VWF-ADAMTS13 axis dysfunction in children with sickle cell disease treated with hydroxycarbamide compared to blood transfusion – biological mechanisms and clinical significance.

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#### SUPPLEMENTAL MATERIALS

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#### **Supplementary Legends**

**Supplementary Figure 1:** Flow cytometry gating strategy for measuring phosphatidylserine exposure on red blood cells.

**Supplementary Figure 2:** Flow cytometry gating strategy for measuring recombinant VWF binding to red blood cells.

**Supplementary Figure 3:** HC children (n=96) were divided according to Hb F quartiles and levels of VWF:Ag **A)** and VWF:CB **B)** were compared. HbF quartile 1 is <12.1%, Quartile 2 is 12.1%-16.1%, Quartile 3 is 16.2%-20.8% and Quartile 4 is >20.8% BT treated children (n=84) were divided according to Hb S quartiles and levels of VWF:Ag **C)** and VWF:CB **D)** were compared. HbS quartile 1 is <14.1%, Quartile 2 is 14.1%-19.7%, Quartile 3 is 19.7%-27.4% and Quartile 4 is >27.4%. Comparison between first and fourth quartiles was performed with independent sample *t*-test. (\*p<0.05).

**Supplementary Figure 4:** Comparisons between Group O and Non O ABO blood group are shown for plasma VWF:CB (n=119 Group O, n=76 Non O) **A)** and VWFpp (n=72 Group O, n=51 Non-O) **B)** levels.

**Supplementary Figure 5:** Association between plasma free haem and ADAMTS13 activity is shown **A)**. ADAMTS13 activity is shown according to free haem quartiles comparing the highest and lowest quartiles for the HC **B)** and BT **C)** cohorts. Comparison between first and fourth quartile was performed with independent sample *t*-test. (ns= not significant).















