1　Skin mesenchymal niches maintain and protect AML-initiating stem cells

Running title: Extramedullary mesenchymal cell niche in AML

Lakshmi Sandhow[1], Huan Cai[1]#, Elory Leonard[1]#, Pingnan Xiao[1], Luana Tomaipitinca[1], Alma

Månsson[1], Makoto Kondo[1&], Xiaoyan Sun[2], Anne-Sofie Johansson[1], Karl Tryggvason[3], Maria

Kasper[2], Marcus Järås[4], Hong Qian[1*]

[1]Center for Hematology and Regenerative Medicine, Department of Medicine Huddinge,

Karolinska Institute, Karolinska University Hospital, SE-141 86 Stockholm, Sweden;

[2]Department of Cell and Molecular Biology, Karolinska Institute, 171 77, Stockholm, Sweden;

[3]Department of Medical Biochemistry and Biophysics, Karolinska Institute, Stockholm, 17177,

Sweden;

[4]Department of Clinical Genetics, Lund University, Lund 22184, Sweden.

[&]Current address: Cell Sheet Tissue Engineering Center (CSTEC), Department of

Pharmaceutics and Pharmaceutical Chemistry, Health Sciences, University of Utah, 30 South

2000 East, Salt Lake City, Utah 84112, USA.

# equal contribution

*Corresponding author: Hong Qian, hong.qian@ki.se

Non-standard abbreviations: AML, acute myeloid leukemia; MSCs, mesenchymal stem cells;

MPCs, mesenchymal progenitor cells; LSCs, leukemia-initiating stem cells; HSCs,

hematopoietic stem cells; HSPCs, hematopoietic stem and progenitor cells; Ebf2, Early B-cell

factor 2; BM, bone marrow; Ara-C, cytarabine; NS, normal saline; FACS, fluorescence-

activated cell sorting; CFU-C, colony forming unit in culture; CAFC, cobblestone area-forming

cells; DPC, dermal panniculus carnosus; CFU-F, colony-forming unit in fibroblast; PαS,

PDGFRa/CD140a and SCA1-expressing stromal cells.

A 40-word summary: Sandhow et al have in transplantation-induced AML mouse models
demonstrated the leukemia-regenerating capacity of AML cells infiltrated in the skin and the
role of skin mesenchymal niches in maintaining/protecting AML cells, providing new insight
into the pathology of leukemia cutis.

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 the skin in a transplantation-induced MLL-AF9 AML mouse model. These AML
cells could regenerate AML post-transplantation. Prospective niche characterization revealed
that skin harbored mesenchymal progenitor cells (MPCs) with a similar phenotype as BM
mesenchymal stem cells. These skin MPCs protected AML-initiating stem cells (LSCs) from
chemotherapy *in vitro* partially via mitochondrial transfer. Furthermore, *Lama4* deletion in skin
MPCs promoted AML LSC proliferation and chemoresistance. Importantly, more
chemoresistant AML LSCs appeared to be retained in *Lama4*$^{-/-}$ mouse skin post-cytarabine
treatment. Our study reveals the characteristics and previously unrecognized roles of skin
mesenchymal niches in maintaining and protecting AML LSCs 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,
stem cell niche, leukemic stem cells, drug resistance, cytarabine, bone marrow, mice

Introduction

Leukemia cutis (leukemic cell infiltration in skin) is one of the commonly observed
extramedullary manifestations in acute myeloid leukemia (AML) (Bakst et al., 2011; Gouache
et al., 2018) It is associated with poor survival (Gouache et al., 2018; Krooks and Weatherall,
2018; Wang et al., 2019). 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 progenitor

cells (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 (Hoggatt et al., 2016; Xiao et al., 2018b).

Molecular alterations in these niches could lead to malignant transformation of hematopoietic

cells (Dong et al., 2016; Raaijmakers et al., 2010; Xiao et al., 2018a). During leukemia

development, the leukemic cells can alter the BM niche, which renders the niche to become

favorable for leukemic cell growth but harmful for normal hematopoiesis (Hanoun et al., 2014;

Jeong et al., 2018; Kim et al., 2015; Schepers et al., 2013; Xiao et al., 2018b). Using a *Cre-*

LoxP mouse model allowing for selective deletion of the MSC population, we have shown that

loss of MSCs accelerates AML progression (Hanoun et al., 2014; Xiao et al., 2018b). 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 (Han et al., 2010). 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 (Ye

et al., 2016).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 (Kimlin and

Virador, 2013; Toma et al., 2001; Vaculik et al., 2012; Viswanathan et al., 2019). 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 at steady-state or post-chemotherapy

could regenerate AML post-secondary transplantation even with a low dose of 10 cells/mouse.

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 (day

21-30 post-transplantation), we detected the AML cell infiltration in the dorsal skin by

fluorescence-activated cell sorting (FACS) (**Figure 1B-1D**) and hematoxylin and eosin

staining (**Figure S1A**). The AML frequency was higher than that in the blood, but lower than

that in BM and spleen (**Figure 1B-1C**). There was no clear correlation between the AML

burden in skin and that in blood (**Figure S1B**). However, interestingly, the AML engraftment

level in the skin correlated with a faster AML onset (**Figure 1D**) but, not with the AML burden

in blood, pointing to a possible predicting value of AML cells in skin for AML progression.

Confocal imaging showed that these AML cells mainly resided at perivascular sites in the skin

(**Figure 1E**). The skin total cellularity was not affected (**Figure S1C**).

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

leukemia, particularly after chemotherapy. We therefore analyzed the AML cells in the skin 3

days post-5-day treatment with cytarabine (Ara-C)/normal saline (NS) or at the endpoint when

the mice became moribund (**Figure 1F**). The AML engraftment in skin remained lower than

that in BM and spleen post-Ara-C (**Figure 1G, Figure S1D**), however, there was no clear

difference in the fraction of chemoresistant CD36$^+$ AML cells and colony-forming unit-in

culture (CFU-C) in the AML cells from different tissues (**Figure 1H-1I**).

To functionally assess the frequency of the AML-initiating LSCs in the skin and BM, we

sorted the AML cells from the primary recipient mice post-Ara-C treatment (100mg/Kg, daily)

and performed secondary transplantation into non-irradiated mice in limiting dilution at doses

of 10, 100, 1000 and 5000 cells per mouse (**Figure 1F**). The primary recipients treated with

NS showed clear severe symptoms at day 22-33 resulting in ethical endpoint with an estimated

median survival of 23.5 days. The median survival of the Ara-C-treated mice was 32 days

(**Figure 1J**). The AML cells were sorted at 2-3 days after the last injection of Ara-C or NS.

Notably, these AML cells in the skin could generate AML even at a low dose (10-100

cells/mouse) (**Figure 1J-1O**), as shown by the survival (**Figure 1J**), low platelet counts

(**Figure 1K**), splenomegaly (**Figure 1L**) and high AML engraftment in the BM at the endpoint

(Figure 1M-1N). Extreme Limiting Dilution analysis (Hu and Smyth, 2009) revealed that the

frequency of residual AML-initiating LSCs in the skin (1/51) is similar to that in the BM (1/42)

post-Ara-C treatment, but seemed to be somewhat higher than that (1/92) from the nontreated

skin **(Figure 1O)**. Given the higher AML cell frequency in the BM and spleen, the % of the

AML-initiating LSCs and CFU-Cs in BM and spleen became higher than that in the skin

(Figure S1E, **Figure 1P)**. These data demonstrate the leukemia-initiating capacity of the AML

cells in the skin tissue under steady-state and after chemotherapy, indicating their potential

impact on 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 (Xiao et al., 2018b). 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 (Morikawa et al., 2009; Pinho et al., 2013; Schepers et al.,

2013; Xiao et al., 2018a; Xiao et al., 2018b). The primitive MSCs in mouse BM can be

identified by Ebf2 expression (Qian et al., 2013) and can generate MSCs that lack Ebf2 (Xiao

et al., 2018b). 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 S2A)**. 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 S2B)** and were able

to differentiate towards osteogenic and adipogenic lineages *in vitro* albeit to a different degree

(Figure S2C-S2D). However, they failed to differentiate into chondrocytes in either monolayer

or micromass pellet culture in which condition BM MSCs could differentiate into chondrocytes

(**Figure S2E**). 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 13 randomly selected CFU-

Fs from single Ebf2$^+$ cells, 9 (69.2 %) showed both osteogenic and adipogenic differentiation

potency although to different degrees (**Figure 2H, 2K**). However, only 45.4% (5 of 11) 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. Eleven out of 25 CFU-Fs initially generated by single Ebf2$^+$ cells could be

serially replated for beyond 10 passages (**Figure 2L**). Meanwhile, only 4 in 20 CFU-F clones

derived from Ebf2$^-$PαS cells could be serially replated for over 10 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 S3A**). However, the Ebf2$^+$ cells highly expressed PDGFRb/CD140b, a marker

expressed in pericytes (Armulik et al., 2011) and niche-forming perivascular cells in BM

(Kusumbe et al., 2016) (**Figure S3B**), 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 S3C**). 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 S3D, S3F**), and 81% of

them expressed α-smooth muscle actin (SMA) (**Figure S3E-S3F**), reported to mark pericytes

in BM (Baryawno et al., 2019). 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* x*Cre*^{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 S4A-S4B**). 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 (**Figure**

3E). Within the newly generated Ebf2$^-$Tomato$^+$ cells, the majority were PαS MPCs and about

5% were the CD140a$^+$SCA1$^-$ cells (**Figure 3F**). Inversely, within the total PαS MPCs, only

0.5% were Ebf2$^+$Tomato$^+$ cells and 30% were the newly generated Ebf2$^-$Tomato$^+$ PαS cells at

6 months post-TAM (**Figure S4C-S4E**). These data suggest a substantial contribution of the

Ebf2$^+$ MPCs to generating the Ebf2$^-$Tomato$^+$PαS MPCs while maintaining the Ebf2$^+$ cell pool.

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

dermis and adjacent to CD31$^+$ endothelial cells (**Figure 3G**). However, they lacked NG2

expression (**Figure S4F**). Only 19% and 28% of the Ebf2$^-$Tomato$^+$ cells expressed NESTIN

and α-SMA, respectively (**Figure S4G-S4I**).

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 S5A**). 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 Lineage$^-$ SCA1$^+$KIT$^+$(LSK)CD150$^+$ cells after the co-culture with skin MPCs or BM

MSCs (**Figure S5B-S5C**). Further, similar cobblestone area forming cells (CAFCs) were

generated from the BM LSK cells co-cultured with the skin MPCs or BM MSCs (**Figure S5D-**

S5E). The BM Ebf2$^-$PαS cells displayed better capacity in supporting CAFC formation from

the LSK cells than the BM Ebf2$^+$ MSCs (**Figure S5F**). 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 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 (Alonso et al., 2015; Iwamoto et al., 2007; Jin et al., 2008; Xu et al., 2016;

Zhang et al., 2013). 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

(Somervaille and Cleary, 2006) 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 (Farge et al., 2017; Landberg et al.,

2018; Ye et al., 2016). 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 (Ahsberg et al., 2020; Cai et al., 2022; Duarte et al., 2018; Xiao et al.,

2018b). By confocal imaging, we observed the perivascular location of the AML cells (**Figure**

1E) and the localization adjacent to the skin Ebf2/GFP$^+$ MPCs (**Figure 4J**). We then evaluated

whether the skin cellular niches were remodeled by the AML cells. The proportion of Ebf2$^+$

MPCs but not the Ebf2$^-$PαS cells in the skin stromal cells were reduced post-symptomatic onset

of AML (**Figure 4K-4N**). While this finding seems to be contrary to our previous observation

of BM MSC increase in AML mouse BM, it is somewhat consistent with the reduced PαS cell

fraction within the Ebf2$^+$ cells in the AML mouse BM (Xiao et al., 2018b). In addition, while

the total CD31$^+$ endothelial cells were unaltered, as observed in BM (Xiao et al., 2018b), 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 were upregulated while the

cell proliferation genes were downregulated in the more primitive Ebf2$^+$ cells (**Figure 5B**). 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-5D**), showing tissue origin-related characteristics of these cells. Consistent

with the limited chondrogenic differentiation capacity of skin MPCs (**Figure S2C-S2D**), the

genes associated with chondrogenesis were downregulated in the cells (**Figure 5E**).

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 related to inflammatory response were

enriched in the skin MPCs relative to BM MSCs (**Figure 5E-5F**), indicating a possible pro-

inflammatory phenotype of skin MPCs.

Notably, there was 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*, *Jag1*, *Lama4* and *Angptl1,* all of which are known

to be critical for hematopoiesis maintenance and regeneration (Arai et al., 2004; Calvi et al.,

2003; Greenbaum et al., 2013; Gu et al., 2003; Omatsu et al., 2010; Poulos et al., 2013; Susek

et al., 2018; Thoren et al., 2008). 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 (Stier et al., 2005) was lower in

skin MPCs than that in BM MSCs (**Figure 5C, 5H**).These data provide molecular evidence for

the supportive function of skin MPCs for HSCs and AML LSCs.

Enhanced mitochondrial transfer from skin MPCs to AML cells associated with

increased chemoprotection of AML cells

To reveal the mechanisms underlying the function of skin MPCs in maintaining and

protecting AML LSCs, we examined the metabolic activity of skin MPCs in supporting AML

cells 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 by providing energy support and anti-oxidant

machinery to counteract oxidative stress induced by chemotherapy (Batsivari et al., 2020; Cai

et al., 2022; Marlein et al., 2017; Moschoi et al., 2016). Consistent with their gene expression

profile, our FACS analysis showed increased mitochondrial mass of skin MPCs compared to

BM MSCs (**Figure 6A-6B**). Further, in a co-culture with mitochondria-prelabeled skin MPCs

(**Figure 6C**), we detected enhanced mitochondrial transfer from skin MPCs to the AML cells

compared to BM MSCs (**Figure 6D-6E**). Correspondingly, the AML cells co-cultured with

skin MPCs showed lower ROS levels and higher viability during Ara-C treatment (**Figure 6F-**

6G). The mitochondrial transfer and chemoprotection could be partially reversed by the

treatment with microtubule inhibitor nocodazole and colchicine in the co-cultures (**Figure 6H-**

6J). Similar to a previous report (Moschoi et al., 2016), the mitochondrial transfer seemed to

be leukemia-specific since little or no mitochondrial transfer from skin MPCs to normal HSPCs

(LSK BM cells) was detected in the co-cultures (**Figure 6K-6L**). Together, these data indicated

that skin MPCs could maintain AML LSCs and protect them from Ara-C treatment *in vitro*

partially by reducing oxidative stress.

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 (Cai et al., 2022).

This has tempted us to test the impact of *Lama4* deletion in skin MPCs on AML LSC growth

(**Figure 6M**). We observed increased AML cell proliferation and chemoresistance to Ara-C at

24h post-co-culture with *Lama4*$^{-/-}$ skin MPCs (**Figure 6N**). Further CAFC assay indicated that

Lama4$^{-/-}$ skin MPCs promoted AML LSC proliferation and chemoresistance to Ara-C (**Figure**

6O), 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 where AML progression and relapse are accelerated (Cai et al.,

2022). To facilitate imaging of engrafted AML cells, DsRed-expressing MLL-AF9 AML cells

were transplanted in sublethally irradiated *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ mice (**Figure 7A**). The mice

were treated with either Ara-C or NS for 5 days at day 15 post-AML transplantation.

Interestingly, one day post-Ara-C treatment, confocal imaging illustrated more AML cells in

Lama4$^{-/-}$ mouse skin, compared to that in *Lama4*$^{+/+}$ mice following either NS or Ara-C

treatment (**Figure 7B**). However, such a difference was not detected by FACS while there was

a clear reduction of the AML cells in the PB and skin after Ara-C treatment (**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 (Farge et al., 2017;

Ye et al., 2016), not KIT^{+} cells were enriched in *Lama4*$^{-/-}$ mouse skin post-Ara-C treatment

(**Figure 7D**), which was not observed in the BM (Cai et al., 2022). It is worth mentioning that

there was no homing preference of the AML cells to *Lama4*$^{-/-}$ skin and BM compared to that

in *Lama4*$^{+/+}$ mice (**Figure 7E-7G**), suggesting that the observation of more AML cells in

Lama4$^{-/-}$ mouse skin was not related to the initial homing of the AML cells. Further, the AML

cell homing to skin and BM was similar at 3 hours post-transplantation (**Figure 7H**), pointing

towards a possibility that the skin tissue may act as an independent AML niche from the BM.

To functionally evaluate AML-initiating LSCs, we performed serial transplantation with

limited cell doses (10, 100, 1000 cells/mouse) and CFU-C assay post-Ara-C treatment (**Figure**

8A). Extreme limiting dilution analysis (Hu and Smyth, 2009) indicated no significant

difference in the frequency of AML-initiating LSCs within the residual AML cells from

Lama4$^{+/+}$ and *Lama4*$^{-/-}$ mouse skin (**Figure 8B-8C**). However, due to a relatively higher % of

total AML cells in the donor *Lama4*$^{-/-}$ mouse skin than that in the *Lama4*$^{+/+}$ mice (**Figure 8D**),

the calculated % of the AML-initiating LSCs and AML CFU-Cs in the *Lama4*$^{-/-}$ skin appeared

to be higher than that in the *Lama4*$^{+/+}$ skin (**Figure 8E**). These data suggest that *Lama4*

expression in skin mesenchymal niche plays a role in maintaining the chemosensitivity of AML

cells in the skin to Ara-C.

368
Discussion

Leukemia cutis is commonly observed in patients with monocytic AML and pediatric

patients with congenital leukemia are prone to develop leukemia cutis (Parsi et al., 2020).

Despite its association with a poor prognosis (Bakst et al., 2011; Gouache et al., 2018; Wang

et al., 2019), the pathogenesis and impact of leukemia cutis on AML relapse remain largely

unknown. We here have demonstrated in a transplantation-induced MLL-AF9 AML mouse

model that the AML cells infiltrate in mouse skin, similar to leukemia cutis observed in patients

with AML. Importantly, these skin-derived AML cells can efficiently regenerate AML post-

transplantation even at a low dose (10 cells per mouse), indicating their high capacity in

regenerating AML and pointing to a possible involvement of these leukemic cells in the relapse

of AML.

Currently, little is known about the leukemia microenvironment or niche in the skin, which

has limited our understanding of how leukemia cutis is maintained. We report that skin harbors

two MPC subsets distinguished by Ebf2 expression, the Ebf2^{+} and Ebf2^{-}PαS cells, sharing a

similar phenotype with BM MSCs (Morikawa et al., 2009; Qian et al., 2013; Qian et al., 2012).

The skin Ebf2^{+} MPCs co-express pericyte markers like CD140b/PDGFRb and α-SMA and

show pericyte phenotype. The adjacent localization of the Ebf2^{+} cells to the AML cells in skin

indicated a possibility that these cells act as a niche component for maintaining AML cells.

This notion is supported by another important finding in this study that skin MPCs, similar to

BM MSCs, show a supportive/protective function for AML LSCs. During AML progression,

the skin mesenchymal cell niches are also altered with increased arteriolar endothelial cells and

reduced Ebf2^{+}, but not Ebf2^{-}PαS MPCs after symptomatic AML onset. The niche-remodeling

might in turn further promote AML progression since Ebf2^{+} cell deletion in mice accelerated

AML development, as reported (Xiao et al., 2018b).

393
We have here attempted to address the potential mechanisms mediating the supportive role

of skin MPCs. It is most likely that multiple mechanisms are involved in the AML protective

role of skin MPCs. 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 an antioxidant system to counteract the therapy-induced oxidative stress (Forte et

al., 2020). We find the increased mitochondrial mass in skin MPCs and enhanced

mitochondrial transfer from skin MPCs to the AML cells during chemotherapy, compared to

that in BM MSCs. Blocking mitochondrial transfer by microtubule inhibitors in the co-culture

could compromise the protective effects of skin MPCs. These data suggest that skin MPCs may

protect the AML cells by providing metabolic support via mitochondrial transfer. This notion

was further supported by the enrichment of genes related to oxidative phosphorylation, fatty

acid metabolism and glycolysis in skin MPCs. Furthermore, the skin MPCs express a higher

level of *Lama4*, *Kitl* and *Jag1* than BM MSCs, which are known to be important for normal

hematopoiesis maintenance and leukemic cell proliferation (Cai et al., 2022; Poulos et al., 2013;

Somervaille and Cleary, 2006; Thoren et al., 2008). Our data indicate that *Lama4* expression

in skin MPCs may have an impact on AML LSC chemosensitivity since *Lama4* deletion in

skin MPCs led to enhanced proliferation and chemoprotection of AML LSCs. More work is

required for assessing the potential impact of other niche factors like *Kitl, Jag1* and *Angptl*. In

addition, the upregulation of inflammatory cytokines including interferon, *Il6*, *Il18*, *Il4* and

Cxcl10 in the skin MPCs points to another possible mechanism contributing to the AML

maintenance in the skin, as these cytokines affect leukemic/cancer cell growth (Madapura et

al., 2017; Manshouri et al., 2011; Pena-Martinez et al., 2018; Welner et al., 2015).

The origin of the AML cells in the skin remains an open question. In patients, leukemia cutis

is usually present concurrently with AML cell infiltration in BM. However, in some cases, it

may precede systemic involvement (Krooks and Weatherall, 2018). Therefore, it is unclear

whether the leukemic cells infiltrated in the skin originate from BM. We here find that the

AML engraftment in the skin does not correlate with that in the blood, suggesting AML cell

maintenance in the skin may not be dependent on the circulating AML cells although they were

initially derived from the injected AML cells. On the contrary, the AML burden in skin

inversely correlates with the time of AML symptomatic onset, which is in line with the

association of leukemia cutis with poor prognosis in patients with AML (Krooks and

Weatherall, 2018).

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*. We for

the first time provide evidence for the characteristics of skin mesenchymal cell niches and their

roles in AML LSC growth and chemotherapy response, as well as the impact of *Lama4*

expression in the niches on the chemoprotection of AML LSCs. These findings warrant future

studies on the role of skin mesenchymal niches in chemotherapy response and relapse of AML

patients.

Methods

Mice

Ebf2-Egfp reporter FVB/N mice (RRID:MGI:4421814) (Qian et al., 2013) 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 3

mg/20g body weight for 3 times every second day (Xiao et al., 2018b). *Lama4$^{-/-}$* C57BL/6 mice

were generated as described (Thyboll et al., 2002). 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 15861-2018) at Karolinska Institute

(Stockholm, Sweden).

Generation of MLL-AF9-induced AML mouse model

AML mouse model was induced as previously described (Xiao et al., 2018b). 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 (Hartwell et al., 2013) were

intravenously injected into sublethally irradiated (6 Gy) *Lama4$^{+/+}$* and *Lama4$^{-/-}$* mice, as

described (Cai et al., 2022). At day 15, the mice were treated intraperitoneally with Cytarabine

(Ara-C, Jena Bioscience) at the dose of 100mg/Kg or 700mg/kg body weight, daily for 5

consecutive days. For non-irradiated mice, the treatment started at day 20. 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.

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 15 minutes at 37°C. Cell suspension was spun down at 300 g for 10

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

with CD45, TER119, CD31, CD44, CD140a, and SCA1 for 15 minutes 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.

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 2-3 days after the last injection,

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

tail vein at a dose of 10, 100. 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.

***In vivo* lineage tracing**

This was performed as previously described (Xiao et al., 2018b). Dorsal skin from triple

transgenic *Ebf2-Egfp* x *Ebf2-Cre^ERT2* x *Rosa26^loxp^Stop^loxp^- Tomato* mice (Xiao et al., 2018b)

were collected at 3, 6 and 12 months after tamoxifen injection. Approximately, 1 x 1 cm 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 2 cm of dorsal skin

tissue was processed for skin MPC isolation by 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 FMO controls. After excluding dead cells by PI staining, the CD45⁻TER119⁻CD31⁻

stromal cells were gated. Subsequently, the CD44⁻ fractions were divided based on CD140a

and SCA1 expression.

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 /cm². Cells were then expanded in complete Dulbecco modified Eagle Medium (DMEM,

31966, GIBCO) containing 10% FBS, 10 mM HEPES (1 M), 100 U of penicillin / streptomycin,

and 10^{-4} M 2-Mercaptoethanol (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)/log2, 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 to embedding in OCT-Compound (Sakura Tissue Tex®, 4583). For immunofluorescence

staining, 150 μm dorsal skin sections were first blocked with skim milk, fish skin gelatin

(G7765, Sigma) and Triton X-100 (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 to 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 (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 100

μm section, 30-40 μm 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 1-1.1 μm 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 (634898, Takara

Bio.). The cDNA quality was examined on Agilent TapeStation system (RRID:SCR_019547)

using a High Sensitivity D5000 ScreenTape (5067-5592, Agilent). One ng cDNA was used for

library preparation using *Nextera XT* DNA Library Preparation Kit (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

(RRID:SCR_004463, v2.6.1d). All mapped counts to each gene were further calculated by

FeatureCounts function from Subread package (Liao et al., 2013) 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) (Mortazavi et al., 2008). The normalized read counts assigned to each

sample were generated by Deseq2 (RRID:SCR_015687). 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.

558
559
Cobblestone area-forming cells (CAFC) assay using primary skin MPCs

This was done as previously described (Cai et al., 2022; van Os et al., 2008). Briefly, 30.000

skin/BM MPCs were first plated into a 24-multiwell plate and maintained in complete

Dulbecco modified Eagle Medium (DMEM, 31966, GIBCO) containing 10% FBS, 10 mM

HEPES (1M), 100U of penicillin/streptomycin, and 10^{-4}M 2-Mercaptoethanol (M7522,Sigma)

under hypoxic condition (1% O_2). One day after, 150-300 MLL-AF9 or LSK cells were then

added on the stromal cells in Myelocult (M5300, Stem Cell Technologies) with 10^{-6} M

hydrocortisone (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. The cells

were thereafter trypsinized and collected for FACS.

Detection of reactive oxygen species (ROS) level and mitochondrial transfer
574
This was done as recently described (Cai et al., 2022). The MSCs/MPCs or AML cells were

harvested and washed with PBS and incubated with 2 µM of H_2-DCFDA (C6827,

ThermoFisher) in DMEM at 37°C for 40 minutes to detect ROS level. The cells were then

rinsed twice with PBS and resuspended with 150 µL of PI (1:1000) in 5%FBS/PBS. ROS levels

were measured by FACS.

For mitochondrial transfer, MSCs or MPCs were stained with 100 nM MitoTracker™ red FM

(M22426, ThermoFisher) at 37°C for 40 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 co-cultured 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.

Multilineage differentiation assay

This was done as described (Xiao et al., 2018b). The skin Ebf2^{+}, Ebf2^{-} and Ebf2^{-}PαS cells were

expanded in culture and plated at 400 cells/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 (A5533,

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

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

penicillin/streptomycin, 10^{-4} M 2-Mercaptoethanol (Sigma, M7522), 5 µg/mL insulin (I6634,

Sigma), 20 µM Indomethacin (I7378, Sigma), 0.0115 mg/mL isobutylmethylxanthine (I-7018,

Sigma), and 10^{-6} M dexamethasone (D2915, Sigma) for 2-3 weeks. Cells were first stained

with 500 µL of 2 µM of Bodipy™ 500/510 (Invitrogen, D3823) for imaging live adipocytes,

then fixed with 10% formalin and stained with 0.5% Oil Red O (O1391, Sigma). Chondrogenic

differentiation was induced in monolayer culture where cells were cultured in 37°C under

hypoxic condition (2% O_2) with DMEM high glucose containing 10 mM HEPES (1M), 100U

of penicillin/streptomycin, 10^{-4} M 2-Mercaptoethanol (M7522, Sigma), 2 mM pyruvate (P5280,

Sigma), 0.35 mM L-proline (P5607-25G, Sigma), ITS^{+3} (I-3146, Sigma), 5 µg/mL L-ascorbic

acid 2-phosphate (A7506, Sigma), 10^{-7} M dexamethasone (D2915, Sigma), and 10 ng/mL TGF-

β3 (100-36E, Peprotech). To assess chondrogenic differentiation, toluidine blue (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 300 g 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 (M7522, Sigma), 2 mM pyruvate

(P5280, Sigma), 0.35 mM L-proline (P5607-25G, Sigma), ITS^{+3} (I-3146, Sigma), 5 µg/mL L-

ascorbic acid 2-phosphate (A7506, Sigma), 10^{-7} M dexamethasone (D2915, Sigma,), and 10

ng/mL TGF-β3 (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 to being fixed in 4% PFA for 2 days. After dehydration with 70% ethanol, the pellets

were stained with toluidine blue (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 (4583,

Sakura Tissue Tex®). To visualize the formation of proteoglycan, the embedded pellet was cut

to 10μm, mounted and observed by an inverted microscope (Axio Observer.Z1, Zeis). Images

were processed with Zen software (Carl Zeiss Microscopy, GmbH 2011).

LIN⁻SCA1⁺KIT⁺ (LSK) CD150⁺ cell isolation

The LSKCD150⁺ HSCs were isolated from femurs and tibias of young adult mice, as described

(Xiao et al., 2018a). See Table S1 for antibody detail information.

Co-culture of skin MPCs with LSKCD150⁺ cells and colony-forming unit 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 a 12-well plate and maintained in complete

Dulbecco modified Eagle Medium (DMEM, 31966, GIBCO) containing 10% FBS, 10 mM

HEPES (1M), 100U of penicillin/streptomycin and 10^{-4} M 2-Mercaptoethanol (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 (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, the CFU-Cs 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 DAF staining were defined as erythrocytes-containing

colonies including CFU-GME and BFU-E, as performed (McGuckin et al., 2003; Xiao et al.,

2018a).

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 (RRID: SCR_002798) with $P < 0.05$ considered statistically

significant.

Online supplemental material

Fig. S1 shows AML cell distribution, absolute numbers in skin, BM, spleen and blood from

AML mice under steady state and post-chemotherapy. Fig. S2 illustrates *in vitro* expansion and

differentiation of the Skin Ebf2$^+$ and Ebf2$^-$ PαS cell subsets. Fig. S3 provides additional

evidence for the perivascular location and expression of α-SMA and NG2 of skin Ebf2$^+$

cells. Fig. S4 shows additional data from lineage-tracing studies suggesting that skin Ebf2$^+$

cells generated Ebf2$^-$ cells while maintaining themselves *in vivo*. Fig. S5 shows the data from

in vitro co-culture experiments indicating that skin MPCs have a similar hematopoiesis

supportive function to BM MSCs.

Data availability

The RNA sequencing data in Fig. 5 are available at GEO under accession number GSE167562.

All other data are available in the article or upon reasonable request to the corresponding author.

Acknowledgements

We thank Tina Jacob, Karl Annusver and Alexandra Are at Department of Cell and Molecular

Biology, Karolinska Institute, Sweden for valuable advice and technical discussion. We thank

Alexandre Piccini, Yuanyuan Zhang and Andranik Durguryan in our group for technical help

for the cell culture. We also thank Prof. Marja Ekblom, Lund University for her scientific input.

This study was supported by the Swedish Research Council (2019-01361,2022-01228),

Swedish Childhood Cancer Society (PR2015-0142, FoAss13/015, PR2017/0154, PR2020-

0166), Swedish Cancer Society (CAN2017/774, 19 0092 SIA and 20 1222PjF), Åke Olsson

foundation, Radiumhemmets Forskningsfonder (151241, 171162, 191253) and Karolinska

Institute Wallenberg Institute for Regenerative Medicine, Karolinska Institute doctoral

education (KID) funding (2-1293/2014, 2021-00480), Stiftelsen Clas Groschinskys

Minnesfond (ref:M16 50), Cancer Research KI (Karolinska Institute) and Incyte Biosciences

Nordic to H.Q., and the Swedish Research Council (2018-02963) and Swedish Cancer Society

(CAN 2018/793) to MK (Kasper). FACS analysis and cell sorting were performed at MedH

Flow Cytometry core facility (Karolinska Institute), supported by KI/SLL. The confocal

images were obtained at the LCI facility/Nikon Center of Excellence, Karolinska Institute,

supported by grants from the Knut and Alice Wallenberg Foundation, the Swedish Research

Council, KI infrastructure, Centre for Innovative Medicine and Jonasson center at the Royal

Institute of Technology. All major computations were performed on resources provided by the

Swedish National Infrastructure for Computing (SNIC)_through Uppsala Multidisciplinary

Center for Advanced Computational Science (UPPMAX) under Project sens2018540. We also

would like to thank the core facility at NEO, BEA, Bioinformatics and Expression Analysis,

which is supported by the board of research at the Karolinska Institute and the research

committee at the Karolinska Hospital.

Author contributions

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

analyzing data and manuscript writing. HC, EL, PX, MK(Kondo), XS, LT, AM 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 approved the

final version of the manuscript.

Conflict of interest: All authors declare no competing financial interest regarding this study.

References

708
709   Ahsberg, J., P. Xiao, K. Okuyama, R. Somasundaram, T. Strid, H. Qian, and M. Sigvardsson.
710   2020. Progression of progenitor B-cell leukemia is associated with alterations of
711   the bone marrow micro-environment. *Haematologica* 105:e102-e106.
712   Alonso, S., M. Su, J.W. Jones, S. Ganguly, M.A. Kane, R.J. Jones, and G. Ghiaur. 2015. Human
713   bone marrow niche chemoprotection mediated by cytochrome P450 enzymes.
714   *Oncotarget* 6:14905-14912.
715   Arai, F., A. Hirao, M. Ohmura, H. Sato, S. Matsuoka, K. Takubo, K. Ito, G.Y. Koh, and T. Suda.
716   2004. Tie2/angiopoietin-1 signaling regulates hematopoietic stem cell quiescence
717   in the bone marrow niche. *Cell* 118:149-161.
718   Armulik, A., G. Genove, and C. Betsholtz. 2011. Pericytes: developmental, physiological,
719   and pathological perspectives, problems, and promises. *Developmental cell*
720   21:193-215.
721   Bakst, R.L., M.S. Tallman, D. Douer, and J. Yahalom. 2011. How I treat extramedullary acute
722   myeloid leukemia. *Blood* 118:3785-3793.
723   Baryawno, N., D. Przybylski, M.S. Kowalczyk, Y. Kfoury, N. Severe, K. Gustafsson, K.D.
724   Kokkaliaris, F. Mercier, M. Tabaka, M. Hofree, D. Dionne, A. Papazian, D. Lee, O.
725   Ashenberg, A. Subramanian, E.D. Vaishnav, O. Rozenblatt-Rosen, A. Regev, and D.T.

726   Scadden. 2019. A Cellular Taxonomy of the Bone Marrow Stroma in Homeostasis
727   and Leukemia. *Cell* 177:1915-1932 e1916.
728 Batsivari, A., M.L.R. Haltalli, D. Passaro, C. Pospori, C. Lo Celso, and D. Bonnet. 2020.
729   Dynamic responses of the haematopoietic stem cell niche to diverse stresses. *Nat*
730   *Cell Biol* 22:7-17.
731 Cai, H., M. Kondo, L. Sandhow, P. Xiao, A.S. Johansson, T. Sasaki, J. Zawacka-Pankau, K.
732   Tryggvason, J. Ungerstedt, J. Walfridsson, M. Ekblom, and H. Qian. 2022. Critical
733   role of Lama4 for hematopoiesis regeneration and acute myeloid leukemia
734   progression. *Blood* 139:3040-3057.
735 Calvi, L.M., G.B. Adams, K.W. Weibrecht, J.M. Weber, D.P. Olson, M.C. Knight, R.P. Martin,
736   E. Schipani, P. Divieti, F.R. Bringhurst, L.A. Milner, H.M. Kronenberg, and D.T.
737   Scadden. 2003. Osteoblastic cells regulate the haematopoietic stem cell niche.
738   *Nature* 425:841-846.
739 Dong, L., W.M. Yu, H. Zheng, M.L. Loh, S.T. Bunting, M. Pauly, G. Huang, M. Zhou, H.E.
740   Broxmeyer, D.T. Scadden, and C.K. Qu. 2016. Leukaemogenic effects of Ptpn11
741   activating mutations in the stem cell microenvironment. *Nature* 539:304-308.
742 Duarte, D., E.D. Hawkins, O. Akinduro, H. Ang, K. De Filippo, I.Y. Kong, M. Haltalli, N. Ruivo,
743   L. Straszkowski, S.J. Vervoort, C. McLean, T.S. Weber, R. Khorshed, C. Pirillo, A. Wei,
744   S.K. Ramasamy, A.P. Kusumbe, K. Duffy, R.H. Adams, L.E. Purton, L.M. Carlin, and
745   C. Lo Celso. 2018. Inhibition of Endosteal Vascular Niche Remodeling Rescues
746   Hematopoietic Stem Cell Loss in AML. *Cell Stem Cell* 22:64-77 e66.
747 Farge, T., E. Saland, F. de Toni, N. Aroua, M. Hosseini, R. Perry, C. Bosc, M. Sugita, L. Stuani,
748   M. Fraisse, S. Scotland, C. Larrue, H. Boutzen, V. Feliu, M.L. Nicolau-Travers, S.
749   Cassant-Sourdy, N. Broin, M. David, N. Serhan, A. Sarry, S. Tavitian, T. Kaoma, L.
750   Vallar, J. Iacovoni, L.K. Linares, C. Montersino, R. Castellano, E. Griessinger, Y.
751   Collette, O. Duchamp, Y. Barreira, P. Hirsch, T. Palama, L. Gales, F. Delhommeau,
752   B.H. Garmy-Susini, J.C. Portais, F. Vergez, M. Selak, G. Danet-Desnoyers, M. Carroll,
753   C. Recher, and J.E. Sarry. 2017. Chemotherapy-Resistant Human Acute Myeloid
754   Leukemia Cells Are Not Enriched for Leukemic Stem Cells but Require Oxidative
755   Metabolism. *Cancer discovery* 7:716-735.
756 Forte, D., M. Garcia-Fernandez, A. Sanchez-Aguilera, V. Stavropoulou, C. Fielding, D.
757   Martin-Perez, J.A. Lopez, A.S.H. Costa, L. Tronci, E. Nikitopoulou, M. Barber, P.
758   Gallipoli, L. Marando, C.L. Fernandez de Castillejo, A. Tzankov, S. Dietmann, M.
759   Cavo, L. Catani, A. Curti, J. Vazquez, C. Frezza, B.J. Huntly, J. Schwaller, and S.
760   Mendez-Ferrer. 2020. Bone Marrow Mesenchymal Stem Cells Support Acute
761   Myeloid Leukemia Bioenergetics and Enhance Antioxidant Defense and Escape
762   from Chemotherapy. *Cell Metab*
763 Gouache, E., V. Greze, M. Strullu, P. Saultier, O. Fenneteau, V. Gandemer, C. Ragu, A.
764   Auvrignon, H. Boutroux, H. Lapillonne, M. Pasquet, and G. Leverger. 2018.
765   Leukemia Cutis in Childhood Acute Myeloid Leukemia: Epidemiological, Clinical,
766   Biological, and Prognostic Characteristics of Patients Included in the ELAM02
767   Study. *Hemasphere* 2:e141.
768 Greenbaum, A., Y.M. Hsu, R.B. Day, L.G. Schuettpelz, M.J. Christopher, J.N. Borgerding, T.
769   Nagasawa, and D.C. Link. 2013. CXCL12 in early mesenchymal progenitors is
770   required for haematopoietic stem-cell maintenance. *Nature* 495:227-230.
771 Gu, Y.C., J. Kortesmaa, K. Tryggvason, J. Persson, P. Ekblom, S.E. Jacobsen, and M. Ekblom.
772   2003. Laminin isoform-specific promotion of adhesion and migration of human
773   bone marrow progenitor cells. *Blood* 101:877-885.

Han, J., Y.J. Koh, H.R. Moon, H.G. Ryoo, C.H. Cho, I. Kim, and G.Y. Koh. 2010. Adipose tissue
is an extramedullary reservoir for functional hematopoietic stem and progenitor
cells. *Blood* 115:957-964.
Hanoun, M., D. Zhang, T. Mizoguchi, S. Pinho, H. Pierce, Y. Kunisaki, J. Lacombe, S.A.
Armstrong, U. Duhrsen, and P.S. Frenette. 2014. Acute myelogenous leukemia-
induced sympathetic neuropathy promotes malignancy in an altered
hematopoietic stem cell niche. *Cell stem cell* 15:365-375.
Hartwell, K.A., P.G. Miller, S. Mukherjee, A.R. Kahn, A.L. Stewart, D.J. Logan, J.M. Negri, M.
Duvet, M. Jaras, R. Puram, V. Dancik, F. Al-Shahrour, T. Kindler, Z. Tothova, S.
Chattopadhyay, T. Hasaka, R. Narayan, M. Dai, C. Huang, S. Shterental, L.P. Chu, J.E.
Haydu, J.H. Shieh, D.P. Steensma, B. Munoz, J.A. Bittker, A.F. Shamji, P.A. Clemons,
N.J. Tolliday, A.E. Carpenter, D.G. Gilliland, A.M. Stern, M.A.S. Moore, D.T. Scadden,
S.L. Schreiber, B.L. Ebert, and T.R. Golub. 2013. Niche-based screening identifies
small-molecule inhibitors of leukemia stem cells. *Nat Chem Biol* 9:840-848.
Hoggatt, J., Y. Kfoury, and D.T. Scadden. 2016. Hematopoietic Stem Cell Niche in Health
and Disease. *Annual review of pathology* 11:555-581.
Hu, Y., and G.K. Smyth. 2009. ELDA: extreme limiting dilution analysis for comparing
depleted and enriched populations in stem cell and other assays. *Journal of
immunological methods* 347:70-78.
Iwamoto, S., K. Mihara, J.R. Downing, C.H. Pui, and D. Campana. 2007. Mesenchymal cells
regulate the response of acute lymphoblastic leukemia cells to asparaginase. *J Clin
Invest* 117:1049-1057.
Jeong, S.Y., J.A. Kim, and I.H. Oh. 2018. The Adaptive Remodeling of Stem Cell Niche in
Stimulated Bone Marrow Counteracts the Leukemic Niche. *Stem Cells*
Jin, L., Y. Tabe, S. Konoplev, Y. Xu, C.E. Leysath, H. Lu, S. Kimura, A. Ohsaka, M.B. Rios, L.
Calvert, H. Kantarjian, M. Andreeff, and M. Konopleva. 2008. 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.
Kim, J.A., J.S. Shim, G.Y. Lee, H.W. Yim, T.M. Kim, M. Kim, S.H. Leem, J.W. Lee, C.K. Min, and
I.H. Oh. 2015. Microenvironmental remodeling as a parameter and prognostic
factor of heterogeneous leukemogenesis in acute myeloid leukemia. *Cancer Res*
Kimlin, L., and V. Virador. 2013. Cellular populations isolated from newborn mouse skin
including mesenchymal stem cells. *Methods in molecular biology* 989:217-233.
Krooks, J.A., and A.G. Weatherall. 2018. Leukemia cutis in acute myeloid leukemia
signifies a poor prognosis. *Cutis* 102:266;271;272.
Kusumbe, A.P., S.K. Ramasamy, T. Itkin, M.A. Mae, U.H. Langen, C. Betsholtz, T. Lapidot,
and R.H. Adams. 2016. Age-dependent modulation of vascular niches for
haematopoietic stem cells. *Nature* 532:380-384.
Landberg, N., S. von Palffy, M. Askmyr, H. Lilljebjorn, C. Sanden, M. Rissler, S. Mustjoki, H.
Hjorth-Hansen, J. Richter, H. Agerstam, M. Jaras, and T. Fioretos. 2018. CD36
defines primitive chronic myeloid leukemia cells less responsive to imatinib but
vulnerable to antibody-based therapeutic targeting. *Haematologica* 103:447-455.
Liao, Y., G.K. Smyth, and W. Shi. 2013. The Subread aligner: fast, accurate and scalable
read mapping by seed-and-vote. *Nucleic acids research* 41:e108.
Madapura, H.S., N. Nagy, D. Ujvari, T. Kallas, M.C. Krohnke, S. Amu, M. Bjorkholm, L. Stenke,
P.K. Mandal, J.S. McMurray, M. Keszei, L.S. Westerberg, H. Cheng, F. Xue, G. Klein, E.
Klein, and D. Salamon. 2017. Interferon gamma is a STAT1-dependent direct

inducer of BCL6 expression in imatinib-treated chronic myeloid leukemia cells. *Oncogene*

Manshouri, T., Z. Estrov, A. Quintas-Cardama, J. Burger, Y. Zhang, A. Livun, L. Knez, D. Harris, C.J. Creighton, H.M. Kantarjian, and S. Verstovsek. 2011. Bone marrow stroma-secreted cytokines protect JAK2(V617F)-mutated cells from the effects of a JAK2 inhibitor. *Cancer Res* 71:3831-3840.

Marlein, C.R., L. Zaitseva, R.E. Piddock, S.D. Robinson, D.R. Edwards, M.S. Shafat, Z. Zhou, M. Lawes, K.M. Bowles, and S.A. Rushworth. 2017. NADPH oxidase-2 derived superoxide drives mitochondrial transfer from bone marrow stromal cells to leukemic blasts. *Blood* 130:1649-1660.

McGuckin, C.P., N. Forraz, and W.M. Liu. 2003. 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.

Morikawa, S., Y. Mabuchi, Y. Kubota, Y. Nagai, K. Niibe, E. Hiratsu, S. Suzuki, C. Miyauchi-Hara, N. Nagoshi, T. Sunabori, S. Shimmura, A. Miyawaki, T. Nakagawa, T. Suda, H. Okano, and Y. Matsuzaki. 2009. Prospective identification, isolation, and systemic transplantation of multipotent mesenchymal stem cells in murine bone marrow. *J Exp Med* 206:2483-2496.

Mortazavi, A., B.A. Williams, K. McCue, L. Schaeffer, and B. Wold. 2008. Mapping and quantifying mammalian transcriptomes by RNA-Seq. *Nat Methods* 5:621-628.

Moschoi, R., V. Imbert, M. Nebout, J. Chiche, D. Mary, T. Prebet, E. Saland, R. Castellano, L. Pouyet, Y. Collette, N. Vey, C. Chabannon, C. Recher, J.E. Sarry, D. Alcor, J.F. Peyron, and E. Griessinger. 2016. Protective mitochondrial transfer from bone marrow stromal cells to acute myeloid leukemic cells during chemotherapy. *Blood* 128:253-264.

Omatsu, Y., T. Sugiyama, H. Kohara, G. Kondoh, N. Fujii, K. Kohno, and T. Nagasawa. 2010. The essential functions of adipo-osteogenic progenitors as the hematopoietic stem and progenitor cell niche. *Immunity* 33:387-399.

Parsi, M., M.S. Go, and A. Ahmed. 2020. Leukemia Cutis. In StatPearls. Treasure Island (FL).

Pena-Martinez, P., M. Eriksson, R. Ramakrishnan, M. Chapellier, C. Hogberg, C. Orsmark-Pietras, J. Richter, A. Andersson, T. Fioretos, and M. Jaras. 2018. Interleukin 4 induces apoptosis of acute myeloid leukemia cells in a Stat6-dependent manner. *Leukemia* 32:588-596.

Pinho, S., J. Lacombe, M. Hanoun, T. Mizoguchi, I. Bruns, Y. Kunisaki, and P.S. Frenette. 2013. PDGFRalpha and CD51 mark human Nestin+ sphere-forming mesenchymal stem cells capable of hematopoietic progenitor cell expansion. *J Exp Med* 210:1351-1367.

Poulos, M.G., P. Guo, N.M. Kofler, S. Pinho, M.C. Gutkin, A. Tikhonova, I. Aifantis, P.S. Frenette, J. Kitajewski, S. Rafii, and J.M. Butler. 2013. Endothelial Jagged-1 is necessary for homeostatic and regenerative hematopoiesis. *Cell reports* 4:1022-1034.

Qian, H., A. Badaloni, F. Chiara, J. Stjernberg, N. Polisetti, K. Nihlberg, G.G. Consalez, and M. Sigvardsson. 2013. 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.

Qian, H., K. Le Blanc, and M. Sigvardsson. 2012. Primary mesenchymal stem and
progenitor cells from bone marrow lack expression of CD44 protein. *The Journal*
of biological chemistry 287:25795-25807.
Raaijmakers, M.H., S. Mukherjee, S. Guo, S. Zhang, T. Kobayashi, J.A. Schoonmaker, B.L.
Ebert, F. Al-Shahrour, R.P. Hasserjian, E.O. Scadden, Z. Aung, M. Matza, M.
Merkenschlager, C. Lin, J.M. Rommens, and D.T. Scadden. 2010. Bone progenitor
dysfunction induces myelodysplasia and secondary leukaemia. *Nature* 464:852-
857.
Schepers, K., E.M. Pietras, D. Reynaud, J. Flach, M. Binnewies, T. Garg, A.J. Wagers, E.C.
Hsiao, and E. Passegue. 2013. Myeloproliferative neoplasia remodels the
endosteal bone marrow niche into a self-reinforcing leukemic niche. *Cell Stem Cell*
13:285-299.
Somervaille, T.C., and M.L. Cleary. 2006. Identification and characterization of leukemia
stem cells in murine MLL-AF9 acute myeloid leukemia. *Cancer Cell* 10:257-268.
Stier, S., Y. Ko, R. Forkert, C. Lutz, T. Neuhaus, E. Grunewald, T. Cheng, D. Dombkowski,
L.M. Calvi, S.R. Rittling, and D.T. Scadden. 2005. Osteopontin is a hematopoietic
stem cell niche component that negatively regulates stem cell pool size. *J Exp Med*
201:1781-1791.
Susek, K.H., E. Korpos, J. Huppert, C. Wu, I. Savelyeva, F. Rosenbauer, C. Muller-Tidow, S.
Koschmieder, and L. Sorokin. 2018. Bone marrow laminins influence
hematopoietic stem and progenitor cell cycling and homing to the bone marrow.
Matrix Biol 67:47-62.
Thoren, L.A., K. Liuba, D. Bryder, J.M. Nygren, C.T. Jensen, H. Qian, J. Antonchuk, and S.E.
Jacobsen. 2008. Kit regulates maintenance of quiescent hematopoietic stem cells.
J Immunol 180:2045-2053.
Thyboll, J., J. Kortesmaa, R. Cao, R. Soininen, L. Wang, A. Iivanainen, L. Sorokin, M. Risling,
Y. Cao, and K. Tryggvason. 2002. Deletion of the laminin alpha4 chain leads to
impaired microvessel maturation. *Mol Cell Biol* 22:1194-1202.
Toma, J.G., M. Akhavan, K.J.L. Fernandes, F. Barnabe-Heider, A. Sadikot, D.R. Kaplan, and
F.D. Miller. 2001. Isolation of multipotent adult stem cells from the dermis of
mammalian skin. *Nat Cell Biol* 3:778-784.
Vaculik, C., C. Schuster, W. Bauer, N. Iram, K. Pfisterer, G. Kramer, A. Reinisch, D. Strunk,
and A. Elbe-Burger. 2012. Human dermis harbors distinct mesenchymal stromal
cell subsets. *J Invest Dermatol* 132:563-574.
van Os, R.P., B. Dethmers-Ausema, and G. de Haan. 2008. In vitro assays for cobblestone
area-forming cells, LTC-IC, and CFU-C. *Methods Mol Biol* 430:143-157.
Viswanathan, S., Y. Shi, J. Galipeau, M. Krampera, K. Leblanc, I. Martin, J. Nolta, D.G.
Phinney, and L. Sensebe. 2019. Mesenchymal stem versus stromal cells:
International Society for Cell & Gene Therapy (ISCT(R)) Mesenchymal Stromal Cell
committee position statement on nomenclature. *Cytotherapy* 21:1019-1024.
Wang, C.X., I. Pusic, and M.J. Anadkat. 2019. Association of Leukemia Cutis With Survival
in Acute Myeloid Leukemia. *JAMA Dermatol* 155:826-832.
Welner, R.S., G. Amabile, D. Bararia, A. Czibere, H. Yang, H. Zhang, L.L. Pontes, M. Ye, E.
Levantini, A. Di Ruscio, G. Martinelli, and D.G. Tenen. 2015. Treatment of chronic
myelogenous leukemia by blocking cytokine alterations found in normal stem and
progenitor cells. *Cancer Cell* 27:671-681.
Xiao, P., M. Dolinska, L. Sandhow, M. Kondo, A.S. Johansson, T. Bouderlique, Y. Zhao, X. Li,
M. Dimitriou, G.Z. Rassidakis, E. Hellstrom-Lindberg, N. Minato, J. Walfridsson, D.T.
Scadden, M. Sigvardsson, and H. Qian. 2018a. Sipa1 deficiency-induced bone

marrow niche alterations lead to the initiation of myeloproliferative neoplasm.
920   *Blood advances* 2:534-548.
Xiao, P., L. Sandhow, Y. Heshmati, M. Kondo, T. Bouderlique, M. Dolinska, A.S. Johansson,
M. Sigvardsson, M. Ekblom, J. Walfridsson, and H. Qian. 2018b. Distinct roles of
mesenchymal stem and progenitor cells during the development of acute myeloid
leukemia in mice. *Blood advances* 2:1480-1494.
Xu, X., X. Zhang, Y. Liu, L. Yang, S. Huang, L. Lu, S. Wang, Q. Guo, and L. Zhao. 2016. BM
microenvironmental protection of CML cells from imatinib through Stat5/NF-
kappaB signaling and reversal by Wogonin. *Oncotarget* 7:24436-24454.
Ye, H., B. Adane, N. Khan, T. Sullivan, M. Minhajuddin, M. Gasparetto, B. Stevens, S. Pei, M.
Balys, J.M. Ashton, D.J. Klemm, C.M. Woolthuis, A.W. Stranahan, C.Y. Park, and C.T.
Jordan. 2016. Leukemic Stem Cells Evade Chemotherapy by Metabolic Adaptation
to an Adipose Tissue Niche. *Cell Stem Cell* 19:23-37.
Zhang, B., M. Li, T. McDonald, T.L. Holyoake, R.T. Moon, D. Campana, L. Shultz, and R.
Bhatia. 2013. Microenvironmental protection of CML stem and progenitor cells
from tyrosine kinase inhibitors through N-cadherin and Wnt-beta-catenin
signaling. *Blood* 121:1824-1838.

936
937

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), spleen 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 blood, skin, BM and spleen. Data were from 2 independent experiments and each dot represents data from one mouse. The horizontal bars represent mean values. n=4-9 per group, * P<0.05, ** P<0.01, **** P<0.0001, determined by paired *t*-test except the comparison between skin and blood where unequal number of the mice were included.

(**D**) The inverse correlation between AML engraftment in the skin with symptomatic AML onset. * P<0.05, determined by Spearman correlation. Each dot represents data from a single recipient mouse, n=18 mice.

(**E**) Confocal image showing distribution of MLL-AF9$^+$ AML cells expressing DsRed at perivascular sites in dorsal skin. The AML cells were injected after sublethal irradiation of the mice. The endothelial cells were marked by CD31 expression (white). Scale bars are 50 μm.

(**F**) Experimental strategy to assess 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 (100mg/Kg) or saline

(NS, untreated) for 5 days. The residual CD45.1$^+$ AML cells from skin were sorted at 2-3 days

after the last injection of Ara-C and transplanted into secondary non-irradiated recipient

CD45.2 mice at doses of 10, 100, 1000 (1K) and 5000 (5K) cells/mouse. The AML

development was monitored by FACS and hematology analyzer Sysmex. The mice were

sacrificed when found moribund.

(**G**) AML engraftment in blood, skin, BM and spleen of the primary recipients under steady

state and 3 days post-Ara-C treatment. Each dot represents data from a single mouse. n=5 per

group, * P<0.05, **** P<0.0001, determined by paired *t*-test

(**H**) The fraction of CD36$^+$ AML cells in the skin, BM and spleen. Each dot represents data

from a single mouse. ns, no significant difference, determined by paired *t*-test.

(**I**) The frequency of CFU-Cs derived from the residual AML cells in skin, spleen and BM.

(**J**) The Kaplan-Meier survival curve of the primary and secondary recipient mice. The curve

was generated by Log-rank (Mantel-Cox test). Each dot represents an endpoint when the mice

were found dead or sacrificed because of being moribund. Data were from 2 independent

experiments. n=5-8 primary recipients treated with Ara-C (n=5) or normal saline (untreated),

n=5-7 secondary recipients per group.

(**K**) Platelet counts in PB of the secondary recipient mice at the endpoint. Each dot represents

data from a single mouse.

(**L**) Spleen size of the secondary recipient mice at the endpoint. Each dot represents data from

a single mouse.

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

secondary recipient mice.

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

recipient mice. Each dot represents data from a single mouse.

(**O**) The frequencies of the secondary recipient mice that developed AML after injection of

skin-derived AML cells. The frequency of AML-initiating LSCs was determined by Extreme

Limiting Dilution analysis (Hu and Smyth, 2009) based on the number of mice that developed

AML post-secondary transplantation. ns, no significant difference, determined by *Chi* square

test.

(**P**) The % of AML-initiating LSCs in BM and skin. The percentages were calculated based on

the frequencies of AML-initiating LSCs determined by transplantation and shown in (G) and

the % AML cells within total CD45$^+$ mononuclear cells in each tissue. Each dot represents data

from a single mouse. n=5-8 per group, ns, no significant difference, **** P<0.0001,

determined by unpaired t-test.

See also in Figure S1.

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. 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. *** P<0.001, **** P<0.0001,

determined by Wilcoxon matched-signed pair rank test.

(**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. The simple linear regression was used to

determine the dose responses in G and I.

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

F clones derived from Ebf2$^+$ and Ebf2$^-$PαS cells. Scale bars in the images for Ebf2$^+$ cells are

100 μm, and 250 μm and 100 μm in the images for osteogenic and adipogenic differentiation

from 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 S2.

1024

Figure 3 Distribution and hierarchical relationship of skin MPCs.

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

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

to the Ebf2$^+$ cells in DPC area. Scale bars are 100 μm.

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

CD31$^+$ endothelial cells in dorsal skin. Scale bars are 10 μm.

(**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. Each dot represents data from each mouse from 2-3 independent experiments.

Horizontal bars represent the mean, * P<0.05, determined by unpaired *t*-test.

(**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, *** P<0.001, determined by unpaired *t*-test.

(**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. Scale

bars are 20 μm.

See also in Figure S3-S4.

1049

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. Scale bars are 100 μm.

(**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. * P<0.05, ** P<0.01, *** P<0.001,

determined by unpaired (C-D, G, I) or paired (E-F,H) *t*-test between Ara-C treated and

nontreated co-cultures within the same stromal cell type. # P<0.05, ## P<0.01, ### P<0.001

determined by unpaired t test when comparing the Ara-C treated AML cells in co-cultures with

BM MSCs or skin MPCs with the Ara-C treated AML monoculture.

(**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). Scale bars are 20 μm.

(**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 data from one mouse.

The horizontal bars represent mean values. ** P<0.01, determined by unpaired *t*-test.

(**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. ns, no significant difference, determined by unpaired *t*-

test.

(**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$^+$). ns, no significant difference, * P<0.05, determined by Mann-Whitney test.

1081

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, interferon alpha response and chondrocyte differentiation in the skin MPCs

compared to that in BM MSCs. FDR (false discovery rate). * P<0.05, *** P<0.001, determined

by GSEA software.

(**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 set enrichment plot showing hematopoiesis supportive niche genes in skin MPC

subsets and BM MSCs, and the heatmap showing the gene expression levels. ns, no significant

difference, determined by GSEA software.

(**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. ns, no

significant difference, * P<0.05, ** P<0.01, determined by unpaired *t*-test.

1108

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

chemoprotection of AML cells from Ara-C.

(**A-B**) Increased mitochondrial mass in skin MPCs compared to that in BM MSCs. (A) Mean

fluorescence intensity (MFI) of MitoTracker red in BM MSCs and skin PαS MPCs. Each dot

represents an individual assay in triplicate from 3 independent experiments. * P<0.05,

determined by paired *t*-test. (B) Representative FACS histograms showing MitoTracker red

staining in the skin MPCs and BM MSCs.

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

cells *in vitro*. Skin MPCs and BM MSCs that were pre-labelled 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. The stromal cell-derived mitochondria were detected by MFI of MitoTracker

in the AML cells at 24h post-co-culture by FACS.

(**D**) MFI of MitoTracker showing increased mitochondrial transfer from skin MPCs to AML
cells than that from BM MSCs in the cocultures. Data shown are normalized MitoTracker MFI
in the AML cells based on the values of that in the AML cells 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. * P<0.05, ** P<0.01, *** P<0.001,
determined by Kolmogorov-Smirnov test.

(**E**) Representative FACS histograms showing MitoTracker staining in the AML cells 24h post-
co-culture with the stromal cells. The MFI from AML cells in the monoculture without the
prelabeled MPCs was used as a negative control.

(**F**) Reduced ROS levels in the AML cells co-cultured with skin PαS MPCs compared to that
with BM MSCs 24h post-Ara-C treatment. Each dot represents the average value of triplicate
assays from each experiment of 3. Horizontal bars are mean values. * P<0.05, determined by
paired *t*-test.

(**G**) 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 were determined by unpaired *t*-test, ns, no
significant difference, ** P<0.01, *** P<0.001, **** P<0.0001.

(**H-J**) Impaired protective mitochondrial transfer from skin MPCs to AML cells in the
cocultures after treatment with microtubule inhibitors. (**H**) MFIs of MitoTracker green in AML
cells co-cultured with skin MPCs and treated with colchicine, nocodazole alone or in
combination with Ara-C. The MFIs were normalized to the nontreated controls, from 4
independent experiments. Each dot represents a single measurement. *P<0.05, ** P<0.01,
determined by unpaired *t*-test. (**I**) Representative histogram showing fluorescence intensity of
mitotracker green in the AML cells. (**J**) The numbers of live AML cells co-cultured with skin
MPCs after the treatments. ** P<0.01, determined by unpaired *t*-test.

(**K-L**) Little mitochondrial transfer from skin or BM MSCs to normal BM HSPCs 24h post-
coculture. The purified LIN$^-$SCA1$^+$KIT$^+$ (LSK) cells were co-cultured with MitoTracker green
prelabelled skin MPCs for 24h. The MitoTracker green$^+$ LSK cells were analyzed post-co-
culture based on CD45 expression, as shown in the FACS profile (K) and (L) the % of
MitoTracker green$^+$ LSK cells in co-cultures and monoculture. Each dot represents a replicate
measurement.

(**M**) 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.

(**N**) 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 NS treatment. Data were from

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

bars represent mean values. *P<0.05, ** P<0.01, determined by paired *t*-test.

(**O**) 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. *P<0.05, ** P<0.01,

determined by unpaired *t*-test.

1165

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. *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ mice were first injected with DsRed-expressing

MLL-AF9 AML cells after sublethal irradiation and treated with normal saline (NS) or Ara-C

at day 15 after injection. 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. Scale bars are 500 μm in the panoramic images and 50 μm in the region of

interest (ROI) images.

(**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. n=5-6 per group. ** P<0.01, *** P<0.001,

determined by unpaired *t*-test.

(**E**) Experimental layout for assessing homing of the AML cells into *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$

mice 3 hours after transplantation. CD45.1$^+$ MLL-AF9$^+$ AML cells (10 million per mouse)

were transplanted into the mice via tail vein injection without prior irradiation. Dorsal skin,

bones, blood of the recipient mice were harvested 3 hours after AML cell transplantation and

the homing of the CD45.1$^+$ AML cells was examined by FACS based on CD45.1 expression.

(**F**) Representative FACS profiles showing the gatings of CD45.1$^+$ AML cells and CD45.2$^+$

host cells. The gate for CD45.1$^+$ cells was determined based on the FMO control without

CD45.1 staining.

(**G**) The frequencies of the AML cells in total live cells in the recipient skin and blood. ns, no

significant difference, determined by unpaired *t*-test. The horizontal bars represent mean values.

Each dot represents individual recipient mouse, n=3-4 per group.

(**H**) The frequencies of the AML cells of total live cells in the *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ recipient

skin and BM. ns, no significant difference, determined by unpaired *t*-test. The horizontal bars

represent mean values. Each dot represents individual recipient mouse.

1194

Figure 8 Serial transplantation indicated more residual AML-initiating LSCs in the

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

(**A**) Experimental setup for determining the residual AML-initiating LSCs in the skin of

Lama4$^{+/+}$ and *Lama4*$^{-/-}$ mice. The mice were injected with MLL-AF9 AML cells and treated

with normal saline (NS) or Ara-C at day 20 after AML cell injection. The CD45.1^{+} AML cells

were sorted from the skin at 3 days post-Ara-C treatment and intravenously transplanted in

limiting cell doses (10, 100, 1000 cells/mouse) into secondary recipients without prior

irradiation. The AML onset was monitored by FACS of AML cells in blood, spleen and BM.

(**B**) 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. The dates were

the days when the mice were found dead or moribund. The survival curve was generated by

Log-rank (Mantel-Cox test). n=5-8 per group.

(**C**) The frequencies of AML-initiating LSCs in the *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ mouse skin post-

Ara-C treatment. The frequency was determined by Extreme Limiting dilution analysis based

on the frequencies of the secondary mice that developed AML (Hu and Smyth, 2009). ns, no

significant difference, determined by *Chi square* test.

(**D**) The % of total AML cells in the skin of the donor *Lama4*$^{+/+}$ and *Lama4*$^{-/-}$ mice. Each dot

represents data from a single mouse. The horizontal bars represent the median values.

(**E**) The % of AML-initiating LSCs (left) and CFU-Cs (right) within total CD45^{+} cells in the

skin. The data were calculated based on % of AML cells in skin and the frequency (**C**) of the

LSCs and CFU-Cs, respectively. Each dot represents data from a single primary recipient

mouse. The horizontal bars represent the mean values. * P<0.05, determined by unpaired *t*-test.

Data were from 2 transplantation experiments.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

A

Experimental setup for assessing residual AML-initiating LSCs in the skin

1st recipients

2nd recipients

10,100,1000 cells/mouse

B

Donor: / Dose:

Lama4 +/+ Skin+Ara-C / *Lama4* -/- Skin+Ara-C — 10 cells

Lama4 +/+ Skin+Ara-C / *Lama4* -/- Skin+Ara-C — 100 cells

Lama4 +/+ Skin+Ara-C — 1000 cells

C

Frequency of AML-initiating LSCs in AML cells from skin post-Ara-C

Donor mice	Cell Origin	# mice: cell dose:	AML mice /total 2nd recipients			Frequency of AML Initiating LSCs
		5000	1000	100	10	
Lama4 +/+	Skin	2/2	5/5	6/7	1/5	1/51 ⎤ ns
Lama4 -/-	Skin	N/A	N/A	7/8	1/5	1/48 ⎦

D   **E**

AML engraftment in donor mice

% AML LSCs in skin   x 1.7 fold

% CFU-C in skin   x3.3 fold   *