

Online supplement

Supplementary Material and Methods	Page 1 to 3
Supplementary Figures	Page 4 to 5
Supplementary Table S1	Page 2
Supplementary Table S2	Page 2
Supplementary Table S3	Page 3
Supplementary Table S4	Page 6

Supplementary Material and Methods

RNA extraction and real-time RT-PCR

Primer sequences are reported in suppl. Table 1, all shown as 5'-3'.

Ets-1 GenBank NM_001143820.1	Forward primer	ACCCAGCCTATCCAGAATCC
	Reverse primer	ATGAAGCTGGGCTCTGAGAA
Tissue Factor GenBank NM_001993.4	Forward primer	TGATGTGGATAAAGGAGAAACTACTGT
	Reverse primer	CTACCGGGCTGTCTGTACTCTTC

Table S1 : Primer sequences for real-time PCR.

Reporter constructs and Luciferase assay

Human genomic DNA was amplified by PCR using a common reverse primer complementary to the DNA sequence 178 base pairs downstream of the translation start site in TF gene *F3* (Suppl. Table 2) and forward primers located -678, -495 or -242 bp upstream of the translation start site (Suppl. Table 2), all shown as 5'-3'.

<i>F3</i>	Forward primer [-678]	TGATCAGGTACCGAGCCAACTGACCCTCAGAC
	Forward primer [-495]	TGATCAGGTACCACGTTTACTTCGCTGCAGGT
	Forward primer [-242]	TGATCAGGTACCGACCCGGGCAACTAGACC
	Reverse primer	CAGGCAGAGCTCGCAGGGGTCTCCATGTCTAC

Table S2 : Primer sequences for promoter luciferase reporter assays.

Nuclear extracts and Electrophoretic Mobility Shift Assay (EMSA)

For EMSA, we used an Ets-1 [5'-TGGGCAAAGCATCCGGGAAATGCC-3'] probe (-475 to -498 from translation start).

Chromatin immunoprecipitation assay (ChIP)

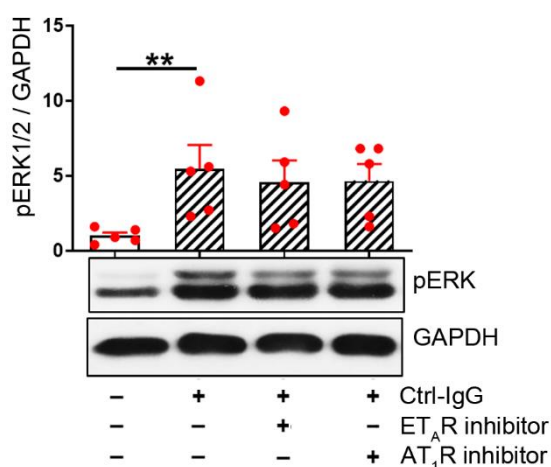
Primer sequences listed in suppl. Table 3 were used, all shown as 5'-3'.

Specific Tissue Factor primers	Positive	Forward primer	AGAGGCAAACCTGCCAGATGT
		Reverse primer	TGTCTACCAGTTGGCGGAGG
	Negative	Forward primer	GAATCACATCCCAGGTGGAG
		Reverse primer	GAAGCAGAAAGTTGCCCTTG

Table S3: Primer sequences for CHIP.

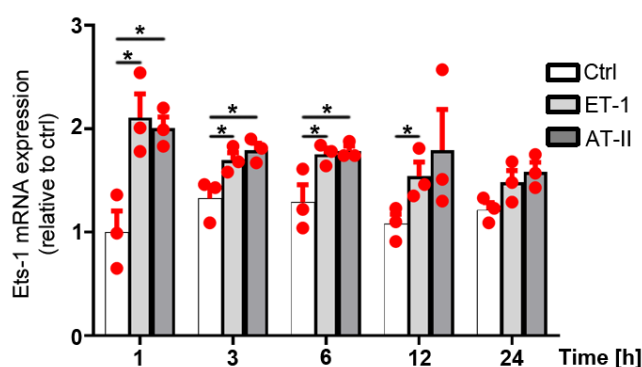
Supplementary figures

Suppl. Figure S1



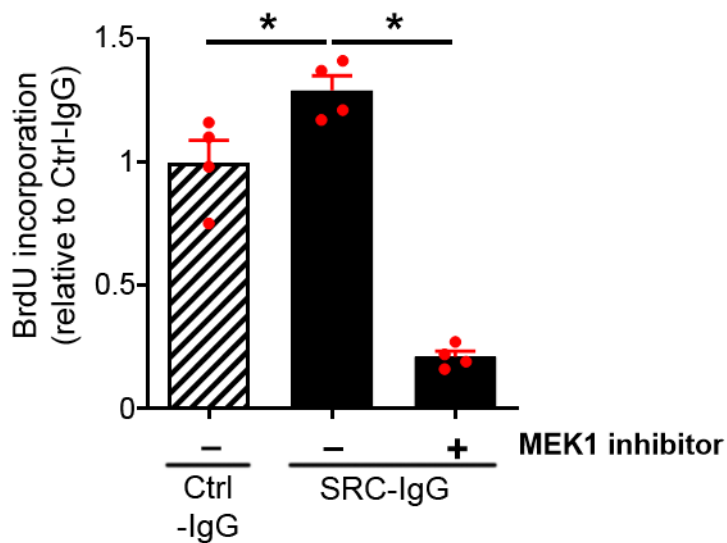
Legend Figure S1. ERK1/2 activation (phosphorylation) after stimulation with IgG isolated from healthy individuals (Ctrl-IgG). HMEC-1 were stimulated 15 minutes with Ctrl-IgG and specificity was assessed via one-hour pre-incubation AT₁R or ET_AR inhibitors (Valsartan and Sitaxsentan, respectively). Data derived from five experiments.

Suppl. Figure S2



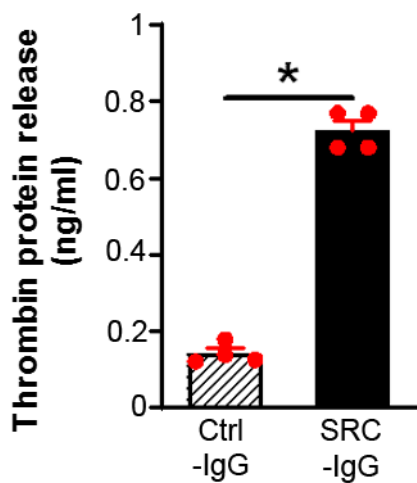
Legend Figure S2. Transcriptional regulation of Ets-1 after stimulation with Endothelin-1 (ET-1) or Angiotensin II (AT-II). Non-stimulated cells were used as control. HMEC-1 were stimulated for increasing time. Data derived from three experiments.

Suppl. Figure S3



Legend Figure S3. *Endothelial cell proliferation triggered by SRC-IgG via ERK1/2 – Ets-1 signalling. Ctrl-IgG-stimulated cells were used as control. HMEC-1 were stimulated 24 hours and specificity was assessed via two-hour pre-incubation MEK1 inhibitor. Data derived from four experiments.*

Suppl. Figure S4



Legend Figure S4. *Thrombin protein release after stimulation with Ctrl- or SRC-IgG. HMEC-1 were stimulated 24 hours. Data derived from four experiments.*

		1	2	3	4	median (min-max) frequency (%)
Patient characteristics	Patient no.					
	age [years]	47	52	47	68	49.5 (47-68)
	sex	f	f	f	f	4/4 (100%) female
	disease duration [month]	91	91	70	5	80.5 (5-91)
	diffuse/limited SSc	limited	diffuse	diffuse	diffuse	3/4 (75%) diffuse
	antibodies	-	Scl-70	Scl-70	Scl-70	3/4 (75%) Scl-70 pos.
	mean AT₁R-IgG level [U/mL]	16.94	23.77	29.89	15.45	20.36 (15.45-29.89)
	mean ET_AR-IgG level [U/mL]	17.00	28.15	32.14	15.96	22.58 (15.96-32.14)
Clinical presentation	hypertensive ($\geq 140/85$ mmHg)	+	-	+	-	2/4 (50%)
	systolic [mmHg]	>300	90	220	120	170 (90->300)
	diastolic [mmHg]	140	60	100	85	92.5 (60-140)
	initial kidney function/creatinine [mg/dL]	3.64	4.68	anuria, HD	4.00	1/4 (25%) HD; 4.00 (3.64-4.68)
Histology	preglomerular TMA	+	+	-	-	2/4 (50%)
	glomerular TMA	+	+	-	-	2/4 (50%)
	fibrinoid necrosis	+	+	-	-	2/4 (50%)
	myxoid intimal deposition	+	+	+	-	3/4 (75%)
	concentric intimal sclerosis	+	+	+	+	4/4 (100%)
	IF/TA	20%	20%	<5%	15%	3/4 (75%)

Table S4: Demographical characteristics.

f - female; Scl-70 – anti-topoisomerase I; TMA - thrombotic microangiopathy; IF/TA - interstitial fibrosis/tubular atrophy