Online Supplement:

The TNF-a antagonist etanercept decreases blood pressure and protects the kidney in a mouse model of systemic lupus erythematosus

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Running Title: Role of TNF-a in SLE Hypertension

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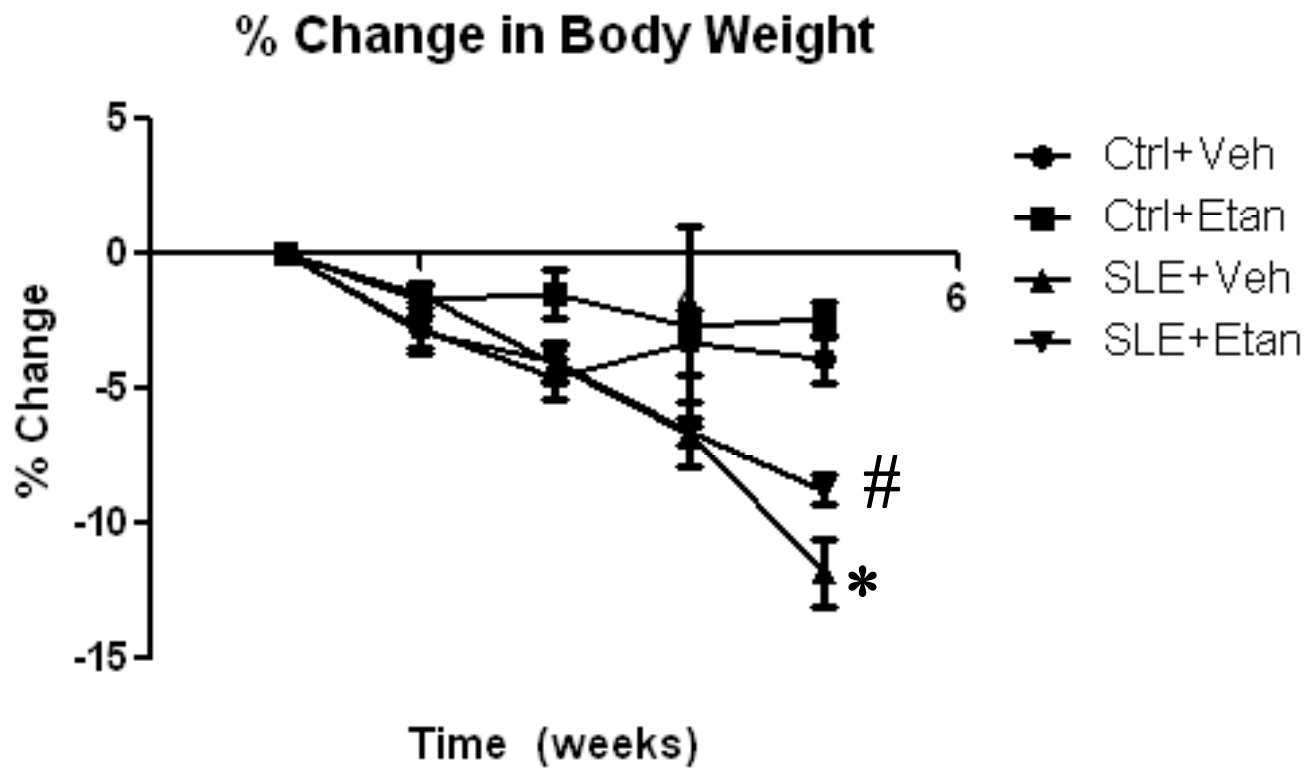

Figure S1. Percent change in body weight over the course of the experiment. Etanercept treatment did not affect body weight change in SLE or in CTRL mice. (Ctrl+Veh n=11, Crtl+Etan n=12, SLE+Veh n=10, SLE+Etan n=9) * $p<0.05$ vs Ctrl+Veh and Ctrl+Etan, # $p<0.05$ vs Ctrl+Etan

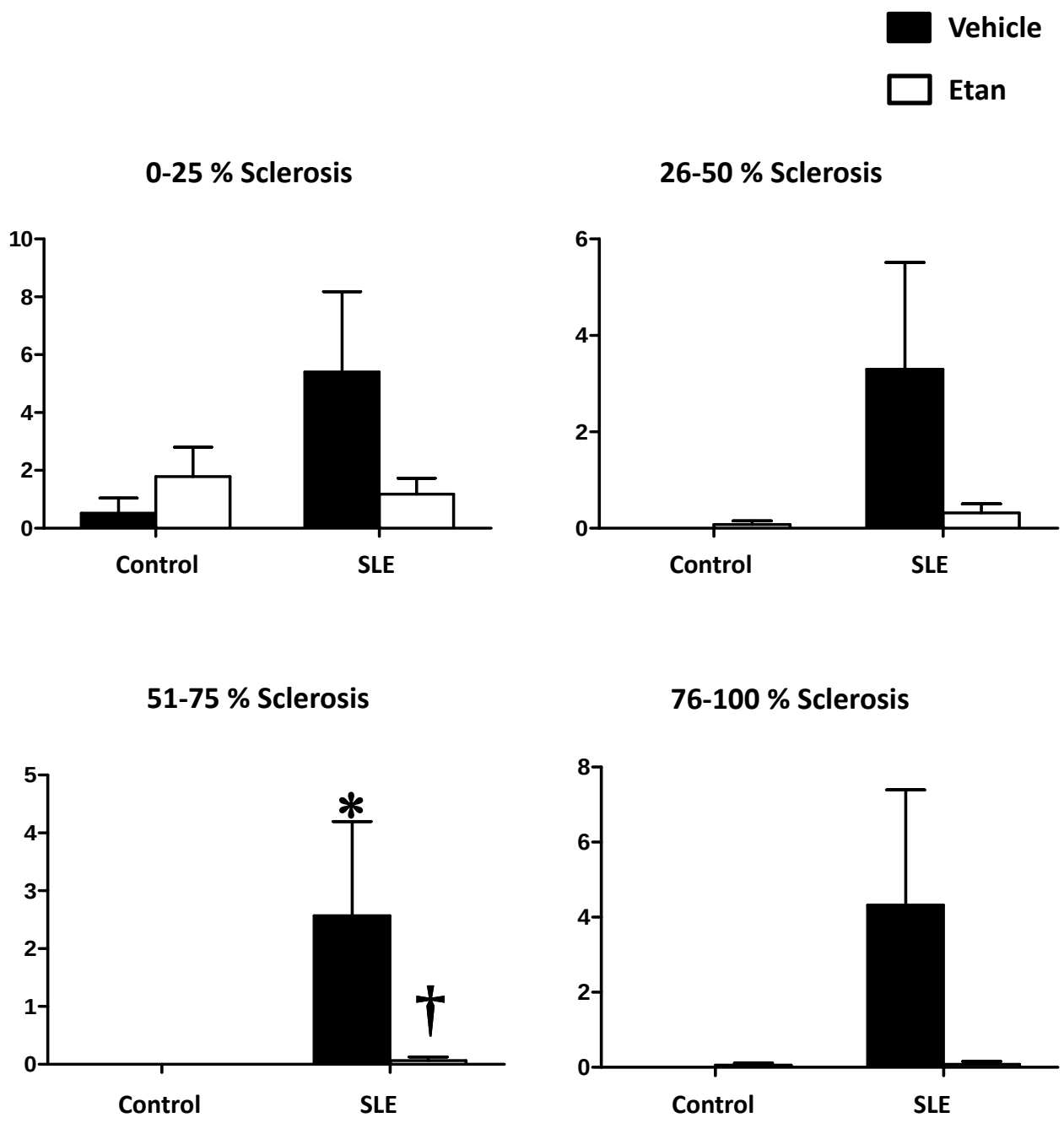

Figure S2. Complete glomerulosclerosis data for all categories of scoring. This method was described previously (Reference 18) and divides the groups based on the percent area of the glomerulus that is slerotic. The glomeruli with 51-75% sclerotic area is shown in the manuscript (Figure 3) because this data reached a statistically signficant difference. *p<0.05 vs. Ctrl+Veh, † p<0.05 vs. SLE+Veh. (Ctrl+Veh n=6, Crtl+Etan n=10, SLE+Veh n=8, SLE+Etan n=9)

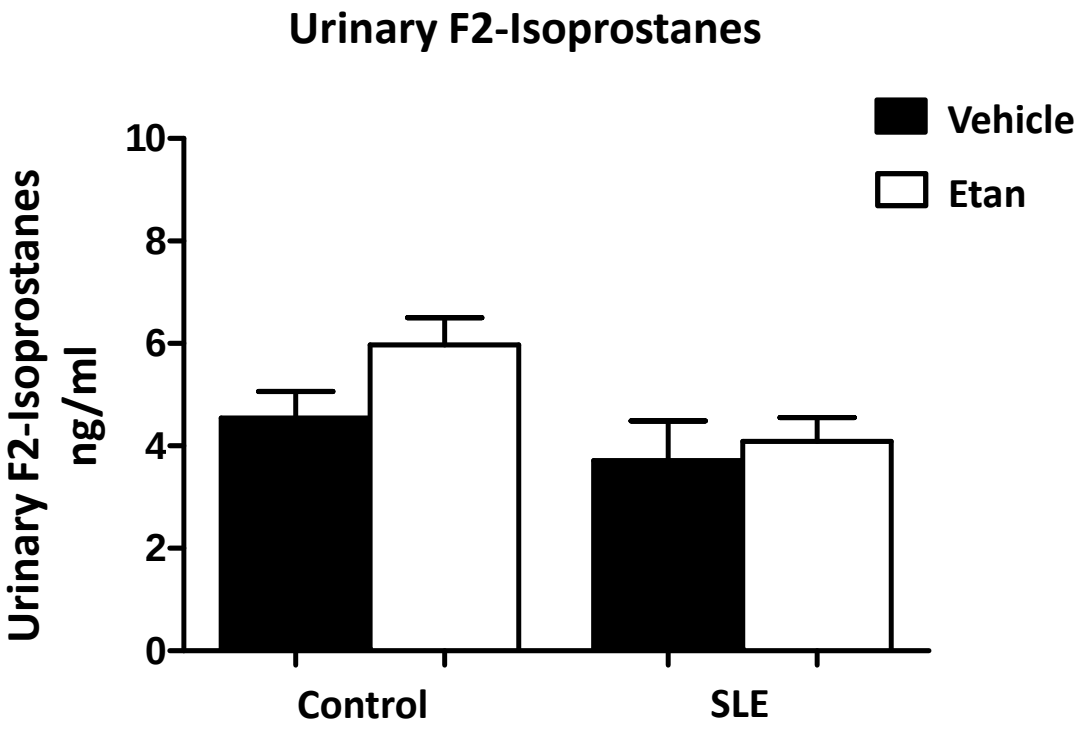

Figure S3. Urinary F2-isoprostanes were measured using a commercially ELISA as a marker of whole body oxidative stress. There was no statistical difference between the groups. (Ctrl+Veh n=9, Crtl+Etan n=7, SLE+Veh n=8, SLE+Etan n=10)

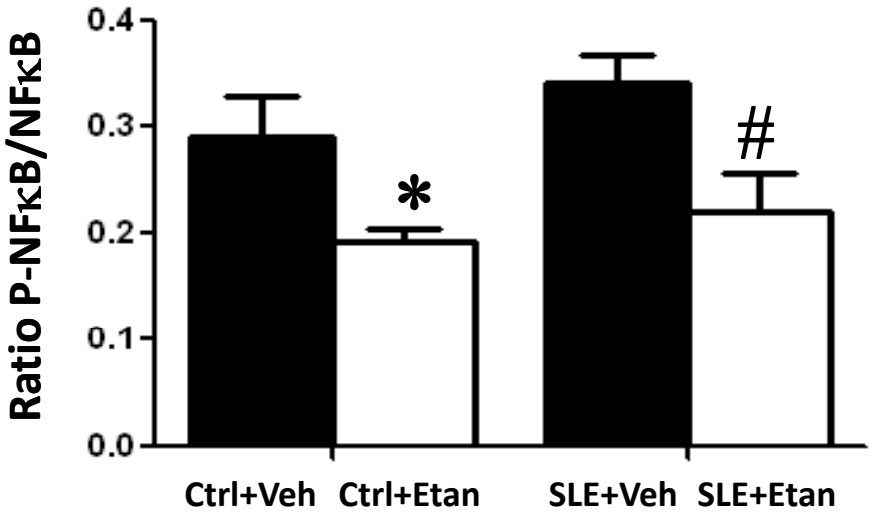

Figure S4. The ratio of P-NFκB to non-phosphorylated protein expression (representing the relative activation of P-NFκB) was significantly reduced in the renal cortex of both etanercept-treated SLE mice and etanercept-treated control mice. *p<0.05 vs. Ctrl+Veh, # p<0.05 vs. SLE+Veh (n=4 per group)

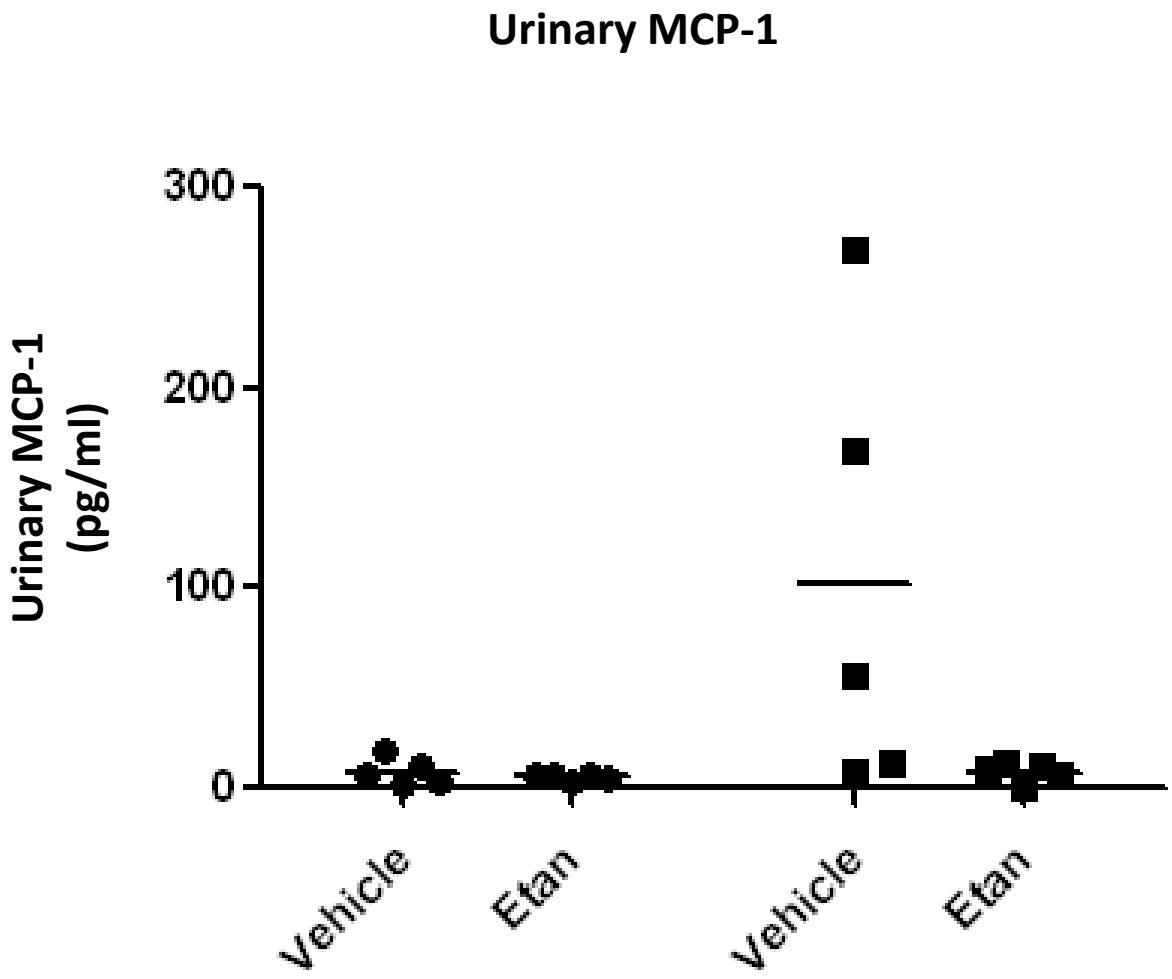

Figure S5. Urinary MCP-1 levels in SLE and Ctrl mice treated with vehicle or etanercept. Due to the large variability in the amount of urinary MCP-1, a statistical difference was not observed. However, 3 out of 5 mice from SLE+Veh had increased MCP-1 whereas MCP-1 was not elevated from any of the other mice in this experiment. (Ctrl+Veh n=5, Crtl+Etan n=5, SLE+Veh n=5, SLE+Etan n=5).