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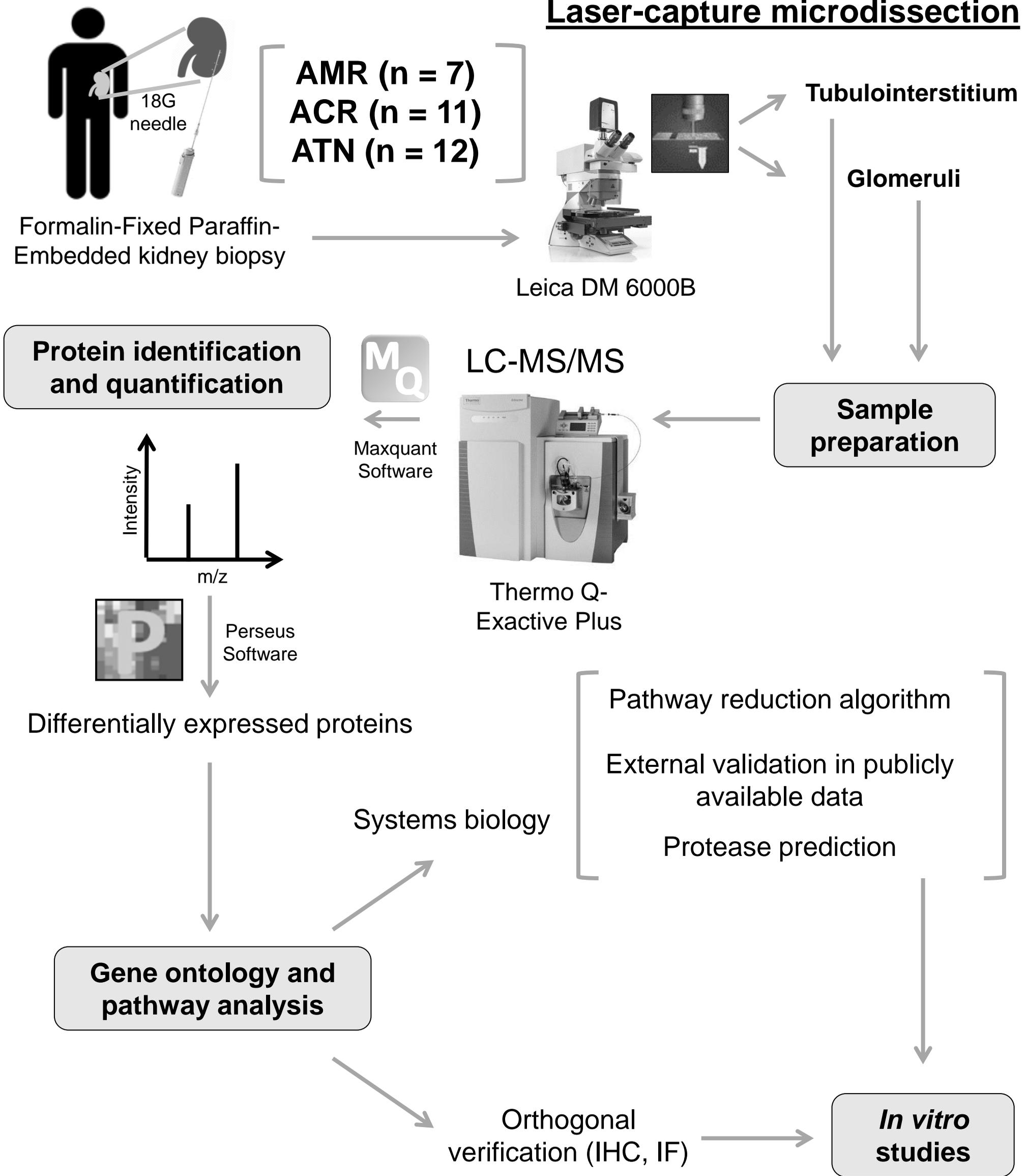
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Laser-capture microdissection



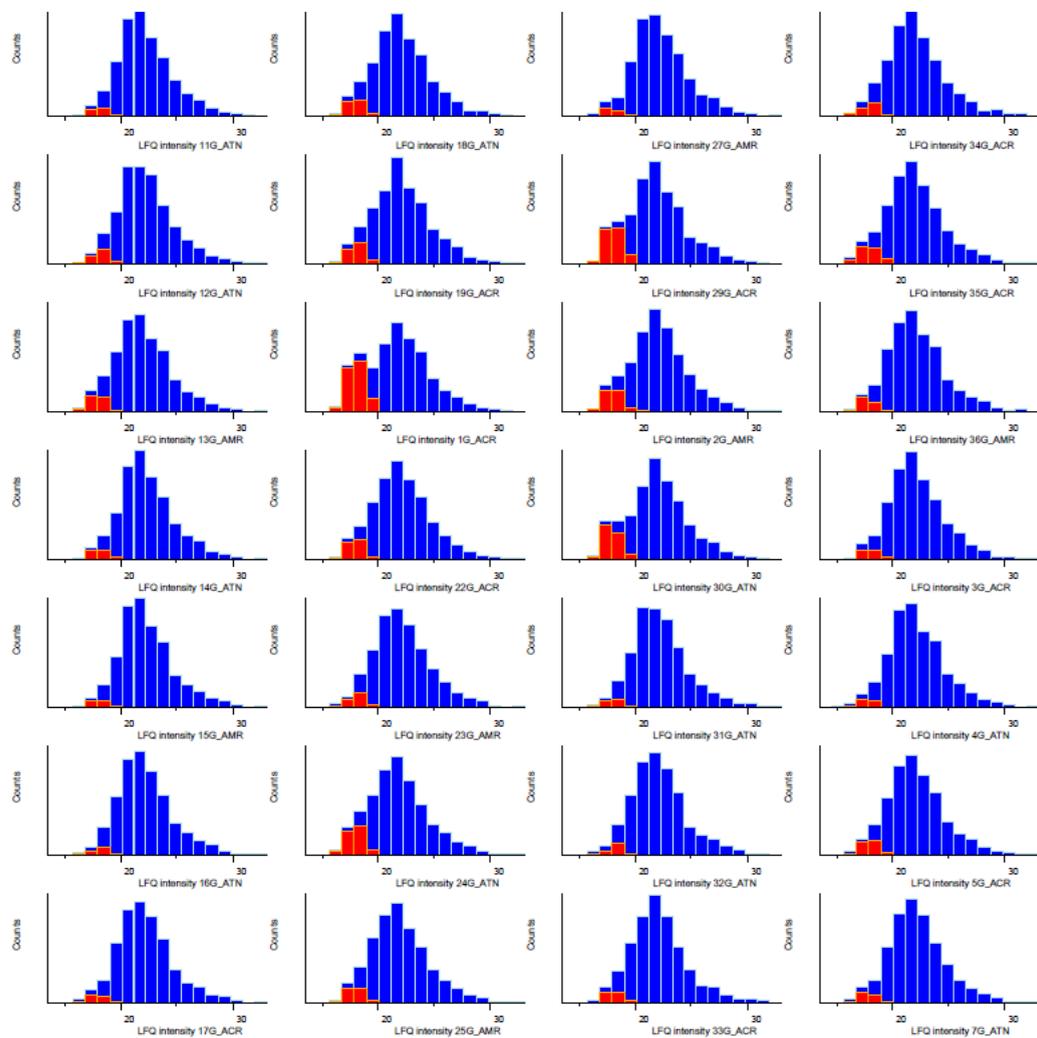
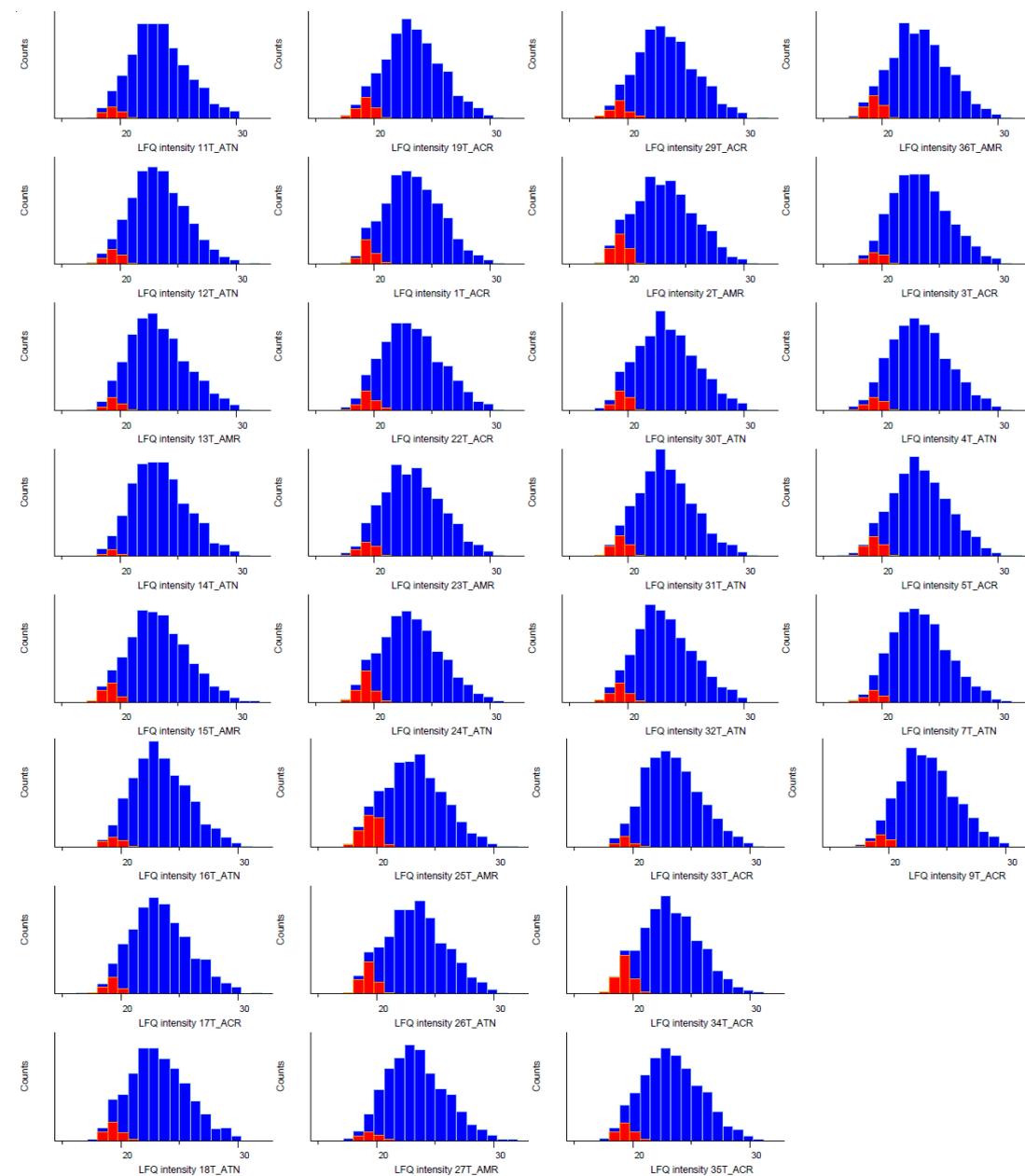
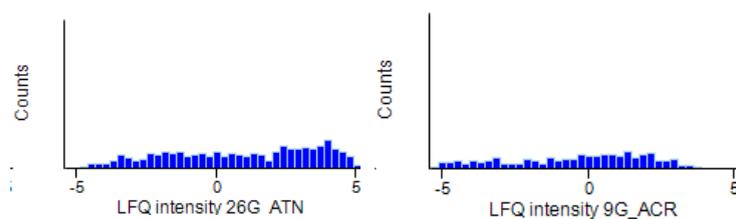
A**GLOMERULI****B****TUBULOINTERSTITIUM**

Figure S2



Excluded from further analyses:



A

MEDIAN LOG2 (LFQ INTENSITY)

	GLOM	TUBULOINT
COL1A1	17.65	28.92
COL1A2	20.05	29.82
COL3A1	0.00	26.08
COL4A1	28.15	27.86
COL4A2	28.02	28.26
COL4A3	26.88	0.00
COL4A4	26.55	0.00
COL4A5	21.72	0.00
COL5A1	0.00	24.21
COL5A2	0.00	21.17
COL6A1	26.79	25.93
COL6A2	27.17	25.86
COL6A2 - isof 2 and 3	21.19	0.00
COL6A3 - isof 4	21.53	21.37
COL6A3 - others	28.95	28.15
COL12A1	0.00	24.21
COL14A1	0.00	21.00
COL15A1	0.00	22.64
COL18A1	27.12	27.51

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COL4A3	26.88	0.00
COL4A4	26.55	0.00
COL4A5	21.72	0.00
COL5A1	0.00	24.21
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COL6A1	26.79	25.93
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GBM Collagens

B

GLOMERULI

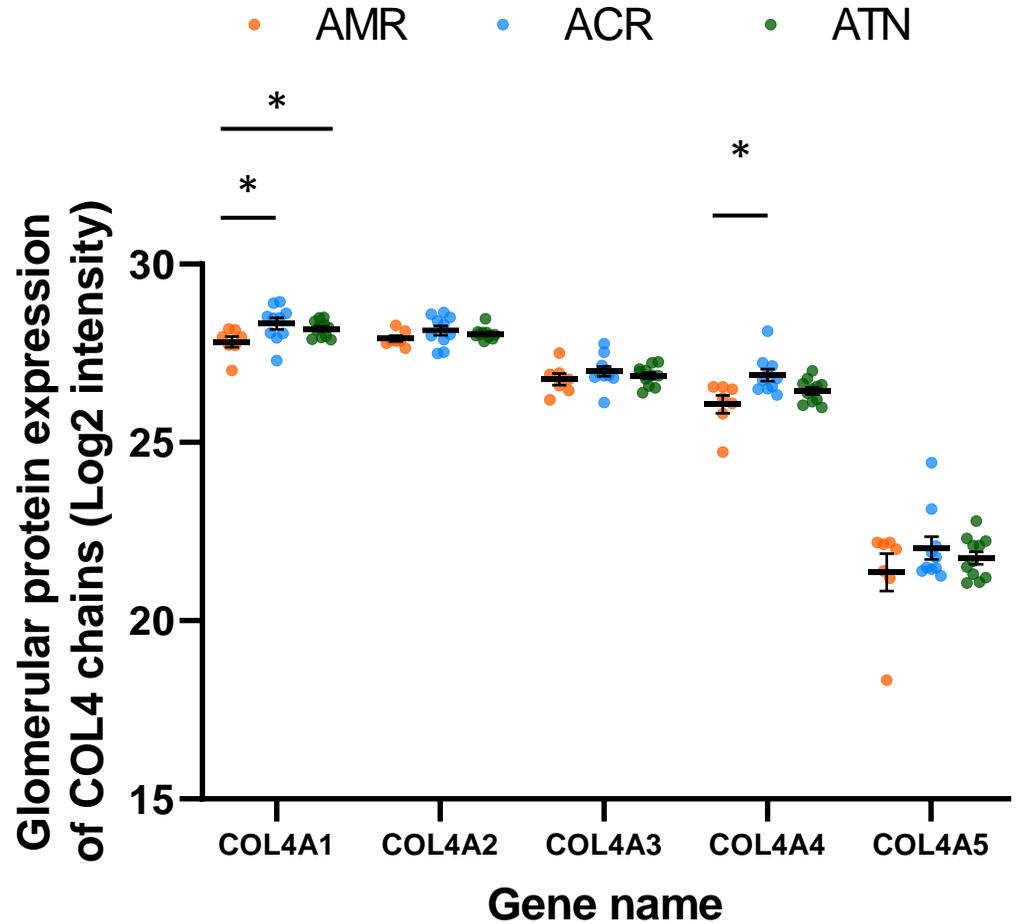
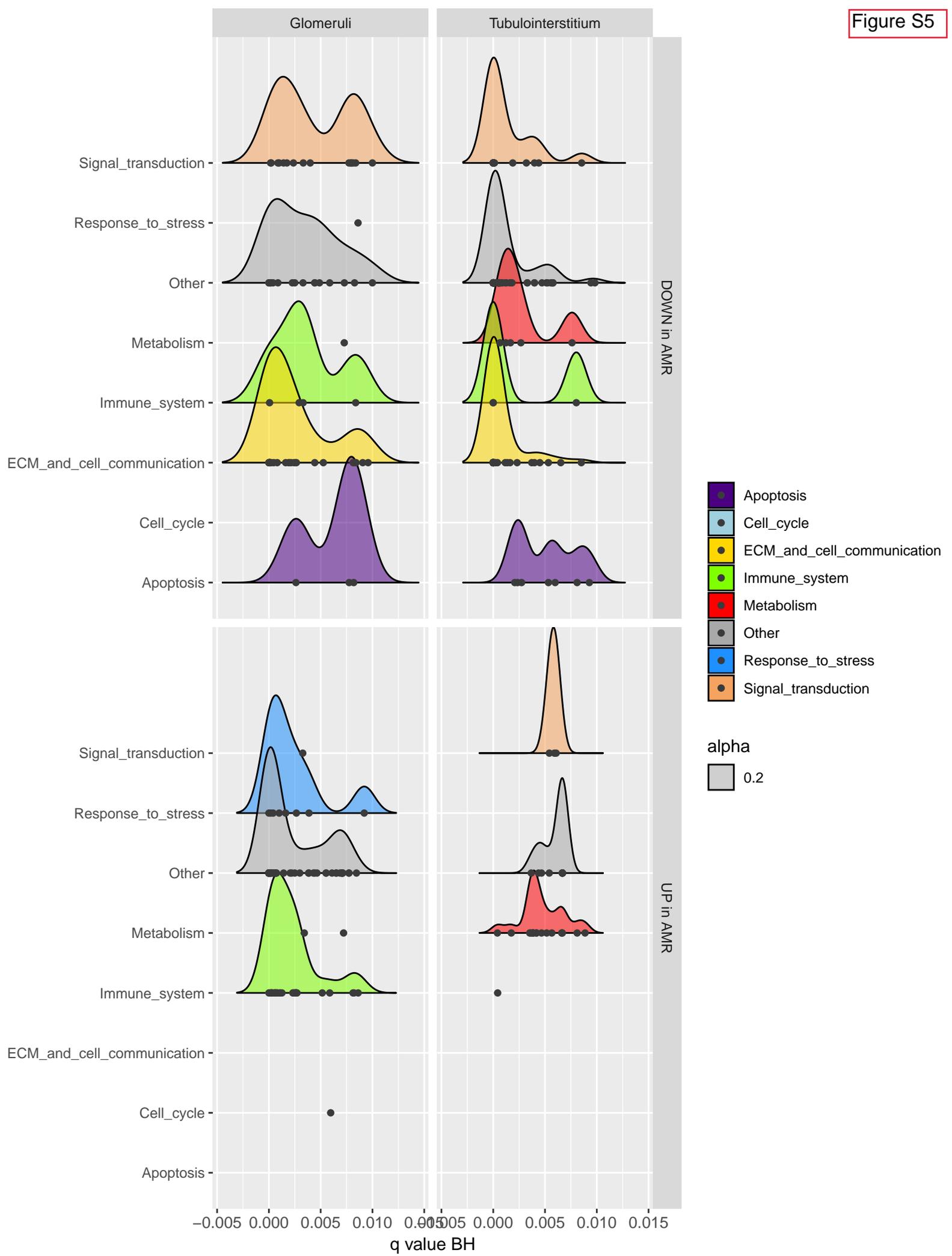
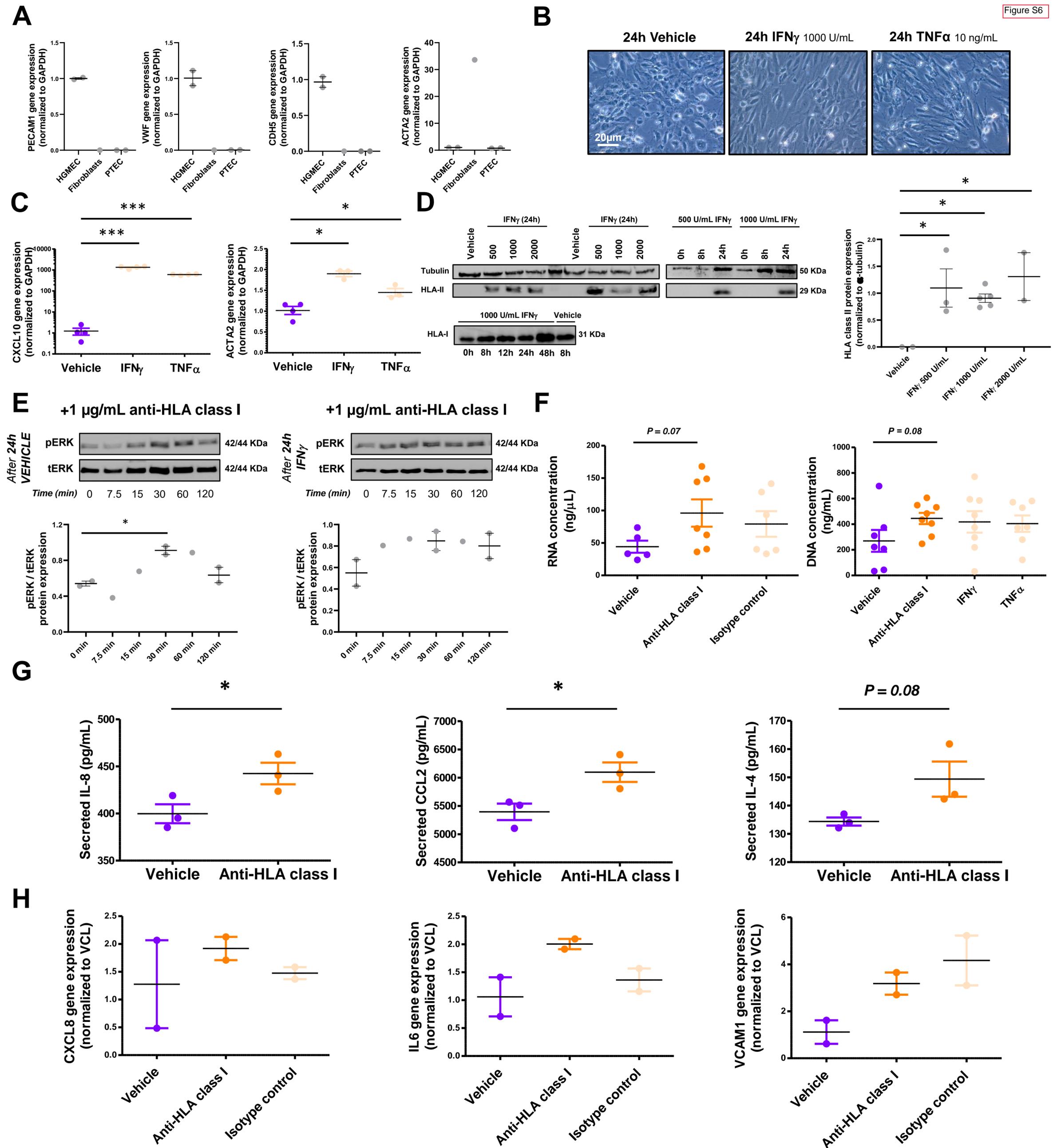
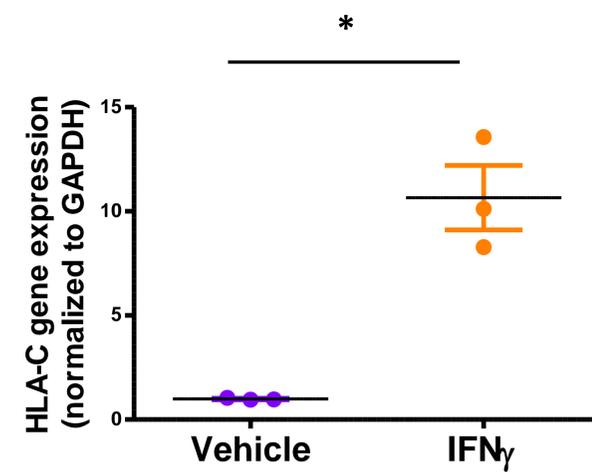
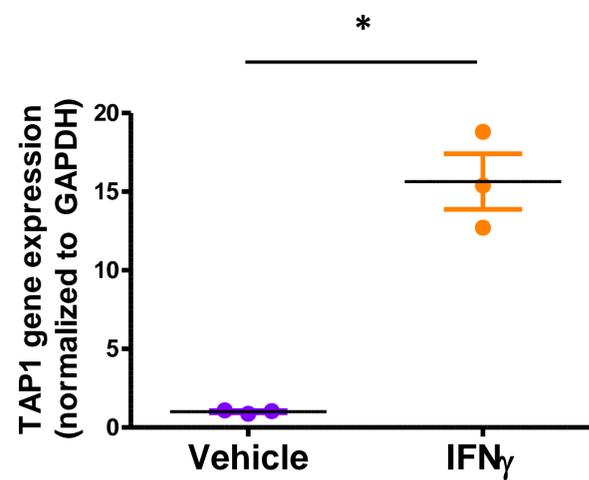
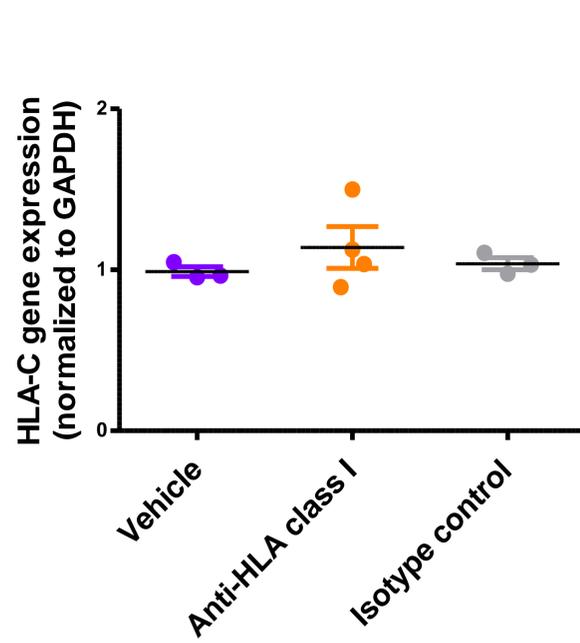
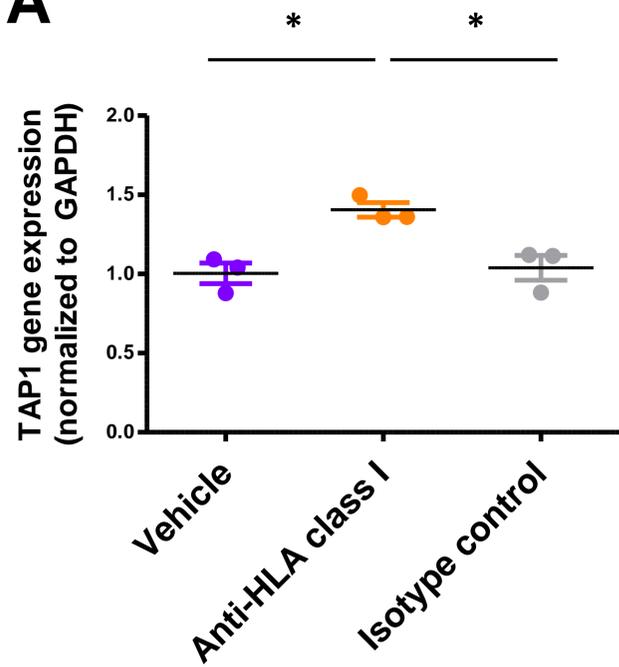
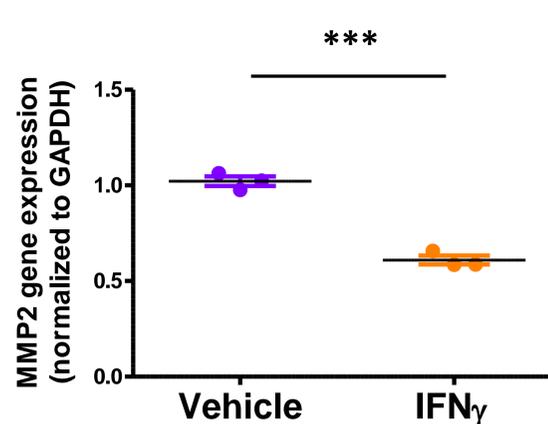
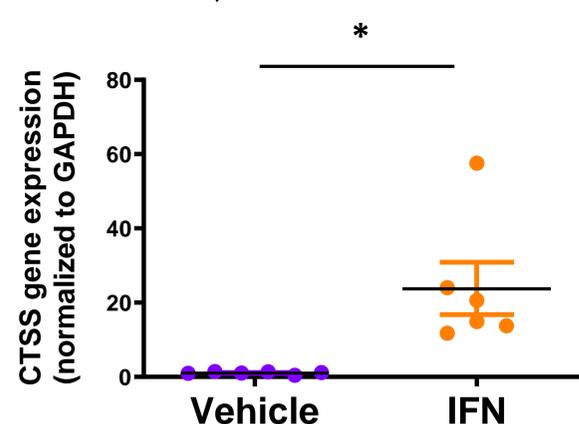
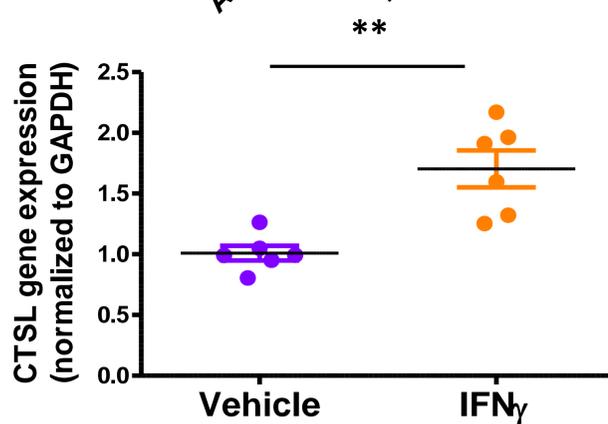
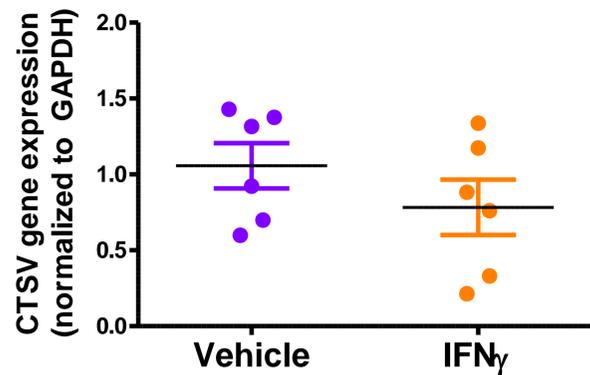
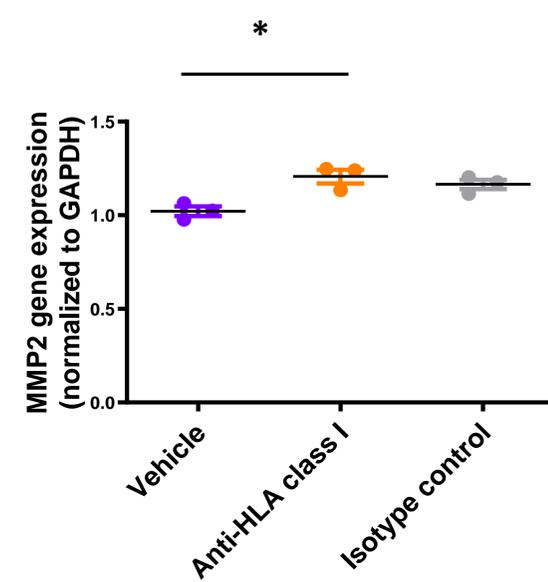
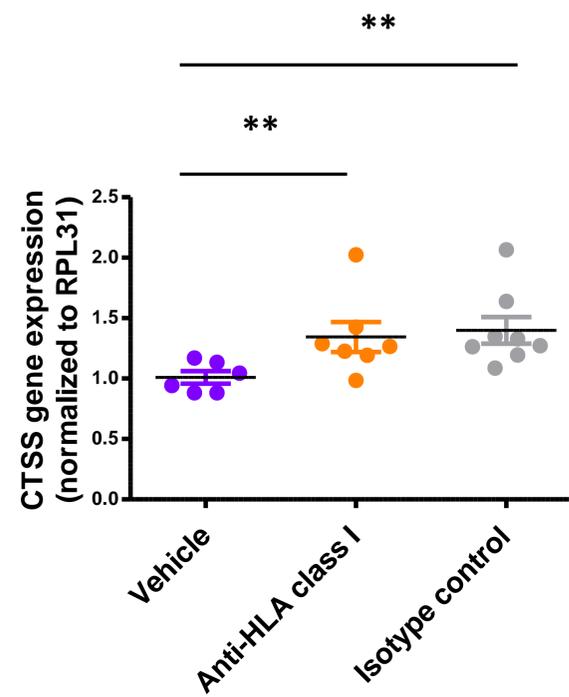
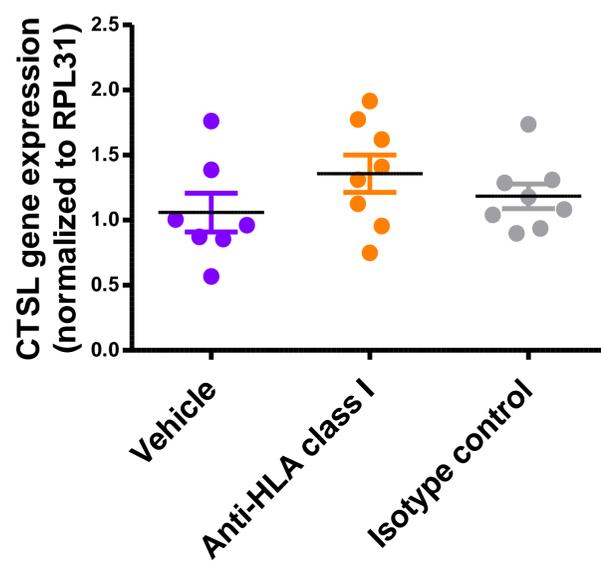
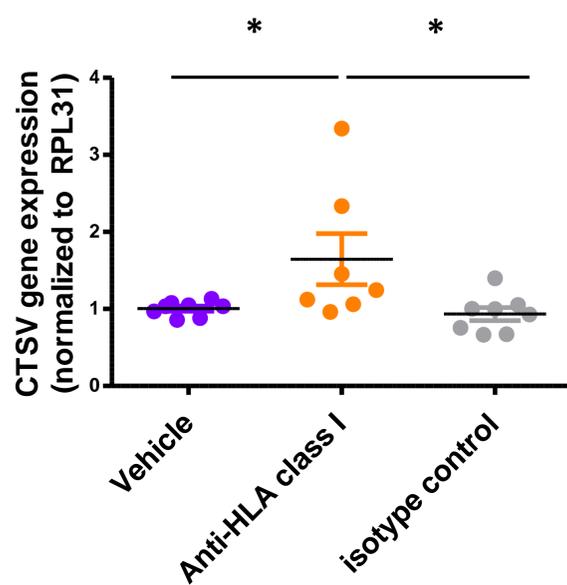
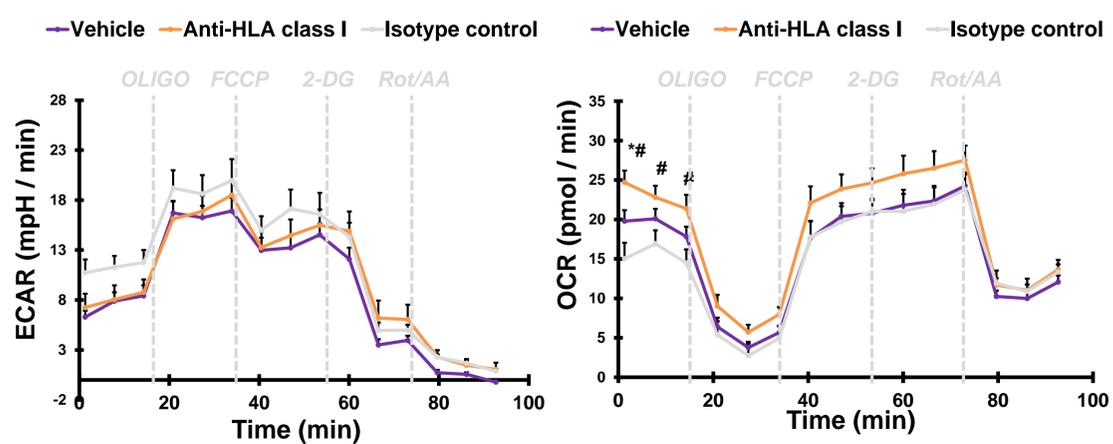
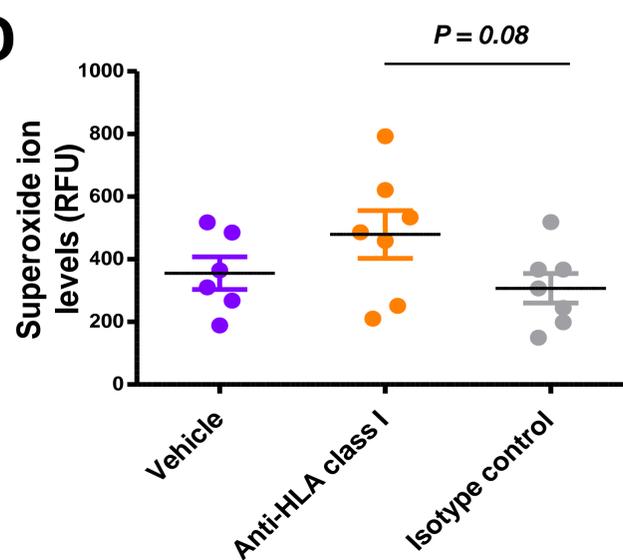
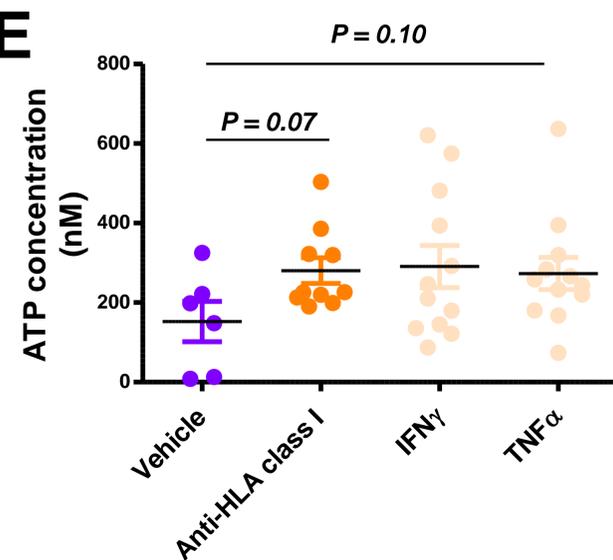


Figure S5





A**B****C****D****E**

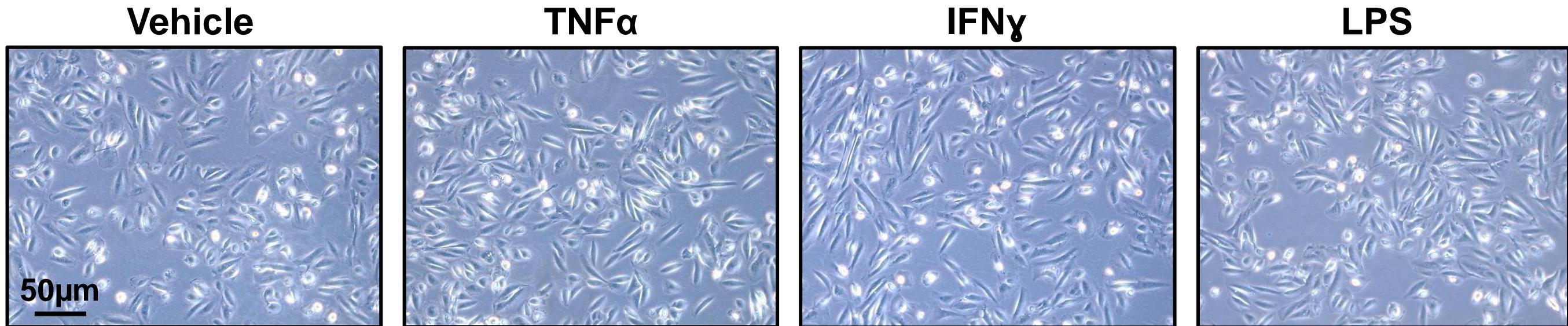
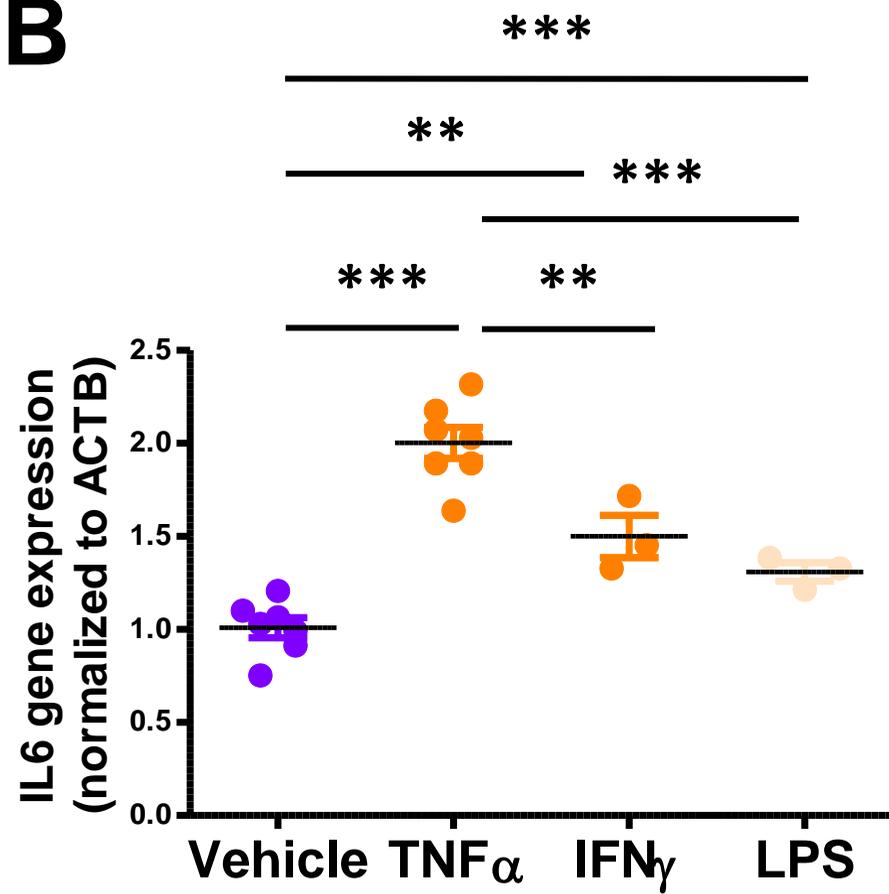
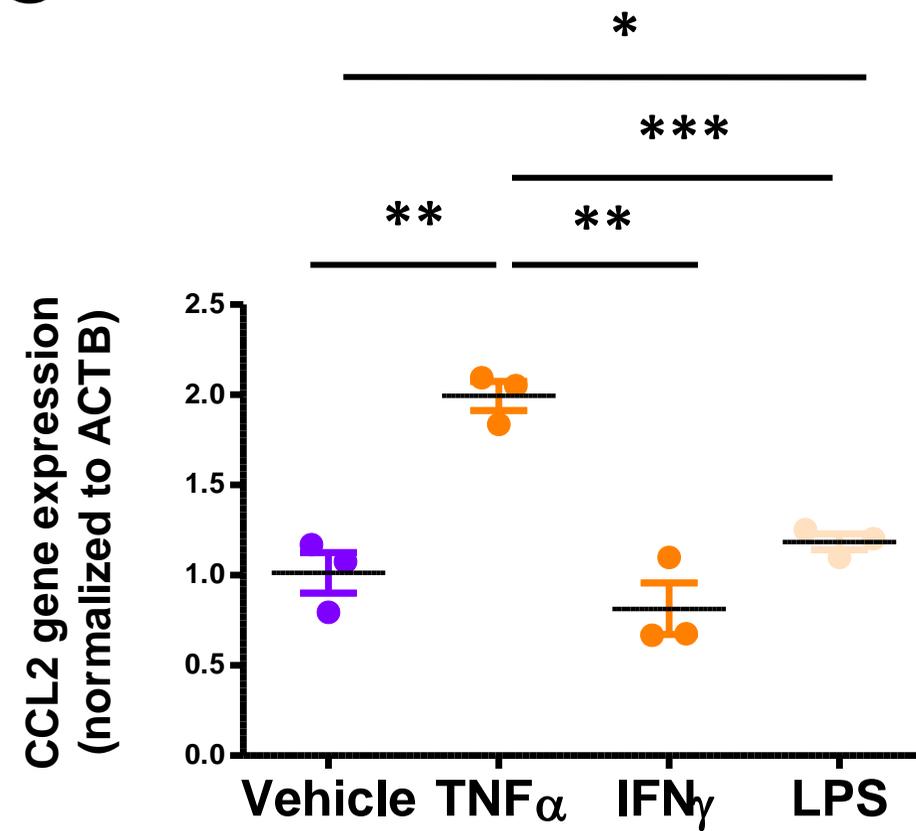
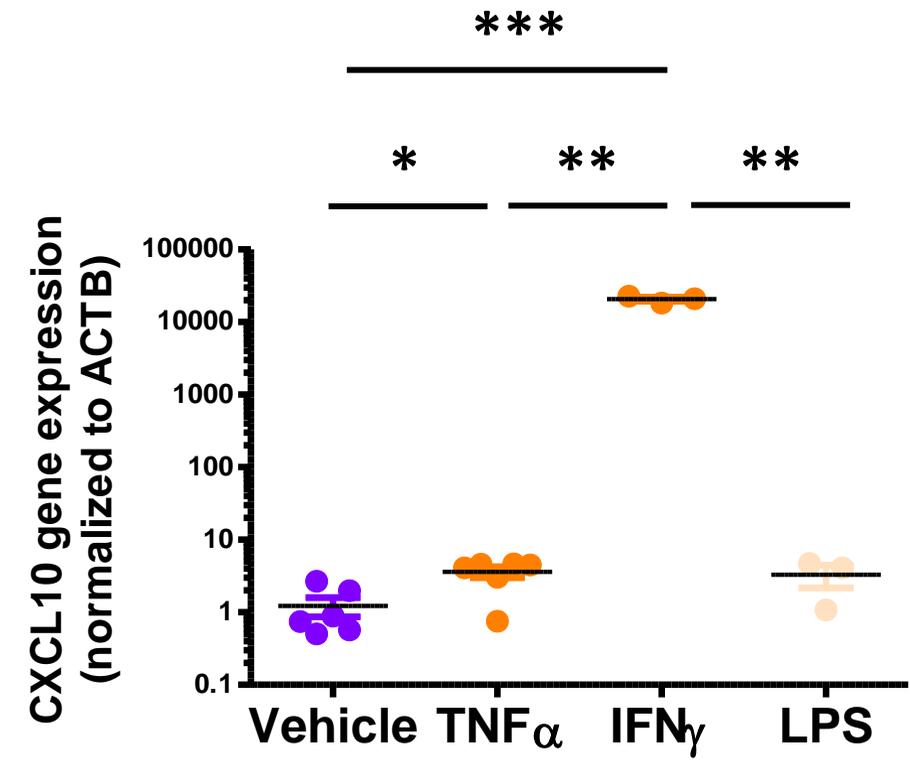
A**B****C****D**

FIGURE LEGENDS – SUPPLEMENTAL

Figure S1. Study workflow. Simplified workflow, including laser-capture microdissection of glomerular and tubulointerstitial compartments, sample preparation followed by LC-MS/MS, data analysis by MaxQuant, statistical analysis to identify differentially expressed proteins (Perseus software), gene ontology (R 4.0.0) and pathway enrichment analysis (pathDip), downstream *in silico* analyses and verification/validation studies. AMR, antibody-mediated rejection; ACR, acute cellular rejection; ATN, acute tubular necrosis; LC-MS/MS, liquid chromatography followed by tandem mass spectrometry; IHC, immunohistochemistry; LFQ, label-free quantification.

Figure S2. Histograms depicting the distribution of the original and imputed protein intensity values in our study samples. Each histogram represents the distribution of the log₂ transformed intensity values among the proteins quantified in each of the biopsy samples in the glomeruli (A, n=28) or tubulointerstitium (B, n=30). Blue bars represent the count of intensity values determined by mass spectrometry, whereas red bars represent the distribution of the imputed intensity values. Two of the glomerular fractions were excluded from further analyses due to poor protein recovery, which was reflected in a flat, non-normal distribution.

Figure S3. Representative light and electron microscopic images and injury scores of ultrastructural alterations in AMR, ACR and ATN cases. Representative light microscopy images of AMR, ACR and ATN cases (A, 20X). Representative electron microscopy images of a glomerular capillary loop in each study group (B, 8000X). Dot plots show foot process effacement score (C), glomerular basement membrane thickness (D), proportion of loops with evidence of subendothelial new basement membrane formation (relative to the total number of loops studied in two glomeruli per biopsy (E)), and scores (0-3) of glomerular (F) and peritubular (G) endothelial cell swelling (4 to 7 cases/group were studied). Semiquantitative score legend: 0 = none; 1 = mild (<25%); 2 = moderate (25-50%); 3 = severe (>50%). AMR, antibody-mediated rejection; ACR, acute cellular rejection; ATN, acute tubular necrosis; GBM, glomerular basement membrane.

Figure S4. Collagen chains quantified and differentially expressed in the glomerular compartment. Panel A shows a heatmap of all the collagen chains quantified in at least one kidney compartment. The mean protein expression values of the different chains of type IV collagen across the 3 studied groups (AMR, ACR, and ATN) in the glomeruli are represented by dot plots (B). *P<0.05. AMR, antibody-mediated rejection; ACR, acute cellular rejection; ATN, acute tubular necrosis; COL4, type IV collagen.

Figure S5. Distribution of the Q values of the pathways significantly enriched in the AMR glomeruli and tubulointerstitium. For each compartment, the significantly enriched pathways from Pathdip were classified using a reduction algorithm. Each dot represents the Q value (after Benjamini-Hochberg adjustment) of each particular pathway class. In both compartments, pathways enriched among proteins decreased in AMR and related to 'extracellular matrix and cell communication' showed a higher frequency of very low Q values ($Q < 0.005$), as compared to the rest of the pathway classes, indicating a more significant enrichment. AMR, antibody-mediated rejection; ACR, acute cellular rejection; ATN, acute tubular necrosis; ECM, extracellular matrix.

Figure S6. Characterization of human glomerular microvascular endothelial cells. To confirm that HGMECs exhibited the expected endothelial cell phenotype at passage 5, the expression of endothelial cell-specific markers PECAM1, CHD5, and VWF in HGMECs, but not in other cell lines (namely human lung fibroblasts and renal proximal tubular epithelial cells (PTECs)) was corroborated by real-time quantitative PCR and normalized to GAPDH. Lower expression of ACTA2 in HGMECs as compared to fibroblasts was also confirmed (A). HGMECs displayed the expected change in cell morphology towards a more oval, spindle-shaped phenotype in response to treatment with 1000U/mL IFN γ or 10ng/mL TNF α for 24h (B). Magnification: 20x. Scale bar: 20 μ m. The phenotype changes after cytokine treatment were accompanied by a significant increase in CXCL10 and ACTA2 gene expression (C). Western blot and subsequent densitometry analysis showed that HGMECs expressed HLA class I but not HLA class II protein at baseline. Moreover, treatment with 500U/mL or 1000U/mL IFN γ for 24h induced HLA II protein expression, and 1000U/mL IFN γ increased HLA I protein expression, which was most accentuated 48 hrs after treatment (D). Both vehicle- and IFN γ -pretreated HGMECs displayed the expected rapid increase in Erk phosphorylation upon stimulation with 1 μ g/mL α -HLA-I (E). Stimulation of HGMECs with 1 μ g/mL α -HLA-I, 1000U/mL IFN γ or 10ng/mL TNF α for 24h elicited a proliferative response, as evidenced by increased intracellular RNA and DNA levels (F). To characterize the inflammatory response of HGMECs to α -HLA-I stimulation, cells were exposed to vehicle or 1 μ g/mL α -HLA-I for 24h, and secreted levels of IL-8, CCL2, and IL-4 were assessed in the cell supernatant by Multiplex ELISA (G). Gene expression levels of IL8, IL6, and VCAM1 (G) were also measured in HGMECs after exposure to vehicle, 5 μ g/mL of α -HLA-I, or 5 μ g/mL of isotype control for 12h, and normalized to VCL (H). Data are represented as mean \pm SEM. * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$. HGMECs, human glomerular microvascular endothelial cells; PTECs, proximal tubular epithelial cells; ACTA2, aortic smooth muscle actin; PECAM1, platelet endothelial cell adhesion molecule; CHD5, cadherin-5; vWF, von Willebrand factor;

GAPDH, glyceraldehyde-3-phosphate dehydrogenase; CXCL10, C-X-C motif chemokine 10; MHC, major histocompatibility complex; IFN γ , interferon gamma; TNF α , tumor necrosis factor alpha; α -HLA-I, anti-HLA class I antibodies; ERK, mitogen-activated protein kinase; IL-4, interleukin-4; IL6, interleukin-6; CXCL8/IL-8, interleukin-8; CCL2, C-C motif chemokine 2; VCAM1, vascular cell adhesion protein 1; VCL, vinculin.

Figure S7. Characterization of regulated proteins and predicted proteases in the AMR glomeruli in human glomerular microvascular endothelial cells. Gene expression of TAP1 and HLA-C in HGMECs was upregulated by α -HLA-I and after stimulation with 1,000U/mL IFN γ for 24h (A). The effects of α -HLA-I and IFN γ on the gene expression of key proteases, namely CTSV, CTSL, CTSS, and MMP2, were also studied (B). Glycolysis (ECAR) and oxygen consumption rate (OCR) were monitored in a Seahorse XFe96 analyzer in HGMECs (C). The following concentrations were employed: oligomycin: 1 μ M; FCCP: 0.6 μ M, 2-DG: 100mM; Rot: 1mM; AA: 1mM. Oligomycin induces an increase in glycolysis by inhibiting ATP synthase. FCCP induces mitochondrial stress by uncoupling respiration from ATP synthesis. Rot/AA are electron transport chain inhibitors. *P<0.05 vs. Vehicle; #P<0.05 vs. isotype control-treated HGMECs. α -HLA-I stimulation in HGMECs increased levels of superoxide ion (D). Together with IFN γ and TNF α , α -HLA-I also induced an increase in the intracellular levels of ATP (E). Data are expressed as mean \pm SEM. *P<0.05; **P<0.01; ***P<0.001. HGMECs, human glomerular microvascular endothelial cells; α -HLA-I, anti-HLA class I antibodies; IFN γ , interferon gamma; TNF α , tumor necrosis factor alpha; TAP1, antigen peptide transporter 1; HLA-C, HLA class I histocompatibility antigen, C alpha chain; CTSV, cathepsin-V; CTSL, cathepsin-L; CTSS, cathepsin-S; MMP2, matrix metalloproteinase-2; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; RPL31, 60S ribosomal protein L31; ECAR, extracellular acidification rate; OCR, oxygen consumption rate; FCCP, p-trifluoromethoxy carbonyl cyanide phenyl hydrazone; 2-DG, 2-deoxyglucose; Rot, rotenone; AA: antimycin A.

Figure S8. Characterization of the inflammatory response of PTECs upon exposure to key cytokines in the AMR tubulointerstitium

PTECs displayed a modest change in cell morphology towards a more oval, spindle-shaped phenotype in response to treatment with 20ng/mL TNF α or 1ng/mL LPS for 24h. This change was more evident upon treatment with 1000U/mL IFN γ for 24h (A). Magnification: 20x. Scale bar: 50 μ m. To relate morphological changes to the expected dysregulation of proinflammatory genes after cytokine treatment, the gene expression of IL6 (B), CCL2 (C), and CXCL10 (D) was determined and normalized to ACTB. Data are represented as mean \pm SEM. *P<0.05; **P<0.01;

***P<0.001. PTECs, proximal tubular epithelial cells; IL6, interleukin-6; CCL2, C-C motif chemokine 2; CXCL10, C-X-C motif chemokine 10; ACTB, beta-actin; IFN γ , interferon gamma; TNF α , tumor necrosis factor alpha; LPS, lipopolysaccharide.

Figure S9. Characterization of regulated proteins and predicted proteases in the AMR tubulointerstitium in primary human proximal tubular epithelial cells

Protein expression of GSTO1 was analyzed in PTECs after treatment with vehicle, 20ng/ μ L of TNF α , 1000U/mL of IFN γ , or 1ng/ μ L of LPS for 24h, and normalized to GAPDH (A). The immunoblots and corresponding densitometry values are shown. GSTO1 expression was also measured at the gene level after treatment with vehicle, 20ng/ μ L of TNF α , or 1000U/mL of IFN γ for 24h (A). The effects of TNF α and IFN γ on the gene expression of CTSL, CTSV, CTSS, and LGMN proteases, were studied (B). OCR and ECAR were monitored in a Seahorse XFe96 analyzer in order to study the effects of TNF α , IFN γ , or LPS on PTECs. As expected, LPS-treated PTECs (positive control) experienced a metabolic switch towards a more glycolytic phenotype, compared to vehicle-treated cells (C). The following concentrations were employed: oligomycin: 1 μ M; FCCP: 0.3 μ M, 2-DG: 100mM; Rot: 1mM; AA: 1mM. Oligomycin induces an increase in glycolysis by inhibiting ATP synthase. FCCP induces mitochondrial stress by uncoupling respiration from ATP synthesis. Rot/AA are electron transport chain inhibitors. *P<0.05 vs. Vehicle-treated PTECs. Intracellular levels of superoxide ion (D) and ATP (E) were also measured in vehicle-, TNF α -, and IFN γ -treated PTECs. Data are expressed as mean \pm SEM. *P<0.05; **P<0.01; ***P<0.001. PTECs, human proximal tubular epithelial cells; TNF α , tumor necrosis factor alpha; IFN γ , interferon gamma; LPS, lipopolysaccharide; GSTO1, glutathione S-transferase omega-1; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; CTSL, cathepsin-L; CTSV, cathepsin-V; CTSS, cathepsin-S; LGMN, legumain; ACTB, beta-actin; ECAR, extracellular acidification rate; OCR, oxygen consumption rate; FCCP, p-trifluoromethoxy carbonyl cyanide phenyl hydrazone; 2-DG, 2-deoxyglucose; Rot, rotenone; AA: antimycin A.