LAB/IN VITRO RESEARCH

e-ISSN 1643-3750 © Med Sci Monit, 2022; 28: e934660 DOI: 10.12659/MSM.934660

Received: 2021.09.04 Accepted: 2021.10.24 Available online: 2021.11.15 Published: 2022.02.14			Novel Ins Privilege Human W Sequenci	ights i of Me /harto ng	into ti sench n Jelly	he S iyma y by	temness and Il Stem Cells Single-Cell	l Immune from RNA	
Authors' Contribution: ACEFG 1 Study Design A BCF 1 Data Collection B BDF 2 Statistical Analysis C Data BCF 3 Data Interpretation D BCF 1 Manuscript Preparation E DEF 1 Literature Search F CDE 1 Funds Collection G DF 1 ADF 4		Zikuan Leng Longyu Li Xiang Zhou Guangyao Dong Songfeng Chen Guowei Shang Hongwei Kou Bo Yang	5			 Department of Orthopedics, The Fir Zhengzhou, Henan, PR China Department of Orthopedics, The Th University, Guangzhou, Guangdong, Department of Obstetrics, Kaifeng I Henan, PR China Department of Neurosurgery, The F University, Zhengzhou, Henan, PR C 	st Affiliated Hospital of Zhengzhou University, ird Affiliated Hospital of Southern Medical , PR China Vaternal and Child Health Hospital, Kaifeng, irst Affiliated Hospital of Zhengzhou hina		
AF 1 Corresponding Author: Financial support: Conflict of interest:			Hongjian Liu Hongjian Liu, e-mail: hongjianmd@126.com This work was supported by grants from the National Natural Science Foundation of China (82101451), the China Postdoctoral Science Foundation (2020T130110ZX), the China Postdoctoral Science Foundation (2020M672290), and the Postdoctoral Science Foundation of the First Affiliated Hospital of Zhengzhou University None declared						
Background:		Fundamental and clinical interest in mesenchymal stem cells (MSCs) has risen dramatically over the past 3 decades. The immunomodulatory and differentiation abilities are the main mechanisms in vitro and in vivo.							
Material/Methods: Results:			However, increasing evidence casts doubt on the stemness and immunogenicity of MSCs. We conducted a high-throughput 10x RNA sequencing and Smart-seq2 scRNA-seq analysis to reveal gene expres- sion of Wharton jelly MSCs (WJ-MSCs) at a single-cell level. Multipotent differentiation, subpopulations, mark- er genes, human leucocyte antigen (HLA) gene expression, and cell cluster trajectory analysis were evaluated. The WJ-MSCs had considerable heterogeneity between cells in terms of gene expression. They highly, partially, and hardly expressed genes related to mesodermal differentiation, endodermal differentiation, and ectodermal differentiation, respectively. Some cells seem to be bipotent or unipotent stem cells. Further, Monocle and cell						
	Cond	clusions:	cluster trajectory and for 12.6% of the pop <i>FN1</i> , <i>MBNL1</i> , <i>LMOD1</i> ly, partially, and hard ing that MSCs proba sis of the 3 clusters of endocrine and metal Homeobox. We found that only a	alysis demons ulation. The n , <i>COL3A1</i> , <i>NCL</i> ly expressed H bly have imm demonstrated polic disorders a subpopulation	trated that a narker genes , <i>SEC62</i> , <i>EPR</i> HLA-I antiger unogenicity. that they we s. The most of	1 of the 3 s for a ste <i>RS, COL5A</i> n genes, F . A Kyoto rere mainl expressed	a divided clusters performe m cell cluster were <i>CRIM1</i> , <i>2</i> , <i>COL8A1</i> , and <i>VCAN</i> . In ac ILA-II genes, and the HLA-G Encyclopedia of Genes and y connected with viral infect transcription factors were eal stem cells and WJ-MSCs	d as stem cells, accounting <i>GLS, PLOD2, NEXN, ACTR2</i> , Idition, the MSCs also high- gene, respectively, indicat- d Genomes pathway analy- ctious diseases, cancer, and zf-C2H2, HMG/HMGY, and	
			mune privilege.						
Keywords:		Cell Differentiation • Genetic Heterogeneity • Immune Privilege • Mesenchymal Stem Cells • RNA-Seq							
	Full-t	ext PDF:	https://www.medsci	monit.com/ab	ostract/index	x/idArt/9	34660		
			3090	2 —	⊥⊥ ⊇ 9	2	30		



MEDICAL SCIENCE

MONITOR

Background

The therapeutic and regenerative potential of mesenchymal stem cells (MSCs) has been widely and successfully investigated from basic research to clinical trials since the first report on bone marrow cells in 1961 [1]. Bone marrow, the umbilical cord (UC), and adipose tissue are the main sources of MSCs [2]. At present, there are almost 10 000 records related to MSCs in the Web of Science core database. Overall, MSCs play a positive role through 2 mechanisms, namely immunomodulatory effects and regenerative abilities [3,4]. Various types of cytokines secreted by MSCs regulate the inflammation process, and MSCs can directly interact with immune cells for immunomodulation [5,6]. In vitro, MSCs are expected to differentiate into osteocytes, adipocytes, and chondrocytes (mesodermal cells). They can also differentiate into neuronal cells/peripheral glia cells (ectodermal cells) and pancreatic cells/hepatocytes (endodermal cells) under specific induction conditions and restore damaged functions [7,8]. Remarkably, MSCs do not express ACE2 and TMPRSS2 genes, and transplantation of ACE2⁻ MSCs was found to improve the outcome of patients with COVID-19 pneumonia [9]. MSCs have attracted great attention in regenerative medicine in the past 3 decades. Among all types of MSCs, UC-MSCs have been the most commonly used in research for several reasons. First, UCs are easily accessible without any invasive procedures. Second, Wharton jelly (WJ) of the UC has more abundant MSCs than any other source. Third, UC-MSCs are reported to have lower immunogenicity and better cytokine secretion function [10].

Although the short-term safety and effectiveness of MSC-based cell therapy has been extensively evaluated, 2 challenges remain. First, MSCs are a heterogenous cell population rather than a clonal population [11]. As a group, MSCs exhibit triploblastic differentiation ability under specific induction conditions, but the efficiency is low. For example, only 3% of MSCs can differentiate into microtubule-associated protein 2-positive neurons (ectoderm) [12], and approximately 5% can differentiate into insulin-positive β cells (endodermal) [13]. As for the expected differentiation, only 10% to 25% of MSCs differentiate into alkaline phosphatase-positive osteocytes (mesoderm) [14]. These reports suggest that not all MSCs can participate in triploblastic differentiation; hence, only a small subpopulation of MSCs may have pluripotency. Another hypothesis is that MSCs are composed of various types of bipotent/unipotent stem cells, and each type promotes ectodermal, mesodermal, or endodermal lineage differentiation, respectively. Individual cells may not be pluripotent, but the population as a whole is pluripotent. Second, the administration of allogeneic MSCs in regenerative medicine has usually been impaired by a very low survival rate in vivo (<3%) [15]. Most engrafted MSCs are immunologically rejected in 1 month in a severe stress environment, leading to the impairment of the To reveal the individual characteristics of MSCs fundamentally, we conducted a 10x Genomics high-throughput RNA sequencing clustering analysis of UC-MSCs to reveal gene expression at the single-cell level. In addition, Smart-seq2 single-cell RNA sequencing (scRNA-seq) analysis was used to quantify gene expression. To the best of our knowledge, this report is the first 10x scRNA-seq survey providing comprehensive, unbiased analysis of all MSC types and states based on individual gene activity. This study provides some new clues for the basic properties of MSCs.

Material and Methods

Umbilical Cord, Supplies, and Reagents

This study involved 4 umbilical cords donated by maternity patients who provided informed consent. Before collecting the cord, we tested the patients' blood for infectious viruses and other conditions. This study was approved by the Ethics Committee of the First Affiliated Hospital of Zhengzhou University (2021-KY-0275-002).

Cell Culturing

WJ tissue was dissociated from the cord, and WJ-MSCs were collected according to a previously reported process [17]. Briefly, the vein and artery vessels were removed, and then the mesenchymal tissue was removed from the WJ using a scalpel. After grinding, the tissue fragment was centrifuged down at $250 \times g$ for 5 min, treated with 2 mg/mL collagenase type solution at 37° C for 16 h, washed, and then treated with 2.5% trypsin (10×) for 30 min. Finally, the cells were seeded in the culture medium supplemented with 10% fetal bovine serum at 37° C with 5% CO₂, which was regarded as the first passage. The third passage was used for the Smart-seq2 scRNA-seq analysis (3 samples) and the 10x scRNA-seq survey (1 sample).

Smart-seq2 scRNA-seq Analysis

The Smart-seq2 protocol was applied for the single-cell transcription amplifications, and 1× Agencourt XP DNA beads (Beckman) were used to purify the cDNA products. Quality control was conducted, including the detection of *CD3D* by quantitative polymerase chain reaction (qPCR) and Fragment Analyzer (Advanced Analytical Technologies, Inc.). Multiplex libraries were built, and purified libraries were analyzed by Illumina HiSeq 4000 sequencer with 150-bp paired-end reads. The sequencing data were filtered with SOAPnuke (v1.5.2).



Figure 1. Identification of the isolated and cultured mesenchymal stem cells by flow cytometry.

Bowtie2 (v2.2.5) was applied to align the clean reads to the reference coding gene set, and then the expression level of each gene was calculated by RSEM (v1.2.12) based on human genome reference GRCh38. The relative gene expression level and other data are presented as mean±standard deviation.

10x scRNA-seq Survey

Following the process used in our previous work [9], we found that the viability of the analyzed cells was more than 80%. A library was constructed by the Chromium controller (10x Genomics, Pleasanton, CA). GemCode technology was used for the nanoliter-sized GEMs (gel beads in emulsion). Lysis and barcoded reverse transcription of polyadenylated mRNA from single cells were performed inside every GEM. cDNA was fragmented and fragment ends were repaired. Quality control-pass libraries were sequenced. The final library was quantitated in 2 ways, namely the Agilent 2100 bioanalyzer instrument and real-time qPCR.

The libraries were then sequenced on an X-ten platform (BGI-Shenzhen, China). The single-cell 3' v2 16-bp 10x barcodes were encoded at the start of Read 1, while sample index sequences were incorporated as the i7 index read. Read 1 was used to sequence 16-bp 10x barcodes and 10-bp randomers, while Read 2 was used to sequence the cDNA fragments.

Analysis of 10x Single-Cell Transcriptomics Data

The analysis of 10x single-cell transcriptomics data was done according to our previous work [9]. Briefly, the raw reads were analyzed using the Cell Ranger Single Cell Software Suite [18] and R package Seurat [19]. The number of genes and unique molecule identifier (UMI) counts were examined to identify outliers, and UMI was standardized through log₁₀ transformation to evaluate gene expression. Dimensionality reduction was dealt with by principal component analysis, followed by clustering with a graph-based clustering approach. U-MAP was then used for 2-dimensional visualization of the resulting clusters. The marker genes and differentially expressed genes (DEGs) were identified with the Find Conserved Markers function in the Seurat package [20], and cells expressing similar DEGs were divided into the same cluster. Pseudo-time cell trajectory analysis was conducted with R package Monocle 2 [21]. In this analysis strategy, the top 1000 genes with the most significant differences between every 2 clusters were selected as the data set, and the cell quasi-temporal change trajectory was constructed through data dimensionality reduction and cell sequencing. String analysis was performed using DIAMOND (v 0.8.31) to obtain the interactions between DEGs encoding proteins [22,23]. According to the DEG results, we classified the Gene Ontology (GO) analysis and Kyoto Encyclopedia of Genes and Genomes analysis (KEGG) in 3 dimensions: biological

Cell cycle	10x scRNA	5mart-seq2 scRNA-seq	Collagen genes	10x scRNA Si	mart-seq2 scRNA-seq	
ARI 1	-0 8998222	22 86+0 41	COI 1A1	1 55919707	1391 76+330 15	— lg(UMI)=1.6
ΔΤΜ	-0.808012	NA	(0 142	1 12920787	574 58+98 77	
ATR	-1 3540571	6 18+0 62	COL 3A1	0.91649307	428 48+80 95	
RRCA1	-1 3031545	9 78+0 89	(01642	0.61670072	356 51+119 84	
CCNR1	0 12587261	105 87+4 86	(01641	0.40206703	371 17+118 57	
CONDI	0.12307201	64 09+2 21	(01542	0.44200793	172 73+10 20	
	0.1095562	20 36+2 80	COL 4 A 1	0.35810526	77 57+25 22	
CCND1	-0.1090002	27.30-2.07	COL4A1	0.33019320	06 00+28 14	
	0.50228255	140.40±31.40	COL4A2	0.32413740	10224 ± 1400	
CCNE1	1 1477202	2.04±1.01 4.85±0.18	COL9A1	0.23143493	234 51+30 05	
	1 2667202	4.0J±0.10	COLOAT	0.24030009	204.01 <u>+</u> 212	
	-1.2007 393	11.03±2.91	(01643	0.00030043	20.12±2.12 160.97±22.92	
	0.19801957	112.30±11.07	COLUAS	-0.0943577	1 31+0 20	
	-0.9964507	4.55±0.42	COL 1941	-0.24414601	1.51±0.25	
	-0.1412304	55.21 <u>+</u> 4.05	COL 16A 1	-0.29721038	7 70+1 94	
	-1.170215	0.12±0.39 7.76±0.50	COL 12A1	-0.3627013	12 00+5 01	
CCN12 CDC22	-1.2278071	17.70±0.50	COLICAT	-1.00027410	12.99±3.01	
CDC23	-0.4006143	17.20±0.30	COL2/A1	-1.11022435	10.07 ± 3.12	
CDC10	-0.3043675	4/.20±1.39		-1.24932626	4.03±0.38	
CDC20	0.27307032	140.30±10.31	COL4A3	-1.31/3029/	0.45±1.54	— lg(UMI)=-1.4
CDC34	-0.0764332	22.97±1.40	C0L4A0	-1.01013407	0.47±0.21	
CDK2	-0.9667012	27.70±3.40		-1.05914035	1.90±0.70	
CDK4	0.44014697	92.37±1.39		-1.75266314	0.23±0.29	
	-2.4056671	1.21±0.14		-2.01567205	0.14±0.07	
CDKSKAP I	-0.6976564	10.75±0.52		-2.19391975	0.00±0.30	
	-0.7829172	10.33±0.09	COL9AZ	-2.20701311	0.40±0.10	
CDK7	-0.4930216	23.21±1.73		-2.24946399	0.02±0.01	
	-0.9033718	9.25±0.45		-2.28573068	0.02±0.01	
CDKN1A CDKN1P	0.40163233	157.20±11.81	COL 14A 1	-2.40293318	0.07±0.02	
CDKNTD	-0.9999871	10.07±2.40	COL24A1	-2.46693355	0.17±0.01	
CDKNZA	0.15214725	40.00±9.32	COL17A1	-2.71001245	0.47±0.09	
CDKNZD	-0.1778094	5.09±0.40		-2.78219381	0.11±0.02	
	0.04223217	03.39±2.30	COL4A4 COL10A1	-3.29578124	0.03±0.01	
	-0.5920095	20.30±1.90	COL 10A 1	-3.4209514	0.02±0.01	
CHENZ EDE4	-0.9430492	7.4⊥0.20 45 52⊥2 20		-3.43166007	0.04±0.01	
	-0.3067117	45.55±2.55	COLOA0	-3.00124572	0.02±0.02	
	0.44697763	40.70 ± 4.00	COLZOAT	-4.20049402	0.05-0.05	— Ig(UMI)=-4.4
MAD2L1 MAD2L2	-0.2104002	39.23±4.70				
MCMO	-0.0373953	33.00±2.29 27.07±3.34				
MCM2	-1.0973604	27.07±3.34 14 82±5 80				
МСМЛ	-0.3790301	38 87+3 50				
MCM5	0.5688366	52 48+4 42	Fibroblast genes	10× scRNA	Smart-cond scRNA-con	
MUMJ MNAT1	-0.3668366	22.40±4.42		1 12020797	574 52±02 77	
MDE11A	-0.2691406	6 99+0 97		0.5526412	17 71+10	
PCNA	-1.1733419	136 47+11 59		-0.3320412	12.21 <u>+</u> 4.17	
RAD51	-0.0002002	9 /+0 81	DRRY1	0.37201009	50 73+3 80	
RR1	1 0202252	13 54+0 32	FRI N5	-0.37291908	20 16+2 69	
RRRPS	-0.8788314	17 12+1 11	(015A2	0.44417869	172 73+10 20	
RRI 1	-1 7505429	7 65+0 75	AXI	0.3306024	123 45+12 60	
RRI 2	-1.1050000	11 97+0 47	(01442	0.3300904	69 00+28 14	
RDA 2	0.11554470	9 58+0 94	FRN1	0.06057940	64 75+4 30	
CKD2	0.11004479	20 31+2 90		0.00957649	ULT_U	
JILI Z	0 177529	72 59+2 32				
TENDO	0.5850645	5 77+0 32				
TD52	0.20250045	NΔ				
	0.200002					

Figure 2. Gene expression of mesenchymal stem cells related to cell proliferation and collagen secretion. The data in the columns with color were from the 10x single-cell RNA sequencing (scRNA-seq) according to the unique molecular identifier (UMI) counting formulated by log₁₀ for standardization. The Smart-seq2 scRNA-seq analysis results quantifying the gene expression are shown as mean±standard deviation. The 10x scRNA-seq survey matched the Smart-seq2 scRNA-seq very well.

Mesodermal	10x scRNA	Smart-seq2 scRNA-seq	Endodermal	10x scRNA	Smart-seq2 scRNA-seq	Ectodermal	10x scRNA	Smart-seq2 scR	NA-seq
PPARG	-3.1836112	4 3.47±1.32	GATA4	-2.2693962	21 1.30±1.14	SOX2	-1.1649199	0.01±0.01	
CEBPA	-2.8162731	1 0.05±0.03	CD14	-2.4779800	0.21±0.13	NEUROD2	-3.6756027	78 0.01±0.01	
CEBPB	0.29699751	5 15.53±3.75	CD44	0.13928246	6 156.87±4.32	HES1	-0.4099231	6 0.78±0.71	
CEBPD	0.63882198	7 61.82±16.79	CDH1	-3.5290979	98 0.14±0.04	HES6	-1.0141459	0.43±0.20	
KLF15	-2.721057	2 0.36±0.21	CDH2	0.44558959	93 71.23±6.7	BMP4	-0.9276785	52 7.84±3.00	
FOXA2	-3.4459649	9 0.01±0.01	CTNNA1	-0.0610381	13 90.83±2.20	ZNF521	-1.5356290	09 1.05±0.24	
ADIPOR2	-0.1101489	6 19.67±0.41	CTNNB1	-0.1827647	79 109.97±2.18	NES	-0.432135	58 17.10±4.38	
AP2B1	-0.0659555	4 64.06±0.61	CXCR4	-4.1164897	78 0.02±0.03	MSI1	-3.0776841	15 0.04±0.04	- lg(UMI)=1.2
FOX01	-1.5493985	5 0.67±0.28	CYP17A	-3.8812457	72 0.01±0.01	FOXJ3	-1.1857495	56 9.133±0.21	
SLC2A4	-4.1284369	2 0.11±0.04	FN1	1.01756973	31 2752±275.17	ISL1	-2.5010002	25 0.05±0.04	
RUNX2	-1.2847295	<mark>3</mark> 9.44±1.84	HNF1A	-4.2153510	0.12±0.07	ISL2	-2.3209985	55 0.10±0.06	
FOS	0.04007836	7 34.94±59.64	SOX17	-1.326368	58 1.87±0.79	GFAP	-2.3537176	67 0.17±0.01	
JUN	0.21136632	54.76±32.31	FOXA2	-3.4459650	0.01±0.01	POU3F1	-3.1365718	31 0.01±0.01	
STAT1	-0.6786836	4 24.08±2.06	HTATSF1	-0.4027493	33 26.18±0.64	MYT1L	-3.8315666	9 0.01±0.01	
SMAD1	-0.9574092	<mark>8</mark> 7.89±1.31	ISL1	-2.5010002	25 0.05±0.04	NR4A2	-2.6598092	23 0.21±0.04	
SIX1	-3.377856	6 0.07±0.06	ITGA6	-1.6816680	<mark>)8</mark> 4.39±0.95	DLX1	-3.1143485	52 0.07±0.02	- la(UMI) = -1.6
ALPL	-3.3079898	3 1.83±1.66	ITGB1	0.8143808	38 560.28±26.97	DLX2	-2.4219138	31 0.01±0.01	J
PAX8	-1.7637151	5 0.30±0.06	KRT7	-0.8806844	<mark>43</mark> 1.59±0.21	MAP2	-3.546891	18 0.18±0.14	
TWIST2	-1.74540	<mark>5</mark> 19.89±4.32	NRP2	0.65712798	35 50.29±15.19	SOX1	0.1846521	1 0.00±0.00	
MEF2C	-1.2740053	5 0.76±0.14	OTX1	-3.8726350	0.02±0.02	CRABP2	-0.0670578	33 7.41±4.21	
TBX5	-3.1034477	7 0.11±0.08	SYP	-2.2841037	77 0.24±0.12	PAX6	-3.6455510	0.19±0.05	
KDR	-1.7343877	2 0.46±0.14	THY1	1.10811831	13 330.84±50.46	NOTCH1	-1.5560697	7 3.09±0.62	
TBX6	-2.6010684	8 0.09±0.05	TTR	-3.8166459	95 0.00±0.00	NGFR	-3.1915156	4 0.04±0.01	
NKX2-5	-3.5338934	9 0.09±0.03	GATA6	-0.4219720	14 8.62±1.21	S100B	-3.5268185	58 0.00±0.00	- lg(UMI)=-4.5

Figure 3. Gene expression related to mesodermal, endodermal, and ectodermal differentiation. Genes related to the ectodermal differentiation were scarcely expressed.

processes, cellular components, and molecular functions. GO analysis and KEGG pathways with a false discovery rate ≤ 0.05 were significantly enriched. The significant levels of terms and pathways underwent Bonferroni correction with a rigorous threshold (Q value ≤ 0.05).

Results

Cell Culturing and Flow Cytometry Analysis

WJ-MSCs were successfully obtained from the cords and adhered well to the plastic dishes. Flow cytometry analysis was carried out on the third passage. The results showed that 93% of the total cell population was alive confirmed by propidium iodide staining, and over 99.00% of the cells were CD105⁺, CD90⁺, CD73⁺, CD44⁺, CD29⁺, CD14⁻, and CD45⁻ (**Figure 1**).

The Overview of the RNA Sequencing Survey

A total of 12 469 cells were sequenced in the 10x survey, resulting in 881 215 280 raw reads. The median number of genes and UMIs per cell were 3224 and 14 985, respectively. In the Smart-seq2 scRNA-seq analysis, the clean reads number was 22 773 973±13 483, with a clean reads ratio of 95.9%, and the total mapping gene ratio was 83.2% based on the reference genome. The 10x survey showed that the WJ-MSCs highly expressed *CD105*, *CD90*, and *CD73*, but rarely expressed *CD45*, *CD34*, *CD14*, *CD19*, and *HLA-DR*, and the Smart-seq2 scRNA-seq revealed that the relative expression of these genes was 66.8 ± 8.1 , 330.8 ± 50.5 , 77.4 ± 14.8 , 0.30 ± 0.02 , 0.10 ± 0.04 , 0.21 ± 0.13 , 0.02 ± 0.03 , and 0.02 ± 0.05 , respectively. The results were in accordance with the flow cytometry analysis and met the standards set by the International Society for Cellular Therapy.

Gene Expression Related to Cell Proliferation, Collagen Secretion, and Multipotent Differentiation

Genes related to cell proliferation were highly expressed, including CCNB1, CCND1, CCNG1, CDC20, CDK4, CDKN1A, and GADD45A. Genes related to collagen secretion were also highly expressed and included COL1A1, COL1A2, COL3A1, COL6A2, COL6A1, COL5A2, COL4A1, COL4A2, COL5A1, and COL8A1. Figure 2 shows more information about the expression of these genes. In particular, the fibroblast-related genes were highly expressed. Genes related to endodermal and mesodermal direction differentiation were more highly expressed than those related to ectodermal differentiation. CD44, CDH2, CTNNA1, CTNNB1, FN1, ITGB1, NRP2, and THY1 (CD105) were the main genes connected with endodermal differentiation that were highly expressed. CEBPB, CEBPD, ADIPOR, AP2B1, FOS, and JUN were the main genes related to mesodermal differentiation that were highly expressed. Figure 3 depicts the expression of many other genes.

Expression of Human Leucocyte Antigen Genes

Generally, allogeneic transplantation of MSCs does not require major histocompatibility complex match. Here, our survey



e934660-6

Indexed in: [Current Contents/Clinical Medicine] [SCI Expanded] [ISI Alerting System] [ISI Journals Master List] [Index Medicus/MEDLINE] [EMBASE/Excerpta Medica] [Chemical Abstracts/CAS]



e934660-7

Indexed in: [Current Contents/Clinical Medicine] [SCI Expanded] [ISI Alerting System] [ISI Journals Master List] [Index Medicus/MEDLINE] [EMBASE/Excerpta Medica] [Chemical Abstracts/CAS]



Figure 4. The 10x single-cell RNA sequencing showed the expression of human leucocyte antigen (HLA) genes: (A) HLA-A, (B) HLA-B,
 (C) HLA-C, (D) HLA-DPA1, (E) HLA-DPB1, and (F) HLA-G. The bar code in the upper left corner shows the intensity of the gene expression. One point represents 1 cell, and gray and red colors indicated low and high expression, respectively.



Figure 5. Monocle cell cluster analysis. (A) Three clusters were divided according to the differentially expressed genes (DEGs): Cluster 1 (▲), Cluster 2 (●), and Cluster 3 (♦). (B) The number of DEGs in each of the 3 clusters. (C) Gene heatmap of the top DEGs of the whole population based on the each top 10 DEGs unique to each cluster.

revealed that WJ-MSCs highly expressed human leucocyte antigen (HLA) type I antigens, namely *HLA-A*, *HLA-B*, and *HLA-C* genes. Meanwhile, WJ-MSCs partially expressed HLA type II antigens, namely *HLA-DPA1* and *HLA-DPB1* genes (**Figure 4**). There was scant expression of HLA-II gene family members, such as *HLA-DRA*, *HLA-DRB1*, *HLA-DRB5*, *HLA-DQA1*, *HLA-DQA2*, *HLA-DQB1*, and *HLA-DQB2*. Moreover, *HLA-G* was not expressed at all; this gene encodes the HLA-G protein, which is the key factor in resistance to immunological rejection. The Smart-seq2 scRNA-seq analysis matched those results, and the levels of relative gene expression were 98.14±30.76 (*HLA-A*), 35.84±11.20 (*HLA-B*), 58.50±5.26 (*HLA-C*), 2.80±2.46 (*HLA-DPA1*), 1.68±1.64 (*HLA-DPB1*), 0.01±0.01 (*HLA-DRA*), 0.09±0.09 (*HLA-DRB1*), 0.00±0.00 (*HLA-DRB5*), 0.17±0.11 (*HLA-DQA1*), 0.00±0.00 (*HLA-DQA2*), 0.00±0.00 (*HLA-DQB1*), 0.02±0.02 (*HLA-DQB2*), and 1.03±0.32 (*HLA-G*).

Cell Cluster Analysis

This survey first showed the cell cluster analysis on WJ-MSCs with the Monocle 2 method by X Ten RNA sequencing. When gene expression was similar between 2 cells, they would be close to one another, as shown in **Figure 5A**. Finally, 12 469 cells were divided into 3 clusters by a graph-based method,

namely Cluster 1 (12.6%), Cluster 2 (61.1%), and Cluster 3 (26.3%). There were 6964 DEGs belong to Cluster 1, which had significant differences compared with the other 2 clusters. Similarly, there were 8355 and 8218 DEGs in Clusters 2 and 3, respectively (Figure 5B). Upon analysis and calculation of unique DEGs in each cluster, we determined cell markers for each. Marker genes for Cluster 1 were CRIM1, GLS, PLOD2, NEXN, ACTR2, FN1, MBNL1, LMOD1, COL3A1, NCL, SEC62, EPRS, COL5A2, COL8A1, and VCAN. Marker genes for Cluster 2 were RPL31, SCRG1, RPS10, ID3, SERPINE2, SPARC, CDKN1A, S100A6, RPSA, C6orf48, EEF1A1, COX7A2L, SPON2, RPS18, and TPD52L1. Marker genes for Cluster 3 were HMGN2, EBNA1BP2, SERBP1, ENO1, NUDC, CDC20, DIRAS3, MRTO4, CLSPN, KIF2C, DEPDC1, STMN1, CDCA8, NASP, and PSRC1. Figure 5C presents a gene heatmap of the top DEGs of the whole population based on the each top 10 DEGs unique to each cluster.

Cell Cluster Trajectory Analysis

Cell cluster trajectory analysis can provide a clear view of both branched and linear differentiation. As shown in **Figure 6**, all cells could be set in 5 states marked by 5 different colors, with points 1 and 2 being the quasi-differentiation branch nodes. Cluster 1



Figure 6. Cell cluster trajectory analysis. (A) Monocle analysis of mesenchymal stem cells (MSCs) cluster trajectories-state. (B) Monocle analysis of MSCs cluster trajectories-cluster. (C) Monocle analysis of the top 6 significantly differentially expressed genes in pseudo-time.

was present in all states but mainly in states 1, 4, and 5. Cluster 2 was present in state 5. Cluster 3 was present in states 1, 2, and 3 (**Figure 6A, 6B**). Moreover, the top 6 related genes in the pseudo-time analysis were *AURKAIP1, ENO1, HNRNPR, MRTO4, SRM,* and *STMN1*. Considering the matching relationship, Cluster 1 appeared in most periods (**Figure 6C**). In the form of a heat map, the top 50 genes of the 3 clusters most related to the change of quasi-time series over time are shown in **Figure 7**. Cluster 1 had many more genes that were more highly expressed later in time, indicating that these cells had a greater capacity to become different functional cells. However, Cluster 2 seemed to be inactive over time and Cluster 3 seemed to be stable.

GO and KEGG Analyses

For all 3 clusters, the top 2 fields related to biological processes, cellular components, and molecular functions, respectively, were cellular process and metabolic process, cell and cell part, and binding and catalytic activity. KEGG pathway analysis of the 3 clusters demonstrated that they were mainly connected with viral infectious diseases, cancer, and endocrine and metabolic disorders. Organismal systems mainly pointed to endocrine and immune systems (**Figure 8**). Moreover, the most expressed transcription factors were zf-C2H2, HMG/HMGY, and Homeobox.

Discussion

The concept of MSCs was first named by the biologist Arnold Caplan in 1991 [24], with numerous reports about these cells emerging afterward. The basic characteristics in vitro and applications in vivo were explored. However, the concepts of MSCs and mesenchymal stromal cells gradually became confused [25].



Figure 7. Monocle analysis of the top 50 significant genes in a pseudo-time heatmap.

In 2006, the International Society for Cellular Therapy advised naming the cells "mesenchymal stromal cells" rather than MSCs and established 3 standards for identifying the cell population [26]. In addition, increasingly more researchers grew to doubt that these cells were real stem cells [27,28]. In 2010, Caplan [29] first proposed calling them "medicinal signaling cells" to more accurately reflect the fact that the cells home in on an injury and secrete bioactive factors that are immunomodulatory and trophic (regenerative), but are in fact not stem cells. In 2017, he urged this again [30]. To reveal this better, omics approaches, such as those designed to analyze the gene expression patterns of a cell, help to discover their true basic characteristics. To the best of our knowledge, the current study is the first high-throughput gene expression resolution of mesenchymal signaling cells at a single-cell level paired with Smart Seq2 scRNA-seq to quantify the gene expression level.

MSCs have powerful immunomodulatory functions through modulating innate immunity (monocytes/macrophages and dendritic cells) and adaptive immunity (T cells and B cells). MSCs impair the maturation of dendritic cells that can activate T cells. In addition, MSCs can secrete several types of anti-inflammatory cytokines, such as tumor necrosis factor- α , stimulated gene-6, nitric oxide, interleukin-10, prostaglandin





Figure 8. Gene ontology analysis (A) and Kyoto Encyclopedia of Genes and Genomes analysis (B).

E2, indoleamine 2,3 dioxygenase, Fas ligand, and Jagged1 [3]. Indeed, in our RNA sequencing, MSCs highly expressed genes of anti-inflammatory and trophic factors, such as transforming growth factor- β , vascular endothelial growth factor, epidermal growth factor, hepatocyte growth factor, leukemia inhibitory factor, galectin, nitric oxide associated 1, fibroblast growth factor, nerve growth factor, and brain-derived neurotrophic factor. Therefore, MSCs have been regarded as a useful treatment alternative for inflammatory disorders such as graftversus-host disease, Crohn disease, systemic lupus erythematosus, and type 1 diabetes. However, most of the transplanted cells do not survive longer than 1 month in animal models. Our work suggests that MSCs highly express HLA-A/B/C, indicating that the HLA matching may be necessary to evade this risk in clinical transplantation. However, another hypothesis suggests that once the MSCs differentiate into the target functional cells, they lose immunogenicity and are rejected by the host. More research is needed to confirm these possibilities.

MSCs exhibit considerable heterogeneity that is not only from the different tissue sources of MSCs, different ages, and different cell culturing methods [6], but also from the cells themselves at the gene expression level, as shown in the current analysis. Obviously, the MSCs are not from 1 clone, and our

work showed that even 2 cells from 1 sample could display much different gene expression maps. To an extent, all the genes mentioned above were differentially expressed in the 10x scRNA-seg survey. Nevertheless, our newest data show that the whole gene expression map of a population of MSCs seems to remain stable from passage 1 to 7, especially for the first 3 passages (data not shown). As for the multipotent differentiation, endodermal differentiation (expected for MSCs) is the main direction, and MSCs have scant expression of the genes related to ectodermal differentiation. Furthermore, some cells expressed genes related to endodermal and mesodermal differentiation simultaneously, while others only one type or the other; that is, some cells were bipotent, while others were unipotent. The following cell cluster and trajectory gene analysis also confirmed that only Cluster 1 (12.6% of all cells) acted as stem cells. In brief, our work provides meaningful new clues about the nature of MSCs at a single-cell gene level. More research about the subpopulations of MSCs is necessary in future.

There are 2 limitations in this work. First, there was only 1 biological repetition for the 10x scRNA-seq survey because of funding limitations, which may result in bias. Fortunately, we used the Smart-seq2 scRNA-seq method to quantify the target genes, which was less expensive as well as useful. The 10x scRNA-seq survey gave us a direct view of the gene expression map, and the quantified results in the Smart-seq2 scRNA-seq analysis matched with those results. The second limitation of our work is that it only involved in vitro analysis. The

References:

- 1. Till JE, McCulloch EA. A direct measurement of the radiation sensitivity of normal mouse bone marrow cells. Radiat Res. 1961;14:213-22
- Álvarez-Viejo M. Mesenchymal stem cells from different sources and their derived exosomes: A pre-clinical perspective. World J Stem Cells. 2020;12(2):100-9
- Zhuang WZ, Lin YH, Su LJ, et al. Mesenchymal stem/stromal cell-based therapy: Mechanism, systemic safety and biodistribution for precision clinical applications. J Biomed Sci. 2021;28(1):28
- Dzobo K. Recent trends in multipotent human mesenchymal stem/stromal cells: Learning from history and advancing clinical applications. OMICS. 2021;25(6):342-57
- Markov A, Thangavelu L, Aravindhan S, et al. Mesenchymal stem/stromal cells as a valuable source for the treatment of immune-mediated disorders. Stem Cell Res Ther. 2021;12(1):192
- Müller L, Tunger A, Wobus M, et al. Immunomodulatory properties of mesenchymal stromal cells: An update. Front Cell Dev Biol. 2021;9:637725
- Mebarki M, Abadie C, Larghero J, Cras A. Human umbilical cord-derived mesenchymal stem/stromal cells: A promising candidate for the development of advanced therapy medicinal products. Stem Cell Res Ther. 2021;12(1):152
- Huang H, Chen L, Chopp M, et al. The 2020 yearbook of neurorestoratology. J Neurorestoratol. 2021;9:1-12
- Leng Z, Zhu R, Hou W, et al. Transplantation of ACE2⁻ mesenchymal stem cells improves the outcome of patients with COVID-19 pneumonia. Aging Dis. 2020;11(2):216-28
- Barrett AN, Fong CY, Subramanian A, et al. Human Wharton's jelly mesenchymal stem cells show unique gene expression compared with bone marrow mesenchymal stem cells using single-cell RNA-sequencing. Stem Cells Dev. 2019;28(3):196-211

properties of cells functioning in vivo and those of their descendants that undergo expansion in culture in vitro can differ significantly, although some properties of parental cells can undoubtedly be inherited by daughter cells. In addition, our work focused on WJ-MSCs. Whether MSCs from other sources have the same characteristics needs to be explored. More well-designed in vitro and in vivo research is necessary in the future.

Conclusions

This high-throughput scRNA-seq survey and the Smart-seq2 scRNA-seq analysis provided a comprehensive gene expression analysis of WJ-MSCs. Overall, we conclude that only a subpopulation of WJ-MSCs may be real stem cells and the MSCs probably do not have immune privilege.

Acknowledgments

We thank the Translational Medical Center, First Affiliated Hospital of Zhengzhou University for technical support.

Declaration of Figures' Authenticity

All figures submitted have been created by the authors, who confirm that the images are original with no duplication and have not been previously published in whole or in part.

- 11. Mabuchi Y, Okawara C, Méndez-Ferrer S, Akazawa C. Cellular heterogeneity of mesenchymal stem/stromal cells in the bone marrow. Front Cell Dev Biol. 2021;9:689366
- Rajabi H, Hosseini V, Rahimzadeh S, et al. Current status of used protocols for mesenchymal stem cell differentiation: A focus on insulin producing, osteoblast-like and neural cells. Curr Stem Cell Res Ther. 2019;14(7):570-78
- 13. Gabr MM, Zakaria MM, Refaie AF, et al. Insulin-producing cells from adult human bone marrow mesenchymal stem cells control streptozotocin-induced diabetes in nude mice. Cell Transplant. 2013;22(1):133-45
- 14. Mitxitorena I, Infante A, Gener B, Rodríguez CI. Suitability and limitations of mesenchymal stem cells to elucidate human bone illness. World J Stem Cells. 2019;11(9):578-93
- Simerman AA, Dumesic DA, Chazenbalk GD. Pluripotent muse cells derived from human adipose tissue: A new perspective on regenerative medicine and cell therapy. Clin Transl Med. 2014;3:12
- Sanabria-de la Torre R, Quiñones-Vico MI, Fernández-González A, et al. Alloreactive immune response associated to human mesenchymal stromal cells treatment: A systematic review. J Clin Med. 2021;10(13):2991
- Leng Z, Sun D, Huang Z, et al. Quantitative analysis of SSEA3⁺ cells from human umbilical cord after magnetic sorting. Cell Transplant. 2019;28(7):907-23
- Zheng GX, Lau BT, Schnall-Levin M, et al. Haplotyping germline and cancer genomes with high-throughput linked-read sequencing. Nat Biotechnol. 2016;34(3):303-11
- Butler A, Hoffman P, Smibert P, et al. Integrating single-cell transcriptomic data across different conditions, technologies, and species. Nat Biotechnol. 2018;36(5):411-20
- Zhang X, Lan Y, Xu J, et al. CellMarker: A manually curated resource of cell markers in human and mouse. Nucleic Acids Res. 2019;47(D1):D721-28

e934660-14

Indexed in: [Current Contents/Clinical Medicine] [SCI Expanded] [ISI Alerting System] [ISI Journals Master List] [Index Medicus/MEDLINE] [EMBASE/Excerpta Medica] [Chemical Abstracts/CAS]

- 21. Qiu X, Hill A, Packer J, et al. Single-cell mRNA quantification and differential analysis with Census. Nat Methods. 2017;14(3):309-15
- Szklarczyk D, Gable AL, Lyon D, et al. STRING v11: Protein–protein association networks with increased coverage, supporting functional discovery in genome-wide experimental datasets. Nucleic Acids Res. 2019;47(D1):D607-13
- 23. Buchfink B, Xie C, Huson DH. Fast and sensitive protein alignment using DIAMOND. Nat Methods. 2015;12(1):59-60
- 24. Caplan AI. Mesenchymal stem cells. J Orthop Res. 1991;9(5):641-50
- 25. Sipp D, Robey PG, Turner L. Clear up this stem-cell mess. Nature. 2018;561(7724):455-57
- Dominici M, Le Blanc K, Mueller I, et al. Minimal criteria for defining multipotent mesenchymal stromal cells. The International Society for Cellular Therapy position statement. Cytotherapy. 2006;8(4):315-17
- García-Bernal D, García-Arranz M, Yáñez RM, et al. The current status of mesenchymal stromal cells: Controversies, unresolved issues and some promising solutions to improve their therapeutic efficacy. Front Cell Dev Biol. 2021;9:650664
- Viswanathan S, Shi Y, Galipeau J, et al. Mesenchymal stem versus stromal cells: International Society for Cell & Gene Therapy (ISCT[®]) Mesenchymal Stromal Cell committee position statement on nomenclature. Cytotherapy. 2019;21(10):1019-24
- 29. Caplan Al. What's in a name? Tissue Eng Part A. 2010;16(8):2415-17
- 30. Caplan Al. Mesenchymal stem cells: Time to change the name! Stem Cells Transl Med. 2017;6(6):1445-51