

INVITED REVIEW

From hematopoietic stem cells to platelets

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Summary. Megakaryocytopoiesis is the process that leads to the production of platelets. This process involves the commitment of multipotent hematopoietic stem cells toward megakaryocyte (MK) progenitors, the proliferation and differentiation of MK progenitors, the polyploidization of MK precursors and the maturation of MK. Mature MK produce platelets by cytoplasmic fragmentation occurring through a dynamic and regulated process, called proplatelet formation, and consisting of long pseudopodial elongations that break in the blood flow. Recent insights have demonstrated that the MK and erythroid lineages are tightly associated at both the cellular and molecular levels, especially in the transcription factors that regulate their differentiation programs. Megakaryocytopoiesis is regulated by two types of transcription factors, those regulating the differentiation process, such as GATA-1, and those regulating proplatelet formation, such as NF-E2. The humoral factor thrombopoietin (TPO) is the primary regulator of MK differentiation and platelet production through the stimulation of its receptor MPL. Numerous acquired or congenital pathologies of the MK lineage are now explained by molecular abnormalities in the activity of the transcription factors involved in megakaryocytopoiesis, in the *Tpo* or *c-mpl* genes, as well as in signaling molecules associated with MPL. The recent development of MPL agonists may provide efficient agents for the treatment of some thrombocytopenias.

Keywords: endomitosis, megakaryocyte, platelets, proplatelet, transcription factors.

Introduction

Platelets are essential in hemostasis and thrombosis. Recent studies have shown that platelets also play an unexpected role in several other processes such as inflammation, innate immunity, neoangiogenesis and tumor metastasis. Each day in humans, approximately 1×10^{11} platelets are produced by the cytoplasmic fragmentation of megakaryocytes (MK), their marrow precursor cells. This enormous cell production

continuing throughout the human lifespan is related to the organization of hematopoiesis that allows a regulated platelet production through the differentiation of hematopoietic stem cells (HSC) into MKs. This chapter will focus on the cellular and molecular aspects of MK differentiation from HSC with the exception of cytokine regulation.

Cellular aspects

Platelet production derives from the commitment and differentiation of multipotent HSC. HSC are the only long-lived hematopoietic cells that are capable of regenerating all cellular components of the hematopoietic tissue by their self-renewal capacities [1,2]. During commitment decisions, HSC produce a progeny of cells, which first lose their ability to replenish themselves and then their multipotential properties. The loss of multipotency appears to occur through discrete steps leading to oligopotent progenitors and followed with monopotent progenitors committed into one cell lineage, such as the MK progenitors. This cellular hierarchy allows a huge cell amplification to happen mainly through proliferation of the hematopoietic progenitor cell compartment and thus permitting a low proliferation at the HSC compartment level.

Hematopoietic stem cells

In the mouse, HSC and multipotent progenitors (MPP) are highly enriched in a population of Lin⁻ c-kit⁺ Sca-1⁺ cells [3,4]. In this cell population, the HSC, capable of long-term hematopoietic reconstitution, are defined by markers such as Thy1.1 and the CD150 [5] and by the absence of CD34 and FLT3 [6,7]. The immediate HSC progeny, defined by a reduced self-renewal capacity, is capable only of short-term reconstitutions, and displays a similar phenotype except for the expression of both CD34 and FLT3, but not of CD150. A third step corresponds to the formation of the MPP defined by the loss of the Thy1.1 antigen expression. These past few years, the inability of stem cells to retain the Hoechst dye [8] has also been used for the characterization and purification of HSC. This cell population enriched in HSC, is called the side population (SP). However, recent evidence suggests that only a part of true HSC (about 50%) is present in SP [9].

It is generally believed that the MPP (without self-renewal capacity) give rise to a common lymphoid progenitor (CLP)

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[10] and myeloid progenitor (CMP) [11] capable of yielding all myeloid lineages, including the MK lineage.

Compared with the mouse, this cell hierarchy is not as well defined in humans. HSC are defined by the expression of the CD34, CD133, Thy-1 and c-kit antigens and the absence of CD38 and of lineage markers [12]. It has been suggested that MPP were already CD34⁺CD38⁺ as other hematopoietic progenitors [13]. The recent assays using xenografts in immunodeficient mice depleted in NK cells may permit the definition of long-term and short-term reconstitutive cells for human hematopoietic tissues [14,15].

MK/Erythro progenitor (MEP)

The erythroid and megakaryocyte lineages are closely related. There is increasing evidence that in both mice and humans, they derive from a common bipotent progenitor, called either MEP or BFU-E/MK, that gives rise to colonies containing a large majority of erythroblasts and a minority of MKs [16]. The phenotype of this progenitor has been clearly assessed in the mouse (Lin⁻ c-kit⁺ Sca-1⁻ CD16/CD32^{low}CD34^{low}) [2]. In humans, the MEP is defined as Lin⁻CD34⁺CD38⁺IL3Ra⁻CD45RA⁻², although some authors found this progenitor in the CD34⁺CD38^{low} Lin⁻ cell fraction [16]. A late bipotent E/MK progenitor that co-expresses erythroid (TER119, glycophorins) and MK (4A5, GPV) markers has been described in stress conditions in the mouse [17].

In the current scheme of hematopoietic development, the MEP derives from the CMP populations. Alternatively, a controversial model suggests that the MEP can derive directly from HSC [18,19]. Other models of stem cell commitment, not based on a linear hierarchy, have also been suggested.

MK progenitors

The MK lineage fundamentally begins at the developmental stage where the progenitor is restrictively committed towards the MK lineage. MK progenitor cells are capable of proliferating and give rise *in vitro* to MK colonies. Several clonal assays have been developed to establish a hierarchical classification of MK progenitors that is essentially based on cell proliferative capacities. BFU-MK are the most primitive MK-committed progenitors with the highest aptitude to proliferate. After 12 days for the mouse [20] and 21 days for the human [21], they give rise to colonies composed of more than 50 cells. CFU-MK have a lower proliferation capacity. They give rise to colonies composed of 3 to 50 cells in 5 days in the mouse [22] and 12 days in the human [23]. A third and more mature progenitor has been defined in the mouse and gives rise, in 2 to 3 days, to colonies composed of a few MK with a high ploidy level [24].

MK differentiation stage-specific markers

In humans, MK progenitors have been characterized by clusters of differentiation markers on their surface also present in other hematopoietic progenitors, such as the CD34, CD133

and the CD133 (Fig. 1). The expression of HLA-DR enables BFU-MK (HLA-DR^{low}) to be distinguished from CFU-MK (HLA-DR^{high}) [21].

Historically, one of the first platelet markers used to study MK differentiation in the mouse was the cytochemical marker acetylcholinesterase (AChE). AChE staining is easily detected using light microscopy and is very convenient for investigating murine megakaryocytopoiesis *in vitro*. Studies have shown the presence of a compartment of small AChE positive cells (SACHE) with a 2 N ploidy in the marrow [25]. These cells are the direct precursors of MK and differentiate into polyploid MK in a few days [26]. Most of these 2 N cells have no proliferative capacities and subsequently undergo endoreplication cycles.

In humans, the AChE staining is not specific for MK and several monoclonal antibodies directed against platelet proteins have been used. Most studies have focused on the main platelet glycoproteins, the GPIIb/IIIa (α IIb β 3 integrin or CD41b) and the GPIb complex (GPIb α , GPIb β , GPIX and GPV or CD42a, b, c and d) [27,28]. CD41a (GPIIb) or CD41b (GPIIb/IIIa complex) appear relatively specific for the MK lineage, especially in adults, although mast cells can express this integrin [29]. CD41 is present on a small fraction of marrow CD34⁺ cells (about 3%). These CD34⁺CD41⁺ cells are enriched in MK progenitors, but they do not contain all the CFU-MK. CD41 expression precedes the detection of other major platelet proteins including CD42. However, CD42 is present on a fraction of CD34⁺CD41⁺ cells [30]. Thus, CD34⁺CD41⁺CD42⁻ cells correspond to true CFU-MK whereas CD34⁺CD41⁺CD42⁺ cells give rise to single MKs or clusters of less than 4 MKs. The surface expression of CD42 corresponds to a late differentiation step and is associated with a marked increase in the expression of Mpl, GPVI (collagen receptor), the α 2 β 1 integrin (collagen receptor), CD36 and in the detection of proteins contained in the α granules, such as PF4 or vWF. Thereafter, expression of these different platelet proteins markedly increases whereas the CD34 antigen disappears during the endomitotic process.

In the mouse, it is possible to purify CFU-MK nearly to homogeneity based on the expression of several antigens

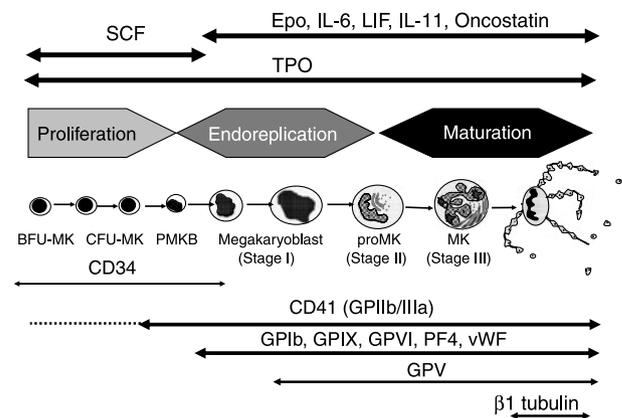


Fig. 1. Effects of cytokines and expression of differentiation markers along the human megakaryocytic differentiation.

Lin⁻ c-kit⁺ Sca-1⁻ FcγR^{low} IL7Rα⁻ Thy1.1⁻ CD34^{low} along with the presence of CD9 and CD41 [31].

Megakaryocytes and the endomitotic process

After initiating the synthesis of platelet proteins, the MK precursor begins to increase its ploidy by a process called endomitosis (Fig. 2). The megakaryocyte is one of the rare cells that are polyploid during normal differentiation, in contrast to other cells that become polyploid in response to stress. Polyploidy is a way of increasing platelet production, as the MK cytoplasm volume increases in parallel with ploidy. MK can stop DNA duplication at any stage between 2 N to 64 N, and possibly until 128 N. In humans, as well as in the majority of mammals, the modal ploidy is 16 N (about 50% of the MK). During polyploidization [32] and at the end of this process, the MKs increase the synthesis of platelet specific proteins and of important proteins for platelet formation and function [33]. The diameter of a 2 N MK is $21 \pm 4 \mu\text{m}$ compared with $56 \pm 8 \mu\text{m}$ for a 64 N MK [34]. This leads to an 81-fold increase in MK volume and, theoretically, in the number of platelets produced. It has been suggested that only MKs with a ploidy over 4 N are capable of forming proplatelets. However, low ploidy MKs (2 N and 4 N micro MKs) are able to shed platelets in *in vitro* cultures as well as in human malignant pathologies.

The term 'endomitosis' was originally given to the polyploidization mechanism because it was thought that mitosis was occurring without rupture of the nuclear envelope [35]. However, ultrastructural studies performed on both the cells taken from the marrow and the MKs grown in culture have allowed a partial description of the endomitotic process. Endomitosis corresponds to a mitosis that skipped anaphase B

and cytokinesis [36,37]. An endomitosis, similarly to a mitosis, begins with the duplication of the centrosomes, the development of a mitotic spindle, the prophase with chromatin condensation, the rupture of the nuclear envelope, the alignment of the chromosomes on the equatorial plate during the metaphase and finally the separation of the sister chromatids at anaphase. However, the spindle of a polyploid MK is multipolar with the number of poles corresponding to the ploidy level. In MK polyploidy, the spindle remains short and does not elongate as in a normal mitosis. Chromatids move towards each pole and appear as a round mass circling each pole at anaphase, but each DNA mass remains tight as a consequence of the absence of spindle elongation. Nevertheless, a true midzone develops as during normal mitosis [38,39]. Time-lapse experiments have shown that endomitotic MKs begin the cytokinesis step (unpublished results). However, a late reversal of cytokinesis occurs, characterized by a backward movement in the daughter cells that leads to their fusion, including their nuclei. At the end of endomitosis, the MK contains a single nucleus with a single nuclear membrane. Each nuclear lobe corresponds to each pole of the multipolar spindle and their number is the direct reflection of the ploidy [38].

The cell cycle during MK polyploidization is clearly composed of a succession of G1, S, G2 and M phases, but the M phase is incomplete [35,37,40]. After M phase, MKs re-enter into G1 to initiate a subsequent cell cycle in order to duplicate their DNA. None of the molecular mechanisms suggested at the origin of the endomitotic process are involved in MK polyploidization. Polyploidization was first suggested to be due to a defect in cyclin B1 [40]. Yet, no marked defect in the expression of cyclin B1 has ever been demonstrated during endomitosis [37]. Subsequently, it was believed that Aurora B was not expressed in endomitotic MK [41–43]. However, a normally localized and functional Aurora B is present in

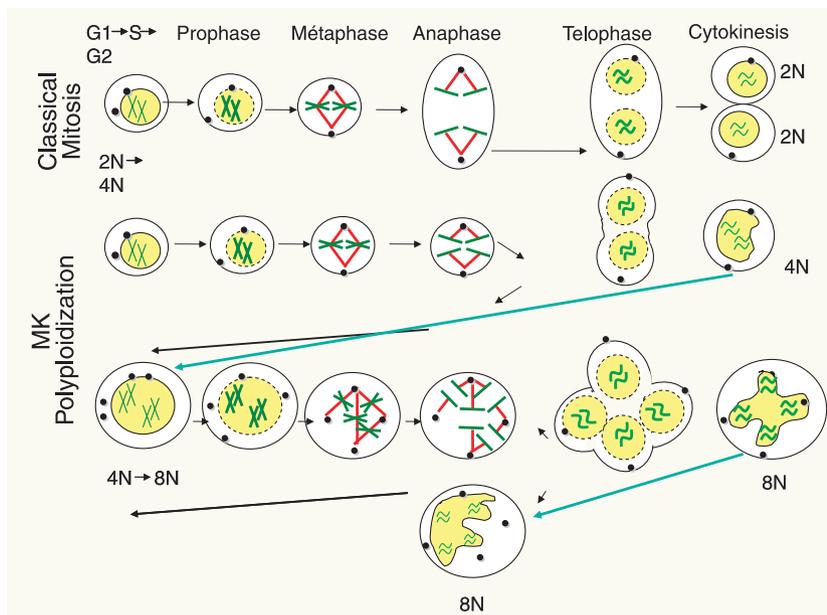


Fig. 2. Scheme of the endomitotic process.

endomitotic human MKs [44]. More recently, it has been suggested that endomitosis could be the consequence of a lack of certain chromosome passenger proteins, especially of survivin [41,43]. Although results are still controversial among laboratories, survivin seems to be normally expressed in human endomitotic MKs [44] (personal results). Endomitosis appears now to be related to a failure in cytokinesis and thus may be due rather to an abnormal depolymerization of microtubules and/or a defect in contractile forces related to the actin/myosin II complex.

In addition, the 'polyploidy' checkpoint which blocks a 4 N cell from re-entering the S phase does not operate in MK. It is noteworthy that MK express very high levels of cyclin D3 and that an ectopic increase in cyclin D1 raises the MK ploidy level [40,45]. In addition, cyclin E^{-/-} mice have a marked defect in MK ploidy while the proliferation of the other hematopoietic cells is not impaired [46].

The advantages of polyploidization over a mitotic process for platelet formation are unclear at present. Polyploidization may be a way to increase protein synthesis and to modify gene expression. Indeed, all the alleles of a gene remain functional during polyploidization, thus leading to a true gene amplification [47]. Recent results suggest that polyploidization may not affect gene expression *per se*, as in the yeast, but may modify gene expression in a differentiation-related manner [32], and thus polyploidization may be directly integrated into the MK differentiation program.

Megakaryocyte and platelet shedding

At the end of their maturation, MKs form platelets by fragmentation. This process must absolutely occur in the blood circulation or otherwise the platelets would remain trapped in the marrow. The mechanism of platelet shedding is quite well understood and requires the formation of long cytoplasmic extensions (proplatelet formation) [48,49]. There are three main determinants in platelet shedding.

The demarcation membrane system (DMS)

Demarcation membranes arise from the invagination of the MK plasma membrane and constitute a membrane reservoir for proplatelet formation [50]. The DMS associates with both the microtubules and the actin filaments, prior to proplatelet formation [51], and is evaginated to form pseudopodal processes during proplatelet formation.

The microtubules

Microtubules are essential for proplatelet formation and defects in their assembly lead to an absence of proplatelet generation and thrombocytopenia. Indeed, microtubules constitute the protrusion forces that allow proplatelet formation [49,52,53]. They align into bundles to form a loop at the free end of the proplatelet [49]. It is believed that platelets only form at the free end of the proplatelet extension, but not at the

swellings along the extensions. The driving force for proplatelet elongation is not microtubule polymerization but microtubule sliding [51]. Microtubules also play an important role in organelle transport in proplatelets [54].

Acto-myosin

Inhibition of actin polymerization has no effect on the extension of proplatelets, but impedes branching necessary for the amplification of platelet production. However, there is increasing evidence that the actin/myosin complex may play a role both in the early stages of proplatelet formation and in the forces allowing platelets to separate from proplatelets [55].

Platelet shedding must occur directly in the circulation. In the marrow, MKs are located in the sub-endothelium region in close contact with endothelial cells, which may be involved in MK terminal differentiation. Long cytoplasmic pseudopods may cross the endothelial barrier and enter into the marrow sinusoids. Alternatively, mature MKs also migrate through this blood barrier and are detected in the circulating blood [56]. Several authors have pointed out that MKs are present in significant numbers in the small vessels of the lungs and are trapped in the pulmonary capillary beds where they release platelets [57]. Increasing evidence indicates that proplatelet formation is tightly regulated by the stroma and the extracellular matrix (ECM). In the marrow, collagen inhibits proplatelet formation [58]. When an MK begins to migrate towards the endothelium and through the blood barrier it interacts with other components of the ECM such as fibrinogen, which may induce or increase proplatelet formation [59]. FGF4 and SDF-1 are thought to play important roles in MK marrow localization and migration, and thus proplatelet formation [60]. At the end of maturation, MKs have an altered response to SDF-1, leading to a decrease in the marrow retention force and thus facilitating their exit from the marrow [61]. This is related to a decrease in the function of the SDF-1 receptor, CXCR4, due to overexpression of RGS16, a negative regulator of G protein-coupled receptor signaling [62].

Megakaryocytes and ontogeny

Megakaryocytes can be detected very early during ontogeny. Indeed, MK progenitors together with primitive erythrocytes are present in the yolk sac (in the mouse, E7.5)[63–65]. At this early embryonic stage, the erythroid and MK lineages are tightly associated and derive from a common E/MK progenitor. This early hematopoiesis is a transient phenomenon but a similar link exists between the erythroid and MK lineages when definitive hematopoiesis emerges [65]. Platelets are observed in the fetal blood at E10.5. During human ES cell differentiation, preliminary results suggest that MK differentiation arises from a bipotent E/MK progenitor expressing erythro/MK markers [66,67]. In the mouse, it was demonstrated that CD41 is an ontogenic marker of hematopoiesis [68,69], which means it is the first hematopoietic differentiation marker for both the ES cells and embryonic hemopoiesis. Its expression seems to be

related to definitive hematopoiesis [68]. It is noteworthy that, in the embryos, CD41 is expressed by HSC emerging in sub-aortic patches [70]. Later during development, CD41 becomes restricted to the megakaryocytic lineage. In humans, CD41 is also an ontogenic marker [67,71].

During human ontogeny, MKs increase their ploidy, but in culture the majority of fetal MKs are 2N or 4N [72]. Preliminary evidence indicates that this may be due to a different response of fetal and adult MKs to thrombopoietin [73,74].

Molecular regulation of megakaryocytopoiesis

Numerous investigations on the molecular regulation of megakaryocytopoiesis have permitted significant progress in understanding normal MK differentiation as well as in the comprehension of congenital or acquired MK pathologies (Fig. 3). Various transcription factors regulating the expression of genes specific for the platelet/MK lineages, genes involved in the polyploidization process, and genes implicated in proplatelet formation, have been identified. In addition, major advances have been made in the characterization of the close relationship between the differentiation of the erythroid and the MK lineages.

The sequencing of MK-specific gene promoters, such as GPIIb, PF4, GPIb α , β -TG, GPIX or GPV, has revealed the presence of a consensus binding sequence (WGATAR) for the transcription factors of the GATA family, also found in erythroid-specific genes [75,76]. MK-specific gene promoters also possess a DNA consensus sequence (GGA/T) for transcription factors of the ETS family, some of them found in tandem with the GATA motifs [77]. GATA and ETS binding sites are equally important for the activity of MK gene promoters. ETS binding sites are absent from erythroid-specific genes, while other CGCC or CACC motifs are present associated with GATA binding sites.

The GATA-1 protein was first thought to be a specific regulator for erythroid-specific genes but has since been

detected in MKs [78,79]. The GATA-1 knock-out leads to a lethal anemia in the embryo [80]. The directed knock-out of GATA-1 in the MK lineage has permitted the generation of viable mice presenting marked abnormalities in megakaryocytopoiesis characterized by a profound macro-thrombocytopenia with an excess of small immature MKs in the marrow and combined with an increase in cell proliferation [81]. In addition, these animals presented a significant decrease in the synthesis of all the main platelet glycoproteins.

The GATA-1 protein has to be associated with several other transcription factors in order to be functionally active. One of its binding partners, called FOG-1 (Friend of GATA-1), was identified by a yeast double-hybrid approach [82]. The knock-out of FOG-1 gives a phenotype similar to that of GATA-1 in the erythroid lineage and dramatically affects the megakaryocytic lineage (i.e. a total absence of MK progenitors), suggesting that FOG-1 associates with another partner during the early stage of the MK lineage. Several pieces of evidence suggest that this partner is GATA-2, another member of the GATA family [83]. GATA-1 forms distinct, activating or inhibitory complexes in erythroid and MK cells. In erythroid cells, the GATA-1, TAL-1, Ldb1, E2A, LMO2 complexes, which bind to bipartite E box-GATA motifs, seem to correlate with the activation of gene transcription whereas the GATA-1, GFI-1b, ETO complexes appear to mediate gene repression [84–86]. At present it is not known whether MK-specific genes are similarly regulated.

The importance of the association between GATA-1 and FOG-1 has been underscored by the study of human pathologies. Some chromosome X-linked congenital thrombocytopenia characterized by very large sized platelets (macro-platelets) and a moderate dyserythropoiesis are linked to mutations in the *GATA-1* gene at positions 205 and 218 in the interaction site of GATA-1 with FOG-1 [87]. More recently, megakaryoblastic leukemia (AML-M7) of Down's syndrome has been associated with mutations in the second exon of *GATA-1*, preventing the synthesis of a full-length GATA-1 protein, but allowing the synthesis of a shorter variant (GATA-1s) [88].

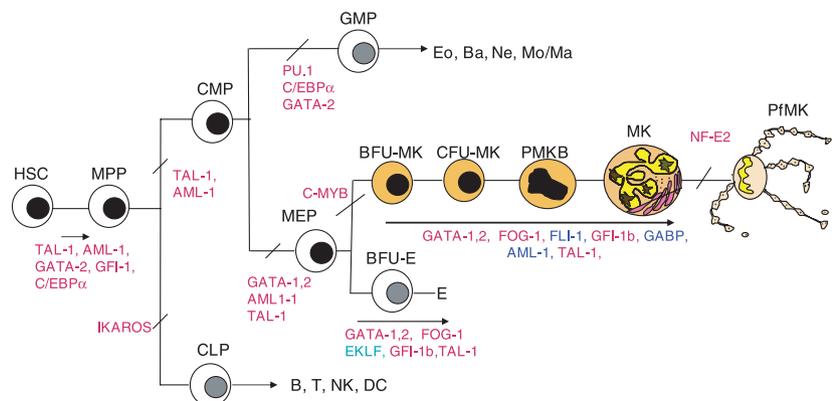


Fig. 3. Scheme of transcription factors involved in the development of megakaryocytic lineage. HSC, hematopoietic stem cell; MPP, multipotent progenitor; CLP, common lymphoid progenitor; CMP, common myeloid progenitor; GMP, granulocyte/monocyte progenitor; Eo, eosinophil; Ba, basophil; Ne, neutrophil; Mo/Ma, monocyte/macrophage; MEP, megakaryocyte/erythrocyte progenitor; BFU-MK, burst-forming unit megakaryocyte; CFU-MK, colony-forming unit megakaryocyte; PMKB, promegakaryoblast; MK, megakaryocyte; PFMK, proplatelet forming megakaryocyte.

GATA-1s, which lacks the N-terminal activation domain but can still bind to the DNA and interact with FOG-1 to the same extent as the full-length GATA-1, presents a reduced trans-activation potential. These mutations are already present in the transient myeloproliferative syndrome of Down's syndrome, suggesting that (i) these mutations occur *in utero* and (ii) that a second genetic event is necessary for the development of an acute leukemia. These GATA-1 mutations were identified only in AML-M7 with trisomy 21, suggesting that GATA-1 may cooperate with a protein encoded by a gene located on chromosome 21 and thus over-expressed. It is noteworthy that GATA-1s increases the proliferation of MK progenitors but has no effect on MK maturation [89,90]. In contrast, GATA-1 lacking the binding domain of FOG has no effect on MK progenitor proliferation, but fails to induce terminal differentiation.

The bHLH transcription factor TAL-1 is also associated with GATA-1 in a large complex involved in the regulation of erythroid genes. TAL-1 is expressed in MKs [91]. As the *TAL-1* knock-out is embryonal lethal due to the absence of HSC and, in consequence, of hematopoiesis [92], it was necessary to develop an inducible knock-out model of *TAL-1* to assess its precise role in MK differentiation. Using such an approach, it was demonstrated that TAL-1 is not necessary in the adult to get a stem cell activity but in the embryo it is the main transcription factor necessary for the commitment of a mesenchymatous cell towards hematopoiesis. In addition, TAL-1 is absolutely required for the development of the erythroid and MK lineages [93]. Recent data indicate that TAL-1 plays a major role in platelet production during stress thrombopoiesis by regulating NF-E2 transcriptional activity [94].

The ETS family of transcription factors includes more than 30 different members. Four of them, ETS-1, PU.1/SPI-1, FLI-1 and GABP α , are expressed in the MK lineage and are able to transactivate different promoters of MK genes *in vitro*. Fli-1 knock-out is lethal in the embryo due to a defect in the vascular development and megakaryocytopoiesis characterized by a marked thrombocytopenia with an excess of small immature MKs undergoing apoptosis [95]. The same abnormalities were observed in the Paris Trousseau thrombocytopenia and the Jacobsen syndrome. In these syndromes, a deletion in chromosome 11q23 is always present and involves both ETS-1 and FLI-1. It has been shown that over-expression of FLI-1 can restore the dysmegakaryocytopoiesis linked to these syndromes [96]. FLI-1 cooperates with GATA-1 and FOG-1 to activate the transcription of late MK genes such as GPIX, GPIb α and PF4 [97]. In contrast to GATA-1 and the other transcription factors involved in the regulation of MK genes, FLI-1 is not significantly detected in the erythroid lineage. Furthermore, its over-expression in the murine erythroid lineage may lead to an erythroleukemia. More recently it has been shown that GABP α is also expressed in MKs and regulates essentially early MK genes such as GPIIb or c-mpl [98]. Another transcription factor of the ETS family cooperating with GATA-1 is PU-1. There is increasing evidence that

GATA-1 and PU-1 have cross-antagonism at the level of an MPP and that an excess of GATA-1 compared with PU-1 may induce differentiation of a CMP towards a MEP [99,100]. Similarly, there are now data suggesting a functional cross-antagonism between FLI-1 and EKLF in the transcription of erythroid- and MK-specific genes. Preliminary evidence supports the involvement of FLI-1 in the commitment of a MEP towards the MK lineage [101].

Recently it has been shown that AML-1 (RUNX1), a DNA-binding subunit of the core binding factor (CBF) transcription complex, may cooperate with GATA-1 [102,103]. Germ-line heterozygous missense mutations, frameshifts, nonsense mutations, and the single nucleotide deletion in a single allele of the gene encoding for AML-1, all resulting in a lack of binding to the DNA, are detected in cases of familial thrombocytopenia with propensity to develop AML [104,105]. Thus, the thrombocytopenia may be related to this haplo-insufficiency. Point mutations of AML-1 have been also described in sporadic leukemia [106]. The constitutive knock-out of AML-1 in mice showed that it is essential for the establishment of a definitive hematopoiesis [107–109] and an inducible AML-1 knock-out revealed its important role in megakaryocytopoiesis [110,111]. Similarly, dysmegakaryocytopoiesis was also observed in mice deficient in CBF β , a partner of AML-1.

p45^{NF-E2} is a bZip (basic-leucine zipper protein) transcription factor. It forms a heterodimer with proteins of the MAF family to form an active NF-E2 transcription factor. p45^{NF-E2} has been identified in erythroid cells, where it regulates genes involved in heme synthesis. Surprisingly, p45^{NF-E2} knock-out mice die at birth from a profound thrombocytopenia with no defect in the erythroid lineage. In these p45^{NF-E2} mice, there is an increase in the number of MKs, presenting a marked defect in MK maturation, especially in the development of the demarcation membranes and in the distribution of α -granules [112]. More interestingly, p45^{NF-E2} MKs are unable to form proplatelets *in vitro*, correlating with the profound thrombocytopenia [112,113]. The partner of p45^{NF-E2} in megakaryocytes is essentially MAFG and to a lesser extent MAFK [114]. The double knock-out mice MafG^{-/-} MafK^{-/-} have the same degree of thrombocytopenia as the p45^{NF-E2} mice [115]. Thus, the discovery of the target genes of p45^{NF-E2} was an opportunity to characterize the genes involved in proplatelet formation. Three of the p45^{NF-E2} targets are effectively involved in this process. β 1-tubulin was the first to be identified and is restricted to the MK lineage and expressed at late stages of differentiation [116]. β 1-tubulin knock-out mice have a thrombocytopenia with abnormal shaped platelets (absence of discoid shape) [117]. Nevertheless, complementation of β 1-tubulin in p45^{NF-E2} MKs did not completely restore proplatelet formation. A polymorphism in the β 1 tubulin gene leading to macrothrombocytopenia has been described in humans [118]. More recently, it has been shown that the β 3-HSD gene involved in estrogen synthesis is regulated by NF-E2 [119]. Normal murine MKs synthesize estradiol, which in turn regulates proplatelet formation in an autocrine or paracrine manner. Ectopic expression of the β 3-HSD in p45^{NF-E2}

MKs partially restores their capacity to form proplatelets, while that of both $\beta 1$ -tubulin and 3β -HSD completely restores proplatelet formation from $p45^{NF-E2-/-}$ MKs. It has also been shown that Rab27b, a small G protein involved in granule trafficking, is a target gene of $p45^{NF-E2}$ and may also play a role in proplatelet formation [120].

$p45^{NF-E2}$ and GFI-1b, a transcription factor with a SNAG domain considered as a transcriptional repressor, are transcriptionally regulated by GATA-1 [121]. GFI-1b is mainly expressed during erythroid and MK differentiation. Its knock-out is lethal in the embryo due to profound anemia and thrombocytopenia, the results of marked abnormalities in erythroid and MK differentiation [122]. GFI-1b is not only regulated by, but also associated with, GATA-1 in transcription complexes [86,123].

Recently, c-MYB was shown to play an important role in megakaryocytopoiesis. A decrease in c-MYB activity augments the commitment of MPP towards the MK lineage and also enhances the cytokine response independently of MPL [124,125].

In conclusion, a lot of progress has been made over the past few years in understanding megakaryocytopoiesis and the mechanisms responsible for platelet production. Several fundamental questions and hypotheses on the molecular mechanisms at the basis of MK commitment, the precise role of some transcription factors and the endomitotic process still need to be addressed. Determination of the detailed transition from MK to platelets and, more precisely, characterization of the molecules regulating proplatelet formation and platelet release will be also extremely important. However, current knowledge has already permitted the characterization of the mechanisms of numerous congenital or acquired disorders of platelet production including megakaryoblastic leukemia. The recent development of novel thrombopoietic agents, such as the agonist of the TPO receptor (MPL), offers promising strategies for the treatment of thrombocytopenia.

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Disclosure of Conflict of Interests

The authors state that they have no conflict of interests.

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