

Bafilomycin A1 targets patient-derived CD34⁺CD19⁺ leukemia stem cells

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Supplementary Information

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Reagents, human samples

Bafilomycin A1 was purchased from Sigma-Aldrich. Bone marrow (BM) samples were obtained from B-ALL patients and healthy adult donors at the First Affiliated Hospital of Soochow University (Table S1). Human B-ALL leukemia stem cells were sorted against CD34 (Biolegend Cat. 343504) and CD19 antibodies (Biolegend Cat. 302212) using flow cytometer (FACS Aria III, BD Bioscience) after isolating BM mononuclear cells with Ficoll density gradient centrifugation.

Flow cytometry, antibodies and immunohistochemistry

BM mononuclear cells were obtained by gradient centrifugation on Ficoll-hypaque medium (density 1.077; GE Healthcare). BMMNCs from patients and healthy donors were washed with phosphate-buffered saline (PBS) several times, and then resuspended in 100 μ l of a binding buffer containing fluorescein isothiocyanate (FITC)-conjugated antibodies against human CD34, allophycocyanin (APC)-conjugated antibodies against human CD19 for 30 min at 4°C according to the manufacturer's instructions, these cells were washed with PBS and then analysed by flow cytometer (Beckman Coulter Gallios).

Flow cytometry analysis of xenograft human leukemia cells in BM and PB of mice were performed with Beckman Coulter Gallios using anti-human CD45 conjugated with BV421 (Biolegend Cat. 304032) and/or anti-human CD34 conjugated with FITC (Biolegend Cat. 343504), anti-human CD19 conjugated with APC (Biolegend Cat. 302212) and anti-mouse CD45 conjugated with phycoerythrin (PE) (Biolegend Cat. 103106). Immunohistochemistry analysis was done using anti-human CD19 (Abcam Ref. 134114).

Culture of primary LSCs

The primary LSCs were cultured in serum-free medium (Stem SpanTM SFEM, Stem Cell Technologies Cat. #09650) in the presence of granulocyte-macrophage colony-stimulating factor (G-CSF, 20 ng/ml), stem cell factor (SCF, 100 ng/ml), IL-3 (20 ng/ml), IL-6 (20 ng/ml), IL-7 (20 ng/ml), and Flt3L (100 ng/ml). These factors were purchased from Miltenyi Biotec.

Cell Proliferation Analysis

Primary B-ALL CD34⁺CD19⁺ cells and NBM CD34⁺ cells were sorted by flow cytometer (FACS Aria III, BD Biosciences). About 50,000 cells were plated into 96-well plate with 100 μ l media for culture and then treated with either vehicle or Bafilomycin A1 (1 nM) for 24, 48, 72 and 96 h. Cell Counting Kit-8 (CCK-8; Beyotime, Shanghai, China) was used for the analysis of proliferation following manufacturer's instruction. Before assessment, 10 μ l CCK-8 reagents were added into each well and the cells were incubated at 37°C for another 4 h. The absorbance at two wavelengths (450 nm for the viable cells and 650 nm for the soluble dye) was measured with a microplate reader (SpectraMax M5; Molecular Devices, Sunnyvale, USA).

CFSE assay

Primary B-ALL CD34⁺CD19⁺ cells and NBM CD34⁺ cells were sorted by flow cytometer (FACS Aria III, BD Biosciences), stained with 5 μ M CFSE (Thermo Fisher Scientific Cat. C34554) on day 0, and then incubated at 37°C for 20 minutes, protected from light. Termination reaction was incubated with medium containing 10% fetal bovine serum at 4°C for 10 minutes. Next, Cells were washed twice by medium containing 10% FBS. Finally, cells were cultured with complete medium. Part of cells were fixed by 4% PFA. The rest of the sample was stimulated with or without bafilomycin A1 to allow proliferate for 3 days. Cells were analyzed by flow cytometry for cell proliferation.

Supplementary Information

Analysis of apoptosis of primary CD34⁺CD19⁺ cells

B-ALL CD34⁺CD19⁺ cells or NBM CD34⁺ cells were labeled with annexinV-FITC and PI (BD Pharmingen™, Cat. 556547) after treatment, apoptotic cells (annexin V⁺PI⁻) were detected by flow cytometer (FACS Calibur, BD Bioscience).

Engraftment of human cells in immunodeficient mice

Primary B-ALL CD34⁺CD19⁺ cells ($1-5 \times 10^6$ cells/mouse) were transplanted by tail vein injection into 8-week-old mail NSG mice (Beijing Biocytogen Co, Ltd). Mice were euthanized after 6-13 weeks, PB cells and BM cells were harvested. The engraftment of human cells was analyzed by flow cytometer (Beckman Coulter Gallios).

Hoechst 33342 and Pyronin Y staining

Cell cycle analysis was performed using Hoechst 33342 (Thermo Fisher Scientific Ref. H3570) and Pyronin Y (Sigma P9172-1G) according to standard techniques. Cells were harvested after Bafilomycin A1 (1 nM) treatment for 24 h. Cells (1×10^6) were collected and washed with PBS and then suspended in the remaining PBS. The cells were fixed with 70% pre-chilled ethanol and stored in freezer overnight. Cells were washed and resuspended in PBS. Followed with stained in this solution plus 1 mg/mL Hoechst 33342 at 37°C for 30 min. Then, cells were incubated with Pyronin Y for 30 min at room temperature. After staining, washed cells were kept on ice until analysis. All gates were set, based on unstained control. The proportion of cells within the G0, G1, S-G2/M phases was analyzed by flow cytometer (FACS Aria III, BD Bioscience).

Hoechst 33342 and Ki-67 staining

Cell cycle distribution of B-ALL CD34⁺CD19⁺ cells was examined by Ki-67 (Biolegend Cat. 652417)/ Hoechst 33342 (Thermo Fisher Scientific Ref. H3570). Cells were harvested with or without bafilomycin A1 treatment and fixed with 70% cold ethanol at 4°C overnight. Cells were washed and resuspended in PBS. Followed with stained in this solution plus 1 mg/mL Hoechst 33342 at 37°C for 30 min. Then, cells were incubated with Ki-67 for 30 min at room temperature. After staining, washed cells were kept on ice until analysis. All gates were set, based on unstained control. These cells were analyzed by flow cytometer (FACS Aria III, BD Bioscience).

CFU assay

Human B-ALL CD34⁺CD19⁺ cells, and NBM CD34⁺ cells were treated with or without bafilomycin A1 for 72 h, 3000 cells were plated in drug free methylcellulose medium (MethoCult H4435, Stem cell Technologies). Colonies were counted on day 14.

Analysis of cell viability

B-ALL CD34⁺CD19⁺ cells viability was detected by staining of 7-AAD (Biolegend Cat. 420403) by flow cytometer (Beckman Coulter Gallios).

Statistical analysis

All experiments were performed at least 3 times, and data were represent as mean \pm SD. GraphPad Prism 5.0 (GraphPad Software) was used for statistical analysis. Comparisons between 2 groups were analyzed by 2-tailed Student's test and comparisons of multiple groups by 1-way ANOVA. P value less than 0.05 was considered statistically significant.

Supplementary Information

Table S1. Patients general information

| Sample | Classification | Type | Age (Year) / Sex | Clinical Status | Risk Standard | Primary Cytogenetic Abnormality | Blasts(%) | Differentiation Antigen Expression |
|--------|----------------|------|------------------|-----------------|---------------|--|-----------|---|
| ALL-1 | B-ALL | BM | 40 / F | Diagnosis | HR | 45,XX,del(1)(p35),t(9;22)(q34;q31),-19,-20,+M[5]/46,XX[5] | 37.50 | CD34,CD10,CD19,CD20 |
| ALL-2 | B-ALL | BM | 21 / M | Diagnosis | HR | 45,XY,-7,t(9;22)(q34;q11)[3]/46,XY[7] | 73.50 | CD34,CD10,CD19,CD13,CD33,TDT,cCD79a,CD7 |
| ALL-3 | B-ALL | BM | 27 / F | Diagnosis | HR | None | 7.50 | CD34,CD10,CD19,HLA-DR |
| ALL-4 | B-ALL | BM | 35 / F | PR | HR | None | 43.20 | CD34,CD10,CD19,CD33,CD79a,CD13low |
| ALL-5 | B-ALL | BM | 19 / M | PR | SR | None | 32.30 | CD34,CD10,CD19,CD33,HLA-DR,CD13 |
| ALL-6 | B-ALL | BM | 73 / M | Diagnosis | HR | t(9;22)(q34;q11) BCR-ABL | 69.00 | CD34,CD10,CD19,CD33 |
| ALL-7 | B-ALL | BM | 26 / M | PR | HR | None | 43.10 | CD34,CD10,CD19,CD33low,cCD79a,CD20 |
| ALL-8 | B-ALL | BM | 32 / F | PR | SR | None | 24.30 | CD34,CD19,CD13,CD33,CD7,CD10,CD20,CD14,CD2 |
| ALL-9 | B-ALL | BM | 62 / F | Diagnosis | HR | 46,XX,t(2;3)(p12,q27),t(9;22)(q34;q11)[10] | 80.00 | CD34,CD19,CD33,CD79a,CD10,CD20,HLA-DR |
| ALL-10 | B-ALL | BM | 38 / M | PR | HR | None | 5.00 | CD22,CD3,CD10,CD19,HLA-DR |
| ALL-11 | B-ALL | BM | 65 / F | Diagnosis | HR | 39,X,-X,4q-,5q+,-6,-7,78p+,12p+,-13,der(16),17q+,-18,20q-,-21,-22,ace,inc[5]/46,XX[5] | 90.00 | CD34,CD10,CD19,CD13,CD117,cCD79a |
| ALL-12 | B-ALL | BM | 31 / F | Diagnosis | HR | 56-57,XX,+1,+3,+5,+11,+13,+14,+15,-18,+19,+21,+21,+22[CP2]/46,XX[12] | 88.00 | CD34,HLA-DR,CD10,CD19 |
| ALL-13 | B-ALL | BM | 48 / M | Diagnosis | SR | None | 75.00 | CD34,HLA-DR,CD10,CD19,cCD79a |
| ALL-14 | B-ALL | BM | 37 / M | PR | HR | None | 70.70 | CD34,CD19,CD33,CD79a,CD10,CD20,HLA-DR |
| ALL-15 | B-ALL | BM | 21 / M | PR | HR | None | 68.40 | CD34,CD19,CD38,CD33,CD22,CD10,CD20,CD123,HLA-DR |
| ALL-16 | B-ALL | BM | 36 / F | Diagnosis | HR | 50,XX,+5,+8,i(9q),t(9;22;16)(q34;q11;p13),+ph,+M[7]/46,XX[3] BCR/ABL | 83.00 | CD20,CD10,CD19,CD123,CD38,TDT,cCD79a,CD22low |
| ALL-17 | B-ALL | BM | 26 / F | Diagnosis | SR | None | 76.00 | CD34,CD10,CD19,CD38,CD22 |
| ALL-18 | B-ALL | BM | 26 / M | Diagnosis | SR | 46,XX,inv[3](q21q26),del(11)(q23q25)[8] | 86.00 | CD34,CD10,CD19,CD38,CD22 |
| ALL-19 | B-ALL | BM | 62 / M | Diagnosis | HR | None | 93.90 | CD34,CD19,CD10,CD79a |
| ALL-20 | B-ALL | BM | 59 / M | Diagnosis | HR | 45,XY,-7,t(9;22)(q34;q11)[9]/46,XY[1] BCR-ABL | 81.50 | CD34,CD10,CD19,CD13,CD33,cCD79a |
| ALL-21 | B-ALL | BM | 53 / M | PR | HR | t(9;22)(q34;q11) BCR-ABL | 78.70 | CD34,CD10,CD19,CD13,CD33,cCD79a |
| ALL-22 | B-ALL | BM | 55 / F | Diagnosis | HR | 46,XX,t(9;22)(q34;q11)[10] BCR/ABL | 80.80 | CD34,CD19,CD13,CD33,cCD79a |
| ALL-23 | B-ALL | BM | 25 / M | Diagnosis | HR | None | 92.00 | CD7,CD34,CD10,CD20,CD19,CD33,CD22,cCD79a |
| ALL-24 | B-ALL | BM | 34 / F | PR | HR | None | 65.00 | CD10,CD19,CD13,CD33,cCD79a |
| ALL-25 | B-ALL | BM | 23 / M | Diagnosis | HR | t(9;22)(q34;q11) BCR-ABL | 93.20 | CD34,CD10,CD19,CD22 |
| ALL-26 | B-ALL | BM | 15 / F | Relapse | HR | None | 57.00 | CD34,HLA-DR,CD10,CD19,CD25 |
| ALL-27 | B-ALL | BM | 30 / F | Diagnosis | SR | None | 92.00 | CD34,CD10,CD19,HLA-DR,CD22low |
| ALL-28 | B-ALL | BM | 17 / M | Diagnosis | SR | 46,XY,t(8;21)(q22;q22)[6]/45,idm,-Y[4] | 54.60 | CD34,CD19,CD13,CD33 |
| ALL-29 | B-ALL | BM | 50 / F | Diagnosis | HR | 46,XX,?t(9;22)(q34,q11),inc[1] BCR/ABL | 50.00 | CD10,CD19,CD13,CD33,cCD79a,CD25,CD22 |
| ALL-30 | B-ALL | BM | 5 / M | Diagnosis | SR | None | 69.20 | CD34,CD19 |
| ALL-31 | B-ALL | BM | 15 / F | Diagnosis | SR | 47,XX,+21[4]/46,XX[6] | 71.00 | CD34,HLA-DR,CD10,CD19,CD13,CD2,CD22,cCD79a |
| ALL-32 | B-ALL | BM | 7 / F | Diagnosis | HR | 55,XX,+X,+X,+4,+6,dic[11;12][p11;p11],+14,+14,-15,+17,+18,+21,+21,+22[6]/56,XX,+X,+X,+4,+6,+14,+14,+17,+18,+21,+21[3]/46,XX[1] | 84.00 | CD34,CD10,CD20,CD19,CD22 |
| ALL-33 | B-ALL | BM | 23 / M | Diagnosis | HR | None | 75.00 | CD10,CD19,CD33,cCD79a,CD20,CD22 |
| ALL-34 | B-ALL | BM | 15 / F | Diagnosis | HR | 46,XY,t(4;11)(q21;q23)[5]/46,idem,i(7)(q10)[4]/46,idem,t(10;14)(p14;q12)[1] | 80.50 | CD34,CD19,TDT,cCD79a |

Bone marrow aspirates were obtained from B-ALL patients. BM: bone marrow, M: male, F: female, PR: partial response, HR: high-risk, SR: standard risk.

Table S1. Patients general information (continued)

| | | | | | | | | |
|--------|-------|----|--------|-----------|----|--|-------|--|
| ALL-35 | B-ALL | BM | 5 / M | Diagnosis | SR | None | 69.20 | CD34,CD19 |
| ALL-36 | B-ALL | BM | 46 / F | PR | HR | None | 6.00 | CD81,CD10,CD19,CD22low |
| ALL-37 | B-ALL | BM | 24 / M | PR | HR | None | 7.00 | CD81,CD10,CD19,CD22low |
| ALL-38 | B-ALL | BM | 23 / F | Diagnosis | HR | None | 87.87 | CD10,CD19 |
| ALL-39 | B-ALL | BM | 1 / M | Diagnosis | HR | None | 92.00 | CD123,CD38,CD58,CD34,CD19,CD8 |
| ALL-40 | B-ALL | BM | 18 / M | Diagnosis | SR | None | 54.80 | CD34,CD19,CD13,CD33 |
| ALL-41 | B-ALL | BM | 30 / F | PR | HR | None | 5.75 | CD19,CD20,CD13 |
| ALL-42 | B-ALL | BM | 52 / M | PR | HR | None | 5.00 | CD19,CD10,CD33 |
| ALL-43 | B-ALL | BM | 44 / F | PR | HR | None | 6.00 | CD81,CD19,CD22low |
| ALL-44 | B-ALL | BM | 34 / F | Relapse | HR | 46,XX,add(19)(p13)[3]/46,XX[17] | 10.50 | CD10,CD19,cCD79a,CD33,HLA-DR |
| ALL-45 | B-ALL | BM | 32 / F | Diagnosis | HR | 46,XX,t(9;22)(q34;q11)[6] | 46.00 | CD13,CD19,cCD79aCD33,HLA-DR,CD25,CD22low |
| ALL-46 | B-ALL | BM | 23 / M | Diagnosis | SR | None | 2.00 | CD19,CD13,CD10 |
| ALL-47 | B-ALL | BM | 62 / F | Diagnosis | SR | None | 15.00 | CD19,CD33 |
| ALL-48 | B-ALL | BM | 29 / F | Relapse | HR | None | 0.05 | CD34,CD10,CD19,CD79a,CD45 |
| ALL-49 | B-ALL | BM | 46 / M | Diagnosis | HR | 46,XX,t(9;22)(q34;q11)[6] | 83.50 | CD7,CD34,CD10,CD13,CD33,CD19,CD79a,CD25,CD22low |
| ALL-50 | B-ALL | BM | 35 / M | Diagnosis | HR | None | 84.00 | CD34,CD10,CD33,CD19,CD79a,CD22low |
| ALL-51 | B-ALL | BM | 57 / M | Diagnosis | HR | None | 47.00 | CD34,HLA-DR,CD13,CD33,CD19,CD2low |
| ALL-52 | B-ALL | BM | 20 / M | Diagnosis | HR | None | 17.50 | CD34,CD19,CD33,CD13 |
| ALL-53 | B-ALL | BM | 37 / M | Diagnosis | HR | 46,XY,t(9;22)(q34;q31)[6]/45,idem,-7[1]/46,idem,-7,+8[1]/46,46,XY[2] | 62.50 | CD34,CD19,CD13,CD33,CD123,HLA-DR,CD38,CD10 |
| ALL-54 | B-ALL | BM | 17 / M | Diagnosis | SR | 45,X,-Y,del(6)(q15;q23)[2]/46,+M[5]/46,XY[16] | 59.00 | CD34,CD19 |
| ALL-55 | B-ALL | BM | 44 / F | Diagnosis | HR | t(9;22)(q34;q11) BCR-ABL | 78.00 | CD34,CD19,cCD79a,CD33,CD38,CD22 |
| ALL-56 | B-ALL | BM | 19 / M | Diagnosis | SR | None | 50.50 | CD34,HLA-DR,CD10,CD19,CD38,CRLF2,CD22 |
| ALL-57 | B-ALL | BM | 57 / M | Diagnosis | SR | None | 8.00 | CD34,CD19,CD33,CD22 |
| ALL-58 | B-ALL | BM | 27 / F | Diagnosis | SR | None | 76.00 | CD34,CD10,CD19,CD38,CD22 |
| ALL-59 | B-ALL | BM | 14 / F | Diagnosis | HR | None | 90.00 | CD34,CD19,CD7,CD10,CD33,cCD3,CD5,CD99 |
| ALL-60 | B-ALL | BM | 54 / F | Diagnosis | HR | t(9;22)(q34;q11) BCR-ABL | 85.00 | CD34,CD19,CD13,CD10,CD33,CD25,cCD79a,CD22low,CD38low |
| ALL-61 | B-ALL | BM | 22 / M | Diagnosis | HR | 6,XY,t(9;22)(q34;q11)[2]/46,XY,add(2)(p25),-7,der(9)?dic(9;10)(p11;p11),t(9;22),+Ph,+m[5]/46,XY[3] | 94.00 | CD34,CD10,CD19,CD20 |
| ALL-62 | B-ALL | BM | 24 / F | Diagnosis | HR | CRLF2 rearrange | 89.00 | CD34,CD19,CD38,CD10,CD33,cCD79a,CRLF2,CD22low |
| ALL-63 | B-ALL | BM | 22 / F | Diagnosis | HR | 50-53,XX,dup(1)(q23q42),+5,+8,+10,+13,+17,+18,+20,+21[cp3]/46,XX[7] | 24.23 | CD34,CD19,CD10,CD13,CD33 |
| ALL-64 | B-ALL | BM | 45 / M | Diagnosis | HR | None | 68.93 | CD34,CD19,CD10 |

Bone marrow aspirates were obtained from B-ALL patients. BM: bone marrow, M: male, F: female, PR: partial response, HR: high-risk, SR: standard risk.

Supplementary Information

Table S2. Comparison on the factors used for culturing primary B-ALL LSCs

| Corresponding Author | Years | Magazine | Title | Factors |
|--------------------------|-------|--|---|---|
| In this study | | | Bafilomycin A1 targets patient-derived CD34CD19 leukemia stem cells | SCF, IL3, IL6, IL7, Flt3L, G-CSF |
| Connie J.Eaves | 2007 | <i>Stem cells</i> | A Modified Polymerase Chain Reaction-Long Serial Analysis of Gene Expression Protocol Identifies Novel Transcripts in Human CD34+ Bone Marrow Cells | Human SF, G-CSF, IL-3, IL6 |
| J.H. Frederik Falkenburg | 2009 | <i>Experimental Hematology</i> | Long-term culture of primary human lymphoblastic leukemia cells in the absence of serum or hematopoietic growth factors | SCF, IL3, IL7 |
| Jingxuan Pan | 2016 | <i>The Journal of Clinical Investigation</i> | Targeting methyltransferase PRMT5 eliminates leukemia stem cells in chronic myelogenous leukemia | SCF, IL3, IL6, GM-CSF |
| David Vetrie | 2016 | <i>Cancer Discovery</i> | Epigenetic Reprogramming Sensitizes CML Stem Cells to Combined EZH2 and Tyrosine Kinase Inhibition | SCF, IL3, IL6, Flt3L, G-CSF |
| Sai-Juan Chen | 2016 | <i>EBioMedicine</i> | Genomic Profiling of Adult and Pediatric B-cell Acute Lymphoblastic Leukemia | SCF, IL3, IL6, IL7, Flt3L |
| H P Koeffler | 2017 | <i>Leukemia</i> | Targeting the vulnerability to NADt depletion in B-cell acute lymphoblastic leukemia | IL7 |
| Junke Zheng | 2018 | <i>The Journal of Clinical Investigation</i> | JAM3 maintains leukemia-initiating cell self-renewal through LRP5/AKT/ β -catenin/CCND1 signaling | SCF, IL3, IL6 |

Supplementary Information

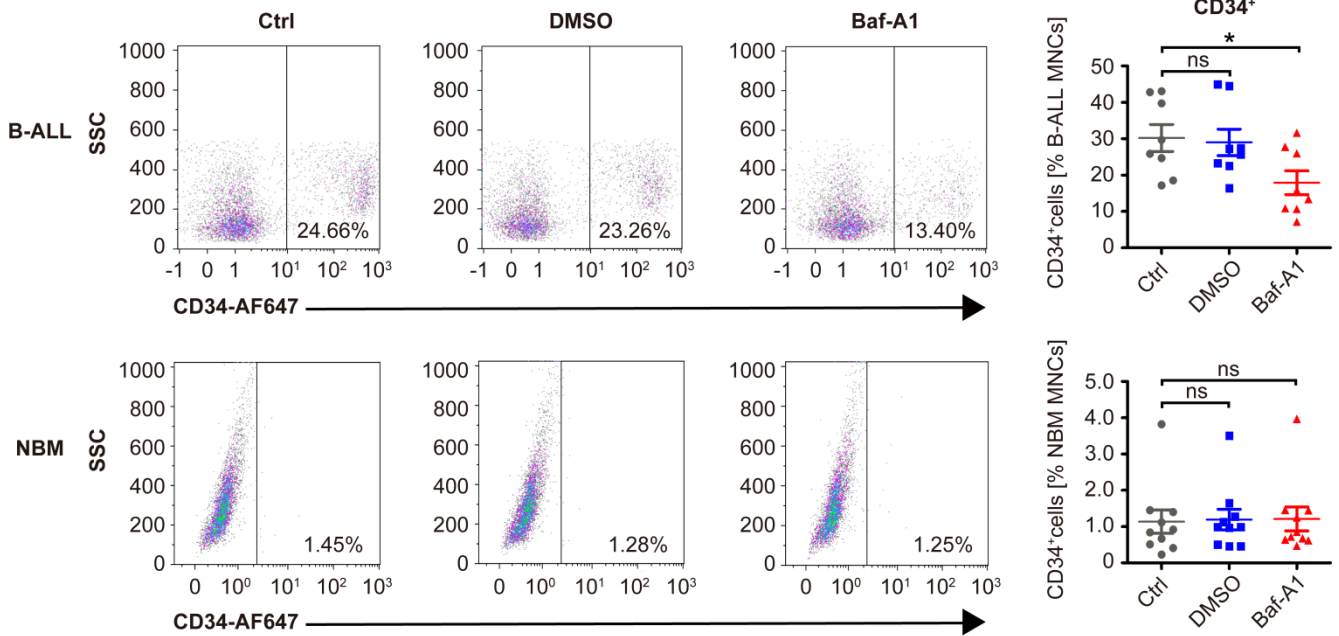


Figure S1. *In vitro* treatment with bafilomycin A1 reduced the proportion of primary B-cell acute lymphocytic leukemia stem cells derived from patients.

B-ALL CD34⁺ cells (upper panel, n=8, ALL1-8) and NBM CD34⁺ cells (lower panel, n=10) after 1 nM bafilomycin A1 treatment.

Supplementary Information

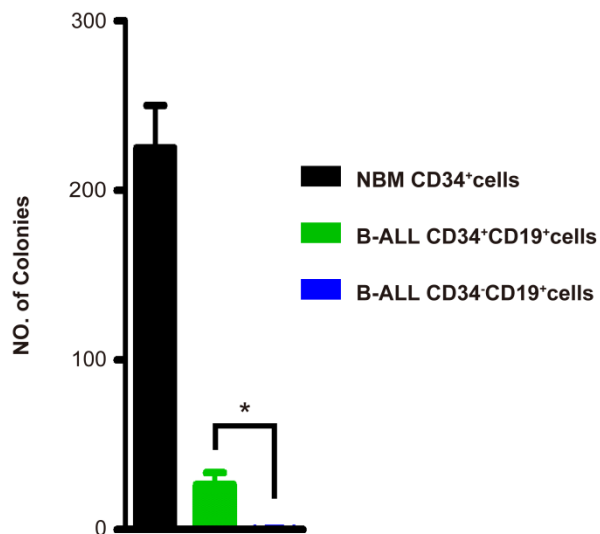


Figure S2. Colony-forming unit assay detecting the capacity of self-renewal of human B-ALL LSCs.

CD34⁺CD19⁺ cells and CD34⁻CD19⁺ cells were sorted from B-ALL patients by flow cytometry. For CD34⁺CD19⁺ cell samples, n=10, ALL18,27-35; for CD34⁻CD19⁺ cell samples, n=4, ALL36-39. NBM CD34⁺ cells as a positive control, n=8.

Supplementary Information

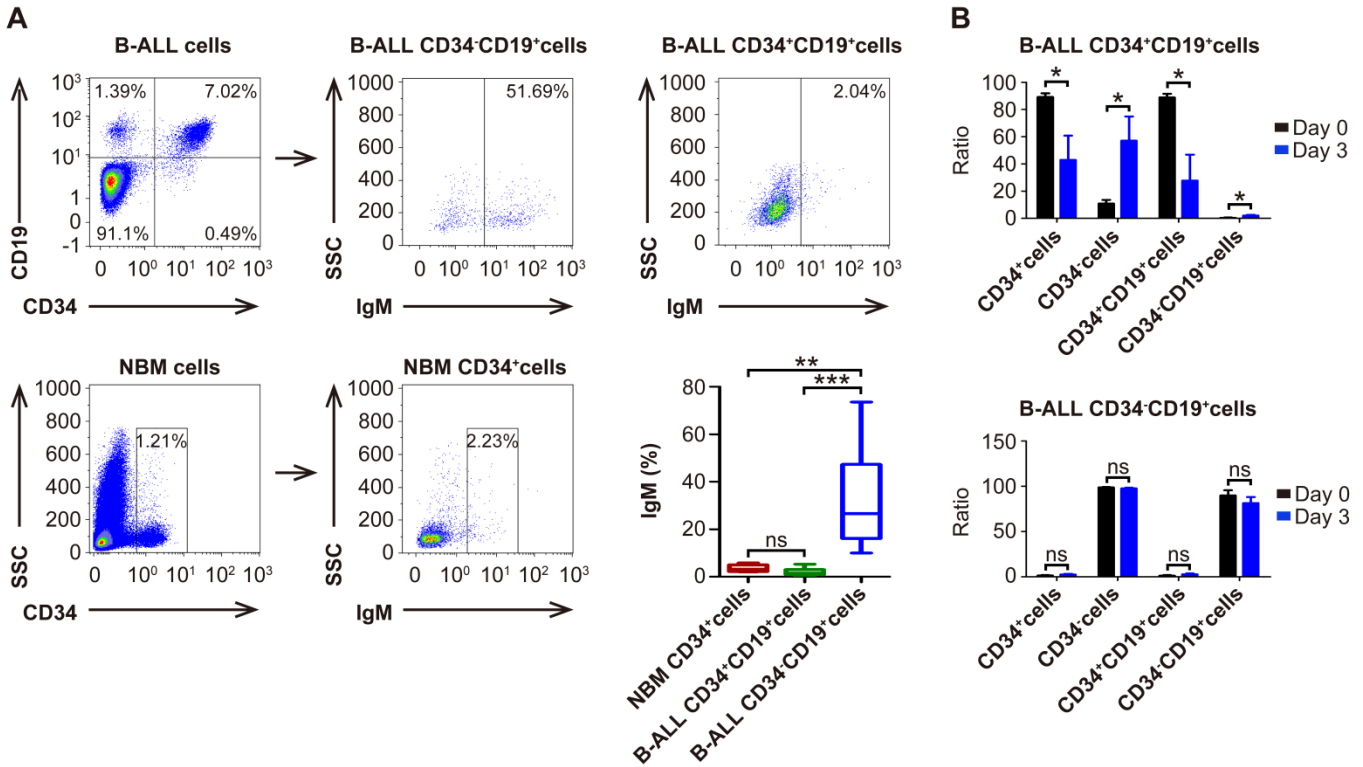


Figure S3. CD34⁺CD19⁺ cells are in an earlier stage than CD34⁻CD19⁺ cells in human B-ALL hierarchy.

A. Upper panel, human B-ALL CD34⁺CD19⁺ cells (n=8, ALL27,28,30,36,37,39-41) and B-ALL CD34⁻CD19⁺ cells (n=13, ALL28,30,36,37,39-47) were sorted from the same patient and then cultured for 72 h, and the levels of IgM protein were measured by flow cytometry. Lower panel, the levels of IgM protein of NBM CD34⁺ cells (n=5) were detected as a negative control.

B. The levels of CD34 protein were measured in human CD34⁺CD19⁺ B-ALL cells (n=4, ALL27,28,30,39) and human CD34⁻CD19⁺ B-ALL cells (n=9, ALL28,30,37,38,40,41,43-45) by flow cytometry on day 0 and day 3 of cell culturing.

Supplementary Information

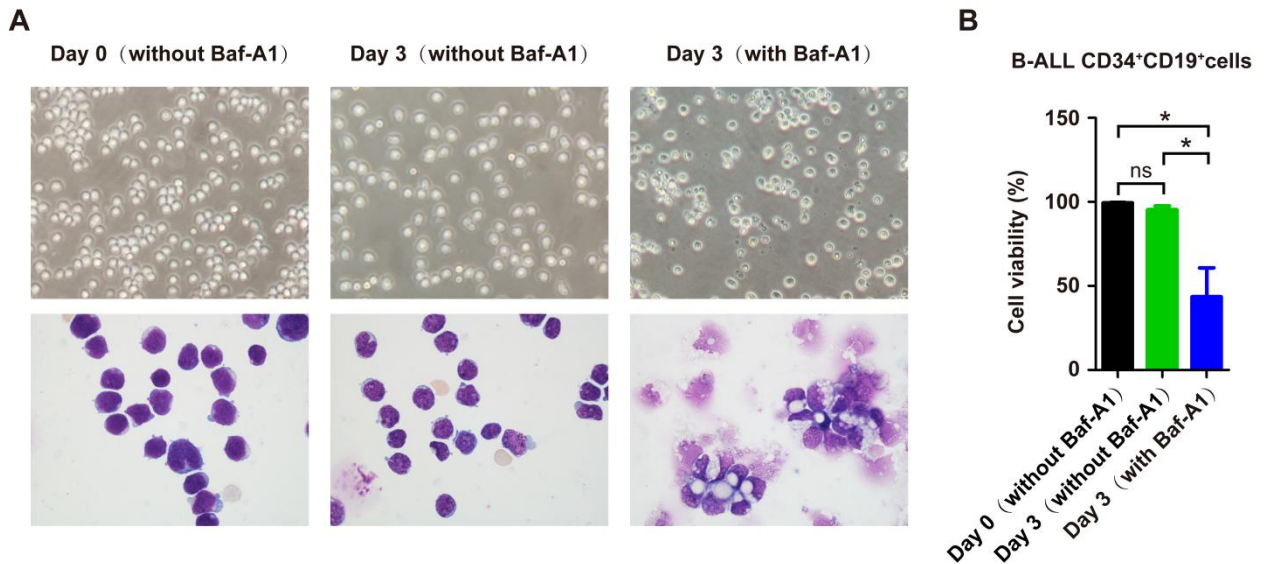


Figure S4. Validation of culture condition for human B-ALL LSCs.

A. Giemsa staining of CD34⁺CD19⁺ B-ALL cells on day 0 and day 3 of cell culturing (n=3, ALL27,30,39).

B. Cell viability of CD34⁺CD19⁺ B-ALL cells stained with 7-AAD were measured by flow cytometry on day 0 and day 3 of cell culturing (n=3, ALL27,30,39).

Supplementary Information

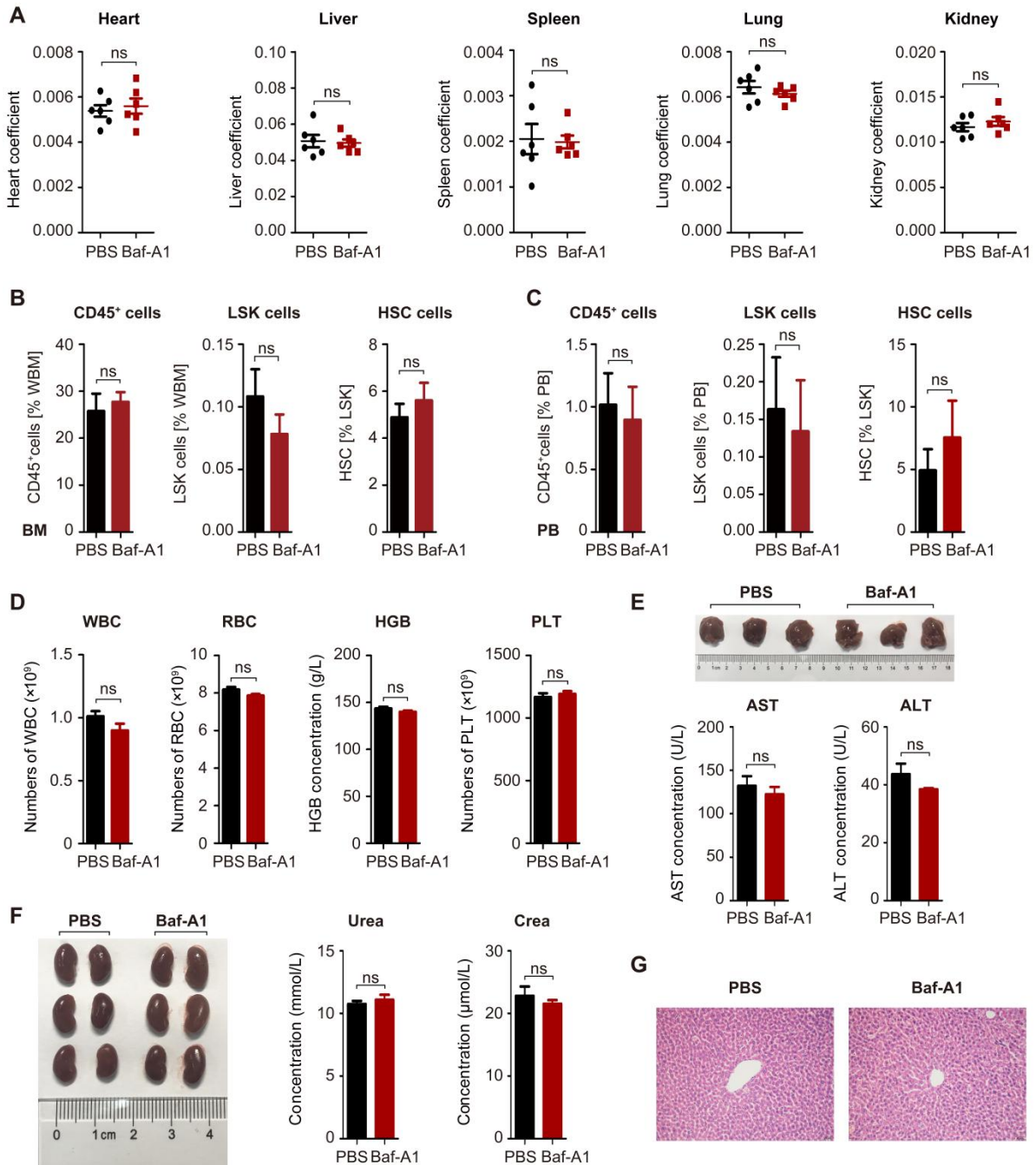


Figure S5. Bafilomycin A1 of dose 0.1mg/kg had no toxicity to NSG mice.

NSG mice (n=6 per group) were treated with 0.1 mg/kg bafilomycin A1 or vehicle in the ctrl group. **A.** Effect of 0.1 mg/kg bafilomycin A1 on organ weight after treatment. **B.** Flow cytometric analysis of effect of bafilomycin A1 (0.1 mg/kg) on hematopoietic stem and progenitor cells in NSG mice bone marrow. **C.** Flow cytometric analysis of effect of bafilomycin A1(0.1 mg/kg) on hematopoietic stem and progenitor cells in NSG mice peripheral blood. **D.** Effect of bafilomycin A1 on the peripheral blood count of NSG mice. WBC: white blood cells; RBC: red blood cells; HGB: hemoglobin; PLT: platelets. **E.** Upper panel, photographs of liver from NSG mice after 0.1 mg/kg bafilomycin A1 treatment; Lower panel, the aspartate aminotransferase (AST) and alanine aminotransferase (ALT) ratio after treatment with bafilomycin A1 (0.1 mg/kg) are shown. **F.** Left, photographs of kidney recovered from NSG mice after 0.1 mg/kg bafilomycin A1 treatment; right, the Urea and creatinine (Crea) ratio after treatment with bafilomycin A1 (0.1 mg/kg) are shown. **G.** Hematoxylin and eosin staining of liver injuries after treatment with 0.1 mg/kg bafilomycin A1. ***P<0.001, **P<0.01, *P<0.05.

Supplementary Information

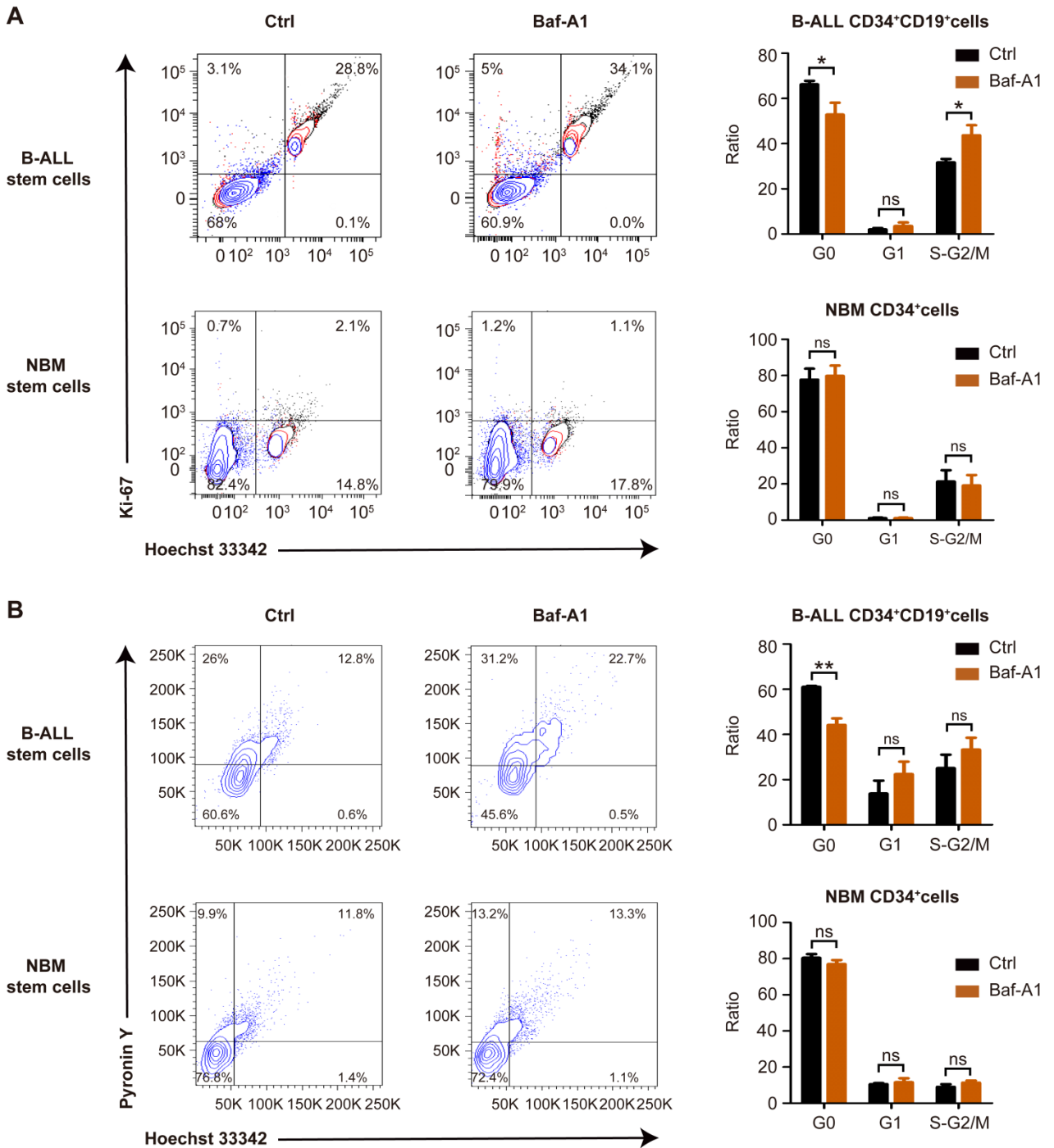


Figure S6. Bafilomycin A1 induced human B-ALL LSCs out of G0 phase.

A. Human B-ALL CD34⁺CD19⁺ cells (n=4, ALL59-62) and NBM CD34⁺ cells (n=11) were sorted by flow cytometer, and then treated with 1 nM bafilomycin A1 for 72 h. The cell cycle for B-ALL stem cells and bone marrow normal stem cells were analyzed by Hoechst 33342 and Ki-67 staining.

B. Human B-ALL CD34⁺CD19⁺ cells (n=4, ALL48,49,51,52) and NBM CD34⁺ cells (n=4) were sorted by flow cytometer, and then treated with 1 nM bafilomycin A1 for 24 h. The cell cycle for B-ALL stem cells and bone marrow normal stem cells were analyzed by Hoechst 33342 and Pyronin Y staining.

Supplementary Information

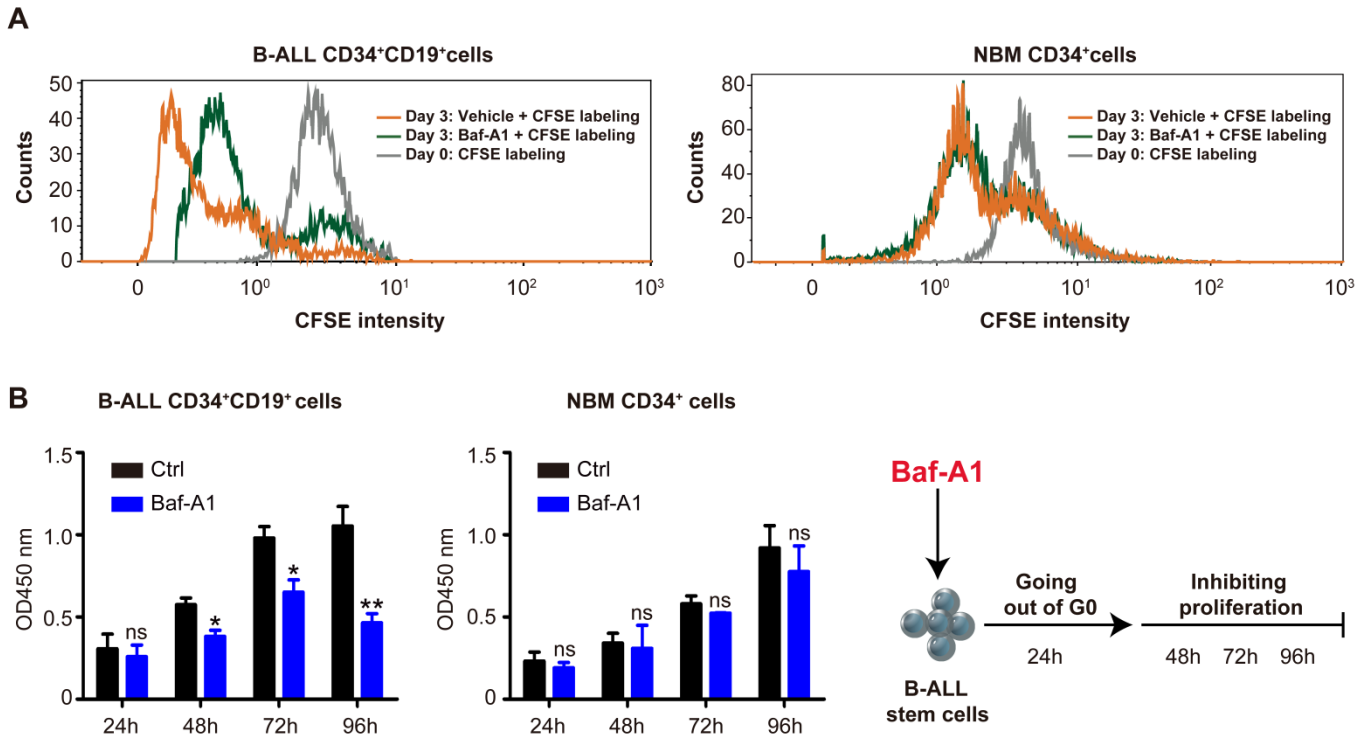


Figure S7. *In vitro* bafilomycin A1 treatment inhibited the proliferation of human B-ALL LSCs but not normal hematopoietic stem cells.

A. The fluorescence histograms on day 0 indicate the initial level of CFSE fluorescence as a positive control (gray curves); The fluorescence intensity of B-ALL CD34⁺CD19⁺ cells and NBM CD34⁺ cells (n=4) were measured after cultured for 72 h with (green curves) or without 1 nM bafilomycin A1 (orange curves) treatment (n=3, ALL27,63-64).

B. CCK-8 was used to examine B-ALL CD34⁺CD19⁺ cells (n=4, ALL27,48-50) and NBM CD34⁺ cells (n=3) proliferation at the indicated time points. CCK-8: Cell Counting Kit-8. ***P<0.001, **P<0.01, *P<0.05. The right panel reflects a putative model of bafilomycin A1 action on B-ALL LSCs.

Supplementary Information

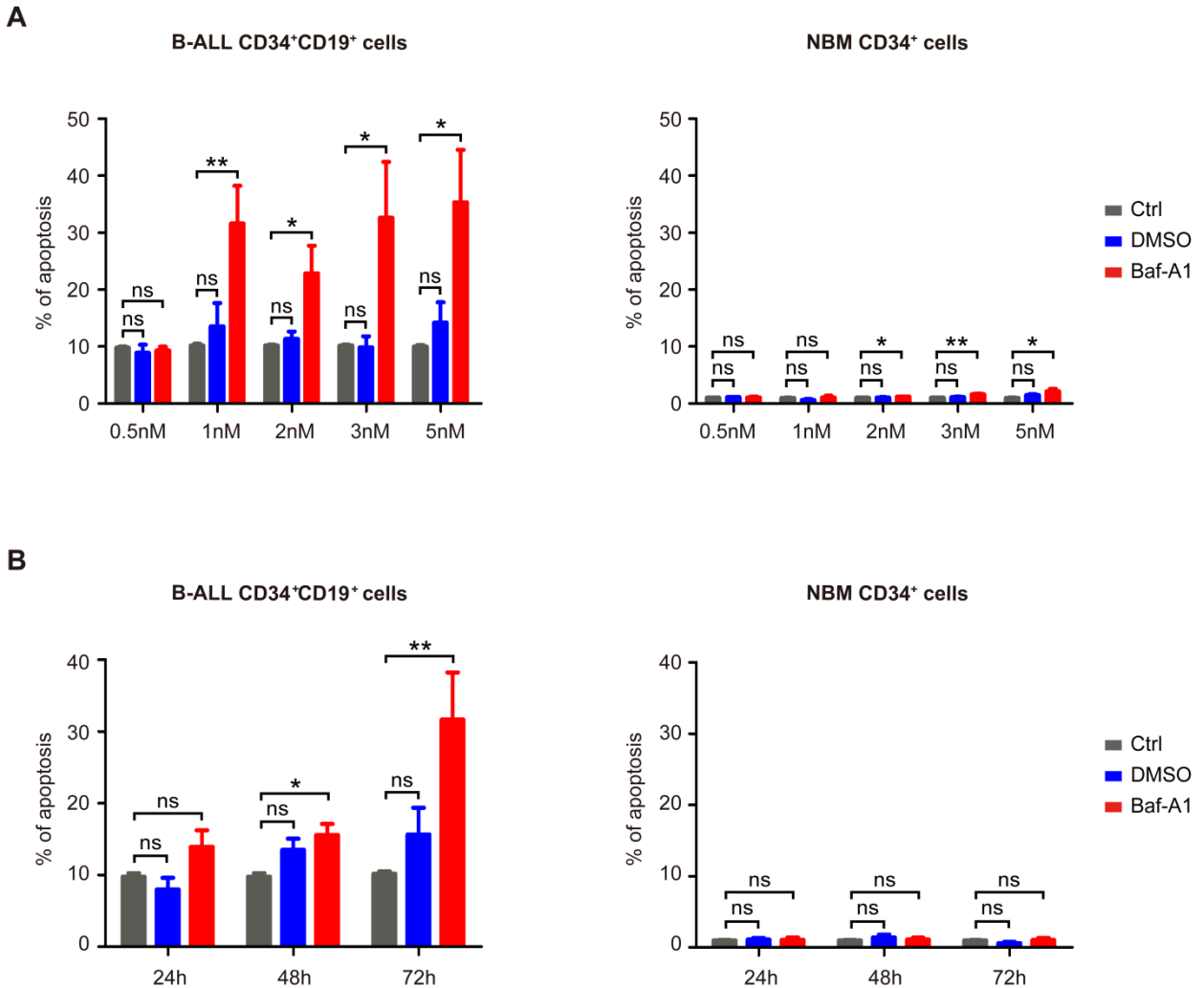


Figure S8. Bafilomycin A1 induced apoptotic death in the primary human B-ALL LSCs.

A. Bafilomycin A1 at various doses induced apoptosis of the patients-derived B-ALL stem cells (n=6, ALL9,11,12,14,21,53) but not hematopoietic stem cells (n=5) from healthy donors, analyzed by flow cytometry. Apoptosis was defined as the percentage of Annexin V-positive and PI-negative cells.

B. Flow cytometric detection of apoptosis of 1 nM bafilomycin A1-treated primary B-ALL CD34⁺CD19⁺ cells (24 h & 48 h n=4, ALL15,16,21,54; 72 h n=6, ALL9,11,12,14,21,53) and NBM CD34⁺ cells (24 h & 48 h n=3; 72 h n=5) by annexin V-FITC and PI. Apoptosis was defined as the percentage of annexin V-positive and PI-negative cells. ****P*<0.001, ***P*<0.01, **P*<0.05.

Supplementary Information

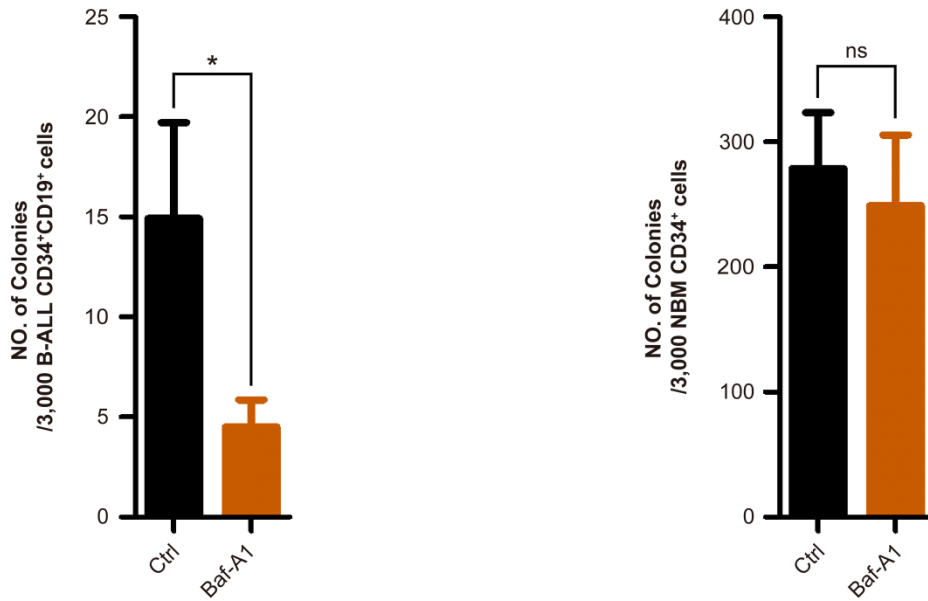


Figure S9. Treatment with 1 nM Bafilomycin A1 reduced colony formation in primary human B-ALL LSCs.

1 nM bafilomycin A1 suppressed the self-renewal of human B-ALL CD34⁺CD19⁺ cells (left, n=6, ALL18,29,31-34), whereas colony formation in NBM CD34⁺ cells (right, n=4) has no significant difference with or without bafilomycin A1 treatment. B-ALL CD34⁺CD19⁺ cells and NBM CD34⁺ cells were treated with 1 nM bafilomycin A1 for 72 h, washed with PBS and counted; 3,000 cells were plated in methylcellulose medium. Colonies were counted on day 14 of cell culturing.

Supplementary Information

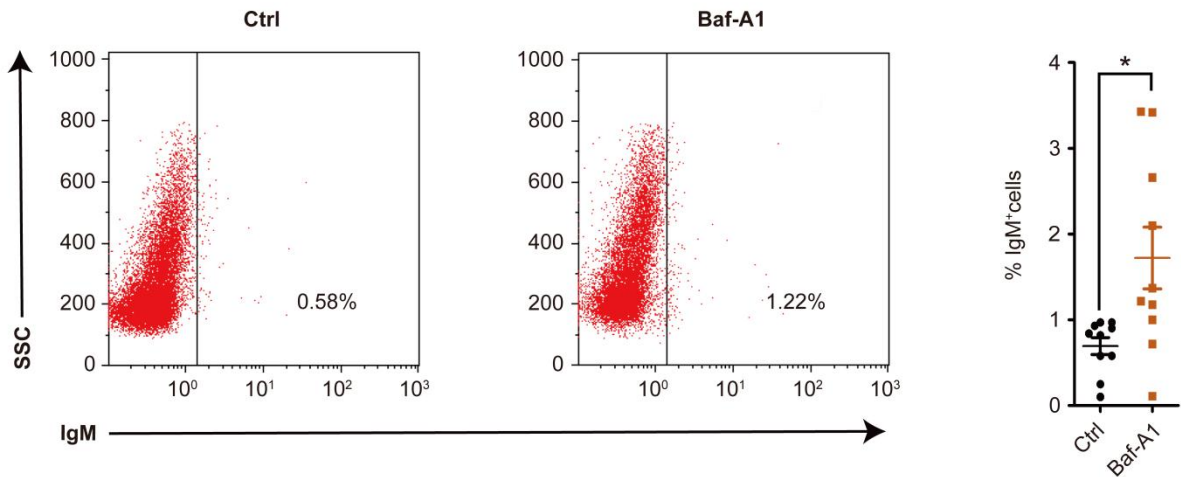


Figure S10. Bafilomycin A1 treatment induced marginal cell differentiation of primary human B-ALL LSCs.

Levels of IgM protein in primary human B-ALL CD34⁺CD19⁺ cells treated with 1 nM bafilomycin A1 were detected by flow cytometry (n=10, ALL17,18,29,31,33,34,55-58).