Title: Type 1 interferon perturbates clonal competition by reshaping human blood development

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Abstract

Inflammation perturbs evolutionary dynamics of hematopoietic stem cell (HSC) clones in clonal hematopoiesis and myeloid neoplasms. We studied HSCs, progenitors and immune cells from patients with myeloproliferative neoplasm (MPN) at baseline and following interferon-α (IFNα) treatment, the only MPN therapy to deplete clonal stem cells. We focused on essential thrombocythemia, an informative model of early-phase neoplastic hematopoiesis. We integrated somatic genotyping, transcriptomes, immunophenotyping, and chromatin accessibility across single cells. IFNα simultaneously activated HSCs into two polarized states, a lymphoid progenitor expansion associated with an anti-inflammatory state and an IFNα-specific inflammatory granulocytic progenitor (IGP) state derived directly from HSCs. The augmented lymphoid differentiation balanced the typical MPN-induced myeloid bias, associated with normalized blood counts. Clonal fitness upon IFNα exposure was due to resistance of clonal stem cells to differentiate into IGPs. These results support a paradigm wherein inflammation perturbs clonal dynamics by HSC induction into the precipitous IGP differentiation program.

58 **One-Sentence Summary**

59 Inflammation accelerates clonal evolution by driving stem cell differentiation into an alternate
60 interferon-α-induced progenitor state.

Introduction

Systemic inflammation increases with aging and is implicated in accelerating the development of clonal hematopoiesis (CH) and myeloid neoplasms (*1-8*). Clonal stem cells may be resistant to inflammatory signaling that leads to functional defects in hematopoietic stem cells (HSC) (*4, 6-8*). On the other hand, inflammatory cytokines, such as interferon-α (IFNα), directly activate HSCs into cell cycle entry in mice (*9-11*), an observation that has been proposed to undergird both enhanced clonal expansion upon inflammation (*5*) and clonal depletion in the setting of IFNα therapy for myeloproliferative neoplasms (MPN) (*9, 12, 13*). Indeed, the ability of IFNα to modulate clonal dynamics in patients with MPN presents a unique opportunity to assess the effects of chronic IFNα signaling on clonal HSC fitness in human.

MPNs are driven by somatic mutations in *CALR*, *JAK2* or *MPL* that override the highly regulated process of hematopoiesis resulting in an overproduction of one or more myeloid lineages, such as increased platelet production in essential thrombocythemia (ET) (*14*). IFNα is the only clonally selective MPN treatment, often effecting molecular response (*12, 13, 15*). Even in the absence of molecular response, IFNα treatment frequently induces normalization of the patients' blood counts (*12, 13, 15*). To define the downstream effects of IFNα therapy that undergird the phenotypic response and clonal dynamics in human, we require methods that can isolate the differential IFNα effects on mutated stem cells from the wildtype. However, as clonal cells cannot be distinguished from the admixed wildtype cells via cell surface markers, we leveraged single-cell multi-omics platforms that detect the mutational status and whole transcriptomes (*16*) with immunophenotyping or chromatin accessibility data, within thousands of individual cells. These methods allowed us to overlay two hematopoietic differentiation landscapes—one mutated and the other wildtype—from the same individual, thus facilitating a direct comparison between mutated and wildtype cells both at baseline and following treatment. We focused on *CALR*-mutated ET due to the heterogeneous molecular response despite clinical response in most patients (*13, 17*) and applied these multi-modality single-cell methods to CD34^{+} hematopoietic stem and progenitor cells (HSPC) and immune cells from serial bone marrow sampling from patients treated with IFNα for at least one year. This approach enabled us to assess the phenotypic and epigenetic alterations, jointly together with clonal dynamics, induced by IFNα in human neoplasm.

Results

IFNα paves an alternate route of granulocytic differentiation

To define the effects of IFNα on wildtype and neoplastic hematopoiesis in human, we leveraged the Genotyping of Transcriptomes (GoT) technology that simultaneously captures the mutation status and whole transcriptomes in thousands of single cells (*16*). To overcome inter-patient variability in baseline hematopoiesis, we applied GoT to FACS-isolated CD34^{+} cells from serial (i.e., baseline and treated) bone marrow from individuals who were diagnosed with *CALR*-mutated ET (*18*) (**Fig. 1A**). As serial bone marrow biopsies are not typically performed in the absence of suspected disease progression, we utilized cryopreserved specimens from the MPN-RC-111 and -112 clinical trials wherein patients were treated weekly with a pegylated form of IFNα (*19, 20*) (**Fig. 1A**, n = 10 individuals, 8 baseline samples, 13 treated samples; additional 3 baseline samples included from our previous work (*16*); see **table S1** for patient and sample information). Patients with samples available for this study exhibited partial or complete clinical response (i.e.,

improvement in platelet counts) and were representative of the other patients with *CALR* mutations
in these clinical trials (**fig. S1A**, **table S1**). We incorporated time-point specifying barcoded
antibodies (*21*) that enabled multiplexing baseline and IFNα-treated samples into the same GoT
experiments, in order to obviate technical batch effects (e.g., sequencing depth) between serial
samples (**Fig. 1B**). We also advanced the GoT method by incorporating immunophenotyping (*22*)
(GoT-IM) to link transcriptional and immunophenotypic cell identities (**Fig. 1B**). GoT-IM
provided genotyping data for the canonical *CALR* frameshift mutations for 72% of CD34$^+$ HSPCs
(n = 46,883 cells of total 65,452 cells), consistent with our previously reported genotyping rates
(*16*). In this way, we obtained somatic genotyping, whole transcriptomes, immunophenotyping
and treatment status for thousands of cells from the same GoT-IM experiment.

We hypothesized that IFNα may alter cell states but not induce novel cellular identities. We
integrated across the individual 24 samples to define the cell identities of the CD34$^+$ HSPCs
consistently across individual sampling (after analytically segregating the cells by time-point from
the same experiments, **Fig. 1C, fig. S1B-F, methods**) (*23*). As single-cell gene expression provides
high-resolution mapping of the HSPC identities, we clustered the cells based on gene expression
data and annotated the clusters based on canonical cell markers (**fig. S2A-C, see table S2 for cell
numbers**)(*16, 24-26*). To identify HSCs, we leveraged the jointly captured immunophenotyping to
identify the CD38$^-$, CD45RA$^-$, CD90$^+$ HSCs (with high RNA expression of the HSC marker *AVP*
(*27*), **Fig. 1D, fig. S2D**). We observed the expected cell types, such as megakaryocytic progenitors
(MkP) and immature myeloid progenitors (IMP, consisting predominantly of phenotypically
defined common myeloid progenitors (CMP) and granulo-monocytic progenitors (GMP) (*24*), **Fig.
1C, fig. S2A-C**).

Contrary to our hypothesis that IFNα may not induce novel cellular identities, we identified an
unknown cluster (Cluster X), previously not described in studies of normal or MPN bone marrow
CD34$^+$ cells (*16, 24-26, 28-30*) (**Fig. 1C**). Cluster X was immunophenotypically similar to the
IMPs based on CD38^{mid}, CD45RA^{mid}, and CD90$^-$ expression (**Fig. 1D**). To elucidate the identity
of Cluster X, we performed differential expression analysis between Cluster X and IMPs (**Fig. 1E,
left, table S3,** linear mixed model that explicitly models the effects of patient batch and treatment
status, see **methods**). We observed a striking upregulation of the immediate early response
transcription factors (TF) of the AP-1 (*JUN, FOS, JUNB, FOSB, ATF3, FOSL1, MAFF*), KLF
(*KLF2, KLF4, KLF6*), and NR4A (*NR4A1, NR4A2*) families (**Fig. 1E, left, table S3**). Other TFs
included interferon regulatory factor 1 (*IRF1*), indicating an inflammatory response. In addition,
we observed a robust upregulation of *RFX2* and *RFX3* TFs. While the *RFX2/3* factors are not well
characterized in HSPCs, RFX2 activity was identified as one of the key pro-survival transcription
factors activated in neutrophils during an inflammatory challenge in mice, particularly in the
transition from bone marrow to blood (*31*). Upregulation of *CEBPB* and *CEBPD*, implicated in
emergency granulopoiesis (*32*) and granulopoiesis under cellular stress (*33*), respectively, further
suggested a neutrophilic differentiation trajectory. Gene set enrichment analysis identified the
upregulation of TNFα signaling via NF-κB pathway (Adj. P-val = 1.6 x 10^{-4}), and downregulation
of the MYC targets (Adj. P-val = 1.6 x 10^{-4}, **Fig. 1E, right, table S4**). Incorporation of other HSPC
immunophenotypic markers revealed that these cells were also positive for CD44, CD117, dim
CD66b, and negative for HLA-DR, similar to IMPs and neutrophil progenitors (**fig. S2B**). Based
on the transcription factors, immunophenotypes and pathways activated in Cluster X, we termed
these cells inflammatory granulocytic progenitors (IGP). Consistent with the identification of the
IGPs in this cohort of patients, the IGPs derived predominately from the IFNα-treated samples

with elevated frequencies in the IFNα-treated versus baseline CD34$^+$ cells (**Fig. 1F, fig. S2E**). As
the frequencies of IGPs were low, we confirmed that the elevated IGP frequencies in the IFNα
treatment samples were not simply due to a greater number of total CD34$^+$ cells captured in the
treated samples (**fig. S2E-F**). Separately integrating the samples based on treatment status also
confirmed the specificity of the IGPs to IFNα-treated bone marrow (**fig. S2G**). The presence of a
distinct IGP cluster in dimensional reduction of cells from individual experiments without any
batch correction reassured that IGPs were not a technical artifact of integration (**fig. S2H**).
Altogether, these data revealed that IFNα induces an alternate IGP state.

The differentially upregulated TFs in the IGPs were also highly enriched in a subset of quiescent
HSCs with elevated *AVP (27)* and CD90 expression, we labeled HSC-IG (**Fig. 1G, fig. S2D, S3A**).
The transcriptional similarities of the IGPs and HSC-IG (as revealed by their proximity on the
UMAP space) suggested that the IGPs may derive from HSC-IG. RNA velocity measurements
(*34, 35*) combined with partition-based graph abstraction (*36*) predicted cell state transitions from
HSC-IG to IGPs (**Fig. 1G, left, table S5**). To define the transcriptional state transitions from HSC-
IG to IGPs, we compared IGPs to HSC-IG and identified a reinforcement of the RFX3, AP-1,
CEBPB/D, and KLF family TF expressions and downregulation of NR4A2 (**Fig. 1G, right, fig.
S3B, table S3;** only IFNα-treated cells included in the differential expression analysis). As
NR4A1/2 have been reported to maintain HSC quiescence (*37, 38*), their downregulation in IGPs
relative to HSC-IG was consistent with the upregulation of differentiation and cell cycle-related
genes in the IGPs (**Fig. 1G, right, fig. S3B-D, table S4**). Upregulation of *MPO* (encoding
myeloperoxidase in primary granules) and *CSF3R* (encoding the G-CSF receptor), and
downregulation of the MHC class II genes (*CD74, HLA-DPA1, HLA-DRB1, HLA-DPB1*) further
provided evidence for its differentiation into the neutrophil lineage (**fig. S3B, table S4**).

To test the ability of HSCs to directly give rise to neutrophils, bypassing the conventional CMP
and GMP oligo-potent progenitor states, we utilized a similar strategy by which the direct
derivation of MkPs from HSCs (without traversing through the megakaryocytic-erythroid
progenitor state) was demonstrated in human cells (*39*). We performed single cell colony forming
unit assays by which we could track the differentiation of individual CD34$^+$, CD90^{high} bone
marrow HSCs from MPN patients at baseline and on IFNα therapy (**Fig. 1H, fig. S3E, methods**).
We identified that HSCs gave rise to mixed multilineage and monocyte-neutrophil colonies,
consistent with a passage through the oligo-potent progenitor states, but HSCs from IFNα-treated
patients also frequently gave rise to neutrophil-only colonies (CD66b$^+$, CD16$^+$, CD14$^-$), supporting
a direct passage to neutrophil development (**Fig. 1H, fig. S3E**). These data suggested that IFNα
induces an alternate and precipitous neutrophil developmental pathway that bypasses the typical
granulo-monocytic bi-potent progenitor states.

Inflammatory neutrophils are enriched in IFNα-treated bone marrow

To determine the identity of the immune cells that are downstream of the IGPs in an unbiased
manner, we performed GoT-IM on the CD34$^-$ compartments of the serial IFNα-treated samples
(**Fig. 2A, fig. S4A-B**, see **table S6** for cell numbers, **methods**). Similar to the CD34$^+$ cells, we
clustered the cells based on gene expression and annotated the cell types based on canonical gene
and protein markers (**Fig. 2B**, **fig. S4C**). We identified that the IGP gene signature was the highest
in a distinct group of neutrophils (Neu1, **Fig. 2C**). Consistently, unsupervised co-embedding of
the myeloid progenitors with the mature myeloid compartment revealed that the IGPs clustered

with the Neu1 subset of 'inflammatory' neutrophils (**fig. S4D**). Comparison of the gene expression of the Neu1 subset to the other neutrophil group, Neu2 (at an equivalent stage of maturation based on the expression level of CD66b, CD11b, CD16, **Fig. 2B**) revealed that Neu1 expressed inflammatory cytokines such as *CXCL8* and *CXCL2* and the transcription factors observed in the IGPs including *RFX2/3*, *AP-1*, *KLF2/4/6*, and *CEBPB/D* (**Fig. 2D, left, table S7**). Gene set enrichment of the differentially expressed genes also highlighted TNFα signaling via NF-κB and inflammatory pathways in the Neu1 subset (**Fig. 2D, right, table S7**), suggesting the propagation of the inflammatory state of the IGPs to the mature progeny. These inflammatory neutrophils derived predominantly from the IFNα-treated samples (**Fig. 2E**). Overall, these data demonstrated that IFNα induced the development of inflammatory neutrophils.

IFNα concurrently coordinates anti- and pro-inflammatory programs

To assess the global transcriptional impact of IFNα, we examined the transcriptional distance of HSCs between treatment time-points for individual patients. In an example case of patient IFN04 who showed partial clinical response (without evidence of disease progression, **table S1**), samples from three timepoints were available – (1) baseline, (2) at one year on active treatment, and (3) at four years but off therapy for 3 weeks at the time of collection. HSCs at year 1 displayed a strikingly distinct transcriptional profile compared to baseline cells, whereas cells that had been collected following discontinuation of therapy at year 4 were more similar to baseline HSCs (**Fig. 3A**), consistent with clearance of pegylated-IFNα at ~2-3 weeks (*40*). This contrasted with HSCs from samples with two timepoints under active IFNα therapy (at years 1 and 2), which were similarly distinct from the baseline HSCs (**fig. S5A**). Projection of the progenitor identity assignments revealed that the HSPCs clustered based on cell identity as well as treatment status (**Fig. 3A**, **fig. S2H**). The magnitude of the transcriptional impact of IFNα was in contrast to the subtler effects of somatic mutations, such as those in *CALR (16)*, *JAK2 (29, 41)*, and *DNMT3A (42)*, resulting in co-mingling of mutated and wildtype cells, which could not be distinguished by scRNA-seq data alone, as revealed by methods that incorporate genotyping and scRNA-seq (*16, 29, 42, 43*). Thus, we first examined the impact of IFNα on the overall hematopoiesis agnostic to genotype status.

To define the transcriptional perturbations by IFNα, differential expression analyses were performed between baseline and treated CD34$^+$ cells, as a function of cell identity. We identified genes commonly regulated across multiple progenitor subsets upon IFNα administration, including the canonical IFNα genes, such as *ISG15, IFITM3, IFI6* and *EPSTI1* (**Fig. 3B, fig. S5B, table S8**). To test whether IFNα induces human HSCs into cell cycle entry, as reported in mice (*9*), we examined the gene signatures for cell cycle phases shown to be an accurate assessment of cell cycle status (*44*). Indeed, HSC rates of cell cycle entry were enhanced upon IFNα treatment (**Fig. 3C, fig. S5C-D**). A positive regulator of HSC quiescence (*45*), *CXCR4*, was downregulated upon IFNα therapy, suggesting that *CXCR4* downregulation may help coordinate HSC activation (**Fig. 3B**). We incorporated protein detection for CXCR4 (CD184) via GoT-IM and identified that IFNα reduced surface CD184 expression (**fig. S5E**). Consistently, CD184 downregulation was observed in HSCs in cell cycle and enriched in IFNα-treated populations and, conversely, HSCs with elevated CD184 expression were less likely to be in cell cycle and enriched in baseline samples (P = 1.5 x 10^{-9}, Fisher's exact test, **Fig. 3D**). In light of enhanced rates cell cycle entry of HSCs with abrogation of *Cxcr4* in mice (*45*), these data suggested that CXCR4 downregulation may play a role in permitting HSC cell cycle entry upon IFNα exposure.

In the treated MkPs, *CD9* and *VWF*, closely associated with MkP differentiation (*46-49*), were downregulated (**fig. S5B, table S8**). We also observed a downregulation of *TGFB1* (**fig. S5B**), which encodes the pro-fibrotic cytokine TGFβ established as one of the main inducers of marrow fibrosis in patients with myelofibrosis (*50, 51*). We and others have shown that MPN megakaryocytes exhibit increased *TGFB1* expression (*16, 50, 52*), and thus downregulation of *TGFB1* by IFNα indicates a potential mechanism of disease amelioration by IFNα. To ensure that the transcriptional changes we observed were specific to IFNα therapy, we performed scRNA-seq on CD34$^+$ HSPCs from individuals with *CALR*-mutated ET who were treated with hydroxyurea, at baseline and at one year of treatment, and observed no significant overlap between the genes differentially regulated by IFNα and hydroxyurea (P = 0.599, Fisher's exact test, **fig. S5F-G**).

To determine which canonical pathways may be modulated by IFNα, we performed gene set enrichment analysis using the Hallmark gene sets in the IFNα-treated versus baseline cells and identified an upregulation of the IFNα signaling pathway across the cell subsets as expected (**Fig. 3E, table S9**). The analysis also confirmed the upregulation of cell cycle-related pathways (G2M check point and E2F targets) as well as MYC targets (**Fig. 3E, table S9**), corroborating a previous study that reported enhanced MYC protein expression during IFNα-induced cell cycle entry of mouse HSCs (*53*). Consistent with the downregulation of *TGFB1* gene itself, gene set enrichment analysis between baseline and IFNα-treated cells revealed a decrease in TGFβ signaling across several HSPCs, including downregulation of *THBS1* and *SERPINE1* (**Fig. 3E, fig. S5B, table S8,9**). TGFβ signaling was particularly downregulated in the HSCs (**Fig. 3E**), as was observed in mice and associated with HSC exit from quiescence (*10*).

Furthermore, in contrast to the pro-inflammatory state of the IFNα-associated IGPs, we observed a downregulation of pro-inflammatory pathways, including the TNFα signaling via NF-κB and inflammatory response pathways, across the stem and progenitor cells and especially pronounced in the cDCPs (**Fig. 3E-F, table S9**). Downregulated genes in the TNFα signaling via NF-κB pathway included AP-1 subunits, an NF-κB subunit *NFKB1*, and *IL1B*, which encodes the pro-inflammatory cytokine IL-1b (**Fig. 3F, table S8,9**). Expression of *IL1R1* and *CXCL8* genes from the inflammatory response pathway were also downregulated (**table S8**). Previously, IFNα treatment in mice has yielded mixed results demonstrating either an upregulation (*10*) or downregulation (*54*) of TNFα by IFNα. Our findings indicated that in human, isolated IFNα exerts an overall anti-inflammatory response, consistent with a previous report demonstrating decreased *TNF* mRNA levels following IFNα therapy in patient samples (*55*).

To determine whether the IFNα-regulated pathways may be partially retained in the HSCs after discontinuation of therapy, we compared HSCs from baseline to post-treated samples (IFN04, IFN05, IFN06) not on active IFNα therapy (off therapy for ~3-4 weeks). We observed a residual IFNα response signature and a slight downregulation of the TNFα signaling via NF-κB pathway in the post-therapy samples compared to the baseline, but intriguingly, the TGFβ signaling was upregulated in the post-treated HSCs compared to both baseline and actively treated HSCs (**Fig. 3G, fig. S5H**). These data suggested that following IFNα exposure, HSCs actively upregulate the quiescence program, consistent with the report in mice that HSCs re-enter quiescence following activation by type 1 IFN (*10*). Furthermore, post-therapy HSC-IG upregulated the gene expression program that defined HSC-IG (versus HSC1, **Fig. 3G, fig. S5H**), suggesting the reinforcement of the inflammatory signature with prior inflammatory exposure. Consistently, the HSC-IG and IGP frequencies at baseline showed a trending increase with age (**fig. S5I**), and HSC-IGs exhibited a

higher aging gene signature compared to the other HSCs (**fig. S5J**) (*56*). Altogether, these data
implicated inflammatory neutrophil development as a feature of HSC memory – i.e., trained
immunity, a field that has largely focused on monocyte development thus far (*57*).

We next determined whether the anti-inflammatory state propagated to the mature immune cells
upon IFNα therapy. The mature immune cells displayed a greater degree of heterogeneity in their
response to IFNα compared to stem and progenitors, indicating a cell type-specific response to
IFNα (**fig. S5K, table S10,11**). Notably, IFNα did not induce cell cycle entry of mature immune
cells (**fig. S5K-L**). Nonetheless, IFNα therapy downregulated TNFα signaling in innate immune
cells, specifically classic dendritic cells and natural killer cells (**Fig. 3H, fig. S5K**). Immune cell
composition also reflected this shift to an anti-inflammatory condition, with the expansion of
regulatory T (Treg) cells (relative to other T-cell subsets), as well as a diminution of the pro-
inflammatory CD16$^+$ monocytes (within the monocytic compartment, **fig. S5M-N**) (*58, 59*). These
data indicated that the anti-inflammatory effects of IFNα on the stem and progenitor cells are likely
compounded by the anti-inflammatory state of the bone marrow immune microenvironment.

Given the induction of IGP differentiation and inflammatory neutrophils with upregulation of AP-
1 and NF-κB targets, these findings suggest that isolated IFNα initiates both *anti-inflammatory*
and *pro-inflammatory* states – both occurring in parallel within the same individual's
hematopoiesis. Consistently, we observed a significant overlap between the IFNα-downregulated
(*IFNα^{DN}*) genes and genes upregulated in the IGPs (*IGP^{UP}*, **Fig. 1E, 3B, table S3,8,** P = 1.6 x 10^{-5},
hypergeometric test). The inverse, i.e., a significant intersection of *IFNα^{UP}* genes and *IGP^{DN}*
genes, was also observed (P = 1.73 x 10^{-69}, hypergeometric test, **table S3,8**). Coherently, the HSC-
specific *IFNα^{UP}* gene signature (displayed in **Fig. 3B**) was significantly downregulated in the IGPs
compared to the HSCs while the *IFNα^{DN}* genes were upregulated in the IGPs (with both cell groups
under IFNα treatment; **Fig. 3I**). Altogether these data indicated that IFNα can precipitate opposing
cell states within the same HSC population. While previously the heterogeneity of HSC cell states
was linked with lineage outputs (*60, 61*), these data revealed that HSC heterogeneity may also
mediate polarized anti- and pro-inflammatory responses to regulate specialized immune function.

IFNα potentiates lymphoid differentiation shift

To determine how the transcriptional remodeling by IFNα may impact the hematopoietic
differentiation trajectories, we computed the proportion of stem and progenitor subsets within the
CD34$^+$ compartment before and following IFNα therapy. In addition to the expansion of the
alternate IGP state, IFNα also paradoxically induced a significant expansion of the lymphoid
progenitors (**Fig. 4A-B, fig. S6A**). While the expansion of lymphoid progenitors was an
unexpected finding as inflammatory cytokines have been demonstrated to induce myeloid priming
(*62-64*), it was consistent with the downregulation of pro-inflammatory pathways, including those
of the AP-1 subunits, associated with myeloid differentiation (*65*). In congruence with
downregulation of *VWF* and *CD9* expressions, we observed diminutions of the megakaryocytic-
erythroid lineage progenitors, including MkPs and erythroid progenitors (EP, **Fig. 4A-B**; paired
analyses from serial samples in **fig. S6A**).

To validate the generalizability of the lymphoid expansion, we analyzed clinical multi-parametric
flow cytometry data of bone marrow aspirates from patients with early-phase MPN with *JAK2* or
CALR mutations (n = 33 samples without IFNα exposure; n = 9 samples with IFNα therapy).

Indeed, we identified that the proportion of TdT$^+$, CD19$^+$ B-lymphoid progenitors within CD34$^+$
HSPCs increased in IFNα-treated bone marrow compared to control (**Fig. 4C, S6B, table S12**).
We also observed an increased proportion of CD34$^+$, TdT$^+$, CD19$^+$ cells of all viable cells
analyzed, as well as an increase in the CD34$^-$, TdT $^-$, CD19$^+$ B-lymphocytes (**Fig. 4C**), providing
evidence for an active lymphoid priming of HSCs leading to an expansion of the lymphoid
progenitors. These findings were specific to IFNα, and not observed upon hydroxyurea therapies
(**fig. S6B, table S12**). In support of lymphoid priming, HSCs exhibited an increased protein
expression of CD45RA (used to identify multipotent lymphoid progenitors, MLP) after IFNα
treatment (**Fig. 4D**). CD90 was downregulated, consistent with the IFNα effect of driving cell
cycle entry and differentiation (**Fig. 4D**). Importantly, CD90, CD38 and CD45RA expressions
were coherent with the transcriptional signature of HSCs following IFNα treatment (**fig. S6C**), in
contrast to mice progenitors that upregulate an HSC marker Sca-1 upon type 1 IFN treatment (*10*).
Consistent with active differentiation bias toward B-lymphoid progenitors, the mature B cell
compartment from IFNα-treated samples revealed a more immature B cell state compared to the
baseline B cells (**Fig. 4E**), in the absence of proliferation of the CD34$^-$ B cell compartment (**fig.
S5K, S6D**). The major shifts in progenitor output by the HSCs suggested that the clinical
improvement in the patients' platelet count (despite variable molecular responses) may be due to
the differentiation skewing away from the megakaryocytic to the lymphoid lineage. Consistent
with this model, the proportions of MEPs and MkPs in CD34$^+$ cells could help predict the patient's
platelet counts (P = 0.0063, generalized linear model, **Fig. 4F**). These data thus supported a model
wherein the imbalance of hematopoietic differentiation landscape caused by somatic mutations in
HSCs may be corrected by IFNα, as a mode of therapeutic efficacy in hematopoietic neoplasms.

GoT-ATAC identifies transcription factor regulatory networks that govern IGP
differentiation

Chromatin accessibility enables approximation of TF activity based on accessibility of the TF
binding sites (*66-70*). Thus, to determine the regulatory networks that govern IFNα-induced
modulation of inflammatory and differentiation states, we expanded upon GoT to capture somatic
mutational status, chromatin accessibility and whole transcriptomes. We adapted the 10x
Multiome platform that captures single-nuclei RNA-seq (snRNA-seq) and chromatin accessibility
(snATAC-seq) to include somatic genotyping, i.e., GoT-ATAC (**Fig. 5A**). We applied GoT-ATAC
to serial bone marrow CD34$^+$ cells (n = 23,137 cells) from the clinical trial cohorts (n = 4 baseline,
3 IFNα-treated samples). As in GoT-IM, we incorporated time-point specifying barcoded
antibodies (*71*) to combine serial samples from the same individuals into a single experiment to
remove technical batch effects (**Fig. 5A, fig. S7A-E**). After we analytically segregated the baseline
and IFNα-treated samples (**fig. S7E**), we clustered the cells across samples based on the
transcriptomic and chromatin accessibility data and identified the same cell states identified by
GoT-IM, including the IGPs (**fig. S8A-E, table S13**).

As the IGPs were defined by a robust upregulation in gene expression of immediate early factors
and RFX2/3, we determined whether these TFs showed increased activity based on chromatin
accessibility of their binding sites. A differential TF motif enrichment analysis between IGPs and
HSCs revealed that the same TFs showed enhanced accessibility, including the motifs of the AP-
1 family (FOS, JUN, JUND, JUNB, FOSL1, FOSL2), CEBPB/D, and RFX2/3 (**Fig. 5B, fig. S8F,**
table S14). Consistent with the overexpression of *IRF1* in IGPs, differential motif enrichment
analysis also isolated IRF1 as the main interferon regulatory factor active in the IGPs. The

differential motif analysis further revealed an upregulation of STAT2 and the proinflammatory REL of the NF-κB complex (**Fig. 5B, fig. S8F, table S14**), consistent with the observed gene expression upregulation of the NF-κB pathway (**Fig. 1E, fig. S3B**). While TF expression data are often sparse in scRNA-seq, these data demonstrated a high concordance of TF gene expression and their binding motif accessibility, suggesting a rapid induction of the IFNα transcriptional regulatory program.

To determine which TFs upregulated the gene expressions of RFX2/3, we determined TF motifs present in the regulatory peaks that correlated with their gene expression (i.e., linked peaks analysis) (*72*). In the cis-regulatory region of RFX3, we identified the binding motifs of STAT2 and IRF1, as well as FOSB and PU.1, which were upregulated at the gene expression level in IGPs (**fig. S9A-B, table S15**). Likewise, the most significant regulatory regions for RFX2 included motifs for PU.1, KLF factors, NR4A1/2 and AP-1 subunit factors (**fig. S9A,C, table S15**). To determine the regulatory networks that govern the robust upregulation of the AP-1 subunits in the IGPs, we assessed for motif enrichment in the positive regulatory peaks for the AP-1 TFs in aggregate and identified RFX2-4 (which have the same binding motifs) as among the most significant TFs (**Fig. 5C, table S16**). Thus, RFX2/3 and AP-1 TF groups positively regulated the expression of the other, synergizing IGP development. These data provided evidence for a model wherein HSC-IG with elevated expression of RFX2/3 and AP-1 subunits and other immediate early response factors were primed toward a robust transcriptional program for IGP differentiation upon IFNα signaling.

Furthermore, as other RFX members (i.e., RFX1 and RFX8) play key regulatory roles in MHC class II expression (*73-75*), we hypothesized that RFX2/3 may downregulate MHC class II in the IGPs. To test this, we determined the significantly linked peaks that negatively regulated *HLA-DRA* expression (**fig. S10A, bottom**) (*72*). We identified a distal regulatory region with four negative regulatory loci (**fig. S10A, inset**). These peaks included motifs for IRF1 and STAT2 as well as immediate response factors including AP-1 and KLF families, but not RFX2/3 (**fig. S10A, inset, table S17**). However, within the same negative regulatory region, we identified an IGP-specific peak that included the binding motif for RFX1-4, KLF factors and IRF1 (**fig. S10A, top, table S17**). These findings identified the immediate response factors, IRF1 and STAT2 as negative regulators of MHC class II genes across cell types, while RFX2/3 binding was specific for MHC class II downregulation during IGP differentiation. Consistently, surface HLA-DR was suppressed in the IGPs in the GoT-IM data (**fig. S10B**). Genes positively regulated by RFX2/3 included *MPO* and genes involved in cell cycle entry (**table S18**), suggesting that these factors play an essential role in activating the IGPs.

As *RFX3* was upregulated in the HSC-IG to IGP transition, we overexpressed *RFX3* in primary cord blood CD34$^+$ cells via lentiviral transduction to determine whether RFX3 may regulate granulocytic differentiation. Methylcellulose-based colony forming unit assays of *RFX3* overexpressing (RFX3-OE) CD34$^+$ cells revealed that *RFX3* overexpression expanded the granulocytic colonies (CFU-G) and diminished the erythroid colonies (CFU-E) compared to control-vector transduced CD34$^+$ cells (**Fig. 5D, fig. S10C-D**). To determine whether RFX3 may regulate neutrophil differentiation at the CD34$^+$ HSPC stage, we performed single-cell RNA-seq of RFX3-OE CD34$^+$ cells with control-vector cells and non-transduced cells. We identified an IGP-like progenitor state that was highly enriched for the RFX3-OE HSPCs (**Fig. 5E, fig. S10E-I**). Compared to the IMPs, this IGP-like progenitor state recapitulated the IGP signature including

upregulation of AP-1 subunit TFs and *CEBPD* among other TNFα signaling via NF-κB pathway genes, and downregulation of the MYC pathway (**Fig. 5F, table S19**). These data highlighted RFX3 as a key transcription factor regulator of IGP development.

PU.1 underlies hematopoietic differentiation remodeling by IFNα

Furthermore, the GoT-ATAC data also confirmed the expansion of the lymphoid progenitors upon IFNα treatment (**fig. S11A**). To determine the regulatory networks that governed the differentiation skewing by IFNα, we performed differential motif enrichment analysis between IFNα-treated and baseline HSCs. IFNα enhanced the activities of STAT2 and several interferon regulatory factors in HSCs, in contrast to the specific activity of IRF1 in IGPs (**Fig. 5G, table S20**). IFNα downregulated the motif accessibility of AP-1 TFs (**Fig. 5G**), consistent with the downregulation of AP-1 TF gene expression associated with TNFα signaling via NF-κB (**Fig. 3B**). Moreover, the accessibility of the TWIST1 motif was enhanced after treatment (**Fig. 5G**), consistent with a previous report that identified TWIST1 as mediating the downregulation of TNFα upon type 1 IFN treatment (*54*). Furthermore, the activity of TGFβ induced factor homeobox 2 (TGIF2), which inhibits TGFβ response genes, was also enhanced (**Fig. 5G, table S20**), highlighting TGIF2 as another key factor involved in the downregulation of the observed TGFβ signaling after IFNα treatment.

Importantly, critical TFs involved in hematopoietic differentiation (*76*) were differentially regulated. Notably, motif accessibilities of PU.1 and RUNX1, essential for early lymphoid and granulo-monocytic differentiation (*76*), were enhanced by IFNα (**Fig. 5G, table S20**). The activities of GATA1/2, reported to be negatively regulated by PU.1 (*76*), were downregulated as well as those of another critical megakaryocytic-erythroid lineage factor, TAL1 (*77*). These findings were consistent with the differentiation away from the megakaryocytic-erythroid lineages upon IFNα treatment. Furthermore, the accessibilities of the motifs of the critical early B-lymphoid differentiation factors TCF3/4 were enhanced (*71, 78, 79*), highlighting TCF3/4 as TFs that govern the differentiation toward lymphoid progenitors by IFNα. CEBPA/B/D, essential for granulo-monocytic development (*80, 81*), were also upregulated in its motif accessibility (**Fig. 5G, table S20**). Importantly, the IRFs (*82, 83*), RUNX1 (*84*), CEBPA (*85*) and TCF3 (*86*) have been demonstrated to co-regulate target gene expression with PU.1, suggesting that enhanced PU.1 activities may have enhanced the activities of its co-regulating TFs, such as CEBPA and TCF3. To confirm these co-regulations in IFNα-remodeled hematopoiesis, we examined the synergistic activities of the different combinatorial TFs by measuring the excess variability of accessibility for peaks with both TF motifs (compared to peaks with one motif) (*69*). Indeed, PU.1 exhibited synergistic activities with IRF1, RUNX1, CEBPA and TCF3, while displaying antagonism with GATA1 and TAL1 (**Fig. 5H**). To determine the activities of these TFs upon lymphoid differentiation, we assessed the motif accessibilities of the TFs across the early and late progenitors. The activities of PU.1, RUNX1 and CEBPA were enhanced upon IFNα signaling during the early stages of hematopoiesis and diminished with lymphoid development, whereas the activities of TCF3 were more pronounced in the later stages of development (**Fig. 5I**). These data highlighted PU.1 as a master regulator of IFNα-induced differentiation.

To determine whether IFNα may directly upregulate the expression of PU.1, we assessed the regulatory peaks of PU.1 gene itself and identified the binding motifs of interferon regulatory factors (**fig. S11B, table S16**). Consistently, PU.1 gene expression increased upon IFNα treatment

in stem and early progenitor cells (**fig. S11C**). IFNα treatment of a hematopoietic cell line (K562)
in vitro upregulated PU.1 gene and protein expression (**fig. S11D-E**), consistent with a previous
report (*87*), demonstrating that IFNα directly upregulates the expression of PU.1. As PU.1
regulatory peaks also included CEBPA binding motifs, we overexpressed CEBPA in K562 cells
and observed enhanced expression of PU.1 (**fig. S11F**). We further tested whether enhanced PU.1
may, in turn, co-regulate the expressions of canonical type 1 IFN targets. Overexpression of PU.1
in K562 cells with or without IFNα treatment revealed that PU.1 overexpression led to
upregulation of *IRF1* and *B2M* and downregulation of *ISG20* and *IFIH1*, as examples (**fig. S11G-
H**). Altogether, these studies revealed that IFNα signaling caused a global rewiring of TF
regulatory activities, particularly through PU.1 for both lymphoid and IGP expansion, that
underpinned the concerted transcriptional and differentiation remodeling.

Somatic mutations modify the downstream effects of IFNα

Having established the overall effects of IFNα on hematopoiesis, we next determined the
differential effects of IFNα on *CALR*-mutated versus wildtype stem and progenitor cells,
specifically in relation to the effects of IFNα on the clonal fitness of HSCs (**Fig. 6A, fig. S12A**).
The high genotyping efficiency of GoT-IM enabled us to track the clone size precisely within the
HSCs, revealing that IFNα caused variable changes to the *CALR*-mutated clone size (**Fig. 6B, fig.
S12B**), consistent with previous reports of bulk sequencing on peripheral blood samples (*12, 13,
15, 17*). Current models of inflammation-induced perturbation to clonal evolution build on the
induction of cell cycle entry of clonal HSCs for enhanced fitness (*5*) or differentiation and
depletion (*9, 12, 13*). We therefore determined whether differential upregulation of HSC cell cycle
entry might predict clonal dynamics. Across the patients regardless of clonal dynamics, IFNα
induced greater rates of cell cycle entry of *CALR*-mutated HSCs compared to the wildtype
counterparts (**Fig. 6C, fig. S12C**). These results indicated that the mutated HSCs were likely
primed for a more robust proliferative response, compared to the wildtype counterparts, potentially
due to the baseline cell cycle activity enhanced by the *CALR* mutations. In support of this model,
IFNα boosted the proliferation to a greater degree in the mutated cells compared to wildtype within
the myeloid lineages, especially those of the megakaryocytic-erythroid, but not the lymphoid
progenitor compartment—that is, restricted to the progenitor subsets in which the *CALR*-mutation
caused enhanced proliferation at baseline (*16*) (**fig. S12C**). We orthogonally validated that IFNα
effected greater proliferative rates in the myeloid HSPCs by performing multiplexed *in situ*
fluorescent imaging of bone marrow paraffin-embedded sections from patients with *CALR*-
mutated MPN with or without IFNα treatment (n = 5 without IFNα, n = 4 with IFNα, **Fig. 6D, fig.
S12D**). We determined the protein expression of CD34, CD117, CD38, Ki67 and mutated CALR
(*88*) to assess the frequencies of CD34$^+$, CD38$^+$, CD117$^+$ myeloid progenitors that express Ki67,
a gold standard of cell cycle entry (*89*). The availability of a mutated CALR-specific antibody
enabled us to identify that the frequency of cycling mutated myeloid progenitors was higher
compared to that of wildtype with or without IFNα exposure (**Fig. 6D**). Overall, these findings
provided evidence that IFNα enhanced the cell cycle entry of the HSPCs to the degree
predetermined by baseline priming. Thus, while enhancing absolute rates of cell cycle entry across
the stem cells, the relative difference in cell cycle rates between mutated and wildtype HSCs at
baseline were preserved upon IFNα exposure. These data indicated that inflammation-induced cell
cycle entry rates may be decoupled from clonal dynamics.

To determine whether IFNα exposure may preserve other key features of *CALR*-mutation effects,
we compared the gene expression profiles between wildtype and mutated cells, at baseline and
following IFNα therapy. Intriguingly, we observed the same differentially expressed pathways
between the IFNα-treated mutated and wildtype HSCs, including the unfolded protein response
(UPR) (*16, 90, 91*), likely due to a heterozygous loss of the wildtype *CALR* that encodes a critical
chaperone protein (**fig. S12E-F, table S21-24**). IFNα globally remodeled the differentiation
toward lymphoid development, reducing the overall megakaryocytic bias in the mutated cells (**Fig.
6E**). Indeed, the frequencies of mutated MkPs and MEPs better predicted the patients' platelet
counts compared to overall frequencies of MkPs and MEPs (**fig. S12G**). However, the lymphoid
expansion was constrained in the mutated compartment due to the relative expansion of the
granulo-monocytic and megakaryocytic-erythroid progenitors compared to wildtype HSPCs
(consistent with the differential upregulation of cell cycle entry in the mutated myeloid
progenitors, **Fig. 6E-F, fig. S12C**). Furthermore, computation of the mutant cell frequency across
the progenitor subsets before and after treatment revealed that the enrichment of the mutated cells
in the myeloid compartments did not change following IFNα treatment (**fig. S12H**). Altogether,
these data revealed that phenotypic responses to IFNα are constrained (e.g. lymphoid
differentiation) or amplified (e.g. cell cycle entry) by somatic mutations, such that cell state
distinctions between the mutated and wildtype cells are preserved upon IFNα signaling.

We therefore hypothesized that *CALR*-mutations may alter the chromatin state of the binding sites
of IFNα-regulated TFs and thereby modulate their activities following therapy. We tested
differential TF motif enrichment via GoT-ATAC between the mutated versus wildtype stem and
early progenitors at baseline (**Fig. 5A**). The binding sites of NFKB1/2 were enhanced in the
mutated cells, consistent with our previous report of the gene set enrichment of the NF-κB pathway
in the *CALR*-mutated early HSPCs (*16*). We also identified that the chromatin accessibility of PU.1
and CEBPA were increased in the mutated cells (**Fig. 6G, table S25**). These data suggested that
CALR mutations alter the chromatin state of key lineage specifying TF binding sites, skewing the
lineage-modulating activities of IFNα. Specifically, these data indicated that IFNα-induced PU.1
activities may be skewed toward granulo-monocytic (versus lymphoid) development via enhanced
PU.1 and CEBPA co-activity in the mutated HSPCs.

To directly assess the impact of differential PU.1 activity due to the mutation status on modulating
the effects of IFNα, we performed a chromatin binding assay (CUT&RUN) (*92*) for PU.1 in UT7
cell lines expressing MPL (thrombopoietin receptor) and either the mutant *CALR* (type 1,
L367Tfs*46) or wildtype *CALR* transgene (*93*) treated with IFNα (**fig. S13A, table S26**). We
observed that PU.1 binding sites were enriched in the mutated cells compared to wildtype,
consistent with the GoT-ATAC data and the myeloid bias induced by the *CALR* mutation (**Fig.
6H, left**). Following IFNα treatment in vitro, we observed co-enrichment of PU.1-bound peaks
with IFNα-specific transcription factor motifs, including IRF4/8, which are known to cooperate
with PU.1 in the Ets-IRF composite elements (EICE) to mediate lymphoid and myeloid
differentiation (**fig. S13B, table S27**) (*83, 94, 95*). We observed that IFNα enhanced PU.1 binding
at distal regulatory regions (**fig. S13C**), the regions that regulate the differential commitment to
the lymphoid versus monocytic lineages by PU.1 (*96*). In these distal peaks, PU.1 binding sites
were enriched for CEBPA/B co-binding sites in the *CALR* mutated cells compared to the wildtype
(**Fig. 6H, right, fig. S13D, table S28**). These data demonstrated that *CALR* mutations enhance
PU.1 binding activities and alter the preferential cooperating TF partners of PU.1. Overall, these

results suggested that somatic mutations may alter the chromatin state of TF regulatory regions,
which in turn modulate the downstream effects of inflammatory activation.

IFNα regulates clonal fitness of HSCs via IGP development

While IFNα induced cycling of *CALR*-mutated HSCs at a higher frequency than wildtype HSCs
consistently across patient samples, clonal dynamics following therapy was heterogeneous (**Fig.**
6B). To investigate other factors that may contribute to the effects of IFNα on clonal dynamics,
we examined an unusual case in which the mutated clone expanded substantially with IFNα
therapy in patient IFN02 (**Fig. 6B**). Interestingly, the HSPCs from patient IFN02 harbored a
subclone with another mutation in *CALR*, a single nucleotide variant in the *CALR* allele (M131I,
predicted to impact protein structure (*97*)) which is trans to the MPN-causing frameshift mutation
(**fig. S14A**). At baseline, the double mutant clone remained subclonal to the dominant clone with
the single canonical *CALR* mutation (**Fig. 6I, fig. S14B**). Upon IFNα therapy, the double mutant
clone overtook the neoplasm and the overall stem cell population, even though the double mutant
clone did not exhibit significant difference in cell-cycle entry rates compared to single mutant
HSCs at baseline (**Fig. 6I, fig. S14C**). The additional insult to CALR activities in the double mutant
clone effected a greater UPR activation compared to single mutant HSCs, as expected (**fig. S14D-**
E, table S29-30). Surprisingly, however, the predominant signatures of the double mutant HSCs
compared to other HSCs at baseline were an upregulation of IFN response genes and decreased
TNFα and TGFβ signaling (**fig. S14D-E, table S29-30**), thus recapitulating the HSC response to
extrinsic IFNα and supporting a potential causal link between UPR and IFN activation (*98*).
Consistently, the double mutant HSCs exhibited increased expression of the HSC-specific $IFN\alpha^{UP}$
gene signature (**Fig. 3B**) at baseline and even higher expression upon IFNα therapy (**Fig. 6J, left**).
Similarly, the $IFN\alpha^{DN}$ gene signature was downregulated in the double mutant clone at baseline
and to a greater degree following treatment (**fig. 6J, right**). Further, unbiased clustering and
dimensional reduction revealed that the double mutant clone at baseline clustered with the treated
HSCs rather than with the other baseline HSCs (**fig. S14F-G**). As the double mutant HSCs share
the same microenvironment as the wildtype and single mutant HSCs, the striking similarity of the
intrinsically activated IFNα signaling in the double mutant cells at baseline to the extrinsic IFNα
effects indicated that the predominant IFNα signaling signatures observed in the IFNα-treated
HSCs may be largely direct rather than secondarily mediated by the effects of IFNα on other cell
types. These findings also highlighted a genotype-specific modulation of HSC fitness by IFNα.

As the IGP^{UP} signature has a significant overlap with the $IFN\alpha^{DN}$ gene signature (including the
immediate early response TFs), the significant downregulation of the $IFN\alpha^{DN}$ gene signature of
the double mutant cells suggested that the double mutant HSCs may be resistant to IGP
development. Consistent with this hypothesis, the double mutant HSCs expressed lower IGP^{UP}
and higher IGP^{DN} signatures (**fig. S14H**). Altogether, these data raised the hypothesis that the
resistance of clonal stem cells to differentiate into the IGPs may dictate its clonal fitness upon
IFNα signaling. We therefore computed the fold change in clone size as a function of the difference
in the frequencies of mutant cell frequency within the HSC-IG and IGPs relative to that of the total
$CD34^+$ compartment (**Fig. 6K**). Indeed, the propensity of clonal HSCs to differentiate into IGPs
could model clonal dynamics (**Fig. 6K**). These findings identified the alternate IFNα-specific route
of differentiation into IGPs as an avenue to perturb clonal dynamics, while perturbations to the
existing programs did not lead to a net difference in fitness between mutated and wildtype HSCs.
To test the generalizability of this model, we examined the IGP^{DN} gene signatures in *DNMT3A-*

mutated HSCs from individuals with clonal hematopoiesis (*42*), as *DNMT3A*-mutated clones are
resistant to IFNα, frequently expanding upon treatment (*15*). Consistently, the *DNMT3A*-mutated
HSCs demonstrated increased expression of the IGP^{DN} gene signature compared to the admixed
wildtype HSCs (**Fig. 6L**), suggesting that the *DNMT3A*-mutated HSCs may be resistant to IGP
development. These results therefore support a unified model of clonal dynamics wherein the
differential propensity of HSC clones to differentiate into the IGPs determines the clonal
composition of the stem cell niche under inflammation.

Discussion

Here, our studies deconvoluted the pleotropic effects of IFNα in reshaping the differentiation
trajectories of human HSCs for normalization of blood counts and modulation of clonal dynamics
in myeloproliferative neoplasms. The single-cell multi-omics methods applied to serial sampling
enabled us to track clonal evolution over a treatment period together with differential phenotypic
remodeling of mutated versus wildtype stem and progenitor cells. We identified that the underlying
somatic mutations both amplified the IFNα effects (e.g., cell cycle entry) and constrained others
(e.g., lineage skewing). In this way, the relative distinctions between the mutated and wildtype
HSPCs were preserved, despite the global remodeling of hematopoiesis. These findings suggested
that the relative fitness of clonal HSCs via programs already activated at baseline also remained
constant. Thus, differential HSC activation into cell cycle entry alone could not fully explicate the
inflammation-induced changes in clonal dynamics.

Instead, we identified an IFNα-specific alternate route of differentiation directly from HSCs that
predicted clonal dynamics based on priming of clonal stem cells to differentiate into the IGP state,
enabling resisting HSC clones to dominate the stem cell niche. Furthermore, identification of the
IGP population highlighted an intriguing phenomenon in human HSCs: induction of the IGP
differentiation through upregulation of the pro-inflammatory AP-1 and NF-κB activities indicated
that IFNα potentiates a pro-inflammatory as well as an overall anti-inflammatory cell states with
downregulation of the same AP-1 and NF-κB activities within the same hematopoietic
differentiation program. Differential expression levels of *RFX2/3* and immediate early response
programs within the HSC populations were highlighted in our data as mediating the polarized
response to IFNα, revealing a key functional relevance of HSC heterogeneity. These data
suggested that HSC-IG with elevated *RFX2/3* and immediate early response gene expressions were
poised to a precipitous pro-inflammatory response to stimuli, implicating these HSCs in innate
immune memory or trained immunity, i.e. an adapted innate immune response due to a prior
inflammatory activation of HSCs (*99, 100*). Trained immunity may thus serve as a non-genetic
modifier of IGP priming, reflecting the interpatient variabilities in the rates of IGP development
by the *CALR*-mutated stem cells. Notably, these results were highly concordant with a recent report
of inflammatory memory HSCs that have significant overlaps with HSC-IG in gene expression
and a similar retention of the inflammatory phenotype following resolution of active inflammatory
stimulation (*56*). In this study, downregulation of the inflammatory signature by clonal stem cells
in the context of CH was also associated with clonal fitness (*56*). These findings therefore
highlighted a novel connection between trained immunity and clonal dynamics, further shedding
insights into the impact of age-related inflammation to clonal expansion and malignant
transformation.

Furthermore, Type 1 IFN, the first FDA-approved immunotherapy (*101*), remains an effective
treatment and is being tested across various autoimmune (*102, 103*), cancer (*104*) and infectious
disease contexts (*105, 106*), including COVID-19 (*107, 108*). In the context of MPN, IFNα is the
only agent to consistently to deplete clonal stem cells. While previous studies have not detected
improvement in disease progression in patients treated with IFNα (*20, 109*), large clinical trial cohorts
would be required to detect significant differences between the IFNα and control arms, as the rates of
disease progression are low in patients with ET. Moreover, our identification of the HSC-specific IFNα
response, which includes IFNα/γ response upregulation and downregulation of the targets of TNFα
and TGFβ signaling pathways, may help clarify its therapeutic efficacy in other disease contexts
beyond MPN. In mouse studies, IFNα has been demonstrated to modulate TNFα expression (*110*)
with data suggesting either an upregulation (*10*) or downregulation (*54*) of TNFα by IFNα. Thus,
our studies clarify that the predominant effect of IFNα in human HSPCs is the downregulation of
downstream pathways involved in TNFα signaling via AP-1 and NF-κB, consistent with
amelioration of the inflammatory state in MPN and multiple sclerosis upon type 1 IFN
administration (*17, 107*). It also suggested that individuals with deficiencies in type 1 IFN may
have exhibited exaggerated response to COVID-19 infections (*111, 112*) due to the inability to
counterbalance the pro-inflammatory effects of the other cytokines. Coherently, *TNF* expression
was demonstrated to be decreased in patients with MPN who received IFNα treatment (*55*). The
pro-fibrotic TGFβ signaling was also broadly downregulated across progenitor subsets, through a
coordinated downregulation of the *TGFB1* gene itself and upregulation of the TGFβ signal
inhibiting TGIF2 activity. In this way, IFNα downregulated two key cellular programs involved
in the MPN-associated pathology, potentially underlying improved disease states. Moreover, as
NF-κB and TGFβ signaling are both implicated in HSC quiescence (*113-116*), the anti-
inflammatory effects of IFNα were also linked with HSC exit from quiescence. The robust
upregulation of TGFβ signaling in the HSCs following resolution of an acute IFNα exposure
supported data in mice of re-entry into quiescence to protect from HSC depletion following
inflammation-induced cell cycle entry (*10*).

Another major finding in our work was the remodeling of hematopoietic differentiation toward the
lymphoid lineage by IFNα. While various differentiation skewing by IFNα has been reported in
mice (*117-119*), the interpretation of the results is complicated by the alteration of the HSC-marker
Sca-1 upon IFNα exposure in mice (i.e. induction of Sca-1 in the CMPs, GMPs and MEPs,
resulting in their inclusion within the Sca-1$^+$, Kit$^+$ HSC/multipotent progenitor compartment) (*10*).
As other inflammatory cytokines, such as TNFα, IL-1, and IFNγ, have been demonstrated to
induce granulo-monocytic differentiation (*62-64, 120, 121*), IFNα presents as a unique cytokine
among the inflammatory milieu to balance the granulo-monocytic differentiation with its positive
regulation of B-lymphoid differentiation as another mode of dampening the pro-inflammatory
response.

The reshaping of the differentiation landscape by IFNα provided a novel model of therapeutic
efficacy in patients with myeloid neoplasms. As MPNs are primarily the result of a defect in
homeostatic hematopoietic development, due to an abnormal differentiation skewing and
proliferation of the myeloid lineages, IFNα-induced lymphoid differentiation may serve to balance
the differentiation landscape. IFNα reshaped the major bifurcation divide in MPN, that is, from
the JAK2/STAT5-mediated bifurcation at the myeloid (i.e., granulo-monocytic and
megakaryocytic-erythroid) versus lymphoid commitment, to the PU.1-mediated bifurcation at
granulo-monocytic and lymphoid versus megakaryocytic-erythroid commitments. These two

models have been described based on the identification of stem progenitor cells that produce
myeloid (*122*) or lymphoid lineages (*123*) versus granulo-monocytic-lymphoid lineages (*124*).
Our data provide evidence for a plastic differentiation hierarchy in which PU.1-mediated
production of granulo-monocytic and lymphoid lineages at the expense of megakaryocytic-
erythroid lineages are prioritized in perturbed settings, such as infection. The ability of IFNα to
directly upregulate PU.1 expression suggested that the differentiation modulating effects of IFNα
may be largely direct. These findings are consistent with the landmark study from Essers *et al.* that
elegantly demonstrated the ability of IFNα to directly activate HSCs into cell cycle entry, via an
in vivo cell mixing study in which only a small minority of the bone marrow cells harbored intact
IFNα receptors (*9*). The cell cycle entry rate was further enhanced with increasing frequency of
bone marrow cells with intact IFNα signaling, suggesting that IFNα effects are both directly and
indirectly mediated.

Overall, these studies revealed the pleiotropic modes of therapeutic efficacy of IFNα and principles
of clonal dynamics upon inflammatory activation. Importantly, our work motivates the
development of novel therapeutic strategies to deplete clonal stem cells by enhancing their
differentiation rates into the IGP state upon IFNα therapy, a strategy that may be generalizable
across myeloid neoplasms and clonal hematopoiesis.

References

1.   S. Jaiswal *et al.*, Clonal Hematopoiesis and Risk of Atherosclerotic Cardiovascular
Disease. *N Engl J Med* **377**, 111-121 (2017).
2.   S. Jaiswal *et al.*, Age-related clonal hematopoiesis associated with adverse outcomes. *N*
Engl J Med **371**, 2488-2498 (2014).
3.   L. Busque *et al.*, Recurrent somatic TET2 mutations in normal elderly individuals with
clonal hematopoiesis. *Nat Genet* **44**, 1179-1181 (2012).
4.   S. Avagyan *et al.*, Resistance to inflammation underlies enhanced fitness in clonal
hematopoiesis. *Science* **374**, 768-772 (2021).
5.   A. Heyde *et al.*, Increased stem cell proliferation in atherosclerosis accelerates clonal
hematopoiesis. *Cell* **184**, 1348-1361.e1322 (2021).
6.   M. Meisel *et al.*, Microbial signals drive pre-leukaemic myeloproliferation in a Tet2-
deficient host. *Nature* **557**, 580-584 (2018).
7.   Z. Cai *et al.*, Inhibition of Inflammatory Signaling in Tet2 Mutant Preleukemic Cells
Mitigates Stress-Induced Abnormalities and Clonal Hematopoiesis. *Cell Stem Cell* **23**, 833-
849.e835 (2018).
8.   J. J. Trowbridge, D. T. Starczynowski, Innate immune pathways and inflammation in
hematopoietic aging, clonal hematopoiesis, and MDS. *J Exp Med* **218**, (2021).
9.   M. A. Essers *et al.*, IFNalpha activates dormant haematopoietic stem cells in vivo. *Nature*
458, 904-908 (2009).
10. E. M. Pietras *et al.*, Re-entry into quiescence protects hematopoietic stem cells from the
killing effect of chronic exposure to type I interferonsIFN-1 effects on HSC function. *J Exp*
Medicine **211**, 245-262 (2014).
11. M. T. Baldridge, K. Y. King, N. C. Boles, D. C. Weksberg, M. A. Goodell, Quiescent
haematopoietic stem cells are activated by IFN-gamma in response to chronic infection.
Nature **465**, 793-797 (2010).
12. T. N. Rao *et al.*, JAK2-V617F and interferon-α induce megakaryocyte-biased stem cells
characterized by decreased long-term functionality. *Blood* **137**, 2139-2151 (2021).
13. M. Mosca *et al.*, Inferring the dynamics of mutated hematopoietic stem and progenitor cells
induced by IFNα in myeloproliferative neoplasms. *Blood* **138**, 2231-2243 (2021).
14. J. L. Spivak, Myeloproliferative Neoplasms. *N Engl J Med* **377**, 895-896 (2017).
15. T. A. Knudsen *et al.*, Genomic profiling of a randomized trial of interferon-α vs
hydroxyurea in MPN reveals mutation-specific responses. *Blood Adv* **6**, 2107-2119 (2022).
16. A. S. Nam *et al.*, Somatic mutations and cell identity linked by Genotyping of
Transcriptomes. *Nature* **571**, 355-360 (2019).
17. J. Czech *et al.*, JAK2V617F but not CALR mutations confer increased molecular responses
to interferon-α via JAK1/STAT1 activation. *Leukemia* **33**, 995-1010 (2019).
18. T. Klampfl *et al.*, Somatic mutations of calreticulin in myeloproliferative neoplasms. *N*
Engl J Med **369**, 2379-2390 (2013).
19. A. Yacoub *et al.*, Pegylated interferon alfa-2a for polycythemia vera or essential
thrombocythemia resistant or intolerant to hydroxyurea. *Blood* **134**, 1498-1509 (2019).
20. J. Mascarenhas *et al.*, A randomized phase 3 trial of interferon-α vs hydroxyurea in
polycythemia vera and essential thrombocythemia. *Blood* **139**, 2931-2941 (2022).
21. M. Stoeckius *et al.*, Cell Hashing with barcoded antibodies enables multiplexing and
doublet detection for single cell genomics. *Genome Biol* **19**, 224 (2018).

22.   M. Stoeckius *et al.*, Simultaneous epitope and transcriptome measurement in single cells.
Nat Methods **14**, 865-868 (2017).

23.   A. Butler, P. Hoffman, P. Smibert, E. Papalexi, R. Satija, Integrating single-cell
transcriptomic data across different conditions, technologies, and species. *Nat Biotechnol*
36, 411-420 (2018).

24.   L. Velten *et al.*, Human haematopoietic stem cell lineage commitment is a continuous
process. *Nat Cell Biol* **19**, 271-281 (2017).

25.   D. M. Popescu *et al.*, Decoding human fetal liver haematopoiesis. *Nature* **574**, 365-371
(2019).

26.   S. Triana *et al.*, Single-cell proteo-genomic reference maps of the hematopoietic system
enable the purification and massive profiling of precisely defined cell states. *Nat Immunol*
22, 1577-1589 (2021).

27.   S. B. Hay, K. Ferchen, K. Chetal, H. L. Grimes, N. Salomonis, The Human Cell Atlas bone
marrow single-cell interactive web portal. *Exp Hematol* **68**, 51-61 (2018).

28.   B. Psaila *et al.*, Single-Cell Analyses Reveal Megakaryocyte-Biased Hematopoiesis in
Myelofibrosis and Identify Mutant Clone-Specific Targets. *Mol Cell* **78**, 477-492.e478
(2020).

29.   A. Rodriguez-Meira *et al.*, Unravelling Intratumoral Heterogeneity through High-
Sensitivity Single-Cell Mutational Analysis and Parallel RNA Sequencing. *Mol Cell* **73**,
1292-1305.e1298 (2019).

30.   D. Van Egeren *et al.*, Reconstructing the Lineage Histories and Differentiation Trajectories
of Individual Cancer Cells in Myeloproliferative Neoplasms. *Cell Stem Cell* **28**, 514-
523.e519 (2021).

31.   T. E. Khoyratty *et al.*, Distinct transcription factor networks control neutrophil-driven
inflammation. *Nat Immunol* **22**, 1093-1106 (2021).

32.   H. Hirai *et al.*, C/EBPbeta is required for 'emergency' granulopoiesis. *Nat Immunol* **7**, 732-
739 (2006).

33.   S. A. Pawar *et al.*, C/EBPδ deficiency sensitizes mice to ionizing radiation-induced
hematopoietic and intestinal injury. *PLoS One* **9**, e94967 (2014).

34.   V. Bergen, M. Lange, S. Peidli, F. A. Wolf, F. J. Theis, Generalizing RNA velocity to
transient cell states through dynamical modeling. *Nat Biotechnol* **38**, 1408-1414 (2020).

35.   G. La Manno *et al.*, RNA velocity of single cells. *Nature* **560**, 494-498 (2018).

36.   F. A. Wolf *et al.*, PAGA: graph abstraction reconciles clustering with trajectory inference
through a topology preserving map of single cells. *Genome Biol* **20**, 59 (2019).

37.   R. H. Land *et al.*, The orphan nuclear receptor NR4A1 specifies a distinct subpopulation
of quiescent myeloid-biased long-term HSCs. *Stem Cells* **33**, 278-288 (2015).

38.   P. R. Freire, O. M. Conneely, NR4A1 and NR4A3 restrict HSC proliferation via reciprocal
regulation of C/EBPα and inflammatory signaling. *Blood* **131**, 1081-1093 (2018).

39.   F. Notta *et al.*, Distinct routes of lineage development reshape the human blood hierarchy
across ontogeny. *Science* **351**, aab2116 (2016).

40.   I. García-García *et al.*, Pharmacokinetic and pharmacodynamic comparison of two
"pegylated" interferon alpha-2 formulations in healthy male volunteers: a randomized,
crossover, double-blind study. *BMC Pharmacol* **10**, 15 (2010).

41.   D. Van Egeren *et al.*, Reconstructing the Lineage Histories and Differentiation Trajectories
of Individual Cancer Cells in Myeloproliferative Neoplasms. *Cell Stem Cell* **28**, 514-523
e519 (2021).

42. A. S. Nam *et al.*, Single-cell multi-omics of human clonal hematopoiesis reveals that
DNMT3A R882 mutations perturb early progenitor states through selective
hypomethylation. *Nat Genet*, (2022).
43. P. van Galen *et al.*, Single-Cell RNA-Seq Reveals AML Hierarchies Relevant to Disease
Progression and Immunity. *Cell* **176**, 1265-1281.e1224 (2019).
44. I. Tirosh *et al.*, Dissecting the multicellular ecosystem of metastatic melanoma by single-
cell RNA-seq. *Science* **352**, 189-196 (2016).
45. Y. Nie, Y. C. Han, Y. R. Zou, CXCR4 is required for the quiescence of primitive
hematopoietic cells. *J Exp Med* **205**, 777-783 (2008).
46. F. Le Naour *et al.*, Upregulation of CD9 expression during TPA treatment of K562 cells.
Leukemia **11**, 1290-1297 (1997).
47. D. Clay *et al.*, CD9 and megakaryocyte differentiation. *Blood* **97**, 1982-1989 (2001).
48. R. Månsson *et al.*, Molecular evidence for hierarchical transcriptional lineage priming in
fetal and adult stem cells and multipotent progenitors. *Immunity* **26**, 407-419 (2007).
49. A. Sanjuan-Pla *et al.*, Platelet-biased stem cells reside at the apex of the haematopoietic
stem-cell hierarchy. *Nature* **502**, 232-236 (2013).
50. S. O. Ciurea *et al.*, Pivotal contributions of megakaryocytes to the biology of idiopathic
myelofibrosis. *Blood* **110**, 986-993 (2007).
51. H. Chagraoui *et al.*, Prominent role of TGF-beta 1 in thrombopoietin-induced
myelofibrosis in mice. *Blood* **100**, 3495-3503 (2002).
52. S. Badalucco *et al.*, Involvement of TGFβ1 in autocrine regulation of proplatelet formation
in healthy subjects and patients with primary myelofibrosis. *Haematologica* **98**, 514-517
(2013).
53. A. Ehninger *et al.*, Posttranscriptional regulation of c-Myc expression in adult murine
HSCs during homeostasis and interferon-α-induced stress response. *Blood* **123**, 3909-3913
(2014).
54. M. N. Sharif *et al.*, Twist mediates suppression of inflammation by type I IFNs and Axl. *J
Exp Medicine* **203**, 1891-1901 (2006).
55. T. Tashi *et al.*, Pegylated interferon Alfa-2a and hydroxyurea in polycythemia vera and
essential thrombocythemia: differential cellular and molecular responses. *Leukemia* **32**,
1830-1833 (2018).
56. A. G. X. Zeng *et al.*, Identification of a human hematopoietic stem cell subset that retains
memory of inflammatory stress. *bioRxiv*, 2023.2009.2011.557271 (2023).
57. S. Saeed *et al.*, Epigenetic programming of monocyte-to-macrophage differentiation and
trained innate immunity. *Science* **345**, 1251086 (2014).
58. K. U. Belge *et al.*, The proinflammatory CD14+CD16+DR++ monocytes are a major
source of TNF. *J Immunol* **168**, 3536-3542 (2002).
59. M. Frankenberger, T. Sternsdorf, H. Pechumer, A. Pforte, H. W. Ziegler-Heitbrock,
Differential cytokine expression in human blood monocyte subpopulations: a polymerase
chain reaction analysis. *Blood* **87**, 373-377 (1996).
60. E. M. Fast *et al.*, External signals regulate continuous transcriptional states in
hematopoietic stem cells. *Elife* **10**, (2021).
61. A. E. Rodriguez-Fraticelli *et al.*, Clonal analysis of lineage fate in native haematopoiesis.
Nature **553**, 212-216 (2018).

62.   E. M. Pietras *et al.*, Chronic interleukin-1 exposure drives haematopoietic stem cells
824   towards precocious myeloid differentiation at the expense of self-renewal. *Nat Cell Biol*
825   **18**, 607-618 (2016).
826   63.   K. A. Matatall, C. C. Shen, G. A. Challen, K. Y. King, Type II interferon promotes
827   differentiation of myeloid-biased hematopoietic stem cells. *Stem Cells* **32**, 3023-3030
828   (2014).
829   64.   M. Yamashita, E. Passegué, TNF-α Coordinates Hematopoietic Stem Cell Survival and
830   Myeloid Regeneration. *Cell Stem Cell*, (2019).
831   65.   K. A. Lord, A. Abdollahi, B. Hoffman-Liebermann, D. A. Liebermann, Proto-oncogenes
832   of the fos/jun family of transcription factors are positive regulators of myeloid
833   differentiation. *Mol Cell Biol* **13**, 841-851 (1993).
834   66.   T. I. Lee *et al.*, Transcriptional regulatory networks in Saccharomyces cerevisiae. *Science*
835   **298**, 799-804 (2002).
836   67.   X. Y. Li *et al.*, The role of chromatin accessibility in directing the widespread, overlapping
837   patterns of Drosophila transcription factor binding. *Genome Biol* **12**, R34 (2011).
838   68.   R. Pique-Regi *et al.*, Accurate inference of transcription factor binding from DNA
839   sequence and chromatin accessibility data. *Genome Res* **21**, 447-455 (2011).
840   69.   A. N. Schep, B. Wu, J. D. Buenrostro, W. J. Greenleaf, chromVAR: inferring transcription-
841   factor-associated accessibility from single-cell epigenomic data. *Nat Methods* **14**, 975-978
842   (2017).
843   70.   J. D. Buenrostro *et al.*, Single-cell chromatin accessibility reveals principles of regulatory
844   variation. *Nature* **523**, 486-490 (2015).
845   71.   J. T. Gaublomme *et al.*, Nuclei multiplexing with barcoded antibodies for single-nucleus
846   genomics. *Nat Commun* **10**, 2907 (2019).
847   72.   S. Ma *et al.*, Chromatin Potential Identified by Shared Single-Cell Profiling of RNA and
848   Chromatin. *Cell* **183**, 1103-1116.e1120 (2020).
849   73.   W. Reith *et al.*, MHC class II regulatory factor RFX has a novel DNA-binding domain and
850   a functionally independent dimerization domain. *Genes Dev* **4**, 1528-1540 (1990).
851   74.   L. Pugliatti *et al.*, The genes for MHC class II regulatory factors RFX1 and RFX2 are
852   located on the short arm of chromosome 19. *Genomics* **13**, 1307-1310 (1992).
853   75.   C. A. Siegrist, B. Mach, Antisense oligonucleotides specific for regulatory factor RFX-1
854   inhibit inducible but not constitutive expression of all major histocompatibility complex
855   class II genes. *Eur J Immunol* **23**, 2903-2908 (1993).
856   76.   P. Burda, P. Laslo, T. Stopka, The role of PU.1 and GATA-1 transcription factors during
857   normal and leukemogenic hematopoiesis. *Leukemia* **24**, 1249-1257 (2010).
858   77.   M. A. Hall *et al.*, The critical regulator of embryonic hematopoiesis, SCL, is vital in the
859   adult for megakaryopoiesis, erythropoiesis, and lineage choice in CFU-S12. *Proc Natl
860   Acad Sci U S A* **100**, 992-997 (2003).
861   78.   C. L. Semerad, E. M. Mercer, M. A. Inlay, I. L. Weissman, C. Murre, E2A proteins
862   maintain the hematopoietic stem cell pool and promote the maturation of myelolymphoid
863   and myeloerythroid progenitors. *Proc Natl Acad Sci U S A* **106**, 1930-1935 (2009).
864   79.   Y. Zhuang, P. Cheng, H. Weintraub, B-lymphocyte development is regulated by the
865   combined dosage of three basic helix-loop-helix genes, E2A, E2-2, and HEB. *Mol Cell
866   Biol* **16**, 2898-2905 (1996).

80. D. E. Zhang *et al.*, Absence of granulocyte colony-stimulating factor signaling and
neutrophil development in CCAAT enhancer binding protein alpha-deficient mice. *Proc*
Natl Acad Sci U S A **94**, 569-574 (1997).

81. H. S. Radomska *et al.*, CCAAT/enhancer binding protein alpha is a regulatory switch
sufficient for induction of granulocytic development from bipotential myeloid progenitors.
Mol Cell Biol **18**, 4301-4314 (1998).

82. S. Marecki, C. J. Riendeau, M. D. Liang, M. J. Fenton, PU.1 and multiple IFN regulatory
factor proteins synergize to mediate transcriptional activation of the human IL-1 beta gene.
J Immunol **166**, 6829-6838 (2001).

83. W. Huang, E. Horvath, E. A. Eklund, PU.1, interferon regulatory factor (IRF) 2, and the
interferon consensus sequence-binding protein (ICSBP/IRF8) cooperate to activate NF1
transcription in differentiating myeloid cells. *J Biol Chem* **282**, 6629-6643 (2007).

84. M. Hoogenkamp *et al.*, Early chromatin unfolding by RUNX1: a molecular explanation
for differential requirements during specification versus maintenance of the hematopoietic
gene expression program. *Blood* **114**, 299-309 (2009).

85. C. Yeamans *et al.*, C/EBPalpha binds and activates the PU.1 distal enhancer to induce
monocyte lineage commitment. *Blood* **110**, 3136-3142 (2007).

86. C. Le Coz *et al.*, Constrained chromatin accessibility in PU.1-mutated
agammaglobulinemia patients. *J Exp Med* **218**, (2021).

87. P. Gutierrez, M. D. Delgado, C. Richard, F. Moreau-Gachelin, J. Leon, Interferon induces
up-regulation of Spi-1/PU.1 in human leukemia K562 cells. *Biochem Biophys Res*
Commun **240**, 862-868 (1997).

88. H. Stein *et al.*, A new monoclonal antibody (CAL2) detects CALRETICULIN mutations
in formalin-fixed and paraffin-embedded bone marrow biopsies. *Leukemia* **30**, 131-135
(2016).

89. S. Cuylen *et al.*, Ki-67 acts as a biological surfactant to disperse mitotic chromosomes.
Nature **535**, 308-312 (2016).

90. J. S. Jutzi *et al.*, Whole-genome CRISPR screening identifies N-glycosylation as a genetic
and therapeutic vulnerability in CALR-mutant MPNs. *Blood* **140**, 1291-1304 (2022).

91. D. Prins *et al.*, The stem/progenitor landscape is reshaped in a mouse model of essential
thrombocythemia and causes excess megakaryocyte production. *Sci Adv* **6**, (2020).

92. P. J. Skene, S. Henikoff, An efficient targeted nuclease strategy for high-resolution
mapping of DNA binding sites. *Elife* **6**, (2017).

93. S. Elf *et al.*, Mutant Calreticulin Requires Both Its Mutant C-terminus and the
Thrombopoietin Receptor for Oncogenic Transformation. *Cancer Discov* **6**, 368-381
(2016).

94. A. L. Brass, E. Kehrli, C. F. Eisenbeis, U. Storb, H. Singh, Pip, a lymphoid-restricted IRF,
contains a regulatory domain that is important for autoinhibition and ternary complex
formation with the Ets factor PU.1. *Genes Dev* **10**, 2335-2347 (1996).

95. J. M. Pongubala *et al.*, Effect of PU.1 phosphorylation on interaction with NF-EM5 and
transcriptional activation. *Science* **259**, 1622-1625 (1993).

96. S. Heinz *et al.*, Simple combinations of lineage-determining transcription factors prime
cis-regulatory elements required for macrophage and B cell identities. *Mol Cell* **38**, 576-
589 (2010).

97. C. Kopanos *et al.*, VarSome: the human genomic variant search engine. *Bioinformatics* **35**,
1978-1980 (2019).

98. F. Hu *et al.*, ER stress and its regulator X-box-binding protein-1 enhance polyIC-induced
innate immune response in dendritic cells. *Eur J Immunol* **41**, 1086-1097 (2011).

99. M. G. Netea, J. Quintin, J. W. van der Meer, Trained immunity: a memory for innate host
defense. *Cell Host Microbe* **9**, 355-361 (2011).

100. S. Naik *et al.*, Inflammatory memory sensitizes skin epithelial stem cells to tissue damage.
Nature **550**, 475-480 (2017).

101. I. Gresser, C. Bourali, Exogenous interferon and inducers of interferon in the treatment
Balb-c mice inoculated with RC19 tumour cells. *Nature* **223**, 844-845 (1969).

102. N. Tweezer-Zaks, E. Rabinovich, M. Lidar, A. Livneh, Interferon-alpha as a treatment
modality for colchicine- resistant familial Mediterranean fever. *J Rheumatol* **35**, 1362-1365
(2008).

103. S. L. Hauser *et al.*, Ocrelizumab versus Interferon Beta-1a in Relapsing Multiple Sclerosis.
N Engl J Med **376**, 221-234 (2017).

104. E. Aricò, L. Castiello, I. Capone, L. Gabriele, F. Belardelli, Type I Interferons and Cancer:
An Evolving Story Demanding Novel Clinical Applications. *Cancers (Basel)* **11**, (2019).

105. N. G. Sandler *et al.*, Type I interferon responses in rhesus macaques prevent SIV infection
and slow disease progression. *Nature* **511**, 601-605 (2014).

106. V. Suppiah *et al.*, IL28B is associated with response to chronic hepatitis C interferon-alpha
and ribavirin therapy. *Nat Genet* **41**, 1100-1104 (2009).

107. G. Schreiber, The Role of Type I Interferons in the Pathogenesis and Treatment of COVID-
19. *Front Immunol* **11**, 595739 (2020).

108. I. A. Darazam *et al.*, Role of interferon therapy in severe COVID-19: the COVIFERON
randomized controlled trial. *Sci Rep-uk* **11**, 8059 (2021).

109. J. J. Kiladjian *et al.*, Long-term outcomes of polycythemia vera patients treated with
ropeginterferon Alfa-2b. *Leukemia* **36**, 1408-1411 (2022).

110. L. Huys *et al.*, Type I interferon drives tumor necrosis factor-induced lethal shock. *J Exp*
Med **206**, 1873-1882 (2009).

111. J. Hadjadj *et al.*, Impaired type I interferon activity and inflammatory responses in severe
COVID-19 patients. *Science* **369**, 718-724 (2020).

112. Q. Zhang *et al.*, Inborn errors of type I IFN immunity in patients with life-threatening
COVID-19. *Science* **370**, eabd4570 (2020).

113. M. Ohta, J. S. Greenberger, P. Anklesaria, A. Bassols, J. Massagué, Two forms of
transforming growth factor-beta distinguished by multipotential haematopoietic progenitor
cells. *Nature* **329**, 539-541 (1987).

114. S. J. Stein, A. S. Baldwin, Deletion of the NF-κB subunit p65/RelA in the hematopoietic
compartment leads to defects in hematopoietic stem cell function. *Blood* **121**, 5015-5024
(2013).

115. M. Zhao *et al.*, Megakaryocytes maintain homeostatic quiescence and promote post-injury
regeneration of hematopoietic stem cells. *Nat Med* **20**, 1321-1326 (2014).

116. J. M. Scandura, P. Boccuni, J. Massagué, S. D. Nimer, Transforming growth factor beta-
induced cell cycle arrest of human hematopoietic cells requires p57KIP2 up-regulation.
Proc Natl Acad Sci U S A **101**, 15231-15236 (2004).

117. A. Mullally *et al.*, Depletion of Jak2V617F myeloproliferative neoplasm-propagating stem
cells by interferon-α in a murine model of polycythemia vera. *Blood* **121**, 3692-3702
(2013).

118. S. Haas *et al.*, Inflammation-Induced Emergency Megakaryopoiesis Driven by
Hematopoietic Stem Cell-like Megakaryocyte Progenitors. *Cell Stem Cell* **17**, 422-434
(2015).
119. N. Khan *et al.*, M. tuberculosis Reprograms Hematopoietic Stem Cells to Limit
Myelopoiesis and Impair Trained Immunity. *Cell* **183**, 752-770.e722 (2020).
120. Y. Ueda, D. W. Cain, M. Kuraoka, M. Kondo, G. Kelsoe, IL-1R type I-dependent
hemopoietic stem cell proliferation is necessary for inflammatory granulopoiesis and
reactive neutrophilia. *J Immunol* **182**, 6477-6484 (2009).
121. C. Chen, Y. Liu, P. Zheng, Mammalian target of rapamycin activation underlies HSC
defects in autoimmune disease and inflammation in mice. *J Clin Invest* **120**, 4091-4101
(2010).
122. K. Akashi, D. Traver, T. Miyamoto, I. L. Weissman, A clonogenic common myeloid
progenitor that gives rise to all myeloid lineages. *Nature* **404**, 193-197 (2000).
123. M. Kondo, I. L. Weissman, K. Akashi, Identification of clonogenic common lymphoid
progenitors in mouse bone marrow. *Cell* **91**, 661-672 (1997).
124. J. Adolfsson *et al.*, Identification of Flt3+ lympho-myeloid stem cells lacking erythro-
megakaryocytic potential a revised road map for adult blood lineage commitment. *Cell*
121, 295-306 (2005).
125. J. M. Granja *et al.*, Single-cell multiomic analysis identifies regulatory programs in mixed-
phenotype acute leukemia. *Nat Biotechnol* **37**, 1458-1465 (2019).
126. Y. Hao *et al.*, Integrated analysis of multimodal single-cell data. *Cell* **184**, 3573-
3587.e3529 (2021).
127. T. Stuart *et al.*, Comprehensive Integration of Single-Cell Data. *Cell* **177**, 1888-1902.e1821
(2019).
128. L. McInnes, J. Healy, J. Melville. (Cornell University, UMAP: Uniform Manifold
Approximation and Projection for Dimension Reduction. *arXiv preprint*
arXiv:1802.03426, 2018).
129. T. Smith, A. Heger, I. Sudbery, UMI-tools: modeling sequencing errors in Unique
Molecular Identifiers to improve quantification accuracy. *Genome Res* **27**, 491-499 (2017).
130. B. M. Bolker *et al.*, Generalized linear mixed models: a practical guide for ecology and
evolution. *Trends Ecol Evol* **24**, 127-135 (2009).
131. V. Ntranos, L. Yi, P. Melsted, L. Pachter, A discriminative learning approach to differential
expression analysis for single-cell RNA-seq. *Nat Methods* **16**, 163-166 (2019).
132. I. Dolgalev. (msigdbr: MSigDB Gene Sets for Multiple Organisms in a Tidy Data Format.
(Manual 2022), https://igordot.github.io/msigdbr/, 2022).
133. G. Korotkevich *et al.*, in *Fast gene set enrichment analysis,* bioRxiv, Ed.
(doi: https://doi.org/10.1101/060012, 2021).
134. A. Liberzon *et al.*, The Molecular Signatures Database (MSigDB) hallmark gene set
collection. *Cell Syst* **1**, 417-425 (2015).
135. T. Stuart, A. Srivastava, S. Madad, C. A. Lareau, R. Satija, Single-cell chromatin state
analysis with Signac. *Nat Methods* **18**, 1333-1341 (2021).
136. Y. Zhang *et al.*, Model-based analysis of ChIP-Seq (MACS). *Genome Biol* **9**, R137 (2008).
137. M. T. Weirauch *et al.*, Determination and inference of eukaryotic transcription factor
sequence specificity. *Cell* **158**, 1431-1443 (2014).

138. A. T. Satpathy *et al.*, Massively parallel single-cell chromatin landscapes of human
immune cell development and intratumoral T cell exhaustion. *Nat Biotechnol* **37**, 925-936
(2019).
139. X. Qiu *et al.*, Reversed graph embedding resolves complex single-cell trajectories. *Nat*
Methods **14**, 979-982 (2017).
140. J. Cao *et al.*, The single-cell transcriptional landscape of mammalian organogenesis.
Nature **566**, 496-502 (2019).
141. A. P. Masella *et al.*, BAMQL: a query language for extracting reads from BAM files. *BMC*
Bioinformatics **17**, 305 (2016).
142. C. E. Grant, T. L. Bailey, W. S. Noble, FIMO: scanning for occurrences of a given motif.
Bioinformatics **27**, 1017-1018 (2011).
143. A. V. Persikov *et al.*, A systematic survey of the Cys2His2 zinc finger DNA-binding
landscape. *Nucleic Acids Res* **43**, 1965-1984 (2015).
144. J. J. van Dongen *et al.*, EuroFlow antibody panels for standardized n-dimensional flow
cytometric immunophenotyping of normal, reactive and malignant leukocytes. *Leukemia*
26, 1908-1975 (2012).
145. T. Kalina *et al.*, EuroFlow standardization of flow cytometer instrument settings and
immunophenotyping protocols. *Leukemia* **26**, 1986-2010 (2012).
146. S. White *et al.*, FlowKit: A Python Toolkit for Integrated Manual and Automated
Cytometry Analysis Workflows. *Front Immunol* **12**, 768541 (2021).
147. C. D. Carey *et al.*, Topological analysis reveals a PD-L1-associated microenvironmental
niche for Reed-Sternberg cells in Hodgkin lymphoma. *Blood* **130**, 2420-2430 (2017).
148. S. S. Patel *et al.*, Multiparametric in situ imaging of NPM1-mutated acute myeloid
leukemia reveals prognostically-relevant features of the marrow microenvironment. *Mod*
Pathol **33**, 1380-1388 (2020).
149. J. Rosenthal *et al.*, Building Tools for Machine Learning and Artificial Intelligence in
Cancer Research: Best Practices and a Case Study with the PathML Toolkit for
Computational Pathology. *Mol Cancer Res* **20**, 202-206 (2022).
150. N. F. Greenwald *et al.*, Whole-cell segmentation of tissue images with human-level
performance using large-scale data annotation and deep learning. *Nat Biotechnol* **40**, 555-
565 (2022).
151. A. M. Bolger, M. Lohse, B. Usadel, Trimmomatic: a flexible trimmer for Illumina
sequence data. *Bioinformatics* **30**, 2114-2120 (2014).
152. B. Langmead, S. L. Salzberg, Fast gapped-read alignment with Bowtie 2. *Nat Methods* **9**,
357-359 (2012).
153. H. Li *et al.*, The Sequence Alignment/Map format and SAMtools. *Bioinformatics* **25**, 2078-
2079 (2009).
154. M. Bale. (GitHub).
155. T. L. Bailey, C. E. Grant. (BioRxiv, 2021).
156. F. Ramírez *et al.*, deepTools2: a next generation web server for deep-sequencing data
analysis. *Nucleic Acids Res* **44**, W160-165 (2016).
157. M. I. Love, W. Huber, S. Anders, Moderated estimation of fold change and dispersion for
RNA-seq data with DESeq2. *Genome Biol* **15**, 550 (2014).
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Acknowledgments

We thank patients who participated in the MPN-RC-111/2 clinical trials and patients at WCM, who generously donated samples that enabled this research. This work was enabled by the Weill Cornell Epigenomics Core, Genomics Core and Flow Cytometry Core. We thank Dr. Matthew Greenblatt and Dr. Steven Josefowicz (Weill Cornell Medicine) and Dr. Serine Avagyan (University of California, San Francisco) for a critical review of the manuscript. We also thank the funding sources that supported this work:

F30 Predoctoral Fellowship from the NHLBI of the National Institutes of Health (F30HL156496, ND)
Medical Scientist Training Program grant from the National Institute of General Medical Sciences of the National Institutes of Health under award number T32GM152349 to the Weill Cornell/Rockefeller/Sloan Kettering Tri-Institutional MD-PhD Program (DI, ND)
National Institute of Health grant (P01CA108671, RH)
Burroughs Wellcome Fund Career Award for Medical Scientists (ASN)
National Institutes of Health Director's Early Independence Award (DP5 OD029619, ASN)
National Heart Lung and Blood Institute (R01 HL167139, ASN),
Starr Cancer Consortium (ASN)

Author contributions

Conceptualization: ASN, RH
Methodology: ASN, RH, SP, DAL, PS, EW, LM
Experimental investigation: DI, SR, OS, MSS, RC, NO, MT, MQ, GF
Analytical investigation: ASN, CL, AKM, AXX, SM, NP, MO, AD, PS, PC, HEK, ND, TA, ACD
Funding acquisition: ASN, RH
Project administration: ASN, RH
Resources: ASN, RH, RW, DC, FCT, GAZ, EW, BM
Supervision: ASN, RH
Writing – original draft: ASN, CL, DI
Writing – review & editing: ASN, RH, CL, DI, OS, SR, MT, MSS
All authors reviewed and approved the manuscript.

Competing interests

R.H. serves as a consultant to Protagonist, Ionis and Silence Therapeutics and receives research support unrelated to the current study from Dompe, Scholar Rock, Incyte, Novartis, Kartos, Turning Point Therapeutics, Abbvie and Oncomyx. D.A.L. has served as a consultant for Abbvie and Illumina and is on the Scientific Advisory Board of Mission Bio and C2i Genomics; D.A.L. has received prior research funding from BMS and Illumina unrelated to the current manuscript.

Data and Code Availability: Data generated in this study will be available upon publication.

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1087   **List of Supplementary Materials**

1088

1089   Materials and Methods

1090   Figs. S1 to S14

1091   Tables S1 to S31 (Tables S1-S31 provided as xlsx files)

1092   List of references only cited in Supplementary Materials: 131-163

Figures

1094
Figure 1. Integration of Genotyping of Transcriptomes with immunophenotyping and IFNα-
treatment status identifies an alternate IFNα-specific cell state in MPN stem and progenitor
cells. A. Primary bone marrow samples at baseline and after IFNα treatment included for
Genotyping of Transcriptomes with Immunophenotyping (GoT-IM) on CD34+ cells. **B.** Schematic
of GoT-IM via CITE-seq and Cell Hashing. MPN, myeloproliferative neoplasms; WT, wildtype;
MUT, mutated. **C.** Uniform manifold approximation and projection (UMAP) of CD34+ cells (n =
65,452 cells) from MPN samples (n = 24 samples from 13 individuals), overlaid with cell type
assignment. HSC, hematopoietic stem cells; IMP, immature myeloid progenitors; NP, neutrophilic
progenitors; MP, monocytic progenitors; cDCP, classic dendritic progenitors; pDCP, plasmacytoid
dendritic progenitors; MDP, monocytic dendritic progenitors; MLP, multipotent lymphoid
progenitors; E/B/M, eosinophil/basophil/mast cell progenitors; MkP, megakaryocytic progenitors;
EP, erythroid progenitors; MEP, megakaryocytic-erythroid progenitors. **D.** Box plots showing
normalized expression of HSC-defining protein and RNA markers. **E.** Volcano plot showing genes

differentially expressed (DE) between Cluster X (i.e., IGPs) and IMPs identified via linear mixed
modeling (LMM) with/without cluster identity (left, **methods**). Highlighted are genes enriched in
the MYC pathway (purple) and TNFα signaling via NF-κB (blue); Boxes represent transcription
factors (TF) of the AP-1 (blue), KLF (light green), NR4A (purple), CEBP (dark green) families.
Pre-ranked gene set enrichment analysis using the MSigDB Hallmark collection (right). **F.** Box
plot showing normalized IGP frequency at baseline and IFNα treatment (n = 11 baseline samples,
n = 9 treated samples). P-values from likelihood ratio test of LMM with/without IFNα treatment
(**methods**). **G.** Integrated UMAP highlighting IGP, IMP and the HSC subclusters with RNA
velocity-based cell state trajectory for IFNα-treated cells (left, trajectory presented corresponds
only to IMP, IGP and the HSC subclusters, see **table S5, methods**). Dot plot showing gene
expression levels of upregulated TFs in IGPs (right). **H.** Representative flow cytometric analysis
of colonies from the single-cell differentiation of individually sorted CD34$^+$, CD90$^+$ HSCs (left).
Normalized colony frequency from HSCs sorted from bone marrow samples from patients at
baseline and following IFNα (right, n = 2 baseline; n = 3 IFNα-treated). The number of colonies
were down-sampled to the same minimum count for each replicate for equal representation.
GEMM, granulocyte, erythrocyte, monocyte and megakaryocyte; GM, granulocyte-monocyte
colonies .

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Figure 2. Inflammatory neutrophils are enriched in IFNα-treated bone marrow. A. Primary
bone marrow samples at baseline and after IFNα treatment included in GoT-IM on CD34⁻ cells
(left). UMAP of CD34⁻ cells (n = 59,912 cells; 15 samples from 7 individuals), overlaid with cell
type assignment (right). Neu1, Neutrophil subset 1; Neu2, Neutrophil subset 2; cDC, classic
dendritic cells; pDC, plasmacytoid dendritic cells, Treg cell; Regulatory T cells, NKT cells;
Natural Killer T cells. **B.** Heatmap showing median scaled expression of canonical immune cell
protein markers from a representative patient IFN12. **C.** Box plots showing IGP-specific
upregulated signature score (**Fig. 1E, table S3**) in CD34⁻ cell type clusters. P-value from likelihood
ratio test of linear-mixed modeling (LMM) with/without cluster identity (**methods**). **D.** Volcano
plot showing genes differentially expressed (DE) between Neu1 and Neu2 identified via LMM
with/without cluster identity (left, **methods**). Highlighted are genes enriched in the TNFα
signaling via NF-κB (blue, box representation is same as **Fig. 1E**). Pre-ranked gene set enrichment
analysis using the MSigDB Hallmark collection (right). **E.** Normalized frequency of baseline and
IFNα-treated cells in Neu1 and Neu2 subsets. P-value from Fisher's exact test, two-sided.

1140

Figure 3. IFNα concurrently regulates anti- and pro-inflammatory programs. A. UMAP
showing a representative experiment that includes three time-points from patient IFN04 (n = 7,282
cells, left). Box plot showing transcriptional distance measurements between HSCs from each
time-point and HSCs from baseline (right). Transcriptional distance corresponds to Euclidean
distance of the first thirty principal components. P-values from Wilcoxon rank sum test, two-sided.
B. Volcano plot showing genes differentially expressed (DE) between baseline and IFNα-treated
HSCs via linear mixed modeling (LMM) with/without treatment status (**methods**). Genes
highlighted in blue are those in the TNFα signaling via NF-κB and those in orange enriched in the
IFNα/γ response, identified by pre-ranked gene set enrichment analysis using the MSigDB
Hallmark collection; box representation is same as **Fig. 1E**. **C.** Cell cycle gene expression
(representative patient IFN01, n = 97 baseline and 97 IFNα-treated HSCs, top). Frequencies of
cells in S/G2/M phase as assessed in top subpanel at baseline (n = 11 samples) and at year 1 of
IFNα treatment (n = 9 samples). For IFN05 which has two IFNα year 1 samples, the active IFNα
time-point was selected. P-values from likelihood ratio test of LMM with/without treatment status
(**methods**). **D.** CXCR4 vs. cell cycle gene expression in HSCs before and after IFNα treatment.
Pie charts show frequencies of baseline versus treated cells in cell cycle-low, CXCR4-high and
those in cell cycle-high, CXCR4-low populations. P-value from two-sided Fisher's exact test. **E.**

Heatmap showing results of the pre-ranked gene set enrichment analysis comparing baseline and during IFNα treatment across HSC and progenitor subsets. Values show the sign of the normalized enrichment score (NES) multiplied by -log10(Adjusted P-value). **F.** Pre-ranked gene set enrichment analysis comparing before and after treatment with IFNα in cDCPs, showing downregulation of TNFα signaling via NF-κB and the leading-edge genes. Genes highlighted in blue represent those upregulated in the IGP versus IMP (**table S3**, **Fig. 1E**). **G.** Heatmap showing results of the pre-ranked gene set enrichment analysis comparing baseline and upon IFNα treatment discontinuation in HSCs (combined HSC1 and HSC2 subsets from **Fig. 1G**) and HSC-IGs. Values show the sign of the normalized enrichment score (NES) multiplied by -log10(Adjusted P-value). HSC-IG (vs HSC1) module was calculated using net score of genes upregulated and downregulated in HSC-IG (**table S3**). **H.** Boxplot showing module expression for genes involved in TNFα signaling via NF-κB at baseline and during IFNα treatment in cDCs (left) and NK cells (right). P-value from likelihood ratio test of LMM with/without treatment status. **I.** Box plots showing HSC-specific IFNα-induced signature score in IFNα-treated HSCs and IGPs (**methods**). Score calculated using upregulated (left) or downregulated (right) genes (**table S8**). P-values from likelihood ratio tests of LMM with/without cell type.

1175

Figure 4. IFNα induces IGP and lymphoid differentiation. A. Normalized cell type frequencies at baseline and IFNα treatment. Cells from each sample were down-sampled to the same number (n = 500 cells from each sample, n = 11 baseline samples, n = 9 treated samples). For IFN02, IFN04, IFN05 and IFN08, which have two treated time-points, the time-point powered with greater number of cells was selected (also for panels **B, D**). **B.** Box plot showing normalized cell type frequencies at baseline and IFNα treatment (n = 11 baseline samples, n = 9 treated samples). P-values from likelihood ratio test of linear-mixed modeling (LMM) with/without treatment status. **C.** Box plots showing cell frequencies of B-lymphoid progenitors and B cells from bone marrow of patients with early stage MPN with no treatment or aspirin only (ASA) or with IFNα therapy (n = 33 and 9 samples, respectively), as determined by multiparametric flow cytometry (**table S12**). P-values from Wilcoxon rank sum test, two-sided. **D.** Box plots showing normalized protein expression in HSCs before and after treatment with IFNα. P-values from likelihood ratio tests of LMM with/without treatment status (**methods**). **E.** Gene expression of canonical B cell differentiation markers across immature and mature B cells in lymphoid development between baseline and IFNα-treated cells. **F.** Platelet counts versus frequencies of MEPs and MkPs. P-value from generalized linear model; Pearson correlation, shading denotes 95% confidence interval.

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Figure 5. Regulatory networks of IGPs highlight PU.1 as the master regulator of IFNα-mediated remodeling of hematopoiesis. A. Representation of primary bone marrow samples at baseline and after IFNα treatment (left). Schematic of GoT-ATAC (right). **B.** Motif enrichment

and expression of transcription factors (TF) in the IGPs relative to HSCs from IFNα-treated
samples. Normalized gene expression derived from GoT-IM data within HSCs and IGPs. P-values
from Wilcoxon rank sum test, two-sided, with Benjamini-Hochberg FDR-correction (**methods**).
C. Ranked TF motif enrichment of all positive regulatory peaks of the AP-1 members, relative to
background peaks using the hypergeometric test (see **methods**). **D.** Schematic of lentiviral RFX3-
overexpression (RFX3-OE) transduction experiment in CD34$^+$ umbilical cord blood cells (UCB)
(top). Normalized frequency of granulocytic (CFU-G) and erythroid (BFU-E) colonies grown via
methylcellulose-based colony-forming unit (CFU) assay compared between control and RFX3-
OE CD34$^+$ UCBs (n = 3 independent experiments, bottom). **E.** Normalized frequency of RFX3-
OE and control cells obtained from scRNA-seq data. **F.** Volcano plot showing genes differentially
expressed (DE) between IMP and IGP-like cells from control and RFX3-OE subsets identified via
linear mixed model (LMM) with/without cluster identity (left, **methods**). Highlighted are genes
enriched in the TNFα signaling via NF-κB (blue) and MYC targets (purple, box representation is
same as **Fig. 1E**). Pre-ranked gene set enrichment analysis of TNFα signaling via NF-κB pathway
and MYC targets comparing control and RFX3-OE UCBs (right). **G.** Volcano plot showing TF
motifs differentially enriched in IFNα-treated versus baseline HSCs (chromVAR). P-values from
Wilcoxon rank sum test, two sided, with Benjamini-Hochberg FDR-correction (n = 6 serial
samples from 3 individuals, see **table S13** for cell numbers, **methods**). **H.** Heatmap showing
synergy scores between TFs as assessed by measuring the excess variability of accessibility for
peaks with both TF motifs (*125*). **I.** TF motif accessibility across stem and progenitor subsets in
lymphoid development between baseline and IFNα-treated cells.

1219

Figure 6. IFNα modulates clonal dynamics via clonal HSC differentiation into IGP differentiation. A. UMAP of CD34+ cells (n = 65,452 cells) with mutation status highlighted for wildtype (WT; n = 21,354), *CALR*-mutant (MUT; n = 25,529) or unassigned (NA; n =18,569) cells. **B**. Bar plot showing HSC clone size changes at baseline and after IFNα treatment. **C.** Bar plots showing frequencies of cells in G2/M/S phase as assessed in **Fig. 3C** (n = 11 baseline and 9 IFNα-treated, year 1 samples). P-values from likelihood ratio tests of linear mixed model (LMM) with/without treatment status (for comparisons between treatment) or mutation status (for

comparisons between genotypes). **D.** Multiplex *in situ* fluorescence imaging of bone marrow
biopsy sections from MPN patients with (n = 4) or without (n = 5) treatment with IFNα (**methods**).
Representative images of protein markers (top). Bar plots showing frequencies of proliferating
myeloid cells as assessed by Ki67 expression (bottom). P-values from likelihood ratio test of LMM
with/without treatment status or mutation status. **E.** Normalized cell type frequencies of WT versus
MUT cells at baseline (n = 11 samples, left) and following IFNα-treatment (n = 9 samples, right).
Cells down-sampled to 500 for each sample. **F.** Fold change of normalized cell frequency of MUT
versus WT cells in the progenitor groups at baseline and following IFNα treatment. **G.**
Transcription factor (TF) motif enrichment in MUT versus WT stem and early progenitor cells
(HSCs, IMPs, MDPs/MLPs and MEPs) at baseline. TFs differentially regulated by IFNα were
tested (**table S20**). Red = P < 0.05. P-values combined using Fisher's combined test (**methods**).
H. Density plot showing PU.1 peak count in WT and MUT cells from the control group of
megakaryoblastic cell line expressing TPO receptor (UT7-MPL) with wildtype or mutant *CALR*
transgenes (n = 2 independent experiments, left). Differential TF motif enrichment between PU.1
binding sites in WT IFNα-treated and MUT IFNα-treated UT7-MPL cells (right, **methods**).
Analysis conducted with HOMER. TFs enriched in differentially accessible PU.1 peaks for MUT
and WT cells are highlighted in blue and green respectively. **I.** Schematic of clonal structure of
HSCs from patient IFN02 (top). Bar plot of normalized mutant cell frequencies across treatment
time-points (bottom). P-value from pairwise Fisher's exact test. **J.** Box plot showing HSC-specific
IFNα-induced signature score in HSC clones at baseline and after one year of treatment. Scores
calculated using upregulated or downregulated genes (left and right panels, respectively,
methods). P-values from Wilcoxon rank sum test, two-sided. **K.** Clone size change with IFNα
treatment versus difference in normalized frequency of MUT HSC-IGs and IGPs out of all MUT
cells. P-value from F-test, Pearson correlation. Shading denotes 95% confidence interval. **L.** Box
plots showing IGP-specific downregulated signature score in wildtype and *DMNT3A*-mutant
HSCs from individuals with clonal hematopoiesis (CH) (n = 4 samples, no. cells = 1316 wildtype,
529 mutated cells) (*42*). P-values from likelihood ratio test of linear mixed model with/without
mutation status.

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Materials and Methods

Patient samples

The study was approved by the local ethics committee and by the Institutional Review Board (IRB) of Weill Cornell Medicine. The study was conducted in accordance with the Declaration of Helsinki protocol, and all patients provided informed consent. Cryopreserved bone marrow mononuclear cells were obtained from patients with *CALR*-mutated essential thrombocythemia (ET) treated with weekly pegylated IFN-alfa2a during clinical trials MPN-RC-111 (NCT01259817) (*19*) and MPN-RC-112 (NCT01258856) (*20*). Samples used for CD34$^+$ cell analysis include 8 baseline and 13 treated samples (3 of which were collected post-IFNα discontinuation) collected from 10 individuals for GoT-IM. Three baseline ET samples (ET01-ET03) from our previous work (*16*) were included as additional baseline controls with a similar distribution of age, gender, and disease status for treated samples that did not have a paired baseline control. For GoT-ATAC, n = 4 baseline and n = 3 treated samples were included from the clinical trials. For GoT-IM of CD34$^-$ mature cell analysis, 5 baseline and 10 treated samples (2 of which were collected following IFNα discontinuation) were collected from 7 individuals. Two hydroxyurea-treated peripheral blood samples from *CALR*-mutated ET patients from MPN-RC-112 were included for scRNA-seq of CD34$^+$ cells. **Table S1** includes detailed clinical and sample information collected according to clinical trial protocols.

Cell preparation

Cryopreserved bone marrow mononuclear cells were thawed and stained using standard procedures with the surface antibody CD34-PE (clone AC136, dilution 1:50, Miltenyi Biotec) and DAPI (Sigma-Aldrich), according to manufacturer's protocol. To eliminate experimental batch effects, cells were labelled simultaneously with hashing antibodies with time-point-identifying barcodes as described (*21*) using Hashtag Antibodies 1-6 (TotalSeq-A, clone LNH-94, BioLegend) for GoT-IM and Anti-Nuclear Pore Hashing Antibodies 9 and 10 (Clone LNH-94, BioLegend) for GoT-ATAC. To link cell identities to expression of cell surface proteins, cells were also incubated with CITE-seq antibodies (*22*) according to manufacturer protocol (TotalSeq-A, BioLegend, see **table S31** for information on antibodies). For IFN01-IFN10 and IFN13, cells were subsequently sorted for DAPI$^-$ and CD34$^+$ cells to isolate CD34$^+$ populations. For IFN01, IFN02, and IFN09, we sorted for DAPI$^-$ and CD34$^-$ cells to isolate mature bone marrow cells. For IFN05, IFN08, IFN11, and IFN12, CD34 expression by side scatter was used to enriched for granulocytes. CD34$^-$, high side-scatter (SSC) was used to sort for granulocytes, medium SSC to enrich for monocytes/DCs, and low SSC to enrich for lymphocytes. Mature cell populations were then pooled at approximately equal ratios for granulocytes, monocytes/DCs, and lymphocytes for each sample. All FACS sorting was completed using BD Influx at the Weill Cornell Medicine flow cytometry core.

GoT-IM

To simultaneously capture genotyping data and whole transcriptomic data, Genotyping of Transcriptomes (GoT) was performed by adapting the 10x Genomics platform as previously described (*16*). FACS-sorted CD34$^+$ cells for each time-point from the same individual were pooled. The standard 10x Genomics Chromium 3′ (v.3.1 chemistry) was implemented according

to the manufacturer's recommendations up to the cDNA amplification step (10x Genomics,
Pleasanton, CA). After cDNA amplification and SPRI bead (Beckman Coulter) cleanup, 10x
scRNA-seq and ADT/HTO libraries were generated as recommended. A portion of the cDNA was
used for somatic genotyping as previously described (*16*). Briefly, to capture the somatic
genotypes of cells, cDNA was amplified with a locus-specific amplification (10-16 PCR cycles),
using the generic forward SI-PCR primer and a locus-specific reverse primer for the *CALR*
mutations (see **table S31** for primer sequences). The amplified locus-specific cDNAs are then
cleaned using SPRI purification to remove unincorporated primers. Finally, the targeted amplicon
libraries are generated through a PCR performed with a P5 generic forward PCR primer together
with an RPI-x primer (**table S31**). The targeted amplicon libraries were spiked into the remainder
of the gene expression and immunophenotyping libraries to be sequenced together on a NovaSeq
(Illumina, San Diego, CA). The cycle settings were as follows: 28 cycles for Read 1, 90 cycles for
Read 2, 10 cycles for i7 sample index and 10 cycles for i5 sample index.

1313

GoT-IM scRNA-seq data processing, alignment, cell-type classification and clustering

For single-cell GoT-IM data from IFN01-IFN10 patient CD34$^+$ samples and from IFN01, IFN02,
IFN05, IFN08, IFN09, IFN11 and IFN12 patient CD34$^-$ samples, the pooled scRNA-seq, CITE-
seq and hashing libraries were processed with Cell Ranger (v6.1.1 and v6.1.2) using cellranger-
multi pipeline (v1). The reads were aligned to the human genome GRCh38 with default
parameters. The Seurat package (*126*) (v4.1.0) was used to perform unbiased clustering of the
CD34$^+$ sorted cells from each patient. In brief, for individual datasets, cells with UMI > or < 3
standard deviations from the mean UMI and mitochondrial gene percentage >10% were filtered
(**fig. S1A, S4A**). The HTO data was normalized with centered log-ratio (CLR) transformation and
used to assign the time-points for each experiment (*21*). The cells from each time-point were
analytically separated into individual datasets based on the HTO counts (**fig. S1B**). These
individual datasets (in case of CD34$^+$ samples, together with the baseline ET samples from our
previous work (*16*)), were integrated and underwent batch-correction within Seurat, which
implements reciprocal principal component analysis (RPCA) and the principles of mutual nearest
neighbor (*127*). Recommended settings were used for the integration (30 principal components for
the anchor determining procedure in IntegrateLayers function). Principal component analysis was
performed using variable genes using recommended settings (i.e., top 2000 variable genes using
variance stabilizing transformation) (*127*). The first 30 statistically significant principal
components were used as inputs to the UMAP algorithm for dimensional reduction and
visualization (*128*). Clusters were manually assigned based on differentially expressed genes using
the FindAllMarkers function using default settings (using top 2000 variable genes, in a minimum
of 10% of cells in either of the two comparison sets as input, and log-transformed fold change of
0.25 as the threshold, using Wilcoxon rank sum test). The clusters were annotated according to
canonical lineage markers identified previously in single-cell RNA-seq data of normal
hematopoietic progenitor cells (*24*) into 16 main progenitor subsets based on expression of levels
of these canonical markers (Fig. 1C, **fig. S2A-C, S4C**). For dimensional reduction and
visualization of individual experiments (e.g., **fig. S1H**), top 3000 variable genes were included for
principal component analysis, and the first 30 statistically significant principal components were
used as inputs to the UMAP algorithm. The CITE-seq data after normalization using the CLR
transformation was used to distinguish cell types (**Fig. 2B, fig. S2B**) and identify HSCs (**fig. S2D**).

Same integration and downstream clustering methods were used to analyze the two hydroxyurea
(HU) samples.

1346

IronThrone-GoT for processing targeted amplicon sequences and mutation calling

Analysis of the GoT library was carried out as described previously (*16*) using IronThrone pipeline
V2.1 (*42*). Amplicon reads (Read 2) were screened for the presence of the primer sequence and
the shared sequence (i.e., the expected sequence between the primer sequence and the mutation
locus). Reads (Read 1) from GoT-IM experiments were also assessed for matching to the cell
barcode list of the 10x dataset. A mismatch of 20% was allowed for all sequence matching steps.
Only UMIs with at least 2 or more supporting reads were retained for final genotyping
assignments, after the UMI collapse algorithm, as previously described (*42, 129*). Filtered cells
were then genotyped as follows, as previously described: cells with at least one mutant UMI were
categorized as mutant cells whereas cells with no mutant UMI and at least one wildtype UMI were
identified as wildtype.

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Gene module scoring, differential expression and gene set enrichment analysis

For statistical analysis, when the variable in question was cell type identity (e.g., IGP vs IMP), cell
type identity was entered as the fixed effect and samples as random effects in a linear mixed model.
For IGP and IMP comparison, treatment status was also included as a fixed effect. When the
variable in question was genotype status (e.g., *CALR* mutant versus wildtype), genotype status was
entered as the fixed effect and samples as random effects in a linear mixed model. P-values were
obtained from likelihood ratio tests of the full model with the effect in question against the model
without the effect in question. Linear mixed effects analysis was performed using the lme4 package
(v.1.2-1) (*130*).

Differential gene expression testing between two groups within an individual experiment (e.g.,
Fig. 6J) was performed using the logistic regression framework (*131*) with the FindMarkers
function. The tested genes included the top 2,000 variable genes from the CCA integration, which
were filtered for those expressed in at least 10% of either group. In aggregated differential gene
expression analysis (e.g., treated versus baseline as in **Fig. 3B**), the two groups were compared via
the linear mixed model framework, as previously described (*42*). Among CD34$^+$ cells with GoT-
IM data, IFN01-IFN10 samples at baseline and active treatment were included for the differential
expression analysis. For each gene, the variable in question (i.e., treatment or mutation status) was
entered as the fixed effect and samples as random effects. P-values were obtained from likelihood
ratio tests of the full model with the effect in question against the model without the effect in
question. Individual genes with abs(avg_log2FC)> 0.1 and adjusted p-value <0.05 were significant
for further analysis such as module scoring for HSC-specific IFNα-induced upregulated or
downregulated genes.

Pathway enrichment analysis was performed via a pre-ranked gene set enrichment approach
(ranking based on the sign of the fold change * -log10(adjusted P-value)) using the msigdbr
(v7.2.1) (*132*) and fgsea (v1.12.0) (*133*) R packages, using the canonical Hallmark pathway genes
from MsigDB (*134*).

For examining gene module expression (e.g., HSC-specific IFNα-upregulated or downregulated
gene signature), the function AddModuleScore within the Seurat package (*126*) was used to

calculate the relative expression of the genes (that are significantly upregulated or downregulated,
as described above) for each cell. To calculate the module expression of cell-cycle related genes,
G2M phase and S phase marker genes were used as available in Seurat with CellCycleScoring
function. Briefly, expression of a control gene module was calculated and subtracted from the
average gene module expression of interest, as previously described (*44*). All analyzed genes were
classified based on average expression into 24 bins, and for each gene in the module, 100 control
genes are randomly selected from the same expression bin as the gene of interest (*44*). For the
overall IGP module score (**Fig. 2C**), the cells were first scored for the upregulated and
downregulated genes (**Fig. 1E**); the downregulated gene score was subtracted from the upregulated
gene score to obtain the overall IGP score.

1397

RNA velocity analysis using scVelo and partition-based graph abstraction

RNA velocity was assessed from the spliced and unspliced transcript variants using scVelo
(v0.2.5) (*34*). Counts from loom files generated with Velocyto (v0.17.17) (*35*) for each GoT-IM
sample (IFN01-IFN09) were normalized and filtered (UMI counts > 100 and UMI count < 20000).
The annotated data matrices were combined by using anndata.concat() command and cell-specific
annotations such as cell-type, time-point, UMAP and PCA embeddings were imported from the
GoT-IM integrated object. Connectivities between the cell clusters were quantified
using scvelo.tl.paga() within the partition-based graph abstraction (PAGA) framework (*36*).

1406

GoT-ATAC

Cryopreserved bone marrow mononuclear cells were thawed and stained using standard
procedures with the surface antibody CD34-PE (clone AC136, dilution 1:50, MACS) and DAPI
(Sigma-Aldrich), according to manufacturer's protocol. Cells were subsequently sorted for DAPI⁻,
CD34⁺ cells using BD Influx at the Weill Cornell Medicine flow cytometry core. Nuclei were
isolated from DAPI⁻, CD34⁺ cells according to 10x Genomics Demonstrated Low Cell Input
Nuclei Isolation protocol. Lysis buffer was prepared following manufacturer's recommendations
and then split into aliquots for each serial sample. Either TotalSeq-A Anti-Nuclei Pore Complex
Proteins Hashtag 9 or 10 Antibody (1μL at 1:5 dilution; BioLegend) was added to each aliquot of
lysis buffer. Low-input nuclei isolation was otherwise performed following manufacturer's
recommendations. Subsequently, nuclei from each time-point were counted and pooled together
at approximately equal proportions. For IFN07, additional nuclei from the IFNα-treated sample
were available to be run on a separate lane. Single-nucleus gene expression (GEX) and chromatin
accessibility libraries were constructed from the pooled nuclei according to the Chromium Next
GEM Single Cell Multiome User Guide (10x Genomics).

Genotyping libraries targeting the *CALR* mutant transcripts were constructed from the remaining
amplified cDNA, similar to the original GoT method. For each PCR, 12.5μL Kapa HiFI HotStart
Ready Mix was mixed with 0.75μL of 10uM forward primer, 0.75μL of 10uM reverse primer, 3μL
cDNA and nuclease-free water for a total reaction volume of 25μL. In the first PCR, 3μL cDNA
was re-amplified with Partial TSO and Partial Read 1 primers (**table S31**), using the following
PCR condition: 98°C for 3min; 3 cycles of 98°C for 15sec, 67°C for 20sec and 72°C for 1min;
72°C for 1min. The re-amplified sample was purified and concentrated via 0.7X SPRI cleanup,
eluting it into 10μL Buffer EB. To pre-enrich the *CALR* mutation locus, a gene-specific PCR was

performed with 3μL of cleaned re-amplified cDNA and Partial Read 1 and gene-specific primers
(**table S31**). The following PCR condition was used: 98°C for 3min; 11 cycles of 98°C for 20sec,
60°C for 20sec, and 72°C for 2min; 72°C for 2min. After 0.7X SPRI cleanup, cDNA was eluted
into 10μL Buffer EB. *CALR* locus-specific amplification was then performed with 3μL of cleaned
gene-specific amplified cDNA and SI-PCR and loci-specific Primers, using the PCR condition:
98°C for 3min; 11 cycles of 98°C for 20sec, 60°C for 20sec, and 72°C for 2min; 72°C for 2min.
A 0.7X SPRI cleanup was performed, and cDNA was eluted into 11μL Buffer EB. Finally, to
construct the targeted amplicon library, loci-amplified cDNA was mixed with P5 Generic and
RPIx indexing primers (**table S31**) and amplified with the PCR condition: 98°C for 3min; 5 cycles
of 98°C for 15sec, 60°C for 20sec, and 72°C for 1min; 72°C for 1min. The constructed library was
cleaned via 0.8X SPRI cleanup and eluted into 12μL Buffer EB.

At the cDNA amplification stage of the Chromium Next GEM Single Cell Multiome protocol,
supernatant from the 0.6X size selection was retained and was used to generate the hashing
libraries as per HTO protocol (*21*) with the following modification. For the hashing library
construction step, the PCR reaction was prepared with 0.65μL of 10uM SI-PCR primer, 0.65μL of
10uM TruSeq DNA D7xx_s primer (**table S31**), 11.25μL cleaned supernatant and 12.5 μL KAPA
HiFi HotStart Ready Mix (Roche, Basel, Switzerland). Hashing, gene expression and genotyping
libraries were pooled and sequenced together on a NovaSeq (Illumina) with cycle settings: 28
cycles for Read 1, 90 cycles for Read 2, 10 cycles for i7 sample index and 10 cycles for i5 sample
index. The ATAC library was sequenced separately on a NovaSeq, with cycle settings: 50 cycles
for Read 1 and Read 2, 8 cycles for i7 sample index and 24 cycles for i5 sample index.

1451

Data preprocessing, alignment and cell type identification for GoT-ATAC

For single-nuclei GoT-ATAC data from IFN01, IFN03, IFN07 and IFN13 patient CD34$^+$
samples, 10x data were processed using Cell Ranger (v6.1.1 and v6.1.2). Multi-omic nuclear data
for snATAC-seq and snRNA-seq were processed together with Cell Ranger Arc (v2.0.0). snRNA-
seq data was also combined with cell hashing data (HTO) and run using the Cell Ranger Multi
pipeline (v1). The reads were aligned to the human reference genome GRCh38. The downstream
analysis of the processed data was performed using Seurat (v4.1.0) (*126*) and Signac (v1.5.0) (*135*)
packages. For the ATAC analysis, we called peaks on individual samples using MACS2 peak
caller (*136*). Gene annotations from EnsDb.Hsapiens.v86 and motifs annotations from Cis-BP
(*137*) for TF binding motifs were utilized. Cells with blacklist ratio >0.02, TSS enrichment <2 and
nucleosome signal >4 were filtered out. For the RNA data, cells with UMI > or < 3 standard
deviations from the mean UMI or mitochondrial gene percentage > 25%, were filtered (**fig. S7A-
D**). The nuclei hashing data processing was performed as for the GoT-IM data (**fig. S7E**). As
nuclear hashing is known to be noisier than cell hashing (*135*), the nuclear hashing data was used
in combination with cell clustering data, as the cells cluster based on treatment status. After the
cells were segregated analytically based on time-point, the datasets were integrated as described
for the GoT-IM data. snRNA-seq data were integrated where they underwent batch correction with
canonical correlation analysis (CCA) within Seurat and the principles of nearest neighbor (*127*).
Recommended settings were used for the integration (30 canonical correlation vectors for
canonical correlation analysis in the FindIntegrationAnchors function and 30 principal
components for the anchor weighting procedure in IntegrateData function). Principal component
analysis and cell type assignments were performed as described in GoT-IM. Integration via the
ATAC-seq data was performed by normalizing the merged counts using first term frequency

inverse document frequency (TFIDF) normalization with RunTFDIF followed by linear
dimensional reduction using latent semantic indexing (LSI). The first 2:30 dimensions were
retained, and batch-correction was performed with runHarmony (Harmony, v0.1.0) which
iteratively learns cell-specific linear correction function to account for batch effect. Pseudotime
analysis was performed by constructing cell lineage trajectory with Monocle 3 (*138-140*). We used
as.cell_data_set function from SeuratWrappers package to convert Seurat object to CellDataSet
object used by Monocle 3. IronThrone-GoT protocol was used to determine mutation calling
within the GoT-ATAC assay, as described for GoT-IM. A requirement of at least four reads
supporting a UMI was implemented for GoT-ATAC. To capture genotyping reads within the
snRNA-seq data, we called *CALR* variants using the gene expression BAM derived from the
standard Multiome workflow. BAMQL (*141*) and the CIGAR string of the BAM file were used to
parse reads containing the expected wildtype and mutant sequences. Cells expressing at least one
mutant UMI were categorized as mutant and cells with just wildtype UMI were assigned as
wildtype. Genotyping assignments were then appended to calls made by IronThrone.

1489

Identification of distal regulatory elements with gene-peak cis-association

For each GoT-ATAC sample, we examined all ATAC peaks within ± 500kb of all annotated TSS
to identify regulatory networks of genes using LinkPeaks function (*72*). Pearson correlation
between gene expression and accessibility of the peaks located in the window was calculated after
correcting for bias arising from GC content, overall accessibility and peak size. Recommended
settings were implemented (200 background peaks per peak with similar GC content and
accessibility, P-value < 0.05 and min.cell = 10).

1497

Motif enrichment analysis in GoT-ATAC

Per-cell TF motif activity score (chromatin accessibility) was calculated by running chromVAR
(v1.18.0) (*69*). We used the curated Cis-BP motif database (*137*) which contains 1141 human TF
motif position frequency matrices (PFMs). The function matchMotifs was first called to identify
which peaks contain which motifs (P-value = 5×10^{-5}). A set of background peaks that are similar
to a peak in GC content and average accessibility was internally picked and used for normalizing
the deviation scores. Deviation Z-scores, namely bias-corrected deviation z-scores in accessibility
from the expected accessibility based on the average of all the cells, were then calculated for each
TF motif and each cell.

To perform differential motif enrichment analysis, within a sample and on the deviation z-score
computed by chromVAR, we applied the function FindMarkers in Signac (Wilcoxon Rank Sum
test), where the average difference in z-score between the groups was calculated. For integrated
data, we combined the P-values (Fisher's method) and calculated weighted mean deviation score
across individual samples. P-values were adjusted by the Benjamini-Hochberg method.

To find over-enriched motifs for a group of genomic features, the FindMotifs function was used,
accounting for accessibility and GC content bias by selecting 5000 accessible background peaks
with similar GC content for each feature set. To identify motifs enriched in a singular genomic
range, FIMO (v5.4.1) from MEME suite (*142*) was used to scan for Cis-BP TF motifs along the
nucleotide sequence from human reference genome GRCh38 with a p-value threshold of 0.0001.
We de-prioritized zinc fingers (ZNFs) in the list of motifs specific to genomic regions as each

individual ZNF binds to three bp motif leading to more frequent matches and higher match scores
(*143*). chromVAR was used to compute the synergy between pairs of TF motifs, where synergy is
defined as the excess variability of chromatin accessibility for peaks sharing both motifs compared
to a random subsample of the same size of peaks with one motif. High synergy usually indicated
a cooperative binding relationship between pairs of TFs. The function getAnnotationSynergy was
called to calculate synergy scores (*69*).

1524

Retrospective flow cytometry data analysis

Retrospective flow cytometry data analysis was performed in accordance with relevant guidelines,
regulations and approval by the Institutional Review Board at Weill Cornell Medicine (IRB
#1007011151). Patient flow cytometry data selected corresponded to patients with
myeloproliferative neoplasms and which had the same antibody panel analyzed by flow cytometry.
Patients with a diagnosis of ET or polycythemia vera with no increase in myelofibrosis or blast
counts were included in the study. The antibody panel chosen for evaluation was a modified
version of the EuroFlow AML/MDS tube #4 (*144, 145*) that consisted of the following antibody-
fluorophore pairs, in addition to forward scattering and side scattering pulse area and width
measurements (FSC-A, FSC-H, SSC-A, and SSC-H): cytoplasmic TdT/FITC (clone HT-6,
Agilent/Dako, cat. F7139), CD56/PE (clone C5.9, Cytognos, cat. CYT-56PE), CD34/PerCP-Cy5.5
(clone 8G12, BD Biosciences, cat. 347213), CD117/PE-Cy7 (clone 104D2D1, Beckman
Coulter/Immunotech, cat. IM3698), CD7/APC (clone GP40 [Leu-9], Invitrogen, cat. 17-0079-42),
Fixable Viability Stain 700 (BD Biosciences, cat. 564997), CD19/APC-H7, HLA-DR/Pacific Blue
(clone SJ25C1, BD Biosciences, cat. 643078), and CD45/V500 (clone 2D1, BD Biosciences, cat.
347213). Data was collected using BD LSR II flow cytometers, with approximately 500,000 events
collected per antibody panel per sample to generate the raw data FCS files.

Custom software was developed using python, FlowKit (*146*) and umap-learn (*128*) to detect the
antibody panels that were used to generate each raw data FCS file and to determine the unused
flow cytometer channels that should be disregarded using the self-contained metadata for each file.
Subsamples from each FCS file were combined to make an "ensemble FCS file" that could be used
to create the UMAP embedding that could be applied to each of the individual files. Each
subsample consisted of the same number of randomly selected flow cytometer events such that the
combined total number of events was approximately 250,000 for each unique antibody panel. The
various channels were normalized and processed using UMAP to calculate the normalization
constants and UMAP embedding that were then applied to all FCS files of the given antibody
panel. Of note, the UMAP calculations included the forward scatter height (FSC-H), side scatter
height (SSC-H) and each of the defined fluorescence channels. The normalization factors and
UMAP embedding were then applied to all the individual files. Modified FCS files were created
that included the UMAPs as additional channels for subsequent evaluation and gating using
FlowJo software (v10.8.1, FlowJo LLC, Ashland, Oregon, USA).

Using FlowJo, appropriate gates based on the UMAP plot were determined using the ensemble
FCS file. Additional standard gating was also performed using the original data channels (gating
using the other channels is essential to determine the identities of the various cell clusters within
the UMAP plots). UMAP gates were based on data after gating out doublets and non-viable cells
via standard gating approaches. Once the UMAP gates were determined to adequate satisfaction
(sufficient segregation of cell subpopulations and verified to encompass cells of the same or similar

type), they were then applied to all the FCS files of the given antibody panel. The FCS files were
divided into untreated/only aspirin treated cohort (n = 33), an interferon-treated cohort (n = 9), a
hydroxyurea-treated cohort (n = 10). The ratios and absolute numbers of cells, as well as other
summary statistics were then calculated, and the values exported as CSV files. Statistics included
numbers of $CD34^+$ blasts; $CD19^+$, $cTDT^+$, $CD34^+$ lymphoid progenitors; $CD19^+$ lymphocytes;
CD19-negative lymphocytes/NK cells; and monocytes. Relevant distributions of cells for each
cohort are plotted, and the Wilcoxon p-statistic was calculated for various compared distributions.

1569

Multiplexed Immunofluorescence

Multiplexed immunofluorescence (mIF) was performed using the Opal system (Akoya
Biosciences) by staining 4 micron-thick Bouin-fixed, paraffin-embedded whole-tissue sections
from decalcified human bone marrow core biopsy specimens in a Bond RX automated tissue
stainer (Leica Biosystems, Buffalo Grove, IL), as described previously (*147, 148*). Briefly, tissue
sections were first deparaffinized prior to EDTA-based antigen retrieval (Leica ER2 solution,
20min). A cyclical staining protocol was then performed, with horseradish peroxidase-mediated
deposition of tyramide-Opal fluorophore constructs (Akoya Biosciences) in each cycle, with
intervening application of heat, citrate-based epitope retrieval solution (Leica ER1), and Bond
Wash Solution (Leica) to execute stripping of primary/secondary antibody complexes between
staining cycles. Finally, 4', 6-diamidino-2-phenylindole (Spectral DAPI, Akoya Biosciences) was
applied per provided protocols to label nuclei. The following panel of primary
antibody/fluorophore pairs was applied to all cases, in a sequential order as shown: 1) Opal
480/anti-mutant CALR (1:120, CAL2, Dianova), 2) Opal 520/anti-CD38 (1:50, 38C03 (SPC32),
Invitrogen), 3) Opal 570/anti-CD117 (1:100, D3W6Y, Cell Signaling), 4) Opal 620/anti-TdT (1:8,
SEN28, Invitrogen), 5) Opal 690/anti-CD34 (1:100, QBEND/10, Invitrogen), 6) Opal 780/anti-
Ki67 (Ready-to-use, MM1, Leica). Slides were cover-slipped using ProLong™ Diamond Antifade
Mountant (Invitrogen). Whole slide scans were subsequently obtained at 20X magnification using
the Vectra Polaris Automated Quantitative Pathology Imaging System (Akoya Biosciences) to
generate a collection of tiled images, which were subsequently spectrally unmixed in InForm
(v2.4.8, Akoya Biosciences). Unmixed tiles were finally fused together in HALO (v3.3.2541.231,
Indica Labs) to generate a multi-layered TIFF image file for each sample, which was used in
downstream analyses.

1593

Image Analysis with PathML

Vectra whole-slide images (WSIs) were digitized using digital whole-slide scanners and stored in
tiff format. WSIs of bone marrow sections were captured (n = 9 samples). Each sample was stained
based on 8 cell markers including DAPI, mutant-specific CALR, CD38, CD117, TdT, CD34,
Ki67, and auto-fluorescence. The image contrast was enhanced using histogram equalization in
Fiji. To analyze the Fiji-preprocessed WSIs, PathML, a toolkit for computational image analysis
(*149*), was applied to images. Images were loaded and divided into equal-sized tiles on which we
ran our preprocessing pipeline. This pipeline starts with coercing the tile shape into the standard
x,y,c format followed by segmentation. Nuclear and cellular segmentation were performed using
the Mesmer (*150*) deep learning segmentation model implemented in PathML with DAPI and
autofluorescence used as nuclear and cell membrane markers, respectively. Subsequently, we used
the 'QuantifyMIF' function from PathML to convert the segmented images into count matrix

which includes the intensity of each marker in each segmented cell along with cell coordinates,
size, and eccentricity. To remove the noise from the count matrix data, any cell with raw intensity
less than 50 for DAPI and auto-fluorescence markers was excluded from the analysis. Next, the
thresholds were obtained to find the positive and negative expression level for each cell marker.
The thresholds were manually set for each marker based on examination by a board-certified
hematopathologist.

1612

CUT&RUN Assay

UT7 cell lines expressing MPL (thrombopoietin receptor) and either the mutant *CALR* (type 1,
L367Tfs*46) or wildtype *CALR* transgene (*93*) were seeded in 10cm plates in DMEM
supplemented with 10% FBS (Thomas Scientific) and 5 ng/ml GM-CSF (Miltenyi-Biotec). Cells
were treated with 0.1µg/ml Recombinant Human IFN-alpha2a (RC217-14) or PBS-1X control for
24hrs. After treatment, cells were washed 1x with PBS and collected for use with the CUTANA™
CUT&RUN assay (EpiCypher) according to the manufacturer's protocol. 0.5µg of anti-human
rabbit monoclonal PU.1 antibody (ab76543) and IgG antibody (ab172730) were used in the assay.

CUT&RUN data were down-sampled to have same number of reads across all conditions within
the sample replicate to account for difference in sequencing depth. Among the down-sampled
reads, low-quality reads were filtered out using Trimmomatic (*151*), resulting reads were aligned
with hg38 genome with Bowtie2 (*152*), and PCR duplicates were removed with SAMtools (*153*)
with a previously described workflow (*154*). Aligned reads were then used for peak calling with
MACS3 (*136*) with a q-value threshold of 0.01 and reads from IgG antibody as the control. SPI1
over-enrichment in the called peaks was confirmed with Simple Enrichment Analysis (SEA,
v5.5.5) (*155*). Overlapping peaks between replicates of the same condition were kept for further
processing. The peaks were processed with multiBamSummary function from deepTools (*156*) to
obtain counts matrix per sample for downstream analysis.

Differential peak enrichment analysis was run between conditions (MUT vs WT and IFNα-treated
vs control) using DESEQ2 (*157*) for distal PU.1 peaks. Differential peaks in each condition were
centered around SPI1 motif and motif enrichment was performed for regions +/- 250 bp from SPI1
motif using HOMER (v.4.1.1) (*96*). Differential ranking between each motif two conditions was
calculated (**Fig. 6H, right, fig. S12B, D**).

1636

Single-cell Differentiation Assay

One day before sorting HSCs, flat-bottom 96-well plates were coated with 60µL 0.2% gelatine
(Sigma) per well for 1 hour and then removed. Low passage murine MS5 stroma cells were plated
at a density of 1500 cells/well in 100µL Myelocult H5100 medium (Stem Cell Technologies), 1%
Penicillin-Streptomycin (Pen/Strep, 10,000 U/mL, Gibco) and 1% glutamine (Gibco). On the day
of the assay, the medium was changed to lympho-myeloid media consisting on 100µL/well
Myelocult H5100 medium, 1% Pen/Strep and 1% glutamine supplemented with the following
cytokines: IL-2 10ng/mL, IL-6 20ng/mL, IL-7 20ng/mL, SCF 100ng/mL, TPO 50ng/mL, G-CSF
20ng/mL, FLT3L 10ng/mL and GM-CSF 20ng/mL (all from Bio-Techne). Cryopreserved bone
marrow mononuclear cells (n = 2 baseline and 3 IFNα-treated samples) were thawed and CD34$^+$
cells were isolated using the EasySep™ Human CD34 Positive Selection Kit II (StemCell
Technologies #17856) following manufacturer's protocol. CD34$^+$ isolated cells were then stained

with FITC CD45RA (1:50), APC-Cy7 CD34 (1:200), APC CD90 (1:50), Pe-Cy7 FLT3 (1:100),
PerCP-Cy5.5 HLA-DR (1:100), and BV786 CD41 (1:100) (antibody details in **table S31**). CD34$^+$
CD90$^+$ cells were index-sorted by FACS directly into 96-well plates with pre-plated MS5 stromal
cells. Eight days after sorting, 70μL of media were removed from the top of the plate without
disturbing the colonies, and 170μL of IMDM medium (Gibco) with 10% BIT 9500 (StemCell
Technologies), 1% Pen/Strep, 1% glutamine, supplemented with IL-2 10ng/mL, IL-3 20ng/mL,
IL-6 10ng/mL, IL-7 10ng/mL, SCF 100ng/mL, TPO 50ng/mL, G-CSF 10ng/mL, FLT3L
10ng/mL, SDF1 5ng/mL and 2-ME (1.8μL per 50mL), were added. Colonies were analyzed under
the microscope 16-18 days after sorting and all visible colonies were detached by pipetting from
the stromal cell layer and transferred into a 96-well U-bottom plate using a plate filter (Pall
AcroPrep), to prevent the carryover of MS5 cells. Cells were stained for 1 hour at 4ºC with FITC
CD66b (1:100), PE CD16 (1:100), PerCP-Cy5.5 CD184 (1:100), Pe-Cy7 CD83 (1:100), APC
CD14 (1:100), V500 CD45 (1:100), BV650 CD71 (1:100), and BV711 CD33 (1:100) (antibody
details in **table S31**) with 50μL/well antibody mix and washed afterwards with 200μL PBS and
2.5% FBS. Immunophenotype of the colonies was assessed in a BD LSRFortessa Analyzer. Flow
cytometric analysis was performed using FlowJo and OMIQ. To generate differentiation plots,
OMIQ was used to gate live cells and calculate UMAP dimensional reduction based on expression
of CD14, CD34, CD45, CD71, CD33, CD16, and CD66b after integrating cells across every
colony using recommended settings. A total of 177 colonies were included in the analysis from 5
samples (after filtering for colonies with <350 live cells). GEMM colonies showed CD71$^+$, CD14$^+$,
and CD66b$^+$ populations. GM colonies showed both CD14$^+$ and CD66$^+$ populations (at least 1%
each). Neutrophil-only colonies showed <1% CD14$^+$ cells and at least 95% CD66b$^+$ cells. To
increase the stringency of the neutrophil-only assignment, a minimum of 4000 events was required
for this assignment. The remainder of the colonies were labeled as early myeloid (EM) colonies
showing a large CD33$^+$ population (>40%) that lacked either CD14 or CD66b expression.

1674

Western Blot

1x10^6 K562 cells were seeded in triplicate in a 10cm plate in RPMI 10% FBS 1% Pen/Strep.
Recombinant Human IFN-alpha2a (RC217-14) was diluted in PBS and added to treatment
condition plates at a concentration of 2000U/ml. Corresponding control plates were treated with
equal volumes of PBS. Cells were kept in media with or without IFNα for 24hrs or 48hrs, after
which cells were collected and cell count and viability was recorded. Cells were then centrifuged
at 300g for 5min at 4°C. Pellet was resuspended in cold PBS and centrifuged at 300g for 5min at
4°C. Dry cell pellets were frozen at -80°C until ready for use. Cell pellets were lysed in RIPA
Buffer (ThermoFisher #89901) with Protease Inhibitor (ThermoFisher #78420) and Phosphatase
Inhibitor (ThermoFisher #78429) for 15min on a shaker at 4°C. Total protein was quantified using
colorimetric BioRad DC Protein Assay (#5000113). Samples were run on a Novex Tris-Glycine
Mini Protein Gel (ThermoFisher) according to manufacturer's protocol and transferred via
standard wet transfer protocol. After blocking with 5% milk for 1hr at room temperature, blot was
stained with anti-human mouse PU.1 monoclonal antibody (1:1000) (CST #89136) and anti-
human rabbit Vinculin monoclonal antibody (1:10000) (ab129002) diluted in Intercept T20
Antibody Diluent (LI-COR) overnight at 4°C. After washing with TBS-T (1X TBS, 0.1% Tween
20) buffer, blot was stained with secondary antibodies including anti-mouse IRDye 800CW Goat
anti-Mouse IgG Secondary Antibody (1:5000) AND IRDye 680RD Goat anti-Rabbit IgG

Secondary Antibody (1:5000) for 1hr at room temperature (antibody details in **table S31**). Blot
was then imaged using LI-COR machine and absorbance quantified using LI-COR software.

1695

1696 Lentiviral Constructs for Overexpression Experiments

Lentiviral overexpression (OE) vectors and their corresponding control vectors were designed and
obtained from VectorBuilder. All constructs included a lentivirus backbone (pLV) with gene-
specific inserts, a fluorophore and an antibiotic resistance insert. The RFX3-OE insert consisted
of human RFX3 ORF (NM_001377999.1) driven by the human phosphoglycerate kinase (hPGK)
high-expression promoter, with CMV-mCherry-T2A-Puro for selection. The SPI1-OE and
CEBPA-OE inserts consisted of the human SPI1 ORF (NM_001080547.2) and human CEBPA
ORF (NM_001287424.2) respectively, driven by the hPGK promoter, with CMV-EGFP-T2A-
Puro for selection. The control vectors contained the hPGK promoter driving an empty ORF
stuffer, followed by CMV-mCherry-T2A-Puro or CMV-EGFP-T2A-Puro. The plasmid vectors
were generated and amplified by VectorBuilder.

1707

1708 Lentivirus Production

HEK-293T cells were seeded at a density of $2x10^6$ cells in DMEM, 10% FBS and 1% Pen/Strep
in a 10cm plate. After 24 hours, media was changed to DMEM and 10% FBS. 9μg OE or control
plasmid was added to 1mL Opti-MEM (ThermoFisher) containing 3μg pMD2.G plasmid and 8μg
psPAX2 plasmid and incubated with Lipofectamine 2000 (ThermoFisher) in 1mL of Opti-MEM
for 15min at room temperature. Mixture was then added dropwise to the cells and incubated at
37°C for 24 hours. Media containing virus was collected over the next 48 hours. Lentivirus was
then concentrated using Lenti-X Concentrator (Clontech #631231) according to manufacturer's
protocol. Viral titer was determined using the qPCR Lentivirus Titer Kit (Applied Biological
Materials LV900).

1718

1719 Lentiviral RFX3 Overexpression of CD34$^+$ Cells

Frozen umbilical cord blood mononuclear cells were purchased from the NYC Blood Center. After
cells were thawed rapidly at 37°C, red blood cell lysis was performed using ACK Lysis Buffer
(ThermoFisher) on ice for 7min. Cells were then centrifuged at 300g for 5min at 4°C. Supernatant
was discarded, and cell pellet was resuspended in cold MACS buffer (PBS-1X with 0.5% BSA).
Cells were centrifuged at 300g for 5min at 4°C, and resuspended in cold MACs buffer at a
concentration of 1x10^7 cells/mL. CD34$^+$ cells were then isolated with the EasySep™ Human
CD34 Positive Selection Kit II (StemCell Technologies #17856) according to manufacturer's
protocol. After isolation, cells were counted and plated in 96-well round-bottom plates (Falcon) in
StemSpan™ SFEM II media (StemCell Technologies) with StemSpan™ CD34$^+$ Expansion
Supplement (StemCell Technologies) and 1% Pen/Strep. After 24 hours in culture, cells were spun
down and resuspended in minimal media consisting of StemSpan StemSpan™ SFEM II media
with StemSpan™ CD34$^+$ Expansion Supplement, 1% Pen/Strep, 10μM prostaglandin E2
(StemCell Technologies #72192) and 100ng/μl poloxamer 407 (Millipore Sigma P2164030). Cells
were split into 2 technical replicates each for untransduced condition, mCherry-control vector
transduction, and RFX3-OE vector transduction. Lentivirus or PBS control was added at an MOI
of 100 directly into the well. Cells were then spinoculated at 300g, 32°C for 1 hour. After the spin,

cells were incubated in same lentivirus-containing media for 24 hours at 37°C before resuspension
in fresh media consisting of StemSpan™ SFEM II media with StemSpan™ CD34$^+$ Expansion
Supplement and 1% Pen/Strep. After 48 hours of incubation, cells were stained with CD34-APC
antibody (1:50) (**table S31**). Cells were then FACS isolated for the CD34$^+$ population in the
untransduced condition and the CD34$^+$ mCherry$^+$ populations in the RFX3-OE and mCherry-
control conditions. Three independent transduction experiments were completed with new units of
umbilical cord blood cells.

Untransduced, mCherry-Control, and RFX3-OE CD34$^+$ cells were stained with Cell Hashing
antibodies (HTO TotalSeq-A, BioLegend) for 30 min at 4°C. Cells were then washed with FACs
Buffer three times, pooled, and counted for loading. scRNA-sequencing was then performed using
the 10x 3' v3.1 platform according to manufacturer's protocol. HTO demultiplexing and
downstream analyses such as differential gene expression and gene set enrichment were performed
as in GoT-IM for CD34$^+$ bone marrow samples. scRNA-seq experiment was completed on one
replicate of three independent transduction experiments.

The FACS-sorted cells were also used for colony-forming unit (CFU) assays. MethoCult total
media were prepared using MethoCult™ H4034 Optimum (StemCell Technologies # 04044)
supplemented with 10ng/ml human FLT3L and IL-6 (Miltenyi-Biotec) and 1% Pen/Strep. 250
cells per group (Untransduced, mCherry-Control, and RFX3-OE) were added to 3mL MethoCult
total and vortexed thoroughly. Tubes were then left at room temperature until bubbles rose to the
surface. 1.25mL of MethoCult with cell suspension was transferred per well of a 6-well plate (2
replicates per group) via blunt-edge 16g needle. Plate was incubated at 37°C for 14 days after
which colonies were counted and identified by morphology. CFU assay was completed on all three
of the independent transduction experiments.

1759

Lentiviral Transduction of K562 Cells

K562 cells were seeded at density of 3x10^5 cells/mL in 24-well tissue-culture treated plates
(Falcon) in 500µL of K562 media (RPMI with 10% FBS and 1% Pen/Strep) in triplicate for each
of the following conditions: untransduced, mCherry-Control, RFX3-OE, EGFP-control, SPI1-OE,
and CEBPA-OE. Concentrated lentivirus (or PBS-1X control for untransduced condition) was
added directly to each well at MOI of 20, shaken gently and incubated at 37°C for 24 hours. After
24 hours in lentivirus-containing media, plates were spun at 300g for 5min at room temperature,
and supernatant media was replaced with fresh K562 media. Cells were then incubated at 37°C for
72 hours to allow for vector expression. Post-72 hours, cells were pooled per condition and washed
with FACS buffer (PBS-1X with 2% FBS). mCherry+ or EGFP+ cells per condition were then
FACS-isolated and plated in K562 media in tissue-culture treated T25 flasks and allowed to
recover for 48 hours before use in subsequent experiments. Two independent transduction
experiment replicates of mCherry-Control, RFX3-OE and SPI1-OE and three independent
replicates of EGFP-control and CEBPA-OE were performed.

1774

***In vitro* IFNα Treatments of SPI1-OE and CEBPA-OE Cells**

5x10^6 untransduced, EGFP-control and SPI-OE K562 cells were seeded in 24-well TC-treated
plates in 1mL of K562 media (RPMI with 10% FBS and 1% Pen/Strep). Recombinant Human
IFN-alpha2a (RC217-14) was diluted in PBS-1X and added to treatment condition plates at a

concentration of 2000U/mL. Equal volume of PBS-1X was added to untreated controls. After
gentle shaking, cells were incubated at 37°C for 24 hours. Post-incubation, cell suspension was
collected and spun at 350g for 5min at 4°C. Supernatant was aspirated and cell pellet was washed
with 1mL cold PBS. Cells were spun again at 350g for 5min at 4°C. Supernatant was aspirated and
dry cell pellets were frozen at -80°C until RNA was extracted.

1784

1785 RNA extraction and RT-QPCR

Total RNA was prepared using the RNeasy Plus Micro or RNeasy Micro kit (Qiagen, #74034/
74004) according to the manufacturer's instruction. RT-QPCR assays were performed using a
QuantStudio™ 5 Real-Time PCR System (Applied Biosystems). One-step qRT-PCR assays were
performed using the Power SYBR™ Green RNA-to-CT™ 1-Step Kit (Thermo Fisher Scientific,
#4389986) according to manufacturer's instructions. The thermal cycling conditions comprised a
reverse transcription step at 48°C for 30min, an initial denaturation (enzyme activation) step at
95°C for 10min and 40 cycles at 95°C for 15s and 60°C for 1min. Transcripts of the TBP gene
encoding the TATA box-binding protein (a component of the DNA-binding protein complex
TFIID) were quantified as an endogenous RNA control. Quantitative values were obtained from
the cycle number (Ct value), according to the manufacturer's manuals (Applied Biosystems) and
$2^{-\Delta CT}$ values were calculated relative to TBP. Sequences of primers used for QPCR are listed in
table S31.

1798

1799 Statistics and reproducibility

Linear mixed modeling (LMM) was implemented using the lme4 R package (v.1.2-1). In all cases,
LMMs were generated with/without cell mutational status, treatment status or cell types, as
specified in the figure legends. This allowed inclusion of random effects to account for biological
variation. We included patient sample as random effects in our statistical comparisons. P-values
were calculated by analysis of variance with likelihood ratio test using the Stats R package (v.3.5.1)
between two models (with or without the fixed variable of interest). P-value adjustments were
done with Benjamini-Hochberg FDR-correction unless specified otherwise.

For all box plots presented, the box represents the interquartile range; upper and lower whiskers
represent the largest and smallest values within 1.5 times the interquartile range above the 75th or
below the 25th percentile, respectively; the central line represents the median. Dots represent
outlier values or data value distributions. For all violin plots, the violin represents the kernel
probability density of the data and dots represent the observed values.
1812

 Supplementary Figures

1814
Fig. S1 (related to Fig. 1): Genotyping of Transcriptomes integrated with

immunophenotyping (GoT-IM) profiles thousands of CD34$^+$ cells at baseline and following
treatment with IFNα. A. Change in platelet frequency at baseline and one year upon IFNα
treatment for samples (IFN01-IFN13) included in the study (top) and samples that were not
available (bottom) from MPN-RC-111/112 trial. Patient samples with both baseline and year 1
were included. P-values from likelihood ratio test of LMM with/without treatment status
(methods). **B.** Box plots showing number of UMIs (left panel), and genes (right panel) detected
per cell in sorted CD34$^+$ hematopoietic progenitors from each patient after filtering based on
quality control (QC) metrics (**methods**). **C.** Top: Time-point assignment (data demultiplexing)
using time-point specifying barcodes. Cells in which both barcodes are detected are considered as
doublets and excluded. Representative patient sample IFN01 (n = 8,696 cells) shown. Bottom:
Heatmap showing HTO expression level for baseline and IFNα-treated cells from IFN01. **D.**
Uniform Manifold Approximation and Projection (UMAP) of sorted CD34$^+$ progenitors (n =
65,452 cells, samples from this study and Nam et al., 2019) highlighted by patient ID (n = 13
individuals, left) and treatment status (right) after integration with zoomed in view of the region
with IGP cluster. **E.** Integrated UMAP of sorted CD34$^+$ progenitors from Nam et al., 2019 (n =
14,872 cells) highlighted by patient ID (n = 3 individuals, left) and cell type clusters (right). **F.**
Integrated UMAP of sorted CD34$^+$ progenitors of ET patients from the MPN-RC-111/112 trials
(n = 50,580 cells) highlighted by patient ID (n = 10 individuals, left) and cell type clusters (right).

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Fig. S2 (related to Fig. 1): GoT-IM of baseline and IFNα-treated samples identifies HSPC
populations. A. Heatmap of top 15 differentially expressed genes for each progenitor cell type.
Cells of each progenitor type were down-sampled to the same number (n = 100 cells per cluster)
for visualization. **B.** Heatmap showing median scaled expression of canonical HSPC protein
markers from a representative patient IFN03. **C.** Dot plot showing expression levels of cell type
specific gene markers in each progenitor subset. **D.** UMAP of sorted CD34^{+} HSPCs (n = 65,452

cells) highlighting CD38, CD90 and CD45RA protein expression and *AVP* RNA expression. **E.**
Bar plot showing normalized IGP frequency from paired samples (n = 7 individuals) at baseline
and IFNα treatment. P-value from likelihood ratio test of LMM with/without treatment status
(**methods**). **F.** Box plot showing the cell frequency at baseline and upon IFNα treatment per sample
(right). For IFN02, IFN04 and IFN05, the time-point powered with greater number of cells was
selected. P-value from likelihood ratio test of LMM with/without treatment status (**methods**). **G.**
UMAP of sorted CD34$^+$ HSPCs overlaid with cell type assignment after separate integration for
baseline (left, n = 33,877 cells) and IFNα-treated (right, n = 31,575 cells) samples. **H.** UMAP of
CD34$^+$ HSPCs overlaid with cell type assignment from representative samples IFN04 (n = 7,282
cells, left) and IFN05 (n = 3, 375 cells, right).
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Fig. S3 (related to Fig. 1): IFNα induces a novel inflammatory granulocytic progenitor state.

A. UMAP showing gene expression levels of differentially upregulated TFs in IGPs compared to
IMPs**. B.** Left: Volcano plot of differentially expressed genes between IFNα-treated IGPs and
HSC-IGs. P-values from likelihood ratio test of linear mixed modeling with/without cluster
identity as a fixed effect variable (**methods**). Genes in blue represent genes enriched in the TNFα
signaling via NF-κB and those in green enriched in the G2M Checkpoint pathway (box
representation is same as **Fig. 1E). C.** Pre-ranked gene set enrichment analysis using the MSigDB
Hallmark collection of G2M Checkpoint and E2F Targets gene set. **D.** Cell cycle gene expression
in IFNα-treated HSC-IGs vs IFNα-treated IGPs. P-value from likelihood ratio test of LMM
with/without cluster identity. **E.** Schematic showing proposed model of HSC vs HSC-IG
differentiation (top-left). UMAPs generated from flow-cytometric data showing representative
colonies from single-cell differentiation assay from baseline and IFNα-treated BM HSCs
(methods) depicting differentiation trajectories (bottom-left). Normalized frequency of colonies
including early myeloid (EM), granulocytic (G), mixed granulocytic-monocytic (GM), mixed
granulocytic, monocytic, early myeloid (GEMM) across single-cell differentiation assays from
sorted baseline (n=2) and IFNα-treated (n=3) samples **(methods)** (right).
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Fig. S4 (related to Fig. 2): Genotyping of Transcriptomes integrated with
immunophenotyping (GoT-IM) profiles thousands of CD34⁻ cells at baseline and following
treatment with IFNα. A. Box plots showing number of UMIs (left panel), and genes (right panel)
detected per cell in sorted CD34⁻ mature immune cells from each patient after filtering based on
quality control (QC) metrics (**methods**). **B.** UMAP of sorted CD34⁻ immune cells (n = 59,912
cells) highlighted by patient ID (n = 7 individuals, left) and treatment status (right) after
integration. **C.** Heatmap of top 15 differentially expressed genes for each immune cell type. Cells
from each group was down-sampled to the same number (n = 75 cells per cluster) for visualization.
D. Integrated UMAP of sorted CD34⁺ progenitors and CD34⁻ mature immune cells from
representative samples (n = 4 individuals, IFN09-IFN12) highlighted by cell type assignment.

Figure S5

Fig. S5 (related to Fig. 3). IFNα induces HSC cell cycle entry. A. UMAP of CD34⁺ cells from

patient IFN02 highlighting treatment status (n = 4,326 baseline cells, 2,912 IFNα-treated cells at
year 1 and 541 IFNα-treated cells at year 2, left). Box plot showing transcriptional distance
measurements between HSCs from each time-point and HSCs at baseline (right). Transcriptional
distance corresponds to Euclidean distance of the first thirty principal components. P-values from
Wilcoxon rank sum test, two-sided. **B.** Volcano plot showing differentially expressed genes
between baseline and IFNα-treated MkPs. P-values from likelihood ratio test of linear mixed
modeling (LMM) with/without treatment status (**methods**). Genes in black are enriched in the
TGFβ signaling and those in orange enriched in the IFNα/γ response. Enrichment is based on pre-
ranked gene set enrichment analysis (GSEA) using the MSigDB Hallmark collection. **C.** Cell cycle
status of progenitor cells. For each cell type, left subpanel: Cell cycle gene expression in progenitor
cells (representative patient IFN01, see **table S2** for cell numbers). Right subpanel: Frequencies
of cells in G2/M/S phase as assessed in left subpanel (n = 11 baseline and 9 treated samples). P-
values were derived from likelihood ratio test of LMM with/without treatment status. **D.**
Frequencies of cells in G2/M/S phase in HSCs and progenitor cells at baseline and upon IFNα
treatment (n = 12 paired samples from 6 individuals). P-values were derived from likelihood ratio
test of LMM with/without treatment status. **E.** *CXCR4* (CD184) protein expression in stem and
early progenitor subsets (HSCs, IMPs, MLPs, MEPs and MDPs) at baseline and under IFNα
treatment. P value from likelihood ratio test LMM with/without treatment status. **F.** Volcano plot
showing DE genes between baseline and HU treated HSPCs highlighting genes in cellular response
to DNA damage (light-blue) the MSigDB GOBP collection, IFNα^{UP} genes (teal) and IFNα^{DN}
genes (purple) from. P-values from likelihood ratio test of LMM with/without treatment status. **G.**
Heatmap showing results of the pre-ranked gene set enrichment analysis comparing baseline and
HU treated HSPCs. Values show the sign of the normalized enrichment score (NES) multiplied by
-log10(Adjusted P-value). **H.** Gene expression of IFNα response signature, TGFβ pathway and
TNFα signaling from the MSigDB Hallmark collection and HSC-IG vs HSC1 (**Fig. 1G**) signature
at baseline, during and post-IFNα-treatment in HSCs (HSC1 and HSC2 subclusters from **Fig. 1G**),
HSC-IGs and IGPs from a representative sample IFN05. **I.** Scatterplot showing correlation
between patients' age and their normalized HSC-IG and IGP frequency at baseline (left) and upon
IFNα treatment (right). **J.** Boxplots showing module gene expression of previously identified
aging-specific upregulated genes (left) and downregulated (right) genes (*56*) in IFNα-treated HSCs
(HSC1 and HSC2 subsets from **Fig. 1G**), HSC-IGs and IGPs. P-values from likelihood ratio test
of LMM with/without cluster identity (**methods**). (*56*) in IFNα-treated HSCs (HSC1 and HSC2
subsets from **Fig. 1G**), HSC-IGs and IGPs. P-values from likelihood ratio test of LMM
with/without cluster identity (**methods**). **K.** Heatmap showing results of the pre-ranked gene set
enrichment analysis comparing baseline and during IFNα treatment across CD34$^-$ mature cells.
Values show the sign of the normalized enrichment score (NES) multiplied by -log10(Adjusted P-
value). **L.** Frequency of regulatory T cells in G2/M/S phase as assessed based on cell cycle gene
expression at baseline and upon IFNα treatment. P-values were derived from likelihood ratio test
of LMM with/without treatment status. **M.** Normalized frequency of cell types within all CD34$^-$
mature immune cells (left), monocytes (middle) and T cells (right) at baseline and active IFNα
treatment. Cells from each treatment status and individual were down-sampled to the same number
(n = 500 cells per treatment status per sample, 10 baseline and IFNα-treated paired samples from
5 individuals). For IFN02 and IFN05, treated time-point powered with greater number of cells was
selected. **N.** Normalized frequency of CD16$^+$ monocytes and regulatory T (Treg) cells at baseline
and upon IFNα treatment (n = 10 samples from 5 individuals). For IFN02 and IFN05, the treated

time-point powered with greater number of cells was selected. P-values from likelihood ratio test
of LMM with/without treatment status.
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Fig. S6 (related to Fig. 4). IFNα induces lymphoid differentiation. A. Bar plot showing
normalized cell type frequencies at baseline and during IFNα treatment (n = 14 paired samples
from 7 individuals). For IFN02, IFN04 and IFN05, the time-point powered with greater number
of cells was selected. P-values from likelihood ratio test of linear-mixed modeling (LMM)
with/without treatment status (**methods**). **B.** Box plots showing cell frequencies of B-lymphoid
progenitors and B cells from bone marrow of patients with early stage MPN treated with IFNα and
HU treatment (n = 9 and 10 respectively) and without treatment (n = 33 samples), as determined
by multiparametric flow cytometry. P-values from Wilcoxon rank sum test, two-sided. **C.** Scatter
plot showing correlation between HSC module expression (based on differentially expressed genes
in HSC cluster, **fig. S2A**) and protein expression of canonical stem/progenitor markers i.e., CD90
(top-left), CD38 (top-right) and CD45RA (bottom) in stem and progenitor subsets. P-value from
F-test, Pearson correlation. Shading denotes 95% confidence interval. **D.** Frequency of B cells in
G2/M/S phase as assessed based on cell cycle gene expression at baseline and upon IFNα
treatment. P-values were derived from likelihood ratio test of LMM with/without treatment status.
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1949 **Fig. S7 (related to Fig. 5). GoT-ATAC captures genotyping, snRNA-seq and snATAC-seq**
1950 **data for CD34$^+$ HSPCs. A.** Box plots showing number of UMIs (left) and genes (right) detected
1951 per cell in sorted CD34$^+$ hematopoietic stem and progenitors from each patient after filtering based
1952 on quality control (QC) metrics (**methods**) from GoT-ATAC experiments. **B.** Density plot
1953 comparing percentage of snATAC fragments within peaks to the total number of fragments
1954 detected per sample (n = 7 samples from 4 individuals, additional IFN03 IFNα-treated cells also
1955 sequenced separately). **C.** Distribution of mean TSS enrichment score at each position relative to
1956 the TSS per sample. **D.** Average distribution of fragment length per sample. **E.** Heatmap showing
1957 HTO expression level for baseline and IFNα-treated cells from representative IFN01 (n = 1471
1958 cells).

Figure S8

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Fig. S8 (related to Fig. 5). GoT-ATAC identifies the novel inflammatory granulocytic progenitor population. A. UMAP of sorted CD34^{+} stem and progenitors (n = 23,137 cells, 7 samples from 4 individuals), with cell type (left), patient ID (middle) and treatment status (right) using weighted-nearest neighbor (WNN) analysis of snRNA-seq and snATAC-seq data (**methods**). **B.** UMAP of CD34^{+} cells based on snRNA-seq (left) and snATAC-seq (right) data, overlaid with cell type assignment. **C.** Heatmap of top 15 differentially expressed genes for each HSPC type. Cells of each progenitor type were down-sampled to the same number (n = 100 cells per cluster). **D.** Dot plot showing expression levels of cell type-specific gene markers in each progenitor subset. **E.** UMAP based on weighted nearest neighbor (WNN) analysis (n = 23,137 cells) highlighting TF motif accessibility. TF accessibility scores added with AddChromatinModule function in Signac. **F.** Heatmap showing cell type specific TF accessibility scores.

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Fig. S9 (related to Fig. 5). Transcription factor activities in inflammatory granulocytic progenitors. A. Ranked transcription factor (TF) motifs in the most significant individual positive regulatory peak of RFX3 (top) and RFX2 (bottom, 1st peak: upstream of TSS, 2nd peak: downstream of TSS) identified using motif scanning with FIMO for a representative sample (IFN03, **methods**). **B.** Chromatin accessibility track (left) of the regulatory region of *RFX3*

1978   (representative example from IFN03). Violin plots (right) display gene expression level of *RFX3*.
1979   **C.** Chromatin accessibility tracks of regulatory regions of *RFX2* (representative example from
1980   IFN03, bottom) and distal region enriched with the two most significant positively regulating loci
1981   (top-left, top-right). Violin plots display gene expression level of *RFX2*.
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Figure S10

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1986 **Fig. S10 (related to Fig. 5). RFX3 overexpression induces an IGP-like cell state. A.** Chromatin
1987 accessibility tracks of regulatory regions of *HLA-DRA1* (bottom), distal region enriched with
1988 negative regulatory loci (inset), and IGP-specific regulatory locus (top, representative example

from IFN07). Violin plots display gene expression level of *HLA-DRA1*. **B.** Box plots showing normalized expression of HLA-DR protein expression. P-values from likelihood ratio tests of linear-mixed modeling (LMM) with/without cell type identity. **C.** RFX3 overexpression lentiviral vector validated in K562 cells by assessing *RFX3* mRNA levels by RT-QPCR (n = 2 independent experiments). mRNA levels correspond to RFX3 Ct values normalized to TBP Ct values. P-value from t-test. **D.** Normalized frequency of erythroid (BFU-E), granulocytic (CFU-G), granulo-monocytic (CFU-GM), monocytic (CFU-M) and myeloid (CFU-GEMM) colonies grown from RFX3-OE CD34$^+$ umbilical cord blood (UCB) cells in methylcellulose-based CFU assays compared to control CD34$^+$ UCB cells. P-value from likelihood ratio test linear-mixed modeling (LMM) with/without RFX3 overexpression. **E.** Box plots showing number of UMIs (top) and genes (bottom) detected per cell in sorted CD34$^+$ UCB cells after filtering based on quality control (QC) metrics (**methods**) from GoT-IM experiments. **F.** UMAP of sorted CD34$^+$ UCB cells (n = 2,609 cells) highlighted by three transduction statuses. **G.** UMAP of RFX3-OE and mCherry (control) subsets (n = 1,520 cells) highlighted by their status. **H.** UMAP of RFX3-OE and control subset showing gene expression levels of cell type specific gene markers for HSPCs. **I.** UMAP of RFX3-OE and control subset, highlighting cell type assignments.

Figure S11

Fig. S11 (related to Fig. 5). PU.1 is the master regulator of IFNα-mediated lymphoid differentiation and remodeling of hematopoiesis. A. Left: Normalized cell frequencies of progenitor subsets at baseline and after IFNα treatment from all GoT-ATAC samples (n = 4 individuals). Cells from each treatment status and individual were down-sampled to the same number (n = 100 cells per treatment status per sample). Right: Cell frequency distribution as in left panel for patients IFN01, IFN03 and IFN07. **B.** Chromatin accessibility tracks of regulatory regions of *SPI1* (representative example from IFN07, bottom-left), distal region enriched with the two most significant positively regulating loci (top-left). Violin plots display gene expression level of *SPI1*. Ranked TF motif enrichment of all positive regulatory peaks of the SPI1 gene, relative to background peaks using the hypergeometric test across three samples IFN01, IFN03 and IFN07 (right, see **methods**). **C.** SPI1 gene expression in stem and early progenitors (HSCs, IMPs, MLPs, MEPs and MDPs) at baseline and upon IFNα treatment. P-value from likelihood ratio test linear-mixed modeling (LMM) with/without treatment status. **D.** *SPI1* mRNA levels in K562 cells treated with IFNα *in vitro* for 24 hours (assessed by RT-QPCR, n=6 independent experiments). mRNA levels correspond to SPI1 Ct values normalized to TBP Ct values. P-values from likelihood ratio test of LMM with/without treatment status. **E.** Representative western blot showing PU.1 protein levels in K562 cells treated with IFNα *in vitro* across for 0, 24 and 48 hours with vinculin as loading control (left). Log-fold change analysis of quantified PU.1 protein levels based on luminescence intensity of western blot bands across three replicates (right) (**methods**). **F.** *CEBPA* and *SPI1* mRNA levels in K562 cells upon expression of control or CEBPA-OE lentiviral vectors (assessed by RT-QPCR, n=3 independent experiments). mRNA levels correspond to Ct values of gene target normalized to TBP Ct values ($2^{-\Delta\Delta Ct}$). P-values from likelihood ratio test of LMM with/without CEBPA overexpression. **G.** *SPI1* mRNA levels in K562 cells upon expression of control or SPI1-OE lentiviral vectors (assessed by RT-QPCR, n=2-3 independent experiments). mRNA levels correspond to Ct values of gene target normalized to TBP Ct values ($2^{-\Delta Ct}$). P-values from likelihood ratio test of LMM with/without SPI1overexpression. **H.** Heatmap depicting scaled mRNA levels($2^{-\Delta Ct}$) of IFN-related genes in K562 cells upon expression of control or SPI1-OE lentiviral vectors at baseline and after 24-hour IFNα treatment (assessed by RT-QPCR, n = 4-7 independent experiments). Scaled across all data points for each gene. P-values from likelihood ratio tests of LMM with/without SPI1 overexpression status.

Figure S12

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Fig. S12 (related to Fig. 6). *CALR* **mutations modify the effects of IFNα signaling. A.** UMAP
of sorted CD34^{+} stem and progenitors at baseline and after IFNα treatment from GoT-IM

experiments with *CALR* mutation status highlighted. Cells from each sample were down-sampled
to the same number for each mutation status (n = 1,000 cells from each mutation status per sample).
B. Normalized frequencies of CALR-mutated (MUT) and wildtype (WT) HSCs at each time-point
(n= 8 individuals with at least 2 time-points). **C.** Bar plots showing frequencies of MUT and WT
cells in G2/M/S phase as assessed in **Fig. 3C** for all CD34$^+$ GoT-IM samples (n = 11 baseline and
9 IFNα year 1 samples, top) and paired CD34$^+$ GoT-IM samples (n = 12 samples from 6
individuals, bottom). P-values were derived from likelihood ratio test of linear mixed modeling
(LMM) with/without treatment status. **D.** Frequencies of Ki67$^+$ myeloid cells before and after
IFNα treatment. P-values from Wilcoxon rank sum test, two-sided. **E.** Scatter plot showing
pathways from pre-ranked DE gene set enrichment analysis comparing mutated (MUT) versus
wildtype (WT) cells at baseline and after IFNα treatment. Values show the sign of the normalized
enrichment score (NES) multiplied by -log10(Adjusted P-value). Pathways in red are present in
HSCs. P-value from F-test, Pearson correlation. Shading denotes 95% confidence interval. **F.**
Heatmap showing results of the pre-ranked gene set enrichment analysis of genes DE between
MUT and WT cells at baseline and after IFNα treatment. **G.** Platelet counts versus frequencies of
MUT MEPs and MkPs. P-value from F-test, Pearson correlation. Shading denotes 95% confidence
interval. **H.** Normalized mutant cell frequency at baseline versus after IFNα treatment for GoT-
IM CD34$^+$ samples (cell type clusters with at least 10 genotyped cells were within each sample
were used).
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2064 **Fig. S13 (related to Fig. 6).** *CALR* **mutated cells display enhanced PU.1 binding activity at**
2065 **regulatory regions with distinct cooperating TF binding sites. A.** Top five hits from Ranked
2066 transcription factor (TF) motif enrichment of peaks captured from CUT&RUN targeting PU.1
2067 motif with SEA v5.5.5. **B.** Differential TF motif enrichment between baseline and IFNα-treated
2068 focusing on exclusive PU.1 peaks in WT (top) and MUT cells (bottom). Analyses with HOMER.
2069 Highlighted are IRF TFs (blue). **C.** Bar plot showing difference in the number of distal and
2070 proximal PU.1 peaks between control and IFNα-treated UT7-MPL cells. Peaks less than 500 bp
2071 from TSS were considered proximal. **D.** Differential TF motif enrichment between MUT and WT
2072 exclusive PU.1 peaks in baseline cells. TFs enriched in differentially accessible PU.1 peaks for
2073 MUT and WT cells are highlighted in blue and green respectively.
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Figure S14

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Fig. S14 (related to Fig. 6). IFNα perturbs clonal evolution via the IGP differentiation program. A. Relative density of proportion of Type 1-mutant reads versus SNV-mutant reads in UMIs captured via GoT, showing mutual exclusivity. **B.** Normalized frequencies of each progenitor subset among WT, single MUT (Type 1 *CALR*) and double MUT (Type 1 and SNV mutations in *CALR*) cell populations at each time-point for IFN02 (n = 7,779 cells). **C.** Bar plots showing normalized frequency of baseline HSCs in G1/G2/M/S phases as assessed in **Fig. 3C**. P-values from Fisher's exact test between mutation status and cell-cycle entry status (G2/M/S vs G1). **D.** Volcano plot showing genes differentially expressed (DE) between single mutant and double mutant HSCs at baseline (n = 890 genotyped HSCs). DE genes identified using logistic regression model (**methods**). Genes highlighted in blue are enriched in the TNFα signaling via NF-κB, red in the unfolded protein response, and orange in the IFNγ response (box representation

2088 is same as **Fig. 1E**). **E.** Heatmap showing results of the pre-ranked gene set enrichment analysis
2089 of genes DE between HSC clones at baseline. Values correspond to the sign of the normalized
2090 enrichment score (NES) multiplied by the -log10(Adjusted P-value). **F.** UMAP of IFN02 patient
2091 based on scRNA-seq data highlighting cell types (left), treatment status (middle) and mutation
2092 status (right). **G.** UMAP of HSCs from IFN02 (n = 1,879 cells) overlaid with treatment status and
2093 HSC clones (left) and module score for HSC-specific IFNα-induced upregulated genes (right). **H.**
2094 Box plots showing IGP-specific signature score in HSC clones at baseline in IFN02. Scores
2095 calculated using IGP-upregulated or downregulated genes (left and right panels, respectively,
2096 **methods**). P-values from Wilcoxon rank sum test, two-sided.
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 Supplementary Tables

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Table S1. Summary of patients' clinical history, pathology and laboratory data, and mutation

status.

Table S2. Number of cells for each cell type in GoT-IM CD34$^+$ compartment.

Table S3. Differential gene expression analyses for IGP versus IMP and treated IGP versus treated

HSC1 via the linear mixed modeling framework.

Table S4. Gene set enrichment analysis of genes differentially expressed between IGPs versus

IMPs and treated IGPs versus treated HSC-IG.

Table S5. RNA velocity analysis with scVelo between HSPC subpopulations. Cluster-to-cluster

transition and connectivity scores calculated based on velocity graph based on pseudotime values.

Table S6. Number of cells for each cell type in GoT-IM CD34$^-$ compartment.

Table S7. Differential gene expression analyses for Neu1 versus Neu2 subsets via the linear mixed

modeling framework. Gene set enrichment analysis of genes differentially expressed between

Neu1 versus Neu2 subsets.

Table S8. Differential gene expression analysis between baseline and IFNα-treated HSPC subsets.

Table S9. Gene set enrichment analysis of genes differentially expressed between baseline and

IFNα-treated HSPC subtypes.

Table S10. Differential gene expression analysis between baseline and IFNα-treated CD34$^-$

mature cells subsets.

Table S11. Gene set enrichment analysis of genes differentially expressed between baseline and

IFNα-treated CD34$^-$ mature cells subsets.

Table S12. Clinical data multi-parametric flow cytometry data of bone marrow aspirates from

patients with early-phase MPN with IFNα/HU and without treatment.

Table S13. Number of cells identified for each cell type in each sample via GoT-ATAC.

Table S14. Differential transcription factor motif enrichment analysis between IGPs and HSCs

under IFNα treatment.

Table S15. Motifs identified in peaks linked with RFX2/3 via motif scanning with FIMO.

Table S16. Over-enrichment motif analysis for peaks linked with AP-1 genes and SPI1 gene.

Table S17. Motifs identified in peaks linked with MHC class II genes.

Table S18. Genes positively regulated by RFX2 and RFX3 using gene-peak cis-association.

Table S19. Differential gene expression analyses for IGP-like vs IMP subsets in CD34$^+$ cells with

RFX3 overexpression. Gene set enrichment analysis of genes differentially expressed between

IGP-like vs IMP subsets.

Table S20. Differential transcription factor motif enrichment analysis between baseline and IFNα-

treated HSCs.

Table S21. Differential gene expression analysis between *CALR*-mutated and wildtype cells at

baseline in HSPC subsets.

Table S22. Gene set enrichment analysis of genes differentially expressed between *CALR*-mutated

and wildtype cells at baseline in HSPC subsets.

Table S23. Differential gene expression analysis between *CALR*-mutated and wildtype cells after

IFNα treatment in HSPC subsets.

Table S24. Gene set enrichment analysis of genes differentially expressed between *CALR*-mutated

and wildtype cells after IFNα treatment in HSPC subsets.

Table S25. Differential transcription factor motif enrichment analysis between MUT vs WT stem

and early progenitor cells at baseline and upon IFNα treatment.

Table S26. Motifs identified in PU.1 bound peaks captured from CUT&RUN data of CALR-

mutated versus WT UT-7 cells.

Table S27. Differential TF motif enrichment in MUT and WT exclusive PU.1 peaks at baseline

and upon IFNα treatment.

Table S28. Differential TF motif enrichment in IFNα and Baseline exclusive PU.1 peaks for MUT

and for WT.

Table S29. Differential gene expression analysis between HSC clones from IFN02 at baseline.

Table S30. Gene set enrichment analysis of genes differentially expressed between HSC clones

from IFN02.

Table S31. List of antibodies used for FACS, CITE-seq, and Cell Hashing and primer sequences

used in GoT-IM, GoT-ATAC, and RT-PCR.