

## Supplementary Information

**Titles:** Normalization of Tumor Vasculature by Oxygen Microbubbles with Ultrasound

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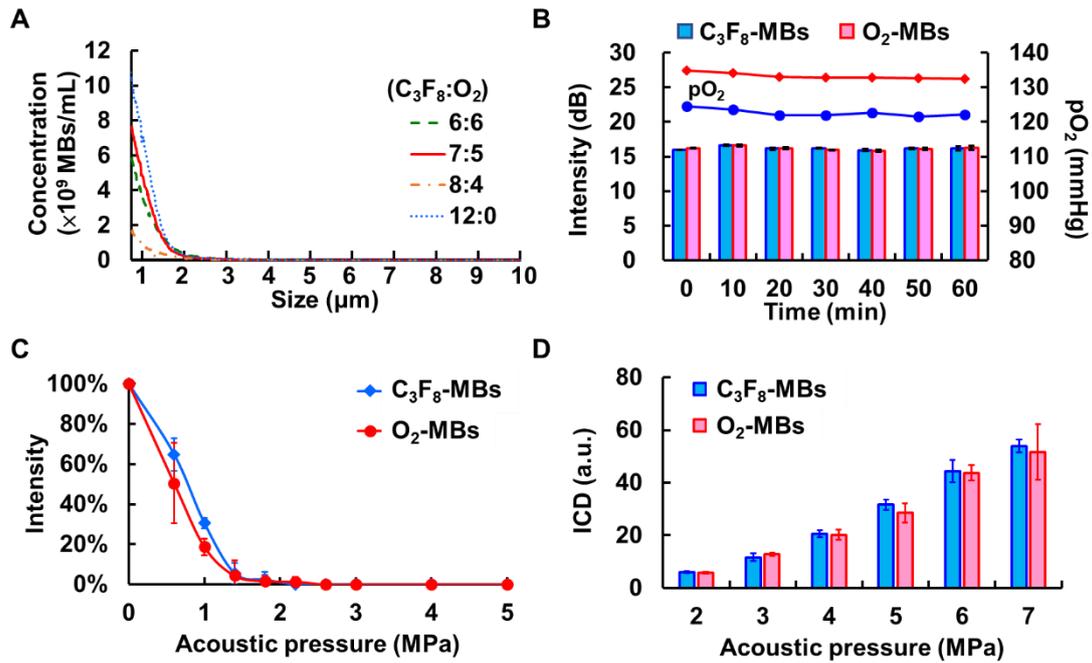
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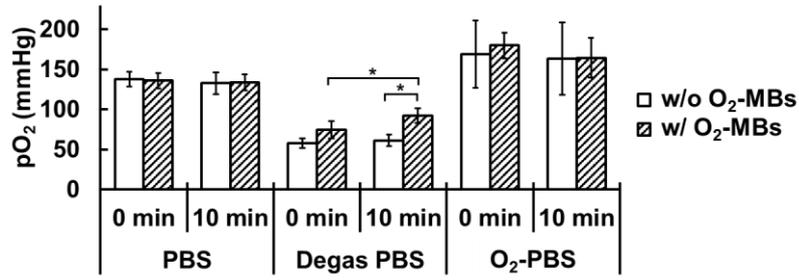
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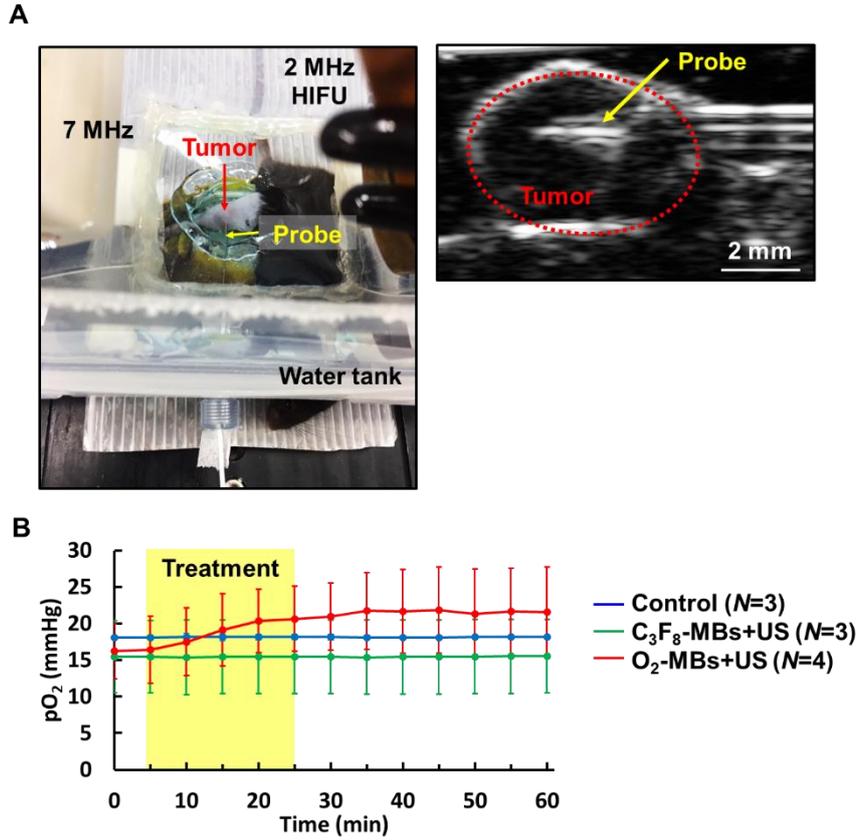
Figure S1 to S5



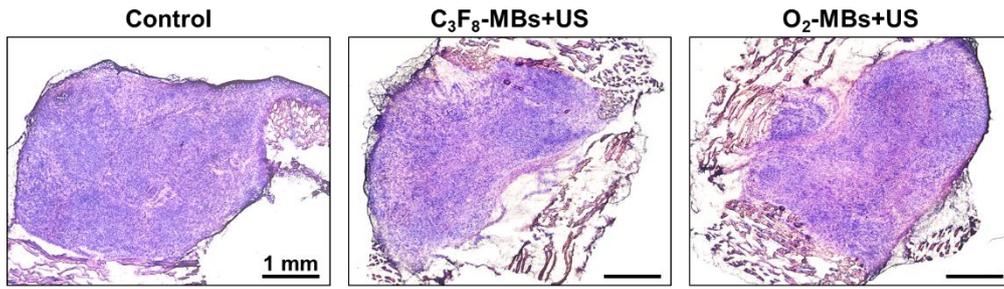
**Figure S1.** Physical and acoustic characteristics of  $\text{C}_3\text{F}_8\text{-MBs}$  and  $\text{O}_2\text{-MBs}$ . (A) The size distribution of  $\text{O}_2\text{-MBs}$  with various volume ratios of  $\text{C}_3\text{F}_8$  and  $\text{O}_2$ . The optimal  $\text{C}_3\text{F}_8:\text{O}_2$  volume ratio for  $\text{O}_2\text{-MBs}$  fabrication was 7:5. (B) The contrast enhancement of US images and  $\text{pO}_2$  levels were measured to evaluate the stability of MBs *in vitro*. The contrast enhancement and  $\text{pO}_2$  levels revealed no significant difference after 60 min at 37 °C in the  $\text{C}_3\text{F}_8\text{-MBs}$  and  $\text{O}_2\text{-MBs}$  groups. (C) The MBs destruction threshold under 2-MHz HIFU sonication was analyzed to determine the optimal acoustic pressure for local oxygen release. The MBs destruction at acoustic pressure of 2 MPa was 100%. (D) The ICD was determined to evaluate the possible bio-effects during MBs destruction. The ICD is directly proportional to the acoustic pressure. The physical and acoustic characteristics between  $\text{C}_3\text{F}_8\text{-MBs}$  and  $\text{O}_2\text{-MBs}$  were not significantly different. Quantitative data are presented as mean  $\pm$  standard deviation and were analyzed by one-way ANOVA.



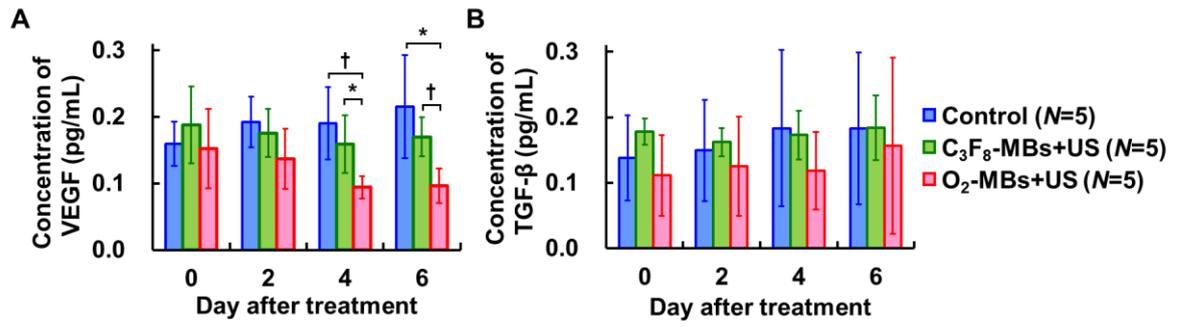
**Figure S2.** *In vitro* pO<sub>2</sub> levels of  $1 \times 10^7$  O<sub>2</sub>-MBs in the PBS, degas PBS, and O<sub>2</sub>-PBS. The PBS was degassed for 3 min and infused O<sub>2</sub> for 1 min to prepare O<sub>2</sub>-PBS. During O<sub>2</sub> infusion, the needle was immersed into PBS to observe the bubble production. The initial pO<sub>2</sub> was  $138 \pm 9$ ,  $58 \pm 6$ , and  $169 \pm 42$  mmHg in the PBS, degas PBS, and O<sub>2</sub>-PBS, respectively. In the degas PBS group, the pO<sub>2</sub> was significantly increased from  $75 \pm 11$  to  $92 \pm 9$  at 0 to 10 min due to the oxygen release from O<sub>2</sub>-MBs. The results showed no significant difference over time in the PBS and O<sub>2</sub>-PBS groups. The legends of w/o and w/ mean without O<sub>2</sub>-MBs and with O<sub>2</sub>-MBs, respectively.



**Figure S3.** (A) The experimental setup of intratumoral pO<sub>2</sub> detection during O<sub>2</sub>-MBs treatment. The US imaging revealed the inserted location of a fiberoptic pO<sub>2</sub> probe at tumor center. (B) The intratumoral pO<sub>2</sub> levels were 18±2 to 18±2, 15±5 to 16±5, and 16±4 to 22±6 mmHg at 0 to 60 min in the control, C<sub>3</sub>F<sub>8</sub>-MBs+US, and O<sub>2</sub>-MBs+US groups, respectively. Although the results showed increment of intratumoral pO<sub>2</sub> levels after O<sub>2</sub>-MBs treatment, there was no significant difference between each group due to the different initial pO<sub>2</sub> levels.



**Figure S4.** Histological images stained by H&E revealed intact tumor structure without hemorrhage and necrosis after O<sub>2</sub>-MBs treatment.



**Figure S5.** The variability in protein expression after O<sub>2</sub>-MBs treatment. The concentrations of (A) VEGF and (B) TGF-β were traced over time by *in vivo* microdialysis and measured by ELISA assay. Bars are shown as means with error bars depicting the standard deviation. Data were analyzed by one-way ANOVA (\*  $p < 0.05$ ; †  $p < 0.01$ ).