SUPPLEMENTAL MATERIAL

Detailed Methods

All chemicals and reagents were obtained from Sigma-Aldrich (St. Louis, MO, USA), unless otherwise stated. All experiments were performed at room temperature (20–24°C).

Study design

The study was designed to investigate whether the mild HDAC class I/IIa inhibitor VPA attenuates atrial remodeling in mice with cardiomyocyte specific expression of the human CREM isoform CREM-IbΔC-X. These mice show extensive atrial remodeling and develop AF spontaneously starting with first atrial ectopies at an age of 5 weeks^{1,2}. At this age, we started VPA administration for short-term (7 weeks) or long-term (25 weeks) treatment (**Figure 1A**). Mice were housed under a 12h light / 12h night cycle at an ambient temperature of 22±2°C and fed standard chow. Periodic ECG recordings documented development of AF. After the respective treatment periods, mice were sacrificed and hearts were removed for subsequent experimental procedures. Adult male TG and wildtype (WT) mice were randomly assigned to vehicle (VEH) or VPA treatment groups (WT_{VEH}, WT_{VPA}, TG_{VEH}, TG_{VPA}). Male mice were chosen to reduce scattering and consequently the number of animals needed for experiments since the phenotype in male TG mice was more pronounced and developed more rapidly. The applied VPA concentration was chosen to achieve serum levels reported for HDAC inhibition³. The number of mice was chosen based on the experience from previous experiments performed on TG mice. Investigators were not blinded and no data excluded from analysis. During long-term treatment, one TG_{VEH} mouse and four TG_{VPA} mice died (n.s.) and were censored within the analysis for the Kaplan-Meier-analysis in **Figure 5**. The analysis of TG x HDAC2KO mice and the respective controls was performed in a blinded fashion. All experiments on animals conform to the Directive 2010/63/EU of the European Parliament and were approved by the local animal welfare authorities (LANUV; North Rhine-Westphalia, Germany; AZ 84-02.04.2011.A155; 84-02.04.2015.A418).

Generation of HDAC2KO mice

Cardiomyocyte-specific HDAC2KO mice were generated by cross-breeding $HDAC2^{\text{boxP}/\text{boxP}}$ (JaxB6.Cg-Hdac2tm1.1Rdp/J mice; JAX *022625, the Jackson Laboratory) with mice carrying a transgene for the Crerecombinase under the control of cardiomyocyte-specific α-myosin heavy chain promotor (αMHCCre+/ mice⁴). Electron microscopy analysis was performed on male/female mice on atria from control mice (CTR: $FWB/N^{Cre+/-}$), TG (CREM-Ib Δ C-X^{Cre+/-}), HDAC2KO and TG x HDAC2KO.

Serum preparation

After short- and long-term VPA treatment, blood was collected via punctuation of the heart with a syringe. To separate the serum samples, the blood samples were centrifuged at 14,000 x *g* for 5 min. Serum of each mouse was stored at -80°C before analyzing its VPA concentration. VPA serum concentration was measured in the Center for Laboratory Medicine, University Hospital Münster.

Electrocardiography recordings

ECG recording was performed in mice during long-term treatment (week 5-30) every two weeks starting from week 10 of age as described⁵. Mice were anaesthetized with inhalation of 1.5 to 2 % vaporized isoflurane (Forane®, Abbott) in combination with oxygen-nitrous oxide mixture. Anesthetized mice were positioned supine on a 37°C heating plate and 5 subcutaneous limb electrodes were placed after loss of the toe pinch reflex. Electrodes were connected to an external biological amplifier (Dual Bio Amp, ADInstruments, Dunedin, New Zealand) and a data acquisition unit (PowerLab 2/20, ADInstruments). Development of AF was determined using LabChart 7 Pro software (ADInstruments). AF was defined by absence of P-waves in combination with an irregular ventricular rate. ECG parameters for VPA safety observations were determined in WT_{VEH} and WT_{VPA} mice at 30 weeks of age - the end of the long-term treatment period (25 weeks of VPA therapy).

Isolation of atrial cardiomyocytes

After short-term treatment (week 5-12) atrial cardiomyocytes from respective animals were isolated according to a published protocol⁶ which was modified for CREM-IbΔC-X mice. Mice were euthanized with carbon dioxide inhalation. The heart was excised and perfused retrogradely with Tyrode's solution (in mM: 136 NaCl, 5.4 KCl, 1 MgCl₂ x 6 H₂O 5 HEPES, 0.33 NaH₂PO₄ x H₂O, 11.1 Glucose, 1 CaCl₂; pH 7.4 adjusted with NaOH) in a modified Langendorff-apparatus for 3 min at 37 °C. After 5 min of calcium-free Tyrode solution, atria were enzymatically digested with collagenase Type II (Worthington, 230U/mg) in low calcium-Tyrode solution (Tyrode solution containing 12.5 µM CaCl₂, 2.5 mM taurine and 1 mg/ml bovine serum albumin) for 25 min (WT) or up to 45 min (TG). Enzymatic activity was stopped by perfusion with low calcium-Tyrode solution with 6 % newborn calf serum for 5 min. Soft atria were cut into small pieces. For retrieving atrial cardiomyocytes pieces were triturated two times in 800 µl of modified Kraftbrühe (KB)-buffer containing (in mM) 12.5 KCl, 5 KH₂PO4, 5 DL-aspartic acid potassium salt, 50 Lglutamic potassium salt, $2 MgSO_4 \times 7 H_2O$, 20 taurine, 0.5 EGTA, 5 creatine, 5 HEPES, 20 glucose (pH 7.2) adjusted with KOH) plus 12.5 μ M CaCl₂ and 1mg/mL bovine serum albumin. Until use, the cells were kept in KB-buffer on ice.

Patch-clamp experiments

Atrial cardiomyocytes were slowly adapted from KB-buffer to 1 mM $Ca²⁺$ with the above mentioned Tyrode's solution (10 ml/h). Spindle-shaped, clear striated myocytes were selected randomly for electrophysiological studies. Action potentials were recorded using the perforated patch technique with amphotericin B (300 μ g/ml) as previously described^{5,7}. Patch pipettes were pulled (P97; Sutter Instruments Inc., Novato, CA) from borosilicate glass capillaries (Science Products, Hofheim, Germany). Pipettes with 3–5 MΩ resistance were filled with a pipette solution containing in mM: 5 NaCl, 120 KCl, 2.5 MgATP, 1 EGTA, and 5 HEPES pH 7.4. Data were acquired and filtered at 10 kHz using an EPC-800 amplifier, sampled with an 18-bit A/D converter InstruTech ITC-18 under the control of the PatchMaster software (HEKA Elektronik, Lambrecht, Germany). Action potentials (APs) were triggered at 1 Hz frequency with a suprathreshold current stimulus of 2-4 ms duration. Three to five consecutive AP traces were averaged and action potential duration was measured from the peak to 50, 70 and 90 % repolarization. The acute effect of 1 mM VPA was tested on Ca²⁺-tolerant atrial myocytes. Action potentials were recorded before and 10 minutes after VPA application at room temperature. We measured the following action potentials parameters: amplitude, slope of depolarization and duration at 50, 70 and 90% repolarization.

Sodium currents were recorded in voltage-clamp mode (500 ms test pulse duration; -80 to +70 mV, Δ 10 mV, -80 mV holding potential) under basal conditions and after acute application of 1 mM VPA. To estimate the Na⁺ -current amplitudes, from the peak of the inward current we subtracted the mean current measured at the end of the test pulse, as described above. To estimate the acute effect of VPA in each tested cell, the Na⁺-currents recorded in the absence and presence of VPA at all potentials were normalized to the maximum Na⁺-current recorded in the absence of VPA (measured at -50 mV). Normalized values were averaged and plotted against the test potentials. Since we focused on possible acute changes mediated by VPA vs basal conditions, other currents were left unblocked and recordings performed at physiological sodium concentrations.

Histological and electron microscopic analysis

Histology

For histological examination of the atria, longitudinal sections of hearts were prepared and immediately fixed in 4% buffered formalin, dehydrated, and embedded in paraffin. Sections of 5-μm thickness were deparaffinized, rehydrated, and stained using Masson's trichrome protocol⁸. Image-Pro Plus software (Media Cybernetics Incorporation, Rockville, MD, USA) was used to quantify the collagen in the atria.

Ultrastructural analysis

For electron microscopy⁹, small pieces of atrial tissue were fixed over night by immersion with 2.5 % glutaraldehyde in 0.1 M phosphate buffer. After fixation, the specimens were further fixed in phosphate buffered 1% osmium tetraoxide for 2 h, dehydrated in graded ethanol series, and embedded in glycidyl ether. After 2 days ultrathin sections were cut, placed on a cupper mesh and stained with uranyl acetate and lead citrate. The sections were investigated under a Philips EM 208S transmission electron microscope. An area of 100 μ m² of each picture was analyzed regarding amount of sarcomeric structure, mitochondria, and collagen formation by hand with ImageJ software. The analysis of TG x HDAC2KO mice and the respective controls was performed in a blinded fashion.

Western Blot analysis

Frozen atria were homogenized by sonication 3 times for 10s on ice in a medium containing 20% SDS and 10 mM NaHCO³ (Ultrasonic-Homogenizer HTU Soni130, Heinemann). Homogenates were centrifuged at 14,000 x *g* for 20 min, and supernatants were subjected to SDS-gel electrophoresis. Protein content was determined according to LOWRY, using BSA as a standard. For immunoblot analysis of all proteins, 40 μg of individual samples were electrophoretically separated on 10% SDS-polyacrylamide gels and transferred to nitrocellulose. Membranes were blocked with 5% milk powder in TBST for 2 h at room temperature. After 2 times washing in TBS and TBST, blots were incubated over night at 4°C with different primary antibodies (dilution 1:1000) raised against the following proteins:

AcH4: Rabbit polyclonal anti-Histone H4 (acetyl K8) antibody (ab15823, abcam)

H4: Rabbit polyclonal anti-Histone H4 antibody (ab10158, abcam)

The secondary antibody (1:5,000; ECL Rabbit IgG, HRP-linked whole antibody; GE Healthcare) was incubated for 2 h at room temperature. After washing in TBS and TBST, signals were visualized using the ECL Western Blotting Substrate (Promega) and the ChemiDoc™ XRS (BioRad) with Image Lab™ Software (BioRad).

Chromatin immunoprecipitation and quantitative real-time PCR

ChIP was performed as described⁷ modified for atrial tissue. Genomic DNA from TG or WT mouse atria was cross-linked with 1% formaldehyde in PBS (Thermo Scientific, *28906, methanol-free) for 7 min at

room temperature (RT). After quenching the formaldehyde and washing with phosphate-buffered saline (PBS) the tissue pellet was resuspended in cell lysis buffer (1% NP40, 10 mM NaCl, 10 mM Tris-HCl pH 8, supplemented with protease inhibitor cocktail tablets; Thermo Scientific). Cells were homogenized with a 2 ml dounce tissue grinder (WheatonTM, 10 ups and downs with loose and tight douncer) on ice. Pellet was resuspended in 250 µl sonification buffer and sonificated for 10 s with 60% amplitude (Ultrasonic-Homogenizer HTU Soni130, Heinemann) on ice. After over-night incubation at -80°C the sample was diluted with 200 µl ChIP dilution buffer. Chromatin was sonicated with 5×10 s pulses (10 s on / 59 s off intervals, 60% amplitude) at 4°C (next steps were done at 4°C). Pellet was precleared with 40 µl of blocked protein A/G (50/50%)-agarose beads for 1 h. Chromatin was incubated with rabbit polyclonal HA tag antibody (2.5 µg, ab9110, abcam) over-night and captured with 40 µl blocked protein A/G beads for 3h. The beads were washed as described by Schulte et al.⁷ and were eluated 2 times with 75 μ l elution buffer at 37°C. Crosslinks were reversed by over-night incubation with 200 mM NaCl at 67°C. Eluate was resuspended in 0.08 mg/ml proteinase K and 0.1 mg/ml RNAse A for 1.5 h at 55°C. DNA was purified with Mini PCR Purification Kit (Qiagen) and amplified with the GenomePlex® Complete Whole Genome Amplification (WGA4) Kit (Sigma-Aldrich®) following manufacturer's instructions. PCR product was purified with PCR Purification Kit (Qiagen) according to manufacturer's instructions (ChIP DNA). Quantitative real-time PCR (qPCR) was performed to identify the enrichment of genomic DNA fragments (ChIP DNA of TG vs. WT). The mix of 10 ng of ChIP DNA, 2 µl of each primer (10 pM, each), 10 µl Quanti-Fast SYBR Green PCR Master Mix (Roche) and 4 µl H2O were used for SYBR qPCR. Reactions were incubated at 95°C for 5 min, followed by 45 cycles at 95°C for 10 sec, 60°C for 15 sec, and 72°C for 20 sec. Primers (forward: for; reverse: rev) used for qPCR of mouse genomic DNA were: Atp5l: for: GATCGCCACATTAGCTTGCG, rev: ATGTGGCCCCTTAAAGCTCC

Ces1d: for: GGCCAGAAACCCATCCAACA, rev: AGGCTGTGAAATGTGTCCGT

Gapdh (reference): for: TGCACCACCAACTGCTTA, rev: GGATGCAAGGATGATGTTC

Myl7: for: GTGTGGCTGGTCTCTTGTTC, rev: GGAGCCTGGTCACAAGAGAT

Ndufa8: for: TCCTTCAAGTCCCCTTTGGC, rev: CTCCCGGTGTACTGCATGTT

Ndufa12: for: ATCTACCAGCATACCGACGC, rev: GTACCCAGAAAGCGACCCTG Ndufs7: for: GGGTTTCCGCTGGTGTCTAT, rev: CCCAGGACTACGCCACTCTC Pdha1: for: CCCTGGTTGACTTGGGTGAG, rev: CCTCGCTAAGTAGTCCAAGCT Tnni3: for: AGAGGCAGAGAACAGGATCG, rev: GCGCTAGAGTCAAAGGAGGA Uqcr10: for: GCTTACCCATCTTCCCCAGT, rev: ATTCACTCCCCATGCCAGAA Statistical analysis of qPCR data in Table S3 was executed with the REST software (Relative Expression Software Tool $V2.0.13^{10,11}$).

Proteome analysis of atrial tissue

Proteome analysis was performed as published¹². Atrial tissue samples $(n=5-8)$ each group) were homogenized using a Mikro Dismembrator (B Braun, Melsungen, Germany) at 2,600 rpm for 2 min in urea buffer (8 M urea/2 M thiourea). Nucleic acid fragmentation was achieved by sonication on ice three times for 5 s at 80 % energy using a Sonoplus (Bandelin, Berlin, Germany). The homogenates were centrifuged at 16,000 x *g* for 1 h at 4 °C. Protein concentration was determined by Bradford using BSA as standard. To generate a defined set of peptides 4 µg protein were reduced, alkylated, and digested with Lys-C (1:100) for 3 h followed by proteolysis with trypsin over night at 37 °C. The peptides obtained were purified on C18 material (µZipTip, Millipore Merck, Darmstadt, Germany) and subsequently separated by C18 Reverse phase liquid chromatography (nanoAcquity UPLC system, 10 cm, Waters, Manchester, UK) in a linear gradient of 0.1 % acetic acid in acetonitrile from 5 % up to 25 % within 65 min (flow rate: 400 nl/min). MS analysis was performed on a LTQ-Orbitrap Velos hybrid mass spectrometer (Thermo Electron, Bremen, Germany). The mass-to-charge ratio (m/z) and fragmentation spectra of all peptides were recorded. MS data were analyzed to identify and quantify the detected peptides, and assemble it to proteins. Peptides and proteins were identified by searching MS data against a forward-reverse UniProt database with a restriction on *Mus musculus* using the Sorcerer[™] software platform with SEQUEST algorithm. The annotation of peptides was carried out at a false-positive rate of <1 % that is equivalent to a peptide probability >0.88. Shared peptides were excluded. Only proteins with a probability ≥ 0.9 and more than 1 peptide were used for quantification and functional analyses. Peptide intensities from fragmentation spectra were summed up before protein ratios were calculated. A statistical evaluation of the results was performed with Gene Data Analyst. In this process intensities of changed proteins of all groups were normalized to proteins of VEHtreated WT atria (WT $_{VEH}=1$).

Ingenuity® Pathway Software (Qiagen) and the Kyoto Encyclopedia of Genes and Genomes [KEGG] database were used to assign proteins displaying altered levels in atrial tissues to biological pathways.

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Supplemental Figures and Tables

Figure S1

Figure S1 – figure supplement 1: VPA serum concentration in mice

Detected average VPA serum concentration in VEH- and VPA- treated WT and TG mice (short-term and long-term treated mice; n=10-30 animals/group; *P<0.05 vs. VEH; Box: 25th-75th percentile, whiskers: 10th-90th percentile, square: mean, horizontal line: median). Note that blood samples were collected randomly during daytime, and thus values will range between actual trough and peak VPA levels in mice.

Figure S2 – figure supplement 1: VPA effect on atrial ultrastructure in WT mice.

Representative EM pictures of atrial tissue from **A** short-term and **B** long-term VPA-treated WT mice used for statistical analysis of ultrastructural parameters displayed in **Figure** 2 (\overrightarrow{X} sarcomeres, \Diamond mitochondria, collagen fibers, \bigcirc lipofuscin granules, \bigcirc glycogen). (n=3-4 animals/group; average of 16-18 pictures/animal)

Figure S3: No arrhythmogenic alterations in ECG parameters after long-term VPA treatment in WT.

A representative ECG recording from WT mice. **B-D** P duration, PR interval and QRS interval were not different between WT_{VPA} and WT_{VEH} at an age of 30 weeks (25 weeks of VPA therapy). **E** the QT interval was non-significantly decreased after VPA treatment (n=8 animals/group).

Figure S4: Genetic inactivation of HDAC2 attenuated ultrastructural remodeling in TG atria. Representative electron microscopic images of atrial tissue from all four groups used for statistical analysis of ultrastructural parameters displayed in Figure 6. Sarcomeres (\overrightarrow{X} sarcomeres, \Diamond mitochondria, \Diamond collagen fibers, lipofuscin granules, glycogen). All four groups were αMHC^{Cre+/-}.

 Figure S5: Analysis of proteomic changes induced by the VPA treatment. A Number of proteins that were differentially regulated in atria of indicated treatment groups. (n=5-8 animals/group) after short-term treatment (12 weeks of age). Venn diagrams **(B-D)**, displaying the intersection of in each case two sets of regulated proteins derived from the comparison displayed in A. **B** 461 proteins differentially regulated in 7 TG_{VEH} vs. WT_{VEH} atria were concurrently altered by the VPA treatment. **C** 745 proteins were altered due to the TG genotype independently of VPA. **D** Only 43 proteins were regulated by VPA independently of the genotype.

Figure S6: Corresponding protein expression ratios for TGVEH vs. WTVEH at 7 and 12 weeks of age.

Corresponding expression ratios (TG_{VEH} vs. WT_{VEH}) are displayed for those of the 295 strongest regulated proteins in TG_{VEH} at 12 weeks of age that have also been identified in an independent dataset derived at 7 weeks of age published recently by Seidl et al.¹³ (red: upregulation, blue: downregulation, black line: linear regression curve) in TG_{VEH} vs. WT_{VEH}, . Note that almost all proteins (102/104) regulated at 12 weeks of age were already regulated at 7 weeks of age, before the onset of AF, in the same direction.

Oxidative phosphorylation

Complex I

ND1, ND2, ND3, ND4, ND5, ND6,

NDUFS1, NDUFS2, NDUFS3, NDUFS4, NDUFS5, NDUFS6, NDUFS7, NDUFS8, NDUFV1, NDUFV2, NDUFV3, NDUFA1, NDUFA2, NDUFA3, NDUFA4, NDUFA5, NDUFA6, NDUFA7, XNDUFA8, NDUFA9, NDUFA10, NDUFA11, XNDUFA12, NDUFA13, NDUFB2, NDUFB3, NDUFB4, NDUFB5, NDUFB6, NDUFB7, NDUFB8, NDUFB9, NDUFB10, NDUFB11, NDUFC1, NDUFAB1, NDUFC2, NDUFAF3

Complex II

SDHA, SDHB, SDHC, SDHD

Complex III

UQCRFS1, CYCB, CYC1, UQCRC1, UQCRC2, UQCRH, UQCRB, UQCRQ, YUQCR10, UQCR11

Complex IV

COX10, COX3, COX2, COX1, COX411, COX412, COX5A, COX5B, COX6A-C, COX7A1, COX7B, COX7C, COX8, COX11, COX17, COX15

Complex V

Атр5А1, Атр5в, Атр5с1, Атр5р, * Атр5L, Атр5с, Атр6, Атр5г1, Атр5с1-3, Атр5н, Атр5к, Атр5Ј2, Атр5е, Атр5Ј, Атр5Ј, Атр8, АТР6V1А-Н, АТР6V0А-Е, АТР6АР1

Focal adhesion

Figure S9
Hypertrophic cardiomyopathy (DCM) and Arrhythmogenic rigth ventricular cardiomyopathy (ARVC)

Coagulation cascade

Figure S7-10: Examples of KEGG pathways including proteins altered in TGVEH vs. WTVEH mice which were counter-regulated by VPA. S7: Oxidative phosphorylation, **S8:** Focal adhesion **S9:** Hypertrophic cardiomyopathy (DCM) and Arrhythmogenic right ventricular cardiomyopathy (ARVC) (combined) **S10:** Coagulation. Pathway maps were taken from KEGG PATHWAY Database [\(http://www.genome.jp/kegg/pathway.html\)](http://www.genome.jp/kegg/pathway.html). Regulated proteins are listed below each pathway (blue=downregulated; red=upregulated) $\mathcal{\overleftrightarrow{X}}$ encoding gene was validated as CREM-target by ChIP.

Table S1: Proteins regulated more than 2-fold (↑↓) in TGVEH in comparison to WTVEH and significantly by VPA (n=295).

Proteins were selected according to a protein expression ratio TG_{VEH} vs. WT_{VEH} atria <0.5 or >2. Intensities of detected proteins were normalized to the respective VEH group set to 1. Ratios for TG_{VEH} vs. WT_{VEH} and TG_{VPA} vs. TG_{VEH} are printed in bold. †CREM-target validated by ChIP. * denotes proteins already regulated at 7 weeks in TG_{VEH} vs. WT_{VEH} ¹³.

			Fold Change	
Canonical pathway	Symbol	Protein name	TG _{VEH}	TG_{VPA}
			VS. WT _{VEH}	VS. TG vEH
	$ACTG1*$	Actin, gamma 1	4.01	-2.05
	ACTN1	Actinin, alpha 1	4.63	-2.50
Integrin Signaling	ACTN4*	Actinin, alpha 4	4.34	-1.63
	ACTR3	ARP3 actin-related protein 3 homolog	2.27	-1.71
	ARF4	ADP-ribosylation factor 4	2.26	-1.48
	ARPC3	Actin related protein 2/3 complex, subunit 3		
	ARPC1B	Actin related protein 2/3 complex,	2.10	-1.52
		subunit 1B	4.54	-1.93
	ITGA1	Integrin, alpha 1	3.31	-2.50
	ITGAV	Integrin, alpha V	5.47	-1.86
	MYL7 [†]	Myosin, light chain 7, regulatory	-5.17	2.14
	MYL12B	Myosin regulatory light chain 12B	2.91	-2.11
	PARVA	Parvin, alpha	2.10	-1.42
	PPP1R12A	Protein phosphatase 1, regulatory, subunit 12a	2.20	-1.46
	TLN1*	Talin 1	3.06	-1.82
	ZYX	Zyxin	3.56	-1.60
Rac Signaling	ACTR3	ARP3 actin-related protein 3 homolog	2.27	-1.71
	ARPC3	Actin related protein 2/3 complex, subunit 3	2.10	-1.52
	ARPC1B	Actin related protein 2/3 complex, subunit 1B	4.54	-1.93
	$CFL1*$	Cofilin 1 (non-muscle)	2.16	-1.62
	CYFIP1	Cytoplasmic FMR1 interacting protein 1	3.72	-1.92
	IQGAP1	motif containing GTPase IQ activating	2.84	-2.02
Leukocyte Extravasation	ACTG1*	Actin, gamma 1	4.01	-2.05
	ACTN1	Actinin, alpha 1	4.63	-2.50
	ACTN4*	Actinin, alpha 4	4.34	-1.63
	GNAI2*	Guanine nucleotide-binding protein	2.03	
	ITGA1	G(i) subunit alpha-2	3.31	-1.34 -2.50
Signaling		Integrin, alpha 1		
	MYL6*	Myosin, light chain 6, alkali, smooth muscle and non-muscle	5.13	-2.43
	THY1	Thy-1 membrane glycoprotein	3.07	-2.01
Oxidative Phosphorylation	$ATP5B*$	synthase, H+ transporting, ATP mitochondrial F1 complex, beta		
		polypeptide	-2.51	1.51
		$H+$ ATP synthase, transporting,		
	ATP5C1*	mitochondrial F1 complex, gamma		
		polypeptide 1	-2.67	1.61
		ATP synthase, $H+$ transporting,		
	$ATP5J*$	mitochondrial Fo complex, subunit F6	-2.74	1.58

Table S2: Assignment of the selected 295 regulated proteins to Ingenuity Canonical Pathways.

Displayed are fold-change values for TG_{VEH} vs. WT_{VEH} and TG_{VPA} vs TG_{VEH}, reflecting regulation in TG

and the respective counter-regulation by VPA, respectively. (blue=downregulation; red=upregulation).

 \dagger CREM-target validated by ChIP. * denotes proteins already changed at 7 weeks in TG_{VEH} vs. WT_{VEH}¹³.

Gene symbol	Protein name	Std. Error	Enrichment TG vs. WT
$Atp5l*$	ATP synthase, H+ transporting, mitochondrial Fo complex, subunit G	$1.4 - 3.0$	2.2 1
$Ces1d^*$	Carboxylesterase 1D	$1.2 - 5.8$	2.2 1
Gapdh	Glycerinaldehyd-3-phosphat-Dehydrogenase		1.0
$Myl7*$	Myosin, light chain 7, regulatory	$0.9 - 2.8$	1.6 ₁
Ndufa8	[ubiquinone] dehydrogenase NADH alpha -1 subcomplex subunit 8	$3.0 - 20.3$	7.7 ₁
$Ndufa12*$	dehydrogenase [ubiquinone] NADH alpha 1 subcomplex subunit 12	$1.7 - 3.7$	2.9 ₁
$Ndufs7*$	[ubiquinone] iron-sulfur dehydrogenase NADH protein 7, mitochondrial	$2.0 - 8.6$	4.1
Pdha1*	Pyruvate dehydrogenase E1 component subunit alpha, somatic form, mitochondrial	$1.5 - 4.7$	2.8 [†]
Tnni3	Troponin I, cardiac muscle	$1, 3-4, 1$	2.6 ₁
Uqcr10	Ubiquinol-cytochrome c reductase, complex \mathbf{m} subunit X	3.4-23.8	8.1 ₁

Table S3: ChIP analysis of putative CREM target genes.

Quantitative RT-PCR was performed on precipitated DNA fragments, and Ct values were analyzed with

REST software (ΔΔCt-method; normalized to *Gapdh*; n=6-8). *denotes proteins already regulated at 7

weeks in TG_{VEH} vs. WT_{VEH} ¹³.