Efficacy of combined low-dose ruxolitinib and cyclosporine in murine immune bone marrow failure

Authors

Xingmin Feng, Ash Lee Manley, Zhijie Wu, Haoran Li, Shouguo Gao, Jibran Durrani, Nidhi Aggarwal, Hiroki Mizumaki, Jichun Chen, Neal S. Young[#] and Emma M. Groarke[#]

Hematology Branch, National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD, USA *NSY and EMG contributed equally as senior authors.

Correspondence:

X. FENG - fengx2@nhlbi.nih.gov

https://doi.org/10.3324/haematol.2023.284358

Received: September 29, 2023. Accepted: December 18, 2023. Early view: December 28, 2023.

©2024 NIH (National Institutes of Health)

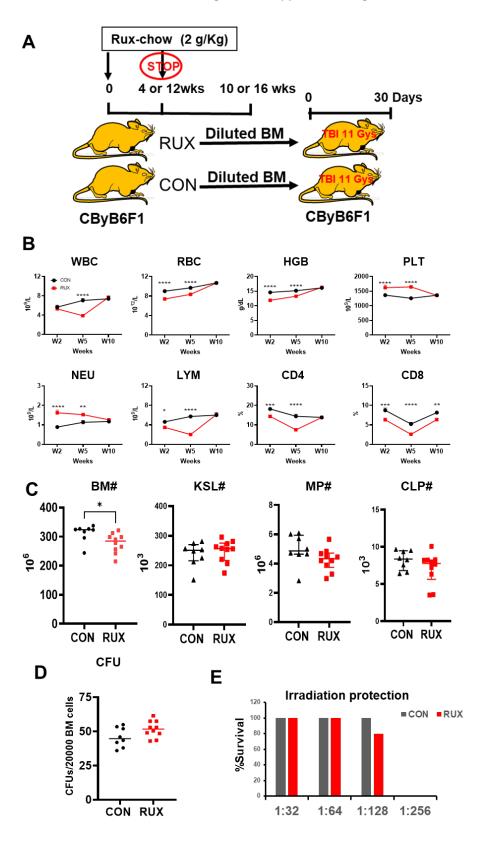
Letter to Editor

Title: Efficacy of combined low-dose ruxolitinib and cyclosporine in murine immune bone marrow failure

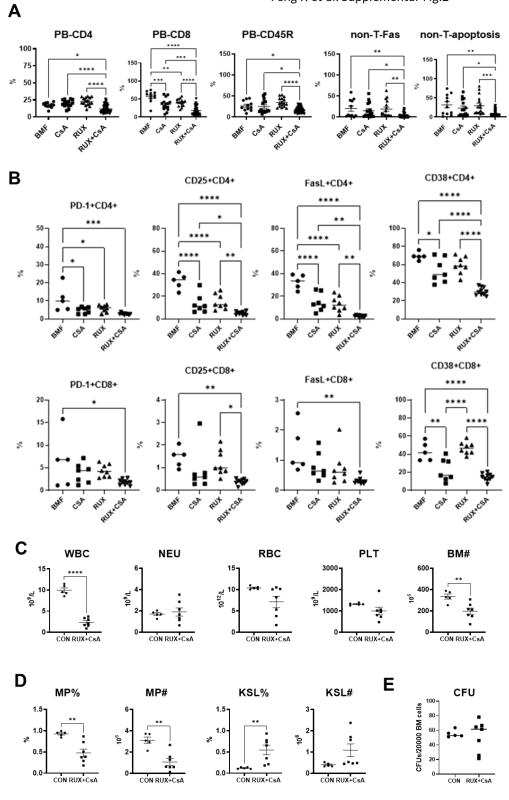
Authors & Affiliations: Xingmin Feng¹, Ash Lee Manley¹, Zhijie Wu¹, Haoran Li¹, Shouguo Gao¹, Jibran Durrani¹, Nidhi Aggarwal¹, Jichun Chen¹, Neal S. Young¹, Emma M. Groarke¹

¹Hematology Branch, National Heart, Lung, and Blood Institute, National Institutes of Health

Supplemental figures



Supplemental Figure 1. Hematoxicity of ruxolitinib (RUX) in normal mice. A) Normal CByB6F1 mice were fed with standard Purina 5002 Rodent chow without (CON) or the addition of 2000 mg/Kg of INCB01842 (RUX, Incyte Corporation, Wilmington, DE; composed by Research Diets, Inc, New Brunswick, NJ) for 4 weeks [N=8 for normal control mice (CON), N=10 for RUX-chow feeding mice (RUX)] or 12 weeks (N=15 for CON, N=15 for RUX) respectively in 2 separate experiments, and then switched back to standard chow until animals were bled and euthanized at 10 weeks or 16 weeks to evaluate RUX toxicity. BM cells from RUX-treated or CON mice at different dilutions were used for BM transplant into lethally irradiated (11 Gys) CByB6F1 recipient mice, the survival was recorded at 30 days. B) Peripheral white blood cell (WBC), neutrophil (NEU), red blood cell (RBC), hemoglobin (HGB), platelet (PLT), lymphocyte (LYM) counts and CD4 and CD8 percentages during 10 weeks. C) Total BM cell numbers, Lin-Sca-1⁺CD117⁺ (KSL), myeloid progenitor (MP), and common lymphoid progenitor cell (CLP) numbers in the BM at 10 weeks. **D)** Colony forming unit (CFU) assay with BM cells at 10 weeks. E) Irradiation protection assay with RUX-treated or CON donor BM cells at 10 weeks at different dilutions to transplant into lethally irradiated CByB6F1 recipient mice. Survival of recipients was monitored and recorded for 30 days. *, P<0.05; **, P<0.01; ***, P<0.001, ****, P<0.0001.



Supplemental Figure 2. Therapeutic effects of low-dose ruxolitinib (RUX), cyclosporine A (CsA), and RUX+CsA combination on murine immune bone marrow failure (BMF). A) Proportions of peripheral blood CD4⁺, CD8⁺, and CD45R⁺ lymphocytes, as well as Fas expression and apoptosis in blood non-T cells at day 14 after BMF initiation. B) PD-1, FasL, CD25, and CD38 on BM CD4⁺ and CD8⁺ T cells at day 14 after BMF initiation. C-D: Survival study. At the end of 12-week observation, survived RUX+CsA-treated mice (N=7) were bled and euthanized and were compared with normal mice (CON, N=5) to examine hematopoietic recovery: complete blood counts (WBC, NEU, RBC, and PLT) and total BM cells (C); Hematopoietic stem and progenitor cells including Lin⁻Sca-1⁺CD117⁺ (KSL) and myeloid progenitor (MP) cells (D); Colony-forming unit (CFU) assay with BM cells from survived RUX+CsA-treated BMF mice and normal CON mice (E). *, P<0.05; **, P<0.01; ***, P<0.001, ****, P<0.0001.