Supplemental Material

Gene Expression Differences after Rituximab Treatment.

Skin biopsies were first analyzed from dSSc patients before and after treatment with rituximab. Consistent with the clinical findings (Lafyatis *et al.*, 2009), we did not find a significant gene expression response in skin to rituximab treatment. Instead, gene expression was nearly identical between serial biopsies of patients before and after treatment.

RNA was isolated from skin biopsies of 13 patients enrolled in the rituximab study and hybridized to whole-genome DNA microarrays. Lesional forearm samples were analyzed from 10 patients before treatment (base) and six months after rituximab treatment. Non-lesional back skin biopsies were analyzed for 4 of the 10 patients at base and six months. Patient 7 provided forearm and back biopsies eight months before rituximab therapy (pre-base). Patient 17 provided an additional forearm biopsy at twenty months after therapy. Patient 10 provided a forearm biopsy at thirty months after therapy. A total of 49 arrays were analyzed for the rituximab dataset, including 12 technical replicates.

Significance Analysis of Microarrays (SAM) was used to identify differences in gene expression before and after rituximab treatment (Tusher *et al.*, 2001). Two different comparisons were performed. One analysis compared the gene expression of base and six-month time points in forearm biopsies alone. Only 17 probes were significantly differentially expressed at a false discovery rate (FDR) 4.6% (**Supplemental Data File S1**). Inclusion of the non-lesional back samples in the above analysis resulted in 16 probes significantly differentially expressed at an FDR 5.87%.

As a second approach, we selected probes with the most consistent expression at a single time point (such as base) for each patient but the most diverse expression between time points. This analysis identified genes/probes that most varied after treatment. We refer to this as an 'Intrinsic by Time Point' analysis, as all samples at a single time point for a patient were considered an independent group. This is distinct from an 'Intrinsic by Patient Analysis' (Milano *et al.*, 2008; Perou *et al.*, 2000; Sorlie *et al.*, 2001), where all samples from a given patient are considered an independent group, regardless of the time point of biopsy collection. 1255 probes were selected with intrinsic scores < 0.35 (FDR 2.5%), and were hierarchically clustered by gene and by array. Despite selecting specifically for probes with expression most variable between time points, arrays for 6 months and base for each patient grouped together (**Supplemental Figure S2A**). In addition, skin biopsies taken at 14, 20 and 24 months from patients 7, 10, and 17, respectively, also grouped with the base and 6-month samples. This demonstrates consistent gene-expression for up to 2 years after the initial biopsy in patients treated with rituximab.

Finally, we asked if we could identify gene expression changes that correlated with the decrease in the numbers of B cells present in the skin of patients treated with rituximab, as determined by immunohistochemistry (IHC). Probes were selected with the strongest correlation between decreased gene expression and CD20+ B cell depletion in the skin after rituximab treatment. A total of 119 probes were selected with correlations > 0.50 . The 119 probes generally show low expression levels (**Supplemental Figure 2B; Supplemental Data File S2**). There is a weak enrichment for genes typically associated with B-cells such as LCP1 which is a membrane expressed protein restricted to hematopoietic stem cell lineages (Samstag and Klemke, 2007) and TNFRSF8 (CD30) expressed only on mitogen-activated B cells and T cells (Falini *et al.*, 1995).

These results show few gene expression differences were found in SSc skin after rituximab treatment. This is consistent with the observation that the mean change in MRSS for rituximab treated patients was not significantly different between baseline (20.6) and 6-months (20.2). The most important observation from this analysis is the similarity of gene expression from 6 months to 2 years, in dSSc patients with early and active disease.

Concordance in biological pathways.

The module map was generated using GO Biological Process and Molecular Function gene sets, as well as gene sets representing cell cycle-regulated genes (Whitfield *et al.*, 2002) (**Supplemental Figure S3**). Modules with increased expression are shown in red; those with decreased expression are shown in green ($p \le 0.05$, FDR correction 0.1). Modules were clustered in the gene dimension by similarity of expression, and arrays were ordered as in the by patient analysis presented in **Figure 2**.

Patients in the inflammatory group show coordinate increased expression of genes involved in inflammatory response, angiogenesis, antigen processing, and chemokine receptor activity. The diffuse 2 proliferation group shows increased expression of cell cycle-related gene sets including those for S, G2, and G2/M phases of the cell cycle. The diffuse 1 proliferation group shows a weak increase in proliferation related signatures. The normal-like group and diffuse 1 proliferation group show increased expression of genes associated with lipid metabolism and fatty acid metabolism. The module map with all GO biological processes is available in **Supplemental Figure S4**.

The skin is comprised of many different cell types, and the inflammatory signature in part results from infiltrating mononuclear cells (Milano *et al.*, 2008), thus additional gene sets for specific cell types were collected from the published literature and used with Genomica analysis. We collected genes sets for B cells, T cells, and granulocytes (Palmer *et al.*, 2006), as well as gene sets for isolated fibroblasts, keratinocytes, macrophages, monocytes, and immature and mature dendritic cells (Haider *et al.*, 2008). Haider et al. also identified genes upregulated after keratinocytes were treated with interferon-gamma (INF-γ) and with tumor necrosis factor (TNF), and characterized gene expression changes in anti-CD3/CD28 treated T cells and PBMCs. In addition they created gene sets for upregulated genes in combined groups of cells, including myeloid cells (DC, macrophages, monocytes), skin resident cells (fibroblasts and keratinocytes), and leukocytes (monocytes, macrophages, DCs, and T cells).

Genomica analysis using these cell type-specific gene sets ($p \le 0.05$, FDR 0.1) shows highest coordinate increased expression associated with fibroblasts, keratinocytes, activated keratinocytes and fibroblasts, activated PBMCs, and other infiltrating circulating cells in the inflammatory group (**Supplemental Figure S3B**). Also apparent is the coordinate increased expression of genes associated with activated monocytes, T cells and genes with peak expression at G1/S, G2, G2/M, and S phase. There was coordinate upregulation for myeloid cells and mature and immature dendritic cells (DCs) for SSc patients compared to healthy controls.

Supplemental Materials and Methods.

Patient biopsies

A total of 60 skin biopsies were collected from 22 patients with dSSc and 9 healthy controls. Each biopsy was placed in RNAlater (Ambion) and stored at -20 until processed. Lesional forearm samples were analyzed from ten patients enrolled in the rituximab study before treatment (base) and six months after rituximab treatment. One individual (Patient 7) provided forearm and back biopsies eight months before rituximab therapy (pre-base). Another (Patient 17) provided an additional forearm biopsy at 20 months after therapy. A third (Patient 10) provided a forearm biopsy at 30 months after therapy. Two patients who were not treated with rituximab were biopsied at 10 and 6 months after baseline (Non-RIT1 and Non-RIT2 respectively).

RNA and Microarray Processing

The Agilent low input fluorescent linear amplification kit was used to fluorescently label and amplify 100ng total RNA for hybridization. Subject RNA was labeled with Cy3 dye, and Universal Human Reference RNA (UHR) (Stratagene) was labeled with fluorescent Cy5 dye. After amplification and labeling, the cRNA was purified using the Qiagen RNeasy mini spin columns and procedure. Patient or normal-control RNA was co-hybridized with UHR RNA to 4plex 44K Agilent 60-mer whole human genome microarrays, representing 41,000 unique probes. The hybridization was carried out for 17 hours at 65°C.

Arrays were washed using the two-color microarray-based gene expression analysis protocol for use with the Agilent Stabilization and Drying Solution (6X SSPE, 0.005% N-Lauroylsarcosine for 1 minute at room temperature; 0.06X SSPE, 0.005% N-Lauroylsarcosine for 1 minute at 37°C; Acetonitrile wash for 1 minute at room temperature; Stabilization and Drying Solution for 30 seconds at room temperature). A total of 89 arrays were hybridized, which included 29 technical replicates.

A dual laser GenePix 4000B scanner (Axon Instruments) was used to scan the arrays. Gene Pix Pro 5.0 software was used to inspect arrays, and spots showing irregularities were manually flagged and excluded. The data was Log2 LOWESS normalized for the Cy5/Cy3 ratio. The data was filtered to select array spots with an intensity 2 fold or greater than the local background in either the Cy3 or Cy5 channel. Any probes missing more than 20% of the data across all arrays were also omitted from further analysis.

Intrinsic gene analysis

Intrinsic gene analysis is essentially a 'within-between' comparison of the gene expression of individual probes. The method is used to identify probes with gene expression most similar within each group of arrays (arrays grouped either 'by patient time point' or 'by patient'), but gene expression most variable between groups of arrays. Filtering probes in this way reduces the variability between arrays, in order to better compare the gene expression between groups and/or patients. For the gene expression of each probe, the algorithm calculated the ratio of the variability within each group of arrays, divided by the variability between each group of arrays. The weighted average of the variance of each group of arrays formed the value of the numerator (A). The weighted average of the gene expression for arrays in each group was calculated and the variance of the average gene expression across all groups of arrays formed the denominator (B). As a result, the smaller the expression variance within each individual group of arrays, and the larger the expression variance between groups, the smaller the "intrinsic score" calculated for each probe.

To determine an FDR value, the gene expression data was permuted 20 times, and the intrinsic gene algorithm was used with each of the permuted gene expression datasets. The average number of probes that were less than a given intrinsic score cutoff in the permuted data was divided by the number of probes that obtained the intrinsic score cutoff in the non-permuted data. This value was multiplied by 100 to provide a percentage FDR rate.

DAVID Analysis

The Database for Annotation, Visualization, and Integrated Discovery tool (DAVID) (Huang da *et al.*, 2007) was used to analyze the enrichment of GO biological processes associated with the list of genes in each of the intrinsic 'by patient' inflammatory, proliferation, and fatty-acid gene expression subsets. The GO-term pathway results with a Benjamini-hochberg corrected p-value ≤ 0.1 are listed in **Supplementary Data File S3**.

Hierarchical clustering

Using cluster 3.0 software, the gene expression data was average linkage hierarchically clustered in the array and gene dimension (http://bonsai.ims.u-

tokyo.ac.jp/~mdehoon/software/cluster/software.htm). The gene expression data was viewed using Java Tree View (http://jtreeview.sourceforge.net/).

Module maps

Module maps were created utilizing Genomica software. The gene sets used within Genomica included the GO biological pathway, process, and function gene sets, as well as gene sets comprised of genes expressed coordinately during various phases of the cell cycle from a study by Whitfield et al. (Whitfield *et al.*, 2002). Additional gene sets included those for B-cells, Tcells, and granulocytes from Palmer et al. (Palmer, Diehn et al. 2006) as well as those by Haider et al. (Haider, Lowes et al. 2008) who defined a number of unique sets of genes for various cell types, used here to create gene sets for Genomica analysis. Haider et al. collected a series of microarray experiments that detected up-regulation of gene expression for isolated fibroblasts, keratinocytes, macrophages, monocytes, and immature and mature dendritic cells. They created also gene lists from genes upregulated after keratinocytes were treated with interferon-gamma (INF-γ) and with tumor necrosis factor (TNF). They also characterized gene expression changes in CD3/CD28 activated T cells and PBMCs. In addition they formed lists of genes showing up regulation in expression associated with overlapping groups of cells, including myeloid cells (DC, macrophages, monocytes) as well as skin resident cells (fibroblasts and keratinocytes), and leukocytes (monocytes, macrophages, DCs, and T cells).

Immunohistochemistry

Formalin fixed, paraffin embedded sections were rehydrated and either treated for antigen retrieval (COMP, 8 minutes in pressure cooker in 1X CitraPlus, Biogenex) or stained without antigen retrieval (IFITM3). Sections were then treated for 45 minutes with 0.3% peroxide, blocked in 3% BSA for 30 minutes and incubated with primary antibody to IFITM3 (rabbit antihuman IFITM3, Epitomics, clone EPR5242) 1:250 dilution, or COMP (rabbit anti-human COMP, Epitomics polyclonal, cat# T1833) 1:100 dilution at 4 $^{\circ}$ C overnight, these reagents all diluted into 1X Tris buffered saline (pH 7.4, Fisher) supplemented with 0.1% Tween20. The following day secondary reagent was applied (ImmPRESS Universal Reagent, Anti-mouse/rabbit Ig, Peroxidase, Vector Laboratories), developed (ImmPACT DAB, Vector) and counterstained with Hematoxylin. Staining was scored by a blinded observer on a 0-100 point visual analog scale as described previously (Farina *et al.*)

Supplemental Table 1. Skin Biopsies Analyzed

Skin biopsy samples, indicating if samples were collected at base, 6 months later, if only forearm (lesional) skin was collected, and if any additional samples were collected.

Supplemental Table S2: Subject Clinical Characteristics

¹ Age at first biopsy
² This study

Figure S1

 $*P < .05$

Supplemental Figure S1. 'Intrinsic-by-time-point' analysis shows consistent gene expression between time points. A and B show the results of intrinsic "by patient date" analysis, a resultant 1888 probes with an intrinsic score less than 0.45 (FDR 1.58%) selected

from 89 arrays and a total of 31 individuals. A. Experimental sample hierarchical clustering dendrogram. Dendrogram branches in green are the *'normal-like'* group, branches in blue (*diffuse 1*) and red (*diffuse 2*) are the *'diffuse-proliferation*' group, and branches in purple are the '*inflammatory'* group. The statistical significance of the clustering was determined by SigClust. Branches that were significant $p \le 0.05$ are indicated by a black asterisk (*) at the lowest significant branch. Patient identifiers below the dendrogram marked in green are from normal healthy control skin biopsies, identifiers in black are from dSSc skin biopsies. Identifiers with "RIT" are samples from the rituximab study, those with "dSSc" are from diffuse SSc patients not in the rituximab study, and identifiers with "normal" indicate a healthy control skin biopsy. Black bars below the identifiers indicate arrays from skin biopsies from the same patient that clustered together. The yellow bars identify arrays for patient RIT 3 that were not in a single cluster. B. Heat map of the 1888 probes hierarchically clustered by gene and by array. C. The Fatty-Acid synthesis related gene expression cluster. D. The group of probes with upregulated expression associated with inflammatory processes and collagen genes. E. The group of probes that shows enrichment for genes involved in cell cycle and proliferating cells.

Supplemental

Supplemental Figure S2. Consistency of gene expression after Rituximab treatment. A. The clustering of the group of 1255 probes after intrinsic analysis with samples separated into groups by time point. For each patient, dendrogram branches and sample identifiers are marked with the same color. Black bars indicate patients with additional skin biopsies beyond base and 6-month samples that clustered with the other arrays. The figure shows consistent clustering between six month and base skin biopsies. Patient 7 (red) had skin biopsies taken eight months before the base sample (prebase), and those biopsies group with the later time point biopsies. Patient10 (purple) had a skin biopsy taken 24 months after the six-month sample, and that array clusters with the 6-month sample. Patient 17 (dark green) had a skin biopsy taken 20 months after the base sample, and again, that array clusters with the earlier time points. This indicates a consistency of gene expression across time points. B. The clustering of the top 119 probes with a positive correlation > 0.5 between gene expression change in forearm skin biopsies and the change in infiltrating CD20+ B-cell number. Patients 14, 12, and 6 (dendrogram branches in purple, blue, and orange respectively) showed weak trends in down regulation of gene expression for the 119 probes between base and 6 months. While patient 14 and patient 6 showed small decreases in skin score, changing from 9 to 5, and 27.5 to 25, respectively, between base and 6 months, patient 12 showed no change in skin score between base and 6 months. In addition, patients 7 and 17 had decreases in skin score between six months and base, and those skin biopsies did not show a change in gene expression between the two time points.

Supplemental Figure S3. Coordinate expression of proliferative, inflammatory, and fatty acid processes. A. The module map representing coordinately regulated genes that correspond to GO biological pathway, process, and function gene sets as well as gene sets expressed coordinately during various phases of the cell cycle. Modules with a significant coordinate increased expression are shown in red; those with decreased expression are shown in green ($p \leq$ 0.05, FDR correction 0.1). **B.** Module map using gene lists from up-regulated gene expression unique to B cells, T cells, granulocytes, fibroblasts, keratinocytes, macrophages, immature and mature dendritic cells, as well as overlapping groups of cells, including myeloid cells (DC, macrophages, monocytes) as well as skin resident cells (fibroblasts and keratinocytes), and leukocytes (monocytes, macrophages, DCs, and T cells). Also included are pathway related gene lists from microarray analysis of Fibroblasts and Keratinocytes treated with interferon-gamma (INF-γ) or tumor necrosis factor (TNF), as well as gene lists from anti-CD3/CD28 activated PBMCs and T cells.

Figure S4

Supplemental Figure S4. Genomica module map with all GO pathways identified. The resultant module map representing coordinately regulated genes that correspond to gene sets. Modules with a significant coordinate increased expression are shown in red; those with decreased expression are shown in green ($p \le 0.05$, FDR correction 0.1). This figure is best viewed in PDF format.

Supplemental Figure S5. Disease duration different between the two datasets. A. Shows the range of disease duration (in months) between the first and second dataset. **B.** Similarity in median patient disease duration between the 'intrinsic by patient' subsets. Although the normallike group appears to have longer disease duration, the data are skewed by one of three dSSc

patients in this group having a disease duration of 60 months; the opposite trend from what we observed in our previous study (Milano *et al.* 2008). **C.** The range of MRSS skin scores between the first and second dataset. **D.** The range of MRSS for the second dataset split by 'intrinsic by patient' subsets (ProlifN, InflamN, NormN), MRSS for the first dataset split by subset when MRSS for limited SSc patients is not included (ProlifO, InflamO, NormO), MRSS for the first dataset when MRSS for limited SSc patients is included (ProlifOL, InflamOL, NormOL).

Supplemental Figure S6. The MRSS at time of biopsy is plotted for each patient.

Supplemental Figure S7. Immunohistochemistry of skin biopsies. Box plots of the IHC staining results for fifteen skin biopsies spanning the different subsets for COMP (A) which showed highest expression in the inflammatory subset and lowest expression in the proliferation subsets, and eleven biopsies stained for IFITM3 (B) that showed highest expression in the inflammatory and diffuse 2 subset and lowest expression in the diffuse 1 and normal-like groups. Significant differences at p < 0.05 are indicated (*). A blinded observer scored each biopsy. Representative staining are shown for COMP in SSc (C and G; patient RIT13, 6 month forearm biopsy) and IFITM3 (D and H; patient RIT10, 6 month forearm biopsy). Panels E and F show staining for COMP and IFITM3, respectively in healthy control tissue.

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Supplementary Data File S1: Top Differentially Regulated SAM analysis, 6 Months vs Base

Forearm and Back SAM analysis (FDR < 5.87%)

842656 ^ ^ ^ ^ NM_001040077 ^

866997 ^ GTF2E2 ^ General transcription factor IIE, polypeptide 2, beta 34kDa ^ Hs.77100 ^ NM_002095 ^ 2961 859193 ^ C3 ^ Complement component 3 ^ Hs.529053 ^ NM_000064 ^ 718

693675 ^ DOCK11 ^ Dedicator of cytokinesis 11 ^ Hs.368203 ^ NM_144658 ^ 139818

691543 ^ ^ ^ ^ NM_001040077 ^

866825 ^ ADAMTS4 ^ A disintegrin-like and metalloprotease (reprolysin type) with thrombospondin type 1 motif, 4 ^ Hs.211604 ^ 843793 ^ ^ ^ ^ NR 002196 ^

691834 ^ LOXL2 ^ Lysyl oxidase-like 2 ^ Hs.116479 ^ NM_002318 ^ 4017

843489 ^ THBS4 ^ Thrombospondin 4 ^ Hs.211426 ^ NM_003248 ^ 7060

682131 ^ GPX1 ^ Glutathione peroxidase 1 ^ Hs.76686 ^ NM_201397 ^ 2876

690937 ^ ICAM2 ^ Intercellular adhesion molecule 2 ^ Hs.431460 ^ NM_000873 ^ 3384

691907 ^ PCOLCE2 ^ Procollagen C-endopeptidase enhancer 2 ^ Hs.8944 ^ NM_013363 ^ 26577

687738 ^ COL4A2 ^ Collagen, type IV, alpha 2 ^ Hs.508716 ^ NM_001846 ^ 1284

684371 ^ CDO1 ^ Cysteine dioxygenase, type I ^ Hs.442378 ^ NM_001801 ^ 1036

865995 ^ EHD2 ^ EH-domain containing 2 ^ Hs.325650 ^ NM_014601 ^ 30846

688198 ^ RASD1 ^ RAS, dexamethasone-induced 1 ^ Hs.25829 ^ NM_016084 ^ 51655

Iical Analysis of Skin biopsies

Supplementary Figure S3: Gene Ontology Biological processes associated with genes in dSSc subsets

