

Epigenetic modifications in hematopoietic ecosystem: a key tuner from homeostasis to acute myeloid leukemia

Shuxin Yao^{a,b,c}, Rongxia Guo^d, Wen Tian^{a,b,c}, Yanbing Zheng^c, Jin Hu^c, Guoqiang Han^{b,c}, Rong Yin^{b,c}, Fuling Zhou^{b,*}, Haojian Zhang^{a,b,c,e,*}

^aState Key Laboratory of Oral & Maxillofacial Reconstruction and Regeneration, Key Laboratory of Oral Biomedicine Ministry of Education, Hubei Key Laboratory of Stomatology, School & Hospital of Stomatology, Wuhan University, Wuhan, China;

^bDepartment of Hematology, Zhongnan Hospital, Medical Research Institute, Wuhan University, Wuhan, China; ^cFrontier Science Center for Immunology and Metabolism, Medical Research Institute, Wuhan University, Wuhan, China; ^dDepartment of Laboratory Medicine, Zhongnan Hospital of Wuhan University, Wuhan, China; ^eTaikang Center for Life and Medical Sciences, Wuhan University, Wuhan, China

Abstract

Hematopoietic stem cells (HSCs) maintain homeostasis in the hematopoietic ecosystem, which is tightly regulated at multiple layers. Acute myeloid leukemia (AML) is a severe hematologic malignancy driven by genetic and epigenetic changes that lead to the transformation of leukemia stem cells (LSCs). Since somatic mutations in DNA methylation-related genes frequently occur in AML, DNA methylation is widely altered and functions as a starting engine for initiating AML. Additionally, RNA modifications, especially N⁶-methyladenosine (m⁶A), also play an important role in the generation and maintenance of the hematopoietic ecosystem, and AML development requires reprogramming of m⁶A modifications to facilitate cells with hallmarks of cancer. Given the complex pathogenesis and poor prognosis of AML, it is important to fully understand its pathogenesis. Here, we mainly focus on DNA methylation and RNA m⁶A modification in hematopoiesis and AML and summarize recent advances in this field.

Key Words: Acute myeloid leukemia; DNA methylation; Hematopoiesis; Hematopoietic stem cells; Leukemia stem cells; RNA modification

*Address correspondence: Haojian Zhang, Frontier Science Center for Immunology and Metabolism, Medical Research Institute, Wuhan University, No.185, East Lake Road, Wuchang District, Wuhan, Hubei 430071, China. E-mail address: haojian_zhang@whu.edu.cn (H. Zhang); Fuling Zhou, Department of Hematology, Zhongnan Hospital, Wuhan University, No.185, East Lake Road, Wuchang District, Wuhan, Hubei 430071, China. E-mail address: zhoufuling@whu.edu.cn (F. Zhou).

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1. INTRODUCTION

During the entire lifespan, hematopoietic stem cells (HSCs) maintain homeostasis of the hematopoietic ecosystem through self-renewal and differentiation into all lineages of blood and immune cells.¹ These processes are tightly controlled by a series of regulatory mechanisms in multiple layers, including metabolism, protein synthesis, and epigenetic regulation.^{2–4} These mechanisms function as HSC quality-control systems to maintain the hematopoietic ecosystem; dysregulation of these quality-control systems interrupts homeostasis of the hematopoietic ecosystem, which subsequently leads to abnormal hematopoiesis and blood diseases, such as leukemia and myelodysplastic syndrome.

Genetic and epigenetic changes drive the development of many hematological malignancies. Acute myeloid leukemia (AML) is a fatal disorder characterized by abnormal expansion and arrested differentiation ability of myeloid progenitor cells⁵; AML development originates from leukemia stem cells (LSCs).⁶ Currently, chemotherapy remains the standard treatment for most newly diagnosed patients with AML, and the 5-year overall survival rate remains lower (~30%), as many AML patients eventually relapse after reaching remission or directly fail to achieve remission after primary therapy and unfortunately develop into refractory AML.⁷ Thus, a comprehensive understanding of AML pathogenesis remains an important task in this field.

Chemical modification is a highly specific and efficient way to regulate the functions of biological macromolecules (eg, DNA, RNA, and proteins).⁸ DNA methylation is one of the major types of epigenetic modifications that refers to changes in regulating gene expression without affecting the genetic sequence.⁹

RNA can also be modified using more than 170 different chemical modifications.¹⁰ Many studies have clearly demonstrated the implication of these nucleic acid modifications in the hematopoietic ecosystem,² and alterations in these modifications could disrupt gene expression and cause the development of hematologic malignancies, especially AML.¹¹ In this review, we mainly focus on DNA methylation and RNA N⁶-methyladenosine (m⁶A) modification in hematopoiesis and AML and summarize recent advances in this field.

2. DNA METHYLATION

DNA methylation was first discovered in bacteria in the 1920s and has been investigated in a vast range of organisms.¹² DNA methylation occurs at the cytosine 5 carbon position of the genomic cytosines preceding guanines (CpG) dinucleotide by the incorporation of a methyl group via a covalent bond.¹³ The reaction is catalyzed by DNA methyltransferases (DNMTs).¹⁴ Among the DNMT family members, DNMT1 is mainly responsible for maintaining methylation patterns, whereas DNMT3A and DNMT3B are responsible for adding new methylation patterns (Fig. 1). However, the other two family members, DNMT2 and DNMT3L, do not exhibit catalytic activity. DNMT3L interacts with and stabilizes DNMT3A to facilitate DNA methylation.^{15,16} DNMT2 is an RNA methyltransferase that functions as a catalyst for the methylation of aspartate cytosine sites on transfer RNAs (tRNAs).¹⁷ DNA demethylation is catalyzed by DNA demethylases, in which methylated bases are removed in the presence of DNA glycosidases. This is equivalent to repairing damaged DNA catalyzed by glycosidases and base-free nuclease cleavage couplings. So far, active DNA demethylases include ten-eleven translocation (TET) methylcytosine dioxygenase, activation-induced cytidine deaminase/apolipoprotein B microRNA (mRNA) editing enzyme complex (AID/APOBEC), and thymine DNA glycosylase (TDG)^{18–20} (Fig. 1). In addition, methylated CpG-binding proteins, such as MBD2, have demethylase activity.^{21–24}

2.1. DNA methylation maintains HSC function via the distinct roles of DNMTs in establishing and maintaining methylation patterns

The spatiotemporal dynamics of DNA methylation and its synergistic action with transcription factors are essential for maintaining the HSC state and the hematopoietic ecosystem. First, the functional programs of HSCs are governed by gradual differences in methylation levels, and constitutive methylation is essential for HSC self-renewal, but dispensable for cell cycle control, homing, and suppression of apoptosis. For instance, conditional deletion of DNMT1 in the hematopoietic system severely reduces the genomic methylation levels of HSCs and impairs HSC self-renewal, niche retention, and differentiation potential.²⁵ Secondly, DNMT1 regulates distinct patterns of methylation and expression of discrete gene families in HSCs and progenitors. HSC with reduced DNMT1 activity can differentiate into myeloerythroid but not lymphoid progeny,²⁶ while DNMT1 deficiency in myeloid progenitor cells enhances cell cycling and causes inappropriate expression of mature lineage genes.²⁵

DNMT3A and DNMT3B are de novo DNMTs responsible for establishing DNA methylation patterns. Loss of Dnmt3a results in HSC expansion and impaired differentiation.²⁷ Although the predominant Dnmt3b isoform in adult HSCs is catalytically inactive, its residual activity in Dnmt3a-null HSCs can drive their differentiation and generates the paradoxical hypermethylation of CpG islands. Thus, the combined loss of Dnmt3a and Dnmt3b is synergistic, resulting in enhanced HSC self-renewal and a more severe block in differentiation than in Dnmt3a-null cells,²⁸ indicating that DNMT3A and DNMT3B have both overlapping and distinct functions in HSCs.

Interestingly, the TET family enzymes remove DNA methylation by oxidizing 5mC to 5hmC, which is also essential for hematopoietic homeostasis.²⁹ TET2 is abundantly expressed in HSCs. Tet2 deficiency leads to decreased genomic levels of

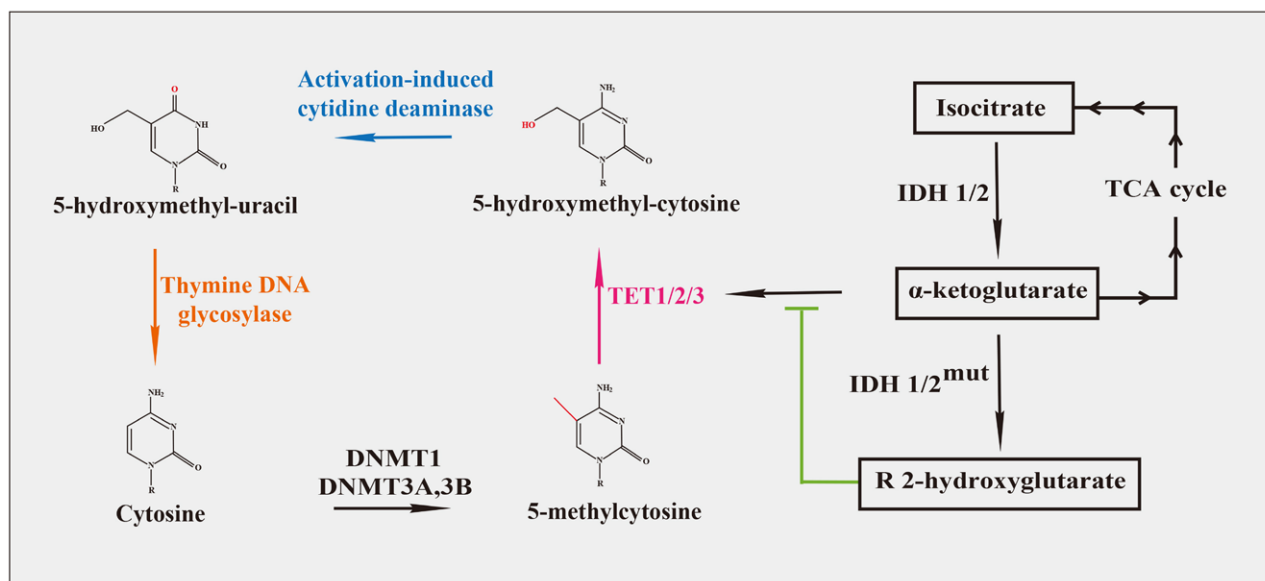


Figure 1. DNA methylation pathways. The methyl group of 5mC can be modified by the addition of a hydroxyl group mediated by Tet enzymes to generate 5hmC. 5hmC can also be chemically modified by AID/APOBEC. AID/APOBEC can deaminate 5hmC to produce 5hmU. Eventually, the 5hmU can be recognized and cleaved off to replace with a naked cytosine mediated by TDG. DNMT1 maintains methylation patterns, and DNMT3A/3B add new methylation. Isocitrate dehydrogenases (IDH1/2) are responsible for converting isocitrate to α KG. Mutant IDH proteins acquire a neomorphic enzymatic activity converting α KG to 2HG and inducing global DNA hypermethylation. Accumulation of 2HG inhibits TET proteins. 2HG = 2-hydroxyglutarate, 5hmC = 5-hydroxymethyl-cytosine, 5hmU = 5-hydroxymethyl-uracil, 5mC = 5-methylcytosine, α KG = α -ketoglutarate, AID/APOBEC = activation-induced cytidine deaminase/apolipoprotein B mRNA editing enzyme complex, DNMT = DNA methyltransferase, IDH = isocitrate dehydrogenase, TCA = Tricarboxylic acid, TDG = thymine DNA glycosylase, TET = ten-eleven translocation.

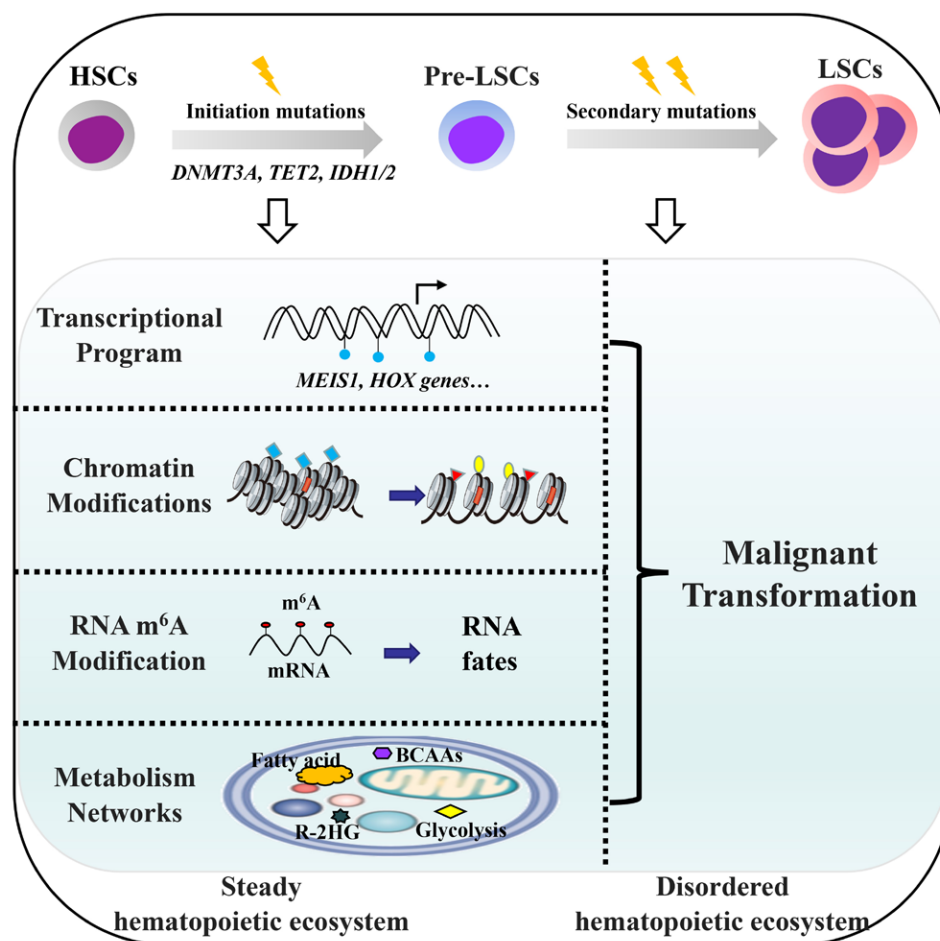


Figure 2. Aberrant DNA methylation drives AML development. Aberrant DNA methylation caused by recurrent mutations in epigenetic modifiers function as a driving force to control the fate of HSPCs and initiate AML development by tuning up a series of cellular and molecular programs including the transcriptional programs, chromatin modifications, RNA m⁶A modification, and metabolism networks. 2HG = 2-hydroxyglutarate, AML = acute myeloid leukemia, BCAA = branched-chain amino acid, DNMT = DNA methyltransferase, HSPC = hematopoietic stem and progenitor cell, HSC = hematopoietic stem cell, IDH = isocitrate dehydrogenase, LSC = leukemia stem cell, TET = ten-eleven translocation.

5hmC and increases the size of the hematopoietic stem and progenitor cell (HSPC) pool in a cell-autonomous manner. Tet2-deficient HSCs are capable of multilineage reconstitution and possess a competitive advantage over wild-type HSCs, resulting in enhanced hematopoiesis into both the lymphoid and myeloid lineages.³⁰ In vitro, Tet2 deficiency delays HSC differentiation and skews development toward the monocyte/macrophage lineage.³⁰ Notably, the actions of DNMTs and TETs cause opposite results: the addition or removal of methylation; however, they are also epistatic, as hydroxymethylation depends on the presence of the 5mC marks introduced by DNMTs. DNMT3A and TET2 can compete and cooperate to repress lineage-specific transcription factors (eg, Klf1, Epor) in HSCs, as DNMT3A and TET2 both repress these factors, suggesting a model of cooperative inhibition by epigenetic modifiers.³¹ Together, these studies indicate that DNA methylation levels tuned up by DNMTs and TETs play a key role in controlling the functional programs of HSCs.

DNA methylation also coordinates with other mechanisms (eg, histone modifications, higher-order chromatin structure, and RNA splicing) to regulate HSCs. For instance, a recent study showed that DNMT3A and the spliceosome govern HSCs exit from the stem state toward differentiation.³² DNMT3A coordinates splicing by recruiting the core spliceosome protein SF3B1 to RNA polymerase and mRNA, and the loss of DNMT3A leads to impaired splicing during stem cell turnover.

Interestingly, in this process, the DNA methylation function of DNMT3A is not required.³² Additionally, TET2 modulates the spatial redistribution of H3K9me3-marked heterochromatin to mediate the upregulation of endogenous retroviruses and interferon-stimulated genes, thus contributing to the functional decline in aged HSCs.³³ Large DNA methylation nadirs can form long anchor chromatin loops between repressive elements and form genomic subcompartments to maintain HSC identity.³⁴ Overall, these studies suggest that DNA methylation is necessary for maintaining the hematopoietic ecosystem by regulating the functional programs of HSCs.

2.2. DNA methylation in AML pathogenesis

Alterations in DNA methylation are common in patients with AML. Mutations in DNA methylation-related genes, such as DNMT3A, TET2, and isocitrate dehydrogenase (IDH)1/2, lead to aberrant methylation patterns, contributing to leukemogenesis. These mutations often coexist with other genetic alterations, thereby compounding their effects.

Given the important role of DNA methylation in regulating the HSC program, aberrant DNA methylation contributes substantially to AML pathogenesis. The genomic and epigenomic landscapes of adult de novo AML were constructed using 200 clinically annotated cases (50 cases for whole-genome sequencing

and 150 cases for whole-exome sequencing).³⁵ Unsupervised analysis of changes in DNA methylation revealed significant differences across human AML samples, with 67% of the 160,519 CpG loci resulting in a gain of methylation, and 33% resulting in a loss. In addition, mutations in DNA methylation-related genes were detected in approximately 44% of cases³⁵ (Fig. 2). Thus, these data indicate that alterations in DNA methylation may act as a key driver of AML pathogenesis.

Among DNA methylation-related genes, somatic mutations in *DNMT3A* account for approximately 22% of AML.^{36,37} Multiple missense mutations in the coding region of *DNMT3A* were identified, the most common of which was predicted to affect amino acid R882 (R882H or R882C) in the structural domain of the methyltransferase. Other types of mutations resulting in frameshift, nonsense, or alternative splicing in *DNMT3A* were also identified.³⁶ *DNMT3A* mutations frequently co-occur with the other four most commonly mutated genes (*FLT3*, *NPM1*, *IDH1*, and *IDH2*) in AML.³⁸ *DNMT3A* mutations are associated with poor event-free survival and shorter overall survival; this association is independent of the presence of *FLT3* or *NPM1* mutations, and regardless of the mutation type or genetic location.³⁶ Analysis of global DNA methylation using LC-MS did not reveal a significant difference in 5-methylcytosine (5mC) levels in *DNMT3A*-mutant AMLs compared with those in AML genomes without *DNMT3A* mutations.³⁶ Notably, *DNMT3A* haploinsufficiency is sufficient to contribute to myeloid transformation because *DNMT3A* mutations occur in one allele in the vast majority of AML patients.³⁶

TET2 is another gene frequently mutated in myeloid malignancies (Fig. 2). Somatic deletions and inactivating mutations in *TET2* have been identified in 10% to 20% of MPN and MDS cases and in 7% to 23% of AML cases.^{39,40} In another study, 131 somatic *TET2* mutations were identified in 27.4% of AML patients (87/318).⁴¹ *TET2* mutations concomitantly occurred with mutations in other genes (eg, *NPM1*, *FLT3-ITD*, *FLT3-TKD*, *JAK2*, *RUNX1*, *CEBPA*, and *CBL*). Similarly, *TET2* mutations also act as important prognostic biomarkers in AML and are associated with a poorer prognosis in de novo AML patients with normal cytogenetics (CN-AML).^{41–43} *TET2* mutations are heterozygous and the wild-type allele is retained in most AML patients, suggesting that *TET2* is a haploinsufficient tumor suppressor in leukemia. Another family member *TET1* was identified as a fusion partner of the mixed lineage leukemia (*MLL*) gene in AML with t(10;11)(q22;q23).⁴⁴ Interestingly, *TET1* is a direct target of *MLL*-fusion proteins and is significantly upregulated in *MLL*-rearranged leukemia, leading to a global increase in 5-hydroxymethylcytosine level.⁴⁵

Recurring mutations in isocitrate dehydrogenases *IDH1* and *IDH2* have been frequently identified in AML.^{46,47} While wild-type *IDH1/2* are responsible for converting isocitrate to α -ketoglutarate (α KG), mutant *IDH* proteins acquire a neomorphic enzymatic activity converting α KG to 2-hydroxyglutarate (2HG) and inducing global DNA hypermethylation. This is most likely due to the inhibitory effect of 2HG on TET protein activity. Interestingly, *IDH1/2* mutations are mutually exclusive of *TET2* mutations. Thus, *IDH1/2* mutants cause epigenetic defects similar to *TET2* loss-of-function mutations,⁴⁸ implying that *IDH1/2* and *TET2* may, to certain extent, share some relevant mechanisms in driving AML pathogenesis.

2.3. Aberrant DNA methylation functions as a starting engine for initiating AML by changing multiple cellular and molecular programs

Over the past 15 years, extensive attention has been paid to how alterations in DNA methylation drive the progression of normal hematopoietic ecosystems to hematological diseases. Mutations in DNA methylation-related genes are considered founder mutations and early events in AML development

(Fig. 2). A recent study provided key insights into the cellular context and functional consequences of the earliest genetic lesions of human AML and established the sequential order of mutation acquisition; *DNMT3A*^{mut} occurs before *NPM1c* and *FLT3-ITD*.⁴⁹ In addition, ancestral pre-leukemic HSCs have been identified. These cells enable regeneration of the entire hematopoietic hierarchy while possessing a competitive repopulation advantage over non-leukemic HSCs; they survive induction chemotherapy and persist in the bone marrow at remission.⁴⁹ Thus, the cell of origin for *DNMT3A*^{mut} AML is the HSC, and the *DNMT3A* mutation confers a pre-leukemic state with clonal expansion ability. This leukemogenic process was confirmed by retroviral transduction and bone marrow transplantation to establish a murine model of *DNMT3A*^{R882H} hotspot mutation.⁵⁰ *DNMT3A*^{R882H} enhances the sensitivity of HSPCs and transforms them into leukemia-initiating cells (LIC) in cooperation with *NRAS* mutations. *DNMT3A*^{R882H} induces focal epigenetic alterations and transactivates stemness genes (*MEIS1*, *MN1*, and *HOXA* genes) (Fig. 2). Inhibition of DOT1L represses *DNMT3A*^{R882H}-induced gene expression programs, providing an attractive therapeutic strategy for *DNMT3A*-mutated leukemias.⁵⁰ Similarly, a mouse conditional knock-in model of Cre-mediated expression of the mutant *Dnmt3a*^{R878H} was established.⁵¹ *Dnmt3a* mutation results in enlarged Lin[−]Sca1⁺cKit⁺ cells and causes hypomethylation that contributes to mammalian target of rapamycin (mTOR) upregulation, in turn leading to aberrantly increased CDK1 expression.⁵¹ Mechanistically, hotspot mutations in *DNMT3A* act in a dominant-negative manner, and *DNMT3A* mutations disrupt the formation of a *DNMT3A*-associated tetramer complex required for efficient DNA methylation. For instance, hotspot *DNMT3A*^{R882} mutations promote polymerization and a dominant-negative effect, leading to aberrant DNA methylation at specific sites.⁵² The polymerization capacity of *DNMT3A*^{R882mut} relies on the heterodimerization motif but not on its various chromatin-binding domains. Mutation of the heterodimerization motif interferes with *DNMT3A*^{R882mut} binding to endogenous wild-type *DNMT* proteins and partially reverses the CpG hypomethylation phenotype caused by *DNMT3A*^{R882mut}.⁵³ Thus, *DNMT3A* acts in a dominant-negative manner during leukemia transformation.

In addition, altered DNA methylation of Hi-C and whole-genome sequencing have identified recurrent and subtype-specific 3D genome alterations in human AML. Altered DNA methylation contributes to these pathogenic chromatin interactions by displacing CCCTC-binding factor (CTCF) binding. For instance, multiple chromatin loops were detected in AML samples across the lost CTCF-binding sites, including a loop linking *WDR66* promoter to distal regions⁵⁴ (Fig. 2). These data revealed a delicate relationship between DNA methylation, CTCF binding, and 3D genome structure. Interestingly, a recent study identified 58 tumor-specific antigens (TSAs) by analyzing the major histocompatibility complex class I (MHC-I)-associated immunopeptidome in human AML samples and found that mutations in epigenetic modifiers correlated with TSA expression, which causes expansion of cognate T cell receptor clonotypes and accumulation of activated cytotoxic T cells,⁵⁵ indicating that epigenetic alterations in leukemia cells also change the hematopoietic ecosystem.

Mutations in both *TET2* and *IDH1/2* result in DNA hypermethylation and are considered founders for AML transformation. Genetic inactivation of *Tet2* in the mouse hematopoietic system confers HSPCs with a competitive advantage and increased susceptibility to cellular transformation; however, cooperative mutations (eg, *FLT3*, *KIT*) are necessary to achieve full malignant transformation. In a mouse model of human AML1-ETO-induced AML, the loss of *Tet2* leads to a genome-wide increase in the DNA methylation of active enhancers, especially for several tumor suppressor genes (eg, *Mtss1*, *Las2*, *Lxn*, *Ctkspl*, *Grp2*), and this effect is progressive.⁵⁶ Similarly, mutations in *Tet2* and *Flt3* that result in fully penetrant and lethal AML,

such as *Flt3^{ITD}* mutations and *Tet2* loss, cooperatively remodel site-specific DNA methylation and gene expression that are not observed with either mutant allele alone.⁵⁷ TET2 activity also shapes the local chromatin environment at enhancers to facilitate TF binding. Genome-wide mapping of TET2 binding sites reveals that TET2 localizes to regions of open chromatin and cell type-specific enhancers, and the deletion of *Tet2* attenuates the binding of the basic helix-loop-helix (bHLH) TF family within these regions.⁵⁸ Additionally, *Tet2* deficiency may regulate RNA methylation. A recent study found that TET2 deficiency results in the accumulation of methyl-5-cytosine modification in TSPAN13 mRNA, which stabilizes the *TSPAN13* mRNA recognized by YBX1. Increased expression of TSPAN13 activates the CXCR4/CXCL12 signaling, promoting LSCs homing/migration into the BM niche.⁵⁹ Because the three TET proteins exhibit functional redundancy, a mouse model of inducible deletion of all three *Tet* genes (*iTKO*) was generated recently.⁶⁰ Interestingly, these *iTKO* mice developed rapid and fatal AML within 4 to 5 weeks, and a striking increase in the expression of all members of the *stefin/cystatin* gene cluster was observed. Independent of DNA methylation, the increased expression of *stefin/cystatin* cluster genes was associated with a heterochromatin-to-euchromatin compartment switch, indicating that TET deficiency can also change the 3D genomic structure (Fig. 2).

Additionally, mutations of IDH1/2 provide an important metabolic input for driving AML pathogenesis, as IDH1/2 are the key regulator of intercellular α KG homeostasis. α KG serves as a critical cofactor for many dioxygenases, such as prolyl hydroxylases (PHDs), Egl-9 family hypoxia-inducible factor 1 (EGLN1), and TET enzymes.⁶¹ Thus, IDH1/2 mutations reduce the level of α KG accompanied with increased production of 2HG, which inhibit the activity of TET enzymes. AML with IDH1/2 mutations displays a specific DNA hypermethylation signature, impairs hematopoietic differentiation, and increases the expression of stem/progenitor cell markers.⁴⁸ A recent study revealed another key metabolic pathway, the branched-chain amino acid (BCAA) pathway, which regulates α KG homeostasis in AML stem cells.⁶² Cytosolic BCAA transaminase 1 (BCAT1) transfers the α -amino group from BCAAs to α KG, yielding glutamate and the respective branched-chain α -keto acid (BCKA). BCAT1 is overexpressed in AML stem cells and restricts α KG levels, leading to *IDH^{mut}*-like DNA hypermethylation. By contrast, knockdown of BCAT1 causes α KG accumulation that leads to EGLN1-mediated hypoxia-inducible factor-1 α (HIF1 α) protein degradation, subsequently abrogating leukemia-initiating potential.⁶² IDH mutations can also affect fatty acid metabolism. The comprehensive metabolomic analysis identifies an *IDH^{mut}*-specific reprogramming of fatty acid metabolism, which provides a targetable synthetic lethal vulnerability for *IDH^{mut}* AML⁶³ (Fig. 2).

Overall, aberrant DNA methylation caused by recurrent mutations function as a starting engine to control the fate of HSPCs and initiates AML development by tuning up a series of cellular and molecular programs, including the transcriptional programs, chromatin modifications, genomic structures, and metabolic networks.

3. RNA MODIFICATION

According to the central law of genetics, RNA is a key mediator in the transfer of genetic information from DNA to proteins. Over 170 types of RNA modifications have been identified over several decades; however, the revival of this field should be attributed to the discovery of RNA modification effects in regulating gene expression and to the technological developments for characterizing these modifications at the transcriptome-wide level.⁶⁴ Currently, it is known that RNA modifications substantially affect RNA fate by regulating its structure, splicing, stability, or translation. In the following paragraphs, we mainly focus

on *m⁶A* briefly discussing the modifications of pseudouridine (Ψ), 5-methylcytosine (*m⁵C*), and N¹-methyladenosine (*m¹A*).

3.1. The features of pseudouridine, *m⁵C*, and *m¹A*

Different RNA modifications confer distinct properties and play important roles in almost all biological processes. Pseudouridine (Ψ) is the first RNA modification identified in the 1950s,⁶⁵ and widely presents in most RNA species. A class of enzymes called pseudouridine synthases (PUSes) catalyze uridine into Ψ ,^{66,67} and the specific cellular localization of these enzymes confers them the potential to target their unique RNA species. For example, PUS1 predominantly localizes to the nucleus and modifies tRNA, mRNA, small nucleolar RNAs (snRNAs), and non-coding RNAs (ncRNAs).⁶⁸ Notably, the eraser and readers for Ψ remain unclear. It plays important roles in RNA biogenesis, structure, stability, and gene expression. Pseudouridine in ribosomal RNA (rRNA) is required for translational fidelity,⁶⁹ and Ψ in tRNA maintains its structure and stability.⁷⁰ However, the effect of pseudouridine on mRNA expression remains unclear.

m⁵C is a rare RNA modification that was first observed in *Escherichia coli* RNA.⁷¹ This methylation occurs at position 5 of the cytidine residue on tRNA, mRNA, rRNA, mRNA, or enhancer RNA (eRNA). The NOL1/NOP2/SUN domain (NSUN) family including NSUN1-7 has been identified as *m⁵C* writers, and NSUN2 mainly catalyzes *m⁵C* in mRNA.⁷² Interestingly, DNMT2 can also catalyze the formation of *m⁵C* on RNA,⁷³ and TET proteins not only oxidize 5-*mC* in DNA but also act as erasers of RNA *m⁵C* by oxidizing *m⁵C* to 5-hydroxymethylcytidine (*hm⁵C*).^{74,75} ALKBH1, a 2-oxoglutarate/Fe²⁺-dependent dioxygenase, is another *m⁵C* demethylase.⁷⁶ About the readers of *m⁵C*, the mammalian mRNA export adaptor ALYREF was the first identified as a mRNA *m⁵C* reader.⁷² Interestingly, the RNA-binding protein (RBP) YBX1 has also been identified as another *m⁵C* reader. YBX1 can read *m⁵C*-modified mRNAs via its indole ring in the cold-shock domain.⁷⁷ Currently, the protein machinery of RNA *m⁵C* remains to be investigated. Similar to other RNA modifications, *m⁵C* plays a distinct role in these RNA subtypes. For instance, *m⁵C* affects tRNA or rRNA structure,⁷⁸ and *m⁵C* marks regulates mRNA export mediated by the ALYREF reader.⁷²

m¹A, which is methylated at position 1 of adenosine, was first identified in mammalian and plant RNA in the 1960s.^{79,80} The known writer of *m¹A* is a complex containing tRNA methyltransferase 6 non-catalytic subunit (TRMT6) and RNA methyltransferase catalytic 61A (TRMT61A).^{81,82} RNA *m¹A* also shares some regulators (eg, YTHDF2) with *m⁶A* but with a relatively low affinity.⁸³ ALKBH1 and ALKBH3 are *m¹A* erasers. ALKBH3 is the only known eraser of *m¹A*.^{84,85} In addition to *m⁵C* demethylation, ALKBH1 also mediates the demethylation of *m¹A* in tRNAs.⁸⁶ *m¹A* primarily affects the structures and functions of tRNA and rRNA. Since *m¹A* is preferentially enriched around the start codon upstream of the first splice site, it is associated with translation initiation and affects translation efficiency.⁸⁷

The roles of these RNA modifications in the hematopoietic system and related malignancies remain elusive. A recent study revealed that RNA *m⁵C* methyltransferases (eg, NSUN1/3) may be associated with leukemia cell drug sensitivity.⁸⁸ ALKBH3 is dispensable for HSC maintenance and differentiation; however, ALKBH3 overexpression may rectify HSC aging.⁸⁹ Therefore, it is necessary to further explore the role of these RNA modifications under various physiological and pathological conditions.

3.2. RNA *m⁶A* modification

RNA *m⁶A* is the most abundant and best-characterized modification in mammalian mRNA. It is known that *m⁶A*

modification is reversible, highly dynamic, and controlled by m⁶A modifiers, including writers, erasers, and readers. The writer is a multicomponent complex composed of two core methyltransferase-like proteins (METTL3 and METTL14) and multiple regulatory proteins (WTAP, VIRMA, CBLL1, RBM15/RBM15B, and ZC3H13).⁹⁰⁻⁹⁴ In this complex, METTL3 acts as the sole catalytic protein for the transfer of a methyl group from S-adenosylmethionine (SAM) to the sixth N atom of RNA adenosine, and METTL14 maintains the complex structural stability.⁹⁵ Other subunits regulate the activity and specificity of this complex.⁹¹ Both FTO and ALKBH5 are two main α -KG/Fe-dependent m⁶A demethylases.^{96,97} The m⁶A readers include YTH domain-containing protein 1-2 (YTHDC1-2), YTH domain-containing family member 1-3 (YTHDF1-3), and insulin-like growth factor-2 mRNA-binding protein (IGF2BP) family IGF2BP1-3.⁹⁸⁻¹⁰¹ These readers recognize m⁶A sites and perform key functions in the regulation of distinct mRNA fates. YTHDF1 and YTHDF3 mainly regulate the translation of their targets¹⁰²; in contrast, YTHDF2 facilitates the degradation of its m⁶A targets.¹⁰³ YTHDC1 is involved in the export of m⁶A-tagged mRNAs from the nucleus to the cytoplasm,^{98,104-106} whereas YTHDC2 regulates the translation and stability of m⁶A targets.¹⁰⁷⁻¹⁰⁹ Another group, IGF2BPs, mainly stabilizes their m⁶A targets.¹⁰¹ Our group revealed that the function of IGF2BPs requires YBX1 participation, as YBX1 facilitates IGF2BPs to recognize and stabilize m⁶A-tagged transcripts.^{110,111} In the future, identifying the cofactors of m⁶A modifiers may be much more important.

3.3. RNA m⁶A modification is essential for the generation and maintenance of hematopoietic ecosystem

HSCs are generated from embryonic precursors such as hemogenic endothelial cells and pre-HSCs during mid-gestation and progressively migrate into the fetal liver for expansion.^{112,113} Before birth, HSCs migrate to the bone marrow, where they maintain a hematopoietic ecosystem via self-renewal and differentiation. Increasing evidence has shown that RNA m⁶A plays a key role in the generation and maintenance of HSCs.

RNA m⁶A governs HSCs generation and expansion during hematopoietic development. m⁶A functions as a rheostat to control endothelial-to-hematopoietic transition (EHT). Activation of Notch1 signaling maintains endothelial cell identity and represses HSPC programming during EHT. m⁶A inhibits Notch1a expression by promoting its degradation mediated by YTHDF2.¹¹⁴ The m⁶A modification is also involved in innate immune responses. Double-stranded RNA (dsRNA) from foreign pathogens such as viruses triggers the activation of the cellular innate immune response. Interestingly, the loss of m⁶A modification results in the aberrant formation of endogenously derived dsRNA in HSCs, which induces an aberrant innate immune response and subsequently causes hematopoietic failure and perinatal lethality.¹¹⁵ These studies have revealed the key role of m⁶A in embryonic hematopoiesis.

In adult hematopoiesis, m⁶A balances self-renewal and differentiation of HSCs. Several studies have demonstrated that m⁶A loss blocks the normal differentiation and causes the accumulation of phenotypical HSCs with long-term hematopoietic disorders and impaired hematopoietic reconstitution potential.¹¹⁶⁻¹²⁰ This effect is mediated by fine-tuning the expression of many key factors (eg, MYC, SON). MYC is a major determinant of HSC differentiation, and HSCs normally maintain very low levels of MYC protein. Interestingly, MYC is a direct target of m⁶A in HSCs, and *Mettl3*-deficient HSCs failed to upregulate MYC expression upon stimulation to differentiate.^{117,118} The SON RBP is a central component of the nuclear speckles. A recent study found that SON is another essential m⁶A target required for murine HSC self-renewal, symmetric commitment, and inflammation control.¹²¹ Similarly, the important role of m⁶A

in adult HSCs was revealed by studying other key components of the m⁶A pathway. For instance, YTHDF2 depletion causes HSC expansion without skewing lineage differentiation preference.^{122,123} In contrast, the m⁶A eraser, ALKBH5, is not dispensable for adult hematopoiesis and HSC function.^{124,125} This might be due to the functional redundancy between ALKBH5 and FTO. Thus, these studies revealed a developmental stage-specific requirement for m⁶A in hematopoiesis, which requires the decoding of the dynamics of m⁶A modifications in the hematopoietic system.

To address this fundamental question, we recently delineated a comprehensive m⁶A landscape across the hematopoietic hierarchy by developing a super low-input m⁶A sequencing (SLIM-seq) strategy to profile the m⁶A landscape of HSCs and their progeny at the transcriptome-wide level. Interestingly, we observed a cell type-specific m⁶A landscape during hematopoiesis. m⁶A modifications arise mostly in the early stages of hematopoiesis and play distinct roles in determining mRNA fates in HSCs and committed progenitors. Furthermore, we confirmed that m⁶A is required to balance the quiescent active states of HSCs, which is mainly mediated by the m⁶A reader IGF2BP2. IGF2BP2 deficiency results in quiescence loss and impairs HSC function by increasing mitochondrial activity of HSCs.¹²⁶

The interactions between hematopoietic cells and their niche are critical for hematopoietic ecosystem. m⁶A can also affect the HSC niche, which comprises several key cell types (eg, mesenchymal stromal cells [MSCs] and osteoblasts). Previously, epitranscriptomic programs have been shown to be involved in skeletal health and diseases, such as osteoporosis mice.¹²⁷ A recent study indicated that the m⁶A-mediated epitranscriptomic program regulates the generation, but not maintenance, of the bone marrow HSC niche.¹²⁸ Comparison of perinatal and adult bone marrow MSCs revealed that m⁶A-related genes are enriched in MSCs at the perinatal stage, whereas *Mettl3* is rapidly downregulated after birth. Deletion of *Mettl3* from developing MSCs resulted in a severe defect in HSC niche formation owing to excessive osteogenic differentiation, whereas deletion of *Mettl3* from MSCs postnatally did not affect the HSC niche. Overall, m⁶A-mediated epitranscriptomic program controls the generation and maintenance of the hematopoietic ecosystem.

3.4. RNA m⁶A modification reprogramming is required for AML development

Most myeloid leukemias are initiated by LSCs that are transformed from HSPCs along with dysregulated programs (eg, aberrant DNA methylation). The role of RNA m⁶A in leukemia especially AML has gradually been recognized. For instance, the expression levels of m⁶A-related genes (eg, *METTL3*, *METTL14*, *FTO*, *ALKBH5*, *YTHDF2*, *IGF2BP2*) are obviously increased in AML and are associated with poor prognosis.^{120,125,129-131} Recently, we decoded the m⁶A landscape during AML development and observed obvious changes in the m⁶A methylome during leukemogenesis. Interestingly, we found that approximately 60% of the m⁶A targets identified in LICs were newly established and LIC-specific when compared to normal HSPCs, suggesting that reprogramming of RNA m⁶A modification occurs during cellular transformation.^{131,132} Importantly, these m⁶A-tagged targets are involved in the regulation of many hallmarks of cancer, such as sustaining proliferation, resisting cell death, metabolic adaptation, epigenetic reprogramming, and immune evasion (Fig. 3). In this section, we highlight three aspects.

RNA m⁶A regulates various metabolic adaptations that are employed by AML cells to meet their metabolic requirements. For instance, we found that the m⁶A reader IGF2BP2 restricts the uptake of docosahexaenoic acid levels via the PRMT6-MFSD2A axis to balance the fatty acid metabolism in LSCs.¹³¹ In addition, IGF2BP2 controls glutamine metabolism by regulating

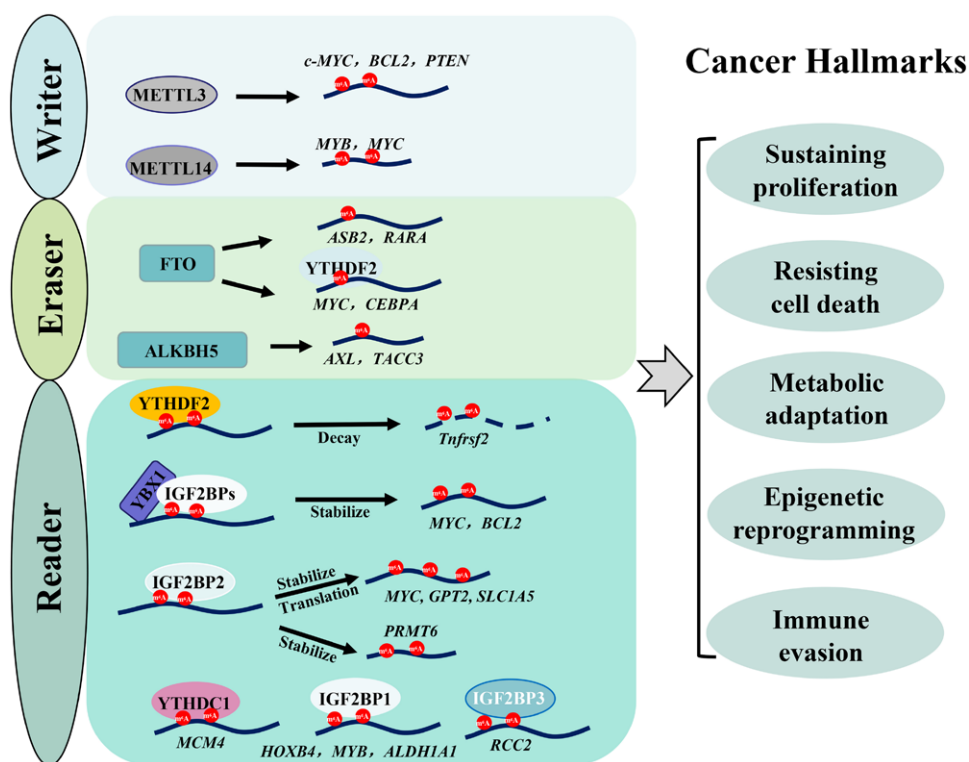


Figure 3. RNA m⁶A modification regulates cancer hallmarks. m⁶A modification determines mRNA fates of many key regulators, which involves regulating AML properties including sustaining proliferation, resisting cell death, metabolic adaptation, epigenetic reprogramming, and immune evasion. AML = acute myeloid leukemia.

the expression of critical targets (eg, MYC, GPT2, and SLC1A5) in an m⁶A-dependent manner.¹³³ As discussed previously, IDH^{mut} catalyzes the production of the oncometabolite R-2HG. Interestingly, R-2HG abrogated the FTO-m⁶A-YTHDF2-mediated post-transcriptional upregulation of phosphofructokinase platelet (PFKP) and lactate dehydrogenase B (LDHB), two critical glycolytic genes, thereby suppressing aerobic glycolysis in R-2HG-sensitive leukemia cells.¹³⁴ Collectively, these studies revealed a key role of m⁶A in fine-tuning the metabolic adaptations of three key nutrients (glycolysis, amino acids, and lipids) in AML (Fig. 3).

RNA m⁶A intertwines and cooperates with epigenetic alterations to promote AML development. By analyzing chromatin accessibility during leukemogenesis, we found that ALKBH5 was regulated by chromatin state alteration, which were mediated by the histone demethylase KDM4C. H3K9me3 around the ALKBH5 promoter region is removed by KDM4C to increase chromatin accessibility and recruitment of MYB and Pol II.¹²⁵ ALKBH5 is required for LSCs and AML development, but not for adult hematopoiesis and HSC function. Alkbh5 loss significantly inhibits AML development and progression by affecting AXL mRNA stability in an m⁶A-dependent manner and the downstream PI3K/AKT pathway in AML. In addition, IGF2BP2 regulates the protein arginine methyltransferase PRMT6, which subsequently catalyzes the asymmetric dimethylation of histone H3R2 (H3R2me2a).¹³¹ Therefore, RNA m⁶A involves in the epigenetic reprogramming of AML cells (Fig. 3).

Immune evasion is another important hallmark of cancer, and m⁶A is involved in cancer immunology via multiple mechanisms. m⁶A modifiers upregulated in cancer cells may regulate the expression of the inhibitory immune checkpoint proteins (eg, PD-L1), or influence the function of immune cells in the tumor microenvironment (TME). For instance, FTO facilitates the immune surveillance escape of cancer cells through regulating glycolytic metabolism.¹³⁵ In addition, FTO upregulates the

expression of immune checkpoint genes including *PD-L1* and *LILRB4* in AML cells, thereby contributing to tumor immune evasion. Pharmacological inhibition of FTO sensitizes leukemia cells to CD8⁺ T cell cytotoxicity and overcomes hypomethylating agent-induced immune evasion.¹³⁶ RNA m⁶A can also modulate the function of different immune cell populations (eg, T cells and dendritic cells) and shape the TME, which favors cancer growth. m⁶A controls CD8⁺ T cell differentiation and sustains T_{reg} suppressive functions.¹³⁷ m⁶A also regulates durable neoantigen-specific immunity. Loss of YTHDF1 in classical dendritic cells enhances cross-presentation of tumor antigens and cross-priming of CD8⁺ T cells.¹³⁸ Thus, these data implicate RNA m⁶A in cancer immunology. Overall, the m⁶A modification plays an important role in modulating the programs that confer cancer hallmarks (Fig. 3).

4. CONCLUSION AND PERSPECTIVE

Epigenetic modifications act as key regulators of the hematopoietic system, and epigenetic alterations are widely considered as common genetic events in hematological malignancies. It should be noted that here we mainly discussed DNA methylation and RNA m⁶A modification, as DNA methylation alteration is the key driver of many myeloid malignancies, and the field of RNA m⁶A is exponentially growing. This striking evidence clearly shows the potential of targeting these epigenetic alterations in AML treatment.

Although their physiological and pathological roles have been well established, emerging interesting questions need to be elucidated. First, therapeutic strategies targeting epigenetic modifications are insufficient, and the development of more effective drugs is urgently needed for AML therapy. Second, it is necessary to further clarify the distinct roles of different m⁶A modifiers in different contexts, particularly how these modifiers sense various environments. Our recent work implies that RBPs

or related cofactors in the regulatory machinery are key to determine their target specificity. Third, large gaps still exist between the current research and future clinical applications. The efficient translation of the findings on RNA m⁶A modifications and DNA methylation into real treatment strategies remains challenging. For instance, several inhibitors of RNA m⁶A modifiers (eg, STM2457, CS1, CS2, and CWI1-2) have been developed, but there is still a long way to go before the clinical application of these inhibitors.^{133,136,139} Collectively, epigenetics has attracted considerable attention, and it is promising to improve therapeutic efficiency by targeting epigenetic modifications.

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AUTHOR CONTRIBUTIONS

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