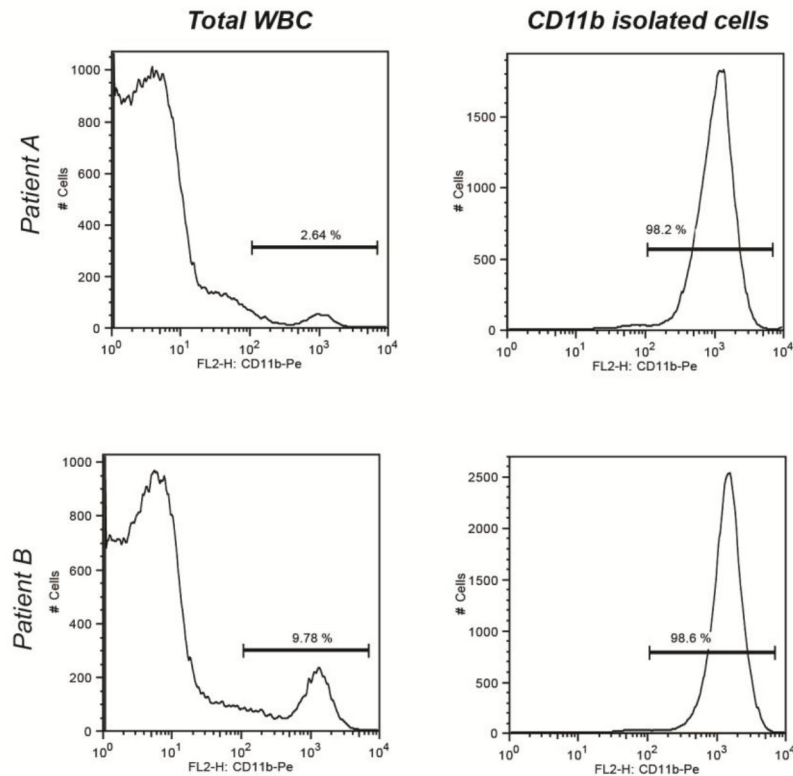
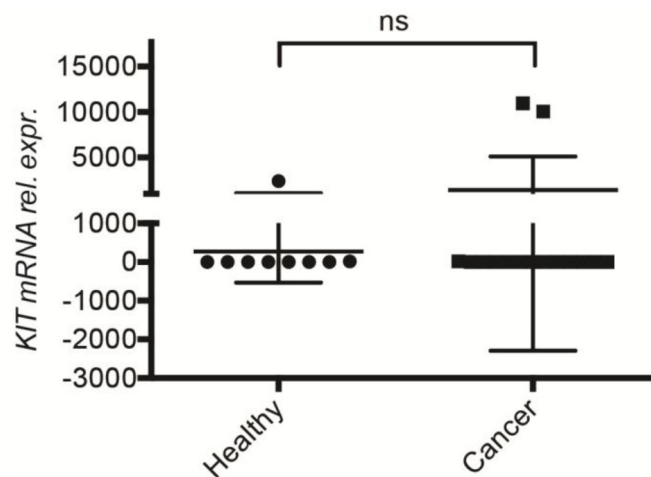


Bevacizumab specifically decreases elevated levels of circulating $\text{KIT}^+\text{CD11b}^+$ cells and IL-10 in metastatic breast cancer patients

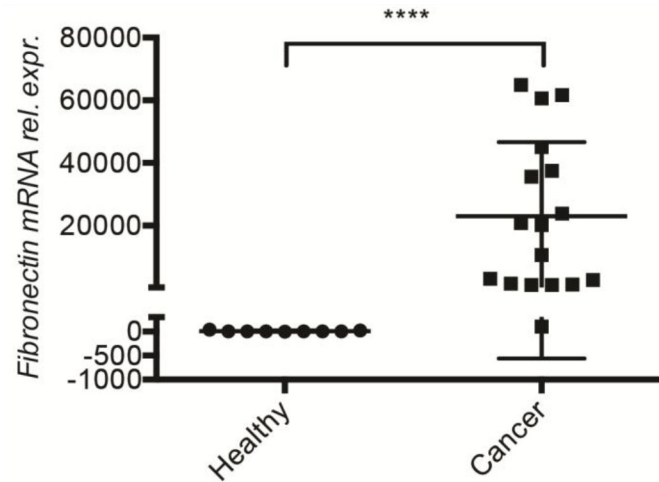
Supplementary Materials



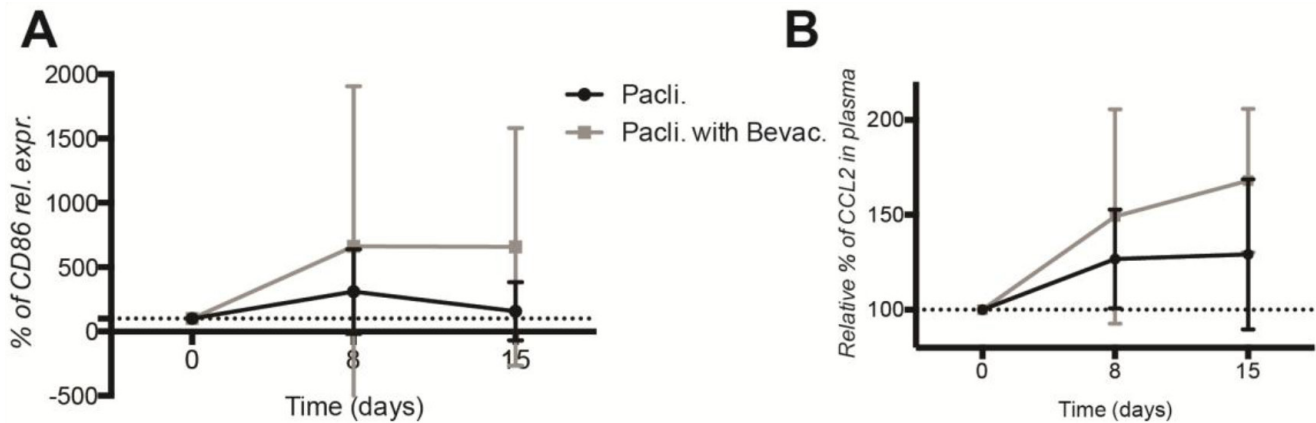
Supplementary Figure S1: High purity of MACS-isolated CD11b^+ cells. Flow Cytometry analysis of total white blood cells isolated from two cancer patients and cells isolated thereof using MACS CD11b beads. Cells were stained with anti- CD11b-PE antibodies and analyzed by flow cytometry.



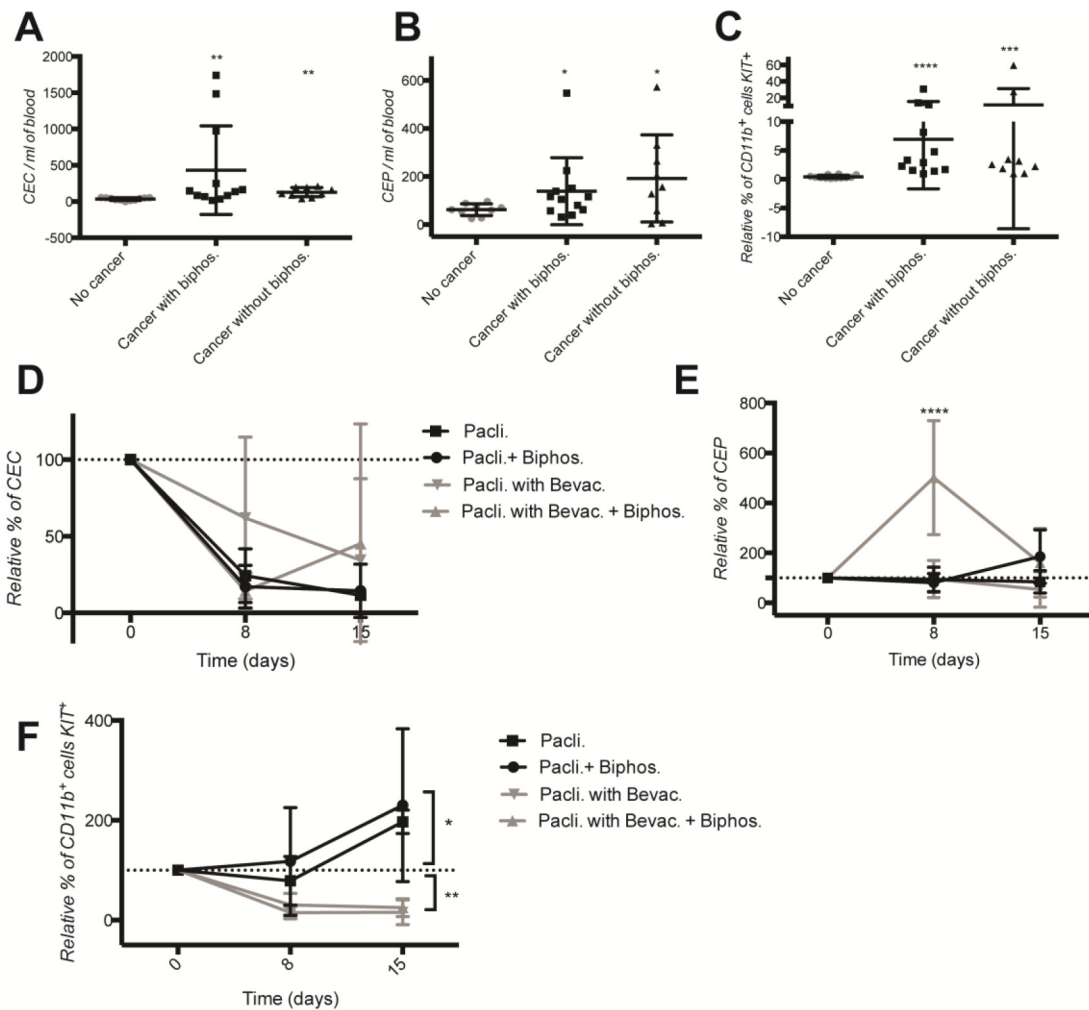
Supplementary Figure S2: Altered KIT protein expression in healthy subjects vs. cancer patients is not reflected at mRNA level. Quantification of KIT mRNA expression in CD11b^+ cells at mRNA level using real time qPCR. Data are represented as mean \pm SD.



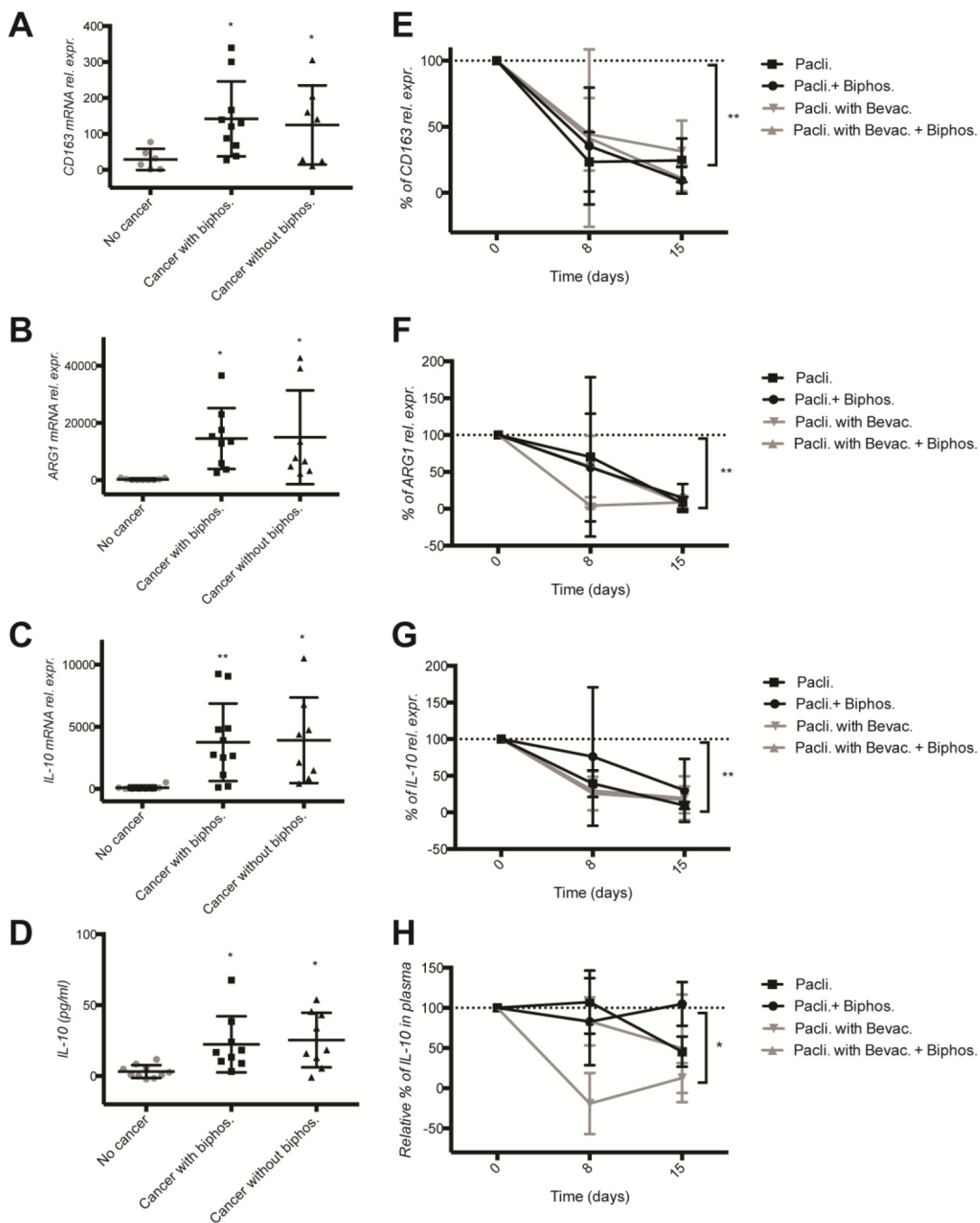
Supplementary Figure S3: Cancer patients express higher levels of fibronectin mRNA compared to healthy subjects. Quantification of fibronectin mRNA expression in CD11b⁺ cells from healthy donors vs. breast cancer patients using real time qPCR. Data are represented as mean \pm SD.



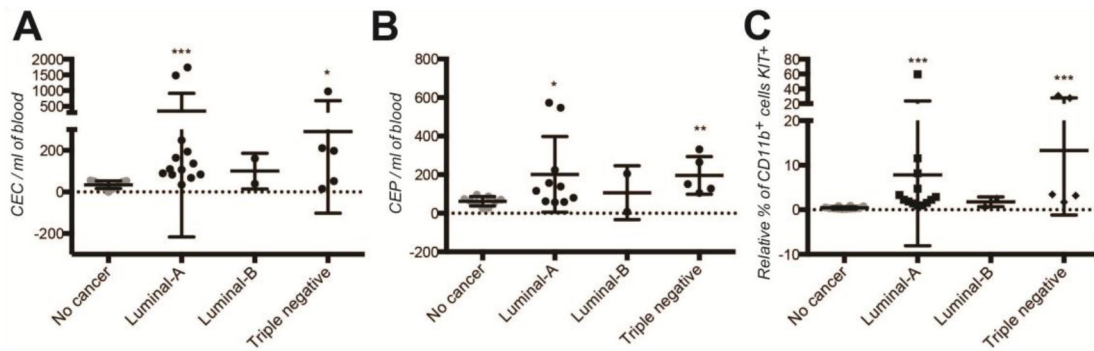
Supplementary Figure S4: M1 polarization markers tend to increase upon treatment with bevacizumab. (A) Quantification of the CD86 mRNA expression level in CD11b⁺ cells from patients during therapy with paclitaxel \pm bevacizumab using real time qPCR. (B) Quantification of CCL2 cytokine in the plasma of cancer patients during therapy with paclitaxel \pm bevacizumab using ELISA. All data are represented as mean \pm SD.



Supplementary Figure S5: Bisphosphonates impact on circulating cells. (A) Quantification of CEC and of (B) CEP in the blood of healthy donors and mBC patients ± bisphosphonate treatment as indicated. (C) Quantification of CD11b⁺ cells expressing KIT in the blood of healthy donors and mBC patients ± bisphosphonate. (D) Relative level CEC and (E) CEP under both chemotherapy treatments ± bisphosphonate. (F) Relative levels CD11b⁺ cells expressing KIT under both chemotherapy treatments ± bisphosphonate. Cell quantifications were performed by flow cytometry. All data are represented as mean ± SD.



Supplementary Figure S6: Bisphosphonates impact on M2 markers. (A) Quantification of CD163, (B) ARG1 and (C) IL-10 mRNA expression level in CD11b+ cells of cancer patients ± bisphosphonate treatment. (D) Quantification of IL-10 in the plasma of cancer patients ± bisphosphonate treatment. (E) Relative changes in CD163, (F) ARG1 and (G) IL-10 mRNA expression level in CD11b+ cells of cancer patients under both chemotherapy treatments ± bisphosphonate. (H) Relative changes of IL-10 level in the plasma of cancer patients under both chemotherapy treatments ± bisphosphonate. mRNA quantifications were performed by real time qPCR and cytokines were measured by ELISA. All data are represented as mean ± SD.



Supplementary Figure S7: Impact of breast cancer types on circulating cells. (A) Quantification of CEC in the blood of patient based of tumor type. (B) Quantification of CEP in the blood of patient based on tumor type. (C) Quantification CD11b⁺ monocytes expressing KIT based on tumor type. Cell quantifications were performed by flow cytometry. All data are represented as mean \pm SD.

Supplementary Table S1: List of significantly differentially expressed genes in patients vs healthy subjects determined by RNASeq

Supplementary Table S2: List of significantly up-regulated genes analysed by gene ontology

Supplementary Table S3: List of significantly down-regulated genes analysed by gene ontology