Supplemental File

Circulating cytokines and small molecules follow distinct expression patterns in

acute myeloid leukemia

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Materials and Methods

Study population

Acute myeloid leukemia (AML) patients were selected based on newly diagnosed cases, no previous cancer history, and chemotherapeutic treatments have not been received yet. Control subjects were ensured to be free from any type of fever for at least 1 week before testing, have not taken any medications, were not pregnant, and presented no known chronic or acute diseases. Additional information of the patients is shown in Supplemental Table S1. A total of 2-ml peripheral blood samples were collected in plasma separating (purple top) tubes from 38 individuals (19 AML cases and 19 healthy controls) and fresh plasma was separated by centrifuging at 2000 rpm for 10 min. Plasma was aliquoted and frozen at -80° C until use. Cytogenetic studies were performed as a routine diagnostic test for all AML patients in Cytogenetics Laboratory, Hematology Unit, Institute for Medical Research, Kuala Lumpur. All the patients provided written informed consent. All experimental protocols and medical ethics were approved by the Medical Ethics Committee of Institute for Medical Research, Malaysia (NMRR-16-1384-31900 S1 R0).

Circulating cytokines and small molecules (analytes) selection

We searched available peer-reviewed literature that reported human circulating cancer biomarkers and curated a list of biomarkers in different cancers, including AML. We selected 22 analytes that been reported in AML patients by different research groups. Then, we selected another 10 analytes that have been previously reported in some other cancers but not in AML. A total of 32 analytes were selected for this study to profile from plasma samples (Table S2).

Analytes profiling

To measure the concentration of the analyte in plasma, the multiplex analysis was performed using the Luminex 200™ on a Bioplex (Bio-Rad) cytometer which enabled simultaneous detection and quantification of multiple analytes per sample. One antibody specific for a single plasma analyte is bound to magnetic beads with distinctive fluorescence. All the antibodies were mixed together and used for each sample. The magnetic beads used for this study were supplied by EMD Millipore. Technical details and procedures are given at MILIPLEX MAP Human Circulating Cancer Biomarker Magnetic Bead Panel section (www.emdmillipore.com).

Patient plasma was diluted and mixed with magnetic beads. Two 96-well Plates were incubated overnight at 4º C with shaking (500 rpm), washed 3 times with wash buffer and incubated for 1 hour with detection antibodies. Streptavidin-phycoerythrin was then added and incubated for 30 min, washed 3 times and sheath fluid was added for 5 min then read using calibrated Luminex 200™ system on a Bioplex (Bio-Rad) cytometer. After measurement of fluorescence intensity by Bioplex cytometer, a digital processor captured the raw data and Bioplex Manager (Version 6.1) was used to analyze the data. Each 96-well plate contained negative controls (duplicate) that were used as background intensity. All the samples, quality controls, and standards were run in duplicates. In order to draw a standard curve, 7-wells (duplicate) of consecutive 3-fold dilution of known standards were used to fit a 6-parameter logistic curve for each analytes. The intensity of the magnetic beads was compared to the corresponding fitted curve to measure the concentration of the proteins in each duplicate sample and mean concentration was calculated from the duplicate. If the intensities of the samples were beyond the standard curve range, the values were considered as out-of-range above (OOR>) or out-of-range below (OOR<) and the values were excluded. Some analytes (IL-6, IL-8, bHCG, TGFa, and VEGF) were OOR< in some of the healthy controls.

Data analysis and visualization

We used R platform (http://www.r-project.org/, version 3.1.3) for data analysis and visualization. In order to measure differential expression between AML and control, Mann-Whitney U-test was performed and a significant threshold was set up ($p<0.005$) for this study. Power analysis was performed for the sample size and the probability of getting significant deregulation (Table S5). Median fold changes were calculated by dividing healthy controls median expression. Distribution of the analytes across the AML patients was visualized using the R package OncoPrint. Pearson correlation test was performed for determining correlation coefficients and the ggplot2 package was used for visualization of the correlation coefficients. For multivariate analysis and low dimensional representation of the dataset, we applied principal component analysis (PCA). The BimodalIndex package **[1](#page-17-0)** was used for determining bimodal distribution patterns of the analytes and 18 of them were selected as significantly informative (BI>1.4) for clustering. The packages gplots and beeswarm were used for the generation of heatmaps and beeswarm plots, respectively.

To validate the deregulation of analytes, and additional exploratory analysis was performed using The Cancer Genome Atl[a](#page-17-1)s (TCGA) data². Promoter methylation and gene expression of the corresponding genes were analyzed u[s](#page-17-2)ing RnBeads package (http://rnbeads.mpi-inf.mpg.de/) and custom R scripts³.

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Supplemental Tables

Table S1: Demographics of the samples.

Blue header= AML cases (n=19, S1-S19); Green header= Healthy Controls (n=19, C1-C19).

Table S2: Information of the analytes.

Red= Reported-Analytes. Olive-Green= Novel-Analytes.

Table S3: Expression levels in healthy controls and comparison with the literature.

Orange header is the baseline analytes levels for healthy controls reported in peer-reviewed literature. Green header (right side shaded part) is the baseline analytes

levels for healthy controls in this study.

Table S4: Expression levels in AML cases and comparison with the literature.

Orange header is the baseline analytes levels for AML cases reported in peer-reviewed literature. Blue header (right side shaded part) is the baseline analytes levels

for AML cases in this study. Olive-Green= Novel-Analytes: no published baseline found in AML. Statistically significant analytes are shown as asterisk (*) (Mann-

Whitney U-test, p-value <0.005).

Analytes	P-value*	Power**	BI Score***
AFP	0.09033	0.8304	0.07723
Total PSA	0.7703	0.0721	0.892257
CA15-3	1.10E-08	$\mathbf{1}$	0.854866
$CA-19-9$	0.8819	0.267	0.120152
MIF	2.79E-09	$\mathbf{1}$	3.188746
TRAIL	1.08E-09	0.999	1.516339
Leptin	0.01538	0.7065	1.715155
$IL-6$	0.3812	0.6761	0.168804
sFasL	5.59E-06	$\mathbf{1}$	4.002725
CEA	0.6441	0.9754	1.076593
CA-125	0.02848	0.9508	0.037218
$IL-8$	1.33E-06	1	2.450504
HGF	2.37E-07	$\mathbf{1}$	2.25318
sFas	2.98E-06	$\mathbf{1}$	1.537448
TNFa	7.37E-06	$\mathbf{1}$	2.426188
Prolactin	0.2844	0.611	1.063814
SCF	0.03176	0.8605	1.915231
CYFRA-21-1	0.1594	0.234	2.123984
OPN	2.08E-06	$\mathbf{1}$	1.283494
FGF-2	0.001855	0.9998	1.746355
bHCG	0.2097	0.2422	1.080848
HE ₄	0.01569	0.8984	2.067391
TGFa	0.03596	0.9999	2.54859
VEGF	0.2437	0.3613	0.846097
Galectin	1.73E-07	$\mathbf{1}$	2.679931
Cathepsin	1.13E-10	1	1.454599
FAPa	0.0008892	0.8112	1.759841
MIA	0.7038	0.126	1.149084
MPO	2.37E-07	$\mathbf{1}$	4.016934
SHBG	2.30E-05	0.7126	1.054942
IGFBP3	0.212	0.2379	1.084311
Ferritin	1.13E-10	$\mathbf{1}$	2.285821

Table S5: Statistical tests for analytes in AML cases compared to healthy controls.

*P-value was calculated by Mann-Whitney U-test. Highly significant p-values (<0.005) are shown as bold.

**The probability of getting a significant p-value in 19 AML cases was calculated by power analysis. A power of 1 means 100% probability of getting a significant p-value despite the small sample size.

*** BI= 'Bimodality Index' was calculated by R. Analytes that follow bimodal distribution patterns are called informative for samples clustering $(BI>1.4,$ $(BI>1.4,$ $(BI>1.4,$ shown as bold)¹.

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Supplemental Figures:

Figure S1:

Beeswarm plots for analytes not differentially expressed in AML

P-value is not significant for these 16 analytes (Mann-Whitney U test). The AML cases and healthy controls are plotted side by side in each rectangle. Novel analytes are denoted by asterisk (*). The y-axis measures plasma expression level $(log_2 scale)$.

Figure S2:

Expression levels across analyte and patient groups.

(A) Aggregated median expression of the five analyte groups across all samples. Analytes4 and Analytes5, highly expressed groups, cluster together. The expression level of Analytes3 is higher in AML compared to control. (B and C) MPO and HGF expressions are significantly upregulated in the AML2 group (with 5 favorable karyotypes) compared to the AML1 group (defined in Figure 2D). (D and E) The CA-125 expression is relatively low among favorable karyotype AML patients, whereas TGFa expression is high within the favorable karyotype AML patients (although p-values are not significant based on Mann-Whitney U test). (F) TGFa mRNA expression is significantly high among favorable karyotype patients in TCGA cohort.

Figure S3:

Correlation between MIF and TRAIL expression levels.

Both MIF and TRAIL are found to be significantly deregulated and novel-analytes, as shown in Figure 1B. (A) MIF and TRAIL are negatively correlated in AML. (B) mRNA expression in TCGA cohort also shows a negative correlation between MIF and TRAIL, same as Figure S3A. (C) Almost no correlation is observed in controls in our study. (D) TCGA controls show opposite trends (positive correlation) compared to TCGA AML in Figure S3B. RPKM = reads per kilobase per million mapped reads.

Figure S4

Figure S4:

Methylation and gene expression levels of the studied analytes in TCGA.

(A) Promoter methylation patterns for the 32 analytes in TCGA patients (194 AML and 30 controls). Unsupervised clustering identifies three groups of analytes: (1) the highly-methylated group contains 10 genes: FAP, FASLG, PRL, LEP, IL6, MUC16, LGALS3, AFP, KLK3, and FUT3; (2) the unmethylated group contains 9 genes: FTH1, FAS, TGFA, MIF, IL8, CTSD, IGFBP3, MUC1, and KITLG; (3) the partially methylated group consists of the remaining 13 genes. Interestingly, 7 out of the 9 unmethylated genes encoding analytes are significantly upregulated in our study (Figure 1B). (B) Gene expression patterns for 32 analytes. Unsupervised clustering identifies three groups of genes, although the number of genes in each group is not the same as promoter methylation groups.