



The University of
Nottingham

UNITED KINGDOM • CHINA • MALAYSIA

Ebrahim, Neven A. and Leach, Lopa (2016)
Transendothelial migration of human umbilical
mesenchymal stem cells across uterine endothelial
monolayers: junctional dynamics and putative
mechanisms. *Placenta* . ISSN 1532-3102

Access from the University of Nottingham repository:

<http://eprints.nottingham.ac.uk/37853/1/WJ-MSc%20%2B%20HUtMEC%20Ebrahim%20Leach.pdf>

Copyright and reuse:

The Nottingham ePrints service makes this work by researchers of the University of Nottingham available open access under the following conditions.

This article is made available under the Creative Commons Attribution Non-commercial No Derivatives licence and may be reused according to the conditions of the licence. For more details see: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

A note on versions:

The version presented here may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the repository url above for details on accessing the published version and note that access may require a subscription.

For more information, please contact eprints@nottingham.ac.uk

Accepted Manuscript

Transendothelial migration of human umbilical mesenchymal stem cells across uterine endothelial monolayers: Junctional dynamics and putative mechanisms

Neven A. Ebrahim, Lopa Leach



PII: S0143-4004(16)30567-7

DOI: [10.1016/j.placenta.2016.10.014](https://doi.org/10.1016/j.placenta.2016.10.014)

Reference: YPLAC 3495

To appear in: *Placenta*

Received Date: 8 July 2016

Revised Date: 19 October 2016

Accepted Date: 20 October 2016

Please cite this article as: Ebrahim NA, Leach L, Transendothelial migration of human umbilical mesenchymal stem cells across uterine endothelial monolayers: Junctional dynamics and putative mechanisms, *Placenta* (2016), doi: 10.1016/j.placenta.2016.10.014.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

Transendothelial migration of Human Umbilical Mesenchymal Stem Cells across uterine endothelial monolayers:
junctional dynamics and putative mechanisms.

Neven A. Ebrahim and Lopa Leach*

Molecular Cell Biology & Development Group, School of Life Sciences, Faculty of Medicine & Health Sciences,
University of Nottingham, Nottingham, UK. mbxnz1@nottingham.ac.uk; lopa.leach@nottingham.ac.uk

*Corresponding Author. School of Life Sciences, E Floor Medical School, Queens Medical Centre, Nottingham,
NG7 2UH, UK. Email address: lopa.leach@nottingham.ac.uk. Tel +44 115 8230175; Fax +44 1158230142

Abbreviations: Mesenchymal stem cells (MSC) from Wharton's jelly of human umbilical cords (WJ-MSC), human
uterine microvascular endothelial cells (HUtMEC), vascular endothelial cadherin (VE-cadherin), vascular
endothelial growth factor (VEGF), cytokeratin 7 (CK-7), human umbilical vein endothelial cells (HUVEC).

28 **Abstract**

29 Introduction: During pregnancy, fetal stem cells can transfer to the maternal circulation and participate in tissue
30 repair. How they transmigrate across maternal endothelial barriers and whether they can subsequently influence
31 maternal endothelial integrity is not known.

32 Methods: Mesenchymal stem cells (WJ-MSC) were isolated from Wharton's jelly and their interactions with human
33 uterine microvascular endothelial cell (HUtMEC) monolayers, junctional occupancy and expression
34 /phosphorylation of vascular endothelial (VE)- cadherin and vascular endothelial growth factor (VEGF-A) secretion
35 was studied over 48h by real time, confocal microscopy, immunoblotting and ELISA.

36 Results: WJ-MSC displayed exploratory behaviour with interrogation of paracellular openings and spreading into
37 the resultant increased gaps followed by closing of the endothelium over the WJ-MSC. 62% of added cells crossed
38 within 22h to sub-endothelial niches . There was a concomitant loss of junctional VE-cadherin in HUtMEC followed
39 by a full return and increased VE-cadherin expression after 22h. During early hours, VE-cadherin showed a transient
40 phosphorylation at Tyrosine (Tyr)-685 when VEGF-A secretion were high. From 16 to 22h, there was increased de-
41 phosphorylation of Tyr-731. Anti-VEGF-A blocked Tyr-685 phosphorylation but not the decrease in P-Tyr731; this
42 partially inhibited WJ-MSC transmigration.

43 Discussion: Fetal WJ-MSC can traverse uterine endothelial monolayers by mediating a non-destructive paracellular
44 pathway. They can promote junctional stability of uterine endothelium from the sub-endothelial niche.

45 Mechanistically, WJ-MSC induces VEGF-dependent phosphorylation events linked with paracellular permeability
46 and VEGF-independent de-phosphorylation events associated with leukocyte extravasation. Our data also allows
47 consideration of a possible role of fetal MSC in mature functioning of the uterine vasculature needed for optimal
48 utero-placental perfusion.

49

50 **Key words:** Human umbilical mesenchymal stem cells, Human uterine microvascular endothelial cells,

51 Transendothelial migration, VE-cadherin, P-Tyr685, P-Tyr731.

52

53

54

55

56 Introduction

57 The presence of pregnancy-associated fetal progenitor cells in the maternal circulation is well documented. They can
58 be detected in the mother's peripheral blood from the first trimester of pregnancy, with numbers increasing as
59 pregnancy progresses; indeed persistent microchimeric fetal cells can remain in the maternal circulation decades
60 after birth [1-3]. The maternal blood in placental intervillous spaces has been shown to contain fetal cells even at
61 term, strengthening the observation that these cells continue to cross the placental barrier throughout gestation [4].
62 Cells from all three embryonic germ layers; ectoderm, endoderm and mesoderm have been identified in maternal
63 peripheral blood and damaged maternal tissues such as brain, kidney and heart [5-9]. They are thought to play an
64 active role in the repair of maternal tissues; caudal related homeobox 2 (*CDX2*) cells of fetal/placental origin have
65 been shown to home into injured myocardial endothelium in mice and undergo differentiation into diverse cardiac
66 lineages [10]. The re-modelling of uterine spiral arteries up to one-third of the myometrium by placenta derived
67 extra-villous trophoblast cells (EVT) in order to ensure high flow, low resistance conduits of maternal blood flow to
68 the placenta is well documented [11]. EVT are thought to replace the smooth muscle layer of the arteries, with
69 subsequent re-endothelisation or trans-differentiation to endothelial cells. Whether fetal mesenchymal stem cells
70 could play a part in this has not been addressed. Other cell types, specifically fetal endothelial colony forming cells
71 isolated from human cord blood and injected into the fetal heart have been shown to transmigrate from the fetus to
72 the uterus and home into and aid expansion of mouse uterine vessels in pregnancy [12]. These authors also located
73 endothelial-associated fetal cells in the human myometrial microvessels at term and hypothesise that fetal stem cells
74 play a role in influencing the necessary expansion of maternal vascular supply to the placenta. How fetal cells,
75 whether endothelial colony- forming or mesenchymal stem cells, cross the maternal endothelial barrier, incorporate
76 into the uterine vasculature and their influence, if any, on the endothelium requires investigation.

77 Mesenchymal stem cells (MSC) can be found in perivascular niches of the placenta and umbilical cord [13, 14].
78 They are of interest in regenerative medicine, given their potential to promote tissue regeneration [15] and enhance
79 vascular barrier integrity [13, 16]. WJ-MSC can promote neovascularisation, re-endothelialisation and junctional
80 integrity [13, 17]. In a previous study we have shown that WJ-MSC can cross the fetal human umbilical vein
81 endothelial monolayers using a paracellular route, with full repair of vascular endothelial cadherin (VE-cadherin)
82 junctions once a sub-endothelial niche has been reached [13]. Whether a similar non-destructive mechanism is

83 employed by these fetal stem cells to cross the maternal endothelium, including the uterine myometrial
84 microvascular endothelium require elucidation.

85 The endothelial paracellular pathway, and the adhesion molecules present therein respond to physiological and
86 pathological factors including inflammatory mediators and permeability increasing agents such as VEGF and
87 histamine [18-20]. Activation of Src family kinases and tyrosine phosphorylation of VE-cadherin has been
88 associated with a loss of barrier function. VEGF has been shown to increase phosphorylation of Tyr-685 in human
89 umbilical vein cells [19, 21]. However controversy exists in the literature, with Adam *et al.* [22] showing that Src-
90 induced tyrosine phosphorylation of VE-cadherin is not sufficient to promote an increase in monolayer permeability
91 in human dermal microvascular cells. A recent *in vivo* study suggests that the opening of endothelial junctions for
92 the passage of plasma proteins or leukocytes depends on two different tyrosine residues of VE-cadherin where
93 phosphorylation is regulated in opposite ways. Using knock-in mice expressing a Y685 mutant of VE-cadherin or a
94 Y731F mutant, the authors demonstrated phosphorylation and dephosphorylation of VE-cadherin at Tyr685 and
95 Tyr731 governs induction of vascular permeability or leukocyte diapedesis [23]. The latter required internalisation
96 of VE-cadherin via tyrosine phosphatase SHP-2 with the resultant frank opening necessary for leukocyte
97 paracellular trafficking. Which pathway, or both is utilised by WJ-MSC needs addressing. MSc derived from bone
98 marrow have been shown to cross primary human lung and heart microvascular endothelial monolayers [24] in a
99 fashion similar to leukocytes, although the duration of the process: from encounter to sub-endothelial destination,
100 took longer than that for leukocytes crossing at sites of inflammation [13, 19, 24, 25].

101 Using real time, confocal microscopy, ELISA and protein expression analyses this study specifically investigated
102 the spatio-temporal events when fetal WJ-MSC encounter confluent maternal endothelial cell monolayers, the
103 chosen transendothelial migration pathway and the VE-cadherin dynamics and phosphorylation events which would
104 allow physiological paracellular extravasation. The ability of these cells to influence maternal endothelial junctional
105 maturity from sub-endothelial niches was also investigated. The use of primary uterine microvascular cells allowed
106 insights to fetal and maternal interactions per se as well as a possible role of fetal mesenchymal stem cells in mature
107 functioning of the uterine vasculature needed for optimal utero-placental perfusion.

108

109

110

111 Materials and Methods**112 Tissue Collection and Ethical Approval**

113 Term umbilical cords (n=8) were obtained at elective Caesarean section from normal pregnancies with informed
114 patient consent and full ethical approval (REC Ref 14/SC/ 1194; NHS Health Research Authority, UK). The work
115 described here has been carried out in accordance with The Code of Ethics of the World Medical Association
116 (Declaration of Helsinki).

117 5 separate isolates of primary human uterine myometrial microvascular endothelial cells (C-12295; Passage 2) were
118 bought from PromoCell, Heidelberg, Germany.

119 Antibodies used (concentration, clone and company): CD45 – FITC (0.25 µg/ml, Clone IM2078U,
120 Beckman Coulter); CD34 – FITC (0.25 µg/ml, A86354, Beckman Coulter); CD44 – PE (0.25 µg/ml, IM0845,
121 Beckman Coulter); CD29 – FITC (0.25 µg/ml PN IM0791U, Beckman Coulter); CD105 – FITC (0.25 µg/ml,
122 323203,ebioscience); CD73 – APC (0.125 µg/ml, 17-0739, ebioscience); CD90 – PE (0.25 µg/ml, 12-0909,
123 ebioscience); CDHLA-DR – FITC (0.25 µg/ml, 307603,ebioscience); CD19 – APC (0.25 µg/ml, 12-0199,
124 ebioscience); CD14 – PE (0.25 µg/ml, 17-0149, ebioscience); VE-cadherin (CD144; 5 µg/ml; 2500,Cell
125 Signalling, UK); VE-cadherin (6 µg/ml, 55-7H1, Pharmingen, BD Biosciences); Vwf (5 µg/ml, IS527,Dako);
126 CD31(5 µg/ml, BBA7, R&D Systems); Cytokeratin 7(12.4 µg/ml; M7018,Dako); VE-cadherin p-Tyr 685 (2
127 µg/ml, CP1981, ECM Biosciences); VE-cadherin p-Tyr731 (2 µg/ml, Ab27776, abcam); β-Actin (0.4 µg/ml,
128 A5316, Sigma-Aldrich); VEGF-A (2 µg/ml, MAB293, R&D Systems); IgG secondary antibodies for IB (1:4000,
129 Li-Cor Bioscience).

130 Isolation and characterization of cells

131 WJ-MSC were non-enzymatically isolated from umbilical cord segments and cultured up to Passage 4 in stem cell
132 growth medium (DMEM/Low Glucose) with 0.1% antibiotic/antimycotic solution and 15 % Fetal Bovine Serum
133 using the methods previously described [13]. They were characterised to be mesenchymal stem cells by flow
134 cytometry, being positive for mesenchymal CD29, CD105, CD90, CD73, CD44 and negative for the haematopoietic
135 markers CD34, CDHLA-DR, CD14, CD19 & CD45. The ability of these cells to differentiate into osteocytes,
136 chondrocytes and adipocytes if induced was also tested separately [13]. Undifferentiated WJ-MSC were labelled

137 with the red fluorescent dye PKH26 (15 μ M; Sigma-Aldrich, UK) as per manufacture's instruction prior to co-
138 culture studies.

139 HUtMEC on 1 % gelatin-coated coverslips were grown to confluence in endothelial growth medium (MV) from
140 PromoCell which contained 5.56 mM glucose, *FCS*, *ECGS*, *heparin*, *hydrocortisone but no extra VEGF*; pH
141 7.4. 100 IU/mL penicillin, 100 μ g/mL streptomycin, 0.25 μ g/mL Amphotercin B was added to MV before use.
142 HUtMEC and WJ-MSC monolayers and co-cultures (see below) were further characterized by
143 immunocytochemistry with antibodies against the endothelial markers VE-cadherin and CD31; mesenchymal
144 marker CD29-FITC, anti-VEGF-A and mAb against cytokeratin 7 (Dako, UK). Rabbit-anti human VE-cadherin was
145 used for double labelling. HUVEC monolayers at passage 2 were used as a positive endothelial control. Briefly,
146 cells were fixed with 1% paraformaldehyde, permeabilized (0.15% Triton X-100; 10 min), blocked in 5% goat
147 serum and incubated overnight (4 °C) with the primary antibodies. Appropriate TRITC or FITC conjugated
148 secondary antibodies (Sigma) were then used. Coverslips were mounted using Vectorshield (Vector Lab Inc, USA).
149 Propidium iodide (PI; 1.5 μ g/ml) or 4'6-diamidino-2-phenyl indole (DAPI; 1 μ g/ml) was used to counterstain nuclei.
150 Images were acquired with Nikon fluorescence microscope and NIS elements F3.0.

151 **Co-culture studies of WJ-MSC with HUtMEC**

152 Similar to our previous study design using HUVEC [13], once HUtMEC reached 70 % confluence, media was
153 changed to a 50:50 mixed media (endothelial: stem cell media). On full confluence (18 -24h later) isolated PKH26
154 labelled WJ-MSC were seeded on top of the confluent monolayer (1: 5 ratio) per coverslip [13, 16]. HUtMEC
155 monolayers without added WJ-MSC acted as controls. All experiments were repeated 4 times.

156 **Real Time Observations**

157 Co-cultures of WJ-MSC with HUtMEC on gelatinized glass-bottomed tissue culture dishes (Ibidi GmbH, Germany)
158 were observed for 24 hours with a wide-field fluorescence imaging system (Deltavision Elite; Applied Precision,
159 USA). Z- stack images at 2 different focal planes were acquired every 15 min. Data analysis was carried out using
160 Volocity software (Perkin Elmer, UK).

161 **Quantitative analysis of endothelial junctional integrity and migrating WJ-MSC**

162 Based on preliminary observations of co-cultures from 0- 48h, and known behaviour of WJ-MSC on HUVEC
163 monolayers [13], confluent monolayers of HUtMEC with/without added PKH26-labelled WJ-MSC at 0, 30, 60, 90
164 min, 2, 16, 22 and 48 h were immunolabelled for VE-cadherin as stated above for analyses of early and late

165 interactions. Systematic random sampling was used to acquire 10 images per coverslip for each chosen duration and
166 repeats. After blinding, the % of paracellular clefts per image was categorised according to VE-cadherin staining
167 pattern: continuous or discontinuous (including total loss from cell-cell cleft). To ensure an equal chance of being
168 counted, a grid was used and clefts from every other square which did not cross the “forbidden line” [27, 28] were
169 counted. Data were analysed using Two-way ANOVA (Prism 6) and Sidak’s multiple comparison test. Statistical
170 significance was taken at $p < 0.05$.

171 Using Z-focus steps, the location of WJ-MSC in respect to HUtMEC monolayer, whether above (apical) or below
172 (sub-endothelial) and their proximity to discontinuous junctions were recorded at 30, 60, 90 min and 2, 16 and 22h.

173 **Confocal imaging**

174 2 and 22h immunostained coverslips were further analysed with confocal scanning microscopy (Zeiss Axiovision;
175 Zeiss, Germany). Optical slices (0.5 - 0.6 μm intervals) were taken and composite images were tilted at the Z-axis
176 with Volocity software to visualise transmigration pathways and the apical/basal location of stem cells for the
177 chosen durations.

178 **Immunoblot analysis**

179 Confluent HUtMEC monolayers were co-cultured with/without unlabelled WJ-MSC on 6 well plates as above.
180 Based on the observed VE-cadherin dynamics, the early hours of interaction (0, 30, 60 and 120 min) and late (22
181 and 48h) were chosen to measure VE-cadherin expression and its’ phosphorylation status at Tyr-685 or Tyr-731. A
182 third study group included co-cultures interacted in the presence of anti-human VEGF-A (2 $\mu\text{g}/\text{ml}$) for 2 and 22h.
183 Briefly, cells were scraped and lysed in 200 μl Lysis buffer (50 mM Tris-HCL pH 7.4; + 10 % [vol/vol] glycerol +
184 280 mM NaCl + 0.1% Triton X 100 + 50 mM NaF + 2 mM EGTA + 0.2 mM EDTA + 1 mM Na_3VO_4 + 0.1 mM
185 phenylmethylsulfonyl fluoride [PMSF] + 1 mM Dithiothreitol (DTT) and Complete [Roche] protease inhibitors) for
186 10 min on ice. De-natured proteins were separated in a 4-20% gradient polyacrylamide gel (Bio-Rad, UK) after
187 equal loading [13]. They were incubated with antibodies consecutively with immunoglobulins removed as described
188 by Begitt et al [29]. Optical densities were measured and analysed using the Li-cor Odyssey system and Image-J.
189 Normalised values, against β -actin and VE-cadherin were compared by One-way ANOVA and unpaired student’s t-
190 test [13]. Experiments were repeated three times using three different isolates.

191 **ELISA Assay**

192 VEGF-A (165 and 121) concentrations in the condition media from co-cultures of WJ-MSC and HUtMEC at 2, 22,
193 48h were measured using a commercially available kit (R&D Systems, USA). Conditioned media from co-cultures
194 grown in the presence of neutralising anti-VEGF-A antibody were measured as was conditioned media from WJ-
195 MSC or HUTMEC monolayers only. The optical absorbance was read at 450 nm (TECAN, Switzerland). VEGF-A
196 concentrations were calculated from standard curves and analysed with One-way ANOVA. Internal repeats (x3)
197 from two different isolates were compared.

198

199 **Results**

200 **VE-cadherin junctional dynamics in co-cultures.**

201 HUtMEC showed immunopositivity to the endothelial markers VE-cadherin and CD31 (Fig.1 A,B) with strong
202 continuous staining at cell-cell contact regions of confluent monolayers. Counts of junctions in mixed media at
203 different durations revealed a slight decrease in continuity after 30 min exposure to mixed media but this was not
204 found to be statistically significant when compared to controls in full media. Values from subsequent 2h, 16h and
205 22h in mixed media were not statistically different from each other, 30 min duration or control (One way ANOVA
206 with Tukeys Multiple Comparison test; Fig.1 C-G).

207 On addition of labelled WJ-MSC to confluent HUtMEC layers, WJ-MSC began to alter their shape, from rounded to
208 more flattened cuboidal to elongated spindle shape with time. 30 min after initial interaction, 10% of cells displayed
209 changed morphology (Fig 2 A); by 2h, <40% of cells remained rounded and could be found in apical positions only.
210 (Fig 2 B). A contact-mediated change of VE-cadherin staining pattern in HUtMEC, from continuous to
211 discontinuous or total loss, was observed from 30 min onwards (Fig.2 C, D). This reached statistical significance (P
212 < 0.0001) at 2h with $63 \pm 4.6\%$ of clefts showing continuous staining compared to controls ($83.5 \pm 3.5\%$).

213 Disrupted clefts and frank openings at tri-cellular junctions in the monolayer were associated with overlying or
214 transmigrating WJ-MSC (Fig. 2 C-E). At 16h co-culture there was evidence of recovery in regions devoid of
215 apically resident stem cells; $79 \pm 1.7\%$ of junctions now displayed continuous VE-cadherin. At 22h, WJ-MSC were
216 found mostly in sub-endothelial position, underlying fully confluent endothelial monolayers with continuous VE-
217 cadherin staining (Fig. 2 F). This was confirmed by the Z tilts acquired at 2 and 22h (Fig.2 G, H). At 22h, 94 ± 2.7
218 % of clefts showed continuous VE-cadherin staining compared to $82.2 \pm 2.5\%$ in duration matched controls ($p <$

219 0.001) suggestive of increased junctional occupancy of VE-cadherin in the stem cell treated HUtMEC (Fig.2 I).

220 WJ-MSC demonstrated negative immunoreactivity to VE-cadherin throughout.

221 Counts of PKH26 labelled WJ-MSC at apical, transmigrating or sub-endothelial locations confirmed that
222 transmigration started from 30 minutes (5% of total cells in field of view) with the number of extravasating cells
223 increasing with time (Fig. 2 J). The rate of migration was highest in the early hours, with 48 ± 15 % of cells found in
224 sub-endothelial locations at 2h. Migration continued for a further twelve hours with 98 ± 2 % of WJ-MSC counted at
225 sub-endothelial positions at 22h. Not all cells crossed the endothelial barrier, of the initial 20,000 cells placed on
226 confluent HUtMEC per coverslip, only 62 ± 18 % of cells crossed within 22h.

227 **Real time visualisation of WJ-MSC/ HUtMEC interactions**

228 Real time microscopy confirmed that interaction with WJ-MSC did not result in any observed apoptosis or
229 detachment of the uterine endothelial cells. HUtMEC remained as a flattened monolayer throughout the 48h
230 observation period (Fig.3). Upon addition, the PKH26-labelled WJ-MSC displayed a prolonged exploratory
231 behaviour, with classical membrane blebbing and amoeboid movement (Fig. 3 A-M) over the uterine endothelial
232 monolayer. After the lag phase, WJ-MSC was observed to change shape towards the spindle-shaped morphology
233 (Fig.3 N-P), interrogate endothelial paracellular clefts and populate the increased paracellular gaps in HUtMEC
234 monolayers (Fig.3 N-R).

235 **Analyses of VE-cadherin expression/ phosphorylation status**

236 The expression and phosphorylation status of VE-cadherin was altered depending on presence and duration of stem
237 cell interaction (Fig.4 A-E). In the early hours of co-culture, 0, 30, 60 and 120 min there were no change in the total
238 expression of VE-cadherin. At the post-migration times of 22 and 48h co-culture, there was a statistically significant
239 ($p < 0.01$) increase in VE-cadherin expression, compared to control or early hours (Fig. 4A, D).

240 HUtMEC treated with WJ-MSC showed a significant increase in p-Tyr685 at early hours (30, 60 and 120 min)
241 reaching maximal value at 2h ($p < 0.001$), followed by a decrease at 22h and return to control values at 48h (Fig.4 A,
242 B). Tyr731 showed basal level of phosphorylation similar to the controls at the early hours of interaction (Fig.4 C).
243 This was followed by a dramatic decrease in p-Tyr731 expression at 2 and 22h ($p < 0.01$). By 48h, both
244 phosphorylation and de- phosphorylation status of VE-cadherin returned to normal.

245 Addition of anti-VEGF neutralising antibodies to co-cultures blocked the phosphorylation of Tyr685 at 2 and 22h,
246 with a significant decrease at 2h ($p < 0.01$; Fig 4E). The later Tyr731 de- phosphorylation was not affected.

247 Neutralisation of VEGF resulted in reduced migration of WJ-MSC with 25% fewer cells found in sub-endothelial
248 locations at 2h. Cells continued to cross the endothelial monolayer in the period dominated by the unaltered Tyr731
249 de-phosphorylation. At 22h, only $47 \pm 6\%$ of cells, compared to $90 \pm 8\%$ in non-neutralised controls, were found
250 underlying the HUtMEC monolayer (Fig. 4 F).

251 **Secretion of VEGF during early hours of interaction**

252 The conditioned media (CM) from WJ-MSC or HUtMEC monolayers showed negligible concentrations of VEGF-A
253 (165,121) present (Fig.5 A). In cultures of HUtMEC challenged with mixed media there was a detectable level of
254 VEGF-A levels in the supernatant measured at 2h but not at 22h. When HUtMEC was co-cultured with WJ-MSC
255 there was a statistically significant increase in VEGF-A levels in the supernatant at 2h ($p < 0.001$) followed by a
256 decrease at 22h ($p < 0.05$). No VEGF-A was detected by 48h. Supernatants of co-cultures grown in the presence of
257 VEGF-A neutralising antibodies did not contain measurable VEGF-A at 2 or 22h. Immunocytochemistry revealed
258 VEGF-A presence in HUtMEC and WJ-MSC (Fig.5 B-D). WJ-MSC appeared to have higher intensity of staining at
259 2h co-culture (Fig 5B).

260 **Cytokeratin-7 expression in endothelial and mesenchymal stem cells**

261 In monocultures, $29 \pm 4\%$ of HUtMEC were immunopositive to CK7 whilst still expressing endothelial markers
262 (Fig.6 A,B); HUVEC were found to contain a higher percentage ($81 \pm 6\%$) of CK-7 expressing cells (Fig.6 C,D)
263 whilst $30 \pm 3\%$ of the WJ-MSC were positive to CK7 (Fig.6 E) whilst also expressing mesenchymal markers (Fig.6
264 F). In HUtMEC-WJMSC co-cultures, no increase was seen in the percentage of CK7+ cells in either cell type (Fig.6
265 G, H). CK7⁺ WJ-MSC was found in both apical and sub-endothelial positions of HUtMEC monolayers at 2 or 22h
266 of co-culture.

267 **Discussion**

268 This *in vitro* study is the first to show that fetal mesenchymal stem cells derived from the Wharton's jelly of term
269 human umbilical cords can cross monolayers of microvascular endothelial cells derived from the human
270 myometrium in a non-destructive manner without detaching the endothelial cells of the monolayer. Moreover, these
271 fetal mesenchymal cells demonstrated a paracellular egress to sub-endothelial niches with disruption of VE-cadherin
272 junctions followed by repair and increased up-regulation of VE-cadherin. In the early hours of co-culture, WJ-MSC
273 induced phosphorylation of the Tyr 685 residue of VE-cadherin which has been implicated in initiation of vascular
274 permeability. This was followed by de-phosphorylation of Tyr731, implicated in regulation of leukocyte

275 extravasation. The early VE-cadherin discontinuity at cell-cell junctions and phosphorylation at Tyr685 may be
276 induced by soluble factors secreted during co-culture. Elevated levels of VEGF were found in the supernatant prior
277 to and during maximal rate of transendothelial migration of WJ-MSc. Both cell types were capable of secreting
278 VEGF with WJ-MSc showing higher intensity of staining at 2h co-culture.

279 HUtMEC have been used previously to investigate trophoblast invasion and integration into the endothelial layers
280 [30]. Trophoblast cells were shown to actively displace endothelial cells and form trophoblast islands in the same
281 plane as the endothelial cells. WJ-MSc appeared not to displace HUtMEC but rather transmigrated singly to sub-
282 endothelial regions. This behaviour was similar to that when WJ-MSc encountered fetal endothelial cells isolated
283 from umbilical cords (13). Sipos *et al.* [12] demonstrated that human fetal endothelial colony forming cells can cross
284 the placental feto-maternal barrier and transmigrate to the maternal uterine vasculature in mice. These cells
285 exhibited mesenchymal markers (CD105 & CD 146) and endothelial markers (CD 31) and VEGFR-2, but not
286 hematopoietic markers. In our study we demonstrate that fetal mesenchymal stem cells, isolated from cords obtained
287 from elective Caesarean sections, can also traverse maternal endothelial cells and influence their junctional integrity
288 once sub-endothelial locations are reached.

289 WJ-MSc displayed non-apoptotic blebbing, amoeboid movement and interrogation of intercellular openings (Fig. 3)
290 as early events in their exploration of the uterine endothelial monolayer. This is reminiscent of bone marrow
291 mesenchymal cell interactions with TNF- alpha stimulated endothelial cells [24]. There was a minimum time lag of
292 around 30 min before WJ-MSc transmigration was observed with a higher rate of migration between 30 min to 2h.
293 The differential rate of migration over the study period suggests to the presence of two populations: fast and slow
294 transmitters. Furthermore, only 60% of cells placed on the endothelial monolayers crossed suggesting that in our
295 non-stimulated confluent monolayers, the microenvironment may have favoured cells capable of peri-
296 vascular/pericytic commitment. The observed prolonged exploration shown by WJ-MSc and the induced
297 paracellular gaps in HUtMEC monolayer suggests a paracrine conversation between WJ-MSc and the endothelial
298 cells. Indeed, VEGF levels increased in co-culture supernatants at 30 min, with highest levels measured at 2h. MSC
299 isolated from chorionic blood vessels of the placenta has been shown to secrete VEGF and induce increased
300 angiogenesis in endothelial cells from chorionic arteries [31]. It is therefore not surprising that WJ-MSc, of same
301 mesodermal origin also shows a similar secretory capability when challenged with HUtMEC. The highest
302 percentage of junctional disruption, defined by loss or discontinuous VE-cadherin localisation was also recorded at

303 2h. The ability of VEGF to disrupt VE-cadherin junctions is well established [18, 20, 28]. Junctional VE-cadherin
304 profiles returned to normal when a majority of WJ-MSCs were resident underneath the endothelial monolayers.
305 Indeed, at 22h there was increased monolayer integrity manifested by a significantly higher percentage of
306 paracellular clefts showing continuous VE-cadherin labelling compared to HUtMEC monolayers without stem cells.
307 The higher VE-cadherin protein expression at 22 and 48h also indicates an induced increase in junctional maturity.
308 WJ-MSCs were seen to expel exosomes (data not shown); the role of these in the subsequent upregulation of VE-
309 cadherin is under investigation in our lab. Although our data is from *in vitro* studies, the observed non-destructive
310 migration and post-migratory influence on junctional integrity of uterine endothelial cells is encouraging and offers
311 possible mechanisms as to how fetal stem cells can traffic and reside in maternal tissue. Certainly, the data
312 strengthens the promise of the usefulness of WJ-MSCs in vascular repair of maternal/adult vasculature.
313 The molecular mechanism utilised by the fetal stem cells to cross the uterine endothelial barrier, appeared to involve
314 transient phosphorylation of VE-cadherin at Tyr685. The resultant transmembrane redistribution of VE-cadherin
315 from junctional regions may have allowed early egress of the spindle-shaped WJ-MSCs. This was partially blocked
316 by VEGF-A neutralising antibodies, which also inhibited phosphorylation of VE-cadherin. VEGF-A have been
317 shown to target the Y685 residue of VE-cadherin [21]. Increased P-Y685 in our study coincided with increased
318 VEGF-A measured at the early hours of co-culture. VEGF-A was immunolocalised to both HUtMEC and WJ-
319 MSC, the latter showed higher intensity of staining at 2h. Of course, VEGF-A may only be one contributory
320 secretory factor, given WJ-MSCs can secrete a repertoire of permeability enhancing factors and cytokines which are
321 also able to induce SRC-mediated VE-cadherin changes. Although we did not observe intracellular migration of the
322 fetal stem cells, we cannot exclude this and it may also have contributed to why we only saw a partial inhibition of
323 transmigration with neutralising antibodies against VEGF-A (25% reduction). As stated before, Wessel *et al* [19]
324 showed that whilst Tyr685 phosphorylation induces vascular solute permeability, de-phosphorylation of VE-
325 cadherin at Tyr731 selectively regulates leukocyte extravasation. In their study, siRNA blocking of the de-
326 phosphorylation impaired VE-cadherin internalisation and reduced leukocyte migration by 36%. In the WJ-
327 MSC/HUtMEC co-cultures, the Y685 phosphorylation was followed by enhanced de-phosphorylation of Tyr731 at
328 2h; this coincided with highest recorded loss of junctional VE-cadherin and frank inter-cellular gaps. Addition of
329 anti-VEGF antibody did not affect this de-phosphorylation suggesting VEGF independence. Overall our data
330 suggests that a proportion of WJ-MSCs may utilise pathways created by early VEGF-dependent VE-cadherin

331 perturbations at transmembrane domains, whilst the remainder may use the later VEGF-independent Tyr 731 de-
332 phosphorylation events that lead to internalisation of VE-cadherin and increased disruption of junctions. The two
333 putative mechanisms are also suggestive of the presence of at least two different sub-populations of WJ-MSc in our
334 isolated cultures.

335 Studies into the re-modelling of uterine spiral arteries have used cytokeratin-7 and karyotyping to conclude that
336 placenta derived extra-villous trophoblast cells invade and modify these maternal vessels. However, in our study
337 cytokeratin 7 (CK7) displayed a ubiquitous localisation in endothelial and human umbilical mesenchymal stem cells.
338 The percentage of WJ-MSc showing positivity to CK 7 may be related to a specific cohort in the isolated stem cells
339 or to a mesenchymal-epithelial transition of these cells in culture. However, this phenotype did not necessarily
340 promote transmigration of stem cells; they were found in apical and basal locations at both 2 and 22h. A recent
341 study demonstrated the heterogeneity and intrinsic potential of WJ-MSc to express epithelial markers including CK
342 7 *in situ* and in culture conditions [32]. Indeed, human bone marrow mesenchymal stem cells have been induced to
343 express CK 7 [33], whilst a percentage of stem cells from the human amnion have also been shown to express CK 7
344 *in situ* [34]. The endothelial localisation we found in HUVEC was curious; the co-expression of cytokeratin 7 and
345 VE-cadherin (Fig 6) confirmed their endothelial phenotype but suggested a de-differentiation capability of fetal
346 endothelial in conditions that favour proliferation and migration. The persistence of CK7 positive cells in the
347 HUtMEC suggests this is not just a fetal trait. Moster *et al.* [35] suggested that anti-CK 7 alone is not adequate to
348 distinguish between different trophoblast subtypes. Our studies further strengthen the concept that multiple markers
349 need to be used when deciding trophoblast origin of fetal cells found in maternal spiral arteries.

350 Whilst fetal mesenchymal stem cells have been identified in maternal peripheral blood and damaged maternal
351 tissues [9,10], how they cross the placental syncytiotrophoblast barrier into maternal intervillous blood lakes in the
352 first instance remain unexplained. In the first trimester, mesenchymal stem cells invading the umbilical and villous
353 cores may be able to migrate through cytotrophoblast cell shells or columns. One could speculate that during
354 gestation, chorionic villous regions, denuded of syncytiotrophoblast, may allow opportunistic escape of villous
355 MSC. Furthermore, transient inflammatory/pressure events during pregnancy may cause breaches or induce
356 transtrophoblastic channels in the syncytiotrophoblast; Kertschanska & Kaufmann presented morphological
357 evidence of this in the 1990s and showed experimentally that they could be induced during fetal perfusion of human
358 placental villi [36, 37]. Physiologically, villous MSC who are the nearest neighbours may be the ones that could

359 migrate during pregnancy, although this requires experimental demonstration and is beyond the remit of this paper.
360 Regardless of anatomical location of isolated MSC from the extra-embryonic tissue, the ability of fetal MSC to
361 interact with and influence uterine endothelial cells opens new avenues of enquiry regarding feto-maternal cross
362 talk.

363 In conclusion, the data obtained in this study addresses an important question as to how fetal stem cells cross the
364 maternal endothelium. Moreover, the transit times for MSC transendothelial migration and the mechanisms
365 employed may be valuable for stem cell cytotherapy. Our data also opens a debate into how uterine spiral arteries
366 are remodelled in pregnancy and whether other fetal stem cells, especially ones which can display non-destructive
367 transendothelial migration and endothelial junctional repair may also be involved. Finally, the perivascular support
368 function shown by WJ-MSC both to fetal and adult endothelial cells increases the potential usefulness of these extra-
369 embryonic stem cells.

370

371 **Acknowledgment**

372 The DeltaVision Microscope used was funded by Wellcome Trust, 094233/Z/10/Z. The research was funded by
373 the PhD programme at the University of Nottingham. We wish to thank Year 3 medical students Jennifer Sedcole
374 and Olivia Volk for their help with the counts of cell migration at the early time points.

375

376 **Disclosure Statement**

377 The authors have no conflict of interest.

378

379 **References**

- 380 [1]. Dawe GS, Tan XW, and Xiao ZC. (2007). Cell migration from baby to mother. *Cell Adh Migr* 1:19-27.
- 381 [2]. O'Donoghue K., Choolani M., Chan J., de la Fuente J., Kumar S., Campagnoli C., Bennett P.R., Roberts
382 I.A., and Fisk N.M. (2003). Identification of fetal mesenchymal stem cells in maternal blood: implications
383 for non-invasive prenatal diagnosis. *Mol Hum Reprod* 9:497-502.
- 384 [3]. Bianchi DW. (2004). Fetomaternal cell traffic, pregnancy-associated progenitor cells, and autoimmune
385 disease. *Best Pract Res Clin Obstet Gynaecol* 18:959-975.

- 386 [4]. Parant O, Dubernard G, Challier JC, Oster M, Uzan S, Aractingi S, and Khosrotehrani K. (2009). CD34+
387 cells in maternal placental blood are mainly fetal in origin and express endothelial markers. *Lab Invest*
388 89:915-923.
- 389 [5]. Seppanen E, Fisk NM, and Khosrotehrani K. (2013). Pregnancy-acquired fetal progenitor cells. *J Rep*
390 *Immunol* 97:27-35.
- 391 [6]. Seppanen EJ, Hodgson SS, Khosrotehrani K, Bou-Gharios G, and Fisk NM. (2012). Fetal microchimeric
392 cells in a fetus-treats-its-mother paradigm do not contribute to dystrophin production in serially parous mdx
393 females. *Stem Cells Dev* 21:2809-2816.
- 394 [7]. Zeng XX, Tan KH, Yeo A, Sasajala P, Tan X, Xiao ZC, Dawe G, and Udolph G. (2010). Pregnancy-
395 associated progenitor cells differentiate and mature into neurons in the maternal brain. *Stem Cells Dev*
396 19:1819-1830.
- 397 [8]. Cha D., Khosrotehrani K, Kim, Y, Stroh H, Bianchi DW, and Johnson KL. (2003). Cervical cancer and
398 microchimerism. *Obstet Gynecol* 102:774-781.
- 399 [9]. Roy E, Seppanen E, Ellis R, Lee ES, Khosrotehrani K, Fisk NM, and Bou-Gharios G. (2014). Biphasic
400 recruitment of microchimeric fetal mesenchymal cells in fibrosis following acute kidney injury. *Kidney Int.*
401 85:600-610.
- 402 [10]. Kara RJ, Bolli P, Karakikes I, Matsunaga I, Tripodi J, Tanweer O, Altman P, Shachter NS, Nakano A, and
403 Najfeld V. (2012). Fetal cells traffic to injured maternal myocardium and undergo cardiac differentiation.
404 *Circ Res* 110:82-93.
- 405 [11]. Pijnenborg R, Vercruyse L, and Brosens I. (2011). Deep placentation. *Best Pract Res Clin Obstet*
406 *Gynaecol* 25:273-285.
- 407 [12]. Sipos PI, Rens W, Schlecht H, Fan X, Wareing M, Hayward C, Hubel CA, Bourque S, Baker PN, and
408 Davidge ST. (2013). Uterine vasculature remodeling in human pregnancy involves functional
409 macrochimerism by endothelial colony forming cells of fetal origin. *Stem Cells* 31:1363-1370.
- 410 [13]. Ebrahim NA, and Leach L (2015). Temporal studies into attachment, VE-cadherin perturbation, and
411 paracellular migration of human umbilical mesenchymal stem cells across umbilical vein endothelial
412 monolayers. *Stem Cells Dev* 24:426-436.

- 413 [14]. Castrechini NM, Murthi P, Gude NM, Erwich JJ, Gronthos S, Zannettino A, Brennecke SP, and Kalionis B.
414 (2010). Mesenchymal stem cells in human placental chorionic villi reside in a vascular Niche. *Placenta*
415 31:203-212.
- 416 [15]. Uccelli A, Laroni A, and Freedman MS. (2011). Mesenchymal stem cells for the treatment of multiple
417 sclerosis and other neurological diseases. *Lancet Neurol* 10:649-656.
- 418 [16]. Pati S, Khakoo AY, Zhao J, Jimenez F, Gerber MH, Harting M, Redell JB, Grill R, Matsuo Y, and Guha S.
419 (2011). Human mesenchymal stem cells inhibit vascular permeability by modulating vascular endothelial
420 cadherin/beta-catenin signaling. *Stem Cells Dev* 20:89-101.
- 421 [17]. Aguilera V, Briceno L, Contreras H, Lamperti L, Sepulveda E, Diaz-Perez F, Leon M, Veas C, Maura R,
422 and Toledo JR. (2014). Endothelium trans differentiated from Wharton's jelly mesenchymal cells promote
423 tissue regeneration: potential role of soluble pro-angiogenic factors. *PloS one* 9:e111025.
- 424 [18]. Esser S, Lampugnani MG, Corada M, Dejana E, and Risau W. (1998). Vascular endothelial growth factor
425 induces VE-cadherin tyrosine phosphorylation in endothelial cells. *J Cell Sci* 111 (Pt 13):1853-1865.
- 426 [19]. Wessel F., Winderlich M, Holm M, Frye M, Rivera-Galdos R, Vockel M, Linnepe R, Ipe U, Stadtmann A,
427 and Zarbock A. (2014). Leukocyte extravasation and vascular permeability are each controlled in vivo by
428 different tyrosine residues of VE-cadherin. *Nat Immunol* 15:223-230.
- 429 [20]. Dejana E, Orsenigo F, and Lampugnani MG. (2008). The role of adherens junctions and VE-cadherin in the
430 control of vascular permeability. *J Cell Sci* 121:2115-2122.
- 431 [21]. Wallez Y, Cand F, Cruzalegui F, Wernstedt C, Souchelnytskyi S, Vilgrain I, and Huber P. (2007). Src
432 kinase phosphorylates vascular endothelial-cadherin in response to vascular endothelial growth factor:
433 identification of tyrosine 685 as the unique target site. *Oncogene* 26:1067-1077.
- 434 [22]. Adam AP, Sharenko AL, Pumiglia K, and Vincent PA. (2010). Src-induced tyrosine phosphorylation of
435 VE-cadherin is not sufficient to decrease barrier function of endothelial monolayers. *J Biol Chem*
436 285:7045-7055.
- 437 [23]. Sidibe A, and Imhof BA (2014). VE-cadherin phosphorylation decides: vascular permeability or
438 diapedesis. *Nat Immunol* 15:215-217.

- 439 [24]. Teo GS, Ankrum JA, Martinelli R, Boetto SE, Simms K, Sciuto TE, Dvorak AM, Karp JM, and Carman
440 CV. (2012). Mesenchymal stem cells transmigrate between and directly through tumor necrosis factor-
441 alpha-activated endothelial cells via both leukocyte-like and novel mechanisms. *Stem Cells* 30:2472-2486.
- 442 [25]. Stock C, and Riethmuller C (2011). Endothelial activation drives lateral migration and diapedesis of
443 leukocytes. *Cell Immunol* 271:180-183.
- 444 [26]. Dominici M, Le Blanc K, Mueller I, Slaper-Cortenbach I, Marini F, Krause D, Deans R, Keating A,
445 Prockop D, and Horwitz E. (2006). Minimal criteria for defining multipotent mesenchymal stromal cells.
446 The International Society for Cellular Therapy position statement. *Cytotherapy* 8:315-317.
- 447 [27]. Gundersen HJ, and Jensen EB (1987). The efficiency of systematic sampling in stereology and its
448 prediction. *J Microsc* 147:229-263.
- 449 [28]. Leach L, Gray C, Staton S, Babawale MO, Gruchy A, Foster C, Mayhew TM, and James DK. (2004).
450 Vascular endothelial cadherin and beta-catenin in human fetoplacental vessels of pregnancies complicated
451 by Type 1 diabetes: associations with angiogenesis and perturbed barrier function. *Diabetologia* 47:695-
452 709.
- 453 [29]. Begitt, A., Droscher, M., Meyer, T., Schmid, C.D., Baker, M., Antunes, F., Knobloch, K.P., Owen, M.R.,
454 Naumann, R., Decker, T., et al. (2014). STAT1-cooperative DNA binding distinguishes type 1 from type 2
455 interferon signaling. *Nature Immunol* 15, 168-176.
- 456 [30]. Bainbridge SA, Roberts JM, von Versen-Hoynck F, Koch J, Edmunds L, and Hubel CA. (2009). Uric acid
457 attenuates trophoblast invasion and integration into endothelial cell monolayers. *Am J Physiol Cell Physiol*
458 297:C440-450.
- 459 [31]. König J¹, Weiss G, Rossi D, Wankhammer K, Reinisch A, Kinzer M, Huppertz B, Pfeiffer D, Parolini
460 O, Lang I. (2015). Placental mesenchymal stromal cells derived from blood vessels or avascular tissues:
461 what is the better choice to support endothelial cell function? *Stem Cells Dev.* 24(1):115-31.
- 462 [32]. Garzon I, Alfonso-Rodriguez CA, Martinez-Gomez C, Carriel V, Martin-Piedra MA, Fernandez-Valades
463 R, Sanchez-Quevedo MC, and Alaminos M. (2014). Expression of epithelial markers by human umbilical
464 cord stem cells. A topographical analysis. *Placenta* 35:994-1000.

- 465 [33]. Tian H, Bharadwaj S, Liu Y, Ma PX, Atala A, and Zhang Y. (2010). Differentiation of human bone
466 marrow mesenchymal stem cells into bladder cells: potential for urological tissue engineering. *Tissue Eng*
467 *Part A* 16:1769-1779.
- 468 [34]. König JI, Lang I, Siwetz M, Fröhlich J, Huppertz B. (2014). Amnion-derived mesenchymal stromal cells
469 show a mesenchymal-epithelial phenotype in culture. *Cell Tissue Bank.* 15(2):193-8.
- 470 [35]. Moser G, Orendi K, Gauster M, Siwetz M, Helige C, and Huppertz B. (2011). The art of identification of
471 extravillous trophoblast. *Placenta* 32:197-199.
- 472 [36]. Kertschanska S, Kodanke G, Kaufmann P. (1994). Is there morphological evidence for the existence of
473 transtrophoblastic channels in human placental villi? *Trophoblast Research* 8:581-596.
- 474 [37] Kertschanska S, Kodanke G, Kaufmann P. (1997). Pressure dependence of so-called transtrophoblastic
475 channels during fetal perfusion of human placental villi. *Microsc Res Tech* 38:52-62.

478 **Figure legends**

479 Fig 1. Immunofluorescence analysis of HUtMEC grown in endothelial medium (A,B) and mixed media (C-F).
480 (A). VE-cadherin show a predominant continuous staining pattern at cell-cell borders although some disruptions
481 (arrow) are present; nuclei stained with PI. (B). HUtMEC also express CD31 at cell-cell boundaries; nuclei stained
482 with DAPI. (C -F). VE-cadherin staining pattern in mixed media for 30 min, 2, 16 and 22h. Arrows point to
483 discontinuous VE-Cadherin staining. (G) Graph showing % of continuous staining at different durations compared
484 to control. Scale bar = 50 μ m.

486 Fig 2. Spatio-temporal analyses of junctional VE-cadherin and WJ-MSc transmigration.

487 A to F are co-culture images taken from coverslips inverted on microscope slides; Z focus on VE-cadherin (green)
488 staining of HUtMEC. Bar = 50 μ m. (A) Apically resident PKH26 labelled WJ-MSc (red) showing rounded
489 morphology and close association with overlying HUtMEC cell-cell boundaries at 30 minutes. (B) Micrograph
490 showing a rounded WJ-MSc overlying HUtMEC and a spindle-shaped WJ-MSc (arrow) under a disrupted junction
491 at 2h. (C, D) Increased number of cell-cell junctions with VE-Cadherin discontinuity or total loss of staining
492 (arrows) can be seen in HUtMEC, 2 hours after addition of WJ-MSc. (E) At 16h, more WJ-MSc (*) can now be

493 seen underlying HUtMEC. Arrow points to a WJ-MSc traversing the endothelial layer across a disrupted border.
494 (F). At 22h, majority of junctions demonstrate continuous VE-Cadherin staining including those associated with
495 basal WJ-MSc. (G). Z-tilt of VE-cadherin stained confocal images after 2h co-culture. WJ-MSc show paracellular,
496 apical (a) and basal (b) location. (H). Z-tilt at 22h showing predominantly basal (sub-endothelial) location of WJ-
497 MSc. Bar = 100 μ m. (I) Graph showing % of continuous VE-cadherin junctions at different duration of co-culture.
498 Two-way ANOVA showed a decrease at 2 h ($P < 0.0001$) and increase at 22 h ($P < 0.001$). (J) Graph showing the
499 increasing percentage of total WJ-MSc found in sub-endothelial position with time.

500

501 Fig. 3. Time lapse images of WJ-MSc on HUtMEC monolayer.

502 Micrographs showing sequential (every 15') acquisitions with Z focus on the PKH26 labelled WJ-MSc (red) taken
503 from 30 min after addition. (A-M) A rounded stem cell (*) can be seen displaying membrane blebbing as it moves
504 on HUtMEC monolayer towards a paracellular cleft. (N) The cell can be now be seen to change its rounded shape
505 to a more spindle-shape morphology and has pseudopodial extensions. 2 other stem cells (1, 2) which could be seen
506 out of plane of focus from Fig E are now in the same plane of focus in the cleft having moved to the same
507 paracellular cleft. (O) The starred cell (*) now has a more elongated morphology and jostles for space in the
508 paracellular cleft with the elongated spindle shaped cell 1 and intermediate shaped cell 2 (P,Q,R) . Bar = 14 μ m.

509

510 Fig. 4. Immunoblot analyses of VE-cadherin, p-Tyr685 and p-Tyr731.

511 (A) Immunoblots of HUtMEC co-cultured with (C0-C48h), without WJ-MSc (E0-E22h) and co-cultures in the
512 presence of anti-VEGF (A2h & A22h). β -actin acted as loading control. (B). Graph showing statistically significant
513 increase in p-Tyr685/VE-cadherin at 0.5, 1, 2h and decrease at 22h and 48h (to normal basal level) in co-cultures.
514 (C) Tyr731 shows a basal level of phosphorylation similar to the controls at 0, 0.5 and 1h, followed by a decrease in
515 p-Tyr731 expression at 2h ($p < 0.001$) and 22h ($p < 0.01$). By 48h, phosphorylation status of p-Tyr is similar to normal.
516 (D) Graph showing VE-cadherin upregulation at 48h ($p < 0.01$). (E) Graph showing effect of neutralising anti-VEGF
517 on p-Tyr685 at 2 & 22h ($p < 0.01$). (F). Fluorescent micrograph of 22h co-culture grown in presence of anti-VEGF.
518 Numerous WJ-MSc can be seen in both apical and basal (*) locations. Bar = 50 μ m.

519

520 Fig. 5. A. VEGF-A concentrations in conditioned media (CM) at different durations.

521 ELISA revealed negligible concentrations in WJ-MSC CM. A detectable level was found in HUtMEC CM.
522 HUtMEC grown in mixed media showed an increase at 2h which became undetectable at 22 and 48h. Addition of
523 WJ-MSC resulted in increased VEGF-A at 2h ($p < 0.001$) followed by a decrease ($p < 0.1$) at 22h. No VEGF-A was
524 detected by 48h. VEGF-A was undetectable in co-cultures grown in the presence of VEGF-A neutralising
525 antibodies. (Fig 5 B-D). Immunofluorescence images showing cytoplasmic localisation of VEGF-A (green) in
526 HUTMEC and PKH26 (red) labelled WJ-MSC co-cultures. WJMSC show a higher intensity of staining at 2h (B);
527 decreased intensity of staining was seen in both cell types by 48h (D). (E) Control image without primary antibody.
528 No VEGF (green) staining can be seen in HUtMEC or PKH26 (red) labelled WJ-MSC. Bar = 50 μ m.

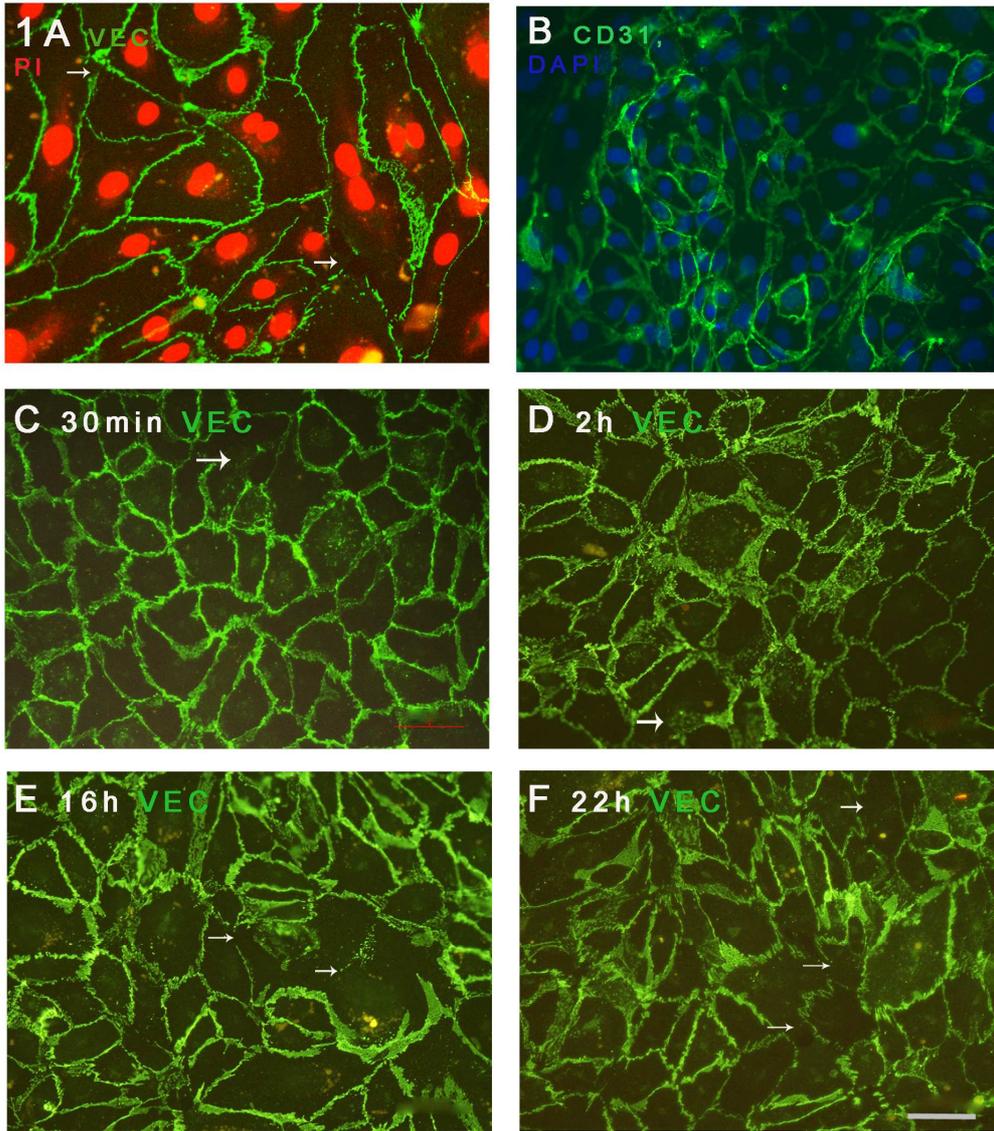
529

530 Fig 6. Cytokeratin-7 expression in endothelial and mesenchymal stem cells

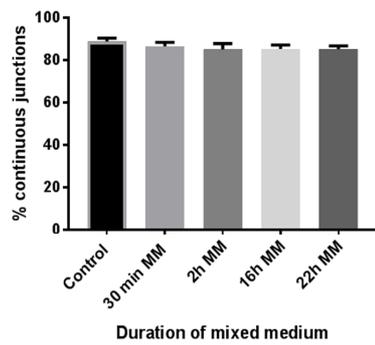
531 (A) VE-cadherin (red) positive HUtMEC monolayer showing CK-7 intermediate filaments (green) in a proportion
532 of cells. (B) A second source of HUtMEC showing the presence of VE-cadherin+ (now double labelled with FITC;
533 green) and CK-7+ (red; TRITC) cells; nuclei – DAPI. (C & D) HUVEC cells showing dual positivity to VE-
534 cadherin (red) at cell-cell borders and CK-7 filaments (green). (E) WJ-MSC monoculture showing
535 immunonegativity to VE-cadherin (red) with a few cells demonstrating filamentous CK-7 green staining; nuclei-
536 DAPI. (F) WJ-MSC monolayers immunolabelled with CK-7 (red) & the mesenchymal marker CD29 (green). A
537 cohort of CD29+ cells show co-localisation with CK-7 (yellow). (G) PKH26 labelled WJ-MSC (w) on HUtMEC
538 showing CK-7 expression (green) at 2h. (H) Sub-endothelial WJ-MSC (w) at 22h. Both CK-7 positive (green) and
539 negative (red) cells can be seen. Bar = 50 μ m.

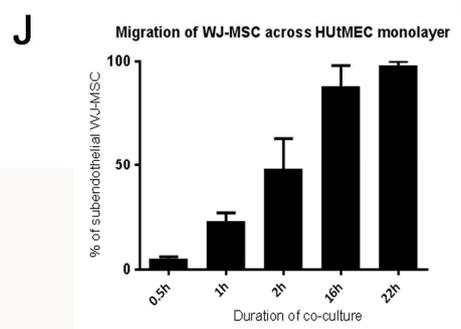
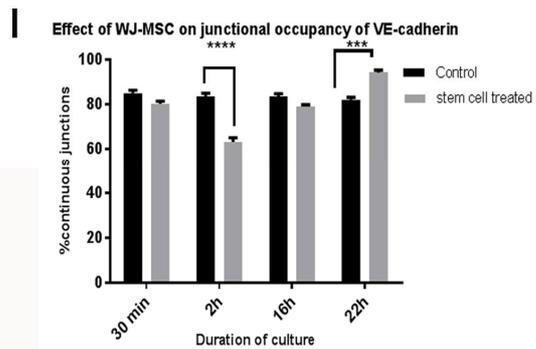
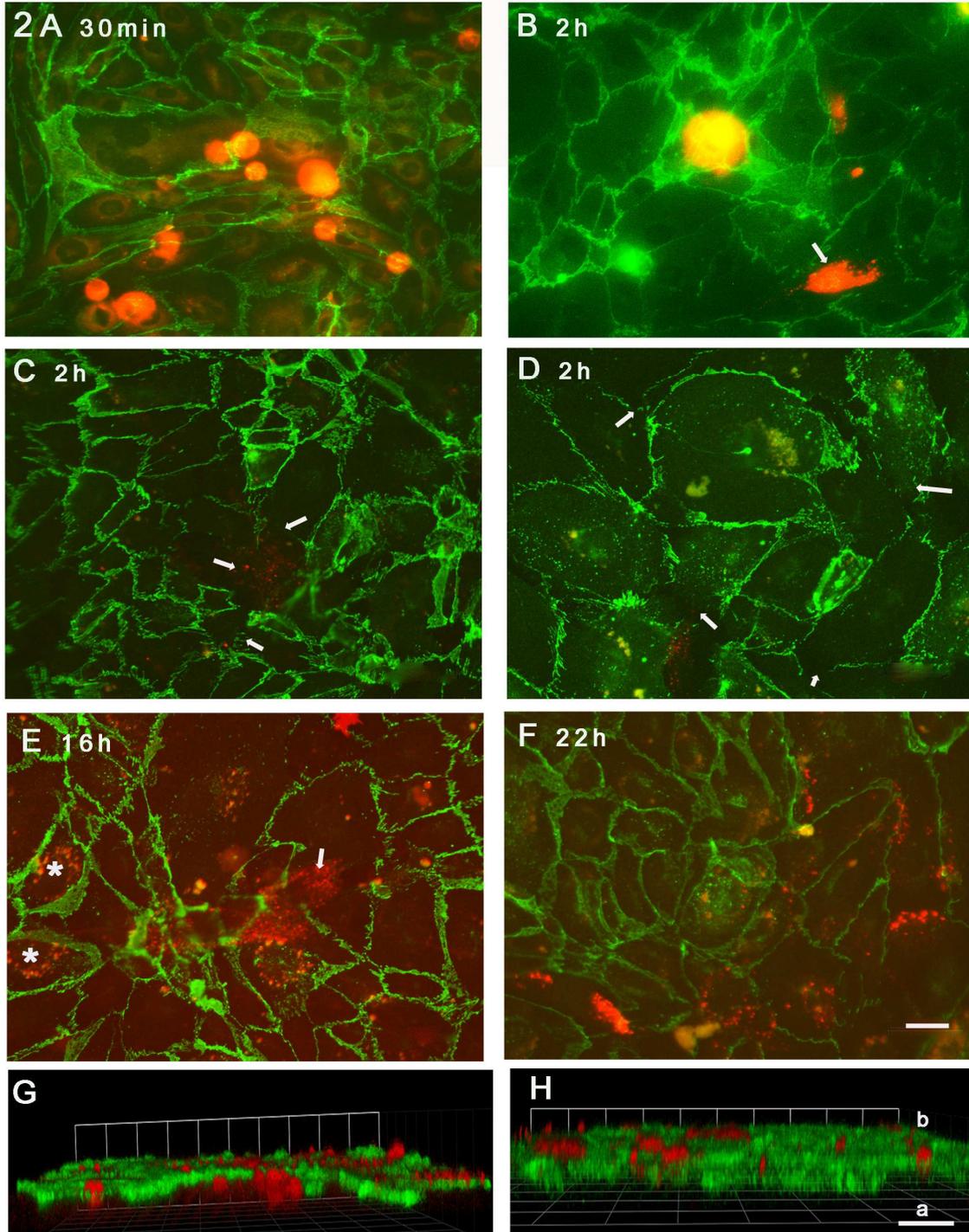
540

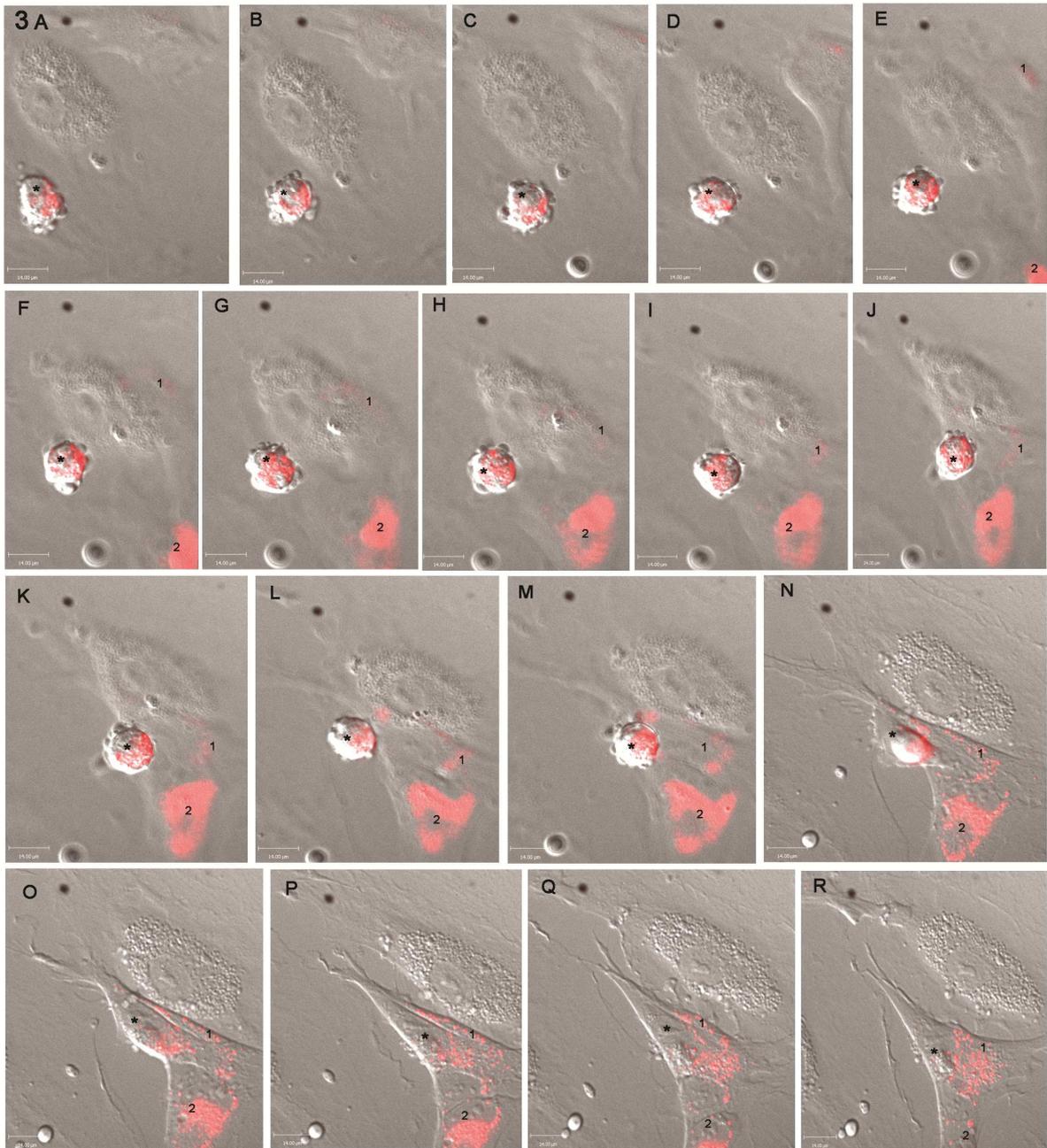
541

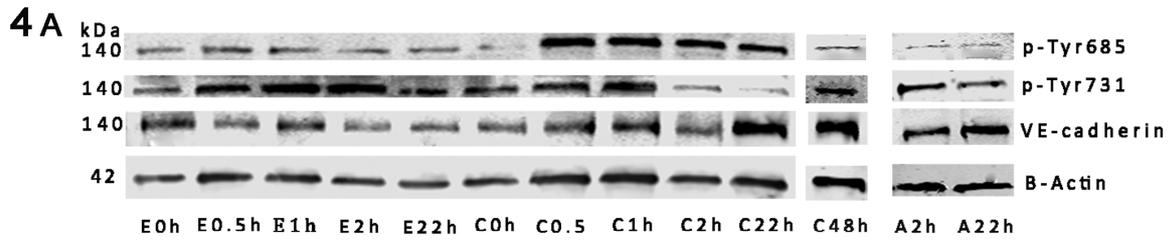


G Effect of mixed media on junctional VE-cadherin

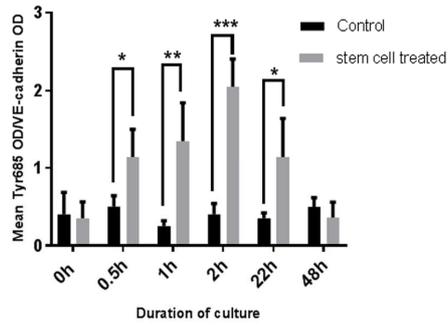




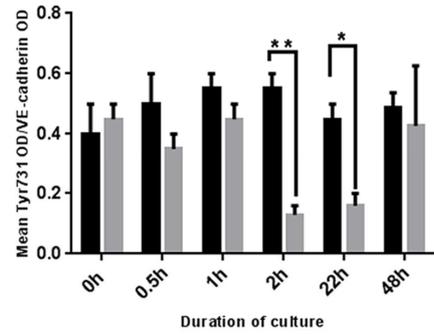




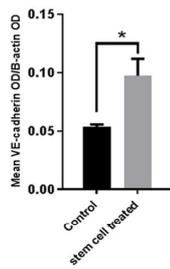
B Effect of WJ-MSC on HUVEC Tyr-685 phosphorylation



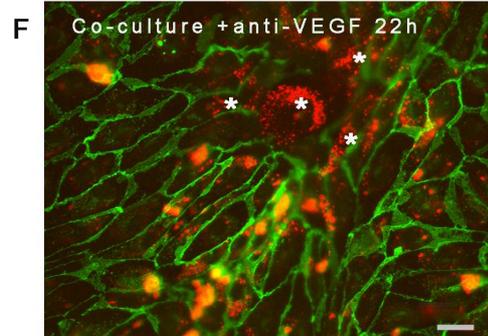
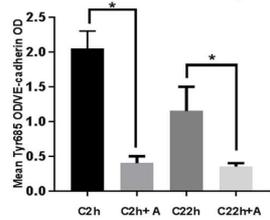
C Effect of WJ-MSC on HUVEC Tyr731 phosphorylation



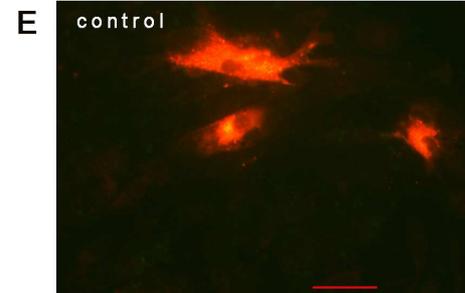
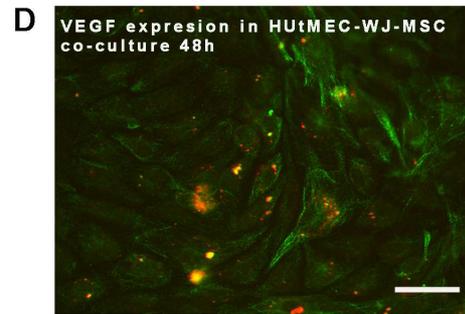
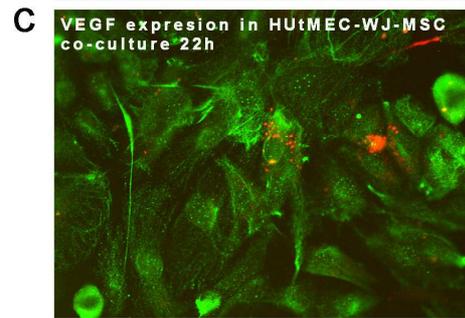
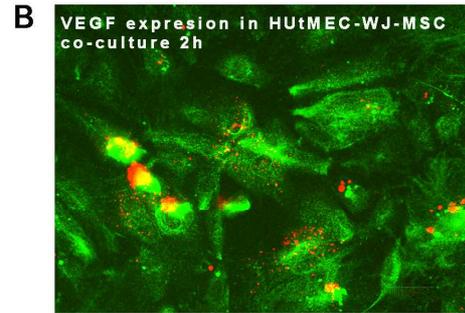
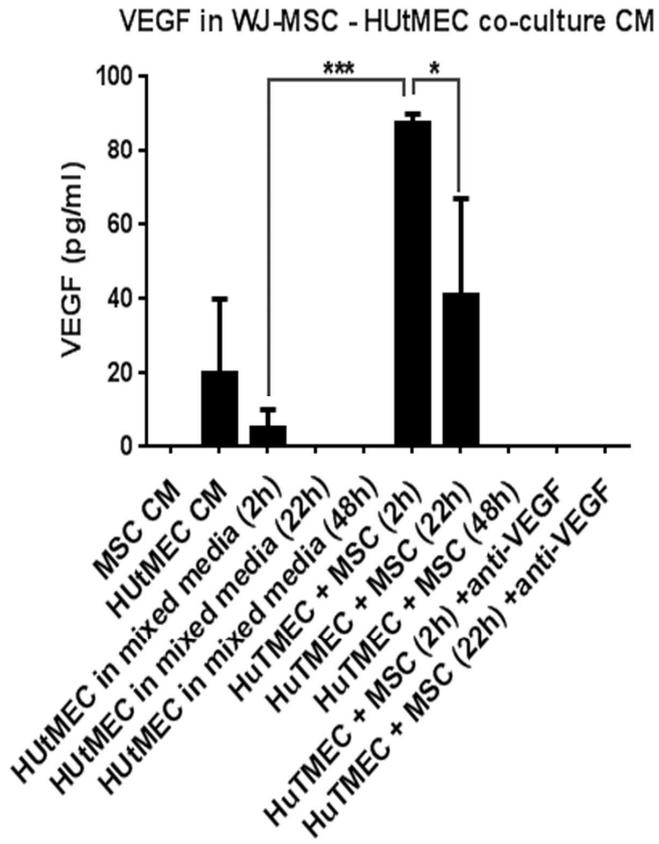
D Effect of WJMSC on HUVEC VE-cadherin



E Effect of anti-VEGF on P-Tyr685



5A



Highlights

- WJ-MSC show non-destructive paracellular transmigration across uterine endothelial cells
- They alter VE-cadherin junctional occupancy to create frank paracellular gaps for extravasation
- Mechanisms include VEGF-dependent phosphorylation of Tyr685 and de-phosphorylation of Tyr731
- Re-sealing of junctions and upregulation of VE-cadherin occurs once WJ-MSC are sub-endothelial