

## Supporting Information

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Prophylactic Supplementation with *Lactobacillus Reuteri* or Its Metabolite GABA Protects Against Acute Ischemic Cardiac Injury

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## **Supplemental Materials**



Figure S1. Pretreatment of L. reuteri alleviated cardiac damage after I/R.

(A) The left anterior descending artery ligation/reperfusion surgery was performed on mice from different groups to construct the myocardial I/R injury model. Serum cTnT levels measured by ELISA at seven days after I/R. n = 5 per group. \*, P < 0.05; \*\*, P < 0.01 (one-way ANOVA with post hoc Tukey test). (B) Electrocardiogram (ECG) traces (50 ms/div) were performed before and at three days after I/R in mice. ST-segment elevation lasted for at least three days after the surgery in I/R group, which returned to baseline at three days after the surgery in the group pretreated with *L. reuteri*. cTnT, cardiac troponin T; I/R, ischemia/reperfusion; *L. reuteri*, *Lactobacillus reuteri*.



Figure S2. Transcriptional alterations by GABA treatment in mouse hearts after I/R.

(A) The upper Venn diagram showing the overlap between significantly upregulated genes in PBS+I/R versus Sham groups and significantly downregulated genes in GABA+I/R versus PBS+I/R groups. The lower Venn diagram showing the overlap between significantly downregulated genes in PBS+I/R versus Sham groups and significantly upregulated genes in GABA+I/R versus PBS+I/R groups. Differentially expressed genes were identified with an absolute fold change  $\geq 1.5$  and an adjusted p-value < 0.05. (B) Heatmap of the expression levels of genes differentially regulated in PBS+I/R versus Sham groups and rescued by GABA. Gene expression level was indicated by color ranging from blue (low expression) to red (high expression). GABA,  $\gamma$ -aminobutyric acid; I/R, ischemia/reperfusion; DEGs, differentially expressed genes.







Figure S3. GABA mitigated I/R-induced inflammation mainly by affecting macrophages.

(A) Gating strategy identifying cardiac immune cells, including B cells, T cells, neutrophils, macrophages, and Ly6C<sup>high</sup> macrophages. (B) Representative dot plots of CD45<sup>+</sup> immune cells, neutrophils, B cells and T cells in heart tissue at 24 hr after I/R (left panel). Quantification of the percentages of CD45<sup>+</sup> cells and neutrophils in all non-myocytes, B cells and T cells gated in CD45<sup>+</sup> cells (right panel,  $n \ge 3$ ). \*, *P*<0.05; \*\*, *P*<0.01; \*\*\*, *P*<0.001

(one-way ANOVA with post hoc Tukey test). (C) Representative dot plots of CD45<sup>+</sup> immune cells, neutrophils, B cells and T cells in heart tissue at three days after I/R (left panel). Quantification of the percentages of CD45<sup>+</sup> cells and neutrophils in all non-myocytes, B cells and T cells gated in CD45<sup>+</sup> cells (right panel, n > 3). \*, *P*<0.05; \*\*\*, *P*<0.001 (one-way ANOVA with post hoc Tukey test). (D) Representative dot plots of circulating monocytes, CD11b<sup>+</sup> F4/80<sup>+</sup> macrophages in the spleen and heart before and after macrophage clearance with Cl<sub>2</sub>MDP injection. GABA,  $\gamma$ -aminobutyric acid; mac, macrophage; neu, neutrophils; Cl<sub>2</sub>MDP, clodronate liposome.





Figure S4. GABA inhibited macrophage lysosomal leakage.

(A) Representative images of BMDM stained with LysoTracker red in Ctrl, GABA, LLOMe, and GABA+LLOMe groups. Red fluorescence indicates intact lysosomes and the absence of red fluorescence indicates lysosomal leakage. Scale bar, 10  $\mu$ m. (B) Quantification of relative density of LysoTracker red. Quantitative data shown as the mean  $\pm$  SEMs to the right. n = 5 per group. *ns*, not significant; \*, *P*<0.05; \*\*\*, *P*<0.001 (one-way ANOVA with post hoc Tukey test).

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