**Supplementary information S1 (Table) | PAR expression in cancer**

<table>
<thead>
<tr>
<th>Tumour Type</th>
<th>Description</th>
<th>Techniques Used</th>
<th>References</th>
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<tbody>
<tr>
<td>Bladder Cancer</td>
<td>Expression in tumour cells strongly associated with invasion and poor prognosis. Elevated plasma suPAR correlates with metastasis. Some stromal expression also observed.</td>
<td>RT-PCR, IHC, ISH</td>
<td>1–6</td>
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<tr>
<td>Breast cancer</td>
<td>Expression in tumour-associated macrophages and fibroblasts and tumour cells primarily at the invasive front. Expression in disseminated tumour cells (blood and bone marrow) associated with possible gene amplification. Varying correlation between tumour cell expression and prognosis mostly due to inconsistencies in ELISA data. Association of tumour cell expression with resistance to taxomoxifen. Stromal expression associated with progression and poor outcome. Elevated plasma suPAR.</td>
<td>ELISA, IHC, ISH, NB, IB, RT-PCR,</td>
<td>7–28</td>
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<td>Colorectal Cancer</td>
<td>Elevated expression in tumour cells vs. Normal colon epithelium associated with invasion, metastasis and poor prognosis. Also expressed in tumour-associated macrophages, neutrophils and endothelial cells. High expression in liver metastases. Elevated plasma suPAR correlates with poor prognosis.</td>
<td>ELISA, IHC, ISH, NB, IB, EM</td>
<td>19,29–41</td>
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<td>Gastric Cancer</td>
<td>uPAR highly expressed in tumour cells, particularly in poorly differentiated tumours and at the invasive front. uPAR also frequently expressed in disseminated tumour cells in blood and bone marrow, strongly linking uPAR expression with metastasis and also correlating with poor prognosis and relapse.</td>
<td>IHC, ISH, ELISA</td>
<td>42–50</td>
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<td>Glioblastoma</td>
<td>uPAR expression in tumour cells increased with tumour grade and correlates with invasion and poor prognosis. Also expressed in tumour-associated endothelial cells.</td>
<td>IHC, ISH, NB</td>
<td>51–53</td>
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<td>Haematological malignancies</td>
<td>Cellular uPAR and plasma suPAR elevated in acute myeloid leukaemia (AML) and multiple myeloma (MM), correlating with poor prognosis, resistance to chemotherapy and tissue invasion.</td>
<td>FACS, IHC</td>
<td>54–64</td>
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<td>Hepatocellular carcinoma</td>
<td>Expressed primarily in stromal cells including macrophages and fibroblasts. Tumour cell expression may occur at the invasive front. uPAR expression correlates with progression and invasion, recurrence following treatment, and poor prognosis.</td>
<td>IHC, ISH, IB, ELISA</td>
<td>65–68</td>
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<td>Lung Cancer</td>
<td>uPAR expression may be elevated in tumour cells in non-small cell lung carcinoma (NSCLC) and squamous cell carcinoma (SCC). Plasma suPAR elevated in NSCLC and SCC, predicting recurrence post- resection. suPAR D1 elevated in NSCLC tumour lysates</td>
<td>ELISA, IHC</td>
<td>69–77</td>
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<td>Pancreatic Cancer</td>
<td>uPAR expression in tumour cells associated with invasion and poor prognosis. Also expressed in cancer-associated pancreatitis. Elevated mRNA expression frequently detected in expression profiling studies.</td>
<td>IHC, NB, RT-PCR, MA, SAGE</td>
<td>78–84</td>
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<td>Prostate Cancer</td>
<td>Elevated expression detected in tumour cells, tumour associated macrophages and neutrophils, and lymph node metastases. Elevated full-length and cleaved plasma suPAR correlates with disease progression, metastasis and poor prognosis.</td>
<td>ELISA, IHC, TMA, RT-PCR</td>
<td>85–96</td>
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