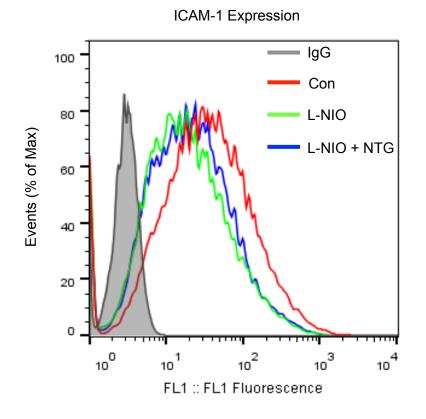
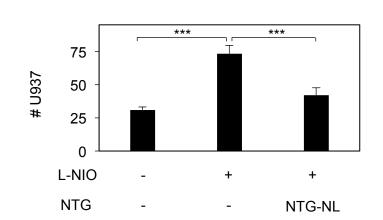
## Nanoliposomal Nitroglycerin Exerts Potent Anti-Inflammatory Effects

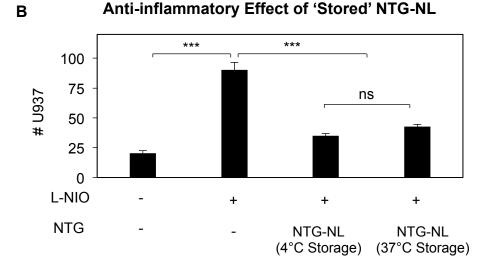
Soroush Ardekani, Harry A. Scott, Sharad Gupta, Shane Eum, Xiao Yang, Alexander R. Brunelle, Sean M. Wilson, Umar Mohideen, Kaustabh Ghosh



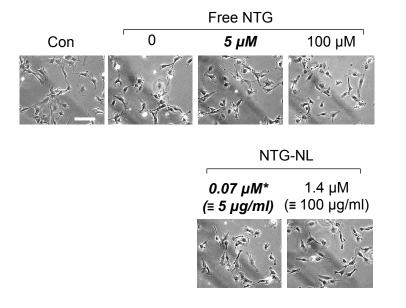
Supplementary Figure S1. ICAM-1 Expression is Not Altered by L-NIO or NTG Treatment. ECs were treated overnight with L-NIO (5 mM)  $\pm$  NTG (5  $\mu$ M) and surface expression of endothelial ICAM-1 was determined by flow cytometry. Quantitative analysis of fluorescence vs. size (electronic volume) histogram indicates that neither L-NIO nor NTG treatment alters ICAM-1 expression in ECs.



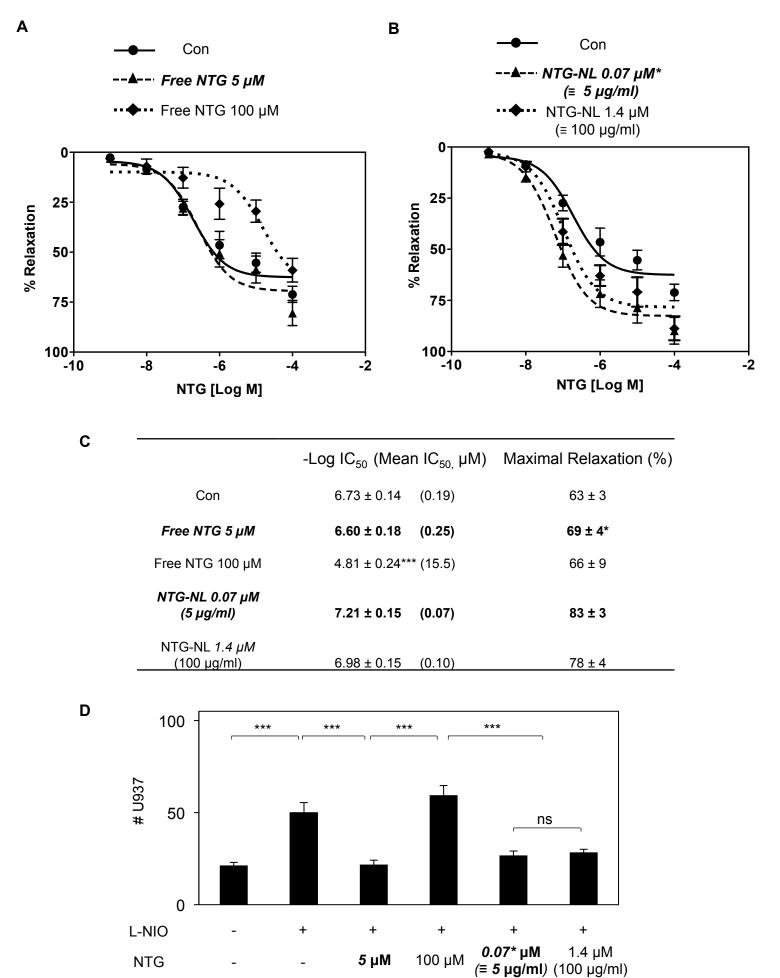
# A Anti-inflammatory Effect of 'Freshly-synthesized' NTG-NL



Supplementary Figure S2. Anti-inflammatory Effects of Freshly-prepared and Stored NTG-NL. EC monolayers were treated with L-NIO  $\pm$  NTG-NL (100 µg/ml) that were either (A) freshly synthesized or (B) stored at 4°C or 37°C for 24 hr prior to use. Quantification of adherent U937 cells (per mm<sup>2</sup>) on EC monolayers (n = 10 fields of view) reveals significant inhibition in U937 cell-EC adhesion following treatment with NTG-NLs that were stored for 24 hr, indicating stable retention of NTG within the lipid core of nanoliposomes. \*\*\*, p<0.001; ns, no significance.



Supplementary Figure S3. EC Density And Spreading Are Similar Across Various Treatment Conditions. Phase images of ECs treated without or with L-NIO  $\pm$  NTG or NTG-NL show that cell spreading is similar across all treatment conditions. Therefore, the difference in MitoSox<sup>®</sup> fluorescence intensity seen in Figure 7A reflects the actual difference in mitochondrial superoxide production. The effective therapeutic NTG dose is indicated *in bold.* Scale bar = 100 µm



Free NTG

NTG-NL

Supplementary Figure S4. Effects of Free NTG and NTG-NL Treatment on IC50 and Maximal Vasorelaxation of Isolated Pulmonary Sheep Arteries. (A) Pulmonary arterial rings pretreated with 100 µM free NTG exhibit impaired responsiveness to acute NTG treatment, as indicated by a significant rightward shift in NTG dose-relaxation curve ( $n \ge eight$  arterial rings). (**B**) In contrast, arterial rings pretreated with a similar 20-fold higher NTG-NL dose exhibit normal relaxation response to acute NTG treatment. (C) Pulmonary sheep arteries pretreated with the effective (anti-inflammatory) free NTG dose of 5 µM exhibit normal NTG dose-relaxation profile similar to untreated controls. In contrast, arteries pretreated with a 20-fold higher free NTG dose (100 µM) demonstrate a significant increase in mean IC50 values. Remarkably, pretreatment with NTG-NL at both 5 and 100 µg/ml doses exhibit no evidence of NTG tolerance. IC50 are concentrations that produced 50% relaxation in response to NTG stimulation. The maximal relaxation response was, however, similar in the control and both free NTG-treated arteries while the NTG-NL-treated arteries exhibited marginally improved maximal relaxation response. The precise reason for this improvement in maximal relaxation by NTG-NL remains unclear. (D) Demonstration of intracellular NTG-NL uptake and bioavailability following 4h treatment. EC monolayers were treated with L-NIO ± NTG or NTG-NL for 4 hr prior to addition of fluorescently-labeled U937 monocytic cells. Quantification of adherent U937 cells (per mm<sup>2</sup>) on EC monolayers (n = 10 fields of view) show that both NTG at 5  $\mu$ M and NTG-NL at 5  $\mu$ g/ml produce significant inhibition of U937 cell-EC adhesion within 4 hr of treatment. Further, while free NTG loses its therapeutic effect at a 20-fold higher dose of 100 µM, NTG-NL retains its immunosuppressive effects at a similar 20-fold greater dose (100 µg/mL). Thus, the anti-inflammatory effects of free NTG and NTG-NL observed after 4 hr of treatment are consistent with those seen following overnight treatment. \*\*, p<0.01; \*\*\*, p<0.001; ns, no significance. Therapeutic dose is highlighted *in bold*. Data are expressed as

 $r^{*}$ , p<0.01;  $r^{*}$ , p<0.001; ns, no significance. The rapeutic dose is highlighted **in** mean ± SEM.

_			
	Initial NTG Loading (% w/w)	Incorporated NTG (Peak Area)	NTG Incorporation Efficiency (%)
_	5	3039	15.6
	10	14307	36.4
_	25	28653	23.4

### ESI-MS Analysis of NTG Incorporation Efficiency within Nanoliposomes (NL)

**Supplementary Table S1. ESI-MS Analysis of NTG Incorporation Efficiency within NLs.** NTG incorporation within NLs increased with increasing loading (5, 10, and 25% wt. NTG/wt. NLs), although the maximum incorporation efficiency was observed at the intermediate NTG loading of 10% w/w (~37% incorporation efficiency). This trend is consistent with drug loading within nanoparticles, as previously reported.<sup>1</sup>

#### **References:**

1. Kilfoyle, B. E. *et al.* Development of paclitaxel-TyroSpheres for topical skin treatment. *J Control Release* **163**, 18-24, doi:Doi 10.1016/J.Jconrel.2012.06.021 (2012).

NL Conc. (µg/ml)	NL Uptake Net Fluor. Int. (A.U)	% NL Uptake
5	72	9.0
10	163	5.1
50	579	2.0
100	1580	0.8

#### Nanoliposome (NL) Uptake by Cultured ECs

**Supplementary Table S2. NL Uptake by Cultured ECs.** When added to cultured ECs, fluorescently-labeled nanoliposomes undergo dose-dependent uptake by ECs, with the net internalized amount increasing with increasing NL dose. However, this dose-dependent increase in net NL uptake is inversely proportional to *percent* uptake by ECs, which is the highest at 5  $\mu$ g/ml dose and decreases progressively with increasing NL dose.