

Figure 2: Results of comparative 2D-DIGE and protein identification by mass spectrometry. The results of the protein expression study are summarized in the form of a heat map. The results of protein identification are shown on the left side of the heat map. The protein spot numbers correspond to those in Figure 1B and Table 2.

Spot no. ^a	Accession no. ^b	Symbol	Identified protein	P value	Fold difference	pI ^c (obs)	MW ^c (obs)(Da)	Protein score ^d	Peptide matches	Peptide sequence coverage (%)
790	Q07065	CKAP4	Cytoskeleton-associated protein 4	2.95E-03	6.502	5.63	66097	1007	21	38
1084	B4E102	IF4A1	Eukaryotic initiation factor 4A-I	1.86E-03	7.837	5.32	46353	68	1	2.5
1313	Q92890	UFD1	Ubiquitin fusion degradation protein 1 homolog	1.55E-04	8.600	6.27	34763	59	1	4.9
1315	Q6IBS0	TWF2	Twinfilin-2	1.55E-04	9.508	6.37	39751	593	13	36.1
1345	O15372	EIF3H	Eukaryotic translation initiation factor 3 subunit H	1.55E-04	7.070	6.09	40076	102	2	5.4
1369	P07355	ANXA2	Annexin A2	6.22E-04	6.512	7.57	38808	316	6	18.3
1393	P07910	HNRPC	Heterogeneous nuclear ribonucleoproteins C1/C2	1.55E-04	6.699	4.95	33707	192	5	15.4
1434	Q14966	ZN638	Zinc finger protein 638	1.55E-04	6.594	6.02	221914	48	1	1.2
1478	O15287	FANCG	Fanconi anemia group G protein	1.55E-04	6.917	5.32	69423	45	1	2.7
1505	G3V2C9	GBLP	Guanine nucleotide-binding protein subunit beta-2-like 1	3.11E-04	6.878	7.6	35511	508	8	30
1520	P40926	MDHM	Malate dehydrogenase, mitochondrial	2.95E-03	8.009	8.92	35937	48	1	3.3
1522	P04818	TYSY	Thymidylate synthase	6.22E-04	9.901	6.51	35978	440	9	28.1
1541	Q9HC38	GLOD4	Glyoxalase domain-containing protein 4	6.22E-04	6.622	5.4	35170	51	1	4.2
1585	P00491	PNPH	Purine nucleoside phosphorylase	1.55E-04	8.418	6.45	32325	784	20	55.4
1619	Q9H0J4	QRIC2	Glutamine-rich protein 2	1.09E-03	6.970	6.25	181228	40	1	0.5
1706	P49736	MCM2	DNA replication licensing factor MCM2	3.11E-04	6.343	5.34	102516	42	1	2.7
1746	Q9Y2X7	GIT1	ARF GTPase-activating protein GIT1	6.22E-04	8.352	6.33	85030	42	1	2.1
1760	Q8NBJ7	SUMF2	Sulfatase-modifying factor 2	3.11E-04	9.799	7.79	33950	83	2	8.6
1792	P25940	CO5A3	Collagen alpha-3(V) chain	1.55E-04	6.524	6.37	172631	40	1	0.9
1794	Q6ZN55	ZN574	Zinc finger protein 574	1.55E-04	6.139	8.44	101175	35	1	2.1
1810	O00299	CLIC1	Chloride intracellular channel protein 1	1.55E-04	11.274	5.09	27248	296	4	20.7
1811	Q9HC16	CLIC1	Chloride intracellular channel protein 1	1.55E-04	7.218	5.09	27248	276	4	20.7
1826	Q9UL46	PSME2	Proteasome activator complex subunit 2	1.55E-04	7.675	5.44	27515	280	5	23
1830	O00299	CLIC1	Chloride intracellular channel protein 1	1.55E-04	6.377	5.09	27248	227	3	17.4
1846	Q9HC16	K1529	Uncharacterized protein KIAA1529	1.55E-04	6.745	5.74	192404	48	2	1.2
1869	Q9HC17	K1529	Uncharacterized protein KIAA1529	6.22E-04	7.416	5.74	192404	46	4	1.2
1873	P62318	SMD3	Small nuclear ribonucleoprotein Sm D3	6.22E-04	6.372	10.33	14021	35	1	8.7
2180	P23528	COF1	Cofilin-1	1.09E-03	6.025	8.22	18719	293	4	37.3
2181	Q9UQ35	SRRM2	Serine/arginine repetitive matrix protein 2	1.55E-04	7.990	12.05	300179	36	1	1.1
2242	P18085	ARF4	ADP-ribosylation factor 4	1.55E-04	6.686	6.59	20612	168	3	15.6
2252	P02792	FRIL	Ferritin light chain	6.22E-04	11.458	5.51	20064	125	2	17.1
2397	C9K028	NDKA	Nucleoside diphosphate kinase A	6.22E-04	6.401	5.83	17309	447	13	64.5
2504	O15511	ARPC5	Actin-related protein 2/3 complex subunit 5	1.55E-04	6.712	5.47	16367	293	7	29.1
3334	P50579	AMPM2	Methionine aminopeptidase 2	6.99E-03	9.594	5.57	53713	36	1	3.6
3635	Q07065	CKAP4	Cytoskeleton-associated protein 4	1.55E-04	6.066	5.63	66097	1209	18	38.7
3636	P30101	PDIA3	Protein disulfide-isomerase A3	1.55E-04	6.026	5.98	57146	1312	25	46.1
3731	POC881	R10B1	Radial spoke head 10 homolog B	1.09E-03	8.385	7.16	101255	35	1	2
3754	Q8IVM7	CM029	Uncharacterized protein C13orf29	1.09E-03	6.890	9.29	18425	39	1	11
3834	P08670	VIME	Vimentin	6.22E-04	11.877	5.06	53676	1794	41	60.3
3838	E9PBJ4	TBB5	Tubulin beta chain	6.22E-04	9.029	4.78	50095	301	8	13.7
3927	Q9VKI9	PO2F3	POU domain, class 2, transcription factor 3	2.95E-03	7.140	8.81	47764	36	1	3.9
3928	E9PBJ4	TBB5	Tubulin beta chain	6.22E-04	9.912	4.78	50095	310	7	15.3
3931	P61158	ARP3	Actin-related protein 3	3.11E-04	6.479	5.61	47797	618	12	25.6
3934	O00148	DDX39	ATP-dependent RNA helicase DDX39	1.09E-03	9.134	5.46	49611	533	10	25.1
3942	Q9Y265	RUVB1	RuvB-like 1	1.09E-03	6.908	6.02	50538	175	4	8.6
3946	E7EQ64	TRY1	Trypsin-1	6.22E-04	6.405	6.08	27111	46	1	4
3964	Q9Y265	RUVB1	RuvB-like 1	1.09E-03	6.829	6.02	50538	984	17	37.3
4026	P08670	VIME	Vimentin	2.95E-03	9.717	5.06	53676	167	3	7.9
4041	O95996	APC2	Adenomatous polyposis coli protein 2	4.66E-03	6.069	9.08	245966	36	1	0.6
4089	P52597	HNRPF	Heterogeneous nuclear ribonucleoprotein F	1.55E-04	10.688	5.38	45985	146	2	8
4091	Q8IYK8	REM2	GTP-binding protein REM 2	1.55E-04	6.024	9.19	36170	38	1	8.5
4352	B1AK85	K1529	Uncharacterized protein KIAA1529	1.55E-04	6.957	5.74	192404	44	3	1.2
4399	Q9NY93	DDX56	Probable ATP-dependent RNA helicase DDX56	1.55E-04	6.235	9.34	62007	37	1	3.8
4408	Q9UJ70	NAGK	N-acetyl-D-glucosamine kinase	1.55E-04	9.736	5.81	37694	216	4	12.8
4409	Q9UJ70	NAGK	N-acetyl-D-glucosamine kinase	1.55E-04	6.083	5.81	37694	513	8	28.5
4521	Q6P1N0	C2D1A	Coiled-coil and C2 domain-containing protein 1A	6.22E-04	7.158	8.22	104397	51	1	1.6
4524	Q6DN90	IQEC1	IQ motif and SEC7 domain-containing protein 1	1.09E-03	6.000	6.49	109103	34	1	1
4526	P00338	LDHA	L-lactate dehydrogenase A chain	6.99E-03	6.880	8.44	36950	247	4	12

4532	A6NHQ2	FBL1	rRNA/tRNA 2-O-methyltransferase fibrillar-like protein 1	1.09E-03	8.670	10.33	34711	41	1	3.6
4533	Q14315	FLNC	Filamin-C	1.09E-03	10.240	5.68	293344	39	1	0.4
4584	P47756	CAPZB	F-actin-capping protein subunit beta	1.09E-03	6.927	5.36	31616	518	11	28.2
4586	P47756	CAPZB	F-actin-capping protein subunit beta	1.55E-04	6.478	5.36	31616	431	9	21.7
4587	Q53EZ4	CEP55	Centrosomal protein of 55 kDa	1.55E-04	9.030	6.52	54433	38	1	2.6
4652	Q969P0	IGSF8	Immunoglobulin superfamily member 8	1.55E-04	13.696	8.23	65621	35	1	1.6
4661	Q8WZ26	YS006	Putative uncharacterized protein PP6455	1.55E-04	6.794	8.26	15165	35	1	6.7
4680	Q8NB7	SUMF2	Sulfatase-modifying factor 2	1.55E-04	7.584	7.79	33950	119	2	8.6
4681	P40261	NNMT	Nicotinamide N-methyltransferase	1.55E-04	12.373	5.56	30011	239	4	17.4
4682	P40261	NNMT	Nicotinamide N-methyltransferase	1.55E-04	8.947	5.56	30011	104	2	7.6
4714	Q14694	UBP10	Ubiquitin carboxyl-terminal hydrolase 10	1.55E-04	7.147	5.19	87707	35	1	1.9
4728	O00299	CLIC1	Chloride intracellular channel protein 1	1.55E-04	11.665	5.09	27248	320	5	24.1
4729	O00299	CLIC1	Chloride intracellular channel protein 1	1.55E-04	10.708	5.09	27248	176	3	17.4
4742	O00299	CLIC1	Chloride intracellular channel protein 1	3.11E-04	6.383	5.09	27248	60	1	5
4754	P08670	VIME	Vimentin	2.95E-03	6.636	5.06	53676	212	4	10.5
5076	C9J035	B3A2	Anion exchange protein 2	1.55E-04	6.587	5.9	137493	41	1	1
5097	P84085	ARF5	ADP-ribosylation factor 5	4.66E-03	7.633	6.3	20631	278	5	34.4
5193	Q16853	AOC3	Membrane primary amine oxidase	3.11E-04	6.428	6.05	85138	37	1	2.5
5197	P23284	PPIB	Peptidyl-prolyl cis-trans isomerase B	3.11E-04	8.197	9.42	23785	427	11	34.7
5198	P23284	PPIB	Peptidyl-prolyl cis-trans isomerase B	1.55E-04	6.554	9.42	23785	202	5	23.6
5578	P14314	GLU2B	Glucosidase 2 subunit beta	6.22E-04	6.496	4.33	60357	205	3	8.1
5668	P27797	CALR	Calreticulin	3.11E-04	6.218	4.29	48283	213	5	8.6
5709	P30101	PDIA3	Protein disulfide-isomerase A3	3.11E-04	9.990	5.98	57146	565	12	22.8
5710	P30101	PDIA3	Protein disulfide-isomerase A3	6.22E-04	8.527	5.98	57146	696	12	26.1
5870	O60583	CCNT2	Cyclin-T2	6.22E-04	7.960	9.04	81492	39	1	1.6
5872	P08670	VIME	Vimentin	6.22E-04	7.763	5.06	53676	952	22	37.1
5928	Q9H3Z4	DNJC5	DnaJ homolog subfamily C member 5	6.22E-04	6.198	4.93	22933	43	1	10.1
5952	Q07065	IF4A1	Eukaryotic initiation factor 4A-I	6.22E-04	15.257		46353		1	2.5
5953	Q07065	IF4A1	Eukaryotic initiation factor 4A-I	3.11E-04	8.525		46353		10	23.4
6062	Q15019	SEPT	Septin-2	6.22E-04	6.664		41689		3	8.6
6126	Q14847	LASP1	LIM and SH3 domain protein 1	1.55E-04	7.205		30097		3	15.3
6127	B4DHY1	HNRH3	Heterogeneous nuclear ribonucleoprotein H3	1.55E-04	6.059		36960		1	3.5
6136	Q5TB53	TM9S3	Transmembrane 9 superfamily member 3	1.09E-03	8.325		68584		1	2

*Spot numbers refer to those in Figure 1B.

^bAccession numbers of proteins were derived from Swiss-Prot and NCBI nonredundant data bases.

^cObserved isoelectric point and molecular weight calculated according to location on the 2D gel.

^dMascot score for the identified proteins based on the peptide ions score ($p < 0.05$) (<http://www.matrixscience.com>).

Table 2: A list of identified proteins with differential expression between tumor and non-tumor tissues in ES patients.

been investigated. The family protein of CAPZB was implemented in the other types of cancers. For instance, using a proteomics approach, we previously found that macrophage-capping protein (CapG), an actin-capping protein that blocks the barbed ends of F-actin filaments, was associated with resistance of cholangiocellular carcinoma (CCC) to gemcitabine therapy, and using immunohistochemistry we also found that CapG in tumor cells had prognostic utility [23]. Using a proteomics approach, we also found that CapG in tumor tissues was significantly associated with malignant features of gastric cancer [24]. In liver cancer, we reported that CapG was highly expressed in primary tumor tissues with intravascular metastasis [25], and the expression of CapG was confirmed in tumor cells by immunohistochemistry and the functional significances of CapG in liver cancer cells were confirmed by *in vitro* experiments. In breast cancer, higher expression of CapG was observed at the tumor margin, suggesting that that CapG may be involved in tumor cell dissemination and metastasis [26]. These observations suggest that CapG may have diagnostic utility. Recently, van Impe et al. [27] developed a novel nanobody, which is a single-domain antibody, against CapG, and delivered it to breast cancer cells by lentiviral transduction. This resulted in attenuation of cell migration and lung metastasis, and suggested that CapG may have utility as a therapeutic target. As CAPZB has a function similar to that of CapG in

actin organization, we further investigated the expression of CAPZB in tumor tissues of ES.

We confirmed overexpression of CAPZB in ES using Western blotting (Figure 3A). In all eight ES cases, we found that CAPZB was highly expressed in tumor tissues relative to adjacent non-tumor tissues ($p < 0.01$, Figure 3B). These observations were consistent with those of 2D-DIGE, and mass spectrometry supported the correct identification of the protein.

We tried to localize the expression of CAPZB in specific cell types by immunohistochemistry. The immunohistochemical examination is critical in the proteomic study of ES when the tissues are homogenized for protein extraction. The tumor tissues of ES are highly complex, and the proteomic data of the homogenized tissue samples should consist of the mixed proteome data of different cell types. The laser microdissection was often employed to approach the tissue complexity. However, as the conventional laser microdissection for 2D-DIGE does not recover individual single cells [14], it cannot solve the problem of high tissue complexity of ES. To determine the expression of given proteins in tumor cells, immunohistochemistry is mandatory. Without localization data, the further *in vitro* functional studies cannot be significant. We stained the sectioned tissues with the antibody

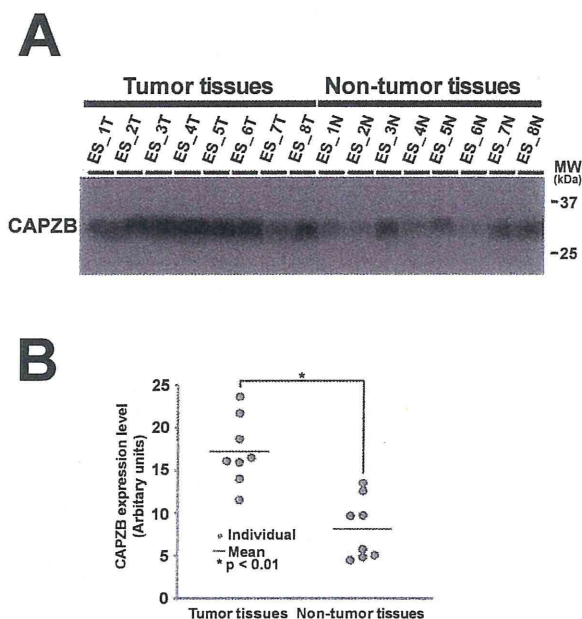


Figure 3: Validation study of the expression of CAPZB in tumor and non-tumor tissues. Western blotting shows that CAPZB was highly expressed in tumor tissues, relative to adjacent non-tumor tissues (A). Quantified data from Western blotting show that CAPZB expression was significantly higher in tumor tissues than in non-tumor tissues ($p < 0.01$) (B).

against CAPZB, which was used for Western blotting. We found that the immunohistochemical staining patterns of CAPZB was not conclusive; the immunohistochemical signals of CAPZB seemed to be non specific and the cellular localization of CAPZB were not consistent among the tissue sections. It may be reasoned by the characters of antibody used in this study; the indication of CAPZB antibody for immunohistochemistry was not guaranteed by antibody supplier. Presently, we could not concluded the cell types where CAPZB localized in tumor tissues of ES. It is worth screening the antibodies which can clearly localize CAPZB in tumor tissues.

Our present study has demonstrated that a proteomics approach can generate intriguing results using tissue samples. At the same time, our study clearly indicated the difficult part of tissue proteomics. Tumor tissues generally contain multiple types of cells, and localization of proteins identified by tissue proteomics should be determined prior to further examinations. However, laser microdissection may not always be a solution for tissue complexity, and immunohistochemical examination to localize the identified proteins does not always work as expected. This inherent drawback of tissue proteomics should be considered when we interpret the proteome data of ES in this study.

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Ultra-sensitive liquid biopsy of circulating extracellular vesicles using ExoScreen

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Cancer cells secrete small membranous extracellular vesicles (EVs) into their micro-environment and circulation. Although their potential as cancer biomarkers has been promising, the identification and quantification of EVs in clinical samples remains challenging. Here we describe a sensitive and rapid analytical technique for profiling circulating EVs directly from blood samples of patients with colorectal cancer. EVs are captured by two types of antibodies and are detected by photosensitizer-beads, which enables us to detect cancer-derived EVs without a purification step. We also show that circulating EVs can be used for detection of colorectal cancer using the antigen CD147, which is embedded in cancer-linked EVs. This work describes a new liquid biopsy technique to sensitively detect disease-specific circulating EVs and provides perspectives in translational medicine from the standpoint of diagnosis and therapy.

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Cancer cells secrete various types of humoral factors into their microenvironment that are biomarkers for disease diagnosis and prognosis, including cytokines, chemokines and nucleic acids. Extracellular vesicles (EVs), including exosome and microvesicles from cancer cells, have also been found in the blood of cancer patients^{1–7} and therefore provide a novel type of biomarker for various patient scenarios.

EVs are small membranous vesicles that differ in their cellular origin, abundance and biogenesis⁸, and are naturally secreted by almost all cell types to transport bioactive molecules intercellularly. EVs are positive for tetraspanin family proteins, such as CD63, CD81 and CD9 (refs 9–11), and contain cell surface proteins as well as both mRNA and microRNA¹². Conventional methods of analyzing EVs generally require large quantities of EVs to be concentrated and processed via time-consuming immunoblotting or enzyme-linked immunosorbent assay (ELISA) assays; these methods are impractical in most clinical settings. In this study, we establish a highly sensitive and rapid analytical technique for profiling surface proteins in EVs

from patient blood that can be used to identify biomarkers of colorectal cancer, named ExoScreen. ExoScreen could monitor circulating EVs in serum without the need for purification step. In addition, we show that ExoScreen is superior for the detection of EVs to conventional methods, immunoblotting and ELISA. Furthermore, we find that ExoScreen enables to detect CD147 and CD9 double-positive EVs, which is abundantly secreted from colorectal cancer cells, in serum from colorectal cancer patients. Our results demonstrate that ExoScreen can be a tool for detection of EVs from as little as 5 μ l of cancer patients' serum to detect circulating cancer-derived EVs.

Results

Establishment of ExoScreen to detect EVs in serum. To realize the usage of EVs in clinical situation, we develop methods that specifically detect circulating EVs in the serum based on an amplified luminescent proximity homogeneous assay using photosensitizer-beads¹³ without a purification step of EVs

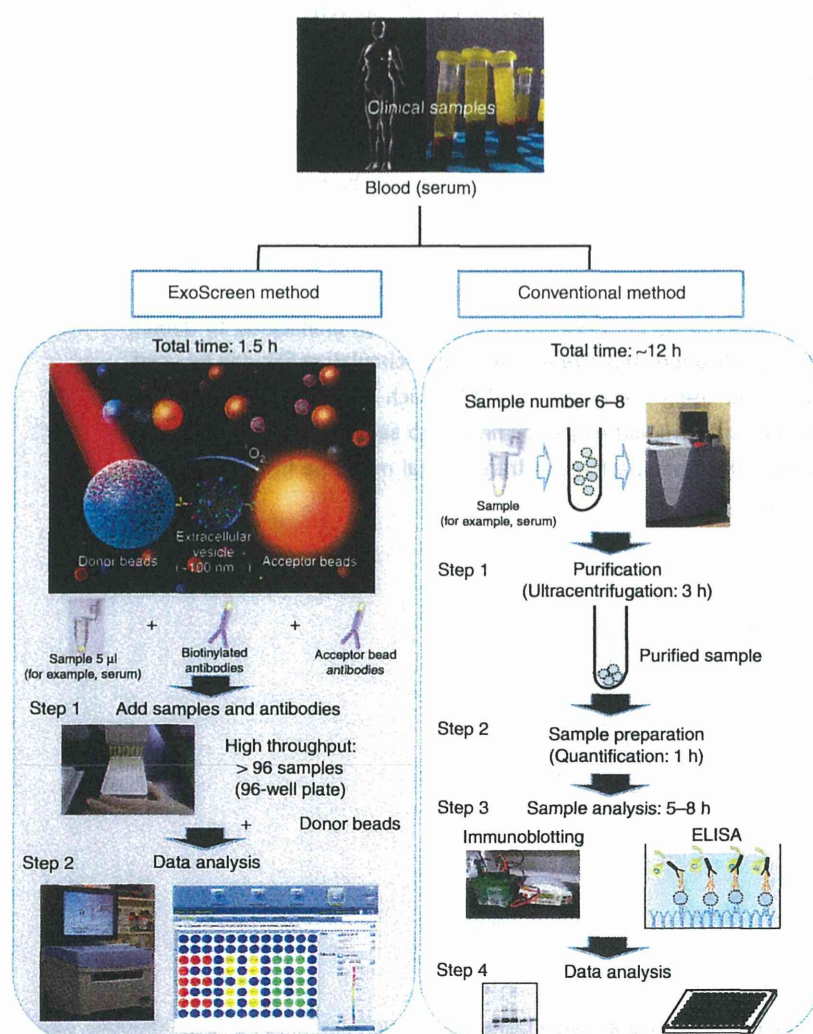


Figure 1 | Schematic overview depicting the method for detecting circulating EVs via conventional methods and ExoScreen. In the case of conventional methods, nearly 12 h are needed to detect the expression of certain protein in circulating EVs. In addition, excessive volumes of serum are required. Conversely, ExoScreen is completed within 2 h and requires only 5 μ l of serum. In this system, streptavidin-coated donor beads capture an analyte-specific biotinylated antibody and are used in conjunction with acceptor beads conjugated to a second antibody. The streptavidin-coated donor beads are excited with a laser at 680 nm, resulting in the release of singlet oxygen, which excites an amplified fluorescent signal in the acceptor bead that emits at 615 nm when the beads are within 200 nm of the captured analyte.

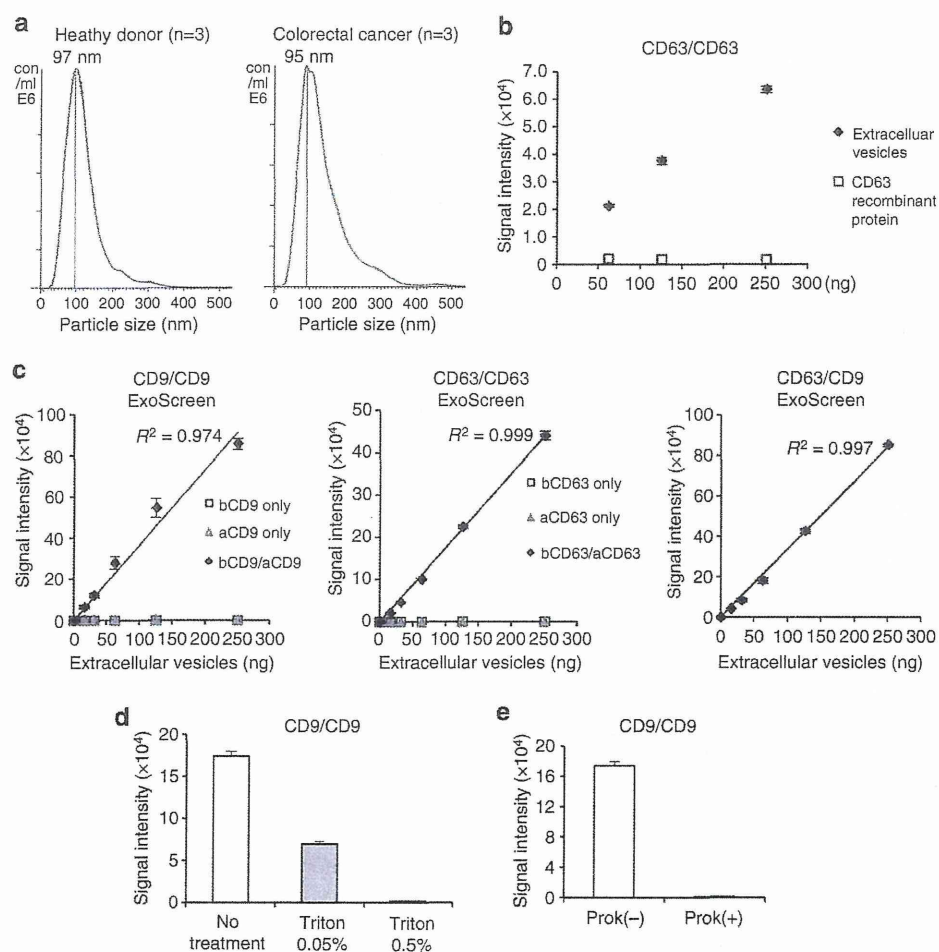


Figure 2 | Establishment of ExoScreen to detect the EVs. (a) Analysis of the size distribution in the serum of healthy donors ($n=3$) and colorectal cancer patients ($n=3$) by the NanoSight nanoparticle tracking system. (b) Detection of EVs or monomeric recombinant CD63 protein by ExoScreen using a CD63 antibody. EV protein concentration was measured via the Qubit system. The concentration of recombinant CD63 was adjusted with that of protein in EVs purified from HCT116 CM. Error bars are s.e.m. ($n=3$ for each condition). (c) Correlation between ExoScreen measurements for CD9 positive EVs, CD63 positive EVs or CD63/CD9 double-positive EVs and EV protein concentration in a dilution series. EV protein concentration was measured via the Qubit system. EVs were purified from HCT116 cell CM. The addition of biotinylated CD9 or CD63 antibodies without acceptor beads conjugated to antibodies is denoted 'bCD9 only' or 'bCD63 only', while 'aCD9 only' or 'aCD63 only' means addition of only acceptor beads conjugated to CD9 or CD63 antibodies without biotinylated antibodies. The addition of biotinylated antibodies and acceptor beads conjugated antibodies is denoted 'bCD9/aCD9' or 'bCD63/aCD63'. Right panel shows the addition of biotinylated CD63 antibodies and acceptor beads conjugated CD9 antibodies. Error bars are s.e.m. ($n=3$ for each condition). (d) Evaluation of ExoScreen specificity against purified EVs from HCT116 cell treated with or without 0.05% and 0.5% Triton X-100. Two hundred fifty ng of EVs were detected by ExoScreen using CD9 antibodies. Error bars are s.e.m. ($n=3$ for each condition). (e) Evaluation of ExoScreen specificity against EVs from HCT116 cells treated with (Prok(+)) or without (Prok(-)) Proteinase K. Two hundred fifty ng of EVs were detected by ExoScreen using CD9 antibodies. Error bars are s.e.m. ($n=3$ for each condition). Data are representative of at least three independent experiments each.

(Fig. 1). This system utilizes streptavidin-coated donor beads to capture an analyte-specific biotinylated antibody, and acceptor beads conjugated to a second antibody that recognizes an epitope of the analyte. The donor beads are excited with a laser at 680 nm, resulting in the release of singlet oxygen, which excites an amplified fluorescent signal in the acceptor beads. As a result, the acceptor beads emit light at 615 nm, but only if they are within 200 nm of the analyte captured by both antibodies. As shown in Fig. 2a, the size of EVs measured by the Nanosight particle tracking system was approximately 100 nm, which prevented the detection of larger vesicles, such as apoptotic bodies, shedding vesicles or protein complexes. In addition, we could not obtain signals from CD63 recombinant protein by ExoScreen, indicating that this assay does not detect antigen monomers (Fig. 2b). We call this assay 'ExoScreen' because the target of the assay is EVs

and because it has a possibility to screen for biomarker of various diseases.

To confirm the reliability for detecting EVs by ExoScreen, we selected CD9 and CD63, which are abundant on the surface of EVs and are expressed in numerous cells, to detect EVs. Conditioned medium (CM) of prostate cancer, prostate epithelial, breast cancer and colorectal cancer cell lines were processed to obtain purified EVs. ExoScreen was able to quantify the amount of EVs present in cell culture supernatants with CD9 and CD63 positive EVs detectable in a dose-dependent manner (Fig. 2c and Supplementary Fig. 1). The negative controls, represented by only the biotinylated antibody or acceptor bead-conjugated antibody, resulted in a minimal fluorescent signal (Fig. 2c). In addition, the signal was decreased after detergent treatment (Fig. 2d and Supplementary Fig. 2) or Proteinase K treatment (Fig. 2e and

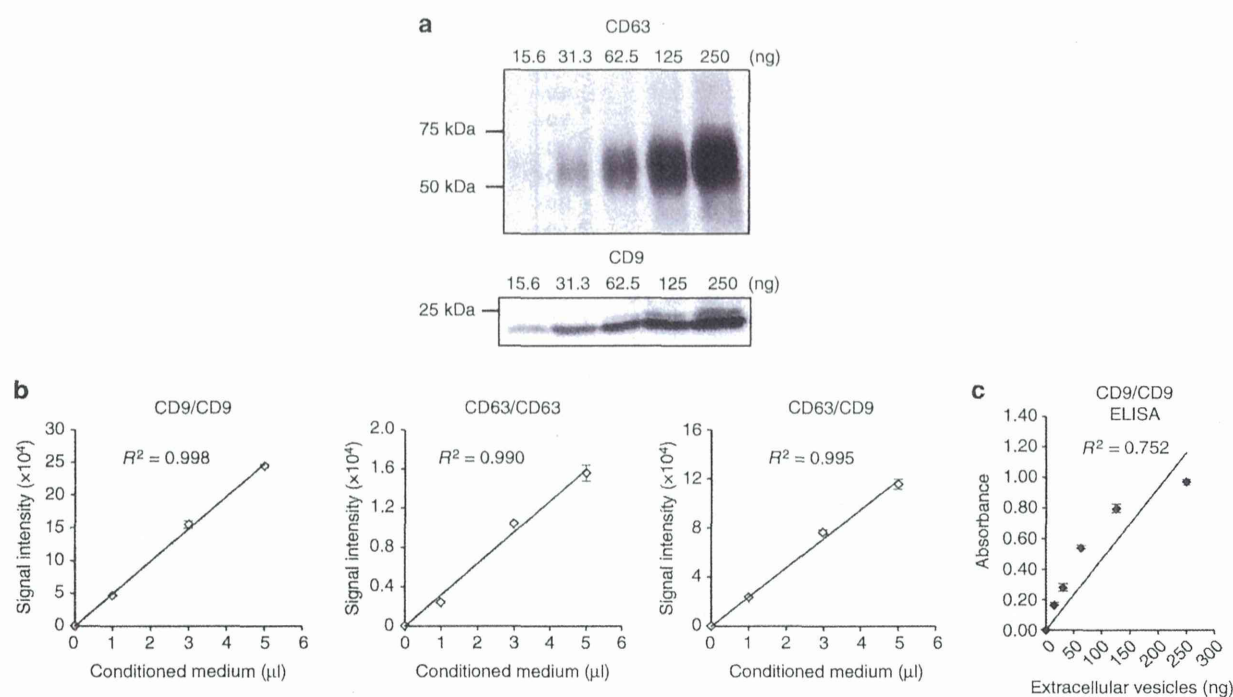


Figure 3 | Comparison of ExoScreen and conventional methods. (a) Immunoblotting analysis of CD63 (upper panels) or CD9 (lower panels) against the EVs isolated from HCT116 cells. EV protein concentration were measured via the Qubit system. EVs were purified from HCT116 cell CM. (b) Correlation between ExoScreen measurements for CD9 positive, CD63 positive or CD63/CD9 double-positive EVs and HCT116 cell CM in a dilution series. CM was prepared for 5 μl and diluted as indicated. Error bars are s.e.m. ($n=3$ for each condition). (c) Correlation between ELISA measurements for CD9 positive EVs and EV protein concentration in a dilution series. EV protein concentration were measured via the Qubit system. EVs were purified from HCT116 cell CM. Error bars are s.e.m. ($n=3$ for each condition). Data are representative of at least three independent experiments each.

Table 1 | Comparison of ExoScreen and ELISA.

	ExoScreen	ELISA
Incubation time	1.5–3 h	3–6 h + coating time
Steps	2	More than 5
Washes	No	Yes
Throughput	High	Low
Sample volume	Less than 5 μl^*	50–200 μl^\dagger
The volume of antibodies	Low	High
Dynamic range	3–4 logs	2 logs
Analytic range [‡]	3 orders of magnitude	2 orders of magnitude
Sensitivity	High	High
Plate format	96-well or 384-well	96-well

ELISA, enzyme-linked immunosorbent assay.
^{*}Total assay volume 50 μl .
[†]Total assay volume 200 μl .
[‡]Calculated by CD9/CD9 analysis of EVs derived from HCT116 cells

Supplementary Fig. 3), indicating that ExoScreen detected complexes of membranous vesicle and transmembrane proteins. Immunoblotting of the same purified EVs preparations confirmed the data obtained by ExoScreen. In fact, CD9 and CD63 proteins were detectable via immunoblotting (Fig. 3a and Supplementary Fig. 4). As shown in Fig. 3a, approximately 32 ng of EV proteins were needed to properly detect CD63 by immunoblotting, while ExoScreen could detect 15.6 ng of purified EVs (Fig. 2c). Furthermore, EVs from only 1 μl of culture medium are enough to detect by ExoScreen (Fig. 3b and Supplementary Fig. 5). In addition, ExoScreen has a wide working range compared with ELISA (Figs 2c and 3c). Moreover, because ExoScreen is a mix-and-read assay, these conventional methods require many steps and substantial time compared with

ExoScreen (Fig. 1). Thus, the ExoScreen assay increases throughput while substantially decreasing hands-on. Taken together, these results indicate that ExoScreen is superior for the detection of EVs to conventional immunoblotting and ELISA (Table 1). The results of EVs detection in culture supernatant without purification (Fig. 3b, Supplementary Figs 5 and 6) prompted us to investigate whether ExoScreen could detect and characterize EVs in human serum. To develop ExoScreen as a diagnostic tool for clinical use, we optimized the method to detect EVs in serum without purification because the protocol exhibited non-linearity of ExoScreen signals against serum samples (Fig. 4a). This non-linearity is most likely a result of the aggregation of condensed proteins in serum. Indeed, we added dextran-500 to suppress serum protein aggregation, and this

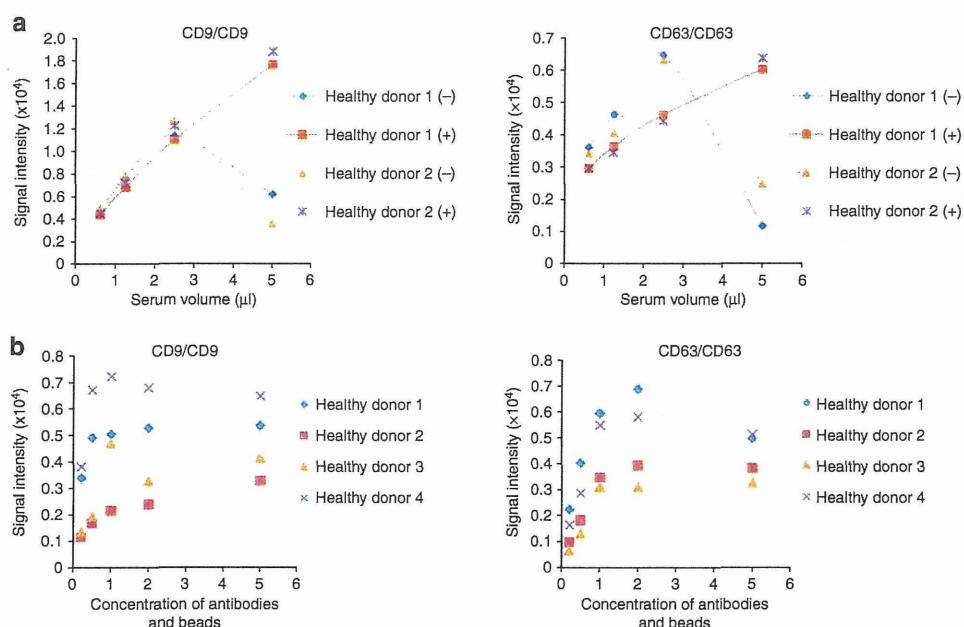


Figure 4 | Detection of circulating EVs in healthy donor sera. (a) Correlation between ExoScreen measurements for CD9 or CD63 and serum volume in a dilution series with (+) or without (-) Dextran-500. The final concentration of Dextran-500 was 1 mg ml⁻¹. (b) Concentration of '1' means the original concentration of donor and acceptor beads which we used in this study (see Methods section). In addition to original concentration, increased (twofold and fivefold) and decreased (0.5-fold and 0.25-fold) amount of donor and acceptor beads were evaluated by ExoScreen using serum from four healthy donors. Data are representative of at least three independent experiments each.

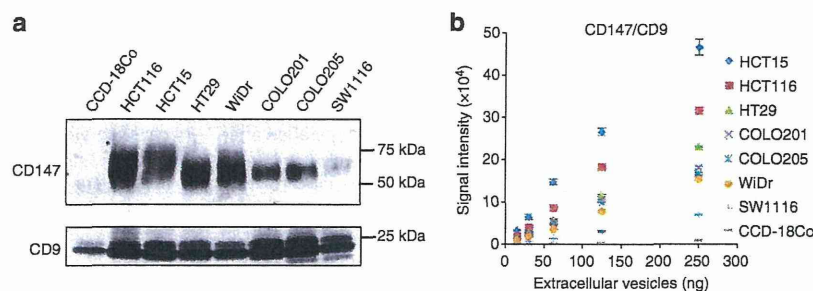


Figure 5 | Analysis of the amount of CD147 in EVs derived from various colon cancer cell lines and a normal colon fibroblast cell line.

(a) Immunoblotting analysis of CD147 or CD9 against purified EVs isolated from CCD-18Co cells, HCT116 cells, HCT115 cells, HT29 cells, WiDr cells, COLO201 cells, COLO205 cells and SW1116 cells. EV proteins (250 ng) was used for the detection of CD147 and CD9. (b) Correlation between ExoScreen detection of CD147/CD9 double-positive EVs and EV protein concentration in a dilution series. EVs protein concentration was measured via the Qubit system. EVs were purified from CCD-18Co, HCT116, HCT115, HT29, WiDr, COLO201, COLO205 or SW1116 CM. Error bars are s.e.m. ($n=3$ for each condition). Data are representative of at least three independent experiments each.

treatment eliminated the disruption of signals by protein aggregation (Fig. 4a). As shown in Fig. 4a, ExoScreen revealed that serum EVs were captured and expressed both CD9 and CD63 without purification. Further, these signals were detectable in a dose-dependent manner (Fig. 4a). In addition, we assessed whether the concentration of beads, which we employed in this study, was appropriate for the detection of circulating EVs in serum by checking the various concentrations of beads via ExoScreen, and found that the concentration of beads we employed in this study was adequate (Fig. 4b). Taken together, these results indicated that ExoScreen could monitor circulating EVs in serum without the need for a purification process.

Enrichment of CD147 on EVs from colorectal cancer cell lines.

Because EVs are known to represent an important and specific

route of intercellular communication¹⁴, we reasoned that tumour-derived EVs may differ from circulating EVs in normal physiological conditions. Previous reports showed that the protein components of EVs from cancer cells were different from normal cells^{15,16}. Indeed, it has been recently reported that for patients with stage III melanoma, the amount of specific protein in EVs was significantly increased in individuals who eventually developed metastatic disease, indicating that EVs might have great potential for cancer diagnosis⁶. To identify cancer-derived EVs in cancer patients, EVs derived from the colorectal cancer cell line HCT116 cells and a normal colon fibroblast cell line CCD-18Co cells were subjected to proteomic analysis (Supplementary Table 1). When EVs isolated from CCD-18Co cells were compared with HCT116 cells, the amount of CD147, which is the immunoglobulin superfamily member, was found to be significantly high in the EVs of HCT116 cells, whereas the expression could not be observed in CCD-18Co cells.