

1 **Non-canonical, potassium-driven cerebrospinal fluid clearance**

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26

27 **ABSTRACT**

28 Cerebrospinal fluid (CSF) provides vital support for the brain. Abnormal CSF
29 accumulation is deleterious for perinatal neurodevelopment, but how CSF leaves the brain during
30 this critical period is unknown. We found in mice a postnatal neurodevelopmental transition
31 phase featuring precipitous CSF K^+ clearance, accompanied by water, through the choroid plexus
32 (ChP). The period corresponds to a human fetal stage when canonical CSF clearance pathways
33 have yet to form and congenital hydrocephalus begins to manifest. Unbiased ChP metabolic and
34 ribosomal profiling highlighted this transition phase with increased ATP yield and activated
35 energy-dependent K^+ transporters, in particular the $Na^+-K^+-Cl^-$ and water cotransporter NKCC1.
36 ChP-targeted NKCC1 overexpression enhanced K^+ -driven CSF clearance and enabled more
37 permissive cerebral hydrodynamics. Moreover, ventriculomegaly in an obstructive
38 hydrocephalus model was improved by ChP-targeted NKCC1 overexpression. Collectively, we
39 identified K^+ -driven CSF clearance through ChP during a transient but critical
40 neurodevelopmental phase, with translational value for pathologic conditions.

41

42 **Keywords:** cerebrospinal fluid; clearance; potassium; choroid plexus; development; NKCC1;
43 hydrocephalus

44

45 INTRODUCTION

46 A balance between cerebrospinal fluid (CSF) production and clearance (influx/efflux) is
47 essential for normal brain function and development (Fame and Lehtinen, 2020). Disrupted CSF
48 volume homeostasis with excessive CSF accumulation is implicated in many pediatric brain
49 disorders, in particular congenital hydrocephalus (Kahle et al., 2016), where patients suffer from
50 a potentially life-threatening accumulation of CSF and frequently develop neurological deficits
51 that last through childhood and into adult life (Vinchon et al., 2012). Schizophrenia patients can
52 have enlarged lateral ventricles by their first episode of psychosis (Steen et al., 2006), and in
53 some cases as early as infancy (Gilmore et al., 2010), suggesting a role for CSF clearance
54 abnormalities in this and possibly other neurodevelopmental disorders. As another example,
55 autism spectrum disorders are associated with altered CSF distribution patterns and enlarged
56 CSF space surrounding the brain (Shen et al., 2017). A better understanding of developing CSF
57 dynamics may help explain why early phases of brain development (e.g. from third trimester to 6
58 months after birth in human) represent a period of high vulnerability to certain congenial
59 disorders (Volpe, 2008, Gilmore et al., 2010, Shen et al., 2017).

60 Critically, how CSF is cleared during this perinatal period remains a mystery. Progress in
61 CSF dynamics research has identified several CSF clearance routes including arachnoid
62 granulations, perineural and paravascular pathways, and meningeal lymphatics (Antila et al.,
63 2017, Munk et al., 2019, Fame and Lehtinen, 2020). However, these systems only fully appear at
64 later stages of life (up to 2 years in human and several weeks postnatal in mice) (Antila et al.,
65 2017, Munk et al., 2019), and therefore are not available to contribute to CSF dynamics during
66 these critical early phases. Identifying and manipulating the early endogenous CSF clearance
67 mechanisms could provide one powerful approach for tackling neurodevelopmental disorders

68 involving CSF dysregulation, and may also be applied to fluid disorders affecting adults.

69 To identify how early CSF is cleared, we investigated tissues with the ability to modulate
70 CSF at this stage. The choroid plexus (ChP) is an intraventricular epithelial structure that forms
71 the majority of the blood-CSF barrier and develops prenatally. It contains diverse ion and fluid
72 transporters along its vast surface area capable of bidirectional transport (Damkier et al., 2013).
73 Although the prevailing model posits that the ChP provides net unidirectional, luminal secretion
74 of ions and water to form CSF, insufficient corroborating data have been collected under
75 physiological experimental conditions. Furthermore, historical clinical observations suggest
76 some absorptive functions of the ChP (Milhorat et al., 1970) which is supported by animal
77 studies (Oreskovic et al., 2017). Finally, broad transcriptional changes of the machinery
78 regulating fluid/ion transport support the concept of temporally dynamic and possibly context-
79 dependent ChP functions in determining net directionality of CSF transport (Liddelow et al.,
80 2013, Delpire and Gagnon, 2019).

81 To further explore potentially absorptive properties of the ChP, we studied the expression
82 of transporters, the energetic systems and ionic gradients that govern their activity, and their
83 physiological effects across the timespan of early postnatal development in mice. Taken together
84 our data support a novel role and mechanism for CSF clearance by the $\text{Na}^+\text{-K}^+\text{-Cl}^-$ and water co-
85 transporter, NKCC1, in the apical membrane of the ChP during a specific developmental period.
86 These results have implications for the pathophysiology of congenital disorders accompanied by
87 dysregulated CSF and could inform strategies for treatment of neonatal hydrocephalus and
88 perhaps other disorders.

89

90 **RESULTS**

91 **CSF K⁺ declines precipitously during a specific perinatal period**

92 We discovered a unique and transient phase of neurodevelopment when CSF [K⁺]
93 decreased rapidly. We used inductively coupled plasma optical emission spectrometry (ICP-OES)
94 and ion chromatography (IC) to measure levels of key ions likely to govern CSF flux including
95 Na⁺, K⁺, and Cl⁻ at several developmental timepoints. CSF [K⁺] was remarkably high at birth
96 (9.6 ± 3.5 mM), decreased rapidly to 4.4 ± 0.9 mM by P7 (**Fig. 1A**), and later achieved adult
97 levels of 3.1 ± 0.6 mM (**Fig. 1A**) while [Na⁺] and [Cl⁻] were minimally changed (**Fig. 1B**). The
98 reduction in CSF K⁺ was consistent with previous reports in other species (Saunders et al., 2018)
99 and correlated with parallel changes in serum [K⁺] such that the ratio between blood and CSF
100 [K⁺] remained stable (**Fig. 1C**).

101 Notably, K⁺ transport has been associated with water co-transport by several K⁺
102 transporters in various tissues and cell types (Zeuthen, 1994, Hamann et al., 2010, Zeuthen and
103 Macaulay, 2012), suggesting that CSF [K⁺] changes could drive water movement in the brain as
104 well. Therefore, we sought to identify mechanisms underlying this fast clearance of CSF K⁺,
105 which may shed light on CSF outflow during this time.

106

107 **ChP metabolism increases during the early postnatal transition phase**

108 We found that the transitional period of rapid CSF K⁺ clearance coincided with high ChP
109 metabolism. We reasoned that K⁺ clearance during this period could be ChP-mediated because
110 the ChP expresses high levels of K⁺ co-transporters on its large CSF-contacting surface area
111 (Keep and Jones, 1990, Damkier et al., 2013). Similar to water and ion transport by other
112 epithelial structures such as kidney proximal and distal tubes (Bhargava and Schnellmann, 2017),

113 K^+ clearance from CSF by the ChP would be energy-dependent and therefore be accompanied by
114 upregulation of ATP production and mitochondrial activity. Therefore, we evaluated the
115 metabolic status and ATP production capacity of the ChP epithelium before, during, and after the
116 time period of CSF $[K^+]$ reduction. We found that both mitochondria number and size increased
117 from E16.5 to 2mo (**Fig. 1D-G**), while cellular glycogen load gradually decreased
118 (**Supplementary Fig. 1**). Both observations are consistent with reports from ChP in other
119 mammalian species (Netsky and Shuangshoti, 1975, Keep and Jones, 1990) and suggest
120 functional changes in ChP oxidative metabolism. To assess this we monitored oxygen
121 consumption to calculate basal metabolism and ATP production at embryonic day 16.5 (E16.5),
122 postnatal day 0 (P0), P7, and adult (2 months old (2mo)) ChP explants using Agilent Seahorse
123 XFe technology (**Fig. 1H, Supplementary Fig. 2**). We found that E16.5 ChP had the lowest
124 basal respiration of all tested ages (**Fig. 1I, Supplementary Fig. 2**). Adult had a higher capacity
125 for overall ATP production than E16.5 ChP, but surprisingly, P0-P7 ChP were the most
126 metabolically active as per ATP production (**Fig. 1I, J**). In addition, mitochondrial subcellular
127 distribution in ChP epithelium was biased toward the apical surface as postnatal development
128 proceeded, with E16.5 mitochondria heavily distributed along the basal side of epithelial cells,
129 P0 mitochondria intermediately localized, and P7 and 2mo mitochondria having more apical
130 distribution (**Fig. 1K-M, Supplementary Fig. 3**). Mitochondrial subcellular localization
131 responds to regional energy demand in other cellular processes such as migration of mouse
132 embryonic fibroblasts and during axonal outgrowth (Schuler et al., 2017, Smith and Gallo, 2018).
133 Together with the increase in ATP production postnatally, the shift in ChP epithelial
134 mitochondria distribution over postnatal development suggests increasing ATP supply to meet
135 high demand at the apical ChP surface during the early postnatal phase, concurrent with the rapid

136 clearance of CSF K^+ . This concurrence prompted us to investigate energy-dependent
137 mechanisms whereby ChP epithelial cells might contribute to K^+ clearance.

138 **The ChP increases production of CSF-facing ion and water transporters postnatally**

139 Consistent with rapid CSF K^+ clearance and high ChP metabolism, we found that
140 expression of the energy-dependent cation transport pathway components were upregulated in
141 ChP postnatally. To unbiasedly identify candidates controlling postnatal CSF clearance through
142 the ChP, we conducted ribosomal profiling to investigate transcripts that are prioritized for
143 translation in embryonic (E16.5) and adult (2 mo) ChP, using Translating Ribosomal Affinity
144 Purification (TRAP; Heiman et al., 2008). ChP epithelial cells were targeted by crossing
145 *FoxJ1:cre* mice (Zhang et al., 2007) with *TRAP (EGFP:L10a)* mice (Heiman et al., 2008) (**Fig.**
146 **2A, Supplementary Fig. 4A, B**), and mRNA associated with the L10a ribosomal subunit were
147 purified for sequencing.

148 TRAP analyses revealed 1967 differentially translated transcripts (adjusted $p < 0.05$)
149 between E16.5 and 2mo adult ChP: 1119 enriched at E16.5 and 847 enriched at 2mo (**Fig. 2B**).
150 Gene set and pathway analyses revealed developmentally regulated ChP programs. Adult (2mo)
151 ChP had enriched functional gene sets associated with active transmembrane membrane
152 transport and mitochondria, which is consistent with our abovementioned findings on
153 metabolism changes (**Fig. 2C**). Specifically, cation transport was enriched, supporting the
154 hypothesis of ChP mediating CSF K^+ transport postnatally (**Fig. 2C, D**). Enriched pathways in
155 the 2mo adult included secretion associated pathways named for other, better studied secretory
156 processes, including salivary and pancreatic secretion, all of which have a special emphasis on
157 water and ion transmembrane transport (**Supplementary Fig. 4C (red), D**). Consistent with a
158 rise in fluid and ion modulating machinery, there was a striking enrichment of more

159 transmembrane and signal peptide-containing transcripts in adult ChP (**Supplementary Fig. 4E,**
160 **F**). These results indicate that the ChP specifically gained fluid and ion modulatory functions
161 postnatally.

162

163 **NKCC1 is poised to mediate perinatal ChP CSF K⁺ and water clearance**

164 Among all fluid and ion modulating candidates with increasing postnatal expression
165 (**Supplementary Fig. 4G, H**), we identified NKCC1 (*Slc12a2*) as the candidate most likely to
166 mediate CSF clearance. NKCC1 is functionally related to Na⁺/K⁺-ATPase (*Atp1a1* and *Atp1b1*),
167 as the latter actively maintains the Na⁺/K⁺ gradient that powers NKCC1. Both Na⁺/K⁺-ATPase
168 and NKCC1 are capable of CSF K⁺ clearance, but NKCC1 was of particular interest because (1)
169 it is a co-transporter of K⁺ and water (Zeuthen and Macaulay, 2012, Steffensen et al., 2018); and
170 (2) the activity of NKCC1 can be further modified by phosphorylation (Darman and Forbush,
171 2002), lending additional control to its fluid/ion modulatory capacity. In addition, NKCC1 is
172 particularly enriched in the ChP and does not impact broad functionality like the Na⁺/K⁺-ATPase
173 does, both of which are ideal features for a functional therapeutic intervention target. We refined
174 our temporal expression analyses of NKCC1, ATP1a1, ATP1b1, and Klotho (*Kl*), which
175 contributes to the membrane localization of the Na⁺/K⁺-ATPase (Razzaque, 2008, Sopjani et al.,
176 2011) (**Fig. 2E**), by sampling weekly from P0 to P28 and then at 2mo and confirmed increased
177 expression of transcript and protein for each component across developmental time (**Fig. 2F, G,**
178 **Supplementary Fig. 5**). The observed changes in NKCC1 total protein were corroborated by an
179 independent approach where the rate of ChP epithelial cell swelling under high [K⁺] challenge
180 (Steffensen et al., 2018) reflected the abundance of NKCC1 protein (**Fig. 2H-J, Supplementary**
181 **Fig. 6**).

182 In addition, we found particularly high levels of phosphorylated, therefore activated
183 (Darman and Forbush, 2002), NKCC1 (pNKCC1) in the ChP of P0-P7 pups, with P7 having
184 peak pNKCC1 levels among all postnatal ages, indicative of increased NKCC1 activity during
185 the first postnatal week (**Fig. 2G**). Similar to the timeline of ChP ATP production (**Fig. 1J**), the
186 timeframe of high ChP pNKCC1 was concurrent with the fast CSF $[K^+]$ decrease during the first
187 postnatal week (**Fig. 1A**), suggesting a functional correlation and further confirming the
188 significance of the early postnatal transitional period. Taken together, we identified ChP NKCC1
189 as the top candidate for mediating postnatal CSF K^+ and water clearance.

190

191 **NKCC1 temporal regulation requires epigenetic control that is implicated in congenital** 192 **hydrocephalus**

193 We found that the temporal profile of NKCC1 expression was tightly regulated at the
194 epigenetic level by modulators implicated in some forms of congenital hydrocephalus. The
195 NuRD complex governs differentiation and maturation of diverse cells and tissues (Goodman
196 and Bonni, 2019). Our previously published RNA sequencing studies (Lun et al., 2015)
197 identified NuRD components, including the ATPase CHD family members (Chd4 being the most
198 highly expressed), the histone deacetylases HDAC1/2, and methyl CpG-binding domain protein
199 MBD3 in the ChP (**Fig. 3A**). *De novo* loss-of-function CHD4 mutations are implicated in some
200 groups of children with congenital hydrocephalus and ventriculomegaly (Weiss et al., 2020). We
201 found that CHD4 localized to nuclei in mouse ChP epithelial cells beginning at P0 (**Fig. 3B**).
202 Immunoprecipitation of CHD4 identified HDAC1, HDAC2, and MBD3 by immunoblotting in
203 mouse ChP (**Fig. 3C**, technical control for Co-IP protocol is shown in **Supplementary Fig. 7**),
204 confirming the existence of the CHD4/NuRD complex in developing ChP. We then disrupted the

205 complex by generating ChP-*Chd4* deficient mice. Cre was expressed in *Chd4* floxed mice (*Chd4*
206 fl/fl) (Williams et al., 2004) using an adeno-associated viral vector (AAV) with tropism for the
207 ChP (AAV2/5) (Haddad et al., 2013), delivered by *in utero* intracerebroventricular (ICV)
208 injection at E14.5. *Chd4* transcript levels dropped to <50% by P7 (**Fig. 3D**). While CHD4
209 protein levels only substantially decreased by P14 (**Fig. 3E, G**), we found that the developmental
210 increase of ChP NKCC1 expression was disrupted as soon as the CHD4 protein decreased and
211 lasted at least until P28 (**Fig. 3F, G**). Similar results were also observed in 4VChP (**Fig. 3H, I**).
212 The expression of other developmentally regulated, functionally relevant candidates (*atp1a1*,
213 *atp1b1*, and *klotho*) was not affected (data not shown). These data confirm that the NuRD/ChD4
214 complex is one of the required components tightly regulating ChP NKCC1 developmental
215 expression.

216

217 **ChP NKCC1 actively mediates CSF clearance during the early postnatal transition phase**

218 To test whether NKCC1 is indeed capable of transporting from CSF into the ChP during
219 the period of rapid CSF [K⁺] decline, we induced NKCC1 overexpression (OE) in developing
220 ChP epithelial cells using AAV2/5. NKCC1 transport directionality follows combined Na⁺, K⁺,
221 Cl⁻ gradients, which are close to being neutral in adult brains and likely to bias towards the CSF-
222 to-ChP direction during the early postnatal phase. NKCC1 protein level would be rate-limiting
223 during the early postnatal time when it is already highly phosphorylated, unlike in older mice
224 where pNKCC1 only represented a small portion of total NKCC1. The goal of this OE approach
225 was to accelerate endogenous ChP NKCC1 transport, thereby revealing its directionality based
226 on whether CSF [K⁺] clearance was enhanced or delayed. AAV2/5-NKCC1, which expresses
227 NKCC1 fused to an HA tag (Somasekharan et al., 2013), or control GFP virus was delivered by

228 *in utero* ICV at E14.5. Successful NKCC1 OE and increased pNKCC1 was confirmed in ChP at
229 P0 (**Fig. 4A-D**). Appropriate localization to apical membranes of epithelial cells, transduction
230 efficiency, and tissue specificity were also validated (**Fig. 4E-I, Supplementary Fig. 8 A, B**).
231 Transcript levels of other K⁺ transporters or channels did not change following AAV2/5-NKCC1
232 transduction (**Supplementary Fig. 8C**). Because CSF [K⁺] sharply decreased from P0 to P7 (**Fig.**
233 **1A**), we sampled CSF from ChP NKCC1 OE and control mice at P1. We found that ChP
234 NKCC1 OE reduced CSF [K⁺] more than controls, with their P1 CSF [K⁺] values closely
235 approximating those normally observed at P7 (**Fig. 4J**), indicating accelerated K⁺ clearance from
236 CSF after enhanced ChP NKCC1 activity. CSF total protein levels were not affected (AAV2/5-
237 GFP = 2.50 ± 0.20 mg/ml vs. AAV2/5-NKCC1 = 2.71 ± 0.46 mg/ml; N = 6 from two litters each;
238 *p* = 0.34, unpaired t-test). Overall, these findings support a model in which, under physiological
239 conditions with high early postnatal CSF [K⁺], ChP NKCC1 transports K⁺ out of CSF.

240 Next, we found that the circulating CSF volume in ChP NKCC1 OE mice was reduced,
241 as reflected by smaller lateral ventricles. To avoid any tissue processing artifacts, we conducted
242 live T2-weighted magnetic resonance imaging (MRI) (**Fig. 5A**) to quantify lateral ventricle
243 volume. AAV-GFP mice were indistinguishable from naive wild-type mice at P14. In contrast,
244 NKCC1 OE mice had reduced lateral ventricle volumes (**Fig. 5A, B**), without decrease in overall
245 brain size (**Fig. 5C**), reflecting less circulating CSF. The difference in ventricle sizes from these
246 same mice was sustained up to our final measurement at P50 (AAV-GFP: 3.12 ± 0.59 mm³ vs.
247 AAV-NKCC1: 1.28 ± 0.28 mm³, * *p* = 0.0182). While the exact transport direction of NKCC1 in
248 adult ChP is still under debate (Delpire and Gagnon, 2019), the consistency in ventricular
249 volume from P14 into later life supports our working model that because a relatively small
250 proportion of ChP NKCC1 was phosphorylated in mice P14 and older (**Fig. 2G**), NKCC1 levels

251 are not rate-limiting and thus OE would not as substantially impact ChP functions in older
252 animals. Collectively, our findings demonstrate that ChP NKCC1 mediated CSF clearance
253 during the first postnatal week. Augmenting this process impacted CSF volume homeostasis in
254 the long term.

255 We then tested and found that enhancing CSF clearance through ChP NKCC1 OE
256 changed how the brain and cranial space adapted to CSF volume changes. Intracranial
257 compliance (C_i) and CSF resistance (R_{CSF}) describe the ability of the entire intracranial space
258 (including brain, meninges, and outflow routes) to accommodate an increasing CSF volume that
259 would otherwise increase intracranial pressure (ICP). In humans, these parameters are measured
260 by a CSF constant rate infusion test (Aquilina et al., 2012, Eide, 2018, Lalou et al., 2018) and
261 can aid in diagnosis and evaluation of conditions like hydrocephalus, which has decreased C_i
262 (Kahle et al., 2016). We developed a miniaturized version of this test to determine the C_i and
263 R_{CSF} in mice. The constant rate infusion test artificially increases CSF volume by ICV infusion
264 of artificial CSF (aCSF), causing ICP to rise and plateau at a new level (**Fig. 5D, E**). The C_i and
265 R_{CSF} are estimated from the ICP vs. time curve using Marmarou's model of CSF dynamics
266 (Czosnyka et al., 2012) (**Supplementary Fig. 9A**). Simply put, the C_i is proportional to the rate
267 of ICP increase, and the R_{CSF} is related to the level of the post-infusion ICP plateau (**Fig. 5E**). As
268 a quality control for the correct placement of infusion and measurement catheter, arterial and
269 respiratory pulsations were clearly visible in the ICP waveform and their amplitude increased
270 with volume load as expected (**Supplementary Fig. 9B, C**). Using this approach, we found that
271 ChP NKCC1 OE significantly increased C_i at an age of 5-7 weeks (**Fig. 5F, G**), consistent with
272 the brain having greater capacity for CSF in ventricles "deflated" due to excessive CSF clearance.
273 Resting ICP and R_{CSF} were unchanged (**Fig. 5H, I**).

274

275 **Enhanced ChP NKCC1 function mitigates ventriculomegaly in a model of obstructive**
276 **hydrocephalus**

277 Our findings of enhanced CSF clearance after ChP NKCC1 OE indicate that ChP
278 NKCC1 can remove excess CSF. Therefore, we hypothesized that ChP NKCC1 OE expression
279 could mitigate ventriculomegaly in a model of postnatal obstructive hydrocephalus. We first
280 overexpressed ChP NKCC1 at E14.5 by in utero AAV2/5 ICV, then introduced obstructive
281 hydrocephalus by a single unilateral injecting of kaolin into the lateral ventricle at P4 (Shaolin et
282 al., 2015), and finally evaluated the lateral ventricle volumes by live T2 MRI at P14 (**Fig. 6A**).
283 While both NKCC1 OE and control mice had enlarged ventricles at P14, NKCC1 OE mice had
284 reduced ventriculomegaly compared to controls, with the average ventricle volume being less
285 than 1/3 of the controls (**Fig. 6B-D**; ventricles marked by blue arrows; kaolin deposits marked by
286 red arrows). Taken together, our findings demonstrate that early, ChP targeted NKCC1 OE has a
287 sustained and broad impact on specific volumetric and biophysical parameters of the intracranial
288 space with potential therapeutic applications to hydrocephalus.

289

290 **DISCUSSION**

291 In this study we sought to understand how CSF is cleared from the brain before the
292 development of canonical CSF outflow routes (e.g. arachnoid granulations and meningeal
293 lymphatics) (Antila et al., 2017, Munk et al., 2019). The intervening time period is a critical,
294 transient phase in brain development when failure of CSF clearance has debilitating
295 consequences (Volpe, 2008). Our results suggest that this period is defined by rapid decrease in
296 CSF K^+ . The ChP mediates the CSF K^+ clearance during this transition period, and thus forms a
297 CSF outflow route through ion and water co-transport by NKCC1 (**Fig. 7**). This CSF clearance
298 by the ChP contrasts the prevailing models that ChP constantly, unidirectionally secretes CSF.
299 Taken together, we discovered an unconventional, precisely timed, function of the developing
300 ChP that clears CSF prior to the formation of other canonical routes, and provides targets for
301 fluid management intervention during a critical transition phase of brain development.

302 NKCC1 is a bidirectional transporter, recently discovered to be an important co-
303 transporter of water in the adult ChP (Steffensen et al., 2018). Although clearly established as a
304 key molecular mechanism of CSF regulation, ChP NKCC1 transport direction and its
305 determinants *in vivo* have been actively debated due to the technical challenges of 1) specifically
306 manipulating ChP NKCC1 without affecting NKCC1 in other CSF-contacting cells, instead of
307 ICV application of chemicals such as NKCC1 inhibitor bumetanide; and 2) accurately
308 determining intracellular ion levels of ChP epithelial cells, and therefore ion gradients, under
309 physiological conditions, as summarized in **Supplementary Table 1** and reviewed by Delpire
310 and Gagnon (Delpire and Gagnon, 2019). Our *in vivo* “gain-of-function” approach effectively
311 bypasses the abovementioned technical limitations. By overexpressing NKCC1 specifically in
312 the ChP through AAV transduction to amplify its physiological functional impact, we could

313 subsequently observe the resulting CSF K^+ and fluid volume changes to reveal the transporter's
314 native directionality. Using this approach, we found that, in contrast to the common notion that
315 the ChP constantly produces CSF, NKCC1 in the ChP mediated CSF clearance when CSF [K^+]
316 is above adult values, especially during the first postnatal week in mice. This phase corresponds
317 to the third trimester to 6 months after birth in human, which represents a window of high
318 vulnerability to congenial fluid disorders (Volpe, 2008).

319 We next demonstrated that the ChP clearance of CSF can be targeted to temper abnormal
320 CSF accumulation. The ChP has been targeted for therapeutic manipulation in rodent models of
321 neurologic diseases ranging from Huntington's disease and lysosomal storage disorders, to
322 Alzheimer's disease, where transduction of exogenous gene products into ependymal or ChP
323 epithelial cells has improved cardinal symptoms of disease (Kaler, 1994, Hudry et al., 2013).
324 Encouragingly, we showed that enhancing ChP epithelial cell NKCC1 transport capacity
325 lessened the severity of ventriculomegaly in a model of obstructive hydrocephalus. Our data
326 demonstrate the possibility of tempering congenital hydrocephalus by augmenting endogenous
327 ChP NKCC1 activity to increase CSF absorption rates during early development when CSF [K^+]
328 is high. In addition, because ChP CSF absorption via NKCC1 is driven by increased CSF [K^+],
329 this mechanism may come into play in other pathogenic conditions where CSF [K^+] is transiently
330 increased, such as after tissue injury or ventricular bleeding. Therefore, our findings emphasize
331 the ChP as a targetable, K^+ -sensitive and on-demand CSF drainage route in neurological
332 disorders where CSF homeostasis is disrupted.

333 Further, in light of recent findings reporting hydrocephalus and ventriculomegaly in
334 children with *de novo* loss-of-function CHD4 mutations (Weiss et al., 2020), we found that the
335 CHD4/NuRD complex is required for the developmental regulation of NKCC1 expression. This

336 connection suggests a possible pathophysiological mechanism whereby lack of CHD4 activity
337 might reduce NKCC1 levels during early development (equivalent to P0-P7 in mice), and lead to
338 insufficient CSF clearance resulting in hydrocephalus. In our loxP-cre approach, most CHD4
339 protein knockdown and resulting stagnation of NKCC1 expression occurred by P14, which is
340 beyond the critical window of NKCC1 activity at P0-P7. As such, we did not model
341 developmental ventriculomegaly with this approach. Improved genetic tools for early CHD4
342 knockout and new animal models harboring the *de novo* patient mutations would be required to
343 fully unravel the regulatory connection between CHD4/NuRD complex and NKCC1.

344 A key question that emerges from this work is: If the ChP is acting as an outflow
345 pathway rather than a source of CSF during this transitional developmental phase – where does
346 the early CSF water content come from? One mechanism that could be acting at this stage is CSF
347 secretion by the developing brain tissue (e.g. progenitor cells that have a cell body at the
348 ventricular zone but extend their basal processes to the developing pia) which secretes CSF
349 immediately after neural tube closure (Gato et al., 2014). Future studies should elucidate whether
350 this mechanism extends into this transitional phase. Consistent with progenitor involvement in
351 CSF dynamics, recent identification of genes driving pediatric hydrocephalus shows affected
352 genes to be expressed predominantly by cortical progenitor cells lining the brain's ventricles
353 (Furey et al., 2018), and not the ChP, suggesting a non-choroidal source of CSF as an alternative
354 contributor to abnormal CSF production.

355 In addition to fluid regulation, the newly identified ChP clearance route provides a key
356 mechanism to regulate extracellular K^+ during the first postnatal week. The subunits of the major
357 system for moving K^+ against its individual concentration gradient, the Na^+/K^+ -ATPase (i.e.
358 *Atp1a1* and *Atp1b1*), were not yet at their full expression levels during this period. The ChP

359 NKCC1-mediated K^+ clearance mechanism might assist in establishing the K^+ gradient in a
360 timely manner, which is crucial for cellular physiology (Rasmussen et al., 2020). Notably, the
361 period of rapidly decreasing CSF [K^+] overlaps with the developmental phase when the
362 excitatory-to-inhibitory “GABA switch” occurs. In early cortical progenitor cells that reside in
363 the ventricular zone and are bathed by CSF, the classic inhibitory neurotransmitter GABA leads
364 to excitatory potentials and suppression of DNA synthesis (LoTurco et al., 1995). As newborn
365 cortical neurons differentiate and migrate away from the ventricular zone, GABA switches to
366 adopt the more classic role as an inhibitory neurotransmitter by lowering intracellular Cl^- (Owens
367 et al., 1999) which is achieved through coordinated activities of neuronal K^+/Cl^- co-transporters
368 KCC2 and NKCC1 (Pisella et al., 2019, Watanabe et al., 2019). Because ions, including K^+ , can
369 traffic from CSF into interstitial fluid (Cserr, 1965, Fencel et al., 1966), any interference with the
370 developmental timeline of ChP NKCC1 that resulted in delayed CSF K^+ clearance could
371 potentially increase extracellular/interstitial fluid [K^+] and affect neural physiology (Rasmussen
372 et al., 2020). Specifically, such a change in extracellular/interstitial fluid [K^+] could
373 fundamentally impact neuronal NKCC1 and KCC2 transport equilibrium, potentially
374 contributing to a delayed GABA switch, a phenomenon reported in many models of
375 neurodevelopmental and psychiatric disorders including subtypes of autism spectrum disorder
376 (Amin et al., 2017), Rett syndrome (Banerjee et al., 2016), Fragile X syndrome (He et al., 2014),
377 schizophrenia (Hyde et al., 2011), and Down syndrome (Deidda et al., 2015). Furthermore,
378 extracellular [K^+] and certain K^+ channels also regulate activities of microglia (Madry et al.,
379 2018), which are critical in synaptic pruning during postnatal neurodevelopment in mice
380 (Schafer et al., 2012). Thus, the ChP is poised to play important roles in proper CNS formation
381 by creating and maintaining desirable extracellular ionic homeostasis at different developmental

382 stages, with subsequent effects on neuronal maturation, circuit formation, and
383 neuroinflammatory homeostasis.

384 Beyond key findings and implications during this critical transitional developmental stage,
385 our study introduced a murine ICP measurement device combined with constant CSF infusion.
386 This approach provides a much-needed advance in fluid research technology that can be broadly
387 applied to study essentially all CSF dynamic systems across the mouse lifespan. We adapted our
388 tool from clinical practice to provide a range of options for measuring global cerebral fluid states
389 that reflect the interaction between CSF and cranial tissues. In later life, CSF homeostasis is
390 maintained by collaborative efforts from multiple players in the brain, including the ChP, the
391 dural lymphatics (Antila et al., 2017), glymphatics (Munk et al., 2019), leptomeningeal
392 vasculature (Li et al., 2020), and the ependyma (Spassky et al., 2005). While this approach
393 measures overall cranial fluid dynamics as one single unit, future applications could apply
394 mathematical models that have been proposed to isolate the contribution of distinct CSF outflow
395 routes using data acquired from human patients (Vinje et al., 2020). Such adaptability secures the
396 broadening relevance of our tool and inspires optimism for further improved resolution in
397 studying brain fluid dynamics. Availability of this new tool also allows future researchers to
398 obtain measurements in support of the growing comprehensive “systems” view of regulatory
399 mechanisms of CSF-brain interactions.

400 In summary, our study presents a critical transient phase when the ChP acts as a non-
401 canonical route for CSF clearance prior to the maturation of other canonical clearance pathways.
402 ChP NKCC1 mediates CSF clearance in a K^+ -dependent manner. Targeting this absorption route
403 holds promise in improving fluid management for congenital hydrocephalus and other CSF
404 disorders.

405 **ACKNOWLEDGEMENTS**

406 We thank members of the Lehtinen, Heiman, and Warf labs for helpful discussions;
407 Nancy Chamberlin for critical reading of the manuscript; Katia Georgopoulos for sharing the
408 *Chd4* fl/fl mouse line and associated genotyping methods; P. Ellen Grant for the ICP monitor.
409 We thank the following facility and personnel: Maria Ericsson and HMS EM facility; Yaotang
410 Wu and Michael Marcotrigiano and BCH Small Animal Imaging Laboratory; the MIT BioMicro
411 Center (TRAP sequencing); BCH viral core and University of Pennsylvania Vector Core.

412 Funding: NIH T32 HL110852 (RMF and JC); William Randolph Hearst Fund (JC); NSF
413 Graduate Research Fellowship Program (FBS); OFD/BTREC/CTREC Faculty Development
414 Fellowship Award (RMF); Simons Foundation Autism Research Awards (IDs 590293 and
415 645596 for CN and DS, respectively). NIH R01 AI130591 and R35 HL145242 (MJH); NIH R00
416 HD083512 (P-YL) and R01 HD096693 (P-YL & BCW); BCH Pilot Grant, Pediatric
417 Hydrocephalus Foundation, Hydrocephalus Association, Human Frontier Science Program
418 (HFSP) research program grant #RGP0063/2018, NIH R01 NS088566, the New York Stem Cell
419 Foundation (MKL); and BCH IDDRC 1U54HD090255. M.K. Lehtinen is a New York Stem Cell
420 Foundation – Robertson Investigator.

421
422 **Author contributions:** H.X., R.M.F., C.S. J.S., P.-Y. L., B.C.W., F.B.S., J.C., D.S., C.N., and
423 M.K.L. designed and performed experiments; H.X., R.M.F., C.S., and J.S. analyzed the data;
424 Y.Z. and M.J.H. provided material; A.V., F.G., and M.H. provided technological support; H.X.,
425 R.M.F., and M.K.L. wrote the manuscript. All co-authors edited the manuscript.

426

427 **Declaration of interests:** The authors declare that no competing interests exist.

428 **METHODS**

429 Mice

430 The Boston Children's Hospital IACUC approved all experiments involving mice in this
431 study. Timed pregnant CD1 dams were obtained from Charles River Laboratories. Mice with
432 germline loxP-CHD4-loxP were imported from MGH and bred in-house. Both male and female
433 mice were equally included in the study and were analyzed at postnatal day 0, 7, 14, 21, 28, 5-
434 7weeks, and 2+ months. Animals were housed in a temperature-controlled room on a 12-hr
435 light/12-hr dark cycle and had free access to food and water. For studies involving mice younger
436 than postnatal day 10, all mice were allocated into groups based solely on the gestational age
437 without respect to sex (both males and females were included). For studies involving mice older
438 than 10 days, both male and female are included intentionally.

439 CSF Collection and Metal Detection

440 CSF was collected by from cisterna magna using a glass capillary, and collected CSF was
441 centrifuged at 10,000xg for 10min at 4°C to remove any tissue debris. Metal quantifications were
442 performed by Galbraith Laboratories, Inc. (Knoxville, TN, USA). Inductively coupled plasma -
443 optical emission spectrometry (ICP-OES) was used for K and Na quantification, and ion
444 chromatography (IC) was used for the Cl⁻ quantification. All tests were performed using 5-7μL
445 of CSF.

446 TRAP

447 Mice aged 8 weeks or E16.5 from the *Foxj1:Cre* x EGFP-L10a Bacterial Artificial
448 Chromosome (BAC) transgenic lines (N=3, each N included LVChP pooled from 3 mice) were
449 used and brain tissue was immediately dissected and used for TRAP RNA purifications as

450 previously described (Heiman et al., 2008). RNA quality was assessed using Bioanalyzer Pico
451 Chips (Agilent, 5067-1513) and quantified using Quant-iT RiboGreen RNA assay kit (Thermo
452 Fisher Scientific R11490). Libraries were prepared using Clontech SMARTer Pico with
453 ribodepletion and Illumina HiSeq to 50NT single end reads. Sequencing was performed at the
454 MIT BioMicroCenter.

455 Sequencing Data Analysis

456 The raw fastq data of 50-bp single-end sequencing reads were aligned to the mouse
457 mm10 reference genome using STAR 2.4.0 RNA-Seq aligner (Dobin et al., 2013). The mapped
458 reads were processed by htseq-count of HTSeq software (Anders et al., 2015) with mm10 gene
459 annotation to count the number of reads mapped to each gene. The Cuffquant module of the
460 Cufflinks software (Trapnell et al., 2010) was used to calculate gene FPKM (Fragments Per
461 Kilobase of transcript per Million mapped reads) values. Gene differential expression test
462 between different animal groups was performed using DESeq2 package (Love et al., 2014)
463 with the assumption of negative binomial distribution for RNA-Seq data. Genes with adjusted p-
464 value < 0.05 are chosen as differentially expressed genes. All analyses were performed using
465 genes with FPKM > 1, which we considered as the threshold of expression (Figure 2- source
466 data).

467 Sequencing Pathway and Motif Analysis

468 Functional annotation clustering was performed using DAVID v6.7 (Huang da et al.,
469 2009). Gene ontology (GO) analysis was performed using AdvaitaBio iPathway guide V.v1702.
470 Enrichment vs. perturbation analysis was performed by AdvaitaBio iPathway guide V.v1702 and
471 allows comparison of pathway output perturbation and cumulative gene set expression changes.
472 In brief, the enrichment analysis is a straightforward gene-set enrichment over representation

473 analysis (ORA) considering the number of differentially expressed genes (DEGs) that are
474 assigned to a given pathway. The enrichment value is expressed as a proportion of enriched
475 members to total genes in a defined pathway and a p-value (Fisher) is calculated for this score,
476 however false positives have been reported at up to 10% with this method (Draghici et al., 2007).
477 Perturbation, on the other hand, uses pathway data that applies relationships between gene
478 products rather than only using a list. Perturbation assigns an impact score based on a
479 mathematical model that captures the entire topology of the pathway and uses it to calculate how
480 changes in the expression of each gene in the pathway would perturb the absolute output of the
481 pathway (Draghici et al., 2007). Then, these gene perturbations are combined into a total
482 perturbation for the entire pathway and a p-value is calculated by comparing the observed value
483 with what is expected by chance. Motif analyses were performed using SignalP (v5.0; Almagro
484 Armenteros et al., 2019) and TMHMM (v2.0; Sonnhammer et al., 1998).

485 Transmission Electron Microscopy

486 All tissue processing, sectioning, and imaging was carried out at the Conventional
487 Electron Microscopy Facility at Harvard Medical School. Forebrain tissues were fixed in 2.5%
488 Glutaraldehyde/2% Paraformaldehyde in 0.1 M sodium cacodylate buffer (pH 7.4). They were
489 then washed in 0.1M cacodylate buffer and postfixed with 1% Osmiumtetroxide (OsO₄)/1.5%
490 Potassiumferrocyanide (K₄Fe(CN)₆) for one hour, washed in water three times and incubated in 1%
491 aqueous uranyl acetate for one hour. This was followed by two washes in water and subsequent
492 dehydration in grades of alcohol (10 minutes each; 50%, 70%, 90%, 2x10min 100%). Samples
493 were then incubated in propyleneoxide for one hour and infiltrated overnight in a 1:1 mixture of
494 propyleneoxide and TAAB Epon (Marivac Canada Inc. St. Laurent, Canada). The following day,
495 the samples were embedded in TAAB Epon and polymerized at 60 degrees C for 48 hours.

496 Ultrathin sections (about 80nm) were cut on a Reichert Ultracut-S microtome, and picked up
497 onto copper grids stained with lead citrate. Sections were examined in a JEOL 1200EX
498 Transmission electron microscope or a TecnaiG² Spirit BioTWIN. Images were recorded with an
499 AMT 2k CCD camera.

500 Glycogen and Mitochondrial Quantification

501 Glycogen and mitochondrial quantification was performed by hand using the ImageJ
502 plugin FIJI (Schindelin et al., 2012, Schneider et al., 2012). Percentages were calculated by
503 dividing the area of interest by the total area of ChP epithelial cell within the field of view. No
504 other cell types were included in the analysis. For each condition, analyses were performed
505 across multiple individual animals (N=3 for each age). From each animal, 10-20 fields of view
506 were imaged at 3,000x for glycogen analysis and 5-10 fields of view were imaged at 3,000x for
507 mitochondrial analysis. Each different field of view represented a unique cell or cells, and fields
508 of view were chosen such that both the apical and basal surfaces of the cell were visible. For
509 mitochondrial distribution, a custom MatLab (v.2018) code was written to extract the centroid
510 from mitochondria data traced in ImageJ ROIs (Supplementary file). Then a distance
511 transformation was performed from each mitochondrion centroid to the hand-traced apical or
512 basal surfaces. The shortest distance was extracted to calculate the apical: basal proximity ratio,
513 such that 1= on the apical surface and 0= on the basal surface. The analyses included a total of
514 1747 adult mitochondria, 2241 P7 mitochondria, 2257 P0 mitochondria, and 1123 embryonic
515 mitochondria.

516 Seahorse Metabolic Analysis

517 ChP explants were dissected in HBSS (Fisher, SH30031FS) and maintained on wet ice

518 until plated. Only the posterior leaflet of the P0, P7, and adult ChP was retained for analysis due
519 to empirically determined limitations of the oxygen availability in the XFe96 Agilent Seahorse
520 system. Tissue explants were plated on Seahorse XFe96 spheroid microplates (Agilent, 102905-
521 100) coated with Cell TAK (Corning), in Seahorse XF Base Medium (Agilent, 102353-100)
522 supplemented with 0.18% glucose, 1mM L-glutamine, and 1mM pyruvate at pH7.4 and
523 incubated for 1 hour at 37 °C in a non-CO₂ incubator. Extracellular acidification rates (ECAR)
524 and oxygen consumption rates (OCR) were measured via the Cell Mito Stress Test (Agilent,
525 103015-100) with a Seahorse XFe96Analyzer (Agilent) following the manufacturer's protocols.
526 Data were processed using Wave software (Agilent). ATP production was calculated as the
527 difference in OCR measurements before and after oligomycin injection, as described by the
528 manufacturer's protocol (Agilent, 103015-100). The Cell Mito Stress test was performed 2-5
529 independent times. The individual analyses were performed by averaging the readings from both
530 the right and left hemisphere lateral ventricle ChP for each individual. Data were normalized by
531 Calcein-AM (2μM in PBS, Life Technologies L-3224) fluorescence measured at the end of the
532 assay. Data are presented normalized to the adult levels for each assay to account for any
533 experimental variability.

534 High K⁺ challenge study

535 Fresh LV ChPs were collected from P4 pups and adult mice in room temperature HBSS
536 and glued down onto imaging dishes with coverslip bottom. The tissues were incubated at 37 °C
537 with Calcein-AM (Invitrogen L3224; 1:200) for 10min and then rinsed with 37 °C artificial CSF
538 (aCSF: 119 mM NaCl, 2.5 mM KCl, 26 mM NaHCO₃, 1 mM NaH₂PO₄, 11 mM glucose, with
539 fresh 2.0 mM magnesium chloride and 2.8 mM calcium chloride). The tissues were soaked in
540 1.8ml aCSF at the beginning of each imaging session and allowed to stabilize for 10min. One Z-

541 stack was acquired to reflect the baseline cell volume. Then a 10x KCl solution in aCSF was
542 spiked into the bath to make the final bath K^+ concentration 50mM immediately before imaging
543 subsequent continued. A total of five 3D Z-stacks were acquired throughout a 10-min imaging
544 session to capture changes in cellular volume over time. Each stack took less than 30s to
545 minimize changes in cell volume from the beginning to the end of each stack. All imaging
546 studies were carried out at 37°C. Image stacks were imported into Imaris (Bitplane) software.
547 Individual epithelial cells were identified by shape. Cells with discrete borders that were present
548 at all timepoints and had dark pixels both above and below them in Z for the whole timecourse
549 were selected *a priori* and then traced by hand using the “Surpass” functionality to create a 3D
550 surface volume through all Z stacks based on Calcein-AM uptake signal. Due to known z-step
551 distance and interpolation between the planes, Imaris calculated the number of voxels for each
552 cell. This analysis was then repeated for the same cell throughout the timecourse. We verified
553 manually that the cell was the same individual based on the topology of the surrounding cells,
554 allowing for adjustment for any x-y drifting that occurred. The relative volume was calculated as
555 dV/V_0 for each timepoint (t) where V_0 is the initial volume of the cell, t is each subsequent
556 timepoint after addition of challenge, and $dV = V_t - V_0$.

557 Tissue processing

558 Samples were fixed in 4% paraformaldehyde (PFA). For cryosectioning, samples were
559 incubated in the following series of solutions: 10% sucrose, 20% sucrose, 30% sucrose, 1:1
560 mixture of 30% sucrose and OCT (overnight), and OCT (1 hour). Samples were frozen in OCT.

561 Immunostaining

562 Cryosections were blocked and permeabilized (0.3% Triton-X-100 in PBS; 5% serum),
563 incubated in primary antibodies overnight and secondary antibodies for 2 hours. Sections were

564 counterstained with Hoechst 33342 (Invitrogen H3570, 1:10000) and mounted using
565 Fluoromount-G (SouthernBiotech). The following primary antibodies were used: chicken anti-
566 GFP (Abcam ab13970; 1:1000), mouse anti-Aqp1 (Santa Cruz sc-32737; 1:100), rabbit anti-
567 CHD4 (Abcam ab72418, 1:200), rabbit anti-NKCC1 (Abcam ab59791; 1:500), rat anti-HA
568 (Roche 11867423001; 1:1000). Secondary antibodies were selected from the Alexa series
569 (Invitrogen, 1:500). Images were acquired using Zeiss LSM880 confocal microscope with 20x
570 objective.

571 Co-IP

572 Tissues were homogenized in NET buffer (150mM NaCl, 10mM Tris 8.0, 5mM EDTA,
573 10% glycerol and 2% Triton-100) supplemented with protease inhibitors. Protein concentration
574 was determined by BCA assay (Thermo Scientific 23227). Lysates with same amount of total
575 protein (250-1000 μ g based on experiments) were pre-cleared at 4° C for 2hr with Protein G
576 agarose and then incubated with desired antibody or control antibody at 4° C overnight (no beads
577 present during antibody incubation). Protein G agarose beads were added to lysate-antibody
578 mixture after overnight incubation for 2hr. Beads were washed thoroughly and then eluted by
579 boiling in 2% SDS. ChP tissues were pooled across 7 litters of P0 pups and 30 adults to achieve
580 sufficient protein for Co-IP.

581 Immunoblotting

582 Tissues were homogenized in RIPA buffer supplemented with protease and phosphatase
583 inhibitors. Protein concentration was determined by BCA assay (Thermo Scientific 23227).
584 Samples were denatured in 2% SDS with 2-mercaptoethanol by heating at 37°C (for NKCC1) or
585 95°C (for CHD4 and other NuRD complex proteins) for 5 minutes. Equal amounts of proteins
586 were loaded and separated by electrophoresis in a 4-15% gradient polyacrylamide gel (BioRad

587 #1653320) or NuPAGE 4-12% Bis-Tris gel (Invitrogen #NP0322), transferred to a nitrocellulose
588 membrane (250mA, 1.5 hours, on ice), blocked in filtered 5% BSA or milk in TBST, incubated
589 with primary antibodies overnight at 4°C followed by HRP conjugated secondary antibodies
590 (1:5000) for 1 hour, and visualized with ECL substrate. For phosphorylated protein analysis, the
591 phospho-proteins were probed first, and then blots were stripped (Thermo Scientific 21059) and
592 reprobed for total proteins. For co-IP protein analysis, TrueBlot secondary antibody (eBioscience
593 18-8816-33) was used to detect only non-denatured IgG and avoid background signal from IP
594 antibody. The following primary antibodies were used: rabbit anti-NKCC1 (Abcam ab59791;
595 1:1000), rabbit anti-pNKCC1 (EMD Millipore ABS1004; 1:1000), rabbit anti-ATP1a1 (Upstate
596 C464.6/05-369; 1:250, goat-anti-klotho (R&D AF1819-sp; 1:200), rabbit anti-GAPDH (Sigma
597 G9545; 1:10000), mouse anti-HA (Abcam ab130275; 1:1000), rabbit anti-CHD4 (Abcam
598 ab72418; 1:2000), rabbit anti-MBD3 (Abcam ab157464; 1:1000), rabbit anti-HDAC1 (Abcam
599 ab7028; 1:2000), mouse anti-HDAC2 (Abcam 51832; 1:2000).

600 Quantitative RT-PCR

601 For mRNA expression analyses, the ChP were collected and pooled from 2 pups. RNA
602 was isolated using the MirVana miRNA isolation kit (Invitrogen AM1561) following
603 manufacturer's specifications without miRNA enrichment step. Extracted RNA was quantified
604 spectrophotometrically and 100ng was reverse-transcribed into cDNA using the High Capacity
605 cDNA Reverse Transcription kit (Applied Biosystems #4368814) following manufacturer's
606 specifications. RT-qPCRs were performed in duplicate using Taqman Gene Expression Assays
607 and Taqman Gene Expression Master Mix (Applied Biosystems) with GAPDH as an internal
608 control. Cycling was executed using the StepOnePlus Real-Time PCR System (Invitrogen) and
609 analysis of relative gene expression was performed using the $2^{-\Delta\Delta CT}$ method. Technical replicates

610 were averaged for their cycling thresholds and further calculations were performed with those
611 means.

612 *In utero* intracerebroventricular injection (ICV)

613 Timed pregnant mice (E14.5) were deeply anesthetized by isoflurane and placed on warm
614 pads. Laparotomy was performed and AAV solution was delivered into the lateral ventricle of
615 each embryo using glass capillary pipettes. The abdominal incision was then sutured. Meloxicam
616 analgesia was longitudinally delivered according to IACUC protocol.

617 Intraventricular kaolin injection in postnatal pups

618 Postnatal day 4 pups (P4) were deeply anesthetized by hypothermia. 1 μ l of sterile kaolin
619 solution (25% in PBS) was delivered into the left lateral ventricle using glass capillary pipettes.
620 The lateral ventricle location was determined as in between bregma and lambda, and 1mm from
621 mid-line. The pups were then warmed and returned to the dam.

622 AAV production

623 The original AAV-NKCC1 plasmid was purchased from Addgene (pcDNA3.1 HA CFP
624 hNKCC1 WT (NT15-H) was a gift from Biff Forbush: Addgene plasmid # 49077;
625 <http://n2t.net/addgene:49077>; RRID:Addgene_49077). The plasmid carries an 3xHA tag at the
626 N-terminal of NKCC1 to allow detection and separation from endogenous NKCC1. The CFP tag
627 was removed by BsaI digestion to reduce insert size for AAV production. Virus production and
628 purification were performed by the Penn Vector Core. Due to the very large size of the plasmid
629 we experienced variable infection efficiency. All mice receiving AAV-NKCC1 were analyzed
630 for HA expression after every experiment to confirm infection efficiency. AAV-GFP and AAV-
631 Cre were purchased from BCH viral core at Boston Children's Hospital.

632 Magnetic resonance imaging (MRI)

633 Mice were imaged using Bruker BioSpec small animal MRI (7T) at 2wk and P50 while
634 under anesthesia by isoflurane. A warm pad was used to maintain body temperature. Breathing
635 rate and heart rate were monitored to reflect the depth of anesthesia. All axial T2 images were
636 acquired using the following criteria: TE/TR=60/4000; Ave=8; RARE=4; slice thickness=0.6mm.
637 Ventricle volumes were calculated by manual segmentation using FIJI/ImageJ. In studies with
638 unilateral kaolin injection, 3D reconstruction of the ventricles was performed by manual
639 segmentation in ITK-SNAP (Madan, 2015) and exported through ParaView.

640 Constant rate CSF infusion test (ICP and compliance measurement)

641 An apparatus was developed to perform a constant infusion test in mice through a single
642 catheter for both infusion of CSF and monitoring of ICP. A 20cc syringe was filled with aCSF
643 and placed in an automated infusion pump (GenieTouch, Kent Scientific Co., Denver) and set to
644 deliver a constant rate infusion of 1-4 μ L/minute. The syringe was connected via pressure tubing
645 to hemostasis valve Y connector (Qosina, NY). A fiberoptic ICP sensor (Fiso Technologies Inc,
646 Québec, Canada) was inserted through the other port of the rotating hemostat and then into 0.55
647 mm diameter catheter until the sensor was flush with the catheter's distal tip. The entire
648 apparatus and tubing was carefully screened to ensure the absence of air bubbles. Adult mice
649 were then deeply anesthetized, placed on a warm pad, and head-fixed with ear bars. The distal
650 end of the infusion device (catheter with fiberoptic sensor) was placed inside lateral ventricle (-
651 0.4mm (anterior-posterior) and 1.2mm (medial-lateral) with respect to Bregma, and a depth of 2
652 mm from the outer edge of the skull); the catheter was then sealed with Vetbond (3M,
653 Minnesota). Intraventricular access and water-tight seal was confirmed by observation of arterial
654 and respiratory waveforms in the ICP signal and a transient rise in ICP upon gentle compression

655 of the abdomen and thorax. Two minutes of baseline ICP were recorded before initiating the
656 infusion of aCSF. As the infusion proceeded, careful observation was made of the mouse's
657 respiratory rate. After the ICP level reached a new plateau, the infusion was discontinued. The
658 procedure was terminal. Parameters of the Marmarou model of CSF dynamics for constant rate
659 infusions were estimated by a non-linear least squares fit of the model to the ICP data (Czosnyka
660 et al., 2012)

$$ICP(t) = \frac{\left[i_{infusion} + \frac{ICP_{baseline} - p_0}{R_{CSF}} \right] \cdot [ICP_{baseline} - p_0]}{\frac{ICP_{baseline} - p_0}{R_{CSF}} + i_{infusion} \cdot \left[e^{-\frac{\left[i_{infusion} + \frac{ICP_{baseline} - p_0}{R_{CSF}} \right] \cdot t}{C_i}} \right]}$$

661 where $i_{infusion}$ is the rate of infusion, $ICP_{baseline}$ is the ICP level before infusion, p_0 is a pressure in
662 the storage arm of the model, R_{CSF} is the resistance to CSF outflow, and C_i is the compliance
663 coefficient.

664 QUANTIFICATION AND STATISTICAL ANALYSIS

665 Biological replicates (N) were defined as samples from distinct individual animals,
666 analyzed either in the same experiment or within multiple experiments, with the exception when
667 individual animal could not provide sufficient sample (i.e. CSF), in which case multiple animals
668 were pooled into one biological replicate and the details are stated in the corresponding figure
669 legends. Statistical analyses were performed using Prism 7 or R. Outliers were excluded using
670 ROUT method (Q = 1%). Appropriate statistical tests were selected based on the distribution of
671 data, homogeneity of variances, and sample size. The majority of the analyses were done using
672 One-way ANOVA with multiple comparison correction (Sidak) or Welch's unpaired t-test,
673 except for Fig. 1E-G, and Fig. 1I-J where the analysis was done by Welch's ANOVA with
674 Dunnett's T3 multiple comparison test, and Fig. 1L where the analysis was done using

675 Kolmogorov-Smirnov test. F tests or Bartlett's tests were used to assess homogeneity of
676 variances between data sets. Parametric tests (t-test, ANOVA) were used only if data were
677 normally distributed and variances were approximately equal. Otherwise, nonparametric
678 alternatives were chosen. Data are presented as means \pm standard deviation (SD). If multiple
679 measurements were taken from a single individual, data are presented as means \pm standard errors
680 of the mean (SEMs). Please refer to figure legends for sample size. p values < 0.05 were
681 considered significant (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$). Exact p values
682 can be found in the figure legends. P values are also marked in the figures where space allows.
683

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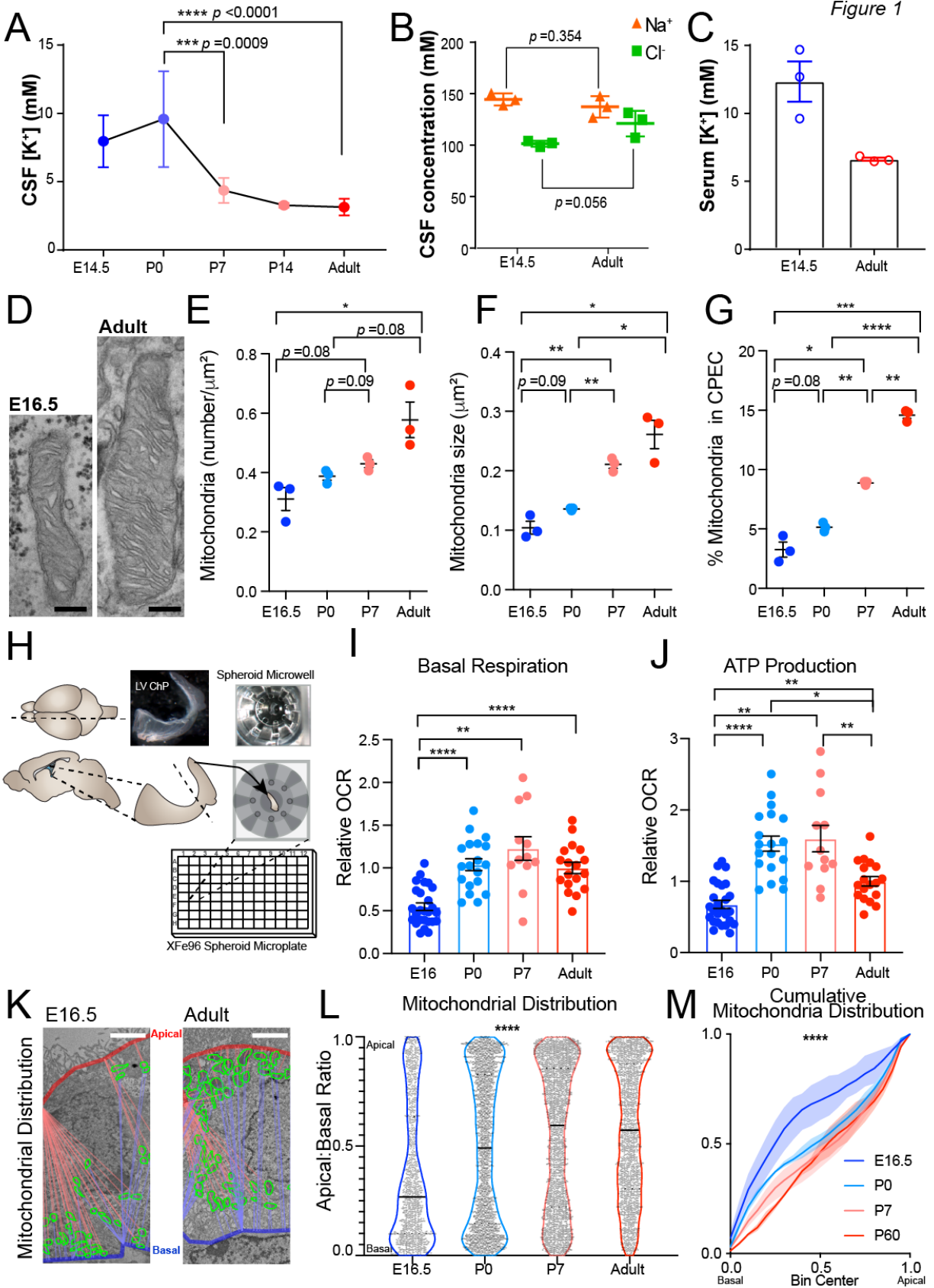
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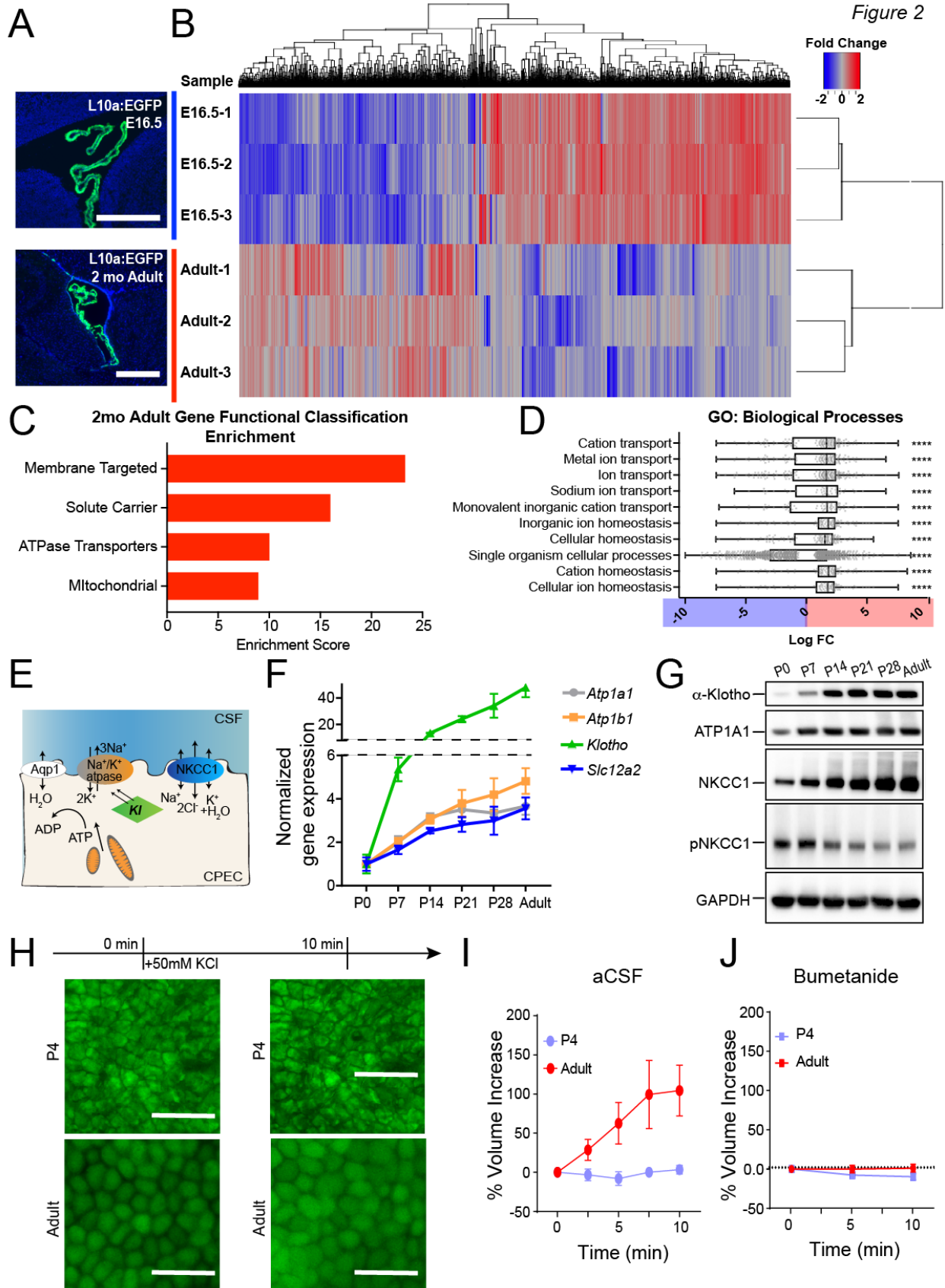
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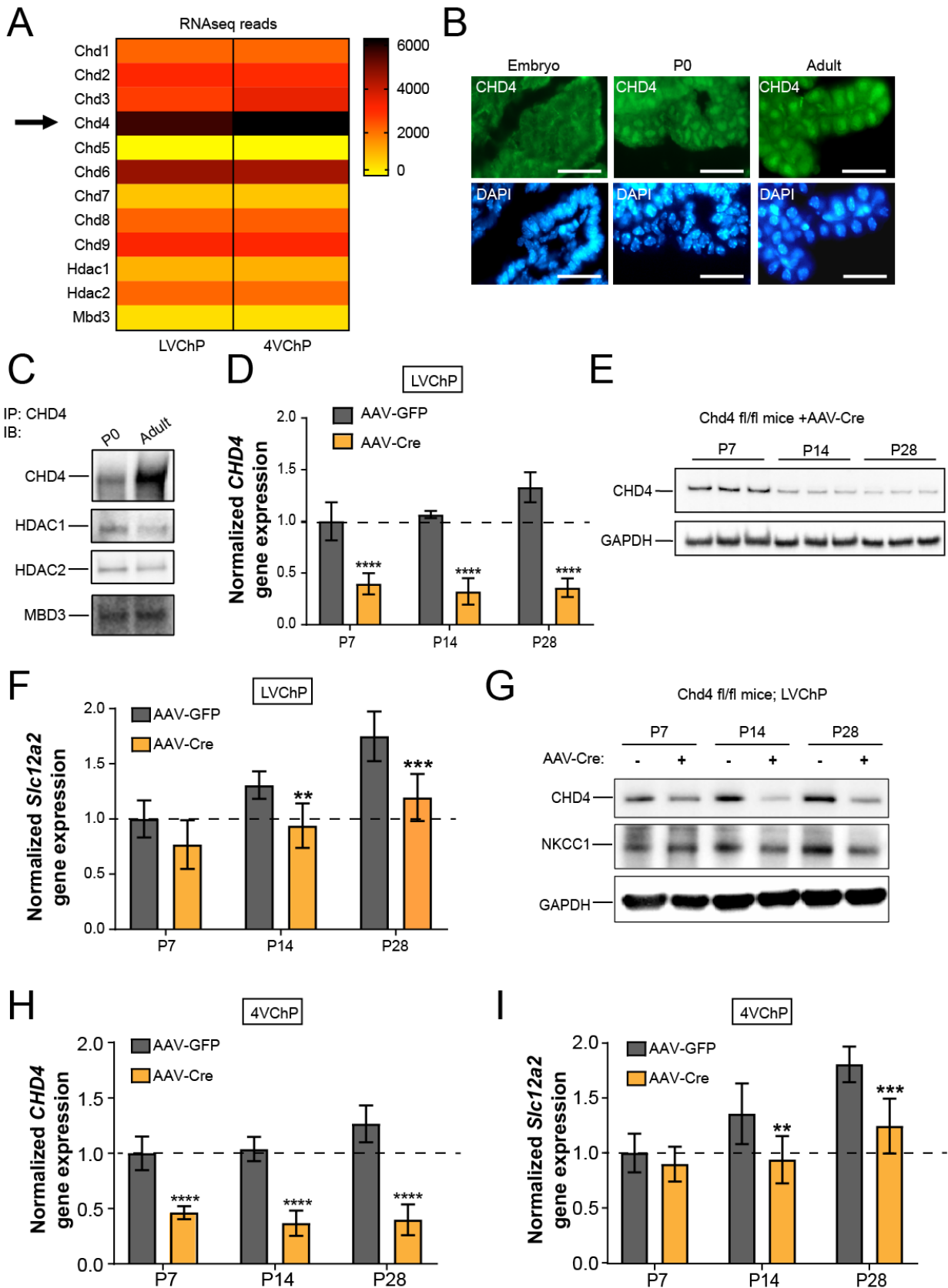


907 **Fig. 1. Postnatal CSF [K⁺] decrease coincides with increased ChP metabolism. (A)** ICP-OES
908 quantification of CSF [K⁺]. N = 6, **** $p < 0.0001$ by one-way ANOVA. Sidak's test was used
909 for P0 vs. P7 and P0 vs. adult comparison. *** $p = 0.0009$, **** $p < 0.0001$. **(B)** ICP-OES and
910 IC measurements of E14.5 and adult mouse CSF [Na⁺] and [Cl⁻]. N=3; Welch's t-test. **(C)** ICP-
911 OES measurements of embryo vs. adult mouse serum [K⁺]. N=3. **(D)** Transmission micrographs
912 of mitochondria in LVChP. **(E-G)** Quantification of mitochondrial number **(E)**, area **(F)**, and %
913 area occupancy **(G)** in ChP epithelial cells. N =3 animals, 5-10 FOV per animal, * $p < 0.05$, ** p
914 < 0.01 , *** $p < 0.005$, **** $p < 0.001$; Welch's t-test. **(H)** Schematic of explant-based Agilent
915 Seahorse XFe96 test. **(I-J)** Oxidative respiration metrics over development. * $p < 0.05$, ** $p <$
916 0.01 , **** $p < 0.0001$; Welch's ANOVA with Dunnett's T3 multiple comparison test. **(K-L)**
917 Mitochondrial distribution between the apical and basal surfaces (Apical: Basal proximity ratio).
918 1 = apical surface. 0 = basal surface. Solid line indicates median and dashed line indicates
919 upper/lower quartiles. **** $p < 0.0001$; Kolmogorov–Smirnov test. **(M)** Cumulative distribution
920 of mitochondrial localization. Solid lines are the mean, shaded area represents the range. Scale
921 bar (d) = 250nm, (k) = 2 μ m. Unless otherwise noted, all quantitative data are presented as Mean
922 \pm SEM.
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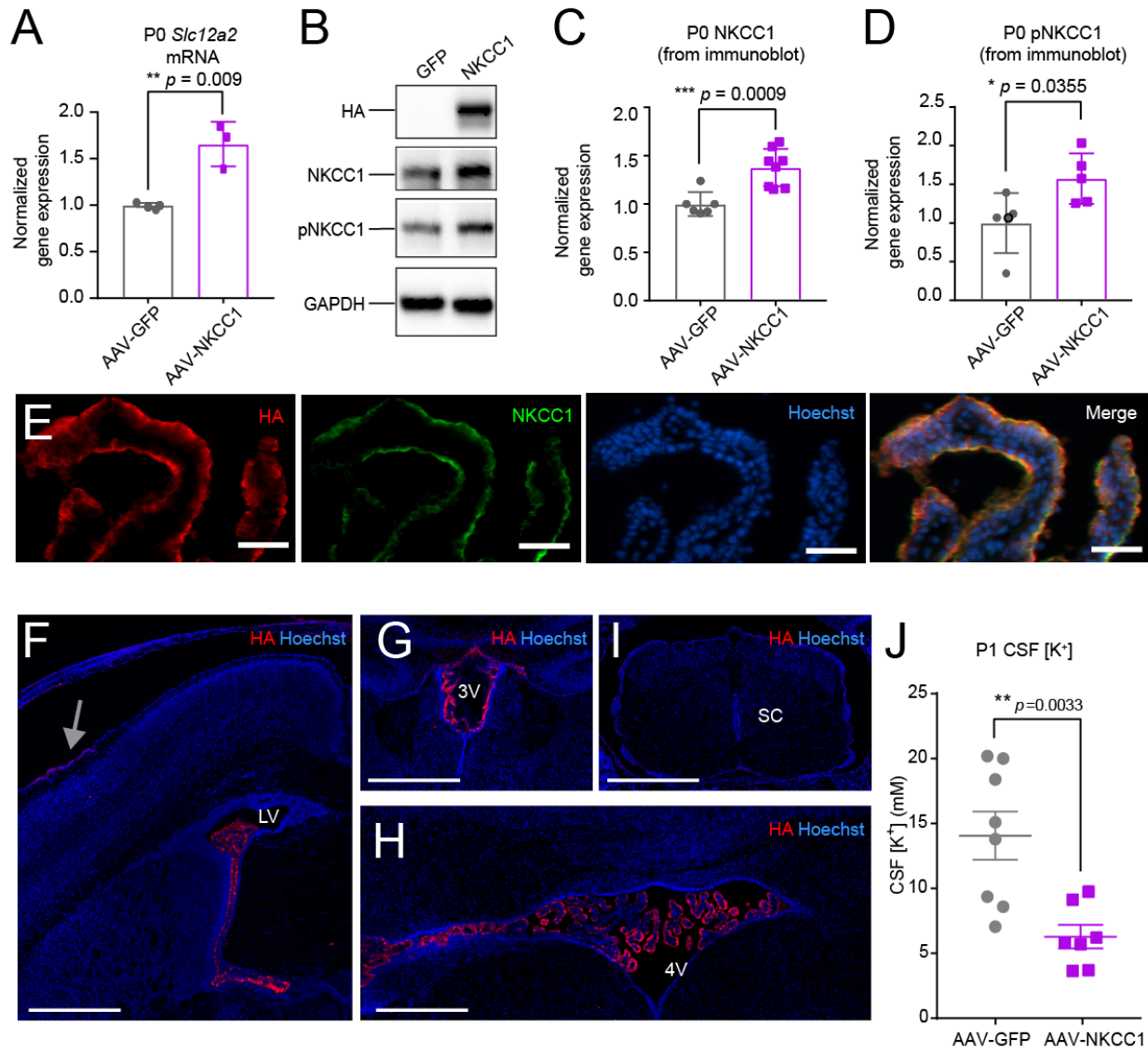
925 **Fig. 2. Choroid plexus epithelial cells display age-dependent translation of ion and water**
926 **transporters, in particular NKCC1. (A)** Rpl10a-conjugated EGFP expression in ChP epithelial
927 cells after *Foxj1*-Cre recombination in TRAP-BAC mice. **(B)** Heatmap and hierarchical
928 clustering of differentially expressed genes (adjusted $p < 0.05$). **(C)** Top 4 gene functional
929 clusters shown by DAVID to be enriched in Adult ChP epithelial cells over E16.5 ChP epithelial
930 cells. **(D)** Top 10 significantly enriched gene ontology (GO) terms for “Biological processes”.
931 Plotted with boxes for quartiles and whiskers for 5th and 95th percentiles. The \log_{10} fold change
932 (LogFC) is plotted for each expressed gene for the network. Positive values (red) indicate Adult
933 enrichment and negative values (blue) indicate E16.5 enrichment. p values are corrected for
934 multiple measures using Bonferroni correction. $**p \leq 0.01$, $***p \leq 0.001$, $****p \leq 0.0001$. **(E)**
935 Schematics demonstrating the interaction of NKCC1, Na^+/K^+ -ATPase, and Klotho on the apical
936 membrane of a ChP epithelial cell (CPEC). **(F-G)** RT-qPCR and immunoblotting of LVChP
937 during postnatal development. **(H)** Fluorescence images of Calcein-AM labeled epithelial cells
938 from LVChP explants under high extracellular K^+ challenge. Scale bar = $50\mu\text{m}$. **(I-J)**
939 Quantification of ChP epithelia cellular volume by IMARIS 3D analysis. Percent volume
940 increase = dV/V_0 for each timepoint (t). V_0 = initial volume of the cell; t = subsequent timepoint
941 after addition of challenge; $dV = V_t - V_0 \times 100\%$. At least 10 cells were analyzed for each explant
942 from one animal; $N = 4$.

Figure 3



944 **Fig. 3. NKCC1 temporal expression requires CHD4/NuRD complex. (A)** RNAseq data
945 showing expression of CHD and other NuRD units by the ChP. **(B)** Immunofluorescence images
946 of CHD4 in the ChP epithelia at E16.5, P0, and adult; Scale bar = 30 μ m. **(C)** Immunoblots of
947 Co-IP by CHD4 antibody. **(D)** RT-qPCR of CHD4 transcripts in ChP with AAV2/5-Cre
948 infection. **** $p < 0.0001$, $N = 7$, Welch's t-test. **(E)** Immunoblot of CHD4 in AAV-cre mice
949 ChP lysate with. **(F)** RT-qPCR of NKCC1 expression in AAV-cre vs. AAV-GFP mice ChP. All
950 values were normalized to P7 AAV-GFP control mice. ** $p = 0.0015$, *** $p < 0.001$, $N = 7$,
951 Welch's t-test. **(G)** Immunoblot of NKCC1 in LVChP lysates from AAV-cre vs. AAV-GFP mice.
952 **(H-I)** CHD4 and NKCC1 RT-qPCR in 4VChP. ** $p = 0.0083$, *** $p < 0.001$, **** $p < 0.0001$,
953 $N = 7$, Welch's t-test.
954

Figure 4



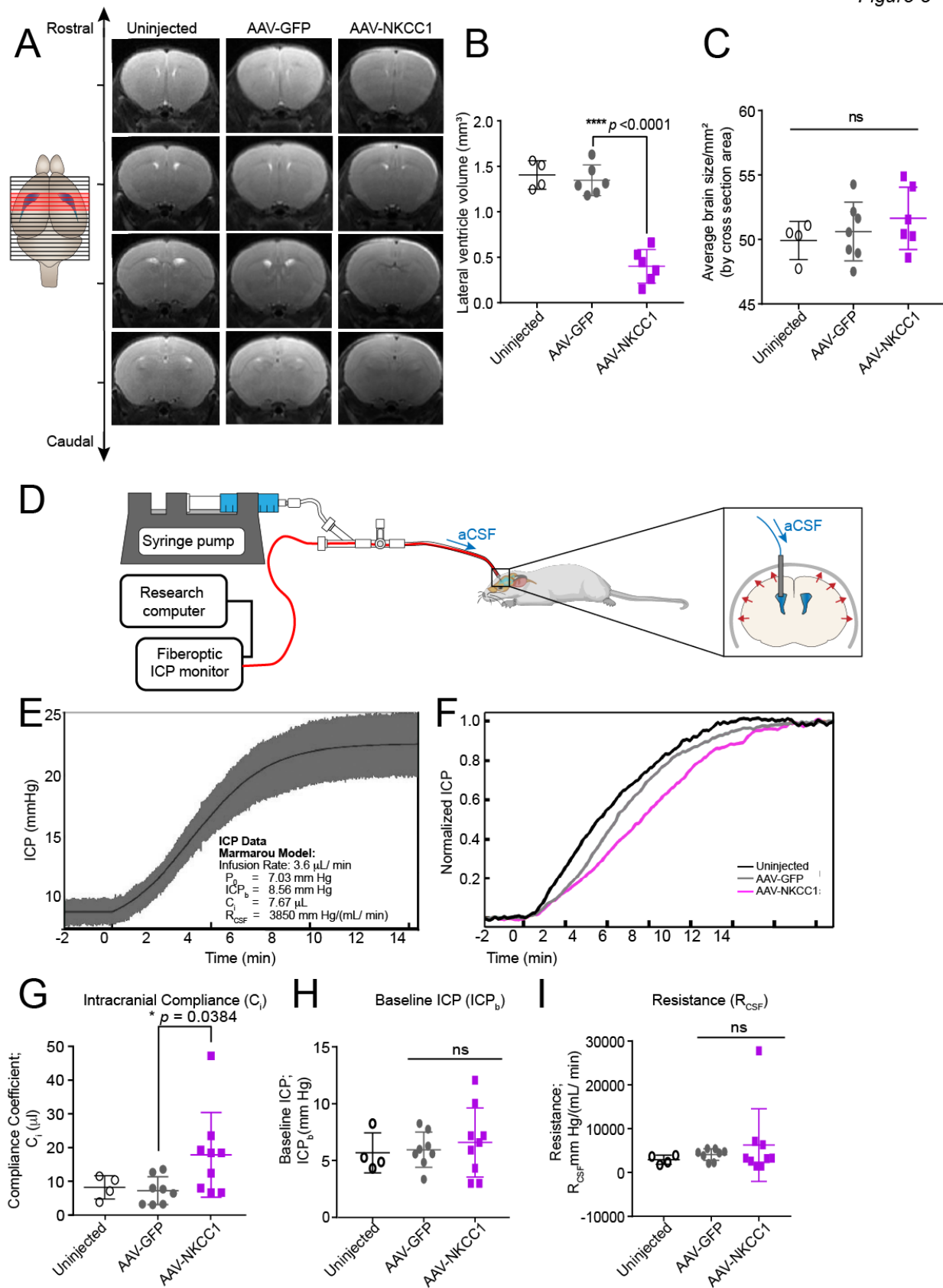
956 **Fig. 4. ChP NKCC1 actively mediates CSF K⁺ clearance in the first postnatal week. (A)** RT-
957 qPCR of NKCC1 mRNA levels in P0 mice. ** $p = 0.009$, N=3; Welch's t-test. **(B)** Immunoblots
958 from AAV-NKCC1 vs. AAV-GFP P0 mice ChP lysates. **(C-D)** Quantification of all
959 immunoblots of NKCC1 **(C)** *** $p = 0.0009$, N=7; Welch's t-test; and pNKCC1 **(D)** * $p =$
960 0.0355 , N=5; Welch's t-test. **(E)** Immunofluorescence images showing co-localization of 3xHA
961 tag and NKCC1 in P0 ChP. Scale bar = 50 μ m. **(F-I)** Immunofluorescence images of HA in
962 AAV2/5-NKCC1 transduced brain at P1: the LVChP **(F)**, 3rd ventricle ChP (3VChP; **G**), 4VChP
963 **(H)**, and the spinal cord **(I; sc = spinal cord)**. Traces of HA is shown in the meninges near the
964 injection site (grey arrow). Scale bar = 500 μ m. **(J)** ICP-OES measurements of CSF [K⁺] from
965 AAV-NKCC1 vs. AAV-GFP P1 mice (N = 8 in AAV-GFP cohort; N = 7 in AAV-NKCC1
966 cohort). ** $p = 0.0033$; Welch' t-test.

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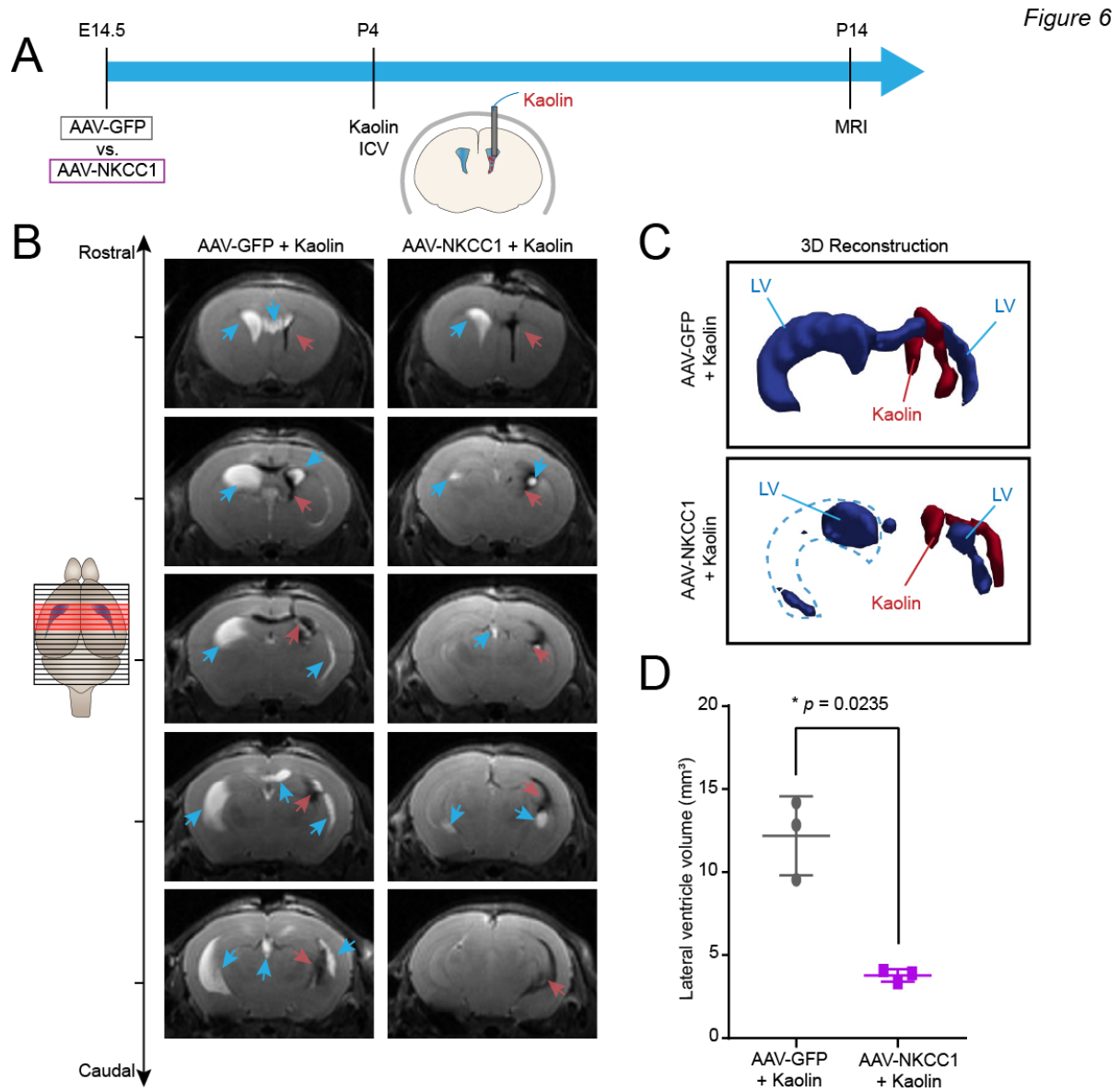
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Figure 5

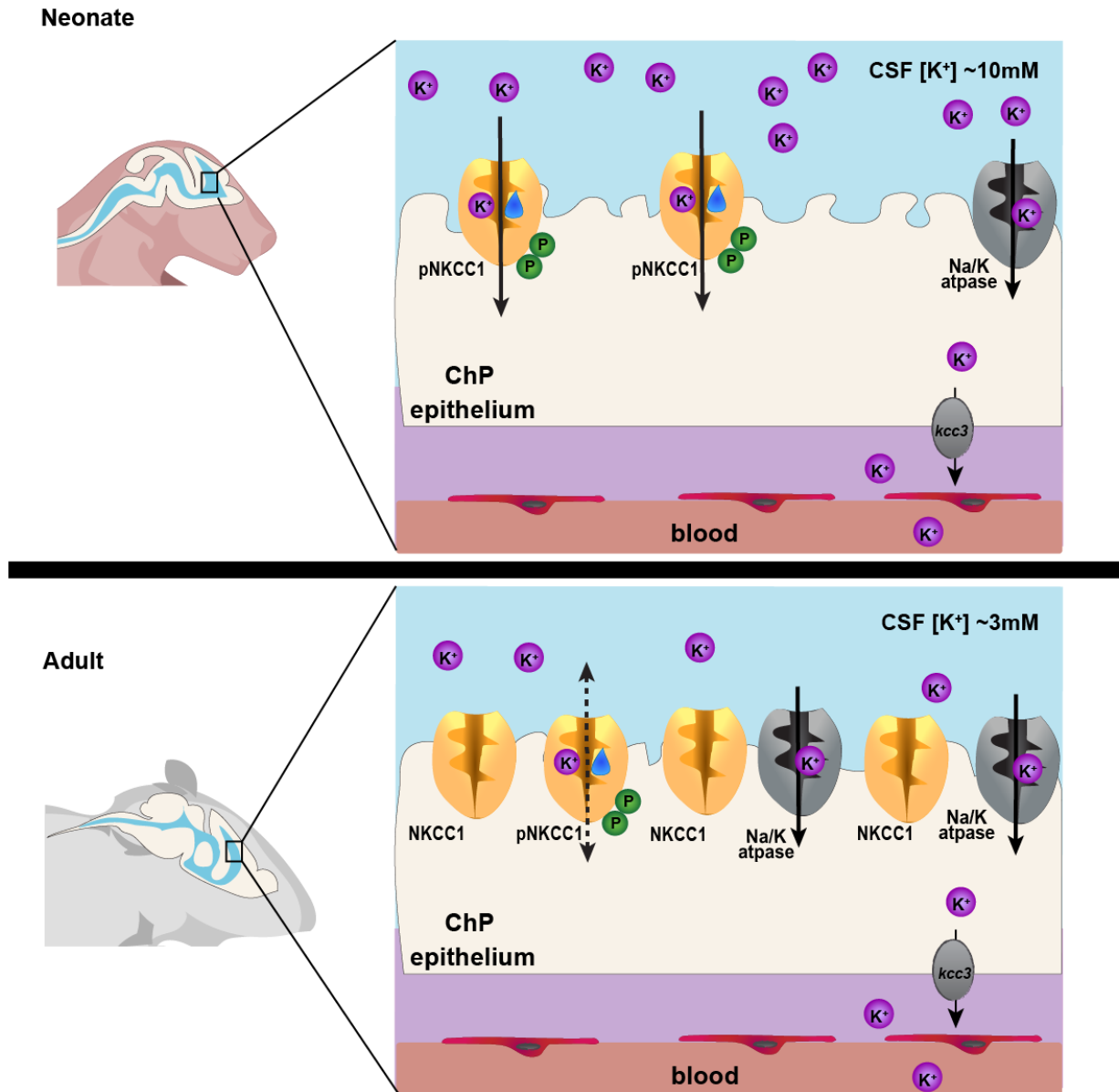


971 **Fig. 5. ChP NKCC1 overexpression reduces brain ventricular volume and increases**
972 **intracranial compliance. (A)** T2-weighted live MRI images. Only slices with visible LV are
973 shown (marked red in the schematics). **(B)** LV volumes. Uninjected N = 4; AAV-GFP and AAV-
974 NKCC1 N = 6; **** $p < 0.0001$; Welch's t-test. **(C)** Brain sizes, which are presented as the
975 average coronal section area from all images with visible ventricles (NKCC1 OE data were
976 calculated using the matching images to the controls, regardless of ventricles visibility).
977 Uninjected N = 4; AAV-GFP and AAV-NKCC1 N = 6; Welch's t-test. **(D)** Schematic of *in vivo*
978 constant rate CSF infusion test. **(E)** Example of ICP curve during the infusion test (infusion
979 begins at 0 min) in an AAV-GFP mouse, fitted to Marmarou's model. Values extracted include:
980 baseline ICP (ICP_b), a pressure-independent compliance coefficient (C_i) and the resistance to
981 CSF outflow (R_{CSF}). **(F)** Example ICP recordings from AAV-NKCC1 mice and controls. For
982 clarity, data have been low pass filtered to remove the waveform components. **(G)** Compliance
983 coefficients. Uninjected N = 4; AAV-GFP N = 8; AAV-NKCC1 N = 9; * $p = 0.0384$; Welch's t-
984 test. **(H-I)** Plots of baseline ICP and resistance to CSF outflow (R_{CSF}) at 5-7 weeks. Uninjected
985 N=4, AAV-GFP N=8, AAV-NKCC1 N=9; Welch's t-test.
986



988 **Fig. 6. ChP NKCC1 overexpression mitigates ventriculomegaly in an obstructive**
989 **hydrocephalus model. (A)** Schematics showing the workflow: E14.5 in utero ICV of AAV2/5-
990 NKCC1 or AAV2/5-GFP, followed by ICV of kaolin at P4, and MRI at P14. **(B)** Representative
991 sequential brain images (rostral to caudal) by T2-weighted live MRI images. Blue arrows: LV.
992 Red arrows: kaolin. **(C)** 3D reconstruction of the LV and kaolin deposition. LV: blue. Kaolin:
993 red. **(D)** LV volumes. N = 3; * $p = 0.0235$; Welch's t-test.

Figure 7



995 **Fig. 7. Working model of ChP NKCC1 mediating K⁺-driven CSF outflow.** The schematics
996 describes ChP NKCC1 mediated K⁺ and water clearance from CSF in neonatal mice, in
997 comparison to the adult scenario. For simplicity and clarity, only K⁺ is depicted among all ions
998 and only NKCC1 and Na⁺/K⁺-ATPase are included. Neonatal (P0-7, left) ChP has high pNKCC1
999 than adult, albeit lower total NKCC1. Neonate CSF [K⁺] is 2-3 fold higher than adult. With
1000 similar [Na⁺] and [Cl⁻], this [K⁺] difference is sufficient to alter the total Nernst potential of
1001 epithelial cells and bias NKCC1 transport of K⁺, together with water, out of CSF into the ChP in
1002 neonates.
1003