## Appendix

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## SOX9 predicts progression towards cirrhosis in patients while its loss protects against liver fibrosis

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	Disease outcome		
	Non-Progressors	Progressors	_
	n=25	n=12	Significance
Total SOX9 index	33.66	67.78	<i>P</i> < 0.001
Age	37.28	44.55	NS ( <i>P</i> =0.057)
Gender (% male)	64.0	83.3	NS $(\chi^2)$
Alcohol consumption			
Teetotal (%)	28.00	23.10	NS
Current (units/wk)	17.30	16.70	NS
> 50 units/wk (%)	32.00	30.80	NS
Ethnicity (% Caucasian)	88.00	92.30	NS $(\chi^2)$
ALT (IU/L)	64	80.9	NS
NI grade	2.42	3.67	NS
HCV Genotype			
1a/b	14	10	NS $(\chi^2)$
2	6	1	NS $(\chi^2)$
3	5	0	NS $(\chi^2)$
4	0	1	NS $(\chi^2)$

Appendix Table S1. Distribution of risk factors in non-progressors and progressors.

	Total SOX9 index			
Ishak Fibrosis	Non-			
Stage	Progressors	progressors	P value	
IS0-2	67.78	33.66	< 0.001	
ISO-2 (male)	70.3	36.28	< 0.005	
IS0-2				
(female)	55.2	28.99	< 0.001	
ISO	64.7	33.55	0.02	
IS1	64.87	32.42	0.04	
IS0-1	64.8	33.32	< 0.001	
IS2	82.7	41.8	NS	

**Appendix Table S2.** SOX9 index in the initial biopsy categorized for mild Ishak fibrosis scores and gender.



**Appendix Figure S1.** Localisation of SOX9 in fibrotic livers. (**a**) Individual channels showing nuclear DAPI stain (blue) and immunofluorescence for HNF4 $\alpha$  (red) and SOX9 (green) in control fibrotic mice following CCl<sub>4</sub> or BDL shown in Figure. 11. Arrowheads indicate dual expression (orange/yellow staining) of SOX9<sup>+</sup>/HNF4 $\alpha$ <sup>+</sup> in hepatocytes and star (\*; red) indicates SOX<sup>-</sup>/ HNF4 $\alpha$ <sup>+</sup> hepatocytes. (**b**) Individual channels showing nuclear DAPI stain (blue) and immunofluorescence for CK19 (red) and SOX9 (green) in control fibrotic mice following CCl<sub>4</sub> or BDL. Nuclear SOX9 is detected surrounded by red CK19 staining in bile ducts, whereas arrowheads indicate SOX9 expression in CK19<sup>-</sup> hepatocytes and star (\*) indicates SOX<sup>-</sup> hepatocytes. Size bar = 25um.



**Appendix Figure S2.** Verification of in vivo activated HSCs. Expression analysis by qRT-PCR of in vivo activated HSCs shown in Figure 2C for classical markers COL1 and  $\alpha$ -SMA. HSCs were extracted from wild-type mice following CCl<sub>4</sub> injections compared to olive oil control. Both markers are increased following CCl<sub>4</sub> in line with an activated HSC phenotype. Two tailed unpaired t-test was used for statistical analysis. Data in bar charts show means  $\pm$ s.e.m. \*P=0.05.



**Appendix Figure S3.** Characterisation of SOX9 expression in control and Sox9-null animals following liver fibrosis induction. (**a-b**) Immunohistochemistry for SOX9 (brown) in control and Sox9-null animals following fibrosis induction by  $CCl_4$  (**a**) and BDL (**b**). SOX9 is present in ducts of control animals without fibrosis shown by olive oil treatment (**a**) or sham operation (**b**) but increased and ectopically expressed following fibrosis induction (**a-b**). Sox9-null animals have no SOX9 expression. All mice were treated with tamoxifen (Tam) which did not induce ectopic expression of SOX9 in non-fibrotic livers (also see Figure 3). Size bar = 100µm.



**Appendix Figure S4.** Characterisation of livers following Sox9 loss by RosaCreER in  $CCl_4$  and BDL models of liver fibrosis. (**a**, **b**) Sox9 loss (Cre +ve) did not alter the liver weight/body weight ratio compared to control animals (Cre –ve) in the olive oil (oil) and  $CCl_4$  (**a**) or sham and BDL (**b**) models of liver fibrosis. Weights of wildtype mice are also shown for BDL (**b**).



**Appendix Figure S5.** H&E histology in control and Sox9-null animals following liver fibrosis induction. (**a-b**) H&E staining in control and Sox9-null animals following fibrosis induction by  $CCl_4$  (**a**) and BDL (**b**). All mice were treated with tamoxifen (Tam) (also see Figure 3). Size bar = 50µm.



**Appendix Figure S6.** Characterisation of COL1 expression in control and Sox9-null animals following liver fibrosis induction. (**a-b**) Immunohistochemistry for COL1 (brown) in control and Sox9-null animals following fibrosis induction by  $CCl_4$  (**a**) and BDL (**b**). Minimal COL1 is present in control animals without fibrosis shown by olive oil treatment (**a**) or sham operation (**b**) but increased and localized to regions of scar following fibrosis induction (**a-b**). Sox9-null animals show greatly reduced COL1 expression. All mice were treated with tamoxifen (Tam) (also see Figure 3). Size bar = 50µm.



**Appendix Figure S7.** Characterisation of Sox9 loss in activated HSCs. (**a**, **b**) SOX9 and COL1 proteins are significantly reduced in 7 day in vitro activated SOX9fl/fl;RosaCre+ HSCs following 48 hour tamoxifen treatment (to induce Cre mediated knockout of SOX9) compared to ethanol control. Quantified in (**a**) and representative immunoblot (**b**). Data in bar charts show means  $\pm$  s.e.m. \*P<0.05, \*\*P<0.01.



**Appendix Figure S8.** Localisation of *Sox9* and  $\alpha$ -*Sma* in livers following Sox9 loss by AlbCre in CCl<sub>4</sub> and BDL models of liver fibrosis. In situ hybridization (ISH) localizing transcripts for *Sox9* (brown) and  $\alpha$ -*Sma* (red) induced and increased in the same cells along the scar area following fibrosis. Magnified image shown (inset). Data supports Figure 4B. Size bar 25µm.



**Appendix Figure S9.** *Sox9* genotyping in whole liver lysate and HSCs from the same animals. Genotyping used for Figure 4 main text. In AlbCre+ animals a 200bp fragment (indicating Cre positivity) is detected alongside a 430bp fragment detecting the albumin gene. AlbCre- animals have no 200bp fragment. For SOX9 recombination a 314bp fragment is detected using the F1 primer. The F2 primer indicates animals are homozygous for the SOX9fl/fl allele. In all AlbCre+ animals (number 4-6) Sox9 recombination has occurred in the whole liver DNA extract, however in the same animals no recombination of the Sox9 gene is found in HSCs.



**Appendix Figure S10.** Characterisation of livers following Sox9 loss by AlbCre in CCl<sub>4</sub> and BDL models of liver fibrosis. (**a**, **b**) Sox9 loss (Cre +ve) did not alter the liver weight/body weight ratio compared to control animals (Cre –ve) in the olive oil (oil) and CCl<sub>4</sub> (**a**) or sham and BDL (**b**) models of liver fibrosis.



**Appendix Figure S11.** Characterisation of  $\alpha$ SMA expression in control and Sox9<sup>fl/fl</sup>;AlbCre+ animals following liver fibrosis induction. (**a-b**) Immunohistochemistry for  $\alpha$ SMA (brown) in Cre- and Cre+ animals following fibrosis induction by CCl<sub>4</sub> (**a**) and BDL (**b**). (**c-d**) Quantification of surface area covered by  $\alpha$ SMA in Cre- and Cre+ animals in models of fibrosis shown in a and b. Size bar = 100um.



**Appendix Figure S12.** Gating strategy for macrophage identification in control and Sox9null fibrotic mouse livers. Following live single cell selection, Siglec-F<sup>+</sup>MHCII<sup>-</sup> eosinophils (a) and Ly6G<sup>+</sup>MHC<sup>-</sup> neutrophils (b) were removed. (c) MerTK<sup>-</sup>B220<sup>+</sup> B cells were excluded and Cd11b<sup>+</sup>CD45<sup>+</sup> population of myeloid cells isolated (d) to select Ly6C<sup>+</sup>CD64<sup>+</sup> cells for further analysis (f and Figure 5 A-B).