Hemangiosarcoma Cells Promote Conserved Host-Derived Hematopoietic Expansion

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Abstract

Hemangiosarcoma and angiosarcoma are soft-tissue sarcomas of blood vessel-forming cells in

dogs and humans, respectively. These vasoformative sarcomas are aggressive and highly

metastatic, with disorganized, irregular blood-filled vascular spaces. Our objective was to define

molecular programs which support the niche that enables progression of canine hemangiosarcoma

and human angiosarcoma. Dog-in-mouse hemangiosarcoma xenografts recapitulated the

vasoformative and highly angiogenic morphology and molecular characteristics of primary

tumors. Blood vessels in the tumors were complex and disorganized, and they were lined by both

donor and host cells, a trait that was not observed in xenografts from canine osteosarcoma and

lymphoma. In some cases, the xenografted hemangiosarcoma cells created exuberant myeloid

hyperplasia and gave rise to lymphoproliferative tumors of mouse origin. We did not uncover a

definitive transmissible etiology, but our functional analyses indicate that hemangiosarcoma cells

generate a microenvironment that supports expansion and differentiation of hematopoietic

progenitor populations. We conclude that canine hemangiosarcomas, and possibly human

angiosarcomas, originate from stromal cells that are part of the bone marrow niche and that these

cells may also support the growth of hematopoietic tumors.

Significance: We demonstrate that molecular programs supporting expansion of immune and

inflammatory cells in hemangiosarcoma resemble those of bone marrow niche cells, providing

insights into the potential roles of these cells - whether physiological or pathological - in creating

a permissive environment for the progression of hematopoietic malignancies.

Introduction

Canine hemangiosarcoma, a vasoformative tumor originating from bone marrow (BM)-derived progenitor cells, is a common occurrence in dogs, unlike the rare human angiosarcoma (1-4). Tumors from both species exhibit similar histology and natural history of disorganized, tortuous, and dilated blood vessels with high proliferative activity and metastatic potential (5,6). Molecularly, convergent transcriptional programs involving angiogenesis and inflammation are observed in both canine hemangiosarcoma and human angiosarcoma (7,8). While the tumor microenvironment plays a crucial role in tumor cell survival, disease progression, and metastasis through the niche it creates (9), its contribution to the molecular programs of hemangiosarcoma remains incompletely understood. Recent evidence suggests bidirectional interactions between cancer cells and niche cells, where cancer cells re-educate niche cells and vice versa, particularly in maintaining stemness and self-renewal of cancer stem cells in various tumors (9-11), including hematopoietic tumors (12-14).

The hematopoietic niche is composed of osteoblasts and various stromal cells including endosteal, endothelial cells, fibroblasts, nestin-positive mesenchymal stromal cells, leptin receptor-positive stromal cells, and CXCL12-abundant reticular (CAR) cells. These cells support hematopoiesis by regulating the proliferation and differentiation of hematopoietic stem and progenitor cells (HSPCs) into lineage-committed cells (15). Dysregulation of HSPC function can result in blood disorders (16,17) and hematopoietic malignancies such as leukemia and lymphoma (18-20).

In the present study, we aimed to elucidate the cellular and molecular origin of canine hemangiosarcoma. Our findings indicate that canine hemangiosarcoma cells not only have the

capability to form vasoformative tumors but also create a niche for expansion and differentiation

of blood cells, supporting an ontogenetic derivation from bone marrow stromal cells.

Results

Canine hemangiosarcoma cells can recapitulate the disease *in vivo*

We used *in vivo* xenografts to investigate the biological behavior of canine hemangiosarcoma (21-

25). Mice were inoculated with canine hemangiosarcoma cell lines or primary tissues, as detailed

in **Supplementary Table S1**. However, the engraftment efficiency of canine hemangiosarcoma

xenografts was found to be low. Only cultured DHSA-1426 cells, when injected subcutaneously,

consistently generated vasoformative tumors in immunodeficient beige-nude-xid (BNX) mice

(**Figure 1**). The tumorigenic potential of this cell line was maintained over multiple passages, as

demonstrated by serial passaging of cells cultured from tumor xenografts into new recipient mice

(**Supplementary Figure S1**).

Xenografts allow quantification of the stromal contribution in the hemangiosarcoma

microenvironment

To establish the contribution of stromal elements to the formation of canine hemangiosarcoma, we

utilized fluorescence *in situ* hybridization (FISH) to quantify the presence of both canine and

mouse cells in the tumors. Specifically, we employed probes for canine *CXCL8*, as this gene is

absent in the mouse genome, and a unique region of the mouse X chromosome, to differentiate

between canine and mouse cells, respectively. Our data revealed that the hemangiosarcoma

xenografts displayed a complex topological organization, with blood vessels lined by both donor

and host cells (**Figure 2A**). Notably, the organization pattern observed in canine hemangiosarcoma

xenografts differed from that of canine osteosarcoma and lymphoma xenografts (**Figure 2B**). The hemangiosarcoma tumors were comprised of a mixture of 50-70% malignant canine cells and 30-50% mouse stromal cells. The cellular composition of orthotopic osteosarcoma xenografts was comparable, but without malignant canine cells lining blood vessels. In contrast, lymphoma xenografts exhibited a markedly distinct composition, with less than 5% mouse stromal cells and the absence of malignant canine cells from blood vessels **(Figure 2C)**. These findings highlight the utility of xenografts as a valuable tool for quantifying the contribution of stromal elements to the tumor microenvironment.

To gain a deeper understanding of the involvement of stromal elements in canine hemangiosarcoma xenografts, we analyzed RNA-seq data obtained from cells and xenografts. The RNA-seq data was mapped to a reference genome that included both canine and mouse cells (26). Notably, we observed that the RNA-seq data from the cell lines predominantly mapped to the canine genome, whereas the xenografts exhibited mapping to both the canine and mouse genomes, which was consistent with the results obtained from FISH (**Supplementary Figure S2; Supplementary Table S2**).

Canine xenografts generate lymphomas of mouse origin

An unexpected series of findings shed light on the relationship between hemangiosarcoma and inflammation in the microenvironment. Previous studies, including our own, have demonstrated that canine hemangiosarcoma cells can successfully form hemangiosarcomas in NSG mice (21-25). However, we noted instances where NSG mice, following inoculation with SB hemangiosarcoma cells or another cell line named Emma-brain (EFB), and BNX mice, following

inoculation with tumor fragments derived from sample DHSA-1426 (freshly obtained from a dog

with spontaneous hemangiosarcoma), developed round cell tumors. Notably, four out of five mice

that received 5×10^6 SB hemangiosarcoma cells intraperitoneally and one out of four mice that

received 2×10^6 EFB cells subcutaneously, succumbed acutely two weeks after inoculation,

displaying signs of anemia and splenomegaly. Histological examination revealed that the spleens

of these mice were expanded by monomorphic populations of hematopoietic cells (**Figure 3A, B**).

Upon further analysis, the cells were determined to be of mouse origin and represented erythroid

progenitors (Ter-119+), with a few canine hemangiosarcoma cells admixed in the population

(**Figure 3C-F**). However, we were unable to definitively establish whether these cells had

undergone malignant transformation.

Three of four mice that received DHSA-1426 tumor fragments, representing 1st-generation canine

patient-derived xenograft (CPDX), developed tumors in multiple organs, including spleen, lymph

nodes, meninges, cerebrum, and mesentery, 12 weeks after implantation. However, the

morphology of these tumors resembled that of round cell tumors (**Supplementary Figure S3A,**

B). Immunohistochemical analysis showed that the tumor cells expressed CD45, B220, and Pax5,

but did not express CD3, Ter-119, and MPO (**Supplementary Figure S3C-H**), indicating a mouse

B-cell origin. To further verify the mouse origin of these cells, flow cytometry was conducted,

revealing positive staining for mouse CD45, but not for canine CD45 or human αVβ3-integrin

(CD51/CD61), which exhibits cross-reactivity with canine, but not with mouse αVβ3-integrin

(**Supplementary Figure S4**). Furthermore, RNA-seq data from the mouse round cell tumors

demonstrated a near-complete alignment with the mouse genome, consistent with the findings

from flow cytometry (**Supplementary Figure S2**), thereby indicating that the tumors were derived

from mouse cells.

The malignant B-cells demonstrated the ability to undergo serial passage and establish B-cell

lymphomas in recipient BNX mice independently, without the requirement for canine

hemangiosarcoma cell support (**Supplementary Figure S5**). Intriguingly, similar results were

obtained when single cell suspensions derived from fresh tumor fragments of canine

hemangiosarcoma xenografts were inoculated into BNX recipients, representing 2nd generation

CPDX derived from a 1st generation cell line tumor. The resulting tumors of mouse B-cell origin

displayed comparable morphology and were likewise amenable to serial passage in BNX mice.

The potential etiology of these tumors was perplexing. To investigate the possibility of a

transmissible, infectious agent as the cause of these tumors, we sequenced RNA from the

xenografts and used the PathSeq platform for analysis. However, no bacterial or viral sequences

with tumorigenic potential were identified in the xenografts or in the primary or metastatic canine

hemangiosarcoma tumor samples or cell lines. While a recent study reported an association

between *Bartonella spp*. and canine hemangiosarcoma (27,28), only 10 of 24 dogs tested in our

study had detectable *Bartonella spp*. sequences, and these were present in low abundance

(**Supplementary Table S3**). Furthermore, four of the samples contained sequences from *B.*

bacilliformis, B. grahamii, or *B. tribocorum*, which infect humans and rats, respectively, and are

not known to infect dogs as primary or accidental hosts (29,30). Three of the remaining six dogs

had sequences for *B. clarridgeiae*, and three had sequences for multiple *Bartonella spp.*, including

human and rodent-specific types. The low abundance and the presence of sequences from

organisms that do not infect dogs suggest that the *Bartonella spp.* sequences were contaminants.

In contrast, murine leukemia virus (MuLV) reads were consistently identified in mouse B-cell

lymphomas that arose from the hemangiosarcoma xenografts (**Supplementary Table S4**). The

presence of MuLV sequences was further confirmed in one mouse B-cell lymphoma arising from

hemangiosarcoma xenografts and in two subcutaneous canine hemangiosarcoma xenograft tumors

through independent viral RNA sequencing experiments. Additionally, MuLV sequences were

detected by polymerase chain reaction (PCR) in normal mouse tissues (liver and spleen), as well

as in each of the three mouse B-cell lymphomas arising from the hemangiosarcoma xenografts and

two subcutaneous canine hemangiosarcoma xenograft tumors. Notably, MuLV was also found in

SB hemangiosarcoma cells that had been previously passaged through mice as hemangiosarcomas,

suggesting that MuLV is a promiscuous virus with potential involvement in these tumors. These

findings also suggested that MuLV might be the transforming agent responsible for the

development of mouse lymphomas, and raised the possibility that canine hemangiosarcoma cells

could provide a conducive environment for the expansion of these MuLV-transformed B-cells.

Human and canine hemangiosarcoma tissues show evidence of immune cells.

We reanalyzed RNA-Seq data obtained from both canine hemangiosarcoma and human

angiosarcoma samples, with the aim of investigating the presence of immune cells within the tumor

microenvironment. To identify co-expressed genes without bias, we used an unbiased approach

called GCESS (Gene Cluster Expression Summary Score) (31). Notably, the highest expression of

these immune signature genes was observed in the inflammatory subtype of canine

hemangiosarcoma (**Supplementary Figure S6**). We next segregated human angiosarcomas into

tumors with high and low immune scores ("immune-high" vs "immune-low") and identified 461

up-regulated genes (FDR $P < 0.05$) in the immune-high group compared to immune-low group

(**Figure 4A)**. Fifty-eight of these genes were also found in canine inflammatory

hemangiosarcomas, and they were associated with T- and B-cell activation (**Figure 4B, C**). This

approach allowed us to identify a common immune signature in both human and canine tumors.

To confirm whether the inflammatory gene signatures were originating from the malignant cells

themselves or from inflammatory cells within the tumors, we employed bioinformatics tools and

immunostaining techniques. Tumor purity was assessed using ESTIMATE and immune scores

were assigned to each tumor using *xCell*. Both tools yielded consistent scores (**Supplementary**

Figure S7A, B). As expected, we found a correlation between immune scores and the predominant

transcriptional phenotype of the tumor in both canine and human samples (**Supplementary Figure**

S7C-F). Specifically, angiogenic tumors exhibited low immune scores, whereas inflammatory

tumors exhibited high immune scores.

To further validate that the observed immune signatures were the result of immune and

inflammatory cells present within the tumors, we performed immunohistochemical staining on

sections from 11 canine hemangiosarcomas and 10 human angiosarcomas. Antibodies against T

cells (CD3), B cells (Pax5), myeloid cells (Mac387), and macrophages (Iba1 for canine; CD163

for human) were used; CD3+ T cells, Pax5+ B cells, Mac387+ myeloid cells, and Iba1+ or

CD163+ macrophages were present in both canine and human tumors (**Figure 4D, E**). Myeloid

cells were the most abundant, while T cells varied in frequency from rare to abundant, and B cells

were infrequent. Importantly, the distribution of inflammatory cells was diffuse throughout the

tumor tissue. Furthermore, there was a direct correlation between xCell immune scores and

immunohistochemistry scores for both canine (Spearman R=0.38; P = 0.255) and human

(Spearman R=0.78; P = 0.011) samples that were examined (**Figure 4F, G**). These findings

provide evidence that the observed immune signatures in both canine and human tumors are likely

attributed to the presence of immune and inflammatory cells within the tumor microenvironment.

Canine hemangiosarcoma cells promote and maintain hematopoiesis

To determine whether hemangiosarcoma cells were functionally sufficient to expand

hematopoietic progenitor cells *in vitro*, we conducted long-term culture initiating cell (LTC-IC)

assays using DHSA-1426 and EFB canine hemangiosarcoma cells, to assess their potential in

promoting and maintaining hematopoiesis in CD34+ human umbilical cord blood hematopoietic

progenitor cells (HPCs). Mouse M2-10B4 and human bone marrow-derived mesenchymal stromal

cells (MSCs) were used as positive controls, while HPCs cultured without feeder cells served as a

negative control. Remarkably, DHSA-1426 cells were found to promote expansion of human

CD34+ HPCs with at least comparable, if not superior, efficiency compared to conventional mouse

or human feeder cells, and resulted in comparable proportions of hematopoietic cell differentiation

in vitro across all lineages (**Figure 5; Supplementary Figure S8**). Similar results were observed

with EFB cells, albeit with slightly more limited expansion and differentiation.

Discussion

Vasoformative sarcomas are aggressive tumors with uncertain cellular origin, proposed to arise

from a multipotent bone marrow cell or lineage-committed endothelial progenitor cells in humans,

dogs, and mice (1-4,8). While human angiosarcomas and canine hemangiosarcomas have a limited

shared mutational spectrum, primarily in visceral forms of the disease and human breast

angiosarcomas, convergent transcriptional programs characterized by deregulation of

phosphoinositide 3-kinase pathways are activated in tumors of both species, as well as in zebrafish

(8,32-38).

The transcriptional landscape of human angiosarcoma and canine hemangiosarcoma is strongly

pro-angiogenic. However, a subset of tumors in both species exhibit robust transcriptional immune

and inflammatory signatures that correlate with the presence of T cells and macrophages. The

presence of immune and inflammatory infiltrates might be associated with longer survival

outcomes, but further research is needed to determine their clinical significance regarding disease

progression and their association with the approximately 15% of exceptional survivors reported in

canine hemangiosarcoma (39,40).

The findings from our xenograft experiments provide further evidence supporting the concept that

the disordered vascular organization in these tumors is driven by the tumor cells (1,21,25). Our

experiments reveal that the tumor vessels are comprised of both malignant tumor cells and non-

malignant host endothelial cells, a phenomenon that appears to be unique to hemangiosarcoma

among the three types of xenografts we investigated. This observation underscores the ability of

hemangiosarcoma cells to adopt endothelial functions and suggests that non-malignant cells play

a role in the formation of aberrant blood vessels in vasculogenic tumors.

Interestingly, our experiments also demonstrate that the stromal cells in these xenografts contribute

to the angiogenic and inflammatory transcriptional signatures. Our preliminary data further

suggest that genes expressed by CAR cells, sinusoidal stromal cells, endosteal niche cells,

endothelial progenitors, and hematopoietic progenitors (such as CSF3, IL6, IL11, and LIF) are

enriched in canine hemangiosarcoma tissues and cells. This highlights the possibility that the

stromal cells themselves are also influenced or reprogrammed by the malignant cells and supports

a complex interplay between the tumor and its microenvironment. These findings highlight a

potential vulnerability in the formation of the hemangiosarcoma niche, where the interactions

between the tumor cells and their microenvironment are tightly orchestrated.

The initial perplexity surrounding the development of exuberant myeloid and erythroid

hyperplasia, as well as bona fide lymphomas, arising from mouse cells in animals with primary or

secondary hemangiosarcoma xenografts has led us to investigate the underlying etiology. Our

results suggest that a transmissible etiology from dog to mouse is unlikely to be the cause of these

expanded hematopoietic cell populations. Instead, our data indicate that canine hemangiosarcomas

have the capability to support robust expansion and differentiation of hematopoietic progenitor

cells *in vitro*, which may account for the expansion of myeloid cells *in vivo* in mice and in primary

canine and human tumors. This expansion of non-malignant hematopoietic progenitor cells and

mature leukocytes may also explain why clonal mutations (34) and fusions (8) are found less often

in the inflammatory subtype of canine hemangiosarcoma.

In the case of lymphomas that occurred repeatedly and independently in animals receiving

different tumor preparations, MuLV might have driven the transformation of residual lymphoid

elements within a hyperproliferative environment created by the hemangiosarcoma cells. These

findings are consistent with a previous report of angiosarcoma in the bone marrow of a human

patient with tumor-associated myeloid proliferation and extramedullary hematopoiesis (41).

Other unexpected tumors have been reported in xenograft experiments and preclinical models of

stem cell transplantation. For example, transplantation of murine MSCs has been shown to induce

tumor formation and tissue malformation, possibly due to genetic instability and/or cellular

transformation (42-44). Similarly, patient-derived xenografts of human solid cancers, such as

breast, colon, pancreatic cancer, and rhabdomyosarcoma, have been reported to induce

lymphomagenesis or lymphocytic tumors in immunodeficient mice, but in these cases, the tumors

were derived from human tumor-infiltrating lymphocytes transformed by Epstein-Barr virus (45-

48). Importantly, these previously reported tumors were all of donor origin, while the tumors

observed in our study originated from the mouse recipients and were distinct from the donor

hemangiosarcomas.

We were unable to find any reports of hematopoietic tumors of recipient origin arising from

xenotransplantation experiments using other types of canine cancers in the literature, and we have

not observed such events in our own studies (26,49,50). Thus, this finding appears to be unique to

canine hemangiosarcoma and may be attributed to the ability of hemangiosarcoma cells to support

hematopoietic expansion. Our findings also suggest that the normal counterparts of canine

hemangiosarcoma cells might contribute to the development of hematopoietic malignancies

through the creation of a permissive niche.

In this context, it is noteworthy that a shared region of the canine genome has been found to be

significantly associated with B-cell lymphomas, hemangiosarcomas, and other blood derived

tumors in various breeds of dogs belonging to distinct genetic clades (51-53). This finding

highlights the intriguing possibility of a molecular connection between these seemingly distinct

tumors, suggesting that disruptions in hematopoiesis and cellular reprogramming may contribute

to their development (54). It also sets the origin of this potential genomic vulnerability prior to the

derivation of modern dog breeds.

The capacity of the hematopoietic niche to accommodate bone marrow transplants and adoptive

cell therapies has revealed its resilience, with bone marrow stromal cells exhibiting high resistance

to chemotherapy and radiation. These intrinsic properties may explain the relatively poor long-

term responses of human patients with angiosarcoma and dogs with hemangiosarcoma to cytotoxic

therapies, and they could provide opportunities for the development of more effective treatments.

However, it is important to recognize that therapies targeting the hematopoietic niche may also

carry the potential for high toxicity.

Our data present a novel model to elucidate the etiology and cell of origin of canine

hemangiosarcomas, and potentially human angiosarcomas. We propose that the malignant cells

originate from bone marrow nurse cells, which have the capability to create niches that promote

angiogenic proliferation or hematopoietic expansion, as illustrated in **Figure 6**. The robust

inflammation observed in some of these tumors may therefore be intrinsic to the tumor itself, rather

than solely due to extrinsic factors associated with tissue disruption. These paths of differentiation

may also influence the biological behavior of the tumors, with those exhibiting strong angiogenic

propensity displaying more aggressive behaviors (8).

In conclusion, our study adds to the growing body of evidence demonstrating the complex

interactions between tumor cells and the host microenvironment. Importantly, our data do not

support a transmissible etiology for hemangiosarcoma. However, they do suggest that the

permissive niche created by these cells can lead to the development of hematopoietic tumors driven

by leukemia viruses in mice, raising the possibility that the bone marrow niche plays a similar role

in viral lymphomas and leukemias in humans. Further investigations are warranted to unravel the

underlying mechanisms that drive these observations and ascertain their significance in the

development of human cancer.

Materials and Methods

Human tissue samples

The human angiosarcoma tissue samples used in this study were formalin-fixed and paraffin-

embedded, as previously described (8). The samples were obtained from two sources: the

University of Minnesota Biological Materials Procurement Network and the Cooperative Human

Tissue Network. All sample acquisitions were performed under standardized patient consent

protocols.

Canine tissue samples and cell lines

Previously established hemangiosarcoma cell lines (SB, COSB, Emma, DD1, JHE, and JLU)

(1,2,4,21,25,55) were used in this study. Canine tissue samples were collected from surgical

removals or tumor biopsies at the University of Minnesota or private veterinary clinics. Additional

hemangiosarcoma cell lines (DHSA-1401, DHSA-1420, and DHSA-1426) were generated and

cultured using established methods (1,2,55). Cell line authentication for canine cells were

conducted by IDEXX BioAnalytics (Columbia, MO, USA). All sample acquisition procedures

were approved by the Institutional Animal Care and Use Committee (IACUC) of the University

of Minnesota under protocols 0802A27363, 1101A94713, and 1312-31131A.

Human and mouse cell lines

Human bone marrow-derived mesenchymal stromal cells (hBM-MSCs) were isolated from whole

bone marrow purchased from AllCells (Emeryville, CA, USA), as described previously (56-59).

M2-10B4 murine bone marrow stromal cells were purchased from the ATCC (Manassas, VA,

USA) and maintained following established protocols (57). Samples of human umbilical cord

blood (hUCB) were obtained from the ClinImmune Stem Cell Laboratory at the University of

Colorado Cord Blood Bank (60).

Mice and xenotransplantation

We conducted multiple xenograft experiments using various cell lines and patient-derived tumor

sections. First, we injected cultured-tumor cells from three hemangiosarcoma cell lines (SB,

Emma, and JHE) into NSG mice. Specifically, we injected 5×10^6 SB cells subcutaneously in four

mice, and 5 or 10×10^6 SB cells intraperitoneally in four mice. Additionally, we injected 2×10^6

Emma cells subcutaneously and intraperitoneally in four mice each, and 3×10^5 JHE cells

subcutaneously in four mice. Next, we injected tumor cells from five hemangiosarcoma cell lines

(Emma, DD1, JLU, DHSA-1401, and COSB) into NSG neonates, 1 or 2 days after birth. We

injected 5×10^5 Emma, DD1, JLU, or DHSA-1401 cells, or 6.25×10^5 COSB cells

intraperitoneally in 50 µL of PBS. We also injected 5×10^6 cells from three hemangiosarcoma cell

lines (JLU, DHSA-1420, and DHSA-1426) in a mixture of 100 µL of PBS and 100 µL of BD

Matrigel™ Basement Membrane Matrix into the subcutaneous space of BNX mice. For DHSA-

1426, we injected tumor cells from passage-5 and passage-14 independently. We used sections of

viable tumors from four dogs affected with hemangiosarcoma and implanted them into

subcutaneous pockets of four mice for each dog. In addition, we implanted sections of non-

hemangiosarcoma splenic tissues from seven dogs into 18 mice as controls. Finally, after visible

tumors developed in mice, we serially transplanted the tumors by inoculation of cultured tumor

cells in three mice or by direct implantation of single-cell suspensions of the tumor in eight mice.

We monitored the mice for tumor development and sacrificed them when they reached a tumor

endpoint, including a mass measuring 1.5 cm in the longest diameter or at the end of a 16-week

period after xenotransplantation. All animal procedures were conducted in accordance with the

Research Animal Resources (RAR) husbandry and care protocols and reviewed and approved by

the IACUC of the University of Minnesota (protocols 1006A84813, 1106A00649, 1306-30712A,

and 1311-31104A). A total of 132 mice were used for xenotransplantation procedures, as described

in **Supplementary Table S1**.

Flow cytometric analysis

We used the following antibodies for flow cytometry analysis of xenograft tumors: rat anti-dog

CD45-APC (Clone YKIX716.13; AbD Serotec, Raleigh, NC, USA), rat anti-mouse CD45-APC

(Clone 30-F11; eBioscience, San Diego, CA, USA), and mouse anti-human αvβ3 (CD51/CD61)-

FITC (Clone 23C6; BD Pharmingen, San Jose, CA, USA). Isotype controls included rat IgG2b-

APC (Clone eB149/10H5; eBioscience) and mouse IgG1 K-FITC (Clone P3.6.2.8.1; eBioscience).

Data were acquired using a BD Acuri C6 flow cytometer (BD Biosciences, San Jose, CA) and

analyzed with FlowJo software (version 10.1, Tree Star, Ashland, OR, USA).

Immunohistochemistry

Immunohistochemical staining was conducted at either the BioNet Histology Laboratory,

Minnesota Veterinary Diagnostic Laboratory, or Comparative Pathology Shared Resource at the

University of Minnesota. The following antibodies were used: CD3, PAX5, MAC387, CD163,

CD204, Iba1, Ter-119, MPO, and CD45. Details of the antibodies used are provided in

Supplementary Table S5.

RNA-seq for gene expression profiling

To obtain transcriptomic profiles, we isolated total RNA from xenograft tumor samples using the

TriPure Isolation Reagent (Roche Applied Science, Penzberg, Germany), followed by clean-up

using the RNeasy Mini Kit (Qiagen). We generated RNA-seq libraries with a targeted depth of 20

million paired-end reads (2 x 50 bp) at the UMGC, as previously described (4,8). We conducted

bioinformatic analyses for gene expression profiling as previously reported (4,8,26,31,61). RNA-

seq data from human angiosarcoma tissues can be accessed via the Gene Expression Omnibus

(GEO) under accession number GSE163359 (8). RNA-Seq data from canine hemangiosarcoma

tissues are available through the GEO (accession number GSE95183) and the NCBI Sequence

Read Archive (accession number PRJNA562916) (8).

Viral RNA isolation and library generation

To detect RNA viruses, we isolated viral RNA from xenograft tumors using either a Qiagen viral

RNA kit or Trizol followed by the Qiagen viral RNA kit (Qiagen, Germantown, MD, USA). The

isolated RNA was then submitted to the University of Minnesota Genomics Center (UMGC) for

viral RNA MiSeq. The Illumina MiSeq generated approximately 1 million paired-end reads (2 x

250) for each sample.

PathSeq analysis

The PathSeq algorithm was used to determine transmissible agents in RNA-seq data from dog and

mouse samples. The PathSeq algorithm (62) was used to perform computational subtraction of

mouse and dog genomes followed by alignment of residual reads to mouse and dog reference

genomes and microbial reference genomes (including bacterial, viral, archaeal, and fungal

sequences downloaded from NCBI). These alignments resulted in the identification of microbial

reads in the data. Human reads were subtracted by first mapping reads to a database of mouse

(mm9) and dog reference genomes (canFam3.1; GCF_000002285) using BWA (Release 0.6.1,

default settings) (63), MegaBLAST (Release 2.2.25, cut-off E-value 10^{-7}, word size 16) and

BLASTN (Release 2.2.25, cut-off E-value 10^{-7}, word size 7, nucleotide match reward 1, nucleotide

mismatch score -3, gap open cost 5, gap extension cost 2) (64). Only sequences with perfect or

near perfect matches to the human genome were removed in the subtraction process. In addition,

low complexity and highly repetitive reads were removed using RepeatMasker (version open-

3.3.0) (65). To identify microbial reads, the residual reads were aligned with MegaBLAST to a

database of microbial and dog reference genomes. Raw read counts were calculated using the reads

that were mapped to *Epstein-Barr virus* (EBV) and *H. pylori* with at least 90% identity and 90%

query coverage. Using the raw read counts, the abundance metric or normalized read count of a

given microbe in a sample was calculated as

$$Abundance\ metric = \left(\frac{\#\ reads\ mapped\ to\ the\ microbe}{\left(\frac{\#\ reads\ in\ the\ sample}{Average\ \#\ reads\ in\ the\ sample\ cohort} \right) * \left(\frac{Genome\ size\ of\ the\ microbe}{Average\ genome\ size\ of\ the\ microbes\ in\ that\ kingdom} \right)} \right)$$

Relative abundance in a given sample was calculated as abundance metric of taxa divided by the

total abundance metric at kingdom level of the sample.

Long-term culture initiating cell (LTC-IC) and hematopoietic colony forming unit (CFU)

assays

We isolated human umbilical cord blood (hUCB) CD34+ cells from two patients using the

Miltenyi CD34 Microbead Kit and MACS separation column (Miltenyi Biotec, Boston, MA,

USA), following the manufacturer's instructions. The purity of isolated hUCB CD34+ cells was

determined by flow cytometry using the following antibodies (all anti-human): CD34-PECy7

(eBioscience, San Diego, CA, USA), CD43-APC (BD Biosciences, San Jose, CA, USA), and

CD45-APC (BD Biosciences). Sorted hUCB CD34+ cells with >92% CD34+CD45+ were used

for subsequent experiments. We seeded M2-10B4, hBM-MSCs, 1426, and Emma in gelatin-coated

24-well plates at a density of 10^5 cells/well overnight. After inactivation with 10 μg/mL Mitomycin

C for three hours, 5,000 hUCB CD34+ cells were added to each well in Myelocult H5100

(StemCell Technologies, Vancouver, BC, Canada) supplemented with 1μM dexamethasone

(Sigma-Aldrich, St. Louis, MO, USA). Gelatin-coated wells without stroma were used as negative

controls. Cells were conditioned for six weeks at 37°C and 5% CO_2 with one-half media exchanges

every week. At week 5, non-adherent cells from selected wells were harvested, counted, and

analyzed for hematopoietic-specific surface antigens using the following antibodies (all anti-

human): CD34-PECy7, CD33-APC (BD Biosciences), CD43-APC and CD45-APC. At the end of

the six-week culture, both non-adherent and adherent cells were collected using 0.05% trypsin

supplemented with 2% chicken serum for five minutes. Cells were filtered using a 70 μm cell

strainer to generate single-cell suspensions and counted. We prepared triplicate CFU assays by

seeding 50,000 cells/1.5 mL of semi-solid Methocult H4435 Enriched media (StemCell

Technologies) in 35 mm culture dishes (Greiner, Monroe, NC, USA). After two additional weeks,

the plates were manually scored for total number and phenotype of the CFUs, as previously

described (66).

Statistical analysis

Pearson and Spearman correlation coefficient was calculated for correlation between two

variables. Statistical analysis was performed using GraphPad Prism 9 (GraphPad Software, Inc.,

San Diego, CA, USA) or Microsoft Excel.

Data Availability

The data generated in this study are publicly available in GEO at GSE163359 and GSE95183, as

well as in NCBI Sequence Read Archive (PRJNA562916). Other relevant data generated in this

study are available upon request from the corresponding author.

Disclosure of Conflicts of Interest

No potential conflicts of interest were disclosed.

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Acknowledgements

The authors acknowledge Keumsoon Im for assistance with experiments and data acquisition.

The authors would also like to acknowledge Milcah Scott for processing the next generation

sequencing data and assistance with data analysis. Artistic design of Figures 2A and 7 was

created with Biorender (biorender.com). This work was partially supported by grants

1R03CA191713-01 (to J.F. Modiano, A.L. Sarver, and J.H. Kim) from the NCI of the NIH,

grants #02759 (to J.H. Kim), #422 (to J.F. Modiano), and 1889-G (to J.F. Modiano, M. Breen,

and K. Lindblad-Toh) from the AKC Canine Health Foundation, grant JHK15MN-004 (to J.H.

Kim, A.L. Sarver, J.F. Modiano) from the National Canine Cancer Foundation, grant D10-501

(to J.F. Modiano, M. Breen, and K. Lindblad-Toh) from Morris Animal Foundation, and grant

from Swedish Cancerfonden (to K. Lindblad-Toh). This work was supported by an NIH NCI

R50 grant, CA211249 (to A.L. Sarver). It was also supported by a Career Development Award

from the Department of Defense Peer Reviewed Cancer Research Program (to J.H.Kim). The

NIH Comprehensive Cancer Center Support Grant to the Masonic Cancer Center, University of

Minnesota (P30 CA077598) provided support for the cytogenetic analyses performed in the

Cytogenomics Shared Resource. M. Breen is supported in part by the Oscar J. Fletcher

Distinguished Professorship in Comparative Oncology Genetics at North Carolina State

University. K. Lindblad-Toh is supported by a Distinguished Professor award from the Swedish

Research Council. J.F. Modiano is supported by the Alvin and June Perlman Chair in Animal

Oncology. The authors gratefully acknowledge donations to the Animal Cancer Care and

Research Program of the University of Minnesota that helped support this project. The content of

this manuscript is solely the responsibility of the authors and does not necessarily represent the

official views of any of the funding agencies listed above.

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Figure 1

A

Tumor **a**

Primary culture

Cell line

Transplantation

Xenograft **b,c**

Serial transplantation

Xenograft **d**

B

Primary tumor

a

Xenograft (p5 cell)

b

Xenograft (p14 cell)

c

Xenograft (serial transplantation)

d

e

f

Figure 1. Establishment of xenografts derived from canine hemangiosarcoma in immunodeficient mice. (**A**) Schematic illustration depicts process of tumor xenografts in beige-nude-xid (BNX) mice. (**B**) DHSA-1426 tumor cell line was established from a canine patient diagnosed with hemangiosarcoma (**a**). Cells from DHSA-1426 passages 5 (p5) and 14 (p14) formed tumors histologically classified as hemangiosarcoma (**b, c**). Cells cultured from xenograft-derived tumors developed histologically identical tumors after serial transplantation (**d**). Both the primary tumor (**e**) and the xenograft tumor (**f**) were positive for CD31 immunohistochemical staining. (a-d) Hematoxylin and eosin (H&E) stain. (e,f) Immunohistochemistry with an anti-CD31 antibody (alkaline phosphatase conjugates; counterstain = hematoxylin). Bar = 200 μm.

Figure 2

Figure 2. Organization of tumor and stromal cells in mouse xenografts of canine hemangiosarcoma, osteosarcoma, and lymphoma. (**A**) Fluorescence *in situ* hybridization images using canine-specific (*CXCL8*, red) and mouse-specific (X chromosome, green) probes in a canine hemangiosarcoma xenograft, a canine osteosarcoma xenograft, and a canine lymphoma xenograft transplanted into receptive immunodeficient female mouse hosts. Red and green arrows point to representative xenograft canine tumor cells and mouse stromal cells, respectively, to aid in identification. (**B**) Schematic representation of A, illustrating the organization of hemangiosarcoma, osteosarcoma, and lymphoma xenografts. (**C**) Individual points on graph represent relative quantity of donor (dog) and host (mouse) cells in each tumor type. 10-12 fields of pictures at high magnification (400X) per slide were acquired. A total of approximately 1,000 cells in individual xenograft tumor was counted, and the percentages for each species-cells are presented.

Figure 3

Figure 3. Hematopoietic expansion derived from adoptive transplantation of canine hemangiosarcoma in immunodeficient mice. (**A** and **B**) Xenotransplantation of canine hemangiosarcoma cell lines created exuberant myeloid hyperplasia in mouse spleens. Representative photomicrographs show histopathology by H&E staining of spleens from NSG mice transplanted with hemangiosarcoma cell lines SB (**A**) and EFB (**B**). (**C**) Immunoreactivity of anti-mouse Ki-67 (Tec-3) antibody shows strongly positive signal in proliferating cells in the spleen. (**D**) Immunostaining of anti-human (and canine cross- reactive) Ki-67 (MiB-1) antibody shows lack of positive staining among proliferating cells. (**E**) The proliferating cells are immunoreactive with anti-mouse Ter-119 antibody. (**F**) SB cells expressing Luciferase are detected in mouse spleen (arrows). Images shown in panels **C**, **D**, **E**, and **F** are from immunohistochemistry staining done in mice inoculated with SB cells modified to express GFP and firefly Luciferase. Horseradish peroxidase (for Ki-67 stains) and alkaline phosphatase (for Ter-119 and Luciferase) conjugates were used. Counterstain = hematoxylin. A-D: Bar = 200 μm; E-F: Bar = 50 μm.

Figure 4

A Human

Immune-High
Immune-Low

n=461

-2 0 2

B Canine

Immune-High
Immune-Low

Adipogenic
Angiogenic
Inflammatory

n=565

-2 0 2

C

461 Human   403   **58**   509   565 Canine

Pathways	P value	FDR P
B cell activation	3.3E-09	5.5E-07
T cell activation	2.2E-08	1.8E-06
Inflammation mediated by chemokine/cytokine signaling	1.5E-06	8.3E-05
Toll receptor signaling	1.0E-03	3.3E-02

Fisher's exact test

D Canine   **E** Human

H&E

CD3

PAX5

MAC387

Iba1 (left)

CD163 (right)

F

R=0.38

RNA-seq Immune Score

IHC Immune Score

G

R=0.78

RNA-seq Immune Score

IHC Immune Score

Figure 4. Immune cell infiltration and comparative immune signatures between canine hemangiosarcoma and human angiosarcoma. (**A**) 461 upregulated genes were identified in immune-high (N = 8) compared to immune-low (N = 5) groups in human angiosarcomas (FDR P value < 0.05). (**B**) 567 immune gene signatures were identified among three molecular subtypes of canine hemangiosarcomas (N = 76; FDR P value < 0.001; fold change > 3). The heatmaps show up-regulated (red) and down-regulated (green) genes by unsupervised hierarchical clustering (average linkage; mean-centered; $\log^2$ transformed). (**C**) Venn diagram shows 58 common genes associated with signaling pathways of immune cell functions between human and canine tumors. (**D** and **E**) Representative photomicrographs of H&E and immunohistochemical staining showing histological morphology and immune cell infiltration in canine hemangiosarcoma (**D**) and human angiosarcoma tissues (**E**) using anti-CD3, anti-PAX5, anti-MAC387, and anti-Iba1 (for canine) or anti-CD163 (for human) antibodies for detecting T cell, B cell, and macrophages. Horseradish peroxidase (counterstain = hematoxylin) or alkaline phosphate (for Iba1; counterstain = methylene blue). Bar = 50 um. (**F** and **G**) Scatter plots display correlation between transcriptional and immunohistochemical (IHC) immune score in canine hemangiosarcoma (**F**) and human angiosarcoma (**G**). Spearman's correlation coefficient (R) was calculated.

Figure 5

Figure 5. Canine hemangiosarcoma cells support expansion and differentiation of CD34+ human umbilical cord blood (hUCB) cells. (**A**) Flow cytometric data show populations of cells expressing CD43 and CD45 differentiated from CD34+ hUCB cells. CD34+ hUCB cells were pooled from two patients. M2-10B4, hBM-MSCs, and canine hemangiosarcoma cells (DHSA-1426 and EFB) were seeded on gelatin-coated 24-well plates at a density of 1×10^5 cells/well. Gelatin-coated wells without stroma served as a negative control. Surface antigens of CD34, CD43, and CD45 were analyzed at week 5. (**B** and **C**) Bar graphs show number of different colonies formed by hUCB CD34+ cells co-cultured with feeder cells. Both DHSA-1426 and EFB canine hemangiosarcoma cell lines expanded hUCB CD34+ cells similar to the M2-10B4 and hBM-MSC positive control lines, while gelatin-coated wells alone failed to support expansion. Burst-forming unit-erythroid (BFU-E), CFU (colony-forming unit)-Erythroid (CFU-E), CFU-Granulocyte/Macrophage (CFU-GM), CFU-Macrophage (CFU-M), and CFU-Granulocyte/Erythroid/Macrophage/Megakaryocyte (CFU-GEMM) were determined for CFU assay.

Figure 6

Angiogenic hemangiosarcoma

Inflammatory hemangiosarcoma

Figure 6. Hypothetical models for establishment of distinct molecular phenotypes of canine hemangiosarcoma. Non-mutually exclusive models illustrate discreet cells of origin for distinct molecular subtypes of hemangiosarcoma. Hemangiosarcoma may progress from bone marrow nurse cells that create a niche for hematopoietic expansion and inflammation, to a transitional pro-angiogenic state and full progression to a pure angiogenic state, or to malignant transformation with an inflammatory phenotype.