IFNα Inhibits JAK2V617F-Driven Neoplastic Vasculogenesis and Endothelial-to-Mesenchymal Transition in a 3D iPSC-Based Bone Marrow Niche Model

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Abstract

The vascular niche plays a crucial role in regulating hematopoiesis, and the presence of JAK2V617F endothelial cells (EC) in myeloproliferative neoplasms (MPN) underscores its therapeutic significance. Leveraging patient-specific induced pluripotent stem cells (iPSC) harboring JAK2^{WT} or the MPN-driver JAK2V617F (heterozygous, JAK2V617F^{HET} or homozygous, JAK2V617F^{HOM}), we developed a scalable 3D bone marrow (BM)-niche mimicking model to study neoplastic vasculogenesis with precise control over cellularity and genetics. Global RNA-sequencing revealed zygosity-dependent phenotypic differences in EC, with JAK2V617F^{HET} iPSC-derived EC (iEC) shifting toward a pro-mesenchymal phenotype via endothelial-to-mesenchymal transition (EndMT), while JAK2V617F^{HOM} iEC displayed dysregulated translation machinery. EndMT was exacerbated in JAK2V617F^{HET} iEC-mesenchymal stromal cells 3D cocultures exposed to inflammatory cytokines and was effectively inhibited by the tyrosine kinase inhibitors ruxolitinib and nintedanib. Notably, interferon-alpha (IFNα) showed potential in reducing EndMT, with its anti-EndMT effect validated *in vivo* in murine and MPN patient samples. Single-cell RNA sequencing revealed that JAK2V617F hematopoietic cells further amplified EndMT, emphasizing the interplay between the vascular niche and hematopoietic compartments. To our knowledge, this is the first study to report that IFNα's anti-fibrotic and anti-angiogenic effects may be partly mediated through EndMT inhibition. Our 3D coculture model offers a powerful platform for mechanistic studies of human hematopoiesis.

Introduction

Myelofibrosis (MF) is a late-stage subtype of BCR-ABL1-negative myeloproliferative neoplasms (MPN), characterized by progressive bone marrow (BM) fibrosis leading to loss of support of normal hematopoiesis, alongside inflammatory and vascular complications[1]. Thrombotic events often precede MPN diagnosis, with patients carrying JAK2V617F being at higher risk[2]. Moreover, perturbations in the vascular niche, such as aberrant neoangiogenesis[3,4] and endothelial dysfunction through endothelial-to-mesenchymal-transition (EndMT)[5], influence MPN progression by modulating hematopoietic stem cell homeostasis and therapeutic outcomes[6,7]. While the precise origin of MPN remains debated, recent studies and the presence of JAK2V617F endothelial cells (EC) in MPN patients support the hypothesis that these clonal hematological malignancies may arise from a common precursor cell, the hemangioblast[8–11].

Among the approved therapies with disease-modifying potential in MPN, interferon-alpha (IFNα) induces hematologic and molecular responses, potentially reducing vascular complications and fibrotic progression[12,13]. In addition to directly impacting cancer cell proliferation and promoting adaptive immune responses, IFNα also mediates antitumor effects by inhibiting angiogenesis[14]. Previous studies have explored IFNα's transcriptional signature in EC[15], but its impact on the malignant clone microenvironment and JAK2V617F+ vascular niche remains to be elucidated.

Since the advent of induced pluripotent stem cell (iPSC) technology, human iPSC have been extensively used for 2D *in vitro* assays[16]. However, the BM is a highly specialized and complex tissue where the spatial organization within specific niches tightly regulates hematopoiesis[17]. *In vivo*, stress conditions such as inflammation or drug treatments may affect niche components differently than in isolated 2D *in vitro* environments. Thus, establishing 3D models that replicate the organization of key BM

niche components is essential for more translationally relevant preclinical research and

drug development, potentially reducing reliance on animal testing.

In this study, global transcriptomic analysis of iPSC-derived EC (iEC) revealed

zygosity-specific transcriptional signatures, with heterozygous JAK2V617F iEC

(JAK2V617F^{HET}) showing a bias toward EndMT, while homozygous iEC

(JAK2V617F^{HOM}) exhibited dysregulated translation machinery. 3D cocultures,

combining iEC with mesenchymal stromal cells (MSC), successfully replicated critical

EC-pericyte interactions necessary for blood vessel formation[18]. Single-cell RNA

sequencing (scRNA-seq) of 3D cocultures incorporating iEC, MSC, and iPSC-derived

hematopoietic cells (iHC) captured key cellular interactions within the neoplastic BM

niche, providing novel evidence that the anti-fibrotic potential of IFNα may rely on its

anti-EndMT properties. IFNα's anti-EndMT effect was validated *in vivo* using BM

samples from a murine MPN model driven by TPO overexpression and MPN patients.

Thus, our innovative 3D *ex vivo* model provides a valuable platform for unraveling the

complex cellular interactions underlying MF pathogenesis and evaluating the impact of

therapeutic interventions, such as IFNα, on the BM niche.

Methods

Ethics Approval and Consent to Participate

Peripheral blood mononuclear cells (PBMC) from MPN patients were obtained from

the centralized Biomaterial Bank of the Faculty of Medicine, RWTH Aachen University

Hospital. The primary MSC used in this study were isolated from the femoral heads of

patients undergoing hip replacement surgery (Department of Orthopaedics, Trauma

and Reconstructive Surgery, Faculty of Medicine, RWTH Aachen University). All

biological samples were obtained with written informed consent, as approved by the

Ethics Committee of the RWTH Aachen University [EK206/09, EK127/12, EK300/13].

Differentiation of MPN Patient-Specific iPSC Towards Endothelial and Hematopoietic Lineages

The iPSC lines used in the present study were previously characterized[19,20] and are listed in the Supplementary Table 1. A description of the endothelial and hematopoietic differentiation protocol and culture methods is provided in the Supplementary Methods.

Modeling Vasculogenesis in 3D Fibrin-Based Hydrogels

Fibrin hydrogels were generated based on an adapted protocol as previously described[21]. The composition of fibrin hydrogels is detailed in Supplementary Table 2. After enzymatic harvesting, MSC and/or iEC were suspended in Endothelial Basal Medium 2 (EBM2, Lonza) at the desired density (MSC: iEC 6×10^4: 2×10^4 cells). The cell suspension was then mixed with aprotinin (500 µg/ml, Sigma Aldrich) and thrombin (2,5 U/ml, Sigma Aldrich), followed by the addition of fibrinogen (5 mg/ml, Merck). Following polymerization, the generated constructs were immersed in Endothelial Growth Medium 2 (EGM2, Lonza) and cultured under submerged conditions in a controlled incubator environment for up to 5 days, with half-medium changes performed every 48 hours.

3D Modeling of Endothelial-to-Mesenchymal Transition

After being incubated in EGM2 for 48 hours to foster the formation of vascular networks, the 3D MSC-iEC cocultures underwent a 4-hour pre-incubation period in starvation medium (EBM2 + 2% FCS). To explore the anti-EndMT potential of selected drugs, starvation medium was supplemented with either 1000 U/ml IFNα, 250 nM ruxolitinib, 250 nM nintedanib, or a combination of ruxolitinib and nintedanib (both at 250 nM). EndMT was then induced by adding a cocktail of proinflammatory cytokines including transforming growth factor (TGF)-β (0.5 ng/ml), interleukin (IL)-1β (5 ng/ml),

and tumor necrosis factor (TNF)-α (10 ng/ml). Negative controls were maintained in

starvation medium. After 48 hours, the 3D constructs were fixed in 4% PFA before

being processed for paraffin embedding. Immunofluorescence staining was performed

to assess protein levels of different key EndMT markers (Supplementary Table 3).

Generation of 3D iPSC-Based Cocultures for Single-Cell RNA Sequencing

For scRNA-seq, 3D cocultures containing MSC, iEC, and iHC were generated. iHC

included hematopoietic stem and progenitor cells (iHSPC), megakaryocytes (iMK),

monocytes/macrophages (iM), and granulocytes (iGr). Following harvesting, the cells

were suspended in fibrin hydrogels at the desired cell density (MSC: iEC: iHC ratio of

6×10^4: 2×10^4: 12×10^4 cells).

Additional information regarding the different 3D experimental setups utilized in the

present study can be found in the Supplementary Methods.

Statistical Analysis

Graphical display and statistical analysis were performed with Prism (GraphPad, San

Diego, CA, USA). P values of <0.05 were considered statistically significant. Results

are presented as mean ± standard of deviation. (*p < 0.05, **p < 0.01, ***p < 0.001).

Additional Experimental Procedures

The Supplementary Methods provide detailed methods for iPSC differentiation,

generating 3D iPSC-based cocultures, proliferation and apoptosis assay, *in vitro* drug

screening, confocal and transmission electron microscopy, validation experiments

using murine and human BM trephines, as well as protocols for immunofluorescence,

flow cytometry, RNA sequencing (global and scRNA-seq), RT-qPCR, and associated

reagents, including primers (Supplementary Table 4), FACS antibodies

(Supplementary Table 5), compounds (Supplementary Table 6), and media

compositions.

Results

IFNα Exerts Anti-Angiogenic Effects Without Direct Vascular Toxicity on iPSC-

Derived Endothelial Cells

To elucidate the effects of JAK2V617F on human vasculogenesis, we leveraged

high-purity and clonal patient-specific JAK2^{WT}, JAK2V617F^{HET}, and JAK2V617F^{HOM}

iEC (Supplementary Fig.1A, Supplementary Table 1). Following endothelial

differentiation and CD144+ magnetic-activated cell sorting, iEC purity was above

97.13±3.27% (CD31+CD144+CD105+ cells), as determined by flow cytometry

analysis (FACS). Importantly, JAK2V617F zygosity did not impact endothelial

differentiation (Supplementary Fig. 1B). The generated iEC featured a classical flat,

cobblestone endothelial morphology (Fig. 1A). However, mutated iEC showed an

increased proliferation rate in comparison to unmutated cells (Fig. 1B). To assess the

capacity for vascular network formation across different iEC genotypes, we performed

endothelial tube formation assays (ETFA). iEC were able to form capillary-like

structures, with no significant differences observed between the 3 genotypes (Fig. 1C-

D). These results suggest that JAK2V617F does not impact EC differentiation or

angiogenic potential but provides a proliferative advantage to EC.

Although vascular niche dysregulation is increasingly recognized as pivotal in

MPN progression to MF[7], the impact of clinically used MPN therapies on the

endothelium remains poorly understood. Thus, we investigated the vascular toxicity of

drugs currently used or under investigation for MPN treatment. Treatment with 1 μM of

fedratinib, venetoclax, and anagrelide reduced iEC viability. However, no significant

alterations were observed upon exposure to 1 µM of hydroxyurea, ruxolitinib, AMG232

or 1000 U/ml IFNα (Fig. 1E), suggesting a favorable vascular toxicity profile.

To assess IFNα's anti-angiogenic potential, we then performed ETFA. Exposure

to 1000 U/ml IFNα did not alter iEC capillary-like structure formation (Supplementary

Fig. 1C), but pre-sensitizing of iEC with 1000 U/ml IFNα significantly impaired their

angiogenic potential (Fig. 1F-H). Subsequent treatment with 1000 U/ml IFNα did not

increase the observed anti-angiogenic effect (Supplementary Fig. 1D). Overall, no

genotype-specific differences were observed, suggesting a genotype-independent

mechanism.

IFNα Impairs Neoplastic Vasculogenesis in a 3D iPSC-Based Model

To better model the impact of JAK2V617F on the three-dimensional formation

of vessel-like structures, we developed an adaptive 3D fibrin-based system that

replicates the essential homotypic and heterotypic interactions between EC and MSC,

required for blood vessel formation. Based on recent studies underscoring the ability

of MSC to differentiate into pericytes[22], MSC and iEC were suspended either as mono-

or cocultures within fibrin hydrogels (Fig. 2A). Confocal microscopy revealed MSC

alignment along the wall of formed tubule-like structures, mirroring the EC-pericyte

arrangement *in vivo* (Fig. 2B). Transmission electron microscopy (TEM) analysis

confirmed iEC arrangement into vessel-like structures with the presence of lumina

lined by iEC and abluminal deposition of extracellular matrix (ECM) components

(Supplementary Fig. 1E). While iEC self-assembled into tubule-like structures in

monocultures, coculture with MSC resulted in a significantly augmented network area

(Fig. 2C-D), suggesting a supportive role of MSC for vascular tree formation. Similarly

to the previous ETFA results, no differences were observed between the genotypes

(Supplementary Fig. 1F).

Interestingly, while the increased vascular network formation was not altered by

acute IFNα treatment (Fig. 2D), separate pre-sensitizing of iEC and MSC prior to 3D-

cocultivation, significantly impaired vascular tree formation (Fig. 2E-F).

Thus, our model serves as a valuable platform for investigating vasculogenesis *in vitro*,

emphasizing the anti-angiogenic effects of IFNα.

244   JAK2V617F^{HET} iEC Exhibit a Pro-Mesenchymal Phenotype while JAK2V617F^{HOM}

245   iEC Display Dysregulated Translation Machinery

To further investigate the impact of JAK2V617F on the endothelium, we

performed global transcriptomic analysis (RNAseq) of JAK2^{WT} and mutated iEC

(Supplementary Table 7). iEC exhibited a high cosine similarity to primary human EC

but not to unrelated cells, and, consistent with previous research[23], displayed a

vascular transcriptional signature (Supplementary Fig. 2A, Supplementary Table 8).

Unsupervised hierarchical clustering of differentially expressed genes (DEG)

effectively grouped samples by JAK2V617F zygosity (Fig. 3A), with comparable

expression of JAK2 and STAT1 across genotypes (Supplementary Fig. 2B). Differential

gene expression analysis revealed zygosity-specific transcriptional dysregulations with

potentially significant implications for EC properties.

JAK2V617F^{HET} iEC exhibited upregulation of pathways related to mesenchymal

development, ECM synthesis, and organization (Supplementary Fig. 2C). Kyoto

Encyclopedia of Genes and Genomes (KEGG) pathway enrichment analysis further

highlighted increased expression of genes involved in cell adhesion molecules

(Supplementary Fig. 2D). Gene set enrichment analysis (GSEA) revealed significant

upregulation of the TGFβ signaling pathway and genes associated with epithelial-to-

mesenchymal transition (EMT) (Fig. 3B). Although aberrant neoangiogenesis is a

recognized contributor to MF pathogenesis, approximately 30% of BM EC in MF

patients have been reported to display a mesenchymal phenotype, suggesting

EndMT[5]. Consistent with this transcriptional profile, key EndMT markers, including

fibroblast-specific protein 1 (*FSP1*) and alpha-smooth muscle actin (*ACTA2*), were

upregulated in JAK2V617F$^{\text{HET vs. WT}}$, as confirmed by RT-qPCR (Fig. 3C)[24]. Additionally,

GSEA identified enrichment of genes related to hypoxia and reactive oxygen species

(ROS) pathways, both of which are critical in MPN pathogenesis[25,26]. Further

statistically enriched gene sets from the MSigDB Hallmark collection are presented in

Supplementary Fig. 2E.

Ribosome biogenesis is a key factor in carcinogenesis, and recent studies have

suggested that impaired ribosomal protein function may contribute to defective

hematopoiesis and MF[27]. Notably, GSEA revealed a downregulation of genes related

to translation and ribosome function in JAK2V617F$^{\text{HOM}}$ iEC (Fig. 3D). In parallel, Gene

Ontology (GO) enrichment analysis highlighted significant disruptions in the translation

machinery, including downregulation of terms associated with ribosome biogenesis,

ribonucleoprotein complex assembly, and RNA splicing (Supplementary Fig. 3A). TEM

revealed disorganized endoplasmic reticulum (ER)-ribosome structures, leading to a

marked reduction in rough ER (rER) in JAK2V617F$^{\text{HOM}}$ iEC (Fig. 3E, Supplementary

Fig. 3B-C). Additionally, we observed significant transcriptional downregulation of non-

coding RNA (ncRNA) involved in regulating the translation machinery, including

SNORA73B, *RNY3*, *RNU11* and *RNU5E-1* (Supplementary Fig. 3D)[28–30].

Altogether, our results indicate zygosity-specific dysregulations in iEC:

JAK2V617F$^{\text{HET}}$ iEC exhibit a shift towards a pro-mesenchymal phenotype, whereas

JAK2V617F$^{\text{HOM}}$ iEC show disruptions in the translation machinery.

IFNα Treatment Elicits Genotype-Specific Transcriptional Signatures in MPN-Patient iEC

Next, we extended our analysis to investigate the genotype-specific transcriptional response of iEC to IFNα treatment. Principal component analysis (PCA) analysis effectively grouped samples by treatment and JAK2V617F-zygosity (Supplementary Fig. 4A). Following IFNα treatment, iEC exhibited a robust core IFNα response (Fig. 4A), characterized by the upregulation of pathways associated with antiviral and immune-modulatory effects (Fig. 4B), among which *IFIT1*, *STAT1*, and *USP18* were additionally confirmed using RT-qPCR (Supplementary Fig. 4B). Importantly, IFNα treatment did not induce apoptosis, as evidenced by Annexin V/7-amino-actinomycin (annexin V/7-AAD) staining and FACS analysis (Supplementary Fig. 4C–E). This observation aligns with our initial drug screening assay, where 72-hour IFNα treatment did not reduce iEC viability (Fig. 1E).

Pathway responsive genes (PROGENy) analysis displayed a strong JAK-STAT signaling increase upon IFNα treatment, with no differences across the 3 genotypes (Fig. 4C). Analysis of DEG following IFNα treatment revealed a genotype-specific transcriptional signature (Fig. 4D, Supplementary Fig. 4F). Interestingly, JAK2V617F[HOM] iEC exhibited the highest number of specific DEG (WT: 29, HET: 13, HOM: 43; Supplementary Table 9), including upregulation of ncRNA involved in translation machinery, such as *RNU12*, along with *RNY3* and *RNU5E-1*, previously downregulated compared to WT controls (Fig. 4E, Supplementary Fig. 3D)[31,32]. This pattern was absent in JAK2[WT] iEC treated with IFNα (Supplementary Fig. 4G). Selected ncRNA were validated by RT-qPCR (Supplementary Fig. 4H). Furthermore, GO analysis of DEG enriched in JAK2V617F[HOM] iEC revealed upregulation of pathways related to ribosome biogenesis and mRNA splicing, indicating a potential impact of IFNα on the translation machinery. (Fig. 4F).

Our findings underscore JAK2V617F zygosity-specific transcriptional signatures

following IFNα treatment, suggesting distinct mechanisms through which IFNα may

directly influence the mutant vascular niche properties.

IFNα and Tyrosine Kinase Inhibitors Mitigate the Pro-Fibrotic Phenotype of

JAK2V617F^{HET} iEC

Given the pro-mesenchymal transcriptional signature observed in

JAK2V617F^{HET} iEC, we further investigated the contribution of the mutated vascular

network to the BM niche fibrotic transformation in 3D cocultures (Fig. 5A). Exposure of

3D MSC-iEC cocultures to pro-inflammatory and pro-fibrotic stimuli (TGFβ, IL-1β, and

TNFα) recapitulated the changes observed in MPN during myelofibrotic

transformation, evidenced by increased deposition of collagen 1 (Col1a1) and alpha

smooth muscle actin (αSMA) (Supplementary Fig. 5A-B). Notably, increased FSP1

protein expression was observed in JAK2V617F^{HET} iEC-based cocultures under both

basal conditions and following cytokine exposure, in comparison to unmutated

cocultures (Fig. 5B-C). CD31-FSP1 colocalization analysis unveiled a more

pronounced FSP1 protein expression in JAK2V617F^{HET} iEC compared to their WT

control following cytokine exposure (Fig. 5D-E). The acquisition of a mesenchymal

phenotype by iEC upon cytokine stimulation was confirmed in a 2D *in vitro* setting, with

the transcriptional upregulation of Snail homolog 1 (*SNAI1*) and concomitant

downregulation of *CD31* (Supplementary Fig. 5C). Consistent with our previous

RNAseq, JAK2V617F^{HET} iEC displayed lower Claudin 5 (*CLDN5*) mRNA levels

following cytokine exposure compared to JAK2^{WT} iEC (Supplementary Fig. 5C).

EndMT, a pivotal process driving fibrosis, facilitates the transition of EC toward

mesenchymal and pro-fibrotic phenotypes, contributing to disease progression in

fibrotic disorders. While tyrosine kinase inhibitors (TKI) like ruxolitinib and nintedanib

have demonstrated anti-fibrotic properties, including suppression of EndMT[33–35], the

mechanisms underlying IFNα's disease-modifying effects remain unclear[12,13]. To

address this gap, we investigated whether therapeutic intervention with IFNα could

mitigate EndMT in our 3D cocultures. Ruxolitinib was used as a positive control, while

nintedanib was evaluated both as a standalone treatment and in combination with

ruxolitinib to assess potential synergistic effects, given its emerging relevance in

hematologic malignancies[36] (Fig. 5A). Pre-sensitizing iEC–MSC 3D cocultures with

IFNα (1000 U/mL), nintedanib (250 nM), ruxolitinib (250 nM), or their combination (250

nM each) did not significantly alter CD31 expression, except in JAK2V617F^{HET}

cocultures, where IFNα treatment increased CD31 fluorescence area (Supplementary

Fig. 6A-B). IFNα exhibited a trend toward reducing FSP1 protein levels, while

nintedanib, ruxolitinib, and their combination significantly lowered both overall and iEC-

specific FSP1 levels in JAK2^{WT} and JAK2V617F^{HET} 3D cocultures (Fig. 5F,

Supplementary Fig. 6A, C). This reduction was accompanied by decreased expression

of Col1a1 and αSMA (Supplementary Fig. 6D-E). Collectively, these results suggest

that while IFNα shows potential in inhibiting EndMT, ruxolitinib and nintedanib exhibit

greater efficacy as single treatments.

To validate the observed anti-EndMT effect of IFNα *in vivo*, we performed FSP1

staining on BM sections from a murine MPN model driven by TPO overexpression and

characterized by pronounced dysplastic megakaryopoiesis with strong BM fibrosis and

splenomegaly[37]. We observed a significant FSP1 upregulation in the BM of diseased

animals (TPO-overexpression group) as compared to control animals (empty vector

(EV) group), both globally and within the vascular niche. Notably, FSP1 protein

upregulation was completely reversed by IFNα *in vivo* treatment (Fig. 6A-C). These *in*

vivo findings in mice were further corroborated using primary human BM samples from

patients treated with pegylated IFNα as part of their routine MPN treatment, and these

analyses also demonstrated a significant reduction in FSP1 upon IFNα treatment (Fig.

6D-E).

Thus, the results from our *in vitro* 3D iEC-MSC coculture model were confirmed

in vivo, demonstrating that IFNα modulates the malignant clone microenvironment

through EndMT inhibition.

3D iPSC-Based Complex Cocultures Mimic Key Cellular Interactions of the

Human BM Niche

To better replicate *in vivo* conditions, we enhanced our 3D cocultures by

incorporating JAK2^{WT} or JAK2V617F^{HET} iHC into the iEC-MSC cocultures, creating 3D

MPN BM niches that model human neoplastic vasculogenesis and hematopoiesis.

These complex cocultures were generated by combining iEC and MSC with iPSC-

derived hematopoietic cells, including hematopoietic stem/progenitor cells (iHSPC,

CD117$^+$CD34$^+$), megakaryocytes (iMK, CD45$^+$CD61/41$^+$), monocytes/macrophages

(iM, CD45$^+$CD68$^+$), and granulocytes (iGr, CD45$^+$CD66b$^+$) (collectively termed iHC)

(Fig. 7A, Supplementary Fig. 7A). Following 5 days of *in vitro* 3D coculture, scRNAseq

was performed to investigate JAK2V617F-driven transcriptional changes, with a

particular emphasis on the effects of JAK2V617F in EC alone versus both endothelial

and hematopoietic cells.

Distinct hematopoietic populations, predominantly of the myeloid lineage, were

identified based on their transcriptional profiles and key marker expression (Fig. 7B).

The genes used for cell cluster annotation are listed in Supplementary Table 10. Within

the non-hematopoietic (CD45$^-$) lineage, we identified 8 distinct cell clusters: 6

mesenchymal, 1 endothelial, and 1 hemogenic endothelial (Supplementary Fig.7B).

Among the mesenchymal clusters, 3 clusters (0, 1, 2) displayed a "core" mesenchymal

signature with high expression of *LEPR*, *NES*, *PDGFRA*, *PDGFRB*, and

hematopoiesis-supporting factors such as *CXCL12*, *SCF*, and *ANGPT1*. Cluster 3

showed increased *NES* expression but reduced PDGFRs and hematopoietic support

genes, except *CXCL12*. Cluster 6 exhibited a similar signature as cluster 3 but showed

marked proliferation, as indicated by the higher proportion of cells in the G2/S cell cycle

phase. Cluster 7 exhibited a pericyte signature with high expression of *PDGFRB*,

ACTA2, *ANGPT1*, and *MCAM*. In the endothelial lineage, cluster 5 had a hemogenic

endothelial signature and cluster 4 displayed high expression of key endothelial

markers such as *CLDN5*, *CDH5* (CD144), *PECAM1*, *KDR* (VEGFR2), and *FLT1*

(VEGFR1). Consistent with the vascular transcriptional signature identified in the iEC

monoculture RNA-seq analysis (Supplementary Table 8), the EC cluster exhibited

elevated expression of arterial markers such as *DLL4* and *CXCR4*.

Next, we investigated intercellular signaling between distinct cellular

compartments by conducting a crosstalk analysis of scRNAseq data from unmutated

3D complex cocultures. This analysis revealed intricate autocrine and paracrine

interactions between the hematopoietic and stromal compartments (Fig. 7C). Mapping

the expression of interacting ligand-receptor (L-R) pairs identified the stromal

compartment and basophil progenitors as the primary sources of outgoing signals,

engaging extensively in autocrine and paracrine communication via ECM components

(e.g., collagen, laminin) and growth factors (e.g., VEGF, PDGF, KIT) (Fig. 7D). The

predicted L-R communication network between the stromal and hematopoietic

compartments included key regulatory mediators such as ANGPT1/2–TEK, KIT–KITL,

CXCL12–CXCR4, and JAG1–NOTCH1, highlighting the stromal compartment's critical

role in maintaining the structural and functional integrity of the BM niche

(Supplementary Fig. 7C-D).

JAK2V617F 3D iPSC-Based Complex Cocultures Capture MPN Key Features

We then assessed the ability of our 3D model to replicate key features of MPN.

PROGENy analysis revealed that JAK2V617F in both the endothelial and

hematopoietic lineages within our 3D BM niche model significantly upregulated hypoxic

signaling (Fig. 8A). As a central hallmark of MPN, this pathway plays a pivotal role in

promoting disease progression and shaping therapeutic responses[26]. In addition,

critical cell types involved in fibrotic processes, such as monocytes/macrophages,

neutrophils, MSC, dendritic cells, and mast cells[36,38,39], exhibited substantial activation

of the pro-inflammatory JAK-STAT pathway. The TGFβ pathway, which plays a critical

role in tissue fibrosis[40], was activated in various MSC populations, mast cells, and

monocytes (Fig. 8A). Interestingly, we observed a significant downregulation of IFNα

and TNFα signaling in MSC populations (clusters 1, 5, and 6), while monocytes (cluster

0), mast cells (clusters 2 and 7), eosinophils (clusters 4 and 14), neutrophils (clusters

8 and 9), and dendritic cells (cluster 12) displayed enriched IFNα signaling (Fig. 8A).

Given the prominent role of the mesenchymal compartment in fibrosis, we

further examined the differential activation of key signaling pathways within the CD45-

lineage. The mesenchymal subclusters exhibited heterogeneous signaling patterns,

consistent with the previously documented complexity of the human BM stromal

niche[38]. Notably, we observed upregulation of pathways associated with fibrosis and

carcinogenesis, such as MAPK and PI3K, in pericytes (cluster 7) and MSC (clusters 6

and 2) (Supplementary Fig. 8A). Additionally, pathway activity analysis revealed

differential upregulation of the TGFβ pathway and ECM-related gene sets in MSC

populations (Supplementary Fig. 8B).

While the roles of various MSC subsets in MF have been previously

explored[38,41], the intricate L-R interactions and signaling pathways driving fibrosis

remain poorly understood. Our analysis of L-R pair expression revealed heightened

cellular crosstalk in JAK2V617F[HET] cocultures compared to WT controls, with aberrant

signaling primarily originating from basophil progenitors and stromal compartments,

including pericytes, stromal cells, and EC. This enhanced communication involved

ECM components (e.g., laminin, collagen, FN1), angiogenic factors (e.g., PDGF,

VEGF, ANGPTL), and inflammatory mediators (e.g., TGFβ) (Fig. 8B-C). Additionally,

we identified increased interactions between hemogenic endothelium/stem cells,

hematopoietic progenitors, megakaryocytes, and EC with basophil progenitors via the

pro-inflammatory MIF-CD74 axis (Supplementary Fig. 8C), a pathway implicated in

MPN development[42]. Notably, our findings align with recent studies describing a

feedback loop in which expanded basophils, mast cells, megakaryocytes, and stromal

cell subsets establish a self-reinforcing pro-inflammatory niche and upregulate

galectin-1 (*LGALS1*) expression[43]. In JAK2V617F[HET] cocultures, basophil progenitors

exhibited increased autocrine and paracrine signaling with megakaryocytes and

monocytes through the LGALS1-ITGB1 axis (Supplementary Fig. 8D)

Thus, our 3D complex cocultures effectively mimic key features of MPN and

serve as a valuable tool for mechanistic studies of human malignant hematopoiesis.

JAK2V617F EC Drive Neoplastic Angiogenesis and Dysregulate Cellular

Crosstalk in 3D Complex Cocultures

In cocultures with JAK2V617F restricted to iEC (HET-WT), the endothelium

exhibited a pro-mesenchymal phenotype, characterized by elevated expression of

EndMT markers, including *ACTA2*, *FSP1* (*S100A4*), and *FAP*, as confirmed by RNA-

seq (Fig. 8D, Supplementary Fig. 9A). Consistent with the hyperproliferative phenotype

of mutated iEC (Fig. 1B), 3D cocultures with JAK2V617F[HET] iEC exhibited a significant

increase in relative EC numbers compared to WT controls, an effect further amplified

in the presence of JAK2V617F[HET] iHC (Supplementary Fig. 9B). In the presence of

mutated iHC, JAK2V617F[HET] iEC displayed additional upregulation of the mid-stage EndMT marker *DEPP1*[44], alongside *ACTA2* and *SNAI1*, as well as increased expression of glycolysis-related genes such as *MYC*, *LDH*, and *GAPDH* (Fig. 8D, Supplementary Fig. 9C), indicating advanced EndMT.

To investigate the impact of JAK2V617F EC on cellular crosstalk, we analyzed L-R interactions within HET-WT cocultures (Supplementary Fig. 9D). JAK2V617F[HET] iEC exhibited reduced interactions with other niche components, particularly through the key vascular basement membrane protein COL4A1/2 and calmodulin-1 (CALM1), a protein essential for eNOS activity, whose downregulation has been associated with endothelial cell impairment[45]. Despite an overall reduction in crosstalk strength, basophil progenitors showed enhanced signaling via FN1 (ITGAV/CD44) and intensified interactions with neutrophils, mast cells, and stromal cells through the SPP1-CD44 axis. Elevated SPP1, CD44, and FN1 levels are linked to poor cancer prognosis due to their involvement in remodeling the tumor microenvironment[46,47]. These dysregulations in HET-WT cocultures underscore the mutant vascular niche's role in BM remodeling and potential contribution to cardiovascular complications in JAK2V617F+ MPN patients.

IFNα inhibits EndMT progression in JAK2V617F 3D Complex Cocultures

To evaluate the effects of IFNα on the neoplastic vasculature and BM niche, JAK2V617F 3D complex cocultures were treated with IFNα (1000 U/mL) for 48 hours prior to scRNAseq (Fig. 7A). Again, crosstalk analysis identified basophil progenitors as a key signaling hub, displaying strong interactions with various cell types, including stromal cells, pericytes, mast cells, and EC through ECM components (e.g., collagen, FN1, SPP1) and growth factors (e.g., CXCL, VEGF) (Fig. 9A-B). Treatment with IFNα robustly activated the IFNα downstream JAK-STAT pathway in most hematopoietic

lineages. This response was less pronounced in CD45- lineages, where only MSC clusters 1 and 5 and iEC showed similar JAK-STAT activation. Correspondingly, reactome pathway analysis revealed varied upregulation of IFNα signaling genes across different hematopoietic and stromal subsets (Fig. 9C). Consistent with our previous findings, IFNα treatment demonstrated anti-EndMT properties, significantly downregulating key EndMT markers *ACTA2*, *COL1A1*, and Vimentin (*VIM*) in mutated iEC (Fig. 8D). Additionally, IFNα reversed the hyperproliferative phenotype of JAK2V617F[HET] iEC (Supplementary Fig. 9B), and decreased interactions strength mediated via laminin and angiogenic factors (e.g., VEGF, MK, ANGPTL) (Fig. 9D). Furthermore, IFNα partially diminished the previously observed pro-inflammatory profile of JAK2V617F[HET] cocultures, including the downregulation of hypoxia-related pathways in neutrophils (clusters 17 and 8), monocytes (clusters 0 and 3), dendritic cells (cluster 12), mast cells (clusters 2 and 7), hemogenic endothelium (cluster 16), EC (cluster 13), and various MSC subsets (clusters 1, 5, 6, 11) (Fig. 9C).

Thus, in addition to its previously described anti-angiogenic properties, our scRNA-seq results highlight cell type-specific transcriptional changes following IFNα treatment, suggesting niche-specific alterations with significant implications for the malignant clone microenvironment.

Discussion

Advances in stem cell biology enable iPSC differentiation into specific cell types, providing patient-specific models for disease research and drug screening[48,49]. To study the pro-fibrotic role of the JAK2V617F-bearing vascular niche, we employed patient-derived JAK2V617F[HET and HOM] iEC. While JAK2V617F zygosity did not impact endothelial differentiation, JAK2V617F iEC showed a hyperproliferative phenotype, reflecting the abnormal neoangiogenesis seen in MPN patient spleen and BM[3,4].

Treatment of iEC with compounds used or under study for MPN revealed distinct vascular toxicity profiles, matching clinical features such as potential vascular side effects of anagrelide[50] and venetoclax[51], while ruxolitinib, AMG-232, hydroxyurea, and IFNα showed more favorable profiles. IFNα, approved for polycythemia vera (PV) therapy, has shown in long-term studies to increase myelofibrosis-free survival and achieve near-normal life expectancy, unlike hydroxyurea- or phlebotomy only-treated PV patients[13,52]. However, its therapeutic mechanisms and impact on the malignant BM microenvironment remain unclear.

To address the limitations of 2D culture, we developed a 3D MSC-iEC coculture model that effectively replicates the critical heterotypic interactions between pericytes, and EC required during vasculogenesis. Previous *in vivo* studies showed that acute IFNα exposure increased BM vascularity[53], while chronic exposure inhibited angiogenesis by inducing EC senescence and reducing the secretion of proangiogenic factors like VEGF[15,54]. Our 3D model results align with these findings: acute IFNα exposure promoted a trend toward increased vascular network formation, while repeated exposure, with separate pre-treatment of iEC and MSC, significantly impaired vasculogenesis.

Recent studies have highlighted the impact of JAK2V617F-zygosity on MPN disease severity and associated complications[55]. Consistent with these findings, our global RNA-seq analysis revealed distinct zygosity-dependent transcriptional signatures in iEC under both basal conditions and following IFNα treatment. These results align with reports showing heightened activation of pathways such as AKT, STAT5, and ERK1/2 in JAK2V617F erythroblasts, with signaling further intensified in JAK2V617F[HOM vs. HET] erythroblasts[56], providing a mechanistic basis for the zygosity-dependent gene expression differences observed in our study.

In line with recent work linking JAK2V617F EC to EndMT and MPN-associated

cardiovascular dysfunction[57], we found that JAK2V617F[HET] iEC exhibited a pro-

mesenchymal phenotype, characterized by the upregulation of key EndMT markers

such as *FSP1* and *ACTA2*. AKT and ERK1/2 dysregulated signaling in JAK2V617F

EC may drive the observed phenotype and contribute to ECM remodeling[24]. In

contrast, JAK2V617F[HOM] iEC exhibited substantial transcriptional downregulation of

protein translation machinery and disrupted ribosome-ER organization, as observed

by TEM. This effect may be driven by AKT-mediated ROS accumulation, a feature of

JAK2V617F[HOM] signaling[58], which in turn disrupts translation and impairs ribosome

biogenesis[59]. However, it should not be excluded that JAK2V617F[HOM] iEC's

hyperproliferation affects ribosomal subcellular organization.

IFNα treatment of JAK2V617F[HOM] iEC upregulated ribosome biogenesis and RNA

splicing pathways, suggesting a restoration of dysregulated translation machinery

observed under basal conditions. Importantly, this effect was not linked to apoptosis,

consistent with IFNα's favorable vascular toxicity profile. These findings highlight

IFNα's potential to address zygosity-driven phenotypic alterations in JAK2V617F iEC.

Increasing evidence highlights the functional link between inflammation,

thrombosis, and the role of EndMT in tissue remodeling[5,60]. In our 3D iEC-MSC

cocultures, TGFβ, IL1β, and TNFα effectively induced EndMT, emphasizing

JAK2V617F[HET] iEC's pro-mesenchymal phenotype. While IFNα partially inhibited this

cytokine-driven EndMT phenotype *in vitro*, it significantly blocked EndMT *in vivo*. The

stronger anti-EndMT effect of IFNα *in vivo* may result from the chronic treatment

regimens used in mice and MPN patients, contrasting with the short incubation period

in our 3D model. This aligns with clinical observations that IFNα acts as a rather slow-

acting drug[61].

Building on the prevalence of JAK2V617F heterozygosity in MPN patients[62], we

then investigated how the mutant endothelium influences the BM niche across diverse

hematopoietic genetic backgrounds. scRNA-seq analysis of 3D complex cocultures

identified key myeloid and non-hematopoietic lineages, including EC and various MSC

clusters, mirroring the stromal heterogeneity of the human BM niche[38]. Despite the

JAK2V617F driver mutation being commonly shared by hematopoietic cells and EC[63],

we generated cocultures exclusively harboring JAK2V617F[HET] in EC to individually

dissect the properties of the mutant endothelium and its impact on niche remodeling.

Consistent with our previous findings, JAK2V617F[HET] iEC displayed a mesenchymal

phenotype. Notably, cocultures with mutated iEC exhibited a reduction in predicted L-

R interaction strength compared to unmutated cocultures, aligning with previous

research evidencing that the JAK2V617F-bearing vascular niche preferentially

supports JAK2V617F clonal expansion[7]. Interestingly, basophil progenitors showed

increased interactions with niche components via FN1, a potential biomarker for early

myelofibrotic transformation[64]. L-R analysis also revealed enhanced crosstalk between

basophil progenitors and MSC through SPP1, a glycoprotein known to promote a

fibrotic microenvironment[65]. Aligning with previous work[66], these enhanced interactions

suggest that specific cell types and pro-inflammatory pathways become hyperactive in

response to JAK2V617F EC, driving microenvironmental remodeling and vascular

complications, even in the absence of JAK2V617F hematopoietic cells.

In the presence of JAK2V617F[HET] iHC, EC dysfunction was exacerbated,

marked by upregulated EndMT markers, and heightened glycolytic activity, suggesting

progression toward advanced EndMT[67]. Moreover, JAK2V617F[HET] cocultures

recapitulated hallmark MPN features, such as upregulated hypoxic[26] and TGFβ

signaling[40] in critical fibrosis-associated cell types, including monocytes,

macrophages, neutrophils, MSC, and mast cells[36,38]. Partial TNFα downregulation in

specific stromal and hematopoietic subsets hints at a possible mechanism for limiting inflammation and sustaining MSC immunosuppressive properties, as previously described[68]. In JAK2V617F[HET] cocultures, monocytes, neutrophils, and mast cells exhibited increased IFNα signaling, in line with earlier findings of interferon-stimulated genes upregulation in JAK2V617F hematopoietic cells[69]. Mapping of L-R pairs further highlighted basophil progenitors and stromal cells (MSC, EC, and pericytes) as key orchestrators in both unmutated and mutated niches. Increased interactions among these cell types and other niche components via central fibrotic pathways, such as MIF-CD74[42] and LGALS1-ITGB1[43], underscore their pivotal role in driving BM niche fibrosis, positioning them as promising therapeutic targets in MPN.

scRNA-seq analysis of 3D cocultures treated with IFNα revealed that IFNα effectively suppressed JAK2V617F iEC hyperproliferation and partially reversed their EndMT phenotype. Notably, the upregulation of genes linked to TGFβ signaling in EC suggests vascular normalization, as TGFβ has been shown to enhance endothelial barrier function and plays a vital role in vasculogenesis[70]. IFNα treatment mitigated the pro-inflammatory and pro-fibrotic profile observed in JAK2V617F[HET] 3D complex cocultures, while selectively upregulating the expression of IFNα signaling-related genes across both hematopoietic and stromal subsets. These findings are particularly relevant considering recent evidence showing a tonic autocrine IFNα loop in EC[15] and JAK1/STAT1-mediated sensitization to IFNα in JAK2V617F+ patients[69].

Our scalable fibrin-based 3D coculture system offers an accessible, reproducible platform for mechanistic studies with precise control over cellular composition and genetic background, yet it has limitations. It does not fully capture the BM niche's complexity in terms of cellularity and spatial architecture. The currently short cultivation period may not align with the slow-developing nature of fibrosis, potentially limiting its predictive value to early-stage fibrosis. Incorporating additional

niche components (e.g., lymphoid and neuronal cells), optimizing matrix composition, and introducing flow conditions could extend cultivation time and enhance its translational relevance. Despite its limitations, our 3D iPSC-based model captures essential features of normal and neoplastic hematopoiesis described in human and murine studies, underscoring its utility for mechanistic studies of the BM niche.

This study uncovers JAK2V617F zygosity-associated phenotypic variability in EC, suggesting mutational burden as a key driver of vascular dysfunction and BM fibrosis in MPN. Further single-cell and spatial transcriptomics studies are warranted to dissect the JAK2V617F mutational burden in the vascular tissue of MPN patients and facilitate the clinical translation of our findings. Moreover, we present the first evidence, to our knowledge, that IFNα inhibits EndMT, unveiling a previously unrecognized mechanism for its anti-fibrotic and anti-angiogenic effects. These findings pave the way for innovative strategies to target the vascular microenvironment, offering new opportunities to mitigate MF and improve patient outcomes.

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S. K. received research grant/funding from Geron, Janssen, AOP Pharma, and Novartis; received consulting fees from Pfizer, Incyte, Ariad, Novartis, AOP Pharma, Bristol Myers Squibb, Celgene, Geron, Janssen, CTI BioPharma, Roche, Bayer, GSK, Protagonist, MSD, mPN Hub, Bedrock, and PharmaEssentia; received payment or honoraria from Novartis,BMS/Celgene, Pfizer, Incyte, AOP Orphan, GSK, AbbVie, MSD, MPN Hub, Bedrock, iOMEDICO; received travel/accommodation support from Alexion, Novartis, Bristol Myers Squibb, Incyte, AOP Pharma, CTI BioPharma, Pfizer, Celgene, Janssen, Geron, Roche, AbbVie, GSK, Sierra Oncology, Kartos, Imago Biosciences, MSD, and iOMEDICO; had a patent issued for a BET inhibitor at RWTH Aachen University; participated on advisory boards for Pfizer, Incyte, Ariad, Novartis, AOP Pharma, BMS, Celgene, Geron, Janssen, CTI BioPharma, Roche, Bayer, GSK, Sierra Oncology, AbbVie, Protagonist, MSD, and PharmaEssentia. **T. H. B.** served as consultant/speaker for Gilead, Janssen, Merck, Novartis, Pfizer, and received research support from Novartis and Pfizer.

References

1.   Vannucchi, A. M. *et al.* Mutations and prognosis in primary myelofibrosis. *Leukemia* **27**, 1861–1869 (2013).

2.   Barbui, T. *et al.* Thrombosis in primary myelofibrosis: incidence and risk factors. *Blood* **115**, 778–782 (2010).

3.   Boveri, E. *et al.* Bone marrow microvessel density in chronic myeloproliferative disorders: a study of 115 patients with clinicopathological and molecular correlations. *Br J Haematol* **140**, 162–168 (2008).

4.   Barosi, G. *et al.* Spleen neoangiogenesis in patients with myelofibrosis with myeloid metaplasia. *British Journal of Haematology* **124**, 618–625 (2004).

5.   Erba, B. G. *et al.* Endothelial-to-Mesenchymal Transition in Bone Marrow and Spleen of Primary Myelofibrosis. *The American Journal of Pathology* **187**, 1879–1892 (2017).

6.   Ding, L., Saunders, T. L., Enikolopov, G. & Morrison, S. J. Endothelial and perivascular cells maintain haematopoietic stem cells. *Nature* **481**, 457–462 (2012).

7.   Zhan, H., Lin, C. H. S., Segal, Y. & Kaushansky, K. The JAK2V617F-bearing vascular niche promotes clonal expansion in myeloproliferative neoplasms. *Leukemia* **32**, 462–469 (2018).

8.   Sozer, S. *et al.* The presence of JAK2V617F mutation in the liver endothelial cells of patients with Budd-Chiari syndrome. *Blood* **113**, 5246–5249 (2009).

9. Rosti, V. *et al.* Spleen endothelial cells from patients with myelofibrosis harbor the JAK2V617F mutation. *Blood* **121**, 360–368 (2013).

10. Dzierzak, E. & Bigas, A. Blood Development: Hematopoietic Stem Cell Dependence and Independence. *Cell Stem Cell* **22**, 639–651 (2018).

11. Eilken, H. M., Nishikawa, S.-I. & Schroeder, T. Continuous single-cell imaging of blood generation from haemogenic endothelium. *Nature* **457**, 896–900 (2009).

12. Bewersdorf, J. P. *et al.* Moving toward disease modification in polycythemia vera. *Blood* **142**, 1859–1870 (2023).

13. Abu-Zeinah, G. *et al.* Interferon-alpha for treating polycythemia vera yields improved myelofibrosis-free and overall survival. *Leukemia* **35**, 2592–2601 (2021).

14. Indraccolo, S. Interferon-α as angiogenesis inhibitor: Learning from tumor models. *Autoimmunity* **43**, 244–247 (2010).

15. Ciccarese, F. *et al.* Genetic perturbation of IFN-α transcriptional modulators in human endothelial cells uncovers pivotal regulators of angiogenesis. *Comput Struct Biotechnol J* **18**, 3977–3986 (2020).

16. Shi, Y., Inoue, H., Wu, J. C. & Yamanaka, S. Induced pluripotent stem cell technology: a decade of progress. *Nat Rev Drug Discov* **16**, 115–130 (2017).

17. Méndez-Ferrer, S. *et al.* Mesenchymal and haematopoietic stem cells form a unique bone marrow niche. *Nature* **466**, 829–834 (2010).

18. Sweeney, M. & Foldes, G. It Takes Two: Endothelial-Perivascular Cell Cross-Talk in Vascular Development and Disease. *Frontiers in Cardiovascular Medicine* **5**, (2018).

19. Flosdorf, N. *et al.* Proinflammatory phenotype of iPS cell-derived JAK2 V617F megakaryocytes induces fibrosis in 3D in vitro bone marrow niche. *Stem Cell Reports* **19**, 224–238 (2024).

20. Olschok, K. *et al. Stem Cell Reports* **16**, 2768–2783 (2021).

21. Strassburg, S. *et al.* In vivo evaluation of an electrospun gelatin nonwoven mat for regeneration of epithelial tissues. *Journal of Biomedical Materials Research Part A* **107**, 1605–1614 (2019).

22. Nassiri, S. M. & Rahbarghazi, R. Interactions of Mesenchymal Stem Cells with Endothelial Cells. *Stem Cells and Development* **23**, 319–332 (2014).

23. Paik, D. T. *et al.* Large-Scale Single-Cell RNA-Seq Reveals Molecular Signatures of Heterogeneous Populations of Human Induced Pluripotent Stem Cell-Derived Endothelial Cells. *Circ Res* **123**, 443–450 (2018).

24. Piera-Velazquez, S. & Jimenez, S. A. Endothelial to Mesenchymal Transition: Role in Physiology and in the Pathogenesis of Human Diseases. *Physiol Rev* **99**, 1281–1324 (2019).

25. Bjørn, M. E. & Hasselbalch, H. C. The Role of Reactive Oxygen Species in Myelofibrosis and Related Neoplasms. *Mediators Inflamm* **2015**, 648090 (2015).

26. Baumeister, J. *et al.* Hypoxia-inducible factor 1 (HIF-1) is a new therapeutic target in JAK2V617F-positive myeloproliferative neoplasms. *Leukemia* **34**, 1062–1074 (2020).

27. Gilles, L. *et al.* Downregulation of GATA1 drives impaired hematopoiesis in primary myelofibrosis. *J Clin Invest* **127**, 1316–1320.

28. Gulìa, C. *et al.* Y RNA: An Overview of Their Role as Potential Biomarkers and Molecular Targets in Human Cancers. *Cancers (Basel)* **12**, 1238 (2020).

29. Han, C. *et al.* Chromatin-associated orphan snoRNA regulates DNA damage-mediated differentiation via a non-canonical complex. *Cell Rep* **38**, 110421 (2022).

30. Patel, A. A. & Steitz, J. A. Splicing double: insights from the second spliceosome. *Nat Rev Mol Cell Biol* **4**, 960–970 (2003).

31. Wang, S. *et al.* RNU12 inhibits gastric cancer progression via sponging miR-575 and targeting BLID. *Sci Rep* **13**, 7523 (2023).

32. Liu, Z. *et al.* SNORA23 inhibits HCC tumorigenesis by impairing the 2′-O-ribose methylation level of 28S rRNA. *Cancer Biol Med* **19**, 104–119 (2022).

33.   Kvasnicka, H. M. *et al.* Long-term effects of ruxolitinib versus best available therapy
on bone marrow fibrosis in patients with myelofibrosis. *J Hematol Oncol* **11**, 42 (2018).
34.   Bai, Y. *et al.* Ruxolitinib Alleviates Renal Interstitial Fibrosis in UUO Mice.
International Journal of Biological Sciences **16**, 194–203 (2020).
35.   Yu, W.-K. *et al.* Nintedanib Inhibits Endothelial Mesenchymal Transition in
Bleomycin-Induced Pulmonary Fibrosis via Focal Adhesion Kinase Activity Reduction. *Int J*
Mol Sci **23**, 8193 (2022).
36.   Toledo, M. A. S., Chatain, N., Zenke, M. & Koschmieder, S. Mast cells as a
therapeutic target in myeloproliferative neoplasms. *Trends in Molecular Medicine* **28**, 902–
905 (2022).
37.   Schneider, R. K. *et al.* Gli1+ Mesenchymal Stromal Cells Are a Key Driver of Bone
Marrow Fibrosis and an Important Cellular Therapeutic Target. *Cell Stem Cell* **20**, 785-800.e8
(2017).
38.   Leimkühler, N. B. *et al.* Heterogeneous bone-marrow stromal progenitors drive
myelofibrosis via a druggable alarmin axis. *Cell Stem Cell* **28**, 637-652.e8 (2021).
39.   Huang, E. *et al.* The Roles of Immune Cells in the Pathogenesis of Fibrosis.
International Journal of Molecular Sciences **21**, 5203 (2020).
40.   Meng, X.-M., Nikolic-Paterson, D. J. & Lan, H. Y. TGF-β: the master regulator of
fibrosis. *Nat Rev Nephrol* **12**, 325–338 (2016).
41.   Sarkaria, S. M. *et al.* Systematic dissection of coordinated stromal remodeling
identifies *Sox10*+ glial cells as a therapeutic target in myelofibrosis. *Cell Stem Cell* **30**, 832-
850.e6 (2023).
42.   Pritchard, J. E. *et al.* Non-canonical Hedgehog signaling mediates profibrotic
hematopoiesis-stroma crosstalk in myeloproliferative neoplasms. *Cell Rep* **43**, 113608 (2024).
43.   Li, R. *et al.* A proinflammatory stem cell niche drives myelofibrosis through a
targetable galectin-1 axis. *Sci Transl Med* **16**, eadj7552 (2024).
44.   Slenders, L. *et al.* Identification of endothelial-to-mesenchymal transition gene
signatures in single-cell transcriptomics of human atherosclerotic tissue. 2023.07.18.549599
Preprint at https://doi.org/10.1101/2023.07.18.549599 (2023).
45.   Liu, T. *et al.* Downregulated calmodulin expression contributes to endothelial cell
impairment in diabetes. *Acta Pharmacol Sin* **44**, 2492–2503 (2023).
46.   Xie, W. *et al.* Multi-Transcriptomic Analysis Reveals the Heterogeneity and Tumor-
Promoting Role of SPP1/CD44-Mediated Intratumoral Crosstalk in Gastric Cancer. *Cancers*
15, 164 (2022).
47.   Wang, H. *et al.* FN1 is a prognostic biomarker and correlated with immune infiltrates
in gastric cancers. *Frontiers in Oncology* **12**, 918719 (2022).
48.   Khan, A. O. *et al.* Human Bone Marrow Organoids for Disease Modeling, Discovery,
and Validation of Therapeutic Targets in Hematologic Malignancies. *Cancer Discovery* **13**,
364 (2023).
49.   Frenz-Wiessner, S. *et al.* Generation of complex bone marrow organoids from human
induced pluripotent stem cells. *Nat Methods* (2024) doi:10.1038/s41592-024-02172-2.
50.   James, C. W. Anagrelide-induced cardiomyopathy. *Pharmacotherapy* **20**, 1224–1227
(2000).
51.   AlAsmari, A. F. *et al.* Venetoclax Induces Cardiotoxicity through Modulation of
Oxidative-Stress-Mediated Cardiac Inflammation and Apoptosis via NF-κB and BCL-2
Pathway. *Int J Mol Sci* **23**, 6260 (2022).
52.   Abu-Zeinah, G., Silver, R. T., Abu-Zeinah, K. & Scandura, J. M. Normal life
expectancy for polycythemia vera (PV) patients is possible. *Leukemia* **36**, 569–572 (2022).
53.   Prendergast, Á. M. *et al.* IFNα-mediated remodeling of endothelial cells in the bone
marrow niche. *Haematologica* **102**, 445–453 (2017).
54.   Pammer, J. *et al.* Interferon-a prevents apoptosis of endothelial cells after short-term

exposure but induces replicative senescence after continuous stimulation. *Laboratory Investigation* 11 (2006).

55.   Moliterno, A. R., Kaizer, H. & Reeves, B. N. JAK2 V617F allele burden in polycythemia vera: burden of proof. *Blood* **141**, 1934–1942 (2023).

56.   Akada, H. *et al.* Conditional expression of heterozygous or homozygous Jak2V617F from its endogenous promoter induces a polycythemia vera-like disease. *Blood* **115**, 3589–3597 (2010).

57.   Zhang, H. *et al.* Decoding Endothelial MPL and JAK2V617F Mutation: Insight Into Cardiovascular Dysfunction in Myeloproliferative Neoplasms. *Arterioscler Thromb Vasc Biol* **44**, 1960–1974 (2024).

58.   Marty, C. *et al.* A role for reactive oxygen species in JAK2 V617F myeloproliferative neoplasm progression. *Leukemia* **27**, 2187–2195 (2013).

59.   Willi, J. *et al.* Oxidative stress damages rRNA inside the ribosome and differentially affects the catalytic center. *Nucleic Acids Research* **46**, 1945–1957 (2018).

60.   Alvandi, Z. & Bischoff, J. Endothelial-Mesenchymal Transition in Cardiovascular Disease. *Arterioscler Thromb Vasc Biol* **41**, 2357–2369 (2021).

61.   Gisslinger, H. *et al.* Long-Term Efficacy and Safety of Ropeginterferon Alfa-2b in Patients with Polycythemia Vera — Final Phase I/II Peginvera Study Results. *Blood* **132**, 3030 (2018).

62.   Tefferi, A. & Vainchenker, W. Myeloproliferative Neoplasms: Molecular Pathophysiology, Essential Clinical Understanding, and Treatment Strategies. *Journal of Clinical Oncology* (2011) doi:10.1200/JCO.2010.29.8711.

63.   Farina, M. *et al.* Comparative Mutational Profiling of Hematopoietic Progenitor Cells and Circulating Endothelial Cells (CECs) in Patients with Primary Myelofibrosis. *Cells* **10**, 2764 (2021).

64.   Schneider, R. K. *et al.* Activated fibronectin-secretory phenotype of mesenchymal stromal cells in pre-fibrotic myeloproliferative neoplasms. *J Hematol Oncol* **7**, 92 (2014).

65.   Ruberti, S. *et al.* Involvement of MAF/SPP1 axis in the development of bone marrow fibrosis in PMF patients. *Leukemia* **32**, 438–449 (2018).

66.   Guy, A. *et al.* Vascular endothelial cell expression of JAK2 [V617F] is sufficient to promote a pro-thrombotic state due to increased P-selectin expression. *Haematologica* **104**, 70–81 (2019).

67.   Xiong, J. *et al.* A Metabolic Basis for Endothelial-to-Mesenchymal Transition. *Molecular Cell* **69**, 689-698.e7 (2018).

68.   Li, W., Liu, Q., Shi, J., Xu, X. & Xu, J. The role of TNF-α in the fate regulation and functional reprogramming of mesenchymal stem cells in an inflammatory microenvironment. *Front. Immunol.* **14**, (2023).

69.   Czech, J. *et al.* JAK2V617F but not CALR mutations confer increased molecular responses to interferon-α via JAK1/STAT1 activation. *Leukemia* **33**, 995–1010 (2019).

70.   Armulik, A., Abramsson, A. & Betsholtz, C. Endothelial/Pericyte Interactions. *Circulation Research* **97**, 512–523 (2005).

Figure 1. **MPN patient specific iPSC-derived EC to investigate IFNα's impact on the vascular niche**

(A) Representative images of JAK2^{WT}, JAK2V617F^{HET}, and JAK2V617F^{HOM} iEC. Scale bars, 500 µm.

(B) For proliferation assays, iEC were seeded at a density of 20,000 cells per well in a 24-well plate, and cell counts were determined after 4 days of culture in supplemented Endothelial Growth Medium-2 (EGM-2). One-way ANOVA (n = 5).

(C) To compare the angiogenic potential of mutated iEC to WT control, ETFA were performed. Images were taken 12 to 14 hours after seeding the cells onto Matrigel® or Geltrex® in a 96-well plate format. Scale bars, 200 µm.

(D) ETFA quantitative analysis comparing the total length of tubule-like structures formed across three genotypes under basal conditions. One-way ANOVA (n = 3).

(E) To assess the response of iEC to clinically used or compounds under investigation for MPN therapy, iEC were treated with 1 µM of the listed compounds or 1000 U/ml IFNα. One-way ANOVA (n = 3-7).

(F) Experimental design used to explore the anti-angiogenic potential of IFNα. ETFA were conducted with or without prior exposure of iEC to 1000 U/ml IFNα before seeding onto reconstituted basement membrane.

(G) Photographs illustrating the effects of 1000 U/ml IFNα pre-sensitization on iEC. White arrows highlight disrupted tubule-like structures. Scale bars, 100 µm.

886   (H) Quantitative analysis of ETFA comparing the total length of capillary-like

887   structures following iEC pre-treatment with 1000 U/ml IFNα. Unpaired t-test (n

888   = 3).

889
890

Figure 2. **Impact of IFNα on neoplastic vasculogenesis in a 3D iPSC-based coculture model with MSC**

(A) Schematic illustration of the experimental design used to generate 3D cocultures for investigating neoplastic vasculogenesis. CRISPR-engineered MPN patient-derived iEC and primary MSC (MSC) isolated from healthy donors' femoral heads were suspended within fibrin hydrogels, either as mono- or cocultures. These 3D systems provide scalable platforms for disease modeling and high-throughput *in vitro* drug screening.

(B) Fluorescent cell linkers PKH26 and PKH67 were used to label iEC (red) and MSC (green), respectively, prior to suspension within fibrin hydrogels. Representative confocal image illustrates MSC alignment along the walls of formed tube-like structures, mirroring EC-pericyte arrangement. Nuclei are stained with DAPI. Scale bar, 50 μm.

(C) Experimental layout used to investigate iEC-MSC crosstalk during vasculogenesis and evaluate IFNα's effect on network formation. The 3D culture medium was supplemented with 1000U/ml IFNα on days 1 and 3. After 5 days of incubation, samples were fixed and analyzed by microscopy.

(D) Quantification of PKH26 fluorescence area to assess vascular network formation in 3D iEC monocultures and iEC-MSC cocultures across different genetic and treatment conditions. One-way ANOVA (n = 3-4).

(E) Experimental layout used to investigate the impact of IFNα pre-treatment on vasculogenesis. Prior to 3D coculture, MSC and iEC were separately pre-treated with IFNα (1000 U/ml).

930   (F) Quantitative analysis of PKH26 fluorescence comparing the impact of separate

931   iEC and MSC pre-treatment with 1000 U/ml IFNα prior to 3D cocultivation on

932   the total area of capillary-like structures. Unpaired t-test (n = 3).

Figure 3. **Transcriptomic profiles of MPN patient-derived iEC**

(A) Heatmap depicting unsupervised clustering of differentially regulated genes in

JAK2^{WT} and JAK2V617F$^{HET\ and\ HOM}$ iEC (cut off: absolute logarithmic fold change

>1).

(B) Gene set enrichment analysis (GSEA) reveals the pro-mesenchymal and pro-

inflammatory transcriptional signature exhibited by JAK2V617F^{HET} iEC.

Abbreviations: NP, nominal p-value; FDR, false discovery rate.

(C) Quantification of mRNA levels of fibroblast-specific protein 1 (*FSP1*), alpha-

smooth muscle actin (*ACTA2*) by RT-qPCR in JAK2V617F^{HET} iEC, relative to

JAK2^{WT} iEC. Unpaired t-test (n = 3-8).

(D) Selection of dysregulated gene sets illustrating the prominent aspects detected

in the GSEA affecting JAK2V617F^{HOM} iEC biology. Abbreviations: NP, nominal

p-value; FDR, false discovery rate.

(E) Representative transmission electron microscopy images of iEC of indicated

JAK2V617F genotype. In these images, N represents the nucleus, white arrows

depict rough endoplasmic reticulum, and red arrows showcase accumulated

loose ribosomes in mutated iEC. Scale bar, 1,000 nm.

1000

Figure 4. Genotype-Specific Transcriptional Responses of iEC to IFNα Treatment

(A) Volcano plot illustrating differentially expressed genes (DEG) in JAK2^{WT}, JAK2V617F^{HET}, and JAK2V617F^{HOM} iEC following IFNα treatment. Upregulated genes: 168. Downregulated genes: 10. Abbreviations: NS, non-significant; Log2FC: logarithmic fold change.

(B) Gene Ontology (GO) analysis highlighting iEC core IFNα response. The size of the dots reflects the number of dysregulated genes from the gene list associated with the GO term, while the color of the dots represents the adjusted p-value (p. adjust).

(C) Pathway responsive genes (PROGENy) analysis of JAK–STAT pathway activity in iEC following IFNα treatment.

(D) Venn diagram illustrating overlapping and significantly enriched genes within each genotype following IFNα treatment (cut off: adjusted p-value for FDR<0.05). A list of all significantly dysregulated genes is provided in Supplementary Table 9.

(E) Quantification of normalized mRNA read counts for RNA, U12 small nuclear (*RNU12*), Small Nucleolar RNA, H/ACA Box 23 (*SNORA23*), RNA, Y3 (*RNY3*), and RNA, U5E small nuclear 1 (*RNU5E-1*) expression in untreated versus IFNα-treated JAK2V617F^{HOM} iEC (n = 3).

(F) GO analysis depicting upregulated terms in JAK2V617F^{HOM} iEC following IFNα treatment. The size of the dots reflects the number of dysregulated genes from the gene list associated with the GO term, while the color of the dots represents the adjusted p-value (p. adjust).

A

MSC   JAK2^WT or HET iEC

control   + cytokines   + IFNα   + NIN   + RUX   + RUX + NIN

+ cytokines

Microscopy analysis

(a)   DAPI CD31

Vascular tree formation (EGM-2)

3 ← Treatment & EndMT launching

Coculture maintenance (EBM-2 + 2%FCS)

+ 5 days

B

DAPI CD31 FSP1   CD31   FSP1

JAK2^WT

JAK2V617F^HET

C

FSP1 fluorescence area normalized to DAPI counts

***
*   ***
*

cytokines
-    +   -   +
WT   HET

D

JAK2V617F^HET + cytokines

Merged   CD31   FSP1

E

Fold induction of FSP1-CD31 colocalization

*

WT   HET
+ cytokines

F

WT   HET

FSP1-CD31 colocalization (colocalization coefficient (M1))

*
0.0848
*
*
*

control cytokines IFNα NIN RUX RUX + NIN
+ cytokines

*
0.2262
*
*
0.0678

control cytokines IFNα NIN RUX RUX + NIN
+ cytokines

Figure 5. JAK2V617F-driven EndMT is recapitulated *in vitro* using a 3D iPSC-based model

(A) Schematic representation of the experimental setup. After vascular tree formation, WT and JAK2V617F^{HET} iEC 3D cocultures were pre-treated with IFNα (1000 U/ml), ruxolitinib (RUX, 250 nM), nintedanib (NIN, 250 nM), or a combination of ruxolitinib and nintedanib (both 250 nM). EndMT was then induced using pro-fibrotic cytokines (IL1β, TNFα, and TGFβ) to mimic the pathological conditions of MF. (a) Representative image of 3D coculture stained for CD31 (green) to visualize iEC, with DAPI (blue) highlighting cell nuclei. The asterisk marks a lumen-like structure. Scale bar: 25 μm.

(B) Representative IF images of JAK2^{WT} and JAK2V617F^{HET} 3D cocultures, stained for CD31 (green) and FSP1 (red) to indicate EndMT. Cell nuclei are visualized using DAPI (blue). Scale bar, 125 μm.

(C) Quantification of FSP1 fluorescence area in JAK2^{WT} and JAK2V617F^{HET} 3D cocultures under both stimulated and unstimulated conditions. Two-way ANOVA (n = 3).

(D) Representative duplex IF images showing FSP1 expression in a CD31$^+$ iEC following exposure to IL1β, TNFα, and TGFβ in JAK2V617F^{HET} 3D cocultures. Scale bar: 10 μm.

(E) Fold induction of FSP1-CD31 fluorescence colocalization in JAK2^{WT} vs. JAK2V617F^{HET} 3D cocultures after cytokine stimulation. Unpaired t-test (n = 3).

(F) Analysis of FSP1-CD31 fluorescence colocalization under different treatment conditions, quantified using Mander's colocalization coefficient (M1), in JAK2^{WT} and JAK2V617F^{HET} 3D cocultures. One-way ANOVA (n = 3).

A

DAPI CD34 FSP1

EV

TPO

TPO + IFNα

B

FSP1 MFI
normalized to DAPI counts

** *

EV   TPO   TPO + IFNa

C

Vessel FSP1 MFI
normalized to DAPI counts

* *

EV   TPO   TPO + IFNa

D

DAPI CD31 FSP1

before IFNα treatment

ongoing IFNα treatment

E

Normalized FSP1 MFI Ratio
(IFNα treated/ before treatment)

**

Normalized vessel FSP1 MFI Ratio
(IFNα treated/ before treatment)

**

Figure 6. IFNα inhibits EndMT *in vivo*

(A) Representative IF images of BM sections derived from vehicle (EV) and transgenic mice overexpressing thrombopoietin (TPO), treated or not with IFNα over a 4-week period. Sections are co-stained for CD34 (green) and the EndMT marker FSP1 (red), with DAPI (blue) highlighting cell nuclei. Asterisks mark representative vessel lumens. Scale bars: 75 µm.

(B) Global FSP1 mean fluorescence intensity (MFI) quantification. Two-way ANOVA (n = 4-6).

(C) CD34+ vessel-specific FSP1 MFI quantification. Two-way ANOVA (n = 4-6).

(D) Representative IF images of BM sections from MPN patients treated with IFNα. Co-staining shows CD31 (green), FSP1 (red), and nuclei (blue). Asterisks mark vessel lumens. Scale bars, 20 µm.

(E) Normalized ratio of global and CD31$^+$ vessel-specific FSP1 MFI during IFNα treatment relative to baseline in MPN patients. Statistical analysis was performed using a one-sample t-test (n = 3). Patient characteristics are detailed in the supplementary information.

Figure 7. 3D complex cocultures of iEC, iHC, and MSC resume key cellular interactions of the human BM niche

(A) Schematic of the experimental setup for the generation of 3D cocultures for scRNAseq. JAK2^{WT} or JAK2V617F^{HET} iPSC-derived megakaryocytes (iMK), monocytes/macrophages (iM), and granulocytes (iGr) (collectively referred to as iPSC-derived hematopoietic cells (iHC)) were mixed in a 2:1:1 ratio and combined with MSC and JAK2^{WT} or JAK2V617F^{HET} iEC within fibrin hydrogels. To evaluate the effect of IFNα on the mutant niche, JAK2V617F^{HET} cocultures were treated with IFNα (1000 U/ml) for 48h before scRNAseq. (a) Representative photograph of a 3D iPSC-based construct.

(B) Uniform Manifold Approximation and Projection (UMAP) plot showing the isolated hematopoietic and stromal clusters. Abbreviations: Mono – monocytes; MSC – mesenchymal stromal cells; Mast – mast cells; Eo – eosinophils; Neu – neutrophils; DC – dendritic cells; EC – endothelial cells; BasoP – basophil progenitors; HemoEndo – hemogenic endothelium; MK – megakaryocytes; HPC – hematopoietic progenitor cells; Peri – pericytes; Astro – astrocytes.

(C) Circle plot depicting the mapping of ligand-receptor (L-R) interactions among various cell types in JAK2^{WT} (WT-WT) cocultures. Each node represents a distinct cell type, with MSC clusters categorized as stromal cells. Line thickness indicates interaction strength, while arrows denote the direction of the interactions.

(D) Heatmap illustrating the relative strength of incoming and outgoing signaling among various cell types in JAK2^{WT} complex cocultures. Rows represent aggregate strength of signaling for the given pathway, while columns indicate distinct cell types. The color code reflects the strength of the interactions.

Figure 8. JAK2V617F^{HET} 3D complex cocultures recapitulate key MPN features

(A) PROGENy analysis and Area Under the Curve (AUC) score analysis of

selected pathways in JAK2V617F^{HET} cocultures compared to JAK2^{WT} controls.

Abbreviations: FC – Fold change of HET-HET vs. WT-WT cocultures.

(B) Circle plot illustrating the overall and top 25% of ligand-receptor (L-R) interaction

strength among various cell types in JAK2V617F^{HET} cocultures (HET-HET)

versus JAK2^{WT} controls (WT-WT). Each node represents a distinct cell type,

with MSC clusters classified as stromal cells. Line thickness reflects interaction

strength, and arrows indicate the direction of interactions. Red lines indicate

increased interaction strength, while blue lines denote decreased interaction

strength.

(C) Heatmap illustrating the relative strength of incoming and outgoing signaling

among various cell types in JAK2V617F^{HET} cocultures. Rows represent

aggregate strength of signaling for the given pathway, while columns indicate

distinct cell types. The color code reflects the strength of the interactions.

(D) Dot plots with error bars showing the normalized expression levels of selected

EndMT markers in EC from complex cocultures under different genetic

backgrounds and treatment conditions. Color codes represent the investigated

conditions: **blue** for JAK2^{WT} iEC-iHC cocultures, **yellow** for JAK2V617F^{HET} iEC-

JAK2^{WT} iHC cocultures, **orange** for JAK2V617F^{HET} iEC-iHC cocultures, and

green for JAK2V617F^{HET} iEC-iHC cocultures treated with IFNα (1000 U/ml) for

48 hours prior to scRNA-seq.

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Figure 9. IFNα mitigates pro-fibrotic signaling in 3D JAK2V617F[HET] complex

cocultures

(A) Circle plot illustrating the overall and top 25% of ligand-receptor (L-R) interaction

strength among various cell types in cocultures treated with 1000 U/ml IFNα

(HET-HET + IFNα) compared to JAK2V617F[HET] cocultures (HET-HET). Each

node represents a distinct cell type, with MSC clusters classified as stromal

cells. Line thickness reflects interaction strength, and arrows indicate the

direction of interactions. Red lines represent increased interaction strength,

while blue lines indicate decreased interaction strength.

(B) Heatmap illustrating the relative strength of incoming and outgoing signaling

among various cell types in JAK2V617F[HET] cocultures treated with IFNα. Rows

represent aggregate strength of signaling for the given pathway, while columns

indicate distinct cell types. The color code reflects the strength of the

interactions.

(C) PROGENy analysis and AUC score analysis of selected pathways in

JAK2V617F[HET] cocultures treated with IFNα (HET-HET + IFNα) compared to

untreated JAK2V617F[HET] cocultures (HET-HET). Abbreviations: FC – Fold

change of HET-HET + IFNα vs. HET-HET cocultures.

(D) Heatmap comparing incoming and outgoing signaling in iEC based on ligand-

receptor (L-R) analysis from scRNAseq experiment. The columns represent the

tested conditions: (1) HET-WT vs. WT-WT, (2) HET-HET vs. WT-WT, and (3)

HET-HET + IFNα vs. HET-HET. Each row corresponds to a mediator of

interaction. The color gradient from red to blue indicates increasing to

decreasing interaction strength mediated by the listed factors.

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