Leung, S.W., Laughner, E., Wenger, R.H., Gassmann, M.,  
23 Gearhart, J.D., Lawler, A.M., Yu, A.Y., Semenza, G.L., 1998. Cellular and developmental  
24 control of O<sub>2</sub> homeostasis by hypoxia-inducible factor 1 $\alpha$ . *Genes Dev.* 12, 149–162.  
25 <https://doi.org/10.1101/gad.12.2.149>  
26 Jeon, O.H., Panicker, L.M., Lu, Q., Chae, J.J., Feldman, R.A., Elisseeff, J.H., 2016. Human  
27 iPSC-derived osteoblasts and osteoclasts together promote bone regeneration in 3D  
28 biomaterials. *Sci. Rep.* 6, 26761. <https://doi.org/10.1038/srep26761>  
29 Jiang, X., Iseki, S., Maxson, R.E., Sucov, H.M., Morriss-Kay, G.M., 2002. Tissue origins and  
30 interactions in the mammalian skull vault. *Dev. Biol.* 241, 106–116.  
31 <https://doi.org/10.1006/dbio.2001.0487>  
32 Kelsh, R.N., Camargo Sosa, K., Farjami, S., Makeev, V., Dawes, J.H.P., Rocco, A., 2021.  
33 Cyclical fate restriction: a new view of neural crest cell fate specification. *Development* 148,  
34 dev176057. <https://doi.org/10.1242/dev.176057>  
35 Keuls, R.A., Oh, Y.S., Patel, I., Parchem, R.J., 2023. Post-transcriptional regulation in cranial  
36 neural crest cells expands developmental potential. *Proc. Natl. Acad. Sci. U. S. A.* 120,  
37 e2212578120. <https://doi.org/10.1073/pnas.2212578120>  
38 Kiernan, C., Knuth, C., Farrell, E., 2018. Chapter 6 - Endochondral Ossification: Recapitulating  
39 Bone Development for Bone Defect Repair, in: Stoddart, M.J., Craft, A.M., Pattappa, G.,  
40 Gardner, O.F.W. (Eds.), *Developmental Biology and Musculoskeletal Tissue Engineering*.  
41 Academic Press, Boston, pp. 125–148. <https://doi.org/10.1016/B978-0-12-811467-4.00006-1>  
42 Kitami, K., Kitami, M., Kaku, M., Wang, B., Komatsu, Y., 2018. BRCA1 and BRCA2 tumor  
43 suppressors in neural crest cells are essential for craniofacial bone development. *PLoS Genet.*  
44 14, e1007340. <https://doi.org/10.1371/journal.pgen.1007340>  
45 Lan, M.Y., Park, J.P., Jang, Y.J., 2017. Donor site morbidities resulting from conchal cartilage  
46 harvesting in rhinoplasty. *J. Laryngol. Otol.* 131, 529–533.  
47 <https://doi.org/10.1017/S0022215117000639>  
48 Le Douarin, N., Kalcheim, C., 1999. *The Neural Crest*, 2nd ed, *Developmental and Cell Biology*  
49 Series. Cambridge University Press, Cambridge. <https://doi.org/10.1017/CBO9780511897948>  
50 Le Douarin, N.M., Cruzet, S., Couly, G., Dupin, E., 2004. Neural crest cell plasticity and its

limits. *Development*. <https://doi.org/10.1242/dev.01350>

1 Leucht, P., Kim, J.-B., Amasha, R., James, A.W., Girod, S., Helms, J.A., 2008. Embryonic  
2 origin and Hox status determine progenitor cell fate during adult bone regeneration.  
3 *Development* 135, 2845–2854. <https://doi.org/10.1242/dev.023788>

4 Li, T., Chen, S., Pei, M., 2020. Contribution of neural crest-derived stem cells and nasal  
5 chondrocytes to articular cartilage regeneration. *Cell. Mol. Life Sci. CMLS* 77, 4847–4859.  
6 <https://doi.org/10.1007/s00018-020-03567-y>

7 Liao, J., Huang, Y., Wang, Q., Chen, S., Zhang, C., Wang, D., Lv, Z., Zhang, X., Wu, M., Chen,  
8 G., 2022. Gene regulatory network from cranial neural crest cells to osteoblast differentiation  
9 and calvarial bone development. *Cell. Mol. Life Sci.* 79, 158. <https://doi.org/10.1007/s00018-022-04208-2>

10 Lignell, A., Kerosuo, L., Streichan, S.J., Cai, L., Bronner, M.E., 2017. Identification of a neural  
11 crest stem cell niche by Spatial Genomic Analysis. *Nat. Commun.* 8, 1830.  
12 <https://doi.org/10.1038/s41467-017-01561-w>

13 Luo, J., Ok Lee, S., Liang, L., Huang, C.-K., Li, L., Wen, S., Chang, C., 2014. Infiltrating bone  
14 marrow mesenchymal stem cells increase prostate cancer stem cell population and metastatic  
15 ability via secreting cytokines to suppress androgen receptor signaling. *Oncogene* 33, 2768–  
16 2778. <https://doi.org/10.1038/onc.2013.233>

17 Marecic, O., Tevlin, R., McArdle, A., Seo, E.Y., Wearda, T., Duldulao, C., Walmsley, G.G.,  
18 Nguyen, A., Weissman, I.L., Chan, C.K.F., Longaker, M.T., 2015. Identification and  
19 characterization of an injury-induced skeletal progenitor. *Proc. Natl. Acad. Sci.* 112, 9920–  
20 9925. <https://doi.org/10.1073/pnas.1513066112>

21 McCarthy, J.G., Stelnicki, E.J., Mehrara, B.J., Longaker, M.T., 2001. Distraction osteogenesis  
22 of the craniofacial skeleton. *Plast. Reconstr. Surg.* 107, 1812–1827.  
23 <https://doi.org/10.1097/00006534-200106000-00029>

24 McCusker, C.D., Athippozhy, A., Diaz-Castillo, C., Fowlkes, C., Gardiner, D.M., Voss, S.R.,  
25 2015. Positional plasticity in regenerating *Amybostoma mexicanum* limbs is associated with cell  
26 proliferation and pathways of cellular differentiation. *BMC Dev. Biol.* 15, 45.  
27 <https://doi.org/10.1186/s12861-015-0095-4>

28 Minoux, M., Holwerda, S., Vitobello, A., Kitazawa, T., Kohler, H., Stadler, M.B., Rijli, F.M.,  
29 2017. Gene bivalency at Polycomb domains regulates cranial neural crest positional identity.  
30 *Science* 355. <https://doi.org/10.1126/science.aal2913>

31 Neovius, E., Engstrand, T., 2010. Craniofacial reconstruction with bone and biomaterials:  
32 review over the last 11 years. *J. Plast. Reconstr. Aesthetic Surg. JPRAS* 63, 1615–1623.  
33 <https://doi.org/10.1016/j.bjps.2009.06.003>

34 Noden, D.M., Trainor, P.A., 2005. Relations and interactions between cranial mesoderm and  
35 neural crest populations. *J. Anat.* 207, 575–601. <https://doi.org/10.1111/j.1469-7580.2005.00473.x>

36 Perera, S.N., Kerosuo, L., 2021. On the road again: Establishment and maintenance of stemness  
37 in the neural crest from embryo to adulthood. *Stem Cells* 39, 7–25.  
38 <https://doi.org/10.1002/stem.3283>

39 Pezoa, S.A., Artinger, K.B., Niswander, L.A., 2020. GCN5 acetylation is required for  
40 craniofacial chondrocyte maturation. *Dev. Biol.* 464, 24–34.  
41 <https://doi.org/10.1016/j.ydbio.2020.05.006>

42 Rada-Iglesias, A., Bajpai, R., Swigut, T., Brugmann, S.A., Flynn, R.A., Wysocka, J., 2011. A  
43 unique chromatin signature uncovers early developmental enhancers in humans. *Nature* 470,  
44 279–283. <https://doi.org/10.1038/nature09692>

45 Ransom, R.C., Carter, A.C., Salhotra, A., Leavitt, T., Marecic, O., Murphy, M.P., Lopez, M.L.,  
46 Wei, Y., Marshall, C.D., Shen, E.Z., Jones, R.E., Sharir, A., Klein, O.D., Chan, C.K.F., Wan,  
47 D.C., Chang, H.Y., Longaker, M.T., 2018. Mechanoresponsive stem cells acquire neural crest  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

fate in jaw regeneration. *Nature* 563, 514–521. <https://doi.org/10.1038/s41586-018-0650-9>

1 Robey, P.G., Kuznetsov, S.A., Riminucci, M., Bianco, P., 2007. Skeletal (“mesenchymal”) stem cells for tissue engineering. *Methods Mol. Med.* 140, 83–99. [https://doi.org/10.1007/978-1-59745-443-8\\_5](https://doi.org/10.1007/978-1-59745-443-8_5)

2  
3  
4  
5 Rodrigues-Da-Silva, M.A., de Espindola da Silveira, G., Taufer, C.R., Calloni, G.W., 2022. The mesenchymal potential of trunk neural crest cells. *Int. J. Dev. Biol.* 66, 317–331. <https://doi.org/10.1387/ijdb.220032gc>

6  
7  
8 Rotter, N., Tobias, G., Lebl, M., Roy, A.K., Hansen, M.C., Vacanti, C.A., Bonassar, L.J., 2002. Age-related changes in the composition and mechanical properties of human nasal cartilage. *Arch. Biochem. Biophys.* 403, 132–140. [https://doi.org/10.1016/S0003-9861\(02\)00263-1](https://doi.org/10.1016/S0003-9861(02)00263-1)

9  
10  
11 Scerbo, P., Monsoro-Burq, A.H., 2020. The vertebrate-specific VENTX/NANOG gene empowers neural crest with ectomesenchyme potential. *Sci. Adv.* 6, eaaz1469. <https://doi.org/10.1126/sciadv.aaz1469>

12  
13  
14 Serbedzija, G.N., Bronner-Fraser, M., Fraser, S.E., 1994. Developmental potential of trunk neural crest cells in the mouse. *Development* 120, 1709–1718. <https://doi.org/10.1242/dev.120.7.1709>

15  
16  
17 Serbedzija, G.N., Bronner-Fraser, M., Fraser, S.E., 1992. Vital dye analysis of cranial neural crest cell migration in the mouse embryo. *Development* 116, 297–307. <https://doi.org/10.1242/dev.116.2.297>

18  
19  
20 Sheen, J.R., Garla, V.V., 2022. Fracture Healing Overview, in: *StatPearls*. StatPearls Publishing, Treasure Island (FL).

21  
22  
23 Shpargel, K.B., Mangini, C.L., Xie, G., Ge, K., Magnuson, T., 2020. The KMT2D Kabuki syndrome histone methylase controls neural crest cell differentiation and facial morphology. *Development* 147, dev187997. <https://doi.org/10.1242/dev.187997>

24  
25  
26 Simões-Costa, M., Bronner, M.E., 2015. Establishing neural crest identity: a gene regulatory recipe. *Development* 142, 242–257. <https://doi.org/10.1242/dev.105445>

27  
28  
29 Smeriglio, P., Dhulipala, L., Lai, J.H., Goodman, S.B., Dragoo, J.L., Smith, R.L., Maloney, W.J., Yang, F., Bhutani, N., 2015a. Collagen VI enhances cartilage tissue generation by stimulating chondrocyte proliferation. *Tissue Eng. Part A* 21, 840–849. <https://doi.org/10.1089/ten.TEA.2014.0375>

30  
31  
32 Smeriglio, P., Grandi, F.C., Taylor, S.E.B., Zalc, A., Bhutani, N., 2020. TET1 Directs Chondrogenic Differentiation by Regulating SOX9 Dependent Activation of Col2a1 and Acan In Vitro. *JBMR Plus* 4, e10383. <https://doi.org/10.1002/jbm4.10383>

33  
34  
35 Smeriglio, P., Lai, J.H., Dhulipala, L., Behn, A.W., Goodman, S.B., Smith, R.L., Maloney, W.J., Yang, F., Bhutani, N., 2015b. Comparative potential of juvenile and adult human articular chondrocytes for cartilage tissue formation in three-dimensional biomimetic hydrogels. *Tissue Eng. Part A* 21, 147–155. <https://doi.org/10.1089/ten.TEA.2014.0070>

36  
37  
38 Soldatov, R., Kaucka, M., Kastriti, M.E., Petersen, J., Chontorotzea, T., Englmaier, L., Akkuratova, N., Yang, Y., Häring, M., Dyachuk, V., Bock, C., Farlik, M., Piacentino, M.L., Boismoreau, F., Hilscher, M.M., Yokota, C., Qian, X., Nilsson, M., Bronner, M.E., Croci, L., Hsiao, W.Y., Guertin, D.A., Brunet, J.F., Consalez, G.G., Ernfors, P., Fried, K., Kharchenko, P. V., Adameyko, I., 2019. Spatiotemporal structure of cell fate decisions in murine neural crest. *Science* 364. <https://doi.org/10.1126/science.aas9536>

39  
40  
41 Theveneau, E., Marchant, L., Kuriyama, S., Gull, M., Moepps, B., Parsons, M., Mayor, R., 2010. Collective chemotaxis requires contact-dependent cell polarity. *Dev. Cell* 19, 39–53. <https://doi.org/10.1016/j.devcel.2010.06.012>

42  
43  
44 Theveneau, E., Mayor, R., 2012. Neural crest migration: interplay between chemorepellents, chemoattractants, contact inhibition, epithelial-mesenchymal transition, and collective cell migration. *Wiley Interdiscip. Rev. Dev. Biol.* 1, 435–445. <https://doi.org/10.1002/wdev.28>

45  
46  
47 Vieira, W.A., McCusker, C.D., 2018. Regenerative Models for the Integration and

48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 Regeneration of Head Skeletal Tissues. *Int. J. Mol. Sci.* 19, 3752.  
2 <https://doi.org/10.3390/ijms19123752>  
3 Wang, G.L., Jiang, B.H., Rue, E.A., Semenza, G.L., 1995. Hypoxia-inducible factor 1 is a  
4 basic-helix-loop-helix-PAS heterodimer regulated by cellular O<sub>2</sub> tension. *Proc. Natl. Acad. Sci.*  
5 92, 5510–5514. <https://doi.org/10.1073/pnas.92.12.5510>  
6 Wang, K.C., Helms, J.A., Chang, H.Y., 2009. Regeneration, repair and remembering identity:  
7 the three Rs of Hox gene expression. *Trends Cell Biol.* 19, 268–275.  
8 <https://doi.org/10.1016/j.tcb.2009.03.007>  
9 Williams, R.M., Candido-Ferreira, I., Repapi, E., Gavriouchkina, D., Senanayake, U., Ling,  
10 I.T.C., Telenius, J., Taylor, S., Hughes, J., Sauka-Spengler, T., 2019. Reconstruction of the  
11 Global Neural Crest Gene Regulatory Network In Vivo. *Dev. Cell* 51, 255-276.e7.  
12 <https://doi.org/10.1016/j.devcel.2019.10.003>  
13 Wolf, F., Haug, M., Farhadi, J., Candrian, C., Martin, I., Barbero, A., 2008. A low percentage  
14 of autologous serum can replace bovine serum to engineer human nasal cartilage. *Eur. Cell.*  
15 *Mater.* 15, 1–10. <https://doi.org/10.22203/ecm.v015a01>  
16 Yang, J., Kitami, M., Pan, H., Nakamura, M.T., Zhang, H., Liu, F., Zhu, L., Komatsu, Y.,  
17 Mishina, Y., 2021. Augmented BMP signaling commits cranial neural crest cells to a  
18 chondrogenic fate by suppressing autophagic  $\beta$ -catenin degradation. *Sci. Signal.* 14, eaaz9368.  
19 <https://doi.org/10.1126/scisignal.aaz9368>  
20 Zalc, A., Sinha, R., Gulati, G.S., Wesche, D.J., Daszczuk, P., Swigut, T., Weissman, I.L.,  
21 Wysocka, J., 2021. Reactivation of the pluripotency program precedes formation of the cranial  
22 neural crest. *Science* 371. <https://doi.org/10.1126/science.abb4776>  
23 Zhang, T., Lee, Y.W., Rui, Y.F., Cheng, T.Y., Jiang, X.H., Li, G., 2013. Bone marrow-derived  
24 mesenchymal stem cells promote growth and angiogenesis of breast and prostate tumors. *Stem*  
25 *Cell Res. Ther.* 4, 70. <https://doi.org/10.1186/scrt221>  
26 Zhang, X., Jiang, W., Xie, C., Wu, X., Ren, Q., Wang, F., Shen, X., Hong, Y., Wu, H., Liao,  
27 Y., Zhang, Y., Liang, R., Sun, W., Gu, Y., Zhang, T., Chen, Y., Wei, W., Zhang, S., Zou, W.,  
28 Ouyang, H., 2022. Msx1+ stem cells recruited by bioactive tissue engineering graft for bone  
29 regeneration. *Nat. Commun.* 13, 5211. <https://doi.org/10.1038/s41467-022-32868-y>  
30 Zhao, X., Tang, L., Le, T.P., Nguyen, B.H., Chen, W., Zheng, M., Yamaguchi, H., Dawson, B.,  
31 You, S., Martinez-Traverso, I.M., Erhardt, S., Wang, Jianxin, Li, M., Martin, J.F., Lee, B.H.,  
32 Komatsu, Y., Wang, Jun, 2022. Yap and Taz promote osteogenesis and prevent chondrogenesis  
33 in neural crest cells in vitro and in vivo. *Sci. Signal.* 15, eabn9009.  
34 <https://doi.org/10.1126/scisignal.abn9009>  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

[Click here to view linked References](#)

## **Cranial neural crest cells contribution to craniofacial bone development and regeneration**

Piera Smeriglio<sup>1</sup> and Antoine Zalc<sup>2</sup>

<sup>1</sup>Sorbonne Université, INSERM, Institut de Myologie, Centre de Recherche en Myologie, F-75013 Paris, France

<sup>2</sup> Université Paris Cité, CNRS, INSERM, Institut Cochin, F-75014 Paris, France

### **Compliance with Ethical Standards**

#### **Conflict of Interest**

Piera Smeriglio and Antoine Zalc declare no conflict of interest.

### **Human and Animal Rights and Informed Consent**

This article does not contain any studies with human or animal subjects performed by any of the authors.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

## **Abstract**

**Purpose of Review** We aim to summarize (i) the latest evidence on cranial neural crest cells (CNCC) contribution to craniofacial development and ossification; (ii) the recent discoveries on the mechanisms responsible for their plasticity; and (iii) the newest developed procedures to ameliorate maxillofacial tissue repair.

**Recent Findings** CNCC display a remarkable differentiation potential – that exceeds the capacity of their germ layer of origin. Recent studies identified novel molecular regulations of craniofacial development within the neural crest lineage and also discovered how CNCC naturally expand their plasticity.

**Summary** Traumatic craniofacial injuries or congenital syndromes can be life-threatening, require invasive maxillofacial surgery and can leave deep sequels on our health or quality of life. With accumulating evidence showing CNCC-derived stem cells potential to ameliorate craniofacial reconstruction and tissue repair, we believe a deeper understanding of how CNCC regulate their plasticity is essential to ameliorate endogenous regeneration and improve tissue repair therapies.

## **Introduction**

1 The craniofacial skeleton is a crucial component of vertebrate development. It is the structure  
2 that protects the brain, and it is essential for respiration, food intake and communication.  
3 Additionally, the craniofacial skeleton shapes our face, which is one major definition of our very  
4 self. Given its essential functions, congenital craniofacial syndromes – which represent a third  
5 of all congenital malformations within the human population [1] – or traumatic injuries to the  
6 head skeleton – can have a profound impact on our health and quality of life. When available,  
7 treatments of such syndromes or trauma require heavy maxillo-facial surgeries and  
8 reconstruction. Regenerative medicine has made tremendous progress in developing  
9 treatments and procedures to enhance craniofacial tissue repair in patients. Most commonly  
10 used procedures include autologous bone transplantation [2], [3], bone tissue engineering  
11 techniques [4], [5] including bone distraction – whereby new bone is generated by applying  
12 stress (stretching) to the endogenous bone tissue [6] – and more recently stem cell-based  
13 therapies [7], [8]. However, these techniques present the risk of generating unsuitable  
14 structures (with ectopic bone formation), relatively poor integration of the new graft or cells  
15 within the existing bone and the surrounding soft tissues and they are limited by the size of  
16 tissue to replace. Stem cell-based therapy bears an additional risk of genetic and epigenetic  
17 mutations which can promote tumor formation [9••]–[11].

18 The repair of severely damaged or missing bones should ideally occur through the induction  
19 of an endogenous regenerative response, alleviating the need to harvest tissue from the  
20 patient or a donor, and avoiding additional issues such as rejection of the tissue transplant.  
21 Moreover, endogenous regeneration results in the formation of a structure (i) similar in pattern  
22 to the original anatomy and (ii) better integrated within the native tissues including the  
23 surrounding muscles, nerves, and vasculature. Data from regenerative species show that  
24 controlled cell dedifferentiation is an essential determinant to insure an adequate endogenous  
25 regenerative response [12]–[14]. Understanding how cell plasticity is regulated is then crucial  
26 to enhance tissue resident stem cells mobilization and expansion, reduce the tumorigenic risks  
27 and altogether promote an efficient endogenous regeneration.

28 The majority of craniofacial bones derive from cranial neural crest cells (CNCC) – a transient  
29 stem cell-like population arising in the most rostral part of the embryo soon after gastrulation  
30 [15], [16]. Within the ectoderm lineage, at the border between the neural plate and the surface  
31 ectoderm, CNCC are induced as an epithelial cell type [17], [18], that subsequently undergoes  
32 an epithelial-to-mesenchymal transition (EMT). CNCC then delaminate from the dorsal  
33 epithelium and migrate dorso-ventrally through the embryo to populate various locations in the  
34 craniofacial complex where they differentiate into diverse cell types [17], [19]. CNCC present  
35 an extraordinary differentiation potential since they generate not only ectoderm derivatives,  
36 such as neurons, glia and melanocytes, but also give rise to cells canonically associated with  
37

1 the mesoderm such as bones, cartilage and smooth muscles – also referred to as  
2 ectomesenchyme [17], [20]. Thus, CNCC “break” the rules set during gastrulation as they  
3 generate derivatives that extend beyond the potential of their germ layer of origin [21]. This  
4 unique differentiation potential can be explained by the fact that CNCC express pluripotency  
5 programs at the onset of their development [22], [23]. Furthermore, it was recently shown that  
6 CNCC are able to reactivate *Oct4* and the associated pluripotency programs [24•], [25••]  
7 during their formation. Together, these studies suggest that a deeper understanding of how  
8 CNCC regulate the expression of pluripotency programs could unveil new strategies to  
9 stimulate cell plasticity *in vivo* during post-natal tissue repair. Future regenerative therapies will  
10 need to recapitulate these processes to enhance endogenous regeneration and ameliorate  
11 craniofacial tissue repair.

12 In this review we will briefly summarize how CNCC contribute to craniofacial bone development  
13 and highlight the newest findings regarding gene regulation of ossification. We will focus on  
14 the recent discovery on the origin of CNCC remarkable plasticity and finally, we will question  
15 how this plasticity could be used to enhance craniofacial bone regeneration and discuss on  
16 the latest procedures enhancing craniofacial bone healing.

17 Given the limitation of words, we will only focus on the cranial neural crest, even though  
18 accumulating evidence suggest that the trunk neural crest could also have a skeletogenic  
19 capacity *in vivo* [26].

### 30 **Neural crest contribution to the craniofacial skeleton**

31 During embryogenesis bone can either form via the endochondral ossification process, where  
32 mesenchymal progenitors form a cartilaginous template that is gradually replaced by bone  
33 tissue, or intramembranous ossification, during which mesenchymal cells directly differentiate  
34 into osteoblasts, with no cartilaginous intermediate. Intramembranous bones are predominant  
35 in the head forming the cranial vault together with most bones of the face. The  
36 intramembranous ossification process starts *in utero* and ends at different postnatal times  
37 depending on the type of bone. For example, the clavicles are not fully ossified at birth allowing  
38 the postnatal growth and development of the brain. Although most of the bone originates from  
39 mesodermal precursor, some facial bones, as well as the endocranium, are derived from  
40 CNCC [16]. Development of the craniofacial skeleton requires the precise differentiation of  
41 CNCC into osteoblasts or chondrocytes. Following CNCC migration and colonization of the  
42 facial prominences and branchial arches, CNCC aggregate, condense, and differentiate into a  
43 common osteochondral progenitor and then into more differentiated chondrocytes or  
44 osteoblasts [27]. The molecular regulations orchestrating craniofacial ossification were  
45 recently reviewed in great details [28]. Harmonious craniofacial ossification requires the  
46 precise action of CNCC intrinsic transcription factors such as SOX9, RUNX2 and MSX1/2 in  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 association with extrinsic inputs that include fibroblast growth factor (FGF), Wingless-related  
2 integration site (WNT) and Transforming growth factor/Bone morphogenetic protein  
3 (TGF $\beta$ /BMP) signaling pathways. Thus, gene expression and signaling pathways must be  
4 specifically activated and terminated in the correct location at the proper developmental time  
5 to ensure a *bona fide* craniofacial development. Recent studies further exemplified that  
6 inaccurate regulation of gene expression in CNCC leads to severe craniofacial defect. A mouse  
7 model constitutively activating the activin A receptor type I (ACVR1) to enhance BMP signaling  
8 in CNCC results in ectopic cartilage formation in the craniofacial region [29]. The study further  
9 showed that the increased BMP signaling inhibits autophagy via the mTORC1 pathway and  
10 blocks the autophagic degradation of  $\beta$ -catenin, causing CNCC to adopt a chondrogenic  
11 identity. This phenotype was then rescued by inhibiting mTORC1 signaling to reactivate the  
12 Wnt/ $\beta$ -catenin signaling pathway [29]. mTORC1 was also shown to mediate the function of  
13 the acetyltransferase GCN5 – a highly conserved enzyme and potent activator of chondrocyte  
14 maturation – during craniofacial development [30]. Interestingly in this context, GCN5 is not  
15 acting as an epigenetic regulator but probably via direct activation of mTORC1 pathway [30].  
16 Epigenetic regulation also plays a role in the CNCC ossification. In fact, inhibition of KMT2D  
17 function – a histone methylase which mutations are associated with Kabuki syndrome  
18 congenital craniofacial disorder – in the neural crest lineage alters osteochondral progenitor  
19 differentiation and results in craniofacial hypoplasia [31]. We have also demonstrated a link  
20 between the epigenetic modulator Ten eleven translocation enzyme 1 (TET1) and  
21 chondrogenic differentiation [32]. Loss of TET1 expression impairs chondrogenesis via tissue-  
22 specific changes in 5-hydroxymethylcytosine (5hmC) landscape and reduces the expression  
23 of cartilage markers. It remains to be established if this mechanism has a direct impact on  
24 CNCC. A recent breakthrough study found that in the neural crest lineage, mutation of the  
25 tumor suppressor *Brca1* resulted in neonatal death of the mutant animals which presented with  
26 a cleft palate and reduced skull due to the reduction in size of craniofacial bones. The reduction  
27 in bones size was not due to osteogenic differentiation but by a strong defect in osteogenic  
28 proliferation and survival due to an increased DNA damage in skeletogenic precursor cells as  
29 demonstrated by the inhibition of p53 which is sufficient to rescue the *Brca1* mutant phenotype  
30 *in vivo* [33].

31 Balance between osteogenesis and chondrogenesis is essential for correct development of  
32 the craniofacial skeleton. Using mice deficient for Yap and Taz in the neural crest lineage it  
33 was demonstrated this pathway promotes osteogenic genes expression while repressing  
34 chondrogenic fate via the action of the Wnt/ $\beta$ -catenin pathway. The Yap/Taz signaling pathway  
35 is thus involved in regulating this equilibrium and resulting mutants presented with cranial bone  
36 defects and ectopic cartilage formation [34]. Gene regulatory networks orchestrating bone  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

1 and cartilage formation and differentiation have been and are still being dissected and  
2 characterized in great details [35] which represent a great resource to find potential new  
3 strategies to stimulate osteo- and chondrogenesis during bone repair. Nevertheless, the  
4 mechanisms conferring CNCC its remarkable plasticity – with their capacity to generate cell  
5 types that extend beyond their ectoderm germ layer origin – was only recently uncovered and  
6 needs to be explored in more depth.  
7  
8  
9

### 10 **Origin of CNCC cellular plasticity**

11 CNCC have a much broader differentiation potential than their ectodermal lineage of origin and  
12 have been challenging the three-germ layer theory for almost a century (history of neural crest  
13 biology has recently been reviewed in [36]. Several pieces of evidence have demonstrated and  
14 confirmed the contribution of CNCC in the formation of the cranial cartilage and bone, but many  
15 key questions are still open, primarily concerning the mechanisms through which these cells  
16 reach their final skeletogenic fate.  
17  
18  
19  
20  
21  
22

23 Pioneer studies using fluorescent intracellular dye to label single pre-migratory neural crest  
24 cells to follow their fate after migration in early embryos demonstrated CNCC plasticity *in vivo*  
25 [37]–[40]. These experiments also revealed that pre-migratory neural crest cells are composed  
26 of a mixture of multipotent and more restricted subpopulations. More recently, studies perform  
27 in avian and *Xenopus* embryos showed a subpopulation of pre-migratory CNCC expresses  
28 pluripotency factor genes such as *Nanog*, *Klf4*, and *Oct4* supporting the notion of CNCC  
29 exceptional potency [23]. *In situ* hybridization performed in *Xenopus embryos* showed neural  
30 crest specifiers genes are co-expressed with pluripotency markers [22], suggesting  
31 pluripotency program is retained from the blastula stage into the CNCC lineage. Moreover,  
32 when derived from blastula-stage embryos, animal pole-derived explants could generate all  
33 three germ layers under defined culture conditions. Yet, this potential was lost when explants  
34 were taken later during development as gastrula-stage cells have already undergone lineage  
35 commitment. However, when converting gastrula-derived explants to neural plate border  
36 identity (through the over-expression of *Pax3* and *Zic1*), explants reacquired the capacity to  
37 form ectoderm, mesoderm as well as endoderm – even though neural crest cells do not  
38 endogenously form endodermal derivatives [22].  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

50 In contrast, a single-cell RNA-sequencing (scRNA-seq) study investigating 136,966 single-cell  
51 transcriptomes obtained from 10 early *Xenopus* developmental stages failed to uncover a  
52 cluster of cells with enriched expression of pluripotency markers [41]. Though one can argue  
53 that the sequencing technique used for the experiment was not sensitive enough to detect the  
54 retention of a pluripotency programs in neural plate border cells at low transcriptional levels.  
55 Alternatively, this approach does not detect non-transcriptional regulation, such as epigenetic  
56 modifications of enhancers regulating the expression of genes responsible for the increase in  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 CNCC differentiation potential. Along the same line, a recent study identified miR-302 as a  
2 post-transcriptional regulator of CNCC plasticity. This miRNA appears to maintain chromatin  
3 accessibility, to directly target *Sox9* and expand the period of ectomesenchyme specification  
4 and enlarge CNCC developmental potential [42•]. Recent data obtained in *Xenopus* and  
5 mouse embryos showed pluripotency programs are in fact reactivated during CNCC formation  
6 [24•], [25••]. Careful analysis of *Oct4* spatiotemporal expression in mouse embryos revealed  
7 that – in late neurula embryo – *Oct4* is not expressed in the developing head fold. Yet, it is  
8 reactivated later, in the most anterior part of the embryo following somitogenesis,  
9 demonstrating that rather than being maintained from the epiblast, pluripotency programs are  
10 transiently reactivated in the prospective CNCC following head-folds formation. Moreover, this  
11 transient re-expression of pluripotency programs was shown to be essential for CNCC to  
12 expand their differentiation potential as inhibition of *Oct4* reactivation at the onset on CNCC  
13 induction severely impairs facial ectomesenchyme specification and survival, directly linking  
14 the reactivation of pluripotency programs with CNCC cellular potential expansion [25••]. In  
15 addition, analysis of *Oct4*<sup>+</sup> CNCC open chromatin landscape confirmed that regulatory  
16 elements controlling expression of mesenchymal genes such as *Pdgfra* or *Mef2c* are already  
17 accessible in pre-migratory CNCC – 8 to 12 hours before any transcripts coding for these  
18 mesenchymal specification genes are being detected in migratory CNCC – confirming previous  
19 epigenetics profiling experiments that identified regulatory elements contribute to neural crest  
20 cell fate decisions [43]–[45], [25••]. Furthermore, the transcription factor TFAP2 $\alpha$  was shown  
21 to physically interacts with the OCT4-SOX2 dimer to modify its chromatin binding from  
22 pluripotency to CNCC enhancers and thus regulate developmental potential of this population  
23 [46]. Together, these studies suggest that CNCC differentiation programs are already primed  
24 before EMT, allowing CNCC to adapt to future environmental cues they may encounter during  
25 and after their migration to issue a correct craniofacial development.

### 44 **Neural crest cells and bone regeneration**

45 In mammals, bone tissue has an excellent repair capacity, however its ability to heal large  
46 defects remains limited [47]. Thus, stimulating endogenous regeneration is necessary to treat  
47 severe craniofacial tissue injuries to alleviate the need of tissue transplantation from the patient  
48 or a donor and avoid additional complications such as transplant or scaffold rejection.

49 Skeletal stem cells (SSC) are the common tissue-resident progenitor cells giving rise to bone,  
50 cartilage, and stromal elements during bone regeneration [48]–[50]. Accumulating evidence  
51 suggest that bone regeneration relies on SSC recapitulating developmental programs to  
52 ensure the repair process. For example, following femoral fracture, SSC are mobilized and  
53 display increased proliferation, viability, and enhanced osteogenic function. Moreover, a recent  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 report shows that enriched 3D-hydrogel transplantation induces expansion of the *Msx1*<sup>+</sup>  
2 skeletal stem cells and enhanced bone regeneration in a model of calvaria injury [51].  
3 Transcriptome analysis of the injury-responsive mouse SSC showed a striking overlap  
4 between molecular programs active during long bone development and regeneration, such as  
5 *BMP* and Hedgehog signaling [52]. However, one can argue these signals are pivotal hubs  
6 that are used in various tissue and contexts. Similarly, SSC were shown to play a significant  
7 role in mandibular repair during distraction osteogenesis – a procedure consisting in cutting  
8 and separating bone, to allow bone repair process to fill in the gap [53]. Moreover, it has been  
9 shown that, during the repair process, SSC reactivate neural crest transcriptional programs  
10 which enhances bone formation and tissue repair [54]. While both long and craniofacial bone  
11 regeneration rely on the reactivation of developmental programs for efficient repair, CNCC-  
12 derived bones regenerate better compared to mesoderm-derived long bones [55], [56].  
13 However, it is still unclear whether this is due to the lack of expression of the *Hox* genes in  
14 anterior craniofacial bones [55], [56] or to the ability of the craniofacial SSC to more efficiently  
15 reactivate developmental programs than long bone SSC is still unclear.

24 Deeper understanding of the molecular mechanisms mobilizing SSC and stimulating cell  
25 potency could then be translated to ameliorate craniofacial endogenous regenerative  
26 responses, tissue repair and healing. Up to date, the ability of adjuvant therapies to enhance  
27 endogenous bone repair has been studied using various animal models. During mandibular  
28 distraction, treatment with deferoxamine was shown to accelerate bone consolidation in rats  
29 [57] by chelating iron, which results in the stimulation of the hypoxia inducible factor 1- $\alpha$  (HIF-  
30 1 $\alpha$ ) pathway – a master regulator of cellular response to hypoxia [58], [59]. Using a rat model  
31 of mandibular distraction osteogenesis, another study demonstrated that activating the stromal  
32 cell-derived factor-1 (SDF1)/chemokine receptor-4 (CXCR4) pathway promoted migration of  
33 endogenous mesenchymal stem cells to the distraction site [60]. However, this study did not  
34 determine the contribution of the recruited mesenchymal stem cells to the distraction  
35 regeneration but still represent a promising avenue to explore since the SDF1 signaling is also  
36 involved in CNCC migration [61] during embryogenesis.

46 Homologous and heterologous bone transplantation are one of the most common surgical  
47 procedures utilized for damaged bone repair. However, many limitations and challenging post-  
48 operative complications can occur with this procedure, such as site infection or immunologic  
49 reaction. Thus, alternative treatments for repair and regeneration need to be explored. For  
50 example, chondrocytes from other sources could be harvested and expanded *in vitro* [62] alone  
51 or in combination with bioengineering tools such as biomimetic hydrogels [63]. These cells can  
52 be then grafted on the site of bone regeneration to contribute to bone repair. Another possible  
53 strategy focuses on nasal cartilage biopsies that can be harvested under local anesthesia, with  
54 minimal donor site morbidity [64]. Such biopsies have been shown to be a good source of

nasal chondrocytes that display a better proliferation and chondrogenic capacity than articular chondrocytes *ex vitro* and *in vivo* [65], [66] and have a superior ability to integrate the surrounding tissue when implanted to repair cartilage defects (reviewed in Li et al., 2020). These represent a source of easily accessible material in relatively abundant quantity and are promising avenue to further explore in the future.

## **Conclusion**

The craniofacial skeleton represents one major derivative of the cranial neural crest [16], [68]. Because of the crucial functions of this structure, any defects, either injury or disease-associated, have an enormous impact on quality of life. While bone is a tissue with very efficient regenerative capacities, about 10% of bone fractures are unable to self-repair [69] and will require transplantation or stem-cell therapies. Regenerative medicine has made tremendous progresses in developing treatments and procedures to increase tissue repair in patients. Nevertheless, it is essential to find new ways to stimulate endogenous regeneration to overcome the limitations of autologous and heterologous transplantations, including graft rejection. Stimulating the endogenous repair also results in the formation of a better integrated structure within surrounding tissues and similar in pattern to the original. Several studies of SSC contribution to bone repair demonstrated the importance of recapitulating developmental processes in post-natal bone repair processes. Characterizing the gene regulatory networks governing bone development and the mechanisms controlling SSC potential within their niche represent fundamental goals in the fields of developmental biology, stem cell research and regenerative medicine. Furthermore, understanding the molecular regulations of cell plasticity during development will be essential to enhance SSC expansion, stimulate tissue resident stem cells and reduce the tumorigenic risks of stem cell transplantation. This knowledge will be essential to establish prototype procedures aiming at enhancing endogenous regenerative responses during tissue repair. It will likely lead to protocols increasing the viability and adaptability of stem-cell or tissue transplants, which will ameliorate autograft integration and overall repair process. Translating this knowledge will allow to engineer better regenerative therapies for humans suffering traumatic injuries or congenital syndromes.



## References

- [1] E. Gilbert-Barness, "Teratogenic causes of malformations," *Annals of Clinical and Laboratory Science*. 2010.
- [2] A. Ho-Shui-Ling, J. Bolander, L. E. Rustom, A. W. Johnson, F. P. Luyten, and C. Picart, "Bone regeneration strategies: Engineered scaffolds, bioactive molecules and stem cells current stage and future perspectives," *Biomaterials*, vol. 180, pp. 143–162, 2018, doi: 10.1016/j.biomaterials.2018.07.017.
- [3] E. Neovius and T. Engstrand, "Craniofacial reconstruction with bone and biomaterials: review over the last 11 years," *J. Plast. Reconstr. Aesthetic Surg. JPRAS*, vol. 63, no. 10, pp. 1615–1623, Oct. 2010, doi: 10.1016/j.bjps.2009.06.003.
- [4] A. M. Aghali, "Poly(ethylene glycol) and Co-polymer Based-Hydrogels for Craniofacial Bone Tissue Engineering," in *Orthopedic Biomaterials: Advances and Applications*, B. Li and T. Webster, Eds. Cham: Springer International Publishing, 2017, pp. 225–246. doi: 10.1007/978-3-319-73664-8\_9.
- [5] M. Dang, L. Saunders, X. Niu, Y. Fan, and P. X. Ma, "Biomimetic delivery of signals for bone tissue engineering," *Bone Res.*, vol. 6, p. 25, 2018, doi: 10.1038/s41413-018-0025-8.
- [6] J. G. McCarthy, E. J. Stelnicki, B. J. Mehrara, and M. T. Longaker, "Distraction osteogenesis of the craniofacial skeleton," *Plast. Reconstr. Surg.*, vol. 107, no. 7, pp. 1812–1827, Jun. 2001, doi: 10.1097/00006534-200106000-00029.
- [7] K. M. Dupont, K. Sharma, H. Y. Stevens, J. D. Boerckel, A. J. García, and R. E. Guldberg, "Human stem cell delivery for treatment of large segmental bone defects," *Proc. Natl. Acad. Sci. U. S. A.*, vol. 107, no. 8, pp. 3305–3310, Feb. 2010, doi: 10.1073/pnas.0905444107.
- [8] O. H. Jeon, L. M. Panicker, Q. Lu, J. J. Chae, R. A. Feldman, and J. H. Elisseeff, "Human iPSC-derived osteoblasts and osteoclasts together promote bone regeneration in 3D biomaterials," *Sci. Rep.*, vol. 6, p. 26761, 26 2016, doi: 10.1038/srep26761.
- [9••] J. D. Glaeser *et al.*, "Neural crest-derived mesenchymal progenitor cells enhance cranial allograft integration," *Stem Cells Transl. Med.*, vol. 10, no. 5, pp. 797–809, May 2021, doi: 10.1002/sctm.20-0364.
- This study shows that using neural crest-derived mesenchymal cells enhances allograft efficiency by ameliorating the integration of the bone transplant. It also shows how to harness neural crest-derived cells potential during cranial bone regeneration.**
- [10] J. Luo *et al.*, "Infiltrating bone marrow mesenchymal stem cells increase prostate cancer stem cell population and metastatic ability via secreting cytokines to suppress androgen receptor signaling," *Oncogene*, vol. 33, no. 21, pp. 2768–2778, May 2014, doi: 10.1038/onc.2013.233.
- [11] T. Zhang, Y. W. Lee, Y. F. Rui, T. Y. Cheng, X. H. Jiang, and G. Li, "Bone marrow-derived mesenchymal stem cells promote growth and angiogenesis of breast and prostate tumors," *Stem Cell Res. Ther.*, vol. 4, no. 3, p. 70, Jun. 2013, doi: 10.1186/scrt221.
- [12] T. Gerber *et al.*, "Single-cell analysis uncovers convergence of cell identities during axolotl limb regeneration," *Science*, vol. 362, no. 6413, p. :eaaq0681, 26 2018, doi: 10.1126/science.aaq0681.
- [13] C. D. McCusker, A. Athipposzhy, C. Diaz-Castillo, C. Fowlkes, D. M. Gardiner, and S. R. Voss, "Positional plasticity in regenerating *Amyxystoma mexicanum* limbs is associated with cell proliferation and pathways of cellular differentiation," *BMC Dev. Biol.*, vol. 15, p. 45, Nov. 2015, doi: 10.1186/s12861-015-0095-4.
- [14] W. A. Vieira and C. D. McCusker, "Regenerative Models for the Integration and Regeneration of Head Skeletal Tissues," *Int. J. Mol. Sci.*, vol. 19, no. 12, p. 3752, Nov. 2018, doi: 10.3390/ijms19123752.
- [15] N. Le Douarin and C. Kalcheim, *The Neural Crest*, 2nd ed. Cambridge: Cambridge University Press, 1999. doi: 10.1017/CBO9780511897948.

- 1 [16]D. M. Noden and P. A. Trainor, "Relations and interactions between cranial mesoderm and  
2 neural crest populations," *J. Anat.*, vol. 207, no. 5, pp. 575–601, Nov. 2005, doi:  
3 10.1111/j.1469-7580.2005.00473.x.
- 4 [17]M. Simões-Costa and M. E. Bronner, "Establishing neural crest identity: a gene regulatory  
5 recipe," *Development*, vol. 142, no. 2, pp. 242–257, Jan. 2015, doi: 10.1242/dev.105445.
- 6 [18]E. Theveneau and R. Mayor, "Neural crest migration: interplay between chemorepellents,  
7 chemoattractants, contact inhibition, epithelial-mesenchymal transition, and collective cell  
8 migration," *Wiley Interdiscip. Rev. Dev. Biol.*, vol. 1, no. 3, pp. 435–445, Jun. 2012, doi:  
9 10.1002/wdev.28.
- 10 [19]R. Soldatov *et al.*, "Spatiotemporal structure of cell fate decisions in murine neural crest,"  
11 *Science*, vol. 364, no. 6444, Jun. 2019, doi: 10.1126/science.aas9536.
- 12 [20]N. M. Le Douarin, S. Creuzet, G. Couly, and E. Dupin, "Neural crest cell plasticity and its  
13 limits," *Development*, vol. 131, no. 19. Development, pp. 4637–4650, Oct. 2004. doi:  
14 10.1242/dev.01350.
- 15 [21]S. N. Perera and L. Kerosuo, "On the road again: Establishment and maintenance of  
16 stemness in the neural crest from embryo to adulthood," *Stem Cells*, vol. 39, no. 1, pp.  
17 7–25, Jan. 2021, doi: 10.1002/stem.3283.
- 18 [22]E. Buitrago-Delgado, K. Nordin, A. Rao, L. Geary, and C. LaBonne,  
19 "NEURODEVELOPMENT. Shared regulatory programs suggest retention of blastula-  
20 stage potential in neural crest cells," *Science*, vol. 348, no. 6241, pp. 1332–1335, Jun.  
21 2015, doi: 10.1126/science.aaa3655.
- 22 [23]A. Lignell, L. Kerosuo, S. J. Streichan, L. Cai, and M. E. Bronner, "Identification of a neural  
23 crest stem cell niche by Spatial Genomic Analysis," *Nat. Commun.*, vol. 8, no. 1, p. 1830,  
24 28 2017, doi: 10.1038/s41467-017-01561-w.
- 25 [24•]P. Scerbo and A. H. Monsoro-Burq, "The vertebrate-specific VENTX/NANOG gene  
26 empowers neural crest with ectomesenchyme potential," *Sci. Adv.*, vol. 6, no. 18, p.  
27 eaaz1469, May 2020, doi: 10.1126/sciadv.aaz1469.
- 28 **This study shows pluripotency factors are reactivated during neural crest formation in**  
29 ***Xenopus*.**
- 30 [25••] A. Zalc *et al.*, "Reactivation of the pluripotency program precedes formation of the  
31 cranial neural crest," *Science*, vol. 371, no. 6529, Feb. 2021, doi:  
32 10.1126/science.abb4776.
- 33 **This study demonstrates the re-expression of pluripotency programs is necessary for**  
34 **the expansion of cranial neural crest cells differentiation potential.**
- 35 [26]M. A. Rodrigues-Da-Silva, G. de Espindola da Silveira, C. R. Taufer, and G. W. Calloni,  
36 "The mesenchymal potential of trunk neural crest cells," *Int. J. Dev. Biol.*, vol. 66, no. 4-  
37 5–6, pp. 317–331, 2022, doi: 10.1387/ijdb.220032gc.
- 38 [27]S. Bhatt, R. Diaz, and P. A. Trainor, "Signals and switches in mammalian neural crest cell  
39 differentiation," *Cold Spring Harb. Perspect. Biol.*, vol. 5, no. 2, 2013, doi:  
40 10.1101/cshperspect.a008326.
- 41 [28]S. Dash and P. A. Trainor, "The development, patterning and evolution of neural crest cell  
42 differentiation into cartilage and bone," *Bone*, vol. 137, p. 115409, Aug. 2020, doi:  
43 10.1016/j.bone.2020.115409.
- 44 [29]J. Yang *et al.*, "Augmented BMP signaling commits cranial neural crest cells to a  
45 chondrogenic fate by suppressing autophagic  $\beta$ -catenin degradation," *Sci. Signal.*, vol.  
46 14, no. 665, p. eaaz9368, Jan. 2021, doi: 10.1126/scisignal.aaz9368.
- 47 [30]S. A. Pezoa, K. B. Artinger, and L. A. Niswander, "GCN5 acetylation is required for  
48 craniofacial chondrocyte maturation," *Dev. Biol.*, vol. 464, no. 1, pp. 24–34, Aug. 2020,  
49 doi: 10.1016/j.ydbio.2020.05.006.
- 50 [31]K. B. Shpargel, C. L. Mangini, G. Xie, K. Ge, and T. Magnuson, "The KMT2D Kabuki  
51 syndrome histone methylase controls neural crest cell differentiation and facial  
52 morphology," *Development*, vol. 147, no. 21, p. dev187997, Jul. 2020, doi:  
53 10.1242/dev.187997.
- 54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 [32]P. Smeriglio, F. C. Grandi, S. E. B. Taylor, A. Zalc, and N. Bhutani, "TET1 Directs  
2 Chondrogenic Differentiation by Regulating SOX9 Dependent Activation of Col2a1 and  
3 Acan In Vitro," *JBMR Plus*, vol. 4, no. 8, p. e10383, Aug. 2020, doi: 10.1002/jbm4.10383.  
4 [33]K. Kitami, M. Kitami, M. Kaku, B. Wang, and Y. Komatsu, "BRCA1 and BRCA2 tumor  
5 suppressors in neural crest cells are essential for craniofacial bone development," *PLoS  
6 Genet.*, vol. 14, no. 5, p. e1007340, May 2018, doi: 10.1371/journal.pgen.1007340.  
7 [34•]X. Zhao *et al.*, "Yap and Taz promote osteogenesis and prevent chondrogenesis in neural  
8 crest cells in vitro and in vivo," *Sci. Signal.*, vol. 15, no. 757, p. eabn9009, Oct. 2022, doi:  
9 10.1126/scisignal.abn9009.

10 **This study identifies a mechanism controlling the proper balance between osteogenesis  
11 and chondrogenesis during craniofacial bones development.**

- 12 [35]J. Liao *et al.*, "Gene regulatory network from cranial neural crest cells to osteoblast  
13 differentiation and calvarial bone development," *Cell. Mol. Life Sci.*, vol. 79, no. 3, p. 158,  
14 Feb. 2022, doi: 10.1007/s00018-022-04208-2.  
15 [36]R. N. Kelsh, K. Camargo Sosa, S. Farjami, V. Makeev, J. H. P. Dawes, and A. Rocco,  
16 "Cyclical fate restriction: a new view of neural crest cell fate specification," *Development*,  
17 vol. 148, no. 22, p. dev176057, Nov. 2021, doi: 10.1242/dev.176057.  
18 [37]M. Bronner-Fraser and S. E. Fraser, "Cell lineage analysis reveals multipotency of some  
19 avian neural crest cells," *Nature*, vol. 335, no. 6186, pp. 161–164, Sep. 1988, doi:  
20 10.1038/335161a0.  
21 [38]A. Collazo, M. Bronner-Fraser, and S. E. Fraser, "Vital dye labelling of *Xenopus laevis*  
22 trunk neural crest reveals multipotency and novel pathways of migration," *Development*,  
23 vol. 118, no. 2, pp. 363–376, Jun. 1993, doi: 10.1242/dev.118.2.363.  
24 [39]G. N. Serbedzija, M. Bronner-Fraser, and S. E. Fraser, "Vital dye analysis of cranial neural  
25 crest cell migration in the mouse embryo," *Development*, vol. 116, no. 2, pp. 297–307,  
26 1992, doi: 10.1242/dev.116.2.297.  
27 [40]G. N. Serbedzija, M. Bronner-Fraser, and S. E. Fraser, "Developmental potential of trunk  
28 neural crest cells in the mouse," *Development*, vol. 120, no. 7, pp. 1709–1718, Jul. 1994,  
29 doi: 10.1242/dev.120.7.1709.  
30 [41]J. A. Briggs *et al.*, "The dynamics of gene expression in vertebrate embryogenesis at  
31 single-cell resolution," *Science*, vol. 360, no. 6392, Jun. 2018, doi:  
32 10.1126/science.aar5780.  
33 [42•]R. A. Keuls, Y. S. Oh, I. Patel, and R. J. Parchem, "Post-transcriptional regulation in  
34 cranial neural crest cells expands developmental potential," *Proc. Natl. Acad. Sci. U. S.  
35 A.*, vol. 120, no. 6, p. e2212578120, Feb. 2023, doi: 10.1073/pnas.2212578120.  
36 **This study shows post-transcriptional are also regulating cranial neural crest cells  
37 differentiation potential.**  
38 [43]A. Rada-Iglesias, R. Bajpai, T. Swigut, S. A. Brugmann, R. A. Flynn, and J. Wysocka, "A  
39 unique chromatin signature uncovers early developmental enhancers in humans,"  
40 *Nature*, vol. 470, no. 7333, pp. 279–283, Feb. 2011, doi: 10.1038/nature09692.  
41 [44]M. Minoux *et al.*, "Gene bivalency at Polycomb domains regulates cranial neural crest  
42 positional identity," *Science*, vol. 355, no. 6332, 31 2017, doi: 10.1126/science.aal2913.  
43 [45]R. M. Williams *et al.*, "Reconstruction of the Global Neural Crest Gene Regulatory Network  
44 In Vivo," *Dev. Cell*, vol. 51, no. 2, pp. 255–276.e7, 21 2019, doi:  
45 10.1016/j.devcel.2019.10.003.  
46 [46]A. S. Hovland *et al.*, "Pluripotency factors are repurposed to shape the epigenomic  
47 landscape of neural crest cells," *Dev. Cell*, p. S1534580722006360, Sep. 2022, doi:  
48 10.1016/j.devcel.2022.09.006.  
49 [47]C. Kiernan, C. Knuth, and E. Farrell, "Chapter 6 - Endochondral Ossification:  
50 Recapitulating Bone Development for Bone Defect Repair," in *Developmental Biology  
51 and Musculoskeletal Tissue Engineering*, M. J. Stoddart, A. M. Craft, G. Pattappa, and  
52 O. F. W. Gardner, Eds. Boston: Academic Press, 2018, pp. 125–148. doi: 10.1016/B978-  
53 0-12-811467-4.00006-1.  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 [48]P. G. Robey, S. A. Kuznetsov, M. Riminucci, and P. Bianco, "Skeletal ('mesenchymal')  
2 stem cells for tissue engineering," *Methods Mol. Med.*, vol. 140, pp. 83–99, 2007, doi:  
3 10.1007/978-1-59745-443-8\_5.
- 4 [49]C. K. F. Chan *et al.*, "Identification and specification of the mouse skeletal stem cell," *Cell*,  
5 vol. 160, no. 1–2, pp. 285–298, Jan. 2015, doi: 10.1016/j.cell.2014.12.002.
- 6 [50]C. K. F. Chan *et al.*, "Identification of the Human Skeletal Stem Cell," *Cell*, vol. 175, no. 1,  
7 pp. 43-56.e21, Sep. 2018, doi: 10.1016/j.cell.2018.07.029.
- 8 [51•]X. Zhang *et al.*, "Msx1+ stem cells recruited by bioactive tissue engineering graft for bone  
9 regeneration," *Nat. Commun.*, vol. 13, no. 1, p. 5211, Sep. 2022, doi: 10.1038/s41467-  
10 022-32868-y.
- 11 **This study identifies mechanisms capable of recruiting tissue resident stem cells to the**  
12 **injury site.**
- 13 [52]O. Marecic *et al.*, "Identification and characterization of an injury-induced skeletal  
14 progenitor," *Proc. Natl. Acad. Sci.*, vol. 112, no. 32, pp. 9920–9925, Aug. 2015, doi:  
15 10.1073/pnas.1513066112.
- 16 [53]T. D. Fang *et al.*, "Creation and characterization of a mouse model of mandibular  
17 distraction osteogenesis," *Bone*, vol. 34, no. 6, pp. 1004–1012, Jun. 2004, doi:  
18 10.1016/j.bone.2004.02.011.
- 19 [54]R. C. Ransom *et al.*, "Mechanoresponsive stem cells acquire neural crest fate in jaw  
20 regeneration," *Nature*, vol. 563, no. 7732, pp. 514–521, Nov. 2018, doi: 10.1038/s41586-  
21 018-0650-9.
- 22 [55]P. Leucht, J.-B. Kim, R. Amasha, A. W. James, S. Girod, and J. A. Helms, "Embryonic  
23 origin and Hox status determine progenitor cell fate during adult bone regeneration,"  
24 *Development*, vol. 135, no. 17, pp. 2845–2854, Sep. 2008, doi: 10.1242/dev.023788.
- 25 [56]K. C. Wang, J. A. Helms, and H. Y. Chang, "Regeneration, repair and remembering  
26 identity: the three Rs of Hox gene expression," *Trends Cell Biol.*, vol. 19, no. 6, pp. 268–  
27 275, Jun. 2009, doi: 10.1016/j.tcb.2009.03.007.
- 28 [57]A. Donneys *et al.*, "Deferoxamine expedites consolidation during mandibular distraction  
29 osteogenesis," *Bone*, vol. 55, no. 2, pp. 384–390, Aug. 2013, doi:  
30 10.1016/j.bone.2013.04.005.
- 31 [58]G. L. Wang, B. H. Jiang, E. A. Rue, and G. L. Semenza, "Hypoxia-inducible factor 1 is a  
32 basic-helix-loop-helix-PAS heterodimer regulated by cellular O<sub>2</sub> tension," *Proc. Natl.*  
33 *Acad. Sci.*, vol. 92, no. 12, pp. 5510–5514, Jun. 1995, doi: 10.1073/pnas.92.12.5510.
- 34 [59]N. V. Iyer *et al.*, "Cellular and developmental control of O<sub>2</sub> homeostasis by hypoxia-  
35 inducible factor 1 $\alpha$ ," *Genes Dev.*, vol. 12, no. 2, pp. 149–162, Jan. 1998, doi:  
36 10.1101/gad.12.2.149.
- 37 [60]J. Cao *et al.*, "Recruitment of exogenous mesenchymal stem cells in mandibular distraction  
38 osteogenesis by the stromal cell-derived factor-1/chemokine receptor-4 pathway in rats,"  
39 *Br. J. Oral Maxillofac. Surg.*, vol. 51, no. 8, pp. 937–941, Dec. 2013, doi:  
40 10.1016/j.bjoms.2013.05.003.
- 41 [61]E. Theveneau *et al.*, "Collective chemotaxis requires contact-dependent cell polarity," *Dev.*  
42 *Cell*, vol. 19, no. 1, pp. 39–53, Jul. 2010, doi: 10.1016/j.devcel.2010.06.012.
- 43 [62]P. Smeriglio *et al.*, "Collagen VI enhances cartilage tissue generation by stimulating  
44 chondrocyte proliferation," *Tissue Eng. Part A*, vol. 21, no. 3–4, pp. 840–849, Feb. 2015,  
45 doi: 10.1089/ten.TEA.2014.0375.
- 46 [63]P. Smeriglio *et al.*, "Comparative potential of juvenile and adult human articular  
47 chondrocytes for cartilage tissue formation in three-dimensional biomimetic hydrogels,"  
48 *Tissue Eng. Part A*, vol. 21, no. 1–2, pp. 147–155, Jan. 2015, doi:  
49 10.1089/ten.TEA.2014.0070.
- 50 [64]M. Y. Lan, J. P. Park, and Y. J. Jang, "Donor site morbidities resulting from conchal  
51 cartilage harvesting in rhinoplasty," *J. Laryngol. Otol.*, vol. 131, no. 6, pp. 529–533, Jun.  
52 2017, doi: 10.1017/S0022215117000639.
- 53 [65]N. Rotter *et al.*, "Age-related changes in the composition and mechanical properties of  
54 human nasal cartilage," *Arch. Biochem. Biophys.*, vol. 403, no. 1, pp. 132–140, Jul. 2002,  
55 doi: 10.1016/S0003-9861(02)00263-1.
- 56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 [66]F. Wolf, M. Haug, J. Farhadi, C. Candrian, I. Martin, and A. Barbero, "A low percentage of  
2 autologous serum can replace bovine serum to engineer human nasal cartilage," *Eur.*  
3 *Cell. Mater.*, vol. 15, pp. 1–10, Feb. 2008, doi: 10.22203/ecm.v015a01.
- 4 [67]T. Li, S. Chen, and M. Pei, "Contribution of neural crest-derived stem cells and nasal  
5 chondrocytes to articular cartilage regeneration," *Cell. Mol. Life Sci. CMLS*, vol. 77, no.  
6 23, pp. 4847–4859, Dec. 2020, doi: 10.1007/s00018-020-03567-y.
- 7 [68]X. Jiang, S. Iseki, R. E. Maxson, H. M. Sucov, and G. M. Morriss-Kay, "Tissue origins and  
8 interactions in the mammalian skull vault," *Dev. Biol.*, vol. 241, no. 1, pp. 106–116, Jan.  
9 2002, doi: 10.1006/dbio.2001.0487.
- 10 [69]J. R. Sheen and V. V. Garla, "Fracture Healing Overview," in *StatPearls*, Treasure Island  
11 (FL): StatPearls Publishing, 2022. Accessed: Feb. 28, 2023. [Online]. Available:  
12 <http://www.ncbi.nlm.nih.gov/books/NBK551678/>  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

[Click here to view linked References](#)

## **Cranial neural crest cells contribution to craniofacial bone development and regeneration**

Piera Smeriglio<sup>1</sup> and Antoine Zalc<sup>2</sup>

<sup>1</sup>Sorbonne Université, INSERM, Institut de Myologie, Centre de Recherche en Myologie, F-75013 Paris, France

<sup>2</sup> Université Paris Cité, CNRS, INSERM, Institut Cochin, F-75014 Paris, France

### **Compliance with Ethical Standards**

#### **Conflict of Interest**

Piera Smeriglio and Antoine Zalc declare no conflict of interest.

### **Human and Animal Rights and Informed Consent**

This article does not contain any studies with human or animal subjects performed by any of the authors.

## **Abstract**

1 **Purpose of Review** We aim to summarize (i) the latest evidence on cranial neural crest cells  
2 (CNCC) contribution to craniofacial development and ossification; (ii) the recent discoveries on  
3 the mechanisms responsible for their plasticity; and (iii) the newest developed procedures to  
4 ameliorate maxillofacial tissue repair.  
5  
6

7  
8 **Recent Findings** CNCC display a remarkable differentiation potential – that exceeds the  
9 capacity of their germ layer of origin. Recent studies identified novel molecular regulations of  
10 craniofacial development within the neural crest lineage and also discovered how CNCC  
11 naturally expand their plasticity.  
12  
13

14 **Summary** Traumatic craniofacial injuries or congenital syndromes can be life-threatening,  
15 require invasive maxillofacial surgery and can leave deep sequels on our health or quality of  
16 life. With accumulating evidence showing CNCC-derived stem cells potential to ameliorate  
17 craniofacial reconstruction and tissue repair, we believe a deeper understanding of how CNCC  
18 regulate their plasticity is essential to ameliorate endogenous regeneration and improve tissue  
19 repair therapies.  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

## **Introduction**

1 The craniofacial skeleton is a crucial component of vertebrate development. It is the structure  
2 that protects the brain, and it is essential for respiration, food intake and communication.  
3 Additionally, the craniofacial skeleton shapes our face, which is one major definition of our very  
4 self. Given its essential functions, congenital craniofacial syndromes – which represent a third  
5 of all congenital malformations within the human population [1] – or traumatic injuries to the  
6 head skeleton – can have a profound impact on our health and quality of life. When available,  
7 treatments of such syndromes or trauma require heavy maxillo-facial surgeries and  
8 reconstruction. Regenerative medicine has made tremendous progress in developing  
9 treatments and procedures to enhance craniofacial tissue repair in patients. Most commonly  
10 used procedures include autologous bone transplantation [2], [3], bone tissue engineering  
11 techniques [4], [5] including bone distraction – whereby new bone is generated by applying  
12 stress (stretching) to the endogenous bone tissue [6] – and more recently stem cell-based  
13 therapies [7], [8]. However, these techniques present the risk of generating unsuitable  
14 structures (with ectopic bone formation), relatively poor integration of the new graft or cells  
15 within the existing bone and the surrounding soft tissues and they are limited by the size of  
16 tissue to replace. Stem cell-based therapy bears an additional risk of genetic and epigenetic  
17 mutations which can promote tumor formation [9–11].

18 The repair of severely damaged or missing bones should ideally occur through the induction  
19 of an endogenous regenerative response, alleviating the need to harvest tissue from the  
20 patient or a donor, and avoiding additional issues such as rejection of the tissue transplant.  
21 Moreover, endogenous regeneration results in the formation of a structure (i) similar in pattern  
22 to the original anatomy and (ii) better integrated within the native tissues including the  
23 surrounding muscles, nerves, and vasculature. Data from regenerative species show that  
24 controlled cell dedifferentiation is an essential determinant to insure an adequate endogenous  
25 regenerative response [12]–[14]. Understanding how cell plasticity is regulated is then crucial  
26 to enhance tissue resident stem cells mobilization and expansion, reduce the tumorigenic risks  
27 and altogether promote an efficient endogenous regeneration.

28 The majority of craniofacial bones derive from cranial neural crest cells (CNCC) – a transient  
29 stem cell-like population arising in the most rostral part of the embryo soon after gastrulation  
30 [15], [16]. Within the ectoderm lineage, at the border between the neural plate and the surface  
31 ectoderm, CNCC are induced as an epithelial cell type [17], [18], that subsequently undergoes  
32 an epithelial-to-mesenchymal transition (EMT). CNCC then delaminate from the dorsal  
33 epithelium and migrate dorso-ventrally through the embryo to populate various locations in the  
34 craniofacial complex where they differentiate into diverse cell types [17], [19]. CNCC present  
35 an extraordinary differentiation potential since they generate not only ectoderm derivatives,  
36 such as neurons, glia and melanocytes, but also give rise to cells canonically associated with



1 the mesoderm such as bones, cartilage and smooth muscles – also referred to as  
2 ectomesenchyme [17], [20]. Thus, CNCC “break” the rules set during gastrulation as they  
3 generate derivatives that extend beyond the potential of their germ layer of origin [21]. This  
4 unique differentiation potential can be explained by the fact that CNCC express pluripotency  
5 programs at the onset of their development [22], [23]. Furthermore, it was recently shown that  
6 CNCC are able to reactivate *Oct4* and the associated pluripotency programs [24●], [25●●]  
7 during their formation. Together, these studies suggest that a deeper understanding of how  
8 CNCC regulate the expression of pluripotency programs could unveil new strategies to  
9 stimulate cell plasticity *in vivo* during post-natal tissue repair. Future regenerative therapies will  
10 need to recapitulate these processes to enhance endogenous regeneration and ameliorate  
11 craniofacial tissue repair.

12 In this review we will briefly summarize how CNCC contribute to craniofacial bone development  
13 and highlight the newest findings regarding gene regulation of ossification. We will focus on  
14 the recent discovery on the origin of CNCC remarkable plasticity and finally, we will question  
15 how this plasticity could be used to enhance craniofacial bone regeneration and discuss on  
16 the latest procedures enhancing craniofacial bone healing.

17 Given the limitation of words, we will only focus on the cranial neural crest, even though  
18 accumulating evidence suggest that the trunk neural crest could also have a skeletogenic  
19 capacity *in vivo* [26].

### 30 **Neural crest contribution to the craniofacial skeleton**

31 During embryogenesis bone can either form via the endochondral ossification process, where  
32 mesenchymal progenitors form a cartilaginous template that is gradually replaced by bone  
33 tissue, or intramembranous ossification, during which mesenchymal cells directly differentiate  
34 into osteoblasts, with no cartilaginous intermediate. Intramembranous bones are predominant  
35 in the head forming the cranial vault together with most bones of the face. The  
36 intramembranous ossification process starts *in utero* and ends at different postnatal times  
37 depending on the type of bone. For example, the clavicles are not fully ossified at birth allowing  
38 the postnatal growth and development of the brain. Although most of the bone originates from  
39 mesodermal precursor, some facial bones, as well as the endocranium, are derived from  
40 CNCC [16]. Development of the craniofacial skeleton requires the precise differentiation of  
41 CNCC into osteoblasts or chondrocytes. Following CNCC migration and colonization of the  
42 facial prominences and branchial arches, CNCC aggregate, condense, and differentiate into a  
43 common osteochondral progenitor and then into more differentiated chondrocytes or  
44 osteoblasts [27]. The molecular regulations orchestrating craniofacial ossification were  
45 recently reviewed in great details [28]. Harmonious craniofacial ossification requires the  
46 precise action of CNCC intrinsic transcription factors such as SOX9, RUNX2 and MSX1/2 in  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 association with extrinsic inputs that include fibroblast growth factor (FGF), Wingless-related  
2 integration site (WNT) and Transforming growth factor/Bone morphogenetic protein  
3 (TGF $\beta$ /BMP) signaling pathways. Thus, gene expression and signaling pathways must be  
4 specifically activated and terminated in the correct location at the proper developmental time  
5 to ensure a *bona fide* craniofacial development. Recent studies further exemplified that  
6 inaccurate regulation of gene expression in CNCC leads to severe craniofacial defect. A mouse  
7 model constitutively activating the activin A receptor type I (ACVR1) to enhance BMP signaling  
8 in CNCC results in ectopic cartilage formation in the craniofacial region [29]. The study further  
9 showed that the increased BMP signaling inhibits autophagy via the mTORC1 pathway and  
10 blocks the autophagic degradation of  $\beta$ -catenin, causing CNCC to adopt a chondrogenic  
11 identity. This phenotype was then rescued by inhibiting mTORC1 signaling to reactivate the  
12 Wnt/ $\beta$ -catenin signaling pathway [29]. mTORC1 was also shown to mediate the function of  
13 the acetyltransferase GCN5 – a highly conserved enzyme and potent activator of chondrocyte  
14 maturation – during craniofacial development [30]. Interestingly in this context, GCN5 is not  
15 acting as an epigenetic regulator but probably via direct activation of mTORC1 pathway [30].  
16 Epigenetic regulation also plays a role in the CNCC ossification. In fact, inhibition of KMT2D  
17 function – a histone methylase which mutations are associated with Kabuki syndrome  
18 congenital craniofacial disorder – in the neural crest lineage alters osteochondral progenitor  
19 differentiation and results in craniofacial hypoplasia [31]. We have also demonstrated a link  
20 between the epigenetic modulator Ten eleven translocation enzyme 1 (TET1) and  
21 chondrogenic differentiation [32]. Loss of TET1 expression impairs chondrogenesis via tissue-  
22 specific changes in 5-hydroxymethylcytosine (5hmC) landscape and reduces the expression  
23 of cartilage markers. It remains to be established if this mechanism has a direct impact on  
24 CNCC. A recent breakthrough study found that in the neural crest lineage, mutation of the  
25 tumor suppressor *Brca1* resulted in neonatal death of the mutant animals which presented with  
26 a cleft palate and reduced skull due to the reduction in size of craniofacial bones. The reduction  
27 in bones size was not due to osteogenic differentiation but by a strong defect in osteogenic  
28 proliferation and survival due to an increased DNA damage in skeletogenic precursor cells as  
29 demonstrated by the inhibition of p53 which is sufficient to rescue the *Brca1* mutant phenotype  
30 *in vivo* [33].

31 Balance between osteogenesis and chondrogenesis is essential for correct development of  
32 the craniofacial skeleton. Using mice deficient for Yap and Taz in the neural crest lineage it  
33 was demonstrated this pathway promotes osteogenic genes expression while repressing  
34 chondrogenic fate via the action of the Wnt/ $\beta$ -catenin pathway. The Yap/Taz signaling pathway  
35 is thus involved in regulating this equilibrium and resulting mutants presented with cranial bone  
36 defects and ectopic cartilage formation [34]. Gene regulatory networks orchestrating bone  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

1 and cartilage formation and differentiation have been and are still being dissected and  
2 characterized in great details [35] which represent a great resource to find potential new  
3 strategies to stimulate osteo- and chondrogenesis during bone repair. Nevertheless, the  
4 mechanisms conferring CNCC its remarkable plasticity – with their capacity to generate cell  
5 types that extend beyond their ectoderm germ layer origin – was only recently uncovered and  
6 needs to be explored in more depth.  
7  
8  
9

### 10 **Origin of CNCC cellular plasticity**

11 CNCC have a much broader differentiation potential than their ectodermal lineage of origin and  
12 have been challenging the three-germ layer theory for almost a century (history of neural crest  
13 biology has recently been reviewed in [36]. Several pieces of evidence have demonstrated and  
14 confirmed the contribution of CNCC in the formation of the cranial cartilage and bone, but many  
15 key questions are still open, primarily concerning the mechanisms through which these cells  
16 reach their final skeletogenic fate.  
17  
18  
19  
20  
21  
22

23 Pioneer studies using fluorescent intracellular dye to label single pre-migratory neural crest  
24 cells to follow their fate after migration in early embryos demonstrated CNCC plasticity *in vivo*  
25 [37]–[40]. These experiments also revealed that pre-migratory neural crest cells are composed  
26 of a mixture of multipotent and more restricted subpopulations. More recently, studies perform  
27 in avian and *Xenopus* embryos showed a subpopulation of pre-migratory CNCC expresses  
28 pluripotency factor genes such as *Nanog*, *Klf4*, and *Oct4* supporting the notion of CNCC  
29 exceptional potency [23]. *In situ* hybridization performed in *Xenopus embryos* showed neural  
30 crest specifiers genes are co-expressed with pluripotency markers [22], suggesting  
31 pluripotency program is retained from the blastula stage into the CNCC lineage. Moreover,  
32 when derived from blastula-stage embryos, animal pole-derived explants could generate all  
33 three germ layers under defined culture conditions. Yet, this potential was lost when explants  
34 were taken later during development as gastrula-stage cells have already undergone lineage  
35 commitment. However, when converting gastrula-derived explants to neural plate border  
36 identity (through the over-expression of *Pax3* and *Zic1*), explants reacquired the capacity to  
37 form ectoderm, mesoderm as well as endoderm – even though neural crest cells do not  
38 endogenously form endodermal derivatives [22].  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

50 In contrast, a single-cell RNA-sequencing (scRNA-seq) study investigating 136,966 single-cell  
51 transcriptomes obtained from 10 early *Xenopus* developmental stages failed to uncover a  
52 cluster of cells with enriched expression of pluripotency markers [41]. Though one can argue  
53 that the sequencing technique used for the experiment was not sensitive enough to detect the  
54 retention of a pluripotency programs in neural plate border cells at low transcriptional levels.  
55 Alternatively, this approach does not detect non-transcriptional regulation, such as epigenetic  
56 modifications of enhancers regulating the expression of genes responsible for the increase in  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 CNCC differentiation potential. Along the same line, a recent study identified miR-302 as a  
2 post-transcriptional regulator of CNCC plasticity. This miRNA appears to maintain chromatin  
3 accessibility, to directly target *Sox9* and expand the period of ectomesenchyme specification  
4 and enlarge CNCC developmental potential [42●]. Recent data obtained in *Xenopus* and  
5 mouse embryos showed pluripotency programs are in fact reactivated during CNCC formation  
6 [24●], [25●●]. Careful analysis of *Oct4* spatiotemporal expression in mouse embryos revealed  
7 that – in late neurula embryo – *Oct4* is not expressed in the developing head fold. Yet, it is  
8 reactivated later, in the most anterior part of the embryo following somitogenesis,  
9 demonstrating that rather than being maintained from the epiblast, pluripotency programs are  
10 transiently reactivated in the prospective CNCC following head-folds formation. Moreover, this  
11 transient re-expression of pluripotency programs was shown to be essential for CNCC to  
12 expand their differentiation potential as inhibition of *Oct4* reactivation at the onset on CNCC  
13 induction severely impairs facial ectomesenchyme specification and survival, directly linking  
14 the reactivation of pluripotency programs with CNCC cellular potential expansion [25●●]. In  
15 addition, analysis of *Oct4*<sup>+</sup> CNCC open chromatin landscape confirmed that regulatory  
16 elements controlling expression of mesenchymal genes such as *Pdgfra* or *Mef2c* are already  
17 accessible in pre-migratory CNCC – 8 to 12 hours before any transcripts coding for these  
18 mesenchymal specification genes are being detected in migratory CNCC – confirming previous  
19 epigenetics profiling experiments that identified regulatory elements contribute to neural crest  
20 cell fate decisions [43]–[45], [25●●]. Furthermore, the transcription factor TFAP2 $\alpha$  was shown  
21 to physically interacts with the OCT4-SOX2 dimer to modify its chromatin binding from  
22 pluripotency to CNCC enhancers and thus regulate developmental potential of this population  
23 [46]. Together, these studies suggest that CNCC differentiation programs are already primed  
24 before EMT, allowing CNCC to adapt to future environmental cues they may encounter during  
25 and after their migration to issue a correct craniofacial development.

### 44 **Neural crest cells and bone regeneration**

45 In mammals, bone tissue has an excellent repair capacity, however its ability to heal large  
46 defects remains limited [47]. Thus, stimulating endogenous regeneration is necessary to treat  
47 severe craniofacial tissue injuries to alleviate the need of tissue transplantation from the patient  
48 or a donor and avoid additional complications such as transplant or scaffold rejection.

49 Skeletal stem cells (SSC) are the common tissue-resident progenitor cells giving rise to bone,  
50 cartilage, and stromal elements during bone regeneration [48]–[50]. Accumulating evidence  
51 suggest that bone regeneration relies on SSC recapitulating developmental programs to  
52 ensure the repair process. For example, following femoral fracture, SSC are mobilized and  
53 display increased proliferation, viability, and enhanced osteogenic function. Moreover, a recent  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 report shows that enriched 3D-hydrogel transplantation induces expansion of the Msx1<sup>+</sup>  
2 skeletal stem cells and enhanced bone regeneration in a model of calvaria injury [51].  
3 Transcriptome analysis of the injury-responsive mouse SSC showed a striking overlap  
4 between molecular programs active during long bone development and regeneration, such as  
5 *BMP* and Hedgehog signaling [52]. However, one can argue these signals are pivotal hubs  
6 that are used in various tissue and contexts. Similarly, SSC were shown to play a significant  
7 role in mandibular repair during distraction osteogenesis – a procedure consisting in cutting  
8 and separating bone, to allow bone repair process to fill in the gap [53]. Moreover, it has been  
9 shown that, during the repair process, SSC reactivate neural crest transcriptional programs  
10 which enhances bone formation and tissue repair [54]. While both long and craniofacial bone  
11 regeneration rely on the reactivation of developmental programs for efficient repair, CNCC-  
12 derived bones regenerate better compared to mesoderm-derived long bones [55], [56].  
13 However, it is still unclear whether this is due to the lack of expression of the *Hox* genes in  
14 anterior craniofacial bones [55], [56] or to the ability of the craniofacial SSC to more efficiently  
15 reactivate developmental programs than long bone SSC is still unclear.

25 Deeper understanding of the molecular mechanisms mobilizing SSC and stimulating cell  
26 potency could then be translated to ameliorate craniofacial endogenous regenerative  
27 responses, tissue repair and healing. Up to date, the ability of adjuvant therapies to enhance  
28 endogenous bone repair has been studied using various animal models. During mandibular  
29 distraction, treatment with deferoxamine was shown to accelerate bone consolidation in rats  
30 [57] by chelating iron, which results in the stimulation of the hypoxia inducible factor 1- $\alpha$  (HIF-  
31 1 $\alpha$ ) pathway – a master regulator of cellular response to hypoxia [58], [59]. Using a rat model  
32 of mandibular distraction osteogenesis, another study demonstrated that activating the stromal  
33 cell-derived factor-1 (SDF1)/chemokine receptor-4 (CXCR4) pathway promoted migration of  
34 endogenous mesenchymal stem cells to the distraction site [60]. However, this study did not  
35 determine the contribution of the recruited mesenchymal stem cells to the distraction  
36 regeneration but still represent a promising avenue to explore since the SDF1 signaling is also  
37 involved in CNCC migration [61] during embryogenesis.

46 Homologous and heterologous bone transplantation are one of the most common surgical  
47 procedures utilized for damaged bone repair. However, many limitations and challenging post-  
48 operative complications can occur with this procedure, such as site infection or immunologic  
49 reaction. Thus, alternative treatments for repair and regeneration need to be explored. For  
50 example, chondrocytes from other sources could be harvested and expanded *in vitro* [62] alone  
51 or in combination with bioengineering tools such as biomimetic hydrogels [63]. These cells can  
52 be then grafted on the site of bone regeneration to contribute to bone repair. Another possible  
53 strategy focuses on nasal cartilage biopsies that can be harvested under local anesthesia, with  
54 minimal donor site morbidity [64]. Such biopsies have been shown to be a good source of  
55

nasal chondrocytes that display a better proliferation and chondrogenic capacity than articular chondrocytes *ex vitro* and *in vivo* [65], [66] and have a superior ability to integrate the surrounding tissue when implanted to repair cartilage defects (reviewed in Li et al., 2020). These represent a source of easily accessible material in relatively abundant quantity and are promising avenue to further explore in the future.

## **Conclusion**

The craniofacial skeleton represents one major derivative of the cranial neural crest [16], [68]. Because of the crucial functions of this structure, any defects, either injury or disease-associated, have an enormous impact on quality of life. While bone is a tissue with very efficient regenerative capacities, about 10% of bone fractures are unable to self-repair [69] and will require transplantation or stem-cell therapies. Regenerative medicine has made tremendous progresses in developing treatments and procedures to increase tissue repair in patients. Nevertheless, it is essential to find new ways to stimulate endogenous regeneration to overcome the limitations of autologous and heterologous transplantations, including graft rejection. Stimulating the endogenous repair also results in the formation of a better integrated structure within surrounding tissues and similar in pattern to the original. Several studies of SSC contribution to bone repair demonstrated the importance of recapitulating developmental processes in post-natal bone repair processes. Characterizing the gene regulatory networks governing bone development and the mechanisms controlling SSC potential within their niche represent fundamental goals in the fields of developmental biology, stem cell research and regenerative medicine. Furthermore, understanding the molecular regulations of cell plasticity during development will be essential to enhance SSC expansion, stimulate tissue resident stem cells and reduce the tumorigenic risks of stem cell transplantation. This knowledge will be essential to establish prototype procedures aiming at enhancing endogenous regenerative responses during tissue repair. It will likely lead to protocols increasing the viability and adaptability of stem-cell or tissue transplants, which will ameliorate autograft integration and overall repair process. Translating this knowledge will allow to engineer better regenerative therapies for humans suffering traumatic injuries or congenital syndromes.

## References

- 1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65
- [1] E. Gilbert-Barness, "Teratogenic causes of malformations," *Annals of Clinical and Laboratory Science*. 2010.
- [2] A. Ho-Shui-Ling, J. Bolander, L. E. Rustom, A. W. Johnson, F. P. Luyten, and C. Picart, "Bone regeneration strategies: Engineered scaffolds, bioactive molecules and stem cells current stage and future perspectives," *Biomaterials*, vol. 180, pp. 143–162, 2018, doi: 10.1016/j.biomaterials.2018.07.017.
- [3] E. Neovius and T. Engstrand, "Craniofacial reconstruction with bone and biomaterials: review over the last 11 years," *J. Plast. Reconstr. Aesthetic Surg. JPRAS*, vol. 63, no. 10, pp. 1615–1623, Oct. 2010, doi: 10.1016/j.bjps.2009.06.003.
- [4] A. M. Aghali, "Poly(ethylene glycol) and Co-polymer Based-Hydrogels for Craniofacial Bone Tissue Engineering," in *Orthopedic Biomaterials: Advances and Applications*, B. Li and T. Webster, Eds. Cham: Springer International Publishing, 2017, pp. 225–246. doi: 10.1007/978-3-319-73664-8\_9.
- [5] M. Dang, L. Saunders, X. Niu, Y. Fan, and P. X. Ma, "Biomimetic delivery of signals for bone tissue engineering," *Bone Res.*, vol. 6, p. 25, 2018, doi: 10.1038/s41413-018-0025-8.
- [6] J. G. McCarthy, E. J. Stelnicki, B. J. Mehrara, and M. T. Longaker, "Distraction osteogenesis of the craniofacial skeleton," *Plast. Reconstr. Surg.*, vol. 107, no. 7, pp. 1812–1827, Jun. 2001, doi: 10.1097/00006534-200106000-00029.
- [7] K. M. Dupont, K. Sharma, H. Y. Stevens, J. D. Boerckel, A. J. García, and R. E. Guldberg, "Human stem cell delivery for treatment of large segmental bone defects," *Proc. Natl. Acad. Sci. U. S. A.*, vol. 107, no. 8, pp. 3305–3310, Feb. 2010, doi: 10.1073/pnas.0905444107.
- [8] O. H. Jeon, L. M. Panicker, Q. Lu, J. J. Chae, R. A. Feldman, and J. H. Elisseeff, "Human iPSC-derived osteoblasts and osteoclasts together promote bone regeneration in 3D biomaterials," *Sci. Rep.*, vol. 6, p. 26761, 26 2016, doi: 10.1038/srep26761.
- [9●●] J. D. Glaeser *et al.*, "Neural crest-derived mesenchymal progenitor cells enhance cranial allograft integration," *Stem Cells Transl. Med.*, vol. 10, no. 5, pp. 797–809, May 2021, doi: 10.1002/sctm.20-0364.
- This study shows that using neural crest-derived mesenchymal cells enhances allograft efficiency by ameliorating the integration of the bone transplant. It also shows how to harness neural crest-derived cells potential during cranial bone regeneration.**
- [10] J. Luo *et al.*, "Infiltrating bone marrow mesenchymal stem cells increase prostate cancer stem cell population and metastatic ability via secreting cytokines to suppress androgen receptor signaling," *Oncogene*, vol. 33, no. 21, pp. 2768–2778, May 2014, doi: 10.1038/onc.2013.233.
- [11] T. Zhang, Y. W. Lee, Y. F. Rui, T. Y. Cheng, X. H. Jiang, and G. Li, "Bone marrow-derived mesenchymal stem cells promote growth and angiogenesis of breast and prostate tumors," *Stem Cell Res. Ther.*, vol. 4, no. 3, p. 70, Jun. 2013, doi: 10.1186/scri221.
- [12] T. Gerber *et al.*, "Single-cell analysis uncovers convergence of cell identities during axolotl limb regeneration," *Science*, vol. 362, no. 6413, p. :eaaq0681, 26 2018, doi: 10.1126/science.aaq0681.
- [13] C. D. McCusker, A. Athipozhy, C. Diaz-Castillo, C. Fowlkes, D. M. Gardiner, and S. R. Voss, "Positional plasticity in regenerating *Amyxstoma mexicanum* limbs is associated with cell proliferation and pathways of cellular differentiation," *BMC Dev. Biol.*, vol. 15, p. 45, Nov. 2015, doi: 10.1186/s12861-015-0095-4.
- [14] W. A. Vieira and C. D. McCusker, "Regenerative Models for the Integration and Regeneration of Head Skeletal Tissues," *Int. J. Mol. Sci.*, vol. 19, no. 12, p. 3752, Nov. 2018, doi: 10.3390/ijms19123752.
- [15] N. Le Douarin and C. Kalcheim, *The Neural Crest*, 2nd ed. Cambridge: Cambridge University Press, 1999. doi: 10.1017/CBO9780511897948.

- 1 [16]D. M. Noden and P. A. Trainor, "Relations and interactions between cranial mesoderm and  
2 neural crest populations," *J. Anat.*, vol. 207, no. 5, pp. 575–601, Nov. 2005, doi:  
3 10.1111/j.1469-7580.2005.00473.x.
- 4 [17]M. Simões-Costa and M. E. Bronner, "Establishing neural crest identity: a gene regulatory  
5 recipe," *Development*, vol. 142, no. 2, pp. 242–257, Jan. 2015, doi: 10.1242/dev.105445.
- 6 [18]E. Theveneau and R. Mayor, "Neural crest migration: interplay between chemorepellents,  
7 chemoattractants, contact inhibition, epithelial-mesenchymal transition, and collective cell  
8 migration," *Wiley Interdiscip. Rev. Dev. Biol.*, vol. 1, no. 3, pp. 435–445, Jun. 2012, doi:  
9 10.1002/wdev.28.
- 10 [19]R. Soldatov *et al.*, "Spatiotemporal structure of cell fate decisions in murine neural crest,"  
11 *Science*, vol. 364, no. 6444, Jun. 2019, doi: 10.1126/science.aas9536.
- 12 [20]N. M. Le Douarin, S. Creuzet, G. Couly, and E. Dupin, "Neural crest cell plasticity and its  
13 limits," *Development*, vol. 131, no. 19. Development, pp. 4637–4650, Oct. 2004. doi:  
14 10.1242/dev.01350.
- 15 [21]S. N. Perera and L. Kerosuo, "On the road again: Establishment and maintenance of  
16 stemness in the neural crest from embryo to adulthood," *Stem Cells*, vol. 39, no. 1, pp.  
17 7–25, Jan. 2021, doi: 10.1002/stem.3283.
- 18 [22]E. Buitrago-Delgado, K. Nordin, A. Rao, L. Geary, and C. LaBonne,  
19 "NEURODEVELOPMENT. Shared regulatory programs suggest retention of blastula-  
20 stage potential in neural crest cells," *Science*, vol. 348, no. 6241, pp. 1332–1335, Jun.  
21 2015, doi: 10.1126/science.aaa3655.
- 22 [23]A. Lignell, L. Kerosuo, S. J. Streichan, L. Cai, and M. E. Bronner, "Identification of a neural  
23 crest stem cell niche by Spatial Genomic Analysis," *Nat. Commun.*, vol. 8, no. 1, p. 1830,  
24 28 2017, doi: 10.1038/s41467-017-01561-w.
- 25 [24●] P. Scerbo and A. H. Monsoro-Burq, "The vertebrate-specific VENTX/NANOG gene  
26 empowers neural crest with ectomesenchyme potential," *Sci. Adv.*, vol. 6, no. 18, p.  
27 eaaz1469, May 2020, doi: 10.1126/sciadv.aaz1469.
- 28 **This study shows pluripotency factors are reactivated during neural crest formation in**  
29 **Xenopus.**
- 30 [25●●] A. Zalc *et al.*, "Reactivation of the pluripotency program precedes formation of  
31 the cranial neural crest," *Science*, vol. 371, no. 6529, Feb. 2021, doi:  
32 10.1126/science.abb4776.
- 33 **This study demonstrates the re-expression of pluripotency programs is necessary for**  
34 **the expansion of cranial neural crest cells differentiation potential.**
- 35 [26]M. A. Rodrigues-Da-Silva, G. de Espindola da Silveira, C. R. Taufer, and G. W. Calloni,  
36 "The mesenchymal potential of trunk neural crest cells," *Int. J. Dev. Biol.*, vol. 66, no. 4-  
37 5–6, pp. 317–331, 2022, doi: 10.1387/ijdb.220032gc.
- 38 [27]S. Bhatt, R. Diaz, and P. A. Trainor, "Signals and switches in mammalian neural crest cell  
39 differentiation," *Cold Spring Harb. Perspect. Biol.*, vol. 5, no. 2, 2013, doi:  
40 10.1101/cshperspect.a008326.
- 41 [28]S. Dash and P. A. Trainor, "The development, patterning and evolution of neural crest cell  
42 differentiation into cartilage and bone," *Bone*, vol. 137, p. 115409, Aug. 2020, doi:  
43 10.1016/j.bone.2020.115409.
- 44 [29]J. Yang *et al.*, "Augmented BMP signaling commits cranial neural crest cells to a  
45 chondrogenic fate by suppressing autophagic  $\beta$ -catenin degradation," *Sci. Signal.*, vol.  
46 14, no. 665, p. eaaz9368, Jan. 2021, doi: 10.1126/scisignal.aaz9368.
- 47 [30]S. A. Pezoa, K. B. Artinger, and L. A. Niswander, "GCN5 acetylation is required for  
48 craniofacial chondrocyte maturation," *Dev. Biol.*, vol. 464, no. 1, pp. 24–34, Aug. 2020,  
49 doi: 10.1016/j.ydbio.2020.05.006.
- 50 [31]K. B. Shpargel, C. L. Mangini, G. Xie, K. Ge, and T. Magnuson, "The KMT2D Kabuki  
51 syndrome histone methylase controls neural crest cell differentiation and facial  
52 morphology," *Development*, vol. 147, no. 21, p. dev187997, Jul. 2020, doi:  
53 10.1242/dev.187997.
- 54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65



- 1 [32]P. Smeriglio, F. C. Grandi, S. E. B. Taylor, A. Zalc, and N. Bhutani, "TET1 Directs  
2 Chondrogenic Differentiation by Regulating SOX9 Dependent Activation of Col2a1 and  
3 Acan In Vitro," *JBMR Plus*, vol. 4, no. 8, p. e10383, Aug. 2020, doi: 10.1002/jbm4.10383.  
4 [33]K. Kitami, M. Kitami, M. Kaku, B. Wang, and Y. Komatsu, "BRCA1 and BRCA2 tumor  
5 suppressors in neural crest cells are essential for craniofacial bone development," *PLoS  
6 Genet.*, vol. 14, no. 5, p. e1007340, May 2018, doi: 10.1371/journal.pgen.1007340.  
7 [34●] X. Zhao *et al.*, "Yap and Taz promote osteogenesis and prevent chondrogenesis in  
8 neural crest cells in vitro and in vivo," *Sci. Signal.*, vol. 15, no. 757, p. eabn9009, Oct.  
9 2022, doi: 10.1126/scisignal.abn9009.

10 **This study identifies a mechanism controlling the proper balance between osteogenesis  
11 and chondrogenesis during craniofacial bones development.**

- 12 [35]J. Liao *et al.*, "Gene regulatory network from cranial neural crest cells to osteoblast  
13 differentiation and calvarial bone development," *Cell. Mol. Life Sci.*, vol. 79, no. 3, p. 158,  
14 Feb. 2022, doi: 10.1007/s00018-022-04208-2.  
15 [36]R. N. Kelsh, K. Camargo Sosa, S. Farjami, V. Makeev, J. H. P. Dawes, and A. Rocco,  
16 "Cyclical fate restriction: a new view of neural crest cell fate specification," *Development*,  
17 vol. 148, no. 22, p. dev176057, Nov. 2021, doi: 10.1242/dev.176057.  
18 [37]M. Bronner-Fraser and S. E. Fraser, "Cell lineage analysis reveals multipotency of some  
19 avian neural crest cells," *Nature*, vol. 335, no. 6186, pp. 161–164, Sep. 1988, doi:  
20 10.1038/335161a0.  
21 [38]A. Collazo, M. Bronner-Fraser, and S. E. Fraser, "Vital dye labelling of *Xenopus laevis*  
22 trunk neural crest reveals multipotency and novel pathways of migration," *Development*,  
23 vol. 118, no. 2, pp. 363–376, Jun. 1993, doi: 10.1242/dev.118.2.363.  
24 [39]G. N. Serbedzija, M. Bronner-Fraser, and S. E. Fraser, "Vital dye analysis of cranial neural  
25 crest cell migration in the mouse embryo," *Development*, vol. 116, no. 2, pp. 297–307,  
26 1992, doi: 10.1242/dev.116.2.297.  
27 [40]G. N. Serbedzija, M. Bronner-Fraser, and S. E. Fraser, "Developmental potential of trunk  
28 neural crest cells in the mouse," *Development*, vol. 120, no. 7, pp. 1709–1718, Jul. 1994,  
29 doi: 10.1242/dev.120.7.1709.  
30 [41]J. A. Briggs *et al.*, "The dynamics of gene expression in vertebrate embryogenesis at  
31 single-cell resolution," *Science*, vol. 360, no. 6392, Jun. 2018, doi:  
32 10.1126/science.aar5780.  
33 [42●] R. A. Keuls, Y. S. Oh, I. Patel, and R. J. Parchem, "Post-transcriptional regulation in  
34 cranial neural crest cells expands developmental potential," *Proc. Natl. Acad. Sci. U. S.  
35 A.*, vol. 120, no. 6, p. e2212578120, Feb. 2023, doi: 10.1073/pnas.2212578120.

36 **This study shows post-transcriptional are also regulating cranial neural crest cells  
37 differentiation potential.**

- 38 [43]A. Rada-Iglesias, R. Bajpai, T. Swigut, S. A. Brugmann, R. A. Flynn, and J. Wysocka, "A  
39 unique chromatin signature uncovers early developmental enhancers in humans,"  
40 *Nature*, vol. 470, no. 7333, pp. 279–283, Feb. 2011, doi: 10.1038/nature09692.  
41 [44]M. Minoux *et al.*, "Gene bivalency at Polycomb domains regulates cranial neural crest  
42 positional identity," *Science*, vol. 355, no. 6332, 31 2017, doi: 10.1126/science.aal2913.  
43 [45]R. M. Williams *et al.*, "Reconstruction of the Global Neural Crest Gene Regulatory Network  
44 In Vivo," *Dev. Cell*, vol. 51, no. 2, pp. 255-276.e7, 21 2019, doi:  
45 10.1016/j.devcel.2019.10.003.  
46 [46]A. S. Hovland *et al.*, "Pluripotency factors are repurposed to shape the epigenomic  
47 landscape of neural crest cells," *Dev. Cell*, p. S1534580722006360, Sep. 2022, doi:  
48 10.1016/j.devcel.2022.09.006.  
49 [47]C. Kiernan, C. Knuth, and E. Farrell, "Chapter 6 - Endochondral Ossification:  
50 Recapitulating Bone Development for Bone Defect Repair," in *Developmental Biology  
51 and Musculoskeletal Tissue Engineering*, M. J. Stoddart, A. M. Craft, G. Pattappa, and  
52 O. F. W. Gardner, Eds. Boston: Academic Press, 2018, pp. 125–148. doi: 10.1016/B978-  
53 0-12-811467-4.00006-1.  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 [48]P. G. Robey, S. A. Kuznetsov, M. Riminucci, and P. Bianco, "Skeletal ('mesenchymal')  
2 stem cells for tissue engineering," *Methods Mol. Med.*, vol. 140, pp. 83–99, 2007, doi:  
3 10.1007/978-1-59745-443-8\_5.  
4 [49]C. K. F. Chan *et al.*, "Identification and specification of the mouse skeletal stem cell," *Cell*,  
5 vol. 160, no. 1–2, pp. 285–298, Jan. 2015, doi: 10.1016/j.cell.2014.12.002.  
6 [50]C. K. F. Chan *et al.*, "Identification of the Human Skeletal Stem Cell," *Cell*, vol. 175, no. 1,  
7 pp. 43-56.e21, Sep. 2018, doi: 10.1016/j.cell.2018.07.029.  
8 [51●] X. Zhang *et al.*, "Msx1+ stem cells recruited by bioactive tissue engineering graft for  
9 bone regeneration," *Nat. Commun.*, vol. 13, no. 1, p. 5211, Sep. 2022, doi:  
10 10.1038/s41467-022-32868-y.

11 **This study identifies mechanisms capable of recruiting tissue resident stem cells to the**  
12 **injury site.**

- 13 [52]O. Marecic *et al.*, "Identification and characterization of an injury-induced skeletal  
14 progenitor," *Proc. Natl. Acad. Sci.*, vol. 112, no. 32, pp. 9920–9925, Aug. 2015, doi:  
15 10.1073/pnas.1513066112.  
16 [53]T. D. Fang *et al.*, "Creation and characterization of a mouse model of mandibular  
17 distraction osteogenesis," *Bone*, vol. 34, no. 6, pp. 1004–1012, Jun. 2004, doi:  
18 10.1016/j.bone.2004.02.011.  
19 [54]R. C. Ransom *et al.*, "Mechanoresponsive stem cells acquire neural crest fate in jaw  
20 regeneration," *Nature*, vol. 563, no. 7732, pp. 514–521, Nov. 2018, doi: 10.1038/s41586-  
21 018-0650-9.  
22 [55]P. Leucht, J.-B. Kim, R. Amasha, A. W. James, S. Girod, and J. A. Helms, "Embryonic  
23 origin and Hox status determine progenitor cell fate during adult bone regeneration,"  
24 *Development*, vol. 135, no. 17, pp. 2845–2854, Sep. 2008, doi: 10.1242/dev.023788.  
25 [56]K. C. Wang, J. A. Helms, and H. Y. Chang, "Regeneration, repair and remembering  
26 identity: the three Rs of Hox gene expression," *Trends Cell Biol.*, vol. 19, no. 6, pp. 268–  
27 275, Jun. 2009, doi: 10.1016/j.tcb.2009.03.007.  
28 [57]A. Donneys *et al.*, "Deferoxamine expedites consolidation during mandibular distraction  
29 osteogenesis," *Bone*, vol. 55, no. 2, pp. 384–390, Aug. 2013, doi:  
30 10.1016/j.bone.2013.04.005.  
31 [58]G. L. Wang, B. H. Jiang, E. A. Rue, and G. L. Semenza, "Hypoxia-inducible factor 1 is a  
32 basic-helix-loop-helix-PAS heterodimer regulated by cellular O<sub>2</sub> tension," *Proc. Natl.*  
33 *Acad. Sci.*, vol. 92, no. 12, pp. 5510–5514, Jun. 1995, doi: 10.1073/pnas.92.12.5510.  
34 [59]N. V. Iyer *et al.*, "Cellular and developmental control of O<sub>2</sub> homeostasis by hypoxia-  
35 inducible factor 1 $\alpha$ ," *Genes Dev.*, vol. 12, no. 2, pp. 149–162, Jan. 1998, doi:  
36 10.1101/gad.12.2.149.  
37 [60]J. Cao *et al.*, "Recruitment of exogenous mesenchymal stem cells in mandibular distraction  
38 osteogenesis by the stromal cell-derived factor-1/chemokine receptor-4 pathway in rats,"  
39 *Br. J. Oral Maxillofac. Surg.*, vol. 51, no. 8, pp. 937–941, Dec. 2013, doi:  
40 10.1016/j.bjoms.2013.05.003.  
41 [61]E. Theveneau *et al.*, "Collective chemotaxis requires contact-dependent cell polarity," *Dev.*  
42 *Cell*, vol. 19, no. 1, pp. 39–53, Jul. 2010, doi: 10.1016/j.devcel.2010.06.012.  
43 [62]P. Smeriglio *et al.*, "Collagen VI enhances cartilage tissue generation by stimulating  
44 chondrocyte proliferation," *Tissue Eng. Part A*, vol. 21, no. 3–4, pp. 840–849, Feb. 2015,  
45 doi: 10.1089/ten.TEA.2014.0375.  
46 [63]P. Smeriglio *et al.*, "Comparative potential of juvenile and adult human articular  
47 chondrocytes for cartilage tissue formation in three-dimensional biomimetic hydrogels,"  
48 *Tissue Eng. Part A*, vol. 21, no. 1–2, pp. 147–155, Jan. 2015, doi:  
49 10.1089/ten.TEA.2014.0070.  
50 [64]M. Y. Lan, J. P. Park, and Y. J. Jang, "Donor site morbidities resulting from conchal  
51 cartilage harvesting in rhinoplasty," *J. Laryngol. Otol.*, vol. 131, no. 6, pp. 529–533, Jun.  
52 2017, doi: 10.1017/S0022215117000639.  
53 [65]N. Rotter *et al.*, "Age-related changes in the composition and mechanical properties of  
54 human nasal cartilage," *Arch. Biochem. Biophys.*, vol. 403, no. 1, pp. 132–140, Jul. 2002,  
55 doi: 10.1016/S0003-9861(02)00263-1.  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 [66]F. Wolf, M. Haug, J. Farhadi, C. Candrian, I. Martin, and A. Barbero, "A low percentage of  
2 autologous serum can replace bovine serum to engineer human nasal cartilage," *Eur.*  
3 *Cell. Mater.*, vol. 15, pp. 1–10, Feb. 2008, doi: 10.22203/ecm.v015a01.
- 4 [67]T. Li, S. Chen, and M. Pei, "Contribution of neural crest-derived stem cells and nasal  
5 chondrocytes to articular cartilage regeneration," *Cell. Mol. Life Sci. CMLS*, vol. 77, no.  
6 23, pp. 4847–4859, Dec. 2020, doi: 10.1007/s00018-020-03567-y.
- 7 [68]X. Jiang, S. Iseki, R. E. Maxson, H. M. Sucov, and G. M. Morriss-Kay, "Tissue origins and  
8 interactions in the mammalian skull vault," *Dev. Biol.*, vol. 241, no. 1, pp. 106–116, Jan.  
9 2002, doi: 10.1006/dbio.2001.0487.
- 10 [69]J. R. Sheen and V. V. Garla, "Fracture Healing Overview," in *StatPearls*, Treasure Island  
11 (FL): StatPearls Publishing, 2022. Accessed: Feb. 28, 2023. [Online]. Available:  
12 <http://www.ncbi.nlm.nih.gov/books/NBK551678/>  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65