

Myelodysplastic Cells in Patients Reprogram Mesenchymal Stromal Cells to Establish a Transplantable Stem Cell Niche Disease Unit

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Myelodysplastic syndromes (MDS)

Heterogeneous group of malignant clonal disorders of the myeloid lineage affecting mainly older individuals (median 68-75a)

Characteristics:

- Ineffective hematopoiesis
- Presence of dysplastic cells in the BM
- Peripheral cytopenias

Clinical presentation: Anemia

- Bleeding
- Infection

Classification according to risk-score system segregates patients according to prognosis (lower-risk, intermediate-risk, high-risk)

Several genetic lesions identified in patients with MDS

Genetic mouse models of MDS – no recapitulation of the disease heterogeneity

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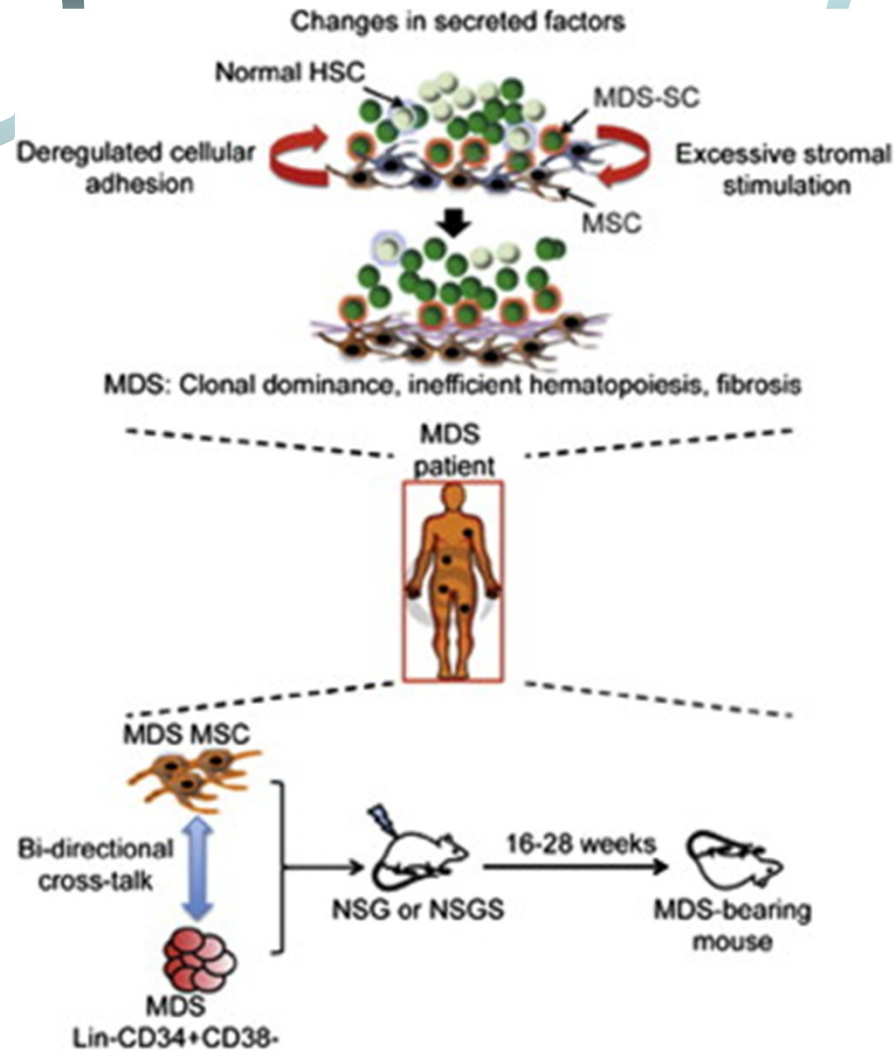
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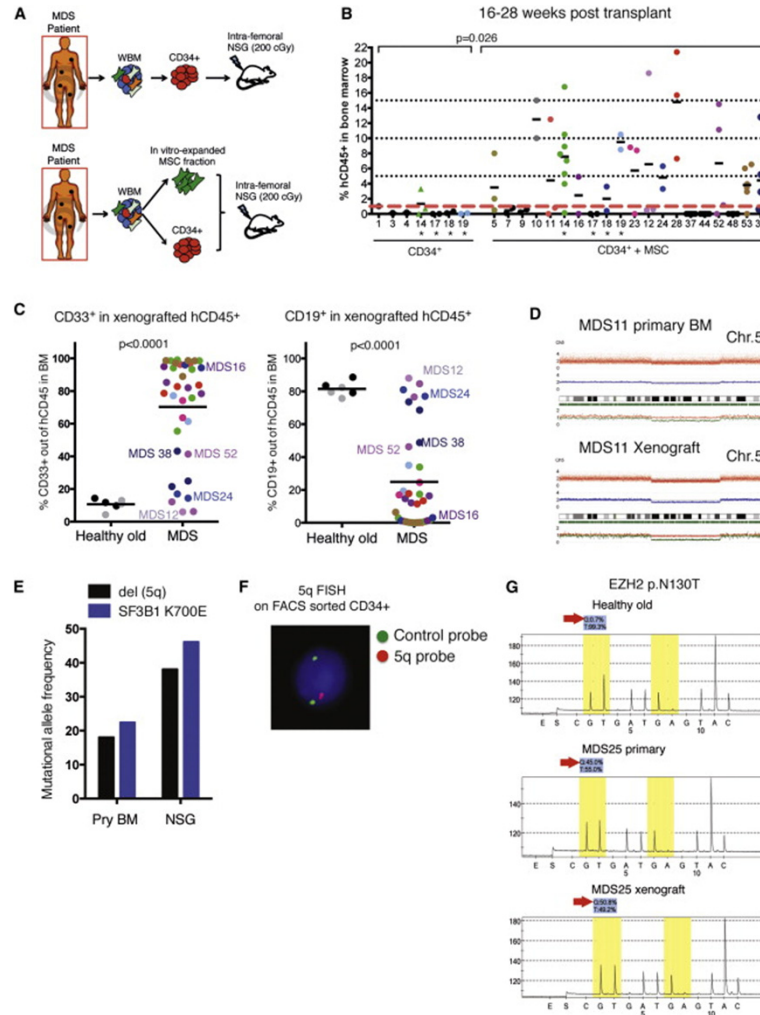
Xenograft models in immunodeficient mice

- inconsistent, transient and low level engraftment especially in low-risk patients
- Engraftment only with HSC from high risk patients that are closer to AML than MDS
- Distinguishing normal and MDS HSC is difficult – no specific marker and not all MDS HSC have trackable cytogenetic lesions
- Recent studies showing that microenvironment alterations influence the development of myeloid neoplasms



Hypothesis - disease propagating cells in lower risk patients form a functional unit with their respective stromal niche cells

Xenograft Model using NOD-*scid* IL2Rgamma^{null} mice



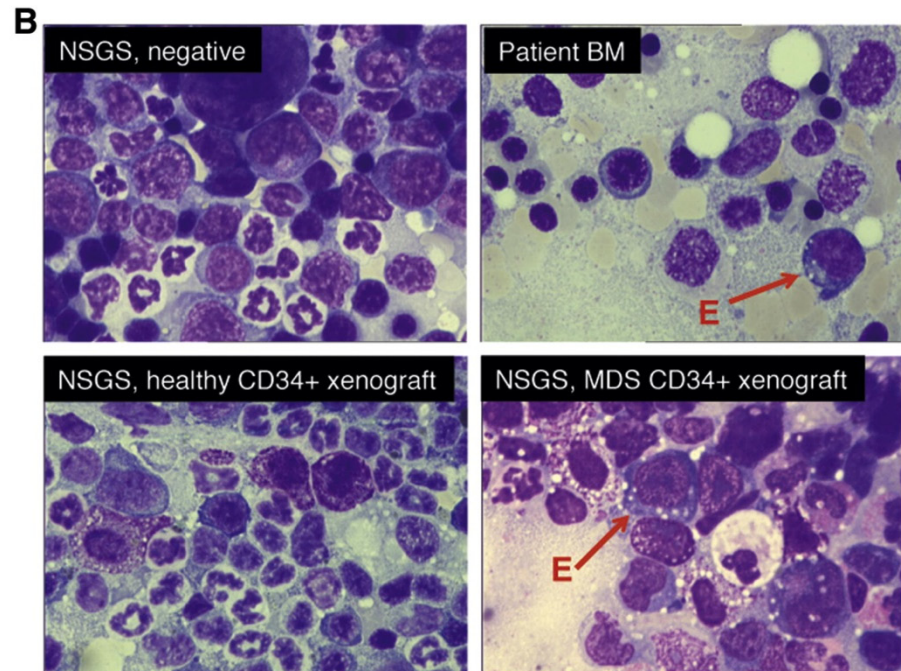
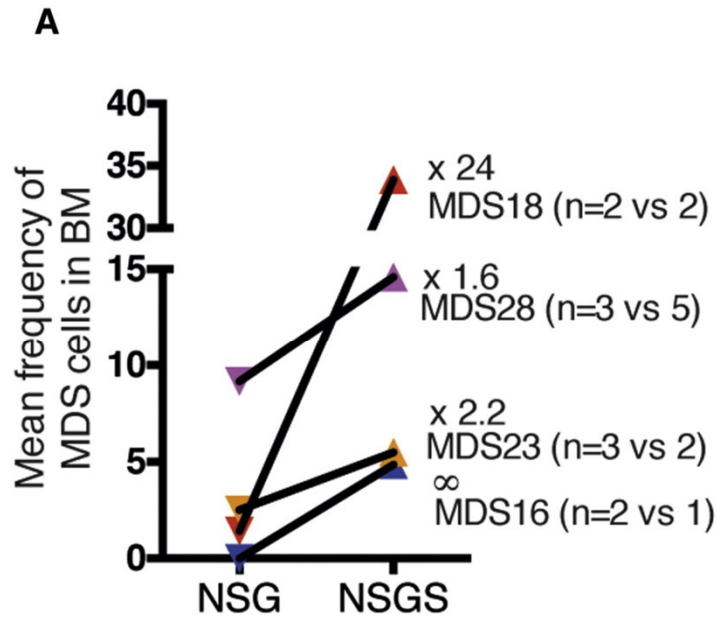
Enhanced engraftment of lower-risk MDS by cotransplantation of patient-derived MSCs

Gene	Amplicons	Frequency [%]
SF3B1	7	14.5
SRSF2	4	12.4
U2AF1	8	7.3
ZRSR2	12	3.1
DNMT3A	16	2.5
EZH2	17	6.4
IDH1/2	1/1	1.4/2.1
TET2	27	20.7
ASXL1	11	14.4
TP53	7	7.5
CBL	2	2.7
KRAS/NRAS	2/2	0.9/6.3
RUNX1	7	8.7
ETV6	8	2.6
NPM1	1	1.8

Genes commonly mutated in MDS and analysed in this study

Synergistic effect of MSC & growth factors on the expansion of HSPCs

Test the xenograft model in NSGS mice that
constitutively express the human cytokines
IL-3, GM-CSF and SCF



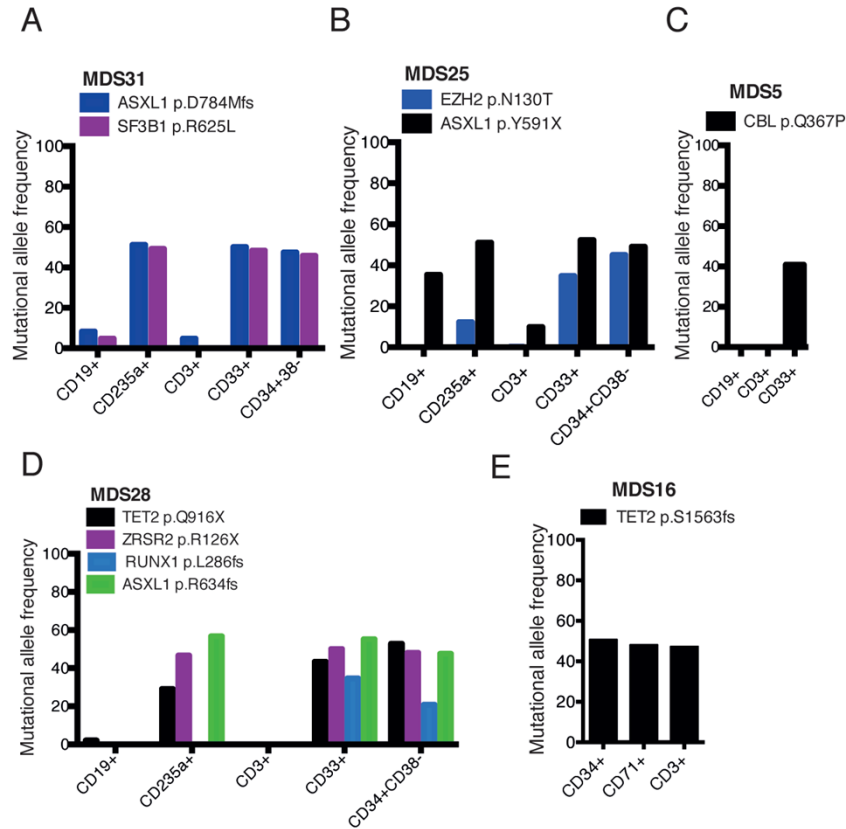
NSGS mice further enhance the engraftment of dysplastic MDS cells

Identification of disease propagating cells (DPC) in MDS

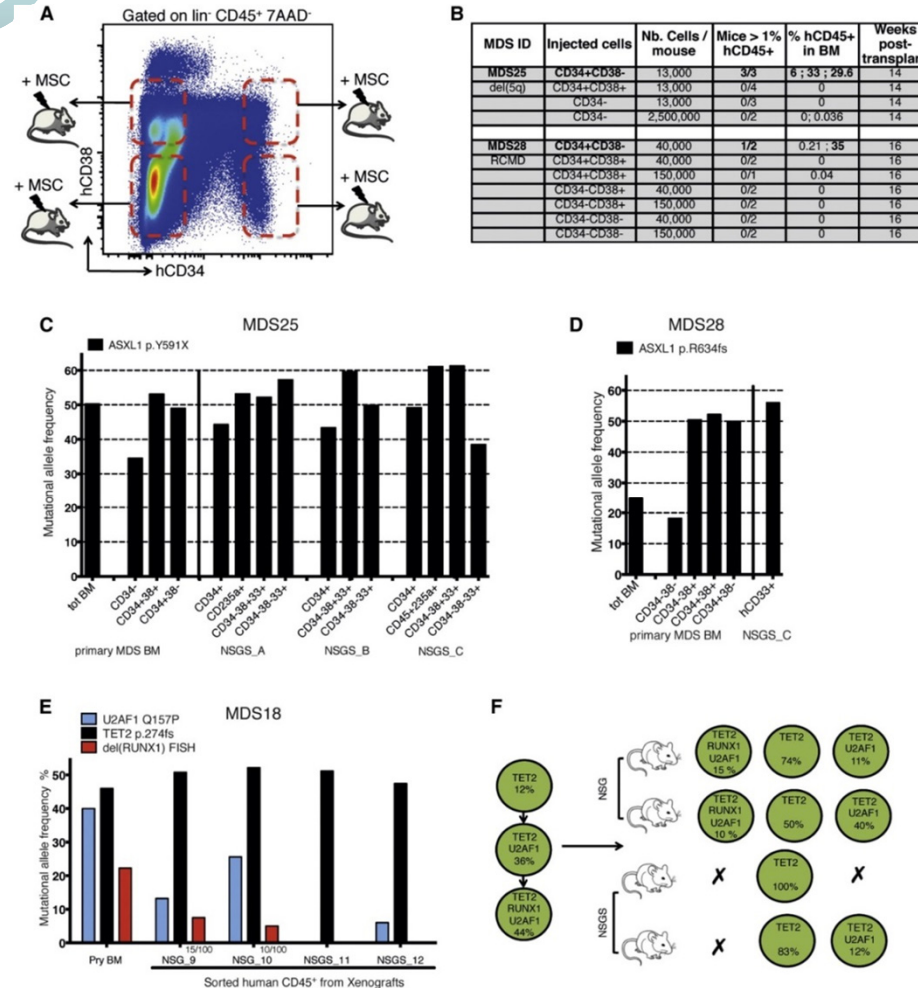
-lineage restricted (myeloid) progenitor cells ?

-genetic/epigenetic changes in stem cells preventing
lymphoid lineage commitment ?

Figure S2

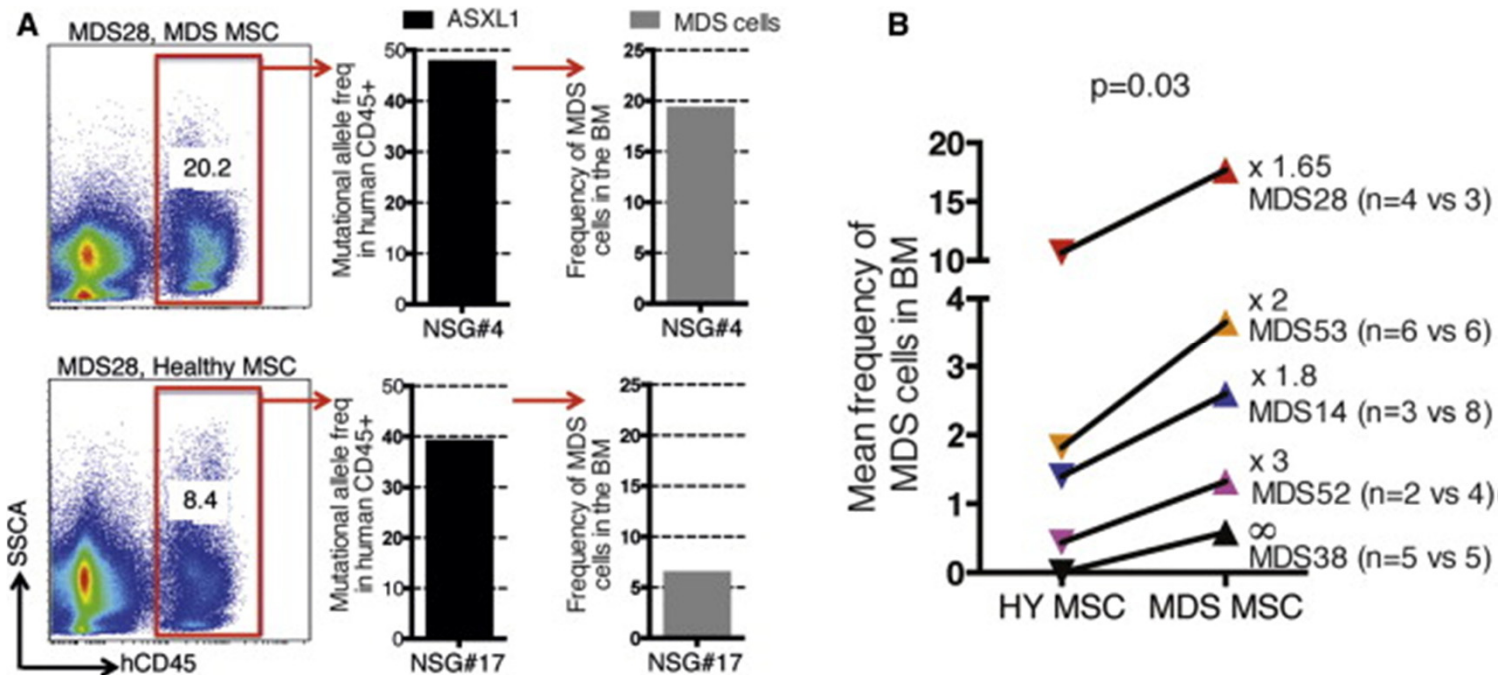


Myeloid and erythroid cells are consistently derived from MDS cells



DPC in lower-risk MDS are restricted to the lin-CD34+CD38-subset and show variegated clonality

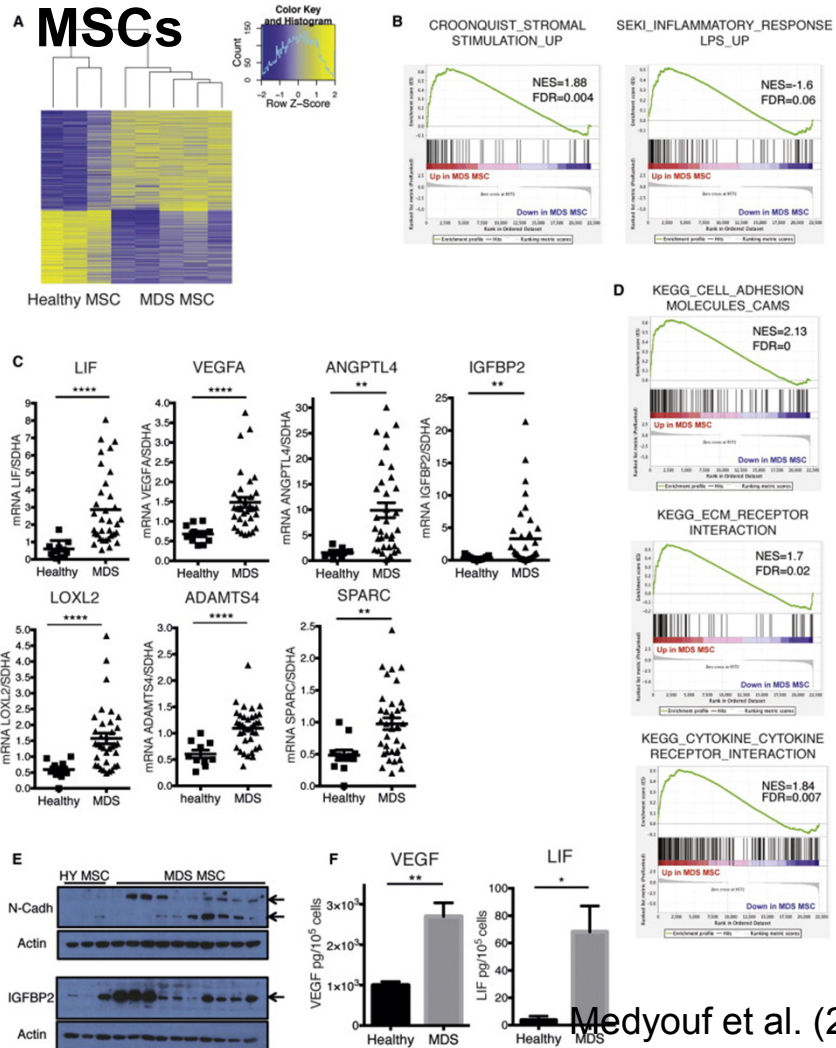
Comparison of MDS engraftment with MDS MSCs versus healthy MSCs



MDS MSC provide MDS CD34+ cells with significantly enhanced engraftment capacity

Medyounf et al. (2014), Cell Stem Cell, 14, 824-837

Molecular features of MDS MSCs in comparison with healthy



MDS MSC

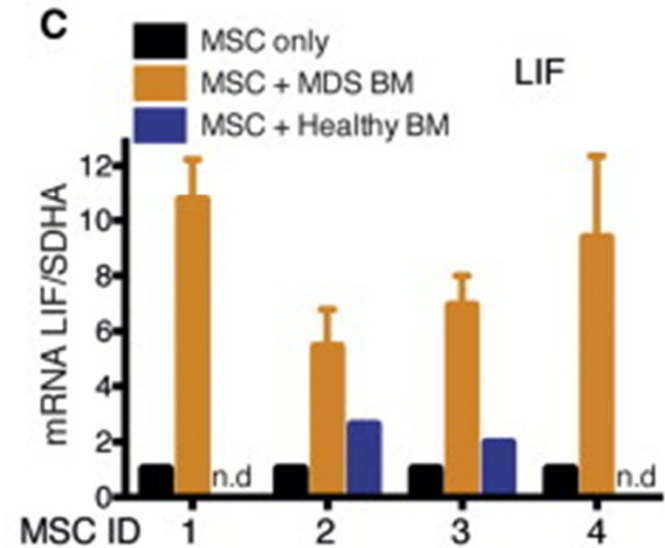
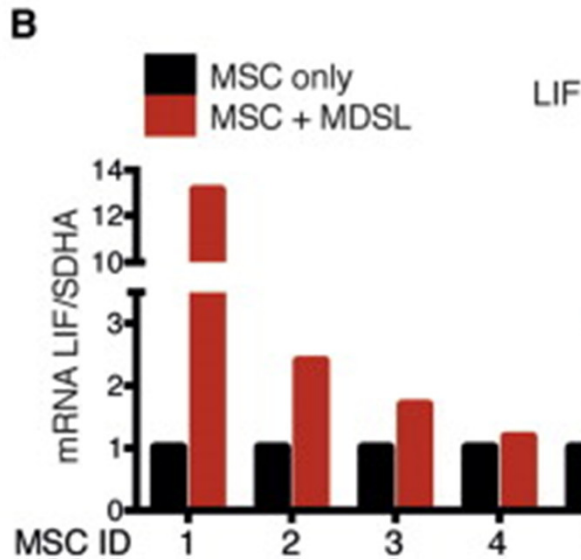
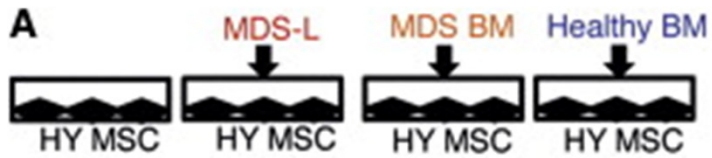
Factors for survival and proliferation of HSPC ↑

Fibrosis-associated genes ↑

Ongoing stromal stimulation

Response to inflammatory environment

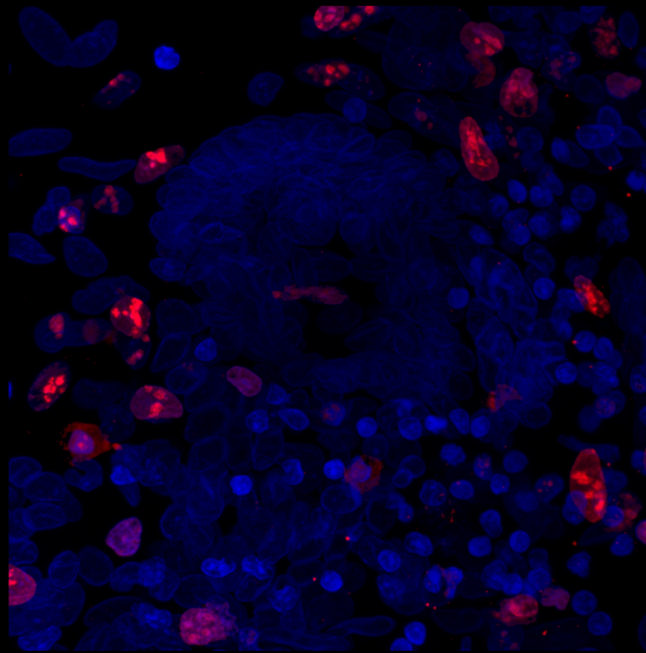
MDS MSC have an altered pattern of gene expression concerned with intercellular cross talk that might support enhanced MDS hematopoietic cell engraftment



Exposure of healthy MSCs to MDS BM leads to altered gene expression in MSCs

Summary

- intricate interplay between mutant hematopoietic cells and their MSCs in MDS diseased ,hematopoietic niche unit‘
- MDS hematopoietic cells instruct healthy MSCs to acquire MDS MSC-like features
- MDS MSCs produce cytokines and other factors further promoting development and expansion of diseased hematopoietic MDS stem cells and their progeny



Thank you !