

Endoderm Generates Endothelial Cells during Liver Development

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SUMMARY

Organogenesis requires expansion of the embryonic vascular plexus that migrates into developing organs through a process called angiogenesis. Mesodermal progenitors are thought to derive endothelial cells (ECs) that contribute to both embryonic vasculogenesis and the subsequent organ angiogenesis. Here, we demonstrate that during development of the liver, which is an endoderm derivative, a subset of ECs is generated from FOXA2+ endoderm-derived fetal hepatoblast progenitor cells expressing KDR (VEGFR2/FLK-1). Using human and mouse embryonic stem cell models, we demonstrate that KDR+FOXA2+ endoderm cells developing in hepatic differentiation cultures generate functional ECs. This introduces the concept that ECs originate not exclusively from mesoderm but also from endoderm, supported in *Foxa2* lineage-tracing mouse embryos by the identification of FOXA2+ cell-derived CD31+ ECs that integrate the vascular network of developing fetal livers.

INTRODUCTION

In early development, endothelial cells (ECs) emerge from mesodermal progenitors and initiate vasculogenesis to form the extraembryonic yolk sac vasculature and the embryonic primary vascular plexus. Subsequently, these vascular systems are rapidly expanded and remodeled. This process is termed “angiogenesis” and involves endothelial sprouting, vessel branching, and intussusception from existing blood vessels (Patan, 2004). Hepatic blood vessels consist of the hepatic artery and three types of venous vessels (the portal veins, hepatic veins, and sinusoids) that differentiate as the liver bud expands around embryonic day 10.5 (E10.5) in the mouse embryo. Based on the position of the hepatic vessels and differential expression of connexins and the NOTCH ligand Jagged1, the origin of the hepatic endothelium was proposed to be the adjacent vasculature, including omphalomesenteric veins for the portal veins (Shiojiri et al., 2006), the cardinal vein and the sinus venosus for the hepatic veins (Shiojiri et al., 2006), and the omphalomesenteric and cardinal veins for the sinusoids (Sugiyama et al., 2010). Although interpretations from studies seeking to define the precise origins of the hepatic vasculature differ, the dogma is that the hepatic endothelium is of mesodermal origin.

We provide evidence that fetal hepatic ECs also originate from a hepatic endoderm progenitor that expresses the vascular endothelial growth factor (VEGF) receptor KDR (VEGFR2/fetal liver kinase 1). Our previous work revealed the existence of KDR-expressing hepatic progenitors (KDR+ progenitor) in human embryonic stem cell (hESC)

cultures differentiated toward the hepatic lineage (Goldman et al., 2013). Isolated hESC-derived endoderm cells give rise to both the KDR+ hepatic progenitors and the committed KDR– hepatic cells. A subset of ECs coexpressing KDR and the endothelial marker CD31 (platelet endothelial cell adhesion molecule) consistently developed in hepatic differentiated cultures. KDR+ progenitors are conserved in the developing liver of the mouse because they are present in E8.0 mouse anterior foregut endoderm, confirmed by cell morphology and expression of the endoderm marker FOXA2. Foregut endoderm cells coexpressing KDR and FOXA2 generated in fetal livers a large subset of progenitors for hepatocytes and cholangiocytes, the fetal hepatoblasts, which in turn derived hepatocytes and cholangiocytes in adult livers. Here, we demonstrate that KDR+ hepatic progenitors are also an unexpected endoderm-derived progenitor for ECs that develop concomitantly with hepatic cells in human and mouse ESC hepatic differentiation cultures. Two lineage-tracing studies in mice tracking the fate of FOXA2-expressing cells provide in vivo evidence for the EC fate of FOXA2+ cells in the developing fetal liver, supporting the concept that ECs in the fetal liver can also originate from an endoderm derivative.

RESULTS

Identification of Human ECs Generated from hESC-Derived KDR+ Endoderm Cells and Human Fetal Livers

Following induction with a high dose of Activin A in embryoid body (EB) cultures, an enriched cell population

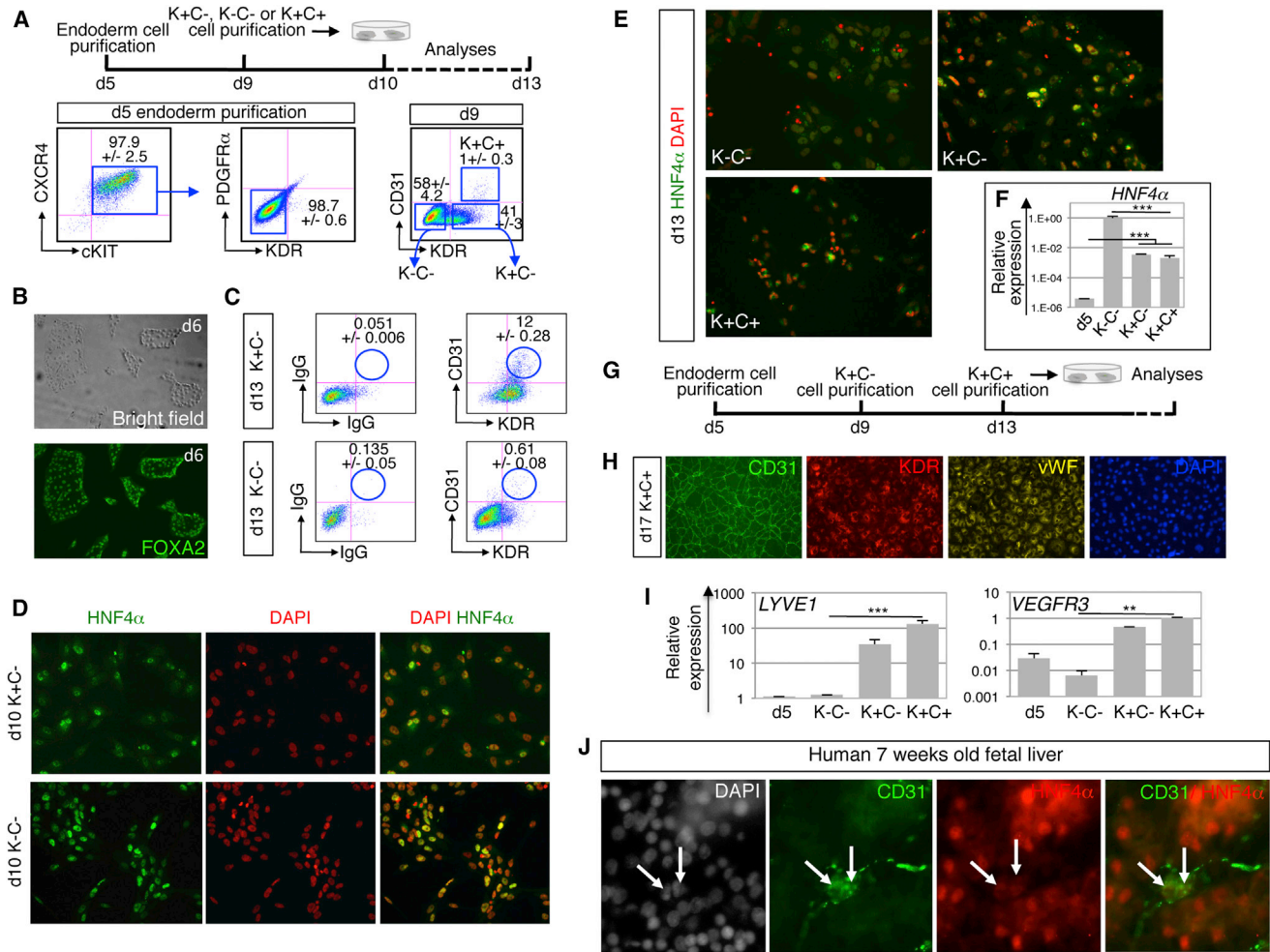


Figure 1. Generation of ECs from hESC-Derived KDR+ Endoderm Cells

(A) Flow analysis from day 5 EBs and day 9 hepatic cultures generated from the plated day 5 CXCR4+cKIT+KDR-PDGFR α - (endoderm) cells. All numbers reflect the mean \pm SD for the number (“n”) of independent experiments (n = 5).
 (B) Bright-field and FOXA2 IF image of day 5 endoderm cells cultured for 1 day ($\times 200$).
 (C) Flow analysis at day 13 of K+C- and K-C- cells purified at day 9 (n = 3).
 (D) IF of day 9 K+C- and K-C- populations 1 day after plating ($\times 200$).
 (E) IF of day 9 K-C-, K+C-, and K+C+ populations 4 days after plating ($\times 200$).
 (F) qPCR analyses for *HNF4 α* levels in day 5 endoderm population, and K-C-, K+C-, and K+C+ populations cultured for 4 days (n = 4).
 (G) Purification and expansion of K+C+ cells from day 9 K+C- cells.
 (H) IF of K+C+ cells cultured to day 17 ($\times 200$).
 (I) qPCR analyses in day 5 endoderm population, and K-C-, K+C-, and K+C+ populations cultured for 4 days (n = 4).
 (J) Co-IF for CD31 and HNF4 α on 7-week-old human fetal liver sections ($\times 200$). Arrows indicate cells coexpressing CD31 and HNF4 α .

positive for the endoderm markers CXCR4 and cKIT and negative for KDR and the mesendodermal marker platelet-derived growth factor receptor α (PDGFR α) was generated with high efficiency (Figure 1A). These cells were isolated using fluorescence-activated cell sorting (FACS) at day 5 of differentiation with purity above 95% (Figure S1A available online). PDGFR α is expressed on nearly all cells at day 4 of differentiation (Goldman et al., 2013) but is completely downregulated by day 5 of differ-

entiation (Figure 1A), so that the day 5 CXCR4+cKIT+ population is staged beyond mesendoderm development. To verify purity of endoderm cells, immunofluorescence (IF) staining for the endoderm marker FOXA2 was performed after 1 day of culture. Endoderm cells formed clusters in which each cell expresses FOXA2 (Figure 1B). In hepatic media, the endoderm cells gave rise sequentially to hepatic progenitors (KDR+CD31-, hereafter termed “K+C-”), the hepatic cells (KDR-CD31-, hereafter termed “K-C-”),



and finally a small subset of endothelial-like cells (KDR+CD31+, hereafter termed “K+C+”) (Figure 1A) (Goldman et al., 2013). The true identity of K+C– hepatic progenitors was shown by their ability following hepatic maturation to support hepatitis C virus infection, a unique feature for hepatocytes (Goldman et al., 2013).

To determine the origin of the K+C+ ECs, K+C– progenitors and K–C– hepatic cells were isolated at day 9 of differentiation (Figure 1A) with purity always higher than 97% (Figure S1B), cultured for 4 additional days in hepatic media, and then evaluated for the generation of ECs based on CD31 and KDR expression (Figure 1C). Only the K+C– cells were able to generate K+C+ ECs (Figure 1C).

To verify that ECs originate from endoderm-derived K+C– cells, we examined expression of hepatocyte nuclear factor 4 α (HNF4 α), the main transcription factor regulating endoderm hepatic specification (Parviz et al., 2003), and of the epithelial markers CK18 and CK19, which are expressed on human hepatoblasts (Roskams and Desmet, 2008). One day following the purification of day 9 K+C– cells, virtually all K+C– cells expressed HNF4 α (Figure 1D) and both CK18 and CK19 (Figure S1C). Purified K–C– hepatic cells served as positive control for the three markers (Figures 1D and S1C). Comparison of HNF4 α protein (Figure 1E) and transcript (Figure 1F) levels among purified K–C–, K+C–, and K+C+ populations cultured for 4 days showed the highest and most homogeneous expression of HNF4 α protein in hepatic K–C– cells, whereas distribution of HNF4 α protein becomes heterogeneous in K+C– progenitor cells and even more patchy in K+C+ ECs. Levels of HNF4 α transcript paralleled protein levels and indicated highest levels in K–C– hepatic cells and lower similar levels in K+C– progenitors and K+C+ ECs. Although lower than seen in K–C– cells, HNF4 α levels in K+C– and K+C+ populations were significantly higher than in day 5 endoderm cells. The presence of residual HNF4 α in K+C+ ECs further supports their endodermal origin.

The endothelial identity of K+C+ cells was supported by expression of an additional endothelial marker, TIE2, evaluated as they emerged from purified K+C– cell populations (Figure S1D). As the K+C– cells differentiate into ECs, most of the K+C+ ECs expressed TIE2. Moreover, all K+C+ cells purified from cultured K+C– cells (Figure 1G) coexpressed the cytoplasmic marker for EC maturation, von Willebrand factor (vWF), and the cell surface markers CD31 and KDR (Figures 1H and S1E). The endothelial phenotype of K+C+ cells was stable because K+C+ cells continued to express CD31, KDR, and the endothelial marker CD144 (vascular endothelial [VE]-cadherin) following three passages (Figure S1F). Furthermore, high levels of transcripts for the sinusoidal endothelial markers *LYVE-1* and *VEGFR3* (Ding et al., 2010; Nonaka et al., 2007) (Figure 1I) were found in K+C+ cells as compared to K–C– and K+C– pop-

ulations. Homogeneous expression of LYVE1 protein in K+C+ cells was confirmed, whereas the percentage of K+C+ cells expressing VEGFR3 protein was low, indicating discrepancy between transcript and protein levels for VEGFR3 (Figure S1F). These molecular assays suggest a more specialized sinusoidal phenotype of the endoderm-derived K+C+ ECs.

To identify endoderm-derived ECs in early human development, we searched human fetal liver specimens for ECs that coexpressed CD31 and HNF4 α , as characterized in hESC cultures. We identified a few CD31+HNF4 α + ECs in 7- and 7.5-week-old fetal livers, which approximates the developmental stage of hESC hepatic cultures (Figures 1J and S1G–S1I). These double-positive cells suggest the presence of ECs derived from endoderm in developing human fetal livers.

K+C+ ECs Derived from hESC-Derived KDR+ Endoderm Cells Are Functional In Vitro and In Vivo

We performed four well-established in vitro EC functional assays (Goldman et al., 2009) to evaluate and compare functionality of the purified K+C+ ECs generated from hESC-derived endoderm cells to primary human umbilical vascular ECs (HUVECs). K+C+ cells behaved similarly to HUVECs in all assays. Their migratory rates were similar in a wound-healing assay (Figure 2A). K+C+ cells incorporated acetylated low-density lipoprotein (ac-LDL) (Figure 2B) and formed tubes when placed into thick Matrigel (Figure 2C). Finally, the vast majority of K+C+ cells induced vascular cell adhesion molecule (VCAM), intercellular adhesion molecule (ICAM), and E-selectin membrane expression following tumor necrosis factor α (TNF- α) stimulation (Figures 2D and S2A).

To demonstrate in vivo functionality of K+C+ ECs, K+C– progenitors were transplanted into an injured muscle of nonobese diabetic/severe combined immunodeficiency mice that underwent femoral artery ligation inducing de novo angiogenesis. An antibody against human CD31 (hCD31) was used to detect K+C+ ECs generated from the transplanted K+C– progenitors. Functionality of the K+C+ ECs was assessed by the visualization of hCD31+ cells integrated in the repaired host vessels by the presence of GFP-labeled dextran present in all diffused functional vessels. One week following K+C– cell transplantation, many hCD31+ cells were identified within diffused vessels that were stained with dextran-GFP, indicating that the K+C– transplanted cells generated functional K+C+ ECs in vivo (Figures 2E–2G, arrows). The human specificity of the hCD31 antibody was confirmed by the absence of staining of GFP-labeled dextran mouse ECs in control non-transplanted injured muscle (Figure 2H). These data identified a subset of ECs that develop from the hESC-derived KDR-expressing hepatic progenitor.

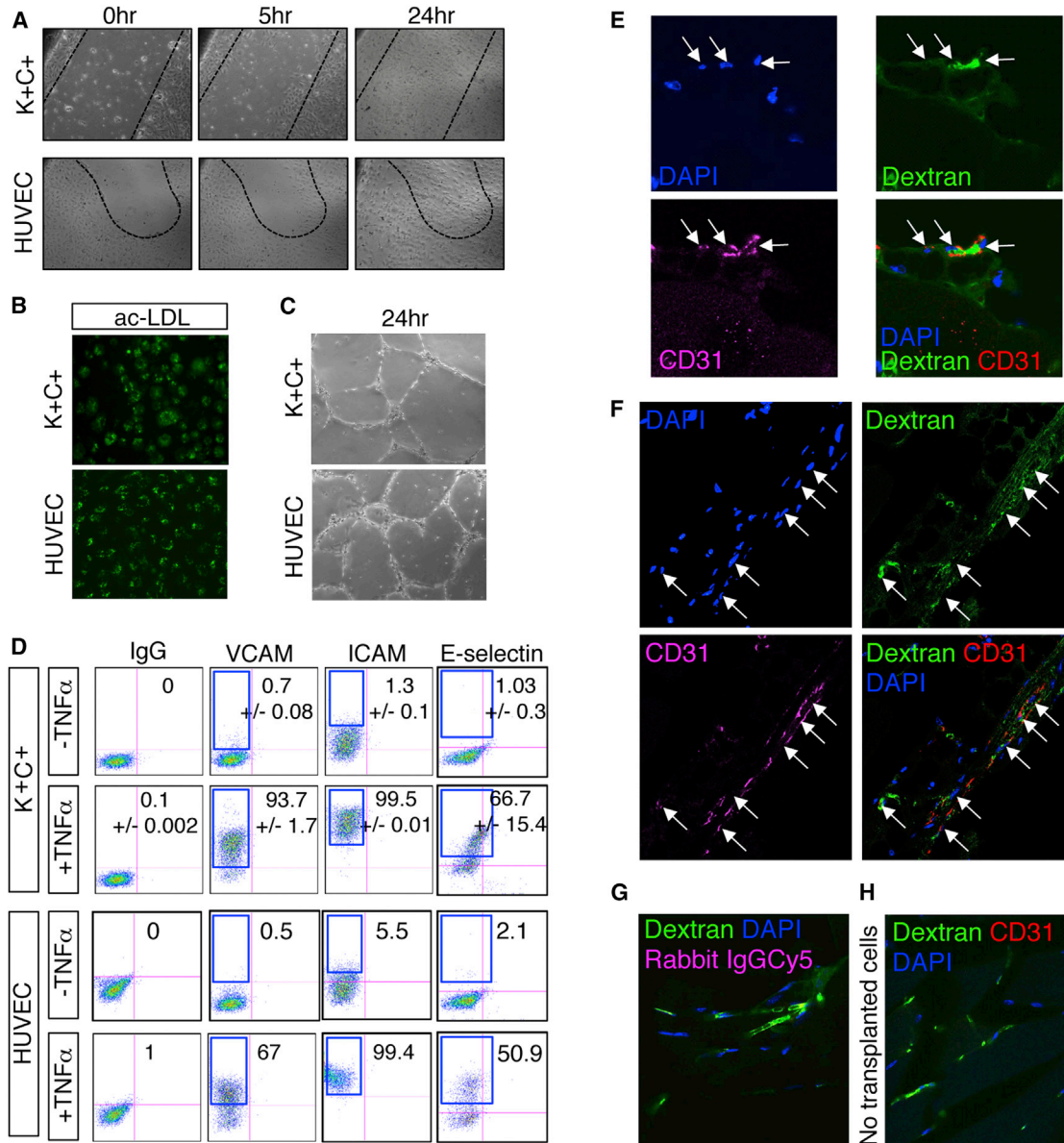


Figure 2. In Vitro and In Vivo Functions of K+C+ ECs Generated from hESC-Derived K+C- Progenitors

(A–D) Comparison of in vitro functions of K+C+ cells with HUVECs in a wound assay ($\times 200$) (A), incorporation of ac-LDL ($\times 200$) (B), tube formation assay in Matrigel ($\times 200$) (C), and VCAM, ICAM, and E-Selectin expression analyzed by flow following TNF- α activation (n = 3 independent experiments) (D). IgG, immunoglobulin G.

(E–H) In vivo function of K+C+ cells generated from K+C- cells transplanted into a femoral artery ligation injury mouse model. Dextran-GFP was injected 5 min prior to sacrifice to visualize the functional diffused GFP+ vessels. IF for hCD31 1 week after cell transplantation is shown. Arrows indicate the transplanted hCD31+ ECs that integrated the GFP host mouse vessels. Close-up pictures are from $\times 200$.

Identification of Mouse ECs Generated from Mouse ESC-Derived KDR+ Endoderm Cells

To determine whether the development of ECs from an endoderm progenitor was conserved in the mouse, we first identified in vitro the emerging FOXA2+ endoderm cells expressing KDR upon hepatic specification of an anterior

primitive streak-like mouse ESC-derived cell population. The endoderm program was induced with a high dose of Activin A using a dual-reporter mouse ESC line in which GFP and human CD4 cDNAs were targeted to the *Brachyury* (*T*) and *Foxa2* loci, respectively (*T*-GFP, *Foxa2*-CD4) (Gouon-Evans et al., 2006). At day 5 of differentiation, most of the

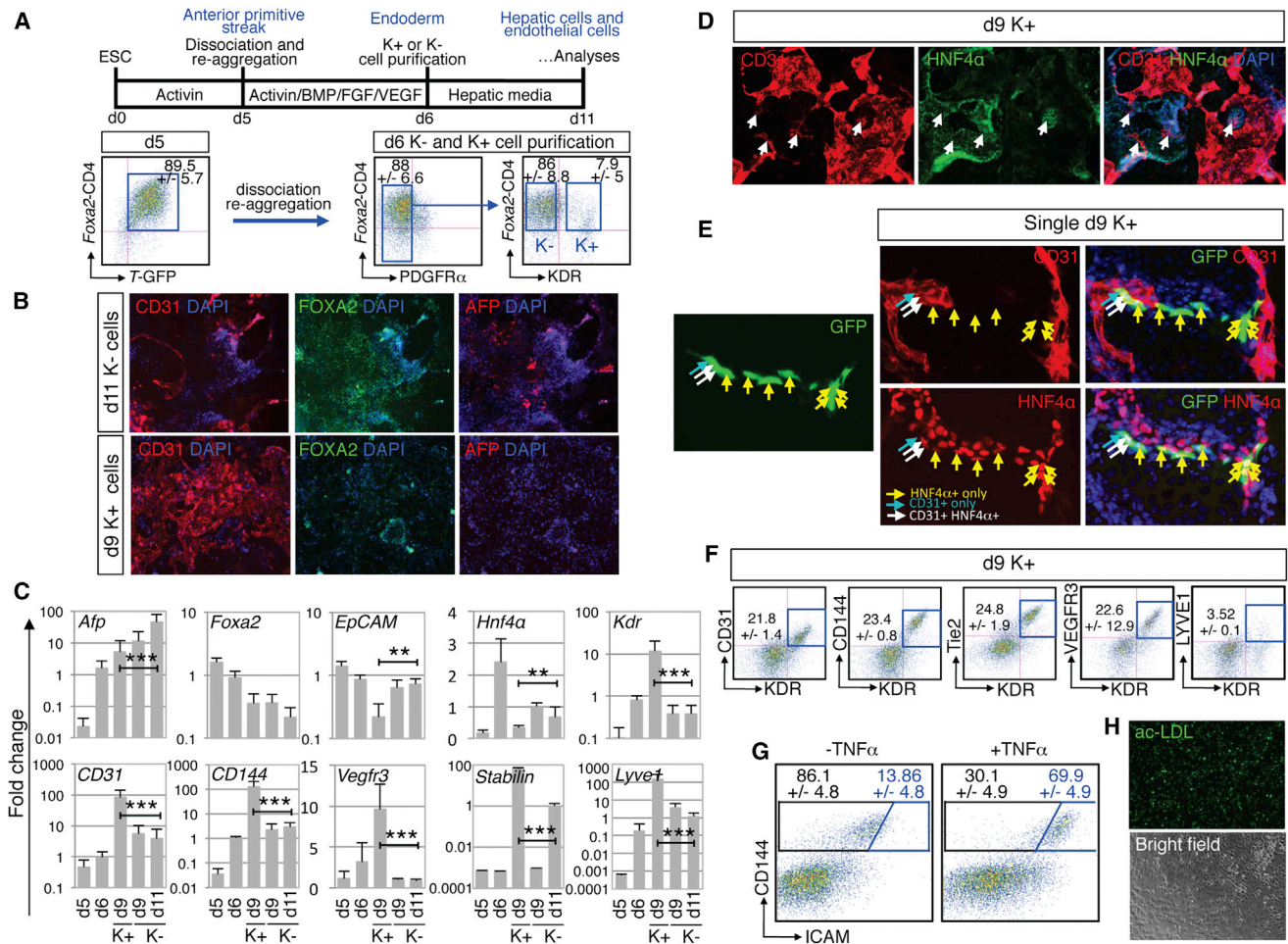


Figure 3. Generation of ECs from Mouse ESC-Derived KDR+ FOXA2+ Endoderm Cells

(A) Illustration of the mouse ESC hepatic differentiation protocol. Flow analysis from day 5 and day 6 EBs ($n = 3$) is shown. (B) IF at day 11 from $K-$ sorted cells and at day 9 from $K+$ sorted cells ($\times 100$). (C) Relative transcript levels in day 5 EBs, day 6 EBs, $K+$ cells (at day 9), and $K-$ cells (at day 9 and 11) ($n = 3$ independent experiments). Note that most y axes are in log scale. (D) IF of $K+$ cells at day 9 of differentiation showing clusters of cells expressing both $HNF4\alpha$ and $CD31$ ($\times 100$, arrows). (E) IF of $HNF4\alpha$ and $CD31$ of one $GFP+$ clone obtained from clonal assay of $K+$ cells ($\times 200$). (F) Flow analysis of day 9 $K+$ cells ($n = 3$). (G) Flow analysis for $ICAM$ and $CD144$ expression of the $K+$ cells treated or not for 18 hr with $TNF-\alpha$ ($n = 3$). (H) Images of $ac-LDL$ incorporation by $K+$ cells ($\times 200$).

cells within the Activin A-induced EBs expressed $T-GFP$ and high levels of $Foxa2-CD4$, indicative of anterior primitive streak-like cells (Figure 3A), as previously shown (Gouon-Evans et al., 2006). Following EB dissociation, cells were subjected to reaggregation in the presence of Activin A to maintain endoderm fate, bone morphogenetic protein 4 (BMP-4) and basic fibroblast growth factor (bFGF) to induce hepatic specification, and VEGF to promote EC survival (Gouon-Evans et al., 2006). One day later, most of the cells maintained expression of $Foxa2-CD4$. To exclude potential contamination with mesoderm and mesendoderm cells,

the $T-GFP+$ cells and $PDGFR\alpha+$ cells, respectively, were sorted out from the $Foxa2-CD4+$ cells that were subsequently analyzed for KDR expression. Among the $Foxa2-CD4+PDGFR\alpha-$ cells, a subset of cells expressed KDR ($7.9\% \pm 5\%$). Both $Foxa2-CD4+PDGFR\alpha-KDR-$ cells (hereafter termed " $K-$ cells") and $Foxa2-CD4+PDGFR\alpha-KDR+$ cells (hereafter termed " $K+$ cells") were purified by FACS (Figure 3A) with purity greater than 95% for $K-$ cells and higher than 85% for $K+$ cells. The latter were slightly contaminated with $Foxa2-CD4+$ but not with $Foxa2-CD4-KDR+$ cells (Figure S2B). Sorted cells were further cultured



to evaluate their hepatic and endothelial fate capacity by IF (Figures 3B and S2C) and quantitative PCR (qPCR) (Figure 3C).

K⁻ cells maintained expression of FOXA2 following 5 days of culture and began to express α -fetoprotein (AFP), one of the first markers indicative of hepatic specification (Figure 3B). In contrast, FOXA2 was less expressed, and AFP protein was almost absent in differentiated K⁺ cell cultures (Figure 3B). CD31 was much more abundant in K⁺ cell cultures than in K⁻ cultures. Thus, K⁺ cells have a propensity to specify into ECs and the K⁻ cells into hepatic cells. These distinct fates of the K⁻ and K⁺ populations were confirmed by qPCR analyses (Figure 3C). *Afp* transcript levels were detected in day 6 endoderm EBs following hepatic specification of the day 5 anterior primitive streak-like cells as expected. These levels were strongly upregulated over time in purified K⁻ cells. The endoderm *Foxa2* transcript levels decreased with time as both purified populations differentiate. It is noteworthy that *Foxa2* transcript levels were similar at day 9 of differentiation in both K⁻ and K⁺ populations, although FOXA2 protein was preferably expressed in K⁻ hepatic cultures, reminiscent of the endoderm origin of CD31⁺ ECs derived from K⁺ cells. Similarly, levels of *Hnf4 α* are detected in day 9 K⁺ cultures that are mainly composed of CD31⁺ ECs. Levels of *Hnf4 α* decreased by only 50% as compared to those from day 11 K⁻ cultures mainly composed of hepatic cells. Consistent with the hepatic identity of the K⁻ cells, levels of the epithelial marker *EpCAM* remained similar in K⁻ differentiated cells to those found in day 5 endoderm progenitors and day 6 endoderm population. However, these levels decreased dramatically in differentiated K⁺ cells and were inversely correlated with levels of the endothelial markers *Kdr*, *CD31*, and *CD144* (*VE-Cadherin*), supporting the endothelial potential of the K⁺ cells. Similar to the human endoderm-derived ECs, the mouse ECs derived from the K⁺ cells are highly enriched for the sinusoidal endothelial markers *Lyve-1*, *Vegfr3*, and *Stablin1*, suggesting the sinusoidal identity of these ECs.

IF for HNF4 α and CD31 on day 9 differentiated K⁺ cells confirmed the qPCR data (Figures 3D and S2D). K⁺ cells derived both HNF4 α ⁺ hepatic endoderm cells and CD31⁺ ECs. Most interestingly, we found clusters of cells coexpressing HNF4 α and CD31 (Figure 3D, arrows), implying the bipotential fate of K⁺ cells to differentiate into both hepatic endoderm and the endothelial lineage.

To provide definitive evidence for the endothelial fate of K⁺ endoderm cells, a clonal assay was used to show that single K⁺ endoderm cells give rise to both HNF4 α ⁺ hepatic endoderm cells and CD31⁺ ECs. In this assay, HNF4 α was used as a marker because it is not expressed in ECs but strictly activated in the liver bud epithelium (Parviz et al., 2003). An antibody against HNF4 α excluded any misinter-

pretation of the committed endoderm cells. Single GFP⁺K⁺ cells were isolated at day 6 of differentiation and cocultured with non-GFP-tagged endoderm cells to provide the GFP-tagged K⁺ cells an appropriate environment for cell survival and differentiation. Out of 768 wells plated with single cells, 233 contained a GFP⁺ clone following 3 days of culture (Figures S2E and S2F). Of the GFP⁺ colonies, 80.3% expressed the endothelial marker CD31, supporting the endothelial fate of K⁺ endoderm cells. Of the GFP⁺ colonies, 4.3% contained HNF4 α ⁺ hepatic endoderm cells, consistent with the endoderm origin of K⁺ cells. Most importantly, 2.6% of GFP⁺ clones were composed of both CD31⁺ ECs and HNF4 α ⁺ hepatic endoderm cells (Figures 3E, S2E, and S2F), validating the endoderm origin of the CD31⁺ ECs derived from K⁺ endoderm cells. Within these GFP⁺ clones, we identified a few cells that coexpressed HNF4 α and CD31 (Figure 3E), supporting further the endoderm origin of the K⁺ cell-derived ECs.

Flow cytometry (flow) analyses confirmed the endothelial phenotype of the K⁺ differentiated cells and showed that following 3 days of culture, the K⁺ cells generated on average 25% of ECs that coexpressed KDR with CD31, CD144, TIE2, or VEGFR3 (Figure 3F). Membrane expression of LYVE1 by 3% of K⁺ cells was confirmed by flow (Figure 3F) and IF (Figure S2G).

To evaluate functionality of the K⁺ population-derived ECs, we performed the four in vitro functional assays described above for human ECs. The vast majority of CD144⁺ ECs induced ICAM expression following TNF- α stimulation (Figure 3G). They showed the ability to uptake ac-LDL (Figure 3H), migrate in a wound-healing assay (Figure S2H), and form tube-like structures in Matrigel (Figure S2I). Because differentiated K⁺ cell cultures were not solely composed of CD31⁺ ECs, the EC identity of the migrating cells was confirmed by IF for CD31 in the wound-healing (Figure S2H) and Matrigel (Figure S2I) assays. Similar to the human system, mouse ESC-derived endoderm gives rise to ECs from a KDR⁺FOXA2⁺-expressing progenitor cell.

FOXA2⁺ Cells Contribute In Vivo to the Development of a Subset of ECs in Mouse Fetal Livers

We next probed the existence of FOXA2⁺ endoderm cell-derived ECs using a *Foxa2* lineage-tracing mouse model, obtained by crossing the heterozygous *Foxa2*-iCre mouse (Horn et al., 2012) with the homozygous reporter-enhanced yellow fluorescent protein (YFP) mouse, in which YFP is ubiquitously expressed under the *Rosa26* promoter, only after Cre recombinase excises the STOP cassette flanked by LoxP sites (Srinivas et al., 2001). The *Foxa2*-iCre mice faithfully mark cells that express FOXA2 from the anterior primitive streak of E7.5 embryos, in foregut, hindgut, and midgut endoderm, as well as in the heart,

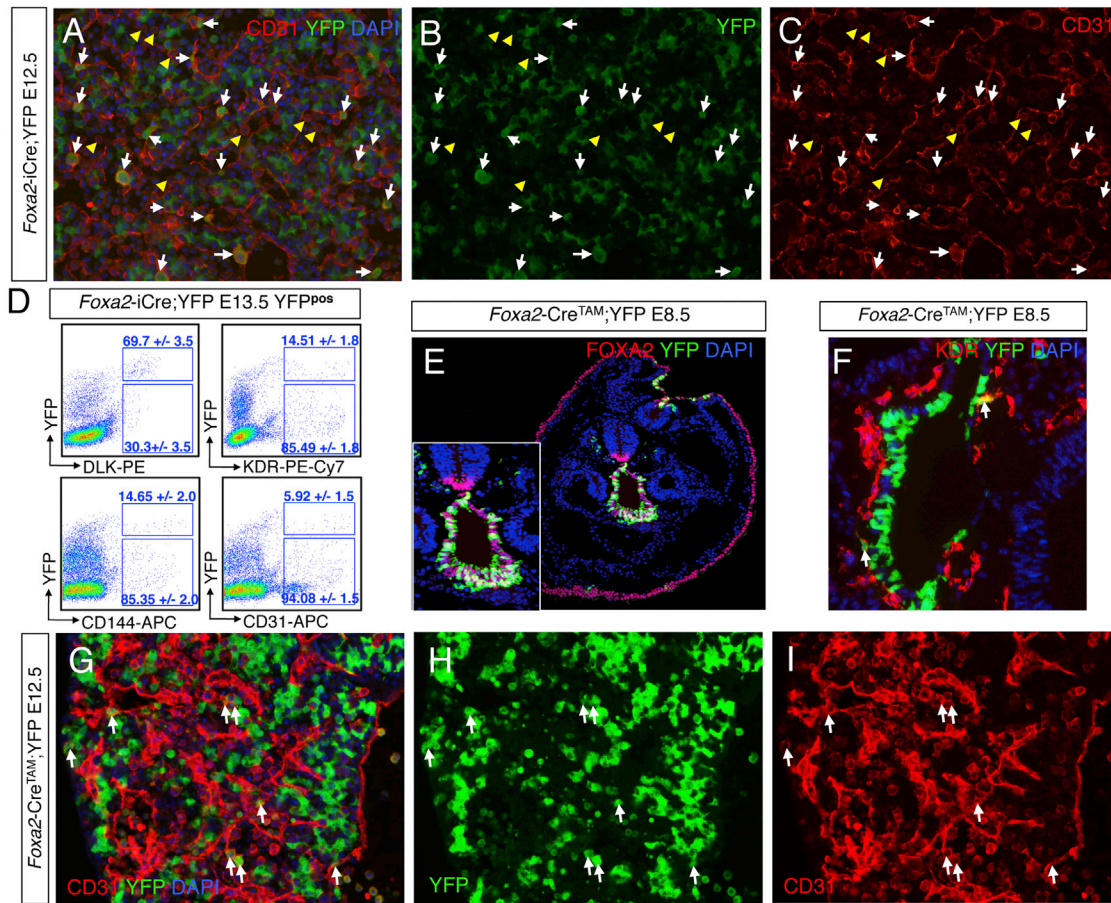


Figure 4. FOXA2⁺ Cell Contribution to Fetal Liver ECs in Two *Foxa2* Lineage-Tracing Mouse Models

(A–C) IF of fetal liver sections from E12.5 YFP^{pos} embryos of *Foxa2-iCre;YFP* mice ($\times 200$). White arrows indicate the YFP+CD31+ ECs, and yellow arrowheads indicate the YFP-CD31+ hematopoietic cells.

(D) Flow analyses from four E13.5 YFP^{pos} fetal livers and one E13.5 YFP^{neg} fetal liver of *Foxa2-iCre;YFP* mice. Numbers indicate the mean \pm SD of the percentage of cell populations in each gate for four YFP^{pos} embryos.

(E) FOXA2 and YFP IF on E8.5 embryo section of *Foxa2-Cre^{TAM};YFP* mice. Large image shows the tiling of a whole E8.5 embryo. The small image is a close-up of the foregut endoderm ($\times 100$).

(F) IF of YFP and KDR at E8.5 of *Foxa2-Cre^{TAM};YFP* mice ($\times 200$). White arrows indicate rare YFP+KDR+ cells.

(G–I) IF for YFP and CD31 of E12.5 fetal liver sections from *Foxa2-Cre^{TAM};YFP* mice ($\times 200$). White arrows indicate few YFP+CD31+ ECs.

notochord, and the floorplate of the developing neural tube in E9.5 embryos (Horn et al., 2012).

Despite the broad expression of FOXA2 in early embryogenesis, YFP marks specifically FOXA2⁺ hepatoblasts (Figure S3A, dotted area) that are positive for AFP (Figure S3B, consecutive section of A, dotted area) and unspecified foregut endoderm cells (Figure S3A, arrow) as the liver bud develops. The presence of FOXA2 protein in E9.5 liver buds was accurately recapitulated by YFP IF (Figure S3A) revealing the high FOXA2 tracking efficiency. To investigate the contribution of FOXA2⁺ cells to the endothelial lineage, co-IF for CD31 and YFP was performed on sections from E9.5 liver buds when hepatoblasts began to intermingle with ECs. Most of the CD31⁺ ECs were negative

for YFP suggesting their mesodermal origin, although rare CD31+YFP+ cells were detected (Figures S3C–S3E arrows). In contrast, because the fetal liver expanded further at E12.5, many YFP+ CD31+ ECs were visualized (Figures 4A–4C, 20 arrows). Most of these YFP+ ECs were evenly integrated to the hepatic endothelial network, most likely the primitive sinusoids that are well established at that time. IF for AFP on consecutive slides indicated that all YFP+CD31+ cells were negative for AFP, confirming their committed endothelial phenotype (Figures S3B–S3E for E9.5, and Figures S3F–S3I for E12.5). The identity of the FOXA2⁺ cell-derived ECs was supported by the detection of YFP+KDR+ cells integrated into the E12.5 liver vasculature network (Figures S3J–S3L).



To quantify the contribution of FOXA2⁺ cells to the hepatic and EC populations, flow analyses were performed for coexpression of YFP with the hepatic cell surface marker Delta-like 1 homolog (DLK)/Pref-1 (Tanimizu et al., 2003) and endothelial markers CD31, KDR, and CD144 in dissociated E13.5 fetal livers (Figures 4D and S4A). The vast majority of DLK⁺ hepatoblasts was positive for YFP indicating efficient lineage tracing. About 15% of the CD144+KDR+ EC population within E13.5 fetal livers was YFP⁺, supporting the endoderm origin of this subset of ECs. The remaining ~85% of the total EC population was negative for YFP, consistent with a mesodermal origin of these ECs. CD31 expression confirmed the presence of YFP⁺ ECs, although with a lower percentage than those from the CD144 or KDR populations (5.92% ± 1.5%). This was expected because CD31 also marks some hematopoietic cells in mouse fetal livers that appeared on E12.5 fetal liver sections as round cells with weaker expression for CD31 (Figures 4A–4C, arrowheads) and as a CD31^{low} population on flow plots (Figure 4D). The *Foxa2* lineage-tracing mouse study supports the existence of a subset of ECs derived from endoderm cells within the developing fetal liver.

Because *Foxa2* is not solely restricted to endoderm in early embryogenesis, we further demonstrated the endoderm origin of a subset of hepatic fetal ECs using a more restrictive mouse model for fate mapping FOXA2⁺ endoderm cells: the tamoxifen-inducible *Foxa2*-Cre^{TAM} line (Park et al., 2008). Injection of a single dose of tamoxifen at E6.75 resulted in tracking specifically FOXA2⁺ endoderm cells at E8.5 (Figures 4E and S4B) and hepatoblasts of the liver bud at E9.5 (Figures S4C and S4D) excluding tracing of any mesodermal derivatives. In this mouse model, a few KDR+YFP⁺ endoderm cells were found in E8.5 within the foregut endoderm (Figures 4F and S4B) and may represent progenitors for the endoderm-derived ECs observed at later stages. Rare YFP⁺ ECs coexpressing either CD31 or KDR were detected in E9.5 liver buds (Figures S4E and S4F, two arrows), whereas they were numerous in the E12.5 fetal liver (Figures 4G–4I and S4G–S4J, arrows).

DISCUSSION

We provide evidence that endoderm-derived progenitors contribute to a subpopulation of hepatic ECs in the developing liver. The endoderm-derived ECs intermingle with the mesoderm-derived EC network developed by angiogenesis from the initial primitive vascular plexus. We identified the endoderm-derived endothelial progenitors by expression of the endoderm marker FOXA2 and the cell surface receptor KDR in both human and mouse ESC differentiation cultures. Lineage-tracing studies in the mouse embryo demonstrated that KDR is expressed not only on vascular

and hematopoietic progenitors but also on a broad spectrum of other mesodermal progenitors that give rise to cardiac and skeletal muscle cells (Ema et al., 2006; Motoike et al., 2003). Other studies redefined the KDR-expressing cell as a bipotent progenitor for endothelial and hematopoietic cells in mouse embryos and hESC cultures, identified as the hemangioblast (Huber et al., 2004; Kennedy et al., 2007). Similarly, a bipotent KDR⁺ progenitor can give rise to both ECs and cardiomyocytes in the developing heart (Kattman et al., 2006; Yang et al., 2008). All these KDR⁺ progenitors are of mesodermal origin. Our previous study provided the first evidence for the existence of a KDR⁺ progenitor for liver, an endoderm derivative (Goldman et al., 2013). Given the well-documented studies on the bipotentiality of a KDR⁺ progenitor for the EC lineage and mesodermal derivatives, it should perhaps not be surprising that we were able to document the bipotentiality of an endoderm-derived KDR⁺ progenitor for hepatic endoderm cells and ECs using clonal assays. Similar to the hemangioblast or the bipotent endothelial-cardiomyocyte progenitor, we demonstrated the ability of single mouse KDR+FOXA2⁺ endoderm cells to give rise to both HNF4 α hepatic endoderm and CD31+ ECs. Detection of CD31+ ECs coexpressing HNF4 α from mouse and hESC hepatic differentiation cultures and the developing human fetal liver specimens further supports the existence of endoderm-derived ECs in fetal liver development. The inducible *Foxa2* lineage-tracing studies verified the endoderm origin of a subset of hepatic ECs. In the future, in vivo strategies may be capable of demonstrating the dynamic transition of endoderm cells turning off endoderm markers and developing into hepatic ECs while turning on blood vessel markers, in order to further confirm and define mechanisms by which endoderm generates ECs. Alternatively, single-cell RNA-sequencing studies might be used to capture a molecular profile of endoderm cells that are transitioning to an EC fate.

The functional specificity of ECs forming the microcirculation of organs has long been appreciated and recently defined molecularly by Nolan et al. (2013). The characterization of the KDR⁺ endoderm cell-derived ECs generated in mouse and hESC cultures suggests that those are the specialized sinusoidal ECs of the fetal liver. Likewise, two mesoderm-derived organs, the blood and heart, develop their own ECs from a common KDR⁺ progenitor for hematopoietic cells or cardiomyocytes, respectively. It is tempting to speculate that functional specificity of microvascular ECs is committed very early during organogenesis and ascribed to a common progenitor for the main cell component of the organ and the specialized ECs. Previous studies in blood and heart development and our work in liver development would suggest that this common progenitor expresses KDR. A deeper understanding of the



origin of the liver vascular heterogeneity should advance the fields of liver development and regeneration.

EXPERIMENTAL PROCEDURES

Human and Mouse ESC Hepatic Differentiation and Cell Sorting

hESCs (HES-2) were differentiated into the hepatic lineage as previously described (Goldman et al., 2013). At day 5 of differentiation, CXCR4+cKIT+KDR-PDGFR α - endoderm cells were isolated with a FACSAria Cell Sorter (BD Biosciences) and cultured in hepatic media as previously defined (Han et al., 2011).

The mouse ESC line T-GFP/*Foxa2*-CD4 was described (Gouon-Evans et al., 2006). ESCs were cultured at 30,000 cells/ml for EB formation in serum-free differentiation (SFD) media (Gouon-Evans et al., 2006). Day 2 EBs were dissociated, and cells (40,000 cells/ml) were reaggregated in SFD media with Activin A (100 ng/ml; PeproTech). Day 5 EBs were dissociated and reaggregated with SFD media with Activin A (100 ng/ml), BMP-4 (10 ng/ml), VEGF (10 ng/ml), and bFGF (10 ng/ml; Invitrogen). Day 6 aggregates were dissociated with 0.25% trypsin/EDTA. Purified populations were further cultured in hepatic media. All cytokines except Activin A and bFGF were purchased from R&D Systems.

Mice

The *Foxa2* lineage-tracing mouse model was obtained by crossing the heterozygous *Foxa2*-iCre mice (Horn et al., 2012) and the homozygous reporter *Rosa26*^{loxP}STOP^{loxP}-eYFP mice (Srinivas et al., 2001). The inducible *Foxa2*-Cre^{TAM} mouse model was obtained from Jackson Laboratory (stock number 008464) and crossed with the YFP reporter mice. The use of mouse models in these experiments received Institutional Animal Care and Use Committee approval.

SUPPLEMENTAL INFORMATION

Supplemental Information includes Supplemental Experimental Procedures, four figures, and four tables and can be found with this article online at <http://dx.doi.org/10.1016/j.stemcr.2014.08.009>.

AUTHOR CONTRIBUTIONS

O.G. designed and performed experiments related to human studies, contributed to some mouse studies, and wrote the manuscript. S.H. designed and performed the mouse studies and wrote the manuscript. W.H. performed cell transplantations and edited the manuscript. V.J.d.V. provided human fetal liver specimens. G.U. provided human fetal liver specimens and edited the manuscript. H.L. provided the *Foxa2*-iCre mouse, helped in designing mouse experiments, and edited the manuscript. V.G.-E. designed all experiments and wrote the manuscript.

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