A Mesenchymal Cell Niche in Skin for Acute Myeloid Leukemia

Running title: Extramedullary mesenchymal cell niche in AML

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Key points:

- Leukemic cells infiltrated in skin are capable to generate AML post-transplantation

- Mesenchymal progenitors in skin contribute to forming the niche for AML cells

- Skin mesenchymal progenitors protect AML stem cells possibly by mitochondrial

transfer

- *Lama4* deletion in skin mesenchymal niche promotes AML cell proliferation and

chemoresistance to cytarabine

Abstract (149)

Leukemia cutis or leukemic cell infiltration in skin is one of the common extramedullary manifestations of acute myeloid leukemia (AML) and signifies a poorer prognosis. However, its pathogenesis and maintenance remain understudied. Here, we report massive AML cell infiltration in mouse skin. These cells were retained in the skin post-chemotherapy and could regenerate AML post-transplantation. The niche characterization revealed that skin harbored mesenchymal progenitor cells (MPCs) with a similar phenotype as BM mesenchymal stem cells. These skin MPCs maintained and protected AML-initiating stem cells (LSCs) from chemotherapy *in vitro* possibly via mitochondrial transfer. Furthermore, *Lama4* deletion in skin MPCs promoted AML LSC proliferation and chemoresistance. Importantly, more chemoresistant AML LSCs were retained in *Lama4*$^{-/-}$ mouse skin post-cytarabine treatment. Our study reveals the characteristics and previously unrecognized roles of skin mesenchymal niches in maintaining AML LSCs and protecting them during chemotherapy, meriting future exploration of their impact on AML relapse.

Key words: Early B-cell Factor 2, skin, mesenchymal progenitor cells, acute myeloid leukemia, hematopoietic stem cells, stem cell niche, leukemic stem cells, drug resistance, cytarabine, bone marrow

Introduction

Leukemia cutis (leukemic cell infiltration in skin) is one of the commonly observed extramedullary manifestations in acute myeloid leukemia (AML).[1,2] It is associated with poor survival in patients with AML.[2-4] However, our understanding of its pathogenesis is very limited. This has been mainly due to lack of knowledge about the extramedullary niches where AML cells infiltrate and are maintained.

For decades, great efforts have been put to elucidate the contribution of the hematopoietic niche in bone marrow (BM) to normal and malignant hematopoiesis. The BM niche consists of various types of cells including mesenchymal stem cells (MSCs), mesenchymal progenitors (MPCs), osteoblasts and endothelial cells. Accumulating evidence has shown that BM MSCs and MPCs play important roles in maintaining normal hematopoiesis and in the development of myeloid malignancies including AML.[5,6] Molecular alterations in these niches could lead to malignant transformation of hematopoietic cells.[7-9] During leukemia development, the leukemic cells can alter the BM niches, which renders the niche to become favorable for

leukemic cell growth but harmful for normal hematopoiesis.[6,10-13] Using a *Cre-LoxP* mouse

model allowing for selective deletion of the MSC population, we have shown that loss of MSCs

accelerates AML progression.[6,10] However, these markers are not unique for the mesenchymal

cells in BM, thus, it is not clear whether the mesenchymal cell niches in extramedullary organs

like skin are also affected, thereby contributing to the AML progression.

Besides BM, extramedullary organs such as adipose tissue have been reported to

accommodate hematopoietic stem and progenitor cells (HSPCs) in the stromal vascular

fraction.[14] In blast crisis of chronic myeloid leukemia, the gonadal white adipose tissue is

infiltrated by leukemic cells that adapt to the extramedullary niche and transform into resistant

leukemia-initiating stem cells (LSCs) marked by CD36 expression.[15] These findings indicate

that extramedullary organs may serve as niches for HSPCs and LSCs.

Existing evidence suggests that skin might contain an MSC-like cell population.[16-19]

However, their biological properties and contribution to hematopoiesis and leukemia remain

unexplored. Knowledge of this would be essential for understanding the pathology of

extramedullary leukemia in the skin, and would thus provide new insights into identifying new

potential therapeutic targets that may be translated into new treatment strategies for AML

patients with leukemia cutis.

We here in a transplantation-induced AML mouse model detected massive infiltration of

AML cells in the skin. Importantly, these skin AML cells from mice at steady-state or post-

chemotherapy could regenerate AML post-secondary transplantation. Characterization of the

AML niche revealed the molecular features and developmental hierarchy of the skin MPCs.

The MPCs expressing Early B-cell Factor 2 (Ebf2) contribute to mesenchymal cell turnover in

the skin and were reduced post-AML onset. The skin MPCs could maintain and protect AML

LSCs and loss of Lama4 in skin MPCs promoted AML cell maintenance and resistance to

chemotherapy. Altogether, our study revealed the characteristics and a previously

unrecognized role of skin MPCs in maintaining AML LSCs during AML development and

chemotherapy.

Results

The AML cells infiltrated in skin can regenerate AML post-transplantation

We have here studied extramedullary leukemia in skin by using an MLL-AF9^{+} AML cell

transplantation-induced AML mouse model (**Figure 1A**). Post-symptomatic AML onset, we

detected the massive infiltration of the AML cells in the dorsal skin by fluorescence-activated

cell sorting (FACS) (**Figure 1B-1D**). The frequency was higher (41% of skin CD45$^+$ cells)

than that in the blood, but lower than that in BM (>95%) (**Figure 1B-1C**). Confocal imaging

showed that these AML cells mainly resided at perivascular sites in the skin (**Figure 1D**).

It is not known whether the AML cells infiltrated in skin contain LSCs capable to regenerate

leukemia, particularly after chemotherapy. We therefore sorted the AML cells from the mouse

skin post-cytarabine (Ara-C) or vehicle treatment and transplanted them into secondary

recipients without prior irradiation (**Figure 1E-1K**). Notably, these AML cells even in a low

dose (1000 cells/mouse) rapidly and efficiently generated AML in the recipients without pre-

conditioning, as indicated by short survival (**Figure 1F**), low platelet counts (**Figure 1G**), high

AML engraftment in the BM (**Figure 1H-1I)** and splenomegaly (**Figure 1J**). These results

demonstrate the leukemia-initiating capacity of the AML cells residing in the skin tissue not

only under steady-state but also after chemotherapy, indicating their potential impact in AML

relapse.

Skin harbors Ebf2$^+$ and Ebf2$^-$ MPC subsets with similar immunophenotype to BM MSCs

To understand how the leukemic cells were maintained in the skin tissue, we explored the

role of the extramedullary microenvironment in the skin using a similar approach as was used

for characterizing the BM niche. BM MSCs have been shown to be involved in AML

progression in mice[6]. They are defined by a phenotype of lacking expression of CD44,

hematopoietic (CD45/TER119) and endothelial (CD31) cell markers, but positive for

PDGFRa/CD140a, SCA1 and CD51.[6,9,11,20,21] The primitive MSCs in mouse BM can be

identified by Ebf2 expression[22] and can generate MSCs that lack Ebf2.[6] However, the

phenotype of native skin MSCs remains unknown. The question is whether the cells with

similar features exist in skin and play a role in the AML cell maintenance under steady-state

and following chemotherapy. To answer this, we first characterized mesenchymal stem and

progenitors in the skin by using the *Ebf2-Egfp* reporter mice. Similar to BM, a fraction of

CD45$^-$TER119$^-$CD31$^-$ skin stromal cells expressed Ebf2 (**Figure 2A**). The Ebf2$^+$ cells

accounted for about 2% and 5% of total live cells and CD45$^-$TER119$^-$CD31$^-$ stromal cells,

respectively (**Figure 2B-2C**). Phenotypically, skin Ebf2$^+$ cells highly expressed

PDGFRa/CD140a and SCA1 (PαS) whereas about 41% of the Ebf2$^-$ cells were PαS cells

(**Figure 2D**).

Functionally, both the Ebf2$^+$ and Ebf2$^-$ cells contained CFU-Fs, a colony-forming unit

characteristic for MSCs (**Figure 2E, Figure S1A**). The CFU-Fs in the Ebf2$^+$ cells were

generated exclusively by the SCA1$^+$ population (**Figure 2F**). Both Ebf2$^+$ and Ebf2$^-$PαS cell

populations showed similar proliferation kinetics after passage 5-6 (**Figure S1B**) and were able

to differentiate towards osteogenic and adipogenic lineages *in vitro* (**Figure S1C**). However,

they failed to differentiate into chondrocytes in either monolayer or micromass pellet culture

in which condition BM MSCs could differentiate into chondrocytes (**Figure S1C-S1D**). These

data indicate that the Ebf2$^+$ and Ebf2$^-$PαS cells in mouse skin may represent bipotential MPCs

although they have the same immunophenotype as BM MSCs.

Single-cell assay confirms osteo-adipo bipotentials of skin Ebf2$^+$ and Ebf2$^-$PαS cells

To validate the identity of the skin stromal subsets, we characterized these cells at single

cell level. Limiting dilution experiment revealed that the CFU-F frequency in both skin Ebf2$^+$

and Ebf2$^-$PαS fractions was as high as 1 in 4 (**Figure 2G, 2I**). Of 8 randomly selected CFU-

Fs from single Ebf2$^+$ cells, 7 (88%) showed both osteogenic and adipogenic differentiation

potency although to different degrees (**Figure 2H, 2K**). However, only 43% (3 clones of 7) of

the Ebf2$^-$PαS cells showed bi-lineage potency toward osteoblasts and adipocytes (**Figure 2J-**

2K). The chondrogenic potency, however, was not evaluated at single cell level since none of

these cell subsets differentiated into chondrocytes at the bulk level. The self-renewal capacity

of the Ebf2$^+$ and Ebf2$^-$ cells was evaluated by serially replating of single CFU-F derived from

the single sorted cells. Three out of 5 clones from 12 CFU-Fs initially generated by single

Ebf2$^+$ cells could be serially replated for beyond 10 passages while the other 2 clones were

able to expand to passage 5 (**Figure 2L**). Meanwhile, only 1 in 3 CFU-F clones derived from

9 Ebf2$^-$PαS cells-derived CFU-Fs could be serially replated for over 8 passages (**Figure 2L**),

indicating a limited self-renewal capacity of the Ebf2$^-$PαS cells. These data further support the

notion that the skin Ebf2$^+$ and Ebf2$^-$PαS cells are enriched with osteo-adipogenic MPCs.

Skin Ebf2$^+$ cells are mainly located at perivascular sites

Similar to that in mouse BM, the skin Ebf2$^+$ cells did not express endothelial cell marker CD31

(**Figure S2A**). However, the Ebf2$^+$ cells highly expressed PDGFRb/CD140b, a marker

expressed in pericytes[23] and niche-forming perivascular cells in BM[24] (**Figure S2B**), pointing

to a pericyte phenotype. Confocal imaging illustrated that the majority of the Ebf2$^+$ cells were

adjacent to the endothelial cells in the skin (**Figure 3A-3B**, **Figure S2C**). Some scattered Ebf2$^+$

cells were also found in dermal panniculus carnosus, a layer of striated muscle (**Figure 3A**).

Approximately 55% and 41% of the Ebf2$^+$ cells were positive for the pericyte marker NG2,

respectively (**Figure S2D, S2F**), and 81% of them expressed α-smooth muscle actin (SMA)

(**Figure S2E-S2F**), reported to mark pericytes in BM[25]. Altogether, these data suggest a

perivascular origin and heterogeneity of the skin Ebf2$^+$ cells.

The Ebf2$^+$ cells in skin contribute to the mesenchymal cell turnover

To understand how mesenchymal cell niche in the skin is maintained, we determined the

physiological contribution of the Ebf2$^+$ stromal cells to the niche formation by lineage-tracing

using Tg*Ebf2-Egfp xCre*^{ERT2} X *Rosa26-tomato* mice (**Figure 3C**). This mouse model allowed

us to track the fates of the Ebf2$^+$ cells *in vivo* since the Ebf2$^+$ cells express GFP and their

progeny is marked by Tomato after tamoxifen (TAM) injection. About 15% of total Ebf2$^+$ cells

were Tomato$^+$(Ebf2$^+$Tomato$^+$) cells at 3 months after TAM induction (**Figure S3A-S3B**). The

Ebf2$^+$Tomato$^+$ cells could generate Ebf2$^-$PαS MPCs and more mature CD45$^-$TER119$^-$CD31$^-$

CD44$^-$CD140a$^+$SCA1$^-$ stromal cells (**Figure 3D-3E**), indicating the important role of the Ebf2$^+$

cells in maintaining the mesenchymal cell compartment in the skin.

The fraction of the Ebf2$^+$Tomato$^+$ cells within stromal cells remained constant up to 12

months post TAM induction (**Figure 3E**), which is likely attributed to their self-renewal ability.

However, the Ebf2$^-$Tomato$^+$ cells which were produced by the Ebf2$^+$Tomato$^+$ cells increased

from 11% at 3 months to 21% at 6 months post-TAM injection, then remained stable at 12

months (**Figure 3E**). Within the newly generated Ebf2$^-$Tomato$^+$ cells, the majority were PαS

MPCs and about 5% were the CD140a$^+$SCA1$^-$ cells (**Figure 3F**). Within the total PαS MPCs,

only about 0.5% were Ebf2$^+$Tomato$^+$ cells and 30% were the newly generated Ebf2$^-$Tomato$^+$)

PαS cells at 6 months post-TAM (**Figure S3C-S3E**). These data suggest a substantial

contribution of the Ebf2$^+$ MPCs to generating the Ebf2$^-$Tomato$^+$PαS MPCs while maintaining

the Ebf2$^+$ cell pool. The actual contribution might have been underestimated due to the

incomplete *Cre* activation in the Ebf2$^+$ cells, reflected in the presence of Ebf2$^+$Tomato$^-$ cells

shortly (2-3days) after TAM injection (data now shown).

Similar to the Ebf2$^+$ cells, the Ebf2$^-$Tomato$^+$ cells were mainly distributed in the lower

dermis and adjacent to CD31$^+$ endothelial cells (**Figure 3G**). Unlike the Ebf2$^+$ cells, the Ebf2$^-$

Tomato$^+$ cells lacked NG2 expression (**Figure S3F**). Only 19% and 28% of the Ebf2$^-$Tomato$^+$

cells expressed NESTIN and α-SMA, respectively (**Figure S3G-SI**),

Altogether, skin harbors Ebf2$^+$ and Ebf2$^-$PαS MPCs with a similar phenotype as BM MSCs.

The Ebf2$^+$ MPCs reside at the top of the developmental hierarchy and contribute to

mesenchymal cell generation in the skin.

Skin MPCs play a role in maintaining normal hematopoietic and AML cells *in vitro*

Identification of the skin MPC populations made it possible to analyze their potential role

in the maintenance of AML cells. We first evaluated the function of skin MPC subsets in

supporting normal hematopoietic stem cells (HSCs) in a co-culture system and compared to

BM MSCs (**Figure S4A**). Similar to their BM counterparts, both skin Ebf2$^+$ and Ebf2$^-$PαS

MPCs were able to maintain HSC activities**,** indicated by similar numbers of CFU-Cs generated

from the SCA1$^+$KIT$^+$(LSK)CD150$^+$ cells after the co-coculture with skin MPCs or BM MSCs

(**Figure S4B-S4C**). This finding was further supported by the similar cobblestone area forming

cells (CAFCs) generated from the BM LSK cells co-cultured with the skin MPCs or BM MSCs

(**Figure S4D-S4E**). The BM Ebf2$^-$PαS cells displayed better capacity in supporting CAFC

formation from the LSK cells than the BM Ebf2$^+$ MSCs (**Figure S4F**). Altogether, these data

indicated that skin MPCs possessed similar hematopoiesis supportive function as BM MSCs.

To assess the role of skin MPCs in supporting AML LSC growth, we next performed CAFC

assay of MLL-AF9$^+$ AML cells (**Figure 4A**). Like BM Ebf2$^+$ MSCs, skin MPC subsets could

support CAFC formation from the AML cells, but to a lesser degree than the BM Ebf2$^-$PαS

cells (**Figure 4B-4C**).

Increasing evidence suggests that BM stromal cells may protect leukemia cells from

cytostatic drugs.[26-30] However, it is not known if extramedullary stromal cells have similar

functions. We then tested the chemoprotective function of skin MPCs by CAFC assay. We

administered Ara-C 2 days after seeding the MLL-AF9$^+$ AML cells to the MPCs to allow for

efficient cell-cell interactions (**Figure 4A**). Both skin Ebf2$^+$ and Ebf2$^-$PαS cells could protect

the AML LSCs from Ara-C treatment, demonstrated by the persistence of residual CAFCs after

Ara-C treatment, in striking contrast to the efficient killing of the AML cells cultured alone

(**Figure 4D-4E**). No difference in the frequency of KIT$^+$ AML cells, representing AML

LSCs,[31] was observed among all the co-cultures (**Figure 4F**). However, the numbers of the

residual KIT$^+$ LSCs were significantly increased in the co-cultures with the stromal cells

compared to the monoculture post-Ara-C treatment (**Figure 4G**). CD36 was reported to be a

marker for chemoresistant leukemic cells.[15,32,33] Post-Ara-C, the CD36$^+$ AML cells were

selectively enriched in all the co-cultures except that with skin Ebf2$^-$PαS MPCs (**Figure 4H**),

however, only in the culture with skin MPC subsets, significant more CD36$^+$ AML cells were

retained (**Figure 4I**). These data indicate a previously unrecognized role of skin MPCs in AML

LSC maintenance and protection.

The altered mesenchymal niches in the skin during AML development.

Niche-remodeling in BM has been considered as one of the mechanisms contributing to leukemia progression[6,34-36]. By confocal imaging, we observed the perivascular location of the AML cells (**Figure 1D**) and the localization adjacent to the skin Ebf2/GFP$^+$ MPCs in the skin (**Figure 4J**). We then evaluated whether the skin cellular niches were remodeled by the AML cells as observed in their BM counterparts.[6] The proportion of Ebf2$^+$ MPCs in the skin stromal cells were reduced post-symptomatic onset of AML (**Figure 4K-4L**) whereas the Ebf2$^-$PαS cells remained unchanged (**Figure 4M-4N**). This finding is consistent with the reduced PαS cell fraction in the Ebf2$^+$ cells in AML mouse BM and might contribute to further AML cell proliferation since deletion of Ebf2$^+$ cells in mice led to AML acceleration.[6] In addition, while the total CD31$^+$ endothelial cells were unaltered, however, as observed in BM,[6] the CD31$^+$SCA1$^+$ arteriolar endothelial cells were significantly increased (**Figure 4O-4P**), indicating an increase of arterioles in dorsal skin during AML development.

Molecular evidence for the role of skin MPCs in hematopoiesis and AML

To investigate the molecular mechanisms behind the hematopoiesis-supportive function of the skin MPCs, we performed RNA sequencing on the freshly sorted skin Ebf2$^+$ and Ebf2$^-$PαS MPCs. This revealed a distinct transcriptional profile of skin MPCs and BM MSCs with 1150 and 816 genes differentially expressed between skin Ebf2$^+$ and Ebf2$^-$PαS MPCs compared to BM MSCs, respectively (**Figure 5A**). However, only 135 genes were differentially expressed between the skin Ebf2$^+$ and Ebf2$^-$PαS cells. Among them, the genes associated with TNFα signaling, angiogenesis and epithelial to mesenchymal transition, such as *Lama5* and *Tnc*, were upregulated while the cell proliferation genes were downregulated in the more primitive Ebf2$^+$ cells (**Figure 5B, Figure S5A**). We then compared skin MPC pool (Ebf2$^+$ and Ebf2$^-$PαS) with BM MSCs. The genes related to skin tissue maintenance (*Krt14*, *Krt19*) and adipogenesis (*Fabp4*) were upregulated in the skin MPCs (**Figure 5C**), showing tissue origin-related characteristics of these cells. Consistent with the limited chondrogenic differentiation capacity of skin MPCs (**Figure S1C-S1D**), the genes associated with osteogenesis and chondrogenesis were downregulated in the cells (**Figure S5B**). Conversely, skin MPCs were enriched with genes related to fatty acid metabolism and oxidative phosphorylation indicating a distinct metabolic profile between the skin and BM MSCs (**Figure 5D-5E**). Furthermore, the genes

262   related to inflammatory response were enriched in the skin MPCs relative to BM MSCs
263   (**Figure 5E-5F, Figure S5C**), indicating a possible pro-inflammatory phenotype of skin MPCs.
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Notably, no overall significant difference in the hematopoiesis supportive gene expression
between the skin MPCs and BM MSCs (**Figure 5G**). The findings were confirmed by Q-PCR
of the genes in these freshly sorted cells (**Figure 5H**). Similar to BM MSCs, both skin MPC
subsets expressed *Cxcl12*, *Kitl* (*Scf*), *Jag1, Lama4* and *Angptl1,* all of which are known to be
critical for hematopoiesis maintenance and regeneration.[37-44] The expressions of *Kitl*, *Jag1* and
Lama4 were even significantly higher in skin Ebf2^{+} and Ebf2^{-}PαS cells than that in BM MSCs.
Moreover, the expression of *Spp1,* a negative regulator of HSC expansion,[45] was lower in skin
MPCs than that in BM MSCs (**Figure 5C, 5H**).This finding support the similar function of
skin MPCs and BM MSCs for HSCs and AML LSCs.
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Enhanced mitochondrial transfer from skin MPCs to AML cells contributed to the
chemoprotection of AML cells
To reveal the mechanisms underlying the function of skin MPCs in maintaining and
protecting AML LSCs, we examined the metabolic support from skin MPCs to AML cells in
coculture since the genes related to oxidative phosphorylation and fatty acid metabolism are
enriched in the skin MPCs. Mitochondria transfer has been reported as one of the protective
mechanisms during chemotherapy in leukemias to provide energy support and anti-oxidant
machinery leading to modulating oxidative stress indued by chemotherapy[35,46-48]. In a co-
culture with mitochondria-prelabeled skin MPCs (**Figure 6A**), we detected enhanced
mitochondrial transfer from skin MPCs to the AML cells compared to BM MSCs (**Figure 6B-**
6C). Correspondingly, the AML cells cocultured with skin MPCs showed lower ROS levels
and higher viability during Ara-C treatment (**Figure 6D-6E**). These data indicated that skin
MPCs could maintain AML LSCs and protect them from Ara-C treatment *in vitro* possibly by
reducing oxidative stress. Thus, skin MPCs could be an important element in creating an
extramedullary sanctuary for AML LSCs.

Lama4* loss in skin MPCs enhanced AML LSC proliferation and chemoprotection *in vitro
Lama4 was highly expressed in skin MPCs (**Figure 5H**) and we have found that *Lama4* loss
in mice promoted AML LSC proliferation, chemoresistance, and relapse.[35] This has tempted
us to test the impact of *Lama4* deletion in skin MPCs on AML LSC growth (**Figure 6F**). We
observed increased AML cell proliferation and chemoresistance to Ara-C at 24h post-the co-

culture *Lama4^{-/-}* skin MPCs (**Figure 6G**). Further CAFC assay indicated that *Lama4^{-/-}* skin

MPCs promoted AML LSC proliferation and chemoresistance to Ara-C (**Figure 6H**),

suggesting a suppressive impact of *Lama4* expression in skin MPCs on AML cell growth and

chemoresistance.

The increased chemoresistant AML cells in *Lama4^{-/-}* mouse skin post-Ara-C treatment

To further explore the molecular mechanism involving in the role of the extramedullary niche

in the skin for maintaining residual AML cells after chemotherapy, we here took advantage of

Lama4^{-/-} mice (**Figure 7A**) where AML progression and relapse are accelerated.[35] There was

no homing preference of the AML cells to *Lama4^{-/-}* skin and BM (**Figure S6**). One day post-

Ara-C treatment, confocal imaging illustrated more residual AML cells retained in *Lama4^{-/-}*

mouse skin, compared to that in *Lama4^{+/+}* mice following Ara-C treatment (**Figure 7B**).

However, such a difference was not detected by FACS analysis while the elimination of the

AML cells from the PB and skin were clearly observed (**Figure 7C**). It is possible that some

of the remaining AML cells were lost during enzymatic digestion of the skin for FACS whereas

confocal imaging was performed on the tissue fixed directly after dissecting. It is important to

note that the chemoresistant CD36$^+$ AML cells[15,33], not KIT$^+$ cells were enriched in *Lama4^{-/-}*

mouse skin post-Ara-C treatment (**Figure 7D**), which was not observed in the BM, as

reported.[35] These data suggest that *Lama4* expression in skin mesenchymal niche play a role in

maintaining the chemosensitivity of AML cells in the skin to Ara-C.

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Discussion

We here report that skin tissue harbored two distinct MPC subsets, the Ebf2$^+$ and Ebf2$^-$PαS

cells, sharing a similar phenotype with BM MSCs.[20,49,50] During AML development, similar to

leukemia cutis observed in patients, a substantial amount of AML cells infiltrated in mouse

skin. The AML cells were distributed along vascular sites and co-localized with the skin Ebf2$^+$

cells. Importantly, these AML cells isolated from mice at steady-state and after chemotherapy

could initiate AML post-transplantation into immunocompetent mice. Molecular

characterization of the skin MPCs showed high expression of *Lama4*, *KitL* and *Jag1*, known

to be important for normal hematopoiesis maintenance and leukemic cell proliferation.[31,35,37-

44,51] The skin mesenchymal cell niche maintained AML LSCs and protected them from

chemotherapeutic agent Ara-C. Furthermore, Lama4 loss in skin MPCs promoted AML

proliferation and chemoresistance. Our study provides evidence for the characteristics and

previously unrecognized role of skin mesenchymal cell niche during AML development and

after chemotherapy.

Leukemia cutis is commonly observed in monocytic AML (FAB, M5) and pediatric patients

with congenital leukemia are prone to develop leukemia cutis, ranging from 25% to 30% of

the cases.[52] It also correlates with manifestations of other extramedullary sites and is associated

with a poor prognosis in patients.[1-3] However, leukemia cutis has been understudied. Its impact

on AML relapse remains unexplored. We here show AML-regenerating capacity of the residual

AML cells in skin post-chemotherapy, pointing to a possible involvement of these leukemic

cells in the relapse of AML. In patients, leukemia cutis is usually present concurrently with

AML cell infiltration in BM. However, in some cases, it may precede systemic involvement,[4]

and it is unclear whether the leukemic cells infiltrated in the skin originate from BM.

We here for the first time show the chemoprotective role of skin MPCs for AML LSCs.

Multiple mechanisms might be involved in the protection. Mitochondrial transfer from stromal

cells to leukemic cells has been reported to be one of the mechanisms to protect leukemic cells

to survive from chemotherapy by providing antioxidant system to counteract the therapy

induced oxidative stress.[53] We here detected a mitochondrial transfer from skin MPCs to the

AML cells during chemotherapy *in vitro,* even in a greater degree, than that from BM MSCs.

This finding is in line with the enrichment of oxidative phosphorylation genes in skin MPCs.

In addition, *Lama4* expression in skin MPCs seemed to maintain AML LSC chemosensitivity

since *Lama4* loss in skin MPCs led to enhanced proliferation and chemoprotection of AML

LSCs. In line with this, the residual chemoresistant CD36^{+} AML cells in *Lama4^{-/-}* skin were

increased post-Ara-C treatment. Such an effect was not observed in the BM. One possible

reason could be the differential expression *of Kitl*, *Jag1* and *Lama4*, known to be important for

AML development.[31,35,54] Furthermore, the upregulated inflammatory genes in skin MPCs

might have contributed to this effect.

Our findings of the identity and immunophenotype of skin MPCs will facilitate the

prospective isolation of the cells for further characterization *ex vivo*. The skin Ebf2^{+} MPCs co-

express pericyte markers like CD140b/PDGFRb, NG2 and α-SMA and their perivascular

location indicated their pericyte phenotype. A contribution of skin Ebf2^{+} cells to mesenchymal

cell turnover was illustrated by the *in vivo* lineage-tracing. The adjacent localization of the

Ebf2^{+} cells to the AML cells in skin indicated a possibility that these cells might act as a niche

component for maintaining AML cells. This notion was supported by another important finding

showing a supportive function of skin MPCs for AML LSCs. The fractions skin Ebf2$^+$ MPCs

were reduced after symptomatic AML onset, leading to a reconstructed niche, which might in

turn further promote AML progression since Ebf2$^+$ cell deletion in mice accelerated AML

development, as reported.[6]

In summary, we here report that skin harbors primitive Ebf2$^+$ MPCs and the downstream

Ebf2$^-$ MPCs. These MPCs are colocalized with AML cells at perivascular sites during AML

development. The residual AML cells in the skin after chemotherapy can regenerate leukemia

post-transplantation, indicating the existence of AML LSCs in the skin. The skin MPCs can

provide metabolic support for AML cells to protect them from chemotherapy *in vitro*. Loss of

Lama4 in skin MPCs further enhances their supportive and chemoprotective function for the

leukemic cells. We for the first time provide evidence for the roles of skin mesenchymal cell

niche for AML LSC growth and chemotherapy response, as well as the impact of *Lama4*

expression on the niche protection or support. These findings warrant future studies on the role

of skin mesenchymal niches in chemotherapy response and relapse of AML patients.

Methods

Methods

Mice

Ebf2-Egfp reporter FVB/N mice[22] at 8 to 14-week old were used. Transgenic *Ebf2-EgfpXEbf2-*

*Cre^{ERT2}*X *Rosa26^{loxp}Stop^{loxp}-Tomato* mice were generated by crossing *Ebf2-Egfp* with *Ebf2-*

Cre^{ERT2}XRosa26^{loxp}Stop^{loxp}-Tomato mice for lineage tracing. To activate Cre, tamoxifen (TAM)

(Sigma) was intraperitoneally injected at 3mg/20g body weight for 3 times every second day.[6]

Lama4$^{-/-}$ C57BL/6 mice were generated as described.[55] All mice were maintained in specific-

pathogen-free conditions in the animal facility of Karolinska Institute. Animal procedures were

approved by local ethics committee (ethical number 1869) at Karolinska Institute (Stockholm,

Sweden).

***In vivo* lineage tracing**

This was performed as previously described.[6] Dorsal skin from triple transgenic *Ebf2-Egfp* x

Ebf2-Cre^{ERT2} x *Rosa26^{loxp}Stop^{loxp}- Tomato* mice[6] were collected at 3, 6 and 12 months after

tamoxifen injection. Approximately, 1x1cm of dorsal skin tissue was fixed and embedded in

OCT for whole mount immunofluorescence. For evaluating the frequency of Ebf2$^+$ cells and

their progeny (Tomato$^+$), 2 x 2cm of dorsal skin tissue was processed for skin MPC isolation

by fluorescence-activated cell sorting (FACS) (BD FACS Aria[TM] III). For defining the gates

for GFP$^+$ and Tomato$^+$ cells, cells from bi-transgenic or single transgenic mouse were used as

fluorescence-minus one (FMO) controls. After excluding dead cells by propidium iodide (PI)

staining, the CD45$^-$TER119$^-$CD31$^-$ stromal cells were gated. Subsequently, the CD44$^-$ fractions

were divided based on CD140a and SCA1 expression.

Ara-C treatment and detection of residual AML cells *in vivo* was performed as described

in the related study[35] .

Skin MPC isolation by FACS

Mouse dorsal skin was minced and digested with 0.2% collagenase II (CLSII Worthington

Biochemicals) in PBS supplemented with 20% FBS for 60 minutes at 37°C. After washing

with PBS/20%FBS followed by PBS, the digested skin tissue was treated with 0.05% trypsin-

EDTA (GIBCO) for 10 to 15minutes at 37°C. Cell suspension was spun down at 300g for

10minutes. Mononuclear cells were then blocked with FcR (CD16/32) antibody and stained

with CD45, TER119, CD31, CD44, CD140a, and SCA1 for 15minutes at 2-8°C. Dead cells

were excluded by propidium iodide (PI) staining. For sorting native skin MPCs, hematopoietic

and endothelial populations were firstly excluded (CD45$^-$TER119$^-$CD31$^-$) and Ebf2 gate was

then defined based on Fluorescence Minus One (FMO) using skin mononuclear cells from a

non-transgenic mouse. Skin Ebf2$^+$ and Ebf2$^-$ cells were sorted on a FACS Aria III Sorp (BD

Biosciences, San Jose). See Table S1 for detailed antibody information.

Generation of MLL-AF9-induced AML mouse model

AML mouse model was induced as previously described.[6] Briefly, 250.000 MLL-AF9

expressing cells were intravenously injected into non-irradiated mice to generate the AML

mouse model. For detecting AML infiltration in dorsal skin tissue, 1x10^6 of MLL-AF9

previously generated in DsRed C57BL/6J transgenic mice[56] were intravenously injected into

sublethally irradiated (6Gy) *Lama4$^{+/+}$* and *Lama4$^{-/-}$* mice, as described[35]. At day 15, the mice

were treated intraperitoneally with Cytarabine (Ara-C, Jena Bioscience) at the dose of

700mg/kg body weight, daily for 5 consecutive days. The mice were sacrificed one day after

the last injection for AML engraftment analysis in peripheral blood (PB), BM and dorsal skin

by FACS. The distribution of residual AML cells in dorsal skin was visualized by confocal

imaging.

Serial transplantation

To test the leukemia-initiating capacity of the AML cells infiltrated in skin tissue, the AML

CD45.1$^+$ cells were sorted from skin tissue of the mice that have developed AML post-AML

cell injection. The mice were treated with normal saline or Ara-C for 5 days at day 20-21 after

AML cell injection. The AML cells in skin were collected 2-3days after the last injection,

sorted by FACS and transplanted into non-irradiated secondary C57BL/6J recipient mice via

tail vein at a dose of 1000 or 5000 cells per mouse. The AML development was monitored by

blood analysis using FACS and Sysmex as well as by assessing the general health conditions.

The survival rate of the mice was estimated based on the date when the mice were found dead

or in moribund status. Bones and blood were collected for determining AML engraftment.

Multilineage differentiation assay

This was done as described [6]. The skin Ebf2$^+$, Ebf2$^-$ and Ebf2$^-$PαS cells were expanded in

culture and plated at 400cells / cm^2 to each well of 24-well plate. For osteogenic differentiation,

cells were cultured with complete osteogenic medium mixed by human/mouse StemXVivo

osteogenic / adipogenic base medium (CCM007, R&D Systems) and mouse StemXVivo

ostegenic supplement (CCM009; R&D Systems) under normoxic condition for 14-21 days.

Differentiation toward osteoblast was evaluated by 1% alizarin red S (Catalog no A5533,

Sigma) staining after cell fixation with cold methanol. For adipogenic differentiation, the

culture was performed with DMEM containing 10% FBS, 10mM HEPES (1M), 100U of

penicillin/streptomycin, 10^{-4} M 2-Mercaptoethanol (Sigma, catalog no.M7522), 5μg/mL

insulin (Catalog no I6634, Sigma), 20μM Indomethacin (Catalog no I7378, Sigma), 0.0115

mg/mL isobutylmethylxanthine (Catalog no I-7018, Sigma), and 10^{-6} M dexamethasone

(Catalog no D2915, Sigma) for 2-3 weeks. Cells were then fixed with 10% formalin and stained

with 0.5% Oil Red O (Catalog no O1391, Sigma). Chondrogenic differentiation was induced

in monolayer culture where cells were cultured with DMEM high glucose containing 10mM

HEPES (1M), 100U of penicillin / streptomycin, 10^{-4} M 2-Mercaptoethanol (catalog no.M7522,

Sigma), 2mM pyruvate (Catalog no P5280, Sigma), 0.35mM L-proline (Catalog no P5607-

25G, Sigma), ITS^{+3} (Catalog no I-3146, Sigma), 5μg/mL L-ascorbic acid 2-phosphate (Catalog

no A7506, Sigma), 10^{-7} M dexamethasone (Catalog No D2915, Sigma), and 10ng/mL TGF-β3

(Catalog no 100-36E, Peprotech). To assess chondrogenic differentiation, toluidine blue

(Catalog no T3260, Sigma) (pH 2.0 to 2.5) was used to stain proteoglycan. Images were then

taken under inverted microscope (CKX41, Olympus).

In vitro chondrogenic induction in micromass pellet

After _in vitro_ expansion, 2.5×10^5 of BM MSCs or skin Ebf2$^+$ or skin Ebf2$^-$PαS MPCs were collected in 15mL tube and spun down at 300g for 7 minutes. After removal of supernatant, 500 μM of chondrogenic medium consisting of DMEM high glucose with 10 mM HEPES, 100U of penicillin/streptomycin, 10^{-4}M 2-Mercaptoethanol (catalog no.M7522, Sigma), 2 mM pyruvate (Catalog no P5280, Sigma), 0.35 mM L-proline (Catalog no. P5607-25G, Sigma), ITS^{+3} (Catalog no. I-3146, Sigma), 5μg/mL L-ascorbic acid 2-phosphate (Catalog no. A7506, Sigma), 10^{-7}M dexamethasone (Catalog No. D2915, Sigma,), and 10ng/mL TGF-β3 (Catalog no. 100-36E, Peprotech) were added. The chondrogenic induction was performed in 37°C under hypoxic condition (2% O_2). Every 2-3 days, the medium was replaced until day 28. For evaluating the chondrogenic induction, the micromass pellets were washed with PBS prior being fixed in 4% PFA for 2 days. After dehydration with 70% ethanol, the pellets were stained with toluidine blue (Catalog no. T3260, Sigma) at pH 2.0 to 2.5 for 15–30 minutes. Thereafter, the stained pellets were washed with 70% ethanol and embedded in OCT-compound (Catalog no. 4583, Sakura Tissue Tex®,). To visualize the formation of proteoglycan, the embedded pellet was cut to 10μm, mounted and observed by inverted microscope (Axio Observer.Z1, Zeis). Images were processed with Zen software (Carl Zeiss Microscopy, GmbH 2011).

Skin MPC expansion and proliferation kinetics _in vitro_

For _in vitro_ expansion, CFU-Fs from FACS-sorted skin Ebf2$^+$ and Ebf2$^-$PαS cells were trypsinized with 0.05% trypsin-EDTA (GIBCO), collected, and plated to T-25 flasks at 400 cells /cm^2. Cells were then expanded in complete Dulbecco modified Eagle Medium (DMEM, catalog no.31966, GIBCO) containing 10% FBS, 10 mM HEPES (1M), 100U of penicillin / streptomycin, and 10^{-4}M 2-Mercaptoethanol (catalog no.M7522, Sigma) under hypoxic condition (1-2% O_2) until 80%-90% confluence was reached. Proliferation rates of skin Ebf2$^+$ and Ebf2$^-$PαS cells were evaluated by population doubling time (PDT) assays. PDT was calculated by dividing number of days for culturing the cells with number of population doublings (PDs) using following formula: PDT= Culture time (days)/PD where PD=log (NH/NI)/ log 2, NH is harvested cell number and NI is initial cell number.

Dorsal skin wholemount immunofluorescence staining

Dorsal skin specimens were fixed in 4% PFA for 10 minutes followed by washing with PBS

prior embedding in OCT-Compound (Sakura Tissue Tex®, Catalog no. 4583). For

immunofluorescence staining, 150 µM dorsal skin sections were first blocked with skim milk,

fish skin gelatin (Catalog no. G7765, Sigma) and Triton X-100 (Catalog no. T8787, Sigma) for

1hour at RT. To visualize Ebf2$^+$ cells in mouse dorsal skin, the sections were incubated with

anti-GFP, additionally stained with either anti-mouse MECA32, CD31, NG2, NESTIN, or α-

SMA antibodies. All stainings were performed at 2-8°C overnight prior washing with PBS and

staining with secondary antibody. Imaging was performed with confocal microscopy at Live

Cell Imaging (LCI) facility after the section was mounted in Mountant PermaFlour (Catalog

no. TA-030-F19, Thermo). See Table S2 for antibodies used for the confocal imaging.

Quantification of the Ebf2$^+$ or Ebf2/GFP$^-$Tomato$^+$ cells expressing NESTIN, NG2 or α-SMA

was performed with NIS-element AR-analysis ver 5.20.00 64-bit software (Nikon). From

100µM section, 30-40µM thickness was scanned with a confocal microscope to localize Ebf2$^+$

and Ebf2$^+$ progenies (Ebf2/GFP$^-$Tomato$^+$ cells). Areas where Ebf2$^+$ and Ebf2/GFP$^-$Tomato$^+$

cells were distributed were further imaged every 1-1.1µM depth to obtain Region of interest

(ROI). Within ROI, positive expression of NESTIN, NG2 or α-SMA was defined based on

control sections stained with secondary antibodies only while GFP$^+$ signal was set based on

samples from non-GFP reporter mice. Three to 4 mice were included for the quantification.

RNA sequencing

Total RNA from freshly sorted skin Ebf2$^+$ cells, skin Ebf2$^-$ PαS cells and BM MSCs were

isolated with RNeasy Micro Kit (Qiagen) according to the manufacturer's protocol. cDNA was

prepared using SMART-Seq v4 Ultra Low Input RNA Kit for Sequencing (Cat. No. 634898,

Takara Bio.). The cDNA quality was examined on Agilent TapeStation system using a High

Sensitivity D5000 ScreenTape (Cat. No. 5067-5592, Agilent). One ng cDNA was used for

library preparation using *Nextera XT* DNA Library Preparation Kit (Cat. Nos. FC-131-1024 &

FC-131-1096, Illumina). The yield and quality of the amplified libraries were analyzed using

Qubit by Thermo Fisher and the Agilent Tapestation System. The indexed cDNA libraries were

sequenced on the Illumina 2000 or Nextseq 550 (Illumina, San Diego, CA) for a 75-cycle v2

sequencing run generating 75 bp single-end reads. About 7-20 million reads/sample were

obtained. Sample quality was assessed using FastQC (v0.11.8) and MultiQC (v1.7). Reads

were aligned to a reference built from Ensembl GRCm38 genome sequences using STAR

(v2.6.1d). All mapped counts to each gene were further calculated by FeatureCounts function

from Subread package [57] installed in R. Genes with Reads Per Kilobase of transcript per Million

mapped reads (RPKM) values more than 0.1 were considered as being actively transcribed and

proceeded to the analysis of Differential Gene Expression (DGE).[58] The normalized read

counts assigned to each sample were generated by Deseq2. The differentially expressed genes

between the cell subsets were identified by adjusted P value ($p$adj < 0.05) using Benjamini-

Hochberg correction for multiple testing, together with thresholds at $\log_2$fold changes >1 (up-

regulated) or <-1 (down-regulated). For the Gene Set Enrichment Analysis (GSEA), the

normalized read counts were imported into the GSEA (v4.0.3) platform from Broad Institute

(http://www.broadinstitute.org/gsea/index.jsp), with three gene sets being tested, including

gene ontology (c5.all.v5.symbols.gmt), hallmark (h.all.v5.symbols.gmt) and KEGG

(c2.kegg.v5.symbols.gmt). Gene sets tested were considered to be statistically enriched when

the nominal P value $< .01$ and FDR $< .25$.

LIN$^-$SCA1$^+$KIT$^+$ (LSK) CD150$^+$ cell isolation

Mouse femurs, tibia and iliac crest were crushed and washed with PBS/5% FBS to obtain BM

mononuclear cells. Hematopoietic lineage (LIN) markers TER119, B220, GR-1, CD3, CD11b

were firstly depleted with the use of sheep anti-rat DynaI beads (Invitrogen). LIN-depleted

cells were then stained with anti-SCA1, anti-KIT, anti-CD150 and PECY5-conjugated

antibodies against the LIN markers mentioned above. After excluding dead cells based on

propidium iodiode (PI) staining, the LSKCD150$^+$ HSCs were sorted on BD FACS Aria III (BD

Biosciences, San Jose) using DIVA 7.0 software. The gating was defined based on fluorescence

minus one (FMO). See table S1 for antibody detail information.

Co-culture of skin MPCs with LSKCD150$^+$ cells and colony-forming cell in culture (CFU-

C) assay

Twenty-five thousand (25,000) expanded Ebf2$^+$ or Ebf2$^-$PαS MPCs from skin and BM at

passage 4-13 were plated into each well of 12-well plate and maintained in complete Dulbecco

modified Eagle Medium (DMEM, catalog no.31966, GIBCO) containing 10% FBS, 10 mM

HEPES (1M), 100U of penicillin/streptomycin and 10^{-4}M 2-Mercaptoethanol (catalog

no.M7522, Sigma) under hypoxic condition (2% O_2) for 24h prior co-culture. The co-cultures

were started by plating 2000 sorted LSKCD150$^+$ to each well in Myelocult medium (M5300,

Stem Cell Technologies) supplemented with 10^{-6} M hydrocortisone (Catalog no 74142, Stem

Cell Technologies,) and 1% penicillin streptomycin. After a 3-day co-culture in 5% CO_2 at

37°C, the medium containing hematopoietic cells and trypsinized cells were collected for

FACS analysis and CFU-C assay in Methylcellulose M3434 (Stem Cell Technologies). After

10 days of culture at 37°C in 5% CO_2, CFU-Cs in the methylcellulose were stained with 2,7-

diaminofluorene (DAF staining) and scored with an inverted microscope (CKX41, Olympus).

A cell cluster with a minimum of 50 cells is defined as one colony. Colonies with positive DAF

staining were defined as erythrocytes-containing colonies including CFU-GME and BFU-E),

as performed previously.[9][59]

Cobblestone area-forming cells (CAFC) assay using primary skin MPCs

This was done as previously described.[60] Briefly, 30.000 skin or BM Ebf2$^+$ or Ebf2$^-$PαS MPCs

were first plated into a 24-multiwell plate and maintained in complete Dulbecco modified

Eagle Medium (DMEM, catalog no.31966, GIBCO) containing 10% FBS, 10mM HEPES

(1M), 100U of penicillin/streptomycin, and 10^{-4}M 2-Mercaptoethanol (catalog

no.M7522,Sigma) under hypoxic condition (1% O_2). One day after, 150-300 MLL-AF9 or LSK

cells were then added on the MSCs and MPCs in Myelocult (M5300, Stem Cell Technologies)

with 10^{-6} M hydrocortisone (Catalog no. 07904, Stem Cell Technologies,), 1% penicillin

streptomycin and 1ng/mL IL-3 (R&D). The co-cultures were performed at 32°C in 5% CO_2 for

7-14 days. A CAFC was defined as a cluster of more than 3 cells underneath the MSCs/MPCs.

The CAFCs were visualized and scored with inverted microscope (CKX41, Olympus) on day

7 and 10. At day 10-14, the cells were trypsinized and collected for FACS analysis of the KIT$^+$

and CD36$^+$ AML LSCs and their cell cycle status.

Detection of reactive oxygen species (ROS) level

581   The MSCs/MPCs or AML cells were harvested and washed with PBS and incubated with 2μM

582   of H_2-DCFDA (C6827, ThermoFisher) in DMEM at 37°C for 40min to detect ROS level. The

583   cells were then rinsed twice with PBS and resuspended with 150μL of Propidium iodide

584   (1:1000) in 5%FBS/PBS. ROS levels were measured by FACS.

Mitochondrial transfer

MSCs or MPCs were stained with 100nM MitoTracker™ red FM (M22426, ThermoFisher) at

37°C for 60 min, according to the manufacturer's instructions. The cells were washed twice

with PBS, then incubated for 3-4 hours to remove unbound probe before a final wash.

Subsequently, 15,000-25,000 MLL-AF9 AML cells in Myelocult (M5300, StemCell

Technologies) were plated and cocultured with prelabelled MSCs for 24 hours. Mitochondrial

transfer was quantified in AML cells (CD45.1$^+$) by FACS and analyzed for MFI of the

mitoTracker red.

Colony-forming unit-fibroblast (CFU-F), RNA sequencing and **quantitative RT-PCR (Q-**

PCR) were done as described.[6,35] See Table S3 for information of Assays-on-Demand probes.

Statistical analysis

Unless mentioned, either unpaired t-test or Mann-Whitney test was used to determine the

difference between the groups or cell subsets. All statistical tests were performed with

GraphPad Prism 8 software with $P < 0.05$ considered statistically significant.

Data availability

The RNA sequencing data are available at GEO under accession number GSE167562.

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631   Author contributions

LS has substantially participated in designing, performing experiments, collecting and

analyzing data and manuscript writing. HC, PX, MK(Kondo), XS, EL and ASJ performed

experiments, collected data and assisted with data analysis and manuscript-editing. MK

(Kasper) provided scientific input and assistance with confocal imaging of skin tissues. MJ

provided the DsRed-expressing MLL-AF9 AML cells and scientific input on the manuscript.

KT provided Lama4$^{-/-}$ mouse models and scientific input. HQ designed, performed experiments,

collected and analyzed data, wrote the manuscript. All authors have proved the final version of

the manuscript.

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642   References

644   1   Bakst, R. L., Tallman, M. S., Douer, D. & Yahalom, J. How I treat extramedullary
645   acute myeloid leukemia. *Blood* **118**, 3785-3793, doi:10.1182/blood-2011-04-
646   347229 (2011).
647   2   Gouache, E. *et al.* Leukemia Cutis in Childhood Acute Myeloid Leukemia:
648   Epidemiological, Clinical, Biological, and Prognostic Characteristics of Patients
649   Included in the ELAM02 Study. *Hemasphere* **2**, e141,
650   doi:10.1097/HS9.0000000000000141 (2018).
651   3   Wang, C. X., Pusic, I. & Anadkat, M. J. Association of Leukemia Cutis With Survival
652   in Acute Myeloid Leukemia. *JAMA Dermatol* **155**, 826-832,
653   doi:10.1001/jamadermatol.2019.0052 (2019).
654   4   Krooks, J. A. & Weatherall, A. G. Leukemia cutis in acute myeloid leukemia signifies
655   a poor prognosis. *Cutis* **102**, 266;271;272 (2018).

656   5   Hoggatt, J., Kfoury, Y. & Scadden, D. T. Hematopoietic Stem Cell Niche in Health and
657   Disease. *Annual review of pathology* **11**, 555-581, doi:10.1146/annurev-pathol-
658   012615-044414 (2016).
659   6   Xiao, P. *et al.* Distinct roles of mesenchymal stem and progenitor cells during the
660   development of acute myeloid leukemia in mice. *Blood advances* **2**, 1480-1494,
661   doi:10.1182/bloodadvances.2017013870 (2018).
662   7   Raaijmakers, M. H. *et al.* Bone progenitor dysfunction induces myelodysplasia and
663   secondary leukaemia. *Nature* **464**, 852-857, doi:nature08851 [pii]
664   10.1038/nature08851 (2010).
665   8   Dong, L. *et al.* Leukaemogenic effects of Ptpn11 activating mutations in the stem
666   cell microenvironment. *Nature* **539**, 304-308, doi:10.1038/nature20131 (2016).
667   9   Xiao, P. *et al.* Sipa1 deficiency-induced bone marrow niche alterations lead to the
668   initiation of myeloproliferative neoplasm. *Blood advances* **2**, 534-548,
669   doi:10.1182/bloodadvances.2017013599 (2018).
670   10   Hanoun, M. *et al.* Acute myelogenous leukemia-induced sympathetic neuropathy
671   promotes malignancy in an altered hematopoietic stem cell niche. *Cell stem cell* **15**,
672   365-375, doi:10.1016/j.stem.2014.06.020 (2014).
673   11   Schepers, K. *et al.* Myeloproliferative neoplasia remodels the endosteal bone
674   marrow niche into a self-reinforcing leukemic niche. *Cell Stem Cell* **13**, 285-299,
675   doi:10.1016/j.stem.2013.06.009 (2013).
676   12   Kim, J. A. *et al.* Microenvironmental remodeling as a parameter and prognostic
677   factor of heterogeneous leukemogenesis in acute myeloid leukemia. *Cancer Res*,
678   doi:10.1158/0008-5472.CAN-14-3379 (2015).
679   13   Jeong, S. Y., Kim, J. A. & Oh, I. H. The Adaptive Remodeling of Stem Cell Niche in
680   Stimulated Bone Marrow Counteracts the Leukemic Niche. *Stem Cells*,
681   doi:10.1002/stem.2870 (2018).
682   14   Han, J. *et al.* Adipose tissue is an extramedullary reservoir for functional
683   hematopoietic stem and progenitor cells. *Blood* **115**, 957-964, doi:10.1182/blood-
684   2009-05-219923 (2010).
685   15   Ye, H. *et al.* Leukemic Stem Cells Evade Chemotherapy by Metabolic Adaptation to
686   an Adipose Tissue Niche. *Cell Stem Cell* **19**, 23-37, doi:10.1016/j.stem.2016.06.001
687   (2016).
688   16   Toma, J. G. *et al.* Isolation of multipotent adult stem cells from the dermis of
689   mammalian skin. *Nat Cell Biol* **3**, 778-784, doi:Doi 10.1038/Ncb0901-778 (2001).
690   17   Kimlin, L. & Virador, V. Cellular populations isolated from newborn mouse skin
691   including mesenchymal stem cells. *Methods in molecular biology* **989**, 217-233,
692   doi:10.1007/978-1-62703-330-5_17 (2013).
693   18   Viswanathan, S. *et al.* Mesenchymal stem versus stromal cells: International
694   Society for Cell & Gene Therapy (ISCT(R)) Mesenchymal Stromal Cell committee
695   position statement on nomenclature. *Cytotherapy* **21**, 1019-1024,
696   doi:10.1016/j.jcyt.2019.08.002 (2019).
697   19   Vaculik, C. *et al.* Human dermis harbors distinct mesenchymal stromal cell subsets.
698   *J Invest Dermatol* **132**, 563-574, doi:10.1038/jid.2011.355 (2012).
699   20   Morikawa, S. *et al.* Prospective identification, isolation, and systemic
700   transplantation of multipotent mesenchymal stem cells in murine bone marrow. *J
701   Exp Med* **206**, 2483-2496, doi:jem.20091046 [pii]
10.1084/jem.20091046 (2009).

21   Pinho, S. *et al.* PDGFRalpha and CD51 mark human Nestin+ sphere-forming
mesenchymal stem cells capable of hematopoietic progenitor cell expansion. *J Exp*
Med **210**, 1351-1367, doi:10.1084/jem.20122252 (2013).
22   Qian, H. *et al.* Molecular characterization of prospectively isolated multipotent
mesenchymal progenitors provides new insight into the cellular identity of
mesenchymal stem cells in mouse bone marrow. *Molecular and cellular biology* **33**,
661-677, doi:10.1128/MCB.01287-12 (2013).
23   Armulik, A., Genove, G. & Betsholtz, C. Pericytes: developmental, physiological, and
pathological perspectives, problems, and promises. *Developmental cell* **21**, 193-
215, doi:10.1016/j.devcel.2011.07.001 (2011).
24   Kusumbe, A. P. *et al.* Age-dependent modulation of vascular niches for
haematopoietic stem cells. *Nature* **532**, 380-384, doi:10.1038/nature17638
(2016).
25   Baryawno, N. *et al.* A Cellular Taxonomy of the Bone Marrow Stroma in
Homeostasis and Leukemia. *Cell* **177**, 1915-1932 e1916,
doi:10.1016/j.cell.2019.04.040 (2019).
26   Alonso, S. *et al.* Human bone marrow niche chemoprotection mediated by
cytochrome P450 enzymes. *Oncotarget* **6**, 14905-14912 (2015).
27   Jin, L. *et al.* CXCR4 up-regulation by imatinib induces chronic myelogenous
leukemia (CML) cell migration to bone marrow stroma and promotes survival of
quiescent CML cells. *Mol Cancer Ther* **7**, 48-58, doi:10.1158/1535-7163.MCT-07-
0042 (2008).
28   Iwamoto, S., Mihara, K., Downing, J. R., Pui, C. H. & Campana, D. Mesenchymal cells
regulate the response of acute lymphoblastic leukemia cells to asparaginase. *J Clin*
Invest **117**, 1049-1057, doi:10.1172/JCI30235 (2007).
29   Zhang, B. *et al.* Microenvironmental protection of CML stem and progenitor cells
from tyrosine kinase inhibitors through N-cadherin and Wnt-beta-catenin
signaling. *Blood* **121**, 1824-1838, doi:10.1182/blood-2012-02-412890 (2013).
30   Xu, X. *et al.* BM microenvironmental protection of CML cells from imatinib through
Stat5/NF-kappaB signaling and reversal by Wogonin. *Oncotarget* **7**, 24436-24454,
doi:10.18632/oncotarget.8332 (2016).
31   Somervaille, T. C. & Cleary, M. L. Identification and characterization of leukemia
stem cells in murine MLL-AF9 acute myeloid leukemia. *Cancer Cell* **10**, 257-268,
doi:10.1016/j.ccr.2006.08.020 (2006).
32   Landberg, N. *et al.* CD36 defines primitive chronic myeloid leukemia cells less
responsive to imatinib but vulnerable to antibody-based therapeutic targeting.
Haematologica **103**, 447-455, doi:10.3324/haematol.2017.169946 (2018).
33   Farge, T. *et al.* Chemotherapy-Resistant Human Acute Myeloid Leukemia Cells Are
Not Enriched for Leukemic Stem Cells but Require Oxidative Metabolism. *Cancer*
discovery **7**, 716-735, doi:10.1158/2159-8290.CD-16-0441 (2017).
34   Duarte, D. *et al.* Inhibition of Endosteal Vascular Niche Remodeling Rescues
Hematopoietic Stem Cell Loss in AML. *Cell Stem Cell* **22**, 64-77 e66,
doi:10.1016/j.stem.2017.11.006 (2018).
35   Cai, H. *et al.* Critical Role of Lama4 for Hematopoiesis Regeneration and Acute
Myeloid Leukemia Progression. *Blood*, doi:10.1182/blood.2021011510 (2021).
36   Ahsberg, J. *et al.* Progression of progenitor B-cell leukemia is associated with
alterations of the bone marrow micro-environment. *Haematologica* **105**, e102-
e106, doi:10.3324/haematol.2018.214031 (2020).

37   Poulos, M. G. *et al.* Endothelial Jagged-1 is necessary for homeostatic and
regenerative hematopoiesis. *Cell reports* **4**, 1022-1034,
doi:10.1016/j.celrep.2013.07.048 (2013).
38   Calvi, L. M. *et al.* Osteoblastic cells regulate the haematopoietic stem cell niche.
Nature **425**, 841-846 (2003).
39   Greenbaum, A. *et al.* CXCL12 in early mesenchymal progenitors is required for
haematopoietic stem-cell maintenance. *Nature* **495**, 227-230,
doi:10.1038/nature11926 (2013).
40   Omatsu, Y. *et al.* The essential functions of adipo-osteogenic progenitors as the
hematopoietic stem and progenitor cell niche. *Immunity* **33**, 387-399,
doi:10.1016/j.immuni.2010.08.017 (2010).
41   Arai, F. *et al.* Tie2/angiopoietin-1 signaling regulates hematopoietic stem cell
quiescence in the bone marrow niche. *Cell* **118**, 149-161 (2004).
42   Thoren, L. A. *et al.* Kit regulates maintenance of quiescent hematopoietic stem
cells. *J Immunol* **180**, 2045-2053 (2008).
43   Gu, Y. C. *et al.* Laminin isoform-specific promotion of adhesion and migration of
human bone marrow progenitor cells. *Blood* **101**, 877-885 (2003).
44   Susek, K. H. *et al.* Bone marrow laminins influence hematopoietic stem and
progenitor cell cycling and homing to the bone marrow. *Matrix Biol* **67**, 47-62,
doi:10.1016/j.matbio.2018.01.007 (2018).
45   Stier, S. *et al.* Osteopontin is a hematopoietic stem cell niche component that
negatively regulates stem cell pool size. *J Exp Med* **201**, 1781-1791 (2005).
46   Batsivari, A. *et al.* Dynamic responses of the haematopoietic stem cell niche to
diverse stresses. *Nat Cell Biol* **22**, 7-17, doi:10.1038/s41556-019-0444-9 (2020).
47   Moschoi, R. *et al.* Protective mitochondrial transfer from bone marrow stromal
cells to acute myeloid leukemic cells during chemotherapy. *Blood* **128**, 253-264,
doi:10.1182/blood-2015-07-655860 (2016).
48   Marlein, C. R. *et al.* NADPH oxidase-2 derived superoxide drives mitochondrial
transfer from bone marrow stromal cells to leukemic blasts. *Blood* **130**, 1649-
1660, doi:10.1182/blood-2017-03-772939 (2017).
49   Qian, H., Le Blanc, K. & Sigvardsson, M. Primary mesenchymal stem and progenitor
cells from bone marrow lack expression of CD44 protein. *The Journal of biological*
chemistry **287**, 25795-25807, doi:10.1074/jbc.M112.339622 (2012).
50   Qian, H. *et al.* Molecular characterization of prospectively isolated multipotent
mesenchymal progenitors provides new insight into the cellular identity of
mesenchymal stem cells in mouse bone marrow. *Mol Cell Biol* **33**, 661-677,
doi:10.1128/MCB.01287-12 (2013).
51   Wang, W. *et al.* Aberrant Notch Signaling in the Bone Marrow Microenvironment
of Acute Lymphoid Leukemia Suppresses Osteoblast-Mediated Support of
Hematopoietic Niche Function. *Cancer Res* **76**, 1641-1652, doi:10.1158/0008-
5472.CAN-15-2092 (2016).
52   Parsi, M., Go, M. S. & Ahmed, A. in *StatPearls*   (2020).
53   Forte, D. *et al.* Bone Marrow Mesenchymal Stem Cells Support Acute Myeloid
Leukemia Bioenergetics and Enhance Antioxidant Defense and Escape from
Chemotherapy. *Cell Metab*, doi:10.1016/j.cmet.2020.09.001 (2020).
54   Kode, A. *et al.* FoxO1-dependent induction of acute myeloid leukemia by
osteoblasts in mice. *Leukemia* **30**, 1-13, doi:10.1038/leu.2015.161 (2016).
55   Thyboll, J. *et al.* Deletion of the laminin alpha4 chain leads to impaired microvessel
maturation. *Mol Cell Biol* **22**, 1194-1202 (2002).

56 Hartwell, K. A. *et al.* Niche-based screening identifies small-molecule inhibitors of
leukemia stem cells. *Nat Chem Biol* **9**, 840-848, doi:10.1038/nchembio.1367
(2013).
57 Liao, Y., Smyth, G. K. & Shi, W. The Subread aligner: fast, accurate and scalable read
mapping by seed-and-vote. *Nucleic acids research* **41**, e108,
doi:10.1093/nar/gkt214 (2013).
58 Mortazavi, A., Williams, B. A., McCue, K., Schaeffer, L. & Wold, B. Mapping and
quantifying mammalian transcriptomes by RNA-Seq. *Nat Methods* **5**, 621-628,
doi:10.1038/nmeth.1226 (2008).
59 McGuckin, C. P., Forraz, N. & Liu, W. M. Diaminofluorene stain detects erythroid
differentiation in immature haemopoietic cells treated with EPO, IL-3, SCF,
TGFbeta1, MIP-1alpha and IFNgamma. *European journal of haematology* **70**, 106-
114 (2003).
60 van Os, R. P., Dethmers-Ausema, B. & de Haan, G. In vitro assays for cobblestone
area-forming cells, LTC-IC, and CFU-C. *Methods Mol Biol* **430**, 143-157,
doi:10.1007/978-1-59745-182-6_10 (2008).
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Figure Legends

Figure 1 AML cells infiltrated in skin are capable to regenerate AML post-transplantation

(**A**) Strategy to generate MLL-AF9 AML mouse model. MLL-AF9 transduced AML cells expressing CD45.1 were transplanted into non-irradiated CD45.2 C57BL/6 mice.

(**B**) FACS profile showing AML engraftment analysis in BM, peripheral blood (PB) and dorsal skin at the end stage of AML. The numbers in the panel are the mean frequencies.

(**C**) Proportion of the AML cells within total hematopoietic ($CD45^+$) cell in dorsal skin and PB. Data were from 6 independent experiments and each dot represents data from a mouse. The horizontal bars represent mean values. Paired t-test was used for statistical analysis.

(**D**) Distribution of $MLL-AF9^+$ AML cells expressing DsRed at perivascular sites in dorsal skin. The endothelial cells were marked by CD31 expression (white).

(**E**) Experimental strategy to test AML-initiating capacity of the AML cells infiltrated in mouse skin by serial transplantation. The primary recipient mice (CD45.2) that developed AML post-AML cell (CD45.1) transplantation were treated with Ara-C or saline (NS, untreated). The residual $CD45.1^+$ AML cells from skin were sorted at 2-3days after the last injection of Ara-C and transplanted into secondary non-irradiated CD45.2 C57BL/6 mice at doses of 1000 (1K)-5000 (5K) cells/mouse, respectively. The AML development was monitored by FACS and hematology analyzer Sysmex. The mice were sacrificed when found dead or moribund.

(**F**) The Kaplan-Meier survival curve of the secondary recipient mice which received skin-

derived AML cells sorted from primary recipients after treatment with Ara-C or normal saline.

The date was the time when the mice were found dead or moribund. The survival curve was

generated by Log-rank (Mantel-Cox test).

(**G**) Platelet counts in PB of the secondary recipient mice at the endpoint.

(**H**) FACS profile showing the engraftment of skin-derived AML CD45.1$^+$ cells in BM of the

secondary recipient mice.

(**I**) The engraftment levels of the skin-derived AML CD45.1$^+$ cells in BM of the secondary

recipient mice.

(**J**) Spleen size of the recipient mice at the endpoint.

(**K**) The frequencies of the secondary mice that developed AML after injection of skin-derived

AML cells.

Figure 2 Identification of skin MPC subsets by Ebf2 expression.

(**A**) A representative FACS profile showing FACS sorting/analysis of the Ebf2$^+$ and Ebf2$^-$ cells

in dorsal skin. The cells were first gated within non-hematopoietic (CD45$^-$TER119$^-$) and non-

endothelial (CD31$^-$) live (PI$^-$) stromal cells. Then, these cells lacking expression of CD44 were

further analyzed for their expression of SCA1, PDGFRa/CD140a (PαS) and CD51. The

numbers in the panel are the mean frequencies.

(**B-C**) The Ebf2$^+$ cell frequency within total PI$^-$ (**B**) or PI$^-$CD45$^-$TER119$^-$CD31$^-$ stromal cells

(**C**) in dorsal skin.

(**D**) The fractions of PαS cells within the Ebf2$^+$ and Ebf2$^-$ stromal cells. Each dot in **B-D**

represents data from a single mouse in 3-6 experiments with the horizontal line as a mean value.

(**E**) CFU-Fs in the Ebf2$^+$ and Ebf2$^-$ stromal cells.

(**F**) CFU-Fs were exclusively found in the Ebf2$^+$SCA1$^+$ cell fraction. Data in **E-F** are from 3

independent experiments and each dot represents replicate assays from 2-3 mice in each

experiment. The horizontal line represents mean value. Wilcoxon matched-signed pair rank

test was used for statistical analysis.

(**G-J**) Single-cell analysis of CFU-Fs and lineage differentiation from the FACS-sorted Ebf2$^+$

(**G-H**) and Ebf2$^-$PαS (**I-J**) stromal cells. The CFU-F frequencies (**G, I**) were determined by

limiting dilution at a density of 1, 2, 5, 10 cells per well in a 96-well plate and the frequency

of the single cells with bi-lineage plasticity (**H, J**) were assessed by multilineage differentiation

potential of single CFU-Fs derived from the cells.

(**K**) Representative images of the osteogenic and adipogenic differentiation from single CFU-

F clones derived from Ebf2$^+$ and Ebf2$^-$PαS cells.

(**L**) Population-doubling time (PDT) of randomly selected CFU-Fs derived from single Ebf2$^+$

and Ebf2$^-$PαS cells. Each line represents the growth kinetics of a single clone.

See also in Figure S1.

Figure 3 Distribution and hierarchical relationship of skin MPCs.

(**A**) Localization of Ebf2$^+$ cells in skin perivascular area (Box 1) and in dermal panniculus

carnosus (DPC). The endothelial cells in the vessels were identified by MECA32 staining.

(**B**) Representative image showing the perivascular localization of Ebf2$^+$ cells adjacent to

CD31$^+$ endothelial cells in dorsal skin.

(**C**) A scheme showing strategy for lineage-tracing of the Ebf2$^+$ cells in skin. The

Ebf2/GFP$^+$Tomato$^+$ cells and their progenies (Ebf2/GFP$^-$Tomato$^+$) were traced by FACS at 3,

6, 12 months after tamoxifen injection.

(**D**) A representative FACS profile showing analysis of activated Ebf2$^+$ cells (GFP$^+$Tomato$^+$)

and their progeny (GFP$^-$Tomato$^+$). The gates for different cell subsets were defined with FMO

from bi-transgenic or single transgenic mice. Each stromal cell subset (PI$^-$CD45$^-$TER119$^-$

CD31$^-$) was gated within the CD44$^-$ fractions and subsequently gated for PαS cells based on

CD140a and SCA1 expression.

(**E**) The frequencies of Ebf2/GFP$^+$Tomato$^+$ cells and its progenies (Ebf2/GFP$^-$Tomato$^+$) within

stromal cells.

(**F**) The fractions of PαS and Ebf2$^-$CD140a$^+$SCA1$^-$ cells within total GFP$^-$Tomato$^+$ cells

generated by Ebf2$^+$ cells. Each dot represents data from each mouse from 2-3 independent

experiments. Horizontal bars represent the mean., and unpaired *t*-test were used for statistical

analysis.

(**G**) Distribution of the single Ebf2/GFP$^+$Tomato$^-$ cells (green), activated Ebf2/GFP$^+$Tomato$^+$

cells (orange) and Ebf2/GFP$^-$Tomato$^+$ (red) cells at 3 months after tamoxifen injection.

See also in Figure S2-S3.

Figure 4 Skin MPCs support AML LSC growth and protect them from chemotherapy.

(**A**) Experimental strategy for assessing the role of the skin MPC and BM MSC subsets for

AML growth by cobblestone area-forming cell (CAFC) assay.

(**B**) Representative images of CAFCs derived from the AML cells.

(**C**) Total numbers of CAFCs generated from 150 MLL-AF9$^+$ AML cells.

(**D**) A proportion of residual CAFCs from AML cells after Ara-C treatment relative to the

normal saline (NS)-treated controls.

(**E**) The total number of the AML cells at 10 days after Ara-C treatment.

(**F-G**) The frequency (F) and the numbers (G) of the KIT$^+$ AML LSCs.

(**H-I**) The frequency (H) and the numbers (I) of the CD36$^+$ chemoresistant AML cells.

Data in C-I were from 3-4 independent experiments and each dot represents the mean of

replicate assays. The horizontal bars represent mean values. Unpaired (C-E, G, I) or paired

(F,H) t-test was used for statistical analysis.

(**J**) Co-localization of AML cells (red) with the Ebf2$^+$ cells. Ebf2 was determined by GFP

(green) and the endothelial cells were marked by CD31 (white).

(**K**) Representative FACS plot showing analysis of Ebf2$^+$ MPCs in AML mouse dorsal skin.

(**L**) The frequency of the Ebf2$^+$ MPCs within stromal cells in dorsal skin tissue at endstage of

AML. Data were from 6 independent experiments and each dot represents a mouse. The

horizontal bars represent mean values. Unpaired t-test was used for statistical analysis.

(**M**) Representative FACS plot showing analysis of the skin Ebf2$^-$PαS MPCs in healthy

controls and AML mice.

(**N**) The frequency of the Ebf2$^-$PαS cells within stromal cells in dorsal skin at the end stage of

AML. Data were from 6 independent experiments and each dot represents a mouse. The

horizontal bars represent mean values. Unpaired t-test or Mann-Whitney was used for

statistical analysis.

(**O**) FACS profile showing analysis of CD31$^+$ cells in the dorsal skin of healthy and AML mice.

(**P**) The frequency of total endothelial cells (CD31$^+$) and arteriolar endothelial cells

(CD31$^+$SCA1$^+$).

Figure 5 RNA sequencing revealed the molecular profile of skin Ebf2$^+$ and Ebf2$^-$PαS

MPCs.

(**A**) Venn diagram showing differentially expressed genes (DEG) among the skin Ebf2$^+$ MPCs,

skin Ebf2$^-$PαS MPCs and BM MSCs.

(**B**) Gene set enrichment analysis (GSEA) revealed the enrichment of genes associated with

different biological processes and cellular responses in the skin Ebf2$^+$ and Ebf2$^-$PαS MPC

subsets.

(**C**) A volcano plot showing differentially expressed genes between skin MPCs (Ebf2$^+$ and

Ebf2$^-$PαS) and BM MSCs.

(**D**) GSEA revealed the enrichment of gene sets associated with various biological processes

and cellular responses in the skin MPCs (Ebf2$^+$ and Ebf2$^-$PαS) and BM MSCs.

(**E**) GSEA plots showing the enrichment of genes related to oxidative phosphorylation,

inflammatory and interferon alpha response in the skin MPCs compared to that in BM MSCs.

FDR (false discovery rate) and *P* values are indicated in the panels.

(**F**) Heatmap showing the expressions of selected inflammatory cytokines in skin Ebf2$^+$ cells,

Ebf2$^-$PαS cells and BM MSCs. The heatmap was created in Excel using conditional formatting.

The color scale was set based on the minimum, midpoint and maximum values of each gene in

each row. Red correlates with high expression and green correlates with low expression.

(**G**) Gene sets enrichment plot showing hematopoiesis supportive niche genes in skin MPC

subsets and BM MSCs, and the heatmap showing the gene expression levels.

(**H**) Q-PCR of HSC niche genes in BM MSCs, skin Ebf2$^+$ and Ebf2$^-$PαS MPCs. Each dot

represents mean of triplicate measurement of the gene expression relative to *Hprt*. Horizontal

bars represent the mean values. Data were from 3 independent sorting experiments. Unpaired

t-tests were used as statistical analysis.

See also in Figure S4.

Figure 6 Mitochondrial transfer and Lama4 deficiency in skin MPCs contributed to the

chemoprotection of AML cells from Ara-C.

(**A**) Experimental strategy for determining mitochondrial transfer from stromal cells to AML

cells *in vitro*. Skin MPCs and BM MSCs that were prelabelled with MitoTracker red were co-

cultured with MLL-AF9$^+$ AML cells for 24 hours. Ara-C was added 4-6 hours after seeding

the AML cells.

(**B**) Mean fluorescence intensity (MFI) of MitoTracker showing mitochondrial transfer from

the stromal cells to AML cells in the cocultures. The AML cells were co-cultured with BM

MSCs and skin PαS MPCs pre-labeled with MitoTracker red. The stromal cell-derived

mitochondria were detected by MFI of MitoTracker in the AML cells at 24h post-coculture by

FACS. Data shown are normalized MitoTracker MFI in the AML cells based on the values of

that in the AML co-cultured with BM MSCs without Ara-C treatment. Each dot represents

mean values of 3-4 replicated measurements in each experiment of 4. Horizontal bars are

median values.

(**C**) Representative FACS histograms showing MitoTracker MFI in the AML cells 24h post

coculture with the stromal cells. The MFI from AML cells in the monoculture without the

prelabeled MPCs was used as a negative control.

(**D**) ROS levels in the AML cells cocultured with BM MSCs or skin PαS MPCs 24h post-Ara-

C treatment. Each dot represents the average value of triplicate assays from each experiment

of 3. Horizontal bars are mean values.

(**E**) The % of PI⁻ live AML cells in the cocultures 24h after Ara-C treatment. Each dot

represents mean values of 3-4 replicated measurements in each experiment of 4. Horizontal

bars are median values.

The statistical differences in (B-E) among different types of cultures were determined by

unpaired *t* test, and between NS and Ara-C treated groups within the same type of co-cultures

were analyzed by paired t test.

(**F**) Experimental layout for assessing the impact of *Lama4* loss in skin MPCs for AML growth

in vitro using a co-culture system. The *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ skin MPCs were co-cultured

with MLL-AF9 AML cells in a 96-well plate. For CAFC assay, Ara-C was added 2 days post-

seeding of AML cells. The numbers of total AML cells and CAFCs were counted at 24-28h

and day 7 post-seeding AML cells, respectively.

(**G**) Fold changes in the number of the AML cells in the co-cultures with *Lama4*$^{-/-}$ skin MPCs

in relation to that with *Lama4*$^{+/+}$ MPCs 24hours after Ara-C or saline treatment. Data were

from 4 independent experiments and each dot represents the mean of triplicate assays. The

horizontal bars represent mean values. Paired *t*-test was used for statistical analysis.

(**H**) The number of CAFCs derived from AML cells in the co-cultures with *Lama4*$^{+/+}$ and

Lama4$^{-/-}$ skin MPCs treated with NS or Ara-C. Data shown are triplicate values from 2-3

independent experiments. The horizontal bars represent mean values. Unpaired *t*-test was used

for statistical analysis.

Figure 7 A high level of residual AML cell infiltration in skin tissue of AML-promoting

Lama4$^{-/-}$ **mouse model post Ara-C treatment**.

(**A**) Experimental setup. *Lam4*$^{+/+}$ and *Lama4*$^{-/-}$ mice were treated with normal saline (NS) or

Ara-C at day 15 after injection of DsRed-expressing MLL-AF9$^+$ AML cells. Peripheral blood

(PB) and BM were collected for FACS and confocal microscopy at 1-day after NS or Ara-C

treatment.

(**B**) Representative confocal images showing residual AML cells in dorsal skin at 1-day post-

Ara-C treatment.

(**C**) Frequency of AML cells in PB and skin at 1-day post-Ara-C treatment.

(**D**) Proportion of $CD36^+$ and KIT^+ AML LSCs in skin at 1-day post-Ara-C treatment.

Data were from 2-5 experiments and each dot in C-D represents data from a single mouse. The

horizontal bars represent the mean values. Unpaired *t*-test was used for statistical analysis.

See also in Figure S6.

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Figure 1

A

MLL-AF9⁺ AML cells
CD45.1
→ iv. 250k → Non-irradiated CD45.2 →

At AML onset,
- FACS of AML cells in BM, dorsal skin, blood
- Confocal imaging of dorsal skin

B

Bone Marrow | Blood | Skin

CD45⁺ live cells

AML (CD45.1) vs Host (CD45.2)

93.09 | 23.63 | 41.31

C

AML

% AML of CD45⁺

0.0087

PB | Skin

D

DAPI / AML / CD31

AML / CD31

50 μm

E

Generating AML mouse (donor) | Transplantation of sorted skin AML cells | AML?

Transplant MLL-AF9 AML cells
CD45.2

Sort skin AML cells
+ Ara-C/NS
5 days

2nd recipients
CD45.2

Day0 | Day20 | 2-3 days post-last injection | 1K - 5K cells / mouse

1. Survival rate
2. AML engraftment in BM, blood
3. Blood cell counting
4. Spleen size

F

Survival curve of 2nd recipient mice

Probability of Survival vs Day after skin AML cell transplantation

- ●—Untreated donor (1K)
- ■—Untreated donor (5K)
- ●—Ara-C treated donor (1K)
- ■—Ara-C treated donor (5K)

G

Platelet in Peripheral blood

PLT (× 10⁹/L)

Cell dose : 0 | 1K | 5K | 1K | 5K
Donor : Untreated | Ara-C

H

AML engraftment in 2nd recipient BM

Untreated donor | Ara-C treated donor

CD45⁺ live cells

AML (CD45.1) vs Host (CD45.2)

I

% AML engraftment in BM

% AML cell of total BM CD45⁺

Cell dose : 1K | 5K | 1K | 5K
Donor : Untreated | Ara-C

J

Spleen size

Spleen weight (mg)

Cell dose : 1K | 5K | 1K | 5K
Donor : Untreated | Ara-C

K

Donor	2nd recipient mice (AML mice)
1K Untreated mice	3 (3)
5K Untreated mice	4 (4)
1K Ara-C treated mice	5 (5)
5K Ara-C treated mice	2 (2)

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7