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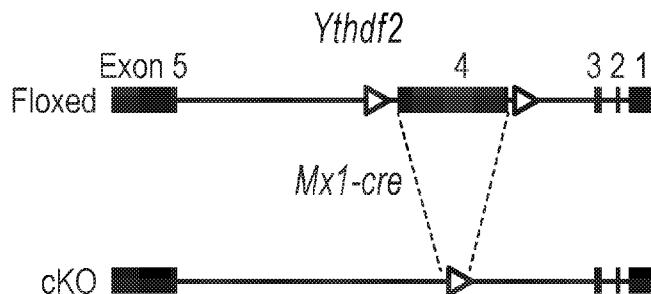


FIG. 1A

(57) Abstract: The present invention relates to methods for expanding a stem cell population, as well as other cell populations. More particularly, the invention relates, inter alia, to methods and compositions for expanding a stem cell and/or other cell population, particularly a hematopoietic stem cell population.

METHODS AND COMPOSITIONS FOR EXPANSION OF CELL POPULATION**CROSS REFERENCE TO RELATED APPLICATIONS**

[0001] The present application is being filed as a PCT application, and claims the benefit of priority to U.S. Patent Application No. 62/570,076 filed on October 9, 2017, as well as U.S. Patent Application No. 62/695,820 filed on July 9, 2018, both of which are hereby incorporated by reference herein in their entireties.

FIELD OF THE INVENTION

[0002] The present invention relates to methods and compositions for expanding a cell population, and particularly stem cell populations such as a hematopoietic stem cell population.

BACKGROUND

[0003] Hematopoietic stem cells (HSCs) are clonogenic cells, which possess the properties of both self-renewal (expansion) and multilineage potential giving rise to all types of mature blood cells. HSCs are responsible for hematopoiesis and undergo proliferation and differentiation to produce mature blood cells of various lineages while still maintaining their capacity for self-renewal. The ability to self-renew maintains the HSC population for the lifespan of an animal and also allows HSCs to repopulate the bone marrow of lethally irradiated congenic hosts.

[0004] Early HSC development displays a hierarchical arrangement, starting from long-term (LT-) HSCs, which have extensive self-renewal capability, followed by the expansion state, which corresponds to short-term (ST-) HSCs (having limited self-renewal ability) and proliferative multipotent progenitors (MPPs) (having

multipotent potential but no self-renewal capability). MPP is also a stage of priming or preparation for differentiation. An MPP differentiates and commits to become either a common lymphoid progenitor (CLP), which gives rise to all the lymphoid lineages, or a common myeloid progenitor (CMP), which produces all the myeloid lineages. During this process, the more primitive population gives rise to a less primitive population of cells, which is unable to give rise to a more primitive population of cells. The intrinsic genetic programs that control these processes including the multipotential, self-renewal, and activation (or transient amplification) of HSCs, and lineage commitment from MPP to CLP or CMP, remain largely unknown.

[0005] To sustain constant generation of blood cells for the lifetime of an individual, HSCs located in bone marrow niches (Zhang, J. et al. *Nature* 425, 836-841, 2003; Calvi, L. M. et al. *Nature* 425, 841-846, 2003; Kiel, M. J., et al. *Cell* 121, 1109-1121, 2005; Arai, F. et al. *Cell* 118, 149-161, 2004) must achieve a balance between quiescence and activation so that immediate demands for hematopoiesis are fulfilled, while long-term stem cell maintenance is also assured. In adults, homeostasis between the quiescent and activated states of stem cells is important to protect HSCs from losing their potential for self-renewal and, at the same time, support ongoing tissue regeneration (Li, L. and Xie, T. *Annu. Rev. Cell. Dev. Biol.* 21, 605-631, 2005). Over-activation and expansion of stem cells risks both eventual depletion of the stem cell population and a predisposition to tumorigenesis. Although some factors important for stem cell activation have been identified (Heissig, B. et al. *Cell* 109, 625-637, 2002), the molecular events governing the transition between quiescence and activation are poorly understood.

[0006] HSCs are responsible for life-long hematopoiesis under homeostatic and stress conditions, which relies on an exquisite balance between stem cell self-

renewal and differentiation (Li et al. *Science*, 327: 542-545, 2010; Weissman et al. *Cell*, 100: 157-168, 2000). Thus, HSC transplantation is a life-saving therapy for a broad spectrum of disorders, including hematologic, immune, and genetic diseases, as well as cancers (Walasek et al. *Annals of the New York Academy of Sciences* 1266: 138-150, 2012). However, HSC-based treatment can be limited primarily by the lack of HLA-matched donor bone marrow (BM). Allogeneic transplantation offers an alternative approach, but graft vs host disease (GvHD) remains a life-time challenge, since taking immune suppression medicine has numerous side effects, such as delayed immunological recovery, thrombotic microangiopathy (Sung et al. *Stem Cells Translational Medicine*, 2: 25-32 (2013) ;Shlomchik et al. *Nature Reviews. Immunology*, 7: 340-352, 2007). Transplantation of HSCs from hUCB reduces the risk of GvHD; however, the lower number of HSCs in hUCB than in BM or mobilized peripheral blood limits its application (Walasek et al. *Annals of the New York Academy of Sciences*, 1266: 138-150, 2012). Targeting single molecules or pathways has been studied for hUCB HSC expansion (Huang et al. *Leukemia*, 30: 144-153, 2016; Boitano et al. *Science*, 329: 1345-1348, 2010; Fares et al. *Science*, 345: 1509-1512, 2014; Ansellem et al. *Nature Medicine*, 9: 1423-1427, 2003; Antonchuk et al. *Cell*, 109: 39-45, 2002; Rentas et al. *Nature*, 532: 508-511, 2016; Himborg et al. *Nature Medicine*, 16: 475-482, 2010; North et al. *Nature*, 447: 1007-1011, 2007; Guo et al. *Nature Medicine*, 2018); Varnum-Finney et al. *Nature Medicine*, 6: 1278-1281, 2000; and Chou et al. *Experimental Hematology*, 41: 479-490 e474, 2013). However, other approaches are sought in order to relatively favor stem cell self-renewal versus differentiation (Zhao et al. *Molecular Cell Biology*, 18: 31-42, 2017).

[0007] m^6A is a prevalent internal modification in mRNAs that regulates the outcome of gene expression by modulating RNA processing, localization, translation, and eventual decay, which is modulated by “writers,” “erasers” and “readers” of the mark (Roundtree et al. *Cell*, 169: 1187-1200, 2017; Li et al. *Annual Review of Genomics and Human Genetics*, 15: 127-150, 2014). Recent studies have elucidated the roles of m^6A modification in stem cell fate determination and endothelial-to-hematopoietic transition during embryogenesis (Batista et al. *Cell Stem Cell*, 15: 707-719, 2014; Geula et al. *Science*, 347: 1002-1006, 2015; Yoon et al. *Cell*, 2017; Zhang et al. *Nature*, 549: 273-276, 2017; Zhao et al. *Nature*, 542: 475-478, 2017) as well as in leukemia development (Li et al. *Cancer Cell*, 31: 127-141, 2017; Vu et al. *Nature Medicine*, 2017; Barbieri et al. *Nature*, 2017; Weng et al. *Cell Stem Cell*, 22: 191-205 e199, 2018). Interestingly, deficiency in m^6A writer complex, *Mettl3* and *Mettl14*, leads to distinct outcomes in different types of stem cells. For example, *Mettl3* or *Mettl14* KO promoted differentiation in HSCs (Vu et al. *Nature Medicine*, 2017; Weng et al. *Cell Stem Cell*, 22: 191-205 e199, 2018; Barbieri et al. *Nature*, 2017) while resulting in enhanced stem cell self-renewal and maintenance in mouse embryonic stem cells (mESCs) and embryonic neuronal stem cells (NSCs) (Batista et al. *Cell Stem Cell*, 15: 707-719, 2014; Yoon et al. *Cell*, 2017). Besides, the physiological function of m^6A in stem cells and leukemia are mediated through different mechanisms. In stem cells, m^6A modifications regulate stem cell fate determination by m^6A -mediated decay of mRNAs encoding stem cell fate determinant (Batista et al. *Cell Stem Cell*, 15: 707-719, 2014; Yoon et al. *Cell*, 2017) while in acute myeloid leukemia (AML), *Mettl3* and *Mettl14* promote leukemogenesis as m^6A modifications stabilize the mRNAs of oncogenes and/or increase their translation (Vu et al. *Nature Medicine*, 2017; Barbieri et al. *Nature*,

2017; Weng et al. *Cell Stem Cell*, 22: 191-205 e199, 2018). Furthermore, previous studies have reported that the leukemogenic functions of *FTO* and *Mettl14* are independent of YTHDF reader proteins (Li et al. *Cancer Cell*, 31: 127-141, 2017; Weng et al. *Cell Stem Cell*, 22: 191-205 e199, 2018).

[0008] As the m⁶A RNA modification is modulated by “writers,” “erasers” and “readers” of the mark (Wang et al. *Nature*, 505(7481): 117-120, 2014), processes that install, recognize and remove this and other marks may have various implications for cellular, developmental, and disease processes. For example, studies have shown that the m⁶A mark may act as a key post-transcriptional modification to promote initiation of microRNA (miRNA) biogenesis (Alarcon et al. *Nature*, 519(7544): 482-485, 2015). Evidence also points to m⁶A RNA modifications possibly being involved in the differentiation of stem cells to specific lineages (Batista, *Cell stem Cell*, 15(6): 707-719, 2014; Zhang et al. *Nature*, 549(7671): 273-276, 2017), and in regulating gene expression (Dominissini et al., *Nature* 485(7397):201-206, 2012; Haussmann et al, *Nature* 540(7632): 301-304, 2016). A m⁶A transferase METTL3 has been identified as a regulator for terminating murine naïve pluripotency (Geula et al. *Science*, 347(6225): 1002-1006, 2015). The m⁶A “writer” protein METTL3 has also been demonstrated in mouse T cells to disrupt T cell homeostasis and differentiation (Li et al. *Nature*, 548(7667): 338-342, 2017), and m⁶A RNA methylation has been found to promote XIST-mediated transcriptional repression (Patil et al. *Nature*, 537(7620): 369-373, 2016). M⁶A RNA modifications have also been shown to regulate the ultraviolet-induced DNA damage response (Xiang et al. *Nature*, 543(7646): 573-576, 2017). Study of the maternal-to-zygotic transition (MZT) as in zebrafish also indicated a role for m⁶A mRNA methylation in transcriptome switching and animal development (Zhao et al. *Nature*, 542(7642):

475-478, 2017). Accordingly, while accumulative evidence has brought insights into the biological functions of m⁶A (Lence et al. *Nature*, 540 (7632); 242-247, 2016), the function of m⁶A in adult stems cells are largely unknown.

[0009] Hematopoietic stem cells (HSCs) in bone marrow (BM) maintain homeostasis hematopoiesis throughout life and also support regeneration after myeloablation (Weissman, 2000). Quiescent HSCs perform superiorly to proliferative HSCs in lethally irradiated mice, which largely attributes to the quiescent state that protects HSCs from DNA damage (Arai et al., 2004; Fleming et al., 1993; Wilson et al., 2008) (Walter et al., 2015). However, a recent study showed that DNA damage accumulation in HSCs was associated with broad attenuation of DNA repair and response pathways that were dependent upon HSC quiescence (Beerman et al., 2014). In fact, the majority of HSCs, despite their quiescence, are sensitive to DNA damage from chemotherapeutic drugs, such as 5-Fluorouracil (5FU) (Lerner and Harrison, 1990). The unresolved issue is how the hematopoietic system overcomes the consequence of myeloablation. In respect to the remarkable heterogeneity of HSCs during development and in adult (Benveniste et al., 2010; Benz et al., 2012; Fleming et al., 1993; Morita et al., 2010; Zhou et al., 2016), the existence of a reserve HSC (rHSC) subpopulation was proposed, with the features of drug-resistance and capacity to regenerate the bulk of HSCs to overcome stress-caused myeloablation (Haug et al., 2008; Li and Clevers, 2010; Wilson et al., 2008). Thus far, however, no functional evidence has been provided in supporting existence of rHSCs in the blood system.

[0010] HSCs are preserved in complex BM niches for their maintenance and regeneration (Li and Clevers, 2010; Mendelson and Frenette, 2014; Morrison and Scadden, 2014; Scadden, 2014; Schofield, 1978). In the past decades, multiple

studies have uncovered the complexity of HSC bone marrow niche components, including: endosteal (inner bone surface) cells (Calvi et al., 2003; Zhang et al., 2003), sinusoidal endothelial cells (Hooper et al., 2009; Kiel et al., 2005), Cxcl12 abundant reticular (CAR) cells (Sugiyama et al., 2006), Nestin⁺ and NG2⁺ perivascular cells (Kunisaki et al., 2013; Mendez-Ferrer et al., 2010), LepR⁺ and Prx-1⁺ mesenchymal stem and progenitor cells (Ding and Morrison, 2013; Ding et al., 2012; Greenbaum et al., 2013), non-myelinating Schwann cells (Yamazaki et al., 2011), and megakaryocytes (Bruns et al., 2014; Zhao et al., 2014). However, whether and how the BM niche complexity contributes to HSC heterogeneity regulation remain largely unclear (Itkin et al., 2016). Furthermore, the first HSC niche was initially identified as the spindle shaped N-Cadherin⁺ (N-cad⁺) pre-osteoblastic cells in the endosteum of the trabecular bone region (Calvi et al., 2003; Xie et al., 2009; Zhang et al., 2003), but the nature and function of N-cad⁺ niche cells in BM remain unclear.

[0011] Accordingly, there remains a need for elucidation and understanding of the role of m⁶A and m⁶A mRNA pathways to provide insight into molecular regulation of stem cell proliferation and differentiation. There remains a further need for methods of expanding populations of stem cells, both *in vivo* and *ex vivo*, and methods of providing treatment with such expanded stem cell populations, such as via transplant into a suitable subject.

SUMMARY

[0012] In one embodiment of the present disclosure, a method for expanding a population of stem cells is provided, the population of stem cells being obtained from a tissue selected from the group consisting of peripheral blood, cord blood and

bone marrow. The method includes modulating a N^6 -Methyladenosine (m⁶A) mRNA modification pathway in the population of stem cells, to expand the number of stem cells.

[0013] In yet another embodiment, a method for ex vivo expansion of a substantially undifferentiated stem cell population is provided, comprising modulating a N^6 -Methyladenosine (m⁶A) mRNA modification pathway in the undifferentiated stem cell population to expand the number of undifferentiated stem cells without significant differentiation of the stem cell population.

[0014] According to yet another embodiment, a method for ex vivo expansion of an hematopoietic stem cell (HSC) population is provided, the HSC population being obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m⁶A) mRNA modification pathway in the HSC population to expand the HSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the HSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

[0015] According to yet another embodiment, a method for ex vivo expansion of hematopoietic stem cells (HSCs) by at least 2-fold is provided, the expanded HSCs being competent to reconstitute an HSC lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of HSCs in a suitable culture medium.

[0016] According to a further embodiment, a kit for expanding an hematopoietic stem cell population (HSC) population for subsequent transplantation

into a subject in need thereof is provided, the kit comprising a system for introducing a mutation into the HSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

[0017] According to yet another embodiment, a kit for expanding an hematopoietic stem cell population (HSC) population for subsequent transplantation into a subject in need thereof is provided, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

[0018] In yet a further embodiment, a method for administering an hematopoietic stem cell (HSC) to a subject in need thereof is provided, the method comprising: (a) introducing, into a sample containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the HSCs to the subject.

[0019] In yet a further embodiment, a method for administering an hematopoietic stem cell (HSC) to a subject in need thereof is provided, the method comprising: (a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the HSCs to the subject.

[0020] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) introducing, into a sample

containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the HSCs to the subject.

[0021] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the HSCs to the subject.

[0022] In one embodiment, a method for expanding a population of hematopoietic cells (HSCs) comprising culturing the population of HSCs under conditions sufficient to result in an expansion of the HSC population by at least 2-fold is provided, wherein the expanded population of HSCs is suitable for transplantation into a mammal in need thereof.

[0023] In a further embodiment, a method for expanding a population of hematopoietic stem cells (HSCs) is provided, comprising: (a) obtaining from a mammal a tissue sample comprising an HSC population; (b) expanding, in vitro, the HSC population from the sample, wherein: (i) the HSC population expands by at least 2-fold; and (ii) the expanded HSC population has at least a 5-fold increase in total colony-forming units.

[0024] In a further embodiment, a method for reconstituting a hematopoietic stem cell lineage in a subject in need thereof is provided, the method comprising: (a)

obtaining from a mammal a tissue sample comprising an HSC population; (b) expanding, in vitro, the HSC population from the sample, wherein: (i) the HSC population expands by at least 2-fold; and (ii) the expanded HSC population has at least a 5-fold increase in total colony-forming units; and (c) transplanting the expanded HSC population into a subject in need thereof.

[0025] In yet another embodiment, a method for expanding a hematopoietic stem cell population in a mammal in need of such expansion is provided, comprising administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway for a period of time sufficient to expand the HSC population by at least 2-fold with HSCs that possess the ability to reconstitute a hematopoietic lineage in the mammal.

[0026] According to yet another embodiment, a method for ex vivo expansion of a mesenchymal stem cell (MSC) population is provided, the MSC population being obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the MSC population to expand the MSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the MSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

[0027] According to yet another embodiment, a method for ex vivo expansion of mesenchymal stem cells (MSCs) by at least 2-fold is provided, the expanded MSCs being competent to reconstitute a MSC lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene

expressing a m⁶A mRNA modification reader and culturing the population of MSCs in a suitable culture medium.

[0028] According to a further embodiment, a kit for expanding a mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof is provided, the kit comprising a system for introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

[0029] According to yet another embodiment, a kit for expanding an mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof is provided, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

[0030] In yet a further embodiment, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided, the method comprising: (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject.

[0031] In yet a further embodiment, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided, the method comprising: (a) culturing, in a suitable culture media, a sample containing a MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number

sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject.

[0032] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject.

[0033] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) culturing, in a suitable culture media, a sample containing a MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject.

[0034] In one embodiment, a method for expanding a population of mesenchymal cells (MSCs) comprising culturing the population of MSCs under conditions sufficient to result in an expansion of the MSC population by at least 2-fold is provided, wherein the expanded population of MSCs is suitable for transplantation into a mammal in need thereof.

[0035] In a further embodiment, a method for expanding a population of mesenchymal stem cells (MSCs) is provided, comprising: (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, in vitro, the MSC population from the sample, wherein: (i) the MSC population expands by at

least 2-fold; and (ii) the expanded MSC population has at least a 5-fold increase in total colony-forming units.

[0036] In a further embodiment, a method for reconstituting a mesenchymal stem cell lineage in a subject in need thereof is provided, the method comprising: (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, in vitro, the MSC population from the sample, wherein: (i) the MSC population expands by at least 2-fold; and (ii) the expanded MSC population has at least a 5-fold increase in total colony-forming units; and (c) transplanting the expanded MSC population into a subject in need thereof.

[0037] In yet another embodiment, a method for expanding a mesenchymal stem cell population in a mammal in need of such expansion is provided, comprising administering to the mammal a therapeutically effective amount of a modulator of a N^6 -Methyladenosine (m^6A) mRNA modification pathway for a period of time sufficient to expand the MSC population by at least 2-fold with HSCs that possess the ability to reconstitute a mesenchymal lineage in the mammal.

[0038] According to yet another embodiment, a method for ex vivo expansion of a mesenchymal stem cell (MSC) population is provided, the MSC population being obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the MSC population to expand the MSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the MSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

[0039] According to yet another embodiment, a method for ex vivo expansion of mesenchymal stem cells (MSCs) by at least 2-fold is provided, the expanded

MSCs being competent to reconstitute a MSC lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of MSCs in a suitable culture medium.

[0040] According to a further embodiment, a kit for expanding a mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof is provided, the kit comprising a system for introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

[0041] According to yet another embodiment, a kit for expanding an mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof is provided, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

[0042] In yet a further embodiment, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided, the method comprising: (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject.

[0043] In yet a further embodiment, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided, the method

comprising: (a) culturing, in a suitable culture media, a sample containing a MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject.

[0044] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject.

[0045] In another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided, comprising: (a) culturing, in a suitable culture media, a sample containing a MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject.

[0046] In one embodiment, a method for expanding a population of mesenchymal cells (MSCs) comprising culturing the population of MSCs under conditions sufficient to result in an expansion of the HSC population by at least 2-fold is provided, wherein the expanded population of MSCs is suitable for transplantation into a mammal in need thereof.

[0047] In a further embodiment, a method for expanding a population of mesenchymal stem cells (MSCs) is provided, comprising: (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, in vitro, the MSC population from the sample, wherein: (i) the MSC population expands by at least 2-fold.

[0048] In a further embodiment, a method for reconstituting a mesenchymal stem cell lineage in a subject in need thereof is provided, the method comprising: (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, in vitro, the MSC population from the sample, wherein: (i) the MSC population expands by at least 2-fold; and (c) transplanting the expanded MSC population into a subject in need thereof.

[0049] In yet another embodiment, a method for expanding a mesenchymal stem cell population in a mammal in need of such expansion is provided, comprising administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway for a period of time sufficient to expand the MSC population by at least 2-fold with MSCs that possess the ability to reconstitute a mesenchymal lineage in the mammal.

[0050] In a further embodiment, a method of isolating mesenchymal stem cells (MSCs) from a biological sample is provided, the method comprising contacting the biological sample having a population of MSCs with one or more N-cadherin antibodies.

[0051] In a further embodiment, an isolated population of mesenchymal stem cells is provided, as made by any of the processes described herein. According to yet another embodiment, an expanded, isolated population of mesenchymal stem cells is provided, as made by any of the processes described herein.

[0052] According to yet another embodiment, a kit for isolating a mesenchymal stem cell (MSC) population for subsequent transplantation into a subject in need thereof is provided. The kit comprises a system for contacting a biological sample comprising MSCs with one or more N-cadherin antibodies, and instructions for use thereof.

[0053] According to yet another embodiment, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided. The method comprises: (a) isolating MSCs from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies, and (b) administering the isolated MSCs to the subject.

[0054] According to yet another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided. The method comprises: (a) isolating mesenchymal stem cells (MSCs) from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies; and (b) administering the isolated MSCs to the subject.

[0055] According to yet another embodiment, a method for treating a subject in need of a transplant, selected from the group consisting of a bone marrow transplant, a peripheral blood transplant and an umbilical cord blood transplant, is provided. The method comprises administering to the subject a population of isolated MSCs obtained by any of the methods described herein.

[0056] In yet another embodiment, a method for expanding a population of chimeric antigen receptor (CAR) T-cells prepared by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow, is provided. The method comprises modulating a *N*⁶-Methyladenosine

(m⁶A) mRNA modification pathway in the population of CAR T-cells, to expand the number of CAR-T cells.

[0057] In a further embodiment a method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population is provided. The method comprises modulating a N⁶-Methyladenosine (m⁶A) mRNA modification pathway in the CAR T-cell population to expand the number of CAR T-cells.

[0058] According to yet another embodiment, a method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population prepared by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, is provided. The method comprises modulating a N⁶-Methyladenosine (m⁶A) mRNA modification pathway in the CAR T-cell population to expand the CAR T-cell population to a sufficient quantity which is sufficient for subsequent transplantation into a subject in need thereof.

[0059] In yet another embodiment, a method for ex vivo expansion of chimeric antigen receptor (CAR) T-cells, the expanded CAR T-cells being competent to treat a cancer and/or blood disorder upon transplantation into a mammal in need thereof, is provided. The method comprises introducing a mutation into the CAR T-cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of CAR T-cells in a suitable culture medium.

[0060] In a further embodiment, a kit for expanding a chimeric antigen receptor (CAR) T-cell (HSC) population for subsequent transplantation into a subject in need thereof, is provided. The kit comprises a system for introducing a mutation into the CAR T-cell population that results in deletion, replacement or reduced

expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

[0061] In yet a further embodiment, a method for administering chimeric antigen receptor (CAR) T-cell to a subject in need thereof is provided. The method comprises: (a) introducing, into a sample containing CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; and (c) administering the CAR T-cells to the subject.

[0062] In another embodiment, a method for administering a CAR T-cell to a subject in need thereof, is provided. The method comprises: (a) culturing, in a suitable culture media, a sample containing a CAR T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the CAR T-cells to the subject.

[0063] In a further embodiment, a method for treating cancer and/or a blood disorder in a subject in need thereof is provided. The method comprises: (a) introducing, into a sample containing a CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; and (c) administering the CAR T-cells to the subject.

[0064] In yet a further embodiment, a method for treating cancer and/or a blood disorder in a subject in need thereof, is provided. The method comprises: (a) culturing, in a suitable culture media, a sample containing a CAR T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the CAR T-cells to the subject.

[0065] In one embodiment, a method for expanding a population of chimeric antigen receptor (CAR) T-cells is provided. The method comprises culturing the population of CAR T-cells under conditions sufficient to result in an expansion of the CAR T-cell population by at least 2-fold, wherein the expanded population of CAR T-cells is suitable for transplantation into a mammal in need thereof.

[0066] In yet another embodiment, a method for expanding a population of chimeric antigen receptor (CAR) T-cells is provided. The method comprises: (a) obtaining from a mammal a tissue sample comprising a T-cell population; (b) modifying the T-cell population with chimeric antigen receptors to provide CAR T-cell population; and (c) expanding, in vitro, the CAR T-cell population from the sample, wherein: (i) the CAR T-cell population expands by at least 2-fold.

[0067] In a further embodiment, a method for treating a subject suffering from cancer and/or a blood disorder is provided. The method comprises: (a) obtaining from a mammal a tissue sample comprising a T-cell population; (b) modifying the T-cell population with a chimeric antigen receptor (CAR) to form a CAR T-cell population; (c) expanding, in vitro, the CAR T-cell population from the sample, wherein: (i) the CAR T-cell population expands by at least 2-fold; and (d) transplanting the expanded CAR T-cell population into the subject.

[0068] In yet a further embodiment, a method for expanding a chimeric antigen receptor (CAR) T-cell population in a mammal in need of such expansion is provided. The method comprises administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway for a period of time sufficient to expand the CAR T-cell population by at least 2-fold with CAR T-cells that possess the ability to treat cancer and/or a blood disorder in the mammal.

[0069] In yet another embodiment, a method of treating a subject suffering from a blood disorder is provided. The method comprises (a) obtaining a population of cells selected from the group consisting of stem cells and T-cells, from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow; (b) optionally, in a case where the population of cells comprises T-cells, modifying the T-cells with a chimeric antigen receptor (CAR) to provide CAR T-cells; (c) expanding the population of cells by modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the cells, to expand the number of cells; and (d) transplanting the expanded cells to the subject to treat the blood disorder.

[0070] These and other aspects of the invention are further disclosed in the detailed description and examples which follow.

BRIEF DESCRIPTION OF THE DRAWINGS

[0071] The following drawings form part of the present specification and are included to further demonstrate certain aspects of the present invention. The invention may be better understood by reference to one or more of these drawings in combination with the detailed description of specific embodiments presented herein.

[0072] Figs 1A-1H: Ythdf2 KO leads to increase in phenotypic HSCs in mice. Fig. 1A is a schematic showing a deletion of Ythdf2 in the HSPCs of *Mx1-cre; Ythdf2^{ff}* conditional KO (cKO) mice; Fig. 1B shows a Western blot (left) and histogram (right) showing intracellular flow validation of knockout Ythdf2 in mouse HSPCs; Fig. 1C are representative flow cytometric analysis plots of HSPCs in BM from *wt* and *Ythdf2* KO mice (n = 5 for each group); Figs. 1D and 1E are bar graphs showing the frequency in total nucleated cells (TNC) (1D) and absolute cell number (1E) of HSPCs in BM from *wt* and *Ythdf2* KO mice (n = 5 for each group); Fig. 1F is a bar graph showing the absolute number of BM TNC from *wt* and *Ythdf2* KO mice (n= 5 for each group); and Figs.1G and 1H are bar graphs showing the absolute number of committed progenitors (1G) and lineage cells (1H) in BM of *wt* and *Ythdf2* KO mice (n = 5 for each group). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant

[0073] Figs. 2A-2J: Ythdf2 KO results in expansion of functional HSCs in mice. Fig. 2A depicts an experimental scheme for limiting dilution transplantation assay (LDA) to determine the frequency of functional HSCs; Fig. 2B is a graph showing Primary LDA to determine the CRU frequency by ELDA (Extreme Limiting Dilution Analysis) (n = 10 per group) at 16 weeks post transplantation; Fig. 2C is a graph showing a competitive reconstitution assay by transplanting 200K whole bone marrow (WBM) cells with 200K rescue cells into irradiated recipients. (n = 10 for each group); Figs 2D and 2E are bar graphs showing the frequency in TNC (2D) and absolute cell number (2E) of donor derived HSPCs in BM from transplantation recipient mice as (2C) (n = 10 for each group); Figs. 2F and 2G are bar graphs showing absolute cell number of donor derived (CD45.2⁺) committed progenitors (2F) and lineage cells (2G) in BM from primary 200K BM transplantation recipient

mice (n= 9-10 for each group); and Fig. 2H shows a plot with secondary LDA to determine the long-term CRU frequency by ELDA at 16 weeks after secondary transplantation (n = 10); Figs. 2I and 2J are, respectively, a bar graph showing quantification of functional mouse hematopoietic stem cells (HSCs) by transplantation assay with peripheral blood analysis for total engrafted donor cells at 4 weeks after transplantation (2I), and a bar graph showing quantification of functional mouse HSCs by transplantation assay with the percentage of B, T and myeloid lineage cells at 4 weeks after transplantation (2J). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0074] Figs. 3A-3I: Ythdf2 functions as an m⁶A reader and regulates HSC gene expression by mediating mRNA decay. Fig. 3A is a schematic of irCLIP-seq workflow; Fig. 3B is a schematic showing Ythdf2 binding motif identified by MEME with all irCLIP peaks found in all three replicates; Fig. 3C is a pie chart depicting the fraction of Ythdf2 binding peaks in each of five transcript segments; Fig. 3D is a chart showing a GO enrichment analysis of Ythdf2 targets from intersect genes of three Ythdf2 irCLIP-seq replicates; Fig. 3E shows representative tracks of *Tal1* harboring m⁶A peaks and Ythdf2 irCLIP peaks, with coverage of m⁶A immunoprecipitation and input fragments indicated in red and grey, respectively, and Ythdf2 irCLIP reads highlighted in yellow; Fig. 3F is a chart showing qPCR analysis of total mRNA of sorted LSK cells from *wt* and *Ythdf2* KO mice. All Ct values were first normalized to *Actb* control (not m⁶A-tagged). Then the ratio (*Ythdf2* KO over *wt*) was calculated. (n = 3); Fig. 3G shows representative images (left) and quantification via bar graph (right) of staining intensity of *wt* (n = 65) and *Ythdf2* KO (n = 54) HSPCs for TAL1 (green); Fig. 3H shows images depicting fluorescence *in situ* hybridization of *Tal1* mRNA (red) and fluorescence immunostaining of Dcp1a (P-body marker) (magenta),

Ythdf2 (green) in *wt* and *Ythdf2* KO HSPCs, where arrows indicate co-localized staining. Scale bars, 5 μ m; Fig. 3I shows Quantification of *Tal1* mRNA and DCP1a co-localization in sorted LSK cells from *wt* and *Ythdf2* KO mice. Percentage indicates the average frequency of the *Tal1* mRNA that co-localized with DCP1a over total *Tal1* mRNA level in each LSK cells (n = 9-17). Data shown as mean \pm s.e.m. Unpaired t-test.

[0075] Figs. 4A-4I: Role of YTHDF2 in human cord blood HSCs by m⁶A-seq and RNA-seq analysis. Fig. 4A shows metagene profiles depicting sequence coverage in windows surrounding the TSS (left) and stop codon (right), where coverage of m⁶A IP and control (input) fragments indicated in red and grey, respectively; Fig. 4B depicts pie charts presenting the fraction of m⁶A peaks in each of five non-overlapping transcript segments; Fig. 4C depicts a Venn diagram showing shared and unique m⁶A-tagged genes in mouse and hUCB HSPCs; Fig. 4D depicts a chart with a GO enrichment analysis of m⁶A-tagged transcripts shared in both mouse and hUCB HSPCs; Fig. 4E shows representative tracks of *HOXB4* harboring m⁶A peaks, where color codes are the same as in Fig 4A; Fig. 4F depicts a schematic of lentivirus mediated YTHDF2 KD in hUCB CD34⁺ HSPCs for RNA-seq; Fig. 4G is a plot of a cumulative distribution of log₂ (fold change) for m⁶A-marked genes (purple line) and non-m⁶A-marked genes (black line), with control and YTHDF2 KD hUCB CD34⁺ cells; Fig. 4H shows representative coverage plots from the RNA-seq analysis, showing increased reads of m⁶A-tagged gene *HOXB4* but not a non-m⁶A-tagged gene *ACTB* in YTHDF2 KD compared to control hUCB CD34⁺ cells; and Fig. 4I is a bar graph showing relative mRNA expression levels of non-m⁶A labeled *ACTB* (as control) and m⁶A-marked transcription factor related to stem cell self-renewal in control and YTHDF2 KD hUCB CD34⁺ cells. RPKM from RNA-seq

analysis were normalized to controls. Adjusted P value were indicated. n.s., nonsignificant.

[0076] Figs 5A-5F: YTHDF2 KD facilitates expansion of human cord blood HSCs *ex vivo*. Figs. 5A-5B are bar graphs depicting the fold change of frequency (5A) and absolute number (5B) of indicated cells in YTHDF2 KD over control cells after 7 days culture; Fig. 5C shows a bar graph depicting CFU output from transduced CD34⁺ CD38⁻ hUCB cells and images of CFU-granulocyte erythrocyte monocyte megakaryocyte (GEMMs) (scale bar, 200μm); Fig. 5D includes images of burst forming unit-erythroid (BFU-E) (left) and colony-forming unit-granulocyte/macrophage (CFU-GM) (right) from 7-days cultured control or YTHDF2 KD hUCB cells (scale bar, 200μm), where independent cord blood samples were used and repeated twice for the panels; Fig. 5E is a bar graph showing apoptosis analysis of CD34⁺ CD38⁻ cells in 7-day cultures of transduced CD34⁺ hUCB cells by Annexin V staining (n = 3 independent CB samples); Fig. 5F is a bar graph showing the fold change of Tthdf2 knockdown (KD) to control in indicated human cord blood HSCs (n=3 individual human samples), where lentivirus was used to deliver control shRNA or human Ythdf2 shRNA into sorted CD34⁺ CD38⁻ blood cord HSCs. Dashed lines indicate 95% confidence intervals. Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0077] Figs. 6A-6G: YTHDF2 KD facilitates expansion of human cord blood functional long-term HSCs. Fig. 6A is an image showing an experimental scheme for measuring frequency of HSCs after *in vivo* expansion; Fig. 6B includes representative flow plots of hCD45⁺ GFP⁺ reconstitution from primary recipient mice receiving the highest two cell doses. hCD45 = human CD45; Fig. 6C is a plot showing hCD45⁺ GFP⁺ engraftment in BM from the primary recipient mice that

received the highest two doses (n = 8); Fig. 6D is a plot showing HSC frequency determined by primary LDA. Dashed lines indicate 95% confidence intervals; Fig. 6E includes representative flow plots of hCD45⁺ GFP⁺ reconstitution from secondary recipient mice receiving the highest two cell doses; Fig. 6F is a plot showing hCD45⁺ GFP⁺ engraftment in BM from the secondary recipient mice that received the highest two doses (n = 6); Fig. 6D is a graph showing HSC frequency determined by secondary LDA. Dashed lines indicate 95% confidence intervals. Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0078] Figs. 7A-7I: Ythdf2 KO HSCs show no signs of lineage bias or differences in quiescence and homing ability but exhibit lower apoptotic rate.

Fig. 7A is bar graph showing absolute cell number of HSPCs in BM from *Mx1-cre*⁻; *Ythdf2*^{ff} and *Mx1-cre*⁺; *Ythdf2*^{ff} mice without pl:pC injection (n=3 per group); Fig. 7B is a bar graph showing cell cycle analysis of HSPCs in *wt* (n = 3) and *Ythdf2* KO (n = 4) mice; Fig. 7C is a bar graph showing apoptosis analysis of BM HSPCs in *wt* and *Ythdf2* KO mice (n = 5 for each group); Fig. 7D shows images and the weight of spleens from *wt* and *Ythdf2* KO mice; Figs. 7E-7H are bar graphs showing absolute number of TNC (7E), LSK CD48⁻ CD150⁺ HSCs (7F), committed progenitors (7G) and lineage cells (7H) in the spleen of *wt* (n = 3) and *Ythdf2* KO (n = 4) mice; Fig. 7I is a bar graph showing Homing ability of *wt* and *Ythdf2* KO cells was determined by transplanting 1×10^6 CFDA SE-labelled BM cells into lethally irradiated mice. 18 hours later, BM was analyzed for homed events (n = 6 mice per group). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0079] Figs. 8A-8F: Transplantation recipient mice of *Ythdf2* KO BM display no lineage changes or defects 16 weeks post transplantation. Figs. 8A to 8C are bar graphs depicting absolute cell number of donor derived (CD45.2⁺) TNC

(8A), committed progenitors (8B) and lineage cells (8C) in the BM from secondary 200K transplantation recipient mice at 16 weeks after secondary transplantation (n= 7-10 for each group); Figs. 8D to 8F are bar graphs depicting absolute cell number of donor derived (CD45.2⁺) TNC (8D), committed progenitors (8E), and lineage cells (8F) in the spleen from secondary 200K transplantation recipient mice at 16 weeks after secondary transplantation (n= 7-10 for each group). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0080] Figs. 9A-9K: *Ythdf2* KO has long-term effect on mouse HSC expansion *in vivo* without inducing lineage bias. Fig 9A is a schematic showing BM and spleen collected from *wt* and *Ythdf2* KO mice were analyzed by flow cytometry at 5-7 months post pl:pC inductions; Figs. 9B to 9E are bar graphs showing: absolute cell number of TNC (Fig. 9B), HSPCs (Fig. 9C), committed progenitors (Fig. 9D) and lineage cells (Fig. 9E) in the BM of *wt* and *Ythdf2* KO mice at 5-7 months post induction. (n = 4-7 mice per group); Fig. 9F is a bar graph showing the weight of spleens from *wt* and *Ythdf2* KO mice at 5-7 months post induction. (n = 4-7 mice per group); Figs. 9G to 9J are bar graphs showing: absolute cell number of TNC (Fig. 9G), LSK CD48⁻ CD150⁺ HSCs (Fig. 9H), committed progenitors (Fig. 9I) and lineage cells (Fig. 9J) in the spleen of *wt* and *Ythdf2* KO mice at 5-7 months post induction. (n = 4-7 mice per group); Fig. 9K is a schematic and graph showing 5 months post pl:pC injection, 75k WBM from *wt* and *Ythdf2* KO mice were transplanted with 200K rescue cells into lethally irradiated recipients. Peripheral blood from transplantation recipients were analyzed every 4 weeks post transplantation to determine the donor derived engraftment (n = 10 for each group). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0081] Figs. 10A-10D: Molecular characterization of m⁶A modification in mouse HSPCs. Fig. 10A shows plots of metagene profiles depicting sequence coverage in windows surrounding the TSS (up) and stop codon (down), where coverage of m⁶A IP and control (input) fragments indicated in red and grey, respectively; Fig. 10B shows pie charts presenting the fraction of m⁶A peaks in each of five transcript segments; Fig. 10C shows plots of the fraction of genes in mouse HPSCs with m⁶A peaks in each of the segments as a function of expression level; Fig. 10D shows graphs of m⁶A-tagged and non-m⁶A-tagged mRNA degradation rates as determined by analysis of the expression level at 0 hour and 4 hours post actinomycin D treatment in HSPCs.

[0082] Figs 11A-11E: Define Ythdf2 functionality in mouse HSPCs by irCLIP-seq. Fig. 11A is an image showing immunoprecipitation of Ythdf2 in control or Flag-Ythdf2 overexpressed HPC7 cells; Fig. 11B is an irCLIP membrane image showing IR800 labeled RNA-Ythdf2 complex, where red box indicate the RNA-Ythdf2 complex collected for library construction, and with samples without UV crosslinking serve as controls; Fig. 11C is a Venn diagram showing intersection genes identified in three independent Ythdf2 irCLIP-seq experiments; Fig. 11D is a Venn diagram showing overlap of Ythdf2 binding targets and m⁶A labeled mRNAs; Fig. 11E shows representative tracks of *Gata2* harboring m⁶A peaks and Ythdf2 irCLIP peaks, where coverage of m⁶A immunoprecipitation and input fragments are indicated in red and grey, respectively, and Ythdf2 irCLIP reads are highlighted in yellow.

[0083] Figures 12A-12F: Ythdf2 KO increased m⁶A-tagged mRNA expression, contributing to HSC expansion. Fig. 12A is a bar graph showing total RNA was extracted from 15,000 sorted BM LSK Flk2⁺ cells; Fig. 12B shows

quantification of m⁶A RNA methylation in *wt* and *Ythdf2* KO Lin⁻ cells (n = 6); Fig. 12C shows quantification (right) and histogram (left) showing intracellular flow validation of increased expression of TAL1, GATA2, RUNX1 and STAT5 in *Ythdf2* KO LT-HSCs comparing to *wt* LT-HSCs (n = 3 mice per group); Fig. 12D shows fluorescence *in situ* hybridization of *Gata2* mRNA (red) and fluorescence immunostaining of Dcp1a (P-body marker) (magenta), *Ythdf2* (green) in *wt* and *Ythdf2* KO HSPCs. Arrows indicate co-localized staining. Scale bars, 5 μ m; Fig. 12E shows quantification of *Gata2* mRNA and DCP1a co-localization in sorted LSK cells from *wt* and *Ythdf2* KO mice. Percentage indicates the average frequency of the *Gata2* mRNA that co-localized with DCP1a over total *Gata2* mRNA level in each LSK cells (n = 12-20); Fig. 12F shows percentage of GFP⁺ cells in the CD45⁺ population at 4 weeks post transplantation (n = 10). Data shown as mean \pm s.e.m. Unpaired t-test. n.s., nonsignificant.

[0084] Figures 13A-13G: YTHDF2 regulates expression of transcription factors related to stem cell self-renewal in human cord blood stem cells. Fig. 13A is a Venn diagram showing intersection genes identified in three independent m⁶A-seq experiments, using three independent cord blood samples; Fig. 13B shows pie charts with the percentage of mRNAs and non-coding RNAs containing m⁶A peaks; Fig. 13C is a bar graph showing GO enrichment analysis of the transcription factors harboring m⁶A modifications in hUCB CD34⁺ cells; Fig. 13D shows images of Western blotting of YTHDF2 (up) and β -Actin (down) in sorted GFP⁺ control and YTHDF2 KD hUCB cells, showing knockdown efficiency of YTHDF2; Fig. 13E shows a bar graph with expression level (left) and representative track plots (right) of YTHDF2 from RNA-seq analysis of control and YTHDF2 KD hUCB CD34⁺ cells, showing knockdown efficiency of YTHDF2. Figs. 13F through 13G are

representative track plots of indicated transcription factors harboring m⁶A peaks (up) and their representative coverage plots from the RNA-seq analysis (bottom). Adjusted P values are indicated.

[0085] Figs. 14A-14C: YTHDF2 KD in hUCB cells resulted in HSC expansion without changing lineage output. Fig. 14A depicts representative flow plots of GFP⁺ CD34⁺ CD38⁻ CD45RA⁻ EPCR⁺ HSCs in control and YTHDF2 KD hUCB cells post 7 days culture; Fig. 14B depicts confirmation of YTHDF2 protein knockdown and overexpression in transduced Hela cells; Fig. 14C depicts CFU production by YTHDF2 OE and control transduced CD34⁺ CD38⁻ CB from day 10 cultures (n = 3 independent human samples). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0086] Figs. 15A-15D: YTHDF2 KD in hUCB cells resulted in HSC expansion without changing lineage output. Fig. 15A includes representative flow plots of hCD45⁺ GFP⁺ monocyte, megakaryocyte (MK cell), B cell and erythrocyte in primary NSG recipient BM.; Figs. 15B and 15C are bar graphs depicting the percentage of lineage cells in hCD45⁺ GFP⁺ (Fig. 15B) and in total CD45⁺ (Fig. 15C) BM cells from primary NSG recipients at 10 weeks post transplantation (n = 13-15); Fig. 15D is a bar graph depicting a summary of human donor derived lineage chimerisms in total CD45⁺ BM cells from secondary NSG recipients at 12 weeks post transplantation (n = 6). Data shown as mean ± s.e.m. Unpaired t-test. n.s., nonsignificant.

[0087] FIG. 16: expansion of mesenchymal stem cells *in vivo*. Fig. 16 is a bar graph showing the frequency of N-Cad⁺ CD105⁺ in TNC with both *wt* Ythdf2 and a Ythdf2 knockout (KO).

[0088] Figs. 17A-17J: functional identification of rHSC population. Fig. 17A is a schematic representation of FACS sorting for rHSCs, pHSCs, ST-HSCs and MPPs; Fig. 17B shows a quantification of rHSCs and pHSCs function by transplantation assay. PB analysis for total engrafted donor cells at the indicated number of weeks post transplantation and the percentage of donor-derived B, T and myeloid lineage cells at 20 weeks post transplantation (n = 10 mice per group); Fig. 17C shows donor derived cells from rHSCs or pHSCs transplanted mice at 40 weeks post transplantation; Fig. 17D H2B-GFP label retaining cells in rHSCs and pHSCs at 130 days post chasing (n=4 mice per group); Fig. 17E shows cell cycle gene expression in rHSCs and pHSCs (n=3 replicates from 20 mice); Fig. 17F shows rHSCs and pHSCs transplanted recipients received 5FU injection at 4 weeks post transplantation as indicated. PB analysis for donor engraft cells at indicated weeks post transplantation. The percentage of donor-derived B, T and myeloid lineage cells were shown at 20 weeks post transplantation (n=10 mice per group); Fig. 17G shows rHSCs and pHSCs at day 3 post 5FU treatment (pool from 15 mice); Fig. 17H shows DNA damage gene expression in rHSCs and pHSCs (n=3 replicated from 20 mice); Fig. 17I shows DNA damage genes in rHSCs from control mice and mice at day 3 post 5FU (n=20 in control mouse group, n=40 in D3 5FU mouse group). * P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m; Fig. 17J shows heat map of stress response genes in rHSCs, pHSCs and 5FU rHSCs.

[0089] Figs 18A-18I: rHSCs located by endosteal region in BM niche. Fig. 18A shows representative whole-mount images of mouse sternal bone marrow (BM), with bone (white, generated by second harmonic generation, SHG), MKs (yellow, distinguished by size, morphology and CD41 expression). Green arrowheads denoted phenotypic Lin⁻ CD48⁻CD41⁻CD150⁺CD49b⁻rHSCs, White arrowheads

denoted phenotypic Lin⁻CD48⁻ CD41⁻CD150⁺CD49b⁺ pHSCs; Fig. 18B shows representative image of rHSCs, pHSCs and 5FU rHSCs. White arrows denoted phenotypic Lin⁻CD48⁻CD41⁻CD150⁺CD49b⁻rHSCs, phenotypic Lin⁻CD48⁻CD41⁻CD150⁺CD49b⁺ pHSCs and phenotypic Lin⁻CD48⁻CD41⁻ CD150⁺CD49b⁻ 5FU rHSCs; Figs. 18C-E show relative distance between rHSCs, pHSCs and 5FU rHSCs to vessels, MKs or bones (n=144 rHSCs, n=685 pHSCs, n=707 5FU rHSCs); Fig. 18F shows absolute number of healthy, apoptotic and dead VE-Cad⁺ CD31⁺ vessel cells in control mice and mice at 1 day post 5FU treatment; Figs. 18F-G show absolute number of AnnexinV⁺ SytoxG⁻ apoptotic Ve-Cad⁺ CD31⁺ endothelial cells in central marrow (CM) or N-cad- tomato⁺ cells in both CM and bone from control mice and mice 1 day post 5FU treatment. N=3 in each group. * P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m; Figs. 18H-I show representative image of N-cad-tomato⁺ and Ve-Cad⁺ CD31⁺ vessels in control mice and in mice at 3 days post 5FU treatment.

[0090] Figs. 19A-19J: N-cad⁺ cells maintain functional HSCs in BM niche.
Fig. 19A shows a scheme for DT administration to *N-cad-CreER^T;iDTR* mice used for the experiments shown in B-G. D indicated day (e.g., D0 indicates day 0); Fig. 19B shows N-cad⁺ cell ablation efficiency as indicated by Tomato⁺ cells in *N-cad-CreER^T;iDTR* mice; Figs. 19C-D show flow cytometric analyses to determine the absolute numbers of total nucleated cells (TNC) and HSPCs in the bone marrow (BM) from *N-cad-CreER^T;iDTR* mice post TMX and DT injections (n=5 mice per group); Figs. 19E-H show quantification of functional HSCs by transplantation assay in primary 1° and secondary 2° transplantation. Total BM cells from PB analysis for total engrafted donor cells at the indicated number of weeks post transplantation and the percentage of donor-derived B, T and myeloid lineage cells at 16 weeks post

transplantation (n = 10 mice per group); Figs. 19I-J show flow cytometric analyses to determine the absolute numbers of HSPCs in the bone marrow (BM) from *N-cad-CreER^T;SCFf/f* (*N-cad-CreER^T*;SCFf/f, n=4 mice, *N-cad-CreER^{T+};SCFf/f*, n=6 mice) and *N-cad-CreER^{T+};Cxcl12f/f* mice (*N-cad-CreER^T*;Cxcl12f/f, n=3 mice, *N-cad-CreER^{T+};Cxcl12f/f*, n=6 mice) post TMX and DT injections. (* P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m.).

[0091] Figs 20A-20K: transcriptome analysis for hematopoietic cells and niche cells. Figs. 20A-B shows pearson distance tree and PCA analysis for hematopoietic stem and progenitor cells (HSPCs); Figs. 20C-D show pearson distance tree and PCA analysis for BM niche cells; Fig. 20E shows HSC signature gene expression in hematopoietic stem and progenitor cells; Fig. 20F shows BM niche signature gene expression in niche cells; Fig. 20G shows term analysis for BM niche cells; Fig. 20H shows stromal cell development gene expression in niche cells from endosteal and perivascular zones; Fig. 20I shows lineage tracing for *N-cad-CreER^T; R26-tdT; Nestin-GFP* mice after 3 TMX injections, and *N-cad-CreER^T; R26-ZsG; Cxcl12-DsR* mice after 3 TMX injections; Fig. 20J shows enzymatically digested bone marrow cells from *N-cad-CreERT*; *R26-tdT* mice post TMX injections. LepR and Pdgfra stained by antibodies shown as red peak. Isotype control shown as gray peak; Fig. 20K shows CFU-F activity in niche cells from endosteal and perivascular zones.

[0092] Fig. 21A-21G: *in vitro* differentiation potential and localization of N-cad⁺ derived cells. Fig. 21A shows experimental design; Fig. 21B shows live CFU-F colonies cultured from enzymatically digested bone marrow, stained with Cell TraceTM and Tomato⁺ cells in one colony in high magnification; Figs. 21C-E show *in vitro* differentiation of stromal cells derived from *N-cad-CreER^T; R26-tdT* mice: live

tdTomato⁺ cells and Alkaline Phosphatase staining of culture 21 days after osteo-differentiation (21C); live Tomato⁺ cells and Oil Red O lipid staining 21 days after adipo-differentiation (21D); aggrecan antibody stained and toluidine blue stained chondrocytes at 21 days after chondro-differentiation of Tomato⁺ cells (21E); Figs. 21F-G show(F-G) experimental design; Fig. 21H shows localization of cells derived from *N-cad-CreERT*; *R26-tdT* mice post TMX injection at 6 hours, 14 hours, 24 hours, 1 week and 4 weeks; Fig. 21 I shows percentage of Tomato⁺ cells post TMX injection at 1 week, 2 weeks, 4 weeks and 6 weeks in trabecular, cortical bone and central marrow (n=2 mice in 1 and 2 weeks group, n=3 mice in 4 and 6 weeks group).

* P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m.).

[0093] Figs. 22A-22K: N-cad⁺ stromal cells give rise to osteoblasts and adipocytes in adult mice. Fig. 22A shows representative femur sections from *N-cad-CreERT*; *R26-tdT*; *Col2.3-GFP* mice of different time points post TMX injection showing the anatomical distribution and increasing generation of Tomato⁺Col2.3-GFP⁺ osteoblasts. Scale bar, 100µm; Figs. 22B-C show higher-power images of *N-cad-CreERT*; *R26-tdT*; *Col2.3-GFP* mice at early time points post TMX in region i, ii, iii, iv, v and vi shown in 6hr (22B) and 14hr (22C). Hollow arrowheads show Tomato⁺Col2.3GFP⁺ osteoblasts (yellow cells) at 6 hours and 14 hours post TMX, whereas solid arrowheads indicate the *N-cad* recombined both in the trabecular (ii, iv, v) and cortical (iii, vi) region (green). These cells are potentially undifferentiated as shown by the absence of Col2.3-GFP. Scale bar, 50 µm; Figs. 22D-E show image quantification showing percentage of Tomato⁺Col2.3-GFP⁺ and Tomato⁺Col2.3-GFP⁻ cells in trabecular (22D) and compact bone (22E) at 6 hours, 14 hours, 24 hours, 2 weeks and 4 weeks post TMX injection; Fig. 22F shows image quantification comparing percentage of potential undifferentiated Tomato⁺Col2.3-

GFP[−] between trabecular and compact bone. * P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m; Fig. 22G shows representative image of trabecular bone (TB) and cortical bone (CB) in *N-cad-CreER^T; R26-tdT; Col2.3-GFP* mice at 4 weeks post TMX injection. Scale bar, 20 μ m; Fig. 22H shows representative low and high-power image of femur section from *N-cad-CreER^T; R26-tdT* mice with Perilipin staining at 4 weeks post TMX injection. At periosteal region (i), bone marrow near trabecular region (ii) and central marrow(iii), solid arrowheads showed Tomato⁺Perilipin⁺ derived from N-cad⁺ MSCs; Fig. 22I shows BODIPY staining showed the lipid droplet (green) inside the Tomato⁺ Perilipin⁺ adipocyte (arrowheads). Scale bar, 20 μ m; Figs. 22J-K show image quantification of Tomato⁺Perilipin⁺ adipocytes in trabecular bone (22J) and periosteal region (22K) at 6 hours, 14 hours, 24 hours, 2 weeks and 4 weeks post TMX injection. (* P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m.).

[0094] Figs. 23A-23J: N-cad⁺ MSCs give rise to chondrocytes during development and post injury. Fig. 23A shows experimental design; Fig. 23B shows tomato⁺ partially colocalized with Aggrecan⁺ chondrocytes in rib at E14.5(2 days post TMX induction); Fig. 23C shows an illustration of chondrocyte development in femur; Fig. 23D shows a representative femur section from 2-day-old *N-cad-CreER^T; R26-tdT* mice with TMX induction at E12.5. Note that Tomato⁺ cells gave rise to Aggrecan⁺ cartilage cells in articular surface (i) and the developing secondary ossification center (ii). Arrowheads indicated Tomato⁺ Aggrecan⁺ cells; Fig. 23E shows a representative femur section from 10-month-old *N-cad-CreER^T; R26-tdT* mice with TMX induction at E12.5. Tomato⁺ cells from early embryonic stage differentiated to Perilipin⁺ adipocytes; Fig. 23F shows a representative femur section from 2-month-old *N-cad-CreER^T; R26-tdT* mice with TMX induction at E12.5. Tomato⁺ cells from early embryonic stage differentiated to Osteopontin⁺ hypertrophic

chondrocytes (i and ii) and osteoblasts (iii, iv, v and vi); Fig. 23G shows an experimental design for femoral groove injury to *N-cad-CreER^T; R26-tdT* mice with TMX induction at E12.5; Fig. 23H shows quantification of Tomato⁺ chondrocytes in control mice and in mice 3 weeks after knee cartilage injury. (I) Representative section of distal femur from *N-cad-CreER^T; R26-tdT* mice without cartilage injury or 3 weeks after cartilage injury. Note that the clustered Tomato⁺ Aggrecan⁺ cells at the knee surface of control mice (i) significantly increased at the correspondent region in mice 3 weeks after knee cartilage injury (ii); Fig. 23J shows AHO staining of the sections in Figure 6H showing the Alcian blue positive chondrocytes in control (i) and in the location of cartilage injury(ii).

[0095] Figs. 24A-24K: BrdU assay and N-cad reporter mouse line post 5FU. Figs. 24A-F show representative images showing BrdU⁺ cells in femur of mice at day 0, 2, 3, 4 and 6 post 5FU treatment. Note that BrdU⁺ cells reduced at day 2 post 5FU, and reactivated from day 3 to day 6 post 5FU near bone (red dotted line) or vessel/adipose structure (green dotted line); Fig. 24G shows a model of dynamic of BrdU⁺ cells; Fig. 24H shows a ratio of BrdU⁺ cells in bone marrow to bone surface from day 3 to 6 post 5FU treatment; Fig. 24I shows a percentage of BrdU⁺ cells near bone surface and near vessel/adipose structures from day 3 to 6 post 5FU treatment; Fig. 24J shows representative whole bone section showing N-cad driven tomato⁺ cells in both bone surface and central marrow; Fig. 24K shows absolute number of N-cad driven tomato⁺ cells in central marrow (CM) and in bone of *N-cad-TdT* mice of control group and mice 3 days post 5FU treatment. N=3 in each group. * P<0.05, ** P<0.01, ***P<0.001. Error bars, s.e.m.

[0096] Figs. 25A-25B: generation of *N-cad-CreER^T* mouse strain. Fig. 25A shows a generation of *N-cad-CreER^T* mouse strain; Fig. 25B shows lineage tracing for

N-cad-CreERT^T, R26-tdT; Col2.3-GFP mice after three TMX injections; blood vessels stained by CD31 and Ve-cadherin antibodies.

[0097] Figs. 26A-26E: sorting strategy and signature gene expression of niche cells. Fig. 26A shows niche cells in endosteal zone harvested from digested bone cells; Fig. 26 B shows niche cells from Perivascular and sinusoid zones harvested from digested bone marrow cells; Fig. 26C shows localization of NG2-RFP⁺ cells in endosteal and peri-arterial regions; Figs 26D-E show heatmaps of osteo-chondrogenic progenitor gene and adipogenic progenitor gene expression in niche cells.

[0098] Figs. 27A-27E: lineage tracing in *N-cad-CreERT*; *R26-tdT* mice at early time point post TMX induction. Figs. 27A-B show representative images of trabecular bone (TB) and cortical bone(CB) in *N-cad-CreERT*; *R26-tdT*; *Col2.3-GFP* mice at 24 hours and 2 weeks post TMX induction. Scale bar, 20 μ m; Figs. 27C-E show representative femur section with high power images of *N-cad-CreERT*; *R26-tdT* mice at 6 hours, 14 hours and 24 hours post TMX induction. Adipocytes shown with perilipin antibody staining.

[0099] Figs. 28A-28D: characterization of N-cad⁺ MSCs from early development and in injury repair. Fig. 28A shows representative images of femur section showing N-cad⁺ MSCs with Aggrecan staining in *N-cad-CreERT^T; R26-tdT* 24 hours post TMX induction at postnatal D2; Fig. 28B shows a representative femur section from 2-month-old *N-cad-CreERT^T; R26-tdT* mice with TMX induction at E12.5. Adipocytes shown with Perilipin antibody staining; Fig. 28C shows a representative femur section from 2-day-old *N-cad-CreERT^T; R26-tdT* mice with TMX induction at E12.5. Developing bone cells shown with Osteopontin antibody staining; Fig. 28D shows a representative sagittal knee sections in E12.5 TMX induced *N-cad-CreERT^T*;

R26-tdT mice of control group and 2 weeks after knee cartilage injury. Scale bar, 1mm.

[00100] **Fig. 29:** Image of surviving rHSCs (green, CD150⁺ Lin⁻ CD49b⁻) at day 3 post 5FU treatment were often detected as single cells adjacent to the bone surface (white, SHG), and proliferating HSCs were often associated with MKs (CD150⁺ Lin⁺) or near the vessels (red, CD31+).

[00101] **Fig. 30:** Plot showing production of human Thpo by 10K ncad+ hMSCs and 1000k total hMSCs *in vivo*.

DETAILED DESCRIPTION OF THE INVENTION

[00102] One embodiment of the invention is a method for expanding a population of stem cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow. This method comprises modulating a N6-methyladenosine (m⁶A) mRNA modification pathway in the population of stem cells to expand the number of stem cells.

[00103] Another embodiment of the invention is a method for expanding a population of chimeric antigen receptor (CAR) T-cells cells obtained by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow. This method comprises modulating a N6-methyladenosine (m⁶A) mRNA modification pathway in the population of CAR T-cells to expand the number of stem cells.

[00104] In the present invention the population of stem cells and/or T-cells may be obtained from any mammal, such as, e.g., a human, and from any tissue that contains stem cells and/or progenitor cells and/or T-cells. As noted above, in a

preferred embodiment the tissue may be peripheral blood, cord blood or bone marrow.

[00105] As used herein, “expand”, “expanding” and like terms means to increase the number of stem cells and/or CAR-T cells in the population relative to the number of stem cells and/or CAR T-cells in the original population either *in vivo* or *ex vivo* using any of the methods disclosed herein. The expansion may be at least 40-fold compared to the original number of stem cells and/or CAR T-cells in the population. More preferably, the expansion is at least 2-fold, 4-fold, 5-fold, 8-fold, 10-fold, 15-fold, 20-fold or more compared to the original number of stem cells.

[00106] In the present invention “a population of stem cells” means a group of substantially undifferentiated cells that possess the ability to give rise to many different types of cells and which have the ability to self-renew. Representative, non-limiting examples of stem cells according to the present invention include bronchioalveolar stem cells (BASCs), bulge epithelial stem cells (bESCs), corneal epithelial stem cells (CESCs), cardiac stem cells (CSCs), epidermal neural crest stem cells (eNCSCs), embryonic stem cells (ESCs), endothelial progenitor cells (EPCs), hepatic oval cells (HOCs), hematopoietic stem cells (HSCs), hematopoietic stem and progenitor cells (HSPCs), keratinocyte stem cells (KSCs), mesenchymal stem cells (MSCs), neuronal stem cells (NSCs), pancreatic stem cells (PSCs), retinal stem cells (RSCs), and skin-derived precursors (SKPs).

[00107] Hematopoietic stem cells, for example, have the ability to self-renew (i.e., expand) and can give rise to all the types of progenitor cells (such as, e.g., CMP, GMP, MEP and CLP) and ultimately all the types of blood cells (such as e.g., red blood cells, B lymphocytes, T lymphocytes, natural killer cells, neutrophils, basophils, eosinophils, monocytes, macrophages, and platelets) in the hematopoietic

system. Mesenchymal stem cells, as another example, are multipotent stromal cells that can differentiate into a variety of cell types (such as, e.g., osteoblasts, chondrocytes, myocytes and adipocytes).

[00108] In the present invention “a population of chimeric antigen receptor (CAR) T-cells” means a group of T-cells that have been modified with chimeric antigen receptors capable of binding specific antigens, such as antigens on the surface of cancer cells, and may possess the ability to target and kill such cancer cells. The CAR T-cells can be prepared by modifying T-cells with the chimeric antigen receptors, such as by introducing DNA coding for the chimeric antigen receptors into the T-cells, to express the chimeric antigen receptors on the surface of the T-cells (Davila et al. *Sci Transl Med* 6(224), 224ra25 (2014); Tasian et al. *Ther Adv Hematol* 6(5), 228-241 (2015)).

[00109] In the present invention, “modulating”, “modulation” and like terms mean altering the signal transduction pathway, e.g., a protein in the m⁶A mRNA modification pathway, including but not limited to lowering or increasing the expression level of a protein, altering the sequence of such a protein (by mutation, pre-translational or post-translational modification or otherwise), or inhibiting or activating such a protein (whether by binding, phosphorylation, glycosylation, translocation or otherwise). Such modulation may be achieved genetically or pharmacologically.

[00110] In one aspect of the present invention, modulating the m⁶A mRNA modification pathway comprises introducing a mutation into a population of stem cells and/or CAR-T cells, which mutation results in modulation of a molecule in the m⁶A mRNA modification pathway. In another aspect present invention, modulation of the m⁶A mRNA modification pathway also includes contacting the stem cells

and/or CAR T-cells with a modulator of a molecule in the m⁶A mRNA pathway. Representative, non-limiting examples of such modulators include a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

[00111] In the present invention, the phrase “modulation of a molecule in the m⁶A mRNA modification pathway” means altering the function of a member of the m⁶A mRNA modification pathway, which altered function may have an effect similar to inhibiting or decreasing the function of a molecule involved in a process upstream and/or downstream of m⁶A modification of mRNA. Non-limiting examples of such “modulation” include increasing or decreasing the expression or function of proteins involved in any of the incorporation of N⁶-methyladenosine modifications in mRNA, removal of N⁶-methyladenosine mRNA modifications to mRNA, and/or the recognizing and processing of N⁶-methyladenosine modified mRNA. For example, the modulation may include increasing or decreasing N⁶-methyladenosine modifications in mRNA, and/or that affecting the type and/or distributions of such modifications in mRNA, such as by modulating the activity of one or more of a m⁶A writer (e.g. methyltransferase) and m⁶A eraser (e.g. demethylase). As another example, the modulation may increase or decreases expression or function of proteins that recognize N⁶-methyladenosine modifications to mRNA to mediate m⁶A-dependent functions, such as by modulating the activity of a m⁶A reader (e.g., an RNA binding protein that recognizes methylated adenosine). Thus, modulation of the molecule in the m⁶A mRNA modification pathway modulator may result in modulation of the activity and/or expression of a molecule upstream or downstream of an m⁶A mRNA modification process.

[00112] In one aspect, the modulation of the m⁶A mRNA modification pathway involves modulation of a molecule selected from the group consisting of m⁶A mRNA modification readers, m⁶A mRNA modification writers, m⁶A mRNA modification erasers and combinations thereof. Non-limiting examples of m⁶A modification writers include methyltransferases that are capable of post-transcriptionally installing the m⁶A modification in messenger RNA, and can include any selected from the group consisting of METTL3, METTL14, WTAP, KIAA1429 and combinations thereof. Non-limiting examples of m⁶A modification erasers include demethylases that are capable of reversing the methylation, and can include any selected from the group consisting of FTI, ALKBH5 and combinations thereof. M⁶A modification readers include proteins that are capable of selectively binding m⁶A-methylated mRNA to exert regulatory functions through selective recognition of methylated mRNA. Suitable m⁶A modification readers can include any selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, eIF3 and combinations thereof. According to one aspect, the m⁶A modification readers comprise proteins of the YTH domain family of proteins, which includes Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2 and combinations thereof. (see, e.g., Wang et al. *Nature*, 505(7481):117-120, 2014; Frayling et al. *Science*, 316: 889-894, 2007; Zheng et al. *Mol. Cell.*, 49: 18-29, 2012; Cao et al. *Open Biol.*, 6(4): 160003, 2016; Maity et al. *The FEBS Journal*, 283(9): 1607-1630, 2016).

[00113] As used herein, “introducing a mutation” means any conventional method for producing an alteration in the genetic makeup of the stem cell population and/or CAR T-cell population. Non-limiting examples for introducing a mutation into a stem cell population and/or CAR T-cell population include mutagenesis via ultraviolet light irradiation, chemical mutagenesis, targeted mutagenesis such as site

directed mutagenesis of a stem cell and/or CAR T-cell, and creation of a transgenic mouse. According to one aspect, a mutation may be introduced into the stem cell and/or CAR T-cell to delete, replace or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway, such as a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, a m⁶A mRNA modification eraser and combinations thereof. In one aspect, the mutation is introduced to delete, replace or reduce expression of a gene that expresses a m⁶A mRNA modification reader, such as any selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, eIF3 and combinations thereof. In a preferred aspect, a mutation is introduced to delete, replace or reduce expression of a gene that expresses Ythdf2. In yet another aspect, the mutation is introduced to delete, replace or reduce expression of a gene that expresses a m⁶A mRNA modification writer, such as any selected from the group consisting of METTL3, METTL14, WTAP, KIAA1429 and combinations thereof. In yet another aspect, the mutation is introduced to delete, replace or reduce expression of a gene that expresses a m⁶A mRNA modification eraser, such as any selected from the group consisting of FTI, ALKBH5 and combinations thereof.

[00114] In one aspect, the mutation can be introduced by exposing the stem cells and/or CAR T-cells to a Mx1-Cre targeting system (see, e.g., Kuhn et al. *Science*, 269(5229): 1427-1429, 1995) that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway. In yet another aspect, a mutation is introduced that incorporates short hairpin RNA (shRNA) into the stem cells and/or CAR T-cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway. For example, the

shRNA may be introduced by exposing the stem cells and/or CAR T-cells to a vector to deliver shRNA, which may be a viral vector such as lentivirus (see, e.g., Chira et al. *Oncotarget*, 6(31): 30675-30703, 2015). The shRNA may be capable of triggering gene silencing to regulate gene expression (see, e.g., Paddison et al. *Genes Dev.*, 16(8): 948-958, 2002).

[00115] As used herein, “a modulator of a N^6 -Methyladenosine mRNA modification pathway” (or “ m^6A mRNA modification pathway modulator”) is any agent that regulates the activity of any member of the m^6A mRNA modification pathway, which results in, e.g., an increase or decrease in N^6 -methyladenosine modifications in mRNA, and/or a change in the types and/or distributions of such modifications in mRNA, such as by modulating the activity of one or more of a m^6A writer (e.g. methyltransferase) and m^6A eraser (e.g. demethylase). As another example, the agent may be one that increases or decreases activity of proteins that recognize N^6 -methyladenosine modifications to mRNA to mediate m^6A -dependent functions, such as by modulating the activity of a m^6A reader (e.g., an RNA binding protein that recognizes methylated adenosine). Thus, the m^6A mRNA modification pathway modulator may act on, or upstream of, or downstream of, an agent that affects the m^6A modification to mRNA.

[00116] In one embodiment, the m^6A mRNA modification pathway may be modulated by down-regulating and/or inhibiting a member of the m^6A mRNA modification pathway, such as down-regulating and/or inhibiting a m^6A mRNA modification reader. As used herein, “down-regulating” means inhibiting or reducing the amount of or inhibiting or decreasing the activity of a member of the m^6A mRNA modification pathway. Such down-regulation may be accomplished using, e.g. antisense RNA, siRNA, antibodies, or small molecules. As another example, the

m^6A mRNA modification reader may be down-regulated by contacting the stem cells and/or CAR T-cells with an inhibitor of an m^6A mRNA reader, to inhibit binding and/or recognizing of the m^6A modified mRNA by the m^6A mRNA reader. In one aspect, the m^6A mRNA modification reader that is down-regulated is selected from the group consisting of *Ythdf1*, *Ythdf2*, *Ythdf3*, *Ythdc1*, *Ythdc2*, *HNRNPC*, *HNRNPA2B1*, *eIF3* and combinations thereof. In a preferred aspect, the m^6A mRNA modification reader that is down-regulated is *Ythdf2*. Inhibitors of the m^6A mRNA modification reader may be any selected from the group consisting of: (inhibitors of *HNRNPC*) *hsa-let-7e-5p* (MIRT051596), *hsa-mir-455-3p* (MIRT037890), *hsa-mir-30c-5p* (MIRT047904), *hsa-mir-186-5p* (MIRT045150), *hsa-mir-744-5p* (MIRT037494), *hsa-mir-18a-3p* (MIRT040851), *hsa-mir-484* (MIRT042196), *hsa-mir-505-5p* (MIRT037959), *hsa-mir-615-3p* (MIRT039991), *hsa-mir-342-3p* (MIRT043694), *hsa-miR-3607-3p*, *hsa-miR-30d*, *hsa-miR-3916*, *hsa-miR-3162-5p*, *hsa-miR-1273d*, *hsa-miR-3161*, *hsa-miR-30a*, *hsa-miR-629*, *hsa-miR-208b*, *hsa-miR-489*, *hsa-miR-3148*, *hsa-miR-2113*, *hsa-miR-877*, *hsa-miR-455-5p*, *hsa-miR-186*, *hsa-miR-548o*, *hsa-miR-3139*, *hsa-miR-320a*, *hsa-miR-4311*, *hsa-miR-555*, *hsa-miR-3605-5p*, *hsa-miR-515-5p*, *hsa-miR-144*, *hsa-miR-499-5p*, *hsa-miR-1323*, *hsa-miR-548x*, *hsa-miR-299-5p*, *hsa-miR-653*, *hsa-miR-576-5p*, *hsa-miR-548p*, *hsa-miR-586*, *hsa-miR-888*, *hsa-miR-3647-3p*, *hsa-miR-484*, *hsa-miR-320b*, *hsa-miR-620*, *hsa-miR-30b*, *hsa-miR-548q*, *hsa-miR-29b-1*, *hsa-miR-570*, *hsa-miR-183*, *hsa-miR-1276*, *hsa-miR-208a*, *hsa-miR-186*, *hsa-miR-28-5p*, *hsa-miR-330-3p*, *hsa-miR-548am*, *hsa-miR-320d*, *hsa-miR-3175*, *hsa-miR-3155*, *hsa-miR-548aa*, *hsa-miR-519e*, *hsa-miR-1270*, *hsa-miR-513b*, *hsa-miR-599*, *hsa-miR-518f*, *hsa-miR-4301*, *hsa-miR-30c*, *hsa-miR-3135*, *hsa-miR-4286*, *hsa-miR-202*, *hsa-miR-4263*, *hsa-miR-4299*, *hsa-miR-606*, *hsa-miR-3133*, *hsa-miR-583*, *hsa-miR-3125*, *hsa-miR-*

501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Whisnant et al., *MBio* 4(2), 2013:e000193); (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-

502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p (see, e.g., Hafner et al. *Cell*, 141(1): 129-141, 2010; Helwak et al. *Cell*, 153(3): 654-655, 2013); (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262 (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Selbach et al. *Nature*, 455(7209): 58-63, 2008; Yang et al. *J Biol Chem.*, 292(9): 3614-3623, 2017); (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-

888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-

mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296 (see, e.g., Helwak et al. *Cell*, 153(3): 654-656, 2013; Selbach et al. *Nature*, 455 (7209):58-63, 2008; Baek et al, *Nature*, 455(7209):64-71, 2008; Leivonen et al. *Mol Cell Proteomics*, 10(7), 2011: M110.005322): (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141,

hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262 (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Hafner et al. *Cell*, 141(1): 129-141, 2010; Kishore et al. *Nat Methods*, 8(7):559-64, 2011; Memczak et al. *Nature*, 495(7441):333-8, 2013; Selbach et al. *Nature*, 455(7209):58-63, 2008; Chi et al. *Nature*, 460(7254):479-86, 2009).

[00117] In the present invention, the term "small molecule" includes any chemical or other moiety, other than polypeptides and nucleic acids, that can act to affect biological processes, particularly to modulate members of the m⁶A mRNA modification pathway. Small molecules can include any number of therapeutic agents presently known and used, or that can be synthesized in a library of such molecules for the purpose of screening for biological function(s). Small molecules are distinguished from macromolecules by size. The small molecules of the present invention usually have a molecular weight less than about 5,000 daltons (Da), preferably less than about 2,500 Da, more preferably less than 1,000 Da, most preferably less than about 500 Da.

[00118] Small molecules include without limitation organic compounds, peptidomimetics and conjugates thereof. As used herein, the term "organic compound" refers to any carbon-based compound other than macromolecules such

as nucleic acids and polypeptides. In addition to carbon, organic compounds may contain calcium, chlorine, fluorine, copper, hydrogen, iron, potassium, nitrogen, oxygen, sulfur and other elements. An organic compound may be in an aromatic or aliphatic form. Non-limiting examples of organic compounds include acetones, alcohols, anilines, carbohydrates, monosaccharides, oligosaccharides, polysaccharides, amino acids, nucleosides, nucleotides, lipids, retinoids, steroids, proteoglycans, ketones, aldehydes, saturated, unsaturated and polyunsaturated fats, oils and waxes, alkenes, esters, ethers, thiols, sulfides, cyclic compounds, heterocyclic compounds, imidizoles, and phenols. An organic compound as used herein also includes nitrated organic compounds and halogenated (e.g., chlorinated) organic compounds.

[00119] Preferred small molecules are relatively easier and less expensively manufactured, formulated or otherwise prepared. Preferred small molecules are stable under a variety of storage conditions. Preferred small molecules may be placed in tight association with macromolecules to form molecules that are biologically active and that have improved pharmaceutical properties. Improved pharmaceutical properties include changes in circulation time, distribution, metabolism, modification, excretion, secretion, elimination, and stability that are favorable to the desired biological activity. Improved pharmaceutical properties include changes in the toxicological and efficacy characteristics of the chemical entity.

[00120] In general, a polypeptide mimetic ("peptidomimetic") is a molecule that mimics the biological activity of a polypeptide, but that is not peptidic in chemical nature. While, in certain embodiments, a peptidomimetic is a molecule that contains no peptide bonds (that is, amide bonds between amino acids), the term

peptidomimetic may include molecules that are not completely peptidic in character, such as pseudo-peptides, semi-peptides, and peptoids.

[00121] As used herein, the term “biologic” means products derived from living sources as opposed to a chemical process. Non-limiting examples of a “biologic” include proteins, conditioned media, and partially purified products from tissues.

[00122] The terms “peptide,” “polypeptide,” and “protein” are used interchangeably herein. In the present invention, these terms mean a linked sequence of amino acids, which may be natural, synthetic, or a modification or combination of natural and synthetic. The term includes antibodies, antibody mimetics, domain antibodies, lipocalins, and targeted proteases. The term also includes vaccines containing a peptide or peptide fragment intended to raise antibodies against the peptide or peptide fragment.

[00123] “Antibody” as used herein includes an antibody of classes IgG, IgM, IgA, IgD, or IgE, or fragments or derivatives thereof, including Fab, F(ab')2, Fd, and single chain antibodies, diabodies, bispecific antibodies, and bifunctional antibodies. The antibody may be a monoclonal antibody, polyclonal antibody, affinity purified antibody, or mixtures thereof, which exhibits sufficient binding specificity to a desired epitope or a sequence derived therefrom. The antibody may also be a chimeric antibody. The antibody may be derivatized by the attachment of one or more chemical, peptide, or polypeptide moieties known in the art. The antibody may be conjugated with a chemical moiety. The antibody may be a human or humanized antibody. These and other antibodies are disclosed in U.S. Published Patent Application No. 20070065447.

[00124] Other antibody-like molecules are also within the scope of the present invention. Such antibody-like molecules include, e.g., receptor traps (such as

entanercept), antibody mimetics (such as adnectins, fibronectin based "addressable" therapeutic binding molecules from, e.g., Compound Therapeutics, Inc.), domain antibodies (the smallest functional fragment of a naturally occurring single-domain antibody (such as, e.g., nanobodies; see, e.g., Cortez-Retamozo et al., *Cancer Res.* 2004 Apr 15;64(8):2853-7)).

[00125] Suitable antibody mimetics generally can be used as surrogates for the antibodies and antibody fragments described herein. Such antibody mimetics may be associated with advantageous properties (e.g., they may be water soluble, resistant to proteolysis, and/or be nonimmunogenic). For example, peptides comprising a synthetic beta-loop structure that mimics the second complementarity-determining region (CDR) of monoclonal antibodies have been proposed and generated. See, e.g., Saragovi et al., *Science*. Aug. 16, 1991;253(5021):792-5. Peptide antibody mimetics also have been generated by use of peptide mapping to determine "active" antigen recognition residues, molecular modeling, and a molecular dynamics trajectory analysis, so as to design a peptide mimic containing antigen contact residues from multiple CDRs. See, e.g., Cassett et al., *Biochem Biophys Res Commun*. Jul. 18, 2003;307(1):198-205. Additional discussion of related principles, methods, etc., that may be applicable in the context of this invention are provided in, e.g., Fassina, *Immunomethods*. October 1994;5(2):121-9.

[00126] As used herein, "peptide" includes targeted proteases, which are capable of, e.g., substrate-targeted inhibition of post-translational modification such as disclosed in, e.g., U.S. Patent Application Publication No. 20060275823.

[00127] "Antisense" molecules as used herein include antisense or sense oligonucleotides comprising a single-stranded nucleic acid sequence (either RNA or DNA) capable of binding to target mRNA (sense) or DNA (antisense) sequences.

The ability to derive an antisense or a sense oligonucleotide, based upon a cDNA sequence encoding a given protein is described in, for example, Stein and Cohen, Cancer Res. 48:2659, (1988) and van der Krol et al., BioTechniques 6:958, (1988).

[00128] Antisense molecules can be modified or unmodified RNA, DNA, or mixed polymer oligonucleotides. These molecules function by specifically binding to matching sequences resulting in inhibition of peptide synthesis (Wu-Pong, November 1994, BioPharm, 20-33) either by steric blocking or by activating an RNase H enzyme. Antisense molecules can also alter protein synthesis by interfering with RNA processing or transport from the nucleus into the cytoplasm (Mukhopadhyay & Roth, 1996, Crit. Rev. in Oncogenesis 7, 151-190). In addition, binding of single stranded DNA to RNA can result in nuclease-mediated degradation of the heteroduplex (Wu-Pong, *supra*). Backbone modified DNA chemistry, which have thus far been shown to act as substrates for RNase H are phosphorothioates, phosphorodithioates, borontrifluoridates, and 2'-arabino and 2'-fluoro arabino-containing oligonucleotides.

[00129] Antisense molecules may be introduced into a cell containing the target nucleotide sequence by formation of a conjugate with a ligand binding molecule, as described, e.g., in WO 91/04753. Suitable ligand binding molecules include, but are not limited to, cell surface receptors, growth factors, other cytokines, or other ligands that bind to cell surface receptors. Preferably, conjugation of the ligand binding molecule does not substantially interfere with the ability of the ligand binding molecule to bind to its corresponding molecule or receptor, or block entry of the sense or antisense oligonucleotide or its conjugated version into the cell. Alternatively, a sense or an antisense oligonucleotide may be introduced into a cell

containing the target nucleic acid sequence by formation of an oligonucleotide-lipid complex, as described, e.g., in WO 90/10448.

[00130] The term small interfering RNA ("siRNA") refers to small inhibitory RNA duplexes that induce the RNA interference (RNAi) pathway. (Elbashir, S. M. et al. *Nature* 411:494-498 (2001); Caplen, N. J. et al. *Proc. Natl. Acad. Sci. USA* 98:9742-9747 (2001); Harborth, J. et al. *J Cell Sci.* 114:4557-4565 (2001).) These molecules can vary in length (generally 18-30 base pairs) and contain varying degrees of complementarity to their target mRNA in the antisense strand. Some, but not all, siRNA have unpaired overhanging bases on the 5' or 3' end of the sense strand and/or the antisense strand. The term "siRNA" includes duplexes of two separate strands, as well as single strands that can form hairpin structures comprising a duplex region. As used herein, siRNA molecules are not limited to RNA molecules but further encompass chemically modified nucleotides and non-nucleotides. siRNA gene-targeting may be carried out by transient siRNA transfer into cells (achieved by such classic methods as liposome-mediated transfection, electroporation, or microinjection).

[00131] In an additional aspect of the present invention, the number of stem cells and/or CAR T-cells is increased by a factor of at least 2-fold. Preferably, the number of stem cells and/or CAR T-cells is increased by a factor of at least 2.5 fold, at least 3 fold, at least 3.5 fold, at least 4-fold, such as at least 5-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold, or more. Surprisingly and unexpectedly such levels of stem cell and/or CAR T-cell expansion are achieved using the methods of the present invention.

[00132] As noted above, the methods of the present invention may be used to expand any population of stem cells. Preferably, the stem cells that may be

expanded according to the methods of the present invention may selected from hematopoietic stem cells (HSCs), hematopoietic stem and progenitor cells (HSPCs), endothelial progenitor cells (EPCs), mesenchymal stem cells (MSCs), cardiac stem cells (CSCs), neuronal stem cells (NSCs), and combinations thereof. According to one aspect, the stem cells are HSCs. According to yet another aspect, the stem cells are MSCs.

[00133] The methods of the present invention may also be capable of expanding stem cells such that the expanded cells have at least a 5-fold increase in total colony-forming units (CFU), such as an 8-fold, 10-fold, and even 15-fold or more increase. Further, the methods may be capable of providing an increase in CFU-granulocyte erythrocyte monocyte megakaryocyte (GEMM) colonies of at least 3.8-fold, such as at least 4-fold, 5-fold, and even at least 8-fold or more.

[00134] Another embodiment of the invention is a method for *ex vivo* expansion of a substantially undifferentiated stem cell population. This method comprises modulating a *N*⁶-methyladenosine mRNA modification pathway in the undifferentiated stem cell population to expand the number of undifferentiated stem cells without significant differentiation of the stem cell population.

[00135] In this embodiment, a stem cell population is “substantially undifferentiated” if a sufficient number of cells in that population retain the ability to self-renew and can give rise to various differentiated cell types when transplanted into a recipient, for example, in the case of an HSC population, repopulating the HSC lineage when transplanted (or in the case of an MSC population, repopulating the MSC lineage when transplanted). As used herein, “without significant differentiation” means the expanded stem cell population has a sufficient number of cells that maintain a multi-lineage differentiation potential so that the full scope of a target stem

lineage may be regenerated upon transplantation of the expanded stem cell population into a recipient. Thus, e.g., in the case of an HSC population, the expanded HSC population, when transplanted into a recipient, is capable of regenerating the entire hematopoietic cell lineage. In the case of a MSC population, the expanded MSC population, when transplanted into a recipient, is capable of regenerating the entire mesenchymal cell lineage.

[00136] Another embodiment is a method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population. This method comprises modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the CAR T-cell population to expand the number of CAR T-cells.

[00137] A further embodiment of the invention is a method for ex vivo expansion of an hematopoietic stem cell (HSC) population obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow. This method comprises modulating a N^6 -methyladenosine mRNA modification pathway in the HSC population to expand the HSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the HSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

[00138] A further embodiment of the invention is a method for ex vivo expansion of a mesenchymal stem cell (MSC) population obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow. This method comprises modulating a N^6 -methyladenosine mRNA modification pathway in the MSC population to expand the MSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the

MSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

[00139] A further embodiment of the invention is a method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population prepared by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow. The method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the CAR T-cell population to expand the CAR T-cell population to a sufficient quantity which is sufficient for subsequent transplantation into a subject in need thereof.

[00140] As used herein, “obtained” from a tissue means any conventional method of harvesting or partitioning tissue from a donor. As noted previously, the tissue may be any tissue that contains a stem cell such as an HSC and/or MSC, and/or a T-cell that is capable of being modified with chimeric antigen receptors. Thus, for example, the tissue may be obtained from a blood sample, such as a peripheral or cord blood sample, or harvested from bone marrow. Methods for obtaining such samples are well known to the artisan. In the present invention, the samples may be fresh, i.e., obtained from the donor without freezing. Moreover, the samples may be further manipulated to remove extraneous or unwanted components prior to expansion. The samples may also be obtained from a preserved stock. For example, in the case of peripheral or cord blood, the samples may be withdrawn from a cryogenically or otherwise preserved bank of such blood. Such samples may be obtained from any suitable donor. Preferably, the donor is a mammal, for example, a primate, such as a human. Furthermore, the sample may be obtained from an autologous or allogeneic donor or source. Preferably, the sample is obtained from an autologous source.

[00141] In this method, “maintaining a multilineage differentiation potential” means that the expanded HSC and/or MSC population has the ability, when transplanted into a subject in need of such a transplant, to regenerate all the types of progenitor cells e.g., CMP, GMP, MEP, and CLP, and ultimately all the types of blood cells including, e.g., red blood cells, B lymphocytes, T lymphocytes, natural killer cells, neutrophils, basophils, eosinophils, monocytes, macrophages, and platelets in the hematopoietic system.

[00142] In the present invention, that quantity of expanded HSCs and/or MSCs and/or CAR T-cells, which is “sufficient for subsequent transplantation” generally corresponds to that number of HSCs and/or MSCs and/or CAR T-cells, which would result in greater than about 1% engraftment after transplantation. This is one accepted measure of a successful transplant. In the present invention, any conventional method may be used to determine the % engraftment, including the one set forth in the Examples. Such a measure may be carried out with or without competitor cells, typically and preferably, without competitor cells. (Zhang, C.C., et al., *Nat Med*, 12(2): 240-5, 2006. Zhang, C.C. and H.F. Lodish, *Blood*, 105(11): 4314-20, 2005).

[00143] In the above described *ex vivo* expansion methods, modulating the N^6 -methyladenosine mRNA modification pathway may be achieved as previously set forth. Modulating the N^6 -methyladenosine mRNA modification pathway may include introducing a mutation into the stem cells and/or CAR T-cells that results in modulation of a molecule in the m^6A mRNA modification pathway, or contacting the stem cells and/or CAR T-cells with a modulator of a molecule in the m^6A mRNA modification pathway selected from the group consisting of a small molecule, a

biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

[00144] In one aspect of the *ex vivo* expansion methods, the modulation of the m⁶A mRNA modification pathway involves modulation of a molecule selected from the group consisting of m⁶A mRNA modification readers, m⁶A mRNA modification writers, m⁶A mRNA modification erasers, and combinations thereof. Non-limiting examples of m⁶A modification writers include methyltransferases that are capable of post-transcriptionally installing the m⁶A modification in messenger RNA, and can include any selected from the group consisting of METTL3, METTL14, WTAP, KIAA1429 and combinations thereof. Non-limiting examples of m⁶A modification erasers include demethylases that are capable of reversing the methylation, and can include any selected from the group consisting of FTI, ALKBH5 and combinations thereof. M⁶A modification readers include proteins that are capable of selectively binding m⁶A-methylated mRNA to exert regulatory functions through selective recognition of methylated mRNA. Suitable m⁶A modification readers can include any selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, eIF3 and combinations thereof. According to one aspect, the m⁶A modification readers comprise proteins of the YTH domain family of proteins, which includes Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2 and combinations thereof. (see, e.g., Wang et al. *Nature*, 505(7481):117-120, 2014; Frayling et al. *Science*, 316: 889-894, 2007; Zheng et al. *Mol. Cell.*, 49: 18-29, 2012; Cao et al. *Open Biol.*, 6(4): 160003, 2016; Maity et al. *The FEBS Journal*, 283(9): 1607-1630, 2016).

[00145] In one aspect of the *ex vivo* methods, modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells and/or

CAR-T cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway. For example, the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, a m⁶A mRNA eraser, and combinations thereof. In one aspect, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader, such as a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, HNRNPC, HNRNPA2B1, eIF3, and combinations thereof. In a preferred aspect, the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2. In yet another aspect, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser, such as a m⁶A mRNA modification eraser selected from the group consisting of FTO, ALKBH5 and combinations thereof. In yet another aspect, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer, such as a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP, KIAA1429 and combinations thereof.

[00146] In one aspect of the *ex vivo* expansion methods, the mutation can be introduced by any of the methods previously disclosed herein. For example, the mutation can be introduced by exposing the stem cells and/or CAR T-cells to a Mx1-Cre targeting system (see, e.g., Kuhn et al. *Science*, 269(5229): 1427-1429, 1995) that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway. In yet another aspect, a mutation is introduced that incorporates short hairpin RNA (shRNA) into the stem cells and/or CAR T-cells to reduce expression of a gene that expresses a molecule in the m⁶A

mRNA modification pathway. For example, the shRNA may be introduced by exposing the stem cells and/or CAR-T cells to a vector to deliver shRNA, which may be a viral vector such as lentivirus (see, e.g., Chira et al. *Oncotarget*, 6(31): 30675-30703, 2015). The shRNA may be capable of triggering gene silencing to regulate gene expression (see, e.g., Paddison et al. *Genes Dev.*, 16(8): 948-958, 2002).

[00147] In these *ex vivo* expansion methods, according to one aspect, modulating of the m⁶A mRNA modification pathway comprises down-regulating and/or inhibiting a member of the m⁶A mRNA modification pathway, such as down-regulating and/or inhibiting a m⁶A mRNA modification reader. As used herein, “down-regulating” means inhibiting or reducing the amount of or inhibiting or decreasing the activity of a member of the m⁶A mRNA modification pathway. Such down-regulation may be accomplished using, e.g. antisense RNA, siRNA, antibodies, or small molecules. As another example, the m⁶A mRNA modification reader may be down-regulated by contacting the stem cells and/or CAR T-cells with an inhibitor of an m⁶A mRNA reader, to inhibit binding and/or recognizing of the m⁶A modified mRNA by the m⁶A mRNA reader. In one aspect, the m⁶A mRNA modification reader that is down-regulated is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, eIF3 and combinations thereof. In a preferred aspect, the m⁶A mRNA modification reader that is down-regulated is Ythdf2. The RNA decay role of Ythdf2 has been previously elucidated (see, e.g., Wang et al. *Nature* 505(7481): 117-120, 2014). Inhibitors of the m⁶A mRNA modification reader may be any selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484

(MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Whisnant et al., *MBio* 4(2), 2013:e000193); (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p,

hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p (see, e.g., Hafner et al. *Cell*, 141(1): 129-141, 2010; Helwak et al. *Cell*, 153(3): 654-655, 2013); (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-

519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262 (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Selbach et al. *Nature*, 455(7209): 58-63, 2008; Yang et al. *J Biol Chem.*, 292(9): 3614-3623, 2017); (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b,

hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296

(see, e.g., Helwak et al. *Cell*, 153(3): 654-656, 2013; Selbach et al. *Nature*, 455 (7209):58-63, 2008; Baek et al, *Nature*, 455(7209):64-71, 2008; Leivonen et al. *Mol Cell Proteomics*, 10(7), 2011: M110.005322): (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262 (see, e.g. Helwak et al. *Cell*, 153(3): 654-655, 2013; Hafner et al. *Cell*, 141(1): 129-141, 2010; Kishore et al, *Nat Methods*, 8(7):559-64, 2011;

Memczak et al. *Nature*, 495(7441):333-8, 2013; Selbach et al. *Nature*, 455(7209):58-63, 2008; Chi et al. *Nature*, 460(7254):479-86, 2009).

[00148] In these *ex vivo* expansion methods, it is preferred that the stem cell is selected from HSCs, hematopoietic stem and progenitor cells (HSPCs), endothelial progenitor cells, (EPCs), mesenchymal stem cells (MSCs), cardiac stem cells (CSCs), neuronal stem cells (NSCs), and combinations thereof. According to certain aspects, the stem cell is an HSC. According to other aspects, the stem cell is a MSC. The *ex vivo* expansion methods can also use a population of cells comprising CAR T-cells. In these methods, the HSC and/or MSC is obtained from a mammalian, e.g., primate or human, tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, although any HSC and/or MSC-containing tissue may be used.

[00149] In another aspect of the method for *ex vivo* expansion of an hematopoietic stem cell (HSC) population, the expansion of the number of stem cells is by at least 2-fold, such as e.g., by at least 2.5-fold, at least 3-fold, at least 3.5-fold, at least 4-fold, and including at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, or at least 20-fold or more.

[00150] In another aspect of the method for *ex vivo* expansion of a mesenchymal stem cell (MSC) population, the expansion of the number of stem cells is by at least 2-fold, such as e.g., by at least 2.5-fold, at least 3-fold, at least 3.5 fold, at least 4-fold, and including at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, or at least 20-fold or more.

[00151] In another aspect of the method for *ex vivo* expansion of CAR T-cell population, the expansion of the number of CAR T-cells is by at least 2-fold, such as e.g., by at least 2.5-fold, at least 3-fold, at least 3.5 fold, at least 4-fold, and including

at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, or at least 20-fold or more.

[00152] Yet another embodiment of the present invention is an expanded, substantially undifferentiated stem cell population made by a method of the present invention, such as, e.g., the method for *ex vivo* expansion of a substantially undifferentiated stem cell population or the method for *ex vivo* expansion of an hematopoietic stem cell (HSC) population.

[00153] Yet another embodiment of the present invention is an expanded, substantially undifferentiated stem cell population made by a method of the present invention, such as, e.g., the method for *ex vivo* expansion of a substantially undifferentiated stem cell population or the method for *ex vivo* expansion of an mesenchymal stem cell (MSC) population.

[00154] Yet another embodiment of the present invention is an expanded, CAR T-cell population made by a method of the present invention, such as, e.g., the method for *ex vivo* expansion of a CAR T-cell population.

[00155] An additional embodiment of the present invention is a method for *ex vivo* expansion of hematopoietic stem cells (HSCs) by at least 2-fold, wherein the expanded HSCs, are competent to reconstitute an HSC lineage upon transplantation into a mammalian subject in need thereof. This method comprises introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of HSCs in a suitable culture medium.

[00156] An additional embodiment of the present invention is a method for *ex vivo* expansion of mesenchymal stem cells (MSCs) by at least 2-fold, wherein the

expanded MSCs, are competent to reconstitute a MSC lineage upon transplantation into a mammalian subject in need thereof. This method comprises introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of HSCs in a suitable culture medium.

[00157] An additional embodiment of the present invention is a method for ex vivo expansion of chimeric antigen receptor (CAR) T-cells by at least 2-fold, wherein the expanded CAR T-cells are competent to treat a cancer and/or blood disorder upon transplantation into a mammalian subject in need thereof. This method comprises introducing a mutation into the CAR T-cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of CAR T-cells in a suitable culture medium.

[00158] In this aspect of the invention, “competent to reconstitute an HSC lineage” means that the expanded HSCs, when transplanted into a suitable mammalian subject, result in greater than 1% engraftment in the recipient, which engrafted cells are able to differentiate into the cell lineages necessary to have a normal functioning hematopoietic system. In this aspect of the invention, “competent to reconstitute a MSC lineage” means that the expanded MSCs, when transplanted into a suitable mammalian subject, result in greater than 1% engraftment in the recipient, which engrafted cells are able to differentiate into the cell lineages necessary to have a normal functioning hematopoietic system. In this aspect of the invention “competent to treat a cancer and/or blood disorder” means that the expanded CAR T-cells, when transplanted into a suitable mammalian subject, are capable of providing treatment of a cancer and/or blood disorder from which the mammalian subject is suffering, such as for example at least one of leukemia and

lymphoma. In this method, a “suitable culture medium”, “fluid media” and “media” which are used interchangeably herein, mean physiologically balanced salt solutions that can maintain a stem cell population and/or CAR T-cell population for a required period of time, which solution may optionally be supplemented with suitable m⁶A mRNA modification pathway modulators of the present invention. Such base culture media are well known in the arts. A non-limiting example of a suitable base culture medium for HSCs is StemSpan Media (Stem Cell Technologies; Cat. No. 09600), which is supplemented with 10ug/ml Heparin, 5X Penicillin/Streptomycin, 10 ng/ml recombinant mouse (rm) Stem Cell Factor, and 20 ng/ml rm-Thrombopoietin.

[00159] In one aspect of the invention, the *ex vivo* expansion of HSCs and/or MSCs and/or CAR T-cells by at least 2-fold can be performed by any of the methods that have been described herein. For example, the method may involve introducing a mutation that deletes, replaces or reduces expression of a gene expressing a m⁶A mRNA modification reader, such as Ythdf2. Further, the mutation may be introduced by any of the methods described herein, such as by exposing the stem cells and/or CAR T-cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader. The mutation may also be introduced by incorporating shRNA into the stem cells and/or CAR-T cells to reduce expression of a gene that expresses a m⁶A mRNA modification reader. Other methods of introducing a mutation, and mutations that target other m⁶A mRNA modification readers that are described herein may also be provided.

[00160] In one aspect of this embodiment, the HSCs and/or MSCs and/or CAR T-cells are obtained from a mammalian tissue, preferably primate or human tissue, which is selected from cord blood, peripheral blood, and bone marrow. In this

embodiment, the number of HSCs and/or MSCs and/or CAR T-cells is expanded by a factor of at least 2-fold, such as at least 2.5-fold, at least 3-fold, at least 3.5-fold, at least 4-fold, and including at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more.

[00161] Yet another embodiment of the present invention is a kit for expanding an hematopoietic stem cell (HSC) population, mesenchymal stem cell (MSC) population, and/or CAR T-cell population for subsequent transplantation into a subject in need thereof. The kit comprises a system for introducing a mutation into the HSC, MSC and/or CAR T-cell population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof. Preferably, in the kit, the system for introducing a mutation into the HSC, MSC and/or CAR-T cell population includes one or more reagents capable of introducing a mutation into the HSC, MSC and/or CAR-T cell population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2. For example, the kit can include a system for introducing a mutation into the HSC, MSC and/or CAR-T cell population that comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader. The kit can also include a system for introducing a mutation into the HSC, MSC and/or CAR T-cell population that comprises reagents for delivering a lentivirus that incorporates shRNA into the HSC, MSC and/or CAR T-cell population to reduce expression of a gene that expresses a m⁶A mRNA modification reader. The kit may further comprise other systems/methods set forth herein for introducing the mutation to modulate a m⁶A mRNA modification pathway, such as by deleting, replacing, or reducing expression of a gene expressing a m⁶A mRNA modification reader, including Ythdf2. The kit

and the components therein may be packaged in any suitable manner for distribution and/or storage.

[00162] In yet another embodiment, a kit for expanding an hematopoietic stem cell population (HSC) population and/or mesenchymal stem cell (MSC) population and/or CAR-T cell population for subsequent transplantation into a subject in need thereof is provided. The kit comprises an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof, where the inhibitor may be any of the inhibitors disclosed herein, such as, e.g., an inhibitor of Ythdf2.

[00163] In one aspect of this embodiment, the kits may be able to provide an expansion of the number of stem cells and/or CAR T-cells by a factor selected from the group consisting of at least 2-fold, at least 2.5 fold, at least 3-fold, at least 3.5-fold, at least 4-fold, at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more.

[00164] A further embodiment of the present invention is a method for administering an hematopoietic stem cell (HSC) to a subject in need thereof. The method comprises (a) introducing, into a sample containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the HSCs to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2. Furthermore, the

HSCs may be obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00165] A further embodiment of the present invention is a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof. The method comprises (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the MSC population that reduces expression of a gene expressing Ythdf2. Furthermore, the MSCs may be obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00166] A further embodiment of the present invention is a method for administering a chimeric antigen receptor (CAR) T-cell to a subject in need thereof. The method comprises (a) introducing, into a sample containing a CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; and (c)

administering the CAR T-cells to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the CAR T-cell population that reduces expression of a gene expressing Ythdf2. Furthermore, the CAR T-cells may be obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00167] A further embodiment of the present invention is a method for administering an hematopoietic stem cell (HSC) to a subject in need thereof. The method comprises: (a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the HSCs to the subject. In this method, the inhibitor is as previously disclosed, such as, e.g., an inhibitor of Ythdf2. Furthermore, the HSCs may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00168] A further embodiment of the present invention is a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof. The method comprises: (a) culturing, in a suitable culture media, a sample containing an MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a

number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject. In this method, the inhibitor is as previously disclosed, such as, e.g., an inhibitor of Ythdf2. Furthermore, the MSCs may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00169] A further embodiment of the present invention is a method for administering a chimeric antigen receptor (CAR) T-cell to a subject in need thereof. The method comprises: (a) culturing, in a suitable culture media, a sample containing an CAR T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the CAR T-cells to the subject. In this method, the inhibitor is as previously disclosed, such as, e.g., an inhibitor of Ythdf2. Furthermore, the CAR T-cells may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00170] An additional embodiment of the present invention is a method for reconstituting bone marrow in a subject in need thereof. The method comprises (a) introducing, into a sample containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient

to transplant into the subject; and (c) administering the HSCs to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2. Furthermore, the HSCs may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00171] An additional embodiment of the present invention is a method for reconstituting bone marrow in a subject in need thereof. The method comprises (a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and (c) administering the MSCs to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the MSC population that reduces expression of a gene expressing Ythdf2. Furthermore, the MSCs may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00172] An additional embodiment of the present invention is a method for treating cancer and/or a blood disorder in a subject in need thereof. The method comprises (a) introducing, into a sample containing a CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader; (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; and (c) administering the CAR T-cells to the subject. In this embodiment, the method of introducing the mutation, and the mutation targeted at the m⁶A mRNA modification reader, are as previously disclosed, such as, for example, a mutation that results in deletion of a gene expressing Ythdf2, or a mutation that results in incorporation of shRNA into the CAR T-cell population that reduces expression of a gene expressing Ythdf2. Furthermore, the CAR T-cells may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00173] In yet another embodiment, there is provided a method for reconstituting bone marrow in a subject in need thereof. This method comprises (a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the HSCs to the subject. In this method, the inhibitor is as previously disclosed, such as an inhibitor of Ythdf2. Furthermore, the HSCs may be obtained from any appropriate tissue, such as, e.g.,

a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00174] In yet another embodiment, there is provided another method for reconstituting bone marrow in a subject in need thereof. This method comprises (a) culturing, in a suitable culture media, a sample containing an MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the MSCs to the subject. In this method, the inhibitor is as previously disclosed, such as an inhibitor of Ythdf2. Furthermore, the MSCs may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00175] In these methods, “reconstituting bone marrow” means restoration of all or a portion of the bone marrow in a subject suffering from a disease in which normal bone marrow function has been compromised. Non-limiting examples of such diseases include blood disorders such as aplastic anemia, myelodysplastic syndromes (MDS), paroxysmal nocturnal hemoglobinuria (PNH), and blood cancers, such as leukemia. Thus, as used herein, “reconstituted” means that the transplanted HSCs and/or MSCs are able to successfully engraft in the host and differentiate into all the cell lineages typically found in or derived from bone marrow. Aspects of the methods herein may involve transplantation of HSCs and/or MSCs obtained from tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, to the subject, for the treatment of blood disorders such as leukemia and lymphoma.

[00176] In yet another embodiment, there is provided another method for treating cancer and/or a blood disorder in a subject in need thereof. This method comprises (a) culturing, in a suitable culture media, a sample containing a chimeric antigen receptor (CAR) T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and (c) administering the CAR T-cells to the subject. In this method, the inhibitor is as previously disclosed, such as an inhibitor of Ythdf2. Furthermore, the T-cells that are modified to prepare the CAR T-cells may be obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow, and the subject may be a mammal, such as a human.

[00177] In these methods, “treating cancer and/or a blood disorder in a subject” means eradicating cancer cells, alleviating symptoms, or otherwise reducing a disease state in a subject suffering from the cancer and/or blood disorder. Non-limiting examples of cancers and/or blood disorders include blood disorders such as aplastic anemia, myelodysplastic syndromes (MDS), paroxysmal nocturnal hemoglobinuria (PNH), and blood cancers, such as leukemia and lymphoma.

[00178] In these methods, “a period of time sufficient to expand the number of HSCs” means the minimum amount of time to expand the HSCs in culture to a point where there is a sufficient number of HSCs for one or more transplants, and “a period of time sufficient to expand the number of MSCs” means the minimum amount of time to expand the MSCs in culture to a point where there is a sufficient number of MSCs for one or more transplants. Similarly, “a period of time sufficient to expand the number of CAR T-cells” means the minimum amount of time

to expand the CAR T-cells in culture to a point where there is a sufficient number of CAR T-cells for one or more transplantations. Typically, such a period of time may be at least about 10 days in culture. Under certain circumstances, it may be desirable to expand the stem cell and/or CAR T-cell, e.g., HSC and/or MSC, population beyond what is required for a single transplantation. For example, it may be desirable to expand the stem cell and/or CAR T-cell, e.g., HSC and/or MSC, population to a number sufficient for multiple transplantations, such as e.g., from about 2 to about 100 transplantations. In these circumstances, the excess cells may be preserved for later use by any conventional method, such as e.g., by cryo-preservation.

[00179] As indicated previously, “a number sufficient to transplant” means the minimum number of stem cells, e.g., HSCs and/or MSCs and/or CAR T-cells, necessary to achieve greater than 1% engraftment in a recipient. “Administering the HSCs to the subject” means conventional methods for delivering HSCs to the subject, including but not limited to, delivering the HSCs surgically and/or intravenously. “Administering the MSCs to the subject” means conventional methods for delivering MSCs to the subject, including but not limited to, delivering the MSCs surgically and/or intravenously. “Administering the CAR T-cells to the subject” means conventional methods for delivering CAR T-cells to the subject, including but not limited to, delivering the MSCs surgically and/or intravenously. In these embodiments, the tissue the HSCs and/or MSCs and/or T-cells are obtained from, and the m⁶A mRNA modification reader inhibitors are as previously disclosed.

[00180] An additional embodiment of the present invention is a method for expanding a population of hematopoietic stem cells (HSCs). This method comprises culturing a population of HSCs under conditions sufficient to result in an expansion of

the HSC population by at least 2-fold, wherein the expanded population of HSCs is suitable for transplantation into a mammal in need thereof. In this embodiment the “conditions sufficient to result in an expansion of the HSC population” are those conditions that can result in expansion of HSCs in culture by, e.g., at least 2-fold, such as, e.g., by at least 2.5-fold, at least 3-fold, at least 3.5 fold, at least 4-fold, at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. “Suitable for transplantation into a mammal” means that the number and quality of HSCs is sufficient to support greater than 1% engraftment in a mammalian recipient, such as, e.g., a primate recipient, including an human recipient, in need thereof.

[00181] An additional embodiment of the present invention is a method for expanding a population of mesenchymal stem cells (MSCs). This method comprises culturing a population of MSCs under conditions sufficient to result in an expansion of the MSC population by at least 2-fold, wherein the expanded population of MSCs is suitable for transplantation into a mammal in need thereof. In this embodiment the “conditions sufficient to result in an expansion of the MSC population” are those conditions that can result in expansion of MSCs in culture by, e.g., at least 2-fold, such as, e.g., by at least 2.5-fold, at least 3-fold, at least 3.5 fold, at least 4-fold, at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. “Suitable for transplantation into a mammal” means that the number and quality of MSCs is sufficient to support greater than 1% engraftment in a mammalian recipient, such as, e.g., a primate recipient, including an human recipient, in need thereof.

[00182] An additional embodiment of the present invention is a method for expanding a population of chimeric antigen receptor (CAR) T-cells. This method comprises culturing a population of CAR T-cells under conditions sufficient to result in an expansion of the CAR T-cell population by at least 2-fold, wherein the

expanded population of CAR T-cells is suitable for transplantation into a mammal in need thereof. In this embodiment the “conditions sufficient to result in an expansion of the CAR T-cell population” are those conditions that can result in expansion of CAR T-cells in culture by, e.g., at least 2-fold, such as, e.g., by at least 2.5-fold, at least 3-fold, at least 3.5 fold, at least 4-fold, at least 5-fold, at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. “Suitable for transplantation into a mammal” means that the number and quality of CAR T-cells is sufficient to support greater than 1% engraftment in a mammalian recipient, such as, e.g., a primate recipient, including an human recipient, in need thereof.

[00183] Yet another embodiment of the present invention is a method for treating a subject in need of a bone marrow transplant, a peripheral blood transplant, or a cord blood transplant comprising administering to the subject a population of HSCs obtained by a method disclosed herein, particularly the methods for expanding a population of hematopoietic stem cells (HSCs). The subject may be a mammal, such as a human.

[00184] Yet another embodiment of the present invention is a method for treating a subject in need of a bone marrow transplant, a peripheral blood transplant, or a cord blood transplant comprising administering to the subject a population of MSCs obtained by a method disclosed herein, particularly the methods for expanding a population of mesenchymal stem cells (MSCs). The subject may be a mammal, such as a human.

[00185] Yet another embodiment of the present invention is a method for treating a subject suffering from cancer and/or a blood disorder, comprising administering to the subject a population of CAR T-cells obtained by a method

disclosed herein, particularly the methods for expanding a population of CAR T-cells.

The subject may be a mammal, such as a human.

[00186] A further embodiment of the present invention is a method for expanding a population of hematopoietic stem cells (HSCs). The method comprises (a) obtaining from a mammal a tissue sample comprising an HSC population; (b) expanding, *in vitro*, the HSC population from the sample, wherein (i) the HSC population expands by at least 2-fold; and (ii) the expanded HSC population has at least a 5-fold increase in total colony forming units. In one aspect of this embodiment, the HSC population expands by at least 4-fold, such as e.g., at least 5-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. In another aspect of this embodiment, the mammal is a primate, including a human. Preferably, the human requires a peripheral blood transplant, a cord blood transplant, or a bone marrow transplant. In a further aspect, the tissue sample is obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

[00187] A further embodiment of the present invention is a method for expanding a population of mesenchylam stem cells (MSCs). The method comprises (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, *in vitro*, the MSC population from the sample, wherein (i) the MSC population expands by at least 2-fold. In one aspect of this embodiment, the MSC population expands by at least 2.5-fold, such as at least 3-fold, at least 3.5 fold, at least 4-fold, such as e.g., at least 5-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. In another aspect of this embodiment, the mammal is a primate, including a human. Preferably, the human requires a peripheral blood transplant, a cord blood transplant, or a bone marrow transplant. In

a further aspect, the tissue sample is obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

[00188] A further embodiment of the present invention is a method for expanding a population of chimeric antigen receptor (CAR) T-cells. The method comprises (a) obtaining from a mammal a tissue sample comprising a T-cell population; (b) modifying the T-cell population with chimeric antigen receptors to provide CAR T-cell population; (c) expanding, *in vitro*, the CAR T-cell population from the sample, wherein (i) the CAR T-cell population expands by at least 2-fold. In one aspect of this embodiment, the CAR T-cell population expands by at least 2.5-fold, such as at least 3-fold, at least 3.5 fold, at least 4-fold, such as e.g., at least 5-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more. In another aspect of this embodiment, the mammal is a primate, including a human. Preferably, the human is suffering from a cancer and/or a blood disorder. In a further aspect, the tissue sample is obtained from any appropriate tissue, such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

[00189] An additional embodiment of the present invention is a method for reconstituting an hematopoietic stem cell lineage in a recipient in need thereof. The method comprises (a) obtaining from a mammal a tissue sample comprising an HSC population; (b) expanding, *in vitro*, the HSC population from the sample, wherein: (i) the HSC population expands by at least 2-fold, such as for example, by at least 4-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more, and (ii) the expanded HSC population has at least at 5-fold increase in total colony forming units; and (c) transplanting the expanded HSC population into a

subject in need thereof, such as a mammal, including a primate or human. In this embodiment, the human recipient requires a peripheral blood transplant, a cord blood transplant or a bone marrow transplant. Thus, in a further aspect, the tissue sample is obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow. The sample may be obtained from an autologous or allogeneic source. Preferably, the sample is obtained from an autologous source.

[00190] An additional embodiment of the present invention is a method for reconstituting a mesenchymal stem cell (MSC) lineage in a recipient in need thereof. The method comprises (a) obtaining from a mammal a tissue sample comprising a MSC population; (b) expanding, *in vitro*, the MSC population from the sample, wherein: (i) the MSC population expands by at least 2-fold, such as for example, by at least 4-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more; and (c) transplanting the expanded MSC population into a subject in need thereof, such as a mammal, including a primate or human. In this embodiment, the human recipient requires a peripheral blood transplant, a cord blood transplant or a bone marrow transplant. Thus, in a further aspect, the tissue sample is obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow. The sample may be obtained from an autologous or allogeneic source. Preferably, the sample is obtained from an autologous source.

[00191] An additional embodiment of the present invention is a method for treating a subject suffering from cancer and/or a blood disorder. The method comprises (a) obtaining from a mammal a tissue sample comprising a T-cell population; (b) modifying the T-cell population with a chimeric antigen receptor

(CAR) to form a CAR T-cell population; (c) expanding, in vitro, the CAR T-cell population from the sample, wherein: (i) the CAR T-cell population expands by at least 2-fold, such as for example, by at least 4-fold, including at least 8-fold, at least 10-fold, at least 15-fold, at least 20-fold or more; and (c) transplanting the expanded CAR-T cell population into a subject in need thereof, such as a mammal, including a primate or human. In this embodiment, the human recipient may be suffering from, e.g., leukemia and/or lymphoma. Thus, in a further aspect, the tissue sample is obtained from any appropriate tissue such as, e.g., a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow. The sample may be obtained from an autologous or allogeneic source. Preferably, the sample is obtained from an autologous source.

[00192] In aspects of the present invention, it is preferred that the expanded HSC population comprises HSCs that have a phenotype selected from the group consisting of CD34⁻ or CD34⁺/CD38^{-/low}/Thy-1⁺/CD90⁺/Kit^{-/lo}/Lin⁻/CD133⁺VEGFR2⁺, which are markers for the most primitive and long-term undifferentiated human HSCs; CD150⁺/CD48⁻/CD244⁻, which is a marker for human HSCs and their progenitors; and/or CD150⁻/CD48⁻/CD244⁺ and CD150⁻/CD48⁺/CD244⁺, which are markers for non-self-renewing multipotent hematopoietic progenitors, and combinations thereof. (See, e.g., Mimeault, M., et al., *Stem Cells: A Revolution in Therapeutics - Recent Advances in Stem Cell Biology and Their Therapeutic Applications in Regenerative Medicine and Cancer Therapies*. *Clin Pharmacol Ther.*, 82(3):252-64 (2007)). In aspects of the present invention, it is preferred that the expanded MSC population and/or MSC population subject to expansion, comprises MSCs that have a phenotype selected from the group consisting of N-cadherin⁺ and CD105⁺, and combinations thereof. That is, the MSC population of

any of the embodiments described herein can comprise at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs. In one embodiment, the MSC population comprises N-cadherin+ MSCs.

[00193] The exact proportions of HSCs and/or MSCs having these markers in the population is not critical, so long as the expanded HSC and/or MSC population as a whole is sufficient to result in at least 1% engraftment in a recipient.

[00194] In another embodiment, the invention is a method for expanding a hematopoietic stem cell population in a mammal in need of such expansion. This method comprises administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-methyladenosine (m⁶A) mRNA modification pathway, for a period of time sufficient to expand the HSC population by at least 2-fold with HSCs that possess the ability to reconstitute an hematopoietic lineage in the mammal.

[00195] In another embodiment, the invention is a method for expanding a mesenchymal stem cell population in a mammal in need of such expansion. This method comprises administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-methyladenosine (m⁶A) mRNA modification pathway, for a period of time sufficient to expand the MSC population by at least 2-fold with MSCs that possess the ability to reconstitute a mesenchymal lineage in the mammal.

[00196] In another embodiment, the invention is a method for expanding a chimeric antigen receptor (CAR) T-cell population in a mammal in need of such expansion. This method comprises administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-methyladenosine (m⁶A) mRNA modification pathway, for a period of time sufficient to expand the CAR T-cell population by at least 2-fold with CAR T-cells that possess the ability to treat cancer and/or a blood disorder in the mammal.

[00197] In these methods, the modulators may be as previously disclosed herein, and/or modulation may be performed by any method disclosed herein. For example, the modulator may comprise a system for introducing a mutation into the HSC and/or MSC and/or CAR T-cell population that deletes, replaces or reduces expression of a gene expressing a *N*⁶-methyladenosine (m⁶A) mRNA modification reader, such as Ythdf2. As yet another example, the modulator may comprise an inhibitor of a N6-methyladenosine (m6A) mRNA modification reader, such as an inhibitor of Ythdf2. The mammal in need of expansion may be a human.

[00198] In another embodiment, the invention includes a method of isolating mesenchymal stem cells (MSCs) from a biological sample, the method comprising contacting the biological sample having a population of MSCs with one or more N-cadherin antibodies. For example, according to certain aspects, the biological sample comprises a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow. Furthermore, in certain embodiments, the method of isolating the MSCs can further comprise one or more steps of expanding the population of MSCs from the biological sample, by modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the population of MSCs, to expand the number of mesenchymal stem cells, such as by any of the methods described herein. In one embodiment, the population of MSCs is expanded after isolating from the biological sample. In another embodiment, the population of MSCs in the biological sample is expanded before isolation of the MSCs from the biological sample. In one embodiment, the MSC population is expanded to a sufficient quantity while maintaining a multilineage differentiation potential in the MSC population, which is sufficient for subsequent transplantation into a subject in need thereof, such that the MSCs isolated by the method can be used for such transplantation. For example,

the isolated MSCs may be transplanted into a human subject. According to yet another embodiment, the MSCs may be further isolated from the biological sample by contacting with CD105 antibodies, either in addition to or as an alternative to the N-cadherin antibodies. In yet a further embodiment, the N-cadherin antibodies may be used to identify the MSCs in the biological sample, by contacting the biological sample with the N-cadherin antibodies and detecting those cells that bind to the N-cadherin antibodies.

[00199] In one embodiment, the method of isolating the MSCs comprises expanding the MSC population, by modulating the m⁶A mRNA modification pathway by introducing a mutation into the stem cells that results in modulation of a molecule in the m⁶A mRNA modification pathway or contacting the stem cell with a modulator of a molecule in the m⁶A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof, such as by any of the modulation methods described herein. For example, in one embodiment, modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway. In one embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser. In yet another embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader. In one embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3. In

another embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2. In one embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser. In one embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5. In another embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer. In one embodiment, the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

[00200] In another embodiment, the method of isolating MSCs comprises expanding the population of MSCS by modulating the m⁶A mRNA modification pathway, by exposing the stem cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway. In one embodiment, modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates shRNA into the stem cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway. For example, in one embodiment, the shRNA is introduced by exposing the stem cells to a lentivirus to deliver the shRNA. According to yet another embodiment, modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader. In one embodiment, the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3. For example, in one embodiment, the m⁶A mRNA modification reader comprises Ythdf2.

[00201] In one embodiment, the method of isolating MSCs further comprise expanding the population of MSCs by down-regulating the m⁶A mRNA modification reader, by contacting the stem cells with an inhibitor of the m⁶A mRNA modification reader that is any of those described herein, such as any of those selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-

mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185,

hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2)
hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-

3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-

3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

[00202] According to one embodiment, the invention comprises an isolated population of mesenchymal stem cells made by any of the processes described

herein. For example, the invention in certain embodiments can comprise an expanded, isolated population of mesenchymal stem cells made by any of the expansion and/or isolation processes described herein.

[00203] In one embodiment, a kit for isolating a mesenchymal stem cell (MSC) population for subsequent transplantation into a subject in need thereof is provided. The kit comprises a system for contacting a biological sample comprising MSCs with one or more N-cadherin antibodies, and instructions for use thereof. In one embodiment, the kit further comprises a system for expanding the population of MSCs by introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof. In yet another embodiment, the system for introducing a mutation into the MSC population includes one or more reagents capable of introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2. In yet another embodiment, the system for introducing a mutation into the MSC population comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader. In one embodiment, the system for introducing a mutation into the MSC population comprises reagents for delivering a lentivirus that incorporates shRNA into the MSC population to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

[00204] According to another embodiment of the invention, a method for administering a mesenchymal stem cell (MSC) to a subject in need thereof is provided. The method comprises isolating MSCs from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies, and administering the isolated MSCs to the subject.

Furthermore, in one embodiment, the method further comprises introducing, into the biological sample containing the MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and culturing the biological sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject. In one embodiment, wherein the mutation results in deletion a gene expressing Ythdf2. In one embodiment, the mutation results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2. According to yet another aspect, the MSCs are obtained from a biological sample comprising a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

[00205] According to yet another embodiment, a method for reconstituting bone marrow in a subject in need thereof is provided. The method comprises isolating mesenchymal stem cells (MSCs) from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies, and administering the isolated MSCs to the subject. Furthermore, according to one aspect, the method further comprises introducing, into the biological sample containing the MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject. In one embodiment, the MSCs are obtained from a biological sample comprising a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

[00206] According to yet another embodiment, a method for treating a subject in need of a transplant, selected from the group consisting of a bone marrow transplant, a peripheral blood transplant and an umbilical cord blood transplant comprising administering to the subject a population of isolated MSCs obtained by any of the methods described herein. According to embodiment, the sample is from an autologous or allogeneic source. According to yet another embodiment, the sample is from an autologous source.

[00207] In the present invention, a "therapeutically effective amount" is an amount sufficient to effect beneficial or desired results. In terms of treatment of a mammal, a "therapeutically effective amount" of a modulator and/or expanded cells is an amount sufficient to treat, manage, palliate, ameliorate, or stabilize a condition, such as a bone marrow disease, in the mammal. A therapeutically effective amount can be administered in one or more doses.

[00208] The therapeutically effective amount is generally determined by a physician on a case-by-case basis and is within the skill of one in the art. Several factors are typically taken into account when determining an appropriate dosage. These factors include age, sex and weight of the subject, the condition being treated, the severity of the condition and the form of the drug being administered.

[00209] Effective dosage forms, modes of administration, and dosage amounts may be determined empirically, and making such determinations is within the skill of the art. It is understood by those skilled in the art that the dosage amount will vary with the route of administration, the rate of excretion, the duration of the treatment, the identity of any other drugs being administered, the age, size, and species of animal, and like factors well known in the arts of medicine and veterinary medicine. In general, a suitable dose of a modulator according to the invention will be that

amount of the modulator, which is the lowest dose effective to produce the desired effect. The effective dose of a modulator maybe administered as two, three, four, five, six or more sub-doses, administered separately at appropriate intervals throughout the day.

[00210] A modulator may be administered in any desired and effective manner: as pharmaceutical compositions for oral ingestion, or for parenteral or other administration in any appropriate manner such as intraperitoneal, subcutaneous, topical, intradermal, inhalation, intrapulmonary, rectal, vaginal, sublingual, intramuscular, intravenous, intraarterial, intrathecal, or intralymphatic. Further, a modulator of the present invention may be administered in conjunction with other treatments. A modulator of the present invention maybe encapsulated or otherwise protected against gastric or other secretions, if desired.

[00211] While it is possible for a modulator of the invention to be administered alone, it is preferable to administer the modulator as a pharmaceutical formulation (composition). Such pharmaceutical formulations typically comprise one or more modulators as an active ingredient in admixture with one or more pharmaceutically-acceptable carriers and, optionally, one or more other compounds, drugs, ingredients and/or materials. Regardless of the route of administration selected, the modulator of the present invention may be formulated into pharmaceutically-acceptable dosage forms by conventional methods known to those of skill in the art. See, e.g., Remington's Pharmaceutical Sciences (Mack Publishing Co., Easton, Pa.).

[00212] Pharmaceutically acceptable carriers are well known in the art (see, e.g., Remington's Pharmaceutical Sciences (Mack Publishing Co., Easton, Pa.) and The National Formulary (American Pharmaceutical Association, Washington, D.C.))

and include sugars (e.g., lactose, sucrose, mannitol, and sorbitol), starches, cellulose preparations, calcium phosphates (e.g., dicalcium phosphate, tricalcium phosphate and calcium hydrogen phosphate), sodium citrate, water, aqueous solutions (e.g., saline, sodium chloride injection, Ringer's injection, dextrose injection, dextrose and sodium chloride injection, lactated Ringer's injection), alcohols (e.g., ethyl alcohol, propyl alcohol, and benzyl alcohol), polyols (e.g., glycerol, propylene glycol, and polyethylene glycol), organic esters (e.g., ethyl oleate and triglycerides), biodegradable polymers (e.g., polylactide-polyglycolide, poly(orthoesters), and poly(anhydrides)), elastomeric matrices, liposomes, microspheres, oils (e.g., corn, germ, olive, castor, sesame, cottonseed, and groundnut), cocoa butter, waxes (e.g., suppository waxes), paraffins, silicones, talc, silicate, etc. Each pharmaceutically acceptable carrier used in a pharmaceutical composition comprising a modulator of the invention must be "acceptable" in the sense of being compatible with the other ingredients of the formulation and not injurious to the subject. Carriers suitable for a selected dosage form and intended route of administration are well known in the art, and acceptable carriers for a chosen dosage form and method of administration can be determined using ordinary skill in the art.

[00213] Pharmaceutical compositions comprising a modulator of the invention may, optionally, contain additional ingredients and/or materials commonly used in pharmaceutical compositions. These ingredients and materials are well known in the art and include (1) fillers or extenders, such as starches, lactose, sucrose, glucose, mannitol, and silicic acid; (2) binders, such as carboxymethylcellulose, alginates, gelatin, polyvinyl pyrrolidone, hydroxypropylmethyl cellulose, sucrose and acacia; (3) humectants, such as glycerol; (4) disintegrating agents, such as agar-agar, calcium

carbonate, potato or tapioca starch, alginic acid, certain silicates, sodium starch glycolate, cross-linked sodium carboxymethyl cellulose and sodium carbonate; (5) solution retarding agents, such as paraffin; (6) absorption accelerators, such as quaternary ammonium compounds; (7) wetting agents, such as cetyl alcohol and glycerol monostearate; (8) absorbents, such as kaolin and bentonite clay; (9) lubricants, such as talc, calcium stearate, magnesium stearate, solid polyethylene glycols, and sodium lauryl sulfate; (10) suspending agents, such as ethoxylated isostearyl alcohols, polyoxyethylene sorbitol and sorbitan esters, microcrystalline cellulose, aluminum metahydroxide, bentonite, agar-agar and tragacanth; (11) buffering agents; (12) excipients, such as lactose, milk sugars, polyethylene glycols, animal and vegetable fats, oils, waxes, paraffins, cocoa butter, starches, tragacanth, cellulose derivatives, polyethylene glycol, silicones, bentonites, silicic acid, talc, salicylate, zinc oxide, aluminum hydroxide, calcium silicates, and polyamide powder; (13) inert diluents, such as water or other solvents; (14) preservatives; (15) surface-active agents; (16) dispersing agents; (17) control-release or absorption-delaying agents, such as hydroxypropylmethyl cellulose, other polymer matrices, biodegradable polymers, liposomes, microspheres, aluminum monostearate, gelatin, and waxes; (18) opacifying agents; (19) adjuvants; (20) wetting agents; (21) emulsifying and suspending agents; (22), solubilizing agents and emulsifiers, such as ethyl alcohol, isopropyl alcohol, ethyl carbonate, ethyl acetate, benzyl alcohol, benzyl benzoate, propylene glycol, 1,3-butylene glycol, oils (in particular, cottonseed, groundnut, corn, germ, olive, castor and sesame oils), glycerol, tetrahydrofuryl alcohol, polyethylene glycols and fatty acid esters of sorbitan; (23) propellants, such as chlorofluorohydrocarbons and volatile unsubstituted hydrocarbons, such as butane and propane; (24) antioxidants; (25) agents which render the formulation

isotonic with the blood of the intended recipient, such as sugars and sodium chloride; (26) thickening agents; (27) coating materials, such as lecithin; and (28) sweetening, flavoring, coloring, perfuming and preservative agents. Each such ingredient or material must be "acceptable" in the sense of being compatible with the other ingredients of the formulation and not injurious to the subject. Ingredients and materials suitable for a selected dosage form and intended route of administration are well known in the art, and acceptable ingredients and materials for a chosen dosage form and method of administration may be determined using ordinary skill in the art.

[00214] Pharmaceutical compositions suitable for oral administration may be in the form of capsules, cachets, pills, tablets, powders, granules, a solution or a suspension in an aqueous or non-aqueous liquid, an oil-in-water or water-in-oil liquid emulsion, an elixir or syrup, a pastille, a bolus, an electuary or a paste. These formulations may be prepared by methods known in the art, e.g., by means of conventional pan-coating, mixing, granulation or lyophilization processes.

[00215] Solid dosage forms for oral administration (capsules, tablets, pills, dragees, powders, granules and the like) may be prepared by mixing the active ingredient(s) with one or more pharmaceutically-acceptable carriers and, optionally, one or more fillers, extenders, binders, humectants, disintegrating agents, solution retarding agents, absorption accelerators, wetting agents, absorbents, lubricants, and/or coloring agents. Solid compositions of a similar type maybe employed as fillers in soft and hard-filled gelatin capsules using a suitable excipient. A tablet may be made by compression or molding, optionally with one or more accessory ingredients. Compressed tablets may be prepared using a suitable binder, lubricant, inert diluent, preservative, disintegrant, surface-active or dispersing agent. Molded

tablets may be made by molding in a suitable machine. The tablets, and other solid dosage forms, such as dragees, capsules, pills and granules, may optionally be scored or prepared with coatings and shells, such as enteric coatings and other coatings well known in the pharmaceutical-formulating art. They may also be formulated so as to provide slow or controlled release of the active ingredient therein. They may be sterilized by, for example, filtration through a bacteria-retaining filter. These compositions may also optionally contain opacifying agents and may be of a composition such that they release the active ingredient only, or preferentially, in a certain portion of the gastrointestinal tract, optionally, in a delayed manner. The active ingredient can also be in microencapsulated form.

[00216] Liquid dosage forms for oral administration include pharmaceutically-acceptable emulsions, microemulsions, solutions, suspensions, syrups and elixirs. The liquid dosage forms may contain suitable inert diluents commonly used in the art. Besides inert diluents, the oral compositions may also include adjuvants, such as wetting agents, emulsifying and suspending agents, sweetening, flavoring, coloring, perfuming and preservative agents. Suspensions may contain suspending agents.

[00217] Pharmaceutical compositions for rectal or vaginal administration may be presented as a suppository, which may be prepared by mixing one or more active ingredient(s) with one or more suitable nonirritating carriers which are solid at room temperature, but liquid at body temperature and, therefore, will melt in the rectum or vaginal cavity and release the active compound. Pharmaceutical compositions which are suitable for vaginal administration also include pessaries, tampons, creams, gels, pastes, foams or spray formulations containing such pharmaceutically-acceptable carriers as are known in the art to be appropriate.

[00218] Dosage forms for the topical or transdermal administration include powders, sprays, ointments, pastes, creams, lotions, gels, solutions, patches, drops and inhalants. The active compound may be mixed under sterile conditions with a suitable pharmaceutically-acceptable carrier. The ointments, pastes, creams and gels may contain excipients. Powders and sprays may contain excipients and propellants.

[00219] Pharmaceutical compositions suitable for parenteral administrations comprise one or more modulator in combination with one or more pharmaceutically-acceptable sterile isotonic aqueous or non-aqueous solutions, dispersions, suspensions or emulsions, or sterile powders which may be reconstituted into sterile injectable solutions or dispersions just prior to use, which may contain suitable antioxidants, buffers, solutes which render the formulation isotonic with the blood of the intended recipient, or suspending or thickening agents. Proper fluidity can be maintained, for example, by the use of coating materials, by the maintenance of the required particle size in the case of dispersions, and by the use of surfactants. These compositions may also contain suitable adjuvants, such as wetting agents, emulsifying agents and dispersing agents. It may also be desirable to include isotonic agents. In addition, prolonged absorption of the injectable pharmaceutical form may be brought about by the inclusion of agents which delay absorption.

[00220] In some cases, in order to prolong the effect of a drug containing a modulator of the present invention, it is desirable to slow its absorption from subcutaneous or intramuscular injection. This may be accomplished by the use of a liquid suspension of crystalline or amorphous material having poor water solubility.

[00221] The rate of absorption of the drug then depends upon its rate of dissolution which, in turn, may depend upon crystal size and crystalline form.

Alternatively, delayed absorption of a parenterally-administered drug may be accomplished by dissolving or suspending the drug in an oil vehicle. Injectable depot forms may be made by forming microencapsule matrices of the active ingredient in biodegradable polymers. Depending on the ratio of the active ingredient to polymer, and the nature of the particular polymer employed, the rate of active ingredient release can be controlled. Depot injectable formulations are also prepared by entrapping the drug in liposomes or microemulsions which are compatible with body tissue. The injectable materials can be sterilized for example, by filtration through a bacterial-retaining filter.

[00222] The formulations may be presented in unit-dose or multi-dose sealed containers, for example, ampules and vials, and may be stored in a lyophilized condition requiring only the addition of the sterile liquid carrier, for example water for injection, immediately prior to use. Extemporaneous injection solutions and suspensions may be prepared from sterile powders, granules and tablets of the type described above.

[00223] The following examples are provided to further illustrate the methods and compositions of the present invention. These examples are illustrative only and are not intended to limit the scope of the invention in any way.

Examples

[00224] The examples herein examine Ythdf2, a well-recognized m⁶A reader promoting targeted mRNA decay (Wang et al. *Blood*, 505: 17-120, 2014), at least partly with the purpose of investigating its role in the context of HSC maintenance. Without being limited to any particular theory, it is believed that manipulation of Ythdf2 might potentially influence the life span of a great number m⁶A-marked mRNAs, thus impacting adult HSC self-renewal versus differentiation and facilitating

HSC expansion. As shown in the examples below, *Ythdf2* depletion specifically expands mouse and human HSCs without skewing lineage fate. Accordingly, it is believed that *Ythdf2* may play an essential role in regulating HSC self-renewal, and provide a novel approach to enhance hUCB HSCs *ex vivo* expansion, including in clinical applications.

[00225] The examples also show functional definition of the drug-resistant rHSC population, and a finding that rHSCs are maintained in the endosteal niche largely by N-cad⁺ cells during homeostasis and under chemotherapeutic stress. It is further shown that N-cad⁺ cells in endosteal zone are mesenchymal stem cells and contribute to rHSC maintenance.

EXAMPLE A

[00226] The following protocols were used in the "A" Examples below.

[00227] **Mice.** *Ythdf2* conditional KO mice were generated by Chuan He and Bin Shen group. Mice were housed in the animal facility at Stowers Institute for Medical Research (SIMR) and handled according to Institute and NIH guidelines. All procedures were approved by the IACUC of SIMR.

[00228] **Flow cytometry and HSPC sorting.** Mouse HSPCs, progenitors, and lineage cells were harvested from BM (femur and tibia) and spleen. Red blood cells were lysed using a 0.16 M ammonium chloride solution, and the cells were filtered with 70 μ m strainers to generate single cell suspensions. For mouse HSC identification, cells were stained with antibodies against Sca-1 (D7), c-Kit (2B8), CD34 (RAM34), Flk2 (A2F10), CD48 (HM48-1), CD150 (TC15-12F12.2), together with lineage cocktail including CD3 (145-2C11), CD4 (RM4-5), CD8 (53-6.7), Mac-1 (M1/70), Gr1 (RB6-8C5), CD45R (B220, RA3-6B2), IgM (II-41) and Ter119 (TER-119). For progenitors and lineage cells, cells were stained with antibodies as previously described (Qian, P. et al. *Cell Stem Cell*, 18:214-228, 2016,

doi:10.1016/j.stem.2015.11.001). 7-aminoactinomycin D (7-AAD) (A1310, Life technologies) was used to exclude dead cells. Human cord blood samples were acquired from the St. Louis Cord Blood Bank. Mononuclear cells were isolated with Lymphoprep™ (StemCell technologies), followed by isolation of human CD34⁺ cord blood cells by human CD34 MicroBead Kit UltraPure (Miltenyi Biotec). To quantify human HSPCs, cells were stained with antibodies against CD34 (581), CD38 (HIT2), CD45RA (HI100), CD90 (5E10), CD49f (GoH3), EPCR/CD201 (RCR-401). Cell sorting and analyses were performed on MoFlo (Dako), InFlux Cell Sorter (BD Biosciences), and/or MACSQuant (Miltenyi Biotec). Data analysis was performed using FlowJo software.

[00229] Homing assay. *In vivo* homing assays were performed as previously described (He et al. *Methods in Molecular Biology*, 1185: 279-284, 2014). Basically, whole bone marrow (WBM) cells from CD45.2 mice were labelled with 5 µM 5-(and -6)-carboxyfluorescein diacetate succinimidyl ester (CFDA SE) (Molecular Probes) at 37°C for 10 mins, washed three times, and 1×10⁶ WBM were transplanted into lethally irradiated *ptprc* mice. After 18 hours, femurs and tibias were flushed, and CFDA SE+ cells were determined.

[00230] Competitive reconstitution assay. Competitive reconstitution assays were performed by intravenous transplantation of 2×10⁵, 7.5×10⁴ or 2.5×10⁴ donor-derived WBM cells from *wt* or *Ythdf2* KO mice (CD45.2), together with 2×10⁵ rescue cells (CD45.1) into groups of ten lethally irradiated (10 Gy) *ptprc* recipient mice. For secondary transplantation, primary transplant recipients were sacrificed. BM cells were dissected from femur and tibia, and then transplanted mouse-to-mouse at a dosage of 1×10⁶ cells into irradiated secondary recipient mice. Baytril water was given to recipient mice three days before irradiation and continued for another two

weeks after irradiation. Primary and secondary CRU frequencies were measured using ELDA software (Hu et al. *Journal of Immunological Methods*, 347: 70-78, 2009), in which successful engraftment was defined as the presence of a distinct CD45.2⁺ CD45.1⁻ population $\geq 5\%$ and $\geq 1\%$ of total hematopoietic cells in peripheral blood, respectively (Purton et al. *Cell Stem Cell*, 1: 263-270, 2007). Also, the secondary transplantation recipient mice that died before 16 weeks post transplantation were counted for failed engraftment.

[00231] Cell cycle and apoptosis assays. Cell cycle analysis was performed with FITC mouse anti-human Ki67 set (BD Pharmingen) according to the manufacturer's instructions. Briefly, 5×10^6 BM cells were isolated and stained with HSC antibodies as described above. Cells were fixed by 4% paraformaldehyde at 4°C overnight or room temperature (RT) for 1 hour, and then permeabilized with 0.2% triton X-100 on ice for 15 mins. Cells were washed with PBS containing 2% FBS, and then were incubated with Ki-67 antibody at RT for 1 hour in the dark, and SYTOX Red (Invitrogen) at RT for another 5 mins, followed by flow cytometric analysis with InFlux Cell Sorter (BD Biosciences). For apoptosis analysis, Annexin V (Invitrogen) and SYTOX Red staining of 5×10^6 BM cells was performed according to the manufacturer's protocol.

[00232] m⁶A RNA-IP-seq. Two replicates of 10^5 LT-HSC, ST-HSC (LSK CD34⁺ FLK2⁻) and MPP (LSK CD34⁺ FLK2⁺) from C57BL/6J mouse were sorted into TRIzol (Invitrogen), and total RNA was isolated according to the manufacturer's instructions. RNA was fragmented to ~100 nucleotide fragments with Ambion fragmentation reagent (2 mins incubation at 70°C). The samples were then subjected to Turbo DNase treatment (Ambion), followed by a phenol-chloroform extraction, and resuspension in 85µl of nuclease-free water, and 5µl was saved as input. Then, the

remaining 80 μ l RNA fragments were diluted into IPP buffer (150 mM NaCl, 0.1% NP-40, 10 mM Tris-HCl, pH 7.5). RNA was incubated with 25 μ l of protein-G magnetic beads, previously bound to 3 μ g of anti-m⁶A pyclonal antibody (Synaptic Systems), for 3 hours at 4°C in IPP buffer. Beads were washed twice with 200 μ l IPP buffer, twice with 200 μ l low-salt buffer (50 mM NaCl, 0.1% NP-40, 10 mM Tris-HCl, pH 7.5) and twice with 200 μ l high-salt buffer (500 mM NaCl, 0.1% NP-40, 10 mM Tris-HCl, pH 7.5). Beads were then treated with 300 μ l Elution Buffer (5 mM Tris-HCL pH 7.5, 1 mM EDTA pH 8.0, 0.05% SDS, 4.2 μ l Proteinase K (20 mg/ml)) for 1.5 hours at 50°C, and RNA was recovered with phenol:chloroform extraction followed by ethanol precipitation. Three human CD34⁺ umbilical cord blood cells were isolated as described above and isolated total RNA with TRIzol. RNA was fragmented to ~100 nucleotide fragments with Ambion fragmentation reagent (2 mins 50 secs incubation at 70°C). The samples were then subjected to Turbo DNase treatment (Ambion), followed by a phenol:chloroform extraction, and resuspension in 18 μ l of nuclease-free water, and 1 μ l was saved as input. m⁶A RNA IP was performed with EpiMark® N6-Methyladenosine Enrichment Kit following manufacturer's instructions.

[00233] Following m⁶A preparation of RNA, quality was assessed on Agilent 2100 Bioanalyzer, and 1 ng (mouse) or 10 ng (human) RNA was used to generate RNAseq libraries according to the manufacturer's directions for the SMARTer Stranded Total RNA-Seq Kit – Pico Input Mammalian (Takara Bio Inc) using 16 cycles (mouse) or 13 cycles (human) PCR2 amplification. The method uses random priming and a template switching oligo to generate complimentary DNA, followed by the ligation of barcoded adapters; ribosomal-derived cDNA is then removed through probe-directed enzyme cleavage and subsequent enrichment of un-cleaved fragments.

[00234] The protocol was modified to retain lower molecular weight sample fragments by using a 1.2x SPRI bead concentration for PCR1 cleanup. To remove dimerized adapters, libraries underwent 160-600 bp size selection with a Pippin Prep (Sage Science) 2% gel. The resulting libraries were checked for quality and quantity using the Bioanalyzer and Qubit Fluorometer (Life Technologies). Then equal molar libraries were pooled and requantified. For mouse m⁶A-seq, libraries were sequenced as 50 bp single read on the Illumina HiSeq 2500 instrument using HiSeq Control Software 2.2.58. Following sequencing, Illumina Primary Analysis version RTA 1.18.64 and Secondary Analysis version bcl2fastq2 v2.18 were run to demultiplex reads for all libraries and generate FASTQ files. For human m⁶A-seq, libraries were sequenced as 75 bp single read on the Illumina NextSeq instrument using NextSeq Control Software 2.1.2. Following sequencing, Illumina Primary Analysis version NextSeq RTA 2.4.11 and Secondary Analysis version bcl2fastq2 v2.18 were run to demultiplex reads for all libraries and generate FASTQ files.

[00235] Plasmid construction and stable cell line generation. Mouse Ythdf2 (mYthdf2) was cloned from commercial cDNA clone (ORIGENE # MC200730) into vector pcDNA5/FRT/Flag plasmid using primers listed: mYthdf2 ORF Clone BamHI F: 5'-CGC GGA TCC TCG GCC AGC AGC CTC TTG GA-3' and mYthdf2 ORF Clone NotI R: 5'-ATA AGA ATG CGG CCG CCT ATT TCC CAC GAC CTT GAC GT-3'. Then Flag-mYthdf2 was subcloned under EF1a promoter in pSicoR-EF1a-IRES-EGFP lentiviral construct (Gibson Assembly®, forward primer: 5'-GTC GAC GGT ACC GCG GGC CCA TGG ATT ACA AGG ATG ACG ACG-3' and reverse primer: 5'-GAG GGA GAG GGG CGG ATC CCC TAT TTC CCA CGA CCT TGA CGT-3'). Human Ythdf2 (hYthdf2) was cloned from plasmid provided by the Chuan He lab using primers indicated: Forward 5'-CGT TCG AAA TGT CGG CCA

GCA GCC TCT-3'; Reverse 5'-TCC CCC GGG TTA TTT CCC ACG ACC TT-3'. Then hYthdf2 was cloned into pSicoR-EF1a-IRES-EGFP constructs under EF1a promoter by BstBI and XmaI restriction digestions and ligation. To generate Flag-mYthdf2 HPC7 stable cell line, lentiviruses were generated by transfection of pSicoR-EF1a-Flag-mYthdf2-IRES-EGFP constructs together with the psPAX2 and pMD2.G plasmids at a ratio of 10:7.5:2.5 into 293T cells using calcium phosphate transfection. The virus particles were harvested 48, 72, and 96 hours post transfection, filtered by 0.45 micrometers filter unit (Millipore), and then centrifuged at 18,000 RPM, 4°C for 2 hours. HPC7 cells were infected with recombinant lentivirus-transducing units in the presence of 4μg/mL polybrene (Sigma). 48 hours after infection, GFP⁺ cells were sorted and cultured for experiments.

[00236] irCLIP-seq and data analysis. For irCLIP-seq, the procedure was modified from the previously reported methods (Zarnegar et al. *Nature Methods*, 13: 489-492, 2016); Simsek et al. *Cell*, 169: 1051-1065 e1018, 2017). In brief, irCLIP was performed on ~3×10⁸ Flag-Ythdf2 HPC7 cells by UV crosslinking cells at 0.4J/cm² for 3 times. Whole-cell lysates were generated in lysis buffer (150mM KCl, 10mM HEPES pH 7.6, 2mM EDTA, 0.5% NP-40, 0.5mM DTT, 1:100 protease inhibitor cocktail, 400U/ml RNase inhibitor; 1ml cell pellet and 2ml lysis buffer). Pipetted up and down several times, and then the mRNP lysate was incubated on ice for 5 mins and shock-frozen at -80°C with liquid nitrogen. The mRNP lysate was thawed on ice and centrifuged at 15,000g for 15 mins to clear the lysate. Flag-Ythdf2 was isolated with 30μl of protein-G magnetic beads per 1ml lysate, previously bound to 2μg of anti-Flag monoclonal antibody (Sigma) for 2 hours at 4°C on rotation. The beads were collected, washed eight times with 1ml ice-cold NT2 buffer (200mM NaCl, 50mM HEPES pH 7.6, 2mM EDTA, 0.05% NP-40, 0.5mM DTT, 200U/ml

RNase inhibitor) and one time with 200 μ l irCLIP NT2 buffer (50mM Tris, pH 7.5; 150mM NaCl; 1mM MgCl₂; 0.0005% NP-40). mRNP complex was digested with RNase 1 (Thermo Fisher #AM2294) at 0.4U/ μ l in irCLIP NT2 buffer (aqueous volume of 30 μ l and supplemented with 6 μ l of PEG400 (16.7% final)). The nuclease reaction was incubated at 30°C for 15 mins in an Eppendorf Thermomixer, 15 s 1,400 r.p.m., 90 s rest. Nuclease digestions were stopped by addition of 0.5mL of ice-cold high-stringency buffer (20mM Tris, pH 7.5; 120mM NaCl; 25mM KCl; 5mM EDTA; 1% Triton-X100; 1% Na-deoxycholate). Immunoprecipitates were then quickly rinsed with 0.25mL then with 0.05mL of ice-cold irCLIP NT2 buffer. The irCLIP adaptor ligation and library construction followed previously reported protocol (Zarnegar et al. *Nature Methods*, 13: 489-492, 2016).

[00237] Data were demultiplexed using FAST-iCLIP version 0.9.3 and aligned to mouse genome mm10 from UCSC using STAR (2.4.2a) with parameters "--outFilterScoreMinOverLread 0 --outFilterMatchNminOverLread 0 --outFilterMatchNmin 0". RPM-normalized genome browser tracks were created in R (3.4.1) and plotted using the Gviz package (1.20.0). Enriched motifs were identified by taking midpoints of each binding site found in all three replicates, adding 20 bases up and downstream, and running MEME (4.11.1) with parameters "-dna -mod zoops -revcomp -minw 5 -maxw 10 -nmotifs 10 -maxsize 1000000". After motifs were identified, we ran tomtom (4.11.1) against transfac (1-2017) to identify known binding sites. GO enrichment analysis was performed using a hypergeometric test in R. GO terms were considered enriched if they had a BH-adjusted p-value less than 0.05. Selected terms of interest are shown in the bar plot. Bars in the bar plot indicate percentage of genes in the list being tested having the term divided by the percentage of genes in the genome having the term. Peaks found by FAST-iCLIP in

all three replicates were assigned to various features in the genome. Promoters were defined as upstream 150 bases from the TSS. "trans_stop" was defined as upstream and downstream 200 bases from the transcript start site.

[00238] Cord blood transduction. Cord blood transduction was conducted as described previously (Rentas, S. et al. *Nature*, 532:508-511, 2016, doi:10.1038/nature17665). Briefly, fresh CD34⁺ cord blood cells or flow-sorted CD34⁺ CD38⁻ cells were prestimulated for 12-18h in StemSpan medium (StemCell Technologies) supplemented with growth factors interleukin 6(IL-6; 20ng/ml, Peprotech), stem cell factor (SCF; 100ng/ml, Peprotech), Flt3 ligand (FLT3-L; 100ng/ml, Peprotech) and thrombopoietin (TPO; 20ng/ml, Peprotech). Lentiviruses were then added in the same medium at a multiplicity of infection (MOI) of 50-200 for 24 hours. Cells were then given 2 days after transduction before *in vitro* or *in vivo* assays. Human YTHDF2 was targeted for knockdown by shRNA targeting 5'-AAGGACGTTCCCAATAGCCAA-3' near the N terminus of CDS, as used in a previous report (Wang, X. et al. *Nature* 505:117-120, 2014, doi:10.1038/nature12730). Scramble shRNA (seed sequence 5'-GCGCGATAGCGCTAATAAT-3') were used as control.

[00239] Clonogenic progenitor assays. Flow-sorted GFP⁺ cord blood cells from day 10 cultured transduced cells (12,000 per ml) were resuspended in semi-solid methylcellulose medium (Methocult H4034; StemCell Technologies). Colony counts were carried out after 14 days of incubation.

[00240] Human umbilical cord blood HSPC culture. 2 days after transduction, human cord blood CD34⁺ or CD34⁺ CD38⁻ cells were collected and the GFP⁺ percentage was determined by flow cytometry. To ensure that equal numbers of GFP⁺ cells were cultured before expansion, identically cultured GFP⁻ cells were

added to the one with higher GFP⁺ percentage to match the % GFP⁺ between control and hYthdf2 KD. Then cells were seeded at a density of 10⁵ per ml in StemSpan medium (StemCell Technologies) supplemented with growth factors IL-6 (20ng/ml), SCF (100ng/ml), FLT3-L (100ng/ml), TPO (20ng/ml) and CHIR99021 (250 nM) (Stemgent) (Perry et al. *Genes and Development*, 25: 1928-1942, 2011).

[00241] Human HSC xenotransplantation. For human cord blood HSC ex vivo expansion analysis, 10⁵ sorted CD34⁺ CD38⁻ cells were transduced with human YTHDF2 shRNA or control shRNA for 3 days and then analyzed for transduction efficiency (%GFP^{+/+}) and stem cell markers. On day 10, cultured cells were collected for stem cell marker analysis. For hUBC HSC primary LDA assay, CD34⁺ cells were enriched as described above and transduced with human YTHDF2 shRNA or control shRNA at 50 MOI. Media were changed at 24 hours post infection. Equal number of GFP⁺ cells were sorted out from control or YTHDF2 KD cells on 3 days post infection and cultured overnight. Three doses, 50K, 20K and 10K, of sorted GFP⁺ cells were transplanted into sublethally irradiated (3.25Gy) NSG mice, respectively. The cut-off for HSC engraftment was an exhibition of more than 1% human CD45⁺ GFP⁺ cells out of total CD45⁺ cells in BM of primary transplantation recipients. For hUCB HSC secondary LDA assay, BM cells from highest two doses primary recipients were collected and mixed together at 10 weeks post transplantation. Three doses, 1.2 × 10⁷, 8 × 10⁶, 4 × 10⁶, of BM cells were transplanted into sublethally irradiated (3.25Gy) NSG mice, respectively. The cut-off for HSC engraftment was an exhibition of more than 0.2% human CD45⁺ GFP⁺ cells out of total CD45⁺ cells in BM of secondary transplantation recipients. HSC frequency was assessed using ELDA software (Hu et al. *Journal of Immunological Methods*, 347: 70-78, 2009). For all

human cord blood xenotransplantation experiments, female NSG mice aged 6-8 weeks were used.

[00242] m⁶A-seq data analysis. Human and mouse m⁶A-seq data were aligned to the transcriptome of hg19 and mm10. In order to identify m⁶A peaks, hg19 and mm10 transcriptome was divided into 25 nucleotide-wide tiles. The number of reads in the m⁶A IP and non-IP (control) sample was counted in each tile, and p value was calculated with Fisher exact test and adjusted for multiple testing. Tiles with significant m⁶A signal enrichment (adjust-Pval <= 0.05) were merged into bigger regions. Regions smaller than 100 bp were discarded, and regions over 200 bp were divided into 100 to 200 bp sub-regions; m⁶A signal over control was calculated at each region; and regions with at least 2-fold enrichment in all replicates were identified as m⁶A peaks. m⁶A peaks distribution and m⁶A marked genes were determined by overlapping all m⁶A peaks with hg19 and mm10 RefGene annotation. m⁶A marked genes were identified by overlapping m⁶A peaks with hg19 RefGene. To filter for transcription factors, genes marked by m⁶A in all three samples were compared against human transcription factor database http://fantom.gsc.riken.jp/5/sstar/Browse_Transcription_Factors_hg19. GO term analysis was then performed using R package enrich GO. m⁶A marked human transcription factors were used as searching list, and all the expressed genes were used as background. Hemopoiesis related BP terms with significant enrichment were used to generate Figure 3C.

[00243] RNA-seq. Human cord blood CD34⁺ cells were transduced with control or human YTHDF2 KD lentivirus and sorted out for GFP⁺ CD34⁺ 10 days later. Three replicates of 12,000 GFP⁺ CD34⁺ cells were sorted for each group and were used to extract total RNA. Four nanograms of high quality total RNA was used

for cDNA synthesis and library preparation according to the manufacturer's directions with the SMART-Seq v4 Ultra Low Input RNA Kit for Sequencing (Takara, 634891) and Nextera XT (Illumina, FC-131-1096). Resulting short fragment libraries were checked for quality and quantity using an Agilent 2100 Bioanalyzer and Invitrogen Qubit Fluorometer. Equal molar libraries were pooled, requantified, and sequenced as 75 base pair single reads on a High Output flow cell on the Illumina NextSeq 500 instrument. Following sequencing, Illumina Primary Analysis version NextSeq RTA 2.4.11 and Secondary Analysis version bcl2fastq2 2.18 were run to demultiplex reads for all libraries and generate FASTQ files.

[00244] For RNA-seq analysis, reads were aligned to UCSC genome hg38 with Tophat version 2.0.13 with default parameters, using Ensembl 87 gene models. Read counts were generated using HTSeq-count with -m intersection-nonempty. Reads were also aligned to ERCC control sequences and counts tabulated. A scaling factor was calculated based on the median of the ERCC counts for each sample and used for normalization. Differentially expressed genes were found using the edgeR package (3.18.1) in R (3.4.1). Differentially expressed genes were required to have a BH-adjusted p-value < .05 and a 2-fold change in expression.

[00245] **RNA stability assay.** 15,000 sorted LT-, ST-HSCs and MPPs were cultured in StemSpan SFEM medium (Stem Cell Technologies) supplemented with 10 μ g/mL heparin (Sigma), 0.5 \times penicillin/streptomycin (Sigma), 10ng/mL recombinant mouse (rm) SCF (Biovision, Inc.), and 20ng/mL Tpo (Cell Sciences, Inc.) (Perry et al. *Genes and Development*, 25: 1928-1942 (2011)) at 37°C 5% CO₂ 5% O₂. Sorted cells were treated with 5 μ M actinomycin D (Sigma) for inhibition of mRNA transcription. Cells were harvested at 0 hour or 4 hours post treatment, and total RNA was extracted and used for RNA-seq.

[00246] m^6A RNA methylation quantification.

[00247] Mouse BM Lineage negative cells from *wt* and *Ythdf2* KO mice were enriched with mouse Lineage Cell Depletion Kit (Miltenyi Biotec), followed by total RNA extraction with TRIzol (Invitrogen). The quantification of m^6A RNA methylation in Lin^- cells were performed with m^6A RNA Methylation Quantification Kit (Abcam ab185912) following manufacturer's protocol. 200ng total RNA were used per replicates for either group.

[00248] qPCR analysis.

[00249] 10^5 LSK cells were sorted from *wt* and *Ythdf2* KO mice. Total RNA were extracted with TRIzol (Invitrogen). cDNA synthesis was conducted with High-Capacity RNA-to-cDNA™ Kit (Thermo) following manufacturer's protocol. qPCR primers used are listed in Table S5, qPCR primers used to verify the expressional levels of transcription factors in *wt* and *Ythdf2* KO HSPCs.

[00250] Western blot and intracellular staining. To validate the KO or KD efficiency in *Ythdf2* KO mouse model or hUCB, 33,000 cKit⁺ cells or 120,000 GFP⁺ cells were sorted from BM or transfected hUCB samples, respectively. Hela cells transduced to overexpress human YTHDF2 were used validate overexpression efficiency as shown in Fig. 14B. Immunoblotting was performed with anti-YTHDF2 rabbit polyclonal antibody (MBL, RN123PW) and β -actin mouse monoclonal antibody (NOVUS, NB600-501). Secondary antibodies used were IRDye 800CW Goat anti-Mouse IgG and IRDye 800CW Goat anti-Rabbit IgG antibodies (LI-COR). For intracellular staining, BM cells from *wt* and *Ythdf2* KO mice were stained with HSC markers as above, then fixed with the Cytofix/Cytoperm kit (BD Biosciences) according to the manufacturer's instructions. Fixed and permeabilized cells were immunostained with anti YTHDF2 antibody (MBL RN123PW), anti TAL1 antibody

(Santacruz sc-393287), anti GATA2 antibody (Santacruz sc-267), anti RUNX1 antibody (Santacruz sc-365644), anti STAT5 antibody (Santacruz sc-74442) and detected by Alexa-488 donkey anti-rabbit IgG antibody (Invitrogen).

[00251] Single cell immunostaining. 10,000 LSKs from *wt* and *Ythdf2* KO mice were sorted onto Poly-L-lysine coating slides, which were placed in a moisture chamber and incubated at 4°C for 30 mins to allow cells settling onto the slides. Cells were fixed with chilled methanol at RT for 10 mins, blocked with universal blocking reagent (BioGenex) at RT for 30 mins, and stained with mouse TAL1 antibody (Santa Cruz, SC393287) or mouse IgG control (Abcam) at 4°C overnight. Cells were then stained with Alexa Fluor 488 donkey anti-mouse IgG (Thermo Fisher Scientific) at 4°C for 30 mins. Images were taken on a PerkinElmer Ultraview spinning disk system with Yokagawa CS-X1 disk. All emission was collected onto a C9100-23 Hamamatsu EM-CCD using Velocity software (PerkinElmer). For Z-stacks, the step size was set at 400nm. Staining intensity per image was quantified by ImageJ program.

[00252] FISH in conjugation with fluorescent immunostaining. Sorted LSKs were spun onto microscope glass slide (Fisher Scientific Cat. No. 12-544-4) using a Cytospin™ 4 Cytocentrifuge at 800 rpm for 1 min with medium acceleration (Thermo Scientific, cat. no. A78300003), followed by an immediate immersion into 4% PFA (diluted from 16% (wt/vol) aqueous solution, Electron Microscopy Sciences, cat. no. 15710). Cells were fixed at RT (25 ± 2 °C) for 30 mins. RNA in situ hybridization was performed using RNAscope multiplex fluorescent detection kit according to the manufacturer's instructions (Advanced Cell Diagnostics) with a couple of modifications: Antigen retrieval was unnecessary, and digestion was performed with 1:15 diluted proteinase III solution for 10 mins at RT. RNAscope

probes targeting mouse *Tal1* and *Gata2* were designed and produced by ACDbio. After the *in situ* hybridization was completed, slides were rinsed twice with PBST and directly processed with background blocking (Background buster solution, Innovex, cat. no. NB306) and primary antibody incubation. Anti-YTHDF2 (MBL, 1: 500) and anti-Dcp1α (Santa Cruz, SC100706, 1:200) antibodies were diluted with antibody diluent reagent buffer (Life technologies, cat. no. 003118) and incubated at 4°C overnight. Donkey anti- rabbit Alexa Fluor 488 (Invitrogen, 1:500) and donkey anti-mouse Alexa Fluor 633 (Invitrogen, 1:500) were used for protein target multiplexing.

EXAMPLE A-1

[00253] *Ythdf2* KO leads to increase in phenotypic HSCs in primary mice.

[00254] To investigate the effects of *Ythdf2* on phenotypic HSCs, Crispr-Cas9 technology was utilized to generate *Ythdf2*^{ff} conditional knockout mice, and then crossed with *Mx1-Cre* mice to specifically reduce *Ythdf2* expression in hematopoietic cells (hereafter *Ythdf2* KO mice) (Fig. 1A and B). BM HSPCs showed no discernible difference at the absence of pI:pC (Figure 7A). Four weeks after pI:pC injections, a significant increase was observed in both frequency and absolute number of long-term HSCs (Lin⁻ Sca1⁺ cKit⁺ (LSK) CD34⁻ Flk2⁻; LT-HSCs) and short-term HSCs (LSK CD34⁺ Flk2⁻; ST-HSCs), but not multipotent progenitors (LSK CD34⁺ Flk2⁺; MPPs) in *Ythdf2* KO mice compared to littermate *wild type* (*wt*) mice (Fig. 1C to 1E). It was found that the frequency and absolute cell number of Long Term HSCs (LT-HSCs) and ST-HSCs increased by over 2-fold while MPP exhibited milder response (Figure 1C and 1E). Although *Ythdf2* KO led to increased BM cellularity, the absolute number of committed progenitors, including common myeloid progenitors (CMPs), granulocyte-macrophage progenitors (GMPs), megakaryocyte-erythrocyte progenitors (MEPs) and common lymphoid progenitors (CLPs), as well as mature lineage cells, erythrocytes, myeloid cells, B cells and T cells, showed no significant

difference between *Ythdf2* KO and *wt* mice (Fig. 1F to H). Cell cycle analysis revealed no discernible change of quiescence in HSCs or MPPs after *Ythdf2* KO (Fig. 7B). Notably, the percentage of apoptotic cells in *Ythdf2* KO LT-, ST-HSCs and MPPs significantly reduced compared to *wt* controls (Fig. 7C). To further identify any potential HSC defects in *Ythdf2* KO mice, the number of HSCs, committed progenitors, and mature lineages in the spleen were examined, and no significant differences were found between *wt* and *Ythdf2* KO mice (Figs. 7D to 7H). In summary, *Ythdf2* KO in primary mice specifically increases HSC numbers with no bias or defects in either progenitor or lineage cells.

EXAMPLE A-2

[00255] *Ythdf2* KO expands functional HSCs in mice.

[00256] To determine whether *Ythdf2* KO expands functional HSCs, a short-term homing assay was initially performed by transplanting 1×10^6 carboxyfluorescein diacetate succinimidyl ester (CFDA SE)-labelled BM cells from KO mice or their control littermates into lethally irradiated recipient mice, and no significant difference was found in their homing capacity between mutant and *wt* controls (Fig. 7I). Limited dilution, competitive repopulation unit assay (LDA) was then executed by transplanting 2×10^5 , 7.5×10^4 or 2.5×10^4 donor BM cells (CD45.2), together with 2×10^5 recipient BM cells derived from the *ptprc* mutant strain (CD45.1), into lethally irradiated recipient mice (Fig. 2A). Consistent with an increased number of phenotypic HSCs in *Ythdf2* KO mice, it was found that competitive repopulating units (CRUs) increased 2.2-fold in *Ythdf2* KO HSCs compared to controls (Fig. 2B). In the 2×10^5 group, compared to controls, and a significant increase was observed in the overall repopulation rate from *Ythdf2* KO donor cells at 16 weeks post

transplantation (Fig. 2C). Moreover, recipients of *Ythdf2* KO BM cells, compared to that of controls, exhibited markedly higher frequency and absolute number of donor derived LT-HSCs and ST-HSCs, but not MPPs in BM (Fig. 2D and 2E). Furthermore, it was found that donor derived committed progenitors and mature lineages in BM from transplantation recipients of mutant and *wt* cells showed no significant changes (Fig. 2F and 2G). To determine the long-term repopulation ability of HSCs from *Ythdf2* KO mice, the secondary transplantation with BM cells derived from primary recipients was conducted. Notably, it was found that compared to controls, CRUs from *Ythdf2* KO cells revealed a 3.5-fold increase (Fig. 2H) and exhibited no signs of leukemia in both BM and spleen at 16 weeks after secondary transplantation (Figs. 9A to 9F). Furthermore, in Figs. 2I and 2J, a limiting dilution assay was conducted by transplanting total bone marrow (BM) from WT or *Ythdf2* KO mice with 3 different dosages. Four weeks post transplantation, it was observed that the engraftment of donor cells increased in the mice transplanted with 200,000 *Ythdf2* KO BM cells, as compared to that with WT BM cells. Furthermore, this increase did not generate lineage bias in the transplantation recipients.

[00257] We also investigated the long-term effect of *Ythdf2* KO on hematopoiesis under homeostasis condition by examining the stem cells, progenitor cells, and lineages in both BM and spleen at over 5 months post pl:pC injections (Fig. 9A). Although we observed a modest increase in LT-HSCs in BM from *Ythdf2* KO mice compared to that of controls (Fig. 9C), there were no discernible differences between *Ythdf2* KO and control mice in progenitors and lineage cells from either BM or spleen (Figs. 9D to 9J). These observations indicate that long-term effect of *Ythdf2* KO *in vivo* neither skews lineage differentiation nor facilitates aberrant proliferation, which is in line with previous reports that *Ythdf2* is not required for

leukemogenesis. To verify the frequency of functional HSCs in the BM at 5 months post pI:pC induction, we transplanted 7.5×10^4 BM cells from *wt* and *Ythdf2* KO mice with competent cells into lethally irradiated recipients. We found that *Ythdf2* KO led to significantly higher engraftment in recipients comparing to *wt* controls, suggesting that *Ythdf2* KO has long-term capability on mouse HSC expansion *in vivo* (Fig. 9K). Taken together, these data reveal that *Ythdf2* KO results in specific and significant mouse HSC expansion *in vivo* without affecting lineage commitment.

EXAMPLE A-3

[00258] *Ythdf2* regulates HSC self-renewal gene expression by m⁶A-mediated mRNA decay.

[00259] To explore the underlying mechanisms of how *Ythdf2* KO expands HSCs, mapping was performed of the m⁶A methylome by methylated RNA immunoprecipitation combined with high-throughput sequencing (MeRIP-seq or m⁶A-seq) in LT-HSCs, ST-HSCs, and MPPs sorted from adult C57BL/6J mice (Meyer et al. *Cell*, 149: 1635-1646, 2012; Schwartz et al. *Cell*, 155: 1409-1421, 2013; Dominissini et al. *Nature*, 485: 201-206, 2012). m⁶A peaks were selected by identifying significantly enriched overlapping peaks from two independent replicates. Consistent with previous studies (Meyer et al. *Cell*, 149: 1635-1646, 2012); Dominissini et al. *Nature*, 485: 201-206, 2012), it was found that m⁶A peaks were abundant in mRNA open reading frame (ORF), in 3' untranslated regions (UTRs), and around the stop codon in all three HSPC populations. Transcripts of moderately expressed genes were more likely to be methylated (Figs. 10A to 10C). Intriguingly, it was found that m⁶A modifications were enriched in the mRNAs of transcription factors, such as *Gata2*, *Etv6*, *Stat5* and *Tal1*, which have been documented to be

critical for HSC self-renewal and stem cell state maintenance (Wang et al. *Blood*, 113: 4856-5865, 2009; Ebina et al. *The EMBO Journal*, 34: 694-709, 2015; Orkin et al. *Cell*, 132: 631-644, 2008; de Pater et al. *The Journal of Experimental Medicine*, 210: 2843-2850, 2013; Hock et al. *Genes and Development*, 18: 2336-2341, 2004; Lim et al. *The Journal of Clinical Investigation* 122: 3705-3717, 2012; Reynaud et al. *Blood*, 106: 2318-2328, 2005; and Kato et al. *The Journal of Experimental Medicine*, 202: 169-179, 2005), suggesting the m⁶A modification could play critical roles in the regulation of HSCs (Table S1, Key transcription factors critical for HSC self-renewal and maintenance are labeled by m⁶A in HSPCs). Given the accumulating evidence that m⁶A mRNA methylation regulates stem cell fate determination by facilitating the decay of mRNAs coding for transcription factors and genes in key signaling pathways involved in self-renewal and differentiation (Batista et al. *Cell Stem Cell*, 15: 707-719, 2014; (Geula et al. *Science* 347: 1001-1006, 2015; Yoon et al. *Cell*, 2017; Zhang et al. *Nature*, 549: 273-276, 2017; Zhao et al. *Nature*, 542: 475-478, 2017; Li et al. *Cancer Cell*, 31: 127-141, 2017; Li et al. *Nature*, 548: 338-342, 2017) the mRNA degradation rates were next measured in LT-, ST-HSCs, and MPPs by monitoring mRNA levels after transcription inhibition with actinomycin D. It was found that degradation rates of methylated mRNAs were significantly faster than unmethylated mRNAs in ST-HSCs, and MPPs (Fig. 10D). As Ythdf2 is a well-recognized m⁶A “reader” that mediates mRNA decay (Wang et al. *Nature*, 505: 117-120, 2014), the targets of Ythdf2 were further determined by performing infrared UV-crosslinking immunoprecipitation sequencing (irCLIP-seq) in the mouse multipotent hematopoietic precursor cell line HPC-7 (Pinto do et al. *The EMBO Journal*, 17: 5744-5756, 1998; Zarnegar et al. *Nature Methods*, 13: 489-492, 2016) (Fig. 3A; Figs. 11A to 11C). The results showed that 57.8% of Ythdf2 target mRNAs contained m⁶A

peaks (Fig. 11D). Ythdf2 binding sites were enriched with the conserved m⁶A motif and exhibited the characteristic of m⁶A distribution features (Fig. 3B and 3C). Gene ontology (GO) analysis of Ythdf2 target transcripts revealed enrichment of genes related to hematopoietic or lymphoid organ development, suggesting the involvement of Ythdf2 in the regulation of hematopoiesis (Fig. 3D). Notably, it was found that Ythdf2 bound to transcription factor mRNAs, such as that of *Tal1* and *Gata2*, on sites largely overlapping with m⁶A peaks (Fig. 3E; Fig. 5E and Table S2, Ythdf2 targeted mRNAs from three irCLIP-seq replicates). Significant change was not observed in the total RNA mass in LSK Flk2⁺ cells from *wt* and *Ythdf2* KO mice. Though m⁶A modification only constitute 0.1-0.4% of adenosine nucleotide in mammal cells, it was found that *Ythdf2* KO led to increased level of m⁶A content in total RNA from BM Lin⁻ cells, suggesting that Ythdf2 specifically regulates the stability of m⁶A-marked mRNAs (Figs. 12A and 12B). Consistently, qPCR analysis of total mRNA revealed increased levels of *Tal1*, *Gata2*, *Runx1* and *Stat5a*, whose mRNAs have shown to be modified by m⁶A, in *Ythdf2* KO LSK cells compared to *wt* controls (Fig. 3F). Single cell immunofluorescence staining and intracellular flow cytometry further revealed that *Ythdf2* KO HSPCs exhibited significant increases in the intensities of m₆A-labeled transcription factors involved in stem cell self-renewal, such as TAL1, GATA2, RUNX1 and STAT5, indicative of a suppressive role of Ythdf2 in HSC self-renewal (Fig. 3G; Fig. 12C). A previous study has shown that Ythdf2 regulates RNA metabolism through localizing the bound mRNAs to mRNA decay sites (Wang et al. *Nature*, 505: 117-120, 2014). To further explore the mechanism of Ythdf2 in regulating HSC self-renewal, fluorescence *in situ* hybridization (FISH) was performed of *Tal1* mRNA and fluorescence immunostaining of Ythdf2 and Dcp1a, a marker of mRNA decay sites (Sheth et al. *Science*, 30:805-

808, 2003; Kedersha et al. *Methods in Enzymology*, 431: 61-81, 2007), and their relative spatial distribution was analyzed in sorted *wt* and *Ythdf2* KO HSPCs. Co-localization of *Tal1* mRNA, Dcp1a and *Ythdf2* was observed in *wt* cells while substantially reduced in *Ythdf2* KO controls (Figs. 3H and 3I). Furthermore, similar observation was confirmed by co-staining *Gata2* mRNA FISH with *Ythdf2* and Dcp1a in *wt* or *Ythdf2* KO HSPCs (Figs 12D and 12E). To determine whether the increased transcription factors, such as *Tal1*, expression accounts for the HSC expansion in *Ythdf2* KO mice, rescue experiments were performed using short hairpin (sh) RNA-mediated *Tal1* knock down (KD) in *wt* and *Ythdf2* KO LSK cells, followed by transplanting into lethally irradiated recipients. Depletion of *Tal1* in HSPCs significantly impaired the reconstitution capacity of *wt* cells as reported previously and also rescued the increased engraftment of *Ythdf2* KO cells (Fig. 12F). Overall, these data indicate that *Ythdf2* regulates HSC self-renewal by enabling the degradation of mRNAs encoding transcription factors essential for stem-cell renewal.

EXAMPLE A-4

[00260] Dissecting the role of *Ythdf2* in human UCB HSPCs by m^6A -seq and RNA-seq.

[00261] The limited number of HSCs in a single human umbilical cord blood unit has been an obstacle for clinical applications, such as HSC transplantation (Walasek et al. *Annals of the New York Academy of Sciences*, 1266: 138-150, 2012). The observation that *Ythdf2* KO resulted in an increase of phenotypic and functional mouse HSCs prompted a test whether *YTHDF2* knockdown (KD) could facilitate human UCB HSC expansion. First, m^6A -seq with CD34⁺ cells isolated from 3 individual hUCB samples was performed (Fig. 13A). m^6A modifications

predominantly occurred in mRNAs (~95%), preferential in mRNA ORF regions, 3'UTRs, and near the stop codon, as expected (~90%) (Figs. 4A and 4B; Fig. 13B). m⁶A landscapes in mouse and hUCB HSPCs were compared, and it was found that 2,239 genes were commonly m⁶A tagged (Fig. 4C). These commonly m⁶A-tagged transcripts were enriched for genes related to hematopoiesis and stem cell maintenance (Fig. 4D). Due to the enrichment of m⁶A labeling in the mRNAs of transcription factors responsible for mouse HSC self-renewal, the m⁶A-marked transcription factor transcripts in hUCB CD34⁺ cells were next characterized by performing GO term analysis. Among the 722 identified m⁶A-labeled transcription factor mRNAs, major GO terms were related to cell fate commitment and stem cell maintenance (Fig. 13C). For example, *HOXB4*, overexpression of which has been reported to expand human and mouse HSCs *ex vivo* (Amsellem et al. *Nature Medicine*, 9: 1423-1427, 2003; Antonchuck et al. *Cell*, 109: 39-45, 2002), was marked by m⁶A in hUCB CD34⁺ cells (Fig. 4E). Other transcription factors required for HSC self-renewal and critical to induce HSCs from other cell types (Ebina et al. *The EMBO Journal*, 34: 694-709, 2015; Galan-Caridad et al. *Cell*, 129: 345-357, 2007, such as *Zfx*, *RUNX1* and *FOSB*, were also m⁶A-tagged in hUCB CD34⁺ cells (Figs. 13F and 13G and see also Supplementary Table S3 of article “Supression of m6A Reader Ythdf2 Prmotd Hematopoeitic Stem Cell Expansion” by Li et al, *Cell Research* 28, 904-917 (2018), which article (and including the Supplementary Tables thereof) is hereby incorporated by reference herein in its entirety, Genes marked by m⁶A in human UCB CD34⁺ HSPCs from individual samples). To further dissect the role of YTHDF2 in hUCB HSPCs, RNA-seq was performed with control or *YTHDF2* KD hUCB CD34⁺ cells (Fig. 4F; Figs. 13D and 13E). Remarkably, transcripts marked by m⁶A, including *HOXB4* and other HSC self-renewal related transcription factors,

showed significant increases of input mRNA reads in the *YTHDF2* KD cells compared to the control, without noticeable changes for non-m⁶A labelled genes (Figs. 4G to 4I; Figs. 13F and 13G). These results support the role of *YTHDF2* in regulating hUCB HSC self-renewal through RNA degradation.

EXAMPLE A-5

[00262] Expansion of hUCB HSCs by *YTHDF2* KD.

[00263] To further explore whether suppression of *YTHDF2* can expand human HSCs, short hairpin (sh) RNA-induced *YTHDF2* KD in hUCB HSPCs was performed as above (Fig. 4F). After 7 days *ex vivo* culture, lentiviral knockdown of *YTHDF2* resulted in an average 14.3-fold and 13.6-fold increase, respectively, in the frequency and absolute number of CD34⁺ CD38⁻ CD45RA⁻ EPCR⁺ phenotypic HSCs and a 5.1-fold increase in CFUs relative to control cells, especially the most primitive CFU-granulocyte erythrocyte monocyte megakaryocyte (GEMM) colony type and burst forming unit-erythroid (BFU-E), reflecting higher expression level of key transcription factors for hematopoiesis, such as *TAL1*, in *YTHDF2* KD hUCB cells (Figs. 5A to 5D; Figure 14A). Interestingly, the apoptotic rate was significantly reduced in *YTHDF2* KD hUCB HSPCs compared to control cells, similar to the trend of HSCs in *Ythdf2* KO mouse (Fig. 5E). Also, Fig 5F shows that the *Ythdf2* knockdown (KD) HSCs exhibited up to a 10-fold increase compared to control HSCs 10 days post transduction. Next, the effect of overexpression (OE) *YTHDF2* on HSPC function was explored. Overexpression of *YTHDF2* reduced clonogenic potential of hUCB HSPCs by 2.2 fold, suggesting *YTHDF2* negatively regulates HSC maintenance *ex vivo* (Figs. 14B and 14C).

[00264] To determine whether *YTHDF2* KD can expand human HSCs *in vivo*, LDA was performed by transplanting GFP⁺ cells sorted from hUCB CD34⁺ cells

infected with control and *YTHDF2* shRNA at day 4 post infection (Fig. 6A). At 10 weeks post transplantation, we analyzed BM cells were analyzed from recipient NOD/SCID *Il2rg^{null}* (NSG) mice and measured the functional HSC frequency after *in vivo* expansion. Notably, compared to control group, recipients of *YTHDF2* KD cells displayed a 9-fold increase in human hematopoietic cell (hCD45⁺ GFP⁺) engraftment in BM without changes in the proportions of each lineage (Figs. 6B and 6CH; Figs. 15A and 15B). *YTHDF2* KD significantly increased the percentage of myeloid, megakaryocyte and erythrocyte in the BM of primary recipients (Figs. 15C). Accordingly, it was found that the HSC frequency in *YTHDF2* KD cells was increased 4.4-fold relative to that in control cells (Fig. 6D). It was confirmed the long-term capability of *YTHDF2* KD hUCB cells to be reconstituted and undergo self-renewal; 12 weeks after transplantation of BM from primary recipients into sublethally irradiated secondary NSG recipient mice, human hematopoietic cell chimerism in BM were higher in the *YTHDF2* KD group, as compared to that in the control group (Figs. 6E, 6F; Fig. 15D). CRUs from *YTHDF2* KD cells revealed an 8-fold increase relative to that in control cells (Fig. 6G). These data demonstrate that *YTHDF2* KD remarkably facilitates the expansion of both phenotypic and functional hUCB HSCs *ex vivo*.

EXAMPLE A-6

[00265] The examples herein demonstrate that conditional deletion of *Ythdf2*, m6A reader, lead to expansion of phenotypic and functional HSCs without lineage bias. To investigate if there is concomitant increase in mesenchymal stem cells *in vivo*, *Ytdhf2^{ff}* mice were crossed with *Mx1-Cre* mice to conditionally delete *Ythdf2* expression from mesenchymal cells. Nine-months post pl:pc injection bone marrow cells were isolated from *Ythdf2^{KO}* and their wild type littermates. Single-cell

suspension of total bone marrow cells were immuno-stained with flow antibodies. Hematopoietic (CD45, Ter119) and endothelial cells (CD31) were excluded using specific markers. Mesenchymal stem cell present within the total bone marrow stromal cells were further purified by inclusion of N-Cadherin and CD105 antibodies. Mesenchymal stem cells marking both N-Cadherin⁺ and CD105⁺ were quantitated. Conditional deletion of Ythdf2 led to 3.6-fold expansion in frequency of mesenchymal stem cells (Fig. 16). Our study clearly demonstrates that loss of Ythdf2 can expand bone marrow mesenchymal stem cells *in vivo*.

[00266] Discussion

[00267] Although recent studies explore the biological functions of mRNA m⁶A modifications (Zheng et al. *Molecular Cell*, 49: 18-29, 2013; Zhou et al. *Nature*, 526: 591-594, 2015; Alarcon et al. *Cell*, 162: 1299-1308, 2015; Zhang et al. *Cancer Cell*, 31: 591-606 e596, 2017; Lence et al. *Nature*, 540: 242-247, 2016; Haussmann et al. *Nature*, 540: 301-302, 2016; Chen et al. *Cell Stem Cell*, 16: 289-301, 2015; Alarcon et al. *Nature*, 519: 482-485, 2015; Xiao et al. *Molecular Cell*, 61: 507-519, 2016; Wojtas et al. *Molecular Cell*, 68: 374-387 e312, 2017; Ivanovna et al. *Molecular Cell*, 67: 1059-1067 e1054, 2017; Fustin et al. *Cell*, 155: 793-806, 2013; Slobodin et al. *Cell*, 169: 326-337 e312, 2017; Schwartz et al. *Cell*, 159: 148-162, 2014; Pendleton et al. *Cell*, 169: 824-835 e814, 2017; Shi et al. *Cell Research*, 27: 315-328, 2017; Huang et al. *Nature Cell Biology*, 20: 285-295, 2018; Bertero et al. *Nature*, 2018; Liu et al. *Nature*, 518: 560-564, 2015), embodiments herein identify Ythdf2 as an important regulator of human and mouse HSC self-renewal by coupling the post-transcriptional m⁶A modification to the degradation of mRNAs encoding key transcription factors for self-renewal. Repression of Ythdf2 in mouse HSPCs and hUCB HSCs can lead to increased expression of multiple key TFs critical for self-

renewal, thereby facilitating *ex vivo* expansion of both phenotypic and functional HSCs without noticeable lineage bias and leukemia potential. In addition, stem cell niches, to some extent, may contribute to *Ythdf2* suppression-mediated mouse HSC expansion as *Mx1-cre* can be activated in mesenchyme stromal cells. It would be intriguing to study the function of *Ythdf2* on mesenchymal stem cells (MSCs) and how repression of *Ythdf2* in both HSCs and MSCs may synergistically expand HSCs *in vivo*.

[00268] Given the broad and complicated impact of m⁶A writer complex *Mettl3* and *Mettl14* on mRNA splicing, translation, and pri-miRNA processing (Barbieri et al. *Nature*, 2017; Alarcon et al. *Nature*, 519: 482-485, 2015; Liu et al. *Nature*, 518: 560-564, 2015), *Mettl3* or *Mettl14* depletion results in distinct outcomes in normal stem cells and leukemia. Recent studies have demonstrated that *Mettl3* and *Mettl14* play essential roles in leukemia development and leukemia stem cell maintenance (Vu et al. *Nature Medicine*, 2017; Barbieri et al. *Nature*, 2017; Weng et al. *Cell Stem Cell*, 22: 191-205 e199, 2018). In contrast, *Ythdf2* is believed to be mainly involved in m⁶A-mediated mRNA decay (Batista et al. *Cell Stem Cell*, 15: 707-719, 2014; Yoon et al. *Cell*, 2017; Zhang et al. *Nature*, 549: 273-276, 2017; Wang et al. *Nature*, 505: 117-120, 2014). According to certain embodiments herein, it is believed that manipulating *Ythdf2* may extend the half-life of specific m⁶A-marked mRNAs encoding TFs critical for stem cell self-renewal without affecting other aspects of mRNA processing. The Examples herein show that *Ythdf2* depletion in HSCs neither skews the lineage commitment nor induces hematological malignancies, reducing the risk of leukemogenesis with expanded HSCs. Furthermore, stem cell self-renewal is a complexed process comprised of cell division, survival, prevention of differentiation and stemness retention. The observation that *Ythdf2*-deficient HSCs

exhibited lower apoptotic rate indicates embodiments of methods herein also benefit another feature of stem cell self-renewal.

[00269] A major limitation in using hUCB HSC transplantation is the insufficient number of HSCs in one hUCB unit. Albeit previous studies have revealed that Dlk1, SR1, Musashi2 and UM171 can expand hUCB HSCs by targeting Notch, AHR signaling or other unknown pathway (Boitano et al. *Science*, 329: 1345-1348, 2010; Fares et al. *Science*, 345: 1509-1512, 2014; Rentas et al. *Nature*, 532: 508-511, 2016; Chou et al. *Experimental Hematology*, 41: 479-490 e474, 2013). Accordingly, embodiments herein provide a novel and potent way to target multiple key TFs critical for HSC self-renewal and to enhance the expansion of HSCs. For example, reducing Ythdf2 level and function during *in vitro* culture via small chemicals or AAV-mediated KD may allow the Ythdf2 level and function to restore after transplantation *in vivo*, and thus not affect normal HSC maintenance and function in human patients. Furthermore, in certain embodiments, methods described herein may be combined with other methods to facilitate the expansion of not only human HSCs, but also other stem cells, rendering an approach for stem cell-based therapies.

EXAMPLE B

[00270] The following protocols were used in the “B” Examples below.

[00271] **Animals.** C57BL/6-Gt(ROSA)26Sortm1(HBEGF)Awai/J(iDTR), B6.Cg-Gt(ROSA)26Sortm14(CAG-tdTomato)Hze/J(R26RtdT), Tg(Cspg4-DsRed.T1)1Akik/J, Cxcl12tm2.1Sjm/J, Kitltm2.1Sjm/J (SCF^{ff}), Cxcl12tm1.1Sjm/J (CXCL12^{ff}) mice were obtained from the Jackson Laboratory. *N-cad-CreER^T*, and *N-cad-TdT* mice were generated by Applied StemCell, Inc. To induce *N-cad-CreER^T*; *R26-tdT* mouse, tamoxifen (Sigma) was injected intraperitoneally at 2mg per injection for 3 days. To induce *N-cad-CreER^T*; *R26-tdT* at embryonic stage, a single

dose of 1.5mg of TMX was injected intraperitoneally (IP) into the E12.5 pregnant dam. Cesarean section was performed at E19.5 and the neonatal mice were transferred to foster mice. To induce N-Cad⁺ cells ablation in *N-cad-CreER^T;iDTR* mice, DT (Sigma) was injected intraperitoneally every other day at a dose of 50ng per g body as indicated. 5FU (Sigma-Aldrich) was injected once in the tail vein at 150 μ g per g body weight. After 5FU injection, mice were analyzed as described in the text. All mouse strains used in this study had a C57BL/6J genetic background. Animals were randomly included in the experiments according to genotyping results. Animal experiments were conducted in a blinded fashion with respect to the investigator. The numbers of animals used per experiment are stated in the figure legends. All mice used in this study were housed in the animal facility at the Stowers Institute for Medical Research (SIMR) and were handled according to SIMR and National Institutes of Health (NIH) guidelines. All procedures were approved by the Institutional Animal Care and Use Committee (IACUC) of the SIMR.

[00272] Flow cytometry. For phenotype analysis, hematopoietic cells were harvested from bone marrow (femur and tibia). Red blood cells were lysed using a 0.16 M ammonium chloride solution. For cell surface phenotyping, a lineage cocktail (Lin, phycoerythrin (PE)-Cy5) was used, including anti-CD3 (145-2C11), anti-CD4 (RM4-5), anti-CD8 (53-6.7), anti-Mac-1 (M1/70), anti-Gr1 (RB6-8C5), anti-B220 (RA3-6B2), anti-IgM (II/41) and anti-TER119 (TER-119) (100 ng antibody cocktail per million bone marrow cells, eBioscience). Monoclonal antibodies to SCA1 (D7, eBioscience), c-KIT (2B8, eBioscience), FLK2 (A2F10, eBioscience), CD34 (RAM34, eBioscience), CD48 (HM48-1, eBioscience), CD150 (TC15-12F12.2, BioLegend) and CD49b (HMa2, Biolegend) (all used as 50 ng per million bone marrow cells) were also used where indicated. For lineage analysis of peripheral blood,

monoclonal antibodies to CD45.1 (A20, eBioscience), CD45.2 (104, eBioscience), CD3, B220, Mac-1 and Gr1 were used. 7-aminoactinomycin D (7-AAD) (A1310, Life technologies) was used to exclude dead cells. For stromal niche cell analysis, CD45 (30-F11, eBioscience), CD31 (390, eBioscience), PDGFR α -biotin (APB5, eBioscience), LepR-Bio (R&D), CD51 (clone RM7-V, Biolegend). Samples stained with biotin conjugated antibodies were washed with staining medium, then incubated with streptavidin brilliant violet 421TM (Biolegend, 1:500). Cell sorting and analysis were performed using MoFlo (Dako), InFlux Cell Sorter (BD Biosciences), MACSQuant (Miltenyi Biotec) or CyAn ADP (Dako) instruments. Data analysis was performed using FlowJo software.

[00273] Whole-mount sternum HSC immunostaining. Sternal bones were collected and transected with a surgical blade into 3-4 fragments. The fragments were bisected sagittally to expose bone marrow cavity, fixed in 4% PFA, blocked/permeabilized in PBS containing 20% normal goat serum and 0.5% Triton X100, and stained with primary antibodies for 3 days. The tissues were incubated with secondary antibodies for 2 hours (Bruns et al., 2014; Kunisaki et al., 2013). Fluorescence imaging was performed on a spinning-disk confocal microscope (UltraVIEW; PerkinElmer), including an inverted microscope (Axiovert 200 M; Carl Zeiss Microimaging, Jena, Germany), attached to a spinning-disk confocal system (CSU-X1; Yokogawa Corporation of America) and Orca-R2 camera (Hamamatsu) with Volocity acquisition software (PerkinElmer) and a 20x/0.8 Plan-Apochromat objective (Carl Zeiss). Images were collected as a series of optical sections, with a step size of 4 μ m. Images were collected in a tile pattern (overlap 10%) sufficient to cover the entire sample. Channels were collected sequentially. (Blue dye) was excited using 405 nm light (50 mW diode laser, OEM) and (red dye) was excited

using 561 nm light (50 mW solid state laser, OEM), and each was collected using a multibandpass emission filter with 415nm-775nm 580nm-650nm bands. (Green dye) was excited using 488 nm light (50 mW solid state laser, OEM) and collected using a multibandpass emission filter of 500nm-550nm, and (far red dye) was excited using 640 nm light (50 mW solid state laser, OEM) and collected using a multibandpass emission filter with 455nm-515nm and 660nm-750nm. Exposure times and laser powers were adjusted to compensate for variations in staining.

[00274] Second Harmonic Generation (SHG) imaging was performed immediately following fluorescence imaging. SHG images were collected on a LSM-780 laser scanning confocal microscope (Carl Zeiss) equipped with a QUASAR detection unit, a 10x 0.45 Plan-Apochromat objective (Carl Zeiss), and Zen 2012 acquisition software (v8.1.3, Carl Zeiss). Images were collected as a series of optical sections, with a step size of 8 μ m and a pixel size (1.32 μ m/pixel) an integer multiple of four times the fluorescence pixel size. SHG images were taken with a laser light wavelength of 900 nm and collected at 371-420 nm. As a reference for image alignment, images of Cd150-PE were taken using the 561nm line of a DPSS laser (Melles Griot) and collected at 566-735 nm concurrently with the SHG images. Images were collected in a tile pattern (no overlap) sufficient to cover the entire sample. Tiles were stitched into a complete 3D image using Zen software.

[00275] Images were analyzed using Fiji software (1.51g National Institutes of Health). To align SHG and fluorescence images, fluorescence images were first background subtracted, and image tiles were stitched into a complete 3D image using the Grid/Collection stitching plugin (reference <http://bioinformatics.oxfordjournals.org/content/25/11/1463.abstract>). Given that the transfer of the sample from the fluorescence microscope to the SHG microscope

involved a small amount of sample rotation, it was necessary to realign the SHG and fluorescence images in 3 dimensions. Alignment of SHG and fluorescence image sets was carried out using a custom plugin available at <http://research.stowers.org/imagejplugins>. Firstly, a minimum of 8 common landmarks were identified by visual inspection of both the SHG and fluorescence data sets. Next the Kabsch algorithm was used to find the best scaled rotation to transform the fluorescence coordinates to the SHG image coordinates. Finally, each 3D voxel in the fluorescence image was transformed to the corresponding SHG position and trilinear interpolation was used to find the SHG intensity at that position to create the realigned composite image.

[00276] Image analysis was conducted by researchers unfamiliar with the hypotheses of the study. HSCs were identified by eye. Cells were considered negative for staining if the shape of the cell could not be discerned by eye, or if the shape of the cell formed a dark region in a field of positive signal. Distance measurements to niche components were made using Fiji and Microsoft Excel software. The locations of the HSC and nearest point of each of the three niche components were marked using point ROIs in Fiji and locations were transferred to excel, where distances in 3D were then calculated using the 3D Pythagorean Theorem. To calculate distances for randomly distributed HSCs, random point ROIs were generated using a custom plugin in FIJI in the same images analyzed for observed HSCs. The randomly generated points were considered simulated HSCs if they appeared in a reasonable HSC location (as assessed by the presence of Lin+ cells in the surrounding regions). Niche distance measurements for simulated HSCs were then made in the same manner as for observed HSCs.

[00277] The statistical significance of differences in the distribution of distances was assessed by Kolmogorov-Smirnov analysis using Origin software. Statistical significance of changes in percentages of HSCs at 5 μ m were assessed using a Student's T test in Microsoft Excel. Changes were considered significant if $P < 0.05$.

[00278] Final images shown in figures are maximum projections that have been background subtracted and contrast adjusted for clarity.

[00279] Transplantation and Repopulation assay. 100 sorted pHSCs or rHSC cells together with 1.0×10^5 CD45.1 rescue bone marrow cells were transplanted into lethally irradiated (10 Gy) CD45.1 recipients. 2.0×10^5 CD45.2 BM cells from *N-cad-CreER^T;iDTR* and control mice together with 2.0×10^5 CD45.1 rescue bone marrow cells were transplanted into lethally irradiated (10 Gy) CD45.1 recipients. Every 4 weeks post transplantation, peripheral blood was collected from the submandibular vein. Hematopoietic repopulation was measured from donor-derived blood cells (CD45.2).

[00280] RNA sequencing and analysis. cDNA was generated from 1000 purified cells using SMARTer Ultra Low Input RNA kit (Clonetech) and library was generated by the Nextera XT DNA Library Preparation Kit (Illumina), followed by sequencing on an Illumina HiSeq2500 for 50bp single reads. Raw reads were demultiplexed into Fastq format allowing up to one mismatch using Illumina bcl2fastq2 v2.18. Reads were aligned to UCSC genome mm10 with TopHat v2.0.13, default parameters. FPKM values were generated using Cufflinks v2.2.1 with “-u –max-bundle-frags 100000000”. Read counts were generated using HTSeq-count with “-m intersection-nonempty”. Three or four replicates were sequenced for each population. Data are accessible at NCBI GEO: GSE104887

[00281] CFU-F assay and *in vitro* differentiation. Cells were sorted directly into culture at a 96-well plate. The cultures were incubated at 37°C in a humidified atmosphere with 5% O₂ and 10% CO₂ for 7-10 days. Colonies were stained by CellTracker™ Green CMFDA (Life technologies) and image was acquired by Celigo Imaging Cytometer (Nexcelom). For *in vitro* differentiation, clonally expanded Ncad-CreER^T driven Tomato⁺ BM/Bone stromal cells were isolated from CFU-F cultures by digesting with 0.25% Trypsin/EDTA, split into 3 aliquots, and seeded into separate cultures permissive for differentiation: StemPro Osteogenesis kit Gibco A10072-01, Adipogenesis kit A10070-01 and Chondrogenesis differentiation kit A10071-01. The osteoblastic differentiation was assessed by VECTOR Red Alkaline Phosphatase; the adipogenic differentiation was detected by Oil Red O (Sigma); and the chondrogenic differentiation was detected by Toluidine blue (Sigma, 0.1g T Blue/100mL distilled water).

[00282] Bone sectioning, immunostaining and imaging.

[00283] Freshly isolated femurs were fixed in 4% paraformaldehyde overnight, followed by 1 to 3 days decalcification in 10% EDTA. For paraffin section, bone samples were processed with Sakura Tissue Tek VIP 5 Tissue Processor (Sakura America, Torrance, CA), and paraffin sections were cut in 5 um thickness. Sections were deparaffinized with xylene, followed by Alcian Blue/Hematoxylin/Orange G staining. For frozen section, bone samples were processed with the CryoJane tape-transfer system. Sections were blocked with Power Block™ Universal Blocking Reagent for 30 minutes to 1 hour and then stained overnight with rabbit-anti-Aggrecan (Millipore, 1:300), rabbit-anti-Perilipin (Cell Signaling, 1:300) and goat-anti-Osteopontin (R&D, 1:300). Donkey-anti-goat Alexa Fluor 488 and Donkey-anti-goat Alexa Fluor 647 were used as secondary antibodies (all from Invitrogen, 1:300).

Antibodies were diluted with Antibody Diluent Solution (Invitrogen 00-3218). Slides were mounted with FLUORO-GEL (Electron Microscopy Science 1798510), and images were acquired with an Olympus slide scanner.

[00284] Femoral groove surgery. Mice were anesthetized with 2.5% isoflurane, and buprenorphine was administered for analgesia. The skin of the right leg was shaved and scrubbed with alcohol and iodine. A small incision was made in the skin, lateral to the knee joint. After sliding the skin medially for visualization, an internal incision was made medial to the patella, extending into the quadriceps muscle and along the patella tendon to release the tissue. The patella was subluxated laterally, and the distal femur was exposed. The subchondral bone was perforated using a microsaw to penetrate the articular cartilage at the knee joint. The extensor mechanism (quadriceps, patella tendon and patella) was returned to its original anatomical location. The internal incision was sutured with absorbable suture, and the skin sutured with non-absorbable suture.

[00285] Statistics.

[00286] Values are shown as the mean \pm s.e.m. All statistical analyses were generated using GraphPad Prism 5 (GraphPad Software). Student's t test was used for comparisons between two groups. Statistical significance was defined as $p < 0.05$.

EXAMPLE B-1

[00287] Functionally distinguished reserve and primed HSCs in mouse bone marrow. To explore the reserve HSC (hereafter rHSC(s)) subpopulation, a cell surface marker was adapted, CD49b (Integrin $\alpha 2$), which can distinguish intermediate-term from permanently long-term HSCs (LT-HSCs) (Benveniste et al., 2010; Qian et al., 2015; Wagers and Weissman, 2005; Yang et al., 2005). Intriguingly, it was found a CD48 $^-$ CD49b $^-$ subpopulation which exists only in

conventional LT-HSCs (CD34⁻Flk2⁻Lineage⁻ Sca-1⁺c-Kit⁺ (LSK) cells) but not in short-term HSCs (ST-HSCs; CD34⁺FLK2⁻LSK) or multipotent progenitor cells (MPPs; CD34⁺FLK2⁺LSK). It was proposed that the CD48⁻ CD49b⁻ LT-HSCs subpopulation enriches rHSCs and that the CD48⁻CD49b⁺ LT-HSCs subpopulation enriches primed HSCs (hereafter pHSC(s)) (Fig. 17A) and tested with a repopulation assay. It was found that both rHSCs and pHSCs supported hematopoiesis in lethally irradiated mice for up to 40 weeks after transplantation without significant difference (Fig. 17B), consistent with a previous report (Benveniste et al., 2010). However, transplanted pHSCs had very low efficiency in generating rHSCs (95.4% reduction) as well as ST-HSCs and MPPs (~78% reduction for both populations) in recipients compared to transplanted rHSCs, suggesting that rHSCs hierarchically precede pHSCs (Fig. 17C). Using the Scl-tTA-induced H2B-GFP label-retaining model, it was found that rHSCs significantly enriched more H2B-GFP^{high} cells compared to pHSCs (P=0.0039), indicating that rHSCs have slower cell cycle compared to pHSCs (Fig. 17D). Molecularly, it was found that rHSCs had higher expression of *Gadd45g*, *Cdkn1c* (encoding p57), and *Foxo1* that are all involved in maintaining G₀ phase of HSCs, and lower expression of cell cycle activators such as *Myc*, *Pcna*, *Ccng2*, and *Cdk4*. There was no difference in Ki67 expression between rHSCs and pHSCs, indicating that Ki67 expression alone is insufficient to distinguish the two HSC subpopulations (Fig. 17E).

[00288] Because the functional definition for rHSC is drug-resistance, rHSCs or pHSCs were transplanted into recipient mice and the mice were challenged with 5FU at 4 weeks post transplantation. As shown in Figure 17F, rHSCs were insensitive to 5FU treatment; however, pHSCs dramatically reduced their reconstitution ability (44% reduction at 20 weeks post transplantation). Taken

together, the data indicated that CD48⁻CD49b⁻ LT-HSC indeed enriched rHSCs that were resistant to chemotherapeutic treatment, whereas CD48⁻CD49b⁺ LT-HSC enriched pHSCs that were sensitive to chemotherapy; furthermore, the former gave rise to the latter but not vice versa in the transplantation assay.

[00289] The direct consequences of acute 5FU challenge on rHSCs and pHSCs were further analyzed. As shown in Fig. 17G, at 3 days post 5FU, around 92% of pHSCs were eliminated and only rHSCs survived, suggesting that rHSCs must have specifically turned on their DNA repair system to overcome the chemotherapeutic stress. To test this hypothesis, the transcriptome profiling of DNA damage response genes in rHSCs, pHSCs and rHSCs post 5FU treatment was analyzed. It was observed that rHSCs maintained a lower expression of genes involving the DNA damage repair system compared to pHSCs during homeostasis (Fig. 17H), but that most DNA repair pathways, such as DNA mismatch repair (MMR), nucleotide excision repair (NER), base excision repair (BER), and homologous recombination, (HR) were significantly activated in rHSCs under 5FU challenge (Fig. 17I). Furthermore, in parallel, a great number of stress response genes (Rodina et al., 2016), which primarily belong to Hsp90 and Hsp70 family, were also upregulated (1.8 ± 0.17-fold and 1.4 ± 0.1-fold respectively) (Fig. 17J), which partially explained how rHSCs survived and reconstituted the hematopoietic system under chemotherapeutic stress.

[00290] Taken together, the coexistence of pHSCs and rHSCs were functionally demonstrated in BM. Even with their quiescent state and active DNA-repairing pathways, pHSCs were still sensitive to chemotherapy, whereas rHSCs activated their DNA damage repair and stress response genes to survive

chemotherapeutic stress and give rise to pHSCs; thus, rHSCs play a critical role in supporting hematopoietic regeneration under severe stress.

Example B-2

[00291] Drug-resistant rHSCs predominantly localize in the endosteal region of bone marrow

[00292] Whether extrinsic mechanisms from the BM niche contributed to rHSC maintenance during hemostasis and under chemotherapeutic stress was further examined. To this end, whole mount HSC staining was performed, which simultaneously detected the relative distribution of rHSCs and pHSCs to bones (achieved by second-harmonic generation, SHG), megakaryocytes (MKs) or vessels within ~75 μ m thickness bone cavity (Fig. 18A-B). Our quantification data showed that 43.4% rHSCs and 31.0 % pHSCs were located within 10 μ m distance from vessels, and that 22.6% rHSCs and 24.6% pHSCs were located within 10 μ m from MKs (Fig. 18C-D), consistent with previous reports that the bulk of the HSC population resides in perivascular and sinusoid zones (Acar et al., 2015; Bruns et al., 2014; Chen et al., 2016; Zhao et al., 2014). Interestingly, it was noticed that 16.4% rHSCs compared to only 3.69% pHSCs located within 10 μ m from the bone surface (Fig. 2E). These data showed that both rHSCs and pHSCs were unbiasedly distributed to vessels and MKs, but that rHSCs were located significantly closer to endosteal bone surface compared to pHSCs ($P=0.00182$).

[00293] To test whether the endosteal region preserved rHSCs during chemotherapeutic stress, the distribution of rHSCs was examined at day 3 post 5FU treatment when pHSCs were eliminated (Fig. 18B). Interestingly, we found that ~55% of surviving rHSCs were preserved by the endosteal niche upon acute 5FU stress, which is a ~3.5-fold enrichment compared to homeostasis (Fig. 18E). However, there

was no significant difference in frequency of surviving rHSCs observed near vessels or MKs (Fig. 18C-D). Consistently, it was observed that only 4.24% of pHSCs survived acute 5FU stress as shown in Figure 17G. Next, the dynamic process of BM damage and the subsequent recovery after 5FU stress was studied by examining the BrdU-labeled surviving and proliferation cells. It was noticed that at day 2 post 5FU treatment, there was a large loss of the BrdU-labeled cells, indicating an active apoptosis induced by 5FU. At day 3 post 5FU treatment, it was observed that surviving BrdU⁺ cells (mostly single cells) were mainly detected adjacent to bone lining cells in the endosteal region (Fig. 24A-D). At day 3.5, it was observed that pairs of BrdU⁺ cells appeared at the endosteal surface, indicating activation and division of surviving cells. Starting and continuing at days 4 and 5, the number of proliferating cells gradually increased, and these cells were very often detected as clusters close to either vessels or potential adipocyte structures (~55% at day 4 and ~65% at day 6) (Fig. 24E-I). This observation suggested that bone surface was the niche where cells post 5FU initially survived. These cells were then activated and gave rise to daughter cells, the latter of which underwent expansion mainly in vessels or adjacent to megakaryocytes (Zhao et al., 2014). It was further confirmed that surviving 5FU-rHSCs were indeed detected often as single cells adjacent to the bone surface, and proliferating HSCs often associated with MKs or near the vessels. Surviving rHSCs (green, CD150+ Lin- CD49b-) at day 3 post 5FU treatment were often detected as single cells adjacent to the bone surface (white, SHG), and proliferating HSCs were often associated with MKs (CD150+ Lin+) or near the vessels (red, CD31+) (Fig. 29).

[00294] N-cad⁺ pre-osteoblastic cells in bone surface have been found resistant, whereas Osx⁺ osteoblasts have been found to be sensitive to 5FU

treatment and N-cad⁺ stromal cells have been found to give rise to Osx⁺ osteoblasts during recovery post 5FU treatment (Sugimura et al., 2012). A recent study showed dramatic depletion of LepR⁺ stromal cells in central marrow due to cell death 1 day following irradiation (Zhou et al., 2017). To track the early changes in vascular and endosteal niches, an apoptotic assay was performed at day 1 post 5FU treatment. It was found that the apoptotic CD31⁺VE-cadherin⁺ cells greatly increased 1 day post 5FU (Fig. 18F), consistent with previous reports of disrupted blood vessel structure post 5FU (Dominici et al., 2009; Sugimura et al., 2012). To study the endosteal niche, the *N-cad-tdTomato* (*N-cad-TdT*) mouse line was established in which the Tomato⁺ cells report N-cad expression in both central marrow and bone surface (Fig. 24J). A marked increase of apoptotic N-Cad driven Tomato⁺ cells in the central marrow was noticed, whereas the Tomato⁺ cells in endosteal zone remained stable 1 day post 5FU (Fig. 18G). At day 3 post 5FU treatment when hematopoietic regeneration started, N-Cad driven Tomato⁺ cells in central marrow as well as in bone surface increased by 2.2-fold and 1.7-fold respectively (Fig. 18H, Fig. 24K). The number of CD31⁺ vessel cells also increased but showed a dilated and damaged architecture (Fig. 18I). Taken together, previous reports and this data showed that vessels and associated stromal cells in the perivascular niche, including LepR⁺ and N-cad⁺ cells, suffered immediate damage and were sensitive to 5FU stress, whereas N-cad⁺ endosteal stromal cells remained stable.

[00295] The data partially explain previous findings that most HSCs are predominantly distributed in perivascular and sinusoidal zones (Acar et al., 2015; Chen et al., 2016; Kunisaki et al., 2013). pHSCs which account for 51.3% of the quiescent HSC population are near perivascular and sinusoid zones in homeostasis. Under stress, however, rHSCs reside closer to the bone surface survive

chemotherapeutic stress. Collectively, the data indicate that the endosteal niche plays a critical role in protecting rHSCs from chemotherapy.

Example B-3

[00296] N-Cad⁺ niche cells maintain functional HSCs including rHSCs in bone marrow

[00297] Though N-cad⁺ stromal cells were the first identified HSC niche cells, and though N-cad⁺ stromal cells at the endosteal niche were resistant while Osx⁺ osteoblasts were sensitive to chemotherapy, a direct evidence for N-cad⁺ functionally supporting HSCs was still missing due to lack of proper genetic mouse lines. According to aspects herein, the *N-cad-CreER^T* line was generated (Fig. 25A) and showed that N-cad⁺ stromal cells gave rise to both Col2.3-GFP⁺ osteoblastic cells and perivascular cells (Fig. 25B). A previous study showed that depleting the mature Col2.3-GFP⁺ osteoblasts did not affect overall engraftment of BM cells (Ding et al., 2012; Greenbaum et al., 2013), but only caused impaired regenerative capacity of a subset of LT-HSCs (Bowers et al., 2015). Though N-cad⁺ stromal cells developmentally proceed Osx⁺ osteoprogenitor cells, which further give rise to mature Col2.3⁺ osteoblasts, a functional contribution to HSC maintenance by N-cad⁺ stromal cells is unknown. To investigate the HSC niche role of N-cad⁺ cells, *N-cad-CreER^T* induced DTR (encoding diphtheria toxin receptor) line (*N-cad-CreER^T;iDTR*) was generated, in which N-cad⁺ niche cells were rendered sensitive to diphtheria toxin (DT). Three tamoxifen (TMX) injections were administered and followed with intraperitoneal injections of DT (one injection every other day) to the *N-cad-CreER^T;iDTR* mice and analyzed them on the first day after the last injection (Fig. 19A). The efficient ablation was observed of N-cad⁺ stromal cells in *N-cad-CreER^T;iDTR*; *R26-tdT* compared to *N-cad-CreER^T*; *R26-tdT* mice treated

concurrently with DT (Fig. 19B). Whether N-cad⁺ cell ablation would affect HSCs *in vivo* was further examined. After ablating N-cad⁺ cells, no significant change was observed of cellularity in BM compared to controls (Fig. 19C). However, the numbers of HSCs were dramatically reduced: rHSCs (65.0% reduction), pHSCs (60.0% reduction), ST-HSCs (59.6% reduction), and MPPs (29.3% reduction) (Fig. 19D). This indicated that N-cad⁺ niche cells contributed to the most primitive, including reserve, HSC maintenance.

[00298] A transplantation assay was also performed to test the functional HSC numbers in N-cad⁺ stromal cell ablated mice. It was found that bone marrow cells from N-cad⁺ stromal cell ablated mice gave significantly lower levels of donor cell reconstitution (28.3% reduction at 20 weeks) (Fig. 19E) with reduced myeloid cell production (24.5% to 17.1%) (Fig. 19F). To further investigate whether N-cad⁺ niche cells contributed to maintaining the long-term self-renewal of HSCs, a secondary transplantation was conducted at 20 weeks post the primary transplantation. It was observed that BM cells from the N-cad⁺ stromal cell ablated mice had deeper reduction of donor cell reconstitution capacity in the secondary transplantation (40.5% reduction at 16 weeks) (Fig. 19G), although they were capable of multilineage reconstitution (Fig. 19H).

[00299] Furthermore, we found that conditional knockout of Cxcl12 from N-cad⁺ stromal cells significantly reduced pHSCs (48% reduction) and ST-HSCs (28.8% reduction), but no significant reduction was observed in rHSCs. There was a slight albeit insignificant increase of MPPs. (Figure 19I). Conditional deletion of SCF from N-cad⁺ stromal cells significantly reduced rHSCs (60% reduction), pHSCs (38.6% reduction), and ST-HSCs (53.7% reduction), but with a slight increase in MPPs (Figure 19J). Overall, we provided the first functional evidence that N-cad⁺

niche cells contributed to HSC maintenance, including rHSCs, via producing maintenance factors.

Example B-4

[00300] Transcriptome analysis for hematopoietic cells and their BM niche cells

[00301] To understand the molecular mechanisms governing how different niche cells contribute to HSC subpopulation regulation, a transcriptome profiling analysis was performed on 4 types of hematopoietic stem and progenitor cells (HSPCs) during homeostasis and on rHSCs at day 3 post 5FU, as well as on 10 types of BM niche cells. The BM niche cells were harvested from different niche zones of endosteum (B) and central bone marrow (M) (Fig. 26A-B). The pearson distance tree and principal component analysis (PCA) data showed that rHSCs and pHSCs shared a unique transcriptome profiling compared to ST-HSCs and MPPs (Fig. 20A). Interestingly, rHSCs post 5FU treatment appeared to be closer to pHSCs (Fig. 20B), suggesting that surviving rHSCs were primed for activation to support subsequent hematopoietic regeneration post chemotherapy.

[00302] It was found that the rHSCs enriched most of the published HSC specific markers, such as *Slamf1* (CD150), *H19*, *Ctnna1* (α -Catulin), *Fgd5*, *vWF*, *Tek*(*Tie2*), *Procr*(*Epcr*), *Hoxb5* and *Meg3* (or *Gtl2*) (Acar et al., 2015; Chen et al., 2016; Qian et al., 2015; Sanjuan-Pla et al., 2013; Venkatraman et al., 2013). Particularly, *vWF* in rHSCs were 6.1-fold higher than in pHSCs, suggesting that rHSCs enriched most of the *vWF*⁺ HSCs which reside at the apex of the HSC hierarchy (Sanjuan-Pla et al., 2013). Consistently, progenitor signature genes such as *CD34*, *CD48*, and *Flt3(Flk2)* and *Itga2* (*CD49b*) had low expression in rHSCs (Acar et al., 2015; Chen et al., 2016; Gazit et al., 2014). Interestingly, rHSCs post

5FU had high expression levels of *CXCR4*, *Ctnna1* (α -Catulin)(Park et al., 2002), *Esam* (Endothelial cell-selective adhesion molecule) and *CD150* (encoding *Slamf1*, signaling lymphocytic activated molecule), consistent with their functions associated with the converted primed state (Fig. 20E).

[00303] In niche cell analysis, it was found the N-cad driven tdTomato (N-cad-TdT) (M) had a very similar transcriptome profile compared to other niche cells with mesenchymal stem cell (MSC) potential such as LepR, Cxcl12-RFP, and Nestin-GFP cells in both pearson distance tree (Fig. 20C) and PCA analysis (Fig. 20D), suggesting that N-cad⁺ cells might have MSC potential and similar function in regulating HSCs. Interestingly, NG2-RFP cells had a very similar transcriptome profile to Col2.3-GFP⁺ osteoblasts (Fig. 20C-D). It was also found that NG2-RFP cells were predominantly restricted to endosteum in the epiphysis or diaphysis, though they were also detected in the peri-arterial region (Fig. 26C).

[00304] It was found that *Pecam* (CD31), *CDH5* (VE-cadherin) were enriched in Pecam-GFP⁺ endothelial cells. *PF4* and *Adgre1* were enriched in MKs and macrophages (Macs). *Cspg4* (NG2) was enriched in NG2-RFP cells. Nestin-GFP cells did not have endogenous *Nestin* (*Nes*) expression, consistent with previous reports (Ding et al., 2012; Greenbaum et al., 2013). Interestingly, it was found that several marker genes such as *Kitl* (SCF), *LepR*, *Cdh2* (N-cadherin, N-CAD), *Cxcl12*, *Pdgfra* were broadly expressed in perivascular niche cells (Fig. 20F). N-cad-TdT(B) cells isolated from the endosteal zone also had high levels of SCF, *Cxcl12*, *LepR* and *Pdgfra* expression compared to other cells from the endosteal zone, such as Col2.3-GFP and NG2-RFP cells (Fig. 20F). Our GO term analysis showed that Col2.3-GFP, Pecam-GFP, MK and Mac cells highly enriched RNA metabolism, protein metabolism, other metabolism pathways and translation activities, indicating

that these cells were in a relatively active functional state compared to N-cad-TdT cells and other perivascular zone cells which were in a relatively lower metabolic state. Endothelial cells and perivascular cells had immune system process and stress response activities (Fig. 20G). Because N-cad⁺ cells had transcriptome profiles similar to other MSCs such as LepR⁺, Cxcl12-RFP, and Nestin-GFP cells, we next analyzed and compared stromal development related genes from different niche cells (Fig. 20H). It was found that Col2.3-GFP cells enriched osteoblast gene *Col1a* and progenitor cell gene *Ly6a* (SCA1) (Yang et al., 2014). N-Cad-TdT(B) cells from the endosteal region enriched chondrocyte genes *Spock1*, *Col2a1* and *Col1a2* and bone development genes such as *Tnc*. Interestingly both N-Cad-TdT(B) and N-Cad-TdT(M) enriched most of the mesenchymal stem and progenitor cell (MSPC) genes such as *Prrx1*, *Pdgfrb*, *Pdgfra*, *Sp7*, *Sox9* and *Grem1*. Marrow harvested NG2-RFP cells also had higher levels of MSPC gene expression, such as *Alcam*, *Sp7*, *Mcam*, *Sox9* and *Gli1*, but with high level osteoblast and chondrocyte related genes such as *Col1a1*, *Col2a1*, and *Col1a2*. It was also found that among all perivascular niche cells, LepR⁺ cells exclusively enriched *Gla* as well as several osteoblast and chondrocyte markers such as *Atf4* and *Tnc*. Cxcl12-RFP cells significantly enriched MSPC gene *Itgav*. Furthermore, *Grem1* was enriched in N-Cad-TdT(B) and in all perivascular niche cells but not in NG2-RFP cells.

[00305] Consistent with earlier data, Col2.3-GFP cells were enriched for more mature osteo-lineage genes (*Dmp1*, *Col1a1*, *Spp1*, *Bglap*). Nestin-GFP, Cxcl12-RFP and LepR were consistent with their known role in enriching MSC genes (*Prrx1*, *Pdgfra*, *Itgb1*, *Grem1* (Fig. 20H). Interestingly, apart from expressing MSC genes, N-Cad-TdT(M) and N-Cad-TdT(B) were enriched for chondrogenic (*Sox9*, *Col2a1* and *Tnc*), adipogenic (*Cebpa*, *Ppary*, *Adipoq*) and osteogenic (*Col1a1*,

Runx2) genes, suggesting a tri-potential nature of N-Cad⁺ stromal cells. Surprisingly, NG2-RFP was enriched for both bone development genes (*Dmp1*, *Bglap*, *Sp7*, *Runx2*, *Col1a1*) and chondrogenic genes (*Sox9*, *Col2a1* and *Tnc*), suggesting an osteo-chondrogenic role (Fig. 26D-E). These data strongly indicated the heterogeneity of the MSPCs in BM.

Example B-5

[00306] *N-cad-CreER^T* induced reporter cells largely overlap with LepR⁺ and Cxcl12⁺ stem/stromal cells

[00307] To confirm the transcriptional analysis, N-cad *in vivo* lineage tracing was performed using the *TdT* or *ZsG* reporter, and found that, at day 3 post induction, *N-cad-CreER^T* lineage traced cells partially overlapped with Cxcl12-RFP and Nestin-GFP cells (Fig. 20I). Moreover, 98.3% and 97.9% *N-cad-CreER^T* derived cells were positive for LepR and *Pdgfra* expression respectively (Fig. 20J). This result further supported that N-cad⁺ stromal cells have MSC potential as suggested by the transcriptome analysis. To analyze the lineage potential of N-cad⁺ stromal cells, colony-forming unit-fibroblasts (CFU-F) assay was performed to test their proliferating capacity. It was found that the majority of reported niche cells, whether from endosteal zone or from perivascular zone, had one out of fewer than 10 cells with CFU-F activity, apart from Nestin-GFP⁺ cells, which had only one out of 17.6 cells with CFU-F activity. N-cad⁺ cells from bone had one cell with CFU-F activity out of 8.79 cells. *N-cad-CreER^T* derived bone cells had 1 in 10.7 cells with CFU-F activity, and *N-cad-CreER^T* derived marrow cells had 1 in 7.37 cells. (Fig. 20K). Most CFU-F colonies maintained *tdTomato* signals (Fig. 21A-B), suggesting that N-cad⁺ cells were the main source of MSPCs with CFU-F activity.

Example B-6

[00308] N-cad⁺ stromal cells give rise to osteoblasts, chondrocytes, and adipocytes *in vitro* and *in vivo*

[00309] To test the MSC potential of N-cad⁺ cells, *in vitro* differentiation assay was performed by splitting cells obtained from individual CFU-F colonies formed by N-cad⁺ cells into three aliquots and sub-cloned them into cultures permissive for bone, fat, or cartilage cell differentiation. It was found that Tomato⁺ cells underwent multilineage differentiation, giving rise to Alkaline phosphate-positive osteoblastic cells, Oil-red-O-positive adipocytes, and Aggrecan-stained and Toluidine-blue-positive chondrocytes (Fig. 21C-E).

[00310] To characterize *in vivo* function of N-cad⁺ stromal cells, the dynamic anatomical distribution of N-cad derived cells was analyzed after one dose of TMX treatment (Fig. 21F, G). Interestingly, detected N-cad derived cells were detected in metaphysis of trabecular as early as 6 hours post TMX, but only very few cells were seen in central marrow, suggesting that a large portion of N-cad⁺ cells originated from the endosteal region (Fig. 21H). It was also observed that the number of N-cad derived cells increased by 2.2 ± 0.2 -fold in trabecular bone region from 1 to 2 weeks post TMX treatment and remained stable afterwards; in cortical bone region, the cell number increased by 2.95 ± 0.2 -fold at 2 weeks post TMX, but then declined at 6 weeks post TMX, suggesting that N-cad⁺ cells in trabecular bone region were more quiescent compared to cortical bone region. Moreover, N-cad derived cells continuously increased in central marrow up to 6 weeks, suggesting that N-cad derived cells might be proliferating and differentiating within this area (Fig. 21I).

[00311] Next, an *in vivo* lineage tracing assay was performed and it was observed that N-cad⁺ cells generated Col2.3-GFP⁺ osteoblasts (Dacic et al., 2001) in a time dependent manner (Fig. 22A, Fig. 27A-B). N-cad-derived osteoblasts were

detected in the peri-trabecular region as early as 6 hours post TMX induction (Fig. 22B) and in the compact bone region at 14 hours post TMX induction (Fig. 22C). Further analysis showed that at 6 hours post TMX, immature N-cad⁺ Col2.3⁻ cells (1.1% ± 0.2%) were 10-times more enriched in trabecular bone region compared to cortical bone region (0.11% ± 0.04%) (Fig. 22D, E). Consistently, more immature N-cad⁺Col2.3⁻ cells were enriched in trabecular bone region compared to compact bone region at 24 hours and 2 weeks post TMX induction (Fig. 22F). At 4 weeks post TMX induction, a large portion of Col2.3-GFP cells (72% ± 6%) were derived from N-cad⁺ cells (Fig. 22G).

[00312] It was further observed that at 4 weeks post TMX injection, N-cad⁺ stromal cells generated adipocytes in the trabecular bone region, particularly the endosteal cells, (Fig. 22H), and this was further confirmed by BODIPY lipid probe staining (Fig. 22I). Interestingly, the frequency of N-cad⁺ derived adipocytes increased quickly initially and declined later on, as evidenced by the quantification that 39.3% ± 4.5%, 77.1% ± 6.7% and 17.2% ± 3% of N-cad⁺ derived cells were observed at 6, 14 and 24 hours respectively after TMX induction, suggesting that adipocytes might have a frequent turnover rate (Fig. 22J-K, Fig. 27C-E). Collectively, the data demonstrated that N-cad⁺ stromal cells generated both osteoblast and adipocyte lineages *in vivo* during homeostasis in adult mice.

[00313] Furthermore, it was found that Ncad+ MSCs were enriched > 10-fold as compared to other markers. For example, as shown in Fig. 30, just 10K Ncad+ hMSCs produced even higher human thrombopoietin (THPO or TPO) than total hMSCs *in vivo*. Similarly, Ncad- hMSCs exhibited a function similar to the total hMSCs. Accordingly, isolating MSC with N-cadherin antibodies can provide for enrichment of the MSC population.

Example B-7

[00314] N-cad⁺ stromal cells give rise to chondrocytes during development and post injury

[00315] Chondrogenesis is active in fetal development and rarely active in adulthood (Raghunath et al., 2005; Sophia Fox et al., 2009). In mice with TMX induction at postnatal day 2 (P2), no Tomato expression was detected among Aggrecan⁺ chondrocytes in the femur of *N-cad-CreER^T; R26-tdT* mice (Fig. 28A) despite Tomato⁺ osteoblasts and perichondrocytes being adjacent to the growth plate. After *N-cad-CreER^T; R26-tdT* mice were induced with TMX at 1 or 2 weeks when the growth plate develops, Tomato⁺ chondrocytes in cartilages of femur or tibia remained undetectable (data not shown). TMX induction was started to *N-cad-CreER^T; R26-tdT* mice at embryonic stage E12.5, when MSCs were undergoing condensation and chondrocyte differentiation in the fetal bone (Fig. 23A). It was found that the majority of undifferentiated N-cad derived tdT⁺ cells were located peripherally, with differentiated N-cad derived Tomato⁺ chondrocytes located in the central region of the rib at E14.5 embryos (Fig. 23B). Importantly, in the trabecular region of femur at P2, N-cad derived chondrocytes were detected in both the columnar zone where the secondary ossification center forms, and in the superficial zone, which is imperative to resist the sheer force for deeper layer protection (Fig. 23C, D). Consistently, N-cad derived adipocytes were detected at 2 months and up until 10 months after birth (Fig. 23E, Fig. 28B), suggesting that N-cad + cells contributed to early and long-term adipogenesis during development. However, N-cad⁺ cells derived Osteopontin⁺ osteoblast and osteocyte were detected at 2 months after birth but not at early P2 (Fig. 23F, Fig. 28C). These data demonstrated that

embryonic N-cad-derived cells gave rise to all three osteo-adipogenic-chondrogenic lineages, and only N-cad⁺ at embryonic stage could efficiently form chondrocytes.

[00316] Whether N-cad⁺ cell could generate chondrocytes in adult mice post injury was next investigated. Cartilage perforation was performed in *N-cad-CreER^T*; *R26-tdT* mice that received TMX induction at E12.5 (Fig. 23G). At 2 to 3 weeks post cartilage damage, we found that N-cad derived chondrocytes were clustered in the callus at the damage site with a 2-fold increase compared to undamaged control mice (Fig. 23H-I). The femorotibial joint was swollen due to articular cartilage damage in mice post-surgery (Fig. 28D). Alcian blue positive cells with a typical chondrocyte feature were dramatically increased in the post injury region (Fig. 23J), indicating that N-cad⁺ MSCs quickly regenerated chondrocytes in response to injury.

[00317] Taken together, the data proved that N-cad-derived cells induced at the fetal stage (E12.5) could give rise to chondrocyte progenitor in adults and support chondrocyte regeneration in response to injury.

[00318] **Discussion**

[00319] **rHSCs vs. pHSCs**

[00320] The heterogeneity of HSCs has been widely studied. HSCs can be maintained in either active, quiescent or deeply quiescent states. It is well known that the quiescence characterization of HSCs is functionally related to their long-term self-renewal potential (Foudi et al., 2008; Wilson et al., 2008). However, how the quiescent HSC population overcomes the consequence of myeloablation *in vivo* is an unanswered question. In spite of their quiescence, the majority of HSCs cannot survive chemotherapeutic stress such as 5FU (Longley et al., 2003). According to aspects herein, it was found that a small portion of the HSC subpopulation could survive 5FU treatment in primary mice and were resistant to 5FU treatment in

transplantation model. Thus, this HSC subpopulation is defined as rHSCs, while other quiescent but chemotherapeutic sensitive HSC subpopulations are defined as pHSCs (Li and Clevers, 2010). Although both HSC subpopulations supported long-term hematopoiesis in transplantation experiments, pHSCs rarely gave rise to rHSCs, whereas the latter were able to give rise to pHSCs. Mechanistically, it was found that rHSCs have an attenuated DNA repair system compared to pHSCs during homeostasis, but rHSCs can quickly activate their DNA repair pathways and the stress-response program to survive chemotherapeutic stress, and support subsequent hematopoiesis to overcome the consequence of myeloablation.

[00321] Niche matters in term of conferring resistance to chemotherapy

[00322] To explore an extrinsic mechanism underlying the chemo-resistance of rHSCs, an idea was tested that they were preserved in a specific microenvironment in BM. Using whole mount HSC staining (Kunisaki et al., 2013), it was first observed that the bulk of HSCs were associated with vessels and MKs as previously reported. However, it was surprisingly found that the rHSCs were predominantly associated with the endosteal niche compared to pHSCs during homeostasis and post 5FU treatment. This indicated that the endosteal niche could form a distinct BM microenvironment to protect rHSCs from chemotherapeutic stress. Consistently, upon chemotherapeutic stress, most rHSCs were protected in the endosteal niche that enriches chemo-resistant N-cad⁺ stromal cells, whereas the vessel and perivascular cells were sensitive to 5FU treatment, accounting for a large loss of pHSCs induced by chemotherapy. The whole mount HSC staining was done in sternum which has abundant bone branches and extensions inside the marrow. This feature makes it very similar to the trabecular bone region in the femur. The transplantation assay showing that depletion of N-cad⁺ niche cells affected HSC

maintenance, including rHSCs, supports this notion. HSC quiescence also correlated with their low metabolic state, which may be considered analogous to 'sleeping', and was termed as HSC dormancy or hibernation (Takubo et al., 2013; Wilson et al., 2008; Yamazaki et al., 2011). However, it was further showed according to aspects herein that quiescence was not the only mechanism underlying drug resistance; instead, both the intrinsic stress-response program and the extrinsic niche protection contributed to drug resistance.

[00323] Identity and function of N-cad stromal cell in HSC maintenance in the BM niche

[00324] N-cad⁺ stromal cells were the first identified HSC niche cells (Zhang et al., 2003) and confirmed by subsequent studies (Arai et al., 2004; Sugiyama et al., 2006). N-cad⁺ cells were initially proposed as osteoblastic progenitor cells based on their endosteal location. According to aspects herein, by using two reporter lines, it was found that N-cad⁺ stromal cells were distributed in both endosteal region and perivascular sites. More intriguingly, it was found that the majority of N-cad⁺ cells overlapped with LepR⁺ cells and Pdgfra⁺ cells. Transcriptional analysis showed that N-cad⁺ cells, LepR⁺ cells, Cxcl12-RFP (CAR) cells and Nestin-GFP cells had a very similar gene expression pattern. The data strongly indicated that the long-standing controversy of HSC niche concepts might very likely be due to different cell markers being used rather than to their cellular identities.

[00325] To determine the identity of N-Cad⁺ stromal cells, their regional distribution was visualized relative to other known niche cells in the bone marrow using different niche reporter mice. N-Cad⁺ stromal cells generated 72% \pm 6% Col2.3-GFP⁺ cells; however, 9.3% \pm 4.7% N-cad⁺Col2.3GFP⁻ cells were also detected in the endosteal region. These immature cells accounted for the primitive MSCs, which could

explain the insufficient efficiency of Col2.3-Cre genetic model in HSC niche function studies (Ding and Morrison, 2013; Ding et al., 2012; Greenbaum et al., 2013). Though both N-Cad-TdT⁺ and Nestin-GFP⁺ were enriched in the trabecular region, N-Cad-TdT⁺ was concentrated in the trabecular region where engraftment of transplanted HSCs was detected as previously reported (Nilsson et al., 2001; Xie et al., 2009) and survived after stress as observed here. All these data indicated that although N-cad⁺ cells share a similar transcriptome profile with other MSCs, their anatomic distribution may indicate their unique HSC niche function; indeed, it was shown that the N-cad⁺ endosteal niche cell plays a critical role in preserving rHSCs.

[00326] By using an inducible DTR system, it was found that ablation of N-cad⁺ cells eliminated both pHSCs and rHSCs in BM. This could be explained by the anatomical distribution of N-cad⁺ niche cell in both endosteal and perivascular zones. Furthermore, it was shown that N-cad expression could be detected in a subset of HSCs; however, the *N-cad-TdT* reporter mouse lines did not support this observation (data not shown). This could be partially explained by the inconsistency between their protein and transcription levels, because another mouse line of N-cad-mCherry (fusion at protein level) indeed had a small subset of HSCs (CD49b⁻CD34⁻Flt2⁻LSK) showing a low level of N-cad expression (primary observation). The functional transplantation data showed that ablation of N-cad⁺ niche cells resulted in the reduced HSCs including rHSCs. By deletion of Cxcl12 and SCF from N-cad⁺ cells, it was found N-cad⁺ stromal cells contributed to HSC maintenance and regulation by producing these two factors. Overall, aspects herein demonstrate that N-cad⁺ stromal cells function as MSCs and support primitive HSC maintenance, especially under stress.

[00327] Transplantation of hematopoietic stem cells (HSCs) from human umbilical cord blood (hUCB) holds great promise for treating a broad spectrum of hematological disorders including cancer, but the limited number of HSCs in a single hUCB unit can restrict its widespread use. Although extensive efforts have developed multiple methods for *ex vivo* expansion of human HSCs by targeting single molecules or pathways, it has been unknown whether simultaneously manipulating a large number of targets essential for stem cell self-renewal could be achievable. Recent studies have emerged that N⁶-methyladenosine (m⁶A) modulates expression of a group of mRNAs critical for stem cell fate determination by influencing their stability. Among several m⁶A readers, Ythdf2 is well recognized to promote the targeted mRNA decay. However, the physiological functions of Ythdf2 on adult stem cells are still elusive. Embodiments herein demonstrate that conditional knockout (KO) mouse *Ythdf2* increased phenotypic and functional HSC numbers, but neither skewed lineage differentiation nor led to hematopoietic malignancies. Furthermore, knockdown (KD) of human *YTHDF2* led to over 10-fold increase in *ex vivo* expansion of hUCB HSCs, 5-fold increase in colony-forming units (CFUs), and more than 8-fold increase in functional hUCB HSCs in the 2 rounds of limiting dilution transplantation assay. Mechanistically, m⁶A mapping of RNAs from mouse hematopoietic stem and progenitor cells (HSPCs) as well as from hUCB HSCs revealed m⁶A enrichment on mRNAs encoding transcription factors critical for stem cell self-renewal. These m⁶A-marked mRNAs were recognized by Ythdf2 and underwent mRNA decay. In *Ythdf2* KO HSPCs and *YTHDF2* KD hUCB HSCs, these mRNAs were stabilized, leading to an increase in protein levels and facilitating HSC expansion which can be rescued by knockdown the mRNA, such as *Tal1* mRNA. Therefore, embodiments show the function of Ythdf2 in adult stem cells maintenance

and identify an important role of Ythdf2 in regulating HSC *ex vivo* expansion via the mechanism of controlling the stability of multiple mRNAs critical for HSC self-renewal, thus having a strong potential for future clinical applications.

[00328] Furthermore, regulation of hematopoietic stem cells (HSCs) by the bone marrow (BM) niches has been substantially studied; however, whether and how HSC subpopulations are distinctively regulated by different BM niches remain largely unclear. Here, reserve HSCs (rHSCs) have been functionally distinguished from primed HSCs (pHSCs) and their respective BM niches have been further examined. It has been found that both pHSCs and rHSCs could support long-term hematopoiesis under homeostasis; however, pHSCs were sensitive to chemotherapy, whereas rHSCs survived chemotherapy and supported subsequent regeneration after myeloablation. The whole-mount HSC distribution study revealed that rHSCs were preferentially maintained in the endosteal region that enriches N-cadherin⁺ bone-lining cells during homeostasis and post-chemotherapy. pHSCs were predominantly associated with blood vessels which were vulnerable to chemotherapy compared to bone. Transcriptome profiling and *in vivo* lineage tracing results showed N-cadherin⁺ stromal cells to be functional mesenchymal stem cells, which gave rise to osteoblasts, adipocytes, and chondrocytes during development and regeneration. Finally, it was demonstrated that ablation of N-cadherin⁺ niche cells or deletion of either *Scf* or *Cxcl12* from N-cadherin⁺ niche cells affected HSC number and maintenance.

Example C

[00329] **Expansion of CAR-T cells using shRNA**

[00330] The effect of manipulating Ythdf2 on the expansion of CAR-T cells is being assessed using lentivirus driven human Ythdf2 shRNAs. Successful cloning

of YTHDF2 shRNA in a CAR-T lentivector has occurred. The lentivirus has been used to infect human CAR-T cells, and the expansion of the human CAR-T cells is in progress. The expansion is expected to take days to weeks for results. It is believed that significantly enhanced expansion will be demonstrated in the lentivirus-infected CAR-T cell population as compared to a CAR-T control population.

[00331] All sequencing data, including the m⁶A-seq, irCLIP-seq and RNA-seq datasets, are available through the Gene Expression Ombibus (GEO) under accession GSE107957.

[00332] Original Data Repository at
<http://www.stowers.org/research/publications/LIBPB-1248>.

[00333]

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TABLE S1**Table S1. Key transcription factors critical for HSC self-renewal and maintenance are labeled by m6A in HSPCs.**

Gata2

Gfi1

Pbx1

Lmo2

Etv6

Erg

Runx1

Tal1

Hoxa9

Meis1

Kmt2a

Kmt2b

Kmt2c

Kmt2d

Bmi1

Sox4

Evi1

Stat3

Stat5a

Hoxb4

Zfx

Foxo3

Foxp1

TABLE 54

Table S2. Ythdh2-targeted mRNAs from three irCLIP-seq replicates.

DN SMU15G00000000002690 *Ufif19* protein_coding complement factor H-related 2 [Source:MI:SymbolAcc:MI:01113791]
 DN SMU15G00000000002691 *Hmox2* protein_coding regulator of copper homeostasis 2 [Source:MI:SymbolAcc:MI:000971]
 DN SMU15G00000000002692 *Hmox3* protein_coding regulator of copper homeostasis 1 [Source:MI:SymbolAcc:MI:0230890]
 DN SMU15G00000000002693 *Hmox4* protein_coding regulator of copper homeostasis 3 [Source:MI:SymbolAcc:MI:02309498]
 DN SMU15G00000000002694 *Smn3c* protein_coding family with eukaryote similarity 3, member 3 [Source:MI:SymbolAcc:MI:000251]
 DN SMU15G00000000002695 *Smn2a* protein_coding phospholipase A2, group IVa (sphingomyelin calcium-dependent) [Source:MI:SymbolAcc:MI:01159236]
 DN SMU15G00000000002696 *Tpr* protein_coding translocated protein 1 region [Source:MI:SymbolAcc:MI:0122686]
 DN SMU15G00000000002697 *Hmox1* protein_coding hemoxin 1 [Source:MI:SymbolAcc:MI:0230547]
 DN SMU15G00000000002698 *Inslabp* protein_coding influenza virus M2A1 binding protein [Source:MI:SymbolAcc:MI:01122259]
 DN SMU15G00000000002699 *Ufif2* protein_coding ring finger protein 2 [Source:MI:SymbolAcc:MI:00027359]
 DN SMU15G00000000002700 *Ufif20* protein_coding family with eukaryote similarity 20, member 2 [Source:MI:SymbolAcc:MI:01137239]
 DN SMU15G00000000002701 *Cd63a* protein_coding ER degradation enhancer, mannosidase alpha-like 2 [Source:MI:SymbolAcc:MI:0101817]
 DN SMU15G00000000002702 *Ufif21* protein_coding ERG15-like endoplasmic reticulum protein, like 1 [Source:MI:SymbolAcc:MI:0002464]
 DN SMU15G00000000002703 *Smg7* protein_coding Smg7 homolog, nonsense mediated mRNA decay factor, C, class 7 [Source:MI:SymbolAcc:MI:0103356]
 DN SMU15G00000000002704 *Ufif22* protein_coding DEAH (Asp-Glu-Ala-His) box polypeptide 9 [Source:MI:SymbolAcc:MI:0002777]
 DN SMU15G00000000002705 *Ufif23* protein_coding regulator of G protein signalling 3 [Source:MI:SymbolAcc:MI:0106498]
 DN SMU15G00000000002706 *Ufif24* protein_coding regulator of G protein signalling 4 [Source:MI:SymbolAcc:MI:00026807]
 DN SMU15G00000000002707 *Ufif25* protein_coding glutamyl aminopeptidase 2 (glutamin synthetase) [Source:MI:SymbolAcc:MI:01035529]
 DN SMU15G00000000002708 *Ufif26* protein_coding KIN80 GTPase [Source:MI:SymbolAcc:MI:00026728]
 DN SMU15G00000000002709 *Smn27a* protein_coding predicted protein 27a [Source:MI:SymbolAcc:MI:01107563]
 DN SMU15G00000000002710 *Cesn50* protein_coding centrosomal protein 50 [Source:MI:SymbolAcc:MI:01221552]
 DN SMU15G00000000002711 *Torsa2p1* protein_coding tRNA: tRNA interacting protein X [Source:MI:SymbolAcc:MI:0102689]
 DN SMU15G00000000002712 *Torsa2p2* protein_coding tRNA: tRNA interacting protein Y [Source:MI:SymbolAcc:MI:0102689]
 DN SMU15G00000000002713 *Ufif27* protein_coding nephrotub 2 homolog, predicted protein 27 [Source:MI:SymbolAcc:MI:0115710]
 DN SMU15G00000000002714 *Ufif28* protein_coding sterol O-acyltransferase 1 [Source:MI:SymbolAcc:MI:0004881]
 DN SMU15G00000000002715 *Ufif29* protein_coding v-ATPase subunit 10 homolog 1, homolog 2 (v-ATPase-related genes) [Source:MI:SymbolAcc:MI:00027080]
 DN SMU15G00000000002716 *Ufif29b* protein_coding v-ATPase subunit 10 homolog 2 [Source:MI:SymbolAcc:MI:00027080]
 DN SMU15G00000000002717 *Ufif29c* protein_coding family with eukaryote similarity 29, member 2 [Source:MI:SymbolAcc:MI:00026905]
 DN SMU15G00000000002718 *Ufif29d* protein_coding family with eukaryote similarity 29, member 3 [Source:MI:SymbolAcc:MI:00026905]
 DN SMU15G00000000002719 *Ufif29e* protein_coding family with eukaryote similarity 29, member 4 [Source:MI:SymbolAcc:MI:00026905]
 DN SMU15G00000000002720 *Ufif29f* protein_coding ring finger protein 29 [Source:MI:SymbolAcc:MI:01220746]
 DN SMU15G00000000002721 *Ufif29g* protein_coding RING3 CCHC (C2H) domain 1 [Source:MI:SymbolAcc:MI:02303597]
 DN SMU15G00000000002722 *Ufif29h* protein_coding keratinin 4 [Source:MI:SymbolAcc:MI:00022359]
 DN SMU15G00000000002723 *Riken046553852* protein_coding RIKEN cDNA 046553852 gene [Source:MI:SymbolAcc:MI:01322128]
 DN SMU15G00000000002724 *Ufif29i* protein_coding phosphotyrosine kinase and anchor kinase/heat shock protein 24 [Source:MI:SymbolAcc:MI:01245424]
 DN SMU15G00000000002725 *Ufif29j* protein_coding enolase 1, muscle cell [Source:MI:SymbolAcc:MI:01315724]
 DN SMU15G00000000002726 *Ufif29k* protein_coding kinase associated protein [Source:MI:SymbolAcc:MI:01110140]
 DN SMU15G00000000002727 *Ufif29l* protein_coding DNA sequence 0002727 [Source:MI:SymbolAcc:MI:00026945]
 DN SMU15G00000000002728 *Ufif29m* protein_coding MAP3K, MAP3K-like, mitogen-activated protein kinase kinase kinase [Source:MI:SymbolAcc:MI:00026945]
 DN SMU15G00000000002729 *Ufif29n* protein_coding RCK1 domain containing 1 [Source:MI:SymbolAcc:MI:012478294]
 DN SMU15G00000000002730 *Ufif29o* protein_coding COX42 gene [Source:MI:SymbolAcc:MI:00026946]
 DN SMU15G00000000002731 *Ufif29p* protein_coding POU domain, class 2, transcription factor 9 [Source:MI:SymbolAcc:MI:01245424]
 DN SMU15G00000000002732 *Ufif29q* protein_coding uridine cyclase kinase 2 [Source:MI:SymbolAcc:MI:01212749]
 DN SMU15G00000000002733 *Ufif29r* protein_coding aldehyde dehydrogenase 2, cytochrome P450, family 2A3 [Source:MI:SymbolAcc:MI:01101633]
 DN SMU15G00000000002734 *Ufif29s* protein_coding pro-B cell leukaemia homeobox 1 [Source:MI:SymbolAcc:MI:02304559]
 DN SMU15G00000000002735 *Ufif29t* protein_coding U2AF homolog m off (U2AF) kinase 3 [Source:MI:SymbolAcc:MI:01151902]
 DN SMU15G00000000002736 *Ufif29u* protein_coding FG receptor, Ig, low affinity III [Source:MI:SymbolAcc:MI:01192209]
 DN SMU15G00000000002737 *Ufif29v* protein_coding NADH dehydrogenase (ubiquinone) Pe-2 [ubiquinol-2] [Source:MI:SymbolAcc:MI:02205112]
 DN SMU15G00000000002738 *Ufif29w* protein_coding poliovirus receptor-related 4 [Source:MI:SymbolAcc:MI:01245901]
 DN SMU15G00000000002739 *Ufif29x* protein_coding PMS2-like interacting protein 2 [Source:MI:SymbolAcc:MI:00026940]
 DN SMU15G00000000002740 *Ufif29y* protein_coding coatomer protein complex subunit alpha [Source:MI:SymbolAcc:MI:00026942]
 DN SMU15G00000000002741 *Ufif29z* protein_coding DDX30 and C10orf66 gene [Source:MI:SymbolAcc:MI:00026941]
 DN SMU15G00000000002742 *Ufif29aa* protein_coding trypsinogen 2 [Source:MI:SymbolAcc:MI:00026942]
 DN SMU15G00000000002743 *Ufif29ab* protein_coding centromeric protein 27a [Source:MI:SymbolAcc:MI:01210044]
 DN SMU15G00000000002744 *Ufif29ac* protein_coding serologically defined colon cancer antigen 6 [Source:MI:SymbolAcc:MI:01200446]
 DN SMU15G00000000002745 *Ufif29ad* protein_coding PMS2-like domain containing 1 [Source:MI:SymbolAcc:MI:01226973]
 DN SMU15G00000000002746 *Ufif29ae* protein_coding heterogeneous nuclear ribonucleoprotein U [Source:MI:SymbolAcc:MI:01226973]
 DN SMU15G00000000002747 *Ufif29af* protein_coding 2R7 and 4R10 domain containing 2 [Source:MI:SymbolAcc:MI:01219948]
 DN SMU15G00000000002748 *Ufif29ag* protein_coding centromeric inner centromere protein [Source:MI:SymbolAcc:MI:01248143]
 DN SMU15G00000000002749 *Ufif29ah* protein_coding AY hook containing transcription factor 2 [Source:MI:SymbolAcc:MI:01210021]
 DN SMU15G00000000002750 *Ufif29ai* protein_coding insat13,53,63-trisphosphate kinase 6 [Source:MI:SymbolAcc:MI:01199253]
 DN SMU15G00000000002751 *Ufif29aj* protein_coding poly (ADP-ribose) polymerase family member 1 [Source:MI:SymbolAcc:MI:01240016]
 DN SMU15G00000000002752 *Ufif29ak* protein_coding H4 histone, family 3A, isoform 1 [Source:MI:SymbolAcc:MI:01059408]
 DN SMU15G00000000002753 *Ufif29al* protein_coding DNA sequence 0002753 [Source:MI:SymbolAcc:MI:01220078]
 DN SMU15G00000000002754 *Ufif29am* protein_coding trypsin-like protein 10A [Source:MI:SymbolAcc:MI:01204720]
 DN SMU15G00000000002755 *Ufif29an* protein_coding WIF1 repeat domain 1 [Source:MI:SymbolAcc:MI:01215261]
 DN SMU15G00000000002756 *Ufif29ao* protein_coding Ibm-1 receptor [Source:MI:SymbolAcc:MI:01234020]
 DN SMU15G00000000002757 *Ufif29ap* protein_coding transformation related protein 10 binding protein 2 [Source:MI:SymbolAcc:MI:01210010]
 DN SMU15G00000000002758 *Klf6* protein_coding Klf6 GTPase-activating protein subunit 2 [Source:MI:SymbolAcc:MI:01212042]
 DN SMU15G00000000002759 *Ufif29aq* protein_coding glutathione S-transferase mu 6 [Source:MI:SymbolAcc:MI:01245844]
 DN SMU15G00000000002760 *Ufif29ar* protein_coding Usher syndrome 2A [Source:MI:SymbolAcc:MI:01204012]
 DN SMU15G00000000002761 *Ufif29as* protein_coding potassium channel subunit 2a [Source:MI:SymbolAcc:MI:01244822]
 DN SMU15G00000000002762 *Ufif29at* protein_coding vacuolin 2 [Source:MI:SymbolAcc:MI:01244822]
 DN SMU15G00000000002763 *Ufif29au* protein_coding prion protein-like 2, nucleophthalamid 6 (B3D1, Abeta 43) [Source:MI:SymbolAcc:MI:01252079]
 DN SMU15G00000000002764 *Ufif29av* protein_coding potassium ion channel and channel subfamily II (Kv2.1) member 1 [Source:MI:SymbolAcc:MI:01242411]
 DN SMU15G00000000002765 *Ufif29aw* protein_coding heparin-binding proteoglycan 1 [Source:MI:SymbolAcc:MI:01244445]
 DN SMU15G00000000002766 *Ufif29ax* protein_coding C10orf49 domain [Source:MI:SymbolAcc:MI:00026943]
 DN SMU15G00000000002767 *Ufif29ay* protein_coding family with eukaryote similarity 27, member 1 [Source:MI:SymbolAcc:MI:01240017]
 DN SMU15G00000000002768 *Ufif29az* protein_coding 60S ribosomal protein L13 [Source:MI:SymbolAcc:MI:01235010]
 DN SMU15G00000000002769 *Ufif29ba* protein_coding heat shock protein 10 [Source:MI:SymbolAcc:MI:01245901]
 DN SMU15G00000000002770 *Ufif29bb* protein_coding family with eukaryote similarity 2, member 6 [Source:MI:SymbolAcc:MI:011912799]
 DN SMU15G00000000002771 *Ufif29bc* protein_coding PRR5 domain containing 1 [Source:MI:SymbolAcc:MI:01218563]
 DN SMU15G00000000002772 *Ufif29bd* protein_coding selenocysteine synthetase 1 [Source:MI:SymbolAcc:MI:012022580]
 DN SMU15G00000000002773 *Ufif29be* protein_coding USP9A N-terminal like [Source:MI:SymbolAcc:MI:01151255]
 DN SMU15G00000000002774 *Ufif29bf* protein_coding C10orf66 like [Source:MI:SymbolAcc:MI:01244445]
 DN SMU15G00000000002775 *Ufif29bg* protein_coding family with eukaryote similarity 27, member 5 [Source:MI:SymbolAcc:MI:01240017]
 DN SMU15G00000000002776 *Ufif29bh* protein_coding myeloid late (ML) protein-binding, family 10, member 1 [Source:MI:SymbolAcc:MI:01240017]
 DN SMU15G00000000002777 *Ufif29bi* protein_coding pleckstrin and SW10 domain containing 4 [Source:MI:SymbolAcc:MI:01227704]
 DN SMU15G00000000002778 *Ufif29bj* protein_coding zinc finger, MYND domain containing 3 [Source:MI:SymbolAcc:MI:011914057]
 DN SMU15G00000000002779 *Ufif29bk* protein_coding tubulin, beta-4B class 1B [Source:MI:SymbolAcc:MI:01213472]
 DN SMU15G00000000002780 *Ufif29bl* protein_coding tapasin [Source:MI:SymbolAcc:MI:012135933]
 DN SMU15G00000000002781 *Ufif29bm* protein_coding anaphase-promoting complex subunit 2 [Source:MI:SymbolAcc:MI:01215123]
 DN SMU15G00000000002782 *Ufif29bn* protein_coding KIN80 GTPase [Source:MI:SymbolAcc:MI:01212124]
 DN SMU15G00000000002783 *Ufif29bo* protein_coding MAM domain containing 4 [Source:MI:SymbolAcc:MI:01203144]
 DN SMU15G00000000002784 *Ufif29bp* protein_coding phosphotidylserine phosphatase-L [Source:MI:SymbolAcc:MI:01227704]
 DN SMU15G00000000002785 *Ufif29bq* protein_coding PI-PLC, alpha 1C isoform [Source:MI:SymbolAcc:MI:01244785]
 DN SMU15G00000000002786 *Ufif29br* protein_coding m-actin complex subunit 22 [Source:MI:SymbolAcc:MI:01244445]
 DN SMU15G00000000002787 *Ufif29bs* protein_coding ribosomal protein L7A [Source:MI:SymbolAcc:MI:012164272]
 DN SMU15G00000000002788 *Ufif29bt* protein_coding 2-deoxy-D-glucose kinase [Source:MI:SymbolAcc:MI:01241210]
 DN SMU15G00000000002789 *Ufif29bu* protein_coding bromodomain containing 3 [Source:MI:SymbolAcc:MI:01244652]
 DN SMU15G00000000002790 *Ufif29bv* protein_coding retinoid X receptor alpha [Source:MI:SymbolAcc:MI:01222149]
 DN SMU15G00000000002791 *Ufif29bw* protein_coding isoform 1 of actin-binding protein 2B [Source:MI:SymbolAcc:MI:012330682]
 DN SMU15G00000000002792 *Ufif29bx* protein_coding actin-binding protein 2B [Source:MI:SymbolAcc:MI:01241210]

ENSMUSG000000002790	Slc22a3	protein_coding	solute carrier organic anion transporter family 2, member 3 [Source: MGI; Symbiote: MGI:233365]
ENSMUSG000000008840	Slc6a3	protein_coding	6-keto-5-hydroxy-6-oxo-5,6-dihydro-2H-pyran-2-carboxylic acid, 2,3-dihydro-2H-pyran-2-yl ester [Source: MGI; Symbiote: MGI:678574]
ENSMUSG000000020805	Mif68x	protein_coding	milk fat globule membrane protein 68 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020834	Vipsa2	protein_coding	vacuolar protein sorting 56B vesicle [Source: MGI; Symbiote: MGI:2468387]
ENSMUSG000000020856	Mif62	protein_coding	milk fat globule membrane protein 62 [Source: MGI; Symbiote: MGI:232983]
ENSMUSG000000020859	Hurnt	protein_coding	hurntin [Source: basic local alignment search tool] [Source: MGI; Symbiote: MGI:29315]
ENSMUSG000000020863	Ig6_60	protein_coding	IG6_60 containing GTPase activating protein 1 [Source: MGI; Symbiote: MGI:123272]
ENSMUSG000000020873	Zfp353	protein_coding	zinc finger protein 233 [Source: MGI; Symbiote: MGI:2045263]
ENSMUSG000000020878	Mif64b	protein_coding	6-keto-5-hydroxy-6-oxo-5,6-dihydro-2H-pyran-2-carboxylic acid, 2,3-dihydro-2H-pyran-2-yl ester [Source: MGI; Symbiote: MGI:232721]
ENSMUSG000000020892	Slc7a6	protein_coding	predicted gene 3958 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020892	Model01	protein_coding	model organism development candidate 1 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020892	Per1_108	protein_coding	family with sequence similarity 108, member 1 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020893	Per1_109	protein_coding	phosphotidylinositol binding, clathrin assembly protein [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Obi_1	protein_coding	Obi_1, long homolog 1 [Source: MGI; Symbiote: MGI:1244533]
ENSMUSG000000020894	Per1_111	protein_coding	clathrin and poly-ubiquitinization factor, subunit Homolog 1 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_384	protein_coding	predicted gene 3958A [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_385	protein_coding	old Catepains homolog 4 [Source: MGI; Symbiote: MGI:2479487]
ENSMUSG000000020894	Smc3_386	protein_coding	remodeling and spacing factor 1 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_387	protein_coding	ribosomal protein 32 [Source: MGI; Symbiote: MGI:1232720]
ENSMUSG000000020894	Smc3_388	protein_coding	attractin beta 1 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_389	protein_coding	ring finger protein 119 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_390	protein_coding	Ca2+-calmodulin-dependent protein kinase containing 3 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_391	protein_coding	family with sequence similarity 30, member 1 [Source: MGI; Symbiote: MGI:2404572]
ENSMUSG000000020894	Smc3_392	protein_coding	Pho4-like nucleotide exchange factor 10 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_393	protein_coding	ribosomal protein L3 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_394	protein_coding	ribosomal protein L27A [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_395	protein_coding	ribosomal protein L27B [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_396	protein_coding	DEKF/MIF domain containing 2A [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_397	protein_coding	in protein 7 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_398	protein_coding	26S proteasome [Source: MGI; Symbiote: MGI:1236620]
ENSMUSG000000020894	Smc3_399	protein_coding	zinc finger transcription factor 4, gamma isoform 2 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_400	protein_coding	ubiquitin specific peptidase 49 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_401	protein_coding	beta-2 microglobulin containing 10 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_402	protein_coding	SMC3 box box containing 6 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_403	protein_coding	pleckstrin homology domain containing, family A, member 2 [Source: MGI; Symbiote: MGI:1243109]
ENSMUSG000000020894	Smc3_404	protein_coding	beta-1 isoform containing 2, isoform containing 2A, isoform containing 2B [Source: MGI; Symbiote: MGI:1232720]
ENSMUSG000000020894	Smc3_405	protein_coding	ubiquitin family domain containing 1 [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_406	protein_coding	prion protein C, beta [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_407	protein_coding	retinoblastoma binding protein 6 [Source: MGI; Symbiote: MGI:2464555]
ENSMUSG000000020894	Smc3_408	protein_coding	interleukin 1 receptor, alpha [Source: MGI; Symbiote: MGI:1231762]
ENSMUSG000000020894	Smc3_409	protein_coding	G33-like [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_410	protein_coding	expansin [Source: MGI; Symbiote: MGI:2479487]
ENSMUSG000000020894	Smc3_411	protein_coding	atavin 2-like [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_412	protein_coding	atavin 2-like 2 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_413	protein_coding	atavin 2-like 3 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_414	protein_coding	atavin 2-like 4 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_415	protein_coding	atavin 2-like 5 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_416	protein_coding	atavin 2-like 6 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_417	protein_coding	atavin 2-like 7 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_418	protein_coding	atavin 2-like 8 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_419	protein_coding	atavin 2-like 9 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_420	protein_coding	atavin 2-like 10 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_421	protein_coding	atavin 2-like 11 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_422	protein_coding	atavin 2-like 12 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_423	protein_coding	atavin 2-like 13 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_424	protein_coding	atavin 2-like 14 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_425	protein_coding	atavin 2-like 15 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_426	protein_coding	atavin 2-like 16 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_427	protein_coding	atavin 2-like 17 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_428	protein_coding	atavin 2-like 18 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_429	protein_coding	atavin 2-like 19 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_430	protein_coding	atavin 2-like 20 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_431	protein_coding	atavin 2-like 21 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_432	protein_coding	atavin 2-like 22 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_433	protein_coding	atavin 2-like 23 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_434	protein_coding	atavin 2-like 24 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_435	protein_coding	atavin 2-like 25 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_436	protein_coding	atavin 2-like 26 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_437	protein_coding	atavin 2-like 27 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_438	protein_coding	atavin 2-like 28 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_439	protein_coding	atavin 2-like 29 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_440	protein_coding	atavin 2-like 30 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_441	protein_coding	atavin 2-like 31 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_442	protein_coding	atavin 2-like 32 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_443	protein_coding	atavin 2-like 33 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_444	protein_coding	atavin 2-like 34 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_445	protein_coding	atavin 2-like 35 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_446	protein_coding	atavin 2-like 36 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_447	protein_coding	atavin 2-like 37 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_448	protein_coding	atavin 2-like 38 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_449	protein_coding	atavin 2-like 39 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_450	protein_coding	atavin 2-like 40 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_451	protein_coding	atavin 2-like 41 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_452	protein_coding	atavin 2-like 42 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_453	protein_coding	atavin 2-like 43 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_454	protein_coding	atavin 2-like 44 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_455	protein_coding	atavin 2-like 45 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_456	protein_coding	atavin 2-like 46 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_457	protein_coding	atavin 2-like 47 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_458	protein_coding	atavin 2-like 48 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_459	protein_coding	atavin 2-like 49 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_460	protein_coding	atavin 2-like 50 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_461	protein_coding	atavin 2-like 51 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_462	protein_coding	atavin 2-like 52 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_463	protein_coding	atavin 2-like 53 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_464	protein_coding	atavin 2-like 54 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_465	protein_coding	atavin 2-like 55 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_466	protein_coding	atavin 2-like 56 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_467	protein_coding	atavin 2-like 57 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_468	protein_coding	atavin 2-like 58 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_469	protein_coding	atavin 2-like 59 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_470	protein_coding	atavin 2-like 60 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_471	protein_coding	atavin 2-like 61 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_472	protein_coding	atavin 2-like 62 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_473	protein_coding	atavin 2-like 63 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_474	protein_coding	atavin 2-like 64 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_475	protein_coding	atavin 2-like 65 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_476	protein_coding	atavin 2-like 66 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_477	protein_coding	atavin 2-like 67 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_478	protein_coding	atavin 2-like 68 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_479	protein_coding	atavin 2-like 69 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_480	protein_coding	atavin 2-like 70 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_481	protein_coding	atavin 2-like 71 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_482	protein_coding	atavin 2-like 72 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_483	protein_coding	atavin 2-like 73 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_484	protein_coding	atavin 2-like 74 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_485	protein_coding	atavin 2-like 75 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_486	protein_coding	atavin 2-like 76 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_487	protein_coding	atavin 2-like 77 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_488	protein_coding	atavin 2-like 78 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_489	protein_coding	atavin 2-like 79 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_490	protein_coding	atavin 2-like 80 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_491	protein_coding	atavin 2-like 81 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_492	protein_coding	atavin 2-like 82 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_493	protein_coding	atavin 2-like 83 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_494	protein_coding	atavin 2-like 84 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_495	protein_coding	atavin 2-like 85 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_496	protein_coding	atavin 2-like 86 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_497	protein_coding	atavin 2-like 87 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_498	protein_coding	atavin 2-like 88 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_499	protein_coding	atavin 2-like 89 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_500	protein_coding	atavin 2-like 90 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_501	protein_coding	atavin 2-like 91 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_502	protein_coding	atavin 2-like 92 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_503	protein_coding	atavin 2-like 93 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_504	protein_coding	atavin 2-like 94 [Source: MGI; Symbiote: MGI:232720]
ENSMUSG000000020894	Smc3_505	protein_coding	atavin 2-like 95 [Source: MGI; Symbiote: MGI:232720

TABLE S4**Table S4. Percentages of human donor derived chimerism used to calculate CRU****Primary LDA**

Percentage of hCD45+ GFP+ cells in TNC

	1.20%
Control	1.11%
50K	0.85%
	4.29%
	1.66%
Control	1.51%
20K	1.47%
	2.10%
	7.37%
YTHDF2	67.90%
KD 50K	22.80%
	21.00%
	12.30%
YTHDF2	8.23%
KD 20K	4.57%
	1.53%
	0.17%
Control	0.46%
10K *	1.00%
	0.65%
	1.23%
	2.51%
	1.60%
YTHDF2	1.28%
KD 20K	1.40%
	1.66%
	3.07%
	0.95%

* Control 10K group also transplanted 7 mice. However, 2 mice were dead before the time point of analysis partially due to the deficiency in hematopoietic recovery.

TABLE S4 (con't)**Secondary LDA**

Percentage of hCD45+ GFP+ cells in TNC

Control	0.27%
12E+6	0.26%
	0.35%
Control	0.02%
8E+6	0.01%
	7.57E-05
	0.03%
Control	0.02%
4E+6	0.01%
	0.02%
YTHDF2	0.92%
KD 12E+6	1.13%
	1.45%
YTHDF2	0.38%
KD 8E+6	0.37%
	0.72%
	0.27%
YTHDF2	0.29%
KD 4E+6	0.19%
	0.44%

TABLE S5**Table S5. qPCR primers used to verify the expressional levels of transcription factors in wt and *Ythdf2* KO HSPCs.**

mouse Tal1 qPCR primer F	CGCTGCTCTATAGCCTTAGCC
mouse Tal1 qPCR primer R	CTCTTCACCCGGTTGTTGTT
mouse Gata2 qPCR primer F	CAACCCCTTACTACGCCAACCC
mouse Gata2 qPCR primer R	GCTGTGCAACAAGTGTTGGTC
mouse Runx1 qPCR primer F	CCAGCCTCTCTGCAGAACTT
mouse Runx1 qPCR primer R	GGAGATGGACGGCAGAGTAG
mouse Stat5a qPCR primer F	AGAAGCAAGTGTCCCTGGAG
mouse Stat5a qPCR primer R	GTCGTCCAGGATGATGGTCT
mouse Actb qPCR primer F	TGTACCAACTGGGACGATA
mouse Actb qPCR primer R	ACCCTCATAGATGGGCACAG

What is claimed is:

1. A method for expanding a population of stem cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow, the method comprising modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the population of stem cells, to expand the number of stem cells.
2. The method according to claim 1, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells that results in modulation of a molecule in the m⁶A mRNA modification pathway or contacting the stem cell with a modulator of a molecule in the m⁶A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.
3. The method according to claim 2, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.
4. The method according to claim 3, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

5. The method according to claim 4, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

6. The method according to claim 5, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

7. The method according to claim 6, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

8. The method according to claim 4, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

9. The method according to claim 8, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

10. The method according to claim 4, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

11. The method according to claim 10, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

12. The method according to claim 3, wherein modulating the m⁶A mRNA modification pathway comprises exposing the stem cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

13. The method according to claim 3, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates shRNA into the stem cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

14. The method according to claim 13, wherein the shRNA is introduced by exposing the stem cells to a lentivirus to deliver the shRNA.

15. The method according to claim 1, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

16. The method according to claim 15, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

17. The method according to claim 16, wherein the m⁶A mRNA modification reader comprises Ythdf2.

18. The method according to claim 15, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the stem cells with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-

30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p,

hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-

655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p

(MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

19. The method according to claim 1, wherein the expansion of the stem cells is by a factor of at least 2 fold.

20. The method according to claim 19, wherein the expansion of the stem cells is by a factor of at least 4 fold.

21. The method according to claim 20, wherein the expansion of the stem cells is by a factor of at least 5 fold.

22. The method according to claim 21, wherein the expansion of the stem cells is by a factor of at least 8 fold.

23. The method according to claim 22, wherein the expansion of the stem cells is by a factor of at least 10 fold.

24. The method according to claim 1, wherein the stem cells are selected from the group consisting of hematopoietic stem cells (HSCs), hematopoietic stem and progenitor cells (HSPCs), endothelial progenitor cells (EPCs), mesenchymal stem cells (MSCs), cardiac stem cells (CSCs), neuronal stem cells (NSCs), and combinations thereof.

25. The method according to claim 24, wherein the stem cells are HSCs.

26. The method according to claim 1, wherein the expanded cells have at least a 5 fold increase in total colony-forming units (CFU).

27. The method according to claim 1, wherein the expanded cells have at least a 3.8 fold increase in CFU-granulocyte erythrocyte monocyte megakaryocyte (GEMM) colonies.

28. A method for ex vivo expansion of a substantially undifferentiated stem cell population comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the undifferentiated stem cell population to expand the number of undifferentiated stem cells without significant differentiation of the stem cell population.

29. A method for ex vivo expansion of an hematopoietic stem cell (HSC) population obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the HSC population to expand the HSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the HSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

30. The method according to claim 29, wherein the subject is a human.

31. The method according to any of claims 28 or 29, wherein:

modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells that results in modulation of a molecule in the m⁶A mRNA modification pathway or contacting the stem cell with a modulator of a molecule in the m⁶A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

32. The method according to claim 31, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

33. The method according to claim 32, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

34. The method according to claim 33, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

35. The method according to claim 34, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

36. The method according to claim 35, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

37. The method according to claim 33, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

38. The method according to claim 37, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

39. The method according to claim 33, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

40. The method according to claim 39, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

41. The method according to claim 31, wherein modulating the m⁶A mRNA modification pathway comprises exposing the stem cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

42. The method according to claim 31, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates shRNA into the stem cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

43. The method according to claim 42, wherein the shRNA is introduced by exposing the stem cells to a lentivirus to deliver the shRNA.

44. The method according to claim 29, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

45. The method according to claim 44, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

46. The method according to claim 45, wherein the m⁶A mRNA modification reader comprises Ythdf2.

47. The method according to claim 44, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the stem cells with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-

505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-

3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d,

hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p

(MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-

200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

48. The method according to claim 28, wherein the stem cell is selected from the group consisting of hematopoietic stem cells (HSCs), hematopoietic stem and progenitor cells (HSPCs), endothelial progenitor cells (EPCs), mesenchymal stem cells (MSCs), cardiac stem cells (CSCs), neuronal stem cells (NSCs), and combinations thereof.

49. The method according to claim 48, wherein the stem cell is a hematopoietic stem cell (HSC).

50. The method according to claim 49, wherein the HSC is obtained from mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

51. The method according to claim 31, wherein the expansion of the number of stem cells is by a factor selected from the group consisting of at least 2-fold, at least 4-fold, at least 5-fold, at least 8-fold and at least 10-fold.

52. An expanded, substantially undifferentiated stem cell population made by the process according to claim 28.

53. An expanded HSC population made by the process according to claim 29.

54. A method for ex vivo expansion of hematopoietic stem cells (HSCs) by at least 2-fold, the expanded HSCs being competent to reconstitute an HSC lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of HSCs in a suitable culture medium.

55. The method according to claim 54, wherein the HSCs are obtained from a mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

56. The method according to claim 54, wherein the mammal is a human.

57. The method according to claim 54, wherein the mutation deletes, replaces or reduces expression of a gene expressing Ythdf2.

58. The method according to claim 54, wherein the mutation is introduced by exposing the stem cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

59. The method according to claim 54, wherein the mutation incorporates shRNA into the stem cells to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

60. The method according to claim 54, wherein the expansion of the number of HSCs is by a factor selected from the group consisting of at least 2-fold, at least 4-fold, at least 5-fold, at least 8-fold and at least 10-fold.

61. A kit for expanding an hematopoietic stem cell population (HSC) population for subsequent transplantation into a subject in need thereof, the kit comprising a system for introducing a mutation into the HSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

62. The kit according to claim 61, wherein the system for introducing a mutation into the HSC population includes one or more reagents capable of introducing a mutation into the HSC population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2.

63. The kit according to claim 62, wherein the system for introducing a mutation into the HSC population comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

64. The kit according to claim 62, wherein the system for introducing a mutation into the HSC population comprises reagents for delivering a lentivirus that incorporates shRNA into the HSC population to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

65. A kit for expanding an hematopoietic stem cell population (HSC) population for subsequent transplantation into a subject in need thereof, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

66. A method for administering an hematopoietic stem cell (HSC) to a subject in need thereof, the method comprising:

(a) introducing, into a sample containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,

(b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject; and

(c) administering the HSCs to the subject.

67. The method according to claim 66, wherein the HSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

68. The method according to claim 66, wherein the mutation results in deletion a gene expressing Ythdf2.

69. The method according to claim 66, wherein the mutation results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2.

70. A method for administering an hematopoietic stem cell (HSC) to a subject in need thereof, the method comprising:

(a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject;

(b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and

(c) administering the HSCs to the subject.

71. The method according to claim 70, wherein the HSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

72. The method according to claim 70, wherein the inhibitor of the m⁶A mRNA modification reader inhibits Ythfd2.

73. The method according to claim 70, wherein the subject is a human.

74. A method for reconstituting bone marrow in a subject in need thereof, comprising:

(a) introducing, into a sample containing an HSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,

(b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject;

(c) administering the HSCs to the subject.

75. The method according to claim 74, wherein the HSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

76. A method for reconstituting bone marrow in a subject in need thereof, comprising:

- (a) culturing, in a suitable culture media, a sample containing an HSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of HSCs in the sample to a number sufficient to transplant into the subject;
- (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and
- (c) administering the HSCs to the subject.

77. The method according to claim 76, wherein the HSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

78. A method for expanding a population of hematopoietic cells (HSCs) comprising culturing the population of HSCs under conditions sufficient to result in an expansion of the HSC population by at least 2-fold, wherein the expanded population of HSCs is suitable for transplantation into a mammal in need thereof.

79. The method according to claim 78, wherein the expansion of the HSC population is at least 4-fold.

80. The method according to claim 79, wherein the expansion of the HSC population is at least 5-fold.

81. The method according to claim 80, wherein the expansion of the HSC population is at least 8-fold.

82. The method according to claim 81, wherein the expansion of the HSC population is at least 10-fold.

83. The method according to claim 82, wherein the mammal is a human.

84. The method according to claim 83, wherein the human requires a transplant selected from the group consisting of a bone marrow transplant, a peripheral blood transplant, and an umbilical cord blood transplant.

85. A method for treating a subject in need of a transplant, selected from the group consisting of a bone marrow transplant, a peripheral blood transplant and an umbilical cord blood transplant comprising administering to the subject a population of HSCs obtained by the method of claim 78.

86. A method for expanding a population of hematopoietic stem cells (HSCs) comprising:

(a) obtaining from a mammal a tissue sample comprising an HSC population;

(b) expanding, in vitro, the HSC population from the sample, wherein:

(i) the HSC population expands by at least 2-fold; and

(ii) the expanded HSC population has at least a 5-fold increase in total colony-forming units.

87. The method according to claim 86, wherein the expansion of the HSC population is at least 4-fold.

88. The method according to claim 87, wherein the expansion of the HSC population is at least 5-fold.

89. The method according to claim 88, wherein the expansion of the HSC population is at least 8-fold.

90. The method according to claim 89, wherein the expansion of the HSC population is at least 10-fold.

91. The method according to claim 86, wherein the mammal is a human.

92. The method according to claim 91, wherein the human requires a bone marrow transplant.

93. The method according to claim 92, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

94. A method for reconstituting a hematopoietic stem cell lineage in a subject in need thereof, the method comprising:

- (a) obtaining from a mammal a tissue sample comprising an HSC population;
- (b) expanding, in vitro, the HSC population from the sample, wherein:
 - (i) the HSC population expands by at least 2-fold; and
 - (ii) the expanded HSC population has at least a 5-fold increase in total colony-forming units; and
- (c) transplanting the expanded HSC population into a subject in need thereof.

95. The method according to claim 94, wherein the expansion of the HSC population is at least 4-fold.

96. The method according to claim 95, wherein the expansion of the HSC population is at least 5-fold.

97. The method according to claim 96, wherein the expansion of the HSC population is at least 8-fold.

98. The method according to claim 97, wherein the expansion of the HSC population is at least 10-fold.

99. The method according to claim 94, wherein the mammal is a human.

100. The method according to claim 99, wherein the human requires a bone marrow transplant.

101. The method according to claim 100, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

102. The method according to claim 101, wherein the sample is from an autologous or allogeneic source.

103. The method according to claim 102, wherein the sample is from an autologous source.

104. A method for expanding a hematopoietic stem cell population in a mammal in need of such expansion comprising administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway for a period of time sufficient to expand the HSC population by at least 2-fold with HSCs that possess the ability to reconstitute a hematopoietic lineage in the mammal.

105. The method according to claim 104, wherein the modulator comprises a system for introducing a mutation into the HSC population that deletes, replaces, or reduces expression of a gene expressing a *N*⁶-Methyladenosine (m⁶A) mRNA modification reader.

106. The method according to claim 105, wherein the modulator comprises a system for introducing a mutation into the HSC population that deletes, replaces or reduces expression of a gene expressing Ythdf2.

107. The method according to claim 104, wherein the modulator comprising an inhibitor of a *N*⁶-Methyladenosine (m⁶A) mRNA modification reader.

108. The method according to claim 107, wherein the modulator comprises an inhibitor of Ythdf2.

109. The method according to claim 104, wherein the mammal is a human.

110. A method for ex vivo expansion of a substantially undifferentiated mesenchymal stem cell (MSC) population, comprising modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the undifferentiated MSC population to expand the number of undifferentiated MSCs without significant differentiation of the MSCs.

111. The method according to claim 110, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

112. The method according to claim 111, wherein the MSC population comprises N-cadherin+ MSCs.

113. A method for ex vivo expansion of a mesenchymal stem cell (MSC) population obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the MSC population to expand the MSC population to a sufficient quantity while maintaining a multilineage differentiation potential in the MSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

114. The method according to claim 113, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

115. The method according to claim 113, wherein the MSC population comprises N-cadherin+ MSCs.

116. The method according to claim 113, wherein the subject is a human.

117. The method according to any of claims 110 or 113, wherein: modulating the m^6A mRNA modification pathway comprises introducing a mutation into the MSCs that results in modulation of a molecule in the m^6A mRNA modification pathway or contacting the stem cell with a modulator of a molecule in the m^6A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

118. The method according to claim 117, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

119. The method according to claim 118, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

120. The method according to claim 119, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

121. The method according to claim 120, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

122. The method according to claim 121, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

123. The method according to claim 119, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

124. The method according to claim 123, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

125. The method according to claim 119, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

126. The method according to claim 125, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

127. The method according to claim 119, wherein modulating the m⁶A mRNA modification pathway comprises exposing the MSCs to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

128. The method according to claim 119, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates

shRNA into the MSCs to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

129. The method according to claim 128, wherein the shRNA is introduced by exposing the stem cells to a lentivirus to deliver the shRNA.

130. The method according to claim 119, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

131. The method according to claim 130, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

132. The method according to claim 131, wherein the m⁶A mRNA modification reader comprises Ythdf2.

133. The method according to claim 130, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the MSCs with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p,

hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-

miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-

520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424,

hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t,

hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

134. The method according to claim 113, wherein the MSC is obtained from mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

135. The method according to claim 134, wherein the expansion of the number of stem cells is by a factor selected from the group consisting of at least 2-fold, at least 2.5-fold, at least 3-fold, at least 3.5-fold, at least 4-fold and at least 8-fold.

136. An expanded, substantially undifferentiated mesenchymal cell population made by the process according to claim 110.

137. An expanded MSC population made by the process according to claim 113.

138. A method for ex vivo expansion of mesenchymal stem cells (MSCs) by at least 2-fold, the expanded MSCs being competent to reconstitute an MSC lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the stem cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of HSCs in a suitable culture medium.

139. The method according to claim 138, wherein the MSC population comprises at least one selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

140. The method according to claim 138, wherein the MSCs are obtained from a mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

141. The method according to claim 138, wherein the mammal is a human.

142. The method according to claim 138, wherein the mutation deletes, replaces or reduces expression of a gene expressing Ythdf2.

143. The method according to claim 138, wherein the mutation is introduced by exposing the MSCs to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

144. The method according to claim 138, wherein the mutation incorporates shRNA into the MSCs to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

145. The method according to claim 138, wherein the expansion of the number of MSCs is by a factor selected from the group consisting of at least 2-fold, at least 2.5-fold, at least 3-fold, at least 3.5-fold, at least 4-fold and at least 8-fold.

146. A kit for expanding a mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof, the kit comprising a system for introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

147. The kit according to claim 146, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

148. The kit according to claim 146, wherein the system for introducing a mutation into the MSC population includes one or more reagents capable of

introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2.

149. The kit according to claim 146, wherein the system for introducing a mutation into the MSC population comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

150. The kit according to claim 146, wherein the system for introducing a mutation into the MSC population comprises reagents for delivering a lentivirus that incorporates shRNA into the HSC population to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

151. A kit for expanding an mesenchymal stem cell population (MSC) population for subsequent transplantation into a subject in need thereof, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

152. The kit according to claim 151, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

153. A method for administering mesenchymal stem cells (MSCs) to a subject in need thereof, the method comprising:

(a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,

(b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject; and

(c) administering the MSCs to the subject.

154. The method according to claim 153, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

155. The method according to claim 153, wherein the MSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

156. The method according to claim 153, wherein the mutation results in deletion a gene expressing Ythdf2.

157. The method according to claim 153, wherein the mutation results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2.

159. A method for administering mesenchymal stem cells (MSCs) to a subject in need thereof, the method comprising:

(a) culturing, in a suitable culture media, a sample containing an MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject;

(b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and

(c) administering the MSCs to the subject.

160. The method according to claim 159, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

161. The method according to claim 159, wherein the MSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

162. The method according to claim 159, wherein the inhibitor of the m⁶A mRNA modification reader inhibits Ythfd2.

163. The method according to claim 159, wherein the subject is a human.

164. A method for reconstituting bone marrow in a subject in need thereof, comprising:

(a) introducing, into a sample containing a MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,

(b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject;

(c) administering the MSCs to the subject.

165. The method according to claim 164, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

166. The method according to claim 164, wherein the MSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

167. A method for reconstituting bone marrow in a subject in need thereof, comprising:

(a) culturing, in a suitable culture media, a sample containing an MSC population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject;

(b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and

(c) administering the MSCs to the subject.

168. The method according to claim 167, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

169. The method according to claim 167, wherein the MSCs are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

170. A method for expanding a population of mesenchymal stem cells (MSCs) comprising culturing the population of MSCs under conditions sufficient to result in an expansion of the MSC population by at least 2-fold, wherein the expanded population of MSCs is suitable for transplantation into a mammal in need thereof.

171. The method according to claim 170, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

172. The method according to claim 170, wherein the expansion of the MSC population is at least 2.5-fold.

173. The method according to claim 172, wherein the expansion of the MSC population is at least 3-fold.

174. The method according to claim 173, wherein the expansion of the MSC population is at least 3.5-fold.

175. The method according to claim 174, wherein the expansion of the MSC population is at least 4-fold.

176. The method according to claim 175, wherein the expansion of the MSC population is at least 8-fold.

177. The method according to claim 170, wherein the mammal is a human.

178. The method according to claim 177, wherein the human requires a transplant selected from the group consisting of a bone marrow transplant, a peripheral blood transplant, and an umbilical cord blood transplant.

179. A method for treating a subject in need of a transplant, selected from the group consisting of a bone marrow transplant, a peripheral blood transplant and an umbilical cord blood transplant comprising administering to the subject a population of MSCs obtained by the method of claim 170.

180. A method for expanding a population of mesenchymal stem cells (MSCs) comprising:

(a) obtaining from a mammal a tissue sample comprising a MSC population; and

(b) expanding, in vitro, the MSC population from the sample, wherein:

(i) the MSC population expands by at least 2-fold.

181. The method according to claim 180, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

182. The method according to claim 180, wherein the expansion of the MSC population is at least 2.5-fold.

183. The method according to claim 182, wherein the expansion of the MSC population is at least 3-fold.

184. The method according to claim 183, wherein the expansion of the MSC population is at least 3.5-fold.

185. The method according to claim 184, wherein the expansion of the MSC population is at least 4-fold.

186. The method according to claim 185, wherein the expansion of the MSC population is at least 8-fold.

187. The method according to claim 180, wherein the mammal is a human.

188. The method according to claim 187, wherein the human requires a bone marrow transplant.

189. The method according to claim 180, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

190. A method for reconstituting a mesenchymal stem cell lineage in a subject in need thereof, the method comprising:

- (a) obtaining from a mammal a tissue sample comprising a MSC population;
- (b) expanding, *in vitro*, the MSC population from the sample, wherein:
 - (i) the MSC population expands by at least 2-fold; and
 - (c) transplanting the expanded MSC population into a subject in need thereof.

191. The method according to claim 190, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

192. The method according to claim 190, wherein the expansion of the MSC population is at least 2.5-fold.

193. The method according to claim 192, wherein the expansion of the MSC population is at least 3-fold.

194. The method according to claim 193, wherein the expansion of the MSC population is at least 3.5-fold.

195. The method according to claim 194, wherein the expansion of the MSC population is at least 4-fold.

196. The method according to claim 195, wherein the expansion of the MSC population is at least 8-fold.

197. The method according to claim 190, wherein the mammal is a human.

198. The method according to claim 197, wherein the human requires a bone marrow transplant.

199. The method according to claim 190, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

200. The method according to claim 199, wherein the sample is from an autologous or allogeneic source.

201. The method according to claim 199, wherein the sample is from an autologous source.

202. A method for expanding a mesenchymal stem cell population in a mammal in need of such expansion comprising administering to the mammal a therapeutically effective amount of a modulator of a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway for a period of time sufficient to expand the MSC population by at least 2-fold with HSCs that possess the ability to reconstitute a mesenchymal lineage in the mammal.

203. The method according to claim 202, wherein the MSC population comprises at least one MSC selected from the group consisting of N-cadherin+ MSCs and CD105+ MSCs.

204. The method according to claim 202, wherein the modulator comprises a system for introducing a mutation into the MSC population that deletes, replaces, or reduces expression of a gene expressing a *N*⁶-Methyladenosine (m⁶A) mRNA modification reader.

205. The method according to claim 202, wherein the modulator comprises a system for introducing a mutation into the MSC population that deletes, replaces or reduces expression of a gene expressing Ythdf2.

206. The method according to claim 202, wherein the modulator comprising an inhibitor of a *N*⁶-Methyladenosine (m⁶A) mRNA modification reader.

207. The method according to claim 202, wherein the modulator comprises an inhibitor of Ythdf2.

208. The method according to claim 202, wherein the mammal is a human.

209. A method of isolating mesenchymal stem cells (MSCs) from a biological sample, the method comprising contacting the biological sample having a population of MSCs with one or more N-cadherin antibodies.

210. The method according to claim 209, wherein the biological sample comprises a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow.

211. The method according to claim 209, further comprising expanding the population of MSCs from the biological sample, by modulating a *N*⁶-Methyladenosine (m⁶A) mRNA modification pathway in the population of MSCs, to expand the number of mesenchymal stem cells.

212. The method according to claim 211, wherein the population of MSCs is expanded after isolating from the biological sample.

213. The method according to claim 211, wherein the population of MSCs in the biological sample is expanded before isolation of the MSCs from the biological sample.

214. The method according to claim 211, wherein the MSC population is expanded to a sufficient quantity while maintaining a multilineage differentiation potential in the MSC population, which is sufficient for subsequent transplantation into a subject in need thereof.

215. The method according to claim 214, wherein the subject is a human.

216. The method according to claim 211, wherein:

modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells that results in modulation of a molecule in the m⁶A mRNA modification pathway or contacting the stem cell with a modulator of a molecule in the m⁶A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

217. The method according to claim 216, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the stem cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

218. The method according to claim 217, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

219. The method according to claim 218, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

220. The method according to claim 219, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

221. The method according to claim 220, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

222. The method according to claim 218, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

223. The method according to claim 218, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

224. The method according to claim 218, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

225. The method according to claim 224, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

226. The method according to claim 211, wherein modulating the m⁶A mRNA modification pathway comprises exposing the stem cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

227. The method according to claim 211, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates shRNA into the stem cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

228. The method according to claim 227, wherein the shRNA is introduced by exposing the stem cells to a lentivirus to deliver the shRNA.

229. The method according to claim 211, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

230. The method according to claim 229, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

231. The method according to claim 230, wherein the m⁶A mRNA modification reader comprises Ythdf2.

232. The method according to claim 229, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the stem cells with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224,

hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-

521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187,

hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-

mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611,

hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

233. An isolated population of mesenchymal stem cells made by the process according to claim 209.

234. An expanded, isolated population of mesenchymal stem cells made by the process of claim 211.

235. A kit for isolating a mesenchymal stem cell (MSC) population for subsequent transplantation into a subject in need thereof, the kit comprising a system for contacting a biological sample comprising MSCs with one or more N-cadherin antibodies, and instructions for use thereof.

236. The kit according to claim 235, further comprising a system for expanding the population of MSCs by introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

237. The kit according to claim 236, wherein the system for introducing a mutation into the MSC population includes one or more reagents capable of introducing a mutation into the MSC population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2.

238. The kit according to claim 237, wherein the system for introducing a mutation into the MSC population comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

239. The kit according to claim 237, wherein the system for introducing a mutation into the MSC population comprises reagents for delivering a lentivirus that incorporates shRNA into the MSC population to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

240. A method for administering a mesenchymal stem cell (MSC) to a subject in need thereof, the method comprising:

(a) isolating MSCs from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies; and

(b) administering the isolated MSCs to the subject.

241. The method according to claim 240, further comprising introducing, into the biological sample containing the MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and culturing the biological sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject.

242. The method according to claim 240, wherein the MSCs are obtained from a biological sample comprising a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

243. The method according to claim 241, wherein the mutation results in deletion a gene expressing Ythdf2.

244. The method according to claim 241, wherein the mutation results in incorporation of shRNA into the HSC population that reduces expression of a gene expressing Ythdf2.

245. A method for reconstituting bone marrow in a subject in need thereof, comprising:

(a) isolating mesenchymal stem cells (MSCs) from a biological sample comprising a population of MSCs, by contacting the biological sample with one or more N-cadherin antibodies; and

(b) administering the isolated MSCs to the subject.

246. The method according to claim 245, further comprising introducing, into the biological sample containing the MSC population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and culturing the sample in a suitable culture media for a period of time sufficient to expand the number of MSCs in the sample to a number sufficient to transplant into the subject;

247. The method according to claim 245, wherein the MSCs are obtained from a biological sample comprising a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

248. A method for treating a subject in need of a transplant, selected from the group consisting of a bone marrow transplant, a peripheral blood transplant and an umbilical cord blood transplant comprising administering to the subject a population of isolated MSCs obtained by the method of claim 209.

249. The method according to claim 248, wherein the sample is from an autologous or allogeneic source.

250. The method according to claim 249, wherein the sample is from an autologous source.

251. A method for expanding a population of chimeric antigen receptor (CAR) T-cells prepared by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the population of CAR T-cells, to expand the number of CAR-T cells.

252. The method according to claim 251, wherein modulating the m^6A mRNA modification pathway comprises introducing a mutation into the CAR-T cells that results in modulation of a molecule in the m^6A mRNA modification pathway or contacting the CAR T-cell with a modulator of a molecule in the m^6A mRNA

modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

253. The method according to claim 252, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the CAR T-cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

254. The method according to claim 253, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

255. The method according to claim 254, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

256. The method according to claim 255, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

257. The method according to claim 256, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

258. The method according to claim 254, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

259. The method according to claim 258, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

260. The method according to claim 254, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

261. The method according to claim 260, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

262. The method according to claim 253, wherein modulating the m⁶A mRNA modification pathway comprises exposing the CAR T-cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

263. The method according to claim 253, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates

shRNA into the CAR-T cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

264. The method according to claim 263, wherein the shRNA is introduced by exposing the CAR T-cells to a lentivirus to deliver the shRNA.

265. The method according to claim 251, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

266. The method according to claim 265, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

267. The method according to claim 266, wherein the m⁶A mRNA modification reader comprises Ythdf2.

268. The method according to claim 265, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the CAR T-cells with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-

miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-

miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p (MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-

582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583, hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-

miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t,

hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

269. The method according to claim 251, wherein the expansion of the CAR T-cells is by a factor of at least 2 fold.

270. The method according to claim 269, wherein the expansion of the CAR T-cells is by a factor of at least 4 fold.

271. The method according to claim 270, wherein the expansion of the CAR T-cells is by a factor of at least 5 fold.

272. The method according to claim 271, wherein the expansion of the CAR T-cells is by a factor of at least 8 fold.

273. The method according to claim 272, wherein the expansion of the CAR T-cells is by a factor of at least 10 fold.

274. A method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the CAR T-cell population to expand the number of CAR T-cells.

275. A method for ex vivo expansion of a chimeric antigen receptor (CAR) T-cell population prepared by modifying T-cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood, and bone marrow, the method comprising modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the CAR T-cell population to expand the CAR T-cell population to a sufficient quantity which is sufficient for subsequent transplantation into a subject in need thereof.

276. The method according to claim 275, wherein the subject is a human.

277. The method according to claim 275, wherein the subject is suffering from cancer.

278. The method according to claim 275, wherein the subject is suffering from a blood cancer selected from the group consisting of leukemia and lymphoma.

279. The method according to any of claims 274 or 275, wherein: modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the CAR T-cells that results in modulation of a molecule in the m⁶A mRNA modification pathway or contacting the CAR T-cell with a modulator of a molecule in the m⁶A mRNA modification pathway selected from the group consisting of a small molecule, a biologic, an antisense RNA, a small interfering RNA (siRNA), and combinations thereof.

280. The method according to claim 279, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation into the CAR T-cells to delete, replace, or reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

281. The method according to claim 280, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a molecule selected from the group consisting of a m⁶A mRNA modification reader, a m⁶A mRNA modification writer, and a m⁶A mRNA eraser.

282. The method according to claim 281, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader.

283. The method according to claim 282, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification reader selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

284. The method according to claim 283, wherein the mutation deletes, replaces or reduces expression of a gene that expresses Ythdf2.

285. The method according to claim 280, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser.

286. The method according to claim 285, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification eraser selected from the group consisting of FTO and ALKBH5.

287. The method according to claim 280, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer.

288. The method according to claim 280, wherein the mutation deletes, replaces or reduces expression of a gene that expresses a m⁶A mRNA modification writer selected from the group consisting of METTL3, METTL14, WTAP and KIAA1429.

289. The method according to claim 279, wherein modulating the m⁶A mRNA modification pathway comprises exposing the CAR T-cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

290. The method according to claim 279, wherein modulating the m⁶A mRNA modification pathway comprises introducing a mutation that incorporates shRNA into the CAR-T cells to reduce expression of a gene that expresses a molecule in the m⁶A mRNA modification pathway.

291. The method according to claim 290, wherein the shRNA is introduced by exposing the CAR-T cells to a lentivirus to deliver the shRNA.

292. The method according to claim 275, wherein modulating the m⁶A mRNA modification pathway comprises down-regulating a m⁶A mRNA modification reader.

293. The method according to claim 292, wherein the m⁶A mRNA modification reader is selected from the group consisting of Ythdf1, Ythdf2, Ythdf3, Ythdc1, Ythdc2, HNRNPC, HNRNPA2B1, and eIF3.

294. The method according to claim 293, wherein the m⁶A mRNA modification reader comprises Ythdf2.

295. The method according to claim 292, wherein down-regulating the m⁶A mRNA modification reader comprises contacting the stem cells with an inhibitor of the m⁶A mRNA modification reader selected from the group consisting of: (inhibitors of HNRNPC) hsa-let-7e-5p (MIRT051596), hsa-mir-455-3p (MIRT037890), hsa-mir-30c-5p (MIRT047904), hsa-mir-186-5p (MIRT045150), hsa-mir-744-5p (MIRT037494), hsa-mir-18a-3p (MIRT040851), hsa-mir-484 (MIRT042196), hsa-mir-505-5p (MIRT037959), hsa-mir-615-3p (MIRT039991), hsa-mir-342-3p (MIRT043694), hsa-miR-3607-3p, hsa-miR-30d, hsa-miR-3916, hsa-miR-3162-5p, hsa-miR-1273d, hsa-miR-3161, hsa-miR-30a, hsa-miR-629, hsa-miR-208b, hsa-miR-489, hsa-miR-3148, hsa-miR-2113, hsa-miR-877, hsa-miR-455-5p, hsa-miR-186, hsa-miR-548o, hsa-miR-3139, hsa-miR-320a, hsa-miR-4311, hsa-miR-555, hsa-miR-3605-5p, hsa-miR-515-5p, hsa-miR-144, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-548x, hsa-miR-299-5p, hsa-miR-653, hsa-miR-576-5p, hsa-miR-548p, hsa-miR-586, hsa-miR-888, hsa-miR-3647-3p, hsa-miR-484, hsa-miR-320b, hsa-miR-620, hsa-miR-30b, hsa-miR-548q, hsa-miR-29b-1, hsa-miR-570, hsa-miR-183, hsa-miR-1276, hsa-miR-208a, hsa-miR-186, hsa-miR-28-5p, hsa-miR-330-3p, hsa-miR-548am, hsa-miR-320d, hsa-miR-3175, hsa-miR-3155, hsa-miR-548aa, hsa-miR-519e, hsa-miR-1270, hsa-miR-513b, hsa-miR-599, hsa-miR-518f, hsa-miR-4301, hsa-miR-30c, hsa-miR-3135, hsa-miR-4286, hsa-miR-202, hsa-miR-4263, hsa-miR-4299, hsa-miR-606, hsa-miR-3133, hsa-miR-583, hsa-miR-3125, hsa-miR-501-5p, hsa-miR-7-1, hsa-miR-514b-3p, hsa-miR-3155b, hsa-miR-548d-3p, hsa-miR-224, hsa-miR-7-2, hsa-miR-708, hsa-miR-3199, hsa-miR-514, hsa-miR-30e; (inhibitors of HNRNPA2B1) hsa-mir-92a-3p (MIRT049721), hsa-mir-30c-5p (MIRT048009), hsa-mir-191-5p (MIRT045809), hsa-let-7f-5p (MIRT051404), hsa-mir-27b-3p (MIRT046213), hsa-mir-877-3p (MIRT037116), hsa-mir-615-3p (MIRT040278), hsa-

mir-1260b (MIRT052680), hsa-mir-103a-3p (MIRT027027), hsa-mir-16-5p (MIRT031508), hsa-mir-1296-5p (MIRT036075), hsa-mir-197-3p (MIRT048098), hsa-miR-548j, hsa-miR-3678-3p, hsa-miR-607, hsa-miR-188-5p, hsa-miR-15a, hsa-miR-3653, hsa-miR-371-5p, hsa-miR-550a, hsa-miR-3622b-3p, hsa-miR-548a-5p, hsa-miR-3170, hsa-miR-3148, hsa-miR-556-3p, hsa-miR-490-3p, hsa-miR-559, hsa-miR-200c, hsa-miR-130a, hsa-miR-548y, hsa-miR-548o, hsa-miR-23c, hsa-miR-491-3p, hsa-miR-335, hsa-miR-3667-3p, hsa-miR-466, hsa-miR-23b, hsa-miR-4310, hsa-miR-127-5p, hsa-miR-548b-5p, hsa-miR-616, hsa-miR-16, hsa-miR-338-3p, hsa-miR-3200-5p, hsa-miR-362-3p, hsa-miR-448, hsa-miR-1306, hsa-miR-944, hsa-miR-3684, hsa-miR-373, hsa-miR-103a, hsa-miR-380, hsa-miR-499-5p, hsa-miR-1323, hsa-miR-323-5p, hsa-miR-3674, hsa-miR-1252, hsa-miR-33b, hsa-miR-580, hsa-miR-548c-3p, hsa-miR-103a-2, hsa-miR-548w, hsa-miR-600, hsa-miR-634, hsa-miR-586, hsa-miR-497, hsa-miR-720, hsa-miR-654-3p, hsa-miR-524-5p, hsa-miR-543, hsa-miR-548q, hsa-let-7f-2, hsa-miR-330-5p, hsa-miR-500a, hsa-miR-548l, hsa-miR-570, hsa-miR-374a, hsa-miR-1184, hsa-miR-649, hsa-miR-424, hsa-miR-3658, hsa-miR-186, hsa-miR-326, hsa-miR-548d-5p, hsa-miR-23a, hsa-miR-15b, hsa-miR-190, hsa-miR-203, hsa-miR-548h, hsa-miR-3136-5p, hsa-miR-618, hsa-miR-551b, hsa-miR-211, hsa-miR-1305, hsa-miR-513b, hsa-miR-96, hsa-miR-2117, hsa-miR-548n, hsa-miR-3910, hsa-miR-217, hsa-miR-892b, hsa-miR-502-5p, hsa-miR-548i, hsa-miR-520d-5p, hsa-miR-4299, hsa-miR-1285, hsa-miR-3133, hsa-miR-483-3p; (inhibitors of Ythdf1) hsa-miR-548g, hsa-miR-204, hsa-miR-3143, hsa-miR-521, hsa-miR-195, hsa-miR-3182, hsa-miR-3941, hsa-miR-34c-3p, hsa-miR-767-3p, hsa-miR-563, hsa-miR-548c-5p, hsa-miR-1911, hsa-miR-26b, hsa-miR-190b, hsa-miR-33a, hsa-miR-329, hsa-miR-221, hsa-miR-612, hsa-miR-3185, hsa-miR-3156-5p, hsa-miR-107, hsa-miR-664, hsa-miR-3657; (inhibitors of Ythdf2) hsa-mir-615-3p

(MIRT040054), hsa-mir-106b-5p (MIRT044257), hsa-mir-1 (MIRT023842), miR-145, hsa-miR-3607-3p, hsa-miR-200a, hsa-miR-301a, hsa-miR-519a, hsa-miR-141, hsa-miR-130b, hsa-miR-181b, hsa-miR-301b, hsa-miR-3117-3p, hsa-miR-1236, hsa-miR-181a, hsa-miR-519c-3p, hsa-miR-551b, hsa-miR-519e, hsa-miR-519b-3p, hsa-miR-19b, hsa-miR-1303, hsa-miR-608, hsa-miR-145, hsa-miR-130a, hsa-miR-181c, hsa-miR-323b-3p, hsa-miR-421, hsa-miR-515-5p, hsa-miR-3666, hsa-miR-181d, hsa-miR-146a, hsa-miR-4295, hsa-miR-454, hsa-miR-3919, hsa-miR-19a, hsa-miR-543, hsa-miR-4262; (inhibitors of Ythdf3) hsa-miR-582-3p, hsa-miR-579, hsa-miR-520e, hsa-miR-520f, hsa-miR-3152-3p, hsa-miR-106a, hsa-miR-30d, hsa-miR-30a, hsa-miR-93, hsa-miR-508-5p, hsa-miR-29a, hsa-miR-3148, hsa-miR-490-5p, hsa-miR-520b, hsa-miR-20a, hsa-miR-409-3p, hsa-miR-4255, hsa-let-7i, hsa-miR-373, hsa-let-7e, hsa-miR-520c-3p, hsa-miR-3920, hsa-miR-127-5p, hsa-miR-380, hsa-miR-616, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-let-7c, hsa-miR-340, hsa-miR-373, hsa-miR-520a-3p, hsa-miR-144, hsa-miR-1265, hsa-miR-548x, hsa-miR-362-5p, hsa-miR-33b, hsa-miR-26b, hsa-miR-17, hsa-miR-569, hsa-miR-3618, hsa-miR-576-5p, hsa-miR-922, hsa-miR-302a, hsa-miR-106b, hsa-miR-888, hsa-miR-484, hsa-let-7b, hsa-miR-582-5p, hsa-let-7f, hsa-miR-30b, hsa-miR-524-5p, hsa-miR-302d, hsa-let-7d, hsa-miR-513a-5p, hsa-miR-500a, hsa-miR-570, hsa-miR-548l, hsa-miR-105, hsa-miR-374c, hsa-let-7g hsa-miR-372, hsa-miR-3658, hsa-let-7a, hsa-miR-3908, hsa-miR-302b, hsa-miR-526b, hsa-miR-190, hsa-miR-181b, hsa-miR-433, hsa-miR-98, hsa-miR-3606, hsa-miR-595, hsa-miR-548am, hsa-miR-187, hsa-miR-561, hsa-miR-181a, hsa-miR-3155, hsa-miR-655, hsa-miR-302c, hsa-miR-195, hsa-miR-26a, hsa-miR-590-3p, hsa-miR-30c, hsa-miR-502-5p, hsa-miR-495, hsa-miR-137, hsa-miR-181c, hsa-miR-520d-5p, hsa-miR-3942-5p, hsa-miR-202, hsa-miR-302e, hsa-miR-513c, hsa-miR-885-5p, hsa-miR-520a-5p, hsa-miR-583,

hsa-miR-1297, hsa-miR-7-1, hsa-miR-520d-3p, hsa-miR-3155b, hsa-miR-3182, hsa-miR-519d, hsa-miR-550a, hsa-miR-7-2, hsa-miR-181d, hsa-miR-190b, hsa-miR-1912, hsa-miR-151-3p, hsa-miR-33a, hsa-miR-525-5p, hsa-miR-20b, hsa-miR-514b-5p, hsa-miR-30e, hsa-miR-4262, hsa-miR-636; (inhibitor of eIF3) hsa-mir-92b-3p (MIRT040734), hsa-mir-16-5p (MIRT031705), hsa-mir-18a-3p (MIRT040974), hsa-mir-155-5p (MIRT020771), hsa-mir-484 (MIRT042324), hsa-let-7c-5p (MIRT051776), hsa-miR-3910, hsa-miR-148b, hsa-miR-136, hsa-miR-15a, hsa-miR-488, hsa-miR-500a, hsa-miR-1297, hsa-miR-3159, hsa-miR-374c, hsa-miR-424, hsa-miR-7-1, hsa-miR-186, hsa-miR-195, hsa-miR-15b, hsa-miR-26b, hsa-miR-505, hsa-miR-1206, hsa-miR-653, hsa-miR-1283, hsa-miR-7-2, hsa-miR-196a, hsa-miR-497, hsa-miR-33a, hsa-miR-655, hsa-miR-26a hsa-miR-16, hsa-mir-151a-3p (MIRT043600), hsa-mir-92a-3p (MIRT049064), hsa-mir-615-3p (MIRT039779), hsa-mir-877-3p (MIRT036964), hsa-mir-222-3p (MIRT046746), hsa-mir-423-3p (MIRT042468), hsa-mir-324-3p (MIRT042887), hsa-mir-124-3p (MIRT022932), hsa-miR-3140-3p, hsa-miR-124, hsa-miR-198, hsa-miR-525-5p, hsa-miR-506, hsa-miR-520a-5p, hsa-miR-196a* hsa-miR-3117-3p, hsa-mir-342-5p (MIRT038210), hsa-mir-378a-5p (MIRT043981), hsa-mir-615-3p (MIRT040086), hsa-let-7b-5p (MIRT052211), hsa-mir-455-3p (MIRT037879), hsa-miR-4267, hsa-miR-590-3p, hsa-mir-106b-5p (MIRT044355), hsa-mir-320a (MIRT044466), hsa-mir-16-5p (MIRT032018), hsa-mir-155-5p (MIRT021009), hsa-miR-4302, hsa-mir-191-5p (MIRT045793), hsa-mir-1303 (MIRT035890), hsa-mir-193b-3p (MIRT016316), hsa-mir-222-3p (MIRT046640), hsa-mir-532-3p (MIRT037924), hsa-mir-18a-3p (MIRT040929), hsa-mir-92a-3p (MIRT049001), hsa-miR-582-3p, hsa-miR-4265, hsa-miR-218-2, hsa-miR-1271, hsa-miR-340, hsa-miR-221, hsa-miR-20b, hsa-miR-508-3p, hsa-miR-141, hsa-miR-4325, hsa-miR-889, hsa-miR-29a, hsa-miR-129-3p, hsa-

miR-129, hsa-miR-96, hsa-miR-3163, hsa-miR-187, hsa-miR-196a, hsa-miR-222, hsa-miR-1179, hsa-miR-182, hsa-miR-9* hsa-miR-32, hsa-miR-143, hsa-miR-4296: (inhibitors of YTHDC1) hsa-mir-20a-3p (MIRT038967), hsa-mir-103a-3p (MIRT027037), hsa-mir-1 (MIRT023492), hsa-mir-19b-3p (MIRT031105), hsa-mir-100-5p (MIRT048400), hsa-mir-93-5p (MIRT027989), hsa-mir-16-5p (MIRT031379), hsa-let-7b-5p (MIRT052150), hsa-miR-520f, hsa-miR-300, hsa-miR-15a, hsa-miR-200a, hsa-miR-605, hsa-miR-30d, hsa-miR-30a, hsa-miR-3613-3p, hsa-miR-509-3-5p, hsa-miR-34c-5p, hsa-miR-324-3p, hsa-miR-1248, hsa-miR-152, hsa-miR-548t, hsa-miR-4310, hsa-miR-145, hsa-miR-516a-3p, hsa-miR-16, hsa-miR-3668, hsa-miR-4277, hsa-miR-448, hsa-miR-16-2, hsa-miR-148b, hsa-miR-509-5p, hsa-miR-103a, hsa-miR-1265, hsa-miR-2115, hsa-miR-548c-3p, hsa-miR-148a, hsa-miR-548p, hsa-miR-513a-3p, hsa-miR-497, hsa-miR-3647-3p, hsa-miR-382, hsa-miR-30b, hsa-miR-543, hsa-let-7f-2, hsa-miR-1269, hsa-miR-3164, hsa-miR-503, hsa-miR-500a, hsa-miR-449a, hsa-miR-141, hsa-miR-424, hsa-miR-3908, hsa-miR-889, hsa-miR-2116, hsa-miR-330-3p, hsa-miR-15b, hsa-miR-181b, hsa-miR-187, hsa-miR-1237, hsa-miR-449b, hsa-miR-101, hsa-miR-381, hsa-miR-618, hsa-miR-222, hsa-miR-181a, hsa-miR-432, hsa-miR-96, hsa-miR-19b, hsa-miR-195, hsa-miR-548n, hsa-miR-485-5p, hsa-miR-217, hsa-miR-30c, hsa-miR-495, hsa-miR-137, hsa-miR-1288, hsa-miR-181c, hsa-miR-3942-5p, hsa-miR-548v, hsa-miR-487a, hsa-miR-221, hsa-miR-891b, hsa-miR-205, hsa-miR-195, hsa-miR-4271, hsa-miR-3611, hsa-miR-516b, hsa-miR-181d, hsa-miR-154, hsa-miR-646, hsa-miR-153, hsa-miR-34a, hsa-miR-19a, hsa-miR-107, hsa-miR-30e and hsa-miR-4262.

296. The method according to claim 274, wherein the CAR T-cell is prepared by modifying a T-cell obtained from mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

297. The method according to claim 279, wherein the expansion of the number of CAR T-cells is by a factor selected from the group consisting of at least 2-fold, at least 4-fold, at least 5-fold, at least 8-fold and at least 10-fold.

298. An expanded CAR T-cell population made by the process according to claim 274.

299. An expanded CAR T-cell population made by the process according to claim 275.

291. A method for ex vivo expansion of chimeric antigen receptor (CAR) T-cells, the expanded CAR T-cells being competent to treat a cancer and/or blood disorder upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the CAR T-cells that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader and culturing the population of CAR T-cells in a suitable culture medium.

292. The method according to claim 291, wherein the CAR T-cells are obtained by modifying T-cells from a mammalian tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

293. The method according to claim 291, wherein the mammal is a human.

294. The method according to claim 291, wherein the mammal is suffering from cancer.

295. The method according to claim 294, wherein the cancer comprises a blood cancer selected from the group consisting of leukemia and lymphoma.

296. The method according to claim 291, wherein the mutation deletes, replaces or reduces expression of a gene expressing Ythdf2.

297. The method according to claim 291, wherein the mutation is introduced by exposing the CAR T-cells to a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

298. The method according to claim 296, wherein the mutation incorporates shRNA into the stem cells to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

299. The method according to claim 291, wherein the expansion of the number of CAR T-cells is by a factor selected from the group consisting of at least 2-fold, at least 4-fold, at least 5-fold, at least 8-fold and at least 10-fold.

300. A kit for expanding a chimeric antigen receptor (CAR) T-cell (HSC) population for subsequent transplantation into a subject in need thereof, the kit

comprising a system for introducing a mutation into the CAR T-cell population that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader, and instructions for use thereof.

301. The kit according to claim 300, wherein the system for introducing a mutation into the CAR T-cell population includes one or more reagents capable of introducing a mutation into the CAR T-cell population that results in deletion, replacement or reduced expression of a gene expressing Ythdf2.

302. The kit according to claim 301, wherein the system for introducing a mutation into the CAR T-cell population comprises a Mx1-Cre targeting system that inactivates or deletes at least a portion of a gene that expresses a m⁶A mRNA modification reader.

303. The kit according to claim 301, wherein the system for introducing a mutation into the CAR T-cell population comprises reagents for delivering a lentivirus that incorporates shRNA into the CAR T-cell population to reduce expression of a gene that expresses a m⁶A mRNA modification reader.

304. A kit for expanding chimeric antigen receptor (CAR) T-cell population for subsequent transplantation into a subject in need thereof, the kit comprising an inhibitor of a m⁶A mRNA modification reader, and instructions for use thereof.

305. A method for administering chimeric antigen receptor (CAR) T-cell to a subject in need thereof, the method comprising:

(a) introducing, into a sample containing CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,

(b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject; and

(c) administering the CAR T-cells to the subject.

306. The method according to claim 305, wherein the CAR T-cells are obtained by modifying T-cells obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

307. The method according to claim 305, wherein the mutation results in deletion a gene expressing Ythdf2.

308. The method according to claim 305, wherein the mutation results in incorporation of shRNA into the CAR T-cell population that reduces expression of a gene expressing Ythdf2.

309. A method for administering a CAR T-cell to a subject in need thereof, the method comprising:

(a) culturing, in a suitable culture media, a sample containing a CAR T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject;

- (b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and
- (c) administering the CAR T-cells to the subject.

310. The method according to claim 309, wherein the CAR T-cells are obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

311. The method according to claim 309, wherein the inhibitor of the m⁶A mRNA modification reader inhibits Ythfd2.

312. The method according to claim 309, wherein the subject is a human.

313. A method for treating cancer and/or a blood disorder in a subject in need thereof, comprising:

- (a) introducing, into a sample containing a CAR T-cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m⁶A mRNA modification reader,
- (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject;
- (c) administering the CAR T-cells to the subject.

314. The method according to claim 313, wherein the CAR T-cells are obtained by modifying T-cells obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

315. The method according to claim 313 wherein the subject is suffering from cancer.

316. The method according to claim 315 wherein the subject is suffering from a blood cancer selected from the group consisting of leukemia and lymphoma.

371. A method for treating cancer and/or a blood disorder in a subject in need thereof, comprising:

(a) culturing, in a suitable culture media, a sample containing a CAR T-cell population in the presence of an inhibitor of a m⁶A mRNA modification reader, for a period of time sufficient to expand the number of CAR T-cells in the sample to a number sufficient to transplant into the subject;

(b) removing from the culture the inhibitor of the m⁶A mRNA modification reader; and

(c) administering the CAR T-cells to the subject.

372. The method according to claim 371, wherein the CAR T-cells are obtained by modifying T-cells obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

373. A method for expanding a population of chimeric antigen receptor (CAR) T-cells comprising culturing the population of CAR T-cells under conditions sufficient to result in an expansion of the CAR T-cell population by at least 2-fold, wherein the expanded population of CAR T-cells is suitable for transplantation into a mammal in need thereof.

374. The method according to claim 373, wherein the expansion of the CAR T-cell population is at least 4-fold.

375. The method according to claim 374, wherein the expansion of the CAR T-cell population is at least 5-fold.

376. The method according to claim 375, wherein the expansion of the CAR T-cell population is at least 8-fold.

377. The method according to claim 376, wherein the expansion of the CAR T-cell population is at least 10-fold.

378. The method according to claim 377, wherein the mammal is a human.

379. The method according to claim 378, wherein the human is suffering from cancer and/or a blood disorder.

380. A method for treating a subject suffering from cancer and/or a blood disorder, comprising administering to the subject a population of CAR T-cells obtained by the method of claim 373.

381. A method for expanding a population of chimeric antigen receptor (CAR) T-cells comprising:

- (a) obtaining from a mammal a tissue sample comprising a T-cell population;
- (b) modifying the T-cell population with chimeric antigen receptors to provide CAR T-cell population; and
- (c) expanding, in vitro, the CAR T-cell population from the sample, wherein:
 - (i) the CAR T-cell population expands by at least 2-fold.

382. The method according to claim 381, wherein the expansion of the CAR T-cell population is at least 4-fold.

383. The method according to claim 382, wherein the expansion of the CAR T-cell population is at least 5-fold.

384. The method according to claim 383, wherein the expansion of the CAR T-cell population is at least 8-fold.

385. The method according to claim 384, wherein the expansion of the CAR T-cell population is at least 10-fold.

386. The method according to claim 381, wherein the mammal is a human.

387. The method according to claim 386, wherein the human is suffering from cancer and/or a blood disorder.

388. The method according to claim 387, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

389. A method for treating a subject suffering from cancer and/or a blood disorder, the method comprising:

- (a) obtaining from a mammal a tissue sample comprising a T-cell population;
- (b) modifying the T-cell population with a chimeric antigen receptor (CAR) to form a CAR T-cell population
- (c) expanding, in vitro, the CAR T-cell population from the sample, wherein:
 - (i) the CAR T-cell population expands by at least 2-fold; and
- (d) transplanting the expanded CAR T-cell population into the subject.

390. The method according to claim 389, wherein the expansion of the HSC population is at least 4-fold.

391. The method according to claim 390, wherein the expansion of the HSC population is at least 5-fold.

392. The method according to claim 391, wherein the expansion of the HSC population is at least 8-fold.

393. The method according to claim 392, wherein the expansion of the HSC population is at least 10-fold.

394. The method according to claim 389, wherein the mammal is a human.

395. The method according to claim 394, wherein the human is suffering from at least one cancer selected from the group consisting of leukemia and lymphoma.

396. The method according to claim 394, wherein the tissue sample is obtained from a tissue selected from the group consisting of cord blood, peripheral blood, and bone marrow.

397. The method according to claim 396, wherein the sample is from an autologous or allogeneic source.

398. The method according to claim 397, wherein the sample is from an autologous source.

399. A method for expanding a chimeric antigen receptor (CAR) T-cell population in a mammal in need of such expansion comprising administering to the mammal a therapeutically effective amount of a modulator of a N^6 -Methyladenosine

(m⁶A) mRNA modification pathway for a period of time sufficient to expand the CAR T-cell population by at least 2-fold with CAR T-cells that possess the ability to treat cancer and/or a blood disorder in the mammal.

400. The method according to claim 399, wherein the modulator comprises a system for introducing a mutation into the CAR T-cell population that deletes, replaces, or reduces expression of a gene expressing a N⁶-Methyladenosine (m⁶A) mRNA modification reader.

401. The method according to claim 400, wherein the modulator comprises a system for introducing a mutation into the CAR T-cell population that deletes, replaces or reduces expression of a gene expressing Ythdf2.

402. The method according to claim 399, wherein the modulator comprising an inhibitor of a N⁶-Methyladenosine (m⁶A) mRNA modification reader.

403. The method according to claim 402, wherein the modulator comprises an inhibitor of Ythdf2.

404. The method according to claim 403, wherein the mammal is a human.

405. A method of treating a subject suffering from a blood disorder, the method comprising:

(a) obtaining a population of cells selected from the group consisting of stem cells and T-cells, from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow;

- (b) optionally, in a case where the population of cells comprises T-cells, modifying the T-cells with a chimeric antigen receptor (CAR) to provide CAR T-cells;
- (c) expanding the population of cells by modulating a N^6 -Methyladenosine (m^6A) mRNA modification pathway in the cells, to expand the number of cells; and
- (d) transplanting the expanded cells to the subject to treat the blood disorder.

406. The method of claim 405, wherein the blood disorder comprises leukemia.

407. The method of claim 405, wherein the population of cells comprises cells selected from the group consisting of HSCs and MSCs.

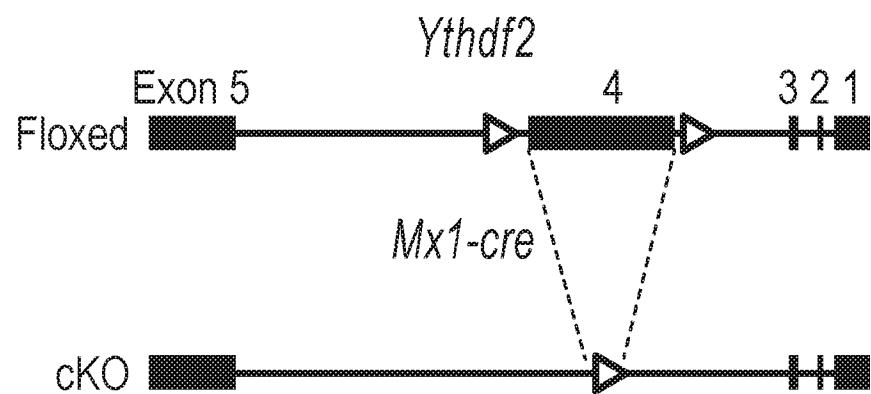


FIG. 1A

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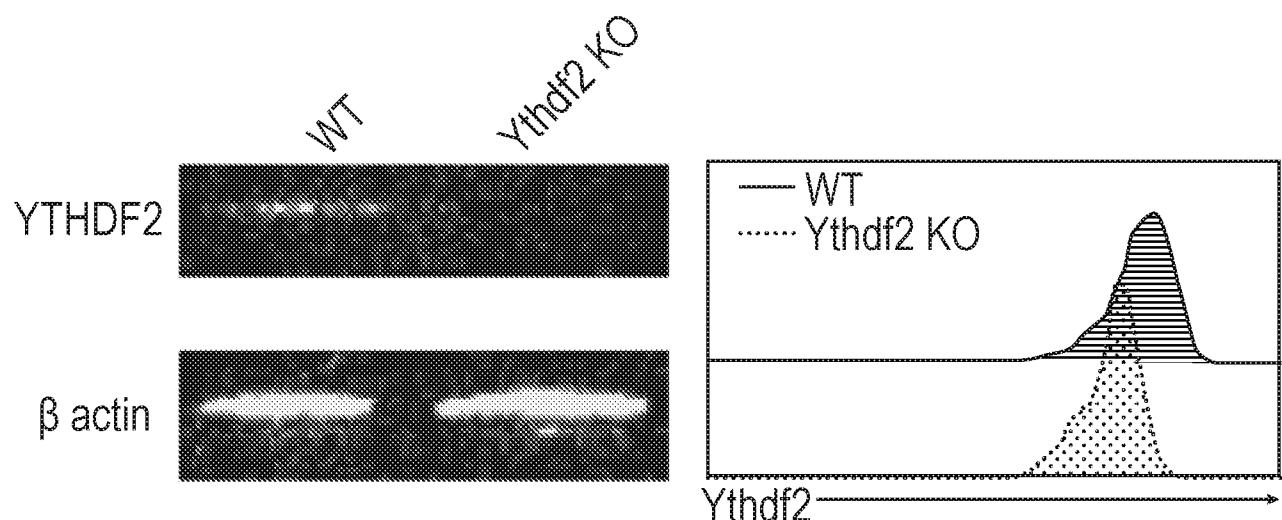


FIG. 1B

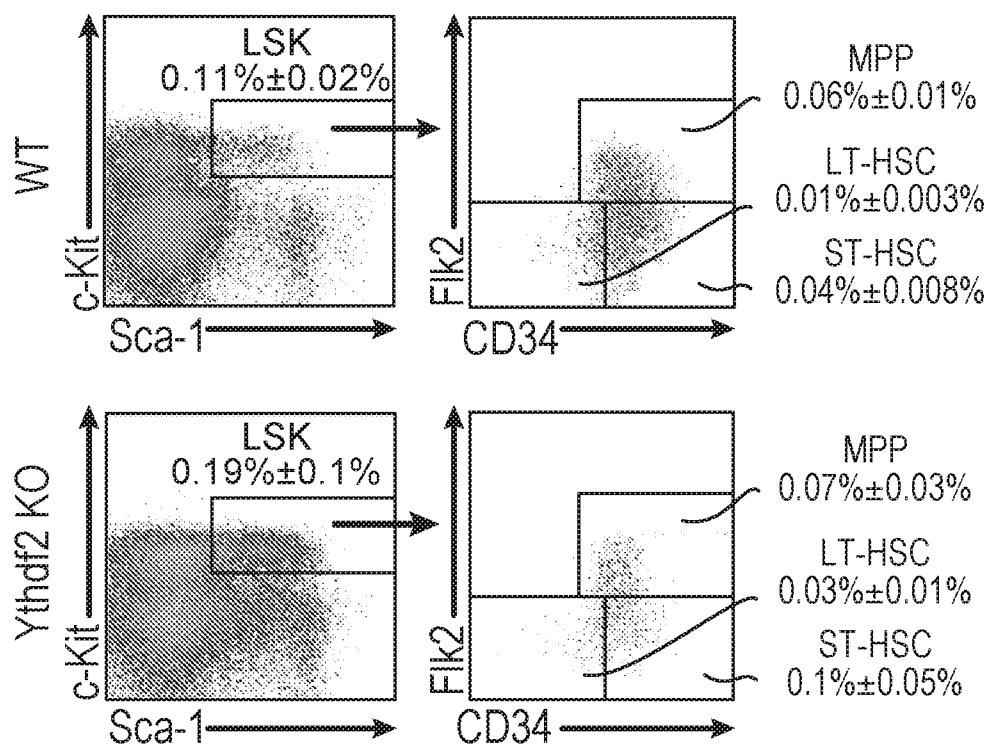


FIG. 1C

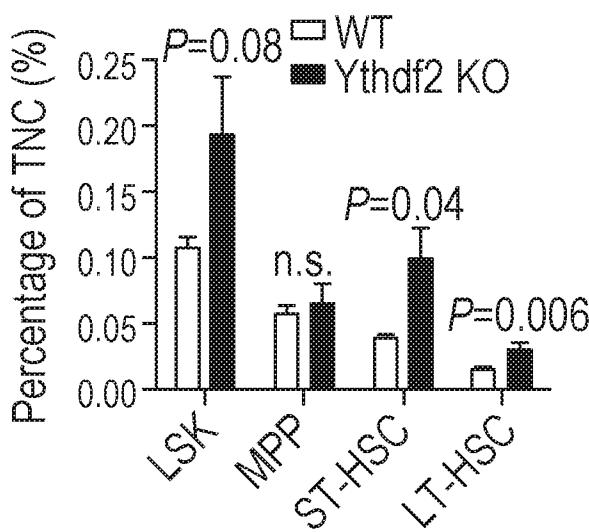


FIG. 1D

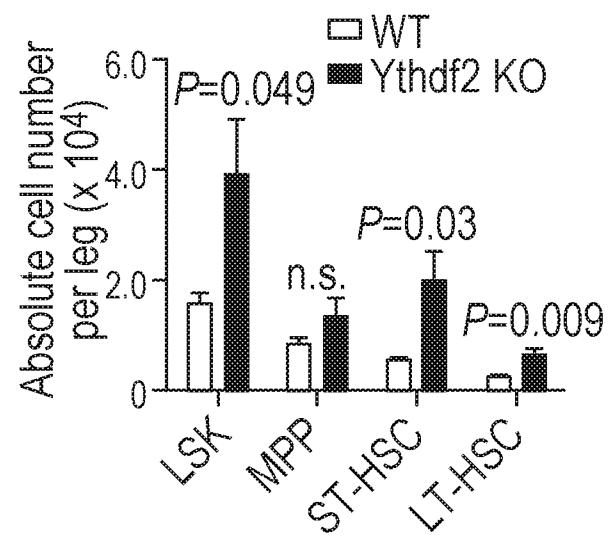


FIG. 1E

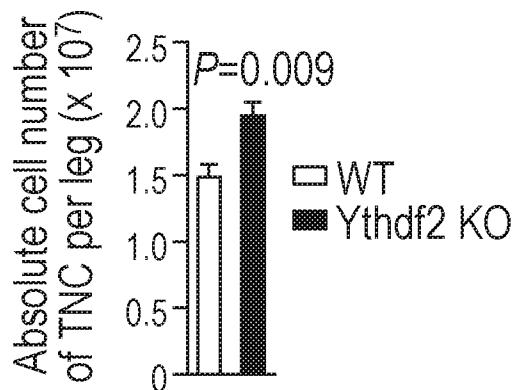


FIG. 1F

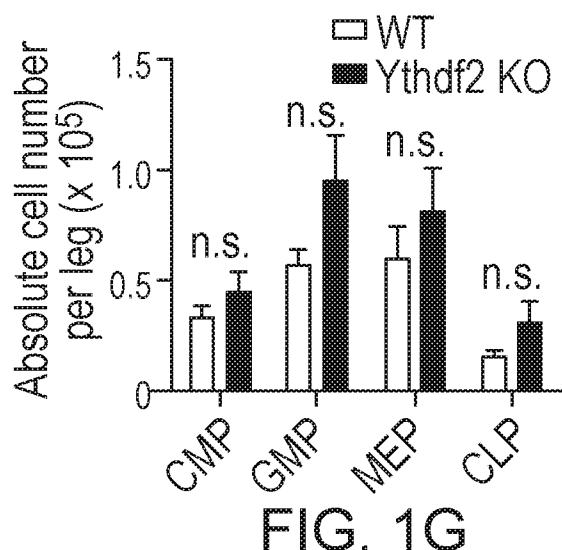


FIG. 1G

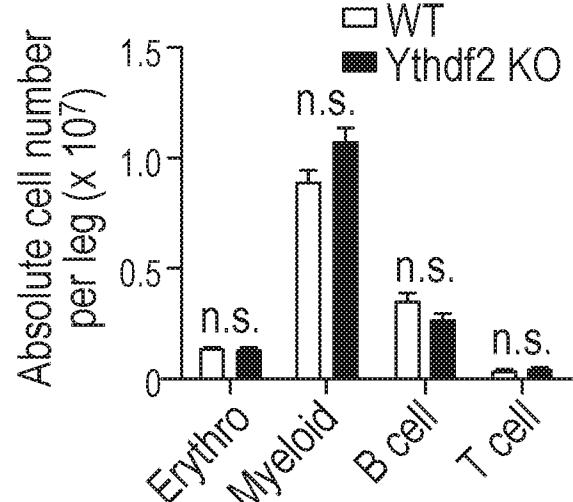


FIG. 1H

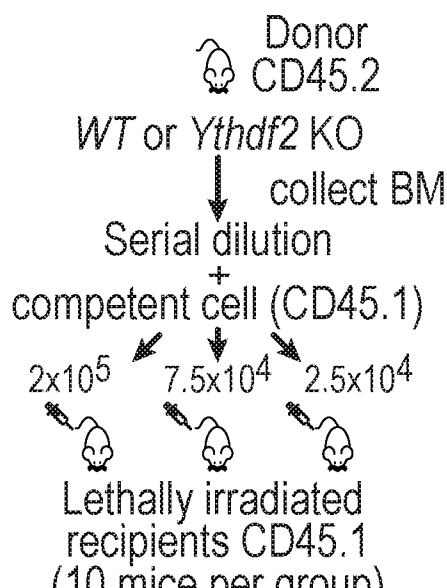


FIG. 2A

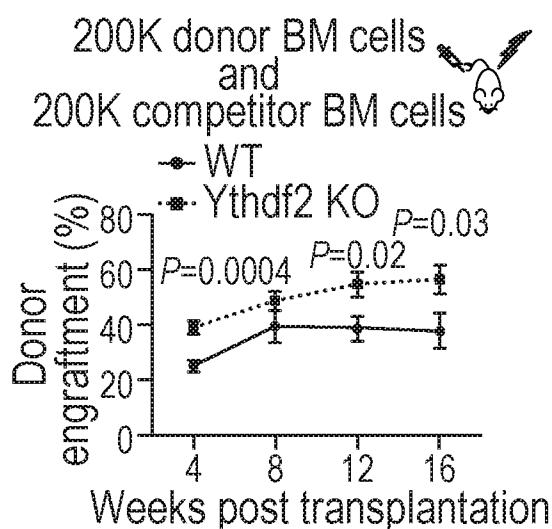


FIG. 2C

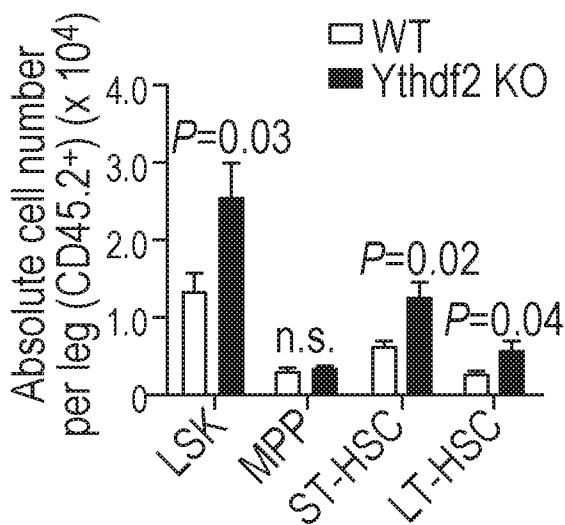


FIG. 2E

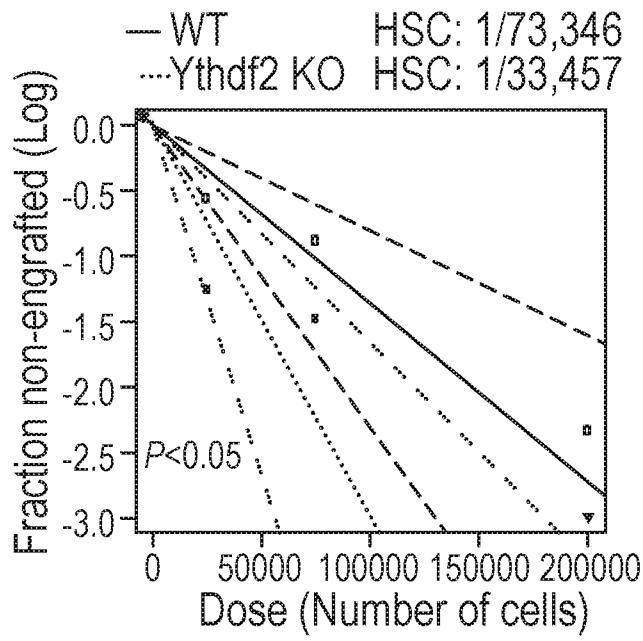


FIG. 2B

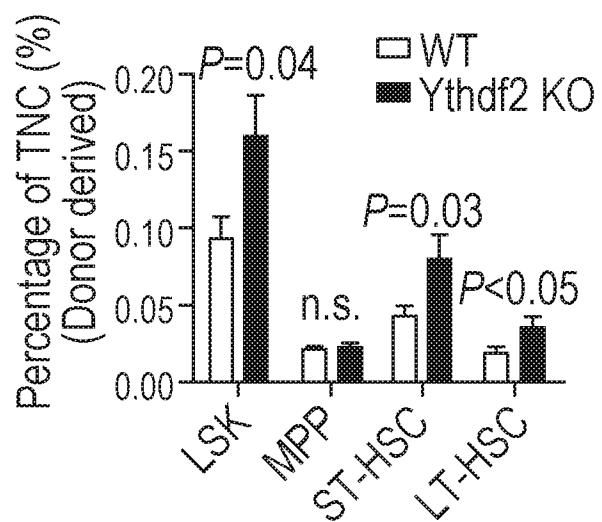


FIG. 2D

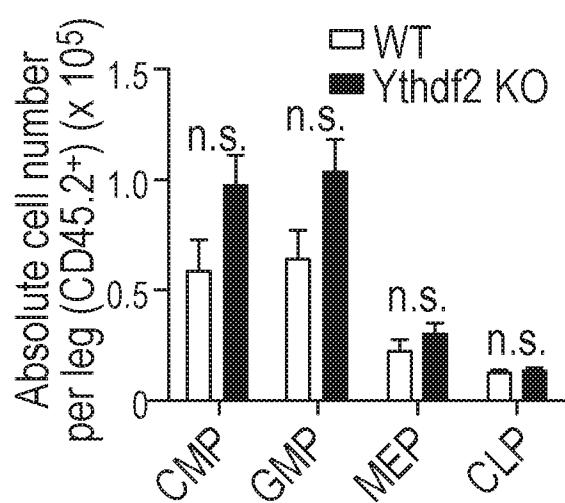


FIG. 2F

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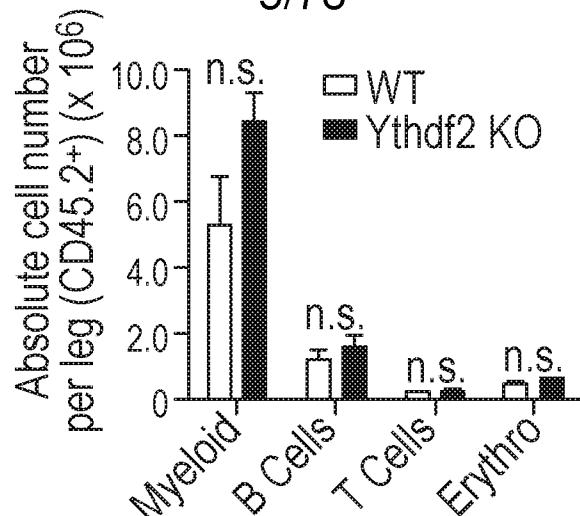


FIG. 2G

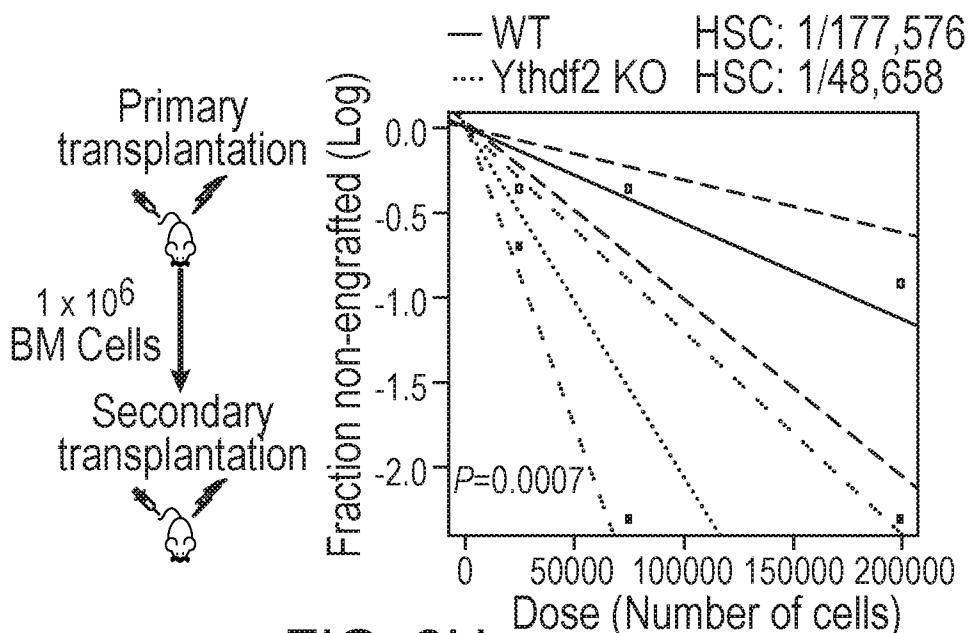


FIG. 2H

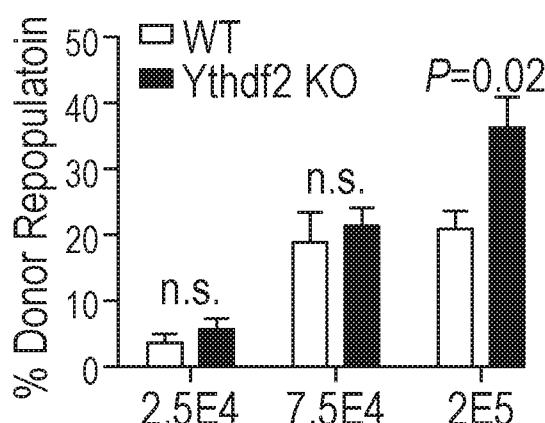


FIG. 2I

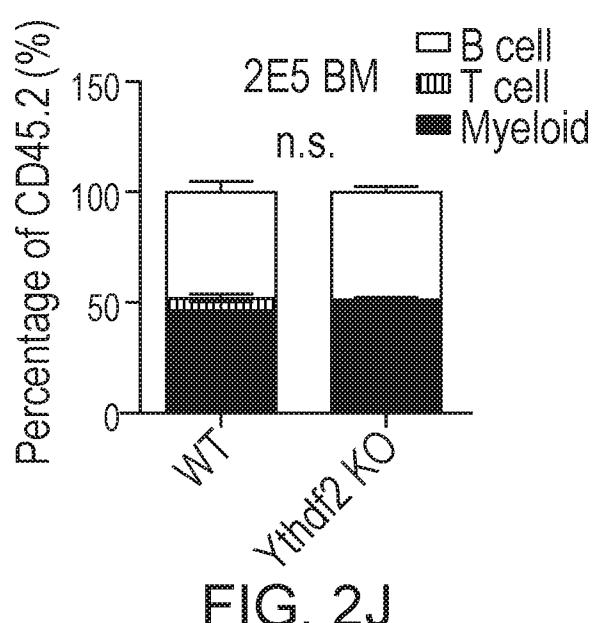


FIG. 2J

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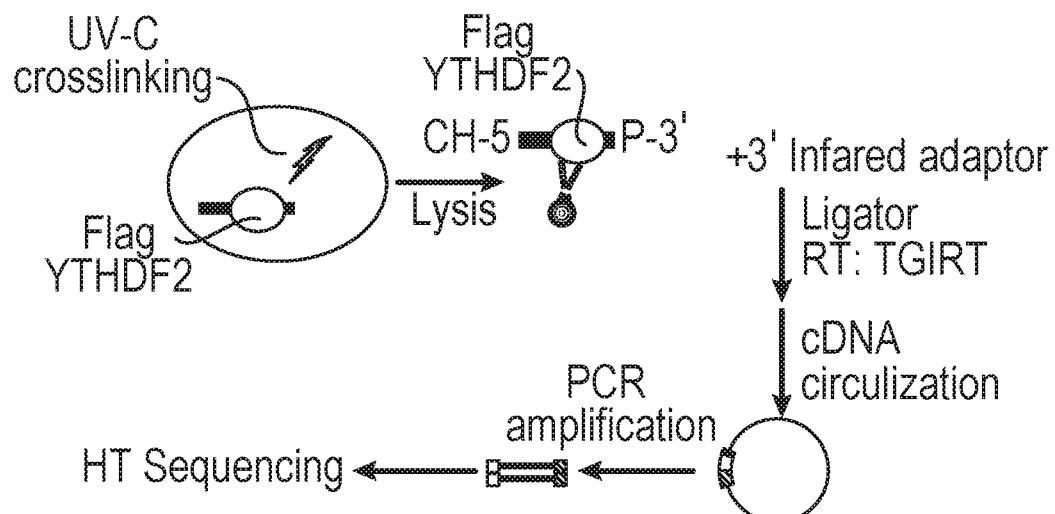


FIG. 3A

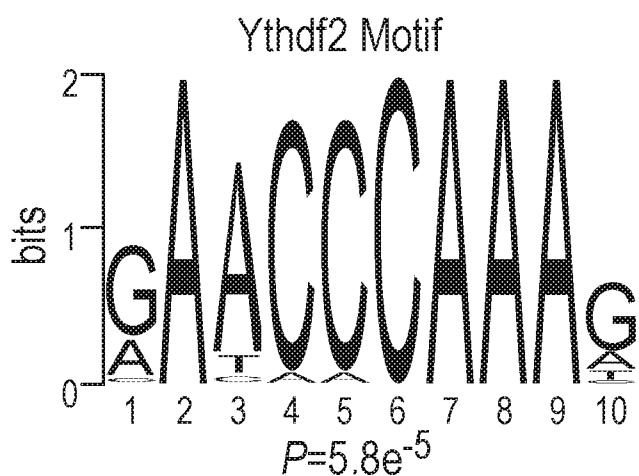


FIG. 3B

Ythdf2 binding site distribution

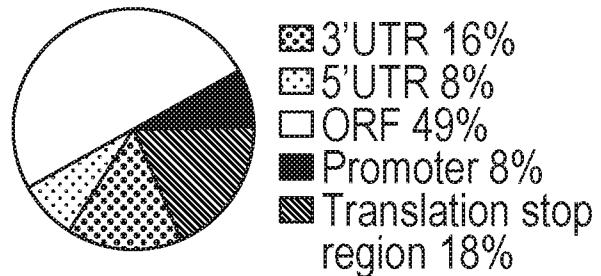


FIG. 3C

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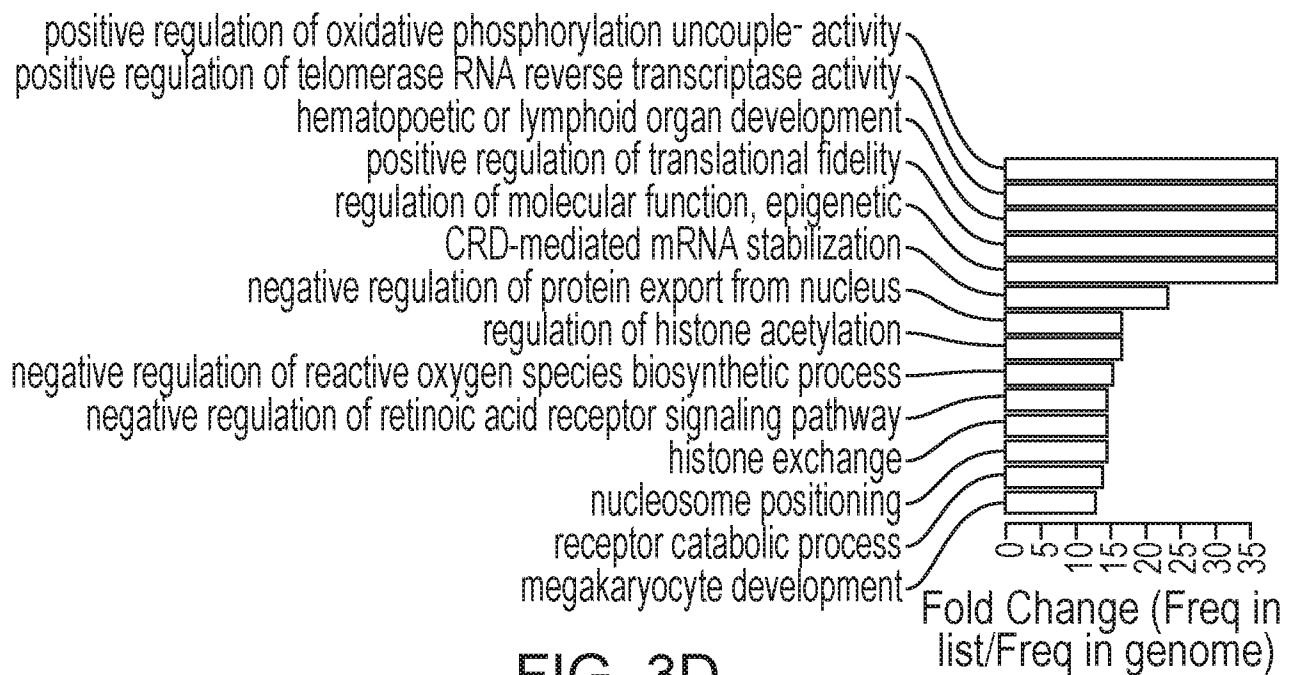


FIG. 3D

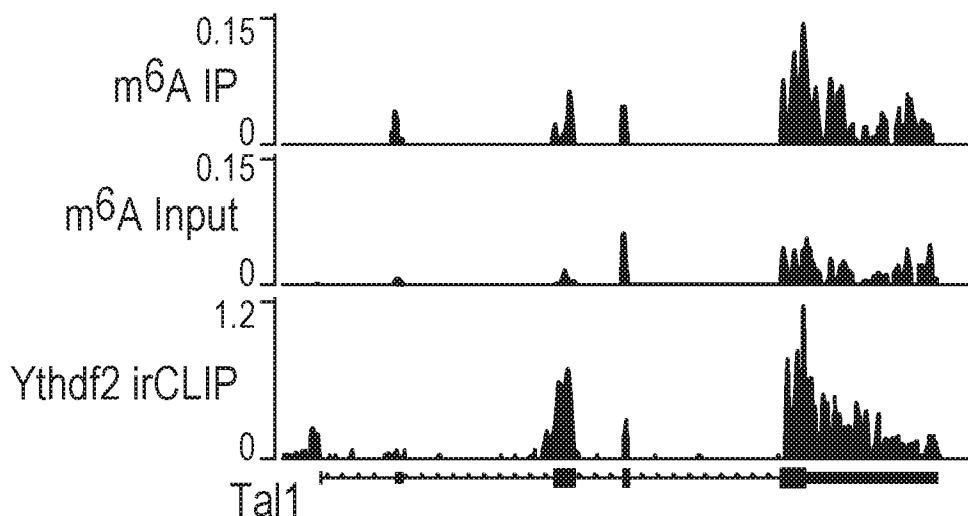


FIG. 3E

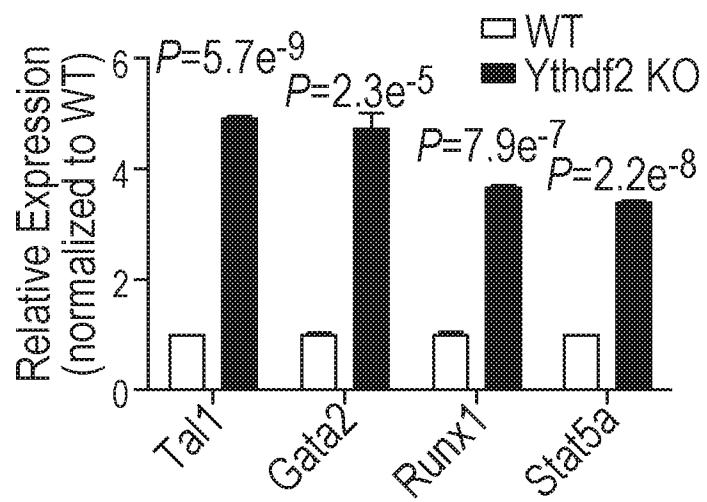


FIG. 3F

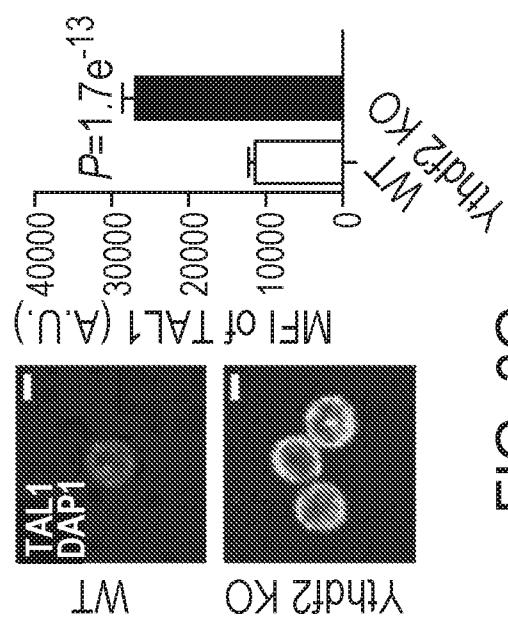


FIG. 3G

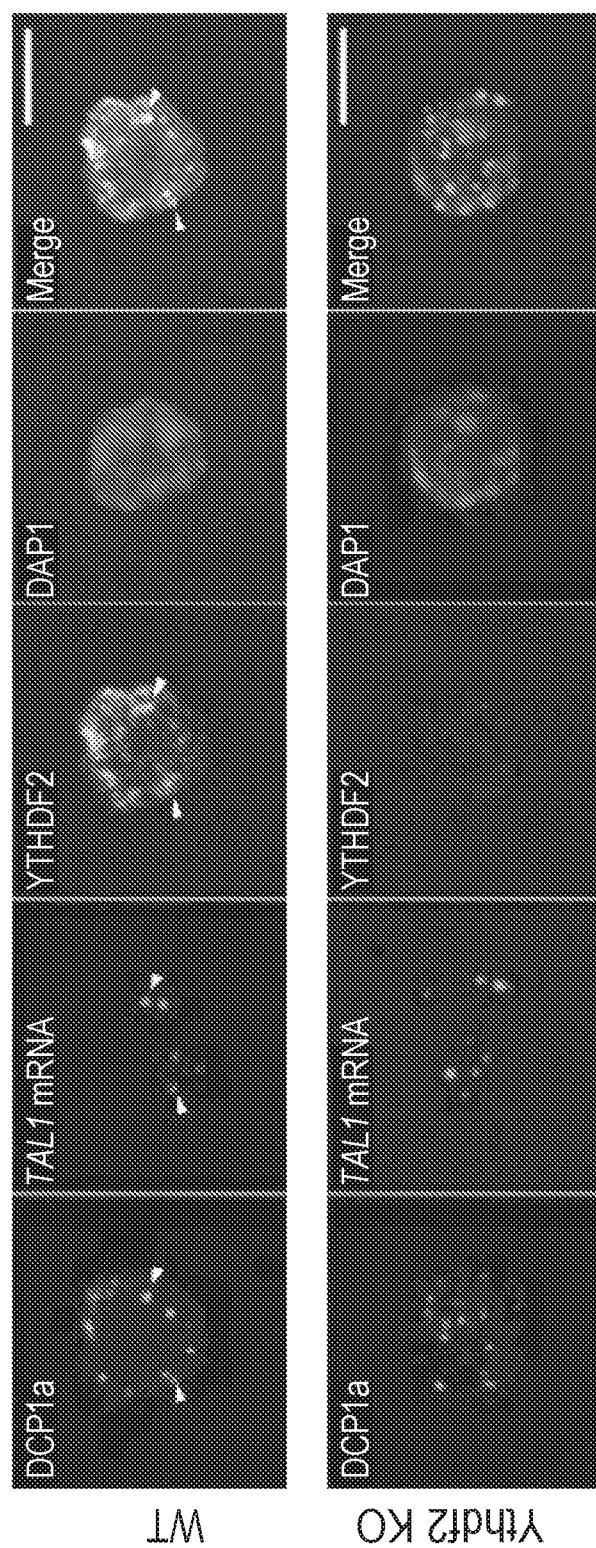


FIG. 3H

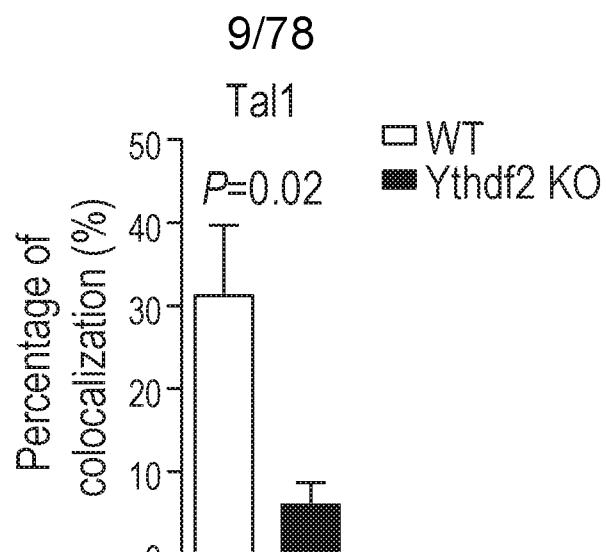


FIG. 3I

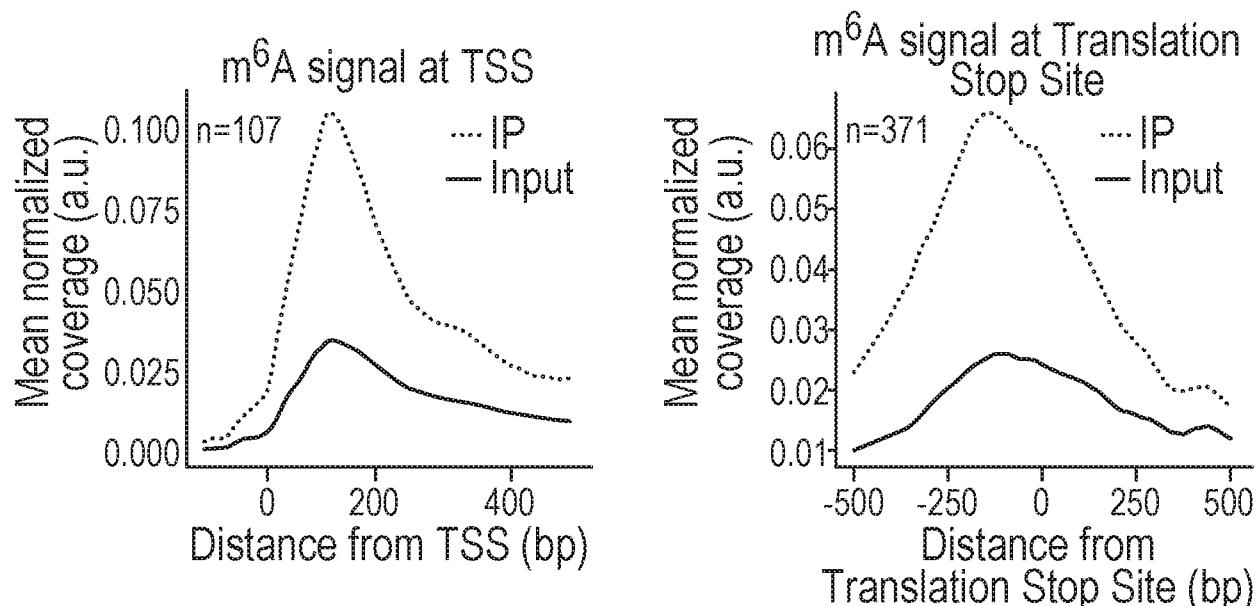


FIG. 4A

Feature distribution in the genome

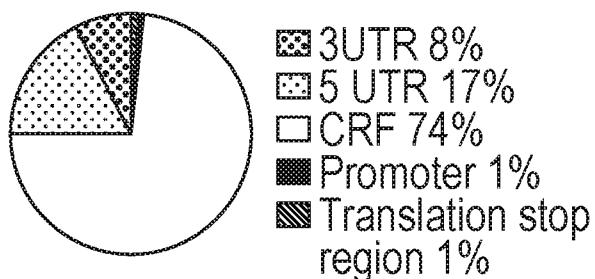
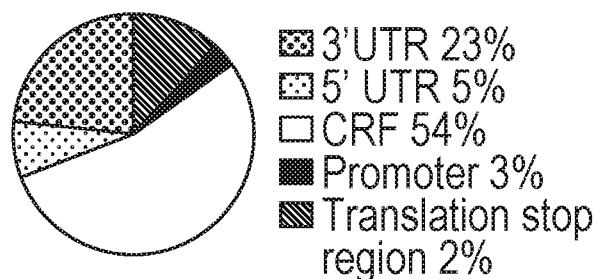
 m^6A peaks distribution in hCB CD34⁻ cells

FIG. 4B

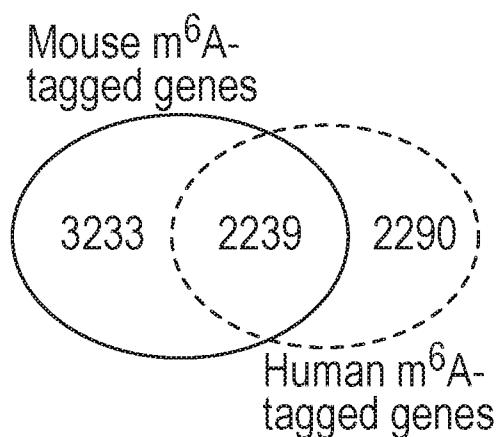


FIG. 4C

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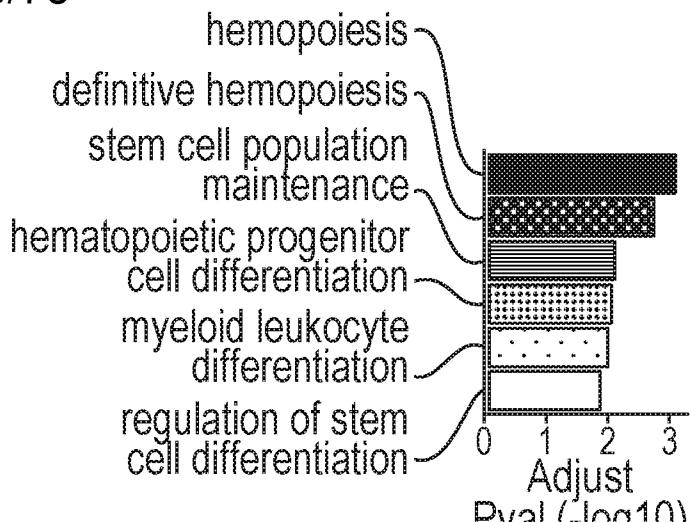


FIG. 4D

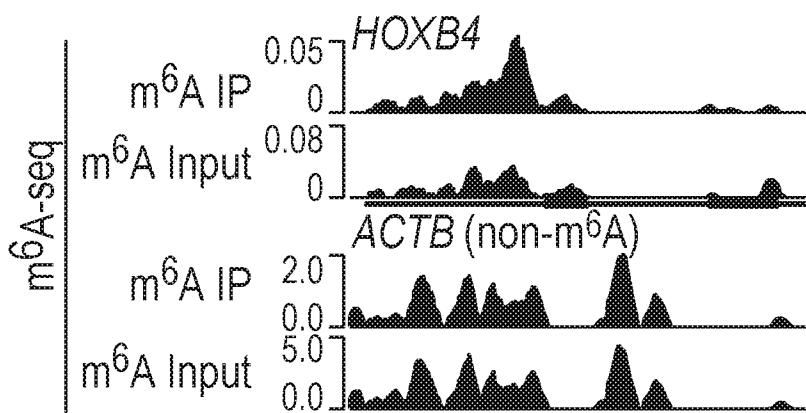


FIG. 4E

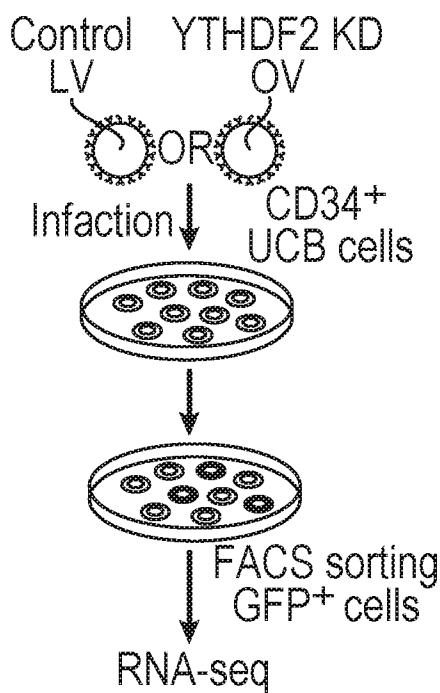


FIG. 4F

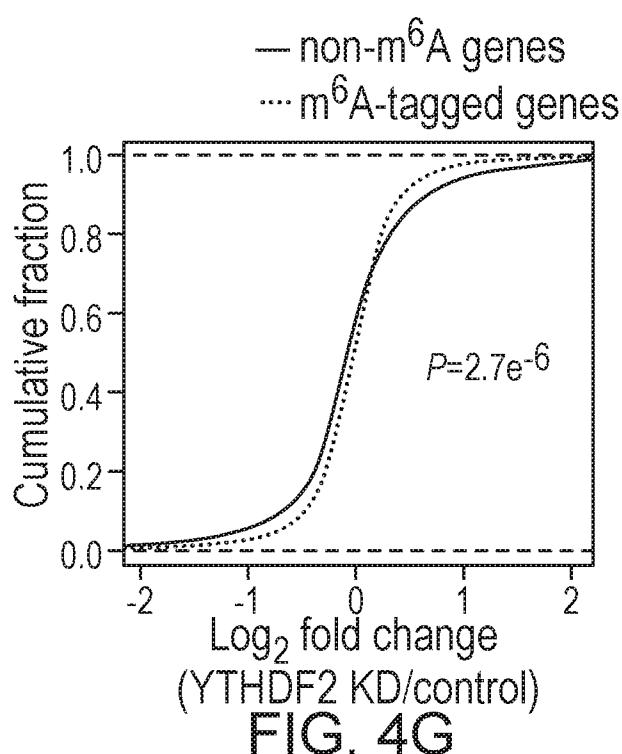
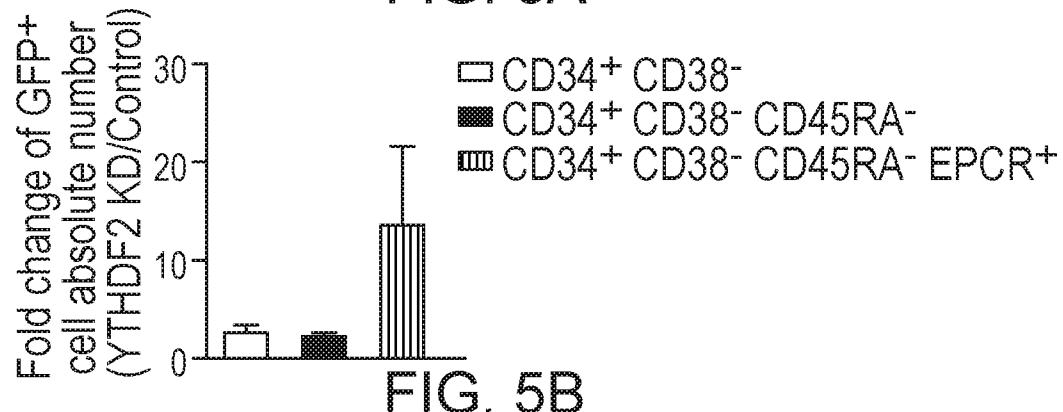
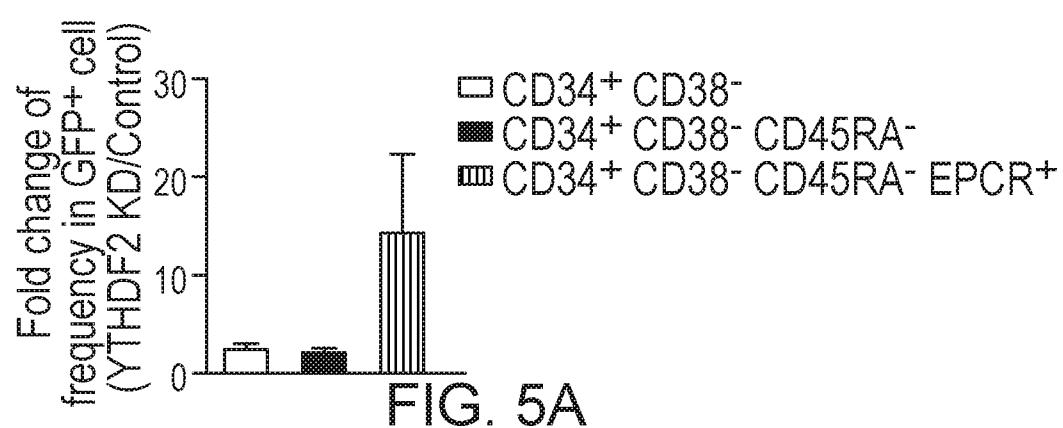
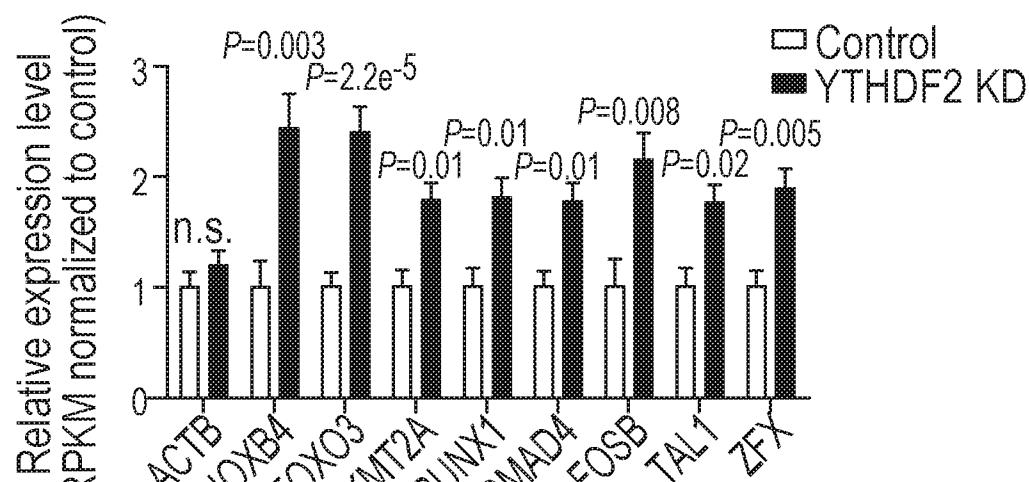
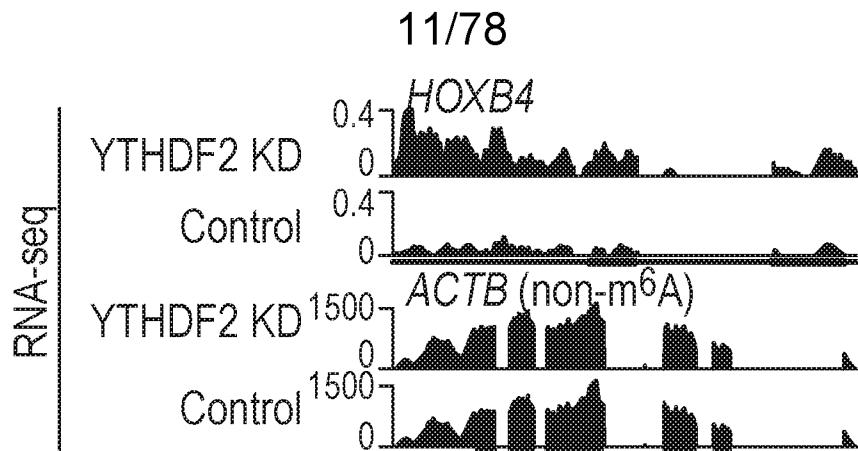


FIG. 4G



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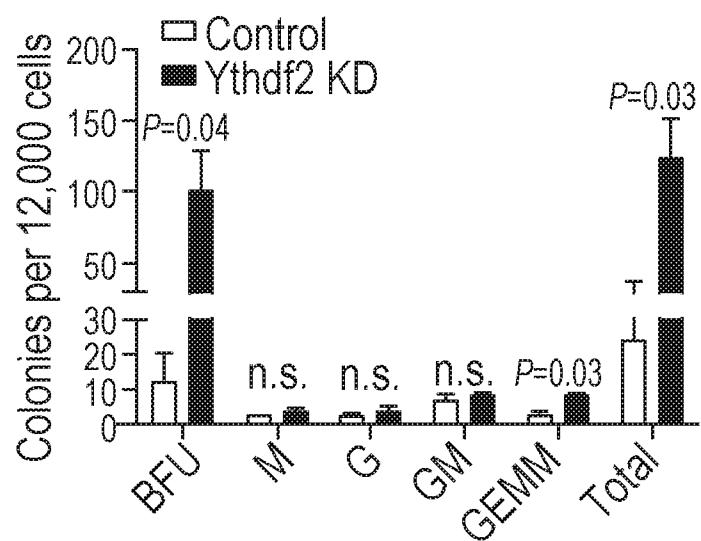
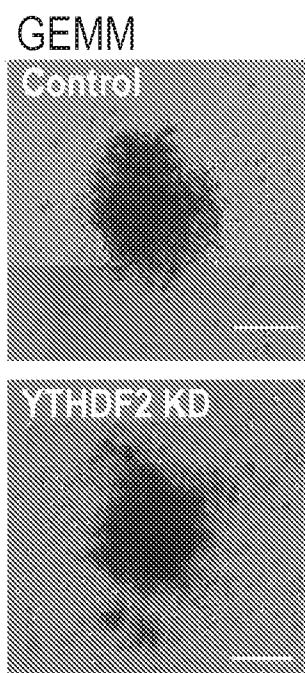


FIG. 5C

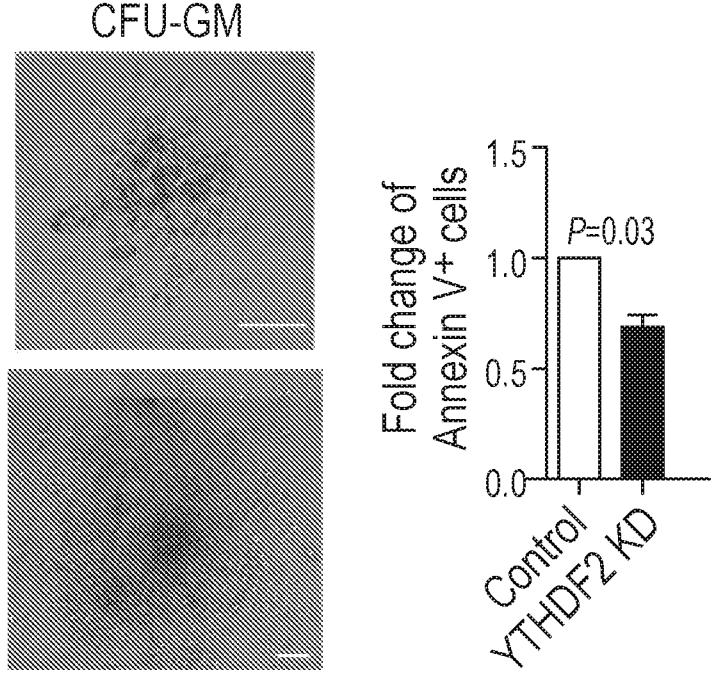
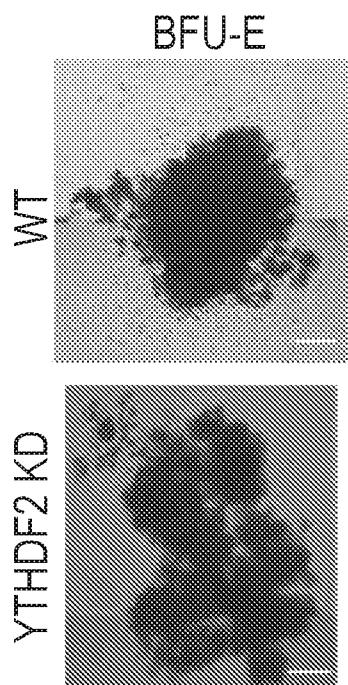


FIG. 5D

FIG. 5E

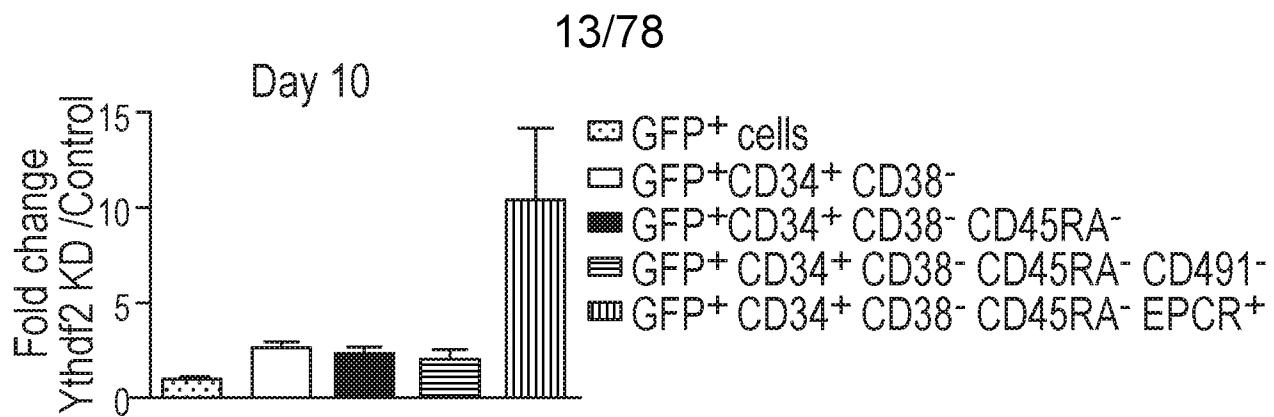


FIG. 5F

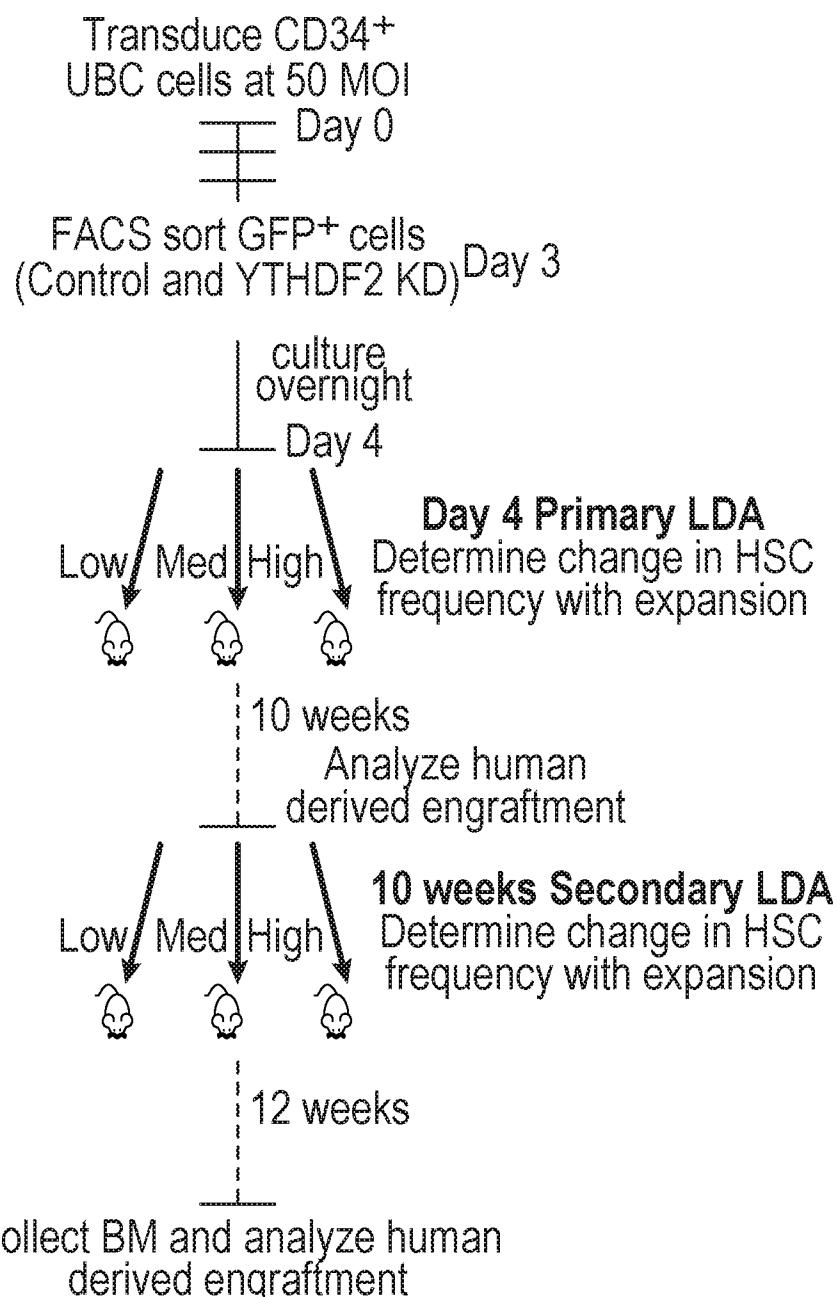


FIG. 6A

SUBSTITUTE SHEET (RULE 26)

Day 4 Primary LDA
Determine change in HSC frequency with expansion

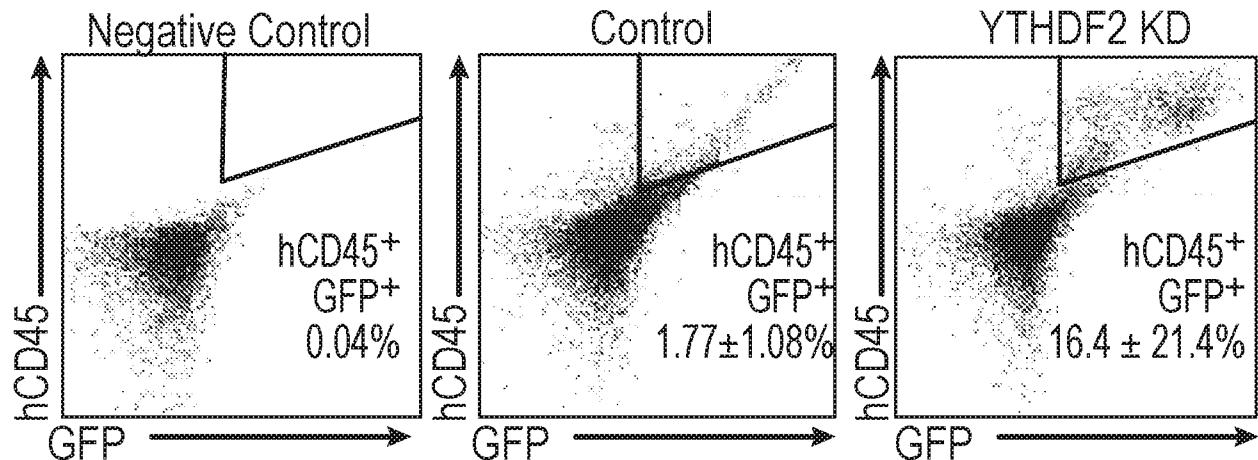


FIG. 6B

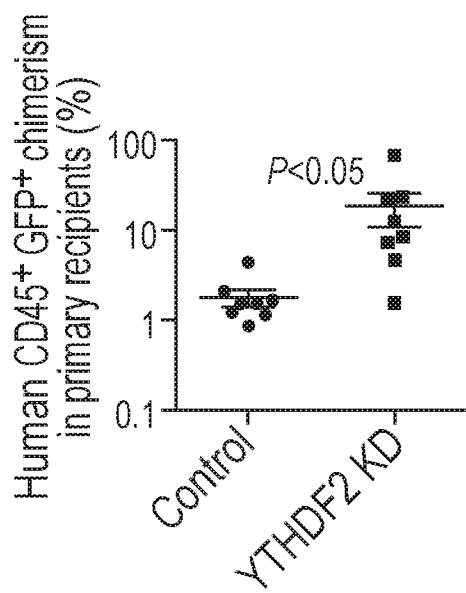


FIG. 6C

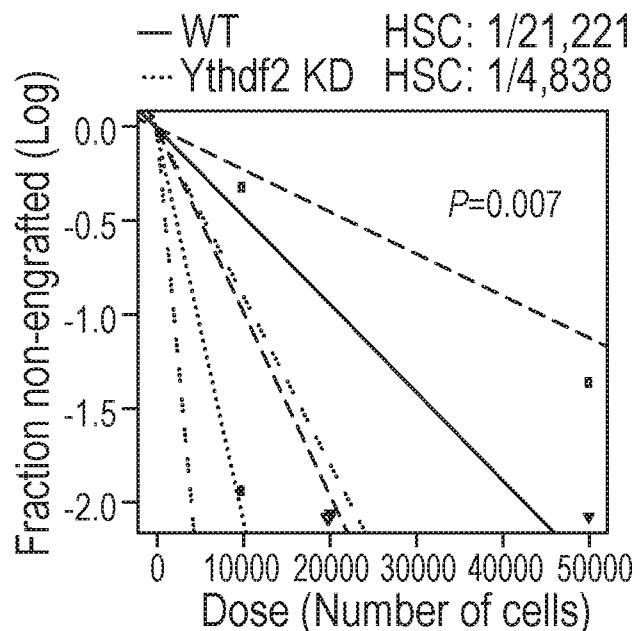


FIG. 6D

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10 weeks Secondary LDA
Determine change in HSC frequency with expansion

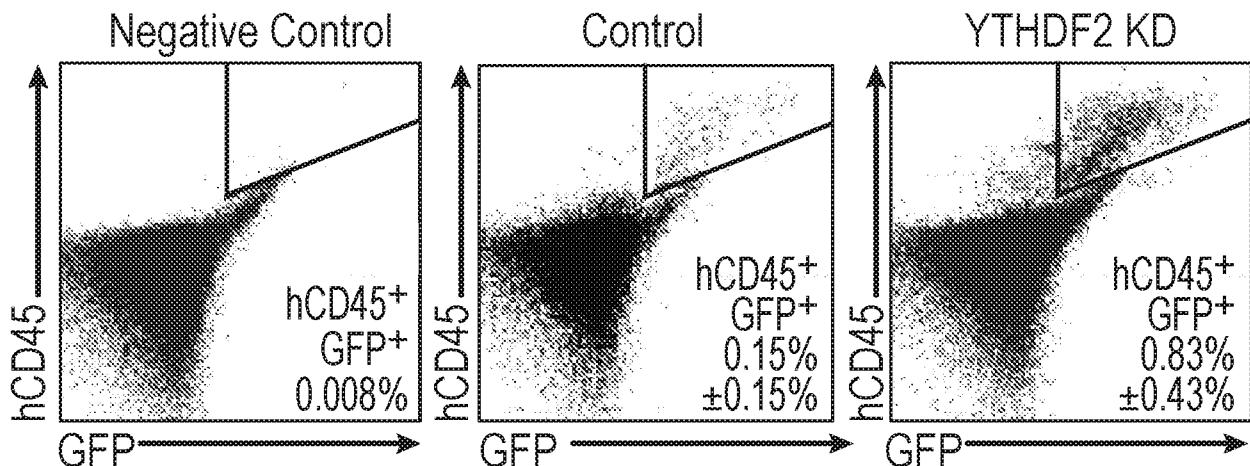


FIG. 6E

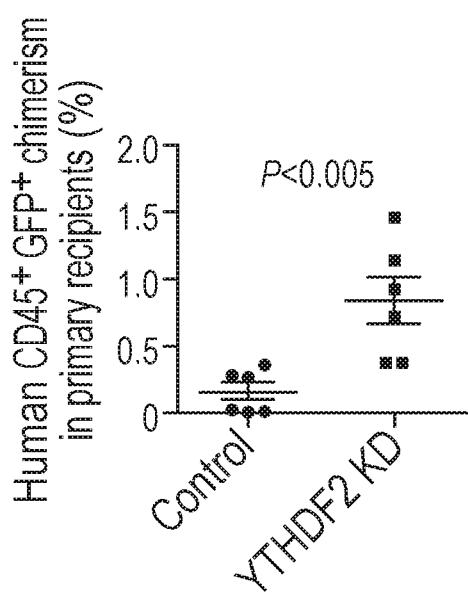


FIG. 6F

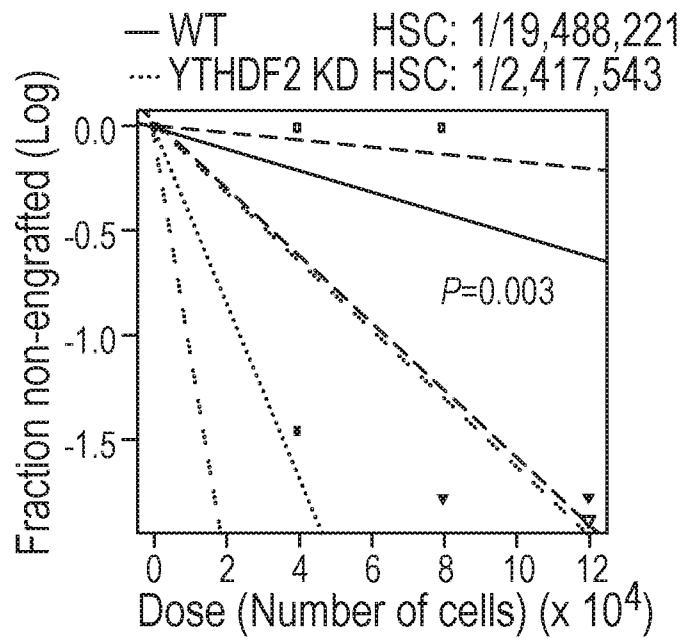


FIG. 6G

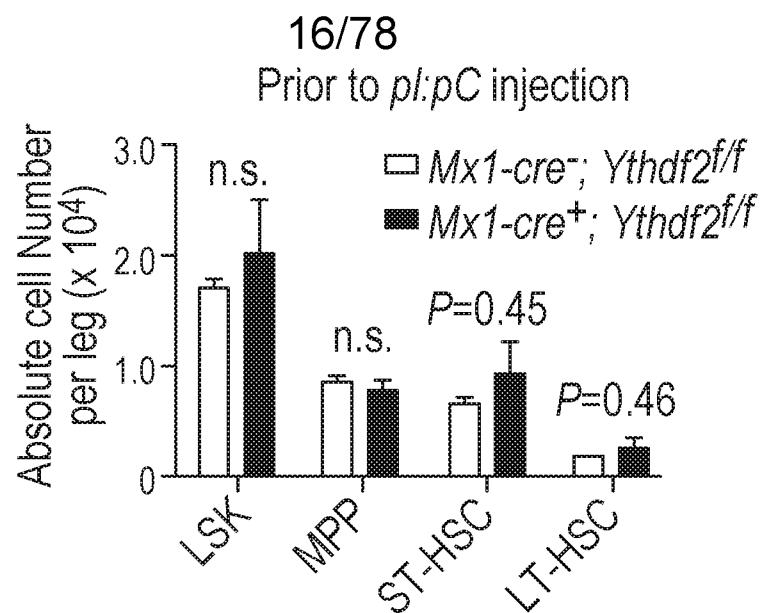


FIG. 7A

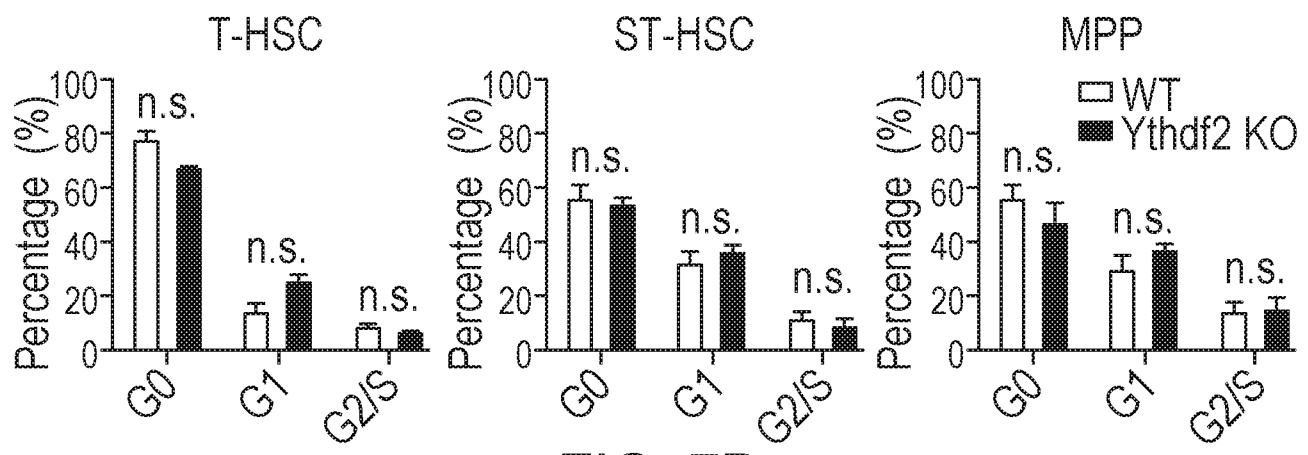


FIG. 7B

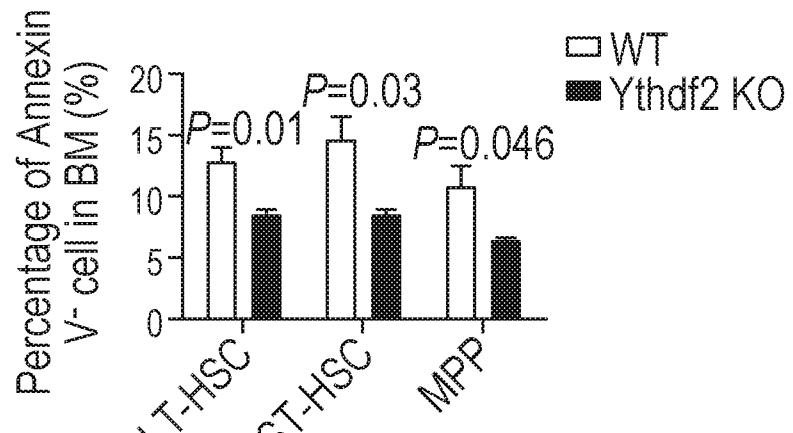


FIG. 7C

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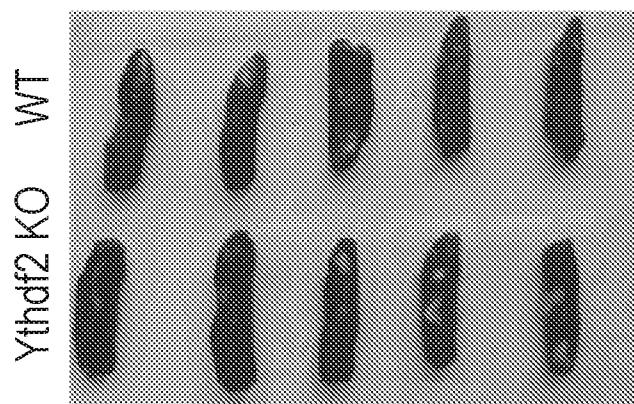


FIG. 7D

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□ WT
■ Ythdf2 KO

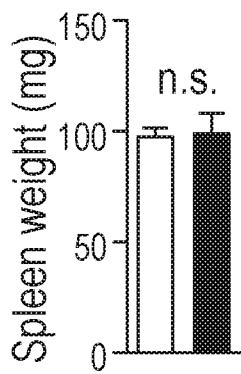


FIG. 7E

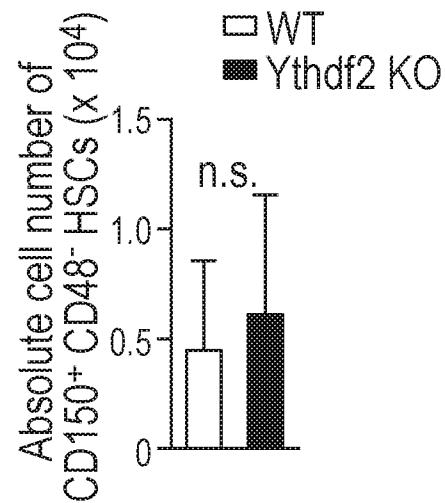
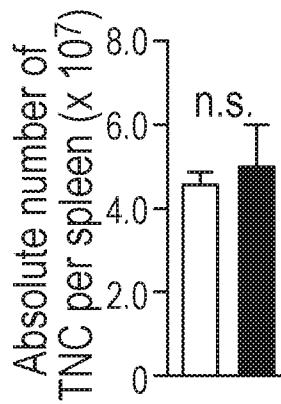


FIG. 7F

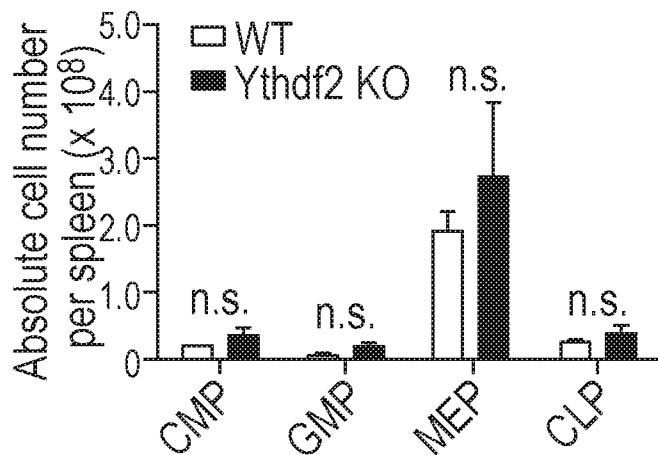


FIG. 7G

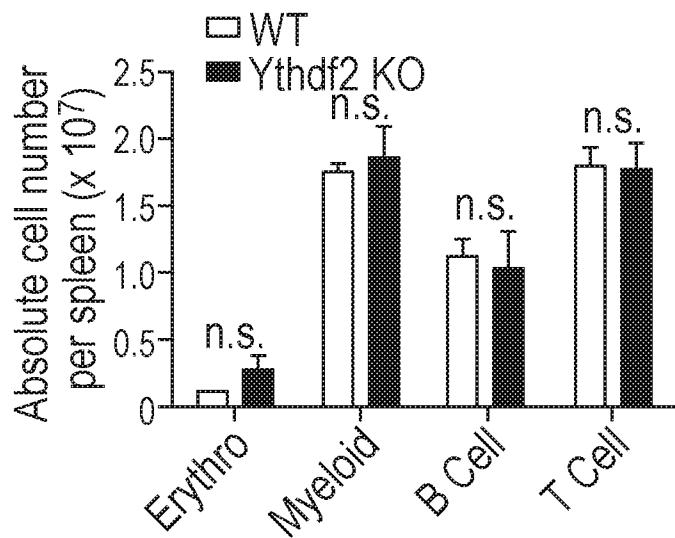


FIG. 7H

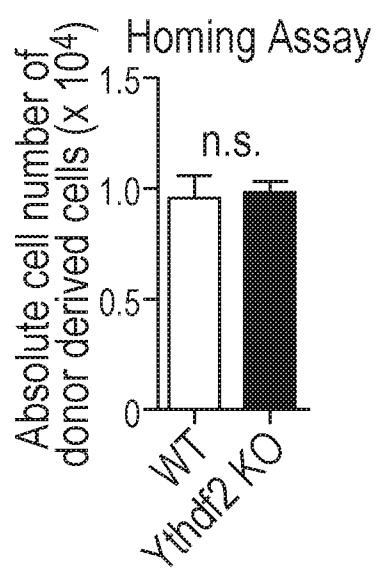


FIG. 7I

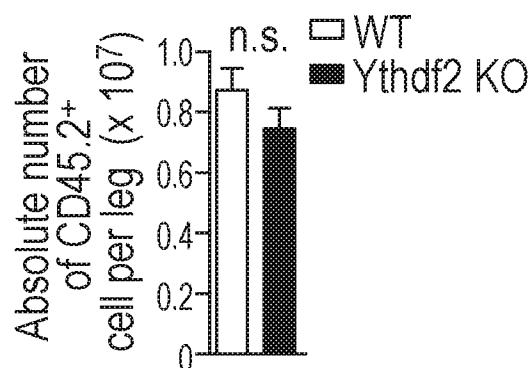


FIG. 8A

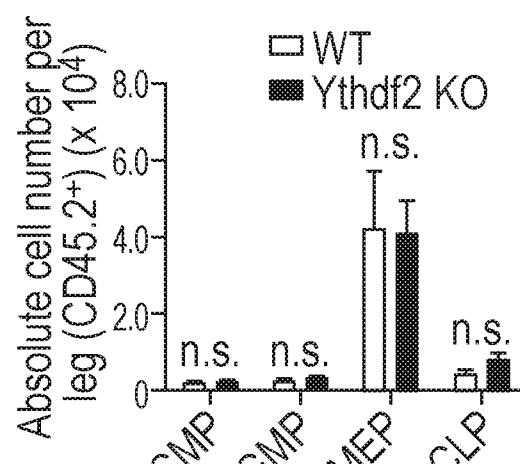


FIG. 8B

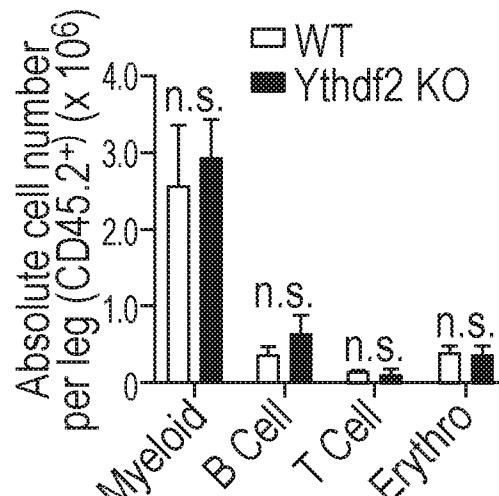


FIG. 8C

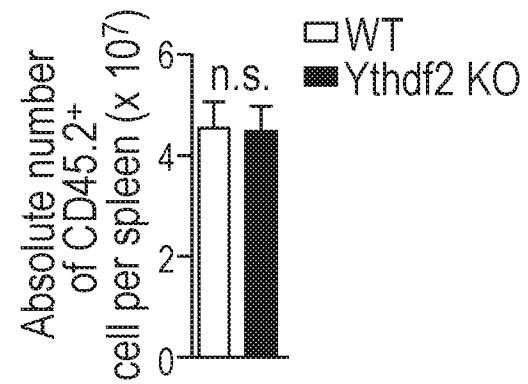


FIG. 8D

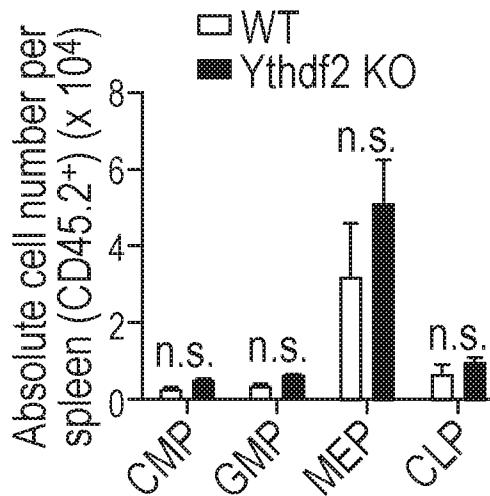


FIG. 8E

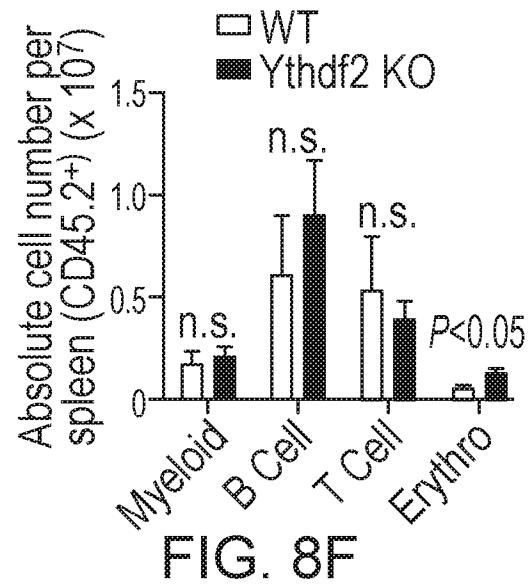


FIG. 8F

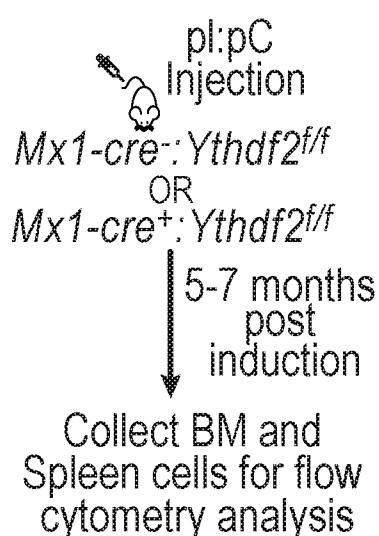


FIG. 9A

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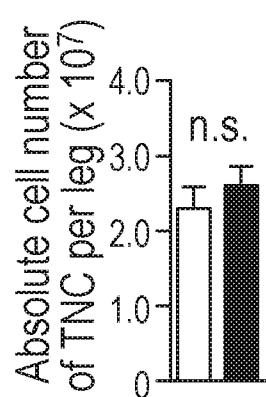


FIG. 9B

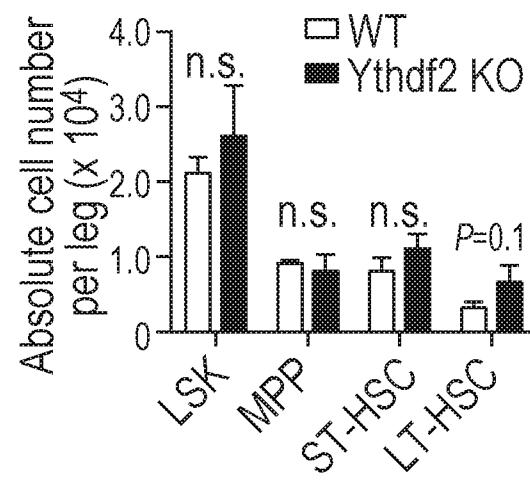


FIG. 9C

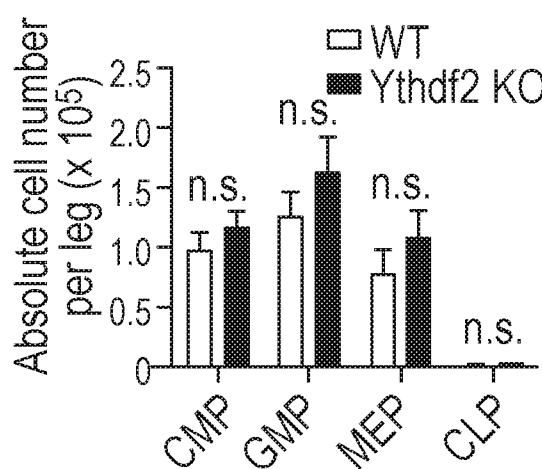


FIG. 9D

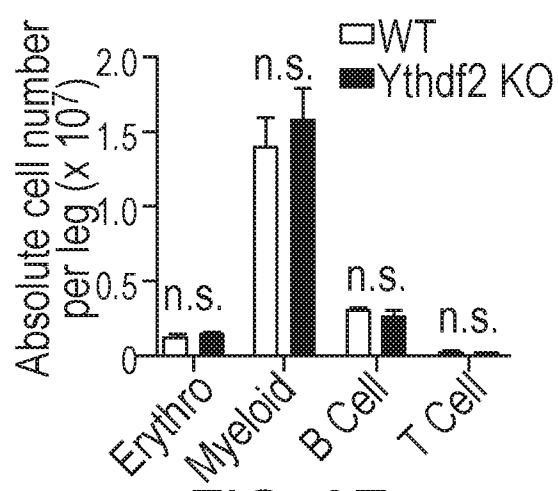


FIG. 9E

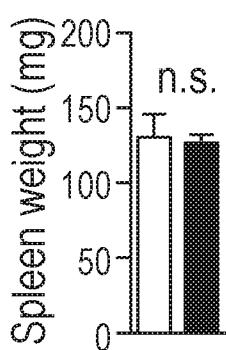


FIG. 9F

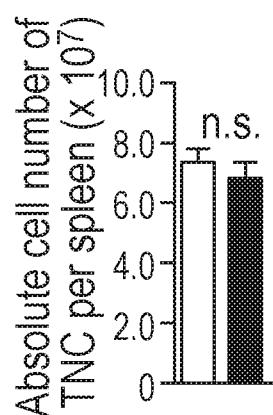


FIG. 9G

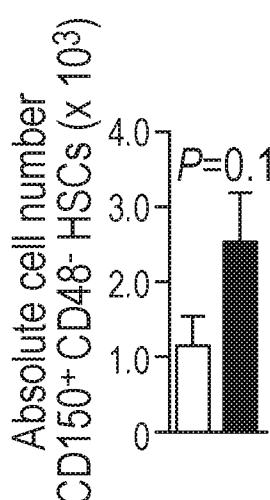


FIG. 9H

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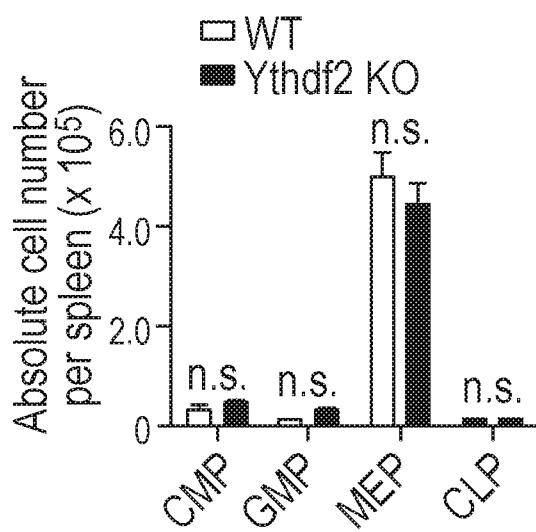


FIG. 9I

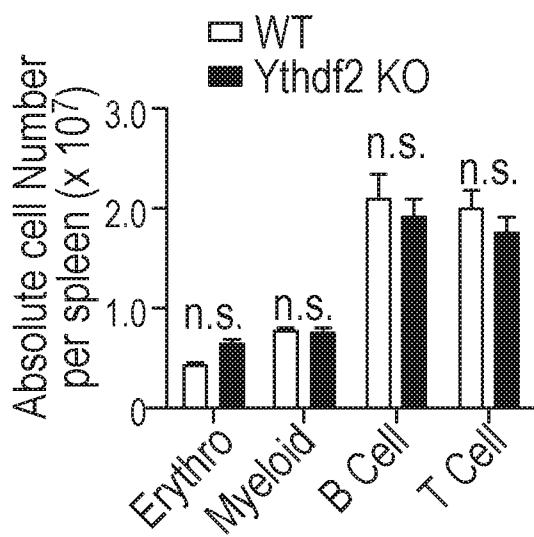


FIG. 9J

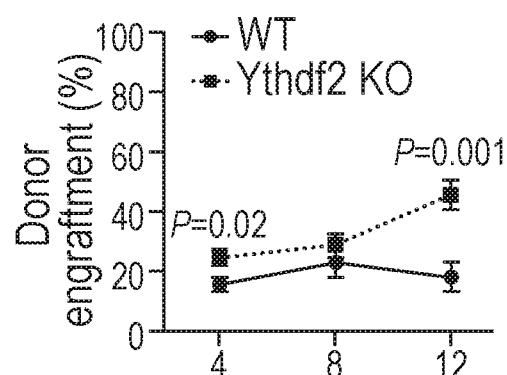
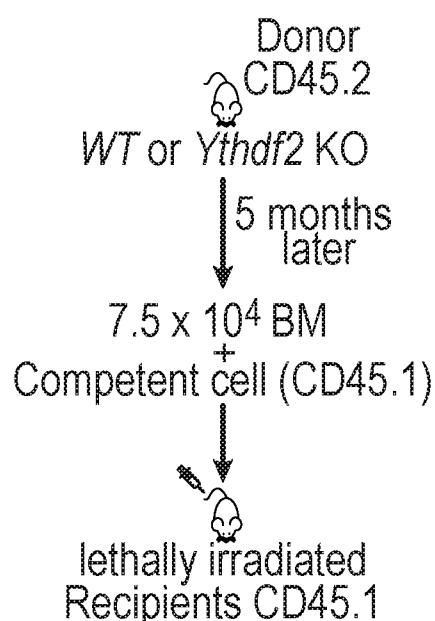


FIG. 9K

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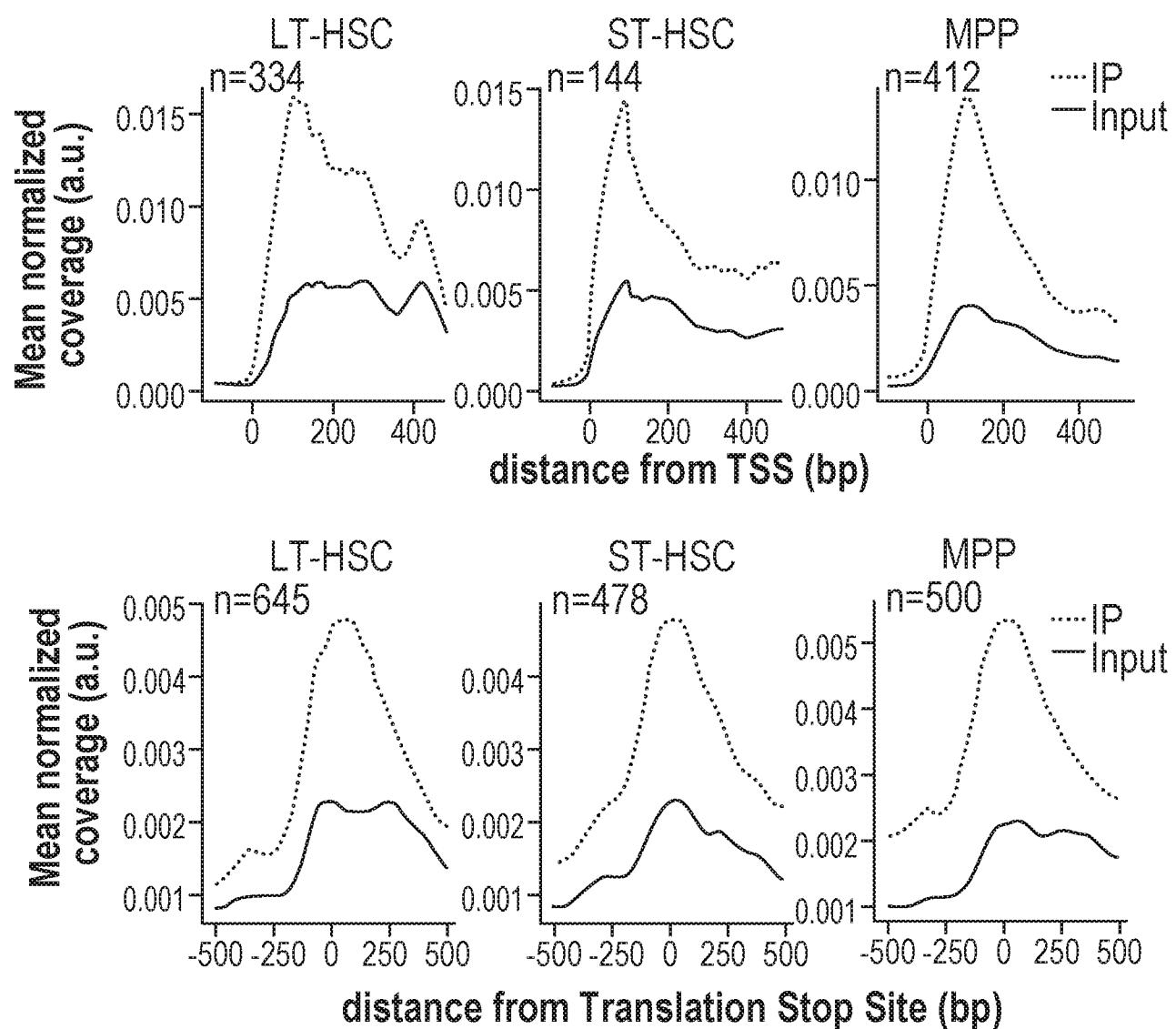


FIG. 10A

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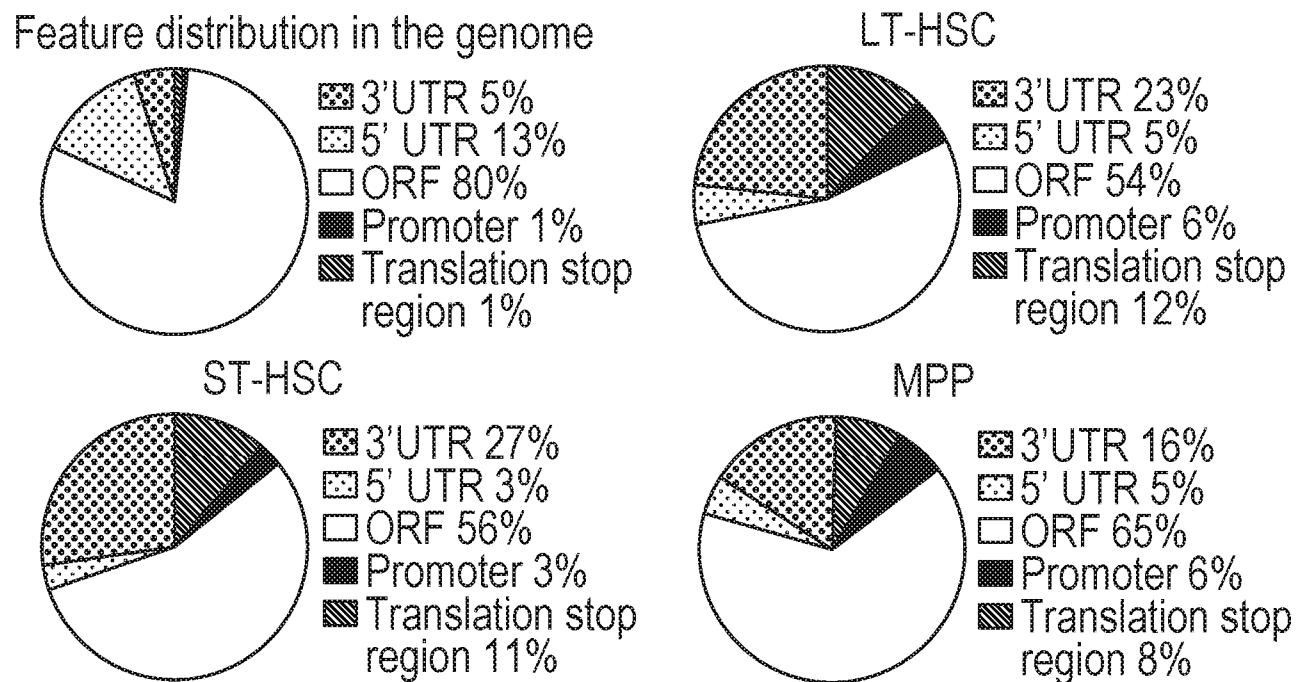


FIG. 10B

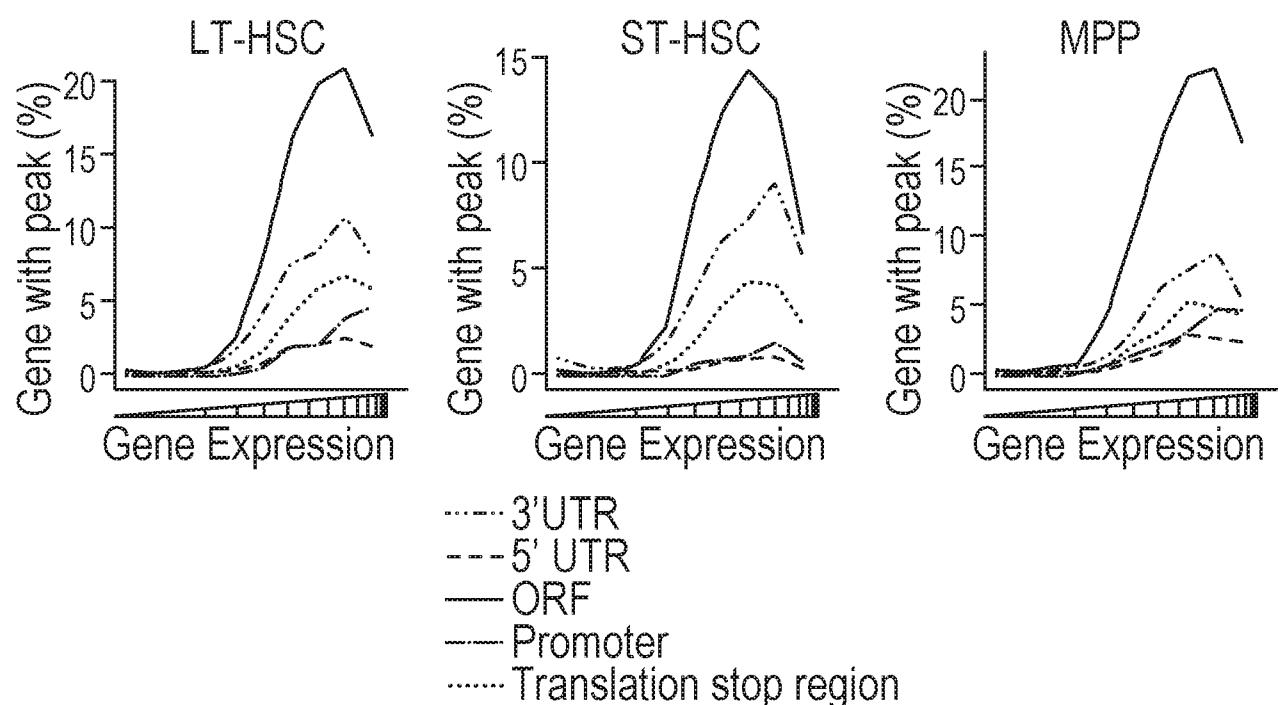


FIG. 10C

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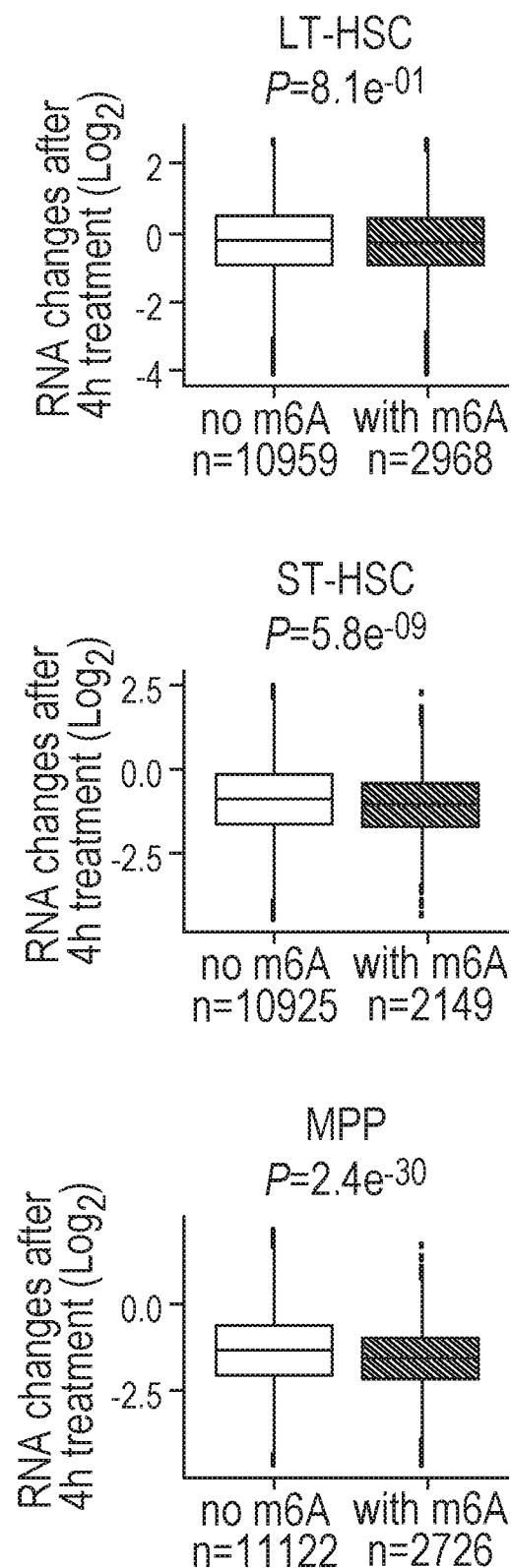


FIG. 10D

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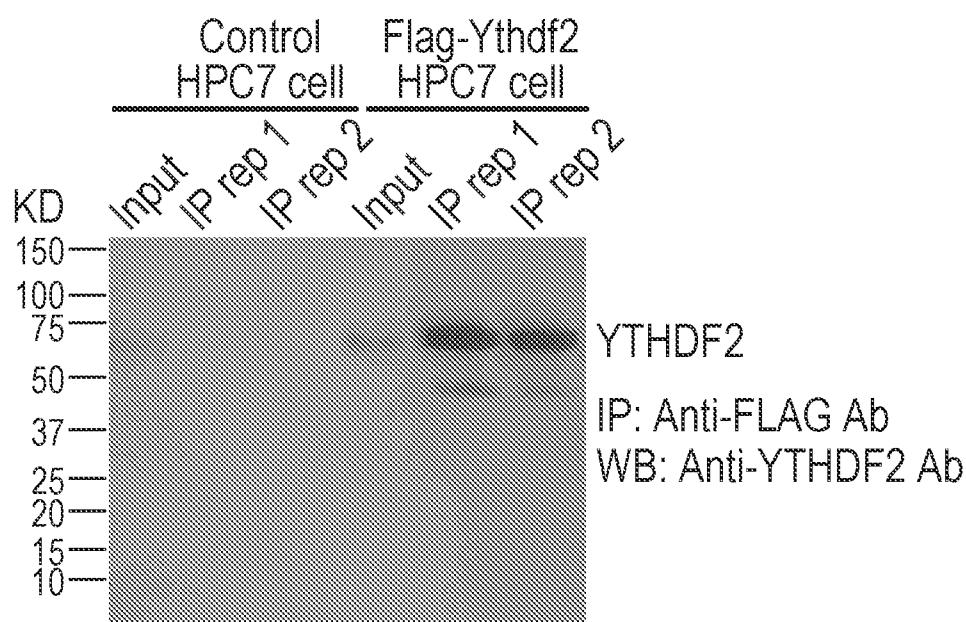


FIG. 11A

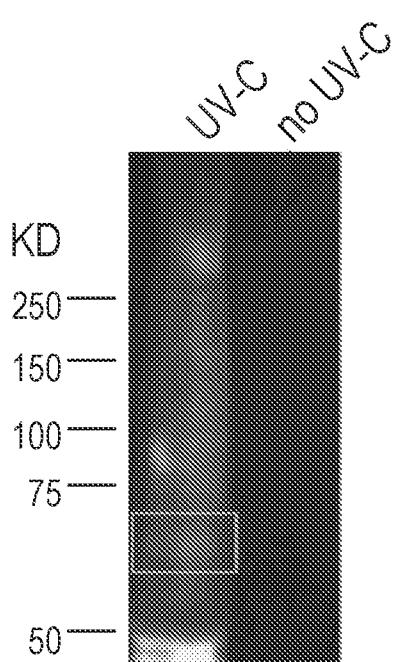


FIG. 11B

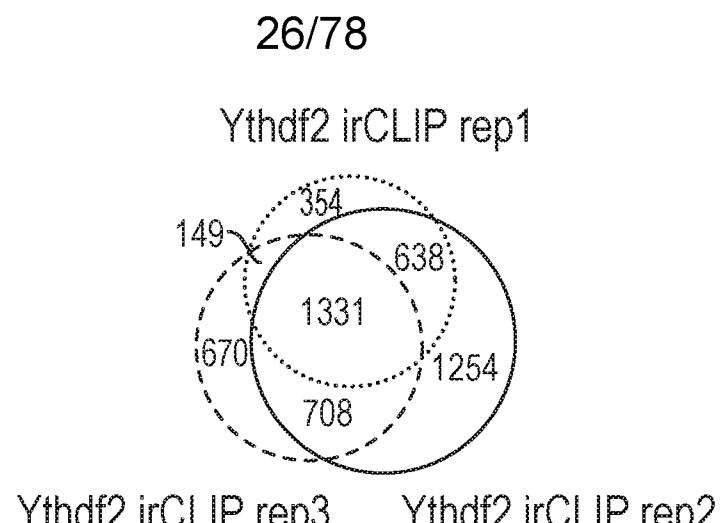


FIG. 11C

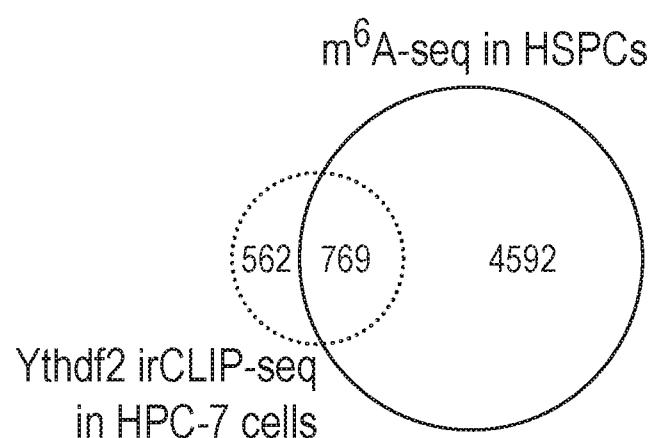


FIG. 11D

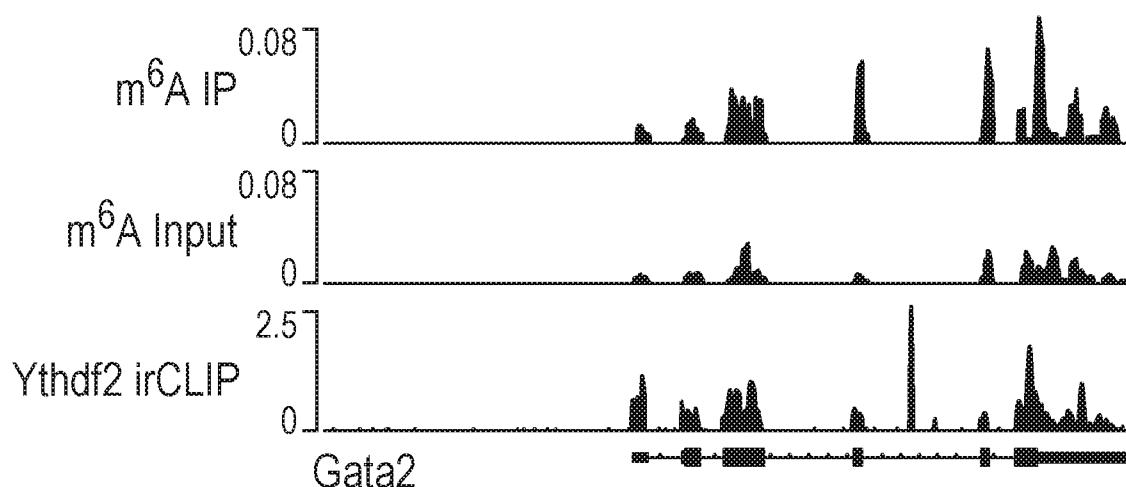


FIG. 11E

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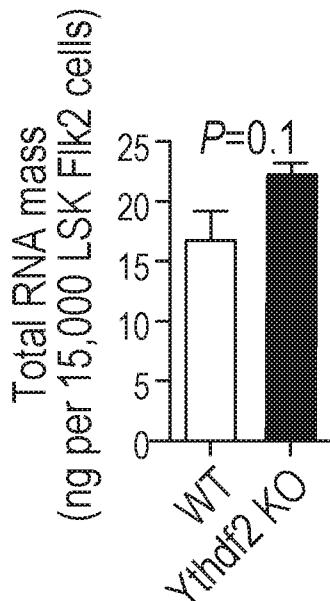


FIG. 12A

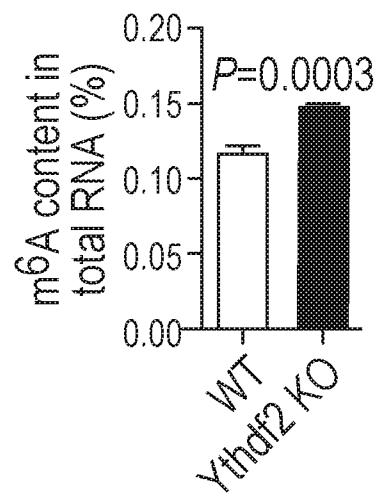


FIG. 12B

— negative control
 - - - WT
 Ythdf2 KO

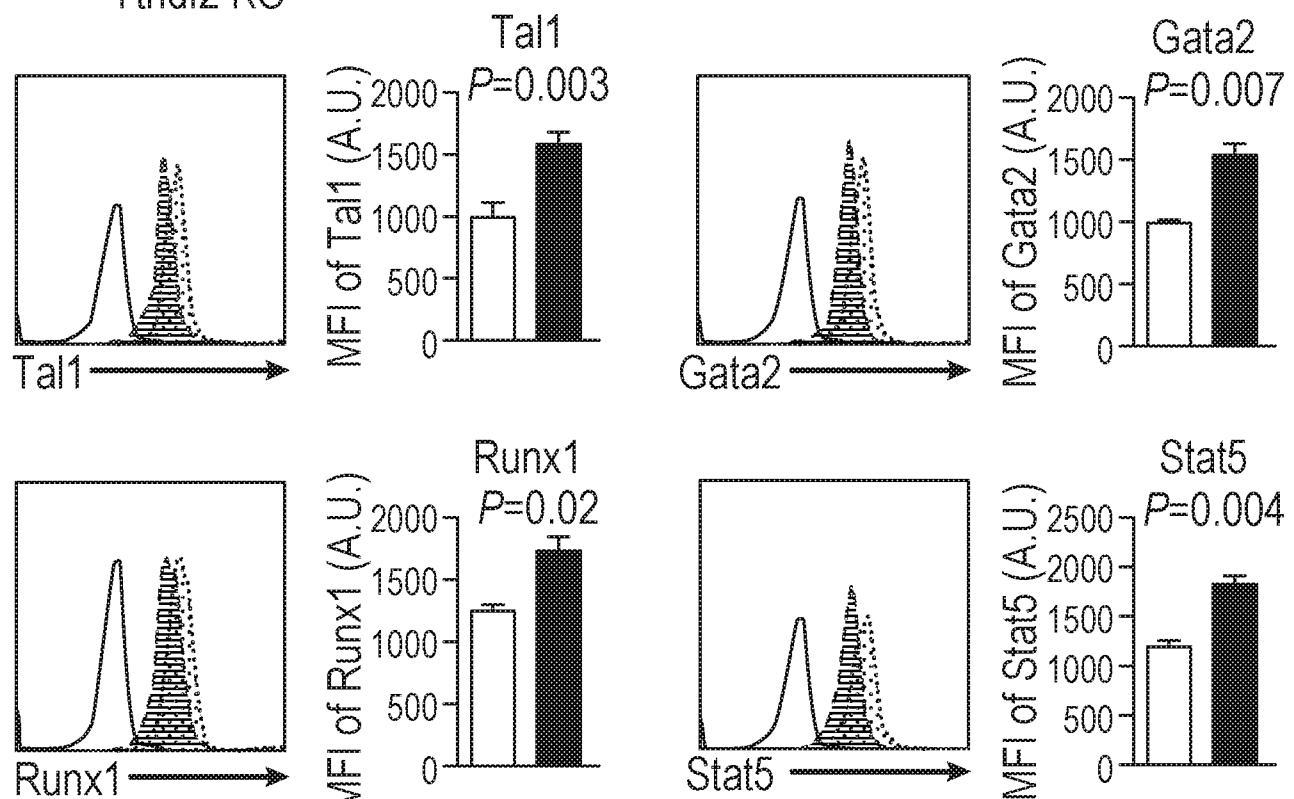


FIG. 12C

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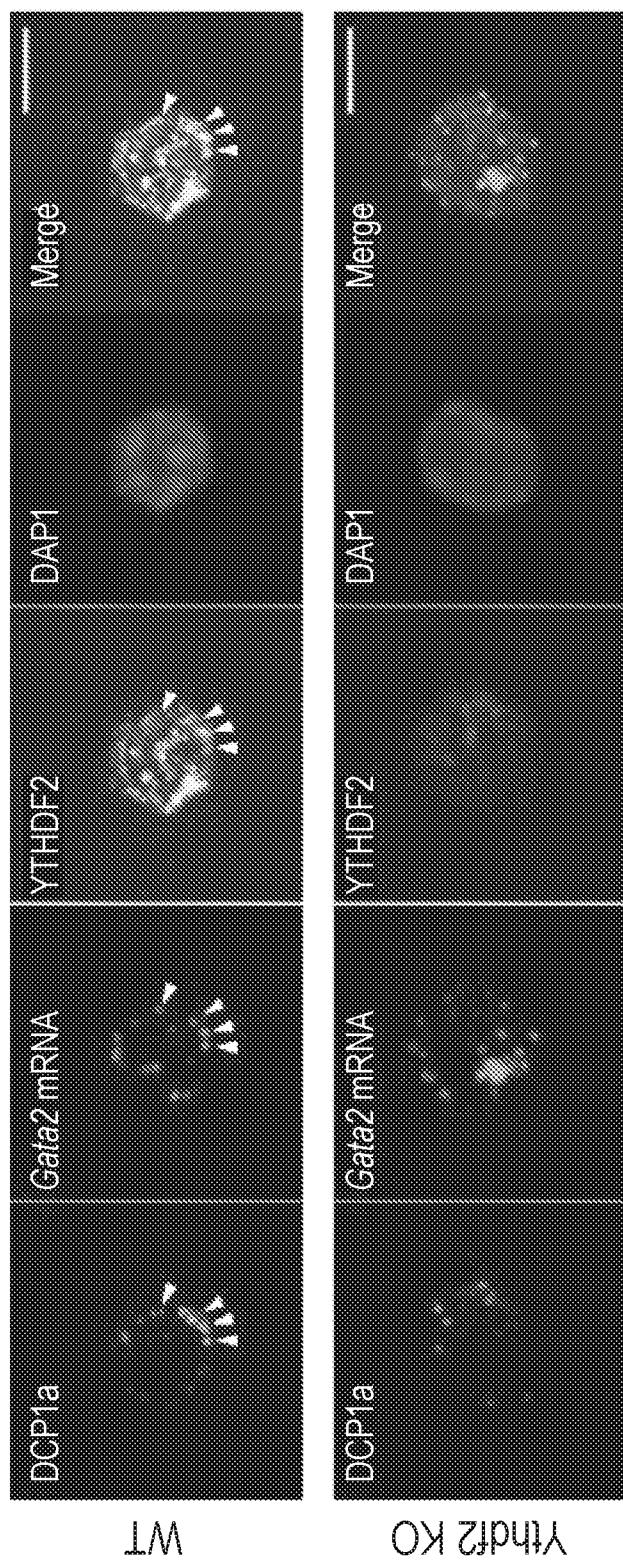


FIG. 12D

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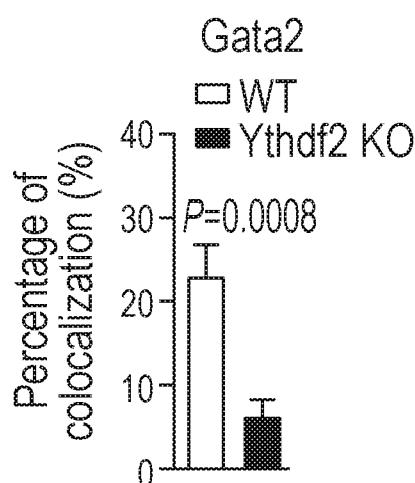


FIG. 12E

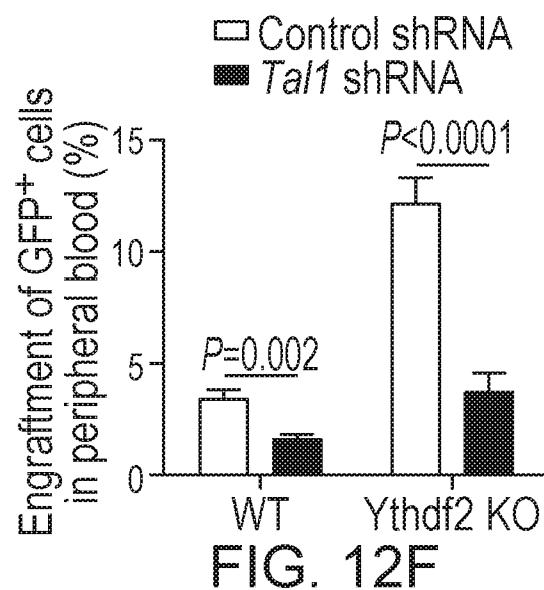


FIG. 12F

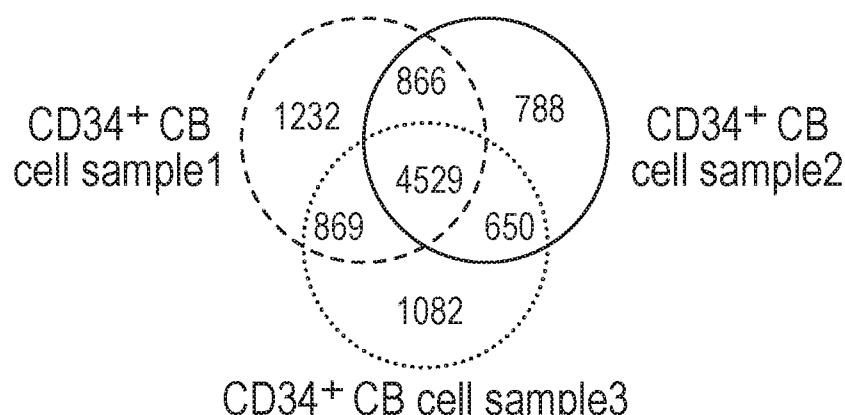


FIG. 13A

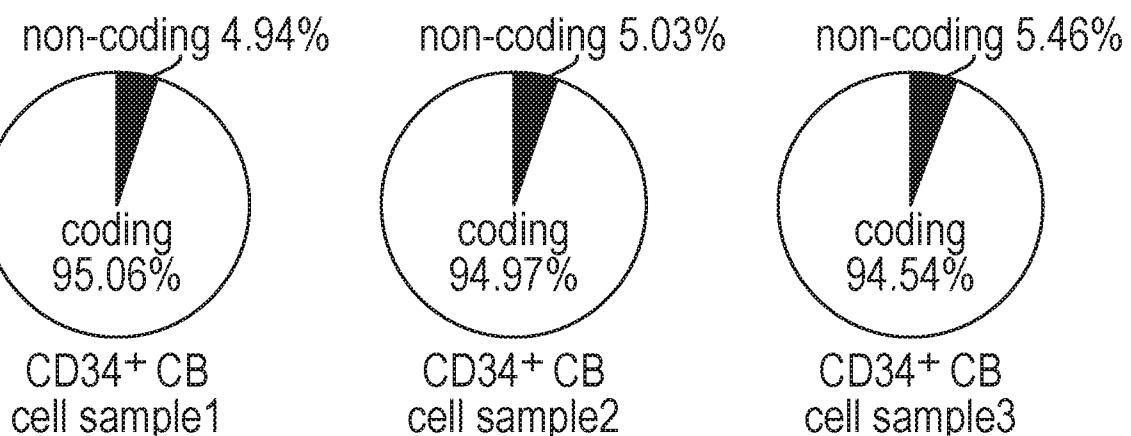


FIG. 13B

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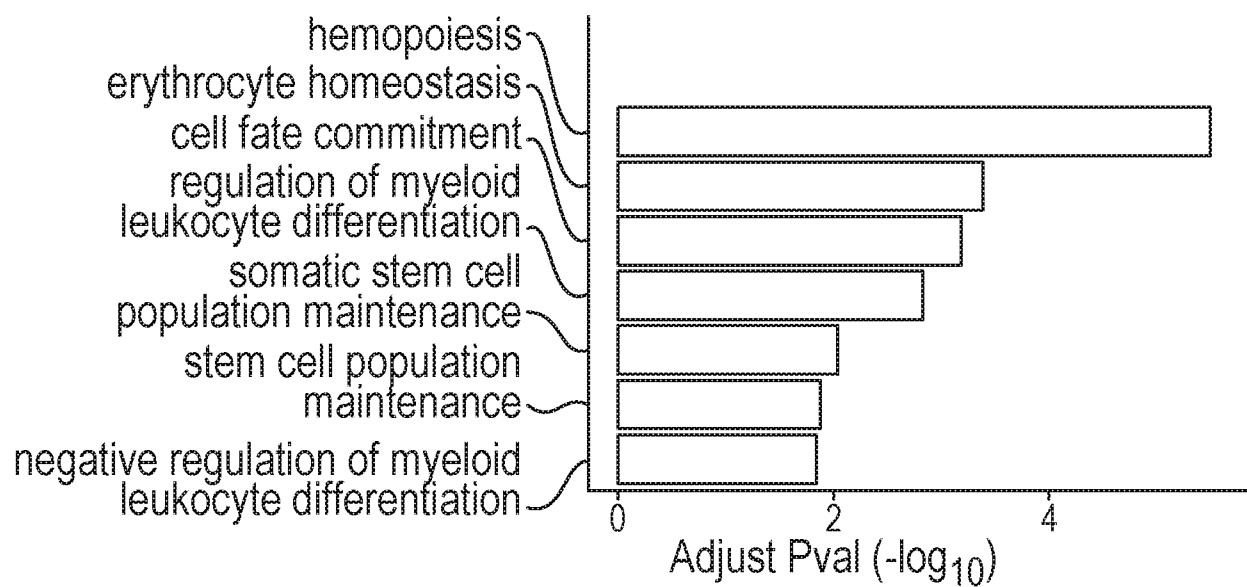


FIG. 13C

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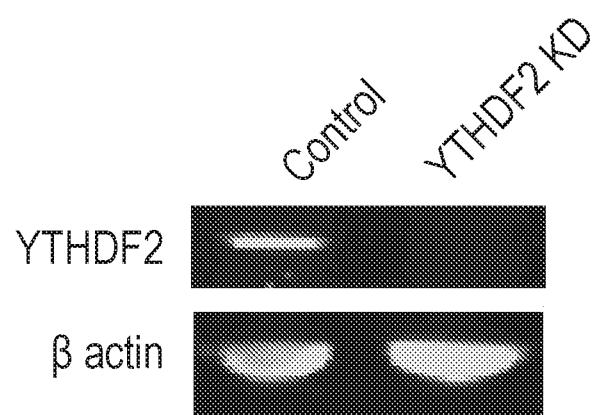


FIG. 13D

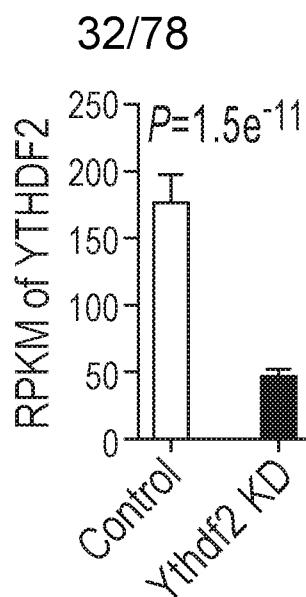


FIG. 13E

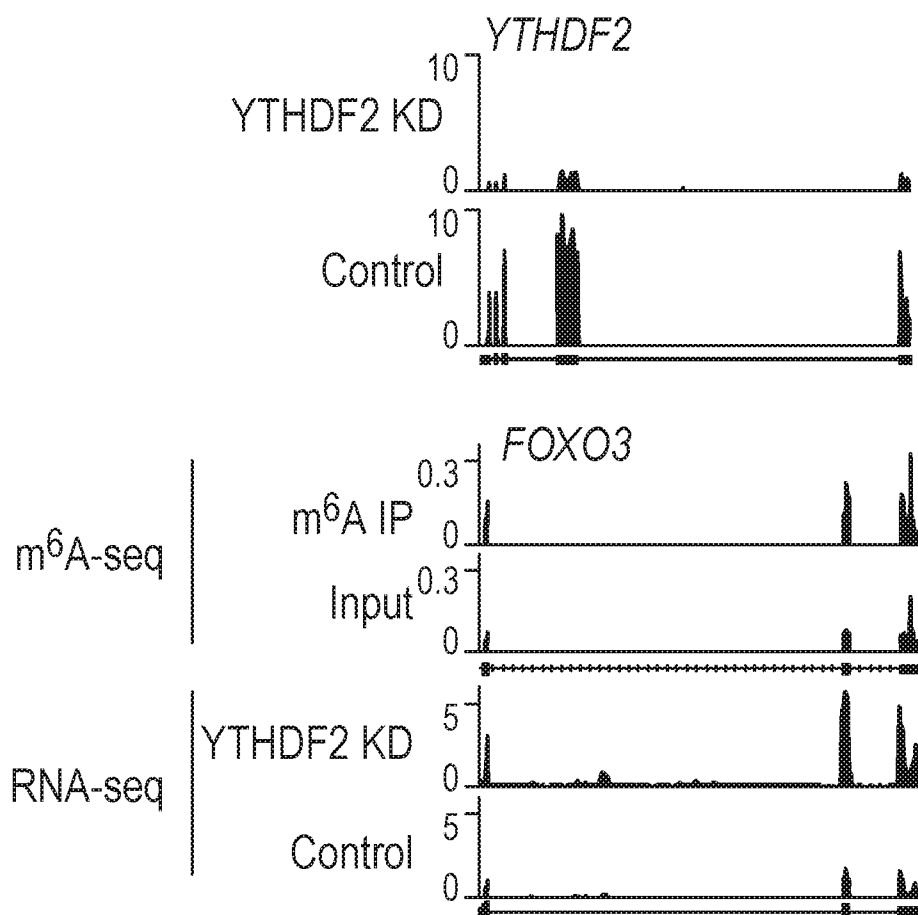


FIG. 13F

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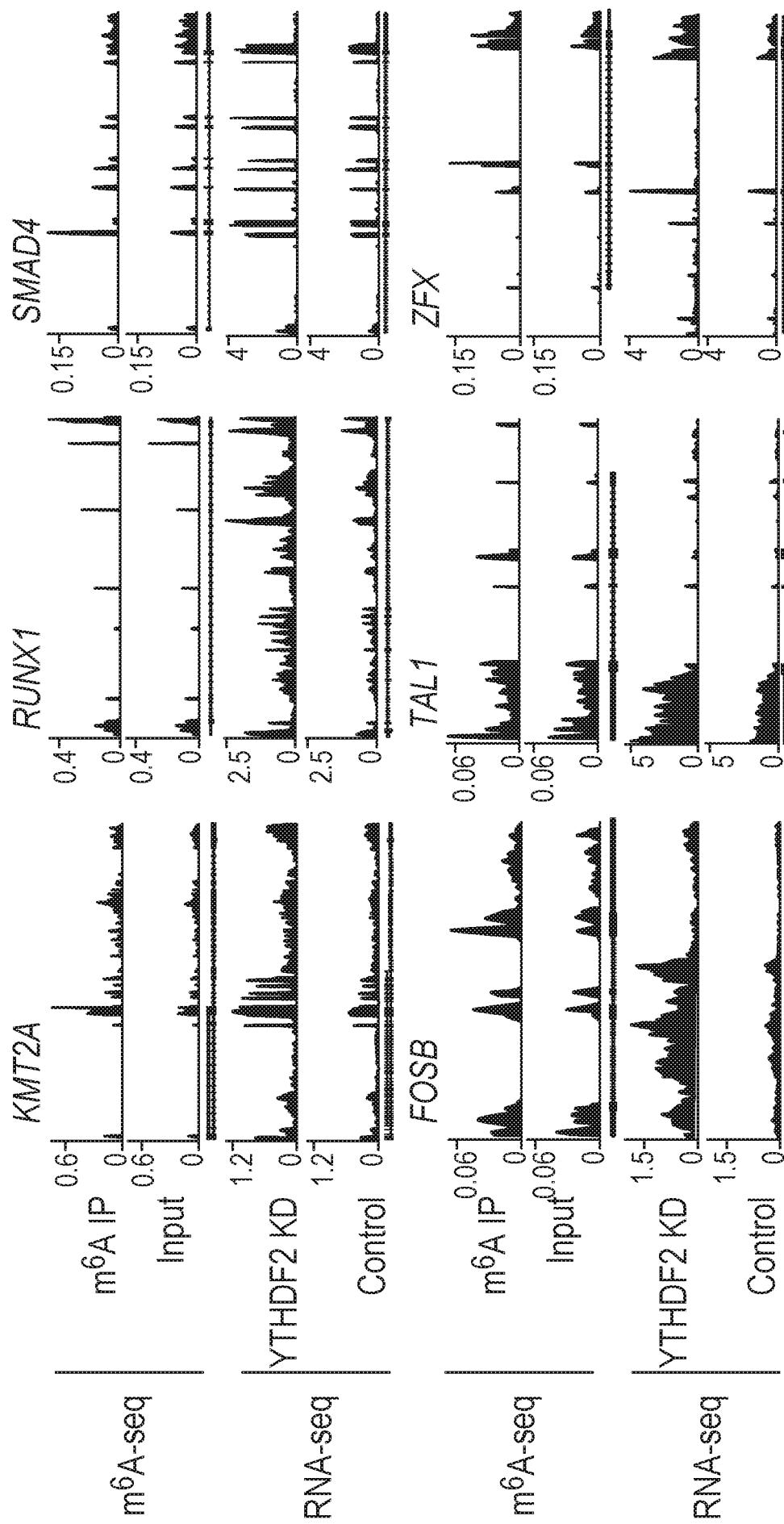


FIG. 13G

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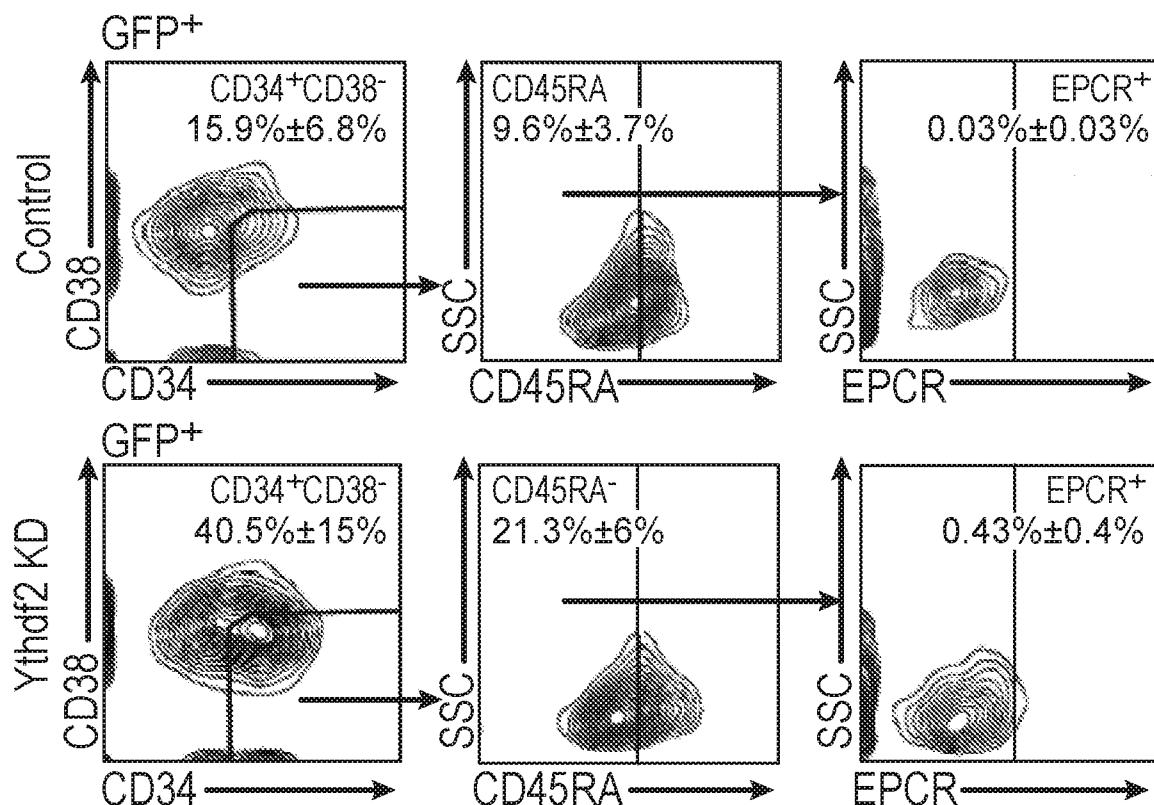


FIG. 14A

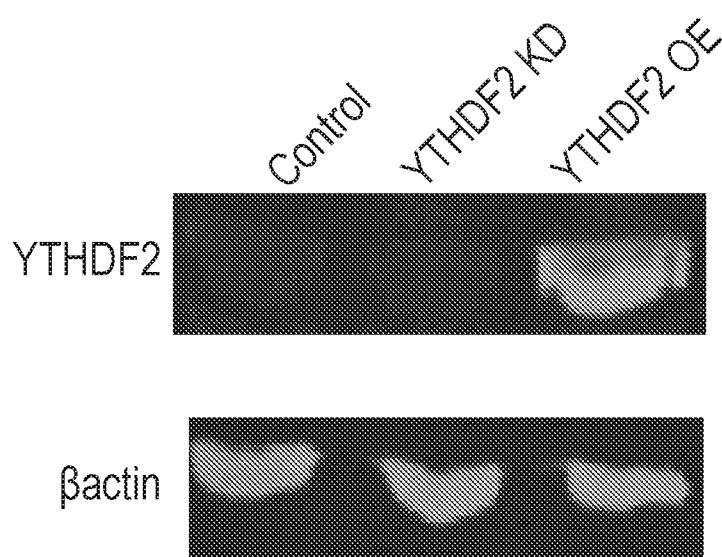


FIG. 14B

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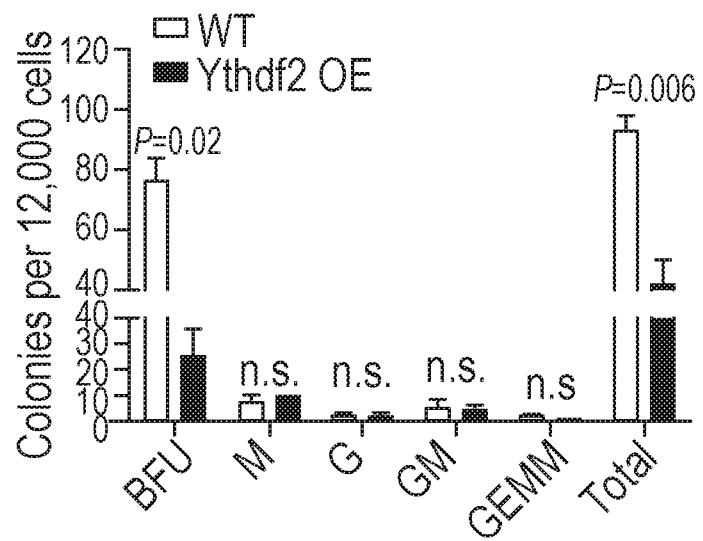


FIG. 14C

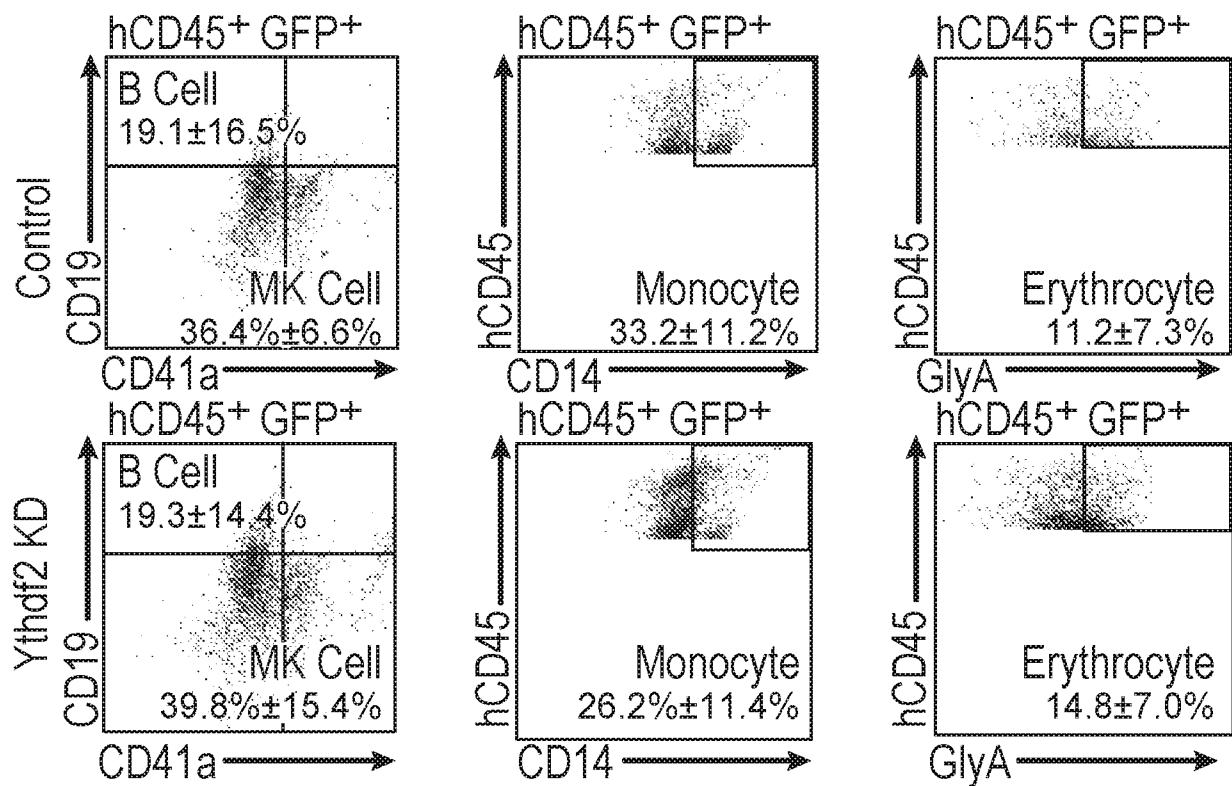


FIG. 15A

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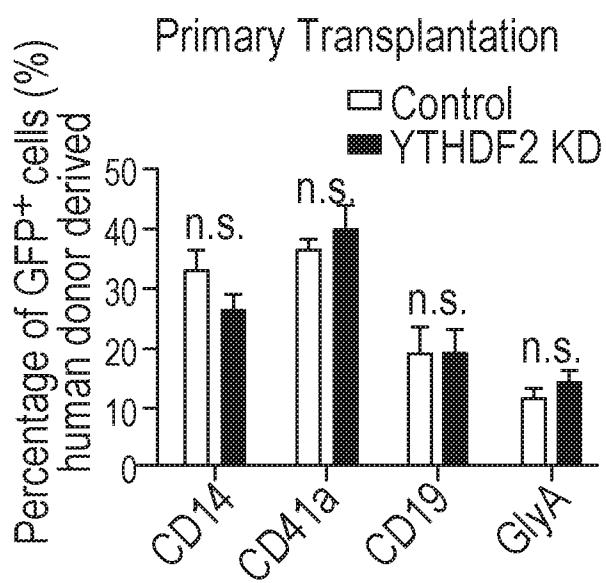


FIG. 15B

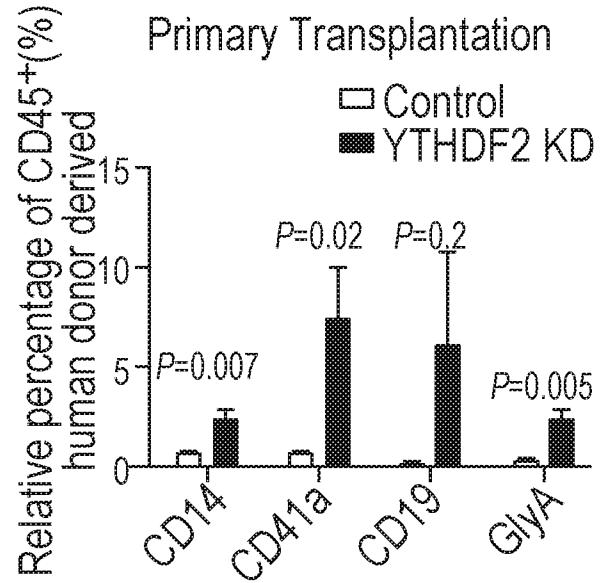


FIG. 15C

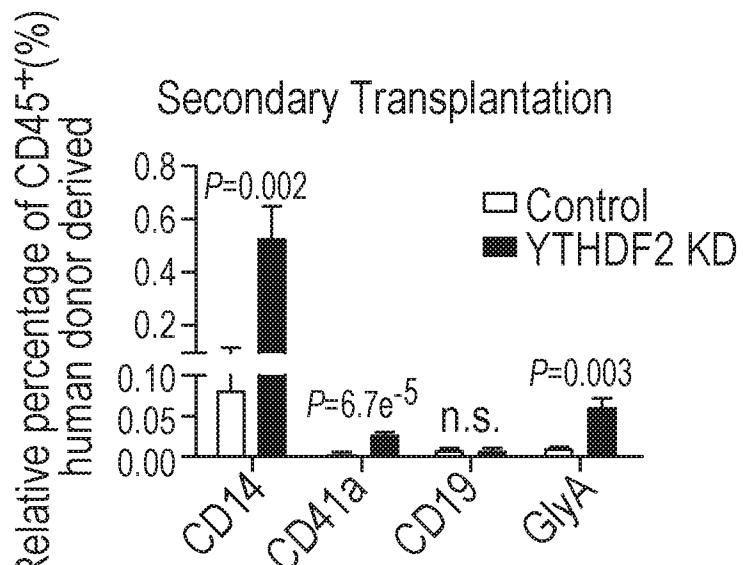


FIG. 15D

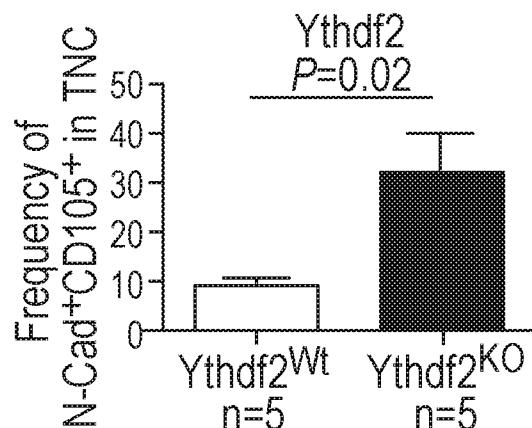


FIG. 16

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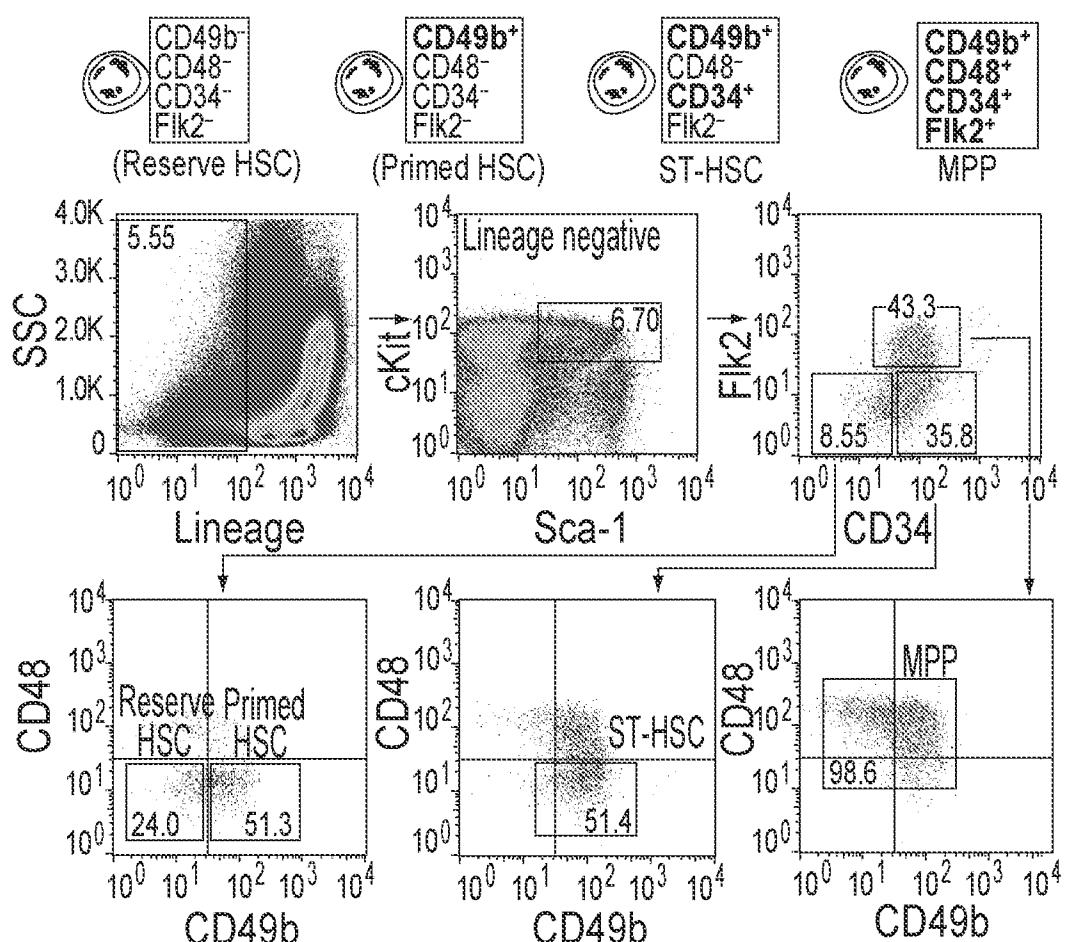


FIG. 17A

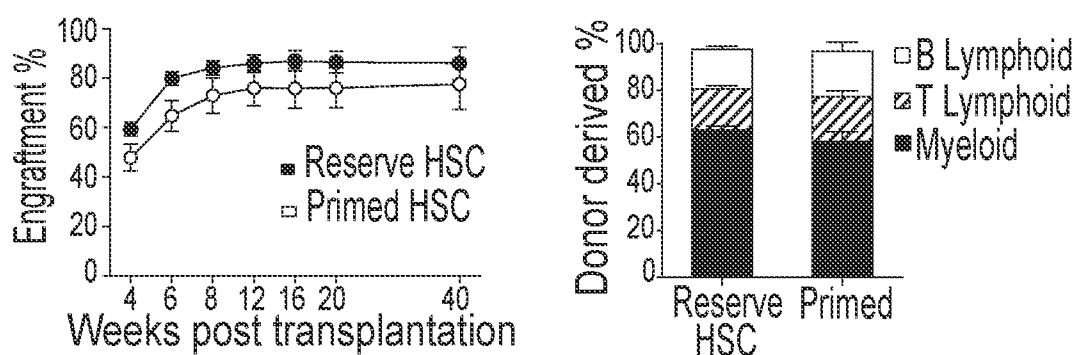


FIG. 17B

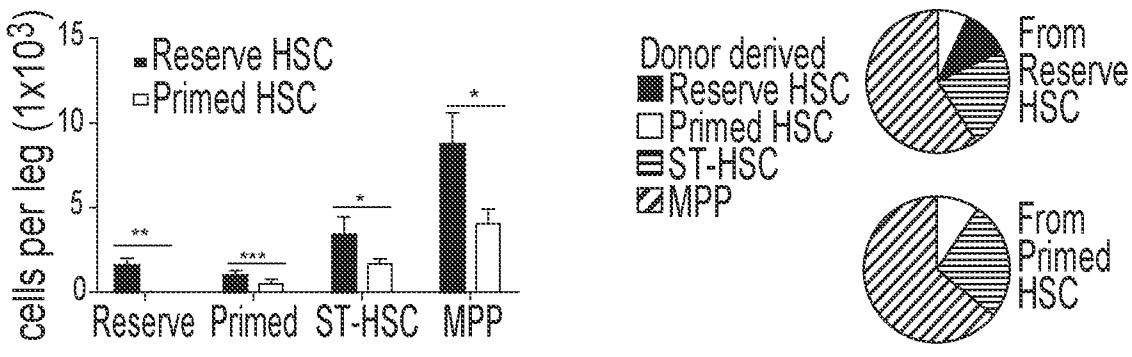


FIG. 17C

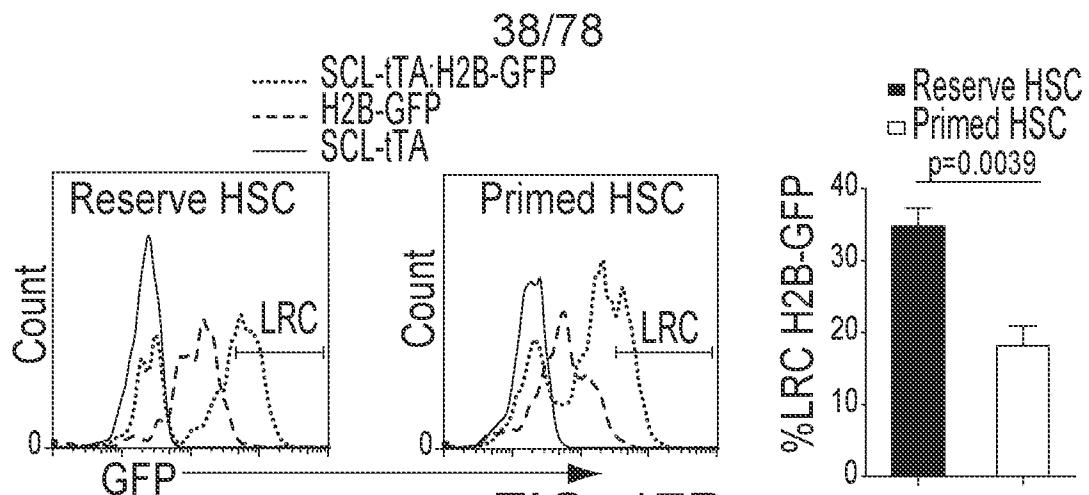


FIG. 17D

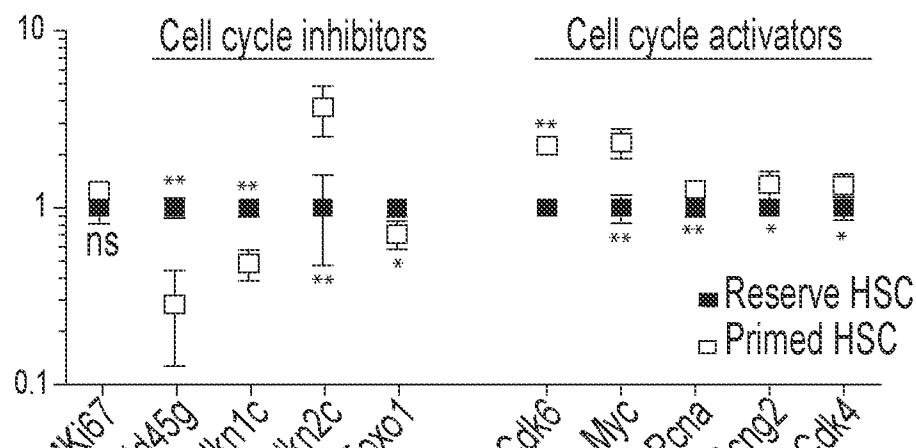


FIG. 17E

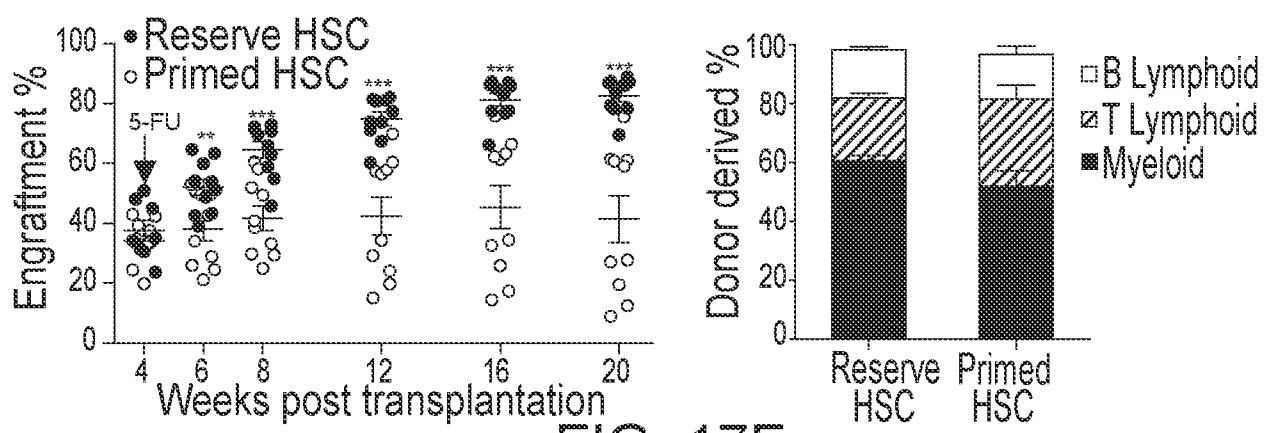


FIG. 17F

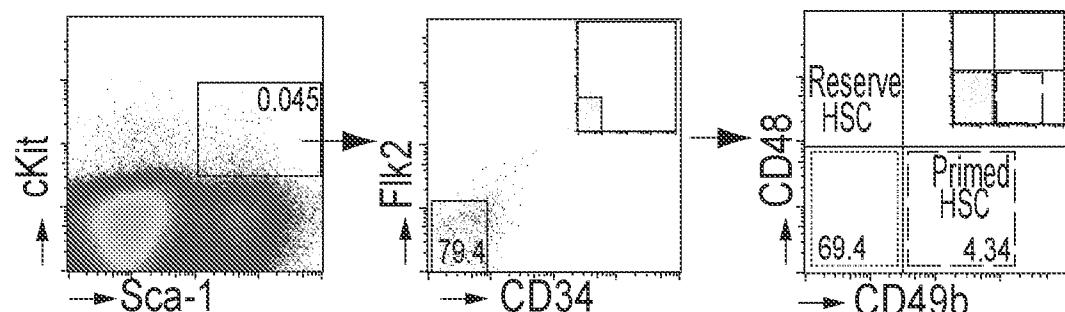


FIG. 17G

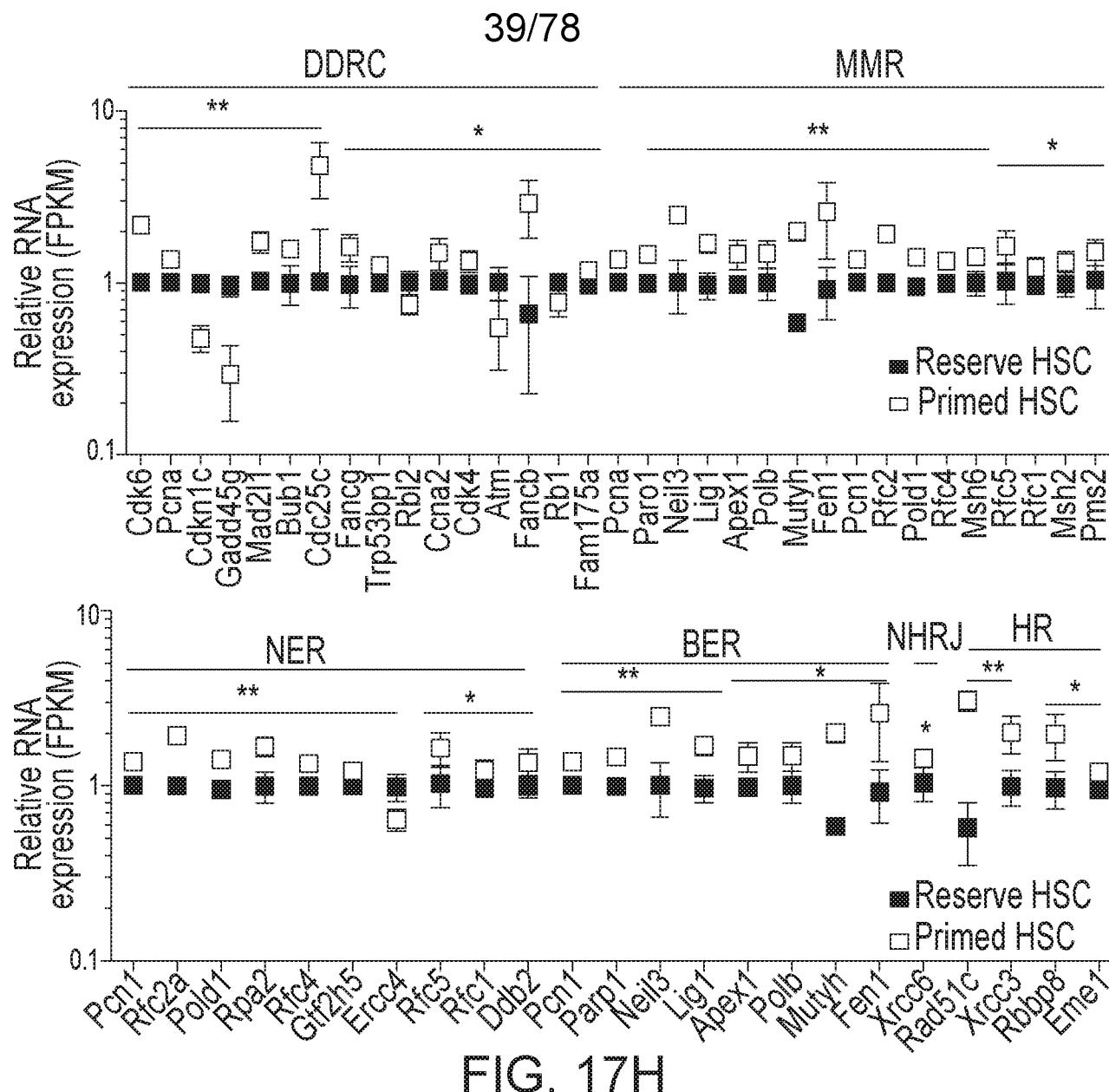


FIG. 17H

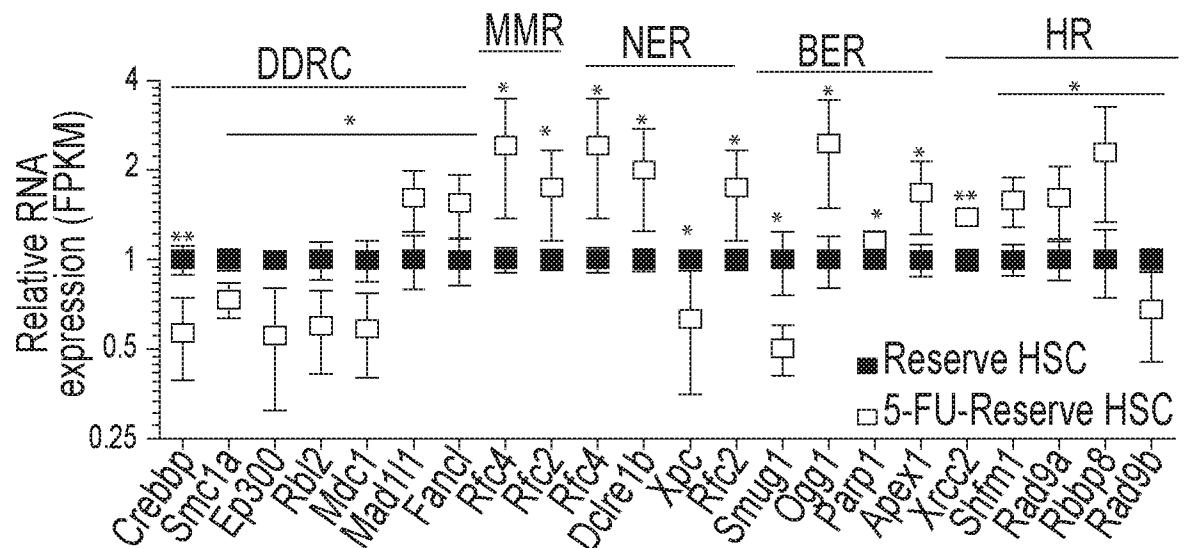


FIG. 17I

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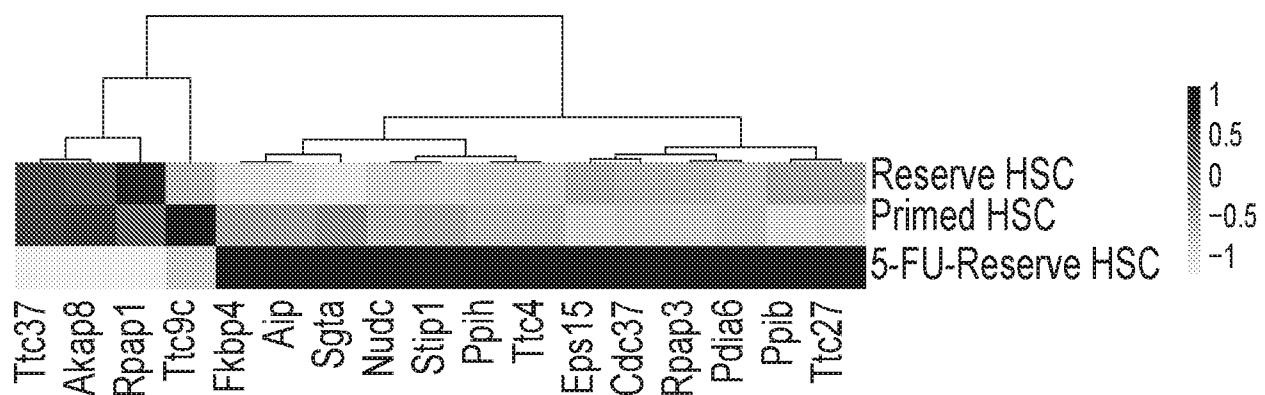


FIG. 17J

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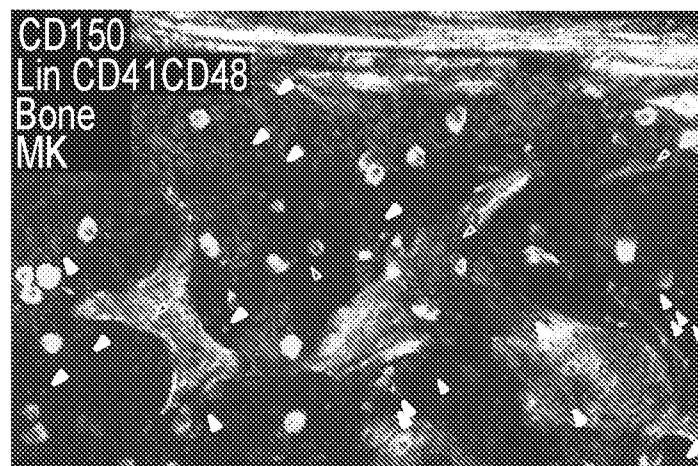


FIG. 18A

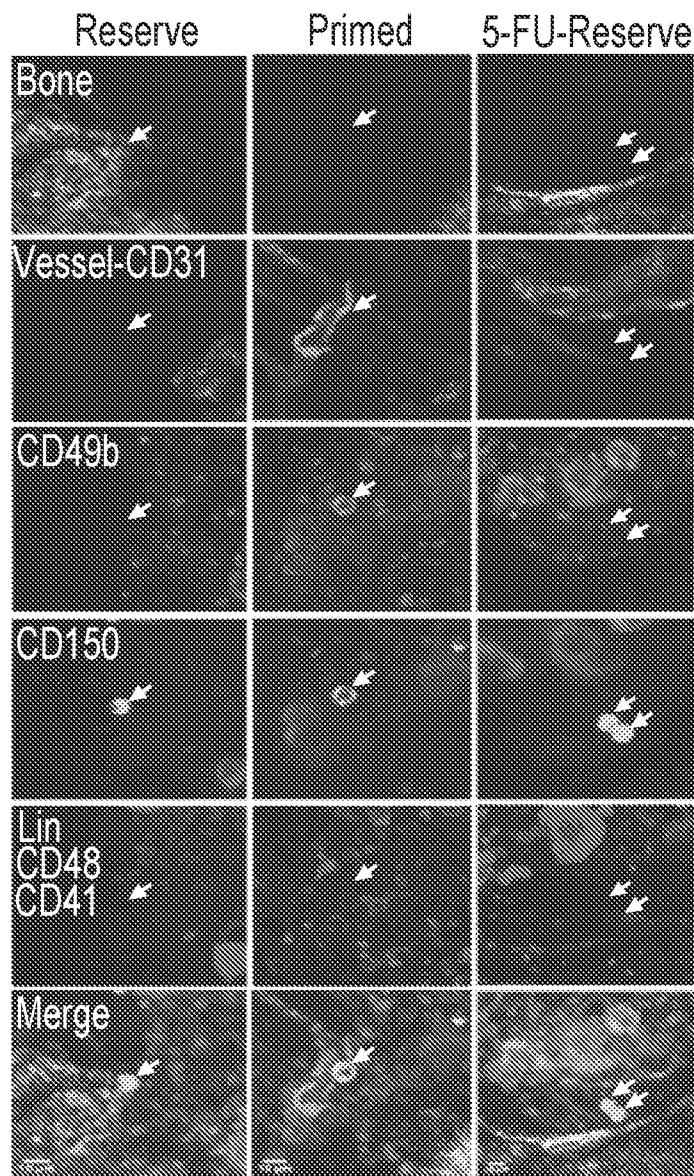


FIG. 18B

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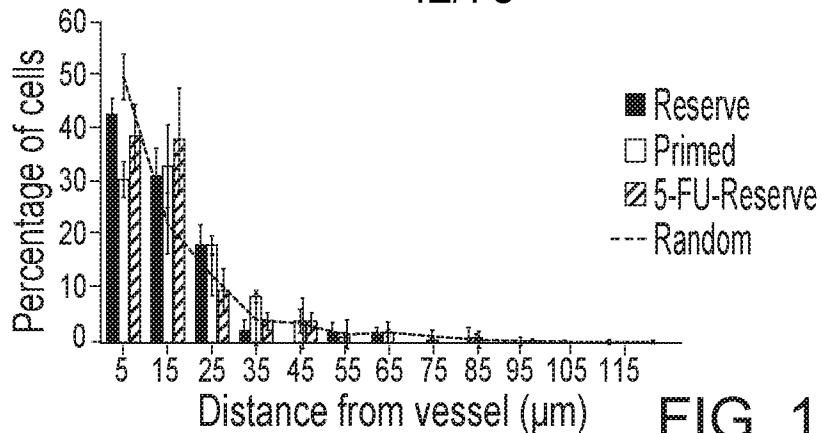


FIG. 18C

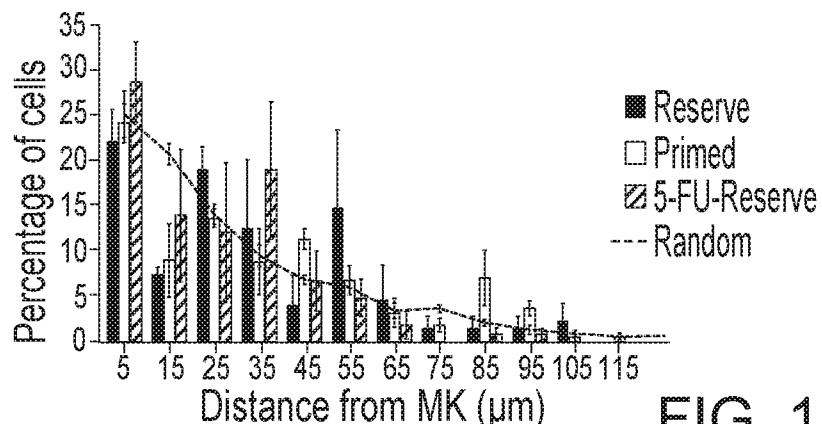


FIG. 18D

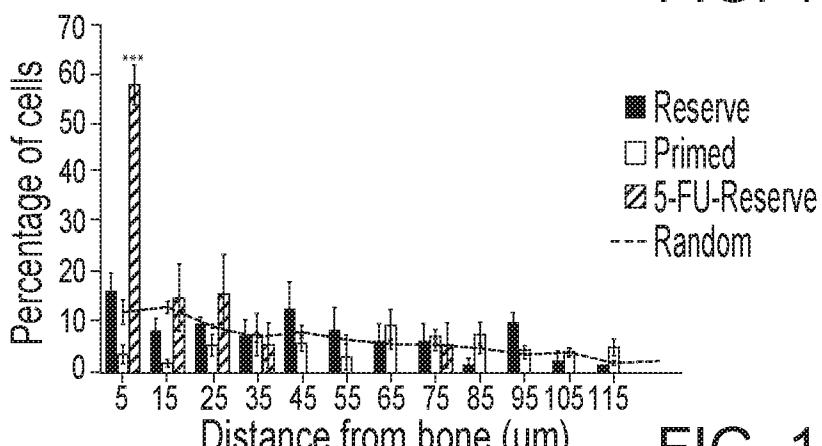


FIG. 18E

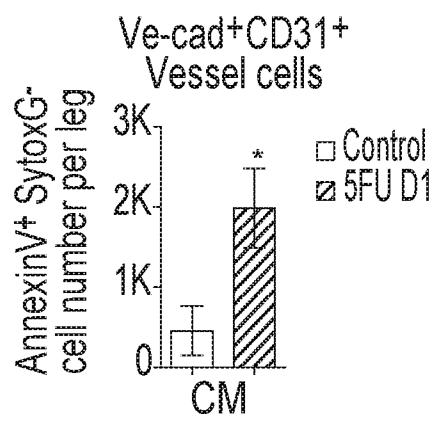


FIG. 18F

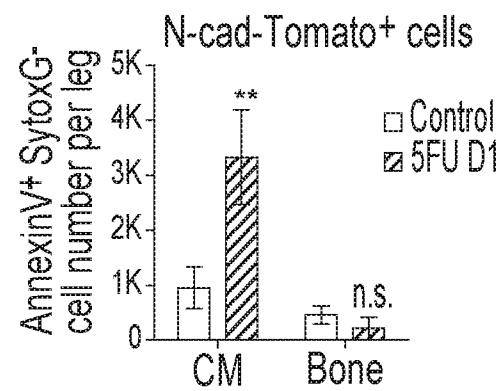


FIG. 18G

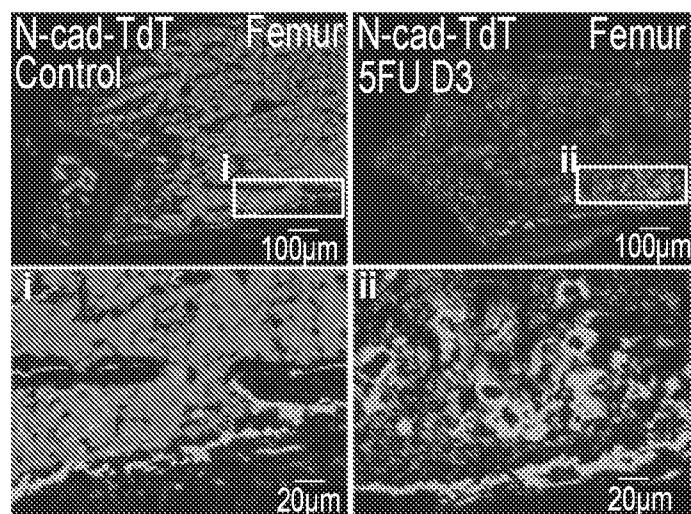


FIG. 18H

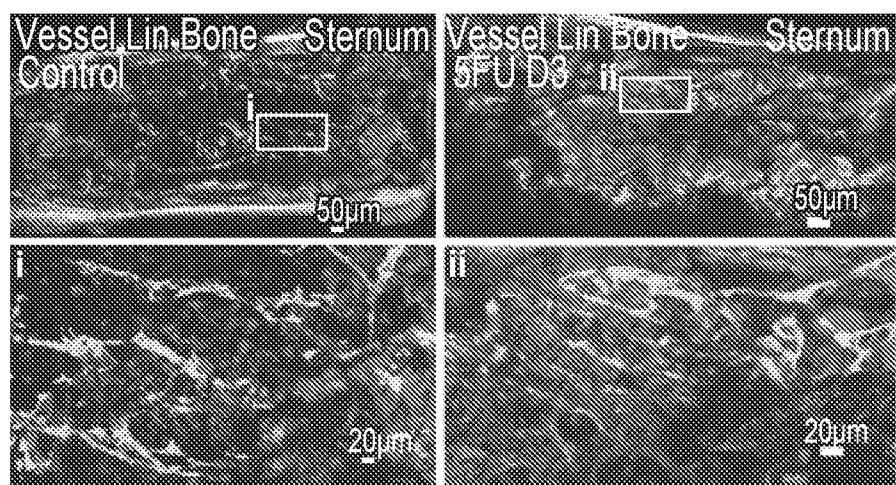


FIG. 18I

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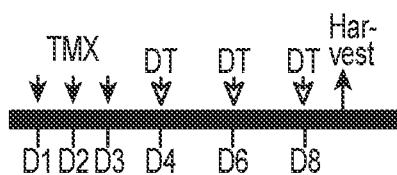


FIG. 19A

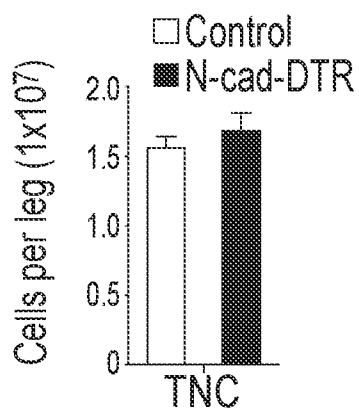


FIG. 19C

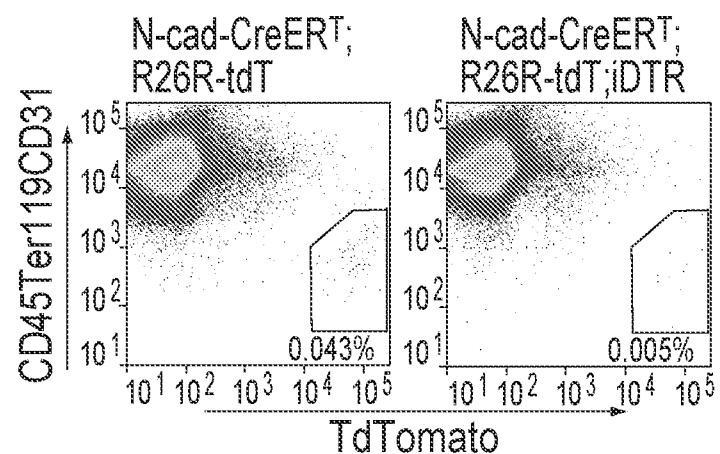


FIG. 19B

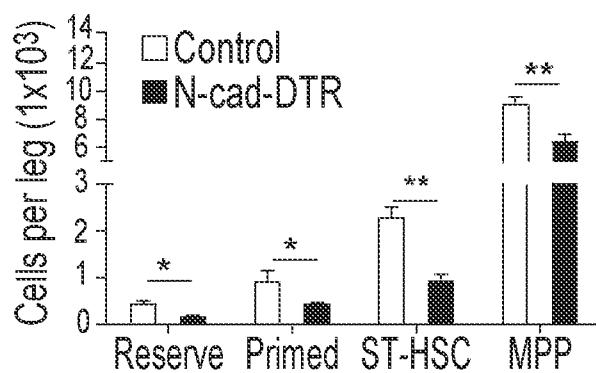


FIG. 19D

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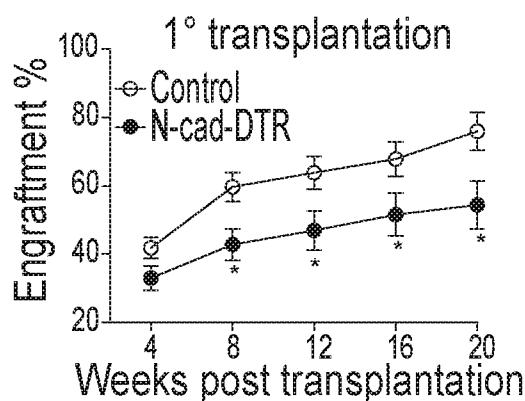


FIG. 19E

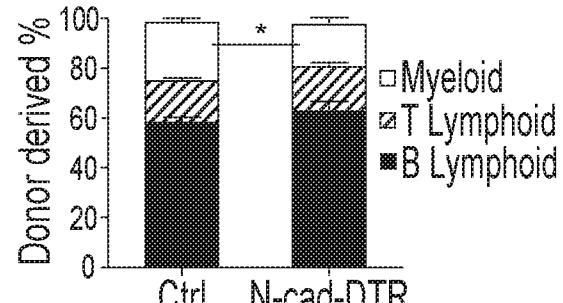


FIG. 19F

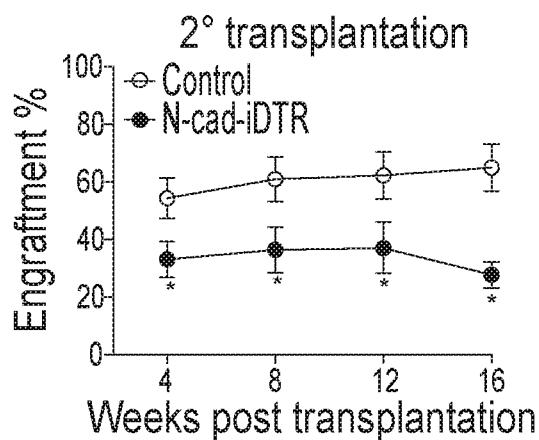


FIG. 19G

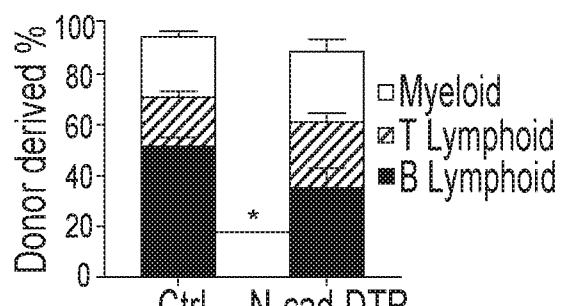


FIG. 19H

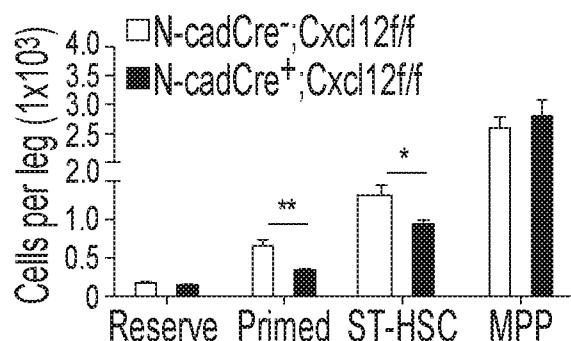


FIG. 19I

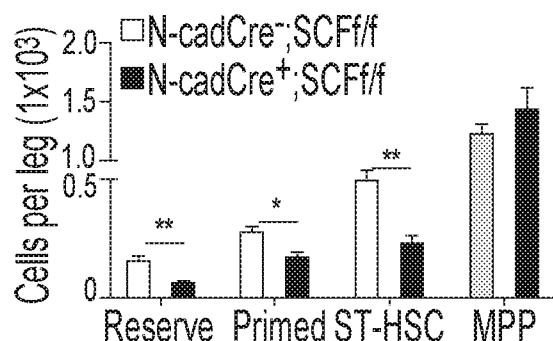


FIG. 19J

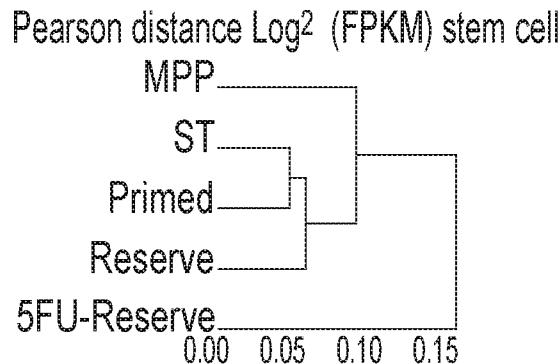


FIG. 20A

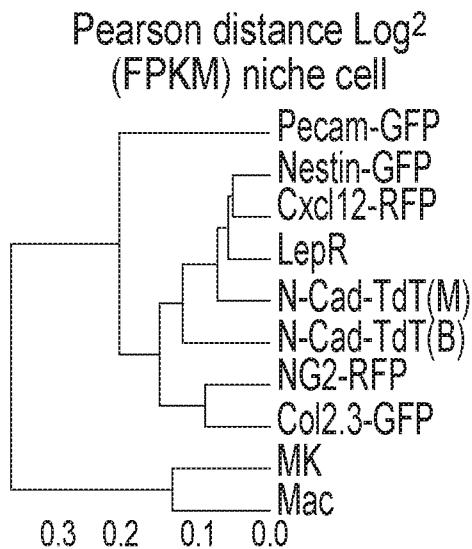
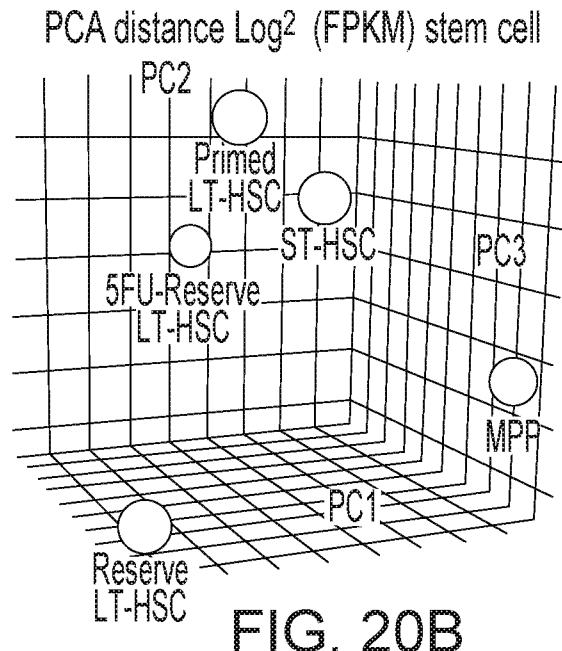


FIG. 20C

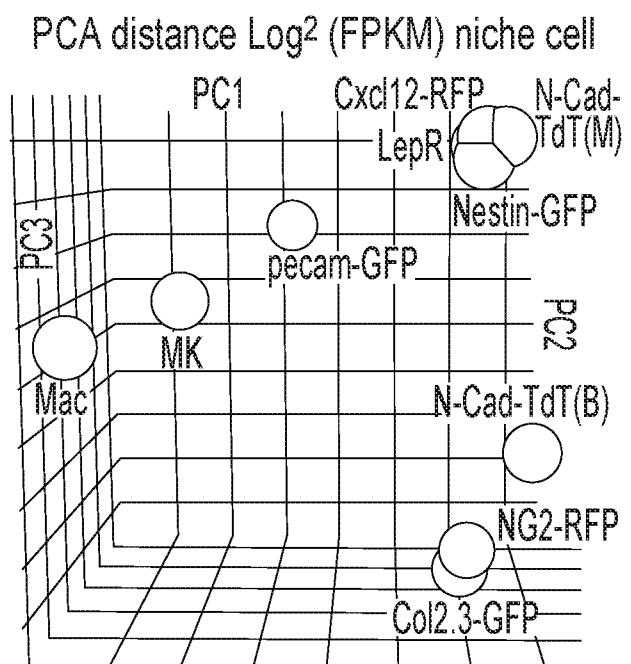


FIG. 20D

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Zscore FPKM stem cell marker genes

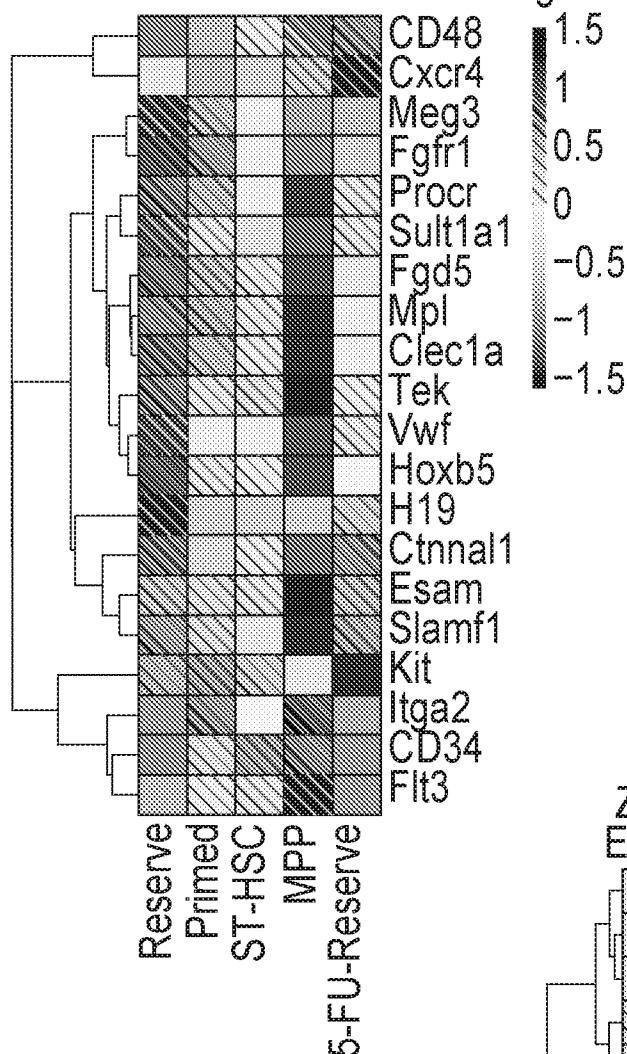


FIG. 20E

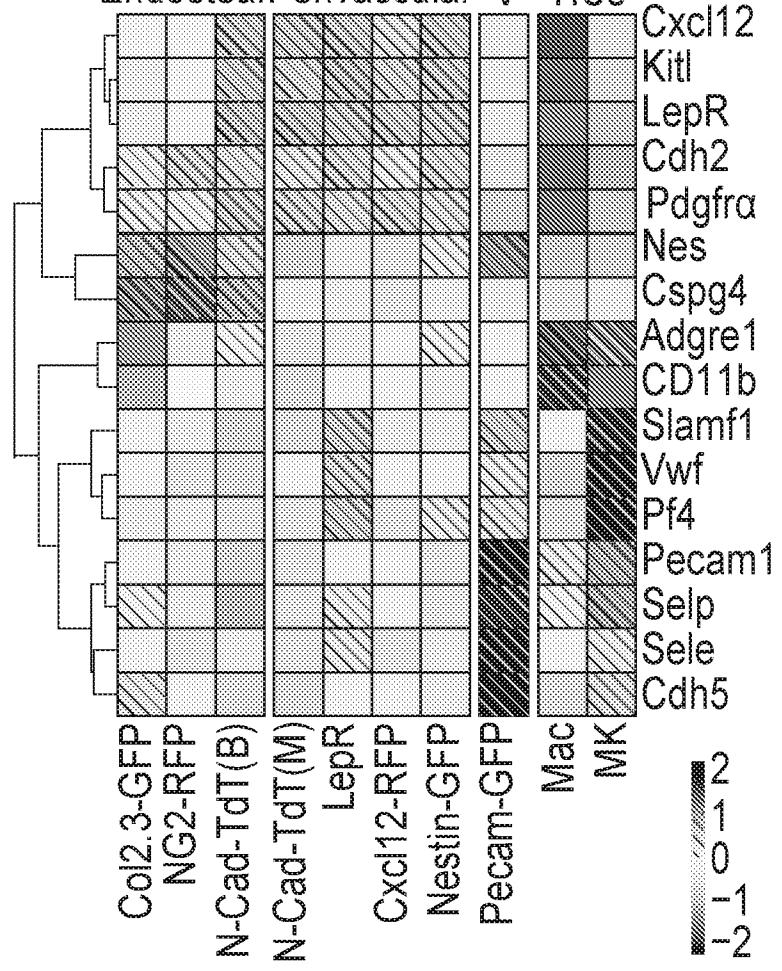
Zscore FPKM niche cell marker genes
Endosteal Perivascular V HCs

FIG. 20F

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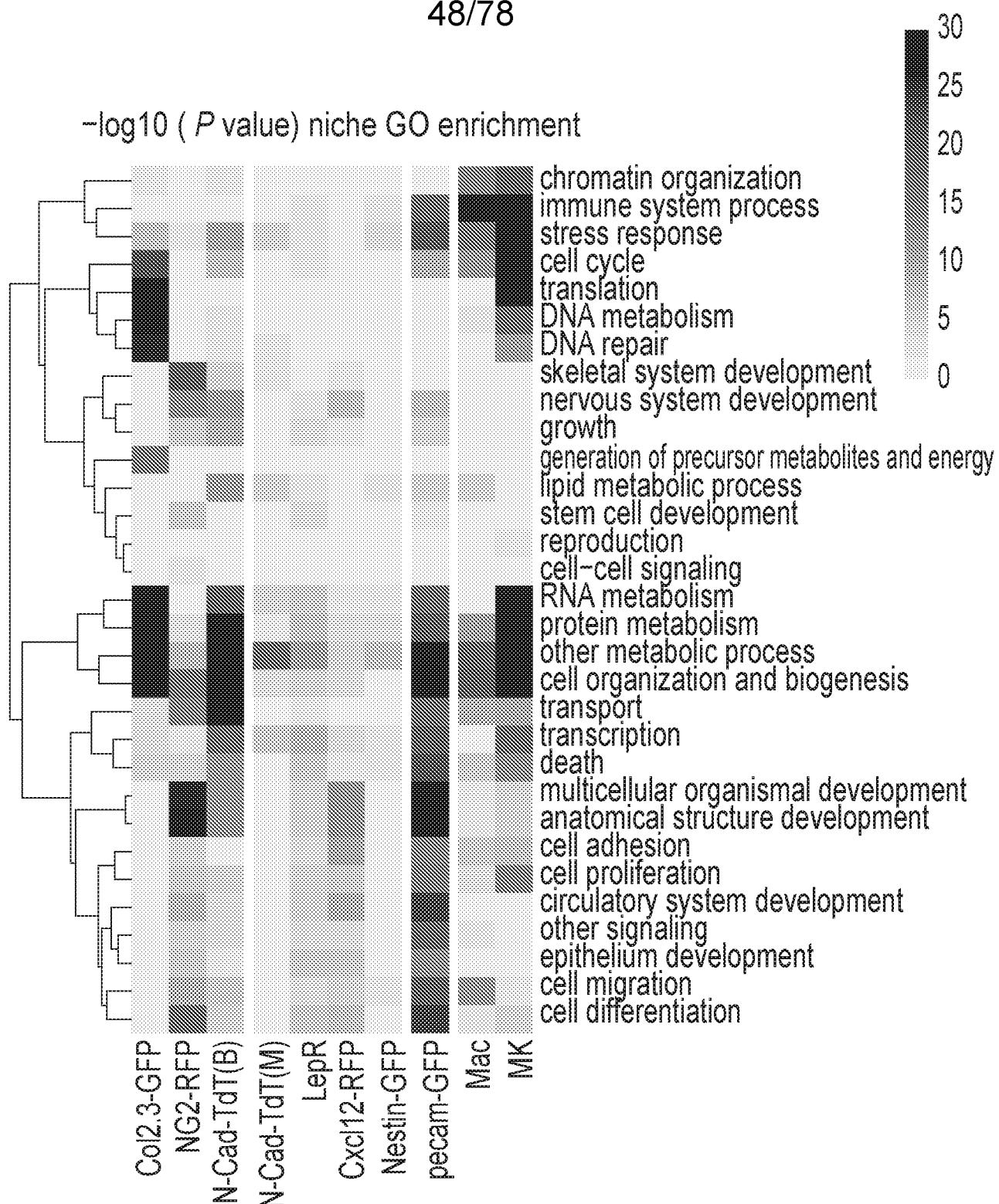


FIG. 20G

Zscore FPKM stromal cell developmental genes

Endosteal Perivascular V HCs

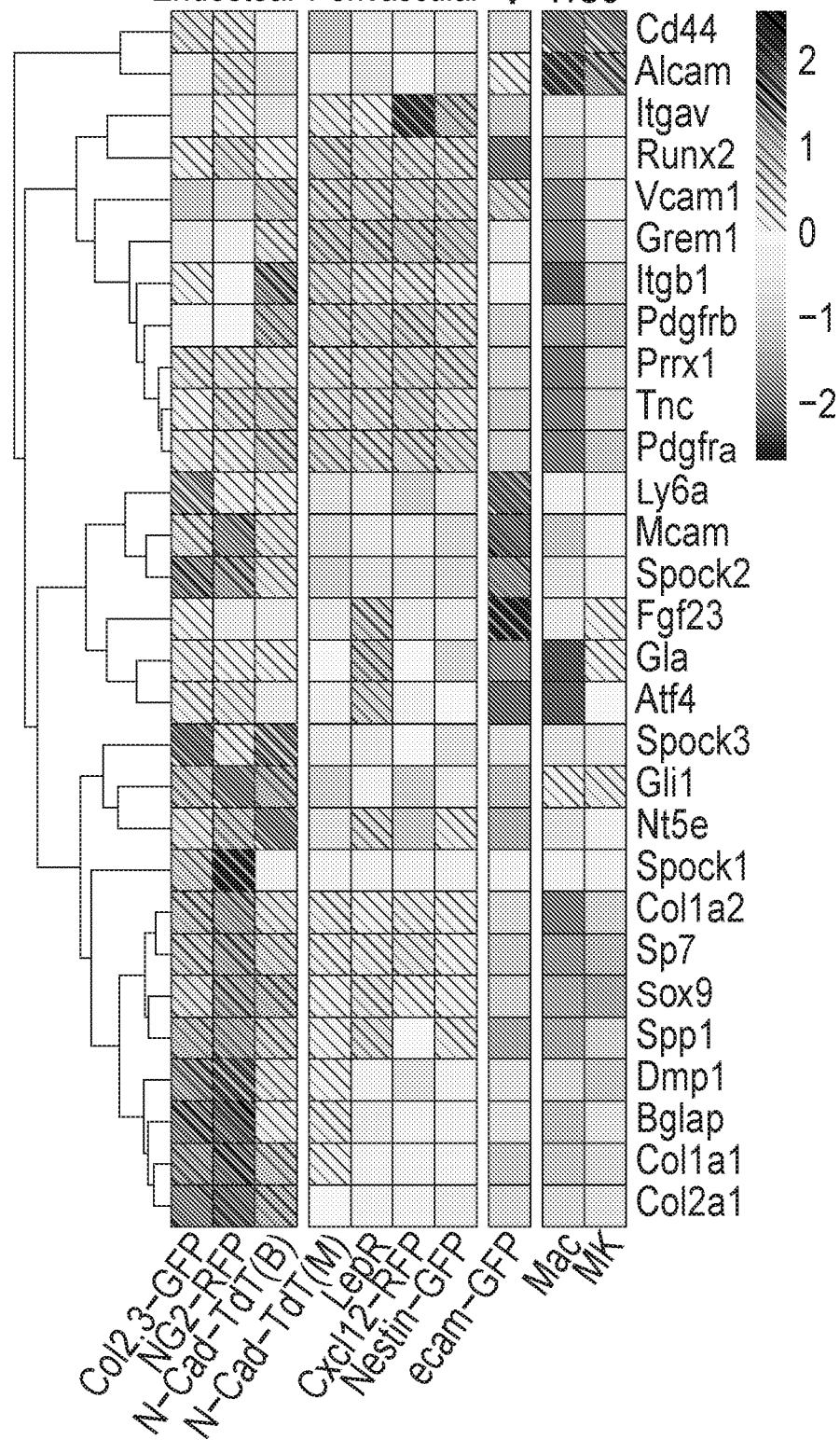


FIG. 20H

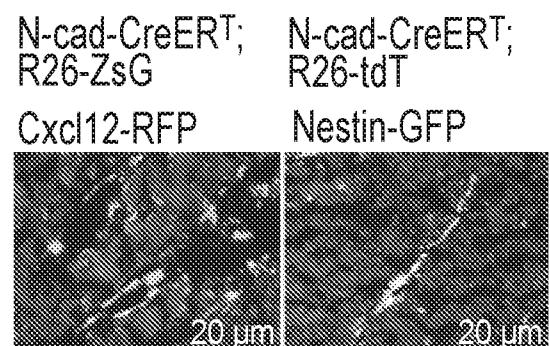


FIG. 20I

N-cad-CreERT;R26-tdT

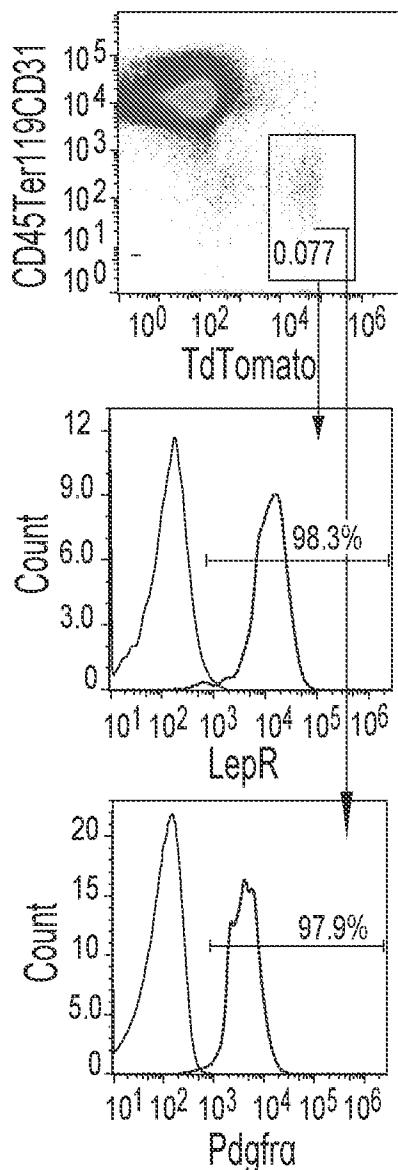


FIG. 20J

Stromal cell population	Cell dose	CFU-F colony per well	CFU-F frequency
N-cad-TdT(B)	1	4/32	1 in 8.79
	5	12/32	
	10	12/16	
LepR	1	1/8	1 in 9.7
	5	17/40	
	10	25/40	
NG2-RFP	1	1/2	1 in 6.72
	5	4/5	
	10	4/7	
Nestin-GFP	1	0/8	1 in 17.6
	5	8/40	
	10	19/40	
N-cad-CreERT(B)	1	2/32	1 in 10.7
	5	12/32	
	10	20/32	
N-cad-CreERT(M)	1	1/8	1 in 7.37
	5	18/40	
	10	31/40	

FIG. 20K

N-cad-CreERT;R26-tdT

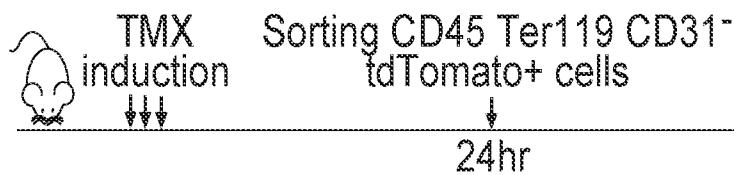


FIG. 21A

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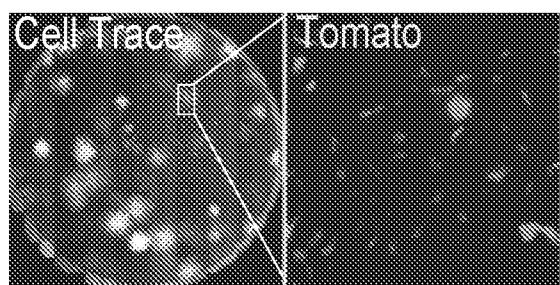


FIG. 21B

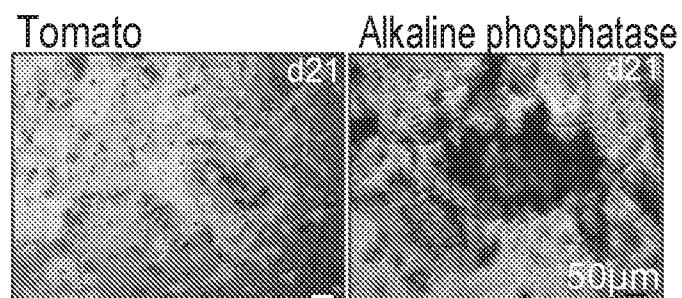


FIG. 21C

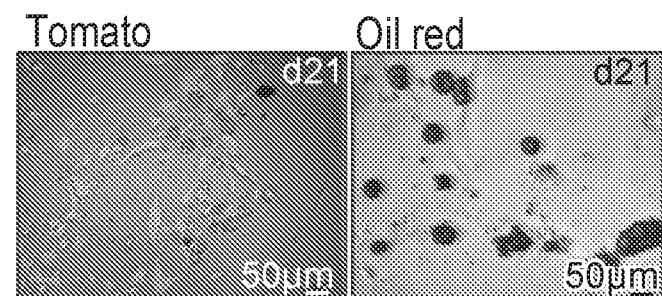


FIG. 21D

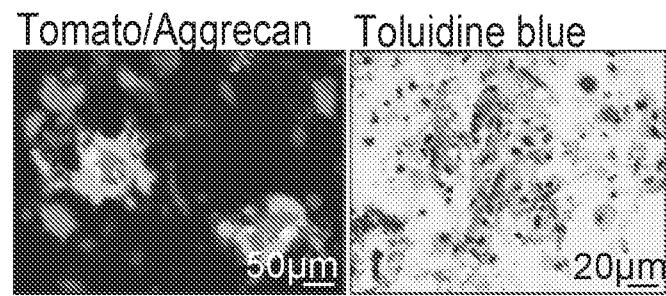


FIG. 21E

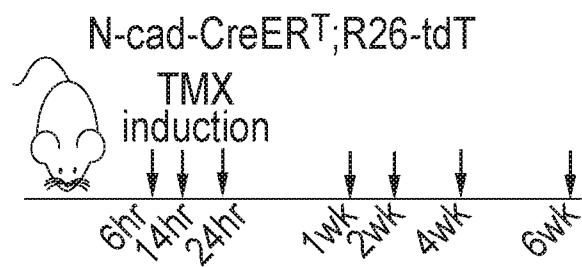


FIG. 21F

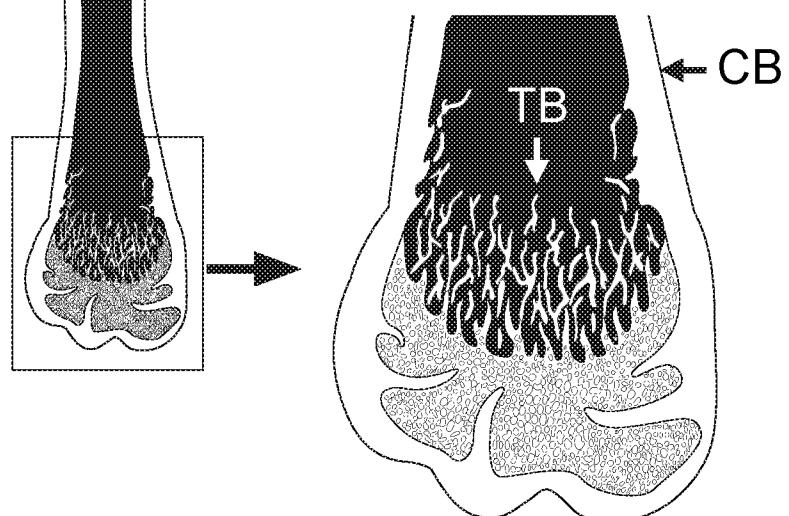
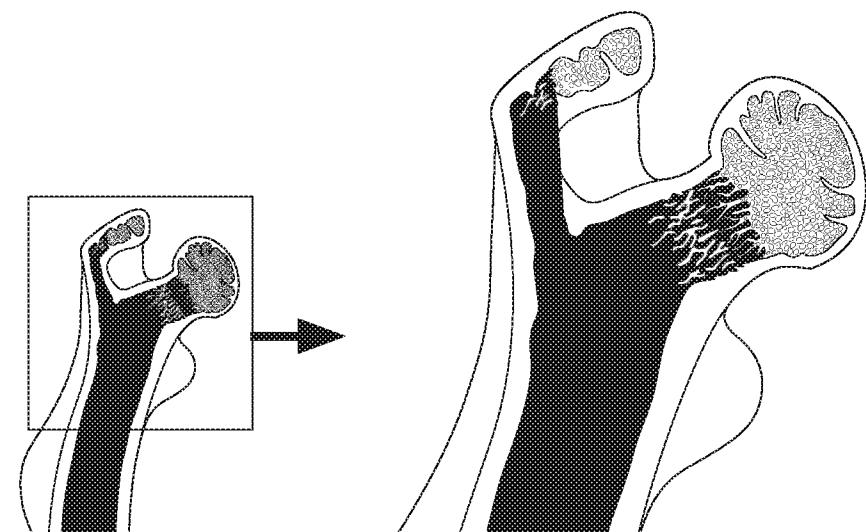


FIG. 21G

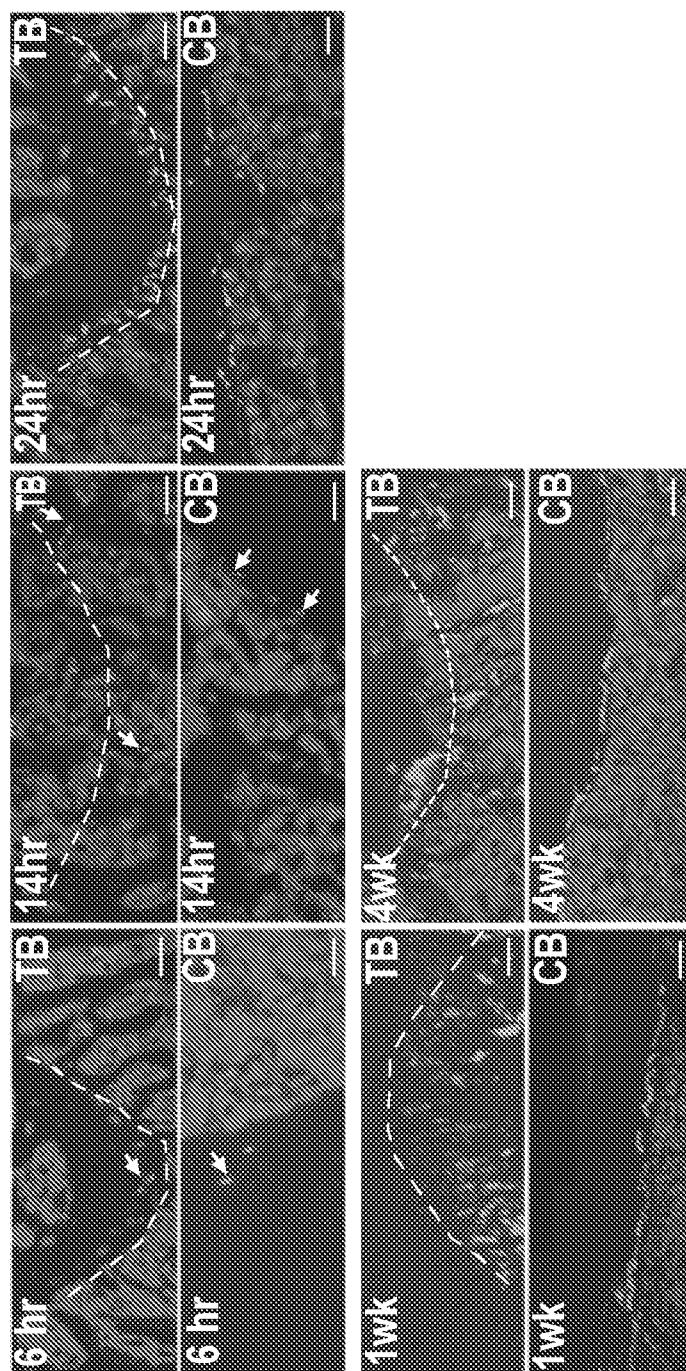


FIG. 21H

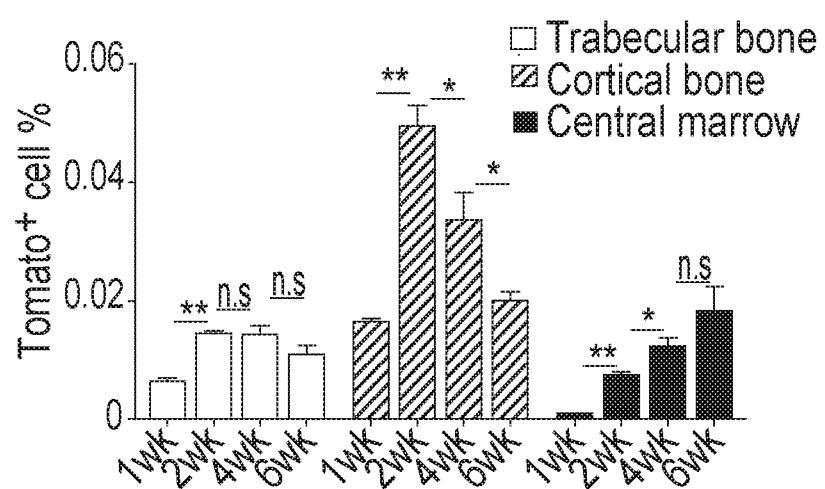
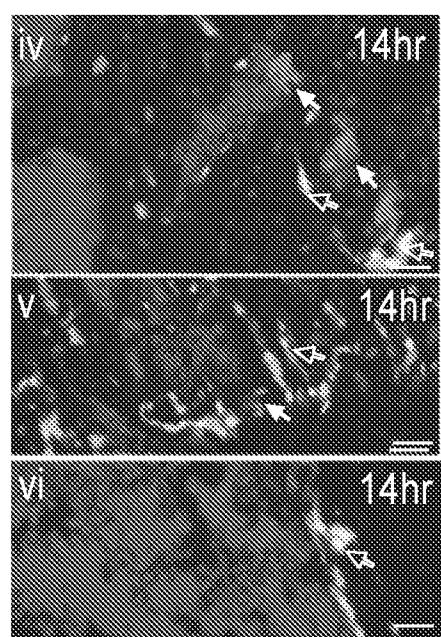
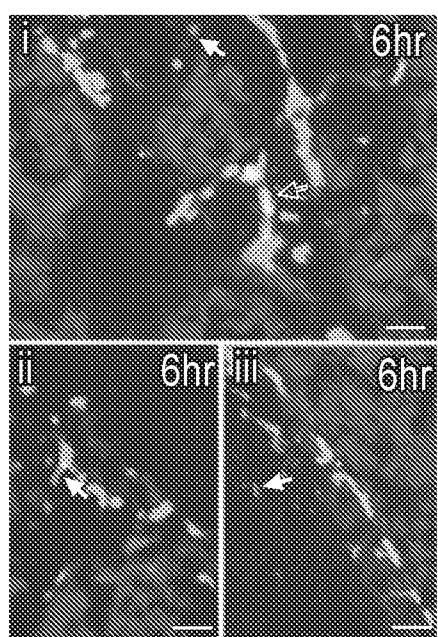
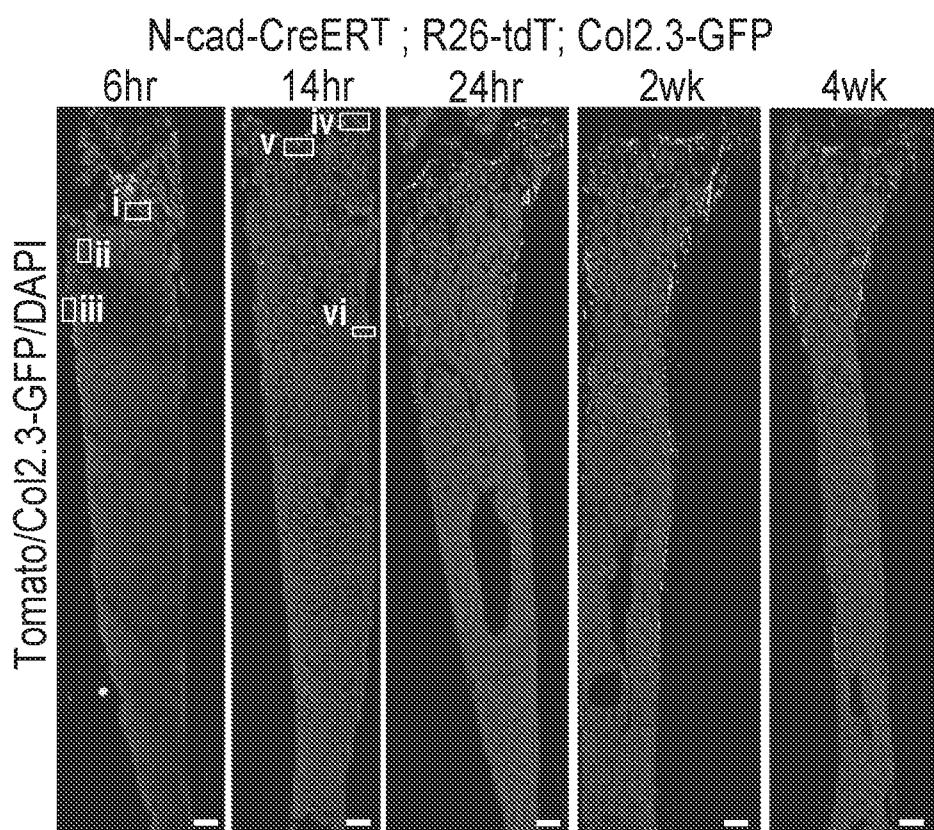


FIG. 21I

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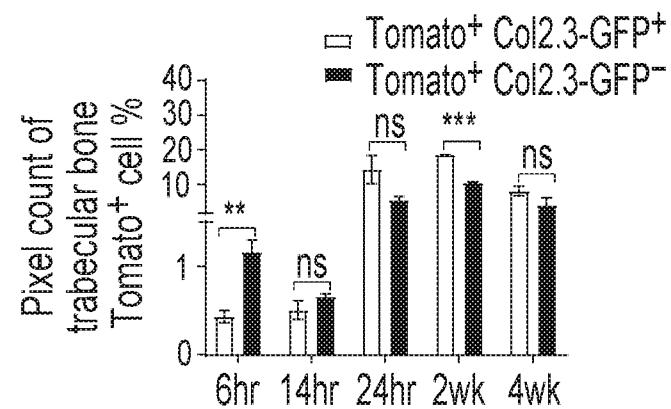


FIG. 22D

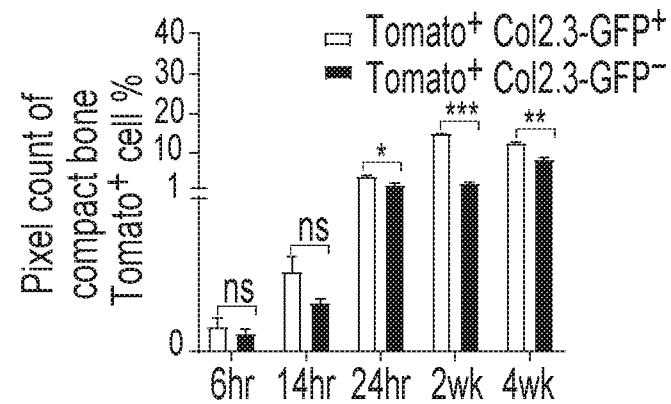


FIG. 22E

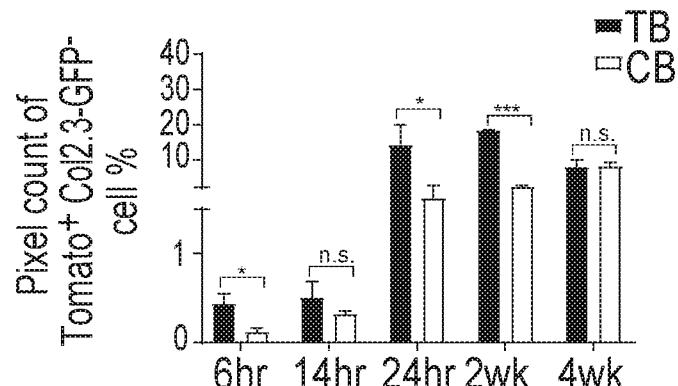


FIG. 22F

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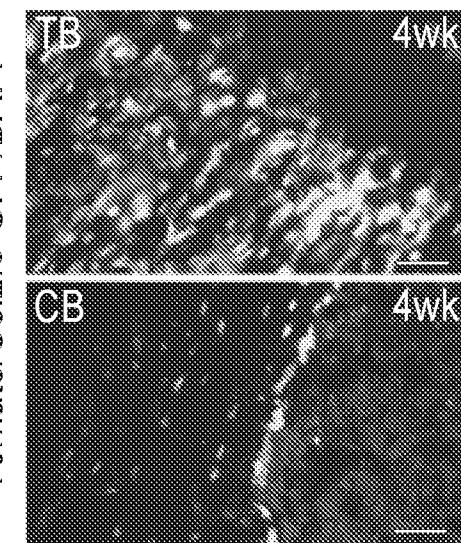


FIG. 22G

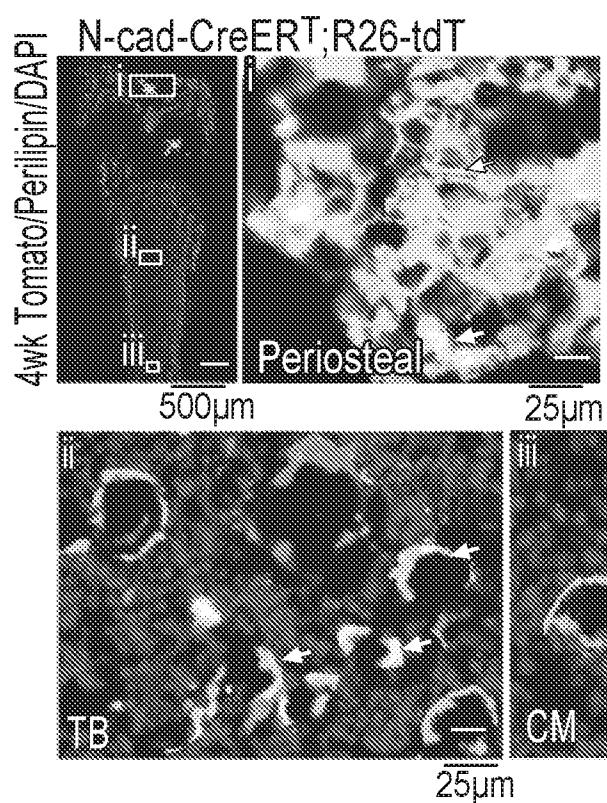


FIG. 22H

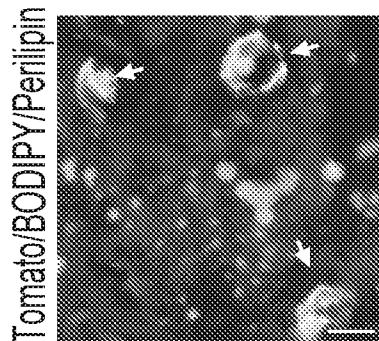


FIG. 22I

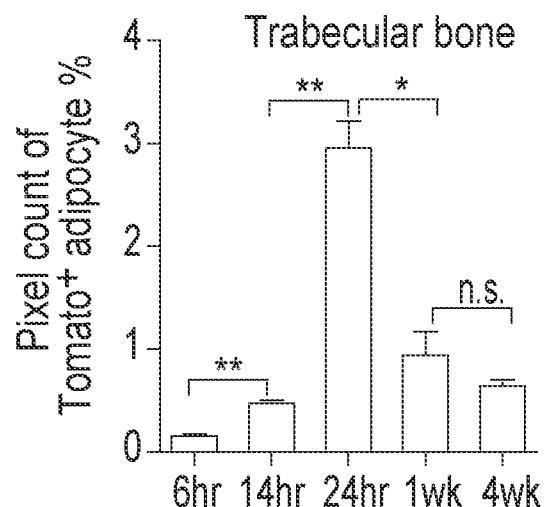


FIG. 22J

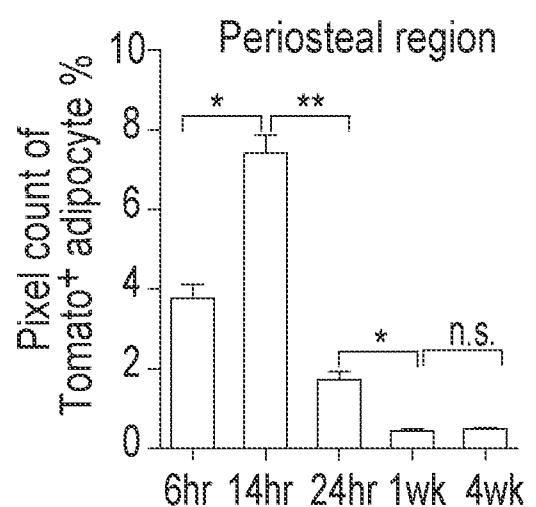


FIG. 22K

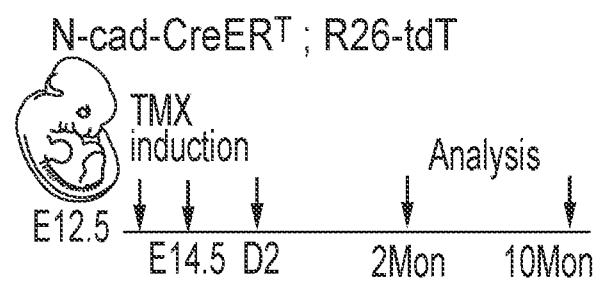


FIG. 23A

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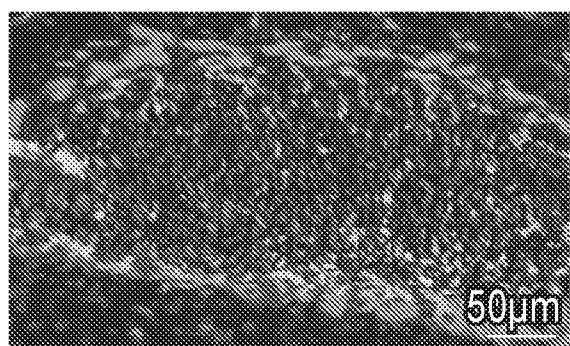
E14.5 Tomato/
Aggrecan/DAPI

FIG. 23B

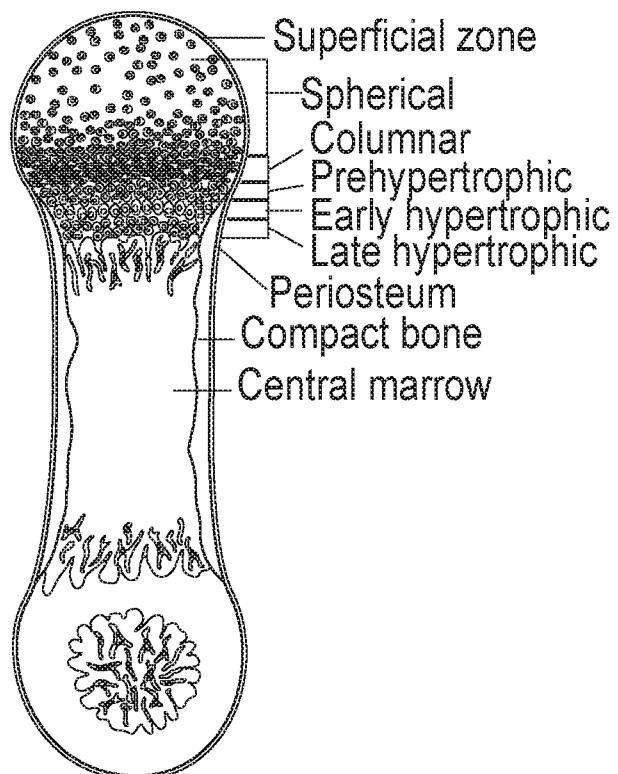


FIG. 23C

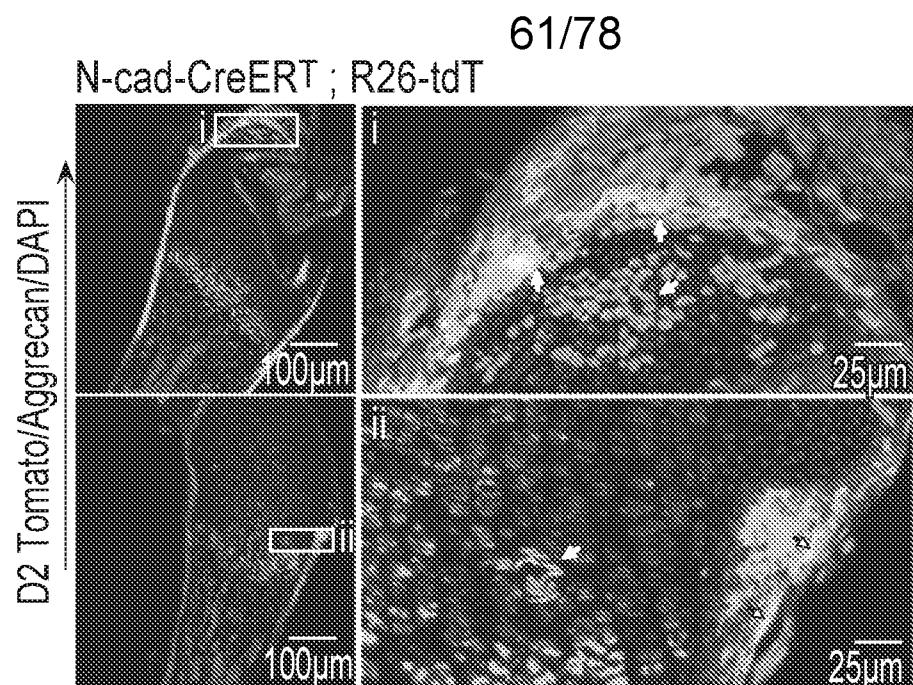


FIG. 23D

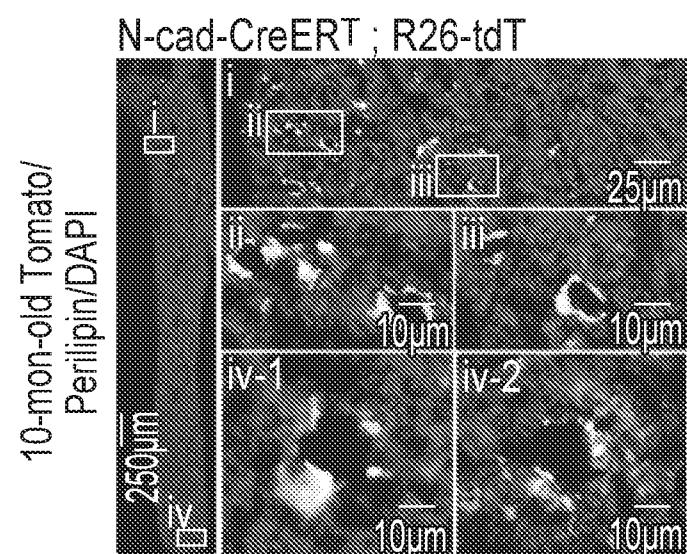


FIG. 23E

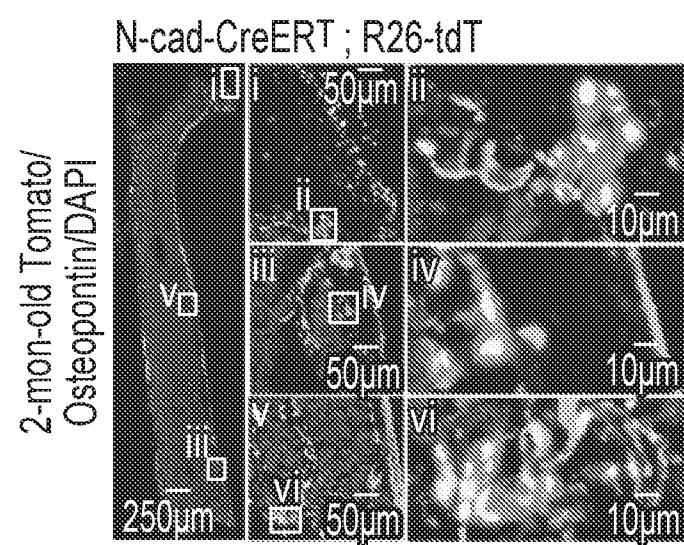


FIG. 23F

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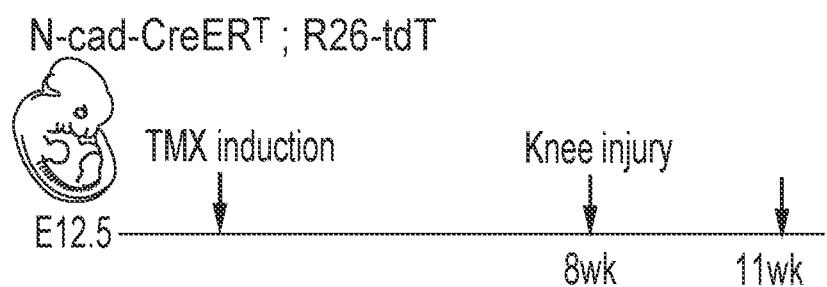


FIG. 23G

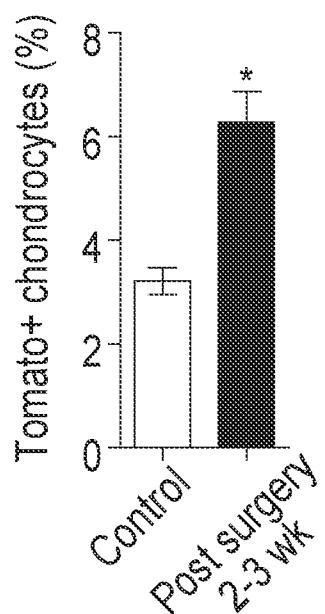


FIG. 23H

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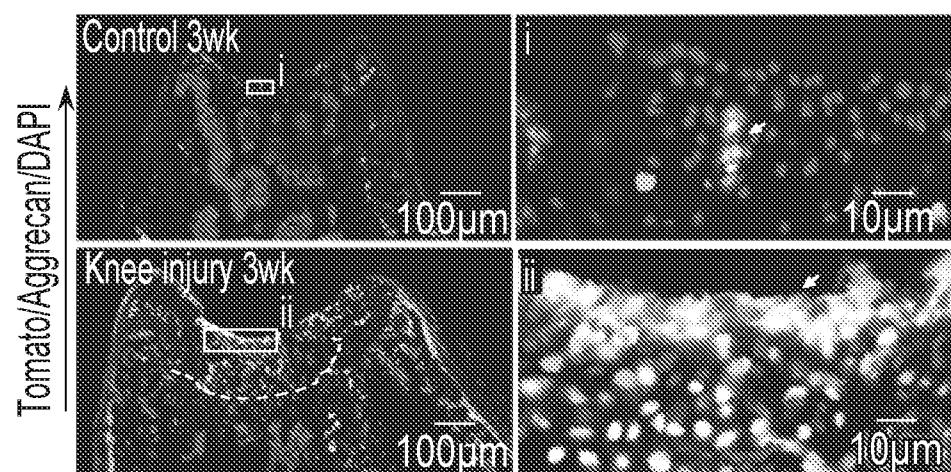


FIG. 23I

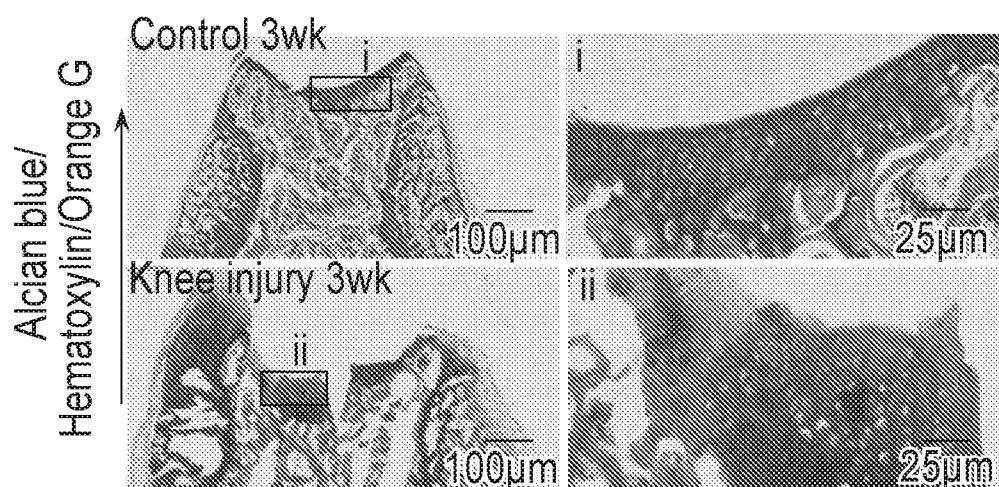
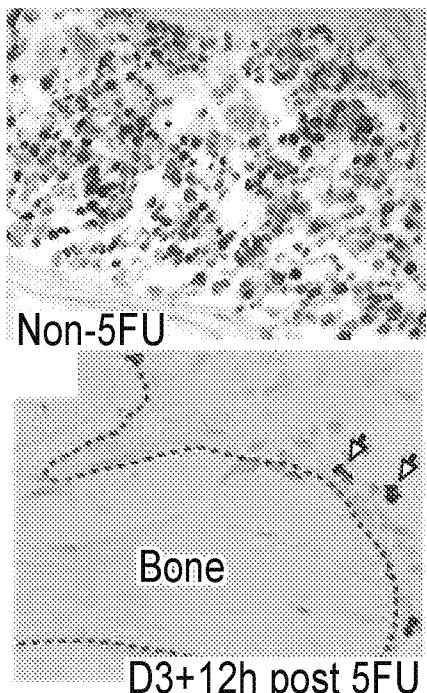
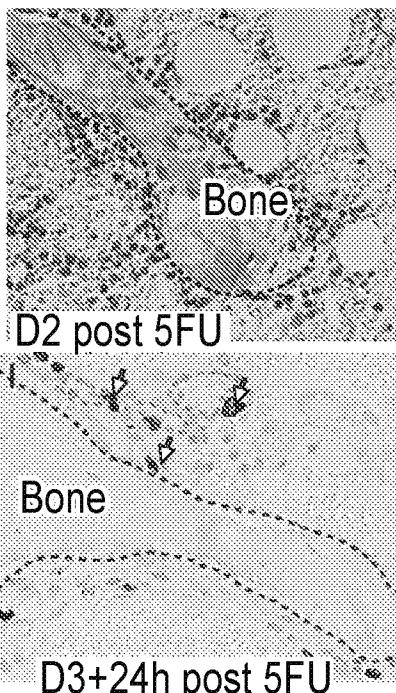
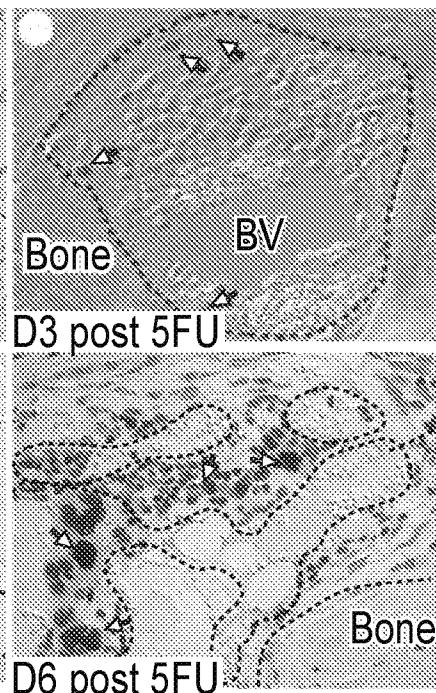
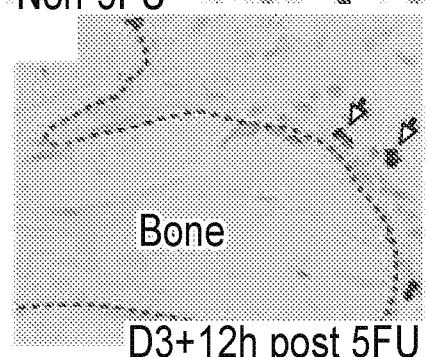
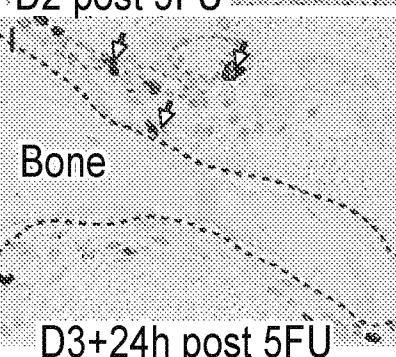
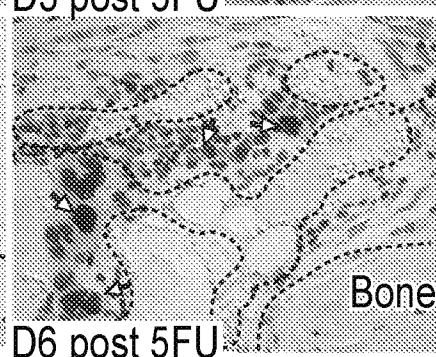


FIG. 23J

FIG. 24A**FIG. 24B****FIG. 24C****FIG. 24D****FIG. 24E****FIG. 24F**

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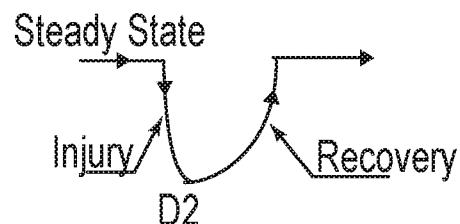


FIG. 24G

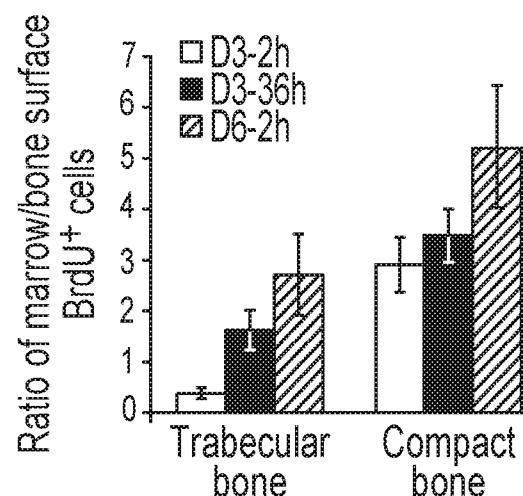


FIG. 24H

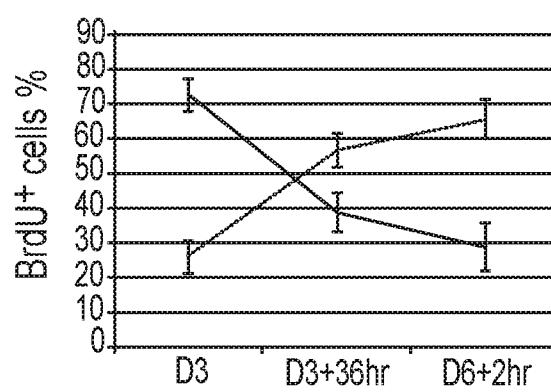


FIG. 24I

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FIG. 24J

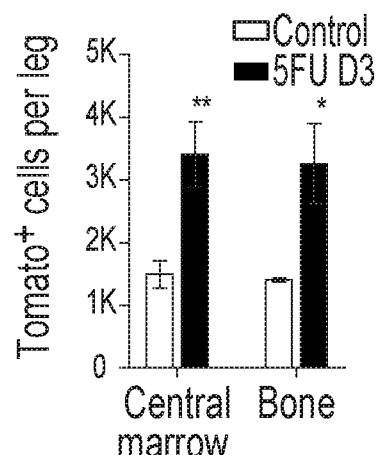


FIG. 24K

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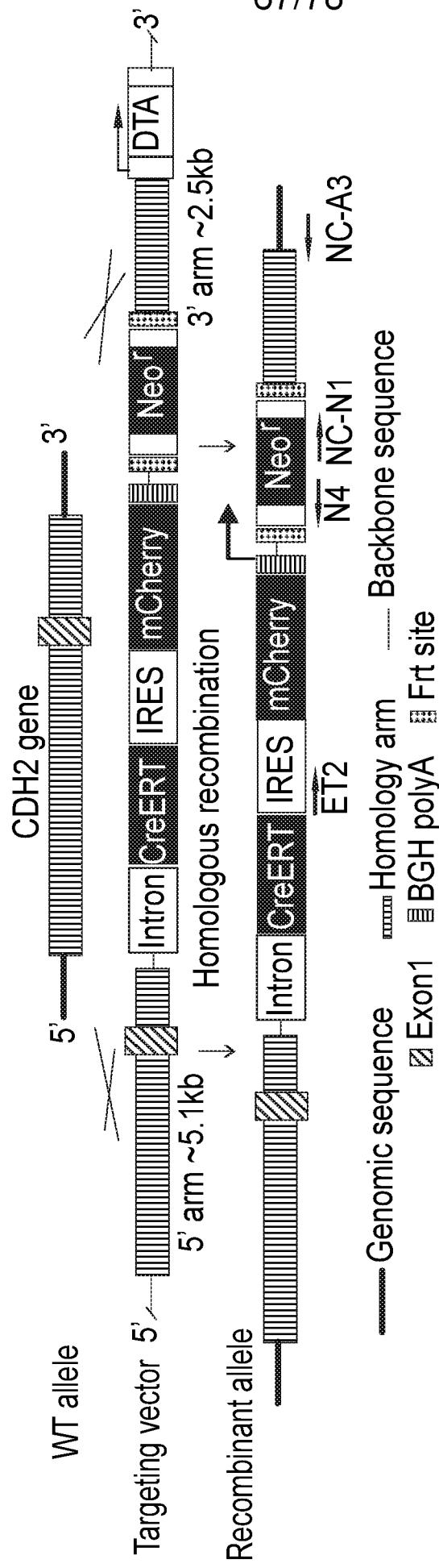


FIG. 25A

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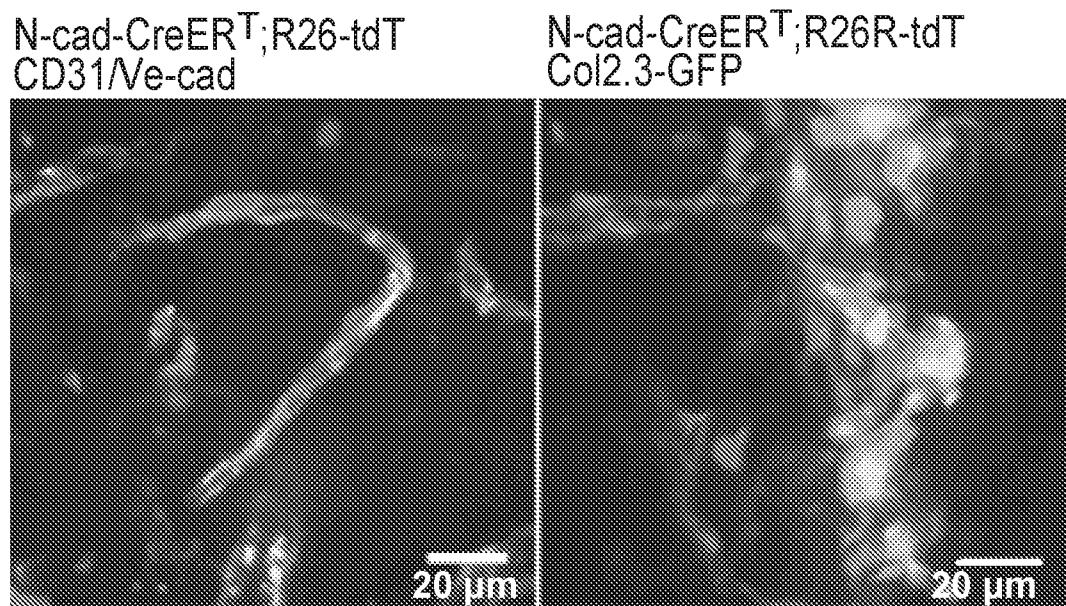


FIG. 25B

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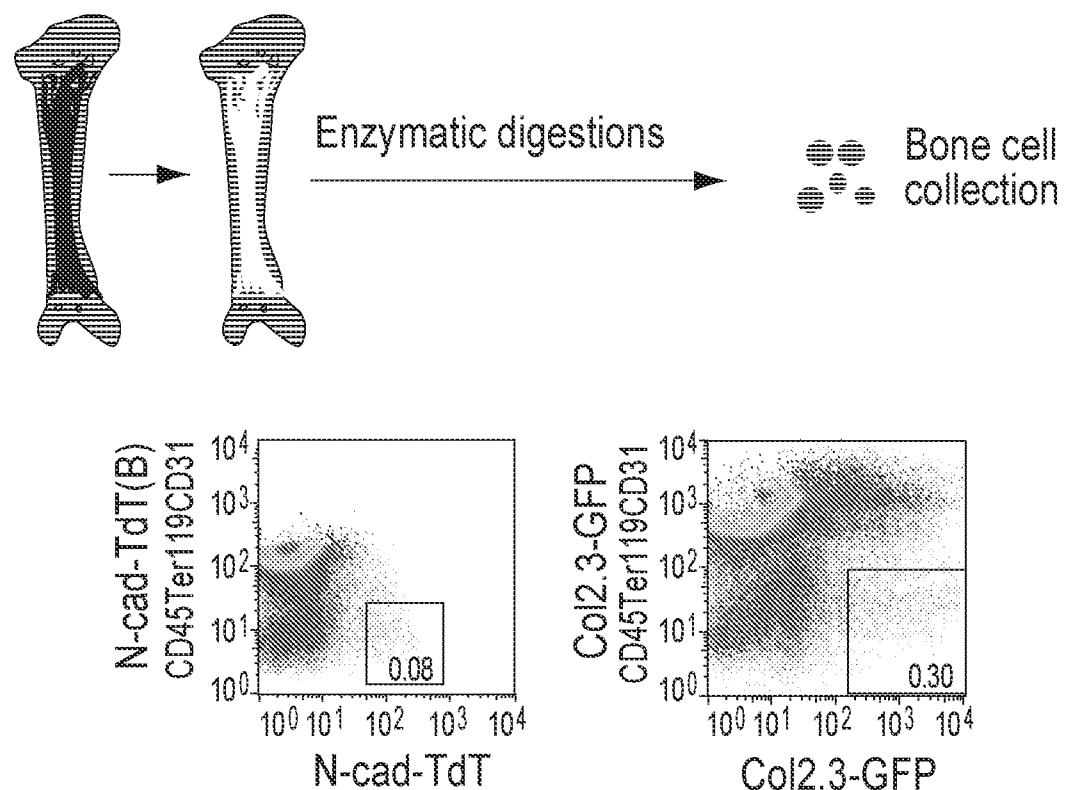


Figure 26A

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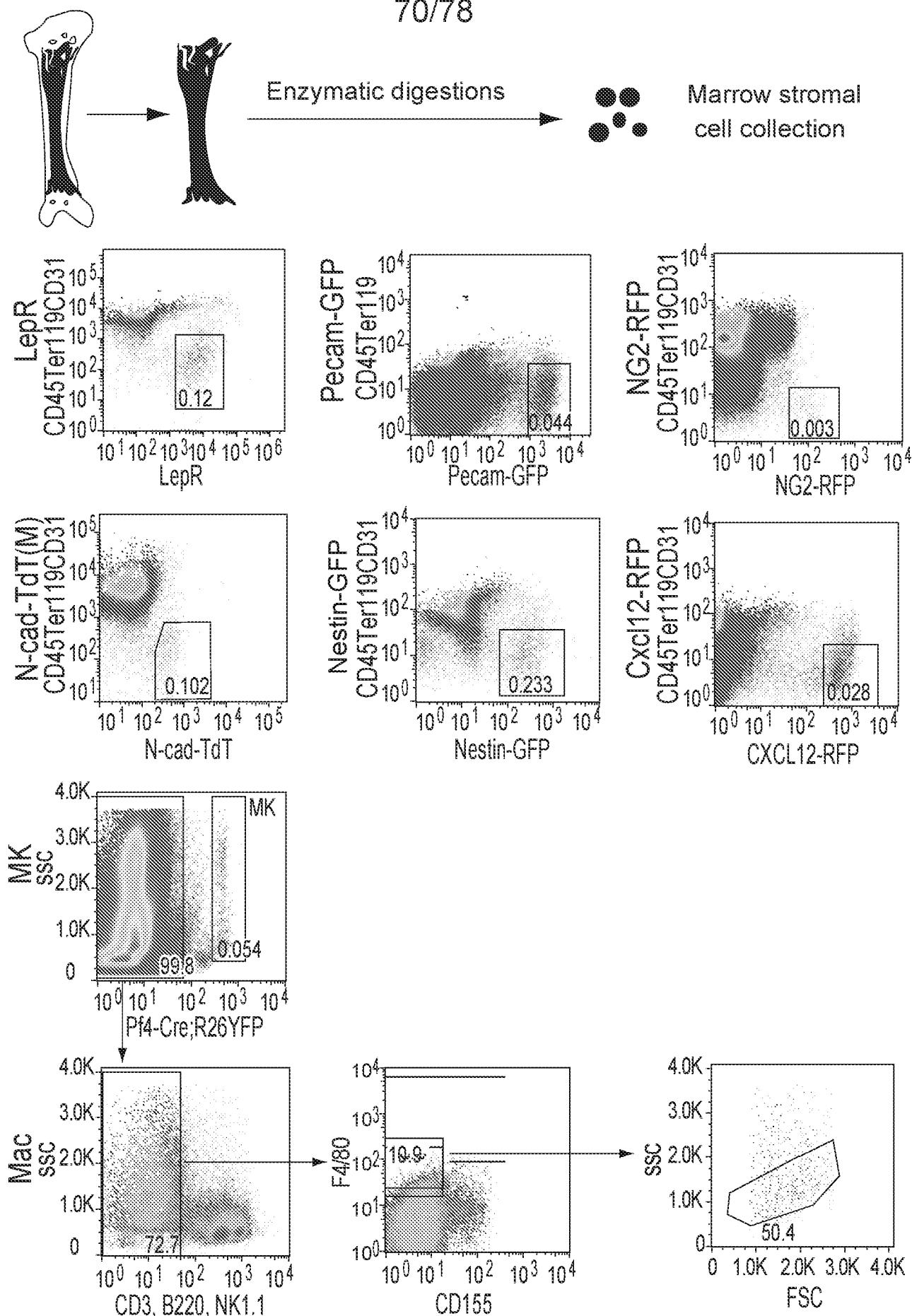


Figure 26B

SUBSTITUTE SHEET (RULE 26)

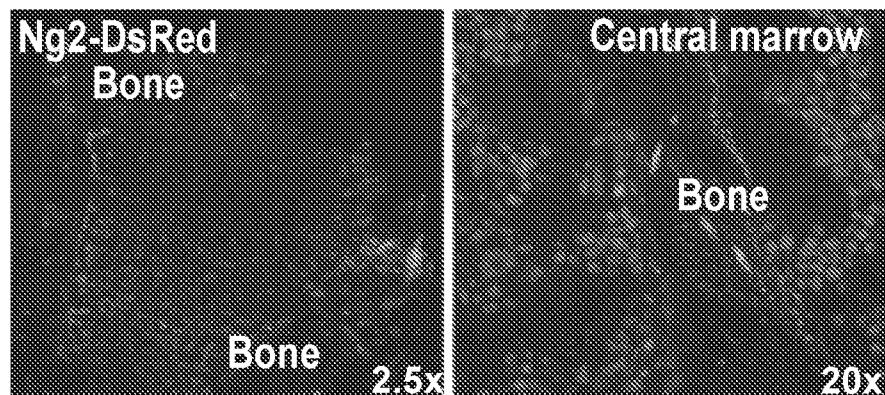


Figure 26C

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Zscore FPKM osteo-chondrogenic progenitor genes

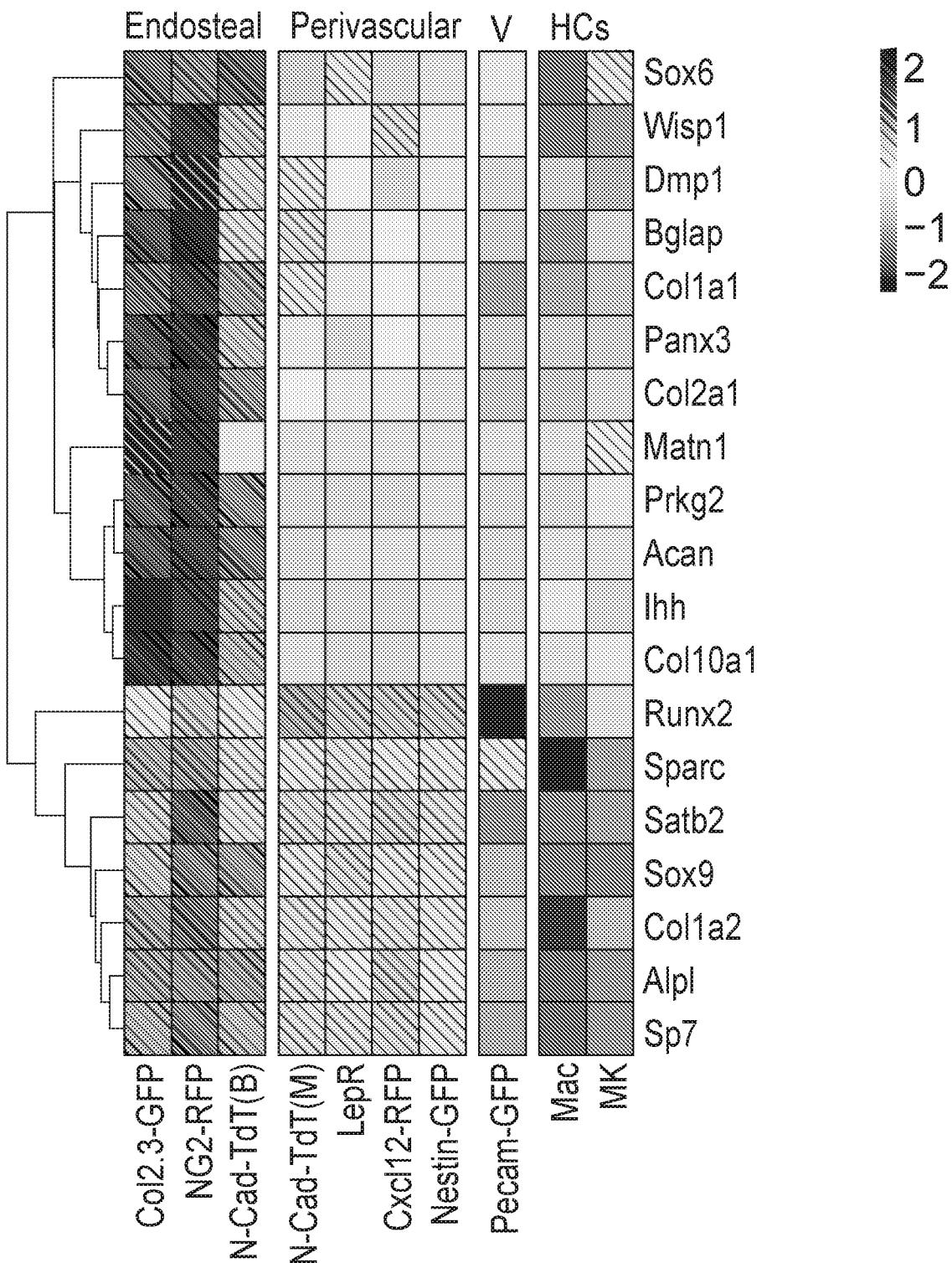


Figure 26D

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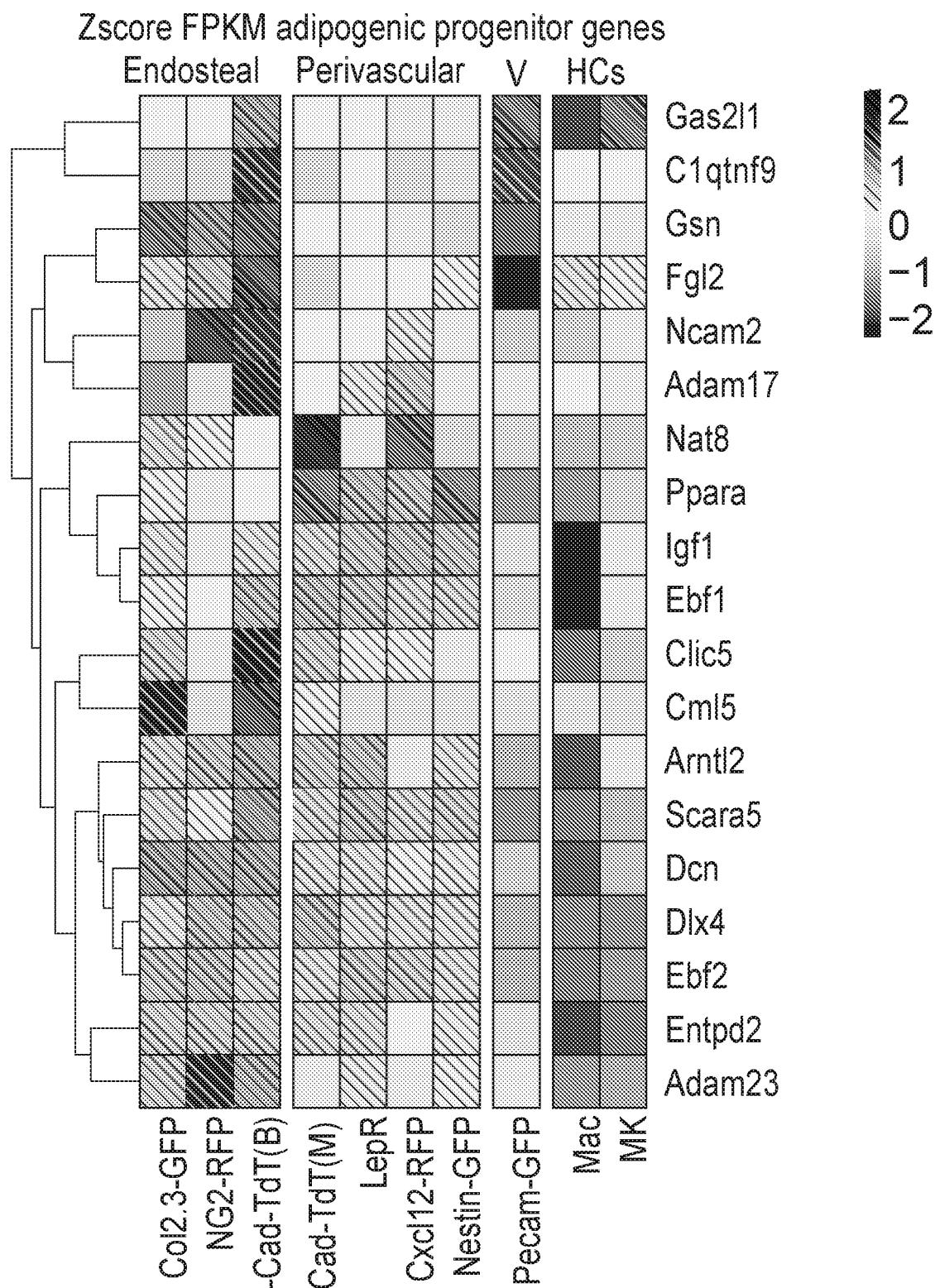


Figure 26E

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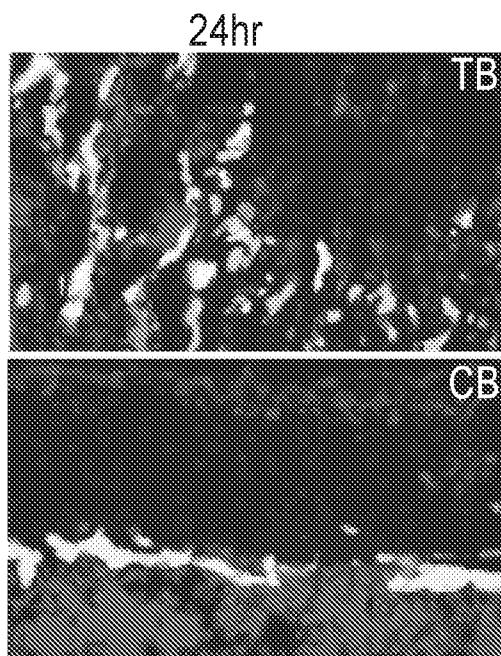


Figure 27A

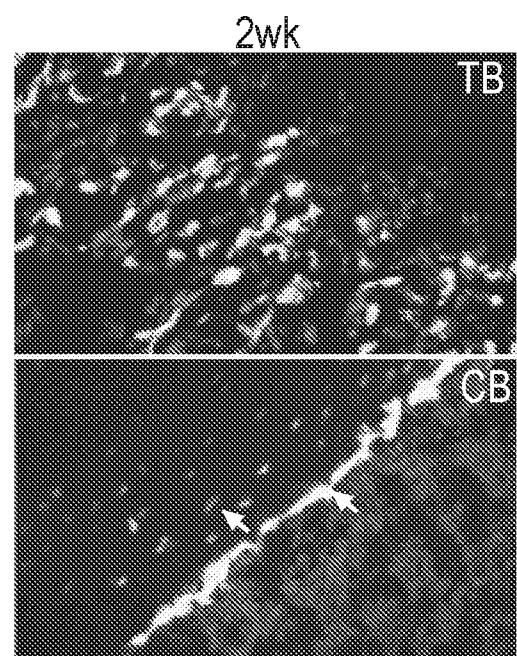


Figure 27B

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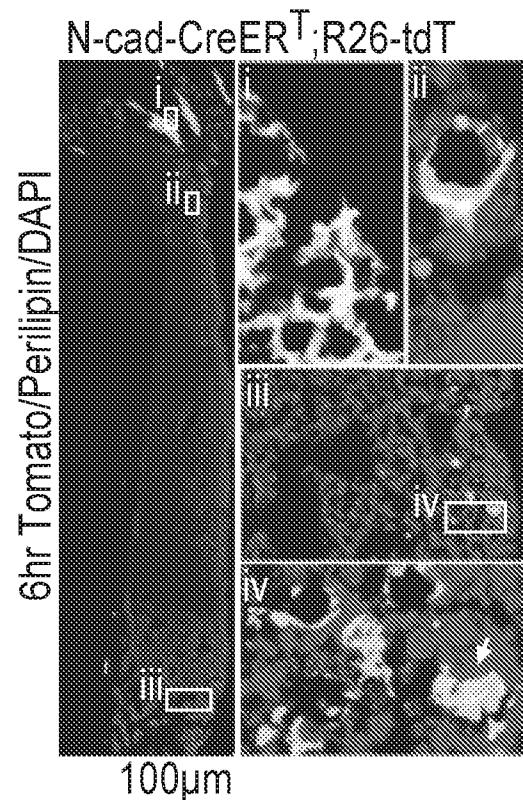


Figure 27C

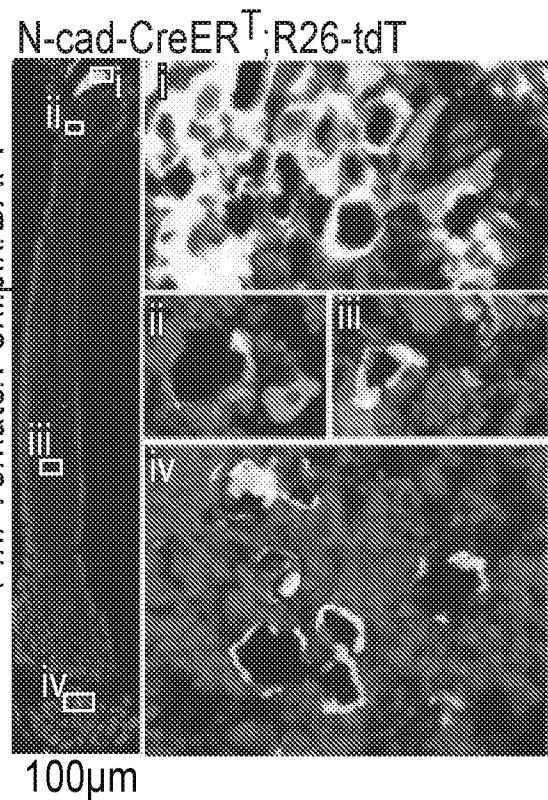


Figure 27D

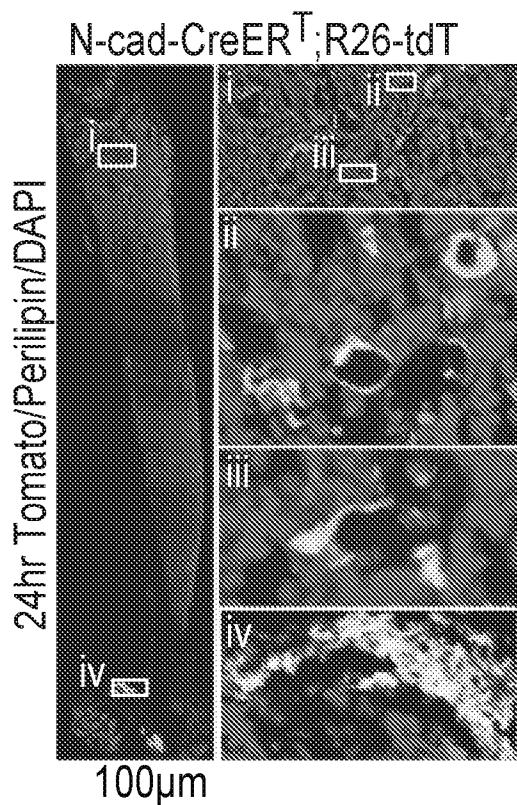


Figure 27E

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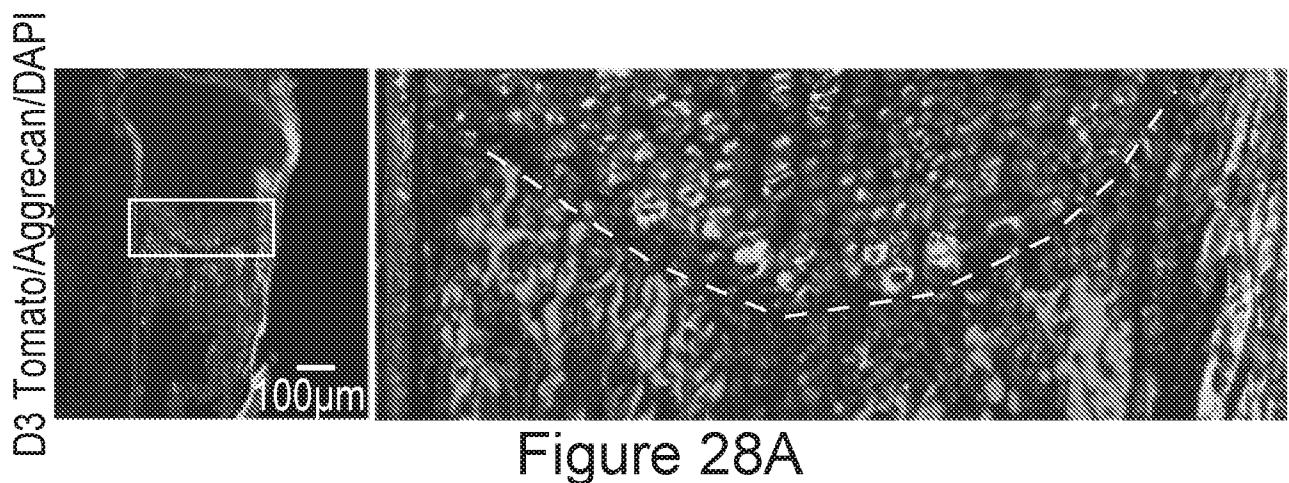


Figure 28A

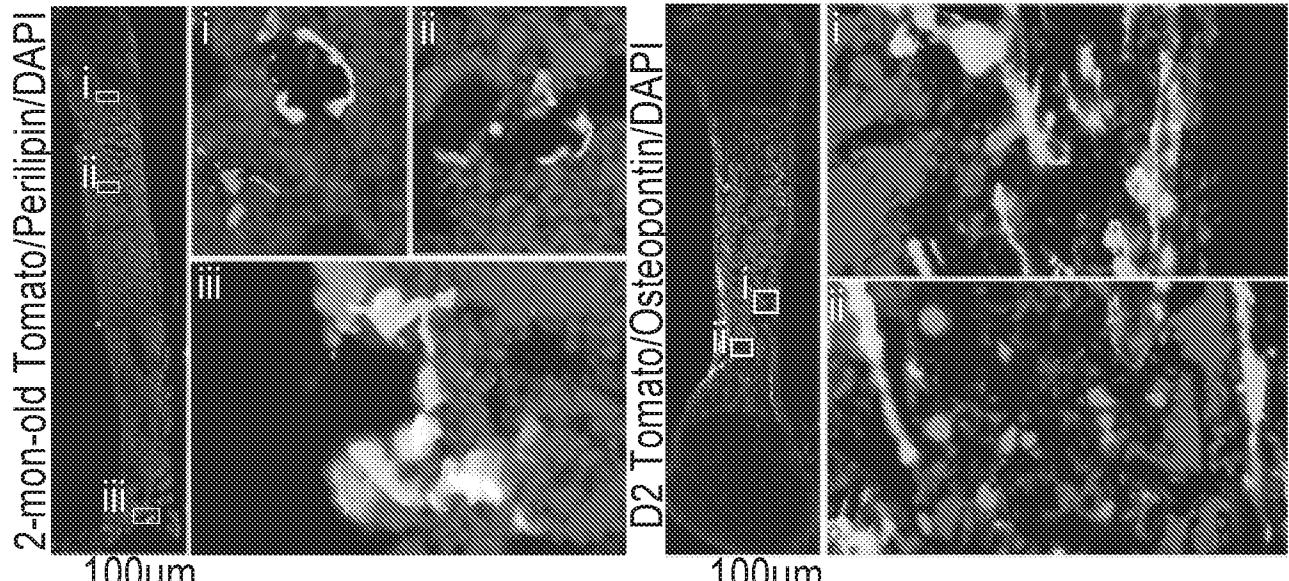


Figure 28B

Figure 28C

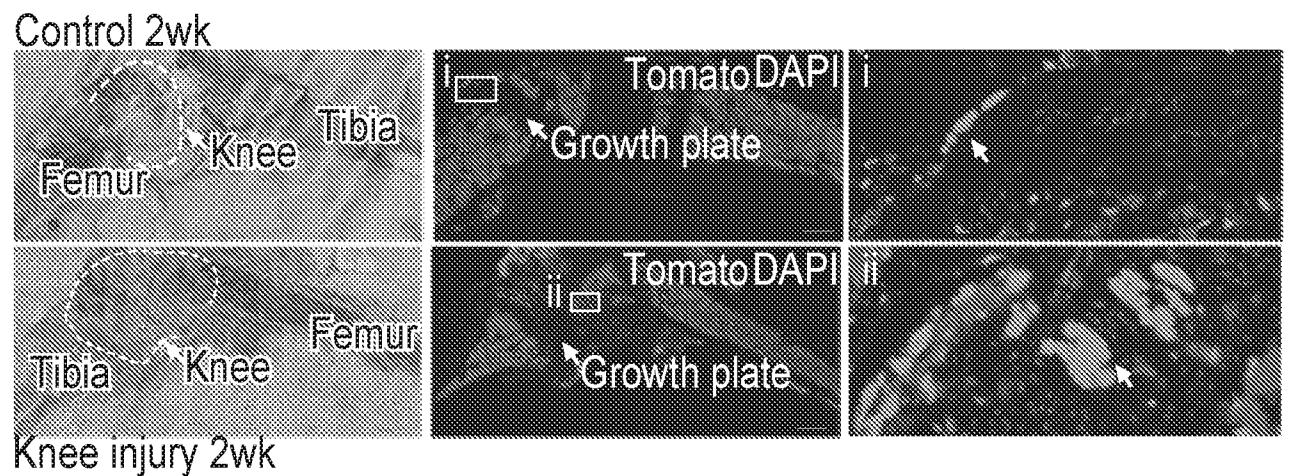


Figure 28D

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Vessel Lin CD150 CD49b SHG(bone)

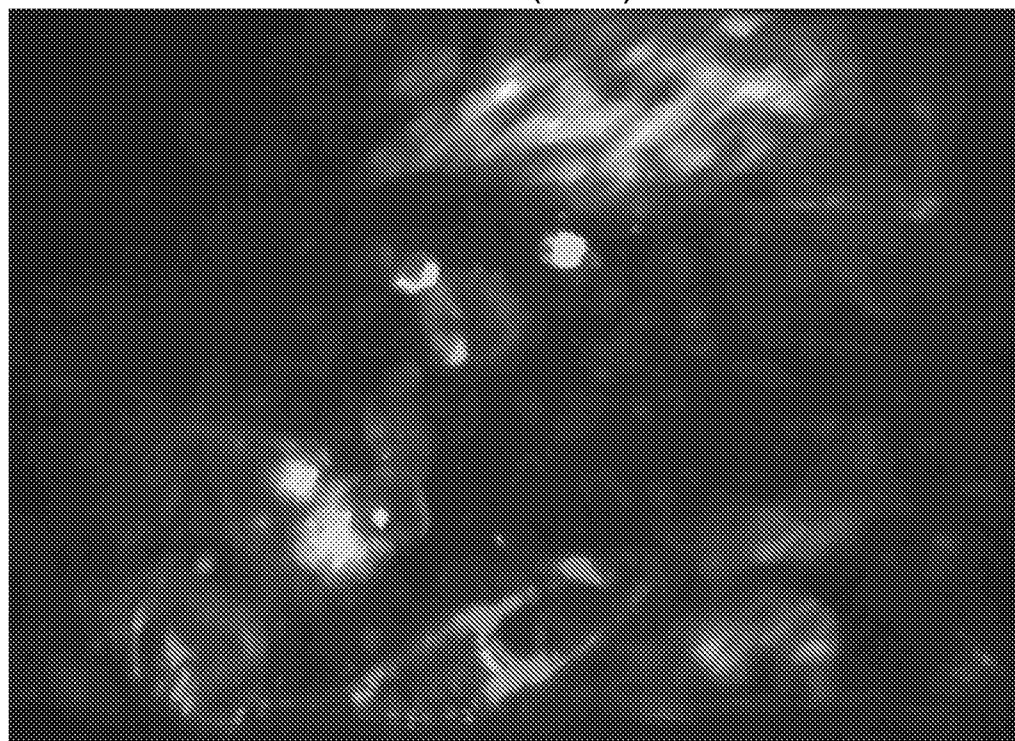


Figure 29

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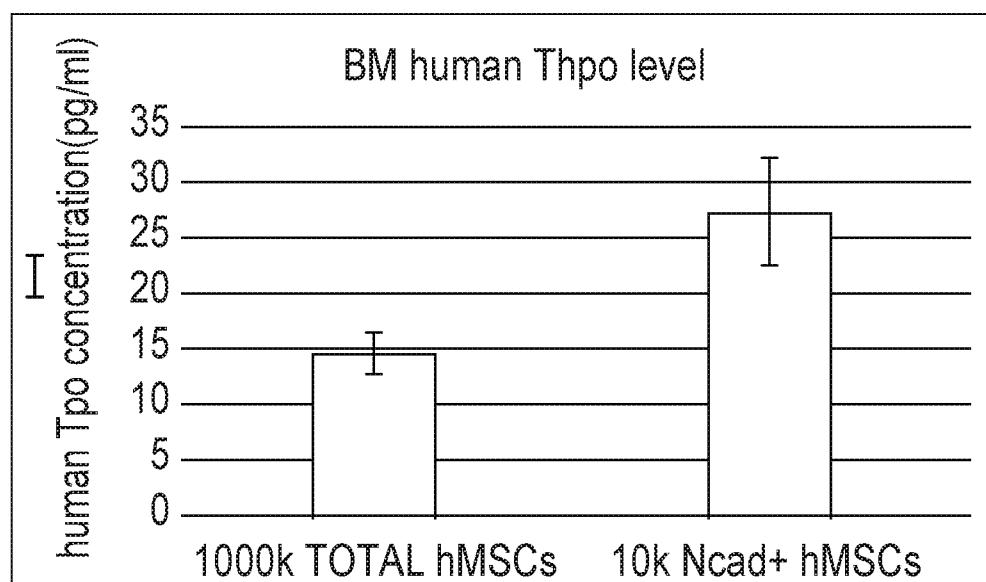


Figure 30

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

A. CLASSIFICATION OF SUBJECT MATTER

IPC - A61K 35/28; C12N 5/071, 15/09, 15/113 (2019.01)

CPC - A61K 35/28; C12N 5/0647, 15/09, 15/113

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

See Search History document

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

See Search History document

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

See Search History document

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X - Y	US 2016/264934 A1 (THE GENERAL HOSPITAL CORPORATION, et al.) 15 September 2016; paragraphs [0007], [0014], [0023], [0033], [0037], [0044], [0095], [0121], [0136], [0158], [0194], [0201], [0271], [0277], [0288], [0306], [0433]; Figures 2F, 10H	1-3, 19-21, 24-25, 29, 30, 31/29, 32/31/29, 53 - 4-6, 12, 15-16, 33/32/31/29, 34/33/32/31/29, 35/34/33/32/31/29, 41/31/29, 44-45, 61-63, 66-67, 74-75
X	WO 2012/027376 (THE RESEARCH FOUNDATION OF THE STATE UNIVERSITY OF NEW YORK, et al.) 1 March 2012; Figures 12, 27A; page 8, lines 21-29; page 11, lines 23-27; page 16, lines 1-4; page 23, lines 9-13; page 25, lines 4-8; page 26, lines 17-21; page 27, lines 7-11; page 28, lines 21-32; page 41, lines 3-5; page 54, line 13 – page 55, line 10; claims 1, 4-5, 10, 12	78-103
Y	(TIRUMURU, N et al.) N6-methyladenosine of HIV-1 RNA regulates viral infection and HIV-1 Gag protein expression. eLife – Microbiology And Infectious Disease. 2 July 2016, Vol. 5, No. e15528; page 14, 4th paragraph; Figure 3; DOI: 10.7554/eLife.15528	4-6, 15-16, 33/32/31/29, 34/33/32/31/29, 35/34/33/32/31/29, 44-45, 61-62, 66-67, 74-75
Y	(JOSEPH, C et al.) Deciphering Hematopoietic Stem Cells in Their Niches: A Critical Appraisal of Genetic Models, Lineage Tracing, and Imaging Strategies. Cell Stem Cell. 7 November 2013, Vol. 13, pages520-533; page 520, 2nd column, 3rd paragraph – page 521, 1st column, 2nd paragraph; Table 1; DOI: 10.1016/j.stem.2013.10.010	12, 41/31/29, 63

 Further documents are listed in the continuation of Box C. See patent family annex.

* Special categories of cited documents:

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

05 February 2019 (05.02.2019)

Date of mailing of the international search report

22 MAR 2019

Name and mailing address of the ISA/

Mail Stop PCT, Attn: ISA/US, Commissioner for Patents
P.O. Box 1450, Alexandria, Virginia 22313-1450
Facsimile No. 571-273-8300

Authorized officer

Shane Thomas

PCT Helpdesk: 571-272-4300
PCT OSP: 571-272-7774

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

Box No. I Nucleotide and/or amino acid sequence(s) (Continuation of item 1.c of the first sheet)

1. With regard to any nucleotide and/or amino acid sequence disclosed in the international application, the international search was carried out on the basis of a sequence listing:
 - a. forming part of the international application as filed:
 - in the form of an Annex C/ST.25 text file.
 - on paper or in the form of an image file.
 - b. furnished together with the international application under PCT Rule 13*ter*.1(a) for the purposes of international search only in the form of an Annex C/ST.25 text file.
 - c. furnished subsequent to the international filing date for the purposes of international search only:
 - in the form of an Annex C/ST.25 text file (Rule 13*ter*.1(a)).
 - on paper or in the form of an image file (Rule 13*ter*.1(b) and Administrative Instructions, Section 713).
2. In addition, in the case that more than one version or copy of a sequence listing has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that forming part of the application as filed or does not go beyond the application as filed, as appropriate, were furnished.

3. Additional comments:

An invitation to Furnish Nucleotide and/or Amino Acid Sequence Listing and to Pay, Where Applicable, Late Furnishing Fee ("ISA/225") was mailed on 24 October 2018 (24.10.2018). No approved electronic sequence listing was received in response to the ISA/225. Therefore, the international search was carried out only to the extent possible.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:

2. Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:

3. Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

This application contains the following inventions or groups of inventions which are not so linked as to form a single general inventive concept under PCT Rule 13.1. In order for all inventions to be examined, the appropriate additional examination fees must be paid.

Groups I+, Claims 1-316, 371-407, a m6A modification reader YTHDF1 (m6A modification pathway molecule), MX1-Cre inactivation or deletion (modulation), and hematopoietic stem and progenitor cells (HSPCs) are directed toward methods and kits for expansion of a population of cells, administering cells to a subject, and reconstituting bone marrow with the cells.

-***-Continued on Supplemental Page-***-

1. As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying additional fees, this Authority did not invite payment of additional fees.
3. As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:

4. No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:
1, 2-6 (each in-part), 12 (in-part), 15, 16 (in-part), 19-23, 24 (in-part), 25 (in-part), 26, 27, 29, 30, 31-35 (each in-part), 41 (in-part), 44, 45 (in-part), 51 (in-part), 53, 54-56 (each in-part), 58 (in-part), 60 (in-part), 61-63, 66, 67, 74, 75, and 78-103; a m6A modification reader YTHDF1 (m6A modification pathway molecule), MX1-Cre inactivation or deletion (modulation), and hematopoietic stem and progenitor cells (HSPCs)

Remark on Protest

- The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 9,439,928 B2 (KASAHARA, N et al.) 13 September 2016; abstract; column 2, lines 15-17; column 4, lines 14-32; column 17, lines 19-21; claim 1	74-75

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

-***-Continued from Box No. III: Observations where unity of invention is lacking-***-

The methods and kits will be searched to the extent they encompass a m6A modification reader YTHDF1 (first exemplary m6A modification pathway molecule), MX1-Cre inactivation or deletion (first exemplary modulation method), and hematopoietic stem and progenitor cells (first exemplary cells). Applicant is invited to elect additional modification pathway molecule(s), and/or modulation method(s) (or specific inhibitor(s) used for modulation), and/or cell(s)(cell type(s)) to be searched. Additional modification pathway molecule(s), and/or modulation method(s) (or specific inhibitor(s) used for modulation), and/or cell(s) (cell type(s)) will be searched upon the payment of additional fees. It is believed that claims 1, 2-6 (each in-part), 12 (in-part), 15, 16 (in-part), 19-23, 24 (in-part), 25 (in-part), 26, 27, 29, 30, 31-35 (each in-part), 41 (in-part), 44, 45 (in-part), 48-51 (each in-part), 53, 54-56 (each in-part), 58 (in-part), 60 (in-part), 61-63, 66, 67, 74, 75, and 78-103 encompass this first named invention and thus these claims will be searched without fee to the extent that they encompass YTHDF1 (m6A modification pathway molecule), MX1-Cre inactivation or deletion (modulation), and hematopoietic stem and progenitor cells (HSPCs). Applicants must specify the claims that encompass any additionally elected modification pathway molecule(s), and/or modulation method(s) (or specific inhibitor(s) used for modulation), and/or cell(s)(cell type(s)). Applicants must further indicate, if applicable, the claims which encompass the first named invention, if different than what was indicated above for this group. Failure to clearly identify how any paid additional invention fees are to be applied to the "+" group(s) will result in only the first claimed invention to be searched/examined. An exemplary election would be a METTL3 m6A modification writer (m6A modification pathway molecule).

No technical features are shared between the modification pathway molecules and/or modulation methods or inhibitors and/or cells of Groups I+ and, accordingly, these groups lack unity a priori.

Additionally, even if Groups I+ were considered to share the technical features including: a methods for expanding, ex vivo, a population of cells, the method comprising modulating a N6-Methyladenosine (m6A) mRNA modification pathway in the population of cells, which is sufficient for subsequent transplantation into a subject in need thereof; an expanded cell population made by the method; a method for ex vivo expansion of cells by at least 2-fold, the expanded cells being competent to reconstitute a cell lineage upon transplantation into a mammal in need thereof, the method comprising introducing a mutation into the cells that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification reader and culturing the population of cells in a suitable culture medium; a kit for expanding a cell population for subsequent transplantation into a subject in need thereof, the kit comprising a system for introducing a mutation into the cell population that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification reader, and instructions for use thereof; an inhibitor of a m6A mRNA modification reader; a method for treating a subject in need of a transplant, comprising administering cells to a subject in need thereof, the method comprising: (a) introducing, into a sample containing a cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification reader, or an inhibitor of a m6A mRNA modification reader, (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of cells in the sample to a number sufficient to transplant into the subject; and (c), administering the cells to the subject; a method for reconstituting a cell lineage or bone marrow in a subject in need thereof, the method comprising: (a) obtaining from a mammal a tissue sample comprising a cell population; (b) expanding, in vitro, the cell population from the sample, wherein: (i) the cell population expands by at least 2-fold; and (ii) the expanded cell population has at least a 5-fold increase in total colony-forming units; and (c) transplanting the expanded cell population into a subject in need thereof; wherein the cells are stem cells; maintaining a multilineage differentiation potential in the stem cell population; stem cells obtained from a tissue selected from the group consisting of peripheral blood, cord blood and bone marrow; a method for treating cancer and/or a blood disorder in a subject in need thereof, comprising: culturing, in a suitable culture media, a sample containing a CAR T-cell population and administering to the subject a population of the CAR T-cells; these shared technical features are previously disclosed by US 2016/0264934 A1 to The General Hospital Corporation et al. (hereinafter 'General') in view of US 2014/0114070 A1 to Boitano et al. (hereinafter 'Boitano'), the article 'MicroRNA-145 Modulates N6-methyladenosine Levels by Targeting the 3'-Untranslated mRNA Region of the N6-Methyladenosine-binding TYH Domain Family 2 Protein' by Yang et al. (hereinafter 'Yang') and WO 2017/075147 A1 to Board of Regents, the University of Texas System (hereinafter 'Texas').

General discloses a method for expanding (a method for expanding: paragraphs [0012], [0138]), ex vivo (ex vivo; paragraphs [0012], [0138], [0158]), a population of cells (a population of cells; paragraphs [0012], [0138], [0158]), the method comprising modulating a N6-Methyladenosine (m6A) mRNA modification pathway in the population of cells (the method comprising inhibiting METTL3 (modulating a N6-Methyladenosine (m6A) mRNA modification pathway) in the population of cells; paragraphs [0012], [0138], [0158]), which is sufficient for subsequent transplantation into a subject in need thereof (which is sufficient for subsequent transplantation into a subject in need thereof; paragraphs [0044], [0271]); an expanded cell population made by the method (an expanded cell population made by the method; paragraphs [0012], [0037], [0044]); a method for ex vivo expansion of cells by at least 2-fold (a method for ex vivo expansion of cells by at least 2-fold; paragraphs [0012], [0080], [0138], [0158]), the method comprising introducing a mutation into the cells that results in deletion, replacement or reduced expression of a gene (the method comprising introducing a mutation into the cells that results in deletion, replacement or reduced expression of a gene; paragraph [0189]) expressing a m6A mRNA modification enzyme (expressing METTL3 (a m6A mRNA modification enzyme); paragraphs [0012], [0138], [0158]) and culturing the population of cells in a suitable culture medium (culturing the population of cells in a suitable culture medium; paragraph [0014]); a kit (a kit; paragraph [0007]), for expanding a cell population (for expanding a cell population; paragraphs [0007], [0012]) for subsequent transplantation into a subject in need thereof (for subsequent transplantation into a subject in need thereof; paragraphs [0044], [0271]), the kit comprising a system for introducing a mutation into the cell population that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification enzyme (the kit comprising a system for introducing a mutation into the cell population that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification enzyme; paragraphs [0007], [0189]), and instructions for use thereof (instructions for use thereof; paragraphs [0007], [0189] [0274]); wherein the cells are stem cells (wherein the cells are stem cells; paragraph [0014]); maintaining a multilineage differentiation potential in the stem cell population (maintaining pluripotency (a multilineage differentiation potential) in the stem cell population; paragraph [0014]); and stem cells obtained from a tissue selected from the group consisting of cord blood and bone marrow (stem cells obtained from a tissue selected from the group consisting of cord blood and bone marrow; paragraph [0306]). General further discloses wherein inhibiting or deleting METTL3 results in a decrease in m6A levels on target genes (wherein inhibiting or deleting METTL3 results in a decrease in m6A levels on target genes; paragraph [0012]).

-***-Continued Within the Next Supplemental Box-***-

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US18/55092

-***-Continued from Previous Supplemental Box-***-

General does not disclose: the expanded cells being competent to reconstitute a cell lineage upon transplantation into a mammal in need thereof; expressing an m6A mRNA modification reader; an inhibitor of a m6A mRNA modification reader; a method for treating a subject in need of a transplant, comprising administering cells to a subject in need thereof, the method comprising: (a) introducing, into a sample containing a cell population, a mutation that results in deletion, replacement or reduced expression of a gene expressing a m6A mRNA modification reader, or an inhibitor of a m6A mRNA modification reader, (b) culturing the sample in a suitable culture media for a period of time sufficient to expand the number of cells in the sample to a number sufficient to transplant into the subject; and (c), administering the cells to the subject; a method for reconstituting a cell lineage or bone marrow in a subject in need thereof, the method comprising: (a) obtaining from a mammal a tissue sample comprising a cell population; (b) expanding, *in vitro*, the cell population from the sample, wherein: (i) the cell population expands by at least 2-fold; and (ii) the expanded cell population has at least a 5-fold increase in total colony-forming units; and (c) transplanting the expanded cell population into a subject in need thereof; and a method for treating cancer and/or a blood disorder in a subject in need thereof, comprising: culturing, *in vitro*, a sample containing a CAR T-cell population and administering to the subject a population of the CAR T-cells.

Boitano discloses expanded cells being competent to reconstitute a cell lineage upon transplantation into a mammal in need thereof (expanded cells being competent to reconstitute a cell lineage upon transplantation into a mammal in need thereof; abstract); a method for treating a subject in need of a transplant, comprising administering cells to a subject in need thereof (a method for treating a subject in need of a transplant, comprising administering cells to a subject in need thereof; paragraph [0078]); culturing the sample in a suitable culture media for a period of time sufficient to expand the number of cells in the sample to a number sufficient to transplant into the subject (culturing the sample in a suitable culture media for a period of time sufficient to expand the number of cells in the sample to a number sufficient to transplant into the subject; paragraphs [0078], [0092]); and administering the cells to the subject (administering the cells to the subject; paragraph [0078]); a method for reconstituting a cell lineage or bone marrow in a subject in need thereof (a method for reconstituting a cell lineage or bone marrow in a subject in need thereof; abstract, paragraph [0122]), the method comprising: (a) obtaining from a mammal a tissue sample comprising a cell population (the method comprising: (a) obtaining from a mammal a tissue sample comprising a cell population; paragraph [0024]); (b) expanding, *in vitro*, the cell population from the sample (expanding, *in vitro*, the cell population from the sample; paragraphs [0024], [0116]), wherein: (i) the cell population expands by at least 2-fold (wherein: (i) the cell population expands by at least 2-fold; paragraph [0116]); and (ii) the expanded cell population has at least a 5-fold increase in total colony-forming units (expanded cell population has at least a 5-fold increase in total colony-forming units; paragraph [0280]); and (c) transplanting the expanded cell population into a subject in need thereof (transplanting the expanded cell population into a subject in need thereof; abstract, paragraphs [0122]).

Yang discloses expressing an m6A mRNA modification reader (expressing YTHDF2 (an m6A modification reader); abstract); and an inhibitor of an m6A mRNA modification reader (miR-145 (an inhibitor of a m6A mRNA modification reader); abstract).

Texas discloses a method for treating cancer and/or a blood disorder in a subject in need thereof (a method for treating cancer and/or a blood disorder in a subject in need thereof; paragraphs [0055], [0059]), comprising: culturing, *in vitro*, a sample containing a CAR T-cell population (comprising: culturing, *in vitro*, a sample containing a CAR T-cell population; paragraph [0059]) and administering to the subject a population of the CAR T-cells (administering to the subject a population of the CAR T-cells; paragraph [0059]).

It would have been obvious to a person of ordinary skill in the art at the time of the invention was made to have modified the disclosure of General to have expanded cells to an appropriate extent, as disclosed by Boitano, by culturing the cells in a suitable medium, for reconstituting a cell lineage or bone marrow in a subject in need thereof, using cells expanded by modification of the m6A system in the cells, as disclosed by General. It further would have been obvious to a person of ordinary skill in the art at the time of the invention was made to have modified the disclosure of General to have included the deletion or suppression of additional or alternative m6A enzymes, including an m6A reader, as disclosed by Yang, using an inhibitor, as disclosed by Yang, or deletion of the gene for the enzyme, as disclosed by General, in order to modulate or affect the m6A pathway in the cells accordingly. It also would have been obvious to a person of ordinary skill in the art at the time of the invention was made to have modified the disclosure of General to have used cells, such as CAR T-cells, as disclosed by Texas, comprising a modified m6A pathway, as disclosed by General, for the treatment of cancer, as disclosed by Texas, in order to provide an appropriate amount of expanded or proliferating CAR-T cells for effective treatment.

Since none of the special technical features of the Groups I+ inventions is found in more than one of the inventions, and since all of the shared technical features are previously disclosed by a combination of the General, Boitano, Yang, and Texas references, unity of invention is lacking.