YMTHE, Volume 31

Supplemental Information

Direct intramyocardial injection

of VEGF mRNA in patients

undergoing coronary artery bypass grafting

Vesa Anttila, Antti Saraste, Juhani Knuuti, Marja Hedman, Pekka Jaakkola, Karl-Ludwig Laugwitz, Markus Krane, Anders Jeppsson, Saara Sillanmäki, Jaya Rosenmeier, Pernilla Zingmark, Anna Rudvik, Pavlo Garkaviy, Christina Watson, Menelas N. Pangalos, Kenneth R. Chien, Regina Fritsche-Danielson, Anna Collén, and Li-Ming Gan

SUPPLEMENTARY TABLES

Table S1. Patient eligibility criteria.

| Inclusion criteria |
|---|
| 1. Provision of signed and dated informed consent before study procedures. |
| 2a. Surgically sterile or using an acceptable method of contraception. |
| 2b. Postmenopausal (amenorrhea for at least 12 months after cessation of all hormonal treatments and |
| follicle-stimulating hormone levels in the postmenopausal range) or documented irreversible surgical |
| sterilization (hysterectomy, bilateral oophorectomy, or bilateral salpingectomy). |
| 3. Age of at least 18 years. |
| 4. Enrollment at least 15 days before planned elective coronary artery bypass grafting surgery. |
| 5. Moderately reduced global LVEF at rest (30% ≤ LVEF ≤ 50%) from medical records. |
| 6. If on statin, angiotensin-converting enzyme inhibitor, angiotensin receptor blocker, or ß-blocker, on a stable |
| dose for at least 2 weeks before screening. |
| 7. If a blood donor, agreement not to donate during the study and for 3 months following AZD8601 injection. |
| Exclusion criteria |
| 1. Involvement in the planning and/or conduct of the study. |
| 2. Previous randomization in the study. |
| 3. Participation in another clinical study of an investigational product during the last 3 months. |
| 4. Body mass index above 35 kg/m ² or poor image window for echocardiography. |
| 5. Indication for emergency coronary artery bypass grafting (defined as significant worsening of coronary |
| artery disease symptoms, such as crescendo angina, unstable angina, or acute coronary syndrome that |
| requires rescheduling of the revascularization, or instability of symptoms during the 3 months before surgery). |
| 6. History of ventricular arrhythmia (Lown grade III or higher) without an implantable cardiac defibrillator. |
| 7. History of any clinically significant disease or disorder which, in the opinion of the investigator, may put the |
| patient at risk, influence study results, or affect the patient's ability to participate. |
| 8. Severe comorbidity that could interfere with the execution of the study or the interpretation of study results, |
| or could affect the patient's safety, in the investigator's judgement. |
| 9. Estimated glomerular filtration rate of 30 mL/minute or below (based on creatinine clearance assessed by |
| local laboratory). |
| 10. Contraindication for coronary flow velocity reserve or stress MBF assessments. ^a |
| 11. Inability to comply with the protocol. |
| 12. History of severe allergy or hypersensitivity or ongoing clinically important allergy or hypersensitivity to |
| drugs with a similar chemical structure or class as the study drugs. |
| 13. Unable to provide informed consent or communicate reliably with the investigator, or vulnerable (e.g. |
| detained; protected under guardianship or trusteeship; committed to an institution). |
| 14. Positive for hepatitis C virus antibody, hepatitis B virus surface antigen or hepatitis B virus core antibody o |
| human immunodeficiency virus antibody at screening. |
| 15. History of drug or alcohol abuse. |
| |
| 16. Current use of medications known to be associated with torsades de pointes. |
| 17. History of QT prolongation associated with medication that required discontinuation of that medication. |
| 18. Congenital long QT syndrome. |
| 19. History of arrhythmia (multifocal premature ventricular contractions, bigeminy, trigeminy, ventricular |
| tachycardia) that is symptomatic or requires treatment (CTCAE Grade 3). |
| 20. Current atrial fibrillation or paroxysmal atrial fibrillation. |

^a Known severe adverse reactions to adenosine, known elevated intracranial pressure, AV block worse than second degree or sick sinus syndrome in patients without pacemakers; verified echocardiographic heart rate below 40 beats per minute; systolic blood pressure below 90 mmHg; asthma or chronic obstructive pulmonary disease with a strong reactive component in the judgment of the investigator; dipyridamole, theophyllamine or fluvoxamine treatment that cannot be paused.

CTCAE, Common Terminology Criteria for Adverse Events; LVEF, left ventricular ejection fraction; MBF, myocardial blood flow.