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PDGF-BB protects MSCs derived from ITP patients against apoptosis

and senescence and maintains MSC-mediated immunosuppression -

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Supplemental Figures



Figure 1S.Surface antigens of MSCs were analyzedby flow cytometry. MSCs from both healthy donors and ITP patients were postive for CD73, CD90 and CD105, but negative for CD14, CD19, CD34, CD45 and HLA-DR.



Figure 2S.Trilinage differentiation potentialof MSCs. MSCs from both healthy donors and ITP patients displayed similar differentiation ability toward osteoblasts, adipocytes and chondroblasts in vitro after inductive conditions (Scale bar = 100μ m).



Figure 3S.Morphology and DAPI staining of the 3th passage MSCs. Cell morphology (Scale bar = $200\mu m$) and DAPI staining images of the 3th passage MSCs from 4 donors in each group were presented (Scale bar = $100\mu m$).



Figure 4S.Apotosis, senescence and cell cycle of the 3th passage MSCs. Representative experimental images for apoptosis, senescence (Scale bar= 200μ m) and cell cycle of the 3th passage MSCs from 4 donors in each group were presented.



Figure 5S.Western blot of the 3th passage MSCs from 4 donors in each group were presented.



Figure 6S.The excess apoptosis and senescence of MSCs from ITP patientswere consistently observed at passage 5.(A) DAPI staining showed increased fragmentation and condensation of the nuclei of MSC-ITPs at passage five (Scale bar = 100µm). (B) Increased apoptotic cells rate of MSC-ITPsat passage five determined by flow cytometry. (C) The number of SAb-gal-positive cells obviously increased in the MSC-ITPsat passage five (Scale bar=200µm). (D) MSC-ITPs showed a greater fraction in quiescence of the G0/G1 phase. The MSCs used in each assay were at passage five. *, p < 0.05, **, p < 0.01. Error bars indicate SD.



Figure 7S.Western blot of the 5th passage MSCs from 4 donors in each group were presented.