

1 **Box 1 Materials for teratoma formation and tissue fixation.**

2 ○ hPSC line of interest, e.g. hESC WA01 (H1) (WiCell, lot. no. WA01-DDL-17) or WA19 (WiCell, lot.
3 no. WA19-WB0015). For regular propagation and experimentation, cells are grown in colonies
4 according to the WiCell Feeder Independent Pluripotent Stem Cell Protocol (SOP-SH-002, version D)
5 and maintained on Matrigel-coated plates (Corning, cat. no. 354230; Starlab, cat. no. CC7682-7506)
6 in mTeSR1 (Stemcell Technologies, cat. no. 85850) at 37°C and 5% CO₂ with daily medium change.
7 Colonies are routinely passaged with Versene (0.02% EDTA) (Lonza, cat. no. BE17-711E) every 4
8 to 6 days at a ratio of 1:10 to 1:20⁶⁰.

9 CAUTION Make sure to abide by the supplier's terms and conditions regarding the receipt
10 and use of hESC lines, and to follow the institutional and governmental guidelines on human
11 embryonic stem cell research to comply with ethical standards, local laws and policies.

12 CRITICAL For transplantation, only stable hPSC lines, for which pluripotency *in vitro* is
13 examined on a regular basis, should be used. *In vitro* tests for pluripotency include e.g. assessment of
14 colony morphology, immunofluorescent staining of pluripotency markers Oct-4A, Sox2, Nanog,
15 SSEA4, TRA-1-60 and TRA-1-81, and embryoid body formation⁴⁹.

16 ○ Immunodeficient mice, NOD-*scid* IL2Rg^{null} (NSG) (Charles River, Jax stock no. 005557), male, 6-8
17 weeks old.

18 CAUTION All animal experiments must be approved by the institutional ethics and animal
19 welfare committee and the national government authorities in accordance to the relevant regulations
20 and laws. This protocol complies with the requirements listed above.

21 ○ Matrigel, growth factor-reduced (GFR) and phenol red-free (Corning, cat. no. 356231)

22 CRITICAL Standard formulations of Matrigel contain significant amounts of PDGF, IGF-1,
23 TGF-β and other growth-promoting factors. To minimize the impact of exogenously provided growth
24 factors on teratoma formation and especially host cell recruitment, always use Matrigel GFR. This is
25 of particular importance for studies on early events during teratoma development including initiation
26 and primary progression.

27 ○ Dulbecco's phosphate-buffered saline (DPBS) (1X) w/ Ca²⁺ and Mg²⁺ (Lonza, cat. no. 17-513F)

28 ○ 29G insulin syringes, 0.5 ml (Becton Dickinson, cat. no. 324824)

29 ○ Surgical scissors (Fine Science Tools, cat. no. 14090-09, 91401-12 and 91604-09) and forceps
30 (Fine Science Tools, cat. no. 91150-20, 91197-00, 91100-12 and 11003-12)

31 ○ Disposable histology cassettes, 40 x 28 x 6.8 mm (Roth, cat. no. K113.1)

32 ○ Glass beaker, 600 ml, tall form (VWR, cat. no. 213-1174)

33 ○ 4% formaldehyde solution pH 7.0. Phosphate-buffered, methanol-stabilized (<3%) and acid free.
34 Ready-to-use (Roth, cat no. P087)

35 CAUTION Formaldehyde is classified as hazardous substance. It is extremely flammable,
36 causes skin irritation and eye damage, and is suspected of causing genetic defects and cancer. Wear
37 chemical protection gloves and safety goggles. Dispose of as hazardous waste. Keep container tightly
38 closed and store in a well-ventilated place.

39 CRITICAL Formalin is the saturated solution of ~37-40% formaldehyde in water. Chemically,
40 10% formalin, the most commonly used tissue fixative, thus roughly equals 4% formaldehyde. 4%

41 formaldehyde solutions are usually stabilized by the addition of ~1-3% methanol which suppresses
42 oxidation and polymerization of formaldehyde to paraformaldehyde. Note that commercial grade
43 formalin stock solutions sometimes contain a higher amount of methanol and/or other additives. Since
44 the added methanol can impact fixation, it is recommended to either use the item specified in this
45 protocol, to buy ready-made 10% neutral-buffered formalin or to prepare fresh formalin from
46 paraformaldehyde immediately before use. Do not use formaldehyde solutions at higher
47 concentrations ($\geq 4\%$). This may cause overfixation of tissue samples.

48 **Box 2 Teratoma formation and tissue fixation procedure**, Timing ~8-10 weeks

49 This short protocol describes the xenografting of hESC into the gastrocnemius muscle of
50 immunodeficient mice to produce teratomas which are immunohistochemically analysed for host cell
51 contribution (**Figs. 5-9; Supplementary Figs 4 and 5**). The basic procedure can essentially be
52 applied to other cells of interest, e.g. breast cancer cells, to generate xenografts for the analysis of the
53 somatic tumor microenvironment (**Supplementary Fig. 6**).

54 **1** Expand hESC until ~60-70% confluent (mid- to pre-split cycle) and enough for transplantation
55 (1×10^6 cells/injection site).

56 CRITICAL STEP Do not use $\geq 80\%$ confluent (split-cycle) cultures. Colonies ready to be
57 passaged usually contain a considerable portion of dead and less vital cells which can significantly
58 impact teratoma formation efficiency.

59 **2** Thaw Matrigel stock solution (~10 mg/ml) overnight (~16 h) on ice in a 2°C to 6°C refrigerator or
60 cold room.

61 CRITICAL STEP Always keep Matrigel on ice as it will start to form a gel at temperatures
62 $\geq 10^\circ\text{C}$ and rapidly solidify at room temperature. Use chilled tubes and tips. This protocol employs 25
63 μl Matrigel per injection site. Aliquot remaining Matrigel into working volumes and store at -80°C for
64 later use.

65 **3** Harvest cells with Versene, gently resuspend in an appropriate volume of mTESR1 and determine
66 the number of vital cells.

67 CRITICAL STEP hESC are prone to dissociation-induced apoptosis. Pipet gently to preserve
68 aggregates. Do not dissociate colonies into single cells by using single cell dissociation reagents or by
69 excessive pipetting using narrow-bore tips as this will decrease teratoma formation efficiency.

70 **4** Pellet cells by centrifugation at 4°C and 200g for 5 min and gently resuspend in chilled mTESR1
71 basal medium (mTESR1 w/o growth factor supplement) or 1X DPBS (w/ Ca^{2+} and Mg^{2+}) at a
72 concentration of 2×10^6 cells/25 μl . Put the tube on ice.

73 CRITICAL STEP Since calcium ions are vital co-factors for cadherin-mediated cell adhesion,
74 the use of calcium-containing solutions counteracts single cell dissociation and helps to preserve cell
75 aggregates. Moreover, application of cells at high density as described promotes cell survival and
76 engraftment post injection.

77 **5** Using chilled tips, add an equal volume of Matrigel (25 μ l/injection site) to the cell mixture to yield a
78 final concentration of 1×10^6 cells/50 μ l. Mix gently by inverting and put the tube back on ice
79 immediately.

80 **CRITICAL STEP** Do not dilute Matrigel below a concentration of ~ 4 mg/ml This will prevent
81 efficient Matrigel gelling post injection. Information on the lot-specific concentration can be found in
82 the certificate of analysis included with each product shipment.

83 **6** Prepare syringes by drawing 50 μ l of the cell/Matrigel mixture. Draw slowly to prevent cell shearing
84 and immediately place on ice. For Matrigel control injections, prepare syringes as described above
85 but omit the cells from the cell diluent/Matrigel mixture.

86 **CRITICAL STEP** It is essential to keep samples on ice to preserve cell viability and to prevent
87 Matrigel from gelling. *In vitro* solidifying Matrigel will impair cell injection.

88 **7** Restrain the animal and inject the sample into the gastrocnemius muscle. Expell slowly to prevent
89 cell shearing. Use both hind limbs for injection.

90 **CAUTION** Make sure to comply with your institutional regulations on laboratory animal care
91 and animal restraint.

92 **8** Monitor animals by weekly palpation, ~ 8 -10 weeks post injection, teratomas will have formed.

93 **CAUTION** Make sure that the size of the generated tumors is within the limits allowed in the
94 ethical guidelines of your institution. Teratomas should be removed once they visibly affect the
95 animals' motility and food and water intake, or if the animals show obvious signs of distress or pain.

96 **9** Sacrifice the mice according to your institutional regulations on experimental endpoints.

97 **CAUTION** Obtain your institution's approved protocol as any methods or techniques specified
98 here may become redundant. One commonly used method is to first anaesthetize the mice with a
99 combination of Ketamine and Xylazine, followed by euthanasia via cervical dislocation or carbon
100 dioxide (CO_2).

101 **10** Affix the sacrificed mouse in a supine position by pinning down all four legs and excise the
102 teratoma from the ventral hind limb.

103 **CRITICAL STEP** For *in situ* studies of the local teratoma microenvironment, do not dissect
104 and trim the tissue until the teratoma is fully exposed but rather excise the tumor and its adjacent
105 tissue as a whole⁷. Using surgical scissors, make a first incision at the Achilles tendon and cut the
106 skin along the leg. Cut off the fatty connective tissue between the skin and the muscle layer
107 surrounding the tumor. Using forceps, gently grasp the layer and carefully dissect the area
108 immediately surrounding the teratoma. Cut the connecting tissue to release the mass. For Matrigel
109 control-injected mice, excise an equally sized piece of muscle tissue from the injection site.

110 **11** Immediately place the dissected tissues into labeled histology cassettes and transfer them into a
111 container (e.g. glass beaker) with 4% formaldehyde solution. The tissue-to-fixative volume ratio
112 should be at least 1:10. If processing tissues in cassettes as described here, it is sufficient to keep
113 samples submerged in fixative (~ 10 -15 ml/cassette).

114 **12** Fix samples for 24 h at 4°C.

115 CAUTION Formaldehyde is hazardous. Use leak-proof sealing and label container
116 appropriately.

117 CRITICAL STEP Fixation time is critical since it affects both, tissue morphology as well as the
118 signal-to-noise ratio after immunostaining. Insufficient fixation of only a few hours fails to adequately
119 preserve tissue morphology, thereby impeding or complicating the interpretation of staining results.
120 Next to poorly resolved cell and tissue structures, under-fixation can cause uneven staining due to
121 poor antigen preservation in the less accessible tissue center, leading to a gradual loss of signal.
122 Overfixation (≥ 48 h, i.e. over the weekend) results in excessive antigen masking with non- or barely
123 retrievable epitopes, causing a general lack of signal and/or high background staining. Do not use old,
124 expired or recycled formaldehyde solutions as these may autofluoresce and increase the general
125 background.

126 **13** After fixation, immediately proceed to tissue dehydration, paraffin-embedding and sectioning
127 following broadly available protocols for standard procedures. Do so by either processing samples
128 manually or by accessing histology core facilities equipped with semi- or fully automated
129 instrumentation and ran by specially trained personnel.

130 PAUSE POINT After embedding, either directly proceed to tissue sectioning and slide
131 preparation or store tissue blocks at room temperature (20-25°C) in a dust-protective container until
132 ready to be cut. Do not expose to direct sunlight. Paraffin-embedded tissue blocks can generally be
133 stored for years, blocks processed in this study have been stored for up to 18 months without any loss
134 in staining quality. For details on the storage of sectioned tissue, see the step-by-step procedure.

135 **Box 3 Preparation of tissue lysates for immunoblotting**, Timing ~1 h

136 For the preparation of tissue lysates for subsequent SDS-Page and immunoblotting (**Fig. 4b**), snap-
137 frozen teratoma and mouse skeletal muscle (gastrocnemius) tissues (~5-30 mg) are immersed in 70-
138 100 μ l chilled Triton X-100 lysis buffer containing 40 mM Hepes pH 7.5 (Sigma-Aldrich, cat. no.
139 H3375), 120 mM NaCl (Sigma-Aldrich, cat. no. S7653), 1 mM EDTA (Sigma-Aldrich, cat. no. E7889),
140 10 mM β -glycerophosphate (Sigma-Aldrich, cat. no. G9422), 50 mM NaF (Sigma-Aldrich, cat. no.
141 S7920), 1% (v/v) Triton X-100 (Sigma-Aldrich, cat. no. X100), supplemented with 0.5 mM
142 phenylmethanesulfonyl fluoride (Sigma-Aldrich, cat. no. P7626), 2 μ g/ml aprotinin (Sigma-Aldrich, cat.
143 no. A1153), 2 μ g/ml leupeptin (Sigma-Aldrich, cat. no. L2023), 0.3 μ g/ml benzamidin hydrochloride
144 (Sigma-Aldrich, cat. no. B6506), and 10 μ g/ml trypsin inhibitor (Sigma-Aldrich, cat. no. T9003), and
145 mechanically homogenized at 5,000 rpm (2x20 s, 5 s break) using a Precellys 24 tissue homogenizer
146 (Bertin, VWR, cat. no. 432-3750) and the CK14/0.5 ml ceramic beads kit (Bertin, VWR, cat. no. 432-
147 0293). This is followed by two freeze&thaw cycles in liquid nitrogen and 20 min incubation on ice.
148 Supernatants containing soluble proteins are collected by centrifugation at 20,000g 4°C for 20 min
149 and stored at -80°C.

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