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iPSC line derived from a Bloom syndrome patient retains an increased disease-specific sister-chromatid exchange activity.

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ABSTRACT

Bloom syndrome is characterized by severe pre- and postnatal growth deficiency, immune abnormalities, sensitivity to sunlight, insulin resistance, and a high risk for many cancers that occur at an early age. The diagnosis is established on characteristic clinical features and/or presence of biallelic pathogenic variants in the BLM gene. An increased frequency of sister-chromatid exchanges is also observed and can be useful to diagnose BS patients with weak or no clinical features. For the first time, we derived an induced pluripotent cell line from a Bloom syndrome patient retaining the specific sister-chromatid exchange feature as a unique tool to model the pathology.

Resource Table:

1. Resource utility

Bloom syndrome (BS) is a heterogeneous genetic disease caused by mutations in the BLM gene encoding a RecQ-like (REQL) DNA helicase (Cunniff et al., 2017). The specific homozygous mutation of the patient c.2116del generates a reading-frame shift p.(Ser706Leu*11), resulting in an unstable mRNA or non-functional protein.

2. Resource details

Peripheral blood mononuclear cells (PBMC) were obtained from an 18-year-old woman with the specific BLM mutation c.2116del. This mutation is located in the gene region encoding the helicase functional domains of the Bloom protein (Fig. 1A). PBMCs were stimulated to proliferate and differentiate into the erythroid lineage with a specific set of human cytokines (StemSpan™ Erythroid Expansion medium). The four reprogramming factors OCT3/4, SOX2, KLF4, and C-MYC were

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Fig. 1. BLM iPSC line characterization. 1A. Functional domains of the Bloom protein. Predicted locus of mutation is indicated with an arrow. 1B. BLM iPSC line pluripotency characterization: morphology on light microscopy (phase), alkaline phosphatase essay, pluripotency markers expression revealed by immunocytochemistry staining on fluorescent microscopy (NANOG, OCT4, SOX2, SSEA4, Tra-1-80 and Tra-1-60, scale bar: 50 μm) and FACS analysis (OCT4, SOX2, SSEA4, and NANOG). 1C. BLM mutation locus sequenced by standard Sanger method in a control (BJ hiPSC), the parent cell line (BLM Blood) and the BLM iPSC line (BLM hiPSC). 1D. G-banding karyotyping of BLM iPSC line. 1E. Teratoma formation in immune-compromised mice. Histological sections stained with Hematoxylin-Eosin-Saffron. 1F. Supervised clustered heatmap of pluripotency gene expression. Colored scale from green to red shows the overexpression factor in comparison with the B2M housekeeping gene expression. 1G. Supervised clustered heatmap of upregulated and downregulated genes in hESC and BLM iPSC. Colored scale from green to red shows the overexpression factor in comparison with the B2M housekeeping gene expression. 1H. Sister chromatid exchange assay. Pictures of metaphasis captured with a light microscope of BLM lymphocytes and iPSC, and a gender- and age-matched lymphocytes and iPSC control. Number of SCEs counted per 100 chromosomes for each condition.

transiently expressed using the integration-free Sendai virus gene-delivery method. The resulting BLM iPSC line was alkaline phosphatase positive, showed an expected morphology and expressed pluripotency markers revealed by FACS analysis and by immunocytochemistry staining after a 10-passages in vitro culture (Fig. 1B, scale bar: 50 μm). The BLM iPSC line identity was confirmed by STR analysis in comparison with STR from the parent cells (provided as Supplementary Table 1) and by the presence of the homozygous BLM mutation (Fig. 1C). The BLM iPSC line exhibited a normal and stable diploid female karyotype 46,XX (Fig. 1D). Pluripotency was confirmed by the differentiation of BLM iPSCs into the three germ layer lineages and the teratoma formation in immune-compromised mice (Fig. 1E, histological sections stained with Hematoxylin-Eosin-Saffron). A transcriptomic analysis showed a high pluripotency gene expression (Fig. 1F, supervised clustering heatmap, list from Guenther et al., 2015). Gene expression profiles were performed on fibroblasts BJ (Fibro BJ), fibroblasts from GEO Samples GSM1566208 (Fibro CCA and CCB), iPSC derived from BJ fibroblasts with 4 reprogramming factors OSKM (IPSC BJ 4F) and 6 factors OSKMNL (iPSC BJ 6F) (Lapasset et al., 2011) and the corresponding Embryoids Bodies harvested at 15 days of differentiation (EB iPSC 4F and EB iPSC 6F), iPSC obtained from the BS patient (BLM iPSC), the human embryonic pluripotent stem cell line H9 (hESC H9) and a Werner syndrome iPSC (WRN iPSC) (Gatinois et al., 2019)). Based on the transcriptomic data, we performed a supervised clustering of genes upregulated and downregulated in hESC versus BLM iPSC. Strikingly, more than 67% of these genes are involved in DNA metabolism (Fig. 1G and Supplementary Table 2). Sister-chromatid exchange (SCE) is an allelic exchange of DNA content between two sister chromatids of a chromosome. The number of exchanges can be highlighted by BrdU incorporation during two cell cycles and Giemsa staining. A high rate of SCE was seen in BLM lymphocytes and BLM iPSC line (Fig. 1H) compared to normal lymphocytes control and BJ control iPSC line.

3. Materials and methods

3.1. Reprogramming PBMCs into iPSCs

PBMCs were isolated from blood using standard procedures and were cultured for 7 days with SFEM II medium (StemSpan® SFEM II Stemcell, cat#09605) and cytokines (StemSpan® Erythroid Expansion Supplement (100X) Stemcell, Catalog cat#02692) in a 5.10^5 cells/ml concentration. The obtained cells were transduced by Sendai-virus using the CytoTuneR-iPS 2.0 Sendai Reprogramming Kit (Thermo Fisher Scientific, cat#A34546) delivered at a Multiplicity-Of-Infection of 10–10–6 (KOS MOI = 10, hc-Myc MOI = 10, hKlf4 MOI = 6) without polybrene in a final volume of 1–1.5 mL. The incubating suspension was centrifuged at 1000 x g for 30 min at room temperature, resuspended in 1 mL of SFEM II medium with cytokines, and transferred in a 12-well plate. The plate was incubated overnight at 37 °C in a 5% $CO₂$, 5% $O₂$ humid atmosphere. Later the medium was modified according to the provider's instructions. After a 3 weeks culture, colonies with an ES-like appearance were manually isolated (Fig. 1B).

3.2. iPSC culture and genomic DNA extraction

iPSC line was maintained on an extracellular Matrigel® matrix (Fisher Scientific, no.354277) with Essential 8TM culture media (Thermo Fisher Scientific, no.A15169-01), according to the provider's instructions. DNA extraction was performed using the QIAamp DNA Mini Kit (Qiagen), following the provider's instructions.

3.3. Sister Chromatid Exchange study

On a 4-day cell culture, 10 µM 5‑bromo‑2′-deoxyuridine (BrdU) (Roche Applied Science, Mannheim, Germany) was added to the medium. After a 22 h incubation, cells were washed three times with phosphate-buffered saline (PBS, Invitrogen) and mitotic cells were arrested adding a 20 μM final colcemid (Invitrogen) solution for 4 h. Cells were harvested, fixed and spread. The number of SCEs was counted with a light microscope. 35 metaphasis were analyzed per condition. Results are presented as a number of SCE per 100 chromosomes (Fig. 1H).

Table 1

3.4. Flow cytometry analysis

A BD Stemflow Human Pluripotent Stem Cell Transcription Factor® Analysis was performed. The results are presented in Fig. 1B and the antibodies used are in Table 2.

3.5. Immunofluorescence

A StemLightTM Pluripotency Antibody® Kit (Cell Signaling, no.9656) was used. The antibodies panel included Oct-4A, Sox2, Nanog, SSEA4, TRA-1–60, and TRA-1–81. (Table 2)

3.6. Detection of disease-causing mutations in BLM gene

BLM mutations were confirmed by standard Sanger sequencing using the BigDye® Terminator v1.1 Cycle Sequencing Kit (Applied Biosystems) on a 3130xl system (Applied Biosystems) (Fig. 1C).

3.7. Karyotyping

Karyotyping was performed with the standard RHG-banding protocol at the ChromoStem® facility of Montpellier, France (Fig. 1D).

3.8. Teratoma formation

The differentiation potency was confirmed by in vivo teratoma production. Clusters of 3 \times 10⁶ iPSC cells were subcutaneously injected in the dorsolateral area of two 8 weeks old anesthetized NOD SCID gamma mice (NOD.CgPrkdcscidIl2rg tm1Wjl/SzJ) per iPSC line. After 4–8 weeks of latency, a 100% derivation efficiency was observed and teratomas were fixed, embedded in paraffin blocks, stained with Hematoxylin–Eosin–Saffron and analyzed by a pathologist for the presence of 3 embryonic germ layers structures (Fig. 1E).

Table 1

Characterization and validation.

3.9. Transcriptomic analysis

Total RNA isolation was performed using the RNeasy mini kit (Qiagen) according to the provider's instructions. RNA was hybridized on an Affymetrix GeneChip Human Genome U133 Plus 2.0 array (Fig. 1F, 1G and Supplementary Table 2).

3.10. Short tandem repeat analysis (STR)

Analysis of 16 genetic loci was carried out with a PowerPlex® 16 kit (Promega Corporation) and the GeneMarker® V2.6.7 software (SoftGenetics) (Supplementary Table 1).

3.11. Mycoplasma detection

Mycoplasma assay was done with a MycoAlert® Detection Kit (Lonza) according to the provider's instructions (Supplementary Table 3).

Table 2

Declaration of Competing Interest

None

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.scr.2019.101696.](https://doi.org/10.1016/j.scr.2019.101696)

References

Cunniff[, C., Bassetti, J.A., Ellis, N.A, 2017. Bloom's syndrome: clinical spectrum, mole](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0001)[cular pathogenesis, and cancer predisposition. Mol. Syndromol. Janv. 8 \(1\), 4](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0001)–23. [Guenther, M.G., Frampton, G.M., Soldner, F., Hockemeyer, D., Mitalipova, M., Jaenisch,](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0002) [R., Young, R.A., 2015. Chromatin structure and gene expression programs of human](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0002) [embryonic and induced pluripotent stem cells. Cell Stem Cell 7 \(2\), 249](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0002)–257. [Lapasset, L., Milhavet, O., Prieur, A., Besnard, E., Babled, A., Aït-Hamou, N., Leschik, J.,](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0003) [Pellestor, F., Ramirez, J.M., De Vos, J., Lehmann, S., Lemaitre, J.M, 2011.](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0003) [Rejuvenating senescent and centenarian human cells by reprogramming through the](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0003) [pluripotent state. Genes Dev. 25 \(21\), 2248](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0003)–2253.

[Gatinois, V., Desprat, R., Becker, F., Pichard, L., Bernex, F., Corsini, C., Pellestor, F.,](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0004) [Lemaitre, J.M, 2019 Aug Aug. Reprogramming of Human Peripheral Blood](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0004) [Mononuclear Cell \(PBMC\) from a patient su](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0004)ffering of a Werner syndrome resulting in [iPSC line \(REGUi003-A\) maintaining a short telomere length. Stem Cell Res. 39](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0004) [101515p1-5.](http://refhub.elsevier.com/S1873-5061(19)30326-5/sbref0004)