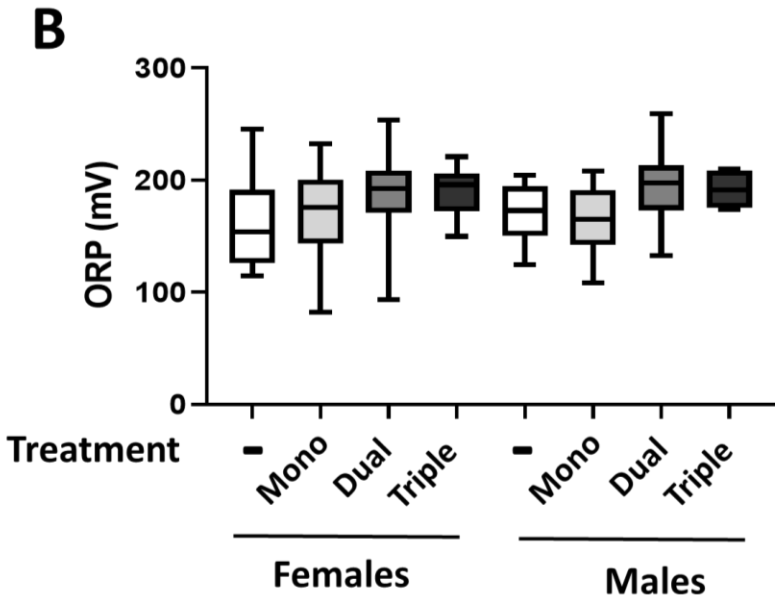
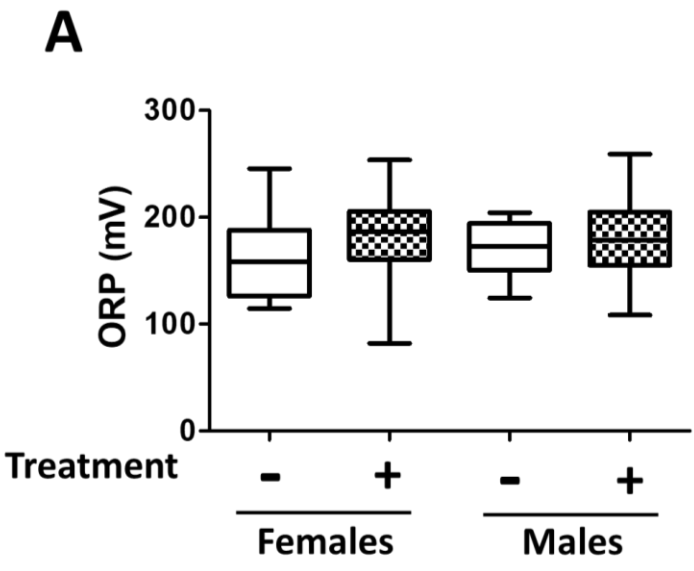


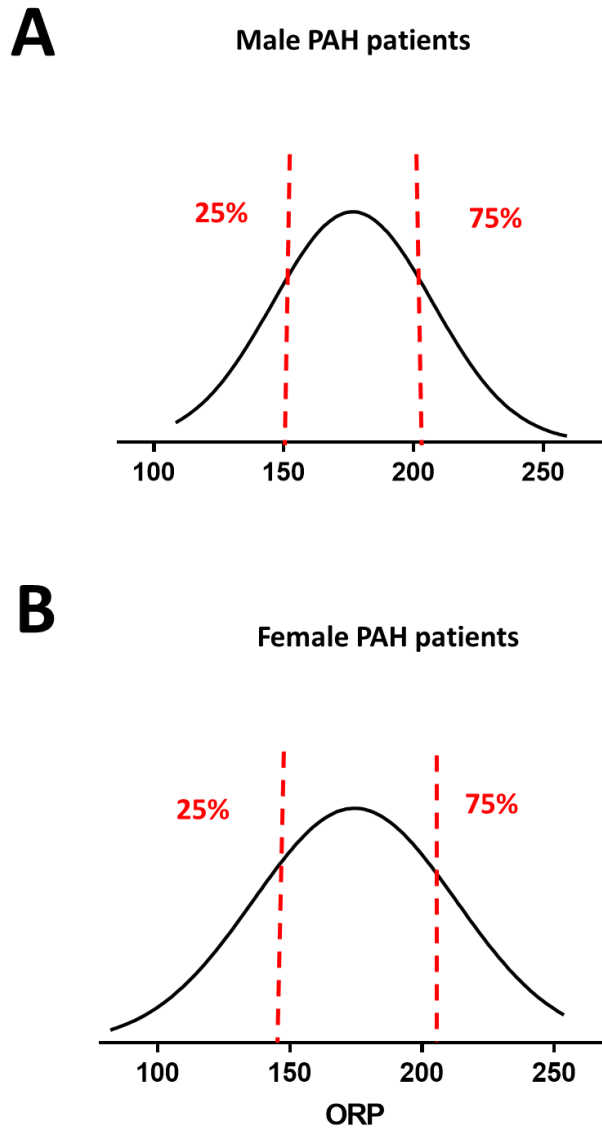
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4 **Supplemental Figure 1. Effect of PAH therapy on ORP values in male and female PAH**
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6 **patients.**
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10 The plasma ORP values were compared between treatment-naïve patients and patients on PAH-
11 specific therapies. PAH therapy produced no effect on plasma redox status in male or female
12 patient cohorts, regardless of whether all treatment options were analyzed together (**A**) or
13 separately (**B**). The data are presented as boxplots; whiskers show min to max values. Treatment-
14 naïve females - N=26; total females on therapy - N= 73; females on monotherapy – 31; females
15 on dual therapy – 32; females on triple therapy – 10. Treatment-naïve males - N=12; total males
16 on therapy - N= 29; males on monotherapy – 13; males on dual therapy – 12; males on triple
17 therapy – 4.
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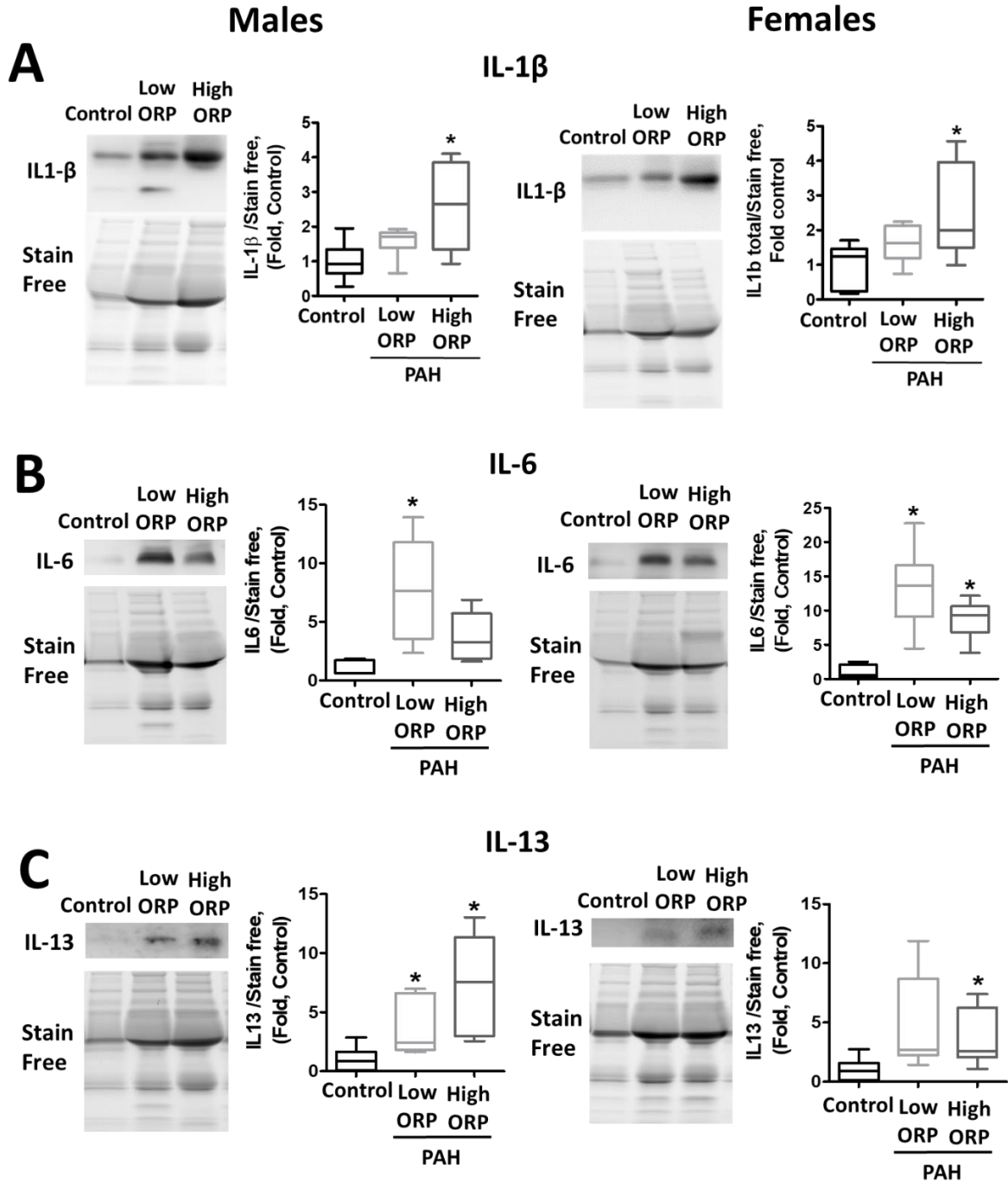
Supplemental Figure 2



Supplemental Figure 2. ORP distribution in male and female PAH patients.

ORP analyzed in male (N=41) and female (N=100) PAH patient cohorts revealed normal and equal distribution in both sexes.

Supplemental Figure 3



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4 **Supplemental Figure 3. Analysis of ORP-dependent cytokines by immunoblotting.**
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7 Three cytokines were selected as representatives for each group - 1) cytokines that similarly
8 upregulate in male and female samples with high plasma ORP (IL1 β , **A**); 2) cytokines that
9 precisely elevates in the low ORP samples in males (IL-6, **B**); and 3) cytokines that elevate
10 explicitly in the high ORP samples in females (IL-13, **C**) were analyzed by Western blot analysis.
11
12 The data confirm the results obtained by multiplex assay. IL-6 in females and IL-13 do not show
13 redox sensitivity (significantly elevated in Low- and High-ORP groups). The rest of the cytokines
14 specifically upregulate in only one redox condition. The data are presented as boxplots; whiskers
15 are showing min to max values. *indicate significance ($p < 0.05$) between Control and PAH
16 subjects; N=6-7 in all groups.
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