

## Supplemental Appendix for

**Manuscript Title: Non-steroidal anti-inflammatory drugs as a targeted therapy for bone marrow failure in Ghosal Hematodiaphyseal Dysplasia**

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## Supplemental Methods

### LC-MS Analysis of Eicosanoid Metabolites in Urine.

Unlabeled and deuterated analogs of 5-HETE (5-HETE-d8); LTE<sub>4</sub> (LTE<sub>4</sub>-d5); PGEM (PGEM-d6); PGDM (PGDM-d6); TxM (11-dehydro-TxB2-d4); PGIM(2,3-dinor-6-keto-PGF<sub>1α</sub>-d3) were purchased from Cayman Chemical.

Systemic urinary production of PGE<sub>2</sub>, PGD<sub>2</sub>, TxA<sub>2</sub>, and PGI<sub>2</sub>, was determined by quantification of their major urinary metabolites, PGEM, PGDM, TxM, and PGIM. Stable isotope-labeled internal standards (PGEM-d6 25ng, PGDM-d6 25ng, 2,3-dinor-6-keto-PGF<sub>1α</sub>-d3 5ng, 11-dehydro-TxB2-d4 5ng in 50 μL of acetonitrile) were added to 0.5 ml of urine. Methoxyamine (MO) HCl solution (250 μL of 100 g MO HCl solid in 100 mL water) was added and allowed to equilibrate for 30 min. Sample solution was brought to a total volume of 1 mL by adding 200 μL of water. The samples were purified by solid-phase extraction (SPE) using Strata-X 33μm polymeric reversed phase, 30 mg/ml cartridges (Phenomenex, 8B-S100-TAK). The SPE cartridge was conditioned with 1 ml of acetonitrile and equilibrated with 0.25 ml of water. The sample was applied to the cartridge, washed with 1 ml of 5% acetonitrile in water and dried with a vacuum for 15 min. The analyte and internal standards were eluted from the cartridge using 1 ml of 5% acetonitrile in ethyl acetate. The eluate was collected and dried in Eppendorf vacufuge. The resulting residue was then reconstituted in 180 μl of 5% acetonitrile in water, transferred into an autosampler vial and injected 60 μl into the HPLC-MS/MS system. A Waters ACQUITY UPLC system was used for chromatography with a UPLC column, 2.1 x 150 mm with 1.7 μm particles (Waters ACQUITY UPLC CSH C18). The mobile phase A was prepared from water: mobile phase B, 95:5 (v/v) containing 0.5% acetic acid adjusted to pH 5.7 with ammonium hydroxide. The mobile phase B was prepared with acetonitrile:methanol, 95:5 (v/v). The flow rate was 350 μL/min. Separations was carried out with various linear solvent gradients. The Waters Xevo TQS instrument (Waters Corporation) equipped with a triple quadrupole analyzer will be operated in negative-mode ESI and the analyzer will be set in the MRM mode for the analysis of the urinary metabolites.

Urinary production of 5-HETE and LTE<sub>4</sub> was measured in a separate assay with similar procedure. Internal standard solution (5ng 5-HETE-d8 and 5ng LTE<sub>4</sub>-d5 in 50 μL acetonitrile) was added to 0.5 mL sample. Sample solution was then brought to a total volume of 1 mL by adding 450 μL of water. The samples were purified by SPE. The analyte and internal standards were eluted from the cartridge using 1 ml of methanol, containing 0.1% formic acid. The eluate was collected and

dried in Eppendorf vacufuge. The resulting residue was then reconstituted in 100  $\mu$ l of 50% methanol in water, transferred into an autosampler vial and injected 30  $\mu$ l into the HPLC-MS/MS system. A Waters ACQUITY UPLC system was used for chromatography with a UPLC column, 2.1 x 150 mm with 1.7  $\mu$ m particles (Waters ACQUITY UPLC BEH C18). The mobile phase A was prepared from water: mobile phase B, 95:5 (v/v) containing 0.1% formic acid. The mobile phase B was prepared with acetonitrile:methanol, 95:5 (v/v) with 0.1% formic acid. The flow rate was 350  $\mu$ L/min. Separations was carried out with various linear solvent gradients. The Waters Xevo TQS instrument (Waters Corporation) equipped with a triple quadrupole analyzer will be operated in negative-mode ESI and the analyzer will be set in the MRM mode for the analysis of the urinary metabolites.

Quantitation was done by peak area ratio of unlabeled compounds and their corresponding deuterated analogs. Daily production of eicosanoid metabolites was calculated by multiplying concentration by 24-hour urine volume. Changes were analyzed using analysis of variance (ANOVA) with a two-tailed significance of  $p \leq 0.05$ .

Levels and changes in PGEM, PGDM, PGIM, 5-HETE, and LTE<sub>4</sub> are presented in the main manuscript (see Figure 2 A-F). No TxM signal was detected in either patients' urine samples at any timepoint. Daily productions of TxM in adult and pediatric healthy controls were 504 $\pm$ 1 and 107 $\pm$ 3 ng/Day, respectively. No LTB<sub>4</sub> signal was detected in any sample, including healthy controls.

The following abbreviations were used in the text:

PGEM: tetranor-Prostaglandin E Metabolite (9,15-dioxo-11 $\alpha$ -hydroxy-13,14-dihydro-2,3,4,5-tetranor-prostan-1,20-dioic acid)

PGDM: tetranor-Prostaglandin D Metabolite (9 $\alpha$ -hydroxy-11,15-dioxo-13,14-dihydro-2,3,4,5-tetranor-prostan-1,20-dioic acid)

PGIM: 2,3-dinor-6-keto prostaglandin F<sub>1 $\alpha$</sub>  (6-oxo-9 $\alpha$ ,11 $\alpha$ ,15S-trihydroxy-2,3-dinor-prost-13E-en-1-oic acid)

TxM: 11-dehydro Thromboxane B<sub>2</sub> (9 $\alpha$ ,15S-dihydroxy-11-oxothromba-5Z,13E-dien-1-oic acid)

5-HETE: 5-Hydroxyeicosatetraenoic Acid (5-hydroxy-6E,8Z,11Z,14Z-eicosatetraenoic acid)

LTB<sub>4</sub>: Leukotriene B<sub>4</sub> (5S,12R-dihydroxy-6Z,8E,10E,14Z-eicosatetraenoic acid)

LTE<sub>4</sub>: Leukotriene E<sub>4</sub> (5S-hydroxy-6R-(S-cysteinyl)-7E,9E,11Z,14Z-eicosatetraenoic acid)