1. Transcriptional responses of brain endothelium to *Plasmodium falciparum* patient-derived

2. isolates *in vitro*

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Abstract

A hallmark of cerebral malaria (CM) is sequestration of *Plasmodium falciparum* infected erythrocytes (IE) within the brain microvasculature. Binding of IE to endothelium reduces microvascular flow and combined with an inflammatory response perturbs endothelial barrier function, resulting in breakdown of the blood-brain barrier (BBB). Cytoadherence leads to activation of the endothelium and alters a range of cell processes affecting signalling pathways, receptor expression, coagulation, and disruption of BBB integrity. Here, we investigated whether CM derived parasites elicit differential effects on human brain microvascular endothelial cells (HBMECs), as compared to uncomplicated malaria (UM) derived parasites. Patient-derived IE from UM and CM clinical cases, as well as non-binding skeleton-binding protein 1 knockout parasites, were overlaid onto TNF-activated HBMECs. Gene expression analysis of endothelial responses was performed using probe-based assays of a panel of genes involved in inflammation, apoptosis, endothelial barrier function, and prostacyclin synthesis pathway. We observed a significant effect on endothelial transcriptional responses in the presence of IE, yet there was no significant correlation between HBMEC responses and type of clinical syndrome (UM or CM). Further, there was no correlation between HBMEC gene expression and both binding itself and level of IE binding to HBMEC, as we detected the same change in endothelial responses when employing both binding and non-binding parasites. Our results suggest that interaction of IE with endothelial cells in this co-culture model induce some endothelial responses that are independent of clinical origin and independent of the expression of the major variant antigen *Pf*EMP1 on the IE surface.

Keywords: cerebral malaria, cytoadherence, Plasmodium falciparum, HBMEC, endothelium, gene expression

Introduction

In spite of global efforts to reduce mortality and morbidity of malaria, an estimated 249 million cases and 608,000 deaths were reported in 2022, with the majority occurring in children under the age of five [1]. The majority of symptomatic infections result in mild febrile cases of uncomplicated malaria (UM), as severe disease only occurs in 1-2% of all cases [2]. Out of the eight *Plasmodium spp* that have been reported to cause either direct or zoonotic infection in humans, *P. falciparum* is considered a major driver of severe disease and mortality [3,4]. Cerebral malaria (CM) is a severe neurological complication of malaria infection that is a major cause of death, with mortality estimated between 15-25% and clinical manifestations including unarousable coma and seizures [5,6]. Mortality in paediatric CM is associated with brain swelling, which is considered to occur as a result of increased permeability of the blood-brain barrier (BBB) due to loss of

BBB function, leading to vasogenic oedema [6,7]. Continued study of the pathophysiology of CM is required

to develop targeted treatment therapies.

It is evident that CM is a complex, multi-component disease requiring a multifactorial view of pathogenesis

that considers the heterogeneous clinical manifestations of CM [8,9]. Sequestration of *P. falciparum*-infected

erythrocytes (IE) to brain microvasculature is a hallmark of CM. Cytoadhesion of IE to the endothelium is

mediated by *Plasmodium falciparum* erythrocyte membrane protein 1 (PfEMP1), a variable surface protein

that is expressed by IE and contains an extracellular binding region [10]. This polymorphic protein is encoded

by a group of approximately 60 *var* genes with monoallelic expression, and the composition of the

extracellular region confers binding to various host receptors [11]. Several vascular surface proteins, in

particular CD36, EPCR, and ICAM-1, may serve as IE adhesion receptors, and expression of these

endothelial receptors varies between vascular locations and is modulated in part by cytokines, such as TNF

and IFN [9,10,12,13]. EPCR is associated with severe malaria, as PfEMP1s containing EPCR binding domains

have been linked to brain swelling in paediatric CM [14-17]. While ICAM-1 mediates cytoadhesion related to

sequestration in the brain [13-15], its direct role in the pathology of CM is less clear. However, research has

demonstrated that a subset of EPCR-binding parasites has the ability to bind ICAM-1and that expression

of these dual binders has been associated with CM in patients [15,18,19]. Cytoadherence alters a range of

endothelial cell processes and leads to the activation of endothelium as well as reducing microvascular flow.

Accumulation of IE causes vessel occlusion and generates microenvironments where both parasite factors

and soluble erythrocytic content accumulate after IE rupture [8,20]. Ultimately, the contributions of

microvascular obstruction and endothelial dysfunction lead to the disruption and breakdown of the BBB

[5,8,9,17].

Although IE derived from malaria patients have exhibited different binding phenotypes, most studies

employ well characterized laboratory strains to investigate cytoadherence and interaction of different

PfEMP1 variants to brain endothelial cells [19,21-24]. Separate investigations have highlighted the divergent

effect of both TNF stimulation and IE cytoadhesion on endothelial transcriptional responses and the

pathways they induce [23,25]. IE isolated from peripheral blood of UM and CM patients have been used to

study cytoadherence to human brain microvascular endothelial cells (HBMEC). It was found that IE

isolated from CM patients exhibit differential binding capacities to TNF-activated brain endothelium *in*

vitro, as they were associated with increased adhesion [26]. Further study employing patient-derived isolates

is needed to elucidate the impact of parasite cytoadhesion on the brain microvasculature in association with

different disease outcomes.

The aim of this study is to investigate whether CM-derived IE elicit differential effects on HBMEC as compared to UM-derived isolates. An *in vitro* co-culture model of cytoadherence was employed wherein patient-derived IE isolates were overlayed onto TNF-activated HBMEC and the relative gene expression of HBMEC after incubation with either RBC or IE for a panel of genes was assessed. A study utilizing two *P. falciparum* lab strains with different binding capacities to HBMEC found that different PfEMP1-expressing variants induced divergent endothelial transcriptional responses during cytoadherence [25]. Differentially expressed genes (DEGs) were identified in HBMEC in pathways involved in the pathology of severe malaria, such as inflammation, apoptosis, and barrier integrity. From this list of DEGs, a panel of genes was compiled, and gene expression was investigated by qPCR using the Fluidigm DELTAgene assays system. First, the relative gene expression of HBMEC after exposure to control RBC or IE for combined UM and CM-derived isolates was compared, followed by comparing the expression data between clinical type. We observed variation in endothelial transcriptional responses to individual patient-derived IE as compared to RBC, but these responses did not show a significant differential effect between the UM or CM-derived isolates. It was assessed whether the HBMEC relative gene expression after co-culture was correlated with the binding avidity of the parasite isolates, but a significant relationship was not observed. Our data confirm that IE have a profound effect on endothelial transcription that is specific to the presence of the *P. falciparum* parasites in the erythrocyte. However, we did not observe effects that were associated with disease severity with the panel of genes used in this study.

Materials and Methods

Culture of Endothelial Cells

Primary HBMEC were obtained from Cell Systems, USA (ACBRI 376) and cultured in Endothelial Cell Growth Medium 2 (EGM2) media (C-22111, Promocell) supplemented with 2% foetal calf serum (FCS), 5 ng/mL epidermal growth factor (EGF), 10 ng/mL basic fibroblast growth factor, 20 ng/mL Long R3 IGF-1, 0.5 ng/mL VEGF 165, 1 µg/mL ascorbic acid, 22.3 µg/mL heparin, and 0.2 µg/mL hydrocortisone from the supplement pack (C-39211, Promocell) in a 5% CO2 incubator at 37°C. For endothelial cells to adhere to the surface, flasks were coated with attachment factor (10308363, Gibco). Cells were passaged using Accutase solution (A6964, Sigma Aldrich), following manufacturer instructions. The receptor expression of HBMEC was characterised by flow cytometry as described by Storm et al [26].

Culture of *P. falciparum* Parasites

Patient-derived *P. falciparum* parasites were isolated from peripheral blood from paediatric malaria cases recruited at the Queen Elizabeth Central Hospital, Blantyre, Malawi with ethical approval from the College of Medicine, University of Malawi and LSTM, as described in Storm et al [26]. Four UM and four CM patient-derived isolates were selected based on their differential cytoadherence profile to HBMEC and human dermal microvascular endothelial cells and their ability to establish in continuous culture (Figure 3). After isolation from blood, limited IE could be cryopreserved, especially for CM isolates, and only a maximum of 150 µl IE could be frozen. Establishing the isolates as a continuous culture, expanding the cultures to generate more stabilates, and subsequently have 65 ml of culture volume at 2% HCT for the co-cultures requires a considerable amount of time. Therefore, co-cultures were performed after at least 21 days in culture (DIC). The total DIC for the patient-derived parasite isolates for co-culture 1 and 2, respectively, were UM1: 24 and 43, UM2: 21 and 32, UM3: 31 and 42, UM4: 24 and 25, CM1: 29 and 29, CM2: 35 and 44, CM3: 49 and 59, and CM4: 29 and 41. The skeleton-binding protein knockout (SBP1-KO) lab strain was obtained from A.G. Maier and cultured in the presence of 4 nM WR99210 [27].

The IE were cultivated at 2% haematocrit in O+ human erythrocytes and grown at 37°C in multiple 25cm^2 tissue culture flasks (T25) filled with a gas mixture of 96% nitrogen, 3% carbon dioxide, and 1% oxygen. The duration of parasite culturing was isolate dependent, as different lengths of continuous culture were required to generate enough material to perform the experiments, ranging from 21-60 DIC. IE were maintained in complete RPMI 1640 medium with 11 mM glucose and 0.2% sodium bicarbonate (R-0883, Sigma) supplemented with 5% human serum, 0.25% Albumax II (11021029, ThermoFisher Scientific), 30 mM of HEPES (15630122, Gibco), 2 mM L-glutamine (G-7513, Sigma), 25 ng/mL gentamicin sulphate solution (G-1271, Sigma), and 0.11 mM hypoxanthine (H9636, Sigma) pH 7.4. Parasite growth was monitored using Giemsa staining (1092040500, Merck), and IE were passaged to maintain 2-5% parasitaemia. Mixed-staged cultures were synchronized for ring stages using a 5% D-sorbitol solution (S3889, Sigma), and IE at trophozoite stage were used for the *in vitro* co-culture studies with HBMEC. EC cultures, parasite lines, culture media, and washed RBCs were monitored for mycoplasma contamination using MycoBlue™ Mycoplasma Detector (Vazyme, D101-02).

Co-culture of HBMEC and IE

HBMEC at passage 5-8 were cultured until 90% confluency in T25 flasks. One day prior to co-culture, HBMEC were seeded in 12-well plates at a density of 50,000 cells/cm^2 (for 3.8 cm^2 wells, this is equivalent to total of 190,000 cells) in the morning and stimulated overnight with 10 ng/mL TNF (PHC3015,

Invitrogen). The RBC control was prepared by culturing a 2% haematocrit suspension in RPMI medium

overnight. On the day of the co-culture, the supernatant was removed from the HBMEC and replaced with

EGM2 media without heparin and hydrocortisone (EGM2min media) 2 hours prior to co-culture. IE were

enriched for mature stages by layering onto a 0.7% gelatine solution and incubation at 37°C for 45-60

minutes and after enrichment, the haematocrit and parasitaemia were calculated and IE suspensions were

prepared to an average parasitaemia of 30% (parasitaemia ranged from 20-40%, depending on enrichment

properties of the isolates) at 1% haematocrit in EGM2min media.

The RBC control was also subjected to gelatine treatment and a suspension at 1% haematocrit in EGM2min

media was prepared. EGM2min medium was used to maintain healthy HBMEC and did not affect parasite

viability in the 6-hour co-culture, but parasite development seemed delayed, as assessed by microscopy.

Medium was removed from the HBMEC, and 700 µl IE or RBC suspension were overlayed onto HBMEC

for 6 hours in a 5% CO2 incubator at 37°C, as well as EGM2min medium as an additional control. 700 µL

of 30% parasitaemia at 1% haematocrit is equivalent to $2.1x10^7$ IE and addition of the IE suspension to

HBMEC is equivalent to a ratio of 110 IE/HBMEC. A 0-hour control with EGM2min medium was used to

compare with the 6-hour time points. Control samples were generated by overnight incubation of HBMEC

with either 10 ng/mL of TNF, or 1 ng/mL IL-1 beta (579402, BioLegend) and compared to EGM2min

medium, for which samples were collected directly after stimulation.

At each time point, the co-culture medium was removed, and the HBMEC were washed once with

EGM2min medium to remove unbound IE or uninfected RBC. Cells were directly lysed in the well using

350 µL of lysing solution (1% 2-mercaptoethanol in Buffer RLT; RNeasy Mini Kit, 74106, Qiagen) by

pipetting over the well. The lysates were collected into a 1.5mL sterile tube, vortexed, and stored at -80°C

until RNA extraction. Two independent co-culture experiments were performed for each patient isolate and

SBP1-KO.

In parallel to the co-culture experiments, activation of HBMEC after overnight incubation with TNF was

assessed. One day prior to co-culture, HBMEC were plated onto 24-well plates at a density of 50,000

cells/cm². The HBMEC were incubated overnight with either media alone or media containing 10 ng/mL

of TNF. Cells were detached with Accutase, collected in PBS + 1% FBS and stained for ICAM-1 expression

on the endothelial cell surface using APC anti-human CD54 antibody (353111, Biolegend). Flow cytometry

analysis was performed and confirmed that ICAM-1 expression was upregulated following overnight

stimulation with TNF in each of the co-culture experiments.

RNA Extraction and Quality Assessment

Frozen HBMEC lysates were placed in a 37°C water bath until thawed and salts dissolved. Total RNA was purified using the RNeasy Mini Kit (74106, Qiagen) following the manufacturer's instructions using steps 4 -10 of the "Purification of Total RNA from Animal Cells using Spin Technology" protocol. RNA was eluted in 50 µL of RNase-free water.

The RNA concentration of each sample was quantified using a Qubit fluorometer and the RNA High Sensitivity assays (Q32852, Invitrogen), following manufacturer instructions. The quality of the RNA samples was assessed using an Agilent 2100 Bioanalyzer (RNA 6000 Nano Kit, 5067-1511, Agilent technologies) following manufacturer instructions. The RIN for all samples was between 9.4-10, indicating high quality RNA.

Gene Expression Assays using the Fluidigm System and Calculations

Gene expression qPCR assays were conducted on the extracted RNA for a panel of 49 genes that include pathways pertaining to inflammation, apoptosis, endothelial barrier function, and prostacyclin synthesis (listed in Supplementary Table 1). In short, cDNA was prepared with reverse transcription before pre-amplification (13-cycles) and clean-up of the reactions using Exonuclease 1, following the manufacturer protocols (100-6472 B1, PN 100-5875 C1) and reagents (Fluidigm,100-6297; Fluidigm, 100-5580; New England Biolabs, M0293S; TEKnova, 10221). Real-time PCR data was collected using the Biomark HD system with a 96.96 IFC chip using Fluidigm Delta-Gene Assays on the pre-amplified cDNA. The manufacturing protocol was followed for use of the Biomark HD system (PN 100-9792 A1) using the reagents specified for preparing samples (Biorad, 172-5211; Fluidigm, 100-7609)) and assays (Fluidigm 100-7611; TEKnova, 10221). Technical replicates were performed for each sample, and Ct values were obtained as the throughput of the real-time data. The primers for the gene panel were proprietarily designed, prepared, and tested by Fluidigm.

Relative gene expression was calculated using the $2^{-\Delta\Delta Ct}$ method as previously described [28] using GAPDH as the endogenous control (ΔCt) and the 6-hour EGM2min media-only sample as the normalization controls ($\Delta\Delta$Ct). In this way, the exponential fold changes (FCs, $2^{-\Delta\Delta Ct}$) in the target genes are calculated as normalized to the GAPDH internal control and relative to the expression of the HBMEC-media only at the 6-hour time point. For each target gene, the gene expression of HBMEC incubated with EGM2min media

at 6-hours is equal to 1 (baseline). Therefore, an FC>1 indicates increased relative gene expression and an FC <1 indicates decreased relative gene expression for the experimental samples. FCs were calculated for each technical triplicate of each sample for each experiment. To compare relative gene expression of HBMEC after incubation with various groups (e.g., RBCs, UM-derived parasite isolates, CM-derived parasites isolates, or combined IE), the mean, standard error of the mean (SEM), and confidence intervals for each group were calculated from the technical triplicates of each sample for each independent experiment. Either two-tailed, unpaired T-tests or Welch's T-test were then performed to compare the relative gene expression between various corresponding groups. Additionally, a paired analysis was performed wherein the HBMEC-IE relative gene expression for each parasite isolate was compared to the corresponding HBMEC-RBC relative gene expression, for both experiments. For this analysis, the target FCs were calculated as normalized to GAPDH and relative to the corresponding experimental 6-hour EGM2min media, and the mean and SD were determined from the technical triplicates for each sample. Both independent experiments for all isolates were performed for a 6-hour timepoint.

Binding of Parasite Isolates to HBMEC under Flow Conditions

The binding assay was performed using the Cellix microfluidics system as previously described [26,29]. Briefly, HBMEC or HDMEC were stimulated overnight with 10 ng/ml TNF, detached, and seeded in attachment factor coated Vena8 biochips (Cellix). When cells formed a confluent monolayer, an IE suspension of 2% parasitaemia and 5% haematocrit in binding buffer (RPMI 1640 with 25 mM HEPES, 11 mM glucose, 2 mM glutamine, pH 7.2) was flowed through for 5 minutes at 37 °C at a shear stress of 0.4 dyne/cm2. After a washing step, bound IE were counted by microscopy in 15 areas throughout the biochip and the mean IE/mm^2 EC cell surface calculated.

Statistical Analysis

Statistical analyses were performed on Prism 9 (Version 9.5.1, GraphPad Software). The exact statistical tests, along with the levels of significance, are detailed in the figure legends.

Data Availability

Data will be made publicly available upon publication.

Results

Expression of intermediates involved in maintaining vascular barrier integrity is increased in HBMEC in response to patient-derived *P. falciparum* parasites.

To investigate endothelial responses to the patient-derived parasite isolates, we compared the relative gene expression of TNF-activated HBMEC after six-hour exposure to either RBC or IE derived from patients with clinically defined UM or CM. Additional media-only samples were collected to be used as normalization controls in the relative gene expression calculations.

The relative gene expression of 49 target genes was analysed by grouping HBMEC samples by clinical type of the patient isolates, either HBMEC-UM or HBMEC-CM, and comparing them to the corresponding HBMEC-RBC control. Gene expression was calculated for HBMEC-UM, HBMEC-CM, and corresponding HBMEC-RBC by determining the mean FC±SEMs for each group relative to the corresponding 6-hour EGM2min media controls in each of the two independent experiments. Welch's t-tests were performed to compare the relative gene expression of the HBMEC-IEs to their corresponding HBMEC-RBC controls, and the mean FC±SEMs are reported in Supplementary Table 1.

Differential gene expression was observed in HBMEC in the presence of IE compared to the corresponding RBC control for a number of genes, and several were selected for further study due to their relatively increased expression (FC > 1.7), as well as the biological processes they are involved in. These genes encode: B-cell lymphoma 2-related protein A1 (*BCL2A1*), cytochrome P450 family 1 subfamily A member 1(*CYP1A1*), Krüppel-like factor 2 (*KLF2*), Krüppel-like factor 4 (*KLF4*), prostacyclin synthase (*PTGIS*), and prostaglandin-endoperoxide synthase 2 (*PTGS2*).

A significant increase in expression of *BL2A1*, *CYP1A1*, *KLF2*, *KLF4*, *PTGIS*, and *PTGS2* was observed for HBMEC after co-culture with both clinical isolate types as compared to the RBC controls (Figure 1, Supplementary Table 1). The mean HBMEC gene expression was compared in two ways: grouping by clinical syndrome compared to the corresponding RBC and grouping by combining all IE samples compared to the corresponding RBC. The results for each gene are shown in Figure 1, with a sub-figure showing the combined data for HBMEC-RBC and HBMEC-IE co-culture, with paired data points from the same experiment joined by a line. This allows visual verification of increased gene expression within each experiment, which corresponds to the increase in gene expression observed when samples are grouped by clinical type.

To validate the observed changes in gene expression, we assessed whether the Fluidigm panel would detect gene upregulation after incubating HBMEC overnight with known stimuli, IL-1beta and TNF, and comparing the relative gene expression with a media control (Supplementary Table 2). Indeed, incubation with these stimuli resulted in upregulation of HBMEC expression in the majority of tested genes, with large fold changes observed in both treatment groups for the following (IL-1beta and TNF, respectively): *CXCL3* (1305 and 862), *ICAM1* (16 and 25), *PTGS2* (30 and 16), *SELE* (1305 and 862), and *VCAM1* (548 and 873).

Previous studies have demonstrated that TNF differentially regulates transcriptional effects on brain endothelial cells [23,30], such as upregulated expression of *BCL2A1* in vascular endothelial cells [31], 0-hour data was collected to assess if the observed HBMEC FC expression was due to either activation with TNF or the effect of IE. To demonstrate the impact of TNF withdrawal, the relative gene expression of activated HBMEC after 2-hours (0-hour timepoint) and 8-hours (6-hour timepoint) incubation with media were compared for representative samples (Supplementary Figure 1). There was significant reduction of relative FC levels of *KLF4*, *PTGS2*, *ICAM-1*, *VCAM-1*, and an observed reduction in *BCL2A1* in HBMEC after withdrawal of TNF after 8 hours. These findings show that the differences in relative gene expression observed after co-culture are not artifacts of overnight TNF stimulation of the HBMEC.

P. falciparum parasites derived from uncomplicated or cerebral malaria cases do not induce divergent HBMEC responses for the genes tested.

To determine whether the observed effect on HBMEC responses to the patient-derived IE was specific to the clinical syndrome, the effect of RBCs on HBMEC was normalized. To take into account variation in the RBCs for each experiment, gene expression FCs ($2^{-\Delta\Delta Ct}$) were calculated relative to the corresponding 6-hour HBMEC-RBC sample, which was used as the normalization control ($\Delta\Delta Ct$). Mean gene FCs were calculated for each clinical isolate type (HBMEC-UM and HBMEC-CM) using the triplicates of all the experimental samples. Unpaired t-tests were performed to compare the mean relative gene expression of HBMEC-UM to HBMEC-CM (Figure 2). Apart from *PTGIS*, there was no differential effect on HBMEC transcriptional responses when comparing UM and CM-derived isolates.

The isolates chosen for this study were from a panel of patient-derived *P. falciparum* parasites, isolated from paediatric uncomplicated and cerebral malaria cases in Malawi as described in Storm et al [26]. During extended periods of culture, and when establishing *in vitro P. falciparum* culture lines from patient parasite isolates, the *var* gene transcription profiles may change which could affect phenotypic changes, such as

binding to HBMEC [32,33]. To establish the isolates in culture and expand the volume to sufficient levels, the

experiments were carried out after culturing the IE for 21-60 days. To determine if their adherence to

HBMEC had changed due to *var* gene switching over time [32,33], binding assays under flow conditions were

performed as close to the length of culture time (days in culture, DIC) for each co-culture experiment

(Figure 3). Compared to their initial binding phenotype, all isolates showed altered binding to HBMEC.

UM1, UM3, UM4, CM2 and CM3 increased their binding after various days in culture, with some variation

between the two sets of DIC, and UM2 and CM4 decreased their binding. The SBP1-KO strain does not

bind to HBMECs.

Using data from both experiments, the binding capacities of the isolates were then correlated with the mean

gene expression (FC calculated using the 6-hour RBC as the normalization control) of HBMEC following

co-culture with IE using Spearman's correlation. These calculations were performed for the entire gene

panel by grouping the data per experiment, and representative plots for *KLF4*, *PTGIS*, and *PTGS2* are

presented in Supplementary Figures 2A and 2B for both experiments. After co-culture, there was no

observed significant correlation between the binding avidity of the parasites and the HBMEC gene

expression.

Observed differential effects of *P. falciparum* parasites on HBMEC responses is not solely due to

binding.

To further investigate whether the observed differential effects on HBMEC transcriptional responses were

due to the direct interaction between the IE and the surface of HBMEC, two co-culture experiments were

performed using the non-binding parasite strain, skeleton-binding protein knockout parasites (SBP1-KO).

These parasites are unable to traffic *Pf*EMP1 to the infected erythrocyte surface, and therefore, they are

unable to bind to endothelium [27,34], verified by using flow binding assays to HBMEC (Figure 3). The mean

relative gene expression was calculated for the technical and biological replicates. Welch's t-tests were

performed to compare the relative FC of the HBMEC-SBP1KO parasites and the HBMEC-RBC controls

(Supplementary Table 3). The relative gene expression of the HBMEC incubated with the binding patient-

derived parasites (HBMEC-binding IE), and non-binding SBP1-KO parasites, as compared to the HBMEC-

RBC controls, are shown in Figure 4 for *BCL2A1*, *CYP1A1*, *KLF2*, *KLF4*, *PTGIS*, and *PTGS2*.

Even though similar effects were observed from the SBP1-KO parasites on HBMEC transcriptional

response when compared to the patient-derived isolates for these genes, the magnitude of the effect is not

always the same between HBMEC-SBP1-KO and the HBMEC-binding IE. The relative FC of the HBMEC-

binding parasites and the HBMEC-SBP1KO parasites were compared (Supplementary Table 4), and out of

the genes presented in Figure 4, there were significant differences between the two groups for *BCL2A1*,

KLF4, and *PTGS2*. There is large variation in responses within the binding-IE group, likely due to the

expression of different *Pf*EMP1variants, suggesting that more than one process is occurring, one of which

is adhesion independent. The observed differential effect on HBMEC transcriptional responses is related to

parasite-infected RBC, but not exclusively binding via *Pf*EMP1.

As shown in Figure 3, differences in cytoadhesion of the patient-derived isolates to HBMEC were measured

after culturing. To determine PfEMP1 domains expressed, *var* genotyping by qPCR was used and the data

compared to the qPCR data from when the parasites were isolated from the patients (Supplementary Table

5) [26]. Primer sets detecting multiple group A and A/B var domains were used, with the CIDRα1 domains

predicting PfEMP1 binding to EPCR and the DBLβ domains predicting binding to ICAM-1, both these

receptors are expressed on HBMEC. A transcription unit of at least 32 denotes a transcription level equal

to the endogenous genes seryl-tRNA synthetase and aldolase, used to normalise the data. High transcript

levels of the initial DBLα domains remained for UM4 and CM1 after 26 and 29 DIC, respectively, while

the levels decreased substantially for CM2 (43 DIC) and CM4 (33 DIC), indicative for *var* gene switching.

CM1 seemed to maintain similar transcripts levels for most of the var domains.

372 Determination of prostaglandin endoperoxide synthase 2 and prostacyclin production in HBMEC-

373 IE co-cultures

HBMEC-IE co-culture activates the prostacyclin pathway as shown for *PTGIS* and *PTGS2* in the Fluidigm

results (Figure 1). Whether that results in increased concentrations of its end-product prostacyclin or the

intermediate PTGS2 was determined by ELISA. Prostacyclin is secreted but has a short half-life, therefore

its hydrolysis product, 6-keto prostaglandin F1α (6-keto PGF1α) was measured in co-culture medium of

HBMEC-IE and compared with their respective HBMEC-RBC controls (Supplementary Table 6 and

Supplementary Figure 3). Overall, there is some variability between the experiments, but no significant

differences were detected between the co-cultures. However, the positive controls, HBMEC activated with

TNF or thrombin, did increase 6-keto PGF1α concentrations. PTGS2 was detected in HBMEC cell lysate

after co-culture and calculated as ng PTGS2 per mg total lysate protein (Supplementary Table 6). Overall,

there was a small decrease in PTGS2 generation after HBMEC-IE co-culture, but only significant for CM1

(experiment 9) and CM4 (experiment 6).

Production of cytokines by HBMEC-IE co-cultures

To determine if the production of cytokines or chemokines by HBMEC was altered following co-culture, a multiplex panel of 41 secreted cytokines and chemokines was used. The multiplex was performed at an early stage of the study and only included 6-hour co-culture medium of five isolates and two lab strains IT4var14 and IT4var37 in one experiment. These lab strains were included because they were used in previous co-culture experiments [25]. Concentrations higher than 5 pg/ml were detected for 13 cytokines and only a few of these were significantly increased after co-culture with IE, compared to co-culture with their respective RBC control (Supplementary Table 7). CM4, the isolate with the highest binding to HBMEC, significantly increased production of IL-6, IL-8 and IP-10, GRO, G-CSF and GM-CSF. Although at low levels, IFNγ was increased two to ten-fold by co-culture with the patient isolates, but not significantly by the lab strains IT4var14 and IT4var37. A positive control of TNF-activated HBMEC was included to produce high enough levels of cytokines to be measured, and for 10 analytes these were at least 10-fold higher than medium only. Notably, TNF was still detectable at ~11 ng/ml in the culture medium after 16 hours.

Effect of IE co-culture on HBMEC barrier integrity

Although the cytoadherence phenotype of the isolates to HBMEC altered during culture, there are still detectable differences, especially between CM2 and CM4 with low and high binding, respectively. Whether differential binding capacity of the patient isolates could affect HBMEC barrier function was determined by trans endothelial electrical resistance (TEER). Barrier function increased slightly by adding RBC, irrespective if they were infected or not (Supplementary Figure 4B). Thrombin induces a rapid decrease in barrier function, which recovers within 2 hours. The presence of RBC and IE partly protected against this effect by reducing the maximum decrease (Supplementary Figures 4C and 4E) and the rate of recovery, determined by the area under the curve (AUC) (Supplementary Figures 4D and 4F). RBC and IE all significantly reduced thrombin-induced decrease in barrier function compared to medium, but IE was not significantly different to RBC. The recovery rate was more rapid with a significantly reduced AUC for RBC, 5%, 10%, and 30% IE compared to medium with a trend of more rapid recovery with increasing parasitaemia. The AUC for SBP1-KO at the different parasitaemias were similar and not distinct compared to medium, but all significantly different than the AUC of 30% IE, which had the smallest AUC at 13.5. No differences between the individual UM and CM-derived isolates could be detected.

Discussion

A view of CM pathology has emerged in recent years that proposes dysregulation of coagulation pathways, inflammation, release of parasite factors from mature IE, and sequestration of IE in the vasculature all contribute to endothelial dysfunction and breakdown of the BBB [8,9,35]. Cytoadhesion of IE to endothelial cells is one of the events in a multi-step process leading to localized accumulation of both IE and RBC, as well as rupture and release of parasite and intercellular erythrocyte components and soluble factors, resulting in activation of the endothelium and immune responses, compromising BBB integrity [20,36].

In the present study, HBMEC responses to clinically derived parasites isolates from UM and CM patients were investigated by employing an *in vitro* co-culture model of cytoadhesion. We found that IE from both UM and CM-derived isolates have differential effects on the HBMEC transcriptional response as compared to RBCs for 28 genes (Supplementary Table 1 and Figure 1), but there was no difference when comparing UM with CM patient-derived isolates (Figure 2). The UM and CM-derived isolates were selected for this study based on their diverse binding capacities to HBMEC and HDMEC from a previous study [26], and their ability to be established in continuous culture to provide sufficient material for repeat experiments. Adapting *P. falciparum* patient-derived isolates to *in-vitro* culture requires considerable time, and thus *var* gene switching is likely to occur [32,37], which was the case for the CM and UM isolates, as detected by qPCR (Supplementary Table 5). This resulted in altered binding profiles to TNF-stimulated HBMEC with less distinction between the isolates compared to that seen at the time of isolation from patients, with exceptions of CM2 and CM4, which still had relatively low and high binding to HBMEC, respectively (Figure 3). Binding to HDMEC was not determined in this work for the cultured-adapted isolates, as the co-cultures were only performed with HBMEC. Despite the variability in binding profiles, we observed important differences in the HBMEC transcriptional response to IE compared to RBC in our *in vitro* model, supporting a role for PfEMP1 in shaping the endothelial response to sequestration.

Comparing the binding capacity of each isolate to the relative gene expression of HBMEC after 6-hours co-culture detected no significant correlation between the parasites' propensity to bind and the HBMEC gene expression of *PTGIS*, *PTGS2* or *KL4* (Supplementary Figure 2). Furthermore, experiments performed using the SBP1-KO parasite line revealed that there were no differences in the HBMEC responses to binding and non-binding IE for these genes (Supplementary Table 3), yet there was a significant difference in the magnitude of these responses between these two groups for 30 genes (Supplementary Table 4). SBP1-KO parasites do not cytoadhere to HBMEC as they are unable to traffic PfEMP1 to the surface, although they maintain both Maurer's cleft and knob morphology and the expression of other Maurer's cleft-

associated proteins essential for tracking and IE surface changes, such as KAHRP, MAHRP, REX, PfEMP3,
and Pf332 [27,34]. RIFINs and STEVORs are proteins that are expressed on the surface of IE that are involved
in cytoadherence to RBC (rosetting) and immune cells [38], and their trafficking and expression is maintained
in SBP1-KO parasites [39]. Possemiers et al investigated sequestration-deficiency in experimental
Plasmodium berghei malaria-associated acute respiratory distress syndrome, and they observed endothelial
activation in SBP1-KO infected mice to the same level as wild type at eight days post infection in the lungs
[40]. Overall, SBP1-KO IE maintain an altered surface, including knobs, and can interact with HBMEC
differently compared to RBC. Our findings suggest that the interaction between HBMEC and IE via
PfEMP1 is not the only driver and that the observed differences in HBMEC relative gene expression are
also related to contact with intact parasitised RBC.

We observed upregulation in relative gene expression of HBMEC after incubation with IE in a panel of
genes, particularly in genes involved in apoptosis and the regulation of inflammation and endothelial
integrity. Overall, the fold change expression levels were relatively low, except for the ones highlighted for
further study and discussion. *BCL2A1* is a member of the pro-survival sub-family of BCL2 proteins that
include both pro- and anti-apoptotic regulators, and it encodes a protein that reduces the release of pro-
apoptotic cytochrome C and blocks caspase activation through inhibition of caspace9 [41,42]. Expression of
BCL2A1 is upregulated in vascular endothelial cells by the inflammatory cytokines TNF and IL-1beta [31,43].
BCL2A1 expression was increased and a more robust *BCL2A1* expression was observed in HBMEC co-
cultured with binding IE, as compared to non-binding SBP1-KO (Supplementary Table 3). Perhaps
expression of *BLC2A1* early during an infection represents the balance between protection and pathology
and demonstrates the temporal kinetics in this complicated system. KLF2 and KLF4 are transcription
factors that have been shown to directly regulate endothelial function and integrity in vascular endothelium
and to protect against endothelial dysfunction, both *in vitro* and in murine models, and their expression is
modulated by both changes in laminar sheer flow or stress and pro-inflammatory stimuli [44-49].
Overexpression of *KLF2* and *KLF4* affect coagulation and inflammatory pathways by inducing expression
and activity of endothelial nitric oxide synthase and thrombomodulin [44-46,50,51], while simultaneously
inhibiting expression of adhesion molecules E-selectin, ICAM-1, and VCAM-1 [45]. We observed significant
upregulation in relative gene expression of both *KLF2* and *KLF4* in HBMEC incubated with IE. CYP1A1,
PTGIS, and PTGS2 are involved in lipid metabolism, including the biosynthesis of prostacyclin, which has
roles as an inflammatory mediator and a potent vasodilator [52,53]. CYP1A1 is a member of the cytochrome
P450 enzyme family that metabolizes a range of substrates, including arachidonic acid [54]. Both PTGIS and
PTGS2 are enzymes involved in the biosynthesis of prostacyclin, a bioactive lipid that is produced by
vascular endothelial cells and that plays a role in regulation of endothelial inflammation and apoptosis [52].

A recent study demonstrated differential gene expression of *CYP1A1*, *PTGIS*, and *PTGS2* between HBMEC
incubated with two parasite lines that expressed different *Pf*EMP1s [25]. As reported in that study, we
observed evaluated levels of CYP1A1 induced by both IE and RBC controls. Despite observing
transcriptional upregulation of *PTGIS* and *PTGS2*, FC±SEM of 2.05±0.24 and 4.92±0.26 respectively
(Supplementary Table 3), this did not seem to translate into detection of PTGS2 protein or 6-keto PGF1α
(prostacyclin's stable hydrolysis product) in HBMEC lysate and co-culture supernatant, respectively
(Supplementary Table 6). PTGS2 is intracellularly localised, and expression in cell lysates is usually
detected by Western blot. An ELISA was employed to quantify PTGS2 concentrations in multiple samples.
Unfortunately, the usability of the ELISA kit was questionable, as the positive control, stimulation with
TNF, did not result in increased PTGS2 production, and detection of PTGS2 was not pursued further. 6-
keto PGF1α is secreted, and larger amounts were produced upon stimulation with TNF and thrombin, but
overall, no significant increase in production was detected for the HBMEC-IE co-cultures compared to their
respective HBMEC-RBC co-cultures. Overall, our findings provide additional evidence that IE regulate
brain ECs and that these effects are not only due directly to binding.

Previous studies have investigated the effects of IE on endothelial responses *in vitro*. An investigation by
Zuniga et al examined how TNF and IE differently affected transcriptional responses and barrier integrity
in brain endothelial cells. Their work highlighted that TNF and IE lysates induce distinct transcriptional
profiles, with TNF associated with induction of endothelial activation while IE lysate contributed
considerably to endothelial barrier disruption, yet overlap in genes associated with inflammation, including
induction of PTGS2, were detected [23]. Howard et al adapted a 3D perfusion human brain microvessel model
to evaluate the brain endothelial responses to perfusion with TNF and at different stages of parasite
maturation. This study found that treatment of brain microvessels with TNF induced an inflammatory
phenotype, while EPCR-binding parasites caused localised barrier damage, and induced unique stress
response pathways associated with metal toxicity and oxidative stress [30]. In concordance with Zuniga et al
and Howard et al [23,30], we observed that a group of inflammatory associated genes are upregulated in
HBMEC by exposure to patient-derived IE and this effect is independent of TNF treatment. This
upregulation in HBMEC relative gene expression was detected after 6-hours incubation with trophozoite-
stage IE, in contrast to studies that used schizont-stage IE or IE lysates for longer periods ranging from 6,
9, 12, and 24 hours [23,30]. In contrast to these studies [23,30,55], we utilised trophozoite-IE prepared in EGM2min
medium for a 6-hour incubation period. This medium maintains HBMEC over the time course, but affects
the progress of IE, as they barely develop beyond the trophozoite stage. In our study, we detect HBMEC
effects at early stages of sequestration where IE are still in contact with the endothelium, as opposed to

effects attributed to parasite material and ruptured IE. An extended co-culture time frame would have
allowed us to observe other, perhaps larger, effects on HBMEC transcription. This agrees with the proposed
multi-step activation of endothelium in which binding results in a high local concentration of soluble
erythrocytic and parasitic factors [20].

A multiplex assay was used to detect 41 cytokines in the co-culture supernatant. HBMEC produce low
levels of cytokines in their basal state, and this is not much increased after co-culture with IE, with a
relatively low FC comparing IE to RBC co-culture (Supplementary Table 7). The multiplex was not
performed with all the isolates nor SBP1-KO, and only with one experiment, thus, the results are only an
indication of the effects of IE co-culture. Stimulation with TNF, as positive control, did increase the
concentrations of multiple cytokines, including IL-6, IL-8, IP-10 and MCP-1, also reported in other studies
[23,55,56]. Indeed, Zuniga et al[23] noted they observed transcriptionally similar but translationally different levels
of cytokines between their treatment groups even when total protein synthesis levels were similar,
suggesting a role for post-translational regulation in HBMEC after incubation with IE.

Whether the patient-derived isolates affect HBMEC barrier integrity was determined by TEER, with cell
index as measure of integrity. In all experiments, the cell index was increased after adding IE, but to a
similar level as RBC, likely to be due to the layer of RBC on top of the HBMEC affecting conductivity
(Supplementary Figure 4A and B). None of the isolates decreased the HBMEC barrier function, even after
24 hours (Supplementary Figure 4B). This contrasts with other studies where the addition of IE decreased
the barrier integrity [23,55] and is likely related to their use of schizont-stage IE or IE lysates, while trophozoite-
stage IE were used in our experiments. After 24 hours, parasites seemed to be in a resting stage and were
not progressing to schizont stage, therefore not releasing parasite factors, previously identified as the reason
for the decrease in barrier function [23,55,57].

It has been reported that IE affect the endothelial responses to thrombin [23,55], which reduces barrier function
rapidly and quickly recovers. The presence of RBC or IE affected the response of HBMEC to thrombin
with a reduced maximum response and AUC, compared to medium (Supplementary Figures 4E and F).
There were no significant differences between RBC or IE, but the non-binding lab isolates SBP1-KO, at
the three different parasitemias, was significantly different to the effect of 30% IE (Supplementary Figure
4D, E, and F), indicating that receptor binding may be required to reduce the effect of thrombin. In contrast,
Avril et al showed that schizont IE, but not trophozoite IE, prolonged thrombin-induced barrier disruption,
compared to RBC [55]. However, thrombin was added 2 – 3 hours after adding IE or RBC and not compared
to the effect of thrombin in medium. Thrombin decreases endothelial barrier function by cleavage of

Protease Activated Receptor 1 (PAR1) and involves the thrombomodulin /activated protein C system in

which the balance of thrombin and activated protein C determines PAR1-dependent barrier disruptive or

protective action, respectively [14,58]. The reduced effect of thrombin indicates a shift towards more activated

protein C, which was not investigated in this study. However, binding of IE to HBMEC induces receptor

shedding and this could change the level of thrombomodulin and endothelial protein C receptor, the

receptors for thrombin and protein C, respectively [57,59], affecting PAR1 cleavage. The TEER data show that

specific binding of IE to HBMEC do affect certain endothelial responses, not captured in the RNA

transcription data.

One limitation of this study was the use of a co-culture model that simplified the complex microvascular

system down to static interaction between IE and HBMEC. Nonetheless, this model allowed for the study

of the HBMEC transcriptional response to patient-derived parasites and to assess if these responses were

dependent on IE cytoadhesion or clinical syndrome. The ratio of 110 IE/HBMEC in our experiments is

similar to the range employed in other studies [23,55], which was calculated in Zuniga et al to be equivalent to

approximately two layers of IE on top of the HBMEC. We tested whether the Fluidigm panel would reflect

endothelial gene expression changes by exposing HBMEC overnight to IL-1beta and TNF and comparing

the gene expression with a media control (Supplementary Table 2). We observed massive upregulation in

HBMEC expression of several genes, including *CXCL3*, *ICAM1*, *PTGS2*, *SELE*, and *VCAM1*, after

incubation with both stimuli, confirming that our model was able to determine regulation of specific genes.

Furthermore, there was significant reduction in relative gene expression after withdrawal of TNF from

HBMEC (Supplementary Figure 1). Overall, these findings suggest that the changes in relative gene

expression observed in HBMEC exposed to both binding and non-binding parasites are due to the impact

of IE.

During early stages of sequestration, we observed effects on endothelium that are both dependent and

independent of *Pf*EMP1. These effects were relatively small except for several genes, including *CYP1A1*,

KLF4, and *PTGS2*. These genes may represent early endothelial protective responses that act through

vascular regulation and modulation of thrombomodulin. There was no difference in gene regulation in

HBMEC based on the origin of the isolate nor the parasite binding capacities. Overall, interaction of IE and

endothelial cells in early stages of sequestration does induce some endothelial responses, including some

that are independent of PfEMP1, and this is the first investigation to our knowledge to study how non-

*Pf*EMP1 expressing IE affect endothelial transcriptional responses. Understanding the different

mechanisms of crosstalk between *P. falciparum* infected erythrocytes and host endothelium may help us to

develop interventions that support patients with severe malaria while effective anti-parasite drugs clear the
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599 References

1   World Malaria Report 2023. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. (2023).
2   Phillips, M. A. *et al.* Malaria. *Nat Rev Dis Primers* **3**, 17050, doi:10.1038/nrdp.2017.50 (2017).
3   Kojom Foko, L. P., Kumar, A., Hawadak, J. & Singh, V. Plasmodium cynomolgi in humans: current knowledge and
future directions of an emerging zoonotic malaria parasite. *Infection* **51**, 623-640, doi:10.1007/s15010-022-01952-2
(2023).
4   de Oliveira, T. C. *et al.* Plasmodium simium: Population Genomics Reveals the Origin of a Reverse Zoonosis. *J Infect*
Dis **224**, 1950-1961, doi:10.1093/infdis/jiab214 (2021).
5   Song, X. *et al.* Cerebral malaria induced by plasmodium falciparum: clinical features, pathogenesis, diagnosis, and
treatment. *Front Cell Infect Microbiol* **12**, 939532, doi:10.3389/fcimb.2022.939532 (2022).
6   Seydel, K. B. *et al.* Brain swelling and death in children with cerebral malaria. *N Engl J Med* **372**, 1126-1137,
doi:10.1056/NEJMoa1400116 (2015).
7   Mohanty, S. *et al.* Magnetic Resonance Imaging of Cerebral Malaria Patients Reveals Distinct Pathogenetic Processes
in Different Parts of the Brain. *mSphere* **2**, doi:10.1128/mSphere.00193-17 (2017).
8   Storm, J. & Craig, A. G. Pathogenesis of cerebral malaria--inflammation and cytoadherence. *Front Cell Infect*
Microbiol **4**, 100, doi:10.3389/fcimb.2014.00100 (2014).
9   Ramachandran, A. & Sharma, A. Dissecting the mechanisms of pathogenesis in cerebral malaria. *PLoS Pathog* **18**,
e1010919, doi:10.1371/journal.ppat.1010919 (2022).
10   Pasternak, N. D. & Dzikowski, R. PfEMP1: an antigen that plays a key role in the pathogenicity and immune evasion
of the malaria parasite Plasmodium falciparum. *Int J Biochem Cell Biol* **41**, 1463-1466,
doi:10.1016/j.biocel.2008.12.012 (2009).
11   Smith, J. D. The role of PfEMP1 adhesion domain classification in Plasmodium falciparum pathogenesis research. *Mol*
Biochem Parasitol **195**, 82-87, doi:10.1016/j.molbiopara.2014.07.006 (2014).
12   Albrecht-Schgoer, K., Lackner, P., Schmutzhard, E. & Baier, G. Cerebral Malaria: Current Clinical and Immunological
Aspects. *Front Immunol* **13**, 863568, doi:10.3389/fimmu.2022.863568 (2022).
13   Kraemer, S. M. & Smith, J. D. A family affair: var genes, PfEMP1 binding, and malaria disease. *Curr Opin Microbiol*
9, 374-380, doi:10.1016/j.mib.2006.06.006 (2006).
14   Bernabeu, M. & Smith, J. D. EPCR and Malaria Severity: The Center of a Perfect Storm. *Trends Parasitol* **33**, 295-
308, doi:10.1016/j.pt.2016.11.004 (2017).
15   Kessler, A. *et al.* Linking EPCR-Binding PfEMP1 to Brain Swelling in Pediatric Cerebral Malaria. *Cell Host Microbe*
22, 601-614 e605, doi:10.1016/j.chom.2017.09.009 (2017).
16   Turner, L. *et al.* Severe malaria is associated with parasite binding to endothelial protein C receptor. *Nature* **498**, 502-
505, doi:10.1038/nature12216 (2013).
17   Moxon, C. A., Gibbins, M. P., McGuinness, D., Milner, D. A., Jr. & Marti, M. New Insights into Malaria Pathogenesis.
Annu Rev Pathol **15**, 315-343, doi:10.1146/annurev-pathmechdis-012419-032640 (2020).

634	18	Lennartz, F. *et al.* Structure-Guided Identification of a Family of Dual Receptor-Binding PfEMP1 that Is Associated
635		with Cerebral Malaria. *Cell Host Microbe* **21**, 403-414, doi:10.1016/j.chom.2017.02.009 (2017).
636	19	Avril, M., Bernabeu, M., Benjamin, M., Brazier, A. J. & Smith, J. D. Interaction between Endothelial Protein C
637		Receptor and Intercellular Adhesion Molecule 1 to Mediate Binding of Plasmodium falciparum-Infected Erythrocytes
638		to Endothelial Cells. *mBio* **7**, doi:10.1128/mBio.00615-16 (2016).
639	20	Gallego-Delgado, J. & Rodriguez, A. Rupture and Release: A Role for Soluble Erythrocyte Content in the Pathology of
640		Cerebral Malaria. *Trends Parasitol* **33**, 832-835, doi:10.1016/j.pt.2017.06.005 (2017).
641	21	Adams, Y. *et al.* Plasmodium falciparum erythrocyte membrane protein 1 variants induce cell swelling and disrupt the
642		blood-brain barrier in cerebral malaria. *J Exp Med* **218**, doi:10.1084/jem.20201266 (2021).
643	22	Bernabeu, M. *et al.* Binding Heterogeneity of Plasmodium falciparum to Engineered 3D Brain Microvessels Is
644		Mediated by EPCR and ICAM-1. *mBio* **10**, doi:10.1128/mBio.00420-19 (2019).
645	23	Zuniga, M. *et al.* Plasmodium falciparum and TNF-alpha Differentially Regulate Inflammatory and Barrier Integrity
646		Pathways in Human Brain Endothelial Cells. *mBio* **13**, e0174622, doi:10.1128/mbio.01746-22 (2022).
647	24	Azasi, Y. *et al.* Infected erythrocytes expressing DC13 PfEMP1 differ from recombinant proteins in EPCR-binding
648		function. *Proc Natl Acad Sci U S A* **115**, 1063-1068, doi:10.1073/pnas.1712879115 (2018).
649	25	Othman, B. *et al.* Different PfEMP1-expressing Plasmodium falciparum variants induce divergent endothelial
650		transcriptional responses during co-culture. *PLoS One* **18**, e0295053, doi:10.1371/journal.pone.0295053 (2023).
651	26	Storm, J. *et al.* Cerebral malaria is associated with differential cytoadherence to brain endothelial cells. *EMBO Mol*
652		*Med* **11**, doi:10.15252/emmm.201809164 (2019).
653	27	Maier, A. G. *et al.* Skeleton-binding protein 1 functions at the parasitophorous vacuole membrane to traffic PfEMP1 to
654		the Plasmodium falciparum-infected erythrocyte surface. *Blood* **109**, 1289-1297, doi:10.1182/blood-2006-08-043364
655		(2007).
656	28	Livak, K. J. & Schmittgen, T. D. Analysis of relative gene expression data using real-time quantitative PCR and the 2(-
657		Delta Delta C(T)) Method. *Methods* **25**, 402-408, doi:10.1006/meth.2001.1262 (2001).
658	29	Madkhali, A. M. *et al.* An analysis of the binding characteristics of a panel of recently selected ICAM-1 binding
659		Plasmodium falciparum patient isolates. *PLoS One* **9**, e111518, doi:10.1371/journal.pone.0111518 (2014).
660	30	Howard, C., Joof, F., Hu, R., Smith, J. D. & Zheng, Y. Probing cerebral malaria inflammation in 3D human brain
661		microvessels. *Cell Rep* **42**, 113253, doi:10.1016/j.celrep.2023.113253 (2023).
662	31	Karsan, A., Yee, E., Kaushansky, K. & Harlan, J. M. Cloning of human Bcl-2 homologue: inflammatory cytokines
663		induce human A1 in cultured endothelial cells. *Blood* **87**, 3089-3096 (1996).
664	32	Peters, J. M., Fowler, E. V., Krause, D. R., Cheng, Q. & Gatton, M. L. Differential changes in Plasmodium falciparum
665		var transcription during adaptation to culture. *J Infect Dis* **195**, 748-755, doi:10.1086/511436 (2007).
666	33	Mkumbaye, S. I. *et al.* Cellulose filtration of blood from malaria patients for improving ex vivo growth of Plasmodium
667		falciparum parasites. *Malar J* **16**, 69, doi:10.1186/s12936-017-1714-2 (2017).
668	34	Cooke, B. M. *et al.* A Maurer's cleft-associated protein is essential for expression of the major malaria virulence
669		antigen on the surface of infected red blood cells. *J Cell Biol* **172**, 899-908, doi:10.1083/jcb.200509122 (2006).
670	35	Hadjilaou, A., Brandi, J., Riehn, M., Friese, M. A. & Jacobs, T. Pathogenetic mechanisms and treatment targets in
671		cerebral malaria. *Nat Rev Neurol* **19**, 688-709, doi:10.1038/s41582-023-00881-4 (2023).
672	36	Moxon, C. A. *et al.* Parasite histones are toxic to brain endothelium and link blood barrier breakdown and thrombosis
673		in cerebral malaria. *Blood Adv* **4**, 2851-2864, doi:10.1182/bloodadvances.2019001258 (2020).
674	37	Bachmann, A. *et al.* Highly co-ordinated var gene expression and switching in clinical Plasmodium falciparum isolates
675		from non-immune malaria patients. *Cell Microbiol* **13**, 1397-1409, doi:10.1111/j.1462-5822.2011.01629.x (2011).
676	38	Lee, W. C., Russell, B. & Renia, L. Sticking for a Cause: The Falciparum Malaria Parasites Cytoadherence Paradigm.
677		*Front Immunol* **10**, 1444, doi:10.3389/fimmu.2019.01444 (2019).
678	39	Chan, J. A. *et al.* A single point in protein trafficking by Plasmodium falciparum determines the expression of major
679		antigens on the surface of infected erythrocytes targeted by human antibodies. *Cell Mol Life Sci* **73**, 4141-4158,
680		doi:10.1007/s00018-016-2267-1 (2016).
681	40	Possemiers, H. *et al.* Skeleton binding protein-1-mediated parasite sequestration inhibits spontaneous resolution of
682		malaria-associated acute respiratory distress syndrome. *PLoS Pathog* **17**, e1010114, doi:10.1371/journal.ppat.1010114
683		(2021).
684	41	Watson, E. C., Grant, Z. L. & Coultas, L. Endothelial cell apoptosis in angiogenesis and vessel regression. *Cell Mol*
685		*Life Sci* **74**, 4387-4403, doi:10.1007/s00018-017-2577-y (2017).
686	42	Vogler, M. BCL2A1: the underdog in the BCL2 family. *Cell Death Differ* **19**, 67-74, doi:10.1038/cdd.2011.158 (2012).
687	43	Noble, K. E., Wickremasinghe, R. G., DeCornet, C., Panayiotidis, P. & Yong, K. L. Monocytes stimulate expression of
688		the Bcl-2 family member, A1, in endothelial cells and confer protection against apoptosis. *J Immunol* **162**, 1376-1383
689		(1999).
690	44	Xu, S. *et al.* The zinc finger transcription factor, KLF2, protects against COVID-19 associated endothelial dysfunction.
691		*Signal Transduct Target Ther* **6**, 266, doi:10.1038/s41392-021-00690-5 (2021).
692	45	SenBanerjee, S. *et al.* KLF2 Is a novel transcriptional regulator of endothelial proinflammatory activation. *J Exp Med*
693		**199**, 1305-1315, doi:10.1084/jem.20031132 (2004).
694	46	Hamik, A. *et al.* Kruppel-like factor 4 regulates endothelial inflammation. *J Biol Chem* **282**, 13769-13779,
695		doi:10.1074/jbc.M700078200 (2007).

47 Sangwung, P. *et al.* KLF2 and KLF4 control endothelial identity and vascular integrity. *JCI Insight* **2**, e91700,
doi:10.1172/jci.insight.91700 (2017).
48 Zhou, G. *et al.* Endothelial Kruppel-like factor 4 protects against atherothrombosis in mice. *J Clin Invest* **122**, 4727-
4731, doi:10.1172/JCI66056 (2012).
49 Atkins, G. B. & Jain, M. K. Role of Kruppel-like transcription factors in endothelial biology. *Circ Res* **100**, 1686-1695,
doi:10.1161/01.RES.0000267856.00713.0a (2007).
50 Lin, Z. *et al.* Kruppel-like factor 2 (KLF2) regulates endothelial thrombotic function. *Circ Res* **96**, e48-57,
doi:10.1161/01.RES.0000159707.05637.a1 (2005).
51 Ghaleb, A. M. & Yang, V. W. Kruppel-like factor 4 (KLF4): What we currently know. *Gene* **611**, 27-37,
doi:10.1016/j.gene.2017.02.025 (2017).
52 Stitham, J., Midgett, C., Martin, K. A. & Hwa, J. Prostacyclin: an inflammatory paradox. *Front Pharmacol* **2**, 24,
doi:10.3389/fphar.2011.00024 (2011).
53 Dorris, S. L. & Peebles, R. S., Jr. PGI2 as a regulator of inflammatory diseases. *Mediators Inflamm* **2012**, 926968,
doi:10.1155/2012/926968 (2012).
54 Ferguson, C. S. & Tyndale, R. F. Cytochrome P450 enzymes in the brain: emerging evidence of biological
significance. *Trends Pharmacol Sci* **32**, 708-714, doi:10.1016/j.tips.2011.08.005 (2011).
55 Avril, M., Benjamin, M., Dols, M. M. & Smith, J. D. Interplay of Plasmodium falciparum and thrombin in brain
endothelial barrier disruption. *Sci Rep* **9**, 13142, doi:10.1038/s41598-019-49530-1 (2019).
56 O'Carroll, S. J. *et al.* Pro-inflammatory TNFalpha and IL-1beta differentially regulate the inflammatory phenotype of
brain microvascular endothelial cells. *J Neuroinflammation* **12**, 131, doi:10.1186/s12974-015-0346-0 (2015).
57 Storm, J., Wu, Y., Davies, J., Moxon, C. A. & Craig, A. G. Testing the effect of PAR1 inhibitors on Plasmodium
falciparum-induced loss of endothelial cell barrier function. *Wellcome Open Res* **5**, 34,
doi:10.12688/wellcomeopenres.15602.3 (2020).
58 Alberelli, M. A. & De Candia, E. Functional role of protease activated receptors in vascular biology. *Vascul Pharmacol*
62, 72-81, doi:10.1016/j.vph.2014.06.001 (2014).
59 Moxon, C. A. *et al.* Persistent endothelial activation and inflammation after Plasmodium falciparum Infection in
Malawian children. *J Infect Dis* **209**, 610-615, doi:10.1093/infdis/jit419 (2014).
60 Mkumbaye, S. I. *et al.* The Severity of Plasmodium falciparum Infection Is Associated with Transcript Levels of var
Genes Encoding Endothelial Protein C Receptor-Binding P. falciparum Erythrocyte Membrane Protein 1. *Infect Immun*
85, doi:10.1128/IAI.00841-16 (2017).
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Figure 1: **IE of both UM and CM clinical isolates affect HBMEC transcriptional responses as compared to RBC**. Differential gene expression of HBMEC after 6-hour co-culture with patient-derived parasites compared to their corresponding RBCs for *BCL2A1*(A), *CYP1A1*(B), *KLF2*(C), *KLF4*(D), *PTGIS*(E), and *PTGS2*(F), calculated as relative to the corresponding 6-hour HBMEC-media control. Mean HBMEC gene expression (Fold Change) was compared in two ways for the selected genes: (left) Welch's t-test comparing HBMEC-RBC and HBMEC-IE for UM or CM isolates and (right) paired t-test comparing all RBC controls and the combined HBMEC-IE of all isolates. The Welch's t-test results shown in the graphs are from Supplementary

Figure1. Each point on the plot represents one sample FC, calculated as a mean of the technical triplicates, and the mean and 95%
confidence intervals are indicated for each group. For the paired analysis, the mean FC was calculated from technical triplicates
for each IE and corresponding RBC sample and are coloured red for UM isolates and blue for CM isolates. A paired t-test was
performed comparing the mean FC of HBMEC-IE with the corresponding HBMEC-RBC. Lines between the groups indicate that
the RBC sample on the left was the control for the corresponding isolate sample on the right. Black lines represent samples from
experiment 1, and grey lines represent samples from experiment 2. Two-tailed tests were performed for both analyses, and the
dotted line in the plots marks the baseline of FC=1. Significance is depicted by the P-value: *,0.01-0.05; **, 0.001-0.01; ***,
0.0001-0.001; ****, <0.0001.

Figure 2: **When normalized to HBMEC-RBC controls, isolates within clinical categories do not induce differential responses**
in HBMEC. To determine the effect of the parasites, HBMEC relative gene expression when exposed to UM and CM patient-
derived isolates was calculated relative to HBMEC-RBC expression, using GAPDH as the endogenous control and the 6-hour
HBMEC-RBC as the normalization sample reference. Each point represents one experimental sample (mean of triplicates), and the
mean FC and 95% confidence intervals for each gene was calculated using both biological replicates (n= 8). RBC normalized
HBMEC-UM is represented as "UMrn", and RBC-normalized HBMEC-CM is represented as "CMrn". Significance between the
two clinical categories was determined by two-tailed unpaired T-tests with P-value summary defined =*,0.01-0.05. The dotted line
marks the baseline of FC=1 (red = UM isolates; blue = CM isolates).

Figure 3: **Binding of patient-derived isolates to HBMEC under flow conditions.** Binding of IE to TNF-stimulated HBMEC or
HDMEC was determined using microfluidics. Shown is the mean ± SEM IE/mm^2 EC cell surface of 15 fields counted by
microscopy. The level of binding for the UM and CM-derived isolates shortly after isolation from the patients is depicted in light
grey (HDMEC) and in black (HBMEC). After certain days in culture (DIC) binding of HBMEC is depicted in dark grey (experiment
2) and light grey with horizontal bars (experiment 1). UM1: 30 and 64 DIC, UM2: 32 and 50 DIC, UM3: 40 and 44 DIC, UM4: 25
and 38 DIC, CM1: 31 and 36 DIC, CM2: 32 and 46 DIC, CM3: 50 and 66 DIC, CM4: 42 and 46 DIC. SBP1-KO does not bind to
HBMEC.

Figure 4: **Observed differential effects on HBMEC transcriptional response is not due to binding to HBMEC.** Relative gene expression of HBMEC exposed to patient-derived parasites that bind to HBMEC and the non-binding SBP1-KO parasites for 6 hours compared to corresponding RBCs for select genes. HBMEC-RBC samples for both binding and non-binding IE were combined for plotting. Each point on the plot represents one sample FC, calculated as a mean of the technical triplicates, and the mean and 95% confidence intervals are indicated for each group. FC was calculated using GAPDH as an endogenous control and relative to the 6-hour HBMEC-media normalization control (baseline is FC =1). Welch's t-tests were used to compare HBMEC-RBC and HBMEC-IE for each of the parasite groups, and the mean FC ± SEM for each gene was calculated using the two biological replicates for 4 UM and 4 CM isolates and their corresponding RBC (HBMEC-RBC (binding) n = 10, HBMEC-binding IE n =16, HBMEC-RBC(SBP1KO) and HBMEC-SBP1KO (n =2). The results of the Welch's t-tests comparing the HBMEC-IE groups with corresponding HBMEC-RBC are summarized in Supplementary Table 3. Sample grouping is represented by symbol, with triangles for HBMEC-RBC, circles for HBMEC-binding IE, and squares for HBMEC-SBP1KO. For binding IE, the red data points represent UM samples, while the blue data points represent CM samples. Samples from experiments with the non-binding parasites are in green. Significant relationships between HBMEC-IE groups and the corresponding HBMEC-RBC are indicated by straight bars over the IE groups ($p<0.05$), and the P-value summaries are from the calculations performed in Supplementary Table 3. For *BCL2A1*, *KLF4*, and *PTGS2*, the results of Welch's t-tests comparing HBMEC-binding and HBMEC-SBP1KO are indicated by the bent lines connecting between these groups ($p<0.05$), and the P-value summaries are from the calculations performed in Supplementary Table 4. In all plots, the dotted line marks the baseline of FC=1. P-value summary defined= *,0.01-0.05; **, 0.001-0.01; ***, 0.0001-0.001; ****, <0.0001).

Supplementary Data

Supplementary Table 1: **Relative gene expression of HBMEC co-cultured with IE from patient-derived isolates or with the corresponding RBC control for each gene in the panel.** Samples were collected after a 6-hour co-culture, and relative gene expression was calculated using the ΔΔCt method using GAPDH as the endogenous control and the corresponding experimental 6-hour HBMEC-media sample as the reference sample (baseline is FC =1). The mean Fold Change (FC) and standard error of the mean (SEM) for each gene were calculated using the technical triplicates of the two biological replicates (UM = uncomplicated malaria patient-derived isolates, CM = cerebral malaria patient-derived isolates, n = sample size). Rows shaded in dark grey have FC>1.5 for one of the IE groups. P-value summary defined= *,0.01-0.05; **, 0.001-0.01; ***, 0.0001-0.001; ****, <0.0001.

GENE	WELCH'S T-TEST COMPARING HBMEC-RBC (N=21) AND HBMEC-UM (N=24) RELATIVE FC				WELCH'S T-TEST COMPARING HBMEC-RBC (N=21) AND HBMEC-CM (N=24) RELATIVE FC			
	HBMEC-RBC(UM) mean FC ± SEM	HBMEC-UM mean FC ± SEM	P value	P value summary	HBMEC-RBC(CM) mean FC ± SEM	HBMEC-CM mean FC ± SEM	P value	P value summary
ACTB	1.01 ± 0.026	1.12 ± 0.053	0.0039	**	0.94 ± 0.02	1.23 ± 0.047	<0.0001	****
ACTG1	1.03 ± 0.028	1.25 ± 0.033	<0.0001	****	1.01 ± 0.021	1.29 ± 0.046	<0.0001	****
ADAM10	1.01 ± 0.016	1.16 ± 0.031	0.0002	***	1 ± 0.021	1.13 ± 0.028	0.0012	**
ADAM17	0.92 ± 0.04	1.14 ± 0.025	<0.0001	****	0.91 ± 0.027	1.1 ± 0.04	0.0002	***
ANGTP2	1.05 ± 0.037	0.9 ± 0.025	0.0014	**	1.09 ± 0.021	0.96 ± 0.043	0.0075	**
ANK1	0.84 ± 0.049	0.99 ± 0.087	0.1365	ns	0.91 ± 0.086	1.22 ± 0.17	0.1132	ns
BAX	0.97 ± 0.028	0.98 ± 0.031	0.8577	ns	0.97 ± 0.022	1 ± 0.024	0.2942	ns
BCL2A1	1.03 ± 0.078	2.25 ± 0.093	<0.0001	****	1.03 ± 0.064	2.55 ± 0.171	<0.0001	****
CASP3	1.05 ± 0.041	1.07 ± 0.064	0.7753	ns	1.01 ± 0.03	0.98 ± 0.041	0.6767	ns
CCL14	0.96 ± 0.038	0.67 ± 0.035	<0.0001	****	1 ± 0.039	0.78 ± 0.031	0.0001	***
CDH5	0.99 ± 0.022	1.02 ± 0.022	0.3607	ns	0.96 ± 0.024	1 ± 0.013	0.1881	ns
CXCL3	0.79 ± 0.106	1.82 ± 0.26	0.0009	***	0.86 ± 0.097	1.72 ± 0.184	0.0002	***
CYP1A1	4.6 ± 0.374	10.46 ± 1.388	0.0004	***	5.32 ± 0.299	11.39 ± 0.838	<0.0001	****
DUSP5	0.96 ± 0.032	1.52 ± 0.048	<0.0001	****	0.91 ± 0.045	1.44 ± 0.069	<0.0001	****
EEF1A1	1.01 ± 0.056	1.21 ± 0.058	0.0195	*	0.97 ± 0.04	1.22 ± 0.06	0.0012	**
FAS	0.96 ± 0.058	0.96 ± 0.072	0.9836	ns	1.02 ± 0.057	0.94 ± 0.048	0.302	ns
HES1	1.05 ± 0.043	1.32 ± 0.075	0.004	**	1.02 ± 0.045	1.28 ± 0.088	0.0135	*
HEY1	0.81 ± 0.055	0.84 ± 0.054	0.7524	ns	0.73 ± 0.045	0.74 ± 0.048	0.8462	ns
HEY2	1.38 ± 0.123	1.24 ± 0.118	0.4226	ns	1.43 ± 0.116	1.38 ± 0.138	0.7798	ns
ICAM1	1 ± 0.109	1.39 ± 0.144	0.0358	*	0.97 ± 0.109	1.41 ± 0.116	0.0088	**
IL1A	1.21 ± 0.085	1.92 ± 0.106	<0.0001	****	1.27 ± 0.084	1.99 ± 0.112	<0.0001	****
IL6	1.16 ± 0.062	1.39 ± 0.053	0.0079	**	1.01 ± 0.033	1.59 ± 0.103	<0.0001	****
KLF10	1.04 ± 0.031	1.17 ± 0.071	0.0986	ns	0.97 ± 0.037	1.02 ± 0.057	0.4834	ns
KLF2	1.03 ± 0.039	1.82 ± 0.079	<0.0001	****	0.96 ± 0.029	1.73 ± 0.096	<0.0001	****
KLF3	0.93 ± 0.065	1.02 ± 0.033	0.2563	ns	0.89 ± 0.039	1 ± 0.031	0.0452	*
KLF4	0.86 ± 0.089	3.08 ± 0.339	<0.0001	****	0.77 ± 0.061	2.67 ± 0.208	<0.0001	****
LAMC2	1 ± 0.034	1.14 ± 0.034	0.0039	**	0.98 ± 0.038	1.2 ± 0.051	0.0016	**
MIB1	1.09 ± 0.034	1.31 ± 0.047	0.0005	***	0.98 ± 0.039	1.26 ± 0.046	<0.0001	****
NFKB1	1 ± 0.039	1.1 ± 0.059	0.1724	ns	0.93 ± 0.031	0.94 ± 0.038	0.8053	ns
NFKB1A	0.81 ± 0.057	0.9 ± 0.053	0.2358	ns	0.82 ± 0.057	0.87 ± 0.045	0.4546	ns

NOTCH2	1.04 ± 0.104	1.16 ± 0.105	0.4248	ns	1.03 ± 0.109	1.48 ± 0.197	0.054	ns
OCLN	0.97 ± 0.081	0.87 ± 0.072	0.3534	ns	0.9 ± 0.061	1.02 ± 0.047	0.1321	ns
PAPLN	1.1 ± 0.082	1.53 ± 0.095	0.0013	**	1.07 ± 0.073	1.47 ± 0.127	0.01	**
PECAM1	0.92 ± 0.027	1.08 ± 0.033	0.0006	***	0.92 ± 0.019	1.07 ± 0.024	<0.0001	****
PLA2G4A	1.23 ± 0.071	1.49 ± 0.095	0.0336	*	1.04 ± 0.06	1.3 ± 0.078	0.0113	*
PLXNA4	1.44 ± 0.318	1.37 ± 0.308	0.8739	ns	1.24 ± 0.314	1.35 ± 0.285	0.8057	ns
PROCR	1.03 ± 0.024	1.22 ± 0.04	0.0002	***	0.99 ± 0.029	1.25 ± 0.052	<0.0001	****
PTGIS	1.04 ± 0.122	2.07 ± 0.284	0.0022	**	1.52 ± 0.255	2.02 ± 0.391	0.2894	ns
PTGS2	1.54 ± 0.153	4.69 ± 0.275	<0.0001	****	1.51 ± 0.048	5.15 ± 0.431	<0.0001	****
S100A10	0.92 ± 0.026	1 ± 0.029	0.0526	ns	0.94 ± 0.019	1.04 ± 0.019	0.0007	***
SELE	0.72 ± 0.111	0.78 ± 0.111	0.7099	ns	0.87 ± 0.125	1.46 ± 0.135	0.0023	**
SMAD6	1.4 ± 0.099	1.66 ± 0.125	0.1028	ns	1.14 ± 0.097	1.82 ± 0.178	0.0019	**
TGFB1	1 ± 0.033	1.17 ± 0.045	0.0039	**	0.94 ± 0.027	1.11 ± 0.039	0.0013	**
TJP1	0.99 ± 0.031	0.93 ± 0.032	0.1611	ns	0.9 ± 0.031	0.93 ± 0.03	0.4792	ns
TNFRSF12A	1.31 ± 0.084	1.3 ± 0.147	0.9386	ns	1.14 ± 0.105	1.08 ± 0.089	0.626	ns
TSPAN13	0.96 ± 0.052	1.1 ± 0.052	0.0645	ns	0.93 ± 0.049	1.06 ± 0.04	0.0457	*
TUBB	1.02 ± 0.02	1.02 ± 0.026	0.9383	ns	0.98 ± 0.016	1.05 ± 0.02	0.0115	*
TXNIP	1.47 ± 0.165	2.63 ± 0.485	0.0311	*	0.98 ± 0.054	2.9 ± 0.64	0.0064	**
VCAM1	0.83 ± 0.083	1.78 ± 0.121	<0.0001	****	0.85 ± 0.087	2.06 ± 0.252	<0.0001	****

Supplementary Table 2: **Assessment of endothelial responses and Fluidigm panel through relative gene expression of**
HBMEC after overnight incubation with inflammatory cytokines. HBMEC were incubated overnight with either EGM2min
media, 1 ng/mL IL-1beta, or 10 ng/mL TNF. The samples were collected directly after stimulation, and the relative gene expression
was determined for several genes.. FCs were calculated using GAPDH as an endogenous control as relative to the HBMEC-
overnight media normalization control (baseline is FC=1). The mean FC for each gene was calculated from technical triplicates
from one experiment (n=3).

GENE	HBMEC-OVN MEDIA RELATIVE FC	HBMEC OVN IL-1B RELATIVE FC	HBMEC-OVN TNF RELATIVE FC
BCLA2A1	1	4.7	6.0
CXCL3	1	1305	862
CYP1A1	1	1.1	0.6
ICAM1	1	16	25
IL1A	1	40	30
IL1B	1	60	5.4
KLF2	1	1.1	1.0
KLF4	1	3.1	2.9
PTGIS	1	0.8	1.2
PTGS2	1	30	16
SELE	1	72	52
VCAM1	1	548	873

Supplementary Figure 1: **Representative relative gene expression of HBMEC after withdrawal of TNF stimulation.** In the
co-culture model, HBMEC are stimulated overnight with 10 ng/mL of TNF to stimulate the cells. The next morning, the supernatant
containing TNF was removed and replaced with EGM2min media for two hours before co-culture experiments commenced.
HBMEC-media samples were collected at 0hr and 6hour culture time points, corresponding to 2- and 8-hours incubation with
EGM2min media and without TNF, respectively. Relative gene expression was determined for (A) *BCL2A1* and *CYP1A1*, (B) *KLF2*
and *KLF4*, (C) *PTGIS* and *PTGS2*, and (D) *ICAM-1* and *VCAM1* for HBMEC-media samples for three independent, representative
experiments (n=3). FCs were calculated using GAPDH as an endogenous control as relative to the HBMEC-6hour media
normalization control (baseline is FC=1). Each plot point represents a mean of the technical triplicates, and the mean ± SD of the
3 experiments is shown with triangle points representing HBMEC-0hr media samples and circular points representing HBMEC-
6hr media samples.

Supplementary Figure 2: **Binding capacities of patient-derived parasite isolates do not correlate with HBMEC gene expression.** The binding capacity of each isolate (IE/ mm^2) was compared to the 6-hour HBMEC mean FC relative gene expression for select genes (red = UM isolates; blue = CM isolates) after the first (A) and second (B) experiments using a linear regression. The linear regression for KLF4, PTGIS, and PTGS2 are indicated on each graph by straight, dashed, and dotted lines, respectively, and the R^2 values are reported as follows: Co-culture 1) KLF4 = 0.22, PTGIS= 0.25, PTGS2= 0.05; Co-culture 2) KLF4 = 0.10, PTGIS= 0.01, PTGS2= 0.003. Relative gene expression was calculated for HBMEC-IE using the ΔΔCt method with GAPDH as the endogenous control and the corresponding 6-hour HBMEC-RBC as the reference sample (baseline is FC=1). Each point represents the mean FC for each HBMEC-IE sample (n=8), calculated from the technical triplicates. Pearson's correlation was performed to compare parasite binding capacity to the differential gene expression for each isolate for both experiments, and the correlation coefficient (r) values are reported as follows: Co-culture 1) KLF4 = 0.47, PTGIS= 0.50, PTGS2= 0.22; Co-culture 2) KLF4 = 0.31, PTGIS= -0.08, PTGS2= -0.05.

Supplementary Table 3: **Relative gene expression of HBMEC co-cultured with either binding IE or non-binding IE compared**
to the corresponding HBMEC-RBC control for each gene in the panel. All samples were from a 6-hour time point. Data from
UM and CM patient-derived parasite isolates were combined to form a group of binding parasites, while two experiments with
non-binding SBP1KO parasites were performed. Relative gene expression was calculated using the ΔΔCt method using GAPDH
as the endogenous control and the corresponding experimental 6-hour HBMEC-media sample as the reference sample (baseline is
FC=1). The mean Fold Change (FC) and standard error of the mean (SEM) for each gene were calculated using all experimental
samples and technical replicates (SBP1KO= SBP1-knockout parasites, n = sample size). Rows shaded in dark grey have FC>1.5
for one of the HBMEC groups. P-value summary defined= *,0.01-0.05; **, 0.001-0.01; ***, 0.0001-0.001; ****, <0.0001.

GENE	WELCH'S T-TEST COMPARING HBMEC-RBC (N=30) AND HBMEC-BINDING (N=48) RELATIVE FC				WELCH'S T-TEST COMPARING HBMEC-RBC (N=6) AND HBMEC-SBP1KO (N=6) RELATIVE FC			
	HBMEC-RBC mean FC ± SEM	HBMEC-binding mean FC ± SEM	P value	P value summary	HBMEC-RBC mean FC ± SEM	HBMEC-SBP1KO mean FC ± SEM	P value	P value summary
ACTB	0.97 ± 0.022	1.21 ± 0.035	<0.0001	****	0.96 ± 0.035	1.06 ± 0.02	0.0372	*
ACTG1	1.01 ± 0.021	1.27 ± 0.028	<0.0001	****	0.95 ± 0.035	0.98 ± 0.032	0.6649	ns
ADAM10	1.01 ± 0.016	1.14 ± 0.021	<0.0001	****	0.88 ± 0.044	1.03 ± 0.04	0.0299	*
ADAM17	0.93 ± 0.03	1.12 ± 0.023	<0.0001	****	0.87 ± 0.036	1.05 ± 0.033	0.0045	**
ANGTP2	1.06 ± 0.027	0.93 ± 0.025	0.0007	***	1.01 1.01 ± 0.025	0.94 ± 0.04	0.1918	ns
ANK1	0.88 ± 0.065	1.1 ± 0.096	0.0535	ns	0.83 ± 0.184	0.83 ± 0.098	0.9934	ns

BAX	0.98 ± 0.02	0.99 ± 0.019	0.7438	ns	0.96 ± 0.05	0.81 ± 0.039	0.0424	*
BCL2A1	0.97 ± 0.057	2.4 ± 0.099	<0.0001	****	1.01 ± 0.078	1.59 ± 0.058	0.0002	***
CASP3	1.02 ± 0.033	1.03 ± 0.038	0.8538	ns	0.94 ± 0.056	0.87 ± 0.059	0.3719	ns
CCL14	0.96 ± 0.031	0.73 ± 0.025	<0.0001	****	0.75 ± 0.06	0.48 ± 0.022	0.0052	**
CDH5	0.96 ± 0.019	1.01 ± 0.013	0.0399	*	0.98 ± 0.023	0.88 ± 0.016	0.0075	**
CXCL3	0.8 ± 0.075	1.77 ± 0.157	<0.0001	****	2.17 ± 0.371	2.89 ± 0.551	0.3076	ns
CYP1A1	4.94 ± 0.314	10.92 ± 0.805	<0.0001	****	5.54 ± 0.604	8.57 ± 1.017	0.0329	*
DUSP5	0.9 ± 0.033	1.48 ± 0.042	<0.0001	****	1.06 ± 0.111	2.11 ± 0.138	0.0002	***
EEF1A1	0.97 ± 0.042	1.22 ± 0.041	<0.0001	****	0.89 ± 0.06	0.84 ± 0.023	0.4657	ns
FAS	1 ± 0.05	0.95 ± 0.043	0.4783	ns	0.75 ± 0.079	0.69 ± 0.062	0.6216	ns
HES1	1.01 ± 0.034	1.3 ± 0.057	<0.0001	****	0.9 ± 0.036	1.47 ± 0.056	<0.0001	****
HEY1	0.79 ± 0.046	0.79 ± 0.037	0.8966	ns	0.76 ± 0.088	0.62 ± 0.04	0.1779	ns
HEY2	1.32 ± 0.095	1.31 ± 0.09	0.9267	ns	0.91 ± 0.202	1.47 ± 0.359	0.2132	ns
ICAM1	1 ± 0.08	1.4 ± 0.091	0.0016	**	1.24 ± 0.118	1.73 ± 0.293	0.1706	ns
IL1A	1.23 ± 0.063	1.95 ± 0.076	<0.0001	****	1.5 ± 0.095	1.91 ± 0.177	0.077	ns
IL6	1.11 ± 0.048	1.49 ± 0.059	<0.0001	****	1.32 ± 0.085	1.7 ± 0.149	0.0551	ns
KLF10	0.98 ± 0.029	1.09 ± 0.046	0.048	*	1.18 ± 0.112	1.3 ± 0.108	0.4584	ns
KLF2	1 ± 0.032	1.78 ± 0.062	<0.0001	****	1.01 ± 0.073	1.53 ± 0.12	0.0056	**
KLF3	0.94 ± 0.046	1.01 ± 0.022	0.1811	ns	0.9 ± 0.042	0.7 ± 0.032	0.005	**
KLF4	0.84 ± 0.069	2.87 ± 0.199	<0.0001	****	0.77 ± 0.098	1.58 ± 0.254	0.0239	*
LAMC2	0.99 ± 0.029	1.17 ± 0.031	<0.0001	****	1.12 ± 0.093	1.24 ± 0.142	0.482	ns
MIB1	1.04 ± 0.033	1.29 ± 0.033	<0.0001	****	0.73 ± 0.052	1.16 ± 0.046	0.0001	***
NFKB1	0.98 ± 0.03	1.02 ± 0.037	0.445	ns	0.79 ± 0.062	0.7 ± 0.059	0.2969	ns
NFKBIA	0.82 ± 0.041	0.89 ± 0.034	0.2302	ns	1.16 ± 0.085	1.13 ± 0.102	0.8297	ns
NOTCH2	1.05 ± 0.089	1.32 ± 0.113	0.0702	ns	1.6 ± 0.821	2.62 ± 1.152	0.4893	ns
OCLN	0.95 ± 0.058	0.94 ± 0.044	0.9851	ns	0.88 ± 0.084	0.92 ± 0.095	0.7435	ns
PAPLN	1.04 ± 0.065	1.5 ± 0.079	<0.0001	****	0.95 ± 0.149	1 ± 0.083	0.7714	ns
PECAM1	0.91 ± 0.02	1.07 ± 0.02	<0.0001	****	0.96 ± 0.034	0.91 ± 0.032	0.2936	ns
PLA2G4A	1.15 ± 0.057	1.4 ± 0.062	0.0046	**	1.31 ± 0.224	1.51 ± 0.173	0.4987	ns
PLXNA4	1.32 ± 0.225	1.36 ± 0.207	0.9008	ns	1.01 ± 0.267	0.58 ± 0.068	0.1718	ns
PROCR	0.99 ± 0.022	1.24 ± 0.033	<0.0001	****	0.89 ± 0.037	0.92 ± 0.033	0.5743	ns
PTGIS	1.35 ± 0.188	2.05 ± 0.239	0.0252	*	1.64 ± 0.367	1.84 ± 0.442	0.7465	ns
PTGS2	1.57 ± 0.107	4.92 ± 0.255	<0.0001	****	1.58 ± 0.144	6.57 ± 0.422	<0.0001	****
S100A10	0.93 ± 0.02	1.02 ± 0.017	0.001	**	0.93 ± 0.053	0.82 ± 0.045	0.1704	ns
SELE	0.88 ± 0.1	1.12 ± 0.1	0.0935	ns	1.45 ± 0.286	2.66 ± 0.298	0.0147	*
SMAD6	1.25 ± 0.082	1.74 ± 0.108	0.0005	***	1.74 ± 0.381	1.52 ± 0.178	0.6283	ns
TGFB1	0.97 ± 0.025	1.14 ± 0.03	<0.0001	****	0.93 ± 0.042	1.14 ± 0.065	0.0236	*
TJP1	0.94 ± 0.028	0.93 ± 0.022	0.7211	ns	0.85 ± 0.069	0.77 ± 0.048	0.3735	ns
TNFRSF12A	1.24 ± 0.087	1.19 ± 0.087	0.6808	ns	1.2 ± 0.184	0.84 ± 0.171	0.1886	ns
TSPAN13	0.93 ± 0.038	1.08 ± 0.033	0.0051	**	0.86 ± 0.044	0.84 ± 0.033	0.6971	ns
TUBB	1.01 ± 0.017	1.04 ± 0.016	0.2726	ns	0.88 ± 0.044	0.9 ± 0.036	0.8362	ns

TXNIP	1.29 ± 0.129	2.76 ± 0.397	0.0008	***	0.81 ± 0.11	0.98 ± 0.18	0.4599	ns
VCAM1	0.84 ± 0.065	1.92 ± 0.14	<0.0001	****	1.13 ± 0.067	3.84 ± 0.482	0.0023	**

Supplementary Table 4: **Comparing the relative gene expression of HBMEC co-cultured with either binding IE or non-**
binding IE for each gene in the panel. Welch's T-test was performed to compare the mean FC expression of HBMEC incubated
with either binding or no-binding IE. All samples were from a 6-hour time point. Data from UM and CM patient-derived parasite
isolates were combined to form a group of binding parasites, while two experiments with non-binding SBP1KO parasites were
performed. Relative gene expression was calculated using the ΔΔCt method using GAPDH as the endogenous control and the
corresponding experimental 6-hour HBMEC-media sample as the reference sample (baseline is FC=1). The mean Fold Change
(FC) and standard error of the mean (SEM) for each gene were calculated using all experimental samples and technical replicates
(SBP1KO= SBP1-knockout parasites, n = sample size). Rows shaded in dark grey have FC>1.5 for one of the HBMEC groups. P-
value summary defined= *,0.01-0.05; **, 0.001-0.01; ***, 0.0001-0.001; ****, <0.0001.

WELCH'S T-TEST COMPARING HBMEC-BINDING (N=48) AND HBMEC-SBP1KO (N=6) RELATIVE FC

GENE	HBMEC-binding mean FC ± SEM	HBMEC-SBP1KO mean FC ± SEM	P value	P value summary
ACTB	1.21 ± 0.035	1.06 ± 0.02	0.0004	***
ACTG1	1.27 ± 0.028	0.98 ± 0.032	<0.0001	****
ADAM10	1.14 ± 0.021	1.03 ± 0.04	0.0366	*
ADAM17	1.12 ± 0.023	1.05 ± 0.033	0.1025	ns
ANGTP2	0.93 ± 0.025	0.94 ± 0.04	0.7908	ns
ANK1	1.1 ± 0.096	0.83 ± 0.098	0.0647	ns
BAX	0.99 ± 0.019	0.81 ± 0.039	0.0039	**
BCL2A1	2.4 ± 0.099	1.59 ± 0.058	<0.0001	****
CASP3	1.03 ± 0.038	0.87 ± 0.059	0.0452	*
CCL14	0.73 ± 0.025	0.48 ± 0.022	<0.0001	****
CDH5	1.01 ± 0.013	0.88 ± 0.016	<0.0001	****
CXCL3	1.77 ± 0.157	2.89 ± 0.551	0.0993	ns
CYP1A1	10.92 ± 0.805	8.57 ± 1.017	0.0935	ns
DUSP5	1.48 ± 0.042	2.11 ± 0.138	0.0047	**
EEF1A1	1.22 ± 0.041	0.84 ± 0.023	<0.0001	****
FAS	0.95 ± 0.043	0.69 ± 0.062	0.0066	**
HES1	1.3 ± 0.057	1.47 ± 0.056	0.0401	*
HEY1	0.79 ± 0.037	0.62 ± 0.04	0.0062	**
HEY2	1.31 ± 0.09	1.47 ± 0.359	0.6924	ns
ICAM1	1.4 ± 0.091	1.73 ± 0.293	0.3252	ns
IL1A	1.95 ± 0.076	1.91 ± 0.177	0.8299	ns
IL6	1.49 ± 0.059	1.7 ± 0.149	0.2282	ns
KLF10	1.09 ± 0.046	1.3 ± 0.108	0.1196	ns
KLF2	1.78 ± 0.062	1.53 ± 0.12	0.1113	ns
KLF3	1.01 ± 0.022	0.7 ± 0.032	<0.0001	****
KLF4	2.87 ± 0.199	1.58 ± 0.254	0.0016	**
LAMC2	1.17 ± 0.031	1.24 ± 0.142	0.6425	ns

MIB1	1.29 ± 0.033	1.16 ± 0.046	0.0432	*
NFKB1	1.02 ± 0.037	0.7 ± 0.059	0.0012	**
NFKBIA	0.89 ± 0.034	1.13 ± 0.102	0.0636	ns
NOTCH2	1.32 ± 0.113	2.62 ± 1.152	0.3123	ns
OCLN	0.94 ± 0.044	0.92 ± 0.095	0.8125	ns
PAPLN	1.5 ± 0.079	1 ± 0.083	0.0004	***
PECAM1	1.07 ± 0.02	0.91 ± 0.032	0.0017	**
PLA2G4A	1.4 ± 0.062	1.51 ± 0.173	0.5597	ns
PLXNA4	1.36 ± 0.207	0.58 ± 0.068	0.0008	***
PROCR	1.24 ± 0.033	0.92 ± 0.033	<0.0001	****
PTGIS	2.05 ± 0.239	1.84 ± 0.442	0.6864	ns
PTGS2	4.92 ± 0.255	6.57 ± 0.422	0.0083	**
S100A10	1.02 ± 0.017	0.82 ± 0.045	0.0051	**
SELE	1.12 ± 0.1	2.66 ± 0.298	0.0025	**
SMAD6	1.74 ± 0.108	1.52 ± 0.178	0.3217	ns
TGFB1	1.14 ± 0.03	1.14 ± 0.065	0.9822	ns
TJP1	0.93 ± 0.022	0.77 ± 0.048	0.0189	*
TNFRSF12A	1.19 ± 0.087	0.84 ± 0.171	0.1105	ns
TSPAN13	1.08 ± 0.033	0.84 ± 0.033	<0.0001	****
TUBB	1.04 ± 0.016	0.9 ± 0.036	0.0091	**
TXNIP	2.76 ± 0.397	0.98 ± 0.18	0.0002	***
VCAM1	1.92 ± 0.14	3.84 ± 0.482	0.009	**

Domain	Group	Predicted receptor	UM1 Original	UM1 42 DIC	UM2 Original	UM2 34	UM3 Original	UM3 33 DIC	UM3 42	UM4 Original	UM4 26 DIC
CIDRα1.1	B/A	EPCR	8	1	5	1	2	3	1	5	1
CIDRα1.8a	B/A	EPCR	1	1	1	1	1	1	1	1	1
CIDRα1.8b	B/A	EPCR	1	1	1	1	1	1	1	1	1
Sum: CIDRα1.DC8	B/A	EPCR	8	1	5	nd	2	3	1	5	nd
CIDRα1.4	A	EPCR	1	1	1	1	1	1	1	1	1
CIDRα1.5a	A	EPCR	1	1	1	1	1	nd	1	1	1
CIDRα1.5b	A	EPCR	4	3	2	1	1	1	1	3	1
CIDRα1.6a	A	EPCR	1	1	1	1	1	1	1	nd	nd
CIDRα1.6b	A	EPCR	1	1	1	1	1	nd	1	nd	nd
CIDRα1.7	A	EPCR	4	1	2	1	5	1	1	nd	1
Sum:CIDRα1.A	A	EPCR	8	4	4	1	5	1	1	4	1
Sum:CIDRα1_all	A & B/A	EPCR	16	5	8	1	7	3	1	10	3
DBLβ1/3-1	A	ICAM-1	2	1	1	1	1	10	1	5	3
DBLβ1/3-2	A	(ICAM-1)	9	1	3	1	12	17	1	**613**	**341**
DBLβ5	B	ICAM-1	1	1	3	2	1	5	1	2	2
DC5	A	PECAM-1	5	1	1	1	1	1	1	nd	3
CIDRα3.1/3.2	B/C	CD36	5	1	2	1	2	11	2	nd	4
CIDRδ	A		2	1	1	1	3	4	2	1	1
CIDRγ3.1	A		1	1	nd	1	1	1	1	nd	nd
DBLα1all	A		26	3	10	2	7	21	1	**296**	**222**
DBLα2/1.1/1.2/1.4/1.7	A		**36**	5	**33**	11	11	10	2	**109**	**73**
DBLα1.5/1.6/1.8	A	Non-EPCR	20	1	4	1	5	12	2	6	2
CIDRα1.2-K	A		1	1	nd	1	1	nd	1	nd	nd
CIDRα1.2-K+CIDRα1.3-K	A		1	1	1	1	1	1	1	nd	1

Supplementary Table 6: **Determination of prostaglandin endoperoxide synthase 2 (PTGS2) and prostacyclin production in HBMEC-IE co-cultures by ELISA.** Prostacyclin has a short half-life and therefore its hydrolysis product, 6-keto prostaglandin F1α (6-keto PGF1α), was detected in culture medium after co-culture with IE or RBC. PTGS2 was detected in HBMEC cell lysate after co-culture and calculated as ng PTGS2 per mg total lysate protein. The mean ± SD of 2 technical replicates is shown and per experiment the ratio of the enzyme concentrations for HBMEC-IE and HBMEC-RBC was calculated. 4 UM-derived isolates, 4 CM-derived isolates and SBP1-KO were co-cultured for 6 hours and for the CM4 isolate and SBP1-KO a co-culture of 20 hours was also performed (experiment 12 and 13). As control, HBMEC were incubated with 10 ng/ml TNF for 6 (experiment C2) and 20 hours (experiment C2 and C3). Thrombin is a fast-acting stimulator of prostacyclin production and the concentration of 6-keto PGF1α was detected in HBMEC after 15- and 30-minutes incubation with 5 nM thrombin (experiment C3). Statistical significance between HBMEC-IE and corresponding HBMEC-RBC and or control condition and medium was determined by unpaired t-test with Welch correction with * p-value < 0.05 and ** p-value < 0.01.

		[6ketoPGF1α] pg/ml		[PTGS2] ng/mg protein	
Exp	Condition	Mean ± SD	IE/RBC	Mean ± SD	IE/RBC
1	6h RBC	608 ± 43			
1	6h UM3-1	996 ± 136	1.64		
1	6h UM3-2	1046 ± 13 *	1.72		
1	6h CM2	1153 ± 271	1.90		
2	6h RBC	1621 ± 390			
2	6h UM1	952 ± 133	0.59		
2	6h CM3	1256 ± 162	0.77		
3	6h RBC	1679 ± 208			

3	6h CM1-1	1505 ± 73	0.90		
3	6h CM1-2	1611 ± 320	0.96		
4	6h RBC	437 ± 38			
4	6h UM2	803 ± 22 *	1.84		
5	6h RBC	664 ± 10		16.2 ± 0.3	
5	6h CM3	358 ± 100	0.54	19.1 ± 1.2	1.2
5	6h UM1	434 ± 56	0.65	10.8 ± 1.7	0.7
6	6h RBC	772 ± 182		18.0 ± 1.0	
6	6h CM4	694 ± 105	0.90	11.4 ± 0.6 *	0.6
7	6h RBC	1309 ± 265		19.0 ± 2.4	
7	6h UM3	1018 ± 79	0.78	10.0 ± 0.2	0.5
8	6h RBC	1194 ± 46		21.0 ± 0.6	
8	6h UM2	5720 ± 1378	4.79	17.4 ± 1.2	0.8
9	6h RBC	396 ± 19		19.4 ± 1.1	
9	6h CM1	695 ± 12 **	1.75	13.2 ± 1.3 *	0.7
10	6h RBC	1595 ± 114			
10	6h UM4	2013 ± 244	1.26		
11	6h RBC	4192 ± 1			
11	6h SBP1-KO-1	7213 ± 561	1.72		
12	6h RBC	1423 ± 109		13.7 ± 0.1	
12	6h CM4	1871 ± 98	1.32	12.5 ± 2.4	0.9
12	20h RBC	3754 ± 170		14.2 ± 1.5	
12	20h CM4	7382 ± 1233	1.97	9.0 ± 1.4	0.6
13	6h RBC	651 ± 11		15.3 ± 0.7	
13	6h SBP1-KO	480 ± 165	0.74	14.4 ± 2.1	0.9
13	20h RBC	2729 ± 113		13.2 ± 1.0	
13	20h SBP1-KO	8526 ± 1295	3.12	11.6 ± 3.1	0.9
C1	30 min medium	100 ± 0			
C1	15 min thrombin (5 nM)	1071 ± 104 *	10.74		
C1	30 min thrombin (5 nM)	826 ± 156	8.29		
C2	6h medium	264 ± 0			
C2	6h TNF (10 ng/ml)	909 ± 62 *	3.44		
C2	20h medium	685 ± 152			
C2	20h TNF (10 ng/ml)	2234 ± 1374	3.26		
C3	20h medium	178 ± 13		123.7 ± 14.9	
C3	20h TNF (10 ng/ml)	1200 ± 70 *	6.73	118.5 ± 19.4	1.0

Supplementary Figure 3: **Ratio of 6-keto prostaglandin F1α concentrations in HBMEC-IE and HBMEC-RBC co-cultures.** 6-keto PGF1α was detected in culture medium after co-culture with IE or RBC and per experiment the ratio of the enzyme concentrations for HBMEC-IE and HBMEC-RBC was calculated (data in Supplementary Table 4). Plotted are mean ± SD of the ratios for the co-cultures with CM and UM-derived isolates and the SBP1-KO strain.

Supplementary Table 7: **Production of cytokines and chemokines in HBMEC-IE co-cultures.** A panel of 41 secreted cytokines and chemokines were measured in the co-culture medium of 6 hours co-culture of HBMEC-IE and HBMEC-RBC by Luminex. The results (pg/ml) are shown for 13 cytokines of which the concentration was higher than 5 pg/ml for 3 CM-derived isolates, 2 UM-derived isolates and 2 lab strains: IT4var14 and IT4var37. A positive control of HBMEC activated by 10 ng/ml TNF for 16 hours was included. The mean ± SD of two technical replicates is shown with significance between HBMEC-IE and HBMEC-RBC calculated by unpaired t-test with Welch correction, with * p-value < 0.05, ** p-value < 0.01 and *** p-value <0. 001.The ratio of the values of HBMEC-IE and HBEC-RBC was calculated per experiment. Note that the CM5 isolate was only included in this multiplex experiment and was not part of all the other experiments described.

	G-CSF	GM-CSF	Fractalkine	IFNg	GRO	PDGF-AA	IL-4	IL-6	IL-8	IP-10	MCP-1	RANTES	TNFa
6h RBC	120±10	10±1	165±32	0.7±0.5	567±32	73±5	3.5±2.8	73±60	956±59	1089±212	9162±170	291±22	10.1±0.3
6h CM1	136±10	13±0	102±0	8.0±0.6 **	629±22	85±2	10±4	99±12	1371±13	1209±53	9837±246	686±42 *	10.2±0.5
IE/RBC	1.1	1.2	0.6	10.8	1.1	1.2	2.9	1.4	1.4	1.1	1.1	2.4	1.0
6h RBC	369±30	29±2	341±45	0.7±0.0	2955±108	75±7	44±0	136±12	2293±200	2686±153	10754±457	859±5	15.5±0.7
6h CM4	656±14	49±0.1	219±22	7.4±1.5	4572±167	115±1	55±2	237±3	3764±93	3969±28 *	13028±965	980±22	16.8±1.4
IE/RBC	1.8	1.7	0.6	10.0	1.5	1.5	1.3	1.7	1.6	1.5	1.2	1.1	1.1
6h RBC	423±42	32±0	343±10	1.2±0.4	3167±63	48±3	41±6	128±29	4154±94	1168±22	12360±560	392±23	8.9±0.1
6h CM5	715±6	49±3	161±13 **	2.9±0.6	3228±197	75±1	47±0.1	170±10	4436±96	1353±92	15720±1086	353±343	9.5±0.7
IE/RBC	1.7	1.5	0.5	2.5	1.0	1.6	1.1	1.3	1.6	1.2	1.3	0.9	1.1
6h UM3	805±29	38±2	137±20 *	4.6±0.0 *	2979±143	90±8 *	44±1	155±16	3876±213	1834±60 *	13676±1404	396±12	9.1±0.4
IE/RBC	1.9	1.2	0.4	3.9	0.9	1.9	1.1	1.2	0.9	1.6	1.1	1.0	1.0
6h RBC	151±5	19±1	195±24	1.1±0.0	1308±49	98±7	21±6	117±10	1874±68	1710±30	10297±58	709±99	13.2±0.3
6h UM2	213±1	29±1	107±7	5.4±0.2 *	994±24	92±2	18±7	149±7	2544±77	1869±70	10322±386	666±29	12.6±0.1
IE/RBC	1.4	1.5	0.6	5.0	0.8	0.9	0.9	1.3	1.4	1.1	1.0	0.9	1.0
6h RBC	57±2	9±1	128±7	1.3±0.2	338±3	56±1	1.5±0.0	18±1	1228±8	867±72	7226±366	591±7	21.8±1.5
6h Var37	61±4	9±1	105±11	2.3±0.2	264±12	49±9	5.5±0.0 **	23±4	1529±145	836±73	6240±211	520±40	12.0±0.8
IE/RBC	1.1	1.0	0.8	1.8	0.8	0.9	3.6	1.3	1.2	1.0	0.9	0.9	0.6
6h RBC	212±16	18±0.3	120±11	1.1±0.5	1600±90	50±3	24±0	105±5	1849±38	1262±110	12755±1427	495±7	9.8±0.0
6hVar14	328±22	26±3	71±13	1.6±0.2	1830±235	48±9	29±7	114±18	1972±103	1099±88	12509±1434	460±138	9.9±1.2
IE/RBC	1.5	1.4	0.6	1.5	1.1	1.0	1.2	1.1	1.1	0.9	1.0	0.9	1.0
medium overnight	36±0	1±0.3	23±17	0.4±0	266±18	94±16	5.5±0.0	20±2	158±3	12±1	1056±43	1.3±0.4	0.2±0.2
TNF overnight	nd	1385±17 **	2227±25 ***	1.6±0.2	49974±1763 *	138±18	170±6 *	1308±45 *	20734±3283	10465±155 **	13783±1365 *	925±9 **	11068±486 ***
TNF/medium		1372	190	4	188	1.5	31	65	131	864	13	718	52410

909
910

Supplementary Figure 4: **The effect of the patient-derived isolates and SBP1-KO on HBMEC barrier function determined**
by trans endothelial electrical resistance. (A) Experimental timeline (not to scale) and a representative cell index trace for IE and
thrombin induced changes in HBMEC barrier function. HBMEC were seeded in the E-plate and after approximately 7 hrs the cells
were stimulated with 10 ng/ml TNF. The next day, medium was replaced with EGM2min medium and after 2-3 hours, IE at 30%
parasitaemia (light blue) or RBC (red), both at 1% HCT, were added. The black line represents medium. After approximately 24
hrs, 5 nM thrombin was added from a concentrated stock solution and cell index was monitored for an additional 10 hours. (B) Cell
index trace for the effect of different patient isolates and RBC on HBMEC barrier function of a representative experiment. Cell
index was normalised at the time point immediately prior to addition of RBC and IE, indicated by the black triangle, and medium
only (black line) was set as baseline. This baseline normalised cell index (BNCI) is shown for 2 UM and 2 CM-derived isolates at
10% parasitaemia (dark blue), 1 UM and 2 CM-derived isolates at 30% parasitaemia (light blue), RBC (red) or replicate medium
(black). (C) Thrombin induced decrease in barrier function after 24-hour exposure to patient isolates or RBC. Cell index was
normalised at the time point immediately prior to addition of 5 nM thrombin, indicated by the black triangle, and medium without
thrombin (black line) was set as baseline. BNCI is shown for medium (dark grey) with the maximum response indicated (max),
RBC (red), 1 UM and 2 CM-derived isolates at 30% parasitaemia (light blue) and at 10% parasitaemia (dark blue). (D) As in panel
C, but with SBP1-KO at 30% and 10% (green). (E) Maximum decrease of BNCI by thrombin was determined for all co-culture

 conditions and mean ± SD are depicted for: control medium (n = 4), RBC (n = 4), SBP1-KO at 5% (n = 3), 10% (n = 3) and 30% parasitaemia (n = 3) and combined patient isolates (IE) at 5% (n = 2), 10% (n = 5) and 30% parasitaemia (n = 5). (F) Area under the curve (AUC) after thrombin induced changes in BNCI was calculated and mean ± SD are depicted for the conditions listed in E. Statistical significance between the various conditions compared to RBC was calculated by unpaired t-test with Welch correction, * p-value < 0.05 (black asterisk). Significance between 30% IE and SBP1-KO was also calculated (blue asterisk).

Supplementary Methods

var Genotyping of Patient-Derived Isolates after Culturing

Genotyping of the isolates after culturing was performed by qPCR using selected primers from a *var* gene primer panel as described by Storm et al [26], with details of the primer design and description of the var domains described by Mkumbaye et al [60]. RNA was isolated from TRIZOL-stored ring stage IE, DNase treated (TURBO™ DNase, Ambion), cDNA synthesised (Tetro cDNA Synthesis Kit, Bioline) and qPCR carried out with SYBR Green PCR Master Mix (QuantiTect, Qiagen). The endogenous housekeeping genes *seryl-tRNA synthetase* and *aldolase* were used to determine the relative levels of *var* transcripts using the formulae ΔCt *var*-primer = Ct *var* primer minus Ct average of endogenous primers. The transcript unit (Tu) was then calculated as $Tu = 2^{(5-\Delta Ct\ var\text{-}primer)}$. Any low abundance transcripts with a ΔCt *var*-primer >5 was assigned a value of 5, thus subsequently a Tu value of 1. A Tu value of 32 equates to equal transcript levels as the endogenous control genes [60]. The Tu of the patient isolates at the time of isolation from peripheral blood was determined previously [26].

Preparation of HBMEC-IE Co-culture Samples for Phenotypic Analysis

After 6 or 20 hour co-culture with patient isolates, SBP1-KO, RBC or additional controls, co-culture medium was collected, centrifuged for 5 min at 900 g to remove IE, RBC or cellular debris and the supernatant frozen at -80 °C. For cell lysates, HBMEC were washed twice with warm EGM2 medium without supplements and lysed in 50 µl lysis buffer (RIPA buffer (Sigma, R0278) with HALT™ protease inhibitor cocktail (Thermo Scientific, 78429) for 10 minutes on ice. The lysed cells were transferred from the well into a tube, placed on ice for an additional 25 minutes, centrifuged for 5 min at 13,000 g at 4 °C and the supernatant frozen at -80 °C.

Determination of the Concentrations of Prostacyclin and Prostaglandin Endoperoxide Synthase 2

Prostacyclin has a short half-life and therefore its hydrolysis product, 6-keto prostaglandin F1α (6-keto PGF1α), was detected in co-culture medium by competitive ELISA according to the manufacturer's instructions (Cayman Chemicals, 515211). The four UM and four CM-derived isolates and SBP1-KO were co-cultured for 6 hours with their respective RBC as control. The CM4 isolate and SBP1-KO were also co-cultured for 20 hours. As additional controls, HBMEC were incubated with 10 ng/ml TNF for 6 and 20

hours and with 5 nM thrombin for 15 and 30 minutes. Co-culture medium of two independent 6 hour co-

culture experiments with the patient isolates, except UM4 and CM2, and SBP1-KO were used, and all

samples were measured in duplicate using 2 ELISA plates on the same day. All samples were diluted 2

times, but the 20 hour TNF stimulation sample was diluted 5 times. The concentration of 6-keto PGF1α

was calculated using the provided standards.

Prostaglandin endoperoxide synthase 2 (PTGS2) was detected in HBMEC cell lysate by ELISA according

to the manufacturer's instructions (Reddot, RD-PTGS2-Hu). Lysates were diluted 5 times and for duplicate

samples the concentration of PTGS2 was calculated using the provided standards. On the same day, total

protein concentration of the lysates was determined with the BCA kit (Biorad, 5000002) with BSA as

standard and ng PTGS2 per mg total protein calculated.

Detection of Cytokines and Chemokines

A panel of 41 secreted cytokines and chemokines was measured in the co-culture medium of 6 hours co-

culture of HBMEC-IE, HBMEC-RBC and controls using the human cytokine/chemokine 41 plex

Immunology Multiplex Assay according to the manufacturer's instructions (Merck, HCYTMAG-60K-

PX41). In addition to three CM and two UM-derived isolates, two lab strains, IT4var14 and IT4var37, and

a positive control of HBMEC activated by 10 ng/ml TNF for 16 hours were included. The panel included:

sCD40L, Eotaxin, FLT-3L, Fractalkine, G-CSF, GM-CSF, GROα, IFNα2, IFNγ, IL-1α, IL-1β, IL-1RA,

IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17A, IL-

17E/IL-25, IL-17F, IL-18, IL-22, IL-27, IP-10, MCP-1, MCP-3, M-CSF, MDC, MIG, MIP-1α, MIP-1β,

PDGF-AA, PDGF-AB/BB, RANTES, TGFα, TNFα, TNFβ, VEGF-A.

Measuring HBMEC Barrier Integrity

Barrier function was measured by real time Trans Endothelial Electrical Resistance (TEER) analysis with

the xCELLigence® RTCA S16 system (ACEA Biosciences). HBMEC cells were seeded at 50,000

cells/cm^2 (1x10^4 cells) in Attachment Factor coated E-Plates 16 PET (ACEA Biosciences) in EGM2

medium and the arbitrary cell index (CI) was recorded. After approximately 7 hrs the medium was replaced

with EGM2 medium with 10 ng/ml TNF and the next day, medium was replaced with EGM2min medium.

IE suspensions at 30%, 10% or 5% parasitaemia were prepared at 1% HCT in EGM2min medium and the

medium in the E-plate replaced with 100 µl suspension, equivalent to 3x106, 1x106 and 0.5x106 IE,

respectively. RBC at 1% HCT and medium only were used as control.

After approximately 24 hrs, 5 nM thrombin was added from a concentrated stock solution and cell index

was monitored for an additional 10 hours, starting at 2 minute intervals. For analysis, the cell index was

normalised either at the time point immediately prior to addition of IE or thrombin (normalised cell index)

and medium only was set as baseline (baseline normalised cell index, BNCI). To determine the effect of

thrombin, the maximum decrease in BNCI and the area under the curve after recovery to baseline was

calculated.