

Supplementary information - Figure S1

Supplementary information - Figure S2

Supplementary information - Figure S3

Supplementary Figure S4

Supplementary information - Figure S5

Circulating TF immunoreactivity in plasma of patients with glioblastoma (GBM)

Supplementary Figure S6

Zoom-in Zoom-in **100nm 100nm 100nm**

Supplementary Figure S7

Supplementary Figure S8

Table 2 Hallmark Coagulation

(https://www.gseamsigdb.org/gsea/msigdb/cards/HALLMARK_COAGULATION)

PROBE	DESCRIPTION	RANK IN	RANK	RUNNING	CORE
	(from dataset)	GENE	METRIC	ES	ENRICH
		LIST	SCORE		MENT
SERPING1	serpin family G member 1 [Source:HGNC	$\overline{4}$	1.858757257	0.03440464	Yes
	Symbol;Acc:HGNC:1228]				
C1R	complement C1r [Source:HGNC Symbol;Acc:HGNC:1246]	$\overline{7}$	1.731820941	0.06656306	Yes
TIMP3	TIMP metallopeptidase inhibitor 3 [Source:HGNC Symbol;Acc:HGNC:11822]	24	1.482592702	0.09323874	Yes
RGN	regucalcin [Source:HGNC Symbol;Acc:HGNC:9989]	51	1.327007532	0.11641632	Yes
CFH	complement factor H [Source:HGNC Symbol;Acc:HGNC:4883]	66	1.272586584	0.13929752	Yes
F ₃	coagulation factor III, tissue factor [Source:HGNC Symbol;Acc:HGNC:3541]	67	1.267872691	0.16292842	Yes
MMP7	matrix metallopeptidase 7 [Source:HGNC Symbol;Acc:HGNC:7174]	88	1.224679351	0.18455774	Yes
PROS1	protein S [Source:HGNC Symbol;Acc:HGNC:9456]	93	1.209008217	0.20685221	Yes
CTSK	cathepsin K [Source: HGNC Symbol;Acc:HGNC:2536]	115	1.164898157	0.2273075	Yes
C ₃	complement C3 [Source:HGNC Symbol;Acc:HGNC:1318]	127	1.151113391	0.24810411	Yes
CPQ	carboxypeptidase Q [Source:HGNC Symbol;Acc:HGNC:16910]	140	1.124162197	0.2683386	Yes
CFB	complement factor B [Source:HGNC Symbol;Acc:HGNC:1037]	145	1.121198773	0.28899646	Yes
C1S	complement C1s [Source:HGNC Symbol;Acc:HGNC:1247]	164	1.095129609	0.30833083	Yes
CTSB	cathepsin B [Source:HGNC Symbol;Acc:HGNC:2527]	172	1.089091063	0.3282108	Yes
FN1	fibronectin 1 [Source:HGNC Symbol;Acc:HGNC:3778]	204	1.044075847	0.3458159	Yes
CLU	clusterin [Source:HGNC Symbol;Acc:HGNC:2095]	211	1.036480546	0.3647751	Yes
MMP14	matrix metallopeptidase 14 [Source:HGNC Symbol;Acc:HGNC:7160]	257	0.9872756	0.38048398	Yes
MMP9	matrix metallopeptidase 9 [Source:HGNC Symbol;Acc:HGNC:7176]	398	0.887420774	0.3886482	Yes
THBS1	thrombospondin 1 [Source:HGNC Symbol;Acc:HGNC:11785]	404	0.884098947	0.40482712	Yes
APOA1	apolipoprotein A1 [Source:HGNC Symbol;Acc:HGNC:600]	701	0.767238975	0.40141845	Yes

Table S3 – Coagulation Hallmark in GBM single cell RNAseq dataset

PROBE	DESCRIPTION	RANK IN	RANK	RUNNING	CORE
	(from dataset)	GENE	METRIC	ES	ENRICH
		LIST	SCORE		MENT
F ₃	coagulation factor III, tissue factor [Source:HGNC Symbol;Acc:HGNC:3541]	36	0.910183012	0.0216108	Yes
ADAM9	ADAM metallopeptidase domain 9 [Source:HGNC Symbol;Acc:HGNC:216]	74	0.837914586	0.04129853	Yes
C1R	complement C1r [Source:HGNC Symbol;Acc:HGNC:1246]	117	0.788890839	0.05944972	Yes
ANG	angiogenin [Source:HGNC Symbol;Acc:HGNC:483]	179	0.745010436	0.07544571	Yes
ANXA1	annexin A1 [Source:HGNC Symbol;Acc:HGNC:533]	180	0.743535757	0.09467874	Yes
CFI	complement factor I [Source: HGNC Symbol;Acc:HGNC:5394]	205	0.728622615	0.1122374	Yes
PROS1	protein S [Source:HGNC Symbol;Acc:HGNC:9456]	209	0.72649169	0.13086846	Yes
SERPING1	serpin family G member 1 [Source:HGNC Symbol;Acc:HGNC:1228]	356	0.668031633	0.1403095	Yes
PLAU	plasminogen activator, urokinase [Source:HGNC Symbol;Acc:HGNC:9052]	359	0.667090178	0.15745772	Yes
C1S	complement C1s [Source:HGNC Symbol;Acc:HGNC:1247]	365	0.665393651	0.17440099	Yes
MAFF	MAF bZIP transcription factor F [Source:HGNC Symbol;Acc:HGNC:6780]	478	0.627346873	0.18461514	Yes
GNG12	G protein subunit gamma 12 [Source:HGNC Symbol;Acc:HGNC:19663]	536	0.609083951	0.19730988	Yes
CPQ	carboxypeptidase Q [Source: HGNC Symbol;Acc:HGNC:16910]	612	0.593698263	0.20864022	Yes

Table S4 – Coagulation Hallmark in GBM TCGA dataset

Gel scans

SUPPLEMENTARY METHODS (Tawil et al)

Cell lines, culture conditions, reagents and treatments

Cell culture conditions have been previously described^{1,2}. Briefly, U373P- and U87P-derived cells were maintained in Dulbecco's Modified Eagle's minimal essential medium (DMEM), supplemented with 10% Fetal Bovine Serum (Multicell FBS) and 1% Penicillin-Streptomycin (Gibco). GBM patient derived glioma stem cell lines (GSC), GSC157 and GSC1079 were derived and characterized as proneural in the laboratory of Ichiro Nakano³. GSC lines were maintained as sphere cultures, unless otherwise indicated, in DMEM-F12 media (GIBCO) supplemented with EGF (GIBCO), FGF (GIBCO), Heparin 0.2% (STEMCELL), B27 serum free supplement (GIBCO), Glutamax (GIBCO) and 1% penicillin-streptomycin (P/S) (GIBCO) 2,4 .

We used several isogenic variants derived from either U87P or U373P glioma cell lines (Fig. 2A)¹. Notably, cells that were only maintained in culture and did not undergo passage in mice were designated as parental (U373P, U87P, see below). The corresponding cell lines transfected with EGFRvIII oncogene were designated as U373vIII and U87vIII, respectively, and were generously supplied by late Dr. Abhijit Guha (University of Toronto). U373P cells were also transfected with TF injected subcutaneously and allowed to form primary tumors (PT) in immunodeficient mice after a long latency period, followed by their re-establishment in culture (Fig. 2a). The respective designation of such cell line used in this study is U373TF-G11-PT 1 . Finally, while U373 are indolent and form dormant lesions in mice on rare occasions we were able to isolate tumors from mice injected with these cells and re-establish them in culture (U373-PT). To produce similar, mouse-derived cell lines expressing EGFRvIII, the U373vIII cell line was injected into mice and tumors isolated, dissociated and cultured (U373vIII-PT).

It should be mentioned that batches of U373P and U373vIII cells used in the present study were previously described by their originators⁵, extensively characterized¹ and maintained in the laboratory for over 10 years, while exhibiting a remarkable phenotypic stability and data reproducibility. Using short tandem repeat (STR) assays the U373P cells were subsequently assigned genetic identity common with the commercially available U373MG cell line, which was found to be identical with another commercially available U251MG cells, resulting in recent renaming of these cell lines to reflect their common origin (https://www.pheculturecollections.org.uk/collections/ecacc.aspx). However, the biological properties observed in the case of our U373P cell line maintained from early passage in our laboratory, including their stable, astrocytic, and indolent phenotype, as well as low TF expression^{1,6}, were found to be different then those described in the literature for more aggressive U373MG cells available commercially⁷. Therefore, we believe that our cells represent a variant, possibly less altered, of the commercially available U373MG cells and we chose to adopt their unique designation, "U373P" to avoid any possible confusion. For all cell lines their designation as "PT" (e.g. U373PT) indicates that the cells were isolated from the primary tumor initiated by the indicated cells in mice (e.g. U373).

For GSCs their serum induced differentiation protocol involved maintenance in DMEM-F12 media supplemented with 10% FBS, 1% P/S and 1% Glutamax. For Dacomitinib treatment, U373P and U373vIII cells were incubated with the drug (PF 00299804) (Selleckchem) at concentrations of 0.125 μM and 1 μM in DMEM supplemented with 10% FBS growth medium replaced every 24hr and extracts for western blot analysis were collected at 72h. For Pictilisib treatment two batches of U373P and U373vIII cells were treated for 72h with the drug (GDC-0941 Catalog No. S1065) at the concentration of 5 μM in DMEM supplemented with 10% Fetal Bovine Serum and

1% Penicillin-Streptomycin, and treatment medium was replaced every 24hr. For 5-aza-2′ deoxycytidine (DAC) treatment. U373P, U373vIII and U87vIII cells were incubated with 5 μM of the drug (Sigma-Aldrich) 24h after plating in growth medium, and drug-containing medium was replaced every 24h. Western blot analysis was performed on extracts harvested 1, 2 and 3 days after the beginning of DAC treatment. For EZH2 inhibitor treatment, U373vIII cells were incubated with the drug (UNC1999; Selleckchem, Catalog No. S7165) at the concentration of 2.5 μM in complete growth medium for 25 days. Drug-supplemented growth medium was replaced every 48hrs. Extracts were collected on days 0, 5, 10, 15, 20 and 25 for western blotting. In combination treatment with Dacomitinib experiment, UNC1999 was used at concentrations of 1.25 μM or 2.5 μM and treatment duration was 7 days followed by western blotting.

Quantitative Real-time q-PCR

The relative mRNA expression levels of PDPN, miR-520g (along with control GAPDH mRNA and U6, respectively) were quantified using real-time PCR analysis⁸. PDPN mRNA levels assessment was performed on the LightCycler480 (Roche) and amplification of specific PCR products was detected using the RT2 SYBR Green Fluor PCR Master Mix (Qiagen Catalog No.330510) according to the manufacturer's protocol. Amplification of miR-520g was performed using LightCycler96 (Roche) using the TaqMan Universal PCR Master Mix without amperase UNG and TaqMan miRNA primer assays (Life Technologies): miR-520g-3p (1121), and U6 snRNA. Forward and reverse primers for PDPN mRNA were used at a final concentration of 200 nM and all primers employed were cDNA specific and were synthesized by Integrated DNA Technologies – IDT. Primer combinations are shown in Table 1.

Primers

Blank and standard controls were run in parallel to verify amplification efficiency within each experiment. Within each run, a melting curve analysis was performed to confirm the specificity of amplification and lack of primer dimers. The $2^{-\Delta\Delta Ct}$ equation was applied to calculate the relative expression of genes of interest in the corresponding cell lines and the equation E: 10−1/slope to calculate the efficiency of the RQ-PCR (values averaged around 2.1) was used to validate the efficiency of PDPN primers. The mean Ct value of the parental cell line (U373 and U87) was used as the calibrator point and reference. Average expression relative to reference was plotted with error bars representing SEM⁹.

Protein immunodetection – extended

For immunoblotting, the indicated cells were lysed and harvested using Laemmli Lysis-buffer with complete proteinase inhibitor cocktail (Roche Applied Science). Protein concentration was quantified using the micro BCA protein assay kit (ThermoScientific), and samples containing 25- 50 μg of total protein were resolved on 12% gradient SDS-PAGE. After blotting, PVDF transfer membranes (G&E Amersham) were blocked with 5% skimmed milk (5% BSA for phosphoantibodies) and probed with the indicated antibodies , including: anti-PDPN (Abcam Catalog No.128994), anti-EGFR (CellSignaling Catalog No. 4267L), anti-pEGFR Y1068 (CellSignaling Catalog No. 2234S), anti-pAKT S473 (CellSignaling Catalog No. 9271S/4060S), anti–H3K27me3 (CellSignaling Catalog No. 9733S), anti–CD63 (Abcam Catalog No. ab134045), anti-TF (American Diagnostica Sekisui Catalog No. 4509), anti-Flotillin 1 (BD Transduction Laboratories Catalog No. 610821), anti–CD81 (Abcam Catalog No. ab79559), anti-Syntenin (Abcam Catalog No. ab133267), anti-CD9 (Abcam Catalog No. ab2215), anti–β-actin (Sigma Catalog No. A5441) and anti-GAPDH (Sigma Catalog No. G8795). Signal was developed using ECL detection reagents (Amersham RPN2106/RPN2232)¹⁰.

Mouse tumor models

For subcutaneous inoculation (s.c.), immunodeficient SCID mice (Charles River) harbouring the YFP transgene $(YFP/SCID)^{11}$ were injected with single cell suspensions of indicated glioma cell lines in serum free DMEM medium at 3×10^6 cells per mouse in 0.2 ml volume, in the left flank. Viability of cells was tested and exceeded 90% according to trypan blue exclusion assay. For intracranial inoculation (i.c), SCID/YFP transgenic mice were anaesthetized, surgically prepped, scull exposed, drilled and striatum stereotactically injected with 2×10^5 glioma cells per inoculum in 2 μ l volume of serum free media, as described previously¹. The site of injection was standardised using Stoelting Stereotaxic Injector at coordinates ($AP = +0.5$; $ML = +1.5$.; $DV = -3.0$) of bregma and sagittal sutures. For systemic EV injection, the indicated cells were cultured and EVs isolated from conditioned media as described earlier¹⁰ and below. EV isolates were assessed for protein concentration using the BCA assay (Pierce Biotechnology, Rockford, IL) and the equivalent of 10 μg of intact EVs was injected into the tail vein (i.v.) of SCID/YFP mice. Within 15 minutes post injection, whole blood was collected via the inferior vena cava (IVC) and platelet poor plasma was isolated and stored until used¹². All procedures involving animals were performed in accordance with the guidelines of the Canadian Council of Animal Care (CCAC) and the Animal Utilization Protocols (AUP) approved by the Institutional Animal Care Committee (ACC) at MUHC RI and McGill University.

Blood collection

Collection of whole blood was performed in 3.8% sodium citrate and Apyrase from the inferior vena cava (IVC). A 150ul sample was taken for complete blood count (CBC; Diagnostic and Research Support Service (DRSS) Laboratory at the Comparative Medicine and Animal Resource Center, McGill), and the remaining sample was centrifuged at 1,500g for 10 minutes. Platelet-poor plasma (PPP) was collected and stored frozen at –80°C for further analysis.

EV isolation and analysis

To isolate EVs, conditioned medium (CM) was collected from cultured cells grown for 72 h in media containing 10% of EV-depleted FBS (Ultracentrifuged at 150,000g for 18 h at 4 °C). CM was centrifuged at 400g for 10 min, supernatant recentrifuged at 2,000g for 15 min, and remaining supernatant quickly poured off into clean tubes and passed through 0.8 μm pore-size filter. The resulting filtrate was concentrated using Amicon Ultra-15 Centrifugal Filter Unit (EMD Millipore, Billerica, MA) with 100,000 NMWL cut-off. The concentrate was mixed with 50% of iodixanol solution (Sigma, St. Louis, MO) and processed for density gradient ultracentrifugation at 200,000g for 2 h 10 . Fractions were serially collected, and their density was determined by measuring the absorbance at 340 nm of sample volumes taken from the individual fractions using an ELISA plate reader. Calculations were made in reference to a generated standard curve. Individual fractions were also analyzed for EV concentration and size distribution using nanoparticle tracking analysis (NTA) system (NS500, NanoSight Ltd., UK). Three recordings of 30 s at 37 °C were obtained and processed using NTA software (version 3.0). EVs from individual iodixanol fractions were

subsequently collected by ultracentrifugation, protein extraction performed, and concentration of EV proteins was quantified using the microBCA assay (Pierce Biotechnology, Rockford, IL). For nano-flow cytometry the conditioned medium from cells grown for 72 h was collected and processed for EVs as described previously 10. The concentrated supernatant was analyzed by NTA and diluted with PBS to the concentration of 10^{11} particles/ml. EVs were incubated with indicated fluorophore-conjugated antibodies for 2 h at room temperature in the dark (anti-PDPN Alexa 488, Cat. No. 337006; anti-TF PE, Cat. No. 365203; anti-CD81 APC, Cat. No. 349509; anti-CD9 FITC, Cat. No. 312103, all from BioLegend). In order to clear out the excess and unbound antibodies, EVs were re-isolated from staining mixtures using qEV size exclusion chromatography (SEC) columns (Izon Science, UK) according to the manufacturer's instructions. The EV containing fractions (0.5 ml) were identified by NTA. Parallel isotype controls adequately matched with the corresponding antibodies were similarly processed and all samples were read using CytoFLEX flow cytometry system (Beckman Coulter, Pasadena, CA) equipped with 3 lasers (405, 488, and 640 nm wavelength) 10 . Data were acquired and analyzed using Cytexpert 2.0 software (Beckman Coulter). Microparticle (EV)-associated TF procoagulant activity (MP-TF PCA) was assessed using ZYMUPHEN MP-TF (Aniara, Cat. No. A521196) as per manufacturer's recommendations.

Immunostaining

Tumors were resected and preserved in fresh 4% paraformaldehyde (PFA). Tissue processing was performed in an automated tissue processor unit (Leica TP 1050 tissue processor), followed by paraffin embedding. Tissue blocks were sectioned using American Optical microtome into 5 μm thick sections mounted on pre-coated glass microscope slides¹. Prior to staining, sections were dewaxed in Xylene, followed by re-hydration in a series of alcohol washes (95% to 50% ethanol). For hematoxylin and eosin (H&E) staining, rehydrated slides were washed and incubated in Hematoxylin (1.5% Acid Solution, pH 2.5), then washed in water and dipped in the Blueing Solution. Partial dehydration (50% to 80% ethanol) was performed before proceeding to incubation in Eosin solution, which was then followed by three 5-minute washes in 99% ethanol and Xylene¹. For immunostaining, first, antigen retrieval was performed using Vector Antigen Unmasking Solution heated to 95°C for 15 minutes. Primary antibodies used for these studies were specific for human PDPN (abcam Catalog No. 128994), mouse fibrin (abcam Catalog No. ab34269), mouse CD31 (R&D Catalog No. AF3628) and CD61 (Origene Catalog No. AP02622PU-N). Incubations with primary antibodies were carried out at 1:100 - 1:200 dilutions, overnight in a humidified chamber at 4°C. Thereafter, slides were washed three times in PBS (5 min each) and incubated with corresponding HRP-conjugated secondary antibodies, followed by final mounting in Vectastain Elite kit (PK-4006), ImPACT DAB (SK-4105), and VectaMount Mounting Medium (H-5000, Vector Labs, Burlington, ON, Canada). For fluorescent staining (Fibrin/CD31) secondary antibodies (Invitrogen donkey Anti-Rabbit Alexa Flour 488(Green) Catalog No. A21206, Invitrogen donkey Anti-Goat Alexa Flour 594 (Red) Catalog No. A32758) were incubated with tumor sections in the dark at 37°C for 1 hour. After a series of 5-minute PBS washes, slides were mounted with cover slips using Vectashield Hardset DAPI (Vector) glue, allowed to dry before being visualised as indicated¹. Quantification of fibrin-occluded vessels was performed manually by the random selection of 7 vessel abundant fields within each slide and counting fibrin positive versus total vessels. Martius Scarlet Blue (MSB) staining was performed on tumor tissues, as per established institutional protocols (RIMUHC Pathology Labs). Representative MSB as well as CD61 stained slides were sent for whole slide scanning (Aperio ScansScope AT Turbo, Leica Biosystems). In each slide, seven representative, equal and random fields were used to quantify fibrin-occluded vessels.

Transmission electron microscopy (TEM) and immunogold staining

EVs were collected as described previously and washed using 0.1% sodium cacodylate buffer. Following EV sample preparation (ultracentrifugation, washing and fixation), charged TEM grids were laid over with 10 μl drops of fixed EVs and contact was maintained for 20 minutes. Grids were washed twice with 0.02 M glycine (5-10min each). For immunogold staining, grids were blocked by overlaying with 10μl drops of BCO blocking agent for 5 minutes followed by incubation with primary antibody (1:1 dilution) (anti-PDPN ab128994; anti-CD63 ab59479 - Abcam) overnight at 4 degrees. Grids were washed with DPBS 5 times (3min per wash), blocked again, and treated with 15μl drops of corresponding gold-conjugated secondary antibodies (1:20 dilution) for 30minutes. Grids were washed, again, dried and the negative staining was performed using 4% uranyl acetate, after which the grids were allowed to dry for 1hr. EV preparations were examined using FEI Tecnai 12 BioTwin 120 kV TEM (AMT XR80C CCD Camera System) at the Facility for Electron Microscopy Research (FEMR), McGill University.

ELISA

Commercially available enzyme-linked immunosorbent assay (ELISA) kits were used to estimate systemic levels of PDPN (LSBio, LS-F6466), PF4 (LSBio, LS-5404), D-dimer (LSBio, LS-F6179), TF (IMUBIND American Diagnostica Inc, 845) in plasma of tumor bearing mice (PDPN, PF-4, D-dimer) and tumor homogenates (D-dimer), as well as plasma samples from GBM patients cared for at the University of Virginia (UVA - D.S; N.K) (PDPN and TF ELISA). Patient plasma sample analyses were conducted anonymously under the approval of the institutional Research Ethics Board (REB, MUHC # 2019-5493). Assays were conducted according to the manufacturers' protocols in duplicates, and their sensitivities as reported by the manufacturers

were: 0.156 ng/ml for PDPN, 0.068 ng/ml for PF4, 243.7 pg/ml for D-dimer, and 10 pg/mL for TF. ELISA readings of OD were performed using TECAN Infinite 200 PRO multimode plate reader equipped with i-control™ software interface.

Platelet activation in the presence of GBM cells and respective EVs

To assess platelet activation in the presence of PDPN^{high} vs PDPN^{low} GBM cells, the respective U373P and U373vIII cells were cultured in 8 chamber Falcon Culture Slides. At 48-72 hours later, culture media was removed, and cells were washed three times with PBS. Platelets freshly extracted by differential centrifugation from blood of YFP-SCID mice in the presence of Apyrase (Millipore Sigma, Catalog No. A6237) in Tyrode's buffer and finally resuspended in pre-warmed PBS (37°C) were added on top of the cells and incubated for 10 min at 37°C. Following incubation, a fixative solution PAMFix (Platelet Solutions, Catalogue No. PSR-001) was added. Following fixation, chamber slides were spun down to allow the removal of the fixative and preparations were stained using monoclonal APC-conjugated anti-P-Selectin antibody (CD62-P/APC, Psel.KO2.3). Similarly, platelet activation by EVs derived from either U373P or U373vIII cells was assessed via the co-incubation of freshly isolated platelets with respective EVs for 30 minutes with mild shaking. Following co-incubation, preparations were fixed, spun at 2000g and stained with APC-conjugated anti-P-Selectin antibody. All preparations were visualized using Zeiss LSM 780 confocal microscope.

Single-Cell RNASeq

Raw Single-cell RNA-seq data for GSE5787213 were obtained from the Sequence Read Archive (*SRA*) data base. The data were aligned using HISAT2 and the obtained counts were applied to scImpute for the imputation of dropout event values. The imputed dataset was then normalized to

obtain TPM (transcript per million) values, converted to logarithmic scale, and centred by subtracting the mean values of genes across samples. TCGA expression data for Glioblastoma¹⁴ were downloaded as z-scores using the cBioPortal for Cancer Genomics¹⁵. Violin and TSNE plots were created in R environment using packages *ggplot2* and *Rtsne*, respectively. Expression data for EGFR and PDPN were scaled and used for k-means clustering of samples using *ComplexHeatmap* package from R/Bioconductor¹⁶. PDPN and Cluster signatures were identified by extracting top 50 feature genes from GSEA analysis as indicated by comparing groups of samples¹⁷. The roadmap plots were generated from an independent set of scRNAseq data as recently described 18.

TCGA Data analysis

TCGA expression data for Glioblastoma¹⁴ were downloaded as z-scores using the cBioPortal for Cancer Genomics¹⁵. Expression data for EGFR and PDPN was scaled and used for k-means clustering of samples using the ComplexHeatmap package from R/Bi ioconductor¹⁶.

Identification of gene expression signatures for EGFR/PDPN-based clusters

Cluster signatures were identified by extracting the top 50 positively and negatively associated feature genes using $GSEA¹⁷$. Briefly, for each cluster, $GSEA$ was used to rank the genes in order of their differential expression, using the signal-to-noise metric, between the cluster and the rest of the samples. From this list, the top 50 (POS, positive, upregulated) and the bottom 50 (NEG, negative, downregulated) genes were extracted as the signature genes for the cluster analyzed. This process was repeated for each cluster in the RNA-seq data set.

Gene set enrichment analysis was also performed using GSEA, where each gene set (e.g. the POS signatures of a specific single-cell RNA-Seq cluster) was tested for its enrichment among upregulated or down-regulated genes in another dataset (e.g. the TCGA bulk-tissue data) to identify the relationship between the EGFR/PDPN-based cell clusters and bulk tissue data.

Data analysis and statistics

Analysis of Pfister-46 GBM dataset was performed using the R2 Genomics Analysis and Visualization Platform and employed statistical one-way analysis of variance (ANOVA). TCGA dataset analysis for PDPN mRNA levels as function of IDH1 mutational status was performed using GlioVis Data Visualization Tools for Brain Tumor Datasets, which employed the paired ttest statistical analysis. Statistical analysis of platelet counts, ELISA experiments, as well as fibrin and CD61 positive blood vessel counts was done using ANOVA and Tukey's multiple-comparison post-test. A P value of <0.05 was used as a measure of significance of difference between groups. GraphPad Prism 6.0 (GraphPad Software, Inc., San Diego, CA) was used to perform the latter statistical analyses.

SUPPLEMENTARY RESULTS

Interrelationship between PDPN and EGFR in glioblastoma cell populations. Oncogenic activation of the EGFR signalling pathway was previously linked to dysregulation of GBM-related coagulome, including elevated expression of TF in glioma cell lines ¹⁹. While EGFR is amplified, mutated (EGFRvIII), or upregulated in a subset of GBMs (classical, mesenchymal) the impact of these events on the emerging mediators of VTE, such as $PDPN^{20,21}$, has not been extensively

explored in clinical samples especially in view of cellular heterogeneity underlying GBM progression¹³. To explore the possible interrelationships between EGFR and PDPN expression at the cellular level we interrogated the single cell RNA-seq data set comprising subtype annotated GBM cell samples¹³ (Fig. S2 and S3). We employed the K-means clustering approach focusing on PDPN and EGFR expression to audit single cell transcriptomes pooled from 5 different GBM tumors. This analysis predictably revealed the existence of four different tumor cell phenotypes, including: PDPN^{low}/EGFR^{high} (Cluster 1), PDPN^{high}/EGFR^{high} (Cluster 2), PDPN^{low}/EGFR^{low} (Cluster 3), PDPN^{high}/EGFR^{low} (Cluster 4) (Fig. S3a). To assess whether this reflects a random distribution of PDPN and EGFR, or a cellular pattern, we developed extended gene expression signatures by comparing the genome-wide gene expression profile of each cluster to remaining cells within the dataset (Table S1). Except for the PDPN^{low}/EGFR^{low} cells (Cluster 3), which showed high number of antithetically common signature genes with the PDPN^{high}/EGFR^{high} (Cluster 2) and PDPN^{high}/EGFR^{low} cells (Cluster 4), other clusters showed little overlap in their signature genes (\leq 3 genes; Fig. S3b). In accordance with these findings, the expression profile of the obtained gene signature differentiated between the four clusters, with the PDPN^{low}/EGFR^{low} cluster (Cluster 3) standing apart from the rest of the cells (Fig. S3c). Again, PDPN^{high} cells were positively enriched for coagulation transcripts (Fig. S3d). Moreover, while PDPN^{low}/EGFR^{high} GBM cells expressed elevated transcripts linked to cell signalling, proliferation and differentiation (OLIG1, DLL1), transcriptomes of their PDPN^{high}/EGFR^{low} counterparts were enriched for regulators of hemostasis and inflammation (C1R, C1S, CLEC2B) (Table S1). These observations further suggest that enrichment or depletion for PDPN is not a random effect and points to the involvement of distinct transcriptional programs among GBM cell subpopulations.

We further clustered bulk tumor transcriptomes available through TCGA around PDPN and EGFR expression levels (Fig. S3e). This analysis revealed the existence of four tumour subgroups with distinct global phenotypes (Ph; Fig. S2), including: EGFR^{low}/PDPN^{low} (Ph1), EGFR^{low}/PDPN^{high} (Ph2), EGFR^{high}/PDPN^{low} (Ph3) and EGFR^{high}/PDPN^{low/intermediate} (Ph4). Interestingly, these phenotypes only partially overlap with TCGA mandated transcriptional subtypes²² in that Ph4 subgroup is enriched for classical GBM, while Ph2 contains several mesenchymal tumors (Fig. S3e). This data also suggests that PDPN^{low}/EGFR^{high} phenotype of single GBM cells observed earlier (Fig 2A, Cluster 1) may be enriched in Ph3 and Ph4 bulk tumour subsets, while PDPN^{high}/EGFR^{low} (Fig. S3a; Cluster 4) cells may dominate the Ph2 GBM subgroup. If this were to be the case the respective tumours would be expected to be enriched for the expression of the aforementioned 50 single cell gene signatures (Table S1). To test this possibility, we performed GSEA to examine whether the top 50 positive gene signatures of each single cell cluster are enriched in the gene signature of whole GBM tumors (TCGA) with similar PDPN/EGFR expression pattern. This was, indeed, found to be the case (Fig. S3f). We therefore reasoned that a distinctive gene expression signatures of GBM cell populations with antithetical expression levels of EGFR and PDPN may suggest a mechanistic link between these two genes and impact coagulant profiles of the corresponding tumors.

Epigenome-impacting mutations of IDH1 oncogene down-regulate PDPN expression in glioma.

While the influence of EGFR on PDPN may depend, at least in part, on the concomitant EZH2 activity, other mutant oncogenic drivers, such as IDH1 R132H, directly impact cellular epigenome23,24. IDH1 mutations drive a distinct (proneural-like) subset of GBMs, influence coagulant phenotype of glioma cells and their tissue factor (TF) levels²⁵ and are associated with low incidence of VTE²⁶. Since PDPN is an important correlate and possibly an effector of VTE^{20,21},

and has been linked to $IDH1^{27}$ we set out to test the levels of its transcript in subsets of GBM lesions expressing mutant or wild type IDH1²⁸ (Fig. S5a-f). GSEA revealed a negative association between IDH1 mutations and the expression of genes characterizing the PDPN^{high}/EGFR^{low} GBM phenotype (Cluster 4) in the scRNA-seq dataset. These genes (and phenotype) positively correlated with the wild type IDH1 status in GBM (Fig. S5a). The differentials in PDPN transcript levels were also captured through the analysis of two independent data sets (Pfister-46 MAS5.0-u133p2 and TCGA) using the R2 and Glio-Vis Genomics Analysis and Visualization platforms, respectively (Fig. S5b and d). This influence correlates with DNA methylation levels affecting PDPN gene locus in IDH1 mutant tumours relative to their IDH1-wild type counterparts, as revealed by multiple probes specific for this genomic region (Fig. S5c). In contrast, the GBM subset expressing wild type IDH1 exhibits upregulated PDPN mRNA, including in an independent dataset (Fig. S5e, f). Thus, in glioma PDPN is a target of at least two different epigenetic mechanisms one operating at the level of DNA methylation and controlled by oncogenic IDH1, while the other is executed by chromatin modifications in association with EZH2 and modulated by oncogenic EGFR.

SUPPLEMENTARY LEGENDS - Figures and Tables

Supplementary Figure 1. PDPN expression correlates with mesenchymal differentiation roadmap of glioblastoma progenitors. **a.** Plot depicting the main differentiation roadmaps of glioblastoma cell subpopulations: PROG- progenitors, NEUR- neural, MES – mesenchymal, ASTRO – astrocytic, OLIG – oligodendrocytic, as revealed by single cell sequencing 18; **b.** PDPN high expressing cells (yellow/orange/red cells) cluster in the region of MES GBM cells, with some

contribution of astrocytic and progenitor cells; **c.** EGFR expression is scattered between multiple cell populations with weak overlap with PDPN.

Supplementary Figure S2. The gene expression analysis workflow. To characterize PDPN expressing GBM cells and their EGFR status, the single cell GBM transcriptomes¹³ were pooled and clustered around PDPN and EGFR expression patterns (Clusters 1-4). The gene expression signatures of these clusters were used to establish the phenotypes of PDPN expressing GBM cells and to interrogate their presence in bulk transcriptomes of TCGA dataset (Phenotypes 1-4). GSEA plots were developed to compare the PDPN phenotypes (see text).

Supplementary Figure S3. Interrelationship between PDPN and EGFR in glioblastoma cell populations. **a.** K-means clustering of single cells from five GBM patient-derived tumors using the expression profiles of EGFR and PDPN. Each column represents one single cell, with the centered log2 transcript per million (TPM) EGFR and PDPN expression shown in the heatmap. The ID of the patient from which each cell is derived, as well as the subtype classification of each cell according to Patel et al. 2014¹³ is also shown on the top of the graph. **b.** The extent of overlap between gene expression signatures of PDPN/EGFR-based single cell clusters. The first eight bars in the bar graph represent the number of unique genes of each cluster, whereas the remaining bars represent intersection size, with the intersecting clusters shown using the vertical lines that connect the cluster nodes. **c.** K-means clustering of GBM single cells based on the expression signatures of PDPN/EGFR-based single cell clusters. Cell cluster annotation corresponds to those represented in panel **a**. **d.** Gene Set Enrichment Analysis **(**GSEA) showing the expression distribution of Hallmark Coagulation genes in PDPN/EGFR-based single cell clusters. In each panel, the x-axis represents the genes, sorted by their differential expression between the indicated clusters and the rest of the cells. Vertical black lines represent the genes that belong to the Hallmark Coagulation

according to: [Molecular Signatures Database – Hallmark Coagulation; M5946]. The curve represents the GSEA running enrichment score (ES). **e.** K-means clustering of TCGA bulk glioblastoma samples using centered normalized expression of EGFR and PDPN (z-score). The four sample clusters are referred to as molecular phenotypes: $EGFR^{low}/PDPN^{low}$ (Ph1), EGFR^{low}/PDPN^{high} (Ph2), EGFR^{high}/PDPN^{low} (Ph3) and EGFR^{high}/PDPN^{low/intermediate} (Ph4). **f.** GSEA enrichment score (ES) of the positive gene signature of each cell cluster (rows) across the TCGA molecular phenotypes (columns). Each ES represents the enrichment of the positive gene signature of a cell cluster (Single cell dataset; C1-C4) among genes that are up-regulated in a given TCGA molecular phenotype (Ph1-Ph4) (red) or down-regulated (blue).

Supplementary Figure S4. Analysis of PDPN expression in GBM cells. **a.** Expression of PDPN transcript in the single cell GBM dataset¹³ was compared between cells with verified EGFRvIII mutations and with wild type EGFR gene. While due to small numbers of datapoints the results are statistically inconclusive, of interest is a trend for lower PDPN expression in EGFRvIII mutant cells. **b.** Restoration of miR-520g expression (RT-PCR) from the methylated locus in U373vIII cells following treatment with 5 Azacytidine (Aza) documents effectiveness of treatment. Under identical conditions PDPN expression remained unchanged (Fig. 3**c**). **c.** Quantification of western blots from Fig. 3ab, depicting the effects of dacomitinib and pictilisib on PDPN and AKT activity. **d.** PDPN protein expression under exposure to EZH2 inhibitor (UNC1999) and EGFR inhibitor (dacomitinib), quantification of the western blot from Fig. 3f; Two-way ANOVA, P<0.0001.

Supplementary Figure S5. IDH1 mutation correlates with epigenetic silencing of the PDPN gene in glioma. **a**. GSEA analysis associates the signature of PDPN expressing cells (cluster 4) with the wild type and not mutant IDH1 gene in the single cell GBM dataset ¹³. **b.** Independent dataset analysis of bulk GBM samples (Pfister-46-MAS5.0-u133p2 - GSE36245) suggests lower PDPN expression in IDH1 mutant *versus* IDH1 wild-type tumors. **c.** Preferentially methylated PDPN gene locus in IDH1 mutant bulk glioblastoma samples (TCGA; x-axis) as detected using multiple independent probes (y axis). **d.** Independent analysis of TCGA bulk GBM samples using GlioVis platform indicates downregulation of PDPN transcript in tumors with mutant IDH1. **e.** Independent cohort of high-grade glioma (HGG) samples (Jabado - internal dataset $29-31$) reveals increased PDPN TSS200 locus methylation in IDH1 R132H mutant tumors and its reduced methylation in IDH1 wild type (IDH1-WT) tumors; color denotes different probes (bottom box). **f.** Corresponding PDPN mRNA expression (as in **e**) shows increased levels of PDPN transcript in IDH1 wild type brain tumors compared to IDH1mutant ones.

Supplementary Figure S6. Circulating tissue factor in plasma of glioma patients. ELISA analysis for TF antigen reveals considerable variability. Baseline – blood draw prior to treatment at diagnosis; PreMC1-5 – blood draws on the successive follow ups.

Supplementary Figure S7. PDPN expression, EV-mediated PDPN emission and platelet activation by glioma cells. **a.** GSEA plots depicting an inverse correlation between PDPNassociated gene expression signature and EZH2 target genes in single cell GBM data set (Patel et al 2014 13; see Fig. 1). **b.** Co-expression of PDPN and CD63 on U373PT glioma cell derived EVs – immunogold staining and electron microscopy (see Fig. 5; N=2). **c.** PDPN-expressing (U373P) and non-expressing (U373vIII) cells (left panels) and their EVs (middle panels) exhibit differential ability to trigger P-selectin exposure (red) by fluorescent mouse platelets (green). Platelets were isolated form mice harboring YFP transgene and incubated with intact cancer cells (left panel), their EVs (right panel) or controls (right panels); only PDPN-expressing U373P cells efficiently triggered P-selectin exposure and platelet activation (compare Fig. 6; $N=2$).

Supplementary Figure S8. Tumor burden, RBC counts, and microparticle-TF procoagulant activity (MP-TF PCA) in the U373P-related models of glioblastoma. **a.** Plot of tumor volumes of U373-PT, U373vIII, and U373TF G11-PT xenografts highlighting comparable tumor volumes among conditions. **b.** RBC counts plot of all tumor-bearing mice depicting counts comparable among conditions and insignificantly different from those of control tumor-free mice. **c.** MP-TF PCA assessment in EVs isolated from U373, U373vIII and U373TF G11 cells (A431 EVs used as positive control). **d.** MP-TF PCA assessment in peroxide (20μM) treated EVs isolated from U373, U373vIII and U373TF G11 cells; peroxide was used to cause TF decryption 32. **e**. Assessment of MP-TF PCA in conditioned unfractionated media from U373P, U373vIII and U373TF-G11 cells. **e.** Assessment of TF PCA in soluble fraction of conditioned media. Amicon concentration column flow-through fraction following EV concentration step was assayed for U373P, U373vIII and U373TF G11 cells conditioned media. Independent repeats (c-e) $N = 3$; designations: ns – nonsignificant, P value: ** - 0.01; *** - 0.001; **** - 0.0001. ANOVA multiple comparison analysis.

Supplementary Figure S9. TF, MP-TF PCA and D-dimer levels in mice exposed to glioma tumors and EVs. Plasma of tumor-bearing and EV-injected mice as well as total D-dimer in whole tumor mass (TB) versus total plasma were assayed as indicated. **a**. TF levels and MP-TF PCA (**b**) in plasma of U373-PT, U373vIII, and U373TF G11-PT tumor-bearing mice. **c.** D-dimer levels in plasma of tumor-bearing mice**. d.** Total D-dimers in the whole tumor mass versus plasma of mice with the respective tumors (ELISA); ns – non-significant, P value: ** - 0.01 ; *** - 0.001 ;

**** - 0.0001; ANOVA multiple comparison analysis.

Supplementary Table S1. Top 50 gene signatures of clusters 1-4. Extended gene expression signatures for each cluster generated by comparing the genome-wide gene expression profile of that cluster to the rest of the cells within the single cell RNA-seq dataset 33 .

Supplementary Table S2. Hallmark Coagulation gene set founding genes. List of genes constituting the HALLMARK COAGULATION gene set published by GSEA and retrieved from https://www.gseamsigdb.org/gsea/msigdb/cards/ *HALLMARK_COAGULATION*.

Supplementary Table S3. Hallmark Coagulation gene set ranked in order of expression in **PDPN** expressing cells (single cell RNAseq). List of genes constituting the HALLMARK COAGULATION gene set used in the GSEA protocol and retrieved from [https://www.gseamsigdb.org/gsea/msigdb/cards/](https://www.gseamsigdb.org/gsea/msigdb/cards/HALLMARK_COAGULATION)*[HALLMARK_COAGULATION](https://www.gseamsigdb.org/gsea/msigdb/cards/HALLMARK_COAGULATION)* listed according to the level of expression in PDPN expressing GBM cells in a descending order. Of note, not all genes of the Hallmark Coagulation are expressed at significant levels in PDPN expressing GBM cells. Interestingly, canonical coagulation factors such as F3, (tissue factor), PROS1 (protein S), or F8 (factor VIII) are ranked as $6th$, $8th$, and $37th$ highest expressed genes.

Supplementary Table S4. Hallmark Coagulation gene set ranked in order of expression in PDPN expressing GBM tumors (TCGA). List of genes constituting the HALLMARK COAGULATION gene set used in the GSEA protocol and retrieved from [https://www.gseamsigdb.org/gsea/msigdb/cards/](https://www.gseamsigdb.org/gsea/msigdb/cards/HALLMARK_COAGULATION)*[HALLMARK_COAGULATION](https://www.gseamsigdb.org/gsea/msigdb/cards/HALLMARK_COAGULATION)* listed according to the level of expression in PDPN expressing GBM tumors in a descending order. Of note, not all genes of the Hallmark Coagulation are expressed at significant levels in PDPN expressing GBM lesions. Interestingly, canonical hemostatic factors such as F3, (tissue factor), PROS1 (protein S),

or SERPINE1(PAI1) are ranked as $1st$, $7th$, and $16th$ highest expressed genes. This set contains mixed cellular populations and stroma and thereby differs from single cell data set in Table S3.

EXTENDED DISCUSSION

In this report we present evidence that oncogenic IDH1 and EGFR drivers control PDPN gene expression, at least in part, through the influence on the epigenome. For example, we observed that mutant IDH1R132H imposes a strongly hypermethylated state on the PDPN promoter DNA sequences driving down PDPN mRNA expression in a subset of high-grade brain tumours. This is in line with the known and wider effect of this mutation on the synthesis of an oncometabolite, D-2-hydroxyglutarate (D2HG), which inhibits cellular DNA demethylases thereby conferring a methylator phenotype (G-CIMP) upon a subsets of GBM²⁸ and acute myelogenous leukemia $(AML)^{33}$. Notably, IDH1 mutant brain tumors are associated with proneural gene expression signature²², better prognosis, minimal tumor microthrombosis and low VTE risk²⁶. These tumours have recently been separated from the diagnosis of glioblastoma³⁴.

The clinical relevance of the nexus between oncogenic pathways and VTE risk in GBM patients is still unclear and at this time not considered actionable. However the very low incidence of VTE in patients with high grade glioma harbouring IDH1 mutation³⁵ along with low levels of TF^{26} and PDPN expression¹⁹ in these patients are thought provoking and worthy of functional analysis. In this regard developing biological criteria to distinguish subsets of GBM patients with different VTE risks is of great interest. While informative and striking in terms of thrombosis, IDH1 mutations are associated with a rare brain tumor subtype with distinct biology, hence recently separated from the general GBM diagnosis ³⁴. Therefore, explanations must still be sought for the remaining GBM subgroups associated with high risk of thrombosis $(25-30\%)^{26}$. More individualized VTE prediction tools for these patients are badly needed.

Oncogenic EGFRvIII also exerts a silencing effect on PDPN albeit through a different epigenetic mechanism. We observed that EGFRvIII expression in glioma cell lines results in a profound reduction of PDPN mRNA and protein levels, which was not reversible by blockade of EGFR kinase activity by dacomitinib alone. However, inhibition of EZH2, the histone-lysine Nmethyltransferase responsible for histone H3 repressive trimethylation (K27me3), partially and gradually rescued the PDPN expression in these cells, and this effect was further enhanced by cotreatment with EGFR kinase inhibitor. The profound effect of the epigenome on PDPN expression is illustrated by our observation that PDPN levels in glioma stem cells can be overridden by serum induced differentiation, which also results in upregulation of EGFR. Similar differentiation processes are likely to occur in GBM tissue *in vivo* resulting in the coexistence of different cellular populations with different PDPN (coagulant) profiles³⁶.

PDPN is a known target of several crucial signalling pathways in cancer, including AKT, as inferred from the inverse correlation between PDPN and PTEN tumour suppressor expression in glioma cell lines³⁷. Such regulation could intersect with PDPN promoter methylation and hypoxia signalling, leading to elevated PDPN levels in some GBM cells 37 . This mechanism is of interest as mutant IDH1 was shown to inhibit AKT expression and activity³⁸ in addition to its effect on DNA methylation profile³⁹. Indeed, our data suggesting a negative correlation between PDPN levels and IDH1R132H mutation may suggest some contribution of this mechanism.

The negative and kinase independent effect of the oncogenic EGFRvIII on PDPN expression in glioma cell lines was surprising in view of the inferences that could be made from the previously reported upregulation of PDPN in EGFR expressing squamous cell carcinoma cells⁴⁰, along with the role of AKT (a suggested PDPN suppressor), or other downstream targets of EGFRvIII signaling41. It should be mentioned that U373vIII and U87vIII cells express no PTEN and that single cell GBM transcriptomes reveal the presence of both positive and negative correlations between PDPN and EGFR levels, of which our cellular models capture only the latter. Collectively, these results suggest an interplay between transforming mutations and the epigenetic control of PDPN expression along with the corresponding broader aspects of coagulant phenotypes associated with glioma cells.

Overall, the negative interrelationship between PDPN and EGFRvIII is surprising as the large proportion of IDH1 wild type GBM lesions express EGFR and of those several likely express PDPN and cause thrombosis. We postulate that heterogeneity of GBM lesions brings together cells with phenotypes driven by EGFR activity (possibly with PDPN low status) and those in which PDPN is expressed at high levels resulting in a net tumor and VTE promoting effects. Thus, two different functionalities (thrombosis and EGFR-driven growth) could be achieved by cooperation between GBM cell subpopulations 42-44.

It should also be noted that other coagulation factors, including TF, may exhibit different regulatory patterns in transfected glioma cell lines and at the single cell level in unmanipulated GBM cell populations. For example, while TF is consistently upregulated in glioma cell lines engineered to express EGFRvIII⁶, its levels are often low in EGFR expressing glioma cells in intact tumours 19. In our present study we used the cell lines merely as tools to observe the coagulant effects of glioma xenografts under the influence of TF and PDPN. However, the regulation of these and other factors in GBM is likely more complex and worthy of further investigation 19. Indeed, epigenetic programs appear to override and modulate the hardwired effects of oncogenic signalling 45 and may ultimately become a dominant force in driving coagulant phenotype and CAT in GBM.

We also present data to suggest that glioblastoma cells release PDPN (and TF) as cargo of exosome-like EVs *in vitro*, into the blood of tumor bearing mice and in GBM patients. Such EVs are endowed with a demonstrable procoagulant activity *in vivo,* which differs as a function of PDPN, TF or TF/PDPN content. PDPN-EVs may represent an attractive candidate for the longpostulated circulating coagulant that would provide a missing link between the procoagulant intracranial microenvironment in gliomas and the systemic impact of these tumors on the hemostatic system in the periphery^{36,46-48}.

We were puzzled by our observation that when co-expressed, PDPN and TF cooperate in driving microthrombosis. The relevance of these observation is enforced by the fact that in both single cell and bulk (TCGA) GBM transcriptomes the expression of high levels of PDPN coincided with the enrichment for Hallmark Coagulation gene expression signature ⁴⁹ (Fig. 1de), in which TF was among the highest expressed genes in PDPN-positive GBM samples (Tabs. S3 and S4). It is tempting to speculate that this co-expression may create a potential for functional cooperation between PDPN and TF pathways in GBM tumors as suggested by our xenograft experiments.

The increasingly well documented association of PDPN with GBM-related $CAT^{20,50}$, if mechanistically validated, could contribute to a better stratification, monitoring and management of GBM patients at risk for VTE⁴⁸. Like other thrombotic effectors¹, PDPN plays several important biological roles beyond hemostasis ⁵¹ and of possible relevance to the pathogenesis of GBM. Indeed, PDPN not only triggers signalling and activation of platelets *via* the CLEC2 receptor ²¹, but also serves as a signalling module in its own right, through the involvement in regulatory hubs

such as WNT/FZD complexes⁵² and *via* interactions with multiple other proteins, including: CCL21, Galectin 8, CD9, CD44, and MMP14⁵¹. Consequently, PDPN has been implicated in cellular stemness, growth³⁷, vascular morphogenesis and lymphangiogenesis⁵¹, effects that could be mediated by both direct cellular expression of this protein and, potentially, by its release as cargo of $EVs⁵³$. While this is an attractive possibility recent studies suggest that PDPN correlates with but does not control GBM aggressiveness in experimental models ⁵⁴.

PDPN is normally associated with lymphatic endothelium, podocytes and alveolar epithelium⁵⁵ and hence its activation in glioma cells with inflammatory signature and in other cancers⁵⁶ represents a biologically consequential anomaly. Our data suggest that PDPN expression could be turned on in PDPN-negative GBM cells by modulating the epigenome, which could add a cost of thrombosis to the use of epigenetic modifiers in cancer therapy.

We have earlier demonstrated that U373P-derived glioma xenografts shed EVs into the systemic circulation of tumor bearing mice⁵⁷. Moreover, several aspects of this vesiculation process, including the composition of the EV proteome, are regulated by oncogenic driver genes, including EGFRvIII¹⁰, with notable biological consequences⁵⁷. For instance, in the case of U373vIII xenografts driven by oncogenic EGFRvIII the coagulant phenotype is mainly attributable to high TF expression⁶, with largely undetectable expression of PDPN, in both cancer cells and EVs. This pathway of tumorigenesis was associated with predictably low PF4 levels, normal platelet counts and elevated D-dimers in blood. In contrast, in the EGFRvIII-independent tumorigenesis model (U373PT tumors) associated with low TF and high PDPN expression we observed a systemic activation of platelets (high PF4 release and thrombocytopenia), while D-dimers were comparable to those of tumour-free mice. When tumorigenic U373P cells were engineered to co-express PDPN and TF to mimic the coagulant complexity of some of the GBM tumors, the activation of platelets

still predominated systemically (high PF4, low platelets). This coagulant profile was also associated with elevated circulating D-dimers, and, interestingly, TF exacerbated microthrombosis locally, within the tumor mass. Overall, these observations highlight the possibility that different oncogenic pathways and microenvironmental influence may activate distinct coagulant processes within the same tumor type both locally and systemically.

Cancers, including GBM, are composed of rapidly evolving cellular lineages driven by parallel successions of genetic, epigenetic and regulatory events, all of which define the 'architecture' and apparent heterogeneity of constituent cellular populations³. We observed that in GBM this diversity translates into the expression pattern of key coagulant effector genes implicated in CAT, including TF, PDPN and several others ⁶. Alignment of specific coagulant effectors, such as PDPN with identifiable pathways of oncogenic/epigenetic transformation may suggests the existence of unsuspected mechanistic links and non-random (targetable) pathways of CAT. We also suggest that these pathways may be different for microvascular thrombotic occlusion at the tumor site and macro-thrombosis in the peripheral circulation. In our GBM models the latter aspect is dominated by the activation of platelets in the presence of high levels of PDPN on cancer cells and PDPNcarrying tumor-derived (human) EVs in the peripheral circulation. Whether this reflects the association between PDPN and VTE in glioma patients requires further study.

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