Lymphangiogenesis guidance by paracrine and pericellular factors

Kari Vahtomeri,1 Sinem Karaman,1 Taija Mäkinen,2 and Kari Alitalo1

1Wihuri Research Institute, Translational Cancer Biology Program, Biomedicum Helsinki, University of Helsinki, FI-00014 Helsinki, Finland; 2Department of Immunology, Genetics, and Pathology, Uppsala University, 75185 Uppsala, Sweden

Lymphatic vessels are important for tissue fluid homeostasis, lipid absorption, and immune cell trafficking and are involved in the pathogenesis of several human diseases. The mechanisms by which the lymphatic vasculature network is formed, remodeled, and adapted to physiological and pathological challenges are controlled by an intricate balance of growth factor and biomechanical cues. These transduce signals for the readjustment of gene expression and lymphatic endothelial migration, proliferation, and differentiation. In this review, we describe several of these cues and how they are integrated for the generation of functional lymphatic vessel networks.

Some of the most dense lymphatic networks are located under various epithelia that form the interface between the body and the outside environment; for example, in the skin and in the gut. In these locations, the immune cell trafficking functions of the lymphatics are of special importance; for instance, for the launching of adaptive immune responses against pathogens. The lymphatic system is also essential for the transport of interstitial fluid and associated solutes, metabolites, and macromolecules, which have extravasated from blood vessels. Blind-ended lymphatic capillaries form the portal of entry for interstitial fluid, antigen-presenting cells, and lymphocytes (Aebischer et al. 2014; Aspelund et al. 2016; Betterman and Harvey 2016). From the capillary network, the interstitial fluid—now called lymph—flows via precollector and collector vessels and through a series of lymph nodes back into the systemic circulation via the thoracic duct. When the lymphatic network undergoes remodeling, the enlarged vessels with their increased tissue drainage capacity may benefit the resolution of inflammation by enabling enhanced removal of accumulated tissue fluid, immune cells, tissue debris, chemokines, growth factors, etc. (Aebischer et al. 2014; Betterman and Harvey 2016). Increased lymphatic function can sometimes also lead to adverse effects. For example, lymphangiogenesis can increase the severity of transplant rejection (Dashkevich et al. 2016). In cancer, it can facilitate the spread of tumor cells to the lymph nodes and from there to the systemic circulation, with subsequent metastatic colonization of distant organs (Alitalo 2011; Stacker et al. 2014). As these examples indicate, development of molecular tools to control lymphangiogenesis would be beneficial for the treatment of several diseases.

The stepwise process of lymphangiogenesis has similarities to the better-studied blood vascular angiogenesis and the growth of the gas-transporting tracheal system in Drosophila melanogaster (Ochoa-Espinosa and Affolter 2012). Lymphangiogenic growth starts upon exposure of lymphatic endothelial cells (LECs) to growth factors or biomechanical stimuli, which in many cases leads to activation of vascular endothelial growth factor (VEGF) receptors.
receptor 3 (VEGFR3) [Fig. 1]. Available data support the view that, in lymphangiogenesis, as in angiogenesis, the growing lymphatic vessels are guided by migrating tip cells, which display filopodia and cellular protrusions that sample the pericellular environment in search of guidance cues [Figs. 1, 2; Gerhardt et al. 2003; Zheng et al. 2011]. The tip cell guides the forming branch, and endothelial proliferation behind the tip cell allows the elongation of the branch [Gerhardt et al. 2003; Baluk et al. 2005]. The growth of new branches ceases upon decreased growth factor exposure, or, in some cases, growth is stalled by an increase of inhibitory signals, such as IFN-γ, TGF-β, endostatin, neostatin-7, or thrombospondin, which act directly on LECs or via control over growth factor production by other cell types [Fig. 1; Brideau et al. 2007; Clavin et al. 2008; Kojima et al. 2008; Oka et al. 2008; Avraham et al. 2010; Cursiefen et al. 2011; Kataru et al. 2011; Ou et al. 2011; Zampell et al. 2012]. After some pruning of the newly formed branches, some of them are stabilized to form capillaries or collector vessels. The maturation of collectors involves the development of valves and SMC investment [Bazigou and Makinen 2013; Martinez-Corral and Makinen 2013].

The intercellular cadherin junctions of the capillaries undergo a switch from a zipper-like structure to button-like connections [Yao et al. 2012], and this is accompanied by the formation of anchoring filaments that connect the LECs to the pericellular matrix [Leak and Burke 1968]. Interestingly, during embryonic growth, the LEC junctions are zippers and change to buttons slowly around birth but revert back to zippers upon stimulation by growth factor or inflammatory processes [Yao et al. 2012].

In this review, we first outline the main principles of the formation of lymphatic vessel networks during development and their expansion in pathological conditions such as inflammation and tumorigenesis. We then describe the mechanisms of lymphangiogenesis, i.e., how VEGF-C activates its cognate receptor, VEGFR3, in LECs, leading to sprouting lymphangiogenesis. We next discuss the modulation of VEGFR3 activity by its coreceptors. We also describe how mechanical cues, such as tissue fluid pressure and tissue structures such as arteries and extracellular matrix (ECM), contribute to lymphangiogenesis guidance. Finally, we describe some of the well-established mouse models for lymphangiogenesis (Fig. 2).

Throughout the review, we focus on the guidance mechanisms of lymphangiogenesis in comparison with angiogenesis in mammals and zebrafish.

Figure 1. Pericellular cues that guide lymphatic vessel growth. (A) Arterial endothelial cells and SMCs secrete lymphangiogenic guidance cues that contribute to the alignment of large lymphatic collectors with arteries. VEGF-C binds to pericellular matrix and LEC surface proteins, such as VEGFR3, neuropilin 2 (NRP2), and syndecan-4, and is processed upon its interaction with extracellular matrix (ECM) adapter, collagen- and calcium-binding EGF domain-containing protein 1 (CCBE1), and the ADAMTS3 protease as shown in (A′). In zebrafish and mice, CXCL12 produced by blood vascular endothelial cells guides lymphatic growth via binding to its receptor, CXCR4, on LECs. Adrenomedullin (AM) binds to the RAMP2 and CALCRL receptors in mice. The chemokine sink CXCR7 regulates these interactions by sequestering both CXCL12 and adrenomedullin. (B) Upon growth factor-induced activation, both VEGFR3 and VEGFR2 can stimulate LEC proliferation, and VEGFR3 interaction with β1 integrins, such as αvβ1, enhances the lymphangiogenic signals. (C) The sprouting and branching of lymphatic vessels is dependent on VEGF-C signaling via the VEGFR3-NRP2 receptor complex. Integrin αvβ1 ligands fibronectin and collagen in the ECM increase VEGFR3 phosphorylation in the absence of a VEGFR3 ligand; they also potentiate VEGF-C-induced VEGFR3 activation and LEC migration. Macrophages provide a major source of VEGF-C in lymphangiogenesis associated with inflammation. The growth-promoting factors are counteracted by inhibitory signals, such as TGF-β and INF-γ, which act directly on LECs or affect VEGF-C production by, e.g., macrophages [see the overview figure]. (D) The deflection of lymphatic vessel sprouts away from arteries has been suggested to be driven by arterial expression of semaphorin 3G (SEMA3G), which induces LEC repulsion via a plexin 1 [PLXN1]–NRP2–VEGFR3 receptor complex.
Lymphangiogenesis in development

Most of the lymphatic vessels in mice and zebrafish arise from LECs sprouting from embryonic veins (Sabin 1902; Wigle and Oliver 1999; Isogai et al. 2003; Yaniv et al. 2006; Srinivasan et al. 2007). In zebrafish, phagocytic perivascular cell populations resembling LECs have been found recently in the brain that do not form vessels but are required for the formation of the cerebral blood vessels (Bower et al. 2017a; van Lessen et al. 2017; Venero Galan et al. 2017). An interesting case of lymphatic vessel specialization in fish is their involvement in fin erection and thus locomotion in tunas (Pavlov et al. 2017). In mouse embryos, the first committed LEC progenitors appear in the cardinal vein at embryonic day 9.5 (E9.5). These cells express SOX18 (a SRY-related HMG-box transcription factor) and differ from the majority of other venous cells by expression of homeobox transcription factor PROX1 and LYVE1 (Wigle and Oliver 1999; Schacht et al. 2003; Francois et al. 2008; Hagerling et al. 2013). SOX18 induces expression of the downstream Prox1, which is essential for LEC specification and the subsequent formation of lymphatic vessel networks (Wigle and Oliver 1999; Francois et al. 2008; Johnson et al. 2008). PROX1 drives lymphatic identity and its maintenance by directly inducing expression of LEC-specific genes and suppressing blood endothelial cell (BEC)-specific genes in collaboration with its binding partners, such as the nuclear receptor COUP-TFII (Petrova et al. 2002; Wigle et al. 2002; Lin et al. 2010; Srinivasan et al. 2010).

Based on live imaging of zebrafish embryos, the initial LEC specification takes place on the ventral side of the cardinal vein, where Wnt5b, secreted by the neighboring endoderm, induces the specification of LEC lineage cells (Nicenboim et al. 2015). These cells subsequently migrate to the dorsal side of the cardinal vein. It has been suggested that on the dorsal side, the committed LECs arise via asymmetric fate determination following cell division; the daughter cells expressing increased levels of Prox1 then become destined to the lymphatic lineage (Koltowska et al. 2015). Also in mouse embryos, PROX1-positive LEC progenitors are spatially restricted to the dorsal side of the cardinal vein at E10.5 (Wigle and Oliver 1999). WNT activation can increase Prox1 expression via transcription factor 4 (TCF4)-binding sites upstream of the Prox1 gene in lymphatic endothelial, neuronal, and tumor cells (Petrova et al. 2008; Karalay et al. 2011; Cha et al. 2016). However, β-catenin deletion in mouse embryos from E9.5 onward did not interfere with LEC differentiation. Rather, β-catenin was necessary for lymphatic vasculature morphogenesis and valve formation, possibly via shear stress sensing and regulation of FOXC2 expression (Cha et al. 2016).

After delamination, the PROX1-positive LECs migrate dorsally as strings of loosely connected spindle-shaped cells and, at E11.5, form the first luminalized lymphatic vessels (Sabin 1902). The peripheral longitudinal lymphatic vessel (PLLV), and the primordial thoracic duct (pTD) (Yang et al. 2012; Hagerling et al. 2013). It has been suggested that instead of LEC proliferation, abundant LEC delamination from the cardinal vein and possibly from the superficial blood vessel plexus comprised the major source of migrating LECs (Hagerling et al. 2013). Formation of additional lymph sacs takes place in other anatomical locations at later developmental time points. For example, the PROX1-positive LECs in the superior mesenteric vein are specified at E12.5 and form the mesenterial lymph sac by E14 (Kim et al. 2007; Sanczuk et al. 2015). Lymph sacs will subsequently give rise to most of the primitive lymphatic vessel plexuses in embryos via vigorous LEC sprouting and proliferation (Hagerling et al. 2013). Thereafter, additional pruning and further sprouting sculpt the final lymphatic vessel network, consisting of lymphatic capillaries, precollectors, collectors, and lymph nodes organized in a hierarchical manner. The lymphatic network patterns in various tissues differ
Lymphangiogenesis in pathological conditions

In adults, lymphangiogenesis is reactivated in inflammation, wound healing, and tumorigenesis. Although lymphangiogenesis in adults operates with the same principles as in embryos, it is less well coordinated by the appropriate signals in pathological processes, and thus lymphatic vessels often become malformed and poorly functional. Lymphatic vessel density increases locally at sites of inflammation in tissues and in their downstream lymph nodes, which receive lymphangiogenic signals from the inflamed site [for review, see Aeberscher et al. 2014; Kim et al. 2014]. Substantial lymphatic vasculature is required for the resolution of inflammation and efficient tissue clearance. Increased lymphatic vessel density in transgenic animals overexpressing VEGF-C improves the resolution of tissue edema in models of cutaneous contact inflammation, wound healing, and tumorigenesis. Although most of the lymphatic vascular plexuses originate from Prox1-positive venous endothelia [Srinivasan et al. 2007], recent reports have indicated a contribution by nonvenous sources in diverse tissues [for review, see Ulvmar and Mäkinen 2016]. Mesenteric lymphatic vessels are formed from isolated clusters of LECs [Fig. 2B], whose origin was traced to progenitors derived from blood- or lymphangiogenesis prolongs the resolution of tissue edema in acute inflammation of the mouse ear or peritoneum and in inflammatory arthritis [Guo et al. 2009; Kataru et al. 2009]. However, blocking lymphangiogenic signals can alleviate rejection of transplanted cardiac, corneal, and pancreatic tissue allografts by preventing antigen presentation in the draining lymph nodes [Chen et al. 2004; Zhang et al. 2009; Dietrich et al. 2010; Nykanen et al. 2010; Dashkevich et al. 2016].

Inflammation-associated lymphangiogenesis is induced by inflammatory cytokines such as TNFα and IL-1 (which stimulate target cells), and leukocytes (e.g., macrophages) can produce substantial amounts of VEGF-C [Enholm et al. 1997; Matsui et al. 2003; Kataru et al. 2009; Kim et al. 2009]. Macrophages and other bone marrow-derived cells have also been reported to intercalate in between the LECs at a very low rate during the formation of lymphatic vessels and, in some cases, have been detected to express the LEC markers LYVE1 and PROX1 [Maruyama et al. 2005; Religa et al. 2005; Jiang et al. 2008; Zumsteg et al. 2009; Lee et al. 2010; Hall et al. 2012; Hirai et al. 2013]. However, there is no lineage tracing evidence that these cells would directly contribute to expansion of lymphatic vessels in inflammation.

The stability of inflammation-induced lymphatic neo-vessels varies between tissues. In the cornea, lymphatic capillaries induced by a surgical suture started to regress immediately upon suture removal, but, 6 mo later, short fragments still persisted [Cursiefen et al. 2006]. It was suggested that they can act as seeds of accelerated lymphangiogenesis in recurring inflammation (Kelley et al. 2013). Furthermore, in the trachea, entire lymphatic vessel networks generated during inflammation persisted for long time periods after the resolution of inflammation [Baluk et al. 2005], whereas in lymph nodes treated with a single injection of lipopolysaccharide, the lymphatic capillary area peaked 3 d later and returned to normal in 2 wk [Kataru et al. 2011]. The reasons for such variation in lymphatic vessel regression are not known [for review, see Kim et al. 2014].

Increased expression of lymphangiogenic factors occurs also in a variety of tumors that promote lymphangiogenesis in the peritumoral area and enlarge the downstream collecting lymphatic vessels as well as the subcapsular sinus network of the draining lymph nodes [for review, see Alitalo 2011; Karaman and Detmar 2014; Stacker et al. 2014]. Lymphatic vessels can also grow intratumorally [Beasley et al. 2002; Dadras et al. 2003]. Intratumoral vessels either have penetrated the tumor or represent pre-existing lymphatics trapped by the growing tumor [Stacker et al. 2014]. VEGF-C produced by tumor cells and by inflammatory cells in the tumor stroma promotes lymphangiogenesis [Salven et al. 1998; Achen et al. 2001; Karaman et al. 2001; Schoppmann et al. 2002], which facilitates the dissemination of tumor cells into the lymphatic vessels and lymph nodes [Karanpan et al. 2001; Mandriota et al. 2001; Skobe et al. 2001; Stacker et al. 2001].

It has been suggested that lymphatic and lymph node colonization facilitates tumor cell entry into the systemic circulation [Karanpan and Alitalo 2001]. Indeed, tumor-induced lymphangiogenesis is associated with increased lymph node metastasis and worse disease-free/overall survival of patients, and surgical removal of cancer cell-harboring lymph nodes can improve patient survival [Moertel et al. 1995; Dadras et al. 2003, 2005; Nakamura et al. 2005; Renyi-Vamos et al. 2005; Saad et al. 2006; Takanami 2006; Töbler and Detmar 2006; Adachi et al. 2007; Kaneko et al. 2007; Matsumoto et al. 2007; Doekhie et al. 2008; Mumprecht and Detmar 2013]. However, metastases can also occur via an exclusive hematogenous route. Reconstruction of phylogenetic trees of primary tumors and associated metastases from colon cancer...
patients showed that 35% of liver and lymph node metastases had the same subclonal origin in the primary tumor, reflecting either the metastatic route or the capability of a metastatic tumor clone to efficiently spread to several independent locations [Naxerova et al. 2017]. In mouse models, lymphangiogenic factors produced by tumor cells facilitate lymph node metastases, and blocking of lymphangiogenesis in various tumor models attenuates tumor dissemination [Karpanen et al. 2001; Mandriota et al. 2001; Skobe et al. 2001; Stack er et al. 2001; He et al. 2002, 2005; Krishnan et al. 2003; Lin et al. 2005; Roberts et al. 2006]. However, increased marginal lymphatic vessels and a high “immunoscore” [i.e., density of tumor-infiltrating cytotoxic CD8+ and memory CD45RO+ T cells] in human colorectal carcinoma are associated with protection against the generation of distant metastases [Galon et al. 2006; Kirillovsky et al. 2016; Mlencnik et al. 2016]. In melanoma, VEGF-C levels correlated with tumor infiltration of naïve T cells and enhanced response to immunotherapy [Fankhauser et al. 2017]. Thus, lymphatic vessels likely have a dual role during tumor progression, allowing metastatic escape but also regulating the immune recognition and critical checkpoints in anti-tumor responses.

**VEGF-C and other lymphangiogenic growth factors**

VEGF-C is so far the only specific growth factor that is essential for embryonic lymphangiogenesis [Karkkainen et al. 2004]. In the absence of VEGF-C, PROX1-positive endothelial cells are specified in the cardinal vein of developing mouse embryos but fail to delaminate, which leads to failure of primary lymph sac and lymphatic network formation and prenatal death [Karkkainen et al. 2004; Hagerling et al. 2013]. Heterozygous embryos survive but develop hypoplastic lymphatic vessels [Karkkainen et al. 2004]. Conditional deletion of Vegfc at a later developmental time point leads to absence of, e.g., lacteals in the intestine and hypoplastic Schlemm’s canal in the eyes [Aspelund et al. 2014; Nurmi et al. 2015]. Furthermore, VEGF-C/D sequestration by epidermally expressed soluble VEGFR3-lg protein [VEGF-C/D trap] inhibits cutaneous and meningeal lymphatic vessel development [Makinen et al. 2001; Haiko et al. 2008; Aspelund et al. 2015].

VEGF-C is also indispensable for lymphangiogenesis in adult tissues, as shown in models of acute inflammation in which an inflammatory response was induced in the trachea by Mycoplasma pulmonis, in the peritoneum by lipopolysaccharide, or in the ear dermis by lipopolysaccharide or lipoteichoic acid and muramyl dipeptide [Baluk et al. 2005; Kataru et al. 2009; Kim et al. 2009]. In these models, lymphangiogenesis was prevented by the VEGF-C/D trap. Interestingly, the maintenance of lymphatic capillaries seems to be dependent on constant VEGF-C signaling in some tissues. Deletion of Vegfc in adult mice caused slow degeneration of intestinal lacteals, whereas the maintenance of dermal lymphatic vessels was independent of a constant supply of VEGF-C [Aspelund et al. 2014; Nurmi et al. 2015]. Furthermore, in contrast to dermal LECs, it was reported that the lacteal LECs proliferate at a slow rate, and some of the lacteal tips display a tip cell phenotype even in adult mice [Bernier-Latmani et al. 2015].

Although VEGF-C and perhaps Wnt5a [see above; Nicenboim et al. 2015] are the only indispensable growth factors for lymphangiogenesis, several other growth factors can also induce lymphatic growth. For instance, the VEGF-C-related VEGF-D induces lymphangiogenesis when overexpressed [Stacker et al. 2001], and its deletion results in mild lymphatic vessel hypoplasia in the lungs and slightly decreased lymphatic vessel caliber in the dermis [Baldwin et al. 2005; Paquet-Fifield et al. 2013]. In zebrafish, VEGF-D is indispensable for facial lymphangiogenesis [Astin et al. 2014; Bower et al. 2017b]. Ectopic expression of FGF2 can also induce lymphangiogenesis, and Fgfr1 and Fgfr3 double-mutant mice show reduced growth of dermal lymphatic vessels at E15.5 [Kubo et al. 2002; Cao et al. 2004b; Chang et al. 2004; Yu et al. 2017]. Ectopic expression of several other growth factors, such as VEGF [Nagy et al. 2002; Cao et al. 2004b; Cursiefen et al. 2004; Kunstfeld et al. 2004], angiopoietin 1 [Gale et al. 2002; Morisada et al. 2005; Tammela et al. 2005], angiopoietin 2 [Gale et al. 2002], PDGF-BB [Cao et al. 2004a], EGF [Marino et al. 2013], IGF-1 [Bjorndahl et al. 2005], and HGF [Kaijya et al. 2005; Cao et al. 2006; Gibot et al. 2016], can induce lymphangiogenesis in mouse tissues. At least FGF2-, angiopoietin 1-, and HGF-induced lymphangiogenesis is inhibited by the VEGF-C/D trap [Kubo et al. 2002; Chang et al. 2004; Tammela et al. 2005; Cao et al. 2006]. Thus, in addition to direct effects on LECs, these growth factors may act by recruiting leukocytes, which can produce VEGF-C/D [for review, see Zumsteg and Christofori 2012]. Another possibility is that they induce VEGF-C expression in blood vascular endothelium or associated SMCs, which leads to lymphangiogenesis via angiocrine mechanisms [Kubo et al. 2002; Cao et al. 2006].

**Sources of VEGF-C**

When overexpressed, VEGF-C provides directional cues for LEC migration and lymphatic vessel extension. For example, LECs delaminating from the jugular vein migrate toward the paracrine VEGF-C source [Karkkainen et al. 2004]. VEGF-C induces directed LEC migration in vitro [Joukov et al. 1996], and beads soaked in recombinant VEGF-C were capable of recruiting LECs in Vegfc-deleted embryos [Karkkainen et al. 2004]. Lymphatic vessels also grow toward VEGF-C-expressing tumors and encircle the tumor foci, occasionally penetrating into the tumor stroma [Stacker et al. 2014]. A point source of VEGF-C may form a LEC-guiding gradient, or the tip LEC may follow a source of VEGF-C that advances ahead of the growing lymphatic capillary tip. Furthermore, extracellular processing of VEGF-C by the ADAMTS3 metalloprotease and associated collagen- and calcium-binding EGF domain-containing protein 1 (CCBE1) may shape active VEGF-C gradients [see below]. Such mechanisms are known from other model systems. For example, angiogenesis toward the midline in the hindbrain is regulated by a
VEGF gradient and neuropilin binding (Ruhrberg et al. 2002), and tracheal vessel growth in *Drosophila* is directed by a gradient formed by a point source of FGF [Sutherland et al. 1996]. In the developing retina, the angiogenic vessel front (the leading edge) follows the advancing border of hypoxic tissue, which shows high VEGF expression by the underlying astrocytes [Stone et al. 1995; Gerhardt et al. 2003]. So far, it has been difficult to explore such mechanisms in the case of VEGF-C because of the lack of specific reagents for the localization of the activated form of VEGF-C.

Macrophages are often detected in the vicinity of forming lymphatic vessels in embryos and in inflamed and tumor tissues in adults [Kelley et al. 2013; Lee et al. 2014; Ochesenbein et al. 2016]. However, claims that macrophages incorporate to lymphatic vessels and transdifferentiate into proliferating LECs have not been supported by hematopoietic lineage tracing using *Vav-Cre* or *Csf1r-iCre* mice [Maruyama et al. 2005; Religa et al. 2005; Kerjaschki et al. 2006; Bertozzi et al. 2010, Gordon et al. 2010, Martinez-Corral et al. 2015]. However, macrophages are essential for lymphangiogenesis associated with inflammation. They are known to produce angiogenic cytokines, including VEGF-C and VEGF-D (Fig. 1C; Schoppmann et al. 2002). Clonodrate liposomes, which have been used to deplete macrophages systemically, inhibited lymphangiogenesis induced by lipopolysaccharide in the ear, skin, and diaphragm, by corneal suture in the eye; and by a high-salt diet in the skin [Maruyama et al. 2005; Kataru et al. 2009, Kim et al. 2009, Machnik et al. 2009].

Although macrophages stimulate LEC proliferation in vitro [Gordon et al. 2010], the role of macrophages in developmental lymphangiogenesis is less obvious. op/op mice, which lack macrophage colony-stimulating factor (M-CSF and CSF-1)-dependent macrophages, show delayed development of dermal and tracheal lymphatic vessels [Kubota et al. 2009]. Lymphangiogenesis induced by ischemia and tumors was also attenuated in the op/op mice [Kubota et al. 2009]. Furthermore, defective CCL2–CCR2 chemokine signaling led to decreased association of macrophages with the lymphatic vessels and decreased density of the dermal lymphatic network, possibly by reducing the concentration of VEGF-C/D that interacts with its receptor on the LECs [Lee et al. 2014]. Interestingly, depletion of the PU.1 transcription factor or M-CSF-dependent macrophages in the corresponding gene targeted mice led to LEC hyperproliferation and lymphatic vessel dilation. Although it was suggested that PU.1- and Csf1r-dependent cells inhibit lymphangiogenesis, VEGF-C/D expression was increased in PU.1 embryos, suggesting alternative overcompensating mechanisms [Gordon et al. 2010].

Immunohistochemistry for VEGF-C shows staining in the endothelium and arterial SMCs in adult mice, reflecting its binding to the vascular endothelial cell surfaces and production by SMCs and possibly BECs [Skobe et al. 1999; Partanen et al. 2000; Tammela et al. 2008]. β-Galactosidase staining of tissues from heterozygous *Vegfc*<sup>wt/lacZ</sup> mice confirmed Vegfc expression in SMCs in E10.5 embryos and intestinal arteries in adults [Karkkainen et al. 2004; Nurmi et al. 2015]. Furthermore, the circular smooth muscle fibers of the intestinal wall and elongated SMCs extending into the gut villi were positive for β-galactosidase [Nurmi et al. 2015]. VEGF-C production by SMCs could explain why the intestinal lacteals run parallel to the intestinal SMC fibers and why lymphatic vessels accompany major arteries, although the CXCL12/CXCR4 chemokine signaling system is also involved [see below; Fig. 1A; Cha et al. 2012]. However, the proof of SMC-produced VEGF-C function would require targeted deletion of VEGF-C in these cells. Overall, cell- and tissue-specific patterns of VEGF-C expression and physical constraints for the growth of lymphatic vessels may explain the tissue-specific patterns of many lymphatic networks.

**VEGF-C activation**

Unlike other members of the VEGF family, VEGF-C and VEGF-D are produced as precursor proteins, which require processing of their C-terminal and N-terminal propeptides to achieve full activity toward their cognate receptors, VEGFR3 and VEGFR2 [Joukov et al. 1997]. Concomitant with its secretion, the VEGF-C precursor undergoes C-terminal cleavage by proprotein convertases [Siegfried et al. 2003]. The resulting VEGF-C form is poorly active, but subsequent N-terminal processing greatly potentiates its receptor binding. Recent studies have revealed that the processing of the N terminus is a complex mechanism, requiring the scaffold protein CCBE1 [Jeltsch et al. 2014; Le Guen et al. 2014; Jha et al. 2017]. Both CCBE1 and the ADAMTS3 metalloproteinase are essential for cleavage of VEGF-C into its active form in vivo and in vitro [Jeltsch et al. 2014; Janssen et al. 2016]. Importantly, CCBE1-inactivating mutations in the collagen domain, calcium-binding EGF domain, or cysteine-rich domain upstream of the EGF domain have been found in patients with Hennegam syndrome, which involves severe lymphedema [Alders et al. 2009, 2013; Connell et al. 2010]. Furthermore, homozygous *Ccbe1* mutations prevent the formation of all primitive lymphatic structures in mice and zebrafish [Hogan et al. 2009; Bos et al. 2011]. In *Ccbe1* mutant mice, LECs are specified and able to delaminate from the cardinal vein in small amounts but fail to migrate and form PLLV and pTD [Hagerling et al. 2013]. The fact that LECs still delaminate in *Ccbe1* mutants, but not in *Vegfc* mutants, suggests that the unprocessed VEGF-C also has some activity toward VEGFR3. Alternatively, low levels of VEGF-C cleavage may occur in the absence of CCBE1. In line with the developmental phenotype, conditional deletion of *Ccbe1* in adult mice abolishes lymphangiogenesis induced by VEGF-C overexpression [Bui et al. 2016]. Moreover, CCBE1 overexpression in adult mice synergizes with VEGF-C expression for improved lymphangiogenesis [Jeltsch et al. 2014]. The ADAMTS3 protease that activates VEGF-C was previously considered to be of major importance for the processing of interstitial procollagens to collagen [for review, see Fernandes et al. 2001]. It was therefore surprising that the *Adams3*-deleted mice had no connective tissue phenotype but instead lacked...
lymphatic vessels and had severe tissue swelling as embryos, resulting in prenatal death [Janssen et al. 2016].

Mechanistically, CCBE1 could present a scaffold that directly binds ADAMTS3, and complex formation may be required for the binding of pro-VEGF-C in vitro [Jeltsch et al. 2014; Bui et al. 2016]. The N terminus of CCBE1 interacts also with VEGFR3 and the pericellular matrix components vitronectin and collagens I, IV, and V [Bos et al. 2011; Jeltsch et al. 2014]. Immature VEGF-C also binds VEGFR3 and cell surface/ECM heparan sulfates in vitro [Yin et al. 2011; Jeltsch et al. 2014; Johns et al. 2016]. Most VEGF-C activation may thus occur on the endothelial cell surface or in the pericellular matrix. It is also interesting that the C-terminal propeptide contains a repetitive arrangement of cysteine residues, which is otherwise exclusively known from the salivary proteins of silk-weaving mosquito larvae of the genus *Chironomus*, which can form fibrous structures [Joukov et al. 1996; Jha et al. 2017]. Whether latent VEGF-C is present in fibrillar silk-like matrix structures in mammalian tissues is not known yet, but it is clear that spatiotemporal regulation of VEGF-C activity may be achieved by either regulated VEGF-C production or three-dimensional (3D) integration of the components of its activation machinery. Furthermore, differences in ECM composition or VEGFR3 protein levels likely create hot spots for VEGF-C activation and localized/guided lymphangiogenesis.

The VEGF-C–VEGFR3 signaling complex in lymphangiogenesis

Several lines of evidence support the key role of VEGFR3 in lymphangiogenesis (Fig. 1). Processed “mature” VEGF-C binds to and activates its primary receptor, VEGFR3; the main angiogenic receptor VEGFR2; and, to some extent, their heterodimers [Joukov et al. 1996; Dixelius et al. 2003]. In humans and mice, heterozygous *VEGFR3* and *VEGFC* mutations lead to lymphedema [lymphedema type 1A and 1D, *Chy* mice] [Irrthum et al. 2000; Karkkainen et al. 2000, 2001; Gordon et al. 2013; Brouillard et al. 2014]. Furthermore, combined *Vegfc* and *Vegfr3* heterozygosity leads to embryonic lethality, and expression of the VEGF-C/D trap in the developing epidermis prevents lymphatic vessel development in the skin [Makinen et al. 2001; Haiko et al. 2008]. VEGFR3 is also expressed in developing blood vessels and in fenestrated endothelia and the tip cells of angiogenic vessel sprouts in adults [Valtola et al. 1999; Partanen et al. 2000; Siekmann and Lawson 2007; Tammela et al. 2008]. Accordingly, a homozygous deletion of *Vegfr3* leads to failure of cardiovascular development before the first lymphatic vessels develop from embryonic veins at E9.5 [Dumont et al. 1998]. Intriguingly, the role of VEGFR3 in embryonic angiogenesis seems to be ligand-independent, as deletion of both of its identified ligands, VEGF-C and VEGF-D, led to the absence of lymphatic but not blood vasculature in E13.5 embryos [Haiko et al. 2008]. Moreover, mutation of the VEGFR3 ligand-binding domain or kinase domain prevented lymphangiogenesis but not angiogenesis [Zhang et al. 2010]. In the absence of ligand-induced VEGFR3 kinase activity, other kinases [such as the SRC kinases] activated by integrin signaling can phosphorylate the cytoplasmic tail of VEGFR3, providing docking sites for VEGFR3 downstream signaling components [Galvagni et al. 2010]. However, experiments so far have shown that lymphangiogenesis is strictly dependent on an intact VEGF-C–VEGFR3 signaling pathway.

While *Vegfr3* has been shown to be necessary for LEC proliferation, sprouting, and migration [Karkkainen et al. 2001], the role of VEGFR2 in LECs seems more context-dependent. The VEGFR2-specific ligand VEGF-E induced LEC proliferation but not sprouting, suggesting that VEGFR2 has a secondary role in the modulation of lymphatic vessel caliber [Wirzenius et al. 2007; Zarkada et al. 2015]. However, *Vegfr2* deletion had no effect on developmental lymphangiogenesis, whereas *Vegfr3* expression was essential for postnatal lymphangiogenesis and even the maintenance of some lymphatic vessel segments in adult skin [Zarkada et al. 2015].

VEGF-C binding to VEGFR3 induces endocytosis of the ligand–receptor complex, which may be necessary for full activation of VEGFR3-derived signals. Ephrin B2, localized to cellular filopodia in active LECs, was necessary for VEGFR3 endocytosis after ligand binding and increased filopodia number and length in response to VEGF-C exposure [Wang et al. 2010]. In line with this, deletion of the intracellular C-terminal PDZ domain of ephrin B2 led to defective expansion and pruning of the primary lymphatic capillary plexus, resulting in blunted lymphatic capillary sprouts [Makinen et al. 2005]. Ephrin B2 was also needed for the internalization of VEGFR2 [Sawamiphak et al. 2010]. Accordingly, antibody-mediated inhibition of ephrin B2 led to attenuation of tumor-associated lymphangiogenesis and angiogenesis [Abengozar et al. 2012]. After its internalization, growth factor-activated VEGFR3 triggers several intracellular signal transduction pathways [for review, see Coso et al. 2014; Secker and Harvey 2015]. The ubiquitin-binding adaptor proteins epsin 1 and epsin 2 bind to VEGFR3 and mediate its internalization and degradation, resulting in termination of VEGFR3 signaling. Interestingly, mice with LEC-specific deficiency of epsin 1 and epsin 2 had dilated lymphatic capillaries, abnormally high VEGFR3 abundance in collecting lymphatics, immature lymphatic valves, and defective lymph drainage [Liu et al. 2014].

VEGF3 activity is modulated by its coreceptor, neuropilin 2 [NRP2], initially identified as an axon guidance receptor, which is also expressed in lymphatic vessels and veins [Yuan et al. 2002]. VEGF-C binds NRP2 directly, promoting its interaction with VEGFR3 [Karkkainen et al. 2001; Favier et al. 2006]. Nrp2 deletion or antibodies blocking the NRP2–VEGF-C interaction attenuated LEC migration and sprouting but not proliferation [Fig. 1B; Caunt et al. 2008; Xu et al. 2010]. Accordingly, lymphatic vessels in the dermis of *Nrp2* mutant embryos are larger and less branched [Uchida et al. 2015], although this phenotype is partially compensated in adults [Yuan et al. 2002]. A similar phenotype with increased cell
proliferation but decreased branching was observed upon mutation of Tgfβr1 or Tgfβr2 [James et al. 2013]. Interestingly, TGFβ up-regulates NRP2 and VEGFR3 levels, simultaneously inhibiting LEC proliferation in vitro, which suggests that TGFβ-driven lymphatic vessel sprouting/branching is NRP2-dependent [James et al. 2013]. It is curious that NRP2 signaling does not promote VEGFR3-dependent LEC proliferation; perhaps lymphatic vessel branching/sprouting requires a higher VEGFR3 activity threshold than LEC proliferation. On the other hand, NRP2 could be necessary for only some VEGFR3 downstream signaling pathways, similarly to NRP1, which is specifically required for full activation of the p38MAPK signaling pathway downstream from VEGFR2 [Kawamura et al. 2008].

According to Johns et al. [2016], the cell surface heparan sulfate proteoglycan syndecan-4 interacts with VEGFR3 and potentiates its activity. It was also suggested that the heparan sulfate side chains of syndecan-4 bind immature VEGF-C via the charged heparan sulfate side chains and that these could provide a tissue reservoir or sink of VEGF-C [Johns et al. 2016; Jha et al. 2017]. In line with this, lymphatic endothelial-specific deletion of heparan sulfates leads to attenuation of tumor-induced lymphangiogenesis, possibly because of decreased VEGFR3 signaling [Johns et al. 2016]. Strikingly, however, syndecan-4 deletion led to excessive expansion of lymphatic vasculature during embryonic development [Wang et al. 2016], suggesting that syndecan-4 is not needed for VEGFR3 signaling, at least in the developmental setting. Furthermore, a chimeric VEGF-C containing the VEGF homology domain of VEGF-C in fusion with the high-affinity heparan sulfate-binding domain of VEGF induced a unique lymphatic vessel growth pattern along blood vessels [Tammela et al. 2007]. The syndecan-4 heparan sulfates could act as a reservoir or sink of VEGF-C in a context-dependent manner, and the CCBE1–ADAMTS3 complex could provide the required switch to activate the syndecan-4-bound latent VEGF-C [Jeltsch et al. 2014; Jha et al. 2017].

The integrin β1 subunit has been shown to interact with VEGFR3 in response to LEC adhesion to fibronectin or VEGFR3 stimulation with VEGF-C [Fig. 1B,C]. Formation of the integrin β1–VEGFR3 complex increases VEGFR3 phosphorylation and LEC migration in vitro [Wang et al. 2001; Zhang et al. 2005]. LECs are in contact with the ECM during lymphangiogenesis and with the basement membrane in mature quiescent lymphatic vessels; thus, the function of the VEGFR3–integrin β1 interaction differs in these two settings. By binding to the ECM, integrins are able to translate changes in extracellular tension to cellular responses via outside-in signaling. Interestingly, interstitial pressure/edema also leads to VEGFR3 activation and lymphangiogenesis in an integrin β1-dependent manner [see below; Planas-Paz et al. 2012]. Recently, other cell surface transmembrane proteins, such as CLP24 and CLEC14a, have been shown to interact with VEGFR3, but their exact roles in lymphangiogenesis are not yet known [Saharinen et al. 2010; Lee et al. 2017].

**Lymphatic vessel sprouting**

Several principles of blood vessel sprouting apply also to lymphangiogenesis, although differences are evident. Blood vascular endothelial tip cells are considered to sample the microenvironment with long thin filopodia that guide the establishment of the leading BEC lamellipodia and the direction of vessel growth, whereas BEC proliferation (and thus sprout elongation) occurs most intensely in the vessel stalk [Gerhardt et al. 2003]. In tracheal lymphatic vessels, most of the LEC proliferation in response to M. pulmonis-induced inflammation was found to occur ~60 µm behind the lymphatic capillary tip cell [Baluk et al. 2005], suggesting similarity between blood and lymphatic vessel growth.

In growing blood vessel sprouts, the endothelial tip cells have high VEGFR2 activity [Jakobsson et al. 2010; Costa et al. 2016]. VEGFR2 activation induces expression of the membrane-bound delta-like ligand 4 (DLL4), especially in the tip cells, and subsequent NOTCH activation in the sprouts [Hellstrom et al. 2007; Lobov et al. 2007; Ubezio et al. 2016; Hasan et al. 2017; Fitulescu et al. 2017]. DLL4 in turn suppresses further sprouting, as evidenced by hyperbranching of blood vasculature uponDll4 deletion or attenuation of NOTCH signaling [Sainson et al. 2005; Hellstrom et al. 2007; Lobov et al. 2007; Suchting et al. 2007]. Similarly, VEGF-C induces DLL4 expression in LECs [Zheng et al. 2011]. Suppression of NOTCH signaling by a soluble DLL4, an inhibitor of NOTCH signaling, led to hypersprouting of lymphatic vessels in adult mouse skin [Zheng et al. 2011]. Lymphangiogenesis triggered by Notch inhibition was suppressed by a VEGFR2-blocking antibody as well as soluble VEGF and VEGF-C/VEGF-D ligand traps [Zheng et al. 2011]. In the embryonic dermis, deletion of Notch1 caused hyperbranching of the lymphatic vessels and increased LEC proliferation [Murtomaki et al. 2013; Fatima et al. 2014]. However, Dll4 deletion in adult mice caused shortening of lacteal vessels, which are typically unbranched and may constantly renew in homeostatic conditions [Bernier-Latmani et al. 2015; Nurmi et al. 2015]. Dll4 deletion had no effect on mature dermal lymphatic vessels [Bernier-Latmani et al. 2015]. Antibody-mediated NOTCH inhibition in postnatal mice during the development of the dermal lymphatic network caused inhibition of both lymphatic vessel growth and sprouting [Niessen et al. 2011]. In this context, inhibition of NOTCH signaling was associated with down-regulation of ephrin B2 [Niessen et al. 2011], which is necessary for VEGFR3 internalization and signaling [Wang et al. 2010]. These experiments indicate that NOTCH signaling has context-dependent effects in lymphangiogenesis.

**Interstitial fluid pressure, edema, and flow regulate lymphangiogenesis**

One of the key functions of lymphatic vessels is to remove interstitial fluid and return it to the blood circulation. An obvious question is whether accumulation of interstitial fluid (and thus increased pressure) stimulates
lymphangiogenesis. Indeed, expansion of the lymphatic network during development, inflammation, and hypertension correlates with interstitial fluid accumulation (Maclinik et al. 2009; Planas-Paz et al. 2012; Kim et al. 2014). In mouse embryos, interstitial fluid pressure peaks at about E12.0, and this coincides with the proliferation of LECs and formation of lymph sacs and the associated superficial lymphatic plexus [Planas-Paz et al. 2012]. Interstitial pressure was shown to stretch LECs and induce their proliferation in vivo, and, in vitro, stretch synergized with VEGF-C in stimulating LEC proliferation [Planas-Paz et al. 2012]. The shear stress associated with lymph flow has been shown to potentiate VEGF-C-induced LEC sprouting in two-dimensional and 3D cell cultures [Helm et al. 2005; Kim et al. 2016; Choi et al. 2017]. Recently, flow was shown to suppress NOTCH signaling via the calcium influx mediated by the ORAI1 calcium channel. Accordingly, Orai1 calcium channel-deficient embryos displayed hypobranching of dermal lymphatic vessels [Choi et al. 2017b]. Furthermore, VEGF expression by tumor cells drives peritumoral interstitial convection, which could potentially stimulate lymphangiogenesis associated with tumorigenesis [Dafni et al. 2002]. Interstitial pressure and fluid flow also modulate the regeneration of lymphatic capillaries. Lymphangiogenesis associated with skin wound healing in mouse tails was attenuated upon decreased interstitial flow through the regenerating region, and the capacity of ectopic VEGF-C to induce lymphangiogenesis was blunted in conditions of decreased flow [Rutkowski et al. 2006; Goldman et al. 2007]. It was suggested that the need for flow is related to the channeling of growth factor and protease cues (Boardman and Swartz 2003). It seems that lymphatic vessel specification and identity are determined in part by the level of fluid shear stress. In Slp-76 [Lcp2] mutant mice, in which the access of blood into some lymphatic vessels leads to lymphatic vessel exposure to high shear stress, PROX1 is down-regulated and LECs start to display features of blood vascular endothelia [Abtahian et al. 2003; Chen et al. 2012a]. In vitro, even low shear stress induces LEC alignment with the direction of flow in a pattern similar to the in vivo situation in lymphatic vessels [Ng et al. 2004; Sabine et al. 2012]. Upon oscillatory flow, which mimics turbulent flow in the valve-forming areas, cultured LECs adopt a cuboidal shape similar to that of valve-forming cells [Sabine et al. 2012]. Interestingly, only the PROX1-high LECs respond to oscillatory flow, whereas all LECs respond to shear stress caused by laminar flow [Sabine et al. 2012]. It is not known whether flow contributes to lymphangiogenesis in already lumenized sprouts. Modulating LEC proliferation in the stalks of the sprouts.

A variety of fluid pressure/flow sensors has been implicated in lymphangiogenic responses. It has been suggested that interstitial fluid accumulation and increased pressure impacts the reorganization of stretched ECM, thereby affecting integrin β1 and subsequent VEGFR3 activation in embryos [Fig. 1B,C; Planas-Paz et al. 2012]. Interestingly, VEGFR3 may also provide a mechanosensory function when complexed with VE-cadherin [Coon et al. 2015], raising the possibility of interstitial pressure sensing at the level of LEC–LEC junctions, which mediate tension between the cells. The endothelial transmembrane protein PECAM1 (CD31) functions as a mechanosensor in BEC–BEC junctions of the blood vascular endothelium [Osawa et al. 2002; Tzima et al. 2005]. Interestingly, Pecam1-deleted mouse embryos have increased branching of mesenteric lymphatics, suggesting that PECAM1 could provide a similar function also in the lymphatic vessels [Wang et al. 2016]. Furthermore, loss of syndecan-4 or β-catenin function leads to defective lymphatic vascular patterning in the embryonic mesentery and dermis, respectively [Cha et al. 2016; Wang et al. 2016]. These mutant phenotypes may be caused by defective flow sensing, which leads to increased proliferation of LECs or lack of pruning of the lymphatic sprouts, resembling the defective blood vessel pruning in decreased flow conditions [for review, see Korn and Augustin 2015]. Laminar flow has also been shown to induce ORAI1-dependent calcium signaling, which stimulated LEC proliferation and sprouting during development [Choi et al. 2017a,b]. However, the actual sensor that activates ORAI1 has not yet been identified. Mutations of mechanosensitive calcium-permeable channel PIEZO1 have been linked to hereditary lymphedema [Fotiou et al. 2015; Lukacs et al. 2015]. Although the exact role of PIEZO1 in lymphatic function is still unclear, studies on blood vasculature have suggested a role for PIEZO1 in transducing shear stress to polarized BEC orientation [Li et al. 2014; Ranade et al. 2014]. In addition, deletion of Pdk1 or Pdk2, which have been implicated in mechanosensitive calcium signaling, led to failure of thoracic duct development in zebrafish embryos and attenuated branching of cutaneous lymphatic vessels in mouse embryos [Coxam et al. 2014; Outeda et al. 2014]. Although most of the in vivo investigations so far have focused on developmental lymphangiogenesis, it would be interesting to know whether similar mechanisms regulate regenerative lymphangiogenesis.

**Lymphatic vessel guidance by arteries and nerves**

As lymphatic vessels drain the tissue fluid extravasated from blood vessels, the codevelopment of these two vascular systems is critical. Indeed, large lymphatic collectors align with major blood vessels in mice and humans, indicating that the growth of the two vascular systems is interconnected [Fig. 1A; Sabin 1902]. Lymphatic and blood vessels display close association already in the chorioallantoic membrane of chicken embryos [Oh et al. 1997]. Furthermore, lymphatic vessel development is dependent on prior arteriogenesis in the mouse mesentery [Mahadevan et al. 2014]. In zebrafish, a recently identified population of cells resembling LECs in the brain was shown to migrate along the menencephalic vein during development, the cells remain positioned in close proximity to meningeal blood vessels in adult fish without forming a lumenized structure [Bower et al. 2017a; van Lessen et al. 2017; Venero Galanternik et al. 2017]. Interestingly, migration of these LEC-resembling cells was shown to be
vegfr3, vegfc, vegfd, and ccbe1-dependent [Bower et al. 2017a, van Lessen et al. 2017]. Whether this reflects Vegfc production by the BECs or the associated SMCs [see above; Fig. 1A] requires further investigation. Similarly, patterning of the first lymphatic vessels in zebrafish is dependent on LEC migration along intersegmental arteries whose mispatterning alters lymphatic vessel patterning, indicating that the blood vasculature provides guidance for the developing lymphatic vessels [Bussmann et al. 2010]. The arterial chemokine Cxcl12 and its receptor, Cxcr4, in LECs provide such a guidance function in zebrafish [Cha et al. 2012; Zhuo et al. 2012]. Consistent with this, a specific inhibitor of the CXCL12–CXCR4 interaction blocks suture-induced corneal lymphangiogenesis in mice [Du and Liu 2016].

Blood vessels can regulate lymphatic vessel growth and maintenance also via the peptide hormone adrenomedullin, which is essential for proper lymphatic vessel development. Accordingly, deletion of adrenomedullin or either of its two receptors, Calcrl or Ramp2, leads to an edematous embryonic phenotype [Fritz-Six et al. 2008; Ichikawa-Shindo et al. 2008], whereas overexpression of adrenomedullin by tumor cells results in increased lymphangiogenesis [Karpinich et al. 2013]. Adrenomedullin levels are regulated by the atypical chemokine receptor CXCR7, which acts as a sink of adrenomedullin. Because of this, Cxcr7 deletion leads to increased adrenomedullin levels and hypersprouting of lymphatic vessels [Klein et al. 2014]. Interestingly, CXCR7 is expressed predominantly in BECs, whereas CALCRL and RAMP2 are more prominent in LECs, and CXCR7 acts also as a sink for CXCL12 [Boldajipour et al. 2008; Fritz-Six et al. 2008]. Thus, dynamic modulation of CXCL12, adrenomedullin, and CXCR7 levels in the two vascular systems could potentially regulate their alignment and separation from each other at later developmental stages [Boldajipour et al. 2008].

Although the major collecting lymphatic vessels accompany arteries, lymphatic capillaries display a distribution pattern that is distinct from blood vessels. The separation of these two networks is an active process that uses, for example, semaphorin 3G, a repulsive cue in axon pathfinding [Uchida et al. 2015; Liu et al. 2016]. In vitro, semaphorin 3G induces LEC contraction and repulsion, which is dependent on semaphorin 3G receptors plexin and NRP2 [Uchida et al. 2015; Liu et al. 2016]. Developing arteries in the embryonic dermis express semaphorin 3G, suggesting that the altered lymphatic pattern in semaphorin 3G-deleted mice results from failure of lymphatic vessel separation from the arteries [Fig. 1D; Uchida et al. 2015; Liu et al. 2016]. The nonarterial semaphorins 3C and 3F may also inhibit lymphangiogenesis during development and tumorigenesis [Doci et al. 2015; Mumblat et al. 2015].

Although nerves have not been directly implicated in lymphatic vessel growth in mammals, it is well established that cutaneous neurons guide developing arteries in embryonic skin [Mukouyama et al. 2002]. They could thus indirectly affect lymphatic guidance. In zebrafish, however, LECs migrate along motoneurons, which in turn are directed by netrin 1, secreted by the underlying muscle pioneers in the horizontal myoseptum. Both netrin 1 down-regulation and laser-mediated motoneuron ablation prevented proper LEC migration and the para-chordal sprouting of LECs [Lim et al. 2011]. Vegfc from the preformed dorsal aorta guides the axon growth of secondary motoneurons in zebrafish [Kwon et al. 2013]. These examples indicate the existence of cross-talk between the developing neuronal and lymphatic vascular networks.

**Basement membranes in lymphangiogenesis**

Quiescent lymphatic vessels are invested with a basement membrane, which is thin and porous around lymphatic capillaries, being thicker and continuous around the collector vessels [Sauter et al. 1998; Pflicke and Sipt 2009; Lutter et al. 2012]. These differences reflect functional specialization of these two vessel types. The porous basement membrane allows leukocyte entry via LEC–LEC junctions into the lymphatic capillary lumen [Pflicke and Sipt 2009], whereas the basement membrane around collectors is critical for endothelial cell–SMC interactions, as in blood vessels [Lutter et al. 2012]. The lymphatic vessel basement membrane is composed of LEC-expressed laminin α4/5, β1/2, and γ1 chains; collagens IV and XVII; reelin; and nidogen 1 that cross-links the laminin and collagen layers [Vainionpaa et al. 2007; Pflicke and Sipt 2009; Lutter et al. 2012]. The functional significance of the lymphatic vessel basement membrane and its constituents are less well known than in the case of blood vessel basement membranes. Embryoid bodies that have a mutation in the laminin γ1 gene lack a structured basement membrane and have dilated blood vessels and altered vessel branching [Jakobsson et al. 2008]. Deletion of the laminin α4 gene in vivo led to blood vessel hyper-sprouting in mouse retinas in an integrin β1-dependent manner [Stenzel et al. 2011]. As in blood vessels, basement membranes seem to stabilize lymphatic vessels. Reelin was shown to be essential for lymphatic collector maturation via stabilization of interactions between LECs and SMCs [Lutter et al. 2012]. Furthermore, basement membrane matrix [Matrigel] inhibited sprouting lymphangiogenesis in explants of the thoracic duct in vitro [Detrey et al. 2012].

During angiogenesis, matrix metalloproteases digest basement membranes and the interstitial matrix, thus revealing new integrin-binding epitopes and releasing growth factors that facilitate sprout formation (Arroyo and Iruela-Arispe 2010). Thin and porous lymphatic capillary basement membranes should allow an interaction between LECs and the components of the interstitial matrix. Thus, the extension of LEC sprouts may be much less protease-dependent [for review, see Paupert et al. 2011]. Indeed, LECs in general express fewer proteases than BECs [Petrova et al. 2002]. Nevertheless, increased expression of matrix metalloproteinase 2 (MMP2) and MMP9 is associated with wound healing and FGF2-induced lymphangiogenesis [Chang et al. 2004; Rutkowski et al. 2006]. MMP2 was also up-regulated in lymphangiogenesis in
response to corneal injury, and Mmp2 deletion led to tortuous lymphatic capillaries in the cornea [Detry et al. 2012]. In zebrafish, mmp2 deletion reduced the length of the thoracic duct, possibly via attenuated processing of collagen [Detry et al. 2012]. In contrast, spontaneous lymphangiogenesis was observed in corneas of MT-MMP1-deficient mice [Wong et al. 2016]. These examples suggest that metalloproteases may control lymphangiogenesis, e.g., via modulation of basement membrane components and by exposing hidden matrix components.

Integrins and the interstitial matrix in lymphatic sprouting

During lymphangiogenesis, lymphatic vessel tip cells interact with fibrillar and provisional matrix components, such as collagen I and fibronectin, in the remodeling tissue. Several of these components are known to modulate lymphangiogenic responses. The ECM components that directly interact with integrins in LECs lead to activation of signal transduction pathways involved in the regulation of migration and proliferation [for review, see Chen et al. 2012b]. For example, injection of a collagen I gel stimulated lymphangiogenesis associated with wound healing in mice [Clavin et al. 2008], and the EDA epitope-containing fibronectin form, which is abundant in regenerating tissues, stimulated LEC proliferation in vitro [Ou et al. 2010].

Several integrins expressed in LECs are essential for lymphangiogenesis. The integrin α9 gene (ITGA9) is an important Prox1-regulated LEC signature gene [Petrova et al. 2002; Mishima et al. 2007]. Mice deleted of the α9 subunit (Itga9) of integrin α9β1 failed to survive beyond postnatal day 12 due to development of chylothorax, which has also been reported in patients with missense mutations of the ITGA9 [Huang et al. 2000; Liao et al. 2002; Ma et al. 2008]. α9β1 integrin is necessary for the formation of lymphatic valves; it acts via binding to the fibronectin EDA domain, emilin1, and polydym [Bazigou et al. 2009; Danussi et al. 2013; Karpanen et al. 2017; Morooka et al. 2017]. Polydym deletion recapitulates the chylothorax phenotype of Itga9 mutant mice and also leads to severe defects in lymphatic vessel sprouting, which has not been reported for Itga9 mutants [Morooka et al. 2017]. Furthermore, it was suggested that defective lymphatic vessel sprouting in Polydym-deficient mice depends on attenuated angiopoietin 2 signaling [Morooka et al. 2017].

Expression of the major fibronectin and collagen receptors is upregulated in LECs in lymphangiogenic conditions. The fibronectin receptor integrin α5β1 is induced in lymphangiogenic sprouts of inflamed tracheal mucus membranes, and small molecules that block α5β1 inhibited lymphangiogenesis but not angiogenesis associated with tracheal or corneal inflammation [Dietrich et al. 2007; Okazaki et al. 2009]. The fibronectin and VCAM receptor α4β1 is up-regulated in lymphangiogenesis, and its genetic deletion or antibody-mediated inhibition attenuated tumor lymphangiogenesis [Garmy-Susini et al. 2010]. Furthermore, collagen receptors integrin α1β1 and α2β1 were induced upon VEGF exposure in vitro, and antibodies against α1β1 and α2β1 attenuated wound healing-associated lymphatic vessel density in mice treated with VEGF-expressing implants [Hong et al. 2004]. Inhibition of α1β1 also attenuated suture-induced inflammatory lymphangiogenesis [Grimaldo et al. 2011]. Lymphangiogenic integrins contain the β1 chain, which interacts with VEGFR3 and stimulates its activity (Fig. 1B,C); thus, the above results could be mediated at least in part by regulation of VEGFR3 activation.

Outlook

Recent findings in the field of lymphangiogenesis and lymphatic biology include the identification of meningeal lymphatic vessels [Aspelund et al. 2015; Louveau et al. 2015] and finding of nonvenous endothelial cell contribution to lymphatic vessel growth in various tissues [Klotz et al. 2015; Martinez-Corral et al. 2015; Stanczuk et al. 2015]. These will undoubtedly provide additional insights for our understanding of the normal and pathological functions of lymphatic vasculature. Improvements in genetic reporters and lineage tracing tools and the ongoing deep and single-cell RNA sequencing should allow the identification of distinct molecular signatures of various types of lymphatic vessels in different organs as well as identification of novel lymphatic vessel-specific markers, which can be used to develop highly specific lineage tracing and Cre-deleter mouse strains. Together with advanced whole-mount imaging techniques, these tools should enable studies of lymphangiogenesis in the context of hierarchical lymphatic networks, which may reveal unexpected heterogeneity among seemingly similar LECs and allow studies on lymphatic vessel interactions with other anatomical structures. The possibility of postnatal manipulation of lymphatic vessel development in vivo allows studies of molecules that are essential for vascular growth and indispensable for embryonic development. These studies should provide additional insights into the general mechanisms of vascular growth and disease.

The importance of lymphatic vessels has been shown in the pathogenesis of several diseases, and modulation of lymphangiogenesis provides opportunities for therapeutic interventions. In preclinical models, inhibition of lymphangiogenesis decreases tumor dissemination, whereas stimulation of lymphangiogenesis results in enhanced resolution of inflammation. The studies done so far have targeted VEGFR3 ligand availability or signaling activity directly. However, detailed knowledge of other paracrine and pericellular mechanisms of lymphangiogenesis should provide additional possibilities to treat diseases whose pathogenesis involves lymphatic vessels.

Acknowledgments

We apologize to all those whose work is not cited due to the space constraints. We thank Dr. M. Jeltsch for critical reading of the manuscript, Dr. G. Zarkada for trachea and tail skin images, and Dr. I. Martinez-Corral for the mesentery and embryo skin images.
images. This work was supported by the Jenny and Antti Wihuri Foundation, the Jane and Aatos Erkko Foundation, the Academy of Finland (Centre of Excellence Program 2014–2019 [271845 and 307366]), the Leduq Foundation [11CVD03], the European Research Council (ERC) under the European Union’s Horizon 2020 Research and Innovation Programme (under grant agreement no. 743155), the Sigrid Juselius Foundation, and the Finnish Cancer Society (all to K.A.). K.V. was supported by an academy of Finland post-doctoral research grant (287853) and the University of Helsinki three-year research grant. S.K. was supported by a Finnish National Science Foundation Advanced Postdoc.Mobility grant [P300PB_164732]. T.M. was supported by the Swedish Research Council and the European Research Council (ERC-2014-CoG-646849).

References

Abengozar MA, de Frutos S, Ferreiro S, Soriano J, Perez-Martinez M, Olmeda D, Marencho M, Canamero M, Ortega S, Megias D, et al. 2012. Blocking ephrinB2 with highly specific antibodies inhibits angiogenesis, lymphangiogenesis, and tumor growth. Blood 119: 4565–4576.

Abtahan F, Guerriero A, Sebzda E, Lu MM, Zhou R, Mocsai A, Myers EE, Huang B, Jackson DG, Ferrari VA, et al. 2003. Regulation of blood and lymphatic vascular separation by signaling proteins SLP-76 and Syk. Science 299: 247–251.

Achen MG, Williams RA, Minekus MP, Thornton GE, Stenvers K, Rogers PA, Lederman F, Roufail S, Stacke SA. 2001. Localization of vascular endothelial growth factor-D in malignant melanoma suggests a role in tumour angiogenesis. J Pathol 193: 147–154.

Adachi Y, Nakamura H, Kitamura Y, Taniguchi Y, Araki K, Shomori K, Horie Y, Kurozawa Y, Ito H, Hayashi K. 2007. Lymphatic vessel density in pulmonary adenocarcinoma immunohistochemically evaluated with anti-podoplanin or anti-D2-40 antibody is correlated with lymphatic invasion or lymph node metastases. Pathol Int 57: 171–177.

Achisser D, Iolyeva M, Halin C. 2014. The inflammatory response of lymphatic endothelium. Angiogenesis 17: 383–393.

Alders M, Hogan BM, Giini E, Salehi F, Al-Gazali L, Hennekam EA, Holmberg EE, Mannens MM, Mulder MF, Offerhaus GJ, et al. 2009. Mutations in CCBE1 cause generalized lymph vessel dysplasia in humans. Nat Genet 41: 1272–1274.

Alders M, Mendola A, Ades L, Al Gazzali L, Bellini C, Dallapiccola B, Edery P, Frank U, Hornshuh F, Huisman SA, et al. 2013. Evaluation of clinical manifestations in patients with severe lymphedema with and without CCBE1 mutations. Mol Syndromol 4: 107–113.

Alitalo K. 2011. The lymphatic vasculature in disease. Nat Med 17: 1371–1380.

Arroyo AG, Iruela-Arispe ML. 2010. Extracellular matrix, inflammation, and the angiogenic response. Cardiovasc Res 86: 226–235.

Aspelund A, Tammela T, Antila S, Nurmi H, Leppanen VM, Zarkada G, Staniecuk L, Francois M, Makinen T, Saharinen P, et al. 2014. The Schlemm’s canal is a VEGF-C/VEGFR-3-responsive lymphatic-like vessel. J Clin Invest 124: 3975–3986.

Aspelund A, Antila S, Proulx ST, Karlsen TV, Karaman S, Detmar M, Wiig H, Alitalo K. 2015. A dural lymphatic vascular system that drains brain interstitial fluid and macromolecules. J Exp Med 212: 991–999.

Aspelund A, Robciuc MR, Karaman S, Makinen T, Alitalo K. 2016. Lymphatic system in cardiovascular medicine. Circ Res 118: 515–530.

Astini JW, Haggerty MJ, Okuda KS, Le Guen L, Misa JP, Tromp A, Hogan BM, Crosier KE, Crosier PS. 2014. Vegfd can compensate for loss of Vegfc in zebrafish facial lymphatic sprouting. Development 141: 2680–2690.

Avraham T, Daluvoy S, Zampell J, Yan A, Haviv YS, Rockson SG, Mehrara BJ. 2010. Blockade of transforming growth factor-β1 accelerates lymphatic regeneration during wound repair. Am J Pathol 177: 3202–3214.

Baldwin ME, Halford MM, Roufail S, Williams RA, Hibbs ML, Grail D, Kubo H, Stacke SA, Achen MG. 2005. Vascular endothelial growth factor D is dispensable for development of the lymphatic system. Mol Cell Biol 25: 2441–2449.

Baluk P, Tammela T, Ator E, Lyubynska N, Achen MG, Hicklin DJ, Jeltsch M, Petrova TV, Pytowski B, Stacke SA, et al. 2005. Pathogenesis of persistent lymphatic vessel hyperplasia in chronic airway inflammation. J Clin Invest 115: 247–257.

Bazigou E, Makinen T. 2013. Flow control in our vessels: vascular valves make sure there is no way back. Cell Mol Life Sci 70: 1055–1066.

Bazigou E, Xie S, Chen C, Weston A, Miura N, Sorokin L, Adams R, Muro AF, Sheppard D, Makinen T. 2009. Integrin-α9 is required for fibronectin matrix assembly during lymphatic valve morphogenesis. Dev Cell 17: 175–186.

Beasley NJ, Prevo R, Baneri S, Leek RD, Moore J, van Trappen P, Cox G, Harris AL, Jackson DC. 2002. Intratumoral lymphangiogenesis and lymph node metastasis in head and neck cancer. Cancer Res 62: 1315–1320.

Bermier-Latmani J, Cisarovsky C, Demir CS, Bruand M, Raether I, et al. 2015. DLL4 promotes continuous adult intestinal lacteal development and role in shaping immunity. J Pathol 235: 1125–1140.

Bertozzii CC, Schmaier AA, Mericco P, Hess PR, Zou Z, Chen M, Chen CY, Xu B, Lu MM, Zhou D, et al. 2010. Platelets regulate lymphatic vascular development through CLEC-2–SLP-6 signaling. Blood 116: 661–670.

Betterman KL, Harvey NL. 2016. The lymphatic vasculature: development and role in shaping immunity. Immunol Rev 271: 276–292.

Bjorndahl M, Cao R, Nissen Lj, Clasper S, Johnson LA, Xue Y, Zhou Z, Jackson D, Hansen AJ, Cao Y. 2005. Insulin-like growth factors 1 and 2 induce lymphangiogenesis in vivo. Proc Natl Acad Sci USA 102: 15593–15598.

Boardman KC, Swartz MA. 2003. Interstitial flow as a guide for lymphangiogenesis. Circ Res 92: 801–808.

Boldajipour B, Mahabalshwar H, Kardash E, Reichman-Fried M, Blaser H, Minina S, Wilson D, Xu Q, Raz E. 2008. Control of chemokine-guided cell migration by ligand sequestration. Cell 132: 463–473.

Bos FL, Caunt M, Peterson-Maduro J, Planas-Paz L, Kowalski J, Karpanen T, van Impel A, Tong R, Ernst JA, Korving J, et al. 2011. CCBE1 is essential for mammalian lymphatic vascular development and enhances the lymphangiogenic effect of vascular endothelial growth factor-C in vivo. Circ Res 109: 486–491.

Bower NJ, Koltowska K, Pichol-Thievend C, Virshup I, Paterson S, Lagendijk AK, Wang W, Lindsey BW, Bent SJ, Back S, et al. 2017a. Mural lymphatic endothelial cells regulate meningeal angiogenesis in the zebrafish. Nat Neurosci 20: 774–783.

Bower NJ, Vogrin AJ, Le Guen L, Chen H, Stacke SA, Achen MG, Hogan BM. 2017b. Vegfd modulates both angiogenesis and lymphangiogenesis during zebrafish embryonic development. Development 144: 507–518.
lymphangiogenesis by integrin α5 blockade. Am J Pathol 171: 361–372.

Dietrich T, Bock F, Yuen D, Hos D, Bachmann BO, Zahn G, Wie- gand S, Chen L, Cursiefen C. 2010. Cutting edge: lymphatic vessels, not blood vessels, primarily mediate immune rejec-
tions after transplantation. J Immunol 184: 535–539.

Dixieius J, Makinen T, Wirzenius M, Karkkainen MJ, Wernstedt C, Altalco K, Claesson-Welsh L. 2003. Ligand-induced vascular endothelial growth factor receptor-3 (VEGFR-3) heterodi-
merization with VEGFR-2 in primary lymphatic endothelial cells regulates tyrosine phosphorylation sites. J Biol Chem 278: 40973–40979.

Doci CL, Mikelis CM, Molinolo AA, Gutkind JS. 2007. The CXCL12/CXCR4 axis regulates neovasculari-
dustion after transplantation. J Clin Invest 118: 40–50.

Doci CL, Mikelis CM, Molinolo AA, Gutkind JS. 2007. The CXCL12/CXCR4 axis regulates neovasculari-
dustion after transplantation. J Clin Invest 118: 40–50.

Gale NW, Thurston G, Hackett SF, Renard R, Wang Q, McClain J, Martin C, Witte C, Witte MH, Jackson D, et al. 2002. Angio-
poietin-2 is required for postnatal angiogenesis and lymphatic patterning, and only the latter role is rescued by Angiopoietin-
1. Dev Cell 3: 411–423.

Galon J, Costes A, Sanchez-Cabo F, KiriLovsky A, Mlecnik B, Lagorce-Pages C, Tosolini M, Camus M, Berger A, Wind P, et al. 2006. Type, density, and location of immune cells within human colorectal tumors predict clinical outcome. Science 313: 1960–1964.

Gavagni F, Pennacchini S, Salameh A, Rocchigiani M, Neri F, Orlandini M, Petraglia F, Gotta S, Sardone GL, Matteucci G, et al. 2010. Endothelial cell adhesion to the extracellular matrix induces c-Src-dependent VEGFR-3 phosphorylation without the activation of the receptor intrinsic kinase activity. Circ Res 106: 1839–1848.

Garmany-Susini B, Avraamidou CJ, Schmid MC, Foubert P, Ellis LC, Barnes L, Feral C, Papayannopoulou T, Lowy A, Blair SL, et al. 2010. Integrin α4β1 signaling is required for lymphangiogenesis and tumor metastasis. Cancer Res 70: 3042–3051.

Gerhardt H, Golding M, Fruttiger M, Ruhrberg C, Lundkvist A, Abramsson A, Jetsch M, Mitchell C, Altalco K, Shima D, et al. 2003. VEGF guides angiogenic sprouting utilizing endo-
thelial tip cell filopodia. J Cell Biol 161: 1163–1177.

Gibot L, Galbraith T, Kloos B, Das S, Lacroix DA, Auger FA, Skobe M. 2016. Cell-based approach for 3D reconstruction of lymphatic capillaries in vitro reveals distinct functions of HGF and VEGF-C in lymphangiogenesis. Biomaterials 78: 129–139.

Goldman J, Conley KA, Rahel A, Bondy DM, Pytowski B, Swartz MA, Rutkowski J, Jaroch DB, Ongstad EL. 2007. Regulation of lymphatic capillary regeneration by interstitial flow in skin. Am J Physiol Heart Circ Physiol 292: H2176–H2183.

Gordon EJ, Rao S, Pollard JW, Nutt SL, Lang RA, Harvey NL. 2010. Macrophages define dermal lymphatic vessel calibre during development by regulating lymphatic endothelial cell proliferation. Development 137: 3899–3910.

Gordon K, Schulte D, Brice G, Simpson MA, Roukens MG, van Impel A, Connell F, Kalidas K, Jeffery S, Mortimer PS, et al. 2013. Mutation in vascular endothelial growth factor-C, a li-
gand for vascular endothelial growth factor receptor-3, is associated with autosomal dominant milroy-like primary lymphedema. Circ Res 112: 956–960.

Grimaldo S, Yuen D, Eecoffie T, Chen L. 2011. Very late antigen-1 mediates corneal lymphangiogenesis. Invest Ophthalmol Vis Sci 52: 4808–4812.

Guo R, Zhou Q, Proulx ST, Wood R, Ji RC, Ritchlin CT, Pytowski B, Zhu Z, Wang YJ, Schwarz EM, et al. 2009. Inhibition of lymphangiogenesis and lymphatic drainage via vascular endothelial growth factor receptor 3 blockade increases the severity of inflammation in a mouse model of chronic inflammatory arthritis. Arthritis Rheum 60: 2666–2676.

Hagerling R, Pollmann C, Andreas M, Schmid C, Nurmi H, Adams RH, Altalco K, Andresen V, Schulte-Merker S, Kiefer F. 2013. A novel multistep mechanism for initial lymphangiogen-
esis in mouse embryos based on ultramicroscopy. EMBO J 32: 629–644.

Haiko P, Makinen T, Keskitalo S, Taijale J, Karkkainen MJ, Bald-
win ME, Stacke SA, Achen MG, Altalco K. 2008. Deletion of vascular endothelial growth factor C [VEGF-C] and VEGF-D is not equivalent to VEGF receptor 3 deletion in mouse embryos. Mol Cell Biol 28: 4843–4850.

Hall KL, Volk-Draaper LD, Flister MJ, Ran S. 2012. New model of macrophage acquisition of the lymphatic endothelial pheno-
type. PLoS One 7: e31794.
Lymphangiogenesis guidance

Hasan SS, Tsaryk R, Lange M, Wisniewski L, Moore JC, Lawson ND, Wojciechowska K, Schnittler H, Sichmann AF. 2017. Endothelial Notch signalling limits angiogenesis via control of artery formation. *Nat Cell Biol* 19: 928–940.

He Y, Kozaki K, Karpanen T, Koshikawa K, Yla-Herttuala S, Takahashi T, Alitalo K. 2002. Suppression of tumor lymphangiogenesis and lymph node metastasis by blocking vascular endothelial growth factor receptor 3 signaling. *J Natl Cancer Inst* 94: 819–825.

He Y, Rajantie I, Pajusola K, Jeltsch M, Holopainen T, Yla-Herttuala S, Harding T, Jooss K, Takahashi T, Alitalo K. 2005. Vascular endothelial cell growth factor receptor 3-mediated activation of lymphatic endothelium is crucial for tumor cell entry and spread via lymphatic vessels. *Cancer Res* 65: 4739–4746.

Hellstrom M, Phng LK, Hofmann JF, Wallgard E, Coultas L, Lindstrom-Asschenfeldt B, Velasco P, Hirakawa S, Kunstmann K, Irrthum A, Karkkainen MJ, Devriendt K, Alitalo K, Vikkula M. 2013. TGFbeta Trunk. *Development* 140: 3903–3914.

Janssen L, Dupont L, Bekhouche M, Noel A, Leduc C, Voz M, Peers B, Cataldo D, Apte SS, Dubail J, et al. 2016. ADAMTS3 activity is mandatory for embryonic lymphangiogenesis and regulates placental angiogenesis. *Angiogenesis* 19: 53–65.

Jeltsch M, Jha SK, Tvorogov D, Anisimov A, Leppanen VM, Holopainen T, Kivela R, Ortega S, Karpanen T, Alitalo K. 2014. CCB1 enhances lymphangiogenesis via A disintegrin and metalloproteinase with thrombospondin motifs-3-mediated vascular endothelial growth factor-C activation. *Circulation* 129: 1962–1971.

Jiang S, Bailey AS, Goldman DC, Swain JR, Wong MH, Streeter PR, Fleming WH. 2008. Hematopoietic stem cells contribute to lymphatic endothelium. *PLoS One* 3: e3812.

Johnson NC, Dillard ME, Baluk P, McDonald DM, Harvey NL, Frase SL, Oliver G. 2008. Lymphatic endothelial cell identity is reversible and its maintenance requires Prox1 activity. *Genes Dev* 22: 3282–3291.

Koukov V, Pajusola K, Kaipainen A, Chilov D, Lahtinen I, Kukk E, Saksela O, Kalkkinen N, Alitalo K. 1996. A novel vascular endothelial growth factor, VEGF-C, is a ligand for the Flt4 (VEGFR-3) and KDR (VEGFR-2) receptor tyrosine kinases. *EMBO J* 15: 290–298.

Koukov V, Sorsa T, Kumar V, Jeltsch M, Claesson-Welsh L, Cao Y, Saksela O, Kalkkinen N, Alitalo K. 1997. Proteolytic processing regulates receptor specificity and activity of VEGF-C. *EMBO J* 16: 3898–3911.

Kaijya K, Hirakawa S, Ma B, Drinnenberg I, Detmar M. 2005. Hyperoxygen growth factor protein promotes lymphatic vessel formation and function. *EMBO J* 24: 2885–2895.

Kaneko I, Tanaka S, Oka S, Kawamura T, Hiyama T, Ito M, Yoshihara M, Shimamoto F, Chayama K. 2007. Lymphatic vessel density at the site of deepest penetration as a predictor of lymph node metastasis in submucosal colorectal cancer. *Dis Colon Rectum* 50: 13–21.

Karalay O, Doberauer K, Vadodaria KC, Knobloch M, Berti L, MiquelaJauregui A, Schwark M, Jagsa R, Taketo MM, Tara-bykin V, et al. 2011. Prospero-related homeobox 1 gene (Prox1) is regulated by canonical Wnt signaling and has a stage-specific role in adult hippocampal neurogenesis. *Proc Natl Acad Sci* 108: 5807–5812.

Karssen K, Detmar M. 2014. Mechanisms of lymphatic metastasis. *J Clin Invest* 124: 922–928.

Karkkainen MJ, Ferrell RE, Lawrence EC, Kimak MA, Levinson KL, McTigue MA, Alitalo K, Finegold DN. 2000. Missense mutations interfere with VEGFR-3 signalling in primary lymphedema. *Nat Genet* 25: 153–159.

Karkkainen MJ, Saaristo A, Jussila L,Karila KA, Lawrence EC, Pajusola K, Bueller H, Eichmann A, Kauppinen R, Kettunen MI, et al. 2001. A model for gene therapy of human hereditary lymphedema. *Proc Natl Acad Sci* 98: 12677–12682.

Karkkainen MJ, Haiko P, Sainio K, Partanen J, Taipale J, Petrova TV, Jeltsch M, Jackson DG, Talikka M, Raunio M, et al. 2004. Vascular endothelial growth factor C is required for sprouting
of the first lymphatic vessels from embryonic veins. *Nat Immunol* 5: 74–80.

Karpanen T, Alitalo K. 2001. Lymphatic vessels as targets of tumor therapy? *J Exp Med* 194: F37–F42.

Karpanen T, Egeblad M, Karkkainen MJ, Kubo H, Yla-Herttuala S, Jaattela M, Alitalo K. 2001. Vascular endothelial growth factor C promotes tumor lymphangiogenesis and intralymphatic tumor growth. *Cancer Res* 61: 1786–1790.

Karpanen T, Padberg Y, van de Pavert SA, Dierkies C, Morooka N, Peterson-Maduro J, van de Hoek C, Adrian M, Mochizuki N, Sekiguchi K, et al. 2017. An evolutionarily conserved role for Polydom/Svcp1 during lymphatic vessel formation. *Circ Res* 120: 1263–1275.

Karpinich NO, Kecchele DO, Espenschied TD, Willcockson HH, Fedorov Y, Caron KM. 2013. Adrenomedullin gene dosage correlates with tumor and lymph node lymphangiogenesis. *FASEB J* 27: 590–600.

Kataru RP, Jung K, Jang C, Yang H, Schwendener RA, Baik JE, Han SH, Alitalo K, Koh GY. 2009. Critical role of CD11b+ macrophages and VEGF in inflammatory lymphangiogenesis, anti-vascular clearance, and inflammation resolution. *Blood* 113: 5650–5659.

Kataru RP, Kim H, Jang C, Choi DK, Koh BI, Kim M, Gollamudi S, Kim YK, Lee SH, Koh GY. 2011. T lymphocytes negatively regulate lymph node lymphatic vessel formation. *Immunity* 34: 96–107.

Kawamura H, Li X, Goishi K, van Meeteren LA, Jakobsson L, Cebe-Suarez S, Shimizu A, Edholm D, Ballmer-Hofer K, Kjellen L, et al. 2008. Neuropilin-1 in regulation of VEGF-induced activation of p38MAPK and endothelial cell organization. *Blood* 112: 3638–3649.

Kelley PM, Connor AL, Tempero RM. 2013. Lymphatic vessel memory stimulated by recurrent inflammation. *Am J Pathol* 182: 2418–2428.

Kerjaschki D, Huttary N, Raab I, Regele H, Bojarski-Nagy K, Barl B, Krober SM, Greinix H, Rosenmaier A, Karlhofer F, et al. 2006. Lymphatic endothelial progenitor cells contribute to de novo lymphangiogenesis in human renal transplants. *Nat Med* 12: 230–234.

Kim KE, Sung HK, Koh GY. 2007. Lymphatic development in mouse small intestine. *Dev Dyn* 236: 2020–2025.

Kim KE, Koh YJ, Jeon BH, Jung C, Han J, Kataru RP, Schwendener RA, Kim JM, Koh GY. 2009. Role of CD11b+ macrophages in intraarterial lipopolysaccharide-induced aberrant lymphangiogenesis and lymphatic function in the diaphragm. *Am J Pathol* 175: 1733–1745.

Kim H, Kataru RP, Koh GY. 2014. Inflammation-associated lymphangiogenesis: a double-edged sword? *J Clin Invest* 124: 936–942.

Kim S, Chung M, Jeon NL. 2016. Three-dimensional biomimetic model to reconstitute sprouting lymphangiogenesis in vitro. *Biomaterials* 78: 115–126.

Kirilovsky A, Marliot F, El Sissy C, Haicheur N, Galon J, Pages F, Kirilovsky A, Marliot F, El Sissy C, Haicheur N, Galon J, Pages F. 2003. Differential in vivo and in vitro expression of vascular endothelial growth factor (VEGF)-C and VEGF-D in tumors and its relationship to lymphatic metastasis in immunocompetent rats. *Cancer Res* 63: 713–722.

Kubo H, Cao R, Brakenhielm E, Makinen T, Cao Y, Alitalo K. 2002. Blockade of vascular endothelial growth factor receptor-3 signaling inhibits fibroblast growth factor-2-induced lymphangiogenesis in mouse cornea. *Proc Natl Acad Sci* 99: 8868–8873.

Kubota Y, Takubo K, Shimizu T, Ohno H, Kishi K, Shibuya M, Saya H, Suda T. 2009. M-CSF inhibition selectively targets pathological angiogenesis and lymphangiogenesis. *J Exp Med* 206: 1089–1102.

Kunstfeld R, Hirakawa S, Hong YK, Schacht V, Lange-Asschenfeldt B, Velasco P, Lin C, Fiebiger E, Wei X, Wu Y, et al. 2004. Induction of cutaneous delayed-type hypersensitivity reactions in VEGF-A transgenic mice results in chronic skin inflammation associated with persistent lymphatic hyperplasia. *Blood* 104: 1048–1057.

Kwon HB, Fukuhara S, Asakawa K, Ando K, Kashiwada T, Kawakami K, Hibi M, Kwon YG, Kim KW, Alitalo K, et al. 2013. The parallel growth of motoneuron axons with the dorsal aorta depends on Vegfc/Vegfr3 signaling in zebralfish. *Development* 140: 4081–4090.

Leak LV, Burke JF. 1968. Ultrastructural studies on the lymphatic anchoring filaments. *J Cell Biol* 36: 129–149.

Lee JY, Park C, Cho YP, Lee E, Kim H, Kim P, Yun SH, Yoon YS. 2010. Podoplanin-expressing cells derived from bone marrow play a crucial role in postnatal lymphatic neovascularization. *Circulation* 122: 1413–1425.

Lee KM, Danuser R, Stein JV, Graham D, Nibbs RJ, Graham GJ. 2014. The chemokine receptors ACKR2 and CCR2 reciprocally regulate lymphatic vessel density. *EMBO J* 33: 2564–2580.

Lee S, Rho SS, Park H, Park JA, Kim J, Lee IK, Koh GY, Mochizuki N, Kim YM, Kwon YG. 2017. Carbohydrate-binding protein CLEC14A regulates VEGFR-2- and VEGFR-3-dependent signals during angiogenesis and lymphangiogenesis. *J Clin Invest* 127: 457–471.

Le Guen L, Karpanen T, Schulte D, Harris NC, Koltowska K, Roukens G, Bower NI, van Impel A, Stacker SA, Achen MG, et al. 2014. Ccl21 regulates VEGF-mediated induction of Vegf3 signaling during embryonic lymphangiogenesis. *Dev Growth Differ* 56: 1239–1249.

Li J, Hou B, Tumova S, Muraki K, Bruns A, Ludlow MJ, Seda O, Hyman AJ, Mckeown L, Young RS, et al. 2014. Piez1 integration of vascular architecture with physiological force. *Nature* 515: 279–282.
Liao YF, Gotwals PJ, Koteliansky VE, Sheppard D, Van De Water L. 2002. The EIIIA segment of fibronectin is a ligand for integrins α9β1 and α4β1 providing a novel mechanism for regulating cell adhesion by alternative splicing. J Biol Chem 277: 14467–14474.

Lim AH, Suli A, Yaniv K, Weinstein B, Li DY, Chien CB. 2011. Motoneurons are essential for vascular pathfinding. Development 138: 3847–3857.

Lin J, Lalani AS, Harding TC, Gonzalez M, Wu WW, Luan B, Tu GH, Koprinikar K, VanRoey MJ, He Y, et al. 2005. Inhibition of lymphogenous metastasis using adeno-associated virus-mediated gene transfer of a soluble VEGFR-3 decoy receptor. Cancer Res 65: 6901–6909.

Lin FJ, Chen X, Qin J, Hong YK, Tsai MJ, Tsai SY. 2010. Direct transcriptional regulation of neuropilin-2 by COUP-TFI modifies multiple steps in murine lymphatic vessel development. J Clin Invest 120: 1694–1707.

Liu X, Pasula S, Song H, Tesneer KL, Dong Y, Hahn S, Yago T, Brophy ML, Chang B, Cai X, et al. 2014. Temporal and spatial regulation of epsin abundance and VEGF receptor-3 signaling are required for lymphatic valve formation and function. Sci Signal 7: ra97.

Liu X, Uemura A, Fukushima Y, Yoshida Y, Hirashima M. 2016. Semaphorin 3G provides a repulsive guidance cue to lymphatic endothelial cells via Neuropilin-2/PlexinD1. Cell Rep 17: 2299–2311.

Lobov IB, Renard RA, Papadopoulos N, Gale NW, Thurston G, Yancopoulos GD, Wiegand SJ. 2007. Delta-like ligand 4 (DLL4) is induced by VEGF as a negative regulator of angiogenic sprouting. Proc Natl Acad Sci USA 104: 3219–3224.

Louveau A, Smirnov I, Keyes TJ, Eccles JD, Rouhani SJ, Peske JD, Derecki NC, Castle D, Mandell JW, Lee KS, et al. 2015. Structural and functional features of central nervous system lymphatic vessels. Nature 523: 337–341.

Lukacs V, Mathur J, Mao R, Bayrak-Toydemir P, Proctor M, Cahan LM, Kim HJ, Bandell M, Longo N, Day RW, et al. 2015. Impaired PIEZO1 function in patients with a novel autosomal recessive congenital lymphatic dysplasia. Nat Commun 6: 8329.

Lutter S, Xie S, Tatin F, Makinen T. 2012. Smooth muscle-endothelial cell communication activates Reelin signaling and regulates lymphatic vessel formation. J Cell Biol 197: 837–849.

Ma GC, Liu CS, Chang SP, Yeh KT, Ke YY, Chen TH, Wang BB, Kuo SJ, Shih JC, Chen M. 2008. A recurrent ITGA9 missense mutation in human fetuses with severe chylothorax: possible correlation with poor response to fetal therapy. Prenat Diagn 28: 1057–1063.

Machnik A, Neuhofer W, Jantsch J, Dahlmann A, Tammela M, Machura K, Park JK, Beck FX, Muller DN, Derer W, et al. 2009. Macrophages regulate salt-dependent volume and blood pressure by a vascular endothelial growth factor-C-dependent buffering mechanism. Nat Med 15: 545–552.

Mahadevan A, Welsh JC, Sivakumar A, Gludish DW, Shilvock AR, Noden DM, Huss D, Lansford R, Kuprios NA. 2014. The left–right Ptx2 pathway drives organ-specific arterial and lymphatic development in the intestine. Dev Cell 31: 690–706.

Makinen T, Jussila L, Velikkola T, Karpanen T, Kettunen MI, Pullkainen KJ, Kaupinnen R, Jackson DG, Kubo H, Nishikawa S, et al. 2001. Inhibition of lymphangiogenesis with resulting lymphedema in transgenic mice expressing soluble VEGF receptor-3. Nat Med 7: 199–205.

Makinen T, Adams RH, Bailey J, Lu Q, Ziemiecki A, Alitalo K, Klein R, Wilkinson GA. 2005. PDZ interaction site in ephrinB2 is required for the remodeling of lymphatic vasculature. Genes Dev 19: 397–410.

Mandriota SJ, Jussila L, Jeltsch M, Compagni A, Baetens D, Prevo R, Banerji S, Huarte J, Montesano R, Jackson DG, et al. 2001. Vascular endothelial growth factor-C-mediated lymphangiogenesis promotes tumour metastasis. EMBO J 20: 672–682.

Marino D, Angehrn Y, Klein S, Riccardi S, Baenziiger-Tobler N, Otto VI, Pittelow M, Detmar M. 2013. Activation of the epithelial growth factor receptor promotes lymphangiogenesis in the skin. J Dermatol Sci 71: 184–194.

Martinez-Corrall I, Makinen T. 2013. Regulation of lymphatic vascular morphogenesis: implications for pathological [tumor] lymphangiogenesis. Exp Cell Res 319: 1618–1625.

Martinez-Corrall I, Ulvmar MH, Stanzczuk L, Tatin F, Kizhatil K, John SW, Alitalo K, Ortega S, Makinen T. 2015. Nonvenous origin of dermal lymphatic vasculature. Circ Res 116: 1419–1429.

Maruyama K, H M, Cursiefen C, Jackson DG, Keino H, Tomita M, Van Rooijen N, Takenaka H, D’Amore PA, Stein-Streilein J, et al. 2005. Inflammation-induced lymphangiogenesis in the cornea arises from CD11b+ positive macrophages. J Clin Invest 115: 2363–2372.

Matsui K, Nagy-Bojarisky K, Laakkonen P, Krieger S, Mechtler K, Uchida S, Geleff S, Kang DH, Johnson RJ, Kerjaschki D. 2003. Lymphatic microvessels in the rat remnant kidney model of renal fibrosis: aminopeptidase α and podoplanin are discriminatory markers for endothelial cells of blood and lymphatic vessels. J Am Soc Nephrol 14: 1981–1989.

Matsumoto K, Nakayama Y, Inoue Y, Minagawa N, Katsuki T, Shibao K, Tsurudome Y, Hirata K, Nagata N, Itoh H. 2007. Lymphatic microvessel density is an independent prognostic factor in colorectal cancer. Dis Colon Rectum 50: 308–314.

Mishima K, Watabe T, Saito A, Yoshimatsu Y, Imaizumi N, Masui S, Hirashima M, Morisada T, Oike Y, Araie M, et al. 2007. Prox1 induces lymphatic endothelial differentiation via integrin α9 and other signaling cascades. Mol Biol Cell 18: 1421–1429.

Mlecnik B, Bindea G, Kirilovsky A, Angell HK, Obenauf AC, Tosolini M, Church SE, Maba P, Vasaturo A, Angelova M, et al. 2016. The tumor microenvironment and Immunoscoring are critical determinants of dissemination to distant metastasis. Sci Transl Med 8: 327ra326.

Moertel CG, Fleming TR, Macdonald JS, Haller DG, Laurie JA, Tangen CM, Ungerleider JS, Emerson WA, Torney DC, Glick JH, et al. 1995. Fluorouracil plus levamisole as effective adjuvant therapy in patients with advanced colorectal carcinoma: a final report. Ann Intern Med 122: 321–326.

Morisada T, Oike Y, Yamada Y, Urano T, Akao M, Kubota Y, Maekawa H, Kimura Y, Ohmura M, Miymato T, et al. 2005. Angiopoietin-1 promotes LYVE-1-positive lymphatic vessel formation. Blood 105: 4649–4656.

Morooka N, Futaki S, Nishio-Nishiuchi R, Nishino M, Totani Y, Shimono C, Nakano I, Nakajima H, Mochizuki N, Sekiguchi K. 2017. Polydom is an extracellular matrix protein involved in lymphatic vessel remodeling. Circ Res 120: 1276–1288.

Mukoyama YS, Shin D, Britsch S, Taniguchi M, Anderson DJ. 2002. Sensory nerves determine the pattern of arterial differentiation and blood vessel branching in the skin. Cell 109: 693–705.

Mumblat Y, Kessler O, Ilan N, Neufeld G. 2015. Full-length semaphorin-3C is an inhibitor of tumor lymphangiogenesis and metastasis. Cancer Res 75: 2177–2186.

Mumprecht V, Detmar M. 2013. In vivo imaging of lymph node lymphangiogenesis by immuno-positron emission tomography. Methods Mol Biol 961: 129–140.
Murtomaki A, Uh MK, Choi YK, Kitajewski C, Borisenko V, Kitajewski J, Shawer CJ. 2013. Notch1 functions as a negative regulator of lymphatic endothelial cell differentiation in the venous endothelium. Development 140: 2365–2376.

Nagy JA, Vasile E, Fung D, Sundberg C, Brown LF, Detmar MJ, Lawitts JA, Benjamin L, Tan X, Manseau EJ, et al. 2002. Vascular permeability factor/vascular endothelial growth factor induces lymphangiogenesis as well as angiogenesis. J Exp Med 196: 1497–1506.

Nakamura Y, Yasuoka H, Tsujimoto M, Imabun S, Nakahara M, Nakao K, Nakamura M, Mori I, Kakudo K. 2005. Lymph vessel density correlates with nodal status, VEGF-C expression, and prognosis in breast cancer. Breast Cancer Res Treat 91: 125–132.

Naxerova K, Reiter JG, Brachtel E, Lennner JK, van de Wetering M, Rowan A, Cai T, Clevers H, Swanton C, Nowak MA, et al. 2017. Origins of lymphatic and distant metastases in human colorectal cancer. Science 357: 55–60.

Ng CP, Helm CL, Swartz MA. 2004. Interstitial flow stimulates blood and lymphatic endothelial cell morphogenesis in vitro. Microvasc Res 68: 258–264.

Nicenboim J, Malkinson N, Lupo T, Saas L, Sela Y, Mayseless O, Nykanen AI, Sandelin H, Krebs R, Keranen MA, Tuuminen R, Ochoa-Espinosa A, Affolter M. 2012. Branching morphogenesis: a regulator of lymphatic endothelial cell differentiation in the lymphatic vessels. J Cell Biol 199: 109–119.

Oka M, Iwata C, Suzuki HI, Kiyono K, Morishita Y, Watabe T, Okazaki T, Ni A, Ayeni OA, Baluk P, Yao LC, Vossmeyer D, Zischinsky G, Zahn G, Knolle J, Christner C, et al. 2009. a5β1 integrin blockade inhibits lymphangiogenesis in airway inflammation. Am J Pathol 174: 2378–2387.

Osawa M, Masuda M, Kusano K, Fujisawa K. 2002. Evidence for a role of platelet endothelial cell adhesion molecule-1 in endothelial cell mechanosignal transduction: is it a mechanoresponsive molecule? J Cell Biol 158: 773–785.

Ou J, Li J, Pan F, Xie G, Zhou Q, Huang H, Liang H. 2011. Endostatin suppresses colorectal tumor-induced lymphangiogenesis by inhibiting expression of fibronectin extra domain A and integrin a9. J Cell Biochem 112: 2106–2114.

Outea P, Huso DL, Fisher SA, Halushka MK, Kim H, Qian F, Germino GG, Watnick T. 2014. Polycystin signaling is required for directed endothelial cell migration and lymphatic development. Cell Rep 7: 634–644.

Paquet-Fifield S, Levy SM, Sato T, Shayan R, Kamezis T, Davydova N, Nowell CJ, Roussal S, Ma GZ, Zhang YF, et al. 2013. Vascular endothelial growth factor-d modulates caliber and function of initial lymphatics in the dermis. J Invest Dermatol 137: 2074–2084.

Partanen TA, Arola J, Saussila L, Ora A, Miettinen M, Stacker SA, Achen MG, Alitalo K. 2000. VEGF-C and VEGF-D expression in neuroendocrine cells and their receptor, VEGFR-3, in fetenstated blood vessels in human tissues. FASEB J 14: 2087–2096.

Pauport E, Jounni NE, Noël A. 2011. Lymphangiogenesis in post-natal tissue remodeling: lymphatic endothelial cell connection with its environment. Mol Aspects Med 32: 146–158.

Pavlov V, Rosental B, Hansen NF, Beers JM, Parish G, Rowbotham I, Block BA. 2017. Hydraulic control of tuna fins: a role for the lymphatic system in vertebrate locomotion. Science 357: 310–314.

Petrova TV, Makinen T, Makela TP, Saarela J, Virtanen I, Ferrell RE, Finegold DN, Kerjaschki D, Yla-Herttuala S, Alitalo K. 2002. Lymphatic endothelial reprogramming of vascular endothelial cells by the Prox-1 homeobox transcription factor. EMBO J 21: 4593–4599.

Petrova TV, Nykanen A, Nurmenn C, Ivanov KI, Andersson LC, Haglund C, Puolakkainen P, Wempe F, von Melchner H, Gradwohl G, et al. 2008. Transcription factor PROX1 induces colon cancer progression by promoting the transition from benign to highly dysplastic phenotype. Cancer Cell 13: 407–419.

Pilicke H, Sixt M. 2009. Perforated portals facilitate dendritic cell entry into afferent lymphatic vessels. J Exp Med 206: 2925–2935.

Pitulescu ME, Schmidt I, Gaivo BD, Antoine T, Berkenfeld F, Ferrante F, Park H, Ehling M, Biljes D, Rocha SF, et al. 2017. Dll4 and Notch signalling couples sprouting angiogenesis and artery formation. Nat Cell Biol 19: 915–927.

Planas-Paz L, Strilic B, Goedecke A, Bierer G, Fassler R, Lammert E. 2012. Mechanoinduction of lymph vessel expansion. EMBO J 31: 788–804.

Ranade SS, Qiu Z, Woo SH, Hur SS, Murthy SE, Cahalan SM, Xu J, Mathur J, Bandell M, Coste B, et al. 2014. Piezo1, a mechanically activated ion channel, is required for vascular development in mice. Proc Natl Acad Sci 111: 10347–10352.

Religa P, Cao R, Bjornsdal M, Zhou Z, Zhu Z, Cao Y. 2005. Presence of bone marrow-derived circulating progenitor endothelial cells in the newly formed lymphatic vessels. Blood 106: 4184–4190.

Renyi-Vamos F, Tovari J, Fillinger J, Timar J, Paku S, Kenessy I, Ostoros G, Agocs L, Soltész I, Dome B. 2005. Lymphangiogenesis correlates with lymph node metastasis, prognosis, and angiogenic phenotype in human non-small cell lung cancer. Clin Cancer Res 11: 7344–7353.

Roberts N, Kloos B, Cassella M, Podgrabsinska S, Persaud K, Wu Y, Pytowski B, Skobe M. 2006. Inhibition of VEGFR-3 activation with the antagonistic antibody more potentely suppresses...
lymph node and distant metastases than inactivation of VEGFR-2. Cancer Res 66: 2650–2657.

Ruhberg C, Gerhardt H, Golding M, Watson R, Ioannidou S, Fujiisawa H, Betsholtz C, Shima DT. 2002. Spatially restricted patterning cues provided by heparin-binding VEGF-A control blood vessel branching morphogenesis. Genes Dev 16: 2684–2698.

Rutkowski JM, Boardman KC, Swartz MA. 2006. Characterization of lymphangiogenesis in a model of adult skin regeneration. Am J Physiol Heart Circ Physiol 291: H1402–H1410.

Saad RS, Kordunsky L, Liu YL, Denning KL, Kandil HA, Silverman JF. 2006. Lymphatic microvessel density as prognostic marker in colorectal cancer. Mod Pathol 19: 1317–1323.

Sabin FR. 1902. On the origin of the lymphatic system from the veins, and the development of the lymph hearts and thoracic duct in the pig. Am J Anat 1: 367–389.

Sabine A, Agalarov Y, Maby-El Hajjami H, Jaquet M, Hagerling R, Pollmann C, Bebber D, Pfenninger A, Miura N, Dormond O, et al. 2012. Mechanotransduction, PROX1, and FOXC2 cooperate to control connexin37 and calcium current during lymphatic valve formation. Dev Cell 22: 430–445.

Saharinen P, Helotera H, Miettinen J, Normen C, D’Amico G, Jeltsch M, Langenberg W, Vandevelde W, Ny A, Dewerchin M, et al. 2010. Claudin-like protein 24 interacts with the VEGFR-2 and VEGFR-3 pathways and regulates lymphatic vessel development. Genes Dev 24: 875–880.

Sainson RC, Aoto J, Nakatsu MN, Holderfield M, Conn E, Koller S, Koller Salven P, Lymboussaki A, Heikkila P, Jaaskela-Saari H, Enholm Tammela T, Zarkada G, Wallgard E, Murtomaki A, Suchting S, Wirzenius M, Waltari M, Hellstrom M, Schomber T, Peltonen Wirzenius M, Waltari M, HELLSTROM M, Schomber T, Peltonen.
R, et al. 2008. Blocking VEGFR-3 suppresses angiogenic sprouting and vascular network formation. *Nature* **454**: 656–660.

Tobler NE, Detmar M. 2006. Tumor and lymph node lymphangiogenesis—impact on cancer metastasis. *J Leukoc Biol* **80**: 691–696.

Tzima E, Irani-Tehrani M, Kiosses WB, Dejana E, Schultz DA, Engelhardt B, Cao G, DeLisser H, Schwartz MA. 2005. A mechanosensory complex that mediates the endothelial cell response to fluid shear stress. *Nature* **437**: 426–431.

Ubezio B, Blanco RA, Guedens I, Stanchi F, Mathivet T, Jones ML, Ragab A, Bentley K, Gerhardt H. 2016. Synchronization of endothelial Dll4–Notch dynamics switch blood vessels from branching to expansion. *Elife* **5**: e12167.

Uchida Y, James JM, Suto F, Mukouyama YS. 2015. Class 3 semaphorins negatively regulate dermal lymphatic network formation. *Bone Res* **3**: 194–1205.

Ulmar MH, Makinen T. 2016. Heterogeneity in the lymphatic vascular system and its origin. *Cardiovasc Res* **111**: 310–321.

Vainionpaa N, Buztow R, Hukkanen M, Jackson DG, Pihlajaniemi T, Sakai LY, Virtanen I. 2007. Basement membrane protein distribution in LYVE-1-immunoreactive lymphatic vessels of normal tissues and ovarian carcinomas. *Cell Tissue Res* **328**: 317–328.

Valtola R, Salven P, Heikkilä P, Taipale J, Joensuu H, Rehn M, Venero Galanternik M, Castranova D, Gore AV, Blewett NH, Wang JF, Zhang XF, Groopman JE. 2001. Stimulation of VEGF-C ligand expression in lymphatic vessels of normal tissues and ovarian carcinomas. *Am J Pathol* **158**: 1381–1390.

van Lessen M, Shibata-Germanos S, van Impel A, Hawkins TA, Rihel J, Schulte-Merker S. 2017. Intracellular uptake of macromolecules by brain lymphatic endothelial cells during zebrafish embryonic development. *Elife* **6**: e25932.

Venero Galanternik M, Castranova D, Gore AV, Blewett NH, Jung HM, Stratman AN, Kirby MR, Iben J, Miller MF, Kawa- kami K, et al. 2017. A novel perivascular cell population in the zebrafish brain. *Elife* **6**: e25932.

Wang JF, Zhang XF, Groopman JE. 2001. Stimulation of β1 integrin induces tyrosine phosphorylation of vascular endothelial growth factor receptor-3 and modulates cell migration. *J Biol Chem* **276**: 41950–41957.

Wang Y, Nakayama M, Pitulescu ME, Schmidt TS, Bochenek ML, Sakakibara A, Adams S, Davy A, Deutsch U, Luthi U, et al. 2010. Ephrin-B2 controls VEGF-induced angiogenesis and lymphangiogenesis. *Nature* **465**: 483–486.

Wang Y, Baeyens N, Corti F, Tanaka K, Fang JS, Zhang J, Yin Y, Coon B, Hirschi KK, Schwartz MA, et al. 2016. Syndecan-4 controls lymphatic vasculature remodeling during embryonic development. *Development* **143**: 4441–4451.

Wigle JT, Oliver G. 1999. Prox1 function is required for the development of the murine lymphatic system. *Cell* **98**: 769–778.

Wigle JT, Harvey N, Detmar M, Lagutina I, Grosveld G, Gunn MD, Jackson DG, Oliver G. 2002. An essential role for Prox1 in the induction of the lymphatic endothelial cell phenotype. *EMBO J* **21**: 1505–1513.

Wirzenius M, Tammela T, Uutela M, He Y, Odorissio T, Zambruno G, Nagy JA, Dvorak HF, Yla-Herttuala S, Shibuya M, et al. 2007. Distinct vascular endothelial growth factor signals for lymphatic vessel enlargement and sprouting. *J Exp Med* **204**: 1431–1440.

Wong HL, Jin G, Cao R, Zhang S, Cao Y, Zhou Z. 2016. MT1-MMP sheds LYVE-1 on lymphatic endothelial cells and suppresses VEGF-C production to inhibit lymphangiogenesis. *Nat Commun* **7**: 10824.

Xu Y, Yuan L, Mak J, Pardanaud L, Caunt M, Kasman I, Larrivee B, Del Toro R, Suchting S, Medvinsky A, et al. 2010. Neuruphin-2 mediates VEGF-C-induced lymphatic sprouting together with VEGFR3. *J Cell Biol* **188**: 115–130.

Yang Y, Garcia-Verdugo JM, Soriano-Navarro M, Srinivasan RS, Scallan JP, Singh MK, Epstein JA, Oliver G. 2012. Lymphatic endothelial progenitors bud from the cardinal vein and intersegmental vessels in mammalian embryos. *Blood* **120**: 2340–2348.

Yaniv K, Isogai S, Castranova D, Dye L, Hitomi J, Weinstein BM. 2006. Live imaging of lymphatic development in the zebrafish. *Nat Med* **12**: 711–716.

Yao LC, Baluk P, Srinivasan RS, Oliver G, McDonald DM. 2012. Plasticity of button-like junctions in the endothelium of airway lymphatics in development and inflammation. *Am J Pathol* **180**: 2561–2575.

Yin X, Johns SC, Lawrence R, Xu D, Reddi K, Bishop JR, Varner JA, Fuster MM. 2011. Lymphatic endothelial heparan sulfate deficiency results in altered growth responses to vascular endothelial growth factor-C (VEGF-C). *J Biol Chem* **286**: 14952–14962.

Yu P, Wilhelm K, Dubrac A, Tung JK, Alves TC, Fang JS, Xie Y, Zhu J, Chen Z, De Smet F, et al. 2017. FGF-dependent metabolic control of vascular development. *Nature* **545**: 224–228.

Yuan L, Moyon D, Pardanaud L, Breant C, Karkkainen MJ, Alitalo K, Eichmann A. 2002. Abnormal lymphatic vessel development in neuropilin 2 mutant mice. *Development* **129**: 4797–4806.

Zampell JC, Avraham T, Yoder N, Fort N, Yan A, Weitman ES, Mehrara BJ. 2012. Lymphatic function is regulated by a coordinated expression of lymphangiogenic and anti-lymphangiogenic cytokines. *Am J Physiol Cell Physiol* **302**: C392–C404.

Zarkada G, Heinolainen K, Makinen T, Kubota Y, Alitalo K. 2015. VEGFR3 does not sustain retinal angiogenesis without VEGFR2. *Proc Natl Acad Sci USA* **112**: 761–766.

Zhang X, Groupman JE, Wang JF. 2005. Extracellular matrix regulates endothelial functions through interaction of VEGFR-3 and integrin α5β1. *J Cell Physiol* **202**: 205–214.

Zhang N, Schroppel B, Lal G, Jakubzick C, Mao X, Chen D, Yin N, Jessberger R, Ochando JC, Ding Y, et al. 2009. Regulatory T cells sequentially migrate from inflamed tissues to draining lymph nodes to suppress the alloimmune response. *Immunity* **30**: 458–469.

Zhang L, Zhou F, Han W, Shen B, Luo J, Shibuya M, He Y. 2010. VEGF-3 ligand-binding and kinase activity are required for lymphangiogenesis but not for angiogenesis. *Cell Res* **20**: 1319–1331.

Zheng W, Tammela T, Yamamoto M, Anisimov A, Holopainen T, Kaijalainen S, Karpanen T, Lehti K, Yla-Herttuala S, Alitalo K. 2011. Notch restricts lymphatic vessel sprouting in vitro. *Nature* **471**: 1154–1162.

Zhu J, Chen Z, De Smet F, et al. 2017. FGF-dependent metabolic control of vascular development. *Nature* **545**: 224–228.

Yu P, Wilhelm K, Dubrac A, Tung JK, Alves TC, Fang JS, Xie Y, Zhu J, Chen Z, De Smet F, et al. 2017. FGF-dependent metabolic control of vascular development. *Nature* **545**: 224–228.

Zhum L, Zhou F, Han W, Shen B, Luo J, Shibuya M, He Y. 2010. VEGF-3 ligand-binding and kinase activity are required for lymphangiogenesis but not for angiogenesis. *Cell Res* **20**: 1319–1331.

Zhum L, Zhou F, Han W, Shen B, Luo J, Shibuya M, He Y. 2010. VEGF-3 ligand-binding and kinase activity are required for lymphangiogenesis but not for angiogenesis. *Cell Res* **20**: 1319–1331.