

Expanded View Figures

Figure EV1. Mass spectrometry quality control.

- A Comparison of protein identification in lung tissue of the COVID-19 cohort between the standardized 88 min gradient on Evosep One and a 60 or 120 min gradient on the EASY nanoLC system, respectively. Bars represent tissue samples of different patients and were grouped by the employed LC system, respectively.
- B MS runtime of the comparison depicted in (A).
- C Evaluation of our workflow for streamlined deparaffinization and lysis (APAC) and our previous state-of-art protocol for the processing of deparaffinized FFPE tissue in a 96-well format (Coscia *et al*, 2020). Each bar depicts tissue samples of different patients while being grouped by the tested workflow, respectively.
- D Counts of quantified protein groups in COVID-19 samples and corresponding control groups in all organs using direct DIA data processing (not using a separately acquired DDA library). Each data point depicts a patient-derived sample as indicated in Table EV1.
- E Extracted ion chromatograms and prediction of fragment intensities for two examples of SARS-CoV-2 peptides in the directDIA acquisition mode of the lungs. For both peptides, the same patient was selected to represent the cohort.

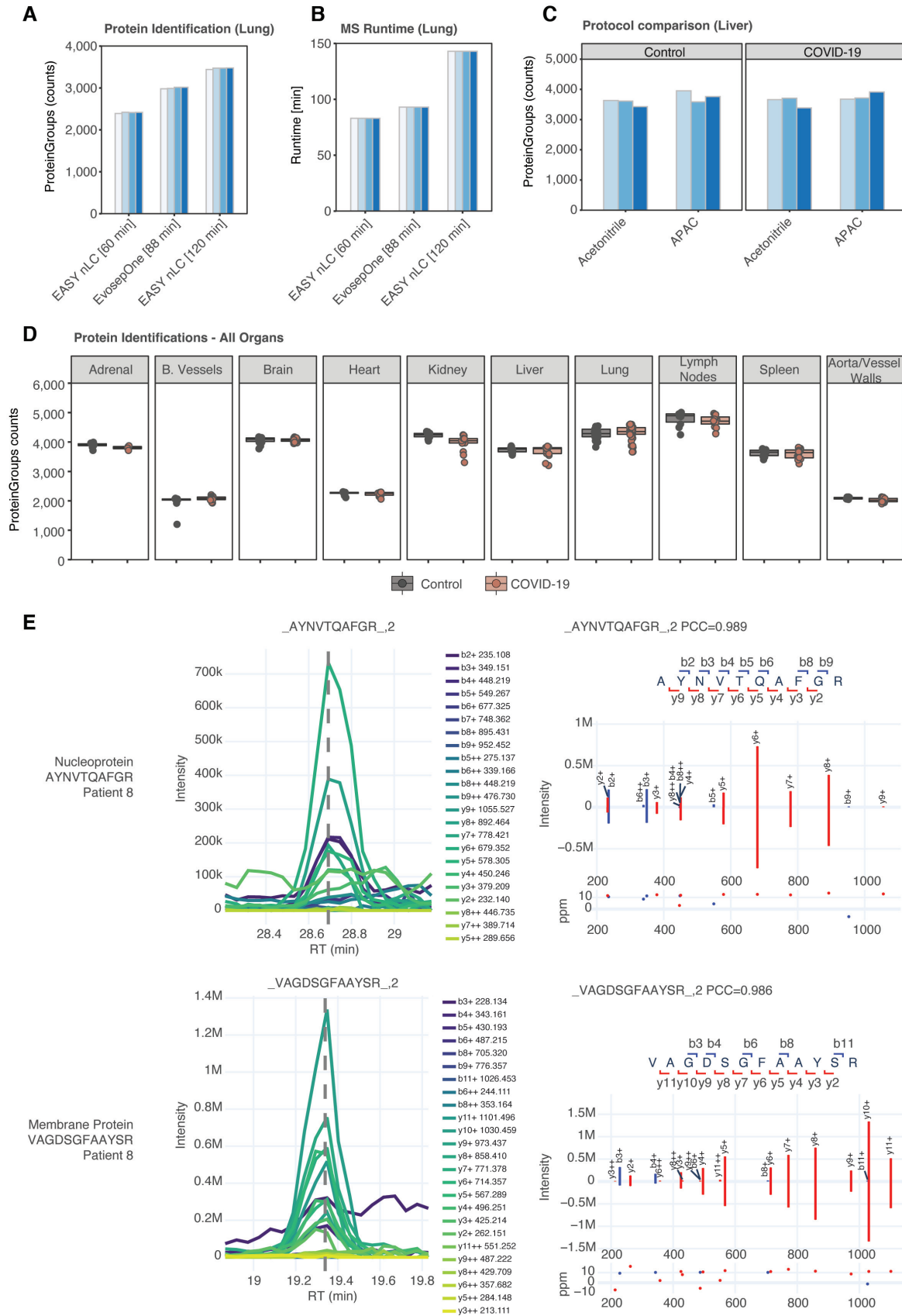


Figure EV1.

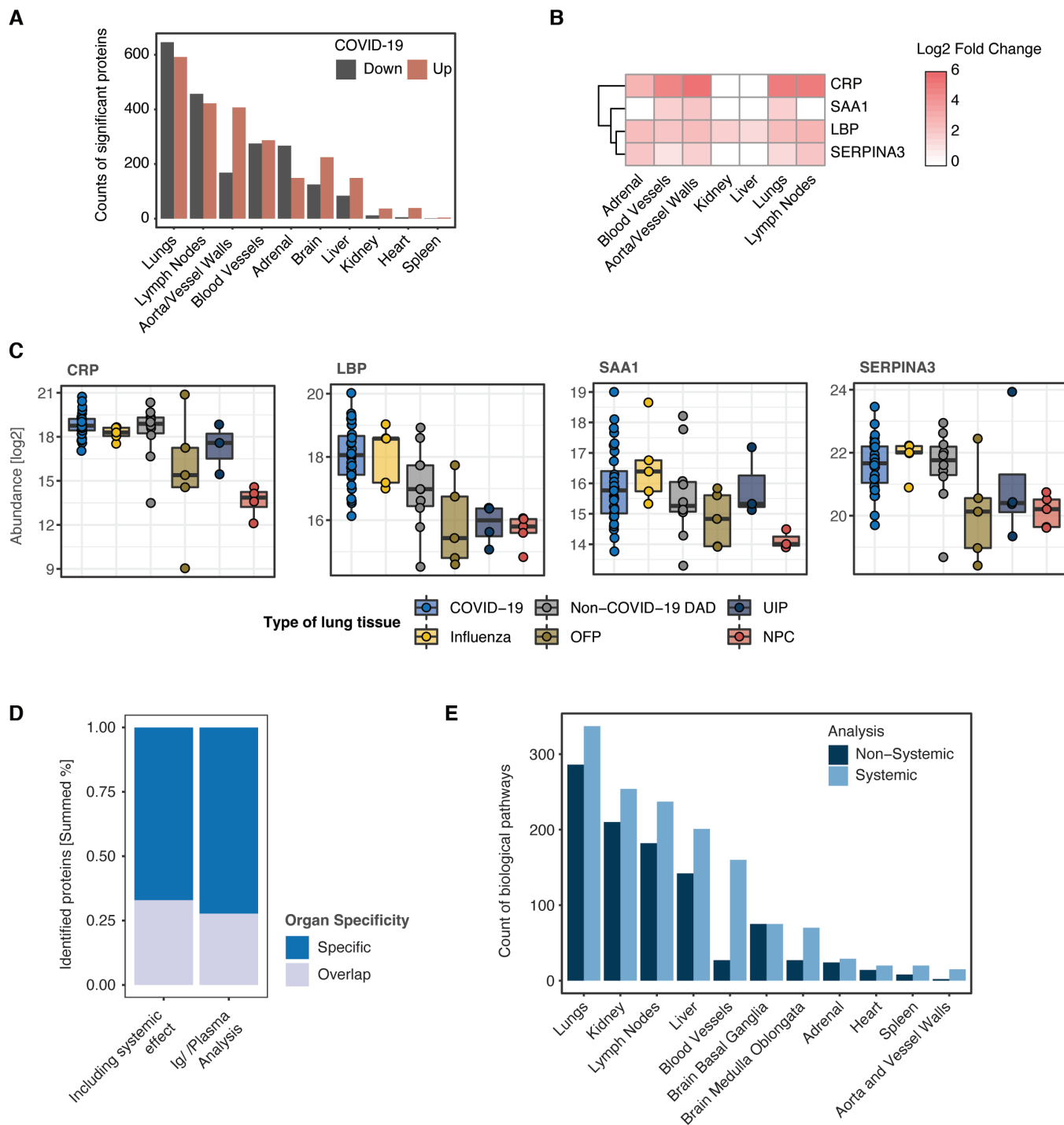


Figure EV2.

Figure EV2. The systemic-inflammatory response in COVID-19.

- A Number of significantly differentially regulated proteins (COVID-19 vs. controls) across all organs (minimum fold-change 1.5 at a q -value of <0.05).
- B Fold changes (\log_2) of plasma-derived markers and predictive proteins for a severe progression of COVID-19.
- C Boxplot representing the \log_2 -abundance of the proteins shown in (B) for COVID-19 and similar pathologies of the lung which have been included into our study. Boxplots represent the 25- and 75-percentile with median values as central band; whiskers span the 1.5-fold interquartile range. Each data point depicts a patient-derived sample as indicated in Table EV1.
- D Summed percentage of significantly differentially regulated proteins (minimum fold-change 1.5 at a q -value of <0.05) for the original proteome and after identification of the systemic effect, calculated for organ specificity and overlap in at least two organs, respectively.
- E Count of biological pathways derived from an enrichment using the Reactome, KEGG and GO biological process databases and shown for differentially regulated proteins with association to the systemic and nonsystemic subset of proteins across all organs.

Figure EV3. Stratification of COVID-19 related pathologies in the lungs.

- A Principal component analysis (PCA) of lung samples derived from COVID-19 and lung pathologies sharing similar phenotype features as well as the nonpathological control group.
- B Upset plot depicting the intersection of differentially regulated proteins between COVID-19 and lung pathologies sharing similar phenotype features as well as the nonpathological control group.
- C–F Differential regulation of phospho-sites derived from pairwise comparisons between COVID-19 and the control groups of the lungs: non-COVID-19 DAD (A), Influenza (B), fibrosing organizing pneumonia (OFP, C) and usual interstitial pneumonia (UIP, D). Protein significance (t -test, q -val < 0.05 , fold change > 1.5) is highlighted in red.

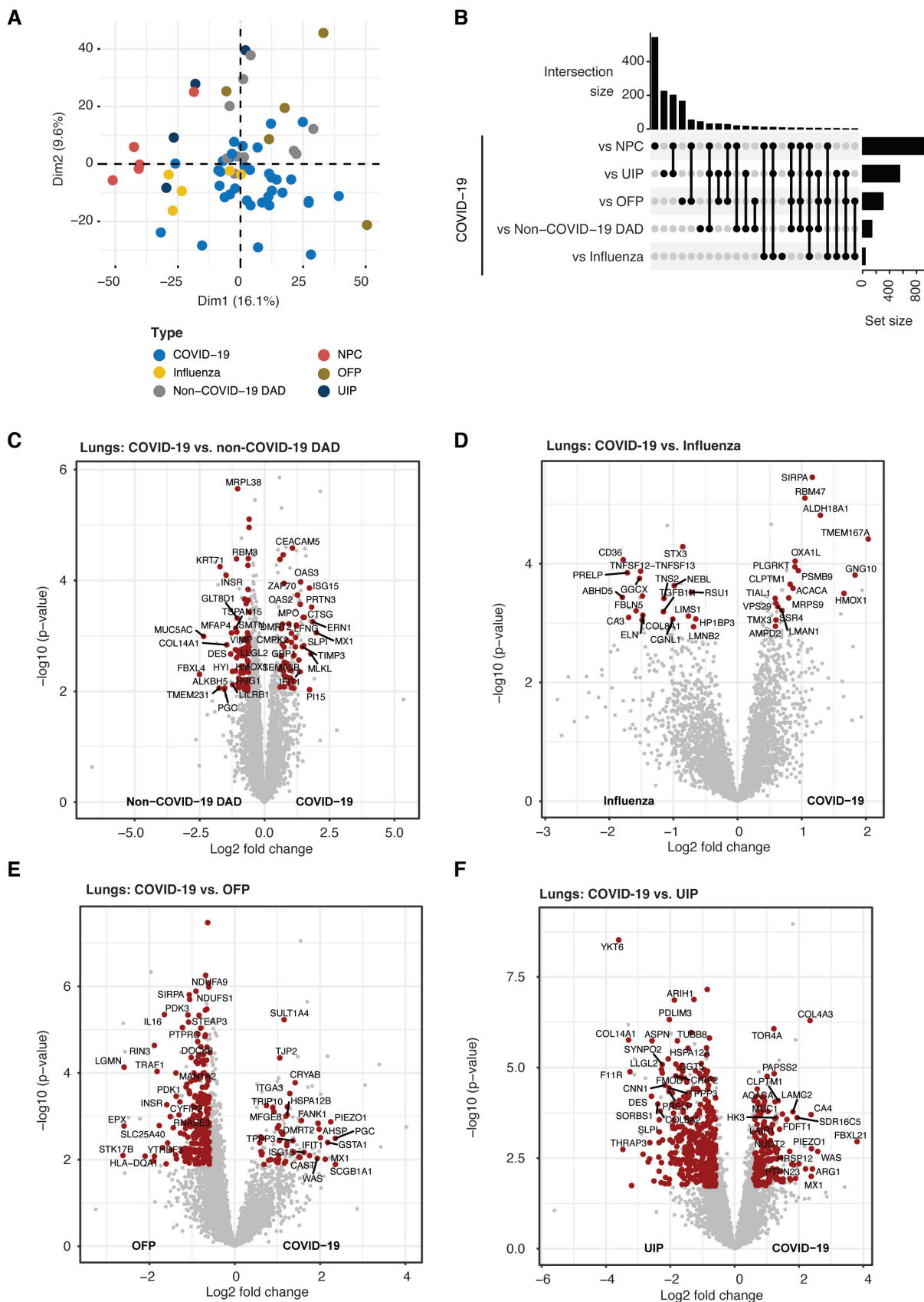


Figure EV3.

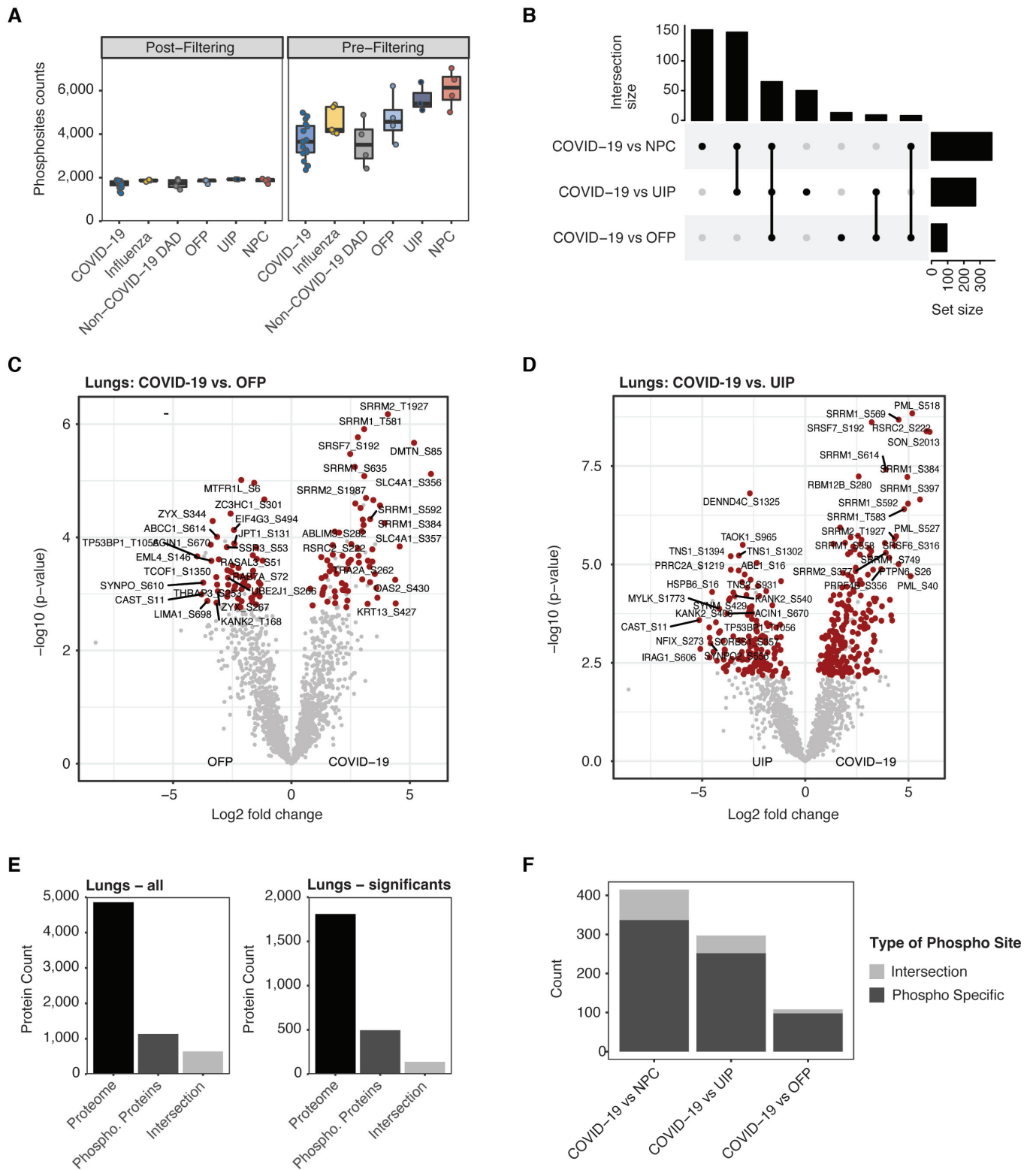


Figure EV4.

Figure EV4. Quantitative assessment of phospho-proteomic data.

- A Counts of quantified phosphorylation sites in COVID-19 and all control groups. Data are shown before (right) and after (left) stringent filtering as described (Materials and Methods). Boxplots represent the 25- and 75-percentile with median values as central band; whiskers span the 1.5-fold interquartile range. Each data point depicts a patient-derived sample for COVID-19 (n = 16), Influenza (n = 5), Non-COVID-19 DAD (n = 4), OFP (n = 4), UIP (n = 3) and NPC (n = 4).
- B Upset plot depicting the intersection of differentially expressed proteins across between COVID-19 and NPC, OFP or UIP, respectively. Statistical testing in comparison to Influenza and non-COVID-19 DAD did not result in significant hits.
- C, D Differential phospho-site regulation between COVID-19 and OFP (C) or UIP (D), respectively. Protein significance (t-test, q-val < 0.05, fold change > 1.5) is highlighted in red.
- E Intersection between phosphorylated proteins and full proteome in this dataset. Bars show count of identified proteins (black), phosphorylated sites summarized in protein groups (dark gray) and the overlap of the former ones (Intersection, light gray). The analysis for all proteins (left) and significantly differential regulation (right) determined between all controls and COVID-19 in the lungs of this study show a low degree of corresponding proteomic and phospho-proteomic information.
- F Count of phospho-sites separated into unique differential alteration on the level of protein phosphorylation (Phospho Specific) compared to the portion of sites which correspond to significant differential expression on the protein level (Intersection).

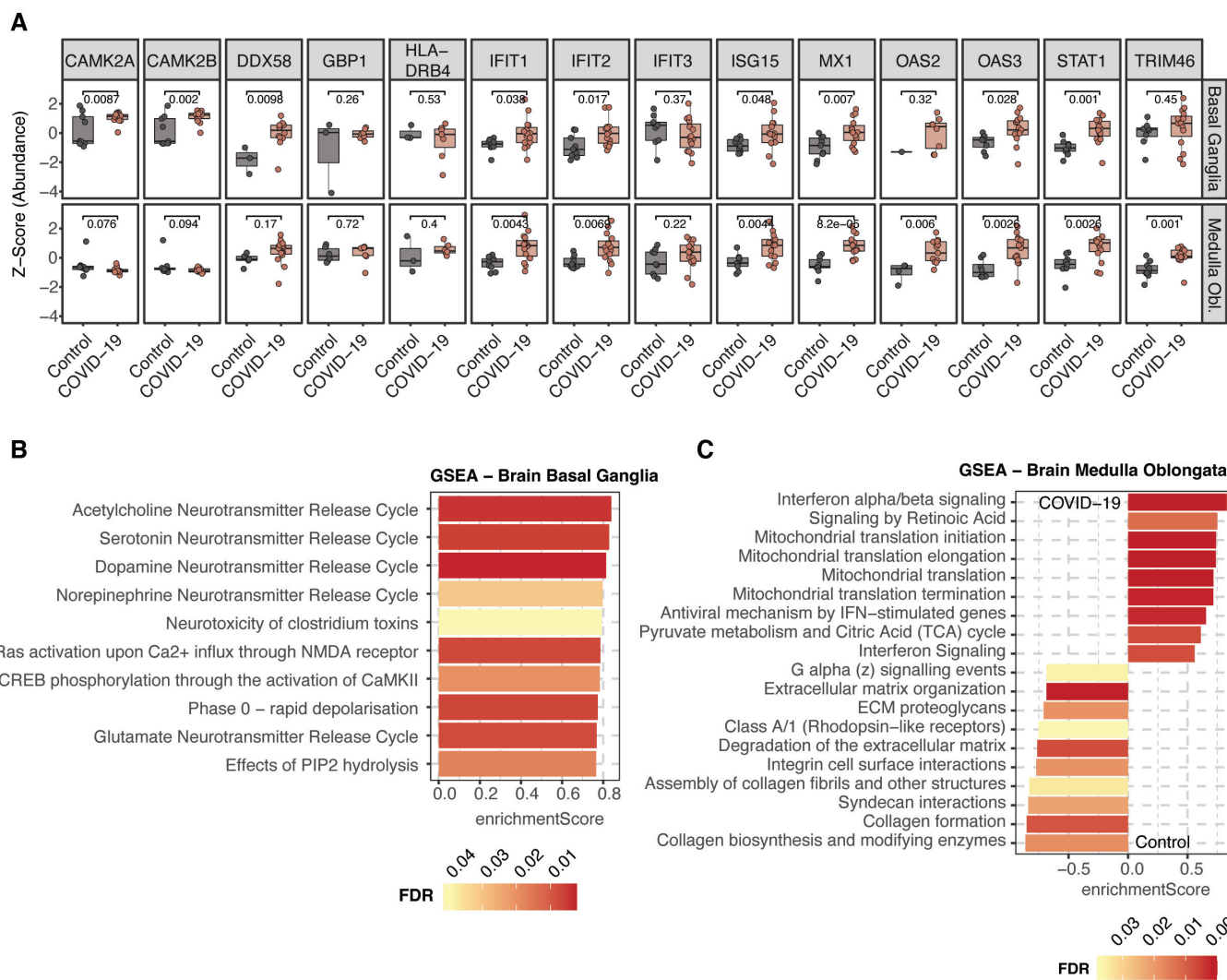


Figure EV5.

Figure EV5. Biological processes associated with COVID-19 of the brain.

- A Z-Score protein abundance of proteins associated with “Interferon Signaling” (Reactome database) that showed overlapping occurrence in both regions of the brain. An assessment of statistical significance (unpaired *t*-test) between COVID-19 and control samples is annotated for each comparison. Boxplots represent the 25- and 75-percentile with median values as central band; whiskers span the 1.5-fold interquartile range. Each data point depicts a patient-derived sample as indicated in Table EV1.
- B, C GSEA enrichment depicted by the top 10 most significant terms assigned by enrichment score. A positive enrichment score indicates positive protein abundance in COVID-19, whereas a negative value indicates an enrichment in the control samples. The color coding of all bars depicts the FDR value of the respective enrichment term.