



Fig. 4. Contribution of PB Sca1+Lin⁻ cells to fracture healing. **A**: Representative example of FACSaria sorting of PB-GFP+/Sca1+/Lin⁻ or GFP+/Sca1⁻/Lin⁺ cells from fractured GFP mice. Green color population indicated GFP+ cells in PB of GFP transgenic mice (Left part). Middle part shows PE- and APC-Cy7-isotype control. After GFP+ cell selection, PB-Sca1+/Lin⁻ cell (Q4-1; white) or Sca1⁻/Lin⁺ cell population (Q1-1; blue) were sorted (Right part). **B**: Double immunostaining for GFP (red) and CD31 (green) with tissue samples 1 and 4 weeks post-fracture and intravenous transplantation of GFP+/Sca1+/Lin⁻ or GFP+/Sca1⁻/Lin⁺ cells. More abundant distribution of the double positive cells were identified at the fracture site following PB GFP+/Sca1+/Lin⁻ cell transplantation compared with Sca1⁻/Lin⁺ cell infused group. Blue fluorescence indicates DAPI for nuclear staining. Scale bars: 20 μ m. **C**: Whole vascularization assessed by CD31-positive capillary density was significantly enhanced in animals receiving Sca1+Lin⁻ cells compared with Sca1⁻/Lin⁺ group at weeks 1 and 4. $n=5$ in each group. ** $P<0.01$.

EPCs, suggesting other mechanisms such as paracrine effect of the BM-derived EPCs on resident EPCs and ECs, vasculogenesis by local EPCs or angiogenesis by the resident ECs. Our previous study demonstrated that transplanted CD34⁺ cells secreted angiogenic factors including VEGF, FGF2, and HGF may be also involved in bone healing at the fracture site, and that the inhibition of angiogenesis by soluble Flt1 (VEGF antagonist) suppressed not only angiogenesis/vasculogenesis but also intrinsic osteogenesis, indicating that angiogenic factors released by the transplanted CD34⁺ cells, at least in part, contribute to fracture healing in paracrine manner (Matsumoto et al., 2006).

The endochondral ossification and callus formation was advanced following the early phase of fracture healing process, suggesting that the initial stage of neovascularization by EPCs is considered to be crucial for complete fracture healing in the late phase. These pathophysiological findings suggest the demand of EPCs at the fracture sites and the therapeutic usefulness in future clinical application. In conclusion, neovascularization in the early phase of fracture healing is modulated by mobilization of BM-derived EPCs into circulation and their incorporation into fracture site, leading to a contribution to bone healing.

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