

# Genes and Pathways in Optic Fissure Closure

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## Abstract

Embryonic development of the vertebrate eye begins with the formation of an optic vesicle which folds inwards to form a double-layered optic cup with a fissure on the ventral surface, known as the optic fissure. Closure of the optic fissure is essential for subsequent growth and development of the eye. A defect in this process can leave a gap in the iris, retina or optic nerve, known as a coloboma, which can lead to severe visual impairment. This review brings together current information about genes and pathways regulating fissure closure from human coloboma patients and animal models. It focuses especially on current understanding of the morphological changes and processes of epithelial remodelling occurring at the fissure margins.

**Key words:** Optic fissure, Coloboma, Colobomos, Eye development, Congenital eye malformation

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## 1. Introduction

The eye is a sensory organ with an intricate and complex organization. It has an early stage of development that achieves the correct three dimensional globe shape and a later stage that involves specification and differentiation of a large variety of cells that make up the various parts of the eye, including the retina. Both stages are regulated by a range of genes and interconnected signalling pathways. This review focuses on optic fissure closure, a process essential for achieving correct morphogenesis of the eye, and the genetic pathways involved.

### **1.1 Early morphogenesis of the vertebrate eye**

Vertebrate eye morphogenesis begins with the bilateral evagination of single layered optic vesicles, from the neuroepithelium of the developing brain. As each optic vesicle approaches the surface ectoderm, displacing the intervening mesenchyme, its distal end invaginates to form a double layered optic cup. The inner layer of the optic cup eventually forms the Neural Retina (NR) and the outer layer forms the Retinal Pigmented Epithelium (RPE). Simultaneously, the overlying surface ectoderm invaginates, into the optic cup, to form the lens vesicle. The invagination of the optic vesicle is asymmetrical, such that the dorsal and proximal regions of the vesicle form the outer layer of the optic cup and the ventral and distal regions of the optic vesicle form the inner layer, and a fissure, the optic fissure (also called the choroid fissure), is formed running down the ventral aspect of the cup (Fig 1 A, B). The most proximal region of the vesicle narrows to form the optic stalk, which acts as a path for axons of the optic nerve to reach the brain. The optic fissure allows the hyaloid artery, which supplies the developing lens, to enter the optic cup without having to cross the neuroepithelium [1-3]. The margins of the optic fissure grow towards each other, displace the intervening periorbital mesenchyme, until they fuse (Fig 1 C), leaving a small opening for the hyaloid artery known as the optic disc. In the human foetus, optic fissure closure begins in the 5<sup>th</sup> week of foetal development and is completed by about the 7<sup>th</sup> week, corresponding to Carnegie stages 14 to 17 [4]. In mice it begins on embryonic day 11 (E11) and is completed by E13 [5, 6].

### **1.2 Ocular coloboma is caused when optic fissure closure fails**

Complete or partial failure of optic fissure closure results in a coloboma; a ventrally located notch or gap in the iris, ciliary body, choroid, retina and/or optic nerve (Fig 1 D). Coloboma is related to and often associated with microphthalmia (small eyes) [7]. The extent of visual impairment caused by a coloboma ranges from asymptomatic to complete loss of vision, depending on the size and location of the defect. It is estimated to account for 3.2-11.2% of cases of blindness in children [8] and there is no known cure at present. Various environmental risk factors for Microphthalmia, Anophthalmia

and Coloboma (MAC), such as maternal Vitamin A deficiency and exposure to drugs, have been suggested but the epidemiological data supporting these is preliminary [9, 10]. It is likely that most cases have a genetic cause as the defect is seen at birth and has a high sibling recurrence risk of 8.1-13.3% [7].

This review brings together and integrates up to date information from genetic analysis of human coloboma patients and animal models to construct a complete picture of interacting genes and pathways currently known to be involved in optic fissure closure. This is a developing area of study, which has relevance to both developmental biology and clinical medicine. Coloboma is genetically heterogeneous and the genes mutated in human patients span a wide range of functions, with new ones recently being identified. This review outlines the current state of knowledge of the cellular and genetic mechanisms underlying the closure of the optic fissure. The later part of the review focuses on new insights into the mechanisms of epithelial remodelling at the site of closure.

## **2. Coloboma disease genes**

As many as 39 genes have been linked with ocular coloboma in humans. These genes and their associated phenotypes are summarized in Table 1. All have reported monogenic mutations which are proposed to cause coloboma. Some of them are supported by animal models of coloboma with mutations in homologous genes. In addition, variants of uncertain significance in the genes *FADD*, *SCLT1*, *TBC1D32* and *TMX3* have been reported in single cases with syndromic coloboma [11-13]. Additional genes important for fissure closure have been identified in animal models with optic fissure closure defects and are summarized in Table 2. These have yet to be implicated directly in human eye malformation. Others implicated based on zebrafish Morpholino studies include *nlz1*, *nlz2*, *lmx1b.1*, *lmx1b.2* and *bcl6*, although these have not yet been validated by any germline mutations [14-16].

Gene	OMIM Phenotype*	Coloboma type	Coloboma disease alleles reported	Supporting animal models	References
<b>PAX6</b>	Aniridia; Coloboma of Optic Nerve; Coloboma, ocular, autosomal dominant; Peter's Anomaly and others	I, R, Ch, ON	Multiple	Mouse	[17-19]
<b>VSX2</b>	Microphthalmia, with coloboma 3; Microphthalmia, isolated 2	I	Multiple	Mouse, Zebrafish MO	[20-27]
<b>MAF</b>	Cataract 21, multiple types	I	Multiple	Mouse (cataract only)	[28-32]
<b>ALDH1A3</b>	Microphthalmia, isolated 8	R	3	Mouse	[33-36]
<b>TENM3</b>	Microphthalmia, isolated, with coloboma 9	I	2	No	[37, 38]
<b>ABCB6</b>	Microphthalmia, isolated, with coloboma 7	I, R, Ch	2	No	[39]
<b>FZD5</b>	Microphthalmia, coloboma	I, R, Ch	1 (2 related families)	Mouse, Zebrafish MO+R	[40, 41]
<b>SALL2</b>	Coloboma, ocular, autosomal recessive	I, R, Ch	1	Mouse	[42]
<b>RAX</b>	Microphthalmia, isolated 3	ON	1	Mouse	[43-45]
<b>CRYAA</b>	Cataract 9, multiple types	I	1	Mouse	[46]
<b>RBP4</b>	Microphthalmia, isolated, with coloboma 10; Retinal dystrophy, iris coloboma, and comedogenic acne syndrome (OMIM)	I	Multiple	No	[47-50]
<b>OTX2</b>	Microphthalmia, Syndromic 5	I, R	Multiple	No	[51, 52]
<b>GDF3</b>	Klippel-Feil Syndrome3; Microphthalmia with coloboma 6; Microphthalmia, isolated 7	I, R	Multiple	Zebrafish MO	[53, 54]
<b>PAX2</b>	Papillorenal Syndrome	ON	Multiple	Mouse	[55-59]

<b>CHD7</b>	CHARGE syndrome	I, R, ON	Multiple	Mouse	[60-62]
<b>TFAP2A</b>	Branchiooculofacial syndrome	I, C	Multiple	Mouse, Zebrafish MO	[63-68]
<b>PIGL</b>	CHIME syndrome	R	Multiple	No	[69]
<b>ACTB</b>	Baraitser-Winter syndrome 1	I, R	Multiple	No	[70]
<b>ACTG1</b>	Baraitser-Winter syndrome 2	I, R	Multiple	No	[70]
<b>MAB21L2</b>	Microphthalmia, syndromic 14	I,R	Multiple	Mouse, Zebrafish	[71-73]
<b>ZEB2</b>	Mowat-Wilson syndrome	I, R	Multiple	No	[74-76]
<b>YAP1</b>	Coloboma, ocular, with or without hearing impairment, cleft lip/palate, and/or mental retardation	I, R, Ch	3	Zebrafish	[77-79]
<b>SOX2</b>	Microphthalmia, syndromic 3	I, R, Ch	3	Mouse	[80-84](not exhaustive list)
<b>HMX1</b>	Oculoauricular syndrome	I, R, Ch	2	Mouse, Zebrafish MO	[85-87]
<b>BCOR</b>	Microphthalmia, syndromic 2	I	2	Zebrafish MO	[88-90]
<b>MITF</b>	COMMAD syndrome	I	2	Mouse	[91, 92]
<b>C12ORF57</b>	Temtamy syndrome	I, R, Ch	1 (in 3 families)	No	[93-95]
<b>SMOC1</b>	Microphthalmia with limb anomalies	R?	1	Mouse	[96, 97]
<b>SHH</b>	Microphthalmia with coloboma 5; Holoprosencephaly 3	I, R	1	Mouse, Zebrafish	[98-101]
<b>GDF6</b>	Klippel-Feil Syndrome 1; Microphthalmia with coloboma 6, digenic (with GDF3); Microphthalmia, isolated 4	I, R, Ch, ON	1	Mouse, Zebrafish, Zebrafish MO	[102-104]

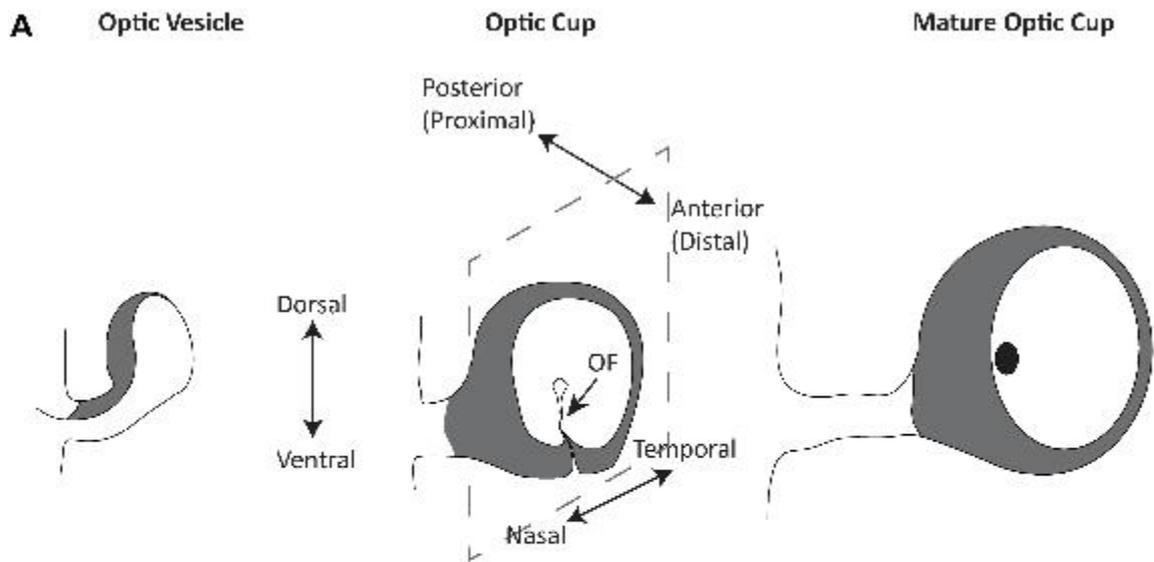
<b>SEMA3E</b>	CHARGE syndrome	I, R, ON	1	No	[105]
<b>SIX3</b>	Holoprosencephaly 2	I, R, Ch	1	No	[106, 107]
<b>PTCH1</b>	Holoprosencephaly 7	I	1	Zebrafish	[108, 109]
<b>SRD5A3</b>	Kahrizi Syndrome	I	1	No	[110]
<b>PQBP1</b>	Renpenning syndrome	R, Ch, OD	1	No	[111]
<b>IGBP1</b>	Corpus callosum, agenesis of, with mental retardation, ocular coloboma and micrognathia	I, ON	1	No	[112]
<b>BMP7</b>	Microphthalmia, anophthalmia, systemic abnormalities, intellectual disability (not on OMIM)	R, Ch, ON	1	Mouse	[113, 114]
<b>HMGB3</b>	?Microphthalmia, syndromic 13	I, R, Ch	1	Xenopus MO+R	[115]
<b>PDE6D</b>	?Joubert syndrome 22	ON	1	Zebrafish MO+R	[116]
<b>SALL1</b>	Townes-Brocks syndrome 1	Ch, R	1	Mouse	[117, 118]
<b>MSX2</b>	Coloboma, craniosynostosis and syndactyly	I, R, Ch	1	Mouse	[119, 120]

**Table 1 Human Coloboma disease genes:** I: Iris, R: Retina, Ch: Choroid, ON: Optic Nerve, MO: Morpholino, MO+R: Morpholino followed by rescue experiment with WT allele. Morpholino knockdown models without replication by genetic lesions are considered unproven. Green: Isolated eye phenotype. Orange: Eye phenotype with systemic defects, \*<http://omim.org/>.

**Table2: Genes identified from animal models of coloboma**

Gene	Species	Genotype	Phenotype	Reference
<i>Vax1</i>	Mouse	<i>Vax1</i> <sup>-/-</sup>	Coloboma, optic nerve dysgenesis, cleft palate, brain defects	[121]
<i>Vax2</i>	Mouse	<i>Vax2</i> <sup>-/-</sup>	Coloboma	[122]
<i>Cdon</i>	Mouse	<i>Cdon</i> <sup>-/-</sup>	Coloboma, microphthalmia, lens defects	[123]
<i>Dkk</i>	Mouse	<i>Dkk</i> <sup>+/-</sup>	Coloboma, Anterior Segment anomalies	[124]
<i>Tbx2</i>	Mouse	<i>Tbx2</i> <sup>-/-</sup>	Microphthalmia, coloboma, heart defects, embryonic lethal	[125]
<i>Foxg1</i>	Mouse	<i>Foxg1</i> <sup>-/-</sup>	Coloboma	[126, 127]
<i>Nr2f1, Nr2f2</i>	Mouse	<i>Rax-Cre</i> <sup>+/+</sup> ; <i>Nr2f1</i> <sup>fl/fl</sup> ; <i>Nr2f2</i> <sup>fl/fl</sup>	Microphthalmia, coloboma	[128]
<i>Lrp6</i>	Mouse	<i>Lrp6</i> <sup>-/-</sup>	Coloboma	[129]
<i>Axin-2</i>	Mouse	<i>Axin2</i> <sup>-/-</sup>	Microphthalmia, Coloboma, Lens defects, expanded Ciliary Margin	[130]
<i>Pitx2</i>	Mouse	<i>Pitx2</i> <sup>-/-</sup>	Microphthalmia, Coloboma	[131]

<i>lmo2</i>	Zebrafish	<i>Lmo2</i> <sup>-/-</sup>	Coloboma	[132]
<i>Smad7</i>	Mouse	<i>Smad7</i> <sup>-/-</sup>	Coloboma, microphthalmia	[133]
<i>opo(ofcc1)</i>	Medaka fish	<i>ofcc</i> <sup>-/-</sup>	Misshapen optic cup, coloboma	[134]
<i>Ctnna1</i>	Mouse	<i>Six3-Cre</i> ; <i>Ctnna1</i> <sup>fx/fx</sup>	Coloboma, disrupted retinal organization	[135]
<i>cdh2(ncad)</i>	Zebrafish	<i>cdh2</i> <sup>-/-</sup>	Coloboma, disrupted retinal lamination	[136]
<i>Fbn2</i>	Mouse	<i>Fbn2</i> <sup>-/-</sup>	Iris coloboma	[137]
<i>Lamc1 &amp; Lamb1</i>	Zebrafish	<i>Lamc1</i> <sup>-/-</sup>	Coloboma, disrupted retinal lamination	[138]
<i>Efna5</i>	Mouse	<i>Efna5</i> <sup>-/-</sup>	Coloboma	[139]
<i>EphB2</i>	Mouse	<i>Dominant negative transgene</i>	Coloboma, microphthalmia	[139]
<i>Jag1</i>	Mouse	<i>Jag1</i> <sup>+/dDSL</sup>	Coloboma, corneal opacity	[193]
<i>hdac1</i>	Zebrafish	<i>hdac</i> <sup>-/-</sup>	Coloboma	[16]



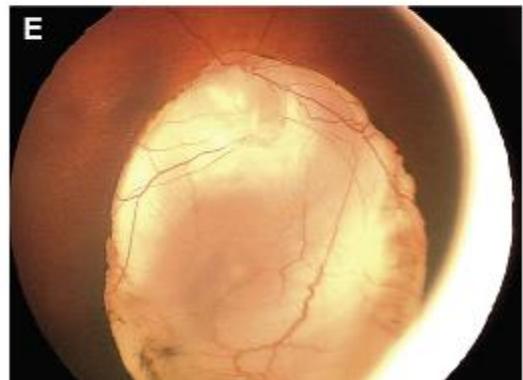
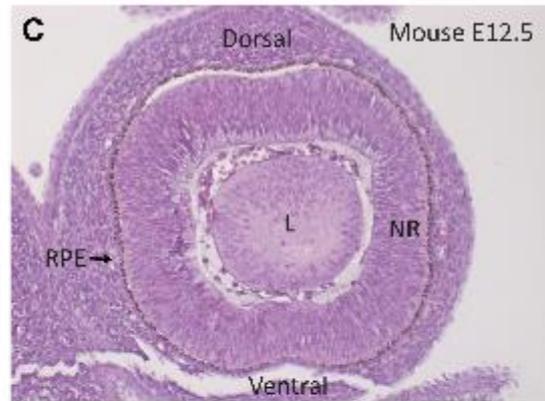
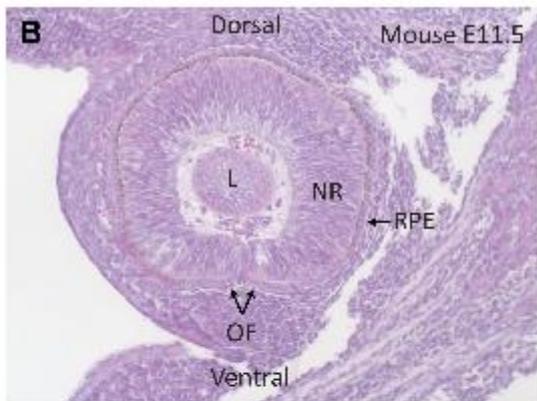
Axial Patterning of the optic vesicle and cup

Invagination and morphogenesis of the optic cup

Changes in cell morphology

Basement membrane dissolution and cell adhesion

Apoptosis



**Figure 1:** A: Processes involved in formation of the optic cup and closure of the optic cup. Shaded region of optic vesicle forms the outer layer of the optic cup. B: Histological section of developing

mouse eye at E11.5 while the fissure is open. C: Histological section of developing mouse eye at E12.5 where the fissure is closed. D: Coloboma of anterior segment, E: Coloboma of posterior segment. NR: Neural Retina, RPE: Retinal Pigmented Epithelium, L: Lens OF: Optic Fissure. A: adapted from [140]. D and E reproduced with permission from [141].

### 3. Alignment of fissure margins

#### 3.1 Axial patterning of the optic vesicle and cup

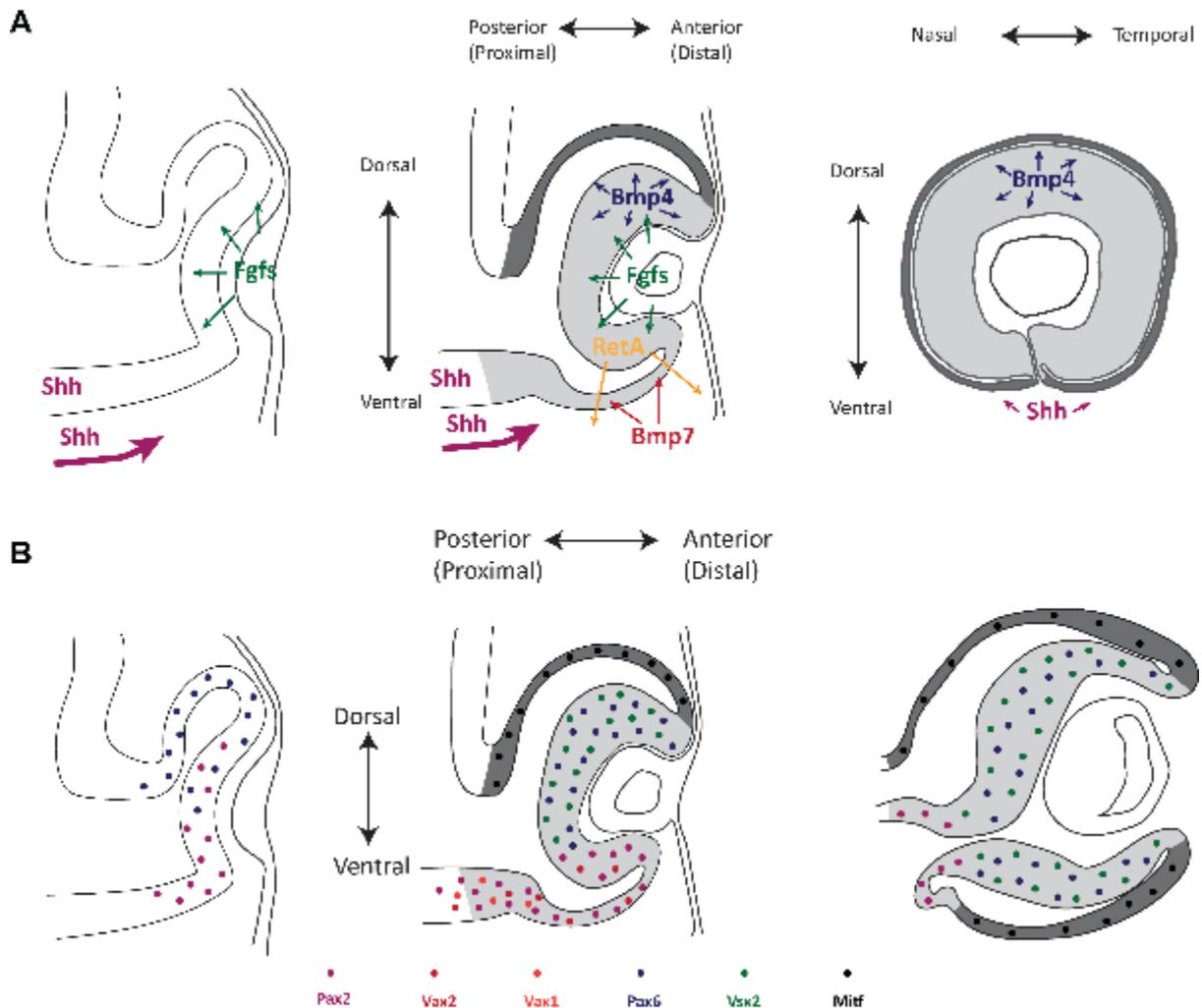
The early patterning of the optic vesicle and cup has been studied in detail and extensively reviewed [142, 143]. However, it will be discussed in brief here as correct patterning along the proximal-distal, dorsal-ventral and nasal-temporal axes of the optic cup ensures that the margins of the optic fissure closely appose each other and enables the process of closure. Gradients of signalling molecules (Fig 2 A) collectively regulate the differential expression of key transcription factors including *Pax2*, *Pax6*, *Vax1*, *Vax2*, *Tbx2*, *Tbx3*, *Tbx5*, *Vsx2* and *Mitf* in the optic vesicle and optic cup and *Foxc1* and *Pitx2* in the periocular mesenchyme (POM) [140, 144-148] (Fig 2 B).

The transcription factor gene *Pax6* is expressed early in the eye field of the mouse embryo [145]. Along with *Rax* and *Lhx2* it is one of the earliest determinants of the eye field [45, 149]. Sonic Hedgehog (Shh) signalling originating from the ventral midline of the developing forebrain inhibits *Pax6* and divides the eye field, allowing the formation of two optic vesicles [100]. *Pax2* is first expressed in the distal optic vesicle apposed to the surface ectoderm [144]. Shh signalling from the ventral midline and optic stalks then promotes proximal-distal and dorsal-ventral patterning of the optic cups by upregulating *Pax2* expression in the optic stalk and optic fissure margins and restricting expression of *Pax6* to the inner layer of the optic cup as invagination proceeds [100, 109, 150]. *Pax2* and *Pax6* mutually inhibit each other to establish a boundary between the RPE and optic nerve. Heterozygous mutations in human *PAX2* [55], *PAX6* [17], and *SHH* (1 family) [98] are known to cause coloboma. Additional factors mediating Shh signalling in the eye include *Cdon* and *Ptch* [123, 151]. Shh also upregulates *Vax1* which has an expression pattern similar to *Pax2* [121].

Another major inducer of axial patterning, *Bmp4*, is expressed in the dorsal optic cup and induces the expression of the dorsal transcription factors *Tbx5*, *Tbx2* and *Tbx3*. These in turn restrict the expression of the ventral marker *Vax2* to the optic fissure margins [152, 153]. The expression of *Bmp4* itself is restricted to the dorsal retina by Shh from the optic stalk and ventral midline [154]. The role of *Bmp7*, another *Bmp* family member is described in section 4.2. Both layers of the optic cup are initially bipotential. FGF signalling originating from the overlying lens placode promotes a neural fate in the inner layer by downregulating *Mitf*, allowing *Vsx2* expression and establishing the boundary between the NR and RPE at the optic fissure margins [148, 155, 156]. Maintenance of *Vsx2* expression in the

NR also depends on Bmp signalling [157]. Maintenance of the RPE fate in the outer layer requires Wnt- $\beta$ -catenin signalling [129, 130, 158, 159]. A mutation in the WNT receptor gene *FZD5* has been implicated in human patients with coloboma [41].

The final major signalling pathway involved in optic cup patterning is retinoic signalling [160]. It is described in section 4.2 as it appears to act via paracrine signalling to the POM [161]. In addition, the Hippo kinase signalling pathway induces RPE fate in the outer layer of the optic cup and has recently been shown to be essential for fissure closure [77, 79].



**Fig. 2.** A: Gradients of signalling molecules pattern the developing optic cup. NR: light gray, RPE: dark gray. The single pseudo stratified neuroepithelium of the optic vesicle folds to form the optic cup; the basal lamina faces the overlying surface ectoderm and the apical surface faces the lumen of the developing forebrain. B: Differential expression of key transcription factors in the optic cup.

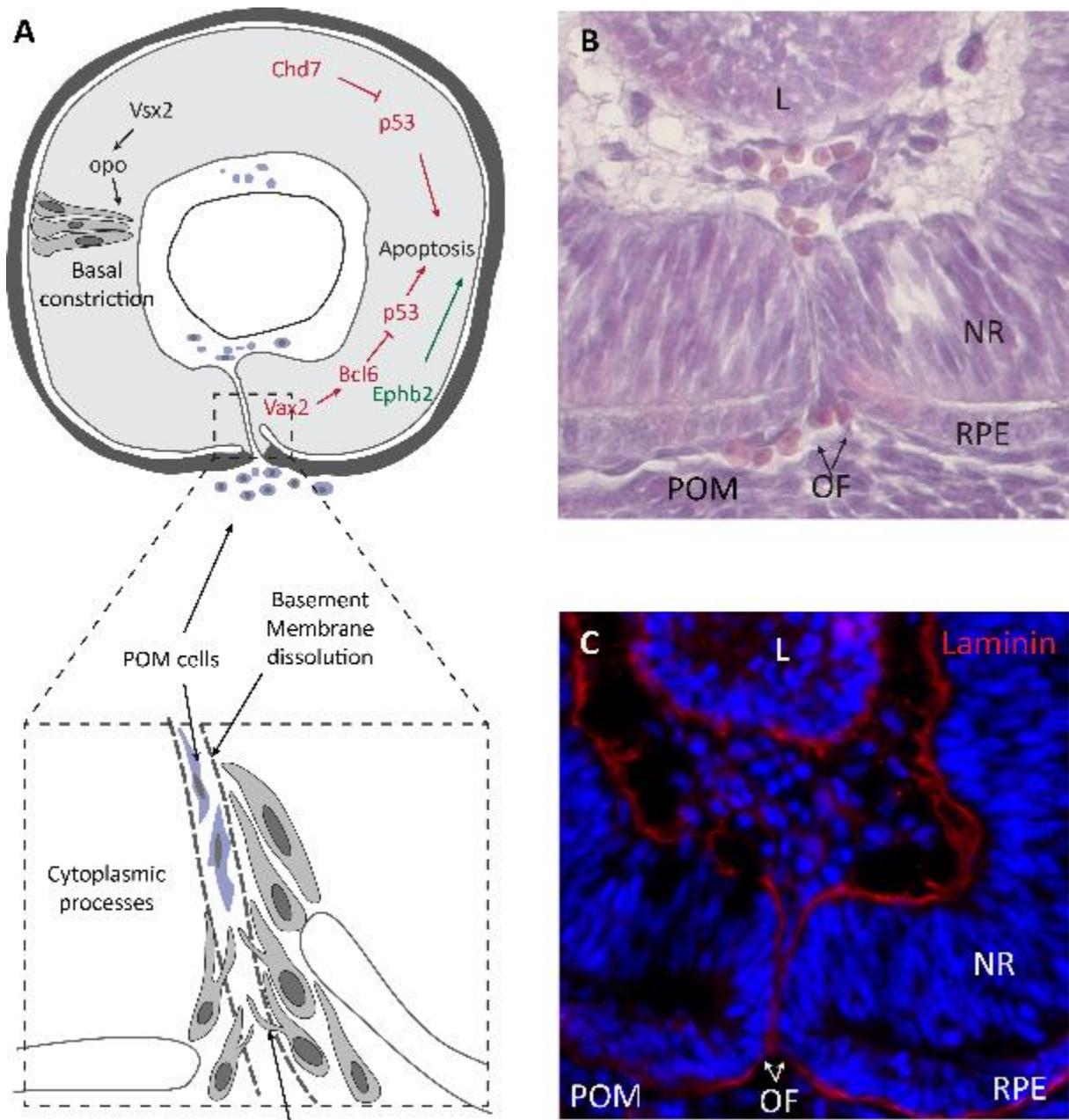
### 3.2 Invagination and morphogenesis of the optic cup

Patterning of the optic vesicle is accompanied by a physical invagination to form the optic cup. The neuroepithelial cells of the single layered optic vesicle have an apically constricted shape. To form the double layered optic cup, the cells destined to form the inner layer must change to a basally constricted shape (Fig 3 A) [162]. This change depends on regulated contraction of the actin-myosin cytoskeleton [163, 164]. Mutations in the human cytoplasmic actin genes *ACTG1* and *ACTB* have been implicated in Baraitser-Winter syndrome which includes ocular coloboma [70, 165]. Studies in medaka fish have shown that basal constriction is achieved, at least partially, through the enrichment of focal adhesions at the basal ends of cells, and the resultant basolateral transmission of stress along the epithelial sheet. One of the factors promoting this basal enrichment is a transmembrane protein, encoded by the gene *opo* (*ofcc1*), which localizes to the basal end feet [134, 166]. Transcription of *opo* is regulated by *vsx2* [27], demonstrating a direct link between the patterning of the optic vesicle and physical morphogenesis of the bi-layered optic cup. Another important aspect of invagination, that acts in addition to basal constriction, is the migration of cells. Cell migration in response to *fgf* signalling was initially reported in relation to nasal-temporal patterning of the neural retina of zebrafish embryos [167]. Live imaging studies confirmed a flow of epithelial cells from the outer to the inner layer of the optic cup around the anterior rim and the fissure margins, which is also dependent on local inhibition of *Bmp* signalling [168, 169]. There is also evidence from the developing *Xenopus* embryo suggesting that the margins of the optic fissure are lined by a population of cells that move distally from the optic stalk into the region of the fissure [170].

The inner layer also contains more proliferating cells than the outer layer [171]. Several studies, mainly in mouse embryos, indicate that correct invagination of the optic cup requires regulation of proliferation along the dorso-ventral axis [125, 172, 173]. However, experiments using zebrafish showed that proliferation may be dispensable and compensated for by other mechanisms [169, 174]. Finally, while the initial specification of the NR is influenced by signalling factors from the overlying lens placode [148, 155, 156], it does not appear that the physical lens vesicle is required for invagination as stem cell-derived optic vesicles grown in-vitro do invaginate [163].

#### **4. Processes occurring at the fissure margins**

Current evidence indicates that optic fissure closure begins at the midpoint of the fissure and proceeds both distally and proximally [5, 175-177]. Prior to closure, the cells at the folding point between the two layers are oriented with their long axes almost perpendicular to the fissure, the basal ends facing the fissure (Fig 3 A-C) [178]. After closure they are reoriented in two continuous sheets with their apical surfaces facing each other (Fig 1C).



**Figure 3:** A: A schematic of the optic cup with pathways regulating basal constriction, apoptosis and changes in cell morphology at the fissure margins. B and C: Histological sections of a closing optic fissure in a mouse embryo. Laminin (red) labels the basement membrane. NR: Neural Retina, RPE: Retinal Pigmented Epithelium, L: Lens, OF: Optic Fissure, POM: Periorbital Mesenchyme.

#### 4.1 Changes in cell morphology at the optic fissure

The epithelial remodelling at the fissure requires extensive changes in cell shape and orientation, an aspect that has not been explored in great detail. Electron microscopy studies in mouse and hamster embryos have shown that as the margins of the optic fissure come in contact with each other the outer layer inverts into the margin (Fig 3 A; boxed region) and completes fusion first. Then the inner

layer fuses and they become continuous sheets [5, 178, 179]. Also, the cells lining the margins appear to extend cytoplasmic processes from their basal surfaces (Fig 3 A) [5]. Recently, similar basal cell protrusions have been demonstrated in cells at the anterior rim of the optic cup in zebrafish [169]. Genes regulating these basal cell protrusions are not known. Cellular protrusions are also involved in neural tube closure [180], although these originate from the apical ends of cells.

#### **4.2 The role of the periocular mesenchyme**

The POM, which arises from neural crest and cranial mesodermal cells, transiently occupies the space between the optic fissure margins (Fig 3 A-C). The cells enter the optic cup through the fissure and give rise to the hyaloid vasculature that supplies the developing lens. This makes the POM a very likely source of secreted factors affecting fissure closure [181]. One of the key transcription factors expressed in the POM, and essential for its maintenance and function, is *Pitx2*. *Pitx2* null mice were shown to have coloboma [131]. In zebrafish, knockdown of another key POM transcription factor, *lmx1b*, also caused a failure of fissure closure and a disorganized ventral retina [15]. Optic vesicles grown in-vitro without surrounding tissue do invaginate but symmetrically [163], further supporting the idea that the POM is essential for fissure formation. Mouse embryos lacking *Bmp7* also show symmetrical invagination, reduced expression of the ventral marker *Pax2*, and failure to form an optic disc, optic nerve or hyaloid artery. The POM has been proposed as a likely source of *Bmp7* affecting the ventral retina [182]. In the *lmo2* mutant zebrafish, an abnormally inflated hyaloid vein causes reopening of the optic fissure even after closure has been initiated [132].

The survival and function of the POM is in turn regulated by retinoic acid secreted by the developing optic cup. Retinoic acid synthesizing enzymes are differentially expressed along the dorso-ventral axis. Retinoic acid promotes selective cell death in the periocular mesenchyme and prevents excessive invasion of the optic fissure by these cells [183]. Mouse embryos lacking retinoic acid synthesizing enzymes *Aldh1a1* or *Aldh1a3*, or retinoic acid receptors *Rarb* and *Rarg* in the POM show ventral retinal defects with abnormal thickening of the POM and decreased expression of the POM specific transcription factors *Pitx2* and *Foxc1* [36, 161]. Modulating retinoic acid signalling in the developing zebrafish caused similar changes in gene expression in the POM and resulted in coloboma [184]. Mutations in the human serum retinol binding protein gene *RBP4* cause eye defects including coloboma [47, 49, 50].

#### **4.3 Basement Membrane dissolution and cell adhesion**

During closure the basement membranes lining the fissure margins initially become apposed to form a double basement membrane (Fig 3 D) and then disintegrate bringing the cell membranes in direct contact [5], although the mechanism is not entirely understood. Several models of ocular coloboma show a persistence of the basement membrane between the aligned fissure margins [58, 185, 186]. Early electron microscopy studies showed cells with a phagocytic appearance, probably originating from the POM, between the aligned margins of the fissure and it was suggested that they may contribute to basement membrane breakdown by releasing extracellular enzymes [5, 6]. A recent study in zebrafish showed that disruption of *talin1*, an actin cytoskeleton regulator expressed in the POM prevented basement membrane breakdown at the fissure margins [177], supporting the hypothesis that these cells actively break down the basement membrane. As the basement membrane dissolves, the cells from the corresponding layers at either margin begin to form junctions between themselves, including Cadherin-mediated adherens junctions [135, 136], forming two continuous epithelial sheets.

#### **4.4 Apoptosis at the optic fissure**

There is increasing evidence to show that a precise control of apoptosis around the optic fissure is necessary for successful closure. Early studies detected the presence of apoptotic cells in the fissure margins of the developing mouse and human eyes [5, 187, 188]. More recent studies suggest that these are not just a by-product of the closure process and that both excessive and not enough apoptosis in the region of the optic fissure can cause closure defects.

Mutations in the human DNA helicase gene *CHD7* cause CHARGE syndrome, which includes retinal coloboma as one of its characteristic features [60]. Heterozygous loss of *Chd7* causes a similar phenotype in mice [189]. A recent study has shown that *Chd7* acts, at least partially, by preventing inappropriate expression of the pro-apoptotic gene *p53* and so controlling apoptosis in the developing eye and other organs affected in CHARGE syndrome [190]. This finding is supported by a study in zebrafish which showed that the anti-apoptotic factor *bcl6* and its co-repressor *bcor* act downstream of the ventrally expressed transcription factor, *vax2* to suppress *p53* and reduce apoptosis, allowing successful fissure closure [109]. Apoptosis at the fissure may also be promoted by the interaction of ephrin-A5 with the receptor EphB2 at the margins of the optic fissure, especially in the proximal region of the optic cup. Both ephrin-A5 and EphB2 null mice showed optic fissure closure defects with reduced apoptosis and increased proliferation but without disrupting the expression of ventral patterning genes *Pax2* and *Vax2* [139].

#### **5. Open Questions**

Although several genes are now associated with human patients or animal models of coloboma, the functions of many of these remain unexplained. For example, biallelic mutations in *SMOC1* cause microphthalmia or coloboma and limb anomalies in humans and mice [96, 97]. Smoc1 is a secreted basement membrane protein [191] and a study using cultured human cells has reported that it is involved in the adhesion of epithelial cells [192], which would be relevant to optic fissure closure. However, how it interacts with other eye development genes is not known. Many important new insights have been gained by study of zebrafish models but there is limited evidence of whether equivalent processes are important in the mammalian eye.

A large proportion of patients with coloboma have only one eye affected [7], most without a known genetic cause. Sometimes, they are part of families with multiple affected individuals. One can speculate that the mutations responsible for these defects are not completely penetrant, in that they do not have the same effect on both eyes even within the same individual, or alternatively that a single genetic mutation is not the sole cause. It may also be useful to investigate modes of inheritance other than simple Mendelian inheritance. A recent study has identified a maternal mode of transmission for mutations in *RBP4* resulting in MAC with reduced penetrance [48].

## **6. Conclusion**

The early patterning of the optic vesicle and cup are now quite well understood. The majority of coloboma disease genes identified so far are have been components of signalling pathways and transcription factors involved in general patterning of the optic cup and regulating cell proliferation and death. Much less is known about the morphological changes that occur at the margins and enable epithelium remodelling or the genes that control them. Some recent studies have attempted to address this using live imaging in zebrafish. While it remains to be shown that these remodelling processes are conserved in mammals, the genes involved can be investigated as potential coloboma disease genes.

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