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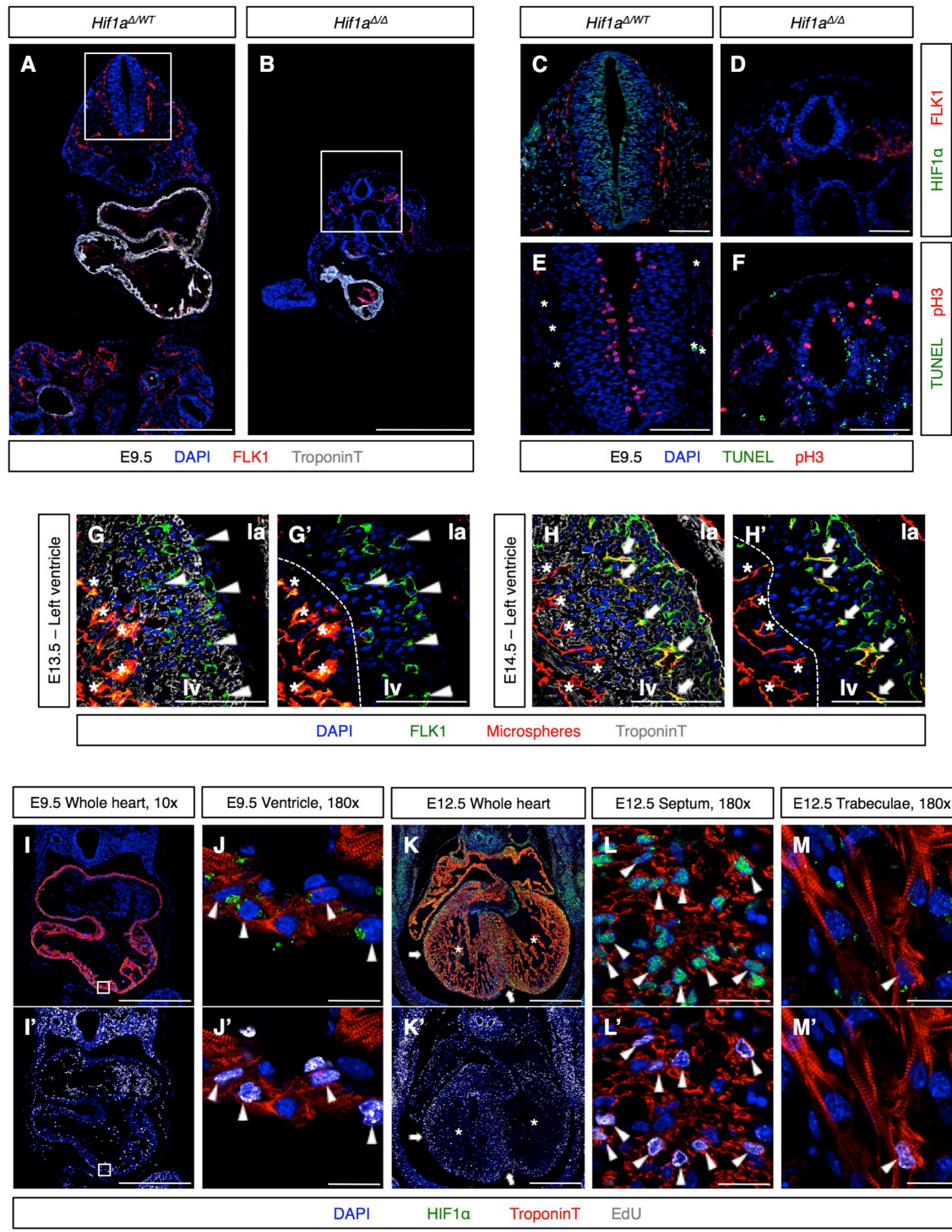


Figure S1, Related to Figure 2. Characterization of germline *Hif1a* KO and validation of anti-HIF1 α antibody specificity. Assessment of timing of coronary perfusion by aortic blood flow. Correlation between nuclear HIF1 α and fCM proliferation at distinct developmental timepoints.

A to F) A *Hif1a*^Δ null allele was produced by crossing the floxed *Hif1a* line (Ryan et al., 2000) with an epiblastic Cre, *Meox2-Cre* (Tallquist and Soriano, 2000). *Hif1a*^{Δ/WT} heterozygotes were interbred and no viable embryos were recovered from E10.5 onwards. **A)** Control (*Hif1a*^{Δ/WT}) and **B)** mutant (*Hif1a*^{Δ/Δ}) E9.5 embryos. Mutants were much smaller than control littermates, displayed a small, unlooped heart, and severely underdeveloped neural tube. The cardiac hypoplasia is consistent with two previously published *Hif1a* global KOs (Compennolle et al., 2003; Ryan et al., 1998), but distinct from the myocardial hyperplasia reported by Iyer and colleagues (Iyer et al., 1998). **C** and **D** are higher magnification images of areas boxed in A and B, respectively. **C)** The inner cell layers of the wild-type E9.5 neural tube are distal to any vascular structures (marked by FLK1 staining) and exhibited robust nuclear HIF1α staining. **D)** HIF1α staining was undetectable in neural tubes of *Hif1a*^{Δ/Δ} embryos, demonstrating the specificity of the anti-HIF1α antibody used in our experiments. **E)** The HIF1α-positive inner cell layer of the neural tube is the area where proliferation of neuronal precursors occurs, as shown by pH3 staining. **F)** This proliferative cell layer was absent in *Hif1a*^{Δ/Δ} embryos. Additionally, *Hif1a*^{Δ/Δ} embryos displayed an aberrantly high frequency of apoptotic cells in the neural tube and surrounding mesenchymal tissues, as shown by TUNEL staining. *=autofluorescent red blood cells.

G and H) To determine the timing at which the developing myocardium gets perfused by oxygenated aortic blood flow, a suspension of 0.1μm orange fluorescent microspheres (red channel) was injected into the left ventricle of embryonic hearts at different stages of development. To allow visualization of endothelial cells, cryosections were immunostained using an anti-FLK1 antibody (green). Yellow/orange color (overlay of FLK1 and microspheres) is observed in endocardium (asterisks) and in coronary vasculature connected to aortic flow. **G)** Dorsal section of an E13.5 heart at the atrio-ventricular sulcus showing that, despite the presence of endothelial cells, the E13.5 left ventricle is not yet perfused by aortic blood flow, as denoted by the absence of FLK1/microsphere co-staining within the left ventricular wall (arrowheads). **H)** 24 hours later, at E14.5, the majority of FLK1-positive cells within the left ventricle co-localized with fluorescent microspheres (arrows) revealing efficient perfusion of the left ventricular wall consequent to the connection of the coronary vascular system to aortic flow. **G'** and **H'** are the same image as **G** and **H**, respectively, where the far-red channel (TroponinT) has been omitted to allow for better visualization of vascular structures. Dashed line

represents the border between trabecular and compact myocardium. la = left atrium, lv = left ventricle.

I to M) To understand how nuclear accumulation of HIF1 α correlates with fCM proliferation, E9.5 and E12.5 hearts were co-stained for HIF1 α and EdU incorporation. Panels I-M display stage and region-specific patterns of HIF1 α distribution. Proliferation patterns (EdU incorporation) for the same images are displayed in panels I'-M'. **I, I', J and J')** E9.5 fCMs are highly proliferative (arrowheads) but displayed no nuclear accumulation of HIF1 α , revealing that at this early developmental timepoint, high rates of fCM proliferation are independent of HIF1 α transcriptional control. **J** corresponds to a higher magnification of the area boxed in **I**. **K)** At E12.5 robust nuclear accumulation of HIF1 α was detected in the core of the developing ventricular septum and in compact ventricular myocardium (arrows), being largely absent from trabecular myocardium fCMs (asterisks). Interestingly, this distribution positively correlated with fCM proliferative activity (**K'**). **L and L')** High magnification of the core of the ventricular septum demonstrating that fCMs located in this highly proliferative area displayed high levels of nuclear HIF1 α . **M and M')** High magnification of left ventricular trabecular myocardium showing that trabecular fCMs preferentially accumulated HIF1 α outside their nuclei and displayed reduced, but not absent, proliferative activity. These data show that, although HIF1 α nuclear accumulation is not a generic requisite for fCM proliferation, in the specific developmental timepoints during which nuclear HIF1 α can be detected in fCMs, presence of this TF directly correlated with high rates of fCM proliferation.

Bars represent 500 μ m in A, B, I and K and 50 μ m in all other panels.

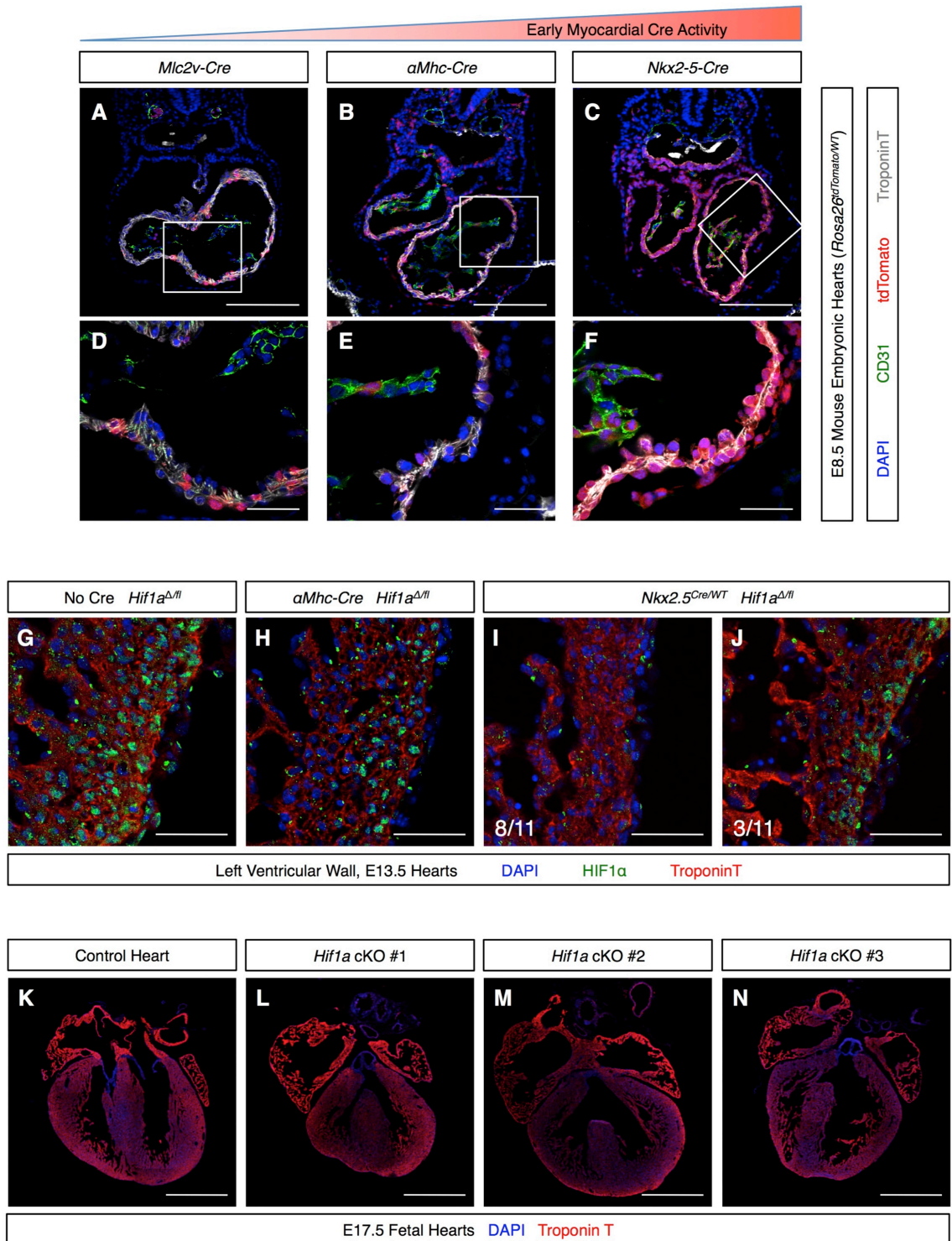


Figure S2, Related to Figure 3. Evaluation of myocardial recombinase activity at E8.5 and efficiency of HIF1α protein depletion in fCMs using distinct recombinase lines. Cardiac phenotype of surviving *Nkx2-5^{WT/Cre}; Hif1a^{Δfl}* mutants at E17.5.

A to F) To assess patterns of recombination promoted by different myocardial Cres in early stages of cardiogenesis, animals homozygous for the *Rosa26*^{tdTomato} reporter allele (Madisen et al., 2010) were crossed with three routinely used cardiac Cre lines: *Mlc2v-Cre* (Chen et al., 1998), *α Mhc-Cre* (Abel et al., 1999) and *Nkx2-5-Cre* (Moses et al., 2001). Double transgenic embryos from each cross were isolated at E8.5 and processed for histological analyses using antibodies recognizing the cardiomyocyte (CM) marker TroponinT (gray) and the endothelial cell marker CD31/PECAM (green). **A)** At E8.5 *Mlc2v-Cre* induced recombination of very few ventricular myocytes. No other lineages displayed evidence of recombination. **B)** At a similar stage *α Mhc-Cre* labeled approximately half of CMs constituting atrial and ventricular chambers. **C)** *Nkx2-5-Cre* robustly labeled all CMs of both atrial and ventricular chambers. As expected, labeling was not confined to CMs, with endocardial cells, cardiogenic precursors and foregut endoderm also being labeled by this Cre (Moses et al., 2001). **D, E** and **F** are higher magnification images of areas boxed in A, B and C, respectively.

G to J) The floxed *Hif1a* allele was deleted from mouse embryonic hearts using two distinct myocardial Cre lines: *α Mhc-Cre* and *Nkx2-5-Cre*. Consistently with the patterns of early recombinase activity reported in panels A-F, only the latter promoted efficient loss of HIF1 α protein. However, even for the *Nkx2-5-Cre* mutants (panels I and J) complete protein ablation was only observed in 73% of mutants, with remaining 27% (3/11) displaying reduced, but not absent HIF1 α . Mutants exhibiting inefficient protein depletion were excluded from downstream histological analyses.

K to N) Although most *Nkx2-5*^{WT/Cre}; *Hif1a* ^{Δ fl} mutants died before E17.5, a total of three cKOs were recovered at this late gestational stage. When compared with control littermates (**K**), all mutant hearts (**L-N**) exhibited a clear VSD and abnormally shaped ventricular chambers.

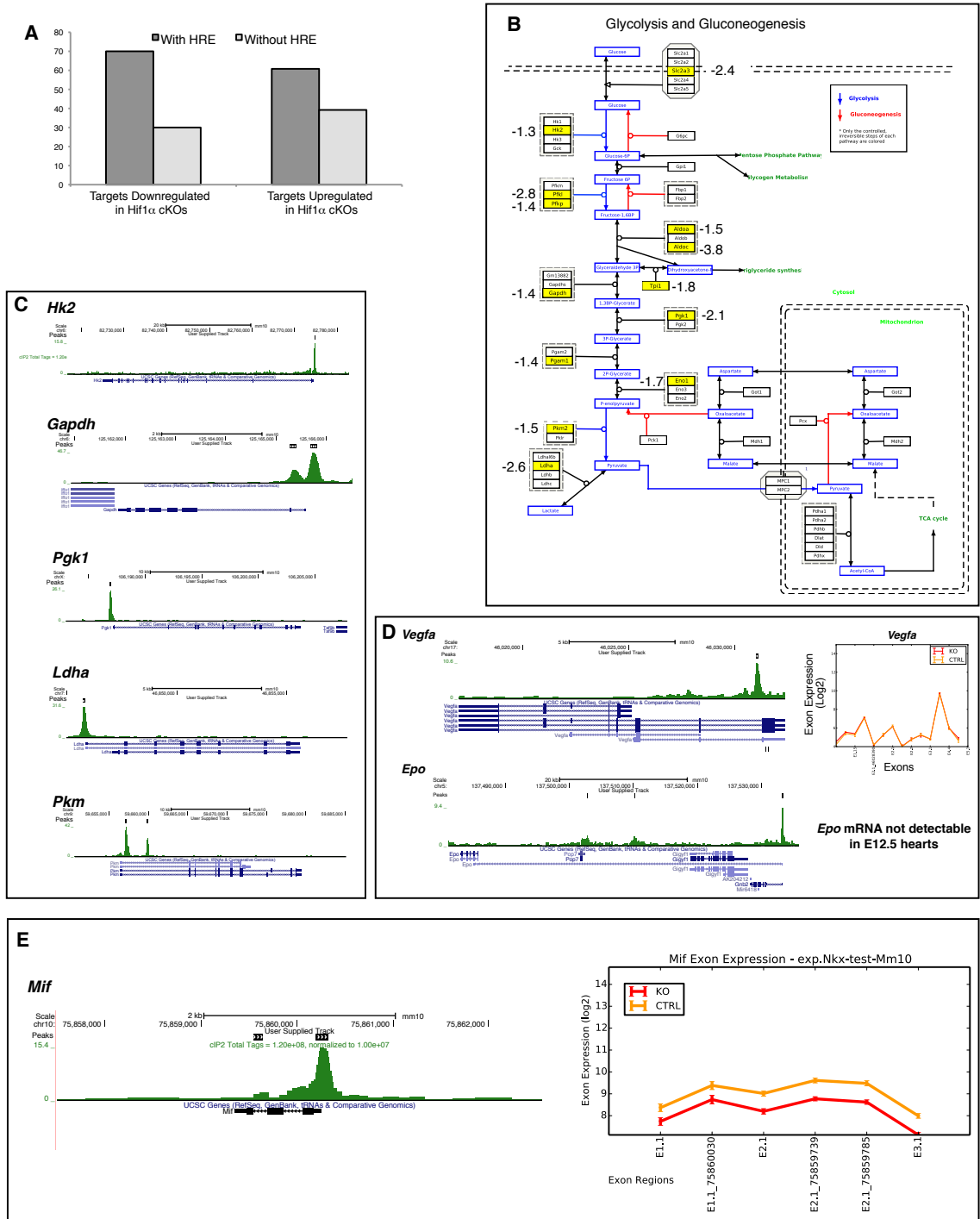


Figure S3, Related to Figure 4. In fetal cardiomyocytes HIF1 α directly activates expression of MIF, as well as enzymes and transporters involved in each step of glycolysis, but is not required for expression of angiogenic factors.

A) Combined analysis of RNA-seq and ChIP-seq datasets revealed that 30% of downregulated and 39.2% of upregulated HIF1 α target genes did not contain a minimal HIF binding sequence in the corresponding ChIP-seq peak, suggesting that HIF1 α -mediated transcriptional regulation can take place independently of the presence of a classical hypoxia-responsive element (HRE). This observation is consistent with the results inferred from previous HIF1 α ChIP-seq studies (Tanimoto et al., 2010). **B)** Schematic representation of the glycolytic cascade. Proteins encoded by genes that were directly bound by HIF1 α and modulated in *Hif1a* cKO hearts are highlighted in yellow. Numbers represent fold-downregulation observed in mutants. **C)** Representative HIF1 α ChIP-seq peaks in genes encoding glycolytic enzymes. **D)** ChIP-seq analyses revealed that, in fCMs, HIF1 α bound to genomic loci surrounding genes encoding the angiogenic factors VEGF and EPO. These genes have been previously suggested to be activated by HIF1 α (Grimm et al., 2002; Ryan et al., 2000). However, *Vegf* transcript levels were not significantly altered in *Hif1a* cKO hearts, as shown in the RNA-seq expression plot presented, and *Epo* mRNA was not detected at appreciable levels in E12.5 hearts. **E)** HIF1 α -DNA binding was also observed 12 base-pairs upstream of the transcription start site of the *Mif* gene. Transcription of this gene encoding a well-characterized inhibitor of p53 activation (Fingerle-Rowson et al., 2003; Hudson et al., 1999) was significantly decreased in *Hif1a* cKO hearts, placing it as a target directly activated by HIF1 α in fCMs, as previously suggested by others in mouse embryonic fibroblasts (Welford et al., 2006).

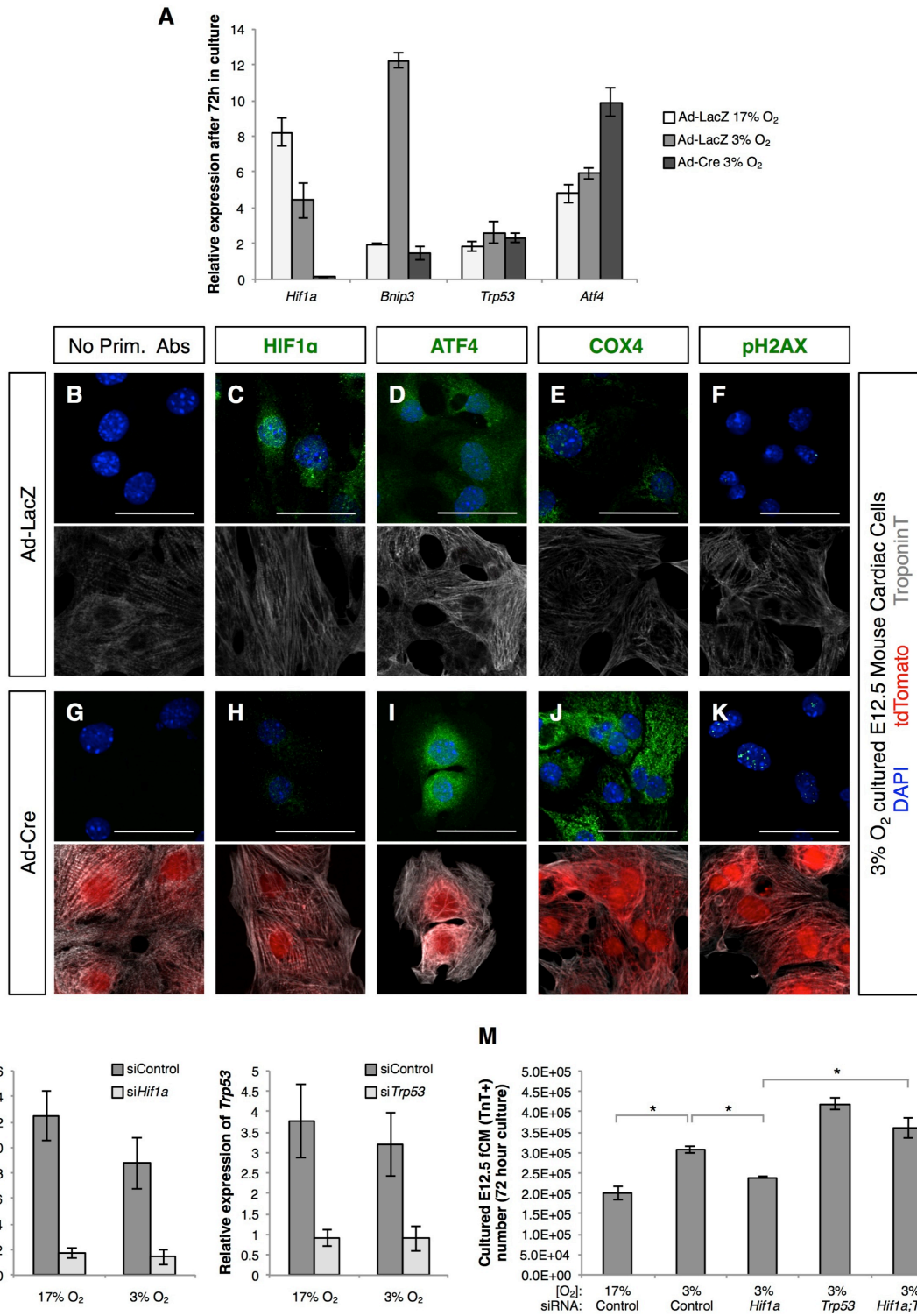


Figure S4, related to Figure 5. A primary cell culture system that recapitulates *in vivo* consequences of ablation of HIF1α in fetal cardiomyocytes.

E12.5 cardiac cells were isolated from the ventricles of *Hif1a^{fl/fl}*; *Rosa26^{tdTomato/tdTomato}* embryos, infected with β -Galactosidase (Ad-LacZ) or Cre recombinase (Ad-Cre) expressing adenoviruses, cultured for 12 hours in normoxia to allow for degradation of HIF1 α protein, and then cultured in 17% or 3% O₂ for an additional 48 hours. **A)** qPCR analyses showing that in cells cultured in 3% O₂, similar to what had been observed *in vivo*, excision of *Hif1a* lead to decreased expression of targets positively regulated by HIF1 α (*Bnip3*) and increased expression of targets negatively regulated by HIF1 α (*Atf4*), but produced no significant alterations in *Trp53* mRNA levels. **B-K)** Fluorescent immunocytochemistry of cells grown in 3% O₂ revealed that, when compared with LacZ transfected cells, *Hif1a^{fl/fl}* fCMs transfected with Cre were depleted of HIF1 α protein (**C** and **H**) and displayed molecular alterations that mimicked changes observed in *Nkx2-5^{Cre/WT}*; *Hif1a ^{Δ /fl}* E12.5 embryos, namely: **D** and **I)** increased levels of ATF4; **E** and **J)** increased mitochondria biomass, as revealed by anti-COX4 staining; **F** and **K)** increased DNA damage, as revealed by anti-pH2AX staining. Note that, unlike Ad-LacZ treated cultures (B-F), Ad-Cre treated fCMs (G-K) displayed robust activation of the *Rosa26^{tdTomato}* reporter, demonstrating the efficiency and specificity of this model for controlled recombination in primary fCM cultures. Bars represent 20 μ m. **L and M)** To test the roles of HIF1 α and p53 in the regulation of fCM proliferation, cultures of wild-type E12.5 ventricular cells were transfected with siRNAs targeting the mRNAs encoding these proteins and total numbers of fCMs were determined after 72h of culture in 17% or 3% O₂. **L)** qPCR validation of the efficiency of *Hif1a* and *Trp53* siRNAs in promoting the knockdown of their target mRNAs, regardless of the oxygen concentration cells were cultured in. **M)** Similar to the observations reported in Figure 5E-H, when cells were transfected with siControl, culture in 3% O₂ induced a significant increase in total fCM number relatively to culture in 17% O₂. This increase in fCM number was blunted by knocking down *Hif1a* and re-established when *Hif1a* and *Trp53* were knocked down simultaneously, suggesting that relative levels of these two transcription factors exert a rheostatic control over fCM proliferation. Target gene mRNA expression levels presented are relative to 18s RNA in the corresponding sample (Δ Ct). A, L and M: data represented as mean +/- standard deviation; **P*<0.05.

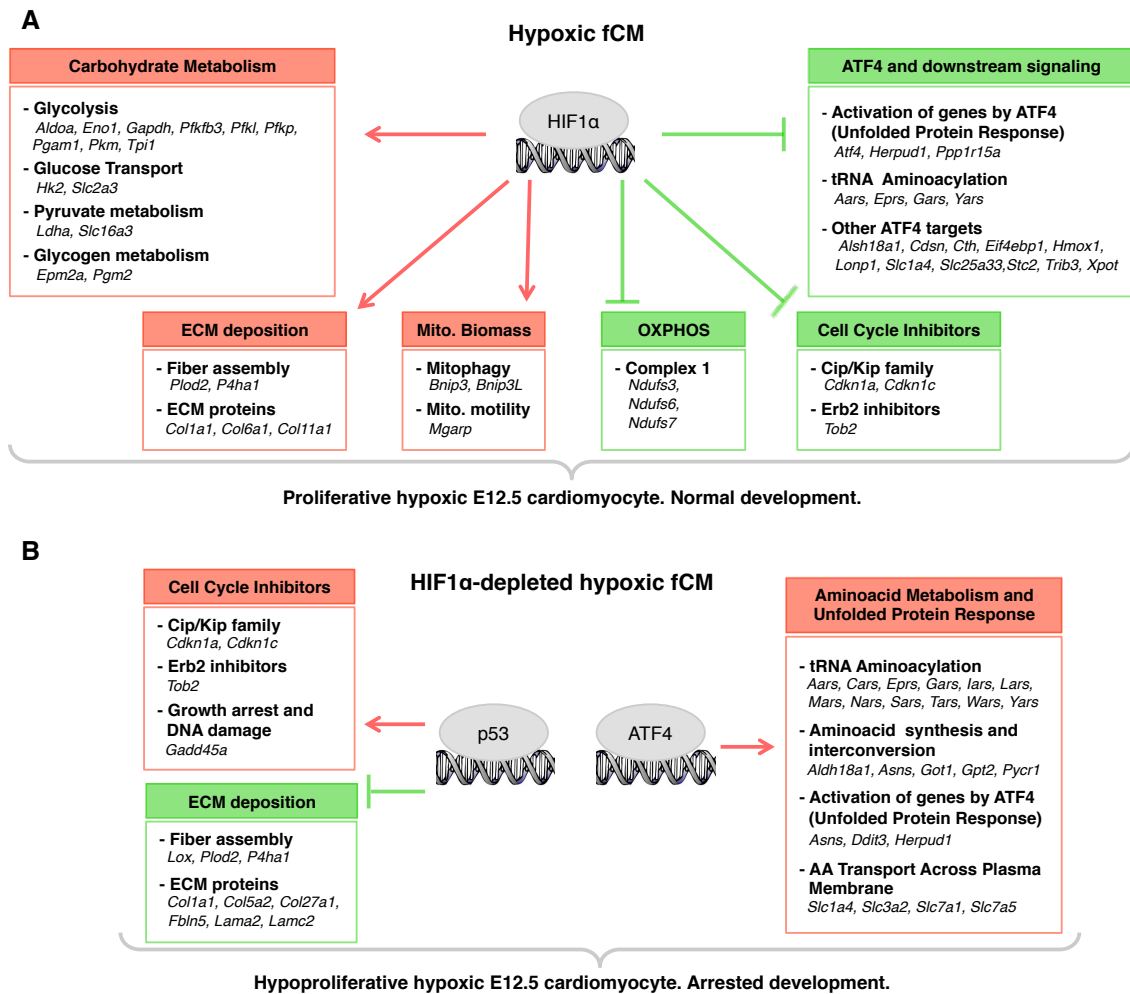


Figure S5, related to Figure 6. Diagram listing all genes involved in the cellular processes highlighted in Figure 6. Red color represents induction of gene expression and green represents transcriptional repression.

Supplemental Tables

Table S1, related to Figure 1 – list of Affymetrix microarray datasets used for the elaboration of the heatmap presented in Figure 1.

Microarray data listed was downloaded from the cardiogenomics website (<http://cardiogenomics.med.harvard.edu>) and processed according to the methodology described in the supplemental experimental procedures section. List of abbreviations: dn – dominant negative; h – hours; m – month; MI- myocardial infarction; NN – neo-natal; ntg – non-trangenic; w – weeks; y – year.

Condition	# Arrays	Baseline	Array Type
Cardiac Development (E12.5, NN, 1w, 4w, 5m, 1y; n=3♂/group)	18	1y♂, n=3	U74Av1
Gender (3m, 1y; n=3♀/group)	6	1y♂, n=3	U74Av1
Dominant negative p21 Ras (n=3♀)	3	3m, 1y♀, n=6	U74Av1
Aortic Banding (1h, 4h, 24h, 48h, 1w, 8w; n=3♂/group)	36	sham n=3♂/group	U74Av1
PI3 kinase dn (n=3♀), ca (n=4♀)	10	PI3k ntg , n=3♀	U74Av1
Swimming			
10min, 2.5d, 1w, 2w (n=3♀/group)	15	8w, n=3♀	U74Av2
3w, 4w (n=3♀/group)	9	12w, n=3♀	U74Av2
4w + 1w rest (n=3♀/group)	6	13w, n=3♀	U74Av2
MI (1h, 4h, 24h, 48h, 1w, 8w) (n=3♀/group)	36	sham n=3♀/group	U74Av2
MI Sham operation (1h, 4h, 24h, 48h, 1w, 8w) (n=3♀/group)		12w, 13w, n=6♀	U74Av2
IGF1R, IGF1R x PI3k dn, IGF1R x PI3k ca (n=3♀/group)	9	12w, 13w, n=6♀	U74Av2

Table S2, related to Figure 4 – Characterization of the transcriptome of *Hif1a* cKO hearts and assessment of direct gene regulation by HIF1 α . Data provided in a multi-tab Excel file.

A) List of all genes significantly downregulated in *Hif1a* cKO hearts. **B)** List of all genes significantly upregulated in *Hif1a* cKO hearts. **C)** List of 2027 genes containing one or more HIF1 α ChIP-seq peaks (peak score ≥ 3.5) and actively expressed in E12.5 hearts. **D)** List of all direct HIF1 α targets significantly downregulated in *Hif1a* cKO hearts. **E)** List of all direct HIF1 α targets significantly upregulated in *Hif1a* cKO hearts. **F)** Reactome analysis (Top 6 categories) for the genes listed in **A**, **B**, **D** and **E**. **G)** List of all HIF1 α direct targets involved in regulating mitochondrial function modulated in *Hif1a* cKO hearts.

Table S3, related to Figure 4 – Unfiltered list of all 17289 HIF1 α ChIP-seq peaks annotated in E12.5 hearts. Data provided in an Excel file.

Table S4, related to Figure 4 – Bioinformatic prediction of putative HIF1 α transcriptional partners.

To search for candidate co-factors that might cooperate with HIF1 α in the activation or repression of gene expression, the vicinities (± 100 bp) of HIF1 α ChIP-seq peaks corresponding to targets modulated in *Hif1a* cKO hearts were screened for enrichment in transcription factor binding sequences. This analysis was independently performed for peaks with and peaks without hypoxia-responsive element (HRE). Sp1, a known HIF1 α co-factor (Miki et al., 2004) is highlighted in purple. SMADs, previously proposed to function as an adaptor between HIF1 and SP1 (Sanchez-Elsner et al., 2002) are highlighted in gray, ATF4 in green, cardiac specific transcription factors in red and members of the ETS family in blue.

Transcription factor binding sites enriched in HIF1 α ChIP-seq peaks with HRE

Name	P-value	q-value (Benjamini)	% Targets Sequences with Motif	% Background Sequences with Motif
Downregulated in <i>Hif1a</i> cKOs				
HIF2a(bHLH)/785_O-HIF2a-ChIP-Seq(GSE34871)	1.00E-73	0.0000	83.52%	6.52%
HIF-1a(bHLH)/MCF7-HIF1a-ChIP-Seq(GSE28352)	1.00E-57	0.0000	69.23%	5.24%
HIF-1b(HLH)/T47D-HIF1b-ChIP-Seq(GSE59937)	1.00E-54	0.0000	95.60%	19.98%
Maz(Zf)/HepG2-Maz-ChIP-Seq(GSE31477)	1.00E-04	0.0062	57.14%	37.11%
TEAD4(TEA)/Tropoblast-Tea4-ChIP-Seq(GSE37350)	1.00E-03	0.0516	13.19%	4.57%
Sp1(Zf)/Promoter	1.00E-03	0.0516	28.57%	15.37%
TEAD(TEA)/Fibroblast-PU.1-ChIP-Seq	1.00E-02	0.0516	8.79%	2.24%
Smad3(MAD)/NPC-Smad3-ChIP-Seq(GSE36673)	1.00E-02	0.1880	37.36%	24.93%
CTCF-SatelliteElement/CD4+-CTCF-ChIP-Seq	1.00E-02	0.1880	2.20%	0.13%
Bach2(bZIP)/OCILy7-Bach2-ChIP-Seq(GSE44420)	1.00E-02	0.2263	4.40%	0.89%

Upregulated in *Hif1a* cKOs

HIF-1b(HLH)/T47D-HIF1b-ChIP-Seq(GSE59937)	1.00E-07	0.0000	77.27%	20.73%
HIF2a(bHLH)/785_O-HIF2a-ChIP-Seq(GSE34871)	1.00E-07	0.0000	50.00%	6.77%
HIF-1a(bHLH)/MCF7-HIF1a-ChIP-Seq(GSE28352)	1.00E-06	0.0001	40.91%	5.09%
Atf4(bZIP)/MEF-Atf4-ChIP-Seq(GSE35681)	1.00E-04	0.0012	18.18%	0.70%
Smad2(MAD)/ES-SMAD2-ChIP-Seq(GSE29422)	1.00E-02	0.1154	45.45%	17.28%
Smad4(MAD)/ESC-SMAD4-ChIP-Seq(GSE29422)	1.00E-02	0.1594	45.45%	18.55%
Egr2/Thymocytes-Egr2-ChIP-Seq(GSE34254)	1.00E-02	0.2110	22.73%	5.39%
ZNF143(STAF(Zf))/CUTLL-ZNF143-ChIP-Seq(GSE29600)	1.00E-02	0.2110	18.18%	3.46%

Transcription factor binding sites enriched in HIF1 α ChIP-seq peaks without HRE

Name	P-value	q-value (Benjamini)	% Targets Sequences with Motif	% Background Sequences with Motif
Downregulated in <i>Hif1a</i> cKOs				
ERG(ETS)/VCaP-ERG-ChIP-Seq	1.00E-03	0.0946	35.90%	13.69%
GABPA(ETS)/Jurkat-GABPa-ChIP-Seq	1.00E-03	0.0946	25.64%	7.74%
Mef2c(MADS)/GM12878-Mef2c-ChIP-Seq(GSE32465)	1.00E-03	0.0946	20.51%	5.06%
HEB?/mES-Nanog-ChIP-Seq	1.00E-03	0.0946	17.95%	4.12%
Mef2a(MADS)/HL1-Mef2a.biotin-ChIP-Seq/	1.00E-02	0.0946	17.95%	4.44%
Gata4(Zf)/Heart-Gata4-ChIP-Seq(GSE35151)	1.00E-02	0.0946	25.64%	9.19%
Maz(Zf)/HepG2-Maz-ChIP-Seq(GSE31477)	1.00E-02	0.1066	38.46%	18.78%
Fli1(ETS)/CD8-FLI-ChIP-Seq(GSE20898)	1.00E-02	0.1066	25.64%	9.83%
Elk1(ETS)/Hela-Elk1-ChIP-Seq(GSE31477)	1.00E-02	0.1116	17.95%	5.38%
Elk4(ETS)/Hela-Elk4-ChIP-Seq(GSE31477)	1.00E-02	0.1116	17.95%	5.43%
ETV1(ETS)/GIST48-ETV1-ChIP-Seq	1.00E-02	0.1170	28.21%	12.19%
ETS1(ETS)/Jurkat-ETS1-ChIP-Seq	1.00E-02	0.1333	23.08%	9.04%
Upregulated in <i>Hif1a</i> cKOs				
Ets1-distal(ETS)/CD4+-PollI-ChIP-Seq	1.00E-03	0.0244	22.73%	2.23%
EWS:ERG-fusion(ETS)/CADO_ES1-EWS:ERG-ChIP-Seq	1.00E-02	0.4141	22.73%	4.88%
GABPA(ETS)/Jurkat-GABPa-ChIP-Seq	1.00E-02	0.6788	31.82%	11.37%

Table S5, related to Figure 5 – Enrichment in ATF4 and p53 target genes amongst genes modulated in *Hif1a* cKO hearts. Data provided in a multi-tab Excel file.

A) List of all ATF4 targets significantly upregulated in *Hif1a* cKO hearts. **B)** List of all p53 targets significantly upregulated in *Hif1a* cKO hearts. **C)** List of all p53 targets significantly downregulated in *Hif1a* cKO hearts. **D)** Reactome analysis (Top 5 categories) for the gene lists displayed in A-C. **E)** List of ATF4 and HIF1 α common targets significantly upregulated in *Hif1a* cKO hearts. **F)** List of p53 and HIF1 α common targets modulated in *Hif1a* cKO hearts.

Supplemental Experimental Procedures

Transgenic Animals

All animal care was in compliance with the *Guide for the Care and Use of Laboratory Animals* published by the US National Institutes of Health, as well as institutional guidelines at the University of California, San Diego. Mice were kept in IVC disposable cages (Innovive), under a 12-hour light cycle and maintained on a Black-Swiss (Taconic laboratories), C57BL/6J (Jackson Laboratory, stock number 000664) mixed background. The floxed *Hif1a* allele (Ryan et al., 2000) was purchased from the Jackson Laboratory (stock number 007561) and the null *Hif1a*^A allele was produced by crossing this line with the epiblastic *Meox2-Cre* strain (Jackson Laboratory, stock number 003755) (Tallquist and Soriano, 2000). *Nkx2-5-Cre* (Moses et al., 2001), *αMhc-Cre* (Abel et al., 1999), *Mlc2v-Cre* (Chen et al., 1998), *Wt1-Cre* (Wessels et al., 2012) and *Tie2-Cre* (Kisanuki et al., 2001) lines were kind gifts of Robert Schwartz, Dale Abel, Ju Chen, John Burch and Masashi Yanagisawa, respectively. For genotyping DNA was extracted from tail tip biopsies and amplified by PCR using the following primers: Cre_F – AATTTACTGACCGTACACCAAAA; Cre_R – CTATTTTCCATGAGTGAACGAAC for detection of Cre recombinase and Hif1a-F – GGAGCTATCTCTCTAGACC; Hif1a-R – GCAGTTAAGAGCACTAGTTG for detection of the floxed *Hif1a* allele. The null *Hif1a* allele was genotyped using Hif1a-R and a Hif1aNull-F primer – AAGCACCCAGTGCAAAGTAA. Developmental stage of embryos analyzed was classified as embryonic day (E) where noon of the vaginal plug day was considered as E0.5 and birth typically occurred at E19.

Microarray dataset analysis

Affymetrix .cel files from 148 microarrays (Supplemental Table 1) were downloaded from the cardiogenomics website and normalized with RMA in R. Arrays were run on ventricular tissue from mice subjected to a variety of cardiac remodeling experimental paradigms, e.g. aortic banding timecourse, myocardial infarction timecourse, development timecourse, dilated cardiomyopathy, swimming induced hypertrophy timecourse (Table S1 - www.cardiogenomics.com). Expression ratios were generated from Log₂ signal values using each experimental control subtracted from the experimental condition and these were assessed for differentially expressed candidates with an F-test statistic using the multitest package in R (Dudoit et al., 2002). We

identified 7735 probesets as being differentially expressed (Westfall-Young adjusted permutation $P < 0.05$). Differentially expressed transcripts were clustered using the HOPACH algorithm (van der Laan and Pollard, 2003) and first level clusters were annotated for Gene Ontology enrichment with the GO-Elite program (Zambon et al., 2012). To identify transcription factors that potentially regulate observed gene expression changes during cardiac development, we searched the 5kb promoters of gene clusters for enrichment of evolutionarily conserved (human to mouse) transcription factor binding sites in the TRANSFAC database as previously described (Zambon et al., 2005).

Fluorescent immunohistochemistry/immunocytochemistry

Embryos were isolated from timed pregnant females, fixed in 4% paraformaldehyde (Electron Microscope Sciences) overnight, dehydrated in a sucrose gradient and embedded in OCT (Sakura). Frozen embryos were sectioned (10 μ m thick) using a Leica CM3050S cryostat. Tissue sections or adherent cultured cells were incubated overnight with combinations of the following primary antibodies at the specified dilutions: rabbit polyclonal anti-HIF1 α (NB100-479 lots V1 and W1, 1:200), mouse monoclonal anti-TroponinT (Thermo Scientific, clone 13-11, 1:100), goat polyclonal anti-FLK1 (R&D systems, AF644, 1:50), rabbit polyclonal anti-COX IV (Abcam, ab16056, 1:200), rabbit monoclonal anti-pH2AX (Ser139, Cell Signaling, clone 20E3, 1:100), rabbit polyclonal anti-ATF4 (Michael Kilberg, (Su and Kilberg, 2008), 1:100), rabbit anti-cleaved caspase 3 (Asp175, Cell Signaling, clone 5A1E, 1:200), rabbit polyclonal anti-MIF (Abcam, ab7207, 1:300), rabbit polyclonal anti-phospho Histone H3 (Ser10, Millipore, 06-570, 1:200). Primary antibodies were detected using AlexaFluor-conjugated (488, 555 or 647) donkey antibodies (Invitrogen), nuclei were counterstained with DAPI (Invitrogen) and slides mounted with fluorescent mounting medium (DAKO).

E12.5 mutant embryos were tested for efficiency of cardiac HIF1 α ablation prior to downstream histological analyses. Embryos exhibiting inefficient protein depletion were excluded from our studies. For identification of proliferative cells, pregnant females received an IP injection of EdU (Invitrogen) 2 hours prior to embryo dissection and fluorescent detection of incorporated EdU was performed prior to primary antibody incubation, following manufacturer's instructions. For quantification of fetal cardiomyocyte proliferative indexes (Figure 3E), sections were stained for DAPI, FLK1, TroponinT and EdU. Five high magnification (160x) images were acquired for each area

analyzed (septum and compact myocardium). Nuclei of endothelial cells (nuclei surrounded by FLK1+ cytosol) were excluded from all quantifications. Total number of cardiomyocytes (nuclei surrounded by TroponinT+ cytosol) and number of proliferative cardiomyocytes (EdU+ nuclei surrounded by TroponinT+ cytosol) were quantified in medial sections from three mutants and three littermate controls. Results were plotted as ratio of proliferative cardiomyocytes/total cardiomyocyte number. Detection of apoptotic cells by TUNEL was carried using the In Situ Apoptosis Detection Kit (Takara) following manufacturer's instructions. Imaging was performed on an Olympus FV1000 confocal microscope and acquired images were edited using the Olympus software Fluoview.

Assessment of timing of coronary perfusion

To evaluate the timing at which the developing coronary vascular plexus connects to aortic blood flow, deciduas were isolated from timed pregnant females and transferred to a solution of HBSS supplemented with Heparin (10 units/mL, App Pharmaceutical). After embryo dissection, an incision was applied to the thoracic body wall and 10 μ L of a 1:5 suspension of orange fluorescent (540/560) 0.1 μ m microspheres (Life Technologies, F8800) in HBSS/Heparin were injected into the left ventricle of each embryo using an insulin syringe (31G, BD Biosciences). Beating hearts were transferred to ice-cold 1x PBS for 10 minutes and further processed for histology as aforementioned.

Sequencing of control and mutant transcriptomes (RNA-seq)

Hearts from E12.5 embryos were rapidly dissected in ice cold 1x PBS and placed directly into TRIzol (Invitrogen), dounce homogenized (20 strokes) and total RNA isolated according to the manufacturer's instructions. Sequencing was conducted on an Illumina HiSeq2000 with paired end sequencing at 100 bp read length. Adapter and poor quality read sequences were trimmed with Trim Galore using default settings. Trimmed reads were quality controlled with FastQC (<http://www.bioinformatics.bbsrc.ac.uk/projects/fastqc>). On average each read pair resulted in ~55 million uniquely mapped reads after mapping to the Mm10 reference genome with TopHat2 (Kim et al., 2013) and Bowtie2 (Langmead and Salzberg, 2012). Transcript expression values were determined after transcript normalization (reads per kilobase per million reads–RPKM) with AltAnalyze (Salomonis et al., 2010). Functional clustering of modulated genes was performed using the REACTOME database (Croft et al., 2014).

Quantitative RT-PCR

Total RNA was isolated from cultured cells with TRIzol (Invitrogen) and converted to cDNA with a Super Script III cDNA Synthesis Kit (Invitrogen) according to the manufacturer's instructions. cDNA amplicons were quantified by incorporation of SYBR Green probe (KapaBioSystems, Inc.) into dsDNA. Primer sequences are indicated in the table below. Samples were compared using the relative (comparative) Ct method after adjusting for 18s RNA (ΔCt), using the following equation: Relative expression = $(2^{-\Delta Ct}) \times (1 \times 10^5)$.

	Forward	Reverse
<i>Hif1a</i>	ACCTTCATCGGAAACTCCAAG	CTGTTAGGCTGGGAAAAGTTAGG
<i>Bnip3</i>	TCCTGGGTAGAACTGCACTTC	GCTGGGCATCCAACAGTATTT
<i>Trp53</i>	CTCTCCCCCGCAAAGAAAAA	CGGAACATCTCGAAGCGTTTA
<i>Atf4</i>	CCTGAACAGCGAAGTGTTGG	TGGAGAACCCATGAGGTTTCAA
18S	GGTAACCCGTTGAACCCCATTCG	ACCATCCAATCGGTAGTAGCGACG

HIF1 α ChIP-seq in E12.5 hearts

E12.5 mouse hearts were dissected and cross-linked in 1.5% of formaldehyde methanol-free for 10 minutes at room temperature. Samples were quenched by incubation with 2.5M glycine for 5 minutes. Hearts were resuspended in lysis buffer (50 mM HEPES-KOH pH 7.5; 140 mM NaCl; 1 mM EDTA; 10% Glycerol; 0.5% NP40; 0.25% Triton X-100) and dounce homogenized for nuclei isolation. The cross-linked chromatin was sonicated in Shearing buffer (1mM EDTA; 10mM Tris-HCl pH 7.6; 0.1% SDS) using a Covaris S2 (2% Duty cycle, 3 Intensity; 200 cycles per burst; for 8 minutes) to an average size of 200 bp. Precleared chromatin extract was incubated overnight at 4°C with 4 μ g of rabbit anti-HIF-1 α antibody (Novus, NB100-479 lot V1) and immunoprecipitated with protein A–Sepharose beads. 10 ng of ChIP DNA were used to generate a standard Illumina sequencing library. Two biological replicates were generated and sequenced alongside one input library. Reads were mapped to Mm10 genome build with Bowtie2 and peaks were called using the Homer software (homer.salk.edu) with default settings with the exception that the P-value over input was reduced from <0.0001 to <0.05 (Heinz et al., 2010). Analysis of enrichment in

transcription factor binding sites in the vicinities of HIF1 α ChIP-seq peaks was conducted using the Homer software.

Isolation, culture and growth assessment of E12.5 ventricular cells

E12.5 mouse ventricles were isolated from timed pregnant female Swiss Webster mice (Charles Rivers Laboratories) and placed directly in ice-cold 1X PBS. Ventricles from five litters were collected and then transferred to 7 mL ice-cold trypsin/EDTA for 15min. Hearts were enzymatically digested by 15 min of incubation at 37°C with gentle inversion mixing every 5 min. At 15 minutes, single-cell suspensions were generated by gentle trituration. Cells were counted with a Scepter hand held cell counter using 40 μ m tips and a setting of >8 μ m cell size (Millipore) and seeded at the indicated cell density in DMEM (DMEM, high glucose (Invitrogen), with additives: 1mM Sodium Pyruvate, 2mM L-glutamine, 20units/ml each penicillin/streptomycin, and 10% FBS). To determine cell growth, cells were rinsed twice with 1X PBS and enzymatic detached from tissue culture plastic with Detachin (Genlantis). Cells were counted with a Scepter hand held cell counter using 60 μ m tips and a setting of >8 μ m cell size. Percentages of fCMs in each culture were determined by FACS using an anti-TroponinT antibody (Thermo Scientific, clone 13-11, 1:100). These numbers were multiplied by total cell counts to estimate total fCM numbers. For determination of ratios of proliferating fCMs, in addition to TroponinT, cell suspensions were stained for phospho-Histone H3 and analyzed by FACS. Evaluation of p53-DNA binding activity was performed using the TransAM p53 kit (Active Motif, 41196) and nuclear extracts freshly prepared from embryonic hearts or cultured ventricular cells.

For siRNA-mediated gene knockdown, 2.5×10^5 cells/mL were plated in 35mm tissue culture dishes or 12 well plates. siRNA transfection was carried out using 2 μ l siRNA and 1.5 μ L Dharmafect I Transfection Reagent (Dharmacon) per well, according to manufacturer's protocol. Cells were transfected overnight in 17% O₂ and media changed the next morning. Upon media change, half the tissue culture dishes were transferred to 3% O₂ culture conditions. Cells were cultured for 72 hours and processed for cell counting as described above. siRNAs against *Hif1a* (D-040638-01-0005) and *Trp53* (D-040642-01-0005) were purchased from Dharmacon. Control siRNAs were purchased from Bioneer (SN-1013).

For the *ex vivo* knockout of HIF1 α or HIF1 α and p53, cells were isolated from *Hif1a*^{fl/fl} or *Hif1a*^{fl/fl};*Trp53*^{fl/fl} E12.5 ventricles, respectively, plated in 4-well chamberslides at a

density of 160 000 cells/well and transduced with Ad-LacZ or Ad-Cre adenoviruses overnight. To promote proteasomal degradation of HIF1 α protein, incubation with viral particles was performed in 17% O₂. Twelve hours after, media was changed and half the chamberslides were transferred to 3% O₂ culture conditions. For assessment of DNA synthesis, 2.5 μ M EdU (Life Technologies) was added to the culture after incubation with viral particles. At the end of the experiment, cells were rinsed in 1x HBSS (Invitrogen), fixed in 4% paraformaldehyde (Electron Microscope Sciences) in HBSS for 15 minutes at room temperature and processed for fluorescent immunocytochemistry as aforementioned. For quantification of EdU incorporation (Figure 5H), cells were stained for EdU and TroponinT and seven 60x images were randomly acquired for each replicate (4 replicates per condition). Total number of cardiomyocytes (nuclei surrounded by TroponinT+ cytosol) and number of proliferative cardiomyocytes (EdU+ nuclei surrounded by TroponinT+ cytosol) were quantified using ImageJ (imagej.nih.gov). Results were plotted as ratio of proliferative cardiomyocytes/total cardiomyocyte number.

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