

1 **Blood Advance**

2 **Title: Angiocrine factors from HUVECs amplify erythroid cells**

3

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3

1 **Abstract**

2 **Erythropoiesis is regulated by microenvironmental factors from the**
3 **vasculature. Enhanced erythropoiesis, which occurs under stress or**
4 **during development, amplifies erythroid cells to meet the demand of**
5 **red blood cells. This process uncouples cell division and**
6 **differentiation, thus the accumulated erythroid cells remain**
7 **undifferentiated in the vasculature. However, little is known about how**
8 **vascular endothelial cells (ECs) regulate erythropoiesis. Here we**
9 **identified that human umbilical vein endothelial cells (HUVECs) keep**
10 **erythroid cells undifferentiated and amplify their number. We**
11 **determined that HUVECs amplify erythroid cells via secreted**
12 **angiocrine factors. The expression profile of these factors suggested**
13 **that they resemble macrophage-crine factors for enhanced erythropoiesis.**
14 **Molecularly, HUVECs mediate the activation of ERK signaling. These**
15 **data indicate that angiocrine factors from HUVECs enhance**
16 **erythropoiesis via the amplification of undifferentiated erythroid cells.**
17 **Our study contributes to the ultimate goal of harnessing erythropoiesis**
18 **to replace blood transfusions.**

19

1

2

3 **Introduction**

4 Every year, approximately 36,000 units of red blood cell transfusions are
5 used for patients suffering from diseases, undergoing surgical operations,
6 or some other medical need every day in the US
7 (<https://www.redcrossblood.org/donate-blood/how-to-donate/how-blood-donations-help/blood-needs-blood-supply.html>). The source of these
8 transfusions has depended on blood donors, but more stable sources are
9 required for the anticipated growth in demand (Batta, 2016). One alternative
10 is stem cells, which can be proliferated to high numbers that produce the
11 needed volume (Chung, 2017; Doulatov, 2013; Kinney, 2019; Orkin, 2008).
12 However, limited understanding of erythropoiesis has prevented the
13 production of clinically relevant quantities of erythrocytes (Fang, 2016; Wei,
14 2019).

16

17 Erythropoiesis is the process through which red blood cells are produced
18 (An, 2015). Erythropoiesis begins with the commitment of hematopoietic
19 progenitor cells to erythroid cells that takes place in both embryos and

1 adults (Nandakumar, 2016; Pimkin, 2014). Under stress erythropoiesis,
2 glucocorticoids uncouple cell division and differentiation, thus maintaining
3 and amplifying undifferentiated erythroid cells (Li, 2019).

4
5 The amplification of erythroid cells takes place in the vascularized regions
6 of tissues, such as yolk sac, fetal liver, placenta, and adult bone marrow
7 (BM) (Baron, 2012; Van Handel, 2010). The role of vascular endothelial
8 cells (ECs) has been documented in the maintenance of hematopoietic stem
9 cells, the differentiation to both myeloid and lymphoid lineage types, and
10 the production of platelets (Morrison, 2014; Pinho, 2019). However, the role
11 of vascular ECs in erythropoiesis is unclear. Elucidating the contribution of
12 vascular ECs and their effector molecules is expected to achieve the
13 clinically relevant number of red blood cells from stem cells (Butler, 2010;
14 Ziyad, 2018).

15
16 Herein we demonstrate the role of human umbilical vein endothelial cells
17 (HUVECs) in enhanced erythropoiesis. We show that angiocrine factors
18 secreted from HUVECs maintain and amplify undifferentiated erythroid cells.
19 We profiled these angiocrine factors and found that they shared features

1 with macrophage-crines known to enhance erythropoiesis (Lopez-Yrigoyen,
2 2019). The prospective downstream target of the angiocrine factors is ERK
3 signaling (Eblen, 2018; Grasman, 2017; Rezaei, 2019; Smalley, 2018),
4 whose suppression terminated the HUVEC-mediated amplification of
5 erythroid cells.

1

2 **Results**

3 **HUVECs amplify erythroid cells**

4 To address whether embryonic ECs have a role in erythropoiesis, we
5 co-cultured human BM-CD34+ hematopoietic progenitor cells with either
6 HUVECs or human pluripotent stem cell (hPSC)-derived ECs seeded on
7 fibronectin. Co-culture with HUVECs resulted in the amplification of
8 Pro-erythroblasts (EB)s (CD71+GLY-A-) and EBs (CD71+GLY-A+), so that
9 overall total of erythroid cells increased (fig. 1A-B). HUVECs on fibronectin
10 stalled the waterfall pattern of erythroid differentiation, particularly before
11 the entry to Late-EB (CD71-GLY-A+) stage (fig. 1A). In contrast to HUVECs,
12 co-culture with human PSC-derived ECs fully differentiated to Late-EBs (fig.
13 1A). We measured the differentiation potential of the amplified erythroid
14 cells with HUVEC co-culture. We isolated and cytopspun the EB population to
15 identify basophilic erythroblasts (fig. 2A). To examine if the amplified erythroid
16 cells could undergo further differentiation, we cultured them for an
17 additional week. We found that 32% of them exited from EB to become
18 Late-EB and differentiated to orthochromatic erythroid (fig. 2B), indicating

1 that differentiation capacity could be restored. These data demonstrate that
2 HUVECs amplify erythroid cells by keeping them undifferentiated.

3

4 **Angiocrine factors from HUVECs amplify erythroblasts**

5 To assess whether cell-cell interactions are required for the enhanced
6 amplification of erythroid cells, we used a transwell assay, where the media
7 and secreted factors could be exchanged but direct HUVEC contact was
8 prevented. We found an increase in erythroid cells in the transwell setting
9 (fig. 3), suggesting that secreted angiocrine factors are involved in the
10 erythroid amplification. To determine the angiocrine factors produced by
11 HUVECs, we conducted an RNA-seq analysis for the genes that encode
12 secreted factors in HUVECs and hPSC-ECs (fig. 4A). Based on literature
13 search, we classified the secreted factors into three categories (fig. 4B).
14 Erythropoiesis enhancing factors (EEFs) include classical hematopoietic
15 cytokines and morphogens whose roles are validated in erythropoiesis
16 (Paulson, 2011). Recent studies proved that both OP9 (Trakarnsanga,
17 2018) and macrophages (Lopez-Yrigoyen, 2019) enhance erythropoiesis via
18 secreted factors, which are termed OP9-crines and macrophage-crines
19 respectively in this study. EPO, EGF ligands, and glucocorticoid synthases

1 were included among EEFs, whose expressions were not detected in
2 HUVECs (fig. 4B). Additionally, OP9-crines were not enriched in HUVECs
3 (fig. 4B). On the other hand, NRG1 and IGFBP6, which are included among
4 macrophage-crines, were exclusively expressed in HUVECs (fig. 4B, table
5 1). These data demonstrate that HUVECs express and share their profile of
6 angiocrine factors with macrophages.

7

8 **ERK is involved in amplification of erythroid cells**

9 NRG1 and IGFBP6 regulate ERK signaling (fig. 5A; Kataria, 2019; Zinn,
10 2013). We confirmed that HUVECs activated the ERK signal in erythroid cell
11 line K562 (fig. 5B). Accordingly, we observed that the chemical inhibition of
12 ERK diminished the HUVEC-mediated amplification of erythroid cells (fig.
13 5C-D). Consistent with this reduced amplification, the inhibition of ERK
14 moved the scatter profile of the GLY-A+ population toward differentiation
15 (fig. 5C). Of note, we made consistent observations in both BM- and cord
16 blood (CB)-CD34+ cells, suggesting the mechanisms of erythroid cell
17 amplification is common between the cell source type: CB from fetus and
18 BM from adult (fig. 5D). These data demonstrate that ERK activation
19 amplifies erythroid cells through angiocrine factors from HUVECs.

1

2 **Discussion**

3 Elucidating a manner to amplify erythroid cells is expected to achieve a
4 clinically relevant number of red blood cells (Koury, 2016). Several studies
5 have shown that HUVECs proliferate hematopoietic stem and progenitor
6 cells (Yildirim, 2005), but the understanding of their role in erythropoiesis
7 remains incomplete. Our work demonstrated that angiocrine factors
8 secreted by HUVECs amplify erythroid cells, suggesting a possible
9 mechanism to produce red blood cells *in vitro*.

10

11 ERK signaling mediates erythroid commitment of hematopoietic progenitor
12 cells at the initial phase of erythropoiesis, but its role in the subsequent
13 phases of erythropoiesis is not clear (Guihard, 2010). We demonstrated that
14 ERK signaling amplifies erythroid cells through angiocrine factors from
15 HUVECs. Instead of other erythropoiesis factors, such as EPO (Kuhrt,
16 2015), SCF (Comazzetto, 2019) or glucocorticoids (Narla, 2011), HUVECs
17 produce angiocrine factors in common with those from macrophages to
18 enhance erythropoiesis (Lopez-Yrigoyen, 2019; Seu, 2017). One study
19 showed the contribution of cell-cell contacts between murine

1 hemangioma-derived ECs and erythropoiesis. However, we did not find
2 these contacts to be a factor with HUVECs. (Ohneda, 1997). To conclude,
3 our findings suggest that angiocrine factors could enhance erythropoiesis
4 from either donor-derived or hPSC-derived hematopoietic progenitor cells.

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3 **ACKNOWLEDGEMENTS**

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18 conflicts of interest.

19

1 **AUTHOR CONTRIBUTIONS**

2 R.S. and R.O. designed the study, conducted the experiments, interpreted
3 the data and wrote the manuscript. C.M., E.S., T.S. T.N., and Y-s..T.
4 conducted the experiments. M.K.S. supervised the study. R.S., R.O., Y-s.T.,
5 A.N., and M.K.S. commented on and wrote the paper.

6

7 **Disclosures**

8 The authors declare they have no competing financial interests.

9

10 **Methods**

11 **Contact for Reagent and Resource Sharing**

12 Further information and requests for resources and reagents should be
13 directed to and will be fulfilled by the Lead Contact, Ryohichi Sugimura
14 (ryohichi.sugimura@gmail.com).

15

16 **Experimental Model and Subject Details**

17 Cell lines

1 All the experiments of this study were performed with 409B2 iPSC
2 and CBA11 iPSC lines (Ohta, 2019). K562 was obtained through
3 RIKEN Bioresource Center. Human BM-CD34+ cells were purchased
4 from Lonza (Tissue Acquisition Number: 35843, 35845, 32423,
5 34781, 30968). Human CB-CD34+ cells were purchased from
6 Stemexpress (mixed donor, CB34P3401C). HUVECs were either
7 purchased from Angio-Proteomie (GFP-HUVEC, cAP-01001GFP) or
8 Lonza (issue Acquisition Number: 29000).

9

10 **Accession number of RNA-sequencing**

11 GSE138104

12 <https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE138104>

13

14 **Method details**

15 hPSC culture

16 The maintenance of hPSCs was done using iMatrix-511 (Matrixome) in
17 mTeSR1 media (STEMCELL Technologies). Media were changed every

1 other day, and the cells were passaged as single cells every 7 days using
2 TrypLE Express (Life technologies).

3

4 Endothelial differentiation

5 hPSC spheroids were formed as described previously (Ohta, 2019).
6 hPSC spheroids were suspended in mTeSR1 (StemCell
7 Technologies) containing 1.25 µg/mL iMatrix-511 (Matrixome) and
8 subsequently plated onto non-coated culture plates. After three days, the
9 medium was replaced with Essential 8 (Life technologies) containing 4 µM
10 CHIR99021 (WAKO), 80 ng/mL BMP4 (R&D systems), and 80 ng/mL VEGF
11 (R&D systems). After two more days, the cells were dissociated to the
12 single-cell level with TrypLE Express (Life technologies) for 20 minutes at
13 37°C and subsequently plated onto an iMatrix-411 (Matrixome)-coated
14 plate in Stempro34-SFM (Life technologies) containing 80 ng/mL VEGF.
15 After four more days of culture on iMatrix-411, the cells were passaged onto
16 a Type I collagen-coated plate at a density of 10,000/cm² in EGM-2
17 containing 25 ng/mL VEGF and cultured for 9 days with passage every four
18 days.

1

2 Co-culture

3 20,000 BM or CB CD34+ cells were cultured with 60,000 HUVECs or
4 hPSC-derived ECs seeded on 50 µg/mL of fibronectin-coated plates
5 in alpha-MEM medium supplemented with 15% FBS, 1%
6 insulin-transferrin, 5 ng/mL IL-7, 10 ng/mL FLT-3L, 50 µg/mL
7 L-ascorbic acid, and 1% L-Glut/Pen/Strep. The cells were
8 co-cultured for 7 days. For the transwell analysis, we used a 0.4 µM
9 pore transwell (MCHT12H48 Millipore) and seeded CD34+ cells on
10 the transwell apparatus. ERK inhibitor FR180204 (10 µM) was
11 added to culture where described in the text.

12

13 Cytospin

14 5,000 FACS-sorted CD71+GLY-A+ or CD71-GLY-A+ cells were cytospun
15 onto slides (500 r.p.m. for 5 min), air dried, and stained with MayGrunwald
16 and Giemsa stains, washed with water, air dried, and mounted, followed by
17 examination by light microscopy.

1

2

3 Erythroid differentiation of K562

4 K562 cells were maintained in Ham F12 with 10% FBS. For erythroid
5 differentiation, sodium butyrate was added to the medium (1 mM) and
6 cultured for 7 days.

7

8 Antibody

9 Anti-pERK (#4370), anti-ERK (#4695) and anti-beta-actin (#4970) were
10 purchased from Cell Signaling Technology.

11

12 Western blot

13 Equal amounts of protein extracted from K562 cells were subjected to
14 SDS-PAGE in Tris-Glycine buffer and transferred to PVDF membranes. The
15 membrane was blocked with 5% Skim milk in Tris-buffered saline containing
16 0.1% Tween-20 (TBS-T) for 1 hour at room temperature and probed with the
17 appropriate primary antibody (1:1,000, anti-pERK, ERK or beta-actin

1 antibody) overnight at room temperature. After washing with TBS-T, the
2 membrane was incubated with the appropriate secondary antibody
3 (anti-rabbit IgG HRP-linked antibody (1:1,000, cell signaling)) for 1 hour at
4 room temperature. After washing with TBS-T, the membrane was incubated
5 with West Femto super signal reagent (Thermo scientific), and the specific
6 proteins were visualized with LAS-4000 (GE healthcare).

7

8 Flow cytometry

9 Cells grown in culture or harvested from animal tissues were
10 stained with 4:200-1:200 dilution of each antibody for at least 30 min on
11 ice in the dark with the following antibodies; CD71-PE and GLY-A-PECY7.
12 Unless specifically indicated, all the antibodies used are against human
13 cells. Acquisitions were done on a BD FACSAria II cell sorter or BD
14 LSRFortessa cytometer. Sorting was performed on a BDFACS Aria II cell
15 sorter. Flow cytometry data were analyzed using FlowJo V.10.

16

17 Bulk RNA-seq

18 Sequencing was performed on an Illumina HiSeq 2500 platform in a 75-base

1 single-end mode. Illumina Casava1.8.2 software was used for basecalling.
2 Sequenced reads were mapped to the human reference genome sequences
3 (hg19) using TopHat v2.0.13 in combination with Bowtie2 ver. 2.2.3 and
4 SAMtools ver. 0.1.19. The fragments per kilobase of exon per million
5 mapped fragments (FPKMs) was calculated using Cufflinks version 2.2.1.

6

7 Statistics and source data

8 Statistical analyses were done with t-test. We used Microsoft Excel for
9 calculations and expressed the results as the means \pm s.d. The source data
10 for each graph is available in the supplementary tables.

11

12

13 **REFERENCES**

14 An X, Schulz VP, Mohandas N, Gallagher PG. *Curr Opin Hematol.* 2015, **22**,
15 3.

16 Baron MH, Isern J, Fraser ST. *Blood*, 2012, **119**, 21.

17 Batta K, Menegatti S, Garcia-Alegria E, Florkowska M, Lacaud G, Kouskoff
18 V. *Stem Cells Transl Med*, 2016, **5**, 10.

- 1 Butler JM, Nolan DJ, Vertes EL, Varnum-Finney B, Kobayashi H, Hooper AT,
- 2 Seandel M, Shido K, White IA, Kobayashi M, Witte L, May C, Shawber C,
- 3 Kimura Y, Kitajewski J, Rosenwaks Z, Bernstein ID, Rafii S. *Cell Stem Cell*,
- 4 2010, **6**, 3.
- 5 Chung SS, Park CY. *Blood Adv*, 2017, **1**, 26.
- 6 Doulatov S, Daley GQ. *Science*, 2013, **342**, 6159.
- 7 Eblen ST, *Adv Cancer Res*. 2018, **138**.
- 8 Fang S, Nurmi H, Heinolainen K, Chen S, Salminen E, Saharinen P, Mikkola
- 9 HK, Alitalo K. *Blood*, 2016, **128**, 5.
- 10 Grasman JM, Kaplan DL. *Sci Rep*. 2017, **7**, 1.
- 11 Kataria H, Alizadeh A, Karimi-Abdolrezaee S. *Prog Neurobiol*. 2019, **180**.
- 12 Kinney MA, Vo LT, Frame JM, Barragan J, Conway AJ, Li S, Wong KK,
- 13 Collins JJ, Cahan P, North TE, Lauffenburger DA, Daley GQ. *Nat Biotechnol*,
- 14 2019, **37**, 7.
- 15 Comazzetto S, Murphy MM, Berto S, Jeffery E, Zhao Z, Morrison SJ, *Cell*
- 16 *Stem Cell*, 2019, **24**, 3.
- 17 Guihard S, Clay D, Cocault L, Saulnier N, Opolon P, Souyri M, Pagès G,
- 18 Pouysségur J, Porteu F, Gaudry M, *Blood*, 2010, **115**, 18.
- 19 Koury MJ. *Exp Hematol*. 2016, **4**.

- 1 Kuhrt D, Wojchowski DM. *Blood*, 2015, **125**, 23.
- 2 Li H, Natarajan A, Ezike J, Barrasa MI, Le Y, Feder ZA, Yang H, Ma C,
3 Markoulaki S, Lodish HF. *Dev Cell*, 2019, **49**, 1.
- 4 Lopez-Yrigoyen M, Yang CT, Fidanza A, Cassetta L, Taylor AH, McCahill A,
5 Sellink E, von Lindern M, van den Akker E, Mountford JC, Pollard JW,
6 Forrester LM. *Nat Commun*. 2019, **10**, 1.
- 7 Morrison SJ, Scadden DT. *Nature*, 2014, **505**, 7483.
- 8 Nandakumar SK, Ulirsch JC, Sankaran VG. *Br J Haematol*. 2016, **173**, 2.
- 9 Narla A, Dutt S, McAuley JR, Al-Shahrour F, Hurst S, McConkey M, Neuberg
10 D, Ebert BL. *Blood*, 2011, **118**, 8.
- 11 Ohneda O, Bautch VL, *Br J Haematol*. 1997, **98**, 4.
- 12 Ohta R, Sugimura R, Niwa A, Saito MK. *J Vis Exp*. 2019, **148**.
- 13 Orkin SH, Zon LI. *Cell*, 2008, **132**, 4.
- 14 Paulson RF, Shi L, Wu DC. *Curr Opin Hematol*. 2011, **18**, 3.
- 15 Pimkin M, Kossenkov AV, Mishra T, Morrissey CS, Wu W, Keller CA, Blobel
16 GA, Lee D, Beer MA, Hardison RC, Weiss MJ. *Genome Res*. 2014, **24**, 12.
- 17 Pinho S, Frenette PS. *Nat Rev Mol Cell Biol*. 2019, **20**, 5.

- 1 Rezaei M, Martins Cavaco AC, Seebach J, Niland S, Zimmermann J,
2 Hanschmann EM, Hallmann R, Schillers H, Eble JA. *J Immunol.* 2019, **202**,
3 5.
4 Seu KG, Papoin J, Fessler R, Hom J, Huang G, Mohandas N, Blanc L, Kalfa
5 TA. *Front Immunol.* 2017, **8**, 1140.
6 Smalley I, Smalley KSM. *Cancer Discov.* 2018, **8**, 2.
7 Trakarnsanga K, Wilson MC, Heesom KJ, Andrienko TN, Srisawat C, Frayne
8 J. *Sci Rep.* 2018, **8**, 1.
9 Van Handel B, Prashad SL, Hassanzadeh-Kiabi N, Huang A, Magnusson M,
10 Atanassova B, Chen A, Hamalainen EI, Mikkola HK. *Blood*, 2010, **116**, 17.
11 Wei Q, Boulais PE, Zhang D, Pinho S, Tanaka M, Frenette PS. *Blood*, 2019,
12 **133**, 11.
13 Yildirim S, Boehmler AM, Kanz L, Möhle R. *Bone Marrow Transplant*, 2005,
14 **36**, 1.
15 Zinn RL, Gardner EE, Marchionni L, Murphy SC, Dobromilskaya I, Hann CL,
16 Rudin CM. *Mol Cancer Ther.* 2013, **12**, 6.
17 Ziyad S, Riordan JD, Cavanaugh AM, Su T, Hernandez GE, Hilfenhaus G,
18 Morselli M, Huynh K, Wang K, Chen JN, Dupuy AJ, Iruela-Arispe ML. *Cell*
19 *Rep.* 2018, **22**, 5.

1 **FIGURE LEGENDS**

2 Fig. 1. Co-culture with HUVECs amplified erythroid cells from BM-CD34+
3 cells. (A) Flow cytometry plots of CD71 and GLY-A from BM-CD34+ cells
4 cultured without ECs (left), with HUVECs (middle), and with hPSC-ECs
5 (right). (B) Bar graphs show the number of Pro-EBs (CD71+GLY-A-), EBs
6 (CD71+GLY-A+) and Late-EBs (CD71-GLY-A+). The right panel shows a
7 stack of cell numbers for each population. Each dot represents the result
8 from a biologically independent experiment (left three panels). N=4. The
9 data shown as mean \pm s.d. * $p < 0.05$ (comparison between w/o EC samples).

10

11 Fig. 2. Amplified erythroid cells can differentiate. (A) CD71+ GLY-A+ EBs
12 from BM-CD34+ cells were amplified in the presence of HUVECs, sorted,
13 and then cultured an additional 7 days. Flow cytometry plots of CD71 and
14 GLY-A from BM-CD34+ cells (middle). Cytospinning shows basophilic
15 erythroids (right). (B) Flow cytometry plots of CD71 and GLY-A from
16 cultured EBs (left). Cytospinning shows orthochromatic erythroids (right).

17 Scale bar = 10 μ m.

18

19 Fig. 3. Angiocrine factors from HUVECs amplify erythroid cells from

1 BM-CD34+ cells. (A) Flow cytometry plots of CD71 and GLY-A from
2 BM-CD34+ cells cultured without ECs (left), with HUVECs (middle), and with
3 Transwell (TW)-HUVECs (right). (B) Bar graphs show the number of
4 Pro-EBs (CD71+GLY-A-), EBs (CD71+GLY-A+), and Late-EBs
5 (CD71-GLY-A+). The right panel shows a stack of cell numbers for each
6 population. Each dot represents the result from a biologically independent
7 experiment (left three panels). N=3. The data shown as mean \pm s.d. *
8 $p < 0.05$ (comparison between w/o EC samples).

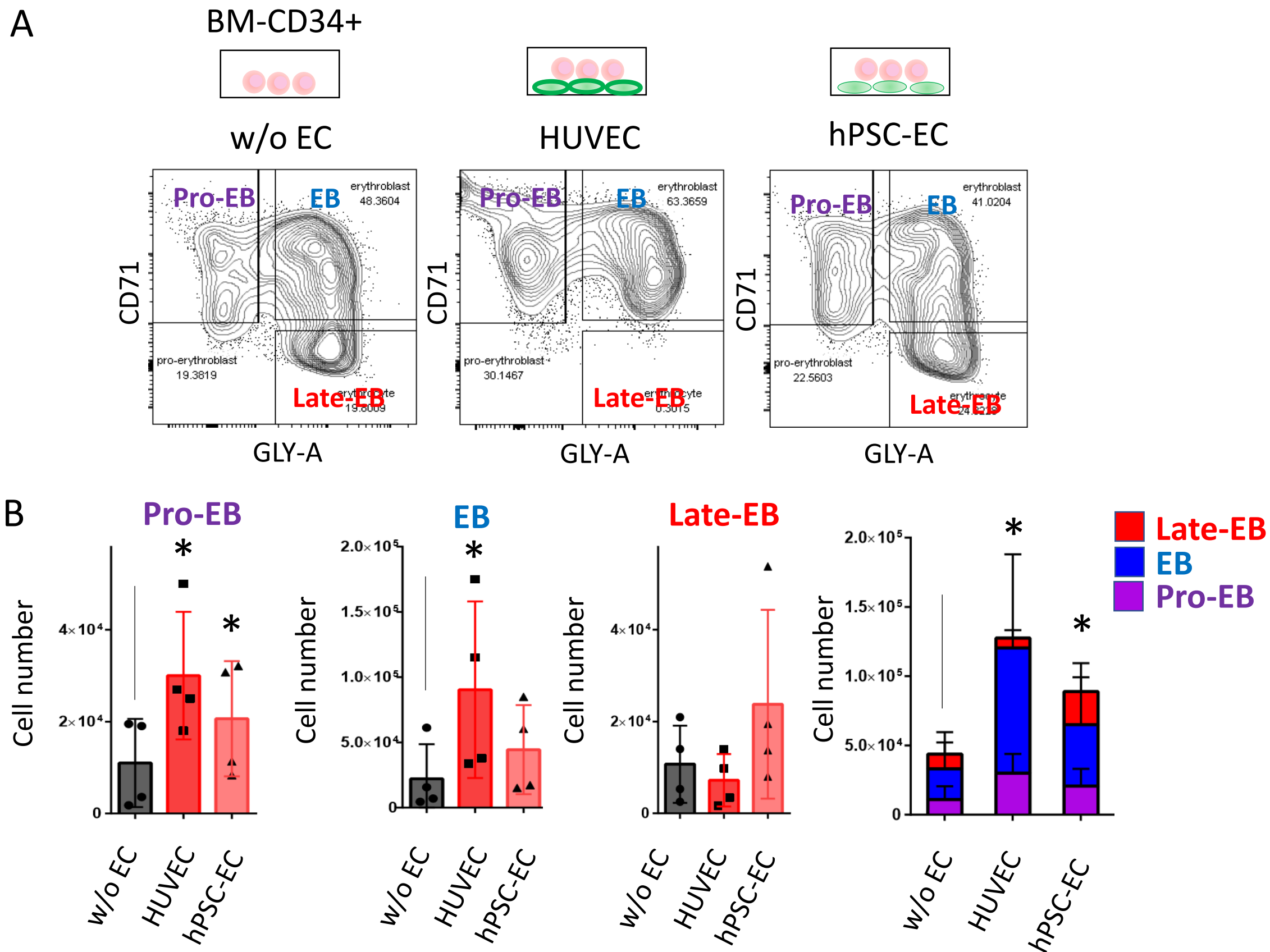
9
10 Fig. 4. Profiling the angiocrine factors secreted from HUVECs. (A) Bulk
11 RNA-seq analysis of HUVECs and hPSC-ECs was conducted and profiled
12 for erythropoiesis enhancing factors (EEFs) including glucocorticoid (GCC)
13 synthases, OP9-crines and macrophage-crines that are known to promote
14 erythropoiesis (B) Expression of angiocrine factors enriched in HUVECs
15 compared with hPSC-ECs. Refer to Table 1 for the Fragments Per Kilobase
16 of transcript per Million mapped reads (FPKM) of each gene.

17
18 Fig. 5. ERK activation amplifies erythroid cells. (A) Scheme of the ERK
19 signal in erythropoiesis. (B) Western blot analysis of the ERK and AKT

1 pathways in K562 cocultured with HUVECs. N=1. (C) Flowcytometry plots of
2 CD71 and GLY-A from BM-CD34+ cells cultured without ECs (left), with
3 HUVECs (middle), and HUVECs + ERK inhibitor (right). (D) A stack of cell
4 numbers for Pro-EBs, EBs, and Late-EBs from the experiments from
5 BM-CD34+ and CB-CD34+ cells. N=3. The data shown as mean \pm s.d. *
6 $p < 0.05$ (comparison between w/o EC samples).

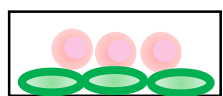
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8



A

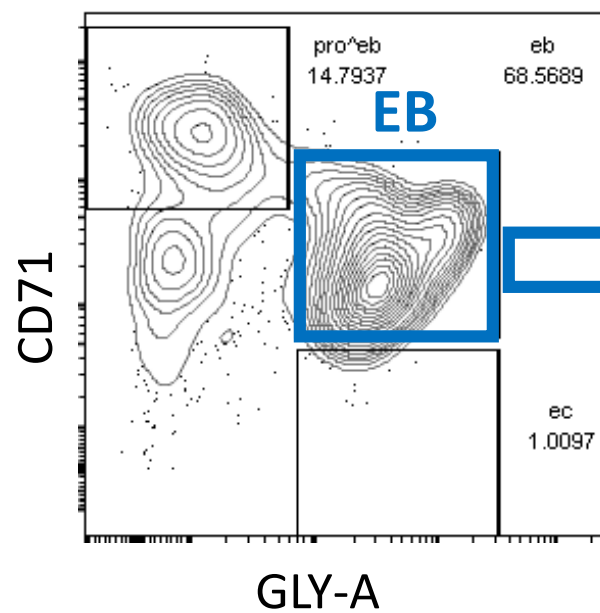
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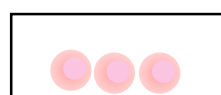
HUVEC

Sort **EB**

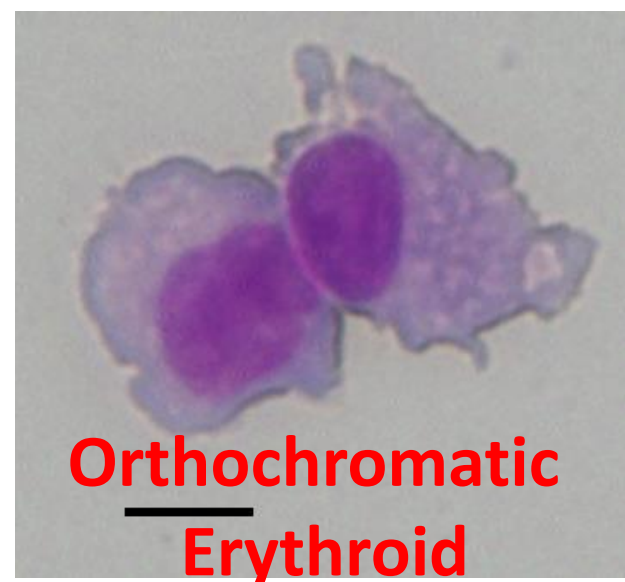
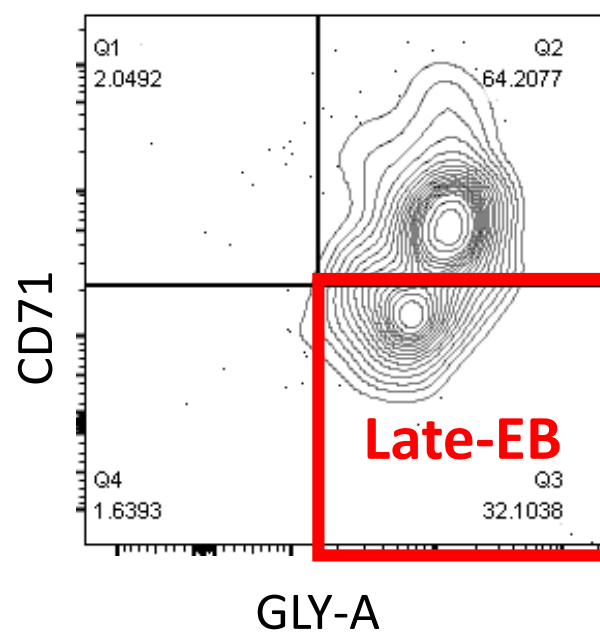
↓ +7 days

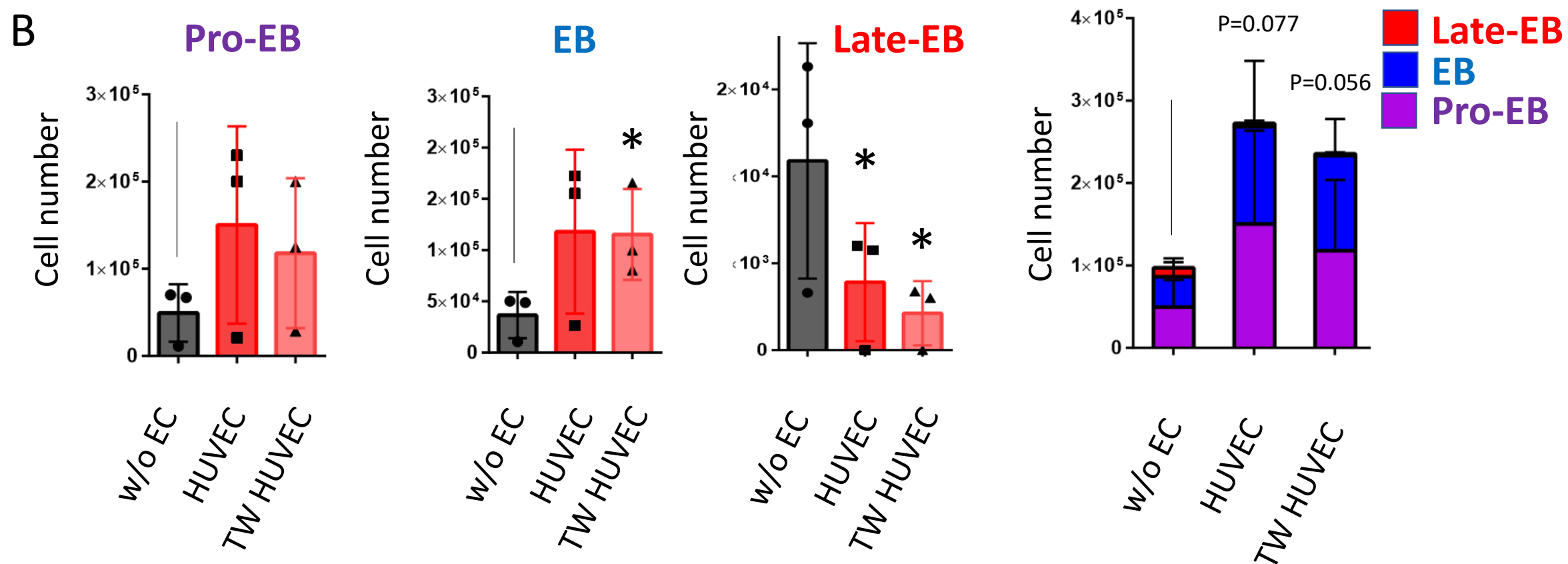
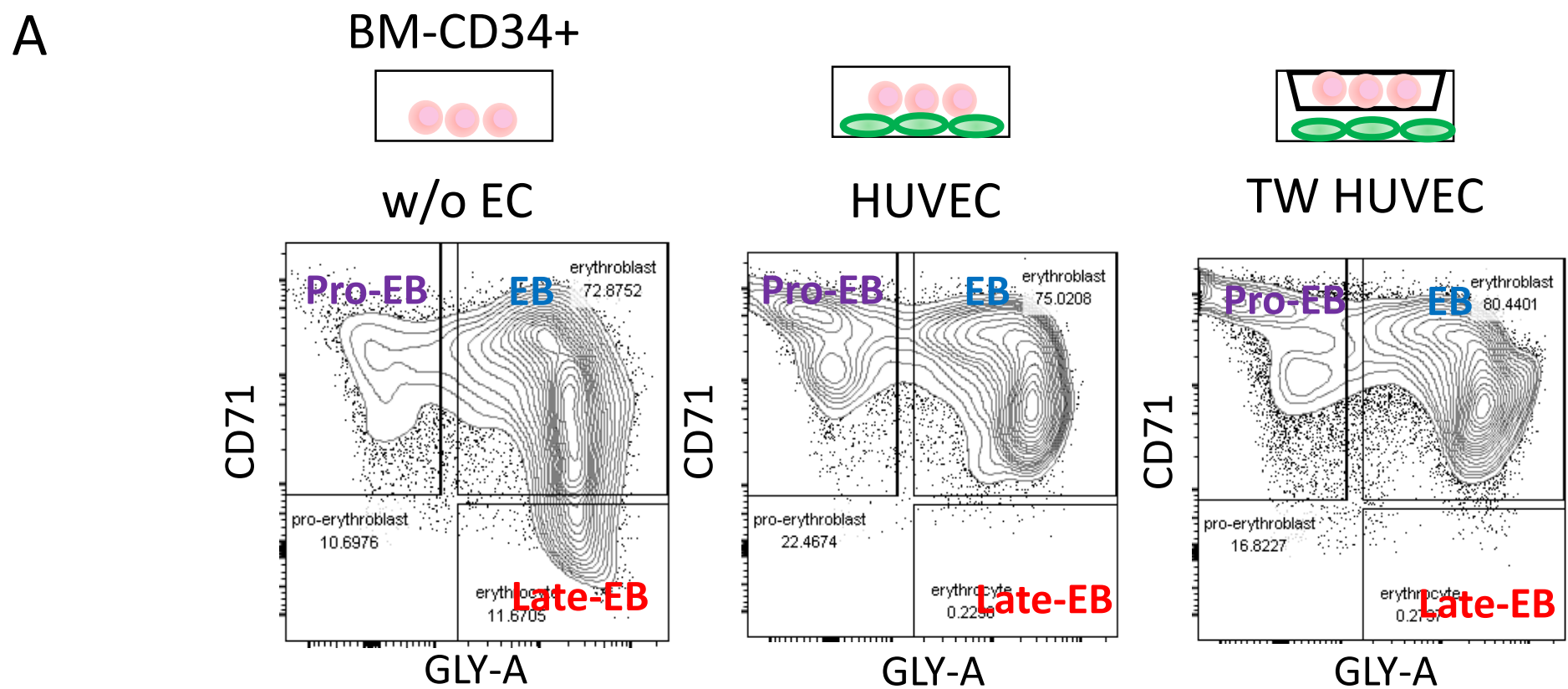


B

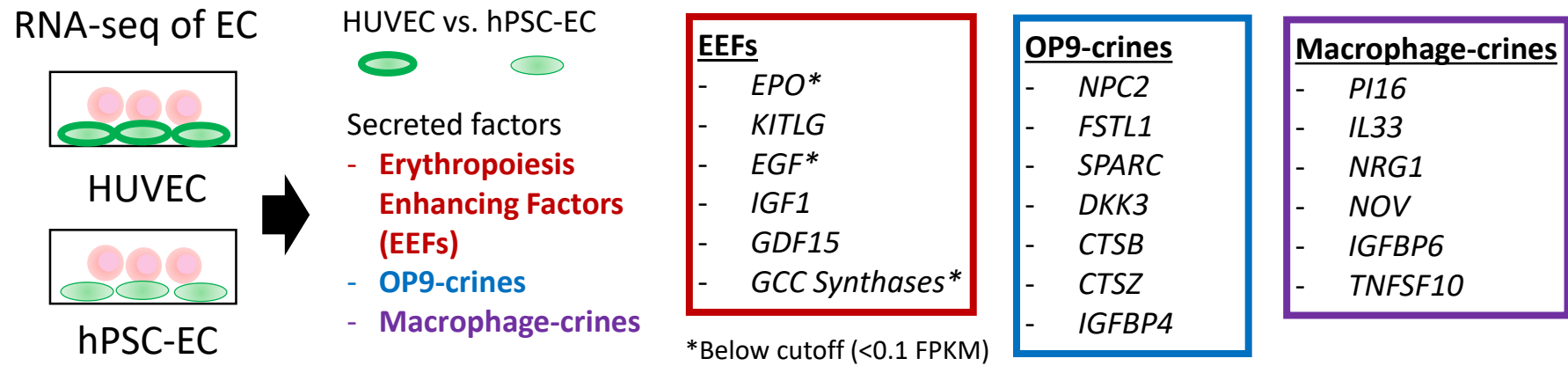


w/o EC

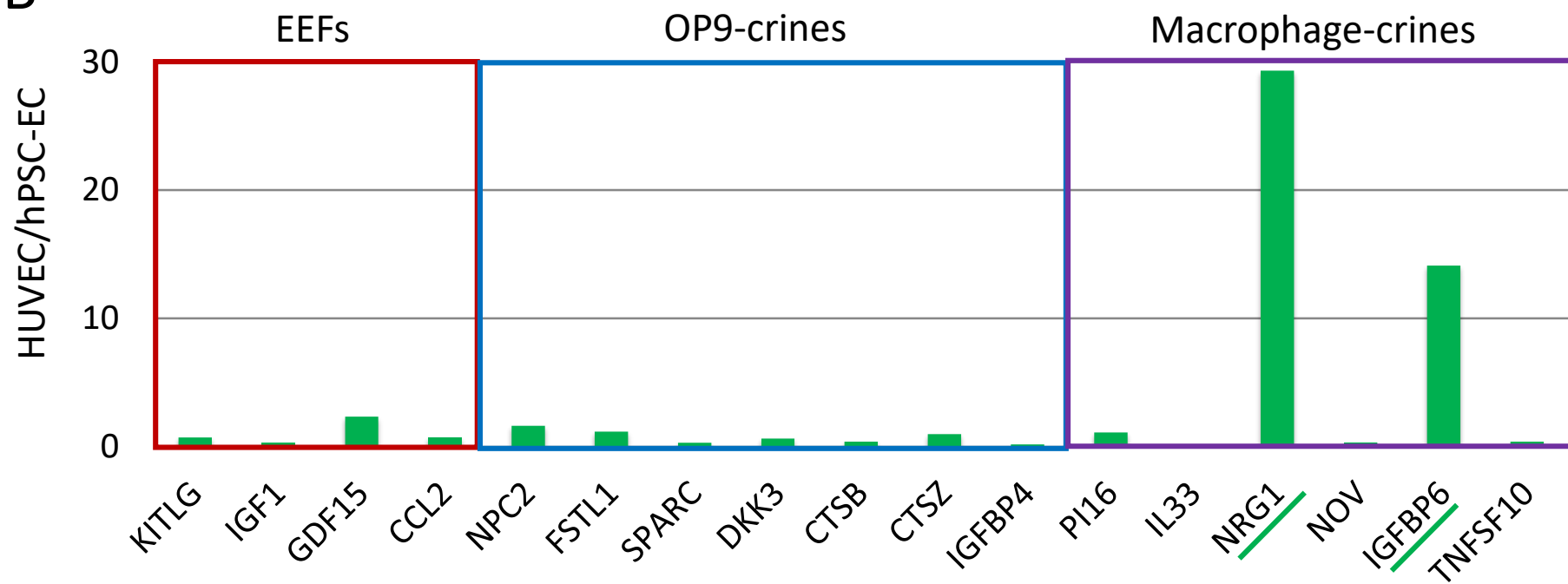




A



B



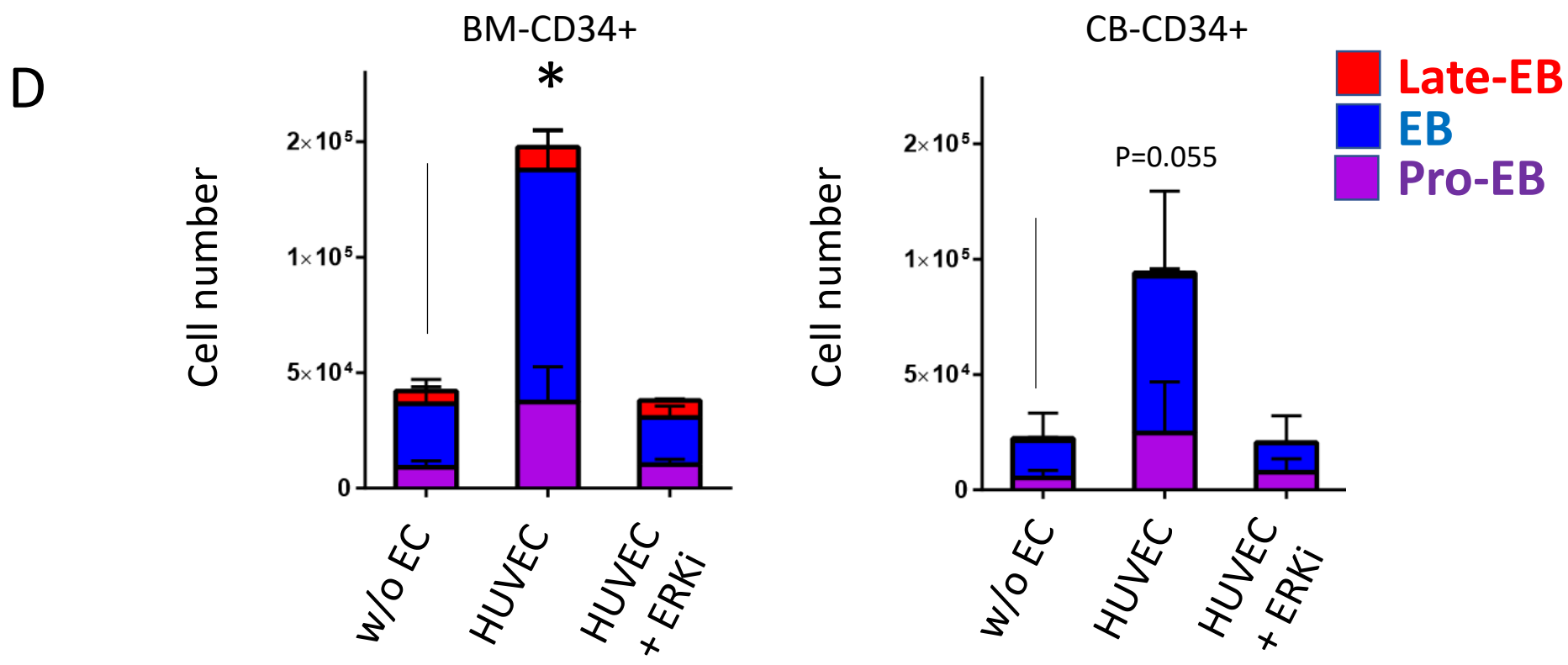
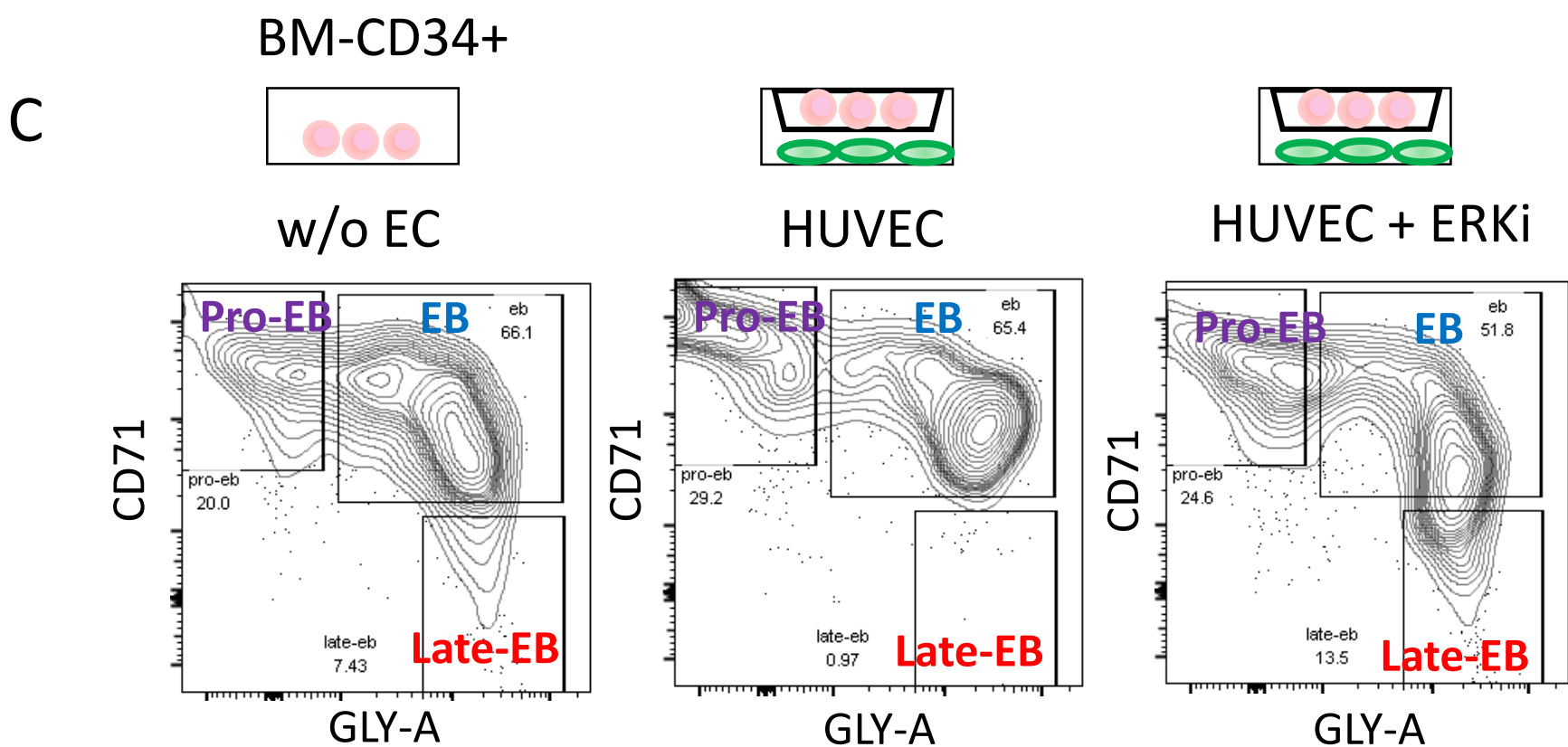
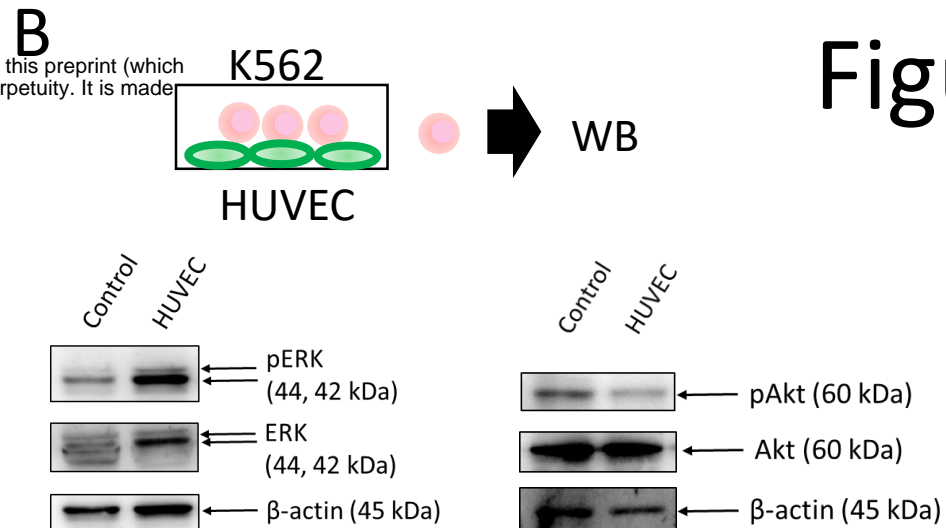
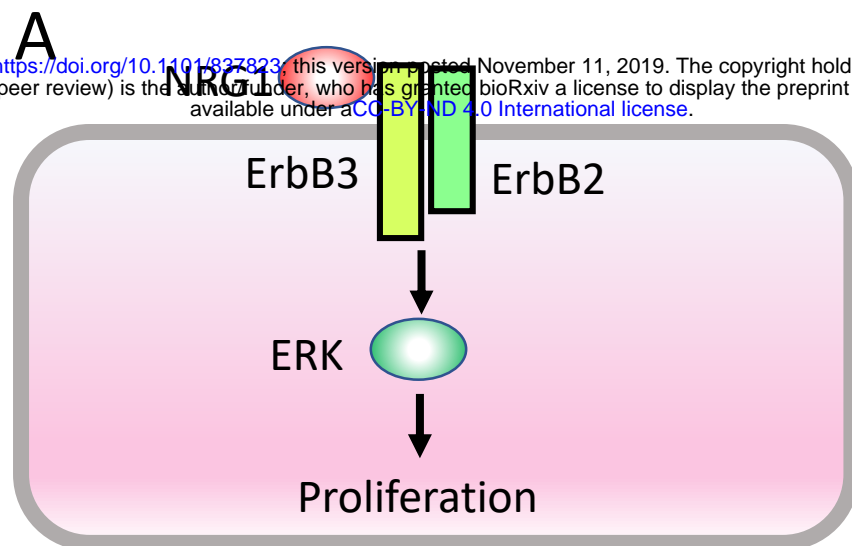


Table.1 FPKM of erythropoiesis enhancing factors, OP9-crine and macrophage-crine in each EC

Gene name	Description	FPKM	
		hPSC-EC	HUVEC
<i>KITLG</i>	KIT ligand	14.416	10.347
<i>IGF1</i>	insulin like growth factor 1	1.547	0.490
<i>GDF15</i>	growth differentiation factor 15	40.987	96.004
<i>CCL2</i>	C-C motif chemokine ligand 2	522.452	369.121
<i>NPC2</i>	NPC intracellular cholesterol transporter 2	109.549	179.006
<i>FSTL1</i>	follicle-stimulating-like 1	284.146	336.623
<i>SPARC</i>	secreted protein acidic and cysteine rich	1861.880	604.277
<i>DKK3</i>	dickkopf WNT signaling pathway inhibitor 3	116.195	73.664
<i>CTSB</i>	cathepsin B	464.186	185.249
<i>CTSZ</i>	cathepsin Z	232.578	230.470
<i>IGFBP4</i>	insulin like growth factor binding protein 4	546.884	103.969
<i>PI16</i>	peptidase inhibitor 16	0.132	0.148
<i>IL33</i>	interleukin 33	190.364	3.527
<i>NRG1</i>	neuregulin 1	1.169	34.266
<i>NOV</i>	nephroblastoma overexpressed	0.344	0.116
<i>IGFBP6</i>	insulin like growth factor binding protein 6	0.434	6.131
<i>TNFSF10</i>	TNF superfamily member 10	65.905	26.614

Fig1B

Pro-EB

w/o EC	HUVEC	hPSC-EC
1805	18000	8347.2
19500	27000	30750
3603	25000	11333
19027	50000	32085

EB

w/o EC	HUVEC	hPSC-EC
4560	37800	15170
7000	33750	17250
15666	115000	85000
61275	175000	60450

Late-EB

w/o EC	HUVEC	hPSC-EC
5287	1666	13741
20962	14000	53785
2527	3420	8004
14000	9750	19500

Fig3B

Pro-EB

w/o EC	HUVEC	TW HUVEC
70000	200000	125000
67000	230000	200000
11400	20760	28600

EB

w/o EC	HUVEC	TW HUVEC
50400	155400	100000
48910	172500	165400
10680	26400	80600

Late-EB

w/o EC	HUVEC	TW HUVEC
16310	6000	3375
13065	5750	3000
3300	0	0

Fig5D

BM

	Pro-EB	Pro-EB	Pro-EB	EB	EB	EB	Late EB	Late EB	Late EB
w/o EC	6300	12000	8670	20362	39660	22950	7612	4458	4080
HUVEC	20280	49640	42000	80340	111180	110000	13910	1649	14000
HUVEC + ERKi	7720	12300	10750	18640	25900	16500	8040	6750	7500

CB

	Pro-EB	Pro-EB	Pro-EB	EB	EB	EB	Late EB	Late EB	Late EB
w/o EC	3250	8920	3420	17394	27480	3420	1456	1048	720
HUVEC	8775	49980	15200	52050	110160	41600	3427	1190	0
HUVEC + ERKi	3060	14233	5760	10782	25284	2080	0	107	0