

## TGF- $\beta$ 1/Activin Receptor-Like Kinase inhibition restores marrow hematopoiesis in the Gata1 low mouse model of myelofibrosis

Laura Sancillo<sup>1</sup>; Maria Zingariello<sup>2</sup>; Barbara Ghinassi<sup>1-3</sup>; Domenico Bosco<sup>4</sup>; Anna Rita Migliaccio<sup>3</sup>, Rosa Alba Rana<sup>1</sup>

<sup>1</sup> Department of Medicine and Aging Sciences, Section of Human Morphology, University of study "G.d'Annunzio" Chieti-Pescara

<sup>2</sup> Campus Biomedico, Faculty of Medicine, Rome

<sup>3</sup> Mount Sinai Sc.of Med., NY

<sup>4</sup> IGM CNR, Chieti

Megakaryocytes both from primary myelofibrosis patients (PMF) and the Gata1low mouse model express levels of TGF- $\beta$  3-4-fold ( $p < 0.001$ ) greater than normal, suggesting that increased release of TGF- $\beta$  from these cells in the microenvironment may play an important role in disease progression. To test this hypothesis, 12 Gata1low mice were treated for 4 cycles with SB431542 (C22H16N4O3, MW=384.4), an inhibitor of TGF- $\beta$ 1/activin receptor-like kinases, for a total of 2 months. Mice were then sacrificed and analyzed for disease progression. In the blood, SB431542-treatment significantly increased platelet numbers (by 2-fold) and reduced white blood cell counts (20%) and poikilocyte frequencies (by 90%) without affecting hematocrit levels (which remained normal) or progenitor cell trafficking (which remained high). In the marrow, SB431542-treatment significantly increased total cell numbers [ $>2$ -fold] and frequency of progenitor cells (by 2-fold) and erythroid and megakaryocytic (by  $>50\%$ ) precursors while reducing fibrosis ( $>90\%$ ) and microvessel density ( $>90\%$ ). In addition, SB431542-treatment

reduced spleen weight by 50% and erythroblast and/or megakaryocyte frequencies in spleen and liver by 50%. Therefore, in the Gata1low mouse model inhibition of TGF- $\beta$ 1 efficiently reactivates hematopoiesis in marrow while reducing hematopoiesis in extramedullary sites suggesting a potential benefit for treatments targeting microenvironment abnormalities in PMF.

Keywords: Key words: Myelofibrosis, MegaKaryocytes, TGF beta1, Hematopoiesis