

**SUPPLEMENTAL MATERIAL:**

**A computational analysis of pro-angiogenic therapies  
for peripheral artery disease**

**Supplemental Figures**

**Fig S1.** Detailed response to biomaterial-based delivery of engineered VEGF constructs to the PAD Calf Muscle.

**Fig S2.** Efficacy of biomaterial-based VEGF delivery does not depend on endogenous VEGF splicing.

**Fig S3.** Detailed response to varying doses of “Covalent VEGF with Proteolysis” construct to the PAD Calf Muscle.

**Fig S4.** Additional metrics of response to gene therapy at Day 6 following treatment.

**Fig S5.** Detailed time-course response to gene therapy strategies.

**Fig S6.** Analysis of predicted VEGF<sub>165a</sub> and VEGF<sub>165b</sub> distribution in human body following VEGF-targeted antibody therapy.

**Fig S7.** Effect of VEGF-targeting antibodies on systemic free VEGF distribution.

**Fig S8.** Additional effects of VEGF-targeting antibodies on endothelial VEGFR2 signaling *in vivo*.

**Fig S9.** Effects of VEGF-targeting antibodies on endothelial total VEGFR2 ligation *in vivo*.

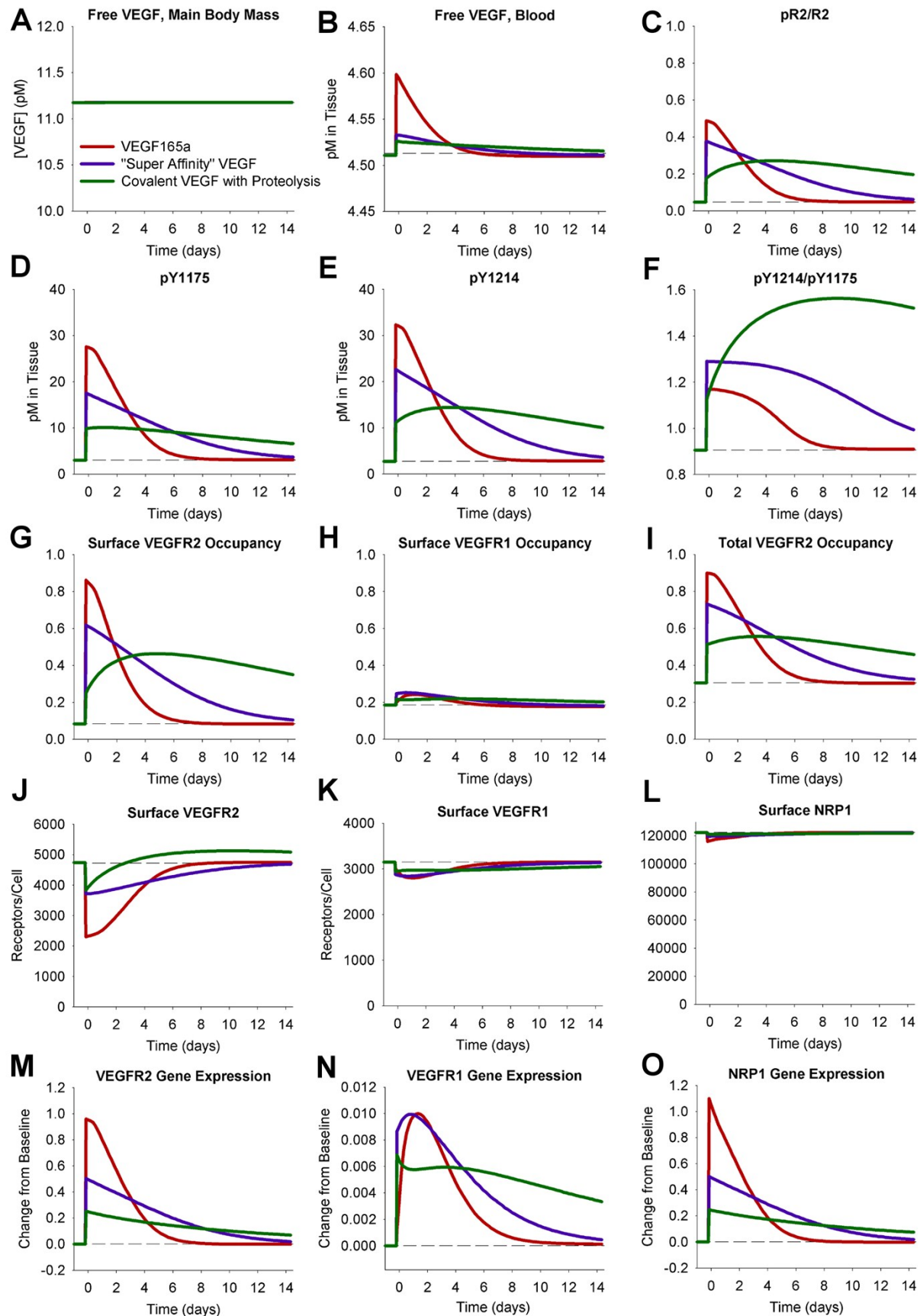
**Fig S10.** Effects of VEGF-targeting antibodies on endothelial cell surface VEGFR2 ligation *in vivo*.

**Fig S11.** Effects of VEGF-targeting antibodies on endothelial cell surface VEGFR1 ligation *in vivo*.

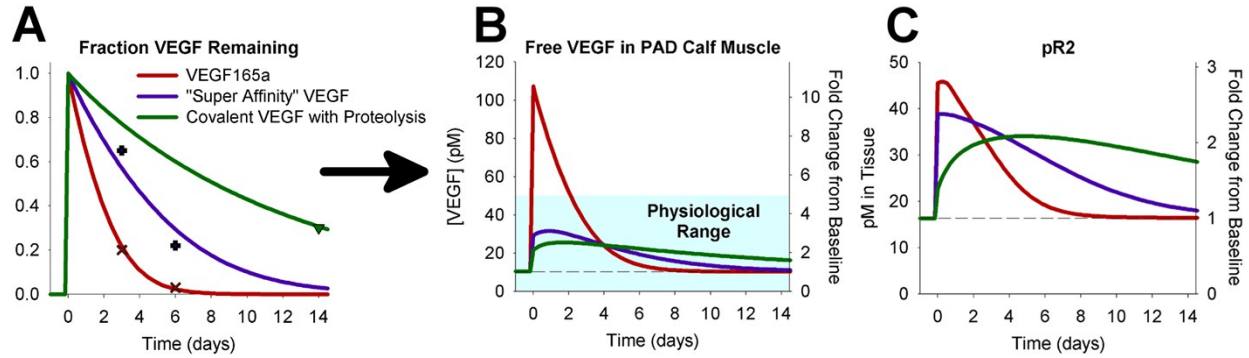
**Fig S12.** Relative antibody binding to VEGF<sub>165a</sub> and VEGF<sub>165b</sub> in the Main Body Mass and PAD Calf Muscle.

**Fig S13.** Comparison of VEGFR2 activation following biomaterial-based protein delivery, gene therapy, or anti-VEGF treatment.

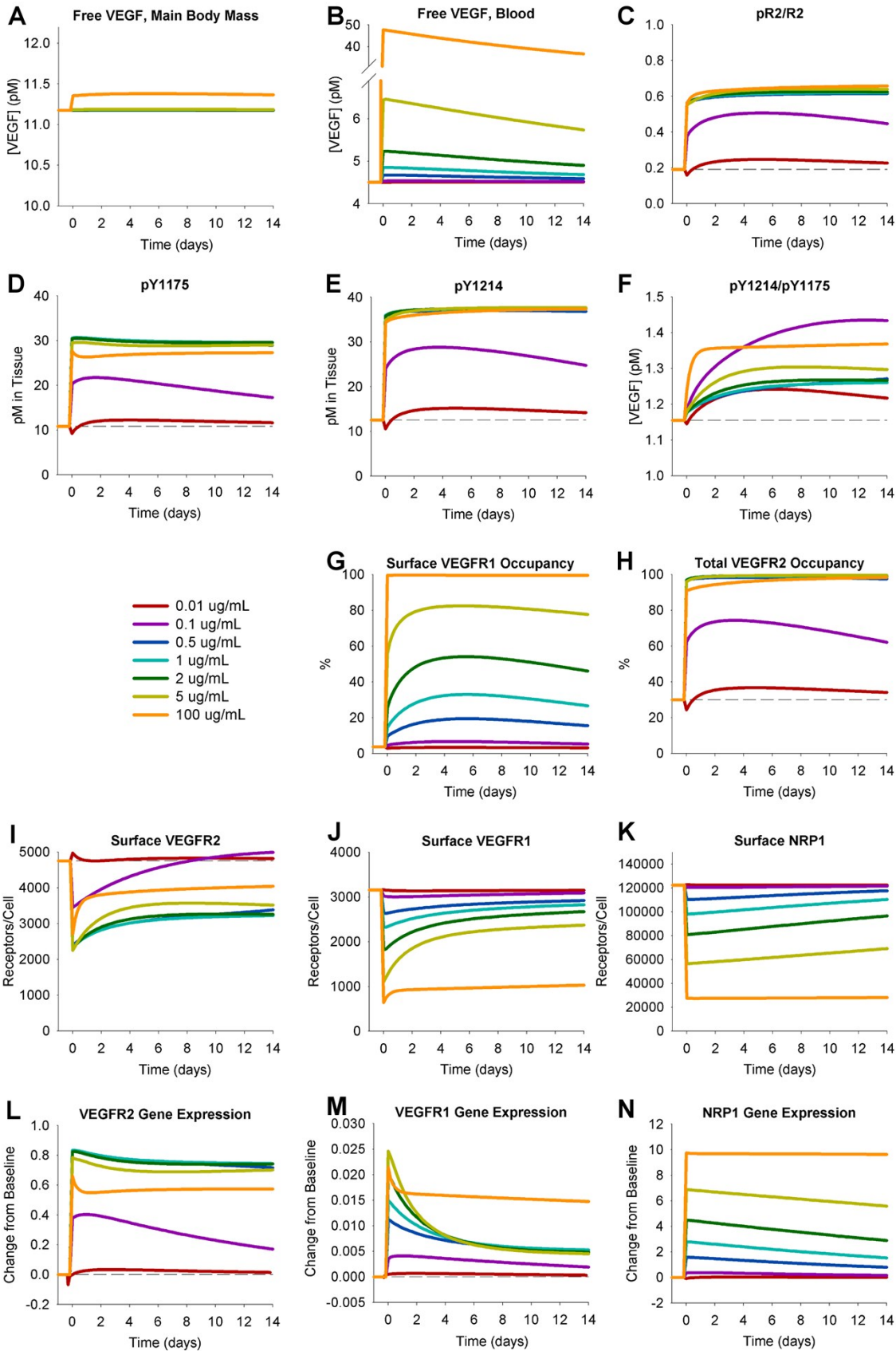
**Supplemental References**



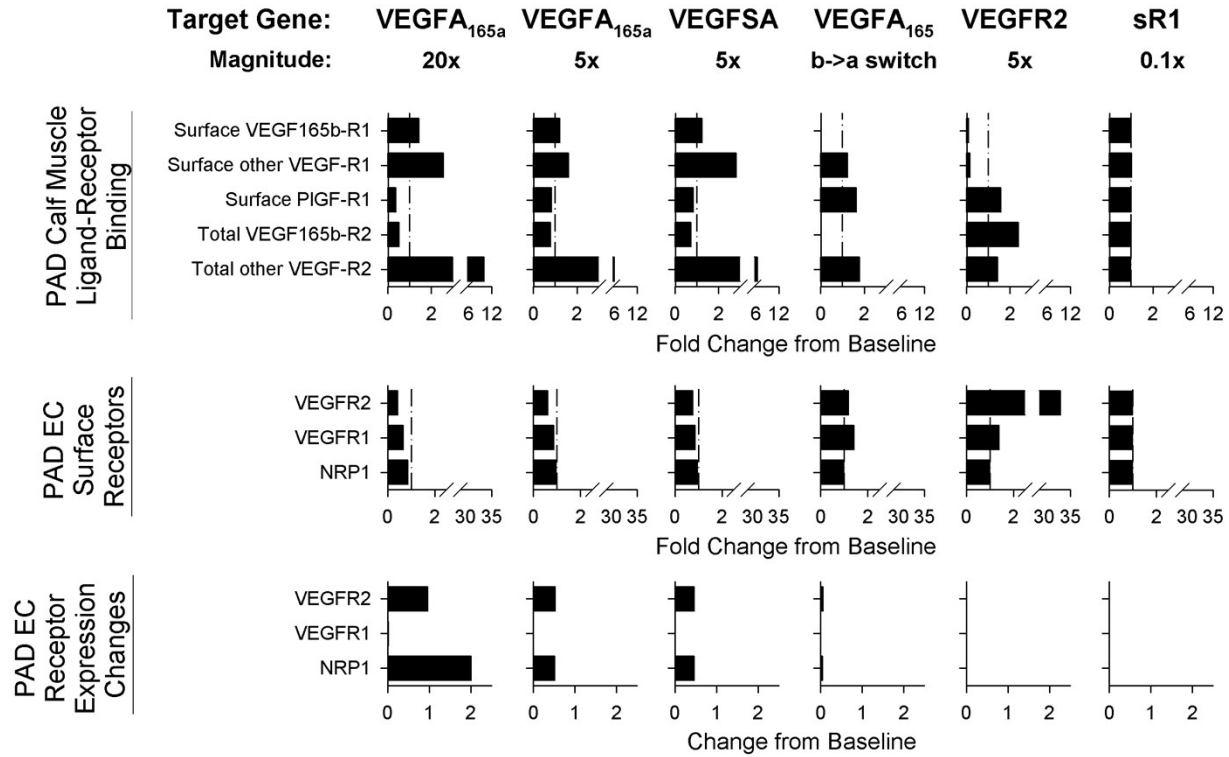
**Fig S1. Detailed response to biomaterial-based delivery of engineered VEGF constructs to the PAD Calf Muscle.** This figure is related to **Fig. 2** of the main manuscript. Free VEGF levels in other compartments (**A-B**), details of VEGFR2 phosphorylation (**C-F**), endothelial receptor occupancy (**G-I**), changes in surface receptor levels following treatment (**J-L**), and the dynamic changes in receptor production required to hold total receptor levels constant following treatment (**M-O**).



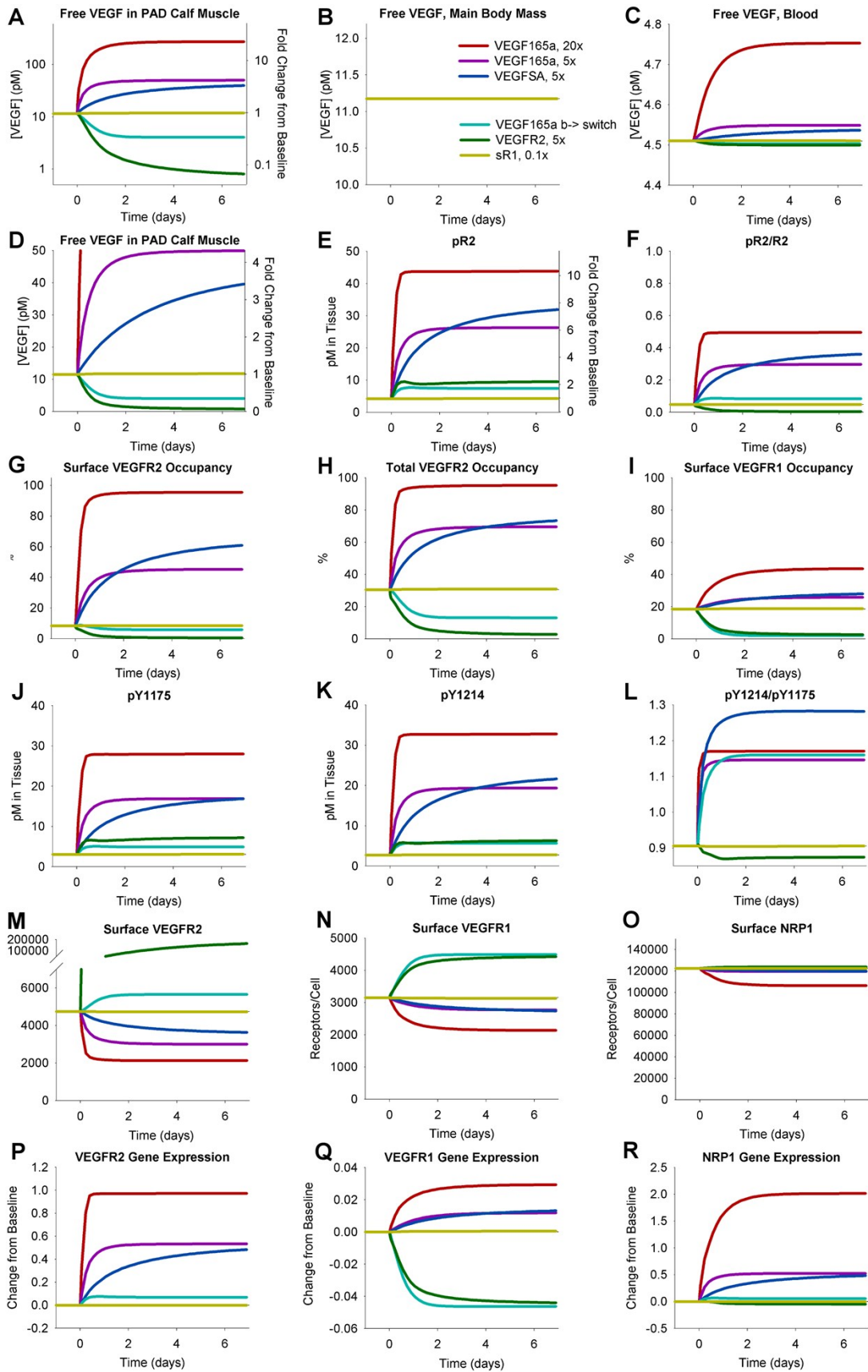
**Fig S2. Efficacy of biomaterial-based VEGF delivery does not depend on endogenous VEGF splicing.** This figure is related to **Fig. 2** of the main manuscript. Simulations of VEGF release from biomaterial (**A**), free VEGF in the PAD Calf Muscle (**B**), and VEGFR2 phosphorylation (**C**), with no endogenous secretion of VEGF<sub>165b</sub> (0%, all VEGF<sub>165a</sub>), as opposed to the case shown in **Fig. 2B**, with all VEGF<sub>165b</sub> (100%). All other conditions and dose size are the same as in **Fig. 2B**. Teal box indicates physiological range of VEGF expression, which typically varies no more than 3-5x in physiological and pathological conditions<sup>1</sup>.



**Fig S3. Detailed response to varying doses of “Covalent VEGF with Proteolysis” construct to the PAD Calf Muscle.** This figure is related to **Fig. 2** of the main manuscript. Free VEGF levels in other compartments (**A-B**), details of VEGFR2 phosphorylation (**C-F**), endothelial receptor occupancy (**G-H**), changes in surface receptor levels following treatment (**I-K**), and the dynamic changes in receptor production required to hold total receptor levels constant following treatment (**L-N**).



**Fig S4. Additional metrics of response to gene therapy at Day 6 following treatment.** This figure is related to **Fig. 3** of the main manuscript. Breakdown of ligands bound to VEGFR1 and VEGFR2 on endothelial cells (**top row**), endothelial surface receptor levels (**middle row**), and changes in receptor production required to hold total receptor levels constant 6 days post-treatment (**bottom row**).

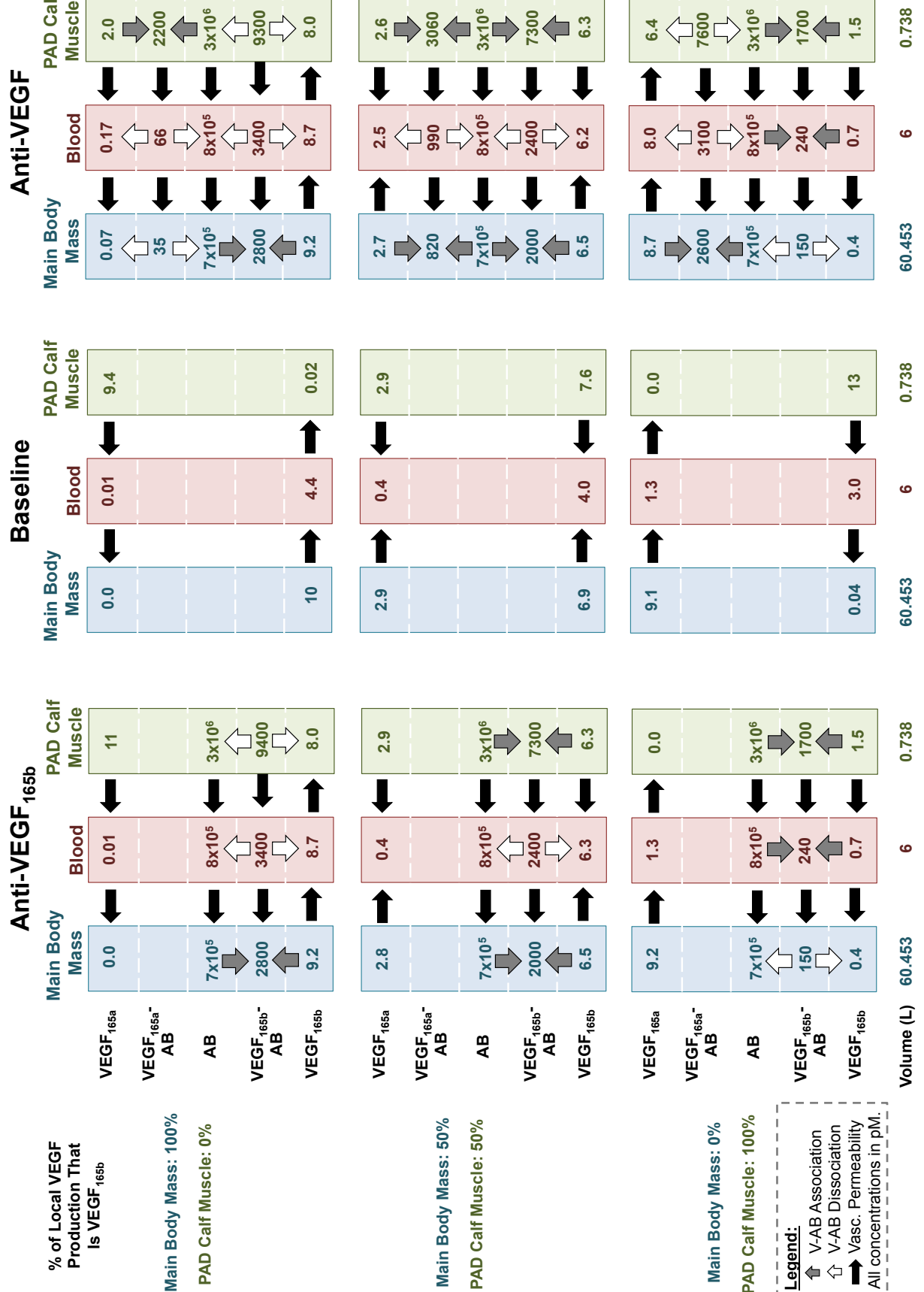




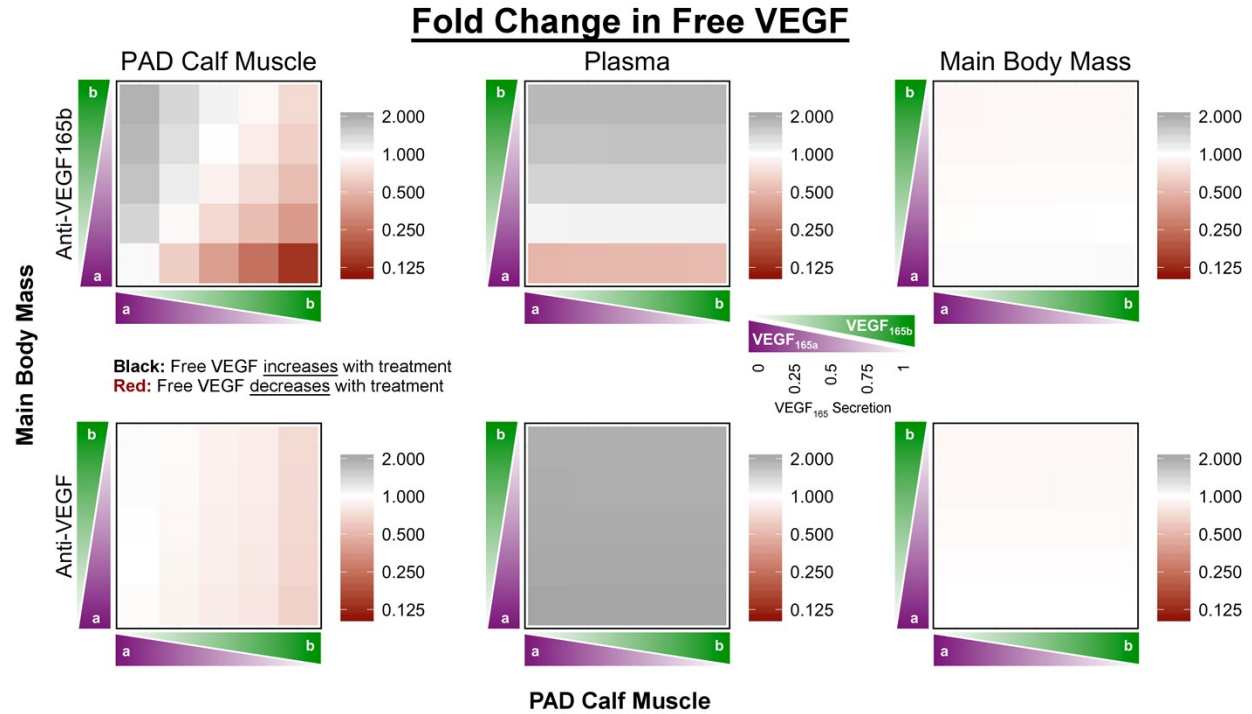
**Fig S5. Detailed time-course response to gene therapy strategies.** This figure is related to **Fig. 3** of the main manuscript. Free VEGF levels in other compartments (**A-D**), details of VEGFR2 phosphorylation (**E-F,J-L**), endothelial receptor occupancy (**G-I**), changes in surface receptor levels following treatment (**M-O**), and the dynamic changes in receptor production required to hold total receptor levels constant following treatment (**P-R**).

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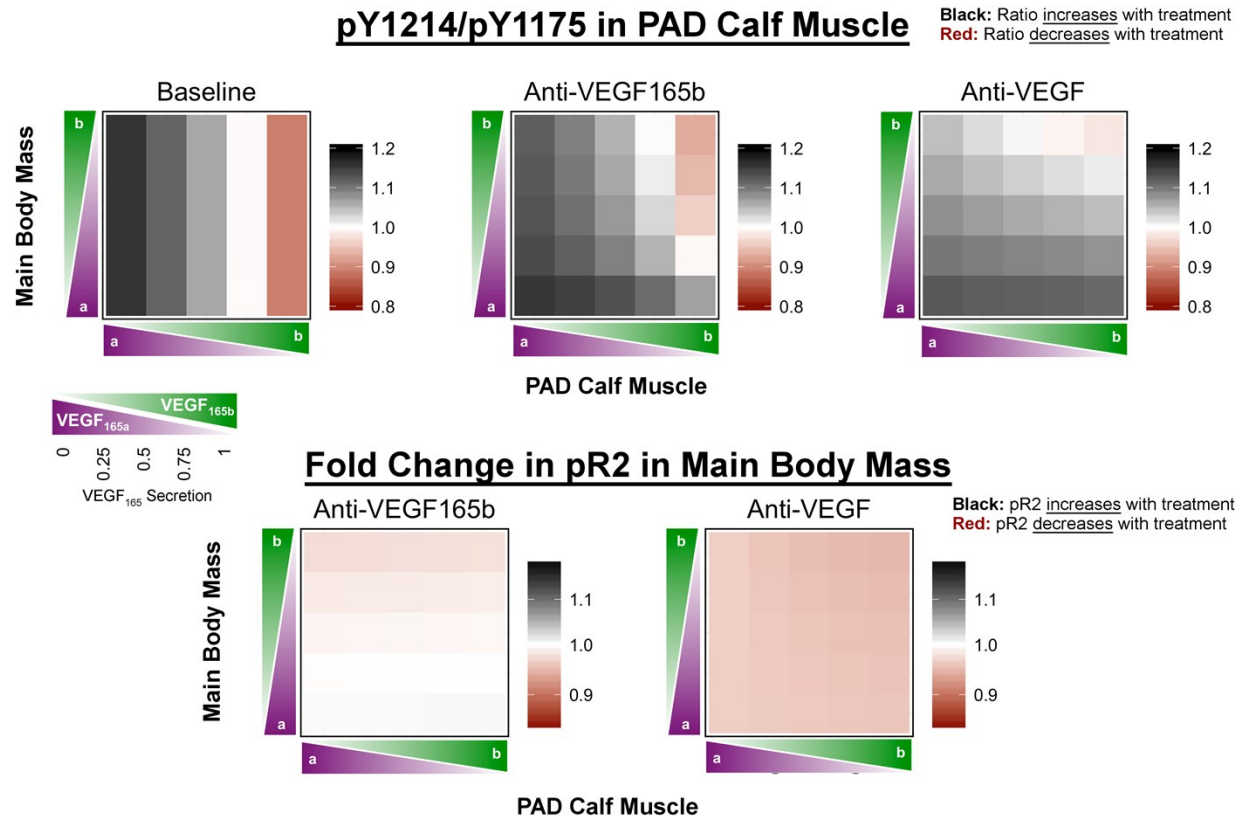
effects become important (i.e. the concentrations of VEGF<sub>165a</sub> and VEGF<sub>165b</sub> in the other tissue compartment affect local VEGF levels). Changes in flow directions between compartments also occur following antibody treatment. Note that VEGF<sub>165b</sub> distribution is similarly impacted by both anti-VEGF<sub>165b</sub> and anti-VEGF; the difference in effect arises from the concomitant redistribution of VEGF<sub>165a</sub> by anti-VEGF.



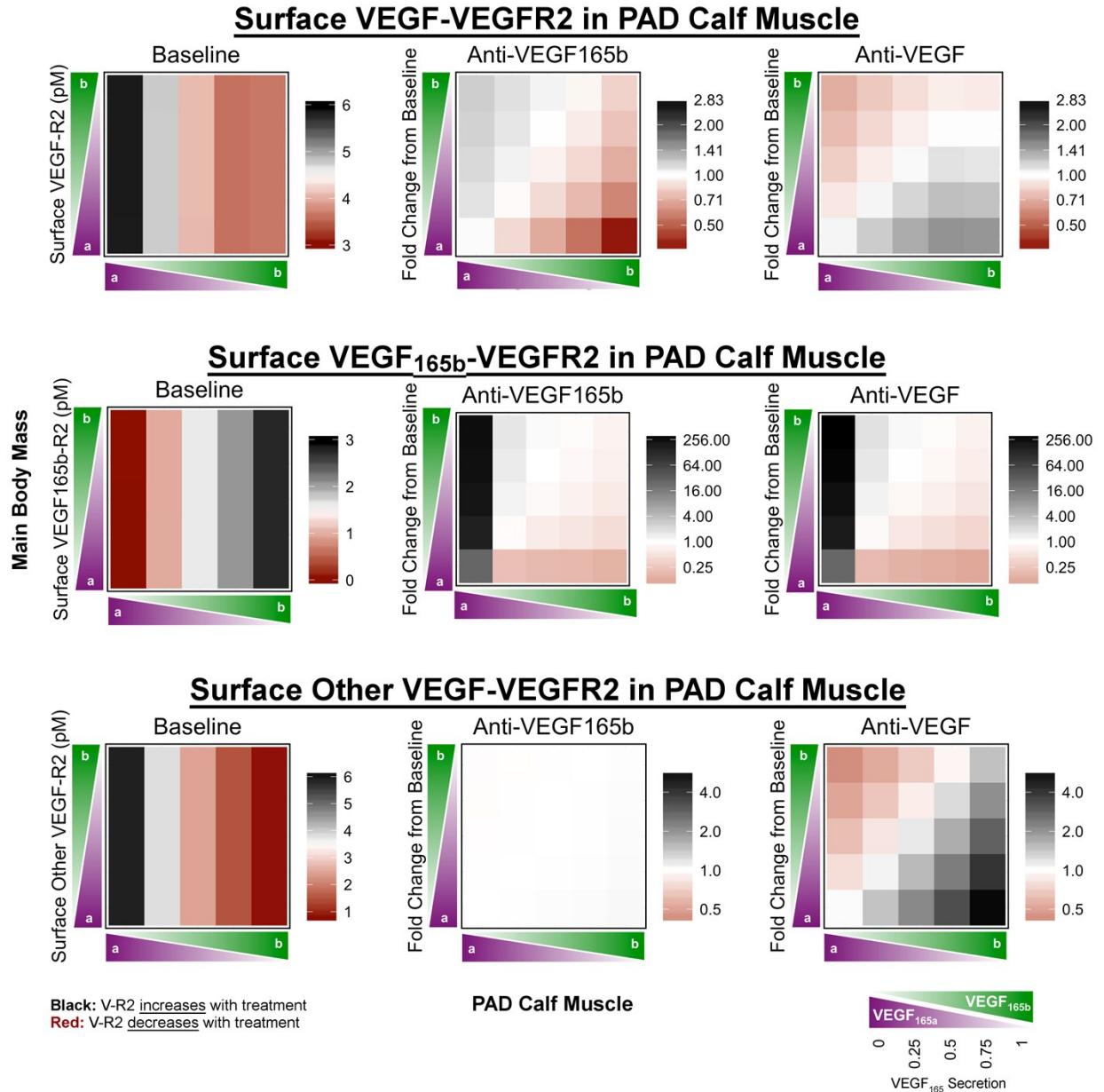




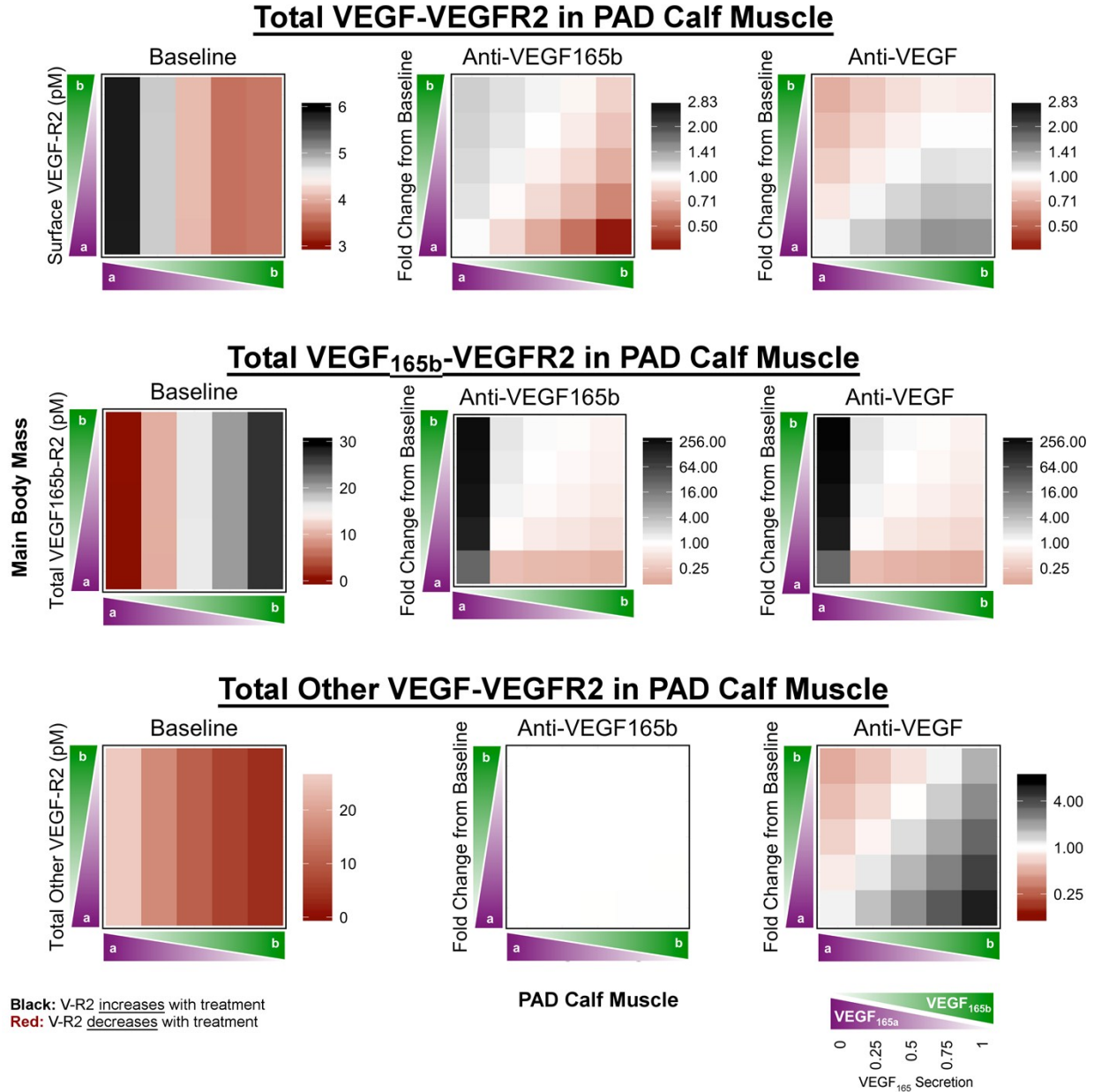
**Fig S7. Effect of VEGF-targeting antibodies on systemic free VEGF distribution.** This figure is related to **Fig. 5** of the main manuscript. Predicted fold change from baseline of total free VEGF in the PAD Calf Muscle (**left**), blood (**middle**) and Main Body Mass (**right**) on Day 6 following treatment with anti-VEGF<sub>165b</sub> (**top row**) or non-isoform-specific anti-VEGF (**bottom row**), as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). Black indicates an increase in free VEGF, while red indicates a decrease.



**Fig S8. Additional effects of VEGF-targeting antibodies on endothelial VEGFR2 signaling *in vivo*.** This figure is related to **Fig. 6** of the main manuscript. **Top:** Predicted ratio of VEGFR2 phosphorylation on Y1214 to Y1175 in the PAD Calf Muscle at baseline (**left**), and on Day 6 following treatment with Anti-VEGF<sub>165b</sub> (**middle**) or a non-isoform-specific Anti-VEGF (**right**), as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). **Bottom:** Predicted fold change in VEGFR2 phosphorylation in the Main Body Mass on Day 6 following systemic antibody treatment. Black indicates an increase, while red indicates a decrease.

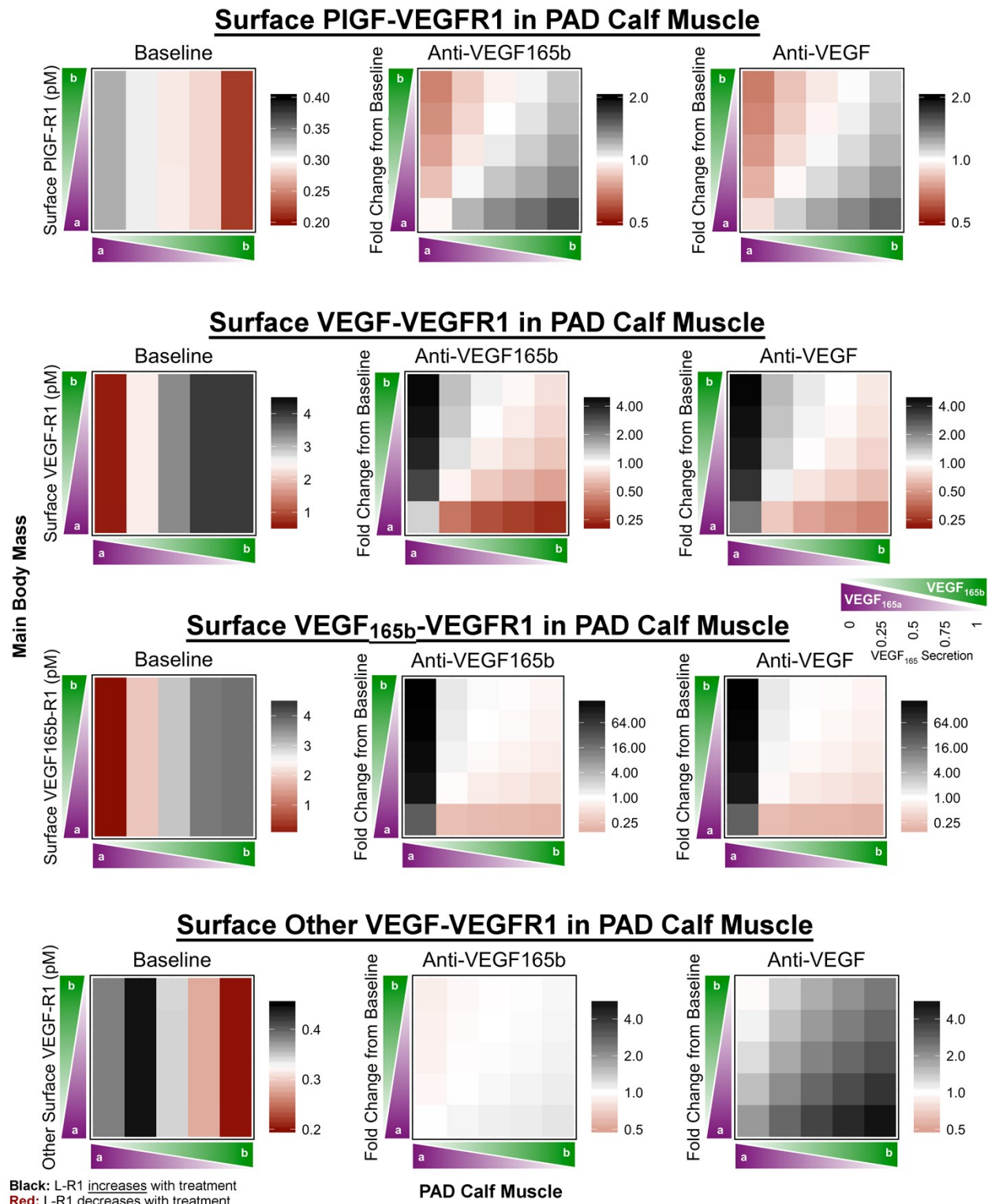


**Fig S9. Effects of VEGF-targeting antibodies on endothelial total VEGFR2 ligation *in vivo*.** This figure is related to **Fig. 6** of the main manuscript. Predicted total binding of VEGF to VEGFR2 (**top row**), VEGF<sub>165b</sub>-R2 (**middle row**), and binding of other VEGF isoforms to VEGFR2 (**bottom row**) in the PAD Calf Muscle at baseline (**left**), and fold change from baseline on Day 6 following treatment with Anti-VEGF<sub>165b</sub> (**middle**) or a non-isoform-specific Anti-VEGF (**right**), as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). Black indicates an increase, while red indicates a decrease. Note differences in color scales by row.



**Fig S10. Effects of VEGF-targeting antibodies on endothelial cell surface VEGFR2 ligation *in vivo*.** This figure is related to **Fig. 6** of the main manuscript. Predicted total binding of VEGF to VEGFR2 (**top row**), VEGF<sub>165b</sub>-R2 (**middle row**), and binding of other VEGF isoforms to VEGFR2 (**bottom row**) in the PAD Calf Muscle at baseline (**left**), and fold change from baseline on Day 6 following treatment with Anti-VEGF<sub>165b</sub> (**middle**) or a non-isoform-specific Anti-VEGF (**right**), as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). Black indicates an increase, while red indicates a decrease. Note differences in color scales by row. **Note:** Changes in total other VEGF binding to VEGFR2 following anti-VEGF<sub>165b</sub> treatment (bottom row, center) <1% (due to lack of competition between VEGF isoforms for binding to VEGFR2), which are not visible with the given scale.



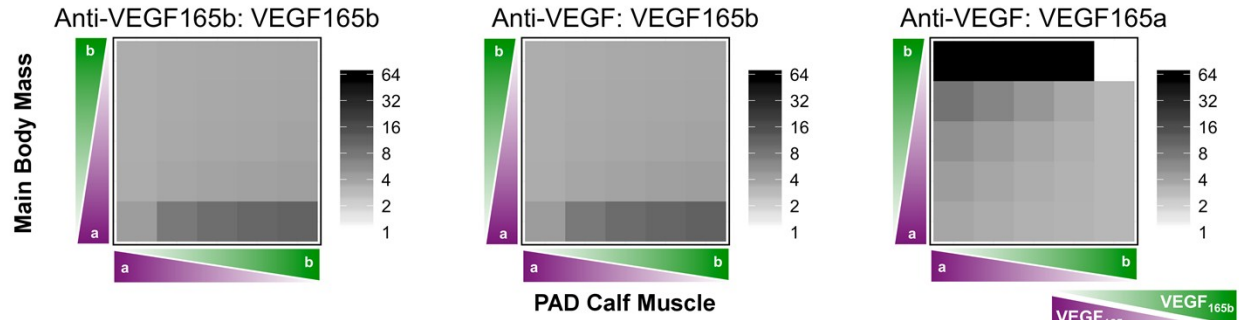


**Fig S11. Effects of VEGF-targeting antibodies on endothelial cell surface VEGFR1 ligation *in vivo*.** This figure is related to Fig. 6 of the main manuscript. Predicted total binding of PIGF to VEGFR1 (**top row**), total VEGF to VEGFR1 (**2nd row**), VEGF<sub>165b</sub>-R1 (**3rd row**), and binding of other VEGF isoforms to VEGFR1 (**bottom row**) in the PAD Calf Muscle at baseline (**left**), and fold change from baseline on Day 6 following treatment with Anti-VEGF<sub>165b</sub> (**middle**) or a non-

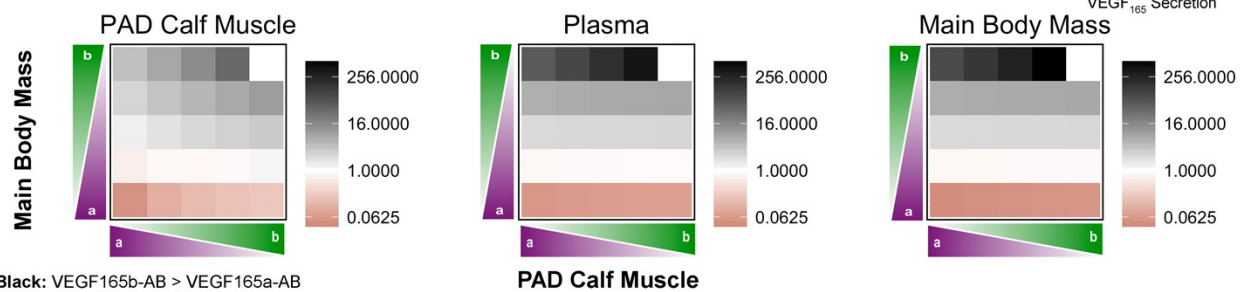


isoform-specific Anti-VEGF (**right**), as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). Black indicates an increase in Free VEGF, while red indicates a decrease. Note differences in color scales by row.

## Ratio of VEGF Bound to Antibody in PAD Calf Muscle vs. Main Body Mass

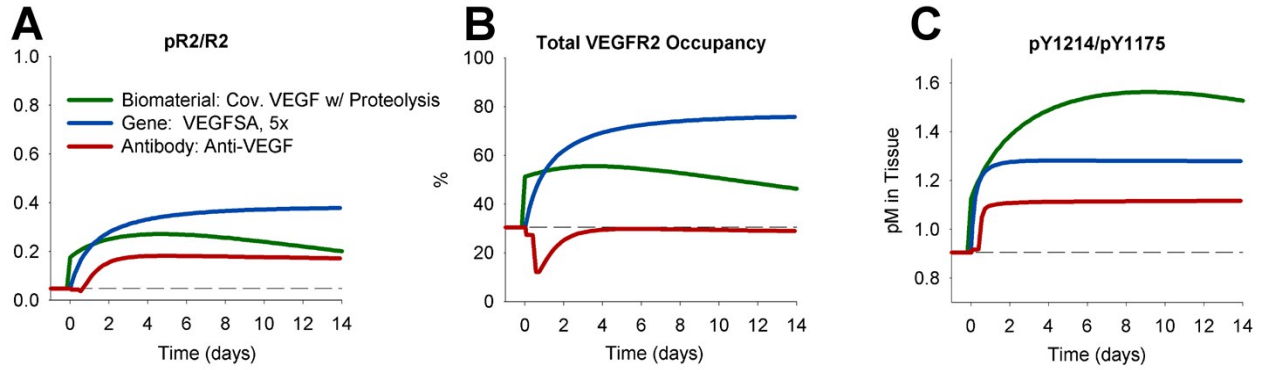


## Ratio of VEGF<sub>165b</sub> to VEGF<sub>165a</sub> Bound to Anti-VEGF



Black: VEGF165b-AB > VEGF165a-AB  
Red: VEGF165b-AB < VEGF165a-AB

**Fig S12. Relative antibody binding to VEGF<sub>165a</sub> and VEGF<sub>165b</sub> in the Main Body Mass and PAD Calf Muscle.** This figure is related to Fig. 5 of the main manuscript. **Top:** Predicted ratio of VEGF bound to the antibody in the PAD Calf Muscle as compared to the Main Body Mass on Day 6 following treatment, as a function of the local fractional secretion of VEGF<sub>165b</sub> in the PAD Calf Muscle (x-axis) and the Main Body Mass (y-axis). Left: VEGF<sub>165b</sub> bound to Anti-VEGF<sub>165b</sub>; Middle: VEGF<sub>165b</sub> bound to Anti-VEGF; Right: VEGF<sub>165a</sub> bound to Anti-VEGF. **Bottom:** Predicted ratio of VEGF<sub>165b</sub> to VEGF<sub>165a</sub> bound to Anti-VEGF in the PAD Calf Muscle (**left**), Blood (**middle**), and Main Body Mass (**right**) at Day 6 following treatment. In most cases, VEGF<sub>165b</sub> dominates due to its over-representation relative to its secretion fraction. Black indicates a ratio >1, while red indicates a ratio <1.



**Fig S13. Comparison of VEGFR2 activation following biomaterial-based protein delivery, gene therapy, or anti-VEGF treatment.** This figure is related to **Fig. 7** of the main manuscript. Fraction of total VEGFR2 phosphorylated (**A**), total VEGFR2 occupancy (**B**), and pY1214/pY1175 (**C**) over time following treatment induction.

### **Supplemental References**

1. Kut C, Mac Gabhann F, Popel AS. Where is vegf in the body? A meta-analysis of vegf distribution in cancer. *British Journal of Cancer*. 2007;97:978-985