Ultrasound and Microbubble-targeted Delivery of a microRNA Inhibitor to the Heart Suppresses Cardiac Hypertrophy and Preserves Cardiac Function

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ONLINE SUPPLEMENTAL MATERIAL



Figure S1: AntimiR loading on microbubbles. Methylene blue electrophoresis indicating that 40% of the antimiR added to the formulation could be loaded on to the microbubbles.



Figure S2: Viability after ultrasound treatment. Cardiomyocyte viability following UTMC was not significantly affected by UTMC treatment (n=4/group for Trypan Blue Assay, n=7-10/group for MTT Assay, p=NS).



Figure S3: miR-23a levels in cardiomyocytes. (A) RT-PCR showing strong trend of increased levels of miR-23a in cardiomyocytes after phenylephrine exposure (n=3/group, p=0.13). (B) Compared to control groups, no significant difference in miR-23a levels was detected in cardiomyocytes treated with antimiR-23a or antimiR-NC alone (no microbubbles or ultrasound) following 24 h of phenylephrine exposure (n=3-6/group). PE = phenylephrine.



Figure S4: Diastolic wall thickness and systolic internal diameter. Echocardiographic analysis of mouse hearts following UTMC targeted delivery of antimiR-23a compared to UTMC delivery of antimiR-NC, or no phenylephrine. (A) Diastolic LV anterior wall thickness, (B) diastolic posterior wall thickness, and (C) systolic LV internal diameter (n=5-9 animals/group); UTMC + AntimiR-NC vs UTMC + AntimiR-23a microbubble groups, p=0.06; UTMC + AntimiR-NC microbubble group at 2 weeks vs baseline, *p=0.03.



Figure S5: Expression of hypertrophy markers in mouse hearts. Myocardial expression levels of hypertrophy markers measured by RT-PCR (*n*=5-9 animals/group).



Figure S6: Heart weights. Normalized total heart weight measured immediately after sacrifice at 2 weeks (n=5-9 animals/group, *p < 0.05).