REVIEW

Telomeres, senescence, and hematopoietic stem cells

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Abstract The replicative lifespan of normal somatic cells is restricted by the erosion of telomeres, which are protective caps at the ends of linear chromosomes. The loss of telomeres induces antiproliferative signals that eventually lead to cellular senescence. The enzyme complex telomerase can maintain telomeres, but its expression is confined to highly proliferative cells such as stem cells and tumor cells. The immense regenerative capacity of the hematopoietic system is provided by a distinct type of adult stem cell: hematopoietic stem cells (HSCs). Although blood cells have to be produced continuously throughout life, the HSC pool seems not to be spared by aging processes. Indeed, limited expression of telomerase is not sufficient to prevent telomere shortening in these cells, which is thought ultimately to limit their proliferative capacity. In this review, we discuss the relevance of telomere maintenance for the hematopoietic stem cell compartment and consider potential functions of telomerase in this context. We also present possible clinical applications of telomere manipulation in HSCs and new insights affecting the aging of the hematopoietic stem cell pool and replicative exhaustion.

Keywords Senescence · Aging · Telomerase · Telomere · Stem cells

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Introduction

Billions of new blood cells are produced every day in a human being based on the undisturbed function of hematopoietic stem cells (HSCs). These progenitor cells represent only about 0.01% of all bone marrow cells (Lansdorp et al. 1997). A fine balance between self-renewal and differentiation is required by the HSCs in order to maintain the complex hematopoietic system throughout life. However, the proliferative potential and thereby the selfrenewal capacity of HSCs appears to be increasingly affected in the aging individual (Lansdorp 1995). A fundamental determinant for proliferation is found in the telomeres, which are specialized nucleoprotein complexes protecting the ends of eukaryotic chromosomes (for a review, see Stewart and Weinberg 2006). Telomeres consist of repeated units of G-rich sequences (TTAGGG in humans) that occur as a single-stranded 3' overhang, which in turn contributes together with telomere-binding proteins to a higher order terminal loop (T loop) structure (Griffith et al. 1999; Blackburn 2001). The number of telomeric repeats varies between different species and within an organism; in humans, the telomere length is in the range of 2 to 15 kb (Martens et al. 1998). During each cell division, about 50-100 bp telomeric DNA are lost mainly because the tip of the chromosome cannot be replicated (Watson 1972). Continuous telomere erosion finally leads to the loss of telomere function, which is associated with replicative senescence or apoptosis. Most eukaryotic cells depend on the enzyme telomerase, a reverse transcriptase, for the de novo synthesis of telomeres (for a review, see Cech 2004). Telomerase is a ribonucleoprotein complex that uses its RNA component (TERC) as a template for the production of telomeric repeats via the catalytic subunit TERT (telomerase reverse transcriptase; Greider and Blackburn

1989). Telomerase activity in normal human cells is generally undetectable leading to successive telomere shortening with each cell division, which ultimately limits their proliferative capacity in vitro and, most probably, in vivo (Harley et al. 1990). Immortal cells such as germline cells (Allsopp et al. 1992), embryonic stem cells (Thomson et al. 1998), and 90% of all tumor cells in humans (Kim et al. 1994) maintain their telomeres by activated telomerase, thereby providing an unrestricted lifespan (Fig. 1). Overexpression of hTERT, the catalytic subunit of telomerase, can restore telomerase activity in various human cells such as fibroblasts and retinal pigment epithelial cells; this leads to telomere maintenance and immortalization (Bodnar et al. 1998; Vaziri and Benchimol 1998). The telomere biology of adult stem cells in highly proliferative tissues such as blood appears however to be more complex, since there is telomere shortening, despite the presence of telomerase activity.

Telomerase activity in human HSCs

In principle, stem cells from adult tissues including skin (Yasumoto et al. 1996; Harle-Bachor and Boukamp 1996), gut (Kolquist et al. 1998), and blood (Broccoli et al. 1995; Chiu et al. 1996; Morrison et al. 1996; Engelhardt et al. 1997) exhibit low levels of telomerase activity. Blood progenitor and stem cells show graduations of these basal telomerase levels (Chiu et al. 1996; Engelhardt et al.

1997; Hiyama et al. 1995; Yui et al. 1998). Higher telomerase activity can be detected in the bone marrow (BM) CD34⁺CD38⁺ committed progenitor cell fraction than in the CD34⁺CD38^{-/low} fraction containing primitive hematopoietic progenitor cells (Hiyama et al. 1995). BM CD34⁺CD38⁻ cells show lower telomerase activity compared with corresponding cells isolated from fetal liver (Yui et al. 1998). These initially basal telomerase levels can be transiently up-regulated during in vitro cultures upon stimulation with cytokines such as interleukin 3 (IL-3; Engelhardt et al. 1997; Yui et al. 1998; Zimmermann et al. 2004). The cell cycle and telomerase activity of HSCs is linked as demonstrated by an elevated telomerase level in actively cycling cells and its down-regulation upon differentiation and re-entry into G_0 , the phase in which most resting HSCs can be found (Engelhardt et al. 1997; Zhu et al. 1996). Since repopulating HSCs represent only a minor fraction of the CD34⁺CD38⁻ cells (Bhatia et al. 1997), and since candidate human HSCs considered for the repopulation of the BM of non-obese diabetic severe-combined-immunodeficient (NOD/SCID) mice (SRCs) contain heterogeneous subpopulations with distinct engraftment and differentiation capacities (Glimm et al. 2001), the extent of telomerase activity in the rare SRCs is not known. A recent study with an hTERT-reporting adenoviral vector in CD34⁺ cells in cord blood (CB) has demonstrated up-regulated hTERT expression in proliferating short-term SRCs; this remains relatively high in committed colony-forming progenitor cells but is



cell divisions

Fig. 1 Telomere-length dynamics in human cells; dependence on telomerase. Telomerase is down-regulated during embryonic development, which leads to telomere shortening with successive cell divisions in normal somatic cells. Critically short telomeres are associated with loss of telomere function eventually leading to

senescence and apoptosis. The by-passing of such telomere-dependent growth barriers and the reactivation of telomerase is fundamental for the immortalization of most tumor cells. Adult stem cells from highly proliferative tissues undergo telomere erosion despite marked levels of telomerase activity down-regulated in mature myeloid cells (Jaras et al. 2006). Nevertheless, a decreased self-renewal capacity is exhibited by SRCs that express the highest hTERT levels, thus indicating the requirement of a tight control of telomerase in these cells.

Telomere length in human HSCs

Independent of the effective degree of telomerase activity in HSCs, there is clear evidence that proliferation in this compartment is accompanied by extensive telomere shortening during cell culture in vitro (Engelhardt et al. 1997; Zimmermann et al. 2004) and aging in vivo (Vaziri et al. 1994). Thus, CD34⁺CD38^{low} candidate HSCs from adult BM possess telomeres that are about 4 kb shorter than their counterparts from fetal liver (Vaziri et al. 1994). Furthermore, significantly longer telomeres are found in BM CD34⁺CD38⁻ and, to some extent, in side-population cells compared with the corresponding CD34⁺CD38⁺ cells; this positively correlates with the known proliferation potential of these highly purified subpopulations representing different HSC candidate populations (Van Ziffle et al. 2003). Telomere-length dynamics of HSCs expanded in vitro for 3-4 weeks indicate an overall loss of 35-75 bp of telomeric repeats per population doubling in the HSC pool (Engelhardt et al. 1997; Vaziri et al. 1994), a value that is lower in relation to other somatic cells, which lose between 50-100 bp/population doubling (Harley et al. 1990; Allsopp et al. 1992; Vaziri et al. 1993). Although the in vitro studies are inconsistent in terms of heterogeneous starting cell populations from different tissues and diverse expansion protocols with various media and additives, telomerase seems generally not to counteract telomere erosion in these cells (Engelhardt et al. 1997; Zimmermann et al. 2004; Vaziri et al. 1994). Nevertheless, studies of actual telomere dynamics in HSCs are complicated because of the lack of definite HSC markers. Even CD34⁺CD38⁻ purified cells represent a heterogeneous population, which comprise only to a small percentage of real HSCs. Functional studies have revealed an ontogenyrelated decline in the hematopoietic capacity of HSCs manifesting in a reduced proliferative and NOD/SCID engrafting potential of stem cells from adult mobilized peripheral blood compared with CB CD34⁺ cells (Lansdorp et al. 1994; Traycoff et al. 1995; Tanavde et al. 2002). Repopulation of the hematopoietic system during BM or HSC transplantations represents an interesting model for studying telomere dynamics of HSCs in vivo. Earlier reports indicated a significantly reduced telomere length in recipients after allogeneic stem cell transplantation compared with their respective donors (Notaro et al. 1997; Wynn et al. 1998; Akiyama et al. 1998, 2000; Lee et al. 1999). Subsequent data suggest a less severe influence of such transplantations on the telomeres, mainly related to the size of the transplanted stem cell pool and the age of the donor (Brummendorf et al. 2001a; Rufer et al. 2001a; Thornley et al. 2002; Roelofs et al. 2003). The impact of the used cell source on telomere shortening also appears to be negligible resulting in the same degree of shortening for BM and peripheral blood stem cell (PBSC) transplants (Robertson et al. 2001). Nevertheless, Pipes et al. (2006) have recently shown that CB HSCs with longer telomeres have a replicative advantage in comparison with PBSCs during allogeneic stem cell transplantions. In a more recent study, the long-term effect of such treatment modalities on the telomeres of lymphoma survivors has been investigated, and a significant and persistent reduction in the telomere length of hematopoietic progenitors has been observed, accompanied by myelopoietic cell abnormalities (Rocci et al. 2007).

Telomere length in mature hematopoietic cells

In addition to HSCs, some mature hematopoietic cells, such as T lymphocytes, have low levels of telomerase activity, which rises transiently in response to antigen stimulation (Weng et al. 1996, 1998; Liu et al. 1999). Since extensive cell divisions and clonal expansion are critical for effective immune function, telomere dynamics are of particular interest in these cells. Again, limited telomerase levels are not sufficient to prevent telomere shortening and replicative senescence in T cells. However, over-expression of hTERT is able to reconstitute a constant high level of telomerase activity and extend the lifespan of this compartment (Hooijberg et al. 2000; Rufer et al. 2001b). Although the rate of telomere shortening is lower in hTERT-transduced T cells, long-term observations indicate progressive telomere shortening that eventually results in even shorter telomeres at senescence than in controls (Roth et al. 2005). Interestingly, the displacement of endogenous hTERT in human T lymphocytes by a dominant-negative mutant (DN-hTERT) leads to a shorter lifespan and cytogenetic abnormalities (Roth et al. 2003). This indicates a major influence of hTERT on the longevity of these cells without preventing overall telomere shortening but possibly with a role in the repair of sporadic telomere attrition. Telomere shortening in mature hematopoietic cells in vivo follows a cubic function over time and is characterized by a significant drop within the first year of life and a slower, more steady decline thereafter (Rufer et al. 1999; for a review, see Ohyashiki et al. 2002). This rapid telomere shortening in the first year after birth has been confirmed in a longitudinal study on granulocytes and lymphocytes from newborn baboons (Baerlocher et al. 2006). The stabilization in telomere length after 1 year in all cell types suggests a switch to a different functional mode for HSCs characterized by a decreased turnover rate after an initial phase of rapid expansion. Individual replicative histories of lymphocytes are represented by heterogeneous telomere-length distributions in different subpopulations: T cells have a shorter mean telomere length than B cells (Rufer et al. 1999; Martens et al. 2002; Baerlocher and Lansdorp 2003), whereby even B cells are able to induce telomerase after stimulation resulting in telomere maintenance during differentiation from naive to memory B cells (Son et al. 2003). Since granulocytes have a short lifespan and do not replicate, their age-related telomere loss is much less pronounced than in lymphocytes. Therefore, the homogeneous telomere length of granulocytes seems to be a good surrogate marker for HSC proliferation kinetics under the assumption that the HSCs exhibit a constant telomere shortening during replication and differentiation from the HSC to granulocytes (Rufer et al. 1999; for a review, see Verfaillie et al. 2002). In addition to an overall trend for age-related telomere shortening in hematopoietic cells, there is considerable inter- and intra-individual variability of telomere length at any given age (Frenck et al. 1998; Rufer et al. 1998). Nevertheless, twin studies have suggested at least a genetic determination of telomere length (Rufer et al. 1999; Slagboom et al. 1994). The replication rates of HSC in vivo have been estimated in a stochastic simulation method based on granulocyte telomere lengths and have indicated that human HSCs only replicate once per 45 weeks (Shepherd et al. 2004), whereas murine HSCs divide more frequently (1/ 2.5 weeks; Abkowitz et al. 2000). Such a slow replication rate of human HSCs would relativize the telomere loss calculated above, at least in normal individuals. Despite this, an understanding of these telomere dynamics in vivo might be important for assessment of the consequences of a higher stem cell turnover found after allogeneic stem cell transplantation.

Telomerase manipulation in adult stem cells

As seen above for T cells, modulation of telomerase expression could be a valuable tool for studying its function in various cell types. We and others have shown that hTERT over-expression in hematopoietic progenitors such as $CD34^+$ CB cells results in a significant elevation of telomerase activity that cannot prevent overall telomere shortening. Furthermore, the elevated telomerase activity is incapable of increasing the replicative capacity of these cells (Zimmermann et al. 2004; Elwood et al. 2004; Akimov et al. 2005; Wang et al. 2005). A co-transduction of hTERT with oncogenes HPV16 E6/E7 is required for a continuous proliferation of CD34⁺ CB cells, which then

give rise to permanent cell lines with a myeloerythroid/mast cell progenitor phenotype. Such cell lines exhibit stabilized telomeres and minimal chromosomal aberrations in contrast to CB cell cultures, which express only the oncogenes and eventually go through a crisis period with highly aneuploid cells (Akimov et al. 2005). An eventual stabilization of telomere length without changes in telomerase activity has been observed during the establishment of leukemic cell lines from normal CB cells, indicating that additional genetic or epigenetic alterations are required for telomere maintenance in immortalized human hematopoietic cells (Wang et al. 2005), altogether evidence is accumulating that hTERT functions independently of its enzymatic activity as a pro-survival factor (Elwood et al. 2004; Cao et al. 2002; Yamada et al. 2003; Gorbunova and Seluanov 2003; Folini et al. 2005; Armstrong et al. 2005; Massard et al. 2006). Thus, over-expression of hTERT in a cytokine-dependent human hematopoietic progenitor cell line and in normal CB CD34⁺ cells results in protection from apoptosis in the absence of cytokine stimulation but does not favour unlimited replicative potential (Li et al. 2006). Extensive CB CD34⁺ cell expansion for up to 18 weeks in long-term cultures with sustained telomerase activity and minimal telomere loss has been demonstrated only under the conditions of refined culture conditions including special cytokine cocktails and stroma support (Gammaitoni et al. 2004). Similarly, the application of an optimized serumfree and cytokine-limited defined medium during CB AC133⁺ cell expansion allows early uncommitted HSC proliferation and is accompanied by high levels of telomerase activity to maintain telomere length (Yao et al. 2006). No matter which approach is used, the in vitro expansion of HSCs for a prolonged period without telomere shortening has striking clinical implications for allogeneic transplantation, in view of the limited HSC numbers in individual CB samples and other HSC sources (Moore 2000; Jaroscak et al. 2003).

Telomerase in mesenchymal stem cells

BM harbors another type of adult stem cell, the so-called mesenchymal stem cells (hMSCs), which can differentiate along variable lineages, including those of bone, cartilage, adipose, and muscle cells (Jiang et al. 2002). Surprisingly, unlike HSCs and other adult stem cells, hMSCs exhibit a complete lack of telomerase activity (Simonsen et al. 2002; Zimmermann et al. 2003). Ectopic telomerase expression is able to expand their otherwise limited replicative capacity in tissue culture, although the cells retain their functional characteristics (Simonsen et al. 2002; Shi et al. 2002). This is of particular interest for the application of these cells in tissue engineering (for a recent review, see Satija et al.

2007). Nevertheless, premalignant changes have been observed during long-term cultures of hTERT overexpressing hMSCs (Serakinci et al. 2004) evoking some concerns about such applications (Keith 2004). The finding that stem cells and cancer cells share several common features, such as the same factors regulating self-renewal to those of normal HSCs and leukemic cells (Lessard and Sauvageau 2003), has led to the "cancer stem cell" hypothesis (for a review, see Marx 2003). A stem cell origin for certain cancers would mean that these stem cells possess a telomerase that does not need to be reactivated, although the enzyme activity may still increase in later stages of carcinogenesis (for a review, see Armanios and Greider 2005; Fig. 2). Vice versa, a limited telomerase activity related to a finite lifespan in adult stem cells may promote aging but may prevent cancer. On the other hand, evidence is available that telomere shortening can induce chromosomal instability and cancer initiation.

Side-effects of telomerase inhibition in HSCs?

Once telomeres have become significantly eroded, a DNA damage cascade is activated, and cells usually undergo replicative senescence and/or apoptosis (Harley et al. 1994; Maser and DePinho 2002). Because the majority of tumor cells is reliant on telomerase for telomere stabilization, inhibition of this enzyme represents an attractive concept for cancer therapy (for a review, see Zimmermann and Martens 2007). Proof of principle for such strategies have

been provided by studies in which telomerase activity is abolished by the over-expression of DN-hTERT in immortal cancer cell lines, resulting in telomere erosion and the induction of senescence or apoptosis (Zhang et al. 1999; Hahn et al. 1999). In addition to genetic approaches, various synthetic telomerase inhibitors are being tested at present with promising results for the specific killing of tumor cells (Herbert et al. 1999; Damm et al. 2001; Asai et al. 2003; El-Daly et al. 2005, for a review, see Zimmermann and Martens 2007); some of these inhibitors are progressing significantly toward clinical application (Dikmen et al. 2005; Diojosubroto et al. 2005; Gellert et al. 2006). Most of the normal human cells considered as being telomerase-negative should not be affected by telomerase inhibition, but potential side-effects produced by such treatment modalities concern telomerase-positive stem cells such as HSCs. The most likely side-effects are probably not dramatic in the light of the low HSC replication rates and generally much longer telomeres in stem cells than in most tumor cells, so that an antitelomerase therapy could, in principle, be stopped after the cancer cells had ceased to proliferate and before the stem cells had reached the stage of having critically short telomeres. However, there is evidence that telomerase activity is required in stem cells for health and viability throughout life (Mitchell et al. 1999; Vulliamy et al. 2001). This became evident during investigations of dyskeratosis congenita (DKC), a human disease that is characterized by anemia, immune deficiency, skin and nail lesions, chromosomal instability, and cancer (for a review,



cell divisions

Fig. 2 Telomere-length dynamics as described in Fig. 1. For the development of so-called cancer stem cells, there is no need to reactivate telomerase, since it is available in the original stem cell to various extents. Therefore, a limitation of telomerase in such cells could moderate the risk of tumor development while still allowing for a slightly increased replicative capacity compared with that of normal cells

see Collins and Mitchell 2002). Several genes of the telomerase complex have been found to be mutated in this disease, resulting in partial telomerase inhibition, abnormally short telomeres, and a dramatically limited proliferative capacity of hematopoietic and epithelial tissues in DKC patients. Therefore, this disease appears to be a suitable model for studying the role of telomerase function in vivo (Mitchell et al. 1999; Vulliamy et al. 2001; Goldman et al. 2005; for a review, see Vulliamy and Dokal 2006). Haploinsufficiency of hTERC most likely results in an anticipation of autosomal dominant DKC disease forms correlated with an increase in telomere shortening in successive generations of affected families (Vulliamy et al. 2004). The hematological abnormalities that develop in the vast majority of DKC patients indicate that hematopoietic progenitor cells require telomerase, irrespective of its obscure relationship to telomere maintenance in these cells. Another human disease possibly associated with telomerase is aplastic anemia (AA), a BM failure syndrome that is characterized by pancytopenia with reduced or absent immature hematopoietic cells (Marsh et al. 1990; Maciejewski et al. 1994; Scopes et al. 1994). The higher turnover of HSCs is here expressed in significantly shorter telomeres in mature blood cells, such as peripheral lymphocytes and granulocytes, than in those in age-adjusted healthy controls (Ball et al. 1998; Lee et al. 2001; Brummendorf et al. 2001b). As in DKC, mutations in telomerase hTERC (Vulliamy et al. 2002) might be responsible for the comprised telomerase activity resulting in the observed phenotypes. Recently, evidence for a direct link between hTERC sequence variants found in AA patients and abolished telomerase activity has been described (Ly et al. 2005). Analogously, mutations in hTERT have been identified among AA patients, again associated with short telomeres and low telomerase enzymatic activity (Yamaguchi et al. 2005). BM failure of variable severity attributable to DKC may be present in otherwise phenotypically normal adults and can masquerade as AA, whereas common mutations in hTERC link the two diseases (Dokal and Vulliamy 2003; Fogarty et al. 2003; Marrone et al. 2004). Interestingly, hTERC haploinsufficiency in autosomal dominant DKC cases is associated with a modest reduction of telomerase activation of around 50% and is sufficient to induce the severe phenotypes of the disease described above. Overall, this indicates the need of a tight control of telomerase levels throughout life, not only in human HSCs (for a review, see Collins and Mitchell 2002).

Recent studies suggest that even normal human cells such as primary fibroblasts harbor some previously undetected telomerase activity (Masutomi et al. 2003). These basal telomerase levels seem to be important for the maintenance of the 3' overhang, cell proliferation, and cellular lifespan without any consequences on overall telomere loss (Masutomi et al. 2003). The demonstration of a similar function of telomerase in the stem cell compartment would be of interest. We have found that telomerase ablation in CB AC133⁺ cells by DN-hTERT over-expression is accompanied by a reduction in clonogenic growth without changing the mean telomere length, supporting the hypothesis above that telomerase, even in HSCs, might have additional functions beyond simple telomere lengthening (Zimmermann et al. 2004). In addition, we have observed that high concentrations of the small molecule telomerase inhibitor, BIBR1532, specifically kill malignant cells of the hematopoietic system and do not harm the proliferation and clonogenic growth of normal CD34⁺ cells (El-Daly et al. 2005). This might be because of differences between genetic and pharmacological approaches of telomerase inhibition and might not reflect a different composition of telomere-binding proteins in stem cells and leukemic cells.

Telomeres in mice

Telomeres in mice are far longer than those in humans, which complicates any direct comparisons of telomeredependent replicative capacities in cells from these species. Nevertheless, valuable insights can be obtained from telomerase-deficient mice in which both alleles of mTERC, the murine RNA component of telomerase, are deleted. The primary four to five generations of mTERC^{-/-} mice have unobtrusive phenotypes until telomeres become critically short. In the following generations, cytogenetic aberrations, a comprised BM, immune deficiency, tumor formation, and an overall reduced lifespan appear, as in DKC patients (Blasco et al. 1997; Hande et al. 1999; Herrera et al. 1999; Rudolph et al. 1999). HSCs of wild-type mice have a finite replicative lifespan, based upon their limitation to 4-7 serial transplantations into irradiated mice (Siminovitch et al. 1964; Harrison et al. 1978; Harrison and Astle 1982). Like in human HSCs, there seems to be telomere shortening, despite telomerase activity in murine HSCs, resulting in more than a 40% loss of total telomeric DNA after four rounds of serial transplantation (Allsopp et al. 2001, 2003a). Similar to the human situation, the way that telomere shortening in mouse HSCs has an impact on the more differentiated offspring is not as yet clear. However, stimulated T cells isolated from HSC transplant recipients can rejuvenate their telomeres by activation of telomerase (Allsopp et al. 2002). HSCs from telomerase-deficient mice, including the mTERC^{-/-} mice mentioned above and mTERT^{-/-} mice (Liu et al. 2000), can only be serially transplanted for two rounds because of an accelerated telomere loss compared with wild-type controls (Allsopp et al. 2003b). This indicates a role of telomerase in HSCs in at least limiting the rate of telomere shortening during cell

divisions to allow extended proliferation, the prerequisite of (hematopoietic) stem cell function throughout life. In contrast to the wild-type, transgenic mice over-expressing mTERT exhibit a four-fold elevated level of telomerase activity and stable telomeres during serial transplantations (Allsopp et al. 2003a). However, the transplantation capacity cannot be increased for mTERT over-expressing HSCs, which indicates telomere-independent barriers for the transplantation of mice HSC, possibly reflecting a form of premature senescence or being related to a dilution and loss of real stem cells during serial transplantation (Allsopp et al. 2003a; Wright and Shay 2002). In a similar transgenic mice strain over-expressing mTERT, the proliferation rate of hematopoietic cells is not elevated, although these mice are also characterized by increased telomerase activity and maintain telomere length in hematopoietic and many other tissues compared with non-transgenic control mice (Artandi et al. 2002). Interestingly, robust TERT expression is accompanied by an increased susceptibility of breast cancer in aging females of these mice, which possibly indicates a direct oncogenic role of the enzyme (Artandi et al. 2002). Short telomeres themselves and not telomerase per se seem to limit the tissue renewal capacity, thus making uncertain the importance of telomerase dosage effects on telomere length and disease phenotypes as seen above for DKC (Hao et al. 2005). In this context, a recent report involving the use of mTERC^{-/-} mice has shown that telomere dysfunction induces alterations of the environment that can have implications for organismal aging and cell transplantation therapies (Ju et al. 2007a). Finally, the cell cycle inhibitor p21 impairs stem cell function and the survival of aging telomere dysfunctional mice (Choudhury et al. 2007), whereas it protects adult stem cells from acute genotoxic stress by preventing the inappropriate cycling of acutely damaged stem cells (Ju et al. 2007b).

Other factors determining self-renewal and aging in HSCs

The self-renewal process is crucial for maintaining HSC pool size throughout life, but the factors guiding this were previously unknown. Comprehensive transcriptional profiling studies have elucidated the molecular background behind many stem cell attributes, including their self-renewal capacity (Ramalho-Santos et al. 2002; Ivanova et al. 2002). Subsequently, several genetic regulatory programs have been identified as playing important roles in self-renewal decisions of HSCs. Among them are HOXB4 (Sauvageau et al. 1995), Notch1 (Carlesso et al. 1999), Bmi-1 (Lessard and Sauvageau 2003; Park et al. 2003), and the β -catenin pathway (Reya et al. 2003). More recently, some of these diverse intracellular pathways have been

shown to be integrated probably by NF-Ya, the regulatory and DNA-binding subunit of the trimeric transcription factor NF-Y. Overexpression of NF-Ya in primitive hematopoietic cells activates the transcription of not only multiple HOX4 paralogs, Notch-1, and LEF-1, but also telomerase RNA. HSCs overexpressing NF-Ya are biased toward primitive hematopoiesis in vitro and show strikingly increased in vivo repopulating abilities, making NF-Ya a potent cellular regulator of HSC self-renewal (Zhu et al. 2005). Previously, NF-Y binding to the CCAAT region of the hTERC promoter had been demonstrated to be decisive for promoter activity (Zhao et al. 2000). Essential attributes of "stemness", as defined by Ramalho-Santos et al. (2002), also involve high resistance to stress with up- regulated DNA repair and detoxifier systems, interaction with the extracellular matrix, engagement in the cell cycle, and a remodeled chromatin, which all or in part could be affected in aging stem cells. Thus, studies of mice deficient for the integral nucleotide excision repair protein ERCC1 indicate that the accumulation of DNA damage leads to the exhaustion of HSC activity (Prasher et al. 2005). In addition, the dependence of the HSC self-renewal capacity on the inhibition of oxidative stress has been shown in studies with mice deficient for the "ataxia telangiectasia mutated" (Atm) gene resulting in progressive BM failure (Ito et al. 2004). In general, detoxification of reactive oxygen species is crucial to prevent protein carbonylation, which is associated with age-related human diseases such as Parkinson's disease, Alzheimer's disease, and cancer (for reviews, see Dalle-Donne et al. 2003; Nystrom 2005). Nevertheless, whether detoxification systems are disturbed in aging stem cells eventually leading to an accumulation of carbonylated proteins remains to be demonstrated. Interestingly, oxidative stress has also been discussed as an additional telomere-eroding factor (von Zglinicki 2002) that might explain the rapid telomere loss observed in some cultures (not only of HSCs).

The p16^{INK4a} protein inhibits cell-cycle progression and induces cellular senescence, and its expression increases with age in many tissues, in line with the accumulation of senescent cells (for reviews, see Collins and Sedivy 2003; Campisi 2005). A recent study has found that p16^{INK4a} levels accumulate with age in mouse BM HSCs and modulate specific age-associated HSC functions, whereas knocking-out p16^{INK4a} diminishes HSC repopulating defects and apoptosis and is associated with an improved stress tolerance and survival of cells (Janzen et al. 2006).

In addition, novel data suggest that chromatin structure and its modifications regarded as cellular memory play an important role during HSC aging (for a review, see Kamminga and de Haan 2006). Possibly, a spread of heterochromatin, which represents transcriptionally silent parts of the genome, occurs upon HSC aging, and differentiation is reflected by a higher number of distinct transcripts in HSCs than in committed progenitors (Terskikh et al. 2003). Although the extensive formulation of heterochromatin, expressed as characteristic senescence-associated heterochromatin foci (SAHF), is now considered as a hallmark of cellular senescence (Zhang et al. 2005), the role of such epigenetic changes for the aging of stem cells has to be investigated.

Concluding remarks

Hematopoiesis based on HSCs is maintained through tightly regulated layers of self-renewal, differentiation, and cell death during the entire lifespan of vertebrates. The reason that telomere shortening as a hallmark of replicative senescence proceeds in HSCs remain unclear, since conventional correlations between telomere maintenance and telomerase activity appear to be only partially valid in these cells. Obviously, telomerase activity and telomere dynamics seem to play different roles in embryonic stem cells and adult stem cells. Although stem cell proliferation is required for tissue repair and regeneration, it also bears the risk of cancer. Tumor suppressor mechanisms should impair this risk by either eliminating potential cancer cells (apoptosis) or at least limiting their proliferation (senescence). Factors ensuring stem cell proliferation as a prerequisite of relative longevity must presumably be well balanced with respect to mechanisms that prevent cancer (for a review, see Beausejour and Campisi 2006). Thus, the coexistence of telomerase expression and telomere shortening might appear less contradictory in the HSC compartment, especially if the telomerase here is seen more as an antiapoptotic factor.

The relevance of cellular senescence to in vivo aging is difficult to evaluate not only in stem cells since there is a paucity of markers for this phenomenon. Recently, the combinatory use of three biomarkers (telomere dysfunction, activation of the ATM DNA-damage response, and SAHF formation) in aging baboons has provided evidence that senescent cells exist in vivo and can account for more than 15% of skin fibroblasts in aged animals (Herbig et al. 2006). Whether the stem cell compartment is affected to the same extent remains elusive. Hence, the identification of further senescence markers could facilitate a better monitoring of senescence phenotypes in vivo, not least in HSCs. Furthermore, elucidation of the particular mechanisms of telomerase expression and telomere maintenance in HSCs might contribute to strategies that focus on the rejuvenation of stem cell populations for gene therapy and transplantation and on the repopulation capacity of HSC after myeloablative therapies.

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