

Progress towards improving homing and engraftment of hematopoietic stem cells for clinical transplantation

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## **Purpose of review**

Hematopoietic cell transplantation (HCT) is a life-saving treatment for a variety of hematological and non-hematological disorders. Successful clinical outcomes after transplantation rely on adequate hematopoietic stem cell (HSC) numbers, and the homing and subsequent short- and long-term engraftment of these cells in the bone marrow. Enhancing the homing capability of HSCs has the potential for high impact on improving HCT and patient survival.

## **Recent findings**

There are a number of ways to enhance HSC engraftment. Neutralizing negative epigenetic regulation by histone deacetylase 5 (HDAC5) increases surface CXCR4 expression and promotes human HSC homing and engraftment in immune deficient (NSG) mice. Short-term treatment of cells with glucocorticoids, pharmacological stabilization of hypoxia inducible factor (HIF)-1 $\alpha$ , increasing membrane lipid raft aggregation, and inhibition of Dipeptidyl peptidase 4 (DPP4) facilitates HSC homing and engraftment. Added to these procedures, modulating the mitochondria permeability transition pore (MPTP) to mitigate ambient air induced Extra Physiological Oxygen Stress/Shock (EPHOSS) by hypoxic harvest and processing, or using cyclosporine A during air collection increases functional HSC numbers and improves HSC engraftment.

## **Summary**

A Better understanding of the regulation of human HSC homing mediated by various signaling pathways will facilitate development of more efficient means to enhance HCT efficacy.

## **Keywords**

HSC, homing, HDAC5, glucocorticoid, EPHOSS

## INTRODUCTION

Each day, over 100 billion new blood cells are produced by the human body. These new blood cells, containing more than ten different mature cell types, are derived from a rare population of hematopoietic stem cells (HSCs) throughout a lifetime[1-3]. HSCs are the most well-characterized adult stem cell type, and there has been an enormous boost in our understandings of cellular and molecular properties of HSCs, with many studies documenting various pathways involved in the balance between HSC self-renewal and differentiation[3]. Therapeutically, HSCs are the only stem cells routinely used successfully in clinical practice, and allogeneic hematopoietic cell transplantation (HCT) remains the only curative treatment strategy for many malignant and non-malignant blood cell disorders[4,5]. Upon transplantation, HSCs can provide the recipient a new hematopoietic and immune system, and thus they have been recognized as relevant target cells for gene therapy[6,7].

Homing is an initial critical step for HSC transplantations, wherein intravenously administered HSC containing cell population migrate after infusion into recipients from peripheral blood to the bone marrow (BM) microenvironment[8]. BM niche provides a unique environment of matrix supports and signals that balance HSCs proliferation and differentiation, and HSC homing to BM is necessary for reconstituting the whole hematopoietic system [9,10,11]. Successful clinical outcomes after HCT rely on adequate HSC number and their homing and subsequent short- and long-term engraftment in the BM. Therefore, developing better strategies to enhance HSC homing efficacy has the potential to improve HCT and patient survival, especially when the numbers of HSCs are limited, as seen in poorly mobilized peripheral blood (mPB) or umbilical cord blood (CB) [12-14]. The interaction between CXCL12/stromal cell-derived factor

(SDF)-1 and its receptor CXCR4 play an important role in directing HSC homing, CXCL12/CXCR4 interactions are involved in chemotaxis (directed cell movement of immature hematopoietic cells)[15] and their intracellular signaling has been considered as a promising target for improving HSC transplantations[16,17]. Recent studies from our group and others have identified new approaches to potentially improve HSC homing and engraftment, including enhancement of CXCL12/CXCR4 interactions, stabilization of HIF-1 $\alpha$  and mitigating EPHOSS. We discuss these emerging findings, with an emphasis on unique and overlapping themes.

## **EPIGENETIC REGULATION OF HSC HOMING**

The word “epigenetic” refers to a heritable alteration in gene activity by mechanisms other than changes of the genetic code itself[18,19]. Epigenetic control of gene expression is very important for animal development and human health[20,21]. Dysregulation of epigenetic mechanisms have been associated with many diseases, including cancer, heart diseases, and neuropsychiatric disorders[22,23,24■]. Epigenetic regulation involves DNA methylation, histone modifications, and RNA associated silencing. These different epigenetic mechanisms can function coordinately via interactions and cross-talk to form layers of regulation[25,26,27■,28]. The histones around which DNA is wrapped are subject to a series of modifications including acetylation, methylation, ubiquitination and phosphorylation[29]. These histone modifications are usually located on the histone tails and can directly affect chromatin structure, which further defines active or repressed gene expression states.

In order to gain an understanding of epigenetic regulation of HSC homing, we screened a chemical compound library containing various epigenetic enzyme inhibitors to evaluate their

effects on human HSC surface expression of CXCR4. We found that treatment of histone deacetylase inhibitors resulted in dramatic increases in surface expression of CXCR4 [30■■]. We further demonstrated that inhibition of histone deacetylase led to increased HSC chemotaxis (directed cell movement) towards CXCL12, leading to enhanced homing and long term engraftment of human HSCs in an NSG mouse model. Protein acetylation, especially histone acetylation, plays a crucial role in the regulation of protein function and gene transcription. Histone deacetylases (HDACs) are erasers of acetylation from lysine residues, while histone acetyltransferases (HATs) are responsible for adding an acetyl functional group back[31]. The balance between HDACs and HATs controls many physiological processes[32]. Indeed, we found that p300 HAT inhibitors, C646 and EML425, both showed suppressive effects of HDAC inhibitors on surface CXCR4 expression, suggesting that the balance between acetylation and deacetylation is important for the regulation of CXCR4 expression[30■■]. In mammals, HDACs comprise 18 genes that are grouped into five subfamilies (class I, IIa, IIb, III, IV) based on sequence similarity[33]. To further reveal the mechanisms of HSC homing regulation by HDACs, shRNA corresponding to individual HDACs or specific HDAC inhibitors, were used and their effects on surface CXCR4 expression were examined. Surprisingly, we found that only HDAC5 inhibition resulted in strong upregulation of CXCR4 expression on the cell membrane[30■■]. Consistently, HDAC5 inhibition promoted HSC chemotaxis, homing and long-term engraftment similar to that of pan HDAC inhibitors. HDAC5 belongs to class IIa HDACs, which can shuttle between the cytoplasm and nucleus, assemble into multiprotein complexes and which are responsive to various environmental stimuli. Thus, regulation of HDAC5 provides a mechanism for linking extracellular signaling with HSC homing to the BM environment. We further found

that HDAC5 inhibition increased histone acetylation at the CXCR4 promoter and acetylated p65 levels in the nucleus, which is important for CXCR4 transcription. Inhibition of Nuclear Factor- $\kappa$ B (NF- $\kappa$ B) signaling suppressed CXCR4 upregulation and enhanced HSC homing after HDCA5 inhibition, suggesting involvement of NF- $\kappa$ B signaling in HSC homing.

### **GLUCOCORTICOID REGULATION OF HSC HOMING**

We also identified glucocorticoids as significant enhancers of CXCR4 surface expression and HSC chemotaxis[13,34■■]. Glucocorticoids are a class of steroid hormones secreted by the adrenal cortex[35]. Glucocorticoids bind to the glucocorticoid receptor to exert their biological effects[36]. We found that in human HSCs, the activated glucocorticoid receptor translocated into the nucleus and bound to glucocorticoid response elements in the promoter region of CXCR4, followed by the recruitment of SRC1/p300 histone acetyltransferase complex, which promoted histone H4 acetylation to facilitate CXCR4 transcription. Similar to effects of HDAC5 inhibition, this was associated with increased CXCR4 expression on the surface of HSC and resulted in enhanced human HSC homing and long-term engraftment in recipient NSG mice. Both HDAC5 inhibition and glucocorticoid treatment involved elevated histone acetylation at the CXCR4 promoter region. It will be interesting to see if there is any cross talk between HDAC5 and glucocorticoid, and if combination of such treatment resulted in an enhanced effect on homing/engrafting capability of HSCs.

### **STABILIZATION OF HIF-1 $\alpha$ PROMOTES HSC HOMING**

HIF-1 $\alpha$  is a DNA binding transcriptional factor and functions as a critical mediator of cellular

response to hypoxia [37,38,39]. Thus HIF-1 $\alpha$  plays an important role during animal development, energy metabolism, cell survival and tumor angiogenesis. HSCs reside in a hypoxic BM microenvironment that supports stabilization of HIF-1 $\alpha$ . It has been shown that HIF-1 $\alpha$  regulates HSC activity and quiescence[40-42]. It has been reported that pharmacological stabilization of HIF-1 $\alpha$  facilitates HSC homing and engraftment[43]. Pulse treatment with 16-16 dimethyl prostaglandin E2 (dmPGE2) or dimethyloxalylglycine (DMOG) led to significant increases in HIF-1 $\alpha$  protein level. This resulted in upregulation of CXCR4 transcription by HIF-1 $\alpha$  binding with hypoxia response elements -1.3kb from the transcription start site at the CXCR4 promoter region. Consequently, both dmPGE2 and DMOG treatment resulted in enhanced HSC chemotaxis, homing and engraftment due to better responsiveness to BM CXCL12 gradients[43,44]. Furthermore, it was demonstrated that HIF-1 $\alpha$  is required for dmPGE2 mediated CXCR4 upregulation, enhanced HSC migration and homing. Recent work from another group reported that caffeic acid phenethyl ester (CAPE) administration promotes HSC homing and engraftment by inducing expression of HIF-1 $\alpha$  [45]. CAPE treatment upregulated protein levels of HIF-1 $\alpha$  and CXCL12 in BM endothelial cells. The HIF-1 $\alpha$  inhibitor PX-478 suppressed CAPE-mediated enhanced HSC homing, further adding evidence for the importance of HIF-1 $\alpha$  upregulation during HSC homing and engraftment.

### **INCREASING MEMBRANE LIPID RAFT AGGREGATION ENHANCES HSC HOMING**

Cell membranes are composed of lipid bilayers containing many peripheral and integral membrane proteins. Lipid rafts are specialized membrane microdomains enriched in cholesterol and glycosphingolipids, and have been identified as playing a primary role in membrane signaling

transduction[46,47]. Incorporation of CXCR4 into lipid rafts is essential for optimal association with downstream signaling molecules. Studies from our laboratory found that short-term mild heating (39°C) resulted in increased membrane lipid raft aggregation, leading to elevated CXCR4 aggregation and colocalization with lipid rafts[48]. Increased co-localization of CXCR4 with lipid rafts resulted in enhanced interaction between CXCR4 and RAC1, thus leading to enhanced RAC1 activation and responsiveness of HSC towards BM CXCL12 gradients. Consequently, mild heating promoted human HSC homing and engraftment in an NSG mouse model. This suggested that mild heat treatment may be a simple and expensive approach to enhance human HCT in patients. However, other potential consequences of short-term mild heating of cells must be assessed to make sure that there are no side effects associated with such cell treatments.

#### **INHIBITION OF DPP4 PROMOTES HSC HOMING AND ENGRAFTMENT**

Dipeptidyl peptidase 4 (DPP4) is a 110-kDa cell surface serine protease expressed on the surface of HSCs and functions to selectively cleave the N-terminal penultimate Alanine or Proline amino acids[49]. The enzymatic activity of DPP4 is important for regulation of cellular functions and modulation of certain disease states[50,51]. Studies from our laboratory have demonstrated the roles of DPP4 in HSC mobilization induced by G-CSF[52,53], as well as HSC homing and engraftment by modulating CXCL12[54]. DPP4 cleaves the N-terminal dipeptide of CXCL12, generating a truncated form of CXCL12 that could not activate CXCR4. To suppress this unwanted effect, blocking the enzymatic activity of DPP4 served as a practical strategy to promote CXCL12/CXCR4 interaction and enhance the responsiveness of HSCs to CXCL12 gradients. Short term pretreatment of human CB CD34<sup>+</sup> cells or donor mouse BM cells with Diprotin A, a



DPP4 inhibitor, led to enhanced homing and engraftment in sublethally irradiated NSG mouse recipients[55] and lethally irradiated mouse recipients[54]. Sitagliptin is an FDA approved DPP4 inhibitor for the treatment of type II diabetes, and Sitagliptin administration to recipients has been shown in the clinical trials to enhance engraftment of single cord blood transplantation in patients[56,57]. This promising clinical strategy is now waiting for clinical verification by others.

### **MITIGATING EPHOSS TO ENHANCE COLLECTION OF HSCS**

HSCs reside in a hypoxic BM niche *in vivo*[58-60]. Our studies demonstrated a pernicious effect of collecting and processing of BM and CB HSCs in ambient air that involved a phenomenon termed Extra Physiological Oxygen Stress/Shock (EPHOSS)[61,62]. This irreversible EPHOSS phenomenon is mediated by a p53-cyclophilin D-mitochondria permeability transition pore (MPTP) axis, with links to HIF-1 $\alpha$  and the hypoxamir mir-210. Collection and processing of mouse BM and human CB HSCs under hypoxia conditions, such that the collected cells were never exposed to ambient air oxygen tension, mitigated EPHOSS and resulted in 2-5 fold increases in recovery of long-term repopulating HSCs compared to that of ambient air collection. Alternatively, HSCs could be protected from EPHOSS by modulating the MPTP opening via Cyclophilin D inhibition, genetically or by using the small molecule inhibitor cyclosporine A. This resulted in increased recovery of long-term repopulating HSCs. Thus, there are greater numbers of HSCs residing in mouse BM and human CB than previously reported, suggesting that HCT could be improved if EPHOSS is mitigated during the collection and processing of the cells. In an effort to identify other approaches to mimic “hypoxia harvest”, we found that collection and processing of mouse BM in the presence of specific combinations of

anti-oxidants and epigenetic enzyme inhibitors could also enhance recovery of HSCs[63]. Efforts to identify other means to suppress the phenomenon of EPHOSS are currently ongoing in our laboratory.

## **CONCLUSION**

Successful clinical outcomes after HCT rely on adequate HSC numbers and the homing and subsequent short- and long-term engraftment of these cells in the BM. Enhancing the homing capability of HSCs could have a great impact on improving HCT procedures and patient survival.

A better understanding of the molecular mechanisms regulating HSC homing and engraftment should facilitate development of more efficient means to enhance HCT in the future. In this review, we summarized current knowledge of the regulation of HSC homing and engraftment (Fig.1).

These regulations form several different layers, and range from the cell membrane (DPP4, lipid rafts) to the cytoplasm (MPTP) and inside the nucleus (HDAC5, glucocorticoid receptor, HIF-1 $\alpha$ ).

Among all these means, the effects of dmPGE2 and DPP4 inhibitor on HSC therapy have been tested in the clinic [56,57,64]. Importantly, combinations of DPP4 inhibition and dmPGE2 treatment has been shown to have synergistic effects on HSC engraftment in murine models[65].

Thus, a combination of DPP4 inhibition and dmPGE2 treatment represents a potentially promising way worthy of further testing in clinical settings in the future.

It remains to be seen if combinations of treatment to enhance CXCR4 expression can further increase homing and engrafting capacity of HSCs, and if not, which procedure might be best used in the clinical setting. It also remains to be seen if the increased number of HSCs obtained after collection/processing under hypoxic conditions to mitigate EPHOSS effects, can further enhance

engrafting capacity, since hypoxia collected/processed HSCs expressed lower CXCR4 surface protein than that of ambient air collected HSCs. In addition, *ex-vivo* expansion of HSCs is currently being studied as another means to enhance HCT[66-71], of interest is to integrate collection of cells in hypoxia with *ex-vivo* expansion and homing modulators (Fig.2). Recently, functional human HSCs have been successfully generated from pluripotent stem cells and endothelial cells[72,73]. It would also be of interest to determine if engraftment of these reprogrammed HSCs can be enhanced by modulating mechanisms regulating HSC homing as discussed in this review article.

#### **KEY POINTS**

- Inhibiting HDAC5 increases surface CXCR4 expression and promotes human HSC homing and engraftment by increasing acetylation levels of histone and p65.
- Glucocorticoid pretreatment of human HSCs and HPCs enhances their homing and engraftment capability in NSG mice.
- Pharmacological stabilization of HIF-1 $\alpha$  by dmPGE2 and DMOG facilitates HSC homing and engraftment.
- Modulating MPTP to mitigate EPHOSS by hypoxic harvest and cyclosporine A increases functional HSC numbers and thus improves HSC engraftment, but enhance CXCR4 expression in HSCs might further enhance their engrafting capacity.
- Enhancing homing of cells collected by mitigating EPHOSS or after *ex-vivo* expansion may result in further increased engraftment.

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## **Conflicts of interest**

The authors have no conflicts of interest to declare.

## **Figure legend**

Figure 1. Model for the molecule mechanisms regulating HSC homing and engraftment. The regulation of HSC homing and engraftment form several different layers, and range from the cell membrane (DPP4, lipid rafts) to the cytoplasm (MPTP) and inside the nucleus (HDAC5, glucocorticoid receptor, HIF-1 $\alpha$ ).

Figure 2. Multiple strategies involving enhanced homing of cells collected by EPHOSS mitigation and *ex-vivo* expansion to increase the efficacy of HCT. Shown are examples of such studies by our group that may be incorporated into future experimental models eventually leading to evaluation in a clinical setting. [ ], designates references.

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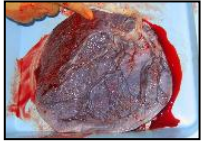


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**Cord Blood (CB) Collection and Transplantation**



**Collection/Processing of Cord Blood  
Hypoxic Collection**



**Hypoxic Chamber**

Collection in hypoxia (3% O<sub>2</sub>) or in air in presence of cyclosporine A or combinations of antioxidant +/- epigenetic enzyme inhibitors [61-63]

↑ HSC numbers

↑ Engraftment

**Ex-vivo Expansion**  
4-7 days culture

**Homing**  
Ex-vivo culture  
4-16 hours

**HSC expansion Ex Vivo**  
(SCF, TPO, FL) plus:

DPP4 Inhibition [49,51]  
OCT4 [69]  
PPARγ antagonists [71]

(↑ HSC numbers)

**Enhanced engraftment**

**Enhanced Homing/Engraftment**

**Enhanced Homing**

- Glucocorticoids (e.g. Flonase, Dexamethasone, Cortisol, Medrol) [34 ■■]
- HDAC5 Inhibitor [30 ■■]
- ↓ DPP4/CD26 Inhibition (e.g. sitagliptin (Januvia®) [49-57])
- ↑ SDF-1
- PGE2 [44]
- ↑ CXCR4
- CXCR4
- Lipid raft
- Short term Mild heat (39°C) exposure [48]

**GRAFT RECIPIENT**

