

Supplemental Materials

Molecular Biology of the Cell

Li et al.

Supplementary Figures

Figure S1: Microfluidic platform for applying interstitial flow (IF). (A) Detailed schematics (left) and the photograph (right) of the microfluidic system for interstitial flow study. To induce interstitial flow, two media reservoirs are bounded to the top of the microfluidic chamber. A media height difference can be established between these two reservoirs to maintain a hydrostatic pressure gradient. The media reservoirs are connected to the microchannels through the media ports. (B) To validate the interstitial flow velocity used in the microfluidic assay, time-lapse microscopy was used to track the movement of fluorescent micro-beads (200 nm) introduced into the media in the microfluidic system. Quantification of micro-bead movement shows that a media-height difference of 1.5 mm resulted in an IF velocity of $3.47 \mu\text{m/s}$, similar to the velocity computed from Darcy's law model (red line; $3.34 \mu\text{m/s}$). Moreover, no noticeable change in interstitial flow velocity was observed after 24 hrs of flow. For IF treatment longer than 24 hrs, the growth media height difference between the reservoirs was re-established every 24 hrs. Bars represent mean \pm SEM of data (n=3, n=# of independent experiments; ns=not significant).

Figure S2: IF did not affect macrophage viability. Macrophages seeded in the microfluidic device were treated with $3 \mu\text{m/s}$ interstitial flow for 48 hrs, and the viability of the macrophages was assessed using live-dead assay. (A) Fluorescent micrographs showing the live/dead staining of macrophages treated with (right) or without interstitial flow (left) in the microfluidic devices (Green=live cell; Red=dead cell). (B) Quantification of the live-dead staining shows that interstitial flow treatment did not change the % live cell count compared to no-flow control. Bars represent mean \pm SEM of data (n=3, ns=not significant).

Figure S3: Interstitial flow (IF) upregulated the expression of various M2 markers in macrophages similar to IL4 treatment. The expression levels of M2 markers in macrophages treated with IF ($\sim 3 \mu\text{m/s}$, 48 hrs) were compared to that of macrophages treated with IL4 (20 ng/mL, 48 hrs). (A-B) Macrophages were treated with either IF or IL4 in the microfluidic devices, and the expression of M2 markers was assessed by immunofluorescence. Immunofluorescent images (left) and quantification (right) showing IF induced the expression of CD163 (A) and CD206 (B) in macrophages to levels similar to that of IL4 treatment. (C-D) Macrophages were treated with either IF or IL4 in the transwell flow chamber, and the expression of M2 markers was tested by western blot. Representative western blot images (top) and quantification (bottom) showing IF induced the expression of ArgI (C) and TGF β (D) to levels similar to that of IL4 treatment. Bars represent mean \pm SEM of data (fold change relative to no-flow/no-IL4 control).

Figure S4: Interstitial flow did not promote the activation of STAT1. Representative western blot images showing that IF did not promote the phosphorylation of STAT1, a transcription factor for M1 polarization, in macrophages compared to no flow control. In fact, no STAT1 phosphorylation was observed for both no-flow and flow conditions. Macrophages treated with 20 ng/mL mouse IL4 were used as negative controls for STAT1 activation. Meanwhile, macrophages that were treated with 20 ng/mL mouse IFN γ were used as a positive control for STAT1 phosphorylation.

Figure S5: Ruxolitinib treatment effectively inhibited STAT3 and STAT6 phosphorylation in macrophages. Macrophages were treated with interstitial flow for 30 min in the presence of ruxolitinib (Ruxo, $5 \mu\text{M}$). Ruxolitinib treatment effectively inhibited the phosphorylation of STAT3 (left) and STAT6 (right) compared to DMSO controls.

Figure S6: Interstitial flow enhances the pro-invasive capabilities of macrophages. (A) Schematics of experiments designed to test the effects of IF on the abilities of macrophages to promote cancer cell migration and protrusion formation. Macrophages were first seeded in a collagen I ECM contained within the transwell flow chamber. Half of the macrophages were subsequently pre-treated with IF for 48 hrs in the chamber, while the other half were not subjected to IF (control macrophages). After the flow treatment,

conditioned media from the transwells were collected. MDA-MB-231 GFP breast cancer cells that were pre-seeded in a collagen I ECM in the microfluidic devices were treated with these conditioned media. The migration of cancer cells was tracked to quantify their movement. In a separate experiment, the transwell inserts containing macrophages were removed from the flow chamber after IF treatment and then placed into a six-well plate pre-seeded with MDA-MB-231 GFP breast cancer cells (MDA231), MDA-MB-435S melanoma cells (MDA435), or Du145 prostate cancer cells (Du145). The macrophages were co-cultured with cancer cells for an additional 24 hrs in the absence of flow to assess the effects of macrophages on cancer cell morphology. **(B)** Cancer cells (MDA231, MDA435, and Du145) co-cultured with macrophages pre-treated with IF have lower circularity than those co-cultured with control macrophages. Bars represent mean \pm SEM of data from 50-100 cells (n=3; **: p<0.01, ***: p<0.001).

Figure S7: Inhibiting TGF β in conditioned media collected from IF-treated macrophages reduced its ability to enhance cancer cell migration. Representative cancer cell migration trajectory of MDA231 cells treated with conditioned media collected from macrophages pre-treated with IF (flow). Inhibiting TGF β in the conditioned media using anti-TGF β antibodies (10 μ g/mL) reduced cancer cell migration compared to IgG control (10 μ g/mL). Quantification is shown in Figure 4.

Figure S8: Interstitial flow (IF) promotes M2 migration characteristic. Migration characteristics of IF-treated macrophages were compared to those of macrophages treated with LPS (to chemically induce an M1 phenotype) or IL4 (to chemically induce an M2 phenotype). **(A)** Representative migration trajectories for macrophages cultured in ECM under no-flow (top left), flow (top right), LPS (bottom left), and IL4 (bottom right) treatment conditions. Note that no IF was applied to macrophages subjected to LPS or IL4 treatment, and no chemical treatment was applied to macrophages subjected to IF. **(B)** Quantification of macrophage migration total speed (up) and directedness (down) showing that IL4 treatment of macrophages resulted in higher migration total speed and directedness compared to LPS treatment. In addition, macrophages treated with IF have similar migration total speed and directedness compared to that of macrophages treated with IL4, but not macrophages treated with LPS. Bars represent mean \pm standard error of mean (SEM) of data from 40-100 cells (n=3).

Figure S9: β 1 integrin plays a key role in IF-induced Akt and FAK activation. Macrophages were treated with anti- β 1 integrin blocking antibody (15 μ g/mL) and subsequently subjected to IF treatment for 15 min. Representative western blot images showing that inhibiting β 1 integrin resulted in reductions in flow-enhanced phosphorylation of Akt at Ser473 (A) and FAK at Tyr397 (B) compared to IgG isotype control.

Figure S10: IF enhanced the percentage of macrophages migrating upstream (against the direction of flow). Quantification of the percentage of the Raw macrophages and bone marrow-derived macrophages (BMDM) that migrated upstream and downstream. More macrophages migrated upstream under IF treatment for both Raw macrophages (A) and BMDM (B). In contrast, roughly equal numbers of BMDM and Raw macrophages migrated in both directions for no flow conditions. Bars represent mean \pm SEM of data from 3 independent experiments.

Figure S11: Definitions of forward migration index parallel (FMI $_{\parallel}$) or perpendicular (FMI $_{\perp}$) to interstitial flow direction. D $_{\parallel}$ is displacement of cell against the flow direction, D $_{\perp}$ is displacement of cell

perpendicular to the flow direction, L is total distance the cell travelled. $FMI_{//} = D_{//}/L$, which represents how persistently the cell travels against the flow (+ upstream, - downstream, 0 no preference). $FMI_{\perp} = D_{\perp}/L$, which represents how persistently the cell travels perpendicular to the flow direction.

Figure S12: Interstitial flow promotes the accumulation of actin and protrusion formation against the direction of flow. (A) Actin distribution in macrophages was quantified with actin distribution score (ADS), which is defined as the difference between the average fluorescent intensities of actin on the upstream ($\langle I_{up} \rangle$) and downstream side of the cell ($\langle I_{down} \rangle$) divided by the average fluorescent intensity of the entire cell. A positive ADS indicates actin is accumulated on the upstream side, while a negative ADS indicates actin is accumulated on the downstream side. A zero ADS indicates no spatial preference. (B) Interstitial flow treatment resulted in a positive population-average ADS, indicating that actin accumulated to the upstream side in most macrophages treated with IF. This is in contrast to macrophages that were not treated with flow, which showed a population-average ADS of zero. (C) The spatial distribution of macrophage protrusion was quantified by protrusion distribution score (PDS), which is defined as the difference between the perimeters of upstream side (P_{up}) and downstream side (P_{down}) of the cells divided by the average. A positive PDS means the protrusion preferentially formed on the upstream side, while a negative PDS means protrusion formed on the downstream side. A zero PDS indicates no spatial preference. (D) IF treatment resulted in a positive population average PDS, meaning IF drives the formation of macrophage protrusion against the flow direction. Bars represent mean \pm SEM of data from 40-80 cells ($n=3$; **: $p < 0.01$).

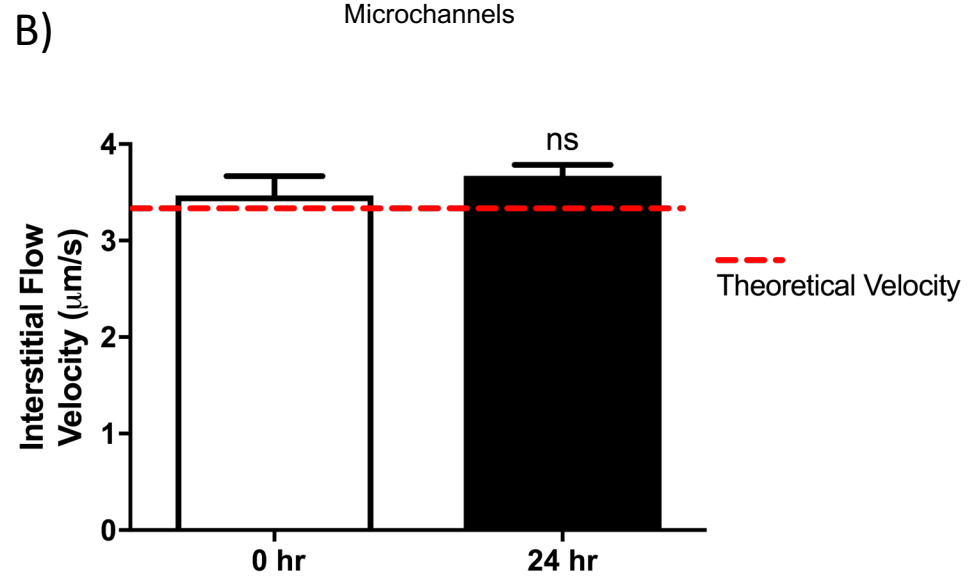
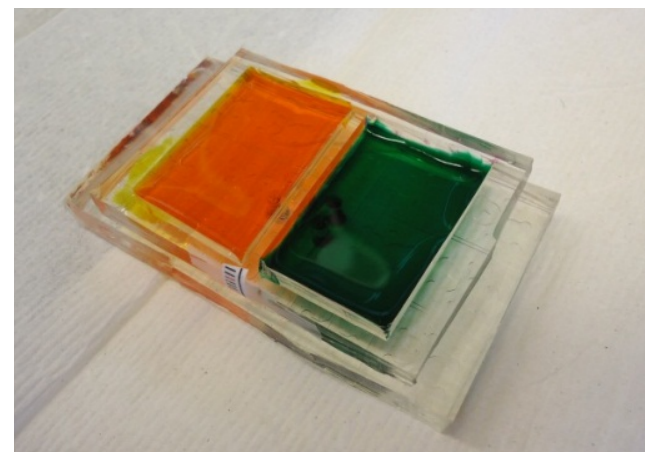
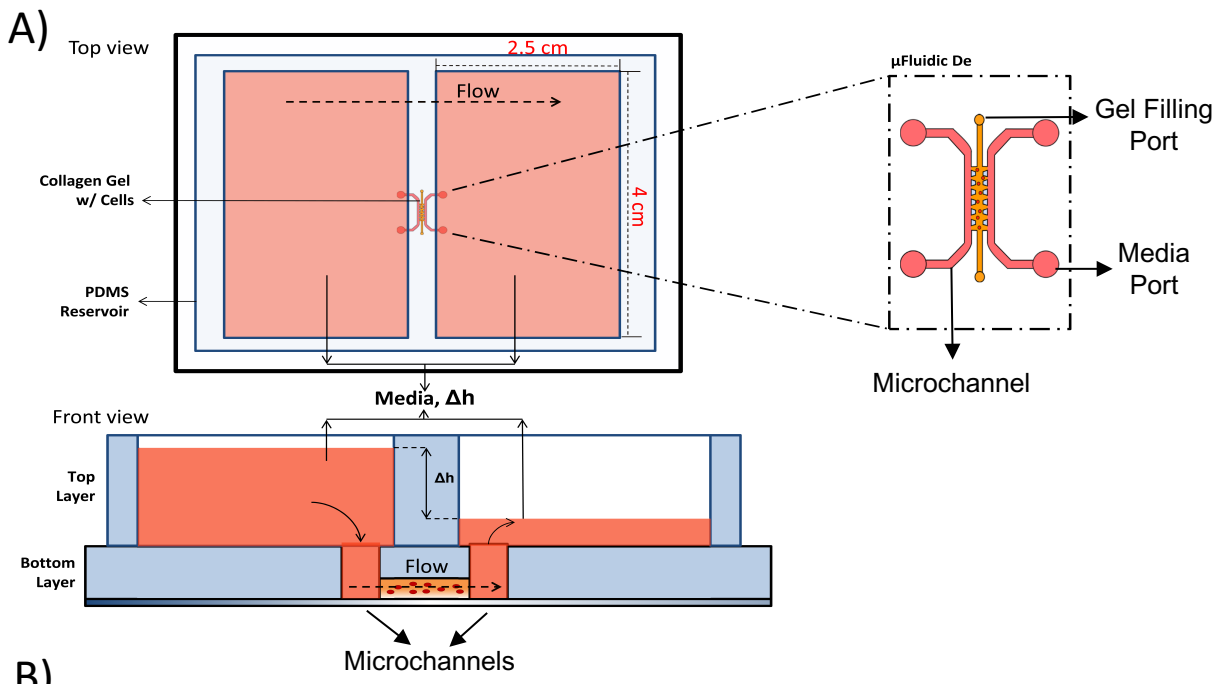


Fig. S1

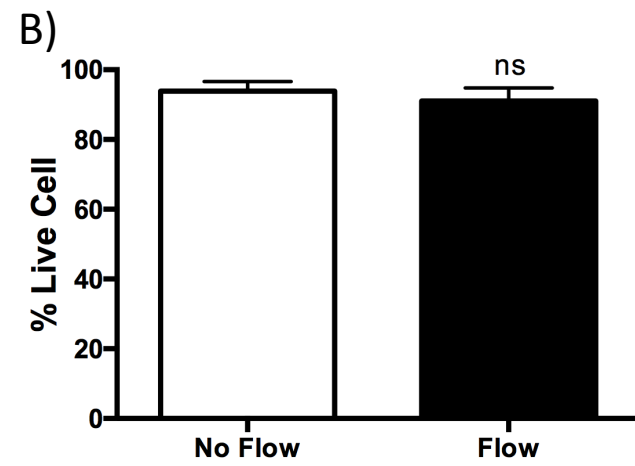
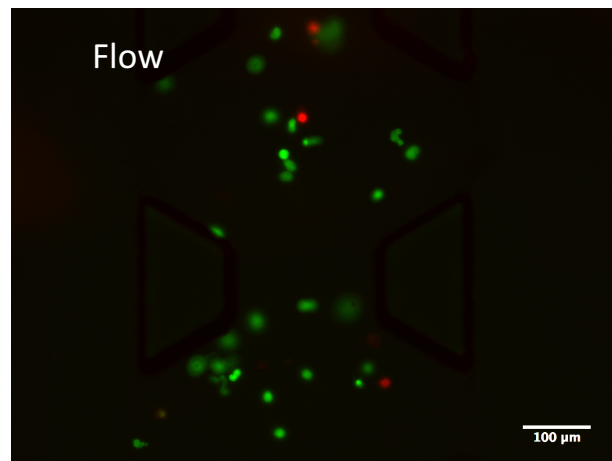
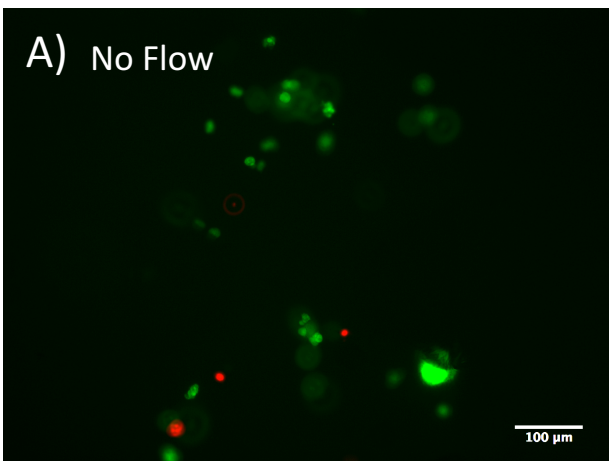


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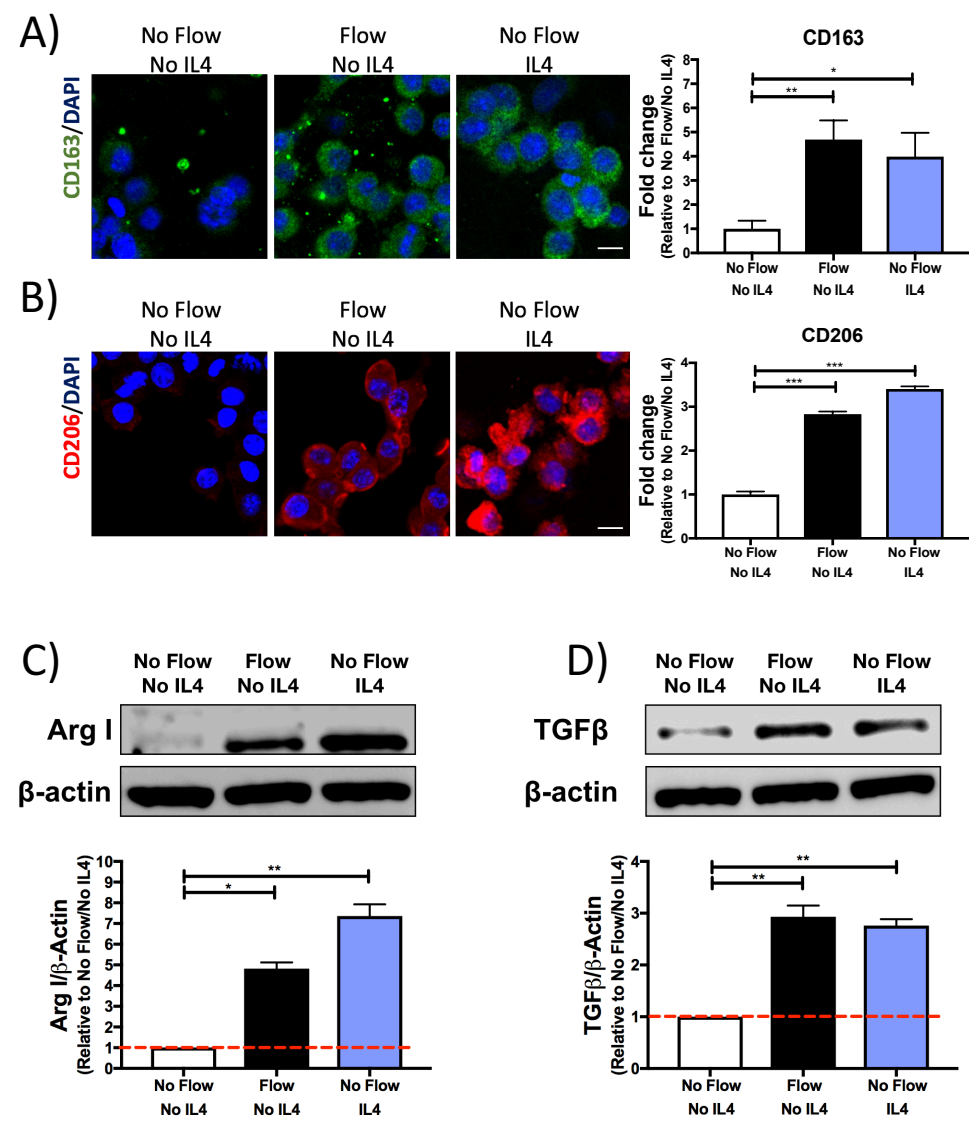


Fig. S3

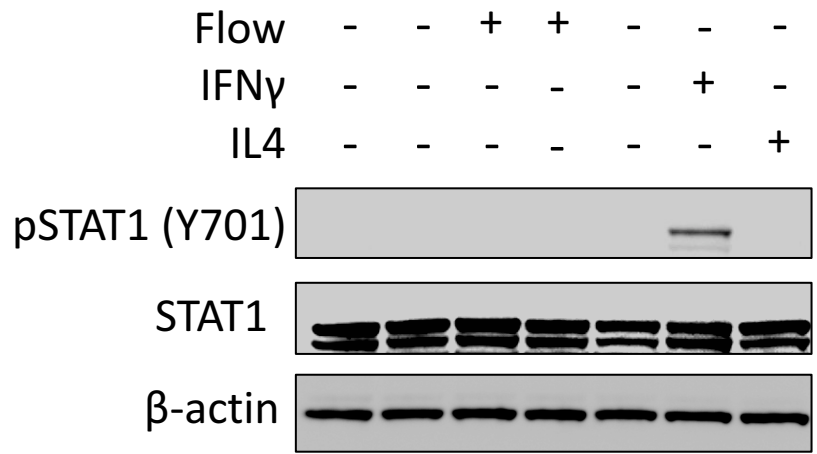


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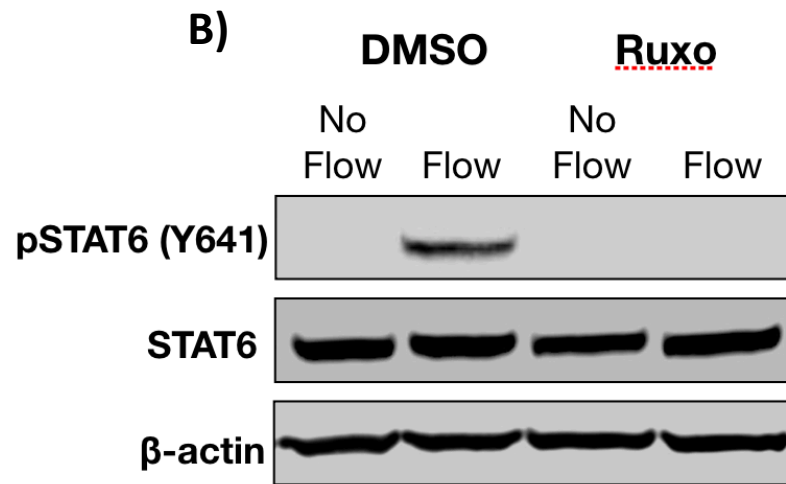
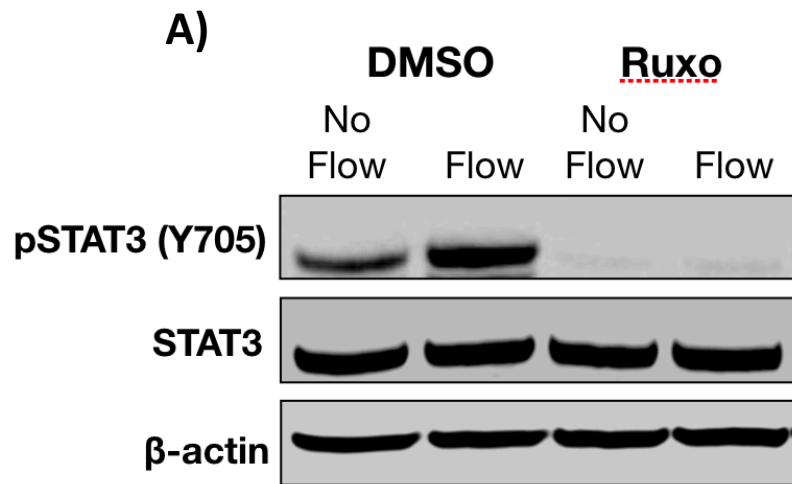
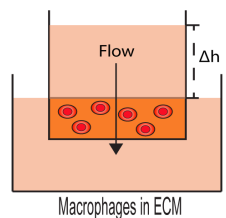
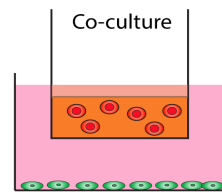
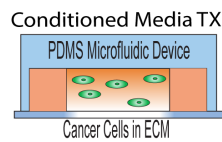
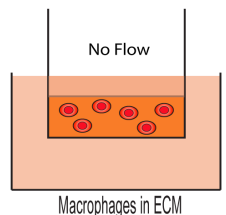
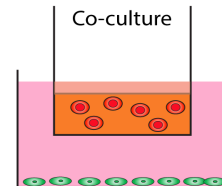
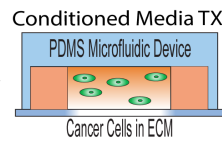


Fig. S5

A)

Treatment Group
Flow Pre-treatmentConditioned Media
Transwell InsertCancer cell treated
with conditioned
media from MΦs
that were pre-
treated with flowCancer cell co-
cultured with MΦs
that were pre-
treated with flowQuantify
Cancer Cell
MigrationQuantify
Cancer Cell
MorphologyControl Group
No Flow Pre-treatmentConditioned Media
Transwell InsertCancer cell treated
with conditioned
media from MΦs
that were not pre-
treated with flowCancer cell co-
cultured with MΦs
that were not pre-
treated with flowQuantify
Cancer Cell
MigrationQuantify
Cancer Cell
Morphology

● Macrophages
● Cancer Cells

B)

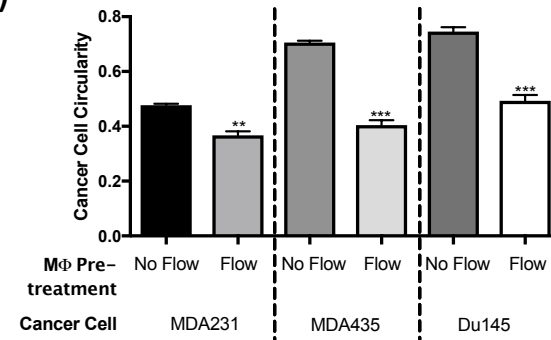
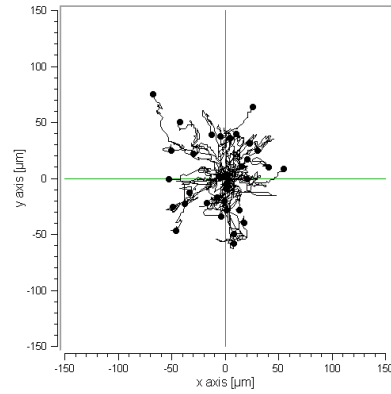


Fig. S6

Cancer Cell Migration Trajectory

M Φ Pre-treatment

**Flow
+
IgG**



**Flow
+
a-TGF β**

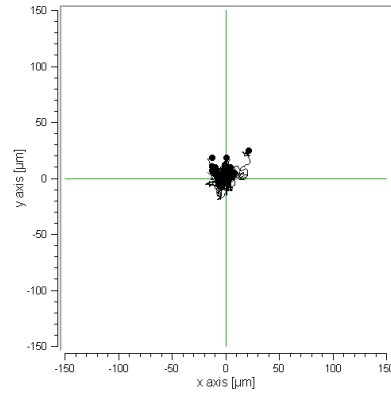
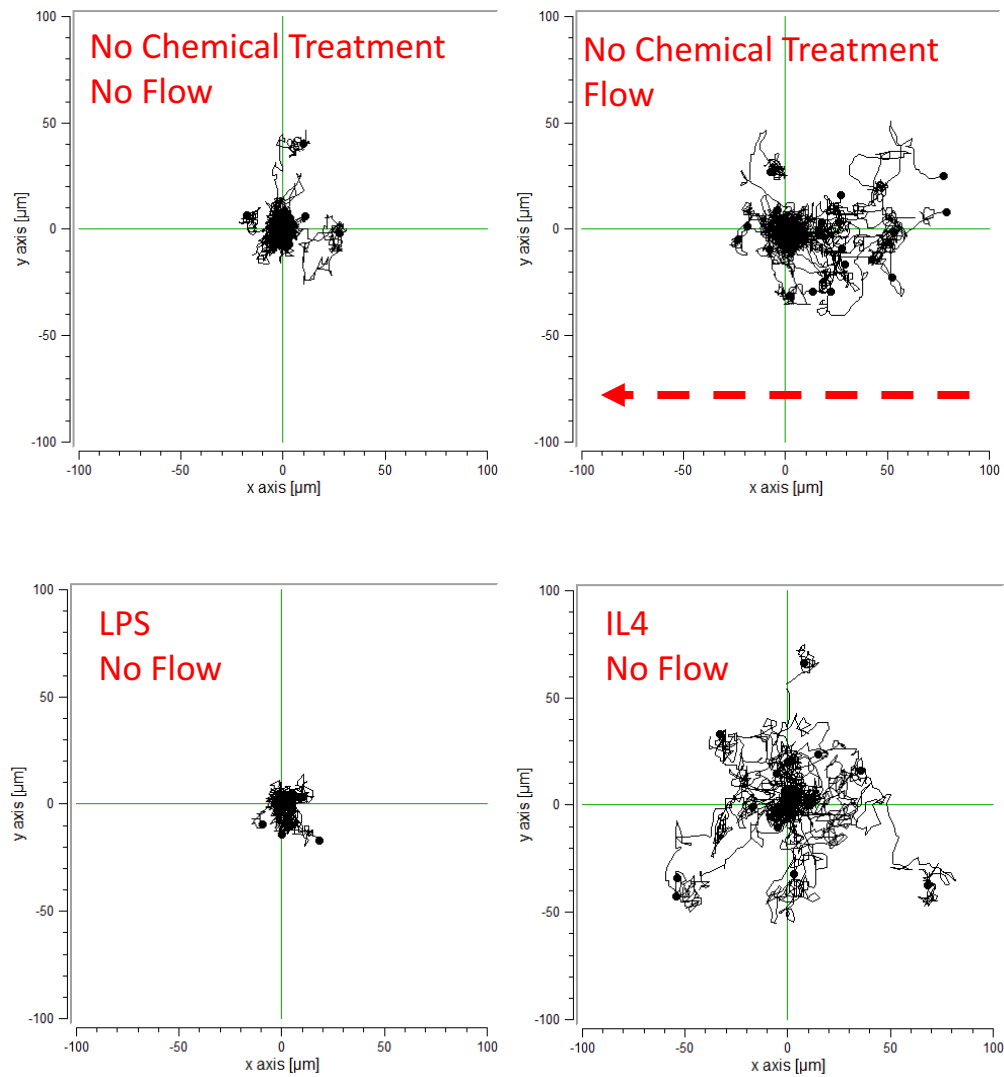


Fig. S7

A) Macrophage (MΦ) Migration Trajectory



B)

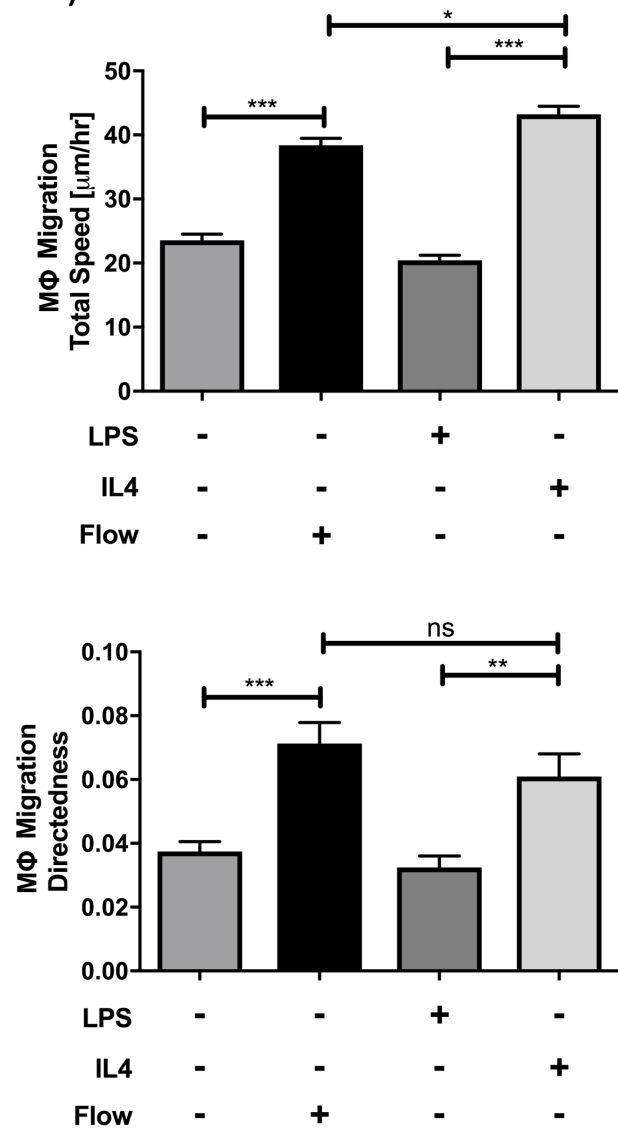


Fig. S8

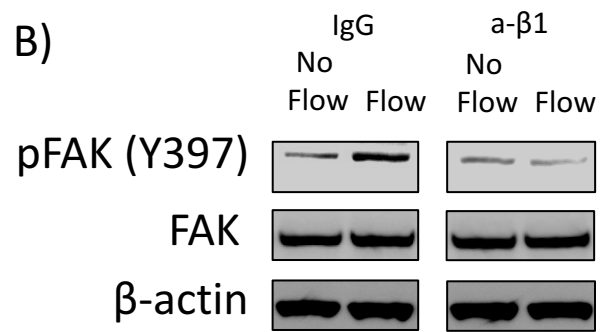
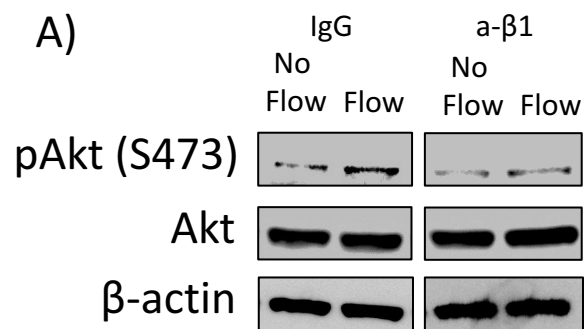
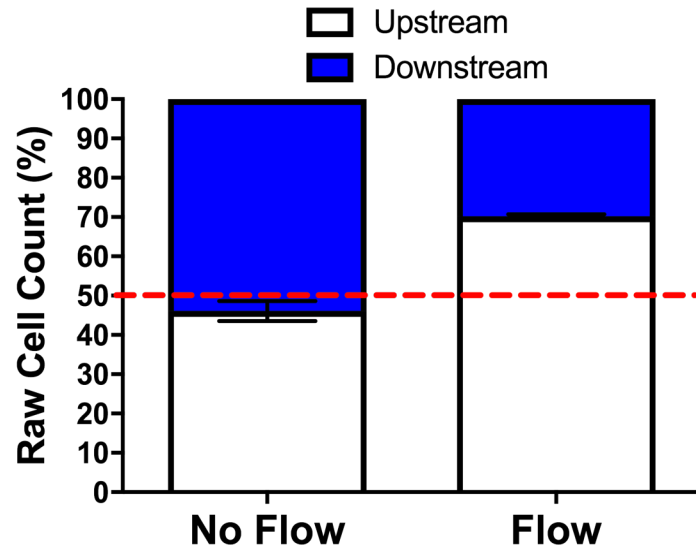


Fig. S9

A)



B)

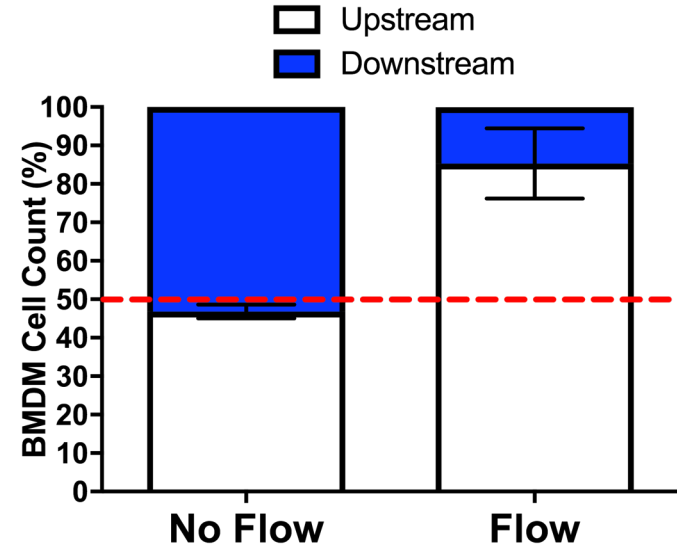


Fig. S10

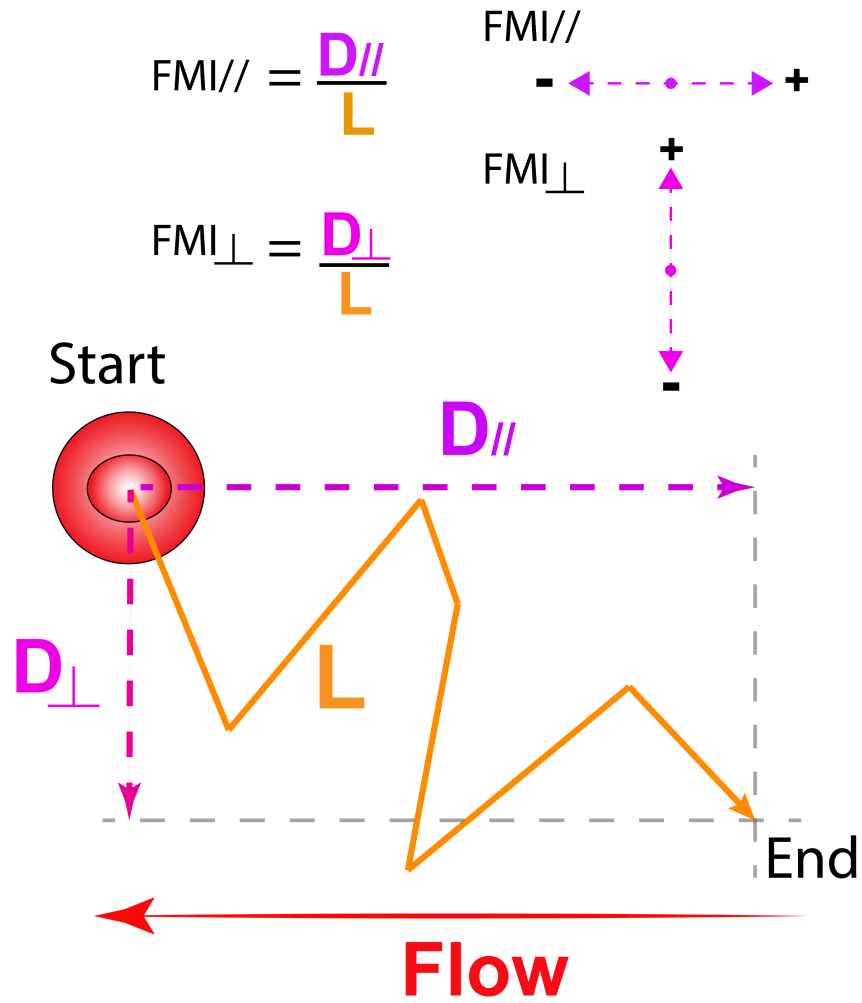


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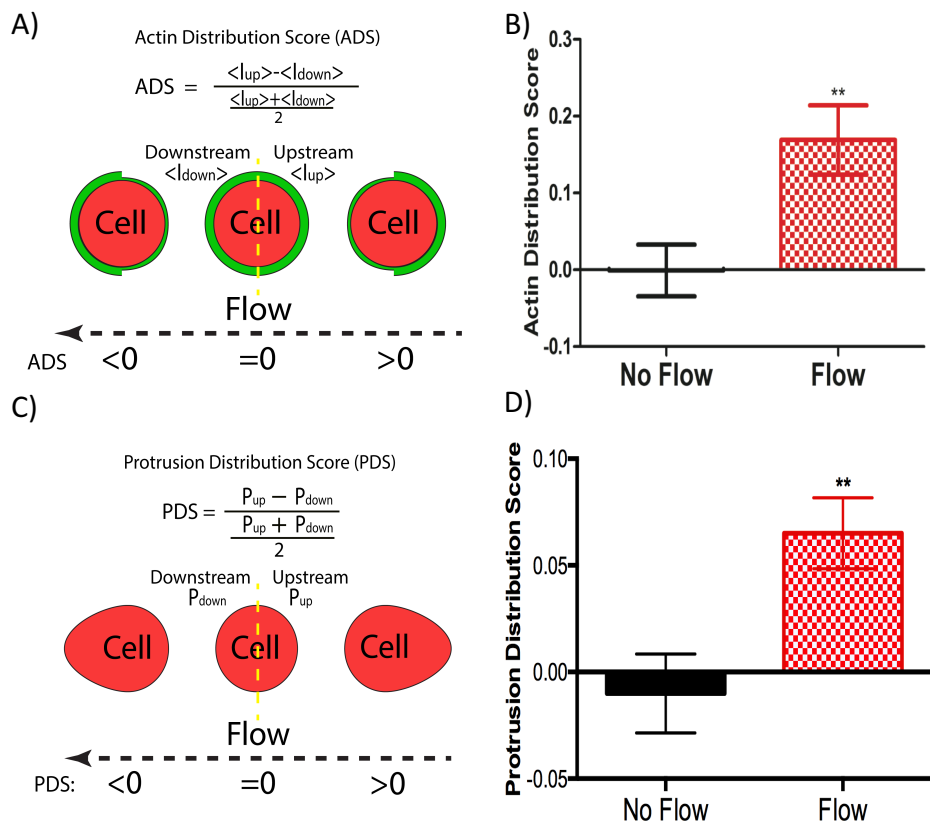


Fig. S12