The colonic metabolites dihydrocaffeic acid and dihydroferulic acid are more effective inhibitors of *in vitro* platelet activation than their phenolic precursors

Gema Baeza[1,2], Eva-Maria Bachmair[1], Sharon Wood[1], Raquel Mateos[2], Laura Bravo[2] and Baukje de Roos[1].

[1] Rowett Institute of Nutrition and Health, University of Aberdeen, Foresterhill, Aberdeen, AB25 2ZD, United Kingdom. Email: e.bachmair@abdn.ac.uk; rwt030@abdn.ac.uk; b.deroos@abdn.ac.uk;

[2] Department of Metabolism and Nutrition, Institute of Food Science, Technology and Nutrition (ICTAN), Spanish National Research Council (CSIC), C/Jose Antonio Novais 10, 28040 Madrid, Spain. Email: gbaeza@ictan.csic.es; raquel.mateos@ictan.csis.es; lbravo@ictan.csis.es;

* Corresponding author:

Baukje de Roos

Rowett Institute of Nutrition & Health, University of Aberdeen

Foresterhill, Aberdeen AB25 2ZD, United Kingdom

E-mail: b.deroos@abdn.ac.uk

Funding sources:

This work was funded by the Spanish Ministry of Economy and Competitivity (projects AGL2010-18269 and AGL 2015-69986-R). G.B. is a FPI fellow (BES-2011-047476) granted with a bursary for short stays from MINECO (EEBB-I-14-08802). The Rowett Institute of Nutrition and Health receives funding from the Scottish Government Rural and Environment Science and Analytical Services (RESAS). The funding bodies had no involvement in the design and execution of the study.

Conflicts of interest: none

Abstract

Cardiovascular diseases (CVD) are the major cause of morbidity and mortality worldwide. The consumption of healthy diets rich in polyphenols has been inversely associated with the development of CVD. This study evaluated the effects of green coffee bean (GCBE) and yerba mate (YMPE) phenolic extracts, the main phenolic and methylxanthines constituents (5-caffeoylquinic acid, 3,5-dicaffeoylquinic acid, caffeine, and theobromine), and their main metabolites (caffeic acid, ferulic acid, dihydrocaffeic acid -DHCA- and dihydroferulic acid -DHFA-) on platelet activation *in vitro*. Upon incubation with different doses (0.01 – 100 µg/mL or µM) of each compound, adenosine 5'-diphosphate-induced P-selectin expression and fibrinogen binding were determined using whole blood flow cytometry. Platelet P-selectin expression was significantly decreased by YMPE and all phenolic and methylxanthines constituents at physiological concentrations, compared with control, whereas fibrinogen binding on platelets was significantly increased. The colonic metabolites (DHCA and DHFA) had stronger inhibitory effects on P-selectin expression than their phenolic precursors, suggesting an increase in the efficacy to modulate platelet activation with the metabolism of the phenolic compounds.

Running title: Colonic metabolites of yerba mate inhibit *in vitro* platelet activation

Keywords: Green coffee; yerba mate; phenolic compounds; methylxanthines; metabolites; platelet activation.

Abbreviations: 5-CQA, 5-caffeoylquinic acid; 3,5-DCQA, 3,5-dicaffeoylquinic acid; ADP, adenosine 5`-diphosphate; APC, allophycocyanin; CA, caffeic acid; cAMP, cyclic adenosine monophosphate; CGA, chlorogenic acids; cGMP, cyclic guanosine monophosphate; CVD, cardiovascular disease; DHCA, dihydrocaffeic acid; DHFA, dihydroferulic acid; DMSO, dimethylsulfoxide; FA, ferulic acid; GCBE, green coffee bean phenolic extract; HEPES, 4-(2-hydroxyethyl)-1-piperazineethanesulphonic acid; PBS, phosphate-buffered saline; PE, phycoerythrin; PMA, phorbol 12-myristate 13-acetate; SED, standard error of difference; TRAP, thrombin receptor activating peptide; YMPE, yerba mate phenolic extract.

1. Introduction

Cardiovascular disease (CVD) is a main cause of mortality worldwide. The development of atherosclerosis and subsequent thrombus formation are believed to be the underlying reason of CVD [1]. Consumption of certain dietary compounds lowers the risk of CVD [2-4]. Indeed, consumption of various plant extract infusions was associated with cardioprotective effects in animal models and in humans [5-7]. One such compound is yerba mate, a popular infusion originating from South America prepared from the dried leaves of *Ilex paraguariensis*. Due to its perceived hypocholesterolemic, anti-oxidant and anti-obesity activity, consumption of yerba mate is now spreading around the world [8]. In addition, various studies have shown that moderate intake of coffee may have cardioprotective effects [9-11], questioning the negative effects on vascular function traditionally associated with coffee consumption.

Yerba mate and coffee are a rich source of different bioactive compounds, especially cinnamoylquinic acids and methylxanthines (Figure 1). Cinnamoylquinic acids, collectively known as chlorogenic acids (CGA) [12], are a family of esters formed between quinic acid and one or more *trans*-cinnamic acids (*p*-cumaric, caffeic, ferulic, sinapic or dimethoxycinnamic acid). Caffeoylquinic and dicaffeoylquinic acids isomers (Figure 1a) represent 80-90% of total CGA in green coffee and yerba mate [13,14]. Methylxanthines are natural purine alkaloids including caffeine, theophylline and theobromine (Figure 1b), with caffeine being the most abundant in both beverages [15-17].

Physiological effects of dietary compounds are potentially limited by the bioavailability and biotransformation of their bioactive components in the organism. CGA are absorbed and metabolized in the stomach, small and large intestine (Figure 2), and their bioavailability depends on the ingested dose [18]. Plasma concentrations of 5-caffeoylquinic acid (5-CQA), the main CGA in green coffee and yerba mate, are low at 6 - 30 nM after consumption of roasted coffee [18,19], and 5.9 μM after consumption of green coffee [20]. In addition, plasma levels of 3,5-dicaffeoylquinic acid (3,5-DCQA) have been reported to be as high as 2.5 μM after the intake of a green coffee extract [20], although most studies suggested the hydrolysis of 3,5-DCQA to monoacylquinic acid as the main biotransformation pathway [18,19]. Caffeic (CA) and ferulic (FA) acids are the main early metabolites, with plasma levels from 0.08 to 1.1 and from 0.14 to 0.8 μM,

respectively, after intake of roasted and green coffee [20,21]. Nevertheless, the main metabolites from CGA are dihydrocaffeic (DHCA) and dihydroferulic (DHFA) acids, produced by the microflora in the large intestine. These metabolites are found in plasma at levels up to 0.7 and 1 μM, respectively, 5 - 10 h after intake of 400 mL of coffee containing approximately 600 mg CGA [18]. On the contrary, caffeine is quickly and completely absorbed in the small intestine and transported to the liver where it is metabolized into the dimethylxanthines paraxanthine, theobromine and theophylline, which are further metabolized to monomethylxanthines [22]. Previous studies have shown that plasma levels of caffeine can increase to 2 - 12 μM, and theobromine can increase to 0.5 - 16 μM, after intake of 9.9 - 70 mg of caffeine and 0.2 - 84 mg of theobromine, respectively, which are present in 3.5 g of coffee and 15 g of cocoa [23,24].

Roasting of green coffee beans causes significant degradation and/or transformation of polyphenols, affecting the physical and chemical properties of roasted coffee beans [14,25,26], and causing a loss of its antioxidant [27] and anti-inflammatory capacity in animal models [28]. Moreover, the consumption of green coffee has been associated with a lower risk of cancer and CVD [29] and may therefore be a healthier alternative to roasted coffee.

One possible mechanism by which these dietary compounds may lower CVD risk is by modulation of platelet function [30]. Activated platelets are involved in the formation of blood clots to stop bleeding and heal wounds [31]. However, excessive platelet activation has been associated with both the physical blocking of blood vessels as well as the development of chronic inflammation. Therefore, platelet activation has been proposed as an independent risk factor of CVD [32]. Platelet function can be beneficially modulated by different dietary compounds, such as those found in garlic, onions, kiwi, olive oil, chocolate and mushrooms [33-37]. In this study we assessed the effects of green coffee bean (GCBE) and yerba mate (YMPE) phenolic extracts, the main methylxanthines and phenolic constituents, caffeine, theobromine, 5-CQA, 3,5-DCQA, including their main metabolites (CA, FA, DHCA and DHFA), on activation of human platelets *in vitro*.

2. Material and methods

2.1 Reagents

Green coffee (*Coffea arabica* L. from Colombia) and yerba mate (*Ilex paraguariensis* L.) were purchased in a local supermarket in Madrid (Spain). 3,5-DCQA was acquired from PhytoLab (Vestenbergsgreuth, Germany). Caffeine was obtained from Fluka (Madrid, Spain). 5-CQA, CA, FA, theobromine, DHCA, DHFA were obtained from Sigma-Aldrich (Madrid, Spain). Phycoerythrin (PE)-conjugated mouse anti-human CD61 (CD61-PE), allophycocyanin (APC)-conjugated mouse anti-human P-selectin (CD62-APC), PE-conjugated mouse IgG1κ, APC-conjugated mouse IgG1κ, AF488-conjugated mouse IgG1κ, sodium chloride (NaCl) and FACS Flow sheath fluid were acquired from BD Biosciences (Oxford, UK). AF488-conjugated fibrinogen from human plasma was obtained from Fisher Scientific (Loughborough, UK). Adenosine 5`-diphosphate (ADP), phosphate-buffered saline (PBS), dimethylsulfoxide (DMSO), potassium chloride (KCl), magnesium sulfate heptahydrate ($MgSO_4$-$7H_2O$), 4-(2-hydroxyethyl)-1-piperazineethanesulphonic acid (HEPES), phorbol 12-myristate 13-acetate (PMA) and quercetin were acquired from Sigma-Aldrich (Dorset, UK). All other chemicals were of analytical grade.

2.2 Green coffee bean (GCBE) and yerba mate (YMPE) phenolic extracts and pure compound preparation

Soluble phenolic compounds were extracted in triplicate according to Bravo & Saura-Calixto [38]. Briefly, 1 g of green coffee beans, previously grounded to 0.5 µm particle size, and yerba mate, were sequentially washed with 2 N hydrochloric acid in aqueous methanol (50:50, v/v, 1 h at room temperature, constant shaking) and acetone:water (70:30, v/v, 1 h at room temperature, constant shaking). After each extraction step, the samples were centrifuged (10 min, 3000 *g*) and the supernatants combined. The organic solvents were evaporated under reduced pressure with a rotavapor and the phenolic extracts were lyophilized.

GCBE and YMPE powder and the pure standards were dissolved in 100% DMSO at 100 mg/mL and 100 mM, respectively, and diluted with PBS to prepare working dilutions for incubation with whole blood at 0.01, 0.1, 1, 10, 20, 50 and 100 µg/mL and µM (final concentration in 0.1% DMSO in blood).

2.3 Blood sample collection

Blood sampling for testing the *in vitro* effects of dietary compounds on platelet function was approved by the Rowett Human Studies Ethical Review Panel, Aberdeen, Scotland, United Kingdom and the experiments were carried out in accordance with the ethical principles of the Declaration of Helsinki and Good Clinical Practice. Eligible volunteers were 20 - 70 years old, healthy and with normal platelet function, non-smokers, not suffering from chronic pathologies, had abstained from any medication or dietary supplements that affect platelet function and had not given blood for transfusion purposes within the previous month.

Fasted venous blood samples were taken from 15 healthy men and women after an informed consent was obtained, using a siliconized 21 gauge butterfly needle and closed s-monovette blood collection tubes containing 1 mL trisodium citrate (0.106 mol/L) as anticoagulant (Sarstedt, Beaumont Leys, UK) as described previously [39].

2.4 Assessment of platelet activation markers by flow cytometry

P-selectin expression and fibrinogen binding was assessed with flow cytometry in diluted whole blood after pre-incubation with compounds as described previously with modifications [40]. Briefly, blood was diluted in HEPES-Mg buffer for 10 min before incubation with the compounds (final concentration 0.01, 0.1, 1, 10, 20, 50 and 100 µM for pure standards and µg/mL for GCBE and YMPE) for 10 min in duplicate. Platelet activation was initiated with 10 µM ADP (final concentration) for 10 min followed by incubation for 20 min with PE-CD61, APC-CD62 and AF488-fibrinogen. The reaction was stopped by addition of cold PBS and the samples were measured using a BD FACS Calibur (BD Biosciences, Oxford, UK) and an Automated Microsampling System (Cytek Development Inc., Ely, UK) within 6 h of sampling. 0.1% DMSO/PBS, 1 µM PMA and 10 and 25 µM quercetin in 0.1% DMSO/PBS final concentration were used as control, positive control marker in the flow cytometry and positive control of compounds, respectively. The data were accepted when more than 8000 platelet events per sample were detected.

2.5 Statistical analysis

GenStat version 13 (VSN International, UK) was employed for the statistical analysis of data. A mixed model was fitted using residual maximum likelihood (REML) without adjustment for missing values. Significance of treatment effects was tested by the Wald statistic, with estimated degrees of freedom in the denominator after treatment with compounds adjusted for control. Fixed effect terms were: plate, volunteer, set, compound and concentration. Volunteer, plate and set were defined as random effect terms. Results were considered significant when difference of mean with control was higher than 2 x standard error of difference (SED). Data are presented as percentage of change of adjusted mean ± SED compared with control.

3. Results

3.1 Effect on P-selectin expression

Incubation with 10, 20 and 50 µg/mL YMPE significantly decreased ADP-induced P-selectin expression by 10.5%, 8.5% and 6.0%, respectively compared with a 0.1% DMSO/PBS control. Contrary, incubation with 100 µg/mL YMPE and 50 and 100 µg/mL GCBE significantly increased ADP-induced P-selectin expression (Figure 3a and Table 1 from supporting information). Incubation with the mayor compounds present in yerba mate and green coffee beans (Figure 3a and Table 1 from supporting information) showed a high capacity to decrease ADP-induced P-selectin expression. Incubation with 1, 10 and 20 µM 5-CQA reduced ADP-induced P-selectin expression by 7.5%, 7.6% and 8.3%, respectively; 10 and 20 µM 3,5-DCQA decreased ADP-induced P-selectin expression by 8.0% and 6.7%, respectively; 20, 50 and 100 µM caffeine decreased ADP-induced P-selectin expression by 5.8%, 8.0% and 8.0%, respectively; and 1 to 100 µM theobromine decreased ADP-induced P-selectin expression by 6.4%, 11.3%, 12.9%, 8.9% and 8.2%, respectively. However incubation with 0.01 µM 5-CQA and 0.01 µM caffeine significantly increased ADP-induced platelet P-selectin expression by 7.2% and 6.3%, respectively compared with control. Finally, ADP-induced P-selectin expression, compared with 0.1% DMSO/PBS control, was significantly lower after incubation with the main metabolites from yerba mate and green coffee at different concentrations: 20 µM CA by 8.6%, 10 to 100 µM FA by 5.3%, 7.4%, 8.4% and 9.9%, 1 to 100 µM DHCA by 7.7%, 10.6%, 13.5%, 10.7% and 7.7%, and 10 and 20 µM DHFA by 6.3% and 10.6%, respectively. Contrary incubation with 0.01 µM FA significantly increased ADP-induced P-selectin by 6.3%.

3.2 Effect on fibrinogen binding

Fibrinogen binding was generally increased after incubation with compounds, compared with control (Figure 3b and Table 2 from supporting information). Incubation with YMPE, GCBE, 5-CQA and CA across all concentrations significantly increased ADP-induced fibrinogen binding from 3.4% after 10 µM 3,5-DCQA and 10 µM DHCA to 17.0% after 100 µg/ml GCBE.

4. Discussion

In this study, we have shown that the crude phenolic extracts of green coffee beans and yerba mate, as well as their main compounds and metabolites, were effective in modulating agonist-induced platelet activation markers *in vitro*. Platelets play an essential role maintaining hemostasis upon vascular damage, recognizing exposed connective tissue components from endothelial cells, such as collagen or von Willebrand factor. P-selectin is one of the first molecules released from α–granules in platelets, so its expression on the surface is commonly used as an early marker for platelet activation [31,41].

The intake of green coffee and yerba mate has been associated with a lower risk of CVD due to its anti-hypertensive effect and capacity to reduce blood viscosity [42-44]. Moreover, the results of this study demonstrated, for the first time, a potentially beneficial effect of YMPE at physiological concentrations on the modulation of platelet activation by reducing ADP-induced P-selectin expression. The anti-platelet effects of these compounds are similar to those shown for other bioactive plants, specifically fruits and vegetables with a high phenolic content, such as strawberry or grape. Such compounds inhibit ADP- and arachidonic acid-induced platelet aggregation at concentrations of 100 - 1000 µg/mL, and thrombin receptor activating peptide (TRAP)- and thrombin-induced platelet activation and aggregation at 1.2 - 50 µg/mL, respectively [45-47]. However, whilst these studies showed modulation of platelet function for a large range of concentrations, i.e. 1 to 1000 µg/mL, we found that ADP-induced P-selectin expression was increased rather than reduced when platelets were incubated with high concentrations of GCBE and YMPE, i.e. 50 and 100 µg/mL. Our results suggest that the beneficial effects of YMPE are only present at lower concentrations, which may be observed in the blood stream, and that higher, pro-oxidant concentrations of these compounds may possibly have detrimental effects on platelet function.

Traditionally, methylxanthines have been associated with negative effects on health due to their stimulatory properties on the central nervous system. However, recently many studies have focused on understanding some of the molecular mechanisms of methylxanthines, associating their moderate consumption with neuroprotective, hypoglycemic, anti-inflammatory or cardiovascular protector effects [48-50]. In this study we show, for the first time, an important role

of methylxanthines on modulation of platelet function. Previous studies have evaluated the effect of 300 - 600 mg orally administered caffeine on human platelet function [51,52]. These studies showed that only when caffeine was administered after clopidogrel treatment (a typical treatment as part of coronary stenting), enhanced platelet inhibition could be observed, whilst caffeine itself had no significant effect on ADP- and collagen-induced platelet aggregation or activation in caffeine-treated subjects compared with a placebo group. However, caffeine significantly decreased *in vitro* ADP-induced P-selectin expression at equivalent plasma concentrations, yet, the effect may be small. In contrast, physiologically relevant theobromide concentrations (i.e. 10 and 20 µM), which are found in plasma after intake of a methylxanthines-rich cocoa [24], reduced ADP-induced P-selectin expression.

On other hand, polyphenols have been also associated with a number of beneficial effects on health, such as anti-carcinogenic, anti-inflammatory, antioxidant, and also anti-platelet activity [53,54]. However, these beneficial effects could be limited by their bioavailability which is lower than methylxanthines, with phenolic plasma concentrations lower than 10 µM, depending of the degree of roasting and the consumed dose of coffee [18,20]. The results of this study showed a significant effect of 5-CQA on the modulation of platelet activation at 1 - 20 µM, close to concentrations found in plasma after intake of green coffee extract (6 µM) [20]. On the contrary, much higher doses of 3,5-DCQA, the other main polyphenol in green coffee and yerba mate, are needed (10 - 20 µM) in order to significantly decrease ADP-induced P-selectin expression, much higher than the maximal plasma concentration (2.5 µM) reported for this compound [20]. This may be due to the higher molecular weight of 3,5-DCQA, making it more difficult to pass the platelet membrane. With respect to the metabolites of 5-CQA and 3,5-DCQA, only DHCA showed the ability to significantly modulate platelet activation at 1 µM, the maximal plasma concentration found after coffee intake [18].

We found that the colonic metabolites DHCA and DHFA significantly decreased P-selectin expression in ADP-stimulated platelets at 10 µM, with others showing a trend to decreased P-selectin expression on platelets activated by TRAP [55]. On the contrary, concentrations of at least 100 µM were necessary to inhibit the expression of TRAP- and ADP-induced P-selectin by the early metabolites CA and FA, and 5-CQA, respectively [40,56]. Although 100 µM was noticeably

higher than the concentrations here presented to induce a favorable change in P-selectin expression (20, 10 and 1 µM for CA, FA and 5-CQA, respectively), colonic metabolites (DHCA and DHFA) have stronger effect on platelet function than their phenolic precursors. The difference in efficacy to affect platelet function may be related to when they appear in the circulation. Early metabolites from CGA appear at 1 - 2 h after coffee intake, and have a short life time of approximately 30 min [21,57], whereas DHCA and DHFA appear in the circulation 5 - 10 h after consumption and their life time is between 0.7 and 2.1 h [19]. In addition, the differences in efficacy could relate to their molecular structure. Indeed, our previous data have suggested that the very simple phenolic structures are more likely to show anti-platelet effects [40]. On the contrary, the early metabolite CA originating in the small intestine showed less effect than its 5-CQA precursor, while the microbial metabolite DHCA was more effective, suggesting that the reduction of some cinnamic acids could be favoring their anti-platelet effect. Therefore, this study confirms the capacity of CGA and overall their metabolites, at physiological concentrations, to modulate P-selectin expression on platelets. This effect is probably due to its cinnamic acid molecules, which have been associated with a reduction in the expression of P-selectin in previous studies, whilst quinic acid have not shown any of these effects [58,59]. However, the underlying mechanisms of the anti-platelet effects of polyphenols are not clear.

There are, to the best of our knowledge, no publications about the bioavailability of yerba mate compounds. The daily intake of yerba mate is approximately 100 g infused in 2 liter, being traditionally consumed in single mouthfuls throughout the day and not per coup [8]. In comparison, a single serving of espresso coffee provides between 24 - 422 mg of CGA and 51 - 322 of caffeine, corresponding to approximately 6 - 12 mM CGA and 8 - 16 mM caffeine depending on the type of roast and the volume consumed [60]. In the studies about the bioavailability of coffee phytochemicals, plasma levels up 1.5 µM CGA and 13 µM methylxanthines have been reported after the intake of coffee beverages providing 2 - 4 mM CGA and 1 mM methylxanthines [19,21,23], with higher plasma concentrations of CGA (up to 10 µM) reported after the intake of roasted coffee [61]. In the present study the highest dose tested of phenolic extracts was 100 µg/mL, corresponding to approximately 200 µM CGA and 50 µM methylxanthines; however, the doses tested for phenolic extracts ≤ 1 µg/mL would be within the physiological range for CGA

(equivalent to approximately ≤ 2 µM CGA), while all tested concentrations would be physiological for methylxanthines. In comparison, methylxanthines as well as polyphenols and their metabolites have a similar ability to modulate platelet activation by reducing the expression of ADP-induced P-selectin than quercetin at the same range of concentrations (Table 1 from supporting information).

Unexpectedly, the binding of fibrinogen onto platelets was significantly increased by the majority of compounds, compared with control. However, only the effect of the highest concentrations of phenolic extracts (20 - 100 µg/mL GCBE and 100 µg/mL YMPE) would be physiologically meaningful, i.e. more than a 10% change versus control. In contrast, incubation with quercetin significantly decreased the binding of fibrinogen in ADP-stimulated platelets (Table 2 from supporting information). The activation of the platelet integrin glycoprotein IIb/IIIa (αIIbβ3) receptor is one of the last steps in the process of full platelet aggregation. The signaling cascade that initiates platelet activation allows the conformational change of this receptor. The transformation from a quiescent to an activated conformation of the receptor permits the interaction with soluble fibrinogen, which plays an important role in maintaining the stability of a thrombus [31,62]. However, the pathway of activation of integrin αIIbβ3 receptor may involve other receptors or molecules not directly related to platelet activation, such as the cMpl receptor, tyrosine kinases or GTPasa Rap1b [63]. Indeed, polyphenols and methylxanthines from green coffee and yerba mate and to lesser extent their main metabolites, may be able to indirectly activate integrin αIIbβ3 through such receptors or molecules, thereby increasing the ADP-induced binding of fibrinogen. However, it should be noted that the increase in fibrinogen expression was much less pronounced than the decrease in P-selectin expression, indicating an overall beneficial effect on platelet function.

One of the proposed mechanisms by which polyphenols affect platelet function is that they increase levels of cyclic adenosine monophosphate (cAMP), which inhibits P-selectin expression on platelets through activation of protein kinase A [64,65]. Previous studies have demonstrated that polyphenols, such as caffeic acid, quercetin or epigallocatechin-3-gallate, act through this mechanism [66-68]. Methylxanthines also have been associated with an increase of cAMP levels due to up-regulation of platelet Gs protein-coupled adenosine 2A receptor [51,52], which mediates the production of cAMP by adenylyl cyclase in platelets [69]. Moreover it has recently been

demonstrated that chlorogenic acid presents an active site to the adenosine 2A receptor, favoring the increase of cAMP levels and therefore an inhibition of platelet activation [56]. Therefore, the decrease in ADP-induced P-selectin expression by the tested polyphenols and methylxanthines in our study could be associated with an increase of cAMP levels in platelets mediated by adenosine 2A receptor.

In summary, this study has shown, for the first time, the capacity of green coffee beans and yerba mate phenolic extracts to decrease ADP-induced P-selectin expression probably due to their phenolic and methylxanthine content, leading to a possible protective effect against CVD. Additionally, this cardio-protective effect could be strengthened *in vivo* by the action of the own colonic metabolites from the intake of both beverages. These results demonstrate that these compounds and metabolites have beneficial effects on human platelet function *in vitro* at physiological concentrations suggesting that continued exposition to physiological levels of CA, FA, DHCA or DHFA through moderate consumption of green coffee, yerba mate or CGA-rich foods may have beneficial health effects *in vivo*.

Acknowledgements

The authors thank all the volunteers for participating in this study. The personnel of the Human Nutrition Unit at the Rowett Institute of Nutrition and Health are acknowledged for their excellent and expert contributions during the blood sampling.

References

[1] Frayn K, Stanner S. Cardiovascular disease: diet, nutrition and emerging risk factors. Oxford: Blackwell Publishing Ltd; 2005.

[2] Kris-Etherton PM, Hecker KD, Bonanome A, Coval SM, Binkoski AE, Hilpert KF, et al. Bioactive compounds in foods: their role in the prevention of cardiovascular disease and cancer. Am J Med 2002;113:71-88.

[3] Lundberg JO, Carlström M, Larsen FJ, Weitzberg E. Roles of dietary inorganic nitrate in cardiovascular health and disease. Cardiovasc Res 2010;89:525-32.

[4] Verschuren L, Wielinga PY, van Duyvenvoorde W, Tijani S, Toet K, van Ommen B, et al. A dietary mixture containing fish oil, resveratrol, lycopene, catechins, and vitamins E and C reduces atherosclerosis in transgenic mice. J Nutr 2011;141:863-9.

[5] Bahorun T, Luximon-Ramma A, Neergheen-Bhujun VS, Gunness TK, Googoolye K, Auger C, et al. The effect of black tea on risk factors of cardiovascular disease in a normal population. Prev Med 2012;54:S98-102.

[6] Gao H, Liu Z, Qu X, Zhao Y. Effects of Yerba Mate tea (*Ilex paraguariensis*) on vascular endothelial function and liver lipoprotein receptor gene expression in hyperlipidemic rats. Fitoterapia 2013;84:264-72.

[7] Sarriá B, Martínez-López S, Sierra-Cinos JL, García-Diz L, Mateos R, Bravo L. Regular consumption of a cocoa product improves the cardiometabolic profile in healthy and moderately hypercholesterolaemic adults. Brit J Nutr 2014;111:122-34.

[8] Bracesco N, Sanchez A, Contreras V, Menini T, Gugliucci A. Recent advances on *Ilex paraguariensis* research: minireview. J Ethnopharmacol 2011;136:378-84.

[9] Bravo L, Mateos R, Sarriá B. Preventive effect of coffee against cardiovascular diseases. In: Farah A, editor. Coffee: Chemistry, Quality and Health Implications. Cambridge: Royal Society of Chemistry; 2016.

[10] O'Keefe JH, Bhatti SK, Patil HR, DiNicolantonio JJ, Lucan SC, Lavie CJ. Effects of habitual coffee consumption on cardiometabolic disease, cardiovascular health, and all-cause mortality. J Am Coll Cardiol 2013;62:1043-51.

[11] Rebello SA, van Dam RM. Coffee consumption and cardiovascular health: getting to the heart of the matter. Curr Cardiol Rep 2013;15:1-12.

[12] Clifford MN. Chlorogenic acids and other cinnamates–nature, occurrence, dietary burden, absorption and metabolism. J Sci Food Agr 2000;80:1033-43.

[13] Bravo L, Mateos R, Sarriá B, Baeza G, Lecumberri E, Ramos S, et al. Hypocholesterolaemic and antioxidant effects of yerba mate (*Ilex paraguariensis*) in high-cholesterol fed rats. Fitoterapia 2014;92:219-29.

[14] Perrone D, Farah A, Donangelo CM. Influence of coffee roasting on the incorporation of phenolic compounds into melanoidins and their relationship with antioxidant activity of the brew. J Agr Food Chem 2012;60:4265-75.

[15] Alonso-Salces RM, Serra F, Reniero F, Héberger K. Botanical and geographical characterization of green coffee (*Coffea arabica* and *Coffea canephora*): chemometric evaluation of phenolic and methylxanthine contents. J Agr Food Chem 2009;57:4224-35.

[16] Mateos R, Sarriá B, Bravo-Clemente L. Methylxanthines: dietary sources, bioavailability and health benefits. In: Yahia EM, editor. Fruit and Vegetable Phytochemicals, 2nd ed. Oxford: Wiley; 2016.

[17] Meinhart AD, Bizzotto CS, Ballus CA, Poloni Rybka AC, Sobrinho MR, Cerro-Quintana RS, et al. Methylxanthines and phenolics content extracted during the consumption of mate (*Ilex paraguariensis* St. Hil) beverages. J Agr Food Chem 2010;58:2188-93.

[18] Renouf M, Marmet C, Giuffrida F, Lepage M, Barron D, Beaumont M, et al. Dose–response plasma appearance of coffee chlorogenic and phenolic acids in adults. Mol Nutr Food Res 2014;58:301-9.

[19] Stalmach A, Williamson G, Crozier A. Impact of dose on the bioavailability of coffee chlorogenic acids in humans. Food Funct 2014;5:1727-37.

[20] Farah A, Monteiro M, Donangelo CM, Lafay S. Chlorogenic acids from green coffee extract are highly bioavailable in humans. J Nutr 2008;138:2309-15.

[21] Renouf M, Guy PA, Marmet C, Fraering AL, Longet K, Moulin J, et al. Measurement of caffeic and ferulic acid equivalents in plasma after coffee consumption: small intestine and colon are key sites for coffee metabolism. Mol Nutr Food Res 2010;54:760-6.

[22] Heckman MA, Weil J, Mejia D, Gonzalez E. Caffeine (1, 3, 7-trimethylxanthine) in foods: a comprehensive review on consumption, functionality, safety, and regulatory matters. J Food Sci 2010;75:R77-87.

[23] Martínez-López S, Sarriá B, Baeza G, Mateos R, Bravo-Clemente L. Pharmacokinetics of caffeine and its metabolites in plasma and urine after consuming a soluble green/roasted coffee blend by healthy subjects. Food Res Int 2014;64:125-33.

[24] Martínez-López S, Sarriá B, Gómez-Juaristi M, Goya L, Mateos R, Bravo-Clemente L. Theobromine, caffeine, and theophylline metabolites in human plasma and urine after consumption of soluble cocoa products with different methylxanthine contents. Food Res Int 2014;63:446-55.

[25] Schenker S, Heinemann C, Huber M, Pompizzi R, Perren R, Escher R. Impact of roasting conditions on the formation of aroma compounds in coffee beans. J Food Sci 2002;67:60-6.

[26] Somporn C, Kamtuo A, Theerakulpisut P, Siriamornpun S. Effects of roasting degree on radical scavenging activity, phenolics and volatile compounds of Arabica coffee beans (Coffea arabica L. cv. Catimor). Int J Food Sci Tech 2011;46:2287-96.

[27] Ahmed GM, El-Ghamery HE, Samy MF. Effect of green coffee and degree of roasted Arabic coffee on hyperlipidemia and antioxidant status in diabetic rats. Adv J Food Sci Tech 2013;5:619-26.

[28] de Castro Moreira ME, Pereira RGFA, Dias DF, Gontijo VS, Vilela FC, de Moraes GdOI, et al. Anti-inflammatory effect of aqueous extracts of roasted and green *Coffea arabica* L. J Funct Foods 2013;5:466-74.

[29] Kozuma K, Tsuchiya S, Kohori J, Hase T, Tokimitsu I. Antihypertensive effect of green coffee bean extract on mildly hypertensive subjects. Hyperten Res 2005;28:711-8.

[30] Bachmair E, Ostertag L, Zhang X, de Roos B. Dietary manipulation of platelet function. Pharmacol Therapeut 2014;144:97-113.

[31] Broos K, Feys HB, De Meyer SF, Vanhoorelbeke K, Deckmyn H. Platelets at work in primary hemostasis. Blood Rev 2011;25:155-67.

[32] Assmann G, Cullen P, Jossa F, Lewis B, Mancini M, International Task Force for the Prevention of Coronary Heart Disease. Coronary heart disease: reducing the risk the scientific

background to primary and secondary prevention of coronary heart disease. A worldwide view. Arterioscl Throm Vas 1999;19:1819-24.

[33] Ali M, Thomson M, Afzal M. Garlic and onions: their effect on eicosanoid metabolism and its clinical relevance. Prostag Leukotr Ess 2000;62:55-73.

[34] de Roos B, Zhang X, Gutierrez GR, Wood S, Rucklidge GJ, Reid MD, et al. Anti-platelet effects of olive oil extract: in vitro functional and proteomic studies. Eur J Nutr 2011;50:553-62.

[35] Dizdarevic LL, Biswas D, Uddin MM, Jørgenesen A, Falch E, Bastani NE, et al. Inhibitory effects of kiwifruit extract on human platelet aggregation and plasma angiotensin-converting enzyme activity. Platelets 2014;25:567-75.

[36] Kamruzzaman S, Endale M, Oh WJ, Park SC, Kim TH, Lee IK, et al. Antiplatelet activity of *Phellinus baummii* methanol extract is mediated by cyclic AMP elevation and inhibition of collagen-activated integrin-αIIbβ3 and MAP kinase. Phytother Res 2011;25:1596-603.

[37] Ostertag LM, Kroon PA, Wood S, Horgan GW, Cienfuegos-Jovellanos E, Saha S, et al. Flavan-3-ol-enriched dark chocolate and white chocolate improve acute measures of platelet function in a gender-specific way—a randomized-controlled human intervention trial. Mol Nutr Food Res 2013;57:191-202.

[38] Bravo L, Saura-Calixto F. Characterization of dietary fiber and the *in vitro* indigestible fraction of grape pomace. Am J Enol Viticult 1998;49:135-41.

[39] de Roos B, Duthie SJ, Polley AC, Mulholland F, Bouwman FG, Heim C, et al. Proteomic methodological recommendations for studies involving human plasma, platelets, and peripheral blood mononuclear cells. J Proteome Res 2008;7:2280-90.

[40] Ostertag LM, O'Kennedy N, Horgan GW, Kroon PA, Duthie GG, de Roos B. In vitro anti-platelet effects of simple plant-derived phenolic compounds are only found at high, non-physiological concentrations. Mol Nutr Food Res 2011;55:1624-36.

[41] Ferroni P, Riondino S, Vazzana N, Santoro N, Guadagni F, Davì G. Biomarkers of platelet activation in acute coronary syndromes. Thromb Haemostasis 2012;108:1109-23.

[42] Suzuki A, Kagawa D, Ochiai R, Tokimitsu I, Saito I. Green coffee bean extract and its metabolites have a hypotensive effect in spontaneously hypertensive rats. Hyperten Res 2002;25:99-107.

[43] Watanabe T, Arai Y, Mitsui Y, Kusaura T, Okawa W, Kajihara Y, et al. The blood pressure-lowering effect and safety of chlorogenic acid from green coffee bean extract in essential hypertension. Clin Exp Hypertens 2006;28:439-49.

[44] Yu S, wei Yue S, Liu Z, Zhang T, Xiang N, Fu H. Yerba mate (*Ilex paraguariensis*) improves microcirculation of volunteers with high blood viscosity: A randomized, double-blind, placebo-controlled trial. Exp Gerontol 2015;62:14-22.

[45] Alarcón M, Fuentes E, Olate N, Navarrete S, Carrasco G, Palomo I. Strawberry extract presents antiplatelet activity by inhibition of inflammatory mediator of atherosclerosis (sP-selectin, sCD40L, RANTES, and IL-1β) and thrombus formation. Platelets 2014;26:224-9.

[46] Olas B, Wachowicz B, Stochmal A, Oleszek W. The polyphenol-rich extract from grape seeds inhibits platelet signaling pathways triggered by both proteolytic and non-proteolytic agonists. Platelets 2012;23:282-9.

[47] Vilahur G, Badimon L. Antiplatelet properties of natural products. Vasc Pharmacol 2013;59:67-75.

[48] de Mejia EG, Ramirez-Mares MV. Impact of caffeine and coffee on our health. Trends Endocrin Met 2014;25:489-92.

[49] Martínez-Pinilla E, Oñatibia-Astibia A, Franco R. The relevance of theobromine for the beneficial effects of cocoa consumption. Front Pharmacol 2015;6:1-5.

[50] Sarriá B, Martínez-López S, Sierra-Cinos JL, Garcia-Diz L, Goya L, Mateos R, et al. Effects of bioactive constituents in functional cocoa products on cardiovascular health in humans. Food Chem 2015;174:214-8.

[51] Lev EI, Arikan ME, Vaduganathan M, Alviar CL, Tellez A, Mathuria N, et al. Effect of caffeine on platelet inhibition by clopidogrel in healthy subjects and patients with coronary artery disease. Am Heart J 2007;154:694.e1-7

[52] Varani K, Portaluppi F, Gessi S, Merighi S, Ongini E, Belardinelli L, et al. Dose and time effects of caffeine intake on human platelet adenosine A2A receptors. Functional and biochemical aspects. Circulation 2000;102:285-9.

[53] Bravo L. Polyphenols: chemistry, dietary sources, metabolism, and nutritional significance. Nutr Rev 1998;56:317-33.

[54] Ostertag LM, O'Kennedy N, Kroon PA, Duthie GG, de Roos B. Impact of dietary polyphenols on human platelet function–a critical review of controlled dietary intervention studies. Mol Nutr Food Res 2010;54:60-81.

[55] Rechner AR, Kroner C. Anthocyanins and colonic metabolites of dietary polyphenols inhibit platelet function. Thromb Res 2005;116:327-34.

[56] Fuentes E, Caballero J, Alarcón M, Rojas A, Palomo I. Chlorogenic acid inhibits human platelet activation and thrombus formation. PLoS One 2014;9:e90699.

[57] Lang R, Dieminger N, Beusch A, Lee YM, Dunkel A, Suess B, et al. Bioappearance and pharmacokinetics of bioactives upon coffee consumption. Anal Bioanal Chem 2013;405:8487-503.

[58] Luceri C, Giannini L, Lodovici M, Antonucci E, Abbate R, Masini E, et al. p-Coumaric acid, a common dietary phenol, inhibits platelet activity in vitro and in vivo. Br J Nutr 2007;97:458-63.

[59] Park JB. 5-Caffeoylquinic acid and caffeic acid orally administered suppress P-selectin expression on mouse platelets. J Nutr Biochem 2009;20:800-5.

[60] Crozier TW, Stalmach A, Lean ME, Crozier A. Espresso coffees, caffeine and chlorogenic acid intake: potential health implications. Food Funct 2012;3:30-3.

[61] Monteiro M, Farah A, Perrone D, Trugo LC, Donangelo C. Chlorogenic acid compounds from coffee are differentially absorbed and metabolized in humans. J Nutr 2007;137:2196-201.

[62] Floyd CN, Ferro A. The platelet fibrinogen receptor: from megakaryocyte to the mortuary. J R Soc Med Cardiovasc Dis 2012;1:1-13.

[63] Campus F, Lova P, Bertoni A, Sinigaglia F, Balduini C, Torti M. Thrombopoietin complements Gi-but not Gq-dependent pathways for integrin αIIbβ3 activation and platelet aggregation. J Biol Chem 2005;280:24386-95.

[64] Fuentes E, Palomo I. Relationship between platelet PPARs, cAMP levels, and P-Selectin expression: Antiplatelet activity of natural products. Evid Based Complement Alternat Med 2013;2013:861786.

[65] Libersan D, Rousseau G, Merhi Y. Differential regulation of P-selectin expression by protein kinase A and protein kinase G in thrombin-stimulated human platelets. Thromb Haemostasis 2003;89:310-7.

[66] Lee DH, Kim HH, Cho HJ, Bae JS, Yu YB, Park HJ. Antiplatelet effects of caffeic acid due to Ca 2+ mobilizationinhibition via cAMP-dependent inositol-1,4,5-trisphosphate receptor phosphorylation. J Atheroscler Thromb 2014;21:23-37.

[67] Oh WJ, Endale M, Park SC, Cho JY, Rhee MH. Dual roles of quercetin in platelets: phosphoinositide-3-kinase and MAP kinases inhibition, and cAMP-dependent vasodilator-stimulated phosphoprotein stimulation. Evid Based Complement Alternat Med 2012;2012:485262.

[68] Ok WJ, Cho HJ, Kim HH, Lee DH, Kang HY, Kwon HW, et al. Epigallocatechin-3-gallate has an anti-platelet effect in a cyclic AMP-dependent manner. J Atheroscler Thromb 2012;19:337-48.

[69] Beavo JA, Brunton LL. Cyclic nucleotide research—still expanding after half a century. Nat Rev Mol Cell Biol 2002;3:710-8.

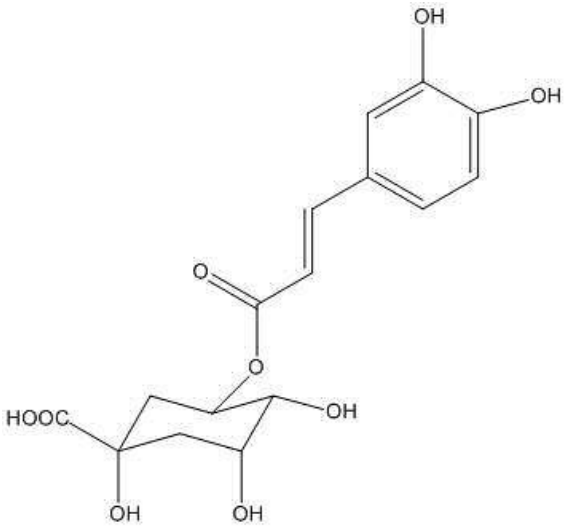
Figure Captions

Figure 1. Structures of the main phenolic compound chlorogenic acids (a) and methylxanthines (b) found in green coffee and yerba mate.

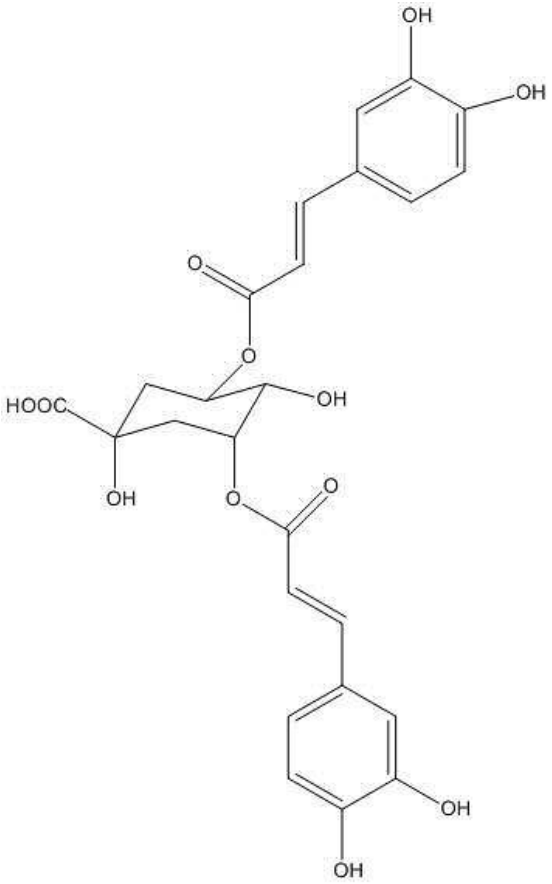
Figure 2. Schematic overview of chlorogenic acids metabolism in digestive tract according to previously published studies [18-21, among others]. 5-CQA, 5-caffeoylquinic acid; 3,5-DCQA, 3,5-dicaffeoylquinic acid; CA, caffeic acid; COMT, catechol-*O*-methyltransferase; DHCA, dihydrocaffeic acid; DHFA, dihydroferulic acid; EST, esterase; FA, ferulic acid; RA, reductase.

Figure 3. Effects of green coffee, yerba mate and their main compounds on platelet activation markers. Diluted whole blood was incubated with 0.01 to 100 µg/mL of green coffee bean (GCBE) and yerba mate phenolic extracts (YMPE), 0.01 to 100 µM of caffeine (CAF) and theobromine (TB), 5-caffeoylquinic acid (5-CQA), 3,5-dicaffeoylquinic acid (3,5-DCQA), as well as caffeic (CA), ferulic (FA), dihydrocaffeic (DHCA) and dihydroferulic acids (DHFA). ADP-induced P-selectin expression (a) and fibrinogen binding (b) were measured as described in 2.4. Results are shown as percentage change of adjusted means compared with control (0.1% DMSO/PBS) ± SED ($n \geq 9$). * $p < 0.05$.

a. Chlorogenic acids

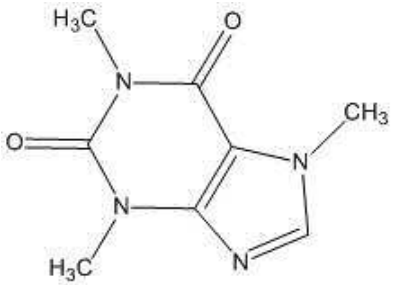


5-Caffeoylquinic acid (5-CQA)



3,5-Dicaffeoylquinic acid (3,5-DCQA)

b. Methylxanthines



Caffeine (CAF)

Theobromine (TB)

Figure 1

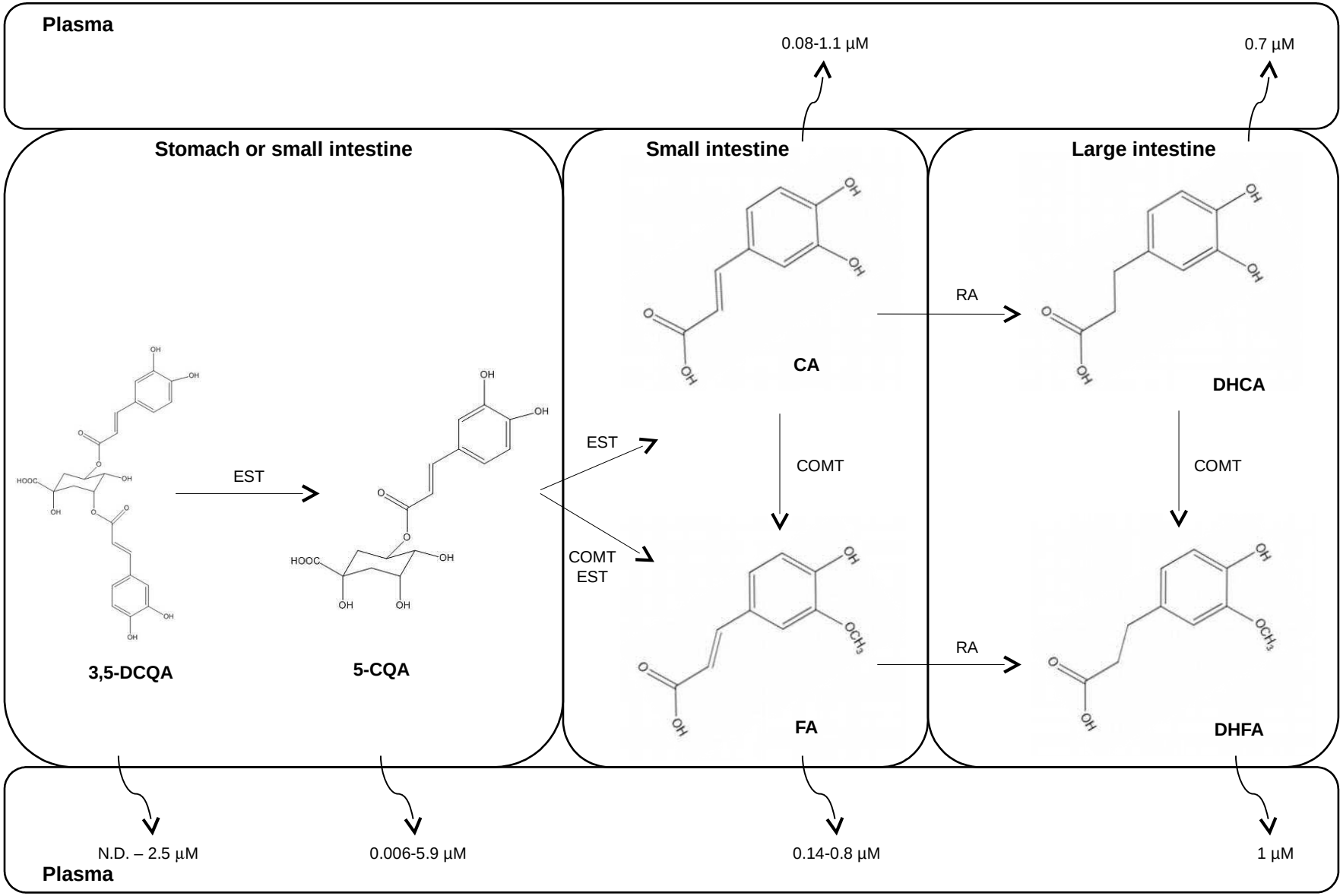

Plasma
0.08-1.1 µM
0.7 µM
Stomach or small intestine
Small intestine
Large intestine
EST
EST
COMT
COMT
EST
RA
RA
COMT
3,5-DCQA
5-CQA
CA
DHCA
FA
DHFA
N.D. – 2.5 µM
0.006-5.9 µM
0.14-0.8 µM
1 µM
Plasma

Figure 2

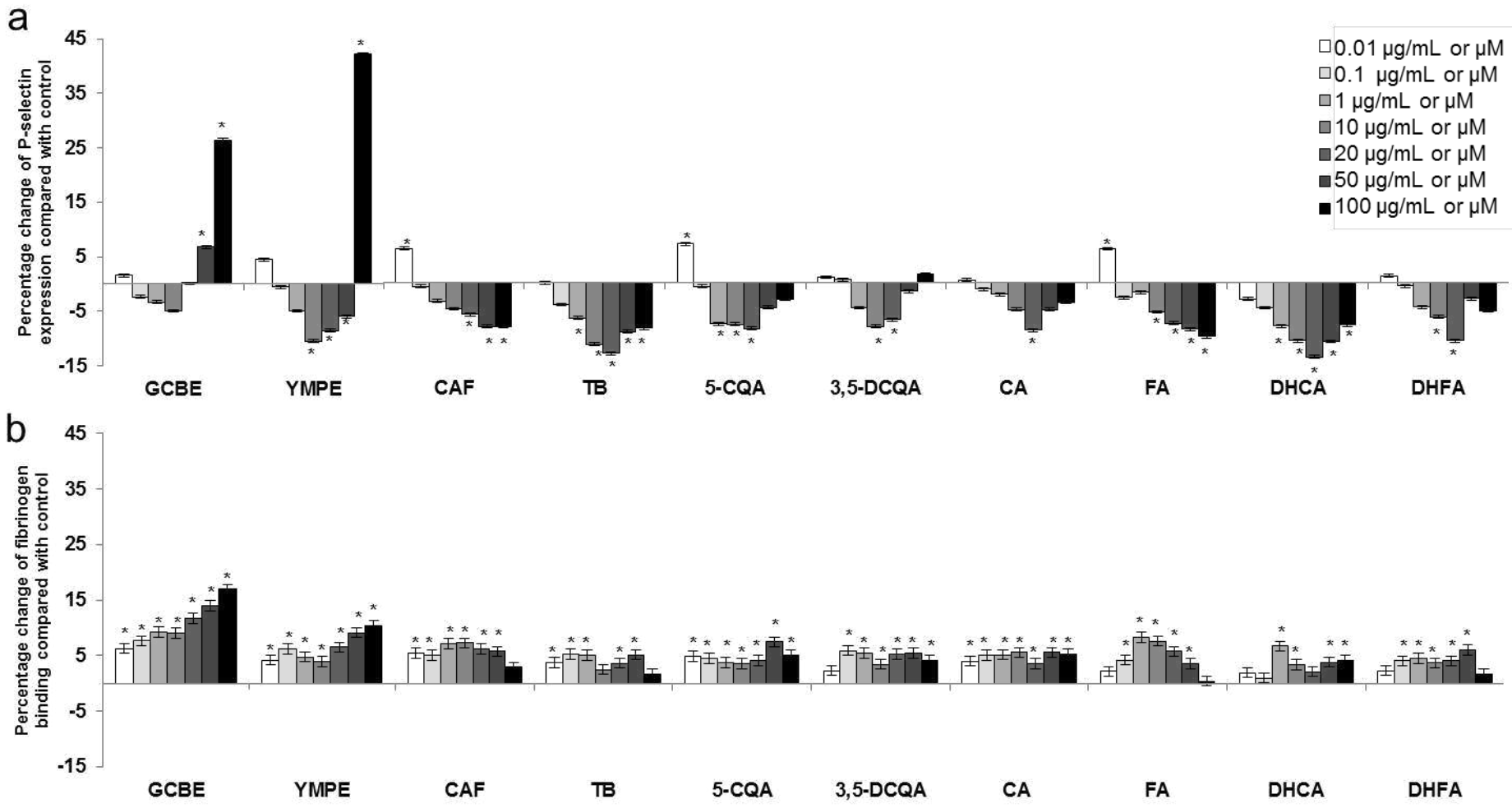

a
Percentage change of P-selectin expression compared with control
45
35
25
15
5
-5
-15
0.01 μg/mL or μM
0.1 μg/mL or μM
1 μg/mL or μM
10 μg/mL or μM
20 μg/mL or μM
50 μg/mL or μM
100 μg/mL or μM
GCBE
YMPE
CAF
TB
5-CQA
3,5-DCQA
CA
FA
DHCA
DHFA
b
Percentage change of fibrinogen binding compared with control
45
35
25
15
5
-5
-15
GCBE
YMPE
CAF
TB
5-CQA
3,5-DCQA
CA
FA
DHCA
DHFA

Figure 3

Supporting information - Table 1. ADP-induced P-selectin expression [% CD62P-APC^{+}/CD61-PE^{+}] after pre-incubation with phenolic compounds.

Compound	Concentration	n	Mean (SEM)	Effect (%Δ)	P
GCBE	0.01 µg/mL	10	10.7 (0.9)	1.6	NS
	0.1 µg/mL	10	10.3 (0.9)	-2.4	NS
	1 µg/mL	10	10.2 (0.9)	-3.3	NS
	10 µg/mL	10	10.0 (0.9)	-4.9	NS
	20 µg/mL	10	10.6 (0.9)	0.1	NS
	50 µg/mL	9	11.3 (0.9)	6.8	< 0.001
	100 µg/mL	10	13.4 (0.9)	26.4	< 0.001
YMPE	0.01 µg/mL	9	11.0 (0.9)	4.5	NS
	0.1 µg/mL	9	10.5 (0.9)	-0.6	NS
	1 µg/mL	10	10.0 (0.9)	-4.9	NS
	10 µg/mL	10	9.5 (0.9)	-10.5	< 0.001
	20 µg/mL	10	9.7 (0.9)	-8.5	< 0.001
	50 µg/mL	10	9.9 (0.9)	-6.00	< 0.001
	100 µg/mL	9	15.0 (0.9)	42.2	< 0.001
CAF	0.01 µM	9	11.2 (0.9)	6.3	< 0.001
	0.1 µM	10	10.5 (0.9)	-0.7	NS
	1 µM	10	10.2 (0.9)	-3.3	NS
	10 µM	10	10.1 (0.9)	-4.7	NS
	20 µM	10	10.0 (0.9)	-5.8	< 0.001
	50 µM	10	9.7 (0.9)	-8.0	< 0.001
	100 µM	10	9.7 (0.9)	-8.0	< 0.001
TB	0.01 µM	9	10.6 (0.9)	0.0	NS
	0.1 µM	10	10.1 (0.9)	-4.0	NS
	1 µM	10	9.9 (0.9)	-6.4	< 0.001
	10 µM	10	9.4 (0.9)	-11.3	< 0.001
	20 µM	10	9.2 (0.9)	-12.9	< 0.001
	50 µM	10	9.6 (0.9)	-8.9	< 0.001
	100 µM	10	9.7 (0.9)	-8.2	< 0.001
5-CQA	0.01 µM	10	11.3 (0.9)	7.2	< 0.001
	0.1 µM	9	10.5 (0.9)	-0.7	NS
	1 µM	9	9.8 (0.9)	-7.5	< 0.001
	10 µM	9	9.8 (0.9)	-7.6	< 0.001
	20 µM	9	9.7 (0.9)	-8.3	< 0.001
	50 µM	9	10.1 (0.9)	-4.6	NS
	100 µM	9	10.3 (0.9)	-2.9	NS

Supporting information - Table 1 continued.

Compound	Concentration	n	Mean (SEM)	Effect (%Δ)	P
3,5-DCQA	0.01 µM	10	10.7 (0.9)	1.0	NS
	0.1 µM	10	10.6 (0.9)	0.6	NS
	1 µM	10	10.1 (0.9)	-4.6	NS
	10 µM	10	9.7 (0.9)	-8.0	< 0.001
	20 µM	10	9.9 (0.9)	-6.7	< 0.001
	50 µM	10	10.4 (0.9)	-1.5	NS
	100 µM	10	10.7 (0.9)	1.6	NS
CA	0.01 µM	10	10.6 (0.9)	0.5	NS
	0.1 µM	10	10.4 (0.9)	-1.1	NS
	1 µM	10	10.3 (0.9)	-2.1	NS
	10 µM	10	10.0 (0.9)	-4.9	NS
	20 µM	10	9.7 (0.9)	-8.6	< 0.001
	50 µM	9	10.0 (0.9)	-4.9	NS
	100 µM	10	10.2 (0.9)	-3.5	NS
FA	0.01 µM	10	11.2 (0.9)	6.3	< 0.001
	0.1 µM	10	10.3 (0.9)	-2.7	NS
	1 µM	10	10.4 (0.9)	-1.7	NS
	10 µM	10	10.0 (0.9)	-5.3	< 0.001
	20 µM	10	9.8 (0.9)	-7.4	< 0.001
	50 µM	10	9.7 (0.9)	-8.4	< 0.001
	100 µM	10	9.5 (0.9)	-9.9	< 0.001
DHCA	0.01 µM	10	10.3 (0.9)	-2.9	NS
	0.1 µM	10	10.1 (0.9)	-4.6	NS
	1 µM	10	9.7 (0.9)	-7.7	< 0.001
	10 µM	10	9.4 (0.9)	-10.6	< 0.001
	20 µM	10	9.1 (0.9)	-13.5	< 0.001
	50 µM	10	9.4 (0.9)	-10.7	< 0.001
	100 µM	10	9.8 (0.9)	-7.7	< 0.001
DHFA	0.01 µM	10	10.7 (0.9)	1.3	NS
	0.1 µM	10	10.5 (0.9)	-0.6	NS
	1 µM	10	10.1 (0.9)	-4.5	NS
	10 µM	10	9.9 (0.9)	-6.3	< 0.001
	20 µM	10	9.4 (0.9)	-10.6	< 0.001
	50 µM	10	10.3 (0.9)	-2.8	NS
	100 µM	10	10.0 (0.9)	-5.1	NS
Quercetin	10 µM	23	9.9 (0.9)	-6.0	< 0.001
	25 µM	22	9.3 (0.9)	-12.2	< 0.001

Platelets induced with 10 µM adenosine 5´-diphosphate (ADP) expressing surface P-selectin as percentage of the total number of platelets [% $CD62P\text{-}APC^{+}/CD61\text{-}PE^{+}$] are shown as absolute values of adjusted mean with standard error of mean (SEM, n ≥ 9 per compound and concentration) and percentage changes (%Δ) compared with 0.1% DMSO/PBS control (n = 121, 10.6 ± 0.9). 5-CQA, 5-caffeoylquinic acid; 3,5-DCQA, 3,5-dicaffeoylquinic acid; CA, caffeic acid; CAF, caffeine; DHCA, dihydrocaffeic acid; DHFA, dihydroferulic acid; FA, ferulic acid; GCBE, green coffee bean extract; NS, not significant; TB, theobromine; YMPE, yerba mate phenolic extract.

Supporting information - Table 2. ADP-induced fibrinogen binding [% fibrinogen-AF488^{+}/CD61-PE^{+}] after pre-incubation with phenolic compounds.

Compound	Concentration	n	Mean (SEM)	Effect (%Δ)	P
GCBE	0.01 µg/mL	10	61.3 (2.7)	6.3	0.023
	0.1 µg/mL	10	62.1 (2.7)	7.7	0.023
	1 µg/mL	10	63.0 (2.7)	9.3	0.023
	10 µg/mL	10	62.9 (2.7)	9.1	0.023
	20 µg/mL	10	64.4 (2.7)	11.7	0.023
	50 µg/mL	9	65.7 (2.7)	13.9	0.023
	100 µg/mL	10	67.5 (2.7)	17.0	0.023
YMPE	0.01 µg/mL	9	60.1 (2.7)	4.2	0.023
	0.1 µg/mL	9	61.3 (2.7)	6.2	0.023
	1 µg/mL	10	60.4 (2.7)	4.8	0.023
	10 µg/mL	10	60.0 (2.7)	4.0	0.023
	20 µg/mL	10	61.4 (2.7)	6.5	0.023
	50 µg/mL	10	62.9 (2.7)	9.1	0.023
	100 µg/mL	10	63.7 (2.7)	10.5	0.023
CAF	0.01 µM	9	60.8 (2.7)	5.5	0.023
	0.1 µM	10	60.6 (2.7)	5.1	0.023
	1 µM	10	61.8 (2.7)	7.2	0.023
	10 µM	10	61.9 (2.7)	7.3	0.023
	20 µM	10	61.3 (2.7)	6.2	0.023
	50 µM	10	61.0 (2.7)	5.8	0.023
	100 µM	10	59.4 (2.7)	3.0	NS
TB	0.01 µM	9	59.9 (2.7)	3.8	0.023
	0.1 µM	10	60.7 (2.7)	5.2	0.023
	1 µM	10	60.6 (2.7)	5.1	0.023
	10 µM	10	59.1 (2.7)	2.5	NS
	20 µM	10	59.8 (2.7)	3.7	0.023
	50 µM	10	60.7 (2.7)	5.2	0.023
	100 µM	10	58.6 (2.7)	1.7	NS
5-CQA	0.01 µM	10	60.5 (2.7)	5.0	0.023
	0.1 µM	9	60.3 (2.7)	4.6	0.023
	1 µM	9	59.8 (2.7)	3.7	0.023
	10 µM	9	59.7 (2.7)	3.5	0.023
	20 µM	9	60.1 (2.7)	4.2	0.023
	50 µM	9	62.0 (2.7)	7.5	0.023
	100 µM	9	60.6 (2.7)	5.1	0.023

Supporting information - Table 2 continued.

Compound	Concentration	n	Mean (SEM)	Effect (%Δ)	P
3,5-DCQA	0.01 µM	10	59.0 (2.7)	2.3	NS
	0.1 µM	10	61.1 (2.7)	5.9	0.023
	1 µM	10	60.8 (2.7)	5.4	0.023
	10 µM	10	59.7 (2.7)	3.4	0.023
	20 µM	10	60.7 (2.7)	5.3	0.023
	50 µM	10	60.8 (2.7)	5.5	0.023
	100 µM	10	60.1 (2.7)	4.2	0.023
CA	0.01 µM	10	60.0 (2.7)	4.0	0.023
	0.1 µM	10	60.6 (2.7)	5.1	0.023
	1 µM	10	60.7 (2.7)	5.2	0.023
	10 µM	10	60.9 (2.7)	5.6	0.023
	20 µM	10	59.7 (2.7)	3.6	0.023
	50 µM	10	60.9 (2.7)	5.6	0.023
	100 µM	10	60.7 (2.7)	5.3	0.023
FA	0.01 µM	10	59.0 (2.7)	2.2	NS
	0.1 µM	10	60.1 (2.7)	4.2	0.023
	1 µM	10	62.5 (2.7)	8.3	0.023
	10 µM	10	62.1 (2.7)	7.6	0.023
	20 µM	10	61.0 (2.7)	5.8	0.023
	50 µM	10	59.8 (2.7)	3.6	0.023
	100 µM	10	57.9 (2.7)	0.4	NS
DHCA	0.01 µM	9	58.8 (2.7)	2.0	NS
	0.1 µM	10	58.2 (2.7)	1.0	NS
	1 µM	10	61.6 (2.7)	6.7	0.023
	10 µM	10	59.6 (2.7)	3.4	0.023
	20 µM	10	58.9 (2.7)	2.1	NS
	50 µM	10	59.9 (2.7)	3.8	0.023
	100 µM	10	60.1 (2.7)	4.1	0.023
DHFA	0.01 µM	10	59.0 (2.7)	2.3	NS
	0.1 µM	10	60.0 (2.7)	4.1	0.023
	1 µM	10	60.3 (2.7)	4.5	0.023
	10 µM	10	59.8 (2.7)	3.7	0.023
	20 µM	10	60.0 (2.7)	4.1	0.023
	50 µM	10	61.2 (2.7)	6.0	0.023
	100 µM	10	58.7 (2.7)	1.7	NS
Quercetin	10 µM	23	57.9 (2.6)	0.4	NS
	25 µM	22	55.0 (2.6)	-4.7	0.023

Platelets induced with 10 µM adenosine 5´-diphosphate (ADP) fibrinogen binding as percentage of the total number of platelets [% fibrinogen$AF488^{+}$/CD61-PE^{+}] are shown as absolute values of adjusted mean with standard error of mean (SEM, n ≥ 9 per compound and concentration) and percentage changes (%Δ) compared with 0.1% DMSO/PBS control (n = 121, 57.7 ± 2.5). 5-CQA, 5-caffeoylquinic acid; 3,5-DCQA, 3,5-dicaffeoylquinic acid; CA, caffeic acid; CAF, caffeine; DHCA, dihydrocaffeic acid; DHFA, dihydroferulic acid; FA, ferulic acid; GCBE, green coffee bean extract; NS, not significant; TB, theobromine; YMPE, yerba mate phenolic extract.