

MEETING REPORT FROM THE IBMS HERBERT FLEISCH WORKSHOP

Brugge, Belgium, 16-18 March 2014

Christa Maes¹, Roger Bouillon² and T. John Martin^{3*}

¹ Laboratory of Skeletal Cell Biology and Physiology (SCEBP), Skeletal Biology and Engineering Research Center (SBE), Department of Development and Regeneration, KU Leuven, Leuven, Belgium;

² Clinical and Experimental Endocrinology Unit, Department of Clinical and Experimental Medicine, KU Leuven, Leuven, Belgium;

³ Bone Cell Biology and Disease Unit, Department of Medicine, St Vincent's Institute of Medical Research, University of Melbourne, Melbourne, VIC, Australia.

* Corresponding author.

Address:

T. John Martin

Bone Cell Biology and Disease Unit, Department of Medicine,

St Vincent's Institute of Medical Research, University of Melbourne

9 Princes Street, Fitzroy 3065, Victoria, Australia.

Tel: +613-9288-2480

Fax: +613-9416-2676

Email: jmartin@svi.edu.au

1
2 The first Herbert Fleisch Workshop was held in Brugge, Belgium on March 16 to 18,
3 2014. The aim of this initiative of the IBMS Board was to attract involvement of
4 predominantly young investigators (including graduate students, postdocs, and young
5 faculty), brought together with peers and a few senior scientists, with the main
6 objectives of having them discuss science in progress, to have them network with other
7 scientists with similar interests and complementary expertise, and to showcase
8 unpublished data to obtain constructive feedback and comments.

9
10 The only invitees were six senior investigators, each of whom presented a state-of-the-
11 art lecture on a topic related to their work. Most importantly, all were available
12 throughout the meeting as mentors, to comment, critique and advise regarding the work
13 of the young investigators. All 80 submitted abstracts were presented as posters
14 throughout the meeting, and 30 of these gave oral presentations. With total participants
15 a little over 100, the meeting achieved throughout the few days a level of formal and
16 informal discussion that was rewarding for all.

17
18 The naming of this event as the Herbert Fleisch Workshop reflected its genesis as a
19 support for young scientists in the field of bone and cartilage research, and the legacy of
20 the late Herbert Fleisch: the Davos meetings that he organised over several decades
21 until 2006 were notably supportive and encouraging of young scientists in the field. As
22 a site for this small meeting, Brugge was an admirable choice, lacking the snow
23 attraction of Davos, but presenting the beauty and history of a significant part of
24 Europe. In honouring the memory of Herbert Fleisch in this way, we were very pleased
25 that his wife, Maria Pia, and two of his daughters, Marie Gabrielle and Isabelle,

1 attended the opening of the Brugge meeting. In addition the meeting was attended by
2 Segvi Rodan and by 5 (past) presidents of IBMS.

3
4 The plenary lectures of each of the senior scientists highlighted what was the latest in
5 the fields covered by their respective expertise, from basic science at the cellular,
6 genetic and molecular level over translational research and clinical applications of new
7 therapeutics. They presented the findings in a context that was optimal as a teaching
8 exercise, and that set the scene for discussion of the oral and poster presentations.

9
10 **Henry Kronenberg (Massachusetts General Hospital, Boston, MA, USA)** focused
11 his presentation on the work of his group on the cells of the osteoblast lineage,
12 providing insights into their functions and flexibility, and the need to identify the
13 ultimate precursor cell *in vivo* – the skeletal stromal cell. He indicated the role of
14 osteolineage cells in providing support for hematopoiesis, particularly focusing on B
15 lymphocyte development (1), and ways in which parathyroid hormone (PTH) can use
16 the osteoblast lineage to produce its anabolic effect, including “waking up” the lining
17 cells to resume an anabolic activity (2). Particularly instructive was the use of lineage
18 tracing models with different gene promoters labeling subsets of cells and different
19 reporter readouts marking the fate of the labeled cells at later time points, a strategy
20 used to explore the relationship between fetal life and adult homeostasis and repair
21 settings. In one such setup, inducible mutagenesis was used to obtain postnatal ablation
22 of β -catenin in osterix-producing cells, which was shown to lead to predominant
23 adipocyte formation from osterix-expressing cells. This supports the conclusion that
24 once the cell starts differentiating into the osteoblast lineage, continued β -catenin

1 signaling is needed for it to stay on that pathway (3). Recent ongoing work includes the
2 use of other gene promoters, including the nestin promoter (4), to mark earlier cells and
3 follow their programming in the lineage, in search of the skeletal progenitors that could
4 be key to modulating the provision of osteoblasts for bone formation and repair.

5

6 Among submitted abstracts, Deepak Balani (Boston) elaborated on this theme. Lineage
7 tracing was used to show that the collagen-II promoter, driving tamoxifen-inducible
8 CreERt mice, labels (among cells with other fates) osteoblast progenitors that
9 differentiate into osteoblasts. as evidenced by the double labeling of Rosa26-Tdtomato
10 reporter-identified cells with Collagen type I-GFP or osteocalcin-GFP. Moreover,
11 treatment with PTH increased the abundance of such double-labeled cells. Garyfallia
12 Papaioannou (Boston) further showed how Ras signaling activation in osteoprogenitor
13 cells marked by either collagen-II- or osterix-driven CreERt expression dramatically
14 increased the amount of bone and the number of stromal cells.

15

16 A matter of increasing interest in the field is the relationship between fat and bone, the
17 subject discussed by **Clifford Rosen (Maine Medical Center Research Institute,**
18 **Scarborough, ME, USA)**. The various types of fat tissue – including the white adipose
19 tissue of the visceral fat deposits, brown inter-scapular fat, marrow fat in the skeleton –
20 are each characterized by specific properties related to the mitochondrial en energy
21 pathways they use, and they stand in varying correlations to bone. The relationship of
22 marrow fat to bone is also context-specific, for example if mice are severely calorie-
23 restricted there is an increase in marrow fat and they lose bone, as happens in patients
24 with anorexia nervosa. Ageing as well correlates with loss of bone volume and

1 increased marrow fat. Another example was discussed later in the session by Anneke
2 Greetje Veldhuis-Vlug (Amsterdam), who showed the results of a prospective study in
3 10 women revealing quite dynamic changes in bone marrow adiposity during the
4 menstrual cycle.

5

6 Cliff Rosen further made the point that we need to understand the metabolic pathways
7 providing osteoblasts with the energy required for their work, hence what fuel and
8 energy pathways the osteoblast uses to differentiate and lay down collagen. Using
9 Seahorse technology to measure glycolysis and mitochondrial function (5), energy
10 metabolism was quantified in the context of osteoblastic differentiation in MC3T3 cells.
11 Interestingly, cells late in osteoblast differentiation *in vitro* shift from oxidative
12 phosphorylation of glucose to anaerobic glycolysis, at times when collagen synthesis is
13 increased. Notably, PTH treatment increased glycolysis in differentiating osteoblasts,
14 indicating that it was favouring this pathway of glucose utilization for the work it is
15 stimulating. This recalls the similar observations of W.F. Neuman in the 1970's and
16 1980's, showing that PTH promoted lactate accumulation in media of bone organ
17 cultures (6, 7).

18

19 A number of submitted papers were addressed to this area. Tara Brennan-Speranza
20 (Sydney) summarized recent work showing that osteoblasts mediate the insulin
21 resistance of glucocorticoid treatment, which could be mitigated by heterotopic
22 expression of osteocalcin (8). She also presented data showing that increasing
23 circulating osteocalcin levels by *in vivo* gene therapy is associated with bone loss and
24 increased bone turnover in mice, irrespective of whether osteocalcin was used or a

1 mutant osteocalcin that could not be carboxylated. Karla Jade Oldknow (Edinburgh)
2 presented work on the role of Phospho1, a bone-specific phosphatase, in the regulation
3 of whole body lipid and energy metabolism. Using knockout mice and primary
4 osteoblasts derived thereof, Phospho1 was found to regulate the expression of Esp,
5 although this was not associated with altered serum levels of osteocalcin
6 (uncarboxylated or undercarboxylated). These data thus suggested that Phospho1
7 deficiency improved the metabolic profile of the mice and conferred resistance to
8 obesity and diabetes through an alternative mechanism, possibly related to the levels of
9 circulating ceramide. Streptozotocin-induced diabetes in mice was used by Sergio
10 Portal-Nunez (Madrid) to show that diabetes negatively affects bone structure in aged
11 mice by a mechanism independent of oxidative stress.

12

13 The subject of bone formation control by Wnt signaling and osteocyte-derived
14 sclerostin was discussed by **Michaela Kneissel (Novartis Institutes for Biomedical**
15 **Research, Basel, Switzerland)**, and particularly how this pathway might be exploited
16 therapeutically. The powerful effect of neutralizing, monoclonal anti-sclerostin
17 antibodies was summarised, and it was pointed out that attempts to find small molecule
18 drugs that could favourably influence protein-protein interactions in Wnt signaling have
19 been so far unsuccessful. The anabolic effect of anti-sclerostin is reversible, with bone
20 lost after cessation of treatment, at about the same rate as it had been gained. This
21 emphasizes the continuing need for safe, effective anti-resorptive drugs in treatment of
22 osteoporosis, even with such a powerful anabolic. Some intriguing questions are raised
23 with anti-sclerostin treatment. First, the increase in bone formation markers after anti-
24 sclerostin treatment is only transitory (9), whereas it is maintained with PTH treatment

1 (10). Second, it is notable that there is a significant, sustained reduction in resorption
2 markers with anti-sclerostin treatment (9), perhaps due to an increase in production of
3 osteoprotegerin associated with increased Wnt signaling (11). Based on the decreased
4 bone matrix mineralization seen in *sost* knockout mice, the possibility was raised that
5 anti-sclerostin might be useful in the hyper-mineralisation of osteogenesis imperfecta
6 ('brittle bone disease', mostly caused by mutations in collagen type I, and often
7 associated with elevated matrix mineral content). Other applications of anti-sclerostin
8 therapy that were discussed include adult-onset hypophosphatasia ('soft bone disease',
9 caused by mutations in the alkaline phosphatase gene *ALPL*), fracture repair, osseo-
10 integration of dental implants, and periodontal regeneration. Thus, this lecture covered a
11 range of new biology and medicine that provided exciting perspectives for the
12 participants, illustrating the rapid transit from basic discovery to applied drug that is
13 sometimes possible.

14

15 The session proceeded with presentations work related to osteocyte biology and
16 quantification,. In support of the notion that the influence of osteocytes extends well
17 beyond the skeleton, Mari Sato (Sapporo) found that reducing the number of osteocytes
18 affected remote organs and functions in mice. A diphtheria toxin (DT) mediated
19 approach was used to render adult DMP1 promoter-driven DT receptor transgenic mice
20 "osteocyte-less". Interestingly, the mice suffered from lymphopenia and severe thymic
21 atrophy, as well as lipodystrophy with a progressive loss of white adipose tissues. These
22 defects were not rescued in a parabiosis model, indicating that humoral factors were
23 unlikely to be the cause; the question whether osteocytes may elicit effects on the
24 thymus and peripheral fat via the central nervous system is further explored. Christina

1 Vrahnas (Melbourne) showed her work on the effects of ephrinB2 in osteocytes (using
2 DMP1-promoter mediated conditional knockout mice) compared with cells earlier in
3 the osteoblast lineage (osterix-promoter), stressing how bone remodeling and the
4 maintenance of optimal bone mechanical properties are to a significant extent
5 determined by delicately regulated, stage-specific signaling within the osteogenic cell
6 lineage.

7

8 The osteocyte and sclerostin were also central to the discussion by **Jo Price (University**
9 **of Bristol, Bristol, UK)**, who uses a number of valuable experimental models of bone
10 loading to investigate the response of the skeleton to changing loads. It is well
11 established now that loading of bone results in a rapid decrease in osteocyte sclerostin
12 (12) and increase in bone formation, and that the reverse results from unloading of
13 bone. The osteoblast proliferation that results from strain is blocked by sclerostin, and
14 study of this response in *β-catenin*-deficient mice revealed an impaired proliferation
15 response to strain. Evidence was presented that the estrogen receptor (ER α) mediates
16 the osteogenic response to loading, with *ER α* *-/-* mice showing a reduced response (13-
17 15). The great interest in this area lies in dissecting the roles of Wnt signaling
18 components in controlling the cellular responses to skeletal strain. The questions that
19 need to be addressed here are important ones related to bone growth and repair.

20

21 There were several presentations related to bone growth, repair and regeneration were
22 next presented, including the following. Rana Abou-Khalil (Paris) used a non-stabilized
23 mouse fracture model to address the role of muscle stem cells during bone regeneration,
24 showing that physically inhibiting the contact between muscle and bone resulted in

1 failed repair, while surgical implantation of muscle at the fracture site enhanced bone
2 regeneration. Using transgenic reporter readouts, cells from the muscle graft were found
3 to contribute to the fracture callus. Bone regeneration was severely delayed in mice
4 lacking Pax7 and in mice in which Pax7⁺ satellite cells (also known as muscle stem
5 cells) had been selectively ablated by a DT approach, with delays in both cartilage and
6 bone deposition. Altogether, the presented data made a strong case suggesting that
7 muscle can contribute to bone regeneration through either satellite cells themselves, or
8 via osteoanabolic growth factor products of satellite cells. An exciting submitted
9 presentation by Saravana Ramasamy (Muenster) described a novel line of crosstalk
10 between vascular endothelial cells of bone and osteoblasts active in the formation of
11 bone. Two papers on this work were published in Nature the weekend of the Brugge
12 meeting (16, 17). Notch signaling promotes endothelial cell proliferation and vessel
13 growth in bone, whereas it does the opposite in other organs. When notch signaling
14 was disrupted in endothelial cells (through VE-cadherin-CreERt mediated induced
15 mutagenesis), blood vessel growth in bone was impaired, which was associated with a
16 disturbed growth plate morphology and reduced bone formation, with loss of trabeculae
17 and bone mass. The bone effects were rescued by treatment with noggin, which is an
18 endothelial product of notch signaling. Induced deletion of notch signaling in
19 osteoblasts (Collagen I-CreERt mediated) had little or no effect on bone, and the
20 conclusion is that a secreted factor from notch signaling in the endothelium provides a
21 stimulus to the osteoblast lineage to form bone (17). These findings greatly add to our
22 understanding of the coupling between angiogenesis and osteogenesis, which remains a
23 challenging but very promising route towards the improvement of bone repair and
24 regeneration and the prevention of bone loss. Linda Vi (Toronto) approached the

1 problem of failing repair from the perspective of ageing. Given that the capacity to
2 repair upon fracture diminishes with age, she explored which factors could help
3 rejuvenate the repair process. A parabiosis model indeed indicated that fracture healing
4 could be improved by sharing the circulation of a young mouse and an old mouse.
5 Accelerated healing could also be achieved by transplanting bone marrow of a young
6 mouse into an old mouse. Co-culturing bone marrow stromal cells (BMSC) derived
7 from old mice with non-adherent marrow cells taken from young mice, improved the
8 osteoblastic differentiation of the old cells. Further experiments indicated that F4/80+
9 macrophages are the prime responsible mediators of the rejuvenating effects, by
10 secreting a soluble 'youth factor' whose identification is eagerly looked-for.

11

12 **Brendan Lee (College of Medicine, Houston, USA)** addressed the area of human
13 skeletal dysplasias, and how they come about from gene defects and errors in signals
14 from cells and from the extracellular matrix., with a number of the candidate genes for
15 skeletal dysplasias found among transcription factors, matrix proteins and morphogenic
16 signals. A particularly instructive example that he gave was the increased TGF β
17 signaling in some forms of osteogenesis imperfecta (OI). In a model of a recessive form
18 of OI, the *Crtap* ^{-/-} mouse, increased TGF β signaling was evident, and the phenotype
19 could be rescued by treatment with a neutralizing antibody against TGF β . Evidence
20 along the same lines suggested that increased TGF β signaling might also be involved in
21 dominant OI, with the G610C model (mice expressing a mutant type I collagen)
22 showing increased expression of TGF β target genes. The possible mechanism
23 explaining how alterations in collagen that cause increased TGF β signaling may involve
24 a proteoglycan such as decorin, which binds to collagen and can also bind TGF β . If the

1 collagen mutation disrupts this proteoglycan binding, free TGF β can be released. The
2 possibility of increased TGF β as a common mechanism in OI is an intriguing one. The
3 relevance to this question of the increased bone turnover in mice transgenically
4 overexpressing TGF β (18) was discussed. The dysplasias are of course a collection of
5 disorders of differing pathogenesis, each of which is uncommon, but there are useful
6 approaches to treatment that are being developed, based on improved understanding of
7 pathogenesis. Among those discussed were the bisphosphonates in pediatric OI, PTH
8 (Teriparatide) in adult OI Type I, anti-sclerostin in a model of OI caused by Wnt1
9 mutations (19), and anti-TGF β , possibly in combination with anti-sclerostin, in adult OI
10 Types III and IV. The lecture also covered insights in the relevance of mutations in
11 Notch signaling genes in skeletal disorders, osteosarcoma and bone metastasis, as well
12 as progress in understanding the chondro-protective role of Prg4, the gene encoding the
13 secreted glycoprotein lubricin that causes joint failure when mutated (20, 21), and its
14 relevance to osteoarthritis (22).

15

16 Among a number of young investigator presentations, one dealt with an especially
17 intractable and devastating disorder, fibrodysplasia ossificans progressiva (FOP). Sarah
18 Hatsell (Tarrytown, USA) presented an inducible mouse model of this disorder, in
19 which global expression of the mutated gene (ACVR1, also known as ALK2, encoding
20 a BMP signaling receptor) was activated in adult mice upon administration of tamoxifen
21 (23-25). The mice displayed spontaneous, dense heterotopic ossification of the axial
22 skeleton, long bones and thorax, resembling the progressive heterotopic ossification
23 seen in FOP. This is an early step towards understanding the molecular and cellular
24 processes that result in FOP.

1

2 Although skeletal aspects of cancer were not strongly represented among the submitted
3 abstracts, a number of presentations comprised a session on multiple myeloma. Julia
4 Paton (Sheffield) discussed a new approach to growing human myeloma cells in
5 NOD/SCID/GAMMA mice, and Michaela Reagan (Boston) talked about growing
6 myeloma cells *in vitro* and *in vivo* in silk scaffolds that allow assessment of spatial and
7 temporal growth of myeloma in a bone-like environment.

8

9 The impact upon the field of the discovery of regulation of Wnt signaling in bone has
10 been enormous, so not surprisingly, another of the major presentations was on this
11 subject, with **Roland Baron (Harvard School of Dental Medicine, Boston, MA,
12 USA)** providing some intriguing new data that illustrates how much more we still need
13 to learn about this pathway. An example is his account of the R-spondins (RSPO1-4),
14 which are co-activators of Wnt signaling in the presence of Wnt ligands, by binding to
15 the receptors together with the Wnt ligand. RSPO3 appears to be the most important R-
16 spondin in the skeleton and in osteoblasts. However, heterozygous loss of RSPO3 (in
17 RSPO3^{+/-} mice) results in increased bone formation and a higher bone volume; *in vitro*
18 experiments using knockout cells indicate that Wnt pathway signaling through b-catenin
19 is increased in the absence of RSPO3. The latter might thus be another inhibitory target
20 to promote bone formation. Some data was summarized on contributions of the non-
21 canonical Wnt signaling pathway. Wnt5a as an osteoblast product promotes RANK
22 production in osteoclast precursors through non-canonical signaling, and thereby
23 promotes RANKL-induced osteoclast formation (26), whereas it acts also within the
24 osteoblast lineage to promote bone formation (27).

1

2 Most of the matters discussed by Roland Baron were directly pertinent to mechanisms
3 of bone remodeling, which were the subject of much discussion in submitted abstracts.
4 Pia Rosgaard Jensen (Vejle, Denmark) showed data on the canopy, a structure
5 considered as a source of osteoprogenitors that has been shown to cover bone
6 multicellular units (BMUs) in human and rabbit bone (28, 29). The canopies were
7 studied in sections of lumbar vertebrae of rabbits treated with either alendronate or the
8 cathepsin K inhibitor, odanacatib. Alendronate, which inhibits bone formation as well
9 as resorption, reduced the extent of canopy coverage over osteoclasts, whereas
10 odanacatib, which inhibits resorption without killing osteoclasts, did not reduce canopy
11 coverage. This was interpreted to suggest that coupling of bone formation to resorption
12 is better maintained with cathepsin K inhibition than with a bisphosphonate. Among
13 other interesting local events in bone, Isabel Orriss (London) showed that activation of
14 the P2Y2 receptor in osteoclasts led to increased ATP release from the cells. P2Y2 -/-
15 mice had increased bone, with the suggestion that local ATP release is a necessary
16 stimulus to osteoclast activation, and its ablation impairs activity. Kazuki Inoue
17 (Matsuyama, Japan) explained the DNase-sequencing approach he took to discover
18 novel RANKL-induced transcription factors that play roles in osteoclast differentiation,
19 and showed how in vitro knockdown of a number of these factors drastically reduced
20 osteoclastogenesis (30).

21

22 The poster sessions allowed extensive presentation of all abstracts (whether orally
23 presented or not) and generated lively discussions among the young participants and in
24 their interactions with the senior scientists. There were many particularly pleasing

1 aspects of the Brugge meeting. First, it was attended by a most enthusiastic group of
2 around 100 young scientists from many countries, including several European countries,
3 the USA, Japan, Australia and New Zealand. Second, they responded enthusiastically to
4 the opportunity to interact with each other, and particularly, to get the close attention of
5 the senior scientists as mentors and discussants. Third, the senior scientists fulfilled
6 their mentoring role gracefully and devotedly – they gave inspiring lectures, and
7 vigorously interacted with the young participants during the oral and poster sessions as
8 well as informally over coffee breaks and meals. This interaction was highly
9 appreciated by the attendees as revealed by a post-meeting questionnaire. Finally,
10 Brugge was a wonderful place to hold such a meeting – a most beautiful, ancient
11 European city, small and attractive, and with a venue that made it easy to keep the
12 Workshop participants together as a communal group. Herbert Fleisch would be the first
13 to agree that it substitutes well for Davos, of course without the snow.

14

15

16

17 **Acknowledgements.** The support for the meeting by Amgen, Merck (MSD), Bruker,
18 Novartis Belgium, Biovinc, and Olympus is very greatly appreciated.

19

20 **Conflict of interest.** The authors declare no conflict of interest.

21

References:

1. Wu JY, Purton LE, Rodda SJ, Chen M, Weinstein LS, McMahon AP, et al. Osteoblastic regulation of B lymphopoiesis is mediated by Gs{alpha}-dependent signaling pathways. *Proc Natl Acad Sci USA*. 2008; 105: 16976-81.
2. Kim SW, Pajevic PD, Selig M, Barry KJ, Yang JY, Shin CS, et al. Intermittent parathyroid hormone administration converts quiescent lining cells to active osteoblasts. *J Bone Miner Res*. 2012; 27: 2075-84.
3. Song L, Liu M, Ono N, Bringhurst FR, Kronenberg HM, Guo J. Loss of wnt/beta-catenin signaling causes cell fate shift of preosteoblasts from osteoblasts to adipocytes. *J Bone Miner Res*. 2012; 27: 2344-58.
4. Mendez-Ferrer S, Michurina TV, Ferraro F, Mazloom AR, Macarthur BD, Lira SA, et al. Mesenchymal and haematopoietic stem cells form a unique bone marrow niche. *Nature*. 2010; 466: 829-34.
5. Zhang J, Nuebel E, Wisidagama DR, Setoguchi K, Hong JS, Van Horn CM, et al. Measuring energy metabolism in cultured cells, including human pluripotent stem cells and differentiated cells. *Nat Protoc*. 2012; 7: 1068-85.
6. Felix R, Neuman WF, Fleisch H. Aerobic glycolysis in bone: lactic acid production by rat calvaria cells in culture. *Am J Physiol*. 1978; 234: C51-5.
7. Nichols FC, Neuman WF. Lactic acid production in mouse calvaria in vitro with and without parathyroid hormone stimulation: lack of acetazolamide effects. *Bone*. 1987; 8: 105-9.
8. Brennan-Speranza TC, Henneicke H, Gasparini SJ, Blankenstein KI, Heinevetter U, Cogger VC, et al. Osteoblasts mediate the adverse effects of glucocorticoids on fuel metabolism. *J Clin Invest*. 2012; 122: 4172-89.

9. McClung MR, Grauer A, Boonen S, Bolognese MA, Brown JP, Diez-Perez A, et al. Romosozumab in Postmenopausal Women with Low Bone Mineral Density. *N Engl J Med.* 2014; 370: 412-20.
10. Neer RM, Arnaud CD, Zanchetta JR, Prince R, Gaich GA, Reginster JY, et al. Effect of parathyroid hormone (1-34) on fractures and bone mineral density in postmenopausal women with osteoporosis. *N Engl J Med.* 2001; 344: 1434-41.
11. Glass DA, 2nd, Bialek P, Ahn JD, Starbuck M, Patel MS, Clevers H, et al. Canonical Wnt signaling in differentiated osteoblasts controls osteoclast differentiation. *Dev Cell.* 2005; 8: 751-64.
12. Robling AG, Niziolek PJ, Baldridge LA, Condon KW, Allen MR, Alam I, et al. Mechanical stimulation of bone in vivo reduces osteocyte expression of Sost/sclerostin. *J Biol Chem.* 2008; 283: 5866-75.
13. Galea GL, Meakin LB, Sugiyama T, Zebda N, Sunter A, Taipaleenmaki H, et al. Estrogen receptor alpha mediates proliferation of osteoblastic cells stimulated by estrogen and mechanical strain, but their acute down-regulation of the Wnt antagonist Sost is mediated by estrogen receptor beta. *J Biol Chem.* 2013; 288: 9035-48.
14. Galea GL, Price JS, Lanyon LE. Estrogen receptors' roles in the control of mechanically adaptive bone (re)modeling. *Bonekey Rep.* 2013; 2: 413.
15. Windahl SH, Saxon L, Borjesson AE, Lagerquist MK, Frenkel B, Henning P, et al. Estrogen receptor-alpha is required for the osteogenic response to mechanical loading in a ligand-independent manner involving its activation function 1 but not 2. *J Bone Miner Res.* 2013; 28: 291-301.
16. Kusumbe AP, Ramasamy SK, Adams RH. Coupling of angiogenesis and osteogenesis by a specific vessel subtype in bone. *Nature.* 2014; 507: 323-8.
17. Ramasamy SK, Kusumbe AP, Wang L, Adams RH. Endothelial Notch activity promotes angiogenesis and osteogenesis in bone. *Nature.* 2014; 507: 376-80.

18. Erlebacher A, Derynck R. Increased expression of TGF-beta 2 in osteoblasts results in an osteoporosis-like phenotype. *J Cell Biol.* 1996; 132: 195-210.
19. Joeng KS, Lee YC, Jiang MM, Bertin TK, Chen Y, Abraham AM, et al. The swaying mouse as a model of osteogenesis imperfecta caused by WNT1 mutations. *Hum Mol Genet.* 2014; Mar 27 [Epub ahead of print].
20. Marcelino J, Carpten JD, Suwairi WM, Gutierrez OM, Schwartz S, Robbins C, et al. CACP, encoding a secreted proteoglycan, is mutated in camptodactyly-arthropathy-coxa vara-pericarditis syndrome. *Nat Genet.* 1999; 23: 319-22.
21. Rhee DK, Marcelino J, Baker M, Gong Y, Smits P, Lefebvre V, et al. The secreted glycoprotein lubricin protects cartilage surfaces and inhibits synovial cell overgrowth. *J Clin Invest.* 2005; 115: 622-31.
22. Ruan MZ, Erez A, Guse K, Dawson B, Bertin T, Chen Y, et al. Proteoglycan 4 expression protects against the development of osteoarthritis. *Sci Transl Med.* 2013; 5: 176ra34.
23. Chakkalakal SA, Zhang D, Culbert AL, Convente MR, Caron RJ, Wright AC, et al. An *Acvr1* R206H knock-in mouse has fibrodysplasia ossificans progressiva. *J Bone Miner Res.* 2012; 27: 1746-56.
24. Shore EM, Xu M, Feldman GJ, Fenstermacher DA, Cho TJ, Choi IH, et al. A recurrent mutation in the BMP type I receptor *ACVR1* causes inherited and sporadic fibrodysplasia ossificans progressiva. *Nat Genet.* 2006; 38: 525-7.
25. Economides AN, Friendewey D, Yang P, Dominguez MG, Dore AT, Lobov IB, et al. Conditionals by inversion provide a universal method for the generation of conditional alleles. *Proc Natl Acad Sci U S A.* 2013; 110: E3179-88.
26. Maeda K, Kobayashi Y, Udagawa N, Uehara S, Ishihara A, Mizoguchi T, et al. *Wnt5a-Ror2* signaling between osteoblast-lineage cells and osteoclast precursors enhances osteoclastogenesis. *Nat Med.* 2012; 18: 405-12.

27. Takada I, Mihara M, Suzawa M, Ohtake F, Kobayashi S, Igarashi M, et al. A histone lysine methyltransferase activated by non-canonical Wnt signalling suppresses PPAR-gamma transactivation. *Nat Cell Biol.* 2007; 9: 1273-85.
28. Andersen TL, Sondergaard TE, Skorzynska KE, Dagnaes-Hansen F, Plesner TL, Hauge EM, et al. A physical mechanism for coupling bone resorption and formation in adult human bone. *Am J Pathol.* 2009; 174: 239-47.
29. Jensen PR, Andersen TL, Pennypacker BL, Duong le T, Engelholm LH, Delaisse JM. A supra-cellular model for coupling of bone resorption to formation during remodeling: lessons from two bone resorption inhibitors affecting bone formation differently. *Biochem Biophys Res Commun.* 2014; 443: 694-9.
30. Inoue K, Imai Y. Identification of Novel Transcription Factors in Osteoclast Differentiation using Genome-wide Analysis of Open Chromatin Determined by DNase-seq. *J Bone Miner Res.* 2014; Mar 28 [Epub ahead of print].