SUPPLEMENTAL MATERIAL

Supplemental Methods

Animals

Kit^{+/Cre-IRES-nGFP} (Kit^{+/nGFP}) mice and Kit^{+/MerCreMer} (Kit^{+/MCM}) were previously reported.¹ To perform genetic lineage tracing, mice were cross-bred to either R-GFP (green fluorescent protein) reporter mice (FVB.Cg-*Gt(ROSA)26Sortm1(CAG-lacZ,-EGFP)Glh*/J, purchased from the Jackson Laboratory and previously cross-bred with germ line Frt expressing mice to generate GFP reporter mice), or R-mTmG reporter mice (B6.129(Cg)-*Gt(ROSA)26Sortm4(ACTB-tdTomato,-EGFP)Luo*/J, purchased from the Jackson Laboratory) and to Super p53 mice (B6;CBA-Tg(Trp53)1Srn/J).² All animal procedures were performed in accordance with institutional guidelines, and approved by the University of Minnesota Institutional Animal Care and Use Committee.

Pharmacological treatments

Activation of inducible Cre recombinase was accomplished via either Tamoxifen injection, or Tamoxifen containing chow. Tamoxifen base (Sigma-Aldrich T5648) was dissolved in corn oil and injected intra-peritoneally for 5 consecutive days at 20mg/kg. Tamoxifen citrate containing chow (400mg/kg) was purchased from Harlan/Envigo. Three-month-old mice were treated with tamoxifen-laden chow for four weeks to induce Cre activation to allow genetic lineage tracing of c-kit⁺ cells. Tamoxifen-containing chow was replaced with regular chow at least 72hr (6 times elimination half-time) before initiating experiments.³ Kit^{+/MCM} X R-GFP mice and Kit^{+/MCM} X R-mTmG mice were treated with either one intraperitoneal injection of 5 or 10mg/kg of doxorubicin (DOX, Sigma-Aldrich, Cat #D1515), or two intraperitoneal injections of DOX (10 mg/kg at 3-day intervals, 20 mg/kg cumulative dose). Three-month-old Kit^{+/nGFP} mice were similarly

treated with one or two doses of DOX. Both male and female mice were used for all studies. Littermates that received vehicle (saline) were used as controls. Etoposide (Sigma-Aldrich, E1383) was dissolved in Dimethyl Sulfoxide (DMSO, Sigma-Aldrich, D2650) and was delivered in a similar fashion as DOX. Two intraperitoneal injections of Etoposide (1 mg/kg at 3-day intervals, 2 mg/kg cumulative dose) were administered to Kit^{+/MCM} X R-GFP mice. Control mice received the same volume of DMSO. To block the function of p53, Pifithrin-α (Calbiochem Inc, Cat #506132) was dissolved in DMSO and injections of 4.4 mg/kg were delivered intraperitoneally to the mice 30 min before and 3 hrs after DOX administration, followed by a daily injection at the same dose until the mice were sacrificed. To stabilize p53 protein, the small molecule RITA (Calbiochem Inc, Cat #506149) was dissolved in DMSO and 0.3 mg/kg of RITA was injected intraperitoneally to Kit^{+/MCM} X R-GFP mice twice per week for a total of 4 weeks. Control mice received equal volumes of DMSO.

Mouse surgery

Cardiac pressure overload in mice was induced via transverse aortic constriction (TAC) as described previously.⁴ Briefly, 8-12 weeks old Kit^{+/MCM} X R-GFP and Kit^{+/MCM} X R-mTmG mice, that were previously treated with tamoxifen, were anesthetized with inhaled 1.5% isoflurane. A parasternal incision was performed and the lobes of the thymus were separated to expose the transverse aorta. A 27 Gauge blunt needle was ligated against the aorta using 6-0 non-absorbable silk suture. After removal of the needle, the thoracic wall was sutured and the skin was closed using skin glue. Sham operated animals were treated similarly, although the aorta was not ligated. Sham operated animals were used as controls.

Cell isolation

Cardiac CD45 c-kit⁺ cells were isolated from adult C57Bl/6j mice (the Jackson Laboratory) following a published protocol with minor modifications.⁵ Hearts were dissected and digested with Collagenase B, Dispase II (Roche) and DNAse (Amersco) in DMEM media at 37°C. Following digestion, CD45⁺ cells were depleted and enriched for c-kit⁺ cells using magnetic microbeads (Miltenyi). The resulting cells were used for the experiments. Flow cytometry was performed to verify the purity of isolated CD45 c-kit⁺ cells at every step of the isolation procedure using a BD FACS Aria II (Becton, Dickenson and Company). Cells were stained with CD45-PE, CD117-FITC and a microbead labeling check antibody conjugated to APC (Miltenyi). Propidium iodide (PI) was used as a viability marker. FACS data were analyzed in FlowJo v10. We obtained 95% enrichment of single CD45 c-kit⁺ cells. For single cell RNA seq we isolated CD45 ckit⁺ cells from neonatal or adult C57BI/6 hearts and from adult Kit^{+/MCM} hearts. Cells were sorted by MACS, followed by PI staining and MoFlo sorting of live cells. Sorted cells were immediately stained for live/dead and used for single cell capture using the Fluidigm C1 capture system on an integrated fluidics circuit optimized for capture of cells sized 5-10µm. This size was based on measurements of CD45 c-kit⁺ cells from adult mice, which averaged at 8.9µm. After capture, cells were imaged to assess viability, followed by RNA isolation and cDNA generation according to the Fluidigm protocol. Based on acquired images, we selected single live cells to proceed with library preparation, according to the Fluidigm protocol. $⁶$ Libraries were pooled and sequenced</sup> on an Illumina HiSeq2500 at the University of Minnesota Genomics Center.

For cell culture experiments, we used neonatal and adult mice to isolate CD45 c $kit⁺$ cells according to the protocol detailed above, and cultured them in media that contained 10ng/mL basic fibroblast growth factor (bFGF), 10ng/mL leukemia inhibitory factor (LIF), and 1% penicillin/streptomycin.⁷ 3T3 cells (ATCC) were cultured in DMEM supplemented with 10% FCS and 1% penicillin/streptomycin. C-kit depleted non-

cardiomyocytes were isolated using adult hearts digested with Collagenase B, Dispase II (Roche) and DNAse (Amersco) in DMEM media at 37° C, followed by depletion of c-kit⁺ cells using magnetic beads (Miltenyi). Experiments were performed at 70-80% confluency. DOX was added to the medium (0.5 µM final concentration) after which the cells were harvested at different time points (0 hour, 4 hours, and 24 hours after treatment) for either protein extraction or Comet assays.

Adult cardiomyocytes were isolated using retrograde perfusion with Collagenase II in modified Tyrode solution.¹ Immediately after isolation, we enriched for cardiomyocytes by spinning at 10g. An inverted Zeiss Axiovision microscope was used to quantify the fraction of rod shaped cardiomyocytes that was positive for GFP.

Histological analysis

Hearts were harvested and processed for cryostat sectioning by prefixing in 4% paraformaldehyde for 2-3 hrs followed by overnight immersion in 30% sucrose in phosphate buffered saline (PBS). Each heart was cut into 1mm slices along the long axis of the heart using an Adult Mouse Heart Slicer (Zivic Instruments). Each slice was embedded in optimum cutting temperature (OCT, Tissue-Tek) and sectioned at a thickness of 5-10µm. Alternatively, we embedded the harvested hearts in OCT and sectioned through the entire heart. Reporter protein expression was readily observed in the absence of a GFP antibody at high contrast with background levels using either epifluorescence or confocal microscopes. $GFP⁺$ cardiomyocytes were quantified using an epifluorescent microscope and a 20x objective. Cardiomyocytes were recognized by their characteristic shape and size. We quantified $GFP⁺$ cardiomyocytes on multiple sections from each heart at various sectional planes, typically 6 or more. To represent the $GFP⁺$ cardiomyocytes as a percentage, we quantified numbers of cardiomyocytes (c) using Wheat Germ Agglutinin stained sections, and measured the area of

cardiomyocytes (a) from at least 6 separate images. We calculated the average density of cardiomyocytes on these images (d=c/a). Next, we generated a stitched image of an entire heart section and measured the area covered by cardiac muscle (A) using Image J. The total number of cardiomyocytes (T) on a heart section was calculated $(T=A^*d)$, and the percentage of $GFP⁺$ cardiomyocytes was derived from this ($p=G/T*100\%$). For immunohistological staining, tissue sections were blocked with blocking buffer, followed by overnight primary antibody incubation at 4˚C. For c-kit immunostaining, freshly isolated hearts were frozen in OCT and sectioned. Sections were blocked with PBS containing 0.5-1% BSA, 2mM EDTA and 0.03% Tween20, followed by overnight incubation with primary antibody at 4˚C. The slides were then rinsed in PBS-T (PBS plus 0.1% Tween-20) three times, and incubated with secondary antibody and DAPI for one hour at room temperature. The slides were rinsed with PBS-T and covered with mounting medium (Vectashield, Cat #H-1000). Images were acquired with a Zeiss Axiovision epifluorescent microscope at the Lillehei Heart Institute or Nikon C2 and A1R confocal microscope at the University of Minnesota – University Imaging Centers, http://uic.umn.edu. The primary antibodies are summarized in the Supplemental Table 1.

Western blotting

For Western blotting, cells were harvested at 0, 4 or 24 hours after addition of saline or DOX. Cells were collected in sample buffer supplemented with protease inhibitors. Proteins were separated using SDS-PAGE and blotted onto nitrocellulose membranes. Membranes were blocked and incubated with primary antibodies against p53 (Cell Signaling Technologies), cleaved caspase 3 (Cell Signaling Technologies) and GAPDH (Fitzgerald Industries Int.). The next day, membranes were washed, incubated with secondary antibodies IRDye 680 conjugated donkey anti-rabbit, and IRDye 800

conjugated goat anti-mouse (Licor Inc.). Immunoblots were scanned with an Odyssey Imaging System (Licor Inc.).

Comet assay

To detect DNA damage we used comet assays following published protocols. $8, 9$ Briefly, neonatal and adult c-kit⁺ cells, c-kit⁺ depleted non-cardiomyocytes and NIH 3T3 cells (ATCC) were plated overnight and incubated with 0.5µM DOX for 4 or 24 hrs, trypsinized and embedded in 1% low melt-point agarose and added to microscope slides at about 8000 cells/slide. The slides were subjected to alkaline lysis solution at 4˚C overnight, followed by gel electrophoresis. Slides were neutralized, stained with propidium iodide and imaged using an upright Zeiss Axiovision epifluorescent microscope. At least 50 nuclei were imaged and analyzed for each condition for every experiment. The aggregate result is a combination of 3 separate experiments. Data were analyzed using the OpenComet plugin for Image J^{10} .

Flow cytometry

To determine the frequency of lineage-traced endothelial cells, we performed flow cytometry using a BD Facs Aria II (Becton, Dickenson and Company). Cells were isolated from adult hearts after saline or DOX treatment using Collagenase B, Dispase II digestion, combined with DNAse treatment. Following cell isolation, cells were stained with fluorophore-conjugated primary antibodies for CD31. Propidium iodide was used to select only live cells. GFP was readily detected without the need for antibody detection. FACS data were analyzed using FlowJo version 10.

RNA sequencing analysis

Single cell RNA-sequencing data processing and cell clustering

Raw single cell RNA sequencing data was plotted in a matrix consisting of 23425 genes and 405 cells. We removed genes that were expressed two cells or less, and removed cells that expressed fewer than 1000 genes. This filtering step resulted in a matrix consisting expression data of 13443 genes from 281 cells. We used the R / DEseq2 package to normalize the read count data and performed Principal Component Analysis(PCA).¹¹ We removed the first principal component, since this component was highly correlated with the number of expressed genes. We used t-SNE to visualize the data with 5% of the eigen components, as the use of 4% to 7% of eigen components showed higher accuracy in clustering of single cell RNA sequencing data.¹² We used R / Rtsne software with a default perplexity parameter of $30¹³$ We clustered cells into four clusters using Partitioning Around Medoids (PAM) clustering algorithm. The number of cluster groups is determined based on gap statistic.¹⁴ To further identify similarities between the cells within these four cell clusters, and known cardiac cell types, we used gene lists that identified fibroblast, endothelial and cardiomyocyte specific genes.¹⁵⁻¹⁷ The expression level of genes is visualized on a heat map with respect to cell labels and cell clustering groups. We co-visualized our single cell RNA seq results with previously published bulk RNA sequencing samples to understand the likely identity of identified cell groups. We processed 20 bulk samples, 5 from fibroblasts¹⁸, 3 from endothelial cells¹⁹ and 12 from cardiomyocytes.²⁰⁻²² We combined these bulk RNA sequencing samples with our single cell RNA sequencing samples. To optimize co-visualization between bulk and single cell samples, we performed PCA and removed 4 PCs that had significant difference between bulk and single cell samples using Wilcoxon rank sum test. After this filtering, single cells and bulk samples were co-visualized using t-SNE. **Difference between CD45- c-kit⁺ cells harvested from different mouse models**

To test the difference in gene expression of adult CD45 c-kit⁺ cells harvested from wild type or Kit^{+/MCM} mice, we selected 293 genes previously identified to be

important in distinguishing cardiac c-kit⁺ cells from other progenitor cells.²³ We performed MAST, a statistical test for differential expression of single cell RNA sequencing data, to test whether these 293 genes are differentially expressed in c-kit targeted and wild type adult CD45 c -kit⁺ cells.²⁴ Only one gene out of 293 genes, Mthfd1l, was statistically significant after FDR adjustment (p<0.05). We visualized gene expression data in a heat map plotting expression for all c-kit targeted and wild type adult CD45⁻c-kit⁺ cells.

Bulk RNA sequencing after saline or DOX

Adult wild type mice were injected with saline or 10mg/kg DOX. Four days after injection we isolated CD45 c-kit⁺ cells following the protocol described above. We pooled CD45⁻c-kit⁺ cells from 3-5 mice into 3 saline, and 5 DOX treated experimental replicates (representing 12 saline and 20 DOX treated mice). RNA was isolated using the Norgen RNA purification kit according to the manufacturer's specifications. RNA quantification (Pico Green), library preparation and RNA sequencing was performed by the University of Minnesota Genomics Center. The library was size selected to produce insert sizes of ~200bp, and 50 bp pair-end run was performed on an Illumina HiSeq2500 for greater than 20 million reads for each library. The raw RNA-seq reads were mapped to the mouse genome (mm10) by TopHat (v2.0.13) and Cufflinks (v2.2.1) pipeline. Differential expression analysis was performed by DESeq; Fisher's exact test was used to determine significance. For qPCR, we injected 8 mice with saline and 8 mice with 10mg/kg DOX and isolated CD45 c-kit⁺ cells. For qPCR we did not pool cells from different mice. We isolated RNA using the Norgen Single Cell RNA Purification kit, and quantified RNA using the Norgen Low Abundance RNA Quantification Kit according to the manufacturer's specifications. We normalized input RNA and generated cDNA using a Superscript VILO cDNA synthesis kit (Invitrogen). We ordered Taqman primers and probes and performed qPCR on a 7900HT Fast Real-Time PCR System (Applied

Biosystems). Relative Real-time PCR quantification was normalized to GAPDH based on the 2(-delta delta $C(t)$) method.²⁵

Statistics

Results are described as mean ± SEM. Student's t-tests were performed when comparing 2 conditions, ANOVA followed by Tukey's HSD *post-hoc* analysis was used for multiple condition comparison. A p-value less than 0.05 was considered significant.

Supplemental Table 1. Overview of primary antibodies used.

Supplemental Table 2. Cardiac function measured by echocardiography in response to the indicated treatments. Presented are means of measured values. *p<0.05 vs echocardiographic measurement before treatment.

Supplemental Table 3. Overview of genes with significantly altered gene expression measured by RNA sequencing of CD45-c-kit+ cells harvested 4 days after saline or Doxorubicin (10mg/kg) injection, based on RNA seq of 3 and 5 pooled samples respectively.

Supplemental Table 4. Fold change in expression level of indicated genes in freshly isolated CD45 c-kit⁺ cells 4 days after Saline or Doxorubicin (10mg/kg) injection. N=8 for each group. * difference determined by Wilcoxon rank test.

from other cardiac progenitor cells from Dey et al Expression of 293 genes that distinguish c-kit*

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Supplemental Figure Legends

Supplemental Figure 1. Evaluation of the purity of isolated CD45⁻c-kit⁺ cells. Cells isolated from mice were stained with antibodies for CD45 (**A-D**) and c-kit (**C-D**), followed by flow cytometry assays. (**A, B**) CD45 expression in all non-cardiomyocytes isolated from the heart (A) and $CD45^{\dagger}$ -depleted cells (B) ; (C) c-kit⁺ enrichment after positive selection with a magnetic bead conjugated c-kit-antibody; (**D**) CD45 and c-kit expression in a final cell sample. **E.** Examples of individual live single cells captured on Fluidigm small cell IFC (Green/Red is Live/Dead stain).

Supplemental Figure 2. Single Cell Sequencing of cardiac CD45 c-kit⁺ cells. A. Coclustering between single cell sequenced CD45-c-kit+ cells and previously published RNA-seq datasets for endothelial cells, fibroblasts and cardiomyocytes, visualized on a t-SNE plot. **B.** Visualization of origin of cells used for single cell sequencing for identified clusters. **C.** Heatmap of genes selected from Dey et al. (PMID 23463815) as genes that distinguish cardiac-derived c-kit⁺ cells from other progenitor cells. Plotted is a heatmap for all cells from adult wt and adult Kit^{+/MCM} mice, which shows essentially no differences between wt and Kit^{+/MCM} c-kit⁺ cells.

Supplemental Figure 3. Heatmap expression of selected genes that are commonly expressed in cardiomyocytes (Gata4, Gata6, Tbx5, Hopx, Mef2c, Myh6, Tnnc1, Tnnt2, Myom1, Ttn) or smooth muscle cells (Talgn, Myh11) plotted onto single cell sequencing clusters failed to identify specific cells that are likely to become cardiomyocytes.

Supplemental Figure 4. A. Immunohistochemistry for DAPI (grey), GFP (green), Connexin 43 (red), Desmin (blue) showing normal Connexin 43 distribution in GFP⁺ cardiomyocytes. **(B-C)** Examples of Fusion and De Novo c-kit derived cardiomyocytes. **B.** Examples of Tomato and GFP double positive cardiomyocytes in response to DOX. **C.** Examples of GFP only positive cardiomyocytes in response to DOX

Supplemental Figure 5. A. Experimental design used in panels **B-E. B.** Immunohistochemistry for Kdr (red), GFP (green), DAPI (blue) showing Kdr expression in c-kit⁺ cells. **C.** Quantification of Kdr expressing c-kit⁺ cells. N=3 and 4 **D.** Representative immunohistochemistry for GATA4 (red), GFP (green), DAPI (blue) showing GATA4 expression in c-kit⁺ cells. **E.** Quantification of GATA4 expressing c-kit⁺ cells. N=3 and 4, *p<0.05

Supplemental Figure 6. A. Immunohistochemistry for γH2Ax (red), GFP (green), DAPI (blue) showing γH2Ax expression in c-kit⁺ cells (green). **B.** Immunohistochemistry for 53BP1 (red), GFP (green), DAPI (blue) showing 53BP1 expression in c-kit⁺ cells (green). **C.** c-kit⁺ depleted non-myocytes and c-kit⁺ CPCs isolated from adult mice were treated with 0.5µM DOX for 0, 4 or 24 hours, followed by comet assays. Depicted is the tail moment (indicative for DNA damage) at indicated time points after DOX addition **D.** Quantification of percentage of cells that stained positive for c-kit in saline or DOX treated hearts. **E.** Cultured 3T3fibroblasts were treated with 13nM RITA for 0, 4, or 24 hours. Tail moment was measured from individual cell images after comet assays. * p<0.05, compared with 0-hr c-kit depleted non-myocytes; # p<0.05, compared with 4-hr adult CPCs

Supplemental References

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