



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

CXCR2 and CXCL4 regulate survival and self-renewal of hematopoietic stem/progenitor cells

Citation for published version:

Sinclair, A, Park, L, Shah, M, Drotar, M, Caliminus, S, Hopcroft, LEM, Kinstrie, R, Guitart, A, Dunn, K, Abraham, SA, Sansom, O, Michie, AM, Machesky, L, Kranc, K, Graham, GJ, Pellicano, F & Holyoake, TL 2016, 'CXCR2 and CXCL4 regulate survival and self-renewal of hematopoietic stem/progenitor cells', *Blood*. <https://doi.org/10.1182/blood-2015-08-661785>

Digital Object Identifier (DOI):

[10.1182/blood-2015-08-661785](https://doi.org/10.1182/blood-2015-08-661785)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Blood

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



CXCR2 and CXCL4 regulate survival and self-renewal of hematopoietic stem/progenitor cells

Amy Sinclair^{1,2*}, Laura Park^{1*}, Mansi Shah¹, Mark Drotar¹, Simon Calaminus³, Lisa E.M. Hopcroft¹, Ross Kinstrie¹, Amelie Guitart⁴, Karen Dunn¹, **Sheela A. Abraham**¹, Owen Sansom⁵, Alison M. Michie¹, Laura Machesky⁵, Kamil R. Kranc⁴, Gerard J. Graham⁶, Francesca Pellicano^{1#} and Tessa L. Holyoake^{1#}

¹Paul O’Gorman Leukaemia Research Centre, College of Medical, Veterinary & Life Sciences, Institute of Cancer Sciences, University of Glasgow, G12 0ZD, UK

²Current address: Institute of Biodiversity, Animal Health and Comparative Medicine, College of Medical, Veterinary and Life Sciences, Graham Kerr Building, University of Glasgow, G12 8QQ, UK

³Centre for Cardiovascular and Metabolic Research, Wolfson Building, University of Hull, Cottingham Road, Hull, HU6 7RX, UK

⁴MRC Centre for Regenerative Medicine, University of Edinburgh, 5 Little France Drive, EH16 4UU, UK

⁵Beatson Institute for Cancer Research, Switchback Road, Glasgow, G61 1BD, UK

⁶Institute of Infection, Immunity and Inflammation, College of Medical, Veterinary & Life Sciences, University of Glasgow, G12 8TA, UK

*Joint first author; #Joint senior authors

Running title: Chemokines regulate HSC survival

Text word counts: 4498

Abstract word counts: 199

No. of Figures/Tables: 7

No. of References: 59

CORRESPONDENCE

Tessa L. Holyoake, Professor of Experimental Haematology
Paul O’Gorman Leukaemia Research Centre, Gartnavel General Hospital,
21 Shelley Road, Glasgow, G12 0ZD, UK.

Tel: + 44 (0) 141 301 7881

Fax: + 44 (0) 131 301 7898

Email: Tessa.Holyoake@glasgow.ac.uk

Key points

- Chemokine ligands CXCL1-4, 6, 10, 11 & 13 are up-regulated in human quiescent HSC with CXCR2 & CXCL4 regulating their survival
- Genetic ablation of Cxcr2 or Cxcl4 in murine models induces initial expansion but eventual exhaustion of HSC in transplantation assays

Abstract

The regulation of hematopoietic stem cell (HSC) survival and self-renewal within the bone marrow (BM) niche is not well understood. We therefore investigated global transcriptomic profiling of normal human hematopoietic stem/progenitor cells, revealing that several chemokine ligands (*CXCL1-4*, *CXCL6*, *CXCL10*, *CXCL11*, *CXCL13*) were up-regulated in human quiescent CD34⁺Hoescht⁻Pyronin Y⁻ and primitive CD34⁺38⁻, as compared to proliferating CD34⁺Hoechst⁺Pyronin Y⁺ and CD34⁺38⁺ stem/progenitor cells. This suggested that chemokines may play an important role in the homeostasis of HSCs. In human CD34⁺ hematopoietic cells, knock-down of *CXCL4* or pharmacological inhibition of the chemokine receptor CXCR2, significantly decreased cell viability and colony forming cell (CFC) potential. Studies on *Cxcr2*^{-/-} mice demonstrated enhanced BM and spleen cellularity, with significantly increased numbers of HSC, hematopoietic progenitor cell (HPC)-1, HPC-2 and Lin⁻Sca-1⁺c-Kit⁺ sub-populations. *Cxcr2*^{-/-} stem/progenitor cells showed reduced self-renewal capacity as measured in serial transplantation assays. Parallel studies on *Cxcl4* demonstrated reduced numbers of CFC in primary and secondary assays following knock-down in murine c-Kit⁺ cells and *Cxcl4*^{-/-} mice showed a decrease in HSC and reduced self-renewal capacity after secondary transplantation. These data demonstrate that the CXCR2 network and CXCL4 play a role in the maintenance of normal hematopoietic stem/progenitor cell fates, including survival and self-renewal.

Introduction

Hematopoietic stem cells (HSC) are responsible for maintenance of the hematopoietic system throughout life and their fate is tightly balanced between self-renewal and differentiation in order to sustain the production of multi-lineage differentiated cells.^{1,2} In mice and humans, most adult HSCs are quiescent, yet remain poised for activation in response to bone marrow (BM) injury or growth factor/interferon stimulation.^{3,4} This balanced state between quiescence, proliferation, and differentiation is tightly controlled by numerous transcriptional networks, modulated by both cell autonomous factors and the surrounding BM niche.⁵

Chemokines are a family of chemotactic cytokines which bind to specific 7-transmembrane G-protein-coupled receptors.⁶ Chemokines are classified into four main families based on the position of conserved cysteine residues within their N-terminal region; CXC, CC, CX3C and XC chemokines. Chemokines are functionally divided into two groups, homeostatic and inflammatory chemokines. The first are expressed constitutively and are mainly involved in controlling the migration of cells during development and tissue maintenance. Inflammatory chemokines are produced in response to infection or injury and attract inflammatory cells to sites of injury.⁷ Chemokines have a variety of roles in development, disease and hematopoiesis, in addition to their role in chemotactic activity on leukocytes.^{7,8} HSC proliferation and survival have been shown to be mediated by members of the chemokine family.^{9,10} Members of the CXC family of chemokines, such as CXCL12 and its receptor CXCR4, play important roles in hematopoietic cell survival, BM localization/retention and mobilization at early stages of life and during adulthood.^{11,12}

The role of chemokine ligands and their receptors in HSC fates has not been extensively characterized so far. We have shown that CCL3 is a negative regulator of HSC proliferation with potential for therapeutic application.¹³ A previous study has shown that CXCL1

promotes growth and self-renewal in embryonic stem cells,¹⁴ while CXCL4 has been shown to inhibit cell cycle entry in endothelial cells, together with inhibition of DNA synthesis.¹⁵

Importantly, recent data have shown that CXCL4 expressed by megakaryocytes also regulates HSC quiescence.¹⁶ In addition, CXCL12 and CXCR4 play an important role in maintaining HSC quiescence and repopulating activity.^{17,18} HSC survival *in vivo* is dependent on expression of *CXCL12* from endothelial cells and mesenchymal progenitors of the surrounding BM stroma.¹⁹ Finally, it has been shown that chemokines support murine leukemia stem cells in myeloproliferative disorders.²⁰⁻²²

To identify important regulators of hematopoietic stem/progenitor cell fate decisions, we performed transcriptional profiling of human quiescent and actively dividing stem/progenitor cells and demonstrated that several chemokine ligands (*CXCL1-4*, *CXCL6*, *CXCL8*, *CXCL10*, *CXCL11*, *CXCL13*) were up-regulated in the quiescent fraction.²³ These data suggested that chemokine signalling pathways may be involved in the regulation of HSC fates, such as survival or self-renewal. Here we have further investigated and characterized the requirement for members of the chemokine family in mouse and human hematopoietic stem/progenitor cell survival, focusing on CXCR2 and CXCL4.

Materials and Methods

Reagents

SB225002 was purchased from Merck (Nottingham, UK) and used at the concentrations indicated. All reagent grade chemicals were purchased from Sigma-Aldrich (Poole, UK), unless otherwise stated.

Human samples

The research was approved by West of Scotland Research Ethics Committee 4 and all human participants gave written informed consent. G-CSF-mobilized peripheral blood (PB) stem cell samples were obtained as excess material from normal donors for allogeneic transplantation. CD34-enrichment was performed using CliniMACS (Miltenyi Biotec Inc., Auburn, CA, USA) as previously reported.²⁴ CD34⁺, Hoescht^{+/-}, Pyronin Y^{+/-}, CD34⁺38^{+/-} populations were isolated as previously described.²⁵ Samples were isolated using CD34 (Becton Dickinson, 340667, Oxford, UK) and CD38 (Becton Dickinson, 551400) antibodies, Pyronin Y (Santa Cruz, CAS 92-32-0, Heidelberg, Germany) and Hoechst (Thermo Fisher 33342, Life Technologies, NY, USA).

Mouse strains

All experiments were carried out according to UK Home Office regulations using 8-12 week old animals on a C57BL/6 background (CD45.2) with age and sex matched wild type (WT) controls (*Cxcr2*^{-/-}, *Cxcl4*^{-/-}). C57BL/6 animals expressing CD45.1 were used as recipient mice for BM reconstitution experiments. *Cxcl4*^{-/-} mice were donated by Professor Mortimer Poncz (the Children's Hospital of Philadelphia).

Cell isolation

Human CD34⁺ cells were cultured in serum free medium supplemented with a high growth factor cocktail as described previously.²³ Murine BM cells were isolated by crushing whole bones. Cells were filtered after crushing. Mouse BM cells were cultured in IMDM supplemented with 10% FCS, penicillin, streptomycin, L-glutamine and IL-3 (20 ng/ml), IL-6 (20 ng/ml) and SCF (40 ng/ml) (Biolegend, London, UK). Prior to lentiviral transduction, mouse BM samples were enriched for c-Kit⁺ cells using MicroBead (Miltenyi Biotec Inc.).

FACS

Flow cytometry was performed using the FACSCantoII and FACSARIA cell sorter (Becton Dickinson, Oxford, UK) and analyzed using FlowJo (Tree Star Incorporation, Oregon, USA). Murine BM cells were incubated in Fc block prior to antibody staining. Human BM was stained with CD34 (Becton Dickinson, 340667) and CD38 (Becton Dickinson, 551400). Mouse tissue was stained with a lineage cocktail against CD4 (Becton Dickinson, 553649) CD5 (Becton Dickinson, 553019), CD8a (Becton Dickinson, 553029), Gr-1 (Becton Dickinson, 553125), B220 (Becton Dickinson, 553086), Ter-119 (Becton Dickinson, 553672) and CD11b (Becton Dickinson, 553309). The stem/progenitor population was assessed using antibodies against c-Kit (eBioscience, Hatfield, UK; 47-1171-82), Sca-1 (BioLegend, 122514), CD150 (BioLegend, 115910), and CD48 (BioLegend, 103406). For apoptosis assays, cells were stained with Annexin-V (Becton Dickinson, 556570) and DAPI. Transplantations were monitored using antibodies against CD45.1 and CD45.2 (Becton Dickinson, 558701 and 553772, respectively).

RNA isolation and real-time PCR

RNA was extracted using the RNeasy RNA extraction kit (Qiagen Sciences, MD, USA) and reverse transcribed into cDNA (Life Technologies, NY, USA). If lower than 5,000, cells were sorted using the cells direct one-step qRT-PCR kit (Life Technologies, Paisley, UK). Real-time PCR was carried out using Taqman™ probes and data was acquired using an Applied Biosystems 7900HT fast real-time PCR machine (Life Technologies) or Fluidigm™ platform (Fluidigm™) and data analysis was performed using the RQ manager software (Life Technologies). Human Taqman probe ID numbers: Human *CXCL1*: Hs00236937_m1, Human *CXCL2*: Hs00601975_m1, Human *CXCL4*: Hs00427220_g1, Human *CXCL6*: Hs00605742_g1, Human *CDC6*: Hs00153374_m1, Human *CD38*: Hs01120071_m1, Human *CXCL8*: Hs01115388_m1. Mouse *Cxcr2*: Mm00438258_m1, Mouse *Cxcl4*: Mm00451315_g1, Mouse *Cxcl1*: Mm04207460_m1, Mouse *Cxcl2*: Mm00436450_m1, Mouse *Cxcl3*: Mm01701838_m1, Mouse *Cxcl12*: Mm00445553_m1.

Immunofluorescence staining

Cells were fixed and permeabilized with 4% formaldehyde and 0.25% triton-X-100, blocked in 10% goat or donkey serum (Sigma-Aldrich) and incubated overnight in primary antibodies against *CXCL1* (1:100, sc-1374, Santa-Cruz, Heidelberg, Germany), *CXCL2* (1:100, sc-1375, Santa-Cruz), *CXCL4* (1:100, sc-73638, Santa-Cruz), *CXCL6* (1:100, sc-5813, Santa-Cruz), *CXCL8* (1:100, MAB208, R&D Systems, Abingdon, UK) *CXCR2* (1:100, sc-682, Santa-Cruz) or IgG (AB-108-C, R&D Systems). Cells were incubated with appropriate secondary donkey anti-goat (1:500, ab150129, Abcam, Cambridge, UK), goat anti-mouse (1:500, ab150113, Abcam) or goat anti-rabbit (1:500, ab150077, Abcam), Alexa Fluor 488 and mounted with DAPI (Vector Laboratories Ltd, CA, USA). Images were acquired using a Zeiss fluorescence microscope and 3-dimensional images generated using ImageJ.

CFC assay

CFC assays were carried out using Methocult (H4434 or M3434, Stem Cell Technologies, Grenoble, France). Resulting colonies were counted after approximately 10-14 days in culture. Colonies were harvested, counted and reseeded into Methocult for serial replating assays.

***In vivo* transplantation**

Donor mice were CD45.2⁺. HSC (Lin⁻Sca-1⁺c-Kit⁺[LSK], CD150⁺CD48⁻) were sorted from donor *Cxcr2*^{-/-}, *Cxcl4*^{-/-} or WT animals and transplanted by intravenous injections into CD45.1⁺ recipient mice (irradiated at 7 Gy) using 100 HSC together with 200,000 CD45.1⁺ support BM cells per mouse. Mice were given Baytril antibiotic in their drinking water for 2 weeks following irradiation. Animals were bled every 4 weeks post-transplant to assess chimerism and sacrificed at 16 weeks post-transplant. BM, spleen and thymus were harvested and examined for donor cell contribution. For secondary transplantations, 2,000 CD45.2⁺ LSK cells were sorted from primary recipients and transplanted with 200,000 CD45.1⁺ support BM cells into CD45.1⁺ irradiated recipient mice and followed as above. For homing experiments sorted LSK donor cells (1×10⁵) were transplanted into lethally irradiated recipient mice. 24 hours (hrs) after transplant, the recipient mice were analyzed.

Lentiviral transduction and electroporation

Mouse *Cxcl4* shRNAs (Cat No. RMM4534-NM_019932) were purchased from Thermo Fisher (Life Technologies). ShRNA hairpins of interest were sub-cloned from the original pLKO.1 vectors into a pLKO.1 plasmid containing a GFP tag. Calcium chloride was used to transfect HEK-293 cells with specific hairpin or scrambled control using HIV-1 and VSV-g as accessory plasmids. Primary cells were cultured in viral medium supplemented with

Transdux™ (Cambridge Bioscience, Cambridge, UK) or Polybrene at 400g for 90 minutes. Viral medium was collected at 24, 48 and 72 hrs post transfection and the spin inoculation was repeated for 3 rounds of viral infection. Cells were resuspended in appropriate medium for 48 hrs before selection of positively transduced cells using positive expression of GFP and FACS.

CXCL4-siRNA (Applied Biosystems, 221753) and scrambled siRNA1 (Applied Biosystems, AM4611) (100 nM) were electroporated into cells using the Amaxa Nucleofector Kit V (Lonza, Cambridge, UK) together with a GFP-containing plasmid following the manufacturer's instructions. Transduction efficiency ranged between 30-50%. After 24 hrs the GFP⁺ cells were sorted and analyzed.

Differential expression analysis of transcriptional data and network construction

Raw data were obtained via ArrayExpress (E-MTAB-2508); RMA normalized and analyzed using Rank Products.^{26,27} MetaCore's "Expand by one interaction" algorithm was used to expand the gene network around the eight chemokines differentially expressed in quiescent versus dividing CD34⁺ cells²³; only those genes exhibiting differential expression (false discovery rate (FDR) = 0.05) between quiescent and dividing normal CD34⁺ cells were retained.

Statistical analysis

Statistical analyzes were performed using the Student's *t* test. A values of $p < 0.05$ was defined as statistically significant (*). $p < 0.01$ (**) and $p < 0.001$ (***) were taken to be highly statistically significant.

Results

Chemokine ligands are up-regulated in human CD34⁺38⁻ compared to CD34⁺38⁺ cells

We previously analyzed the transcriptional differences between human quiescent (CD34⁺, Hoechst⁻, Pyronin Y⁻) cells and their more proliferative (CD34⁺, Hoechst⁺, Pyronin Y⁺) counterparts. We observed that several chemokine ligands, including *CXCL1-3*, *CXCL6*, *CXCL10*, *CXCL11* and *CXCL13*, were up-regulated in the quiescent population, suggesting a possible role for these factors in the regulation of HSC maintenance.²³ No probes for *CXCL4* were included in the microarray. Here we have further analyzed these data with a focus on the chemokine family. Figure 1 shows the up-regulated chemokines and genes predicted to be connected with the chemokine network in human HSCs. In quiescent cells the chemokine network highlighted regulation of factors relevant for proliferative status, such as regulators of cell cycle E2F1 (down-regulated) and EGR1 (up-regulated).²⁸ To validate chemokine regulation and examine a possible mechanism by which these ligands are linked to HSC cell cycle status, BM stem/progenitor cells from normal, healthy volunteers were sorted into primitive (CD34⁺38⁻) and more proliferative progenitor cell (CD34⁺38⁺) populations. Cell cycle and differentiation status of these two populations was confirmed by the differential expression of *CDC6* and *CD38*, respectively (Supplementary Figure 1). As predicted, *CDC6* and *CD38* were down-regulated in CD34⁺38⁻ compared to CD34⁺38⁺ cells, indicating that CD34⁺38⁻ cells were mainly quiescent and undifferentiated. Chemokine genes were selected for real-time PCR validation based on the level of up-regulation in the microarray with the addition of *CXCL4*, which has recently been shown to be relevant in the regulation of HSC quiescence.¹⁶ The expression of *CXCL1*, *CXCL2*, *CXCL4*, *CXCL6* and *CXCL8* was significantly increased in CD34⁺38⁻ compared to CD34⁺38⁺ cells (Figure 2A, *p<0.05; **p<0.01) suggesting a possible role for these chemokines in maintenance of the quiescent HSC pool.

Immunofluorescence staining showed that human CXCL4 protein was detectable in both CD34⁺38⁻ and CD34⁺38⁺ cells, but was higher in expression in CD34⁺38⁻ cells (Figure 2B). Similarly, immunofluorescence staining was carried out in human CD34⁺38⁺ and CD34⁺38⁻ cells to investigate the expression of CXCL1, CXCL2, CXCL6 and CXCL8 (Supplementary Figure 1B). Whilst CXCL6 and CXCL8 were barely detectable at the protein level in either population, CXCL1 and CXCL2 showed clear expression in CD34⁺38⁺ cells, but in contrast to what was observed at the gene level, no up-regulation was detected in the CD34⁺38⁻ cells. As CXCR2 is the best characterized of the receptors for chemokine ligands, we examined its expression at the mRNA (Figure 2D) and protein level (Figure 2C and Supplementary Figure 1B) in the CD34⁺38⁻ and CD34⁺38⁺ fractions. CXCR2 mRNA and protein were expressed at similar levels in both cell populations. CXCR2 mRNA level was compared to that of neutrophils and mononuclear cells (PBMNCs) which were used as positive controls. Based on their roles in cell growth or self-renewal in other cellular contexts, CXCL4 and CXCR2 were selected for functional studies.^{15,16}

CXCL4 and CXCR2 support viability and colony forming potential of human CD34⁺ cells

We investigated the role of the most differentially expressed chemokine CXCL4, in CD34⁺ cells. In keeping with the <50% reduction in gene expression achieved, siRNA-mediated knock-down of CXCL4 resulted in a modest but significant decrease in cell viability compared to non-targeting siRNA (Figure 3A). To investigate the role of CXCL4's known chemokine receptor CXCR2, CD34⁺ cells were treated with the CXCR2 inhibitor SB225002. SB225002 is a potent and selective antagonist of CXCR2 which results in inhibition of ligand mediated signal transduction.²⁹ CD34⁺ cells were treated for 72 hrs. A reduction in cell viability and colony formation was observed in a drug concentration-dependent manner

compared to the vehicle treated control (Figure 3B) (drug concentration based on published literature³⁰). Similarly, CD34⁺38⁻ cells treated for 72 hrs with SB225002 showed a marked decrease in cell viability and colony formation ability in comparison to control (Figure 3C). In addition, treatment of CD34⁺38⁻ cells with SB225002 at 1 μ M led to an obvious increase in the percentage of cells in G0 of the cell cycle (Supplementary Figure 1C). Taken together, these data suggest that inhibition of chemokine signalling, in particular that of *CXCL4* and *CXCR2*, impairs human stem/progenitor cell function and imply that these factors may be required for survival and maintenance of these cells.

Chemokine expression in murine stem and progenitor cells

To investigate a role for the chemokine family in the maintenance of HSCs in their physiological BM microenvironment, parallel murine models were employed. We first interrogated a publicly available gene expression dataset and determined that *Cxcl4* was expressed in murine LSK cells.³¹ Following cell sorting, real-time Q-PCR was used to assess the expression of *Cxcl1*, *Cxcl2*, *Cxcl3*, *Cxcl4*, *Cxcl12*, and *Cxcr2* across HSC (LSKCD150⁺CD48⁻), multipotent progenitors (MPPs; LSKCD150⁻CD48⁻), and primitive hematopoietic progenitor cells (HPC-1; LSKCD150⁻CD48⁺ and HPC-2; LSKCD150⁺CD48⁺) derived from adult murine BM (sorting strategy in Supplementary Figure 2A; data in Supplementary Figure 2B and Calaminus *et al*³²). **As shown *Cxcl4* and *Cxcr2* were expressed in the HSC fraction.**

***Cxcr2*^{-/-} HSCs have impaired self-renewal capacity**

We next investigated the requirement for *Cxcr2* in mouse HSC function. *Cxcr2*^{-/-} mice have previously been characterized and are known to show a considerable expansion of myeloid cells in the BM, spleen and PB, an effect that was shown to be caused by deletion of *Cxcr2*

from the BM microenvironment.^{33,34} However, to our knowledge, a comprehensive analysis of the hematopoietic stem and progenitor compartments and their functionality has not previously been investigated in these mice. Total BM and spleen cellularity were increased in the *Cxcr2*^{-/-} mice (*p<0.05; **p<0.01) (Figure 4A). Immunophenotypic analyzes revealed that the absolute numbers of LSK cells were increased in BM and spleen of *Cxcr2*^{-/-} mice (*p<0.05; **p<0.01) (Figure 4B). More detailed analyzes of the LSK compartment using CD150 and CD48 markers indicated a significant increase in the HSC, HPC-1 and HPC-2 populations in the *Cxcr2*^{-/-} mice, both in the BM and the spleen (*p<0.05) (Figure 4C). A decrease in the erythroid (*p<0.05) and an increase in the myeloid compartments (**p<0.001) of *Cxcr2*^{-/-} mice were also observed in the BM, consistent with the previous report (Figure 4D, left).³⁴ In the spleen of *Cxcr2*^{-/-} mice an increase in both erythroid and the granulocytic compartments was seen (*p<0.05; **p<0.01) (Figure 4D, right). No differences were detected in the T cell compartments (CD4 and CD8) between the *Cxcr2*^{-/-} and the WT mice, either in the spleen or the thymus (Figure 4E-F). When cell cycle was analyzed in LT-HSC from WT and *Cxcr2*^{-/-} mice, a decrease in the percentage of *Cxcr2*^{-/-} cells in G0 phase, together with an increase in those in G1 phase was detected (Supplementary Figure 3A). No changes in apoptosis were detected (Supplementary Figure 3C).

In previous examples of genes that are critical for HSC maintenance, an expansion in stem and progenitor cell numbers has often been associated with an alteration in the balance between self-renewal and differentiation, leading to stem cell exhaustion.³⁵ To determine whether the difference observed in overall HSC frequency in *Cxcr2*^{-/-} mice translated into a change in self-renewal capacity, *Cxcr2*^{-/-} HSC were investigated in serial transplantation assays (Figure 5A). No difference in homing ability was detected between the WT or *Cxcr2*^{-/-} HSC at 24 hrs following transplantation (Figure 5B). HSC from WT or *Cxcr2*^{-/-} mice (CD45.2 background) were transplanted into irradiated recipients (CD45.1 background), together with

CD45.1⁺ support BM cells. Chimerism between donor CD45.2 and recipient CD45.1 was analyzed (Figure 5C). A decrease in the percentage of CD45.2⁺ chimerism was observed in the PB up to 16 weeks post-transplant for *Cxcr2*^{-/-} HSC in comparison to the control (**p<0.01 and ***p<0.001) (Figure 5D). To further investigate the self-renewal capacity of *Cxcr2*^{-/-} HSC, secondary transplantation assays were carried out at 16 weeks post primary transplant. BM from the recipients of the primary transplants was harvested and donor derived LSK were transplanted into irradiated secondary recipients together with support BM. A decrease in the percentage of donor derived cells was found in the PB of secondary recipients transplanted with *Cxcr2*^{-/-} LSK in comparison to the controls out to 16 weeks (**p<0.01 and *p<0.05) (Figure 5E). To elucidate whether the phenotype observed in *Cxcr2*^{-/-} mice was due to an HSC autonomous effect or conferred by the surrounding niche (non-autonomous effect) we analyzed the phenotype of donor-derived BM cells after primary transplantation in WT recipient mice (Figure 5F). In contrast to what was observed in mutant LSK prior to transplant (significant increase as compared to WT; Figure 4B), a significant decrease was observed in the percentage of donor mutant LSK compared to the WT following transplantation, suggesting that signals from the microenvironment may play a role in the phenotype observed. Collectively, the results show that *Cxcr2* plays a key role in HSC maintenance.

***Cxcl4* contributes to the regulation of self-renewal of HSC and progenitor cells**

To support the *in vitro* data on human CXCL4 (Figures 1-3) and to complement the *Cxcr2*^{-/-} mouse model we analyzed hematopoiesis in *Cxcl4*^{-/-} mice.³⁶ Previous studies have shown that *Cxcl4*^{-/-} mice exhibited an increased number of HSC and increased HSC proliferation.¹⁶ We observed that *Cxcl4*^{-/-} mice showed normal spleen and BM cellularity (Figure 6A), while the LSK numbers in BM were increased (*p<0.05) (Figure 6B). Furthermore, we found that

Cxcl4^{-/-} mice had a significant decrease in the HSC and an increase in MPP in the BM, but not in the spleen (*p<0.05, ***p<0.001) (Figure 6C). Mature cell subsets, including erythroid, granulocytic, B and T cells, were not significantly altered in BM, spleen or thymus of *Cxcl4*^{-/-} mice (Figure 6D-F). When cell cycle (LSK cells) was analyzed in the WT and *Cxcl4*^{-/-} mice, no significant difference was detected between phases (Supplementary Figure 3B). No changes in apoptosis were detected (Supplementary Figure 3D).

To investigate changes in self-renewal capacity, a specific *Cxcl4* shRNA construct was used to reduce *Cxcl4* expression in mouse c-Kit⁺ BM cells using a lentiviral transduction system. A reduction in *Cxcl4* gene expression was found in *Cxcl4* knock-down cells (n=2 control; n=3 *Cxcl4*-sh1) (Figure 7A). To determine whether *Cxcl4* played a role in progenitor cell self-renewal, *Cxcl4* knock-down cells were plated into methylcellulose and then re-plated after 7 days. A significant reduction in CFC was detected in both the primary (***p< 0.001) and secondary cultures (*p<0.05) (Figures 7B-C). *Cxcl4*^{-/-} HSC were then investigated for their ability to reconstitute myeloablated hosts in primary and secondary transplantation assays, as previously carried out for *Cxcr2*^{-/-} HSC (Figures 5 and 7D). No changes in the percentage of CD45.2⁺ donor chimerism were observed in the PB up to 16 weeks post primary transplant for the *Cxcl4*^{-/-} HSC in comparison to the control (Figure 7E). However, secondary transplantation assays showed a significant decrease in the percentage of donor derived cells in the PB of recipients transplanted with *Cxcl4*^{-/-} LSK in comparison to the controls out to 16 weeks (***p<0.001) (Figure 7F) indicating that *Cxcl4* also contributes to HSC maintenance.

Similar to the analysis performed for *Cxcr2*^{-/-}, we analyzed the phenotype of *Cxcl4*^{-/-} donor-derived BM cells after primary transplantation into WT recipient mice, but no difference was seen between the WT and the mutant percentage of donor cells (Figure 7G). However, significant decreases were observed in the percentages of donor mutant cells after secondary

transplantation in all populations except MPP, when compared to the WT counterparts. In this case, the effect observed in the *Cxcl4*^{-/-} HSC before transplantation (significant decrease as compared to WT; Figure 6C) was maintained after transplantation into a WT microenvironment.

Discussion

Our results indicate that chemokines play an important role in the regulation of HSC survival and self-renewal. HSC homeostasis is a critical process required for the correct functioning of HSC and their progeny. Here we propose that chemokine signalling pathways are involved in the regulation of HSC and cooperate to maintain the quiescent and self-renewing state typical of these cells. Our findings suggest that some chemokines, in particular CXCL4 and the receptor CXCR2, play a key role in the maintenance of the HSC pool. We have observed that *Cxcr2* and *Cxcl4* proved to be critical for HSC reconstitution, suggesting a role in self-renewal.

CXCL1-4, together with CXCL6, CXCL8, CXCL10, CXCL11 and CXCL13, were all significantly up-regulated in the quiescent/primitive fraction of human stem/progenitor cells and, upon modest knock-down of CXCL4, the survival of primitive cells was impaired. It has been shown previously that human hematopoietic CD34⁺ cells and endothelial cells respond to exogenous CXCL4, with effects on cell viability, adhesion and stem cell expansion.^{15,37-40}

CXCL4 signalling is complex and in certain biological contexts its functions appear to be mediated by the alternatively spliced receptor CXCR3 (CXCR3B)⁴¹. However, to date, expression of CXCR3B has not been described on human or murine HSC. It has also been suggested that CXCL4 functions may be mediated through another, unnamed receptor/mechanism, with CXCL4 binding to integrin receptors which have indeed been shown to be important for HSC behaviour⁴².

Interactions between CXCL12 and CXCR4 are of key importance for the maintenance of HSCs in humans.⁴¹⁻⁴³ AMD3100, a selective CXCR4 antagonist (plerixafor), antagonizes the binding of CXCL12 to CXCR4, leading to a rapid and reversible mobilization of HSC into the peripheral circulation.⁴⁴ Currently, plerixafor is used for mobilization of stem cells in patients with non-Hodgkin's lymphoma or multiple myeloma.⁴⁵⁻⁴⁷

It has been shown that microenvironmental *Cxcl4* derived from megakaryocytes regulates HSC cell cycle activity. Using transgenic inducible diphtheria toxin receptor (IDR) mice (in which megakaryocytes are depleted by IDR expression) crossed with *Cxcl4*-cre mice, Bruns *et al.* showed that short-term (7 days) depletion of *Cxcl4* led to an increase in HSC proliferation, 4.6-fold increase in HSC numbers and enhanced reconstitution following a single transplantation. However more extended *Cxcl4* depletion (for 6 weeks) resulted in an attenuated effect and the authors suggested that the reduced quiescence driven by loss of *Cxcl4* may lead in time to HSC exhaustion as previously described^{4,48}. We showed that complete loss of *Cxcl4* caused a decrease in HSC numbers, followed by a decrease in self-renewal capacity detected after secondary transplantation. It is therefore likely that *Cxcl4* inhibition does lead at first to a temporary increase in HSC numbers (seen by Bruns *et al.*) and that this effect is then followed by HSC exhaustion and depletion (due to increased proliferation and differentiation) and by a decrease in self-renewal capacity as we observed in our serial transplantation assay.

By interrogating a previously published transcriptional array we observed that in mice *Cxcl4* was the only chemokine ligand up-regulated in the HSC compartment (in house observation and Mansson *et al.*³¹), providing rationale to investigate this factor *in vivo*. Our results indicated that mice lacking *Cxcl4* showed changes in LSK, MPP and HSC numbers and reduced secondary transplantation capacity, possibly due to changes in the microenvironment as well as in autocrine HSC signalling itself. Whilst several chemokines acts through

CXCR2, CXCL4 is not known to and thus this receptor does not provide a unifying explanation for the similarity in function of CXCL4 and CXCR2. One possibility is that CXCR2-ligands and CXCL4 function as a heterodimer within the BM, which mediates CXCR2 dependent signalling. Such a mechanism is supported by the clear evidence of complex heterodimeric interactions between chemokines which lead to biological outcomes different from those of either of the individual component chemokines.⁴⁹⁻⁵¹

Similar to what happens in other systems,⁵²⁻⁵⁵ our results showed that the CXCR2 signalling pathway played an important role in HSC maintenance. CXCR2 inhibition with the specific CXCR2 inhibitor SB225002 replicated the results for knock-down of CXCL4. Importantly, despite previous studies having shown that human primitive HSC do not express CXCR2, we were able to clearly detect CXCR2 protein expression in human CD34⁺38⁻ and CD34⁺38⁺ cells by immunofluorescence.^{56,57} To further characterize the known effect on the myeloid compartment in *Cxcr2*^{-/-} mice,³⁴ we investigated how its deletion affected the primitive HSC compartment. *Cxcr2*^{-/-} mice exhibit a marked expansion of viable LSK, HSC and HPC in the BM and spleen, while analysis of serial transplantation data showed significantly reduced long-term repopulating ability of these cells. Taken together these results indicate that *Cxcr2* deficiency led to a marked perturbation in normal hematopoietic homeostasis.

Our previous research has shown that differences in chemokine expression between quiescent and primitive cells is maintained in normal as well as in leukemic (chronic myeloid leukemia; CML) HSC.²³ Recently, it has been shown that CCL3 expression is required for the development of CML in mice and that inflammatory chemokines, such as CCL3, promote leukemia development.²¹ Therefore, high levels of chemokine expression in primitive HSC/LSC, may suggest that chemokine signalling pathways play a role in the development and maintenance of hematological cancers of stem cell origin. With Bhatia and colleagues, we have previously shown that CML LSC show a decreased homing ability due to a lower

CXCL12 expression in CML BM compared to HSC and treatment with the tyrosine kinase inhibitor imatinib reverted the abnormal cytokine levels and HSC growth.²⁰ Similarly, multipotent stromal cells derived from mouse models of myeloproliferative neoplasia have been shown to remodel the BM niche into a self-reinforcing leukemic niche, through expression of the chemokine CCL3.²² In light of our novel findings presented here, although chemokines could represent a novel therapeutic target in myeloproliferative disorders, prudence would be advised as some chemokine family members regulate survival and self-renewal in normal HSC and their modulation may be detrimental in the longer term.

Collectively, these data indicate that chemokines play an important role in human and mouse HSC survival and maintenance. These studies represent a starting point for elucidation of the role of the chemokine family in hematopoietic homeostasis, both in normal stem cells and in leukemia, however further investigations into the mechanisms through which the chemokines act at the level of HSC are required to fully understand HSC behavior in the BM niche.

Acknowledgements

We thank normal BM donors, Dr A. Hair for sample processing, Ms J. Cassels for cell sorting and Dr G. V. Helgason for constructive suggestions. We thank Professor M. Poncz for the *Cxcl4*^{-/-} mice. This work was supported by grants from Leukaemia & Lymphoma Research (11017, 13035 and 08071), Kay Kendall Leukaemia Fund (690; 501), The Howat Foundation, Friends of Paul O’Gorman, Cancer Research UK (C11074/A11008), Biotechnology and Biological Sciences Research Council (BB/F016050/1) and Medical Research Council (G0600782; MR/K014854/1). We acknowledge support from Cancer Research UK Glasgow Centre (C596/A18076) and the BSU facilities at the Cancer Research UK Beatson Institute (C596/A17196). This study was supported by the Glasgow Experimental Cancer Medicine Centre (Cancer Research UK and the Chief Scientist's Office Scotland). K.R.K. is a Cancer Research UK Senior Cancer Research Fellow.

Authorship

A.S., L.P., F.P., and L.E.M. designed and performed research, analyzed data, and wrote the manuscript. M.S. and M.D. performed experiments and reviewed the manuscript. **S.A.A. and A.G. assisted some in vitro experiments.** R.K., O.S., A.M.M., L.M., K.K., and G.G. provided material, interpreted data, and reviewed the manuscript. T.L.H. designed the study, analyzed data, and wrote the manuscript.

Conflict-of-interest disclosure: The authors declare no conflicting financial interests.

References

1. Weissman IL, Shizuru JA. The origins of the identification and isolation of hematopoietic stem cells, and their capability to induce donor-specific transplantation tolerance and treat autoimmune diseases. *Blood*. Nov 1 2008;112(9):3543-3553.
2. Passegue E, Wagers AJ, Giuriato S, Anderson WC, Weissman IL. Global analysis of proliferation and cell cycle gene expression in the regulation of hematopoietic stem and progenitor cell fates. *J Exp Med*. Dec 5 2005;202(11):1599-1611.
3. Wilson A, Laurenti E, Oser G, et al. Hematopoietic stem cells reversibly switch from dormancy to self-renewal during homeostasis and repair. *Cell*. Dec 12 2008;135(6):1118-1129.
4. Essers MA, Offner S, Blanco-Bose WE, et al. IFNalpha activates dormant haematopoietic stem cells in vivo. *Nature*. Apr 16 2009;458(7240):904-908.
5. Pietras EM, Warr MR, Passegue E. Cell cycle regulation in hematopoietic stem cells. *The Journal of cell biology*. Nov 28 2011;195(5):709-720.
6. Bachelier F, Ben-Baruch A, Burkhardt AM, et al. International Union of Basic and Clinical Pharmacology. [corrected]. LXXXIX. Update on the extended family of chemokine receptors and introducing a new nomenclature for atypical chemokine receptors. *Pharmacological reviews*. 2014;66(1):1-79.
7. Rollins BJ. Chemokines. *Blood*. Aug 1 1997;90(3):909-928.
8. Zlotnik A, Yoshie O. Chemokines: a new classification system and their role in immunity. *Immunity*. Feb 2000;12(2):121-127.
9. Broxmeyer HE. Regulation of hematopoiesis by chemokine family members. *International journal of hematology*. Jul 2001;74(1):9-17.
10. Broxmeyer HE, Cooper S, Kohli L, et al. Transgenic expression of stromal cell-derived factor-1/CXC chemokine ligand 12 enhances myeloid progenitor cell survival/antiapoptosis in vitro in response to growth factor withdrawal and enhances myelopoiesis in vivo. *J Immunol*. Jan 1 2003;170(1):421-429.
11. Broxmeyer HE. Chemokines in hematopoiesis. *Curr Opin Hematol*. Jan 2008;15(1):49-58.
12. Levesque JP, Hendy J, Takamatsu Y, Simmons PJ, Bendall LJ. Disruption of the CXCR4/CXCL12 chemotactic interaction during hematopoietic stem cell mobilization induced by GCSF or cyclophosphamide. *J Clin Invest*. Jan 2003;111(2):187-196.
13. Graham GJ, Wright EG, Hewick R, et al. Identification and characterization of an inhibitor of haemopoietic stem cell proliferation. *Nature*. Mar 29 1990;344(6265):442-444.
14. Krtolica A, Larocque N, Genbacev O, et al. GROalpha regulates human embryonic stem cell self-renewal or adoption of a neuronal fate. *Differentiation; research in biological diversity*. Apr 2011;81(4):222-232.
15. Gupta SK, Singh JP. Inhibition of endothelial cell proliferation by platelet factor-4 involves a unique action on S phase progression. *The Journal of cell biology*. Nov 1994;127(4):1121-1127.
16. Bruns I, Lucas D, Pinho S, et al. Megakaryocytes regulate hematopoietic stem cell quiescence through CXCL4 secretion. *Nature medicine*. Oct 19 2014.
17. Tzeng YS, Li H, Kang YL, Chen WC, Cheng WC, Lai DM. Loss of Cxcl12/Sdf-1 in adult mice decreases the quiescent state of hematopoietic stem/progenitor cells and alters the pattern of hematopoietic regeneration after myelosuppression. *Blood*. Jan 13 2011;117(2):429-439.

18. Nie Y, Han YC, Zou YR. CXCR4 is required for the quiescence of primitive hematopoietic cells. *J Exp Med.* Apr 14 2008;205(4):777-783.
19. Greenbaum A, Hsu YM, Day RB, et al. CXCL12 in early mesenchymal progenitors is required for haematopoietic stem-cell maintenance. *Nature.* Mar 14 2013;495(7440):227-230.
20. Zhang B, Ho YW, Huang Q, et al. Altered microenvironmental regulation of leukemic and normal stem cells in chronic myelogenous leukemia. *Cancer cell.* Apr 17 2012;21(4):577-592.
21. Baba T, Naka K, Morishita S, Komatsu N, Hirao A, Mukaida N. MIP-1alpha/CCL3-mediated maintenance of leukemia-initiating cells in the initiation process of chronic myeloid leukemia. *J Exp Med.* Nov 18 2013;210(12):2661-2673.
22. Schepers K, Pietras EM, Reynaud D, et al. Myeloproliferative neoplasia remodels the endosteal bone marrow niche into a self-reinforcing leukemic niche. *Cell stem cell.* Sep 5 2013;13(3):285-299.
23. Graham SM, Vass JK, Holyoake TL, Graham GJ. Transcriptional analysis of quiescent and proliferating CD34+ human hemopoietic cells from normal and chronic myeloid leukemia sources. *Stem cells (Dayton, Ohio).* Dec 2007;25(12):3111-3120.
24. Pellicano F, Copland M, Jorgensen HG, Mountford J, Leber B, Holyoake TL. BMS-214662 induces mitochondrial apoptosis in chronic myeloid leukemia (CML) stem/progenitor cells, including CD34+38- cells, through activation of protein kinase Cbeta. *Blood.* Nov 5 2009;114(19):4186-4196.
25. Graham SM, Jorgensen HG, Allan E, et al. Primitive, quiescent, Philadelphia-positive stem cells from patients with chronic myeloid leukemia are insensitive to STI571 in vitro. *Blood.* Jan 2002;99(1):319-325.
26. Breitling R, Armengaud P, Amtmann A, Herzyk P. Rank products: a simple, yet powerful, new method to detect differentially regulated genes in replicated microarray experiments. *FEBS letters.* Aug 27 2004;573(1-3):83-92.
27. Irizarry RA, Hobbs B, Collin F, et al. Exploration, normalization, and summaries of high density oligonucleotide array probe level data. *Biostatistics (Oxford, England).* Apr 2003;4(2):249-264.
28. Min IM, Pietramaggiore G, Kim FS, Passegue E, Stevenson KE, Wagers AJ. The transcription factor EGR1 controls both the proliferation and localization of hematopoietic stem cells. *Cell stem cell.* Apr 10 2008;2(4):380-391.
29. Catusse J, Liotard A, Loillier B, Pruneau D, Paquet JL. Characterization of the molecular interactions of interleukin-8 (CXCL8), growth related oncogen alpha (CXCL1) and a non-peptide antagonist (SB 225002) with the human CXCR2. *Biochem Pharmacol.* Mar 1 2003;65(5):813-821.
30. Goda AE, Koyama M, Sowa Y, et al. Molecular mechanisms of the antitumor activity of SB225002: a novel microtubule inhibitor. *Biochem Pharmacol.* Jun 15 2013;85(12):1741-1752.
31. Mansson R, Hultquist A, Luc S, et al. Molecular evidence for hierarchical transcriptional lineage priming in fetal and adult stem cells and multipotent progenitors. *Immunity.* Apr 2007;26(4):407-419.
32. Calaminus SD, Guitart AV, Sinclair A, et al. Lineage tracing of Pf4-Cre marks hematopoietic stem cells and their progeny. *PloS one.* 2012;7(12):e51361.
33. Cacalano G, Lee J, Kikly K, et al. Neutrophil and B cell expansion in mice that lack the murine IL-8 receptor homolog. *Science.* Jul 29 1994;265(5172):682-684.
34. Broxmeyer HE, Cooper S, Cacalano G, Hague NL, Bailish E, Moore MW. Involvement of Interleukin (IL) 8 receptor in negative regulation of myeloid

- progenitor cells in vivo: evidence from mice lacking the murine IL-8 receptor homologue. *J Exp Med*. Nov 1 1996;184(5):1825-1832.
35. Naka K, Hoshii T, Muraguchi T, et al. TGF-beta-FOXO signalling maintains leukaemia-initiating cells in chronic myeloid leukaemia. *Nature*. Feb 4 2010;463(7281):676-680.
 36. Lambert MP, Rauova L, Bailey M, Sola-Visner MC, Kowalska MA, Poncz M. Platelet factor 4 is a negative autocrine in vivo regulator of megakaryopoiesis: clinical and therapeutic implications. *Blood*. Aug 15 2007;110(4):1153-1160.
 37. Han ZC, Lu M, Li J, et al. Platelet factor 4 and other CXC chemokines support the survival of normal hematopoietic cells and reduce the chemosensitivity of cells to cytotoxic agents. *Blood*. Apr 1 1997;89(7):2328-2335.
 38. Li QC, Li YT, Meng HX, et al. [Effects of stromal cell-derived factor 1 and platelet factor 4 on the adhesion characteristics and chemotactic function of ex vivo expanded umbilical cord blood CD34+ cells]. *Zhongguo Shi Yan Xue Ye Xue Za Zhi*. Feb 2006;14(1):83-88.
 39. Lu SH, Feng Y, Yang RC, et al. [Effect of platelet factor 4 on the adherence of cord blood CD34(+) cells]. *Zhonghua Xue Ye Xue Za Zhi*. Sep 2003;24(9):467-469.
 40. Dudek AZ, Nesmelova I, Mayo K, Verfaillie CM, Pitchford S, Slungaard A. Platelet factor 4 promotes adhesion of hematopoietic progenitor cells and binds IL-8: novel mechanisms for modulation of hematopoiesis. *Blood*. Jun 15 2003;101(12):4687-4694.
 41. Nagasawa T, Hirota S, Tachibana K, et al. Defects of B-cell lymphopoiesis and bone-marrow myelopoiesis in mice lacking the CXC chemokine PBSF/SDF-1. *Nature*. Aug 15 1996;382(6592):635-638.
 42. Peled A, Petit I, Kollet O, et al. Dependence of human stem cell engraftment and repopulation of NOD/SCID mice on CXCR4. *Science*. Feb 5 1999;283(5403):845-848.
 43. Sugiyama T, Kohara H, Noda M, Nagasawa T. Maintenance of the hematopoietic stem cell pool by CXCL12-CXCR4 chemokine signaling in bone marrow stromal cell niches. *Immunity*. Dec 2006;25(6):977-988.
 44. Broxmeyer HE, Orschell CM, Clapp DW, et al. Rapid mobilization of murine and human hematopoietic stem and progenitor cells with AMD3100, a CXCR4 antagonist. *J Exp Med*. Apr 18 2005;201(8):1307-1318.
 45. Keating GM. Plerixafor: a review of its use in stem-cell mobilization in patients with lymphoma or multiple myeloma. *Drugs*. Aug 20 2011;71(12):1623-1647.
 46. Dugan MJ, Maziarz RT, Bensinger WI, et al. Safety and preliminary efficacy of plerixafor (Mozobil) in combination with chemotherapy and G-CSF: an open-label, multicenter, exploratory trial in patients with multiple myeloma and non-Hodgkin's lymphoma undergoing stem cell mobilization. *Bone marrow transplantation*. Jan 2010;45(1):39-47.
 47. Jantunen E, Kuittinen T, Mahlamaki E, Pyorala M, Mantymaa P, Nousiainen T. Efficacy of pre-emptively used plerixafor in patients mobilizing poorly after chemomobilization: a single centre experience. *European journal of haematology*. Apr 2011;86(4):299-304.
 48. Ito K, Bernardi R, Morotti A, et al. PML targeting eradicates quiescent leukaemia-initiating cells. *Nature*. Jun 19 2008;453(7198):1072-1078.
 49. Nesmelova IV, Sham Y, Gao J, Mayo KH. CXC and CC chemokines form mixed heterodimers: association free energies from molecular dynamics simulations and experimental correlations. *The Journal of biological chemistry*. Aug 29 2008;283(35):24155-24166.

50. Carlson J, Baxter SA, Dreau D, Nesmelova IV. The heterodimerization of platelet-derived chemokines. *Biochimica et biophysica acta*. Jan 2013;1834(1):158-168.
51. Koenen RR, Weber C. Therapeutic targeting of chemokine interactions in atherosclerosis. *Nature reviews. Drug discovery*. Feb 2010;9(2):141-153.
52. Tsai HH, Frost E, To V, et al. The chemokine receptor CXCR2 controls positioning of oligodendrocyte precursors in developing spinal cord by arresting their migration. *Cell*. Aug 9 2002;110(3):373-383.
53. Botton T, Puissant A, Cheli Y, et al. Ciglitazone negatively regulates CXCL1 signaling through MITF to suppress melanoma growth. *Cell Death Differ*. Jan 2011;18(1):109-121.
54. Filipovic R, Zecevic N. The effect of CXCL1 on human fetal oligodendrocyte progenitor cells. *Glia*. Jan 1 2008;56(1):1-15.
55. Bolitho C, Hahn MA, Baxter RC, Marsh DJ. The chemokine CXCL1 induces proliferation in epithelial ovarian cancer cells by transactivation of the epidermal growth factor receptor. *Endocr Relat Cancer*. Dec 2010;17(4):929-940.
56. Rosu-Myles M, Khandaker M, Wu DM, et al. Characterization of chemokine receptors expressed in primitive blood cells during human hematopoietic ontogeny. *Stem cells (Dayton, Ohio)*. 2000;18(5):374-381.
57. Acosta JC, O'Loughlen A, Banito A, et al. Chemokine signaling via the CXCR2 receptor reinforces senescence. *Cell*. Jun 13 2008;133(6):1006-1018.

Figure legends

Figure 1. Chemokine ligands are up-regulated in quiescent versus dividing CD34⁺ cells.

The transcriptional differential regulation connected to chemokine expression (shown in rectangles) in human quiescent (CD34⁺, Hoechst⁻, Pyronin Y⁻) versus dividing (CD34⁺, Hoechst⁺, Pyronin Y⁺) cells. Up-regulation is shown in red and down regulation in green; color intensity indicates the extent of differential regulation as indicated in the color key. logFC values for the chemokines are given to the bottom-right of the relevant box.

Figure 2. CXCL4 and CXCR2 are expressed on CD34⁺38⁻ and CD34⁺38⁺ cells.

(A) Real-time PCR in human CD34⁺38⁻ and CD34⁺38⁺ cells shows gene expression differences for the chemokine ligands *CXCL1*, *CXCL2*, *CXCL4*, *CXCL6* and *CXCL8*. Fold change was calculated relative to the reference gene (*GAPDH*) according to the $\Delta\Delta\text{CT}$ method. n=5. *p<0.05; **p<0.01. All error bars indicate standard deviation of the mean.

(B) Human CD34⁺38⁻ and CD34⁺38⁺ cells show expression for *CXCL4* and (C) *CXCR2*. Nuclei were stained using DAPI and images were acquired using a Zeiss microscope. 3-dimensional (3-D) figures generated with ImageJ software are shown for *CXCR2* staining (n=3). (D) Real-time Q-PCR in human CD34⁺38⁻, CD34⁺38⁺, neutrophils and peripheral blood mononuclear cells (PBMNCs) shows the gene expression profile for *CXCR2* (n=3). The fold change was calculated relative to the reference gene (*GAPDH*) according to the $\Delta\Delta\text{CT}$ method. h=human.

Figure 3. Inhibition of CXCL4 ligands and CXCR2 signalling reduces cell viability and colony formation *in vitro*.

(A) CD34⁺ enriched cells were transduced with *CXCL4* siRNA and relative scrambled control and level of knock-down (left) and viability (right) measured (n=3). (B) CD34⁺ cells were

treated with increasing concentrations of SB225002 and viable cells analyzed using Annexin-V/DAPI staining (left) (n=3). CFC count was performed in the same cells treated with SB225002 at the concentration indicated (right) (n=3). (C) CD34⁺38⁻ enriched cells were treated with increasing concentrations of SB225002 and viable cells analyzed using Annexin-V/DAPI staining (left) (n=3). **CFC count was performed in cells treated with SB225002 at the concentration indicated (right) (n=3).** Statistical analysis was performed using an paired two-tailed Student's *t* test (*p<0.05; **p<0.01; ***p<0.001). All error bars indicate standard deviation of the mean. h=human.

Figure 4. *Cxcr2*^{-/-} mice show an expansion of the stem cell compartment.

(A) BM and spleen from WT mice (n=6) or *Cxcr2*^{-/-} mice (n=6) were harvested and assessed for total cellularity. (B) Numbers of LSK cells for BM and spleen from WT mice or *Cxcr2*^{-/-} mice. (C) Numbers of HSC, MPP, HPC-1 and HPC-2 in the BM and spleen from WT mice or *Cxcr2*^{-/-} mice are shown. (D) Numbers for BM and spleen erythroid, granulocytic and B cell populations from WT and *Cxcr2*^{-/-} mice are shown. (E) Numbers for T cell populations in the WT and *Cxcr2*^{-/-} spleen identified with CD4 and CD8 markers are shown. (F) Numbers for T lineage populations in the WT and *Cxcr2*^{-/-} thymi identified with CD4 and CD8 markers are shown. Statistical analysis was performed using an unpaired two-tailed Student's *t* test. All error bars indicate standard deviation of the mean (*p<0.05; **p<0.01; ***p<0.001)(n=6).

Figure 5. *Cxcr2*^{-/-} HSC show a reduction in engraftment in primary and secondary BM transplantation assays.

(A) Experimental layout for CD45.2⁺ HSC from WT or *Cxcr2*^{-/-} mice (n=3/strain) transplanted into irradiated CD45.1⁺ recipients (n=6). (B) Graph showing engraftment ability of CD45.2⁺ WT or *Cxcr2*^{-/-} HSC after 24 hrs from transplant in CD45.1⁺ recipients. (C)

Graph showing chimerism between CD45.2⁺ and CD45.1⁺ cells. (D) Engraftment was analyzed in the blood every 4 weeks post-transplant up to 16 weeks. Data are presented as the mean percentage of CD45.2⁺ cells within the PB. (E) After the primary recipients were sacrificed, CD45.2⁺ LSK cells were transplanted into irradiated recipients. Engraftment was analyzed in the blood every 4 weeks post-transplant up to 16 weeks. (F) Percentage of CD45.2⁺ cells was analyzed in different BM populations after 16 weeks from primary transplant and compared between WT and *Cxcr2*^{-/-} mice. Statistical analysis was performed using an unpaired two-tailed Student's *t* test. All error bars indicate standard deviation of the mean (**p*<0.05; ***p*<0.01; ****p*<0.001) (n=6).

Figure 6. *Cxcl4*^{-/-} mice display reduction in HSC compartment.

(A) BM and spleen from WT mice (n=6) or *Cxcl4*^{-/-} mice (n=6) were harvested and total cellularity assessed. (B) Numbers of LSK cells for BM and spleen from WT mice or *Cxcl4*^{-/-} mice. (C) Numbers of HSC, MPP, HPC-1 and HPC-2 in the BM and spleen from WT mice or *Cxcl4*^{-/-} mice are shown. (D) Numbers for BM and spleen erythroid, granulocyte and B cell compartments from WT and *Cxcl4*^{-/-} mice are shown. (E) Numbers for T cell populations in the WT and *Cxcl4*^{-/-} spleen identified with CD4 and CD8 markers are shown. (F) Numbers for T lineage populations in the WT and *Cxcl4*^{-/-} thymi were identified with CD4 and CD8 markers. Statistical analysis was performed using an unpaired two-tailed Student's *t* test. All error bars indicate standard deviation of the mean (**p*<0.05; ****p*<0.001).

Figure 7. Inhibition of *Cxcl4* reduces colony formation *in vitro* and *Cxcl4*^{-/-} HSC show a reduction in engraftment in secondary BM transplantation assays.

(A) WT BM cells enriched for c-Kit⁺ were transduced with a *Cxcl4*-shRNA vector or control and mRNA level analyzed by real-time PCR (n=2). (B, C) Positively transduced cells were

selected using GFP and plated into a primary and secondary CFC assays. Data are presented as the mean colony numbers from *Cxcl4*-shRNA transduced cells or the control. (D) Experimental layout for CD45.2⁺ HSC from WT or *Cxcl4*^{-/-} mice transplanted into irradiated CD45.1⁺ recipients (n=5/strain). (E) Engraftment for primary transplant was analyzed in the blood every 4 weeks post-transplant up to 16 weeks. (F) After the primary recipients were sacrificed, CD45.2⁺ LSK cells were transplanted into irradiated recipients (n=5). Engraftment was analyzed in the blood every 4 weeks post-transplant up to 16 weeks. (G) Percentage of CD45.2⁺ cells was analyzed in different BM populations after 16 weeks from primary transplant and compared between WT and *Cxcl4*^{-/-} mice. (H) Percentage of CD45.2⁺ cells was analyzed in different BM populations after 16 weeks from secondary transplant and compared between WT and *Cxcl4*^{-/-} mice. Data are presented as the mean percentage of CD45.2⁺ cells within the PB. (*p<0.05; ***p<0.001).

Figure 1

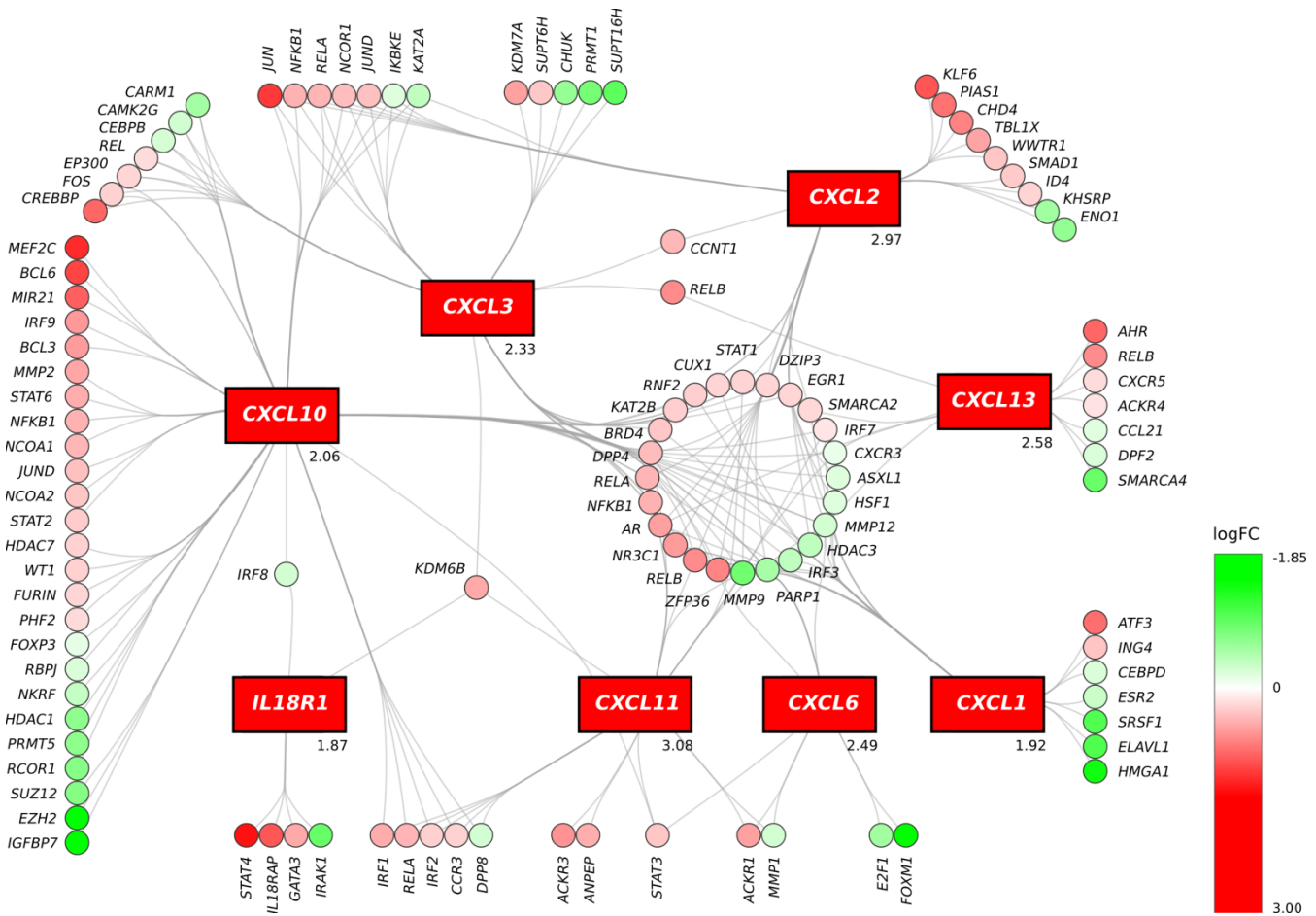
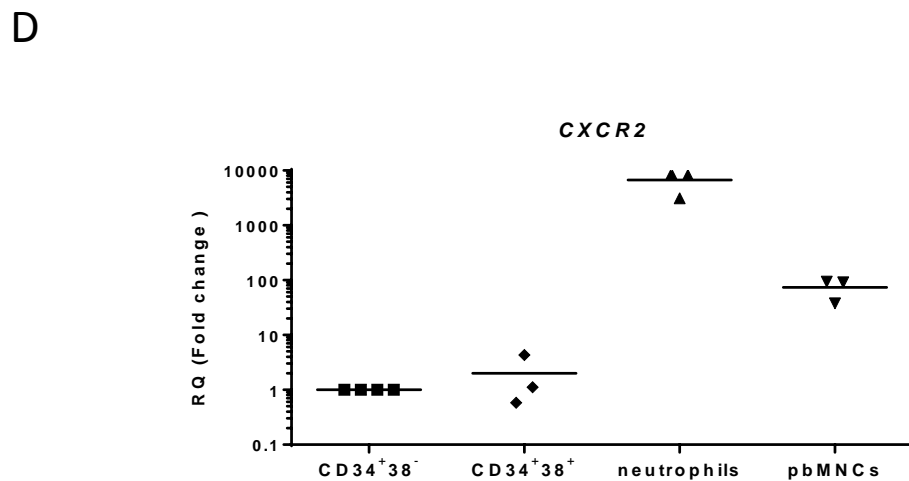
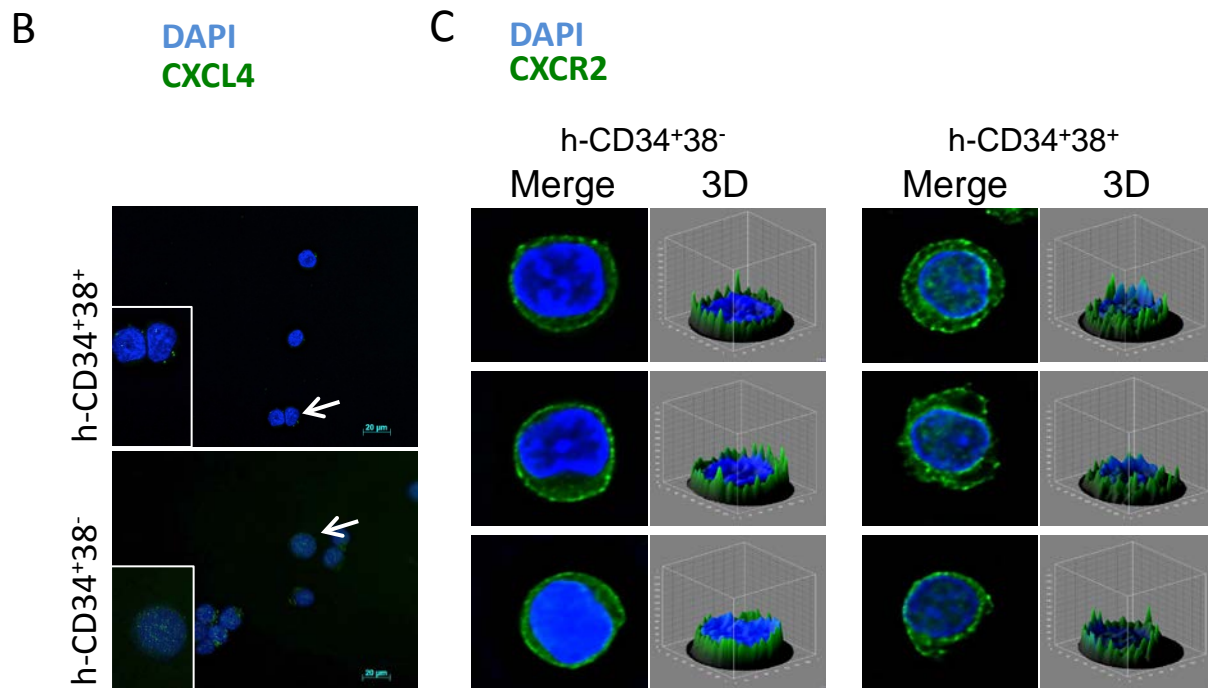
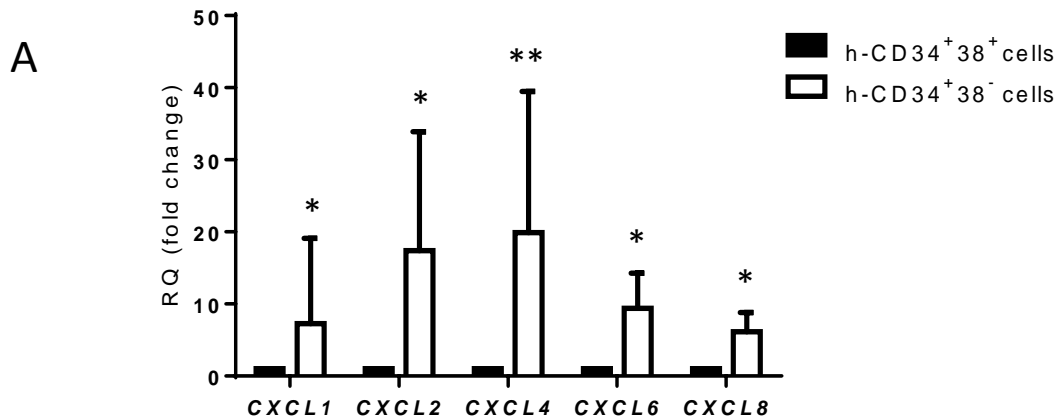
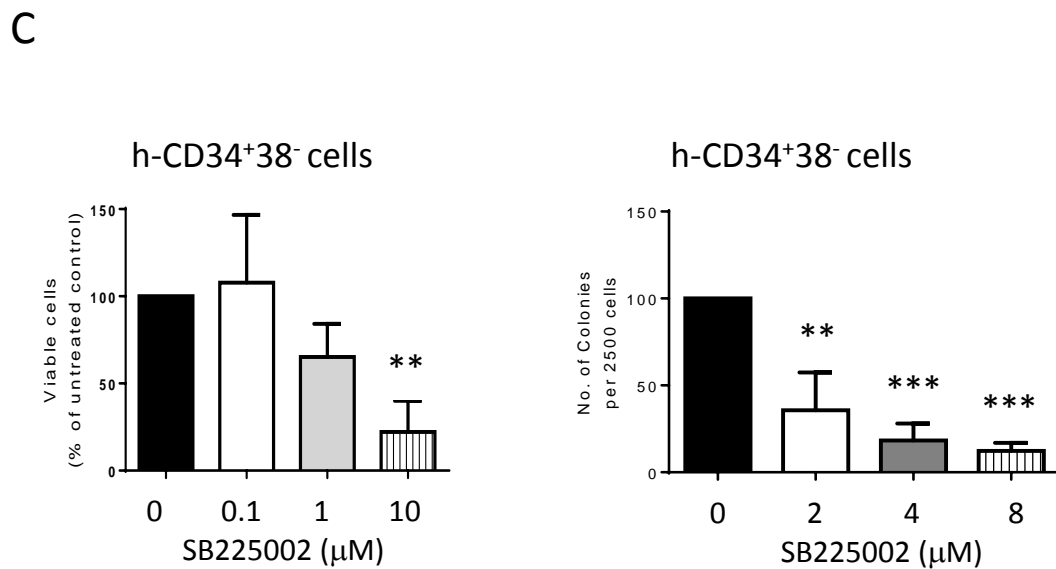
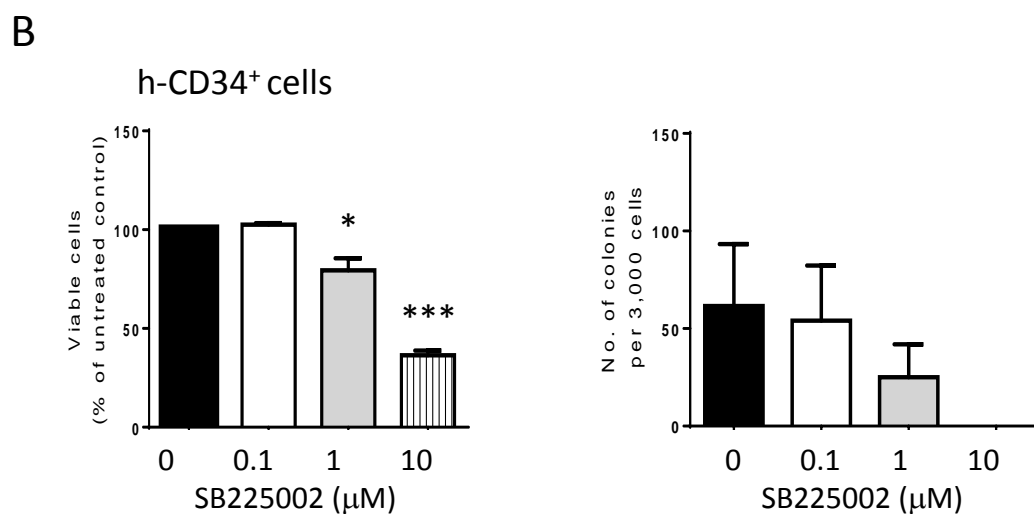
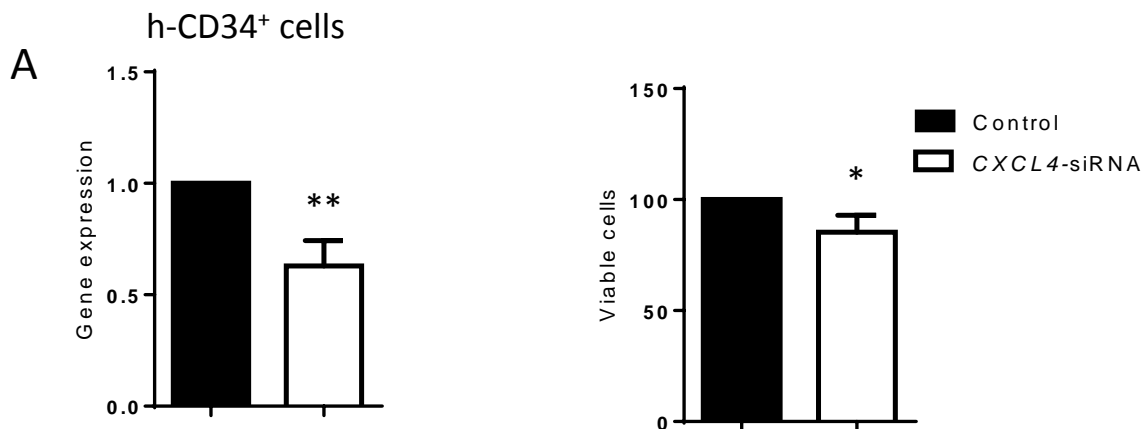
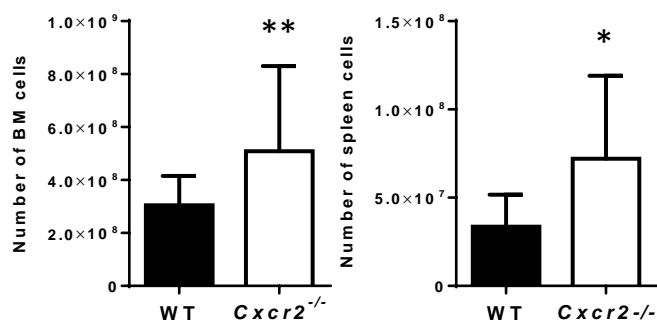


Figure 2

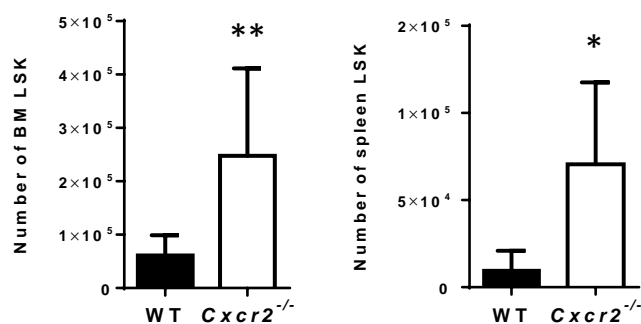




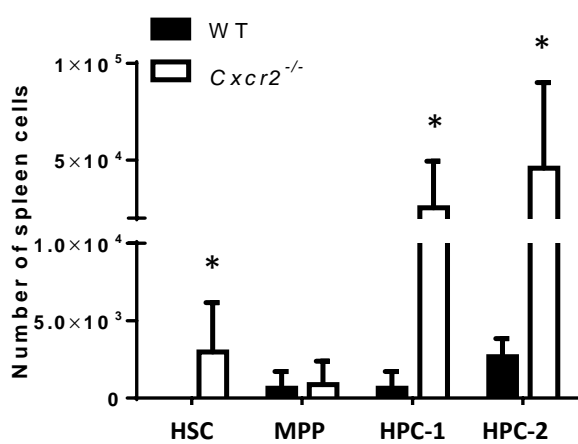
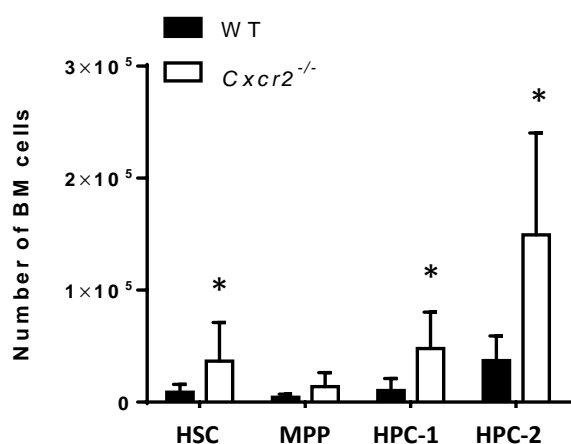
A



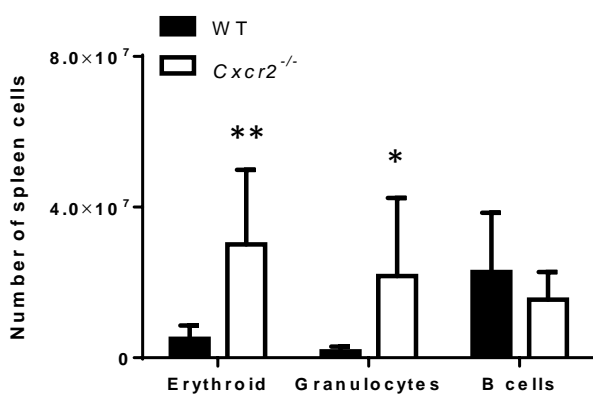
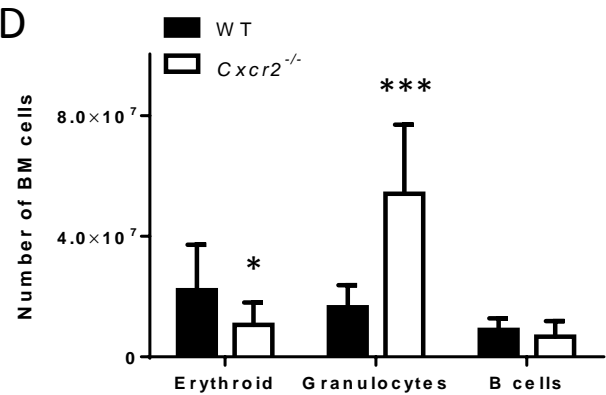
B



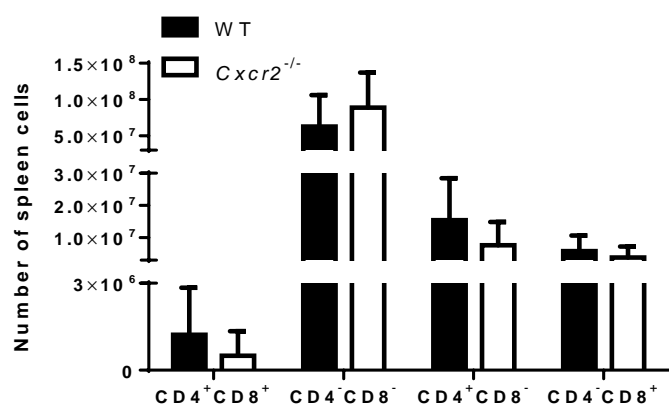
C



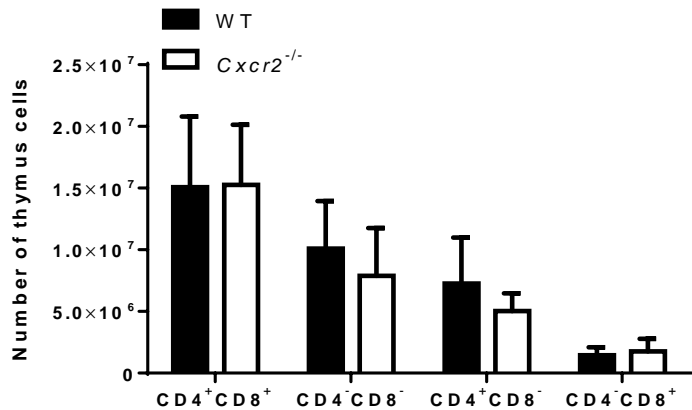
D

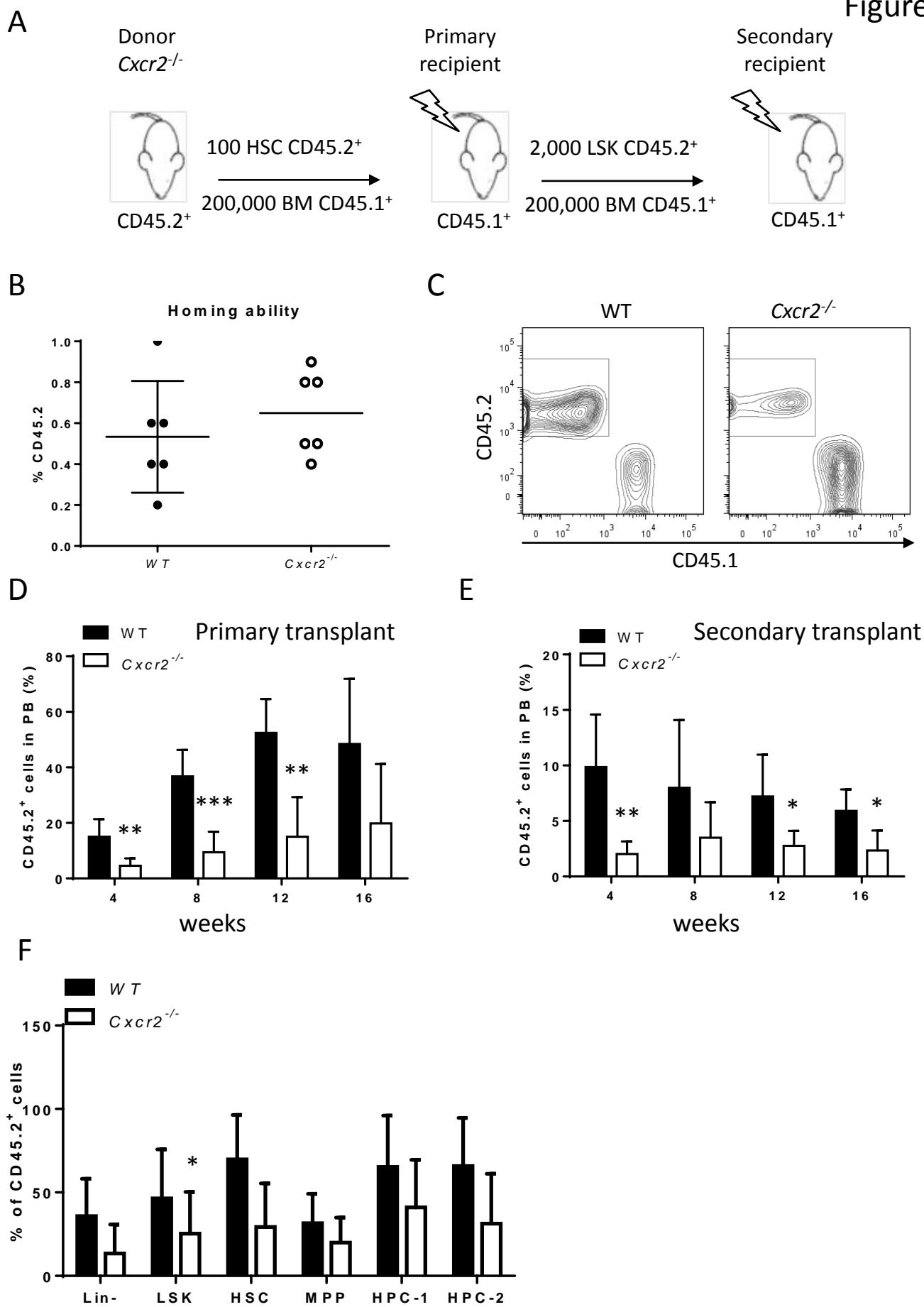


E

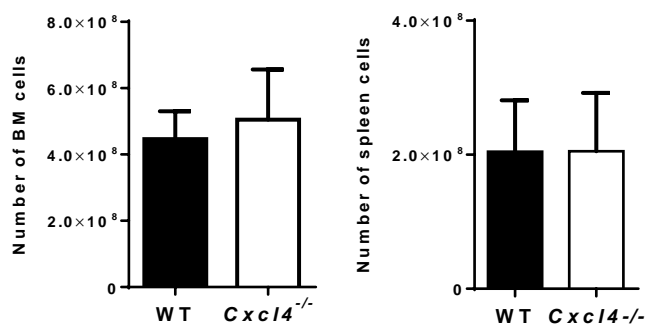


F

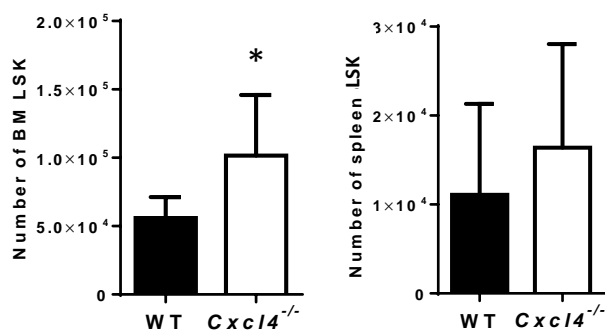




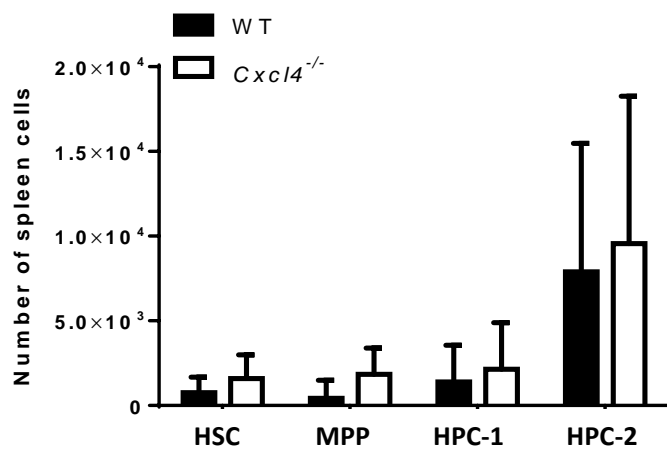
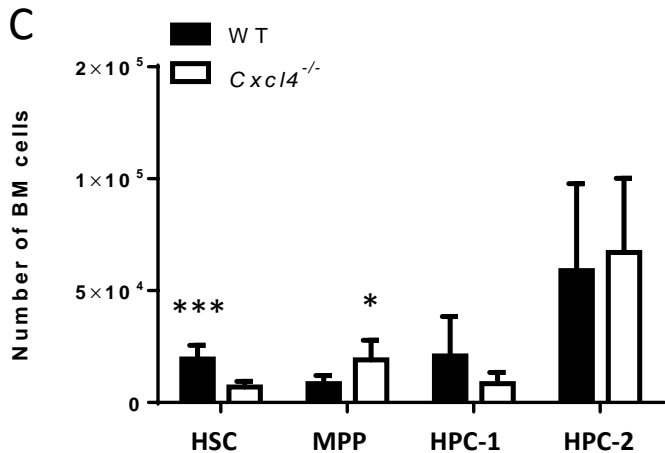
A



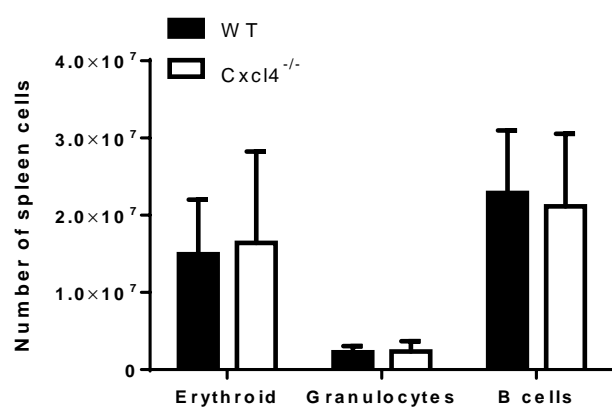
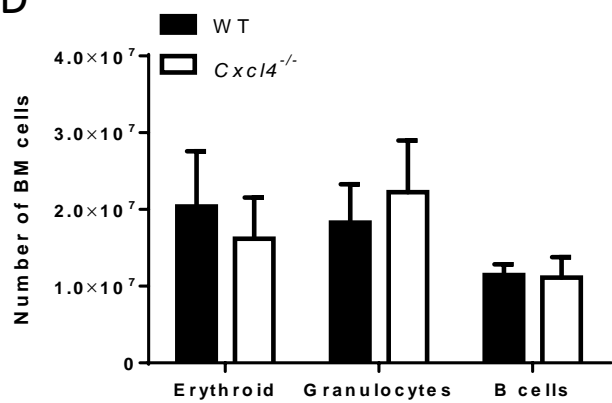
B



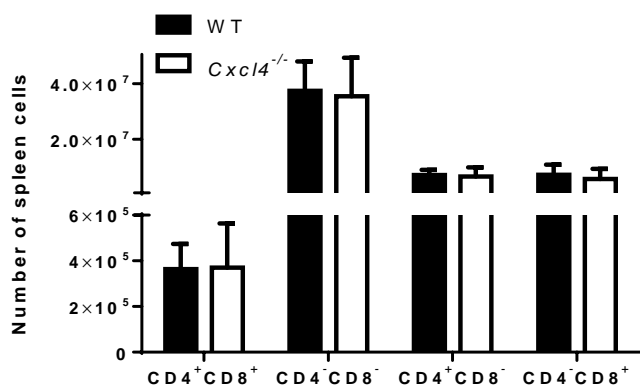
C



D



E



F

