



**Figure S1. Histological features of primary LLC tumors in TM<sup>Pro</sup> and wild-type mice.** (A) Shown are representative H&E stained sections and fibrin(ogen) immunostained sections of s.c. LLC tumors harvested from TM<sup>Pro</sup> and wild-type mice that were formalin fixed and processed into paraffin. Note that the overall microscopic features of the tumor tissue were similar within animals of each genotype, with tumor cells found as anaplastic sheets within stromal tissue. For orientation, the adjacent dermal borders are shown and indicated by arrowheads. Fibrin(ogen) deposition (brown staining) was very sparse within LLC tumors harvested from both wild-type and TM<sup>Pro</sup> mice and typically peritumoral or associated with small areas of necrosis (\*). Sections used for immunohistology were counterstained with hematoxylin. Size bars represent 100  $\mu$ m (H&E) or 50  $\mu$ m (immunostains). (B) As a means of documenting fibrin(ogen) immunostain specificity, sections of liver tissue collected from fibrinogen-sufficient (Fib<sup>+</sup>) and fibrinogen-deficient (Fib<sup>-</sup>) mice challenged with CCl<sub>4</sub>-induced centrilobular injury (1  $\mu$ l of CCl<sub>4</sub>/gm body weight delivered in a corn oil suspension i.p. 48 hrs prior to liver collection) were immunostained in parallel with tumor tissue. As expected based on previous reports (Bezerra et al. 1999 Dec 21;96(26):15143-8), fibrin(ogen) deposits were intense in areas of centrilobular necrosis in Fib<sup>+</sup> mice, and distinctly absent in Fib<sup>-</sup> mice. Size bars represent 50  $\mu$ m.

**Figure S2. Decrease in plasma prothrombin levels in mice treated with the fII-specific ASO.**

Shown is a Western blot immunological analysis of plasma prothrombin collected from individual mice that were not treated (labeled WT) or injected s.c. with either the fII-specific ASO or an irrelevant control oligonucleotide at 50mg/kg once weekly. Note that plasma prothrombin levels in fII ASO treated mice were below the detection level of the assay under conditions previously shown to be ~5% of normal (Mullins et al. Blood. 2009 Jan 15;113(3):696-704).

