

Expanded View Figures

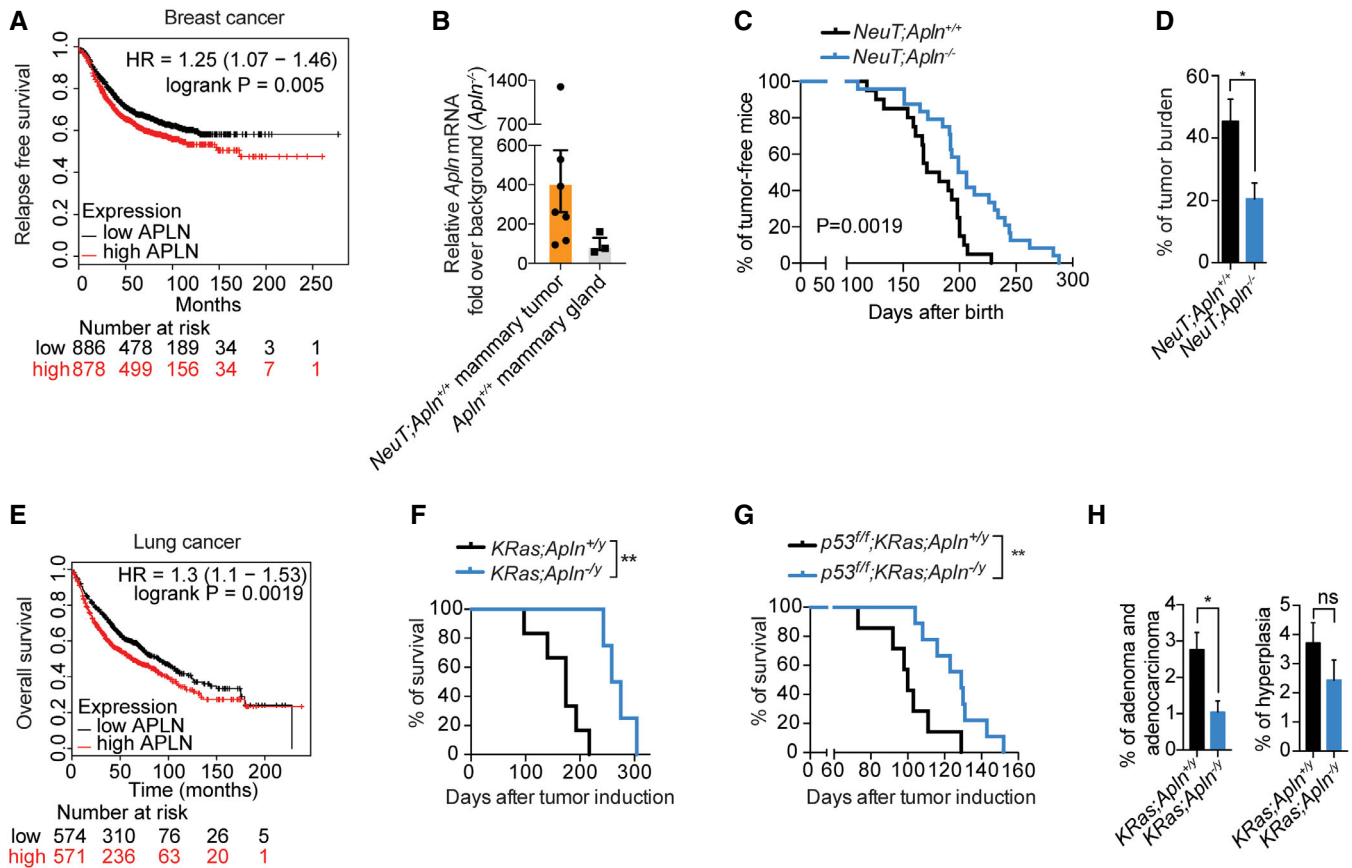


Figure EV1. Apelin inactivation improves survival and reduces tumor burden in mammary and lung cancer.

- A Kaplan–Meier survival plot from the KM-plotter database (Györfy *et al*, 2013) for high and low Apelin (APLN)-expressing groups in human breast cancer. Relapse-free survival. Patients were split by the median. Affymetrix Apelin ID 222856_at.
- B RT-qPCR of Apelin (*Apln*) expression in *NeuT;Apln^{+/+}* tumors (orange bar, $n = 7$) and purified normal (*Apln^{+/+}*) mammary gland epithelial cells (gray bar, $n = 3$). Data points from individual tumors or mammary glands and means (black bars) are shown.
- C Kaplan–Meier plot for mammary tumor onset in *NeuT;Apln^{+/+}* ($n = 20$) and *NeuT;Apln^{-/-}* ($n = 24$) mice. $P = 0.0019$; log-rank test.
- D Mean percentages \pm SEM of tumor burden in *NeuT;Apln^{+/+}* ($n = 6$) and *NeuT;Apln^{-/-}* ($n = 9$) mammary glands assessed 4 weeks after tumor onset. $*P < 0.05$; t-test.
- E Kaplan–Meier plot from the KM-plotter database (Györfy *et al*, 2013) for high and low APELIN-expressing groups in lung cancer patients. Overall survival. Patients were split by the median. Affymetrix Apelin ID 222856_at.
- F Kaplan–Meier plot for survival in *KRas;Apln^{+/-}* ($n = 6$) and *KRas;Apln^{-/-}* ($n = 4$) mice with non-small cell lung cancer (NSCLC) after oncogenic *KRas* induction by AdenoCre inhalation. $**P < 0.01$; log-rank test.
- G Kaplan–Meier plot for survival in *p53^{fl/fl};KRas;Apln^{+/-}* ($n = 7$) and *p53^{fl/fl};KRas;Apln^{-/-}* ($n = 9$) mice with NSCLC after AdenoCre inhalation. $**P < 0.01$; log-rank test.
- H Percentages and representative histology of lung adenoma/adenocarcinoma and hyperplasia (\pm SEM) in age-matched *KRas;Apln^{+/-}* ($n = 4$) and *KRas;Apln^{-/-}* ($n = 4$) mice analyzed 18 weeks after AdenoCre inhalation. $*P < 0.05$, ns = not significant; t-test; three sections per lung were analyzed.

Source data are available online for this figure.

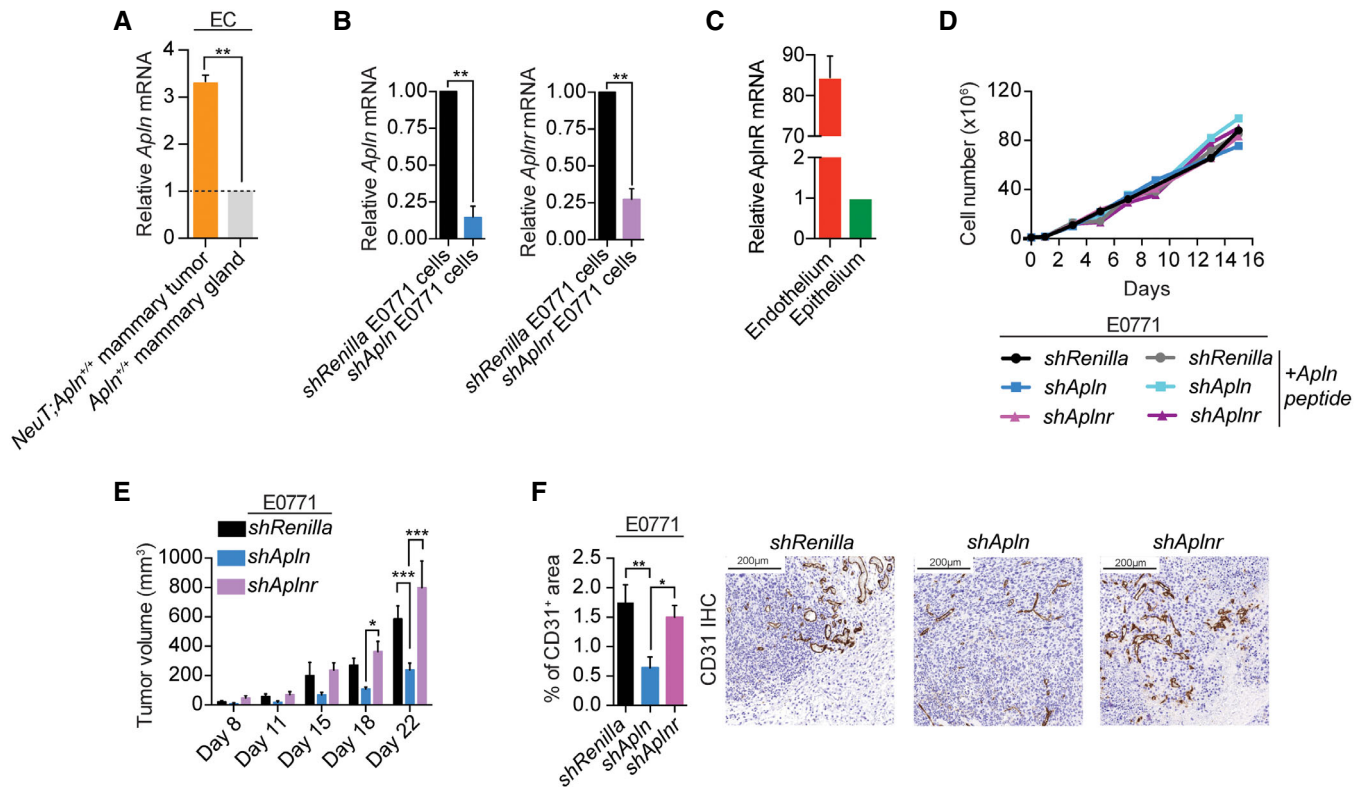


Figure EV2. Tumor cell-derived Apelin induces angiogenesis in a paracrine manner.

- A RT-qPCR of Apelin (*Apln*) expression in endothelial cells (ECs) isolated from *NeuT;Apln*^{+/+} tumors, normal *Apln*^{+/+} mammary glands. Data are shown as relative mRNA levels normalized to the normal mammary gland endothelium (set to 1) ± SEM. *n* = 2 per cohort; ***P* < 0.01, *t*-test.
- B RT-qPCR of *Apln* and *Aplnr* in control E0771 mammary cancer cells (*shRenilla*) and Apelin or Apelin receptor-depleted E0771 cells (*shApln* and *shAplnr*, respectively). Data are shown as relative mRNA levels normalized to control E0771 cells (set to 1) ± SEM. *n* = 2 per cohort; ***P* < 0.01; *t*-test.
- C Relative levels of *Aplnr* mRNA (mean ± SEM) in isolated tumor endothelial cells compared to tumor epithelial cells from NeuT-driven *Apln*^{+/+} mouse mammary tumors; *n* = 4 per cohort. Data are shown as relative mRNA levels normalized to epithelial cells (set to 1) ± SEM.
- D *In vitro* growth curves of *shRenilla*, *shApln* or *shAplnr* E0771 cells in the absence or presence of an active Apelin peptide (AplnPyr13, 1000 nM). No difference in growth was observed. A representative experiment is shown.
- E Tumor volume, followed over time, of orthotopically injected *shRenilla*, *shApln*, and *shAplnr* E0771 cells. Data were determined using calipers and are shown as mean tumor volumes ± SEM. *n* = 4 syngeneic C57BL/6j mice per cohort; **P* < 0.05, ****P* < 0.001, two-way ANOVA.
- F Quantification (mean percentages ± SEM) and representative immunohistochemistry of CD31⁺ area in *shRenilla* (*n* = 6), *shApln* (*n* = 6) or *shAplnr* (*n* = 7) E0771 mammary tumors in C57BL/6j wild-type mice, analyzed on day 12 post-orthotopic injection. **P* < 0.05, ***P* < 0.01; one-way ANOVA. Scale bars = 200 μm.

Figure EV3. Gene expression analysis in Apelin-depleted tumor endothelial cells and endothelial sprouts.

- A Ingenuity pathway analysis for upstream regulators predicted to be inhibited based on significantly differentially expressed genes from RNA-Seq transcriptome analysis of CD31⁺/CD105⁺ endothelial cells sorted from tumors established by E0771 *shRenilla* ($n = 6$) or *shApln* ($n = 3$) cells orthotopically injected into C57BL/6J *Apln*^{+/+} or *Apln*^{-/-} mice, respectively. Tumors were harvested day 25 post-injection.
- B Representative immunofluorescence images of sprouting embryoid bodies (EBs) derived from CCE mouse embryonic stem cells (mESCs) after 6 days of sprouting initiation. EBs were treated with VEGF (30 ng/ml) only or VEGF (30 ng/ml) followed by AplnPyr13 (1,000 nM) upon sprouting initiation. Scale bars = 200 μ m.
- C Apelin knockout strategy and reversion of knockout by Cre addition in haploid murine embryonic stem cells (mESCs). If in sense, integration of the splice acceptor into an intron results in gene disruption due to splicing (STOP); after reverting the cassette into antisense by Cre addition, the cassette is spliced out and gene transcription occurs from the "repaired" locus (GO). SA: splicing acceptor; pA: polyA.
- D RT-qPCR for Apelin in mESCs with *Apln* STOP and *Apln* GO integrations of the splice acceptor as shown in Appendix Fig S3C.
- E Growth curve of *Apln* GO mESCs and their genetically repaired sister mESCs (*Apln* STOP). A representative experiment is shown.
- F Percentages (mean \pm SEM) of CD31⁺ ECs evaluated by FACS from mosaic EBs formed from mESCs of 1:1 mixed Apelin GO (mCherry⁺Cre⁺): Apelin STOP (GFP⁺). *** $P < 0.001$, Mann-Whitney test; $n = 4$ per cohort. Representative FACS analysis dot plot is shown.
- G Ingenuity pathway analysis (IPA) predicting inhibited upstream regulators based on differentially expressed genes in RNA-Seq analysis from CD31⁺ endothelial cells (ECs) isolated from sprouting EBs from either repaired *Apln* GO cells stimulated with VEGF (30 ng/ml) and Apelin (1,000 nM; full presence of Apelin) or *Apln* STOP sister cells stimulated with VEGF and control DMSO (total absence of Apelin).
- H Heatmap of the genes downstream of VEGF (Appendix Fig S3F) comparing differentially expressed genes in RNA-Seq analysis from CD31⁺ endothelial cells isolated from sprouting EBs from either repaired *Apln* GO mESCs stimulated with VEGF (30 ng/ml) and Apelin (1,000 nM; +*Apln*) or *Apln* STOP sister cells stimulated with VEGF and control DMSO (-*Apln*).

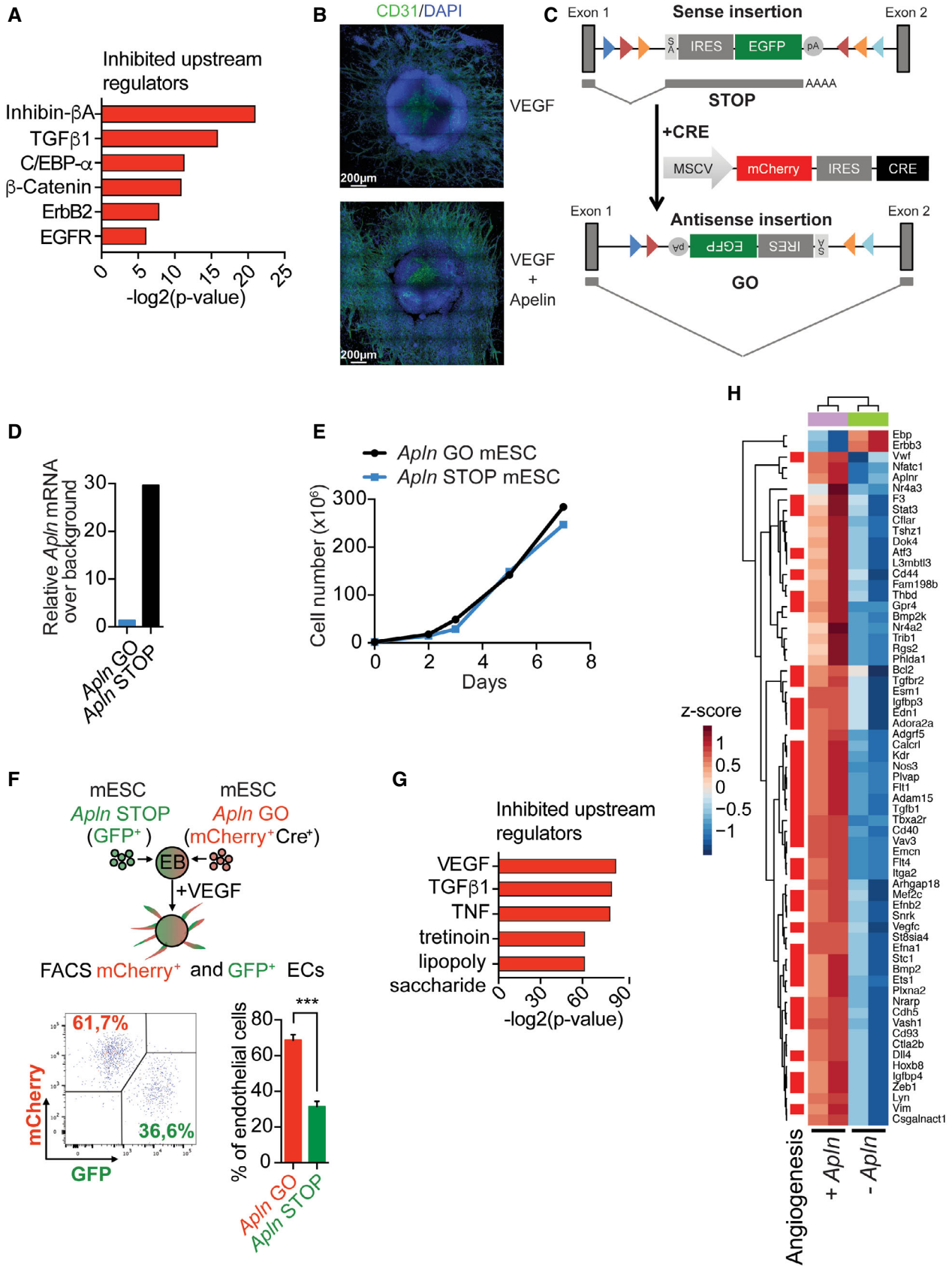


Figure EV3.

Figure EV4. Combining Apelin depletion and current anti-angiogenic treatment reduces mammary tumor growth *in vivo*.

- A Volume of mammary tumors from control (*shRenilla*) and Apelin-depleted (*shApln*) E0771 cells orthotopically injected in C57BL/6J *Apln*^{+/+} or *Apln*^{-/-} mice, respectively, as indicated. E0771-injected mice were left untreated (control) or *in vivo* treated with sunitinib (60 mg/ml, five times a week) starting on day 5 after cell injection. Tumor volumes were determined on the indicated time points using calipers and are shown as mean tumor volumes ± SEM. *Apln*^{+/+};*shRenilla* control (*n* = 3), *Apln*^{-/-};*shApln* control (*n* = 3), *Apln*^{+/+};*shRenilla* sunitinib (*n* = 3), *Apln*^{-/-};*shApln* sunitinib (*n* = 5); **P* < 0.05, ***P* < 0.01, ****P* < 0.001, two-way ANOVA.
- B Tumor volumes, followed over the indicated time, of orthotopically injected E0771 *shRenilla* or *shApln* cells in C57BL/6J mice left untreated (control) or treated daily from day 10 after tumor injection with axitinib (30 mg/kg). Tumor volumes were measured using calipers and are shown as mean tumor volumes ± SEM. The mice that rejected the tumor were excluded from the analysis. *Apln*^{+/+};*shRenilla* control (*n* = 5), *Apln*^{-/-};*shApln* control (*n* = 3), *Apln*^{+/+};*shRenilla* Axitinib (*n* = 3), *Apln*^{-/-};*shApln* Axitinib (*n* = 3); **P* < 0.05, ***P* < 0.01, ****P* < 0.001, two-way ANOVA.
- C Tumor volumes, followed over the indicated time, of orthotopically injected E0771 *shRenilla* or *shApln* cells in C57BL/6J mice and treated with an anti-VEGFR2 antibody or its isotype control (control) from day 10 after tumor injection (1 mg per mouse, twice a week). Tumor volumes were measured using calipers and are shown as mean tumor volumes ± SEM. *n* = 5 mice per cohort; ***P* < 0.01, ****P* < 0.001, two-way ANOVA.
- D Ki67 quantification of large size-matched mammary tumors from *NeuT*;*Apln*^{+/+} and *NeuT*;*Apln*^{-/-} mice, left untreated (control) or treated with sunitinib (60 mg/kg, starting at tumor onset, three times per week). Data show percentages of Ki67⁺ cells per breast tumor ± SEM. *NeuT*;*Apln*^{+/+} control (*n* = 5), *NeuT*;*Apln*^{-/-} control (*n* = 7), *NeuT*;*Apln*^{+/+} sunitinib (*n* = 5), *NeuT*;*Apln*^{-/-} sunitinib (*n* = 4); ***P* < 0.01; t-test. Right panels show representative Ki67 intra-tumoral stainings. Scale bars = 200 μm (large panels) and 50 μm (insets).

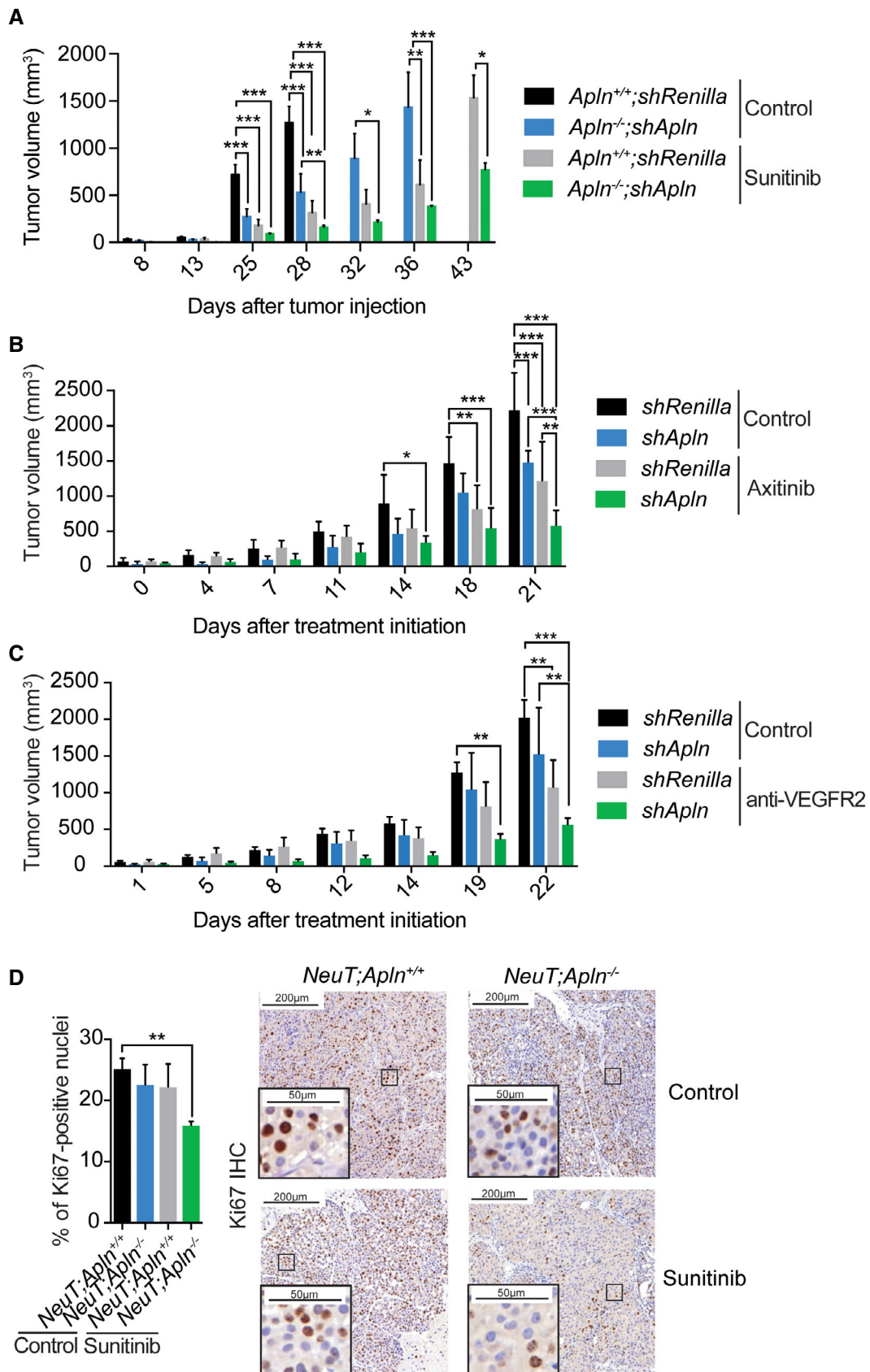


Figure EV4.

Figure EV5. Apelin inhibition protects from anti-angiogenic therapy-induced metastases.

- A Number of metastatic lung foci in untreated (control) and sunitinib-treated (60 mg/kg, three times a week from tumor initiation) *NeuT;Apln^{+/+}* and *NeuT;Apln^{-/-}* mice with large size-matched tumors. Data of individual lung sections and means (black bars) are shown. Identified outliers by ROUT method ($Q = 1\%$) were obviated. Right panels show representative H&E images, where black arrows and insets indicate metastatic foci. Scale bars = 1,000 μm (large panels) and 50 μm (insets). *** $P < 0.001$; one-way ANOVA; *NeuT;Apln^{+/+}* control ($n = 9$), *NeuT;Apln^{-/-}* control ($n = 8$), *NeuT;Apln^{+/+}* sunitinib ($n = 6$), *NeuT;Apln^{-/-}* sunitinib ($n = 7$); and three sections per lung were analyzed.
- B, C Number of metastatic lung foci per lung section from 1 to 1.5 cm^3 size-matched E0771 control (*shRenilla*) and Apelin-depleted (*shApln*) E0771 tumors orthotopically injected into C57BL/6j *Apln^{+/+}* (B) or orthotopically injected into C57BL/6j *Apln^{+/+}* or *Apln^{-/-}* mice (C). Mice were either left untreated (control) or treated with sunitinib (60 mg/kg, starting at day 5 after tumor injection, five times a week). Data of individual lung sections and means (black bars) are shown. Right panels show representative H&E images, where black arrows and insets indicate metastatic foci. Scale bars = 1,000 μm (large panels) and 50 μm (insets). E0771 *shRenilla* control ($n = 7$), E0771 *shApln* control ($n = 4$), E0771 *shRenilla* sunitinib ($n = 5$), E0771 *shApln* sunitinib ($n = 3$) (B) or *Apln^{+/+}* *shRenilla* control ($n = 3$), *Apln^{-/-}* *shApln* control ($n = 3$), *Apln^{+/+}* *shRenilla* sunitinib ($n = 2$), *Apln^{-/-}* *shApln* sunitinib ($n = 3$) (C) and three sections per lung were analyzed. ** $P < 0.01$; *** $P < 0.001$; one-way ANOVA.

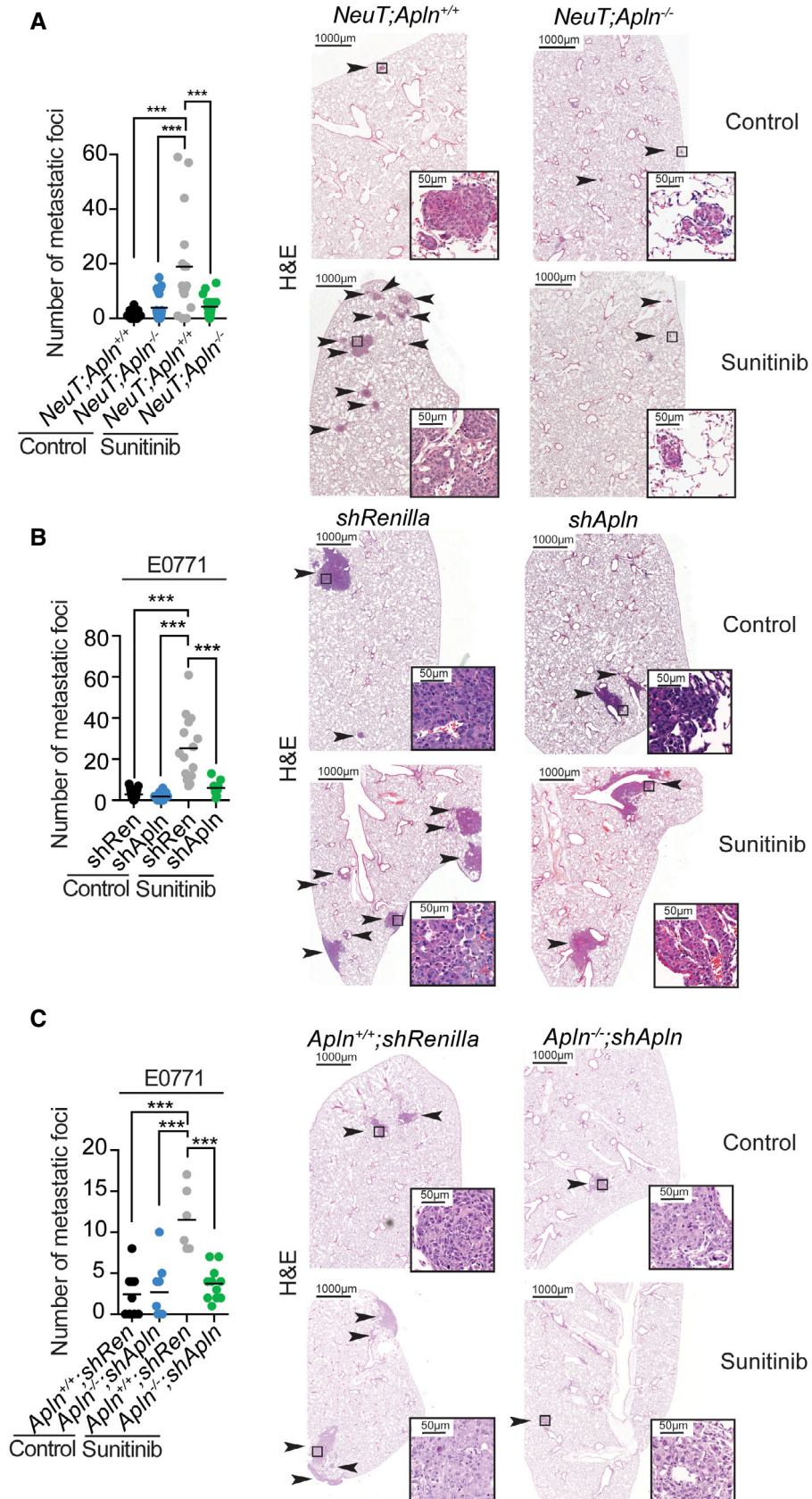


Figure EV5.