

Supplementary Materials for

Inhaled GM-CSF in neonatal mice provides durable protection against bacterial pneumonia

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- Fig. S1. No increase in mature AMs following the subcutaneous administration of rGM-CSF (20 ng) to LPL^{-/-} neonatal pups on DOB, PND1, and PND2.
- Fig. S2. No disruption of alveolarization observed after intranasal neonatal rGM-CSF therapy.
- Fig. S3. Increased SP-D in LPL^{-/-} PND3 neonatal pups.

Supplementary Materials

Figure S1

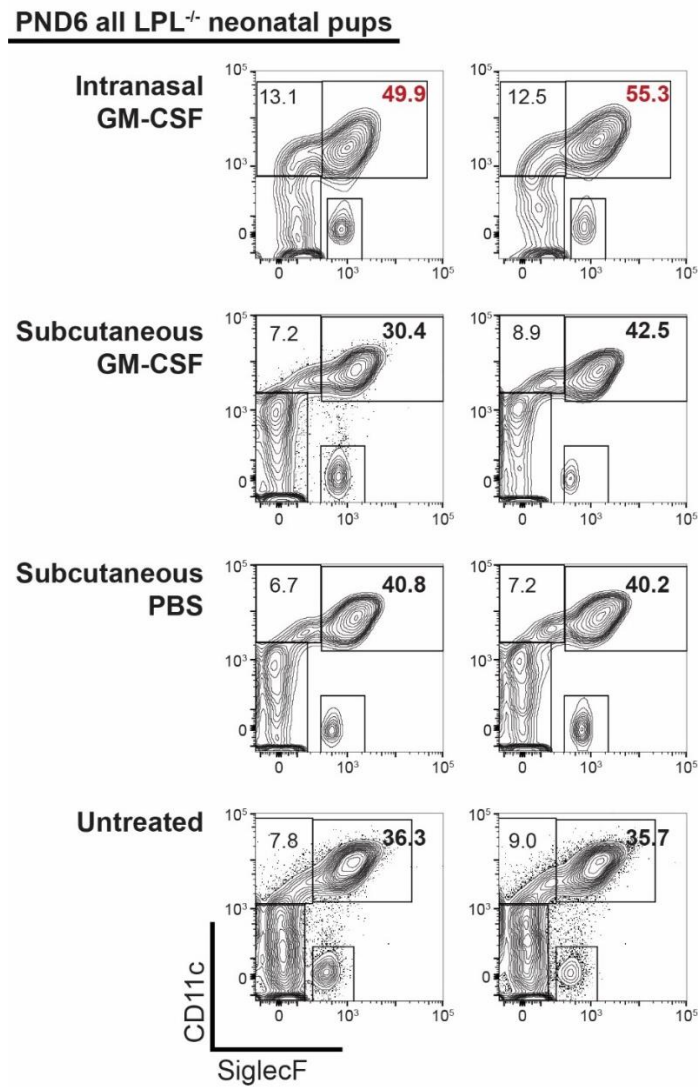


Fig. S1. No increase in mature AMs following the subcutaneous administration of rGM-CSF (20 ng) to LPL^{-/-} neonatal pups on DOB, PND1, and PND2. Flow cytometry of whole lung homogenates from LPL^{-/-} neonatal mice treated as indicated and sacrificed on PND6. Gated on CD45⁺, F4/80⁺/CD11b⁺ cells as shown in Fig. 1.

Figure S2

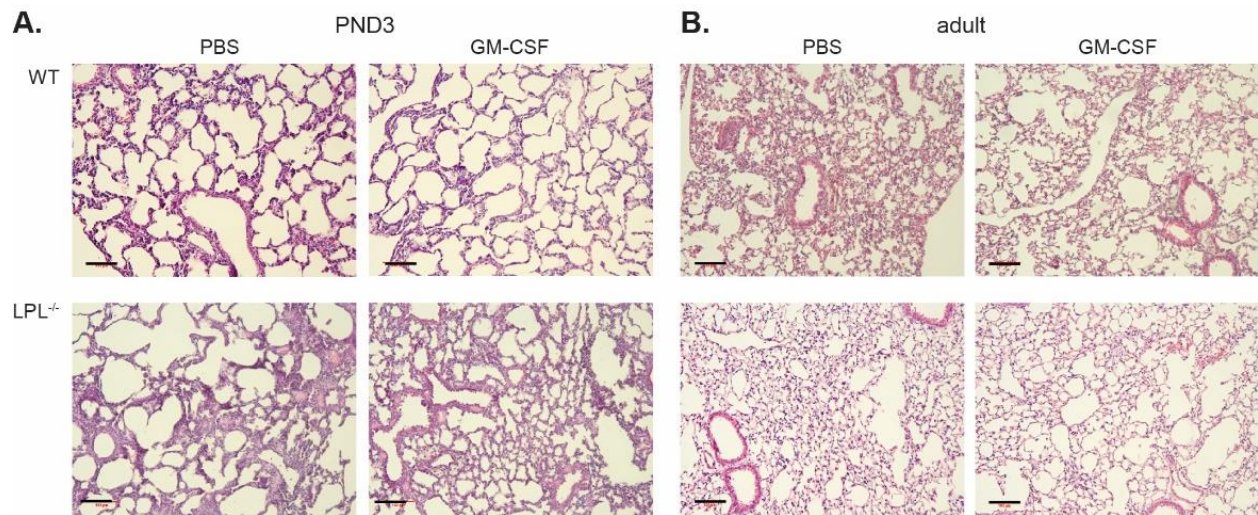


Fig. S2. No disruption of alveolarization observed after intranasal neonatal rGM-CSF therapy. Lungs were obtained from (A) PND3 or (B) adult animals, and sections were stained with hematoxylin and eosin. Sections were reviewed in a blinded fashion by a veterinary pathologist. Scale bars = 100 μ M.

Figure S3

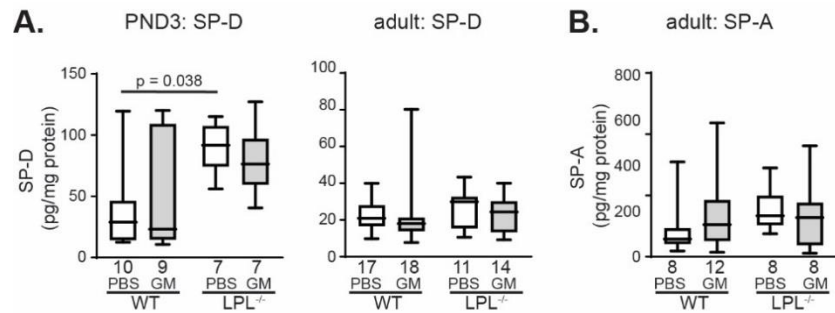


Fig. S3. Increased SP-D in LPL^{-/-} PND3 neonatal pups. (A) SP-D or (B) SP-A concentrations (normalized to total protein in lysates of lung tissue) in WT and LPL^{-/-} mice (PND3 pups or adult) after receiving *i.n.* neonatal therapy with rGM-CSF (GM; gray bars) or PBS (open bars). Line at median; p-value determined with Mann-Whitney; n of each group listed below x-axes; data combined from two independent cohorts of animals.