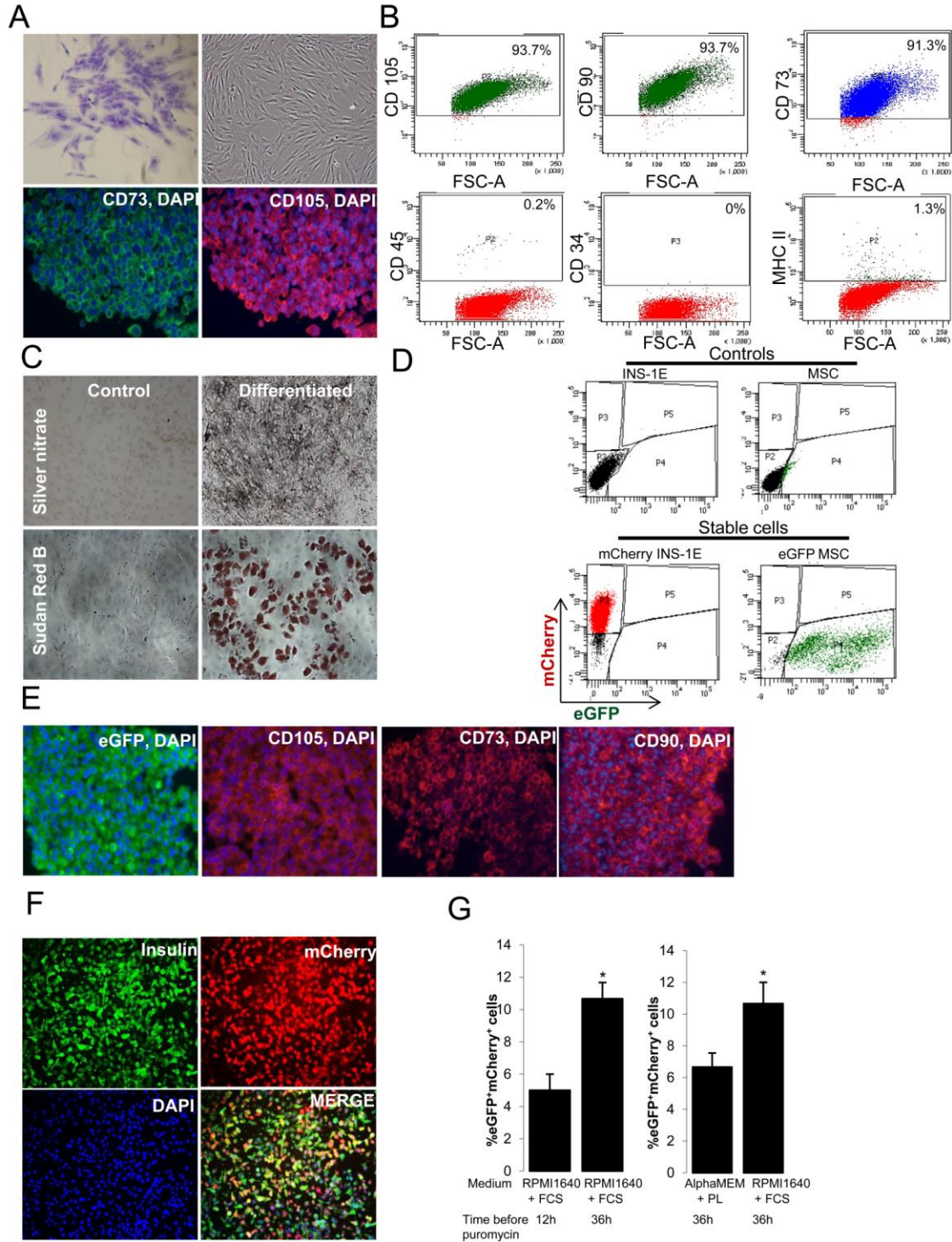
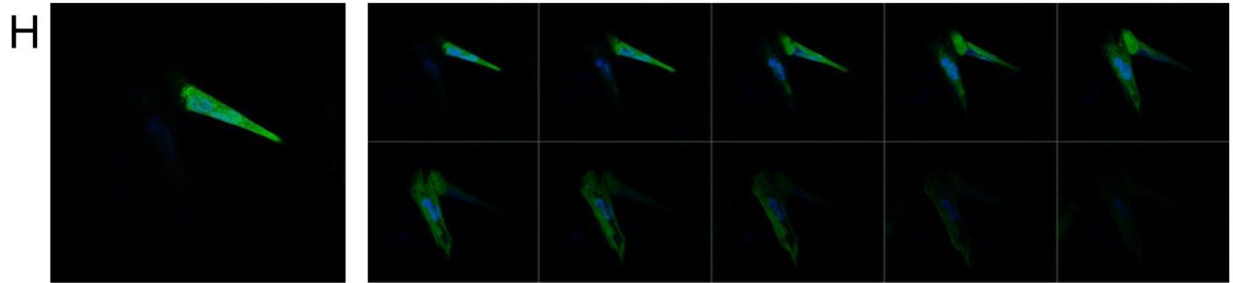


# $\beta$ -MSCs: successful fusion of MSCs with $\beta$ -cells results in a beta-cell like phenotype

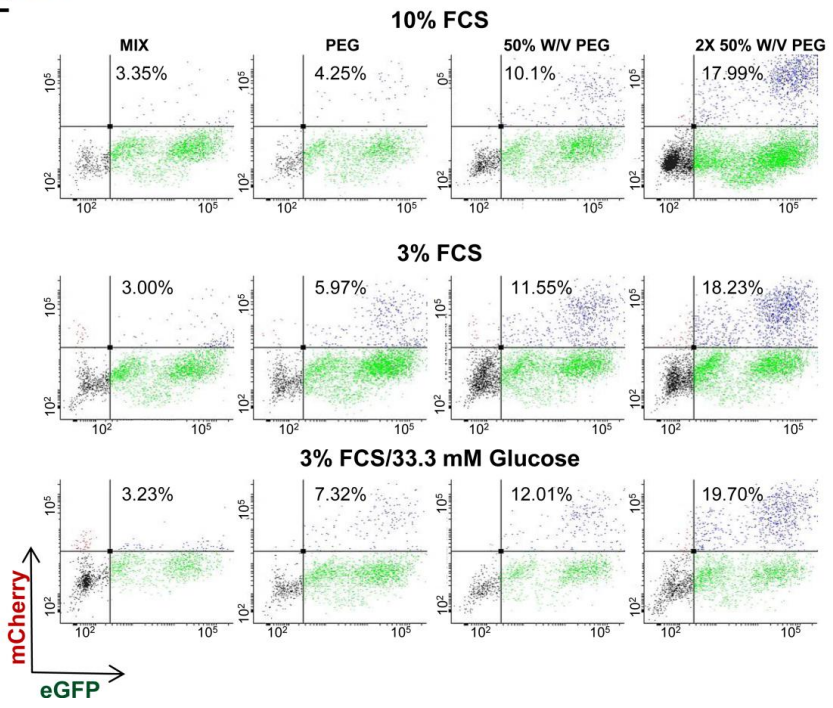
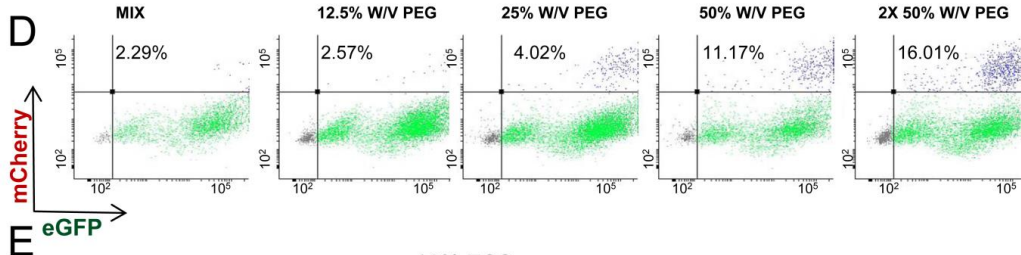
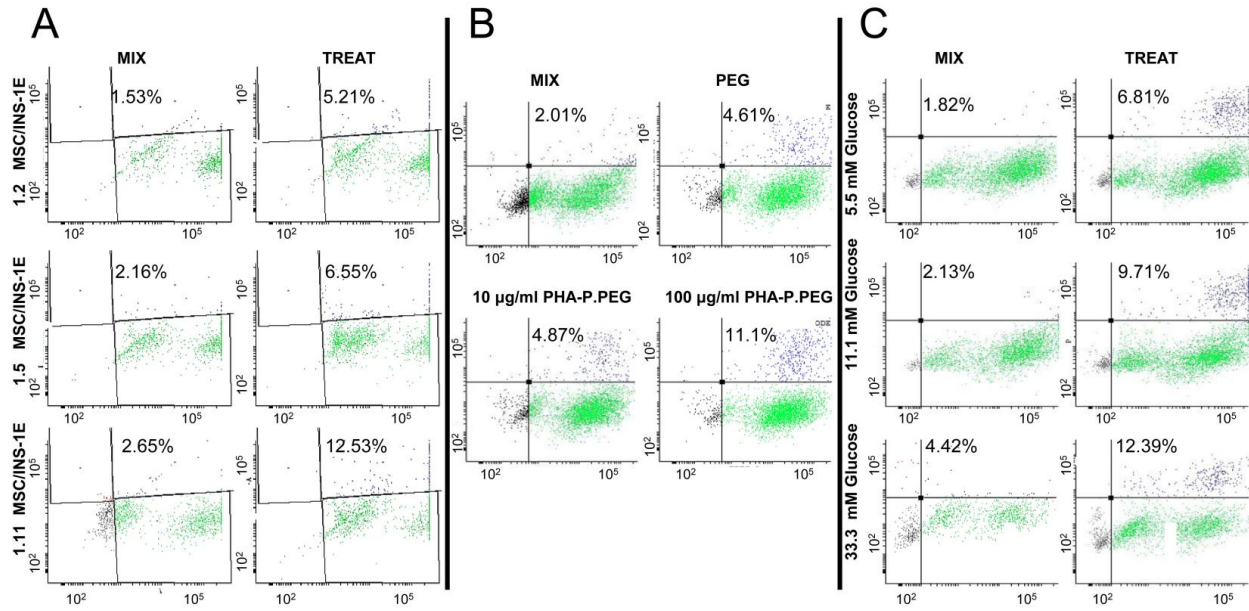
## Supplementary Material

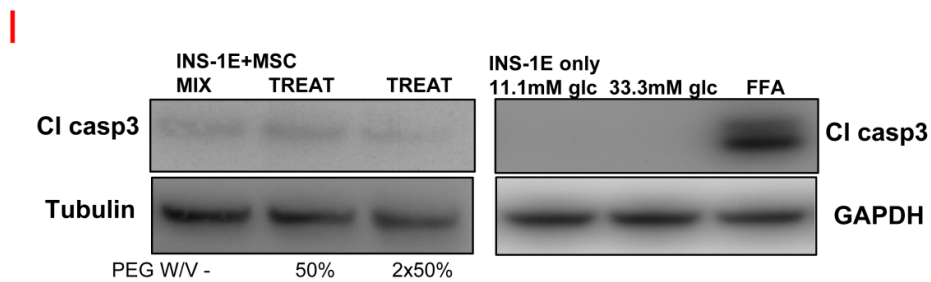
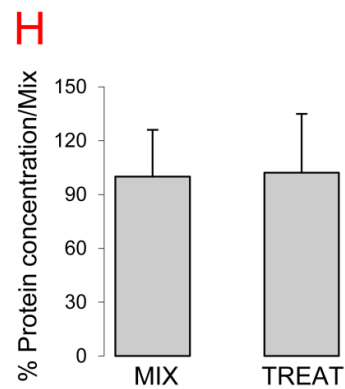
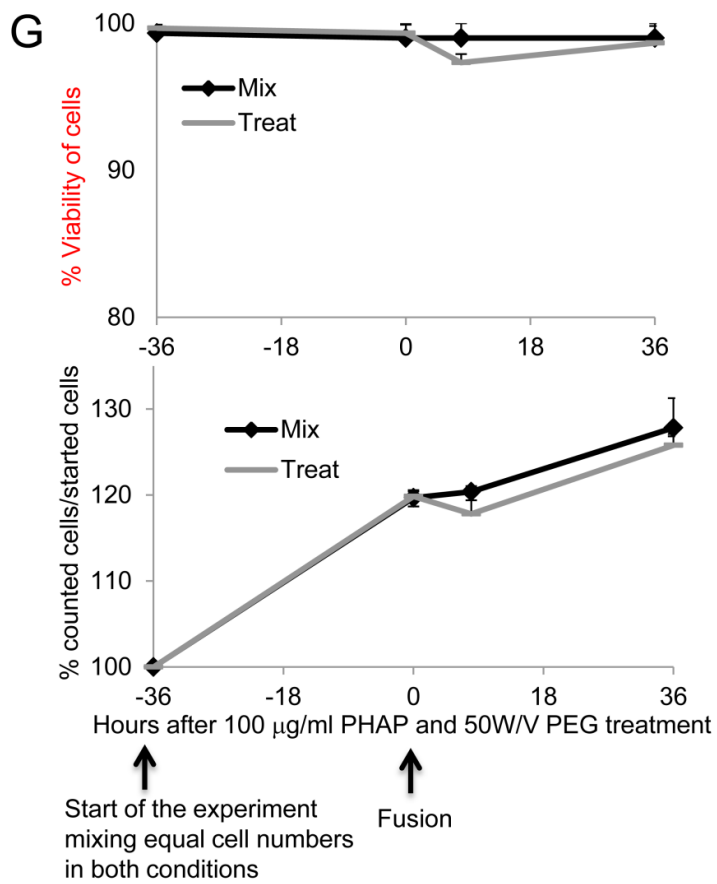
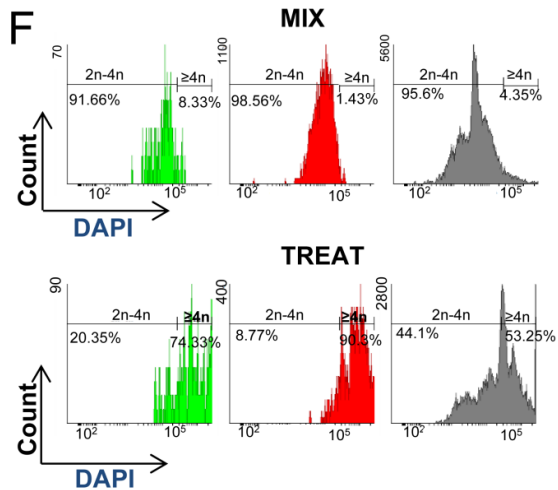




**Suppl.Fig.1. Characterization of human bone marrow MSCs.**

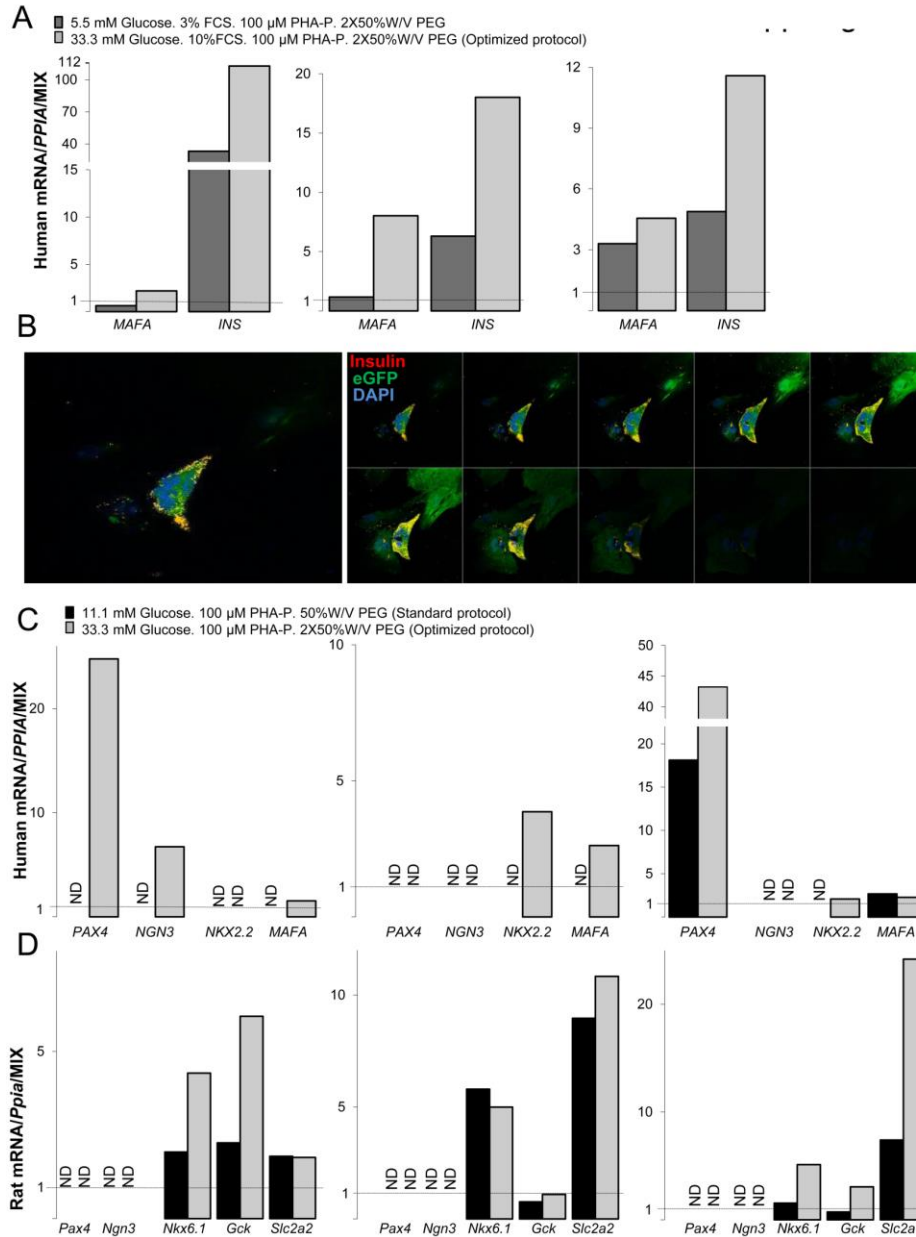
(A) Colony Forming Unit-Fibroblast (CFU-F) stained with 1% crystal violet as a marker of MSCs in culture after 1 week (left) and the shape of MSCs in long-term culture of around 3 weeks (right; 40X) as well as CD73 and CD105 staining of paraffin embedded MSC sections (200X). (B) Positive (CD105, CD90 and CD73; top) as well as negative (CD45, CD34 and MHC-II; bottom) MSC markers by flow cytometry (C) MSC differentiation potential after stimulation (see material and methods) into adipocytes and osteoblasts analyzed by Sudan red B and Silver nitrate, respectively (40X). (D) Efficiency of eGFP<sup>+</sup>MSC and mCherry<sup>+</sup>INS-1E stable cells shown by flow cytometry. (E) EGFP, CD105 and CD73 and CD90 staining of paraffin embedded eGFP<sup>+</sup>MSC sections (200X). (F) Insulin staining of mCherry<sup>+</sup> INS-1Es (200X). (G) To select the optimal time point of puromycin, MSC/INS-1E fused cells were treated with puromycin after 12h or 36h. To select the optimum medium, MSC/INS-1E cells were maintained in AlphaMEM and [platelet lysate \(PL; MSC medium\)](#) or RPMI1640 and FCS (INS-1E medium) immediately after standard fusion protocol treatment for 36h. The percentage of eGFP<sup>+</sup>/mCherry<sup>+</sup> cells was counted under the fluorescent microscope. (H) Z-stack movie (left) and serial sections (right) from eGFP<sup>+</sup>MSC homokaryons (0.4 μm) (400X). \*P< 0.05 at RPMI1640 to AlphaMEM or 12h RPMI1640.





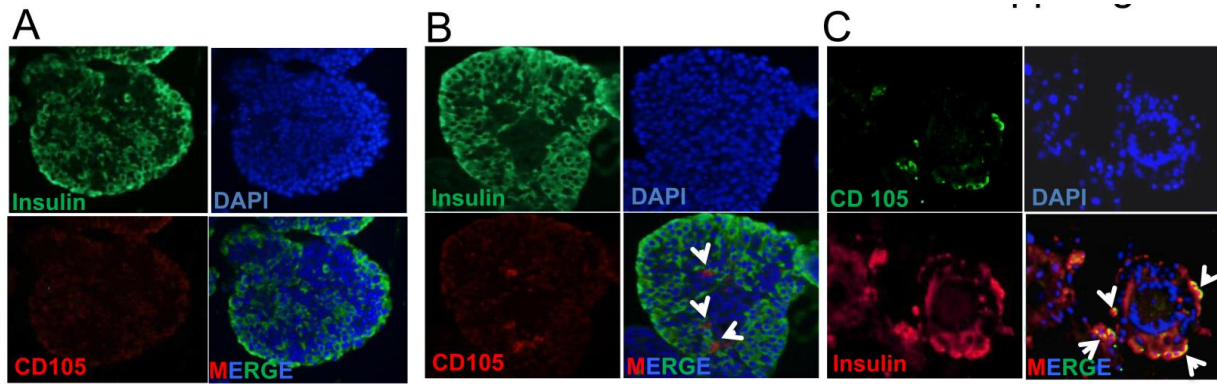
### **Suppl.Fig.2. Optimization of cell fusion protocol.**

(A-E) Representative scatter plots corresponding to the bar graphs in Fig.2A-E. (F) Representative histograms corresponding to the bar graphs in Fig.2G. Gating was set for control non-stained cells. (G) Percentage of trypan blue negative cells (upper panel) and cell numbers (lower panel) were counted during the experiment before and after fusion at 8h after PEG treatment. A representative field of 100 cells were counted for each treatment condition in triplicate (upper panel). Starting cell numbers were 55,000 eGFP+MSCs and 550,000 mCherry+INS-1Es. (H) Protein content in mix and treated cells at 8h after PEG treatment (optimized protocol). (I) Western blot analysis of cleaved Caspase 3 and Tubulin/GAPDH (loading controls) of treated (optimized fusion protocol with 2x50%PEG and fusion protocol with 2x50%PEG and mixed INS-1E/MSC) and of INS-1E cells only cultured for 12h at 11.1 mM glucose (-control), 33.3 mM glucose or 5.5 mM palmitate (+control). Blots are representative of 4 experiments.

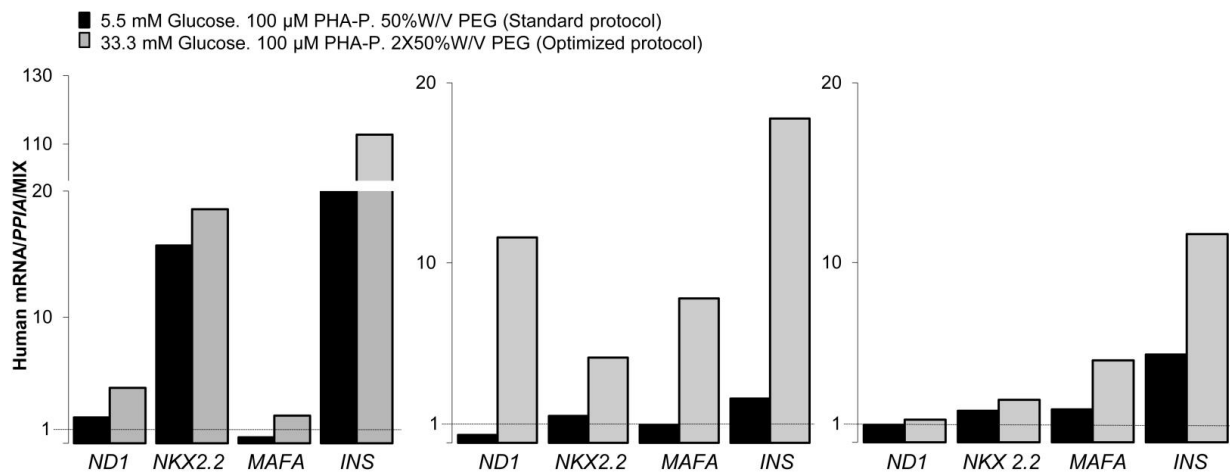


**Suppl.Fig.3: Characterization of insulin<sup>+</sup> human/rat  $\beta$ -MSC heterokaryon cells.**

(A) The relative mRNA expression of *MAFA* and *Insulin* of treated normalized to mixed human MSC/dispersed islet cells and to human Cyclophilin A. (B) Z-stack movie (left) and serial sections (right) from a eGFP<sup>+</sup>insulin<sup>+</sup> heterokaryon (0.4  $\mu$ m) from eGFP<sup>+</sup>MSC/mCherry<sup>+</sup>INS-1E cells under the optimized fusion protocol. (400X) (C,D) Relative mRNA expression of human (C) as well as rat beta-cell markers (D) from treated eGFP<sup>+</sup>MSC/mCherry<sup>+</sup>INS-1E cells normalized to mixed control conditions. RT-PCR was normalized to human (C) or rat Cyclophilin A (D). Results represent three independent experiments. All analyses are from at least three independent experiments from three MSC donors shown in separate graphs.



**D**



**Suppl.Fig.4. Characterization of insulin<sup>+</sup> human  $\beta$ -MSCs.**

(A-B) Co-staining of insulin and CD105 in paraffin sections and fluorescent microscopical analysis (A) in a human islet with no CD105<sup>+</sup> cells, (B) in a human islet with CD105<sup>+</sup>insulin<sup>-</sup> cells and (C) in fused MSCs with human islet cells with CD105<sup>+</sup>insulin<sup>+</sup> double positive cells. White arrows show CD105<sup>+</sup> (B) and CD105<sup>+</sup>insulin<sup>+</sup> double positive cells (C; 300X). (D) The relative mRNA expression of human  $\beta$ -cell markers of treated human  $\beta$ -MSC cultures normalized to mixed MSC/dispersed islet cells as control and to human Cyclophilin A. The bar graphs represent three independent experiments from three different MSC and islet donors shown in separate graphs.