

Supplementary Materials

Table S1: Supplementary informations on patients 1 to 10. KPS, Karnofsky Performance Status Scale; IDH, Isocitrate Dehydrogenase; RT, Radiotherapy; CT, Chemotherapy; TMZ, Temozolomide; BCNU, bis-chloroethylnitrosourea; CA, Camptothecin/Avastin; ND, No data.

Patient #	KPS	Focality	Extent of Resection	Ki67	Necrosis	IDH mutations		Primary/Reccurent Tumor	Treatment		Stupp protocol	Progression-free survival
						IDH1	IDH2		RT	CT		
1	70	Unifocal, then multifocal at 6 months	Total	30%	Yes	No	No	Primary	60 Gy	TMZ	Yes	8
2	70	Unifocal, then multifocal at 9 months	Subtotal	ND	Yes	No	No	Primary	60 Gy	TMZ/BCNU	Yes	3
3	80	Unifocal, then multifocal at 4 months	Biopsy	ND	Yes	No	No	Primary	60 Gy	TMZ/BCNU	Yes	2
4	70	Unifocal, then multifocal at 5 months	Total	50%	Yes	No	No	Primary	60 Gy	TMZ	Yes	6
5	80	Unifocal	Partial	ND	Yes	No	No	Primary	No	TMZ	No (TMZ only)	2
6	50	Unifocal	Total	ND	Yes	No	No	Primary	40 Gy	TMZ/CA/BCNU	Yes	10
7	100	Unifocal	Biopsy	ND	Yes	No	No	Primary	60 Gy	TMZ	Yes	5
8	70	Bifocal	Biopsy	ND	Yes	No	No	Primary	60 Gy	TMZ	Yes	6
9	80	Unifocal, then multifocal at 5 months	Total	20%	Yes	No	No	Primary	60 Gy	TMZ	Yes	10
10	70	Unifocal	Total	ND	Yes	No	No	Primary	60 Gy	TMZ	Yes	7

Table S2: Differentiation levels in glioblastoma tissues obtained from patients 1 to 10. Differentiation was assessed by the ratio GFAP/nestin in representative samples from each tumor.

Patient #	Tumor differentiation level
1	48,84
2	10,55
3	55,87
4	27,36
5	0,68
6	10,59
7	342,51
8	0,71
9	2,73
10	45,41

Figure S1: *In vitro* and *in vivo* analysis of glioblastoma-derived GSCs. (A) Representative images of neurospheres isolated from a primary glioblastoma and grown under stem-like (right) and differentiation (left) conditions; (B) Cytologic aberrations and mitotic figures in stem-like cells; (C) Detection of immaturity markers in neurospheres (Nestin, Sox2, CD133) and differentiation markers of three neural lineages (GFAP, S100, astroglial; β -tubulin, neuronal; O4, oligodendroglial); (D) Neurosphere-derived cells are tumorigenic and initiate tumors in nude mice after orthotopic injection of high (10^5) and low number (10^3) of cells. Hematoxylin and eosin staining were performed on 15- μ m thick cryostat sections; (E) Neurospheres from glioblastomas show the same genomic abnormalities than respective paired tumors, with loss of heterozygosity on marker D10S541 (GBM1), D9S157 (GBM2), D19S112 (GBM6) and D19S412 (GBM10).

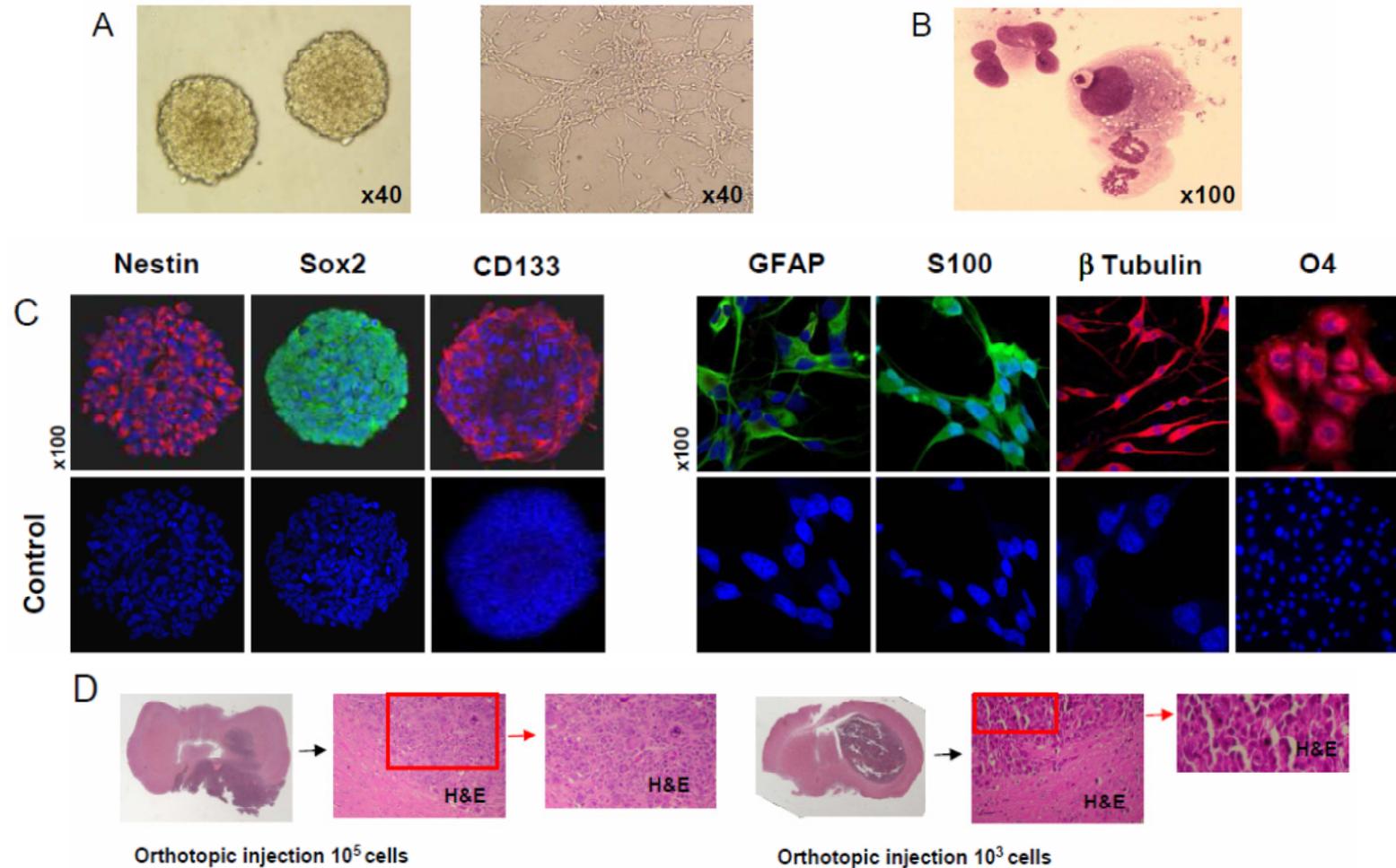


Figure S1. *Cont.*

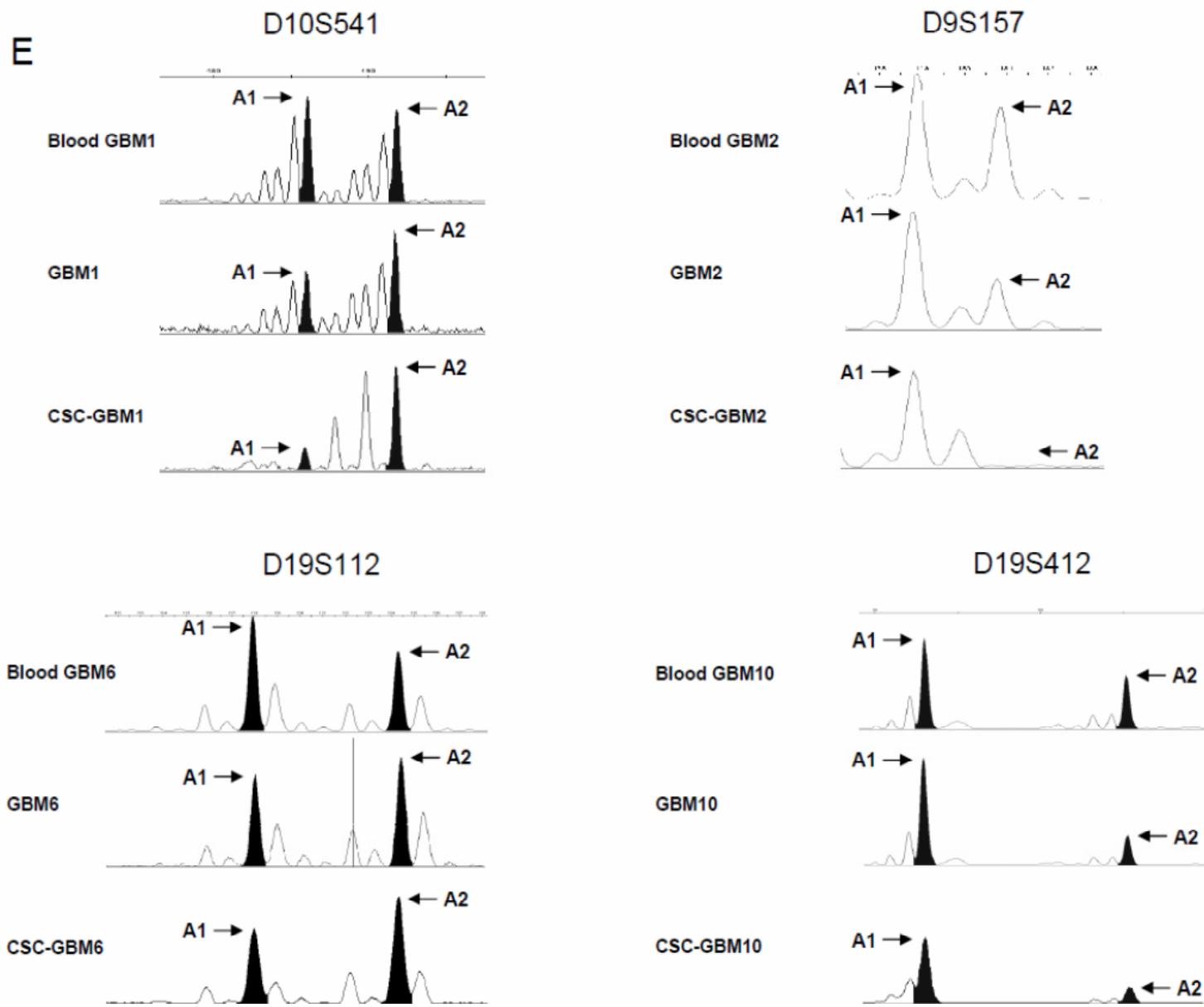


Figure S2: Xenografts from two GBM-derived stem cell lines resembles the original patient tumors. H&E section of xenografts from patient 4 and patient 9 show histological features of GBMs reflecting the patient's original tumor histology. Xenografts and patient's tumor show expression of astrocyte differentiated cell marker (GFAP) and proliferative indices (Ki-67).

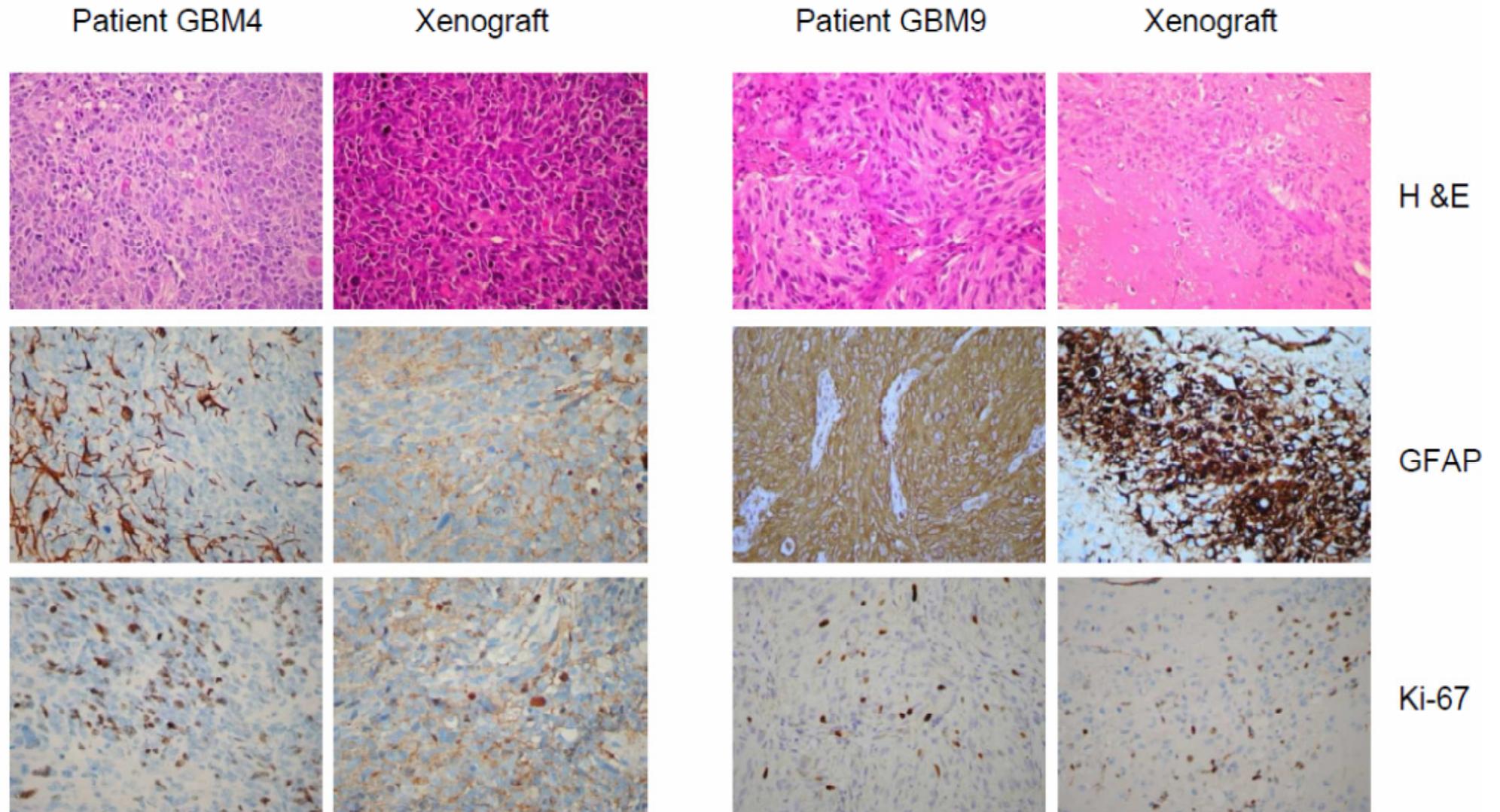
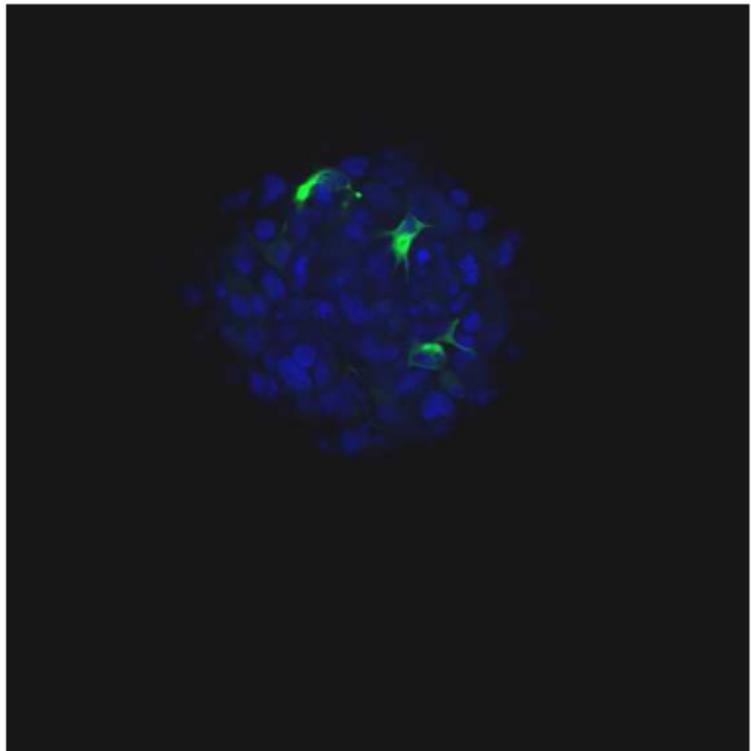


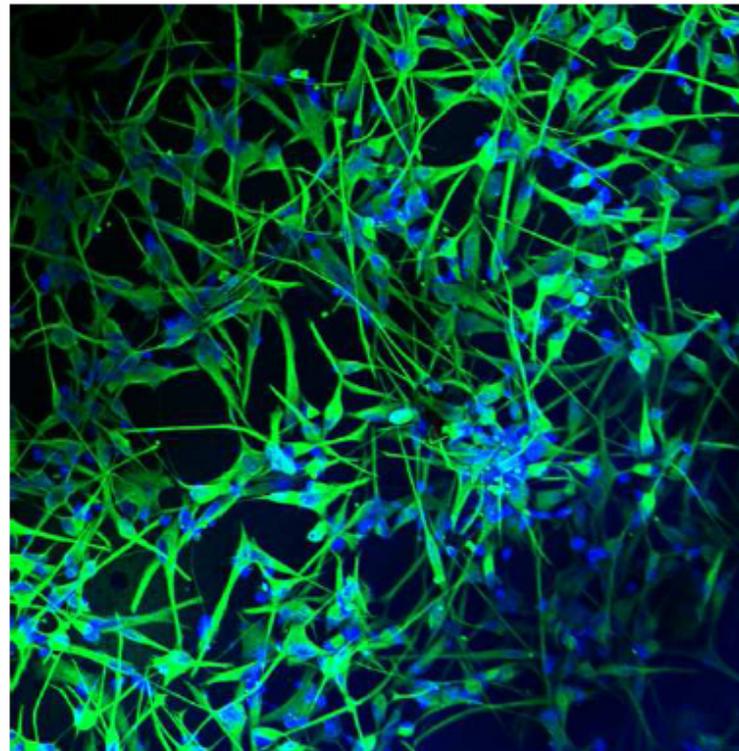
Figure S3: Up-regulation of GFAP in GSCs grown under differentiation-promoting conditions. Representative images of GFAP (green) staining in GBM-10 cell line cultured in serum-free medium or 10% FBS-containing medium. Nuclei were counterstained with DAPI (blue).

GBM10



(x20)

Neurobasal medium (w/o serum)



(x20)

DMEM/F-12 medium + 10% FBS

GFAP