

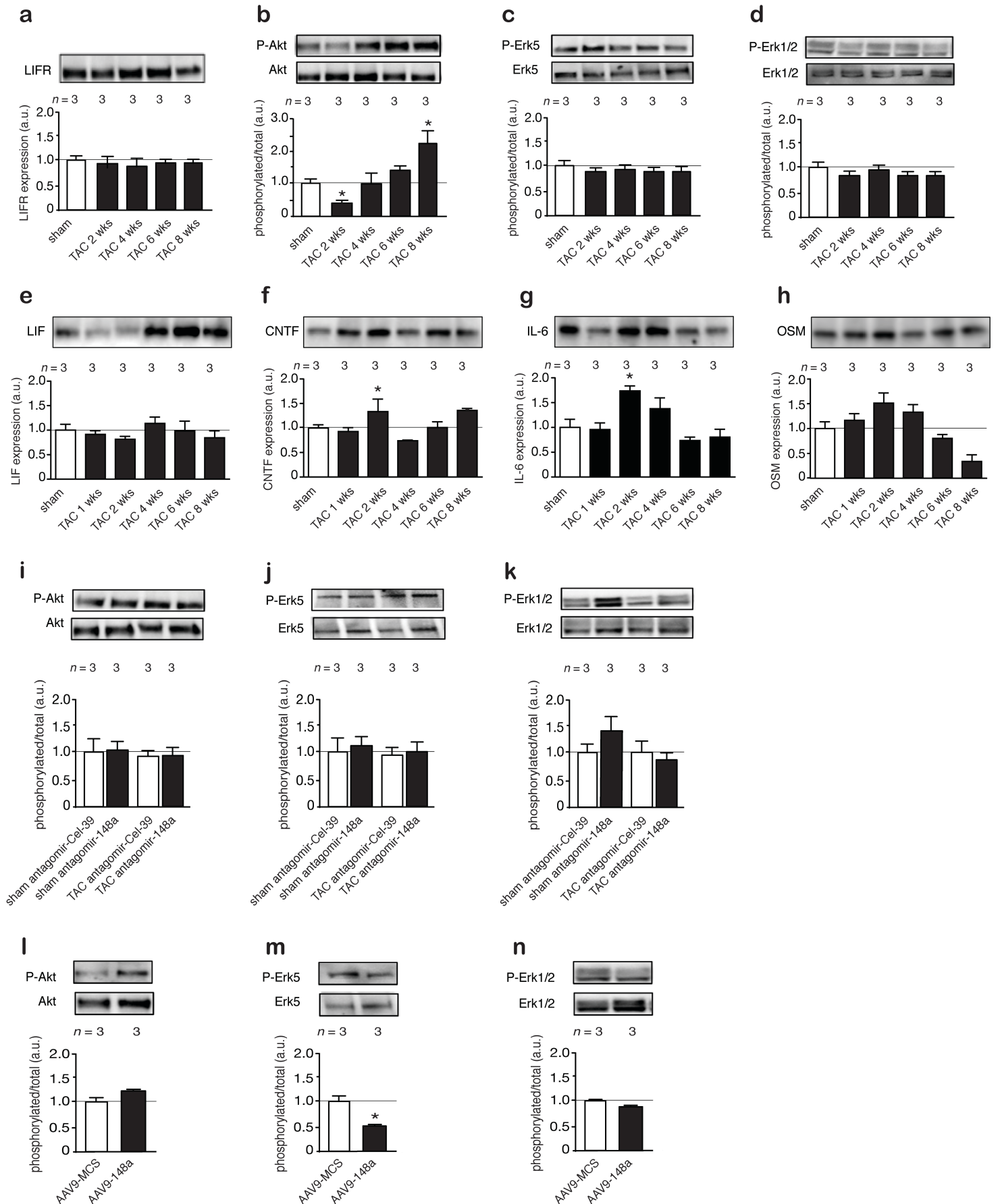
Supplemental Information

Therapeutic Delivery of miR-148a Suppresses

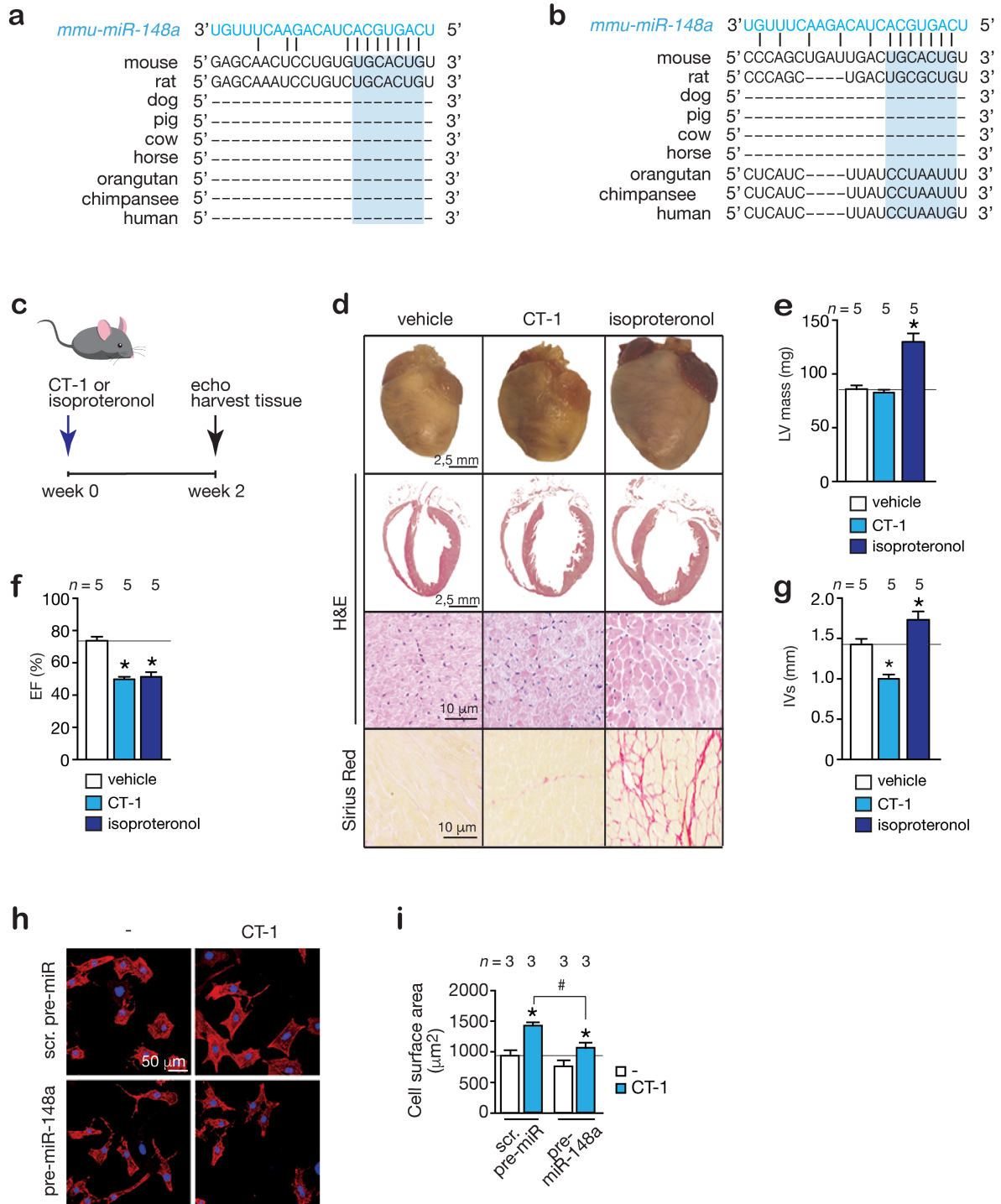
Ventricular Dilation in Heart Failure

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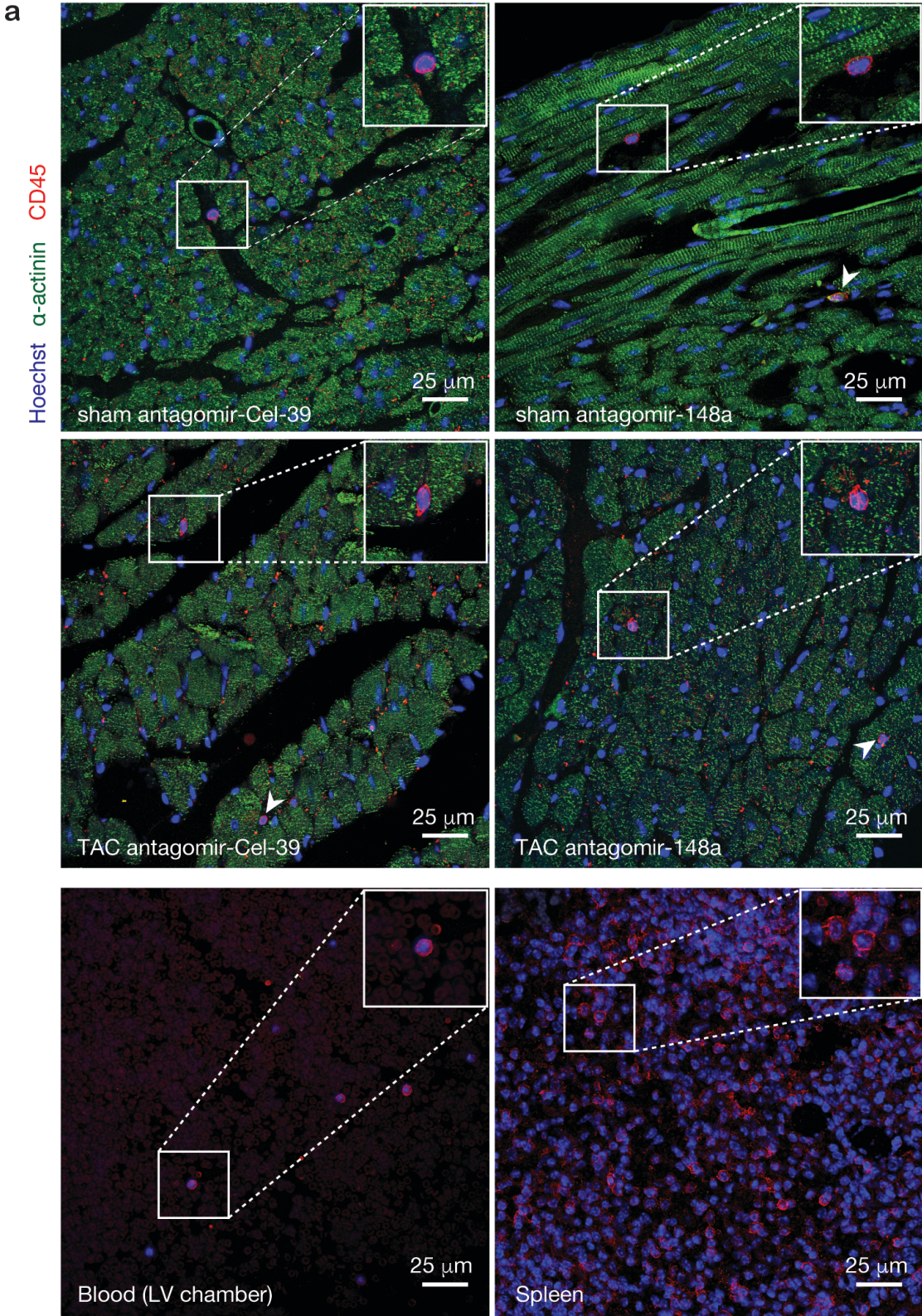
Supplemental Figure 1



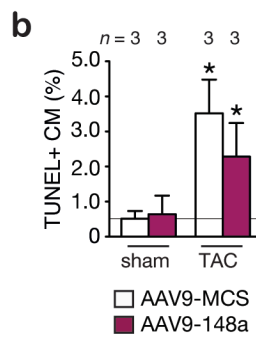
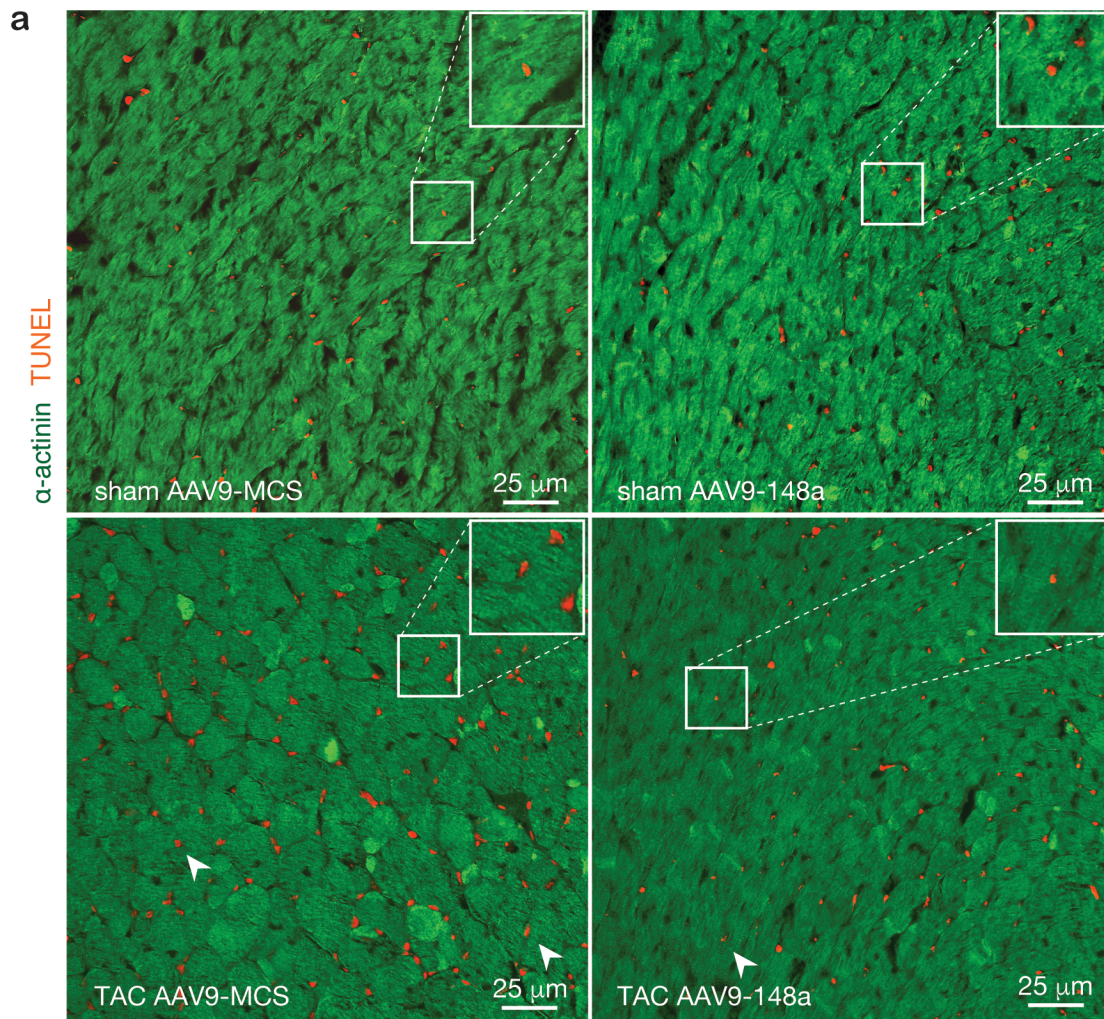
Supplemental Figure 2



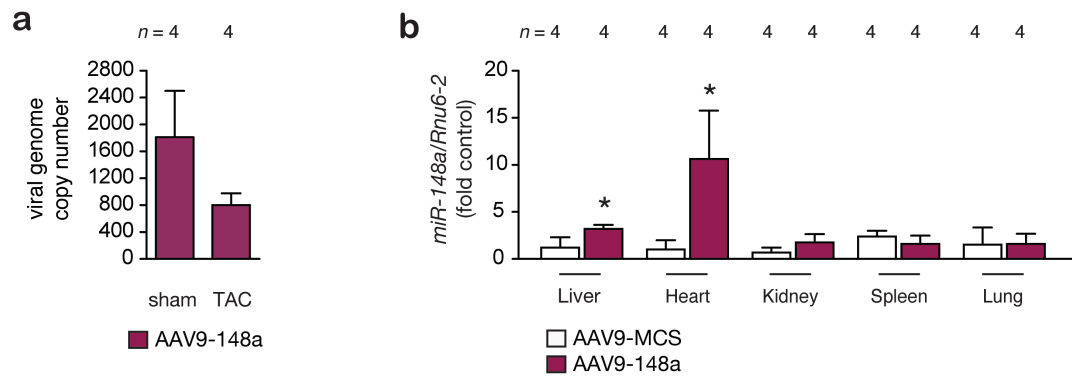
Supplemental Figure 3



Supplemental Figure 4



Supplemental Figure 5



1 **Legends to the Supplementary Figures**

2

3 **Supplementary Figure 1 | *miR-148a* differentially regulates ERK5, ERK1/2, Akt**
4 **downstream signaling in concentric and eccentric cardiac remodeling. (a)** Western
5 blot analysis of myocardial LIFR expression and quantification at indicated time points.
6 **(b-d)** Western blot analysis of phosphorylated and unphosphorylated forms of Akt, Erk5
7 or Erk1/2 and quantification at indicated time points. **(e-h)** Western blot analysis of
8 myocardial LIF, CNTF, IL-6 or OSM expression and quantification at indicated time
9 points. **(i-k)** Western blot analysis of phosphorylated and unphosphorylated forms of Akt,
10 Erk5 or Erk1/2 and quantification in hearts from mice subjected to sham or TAC surgery
11 and receiving antagomir-148a or a control antagomir (antagomir-*Cel-39*). **(l-n)** Western
12 blot analysis of myocardial gp130 or phosphorylated and unphosphorylated forms of Akt,
13 Erk5 or Erk1/2 and quantification in hearts from mice receiving AAV9-148a or AAV9-
14 MCS.

15 Data information: Data are means \pm SEM. One-way ANOVA with Newman-Keuls
16 multiple comparison test was used to compare groups. *n*, number of independent WB
17 experiments; AAV9, adeno-associated virus serotype 9; TAC, transverse aortic
18 constriction. **P* < 0.05 vs corresponding control group.

19

20 **Supplementary Figure 2 | CT-1 infusion results in cardiac dilation. (a-b)**

21 Evolutionary conservation of the other two *mmu-miR-148a* seed regions on gp130
22 3'UTR. In mouse they are respectively located on the nucleotide position 6150-6156 and
23 8532-8538 [ENSMUST00000183663.7]. **(c)** Study design of mice receiving continuous
24 infusion of CT-1 (20 μ g/kg/day) or isoproterenol (60 mg/kg/day). **(d)** Representative
25 image of whole hearts (top panels), H&E-stained cardiac sections (second panels), high
26 magnification H&E-stained sections (third panels), or Sirius Red stained (lower panels)
27 histological sections of hearts from saline, CT-1 infused and isoproterenol-infused mice.
28 Measurements of **(e)** LV mass, **(f)** EF **(g)** IVSs in saline, CT-1-treated or isoproterenol-
29 treated mice. **(h)** Confocal microscopy images of neonatal rat cardiomyocytes treated
30 with scrambled or precursor-148a miR-148a with or without CT-1 stimulation. **(i)** Cell
31 surface measurements from conditions in **(f)**.

32 Data information: Data are means \pm SEM. One-way ANOVA with Bonferonni's multiple
33 comparison test was used to compare groups. *n*, number of mice CT-1, cardiotrophin 1;

1 LV, left ventricular; EF, ejection fraction; IVSs, Interventricular septum in systole. * $P < 0.05$ vs corresponding control group; # $P < 0.05$ vs experimental group.

3
4 **Supplementary Figure 3 | Immune response in hearts from mice with altered *miR-148a* expression.** (a) Representative confocal images of CD45 labeling in hearts after
5 sham-operation or aortic banding in the presence of control antagomir targeting *C. elegans miR-39* (antagomir-*Cel-39*) or antagomir against *mmu-miR-148a-3p* (top and
6 second panel), with CD45 positive cells (red), cardiomyocytes visualized with sarcomeric
7 actin (green) and nuclei visualized with Hoechst (blue). Blood clot into the left ventricular
8 chamber (left-bottom panel) and spleen (right-bottom panel) were used as internal and
9 external staining positive controls.
10
11

12
13 **Supplementary Figure 4 | Apoptotic events in hearts from mice with altered *miR-148a* expression.** (a) Representative confocal images of TUNEL labeling in hearts after
14 sham-operation or aortic banding in the presence of AAV9-MCS or AAV9-148a, with
15 TUNEL positive nuclei (red) and cardiomyocytes visualized with sarcomeric actin
16 (green). (b) Quantification of TUNEL positive cardiomyocytes in experimental groups
17 demonstrates a higher percentage of TUNEL positive myocytes after TAC compared to
18 sham.
19

20 Data information: Data are means \pm SEM. One-way ANOVA with Bonferroni's multiple
21 comparison test was used to compare groups. *n*, number of mice; AAV9, adeno-
22 associated virus; MCS, multiple cloning site; TAC, transverse aortic constriction. * $P < 0.05$ vs corresponding control group.
23
24

25 **Supplementary Figure 5 | Characterization of AAV9 transduction treatment.** (a) RT-
26 PCR analysis of viral genome copy numbers in 20ng of total DNA in hearts from mice
27 receiving AAV9-148a virus. (b) RT-PCR analysis of *miR-148a-3p* expression in diverse
28 organs from mice receiving AAV9-MCS or AAV9-148a virus.

29 Data information: Data are means \pm SEM. One-way ANOVA with Bonferroni's multiple
30 comparison test was used to compare groups. *n*, number of mice; AAV9, adeno-
31 associated virus; MCS, multiple cloning site. * $P < 0.05$ vs corresponding control group.
32

Supplemental Table 1. Morphometric and echocardiographic characteristics of mice subjected to sham or TAC surgery and treated for 3 weeks with control (Ctrl) antagomir or antagomir-148a.

| | Sham | | TAC | |
|--------------------------|----------------|----------------|----------------|----------------|
| | Ctrl antagomir | Antagomir-148a | Ctrl antagomir | Antagomir-148a |
| n | 5 | 5 | 8 | 8 |
| BW (g) | 22.8±2.1 | 25.3±2.0 | 23.8±1.5 | 24.3±1.7 |
| LV mass (mg) | 73±1 | 104±18* | 120±19* | 121±26* |
| LV mass/BW (mg/g) | 3.2±0.2 | 3.8±0.4 | 5.2±0.4* | 6.4±1.0* |
| IVSd (mm) | 0.87±0.03 | 0.84±0.06 | 0.89±0.14 | 0.87±0.13 |
| IVSs (mm) | 1.42±0.01 | 1.33±0.10 | 1.03±0.16* | 1.17±0.17 |
| LVIDd (mm) | 3.39±0.10 | 3.57±0.25 | 3.66±0.54 | 3.62±0.57 |
| LVIDs (mm) | 2.06±0.16 | 2.49±0.26 | 2.76±0.43* | 2.78±0.50* |
| LVPWd (mm) | 0.76±0.06 | 1.08±0.12* | 0.87±0.15 | 0.86±0.14 |
| LVPWs (mm) | 1.12±0.09 | 1.18±0.15 | 0.96±0.14 | 1.07±0.16 |
| EF (%) | 77±4 | 66±5* | 57±3* | 56±5* |
| FS (%) | 39±3 | 31±3* | 25±2* | 25±3* |
| E/A (mm/s) | 1.16±0.04 | 1.23±0.08 | 1.65±0.13* | 1.57±0.24* |

Data are expressed as means ± SEM. BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; E/A, Doppler E/A ratio. *, indicates $P < 0.05$ vs sham group subjected to treatment with a control antagomir; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 2. Morphometric and echocardiographic characteristics of mice subjected to sham or TAC surgery and treated for 6 weeks with control (Ctrl) antagomir or antagomir-148a.

| | Sham | | TAC | |
|--------------------------|----------------|----------------|----------------|----------------|
| | Ctrl antagomir | Antagomir-148a | Ctrl antagomir | Antagomir-148a |
| n | 7 | 8 | 8 | 8 |
| BW (g) | 22.5±1.6 | 25.6±1.6 | 25.6±1.2 | 24.0±1.6 |
| LV mass (mg) | 84±3 | 77±11 | 135±26* | 135±20 |
| LV mass/BW (mg/g) | 3.8±0.3 | 4.0±0.2 | 4.8±0.4* | 6.1±0.5* |
| IVSd (mm) | 0.87±0.03 | 0.72±0.05 | 0.88±0.05 | 1.00±0.04 |
| IVSs (mm) | 1.39±0.05 | 1.08±0.10* | 1.13±0.06 | 1.22±0.11 |
| LVIDd (mm) | 3.44±0.07 | 3.93±0.34 | 4.06±0.29 | 4.47±0.21* |
| LVIDs (mm) | 2.07±0.16 | 2.90±0.36 | 2.97±0.33* | 3.62±0.25* |
| LVPWd (mm) | 0.89±0.03 | 0.69±0.04 | 1.04±0.12 | 0.85±0.08 |
| LVPWs (mm) | 1.28±0.09 | 0.94±0.09 | 1.33±0.11 | 1.00±0.11 |
| EF (%) | 78±4 | 59±6* | 61±4* | 47±4* |
| FS (%) | 40±4 | 27±4* | 27±2* | 20±2* |
| E/A (mm/s) | 1.33±0.13 | 1.32±0.17 | 1.52±0.17 | 1.27±0.04 |

Data are expressed as means ± SEM. BW, body weight; Ctrl, control; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPwd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; E/A, Doppler E/A ratio; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs sham group subjected to treatment with a control antagomir; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 3. Morphometric and echocardiographic characteristics of mice subjected to sham or TAC surgery and treated with AAV9-MCS or AAV9-miR-148a for 3 weeks.

| | Sham | | TAC | |
|--------------------------|-----------|--------------|------------|--------------|
| | AAV9-MCS | AAV9-miR148a | AAV9-MCS | AAV9-miR148a |
| n | 8 | 5 | 10 | 14 |
| BW (g) | 20.8±0.6 | 21.6±1.4 | 20.5±2.3 | 24.0±0.7 |
| LV mass (mg) | 69±6 | 77±6 | 125±10* | 118±6* |
| LV mass/BW (mg/g) | 3.3±0.03 | 3.6±1.8 | 5.7±0.56* | 5.0±0.22* |
| IVSd (mm) | 0.75±0.03 | 0.81±0.04 | 0.94±0.06* | 0.94±0.04* |
| IVSs (mm) | 1.13±0.04 | 1.19±0.05 | 1.24±0.07 | 1.33±0.04* |
| LVIDd (mm) | 3.61±0.10 | 3.67±0.10 | 4.07±0.12* | 3.98±0.06* |
| LVIDs (mm) | 2.47±0.10 | 2.54±0.10 | 3.10±0.17* | 2.97±0.11* |
| LVPWd (mm) | 0.68±0.06 | 0.72±0.03 | 0.97±0.05 | 0.96±0.03* |
| LVPWs (mm) | 1.03±0.05 | 1.03±0.02 | 1.24±0.05* | 1.25±0.03* |
| EF (%) | 67±2 | 69±1 | 53±5* | 58±3* |
| FS (%) | 31±1 | 31±1 | 23±2* | 26±2* |

Data are expressed as means ± SEM. AAV, adeno-associated virus; BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; MCS, multiple cloning site; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs AAV-MCS sham group; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 4. Morphometric and echocardiographic characteristics of mice subjected to sham or TAC surgery and treated with AAV9-MCS or AAV9-miR-148a for 6 weeks.

| | Sham | | TAC | |
|--------------------------|-----------|--------------|------------|--------------|
| | AAV9-MCS | AAV9-miR148a | AAV9-MCS | AAV9-miR148a |
| n | 11 | 10 | 10 | 14 |
| BW (g) | 19.1±0.5 | 23.8±1.0 | 22.6±1.2 | 25.1±0.9 |
| LV mass (mg) | 82±3 | 99±8 | 102±7* | 116±5* |
| LV mass/BW (mg/g) | 3.9±0.1 | 4.1±0.2 | 4.6±0.4* | 4.6±0.2* |
| IVSd (mm) | 0.84±0.02 | 0.93±0.02* | 0.85±0.02 | 0.91±0.02*# |
| IVSs (mm) | 1.21±0.05 | 1.39±0.03* | 1.17±0.05 | 1.26±0.03 |
| LVIDd (mm) | 3.57±0.07 | 3.58±0.08 | 4.06±0.14* | 4.09±0.08* |
| LVIDs (mm) | 2.27±0.10 | 2.22±0.09 | 3.23±0.19* | 3.08±0.11* |
| LVPWd (mm) | 0.82±0.02 | 0.95±0.10 | 0.79±0.03* | 0.92±0.02# |
| LVPWs (mm) | 1.23±0.03 | 1.38±0.09 | 1.00±0.04* | 1.22±0.03# |
| EF (%) | 74±2 | 76±2 | 46±5* | 57±3*# |
| FS (%) | 37±2 | 38±2 | 19±2* | 26±2*# |
| E/A (mm/s) | 1.24±0.04 | 1.25±0.05 | 1.35±0.03 | 1.19±0.02 |

Data are expressed as means ± SEM. AAV, adeno-associated virus; BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; E/A, Doppler E/A ratio; MCS, multiple cloning site; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs AAV-MCS sham group; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 5. Morphometric and echocardiographic characteristics of mice subjected to sham or TAC surgery for 3 weeks, before treatment with AAV9-MCS or AAV9-miR-148a at 4 weeks after surgery.

| | Sham | | TAC | |
|--------------------------|-----------|--------------|------------|--------------|
| | AAV9-MCS | AAV9-miR148a | AAV9-MCS | AAV9-miR148a |
| n | 9 | 10 | 10 | 11 |
| BW (g) | 21.1±0.18 | 21.2±0.3 | 19.4±0.3 | 19.5±0.4 |
| LV mass (mg) | 79±3 | 85±4 | 97±3* | 101±5* |
| LV mass/BW (mg/g) | 3.7±0.12 | 4.0±0.22 | 5.0±0.17* | 5.2±0.25* |
| IVSd (mm) | 0.68±0.02 | 0.71±0.08 | 0.90±0.03* | 0.94±0.03* |
| IVSs (mm) | 0.99±0.04 | 1.05±0.10 | 1.23±0.04* | 1.32±0.05* |
| LVIDd (mm) | 3.31±0.06 | 3.39±0.34 | 3.69±0.06* | 3.72±0.06* |
| LVIDs (mm) | 2.14±0.06 | 2.15±0.21 | 2.59±0.05* | 2.59±0.11* |
| LVPWd (mm) | 0.72±0.04 | 0.77±0.09 | 0.92±0.02* | 0.90±0.06* |
| LVPWs (mm) | 1.03±0.02 | 1.08±0.10 | 1.22±0.03* | 1.20±0.06* |
| EF (%) | 73±2 | 74±3 | 65±2* | 65±3* |
| FS (%) | 35±1 | 37±2 | 30±2* | 30±3* |

Data are expressed as means ± SEM. AAV, adeno-associated virus; BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; MCS, multiple cloning site; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs AAV-MCS sham group; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 6. Morphometric and echocardiographic characteristics of 3 weeks sham and TAC surgery followed by a 1 week post-treatment with AAV-MCS or AAV9-miR-148a.

| | Sham | | TAC | |
|--------------------------|-----------|--------------|------------|--------------|
| | AAV9-MCS | AAV9-miR148a | AAV9-MCS | AAV9-miR148a |
| n | 9 | 10 | 10 | 11 |
| BW (g) | 21.2±0.22 | 21.3±0.35 | 20.7±0.47 | 20.91±0.34 |
| LV mass (mg) | 80.5±4 | 89.2±3 | 101±7* | 102±5* |
| LV mass/BW (mg/g) | 3.7±0.16 | 4.2±0.13 | 4.7±0.25* | 4.9±0.27* |
| IVSd (mm) | 0.73±0.03 | 0.78±0.03 | 0.83±0.04* | 0.89±0.04* |
| IVSs (mm) | 1.19±0.04 | 1.10±0.03 | 1.14±0.04 | 1.22±0.03* |
| LVIDd (mm) | 3.83±0.04 | 3.91±0.09 | 4.03±0.08* | 3.91±0.07* |
| LVIDs (mm) | 2.52±0.06 | 2.75±0.11 | 3.14±0.10* | 2.88±0.09*^ |
| LVPWd (mm) | 0.78±0.04 | 0.81±0.04 | 0.85±0.06 | 0.87±0.05 |
| LVPWs (mm) | 1.11±0.03 | 1.13±0.56 | 1.02±0.05 | 1.18±0.04^ |
| EF (%) | 72±2 | 65±9 | 53±2* | 59±3* |
| FS (%) | 34±1 | 30±2 | 23±2* | 26±2* |

Data are expressed as means ± SEM. AAV, adeno-associated virus; BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs AAV-MCS sham group; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 7. Morphometric and echocardiographic characteristics of mice subjected to 7 weeks of sham or TAC surgery and treated AAV9-MCS or AAV9-miR-148a for 3 weeks.

| | Sham | | TAC | |
|--------------------------|-----------|--------------|------------|--------------|
| | AAV9-MCS | AAV9-miR148a | AAV9-MCS | AAV9-miR148a |
| n | 9 | 10 | 10 | 11 |
| BW (g) | 22.0±0.3 | 22.0±0.5 | 21.2±0.3 | 22.0±0.5 |
| LV mass (mg) | 88±4 | 86±3 | 105±6* | 116±5* |
| LV mass/BW (mg/g) | 4.0±0.2 | 3.9±0.1 | 4.8±0.3* | 5.3±0.3* |
| IVSd (mm) | 0.73±0.03 | 0.79±0.04 | 0.83±0.05* | 0.90±0.03* |
| IVSs (mm) | 1.07±0.03 | 1.07±0.06 | 1.15±0.05 | 1.20±0.04* |
| LVIDd (mm) | 3.85±0.04 | 3.79±0.06 | 4.20±0.10* | 4.02±0.08* |
| LVIDs (mm) | 2.62±0.04 | 2.59±0.08 | 3.31±0.15* | 2.90±0.08*# |
| LVPWd (mm) | 0.89±0.08 | 0.84±0.04 | 0.80±0.05 | 0.94±0.05# |
| LVPWs (mm) | 1.17±0.05 | 1.13±0.04 | 1.01±0.06 | 1.23±0.05# |
| EF (%) | 70±2 | 68±9 | 50±4* | 61±2*# |
| FS (%) | 32±1 | 31±2 | 21±2* | 27±1# |

Data are expressed as means ± SEM. AAV, adeno-associated virus; BW, body weight; LV, left ventricular; IVSd, interventricular septal thickness at end-diastole; IVSs, interventricular septal thickness at end-systole; LVIDd, left ventricular internal dimension at end-diastole; LVIDs, left ventricular internal dimension at end-systole; LVPWd, left ventricular posterior wall thickness at end-diastole; LVPWs, left ventricular posterior wall thickness at end-systole; EF, ejection fraction; FS, fractional shortening; MCS, multiple cloning site; TAC, transverse aortic constriction. *, indicates $P < 0.05$ vs AAV-MCS sham group; #, indicates $P < 0.05$ vs experimental group.

Supplemental Table 8. Patient and donor characteristics.

| | Gender | Age at Htx (yrs) | LVAD | LVEF (%) | LV ED/ES (mm) | LV PWT (mm) |
|-------------------|---------------|-----------------------------|-------------|---------------------|--------------------------|------------------------|
| DCM 1 | female | 48 | yes | 10 | 68/65 | 7 |
| DCM 2 | male | 55 | no | 20 | 69/65 | 8 |
| DCM 3 | male | 57 | yes | 15 | 47/43 | 10 |
| DCM 4 | male | 47 | no | 25 | 51/49 | 10 |
| DCM 5 | male | 66 | no | 25 | 58/54 | 10 |
| DCM 6 | female | 21 | yes | 15 | 61/54 | 6 |
| DCM 7 | female | 58 | yes | 15 | 65/57 | 8 |
| DCM 8 | male | 36 | yes | 15 | 69/63 | 8 |
| DCM 9 | female | 58 | yes | 20 | 67/62 | 6 |
| DCM 10 | male | 61 | yes | 10 | 62/60 | 7 |
| HCM 1 | male | 57 | no | 55 | 43/42 | 16 |
| HCM 2 | male | 31 | no | 15 | 85/81 | 13 |
| HCM 3 | male | 37 | no | 20 | 66/54 | 13 |
| HCM 4 | male | 36 | no | 25 | 47/39 | 15 |
| HCM 5 | female | 31 | no | 50 | 29/10 | 18 |
| HCM 6 | female | 36 | no | 40 | 45/20 | 14 |
| HCM 7 | male | 25 | no | 45 | 40/20 | 20 |
| HCM 8 | female | 36 | no | 45 | 45/28 | 15 |
| HCM 9 | female | 34 | no | 20 | 52/40 | 13 |
| Control 1 | - | - | no | - | - | - |
| Control 2 | - | - | no | - | - | - |
| Control 3 | male | 65 | no | - | - | - |
| Control 4 | female | 72 | no | - | - | - |
| Control 5 | male | 39 | no | - | - | - |
| Control 6 | female | 48 | no | - | - | - |
| Control 7 | male | 38 | no | - | - | - |
| Control 8 | female | 53 | no | - | - | - |
| Control 9 | male | 32 | no | - | - | - |
| Control 10 | male | 43 | no | - | - | - |
| Control 11 | male | 48 | no | - | - | - |

DCM, dilated cardiomyopathy; HCM, hypertrophic cardiomyopathy; LVAD, patient received left ventricular assist device; LVEF, left ventricular ejection fraction; LV ED, left ventricular end-diastolic dimension; LV ES, left ventricular end-systolic dimension; LVPWT, left ventricular posterior wall thickness; yrs, years; mm, millimeter; -, information not available,.