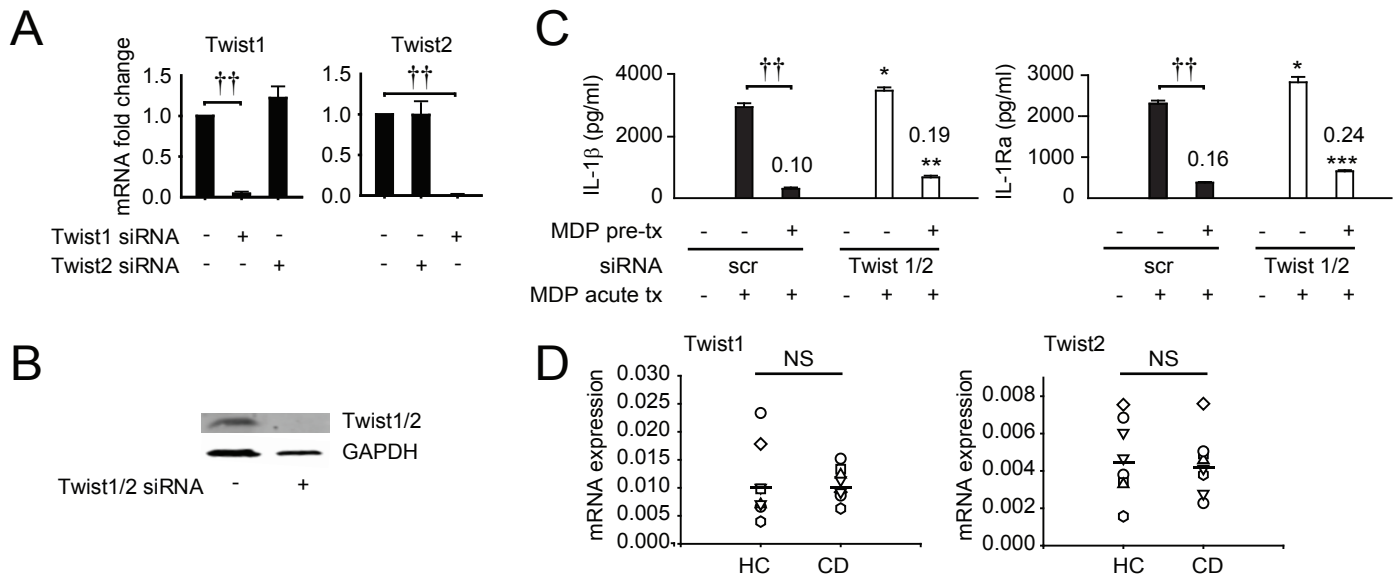


Supplemental Figure 1



E Description of Crohn's Disease Patients

Diagnosis ¹	Age (yrs)	Gender	Dz ² duration (yrs)	Location	Medications ³	NOD2 CD risk SNP ⁴
CD	30	Female	16	Colonic	AZA, Abx	WT/WT
CD	40	Female	4	Ileocolonic	Anti-TNF	WT/WT
CD	46	Male	32	Ileocolonic	AZA, Anti-TNF	WT/WT
CD	52	Male	6	Ileocolonic	5-ASA	WT/WT
CD	28	Male	8	Ileocolonic	AZA, Anti-TNF	WT/WT
CD	28	Female	10	Ileocolonic, Perianal	Anti-TNF	WT/WT
CD	38	Male	17	Ileocolonic	Anti-TNF	WT/WT
CD	22	Female	1	Ileocolonic		WT/WT
CD	56	Male	44	Ileocolonic	Anti-TNF, Abx	Cins/Cins
CD	23	Male	4	Ileocolonic, Perianal	Anti-TNF	Gly908Arg/Gly908Arg
CD	30	Female	19	Ileocolonic	5-ASA	Cins/Gly908Arg

¹CD, Crohn's disease (European Ancestry patients); ²Dz, disease.

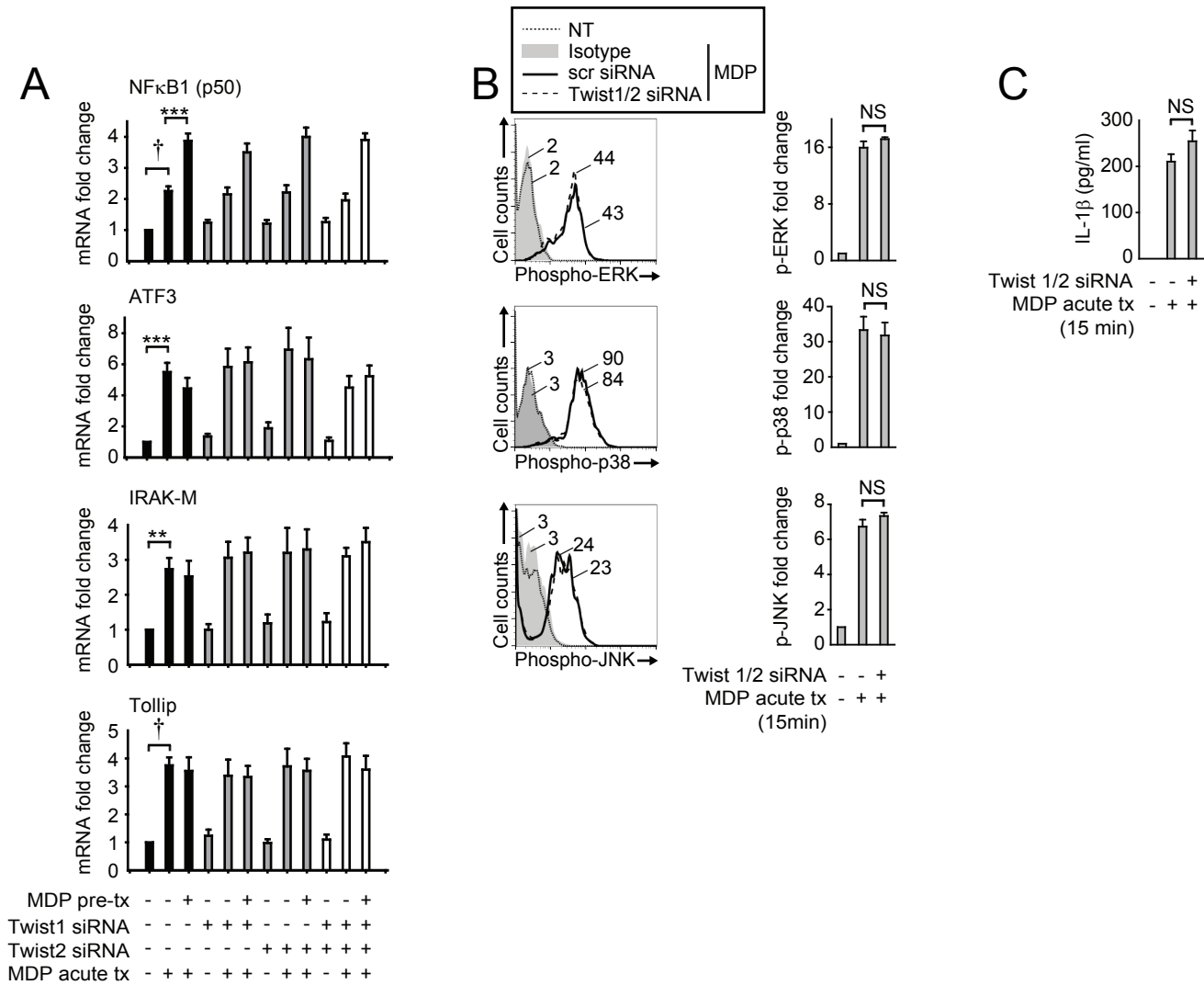
³AZA, azathioprine; Abx, antibiotics; anti-TNF, anti-tumor necrosis factor- α ; 5-ASA, 5-aminosalicylic acid

⁴CD-associated NOD2 genotype: SNP, single nucleotide polymorphism; WT, wild-type; Cins, Leu1007fsinsC

Supplemental Figure 1. Twist1 and Twist2 siRNA effectively decrease Twist mRNA and protein expression.

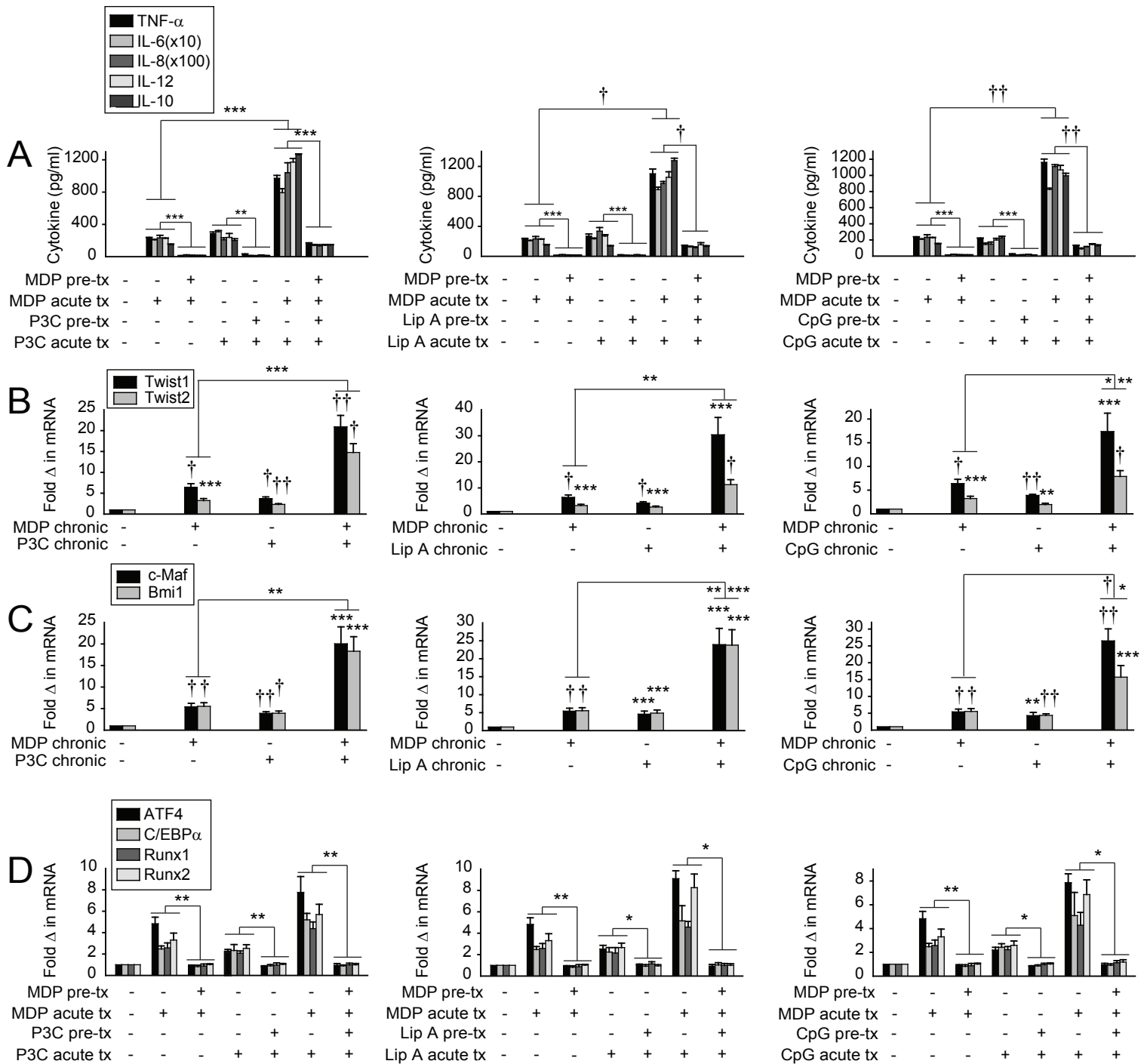
(A) Human MDMs (n=8) were transfected with scrambled, Twist1 or Twist2 siRNA, and 48h later MDMs were assessed for Twist1 or Twist2 RNA expression relative to scrambled siRNA-transfected cells + SEM. (B) Human MDMs were pre-treated with 100 μ g/ml MDP for 24h, then transfected with scrambled, or a combination of Twist1 and Twist2 siRNA, and 24h later (total 48h MDP pre-treatment), MDMs were treated with 100 μ g/ml MDP for an additional 8h. Western blot was conducted with an antibody detecting both Twist1 and Twist2. Representative Western blot from 1 of 4 individuals. GAPDH is used as a loading control. (C) Human MDMs were left untreated (for acute) or pre-treated with 100 μ g/ml MDP for 24h, then transfected with scrambled, or combined Twist1 and Twist2 siRNA, and 24h later (total 48h MDP pre-treatment), MDMs were treated with 100 μ g/ml MDP for an additional 24h (acute). Supernatants were examined for cytokines. Mean + SEM for n=4. Numbers on the bars are the ratios of cytokine secretion upon MDP treatment of pre-treated versus non-pretreated MDMs. (D) MDP pre-treated/treated MDMs from WT NOD2 healthy controls (HC; n=8) and Crohn's disease (CD) patients (n=8) shown in Figure 2D were assessed for Twist1 and Twist2 mRNA expression by CT values normalized to GAPDH and represented as a linear scale. Each symbol represents an individual. Horizontal line represents the mean. (E) Phenotype/genotype characteristics for Crohn's disease patients studied in (D) and Figure 2D. *, p<0.05; **, p<0.01; ***, p<0.001; ††, p<1 \times 10⁻⁵.

Supplemental Figure 2



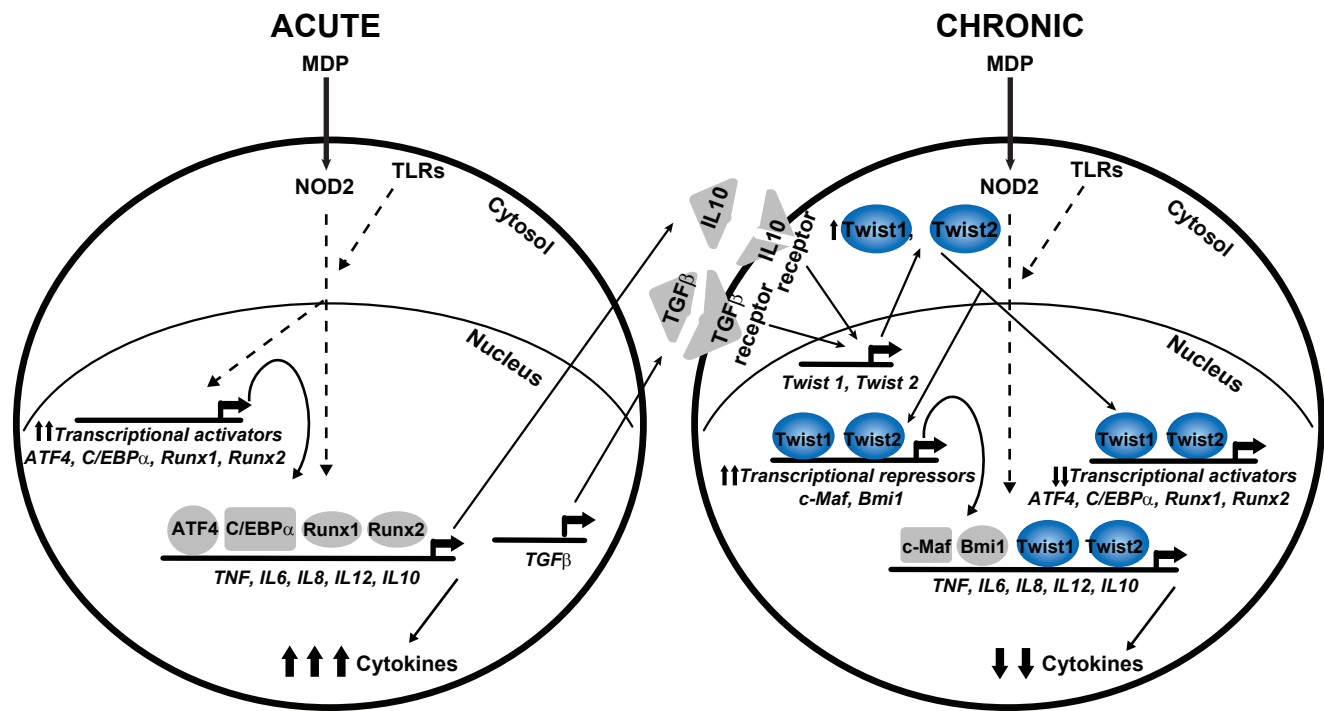
Supplemental Figure 2. Twist1 and Twist2 do not contribute to upregulation of the intracellular inhibitory molecules NFκB1, ATF3, IRAK-M or Tollip, the activation of MAPK pathways or the early secretion of IL-1β. (A) MDMs (n=8) were left untreated (for acute) or pre-treated with 100μg/ml MDP for 24h, then transfected with scrambled, Twist1 or Twist2 siRNA, alone or in combination, and 24h later (total 48h after MDP pre-treatment), MDMs were treated with 100μg/ml MDP for 4h (acute) and assessed for NFκB1, ATF3, IRAK-M and Tollip mRNA expression. Fold mRNA expression normalized to untreated, scrambled siRNA-transfected MDMs + SEM. (B) MDMs (n=8) were transfected with scrambled or combined Twist1 or Twist2 siRNA. Cells were then treated with 100μg/ml MDP for 15 min. (Left): Representative flow cytometry with MFI values for phospho-kinases. (Right): Summary graphs for phospho-kinase induction + SEM. (C) MDMs (n=4) were transfected with scrambled or combined Twist1 or Twist2 siRNA. Cells were then pretreated with 0.5μg/ml IL-1Ra (blocks IL-1 consumption) and then treated with 100μg/ml MDP for 15 min. Supernatants were examined for IL-1β. **, p<0.01; ***, p<0.001; †, p<1×10⁻⁴. Tx, treatment.

Supplemental Figure 3



Supplemental Figure 3. Multiple PRRs regulate expression of Twist1 and Twist2 and downstream signals. (A) MDMs were left untreated (for acute) or pre-treated with 10 μ g/ml MDP, 0.1 μ g/ml Lipid A, 10 μ g/ml Pam3Cys or 1 μ g/ml CpG DNA alone or in combination for 48h, then treated with the same stimuli for an additional 24h (acute). Supernatants were examined for cytokines. Mean + SEM for n=4. (B-D) MDMs (n=8) were left untreated or pre-treated with 10 μ g/ml MDP, 0.1 μ g/ml Lipid A, 10 μ g/ml Pam3Cys or 1 μ g/ml CpG DNA alone or in combination for 48h, and then MDMs were treated with the same respective stimuli for an additional 4h (=chronic). Fold change in (B) Twist1, Twist2, (C) c-Maf, Bmi1, or (D) ATF4, C/EBP α , Runx1 or Runx2 mRNA normalized to untreated MDMs + SEM. Significance was assessed in treated relative to untreated cells, or as indicated. *, p<0.05; **, p<0.01; ***, p<0.001; †, p<1 \times 10⁻⁴; ††, p<1 \times 10⁻⁵. Tx, treatment.

Supplemental Figure 4



Supplemental Figure 4. Schematic diagram of mechanisms for Twist1- and Twist2-mediated inhibition of cytokine secretion upon chronic NOD2 stimulation. Acute NOD2 stimulation in primary human MDMs results in increased secretion of both pro-inflammatory and anti-inflammatory cytokines. With prolonged NOD2 stimulation, Twist1 and Twist2 expression increases in an autocrine IL-10- and TGF β -dependent manner. The transcriptional repressors Twist1 and Twist2 bind to cytokine promoters and contribute to the downregulation of cytokines after acute NOD2 stimulation, and in particular, after chronic NOD2 stimulation. Twist1 and Twist2 also upregulate the expression and cytokine promoter binding of the anti-inflammatory transcription factors c-Maf and Bmi1, which in turn downregulates cytokine secretion. At the same time, Twist1 and Twist2 downregulate the expression and cytokine promoter binding of various activating transcription factors, including ATF4, C/EBP α , Runx1 and Runx2, which also contributes to the downregulation of cytokine expression upon NOD2 stimulation. Furthermore, chronic stimulation of additional PRRs, including TLR2, TLR4, and TLR9, can similarly upregulate Twist1 and Twist2 expression and downstream pathways. Moreover, these PRRs can cooperate with NOD2 to further enhance the regulatory outcomes. Therefore, Twist1 and Twist2 coordinate reciprocal regulation in expression and cytokine promoter binding of transcriptional repressors (increased) and transcriptional activators (decreased), which ultimately contributes to the cytokine downregulation observed after chronic PRR stimulation.