

# Characterization and function of medium and large extracellular vesicles from plasma and urine by surface antigens and Annexin V

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**Background.** Extracellular vesicles (EVs) are released by most cell types and are involved in multiple basic biological processes. Medium/large EVs (m/IEVs), which is different size from exosome, plays an important role in the coagulation in blood, and is secreted from cancer cells, etc., suggesting functions related to malignant transformation. The m/IEVs levels in blood or urine may help unravel pathophysiological findings in many diseases. However, it remains unclear how many naturally-occurring m/IEV subtypes exist as well as how their characteristics and functions differ from one another. **Methods.** We used the blood and urinal sample from each 10 healthy donors for analysis. Using a flow cytometer, we focus on characterization of EVs with large sizes (>200nm) that are different from exosomes. We also searched for a membrane protein for characterization with a flow cytometer using shotgun proteomics. Then we identified m/IEVs pelleted from plasma and urine samples by differential centrifugation and characterized by flow cytometry. **Results.** Using proteomic profiling, we identified several proteins involved in m/IEV biogenesis including adhesion molecules, peptidases and exocytosis regulatory proteins. In healthy human plasma, we could distinguish m/IEVs derived from platelets, erythrocytes, monocytes/macrophages, T and B cells, and vascular endothelial cells with more than two positive surface antigens. The ratio of phosphatidylserine appearing on the membrane surface differed depending on the cell-derived m/IEVs. In urine, 50% of m/IEVs were Annexin V negative but contained various membrane peptidases derived from renal tubular villi. Urinary m/IEVs, but not plasma m/IEVs, showed peptidase activity. The knowledge of the new characteristics is considered to be useful as a diagnostic material

and the newly developed method suggests the possibility of clinical application.

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23

24 **Abstract**

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26 multiple basic biological processes. Medium/large EVs (m/IEVs), which is different size from  
27 exosome, plays an important role in the coagulation in blood, and is secreted from cancer cells,  
28 etc., suggesting functions related to malignant transformation. The m/IEVs levels in blood or  
29 urine may help unravel pathophysiological findings in many diseases. However, it remains  
30 unclear how many naturally-occurring m/IEV subtypes exist as well as how their characteristics  
31 and functions differ from one another.

32 **Methods.** We used the blood and urinal sample from each 10 healthy donors for analysis. Using  
33 a flow cytometer, we focus on characterization of EVs with large sizes (>200nm) that are  
34 different from exosomes. We also searched for a membrane protein for characterization with a  
35 flow cytometer using shotgun proteomics. Then we identified m/IEVs pelleted from plasma and  
36 urine samples by differential centrifugation and characterized by flow cytometry.

37 **Results.** Using proteomic profiling, we identified several proteins involved in m/IEV biogenesis  
38 including adhesion molecules, peptidases and exocytosis regulatory proteins. In healthy human  
39 plasma, we could distinguish m/IEVs derived from platelets, erythrocytes,  
40 monocytes/macrophages, T and B cells, and vascular endothelial cells with more than two  
41 positive surface antigens. The ratio of phosphatidylserine appearing on the membrane surface  
42 differed depending on the cell-derived m/IEVs. In urine, 50% of m/IEVs were Annexin V  
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45 characteristics is considered to be useful as a diagnostic material and the newly developed  
46 method suggests the possibility of clinical application.

47

## 48 **Introduction**

49 Extracellular vesicles (EVs) play essential roles in cell-cell communication and are  
50 diagnostically significant molecules. EVs are secreted from most cell types under normal and  
51 pathophysiological conditions (Iraci et al. 2016; Ohno et al. 2013). These membrane vesicles can  
52 be detected in many human body fluids and are thought to have signaling functions in  
53 interactions between cells. Analysis of EVs may have applications in therapy, prognosis, and  
54 biomarker development in various fields. The hope is that using EV analysis, clinicians will be  
55 able to detect the presence of disease as well as to classify its progression using noninvasive  
56 methods such as liquid biopsy (Boukouris & Mathivanan 2015; Piccin 2014; Piccin et al. 2015a;  
57 Piccin et al. 2017a; Piccin et al. 2017b; Piccin et al. 2015b).

58 Medium/large extracellular vesicles (m/IEVs) can be classified based on their cellular  
59 origins, biological functions and biogenesis (El Andaloussi et al. 2013). In a broad sense, they  
60 can be classified into m/IEVs with diameters of 100–1000 nm diameter (membrane blebs) and  
61 smaller EVs (e.g. exosomes) with diameters of 30–150 nm (Raposo & Stoorvogel 2013; Robbins  
62 & Morelli 2014). The m/IEVs are generated by direct outward budding from the plasma  
63 membrane (D'Souza-Schorey & Clancy 2012), while smaller EVs (e.g. exosomes) are produced  
64 via the endosomal pathway with formation of intraluminal vesicles by inward budding of  
65 multivesicular bodies (MVBs) (Raposo & Stoorvogel 2013). In this study, we analyzed the  
66 physical characteristics of EVs from 200 nm to 800 nm in diameter which we refer to as m/IEVs  
67 as per the MISEV2018 guidelines (Thery et al. 2018).

68 Recently, the clinical relevance of EVs has attracted significant attention. In particular,  
69 m/IEVs play an important role in tumor invasion (Clancy et al. 2015). m/IEVs in blood act as a  
70 coagulant factor and have been associated with sickle cell disease, sepsis, thrombotic  
71 thrombocytopenic purpura, and other diseases (Piccin et al. 2007; Piccin et al. 2017a; Piccin et  
72 al. 2017b). A possible role for urinary m/IEVs in diabetic nephropathy was also reported (Sun et  
73 al. 2012). In recent years, the clinical applications of exosomes have been developed (Yoshioka  
74 et al. 2014). However, because characterization of exosomes is analytically challenging,  
75 determining the cells and tissues from which exosomes are derived can be difficult. m/IEVs are

76 generated differently from exosomes (Mathivanan et al. 2010) but are similar in size and contain  
77 many of the same surface antigens. It is widely hypothesized that complete separation of  
78 exosomes and m/IEVs is likely to be a major challenge, and more effective techniques to purify  
79 and characterize m/IEVs would be extremely valuable.

80 In this study, we focused on m/IEVs in plasma and urine, which are representative body fluids in  
81 clinical laboratories. We purified for m/IEVs based on differential centrifugation and  
82 characterized m/IEVs by flow cytometry and mass spectrometry analysis and described the basic  
83 properties (characterizing surface antigen and orientation of phosphatidylserine and activity of  
84 the enzymes) of m/IEV subpopulations in blood and urine.

85

86

**87 Materials and Methods****88 Antibodies and other reagents**

89 The following monoclonal antibodies against human surface antigens were used in this study:  
90 anti-CD5(clone: L17F12), anti-CD15 (clone: W6D3), anti-CD41(clone: HIP8), anti-CD45(clone:  
91 HI30), anti-CD59 (clone: p282), anti-CD61 (clone: VI-PL2), anti-CD105 (clone: 43A3), anti-  
92 CD146(clone: P1H12), anti-CD235a (clone: HI264), anti-CD10 (clone: HI10a), anti-CD13  
93 (clone: WM15), anti-CD26 (clone: BA5b), anti-CD227 (MUC1) (clone: 16A). All antibodies  
94 were purchased from BioLegend® (San Diego, CA). FITC-conjugated Annexin V was  
95 purchased from BD Biosciences (New Jersey, USA). We used the SPHERO™ Nano Fluorescent  
96 Particle Size Standard Kit, Yellow (diameters 0.22, 0.45, 0.88 and 1.35 µm) from Spherotech  
97 Inc. for size validation. Normal mouse IgG was purchased from Wako Chemicals (Tokyo,  
98 Japan). APC-conjugated normal mouse IgG was produced using the Mix-n-Stain™ APC  
99 Antibody Labeling kit from Biotium Inc. Dithiothreitol (DTT) was purchased from Wako  
100 Chemicals (Tokyo, Japan). We conducted phase transfer surfactant experiments using “MPEX  
101 PTS Reagents for MS” purchased from GL Sciences Inc. and “Trypsin, TPCK Treated”  
102 purchased from Thermo Fisher Scientific™. Iodoacetamide was purchased from Wako  
103 Chemicals (Tokyo, Japan).

**104 Samples**

105 All studies were approved by the Institutional Review Board of the Kyushu University Hospital,  
106 Kyushu University (29-340). Blood samples were collected from 20 male and female  
107 participants (23–48 years of age) who were apparently healthy. We received the informed  
108 consent from all participants of this study. Samples were collected using a 22-gauge butterfly  
109 needle and a slow-fill syringe. After discarding the initial 2–3 mL, blood was dispensed into  
110 collection tubes containing ethylenediamine tetra acetic acid (EDTA) (1.6 mg/mL blood). Urine  
111 was collected from 20 male healthy subjects (23–46 years of age). The first morning void urine  
112 was used for the experiments. The urine samples were collected in a sterile container. In  
113 particular, we confirmed that sample used for analysis by flow cytometer were derived from

114 healthy donors by measuring blood count and creatinine in blood and total urine protein

115 (Supplementary Table.S1).

### 116 **Isolation of plasma m/IEVs**

117 Essentially platelet-free plasma (PFP) was prepared from EDTA-treated blood by double

118 centrifugation at  $2,330 \times g$  for 10 min. To assess residual platelets remaining in this sample, we

119 measured platelet number using the ADVIA® 2120i Hematology System (SIEMENS

120 Healthineers, Erlangen Germany). The number of platelets in this sample was below the limit of

121 detection ( $1 \times 10^3$  cells/ $\mu\text{L}$ ). We used a centrifugation method to obtain m/IEVs. In an effort to

122 ensure our approach could be applied to clinical testing, we chose a simple and easy method for

123 pretreatment. In an ISEV position paper (Mateescu et al. 2017), They's group referred to

124 vesicles sedimenting at  $100,000 \times g$  as "small EVs" rather than exosomes, those pelleting at

125 intermediate speed (lower than  $20,000 \times g$ ) as "medium EVs" (including microvesicles and

126 ectosomes) and those pelleting at low speed (e.g.,  $2000 \times g$ ) as "large EVs". Because these

127 definitions are less biologically meaningful but more experimentally tractable than previously-

128 applied exosome/microvesicle definitions, we attempted biological characterization through

129 subsequent shotgun and flow cytometry analysis.

130 In flow cytometric analysis, the volume of PFP used in each assay was 0.6 mL from each

131 donor. In electron microscopy, the volume of PFP used was 3 mL. Samples were independent

132 and were treated individually prior to each measurement. PFP was centrifuged at  $18,900 \times g$  for

133 30 min in a fixed-angle rotor. The m/IEV pellet obtained after centrifugation was reconstituted

134 by vortex mixing (1–2 min) with an equivalent volume of Dulbecco's phosphate-buffered saline

135 (DPBS), pH 7.4. The solution was centrifuged at  $18,900 \times g$  for 30 min again and the supernatant

136 was discarded.

### 137 **Isolation of urinary m/IEVs**

138 For isolation of urinary m/IEVs, we modified a urinary exosome extraction protocol (Fernandez-

139 Llama et al. 2010). The centrifugation conditions were identical for plasma and urine so that the

140 size and the density of m/IEVs were similar, enabling comparison of plasma and urinary m/IEVs.

141 In flow cytometric analysis, the volume of urine used for each assay was 1.2 mL from  
142 each donor. In electron microscopy, the volume of urine used was 15 mL. Samples were  
143 independent and were treated individually prior to each measurement. Collected urine was  
144 centrifuged at  $2,330 \times g$  for 10 min twice. The supernatant was centrifuged at  $18,900 \times g$  for 30  
145 min in a fixed-angle rotor. The m/IEV pellet obtained from centrifugation was reconstituted by  
146 vortex mixing (1–2 min) with 0.2 mL of DPBS followed by incubation with DTT (final  
147 concentration 10 mg/mL) at  $37^\circ\text{C}$  for 10–15 min. The samples were centrifuged again at  $18,900$   
148  $\times g$  for 30 min and the supernatant was discarded. Addition of DTT, a reducing agent, reduced  
149 the formation of Tamm-Horsfall protein (THP) polymers. THP monomers were removed from  
150 m/IEVs after centrifugation. DTT-containing DPBS solutions were filtered through  $0.1\text{-}\mu\text{m}$   
151 filters (Millipore).

#### 152 **Flow cytometric analysis of m/IEVs**

153 After resuspending m/IEV pellets in  $60 \mu\text{L}$  of DPBS, we added saturating concentrations of  
154 several labelled antibodies, Annexin V and normal mouse IgG and incubated the tubes in the  
155 dark, without stirring, for 15–30 min at room temperature. In one case, we added labelled  
156 antibodies directly to  $60 \mu\text{L}$  of PFP for staining. We resuspended stained fractions in Annexin V  
157 binding buffer (BD Biosciences: 10 mM HEPES, 0.14 mM NaCl, 2.5 mM  $\text{CaCl}_2$ , pH 7.4) for  
158 analysis by flow cytometry. DPBS and Annexin V binding buffer were filtered through  $0.1\text{-}\mu\text{m}$   
159 filters (Millipore). Flow cytometry was performed using a FACSVerse™ flow cytometer (BD  
160 Biosciences). The flow cytometer was equipped with 405 nm, 488 nm and 638 nm lasers to  
161 detect up to 13 fluorescent parameters. The flow rate was  $12 \mu\text{L}/\text{min}$ . Forward scatter voltage  
162 was set to 381, side scatter voltage was set to 340, and each threshold was set to 200. Details of  
163 excitation (Ex.) and emission (Em.) wavelengths as well as voltages described in supplements  
164 Fig. Flow cytometry was performed using FACSuite™ software (BD Biosciences) and data were  
165 analyzed using FlowJo software. The authors have applied for the following patents for the  
166 characterization method of m/IEVs isolated from plasma and urine with a flow cytometer:  
167 JP2018-109402(plasma) and JP2018-109403(urine).

#### 168 **Nanoparticle tracking analysis (NTA)**

169 NTA measurements were performed using a NanoSight LM10 (NanoSight, Amesbury, United  
170 Kingdom). After resuspending mEV pellets in 50  $\mu$ L of DPBS, samples were diluted eight-fold  
171 (plasma) and 100-fold (urinary) with PBS prior to measurement. Particles in the laser beam  
172 undergo Brownian motion and videos of these particle movements are recorded. NTA 2.3  
173 software then analyses the video and determines the particle concentration and the size  
174 distribution of the particles. Twenty-five frames per second were recorded for each sample at  
175 appropriate dilutions with a “frames processed” setting of 1500. The detection threshold was set  
176 at “7 Multi” and at least 1,000 tracks were analyzed for each video.

### 177 **Electron microscopy**

178 For immobilization, we added 100  $\mu$ L of PBS and another 100  $\mu$ L of immobilization solution  
179 (4% paraformaldehyde, 4% glutaraldehyde, 0.1 M phosphate buffer, pH 7.4) to m/IEV pellets.  
180 After stirring, we incubated at 4°C for 1 h. For negative staining, the samples were adsorbed to  
181 formvar film-coated copper grids (400 mesh) and stained with 2% phosphotungstic acid, pH 7.0,  
182 for 30 s. For observation and imaging, the grids were observed using a transmission electron  
183 microscope (JEM-1400Plus; JEOL Ltd., Tokyo, Japan) at an acceleration voltage of 100 kV.  
184 Digital images (3296  $\times$  2472 pixels) were taken with a CCD camera (EM-14830RUBY2; JEOL  
185 Ltd., Tokyo, Japan).

### 186 **Protein digestion**

187 We used approximately 50 mL of pooled healthy plasma and 100 mL of pooled healthy  
188 male urine from five healthy subjects for digestion of m/IEVs.

189 In plasma the following process is the same as “Isolation of plasma m/IEVs” section. We  
190 repeated 18,900  $\times$ g centrifugation washing steps three times to reduce levels of contaminating  
191 free plasma proteins and small EVs for shotgun analysis. After the last centrifugation, we  
192 removed supernatants and froze the samples.

193 In urine the following process is the same as “Isolation of urinary m/IEVs” section. We  
194 repeated washing steps twice (after DTT treatment) to reduce levels of contaminating free  
195 urinary proteins and small EVs for shotgun analysis. We removed supernatants and froze the  
196 samples.

197 To discover characterizing surface antigen by flowcytometry, the sample was digested  
198 using a phase transfer surfactant-aided procedure so that many hydrophobic membrane proteins  
199 could be detected (Chen et al. 2017). The precipitated frozen fractions of plasma and urine were  
200 thawed at 37°C, and then m/IEVs were solubilized in 250 µL of lysis buffer containing 12 mM  
201 sodium deoxycholate and 12 mM sodium lauroyl sarcosinate in 100 mM Tris·HCl, pH 8.5. After  
202 incubating for 5 min at 95°C, the solution was sonicated using an ultrasonic homogenizer.  
203 Protein concentrations of the solutions were measured using a bicinchoninic acid assay (Pierce™  
204 BCA Protein Assay Kit; Thermo Fisher Scientific).

205 Twenty microliters of the dissolved pellet (30 µg protein) were used for protein digestion.  
206 Proteins were reduced and alkylated with 1 mM DTT and 5.5 mM iodoacetamide at 25°C for 60  
207 min. Trypsin was added to a final enzyme:protein ratio of 1:100 (wt/wt) for overnight digestion.  
208 Digested peptides were acidified with 0.5% trifluoroacetic acid (final concentration) and 100 µL  
209 of ethyl acetate was added for each 100 µL of digested m/IEVs. The mixture was shaken for 2  
210 min and then centrifuged at 15,600 ×g for 2 min to obtain aqueous and organic phases. The  
211 aqueous phase was collected and desalted using a GL-Tip SDB column (GL Sciences Inc).

#### 212 **LC-MS/MS analysis**

213 Digested peptides were dissolved in 40 µL of 0.1% formic acid containing 2% (v/v) acetonitrile  
214 and 2 µL were injected into an Easy-nLC 1000 system (Thermo Fisher Scientific). Peptides were  
215 separated on an Acclaim PepMap™ RSLC column (15 cm × 50 µm inner diameter) containing  
216 C18 resin (2 µm, 100 Å; Thermo Fisher Scientific™), and an Acclaim PepMap™ 100 trap  
217 column (2 cm × 75 µm inner diameter) containing C18 resin (3 µm, 100 Å; Thermo Fisher  
218 Scientific™). The mobile phase consisted of 0.1% formic acid in ultrapure water (buffer A). The  
219 elution buffer was 0.1 % formic acid in acetonitrile (buffer B); a linear 200 min gradient from  
220 0%–40% buffer B was used at a flow rate of 200 nL/min. The Easy-nLC 1000 was coupled via a  
221 nanospray Flex ion source (Thermo Fisher Scientific™) to a Q Exactive™ Orbitrap (Thermo  
222 Fisher Scientific™). The mass spectrometer was operated in data-dependent mode, in which a  
223 full-scan MS (from 350 to 1,400 m/z with a resolution of 70,000, automatic gain control (AGC)  
224 3E+06, maximum injection time 50 ms) was followed by MS/MS on the 20 most intense ions

225 (AGC 1E+05, maximum injection time 100 ms, 4.0 m/z isolation window, fixed first mass 100  
226 m/z, normalized collision energy 32 eV).

### 227 **Proteome Data Analysis**

228 Raw MS files were analyzed using Proteome Discoverer software version 1.4 (Thermo Fisher  
229 Scientific™) and peptide lists were searched against the Uniprot Proteomes-Homo sapiens  
230 FASTA (Last modified November 17, 2018) using the Sequest HT algorithm. Initial precursor  
231 mass tolerance was set at 10 ppm and fragment mass tolerance was set at 0.6 Da. Search criteria  
232 included static carbamidomethylation of cysteine (+57.0214 Da), dynamic oxidation of  
233 methionine (+15.995 Da) and dynamic acetylation (+43.006 Da) of lysine and arginine residues.

### 234 **Gene ontology analysis and gene enrichment analysis**

235 We conducted GO analysis using DAVID (<https://david.ncifcrf.gov>) to categorize the  
236 proteins identified by shotgun analysis and used Metascape  
237 (<http://metascape.org/gp/index.html#/main/step1>) for gene enrichment analysis. We uploaded the  
238 UNIPROT\_ACCESSION No. for each protein.

### 239 **Extracellular vesicle preparation from isolated erythrocytes**

240 Whole blood was collected by the same method as above and centrifuged at  $2,330 \times g$   
241 for 10 min. After removal of the buffy coat and supernatant plasma, the remaining erythrocytes  
242 were washed three times by centrifugation at  $2,330 \times g$  for 10 min and the erythrocyte pellet was  
243 resuspended in DPBS. EVs were generated from the washed erythrocytes by stimulation in the  
244 presence of 2.5 mM  $\text{CaCl}_2$  (10 mM HEPES, 0.14 mM NaCl, 2.5 mM  $\text{CaCl}_2$ , pH 7.4) for 1 h at  
245 room temperature under rotating conditions. Erythrocytes were removed by centrifugation at  
246  $2,330 \times g$  for 10 min and the EV rich supernatant was subsequently centrifuged ( $18,900 \times g$  for 30  
247 min) to pellet the EVs. EVs were resuspended in DPBS.

### 248 **Dipeptidyl peptidase IV (DPP4 : CD26) activity assay**

249 DPP4 activity was measured in the plasma and urine of six individuals (different from  
250 plasma donors). The method was previously published in part (Kawaguchi et al. 2010). DPP4  
251 activity was measured via the fluorescence intensity of 7-amino-4-methylcoumarin (AMC) after  
252 its dissociation from the synthetic substrate (Gly-Pro-AMC • HBr) catalyzed by DPP4.

253 Experiments were performed in 96-well black plates. Titrated AMC was added to each well to  
254 prepare a standard curve. Fluorescence intensity was measured after incubating substrate with  
255 urine samples for 10 min. The enzyme reaction was terminated by addition of acetic acid. The  
256 fluorescence intensity (Ex. = 380 nm and Em. = 460 nm) was measured using Varioskan Flash  
257 (Thermo Fisher Scientific™). DPP4 activity assays were performed by Kyushu Pro Search LLP  
258 (Fukuoka, Japan).

## 259 Results

### 260 Isolation and characterization of m/IEVs from plasma and urine.

261 The workflow for the isolation and enrichment of m/IEVs for proteomic and flow  
262 cytometric analyses is illustrated in Fig.1A and 1B. m/IEVs from human plasma samples were  
263 isolated by high-speed centrifugation, an approach used in previous studies (Jayachandran et al.  
264 2012). For isolation of m/IEVs from urine, DTT, a reducing agent, was used to remove THP  
265 polymers because these non-specifically interact with IgGs.

266 Transmission electron microscopy revealed that almost all m/IEVs were small, closed  
267 vesicles with a size of approximately 200 nm that were surrounded by lipid bilayer (Fig. 1C–H).  
268 In plasma, we observed EVs whose membranes were not stained either inside or on the surface  
269 (Fig. 1C, 1D); we also observed EVs whose forms were slightly distorted (Fig. 1E). In urine, a  
270 group of EVs with uneven morphology and EVs with interior structures were observed (Fig. 1F–  
271 1H). Apoptotic bodies, cellular debris, and protein aggregates were not detected.

272 No EVs with diameters greater than 800 nm were observed by NTA (Supplementary  
273 Fig.S1) and flow cytometry can detect only EVs with diameters larger than 200 nm. Together,  
274 these data suggested that we characterized m/IEVs between 200 nm and 800 nm in diameter  
275 from plasma and urine by flow cytometry analysis.

276 Side-scatter events from size calibration beads of (diameters: 0.22, 0.45, 0.88 and 1.35  
277  $\mu\text{m}$ ) were resolved from instrument noise using a FACS Verse flow cytometer (Supplementary  
278 Fig.S2A). Inspection of the side-scatter plot indicated that 0.22  $\mu\text{m}$  was the lower limit for bead  
279 detection. More than 90% of m/IEVs isolated from plasma and urine showed side-scatter  
280 intensities lower than those of 0.88- $\mu\text{m}$  calibration beads (Fig. 2A–D). m/IEVs were  
281 heterogeneous in size, with diameters ranging from 200–800 nm in plasma and urine (Fig. 2A–  
282 D). Fluorescently-labeled mouse IgG was used to exclude nonspecific IgG-binding fractions  
283 (Supplementary Fig.S2 B and C). In this experiment, we characterized m/IEVs with diameters  
284 ranging from 200–800 nm. NTA analysis shows less than 100nm size particles in the plasma  
285 fraction extracted by centrifugation, but we focused on particles over 200nm using a flow

286 cytometer. Using these methods, we observed an average of  $8 \times 10^5$  and  $1 \times 10^5$  m/IEVs in each mL  
287 of plasma and urine by flow cytometry observation.

### 288 **Shotgun proteomic analysis of plasma and urine EVs.**

289 To analyze the protein components and discover characterizing surface antigen of  
290 m/IEVs present in plasma and urine of five healthy individuals, we performed LC-MS/MS  
291 proteomic analysis. A total of 593 and 1,793 proteins were identified in m/IEVs from plasma and  
292 urine, respectively (Fig. 3A and Supplementary Table S2 and Table S3). Scoring counts using  
293 the SequestHT algorithm for the top 20 most abundant proteins are shown in Table 1 and 2. We  
294 detected cytoskeleton-related protein such as actin, ficolin-3 and filamin and cell-surface antigen  
295 such as CD5, band3 and CD41 in plasma. We also identified actin filament-related proteins such  
296 as ezrin, radixin, ankylin and moesin which play key roles in cell surface adhesion, migration  
297 and organization in both plasma and urine. In urine, several types of peptidases (membrane  
298 alanine aminopeptidase or CD13; neprilysin or CD10; DPP4 or CD26) and MUC1 (mucin 1 or  
299 CD227) were detected in high abundance, and these proteins were used to characterize m/IEVs  
300 by flow cytometric analysis (Table 2 and Supplementary Table S3). We demonstrated that the  
301 isolated m/IEVs showed high expression of tubulin and actinin, while the tetraspanins CD9 and  
302 CD81 that are often used as exosome markers were only weakly identified. These data suggest  
303 that m/IEVs differ from small EVs including exosomes (Supplementary Table S4).

304 As shown in Fig. 3A and Supplementary Fig S3, about 10% of urinary EVs proteins were  
305 also identified in plasma EVs. Urinary EVs in the presence of blood contaminants were also  
306 observed in previous studies (Smalley et al. 2008). These result suggest that m/IEVs in plasma  
307 were excreted in the urine via renal filtration and not reabsorbed. Gene ontology analysis of the  
308 identified proteins indicated overall similar cellular components in plasma and urine m/IEVs  
309 (Fig. 3B). The results of gene set enrichment analysis by metascap are shown for plasma and  
310 urine m/IEVs (Fig. 3C, D and Supplementary Table S5 and Table S6). The most commonly-  
311 observed functions in both plasma and urine were "regulated exocytosis", "hemostasis" and  
312 "vesicle-mediated transport". In plasma, several functions of blood cells were observed,  
313 including "complement and coagulation cascades" and "immune response". Moreover, analysis

314 of urinary EVs showed several characteristic functions including "transport of small molecules",  
315 "metabolic process" and "cell projection assembly". This may reflect the nature of the kidney,  
316 the urinary system and tubular villi. These data demonstrate the power of data-driven biological  
317 analyses.

### 318 **Characterization of plasma EVs by flow cytometry.**

319 Next, we characterized m/IEVs in plasma by flow cytometry using antibodies against  
320 several surface antigens and Annexin V. To eliminate nonspecific adsorption, we excluded the  
321 mouse IgG-positive fraction. (Supplementary Fig.S2B) Eliminating non-specific reactions to  
322 antibodies is important in using human body fluids as diagnostic materials for immunological  
323 measurements. By adding mouse IgG-APC to the system, we observed accurate flow cytometry  
324 image in which specific surface antigens were recognized by following two points: 1) blocking  
325 of non-specific reaction sites, 2) gate-out of positive non-specific reaction. We characterized  
326 positive m/IEVs using surface antigens detected by shotgun proteomic analysis and Annexin V  
327 (Fig. 4A–L).

328 To characterize m/IEVs derived from erythrocytes, T and B cells,  
329 macrophages/monocytes, granulocytes, platelets and endothelial cells, we selected nine antigens  
330 described in Fig. 4A. Two or more antigens were used for characterization of m/IEVs: for  
331 example, CD59 and CD235a double-positive and CD45-negative m/IEVs were classified as  
332 erythrocyte-derived m/IEVs (Supplementary Fig. S4B). We confirmed that m/IEVs isolated  
333 from erythrocytes in vitro and erythrocytes derived m/IEVs from plasma are characterized by  
334 CD59 and CD235a double-positive and CD45-negative (Supplementary Fig. S5). Determined  
335 positive area by addition of EDTA (Supplementary Fig. S2D), we also show Annexin V staining  
336 for the m/IEVs corresponding to these five classifications (Fig. 4B–L). We integrated these  
337 characterizations and assessed the distribution of EV classifications among ten healthy subjects  
338 (Fig. 4M). The results suggested that no major differences in the ratios of fractions in these ten  
339 subjects and thus these definitions may be used for pathological analysis.

340 We found that 10% and 35% of m/IEVs were derived from erythrocytes and platelets,  
341 respectively. However, only 0.5%, 0.6% and 0.1% of m/IEVs were derived from macrophages,

342 leukocytes and endothelial cells, respectively suggesting that the ratio of m/IEVs of different  
343 cellular origins is dependent on the number of cells present in plasma (Fig. 4M). We also  
344 observed that most m/IEVs derived from erythrocytes and macrophages were Annexin V positive  
345 (Fig. 4 N and O). By contrast, many Annexin V negative m/IEVs were identified among platelet-  
346 and T and B cell-derived m/IEVs (Fig. 4 P and Q). Especially about erythrocyte-derived m/IEVs  
347 other studies have shown high percentages of phosphatidylserine-positive(Annexin V positive)  
348 m/IEVs after red blood cell storage under blood bank conditions that these results are consistent  
349 (Gao et al. 2013)(Xiong et al. 2011).

350 In general, it is known that microparticle in blood are known to be exposed to PS on the  
351 surface, which is verified by being positive by Annexin5 staining. We found that the degree of  
352 exposure of phosphatidylserine to the membrane surface was vary depending on the cell derived  
353 from annexin V staining. Thus, the characteristics of m/IEVs can be determined in detail by  
354 using AnnexinV and antigenicity. These results suggested that the degree of exposing PS are  
355 cell-type specific and that release mechanisms may differ among cell types.

#### 356 **Characterization of urinary EVs by flow cytometry and enzyme activity assay.**

357 In urine, we first removed aggregated m/IEVs and residual THP polymers using labelled  
358 normal mouse IgG (Supplementary Fig.S2C). By removing the THP polymer by DTT treatment,  
359 many immunological non-specific reactions in flow cytometry observation were eliminated, and  
360 the remaining non-specific reactions were completely excluded from the observed image by  
361 mouse IgG-positive gating-out (Supplementary Fig.S2F). To characterize urinary m/IEVs, we  
362 used surface antigens detected by shotgun proteomic analysis including CD10 (neprilysin),  
363 CD13 (alanine aminopeptidase), CD26 (DPP4) and CD227 (MUC1) (Fig. 5A–F). Many m/IEVs  
364 in the observation area were triple-positive for CD10, CD13 and CD26, but negative for Annexin  
365 V (Fig. 5B–D, Supplementary Fig. S6). Furthermore, MUC1-positive EVs were both Annexin V  
366 positive and negative in roughly equivalent frequencies (Fig. 5B, E and F). These results  
367 suggested that m/IEVs containing peptidases were released by outward budding directly from the  
368 cilia membrane of renal proximal tubule epithelial cells. The results of integrating these  
369 characterizations and the distribution of EV classifications among ten healthy subjects are shown

370 (Fig. 5G–I). These data indicated no major differences in the ratio among these populations,  
371 suggesting that our methodology was reliable for m/IEV analysis.

372 We next verified the CD26 peptidase enzyme activities of m/IEVs in plasma and urine  
373 from six individuals. We prepared three fractions: (i) “whole,” in which debris were removed  
374 after low speed centrifugation, (ii) “m/IEVs” and (iii) “free (supernatant)” both of which were  
375 obtained via high speed centrifugation ( $18,900 \times g$  for 30 min) (Fig. 5J). We found that more than  
376 20% of DPP4 activity in whole urine was contributed by the EV fraction (Fig. 5K and  
377 Supplementary Fig. S7). By contrast, there was no peptidase activity associated with plasma  
378 m/IEVs (Fig. 5L). These results suggested that functional CD26 peptidase activity is present in  
379 m/IEVs in urine, which may be useful for pathological analysis.

380

## 381 Discussion

382 In this study, we analyzed m/IEVs using various analytic techniques and found the  
383 following four major results. First, it was possible to characterize m/IEVs using multiple surface  
384 markers. Second, m/IEVs bear functional enzymes with demonstrable enzyme activity on the  
385 vesicle surface. Third, there are probability of differences in asymmetry of membrane lipids by  
386 derived cells. Finally, there was little variation m/IEVs in the plasma and urine of healthy  
387 individuals, indicating that our method is useful for identifying cell-derived m/IEVs in these  
388 body fluids.

389 We isolated m/IEVs from plasma and urine that were primarily 200–800 nm in diameter  
390 as shown by transmission electron microscopy. A large proportion of proteins detected in  
391 m/IEVs using shotgun proteomic analysis were categorized as plasma membrane proteins.  
392 Isolation of m/IEVs by centrifugation is a classical technique, but in the present study we further  
393 separated and classified the m/IEVs according to their cell types of origin by flow cytometry.  
394 The results indicated the validity of the differential centrifugation method (Biro et al. 2003;  
395 Piccin et al. 2015a).

396 Pang et al. (Pang et al. 2018) reported that integrin outside-in signaling is an important  
397 mechanism for microvesicle formation, in which the procoagulant phospholipid  
398 phosphatidylserine (PS) is efficiently externalized to release PS-exposed microvesicles (MVs).  
399 These platelet-derived Annexin V positive MVs were induced by application of a pulling force  
400 via an integrin ligand such as shear stress. This exposure of PS allows binding of important  
401 coagulation factors, enhancing the catalytic efficiencies of coagulation enzymes. We observed  
402 that 50% of m/IEVs derived from leukocytes and platelets were Annexin V positive, suggesting  
403 that release PS-positive m/IEVs during activation, inflammation, and injury. It would be  
404 interesting to further investigate whether the ratio of Annexin V positive m/IEVs from platelets  
405 or leukocytes was an important diagnostic factor for inflammatory disease or tissue injury.

406 In urinary m/IEVs, we identified aminopeptidases such as CD10, CD13 and CD26  
407 which are localized in proximal renal tubular epithelial cells. The functions of these proteins  
408 relating to exocytosis were categorized by gene enrichment analysis. The cilium in the kidney is

409 the site at which a variety of membrane receptors, enzymes and signal transduction molecules  
410 critical to many cellular processes function. In recent years, ciliary ectosomes – bioactive  
411 vesicles released from the surface of the cilium – have attracted attention (Nager et al. 2017;  
412 Phua et al. 2017; Wood & Rosenbaum 2015). We also identified ciliary ectosome formation  
413 ESCRT complexes proteins (CHAMP; Supplementary Table S3 and 4) in proteomic analyses,  
414 suggesting that our isolation method was valid and the possibility that these proteins were  
415 biomarkers of kidney disease. Because triple peptidase positive m/IEVs were negative for  
416 Annexin V, the mechanism of budding from cells may not be dependent on scramblase. (Wood  
417 & Rosenbaum 2015)

418 Platelet-derived m/IEVs are the most abundant population of extracellular vesicles in  
419 blood, and their presence (Piccin et al. 2007) and connection with tumor formation were reported  
420 in a recent study (Zmigrodzka et al. 2016). In our study, platelet-derived EVs were observed in  
421 healthy subjects and had the highest abundance of Annexin V-positive EVs. In plasma,  
422 leukocyte-derived EVs were defined as CD11b/CD66b- or CD15-positive (Sarlon-Bartoli et al.  
423 2013). We characterized macrophage/monocyte/granulocyte- and T/B cell-derived EVs based on  
424 two specific CD antigens, and we confirmed that EVs derived from these cells were very rare.  
425 Importantly, there was little variation in the cellular origins of m/IEVs in samples from ten  
426 healthy individuals, indicating that this method was useful for identifying cell-derived m/IEVs.  
427 We plan to examine m/IEVs differences in patients with these diseases in the near future.  
428 Erythrocyte-derived EVs were also characterized by their expression of CD235a and glycophorin  
429 A by flow cytometry (Ferru et al. 2014; Zecher et al. 2014).

430 We also characterized m/IEVs in urine. In kidneys and particularly in the renal tubule,  
431 CD10, CD13, CD26 can be detected in high abundance by immunohistochemical staining  
432 (website: The Human Protein Atlas). CD10/CD13-double positive labeling can be used for  
433 isolation and characterization of primary proximal tubular epithelial cells from human kidney  
434 (Van der Hauwaert et al. 2013). DPP4 (CD26) is a potential biomarker in urine for diabetic  
435 kidney disease and the presence of urinary m/IEV-bound DPP4 has been demonstrated (Sun et  
436 al. 2012). The presence of peptidases on the m/IEV surface, and their major contribution to

437 peptidase activity in whole urine (Sun et al. 2012), may suggest a functional contribution to  
438 reabsorption in the proximal tubules. These observations suggested that the ratio of DPP activity  
439 between m/IEVs and total urine can be an important factor in the diagnosis of kidney disease.

440 MUC1 can also be detected in kidney and urinary bladder by immunohistochemical  
441 staining (website: The Human Protein Atlas). Significant increases of MUC1 expression in  
442 cancerous tissue and in the intermediate zone compared with normal renal tissue distant from the  
443 tumor was observed (Borzym-Kluczyk et al. 2015). In any case, MUC1-positive EVs are thought  
444 to be more likely to be derived from the tubular epithelium or the urothelium.

445

#### 446 **Conclusions**

447 Use of EVs as diagnostic reagents with superior disease and organ specificity for liquid  
448 biopsy samples is a possibility. This protocol will allow further study and in depth  
449 characterization of EV profiles in large patient groups for clinical applications. We are going to  
450 attempt to identify novel biomarkers by comparing healthy subjects and patients with various  
451 diseases.

452

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460

#### 461 **Author Contributions**

462 K.I. and T.U. designed the research and wrote the manuscript. S.U., K.G., S.M. and M.A carried  
463 out the experiments, obtained reagents and materials, and conducted data analysis. D.S. and N.A.

464 contributed to network analysis. D.K, K.K. and T.U. contributed to flavonoid identification. All  
465 authors read and approved the final manuscript.

466

#### 467 **Competing Interests**

468 The authors have read the journal's policy and would like to declare the following competing  
469 interests: K.I. is a full-time employee of LSI Medience Corporation. K.K. is a full-time employee  
470 of LSI Medience Corporation. K.I. is also seconded to Kyushu Pro Search Limited Liability  
471 Partnership from LSI Medience Corporation. K.K. also serves as Kyushu Pro Search Limited  
472 Liability Partnership and LSI Medience Corporation and is the representative officer of Kyushu  
473 Pro Search Limited Liability Partnership.

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**Table 1** (on next page)

Twenty most abundant proteins identified in plasma m/IEVs

1 **Table 1. Twenty most abundant proteins identified in plasma m/IEVs**

Protein name	Uniprot AC	Score	Sequence coverage
Ficolin-3	O75636	8772	68
Hemoglobin subunit alpha	P69905	1735	70
Actin, cytoplasmic 1	P60709	927	69
Hemoglobin subunit beta	P68871	602	79
Actin, gamma-enteric smooth muscle	P63267	500	32
Talin-1	Q9Y490	368	50
Filamin-A	P21333	353	40
Spectrin alpha chain, erythrocytic 1	P02549	321	42
Myosin-9	P35579	317	38
Mannan-binding lectin serine protease 1	P48740	308	35
Band 3 anion transport protein	P02730	277	38
Beta-actin-like protein 2	Q562R1	252	24
Hemoglobin subunit delta	P02042	215	64
Spectrin beta chain, erythrocytic	P11277	183	28
Complement C1q subcomponent subunit C	P02747	170	24
Ankyrin-1	P16157	164	28
<b>CD5 antigen-like</b>	O43866	164	52
<b>Integrin alpha-IIb (CD41)</b>	P08514	129	25
Complement C1q subcomponent subunit B	P02746	122	41
Deaminated glutathione amidase	Q86X76	118	6

2 Proteins in bold text indicate antigens identified using flow cytometry. This table excluded  
 3 immunoglobulin-related proteins and albumin.

**Table 2** (on next page)

Twenty most abundant proteins identified in urinary m/IEVs

1 **Table 2. Twenty most abundant proteins identified in urinary m/IEVs**

Protein name	Uniprot AC	Score	Sequence coverage
Actin, cytoplasmic 1	P60709	1618	67
<b>Neprilysin</b>	P08473	1194	50
Uromodulin	P07911	821	44
Solute carrier family 12 member 1	Q13621	720	32
Alpha-enolase	P06733	708	79
Moesin	P26038	548	73
Ezrin	P15311	544	56
<b>Aminopeptidase N</b>	P15144	486	43
Actin, gamma-enteric smooth muscle	P63267	476	28
Pyruvate kinase PKM	P14618	447	64
Voltage-dependent anion-selective channel protein 1	P21796	446	74
Radixin	P35241	364	56
Tyrosine-protein phosphatase non-receptor type 13	Q12923	363	38
Triosephosphate isomerase	P60174	325	80
Multidrug resistance protein 1	P08183	324	38
Guanine nucleotide-binding protein G(I)/G(S)/G(T) subunit beta-2	P62879	316	50
Guanine nucleotide-binding protein G(I)/G(S)/G(T) subunit beta-1	P62873	306	53
V-type proton ATPase catalytic subunit A	P38606	298	57
Superoxide dismutase [Cu-Zn]	P00441	285	91
Epidermal growth factor receptor kinase substrate 8-like protein 2	Q9H6S3	277	43

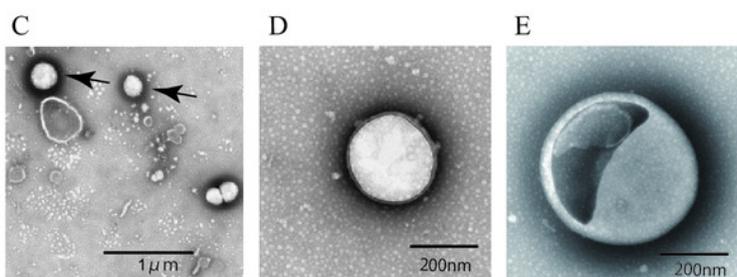
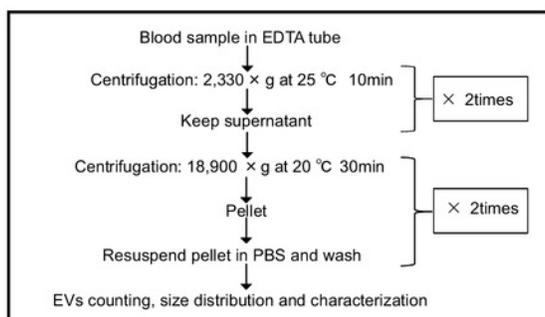
2 Proteins in bold text indicate antigens identified using flow cytometry

# Figure 1

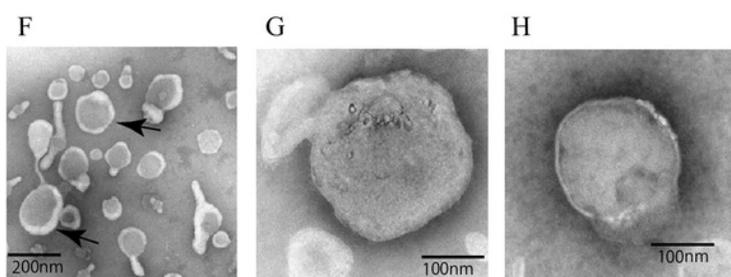
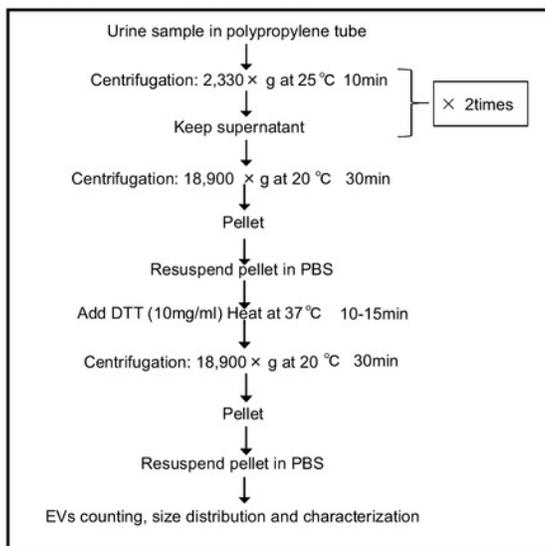
Isolation of m/IEVs from plasma and urine using differential centrifugation

(A and B) Workflow of plasma (A) and urine (B) m/IEV isolation and sample preparation for flow cytometry analysis. (C-H) Isolated m/IEVs from plasma (C-E) and urine (F-H) were visualized by transmission electron microscopy. Arrow indicates representative m/IEVs (C and F). Microscopy was used to identify EV-like particles based on the size (100–400 nm) and shape (round) of the vesicles. The scale bar is shown.

## A Plasma m/IEVs isolation workflow



## B Urine m/IEVs isolation workflow



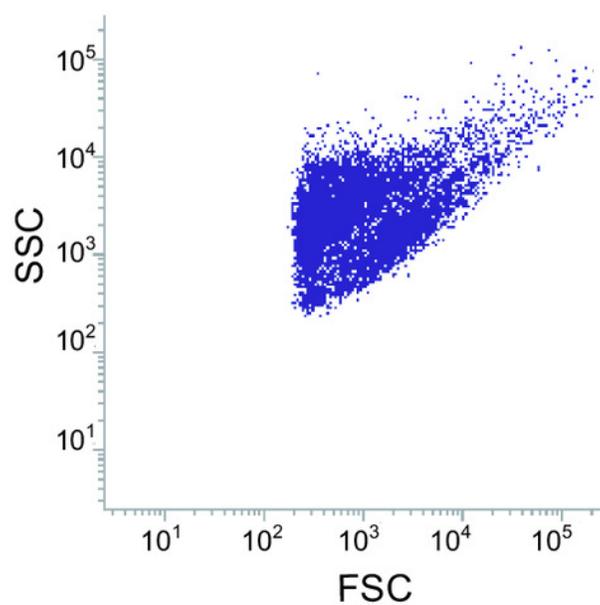
## Figure 2

### Flow cytometric analysis of plasma and urine m/IEVs

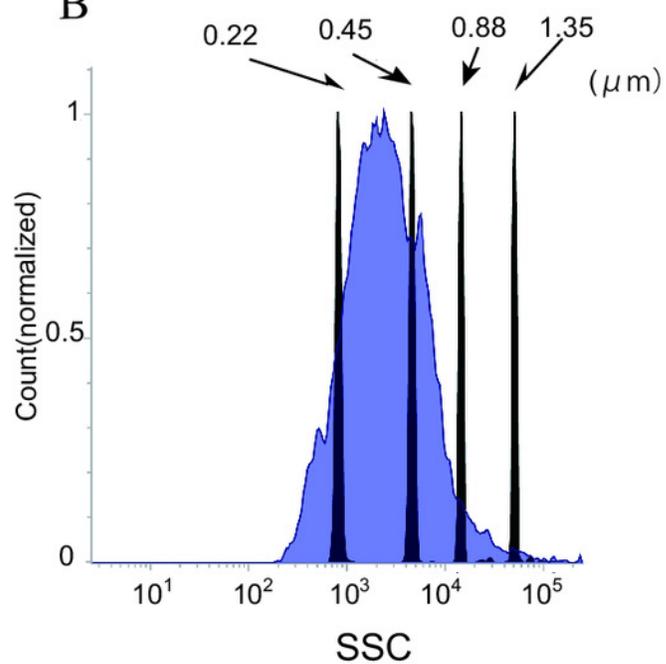
(A and B) Analysis of plasma m/IEVs by flow cytometry. Forward and side scatter (SSC) were measured for plasma m/IEVs (A). The SSC distribution of plasma m/IEVs is shown as a histogram (indigo blue) compared with standard polystyrene beads (black histogram) (B). (C and D) Analysis of urine m/IEVs by flow cytometry. Forward and side scatter (SSC) were measured for urine m/IEVs (C). The SSC distribution of urinary m/IEVs is shown as a histogram (orange) compared with standard polystyrene beads (black histogram) (D).

## Plasma m/IEVs

A

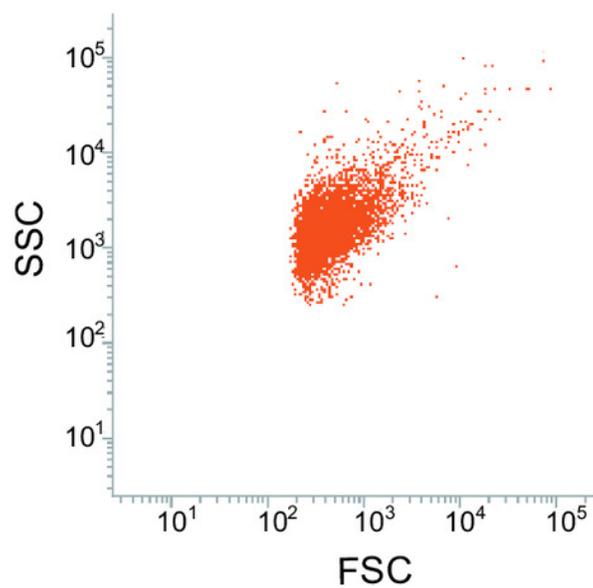


B

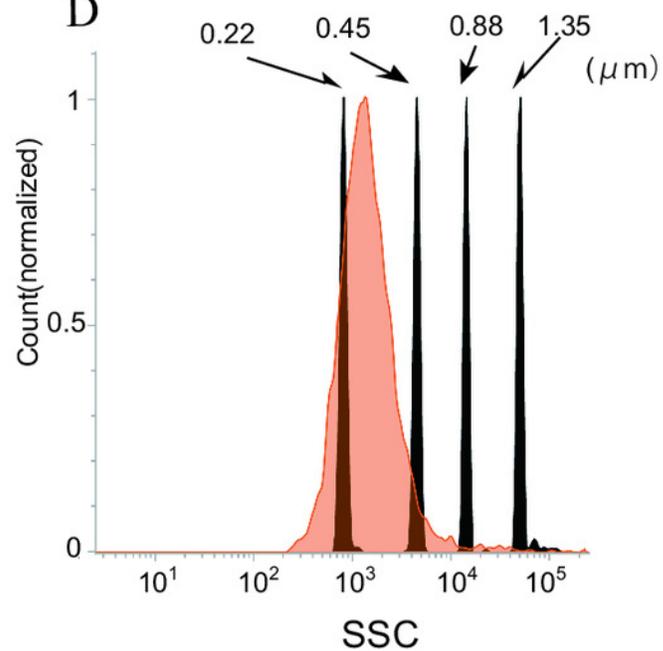


## Urine m/IEVs

C



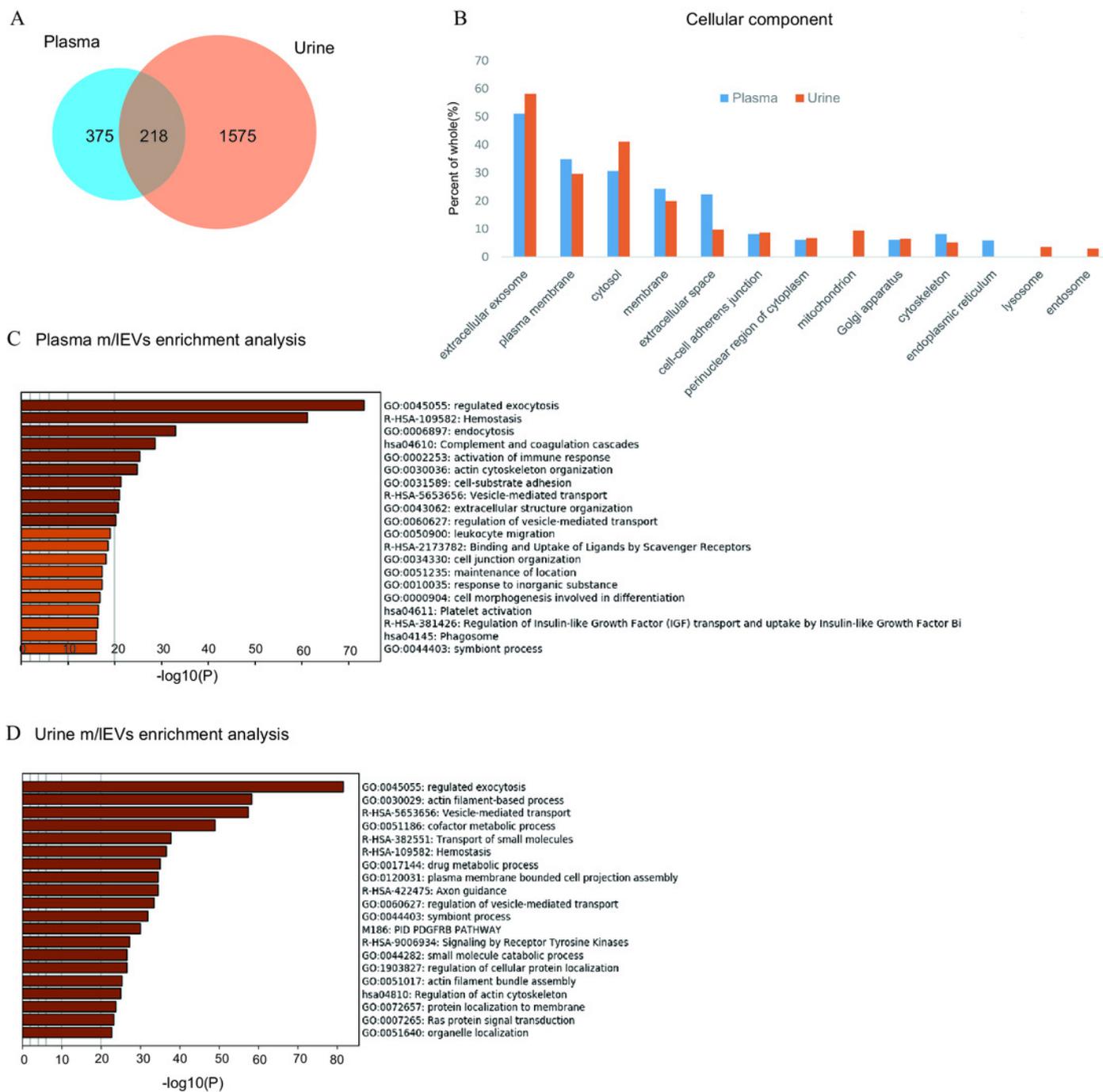
D



## Figure 3

### Shotgun proteomic analysis of plasma and urine m/IEVs

A. Protein extracts of m/IEVs isolated from plasma and urine were analyzed by LC-MS/MS. A total of 593 and 1793 proteins from plasma and urine, respectively, were detected. Detailed lists of proteins are shown in S1 Table and S2 Table. B. GO (gene ontology) cellular components are shown for m/IEVs isolated from plasma and urine using the DAVID program. Among the detected proteins, the gene list used for DAVID analysis included 588 proteins (plasma) and 1786 proteins (urine). The vertical axis shows the percentage of proteins from the full gene list categorized into each GO term. For example, for extracellular exosomes (plasma), the categorized count was 301 of 588 proteins. (C and D) Top 20 clusters from the Metascape pathway (<http://metascape.org/>) enrichment analysis for m/IEVs in plasma (C) and urine (D). Lengths of bars represent  $\log_{10}$  (P values) based on the best-scoring term within each cluster. Among all detected proteins, 535 (plasma) and 1767 (urine) genes were recognized as unique for enrichment analysis. For each gene list, pathway and process enrichment analysis was carried out using the following ontology sources: KEGG Pathway, GO Biological Processes, Reactome Gene Sets, Canonical Pathways and CORUM.



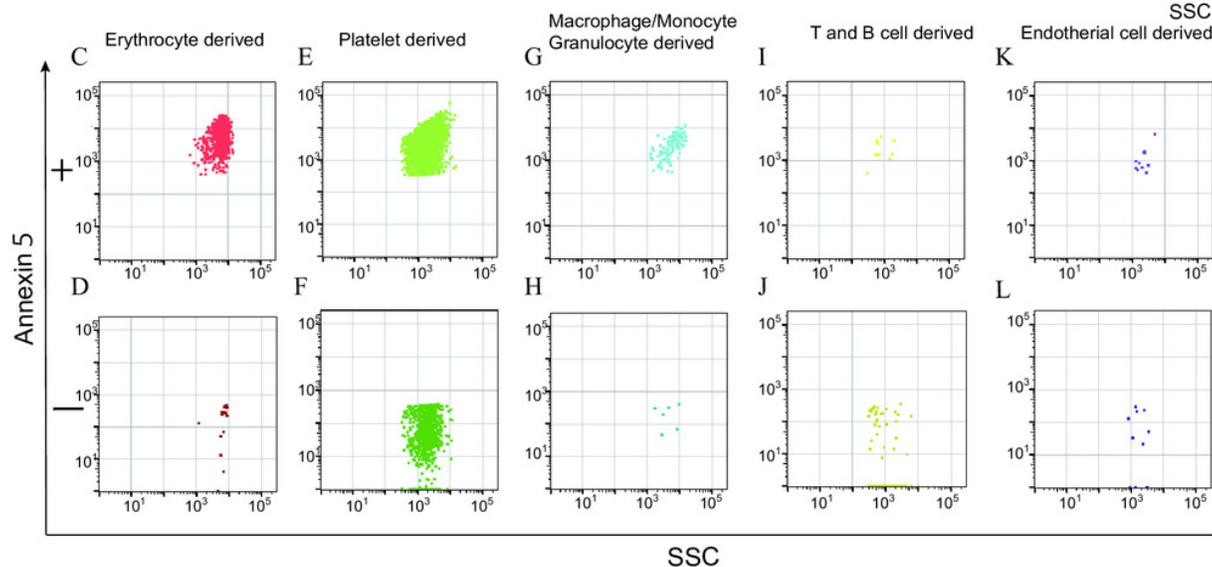
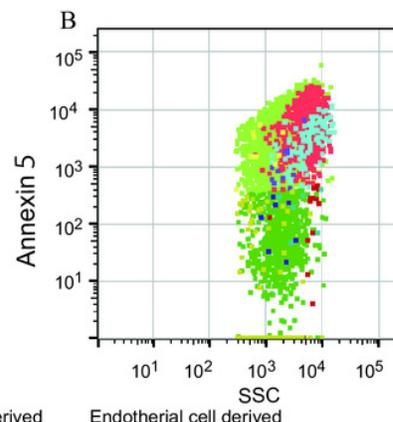
## Figure 4

### Characterization of plasma m/IEVs by flow cytometry

A. Two specific surface antigens were used to characterize the m/IEVs from each source by flow cytometry. m/IEVs were characterized by comparison with five types of blood cells using surface antigens and Annexin V staining. (B and C). Representative dot plots (SSC vs. Annexin V). Each plot was classified by staining for surface antigens and Annexin V (C) and an overall plot summarizing the data (B) is shown. D. Quantification of each m/IEV by flow cytometry analysis (n=10 for human healthy plasma, % of total events). E. Comparison of Annexin V staining for erythrocyte-, platelet-, macrophage-, T and B cell-, and endothelial cell-derived m/IEVs from ten healthy plasma samples. Comparisons were performed using the Wilcoxon signed-rank test (\*  $p < 0.05$ , \*\*  $p < 0.01$ ; a value of  $p < 0.05$  was considered to indicate statistical significance).

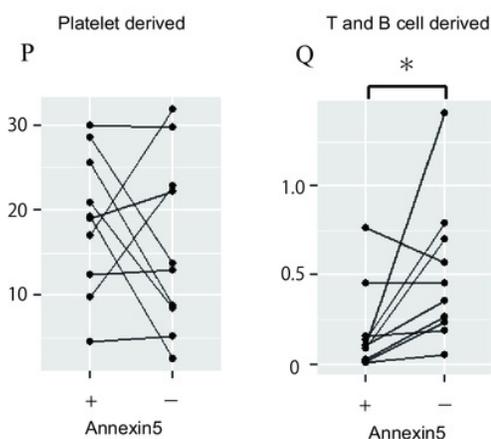
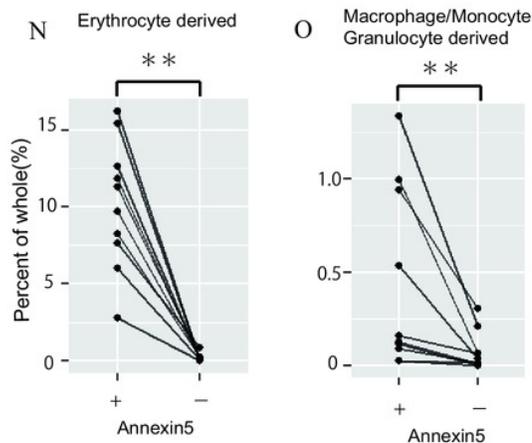
## A Plasma m/IEVs characterized by multi CD antigen

	Annexin5	CD59 · Protectin · MIRL	CD235a · Glycophorin A	CD41 · Integrin αIIb	CD61 · Integrin β3	CD15 · Lewis x · SSEA-1	CD45 · Leukocyte Common Antigen	CD5 · Leu-1	CD105 · Endoglin	CD146 · Muc 18
Erythrocyte derived	+	+	+				-			
Platelet derived	+			+	+		-	-		
Macrophage/Monocyte/Granulocyte derived	+		-			+	+			
T and B cell derived	+		-				+	+		
Endothelial Cell derived	+							+	+	



## M Characterized m/IEVs ratio in 10 healthy plasma

	(N=10)	Annexin5	Average(%)	SD	range (%)
Erythrocyte derived		+	10%	4.2%	2.8-16
		-	0.16%	0.25%	0-0.84
Platelet derived		+	19%	8.2%	4.6-30
		-	16%	10%	2.6-32
Macrophage/Monocyte/Granulocyte derived		+	0.43%	0.49%	0.02-1.3
		-	0.07%	0.10%	0-0.31
T and B cell derived		+	0.19%	0.24%	0.01-0.77
		-	0.50%	0.40%	0.05-1.4
Endothelial Cell derived		+	0.08%	0.05%	0.02-0.2
		-	0.03%	0.03%	0.01-0.09



## Figure 5

Characterization of urinary m/IEVs by flow cytometry and CD26 enzymatic activity

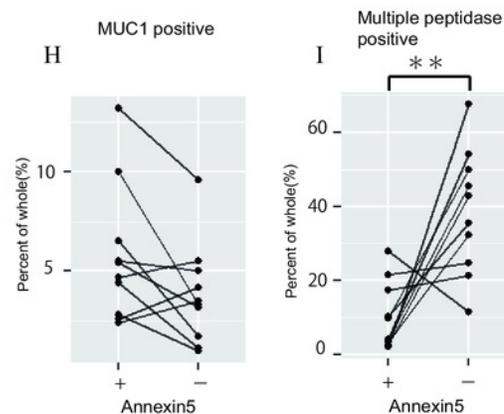
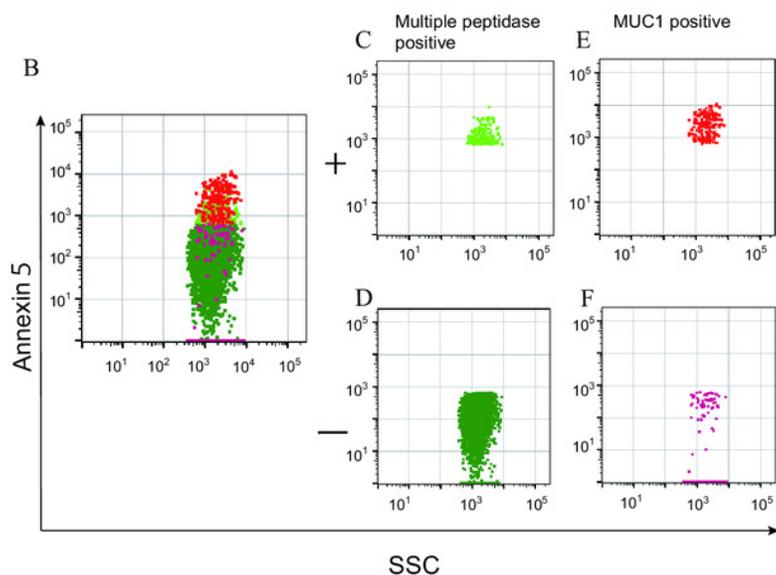
A. Two kinds of m/IEVs in urine were characterized by using surface antigen and Annexin V staining. B. Representative dot plots in the observation area (SSC vs Annexin V). Each plot was classified according to staining for multiple peptidases [CD10 (nepriylsin), CD13 (alanine aminopeptidase), and CD26 (DPP4)] and CD277 (MUC-1). Events were further classified as Annexin V positive or negative. C. Quantification of m/IEVs by flow cytometry analyses (n=10 for male human healthy urine, % of total events). D. Comparison of Annexin V staining for MUC1-positive and multiple peptidase-positive m/IEVs in the urine of ten healthy male human samples. Comparisons were performed using the Wilcoxon signed-rank test (\* P < 0.05, \*\* P < 0.01; a value of p < 0.05 was considered to indicate statistical significance). E. DPP4 enzymatic activity was assessed for urinary m/IEVs. The workflow for fractionating m/IEVs by centrifugation is shown. F. Quantification of DPP4 activity in plasma and urine fractions (n=6 for human healthy plasma and male urine, % of whole). The percentage of enzyme activity measured for each fraction compared with whole activity is shown.

## A Urine m/IEVs characterized by multi CD antigen

	Annexin5	CD10 · neutral endopeptidase · Neprilysin	CD13 · Amino peptidase N	CD26 · Dipeptidyl Peptidase-4 ( DPP4V )	CD227 · Mucin 1 (MUC1 )
Multiple peptidase positive	+	+	+	+	-
MUC1 positive	-	+	+	+	-
	+	-	-	-	+
	-	-	-	-	+

## G Characterized m/IEVs ratio in 10 healthy male urine

	(N=10)	Annexin5	Average(%)	SD	range (%)
Multiple peptidase (CD10,CD13,CD26) positive	+	-	10%	9.0%	2.2-28
MUC1 positive	+	-	5.2%	3.4%	2.0-12
	-	-	3.2%	2.6%	0.82-9.4



## J DPP4(CD26) activity of plasma and urine m/IEVs

