Supplementary Material to Bochenek et al. “From thrombosis to fibrosis in chronic thromboembolic pulmonary hypertension” (Thromb Haemost 2017; 117.4)

**Suppl. Figure 1.** Schematic representation of the experimental workflow.
Suppl. Figure 2. Summary of the quantitative morphometric analysis of the A, red area after MTC staining for fibrin; B, CD42b for platelets; C, glycophorin A for erythrocytes; D, SMA for myofibroblasts; E, CD31 for platelets or endothelial cells or F, the blue area after MTC staining representing fibrosis. *P<0.05, **P<0.01, ***P<0.001 and ****P<0.0001, as determined by 1-way ANOVA; # vs. thrombus, § vs. organised thrombus, $ vs. myofibroblasts, & vs. vessels and β vs. fibrosis.
Suppl. Figure 3. Representative pictures after immunostaining of myofibroblasts in human CTEPH (upper row) and murine venous thrombi (lower row) with antibodies against SMA, FSP1, PDGFRα or DDR2. Scale bars represent 100 µm.
Suppl. Figure 4. Summary of the quantitative morphometric analysis after immunostaining of inflammatory cells using antibodies against A, ELANE; B, CD68; C, CD206; D, CD11c; E, CD3 and F, CD117. *P<0.05 and ****P<0.0001, as determined by 1-way ANOVA; # vs. thrombus, § vs. organised thrombus, $ vs. myofibroblasts, & vs. vessels and ß vs. fibrosis.
Suppl. Figure 5. Summary of the quantitative morphometric analysis after immunostaining for A, HIF1α; B, HIF2α; C, VEGF; D, VEGFR2; E, eNOS and G, PTP1B; F, ROS were detected after incubation of cryosections with DHE. *P<0.05, **P<0.01, ***P<0.001 and ****P<0.0001, as determined by 1-way ANOVA; # vs. thrombus, § vs. organised thrombus, $ vs. myofibroblasts, & vs. vessels and β vs. fibrosis.
Suppl. Figure 6. Representative pictures showing the presence of pericytes surrounding vessels in CTEPH tissue. PEA specimens were stained for A, PDGFRβ and B, NG2. Scale bars represent 100 µm.
Suppl. Figure 7. Schematic drawing summarising cellular processes observed during thrombofibrotic remodelling in CTEPH.